PACE

Pharmaceutical Assistance Contract for the Elderly

Annual Report to the Pennsylvania General Assembly

January 1 - December 31, 2024

PRESENTED BY

Pennsylvania Department of Aging

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PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY

ANNUAL REPORT TO THE PENNSYLVANIA GENERAL ASSEMBLY

JANUARY 1 - DECEMBER 31, 2024

For the Pennsylvania Department of Aging

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FREQUENTLY REQUESTED PROGRAM STATISTICS
JANUARY - DECEMBER 2024

	PACE 2024	PACENET 2024	PACE/PACENET 2024
DEMOGRAPHIC DATA			
Total enrolled for 2024	46,783	171,071	215,929
% Participating	63.3%	71.7%	70.1%
Avg. age for enrolled	80.1	78.4	78.8
Female, avg. age	81.0	79.0	79.5
Male, avg. age	77.7	77.2	77.3
% Female	72.9%	66.1%	67.5%
% Own residence	52.5%	65.8%	63.0%
% Rent	28.2%	23.3%	24.4%
% Married	7.0%	30.1%	25.3%
Avg. Income	$12,382	$24,427	$21,877
% Cardholders in urban counties	40.3%	35.6%	36.6%
% Cardholders in rural counties	14.6%	15.8%	15.6%
BENEFIT DATA			
Avg. total expenditures per enrolled cardholder	$2,151	$3,202	$3,003
Avg. total expenditures per participant	$3,395	$4,466	$4,284
Avg. total expenditures per claim	$155.66	$207.35	$197.19
Avg. state share per enrolled cardholder	$365	$609	$561
Avg. state share per participant	$576	$849	$800
Avg. state share per claim	$26.39	$39.41	$36.85
Avg. cardholder share per enrolled cardholder	$74	$150	$135
Avg. cardholder share per participant	$117	$209	$192
Avg. cardholder share per claim	$5.34	$9.71	$8.85
Avg. TPL share per enrolled cardholder	$1,712	$2,443	$2,307
Avg. TPL share per participant	$2,703	$3,408	$3,291
Avg. TPL share per claim	$123.93	$158.23	$151.49
2024 percent change in state share per claim	2.68% increase	6.54% increase	6.56% increase
Avg. claims per participant	21.8	21.5	21.7
Avg. number of therapeutic classes per participant	4.6	4.7	4.7
UTILIZATION DATA (by date of payment)			
Total claims	650,191	2,652,381	3,302,572
Avg. claims per enrolled cardholder	13.9	15.5	15.3
Generic utilization rate	83.0%	78.0%	79.0%
PAYMENT DATA			
Total Program payout	$17.2 M	$104.0 M	$121.1 M
Avg. weekly Program payout	$0.33 M	$2.00 M	$2.33 M
Avg. annual Program payout per pharmacy	$6,450	$39,008	$45,458
% Program payout to chain pharmacies	55.20%	62.44%	61.41%

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 requires 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 facilitate their application processing
- Protect all enrollees from overutilization and misutilization of medications and thereby improve the quality of their lives
- Provide enrollees with 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 for 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 forty 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 and useful and actionable insights into the health, transportation needs 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 cost 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 11 state funded pharmacy programs and the 11 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 (DMVA) includes PACE/PACENET application processing, Part D Plan coordination, and prescription claim processing for veterans who reside in state-supported veteran homes. Additionally, the PACE Program began outreach to some 600,000 veterans to enroll them in PACE, Supplemental Nutrition Assistance Program (SNAP), and other public benefits. This outreach effort is also significantly assisting the DMVA in adding to their new 'registry' of PA veterans.

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, SNAP, Low-Income Home Energy Assistance Program (LIHEAP), Medical Assistance, enrollment into state and federally funded programs, and other life sustaining benefits. In 2024, the Clearinghouse assisted 1,199 parolees. Clearinghouse coordinators aided these individuals with finding furniture, physicians, housing, food, and grants to assist with utility bills, and many other social service needs. Recidivism rates among reentrants receiving assistance from The Clearinghouse are under 3%. 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. Over 30,000 persons have coverage with this latest increase range.

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 ($40.16 in 2024 and $48.36 in 2025). 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 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, allowing 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 extended the moratorium to December 2023, keeping 10,000 persons in the benefit. Act 62 of 2023 reset the moratorium to end in 2025; in 2024, 22,600 cardholders remained in the Program due to the Act.

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, immunizations, 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 (Appendix D); 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. Seven types of providers dispense PACE/PACENET-funded prescriptions to cardholders. Most providers are either independent pharmacies or chain pharmacies. Along with dispensing physicians, other provider types include institutional, long term care, home infusion, and mail order pharmacies. 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. Through Act 111, 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

INTERVENTIONS, GENERAL PROGRAM ASSESSMENTS, AND MEDICATION UTILIZATION STUDIES		
PACE/PACENET COLLABORATIVE RESEARCH AND EVALUATION PROJECTS, 2008 – 2024, APRIL 2025 UPDATE		
INTERVENTIONS		
TOPIC	**TITLE / RESEARCH GROUP**	**DESCRIPTION**
ASSESSMENT FOR DEPRESSION, ANXIETY, PAIN 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 provides age-appropriate services to primary care practices where demand likely would be too low to support in-person care management. It also 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" (78%) or "good" (20%). **Appendix A** contains project details. To date, 8,268 enrollees and 1,517 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 SUpporting Seniors receiving Treatment And INtervention (SUSTAIN) Program**—outreaches to cardholders with depression or anxiety problems. • **The Caregiver Resources, Education, and SupporT (CREST) Program**—addresses the needs of caregivers of cardholders with Alzheimer's disease and other dementias • **High Dose Opioid/Polypharmacy Program (HDO-P)**—provides cardholders with an innovative approach to managing chronic pain and addressing psychosocial needs that contribute to the cycle of chronic pain. Since beginning this service, 184 cardholders participated. *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-P enrollees*, who were agreeable to a dose reduction at intake and fully engaged in the care management program, achieved dose reductions. Findings suggest that cardholders 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. 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.

PRESCRIBER EDUCATION	**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 prescriber 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 48,500 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 2024, four modules accounted for 76% of the 4,551 visits during the year.** ***Don't Let the Pressure Get You Down: Managing Blood Pressure in Older Adults*** (1,157 visits) educates prescribers about the most recent evidence for selecting drug and non-drug therapies with consideration of cardiovascular risk, risk of adverse events, blood pressure goals, and patient preferences. ***Getting a Good Night's Rest: Managing Insomnia in Older Patients*** (969 visits) addresses the challenge of insomnia with an emphasis on reducing the use of benzodiazepine and benzodiazepine-like medications when possible and appropriate. It reviews sleep architecture and the ways normal sleep can be disrupted. ***Blocking Preventable Disease: Immunizations Recommended for Older Adults*** (796 visits) reviews the immunizations recommended by the Advisory Committee on Immunization Practices for older adults to protect against influenza, COVID-19, pneumococcal diseases, shingles, tetanus, pertussis, and diseases caused by respiratory syncytial virus. ***Dealing with Cognitive Impairment: Evidence-based Recommendations for Prevention, Diagnosis, and Management*** (534 visits) helps primary care practitioners provide optimal evidence-based care for patients with cognitive impairments related to Alzheimer's disease and related dementias. 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 prescribers for conditions affecting older adults. Educators distribute these documents to prescribers during face-to-face, virtual and in-person meetings: (1) thorough 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, the **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. **Materials are located at www.alosahealth.org.** In 2024, 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 2024, 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 Prime Therapeutics State Government Solutions LLC (Prime)/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** **Prime/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 2023-24:** The 2023-24 renewal survey response rate was 41.2%. Approximately 18% of renewal survey respondents indicated that they did not complete high school, with about 5% 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 15% 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 2023-24 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 28% of respondents have personally used or know someone who has used the Free Transit Program, and another 52% have heard of the program. Additional results from the 2023-24 survey are presented in Appendix A.
OUTREACH	**PACE APPLICATION CENTER** **Benefits Data Trust, Philadelphia**	From 2002 through August 2024, the PACE Application Center conducted data-driven outreach and application assistance to connect Pennsylvania's seniors with public benefit programs. The Center conducted mail, telephone, and community-based outreach. **Outreach extended to 817,757 households and nearly 1.4 million attempts to reach those households.** Through its 22 years, the Center submitted 120,663 PACE applications for eligible persons and 120,177 applications to the Medicare Part D Low Income Subsidy (Extra Help). In August 2024, business operations for Benefits Data Trust suddenly and unexpectedly ended. The following month, the PACE Program put together a new operation, hiring many of the experienced PACE outreach staff. A new, internal, PACE outbound call center became fully operational in March of 2025.
COVID-19 MORTALITY	**FACTORS ASSOCIATED WITH RISK OF COVID-19 MORTALITY** **Prime/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 Prime/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. 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.
MEDICATION UTILIZATION	**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 potentially inappropriate medication (PIM) prescribing. This University of Pittsburgh study, comprised of both PACE Program data and University of Pittsburgh Medical Center hospital system data from 2015 to 2018, examined outpatient medication claims data and medication orders on the electronic health record. 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 measure of potentially inappropriate medication prescribing among PACE enrollees and non-enrollees. The study encompassed 342,405 patients, including 41,443 PACE enrollees. **The 1-year prevalence of any PIM in the electronic health records cohort was 36.6%. The incidence rate for the presence of any PIM was 193.5 per 1,000 person-years. Thirteen of the 37 PIM drug classes exhibited incidence rates ≥ 10 per 1,000 person-years, led by short- and intermediate-acting benzodiazepines (37.6), first-generation antihistamines (32.8), and skeletal muscle relaxants (22.0).** This study presents the largest systematic study of PIM incidence in older outpatients. Results indicate that variation in incidence across PIM classes suggests the need to address inappropriate prescribing more sensitively, considering each PIM class separately for different patient subgroups. The findings were published in 2024 in the *Journal of the American Geriatrics Society.*
MEDICATION UTILIZATION	**INITIATION OF INTERCHANGEABLE BIOSIMILAR SEMGLEE AMONG OLDER ADULTS IN PENNSYLVANIA** **Prime/PACE**	The recent approval of Semglee as a biosimilar to Lantus presents a cost-effective alternative for diabetes management. However, its adoption among older adults has been limited. Using a retrospective cohort design, this study evaluated the initiation of Semglee use among older adults in PACE who were prescribed insulin glargine. Adults aged 65 and older enrolled in PACE between July 1, 2021 and June 30, 2023 with ≥1 insulin glargine prescriptions were included. Participants were categorized based on their prior use of insulin glargine between July 1, 2021 and December 31, 2021 into five groups: none, Lantus only, Basaglar only, Toujeo only, or multiple types. The main study outcome, Semglee initiation, was determined by having one or more Semglee prescriptions filled between January 1, 2022 and June 30, 2023. Descriptive statistics and multivariate logistic regression were used for analyses.

		Out of 6,866 participants, only 3.7% initiated Semglee. Results showed that Semglee initiators were less likely to have used Lantus, Basaglar, or Toujeo alone in the past six months compared with non-initiators. They were more likely to reside in rural counties (AOR=1.39; p=0.0135), be in long-term facilities (AOR=2.10; p=0.0069), and have multiple prescribers (AOR=3.23; p<.0001) compared with non-initiators. Only 1.6% of insulin glargine prescriptions were for Semglee, with relatively fewer Semglee prescriptions written by nurse practitioners or filled at chain pharmacies. These results demonstrate that Semglee use among older adults is low despite its cost-effectiveness. Overcoming barriers related to prescribing patterns, formulary placement, reimbursement challenges, and pharmacy channels could improve Semglee adoption, enhancing diabetes care and reducing costs. Results will be prepared for publication in 2025.
PRESCRIPTION OPIOID UTILIZATION	**ASSOCIATION BETWEEN PSYCHOTROPIC DRUG USE AND PRESCRIPTION OPIOID USE AMONG OLDER ADULTS** **Prime/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** **Prime/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 Prime/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) Bureau of Pharmaceutical Assistance and Bureau of Quality Assurance**	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. Results of this work with other bureaus 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.
MEDICATION ADHERENCE AND HEALTH OUTCOMES	**PROTON PUMP INHIBITOR ADHERENCE AND FRACTURE RISK IN THE ELDERLY** **Prime/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**	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

	The Philadelphia College of Pharmacy/St. Joseph's University and Prime/PACE	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 Prime/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 Prime/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 Prime/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 Prime/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 Prime/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** **Prime/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

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 2024

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

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 2024

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

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 2024

SEMI-ANNUAL PERIOD	ENROLLED CARDHOLDERS	PARTICIPATING CARDHOLDERS	TOTAL CLAIMS	CLAIMS PER ENROLLED CARDHOLDER	CLAIMS PER PARTICIPATING CARDHOLDER	TOTAL STATE SHARE EXPENDITURES	STATE SHARE EXPENDITURES PER ENROLLED CARDHOLDER	STATE SHARE EXPENDITURES PER PARTICIPATING CARDHOLDER	AVERAGE STATE SHARE PER CLAIM
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
JAN-JUN 2023	51,292	31,339	414,079	8.07	13.21	$10,503,248	$204.77	$335.15	$25.37
JUL-DEC 2023	48,769	29,382	391,066	8.02	13.31	$10,185,186	$208.85	$346.65	$26.04
JAN-JUN 2024	45,343	26,821	336,095	7.41	12.53	$9,004,733	$198.59	$335.73	$26.79
JUL-DEC 2024	42,882	24,544	310,281	7.24	12.64	$8,050,796	$187.74	$328.01	$25.95

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 2024

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

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 2024

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

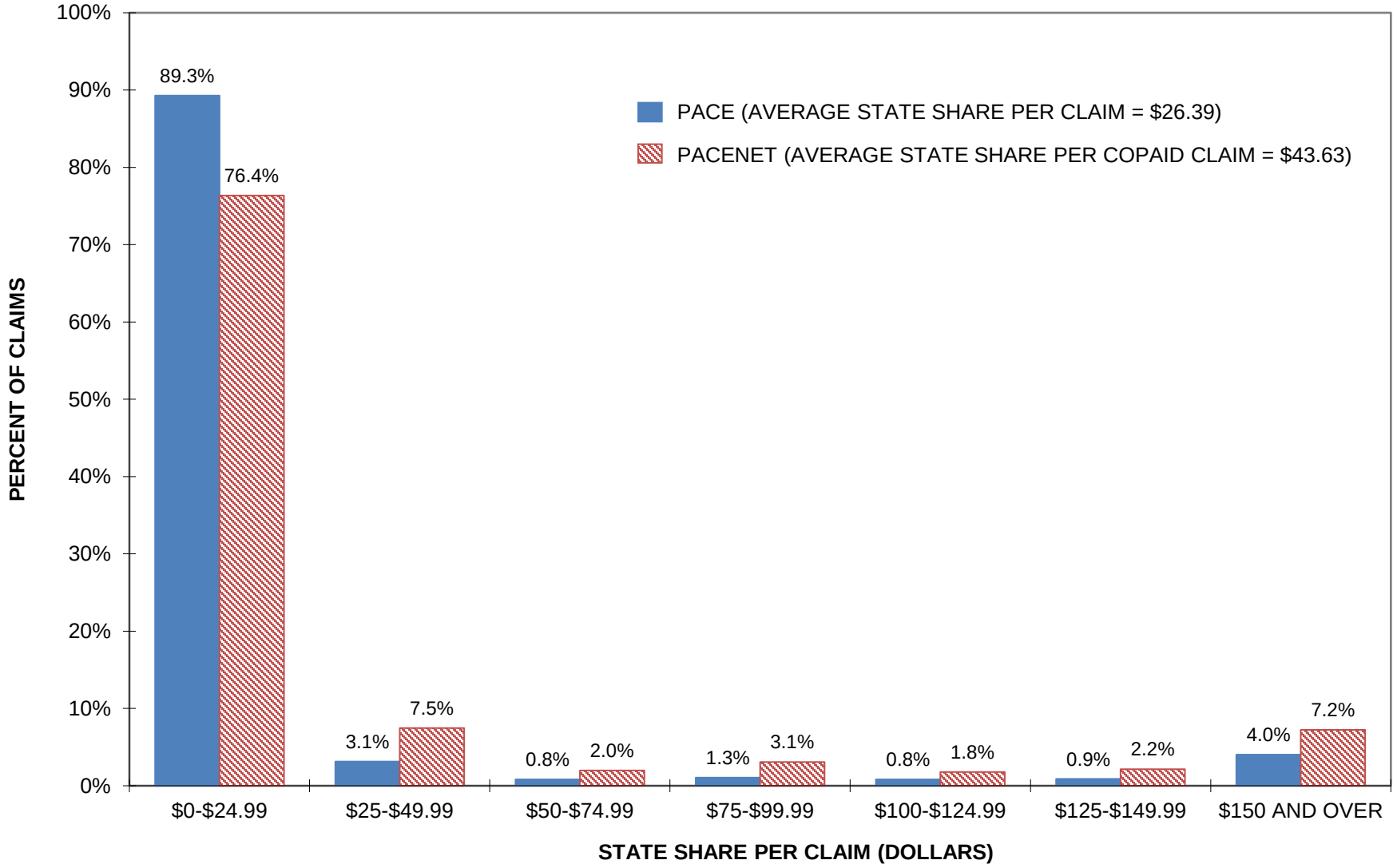
TABLE 2.1B
HISTORICAL CLAIM AND EXPENDITURE DATA FOR PACENET ENROLLED AND PARTICIPATING CARDHOLDERS
BY SEMI-ANNUAL PERIOD BASED ON DATE OF SERVICE
JULY 1996 - DECEMBER 2024

SEMI-ANNUAL PERIOD	ENROLLED CARDHOLDERS	PARTICIPATING CARDHOLDERS	TOTAL CLAIMS	CLAIMS PER ENROLLED CARDHOLDER	CLAIMS PER PARTICIPATING CARDHOLDER	TOTAL STATE SHARE EXPENDITURES	STATE SHARE EXPENDITURES PER ENROLLED CARDHOLDER	STATE SHARE EXPENDITURES PER PARTICIPATING CARDHOLDER	AVERAGE STATE SHARE PER CLAIM
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
JAN-JUN 2023	160,522	111,044	1,452,105	9.05	13.08	$55,593,844	$346.33	$500.65	$38.29
JUL-DEC 2023	161,008	111,193	1,521,102	9.45	13.68	$54,377,413	$337.73	$489.04	$35.75
JAN-JUN 2024	162,649	110,288	1,339,985	8.24	12.15	$54,292,216	$333.80	$492.28	$40.52
JUL-DEC 2024	161,025	105,926	1,301,759	8.08	12.29	$49,809,381	$309.33	$470.23	$38.26

SOURCE: PDA/CARDHOLDER FILE, CLAIMS HISTORY

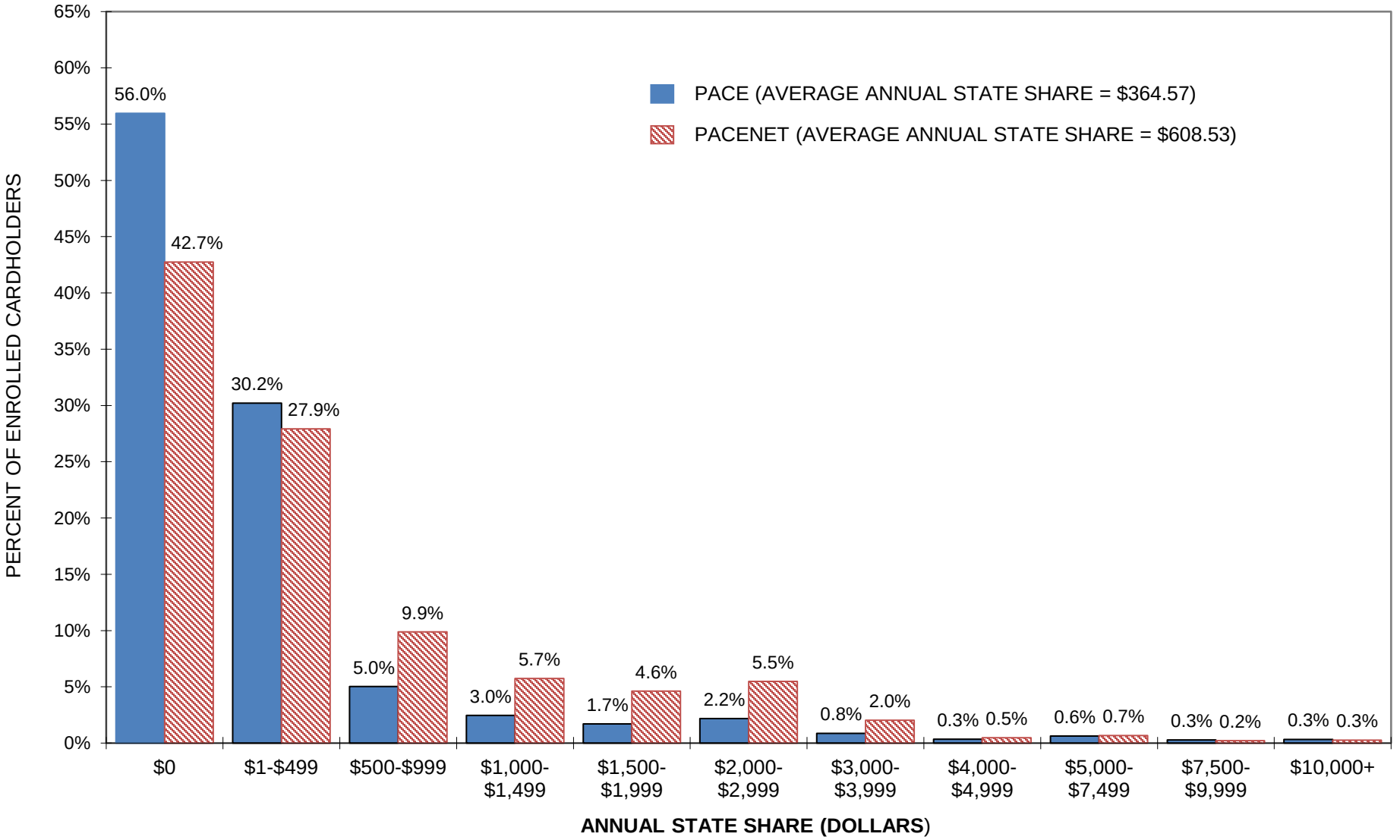
NOTE: DATA INCLUDE ORIGINAL, PAID PACENET CLAIMS BY DATE OF SERVICE. TOTAL CLAIMS INCLUDE DEDUCTIBLE CLAIMS AND COPAID CLAIMS.
ENROLLED CARDHOLDERS ARE THOSE ENROLLED FOR ANY PORTION OF THE REPORTED PERIOD.
PARTICIPATING CARDHOLDERS ARE CARDHOLDERS WITH ONE OR MORE APPROVED CLAIMS DURING THE REPORTED 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 DISTRIBUTION OF STATE SHARE PAID PER CLAIM
JANUARY - DECEMBER 2024
(PACE N = 646,376; PACENET N = 2,384,933)



