

2019 Large Group Aggregate Rates and Prescription Drug Costs

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Section I: Large Group Aggregate Rates and Prescription Drug Costs for Measurement Year 2019

Requirements of Large Group Aggregate Rates and Prescription Drug Costs Reporting

Health plans that offer products in the large group market are required to file aggregate rate information with the DMHC by October 1, 2016, and annually thereafter. The information submitted on October 1, 2019, was for the period of January 1, 2019 – December 31, 2019.

The DMHC is required to conduct a public meeting bi-annually to permit a public discussion regarding changes in the rates, benefits and cost sharing in the large group market.

Health Plans are also required to include information in their notice of premium rate change indicating whether the rate change is greater than the average increase for CalPERS and Covered California.

Year	Covered California	CalPERS
2017	13.2%	3.9%
2018	21.1%	2.5%
2019	8.7%	1.1%
2020	0.8%	5.1%

What is Premium Rate?

Premium rate is the amount you or your employer pays for health coverage. Factors that impact large group premium rates include:

- Age
- Geography/Location
- Family size
- Occupation/Industry
- Health Status (historical experience and utilization of medical services)

Summary of 2019 Filing

- 24 Health Care Service Plans were required to file, including:
 - Seven Statewide plans
 - Ten Regional plans
 - Two Cross-Border plans
 - Five In-Home Supportive Services (IHSS) Plans
- Over 7.6 million enrollees in roughly 13,600 renewing groups are affected by the rate changes.
- Subsequent analysis excludes data for Cross-Border and IHSS Plans.

Average Rate Increase in the Large Group Market in 2019

	Unadjusted Average Rate Increase	Adjusted Average Rate Increase	Number of Enrollees	Average Premium Per Member Per Month (PMPM)
All Plans	3.6%	3.9%	7,712,941	\$500.70
Kaiser	2.9%	3.1%	5,186,211	\$481.78
All Plans Excluding Kaiser	4.8%	5.3%	2,526,730	\$539.36

Adjusted average rate increase adjusts for changes in such things as benefits, cost sharing, provider network, geographic rating area, and average age.

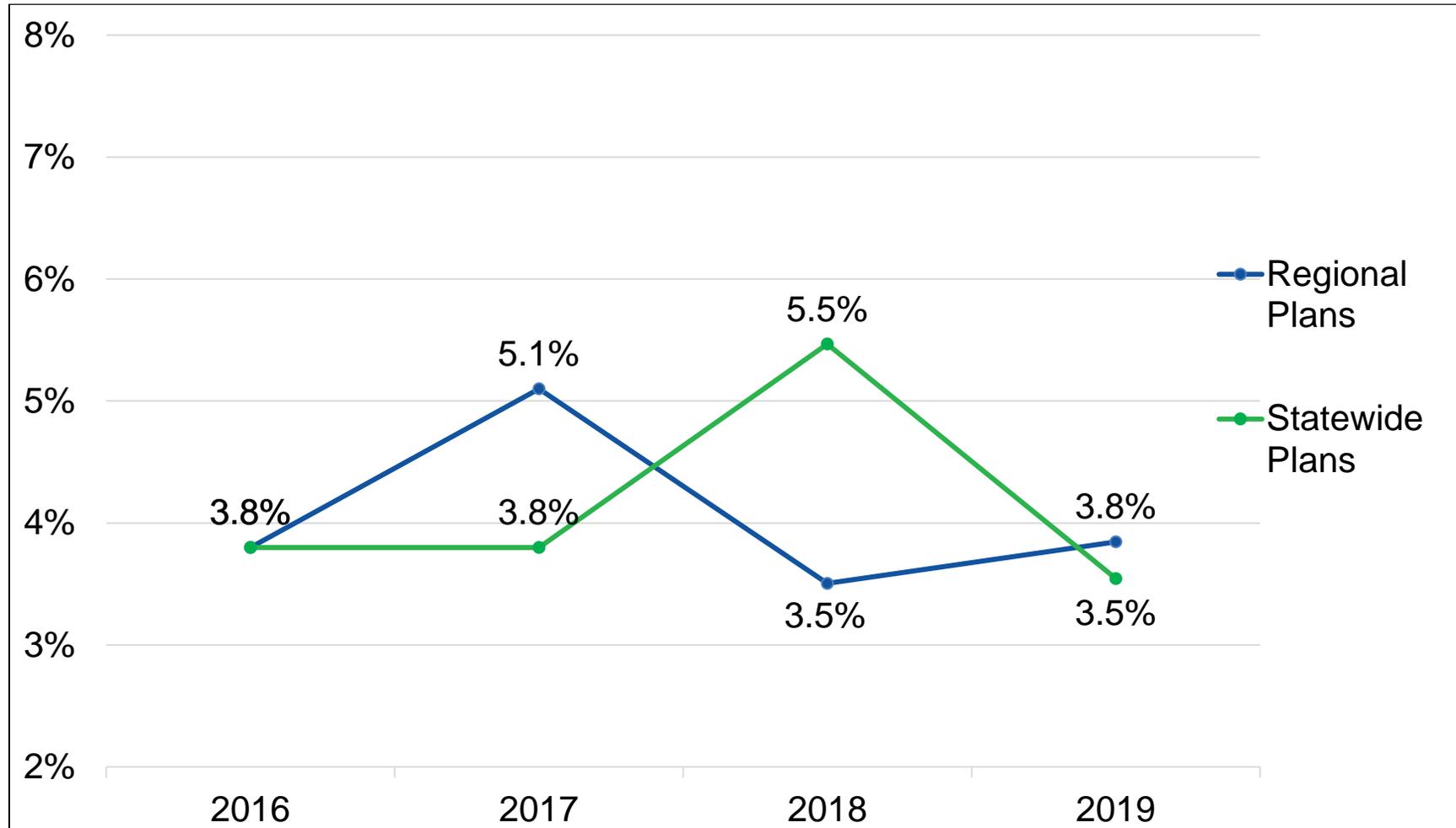
Average Rate Increase in the Large Group Market in 2019 – Statewide Health Plans

Health Plan	Number of Renewing Groups	Number of Enrollees	Percentage of Large Group Total	Unadjusted Average Rate Increase	Adjusted Average Rate Increase	Average Premium
Kaiser	7,952	5,186,211	67.2%	2.9%	3.1%	\$481.78
Anthem Blue Cross	1,918	1,009,232	13.1%	4.7%	6.1%	\$535.88
Blue Shield	917	459,799	6.0%	4.4%	3.9%	\$546.30
Health Net	423	288,020	3.7%	3.6%	4.5%	\$559.40
United Health	472	264,877	3.4%	7.2%	7.1%	\$544.17
Aetna Health	582	127,427	1.7%	6.2%	6.7%	\$488.91
Cigna Healthcare	293	117,158	1.5%	4.6%	3.9%	\$546.07
Total	12,557	7,452,724	96.6%	3.5%	3.9%	\$499.43

