

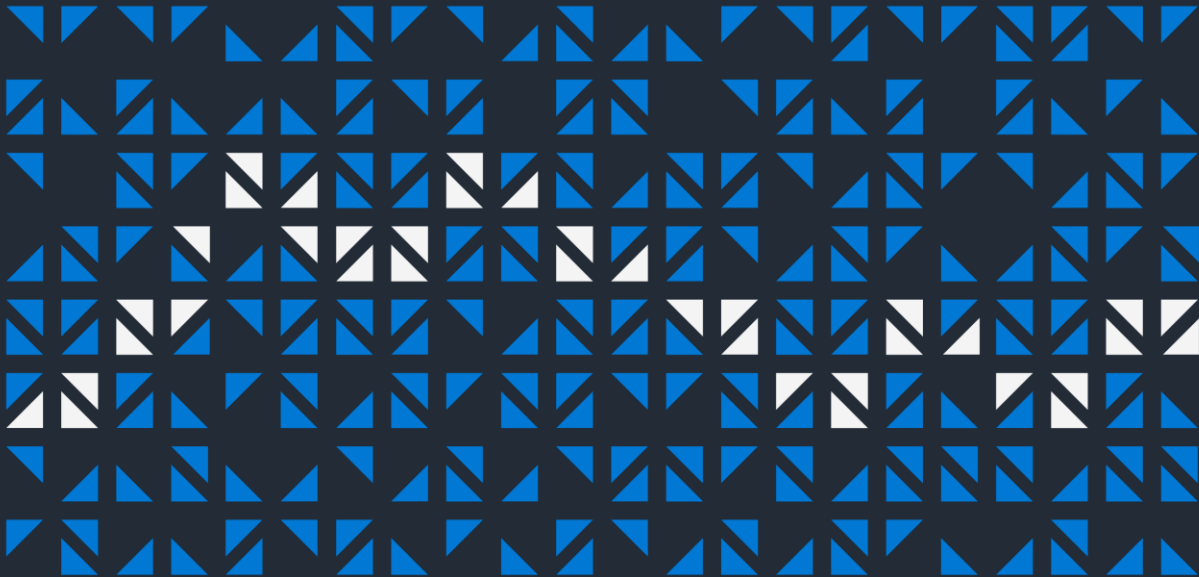
MILLIMAN REPORT

# Commercial Drug Trends

2023 release

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## Executive summary

Pharmaceutical drug expenditures represent a significant proportion of healthcare costs and thus are a hot topic within the commercial health benefits sector. Over time, scientific innovation continues to produce novel treatments and improvements over existing options, raising the potential quality of life for patients across the country. However, increases in the cost of drugs, and the proportion of benefit costs associated with drugs, has kept the pressure on commercial payers to think creatively about how to ensure access while managing drug costs.

Based on drug mix from 2022, we project average wholesale price (AWP) per member will increase by 11% to 19% annually among commercial plans from 2022 to 2024. In developing these projections, we considered historical claims data and factors that include but are not limited to anticipated patent losses, drug pipeline developments, and manufacturer price changes. The actual increase in AWP will be highly dependent on responses across the industry to weight-loss drug utilization, insulin price decreases, and other significant market events.

The popularity of weight-loss drugs represents, potentially, the biggest single market-shifting event to happen in recent years. Prescribing patterns have been substantially influenced by impressive clinical trial data and even by social media. The 2021 launch of Wegovy appears to be only the beginning of the story, with orally-dosed products launching in the near future and a pipeline invested in producing even more efficacious weight-loss successors.

The increased adoption rate of biosimilar products will continue to shape the market, a trend that started with the Q4 2021 launch of Semglee, the first interchangeable biosimilar. This year also brought the launch of biosimilars to Humira, the best-selling drug in pharmaceutical history. We expect biosimilar competition to dampen the overall trend within certain drug groups.

Understanding the factors driving pharmaceutical spending is crucial for payers, policymakers, providers, and patients alike, since it directly impacts the accessibility, coverage, and affordability of medications.

## Methodology and concepts

This report provides insights into pharmacy cost and utilization trends based on our analysis of Milliman's proprietary Milliman Consolidated Health Cost Guidelines™ Sources Database (CHSD). This multiyear, multiple-line-of-business, longitudinal claims database includes claims information from several national and regional health plans and represents almost 90 million lives. Specifically, this report explores commercial pharmacy claims information from claims filled between the years 2018 and 2022. Note that information provided in this report may differ from other Milliman reports, like the Health Trend Guidelines (HTGs), based on differences in data sources and date ranges of analyzed claims.

In addition to historical cost and utilization trends, this report also discusses factors that may have influenced these trends and their potential future implications. These elements can be used to project future pharmacy costs either at an aggregate level or at more granular drug class levels. Projections can then be used for budgeting purposes or as part of an RFP or market check exercise. Note that the information and exhibits provided in this report are intended to help increase the understanding of the pharmacy benefits space and to serve as a starting point for further investigation. Information derived from this large dataset represents a general baseline for future research; however, it must be considered within the context of varying plan designs and membership. The appropriateness of applying this research to a plan's projections may vary.