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

FIGURE 2.2
PACE AND PACENET DISTRIBUTION OF ANNUAL STATE SHARE PER ENROLLED CARDHOLDER
JANUARY - DECEMBER 2024
N=215,929



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

TABLE 2.2
TOTAL PRESCRIPTION COST, EXPENDITURES, OFFSETS, AND RECOVERIES
JANUARY - DECEMBER 2024

EXPENDITURES, OFFSETS, RECOVERIES	JAN - JUN	JUL - DEC	CALENDAR YEAR	% OF TOTAL GROSS EXPENDITURES
TOTAL PRESCRIPTION COST (DATE OF SERVICE)	$ 355,942,973	$ 292,427,948	$ 648,370,921	
MEDICARE PART D PREMIUMS	5,963,074	5,016,375	10,979,449	
GROSS PRESCRIPTION CLAIMS/PREMIUMS	361,906,047	297,444,323	659,350,370	95.7%
MHS CONTRACT ADMINISTRATION				
OPERATIONS	11,968,055	10,565,930	22,533,985	
POSTAGE	255,499	227,268	482,767	
GROSS MHS ADMINISTRATION	12,223,554	10,793,198	23,016,752	3.3%
PDA ADMINISTRATION				
PERSONNEL	661,601	684,174	1,345,774	
OPERATIONS	11,042	46,122	57,165	
GROSS PDA ADMINISTRATION	672,644	730,296	1,402,940	0.2%
OTHER ADMINISTRATION				
PHARMACY AUDITS	402,925	224,538	627,463	
THIRD PARTY PAYER RECOVERY SERVICE	325,210	282,705	607,915	
FEES	73,392	68,912	142,304	
GROSS OTHER ADMINISTRATION	801,527	576,154	1,377,681	0.2%
BEHAVIORAL HEALTH INTERVENTIONS	407,726	232,791	640,517	0.1%
ENROLLMENT OUTREACH	1,399,043	626,257	2,025,300	0.3%
PRESCRIBER EDUCATION	875,000	500,000	1,375,000	0.2%
GROSS EXPENDITURES	378,285,541	310,903,019	689,188,560	100.0%
PRESCRIPTION COST OFFSETS				
PART D/OTHER PAYER OFFSETS	(276,933,006)	(221,173,776)	(498,106,782)	-72.3%
CARDHOLDER COPAYMENTS	(15,713,017)	(13,393,996)	(29,107,013)	-4.2%
TOTAL OFFSETS	(292,646,024)	(234,567,771)	(527,213,795)	-76.5%
RECOVERIES				
MANUFACTURER REBATES	(13,796,016)	(12,471,840)	(26,267,856)	
AUDIT ADJUSTMENTS IN CHECKWRITES	(866,978)	(1,651,593)	(2,518,571)	
PROGRAM AUGMENTATIONS	(2,249,882)	(1,105,966)	(3,355,848)	
THIRD PARTY REIMBURSEMENTS/TRANSFERS	(1,753,048)	(3,038,354)	(4,791,401)	
TOTAL RECOVERIES	(18,665,924)	(18,267,752)	(36,933,676)	-5.4%
NET PRESCRIPTION CLAIM EXPENDITURES				
STATE SHARE FOR RX BEFORE RECOVERIES	63,296,949	57,860,177	121,157,126	
STATE SHARE FOR RX AFTER RECOVERIES	44,631,025	39,592,424	84,223,450	12.2%
NET STATE EXPENDITURES, INCLUDING PREMIUMS AND ADMINISTRATION	$ 66,973,593	$ 58,067,495	$ 125,041,089	18.1%

NOTES: TABLE USES DATE OF SERVICE REFERENCE CLAIM COST FILE FOR ANNUAL DRUG EXPENDITURES.
AUDIT ADJUSTMENTS ARE BY RECOVERY DATE; AUDITS OCCURRED IN 2020, 2021, AND 2022.
REBATES ($26.3 M) ARE 22% OF TOTAL STATE SHARE PRESCRIPTION DRUG COST ($121.2 M).
TOTAL PRESCRIPTION COST DOES NOT INCLUDE CLAIMS PROCESSED SOLELY BY OTHER PAYERS.

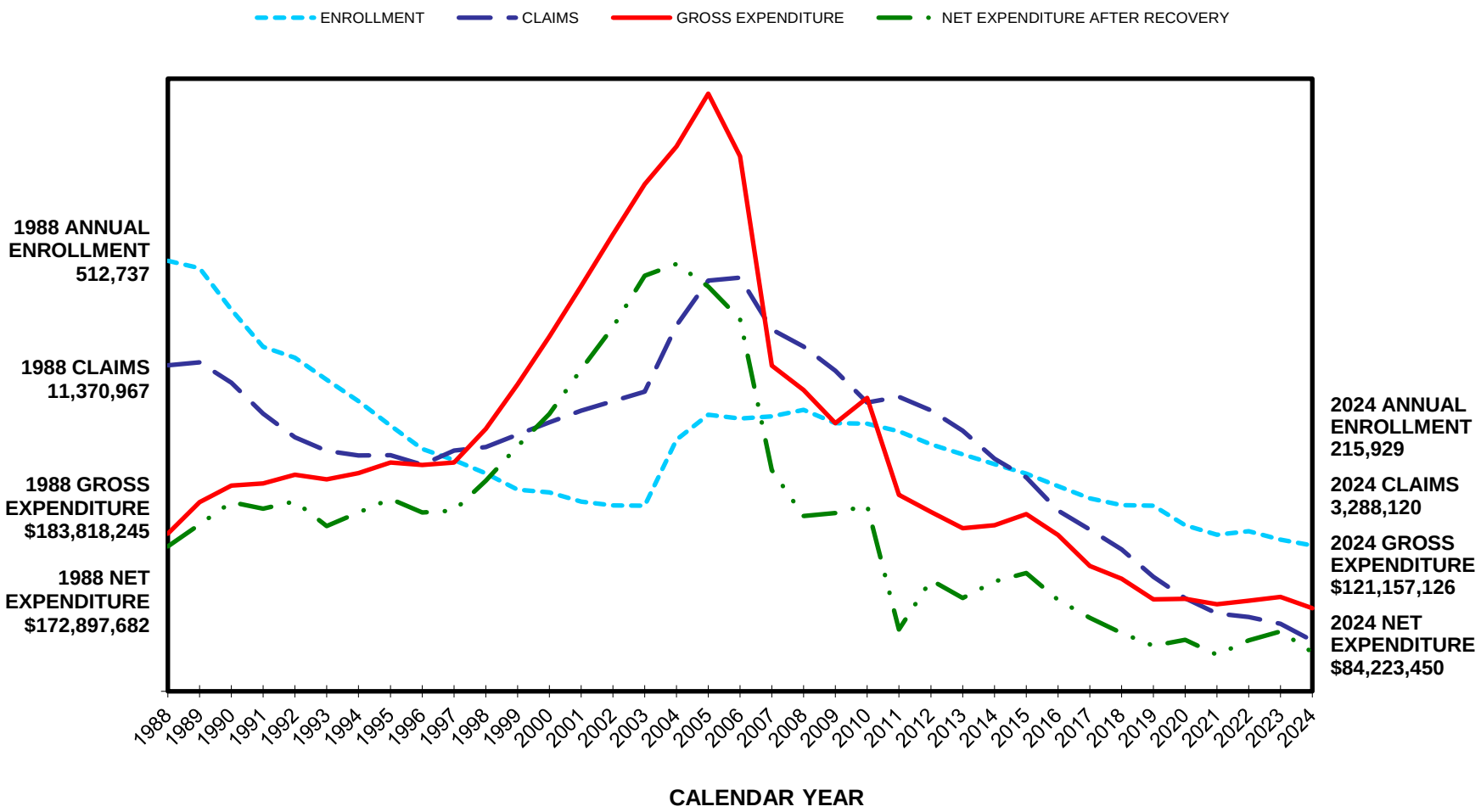
TABLE 2.3
CLAIMS AND EXPENDITURES BY PROGRAM, PRODUCT TYPE, AND PAYMENT SOURCE
JANUARY - DECEMBER 2024

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	13,763	$0	$0.00	$0	$0.00	$131,804	$9.58	$8,089,704	$587.79
		SECONDARY	95,991	$71,391,287	$743.73	$0	$0.00	$968,422	$10.09	$5,508,157	$57.38
		TOTAL	109,754	$71,391,287	$650.47	$0	$0.00	$1,100,226	$10.02	$13,597,861	$123.89
	GENERIC	PRIMARY	159,288	$0	$0.00	$0	$0.00	$870,421	$5.46	$2,470,310	$15.51
		SECONDARY	377,334	$8,711,096	$23.09	$0	$0.00	$1,483,994	$3.93	$987,358	$2.62
		TOTAL	536,622	$8,711,096	$16.23	$0	$0.00	$2,354,415	$4.39	$3,457,668	$6.44
	ALL PRODUCTS	PRIMARY	173,051	$0	$0.00	$0	$0.00	$1,002,225	$5.79	$10,560,014	$61.02
		SECONDARY	473,325	$80,102,383	$169.23	$0	$0.00	$2,452,415	$5.18	$6,495,515	$13.72
		TOTAL	646,376	$80,102,383	$123.93	$0	$0.00	$3,454,641	$5.34	$17,055,529	$26.39
PACENET	BRAND	PRIMARY	46,384	$0	$0.00	$300,488	$6.48	$771,216	$16.63	$26,346,862	$568.02
		SECONDARY	533,796	$383,043,038	$717.58	$1,241,500	$2.33	$10,212,292	$19.13	$60,964,380	$114.21
		TOTAL	580,180	$383,043,038	$660.21	$1,541,987	$2.66	$10,983,508	$18.93	$87,311,242	$150.49
	GENERIC	PRIMARY	635,801	$0	$0.00	$1,285,943	$2.02	$4,026,950	$6.33	$8,415,734	$13.24
		SECONDARY	1,425,763	$34,961,362	$24.52	$1,658,697	$1.16	$6,155,287	$4.32	$8,374,621	$5.87
		TOTAL	2,061,564	$34,961,362	$16.96	$2,944,640	$1.43	$10,182,238	$4.94	$16,790,355	$8.14
	ALL PRODUCTS	PRIMARY	682,185	$0	$0.00	$1,586,431	$2.33	$4,798,166	$7.03	$34,762,595	$50.96
		SECONDARY	1,959,559	$418,004,399	$213.32	$2,900,196	$1.48	$16,367,579	$8.35	$69,339,001	$35.39
		TOTAL	2,641,744	$418,004,399	$158.23	$4,486,627	$1.70	$21,165,746	$8.01	$104,101,597	$39.41
PACE/PACENET	BRAND	PRIMARY	60,147	$0	$0.00	$300,488	$5.00	$903,020	$15.01	$34,436,566	$572.54
		SECONDARY	629,787	$454,434,324	$721.57	$1,241,500	$1.97	$11,180,714	$17.75	$66,472,537	$105.55
		TOTAL	689,934	$454,434,324	$658.66	$1,541,987	$2.23	$12,083,734	$17.51	$100,909,103	$146.26
	GENERIC	PRIMARY	795,089	$0	$0.00	$1,285,943	$1.62	$4,897,371	$6.16	$10,886,044	$13.69
		SECONDARY	1,803,097	$43,672,458	$24.22	$1,658,697	$0.92	$7,639,281	$4.24	$9,361,979	$5.19
		TOTAL	2,598,186	$43,672,458	$16.81	$2,944,640	$1.13	$12,536,652	$4.83	$20,248,023	$7.79
	ALL PRODUCTS	PRIMARY	855,236	$0	$0.00	$1,586,431	$1.85	$5,800,391	$6.78	$45,322,610	$52.99
		SECONDARY	2,432,884	$498,106,782	$204.74	$2,900,196	$1.19	$18,819,995	$7.74	$75,834,516	$31.17
		TOTAL	3,288,120	$498,106,782	$151.49	$4,486,627	$1.36	$24,620,386	$7.49	$121,157,126	$36.85

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 2.3
PACE/PACENET ENROLLMENT, CLAIMS, AND CLAIMS EXPENDITURES BY CALENDAR YEAR 1988-2024



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.

SECTION 3

PROGRAM DATA BY DATE OF PAYMENT

TABLE 3.1
HISTORICAL PACE AND PACENET REIMBURSEMENT FORMULAS WHEN PROGRAM IS PRIMARY PAYER
JULY 1984 - DECEMBER 2024

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 3.2
PACE/PACENET HIGH EXPENDITURE AND HIGH VOLUME CLAIMS
JANUARY - DECEMBER 2024

MANUFACTURER	PRODUCT	STRENGTH	NDC9	CARDHOLDER AND THIRD PARTY PAYMENTS	STATE SHARE EXPENDITURES	% OF STATE SHARE TOTAL	RANK BY STATE SHARE EXPENDI-TURES	TOTAL EXPENDITURES (ALL SOURCES)	CLAIMS	% OF TOTAL	RANK BY VOLUME
BRISTOL MYERS SQUIBB	ELIQUIS	5 MG	000030894	$78,285,302	$13,803,771	11.39	1	$92,089,072	106,558	3.23	1
BRISTOL MYERS SQUIBB	ELIQUIS	2.5 MG	000030893	$29,345,562	$5,661,608	4.67	2	$35,007,170	44,436	1.35	2
BOEHRINGER INGELHEIM	JARDIANCE	10 MG	005970152	$23,726,958	$4,013,453	3.31	3	$27,740,412	30,566	0.93	3
BOEHRINGER INGELHEIM	JARDIANCE	25 MG	005970153	$20,004,489	$3,155,401	2.60	4	$23,159,890	23,256	0.70	5
JOHNSON & JOHNSON	XARELTO	20 MG	504580579	$17,868,296	$3,081,041	2.54	5	$20,949,336	23,168	0.70	6
NOVO NORDISK	OZEMPIC	.25 OR 0.5	001694181	$14,780,076	$3,007,581	2.48	6	$17,787,658	17,633	0.53	10
GLAXOSMITHKLINE	TRELEGY ELLIPTA	100-62.5	001730887	$15,755,640	$2,317,094	1.91	7	$18,072,733	23,452	0.71	4
NOVARTIS	ENTRESTO	24 MG-26MG	000780659	$8,884,574	$1,761,348	1.45	8	$10,645,922	11,769	0.36	19
NOVO NORDISK	OZEMPIC	1/0.75 (3)	001694130	$10,186,953	$1,728,543	1.43	9	$11,915,497	11,190	0.34	21
ASTRAZENECA	FARXIGA	10 MG	003106210	$8,964,756	$1,618,216	1.34	10	$10,582,972	12,001	0.36	18
NOVO NORDISK	OZEMPIC	2MG/0.75ML	001694772	$7,221,799	$1,388,107	1.15	11	$8,609,906	8,161	0.25	48
AMGEN	REPATHA SURECLICK	140 MG/ML	725110760	$4,479,757	$1,315,602	1.09	12	$5,795,359	8,231	0.25	46
ASTELLAS	MYRBETRIQ	50 MG	004692602	$5,731,476	$1,310,964	1.08	13	$7,042,440	11,161	0.34	22
ELI LILLY	TRULICITY	0.75MG/0.5	000021433	$6,896,579	$1,267,968	1.05	14	$8,164,547	8,008	0.24	50
GLAXOSMITHKLINE	TRELEGY ELLIPTA	200-62.5	001730893	$8,614,143	$1,265,449	1.04	15	$9,879,592	12,811	0.39	16
BOEHRINGER INGELHEIM	TRADJENTA	5 MG	005970140	$7,433,418	$1,244,434	1.03	16	$8,677,852	11,050	0.33	23
MERCK	JANUVIA	100 MG	000060277	$7,437,375	$1,221,911	1.01	17	$8,659,285	9,437	0.29	30
PRASCO	DAPAGLIFLOZIN	10 MG	669930457	$459,175	$1,067,414	0.88	18	$1,526,589	3,599	0.11	170
JOHNSON & JOHNSON	XARELTO	15 MG	504580578	$5,938,328	$1,067,217	0.88	19	$7,005,545	8,358	0.25	44
AMGEN	PROLIA	60 MG/ML	555130710	$4,072,534	$1,056,763	0.87	20	$5,129,297	3,073	0.09	207
ELI LILLY	TRULICITY	1.5 MG/0.5	000021434	$5,448,837	$1,030,509	0.85	21	$6,479,346	6,331	0.19	73
ASTRAZENECA	BREZTRI AEROSPHERE	160-9-4.8	003104616	$3,551,545	$901,259	0.74	22	$4,452,804	6,323	0.19	74
ASTELLAS	MYRBETRIQ	25 MG	004692601	$3,991,286	$852,737	0.70	23	$4,844,023	8,059	0.24	49
BOEHRINGER INGELHEIM	SPIRIVA RESPIMAT	2.5 MCG	005970100	$2,408,857	$825,240	0.68	24	$3,234,097	5,165	0.16	105
GLAXOSMITHKLINE	ANORO ELLIPTA	62.5-25MCG	001730869	$5,207,158	$809,176	0.67	25	$6,016,335	10,771	0.33	25
ELI LILLY	TRULICITY	3 MG/0.5ML	000022236	$4,667,653	$800,432	0.66	26	$5,468,084	5,196	0.16	102
NOVARTIS	ENTRESTO	49 MG-51MG	000780777	$4,169,488	$754,512	0.62	27	$4,924,000	5,092	0.15	107
ABBVIE	LUMIGAN	0.01 %	000233205	$3,575,995	$690,807	0.57	28	$4,266,802	9,891	0.30	27
ABBVIE	HUMIRA(CF) PEN	40MG/0.4ML	000740554	$2,460,064	$652,168	0.54	29	$3,112,233	417	0.01	1,004
ZYDUS	MIRABEGRON ER	50 MG	707101160	$338,233	$610,567	0.50	30	$948,800	2,461	0.07	273
SANOFI	LANTUS SOLOSTAR	100/ML	000882219	$2,335,737	$593,821	0.49	31	$2,929,558	21,761	0.66	7
MERCK	JANUVIA	50 MG	000060112	$2,898,585	$589,585	0.49	32	$3,488,170	4,072	0.12	145
SANOFI	DUPIXENT PEN	300 MG/2ML	000245915	$1,892,592	$569,570	0.47	33	$2,462,161	662	0.02	809
ASTRAZENECA	CALQUENCE	100 MG	003103512	$1,192,244	$568,876	0.47	34	$1,761,120	131	0.00	1,280
PRASCO	FLUTICASONE-VILANTEROL	100-25MCG	669930135	$180,969	$568,144	0.47	35	$749,113	2,800	0.08	237
NOVO NORDISK	RYBELSUS	7 MG	001694307	$2,728,564	$559,548	0.46	36	$3,288,113	2,994	0.09	218

TABLE 3.2
PACE/PACENET HIGH EXPENDITURE AND HIGH VOLUME CLAIMS
JANUARY - DECEMBER 2024

MANUFACTURER	PRODUCT	STRENGTH	NDC9	CARDHOLDER AND THIRD PARTY PAYMENTS	STATE SHARE EXPENDITURES	% OF STATE SHARE TOTAL	RANK BY STATE SHARE EXPENDI-TURES	TOTAL EXPENDITURES (ALL SOURCES)	CLAIMS	% OF TOTAL	RANK BY VOLUME
JOHNSON & JOHNSON	ERLEADA	60 MG	596760600	$370,131	$518,924	0.43	37	$889,055	66	0.00	1,345
LUPIN	TIOTROPIUM BROMIDE	18 MCG	681800964	$687,000	$513,737	0.42	38	$1,200,737	2,479	0.08	271
NOVO NORDISK	RYBELSUS	14 MG	001694314	$2,314,780	$501,045	0.41	39	$2,815,824	2,576	0.08	258
ABBVIE	RESTASIS	0.05 %	000239163	$2,784,096	$488,665	0.40	40	$3,272,761	3,453	0.10	182
VIATRIS	YUPELRI	175MCG/3ML	495020806	$920,161	$455,632	0.38	41	$1,375,793	993	0.03	625
ELI LILLY	MOUNJARO	5 MG/0.5ML	000021495	$2,606,953	$451,185	0.37	42	$3,058,138	2,781	0.08	239
NOVO NORDISK	NOVOLOG FLEXPEN	100/ML	001696339	$1,910,247	$444,008	0.37	43	$2,354,255	9,661	0.29	28
ASTRAZENECA	FARXIGA	5 MG	003106205	$2,215,645	$440,023	0.36	44	$2,655,668	3,133	0.09	201
GLAXOSMITHKLINE	BREO ELLIPTA	100-25MCG	001730859	$3,311,959	$438,295	0.36	45	$3,750,254	7,684	0.23	53
AMGEN	ENBREL SURECLICK	50 MG/ML	584060032	$2,176,228	$437,526	0.36	46	$2,613,754	358	0.01	1,058
PFIZER	VYNDAMAX	61 MG	000698730	$1,298,780	$437,008	0.36	47	$1,735,789	76	0.00	1,335
BOEHRINGER INGELHEIM	STIOLTO RESPIMAT	2.5-2.5MCG	005970155	$1,523,605	$436,031	0.36	48	$1,959,636	3,504	0.11	179
ABBVIE	CREON	36K-114K	000323016	$2,417,968	$435,856	0.36	49	$2,853,824	1,189	0.04	544
BRISTOL MYERS SQUIBB	POMALYST	2 MG	595720502	$366,602	$432,520	0.36	50	$799,122	38	0.00	1,373
ELI LILLY	BASAGLAR KWIKPEN U-100	100/ML	000027715	$2,956,781	$355,830	0.29	63	$3,312,611	8,187	0.25	47
PRASCO	ALBUTEROL SULFATE HFA	90 MCG	669930019	$442,814	$222,558	0.18	91	$665,372	14,392	0.44	15
LUPIN	ALBUTEROL SULFATE HFA	90 MCG	681800963	$259,006	$113,918	0.09	161	$372,924	11,224	0.34	20
AUROBINDO	TAMSULOSIN HCL	0.4 MG	658620598	$222,630	$17,777	0.01	496	$240,407	16,649	0.50	11
SCIEGEN	GABAPENTIN	300 MG	502280180	$117,037	$17,702	0.01	497	$134,739	10,090	0.31	26
AMNEAL	EZETIMIBE	10 MG	692381154	$210,159	$15,725	0.01	547	$225,885	9,169	0.28	33
CAMBER	PANTOPRAZOLE SODIUM	40 MG	317220713	$192,926	$13,155	0.01	624	$206,081	16,580	0.50	12
AUROBINDO	CLOPIDOGREL	75 MG	658620357	$178,611	$12,318	0.01	651	$190,928	14,807	0.45	14
AUROBINDO	PANTOPRAZOLE SODIUM	40 MG	658620560	$193,449	$12,247	0.01	656	$205,696	19,074	0.58	9
APOTEX	FLUTICASONE PROPIONATE	50 MCG	605050829	$113,831	$10,775	0.01	714	$124,606	9,081	0.27	35
ORYZA	METOPROLOL SUCCINATE	25 MG	725160030	$107,487	$10,245	0.01	746	$117,732	8,471	0.26	41
HIKMA	FLUTICASONE PROPIONATE	50 MCG	000543270	$139,596	$9,831	0.01	763	$149,427	10,855	0.33	24
UNICHEM	AMLODIPINE BESYLATE	5 MG	293000397	$102,765	$8,386	0.01	855	$111,152	12,346	0.37	17
NOVADOZ	ATORVASTATIN CALCIUM	40 MG	722050024	$96,402	$7,881	0.01	903	$104,283	8,459	0.26	42
ZYDUS	METOPROLOL SUCCINATE	25 MG	683820564	$99,491	$6,103	0.01	1,080	$105,594	9,307	0.28	31
LUPIN	LISINOPRIL	20 MG	681800981	$99,408	$6,061	0.01	1,082	$105,469	9,091	0.28	34
GLENMARK	OMEPRAZOLE	20 MG	684620396	$99,695	$5,761	0.00	1,106	$105,456	8,881	0.27	37
CAMBER	LOSARTAN POTASSIUM	100 MG	317220702	$89,978	$5,511	0.00	1,135	$95,489	8,719	0.26	38
ASCEND	AMLODIPINE BESYLATE	5 MG	678770198	$72,327	$5,072	0.00	1,195	$77,399	9,519	0.29	29
LEADING	FUROSEMIDE	20 MG	693150116	$101,864	$4,964	0.00	1,211	$106,827	20,746	0.63	8
LUPIN	LISINOPRIL	10 MG	681800980	$79,851	$4,822	0.00	1,233	$84,673	8,496	0.26	40
CAMBER	LOSARTAN POTASSIUM	50 MG	317220701	$84,202	$4,813	0.00	1,236	$89,015	8,346	0.25	45

