PACE

Pharmaceutical Assistance Contract for the Elderly

Annual Report to the Pennsylvania General Assembly

January 1 - December 31, 2022

PRESENTED BY

pennsylvania
DEPARTMENT OF AGING

JOSH SHAPIRO
GOVERNOR

JASON KAVULICH
SECRETARY OF AGING

PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY

ANNUAL REPORT TO THE PENNSYLVANIA GENERAL ASSEMBLY

JANUARY 1 - DECEMBER 31, 2022

For the Pennsylvania Department of Aging

Director	Thomas M. Snedden
Operations Manager	Megan McDaniel
Accountant	Christine Bordner, CPA
Fiscal Technician	Marcia Chisholm
Outreach and Enrollment Manager	Rebecca D. Lorah, MPA
Administrative Officer for Program Appeals	Jodi Tucker
Research and Evaluation Chief	Theresa V. Brown, MPA
Program Analyst	Ellaheh Otarod, MBA
Statistician	Jim Rubertone

Pennsylvania Department of Aging
The PACE Program
Forum Place Building
555 Walnut Street, 5th Floor
Harrisburg, PA 17101-1919
717-787-7313
aging@pa.gov

For Magellan Medicaid Administration, Inc.

Officer in Charge	Dorinda C. Murray
Sr. Director, PACE Operations	Jean B. Sanders
Provider Services Manager	Amy E. Brewer
Business Services Manager	Robert B. Burns
Medicare Part D Manager	Lilith E. Colbert
Quality Assurance Reviewer	Mark A. Cook
Clinical Pharmacist	Judith Dooley, RPh
Sr. Health Outcomes Scientist	Debra A. Heller, PhD, MPH
Clinical Consultant	Daniel A. Hussar, PhD
Health Outcomes Scientist	Shivani R. Khan, PhD
Clinical Pharmacist	Michelle LaSure, RPh
Clinical Pharmacist	Colleen M. Moyer, RPh
Cardholder Services Manager	Sally A. Murphy
Data and Integration Engineer	Beth A. Schlaline
LAN/WAN Manager	W. Todd Spacht
Quality Assurance Manager	Lisa Spiegel
HR Business Consultant	Erin Weaver
Systems Manager	John K. Wheeler

Magellan Medicaid Administration
4000 Crums Mill Road, Suite 303
Harrisburg, PA 17112
https://pacecares.magellanhealth.com

Additional information, including PACE program data dashboards and other resources, is available online at: https://www.aging.pa.gov/aging-services/prescriptions

TABLE OF CONTENTS

FREQUENTLY REQUESTED PROGRAM STATISTICS

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

2022 PACE AND PACENET SUMMARY			
	PACE	**PACENET**	**REFER TO:**
DEMOGRAPHIC DATA			
Total enrolled for 2022	59,260	173,552	Tables 4.2, A and B
% Participating	67.7%	73.2%	Tables 4.2, A and B
Avg. age for enrolled	79.9	78.5	Tables 4.2, A and B
Female, avg. age	80.9	79.1	
Male, avg. age	77.4	77.3	
% Female	73.7%	66.1%	Tables 4.2, A and B
% Own residence	51.2%	65.5%	Tables 4.2, A and B
% Rent	29.1%	23.3%	Tables 4.2, A and B
% Married	7.4%	31.8%	Tables 4.2, A and B
Avg. Income	$12,002	$23,263	Tables 4.2, A and B
% Cardholders in urban counties	40.5%	36.1%	Table 5.1
% Cardholders in rural counties	14.3%	15.6%	Table 5.1
BENEFIT DATA			
Avg. total expenditures per enrolled cardholder	$2,487	$3,751	Table 4.4
Avg. total expenditures per participant	$3,672	$5,125	Table 4.4
Avg. total expenditures per claim	$154.08	$215.08	Table 4.4
Avg. state share per enrolled cardholder	$410	$594	Table 4.4
Avg. state share per participant	$605	$812	Table 4.4
Avg. state share per claim	$25.38	$34.06	Table 4.4
Avg. cardholder share per enrolled cardholder	$92	$180	Table 4.4
Avg. cardholder share per participant	$136	$246	Table 4.4
Avg. cardholder share per claim	$5.70	$10.32	Table 4.4
Avg. TPL share per enrolled cardholder	$1,985	$2,977	Table 4.4
Avg. TPL share per participant	$2,932	$4,067	Table 4.4
Avg. TPL share per claim	$123.00	$170.70	Table 4.4
2022 percent change in state share per claim	9.01% decrease	8.38% increase	Table 4.4, 2021 and 2022
Avg. claims per participant	23.8	23.8	Tables 4.2, A and B
Avg. number of therapeutic classes per participant	4.4	4.5	Tables 7.1, A and B
UTILIZATION DATA (by date of payment)			
Total claims	962,499	3,014,038	Tables 6.1 and 6.4
Avg. claims per enrolled cardholder	16.2	17.4	Tables 6.1 and 6.4
Generic utilization rate	84.2%	80.3%	Tables 6.1 and 6.4
PAYMENT DATA			
Total Program payout	$24.3 M	$103.1 M	Table 2.3
Avg. weekly Program payout	$0.47 M	$1.98 M	Table 2.3
Avg. annual Program payout per pharmacy	$8,523	$36,202	Tables 2.3 and 5.1
% Program payout to chain pharmacies	57.46%	60.01%	Tables 6.2 and 6.3

PENNSYLVANIA PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY

Overview and Mission

The Pharmaceutical Assistance Contract for the Elderly, PACE, was enacted November 4, 1983, Act 1983-63. The statute required the Pennsylvania Department of Aging to implement a limited pharmaceutical assistance program, finding that an increasing number of the Commonwealth's elderly citizens living on fixed incomes are experiencing difficulties in meeting the costs of life sustaining drugs. The use of the term "limited" in the authorizing language was in reference to individuals who had other insurance coverage for their medication expenses and required that any such insurance be primary before PACE coverage. The statute requires the Department to contract with a pharmacy benefit administrator to conduct the day-to-day activities of the Program.

Since 1984, there have been numerous amendments to the PACE statute that fall into five categories:

- Expanding eligibility for the PACE benefit
- Enabling Program monitoring and intervention when enrollees are at risk of an adverse drug reaction
- Authorizing the Program to require rebates of pharmaceutical manufacturers and discounts from pharmacy providers
- Permitting a seamless wrap-around with Medicare Part D while maintaining the unique benefit design of PACE
- Extending Program resources to other state agencies that have their own pharmacy benefit programs

The mission hierarchy for Program administration evolved from the above amendments and subsequent executive policy enhancements. The Program strives to:

- Target enrollment outreach exclusively at unenrolled eligible persons and facilitating their application processing
- Protect all enrollees from overutilization and misutilization of medications and thereby improving the quality of their lives
- Provide enrollees facilitated enrollment in other public benefits, most notably Medicare Part D and the Medicare "Extra Help" benefits, Property Tax and Rent Rebates (PTRR), Supplemental Nutritional Assistance Program (SNAP), and the Low-Income Heating Assistance Program (LIHEAP)
- Administer an optimally cost-efficient pharmacy benefit while maintaining open access and choice to the PACE enrollment and their physicians and pharmacies
- Supply both the enrollment application and pharmacy claims adjudication services along with related expertise to other state agencies

There are three stakeholder groups that have been continuously involved in the administration of the PACE Program. These three groups were instrumental in the debates leading up to the passage of the PACE enabling legislation in 1983, along with many of the amendments to the legislation over the intervening thirty-eight years. One group includes the Program cardholders, as well as, various senior advocacy groups, most notably the Pennsylvania Council on Aging and AARP. The Program's Annual Health and Well-Being Survey (Appendix A) provides an important and insightful overview of cardholder satisfaction with the benefit, as well as useful and actionable insights into the health, transportation and other challenges experienced by the enrollment. Another stakeholder group is the pharmacy community, and their advocacy groups, notably the Pennsylvania Association of Chain Drug Stores, the Pennsylvania Pharmacists Association, and the Philadelphia Association of Retail Druggists. In recognition of the exclusive role that pharmacies and pharmacists play in serving the Program enrollment, PACE endeavors to provide

fair and timely reimbursements to providers together with excellent support services and respect. The third stakeholder group is the pharmaceutical industry, most notably the Pharmaceutical Research and Manufacturers of America, PhRMA, and the Association for Accessible Medicines, AAM, for the generic industry. Member companies of the former group provide the Program with generous rebates on brand medications and convenient access to their many and varied Patient Assistance Programs for individuals not eligible for the PACE benefit. Members of the latter Association provide vital low-cost medications for the vast majority of the enrollment which reduces cardholder out-of-pocket expenses and PACE budget expenses.

Administration

The Department of Aging receives restricted revenue account funds to serve as the administrative and fiscal agent for other Commonwealth-sponsored drug reimbursement programs. Appendix E provides additional program support details offered for the 12 state funded pharmacy programs and the eight non-benefit programs that utilize the PACE/PACENET Program platform of management and administrative services.

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 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). PACE is the fiscal agent for the General Assistance Program (Department of Human Services), the Special Pharmaceutical Assistance Programs, and the Chronic Renal Disease Program for the collection of rebates from pharmaceutical manufacturers. The Program processes applications for the Chronic Renal Disease Program and for the SP1 Program.

Program enrollment support given to the Department of Military and Veterans Affairs includes PACE/PACENET application processing, Part D Plan coordination, and prescription claim processing for veterans who reside 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. Through the PACE Clearinghouse, the Program conducts benefit outreach and assistance for reentrants (parolees and walk offs) identified by the Board of Probation and Parole. Prescription claim processing and program management support is provided to the Department of Corrections.

The Clearinghouse expanded its scope to assist inmates who were paroled (reentrants) from a State Correctional Institution. The effort helps reentrants with obtaining medications, transportation services, Supplemental Nutrition Assistance Program (SNAP), Low-Income Home Energy Assistance Program (LIHEAP), Medical Assistance, enrollment into state and federally funded programs, and other life sustaining benefits. In 2022, the Clearinghouse assisted 5,312 parolees. 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. Details are found in Section 8.

The PACE Program participates in the Interagency Substance Use Response Team. This group pulls together leadership from 16 state agencies to address the state opioid crisis. Section 7 of this report describes the opioid-related activities supported by PACE/PACENET which include direct cardholder interventions and prescriber clinical education. The Program partners with the Prescription Drug Monitoring Program within the Office of Drug Surveillance and Misuse Prevention in the Department of Health through shared data management and data utilization activities.

With the onset of the worldwide COVID-19 pandemic in 2020, the Program adjusted prescription parameters to lessen cardholder burden by easing the requirements on early refills and prescription quantities. As COVID vaccines became available, specific steps by the Program and the local aging network led to an intensified outreach to Pennsylvania's older population. Through inbound and outbound telephone call center expansion and targeted postcard outreach, the Program assisted consumers with assessing vaccine eligibility, directed them to local vaccination providers, scheduled appointments, offered transportation assistance, and shared up-to-date and accurate vaccination information. There were over 120,000 inbound and outbound calls. These telephone-based direct to consumer actions contributed substantially to the state quickly reaching one of the highest COVID vaccination rates in the country for persons 65 years and older.

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 cost containment initiatives and for the manufacturers' rebate reauthorization.

The legislature expanded income eligibility for PACE on six occasions: 1985, 1991, 1996, 2003, 2018, and 2021. The 1996 legislation 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 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 expansion of enrollment eligibility in the Programs, modified the $500 annual PACENET deductible, changed the PACE copay structure, and codified the mission of the PACE Clearinghouse. 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. Over 30,000 persons benefited from the expanded PACENET income since implementation on October 23, 2018. Act 94 of 2021 further expanded PACENET income levels by $6,000, effective February 22, 2022.

Act 2003-37 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; $35.63 in 2020; $37.45 in 2021; $40.74 in 2022; and, $41.08 in 2023). 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 94 of 2021, stipulates that enrollees are not required to pay a monthly premium for any month the enrollee is not dispensed a prescription drug.

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. It permitted 12,700 cardholders to retain Program enrollment in 2021. Act 92 of 2021 extends the moratorium to December 2023, keeping 10,000 persons in the benefit.

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

SECTION 1

PROGRAM RESEARCH HIGHLIGHTS

pennsylvania
DEPARTMENT OF AGING

INTERVENTIONS, GENERAL PROGRAM ASSESSMENTS, AND MEDICATION ADHERENCE STUDIES		
PACE/PACENET COLLABORATIVE RESEARCH AND EVALUATION PROJECTS, 2008 – 2023, JULY 2023 UPDATE		
INTERVENTIONS		
TOPIC	**TITLE / RESEARCH GROUP**	**DESCRIPTION**
ASSESSMENT FOR DEPRESSION, ANXIETY, AND SLEEP DISORDERS	**TELEPHONE-BASED BEHAVIORAL HEALTH ASSESSMENT FOR SENIORS ON NEW PSYCHOTROPIC MEDICATION** **Behavioral Health Laboratory, Medical School, University of Pennsylvania**	A PACE statewide care program by the Behavioral Health Laboratory (begun in 2008) aims to improve the mental health and functioning of PACE Program enrollees using an innovative telephone-based collaborative care management program. Delivering services by telephone has two major implications: (1) it provides age-appropriate services to primary care practices where demand likely would be too low to support in-person care management, and (2) it brings services to rural areas where in-person access is scarce, particularly mental health services that come into the homes of older persons. Findings demonstrate that the penetration rate for delivering care management by telephone is actually higher among PACE enrollees living in rural vs. suburban areas, suggesting the demand for services exists in a setting with very limited availability or almost no supply of mental health providers. Participant satisfaction is high with ratings of "excellent" (68%) or "good" (27%). **Appendix A** contains project details. To date, 6,700 enrollees and 1,500 caregivers engaged in telephone delivered assessment, monitoring and referral to community resources based on need. There are three interventions, depending upon the cardholder's medications, symptoms, and reported needs: • **The SUporting Seniors receiving Treatment And INtervention (SUSTAIN) Program**—for cardholders starting the use of antidepressants, anxiolytics, and antipsychotics. • **The Caregiver Resources, Education, and SupporT (CREST) Program**—for caregivers of cardholders with Alzheimer's Disease and Related Dementias who are on a cognitive enhancing pharmaceutical agent. • **High Dose Opioid/Polypharmacy Program (HDO-P)**—assists cardholders to manage chronic pain when prescribed opioid medications at high doses. *SUSTAIN enrollees with depression* at baseline show significant short-term and long-term improvements in depressive symptoms. Enrollees with baseline anxiety show sustained improvements in overall mental wellbeing over time. *Caregivers enrolled in CREST* report significant changes in variables that have been shown to predict caregiver well-being and care recipient nursing home placement. Assessments find reductions in four areas: total frequency with which care recipients engage in challenging behaviors; caregiver distress in response to challenging behaviors; perceived caregiver burden; and environmental risk factors present. Many *HDO enrollees*, who were agreeable to a dose reduction at intake and fully engaged in the care management program, achieved dose reductions. Findings suggest that the program is efficacious with 66% having substantial dose reductions of >20% and 30% having a dose ≤ 120 mg morphine milligram equivalents at last contact. There is evidence for a return on investment at the individual level wherein the summative health care cost savings outweigh program costs. In 2015, the American Psychiatric Association recognized the program with the Bronze Achievement Award for innovation in mental health services. Other outputs include over 20 presentations at local and national conferences, published abstracts, and multiple publications in high impact, peer reviewed journals.

ACADEMIC DETAILING	**UPDATING PHYSICIANS ABOUT CHANGING THERAPIES IN COMPLICATED DISEASE STATES** **The Division of Pharmaco-epidemiology and Pharmaco-economics of the Brigham and Women's Hospital/Harvard Medical School/Alosa Health**	**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 40,000 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. **During 2022, four modules accounted for 81% of the 3,535 visits during the year.** The ***Managing Type 2 Diabetes: New Guideline Are Transforming Medication Use*** (943 visits) provides practitioners with up-to-date evidence-based treatment recommendations including individualized glycemic target, choice of glucose-lowering medications based on cardiovascular outcome data, and treatment simplification to avoid hypoglycemia. ***Preventing Cardiovascular Disease: Evidence-Based Recommendations on Risk, Lipid-Lowering Drugs, Aspirin, and Lifestype*** (919 visits) helps clinicians to apply evidence-based practices for the primary prevention of cardiovascular disease, such as prescribing lipid-lowering therapy, recommending lifestyle interventions, and limiting the role of aspirin. The goal of the educational program, ***Heart Failure: Improving Outcomes in Primary Care*** (612 visits), is to provide clinicians with a review of practices for the evaluation and management of heart failure in primary care settings, including summaries of recent changes to heart failure treatment guidelines. ***Treating Osteoporosis: Effective Ways to Avoid Debilitating Fractures*** (383 visits) helps clinicians identify and manage patients with osteoporosis, understand the role of medication to prevent fracture, and utilize non-pharmacologic interventions such as calcium and vitamin D, fall prevention, exercise, smoking cessation, and limiting alcohol consumption. For each topic, staff develop print materials, train the educators, manage the intervention, and offer continuing education credits. The physician faculty develops content based upon common drugs used by and conditions affecting the elderly. Educators distribute these documents to prescribers during face-to-face, virtual and in-person meetings: (1) comprehensive reviews of biomedical literature, known as **evidence documents**; (2) distillations of key information used as the basis for the discussion between practitioner and the educator, known as **summary documents**; (3) **patient and caregiver brochures and tear-off sheets**, including resources for additional information and support; and, (4) laminated, pocket-sized quick **reference cards** for health care providers on treatment and drug efficacy. **These materials are located at www.alosahealth.org.** In 2022, 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 provided current, non-commercial, evidence-based information that enables the clinician to improve patient care; and academic detailing has impacted the way the clinician makes clinical decisions in caring for older patients. **Evaluation of three modules, non-steroidal anti-inflammatory drugs/coxib use, acid suppression, and anti-psychotics, indicate reduction in the medications targeted.** In 2022, detailers continued with visits to share information about the **Pennsylvania Department of Health Diabetes Prevention Program**, including the location of free, local patient education sites, funded by the CDC.

ACADEMIC DETAILING EVALUATION	**EFFECTS OF ACADEMIC DETAILING ON THE TREATMENT OF DIABETES** **Wilkes University School of Pharmacy and Magellan Rx Management/PACE**	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. The quality metrics identified for this study: • 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 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 *American Health & Drug Benefits* in 2019.

GENERAL PROGRAM ASSESSMENTS		
TOPIC	**TITLE / RESEARCH GROUP**	**DESCRIPTION**
CARDHOLDER HEALTH STATUS AND SATISFACTION	**PACE/PACENET SURVEY ON HEALTH AND WELL-BEING** **Magellan Rx Management/PACE**	**The *Survey on Health and Well-Being* provides information about the cardholder population. Questions measure cardholders' self-reported health status, self-reported medication adherence and affordability, satisfaction with their PACE/PACENET coverage, and familiarity with other services for older adults that are funded by the Pennsylvania Lottery. 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 valuable information about the cardholder's health after being in PACE. Annual updates allow the study of changes over time. **Results from 2021-22:** The 2021-22 renewal survey response rate was 41.5%. Approximately 19% of renewal survey respondents indicated that they did not complete high school, with about 6% 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, 77% were "extremely" or "quite a bit" satisfied with PACENET. Another 11% of PACE enrollees and 16% of PACENET enrollees were "moderately" satisfied. These data indicate high levels of satisfaction with both Programs. When asked to rate their current health, 67% of enrolled respondents indicated that their health was excellent, very

		good, or good, with the remaining 33% indicating either fair or poor health. The 2021-22 survey also addressed PACE/PACENET cardholders' familiarity with other programs for older adults that are funded by the Pennsylvania Lottery, including the Free Transit Program, the Shared Ride Program, the Property Tax/Rent Rebate Program, and the PA Link to Aging and Disability Resource Center Toll-Free Helpline. Survey respondents were most likely to be familiar with the Property Tax/Rent Rebate Program, with approximately 88% of respondents expressing some degree of familiarity and 67% reporting either current or past enrollment in this program. The Free Transit Program had the next highest degree of familiarity. The survey responses indicate that over 29% of respondents have personally used or know someone who has used the Free Transit Program, and another 50% have heard of the program. Additional results from the 2021-22 survey are presented in Appendix A.
OUTREACH	**PACE APPLICATION CENTER** **Benefits Data Trust, Philadelphia**	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 2020, over 26,000 households applied for at least one benefit, receiving approximately $1.35 billion in benefits.** (See **Appendix A** for the 2022 report.) **PACE Enrollment Outreach:** The Center uses Property Tax and Rent Rebate rolls, and energy, food and prescription assistance listings to identify enrollment candidates. **In 2022, there were 190,700 outreach attempts for PACE and 8,900 PACE applications submitted.** **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 2022, the Center submitted 22,800 LIS applications on behalf of older Pennsylvanians.**
COVID-19 MORTALITY	**FACTORS ASSOCIATED WITH RISK OF COVID-19 MORTALITY** **Magellan Rx Management/PACE**	This retrospective cohort study aimed to investigate factors associated with the risk of COVID-19 mortality among older adults enrolled in PACE/PACENET. The study included 205,449 participants who were 65 years or older and alive on January 1, 2020, and continuously enrolled in the program in the preceding six months. The primary outcome of the study was COVID-19 related death. Participants were followed until December 31, 2021 and classified into three categories, (1) died of COVID, (2) died from non-COVID cause, and (3) no death from any cause. Multivariate Cox proportional hazards regression was used to evaluate the associations of baseline demographics and baseline utilization of drug classes frequently taken for chronic conditions with subsequent COVID-19 mortality. Results showed that 1.7% of eligible participants died due to COVID-19 by Dec 31, 2021. Cox regression analyses revealed that increasing age, being male (HR=2.06, p<.0001), residing in rental homes (HR=1.23, p<.0001), nursing homes/personal care (HR=3.04, p<.0001), or living with relatives (HR=1.18, p=0.0184), rurality (HR=1.10, p=0.0104), and taking antidementia drugs (HR=1.78, p<.0001), antidiabetic agents (HR=1.46, p<.0001), antineoplastic drugs (HR=1.58, p<.0001), cardiovascular drugs (HR=1.08, p<.0324), and drugs for COPD (HR=1.49, p<.0001) were independently and significantly associated with a higher risk of dying from COVID-19. This study highlighted the vulnerability of certain older adults to COVID-19 mortality and emphasized the need for continued efforts in prevention and timely intervention to improve survival outcomes for these groups. Findings from this study were presented during poster session at the American Public Health Association's annual conference in 2022.

MEDICATION UTILIZATION STUDIES		
TOPIC	**TITLE / RESEARCH GROUP**	**DESCRIPTION**
MEDICATION UTILIZATION	**CHANGE IN PRESCRIBING PRIOR TO DEATH** **University of Pittsburgh and Magellan Rx Management/PACE**	The PACE Program provides coverage for prescription medications for low to moderate income older adults. Through a merger of prescription program enrollees with UPMC electronic health records, this research project compares drug utilization patterns and health utilization patterns among deidentified decedents and survivors. While prescription claims for treatment and palliation may be higher for the decedent group, claims involving other therapeutic classes may decline, consistent with protocols for deprescribing. The analysis groups medication claims data by therapeutic class and calculates the mean number of claims per person per month. Analyses were repeated for patient groups defined by medical conditions from the electronic health record. **Preliminary results found that older patients approaching the end of life had a greater number of claims 18 months prior to death for more than half of the commonly used therapeutic classes.** Prescriptions mostly increased in the final months of life but anti-dementia, antithrombotic, anti-diabetic and lipid modifier prescriptions declined, suggesting fidelity to deprescribing guidelines. Results will be prepared for publication in 2023.
MEDICATION ADHERENCE	**ANALYZING THE USE OF BEERS CRITERIA GUIDELINES THROUGH ATLAS OPERATIONALIZATION** **Department of Biomedical Information, Department of Behavioral and Community Health Sciences, and School of Pharmacy, University of Pittsburgh**	The American Geriatrics Society maintains a list of medications to use with caution among the elderly. Studies have used the guideline, the *Beers Criteria for Older Adults*, to measure the use of potentially inappropriate medications. This University of Pittsburgh study used both PACE Program data and University of Pittsburgh Health Center data from 2015 to 2018 to examine outpatient medication claims data against the guideline's recommendations. The purpose of the study was to create an operationalized version of Beers Criteria and apply it to the drug claims data sets to yield a comparison of potentially inappropriate medications between PACE enrollees and non-enrollees. The dataset consisted of 89,600 PACE enrollees and 557,000 non-PACE enrollees. **The percentage of patients experiencing a potentially inappropriate medication from 2015-2018 was 27.3% among the PACE enrolled; among non-PACE enrolled, it was 22.8%.** This design provides large entities the ability to examine the pharmaceutical care provided to their enrollees. Adjustments can then be made to improve health outcomes and limit exposure to potentially inappropriate medications. Researchers presented results at the 2022 Observational Health Data Sciences and Informatics Symposium (OHDSI).
PRESCRIPTION OPIOID UTILIZATION	**ASSOCIATION BETWEEN PSYCHOTROPIC DRUG USE AND PRESCRIPTION OPIOID USE AMONG OLDER ADULTS** **Magellan Rx Management/PACE**	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). 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=2.43; p<.0001) and with antidepressant use (OR=2.29; p<.0001) in the same year.** Among prescription opioid users, 1.39% used prescription opioids at high dosage (defined as >90 MME/day for ≥90 consecutive days). Use at high opioid dosage was significantly associated with anxiolytic, sedative, or hypnotic use (OR=1.38; p<.0001) and antidepressant use (OR=1.75; p<.0001). *Geriatric Nursing* published these findings in June 2020.

		Using a retrospective cohort design, the second study evaluated whether psychotropic medication use during October-December 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 (15.0% versus 22.0%, p<.0001). Similarly, compared to antidepressant non-users, antidepressant users were more likely to initiate prescription opioids (14.7% versus 21.9%, p<.0001). **Multivariate logistic regression indicated that the odds of prescription opioid initiation increased with anxiolytic, sedative, or hypnotic use by 44% (OR=1.44; p<.0001) and with antidepressant use by 48% (OR=1.48; p<.0001).** These results were published in the journal *Population Health Management* in February 2022. **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.
PHARMACY ACCESS	**DISTANCE BETWEEN HOME AND THE NEAREST PHARMACY AMONG RURAL AND URBAN OLDER PENNSYLVANIA ADULTS** **Magellan Rx Management/PACE**	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. Overall, 37.6% of PACE/PACENET cardholders were rural residents. Among all enrollees, the mean distance from home to the nearest pharmacy was 1.5 ± 2.3 miles. **Pharmacy distance was significantly greater for rural compared with urban older adults (2.5 ± 2.8 miles versus 0.9 ± 1.7 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 urban residents (16.7% versus 1.9%; p<.0001 and 1.9% versus 0.1%; p<.0001, respectively). **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 were presented at the Gerontological Society of America's annual conference in 2020.
MEDICATION ADHERENCE AND HEALTH OUTCOMES	**IMPACT OF MEDICATION ADHERENCE ON HEALTHCARE UTILIZATION AND COSTS AMONG ELDERLY WITH DIABETES** **The Philadelphia College of Pharmacy/St. Joseph's University and Magellan Rx Management/PACE**	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 Proportion of Covered Days (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. Elderly who were African Americans 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.** This research was conducted to fulfill the requirements for a doctoral degree which was granted in 2019. The study results appeared in the *Journal of Managed Care & Specialty Pharmacy* in 2020.

PREVIOUS STUDIES		
TOPIC	**TITLE / RESEARCH GROUP**	**DESCRIPTION**
PROGRAM EVALUATION	**PILOT IMPACT EVALUATION OF THE OPTIONS PROGRAM** **PA DEPT OF AGING (PDA)**	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 research work group to examine the effectiveness of the OPTIONS Program in maintaining health and independence. **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. **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. The following health outcomes were assessed during one year of follow-up in 2015: • 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 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.** 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. 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. **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.

MEDICATION ADHERENCE AND HEALTH OUTCOMES	**PROTON PUMP INHIBITOR ADHERENCE AND FRACTURE RISK IN THE ELDERLY** **Magellan Rx Management/PACE and The Medicine, Health, and Aging Project at Penn State University**	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. 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. **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 *Calcified Tissue International* in April 2014.
MEDICATION ADHERENCE	**INITIAL MEDICATION ADHERENCE IN THE ELDERLY** **The Philadelphia College of Pharmacy/St. Joseph's University and Magellan Rx Management/PACE**	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. 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 *Journal of Managed Care & Specialty Pharmacy*.
PHARMACY ACCESS	**ACCESSIBILITY OF PHARMACY SERVICES IN HIGH- AND LOW-INCOME PENNSYLVANIA COUNTIES** **The Philadelphia College of Pharmacy/St. Joseph's University and Magellan Rx Management/PACE**	**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.** 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. 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 *PLOS One* 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.
PHARMACY ACCESS AND MEDICATION ADHERENCE	**MEDICATION ADHERENCE IN PHARMACY DESERT AND NON-DESERT AREAS** **The Philadelphia College of Pharmacy/St. Joseph's University and Magellan Rx Management/PACE**	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. 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. 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.
IMPROVING BRAIN HEALTH AND QUALITY OF LIFE	**THE RHYTHM EXPERIENCE AND AFRICANA CULTURE TRIAL--REACT!** **University of Pittsburgh and University of Pennsylvania, Alzheimer's Association, and Magellan Rx Management/PACE**	The PACE program supports research related to improving the lives of cardholders. In 2016, the *REACT!* 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 invited them to talk with researchers to determine if they were eligible. **The project randomly assigned participants to take classes in either African dance or Africana culture and education. Classes were about one hour long and occurred three days per week for a total of six months.** At the beginning and end of the study, participants performed a walking test, completed memory tasks, and filled out surveys about their health and mood. The study demonstrated the feasibility of conducting the intervention. Changes in cognitive and socioemotional outcomes were not significant between the two groups. Significant weight loss occurred in the dance group. Findings were published in the *Journal of Mental Health and Clinical Psychology* in March 2018 and in *Obesity* in December 2018.

INTERVENTION FOR MILD COGNITIVE IMPAIRMENT	**INDIVIDUALIZE EVERYDAY ACTIVITIES—IDEA** **Occupational Therapy Department at the University of Pittsburgh and Magellan Rx Management/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 were 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 Rx Mgt/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 were 75 to 85 years old who could participate in moderate intensity exercise. They completed baseline and six-month assessments and attended 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 Rx Management/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 among 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

pennsylvania
DEPARTMENT OF AGING

TABLE 2.1A
HISTORICAL CLAIM AND EXPENDITURE DATA FOR PACE ENROLLED AND PARTICIPATING CARDHOLDERS
BY SEMI-ANNUAL PERIOD BASED ON DATE OF SERVICE
JANUARY 1991 - DECEMBER 2022

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

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 2022

SEMI-ANNUAL PERIOD	ENROLLED CARDHOLDERS	PARTICIPATING CARDHOLDERS	TOTAL CLAIMS	CLAIMS PER ENROLLED CARDHOLDER	CLAIMS PER PARTICIPATING CARDHOLDER	TOTAL EXPENDITURES	EXPENDITURES PER ENROLLED CARDHOLDER	EXPENDITURES PER PARTICIPATING CARDHOLDER	AVERAGE STATE SHARE PER CLAIM
JAN-JUN 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
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

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 2022

SEMI-ANNUAL PERIOD	ENROLLED CARDHOLDERS	PARTICIPATING CARDHOLDERS	TOTAL CLAIMS	CLAIMS PER ENROLLED CARDHOLDER	CLAIMS PER PARTICIPATING CARDHOLDER	TOTAL EXPENDITURES	EXPENDITURES PER ENROLLED CARDHOLDER	EXPENDITURES PER PARTICIPATING CARDHOLDER	AVERAGE STATE SHARE PER CLAIM
JAN-JUN 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
JAN-JUN 2020	70,889	46,982	686,256	9.68	14.61	$18,300,320	$258.15	$389.52	$26.67
JUL-DEC 2020	67,361	43,875	616,824	9.16	14.06	$16,179,973	$240.20	$368.77	$26.23
JAN-JUN 2021	63,818	41,459	564,637	8.85	13.62	$16,413,419	$257.19	$395.90	$29.07
JUL-DEC 2021	61,057	39,564	553,821	9.07	14.00	$14,775,322	$241.99	$373.45	$26.68
JAN-JUN 2022	57,143	36,577	495,736	8.68	13.55	$13,184,421	$230.73	$360.46	$26.60
JUL-DEC 2022	53,631	33,903	460,763	8.59	13.59	$11,089,852	$206.78	$327.11	$24.07

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 2022

SEMI-ANNUAL PERIOD	ENROLLED CARDHOLDERS	PARTICIPATING CARDHOLDERS	TOTAL CLAIMS	CLAIMS PER ENROLLED CARDHOLDER	CLAIMS PER PARTICIPATING CARDHOLDER	TOTAL EXPENDITURES	EXPENDITURES PER ENROLLED CARDHOLDER	EXPENDITURES PER PARTICIPATING CARDHOLDER	AVERAGE STATE SHARE PER CLAIM
JUL-DEC 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 2022

SEMI-ANNUAL PERIOD	ENROLLED CARDHOLDERS	PARTICIPATING CARDHOLDERS	TOTAL CLAIMS	CLAIMS PER ENROLLED CARDHOLDER	CLAIMS PER PARTICIPATING CARDHOLDER	TOTAL EXPENDITURES	EXPENDITURES PER ENROLLED CARDHOLDER	EXPENDITURES PER PARTICIPATING CARDHOLDER	AVERAGE STATE SHARE PER CLAIM
JUL-DEC 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

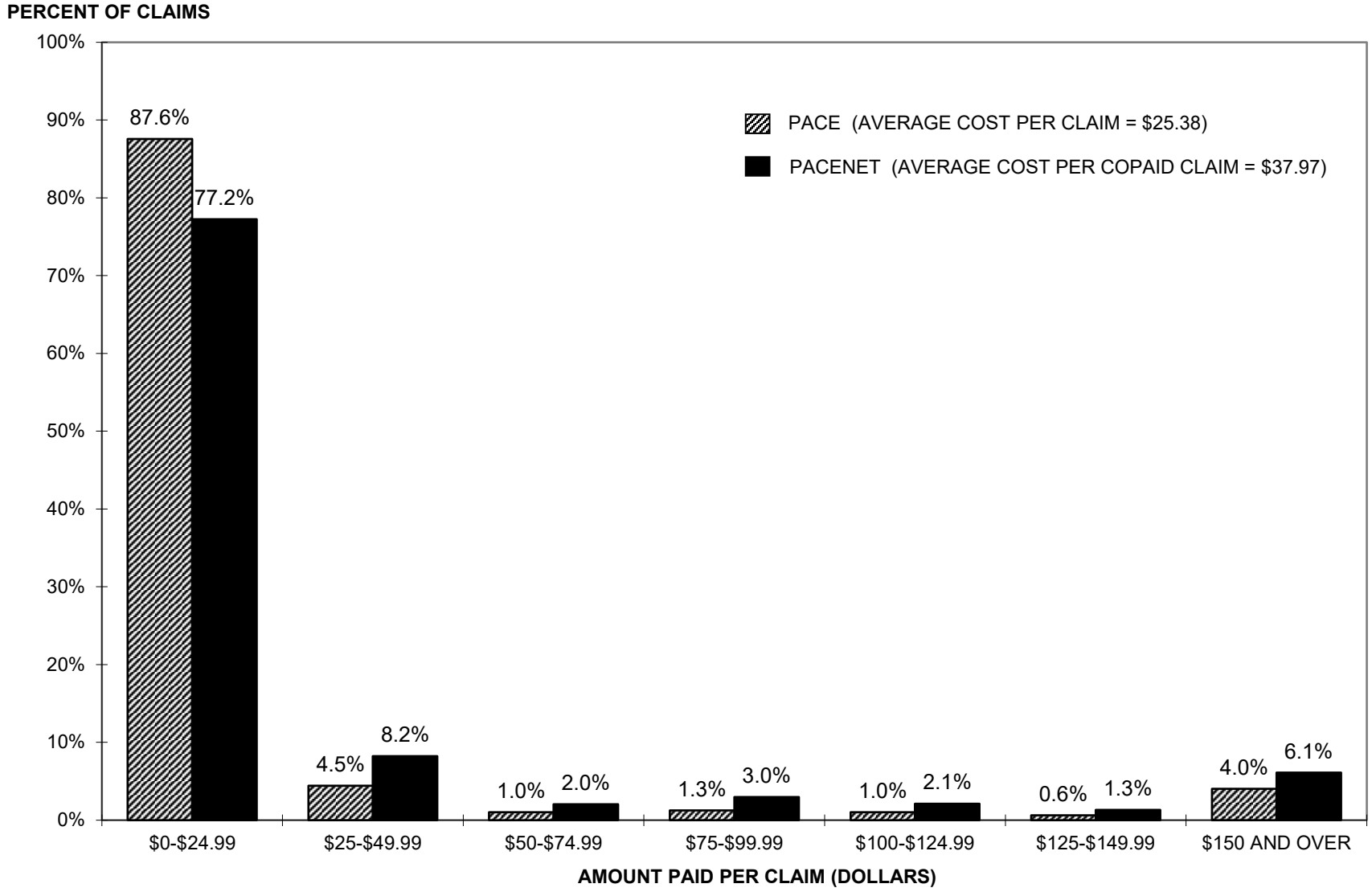
TABLE 2.1B
HISTORICAL CLAIM AND EXPENDITURE DATA FOR PACENET ENROLLED AND PARTICIPATING CARDHOLDERS
BY SEMI-ANNUAL PERIOD BASED ON DATE OF SERVICE
JULY 1996 - DECEMBER 2022

SEMI-ANNUAL PERIOD	ENROLLED CARDHOLDERS	PARTICIPATING CARDHOLDERS	TOTAL CLAIMS	CLAIMS PER ENROLLED CARDHOLDER	CLAIMS PER PARTICIPATING CARDHOLDER	TOTAL EXPENDITURES	EXPENDITURES PER ENROLLED CARDHOLDER	EXPENDITURES PER PARTICIPATING CARDHOLDER	AVERAGE STATE SHARE PER CLAIM
JUL-DEC 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
JAN-JUN 2020	159,053	114,284	1,640,933	10.32	14.36	$50,147,042	$315.29	$438.79	$30.56
JUL-DEC 2020	156,155	110,934	1,588,650	10.17	14.32	$44,429,621	$284.52	$400.50	$27.97
JAN-JUN 2021	153,834	108,583	1,457,561	9.47	13.42	$48,733,966	$316.80	$448.82	$33.44
JUL-DEC 2021	152,754	107,504	1,511,194	9.89	14.06	$44,563,901	$291.74	$414.53	$29.49
JAN-JUN 2022	162,439	112,243	1,469,527	9.05	13.09	$52,262,827	$321.74	$465.62	$35.56
JUL-DEC 2022	161,524	112,954	1,557,214	9.64	13.79	$50,840,439	$314.75	$450.10	$32.65

SOURCE: PDA/CARDHOLDER FILE, CLAIMS HISTORY

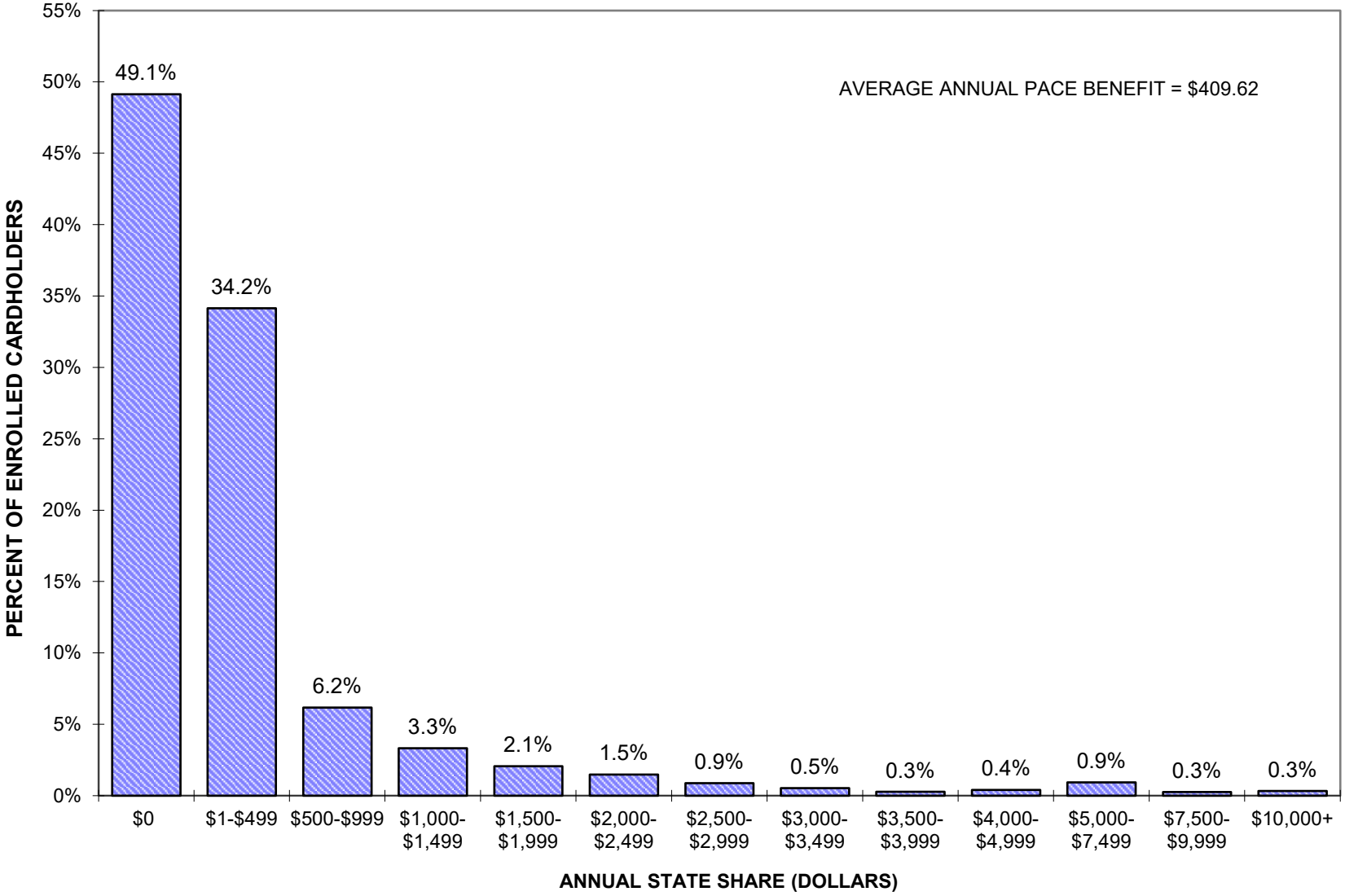
NOTE: DATA INCLUDE ORIGINAL, PAID PACENET CLAIMS BY DATE OF SERVICE. TOTAL CLAIMS INCLUDE DEDUCTIBLE CLAIMS AND COPAID CLAIMS.
ENROLLED CARDHOLDERS ARE THOSE ENROLLED FOR ANY PORTION OF THE REPORTED PERIOD.
PARTICIPATING CARDHOLDERS ARE CARDHOLDERS WITH ONE OR MORE APPROVED CLAIMS DURING THE REPORTED 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 2022
(PACE N = 956,499; PACENET N = 2,715,421)



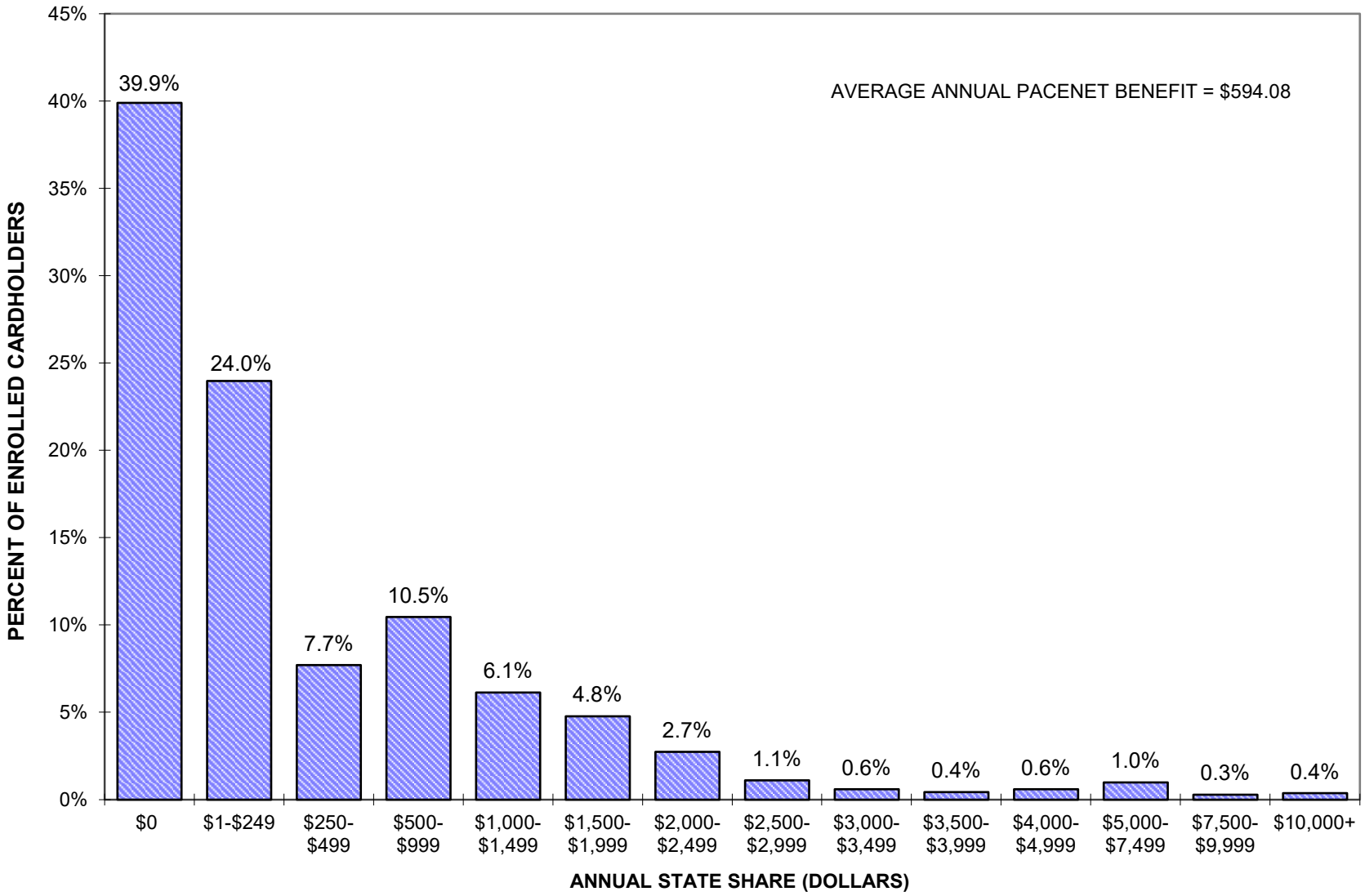
SOURCE: PDA/CLAIMS HISTORY
NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF SERVICE, EXCLUDE PACENET DEDUCTIBLE CLAIMS.