### A. TERMINOLOGY

TERM	DESCRIPTION
<b>Total drug cost (gross cost)</b>	Represents the cost of the drug to the plan and the member as reported in CHSD claims data. It reflects discounts off AWP, dispensing fees, and taxes but not rebates and administrative fees.
<b>Wholesale acquisition cost (WAC)</b>	The price wholesalers pay to manufacturers for drugs, not including discounts or rebates. Pharmaceutical manufacturers often set rebates as a percent of WAC.
<b>Average Wholesale Price (AWP)</b>	The average price retail pharmacies pay to wholesalers for drugs. Published AWP list prices are typically WAC plus 20%. PBM pricing guarantees are often set based on a discount off AWP.

TERM	DESCRIPTION
PMPM	This acronym represents the term "per member per month."
Claims	Unless otherwise stated, claims are counted as equivalent 30-day claims. For example, a 90-day claim counts as three claims.
Drug type	Brand and generic definitions have been set using indicators and logic based on Medi-Span.
Specialty	The definition of specialty drug has been set using pre-defined CHSD logic developed by clinicians at Milliman.

## B. REBATES AND AWP DISCOUNTS

The relationship between rebates and AWP discounts is a key component to consider when determining the net cost of drugs. Market-changing events such as patent losses and legislative pressures can lead to drug price decreases; however, those decreases can be offset by the lessening of rebates paid to plan sponsors and their pharmacy benefit managers (PBMs). Based on our work in the pharmacy benefits space, we have observed the following:

1. Rebates for preferred brand drugs, often expressed as a percentage of AWP, can have extremely high variance.
2. Based on Milliman's MyRxConsultant Performance Benchmarking, the median AWP discount experience for brand drug claims filled at less than an 83-day supply at a retail pharmacy was approximately 19% in 2021. For generic drugs under the same conditions, the median AWP discount experience was 82%.
3. The Milliman Medical Index projects that, on average, rebates will be approximately 25% to 31% of total drug costs in 2023.

Drugs with the same clinical effect may differ substantially by AWP list price as well as by the amount of rebates paid by the manufacturer. Below are hypothetical examples that illustrate potential offsetting effects on net prices.

### 1. Brand drug with a lowered AWP:

- A drug with a \$1,000 AWP and 20% discount would have an ingredient cost of \$800, split between the plan and member. Assuming that the plan receives a \$200 rebate on this drug, the net cost would be \$600.
- A 50% reduction in AWP plus the 20% discount would bring the ingredient cost down to \$400. Assuming that the percentage value of the rebate remains the same (20% of AWP), the value of the rebate would drop to \$100, bringing the net cost to \$300 and reflecting a 50% reduction in net cost.

### 2. Competitor products with different pricing structures:

- Drug A represents a drug with a \$1,000 gross cost and a \$300 rebate. Drug B represents a drug with a \$600 gross cost and no rebate. The net cost of Drug B is \$100 less than Drug A.
- The current standard PBM pricing models may have economic incentives for the PBM to prefer drug A instead of drug B despite the lower net cost due to the contractual requirement to achieve minimum rebate guarantees. A PBM formulary may prefer Drug A over Drug B, despite Drug A being more expensive, if Drug A helps the PBM achieve its contractual minimum rebate guarantee.

### 3. Patent loss:

- The net cost of a competitor product can be either less or more than that of its reference product counterpart once rebates are considered. It is true that generics and biosimilars are often cheaper options, but this is not always the case, particularly prior to multiple manufacturers producing a competitive product.

Note that other stakeholders within the distribution chain may react to the above changes in varying ways, further complicating drug pricing.

### C. GENERIC DISPENSING RATES (GDRs)

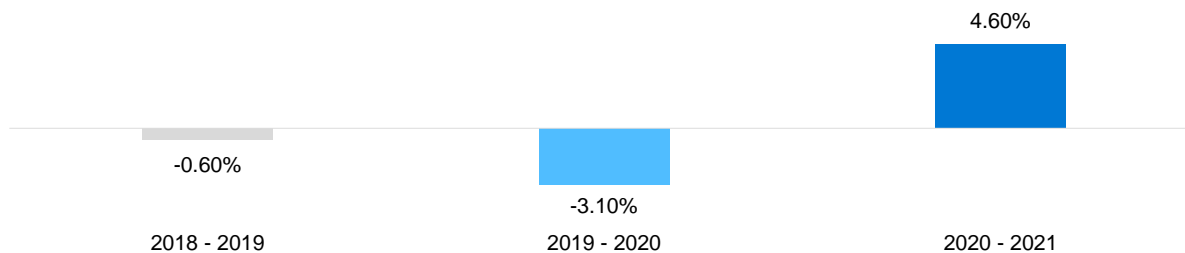
Because generic drugs tend to be cheaper for plans and members than brand drugs, the release of new generics cause brand utilizers to shift their utilization to generic alternatives over time. Utilization trends will differ by drug depending on the nature of the condition it is treating. But for the drugs considered, including their newly released generic versions, we found that:

1. GDR increases significantly in the year following a generic launch before mostly levelling out. It is common for GDR to exceed 90% for drugs with generic options available.
2. Relative to utilization trends before the generic launch, utilization trends increased between 10% and 27% per year. For medical conditions that have utilization that is relatively inelastic to drug pricing, we would expect this increase to be on the lower end of the scale. But rationing and affordability may account for at least some increase even in those cases.
3. Relative to AWP trends before the generic launch, annual AWP per claim trends decreased between 6% and 17% after generic launch. In addition to this list price decrease, AWP discounts increase as patients transition from the brand to the deeper discounted generic alternative.