TABLE 3.2
PACE/PACENET HIGH EXPENDITURE AND HIGH VOLUME CLAIMS
JANUARY - DECEMBER 2024

MANUFACTURER	PRODUCT	STRENGTH	NDC9	CARDHOLDER AND THIRD PARTY PAYMENTS	STATE SHARE EXPENDITURES	% OF STATE SHARE TOTAL	RANK BY STATE SHARE EXPENDI-TURES	TOTAL EXPENDITURES (ALL SOURCES)	CLAIMS	% OF TOTAL	RANK BY VOLUME
DR REDDY'S	OMEPRAZOLE	20 MG	551110158	$101,305	$4,786	0.00	1,239	$106,091	9,261	0.28	32
LEADING	FUROSEMIDE	40 MG	693150117	$80,242	$4,191	0.00	1,352	$84,433	15,231	0.46	13
INGENUS	METOPROLOL SUCCINATE	25 MG	507420615	$153,102	$4,059	0.00	1,387	$157,161	9,046	0.27	36
HIKMA	FUROSEMIDE	20 MG	000544297	$47,112	$3,392	0.00	1,559	$50,504	8,373	0.25	43
ADVAGEN	METOPROLOL TARTRATE	25 MG	728880004	$53,701	$2,851	0.00	1,751	$56,552	8,647	0.26	39
	TOTAL 77 PRODUCTS			$364,534,924	$71,052,026	58.65		$435,586,950	821,082	24.86	
	TOTAL ALL PRODUCTS			$540,841,202	$121,144,515	100.00		$661,985,717	3,302,572	100.00	

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

TABLE 3.3
PACE/PACENET NUMBER AND PERCENT OF EXPENDITURES AND CLAIMS BY MANUFACTURER
JANUARY - DECEMBER 2024

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, 59572, 73625, 80739	1	$20,983,347	17.3	151,764	4.6
BOEHRINGER INGELHEIM	00597	2	$11,436,530	9.4	83,204	2.5
NOVO NORDISK	00169, 73070	3	$9,950,127	8.2	76,420	2.3
ELI LILLY	00002, 00777, 66733	4	$7,436,877	6.1	52,811	1.6
JOHNSON & JOHNSON	10147, 50458, 57894, 59676, 66215	5	$7,292,548	6.0	39,797	1.2
GLAXOSMITHKLINE	00173, 49702, 58160, 81864	6	$6,279,314	5.2	75,620	2.3
ASTRAZENECA	00186, 00310	7	$5,871,000	4.8	40,419	1.2
ABBVIE	00023, 00032, 00074, 00456, 11980, 57962, 58914, 60758,61874, 82182	8	$5,786,487	4.8	45,674	1.4
NOVARTIS	00078	9	$4,448,154	3.7	22,919	0.7
AMGEN	55513, 58406, 72511, 73556, 76075	10	$4,254,811	3.5	14,798	0.4
PRASCO	35573, 43485, 66993	11	$3,371,781	2.8	34,773	1.1
ASTELLAS	00469, 51248	12	$3,157,371	2.6	19,631	0.6
MERCK	00006, 00085, 52015	13	$2,829,511	2.3	19,271	0.6
PFIZER	00005, 00008, 00009, 00013, 00025, 00046, 00049, 00069,00071, 00409, 60793, 61570, 61703, 72618	14	$2,441,078	2.0	7,825	0.2
SANOFI	00024, 00088, 49281, 58468	15	$2,332,984	1.9	35,290	1.1
ZYDUS	68382, 70710	16	$1,481,017	1.2	123,349	3.7

TABLE 3.3
PACE/PACENET NUMBER AND PERCENT OF EXPENDITURES AND CLAIMS BY MANUFACTURER
JANUARY - DECEMBER 2024

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, 16252,45963, 50111, 51759, 52544, 57844, 59310, 62037, 63459,68546	17	$1,348,317	1.1	167,114	5.1
VIATRIS	00037, 00378, 42292, 49502, 51079, 51525, 58151, 59762,67457, 73521	18	$1,274,314	1.1	72,038	2.2
LUPIN	27437, 43386, 68180, 70748	19	$1,061,713	0.9	148,026	4.5
APOTEX	60505	20	$815,994	0.7	67,777	2.1
AMNEAL	00115, 53746, 60219, 60846, 64896, 65162, 69238, 70121	21	$812,749	0.7	89,461	2.7
BAUSCH HEALTH	00187, 25010, 65649, 66490, 68682	22	$757,262	0.6	7,914	0.2
AUROBINDO	13107, 59651, 65862	23	$729,998	0.6	246,079	7.5
TAKEDA	00944, 54092, 59417, 63020, 64764	24	$649,054	0.5	2,357	0.1
ALCON	00065, 70727, 71571	25	$628,410	0.5	5,489	0.2
	TOTAL, TOP 25 MANUFACTURERS		$107,430,749	88.7	1,649,820	50.0
ALL OTHER	TOTAL, ALL OTHER MANUFACTURERS		$13,713,766	11.3	1,652,752	50.0
	TOTAL, ALL MANUFACTURERS		$121,144,515	100.0	3,302,572	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 2024

QUARTER/YEAR BILLED	91-92 THROUGH 18-19 RECEIPTS	19-20 RECEIPTS	20-21 RECEIPTS	21-22 RECEIPTS	22-23 RECEIPTS	23-24 RECEIPTS	24-25 YTD RECEIPTS	TOTAL
1991 - 2000	$378,693,158	$12,523	$0	$8,340	$112	($1)	$0	$378,714,132
2001 - 2010	$891,102,829	($389,771)	($175,682)	$23,211	$357	$4,731	($46)	$890,565,629
JAN-DEC 2011	$48,859,384	($789)	$13,183	$12,070	$504	$293	$0	$48,884,645
JAN-DEC 2012	$40,070,042	$137	$6,132	$108,700	$2	$34	$0	$40,185,048
JAN-DEC 2013	$37,161,709	$4,768	$25,814	$276,528	$87,939	($5)	$0	$37,556,753
JAN-DEC 2014	$37,330,257	$52,005	$128,029	$422,545	$8,574	$12,414	$169	$37,953,991
JAN-DEC 2015	$39,600,477	($276)	$29,743	$680,849	$18,578	$186	$0	$40,329,557
JAN-DEC 2016	$35,565,919	($104,367)	$340,327	$217,797	$2,223	$158	$66	$36,022,123
JAN-DEC 2017	$38,993,701	($170,397)	$16,005	($10,189)	$96,190	($177)	$69	$38,925,202
JAN-DEC 2018	$39,537,859	($28,492)	$177,860	$60,909	($35,434)	$1,356	$81	$39,714,141
JAN-DEC 2019	$3,696,580	$29,322,443	$2,229,610	$53,909	$75,267	$1,387	$621	$35,379,818
JAN-DEC 2020	$0	$94,238	$33,399,415	$890,457	($20,288)	($22,648)	$8,397	$34,349,571
JAN-DEC 2021	$0	$0	$244,449	$29,831,743	$394,363	$3,834	$3,250	$30,477,639
JAN-DEC 2022	$0	$0	$0	$459,116	$24,750,608	$418,168	$2,046	$25,629,938
JAN-MAR 2023	$0	$0	$0	$0	$1,409,031	$4,330,051	$43,187	$5,782,270
APR-JUN 2023	$0	$0	$0	$0	$0	$5,975,229	$4,941	$5,980,170
JUL-SEP 2023	$0	$0	$0	$0	$0	$5,721,628	$18,970	$5,740,598
OCT-DEC 2023	$0	$0	$0	$0	$0	$5,313,292	$132,246	$5,445,537
JAN-MAR 2024	$0	$0	$0	$0	$0	$2,493,453	$3,458,991	$5,952,443
APR-JUN 2024	$0	$0	$0	$0	$0	$0	$5,133,932	$5,133,932
JUL-SEP 2024	$0	$0	$0	$0	$0	$0	$1,706,700	$1,706,700
OCT-DEC 2024	$0	$0	$0	$0	$0	$0	$0	$0
TOTAL	$1,590,611,916	$28,792,022	$36,434,885	$33,035,984	$26,788,028	$24,253,383	$10,513,620	$1,750,429,838

SOURCE: PDA CHECK RECEIPTS AS REPORTED FOR WEEK ENDING JANUARY 3, 2025.
NOTE: INCLUDES REBATES RECEIVED THROUGH DECEMBER 2024.

SECTION 4

CARDHOLDER UTILIZATION DATA

TABLE 4.1
PACE AND PACENET CARDHOLDER ENROLLMENTS BY QUARTER
JULY 1984 - JUNE 2022

PACE, JULY 1984 - JUNE 1988

	QUARTER	NEWLY ENROLLED	% 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	% 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 1984 - JUNE 2022

PACE AND PACENET, JULY 1996 - JUNE 2022

		PACE			PACENET		
	QUARTER	CUMULATIVE NEWLY ENROLLED	% NEWLY ENROLLED	ENROLLMENT AT END OF QUARTER	CUMULATIVE NEWLY ENROLLED	% 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 1984 - JUNE 2022

		PACE			PACENET		
	QUARTER	CUMULATIVE NEWLY ENROLLED	% NEWLY ENROLLED	ENROLLMENT AT END OF QUARTER	CUMULATIVE NEWLY ENROLLED	% 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 1984 - JUNE 2022

		PACE			PACENET		
	QUARTER	CUMULATIVE NEWLY ENROLLED	% NEWLY ENROLLED	ENROLLMENT AT END OF QUARTER	CUMULATIVE NEWLY ENROLLED	% 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

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., 51,263 PACE CARDHOLDERS AND 12,968 PACENET CARDHOLDERS ON THE FILE ON JUNE 30, 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 4.2
PACE AND PACENET CARDHOLDER ENROLLMENTS BY QUARTER
JULY 2022 - DECEMBER 2024

		PACE			PACENET		
	QUARTER	EVER-ENROLLED IN QUARTER	CUMULATIVE NEWLY ENROLLED	% NEWLY ENROLLED	EVER-ENROLLED IN QUARTER	CUMULATIVE NEWLY ENROLLED	% NEWLY ENROLLED
39th	JUL-SEP 2022	52,463	702	1.3	155,185	4,586	3.0
PROGRAM	OCT-DEC 2022	51,737	1,685	3.3	157,392	10,760	6.8
YEAR	JAN-MAR 2023	50,045	2,427	4.8	155,901	15,139	9.7
	APR-JUN 2023	48,992	3,195	6.5	155,639	19,335	12.4
40th	JUL-SEP 2023	47,757	605	1.3	154,630	3,958	2.6
PROGRAM	OCT-DEC 2023	47,054	1,452	3.1	157,026	10,174	6.5
	JAN-MAR 2024	44,369	2,217	5.0	157,599	15,542	9.9
	APR-JUN 2024	43,307	2,950	6.8	157,402	20,200	12.8
41st	JUL-SEP 2024	42,020	413	1.0	155,795	2,984	1.9
PROGRAM	OCT-DEC 2024	41,252	1,069	2.6	156,609	8,094	5.2
YEAR TO DATE							

SOURCE: PDA/CARDHOLDER FILE
NOTE: THE EVER-ENROLLED IN QUARTER INCLUDES CARDHOLDERS WITH ANY ENROLLMENT DURING THE QUARTER. THE CUMULATIVE NEWLY ENROLLED IS THE CUMULATIVE TOTAL WITHIN THE PROGRAM YEAR OF CARDHOLDERS WHO ENROLLED IN PACE OR PACENET WITH NO PRIOR PACE/PACENET ENROLLMENT IN THE PRECEDING 180 DAYS.

TABLE 4.3A
PACE CARDHOLDER ENROLLMENT, PARTICIPATION, UTILIZATION, AND EXPENDITURES
BY DEMOGRAPHIC CHARACTERISTICS
JANUARY - DECEMBER 2024

	ENROLLED CARDHOLDERS		PARTICIPATING CARDHOLDERS		NO. OF	% OF	CLAIMS PER PARTI-	TOTAL	CARDHOLDER AND TPL SHARE (%) OF TOTAL	STATE SHARE EXPENDI-	STATE SHARE (%) OF TOTAL EXPENDI-	STATE SHARE PER	% OF STATE SHARE EXPENDI-
	NO.	%	NO.	%	CLAIMS	CLAIMS	CIPANT	EXPENDITURES	EXPENDITURES	TURES	TURES	PARTICIPANT	TURES
TOTAL	46,783	100.0	29,636	100.0	646,376	100.0	21.8	$100,612,552	83.0	$17,055,529	17.0	$575.50	100.0
SEX													
FEMALE	34,126	72.9	22,745	76.7	502,664	77.8	22.1	$75,013,406	83.7	$12,254,825	16.3	$538.79	71.9
MALE	12,657	27.1	6,891	23.3	143,712	22.2	20.9	$25,599,146	81.2	$4,800,704	18.8	$696.66	28.1
AGE													
65-69 YEARS	4,681	10.0	2,681	9.0	47,031	7.3	17.5	$10,755,969	84.4	$1,682,953	15.6	$627.73	9.9
70-74 YEARS	8,472	18.1	5,072	17.1	97,365	15.1	19.2	$19,121,446	84.4	$2,976,060	15.6	$586.76	17.4
75-79 YEARS	9,955	21.3	6,173	20.8	131,564	20.4	21.3	$21,977,043	83.5	$3,633,859	16.5	$588.67	21.3
80-84 YEARS	9,105	19.5	5,949	20.1	130,061	20.1	21.9	$19,719,347	83.1	$3,339,370	16.9	$561.33	19.6
85 YEARS OR OVER	14,570	31.1	9,761	32.9	240,355	37.2	24.6	$29,038,748	81.3	$5,423,287	18.7	$555.61	31.8
RESIDENCE TYPE													
OWN	24,572	52.5	16,078	54.3	337,744	52.3	21.0	$55,584,307	82.3	$9,839,778	17.7	$612.00	57.7
RENT	13,210	28.2	7,875	26.6	163,406	25.3	20.7	$25,970,309	85.8	$3,677,809	14.2	$467.02	21.6
NURSING HOME OR ASSISTED LIVING	1,368	2.9	862	2.9	39,611	6.1	46.0	$3,006,344	73.1	$808,237	26.9	$937.63	4.7
LIVE WITH RELATIVE	3,761	8.0	2,348	7.9	50,843	7.9	21.7	$8,310,607	83.0	$1,409,682	17.0	$600.38	8.3
OTHER	2,809	6.0	1,932	6.5	44,420	6.9	23.0	$6,016,799	82.2	$1,071,691	17.8	$554.71	6.3
MISSING	1,063	2.3	541	1.8	10,352	1.6	19.1	$1,724,185	85.6	$248,333	14.4	$459.03	1.5
MARITAL STATUS													
SINGLE OR WIDOWED	33,892	72.4	21,663	73.1	480,385	74.3	22.2	$72,126,786	83.5	$11,904,431	16.5	$549.53	69.8
MARRIED	3,289	7.0	2,002	6.8	38,958	6.0	19.5	$7,631,883	77.6	$1,711,969	22.4	$855.13	10.0
DIVORCED	7,920	16.9	4,944	16.7	103,271	16.0	20.9	$16,988,004	83.3	$2,839,734	16.7	$574.38	16.6
MARRIED, LIVING SEPARATELY	1,682	3.6	1,027	3.5	23,762	3.7	23.1	$3,865,879	84.5	$599,395	15.5	$583.64	3.5
RACE/ETHNICITY													
HISPANIC (OF ANY RACE)	1,408	3.0	709	2.4	11,935	1.8	16.8	$2,441,625	87.4	$308,727	12.6	$435.44	1.8
NON-HISPANIC:													
WHITE	34,545	73.8	23,013	77.7	530,926	82.1	23.1	$79,095,802	82.7	$13,707,240	17.3	$595.63	80.4
BLACK OR AFRICAN-AMERICAN	4,021	8.6	2,089	7.0	31,548	4.9	15.1	$6,007,264	87.2	$766,811	12.8	$367.07	4.5
ASIAN	836	1.8	380	1.3	4,991	0.8	13.1	$1,079,512	83.2	$181,045	16.8	$476.43	1.1
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	209	0.4	125	0.4	2,123	0.3	17.0	$657,352	87.1	$85,097	12.9	$680.78	0.5
AMERICAN INDIAN OR ALASKA NATIVE	86	0.2	42	0.1	593	0.1	14.1	$127,561	88.4	$14,809	11.6	$352.60	0.1
OTHER RACE OR MULTIPLE RACES	127	0.3	72	0.2	1,261	0.2	17.5	$159,095	89.4	$16,925	10.6	$235.07	0.1
MISSING	5,551	11.9	3,206	10.8	62,999	9.7	19.7	$11,044,342	82.1	$1,974,875	17.9	$615.99	11.6

TABLE 4.3A
PACE CARDHOLDER ENROLLMENT, PARTICIPATION, UTILIZATION, AND EXPENDITURES BY DEMOGRAPHIC CHARACTERISTICS
JANUARY - DECEMBER 2024

	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	2,089	4.5	1,216	4.1	38,231	5.9	31.4	$4,489,750	71.6	$1,273,676	28.4	$1,047.43	7.5
$3,000-$5,999	1,355	2.9	832	2.8	20,151	3.1	24.2	$2,461,457	80.4	$481,860	19.6	$579.16	2.8
$6,000-$8,999	3,900	8.3	2,451	8.3	52,983	8.2	21.6	$7,957,512	80.7	$1,534,773	19.3	$626.18	9.0
$9,000-$11,999	8,155	17.4	5,142	17.4	106,502	16.5	20.7	$17,072,006	84.0	$2,731,329	16.0	$531.18	16.0
$12,000-$14,500	14,881	31.8	9,456	31.9	200,621	31.0	21.2	$32,102,439	85.4	$4,692,825	14.6	$496.28	27.5
$14,501 +	13,114	28.0	8,537	28.8	188,930	29.2	22.1	$28,897,505	84.0	$4,629,097	16.0	$542.24	27.1
INCOME - MARRIED													
$0-$2,999	150	0.3	51	0.2	886	0.1	17.4	$218,076	46.8	$115,957	53.2	$2,273.66	0.7
$3,000-$5,999	90	0.2	49	0.2	947	0.1	19.3	$159,518	76.6	$37,359	23.4	$762.42	0.2
$6,000-$8,999	158	0.3	93	0.3	1,636	0.3	17.6	$327,121	73.5	$86,545	26.5	$930.59	0.5
$9,000-$11,999	311	0.7	194	0.7	3,509	0.5	18.1	$805,641	82.5	$141,063	17.5	$727.13	0.8
$12,000-$14,999	575	1.2	346	1.2	6,427	1.0	18.6	$1,295,344	79.9	$260,643	20.1	$753.30	1.5
$15,000-$17,700	1,133	2.4	733	2.5	15,095	2.3	20.6	$2,994,191	76.1	$716,328	23.9	$977.26	4.2
$17,701 +	872	1.9	536	1.8	10,458	1.6	19.5	$1,831,992	80.7	$354,075	19.3	$660.59	2.1

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 4.3B
PACENET CARDHOLDER ENROLLMENT, PARTICIPATION, UTILIZATION, AND EXPENDITURES BY DEMOGRAPHIC CHARACTERISTICS
JANUARY - DECEMBER 2024