FIGURE 2.2
DISTRIBUTION OF PACE ANNUAL BENEFIT
JANUARY - DECEMBER 2022
N = 59,260



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 2022
N = 173,552



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

TABLE 2.2
TOTAL PRESCRIPTION COST, EXPENDITURES, OFFSETS, AND RECOVERIES
JANUARY - DECEMBER 2022

EXPENDITURES, OFFSETS, RECOVERIES	JAN - JUN	JUL - DEC	CALENDAR YEAR	% OF TOTAL GROSS EXPENDITURES
TOTAL PRESCRIPTION COST (DATE OF SERVICE)	$ 393,648,549	$ 404,713,413	$ 798,361,962	
MEDICARE PART D PREMIUMS	7,758,093	6,327,885	14,085,978	
GROSS PRESCRIPTION CLAIMS/PREMIUMS	401,406,642	411,041,298	812,447,940	96.8%
MHS CONTRACT ADMINISTRATION				
OPERATIONS	9,010,465	10,073,695	19,084,160	
POSTAGE	158,056	229,073	387,129	
GROSS MHS ADMINISTRATION	9,168,521	10,302,768	19,471,289	2.3%
PDA ADMINISTRATION				
PERSONNEL	561,103	663,412	1,224,515	
OPERATIONS	38,925	26,473	65,398	
GROSS PDA ADMINISTRATION	600,028	689,885	1,289,913	0.2%
OTHER ADMINISTRATION				
PHARMACY AUDITS	303,525	410,913	714,438	
THIRD PARTY PAYER RECOVERY SERVICE	386,739	322,497	709,236	
GROSS OTHER ADMINISTRATION	690,264	733,410	1,423,674	0.2%
BEHAVIORAL HEALTH INTERVENTIONS	356,654	324,063	680,717	0.1%
ENROLLMENT OUTREACH	1,199,180	1,199,180	2,398,360	0.3%
PRESCRIBER EDUCATION	990,885	750,000	1,740,885	0.2%
GROSS EXPENDITURES	414,412,174	425,040,604	839,452,778	100.0%
PRESCRIBER EDUCATION FEDERAL SUBGRANT	(220,280)	(845,822)	(1,066,102)	-0.1%
PRESCRIPTION COST OFFSETS				
PART D/OTHER PAYER OFFSETS	(309,355,804)	(324,949,538)	(634,305,342)	-75.6%
CARDHOLDER COPAYMENTS	(18,845,496)	(17,833,584)	(36,679,080)	-4.4%
TOTAL PRESCRIPTION OFFSETS	(328,201,301)	(342,783,122)	(670,984,423)	-79.9%
TOTAL GRANTS AND OFFSETS	(328,421,581)	(343,628,944)	(672,050,525)	-80.1%
RECOVERIES				
MANUFACTURER REBATES	(14,405,019)	(13,446,645)	(27,851,664)	
AUDIT ADJUSTMENTS IN CHECKWRITES	(179,673)	(194,417)	(374,090)	
THIRD PARTY/SR FOOD BOX/OTHER AGENCY TPL FEE	(856,365)	(1,411,902)	(2,268,267)	
AUGMENTATIONS	(996,308)	(610,090)	(1,606,398)	
TOTAL RECOVERIES	(16,437,365)	(15,663,054)	(32,100,419)	-3.8%
NET PRESCRIPTION CLAIM EXPENDITURES				
STATE SHARE FOR RX BEFORE RECOVERIES	65,447,248	61,930,291	127,377,539	
STATE SHARE FOR RX AFTER RECOVERIES	48,789,604	45,421,415	94,211,019	11.2%
NET STATE EXPENDITURES, INCLUDING PREMIUMS AND ADMINISTRATION	$ 69,553,228	$ 65,748,606	$ 135,301,834	16.1%

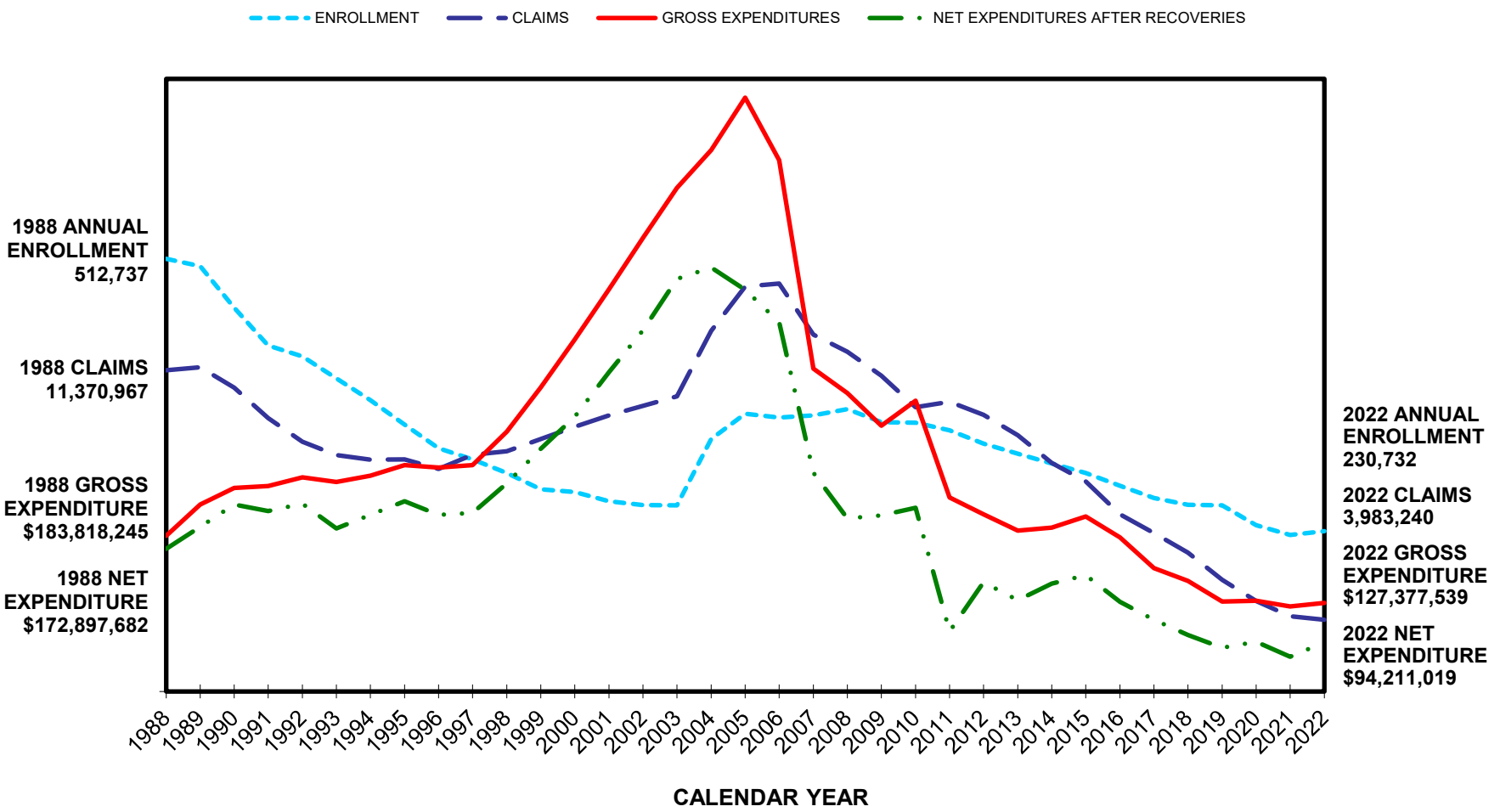
NOTES: TABLE USES DATE OF SERVICE REFERENCE CLAIM COST FILE FOR ANNUAL DRUG EXPENDITURES; TOTAL RX COST DOES NOT INCLUDE CLAIMS PROCESSED SOLELY BY OTHER PAYERS. AUDIT ADJUSTMENTS ARE BY RECOVERY DATE; AUDITS OCCURRED IN CYS 2020-21. REBATES ($27.9 M) ARE 22% OF TOTAL STATE SHARE PRESCRIPTION DRUG COST ($127.4 M).

TABLE 2.3
CLAIMS AND EXPENDITURES BY PROGRAM, PRODUCT TYPE, AND PAYMENT SOURCE
JANUARY - DECEMBER 2022

PROGRAM	PRODUCT TYPE	PACE/PACENET PAYER STATUS	TOTAL CLAIMS	THIRD PARTY LIABILITY (TPL) PAYMENTS TOTAL	THIRD PARTY LIABILITY (TPL) PAYMENTS MEAN	CARDHOLDER PREMIUM PAYMENTS TOTAL	CARDHOLDER PREMIUM PAYMENTS MEAN	CARDHOLDER COPAYMENTS TOTAL	CARDHOLDER COPAYMENTS MEAN	STATE SHARE EXPENDITURES TOTAL	STATE SHARE EXPENDITURES MEAN
PACE	BRAND	PRIMARY	21,380	$0	$0.00	$0	$0.00	$204,322	$9.56	$10,594,658	$495.54
		SECONDARY	129,514	$100,778,646	$778.13	$0	$0.00	$1,346,143	$10.39	$8,515,816	$65.75
		TOTAL	150,894	$100,778,646	$667.88	$0	$0.00	$1,550,466	$10.28	$19,110,473	$126.65
	GENERIC	PRIMARY	283,438	$0	$0.00	$0	$0.00	$1,730,238	$6.10	$3,244,560	$11.45
		SECONDARY	522,167	$16,872,436	$32.31	$0	$0.00	$2,174,130	$4.16	$1,919,239	$3.68
		TOTAL	805,605	$16,872,436	$20.94	$0	$0.00	$3,904,369	$4.85	$5,163,800	$6.41
	ALL PRODUCTS	PRIMARY	304,818	$0	$0.00	$0	$0.00	$1,934,561	$6.35	$13,839,218	$45.40
		SECONDARY	651,681	$117,651,083	$180.53	$0	$0.00	$3,520,274	$5.40	$10,435,055	$16.01
		TOTAL	956,499	$117,651,083	$123.00	$0	$0.00	$5,454,834	$5.70	$24,274,273	$25.38
PACENET	BRAND	PRIMARY	53,722	$0	$0.00	$379,350	$7.06	$868,116	$16.16	$26,741,740	$497.78
		SECONDARY	544,262	$466,935,856	$857.92	$1,351,691	$2.48	$10,493,825	$19.28	$58,582,849	$107.64
		TOTAL	597,984	$466,935,856	$780.85	$1,731,040	$2.89	$11,361,941	$19.00	$85,324,588	$142.69
	GENERIC	PRIMARY	966,652	$0	$0.00	$2,694,861	$2.79	$6,025,596	$6.23	$7,269,075	$7.52
		SECONDARY	1,462,105	$49,718,404	$34.00	$1,418,940	$0.97	$7,991,868	$5.47	$10,509,603	$7.19
		TOTAL	2,428,757	$49,718,404	$20.47	$4,113,800	$1.69	$14,017,464	$5.77	$17,778,678	$7.32
	ALL PRODUCTS	PRIMARY	1,020,374	$0	$0.00	$3,074,211	$3.01	$6,893,713	$6.76	$34,010,814	$33.33
		SECONDARY	2,006,367	$516,654,260	$257.51	$2,770,630	$1.38	$18,485,692	$9.21	$69,092,452	$34.44
		TOTAL	3,026,741	$516,654,260	$170.70	$5,844,841	$1.93	$25,379,405	$8.39	$103,103,266	$34.06
PACE/PACENET	BRAND	PRIMARY	75,102	$0	$0.00	$379,350	$5.05	$1,072,439	$14.28	$37,336,397	$497.14
		SECONDARY	673,776	$567,714,502	$842.59	$1,351,691	$2.01	$11,839,968	$17.57	$67,098,664	$99.59
		TOTAL	748,878	$567,714,502	$758.09	$1,731,040	$2.31	$12,912,407	$17.24	$104,435,062	$139.46
	GENERIC	PRIMARY	1,250,090	$0	$0.00	$2,694,861	$2.16	$7,755,834	$6.20	$10,513,635	$8.41
		SECONDARY	1,984,272	$66,590,840	$33.56	$1,418,940	$0.72	$10,165,998	$5.12	$12,428,843	$6.26
		TOTAL	3,234,362	$66,590,840	$20.59	$4,113,800	$1.27	$17,921,833	$5.54	$22,942,478	$7.09
	ALL PRODUCTS	PRIMARY	1,325,192	$0	$0.00	$3,074,211	$2.32	$8,828,273	$6.66	$47,850,032	$36.11
		SECONDARY	2,658,048	$634,305,342	$238.64	$2,770,630	$1.04	$22,005,966	$8.28	$79,527,507	$29.92
		TOTAL	3,983,240	$634,305,342	$159.24	$5,844,841	$1.47	$30,834,239	$7.74	$127,377,539	$31.98

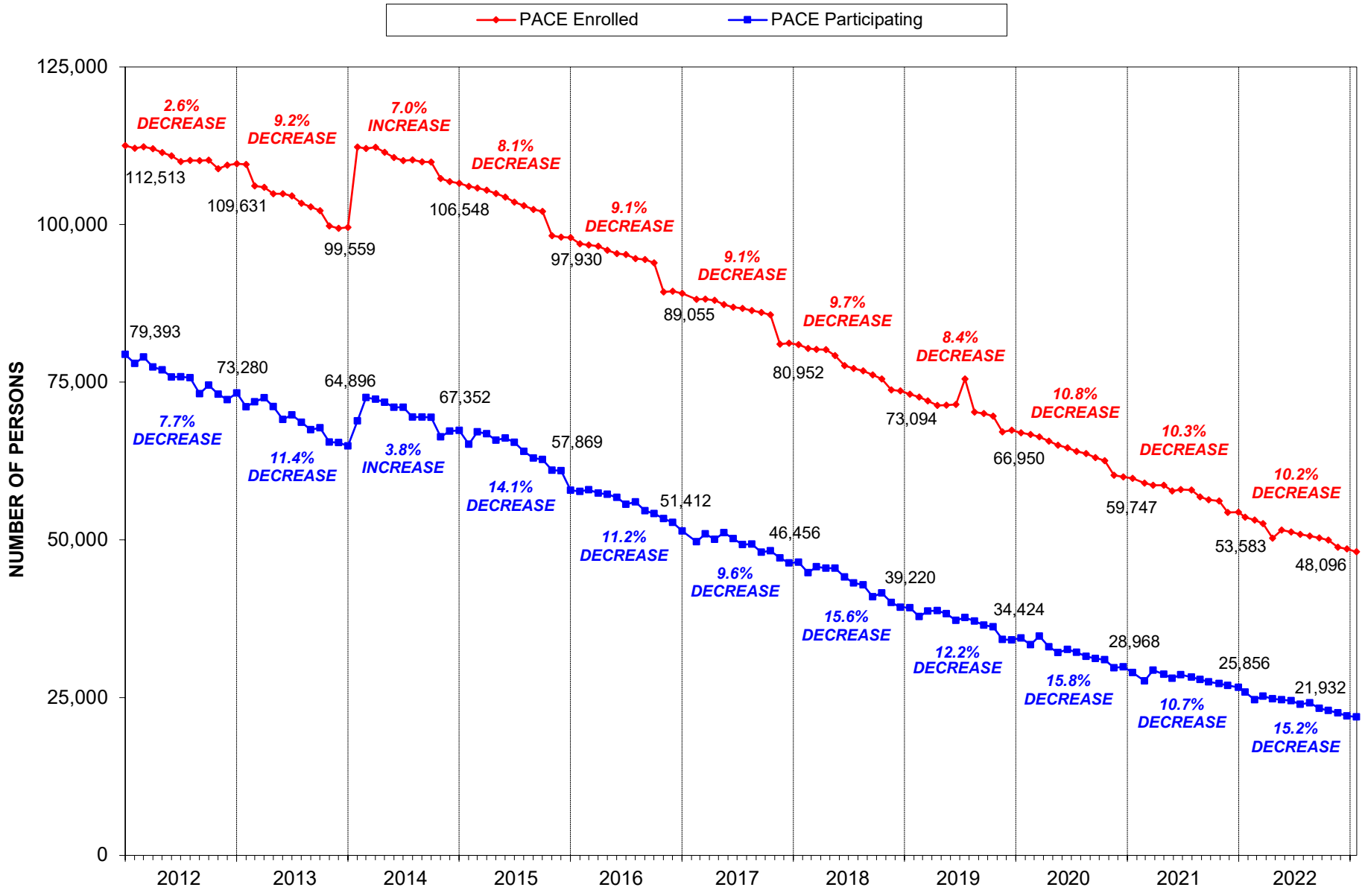
SOURCE: PDA/CLAIMS HISTORY, CARDHOLDER, AND DRUG FILES
NOTE: DATA INCLUDE ORIGINAL, PAID PACE AND PACENET CLAIMS BY DATE OF SERVICE.
PRIMARY CLAIMS INCLUDE CLAIMS WITH NO TPL PAYMENT; SECONDARY CLAIMS INCLUDE CLAIMS WITH ANY TPL PAYMENT.

FIGURE 2.4
PACE AND PACENET ENROLLMENT, CLAIMS, AND CLAIMS EXPENDITURES BY CALENDAR YEAR 1988-2022



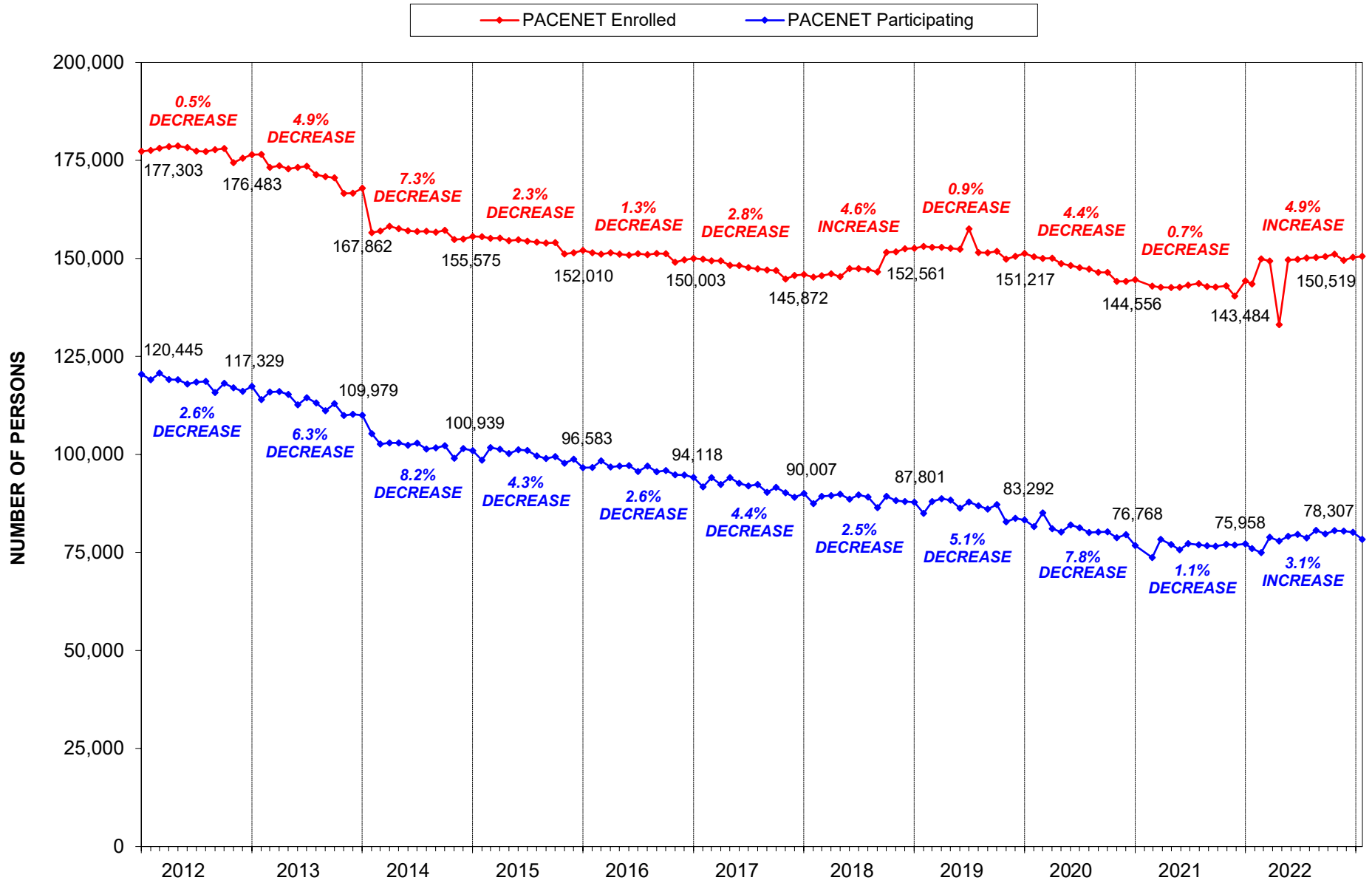
SOURCE: PDA/CARDHOLDER FILE CLAIMS HISTORY.
NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF SERVICE.
ANNUAL ENROLLMENT TOTALS ARE BASED ON CARDHOLDERS WHO WERE ENROLLED FOR ANY PORTION OF THE YEAR.
RECOVERIES INCLUDE THIRD PARTY PAYMENTS, MANUFACTURERS' REBATE, AND RESTITUTIONS.

FIGURE 2.5A
PACE TOTAL ENROLLED AND PARTICIPATING CARDHOLDERS BY MONTH
JANUARY 2012 - JANUARY 2023



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 2012 - JANUARY 2023



SOURCE: END-OF-MONTH PACE 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

pennsylvania
DEPARTMENT OF AGING

TABLE 3.1
HISTORICAL PACE AND PACENET REIMBURSEMENT FORMULAS WHEN PROGRAM IS PRIMARY PAYER
JULY 1984 - DECEMBER 2022

TIME PERIOD	PACE REIMBURSEMENT FORMULA	PACENET REIMBURSEMENT FORMULA
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 2022

MANUFACTURER	PRODUCT	STRENGTH	NDC9	STATE SHARE EXPENDITURES	% OF STATE SHARE TOTAL	RANK BY STATE SHARE EXPENDITURES	CLAIMS	% OF ALL CLAIMS	RANK BY VOLUME	PRODUCT DESCRIPTION
BRISTOL MYERS SQUIBB	ELIQUIS	5 MG	000030894	$1,991,857	8.12	1	18,506	1.92	1	ANTICOAGULANT
BRISTOL MYERS SQUIBB	ELIQUIS	2.5 MG	000030893	$1,284,486	5.24	2	11,121	1.16	2	ANTICOAGULANT
JOHNSON & JOHNSON	XARELTO	20 MG	504580579	$558,761	2.28	3	4,864	0.51	8	ANTICOAGULANT
MERCK	JANUVIA	100 MG	000060277	$379,490	1.55	4	2,763	0.29	27	DIABETES TREATMENT
BOEHRINGER INGELHEIM	SPIRIVA HANDIHALER	18 MCG	005970075	$372,329	1.52	5	2,124	0.22	61	RESPIRATORY AGENT
BOEHRINGER INGELHEIM	TRADJENTA	5 MG	005970140	$341,670	1.39	6	3,156	0.33	19	DIABETES TREATMENT
SANOFI	LANTUS SOLOSTAR	100/ML	000882219	$321,625	1.31	7	3,551	0.37	14	DIABETES TREATMENT
GLAXOSMITHKLINE	TRELEGY ELLIPTA	100-62.5	001730887	$313,129	1.28	8	3,730	0.39	13	RESPIRATORY AGENT
ELI LILLY	TRULICITY	1.5 MG/0.5	000021434	$278,325	1.13	9	1,837	0.19	81	DIABETES TREATMENT
JOHNSON & JOHNSON	XARELTO	15 MG	504580578	$265,594	1.08	10	2,181	0.23	57	ANTICOAGULANT
BOEHRINGER INGELHEIM	JARDIANCE	10 MG	005970152	$249,890	1.02	11	2,817	0.29	26	DIABETES TREATMENT
ASTELLAS	MYRBETRIQ	25 MG	004692601	$241,488	0.98	12	2,410	0.25	42	OVERACTIVE BLADDER TREATMENT
ASTELLAS	MYRBETRIQ	50 MG	004692602	$235,974	0.96	13	2,599	0.27	33	OVERACTIVE BLADDER TREATMENT
ASTRAZENECA	FARXIGA	10 MG	003106210	$235,159	0.96	14	1,250	0.13	143	DIABETES TREATMENT
BOEHRINGER INGELHEIM	JARDIANCE	25 MG	005970153	$234,094	0.95	15	2,297	0.24	48	DIABETES TREATMENT
MERCK	JANUVIA	50 MG	000060112	$227,240	0.93	16	1,443	0.15	115	DIABETES TREATMENT
GLAXOSMITHKLINE	ANORO ELLIPTA	62.5-25MCG	001730869	$225,235	0.92	17	2,946	0.31	22	RESPIRATORY AGENT
ASTRAZENECA	TAGRISSO	80 MG	003101350	$212,300	0.87	18	29	0.00	769	CHEMOTHERAPEUTIC AGENT
ELI LILLY	TRULICITY	0.75MG/0.5	000021433	$197,203	0.80	19	1,587	0.16	97	DIABETES TREATMENT
ABBVIE	LUMIGAN	0.01 %	000233205	$195,741	0.80	20	3,159	0.33	18	GLAUCOMA TREATMENT
BOEHRINGER INGELHEIM	SPIRIVA RESPIMAT	2.5 MCG	005970100	$190,255	0.78	21	1,070	0.11	178	RESPIRATORY AGENT
AMGEN	PROLIA	60 MG/ML	555130710	$187,077	0.76	22	575	0.06	328	OSTEOPOROSIS TREATMENT
NOVARTIS	ENTRESTO	24 MG-26MG	000780659	$168,516	0.69	23	1,545	0.16	104	ANGIOTENSIN II RECEPTOR ANTAG.
NOVO NORDISK	NOVOLOG FLEXPEN	100/ML	001696339	$165,289	0.67	24	2,380	0.25	44	DIABETES TREATMENT
JOHNSON & JOHNSON	STELARA	90 MG/ML	578940061	$163,474	0.67	25	32	0.00	766	DISEASE-MODIFYING ANTIRHEUMATIC DRUG
ABBVIE	RESTASIS	0.05 %	000239163	$162,722	0.66	26	1,392	0.14	123	DRY EYE TREATMENT
ELI LILLY	BASAGLAR KWIKPEN U-100	100/ML	000027715	$159,480	0.65	27	2,164	0.22	59	DIABETES TREATMENT
NOVO NORDISK	LEVEMIR FLEXTOUCH	100/ML	001696438	$150,729	0.61	28	2,069	0.21	64	DIABETES TREATMENT
NOVO NORDISK	VICTOZA 3-PAK	0.6 MG/0.1	001694060	$150,630	0.61	29	1,042	0.11	190	DIABETES TREATMENT
NOVO NORDISK	OZEMPIC	0.25 OR .5	001694132	$147,284	0.60	30	1,245	0.13	145	DIABETES TREATMENT
GLAXOSMITHKLINE	BREO ELLIPTA	100-25MCG	001730859	$144,397	0.59	31	2,479	0.26	40	RESPIRATORY AGENT
ASTRAZENECA	FARXIGA	5 MG	003106205	$143,250	0.58	32	680	0.07	282	DIABETES TREATMENT
ASTELLAS	XTANDI	80 MG	004690725	$142,084	0.58	33	31	0.00	767	PROSTATE HYPERPLASIA TREATMENT

TABLE 3.2A
PACE HIGH EXPENDITURE AND HIGH VOLUME CLAIMS
JANUARY - DECEMBER 2022

MANUFACTURER	PRODUCT	STRENGTH	NDC9	STATE SHARE EXPENDITURES	% OF STATE SHARE TOTAL	RANK BY STATE SHARE EXPENDI-TURES	CLAIMS	% OF ALL CLAIMS	RANK BY VOLUME	PRODUCT DESCRIPTION
ABBVIE	HUMIRA(CF) PEN	40MG/0.4ML	000740554	$141,930	0.58	34	170	0.02	629	DISEASE-MODIFYING ANTIRHEUMATIC DRUG
ELI LILLY	HUMALOG KWIKPEN U-100	100/ML	000028799	$140,090	0.57	35	781	0.08	243	DIABETES TREATMENT
ASTRAZENECA	BUDESONIDE-FORMOTEROL	160-4.5MCG	003107370	$138,748	0.57	36	686	0.07	280	RESPIRATORY AGENT
AMGEN	REPATHA SURECLICK	140 MG/ML	725110760	$131,845	0.54	37	766	0.08	247	LIPID-LOWERING AGENT
AMGEN	ENBREL SURECLICK	50 MG/ML	584060032	$121,457	0.50	38	123	0.01	675	DISEASE-MODIFYING ANTIRHEUMATIC DRUG
PHARMACYCLICS	IMBRUVICA	140 MG	579620140	$121,213	0.49	39	65	0.01	733	ANTINEOPLASTIC AGENT
UROVANT SCIENCES	GEMTESA	75 MG	733360075	$116,077	0.47	40	321	0.03	487	OVERACTIVE BLADDER TREATMENT
BOEHRINGER INGELHEIM	PRADAXA	150 MG	005970360	$100,125	0.41	41	589	0.06	322	ANTICOAGULANT
BRISTOL MYERS SQUIBB	REVLIMID	5 MG	595720405	$99,250	0.40	42	11	0.00	787	CHEMOTHERAPEUTIC AGENT
TAKEDA	DEXILANT	60 MG	647640175	$97,254	0.40	43	755	0.08	253	GASTROINTESTINAL AGENT
JOHNSON & JOHNSON	ERLEADA	60 MG	596760600	$95,153	0.39	44	30	0.00	768	PROSTATE CANCER TREATMENT
NOVO NORDISK	OZEMPIC	1/0.75 (3)	001694130	$93,355	0.38	45	878	0.09	224	DIABETES TREATMENT
BRISTOL MYERS SQUIBB	REVLIMID	10 MG	595720410	$93,243	0.38	46	44	0.00	754	CHEMOTHERAPEUTIC AGENT
GLAXOSMITHKLINE	INCRUSE ELLIPTA	62.5 MCG	001730873	$92,149	0.38	47	1,775	0.18	84	RESPIRATORY AGENT
BOEHRINGER INGELHEIM	COMBIVENT RESPIMAT	20-100 MCG	005970024	$90,909	0.37	48	827	0.09	231	RESPIRATORY AGENT
PRASCO	ALBUTEROL SULFATE HFA	90 MCG	669930019	$90,344	0.37	49	5,993	0.62	4	RESPIRATORY AGENT
SANOFI	TOUJEO SOLOSTAR	300/ML	000245869	$89,194	0.36	50	539	0.06	344	DIABETES TREATMENT
ENCUBE ETHICALS	DICLOFENAC SODIUM	1 %	219220009	$20,184	0.08	183	2,631	0.27	31	ANTI-INFLAMMATORY/ANALGESIC
STRIDES	VITAMIN D2	1250 MCG	643800737	$15,018	0.06	215	3,212	0.33	16	VITAMIN SUPPLEMENT
AUROBINDO	PANTOPRAZOLE SODIUM	40 MG	658620560	$10,319	0.04	273	5,368	0.56	6	GASTROINTESTINAL AGENT
CAMBER	PANTOPRAZOLE SODIUM	40 MG	317220713	$10,000	0.04	284	4,144	0.43	10	GASTROINTESTINAL AGENT
LUPIN	LEVOTHYROXINE SODIUM	50 MCG	681800966	$7,902	0.03	340	2,517	0.26	38	THYROID REPLACEMENT
AUROBINDO	CLOPIDOGREL	75 MG	658620357	$7,745	0.03	343	4,345	0.45	9	ANTIPLATELET AGENT
AUROBINDO	TAMSULOSIN HCL	0.4 MG	658620598	$7,599	0.03	353	2,566	0.27	35	PROSTATE HYPERPLASIA TREATMENT
GLENMARK	OMEPRAZOLE	20 MG	684620396	$6,647	0.03	387	3,329	0.35	15	GASTROINTESTINAL AGENT
SOLCO	DONEPEZIL HCL	10 MG	435470276	$6,500	0.03	393	2,875	0.30	23	ALZHEIMER'S DISEASE TREATMENT
UPSHER-SMITH	POTASSIUM CHLORIDE	20 MEQ	008325325	$6,375	0.03	400	2,265	0.24	49	ELECTROLYTE
ASCEND	AMLODIPINE BESYLATE	5 MG	678770198	$6,012	0.02	415	5,227	0.54	7	CALCIUM CHANNEL BLOCKER
CAMBER	LOSARTAN POTASSIUM	100 MG	317220702	$5,538	0.02	443	2,632	0.27	30	ANGIOTENSIN II RECEPTOR ANTAG.
ACCORD	SIMVASTATIN	20 MG	167290005	$5,448	0.02	454	2,871	0.30	24	LIPID-LOWERING AGENT
APOTEX	ATORVASTATIN CALCIUM	40 MG	605052580	$4,965	0.02	488	3,750	0.39	12	LIPID-LOWERING AGENT
UNICHEM	AMLODIPINE BESYLATE	5 MG	293000397	$4,736	0.02	503	3,201	0.33	17	CALCIUM CHANNEL BLOCKER

TABLE 3.2A
PACE HIGH EXPENDITURE AND HIGH VOLUME CLAIMS
JANUARY - DECEMBER 2022

MANUFACTURER	PRODUCT	STRENGTH	NDC9	STATE SHARE EXPENDITURES	% OF STATE SHARE TOTAL	RANK BY STATE SHARE EXPENDI-TURES	CLAIMS	% OF ALL CLAIMS	RANK BY VOLUME	PRODUCT DESCRIPTION
HIKMA	FUROSEMIDE	20 MG	000544297	$4,724	0.02	505	3,092	0.32	21	DIURETIC
AUROBINDO	LOSARTAN POTASSIUM	100 MG	658620203	$4,275	0.02	549	2,442	0.25	41	ANGIOTENSIN II RECEPTOR ANTAG.
CAMBER	LOSARTAN POTASSIUM	50 MG	317220701	$4,192	0.02	554	2,313	0.24	46	ANGIOTENSIN II RECEPTOR ANTAG.
SOLCO	DONEPEZIL HCL	5 MG	435470275	$4,140	0.02	559	2,261	0.23	50	ALZHEIMER'S DISEASE TREATMENT
LEADING	FUROSEMIDE	20 MG	693150116	$4,034	0.02	570	6,533	0.68	3	DIURETIC
LEADING	FUROSEMIDE	40 MG	693150117	$3,900	0.02	584	5,651	0.59	5	DIURETIC
DR REDDY'S	OMEPRAZOLE	20 MG	551110158	$3,653	0.01	618	3,137	0.33	20	GASTROINTESTINAL AGENT
ASCEND	AMLODIPINE BESYLATE	2.5 MG	678770197	$3,554	0.01	633	2,530	0.26	37	CALCIUM CHANNEL BLOCKER
HIKMA	FLUTICASONE PROPIONATE	50 MCG	000543270	$3,473	0.01	642	2,553	0.27	36	RESPIRATORY AGENT
SANDOZ	OMEPRAZOLE	20 MG	007812868	$3,400	0.01	656	2,404	0.25	43	GASTROINTESTINAL AGENT
TORRENT	PANTOPRAZOLE SODIUM	40 MG	136680429	$3,252	0.01	695	2,442	0.25	41	GASTROINTESTINAL AGENT
INGENUS	METOPROLOL SUCCINATE	25 MG	507420615	$3,243	0.01	698	2,701	0.28	28	BETA BLOCKER
LUPIN	AMLODIPINE BESYLATE	5 MG	681800720	$3,189	0.01	706	2,627	0.27	32	CALCIUM CHANNEL BLOCKER
APOTEX	ATORVASTATIN CALCIUM	20 MG	605052579	$2,780	0.01	793	2,299	0.24	47	LIPID-LOWERING AGENT
TEVA	FAMOTIDINE	20 MG	001725728	$2,717	0.01	810	2,595	0.27	34	GASTROINTESTINAL AGENT
SUN	TRAMADOL HCL	50 MG	576640377	$2,675	0.01	821	4,011	0.42	11	ANALGESIC NARCOTIC AGENT
ASCEND	AMLODIPINE BESYLATE	10 MG	678770199	$2,636	0.01	832	2,828	0.29	25	CALCIUM CHANNEL BLOCKER
TEVA	TRAZODONE HCL	50 MG	501110560	$2,592	0.01	846	2,375	0.25	45	ANTIDEPRESSANT
SUN	METOPROLOL TARTRATE	25 MG	576640506	$2,085	0.01	991	2,510	0.26	39	BETA BLOCKER
TEVA	LORAZEPAM	0.5 MG	000933425	$1,535	0.01	1,234	2,684	0.28	29	ANXIOLYTIC
	TOTAL 85 PRODUCTS			$12,480,145	50.87		216,348	22.48		
	TOTAL ALL PRODUCTS			$24,535,600	100.00		962,499	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 2022

MANUFACTURER	PRODUCT	STRENGTH	NDC9	CARDHOLDER AND THIRD PARTY PAYMENTS	STATE SHARE EXPENDITURES	% OF STATE SHARE TOTAL	RANK BY STATE SHARE EXPENDITURES	TOTAL EXPENDITURES (ALL SOURCES)	CLAIMS	% OF TOTAL	RANK BY VOLUME
BRISTOL MYERS SQUIBB	ELIQUIS	5 MG	000030894	$49,043,488	$9,203,742	8.99	1	$58,247,230	74,905	2.49	1
BRISTOL MYERS SQUIBB	ELIQUIS	2.5 MG	000030893	$18,845,585	$3,841,635	3.75	2	$22,687,220	31,586	1.05	2
JOHNSON & JOHNSON	XARELTO	20 MG	504580579	$14,267,672	$2,552,540	2.49	3	$16,820,212	19,728	0.65	3
GLAXOSMITHKLINE	TRELEGY ELLIPTA	100-62.5	001730887	$11,740,742	$1,925,148	1.88	4	$13,665,890	18,191	0.60	4
BOEHRINGER INGELHEIM	JARDIANCE	10 MG	005970152	$10,639,847	$1,710,865	1.67	5	$12,350,712	14,364	0.48	11
BOEHRINGER INGELHEIM	JARDIANCE	25 MG	005970153	$10,252,298	$1,485,080	1.45	6	$11,737,378	12,299	0.41	13
SANOFI	LANTUS SOLOSTAR	100/ML (3)	000882219	$7,310,895	$1,416,341	1.38	7	$8,727,237	16,045	0.53	7
ELI LILLY	TRULICITY	1.5 MG/0.5	000021434	$8,898,762	$1,409,829	1.38	8	$10,308,591	9,954	0.33	19
BOEHRINGER INGELHEIM	TRADJENTA	5 MG	005970140	$7,855,350	$1,382,872	1.35	9	$9,238,223	11,579	0.38	15
MERCK	JANUVIA	100 MG	000060277	$7,276,883	$1,367,800	1.34	10	$8,644,684	9,876	0.33	20
NOVO NORDISK	OZEMPIC	0.25 OR .5	001694132	$6,889,091	$1,150,784	1.12	11	$8,039,875	7,932	0.26	32
ASTRAZENECA	FARXIGA	10 MG	003106210	$3,621,459	$1,115,767	1.09	12	$4,737,226	5,829	0.19	77
ELI LILLY	TRULICITY	0.75MG/0.5	000021433	$6,546,459	$1,108,205	1.08	13	$7,654,664	7,530	0.25	39
NOVO NORDISK	NOVOLOG FLEXPEN	100/ML (3)	001696339	$8,619,062	$1,087,437	1.06	14	$9,706,499	11,522	0.38	16
BOEHRINGER INGELHEIM	SPIRIVA HANDIHALER	18 MCG	005970075	$3,377,924	$1,053,170	1.03	15	$4,431,095	6,769	0.22	54
ASTELLAS	MYRBETRIQ	50 MG	004692602	$4,626,004	$1,033,779	1.01	16	$5,659,783	9,139	0.30	24
JOHNSON & JOHNSON	XARELTO	15 MG	504580578	$4,994,608	$952,321	0.93	17	$5,946,930	7,619	0.25	37
NOVARTIS	ENTRESTO	24 MG-26MG	000780659	$4,968,844	$910,862	0.89	18	$5,879,706	7,132	0.24	48
GLAXOSMITHKLINE	ANORO ELLIPTA	62.5-25MCG	001730869	$5,113,172	$908,802	0.89	19	$6,021,974	11,066	0.37	18
NOVO NORDISK	OZEMPIC	1/0.75 (3)	001694130	$6,128,796	$902,743	0.88	20	$7,031,539	7,056	0.23	49
ABBVIE	HUMIRA(CF) PEN	40MG/0.4ML	000740554	$7,272,547	$834,350	0.82	21	$8,106,897	1,105	0.04	538
BOEHRINGER INGELHEIM	SPIRIVA RESPIMAT	2.5 MCG	005970100	$2,372,566	$827,581	0.81	22	$3,200,146	5,335	0.18	84
NOVO NORDISK	VICTOZA 3-PAK	0.6 MG/0.1	001694060	$5,043,902	$773,573	0.76	23	$5,817,474	5,207	0.17	91
NOVO NORDISK	LEVEMIR FLEXTOUCH	100/ML (3)	001696438	$5,418,738	$754,684	0.74	24	$6,173,421	8,644	0.29	29
ASTELLAS	MYRBETRIQ	25 MG	004692601	$3,245,048	$747,970	0.73	25	$3,993,018	7,034	0.23	50
AMGEN	PROLIA	60 MG/ML	555130710	$2,364,866	$707,281	0.69	26	$3,072,147	2,102	0.07	294
ABBVIE	LUMIGAN	0.01 %	000233205	$3,125,590	$667,859	0.65	27	$3,793,448	9,457	0.31	22
MERCK	JANUVIA	50 MG	000060112	$2,933,676	$660,446	0.65	28	$3,594,122	4,351	0.14	118
ELI LILLY	BASAGLAR KWIKPEN U-100	100/ML (3)	000027715	$3,065,510	$656,222	0.64	29	$3,721,732	8,430	0.28	30
PFIZER	IBRANCE	100 MG	000690486	$4,930,726	$587,673	0.57	30	$5,518,400	383	0.01	1,009
ASTELLAS	XTANDI	40 MG	004690625	$2,579,508	$582,930	0.57	31	$3,162,439	248	0.01	1,143
GLAXOSMITHKLINE	TRELEGY ELLIPTA	200-62.5	001730893	$3,534,732	$572,254	0.56	32	$4,106,986	5,494	0.18	82
GLAXOSMITHKLINE	BREO ELLIPTA	100-25MCG	001730859	$3,640,142	$567,919	0.55	33	$4,208,061	8,769	0.29	28
AMGEN	REPATHA SURECLICK	140 MG/ML	725110760	$1,939,408	$564,677	0.55	34	$2,504,084	3,886	0.13	143
ABBVIE	VENCLEXTA	100 MG	000740576	$896,499	$560,154	0.55	35	$1,456,653	172	0.01	1,219