Average Rate Increase in the Large Group Market in 2019 – Regional Health Plans

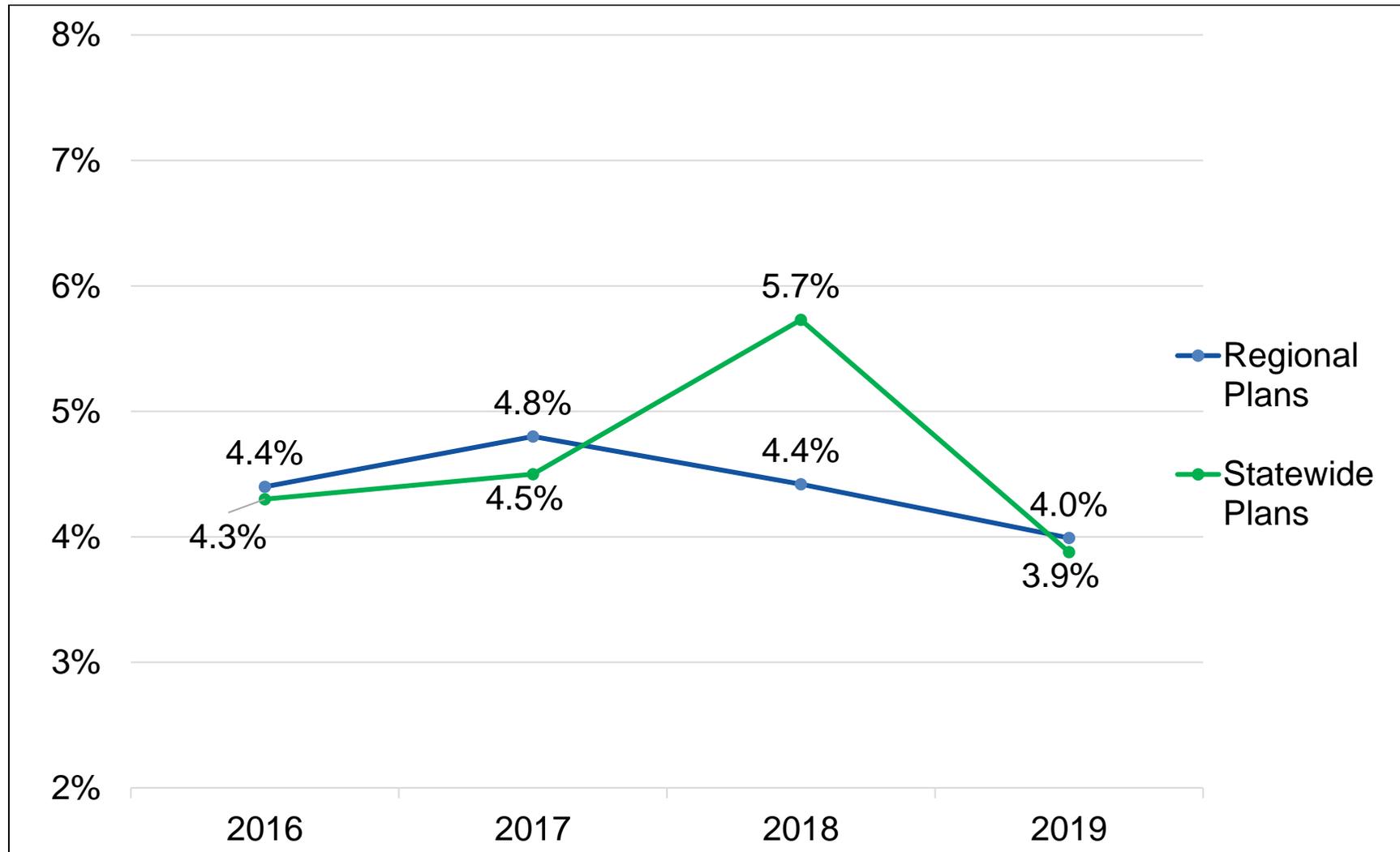
Health Plan	Number of Renewing Groups	Number of Enrollees	Percentage of Large Group Total	Unadjusted Average Rate Increase	Adjusted Average Rate Increase	Average Premium
Western Health Advantage	197	75,861	1.0%	4.0%	5.0%	\$545.34
Sharp Health	123	61,094	0.8%	2.8%	2.4%	\$505.79
Sutter	236	51,590	0.7%	4.0%	3.6%	\$508.17
Valley Health	2	22,841	0.3%	5.2%	5.2%	\$746.28
Scripps	1	14,022	0.2%	-3.9%	-3.9%	\$460.70
Ventura County Health	4	13,350	0.2%	8.5%	8.5%	\$495.10
Community Care	9	10,000	0.1%	2.4%	2.4%	\$452.00
Contra Costa	4	8,733	0.1%	9.0%	9.0%	\$614.27
Chinese Community	25	2,478	0.0%	3.0%	3.0%	\$464.29
Seaside	1	248	0.0%	0.0%	0.0%	\$529.44
Regional Plan Total	602	260,217	3.4%	3.8%	4.0%	\$537.12

Unadjusted Average Rate Increase Trend



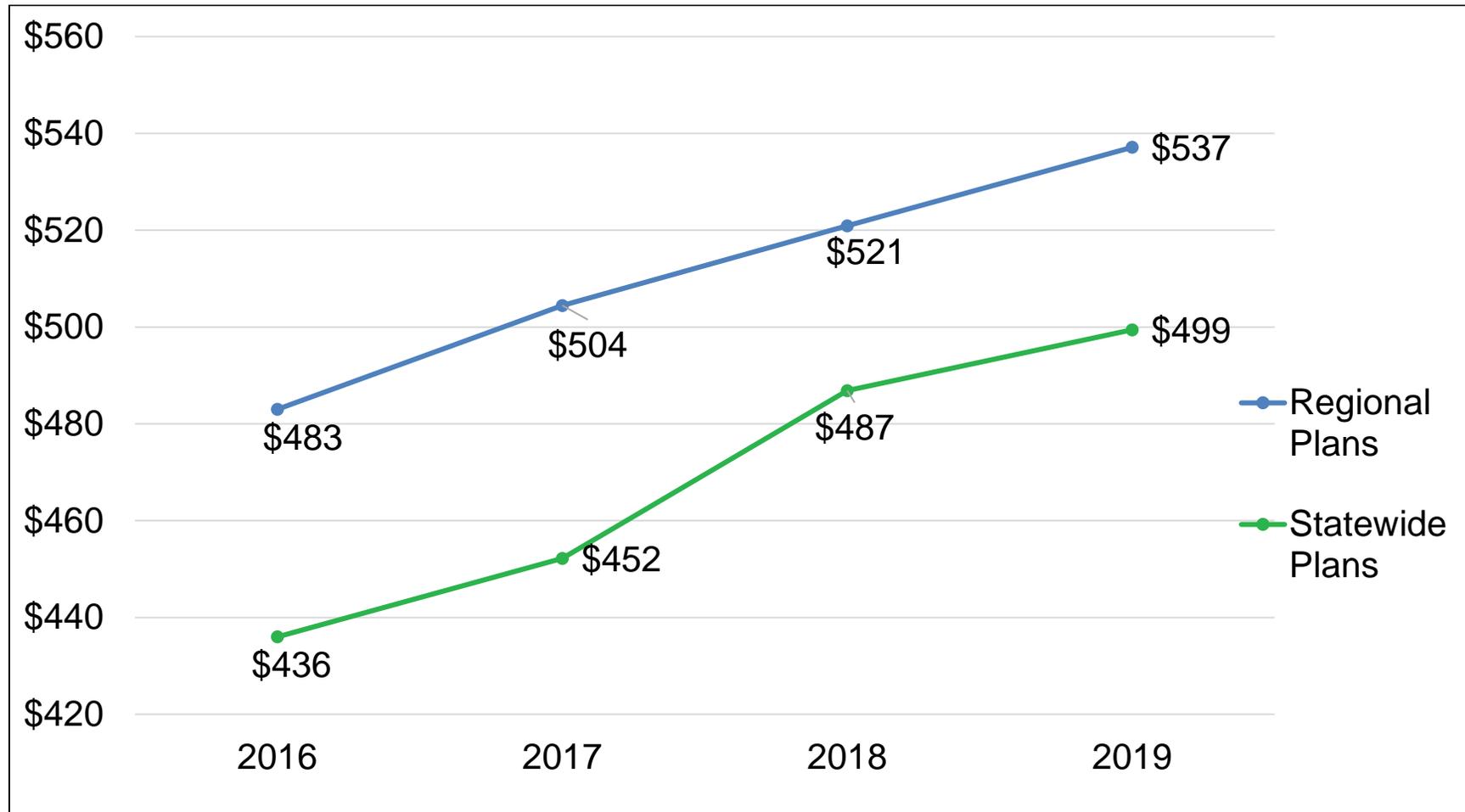
This chart shows the unadjusted average rate increases from 2016 to 2019.

Adjusted Average Rate Increase Trend



This chart shows the adjusted average rate increases from 2016 to 2019.

Average Monthly Premium Per Enrollee In the Large Group Market



This chart shows the average premium per member per month (PMPM) by year from 2016 to 2019. From 2016 to 2019, the average premium PMPM increased by 11% for regional plans and 14% for statewide plans.

Average Rate Increase and Premium by Product Type

Product Type	Average Rate Increase	Minimum	Maximum	Average Premium PMPM
HMO	3.4%	-3.9%	9.0%	\$495.94
PPO	5.0%	0.0%	5.7%	\$603.61
EPO	3.0%	0.0%	3.0%	\$544.94
POS	1.8%	-0.8%	4.1%	\$566.80
HDHP	4.5%	0.0%	7.5%	\$447.82