	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	171,071	100.0	122,656	100.0	2,641,744	100.0	21.5	$547,758,368	81.0	$104,101,597	19.0	$848.73	100.0
SEX													
FEMALE	113,024	66.1	83,265	67.9	1,815,021	68.7	21.8	$353,028,379	81.1	$66,648,497	18.9	$800.44	64.0
MALE	58,047	33.9	39,391	32.1	826,723	31.3	21.0	$194,729,990	80.8	$37,453,100	19.2	$950.80	36.0
AGE													
65-69 YEARS	25,284	14.8	17,315	14.1	326,362	12.4	18.8	$86,304,489	81.1	$16,344,094	18.9	$943.93	15.7
70-74 YEARS	35,394	20.7	25,230	20.6	517,459	19.6	20.5	$123,598,989	81.8	$22,435,583	18.2	$889.24	21.6
75-79 YEARS	36,573	21.4	26,246	21.4	560,810	21.2	21.4	$123,154,778	81.3	$23,048,692	18.7	$878.18	22.1
80-84 YEARS	33,005	19.3	24,183	19.7	535,177	20.3	22.1	$106,879,018	81.0	$20,264,983	19.0	$837.98	19.5
85 YEARS OR OVER	40,815	23.9	29,682	24.2	701,936	26.6	23.6	$107,821,094	79.6	$22,008,245	20.4	$741.47	21.1
RESIDENCE TYPE													
OWN	112,640	65.8	81,338	66.3	1,710,566	64.8	21.0	$365,457,984	80.8	$70,289,791	19.2	$864.17	67.5
RENT	39,833	23.3	27,853	22.7	607,438	23.0	21.8	$122,306,571	82.0	$21,999,033	18.0	$789.83	21.1
NURSING HOME OR ASSISTED LIVING	1,652	1.0	1,276	1.0	59,180	2.2	46.4	$5,209,329	74.5	$1,327,484	25.5	$1,040.35	1.3
LIVE WITH RELATIVE	8,858	5.2	6,600	5.4	147,069	5.6	22.3	$30,547,115	80.8	$5,861,018	19.2	$888.03	5.6
OTHER	4,667	2.7	3,437	2.8	76,877	2.9	22.4	$15,314,876	80.8	$2,943,063	19.2	$856.29	2.8
MISSING	3,421	2.0	2,152	1.8	40,614	1.5	18.9	$8,922,493	81.2	$1,681,207	18.8	$781.23	1.6
MARITAL STATUS													
SINGLE OR WIDOWED	97,521	57.0	70,531	57.5	1,564,342	59.2	22.2	$308,411,508	81.0	$58,675,595	19.0	$831.91	56.4
MARRIED	51,477	30.1	36,687	29.9	751,722	28.5	20.5	$171,478,775	80.8	$32,968,422	19.2	$898.64	31.7
DIVORCED	19,003	11.1	13,359	10.9	280,411	10.6	21.0	$58,670,548	81.5	$10,849,774	18.5	$812.17	10.4
MARRIED, LIVING SEPARATELY	3,070	1.8	2,079	1.7	45,269	1.7	21.8	$9,197,537	82.5	$1,607,806	17.5	$773.36	1.5
RACE/ETHNICITY													
HISPANIC (OF ANY RACE)	3,829	2.2	2,405	2.0	42,743	1.6	17.8	$10,318,115	81.8	$1,880,552	18.2	$781.93	1.8
NON-HISPANIC:													
WHITE	130,751	76.4	95,686	78.0	2,142,066	81.1	22.4	$426,395,569	80.9	$81,476,010	19.1	$851.49	78.3
BLACK OR AFRICAN-AMERICAN	10,481	6.1	6,466	5.3	103,883	3.9	16.1	$25,627,419	82.7	$4,435,700	17.3	$686.00	4.3
ASIAN	1,529	0.9	859	0.7	12,155	0.5	14.2	$3,369,677	83.0	$574,088	17.0	$668.32	0.6
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	691	0.4	521	0.4	10,207	0.4	19.6	$2,840,313	82.7	$492,095	17.3	$944.52	0.5
AMERICAN INDIAN OR ALASKA NATIVE	224	0.1	151	0.1	2,882	0.1	19.1	$606,319	84.5	$93,954	15.5	$622.21	0.1
OTHER RACE OR MULTIPLE RACES	342	0.2	222	0.2	4,632	0.2	20.9	$875,906	81.6	$161,196	18.4	$726.11	0.2
MISSING	23,224	13.6	16,346	13.3	323,176	12.2	19.8	$77,725,051	80.7	$14,988,002	19.3	$916.92	14.4

TABLE 4.3B
PACENET CARDHOLDER ENROLLMENT, PARTICIPATION, UTILIZATION, AND EXPENDITURES
BY DEMOGRAPHIC CHARACTERISTICS
JANUARY - DECEMBER 2024

	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	33,925	19.8	23,026	18.8	488,760	18.5	21.2	$88,094,412	85.8	$12,533,406	14.2	$544.32	12.0
$18,501 - $23,500	48,377	28.3	35,100	28.6	797,486	30.2	22.7	$153,001,402	79.7	$31,104,478	20.3	$886.17	29.9
$23,501 - $28,500	25,893	15.1	19,384	15.8	434,668	16.5	22.4	$93,337,390	80.1	$18,619,138	19.9	$960.54	17.9
$28,501 - $33,500	10,825	6.3	8,088	6.6	163,191	6.2	20.2	$40,380,854	79.1	$8,429,491	20.9	$1,042.22	8.1
$33,501 +	574	0.3	371	0.3	5,917	0.2	15.9	$1,465,535	69.5	$446,661	30.5	$1,203.94	0.4
INCOME - MARRIED													
$17,701 - $23,500	6,966	4.1	4,552	3.7	92,039	3.5	20.2	$18,517,322	83.3	$3,088,184	16.7	$678.42	3.0
$23,501 - $29,500	15,521	9.1	10,959	8.9	233,238	8.8	21.3	$50,681,585	80.4	$9,908,345	19.6	$904.13	9.5
$29,501 - $35,500	17,020	9.9	12,558	10.2	265,769	10.1	21.2	$61,215,870	80.5	$11,942,799	19.5	$951.01	11.5
$35,501 - $41,500	10,896	6.4	7,971	6.5	151,081	5.7	19.0	$38,603,164	80.4	$7,581,268	19.6	$951.11	7.3
$41,501 +	1,074	0.6	647	0.5	9,595	0.4	14.8	$2,460,834	81.8	$447,826	18.2	$692.16	0.4

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 4.4
OTHER PRESCRIPTION INSURANCE COVERAGE OF PACE AND PACENET ENROLLED CARDHOLDERS
JANUARY - DECEMBER 2024

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	45,884	98.1	640,086	14.0	$16,473,299	$359.02
MEDICARE PART D COVERAGE	43,329	92.6	571,529	13.2	$10,940,886	$252.51
NON MEDICARE PART D COVERAGE	2,555	5.5	68,557	26.8	$5,532,413	$2,165.33
NO OTHER KNOWN PRESCRIPTION COVERAGE	899	1.9	6,290	7.0	$582,230	$647.64
TOTAL PACE ENROLLED	46,783	100.0	646,376	13.8	$17,055,529	$364.57

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	168,506	98.5	2,618,618	15.5	$101,103,168	$600.00
MEDICARE PART D COVERAGE	160,544	93.8	2,468,619	15.4	$88,538,243	$551.49
NON MEDICARE PART D COVERAGE	7,962	4.7	149,999	18.8	$12,564,925	$1,578.11
NO OTHER KNOWN PRESCRIPTION COVERAGE	2,565	1.5	23,126	9.0	$2,998,429	$1,168.98
TOTAL PACENET ENROLLED	171,071	100.0	2,641,744	15.4	$104,101,597	$608.53

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 4.5
PART D CARDHOLDER ENROLLMENT, PARTICIPATION, AND EXPENDITURES
JANUARY - DECEMBER 2024

	PACE	PACENET	TOTAL
ENROLLED CARDHOLDERS			
PART D, AUTO-ENROLLED	8,255	18,258	26,411
PART D, NOT AUTO-ENROLLED	35,074	142,286	175,623
NOT ENROLLED IN PART D	3,454	10,527	13,895
TOTAL PACE/PACENET ENROLLED	46,783	171,071	215,929
PARTICIPATING CARDHOLDERS			
PART D, AUTO-ENROLLED	6,450	15,712	22,086
PART D, NOT AUTO-ENROLLED	21,380	101,572	122,120
NOT ENROLLED IN PART D	1,806	5,372	7,150
TOTAL PARTICIPATING CARDHOLDERS	29,636	122,656	151,356
CLAIMS			
PART D, AUTO-ENROLLED	174,855	456,080	630,935
PART D, NOT AUTO-ENROLLED	396,674	2,012,539	2,409,213
NOT ENROLLED IN PART D	74,847	173,125	247,972
TOTAL CLAIMS	646,376	2,641,744	3,288,120
CLAIMS PER ENROLLEE			
PART D, AUTO-ENROLLED	21.18	24.98	23.89
PART D, NOT AUTO-ENROLLED	11.31	14.14	13.72
NOT ENROLLED IN PART D	21.67	16.45	17.85
ALL PACE/PACENET ENROLLED	13.82	15.44	15.23
STATE SHARE EXPENDITURES			
PART D, AUTO-ENROLLED	$2,917,073	$12,795,359	$15,712,432
PART D, NOT AUTO-ENROLLED	$8,023,813	$75,742,885	$83,766,698
NOT ENROLLED IN PART D	$6,114,643	$15,563,353	$21,677,996
ALL PACE/PACENET ENROLLED	$17,055,529	$104,101,597	$121,157,126
STATE SHARE PER CLAIM			
PART D, AUTO-ENROLLED	$16.68	$28.06	$24.90
PART D, NOT AUTO-ENROLLED	$20.23	$37.64	$34.77
NOT ENROLLED IN PART D	$81.70	$89.90	$87.42
ALL PACE/PACENET ENROLLED	$26.39	$39.41	$36.85
TOTAL CARDHOLDER EXPENDITURES			
PART D, AUTO-ENROLLED	$918,337	$5,649,790	$6,568,127
PART D, NOT AUTO-ENROLLED	$2,069,942	$17,956,613	$20,026,555
NOT ENROLLED IN PART D	$466,362	$2,045,970	$2,512,331
ALL PACE/PACENET ENROLLED	$3,454,641	$25,652,373	$29,107,013
CARDHOLDER SHARE PER CLAIM			
PART D, AUTO-ENROLLED	$5.25	$12.39	$10.41
PART D, NOT AUTO-ENROLLED	$5.22	$8.92	$8.31
NOT ENROLLED IN PART D	$6.23	$11.82	$10.13
ALL PACE/PACENET ENROLLED	$5.34	$9.71	$8.85
TPL SHARE			
PART D, AUTO-ENROLLED	$16,624,446	$45,093,895	$61,718,340
PART D, NOT AUTO-ENROLLED	$63,166,882	$371,571,116	$434,737,998
NOT ENROLLED IN PART D	$311,055	$1,339,389	$1,650,443

TABLE 4.5
PART D CARDHOLDER ENROLLMENT, PARTICIPATION, AND EXPENDITURES
JANUARY - DECEMBER 2024

	PACE	PACENET	TOTAL
ALL PACE/PACENET ENROLLED	$80,102,383	$418,004,399	$498,106,782
TPL SHARE PER CLAIM			
PART D, AUTO-ENROLLED	$95.08	$98.87	$97.82
PART D, NOT AUTO-ENROLLED	$159.24	$184.63	$180.45
NOT ENROLLED IN PART D	$4.16	$7.74	$6.66
ALL PACE/PACENET ENROLLED	$123.93	$158.23	$151.49
TOTAL EXPENDITURES (STATE, CARDHOLDER, TPL)			
PART D, AUTO-ENROLLED	$20,459,856	$63,539,043	$83,998,899
PART D, NOT AUTO-ENROLLED	$73,260,637	$465,270,614	$538,531,251
NOT ENROLLED IN PART D	$6,892,059	$18,948,711	$25,840,771
ALL PACE/PACENET ENROLLED	$100,612,552	$547,758,368	$648,370,921
PART D LIS STATUS AMONG PART D AUTO-ENROLLED			
LIS	5,909	4,175	10,055
NO LIS	2,346	14,083	16,356
TOTAL AUTO-ENROLLED CARDHOLDERS	8,255	18,258	26,411
PART D LIS STATUS AMONG OTHER PART D ENROLLED			
LIS	25,474	34,159	58,939
NO LIS	9,600	108,127	116,684
TOTAL OTHER PART D ENROLLED CARDHOLDERS	35,074	142,286	175,623

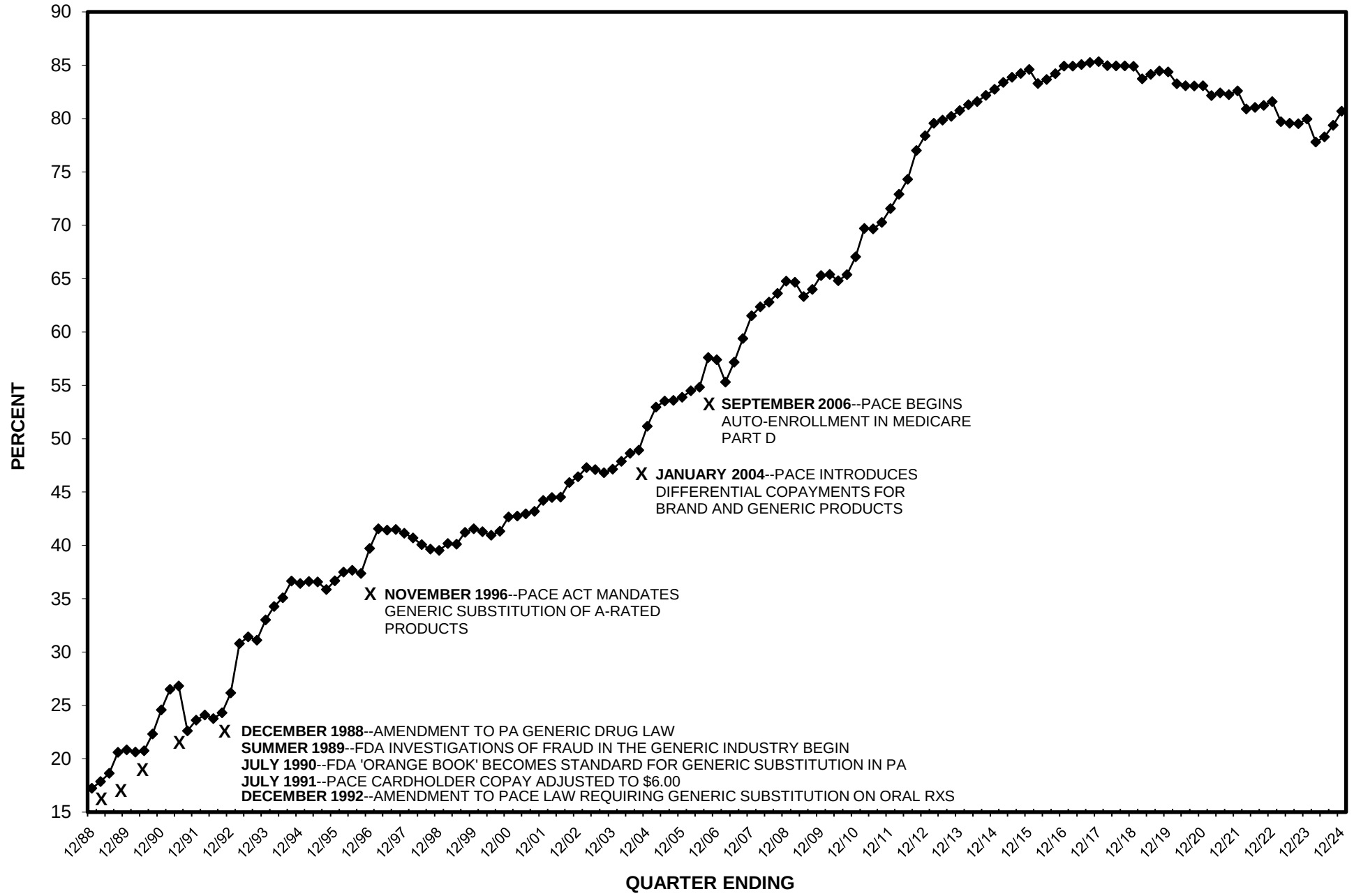
NOTE: AUTO-ENROLLED CARDHOLDERS INCLUDE INDIVIDUALS WHO WERE ENROLLED OR RE-ENROLLED BY PACE/PACENET INTO PART D PARTNER PLANS WITHIN THE TWO YEARS PRIOR TO JANUARY 2024, AND WHO HAD ACTIVE COVERAGE IN A PACE/PACENET PART D PARTNER PLAN DURING 2024. THE EXPENDITURE TOTALS SHOWN ARE BASED ONLY ON CLAIMS THAT WERE RECORDED IN THE PACE/PACENET CLAIM ADJUDICATION SYSTEM. THERE MAY BE ADDITIONAL PRESCRIPTION EXPENDITURES THAT WERE NOT SUBMITTED TO PACE/PACENET.

TABLE 4.6
ANNUAL DRUG EXPENDITURES FOR PACE/PACENET ENROLLED
BY TOTAL DRUG SPEND, PART D STATUS, AND LIS STATUS
JANUARY - DECEMBER 2024

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	6,745	0	$0	$0	$0	$0
	PART D-LIS	25,318	0	$0	$0	$0	$0
	PART D-NO LIS	32,510	0	$0	$0	$0	$0
	TOTAL	64,573	0	$0	$0	$0	$0
$0.01-$545.00	NO PART D	3,239	41,874	$581,532	$173,503	$390,023	$18,006
	PART D-LIS	16,775	158,169	$2,627,534	$281,669	$650,072	$1,695,793
	PART D-NO LIS	31,107	319,378	$5,033,017	$1,207,010	$2,382,306	$1,443,701
	TOTAL	51,121	519,421	$8,242,084	$1,662,182	$3,422,401	$3,157,500
$545.01-$5,030.00	NO PART D	2,418	106,832	$4,364,661	$2,925,568	$1,045,999	$393,094
	PART D-LIS	14,706	318,866	$32,633,758	$3,058,892	$1,631,112	$27,943,755
	PART D-NO LIS	29,896	622,785	$68,438,200	$14,826,583	$5,921,029	$47,690,588
	TOTAL	47,020	1,048,483	$105,436,619	$20,811,043	$8,598,139	$76,027,437
> $5,030.00	NO PART D	1,493	99,266	$20,894,577	$18,578,925	$1,076,309	$1,239,343
	PART D-LIS	12,195	393,909	$112,043,180	$7,790,614	$2,405,212	$101,847,354
	PART D-NO LIS	39,527	1,227,041	$401,754,461	$72,314,361	$13,604,952	$315,835,148
	TOTAL	53,215	1,720,216	$534,692,218	$98,683,900	$17,086,473	$418,921,845
$5,030.01-$11,477.39/$12,447.11	NO PART D	1,138	70,612	$8,726,781	$7,363,572	$767,160	$596,049
	PART D-LIS	9,491	296,194	$71,347,484	$4,153,933	$1,804,695	$65,388,857
	PART D-NO LIS	28,923	863,974	$230,048,473	$41,426,043	$9,754,702	$178,867,727
	TOTAL	39,552	1,230,780	$310,122,738	$52,943,548	$12,326,557	$244,852,634
> $11,477.39/$12,447.11	NO PART D	355	28,654	$12,167,797	$11,215,353	$309,149	$643,294
	PART D-LIS	2,704	97,715	$40,695,695	$3,636,682	$600,517	$36,458,497
	PART D-NO LIS	10,604	363,067	$171,705,988	$30,888,318	$3,850,250	$136,967,420
	TOTAL	13,663	489,436	$224,569,480	$45,740,353	$4,759,916	$174,069,211
TOTAL	NO PART D	13,895	247,972	$25,840,771	$21,677,996	$2,512,331	$1,650,443
	PART D-LIS	68,994	870,944	$147,304,472	$11,131,176	$4,686,395	$131,486,901
	PART D-NO LIS	133,040	2,169,204	$475,225,678	$88,347,954	$21,908,287	$364,969,437
	TOTAL	215,929	3,288,120	$648,370,921	$121,157,126	$29,107,013	$498,106,782

SOURCE: PDA/CARDHOLDER FILE, CLAIMS HISTORY
NOTE: CATASTROPHIC THRESHOLD VARIES BY LIS STATUS: $11,477.39 FOR LIS, $12,447.11 FOR NON-LIS DURING 2024.

FIGURE 4.1
PACE/PACENET GENERIC UTILIZATION RATES BY QUARTER
DECEMBER 1988 - DECEMBER 2024



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

TABLE 4.7
LEADING CAUSES OF DEATH AMONG PACE/PACENET ENROLLEES IN 2023 AND 2024
JANUARY 2023 - DECEMBER 2024

PACE/PACENET, 2023
(15,109 DEATHS OUT OF 220,131 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)	4,064	26.9	1,846.2	1,356.2
2	MALIGNANT NEOPLASMS (C00-C97)	2,735	18.1	1,242.4	1,138.0
3	CHRONIC LOWER RESPIRATORY DISEASES (J40-J47)	935	6.2	424.7	371.4
4	CEREBROVASCULAR DISEASES (I60-I69)	762	5.0	346.2	244.2
5	ACCIDENTS (UNINTENTIONAL INJURIES) (V01-X59,Y85-Y86)	473	3.1	214.9	167.2
6	NEPHRITIS, NEPHROTIC SYNDROME AND NEPHROSIS (N00-N07,N17-N19,N25-N27)	439	2.9	199.4	148.6
7	DIABETES MELLITUS (E10-E14)	428	2.8	194.4	163.4
8	ALZHEIMER DISEASE (G30)	414	2.7	188.1	117.8
9	COVID-19 (U07.1)	357	2.4	162.2	116.3
10	INFLUENZA AND PNEUMONIA (J09-J18)	293	1.9	133.1	98.9
11	SEPTICEMIA (A40-A41)	264	1.7	119.9	99.4
12	ESSENTIAL HYPERTENSION AND HYPERTENSIVE RENAL DISEASE (I10,I12,I15)	173	1.1	78.6	56.5
13	NUTRITIONAL DEFICIENCIES (E40-E64)	159	1.1	72.2	42.3
14	PARKINSON DISEASE (G20-G21)	132	0.9	60.0	43.9
15	PNEUMONITIS DUE TO SOLIDS AND LIQUIDS (J69)	118	0.8	53.6	37.5
16	ALL OTHER CAUSES (RESIDUAL)	3,363	22.3	1,527.7	1,145.3
	TOTAL, ALL CAUSES	15,109	100.0	6,863.6	5,346.8

PACE/PACENET, 2024
(14,339 DEATHS OUT OF 214,144 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)	3,936	27.4	1,838.0	1,340.5
2	MALIGNANT NEOPLASMS (C00-C97)	2,596	18.1	1,212.3	1,091.0
3	CHRONIC LOWER RESPIRATORY DISEASES (J40-J47)	830	5.8	387.6	344.4
4	CEREBROVASCULAR DISEASES (I60-I69)	752	5.2	351.2	250.8
5	DIABETES MELLITUS (E10-E14)	418	2.9	195.2	170.6
6	ACCIDENTS (UNINTENTIONAL INJURIES) (V01-X59,Y85-Y86)	413	2.9	192.9	143.7
7	NEPHRITIS, NEPHROTIC SYNDROME AND NEPHROSIS (N00-N07,N17-N19,N25-N27)	402	2.8	187.7	144.0
8	ALZHEIMER DISEASE (G30)	336	2.3	156.9	97.4
9	INFLUENZA AND PNEUMONIA (J09-J18)	271	1.9	126.6	95.3
10	SEPTICEMIA (A40-A41)	255	1.8	119.1	100.7
11	COVID-19 (U07.1)	225	1.6	105.1	73.4
12	NUTRITIONAL DEFICIENCIES (E40-E64)	185	1.3	86.4	56.5
13	ESSENTIAL HYPERTENSION AND HYPERTENSIVE RENAL DISEASE (I10,I12,I15)	146	1.0	68.2	46.7
14	PARKINSON DISEASE (G20-G21)	140	1.0	65.4	55.7
15	PNEUMONITIS DUE TO SOLIDS AND LIQUIDS (J69)	120	0.8	56.0	40.0
16	ALL OTHER CAUSES (RESIDUAL)	3,314	23.1	1,547.6	1,164.6
	TOTAL, ALL CAUSES	14,339	100.0	6,696.0	5,215.3

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. THE COUNTS FOR BOTH 2023 AND 2024 ARE BASED ON ALL VITAL STATISTICS UPDATES RECEIVED THROUGH APRIL 2025. DEATHS THAT WERE INDEPENDENTLY REPORTED TO PACE BUT NOT MATCHED TO PENNSYLVANIA VITAL STATISTICS RECORDS ARE EXCLUDED. THE CAUSAL CATEGORIES ARE BASED ON THE NATIONAL CENTER FOR HEALTH STATISTICS LIST OF RANKABLE CAUSES. AGE-ADJUSTED RATES ARE PER 100,000 POPULATION AGED 65 YEARS AND OVER, AND WERE COMPUTED BY THE DIRECT METHOD USING THE 2000 U.S. STANDARD POPULATION AGED 65 AND OVER WITH 10-YEAR AGE GROUPS.