TABLE 3.2B
PACENET HIGH EXPENDITURE AND HIGH VOLUME CLAIMS
JANUARY - DECEMBER 2022

MANUFACTURER	PRODUCT	STRENGTH	NDC9	CARDHOLDER AND THIRD PARTY PAYMENTS	STATE SHARE EXPENDITURES	% OF STATE SHARE TOTAL	RANK BY STATE SHARE EXPENDITURES	TOTAL EXPENDITURES (ALL SOURCES)	CLAIMS	% OF TOTAL	RANK BY VOLUME
ELI LILLY	TRULICITY	3 MG/0.5ML	000022236	$3,794,642	$529,114	0.52	36	$4,323,755	4,277	0.14	120
ELI LILLY	HUMALOG KWIKPEN U-100	100/ML	000028799	$2,389,140	$513,028	0.50	37	$2,902,168	3,909	0.13	139
ASTRAZENECA	SYMBICORT	160-4.5MCG	001860370	$3,043,068	$512,291	0.50	38	$3,555,360	7,195	0.24	44
PFIZER	IBRANCE	125 MG	000690688	$4,680,567	$501,820	0.49	39	$5,182,388	358	0.01	1,034
ABBVIE	RESTASIS	0.05 %	000239163	$3,302,527	$495,634	0.48	40	$3,798,162	3,761	0.12	150
BOEHRINGER INGELHEIM	PRADAXA	150 MG	005970360	$1,235,908	$471,131	0.46	41	$1,707,040	2,127	0.07	288
ASTRAZENECA	BUDESONIDE-FORMOTEROL	160-4.5MCG	003107370	$233,866	$465,957	0.46	42	$699,823	2,439	0.08	242
ASTRAZENECA	FARXIGA	5 MG	003106205	$1,172,619	$423,876	0.41	43	$1,596,495	1,996	0.07	312
GLAXOSMITHKLINE	BREO ELLIPTA	200-25 MCG	001730882	$2,708,806	$419,947	0.41	44	$3,128,754	6,427	0.21	59
NOVARTIS	ENTRESTO	49 MG-51MG	000780777	$2,457,671	$412,463	0.40	45	$2,870,135	3,188	0.11	179
GLAXOSMITHKLINE	INCRUSE ELLIPTA	62.5 MCG	001730873	$2,451,308	$395,829	0.39	46	$2,847,137	6,021	0.20	68
ASTRAZENECA	BREZTRI AEROSPHERE	160-9-4.8	003104616	$893,937	$395,358	0.39	47	$1,289,295	1,901	0.06	329
SANOFI	TOUJEO SOLOSTAR	300/ML	000245869	$1,582,859	$394,948	0.39	48	$1,977,807	2,976	0.10	200
AMGEN	ENBREL SURECLICK	50MG/ML(1)	584060032	$4,326,180	$382,572	0.37	49	$4,708,752	709	0.02	746
BOEHRINGER INGELHEIM	STIOLTO RESPIMAT	2.5-2.5MCG	005970155	$1,177,580	$370,930	0.36	50	$1,548,510	2,871	0.10	213
PRASCO	ALBUTEROL SULFATE HFA	90 MCG	669930019	$601,780	$359,258	0.35	52	$961,038	18,064	0.60	5
GLAXOSMITHKLINE	VENTOLIN HFA	90 MCG	001730682	$380,304	$160,859	0.16	115	$541,163	7,797	0.26	33
LUPIN	ALBUTEROL SULFATE HFA	90 MCG	681800963	$235,652	$107,947	0.11	148	$343,599	7,265	0.24	40
SCIEGEN	GABAPENTIN	300 MG	502280180	$121,146	$26,009	0.03	371	$147,156	7,613	0.25	38
CAMBER	PANTOPRAZOLE SODIUM	40 MG	317220713	$237,470	$18,303	0.02	493	$255,773	14,819	0.49	10
AUROBINDO	PANTOPRAZOLE SODIUM	40 MG	658620560	$204,664	$16,815	0.02	535	$221,480	15,482	0.51	8
UPSHER-SMITH	POTASSIUM CHLORIDE	20 MEQ	008325325	$140,772	$16,748	0.02	538	$157,520	7,228	0.24	43
AUROBINDO	TAMSULOSIN HCL	0.4 MG	658620598	$137,024	$16,069	0.02	559	$153,093	8,946	0.30	26
SOLCO	DONEPEZIL HCL	10 MG	435470276	$113,483	$12,564	0.01	683	$126,047	9,075	0.30	25
GLENMARK	OMEPRAZOLE	20 MG	684620396	$115,336	$12,405	0.01	691	$127,741	8,077	0.27	31
AUROBINDO	CLOPIDOGREL	75 MG	658620357	$163,640	$10,805	0.01	756	$174,445	11,326	0.38	17
APOTEX	ATORVASTATIN CALCIUM	40 MG	605052580	$128,524	$9,356	0.01	850	$137,880	9,661	0.32	21
CAMBER	LOSARTAN POTASSIUM	100 MG	317220702	$90,299	$7,266	0.01	1,032	$97,565	7,172	0.24	46
HIKMA	FLUTICASONE PROPIONATE	50 MCG	000543270	$108,708	$7,024	0.01	1,067	$115,732	7,674	0.25	36
ZYDUS	TAMSULOSIN HCL	0.4 MG	683820132	$115,818	$6,885	0.01	1,089	$122,703	7,701	0.26	35
ASCEND	AMLODIPINE BESYLATE	5 MG	678770198	$91,326	$6,602	0.01	1,120	$97,929	11,859	0.39	14
DR REDDY'S	OMEPRAZOLE	20 MG	551110158	$139,244	$5,135	0.01	1,341	$144,379	9,297	0.31	23
SUN	TRAMADOL HCL	50 MG	576640377	$76,825	$4,101	0.00	1,567	$80,926	12,905	0.43	12
TORRENT	PANTOPRAZOLE SODIUM	40 MG	136680429	$127,608	$3,864	0.00	1,628	$131,472	7,174	0.24	45
HIKMA	FUROSEMIDE	20 MG	000544297	$58,582	$3,348	0.00	1,802	$61,930	7,174	0.24	45

TABLE 3.2B
PACENET HIGH EXPENDITURE AND HIGH VOLUME CLAIMS
JANUARY - DECEMBER 2022

MANUFACTURER	PRODUCT	STRENGTH	NDC9	CARDHOLDER AND THIRD PARTY PAYMENTS	STATE SHARE EXPENDITURES	% OF STATE SHARE TOTAL	RANK BY STATE SHARE EXPENDITURES	TOTAL EXPENDITURES (ALL SOURCES)	CLAIMS	% OF TOTAL	RANK BY VOLUME
LEADING	FUROSEMIDE	40 MG	693150117	$90,779	$3,326	0.00	1,813	$94,104	15,094	0.50	9
LEADING	FUROSEMIDE	20 MG	693150116	$92,245	$3,209	0.00	1,843	$95,455	17,301	0.57	6
INGENUS	METOPROLOL SUCCINATE	25 MG	507420615	$146,577	$3,150	0.00	1,870	$149,727	8,871	0.29	27
ACCORD	SPIRONOLACTONE	25 MG	167290225	$59,343	$2,783	0.00	2,013	$62,126	7,251	0.24	41
SUN	METOPROLOL TARTRATE	25 MG	576640506	$46,259	$1,751	0.00	2,639	$48,010	7,157	0.24	47
TEVA	LORAZEPAM	0.5 MG	000933425	$40,313	$1,514	0.00	2,865	$41,827	7,758	0.26	34
SOLCO	FUROSEMIDE	40 MG	435470402	$39,483	$1,314	0.00	3,087	$40,797	7,250	0.24	42
	TOTAL 77 PRODUCTS			$292,734,286	$54,098,603	52.87			687,884	22.82	
	TOTAL ALL PRODUCTS			$542,189,357	$102,330,029	100.00			3,014,038	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 2022

MANUFACTURER	ASSOCIATED NDC LABELER CODES	RANK BY STATE SHARE EXPENDITURES	STATE SHARE EXPENDITURES	% OF ALL STATE SHARE EXPENDITURES	CLAIMS	% OF ALL CLAIMS
BRISTOL MYERS SQUIBB	00003, 00056, 59572, 63653, 73625	1	$17,878,738	14.1	137,585	3.5
BOEHRINGER INGELHEIM	00597	2	$10,153,379	8.0	76,631	1.9
NOVO NORDISK	00169	3	$8,078,564	6.4	76,769	1.9
GLAXOSMITHKLINE	00007, 00173, 19515, 49702, 58160	4	$7,739,360	6.1	104,497	2.6
ELI LILLY	00002, 00777, 66733	5	$7,481,965	5.9	54,373	1.4
JOHNSON & JOHNSON	10147, 50458, 57894, 59676, 66215	6	$7,217,431	5.7	44,400	1.1
ABBVIE	00023, 00032, 00051, 00074, 00456, 11980, 58914, 60758	7	$6,840,612	5.4	61,414	1.5
ASTRAZENECA	00186, 00310	8	$6,675,741	5.3	38,872	1.0
PFIZER	00005, 00008, 00009, 00013, 00025, 00046, 00049, 00069, 00071, 00409, 59267, 60793, 61570, 61703	9	$4,302,046	3.4	11,623	0.3
SANOFI	00024, 00039, 00088, 49281, 58468	10	$3,960,483	3.1	34,460	0.9
NOVARTIS	00078	11	$3,757,910	3.0	19,544	0.5
MERCK	00006, 00085, 52015, 66582	12	$3,751,625	3.0	25,463	0.6
ASTELLAS	00469, 51248	13	$3,632,161	2.9	22,127	0.6
AMGEN	55513, 58406, 72511	14	$3,408,989	2.7	11,328	0.3
VIATRIS	00037, 00378, 42292, 49502, 51079, 51525, 59762, 67457	15	$1,606,327	1.3	100,296	2.5

TABLE 3.3
PACE AND PACENET NUMBER AND PERCENT OF EXPENDITURES AND CLAIMS BY MANUFACTURER
JANUARY - DECEMBER 2022

MANUFACTURER	ASSOCIATED NDC LABELER CODES	RANK BY STATE SHARE EXPENDITURES	STATE SHARE EXPENDITURES	% OF ALL STATE SHARE EXPENDITURES	CLAIMS	% OF ALL CLAIMS
TEVA	00093, 00172, 00228, 00472, 00480, 00555, 00591, 00703, 16252, 45963, 50111, 51285, 51759, 52544, 57844, 59310, 62037, 63459, 68546	16	$1,443,970	1.1	220,289	5.5
AMNEAL	00115, 53746, 64896, 65162, 69238, 70121	17	$1,416,767	1.1	124,098	3.1
PRASCO	35573, 66993	18	$1,308,139	1.0	33,717	0.8
TAKEDA	00944, 54092, 63020, 64764	19	$1,137,095	0.9	5,257	0.1
APOTEX	60505	20	$1,059,550	0.8	95,188	2.4
BAUSCH HEALTH	00187, 25010, 65649, 66490, 68682	21	$927,055	0.7	9,214	0.2
AUROBINDO	13107, 59651, 65862, 72893	22	$849,239	0.7	245,114	6.2
SUN	47335, 49708, 51660, 53489, 57664, 62756, 63304	23	$837,733	0.7	77,765	2.0
ZYDUS	68382, 70710	24	$789,084	0.6	129,327	3.3
PHARMACYCLICS	57962	25	$779,168	0.6	686	0.0
	TOTAL, TOP 25 MANUFACTURERS		$107,033,133	84.4	1,760,037	44.3
	TOTAL, ALL OTHER MANUFACTURERS		$19,832,497	15.6	2,216,500	55.7
	TOTAL, ALL MANUFACTURERS		$126,865,629	100.0	3,976,537	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.
THE AGGREGATION OF LABELER CODES BY MANUFACTURER IS BASED ON PUBLIC USE DATA PROVIDED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS).

TABLE 3.4
MANUFACTURERS' REBATE CASH RECEIPTS
BY QUARTER/YEAR BILLED AND BY FISCAL YEAR RECEIVED
JANUARY 1991 - DECEMBER 2022

QUARTER/YEAR BILLED	91-92 THROUGH 12-13 RECEIPTS	13-14 RECEIPTS	14-15 RECEIPTS	15-16 RECEIPTS	16-17 RECEIPTS	17-18 RECEIPTS	18-19 RECEIPTS	19-20 RECEIPTS	20-21 RECEIPTS	21-22 RECEIPTS	22-23 YTD RECEIPTS	TOTAL
JAN-DEC 1991	$22,773,676	$226	$0	($3)	$0	$0	$0	$0	$0	$0	$0	$22,773,899
JAN-DEC 1992	$30,147,187	$0	$15,438	$22	$0	($2,072)	$0	$0	$0	$0	$0	$30,160,576
JAN-DEC 1993	$32,017,138	$0	$16,846	$4	$0	($55,253)	$0	$0	$0	$0	$0	$31,978,736
JAN-DEC 1994	$30,666,413	$0	$0	$18	$0	$0	$0	$0	$0	$0	($2)	$30,666,429
JAN-DEC 1995	$32,702,940	$0	$0	$203	$0	$0	$0	$0	$0	$0	$0	$32,703,144
JAN-DEC 1996	$31,183,850	$332	$0	($7)	$0	$0	$0	$0	$0	$0	$0	$31,184,174
JAN-DEC 1997	$38,811,130	($672)	$0	$400	$0	($3,484)	$0	$0	$0	($0)	$85	$38,807,459
JAN-DEC 1998	$48,876,129	($25,719)	$0	$749	$0	$23	$0	$0	$0	($14)	$22	$48,851,190
JAN-DEC 1999	$52,557,928	$21,133	$0	$1,746	$0	($31,249)	$0	$0	$0	$8,396	$7	$52,557,960
JAN-DEC 2000	$59,004,024	$13,351	$0	$711	$0	$0	$0	$12,523	$0	($43)	$0	$59,030,566
JAN-DEC 2001	$58,246,827	$9,934	$0	$139	$0	($1)	$0	$7,327	$904	$10	$0	$58,265,139
JAN-DEC 2002	$75,264,102	$236,961	$2	$195	$0	$0	$0	$18,142	$7,378	($1,337)	$0	$75,525,445
JAN-DEC 2003	$101,917,873	$60,352	$0	$204	$0	$93	$0	$0	$7,771	($0)	$0	$101,986,293
JAN-DEC 2004	$124,108,421	$287,753	$2,863	$3,692	$0	($15,100)	($3,022)	($168,764)	$0	$18	$0	$124,215,862
JAN-DEC 2005	$133,085,265	$84,208	$1,860	$17,780	$0	($2,436)	$2	$126,544	$0	($4)	$0	$133,313,220
JAN-DEC 2006	$119,366,613	$8,133	$3,637	$37,766	$1,998	$8,081	$300	($33,265)	$0	($457)	$0	$119,392,807
JAN-DEC 2007	$74,013,043	$11,233	$188,998	$148,773	$8,528	($1,832)	($28,262)	$7,531	($6,327)	($9)	$0	$74,341,677
JAN-DEC 2008	$60,011,737	$274,759	$62,197	$164,909	($2,127)	$5,432	($13,251)	($312,768)	($100,688)	($0)	$0	$60,090,199
JAN-DEC 2009	$67,102,082	$137,799	$106,008	($3,489)	$249	($4,013)	$54	$21,394	($10,982)	$0	$0	$67,349,101
JAN-DEC 2010	$76,152,896	($71,790)	$95,511	$5,085	($428)	$7,257	($3,024)	($55,913)	($73,739)	$24,989	$0	$76,080,845
JAN-DEC 2011	$47,978,084	$201,910	$628,050	$15,373	$7,765	$27,779	$423	($789)	$13,183	$12,070	$508	$48,884,357
JAN-DEC 2012	$38,276,043	$1,057,554	$563,869	$91,130	($1,484)	$80,790	$2,140	$137	$6,132	$108,700	$1	$40,185,012
JAN-DEC 2013	$0	$35,767,452	$858,086	$363,592	$172,530	$22,293	($22,242)	$4,768	$25,814	$276,528	$87,929	$37,556,748
JAN-DEC 2014	$0	$1,184,063	$32,691,292	$2,694,291	$526,970	($26,036)	$259,677	$52,005	$128,029	$422,545	$8,573	$37,941,408
JAN-DEC 2015	$0	$0	$329,681	$37,773,729	$1,462,972	$117,124	($83,029)	($276)	$29,743	$680,849	$18,578	$40,329,371
JAN-DEC 2016	$0	$0	$0	$1,706,334	$33,306,682	$742,261	($189,357)	($104,367)	$340,327	$217,797	$2,218	$36,021,893
JAN-DEC 2017	$0	$0	$0	$0	$2,714,423	$36,105,960	$173,318	($170,397)	$16,005	($10,189)	($5,413)	$38,823,707
JAN-MAR 2018	$0	$0	$0	$0	$0	$5,935,345	$4,843,177	($11,260)	$30,754	($20,649)	($176)	$10,777,191
APR-JUN 2018	$0	$0	$0	$0	$0	$0	$9,910,857	($6,525)	$13,602	$5,303	($175)	$9,923,062
JUL-SEP 2018	$0	$0	$0	$0	$0	$0	$9,571,000	($72,427)	$114,364	$59,297	($4,292)	$9,667,942
OCT-DEC 2018	$0	$0	$0	$0	$0	$0	$9,277,480	$61,720	$19,140	$16,959	($858)	$9,374,441
JAN-MAR 2019	$0	$0	$0	$0	$0	$0	$3,696,580	$5,281,041	$59,094	$1,018	($4,975)	$9,032,759
APR-JUN 2019	$0	$0	$0	$0	$0	$0	$0	$9,066,004	$85,935	($15,380)	$20,397	$9,156,957
JUL-SEP 2019	$0	$0	$0	$0	$0	$0	$0	$7,902,037	$96,772	$9,098	($18,683)	$7,989,225
OCT-DEC 2019	$0	$0	$0	$0	$0	$0	$0	$7,073,360	$1,987,809	$59,173	$6,546	$9,126,888
JAN-MAR 2020	$0	$0	$0	$0	$0	$0	$0	$94,238	$8,951,352	$73,456	$17,531	$9,136,577
APR-JUN 2020	$0	$0	$0	$0	$0	$0	$0	$0	$9,129,242	$75,499	$31,385	$9,236,126
JUL-SEP 2020	$0	$0	$0	$0	$0	$0	$0	$0	$8,097,168	$110,726	$4,270	$8,212,164
OCT-DEC 2020	$0	$0	$0	$0	$0	$0	$0	$0	$7,221,653	$630,776	($2,781)	$7,849,648
JAN-MAR 2021	$0	$0	$0	$0	$0	$0	$0	$0	$244,449	$8,218,835	$15,792	$8,479,075
APR-JUN 2021	$0	$0	$0	$0	$0	$0	$0	$0	$0	$7,581,296	$12,720	$7,594,016
JUL-SEP 2021	$0	$0	$0	$0	$0	$0	$0	$0	$0	$6,987,814	$32,661	$7,020,475
OCT-DEC 2021	$0	$0	$0	$0	$0	$0	$0	$0	$0	$7,043,798	$313,808	$7,357,606
JAN-MAR 2022	$0	$0	$0	$0	$0	$0	$0	$0	$0	$459,116	$5,546,114	$6,005,230
APR-JUN 2022	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$6,210,492	$6,210,492
JUL-SEP 2022	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$1,154,363	$1,154,363
OCT-DEC 2022	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
TOTAL	$1,354,263,400	$39,258,972	$35,564,340	$43,023,347	$38,198,078	$42,910,960	$37,392,821	$28,792,022	$36,434,885	$33,035,984	$13,446,644	$1,702,321,451

SOURCE: PDA CHECK RECEIPTS AS REPORTED ON STATE STATUS REPORT FOR WEEK ENDING DECEMBER 30, 2022.
NOTE: INCLUDES REBATES RECEIVED THROUGH DECEMBER 2022.

SECTION 4

CARDHOLDER UTILIZATION DATA

pennsylvania
DEPARTMENT OF AGING

TABLE 4.1
PACE AND PACENET CARDHOLDER ENROLLMENTS BY QUARTER

PACE

JULY 1984 - JUNE 1988

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

PACE

JULY 1988 - JUNE 1996

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

TABLE 4.1
PACE AND PACENET CARDHOLDER ENROLLMENTS BY QUARTER
JULY 1996 - DECEMBER 2022

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

TABLE 4.1
PACE AND PACENET CARDHOLDER ENROLLMENTS BY QUARTER
JULY 1996 - DECEMBER 2022

		PACE			PACENET		
	QUARTER	CUMULATIVE NEWLY ENROLLED	% OF NEWLY ENROLLED	ENROLLMENT AT END OF QUARTER	CUMULATIVE NEWLY ENROLLED	% OF NEWLY ENROLLED	ENROLLMENT AT END OF QUARTER
24th	JUL-SEP 2007	2,143	1.2	174,824	3,940	2.8	138,701
PROGRAM	OCT-DEC 2007	4,477	2.8	158,560	8,642	5.5	157,874
YEAR	JAN-MAR 2008	6,956	4.5	155,547	19,078	11.9	160,227
	APR-JUN 2008	9,712	6.3	155,026	29,033	17.2	169,043
25th	JUL-SEP 2008	2,321	1.5	150,074	6,087	3.6	170,931
PROGRAM	OCT-DEC 2008	4,873	3.4	141,712	11,833	6.8	173,460
YEAR	JAN-MAR 2009	6,838	6.7	101,470	17,435	10.5	165,925
	APR-JUN 2009	8,521	6.3	134,590	23,075	13.8	167,488
26th	JUL-SEP 2009	1,848	1.4	133,248	6,469	3.8	170,994
PROGRAM	OCT-DEC 2009	2,654	2.0	131,002	13,898	8.2	169,270
YEAR	JAN-MAR 2010	5,109	3.9	129,892	21,782	12.5	174,306
	APR-JUN 2010	7,344	5.7	128,651	29,944	16.8	178,574
27th	JUL-SEP 2010	1,203	1.0	126,424	4,636	2.6	178,869
PROGRAM	OCT-DEC 2010	2,800	2.3	121,369	9,292	5.2	177,774
YEAR	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	JUL-SEP 2011	1,349	1.2	117,121	3,376	1.9	180,624
PROGRAM	OCT-DEC 2011	3,291	2.9	112,850	7,820	4.4	176,771
YEAR	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	JUL-SEP 2012	1,382	1.3	110,133	2,571	1.4	177,702
PROGRAM	OCT-DEC 2012	3,200	2.9	109,395	5,196	3.0	175,524
YEAR	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	JUL-SEP 2013	966	0.9	102,787	2,555	1.5	170,876
PROGRAM	OCT-DEC 2013	2,273	2.2	101,375	6,018	3.5	173,456
YEAR	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	JUL-SEP 2014	1,476	1.3	109,951	3,305	2.1	157,043
PROGRAM	OCT-DEC 2014	3,547	3.3	106,796	7,754	5.0	154,936
YEAR	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	JUL-SEP 2015	1,059	1.0	102,361	2,762	1.8	153,897
PROGRAM	OCT-DEC 2015	2,649	2.7	97,995	6,502	4.3	151,429
YEAR	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	JUL-SEP 2016	1,531	1.6	94,432	4,295	2.8	151,241
PROGRAM	OCT-DEC 2016	3,038	3.4	89,416	8,147	5.4	149,627
YEAR	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	JUL-SEP 2017	341	0.4	86,038	2,060	1.4	147,007
PROGRAM	OCT-DEC 2017	1,781	2.2	81,180	5,211	3.6	145,606
YEAR	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 2022

		PACE			PACENET		
	QUARTER	CUMULATIVE NEWLY ENROLLED	% OF NEWLY ENROLLED	ENROLLMENT AT END OF QUARTER	CUMULATIVE NEWLY ENROLLED	% OF NEWLY ENROLLED	ENROLLMENT AT END OF QUARTER
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	JAN-MAR 2020	1,821	2.7	66,306	7,334	4.9	149,998
	APR-JUN 2020	2,190	3.4	64,576	12,760	8.6	148,196
37th	JUL-SEP 2020	345	0.5	63,026	2,092	1.4	146,405
PROGRAM	OCT-DEC 2020	985	1.6	59,981	5,374	3.7	144,116
YEAR	JAN-MAR 2021	1,393	2.4	58,663	6,779	4.8	142,599
	APR-JUN 2021	2,429	4.2	57,961	10,534	7.4	143,141
38th	JUL-SEP 2021	482	0.9	56,335	3,363	2.4	142,679
PROGRAM	OCT-DEC 2021	1,407	2.6	54,379	9,645	6.7	144,249
YEAR	JAN-MAR 2022	1,360	2.6	52,567	8,975	6.0	149,287
	APR-JUN 2022	1,914	3.7	51,263	12,968	8.7	149,761
39th	JUL-SEP 2022	459	0.9	50,303	3,798	2.5	150,317
PROGRAM	OCT-DEC 2022	1,099	2.3	48,584	8,701	5.8	150,173
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., 48,584 PACE CARDHOLDERS AND 150,173 PACENET CARDHOLDERS ON THE FILE ON DECEMBER 31, 2022).
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 2022

	ENROLLED CARDHOLDERS NO.	%	PARTICIPATING CARDHOLDERS NO.	%	NO. OF CLAIMS	% OF CLAIMS	CLAIMS PER PARTICIPANT	TOTAL EXPENDITURES	CARDHOLDER AND TPL SHARE (%) OF TOTAL EXPENDITURES	STATE SHARE EXPENDITURES	STATE SHARE (%) OF TOTAL EXPENDITURES	STATE SHARE PER PARTICIPANT	% OF STATE SHARE EXPENDITURES
TOTAL	59,260	100.0	40,133	100.0	956,499	100.0	23.8	$147,380,190	83.5	$24,274,273	16.5	$604.85	100.0
SEX													
FEMALE	43,702	73.7	31,179	77.7	756,665	79.1	24.3	$111,177,617	83.6	$18,270,106	16.4	$585.97	75.3
MALE	15,558	26.3	8,954	22.3	199,834	20.9	22.3	$36,202,573	83.4	$6,004,167	16.6	$670.56	24.7
AGE													
65-69 YEARS	6,645	11.2	4,060	10.1	79,359	8.3	19.5	$17,894,942	86.8	$2,362,054	13.2	$581.79	9.7
70-74 YEARS	11,480	19.4	7,281	18.1	155,649	16.3	21.4	$29,726,961	86.7	$3,952,060	13.3	$542.79	16.3
75-79 YEARS	11,701	19.7	7,843	19.5	181,800	19.0	23.2	$31,517,953	83.2	$5,279,434	16.8	$673.14	21.7
80-84 YEARS	11,075	18.7	7,851	19.6	195,234	20.4	24.9	$28,031,735	82.9	$4,805,617	17.1	$612.10	19.8
85 YEARS OR OVER	18,359	31.0	13,098	32.6	344,457	36.0	26.3	$40,208,600	80.4	$7,875,108	19.6	$601.25	32.4
RESIDENCE TYPE													
OWN	30,340	51.2	21,000	52.3	484,121	50.6	23.1	$78,855,792	82.5	$13,774,531	17.5	$655.93	56.7
RENT	17,255	29.1	11,276	28.1	256,959	26.9	22.8	$40,346,520	86.3	$5,529,288	13.7	$490.36	22.8
NURSING HOME/ PERS. CARE HOME	1,703	2.9	1,139	2.8	55,437	5.8	48.7	$3,829,523	76.9	$885,010	23.1	$777.01	3.6
LIVE WITH RELATIVE	5,019	8.5	3,395	8.5	80,380	8.4	23.7	$12,323,232	81.8	$2,244,228	18.2	$661.04	9.2
OTHER	3,567	6.0	2,588	6.4	64,198	6.7	24.8	$9,074,554	83.7	$1,480,373	16.3	$572.01	6.1
MISSING	1,376	2.3	735	1.8	15,404	1.6	21.0	$2,950,569	87.8	$360,843	12.2	$490.94	1.5
MARITAL STATUS													
SINGLE OR WIDOWED	43,156	72.8	29,540	73.6	716,132	74.9	24.2	$105,280,132	83.1	$17,747,812	16.9	$600.81	73.1
MARRIED	4,359	7.4	2,729	6.8	59,492	6.2	21.8	$11,981,676	83.1	$2,029,687	16.9	$743.75	8.4
DIVORCED	9,751	16.5	6,590	16.4	149,920	15.7	22.7	$25,007,102	85.6	$3,612,175	14.4	$548.13	14.9
MARRIED, LIVING SEPARATELY	1,994	3.4	1,274	3.2	30,955	3.2	24.3	$5,111,280	82.7	$884,600	17.3	$694.35	3.6
RACE/ETHNICITY													
HISPANIC (OF ANY RACE)	1,724	2.9	946	2.4	15,962	1.7	16.9	$3,144,836	88.3	$367,159	11.7	$388.12	1.5
NON-HISPANIC:													
WHITE	44,192	74.6	31,394	78.2	790,072	82.6	25.2	$115,782,864	83.1	$19,609,818	16.9	$624.64	80.8
BLACK OR AFRICAN-AMERICAN	5,135	8.7	2,899	7.2	47,427	5.0	16.4	$8,433,985	86.1	$1,176,182	13.9	$405.72	4.8
ASIAN	1,019	1.7	486	1.2	6,591	0.7	13.6	$1,677,967	84.6	$257,720	15.4	$530.29	1.1
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	259	0.4	176	0.4	3,784	0.4	21.5	$1,207,980	89.0	$132,482	11.0	$752.74	0.5
AMERICAN INDIAN OR ALASKA NATIVE	101	0.2	51	0.1	970	0.1	19.0	$210,243	91.4	$18,039	8.6	$353.70	0.1
OTHER RACE OR MULTIPLE RACES	167	0.3	102	0.3	2,392	0.3	23.5	$549,734	89.3	$59,026	10.7	$578.69	0.2
MISSING	6,663	11.2	4,079	10.2	89,301	9.3	21.9	$16,372,581	83.8	$2,653,847	16.2	$650.61	10.9

TABLE 4.2A
PACE CARDHOLDER ENROLLMENT, PARTICIPATION, UTILIZATION, AND EXPENDITURES BY DEMOGRAPHIC CHARACTERISTICS
JANUARY - DECEMBER 2022

	ENROLLED CARDHOLDERS NO.	%	PARTICIPATING CARDHOLDERS NO.	%	NO. OF CLAIMS	% OF CLAIMS	CLAIMS PER PARTI-CIPANT	TOTAL EXPENDITURES	CARDHOLDER AND TPL SHARE (%) OF TOTAL EXPENDITURES	STATE SHARE EXPENDI-TURES	STATE SHARE (%) OF TOTAL EXPENDI-TURES	STATE SHARE PER PARTICIPANT	% OF STATE SHARE EXPENDI-TURES
INCOME - SINGLE													
$0-$2,999	2,400	4.0	1,405	3.5	45,147	4.7	32.1	$5,136,105	80.3	$1,009,427	19.7	$718.45	4.2
$3,000-$5,999	1,963	3.3	1,284	3.2	35,009	3.7	27.3	$4,355,428	82.8	$748,833	17.2	$583.20	3.1
$6,000-$8,999	5,400	9.1	3,564	8.9	80,783	8.4	22.7	$12,329,194	85.0	$1,854,475	15.0	$520.34	7.6
$9,000-$11,999	11,635	19.6	7,865	19.6	180,842	18.9	23.0	$27,824,031	84.3	$4,359,449	15.7	$554.28	18.0
$12,000-$14,500	23,187	39.1	16,091	40.1	380,314	39.8	23.6	$60,512,756	83.3	$10,116,541	16.7	$628.71	41.7
$14,501 +	10,316	17.4	7,195	17.9	174,912	18.3	24.3	$25,241,000	83.5	$4,155,862	16.5	$577.60	17.1
INCOME - MARRIED													
$0-$2,999	181	0.3	40	0.1	543	0.1	13.6	$78,344	74.1	$20,269	25.9	$506.72	0.1
$3,000-$5,999	89	0.2	48	0.1	987	0.1	20.6	$150,439	78.7	$31,974	21.3	$666.12	0.1
$6,000-$8,999	222	0.4	132	0.3	2,874	0.3	21.8	$504,044	73.4	$133,944	26.6	$1,014.73	0.6
$9,000-$11,999	446	0.8	285	0.7	6,435	0.7	22.6	$1,860,611	86.3	$254,015	13.7	$891.28	1.0
$12,000-$14,999	787	1.3	516	1.3	11,374	1.2	22.0	$2,419,939	80.6	$468,863	19.4	$908.65	1.9
$15,000-$17,700	1,636	2.8	1,116	2.8	24,666	2.6	22.1	$4,974,310	83.8	$804,490	16.2	$720.87	3.3
$17,701 +	998	1.7	592	1.5	12,613	1.3	21.3	$1,993,988	84.1	$316,131	15.9	$534.00	1.3

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 2022

	ENROLLED CARDHOLDERS NO.	%	PARTICIPATING CARDHOLDERS NO.	%	NO. OF CLAIMS	% OF CLAIMS	CLAIMS PER PARTICIPANT	TOTAL EXPENDITURES	CARDHOLDER AND TPL SHARE (%) OF TOTAL EXPENDITURES	STATE SHARE EXPENDITURES	STATE SHARE (%) OF TOTAL EXPENDITURES	STATE SHARE PER PARTICIPANT	% OF STATE SHARE EXPENDITURES
TOTAL	173,552	100.0	127,028	100.0	3,026,741	100.0	23.8	$650,981,772	84.2	$103,103,266	15.8	$811.66	100.0
SEX													
FEMALE	114,671	66.1	86,570	68.2	2,091,951	69.1	24.2	$423,800,177	84.2	$66,891,687	15.8	$772.69	64.9
MALE	58,881	33.9	40,458	31.8	934,790	30.9	23.1	$227,181,596	84.1	$36,211,579	15.9	$895.04	35.1
AGE													
65-69 YEARS	26,175	15.1	18,745	14.8	411,579	13.6	22.0	$114,735,670	85.5	$16,676,038	14.5	$889.63	16.2
70-74 YEARS	35,883	20.7	25,633	20.2	593,470	19.6	23.2	$149,826,695	85.7	$21,499,074	14.3	$838.73	20.9
75-79 YEARS	36,652	21.1	27,096	21.3	640,220	21.2	23.6	$148,388,807	84.3	$23,273,710	15.7	$858.94	22.6
80-84 YEARS	32,453	18.7	24,404	19.2	589,547	19.5	24.2	$118,825,834	83.6	$19,479,742	16.4	$798.22	18.9
85 YEARS OR OVER	42,389	24.4	31,150	24.5	791,925	26.2	25.4	$119,204,766	81.4	$22,174,702	18.6	$711.87	21.5
RESIDENCE TYPE													
OWN	113,614	65.5	83,273	65.6	1,915,629	63.3	23.0	$434,633,466	83.9	$69,936,377	16.1	$839.84	67.8
RENT	40,386	23.3	29,461	23.2	728,243	24.1	24.7	$143,136,168	84.7	$21,924,124	15.3	$744.17	21.3
NURSING HOME/ PERS. CARE HOME	1,902	1.1	1,405	1.1	68,432	2.3	48.7	$5,801,913	81.9	$1,047,534	18.1	$745.58	1.0
LIVE WITH RELATIVE	8,858	5.1	6,749	5.3	167,986	5.6	24.9	$37,697,839	85.0	$5,671,971	15.0	$840.42	5.5
OTHER	4,993	2.9	3,762	3.0	97,143	3.2	25.8	$19,143,887	83.5	$3,162,230	16.5	$840.57	3.1
MISSING	3,799	2.2	2,378	1.9	49,308	1.6	20.7	$10,568,499	87.1	$1,361,030	12.9	$572.34	1.3
MARITAL STATUS													
SINGLE OR WIDOWED	96,647	55.7	71,599	56.4	1,771,071	58.5	24.7	$360,038,355	84.0	$57,440,312	16.0	$802.25	55.7
MARRIED	55,178	31.8	39,869	31.4	885,391	29.3	22.2	$210,385,298	84.1	$33,416,315	15.9	$838.15	32.4
DIVORCED	18,732	10.8	13,449	10.6	319,201	10.5	23.7	$69,716,910	84.7	$10,662,944	15.3	$792.84	10.3
MARRIED, LIVING SEPARATELY	2,995	1.7	2,111	1.7	51,078	1.7	24.2	$10,841,209	85.4	$1,583,695	14.6	$750.21	1.5
RACE/ETHNICITY													
HISPANIC (OF ANY RACE)	3,569	2.1	2,357	1.9	46,395	1.5	19.7	$12,228,194	86.6	$1,640,293	13.4	$695.92	1.6
NON-HISPANIC:													
WHITE	134,170	77.3	99,909	78.7	2,463,053	81.4	24.7	$498,328,365	83.8	$80,967,671	16.2	$810.41	78.5
BLACK OR AFRICAN-AMERICAN	10,595	6.1	6,909	5.4	123,064	4.1	17.8	$31,132,854	85.9	$4,397,204	14.1	$636.45	4.3
ASIAN	1,362	0.8	823	0.6	12,340	0.4	15.0	$4,715,965	86.9	$619,025	13.1	$752.16	0.6
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	819	0.5	599	0.5	12,894	0.4	21.5	$6,299,539	87.7	$772,611	12.3	$1,289.84	0.7
AMERICAN INDIAN OR ALASKA NATIVE	211	0.1	148	0.1	3,277	0.1	22.1	$561,624	86.9	$73,535	13.1	$496.86	0.1
OTHER RACE OR MULTIPLE RACES	391	0.2	263	0.2	5,684	0.2	21.6	$1,285,135	84.6	$198,543	15.4	$754.92	0.2
MISSING	22,435	12.9	16,020	12.6	360,034	11.9	22.5	$96,430,096	85.0	$14,434,384	15.0	$901.02	14.0

TABLE 4.2B
PACENET CARDHOLDER ENROLLMENT, PARTICIPATION, UTILIZATION, AND EXPENDITURES
BY DEMOGRAPHIC CHARACTERISTICS
JANUARY - DECEMBER 2022

	ENROLLED CARDHOLDERS NO.	%	PARTICIPATING CARDHOLDERS NO.	%	NO. OF CLAIMS	% OF CLAIMS	CLAIMS PER PARTI-CIPANT	TOTAL EXPENDITURES	CARDHOLDER AND TPL SHARE (%) OF TOTAL EXPENDITURES	STATE SHARE EXPENDI-TURES	STATE SHARE (%) OF TOTAL EXPENDI-TURES	STATE SHARE PER PARTICIPANT	% OF STATE SHARE EXPENDI-TURES
INCOME - SINGLE													
$14,501 - $18,500	44,894	25.9	32,578	25.6	809,262	26.7	24.8	$150,245,323	84.9	$22,699,067	15.1	$696.76	22.0
$18,501 - $23,500	48,078	27.7	35,951	28.3	917,203	30.3	25.5	$185,997,355	83.3	$31,017,039	16.7	$862.76	30.1
$23,501 - $28,500	18,829	10.8	14,137	11.1	334,442	11.0	23.7	$83,688,116	84.7	$12,834,128	15.3	$907.84	12.4
$28,501 - $33,500	6,332	3.6	4,363	3.4	79,764	2.6	18.3	$20,343,088	84.8	$3,087,891	15.2	$707.74	3.0
$33,501 +	241	0.1	130	0.1	679	0.0	5.2	$322,592	84.9	$48,826	15.1	$375.59	0.0
INCOME - MARRIED													
$17,701 - $23,500	11,023	6.4	7,686	6.1	180,036	5.9	23.4	$36,921,071	85.8	$5,238,326	14.2	$681.54	5.1
$23,501 - $29,500	19,128	11.0	14,023	11.0	333,573	11.0	23.8	$75,435,400	83.0	$12,833,244	17.0	$915.16	12.4
$29,501 - $35,500	16,442	9.5	12,343	9.7	280,767	9.3	22.7	$72,875,375	84.4	$11,352,740	15.6	$919.77	11.0
$35,501 - $41,500	7,982	4.6	5,486	4.3	88,949	2.9	16.2	$24,265,659	84.5	$3,764,168	15.5	$686.14	3.7
$41,501 +	603	0.3	331	0.3	2,066	0.1	6.2	$887,793	74.3	$227,836	25.7	$688.33	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 2022

A. PACE	PACE ENROLLED CARDHOLDERS		PACE CLAIMS		PACE STATE SHARE EXPENDITURES	
	NUMBER	% OF TOTAL	TOTAL CLAIMS	CLAIMS PER ENROLLED CARDHOLDER	TOTAL STATE SHARE EXPENDITURES	EXPENDITURES PER ENROLLED CARDHOLDER
OTHER PRESCRIPTION COVERAGE IDENTIFIED	58,043	97.9	948,468	16.3	$23,703,139	$408.37
MEDICARE PART D COVERAGE	54,121	91.3	849,603	15.7	$17,158,249	$317.03
NON MEDICARE PART D COVERAGE	3,922	6.6	98,865	25.2	$6,544,889	$1,668.76
NO OTHER KNOWN PRESCRIPTION COVERAGE	1,217	2.1	8,031	6.6	$571,134	$469.30
TOTAL PACE ENROLLED	59,260	100.0	956,499	16.1	$24,274,273	$409.62

B. PACENET	PACENET ENROLLED CARDHOLDERS		PACENET CLAIMS		PACENET STATE SHARE EXPENDITURES	
	NUMBER	% OF TOTAL	TOTAL CLAIMS	CLAIMS PER ENROLLED CARDHOLDER	TOTAL STATE SHARE EXPENDITURES	EXPENDITURES PER ENROLLED CARDHOLDER
OTHER PRESCRIPTION COVERAGE IDENTIFIED	170,018	98.0	2,999,403	17.6	$101,267,242	$595.63
MEDICARE PART D COVERAGE	159,886	92.1	2,798,293	17.5	$87,563,949	$547.66
NON MEDICARE PART D COVERAGE	10,132	5.8	201,110	19.8	$13,703,293	$1,352.48
NO OTHER KNOWN PRESCRIPTION COVERAGE	3,534	2.0	27,338	7.7	$1,836,024	$519.53
TOTAL PACENET ENROLLED	173,552	100.0	3,026,741	17.4	$103,103,266	$594.08

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 2022

	PACE	PACENET	TOTAL
ENROLLED CARDHOLDERS			
PART D, AUTO-ENROLLED	12,732	23,309	35,898
PART D, NOT AUTO-ENROLLED	41,389	136,577	176,153
NOT ENROLLED IN PART D	5,139	13,666	18,681
TOTAL PACE/PACENET ENROLLED	59,260	173,552	230,732
PARTICIPATING CARDHOLDERS			
PART D, AUTO-ENROLLED	10,034	19,634	29,552
PART D, NOT AUTO-ENROLLED	27,431	100,518	127,010
NOT ENROLLED IN PART D	2,668	6,876	9,489
TOTAL PARTICIPATING CARDHOLDERS	40,133	127,028	166,051
CLAIMS			
PART D, AUTO-ENROLLED	278,598	585,271	863,869
PART D, NOT AUTO-ENROLLED	571,005	2,213,022	2,784,027
NOT ENROLLED IN PART D	106,896	228,448	335,344
TOTAL CLAIMS	956,499	3,026,741	3,983,240
CLAIMS PER ENROLLEE			
PART D, AUTO-ENROLLED	21.88	25.11	24.06
PART D, NOT AUTO-ENROLLED	13.80	16.20	15.80
NOT ENROLLED IN PART D	20.80	16.72	17.95
ALL PACE/PACENET ENROLLED	16.14	17.44	17.26
STATE SHARE EXPENDITURES			
PART D, AUTO-ENROLLED	$5,679,218	$16,472,155	$22,151,373
PART D, NOT AUTO-ENROLLED	$11,479,032	$71,091,794	$82,570,826
NOT ENROLLED IN PART D	$7,116,024	$15,539,317	$22,655,341
ALL PACE/PACENET ENROLLED	$24,274,273	$103,103,266	$127,377,539
STATE SHARE PER CLAIM			
PART D, AUTO-ENROLLED	$20.38	$28.14	$25.64
PART D, NOT AUTO-ENROLLED	$20.10	$32.12	$29.66
NOT ENROLLED IN PART D	$66.57	$68.02	$67.56
ALL PACE/PACENET ENROLLED	$25.38	$34.06	$31.98
TOTAL CARDHOLDER EXPENDITURES			
PART D, AUTO-ENROLLED	$1,665,524	$7,763,712	$9,429,237
PART D, NOT AUTO-ENROLLED	$3,130,188	$20,782,080	$23,912,268
NOT ENROLLED IN PART D	$659,122	$2,678,454	$3,337,576
ALL PACE/PACENET ENROLLED	$5,454,834	$31,224,246	$36,679,080
CARDHOLDER SHARE PER CLAIM			
PART D, AUTO-ENROLLED	$5.98	$13.27	$10.92
PART D, NOT AUTO-ENROLLED	$5.48	$9.39	$8.59
NOT ENROLLED IN PART D	$6.17	$11.72	$9.95
ALL PACE/PACENET ENROLLED	$5.70	$10.32	$9.21
TPL SHARE			
PART D, AUTO-ENROLLED	$32,997,466	$79,364,236	$112,361,702
PART D, NOT AUTO-ENROLLED	$84,134,999	$435,054,446	$519,189,445
NOT ENROLLED IN PART D	$518,617	$2,235,578	$2,754,196
ALL PACE/PACENET ENROLLED	$117,651,083	$516,654,260	$634,305,342

TABLE 4.4
PART D CARDHOLDER ENROLLMENT, PARTICIPATION, AND EXPENDITURES
JANUARY - DECEMBER 2022

	PACE	PACENET	TOTAL
TPL SHARE PER CLAIM			
PART D, AUTO-ENROLLED	$118.44	$135.60	$130.07
PART D, NOT AUTO-ENROLLED	$147.35	$196.59	$186.49
NOT ENROLLED IN PART D	$4.85	$9.79	$8.21
ALL PACE/PACENET ENROLLED	$123.00	$170.70	$159.24
TOTAL EXPENDITURES (STATE, CARDHOLDER, TPL)			
PART D, AUTO-ENROLLED	$40,342,208	$103,600,103	$143,942,311
PART D, NOT AUTO-ENROLLED	$98,744,219	$526,928,320	$625,672,539
NOT ENROLLED IN PART D	$8,293,763	$20,453,349	$28,747,112
ALL PACE/PACENET ENROLLED	$147,380,190	$650,981,772	$798,361,962
PART D LIS STATUS AMONG PART D AUTO-ENROLLED			
FULL LIS	7,682	2,837	10,479
PARTIAL LIS	809	890	1,683
NO LIS	4,241	19,582	23,736
TOTAL AUTO-ENROLLED CARDHOLDERS	12,732	23,309	35,898
PART D LIS STATUS AMONG OTHER PART D ENROLLED			
FULL LIS	26,805	18,209	44,477
PARTIAL LIS	2,420	5,150	7,441
NO LIS	12,164	113,218	124,235
TOTAL OTHER PART D ENROLLED CARDHOLDERS	41,389	136,577	176,153