Percentage of Renewing Groups by Rating Methodology

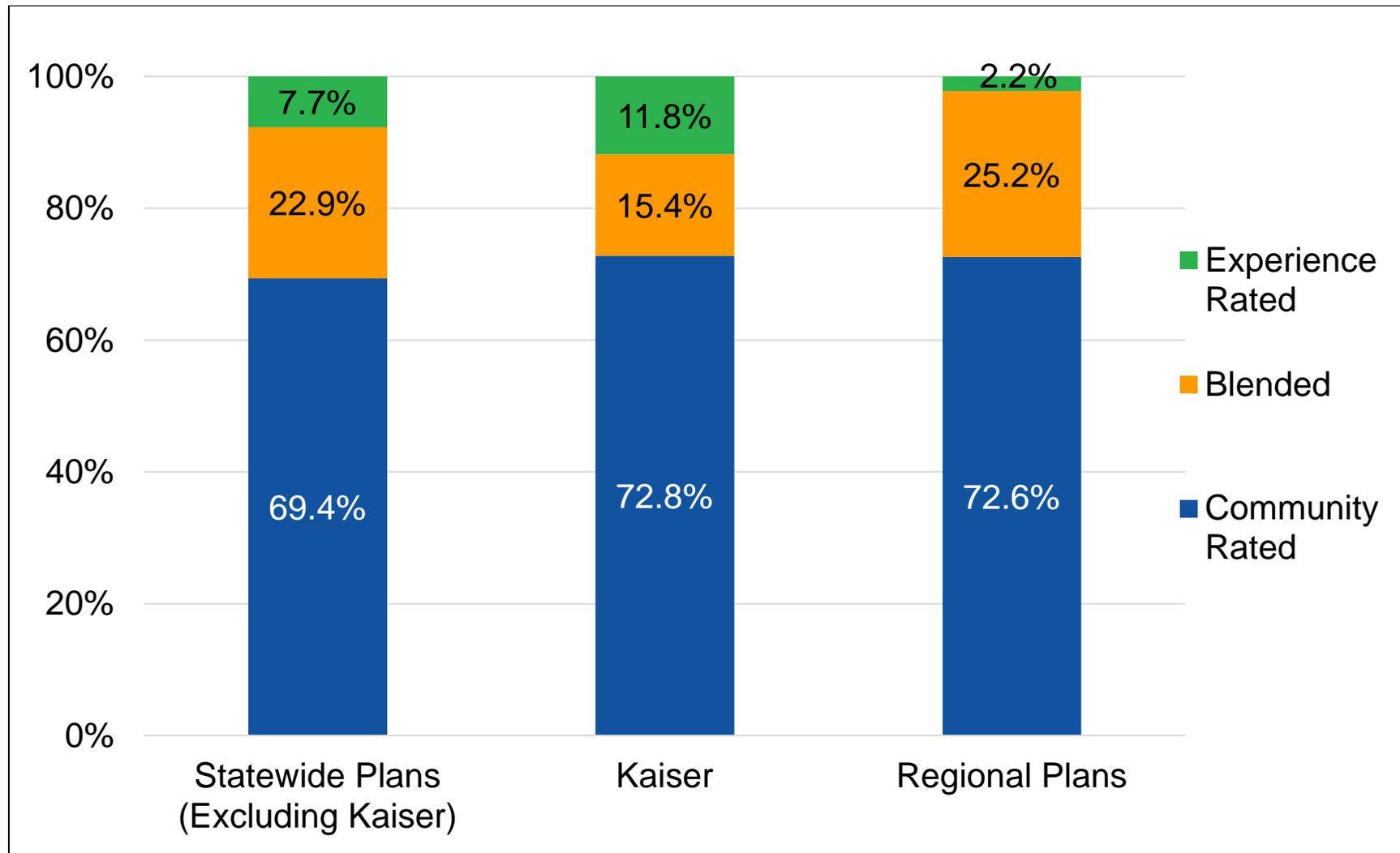
Category	Percentage of Renewing Groups	Number of Enrollees Affected	Unadjusted Average Rate Increase	Average Premium
Community Rated ¹	71.2%	1,171,158	4.2%	\$500.66
Blended ²	18.9%	1,036,363	4.3%	\$488.44
Experience Rated ³	9.9%	5,410,578	3.3%	\$503.09

¹ Community Rated – a methodology for determining the rates of an employer group using a standard base rate for a pool of large employer groups and additional factors specific to that employer group, such as geographic region or industry.

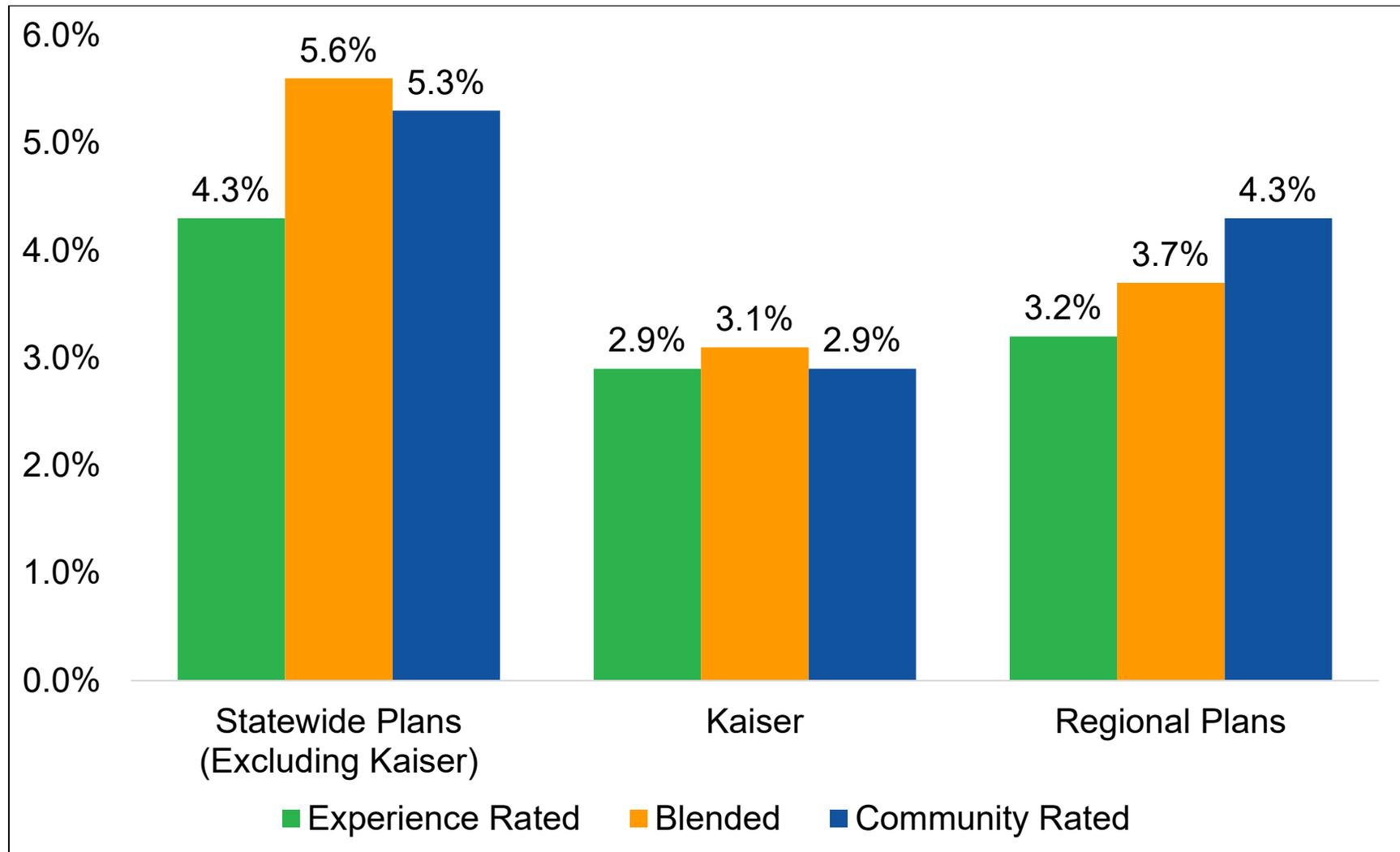
² Blended Rated – a methodology for determining the rates of a group using a combination, or blend, of rates determined via Community Rated and Experience Rated.

³ Experience Rated – a methodology for determining the rates of an employer group using the claims experience of that particular employer group.