TABLE 4.8
LEADING CAUSES OF DEATH AMONG PACE/PACENET ENROLLEES IN 2023
WITH COMPARISON TO THE PENNSYLVANIA AND US RESIDENT POPULATIONS AGED 65 AND OLDER
JANUARY - DECEMBER 2023

		PACE/PACENET, 2023			ALL PA RESIDENTS AGED 65+, 2023		ALL US RESIDENTS AGED 65+, 202	
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)	4,064	26.9	1,356.2	24.2	1,079.4	24.0	1,025.4
2	MALIGNANT NEOPLASMS (C00-C97)	2,735	18.1	1,138.0	20.0	867.5	20.0	819.3
3	CHRONIC LOWER RESPIRATORY DISEASES (J40-J47)	935	6.2	371.4	4.8	212.4	5.4	228.0
4	CEREBROVASCULAR DISEASES (I60-I69)	762	5.0	244.2	5.3	239.2	6.1	263.5
5	ACCIDENTS (UNINTENTIONAL INJURIES) (V01-X59,Y85-Y86)	473	3.1	167.2	3.3	143.4	3.2	133.7
6	NEPHRITIS, NEPHROTIC SYNDROME AND NEPHROSIS (N00-N07,N17-N19,N25-N27)	439	2.9	148.6	2.4	107.8	2.0	82.9
7	DIABETES MELLITUS (E10-E14)	428	2.8	163.4	2.6	114.4	3.0	122.4
8	ALZHEIMER DISEASE (G30)	414	2.7	117.8	3.6	163.7	4.9	217.0
9	COVID-19 (U07.1)	357	2.4	116.3	2.1	92.9	1.9	82.4
10	INFLUENZA AND PNEUMONIA (J09-J18)	293	1.9	98.9	1.6	70.2	1.6	68.1
11	SEPTICEMIA (A40-A41)	264	1.7	99.4	1.9	83.5	1.4	57.7
12	ESSENTIAL HYPERTENSION AND HYPERTENSIVE RENAL DISEASE (I10,I12,I15)	173	1.1	56.5	1.1	48.6	1.5	65.2
13	NUTRITIONAL DEFICIENCIES (E40-E64)	159	1.1	42.3	1.0	44.9	0.9	40.3
14	PARKINSON DISEASE (G20-G21)	132	0.9	43.9	1.6	73.3	1.7	73.8
15	PNEUMONITIS DUE TO SOLIDS AND LIQUIDS (J69)	118	0.8	37.5	0.9	40.6	0.7	31.4
16	ALL OTHER CAUSES (RESIDUAL)	3,363	22.3	1,145.3	23.6	1,052.5	21.8	928.9
	TOTAL, ALL CAUSES	15,109	100.0	5,346.8	100.0	4,434.5	100.0	4,240.2

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 2023 DUE TO A LAG IN THE AVAILABILITY OF PUBLISHED COMPARATIVE DATA. FOR PACE/PACENET, TOTAL DEATHS INCLUDE DEATHS DURING 2023 AMONG PERSONS WHO WERE ALIVE ON JANUARY 1, 2023 AND WHO WERE ENROLLED IN PACE/PACENET FOR ANY PORTION OF 2023. 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 POPULATION AGED 65 YEARS AND OVER, AND WERE COMPUTED BY THE DIRECT METHOD USING THE 2000 U.S. STANDARD POPULATION AGED 65 AND OVER WITH 10-YEAR AGE GROUPS. ALL VALUES SHOWN REFLECT THE MOST RECENT DATA AVAILABLE AS OF APRIL 2025.

SECTION 5

COUNTY DATA

TABLE 5.1
NUMBER AND PERCENT OF PACE AND PACENET CARDHOLDERS
AND NUMBER OF PROVIDERS BY COUNTY
JANUARY - DECEMBER 2024

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	46,783	171,071	215,929	100.0	151,356	2,632	76.5	646,376	2,641,744	$17,055,529	$104,101,597	$121,157,126
ADAMS	417	1,514	1,915	0.9	1,423	14	36.7	7,099	27,741	$136,069	$822,587	$958,656
ALLEGHENY	4,236	14,826	18,895	8.8	12,725	246	97.6	49,969	180,710	$1,747,352	$9,089,250	$10,836,602
ARMSTRONG	283	1,249	1,523	0.7	1,042	11	35.1	4,332	22,100	$223,854	$711,090	$934,944
BEAVER	594	3,047	3,613	1.7	2,501	36	71.1	6,962	40,910	$252,409	$1,906,047	$2,158,457
BEDFORD	392	1,383	1,758	0.8	1,216	12	9.4	6,481	22,274	$193,167	$998,071	$1,191,239
BERKS	1,135	4,824	5,894	2.7	4,244	76	73.5	14,172	74,745	$310,599	$3,018,099	$3,328,698
BLAIR	826	2,769	3,568	1.7	2,485	34	74.3	11,860	45,005	$390,634	$2,080,099	$2,470,733
BRADFORD	326	1,123	1,435	0.7	974	12	27.0	4,498	16,171	$105,072	$570,565	$675,637
BUCKS	1,199	4,826	5,978	2.8	4,303	132	89.7	16,805	77,188	$510,975	$3,249,445	$3,760,420
BUTLER	638	2,670	3,276	1.5	2,235	38	56.7	8,715	38,661	$499,279	$1,585,662	$2,084,941
CAMBRIA	884	3,452	4,298	2.0	3,015	35	53.9	14,018	47,984	$622,137	$2,430,805	$3,052,943
CAMERON	29	168	194	0.1	153	1	0.0	463	3,035	$52,538	$210,256	$262,793
CARBON	368	1,495	1,850	0.9	1,425	12	41.1	5,644	30,559	$145,092	$1,088,943	$1,234,035
CENTRE	389	1,621	1,984	0.9	1,445	19	65.4	5,764	25,569	$113,958	$826,259	$940,217
CHESTER	999	2,915	3,885	1.8	2,567	83	80.7	10,625	43,860	$242,947	$1,835,117	$2,078,064
CLARION	254	977	1,219	0.6	896	10	15.2	5,026	20,107	$100,491	$555,630	$656,122
CLEARFIELD	459	2,135	2,578	1.2	1,873	15	38.7	7,480	36,486	$212,663	$1,338,670	$1,551,333
CLINTON	214	988	1,194	0.6	943	7	52.1	4,506	20,996	$62,467	$566,706	$629,173
COLUMBIA	446	1,910	2,334	1.1	1,826	13	55.3	7,405	38,486	$127,284	$1,387,557	$1,514,841
CRAWFORD	483	1,900	2,368	1.1	1,608	18	34.2	6,222	28,632	$180,773	$1,273,033	$1,453,806
CUMBERLAND	690	2,783	3,446	1.6	2,471	61	79.1	9,916	46,154	$181,637	$1,701,496	$1,883,133
DAUPHIN	668	2,559	3,193	1.5	2,195	52	85.2	7,410	38,109	$223,257	$1,466,765	$1,690,022
DELAWARE	1,322	4,242	5,526	2.6	3,732	121	99.2	16,098	58,294	$425,561	$2,471,811	$2,897,372
ELK	117	662	775	0.4	586	8	44.1	1,737	12,515	$61,841	$608,602	$670,443
ERIE	1,078	3,955	4,985	2.3	3,336	55	76.0	12,536	52,689	$287,973	$2,257,402	$2,545,376
FAYETTE	854	3,345	4,172	1.9	2,947	34	44.9	13,621	59,649	$604,485	$2,680,430	$3,284,915
FOREST	35	176	208	0.1	146	2	0.0	262	2,324	$7,524	$124,886	$132,410
FRANKLIN	530	2,111	2,622	1.2	1,849	23	55.5	8,508	34,326	$127,664	$1,087,484	$1,215,148
FULTON	98	376	467	0.2	334	3	0.0	2,263	9,637	$28,597	$264,690	$293,286
GREENE	130	436	556	0.3	374	9	24.4	2,368	6,706	$38,708	$229,577	$268,286

TABLE 5.1
NUMBER AND PERCENT OF PACE AND PACENET CARDHOLDERS
AND NUMBER OF PROVIDERS BY COUNTY
JANUARY - DECEMBER 2024

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	303	1,130	1,418	0.7	1,056	8	25.7	4,578	21,631	$73,147	$884,294	$957,441
INDIANA	402	1,620	2,011	0.9	1,384	14	40.2	6,063	25,553	$137,164	$951,821	$1,088,985
JEFFERSON	304	1,115	1,399	0.6	1,005	11	26.5	5,100	18,229	$374,635	$717,135	$1,091,770
JUNIATA	150	674	814	0.4	642	4	0.0	2,687	12,483	$66,664	$444,317	$510,981
LACKAWANNA	1,366	3,838	5,163	2.4	4,014	64	82.5	27,086	78,983	$522,694	$2,358,787	$2,881,482
LANCASTER	1,354	5,789	7,082	3.3	4,980	90	72.1	20,728	98,806	$393,303	$3,398,450	$3,791,753
LAWRENCE	497	2,106	2,583	1.2	1,765	19	57.6	5,000	27,540	$92,957	$1,284,409	$1,377,366
LEBANON	479	1,821	2,282	1.1	1,545	22	74.6	6,068	26,964	$124,761	$930,503	$1,055,264
LEHIGH	843	3,357	4,167	1.9	2,935	81	90.1	11,894	51,024	$263,858	$1,970,108	$2,233,966
LUZERNE	1,955	6,155	8,009	3.7	6,046	78	77.8	36,108	114,583	$700,532	$3,672,316	$4,372,848
LYCOMING	589	2,617	3,176	1.5	2,395	24	59.6	8,729	42,133	$146,644	$1,884,168	$2,030,812
MCKEAN	191	736	921	0.4	643	9	27.6	2,873	11,116	$69,839	$374,585	$444,424
MERCER	500	2,355	2,835	1.3	1,934	26	52.1	7,650	38,560	$222,619	$1,437,523	$1,660,142
MIFFLIN	331	1,535	1,846	0.9	1,432	11	45.5	5,468	27,219	$77,603	$954,098	$1,031,701
MONROE	548	2,059	2,573	1.2	1,842	32	43.2	8,156	32,434	$183,241	$1,285,258	$1,468,498
MONTGOMERY	1,639	5,743	7,316	3.4	5,119	174	96.7	21,601	85,983	$705,805	$3,636,793	$4,342,598
MONTOUR	77	336	409	0.2	324	7	45.7	1,834	6,854	$19,324	$182,820	$202,144
NORTHAMPTON	976	3,855	4,802	2.2	3,370	61	83.1	13,488	59,342	$316,536	$2,349,827	$2,666,363
NORTHUMBERLAND	714	2,489	3,178	1.5	2,425	19	64.7	14,718	49,922	$197,015	$1,638,955	$1,835,971
PERRY	205	870	1,065	0.5	764	7	6.5	2,143	14,676	$51,794	$521,508	$573,302
PHILADELPHIA	5,915	14,475	20,201	9.4	12,618	363	100.0	56,181	166,263	$1,438,339	$6,726,723	$8,165,062
PIKE	187	735	913	0.4	608	7	12.8	2,220	9,909	$45,040	$401,542	$446,583
POTTER	92	441	525	0.2	383	4	0.0	1,753	7,478	$24,577	$231,875	$256,451
SCHUYLKILL	983	3,431	4,374	2.0	3,289	27	52.9	14,562	58,109	$285,684	$2,139,037	$2,424,721
SNYDER	207	937	1,133	0.5	911	6	29.7	3,674	18,893	$78,778	$618,760	$697,538
SOMERSET	621	2,454	3,045	1.4	2,228	16	22.4	9,424	43,253	$410,469	$1,886,731	$2,297,200
SULLIVAN	53	159	209	0.1	154	1	0.0	632	2,774	$11,223	$79,911	$91,134
SUSQUEHANNA	230	669	893	0.4	623	8	0.0	3,586	11,141	$82,343	$350,079	$432,422
TIOGA	234	905	1,127	0.5	825	10	0.0	4,355	15,129	$131,055	$511,568	$642,623
UNION	224	822	1,040	0.5	814	8	36.8	4,259	17,408	$97,005	$545,743	$642,748

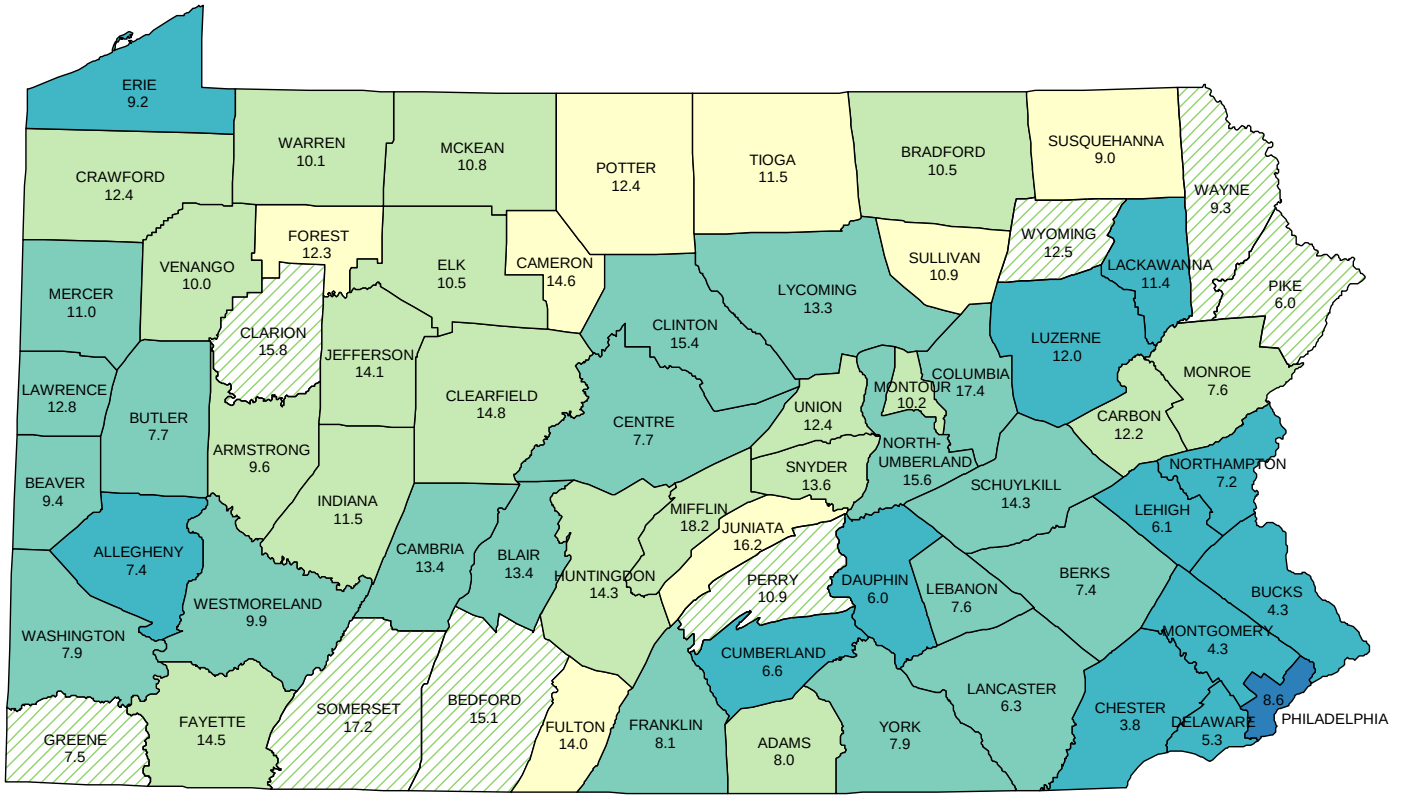
TABLE 5.1
NUMBER AND PERCENT OF PACE AND PACENET CARDHOLDERS
AND NUMBER OF PROVIDERS BY COUNTY
JANUARY - DECEMBER 2024

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	229	1,058	1,276	0.6	863	9	43.9	2,750	16,946	$80,536	$696,835	$777,371
WARREN	179	795	964	0.4	653	6	38.0	2,558	12,865	$49,747	$470,066	$519,813
WASHINGTON	703	3,086	3,758	1.7	2,579	47	67.7	10,058	46,452	$309,048	$1,917,321	$2,226,369
WAYNE	265	989	1,242	0.6	913	11	13.8	5,484	18,790	$74,915	$600,113	$675,028
WESTMORELAND	1,753	6,975	8,653	4.0	5,869	71	73.5	20,602	89,527	$628,753	$4,160,101	$4,788,853
WYOMING	145	614	754	0.3	540	7	4.7	2,283	9,427	$60,518	$346,376	$406,894
YORK	1,247	5,889	7,064	3.3	4,997	78	71.5	17,258	91,723	$290,353	$3,104,107	$3,394,461

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 29 OUT-OF-STATE MAIL SERVICE PHARMACIES THAT SUBMITTED CLAIMS IN 2024.
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 = 8.3%) JANUARY-DECEMBER 2024



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: MIFFLIN (18.2%), COLUMBIA (17.4%), AND SOMERSET (17.2%)

COUNTIES WITH LOWEST PERCENT ENROLLED: CHESTER (3.8%), BUCKS (4.3%), AND MONTGOMERY (4.3%)

SOURCE: CARDHOLDER FILE, CLAIMS HISTORY, AND 2023 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 2024

PROVIDER TYPE	PROVIDERS NO.	%	BRAND SINGLE-SOURCE NO.	%	BRAND MULTI-SOURCE NO.	%	GENERIC NO.	%	TOTAL CLAIMS NO.	%
INDEPENDENT PHARMACIES	773	30.5	23,278	14.0	5,960	3.6	137,269	82.4	166,507	100.0
DISPENSING PHYSICIANS	12	0.5	55	58.5	6	6.4	33	35.1	94	100.0
INSTITUTIONAL PHARMACIES	56	2.2	1,070	17.1	189	3.0	4,987	79.8	6,246	100.0
CHAIN PHARMACIES	1,546	60.9	51,653	14.3	14,635	4.0	296,176	81.7	362,464	100.0
LONG-TERM CARE PHARMACIES	122	4.8	9,040	8.7	2,495	2.4	92,740	88.9	104,275	100.0
MAIL SERVICE PHARMACIES	24	1.0	1,654	15.6	596	5.6	8,325	78.7	10,575	100.0
HOME INFUSION PHARMACIES	4	0.2	3	10.0	0	0.0	27	90.0	30	100.0
TOTAL	2,537	100.0	86,753	13.3	23,881	3.7	539,557	83.0	650,191	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 2024

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	$3,912,026	72.4	$168.06	$497,100	9.2	$83.41	$995,893	18.4	$7.26	$5,405,020	100.0	$32.46
DISPENSING PHYSICIANS	$40,363	81.3	$733.86	$6,726	13.5	$1,120.98	$2,568	5.2	$77.82	$49,656	100.0	$528.26
INSTITUTIONAL PHARMACIES	$358,624	82.3	$335.16	$17,841	4.1	$94.40	$59,062	13.6	$11.84	$435,527	100.0	$69.73
CHAIN PHARMACIES	$6,381,910	67.3	$123.55	$1,126,227	11.9	$76.95	$1,979,780	20.9	$6.68	$9,487,916	100.0	$26.18
LONG-TERM CARE PHARMACIES	$854,721	64.7	$94.55	$116,716	8.8	$46.78	$350,278	26.5	$3.78	$1,321,715	100.0	$12.68
MAIL SERVICE PHARMACIES	$351,215	72.0	$212.34	$63,816	13.1	$107.07	$73,078	15.0	$8.78	$488,109	100.0	$46.16
HOME INFUSION PHARMACIES	$0	0.0	$0.00	$0	0.0	$0.00	$970	100	$35.93	$970	100.0	$32.33
TOTAL	$11,898,858	69.2	$137.16	$1,828,426	10.6	$76.56	$3,461,629	20.1	$6.42	$17,188,913	100.0	$26.44