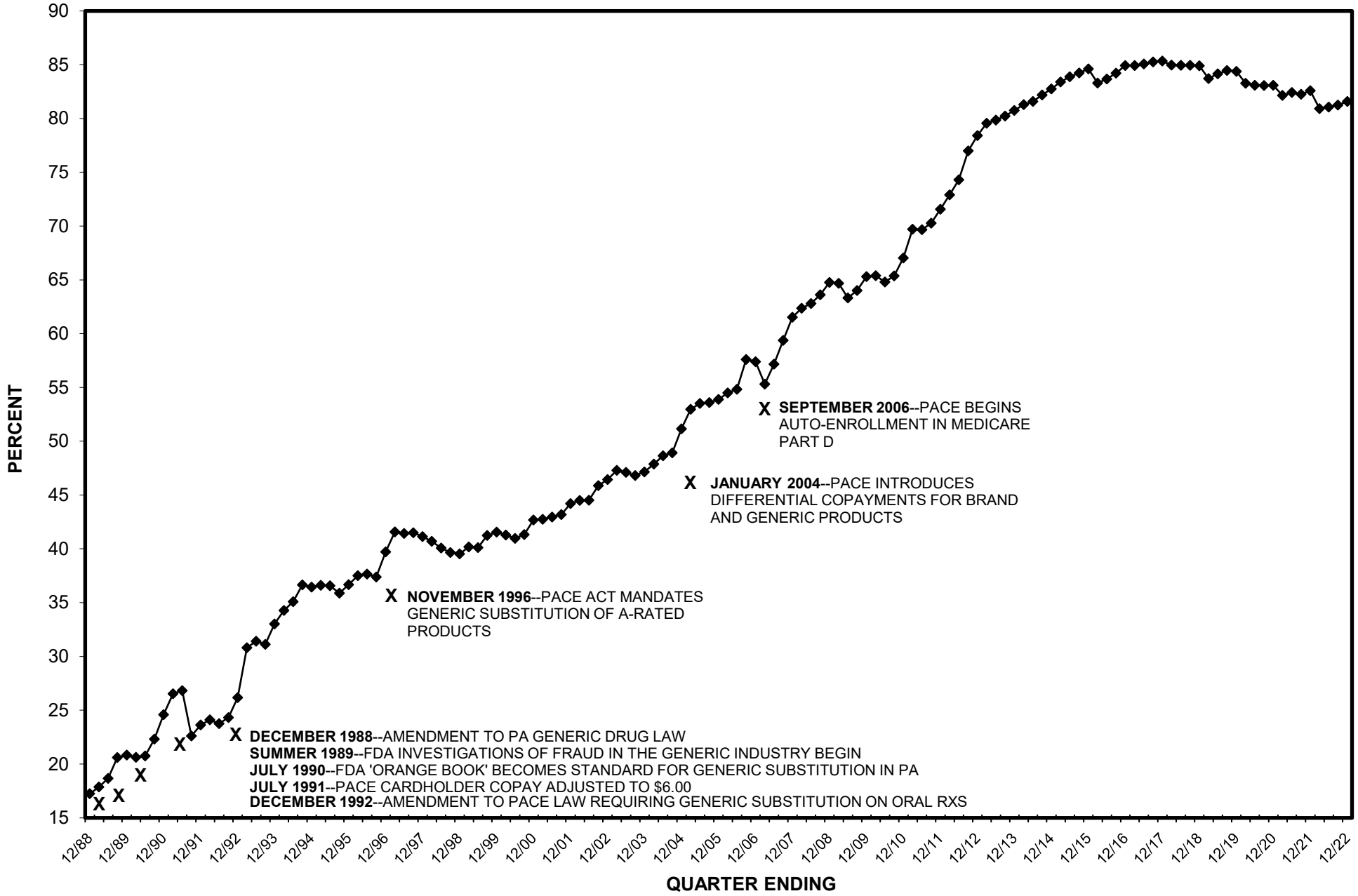
NOTE: AUTO-ENROLLED CARDHOLDERS INCLUDE INDIVIDUALS WHO WERE ENROLLED OR RE-ENROLLED BY PACE/PACENET INTO PART D PARTNER PLANS WITHIN THE TWO YEARS PRIOR TO JANUARY 2022, AND WHO HAD ACTIVE COVERAGE IN A PACE/PACENET PART D PARTNER PLAN DURING 2022. THE EXPENDITURE TOTALS SHOWN ARE BASED ONLY ON CLAIMS 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 2022

TOTAL DRUG SPEND CATEGORY	PART D AND LIS STATUS	TOTAL ENROLLED	TOTAL CLAIMS	TOTAL DRUG SPEND	TOTAL STATE SHARE	TOTAL CARDHOLDER SHARE	TOTAL TPL SHARE
$0	NO PART D	9,192	0	$0	$0	$0	$0
	PART D-LIS	21,479	0	$0	$0	$0	$0
	PART D-NO LIS	34,010	0	$0	$0	$0	$0
	TOTAL	64,681	0	$0	$0	$0	$0
$0.01-$480.00	NO PART D	4,066	48,985	$673,424	$187,589	$444,805	$41,030
	PART D-LIS	14,631	123,114	$2,354,246	$221,384	$488,579	$1,644,283
	PART D-NO LIS	36,163	339,989	$5,869,976	$1,303,000	$2,806,327	$1,760,649
	TOTAL	54,860	512,088	$8,897,646	$1,711,974	$3,739,711	$3,445,961
$480.01-$4,430.00	NO PART D	3,463	153,893	$5,354,723	$3,263,858	$1,482,345	$608,520
	PART D-LIS	15,722	358,823	$29,148,095	$2,737,080	$1,687,215	$24,723,800
	PART D-NO LIS	37,076	834,443	$70,434,338	$15,778,656	$8,345,557	$46,310,125
	TOTAL	56,261	1,347,159	$104,937,156	$21,779,594	$11,515,117	$71,642,446
> $4,430.00	NO PART D	1,960	132,466	$22,718,965	$19,203,893	$1,410,425	$2,104,646
	PART D-LIS	12,248	450,745	$116,801,391	$9,148,233	$2,639,987	$105,013,170
	PART D-NO LIS	40,722	1,540,782	$545,006,805	$75,533,846	$17,373,840	$452,099,119
	TOTAL	54,930	2,123,993	$684,527,160	$103,885,972	$21,424,252	$559,216,936
$4,430.01-$10,012.50/$10,690.20	NO PART D	1,490	94,159	$10,170,846	$8,204,502	$1,000,189	$966,156
	PART D-LIS	8,971	304,171	$60,951,597	$4,486,761	$1,743,109	$54,721,727
	PART D-NO LIS	27,062	881,285	$188,800,644	$33,926,931	$10,000,243	$144,873,470
	TOTAL	37,523	1,279,615	$259,923,087	$46,618,194	$12,743,541	$200,561,353
> $10,012.50/$10,690.20	NO PART D	470	38,307	$12,548,118	$10,999,392	$410,237	$1,138,490
	PART D-LIS	3,277	146,574	$55,849,793	$4,661,472	$896,878	$50,291,444
	PART D-NO LIS	13,660	659,497	$356,206,161	$41,606,915	$7,373,597	$307,225,649
	TOTAL	17,407	844,378	$424,604,073	$57,267,778	$8,680,711	$358,655,583
Total	NO PART D	18,681	335,344	$28,747,112	$22,655,341	$3,337,576	$2,754,196
	PART D-LIS	64,080	932,682	$148,303,732	$12,106,698	$4,815,781	$131,381,253
	PART D-NO LIS	147,971	2,715,214	$621,311,119	$92,615,501	$28,525,724	$500,169,893
	TOTAL	230,732	3,983,240	$798,361,962	$127,377,539	$36,679,080	$634,305,342

SOURCE: PDA/CARDHOLDER FILE, CLAIMS HISTORY
NOTE: CATASTROPHIC THRESHOLD VARIES BY LIS STATUS: $10,012.50 FOR LIS, $10,690.20 FOR NON-LIS DURING 2022.

FIGURE 4.1
PACE GENERIC UTILIZATION RATES BY QUARTER
DECEMBER 1988 - DECEMBER 2022



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

TABLE 4.6
LEADING CAUSES OF DEATH AMONG PACE/PACENET ENROLLEES IN 2021 AND 2022
JANUARY 2021 - DECEMBER 2022

PACE/PACENET, 2021
(17,166 DEATHS OUT OF 224,134 ENROLLED)

RANK	UNDERLYING CAUSE OF DEATH (ASSOCIATED ICD-10 CODES)	TOTAL DEATHS	% OF TOTAL DEATHS	CRUDE MORTALITY RATE PER 100,000	AGE-ADJUSTED MORTALITY RATE PER 100,000
1	DISEASES OF HEART (I00-I09,I11,I13,I20-I51)	4,448	25.9	1,984.5	1,445.9
2	MALIGNANT NEOPLASMS (C00-C97)	2,717	15.8	1,212.2	1,100.3
3	COVID-19 (U07.1)	1,987	11.6	886.5	732.3
4	CHRONIC LOWER RESPIRATORY DISEASES (J40-J47)	867	5.1	386.8	340.7
5	CEREBROVASCULAR DISEASES (I60-I69)	787	4.6	351.1	245.8
6	ACCIDENTS (UNINTENTIONAL INJURIES) (V01-X59,Y85-Y86)	504	2.9	224.9	171.5
7	DIABETES MELLITUS (E10-E14)	469	2.7	209.2	184.4
8	ALZHEIMER DISEASE (G30)	448	2.6	199.9	115.7
9	NEPHRITIS, NEPHROTIC SYNDROME AND NEPHROSIS (N00-N07,N17-N19,N25-N27)	439	2.6	195.9	147.5
10	SEPTICEMIA (A40-A41)	280	1.6	124.9	106.1
11	INFLUENZA AND PNEUMONIA (J09-J18)	256	1.5	114.2	87.6
12	ESSENTIAL HYPERTENSION AND HYPERTENSIVE RENAL DISEASE (I10,I12,I15)	209	1.2	93.2	63.0
13	PARKINSON DISEASE (G20-G21)	135	0.8	60.2	43.9
14	NUTRITIONAL DEFICIENCIES (E40-E64)	131	0.8	58.4	37.9
15	PNEUMONITIS DUE TO SOLIDS AND LIQUIDS (J69)	123	0.7	54.9	40.0
16	ALL OTHER CAUSES (RESIDUAL)	3,366	19.6	1,501.8	1,093.2
	TOTAL, ALL CAUSES	17,166	100.0	7,658.8	5,955.7

PACE/PACENET, 2022
(16,893 DEATHS OUT OF 228,075 ENROLLED)

RANK	UNDERLYING CAUSE OF DEATH (ASSOCIATED ICD-10 CODES)	TOTAL DEATHS	% OF TOTAL DEATHS	CRUDE MORTALITY RATE PER 100,000	AGE-ADJUSTED MORTALITY RATE PER 100,000
1	DISEASES OF HEART (I00-I09,I11,I13,I20-I51)	4,427	26.2	1,941.0	1,421.7
2	MALIGNANT NEOPLASMS (C00-C97)	2,885	17.1	1,264.9	1,138.5
3	COVID-19 (U07.1)	1,159	6.9	508.2	394.7
4	CHRONIC LOWER RESPIRATORY DISEASES (J40-J47)	939	5.6	411.7	356.5
5	CEREBROVASCULAR DISEASES (I60-I69)	867	5.1	380.1	269.4
6	DIABETES MELLITUS (E10-E14)	510	3.0	223.6	194.9
7	ALZHEIMER DISEASE (G30)	475	2.8	208.3	128.5
8	ACCIDENTS (UNINTENTIONAL INJURIES) (V01-X59,Y85-Y86)	456	2.7	199.9	150.8
9	NEPHRITIS, NEPHROTIC SYNDROME AND NEPHROSIS (N00-N07,N17-N19,N25-N27)	439	2.6	192.5	147.3
10	SEPTICEMIA (A40-A41)	282	1.7	123.6	106.0
11	INFLUENZA AND PNEUMONIA (J09-J18)	260	1.5	114.0	87.2
12	ESSENTIAL HYPERTENSION AND HYPERTENSIVE RENAL DISEASE (I10,I12,I15)	198	1.2	86.8	60.8
13	NUTRITIONAL DEFICIENCIES (E40-E64)	157	0.9	68.8	43.0
14	PNEUMONITIS DUE TO SOLIDS AND LIQUIDS (J69)	156	0.9	68.4	51.2
15	PARKINSON DISEASE (G20-G21)	138	0.8	60.5	42.1
16	ALL OTHER CAUSES (RESIDUAL)	3,545	21.0	1,554.3	1,143.8
	TOTAL, ALL CAUSES	16,893	100.0	7,406.8	5,736.5

SOURCE: PACE ENROLLMENT DATA, PA DEPARTMENT OF HEALTH VITAL STATISTICS DATA, AND CENTERS FOR DISEASE CONTROL AND PREVENTION, NATIONAL CENTER FOR HEALTH STATISTICS.

NOTE: FOR EACH CALENDAR YEAR SHOWN, TOTAL DEATHS INCLUDE DEATHS DURING THAT YEAR AMONG PERSONS WHO WERE ALIVE ON JANUARY 1 AND WHO WERE ENROLLED IN PACE/PACENET FOR ANY PORTION OF THE YEAR. THE RANKED CAUSES ARE BASED ON THE UNDERLYING CAUSE OF DEATH RECORDED ON PENNSYLVANIA DEATH CERTIFICATES, AND WERE OBTAINED FROM A VITAL STATISTICS MATCH WITH THE PENNSYLVANIA DEPARTMENT OF HEALTH. DEATHS THAT WERE INDEPENDENTLY REPORTED TO PACE BUT NOT MATCHED TO PENNSYLVANIA VITAL STATISTICS RECORDS ARE EXCLUDED. THE RANKED UNDERLYING CAUSE OF DEATH CATEGORIES ARE BASED ON THE NATIONAL CENTER FOR HEALTH STATISTICS LIST OF RANKABLE CAUSES. AGE-ADJUSTED RATES ARE PER 100,000 U.S. STANDARD POPULATION OVER AGE 65, AND WERE COMPUTED BY THE DIRECT METHOD USING THE 2000 U.S. STANDARD POPULATION OVER AGE 65 WITH 10-YEAR AGE GROUPS.

TABLE 4.7
LEADING CAUSES OF DEATH AMONG PACE/PACENET ENROLLEES IN 2021
WITH COMPARISON TO THE PENNSYLVANIA AND US RESIDENT POPULATIONS AGED 65 AND OLDER
JANUARY - DECEMBER 2021

		PACE/PACENET, 2021			ALL PA RESIDENTS AGED 65+, 2021		ALL US RESIDENTS AGED 65+, 2021	
RANK	UNDERLYING CAUSE OF DEATH (ASSOCIATED ICD-10 CODES)	TOTAL DEATHS	% OF TOTAL DEATHS	AGE-ADJUSTED MORTALITY RATE PER 100,000	% OF TOTAL DEATHS	AGE-ADJUSTED MORTALITY RATE PER 100,000	% OF TOTAL DEATHS	AGE-ADJUSTED MORTALITY RATE PER 100,000
1	DISEASES OF HEART (I00-I09,I11,I13,I20-I51)	4,448	25.9	1,445.9	22.9	1,158.4	22.6	1,088.6
2	MALIGNANT NEOPLASMS (C00-C97)	2,717	15.8	1,100.3	17.8	890.4	18.2	849.1
3	COVID-19 (U07.1)	1,987	11.6	732.3	11.7	588.7	11.5	541.9
4	CHRONIC LOWER RESPIRATORY DISEASES (J40-J47)	867	5.1	340.7	4.0	205.0	4.9	234.0
5	CEREBROVASCULAR DISEASES (I60-I69)	787	4.6	245.8	5.1	257.5	5.7	277.8
6	ACCIDENTS (UNINTENTIONAL INJURIES) (V01-X59,Y85-Y86)	504	2.9	171.5	2.9	147.4	2.8	133.5
7	DIABETES MELLITUS (E10-E14)	469	2.7	184.4	2.6	130.4	3.0	138.3
8	ALZHEIMER DISEASE (G30)	448	2.6	115.7	3.4	177.7	4.8	242.4
9	NEPHRITIS, NEPHROTIC SYNDROME AND NEPHROSIS (N00-N07,N17-N19,N25-N27)	439	2.6	147.5	2.2	113.1	1.8	86.4
10	SEPTICEMIA (A40-A41)	280	1.6	106.1	1.6	81.4	1.2	59.0
11	INFLUENZA AND PNEUMONIA (J09-J18)	256	1.5	87.6	1.3	66.3	1.4	66.5
12	ESSENTIAL HYPERTENSION AND HYPERTENSIVE RENAL DISEASE (I10,I12,I15)	209	1.2	63.0	0.9	47.8	1.4	68.7
13	PARKINSON DISEASE (G20-G21)	135	0.8	43.9	1.4	73.2	1.5	76.3
14	NUTRITIONAL DEFICIENCIES (E40-E64)	131	0.8	37.9	0.6	32.4	0.7	32.6
15	PNEUMONITIS DUE TO SOLIDS AND LIQUIDS (J69)	123	0.7	40.0	0.8	42.8	0.7	33.6
16	ALL OTHER CAUSES (RESIDUAL)	3,366	19.6	1,093.2	20.5	1,040.8	17.7	943.5
	TOTAL, ALL CAUSES	17,166	100.0	5,955.7	100.0	5,053.3	100.0	4,872.2

SOURCE: PACE ENROLLMENT DATA, PA DEPARTMENT OF HEALTH VITAL STATISTICS DATA, AND CENTERS FOR DISEASE CONTROL AND PREVENTION, NATIONAL CENTER FOR HEALTH STATISTICS.

NOTE: DATA ARE SHOWN FOR CALENDAR YEAR 2021 DUE TO A LAG IN THE AVAILABILITY OF PUBLISHED COMPARATIVE DATA. FOR PACE/PACENET, TOTAL DEATHS INCLUDE DEATHS DURING 2021 AMONG PERSONS WHO WERE ALIVE ON JANUARY 1, 2021 AND WHO WERE ENROLLED IN PACE/PACENET FOR ANY PORTION OF 2021. THE RANKED CAUSES ARE BASED ON THE UNDERLYING CAUSE OF DEATH RECORDED ON PENNSYLVANIA DEATH CERTIFICATES, AND WERE OBTAINED FROM A VITAL STATISTICS MATCH WITH THE PENNSYLVANIA DEPARTMENT OF HEALTH. DEATHS THAT WERE INDEPENDENTLY REPORTED TO PACE BUT NOT MATCHED TO PENNSYLVANIA VITAL STATISTICS RECORDS ARE EXCLUDED. COMPARATIVE DATA FOR PENNSYLVANIA AGED 65+ AND ALL US AGED 65+ WERE OBTAINED FROM THE CDC WONDER ONLINE DATABASE MAINTAINED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION, NATIONAL CENTER FOR HEALTH STATISTICS (ACCESSED AT WONDER.CDC.GOV). THE RANKED UNDERLYING CAUSE OF DEATH CATEGORIES ARE BASED ON THE NATIONAL CENTER FOR HEALTH STATISTICS LIST OF RANKABLE CAUSES. THE LEADING CAUSES AND RANK ORDER SHOWN HERE ARE BASED ON THE NUMBER OF PACE/PACENET DEATHS. AGE-ADJUSTED RATES ARE PER 100,000 U.S. STANDARD POPULATION OVER AGE 65, AND WERE COMPUTED BY THE DIRECT METHOD USING THE 2000 U.S. STANDARD POPULATION OVER AGE 65 WITH 10-YEAR AGE GROUPS.

SECTION 5

COUNTY DATA

pennsylvania
DEPARTMENT OF AGING

TABLE 5.1
NUMBER AND PERCENT OF PACE AND PACENET CARDHOLDERS
AND NUMBER OF PROVIDERS BY COUNTY
JANUARY - DECEMBER 2022

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	59,260	173,552	230,732	100.0	166,051	2,830	76.5	956,499	3,026,741	$24,274,273	$103,103,266	$127,377,539
ADAMS	502	1,526	2,009	0.9	1,506	15	36.7	9,406	30,670	$170,191	$826,484	$996,675
ALLEGHENY	5,375	15,189	20,407	8.8	14,722	268	97.6	77,861	237,242	$2,381,770	$9,302,213	$11,683,983
ARMSTRONG	373	1,339	1,684	0.7	1,193	12	35.1	5,806	26,995	$183,722	$791,332	$975,053
BEAVER	754	3,134	3,858	1.7	2,820	38	71.1	11,469	50,740	$352,349	$1,936,748	$2,289,097
BEDFORD	471	1,369	1,826	0.8	1,347	14	9.4	10,129	29,506	$244,168	$1,064,023	$1,308,191
BERKS	1,418	4,775	6,146	2.7	4,354	75	73.5	21,139	77,456	$453,204	$2,682,440	$3,135,644
BLAIR	1,034	2,796	3,795	1.6	2,681	35	74.3	18,048	54,258	$475,947	$2,094,511	$2,570,458
BRADFORD	416	1,179	1,582	0.7	1,120	13	27.0	7,118	20,988	$171,421	$586,614	$758,035
BUCKS	1,579	4,995	6,498	2.8	4,665	138	89.7	24,289	83,166	$730,239	$3,105,560	$3,835,799
BUTLER	799	2,775	3,546	1.5	2,555	42	56.7	13,626	46,982	$355,514	$1,847,649	$2,203,163
CAMBRIA	1,162	3,524	4,649	2.0	3,344	36	53.9	22,927	62,485	$843,692	$2,484,425	$3,328,117
CAMERON	33	163	194	0.1	156	1	0.0	637	3,527	$15,895	$116,174	$132,069
CARBON	485	1,484	1,945	0.8	1,463	12	41.1	8,959	28,196	$138,588	$891,350	$1,029,938
CENTRE	485	1,459	1,927	0.8	1,451	25	65.4	8,250	28,345	$136,522	$782,687	$919,209
CHESTER	1,217	3,108	4,287	1.9	2,951	94	80.7	15,767	52,243	$368,558	$1,814,008	$2,182,567
CLARION	298	1,033	1,325	0.6	969	10	15.2	6,598	21,790	$126,177	$657,409	$783,587
CLEARFIELD	572	2,106	2,653	1.1	1,856	14	38.7	9,515	37,802	$160,003	$1,326,613	$1,486,616
CLINTON	278	965	1,228	0.5	960	8	52.1	6,230	22,388	$107,086	$542,597	$649,683
COLUMBIA	541	1,811	2,329	1.0	1,828	13	55.3	10,280	39,120	$166,144	$1,031,648	$1,197,793
CRAWFORD	587	1,918	2,477	1.1	1,751	20	34.2	9,363	30,793	$301,569	$1,102,179	$1,403,748
CUMBERLAND	886	2,883	3,739	1.6	2,744	71	79.1	14,890	50,655	$361,446	$1,678,483	$2,039,929
DAUPHIN	852	2,541	3,368	1.5	2,322	54	85.2	10,496	41,789	$272,286	$1,512,793	$1,785,080
DELAWARE	1,740	4,357	6,043	2.6	4,224	125	99.2	23,025	65,529	$710,440	$2,677,685	$3,388,125
ELK	157	643	791	0.3	573	10	44.1	2,729	12,522	$93,782	$463,592	$557,374
ERIE	1,350	3,948	5,254	2.3	3,729	62	76.0	20,076	60,750	$470,447	$2,136,283	$2,606,730
FAYETTE	1,099	3,397	4,458	1.9	3,260	34	44.9	21,831	70,132	$733,845	$2,763,537	$3,497,382
FOREST	40	169	207	0.1	162	2	0.0	738	3,244	$13,324	$264,425	$277,748
FRANKLIN	647	2,110	2,729	1.2	1,913	25	55.5	12,303	38,552	$255,054	$1,085,352	$1,340,406
FULTON	125	350	470	0.2	354	3	0.0	3,265	9,083	$46,629	$246,475	$293,104
GREENE	163	439	599	0.3	426	9	24.4	2,709	8,097	$82,085	$239,636	$321,721

TABLE 5.1
NUMBER AND PERCENT OF PACE AND PACENET CARDHOLDERS
AND NUMBER OF PROVIDERS BY COUNTY
JANUARY - DECEMBER 2022

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
HUNTINGDON	350	1,113	1,452	0.6	1,077	8	25.7	7,409	24,842	$173,363	$711,062	$884,424
INDIANA	505	1,700	2,187	0.9	1,561	14	40.2	8,657	29,474	$200,135	$929,928	$1,130,063
JEFFERSON	367	1,076	1,429	0.6	1,066	10	26.5	8,707	22,050	$356,797	$1,066,162	$1,422,960
JUNIATA	182	634	810	0.4	636	4	0.0	4,133	14,025	$108,856	$371,599	$480,455
LACKAWANNA	1,676	3,900	5,517	2.4	4,367	67	82.5	35,589	91,286	$847,080	$2,485,967	$3,333,047
LANCASTER	1,728	5,893	7,547	3.3	5,439	95	72.1	29,780	111,413	$553,153	$3,475,838	$4,028,991
LAWRENCE	605	2,167	2,760	1.2	2,057	21	57.6	8,187	35,626	$229,284	$1,236,237	$1,465,521
LEBANON	614	1,934	2,526	1.1	1,737	22	74.6	9,106	30,179	$157,140	$1,120,159	$1,277,299
LEHIGH	1,126	3,453	4,526	2.0	3,165	80	90.1	16,653	57,252	$389,097	$1,973,052	$2,362,149
LUZERNE	2,542	6,059	8,516	3.7	6,542	77	77.8	55,243	128,514	$1,185,172	$3,797,005	$4,982,177
LYCOMING	752	2,610	3,332	1.4	2,493	26	59.6	12,726	47,831	$237,521	$1,833,883	$2,071,404
MCKEAN	235	785	1,014	0.4	729	9	27.6	4,265	14,777	$77,289	$392,884	$470,173
MERCER	642	2,390	3,008	1.3	2,114	26	52.1	11,143	42,397	$488,676	$1,265,913	$1,754,589
MIFFLIN	405	1,485	1,877	0.8	1,471	10	45.5	8,315	31,140	$247,391	$858,996	$1,106,387
MONROE	686	2,031	2,691	1.2	1,935	35	43.2	9,770	33,475	$243,036	$1,124,407	$1,367,443
MONTGOMERY	2,060	6,035	8,026	3.5	5,724	191	96.7	29,829	96,461	$833,197	$3,112,156	$3,945,353
MONTOUR	98	324	419	0.2	335	7	45.7	2,591	6,879	$20,299	$163,608	$183,907
NORTHAMPTON	1,250	3,984	5,183	2.2	3,730	64	83.1	19,800	66,206	$403,847	$2,132,477	$2,536,324
NORTHUMBERLAND	941	2,401	3,300	1.4	2,532	21	64.7	20,023	51,617	$347,670	$1,563,451	$1,911,121
PERRY	259	846	1,094	0.5	816	7	6.5	3,855	17,006	$65,741	$538,826	$604,567
PHILADELPHIA	7,460	15,100	22,369	9.7	14,534	429	100.0	83,292	192,134	$2,333,312	$7,360,037	$9,693,348
PIKE	239	720	952	0.4	644	7	12.8	3,737	9,715	$110,159	$328,787	$438,945
POTTER	119	434	547	0.2	410	4	0.0	2,799	8,629	$42,981	$237,743	$280,724
SCHUYLKILL	1,313	3,369	4,660	2.0	3,459	29	52.9	23,654	64,080	$534,989	$1,956,648	$2,491,637
SNYDER	244	908	1,142	0.5	914	6	29.7	5,389	19,353	$86,608	$522,676	$609,284
SOMERSET	772	2,461	3,208	1.4	2,419	16	22.4	13,281	48,644	$484,389	$1,784,496	$2,268,884
SULLIVAN	65	154	216	0.1	159	1	0.0	1,165	3,137	$14,131	$74,660	$88,791
SUSQUEHANNA	283	648	922	0.4	646	8	0.0	4,858	12,048	$87,213	$354,570	$441,783
TIOGA	313	884	1,185	0.5	883	9	0.0	6,417	16,540	$224,040	$463,205	$687,245
UNION	241	831	1,060	0.5	824	8	36.8	5,118	18,327	$97,016	$523,146	$620,162

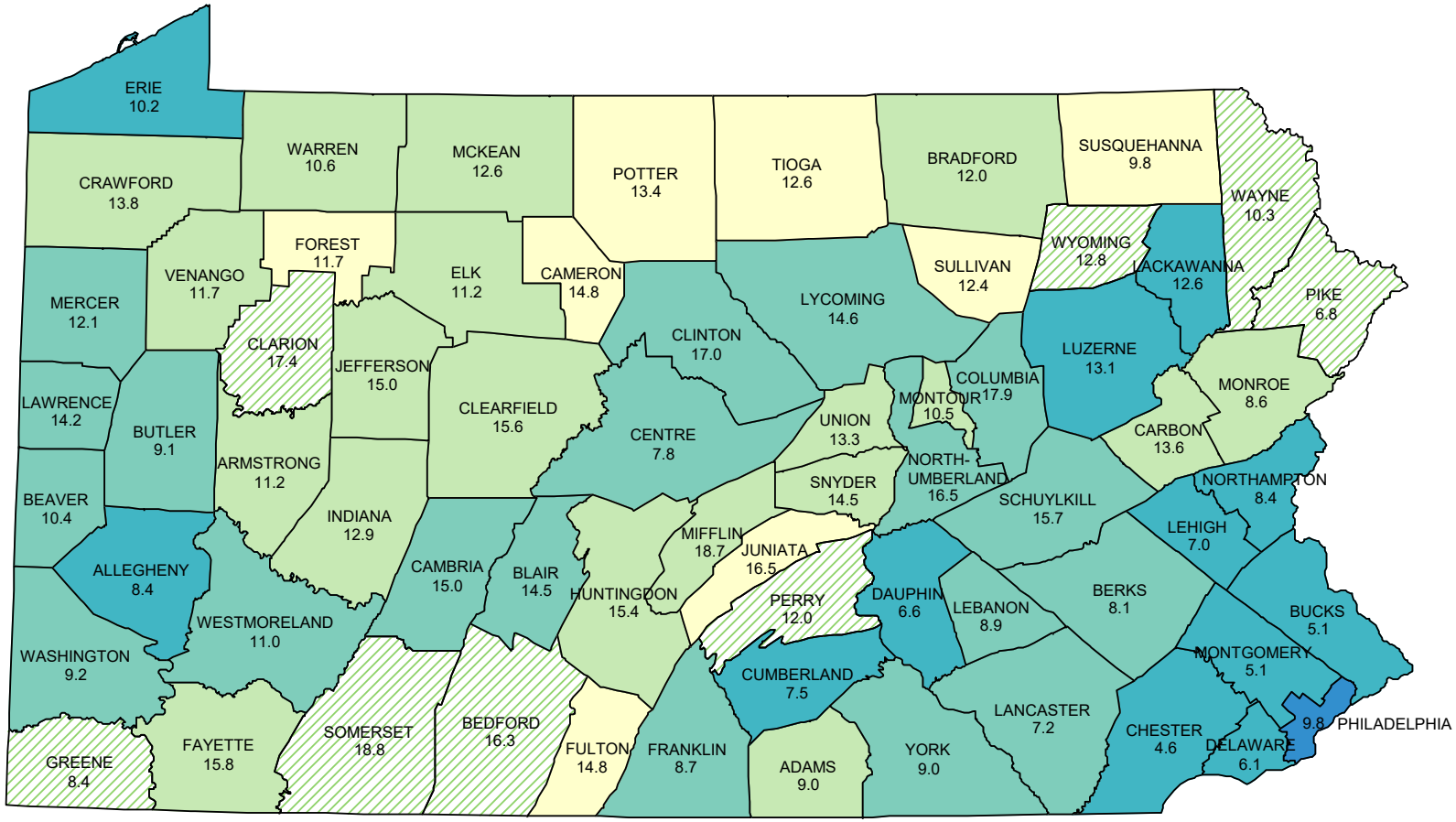
TABLE 5.1
NUMBER AND PERCENT OF PACE AND PACENET CARDHOLDERS
AND NUMBER OF PROVIDERS BY COUNTY
JANUARY - DECEMBER 2022

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
VENANGO	322	1,106	1,404	0.6	975	11	43.9	4,983	19,104	$116,525	$722,620	$839,145
WARREN	212	773	979	0.4	659	6	38.0	3,237	13,678	$77,505	$423,127	$500,632
WASHINGTON	897	3,266	4,121	1.8	3,020	46	67.7	15,582	59,810	$366,590	$2,057,489	$2,424,079
WAYNE	355	979	1,314	0.6	953	10	13.8	7,654	19,725	$137,665	$505,001	$642,665
WESTMORELAND	2,194	7,069	9,171	4.0	6,661	78	73.5	32,203	112,256	$943,560	$4,271,844	$5,215,404
WYOMING	170	580	745	0.3	548	7	4.7	2,766	10,500	$63,299	$295,671	$358,970
YORK	1,600	5,965	7,500	3.3	5,418	83	71.5	25,104	101,566	$467,449	$3,013,011	$3,480,460

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 18 OUT-OF-STATE MAIL ORDER PROVIDERS THAT SUBMITTED CLAIMS IN 2022.
THE PERCENT URBAN POPULATION IS BASED ON 2020 CENSUS DATA AND IS THE PERCENTAGE OF POPULATION RESIDING IN URBAN AREAS AS DEFINED IN THE 2020 CENSUS. SEE: https://www.census.gov/programs-surveys/geography/guidance/geo-areas/urban-rural.html

FIGURE 5.1
PERCENT OF ELDERLY ENROLLED IN PACE/PACENET AND PERCENT URBAN POPULATION BY COUNTY (STATEWIDE PERCENT ENROLLED = 9.4%) JANUARY-DECEMBER 2022



PERCENT URBAN POPULATION (NO. OF COUNTIES)

- 0.00% Urban (8)
- 0.01-25.00% Urban (8)
- 25.01-50.00% Urban (19)
- 50.01-75.00% Urban (19)
- 75.01-99.99% Urban (12)
- 100.00% Urban (1)

COUNTIES WITH HIGHEST PERCENT ENROLLED: SOMERSET (18.8%), MIFFLIN (18.7%), AND COLUMBIA (17.9%)
COUNTIES WITH LOWEST PERCENT ENROLLED: CHESTER (4.6%), BUCKS (5.1%), AND MONTGOMERY (5.1%)

SOURCE: CARDHOLDER FILE, CLAIMS HISTORY, AND 2021 INTERCENSAL ESTIMATES FROM CENSUS.GOV
NOTE: THE PERCENT URBAN POPULATION IS BASED ON 2020 CENSUS DATA AND IS THE PERCENTAGE OF POPULATION RESIDING IN URBAN AREAS, AS DEFINED IN THE 2020 CENSUS.

SECTION 6

PROVIDER DATA

TABLE 6.1
PACE CLAIMS BY PRODUCT AND PROVIDER TYPE
JANUARY - DECEMBER 2022

PROVIDER TYPE	PROVIDERS NO.	PROVIDERS %	BRAND SINGLE-SOURCE NO.	BRAND SINGLE-SOURCE %	BRAND MULTI-SOURCE NO.	BRAND MULTI-SOURCE %	GENERIC NO.	GENERIC %	TOTAL CLAIMS NO.	TOTAL CLAIMS %
INDEPENDENT PHARMACIES	864	31.8	37,895	11.8	9,737	3.0	274,660	85.2	322,292	100.0
DISPENSING PHYSICIANS	19	0.7	127	68.7	14	7.6	44	23.8	185	100.0
INSTITUTIONAL PHARMACIES	28	1.0	390	15.3	108	4.2	2,059	80.5	2,557	100.0
CHAIN PHARMACIES	1,693	62.2	70,764	13.1	20,951	3.9	448,051	83.0	539,766	100.0
NURSING HOME PHARMACIES	94	3.5	7,597	8.8	1,965	2.3	76,766	88.9	86,328	100.0
MAIL ORDER PHARMACIES	19	0.7	1,691	14.9	644	5.7	8,996	79.4	11,331	100.0
HOME INFUSION PHARMACIES	4	0.2	2	5.0	0	0.0	38	95.0	40	100.0
TOTAL	2,721	100.0	118,466	12.3	33,419	3.5	810,614	84.2	962,499	100.0

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

TABLE 6.2
PACE EXPENDITURES AND AVERAGE STATE SHARE BY PRODUCT AND PROVIDER TYPE
JANUARY - DECEMBER 2022

PROVIDER TYPE	BRAND SINGLE-SOURCE EXPENDITURES	%	AVERAGE STATE SHARE	BRAND MULTI-SOURCE EXPENDITURES	%	AVERAGE STATE SHARE	GENERIC EXPENDITURES	%	AVERAGE STATE SHARE	TOTAL, ALL PRODUCTS EXPENDITURES	%	AVERAGE STATE SHARE
INDEPENDENT PHARMACIES	$5,898,848	70.1	$155.66	$861,320	10.2	$88.46	$1,650,628	19.6	$6.01	$8,410,796	100.0	$26.10
DISPENSING PHYSICIANS	$150,499	90.9	$1,185.03	$7,379	4.5	$527.08	$7,641	4.6	$173.66	$165,519	100.0	$894.70
INSTITUTIONAL PHARMACIES	$74,199	79.8	$190.25	$6,375	6.9	$59.03	$12,400	13.3	$6.02	$92,974	100.0	$36.36
CHAIN PHARMACIES	$9,062,719	64.3	$128.07	$1,891,844	13.4	$90.30	$3,142,862	22.3	$7.01	$14,097,425	100.0	$26.12
NURSING HOME PHARMACIES	$763,067	62.2	$100.44	$141,434	11.5	$71.98	$322,926	26.3	$4.21	$1,227,426	100.0	$14.22
MAIL ORDER PHARMACIES	$339,208	62.7	$200.60	$142,772	26.4	$221.70	$58,749	10.9	$6.53	$540,730	100.0	$47.72
HOME INFUSION PHARMACIES	$2	0.2	$0.85	$0	0.0	$0.00	$728	99.8	$19.16	$730	100.0	$18.24
TOTAL	$16,288,541	66.4	$137.50	$3,051,125	12.4	$91.30	$5,195,934	21.2	$6.41	$24,535,600	100.0	$25.49

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

TABLE 6.3
PACENET CLAIMS AND EXPENDITURES BY PROVIDER TYPE
JANUARY - DECEMBER 2022

	PROVIDERS		CLAIMS				EXPENDITURES				
PROVIDER TYPE	ENROLLED	PARTICI-PATING	DEDUCTIBLE CLAIMS	COPAID CLAIMS	TOTAL CLAIMS	% OF CLAIMS	CARDHOLDER EXPENDITURES	OTHER PAYER EXPENDITURES	STATE SHARE EXPENDITURES	TOTAL EXPENDITURES	% OF TOTAL EXPENDITURES
INDEPENDENT PHARMACIES	1,026	939	96,287	805,391	901,678	29.9	$8,434,336	$164,116,336	$31,687,732	$204,238,404	31.7
DISPENSING PHYSICIANS	125	31	3	1,101	1,104	0.0	$17,400	$6,584,877	$822,972	$7,425,249	1.2
INSTITUTIONAL PHARMACIES	30	27	733	7,219	7,952	0.3	$74,410	$6,399,218	$961,181	$7,434,810	1.2
CHAIN PHARMACIES	1,719	1,712	195,238	1,651,989	1,847,227	61.3	$20,382,458	$281,387,903	$61,409,896	$363,180,256	56.3
NURSING HOME PHARMACIES	104	97	16,754	170,670	187,424	6.2	$1,283,749	$11,085,721	$2,616,124	$14,985,594	2.3
MAIL ORDER PHARMACIES	30	20	4,821	63,592	68,413	2.3	$934,071	$40,672,290	$4,763,916	$46,370,277	7.2
HOME INFUSION PHARMACIES	7	5	1	239	240	0.0	$2,584	$814,004	$68,208	$884,796	0.1
TOTAL (ALL PROVIDERS)	3,041	2,831	313,837	2,700,201	3,014,038	100.0	$31,129,008	$511,060,350	$102,330,029	$644,519,387	100.0

SOURCE: PDA/CLAIMS HISTORY
NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF PAYMENT, AND EXCLUDE PACE CLAIMS.
IN 2022, THE MONTHLY PACENET DEDUCTIBLE WAS CHANGED TO $40.74 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 2022

PROVIDER TYPE	PROVIDERS NO.	PROVIDERS %	BRAND SINGLE-SOURCE NO.	BRAND SINGLE-SOURCE %	BRAND MULTI-SOURCE NO.	BRAND MULTI-SOURCE %	GENERIC NO.	GENERIC %	TOTAL CLAIMS NO.	TOTAL CLAIMS %
INDEPENDENT PHARMACIES	939	33.2	134,819	15.0	28,294	3.1	738,565	81.9	901,678	100.0
DISPENSING PHYSICIANS	31	1.1	749	67.8	121	11.0	234	21.2	1,104	100.0
INSTITUTIONAL PHARMACIES	27	1.0	1,574	19.8	278	3.5	6,100	76.7	7,952	100.0
CHAIN PHARMACIES	1,712	60.5	310,231	16.8	82,490	4.5	1,454,506	78.7	1,847,227	100.0
NURSING HOME PHARMACIES	97	3.4	18,113	9.7	4,141	2.2	165,170	88.1	187,424	100.0
MAIL ORDER PHARMACIES	20	0.7	10,310	15.1	3,090	4.5	55,013	80.4	68,413	100.0
HOME INFUSION PHARMACIES	5	0.2	53	22.1	6	2.5	181	75.4	240	100.0
TOTAL	2,831	100.0	475,849	15.8	118,420	3.9	2,419,769	80.3	3,014,038	100.0

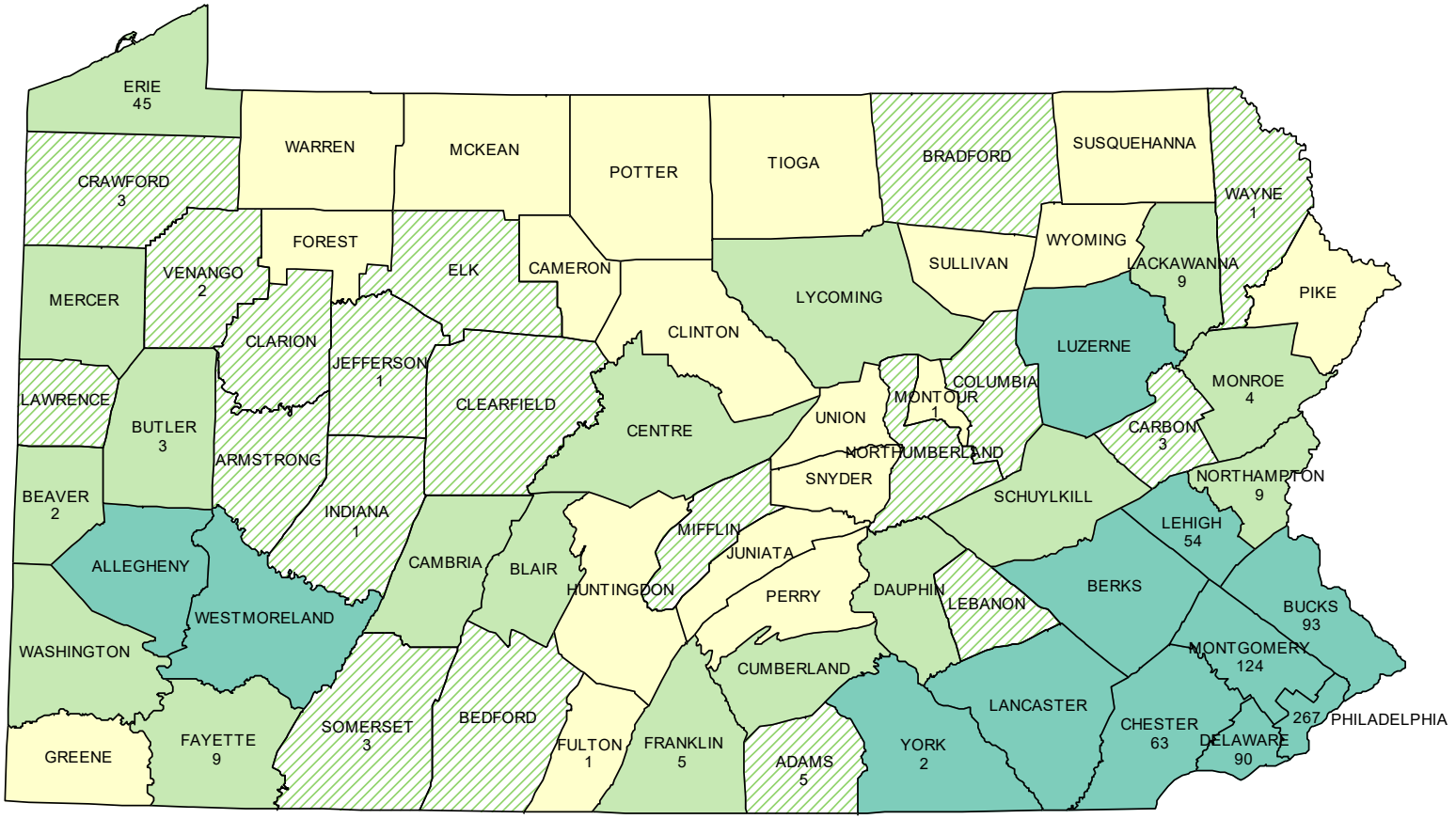
SOURCE: PDA/CLAIMS HISTORY
NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF PAYMENT, AND EXCLUDE PACE CLAIMS.