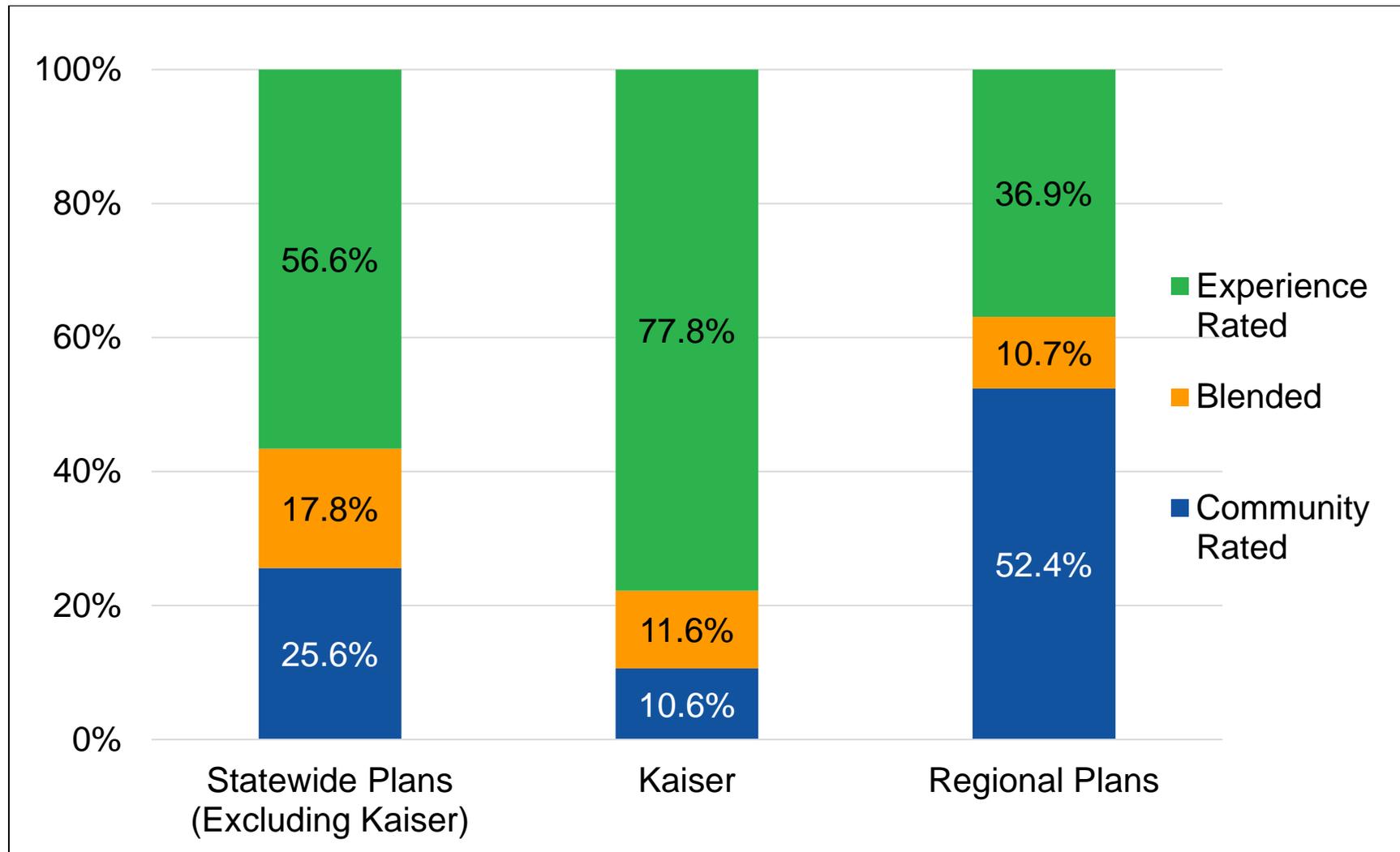
Percentage of Renewing Groups by Rating Methodology



Rate Increases by Rating Methodology



Percentage of Renewing Covered Lives by Rating Methodology



Number of Covered Lives by Actuarial Value by Product in the Large Group Market

Number of Covered Lives by Actuarial Value						
Product Type	0.9 – 1.00	0.8 – 0.89	0.7 – 0.79	0.6 – 0.69	< 0.60	All
HMO	5,796,515	748,640	175,595	34,821	0	6,755,571
PPO	246,804	187,344	6,876	0	0	441,024
HDHP	38,105	129,044	210,841	82,803	1,045	461,838
POS	62,144	491	685	0	0	63,320
EPO	24,224	356	0	0	0	24,580
Total	6,167,792	1,065,875	393,997	117,624	1,045	7,746,333

Actuarial Value for HMO Members

Actuarial Value	Statewide Plans (excluding Kaiser)	Kaiser	Regional Plans
0.9 – 1.00	82.2%	87.2%	75.3%
0.8 – 0.89	13.4%	10.2%	18.7%
0.7 – 0.79	3.2%	2.4%	3.7%
0.6 – 0.69	1.2%	0.2%	2.3%
<0.60	0.0%	0.0%	0.0%

Medical Expenses as a Percentage of Premium in 2016, 2017 and 2018

	2016			2017			2018		
	Premium PMPM	Medical Expenses PMPM	Medical Expenses as % of Premium	Premium PMPM	Medical Expenses PMPM	Medical Expenses as % of Premium	Premium PMPM	Medical Expenses PMPM	Medical Expenses as % of Premium
All Plans	\$438	\$384	87.6%	\$450	\$402	89.3%	\$466	\$407	87.3%
Statewide Plans Excluding Kaiser	\$437	\$377	86.2%	\$444	\$385	86.7%	\$458	\$389	84.9%
Kaiser	\$436	\$386	88.4%	\$451	\$410	90.8%	\$468	\$414	88.4%
Regional Plans	\$474	\$430	90.7%	\$496	\$449	90.5%	\$510	\$460	90.2%

Administrative Expenses as a Percentage of Premium in 2016, 2017 and 2018

	2016			2017			2018		
	Premium PMPM	Admin Expenses PMPM	Admin Expenses as % of Premium	Premium PMPM	Admin Expenses PMPM	Admin Expenses as % of Premium	Premium PMPM	Admin Expenses PMPM	Admin Expenses as % of Premium
All Plans	\$438	\$28	6.4%	\$450	\$25	5.6%	\$466	\$26	5.5%
Statewide Plans Excluding Kaiser	\$437	\$39	9.0%	\$444	\$40	9.1%	\$458	\$44	9.5%
Kaiser	\$436	\$20	4.6%	\$451	\$16	3.5%	\$468	\$15	3.2%
Regional Plans	\$474	\$45	9.5%	\$496	\$42	8.4%	\$510	\$42	8.3%

Net Income as a Percentage of Premium in 2016, 2017 and 2018

	2016			2017			2018		
	Premium PMPM	Net Income PMPM	Net Income as % of Premium	Premium PMPM	Net Income PMPM	Net Income as % of Premium	Premium PMPM	Net Income PMPM	Net Income as % of Premium
All Plans	\$438	\$7	1.7%	\$450	\$11	2.5%	\$466	\$19	4.1%
Statewide Plans Excluding Kaiser	\$437	\$3	0.6%	\$444	\$9	2.1%	\$458	\$7	1.6%
Kaiser	\$436	\$11	2.6%	\$451	\$13	2.8%	\$468	\$26	5.6%
Regional Plans	\$474	(\$7)	-1.5%	\$496	\$3	0.6%	\$510	\$3	0.5%

Medical Allowed Trend for the Large Group Market

Plan Type	2016	2017	2018	2019	2020
All Plans	6.2%	5.5%	5.4%	5.0%	5.0%
Statewide Plans Excluding Kaiser	6.8%	6.6%	6.8%	7.0%	6.3%
Kaiser	4.4%	4.4%	5.1%	4.5%	3.8%
Regional Plans	6.1%	5.0%	5.0%	4.3%	3.7%

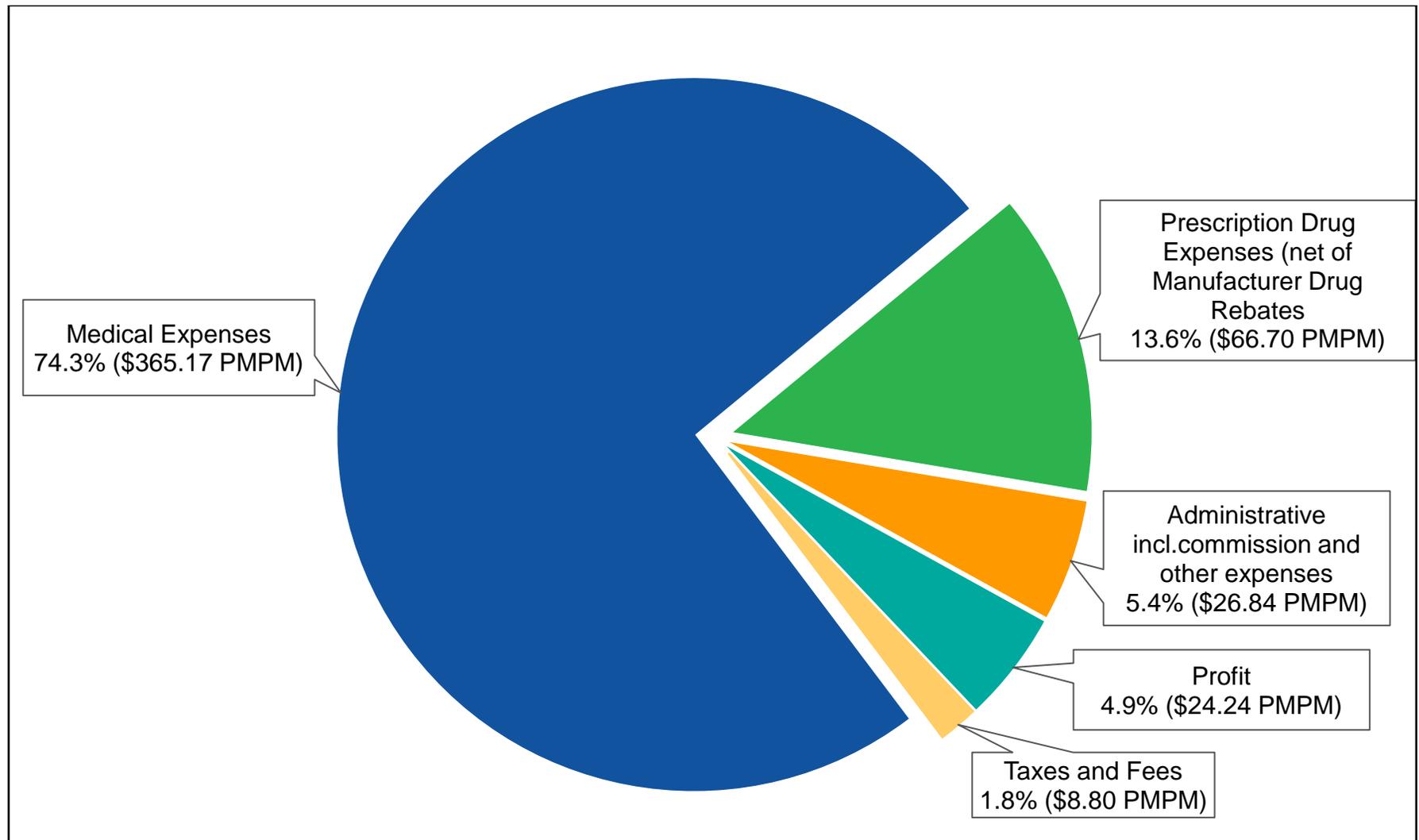
Medical Allowed Trend is the percent change from one year to another of medical and pharmacy costs covered by the health plans on a per enrollee basis.