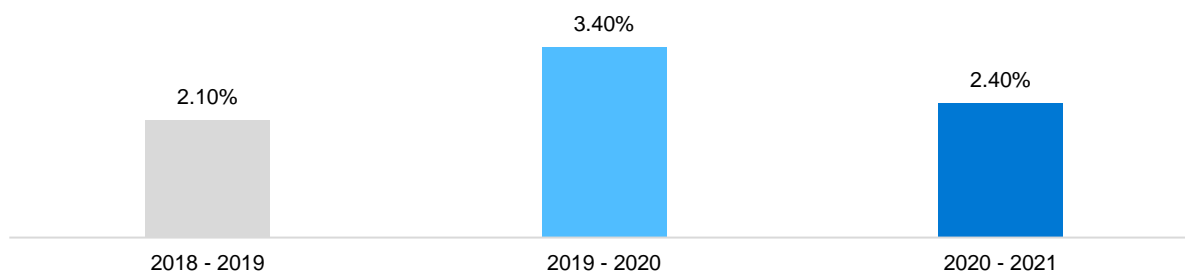
### D. DELAYED CARE

We are still learning how trends have been affected following the COVID-19 pandemic. Staying at home may have resulted in delayed care for some conditions. As a result, plans may expect a bounce back for drug utilization. In our research, however, we have seen the following utilization trends:

**FIGURE 1: DRUG UTILIZATION - CLAIMS VOLUME PER MEMBER  
% CHANGE (YEAR OVER YEAR)**



**FIGURE 2: DRUG UTILIZATION - DAYS SUPPLY PER MEMBER  
% CHANGE (YEAR OVER YEAR)**



While claim count decreased in 2020, days supply actually increased more than the previous year, indicating a switch from 30-day supplies to extended-day supplies for many members. Interestingly, claim numbers bounced back in 2021.

## Emerging trends

### 1. WEIGHT-LOSS DRUGS

The weight-loss blockbuster Wegovy became approved by the FDA for weight loss in June 2021 and posted sales of more than \$900 million USD in 2022.<sup>1</sup> In addition, the diabetes treatment Ozempic, which has the same active ingredient as Wegovy, is being used and covered off-label to treat weight loss. Wegovy differentiated itself from previously launched competitors, such as Saxenda, Qsymia, and Belviq, by displaying significantly greater efficacy along with no major safety concerns, the latter of which had posed a major problem in the past.

Fenfluramine/phentermine, widely known as “fen-phen,” was an effective weight-loss drug and, according to PBS, posted approximately \$300 million in sales in the U.S. in 1996. However, it was later discovered that fen-phen presented potentially fatal cardiac risks. The FDA withdrew it from the market in 1997. Since this event, prescribers had been hesitant to prescribe any newly launched weight-loss drugs.<sup>2</sup>

Due to familiarity with Ozempic, and clinical trials showing safety at its higher dose, prescribers have not had the same safety concerns with Wegovy that they may have had with previous weight-loss products. This class of drugs, called GLP-1 receptor agonists, first launched in 2005 and has had high market utilization without presenting any major safety concerns. Additionally, Wegovy has produced higher efficacy in clinical trials than previous weight-loss options. Three studies cited by the FDA in its prescribing information found between a 9.6% and 16% reduction in baseline weight over a 68-week period. These two factors, among others, have contributed to the high popularity of Wegovy within the weight-loss drug class that, before 2021, had not historically been a source of high drug spend for plan sponsors.

Across our book of business, we have seen weight-loss drug utilization increase by over 40% from 2021 to 2022. High utilization trends have continued so far in 2023, and in some cases, utilization has more than doubled when comparing the first half of 2022 to the first half of 2023. Currently, the majority of weight-loss drugs are administered via injection. With potential oral versions of these drugs and a weight-loss formulation of potent GLP-1 agonist Mounjaro expected to hit the market in 2024, we expect these trends to remain high in the future. In fact, phase 3 clinical trial data published in 2022 and 2023 suggests that the active ingredient in Mounjaro may have an even more pronounced effect on weight loss than Wegovy, which may further increase utilization rates within this class.

More detail on this topic can be found in the Milliman white paper “Payer strategies for GLP-1 medications for weight loss,”<sup>3</sup> published in August 2023.

### 2. ANTIDIABETICS

Antidiabetics are among the most common non-specialty classes of drugs. In 2023, Sanofi, Eli Lilly, and Novo Nordisk announced large reductions in AWP for several insulin products within their portfolios.<sup>4,5,6</sup>

- **Effective May 1, 2023**, Eli Lilly’s insulin lispro had its AWP set to \$25 per 10 mL vial.
- **Effective October 1, 2023**, Humalog had its AWP reduced by 70%.
- **Effective January 1, 2024**, five other insulin products will have their list prices reduced between 65% and 78%.