TABLE 6.5
PACENET EXPENDITURES AND AVERAGE STATE SHARE BY PRODUCT AND PROVIDER TYPE
JANUARY - DECEMBER 2022

PROVIDER TYPE	BRAND SINGLE-SOURCE EXPENDITURES	%	AVERAGE STATE SHARE	BRAND MULTI-SOURCE EXPENDITURES	%	AVERAGE STATE SHARE	GENERIC EXPENDITURES	%	AVERAGE STATE SHARE	TOTAL, ALL PRODUCTS EXPENDITURES	%	AVERAGE STATE SHARE
INDEPENDENT PHARMACIES	$24,189,909	76.3	$179.43	$2,532,837	8.0	$89.52	$4,964,986	15.7	$6.72	$31,687,732	100.0	$35.14
DISPENSING PHYSICIANS	$673,850	81.9	$899.67	$74,561	9.1	$616.21	$74,561	9.1	$318.64	$822,972	100.0	$745.45
INSTITUTIONAL PHARMACIES	$751,604	78.2	$477.51	$111,409	11.6	$400.75	$98,168	10.2	$16.09	$961,181	100.0	$120.87
CHAIN PHARMACIES	$42,538,597	69.3	$137.12	$7,680,411	12.5	$93.11	$11,190,887	18.2	$7.69	$61,409,896	100.0	$33.24
NURSING HOME PHARMACIES	$1,621,264	62.0	$89.51	$273,415	10.5	$66.03	$721,446	27.6	$4.37	$2,616,124	100.0	$13.96
MAIL ORDER PHARMACIES	$3,620,495	76.0	$351.16	$533,621	11.2	$172.69	$609,800	12.8	$11.08	$4,763,916	100.0	$69.63
HOME INFUSION PHARMACIES	$50,355	73.8	$950.09	$4,531	6.6	$755.14	$13,322	19.5	$73.60	$68,208	100.0	$284.20
TOTAL	$73,446,074	71.8	$154.35	$11,210,784	11.0	$94.67	$17,673,171	17.3	$7.30	$102,330,029	100.0	$33.95

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

FIGURE 6.1
PACE/PACENET PROVIDER AUDITS
JANUARY-DECEMBER 2022



TOTAL ENROLLED PHARMACY PROVIDERS IN COUNTY: <10 11-24 25-74 75+

AUDITS BY PROVIDER TYPE

	PROVIDERS	ESTIMATED AVERAGE RECOVERY
CHAIN PHARMACIES	528	$4,157
INDEPENDENT PHARMACIES	235	$1,975
OTHER PROVIDERS	37	$2,837
TOTAL PROVIDERS	800	$3,634

SOURCE: PHARMACY AUDIT FILE

NOTES: ESTIMATED AVERAGE RECOVERY AMOUNT BASED ON THE AVERAGE AMOUNT FOR AUDITS UNDERGOING REVIEW FOR 521 AUDITS TO DATE. OTHER PROVIDERS INCLUDE NURSING HOME, INSTITUTIONAL, AND MAIL ORDER PHARMACIES. TABLE 5.1 LISTS THE TOTAL NUMBER OF PHARMACY PROVIDERS FOR EACH COUNTY.

SECTION 7

THERAPEUTIC CLASS DATA AND OPIOID UTILIZATION DATA

pennsylvania
DEPARTMENT OF AGING

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 2022

THERAPEUTIC CLASS	TOTAL CLAIMS	% OF TOTAL	TOTAL EXPENDITURES	% OF TOTAL	CARD-HOLDERS WITH ANY CLAIMS	% OF PARTICIPATING CARDHOLDERS	ANNUAL COST (PERSONS WITH CLAIMS IN CLASS)	ANNUAL COST (ALL ENROLLED)
ANTI-INFECTIVE AGENTS	36,710	3.8	$360,540	1.5	15,034	37.5	$23.98	$6.08
QUINOLONES	3,565	0.4	$4,252	0.0	2,565	6.4	$1.66	$0.07
CEPHALOSPORINS	6,942	0.7	$20,883	0.1	4,780	11.9	$4.37	$0.35
ANTINEOPLASTIC AGENTS	5,478	0.6	$1,730,312	7.1	1,306	3.3	$1,324.89	$29.20
AUTONOMIC DRUGS	51,387	5.4	$1,568,869	0.0 6.5	11,402	28.4	$137.60	$26.47
ANTICHOLINERGICS	13,687	1.4	$1,181,306	4.9	3,144	7.8	$375.73	$19.93
ADRENERGIC AGENTS	16,883	1.8	$273,703	1.1	5,736	14.3	$47.72	$4.62
BLOOD FORMATION & COAGULATION AGENTS	54,269	5.7	$4,451,551	18.3	10,001	24.9	$445.11	$75.12
CARDIOVASCULAR DRUGS	246,942	25.8	$1,797,848	7.4	26,565	66.2	$67.68	$30.34
CARDIAC DRUGS	159,390	16.7	$1,074,131	4.4	22,737	56.7	$47.24	$18.13
ANGIOTENSIN RECEPTOR BLOCKERS	27,252	2.8	$460,560	1.9	6,249	15.6	$73.70	$7.77
ACE INHIBITORS	24,967	2.6	$52,098	0.2	6,111	15.2	$8.53	$0.88
CARDIAC GLYCOSIDES	2,684	0.3	$14,176	0.1	603	1.5	$23.51	$0.24
ANTIARRHYTHMIC AGENTS	3,816	0.4	$151,733	0.6	991	2.5	$153.11	$2.56
BETA BLOCKERS	58,933	6.2	$200,884	0.8	13,025	32.5	$15.42	$3.39
CALCIUM CHANNEL BLOCKERS	40,741	4.3	$168,887	0.7	9,321	23.2	$18.12	$2.85
LIPID-LOWERING AGENTS	71,212	7.4	$620,691	2.6	15,924	39.7	$38.98	$10.47
HYPOTENSIVE AGENTS	7,477	0.8	$29,102	0.1	1,683	4.2	$17.29	$0.49
VASODILATING AGENTS	8,825	0.9	$70,984	0.3	2,362	5.9	$30.05	$1.20
ANALGESICS/ANTIPYRETICS	42,553	4.4	$342,259	1.4	10,087	25.1	$33.93	$5.78
NSAIDS	15,540	1.6	$125,499	0.5	4,822	12.0	$26.03	$2.12
COX-2 INHIBITORS	3,748	0.4	$32,507	0.1	963	2.4	$33.76	$0.55
OPIATE AGONISTS	26,199	2.7	$175,416	0.7	6,622	16.5	$26.49	$2.96
OPIATE PARTIAL AGONISTS	580	0.1	$38,349	0.2	109	0.3	$351.82	$0.65
PSYCHOTHERAPEUTIC AGENTS	64,340	6.7	$373,072	1.5	10,593	26.4	$35.22	$6.30
ANTIDEPRESSANTS	54,574	5.7	$244,407	1.0	9,919	24.7	$24.64	$4.12
SSRI ANTIDEPRESSANTS	25,566	2.7	$48,175	0.2	5,509	13.7	$8.74	$0.81
ANTIPSYCHOTICS	9,766	1.0	$128,665	0.5	1,704	4.2	$75.51	$2.17
ANXIOLYTICS/SEDATIVES/HYPNOTICS	27,725	2.9	$62,952	0.3	5,847	14.6	$10.77	$1.06
BENZODIAZEPINES	18,625	1.9	$19,308	0.1	4,073	10.1	$4.74	$0.33
MISCELLANEOUS ANX/SED/HYPNOTICS	8,660	0.9	$27,238	0.1	2,103	5.2	$12.95	$0.46

TABLE 7.1A
NUMBER AND PERCENT OF PACE CLAIMS, STATE SHARE EXPENDITURES, AND CARDHOLDERS WITH CLAIMS
BY THERAPEUTIC CLASS
JANUARY - DECEMBER 2022

THERAPEUTIC CLASS	TOTAL CLAIMS	% OF TOTAL	TOTAL EXPENDITURES	% OF TOTAL	CARD-HOLDERS WITH ANY CLAIMS	% OF PARTICIPATING CARDHOLDERS	ANNUAL COST (PERSONS WITH CLAIMS IN CLASS)	ANNUAL COST (ALL ENROLLED)
REPLACEMENT PREPARATIONS	16,238	1.7	$69,693	0.3	3,858	9.6	$18.06	$1.18
DIURETICS	47,697	5.0	$221,017	0.9	10,496	26.2	$21.06	$3.73
LOOP DIURETICS	28,023	2.9	$59,356	0.2	6,714	16.7	$8.84	$1.00
POTASSIUM-SPARING DIURETICS	5,483	0.6	$31,056	0.1	1,472	3.7	$21.10	$0.52
THIAZIDE DIURETICS	10,537	1.1	$15,313	0.1	2,864	7.1	$5.35	$0.26
RESPIRATORY TRACT AGENTS	30,962	3.2	$1,784,426	7.4	7,233	18.0	$246.71	$30.11
EYE, EAR, NOSE AND THROAT PREPARATIONS	39,291	4.1	$1,458,472	6.0	9,423	23.5	$154.78	$24.61
GASTROINTESTINAL AGENTS	59,147	6.2	$965,645	4.0	12,954	32.3	$74.54	$16.30
H2-RECEPTOR ANTAGONISTS	8,277	0.9	$13,983	0.1	2,272	5.7	$6.15	$0.24
PROTON PUMP INHIBITORS	38,524	4.0	$351,156	1.4	9,087	22.6	$38.64	$5.93
OTHER MISCELL. ANTI-ULCER AGENTS	1,905	0.2	$69,627	0.3	580	1.4	$120.05	$1.17
HORMONES AND SYNTHETIC SUBSTANCES	112,908	11.8	$5,569,807	22.9	17,595	43.8	$316.56	$93.99
ADRENALS AND COMB.	10,646	1.1	$35,449	0.1	5,287	13.2	$6.70	$0.60
ESTROGENS AND COMB.	2,184	0.2	$169,595	0.7	830	2.1	$204.33	$2.86
ANTIDIABETIC AGENTS	63,234	6.6	$5,110,671	21.1	8,481	21.1	$602.60	$86.24
THYROID AND ANTITHYROID AGENTS	35,726	3.7	$181,060	0.7	7,050	17.6	$25.68	$3.06
SMOOTH MUSCLE RELAXANTS	13,543	1.4	$749,512	3.1	2,866	7.1	$261.52	$12.65
THEOPHYLLINE AND RELATED DRUGS	211	0.0	$3,258	0.0	51	0.1	$63.89	$0.05
DRUGS FOR OSTEOPOROSIS	7,188	0.8	$287,082	1.2	2,023	5.0	$141.91	$4.84
ALL OTHER DRUGS	100,121	10.5	$2,481,216	10.2	18,439	45.9	$134.56	$41.87
ALL CLASSES COMBINED	956,499	100.0	$24,274,273	100.0	40,133	100.0	$604.85	$409.62

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 2022 WAS 4.4 (BASED ON BROAD THERAPEUTIC CATEGORY).

THE ANNUAL COST PER ENROLLEE IS BASED ON TOTAL CARDHOLDERS ENROLLED IN PACE FOR ANY PORTION OF CALENDAR YEAR 2022 (N=59,260).

TABLE 7.1B
NUMBER AND PERCENT OF PACENET CLAIMS, STATE SHARE EXPENDITURES, AND CARDHOLDERS WITH CLAIMS
BY THERAPEUTIC CLASS
JANUARY - DECEMBER 2022

THERAPEUTIC CLASS	TOTAL CLAIMS	% OF TOTAL	STATE SHARE EXPENDITURES	% OF TOTAL	CARD-HOLDERS WITH ANY CLAIMS	% OF PARTICIPATING CARDHOLDERS	ANNUAL COST (PERSONS WITH CLAIMS IN CLASS)	ANNUAL COST (ALL ENROLLED)
ANTI-INFECTIVE AGENTS	129,876	4.3	$1,735,645	1.7	51,121	40.2	$33.95	$10.00
QUINOLONES	11,990	0.4	$12,978	0.0	8,543	6.7	$1.52	$0.07
CEPHALOSPORINS	23,940	0.8	$85,671	0.1	16,189	12.7	$5.29	$0.49
ANTINEOPLASTIC AGENTS	22,078	0.7	$9,350,928	9.1	4,762	3.7	$1,963.66	$53.88
AUTONOMIC DRUGS	173,093	5.7	$5,854,737	5.7	39,391	31.0	$148.63	$33.73
ANTICHOLINERGICS	47,970	1.6	$4,354,133	4.2	10,622	8.4	$409.92	$25.09
ADRENERGIC AGENTS	55,754	1.8	$1,105,160	1.1	19,723	15.5	$56.03	$6.37
BLOOD FORMATION & COAGULATION AGENTS	191,892	6.3	$19,009,088	18.4	35,520	28.0	$535.17	$109.53
CARDIOVASCULAR DRUGS	708,677	23.4	$6,025,135	5.8	82,247	64.7	$73.26	$34.72
CARDIAC DRUGS	449,836	14.9	$3,706,405	3.6	69,607	54.8	$53.25	$21.36
ANGIOTENSIN RECEPTOR BLOCKERS	77,414	2.6	$1,931,041	1.9	19,021	15.0	$101.52	$11.13
ACE INHIBITORS	69,879	2.3	$79,941	0.1	18,541	14.6	$4.31	$0.46
CARDIAC GLYCOSIDES	7,826	0.3	$32,905	0.0	1,925	1.5	$17.09	$0.19
ANTIARRHYTHMIC AGENTS	14,434	0.5	$596,361	0.6	3,950	3.1	$150.98	$3.44
BETA BLOCKERS	168,029	5.6	$445,346	0.4	40,715	32.1	$10.94	$2.57
CALCIUM CHANNEL BLOCKERS	108,107	3.6	$430,511	0.4	26,709	21.0	$16.12	$2.48
LIPID-LOWERING AGENTS	208,375	6.9	$1,965,518	1.9	50,066	39.4	$39.26	$11.33
HYPOTENSIVE AGENTS	23,684	0.8	$87,015	0.1	5,659	4.5	$15.38	$0.50
VASODILATING AGENTS	26,707	0.9	$259,225	0.3	8,011	6.3	$32.36	$1.49
ANALGESICS/ANTIPYRETICS	135,698	4.5	$1,519,790	1.5	33,142	26.1	$45.86	$8.76
NSAIDS	43,290	1.4	$411,205	0.4	14,604	11.5	$28.16	$2.37
COX-2 INHIBITORS	11,204	0.4	$144,445	0.1	3,323	2.6	$43.47	$0.83
OPIATE AGONISTS	89,003	2.9	$879,734	0.9	23,167	18.2	$37.97	$5.07
OPIATE PARTIAL AGONISTS	2,663	0.1	$203,688	0.2	441	0.3	$461.88	$1.17
PSYCHOTHERAPEUTIC AGENTS	192,537	6.4	$1,396,413	1.4	33,848	26.6	$41.26	$8.05
ANTIDEPRESSANTS	166,767	5.5	$875,564	0.8	32,005	25.2	$27.36	$5.04
SSRI ANTIDEPRESSANTS	72,991	2.4	$151,342	0.1	17,102	13.5	$8.85	$0.87
ANTIPSYCHOTICS	25,770	0.9	$520,849	0.5	4,790	3.8	$108.74	$3.00
ANXIOLYTICS/SEDATIVES/HYPNOTICS	82,664	2.7	$227,016	0.2	18,191	14.3	$12.48	$1.31
BENZODIAZEPINES	53,110	1.8	$96,754	0.1	12,348	9.7	$7.84	$0.56
MISCELLANEOUS ANX/SED/HYPNOTICS	28,228	0.9	$84,203	0.1	6,966	5.5	$12.09	$0.49

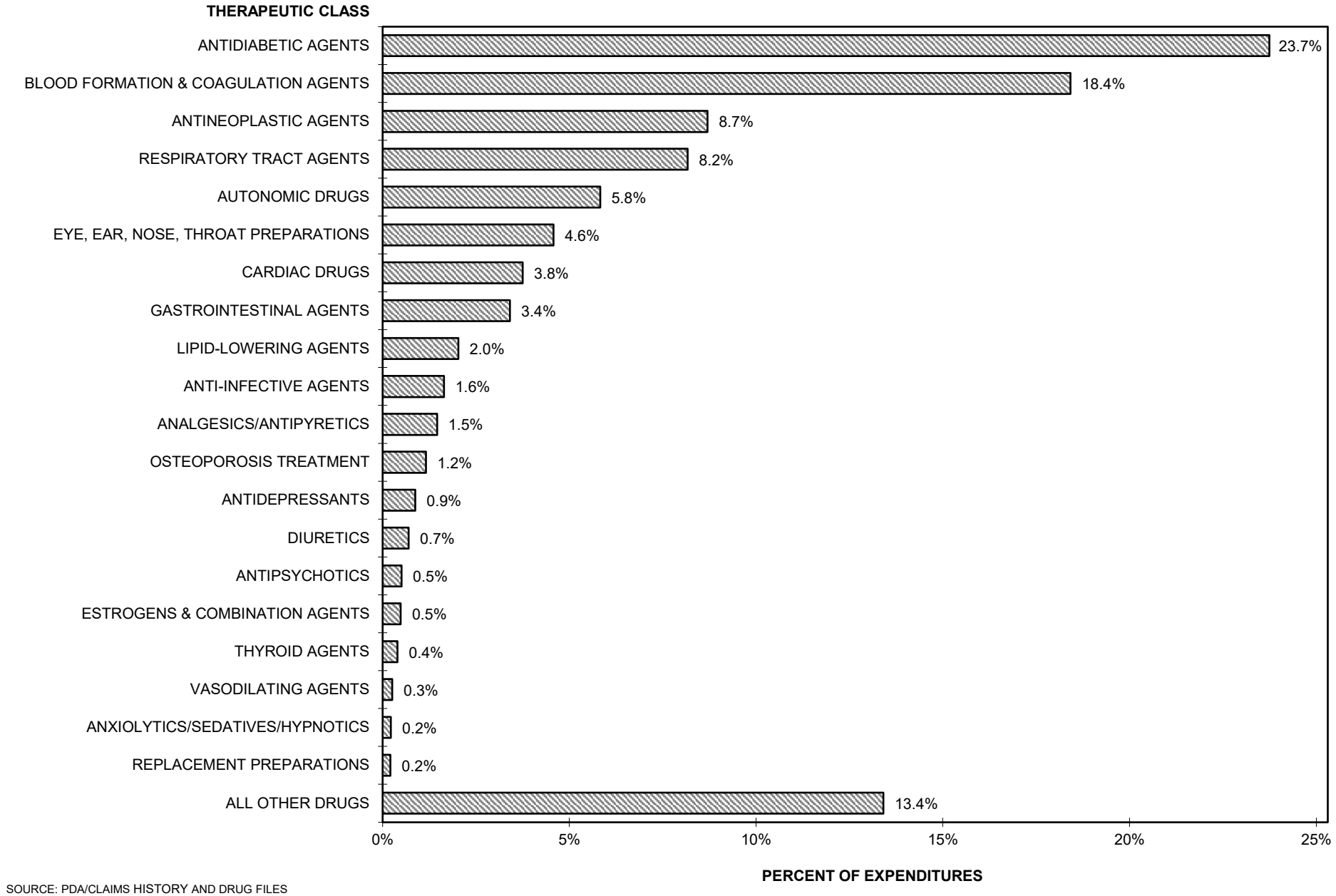
TABLE 7.1B
NUMBER AND PERCENT OF PACENET CLAIMS, STATE SHARE EXPENDITURES, AND CARDHOLDERS WITH CLAIMS
BY THERAPEUTIC CLASS
JANUARY - DECEMBER 2022

THERAPEUTIC CLASS	TOTAL CLAIMS	% OF TOTAL	STATE SHARE EXPENDITURES	% OF TOTAL	CARD-HOLDERS WITH ANY CLAIMS	% OF PARTICIPATING CARDHOLDERS	ANNUAL COST (PERSONS WITH CLAIMS IN CLASS)	ANNUAL COST (ALL ENROLLED)
REPLACEMENT PREPARATIONS	48,354	1.6	$197,886	0.2	12,308	9.7	$16.08	$1.14
DIURETICS	138,652	4.6	$672,261	0.7	32,436	25.5	$20.73	$3.87
LOOP DIURETICS	81,058	2.7	$163,864	0.2	21,124	16.6	$7.76	$0.94
POTASSIUM-SPARING DIURETICS	18,313	0.6	$77,225	0.1	5,131	4.0	$15.05	$0.44
THIAZIDE DIURETICS	28,344	0.9	$30,204	0.0	8,403	6.6	$3.59	$0.17
RESPIRATORY TRACT AGENTS	114,646	3.8	$8,624,460	8.4	24,991	19.7	$345.10	$49.69
EYE, EAR, NOSE AND THROAT PREPARATIONS	114,661	3.8	$4,374,415	4.2	29,634	23.3	$147.61	$25.21
GASTROINTESTINAL AGENTS	173,902	5.7	$3,385,064	3.3	40,432	31.8	$83.72	$19.50
H2-RECEPTOR ANTAGONISTS	23,218	0.8	$33,374	0.0	6,757	5.3	$4.94	$0.19
PROTON PUMP INHIBITORS	109,354	3.6	$790,951	0.8	28,016	22.1	$28.23	$4.56
OTHER MISCELL. ANTI-ULCER AGENTS	5,492	0.2	$182,485	0.2	1,938	1.5	$94.16	$1.05
HORMONES AND SYNTHETIC SUBSTANCES	410,707	13.6	$26,573,744	25.8	59,953	47.2	$443.24	$153.12
ADRENALS AND COMB.	41,420	1.4	$178,526	0.2	19,665	15.5	$9.08	$1.03
ESTROGENS AND COMB.	6,807	0.2	$451,043	0.4	2,826	2.2	$159.60	$2.60
ANTIDIABETIC AGENTS	267,922	8.9	$25,132,500	24.4	32,371	25.5	$776.39	$144.81
THYROID AND ANTITHYROID AGENTS	90,392	3.0	$333,495	0.3	19,783	15.6	$16.86	$1.92
SMOOTH MUSCLE RELAXANTS	44,398	1.5	$2,775,132	2.7	9,410	7.4	$294.91	$15.99
THEOPHYLLINE AND RELATED DRUGS	942	0.0	$28,864	0.0	209	0.2	$138.11	$0.17
DRUGS FOR OSTEOPOROSIS	18,448	0.6	$1,199,465	1.2	5,667	4.5	$211.66	$6.91
ALL OTHER DRUGS	326,458	10.8	$10,182,089	9.9	60,801	47.9	$167.47	$58.67
ALL CLASSES COMBINED	3,026,741	100.0	$103,103,266	100.0	127,028	100.0	$811.66	$594.08

SOURCE: PDA/CLAIMS HISTORY AND DRUG FILES

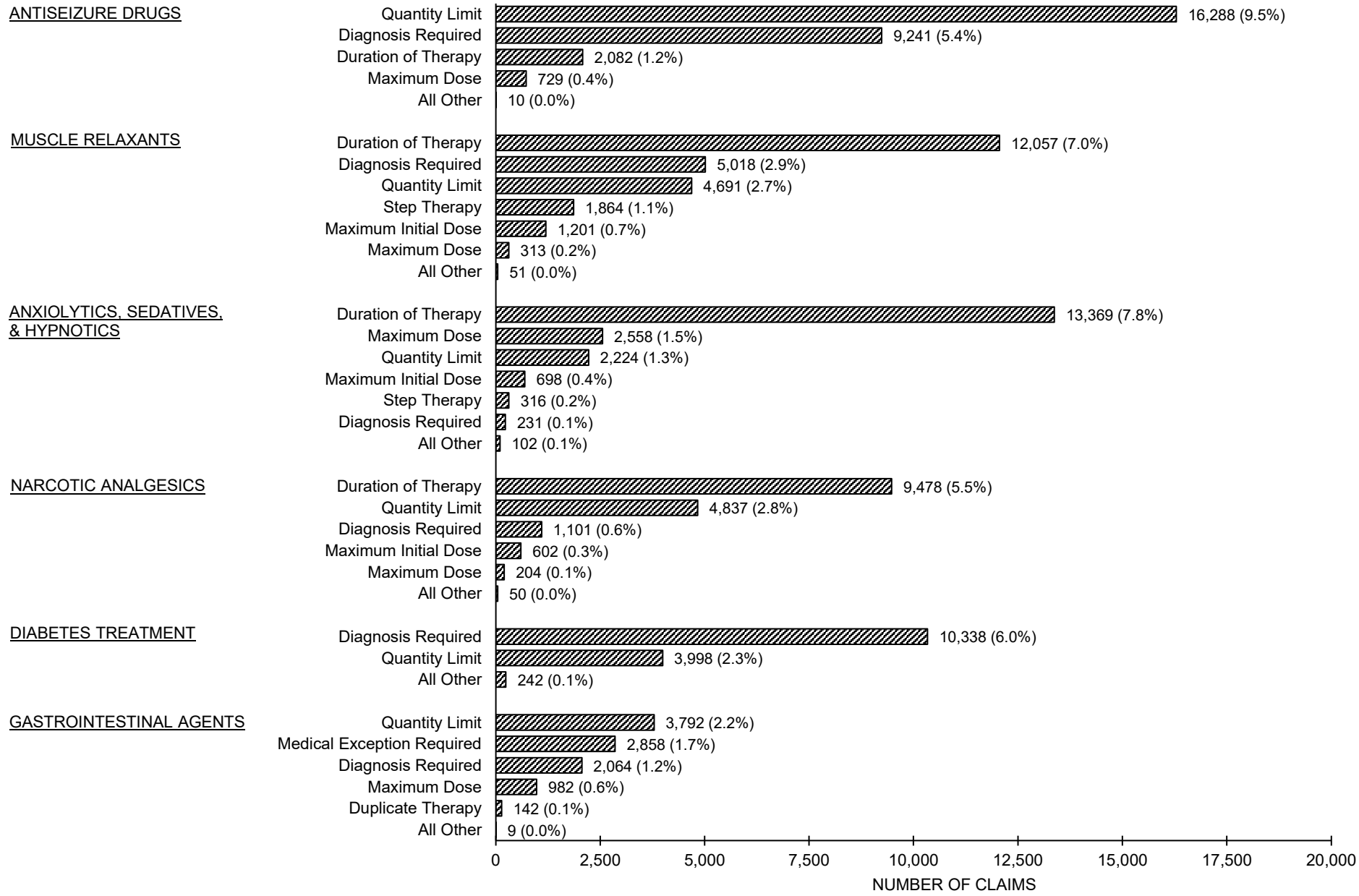
NOTE: DATA INCLUDE ORIGINAL, PAID PACENET CLAIMS BY DATE OF SERVICE.
TOTAL CLAIMS INCLUDE DEDUCTIBLE CLAIMS AND COPAID CLAIMS.
THE AVERAGE ANNUAL NUMBER OF UNIQUE THERAPEUTIC CLASSES USED BY CARDHOLDERS WITH ONE OR MORE CLAIMS IN 2022 WAS 4.5 (BASED ON BROAD THERAPEUTIC CATEGORY).
THE ANNUAL COST PER ENROLLEE IS BASED ON TOTAL CARDHOLDERS ENROLLED IN PACENET FOR ANY PORTION OF CALENDAR YEAR 2022 (N=173,552).

FIGURE 7.1
PERCENT OF PACE AND PACENET STATE SHARE EXPENDITURES BY THERAPEUTIC CLASS
JANUARY - DECEMBER 2022
(TOTAL EXPENDITURES = $127,377,539)



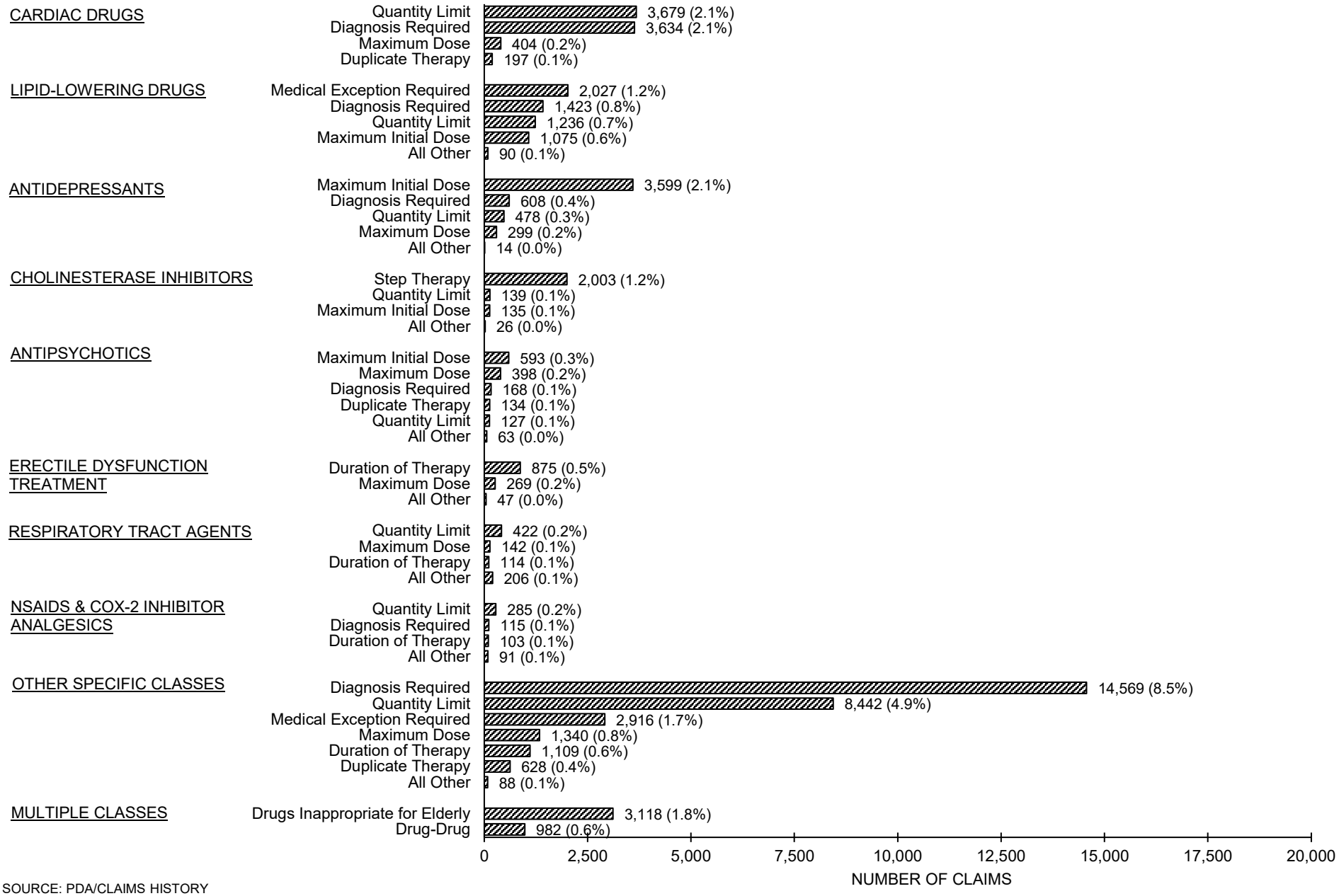
SOURCE: PDA/CLAIMS HISTORY AND DRUG FILES
NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF SERVICE.

FIGURE 7.2
NUMBER AND PERCENT OF PACE AND PACENET CLAIMS WITH A PROSPECTIVE REVIEW MESSAGE BY THERAPEUTIC CLASS
JANUARY - DECEMBER 2022
N=172,150



SOURCE: PDA/CLAIMS HISTORY
NOTE: BASED ON A TOTAL OF 3,983,240 APPROVED AND 262,945 DENIED CLAIMS. DATA INCLUDE CLAIMS BY DATE OF SERVICE WITH MULTIPLE SUBMISSIONS OF SAME CLAIM ON SAME DAY DELETED.

FIGURE 7.2
NUMBER AND PERCENT OF PACE AND PACENET CLAIMS WITH A PROSPECTIVE REVIEW MESSAGE BY THERAPEUTIC CLASS
JANUARY - DECEMBER 2022
N=172,150



SOURCE: PDA/CLAIMS HISTORY
NOTE: BASED ON A TOTAL OF 3,983,240 APPROVED AND 262,945 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

An 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 prospective drug utilization review of opioid prescriptions and prescriber education for pain management. The program screens prescriptions using defined 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 2022, 13% of all enrollees had at least one claim for an opioid. Many of these enrollees (74%) 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;
- communications with prescribers regarding concurrent use of opioids, benzodiazepines, sedative hypnotics, and skeletal muscle relaxants;
- 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/Polypharmacy (HDO-P) Program, an outreach and telehealth education program for cardholders using opioid medications at high doses (MME>120) or in combination with other central nervous system depressants. The HDO-P 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-P Program referrals and results in 2022. Additional information about the HDO-P Program is provided in Section 1 and Appendix A.

Prospective Drug Utilization Review at the Point of Sale

PACE's prospective drug utilization review system screens incoming opioid prescriptions to help ensure that opioids are used appropriately. The prospective review criteria address maximum daily dose limits, duration of therapy, duplicate therapy, and inappropriate drug combinations. 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 10 days or a

quantity of 30, with a maximum morphine milligram equivalent of 50 mg per day. 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. Under the CDC Overdose Data to Action Grant, visits continued through 2022 with three pain management modules--pain management, and two opioid use disorder modules.

Declining Opioid Utilization

Figure 7.4 and Table 7.4 depict the notable decreases in opioid prescriptions for PACE/PACENET enrollees. There has been a 52% decrease in the prevalence of opioid use from the high point in 2014 (14.1% of enrollees) compared to enrollees filling an opioid prescription during the last quarter of 2022 (6.8%). The number of chronic opioid users dropped substantially over the past five fiscal years at multiple dosage levels for those enrollees who used opioids for greater than 90 days (Table 7.4).

TABLE 7.2
PACE/PACENET OPIOID UTILIZATION
JANUARY - DECEMBER 2022

POPULATION OR MEASURE	NUMBER OF PERSONS	PERCENT	DENOMINATOR FOR %
TOTAL CARDHOLDERS ENROLLED IN PACE/PACENET	230,732	100.0	OF TOTAL ENROLLED
TOTAL CARDHOLDERS PRESCRIBED AN OPIOID	29,904	13.0	OF TOTAL ENROLLED
ACUTE OPIOID USE (DURATION OF USE = 90 DAYS OR LESS)	22,146	74.1	OF OPIOID USERS
		9.6	OF TOTAL ENROLLED
CHRONIC OPIOID USE (DURATION OF USE = 91+ DAYS)	7,758	25.9	OF OPIOID USERS
		3.4	OF TOTAL ENROLLED
CHRONIC OPIOID USERS' ANTINEOPLASTIC USE			
NO ANTINEOPLASTIC CLAIMS	7,321	94.4	OF CHRONIC OPIOID USERS
ANY ANTINEOPLASTIC CLAIM	437	5.6	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	7,451	96.0	OF CHRONIC OPIOID USERS
ANNUAL CUMULATIVE MME ABOVE 120	307	4.0	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	7,212	93.0	OF CHRONIC OPIOID USERS
ANNUAL CUMULATIVE MME ABOVE 90	546	7.0	OF CHRONIC OPIOID USERS
CHRONIC OPIOID USERS' CUMULATIVE MME>120 STATUS FOR 90+ CONSECUTIVE DAYS OF OPIOID USE			
CUMULATIVE MME>120 FOR LESS THAN A 90-DAY PERIOD	7,630	98.4	OF CHRONIC OPIOID USERS
CUMULATIVE MME>120 FOR A 90-DAY PERIOD OR LONGER	128	1.6	OF CHRONIC OPIOID USERS

SOURCE: PDA/CLAIMS HISTORY AND DRUG FILES

NOTE: DATA INCLUDE ORIGINAL, PAID CLAMS BY DATE OF SERVICE.
MME CATEGORIES ARE BASED ON CUMULATIVE DAILY MORPHINE MILLIGRAM EQUIVALENT DOSE EXPOSURE ACROSS ALL PERIODS OF OPIOID USE IN 2022.
BUPRENORPHINE PRESCRIPTIONS ARE EXCLUDED FROM OPIOID COUNTS AND MME CALCULATIONS.

TABLE 7.3
PACE/PACENET CARDHOLDERS OPIOID UTILIZATION BY COUNTY
JANUARY - DECEMBER 2022

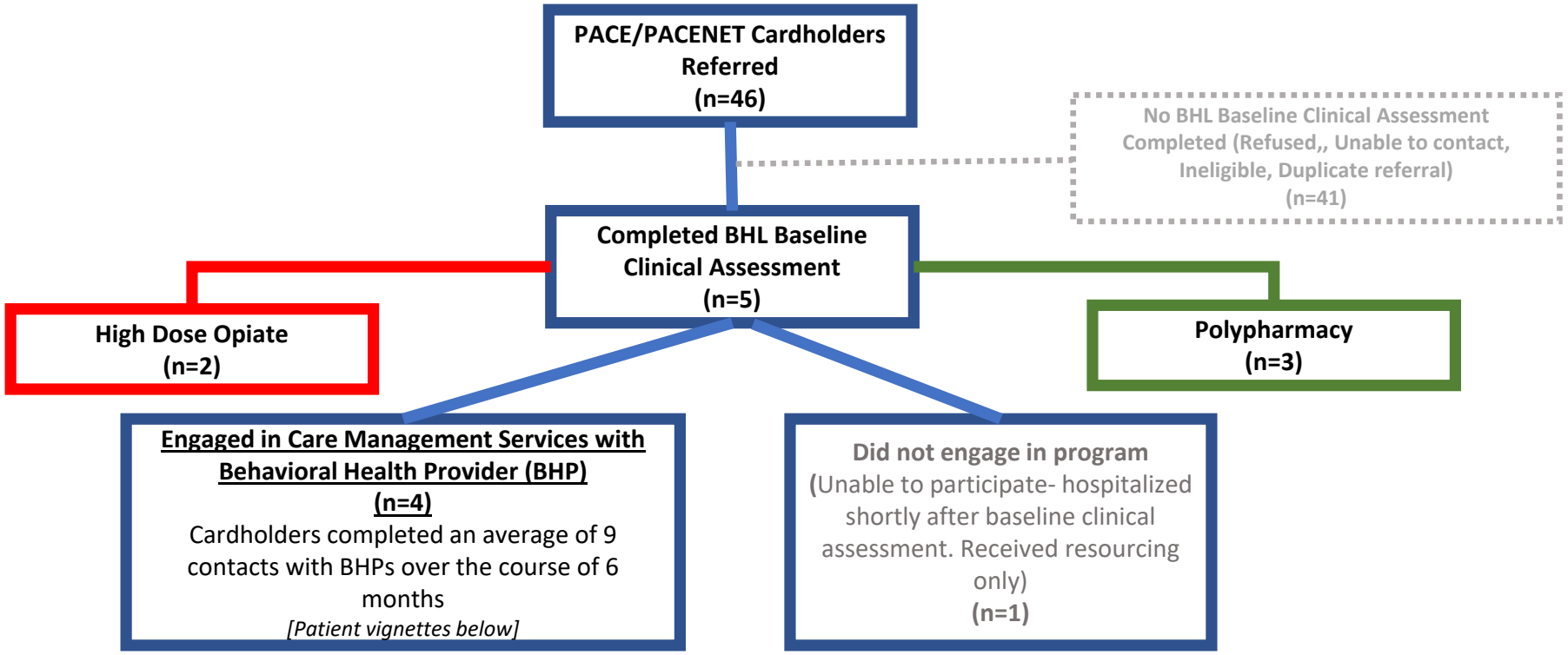
COUNTY NAME	TOTAL PACE/PACENET ENROLLED	OPIOID USERS NO.	OPIOID USERS % OF ENROLLED	USERS WITH MME>90 NO.	USERS WITH MME>90 % OF OPIOID USERS	USERS WITH MME>120 NO.	USERS WITH MME>120 % OF OPIOID USERS
ADAMS	2,009	272	13.5	*	*	*	*
ALLEGHENY	20,407	2,917	14.3	72	2.5	32	1.1
ARMSTRONG	1,684	222	13.2	*	*	*	*
BEAVER	3,858	545	14.1	15	2.8	*	*
BEDFORD	1,826	256	14.0	*	*	*	*
BERKS	6,146	801	13.0	23	2.9	10	1.2
BLAIR	3,795	531	14.0	22	4.1	10	1.9
BRADFORD	1,582	184	11.6	*	*	*	*
BUCKS	6,498	872	13.4	32	3.7	16	1.8
BUTLER	3,546	542	15.3	12	2.2	*	*
CAMBRIA	4,649	621	13.4	19	3.1	13	2.1
CAMERON	194	45	23.2	*	*	*	*
CARBON	1,945	247	12.7	*	*	*	*
CENTRE	1,927	279	14.5	*	*	*	*
CHESTER	4,287	547	12.8	23	4.2	12	2.2
CLARION	1,325	208	15.7	*	*	*	*
CLEARFIELD	2,653	337	12.7	*	*	*	*
CLINTON	1,228	204	16.6	*	*	*	*
COLUMBIA	2,329	306	13.1	*	*	*	*
CRAWFORD	2,477	367	14.8	17	4.6	*	*
CUMBERLAND	3,739	531	14.2	17	3.2	*	*
DAUPHIN	3,368	419	12.4	12	2.9	*	*
DELAWARE	6,043	683	11.3	28	4.1	16	2.3
ELK	791	150	19.0	*	*	*	*
ERIE	5,254	782	14.9	13	1.7	*	*
FAYETTE	4,458	630	14.1	13	2.1	*	*
FOREST	207	35	16.9	*	*	*	*
FRANKLIN	2,729	355	13.0	11	3.1	*	*
FULTON	470	72	15.3	*	*	*	*
GREENE	599	83	13.9	*	*	*	*
HUNTINGDON	1,452	170	11.7	*	*	*	*
INDIANA	2,187	261	11.9	*	*	*	*
JEFFERSON	1,429	209	14.6	*	*	*	*
JUNIATA	810	117	14.4	*	*	*	*
LACKAWANNA	5,517	868	15.7	21	2.4	11	1.3
LANCASTER	7,547	984	13.0	38	3.9	19	1.9
LAWRENCE	2,760	356	12.9	11	3.1	*	*
LEBANON	2,526	270	10.7	12	4.4	*	*

TABLE 7.3
PACE/PACENET CARDHOLDERS OPIOID UTILIZATION BY COUNTY
JANUARY - DECEMBER 2022

COUNTY NAME	TOTAL PACE/PACENET ENROLLED	OPIOID USERS NO.	OPIOID USERS % OF ENROLLED	USERS WITH MME>90 NO.	USERS WITH MME>90 % OF OPIOID USERS	USERS WITH MME>120 NO.	USERS WITH MME>120 % OF OPIOID USERS
LEHIGH	4,526	507	11.2	12	2.4	*	*
LUZERNE	8,516	1,129	13.3	25	2.2	15	1.3
LYCOMING	3,332	452	13.6	10	2.2	*	*
MCKEAN	1,014	160	15.8	*	*	*	*
MERCER	3,008	435	14.5	10	2.3	*	*
MIFFLIN	1,877	269	14.3	10	3.7	*	*
MONROE	2,691	359	13.3	*	*	*	*
MONTGOMERY	8,026	969	12.1	31	3.2	17	1.8
MONTOUR	419	70	16.7	*	*	*	*
NORTHAMPTON	5,183	610	11.8	12	2.0	*	*
NORTHUMBERLAND	3,300	483	14.6	10	2.1	*	*
PERRY	1,094	141	12.9	*	*	*	*
PHILADELPHIA	22,369	1,919	8.6	52	2.7	21	1.1
PIKE	952	99	10.4	*	*	*	*
POTTER	547	83	15.2	*	*	*	*
SCHUYLKILL	4,660	567	12.2	11	1.9	*	*
SNYDER	1,142	172	15.1	*	*	*	*
SOMERSET	3,208	435	13.6	*	*	*	*
SULLIVAN	216	21	9.7	*	*	*	*
SUSQUEHANNA	922	101	11.0	*	*	*	*
TIOGA	1,185	169	14.3	*	*	*	*
UNION	1,060	151	14.2	*	*	*	*
VENANGO	1,404	178	12.7	*	*	*	*
WARREN	979	127	13.0	*	*	*	*
WASHINGTON	4,121	599	14.5	*	*	*	*
WAYNE	1,314	169	12.9	10	5.9	*	*
WESTMORELAND	9,171	1,276	13.9	18	1.4	10	0.8
WYOMING	745	80	10.7	*	*	*	*
YORK	7,500	896	11.9	33	3.7	14	1.6
TOTAL	230,732	29,904	13.0	806	2.7	404	1.4

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 2022) AND CHRONIC USERS (MORE THAN 90 DAYS OF USE IN 2022).
MME CATEGORIES ARE BASED ON CUMULATIVE DAILY MORPHINE MILLIGRAM EQUIVALENT DOSE EXPOSURE ACROSS ALL PERIODS OF OPIOID USE IN 2022.
* COUNTS BELOW 10, ALONG WITH THEIR CORRESPONDING PERCENTAGES, HAVE BEEN SUPPRESSED.