Pharmacy Allowed Trend for the Large Group Market

Plan Type	2016	2017	2018	2019	2020
All Plans	8.9%	7.4%	7.0%	9.2%	7.7%
Statewide Plans Excluding Kaiser	13.7%	11.3%	11.8%	10.0%	8.9%
Kaiser	8.9%	6.0%	6.0%	5.0%	5.0%
Regional Plans	6.1%	4.0%	5.5%	8.5%	6.8%

Pharmacy Allowed Trend is the percent change from one year to another of pharmacy costs covered by the Plan on a per enrollee basis.

Breakdown of the Health Plan Premium Per Member Per Month



Year-over-Year Per Member Per Month Increase In Major Components of Premium

Component of Premium (PMPM)	2019	2018	Year-over-Year Change PMPM	Year-over-Year Change Percentage
Medical Expenses	\$365.17	\$352.98	\$12.19	3.5%
Prescription Drug Expenses	\$72.37	\$68.05	\$4.32	6.4%
Manufacturer Drug Rebate (Negative)	(\$5.67)	(\$6.05)	\$0.38	-6.2%
Administrative Expenses, Commission and Other Expenses	\$35.64	\$41.14	(\$5.50)	-13.4%
Profit/Loss	\$24.24	\$22.61	\$1.63	7.2%
Total Health Care Premium	\$491.75	\$478.73	\$13.02	2.7%

Year-over-Year Percentage Increase in Premium Attributable by Component

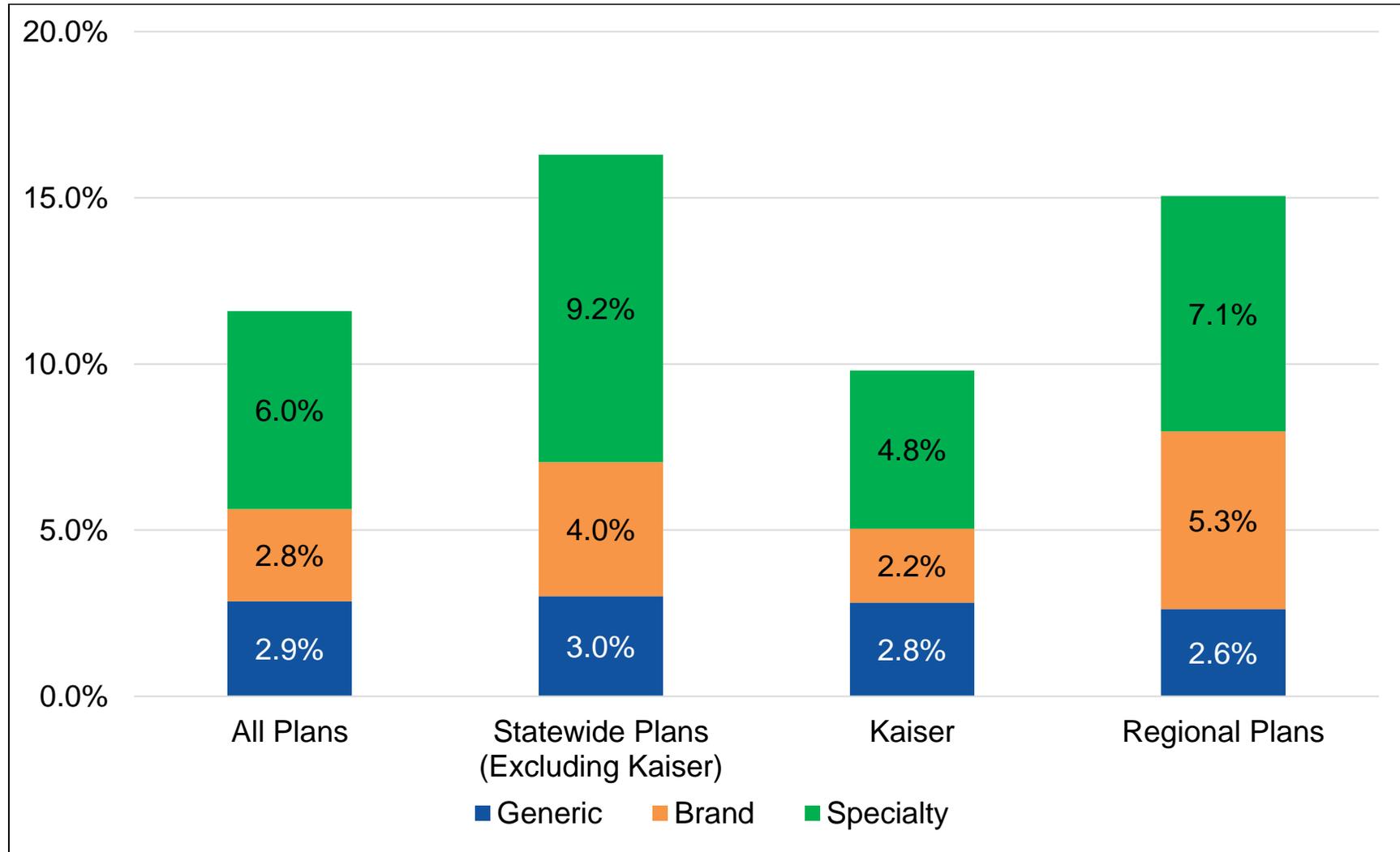
Component of Premium (PMPM)	All Plans	Statewide Excluding Kaiser	Kaiser	Regional Plans
Medical Expenses	2.5%	1.6%	2.9%	3.7%
Prescription Drug Expenses (net of Manufacturer Drug Rebates)	1.0%	1.8%	1.0%	0.6%
Administrative Expenses and Commissions	-0.2%	-0.2%	0.1%	-0.3%
Taxes	-0.9%	-0.9%	-0.8%	-0.4%
Profit/Loss	0.3%	0.8%	-0.1%	1.2%
Total Health Care Premium	2.7%	3.1%	3.1%	4.8%

Large Group Prescription Drug and Medical Claims as a Percent of Premium

Health Plan Name	Average Premium	Percentage of Premium Spent on Prescription Drugs	Percentage of Premium Spent on Medical Expenses ⁴
Aetna	\$479	15.0%	70.9%
Anthem Blue Cross	\$513	22.6%	64.6%
Blue Shield	\$523	15.5%	72.0%
Cigna	\$546	18.9%	69.8%
Health Net	\$535	12.9%	79.8%
UnitedHealth	\$557	11.8%	67.6%
Statewide Plans (Excluding Kaiser)	\$520	18.7%	69.0%
Kaiser	\$480	13.2%	76.2%
Regional Plans	\$540	15.6%	75.8%

⁴ Percentage of Premium Spent on Medical Expenses does not include Prescription Drug Costs.

Pharmacy Costs Paid by Large Group Health Plans as a Percentage of Premium



Change in Annual Prescription Drug Cost Spending⁵ from 2018 to 2019

Plan Type	All Plans	Statewide Plans Excluding Kaiser	Kaiser	Regional Plans
Specialty	9.6%	6.6%	10.6%	16.4%
Brand	6.4%	-0.9%	9.8%	4.5%
Generic	6.9%	4.7%	8.3%	-1.1%
Total	8.0%	4.2%	9.6%	7.8%

⁵ Annual spending on prescription drugs is the amount spent by the health plans plus enrollees' cost share.