1 Manalac, T. (July 2023). Lawmakers Push for Medicare Coverage of Weight-Loss Drugs. Biospace. Available at: <https://www.biospace.com/article/lawmakers-push-for-medicare-coverage-of-weight-loss-drugs/>.

2 Cohen, K. (November 20023). Fen Phen Nation. Public Broadcasting Service (PBS). Available at: <https://www.pbs.org/wgbh/pages/frontline/shows/prescription/hazard/fenphen.html>.

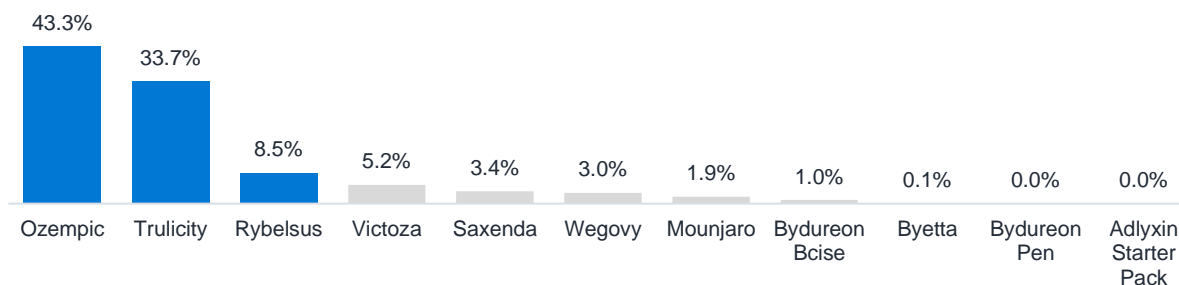
3 Ally, A.J., Bell, D., Craff, M., et al. (August 2023). Payer strategies for GLP-1 medications for weight loss. Milliman white paper. Available at: [https://us.milliman.com/-/media/milliman/pdfs/2023-articles/8-28-23\\_glp-1s-for-weight-loss\\_20230824.ashx](https://us.milliman.com/-/media/milliman/pdfs/2023-articles/8-28-23_glp-1s-for-weight-loss_20230824.ashx).

4 Lilly (March 2023). Lilly cuts insulin prices by 70% and caps patient insulin out-of-pocket costs at \$35 per month. Available at: <https://investor.lilly.com/news-releases/news-release-details/lilly-cuts-insulin-prices-70-and-caps-patient-insulin-out-pocket>.

5 Novo Nordisk (March 2023). Novo Nordisk to lower U.S. prices of several pre-filled insulin pens and vials up to 75% for people living with diabetes in January 2024. Available at: <https://www.novonordisk.com/news-and-media/latest-news/lowering-us-list-prices-of-several-products-.html>.

6 Sanofi (March 2023). Press Release: Sanofi cuts U.S. list price of Lantus®, its most-prescribed insulin, by 78% and caps out-of-pocket Lantus costs at \$35 for all patients with commercial insurance. Available at: <https://www.sanofi.com/en/media-room/press-releases/2023/2023-03-16-20-06-43-2629188>.

**FIGURE 3: GLP-1 RECEPTOR AGONISTS  
UTILIZATION BY PRODUCT IN 2022 (PERCENT OF DAYS SUPPLY)**



These decreases in AWP will contribute to proportionally lower ingredient costs per claim. However, these decreases are expected to be offset by rebate reductions.

In addition to insulin, GLP-1 receptor agonists are having a significant impact on the market within the antidiabetics space. Utilization for Ozempic has increased dramatically, due to its relationship with the popular weight loss drug Wegovy, with which it shares an identical active ingredient: semaglutide. While Ozempic is only indicated for the treatment of type 2 diabetes, it has become a popular off-label option for weight loss in cases where Wegovy is either not covered by a plan or not available due to high demand and supply shortages. Rybelsus is another drug with semaglutide as an active ingredient. However, Rybelsus is administered orally, which paved the way for further increases in utilization as administration for GLP-1s becomes significantly easier for patients. The 2022 launch of Mounjaro, a product that has rapidly increased its market share in 2023, further emphasized the popularity of this class.

The increased demand for Ozempic, Mounjaro, and other GLP-1s has already started a significant increase in utilization and total cost among antidiabetic drugs, and the AWP decreases for several popular insulin products and release of a generic alternative to Victoza may contribute to further increases in utilization in future years. We expect market shares to differ significantly in 2023 and beyond. The decrease in AWP per claim for insulins, however, may curb some of the total cost increases for plans, depending on the rebate value manufacturers are willing to pay following the AWP decreases.

### 3. BIOSIMILARS

The adoption rate of biosimilar products has historically been slow, especially when comparing the U.S. market to the European market. This has been true since the launch of the first biosimilar products in 2015. However, two recent events may change this trend.

#### A. Semglee

2022 was the first full year in which an interchangeable biosimilar has been available on the U.S. market. Until the launch of Semglee, a biosimilar to reference product Lantus, interchangeability had always been a significant barrier to the acceptance of biosimilar products because they could not legally be dispensed at the pharmacy level without the explicit approval of a prescriber. The interchangeability designation allows pharmacists to automatically dispense biosimilar products as a substitute for reference products without consulting a prescriber, similar to generic products. Adoption rates of interchangeable biosimilars are expected to be higher than those of non-interchangeable biosimilars which, in turn, encourages PBMs to accommodate these interchangeable biosimilars on their formularies.