FIGURE 7.3
UPENN PACE PROGRAM
HIGH DOSE OPIOID / POLYPHARMACY ENGAGEMENT
JANUARY – DECEMBER 2022



- *Two cardholders initiated dose reductions of their opioid medication or expressed an interest in discussing a reduction plan with their provider at their next visit.*
- *A cardholder worked with BHP to manage significant anxiety surrounding an upcoming knee replacement surgery. The cardholder learned relaxation techniques including guided imagery and meditation. The cardholder and BHP utilized problem-solving to plan for post-surgery support and to ensure the cardholder had the proper resources in place for a successful recovery.*
- *A cardholder received a new cancer diagnosis during care management services. BHP provided counseling and individualized support as the cardholder initiated treatment. The cardholder received coaching surrounding speaking with their extensive health care system, preparing questions, and ensuring their needs are met both physically and through available resources. The cardholder also received support in having their granddaughter sign up for the caregiver waiver program and was very thankful for our support.*

FIGURE 7.4
PERCENTAGE OF PACE/PACENET ENROLLEES WITH OPIOID CLAIMS, BY QUARTER
JANUARY 2013 – DECEMBER 2022

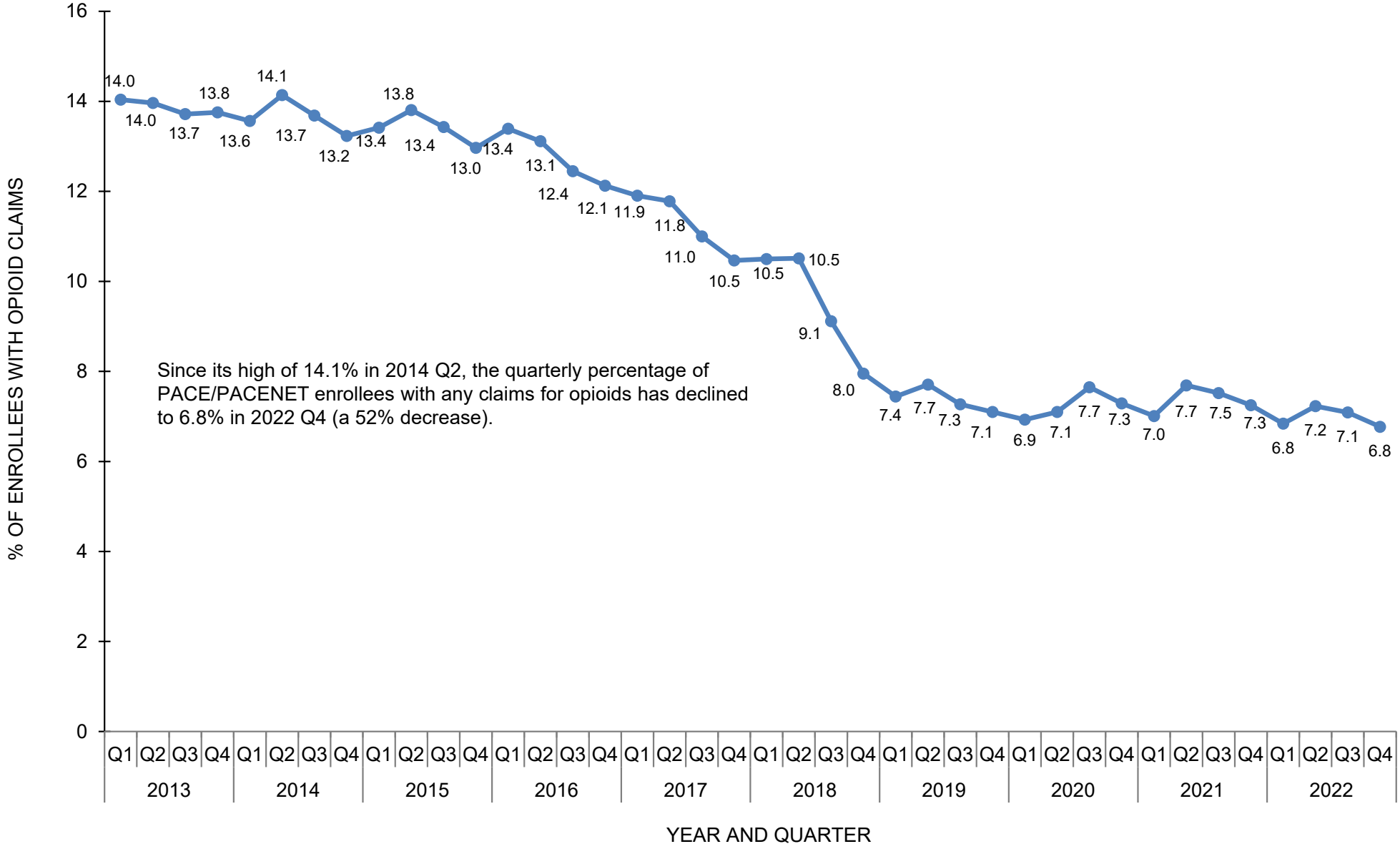


TABLE 7.4
PACE/PACENET AVERAGE CUMULATIVE MME AMONG CHRONIC PRESCRIPTION OPIOID USERS
BY FISCAL YEAR
JULY 2017 - JUNE 2022

	FY 2017-18		FY 2018-19		FY 2019-20		FY 2020-21		FY 2021-22	
AVERAGE CUMULATIVE MME	NO. OF USERS	% OF CHRONIC USERS	NO. OF USERS	% OF CHRONIC USERS	NO. OF USERS	% OF CHRONIC USERS	NO. OF USERS	% OF CHRONIC USERS	NO. OF USERS	% OF CHRONIC USERS
0-90	12,667	88.7	8,770	91.0	7,907	92.6	7,741	93.4	7,279	93.5
91-120	604	4.2	329	3.4	246	2.9	234	2.8	211	2.7
121-240	765	5.4	459	4.8	310	3.6	241	2.9	243	3.1
241-300	144	1.0	53	0.5	42	0.5	41	0.5	26	0.3
>300	109	0.8	32	0.3	36	0.4	28	0.3	27	0.4
TOTAL	14,289	100.0	9,643	100.0	8,541	100.0	8,285	100.0	7,786	100.0

SOURCE: CLAIMS HISTORY

NOTE: CHRONIC PRESCRIPTION OPIOID USERS INCLUDE PERSONS WITH MORE THAN 90 DAYS OF USE IN THE FISCAL YEAR. AVERAGE CUMULATIVE MORPHINE MILLIGRAM EQUIVALENT (MME) DOSE WAS CALCULATED OVER ALL DAYS IN THE FISCAL YEAR THAT WERE COVERED BY ONE OR MORE ACTIVE OPIOID PRESCRIPTIONS (BASED ON THE DATES OF SERVICE AND DAYS SUPPLY RECORDED ON CLAIMS SUBMITED TO PACE/PACENET). THIS MEASURE REFLECTS THE AVERAGE DOSAGE THAT USERS EXPERIENCED DURING THE TIME PERIOD(S) THAT THEY USED OPIOIDS.

SECTION 8

THE 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. It handles 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. 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. They also limit the products and the length of time for assistance. 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 2022, The Clearinghouse successfully enrolled 122 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 88,882 persons after twenty-three years of operation. In 2022, 13,899 persons received medication assistance through The Clearinghouse. Staff successfully enrolled persons into the PACE/PACENET Program (7,000), or other insurance (800). Among the 13,899 persons receiving assistance through The Clearinghouse, a total of 49,907 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 reentrants 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 2022, The Clearinghouse contacted 5,312 parolees. Of these parolees, 1 was enrolled in one of the Attorney General pharmaceutical settlement programs, 122 in PACE, 202 in SNAP benefits, and 120 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.

In November 2022, in conjunction with the PA Department of Military and Veterans Affairs, the US Department of Veterans Affairs, and the PA Department of Transportation, the PACE Program began a statewide services enrollment outreach project. This major effort sends 5,000 outreach letters per week to 540,000 veterans and will continue through 2023. Two PACE call centers handle inquiries stimulated by the outreach, one center for veterans under the age of 65 and one call center for persons aged 65 and older.

In order to improve Program recipient benefits, Clearinghouse representatives regularly contact PACE Program enrollees who have above average medication expenditures and who are not enrolled in Medicare Part D. Representatives explain the advantages of enrolling into Part D including the possible result of lower out of pocket copayments for the enrollee.

The Clearinghouse staff demonstrate expertise in managing special cases that come to the attention of the Department of Aging and other state agencies. These cases of community dwelling residents include persons who find themselves in unexpected circumstances that cannot be easily resolved. Staff extend extraordinary care and concern to resolve the multiple, concurrent issues that can easily overwhelm someone who does not know how or where to turn for assistance. This type of one-on-one agency perseverance successfully assists with nearly all needs for the individuals.

APPENDIX A

PACE/PACENET Survey on Health and Well-Being
2022 Report

The PACE Application Center
2022 Report

University of Pennsylvania and PACE/PACENET Behavioral Health Lab Program
2022 Report

The PACE Academic Detailing Program
2022 Report

PACE/PACENET Survey on Health and Well-Being 2022 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 2021-22 survey year.

For the 2021-22 survey year, topics covered in the survey included self-reported health and health-related quality of life, educational attainment, satisfaction with the coverage and services provided by PACE/PACENET, and familiarity with other services for older adults that are funded by the Pennsylvania Lottery. The 2021-22 survey was mailed to enrolled cardholders on a rolling monthly basis between June 2021 and May 2022.

Out of 187,195 surveys mailed to cardholders actively enrolled in PACE/PACENET, a total of 77,640 completed surveys had been returned to PACE as of December 31, 2022, yielding a response rate of 41.5%.

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=187,195)	SURVEY RESPONDENTS (N=77,640)
Program		
PACE	28.0%	26.5%
PACENET	72.0%	73.5%
Age		
65-74	29.3%	26.8%
75-84	41.7%	44.1%
85+	29.0%	29.2%
Mean age (years)	79.8	80.1
Sex		
Female	69.4%	71.5%
Male	30.6%	28.5%
Marital Status		
Single/widowed	61.0%	59.4%
Married	24.1%	25.6%
Divorced	12.8%	13.3%
Married, living separately	2.1%	1.7%

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

CHARACTERISTIC	ALL SURVEY RECIPIENTS (N=187,195)	SURVEY RESPONDENTS (N=77,640)
Residence Type		
Community-dwelling	95.5%	97.2%
Long-term care setting	4.5%	2.8%
Race		
White	77.9%	83.2%
Black	6.9%	5.1%
Other Reported Race	1.9%	1.3%
Race Not Reported	13.0%	10.2%
Rural/Urban County		
Rural	39.1%	42.2%
Urban	60.9%	57.8%
Prescription Claims in Prior 6 Months		
None	28.0%	19.1%
1-10	37.0%	41.0%
11-20	19.5%	22.9%
>20	15.5%	17.0%
Mean number of claims	10.0	11.0

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 women, community-dwelling individuals, individuals reporting white race, residents of rural counties, 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. Only a small proportion (3.0%) of survey responses did not include information about whether the survey was completed by the cardholder or by a proxy. As shown on the table on the next page, most cardholders (88.4%) indicated that they were answering the survey questions alone without 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 clearly indicated that they were either a partial or complete proxy report and provided information about the proxy's relationship to the cardholder, the majority (54.6%) were completed by a son or daughter, followed by a spouse or partner (28.6%), another relative (8.9%), a care provider (2.8%), a friend or neighbor

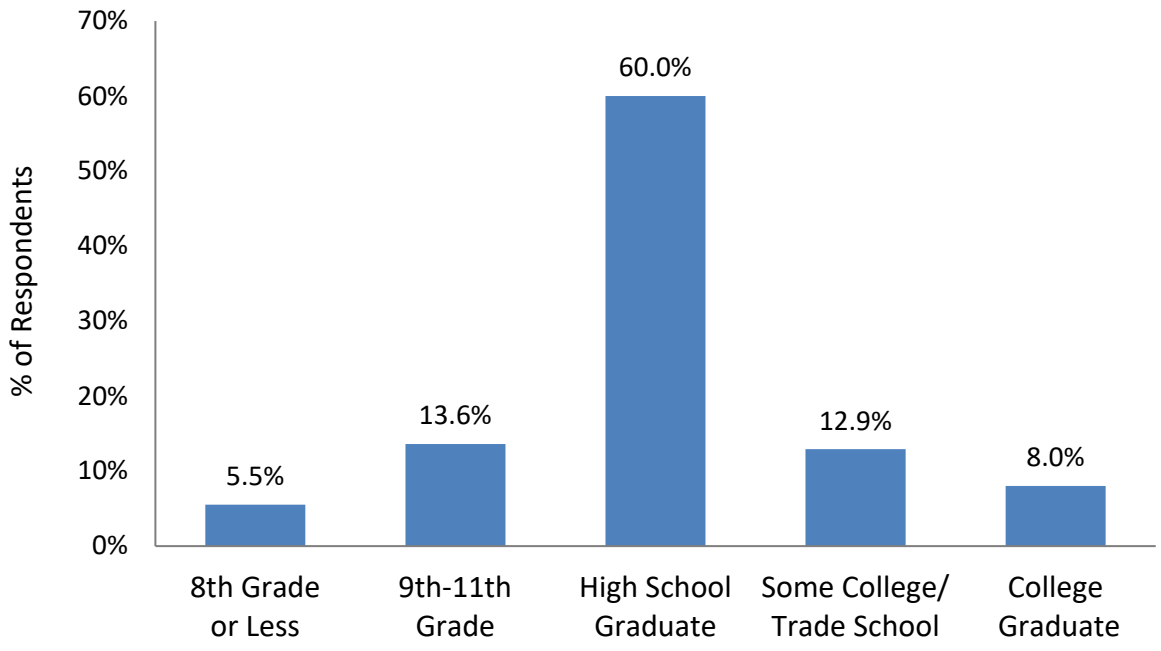
(2.4%), or another unspecified helper (2.7%). For questions about health perceptions that are intended to be based only on self-report, the sample for reporting will exclude proxy responses.

SELF VS PROXY SURVEY RESPONSES (N=77,640)		
	Number	Percent
Self only (PACE/PACENET cardholder)	68,664	88.4%
Cardholder received assistance but participated in answering questions	4,734	6.1%
Proxy only (cardholder did not participate in answering)	1,903	2.5%
No response	2,339	3.0%

Educational Attainment of PACE/PACENET Survey Respondents

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

EDUCATIONAL ATTAINMENT OF PACE/PACENET SURVEY RESPONDENTS (N=74,856, INCLUDING PROXY RESPONSES)*



* Of the total 77,640 surveys received, 2,572 provided no response to the question about education. An additional 212 responses were unclear and were excluded from the chart.

Over three quarters (81%) of survey respondents reported that they were high school graduates or had received additional postsecondary education, such as trade school or college. About 13% of all survey respondents stated that they had received additional education after high school without obtaining a 4-year college degree, and 8% of respondents reported having 4-year college degrees.

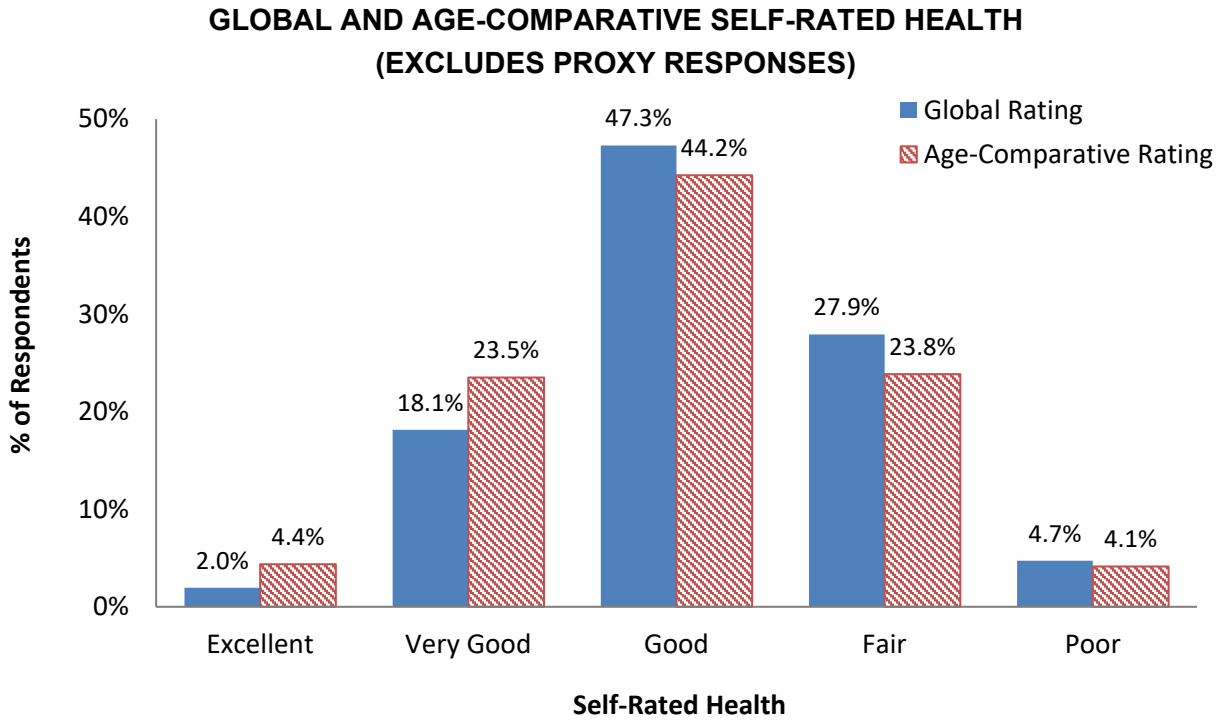
Health-Related Quality of Life

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 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:

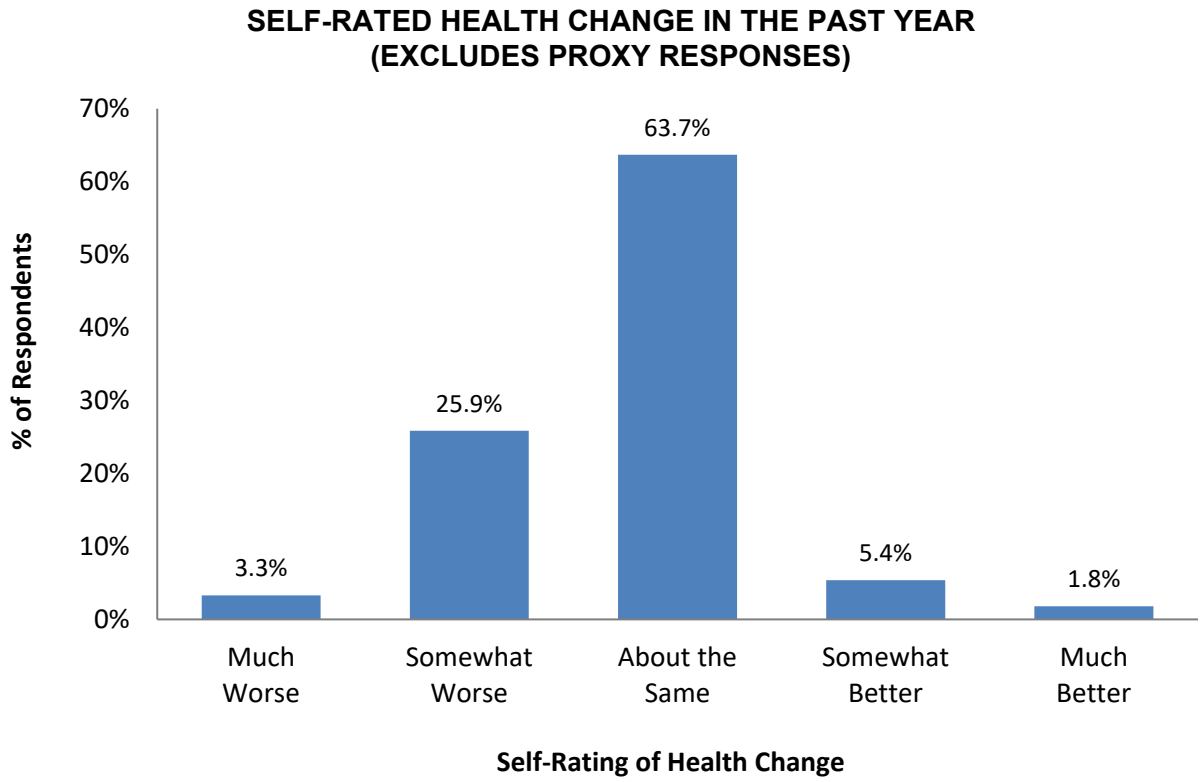
- Global self-rated health
- Age-comparative self-rated health
- Self-ratings of one-year health change
- Self-rated cognitive health (two items)
- *Healthy Days* measures developed by the Centers for Disease Control and Prevention (CDC)

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-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, 67.4% of respondents indicated that their health was either excellent, very good, or good, with the remaining 32.6% indicating either fair or poor health. When asked to rate their health compared with others their age, 72.1% of respondents chose excellent, very good, or good, and 27.9% indicated fair or poor health. Although 73.1% of respondents provided the same rating level for both questions, the overall age-comparative health ratings are slightly higher on average than the global health ratings. This effect is most noticeable at the extremes of the rating scale. For example, while only 2.0% of persons rated their global health as excellent, 4.4% rated their health as excellent when they were specifically asked to compare their health with that of other people their age.

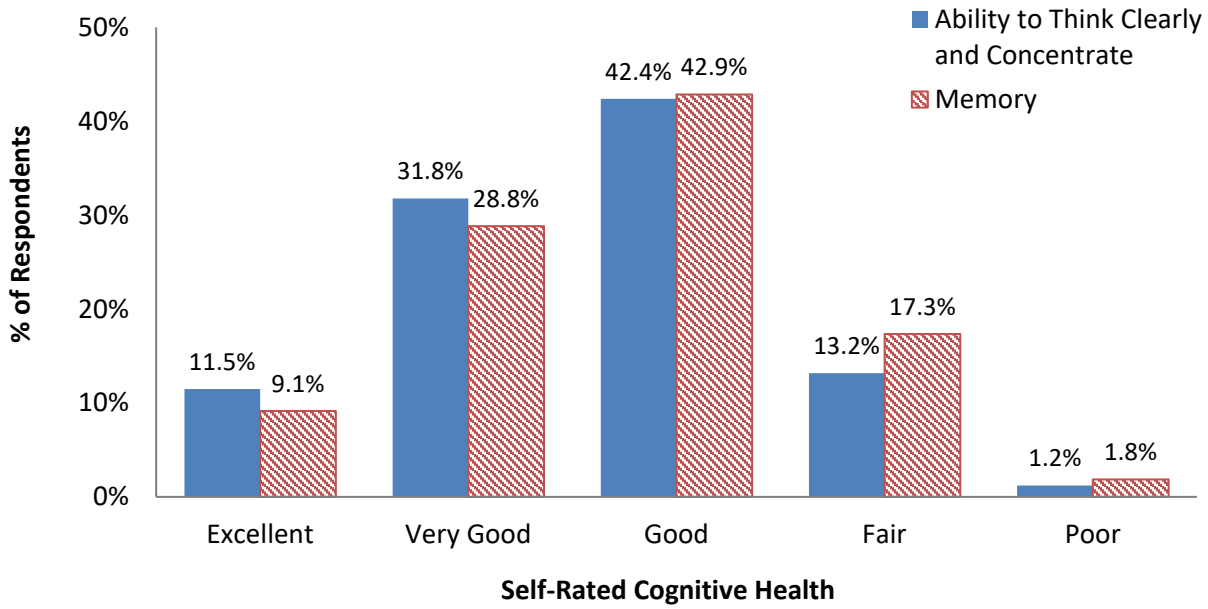


When asked to assess how much their health had generally changed over the past year, a majority (63.7%) of respondents indicated their health was “about the same” now compared with a year ago, followed by 25.9% who reported their health was “somewhat worse” and 5.4% who reported their health was “somewhat better.” Only 5.1% of respondents reported substantial 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 questions. Over three quarters (75.3%) 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.

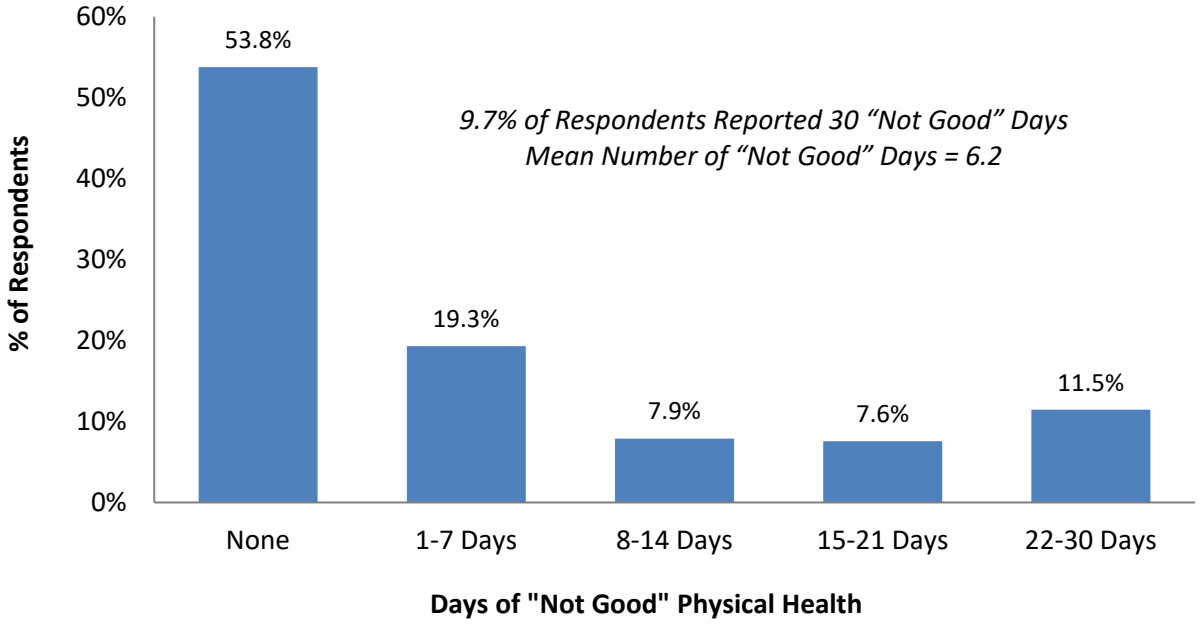
SELF-RATED COGNITIVE HEALTH
(EXCLUDES PROXY RESPONSES)



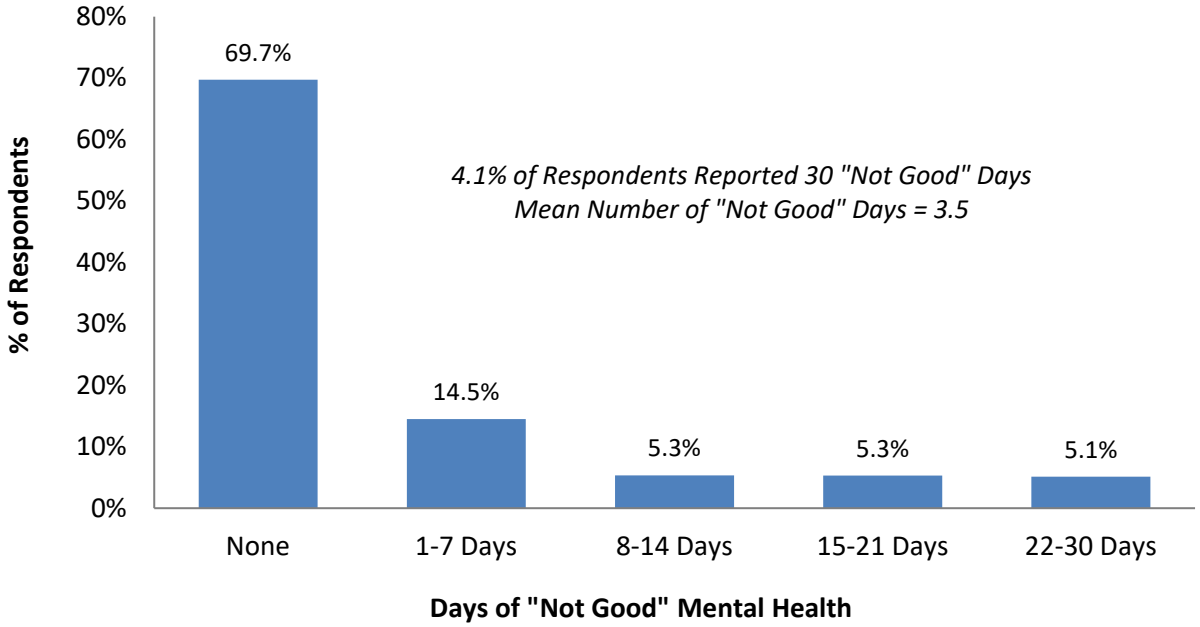
In addition to the self-rated health status measures described above, the CDC's core Healthy Days measures also contribute to PACE/PACENET's health-related quality of life assessment. The Healthy Days assessment employs two key questions: first, respondents are asked to estimate the number of days out 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.

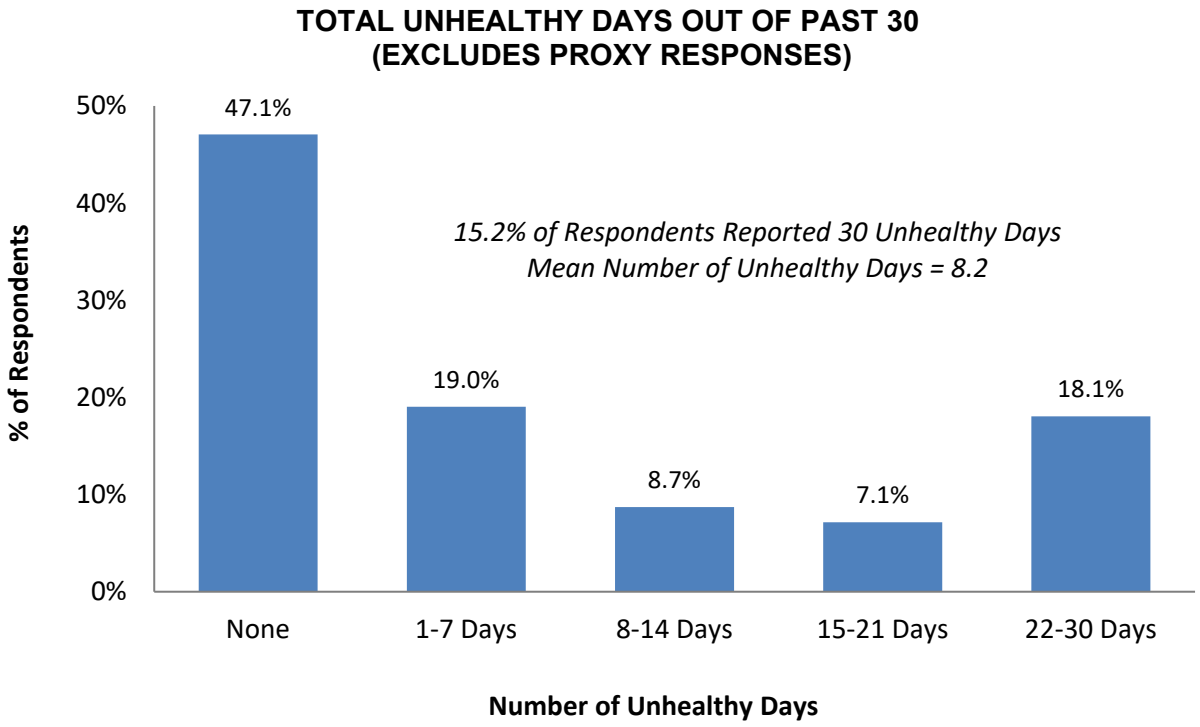
Results for the five Healthy Days measures are summarized on the next three pages.

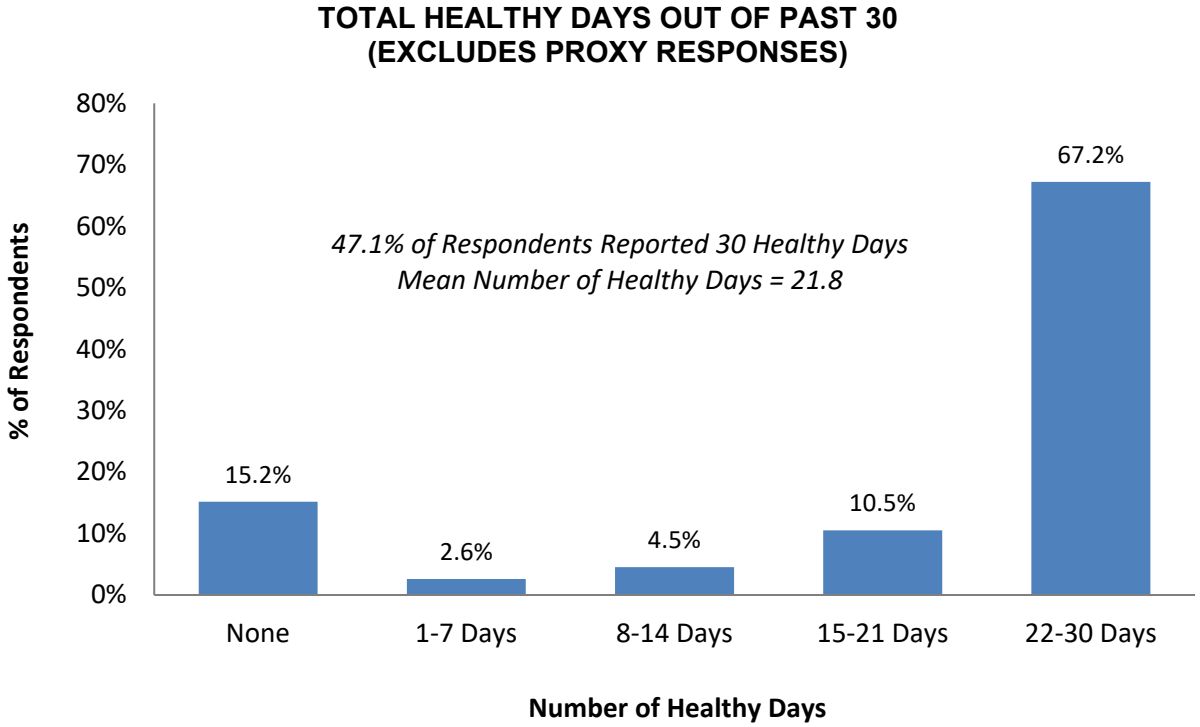
NUMBER OF DAYS OUT OF PAST 30 THAT PHYSICAL HEALTH WAS NOT GOOD (EXCLUDES PROXY RESPONSES)

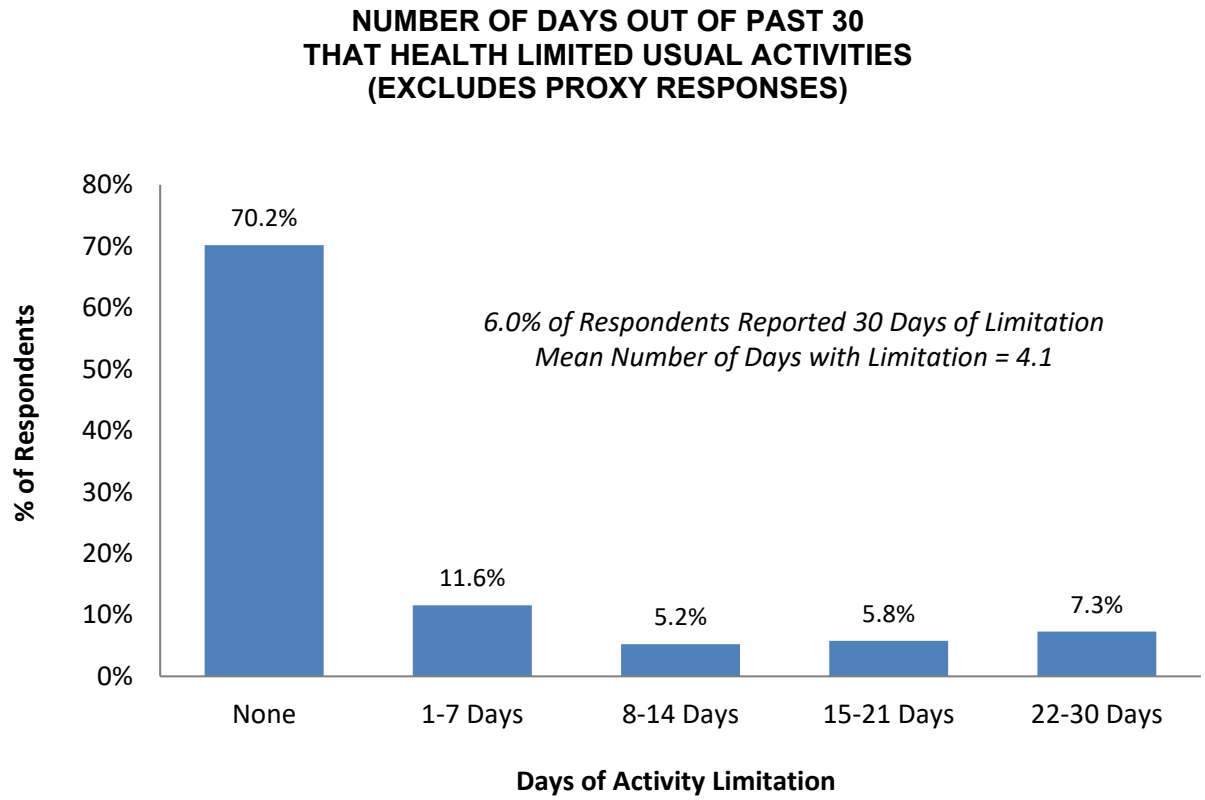


NUMBER OF DAYS OUT OF PAST 30 THAT MENTAL HEALTH WAS NOT GOOD (EXCLUDES PROXY RESPONSES)




TOTAL UNHEALTHY DAYS OUT OF PAST 30
(EXCLUDES PROXY RESPONSES)
% of Respondents
50%
40%
30%
20%
10%
0%
47.1%
19.0%
8.7%
7.1%
18.1%
15.2% of Respondents Reported 30 Unhealthy Days
Mean Number of Unhealthy Days = 8.2
None
1-7 Days
8-14 Days
15-21 Days
22-30 Days
Number of Unhealthy Days


TOTAL HEALTHY DAYS OUT OF PAST 30
(EXCLUDES PROXY RESPONSES)
% of Respondents
80%
70%
60%
50%
40%
30%
20%
10%
0%
15.2%
2.6%
4.5%
10.5%
67.2%
47.1% of Respondents Reported 30 Healthy Days
Mean Number of Healthy Days = 21.8
None
1-7 Days
8-14 Days
15-21 Days
22-30 Days
Number of Healthy Days



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.

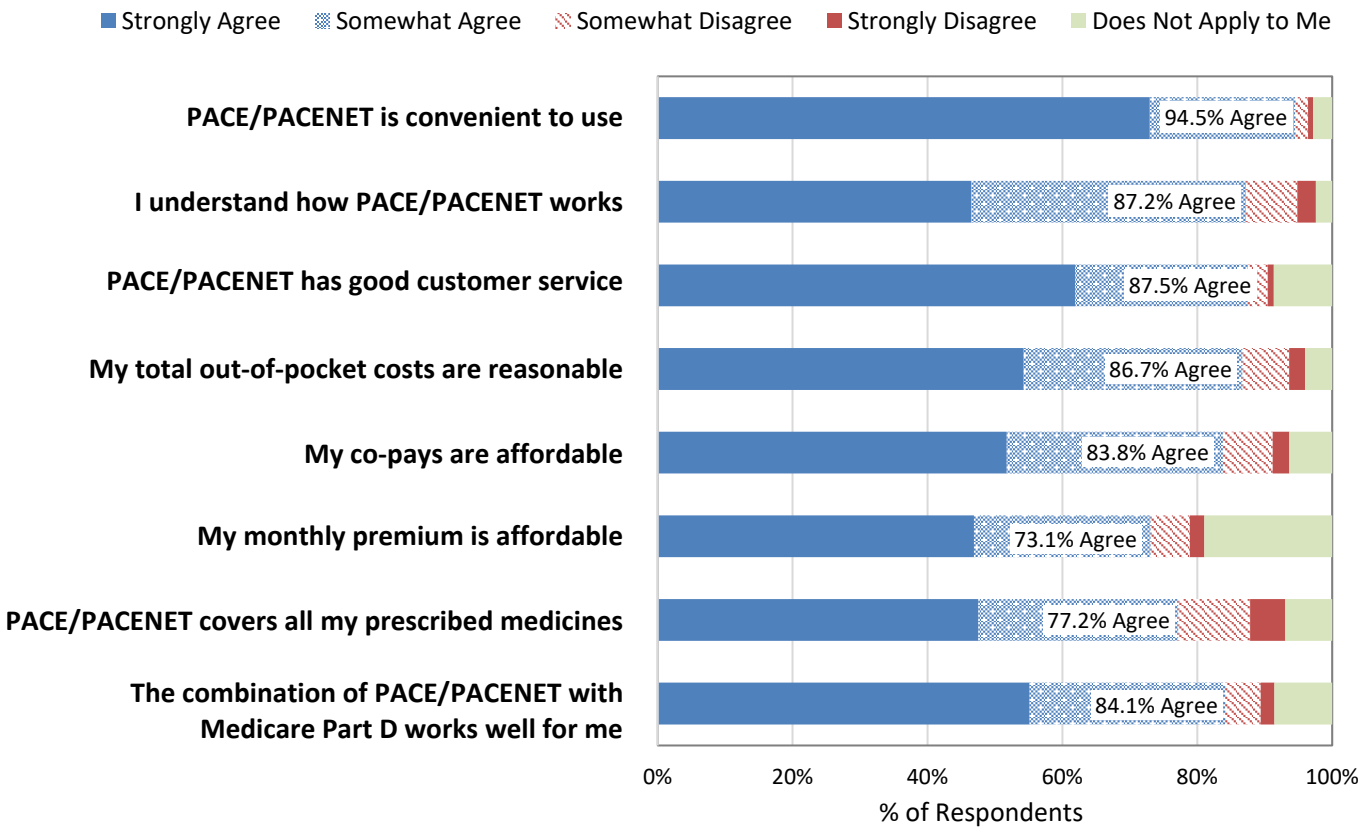
Satisfaction with PACE/PACENET

The 2021-22 survey asked respondents to provide information about their satisfaction with PACE/PACENET. This survey section 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.

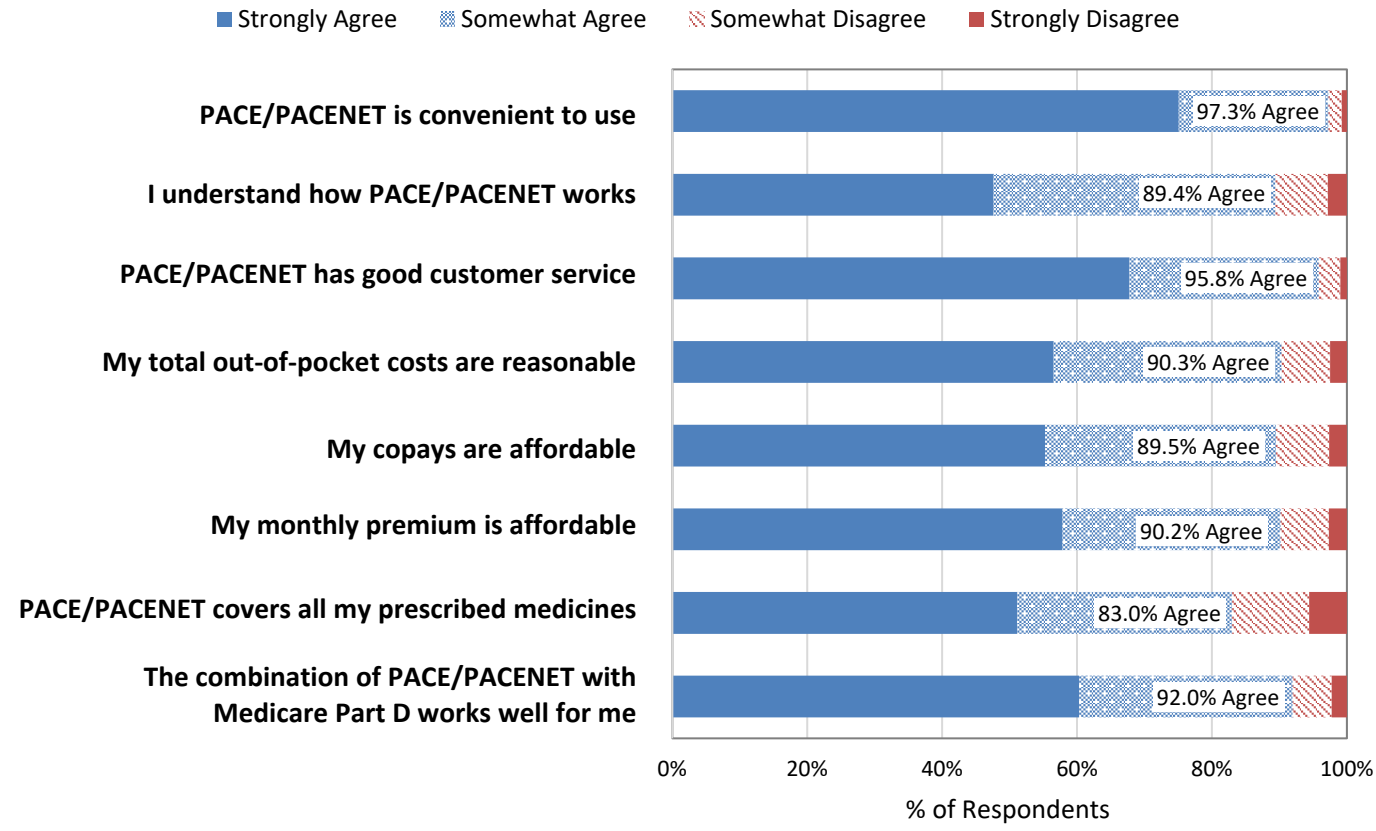
For the question set addressing satisfaction with specific program aspects, cardholders were presented with a series of statements accompanied by the following response choices: strongly agree, somewhat agree, somewhat disagree, strongly disagree, and "does not apply to me." The frequencies of responses 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 73.1% to 94.5%.

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



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



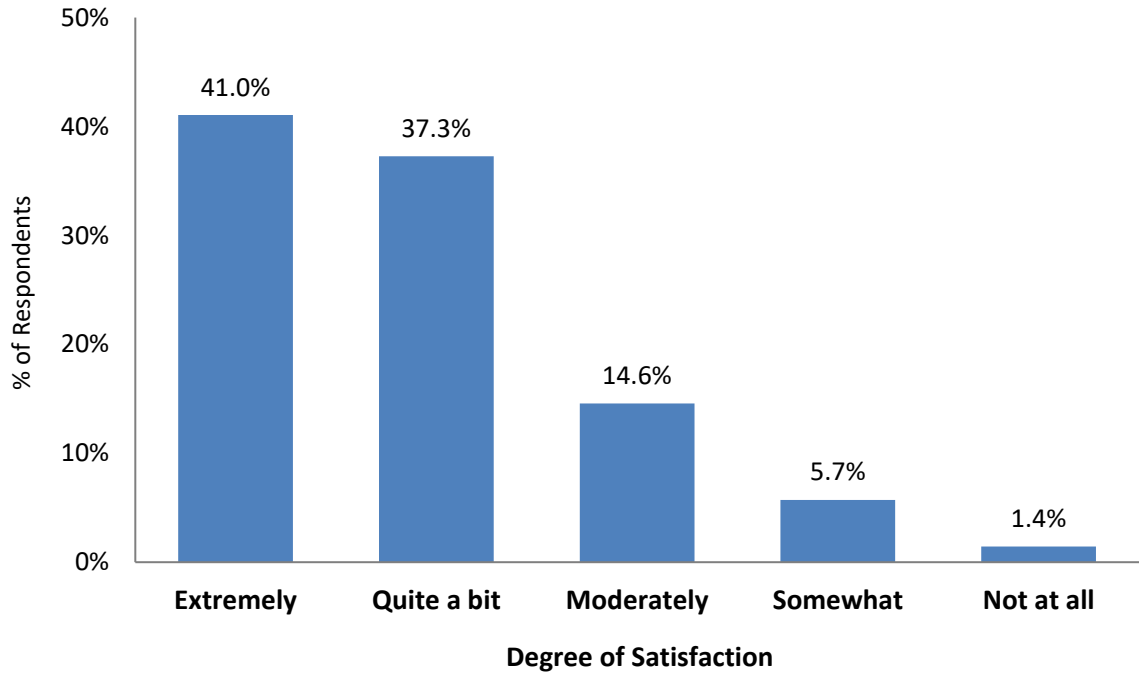
The agreement levels in the first figure are conservative because respondents who selected the answer “does not apply to me” remain in the denominator. The question most affected by the “does not apply to me” dilution was the item “my monthly premium is affordable,” for which 19.0% of respondents chose the “does not apply” response.