Drugs Administered in Doctor's Office – Health Plan Costs⁶

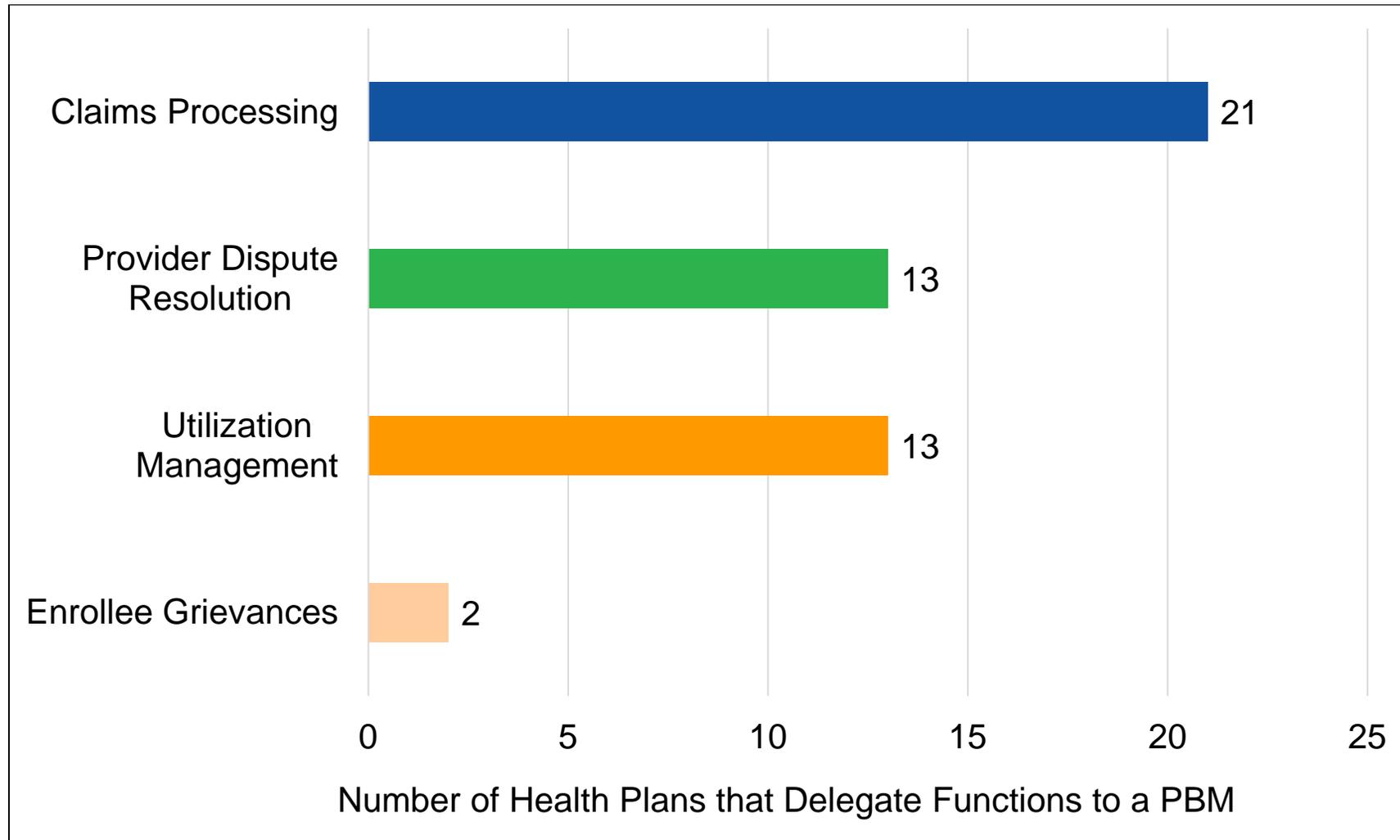
Category	Number of Plans	Minimum (Reported)	Maximum (Reported)	Median (Reported)
All Plans	7	\$2.21	\$23.75	\$16.27
Statewide Plans Excluding Kaiser	1	\$23.75	\$23.75	\$23.75
Kaiser	1	\$16.27	\$16.27	\$16.27
Regional Plans	5	\$2.21	\$20.78	\$14.89

⁶ Health plans were required to report this information, if available.

Large Group Prescription Drug Cost Report Summary for Measurement Year 2019

- Prescription drug costs accounted for 11.7% of the total health care premium.
- Specialty drugs represented more than 46% of total prescription drug spending.
- The average premium increase was 2.7% and 1.0% was attributed to pharmacy cost.
- The percentage of premium attributed to drugs administered in a doctor's office ranged from 0.4% to 5.6%.
- 22 of the 24 health plans used a Pharmacy Benefit Manager.

Pharmacy Benefit Manager (PBM) Functions for Large Group Plans



Pharmacy Benefit Managers Utilized By Large Group Health Plans

Legal Name	PBM Name	Functions Delegated to PBM			
		Utilization Management	Claims Processing	Provider Dispute Resolutions	Enrollee Grievances
Aetna	CVS	Yes	Yes	Yes	No
Alameda Alliance	PerformRX	Yes	Yes	Yes	No
Anthem Blue Cross	Express Scripts	No	Yes	Yes	No
Anthem Blue Cross	IngenioRx	No	Yes	Yes	No
Blue Shield	SS&C Health	No	Yes	Yes	No
Blue Shield	CVS Health	No	No	No	No
Chinese Community Health Plan	MEDIMPACT	Yes	Yes	Yes	No
Cigna	Cigna Pharmacy Management	Yes	No	No	Yes
Cigna	Optum Rx	No	Yes	Yes	No
Cigna	Argus/DST	No	Yes	Yes	No
Community Care Health Plan	MEDIMPACT	Yes	Yes	Yes	No
Contra Costa Medical Services	PerformRX	No	Yes	No	No
Health Net	Involve Pharmacy Solutions	Yes	No	No	No
Kaiser	MEDIMPACT	Yes	Yes	Yes	No
LA Care	Navitus Health Solutions	No	Yes	Yes	No

Legal Name	PBM Name	Functions Delegated to PBM			
		Utilization Management	Claims Processing	Provider Dispute Resolutions	Enrollee Grievances
Medi-Excel	N/A	N/A	N/A	N/A	N/A
San Francisco Community Health Authority	PerformRx, LLC	Yes	Yes	No	No
San Mateo Community Health Plan	DST Pharmacy Solutions	No	Yes	No	No
Central California Alliance for Health	MEDIMPACT	No	Yes	Yes	No
Scripps	MEDIMPACT	Yes	Yes	No	No
Seaside Health Plan	MEDIMPACT	No	Yes	No	No
Sharp Health Plan	MEDIMPACT	Yes	Yes	No	No
Sistemas	N/A	N/A	N/A	N/A	N/A
Sutter Health Plan	Express Scripts	Yes	Yes	Yes	No
UHC of California	OptumRx	Yes	Yes	Yes	Yes
Valley Health Plan	Navitus Health Solutions	Yes	Yes	No	No
Ventura County Health Plan	Express Scripts	No	Yes	No	No
Western Health Advantage	Express Scripts	No	Yes	Yes	No

Section II: Large Group Rate Review

Requirements of AB 731

- Expands the rate review practice that the state already has in place for the individual and small group markets to the large group market.
- Effective July 1, 2020, health plans with large group products that are community rated, experienced rated, or blended rated, must file specified information 120 days before any change in methodology, factors or assumptions that would affect rate paid by a large group employer.
- DMHC will have 60 days to review after receiving complete information.
- DMHC will review the methodology, assumptions and factors used by plans to determine whether the premium rates are unreasonable or not justified.
- Reporting Data by Geographic Region:
 - Require rate review filings to include specified information such as annual medical trend factor assumptions and the amount of projected trends by geographic areas to provide greater insight into the differences in price across the state.
 - Includes information on the price paid by the health plan compared to the price paid by the Medicare Program for the same services in each benefit category - such as doctors, hospitals, laboratory, prescription drugs and imaging.
- DMHC will conduct a public meeting regarding large group rates in every even-numbered year.

Section III:
**Summary of the Prescription Drug
Cost Transparency Report for
Measurement Year 2018**

Requirements of the Prescription Drug Cost Transparency Report

In 2017, California enacted Senate Bill (SB) 17 (Hernandez, 2017) for the purpose of increasing transparency of prescription drug costs. SB 17 requires health plans and health insurers that file rate information with the California Department of Managed Health Care (DMHC) or the California Department of Insurance (CDI) to report specific data related to prescription drugs beginning October 1, 2018, and annually thereafter. In addition, SB 17 requires drug manufacturers of any prescription drug with a wholesale acquisition cost of more than \$40 to provide advance notification, on a quarterly basis, of any significant cost increases to those drugs.⁷ SB 17 also requires manufacturers of new drugs to publish certain information such as wholesale acquisition cost, marketing plan, and usage of the new prescription drug if the cost exceeds a specified threshold, by reporting this information to the California Office of Statewide Health Planning and Development.