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 2024

PROVIDER TYPE	PROVIDERS		CLAIMS				EXPENDITURES				
	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	909	832	60,507	568,432	628,939	23.7	$5,532,373	$100,286,286	$25,550,301	$131,368,960	23.5
DISPENSING PHYSICIANS	129	28	14	461	475	0.0	$7,003	$1,838,577	$448,268	$2,293,848	0.4
INSTITUTIONAL PHARMACIES	67	60	2,163	27,794	29,957	1.1	$286,369	$13,179,007	$3,898,853	$17,364,229	3.1
CHAIN PHARMACIES	1,581	1,568	168,306	1,484,211	1,652,517	62.3	$17,468,080	$275,516,164	$64,909,935	$357,894,179	63.9
LONG-TERM CARE PHARMACIES	136	128	20,260	254,003	274,263	10.3	$1,768,705	$14,975,624	$4,121,428	$20,865,757	3.7
MAIL SERVICE PHARMACIES	37	29	6,107	59,859	65,966	2.5	$831,650	$23,736,513	$4,977,533	$29,545,695	5.3
HOME INFUSION PHARMACIES	5	5	1	263	264	0.0	$2,706	$452,434	$49,284	$504,424	0.1
TOTAL (ALL PROVIDERS)	2,864	2,650	257,358	2,395,023	2,652,381	100.0	$25,896,886	$429,984,604	$103,955,602	$559,837,092	100.0

SOURCE: PDA/CLAIMS HISTORY
NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF PAYMENT, AND EXCLUDE PACE CLAIMS.
IN 2024, THE MONTHLY PACENET DEDUCTIBLE WAS CHANGED TO $40.16 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 2024

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	832	31.4	110,725	17.6	25,280	4.0	492,934	78.4	628,939	100.0
DISPENSING PHYSICIANS	28	1.1	236	49.7	37	7.8	202	42.5	475	100.0
INSTITUTIONAL PHARMACIES	60	2.3	6,783	22.6	1,135	3.8	22,039	73.6	29,957	100.0
CHAIN PHARMACIES	1,568	59.2	314,774	19.1	78,706	4.8	1,259,037	76.2	1,652,517	100.0
LONG-TERM CARE PHARMACIES	128	4.8	26,057	9.5	7,120	2.6	241,086	87.9	274,263	100.0
MAIL SERVICE PHARMACIES	29	1.1	9,893	15.0	3,160	4.8	52,913	80.2	65,966	100.0
HOME INFUSION PHARMACIES	5	0.2	32	12.1	2	0.8	230	87.1	264	100.0
TOTAL	2,650	100.0	468,500	17.7	115,440	4.4	2,068,441	78.0	2,652,381	100.0

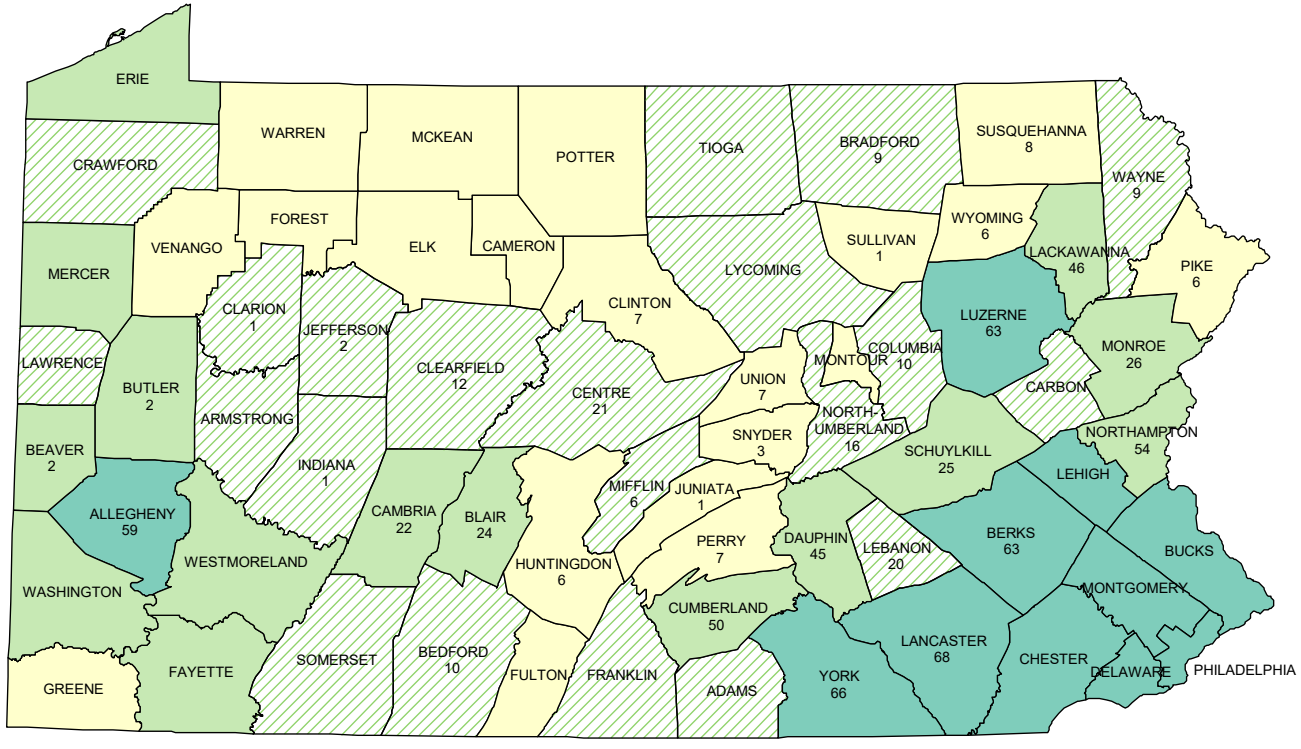
SOURCE: PDA/CLAIMS HISTORY
NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF PAYMENT, AND EXCLUDE PACE CLAIMS.

TABLE 6.5
PACENET EXPENDITURES AND AVERAGE STATE SHARE BY PRODUCT AND PROVIDER TYPE
JANUARY - DECEMBER 2024

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	$19,428,343	76.0	$175.46	$2,221,740	8.7	$87.89	$3,900,218	15.3	$7.91	$25,550,301	100.0	$40.62
DISPENSING PHYSICIANS	$342,846	76.5	$1,452.74	$39,867	8.9	$1,077.47	$65,555	14.6	$324.53	$448,268	100.0	$943.72
INSTITUTIONAL PHARMACIES	$3,318,789	85.1	$489.28	$155,755	4.0	$137.23	$424,309	10.9	$19.25	$3,898,853	100.0	$130.15
CHAIN PHARMACIES	$47,228,574	72.8	$150.04	$6,984,655	10.8	$88.74	$10,696,707	16.5	$8.50	$64,909,935	100.0	$39.28
LONG-TERM CARE PHARMACIES	$2,683,057	65.1	$102.97	$429,991	10.4	$60.39	$1,008,380	24.5	$4.18	$4,121,428	100.0	$15.03
MAIL SERVICE PHARMACIES	$3,841,029	77.2	$388.26	$547,563	11.0	$173.28	$588,940	11.8	$11.13	$4,977,533	100.0	$75.46
HOME INFUSION PHARMACIES	$30,474	61.8	$952.31	$3,060	6.2	$1,530.10	$15,750	32.0	$68.48	$49,284	100.0	$186.68
TOTAL	$76,873,113	73.9	$164.08	$10,382,630	10.0	$89.94	$16,699,859	16.1	$8.07	$103,955,602	100.0	$39.19

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 2024



TOTAL PACE/PACENET PHARMACY PROVIDERS IN COUNTY: <10 10-24 25-74 75+

AUDITS BY PROVIDER TYPE

	PROVIDERS	ESTIMATED AVERAGE RECOVERY
CHAIN PHARMACIES	536	$2,344
INDEPENDENT PHARMACIES	197	$2,059
OTHER PROVIDERS	67	$5,740
TOTAL PROVIDERS	800	$2,446

SOURCE: PHARMACY AUDIT FILE

NOTES: ESTIMATED AVERAGE RECOVERY AMOUNT BASED ON THE AVERAGE AMOUNT FOR AUDITS UNDERGOING REVIEW FOR 470 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

SECTION 7
PART A

GENERAL THERAPEUTIC CLASS DATA

TABLE 7.1
NUMBER AND PERCENT OF PACE/PACENET CLAIMS, STATE SHARE EXPENDITURES, AND CARDHOLDERS WITH CLAIMS
BY THERAPEUTIC CLASS
JANUARY - DECEMBER 2024

THERAPEUTIC CLASS	AHFS CLASS(ES)	SHOWN IN FIGURE 7.1	TOTAL CLAIMS	% OF TOTAL	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	08	*	138,131	4.2	$1,917,078	1.6	54,622	36.1	$35.10	$8.88
ANTINEOPLASTIC AGENTS	10	*	16,845	0.5	$8,440,558	7.0	4,788	3.2	$1,762.86	$39.09
ALZHEIMER'S DISEASE DRUGS	12:04, 28:92, 90:10	*	27,453	0.8	$257,147	0.2	4,850	3.2	$53.02	$1.19
CHOLINESTERASE INHIBITORS	12:04		18,176	0.6	$133,129	0.1	3,871	2.6	$34.39	$0.62
NMDA RECEPTOR ANTAGONISTS	28:92		9,055	0.3	$79,248	0.1	1,742	1.2	$45.49	$0.37
AMYLOID DIRECTED MONOCLONAL ANTIBODIES	90:10.04		0	0.0	$0	0.0	0	0.0	$0.00	$0.00
AUTONOMIC DRUGS, EXCLUDING ALZHEIMER'S DRUGS	12	*	245,832	7.5	$12,565,562	10.4	47,591	31.4	$264.03	$58.19
ANTICHOLINERGIC AGENTS	12:08		83,845	2.5	$7,829,628	6.5	17,564	11.6	$445.78	$36.26
ANTIMUSCARINICS/ANTISPASMODICS	12:08.08		83,845	2.5	$7,829,628	6.5	17,564	11.6	$445.78	$36.26
ADRENERGIC AGENTS	12:12		105,902	3.2	$4,521,913	3.7	26,974	17.8	$167.64	$20.94
BETA-ADRENERGIC AGONISTS	12:12.08		101,022	3.1	$4,404,888	3.6	25,587	16.9	$172.15	$20.40
BLOOD FORMATION & COAGULATION AGENTS	20		234,950	7.1	$25,702,575	21.2	44,174	29.2	$581.85	$119.03
ANTITHROMBOTIC AGENTS	20:12		233,629	7.1	$25,189,889	20.8	43,913	29.0	$573.63	$116.66
ANTICOAGULANTS	20:12.04	*	202,630	6.2	$24,701,686	20.4	37,597	24.8	$657.01	$114.40
PLATELET AGGREGATION INHIBITORS	20:12.18		30,905	0.9	$485,792	0.4	8,062	5.3	$60.26	$2.25
HEMATOPOIETIC AGENTS	20:16		617	0.0	$501,727	0.4	191	0.1	$2,626.85	$2.32
CARDIOVASCULAR DRUGS	24		787,560	24.0	$7,724,574	6.4	90,001	59.5	$85.83	$35.77
CARDIAC DRUGS	24:04,20,28,32	*	475,752	14.5	$5,038,736	4.2	74,071	48.9	$68.03	$23.34
ANGIOTENSIN RECEPTOR BLOCKERS (ARB)	24:32.08		78,913	2.4	$187,526	0.2	20,106	13.3	$9.33	$0.87
ARB/NEPROLYSIN INHIBITOR COMBINATIONS (ARNI)	24:32.12		19,234	0.6	$2,917,198	2.4	3,996	2.6	$730.03	$13.51
ACE INHIBITORS	24:32.04		61,991	1.9	$51,187	0.0	16,498	10.9	$3.10	$0.24
CARDIAC GLYCOSIDES	24:04.08		6,283	0.2	$50,294	0.0	1,540	1.0	$32.66	$0.23
ANTIARRHYTHMIC AGENTS	24:04.04		46,767	1.4	$739,105	0.6	10,955	7.2	$67.47	$3.42
BETA BLOCKERS	24:20		176,252	5.4	$265,496	0.2	42,399	28.0	$6.26	$1.23
CALCIUM CHANNEL BLOCKERS	24:28		81,458	2.5	$105,877	0.1	20,796	13.7	$5.09	$0.49
LIPID-LOWERING AGENTS	24:06	*	244,606	7.4	$2,320,270	1.9	56,900	37.6	$40.78	$10.75
VASODILATING AGENTS	24:08		33,424	1.0	$104,621	0.1	9,300	6.1	$11.25	$0.48
CNS AGENTS, EXCLUDING ALZHEIMER'S DRUGS	28		579,429	17.6	$4,389,264	3.6	76,001	50.2	$57.75	$20.33
ANALGESICS/ANTIPYRETICS	28:08	*	132,039	4.0	$1,458,276	1.2	34,537	22.8	$42.22	$6.75
NSAIDS/COX-2 INHIBITORS	28:08.04		39,963	1.2	$341,565	0.3	13,588	9.0	$25.14	$1.58
OPIOID AGONISTS	28:08.08		88,824	2.7	$898,477	0.7	24,801	16.4	$36.23	$4.16
ANTISEIZURE DRUGS	28:12	*	115,301	3.5	$495,801	0.4	24,160	16.0	$20.52	$2.30
PSYCHOTHERAPEUTIC AGENTS	28:16		207,263	6.3	$1,145,562	0.9	36,220	23.9	$31.63	$5.31
ANTIDEPRESSANTS	28:16.04	*	177,949	5.4	$561,289	0.5	33,946	22.4	$16.53	$2.60
ANTIPSYCHOTICS	28:16.08	*	29,314	0.9	$584,272	0.5	5,602	3.7	$104.30	$2.71
ANXIOLYTICS/SEDATIVES/HYPNOTICS	28:24	*	94,009	2.9	$176,164	0.1	20,814	13.8	$8.46	$0.82
BENZODIAZEPINES	28:24.08		57,456	1.7	$58,780	0.0	13,542	8.9	$4.34	$0.27
ANTIPARKINSONIAN AGENTS	28:36	*	22,181	0.7	$271,365	0.2	4,282	2.8	$63.37	$1.26
ELECTROLYTIC, CALORIC, AND WATER BALANCE AGENTS	40+		171,271	5.2	$783,547	0.6	35,606	23.5	$22.01	$3.63
DIURETICS	40:28, 24:32.20, 24:36	*	120,166	3.7	$214,388	0.2	30,252	20.0	$7.09	$0.99

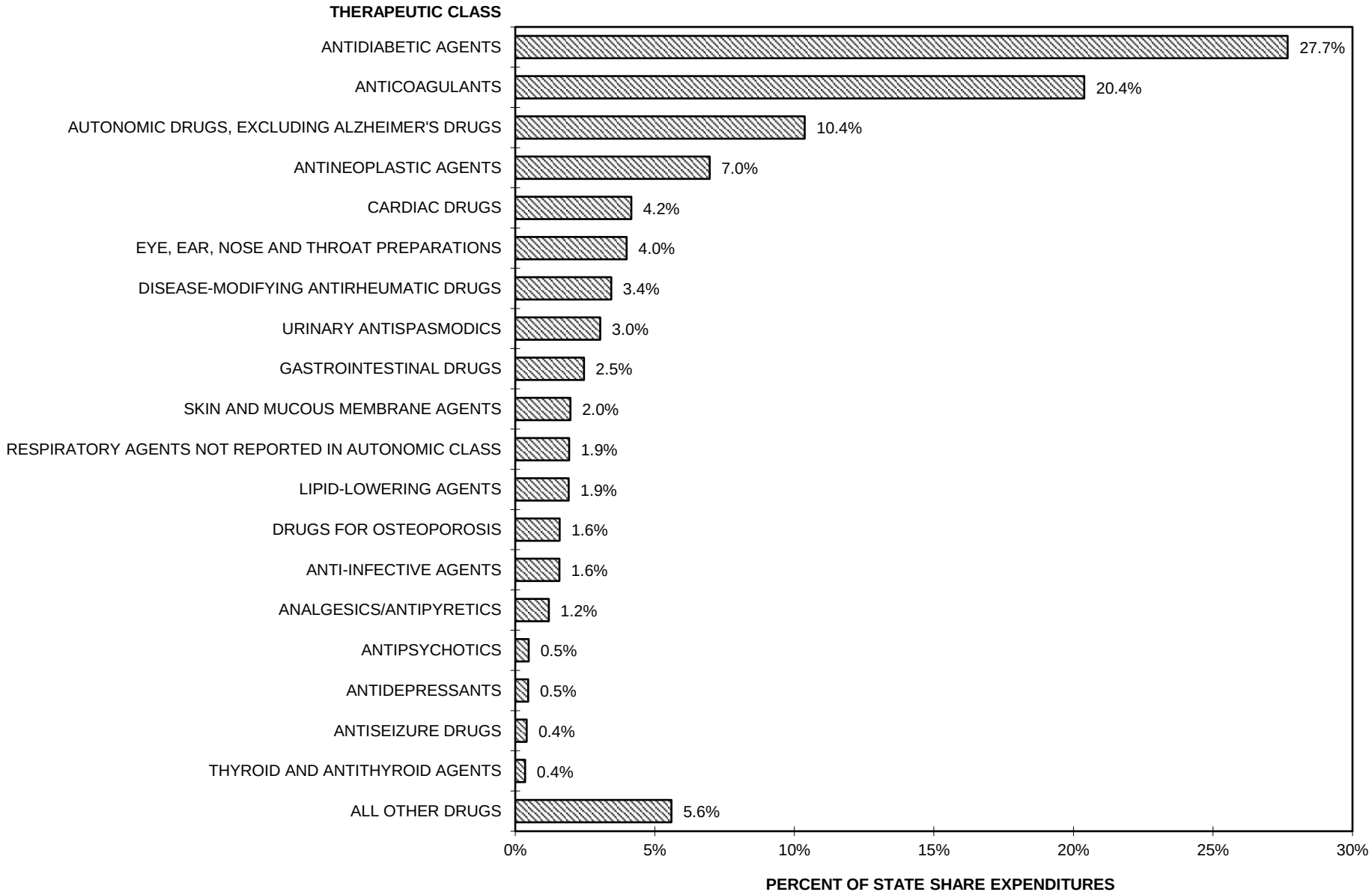
TABLE 7.1
NUMBER AND PERCENT OF PACE/PACENET CLAIMS, STATE SHARE EXPENDITURES, AND CARDHOLDERS WITH CLAIMS
BY THERAPEUTIC CLASS
JANUARY - DECEMBER 2024

THERAPEUTIC CLASS	AHFS CLASS(ES)	SHOWN IN FIGURE 7.1	TOTAL CLAIMS	% OF TOTAL	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)
RESPIRATORY TRACT AGENTS NOT REPORTED IN AHFS CLASS 12	48	*	42,427	1.3	$2,339,607	1.9	16,282	10.8	$143.69	$10.84
ANTI-INFLAMMATORY AGENTS	48:10		19,008	0.6	$176,727	0.1	5,207	3.4	$33.94	$0.82
LEUKOTRIENE MODIFIERS	48:10.24		18,829	0.6	$25,244	0.0	5,157	3.4	$4.90	$0.12
EYE, EAR, NOSE AND THROAT PREPARATIONS	52	*	137,292	4.2	$4,834,014	4.0	33,820	22.3	$142.93	$22.39
GASTROINTESTINAL DRUGS	56	*	183,196	5.6	$2,984,075	2.5	44,293	29.3	$67.37	$13.82
PROTON PUMP INHIBITORS	56:28.36		112,590	3.4	$513,382	0.4	29,423	19.4	$17.45	$2.38
HORMONES AND SYNTHETIC SUBSTITUTES	68		487,430	14.8	$35,483,385	29.3	72,984	48.2	$486.18	$164.33
ANTIDIABETIC AGENTS	68:20	*	329,164	10.0	$33,530,528	27.7	43,135	28.5	$777.34	$155.28
INSULINS	68:20.08		80,121	2.4	$3,791,940	3.1	15,244	10.1	$248.75	$17.56
GLP-1 RECEPTOR AGONISTS	68:20.06		78,703	2.4	$14,426,783	11.9	13,412	8.9	$1,075.66	$66.81
SGLT-2 INHIBITORS	68:20.18		77,244	2.3	$11,411,824	9.4	17,059	11.3	$668.96	$52.85
DPP-4 INHIBITORS	68:20.05		30,444	0.9	$3,799,499	3.1	6,278	4.1	$605.21	$17.60
THYROID AND ANTITHYROID AGENTS	68:36	*	97,488	3.0	$427,956	0.4	21,014	13.9	$20.37	$1.98
ANTITOXINS, IMMUNE GLOBULINS, TOXOIDS, AND VACCINES	80		5,508	0.2	$287,581	0.2	3,931	2.6	$73.16	$1.33
VACCINES	80:12		5,409	0.2	$144,084	0.1	3,897	2.6	$36.97	$0.67
SKIN AND MUCOUS MEMBRANE AGENTS	84	*	67,567	2.1	$2,394,859	2.0	29,987	19.8	$79.86	$11.09
SMOOTH MUSCLE RELAXANTS	86		50,963	1.5	$3,713,088	3.1	10,976	7.3	$338.29	$17.20
URINARY ANTISPASMODICS	86:12	*	50,167	1.5	$3,689,118	3.0	10,806	7.1	$341.40	$17.08
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS	90:24	*	3,933	0.1	$4,167,103	3.4	1,372	0.9	$3,037.25	$19.30
JANUS KINASE (JAK) INHIBITORS	90:24.12		441	0.0	$541,386	0.4	170	0.1	$3,184.63	$2.51
TUMOR NECROSIS FACTOR INHIBITORS	90:24.16		1,163	0.0	$1,903,022	1.6	494	0.3	$3,852.27	$8.81
INTERLEUKIN-MEDIATED AGENTS	90:24.20		480	0.0	$876,202	0.7	216	0.1	$4,056.49	$4.06
DRUGS FOR OSTEOPOROSIS	92:22, 92:24, 68:16.12, 68:24.08	*	21,491	0.7	$1,927,214	1.6	6,952	4.6	$277.22	$8.93
ALL OTHER DRUGS	****		86,842	2.6	$1,245,894	1.0	20,782	13.7	$59.95	$5.77
ALL CLASSES COMBINED	****		3,288,120	100.0	$121,157,126	100.0	151,356	100.0	$800.48	$561.10