The second figure on the previous page 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 83.0% (PACE/PACENET covers all prescribed medicines) to 97.3% (PACE/PACENET is convenient to use).

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.

GLOBAL SATISFACTION WITH PACE/PACENET DRUG COVERAGE

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

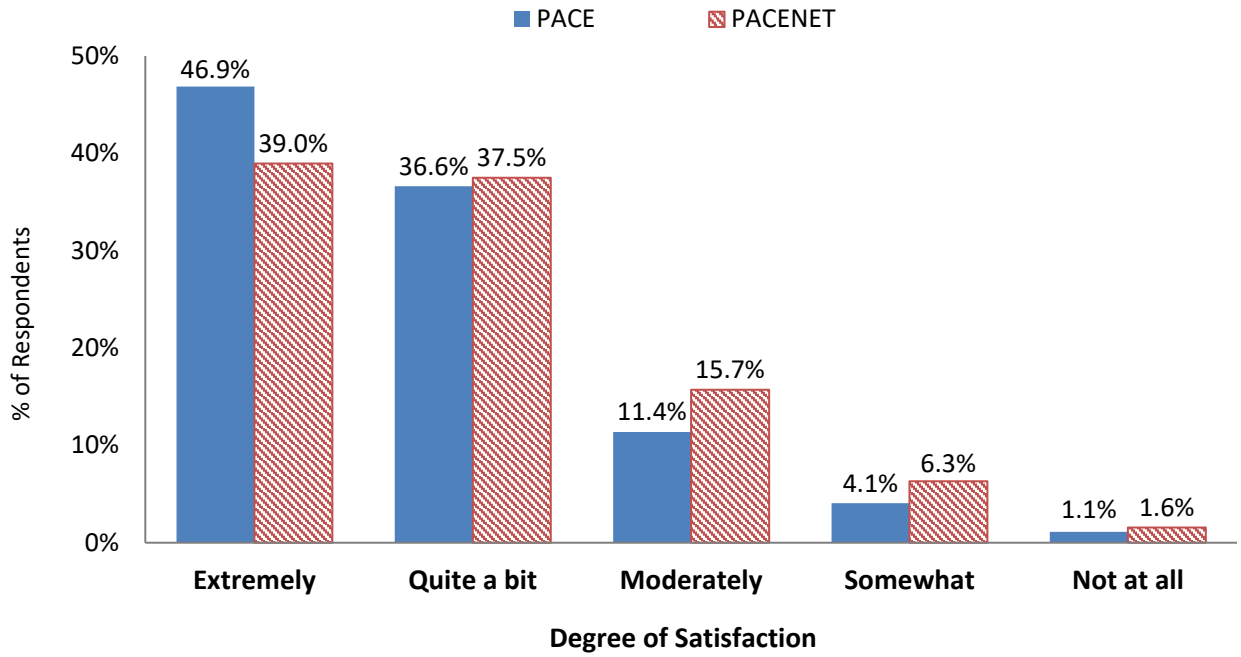


Overall responses reflect a high degree of satisfaction with PACE/PACENET. For the global satisfaction question, 78.3% of respondents indicated that they were either “extremely” or “quite a bit” satisfied with their prescription coverage from PACE/PACENET, and only 1.4% indicated that they were “not 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, 46.9% 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 83.5% were either extremely or quite a bit satisfied). Among PACENET cardholders, 39.0% indicated that they were extremely satisfied and 37.5% were quite a bit satisfied (76.5% 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.

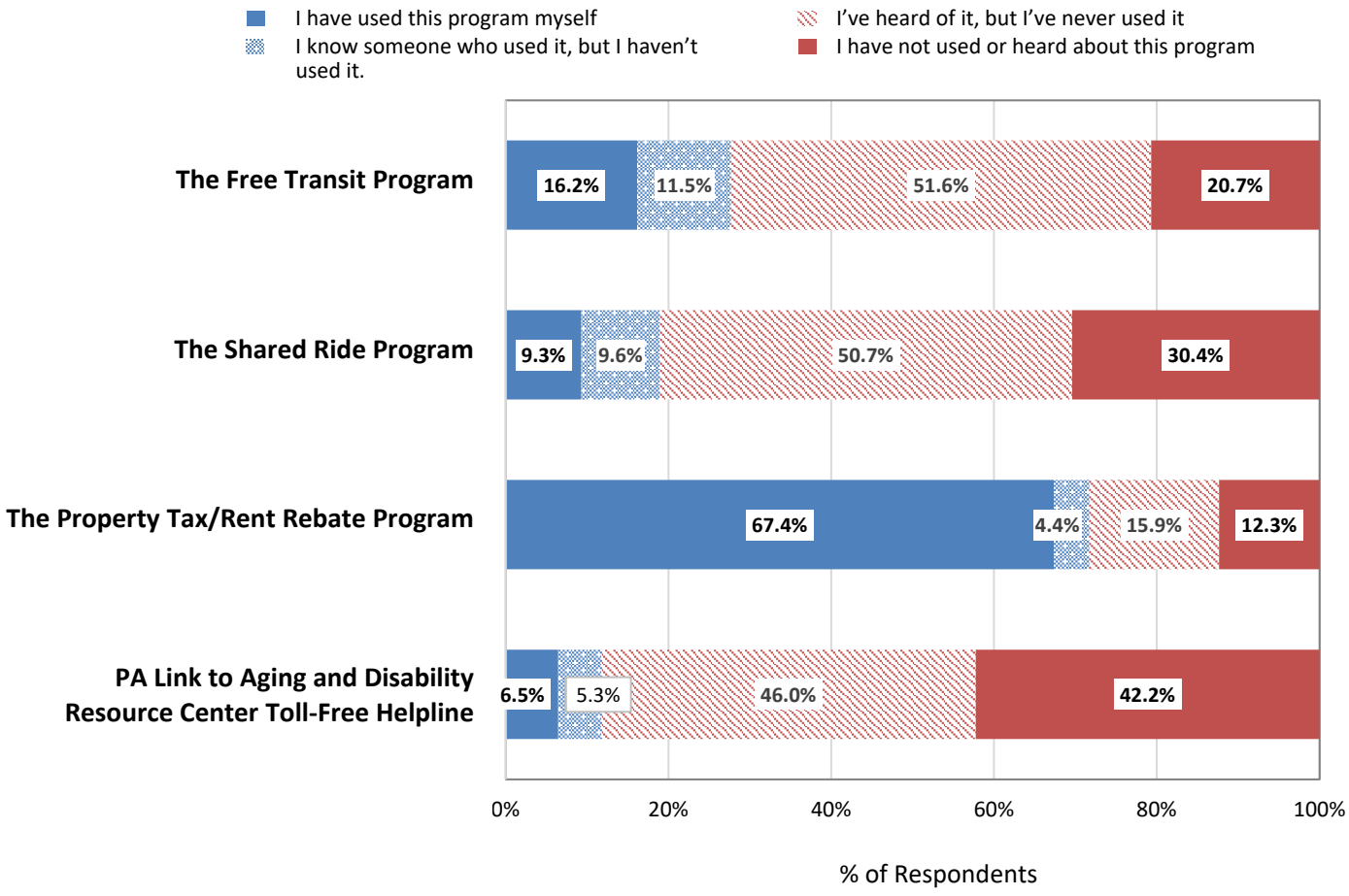
Familiarity with Other Aging Programs Funded by the Pennsylvania Lottery

In addition to PACE/PACENET, the Pennsylvania Lottery also funds a number of other programs for older adults. The final section of the 2021-22 survey included a series of questions that asked cardholders to indicate their degree of familiarity with the following programs:

- **The Free Transit Program** – this program allows older Pennsylvanians to ride free on local fixed-route public transportation such as buses during normal operating hours.
- **The Shared Ride Program** – this program offers reduced fares from a local transportation provider who would be called at least one day in advance for a ride to the doctor's office or other destinations.
- **The Property Tax/Rent Rebate Program** – this program provides property tax relief and rent rebates to income-eligible older Pennsylvanians.
- **The PA Link to Aging and Disability Resource Center Toll-Free Helpline (1-800-753-8827)** – this toll-free helpline connects callers with assistance programs and services available in their local area, including transportation assistance and the Property Tax/Rent Rebate Program.

The response set for these questions was arrayed on a scale starting with the greatest familiarity ("I've used this program myself"), followed by "I know someone who used it, but I haven't", "I've heard of it, but I've never used it", and "I have not used or heard about this program." The responses received for each question are summarized below.

FAMILIARITY WITH OTHER AGING PROGRAMS FUNDED BY THE PENNSYLVANIA LOTTERY



PACE/PACENET survey respondents' familiarity with other Lottery-funded programs for older adults varied by the specific program. Respondents were most likely to be familiar with the Property Tax/Rent Rebate Program. Over two thirds (67.4%) of cardholders responded that they had personally used this program. In addition, 58.2% of respondents indicated in a separate follow-up question that they were currently enrolled in the Property Tax Rent Rebate Program. Only 12.3% of respondents indicated that they had no prior use or awareness of this program.

The Free Transit Program had the next highest degree of familiarity. Over a quarter (27.7%) of respondents had personally used or knew someone else who had used the Free Transit Program, and another 51.6% responded that they had heard of it. However, 20.7% of respondents indicated that they were not aware of this program.

Familiarity with a second transportation service, the Shared Ride Program, was lower than that of the Free Transit Program. While 18.9% of respondents had personally used the Shared Ride Program or knew someone who had, and another 50.7% stated that they had heard of the program, 30.4% of respondents were not aware of the service.

Respondents expressed the lowest degree of prior familiarity with the PA Link to Aging and Disability Resource Center Toll-Free Helpline. While 11.8% of respondents had either personally called or knew someone who had called the helpline, and another 46.0% expressed awareness of the helpline, 42.2% of respondents indicated that they had not previously heard of the helpline. Some cardholders wrote comments on their surveys stating that they appreciated learning of this service and that they would keep the helpline number for future reference. Other respondents included comments or notes asking for more information about one or more of the described Lottery-funded programs, prompting outreach calls to evaluate these cardholders' specific needs and to coordinate additional assistance. These experiences illustrate that the survey provides a valuable bidirectional conduit for information sharing.

In summary, the 2021-22 survey provides an important overview of PACE/PACENET cardholders' health status, satisfaction with the program, and familiarity with other services and programs for older adults that are funded by the Pennsylvania Lottery. 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. https://www.healthypeople.gov/2020/topics-objectives/topic/health-related-quality-of-life-well-being

The PACE Application Center
2022 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 Center:

- Identifies older Pennsylvanians who may be eligible for PACE and other benefit programs including the Supplemental Nutrition Assistance Program (SNAP), Senior Food Box Program, Property Tax/Rent Rebate (PTRR), Low-Income Home Energy Assistance Program (LIHEAP), Medicare Savings Programs (MSP), Medicaid coverage, and Medicare Part D Extra Help Low-Income Subsidy (LIS).
- Conducts outreach to those who may be eligible for benefits.
- Completes and submits applications on behalf of older Pennsylvanians.

The Center uses multiple sources of federal, state, private, and public data and funding to conduct outreach. Since the Center began working with PACE, outreach efforts have resulted in over 240,500 applications for the PACE and PACENET programs and 157,500 applications for LIS. In addition, the Center has submitted over 178,500 other benefit applications on behalf of Pennsylvania's seniors. In total, seniors received approximately $1.35 billion in benefits to help them afford their prescriptions, age in place, and live with dignity.

Outreach and Applications Submitted in 2022

Through mail and community-based outreach, the Center assisted 26,339 senior households in applying for at least one benefit.

2022 OUTREACH AND APPLICATION ASSISTANCE	
TOTAL PACE/PACENET OUTREACH	190,692
UNIQUE PACE/PACENET OUTREACH	189,280
RESPONSES TO PACE OUTREACH	7,382
PACE/PACENET APPLICATIONS SUBMITTED	8,895
LIS APPLICATIONS SUBMITTED	22,802
SENIOR FOOD BOX APPLICATIONS SUBMITTED	2,874
SNAP APPLICATIONS SUBMITTED	4,462
PTRR APPLICATIONS SUBMITTED	2,860
LIHEAP APPLICATIONS SUBMITTED	2,756
MSP APPLICATIONS SUBMITTED	986
MEDICAID APPLICATIONS SUBMITTED	1,054
HOUSEHOLDS WITH AT LEAST ONE BENEFIT APPLICATION SUBMITTED	26,339

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

In 2022, the Center continued the LIS Auto Apply project. Through this effort, PACE provides the Center with a list of the low-income PACE enrollees not currently enrolled in LIS. Using existing systems, the Center created a program that submits applications in large quantities with no additional information needed from cardholders. This low-cost, high enrollment process allows the Center to reach non-responder clients who are most likely eligible for LIS. The Center expanded LIS auto apply to include PACE/PACENET enrollees who appear on re-determination or redeemed lists and Chronic Renal Disease Program (CRDP) patients. The Center submitted 19,641 applications through the Auto Apply project.

Subcontracted Contact Center Expansions

In 2022, the Center explored opportunities to expand the work being done through subcontracted contact centers. In Philadelphia, the Center partners with Penn Asian Senior Services, Inc. (PASSi). This organization serves Asian communities in multiple neighborhoods in and surrounding Philadelphia County, including immigrant and refugee populations. As such, this model provides intensive assistance and allows the Center to reach clients that would otherwise not be served by traditional outreach models. The Center began exploring the establishment of similar operations with the Philadelphia Corporation for Aging and Philadelphia Chinatown Development Corporation. These organizations will provide one-on-one application assistance to help eligible seniors enroll in the PACE benefit and other benefit programs.

Health Information Exchange

In 2022, the Center continued building on the HealthShare Exchange (HSX) project to connect health systems' members to benefits through targeted outreach. Commitments have been received from additional health systems including Penn Medicine, Einstein Health, Jefferson Health, Temple Health, Main Line Health, and Trinity/Mercy Health. This project illustrates the tremendous opportunity to leverage the data that Health Information Exchange organizations gather to connect low-income seniors facing a major life event – such as hospitalization – to the services needed to get healthy.

2023 Initiatives

The Center will:

- Conduct PACE outreach to refreshed lists provided through SNAP, PTRR, LIHEAP, MSP, the Pennsylvania Department of Transportation, and the Pennsylvania Department of Aging.
- Submit Senior Food Box Program applications to provide food assistance.
- Build on the relationship with the Health Information Exchange organizations to conduct outreach to health systems' members who had recent hospitalizations.
- Continue to expand the Medicare Extra Help (LIS) Auto Apply project.
- Execute subcontracts with Philadelphia Corporation for Aging and Philadelphia Chinatown Development Corporation to establish contact centers.
- Investigate improving benefits access for veterans.

University of Pennsylvania and PACE/PACENET
Behavioral Health Lab Program
2022 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/Polypharmacy Program (HDO-P)** – 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 evidence-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 participate in evidence-based support that focuses on improving their caregiving skills through focused problem solving and conveniently offered education.

SUSTAIN

Program efforts began in 2008. SUSTAIN provides cardholders who start an antidepressant, anxiolytic, or antipsychotic 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 2022, SUSTAIN completed:

- **321** initial assessments for cardholders new to SUSTAIN
- **1,391** follow-up assessments
    - 183 cardholders received care management services with BHPs over the course of 6 months
    - 100 cardholders received symptom and medication monitoring services
    - 13 cardholders worked with BHPs and received referrals to community mental health services

Of those eligible for follow-up services:

- 47% reported “high” symptoms at baseline
- 36% reported “moderate” symptoms at baseline
- 18% reported “no to low” symptoms at baseline

CREST

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 2022, CREST completed:

- **129** initial assessments
- **466** caregiver follow-up assessments
- **116** cardholder follow-up assessments
    - 70 caregivers received education and resource materials and worked directly with a BHP for care management and education services
    - 22 cardholders failed the initial memory screening and did not identify a caregiver, or the caregiver chose to not engage in follow-up services
    - 37 cardholders completed an initial assessment and passed the memory screening
        - 12 cardholders were ineligible for services due to an absence of depression or anxiety symptoms; however, they received resource materials

- 24 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
- 1 cardholder with higher level symptom severity worked with BHPs and received referrals to community mental health services

Cardholders Receiving High Dose Opioids/Polypharmacy

In May 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). In September 2020, outreach began to cardholders prescribed opioid medication in combination with other central nervous system depressants. 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 2022, the HDO-P program completed:

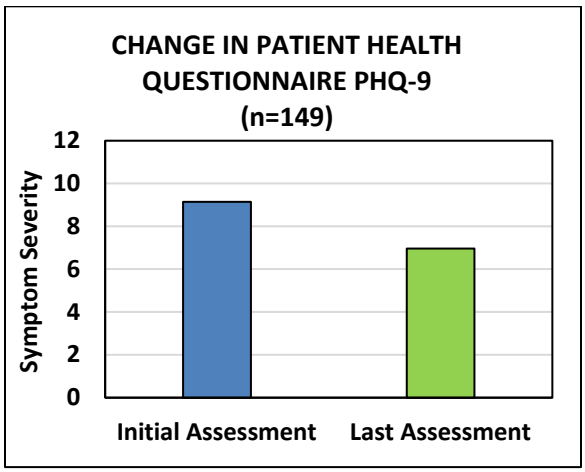
- **5** initial assessments
- **58** follow-up contacts
    - 5 cardholders received care management services with BHPs

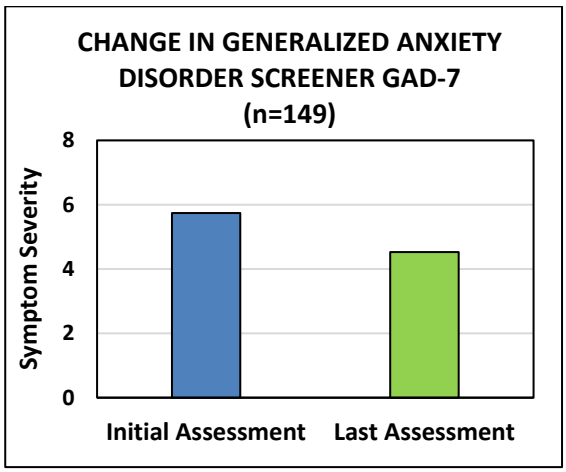
Of those eligible for follow-up services in 2022:

- 20% reported symptoms of both chronic pain and depression/anxiety
- 80% reported symptoms of chronic pain only

SUSTAIN Outcomes

The figures below depict pre- and post-data of cardholders who completed follow-up services as part of the BHL program in 2022. The figures show the differences in depression (Patient Health Questionnaire, PHQ-9) and anxiety (General Anxiety Disorder, GAD-7) symptoms from the initial assessment to the last follow-up assessment.





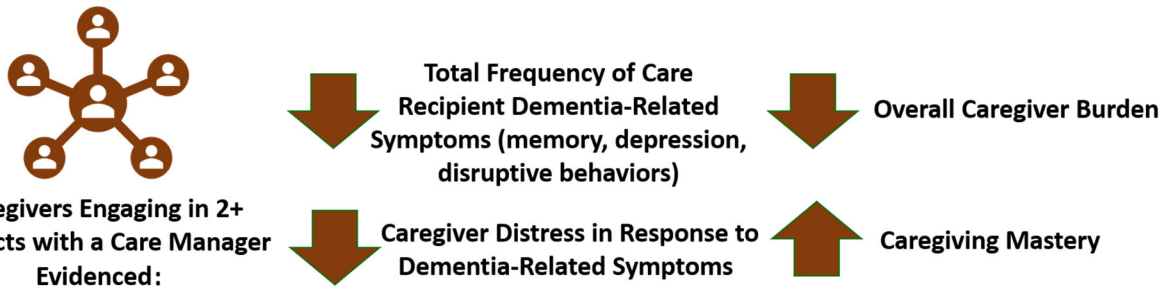
Lower scores in the charts above represent lower severity of depression or anxiety. When examining the subset of cardholders referred for a new antidepressant or via self-referral with PHQ-9 scores greater than 10, statistically significant changes in depressive symptoms from baseline to three-month follow-up were seen. Moreover, there was a significant increase in overall mental well-being.

The figure below illustrates that the satisfaction with telephone-based services is high.

CREST Outcomes: Caregiver-Reported Symptom Severity, Distress, and Mastery

Caregivers completing a baseline CREST interview are on average 65.9 years old (range, 25-92 yrs.) and are primarily the children (57%) or spouses/partners (32%) of cardholders. Sixty-one percent of caregivers provide 20 or more hours of care to the cardholder per week. Approximately 27% of caregivers report that their overall health is "fair" or "poor" while 30% meet the criteria for significant caregiving burden. The vast majority report at least one unmet psychosocial, health, home/financial, or community service-related need.

The results below provide a summary of changes in caregiver-reported outcomes among those participating in at least two or more contacts with a BHP. All of the noted changes from baseline to post-intervention follow-up are statistically significant.



HDO-P: Review of Pilot Findings

As previously reported, pre-post intervention comparisons derived from the pilot HDO-P program suggest a significant reduction in medication dose, perceived pain severity, and depressive symptoms at the last contact relative to baseline. Pilot findings also suggest that patients who achieved dose reductions of ≥ 20%, when compared to those who did not, showed greater reductions in depressive symptoms and pain interference at the last contact relative to baseline. Preliminary findings from the HDO-P program suggests promising results. Both depressive and anxiety symptoms show reductions from first to last contact. In 2023, there will be formal testing of changes within the HDO-P group.

INITIATIVES FOR 2023

1. *SUSTAIN program*
   Continued support for cardholders prescribed psychotropic medications
   The program will sample 60 cardholders prescribed psychotropic medications per week and enroll participants into the SUSTAIN 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.

   Pilot Grief Counseling Program
   The program will work with stakeholders to develop a pilot identifying cardholders recently bereaved who will be offered care management services with a particular focus on grief counseling, isolation and social support, and resourcing.

2. *Direct-to-consumer marketing*
   In addition to random sampling to enroll individuals, SUSTAIN will continue a direct-to-consumer marketing campaign of those individuals prescribed psychotropic medications and not enrolled through direct outreach.

   In 2023, direct-to-consumer marketing materials for the CREST program will be expanded to address the needs of those who may be acting as a caregiver of cardholders on cognitive enhancing pharmaceutical agents. Materials will be developed for a range of marketing platforms, including web-based marketing and hard copy flyers and will include detailed information on support services available to self-identified caregivers. Caregivers will be invited to call the program to participate and receive telehealth support.

3. *CREST program*
   Continued support for cardholders prescribed memory medications and caregivers of cardholders with cognitive impairment
   The program will continue to sample 20 cardholders prescribed memory medications (cholinesterase inhibitors and/or memantine) per week and enroll cardholders and their caregivers into the CREST dementia care management programs.

Expansion of collaborative relationships with Area Agencies on Aging (AAAs)
Relationships fostered with several Area Agencies on Aging will result in a pilot project in 2023 in which community-based AAA care managers will receive ongoing training and support from program clinicians to identify caregivers of older adults with cognitive impairment in need of support and education. Leadership and frontline workers at each AAA will identify champions at each site to support recruitment, learn how to personalize the contact to their needs so that the benefits of the program remain front and center for those referring clients, and identify how to facilitate engagement in the program. Through these relationships, the CREST program will receive referrals from AAA care managers or self-referrals from caregivers and they will be offered dementia care management and the Telehealth Education Program for caregivers. The program will begin working closely with three Area Agencies on Aging in 2023 with plans to further expand in 2024.

Pilot of Group Telehealth
There will be a new pilot for a group-delivered version of the Telehealth Education Program. All caregivers will be offered the option, caregivers who endorse inadequate social support upon baseline assessment will be encouraged to participate in the group format.

4. *High Dose Opioid Pilot Project*
   The program will continue support for cardholders prescribed opioid medications at high doses or opioid medication in combination with other central nervous system depressants through utilization of the “Whole Health” model of pain care. Cardholders identified by the PACE Program will be invited to participate in support services to address their chronic pain and unmet biopsychosocial needs.

The PACE Academic Detailing Program
2022 Report

Overview
Alosa Health delivers an academic detailing service to primary care clinicians who care for PACE enrollees. 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 therapies for their patients.

The information is compiled from comparative effectiveness research that compares the benefits and harms of different medical treatment options. This provides a convenient 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, in person or virtually, with physicians, nurse practitioners, and physician assistants at their practice locations to discuss the most recent clinical data on a particular primary care topic. Participants are eligible to receive AMA PRA Category 1 Credit when they receive a minimum score of 70% on the post-test.

THERAPEUTIC AREA	MODULE TITLE	RELEASED
Osteoporosis	*Treating Osteoporosis: Effective Ways to Avoid Debilitating Fractures*	Oct. 2022
Type 2 Diabetes	*Managing Type 2 Diabetes: New Guidelines Are Transforming Medication Use*	Jun. 2022
Primary Prevention of Cardiovascular Disease	*Preventing Cardiovascular Disease: Evidence-Based Recommendations on Risk, Lipid-Lowering Drugs, Aspirin, and Lifestyle*	Jan. 2022
Congestive Heart Failure	*Heart Failure: Improving Outcomes in Primary Care*	Sep. 2021
Serious Illness	*Helping Patients and Families Confront Serious Illness*	Apr. 2021
Immunizations	*Immunizing Older Adults: The Latest Recommendations on Flu, Pneumococcal Pneumonia, Shingles and Other Preventable Conditions*	Feb. 2021
COPD	*Helping Patients with COPD Breathe Easier*	Aug. 2020
Dementia/Cognition	*Dealing with Cognitive Impairment: Prevention, Management, and Advance Care Planning*	Apr. 2020

Complete modules at https://alosahealth.org

Evaluation
Both qualitative and quantitative data assess the impact of the program on prescribers and 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).

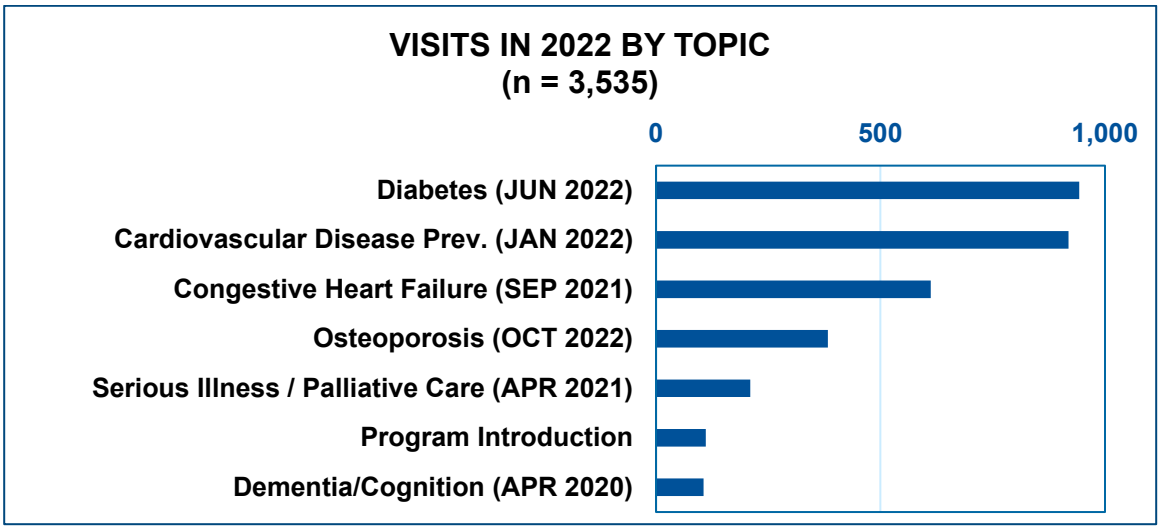
RATINGS FOR OSTEOPOROSIS (OCTOBER 2022)	
Please rate how strongly you agree or disagree with the following statements. **5 = Strongly Agree; 3 = Neutral; 1 = Strongly Disagree**	**AVERAGE RESPONSE (N=115)** ***5 4 3 2 1***
The PACE academic detailer presented the tools to assist with screening patients for osteoporosis.	**5.00**
The detailer presented options to manage low bone mineral density such as medication treatment, non-pharmacologic options, and calcium and vitamin D.	**5.00**
The detailer described treatment duration based on medication used for treatment.	**5.00**
As a result of this visit, I will ensure patients, age 65 and older for women and 70 and older for men, have been screened for osteoporosis.	**4.98**
As a result of this visit, I will start patients on treatment for osteoporosis, especially after a fragility fracture.	**4.98**
PACE academic detailers provide current, non-commercial, evidence-based information that enables me to improve patient care.	**5.00**
The PACE Academic Detailing Program has impacted the way I make clinical decisions in caring for my older patients.	**5.00**
Information provided by the PACE Academic Detailing Program benefits the well-being of my patients.	**5.00**

RATINGS FOR SERIOUS ILLNESS (APRIL 2021)	
Please rate how strongly you agree or disagree with the following statements. **5 = Strongly Agree; 3 = Neutral; 1 = Strongly Disagree**	**AVERAGE RESPONSE (N=156)** ***5 4 3 2 1***
The PACE academic detailer presented the importance of engaging patients in advance care planning (ACP) conversations and managing symptoms common in serious illness.	**5.00**
The detailer presented practical ways to facilitate having ACP conversations.	**5.00**
The detailer presented tools for patients and families to help clarify their wishes.	**5.00**
As a result of this visit, I will be better able to engage in ACP conversations and ensure patients select a health care proxy.	**4.95**
PACE academic detailers provide current, non-commercial, evidence-based information that enables me to improve patient care.	**5.00**
The PACE Academic Detailing Program has impacted the way I make clinical decisions in caring for my older patients.	**4.92**
Information provided by the PACE Academic Detailing Program benefits the well-being of my patients.	**5.00**

Visit Metrics

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

PRESCRIBER TYPE	2022
Physician	2,200
Physician Assistant	403
Nurse Practitioner	866
Resident / Other	66
Total	**3,535**



APPENDIX B

The PACE/PACENET Medical Exception Process

APPENDIX B

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.

Name of Therapeutic Class	AHFS Classification
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_2RA'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

SOURCE: AHFS Drug Information

APPENDIX D

PACE/PACENET Prospective Drug Utilization Review Criteria

Updated January 2022

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.
Call Help Desk	Some medications require additional clinical review by PACE pharmacists to ensure that the prescribed medication is appropriate.

Therapeutic Classes for Prospective Drug Utilization Review

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

AHFS Therapeutic Class and Generic Name	Rep Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Call Help Desk
AHFS Class 04 - Antihistamine Drugs										
Cetirizine HCl	Zyrtec		✓			✓				
Chlorpheniramine maleate	---					✓				
Desloratadine	Clarinex		✓			✓				
Diphenhydramine HCl	---					✓				
Doxylamine succinate	---					✓				
Fexofenadine HCl	Allegra Allergy		✓			✓				
Loratadine	Claritin					✓				
Phenylephrine/diphenhydramine	---					✓				
AHFS Class 08 - Anti-Infective Agents										
Atazanavir sulfate/cobicistat	Evotaz			✓						
Bedaquiline fumarate	Sirturo							✓		
Benznidazole	---							✓		
Cabotegravir/rilpivirine	Cabenuva									✓
Cefiderocol sulfate tosylate	Fetroja							✓		
Ceftazidime/avibactam	Avycaz							✓		
Ceftolozane/tazobactam	Zerbaxa							✓		
Darunavir/cobicistat	Prezcobix			✓						
Delafloxacin meglumine	Baxdela							✓		
Elbasvir/grazoprevir	Zepatier		✓		✓	✓		✓		
Eravacycline di-hydrochloride	Xerava									✓
Fidaxomicin	Dificid				✓			✓		
Fluconazole	Diflucan				✓					
Fostemsavir tromethamine	Rukobia							✓		
Gentamicin sulfate	---									✓
Glecaprevir/pibrentasvir	Mavyret		✓		✓	✓		✓		
Griseofulvin, microsize	---				✓					
Imipenem/cilastatin/relebactam	Recarbrio							✓		
Isavuconazonium sulfate	Cresemba							✓		
Itraconazole	Onmel				✓					
Ketoconazole	---				✓					

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

AHFS Therapeutic Class and Generic Name	Rep Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Call Help Desk
Ledipasvir/sofosbuvir	Harvoni		✓		✓	✓		✓		
Lefamulin acetate	Xenleta							✓		
Linezolid	Zyvox							✓		
Mebendazole	---							✓		
Mefloquine HCl	---							✓		
Miltefosine	Impavido							✓		
Minocycline HCl	Solodyn				✓					✓
Omadacycline tosylate	Nuzyra				✓					
Peginterferon alfa-2b	Sylatron							✓		
Posaconazole	Noxafil							✓		
Quinine sulfate	Qualaquin							✓		✓
Rifamycin sodium	Aemcolo				✓					
Rifapentine	Priftin							✓		
Rifaximin	Xifaxan							✓		
Sarecycline HCl	Seysara				✓					
Sofosbuvir	Sovaldi		✓		✓	✓		✓		
Sofosbuvir/velpatas/voxilaprev	Vosevi		✓		✓			✓		
Sofosbuvir/velpatasvir	Epclusa		✓		✓	✓		✓		
Tedizolid phosphate	Sivextro							✓		
Tenofovir alafenamide	Vemlidy			✓				✓		
Terbinafine HCl	Lamisil				✓					
Tinidazole	Tindamax							✓		✓
Tobramycin	Tobi Podhaler							✓		
Tobramycin in 0.225% sod chlor	Tobi									✓
Vancomycin HCl	Firvanq							✓		
Voriconazole	Vfend IV							✓		
AHFS Class 10 - Antineoplastic Agents										
Abemaciclib	Verzenio							✓		
Abiraterone acetate	Zytiga							✓		
Acalabrutinib	Calquence							✓		
Afatinib dimaleate	Gilotrif							✓		

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

AHFS Therapeutic Class and Generic Name	Rep Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Call Help Desk
Alectinib HCl	Alecensa							✓		
Alpelisib	Piqray							✓		
Apalutamide	Erleada							✓		
Asciminib hydrochloride	Scemblix							✓		
Avapritinib	Ayvakit							✓		
Axicabtagene ciloleucel	Yescarta							✓		
Belinostat	Beleodaq							✓		
Bexarotene	Targretin									✓
Bosutinib	Bosulif							✓		
Brentuximab vedotin	Adcetris							✓		
Brigatinib	Alunbrig							✓		
Cabozantinib s-malate	Cabometyx		✓					✓		
Capmatinib hydrochloride	Tabrecta									✓
Ceritinib	Zykadia							✓		
Clofarabine	Clolar									✓
Dabrafenib mesylate	Tafinlar							✓		
Dacomitinib	Vizimpro							✓		
Dasatinib	Sprycel							✓		
Daunorubicin/cytarabine lipos	Vyxeos							✓		
Decitabine/cedazuridine	Inqovi							✓		
Diclofenac sodium	Solaraze							✓		
Durvalumab	Imfinzi							✓		
Duvelisib	Copiktra							✓		
Enasidenib mesylate	Idhifa							✓		
Encorafenib	Braftovi							✓		
Enzalutamide	Xtandi							✓		
Erdafitinib	Balversa							✓		
Erlotinib HCl	Tarceva							✓		
Everolimus	Afinitor							✓		
Exemestane	Aromasin							✓		
Fedratinib dihydrochloride	Inrebic							✓		

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

AHFS Therapeutic Class and Generic Name	Rep Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Call Help Desk
Gilteritinib fumarate	Xospata							✓		
Ibrutinib	Imbruvica							✓	✓	
Idelalisib	Zydelig							✓		
Imatinib mesylate	Gleevec							✓		
Infigratinib phosphate	Truseltiq							✓		
Ixazomib citrate	Ninlaro							✓		
Larotrectinib sulfate	Vitrakvi							✓		
Lenalidomide	Revlimid							✓		✓
Lenvatinib mesylate	Lenvima							✓		
Lorlatinib	Lorbrena							✓		
Mechlorethamine HCl	Valchlor							✓		
Mercaptopurine	Purixan							✓		
Methotrexate	---							✓		
Methotrexate/pf	---								✓	
Midostaurin	Rydapt							✓		
Mitomycin	Jelmyto									✓
Mitotane	Lysodren							✓		
Mobocertinib succinate	Exkivity							✓		
Neratinib maleate	Nerlynx				✓			✓		
Niraparib tosylate	Zejula							✓		
Obinutuzumab	Gazyva							✓		
Olaparib	Lynparza							✓		
Osimertinib mesylate	Tagrisso							✓		
Palbociclib	Ibrance							✓		
Panobinostat lactate	Farydak				✓			✓		
Pazopanib HCl	Votrient							✓		
Polatuzumab vedotin-piiq	Polivy							✓		
Pomalidomide	Pomalyst							✓		
Ponatinib HCl	Iclusig							✓		
Pralatrexate	Folotyn							✓		
Pralsetinib	Gavreto							✓		

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

AHFS Therapeutic Class and Generic Name	Rep Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Call Help Desk
Ramucirumab	Cyramza							✓		
Regorafenib	Stivarga							✓		
Ribociclib succinate	Kisqali							✓		
Ripretinib	Qinlock							✓		
Rituximab/hyaluronidase,human	Rituxan Hycela							✓		
Rucaparib camsylate	Rubraca							✓		
Ruxolitinib phosphate	Jakafi							✓		
Selpercatinib	Retevmo							✓		
Selumetinib/vitamin e tpgs	Koselugo							✓		
Siltuximab	Sylvant							✓		
Sonidegib phosphate	Odomzo							✓		
Sorafenib tosylate	Nexavar							✓		
Sunitinib malate	Sutent							✓		
Tafasitamab-cxix	Monjuvi							✓		
Talazoparib tosylate	Talzenna							✓		
Talimogene laherparepvec	Imlygic							✓		
Temsirolimus	Torisel							✓		
Tepotinib HCl	Tepmetko							✓		
Tisagenlecleucel	Kymriah							✓		
Tivozanib HCl	Fotivda							✓		
Trametinib dimethyl sulfoxide	Mekinist							✓		
Trastuzumab-anns	Kanjinti							✓		
Trastuzumab-hyaluronidase-oysk	Herceptin Hylecta							✓		
Trifluridine/tipiracil HCl	Lonsurf							✓		
Umbralisib tosylate	Ukoniq							✓		
Vandetanib	Caprelsa							✓		
Vemurafenib	Zelboraf							✓		
Venetoclax	Venclexta							✓		
Vorinostat	Zolinza							✓		
Zanubrutinib	Brukinsa							✓		
Ziv-aflibercept	Zaltrap							✓		

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

AHFS Therapeutic Class and Generic Name	Rep Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Call Help Desk
AHFS Class 12:04 - Parasympathomimetic (Cholinergic Agents)										
Donepezil HCl	Aricept		✓							
Galantamine HBr	Razadyne		✓							
Pilocarpine HCl	Salagen							✓		
Rivastigmine	Exelon	✓	✓							
Rivastigmine tartrate	Exelon		✓							
AHFS Class 12:08 - Anticholinergic Agents										
Aclidinium bromide	Tudorza Pressair						✓			
Glycopyrrol/nebulizer/accessor	Lonhala Magnair Starter							✓		
Glycopyrrolate	Seebri Neohaler						✓			
Glycopyrrolate/formoterol fum	Bevespi Aerosphere					✓	✓	✓		
Ipratropium/albuterol sulfate	Combivent Respimat						✓			
Revefenacin	Yupelri			✓			✓			
Tiotropium br/olodaterol HCl	Stiolto Respimat					✓	✓			
Tiotropium bromide	Spiriva						✓			
Umeclidinium brm/vilanterol tr	Anoro Ellipta					✓	✓			
Umeclidinium bromide	Incruse Ellipta						✓			
AHFS Class 12:12 - Sympathomimetic (Adrenergic) Agents										
Albuterol sulfate	---						✓			
Arformoterol tartrate	Brovana					✓				
Droxidopa	Northera							✓		
Epinephrine	Epipen							✓		
Formoterol fumarate	Perforomist					✓				
Indacaterol maleate	Arcapta Neohaler					✓				
Indacaterol/glycopyrrolate	Utibron Neohaler						✓	✓		
Metaproterenol sulfate	---						✓			
Olodaterol HCl	Striverdi Respimat					✓				
Racepinephrine HCl	---						✓			
Salmeterol xinafoate	Serevent Diskus					✓				
Terbutaline sulfate	---						✓			

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

AHFS Therapeutic Class and Generic Name	Rep Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Call Help Desk
AHFS Class 12:16 - Sympatholytic Adrenergic Blocking Agents										
Acebutolol HCl	---		✓							
Dihydroergotamine mesylate	Migranal		✓		✓	✓				
Phenoxybenzamine HCl	Dibenzyline							✓		
AHFS Class 12:20 - Skeletal Muscle Relaxants										
Baclofen	---		✓					✓		
Carisoprodol	Soma		✓		✓					
Chlorzoxazone	Lorzone		✓		✓					
Cyclobenzaprine HCl	---		✓		✓					
Dantrolene sodium	Dantrium		✓					✓		
Metaxalone	Skelaxin		✓		✓					
Methocarbamol	Robaxin-750		✓		✓					
Orphenadrine citrate	Norflex		✓		✓					
Tizanidine HCl	Zanaflex		✓					✓		
AHFS Class 12:92 - Autonomic Drugs, Miscellaneous										
Varenicline tartrate	Chantix				✓					
AHFS Class 20:04.04 - Iron Preparations										
Ferric carboxymaltose	Injectafer							✓		
AHFS Class 20:12.04 - Anticoagulants										
Apixaban	Eliquis		✓							
Dalteparin sodium,porcine	Fragmin							✓		
Edoxaban tosylate	Savaysa							✓		
Enoxaparin sodium	Lovenox							✓		✓
AHFS Class 20:12.14 - Platelet-Reducing Agents										
Anagrelide HCl	Agrylin							✓		
AHFS Class 20:12.18 - Platelet-Aggregation Inhibitors										
Cilostazol	Pletal		✓							
Clopidogrel bisulfate	Plavix		✓							
Prasugrel HCl	Effient							✓		
AHFS Class 20:16 - Hematopoietic Agents										
Eltrombopag olamine	Promacta							✓		

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

AHFS Therapeutic Class and Generic Name	Rep Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Call Help Desk
Methoxy peg-epoetin beta	Mircera							✓		
Plerixafor	Mozobil							✓		✓
Romiplostim	Nplate							✓		
Tbo-filgrastim	Granix							✓		
AHFS Class 20:28.16 - Hemostatics										
Antihemoph.fviii rec,fc fusion	Eloctate							✓		
Factor ix human recombinant	Benefix							✓		
Factor xiii	Corifact							✓		
Tranexamic acid	Lysteda							✓		
AHFS Class 20:92 - Misc. Blood Formation, Coagulation, Thrombosis Agents										
Voxelotor	Oxbryta							✓		
AHFS Class 24:04.04 - Antiarrhythmic Agents										
Quinidine gluconate	---									✓
AHFS Class 24:04.08 - Cardiotonic Agents										
Digoxin	Lanoxin		✓							
Milrinone lactate/d5w	---					✓				
AHFS Class 24:04.92 - Cardiac Drugs, Miscellaneous										
Ivabradine HCl	Corlanor		✓					✓		
Tafamidis	Vyndamax							✓		
AHFS Class 24:06 - Antilipemic Agents										
Alirocumab	Praluent Pen									✓
Amlodipine/atorvastatin	Caduet		✓							
Atorvastatin calcium	Lipitor		✓			✓				
Bempedoic acid	Nexletol									✓
Bempedoic acid/ezetimibe	Nexlizet									✓
Evinacumab-dgnb	Evkeeza							✓		
Evolocumab	Repatha Sureclick									✓
Ezetimibe	Zetia		✓							
Fluvastatin sodium	Lescol XL		✓			✓				
Icosapent ethyl	Vascepa									✓
Lomitapide mesylate	Juxtapid							✓		

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

AHFS Therapeutic Class and Generic Name	Rep Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Call Help Desk
Lovastatin	Altoprev		✓			✓				
Pitavastatin calcium	Livalo		✓							
Pravastatin sodium	Pravachol		✓			✓				
Rosuvastatin calcium	Crestor		✓			✓				
Simvastatin	Zocor		✓			✓				
AHFS Class 24:08 - Hypotensive Agents										
Clonidine HCl	Kapvay							✓		
AHFS Class 24:12.08 - Nitrates and Nitrites										
Amyl nitrite	---						✓			
Isosorbide mononitrate	Imdur						✓			
Nitroglycerin	Nitro-Dur						✓			
AHFS Class 24:12.12 - Phosphodiesterase Type 5 Inhibitors										
Sildenafil citrate	Viagra		✓		✓	✓	✓			
Tadalafil	Cialis					✓	✓			
Vardenafil HCl	Staxyn		✓		✓	✓	✓			
AHFS Class 24:12.92 - Vasodilating Agents, Miscellaneous										
Alprostadil	Muse				✓	✓				
Vericiguat	Verquvo									✓
AHFS Class 24:24 - Beta-Adrenergic Blocking Agents										
Acebutolol HCl	---		✓			✓				
Atenolol	Tenormin		✓			✓				
Betaxolol HCl	Kerlone		✓			✓				
Bisoprolol fumarate	Zebeta		✓			✓				
Carvedilol	Coreg		✓			✓				
Labetalol HCl	Trandate		✓			✓				
Metoprolol succinate	Toprol XL		✓			✓				
Metoprolol tartrate	Lopressor		✓			✓				
Nadolol	Corgard		✓			✓				
Nebivolol HCl	Bystolic					✓				
Pindolol	---		✓			✓				
Propranolol HCl	Innopran XL		✓			✓				