Immediately after its launch in November 2021, Semglee became a preferred option on the Prime Therapeutics national formularies.<sup>7</sup> Shortly afterward, in January 2022, Semglee was announced as the preferred option on the Express Scripts national formularies.<sup>8</sup> If manufacturers continue to prioritize the release of interchangeable

<sup>7</sup> Prime Therapeutics (November 2021). Prime Therapeutics backs first interchangeable insulin biosimilar Semglee®. Available at: <https://www.primetherapeutics.com/news/prime-therapeutics-backs-first-interchangeable-insulin-biosimilar-semglee/>.

<sup>8</sup> Express Scripts (July 2023). Express Scripts adds three biosimilars to largest formulary to promote competition and advance affordability, choices for patients. Available at: <https://www.prnewswire.com/news-releases/express-scripts-adds-three-biosimilars-to-largest-formulary-to-promote-competition-and-affordability-choices-for-patients-301872877.html>.

biosimilars, the increase in adoption rates for future biosimilar products will create more market competition, putting more pressure on all manufacturers to lower net costs.

## B. Humira

Humira represents another drug that, similar to Lantus, stands in contrast to most of the earlier biosimilar market, which has historically consisted of low-utilization drugs that were mostly dispensed in a hospital or infusion center for indications like cancer or anemia. As its patents expire, Humira (adalimumab), the top-selling drug in history (see *Supplemental Data – 2. Top Drugs by Cost*), faces biosimilar competition from up to seven biosimilars expected to launch in 2023. Of note:

- Cyltezo, a biosimilar with interchangeability status, launched in July 2023.
- It is possible that a second, Abrilada, will also have interchangeability status by the end of 2023.<sup>9</sup>

Due to this interchangeability, Humira will quickly face stronger competition than other reference products with biosimilars, decreasing net costs for these products and dampening the overall trend within the anti-inflammatory/analgesic drug group.

## 4. COPAY ASSISTANCE

Manufacturers have recently used copay assistance to make certain high-cost specialty drugs more affordable to members. However, plan sponsors have struggled with this because copay assistance bypasses the member cost-sharing strategy of a plan design and removes member incentives to choose cheaper treatment options. In response, PBMs and plan sponsors have found ways to leverage copay assistance through copay accumulator and maximizer programs.

These programs have been increasingly popular strategies for diverting drug spend to members and manufacturers. Accumulator programs exclude manufacturer copay assistance from counting toward member deductibles and out-of-pocket maximums. Maximizer programs set a member's out-of-pocket payment to the maximum value that a manufacturer's copay assistance offers for each claim. Both of these strategies enable plans to reduce their own costs by taking full advantage of manufacturer-offered assistance and member cost sharing.

However, the popularity of these programs has faced recent pushback from legislators and manufacturers. As of spring 2022, the following states and territories have passed laws banning accumulator programs: Arizona, Arkansas, Connecticut, Delaware, Georgia, Illinois, Kentucky, Louisiana, Maine, New Mexico, New York, North Carolina, Oklahoma, Puerto Rico, Tennessee, Virginia, Washington, and West Virginia.<sup>10</sup>

In 2022, Johnson and Johnson, a manufacturer, filed a lawsuit against SaveOnSP, a company that specializes in leveraging copay assistance to produce cost savings for plan sponsors. Johnson and Johnson alleges that SaveOnSP's misconduct cost it \$100 million in additional copay assistance<sup>11</sup>.

It is estimated that around 40% of plans have adopted accumulator and maximizer programs as cost-controlling measures, particularly in the increasingly expensive specialty drug space.<sup>12</sup> Further removal or reduction of these programs would lead to increased costs for plan sponsors.

9 Generics Bulletin (February 2023). Provisionally Interchangeable? FDA Weighs 'Requirements' For Pfizer's Adalimumab. Available at: <https://generics.citeline.com/GB152546/Provisionally-Interchangeable-FDA-Weighs-Requirements-For-Pfizers-Adalimumab>.

10 Crohn's and Colitis Foundation (2022). Hot Topic: Copay Accumulator and Maximizer Programs. Available at: <https://www.crohnscolitisfoundation.org/managing-the-cost-of-ibd/hot-topic-copay-accumulator-maximizer-programs>.

11 Lagasse, J. (May 2022). Johnson & Johnson sues benefits company for allegedly overusing drug cost assistance program. Healthcare Finance. Available at: <https://www.healthcarefinancenews.com/news/johnson-johnson-sues-benefits-company-allegedly-overusing-drug-cost-assistance-program>.

12 Drug Channels (February 2023). Copay Accumulator and Maximizer Update: Adoption Plateaus as Insurers Battle Patients Over Copay Support. Available at: <https://www.drugchannels.net/2023/02/copay-accumulator-and-maximizer-update.html>.



## 5. ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD)

ADHD medications are within a class of drugs that includes ADHD drugs, anti-narcolepsy drugs, anti-obesity drugs, and anorexiant (stimulants). The stimulant class is being affected by two significant changes in the market: the increasing utilization of telehealth for mental health treatment and the 2023 launch of generic competition to Vyvanse.