SOURCE: PDA/CLAIMS HISTORY AND DRUG FILES

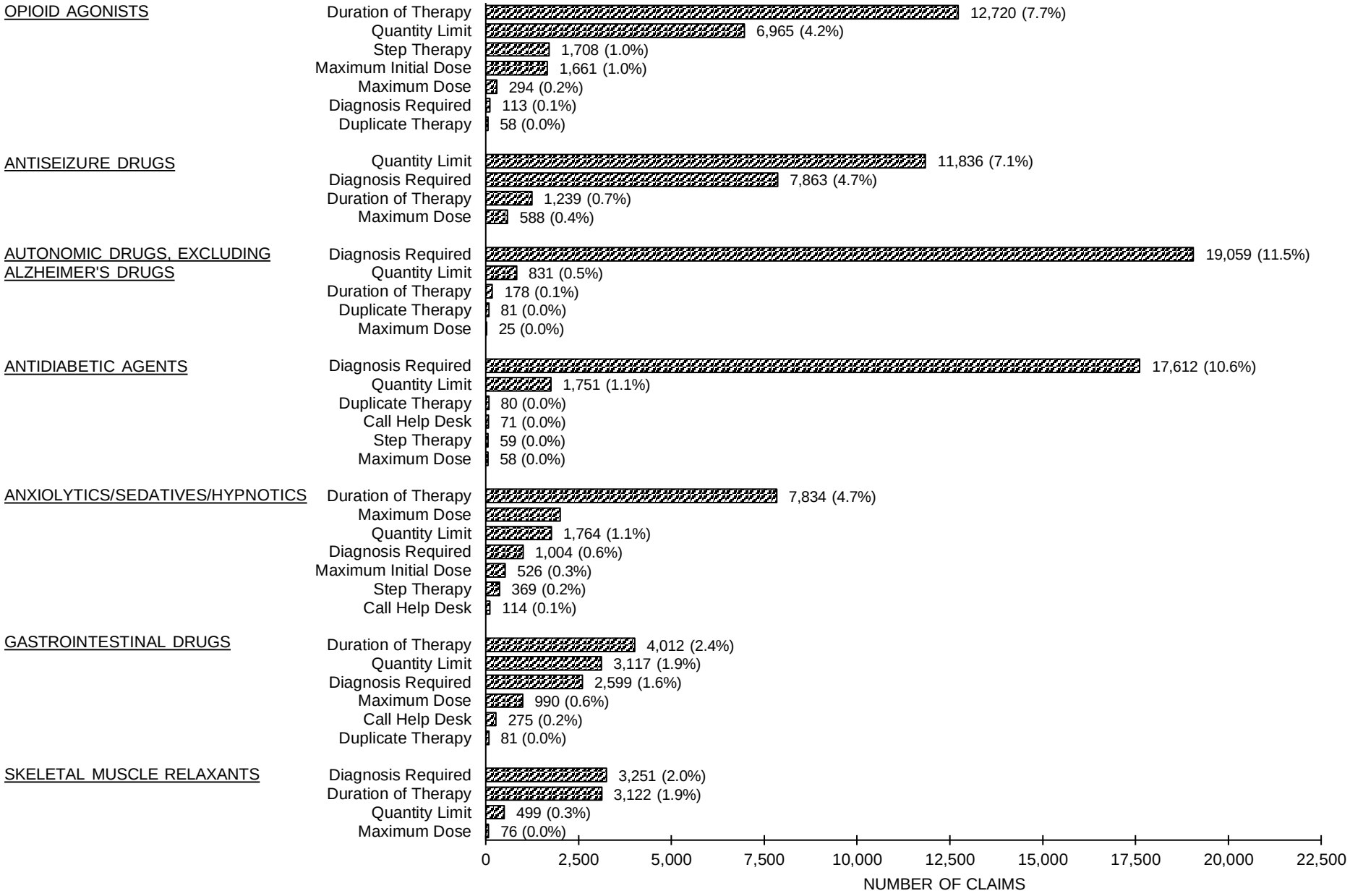
NOTE: DATA INCLUDE ORIGINAL, PAID PACENET CLAIMS BY DATE OF SERVICE.
THERAPEUTIC CLASS DEFINITIONS ARE BASED ON THE AMERICAN HOSPITAL FORMULARY SERVICE (AHFS) SYSTEM. THE CLASS SELECTIONS FOR THE 2024 TABLE REFLECT CHANGES MADE TO THE GROUPINGS BY AHFS. FOR CLASSES WITH CHANGES, DATA FROM TABLES FOR PREVIOUS YEARS ARE NOT DIRECTLY COMPARABLE.
THE AVERAGE ANNUAL NUMBER OF THERAPEUTIC CLASSES USED BY CARDHOLDERS IN 2024, FROM AMONG THE CLASSES ALSO SHOWN IN FIGURE 7.1, WAS 4.7.
THE ANNUAL COST PER ENROLLEE IS BASED ON TOTAL CARDHOLDERS ENROLLED IN PACE OR PACENET FOR ANY PORTION OF CALENDAR YEAR 2024 (N=215,929).

FIGURE 7.1
PERCENT OF PACE/PACENET STATE SHARE EXPENDITURES BY THERAPEUTIC CLASS
JANUARY - DECEMBER 2024
(TOTAL STATE SHARE EXPENDITURES = $121,157,126)



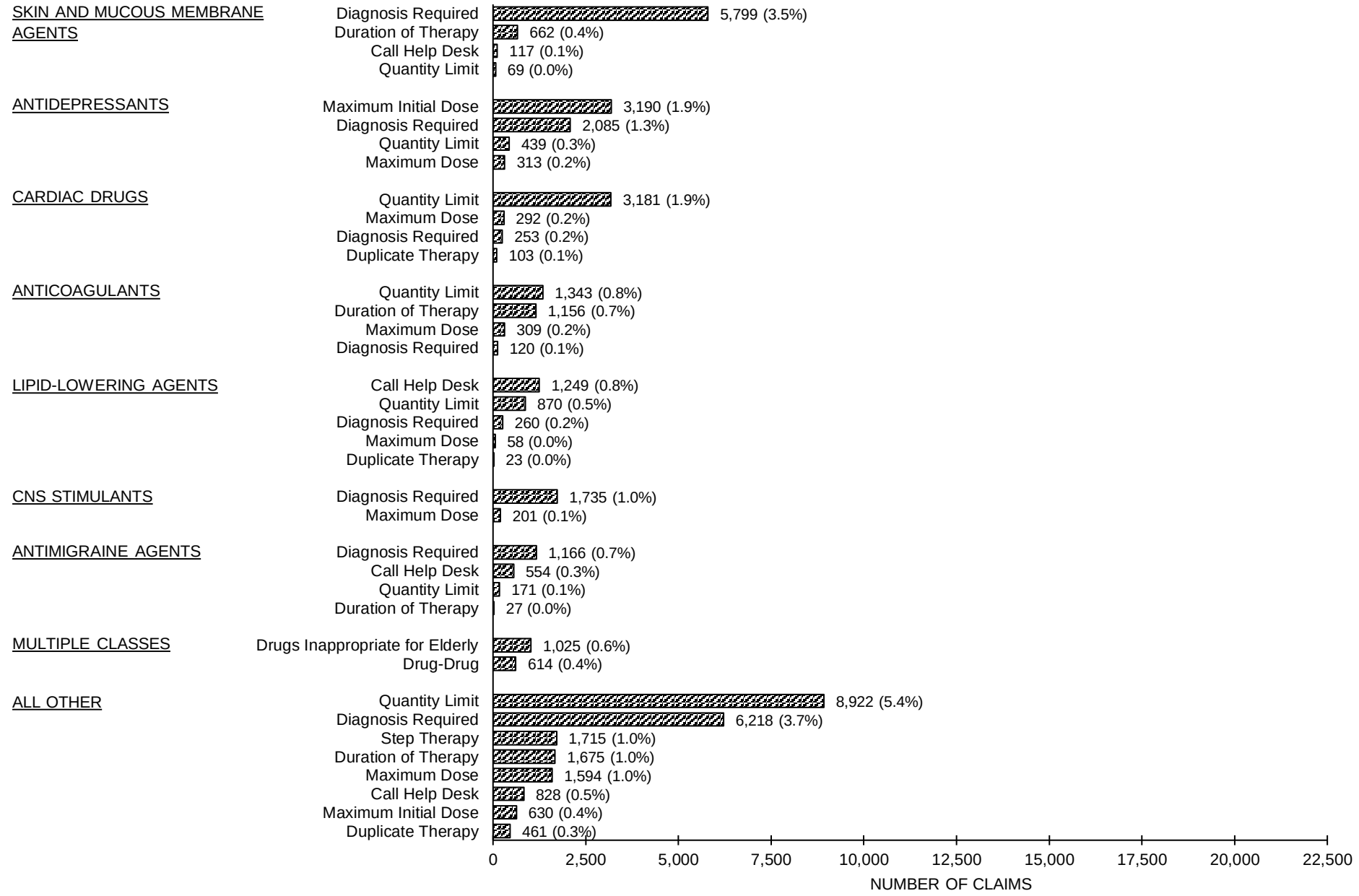
SOURCE: PDA/CLAIMS HISTORY AND DRUG FILES
NOTE: DATA INCLUDE ORIGINAL, PAID CLAIMS BY DATE OF SERVICE.

FIGURE 7.2
NUMBER AND PERCENT OF PACE/PACENET CLAIMS WITH A PROSPECTIVE REVIEW MESSAGE BY THERAPEUTIC CLASS
JANUARY - DECEMBER 2024
N=165.910



SOURCE: PDA/CLAIMS HISTORY
NOTE: BASED ON A TOTAL OF 3,288,120 APPROVED AND 271,786 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/PACENET CLAIMS WITH A PROSPECTIVE REVIEW MESSAGE BY THERAPEUTIC CLASS
JANUARY - DECEMBER 2024
N=165.910



SOURCE: PDA/CLAIMS HISTORY
NOTE: BASED ON A TOTAL OF 3,288,120 APPROVED AND 271,786 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 2024, 11.5% of all enrollees had at least one claim for an opioid. Many of these enrollees (76%) had prescription claims covering less than 90 days of therapy. About 4% 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. Additional information is provided in Section 1 and Appendix A.

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 information on opioid use by county.

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.

In 2023, the prescriber education program released an updated pain module, *Managing Pain in Older Adults*. Clinical educators delivered the evidence-based information to over 800 prescribers across the state during 2023 and 2024.

Declining Opioid Utilization

Figure 7.3 and Table 7.4 depict the notable decreases in opioid prescriptions for PACE/PACENET enrollees. There has been a 60% decrease in the quarterly prevalence of opioid use from the high point during the second quarter of 2014 (14.1% of enrollees) compared to enrollees filling an opioid prescription during the last quarter of 2024 (5.7%). The number of chronic opioid users dropped substantially over the past seven 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 2024

POPULATION OR MEASURE	NUMBER OF PERSONS	PERCENT	DENOMINATOR FOR %
TOTAL CARDHOLDERS ENROLLED IN PACE/PACENET	215,929	100.0	OF TOTAL ENROLLED
TOTAL CARDHOLDERS PRESCRIBED AN OPIOID	24,938	11.5	OF TOTAL ENROLLED
ACUTE OPIOID USE (DURATION OF USE = 90 DAYS OR LESS)	19,001	76.2	OF OPIOID USERS
		8.8	OF TOTAL ENROLLED
CHRONIC OPIOID USE (DURATION OF USE = 91+ DAYS)	5,937	23.8	OF OPIOID USERS
		2.7	OF TOTAL ENROLLED
CHRONIC OPIOID USERS' ANTINEOPLASTIC USE			
NO ANTINEOPLASTIC CLAIMS	5,686	95.8	OF CHRONIC OPIOID USERS
ANY ANTINEOPLASTIC CLAIM	251	4.2	OF CHRONIC OPIOID USERS
CHRONIC OPIOID USERS' ANNUAL CUMULATIVE MME>120			
ANNUAL CUMULATIVE MME AT OR BELOW 120	5,682	95.7	OF CHRONIC OPIOID USERS
ANNUAL CUMULATIVE MME ABOVE 120	255	4.3	OF CHRONIC OPIOID USERS
STATUS BASED ON ALL EPISODES OF OPIOID USE			
ANNUAL CUMULATIVE MME AT OR BELOW 90	5,486	92.4	OF CHRONIC OPIOID USERS
ANNUAL CUMULATIVE MME ABOVE 90	451	7.6	OF CHRONIC OPIOID USERS
STATUS FOR 90+ CONSECUTIVE DAYS OF OPIOID USE			
CUMULATIVE MME>120 FOR LESS THAN A 90-DAY PERIOD	5,822	98.1	OF CHRONIC OPIOID USERS
CUMULATIVE MME>120 FOR A 90-DAY PERIOD OR LONGER	115	1.9	OF CHRONIC OPIOID USERS

SOURCE: PDA/CLAIMS HISTORY AND DRUG FILES
NOTE: DATA INCLUDE ORIGINAL, PAID CLAMS BY DATE OF SERVICE.
BUPRENORPHINE PRESCRIPTIONS ARE EXCLUDED FROM OPIOID COUNTS AND MME CALCULATIONS.
MME CATEGORIES ARE BASED ON CUMULATIVE DAILY MORPHINE MILLIGRAM EQUIVALENT DOSE EXPOSURE ACROSS ALL PERIODS OF OPIOID USE IN 2024.

TABLE 7.3
PACE/PACENET CARDHOLDERS OPIOID UTILIZATION BY COUNTY
JANUARY - DECEMBER 2024

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	1,915	235	12.3	*	*	*	*
ALLEGHENY	18,895	2,455	13.0	50	2.0	22	0.9
ARMSTRONG	1,523	179	11.8	*	*	*	*
BEAVER	3,613	433	12.0	*	*	*	*
BEDFORD	1,758	200	11.4	*	*	*	*
BERKS	5,894	684	11.6	10	1.5	*	*
BLAIR	3,568	442	12.4	20	4.5	11	2.5
BRADFORD	1,435	142	9.9	*	*	*	*
BUCKS	5,978	694	11.6	31	4.5	17	2.4
BUTLER	3,276	458	14.0	*	*	*	*
CAMBRIA	4,298	492	11.4	11	2.2	*	*
CAMERON	194	30	15.5	*	*	*	*
CARBON	1,850	226	12.2	*	*	*	*
CENTRE	1,984	256	12.9	*	*	*	*
CHESTER	3,885	433	11.1	18	4.2	*	*
CLARION	1,219	179	14.7	*	*	*	*
CLEARFIELD	2,578	331	12.8	*	*	*	*
CLINTON	1,194	192	16.1	11	5.7	*	*
COLUMBIA	2,334	288	12.3	*	*	*	*
CRAWFORD	2,368	298	12.6	11	3.7	*	*
CUMBERLAND	3,446	423	12.3	12	2.8	*	*
DAUPHIN	3,193	332	10.4	*	*	*	*
DELAWARE	5,526	547	9.9	20	3.7	*	*
ELK	775	133	17.2	*	*	*	*
ERIE	4,985	663	13.3	15	2.3	*	*
FAYETTE	4,172	555	13.3	11	2.0	*	*
FOREST	208	27	13.0	*	*	*	*
FRANKLIN	2,622	295	11.3	17	5.8	*	*
FULTON	467	50	10.7	*	*	*	*
GREENE	556	78	14.0	*	*	*	*
HUNTINGDON	1,418	147	10.4	*	*	*	*
INDIANA	2,011	233	11.6	*	*	*	*
JEFFERSON	1,399	191	13.7	*	*	*	*
JUNIATA	814	92	11.3	*	*	*	*
LACKAWANNA	5,163	686	13.3	16	2.3	*	*
LANCASTER	7,082	827	11.7	32	3.9	19	2.3
LAWRENCE	2,583	284	11.0	*	*	*	*
LEBANON	2,282	226	9.9	12	5.3	*	*
LEHIGH	4,167	446	10.7	12	2.7	*	*

TABLE 7.3
PACE/PACENET CARDHOLDERS OPIOID UTILIZATION BY COUNTY
JANUARY - DECEMBER 2024

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
LUZERNE	8,009	950	11.9	28	2.9	15	1.6
LYCOMING	3,176	428	13.5	12	2.8	*	*
MCKEAN	921	126	13.7	*	*	*	*
MERCER	2,835	356	12.6	*	*	*	*
MIFFLIN	1,846	240	13.0	*	*	*	*
MONROE	2,573	326	12.7	13	4.0	*	*
MONTGOMERY	7,316	769	10.5	34	4.4	19	2.5
MONTOUR	409	57	13.9	*	*	*	*
NORTHAMPTON	4,802	472	9.8	*	*	*	*
NORTHUMBERLAND	3,178	458	14.4	14	3.1	*	*
PERRY	1,065	111	10.4	*	*	*	*
PHILADELPHIA	20,201	1,445	7.2	37	2.6	20	1.4
PIKE	913	89	9.7	*	*	*	*
POTTER	525	72	13.7	*	*	*	*
SCHUYLKILL	4,374	480	11.0	*	*	*	*
SNYDER	1,133	186	16.4	*	*	*	*
SOMERSET	3,045	349	11.5	*	*	*	*
SULLIVAN	209	25	12.0	*	*	*	*
SUSQUEHANNA	893	90	10.1	*	*	*	*
TIOGA	1,127	126	11.2	*	*	*	*
UNION	1,040	162	15.6	*	*	*	*
VENANGO	1,276	139	10.9	*	*	*	*
WARREN	964	125	13.0	*	*	*	*
WASHINGTON	3,758	488	13.0	*	*	*	*
WAYNE	1,242	135	10.9	*	*	*	*
WESTMORELAND	8,653	1,009	11.7	15	1.5	11	1.1
WYOMING	754	70	9.3	*	*	*	*
YORK	7,064	773	10.9	27	3.5	12	1.6
TOTAL	215,929	24,938	11.5	693	2.8	366	1.5

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 2024) AND CHRONIC USERS (MORE THAN 90 DAYS OF USE IN 2024).
MME CATEGORIES ARE BASED ON CUMULATIVE DAILY MORPHINE MILLIGRAM EQUIVALENT DOSE EXPOSURE ACROSS ALL PERIODS OF OPIOID USE IN 2024.
* COUNTS BELOW 10, ALONG WITH THEIR CORRESPONDING PERCENTAGES, HAVE BEEN SUPPRESSED.

FIGURE 7.3
PERCENTAGE OF PACE/PACENET ENROLLEES WITH OPIOID CLAIMS, BY QUARTER
JANUARY 2013 – DECEMBER 2024

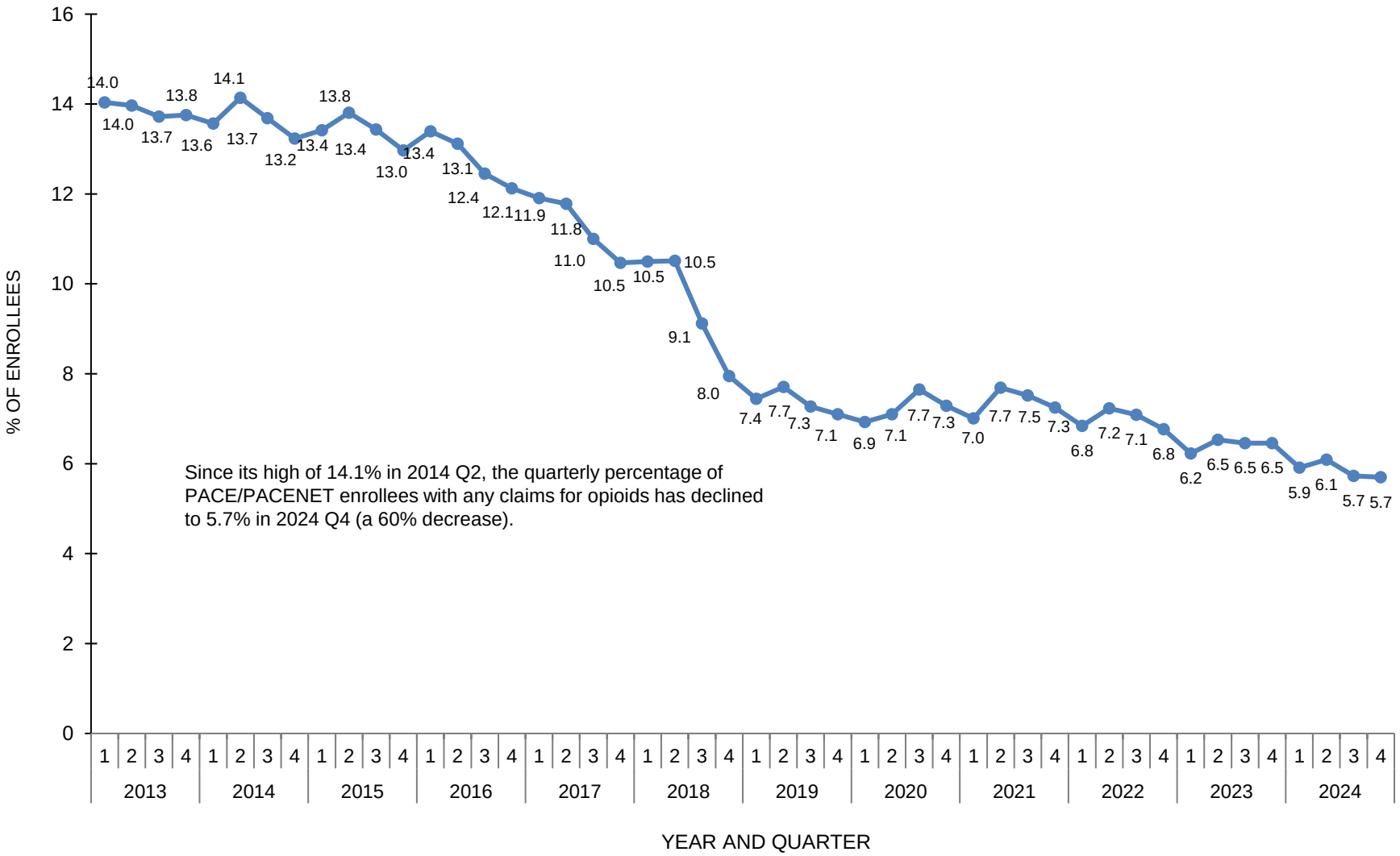


TABLE 7.4
PACE/PACENET AVERAGE CUMULATIVE MME AMONG CHRONIC PRESCRIPTION OPIOID USERS
BY FISCAL YEAR
JULY 2017 - JUNE 2024

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

AVERAGE CUMULATIVE MME	FY 2021-22 NO. OF USERS	FY 2021-22 % OF CHRONIC USERS	FY 2022-23 NO. OF USERS	FY 2022-23 % OF CHRONIC USERS	FY 2023-24 NO. OF USERS	FY 2023-24 % OF CHRONIC USERS
0-90	7,279	93.5	6,555	93.0	5,877	93.2
91-120	211	2.7	226	3.2	182	2.9
121-240	243	3.1	225	3.2	198	3.1
241-300	26	0.3	21	0.3	21	0.3
>300	27	0.4	22	0.3	26	0.4
TOTAL	7,786	100.0	7,049	100.0	6,304	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. In 2024, The Clearinghouse successfully enrolled 64 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 132,533 persons after twenty-four years of operation. In 2024, 23,671 persons received medication assistance through The Clearinghouse. Staff successfully enrolled persons into the PACE/PACENET Program (7,302), or other insurance (1,095). Among the 23,671 persons receiving assistance through The Clearinghouse, a total of 78,258 medications were obtained which provided an estimated 4.8 million days of medication.