SB 17 requires the DMHC to issue an annual report that summarizes how prescription drug costs impact health plan premiums. The DMHC worked with stakeholders to develop a template for health plan submission of the required data. Specifically, commercial health plans reported the following categories of information:

- a. the 25 prescription drugs most frequently prescribed to health plan enrollees;
- b. the 25 most costly prescription drugs by total annual health plan spending;
- c. the 25 prescription drugs with the highest year-over-year increase in total annual health plan spending; and
- d. the overall impact of drug costs on healthcare premiums.

Health plans that file annual large group rate information with the DMHC are also required to file specified information regarding health plan spending and year-over-year cost increases for covered prescription drugs.

⁷ The California Office of Statewide Health Planning and Development (OSHPD) receives the prescription drug cost increase reports and posts them on its website.

Prescription Drug Costs Reporting Parameters and Limitations

Some of the limitations of the prescription drug costs information reported to the DMHC by health plans include:

- Health plan reporting is limited to prescription drug costs associated with the pharmacy benefit.
- Health plans do not include prescription drug costs for inpatient drugs (hospital) or costs borne by delegated medical groups (such as infusion drugs administered in a physician's office).
- Prescription drug costs for self-funded arrangements, Medi-Cal Managed Care, Medicare Advantage and plans/insurers not regulated by the DMHC are not reported.
- Only 26 commercial health plans covering approximately 12.3 million Californians report prescription drug costs out of the 82 full service health plans covering 26 million Californians.

Key Findings - Prescription Drug Cost Transparency Report for Measurement Year 2018

- Health plans paid nearly \$9.1 billion for prescription drugs in 2018, an increase of over \$400 million from 2017. On a PMPM basis, health plans paid \$61.16 in 2018, which is an increase of \$2.67 PMPM from 2017.
- Prescription drugs accounted for 12.7 percent of total health plan premiums in 2018, a slight decrease from 12.9 percent in 2017.⁸
- Health plans' prescription drug costs increased by 4.7 percent in 2018 (4.6 percent on a PMPM basis), whereas medical expenses increased by 2.7 percent (2.6 percent on a PMPM basis). Overall, total health plan premiums increased 6.2 percent (6.0 percent on a PMPM basis) from 2017 to 2018.
- Manufacturer drug rebates totaled approximately \$1.058 billion, up from \$922 million in 2017. This represents about 11.7 percent of the \$9.1 billion spent on prescription drugs in 2018. On a PMPM basis, manufacturer drug rebates equaled \$7.15 PMPM, up from \$6.24 PMPM in 2017. This also equates to 11.7 percent of the \$61.16 PMPM health plans paid for prescription drugs in 2018.
- While specialty drugs accounted for only 1.6 percent of all prescription drugs dispensed, they accounted for 52.6 percent of total annual spending on prescription drugs.⁹
- Generic drugs accounted for 87.0 percent of all prescribed drugs but only 22.4 percent of the total annual spending on prescription drugs.

⁸ Includes only those prescription drugs dispensed through retail or mail order pharmacies, and does not include drugs that are provided in a hospital, administered in a doctor office, or otherwise paid for through capitated payments to delegated providers. Therefore, the 12.7 percent of premium does not capture all costs of prescription drugs paid by health plans, rather only those that are itemized as part of the health plans' pharmacy benefit.

⁹ "Specialty Drug" is a drug with a plan- or insurer-negotiated monthly cost that exceeds the threshold for a specialty drug under the Medicare Part D program (Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108-173)). In 2018, the threshold amount is \$670 for a one-month supply.

- Brand name drugs accounted for 11.4 percent of prescriptions and constituted 25.0 percent of the total annual spending on prescription drugs.
- The 25 Most Frequently Prescribed Drugs represented 48.2 percent of all drugs prescribed and approximately 43.2 percent of the total annual spending on prescription drugs.
- For the 25 Most Frequently Prescribed Drugs, enrollees paid 3.1 percent of the cost of specialty drugs, 12.9 percent of the cost of brand name drugs, and 55.7 percent of the cost of generics.
- Of the 12.7 percent of total health plan premium that was spent on prescription drugs, the 25 Most Costly Drugs accounted for 6.9 percent.
- Overall, health plans paid 91.9 percent of the cost of the 25 Most Costly Drugs across all three categories (generic, brand name and specialty).
- The Prescription Drug Cost Transparency Report is available on the DMHC's website.

25 Most Frequently Prescribed Generic Drugs

Rank	Prescription Drug Name	Therapy Class
1	ATORVASTATIN	Cardiovascular Agents
2	LISINOPRIL	Cardiovascular Agents; Central Nervous System Agents
3	METFORMIN	Blood Glucose Regulators
4	LEVOTHYROXINE	Hormonal Agents - Thyroid
5	AMLODIPINE	Cardiovascular Agents
6	LOSARTAN	Cardiovascular Agents
7	HYDROCHLOROTHIAZIDE	Cardiovascular Agents
8	HYDROCODONE	Analgesics
9	SIMVASTATIN	Cardiovascular Agents
10	OMEPRAZOLE	Gastrointestinal Agents
11	IBUPROFEN	Analgesics; Anti-inflammatory Agents
12	AMOXICILLIN	Antibacterials
13	SERTRALINE	Antidepressants
14	METOPROLOL	Cardiovascular Agents
15	GABAPENTIN	Anticonvulsants
16	ATENOLOL	Cardiovascular Agents
17	GLIPIZIDE	Blood Glucose Regulators
18	MONTELUKAST	Respiratory Tract/Pulmonary Agents
19	BREO	Respiratory Tract/Pulmonary Agents
20	PREDNISONE	Genitourinary Agents; Hormonal Agents - Adrenal; Inflammatory Bowel Disease Agents
21	FLUTICASONE	Dermatological Agents; Respiratory Tract/Pulmonary Agents
22	ESCITALOPRAM	Antidepressants
23	AZITHROMYCIN	Antibacterials
24	TRAZODONE	Antidepressants
25	BUPROPION	Antidepressants

25 Most Frequently Prescribed Brand Name Drugs

Rank	Prescription Drug Name	Therapy Class
1	VENTOLIN	Respiratory Tract/Pulmonary Agents
2	HUMULIN	Blood Glucose Regulators
3	SILDENAFIL	Respiratory Tract/Pulmonary Agents
4	QVAR	Inflammatory Bowel Disease Agents; Respiratory Tract/Pulmonary Agents
5	ADVAIR	Respiratory Tract/Pulmonary Agents
6	ESCITALOPRAM	Antidepressants
7	HUMALOG	Blood Glucose Regulators
8	SYNTHROID	Hormonal Agents - Thyroid
9	NUVARING	Contraceptives; Hormonal Agents - Sex Hormones/Modifiers
10	ADDERALL	Central Nervous System Agents
11	LANTUS	Blood Glucose Regulators
12	VYVANSE	Central Nervous System Agents
13	K-TAB	Gastrointestinal Agents
14	ONETOUCH	Glucose Testing Supplies
15	JANUVIA	Blood Glucose Regulators
16	RETIN-A	Dermatological Agents
17	LO LOESTRIN FE	Contraceptives; Hormonal Agents - Sex Hormones/Modifiers
18	NITROFURANTOIN	Antibacterials
19	ARMOUR THYROID	Hormonal Agents - Thyroid
20	CONCERTA	Central Nervous System Agents
21	JARDIANCE	Blood Glucose Regulators
22	PROAIR	Respiratory Tract/Pulmonary Agents
23	ACCU-CHEK	Glucose Testing Supplies
24	ESTRADIOL	Hormonal Agents - Sex Hormones/Modifiers
25	NOVOLOG	Blood Glucose Regulators

25 Most Frequently Prescribed Specialty Drugs

Rank	Prescription Drug Name	Therapy Class
1	TRUVADA	Antivirals
2	HUMIRA	Immunological Agents
3	GENVOYA	Antivirals
4	ENBREL	Immunological Agents
5	VICTOZA	Blood Glucose Regulators
6	DESCOVY	Antivirals
7	ANDROGEL	Hormonal Agents - Sex Hormones/Modifiers
8	TRIUMEQ	Antivirals
9	LATUDA	Antipsychotics
10	ODEFSEY	Antivirals
11	TRULICITY	Blood Glucose Regulators
12	TIVICAY	Antivirals
13	OTEZLA	Dermatological Agents; Immunological Agents
14	ATRIPLA	Antivirals
15	VIMPAT	Anticonvulsants
16	XIFAXAN	Antibacterials
17	COSENTYX	Dermatological Agents; Immunological Agents
18	ZARXIO	Blood Products and Modifiers
19	VEMLIDY	Antivirals
20	HUMALOG	Blood Glucose Regulators
21	PREZCOBIX	Antivirals
22	BIKTARVY	Antivirals
23	SENSIPAR	Metabolic Bone Disease Agents
24	ISENTRESS	Antivirals
25	STELARA	Immunological Agents