### A. Telehealth

The COVID pandemic helped popularize the use of telehealth as a way for patients to connect with healthcare providers to receive care, especially for those seeking help with mental health. As a result of improved ease of access, patient diagnosis for mental health conditions and corresponding drug utilization have increased. In particular, we estimate that utilization for stimulants increased by 8.5% from 2020 to 2021. By comparison, drug utilization among all drugs increased by 2.4% from 2020 to 2021.

### B. Vyvanse

Vyvanse, a brand-only drug that is one of the most popular ADHD treatment options, is expected to face generic competition this year, as its exclusivity period ended in August 2023. Based on the prevalence of Vyvanse, which represents about 15% of all utilization in the stimulant drug class, the launch of a generic alternative is expected to have a significant impact on the ADHD market. We anticipate that utilization for Vyvanse and its generic counterparts will accelerate over the next year as patients currently using less popular stimulants and new patients move to this therapy. Plan sponsors will also lose rebate revenue due to the shift from brand to generic utilization. The utilization increases and loss of rebates will, however, be offset as the gross cost decreases over the next one to two years following the generic launch.

## 6. OTHER CONSIDERATIONS

### 1. Cancer treatments

- Utilization for brand specialty drugs in this class has increased approximately 10% per year from 2018 to 2021. Common brand specialty antineoplastics and adjunctive therapies include oncology drugs such as Iclusig, Pomalyst, and Cabometyx, which each cost more than \$20,000 per 30-day claim. The average gross cost of brand specialty drugs in this class was nearly \$14,000 per 30-day claim in 2022.

### 2. Blood disorder treatments

- Hematological agents are used to treat blood disorders. Utilization for brand specialty drugs in this class has increased nearly 26% per year from 2018 to 2021. One of the most highly utilized brand specialty hematological agents is Hemlibra, which is used to treat hemophilia A. Hemlibra costs over \$38,000 per 30-day claim. Several other drugs in this class cost over \$40,000 per 30-day claims, with Alprolix and Eloctate each costing over \$50,000 per 30-day claim.

### 3. Alzheimer's disease treatments

- Alzheimer's disease has been a popular R&D target with the recent approvals of Aduhelm, Leqembi, and a third drug, Donenemab, likely to be approved this year. The Centers for Medicare and Medicaid Services (CMS) has recently taken a favorable stance on covering this class of drugs since Leqembi was approved under the traditional approval process. CMS had previously announced that it would not cover Aduhelm because it was approved under the accelerated approval process.

### 4. Inflation Reduction Act (IRA)

- The IRA, passed in August 2022, is expected to cause major changes in the healthcare sector over the next few years. More detail on this topic can be found in the Milliman white paper "Inflation Reduction Act: What health plans and Part D sponsors need to know to be prepared,"<sup>13</sup> published in December 2022.

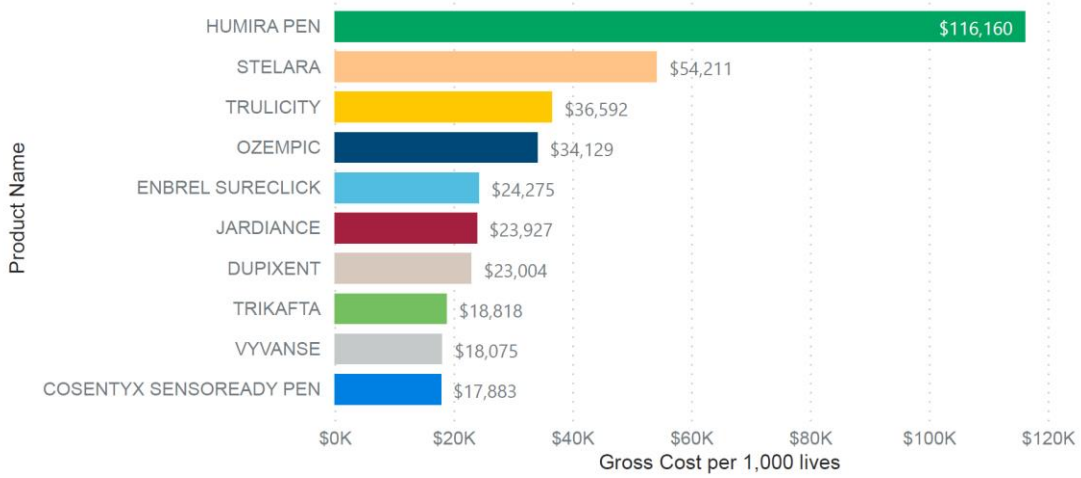
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<sup>13</sup> Aly, H., Smith, M. & Bonds, L. (December 2022). Inflation Reduction Act: What health plans and Part D sponsors need to know to be prepared. Milliman white paper. Available at: [https://www.milliman.com/-/media/milliman/pdfs/2022-articles/12-12-22\\_ira\\_white\\_paper\\_plans\\_sponsors.ashx](https://www.milliman.com/-/media/milliman/pdfs/2022-articles/12-12-22_ira_white_paper_plans_sponsors.ashx).