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

AHFS Therapeutic Class and Generic Name	Rep Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Call Help Desk
Propranolol/HCTZ	---					✓				
Sotalol HCl	Betapace		✓							
Timolol maleate	---		✓			✓				
AHFS Class 24:28 - Calcium-Channel Blocking Agents										
Amlodipine bes/olmesartan med	Azor					✓				
Amlodipine besylate	Norvasc		✓			✓				
Amlodipine besylate/valsartan	Exforge					✓				
Diltiazem HCl	Cardizem LA		✓			✓				
Felodipine	Plendil		✓			✓				
Isradipine	Dynacirc CR		✓			✓				
Nicardipine HCl	Cardene SR		✓			✓				
Nicardipine in dextrose,iso-os	Cardene I.V.					✓				
Nifedipine	Procardia XL		✓			✓				
Nimodipine	Nymalize							✓		
Nisoldipine	Sular		✓			✓				
Verapamil HCl	Verelan		✓			✓				
AHFS Class 24:32.04 - Angiotensin-Converting Enzyme Inhibitors										
Benazepril HCl	Lotensin		✓			✓				
Benazepril/HCTZ	Lotensin HCT					✓				
Captopril	Capoten		✓			✓				
Captopril/HCTZ	---					✓				
Enalapril maleate	Vasotec		✓			✓				
Enalapril/HCTZ	Vaseretic					✓				
Enalaprilat dihydrate	---					✓				
Fosinopril sodium	Monopril		✓			✓				
Fosinopril/HCTZ	---					✓				
Lisinopril	Zestril		✓			✓				
Lisinopril/HCTZ	Zestoretic					✓				
Moexipril HCl	Univasc		✓			✓				
Perindopril erbumine	Aceon		✓			✓				
Quinapril HCl	Accupril		✓			✓				

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

AHFS Therapeutic Class and Generic Name	Rep Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Call Help Desk
Quinapril/HCTZ	Accuretic					✓				
Ramipril	Altace		✓			✓				
Trandolapril	Mavik					✓				
AHFS Class 24:32.08 - Angiotensin II Receptor Antagonists										
Azilsartan med/chlorthalidone	Edarbyclor					✓				
Azilsartan medoxomil	Edarbi					✓				
Candesartan cilexetil	Atacand		✓			✓				
Candesartan/HCTZ	Atacand HCT					✓				
Eprosartan mesylate	Teveten		✓			✓				
Irbesartan	Avapro		✓			✓				
Irbesartan/HCTZ	Avalide					✓				
Losartan potassium	Cozaar		✓			✓				
Losartan/HCTZ	Hyzaar					✓				
Olmesartan medoxomil	Benicar		✓			✓				
Olmesartan/HCTZ	Benicar HCT					✓				
Olmesartan/amlodipine/HCTZ	Tribenzor					✓				
Sacubitril/valsartan	Entresto					✓				
Telmisartan	Micardis		✓			✓				
Telmisartan/HCTZ	Micardis HCT					✓				
Valsartan	Diovan		✓			✓				
Valsartan/HCTZ	Diovan HCT					✓				
AHFS Class 24:32.40 - Renin Inhibitors										
Aliskiren hemifumarate	Tekturna						✓			
AHFS Class 26:12 - Gene Therapy										
Lisocabtagene maraleucel	Breyanzi									✓
Lisocabtagene maraleucel, 1 of 2	Breyanzi CD8 Component									✓
Lisocabtagene maraleucel, 2 of 2	Breyanzi CD4 Component									✓
Voretigene neparvovec-rzyl	Luxturna							✓		
AHFS Class 28:04.92 - General Anesthetics, Miscellaneous										
Ketamine HCl	---									✓

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

	AHFS Therapeutic Class and Generic Name	Rep Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Call Help Desk
AHFS Class 28:08.04 - Nonsteroidal Anti-Inflammatory Agents											
	Butalbital/aspirin/caffeine	Fiorinal		✓					✓		
	Celecoxib	Celebrex		✓			✓				
	Choline salicyl/mag salicylate	---		✓			✓				
	Diclofenac epolamine	Flector					✓				
	Diclofenac potassium	Cataflam		✓			✓				
	Diclofenac sodium	Voltaren							✓		
	Diclofenac sodium/misoprostol	Arthrotec 75					✓				
	Diclofenac submicronized	Zorvolex					✓			✓	
	Diflunisal	---		✓			✓				
	Etodolac	Lodine		✓			✓				
	Fenoprofen calcium	Nalfon		✓			✓				
	Flurbiprofen	---		✓			✓				
	Ibuprofen	---		✓			✓				
	Indomethacin	Indocin		✓			✓				
	Indomethacin sodium	Indocin I.V.					✓				
	Indomethacin, submicronized	Tivorbex					✓		✓		
	Ketoprofen	---		✓			✓				
	Ketoprofen, micronized	---					✓				
	Ketorolac tromethamine	---		✓		✓	✓				
	Magnesium salicylate	---					✓				
	Meclofenamate sodium	---		✓			✓				
	Mefenamic acid	Ponstel		✓			✓		✓		
	Meloxicam	Mobic	✓	✓			✓				
	Meloxicam, submicronized	Vivlodex		✓			✓		✓		
	Nabumetone	Relafen		✓			✓				
	Naproxen	Ec-Naprosyn		✓			✓				
	Oxaprozin	Daypro		✓			✓				
	Piroxicam	Feldene		✓			✓				
	Salsalate	---		✓			✓				
	Sulindac	Clinoril		✓			✓				

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

AHFS Therapeutic Class and Generic Name		Rep Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Call Help Desk
	Tolmetin sodium	---		✓			✓				
	Trolamine salicylate	---							✓		
AHFS Class 28:08.08 - Opiate Agonists											
	Alfentanil HCl	Alfenta				✓	✓	✓			
	Benzhydrocodone/acetaminophen	Apadaz				✓	✓	✓		✓	
	Butalbit/acetamin/caff/codeine	Fioricet With Codeine					✓	✓	✓	✓	
	Codeine sulfate	---				✓	✓	✓		✓	
	Codeine/butalbital/asa/caffein	Fiorinal With Codeine #3		✓			✓	✓	✓		
	Dihydrocodeine bitartrate	---					✓				
	Fentanyl	Duragesic	✓		✓	✓	✓	✓		✓	
	Fentanyl citrate	Fentora				✓	✓	✓	✓	✓	
	Hydrocodone bitartrate	---				✓	✓	✓		✓	
	Hydrocodone/acetaminophen	---		✓		✓	✓	✓		✓	
	Hydromorphone HCl	Dilaudid				✓	✓	✓		✓	
	Ibuprofen/oxycodone HCl	---		✓		✓	✓	✓		✓	
	Levorphanol tartrate	Levo-Dromoran				✓	✓	✓		✓	
	Meperidine HCl	Demerol				✓	✓	✓		✓	
	Meperidine HCl/pf	Demerol				✓	✓	✓		✓	
	Methadone HCl	---				✓	✓	✓		✓	
	Methadone in 0.9 % sod.chlorid	---						✓		✓	
	Morphine sulfate	Ms Contin				✓	✓	✓		✓	
	Opium/belladonna alkaloids	---				✓	✓	✓		✓	
	Oxycodone HCl	Oxycontin		✓		✓	✓	✓		✓	
	Oxycodone HCl/acetaminophen	Percocet		✓		✓	✓	✓		✓	
	Oxycodone HCl/aspirin	Percodan				✓	✓	✓		✓	
	Oxycodone myristate	Xtampza ER				✓	✓	✓		✓	
	Oxymorphone HCl	Opana ER				✓	✓	✓		✓	✓
	Remifentanil HCl	Ultiva				✓	✓	✓			
	Sufentanil citrate	Sufenta				✓	✓	✓			
	Tapentadol HCl	Nucynta		✓		✓	✓	✓		✓	
	Tramadol HCl	Ultram		✓		✓	✓	✓		✓	

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

AHFS Therapeutic Class and Generic Name	Rep Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Call Help Desk
AHFS Class 28:08.12 - Opiate Partial Agonists										
Buprenorphine	Butrans						✓			
Buprenorphine HCl	Belbuca		✓				✓		✓	
Buprenorphine HCl/naloxone HCl	Suboxone								✓	
Butorphanol tartrate	---				✓	✓	✓		✓	
Nalbuphine HCl	---				✓	✓	✓		✓	
AHFS Class 28:08.92 - Analgesics and Antipyretics, Misc.										
Butalb/acetaminophen/caffeine	Fioricet							✓		
Gabapentin	Gralise		✓					✓		
Pregabalin	Lyrica CR							✓		
Ziconotide acetate	Prialt							✓		✓
AHFS Class 28:10 - Opiate Antagonists										
Naloxone HCl	Narcan			✓						
AHFS Class 28:12.08 - Benzodiazepines (Anticonvulsants)										
Clobazam	Onfi							✓		✓
Clonazepam	Klonopin		✓		✓	✓				
AHFS Class 28:12.92 - Anticonvulsants, Miscellaneous										
Gabapentin	Neurontin		✓							
Gabapentin enacarbil	Horizant		✓					✓		
Lamotrigine	Lamictal							✓		
Oxcarbazepine	Oxtellar XR								✓	✓
Perampanel	Fycompa	✓								
Pregabalin	Lyrica		✓					✓		
Tiagabine HCl	Gabitril							✓		✓
Topiramate	Topamax							✓		
AHFS Class 28:16.04 - Antidepressants										
Amitriptyline HCl	---		✓				✓	✓		
Amitriptyline/chlordiazepoxide	---							✓		
Amoxapine	---	✓	✓				✓			
Bupropion HCl	Wellbutrin SR		✓				✓			
Bupropion HBr	Aplenzin		✓				✓	✓		✓

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

AHFS Therapeutic Class and Generic Name	Rep Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Call Help Desk
Citalopram hydrobromide	Celexa		✓				✓			
Clomipramine HCl	Anafranil		✓				✓			
Desipramine HCl	Norpramin		✓				✓			
Desvenlafaxine succinate	Pristiq		✓				✓			
Doxepin HCl	Silenor		✓				✓			
Duloxetine HCl	Cymbalta		✓				✓			
Escitalopram oxalate	Lexapro		✓				✓			
Fluoxetine HCl	Prozac		✓				✓			
Fluvoxamine maleate	Luvox CR		✓				✓			
Imipramine HCl	Tofranil		✓				✓			
Imipramine pamoate	Tofranil-PM						✓			
Isocarboxazid	Marplan	✓	✓				✓			
Maprotiline HCl	---		✓				✓			
Mirtazapine	Remeron	✓	✓				✓			
Nefazodone HCl	---		✓				✓			
Nortriptyline HCl	Pamelor		✓				✓			
Olanzapine/fluoxetine HCl	Symbyax					✓	✓	✓		✓
Paroxetine HCl	Paxil						✓			
Paroxetine mesylate	Brisdelle						✓	✓		
Perphenazine/amitriptyline HCl	---							✓		
Phenelzine sulfate	Nardil		✓				✓			
Protriptyline HCl	Vivactil		✓				✓			
Sertraline HCl	Zoloft		✓				✓			
Tranylcypromine sulfate	Parnate		✓				✓			
Trazodone HCl	Oleptro ER		✓			✓	✓			
Trimipramine maleate	Surmontil		✓				✓			
Venlafaxine HCl	Effexor XR		✓				✓			
Vilazodone HCl	Viibryd						✓			
Vortioxetine hydrobromide	Trintellix		✓				✓	✓		
AHFS Class 28:16.08 - Antipsychotic Agents										
Aripiprazole	Abilify		✓			✓	✓			

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

AHFS Therapeutic Class and Generic Name	Rep Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Call Help Desk
Aripiprazole lauroxil	Aristada			✓			✓			
Aripiprazole lauroxil,submicr.	Aristada Initio							✓		
Asenapine maleate	Saphris					✓	✓			
Brexpiprazole	Rexulti	✓					✓	✓		
Cariprazine HCl	Vraylar		✓							
Chlorpromazine HCl	---		✓							
Clozapine	Clozaril	✓	✓			✓				
Fluphenazine HCl	---		✓							
Haloperidol	---	✓	✓				✓			
Haloperidol decanoate	Haldol Decanoate 100						✓			
Haloperidol lactate	Haldol						✓			
Iloperidone	Fanapt					✓	✓			
Loxapine succinate	Loxitane		✓							
Lurasidone HCl	Latuda					✓	✓			
Olanzapine	Zyprexa		✓			✓	✓			
Olanzapine pamoate	Zyprexa Relprevv					✓	✓			
Paliperidone	Invega		✓			✓	✓			
Paliperidone palmitate	Invega Sustenna					✓	✓			✓
Perphenazine	---	✓	✓							
Quetiapine fumarate	Seroquel XR		✓			✓	✓			
Risperidone	Risperdal	✓	✓			✓	✓			
Risperidone microspheres	Risperdal Consta					✓	✓			
Thioridazine HCl	---		✓							
Thiothixene	Navane	✓	✓							
Trifluoperazine HCl	---		✓							
Ziprasidone HCl	Geodon		✓			✓	✓			
AHFS Class 28:20.04 - Amphetamines										
Amphetamine	Adzenys XR-ODT					✓		✓		
Amphetamine sulfate	Evekeo		✓			✓		✓		
Dextroamphetamine sulfate	Dexedrine		✓			✓		✓		
Dextroamphetamine/amphetamine	Adderall XR		✓			✓		✓		

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

AHFS Therapeutic Class and Generic Name	Rep Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Call Help Desk
Lisdexamfetamine dimesylate	Vyvanse		✓			✓		✓		
Methamphetamine HCl	Desoxyn		✓			✓		✓		
AHFS Class 28:20.08 - Anorexigenic Agents										
Diethylpropion HCl	---		✓			✓		✓		
Lorcaserin HCl	Belviq XR					✓		✓		
Naltrexone HCl/bupropion HCl	Contrave					✓		✓		
Phendimetrazine tartrate	Bontril Slow-Release		✓			✓		✓		
Phentermine HCl	Lomaira		✓			✓		✓		
Phentermine/topiramate	Qsymia					✓		✓		
Setmelanotide acetate	Imcivree							✓		
AHFS Class 28:20.32 - Respiratory and CNS Stimulants										
Dexmethylphenidate HCl	Focalin					✓		✓		
Methylphenidate	Daytrana					✓		✓		
Methylphenidate HCl	Ritalin		✓			✓		✓		
AHFS Class 28:20.80 - Wakefulness-Promoting Agents										
Armodafinil	Nuvigil		✓					✓		
Modafinil	Provigil		✓					✓		
Pitolisant HCl	Wakix							✓		
Solriamfetol HCl	Sunosi		✓				✓	✓		
AHFS Class 28:24.04 - Barbiturates (Anxiolytic, Sedative/Hypnotic)										
Amobarbital sodium	Amytal Sodium		✓		✓					
Secobarbital sodium	Seconal Sodium		✓		✓					
AHFS Class 28:24.08 - Benzodiazepines (Anxiolytic, Sedative/Hypnotic)										
Alprazolam	Xanax		✓		✓	✓				
Chlordiazepoxide HCl	Librium		✓		✓	✓				
Clorazepate dipotassium	Tranxene T-Tab		✓		✓	✓				
Diazepam	Valium		✓		✓	✓				
Estazolam	---	✓	✓			✓				
Flurazepam HCl	Dalmane		✓			✓				
Lorazepam	Ativan		✓		✓	✓				
Oxazepam	---		✓		✓	✓				

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

AHFS Therapeutic Class and Generic Name	Rep Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Call Help Desk
Quazepam	Doral	✓	✓			✓				
Temazepam	Restoril	✓	✓	✓	✓	✓				
Triazolam	Halcion			✓		✓		✓		✓
AHFS Class 28:24.40 - Orexin Receptor Antagonists										
Lemborexant	Dayvigo									✓
AHFS Class 28:24.92 - Anxiolytics, Sedatives, and Hypnotics, Misc.										
Chloral hydrate	---		✓		✓					
Eszopiclone	Lunesta	✓	✓			✓				
Ramelteon	Rozerem		✓			✓				
Tasimelteon	Hetlioz							✓		
Zaleplon	Sonata		✓		✓	✓				
Zolpidem tartrate	Ambien		✓		✓	✓				
AHFS Class 28:32.12 - Calcitonin Gene-Related Peptide Antag.										
Eptinezumab-jjmr	Vyepti					✓				✓
Erenumab-aooe	Aimovig Autoinjector					✓		✓		
Fremanezumab-vfrm	Ajovy Syringe					✓				
Galcanezumab-gnlm	Emgality Pen			✓		✓				
Rimegepant sulfate	Nurtec ODT					✓				✓
Ubrogepant	Ubrelvy									✓
AHFS Class 28:32.28 - Selective Serotonin Agonists										
Almotriptan malate	Axert		✓		✓	✓				
Eletriptan hydrobromide	Relpax		✓		✓					
Frovatriptan succinate	Frova		✓		✓	✓				
Naratriptan HCl	Amerge					✓				
Rizatriptan benzoate	Maxalt MLT		✓		✓	✓				
Sumatriptan	Imitrex					✓		✓		
Sumatriptan succ/naproxen sod	Treximet							✓		✓
Sumatriptan succinate	Imitrex		✓			✓		✓		✓
Zolmitriptan	Zomig		✓		✓	✓				
AHFS Class 28:36.16 - Dopamine Precursors										
Carbidopa/levodopa	Duopa		✓				✓			

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

AHFS Therapeutic Class and Generic Name	Rep Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Call Help Desk
AHFS Class 28:36.32 - Monoamine Oxidase B Inhibitors										
Rasagiline mesylate	Azilect						✓			
Safinamide mesylate	Xadago									✓
Selegiline HCl	Zelapar						✓			
AHFS Class 28:40 - Fibromyalgia Agents										
Milnacipran HCl	Savella						✓			
AHFS Class 28:56 - Vesicular Monoamine Transporter 2 Inhibitors										
Deutetrabenazine	Austedo							✓		
Tetrabenazine	Xenazine							✓		
Valbenazine tosylate	Ingrezza							✓		
AHFS Class 28:92 - Central Nervous System Agents, Misc.										
Atomoxetine HCl	Strattera		✓					✓		
Dextromethorphan HBr/quinidine	---							✓		
Guanfacine HCl	Intuniv							✓		
Memantine HCl	Namenda XR		✓						✓	
Memantine HCl/donepezil HCl	Namzaric									✓
Viloxazine HCl	Qelbree							✓		
AHFS Class 40:10 - Ammonia Detoxicants										
Glycerol phenylbutyrate	Ravicti							✓		
AHFS Class 40:18 - Ion-Removing Agents										
Sevelamer carbonate	Renvela		✓							✓
AHFS Class 40:20 - Caloric Agents										
Amino acids 8.5 %/electrolytes	Aminosyn With Electrolytes							✓		
Triheptanoin	Dojolvi							✓		
AHFS Class 40:28 - Diuretics										
Tolvaptan	Samsca							✓		
AHFS Class 40:40 - Uricosuric Agents										
Lesinurad/allopurinol	Duzallo			✓						
AHFS Class 44 - Enzymes										
Agalsidase beta	Fabrazyme							✓		
Cerliponase alfa	Brineura							✓		

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

AHFS Therapeutic Class and Generic Name	Rep Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Call Help Desk
Collagenase clostridium hist.	Xiaflex							✓		
Elosulfase alfa	Vimizim							✓		
Taliglucerase alfa	Elelyso							✓		
Vestronidase alfa-vjbk	Mepsevii							✓		
AHFS Class 48 - Respiratory Tract Agents										
Alpha-1-proteinase inhibitor	Zemaira							✓		
Ambrisentan	Letairis					✓		✓		
Beclomethasone dipropionate	Qvar Redihaler						✓			
Benralizumab	Fasenra									✓
Bosentan	Tracleer					✓		✓		
Budesonide	Pulmicort		✓				✓			
Budesonide/formoterol fumarate	Symbicort					✓	✓			
Chlorpheniramine/codeine phos	---				✓	✓			✓	
Ciclesonide	Alvesco						✓			
Codeine phosphate/guaifenesin	Mar-Cof Cg				✓	✓			✓	
Dextromethorphan HBr	---					✓				
Elexacaftor/tezacaftor/ivacaft	Trikafta									✓
Epoprostenol sodium	---					✓		✓		
Epoprostenol sodium (glycine)	Flolan					✓				
Fluticasone furoate	Arnuity Ellipta						✓			
Fluticasone propion/salmeterol	Advair Diskus					✓	✓			
Fluticasone propionate	Flovent HFA						✓			
Fluticasone/umeclidin/vilanter	Trelegy Ellipta					✓				
Fluticasone/vilanterol	Breo Ellipta					✓	✓			
Hydrocodone bit/homatrop me-br	---				✓	✓			✓	
Hydrocodone/chlorphen p-stirex	---				✓	✓				
Iloprost tromethamine	Ventavis					✓		✓		✓
Ivacaftor	Kalydeco							✓		
Macitentan	Opsumit					✓		✓		
Mepolizumab	Nucala							✓		
Mometasone furoate	Asmanex						✓			

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

AHFS Therapeutic Class and Generic Name	Rep Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Call Help Desk
Mometasone/formoterol	Dulera					✓	✓			
Nintedanib esylate	Ofev		✓			✓		✓		
Omalizumab	Xolair							✓		
Pirfenidone	Esbriet							✓		
Promethazine HCl/codeine	---				✓	✓			✓	
Pseudoephed/codeine/guaifen	---				✓	✓			✓	
Riociguat	Adempas					✓		✓		
Roflumilast	Daliresp						✓			
Selexipag	Uptravi		✓			✓		✓		
Tezacaftor/ivacaftor	Symdeko							✓		
Treprostinil diolamine	Orenitram ER					✓		✓		
AHFS Class 52 - Eye, Ear, Nose and Throat (EENT) Preps.										
Aflibercept	Eylea							✓		
Brolucizumab-dbll	Beovu							✓		
Carteolol HCl	---		✓							
Cenegermin-bkbj	Oxervate									✓
Ciprofloxacin HCl/fluocinolone	Otovel							✓		
Cocaine HCl	---				✓	✓				
Cyclosporine	Restasis									✓
Dexamethasone/pf	---							✓		
Diclofenac sodium	Voltaren		✓			✓				
Doxycycline hyclate	Vibramycin		✓							
Fluticasone propionate	Xhance							✓		
Ketorolac tromethamine	Acular		✓							
Lifitegrast	Xiidra									✓
Mometasone furoate	Sinuva							✓		
Pegaptanib sodium	Macugen			✓				✓		✓
AHFS Class 56:04 - Antacids and Adsorbents										
Calcium carbonate	---					✓				
Mag hydrox/aluminum hyd/simeth	---					✓				

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

AHFS Therapeutic Class and Generic Name	Rep Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Call Help Desk
AHFS Class 56:08 - Antidiarrhea Agents										
Crofelemer	Mytesi								✓	
Opium tincture	---				✓	✓			✓	
Telotristat etiprate	Xermelo			✓				✓		
AHFS Class 56:12 - Cathartics and Laxatives										
Bisacodyl	Correctol					✓				
Sod picosulf/mag ox/citric ac	Clenpiq				✓					
AHFS Class 56:22 - Antiemetics										
Aprepitant	Cinvanti							✓		
Doxylamine succinate/vit b6	---							✓		
Dronabinol	Marinol							✓		
Granisetron	Sancuso			✓						
Prochlorperazine edisylate	---									✓
AHFS Class 56:28.12 - Histamine H2-Antagonists										
Cimetidine	Tagamet HB		✓			✓				
Cimetidine HCl	---					✓				
Famotidine	Pepcid					✓				
Nizatidine	Axid		✓			✓				
Ranitidine HCl	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 magnesium	Nexium		✓			✓				
Esomeprazole sodium	Nexium I.V.					✓				
Esomeprazole strontium	---			✓	✓	✓				
Lansoprazole	Prevacid		✓			✓				
Omeprazole	Prilosec		✓			✓				
Omeprazole magnesium	Prilosec Otc					✓				

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

AHFS Therapeutic Class and Generic Name	Rep Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Call Help Desk
Omeprazole/sodium bicarbonate	Zegerid					✓				✓
Pantoprazole sodium	Protonix		✓			✓				
Rabeprazole sodium	Aciphex		✓			✓				
AHFS Class 56:32 - Prokinetic Agents										
Metoclopramide HCl	Reglan		✓							
Prucalopride succinate	Motegrity		✓							
AHFS Class 56:36 - Anti-Inflammatory Agents (GI Drugs)										
Alosetron HCl	Lotronex							✓		✓
Olsalazine sodium	Dipentum							✓		
AHFS Class 56:92 - GI Drugs, Miscellaneous										
Adalimumab	Humira(Cf) Pediatric Crohn's							✓		
Alvimopan	Entereg							✓		✓
Cholic acid	Cholbam							✓		
Eluxadoline	Viberzi							✓		
Glutamine	---							✓		
Linaclotide	Linzess							✓		
Methylnaltrexone bromide	Relistor							✓		
Naldemedine tosylate	Symproic		✓					✓		
Naloxegol oxalate	Movantik							✓		
Obeticholic acid	Ocaliva							✓		
Orlistat	Xenical		✓			✓		✓		
Plecanatide	Trulance		✓							
Teduglutide	Gattex							✓		
Vedolizumab	Entyvio							✓		
AHFS Class 64 - Heavy Metal Antagonists										
Deferasirox	Jadenu							✓		
Deferiprone	Ferriprox							✓		
Penicillamine	Depen							✓		
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	Rep Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Call Help Desk
Triamcinolone acetonide	Zilretta			✓						
AHFS Class 68:08 - Androgens										
Testosterone	---							✓		
AHFS Class 68:16 - Estrogens and Antiestrogens										
Clomiphene citrate	---									✓
Estradiol/norethindrone acet	Mimvey							✓		✓
AHFS Class 68:18 - Gonadotropins and Antigonadotropins										
Histrelin acetate	Vantas									✓
Relugolix	Orgovyx			✓				✓		
Triptorelin pamoate	Trelstar									✓
AHFS Class 68:20 - Antidiabetic Agents										
Acarbose	Precose		✓							
Canagliflozin/metformin	Invokamet							✓		
Dapagliflozin/metformin	Xigduo XR		✓					✓		
Dulaglutide	Trulicity					✓				
Empaglifloz/linaglip/metformin	Trijardy XR									✓
Empagliflozin/linagliptin	Glyxambi			✓						✓
Empagliflozin/metformin	Synjardy XR			✓				✓		
Ertugliflozin pidolate	Steglatro		✓							
Ertugliflozin/metformin	Segluromet							✓		
Ertugliflozin/sitagliptin	Steglujan			✓					✓	
Exenatide	Byetta					✓				
Exenatide microspheres	Bydureon Bcise					✓			✓	
Glipizide/metformin	Metaglip		✓							
Insulin degludec	Tresiba Flextouch U-100					✓		✓		
Insulin degludec/liraglutide	Xultophy 100-3.6					✓				✓
Insulin detemir	Levemir Flextouch					✓				
Insulin glargine,hum.rec.anlog	Lantus Solostar					✓				
Insulin glargine/lixisenatide	Soliqua 100-33					✓				✓
Insulin regular, human	Afrezza						✓			
Linagliptin/metformin	Jentadueto									✓

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

AHFS Therapeutic Class and Generic Name	Rep Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Call Help Desk
Liraglutide	Victoza 3-Pak					✓				
Lixisenatide	Adlyxin					✓		✓		
Metformin HCl	Riomet ER		✓							
Miglitol	Glyset		✓							
Nateglinide	Starlix		✓							
Pioglitazone HCl	Actos		✓							
Repaglinide	Prandin		✓							
Rosiglitazone maleate	Avandia		✓							✓
Saxagliptin HCl	Onglyza		✓							
Semaglutide	Ozempic					✓				
Sitagliptin phosphate	Januvia		✓							
AHFS Class 68:24 - Parathyroid and Antiparathyroid Agents										
Abaloparatide	Tymlos				✓			✓		
Parathyroid hormone	Natpara							✓		
Teriparatide	Forteo				✓			✓		
AHFS Class 68:28 - Pituitary										
Desmopressin acetate	Noctiva							✓		
Somatropin	Norditropin Flexpro							✓		
AHFS Class 68:29 - Somatostatin Agonists and Antagonists										
Lanreotide acetate	Somatuline Depot							✓		
Octreotide acetate	Sandostatin							✓		
Pasireotide diaspartate	Signifor							✓		
AHFS Class 68:40 - Leptins										
Metreleptin	Myalept							✓		
AHFS Class 68:44 - Renin-Angiotensin-Aldosterone Syst (RAAS)										
Angiotensin ii acetate, human	Giapreza							✓		
AHFS Class 76 - Oxytocics										
Oxytocin in 5 % dextrose	---							✓		
AHFS Class 80:04 - Antitoxins and Immune Globulins										
Immun glob g(igg)-hipp/maltose	Cutaquig							✓		
Immune globulin,gamma(igg)klhw	Xembify							✓		

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

AHFS Therapeutic Class and Generic Name	Rep Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Call Help Desk
AHFS Class 80:12 - Vaccines										
Mening vac a,c,y,w-135 dip/pf	Menactra									✓
Varicella-zoster ge/as01b/pf	Shingrix			✓						
Zoster vaccine live/pf	Zostavax			✓						
AHFS Class 84 - Skin and Mucous Membrane Agents										
Acitretin	Soriatane							✓		
Acyclovir	Zovirax							✓		
Adapalene/benzoyl peroxide	Epiduo Forte							✓		
Becaplermin	Regranex							✓		
Betamethasone dipropionate	Sernivo				✓			✓		
Brimonidine tartrate	Mirvaso							✓		
Brodalumab	Siliq							✓		
Calcipotriene/betamethasone	Enstilar				✓					
Clindamycin phosphate	Evoclin							✓		✓
Crisaborole	Eucrisa							✓		
Dimethicone	Derpixa							✓		
Diphenhydramine HCl	---					✓				
Doxepin HCl	Zonalon		✓				✓	✓		
Dupilumab	Dupixent Syringe							✓		
Efinaconazole	Jublia									✓
Gabapentin	Neuraptine							✓		
Guselkumab	Tremfya							✓		
Halobetasol propionate	Bryhali				✓					
Hydrocortisone/iodoquin/aloe 2	---							✓		
Isotretinoin	Absorica							✓		✓
Ivermectin	Soolantra							✓		
Ixekizumab	Taltz Autoinjector							✓		
Ketoconazole	---				✓					
Ketoprofen	Frotek		✓							
Lidocaine	Ztlido			✓				✓		
Lidocaine HCl	Lido-Sorb							✓		

AHFS Therapeutic Class and Generic Name	Rep Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Call Help Desk
Luliconazole	Luzu							✓		
Mafenide acetate	Sulfamylon							✓		
Metronidazole	Noritate							✓		
Miconazole nitrate/zinc ox/pet	Vusion							✓		✓
Naftifine HCl	Naftin								✓	
Nitroglycerin	Rectiv						✓			
Palifermin	Kepivance							✓		✓
Phenazopyridine HCl	Pyridium				✓					
Risankizumab-rzaa	Skyrizi (2 Syringes) Kit							✓		
Secukinumab	Cosentyx Pen (2 Pens)							✓		
Tavaborole	Kerydin							✓		
Terbinafine HCl	Lamisil				✓	✓				
Tirbanibulin	Klisyri			✓						
Tretinoin	---							✓		
Ustekinumab	Stelara							✓		
AHFS Class 86 - Smooth Muscle Relaxants										
Darifenacin hydrobromide	Enablex					✓				
Fesoterodine fumarate	Toviaz					✓				
Mirabegron	Myrbetriq					✓				
Oxybutynin	Oxytrol			✓		✓				
Oxybutynin chloride	Gelnique					✓				
Solifenacin succinate	Vesicare					✓				
Theophylline anhydrous	Theo-24						✓			
Tolterodine tartrate	Detrol LA					✓				
Trospium chloride	Sanctura XR					✓				
Vibegron	Gemtesa					✓				
AHFS Class 88 - Vitamins										
Ascorbic acid	Ascor									✓
Calcifediol	Rayaldee							✓		
AHFS Class 92:12 - Antidotes										
Glucarpidase	Voraxaze							✓		

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

AHFS Therapeutic Class and Generic Name	Rep Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Call Help Desk
Sugammadex sodium	Bridion							✓		
AHFS Class 92:18 - Antisense Oligonucleotides										
Inotersen sodium	Tegsedi							✓		
AHFS Class 92:20 - Immunomodulatory Agents										
Dimethyl fumarate	Tecfidera							✓		
Diroximel fumarate	Vumerity							✓		
Fingolimod HCl	Gilenya							✓		
Interferon beta-1b	Betaseron							✓		
Methotrexate/pf	---								✓	
Monomethyl fumarate	Bafiertam							✓		
Ocrelizumab	Ocrevus							✓		
Ofatumumab	Kesimpta Pen							✓		
Ozanimod hydrochloride	Zeposia							✓		
Ponesimod	Ponvory							✓		
Satralizumab-mwge	Enspryng							✓		
Siponimod	Mayzent		✓					✓		
Teriflunomide	Aubagio							✓		
Thalidomide	Thalomid							✓		
AHFS Class 92:22 - Bone Anabolic Agents										
Romosozumab-aqqg	Evenity (2 Syringes)							✓		
AHFS Class 92:24 - Bone Resorption Inhibitors										
Alendronate sodium	Fosamax		✓							
AHFS Class 92:32 - Complement Inhibitors										
Berotralstat hydrochloride	Orladeyo							✓		
Eculizumab	Soliris							✓		
Icatibant acetate	Firazyr							✓		
AHFS Class 92:36 - Disease-Modifying Antirheumatic Agents										
Abatacept	Orencia Clickject							✓		
Abatacept/maltose	Orencia							✓		
Adalimumab	Humira(Cf) Pen							✓		
Anakinra	Kineret							✓		

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

AHFS Therapeutic Class and Generic Name	Rep Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Diagnosis Required	Step Therapy	Call Help Desk
Apremilast	Otezla							✓		
Golimumab	Simponi Aria							✓		
Sarilumab	Kevzara							✓		
Tocilizumab	Actemra							✓		
Tofacitinib citrate	Xeljanz XR								✓	
Upadacitinib	Rinvoq							✓		
AHFS Class 92:44 - Immunosuppressive Agents										
Belimumab	Benlysta							✓		
Cladribine	Mavenclad							✓		
Voclosporin	---									✓
AHFS Class 92:92 - Other Miscellaneous Therapeutic Agents										
Aa/mv-mn/dietary,prot supplemn	---							✓		
Cysteamine bitartrate	Procysbi									✓
Dalfampridine	Ampyra		✓							
Eliglustat tartrate	Cerdelga							✓		
Incobotulinumtoxina	Xeomin							✓		
Migalastat HCl	Galafold							✓		
Miglustat	Zavesca							✓		
Nitisinone	Nityr							✓		
Onabotulinumtoxina	Botox					✓				
Osilodrostat phosphate	Isturisa									✓
Patisiran sodium,lipid complex	Onpattro							✓		
Resvera/chrom/gr.tea/egcg/dig3	---							✓		
Rilonacept	Arcalyst							✓		
Rimabotulinumtoxinb	Myobloc							✓		
Risdiplam	Evrysdi							✓		

APPENDIX E

State Funded Pharmacy Programs Utilizing the PACE Program Platform

January – December 2022

COLLABORATIVE INTERAGENCY EFFORTS AMONG PA STATE AGENCIES (9) AND STATE FUNDED PHARMACY PROGRAMS UTILIZING PACE PROGRAM SERVICES, 2022

	SECTION A: ENROLLMENT OUTREACH, ADJUDICATION, AND CUSTOMER SUPPORT					
PROGRAM NAME	ACRONYM	ENROLLEES CY 2022	MEMBER APPLICATION PROCESSING	MEMBER ELIGIBILITY DETERMINATION	MEMBER CUSTOMER SUPPORT	PART D PLAN COORDINATION[1]
PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY, DEPT. OF AGING	PACE	59,260	YES	YES	YES	YES
PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY NEEDS ENHANCEMENT TIER, DEPT. OF AGING	PACENET	173,552	YES	YES	YES	YES
I. ANCILLARY Rx BENEFIT PROGRAMS						
CHRONIC RENAL DISEASE PROGRAM, DEPT. OF HEALTH	CRDP	5,416	YES	YES	YES	YES
SPECIAL PHARMACEUTICAL BENEFITS PROGRAM, HIV/AIDS, DEPT. OF HEALTH	SPBP1	6,809	YES	YES	YES	YES
SPECIAL PHARMACEUTICAL BENEFITS PROGRAM, MENTAL HEALTH, DEPT. OF HUMAN SERVICES	SPBP2	632			YES	YES
CYSTIC FIBROSIS, DEPT. OF HEALTH	CF	2				
SPINA BIFIDA, DEPT. OF HEALTH	SB	1				
PHENYLKETONURIA DISEASE, DEPT. OF HEALTH	PKU	47				
MAPLE SYRUP URINE DISEASE, DEPT. OF HEALTH	MSUD	3				
PACE CLEARINGHOUSE, PA OFFICE OF THE ATTORNEY GENERAL	PC	13,899	YES	YES	YES	
DEPT. OF MILITARY AND VETERANS AFFAIRS	DMVA	578	YES	YES	YES	YES
DEPT. OF CORRECTIONS, 65 AND OLDER	DOC	2,503			YES	
MEDICAL MARIJUANA ASSISTANCE PROGRAM, DEPT. OF HEALTH	MMAP	1,634			YES	

	SECTION A: ENROLLMENT OUTREACH, ADJUDICATION, AND CUSTOMER SUPPORT (continued)					
PROGRAM NAME	ACRONYM	ENROLLEES CY 2022	MEMBER APPLICATION PROCESSING	MEMBER ELIGIBILITY DETERMINATION	MEMBER CUSTOMER SUPPORT	PART D PLAN COORDINATION[1]
II. NON-BENEFIT SUPPORTED PROGRAMS						
PA MEDICARE EDUCATION AND DECISION INSIGHT, DEPT. OF AGING	PA MEDI			YES	YES	YES
DEPT. OF CORRECTIONS	DOC	36,824 (average)			YES	YES
BENEFIT OUTREACH AND CLIENT CONTACT, BOARD OF PROBATION AND PAROLE	PBPP	5,312	YES	YES	YES	YES
DEPT. OF GENERAL SERVICES	DGS					
OFFICE OF DRUG SURVEILLANCE AND MISUSE PREVENTION, DEPT. OF HEALTH	ODSMP					
GOVERNOR'S OPIOID TASK FORCE, UNIFIED COORDINATION GROUP, DEPT. OF HEALTH	UCG					
GENERAL ASSISTANCE PROGRAM, DEPT. OF HUMAN SERVICES	GA					
NALOXONE PAYMENT ASSISTANCE, DEPT. OF DRUG AND ALCOHOL PROGRAMS	DDAP			YES	YES	
SENIOR FOOD BOX PROGRAM PACE INITIATIVE, DEPT. OF AGRICULTURE	SFBP	17,310 (applications)	YES	YES		
PENNSYLVANIA HEALTH CARE COST CONTAINMENT COUNCIL	PHC4					
DEPT. OF MILITARY AND VETERANS AFFAIRS/ DEPT. OF TRANSPORTATION	DMVA/DOT		YES	YES		
		[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				

	SECTION B: CLAIMS ADJUDICATION AND PROVIDER SUPPORT						SECTION C: DUR INTERVENTIONS AND CLINICAL SUPPORT	
	PHARMACY CLAIMS CY 2022	ANNUAL EXPENDITURES CY 2022	PHARMACY CLAIMS ADJUDICATION[2]	PHARMACY NETWORK ENROLLMENT	PROVIDER CUSTOMER SUPPORT	PROVIDER AUDIT SUPPORT	CLINICAL MANAGEMENT	FORMULARY MAINTENANCE
PACE	956,499	$24,274,273	YES	YES	YES	YES	YES	YES
PACENET	3,026,741	$103,103,266	YES	YES	YES	YES	YES	YES
I. ANCILLARY Rx BENEFIT PROGRAMS								
CRDP	28,011	$817,508	YES	YES	YES	YES	YES	YES
SPBP1	187,709	$69,707,225	YES	YES	YES	YES	YES	YES
SPBP2	3,743	$303,070	YES	YES	YES	YES	YES	YES
CF	21	$11,130	YES	YES	YES			YES
SB	12	$778	YES	YES	YES			YES
PKU	172	$93,059	YES	YES	YES			YES
MSUD	24	$21,833	YES	YES	YES			YES
PC	6,391	$336,397	YES	YES	YES		YES	YES
DMVA	8,655	$195,643	YES	YES	YES			
DOC (65 AND OLDER)	148,994	$6,022,572	YES		YES	YES		YES
MMAP	1,183	$72,324	YES	YES	YES	YES		

PACE – PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY
PACENET – PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY NEEDS ENHANCEMENT TIER
CRDP – CHRONIC RENAL DISEASE PROGRAM
SPBP1 – SPECIAL PHARMACEUTICAL BENEFITS PROGRAM, HIV/AIDS
SPBP2 – SPECIAL PHARMACEUTICAL BENEFITS PROGRAM, MENTAL HEALTH
CF – CYSTIC FIBROSIS
SB – SPINA BIFIDA
PKU – PHENYLKETONURIA DISEASE
MSUD – MAPLE SYRUP URINE DISEASE
PC – PACE CLEARINGHOUSE
DMVA – DEPT. OF MILITARY AND VETERANS AFFAIRS
DOC – DEPT. OF CORRECTIONS
MMAP – MEDICAL MARIJUANA ASSISTANCE PROGRAM

	SECTION B: CLAIMS ADJUDICATION AND PROVIDER SUPPORT (continued)						SECTION C: DUR INTERVENTIONS AND CLINICAL SUPPORT (continued)	
	PHARMACY CLAIMS CY 2022	ANNUAL EXPENDITURES CY 2022	PHARMACY CLAIMS ADJUDICATION[2]	PHARMACY NETWORK ENROLLMENT	PROVIDER CUSTOMER SUPPORT	PROVIDER AUDIT SUPPORT	CLINICAL MANAGEMENT	FORMULARY MAINTENANCE
II. NON-BENEFIT SUPPORTED PROGRAMS								
PA MEDI								
DOC (TOTAL)	-	$88,619,068 (Diamond)	YES	YES	YES	YES	YES	YES
PBPP								
DGS								
ODSMP							YES	
UCG							YES	
GA								
DDAP	2,023	35,321	YES	YES	YES	YES		
SFBP								
PHC4								
DMVA/DOT								

[2] Includes online, real time claims adjudication; claim denials when claim exceeds drug utilization review criteria; and seamless wrap-around of other pharmacy benefits.

PA MEDI – PA MEDICARE EDUCATION AND DECISION INSIGHT
DOC – DEPT. OF CORRECTIONS
PBPP – PA BOARD OF PROBATION AND PAROLE
DGS – DEPT. OF GENERAL SERVICES
ODSMP – OFFICE OF DRUG SURVEILLANCE AND MISUSE PREVENTION
UCG – UNIFIED COORDINATION GROUP, OPIOID INTERVENTIONS
GA – GENERAL ASSISTANCE PROGRAM
DDAP – DEPT. OF DRUG AND ALCOHOL PROGRAMS
SFBP – SENIOR FOOD BOX PROGRAM, PACE INITIATIVE
PHC4 – PA HEALTH CARE COST CONTAINMENT COUNCIL
DMVA/DOT - DEPT. OF MILITARY AND VETERANS AFFAIRS/DEPT. OF TRANSPORTATION

	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										
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			
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			
MMAP	YES		YES	YES	YES	YES				

PACE – PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY
PACENET – PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY NEEDS ENHANCEMENT TIER
CRDP – CHRONIC RENAL DISEASE PROGRAM
SPBP1 – SPECIAL PHARMACEUTICAL BENEFITS PROGRAM, HIV/AIDS
SPBP2 – SPECIAL PHARMACEUTICAL BENEFITS PROGRAM, MENTAL HEALTH
CF – CYSTIC FIBROSIS
SB – SPINA BIFIDA
PKU – PHENYLKETONURIA DISEASE
MSUD – MAPLE SYRUP URINE DISEASE
PC – PACE CLEARINGHOUSE
DMVA – DEPT. OF MILITARY AND VETERANS AFFAIRS
DOC – DEPT. OF CORRECTIONS
MMAP – MEDICAL MARIJUANA ASSISTANCE PROGRAM

	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
II. NON-BENEFIT SUPPORTED PROGRAMS										
PA MEDI	YES		YES	YES	YES	YES	YES			
DOC (TOTAL)	YES	YES	YES	YES	YES	YES	YES			
PBPP										
DGS	YES		YES	YES	YES	YES	YES			
ODSMP			YES	YES	YES		YES		YES	YES
UCG					YES				YES	
GA		YES								
DDAP	YES	YES			YES					
SFBP					YES					
PHC4			YES	YES	YES	YES	YES			
DMVA/DOT								YES		
	[3] Although technical support for the website is not provided, documentation relevant to the program is provided for inclusion on the website.									

PA MEDI – PA MEDICARE EDUCATION AND DECISION INSIGHT
DOC – DEPT. OF CORRECTIONS
PBPP – PA BOARD OF PROBATION AND PAROLE
DGS – DEPT. OF GENERAL SERVICES
ODMP – OFFICE OF DRUG SURVEILLANCE AND MISUSE PREVENTION
UCG – UNIFIED COORDINATION GROUP, OPIOID INTERVENTIONS
GA – GENERAL ASSISTANCE PROGRAM
DDAP – DEPT. OF DRUG AND ALCOHOL PROGRAMS
SFBP – SENIOR FOOD BOX PROGRAM, PACE INITIATIVE
PHC4 – PA HEALTH CARE COST CONTAINMENT COUNCIL
DMVA/DOT - DEPT. OF MILITARY AND VETERANS AFFAIRS/DEPT. OF TRANSPORTATION