25 Most Costly Generic Drugs by Total Annual Spending

Rank	Prescription Drug Name	Therapy Class
1	ATORVASTATIN	Cardiovascular Agents
2	LEVOTHYROXINE	Hormonal Agents - Thyroid
3	OSELTAMIVIR	Antivirals
4	DEXTROAMPHETAMINE	Central Nervous System Agents
5	CLOBETASOL	Inflammatory Bowel Disease Agents
6	BUPROPION	Antidepressants
7	METHYLPHENIDATE	Central Nervous System Agents
8	ROSUVASTATIN	Cardiovascular Agents
9	ESTRADIOL	Hormonal Agents - Sex Hormones/Modifiers
10	MESALAMINE	Inflammatory Bowel Disease Agents
11	COLCHICINE	Antigout Agents
12	IBUPROFEN	Analgesics; Anti-inflammatory Agents
13	HYDROCODONE	Analgesics
14	TACROLIMUS	Dermatological Agents; Immunological Agents
15	LOSARTAN	Cardiovascular Agents
16	DICLOFENAC	Anti-inflammatory Agents; Analgesics; Dermatological Agents
17	ERTUGLIFLOZIN PIDOLATE	Respiratory Tract/Pulmonary Agents
18	LISINAPRIL	Cardiovascular Agents; Central Nervous System Agents
19	GABAPENTIN	Anticonvulsants
20	METFORMIN	Blood Glucose Regulators
21	ARIPIPRAZOLE	Antidepressants; Antipsychotics
22	LIDOCAINE	Anesthetics
23	SPRINTEC	Contraceptives
24	IMATINIB	Antineoplastics
25	OMEPRAZOLE	Gastrointestinal Agents

25 Most Costly Brand Name Drugs by Total Annual Spending

Rank	Prescription Drug Name	Therapy Class
1	ADVAIR	Respiratory Tract/Pulmonary Agents
2	HUMALOG	Blood Glucose Regulators
3	LANTUS	Blood Glucose Regulators
4	JANUVIA	Blood Glucose Regulators
5	VYVANSE	Central Nervous System Agents
6	HUMULIN	Blood Glucose Regulators
7	JARDIANCE	Blood Glucose Regulators
8	NUVARING	Contraceptives; Hormonal Agents - Sex Hormones/Modifiers
9	VENTOLIN	Respiratory Tract/Pulmonary Agents
10	LYRICA	Anticonvulsants; Central Nervous System Agents
11	LIALDA	Inflammatory Bowel Disease Agents
12	QVAR	Respiratory Tract/Pulmonary Agents
13	XARELTO	Blood Products and Modifiers
14	INVOKANA	Blood Glucose Regulators
15	RESTASIS	Ophthalmic Agents
16	ELIQUIS	Blood Products and Modifiers
17	ADDERALL	Central Nervous System Agents
18	TRULICITY	Blood Glucose Regulators
19	CONCERTA	Central Nervous System Agents
20	JANUMET	Blood Glucose Regulators
21	SYMBICORT	Respiratory Tract/ Pulmonary Agents
22	PRADAXA	Blood Products and Modifiers
23	FLOVENT	Inflammatory Bowel Disease Agents; Respiratory Tract/Pulmonary Agents
24	NOVOLOG	Blood Glucose Regulators
25	LO LOESTRIN FE	Contraceptives; Hormonal Agents - Sex Hormones/Modifiers

25 Most Costly Specialty Drugs by Total Annual Spending

Rank	Prescription Drug Name	Therapy Class
1	HUMIRA	Immunological Agents
2	ENBREL	Immunological Agents
3	TRUVADA	Antivirals
4	GENVOYA	Antivirals
5	REVLIMID	Antineoplastics
6	STELARA	Immunological Agents
7	TRIUMEQ	Antivirals
8	IBRANCE	Antineoplastics
9	ODEFSEY	Antivirals
10	COSENTYX	Dermatological Agents; Immunological Agents
11	TECFIDERA	Central Nervous System Agents
12	OTEZLA	Dermatological Agents; Immunological Agents
13	DESCOVY	Antivirals
14	EPCLUSA	Antivirals
15	LATUDA	Antipsychotics
16	COPAXONE	Central Nervous System Agents
17	HARVONI	Antivirals
18	TIVICAY	Antivirals
19	VICTOZA	Blood Glucose Regulators
20	SPRYCEL	Antineoplastics
21	ATRIPLA	Antivirals
22	TAGRISSO	Antineoplastics
23	NUTROPIN	Hormonal Agents, Stimulant/Replacement/Modifying - Pituitary
24	ZARXIO	Blood Products and Modifiers
25	GILENYA	Central Nervous System Agents

25 Generic Drugs with the Highest Year-Over-Year Increase in Total Spending

Rank	Prescription Drug Name	Therapy Class
1	OSELTAMIVIR	Antivirals
2	MESALAMINE	Inflammatory Bowel Disease Agents
3	SILDENAFIL	Respiratory Tract/Pulmonary Agents
4	DEXTROAMPHETAMINE	Central Nervous System Agents
5	ESTRADIOL	Hormonal Agents - Sex Hormones/Modifiers
6	TENOFOVIR	Antivirals
7	DICLOFENAC	Anti-inflammatory Agents; Analgesics; Dermatological Agents
8	SEVELAMER	Electrolytes/Minerals/Metals/Vitamins
9	ROSUVASTATIN	Cardiovascular Agents
10	ATOMOXETINE	Central Nervous System Agents
11	PORTIA	Contraceptives
12	TESTOSTERONE	Hormonal Agents - Sex Hormones/Modifiers
13	METFORMIN	Blood Glucose Regulators
14	ATORVASTATIN	Cardiovascular Agents
15	COLCHICINE	Antigout Agents
16	ENOXAPARIN	Blood Products and Modifiers
17	LOSARTAN	Cardiovascular Agents
18	PEG 3350/ELECTROLYTES	Gastrointestinal Agents
19	SERTRALINE	Antidepressants
20	ARIPIPRAZOLE	Antidepressants; Antipsychotics
21	GUAIFENESIN	Respiratory Tract/Pulmonary Agents
22	CHLORZOXAZONE	Skeletal Muscle Relaxants
23	JUNEL	Contraceptives
24	DESVENLAFAXINE	Antidepressants
25	XULANE	Contraceptives

25 Brand Name Drugs with the Highest Year-Over-Year Increase in Total Spending

Rank	Prescription Drug Name	Therapy Class
1	ADVAIR	Respiratory Tract/Pulmonary Agents
2	JARDIANCE	Blood Glucose Regulators
3	TRULICITY	Blood Glucose Regulators
4	HUMALOG	Blood Glucose Regulators
5	VYVANSE	Central Nervous System Agents
6	ELIQUIS	Blood Products and Modifiers
7	JANUVIA	Blood Glucose Regulators
8	HUMULIN	Blood Glucose Regulators
9	PRADAXA	Blood Products and Modifiers
10	XARELTO	Blood Products and Modifiers
11	LYRICA	Anticonvulsants; Central Nervous System Agents
12	CONCERTA	Central Nervous System Agents
13	LANTUS	Blood Glucose Regulators
14	NUVARING	Contraceptives; Hormonal Agents - Sex Hormones/Modifiers
15	BREO	Respiratory Tract/Pulmonary Agents
16	QVAR	Respiratory Tract/Pulmonary Agents
17	SHINGRIX	Vaccines
18	VENTOLIN	Respiratory Tract/Pulmonary Agents
19	BASAGLAR	Blood Glucose Regulators
20	CHANTIX	Anti-Addiction/Substance Abuse Treatment Agents
21	TRUVADA	Antivirals
22	XIIDRA	Ophthalmic Agents
23	RESTASIS	Ophthalmic Agents
24	BYDUREON	Blood Glucose Regulators
25	TRINTELLIX	Antidepressants

25 Specialty Drugs with the Highest Year-Over-Year Increase in Total Spending

Rank	Prescription Drug Name	Therapy Class
1	HUMIRA	Immunological Agents
2	ENBREL	Immunological Agents
3	TRUVADA	Antivirals
4	STELARA	Immunological Agents
5	GENVOYA	Antivirals
6	COSENTYX	Dermatological Agents; Immunological Agents
7	REVLIMID	Antineoplastics
8	IBRANCE	Antineoplastics
9	TAGRISO	Antineoplastics
10	DUPIXENT	Dermatological Agents; Immunological Agents
11	TRIUMEQ	Antivirals
12	XELJANZ	Immunological Agents
13	ODEFSEY	Antivirals
14	MAVYRET	Antivirals
15	OTEZLA	Dermatological Agents; Immunological Agents
16	ZYTIGA	Antineoplastics
17	DESCOVY	Antivirals
18	IMBRUVICA	Antineoplastics
19	LATUDA	Antipsychotics
20	TENOFOVIR	Antivirals
21	VEMLIDY	Antivirals
22	SPRYCEL	Antineoplastics
23	HAEGARDA	Immunological Agents
24	VICTOZA	Blood Glucose Regulators
25	TIVICAY	Antivirals