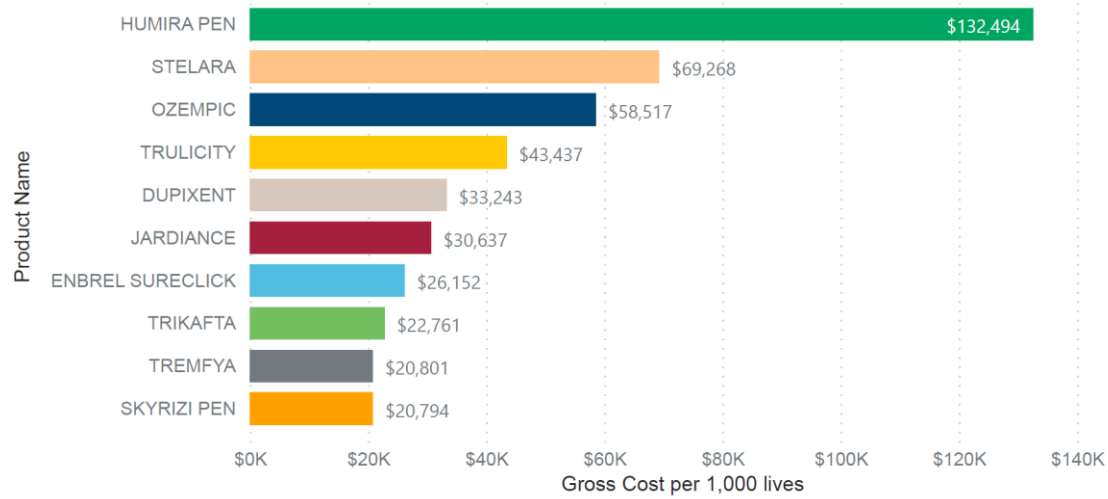
# Supplemental data

## 1. TOP DRUGS BY COST

2021

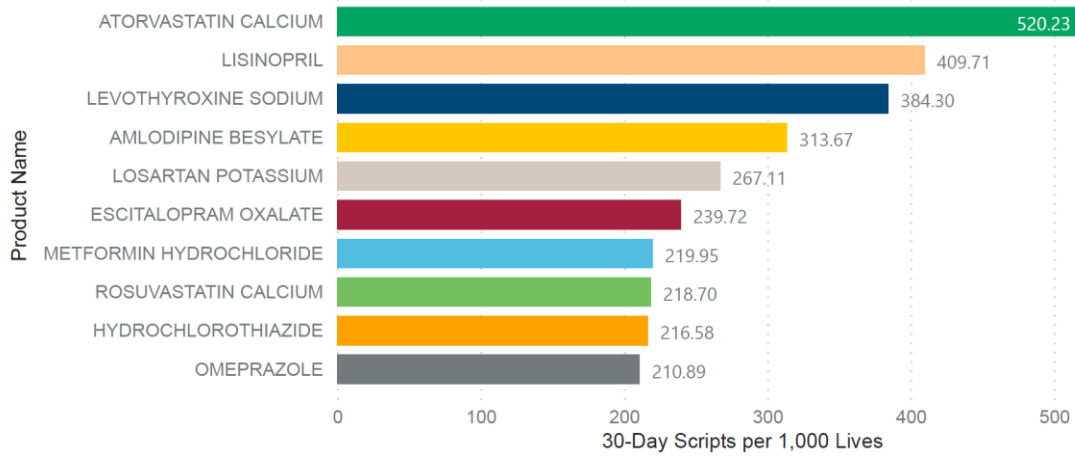


2022

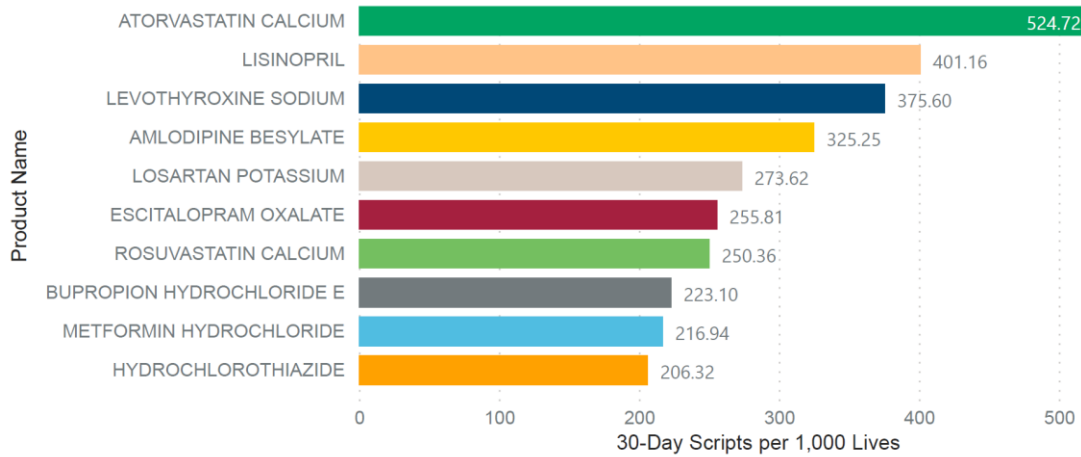


## 2. TOP DRUGS BY COUNT

2021



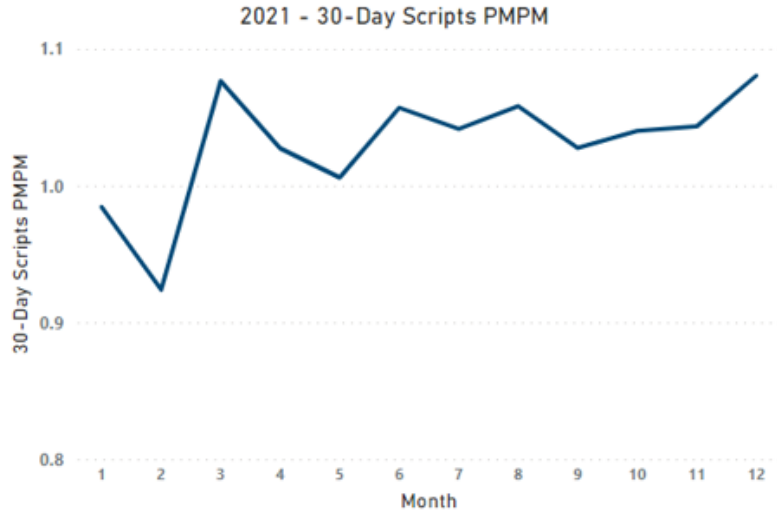
2022



Note: Top Drugs by 30-day Scripts exhibits exclude vaccines.

### 3. SEASONALITY BY MONTH

Month	30-Day Scripts PMPM
January	0.98
February	0.92
March	1.08
April	1.03
May	1.01
June	1.06
July	1.04
August	1.06
September	1.03
October	1.04
November	1.04
December	1.08



Note: Seasonality will vary depending on plan design, days in the month, and weekend days in the month.

### 4. GEOGRAPHY

REGION	2021		2022	
	30-DAY SCRIPTS PMPM	GROSS COST PER 30-DAY SCRIPT	30-DAY SCRIPTS PMPM	GROSS COST PER 30-DAY SCRIPT
West	0.89	\$117.24	0.90	\$129.74
Upper Midwest	0.99	\$121.36	0.99	\$133.64
Lower Midwest	1.04	\$113.80	1.05	\$124.92
Northeast	1.08	\$125.68	1.09	\$136.06
Southeast	1.12	\$115.29	1.12	\$126.01

Regions, based on the Department of Health and Human Services (HHS):

- **Lower Midwest:** Arkansas, Louisiana, New Mexico, Oklahoma, Texas
- **Northeast:** Connecticut; Delaware; Maine; Maryland; Massachusetts; New Hampshire; New Jersey; New York; Pennsylvania; Puerto Rico; Rhode Island; Vermont; Virgin Islands; Virginia; Washington, D.C.; West Virginia
- **Southeast:** Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee
- **Upper Midwest:** Colorado, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Montana, Nebraska, North Dakota, Ohio, South Dakota, Utah, Wisconsin, Wyoming
- **West:** Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, Washington

## 5. DEMOGRAPHICS

### 30-DAY SCRIPTS PMPM AND GROSS COST PER 30-DAY SCRIPT BY DEMOGRAPHIC

2021

DEMOGRAPHIC	PERCENT OF LIVES	30-DAY SCRIPTS PMPM	UNIQUE UTILIZERS AS % OF LIVES	GROSS COST PER 30-DAY SCRIPT
Employees	51.2%	1.30	63.7%	\$115.05
Spouses	16.9%	1.57	66.4%	\$118.16
Children	31.8%	0.32	46.4%	\$151.39

2022

DEMOGRAPHIC	PERCENT OF LIVES	30-DAY SCRIPTS PMPM	UNIQUE UTILIZERS AS % OF LIVES	GROSS COST PER 30-DAY SCRIPT
Employees	51.4%	1.30	62.8%	\$126.63
Spouses	16.9%	1.57	65.5%	\$130.78
Children	31.7%	0.33	49.3%	\$157.30

### 30-DAY SCRIPTS PMPM AND GROSS COST PER 30-DAY SCRIPT BY AGE BAND

2021

AGE BAND	PERCENT OF LIVES	30-DAY SCRIPTS PMPM	UNIQUE UTILIZERS AS % OF LIVES	GROSS COST PER 30-DAY SCRIPT
Under 25	34.0%	0.32	45.5%	\$148.78
25 - 39	23.2%	0.67	58.0%	\$139.79
40 - 64	40.1%	1.71	69.0%	\$112.60
65 and Over	2.7%	3.06	73.7%	\$99.41

2022

AGE BAND	PERCENT OF LIVES	30-DAY SCRIPTS PMPM	UNIQUE UTILIZERS AS % OF LIVES	GROSS COST PER 30-DAY SCRIPT
Under 25	34.0%	0.33	48.1%	\$155.22
25 - 39	23.1%	0.67	56.4%	\$153.01
40 - 64	40.1%	1.71	68.2%	\$124.38
65 and Over	2.9%	3.01	74.1%	\$110.04



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