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 2024, The Clearinghouse contacted 1,199 parolees. Of these parolees, 1 was enrolled in one of the Attorney General pharmaceutical settlement programs, 1 in PACE, and 13 in SNAP benefits. In addition to the initiatives listed above, Clearinghouse coordinators aided reentrants with finding furniture, physician care, 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 3 percent.

In November 2022, in conjunction with the PA Dept. of Military and Veterans Affairs, the US Dept. of Veterans Affairs, and the PA Dept. of Transportation, the PACE Program began the statewide services enrollment outreach project. This major effort sends 5,000 outreach letters per week to 540,000 veterans and will continue through 2026. 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 2024, the Clearinghouse contacted 1,445 veterans and enrolled 5 in the Attorney General Lawsuit settlements, 83 in Medical Assistance, 20 in LIHEAP, 72 in SNAP benefits and completed 123 Property Tax and Rent Rebate applications.

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.

In December 2024, the Clearinghouse widened its reach to assist PACE cardholders in enrolling in the Medicare Low Income Subsidy (LIS) Program. LIS allows PACE cardholders to receive extra help with their copays and their Medicare Part D premiums. In 2025, the Clearinghouse began contacting PACE cardholders who had a recent hospitalization to assess whether further social services are needed.

The Clearinghouse staff demonstrate expertise in managing special cases that come to the attention of the Dept. 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 one-on-one agency perseverance successfully assists with nearly all needs for the individuals.

APPENDIX A

PACE/PACENET Survey on Health and Well-Being
2024 Report

The PACE Application Center
2024 Report

University of Pennsylvania and PACE/PACENET Behavioral Health Lab Program
2024 Report

The PACE Clinical Education Program
2024 Report

PACE/PACENET Survey on Health and Well-Being
2024 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 2023-24 survey year.

For the 2023-24 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 2023-24 survey was mailed to enrolled cardholders on a rolling monthly basis between July 2023 and May 2024.

Out of 182,232 surveys mailed to cardholders actively enrolled in PACE/PACENET, a total of 75,003 completed surveys had been returned to PACE as of December 31, 2024, yielding a response rate of 41.2%.

Survey Sample Representativeness

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

CHARACTERISTICS OF ALL PACE/PACENET SURVEY RECIPIENTS AND SURVEY RESPONDENTS

CHARACTERISTIC	ALL SURVEY RECIPIENTS (N=182,232)	SURVEY RESPONDENTS (N=75,003)
Program		
PACE	23.0%	21.6%
PACENET	77.0%	78.4%
Age		
65-74	29.4%	27.3%
75-84	43.0%	44.8%
85+	27.6%	27.8%
Mean age (years)	79.6	79.8
Sex		
Female	68.3%	70.2%
Male	31.7%	29.8%
Marital Status		
Single/widowed	60.2%	58.1%
Married	25.1%	27.1%
Divorced	12.6%	13.2%
Married, living separately	2.1%	1.7%

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

CHARACTERISTIC	ALL SURVEY RECIPIENTS (N=182,232)	SURVEY RESPONDENTS (N=75,003)
Residence Type		
Community-dwelling	95.5%	97.3%
Long-term care setting	4.5%	2.7%
Race		
White	77.3%	82.3%
Black	6.7%	4.8%
Other Reported Race	2.0%	1.4%
Race Not Reported	14.1%	11.5%
Rural/Urban County		
Rural	39.8%	43.2%
Urban	60.2%	56.8%
Prescription Claims in Prior 6 Months		
None	29.7%	21.5%
1-10	37.9%	41.5%
11-20	18.2%	21.6%
>20	14.1%	15.5%
Mean number of claims	9.4	10.3

Although the general profile of the survey respondent sample is similar to that of the entire PACE/PACENET population who received surveys, there are still some differences which may limit the generalizability of the survey findings in a number of areas. Relative to the PACE/PACENET population base, the survey respondent sample has a higher representation of 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 (2.6%) 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 (89.8%) 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 (51.0%) were completed by a son or daughter, followed by a spouse or partner (31.9%), another relative (8.6%), a care provider (2.9%), a friend or neighbor

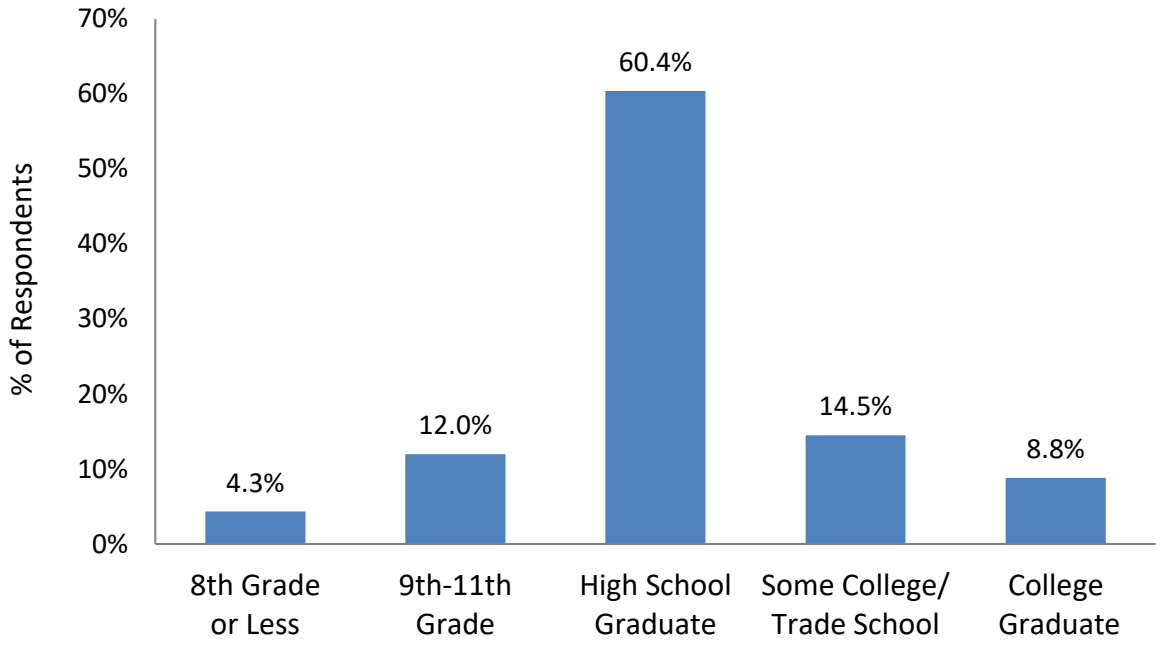
(2.5%), or another unspecified helper (3.1%). For questions about health perceptions that are intended to be based only on self-report, the sample for reporting will exclude proxy responses.

SELF VS PROXY SURVEY RESPONSES (N=75,003)		
	Number	Percent
Self only (PACE/PACENET cardholder)	67,375	89.8%
Cardholder received assistance but participated in answering questions	4,167	5.6%
Proxy only (cardholder did not participate in answering)	1,495	2.0%
No response	1,966	2.6%

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=72,599, INCLUDING PROXY RESPONSES)*



* Of the total 75,003 surveys received, 2,279 provided no response to the question about education. An additional 165 responses were unclear and were excluded from the chart.

Over three quarters (83.7%) of survey respondents reported that they were high school graduates or had received additional postsecondary education, such as trade school or college. Over 14% of all survey respondents stated that they had received additional education after high school without obtaining a 4-year college degree, and 8.8% 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:

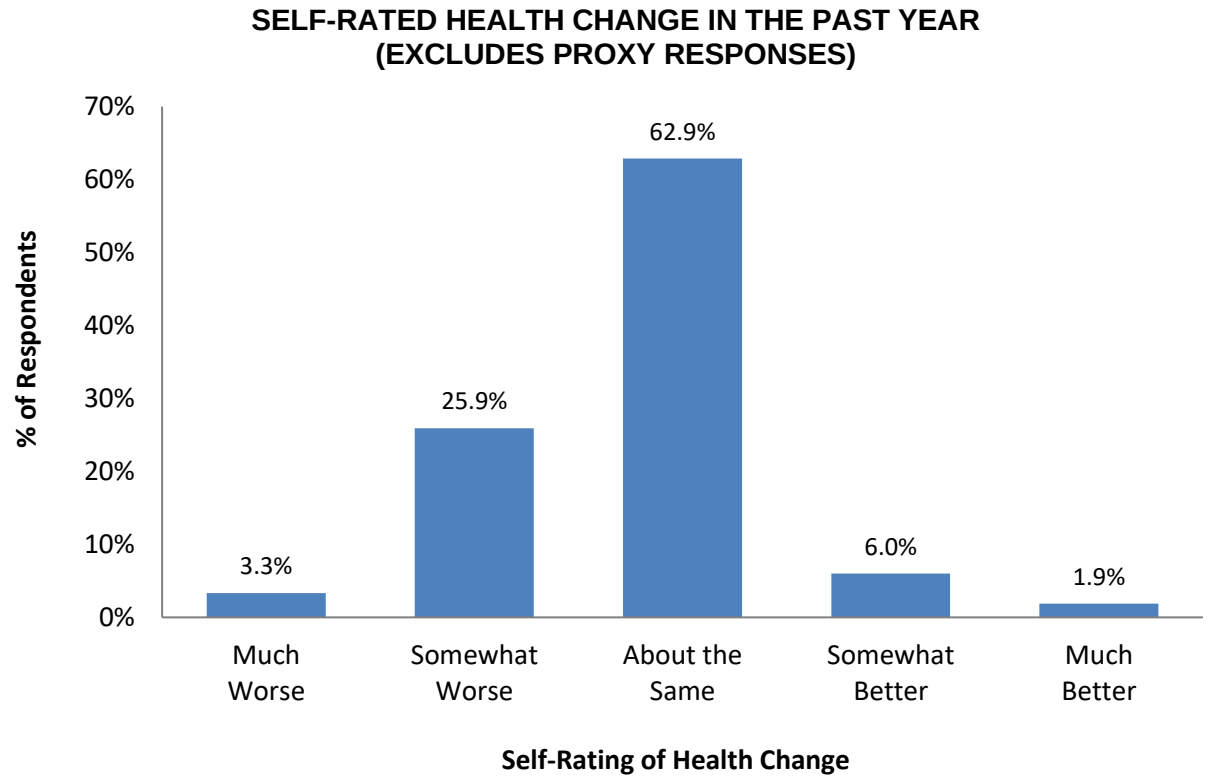
- Global self-rated health
- Age-comparative self-rated health
- Self-ratings of one-year health change
- Self-rated cognitive health (two items)
- *Healthy Days* measures developed by the Centers for Disease Control and Prevention (CDC)

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-RATED HEALTH
(EXCLUDES PROXY RESPONSES)

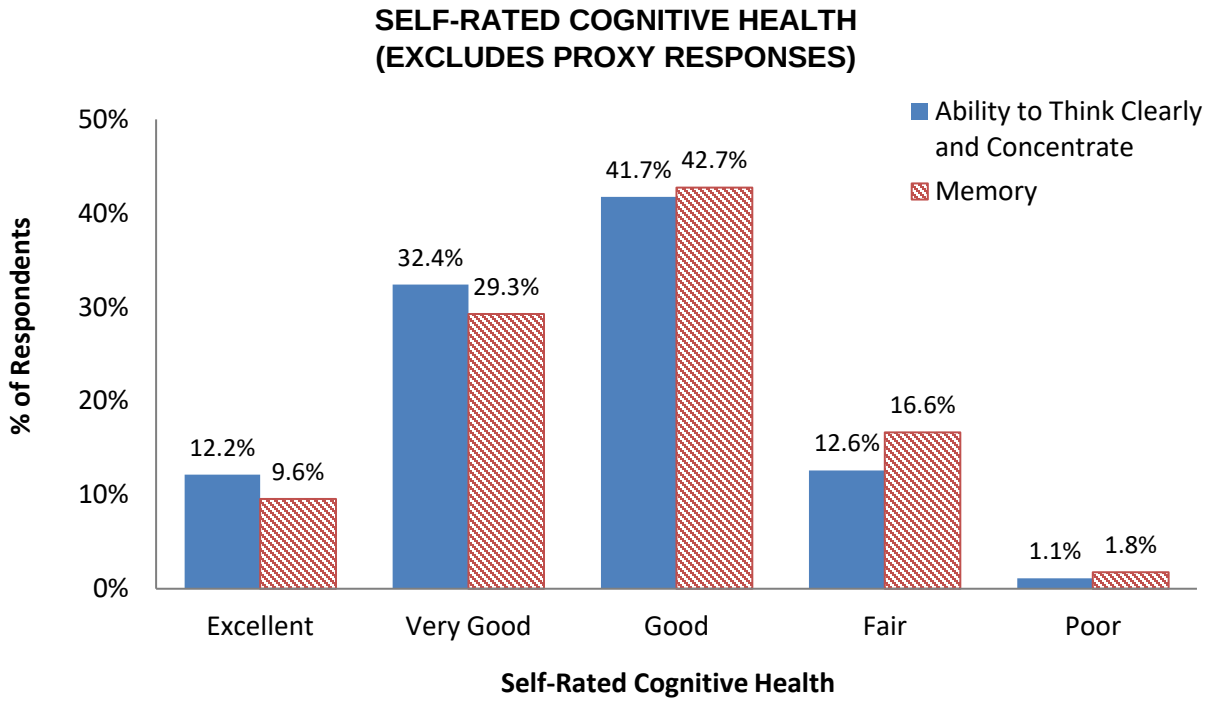
Global and age-comparative self-ratings of health are shown side-by-side in the preceding figure. For both types of ratings, the most frequently selected category out of the five offered was “good.” For the global health question, 67.1% of respondents indicated that their health was excellent, very good, or good, with the remaining 32.9% indicating either fair or poor health. When asked to rate their health compared with others their age, 71.5% of respondents chose excellent, very good, or good, and 28.5 indicated fair or poor health. Although 72.8% of respondents who answered both questions provided the same rating level for each, 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 1.8% of persons rated their global health as excellent, 4.2% 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 (62.9%) 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 6.0% who reported their health was “somewhat better.” Only 5.2% 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,

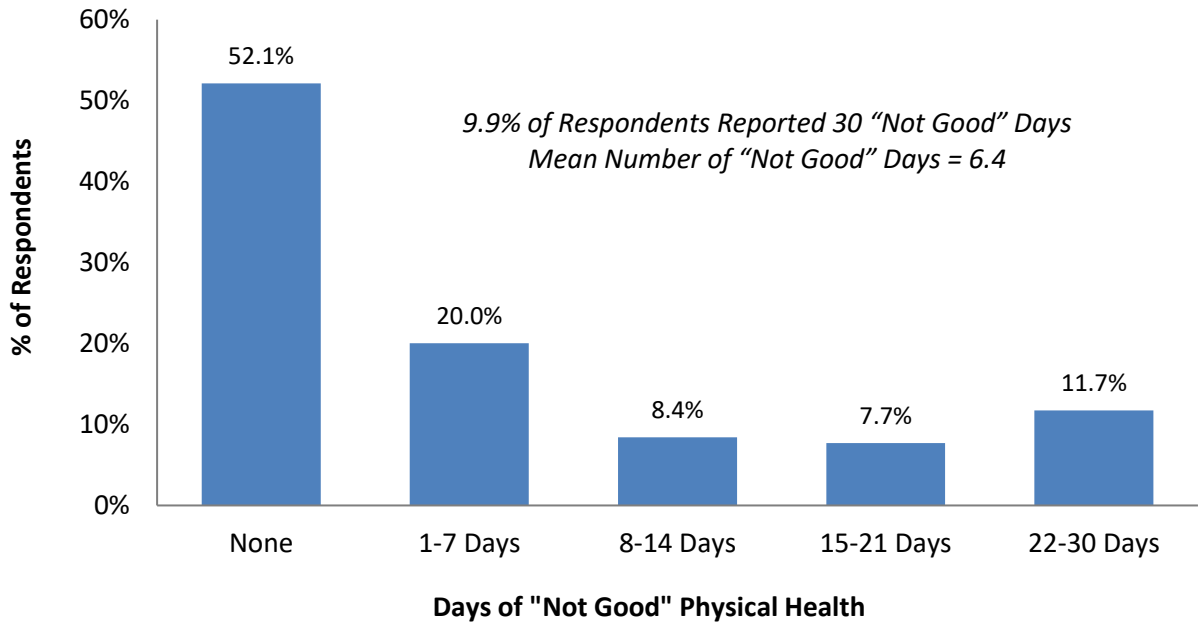
and the second question asked about memory. As shown in the figure below, most respondents reported good, very good, or excellent cognitive health status for both questions. Over three quarters (75.1%) of respondents who answered both cognitive questions provided the same rating level for each item. 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.



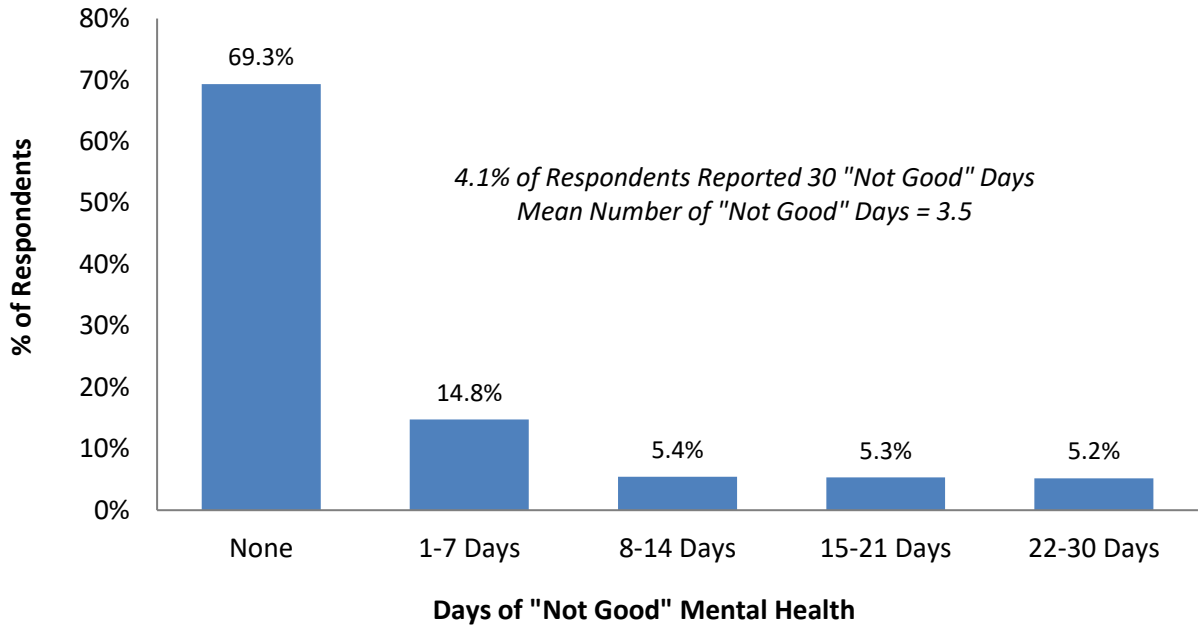
In addition to the self-rated health status measures described above, the CDC's core Healthy Days measures also contribute to PACE/PACENET's health-related quality of life assessment. The Healthy Days assessment employs two key questions: first, respondents are asked to estimate the number of days out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

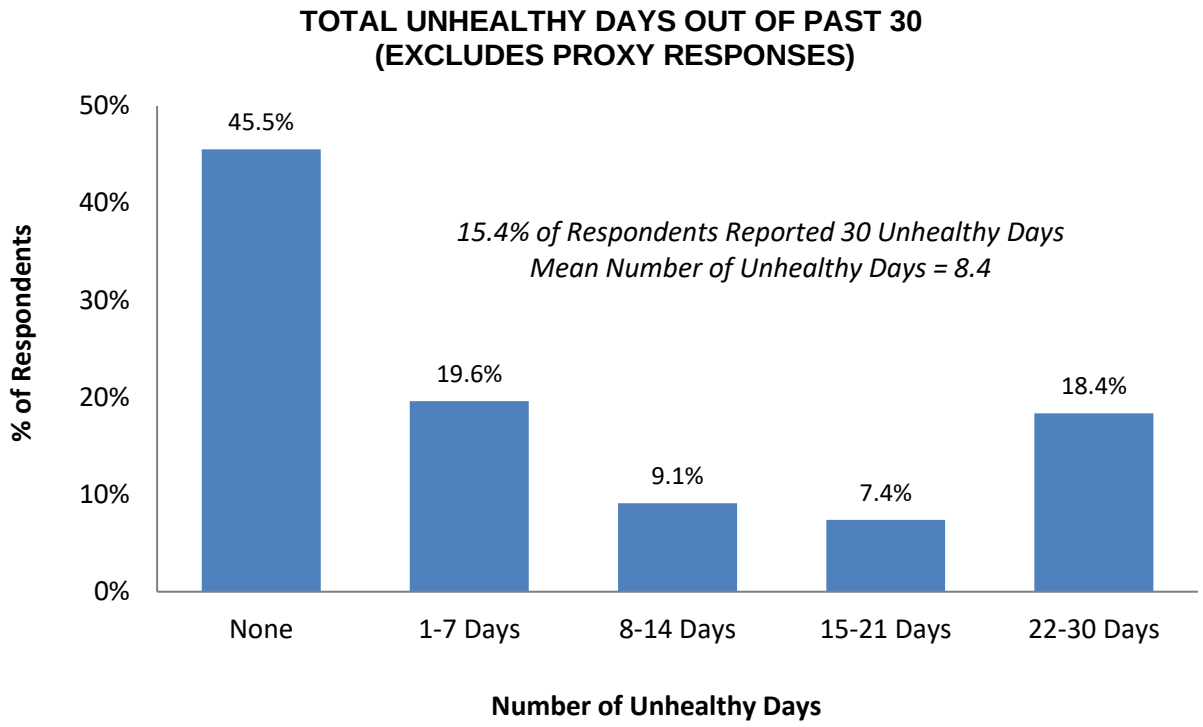
Results for the five Healthy Days measures are summarized on the next three pages.

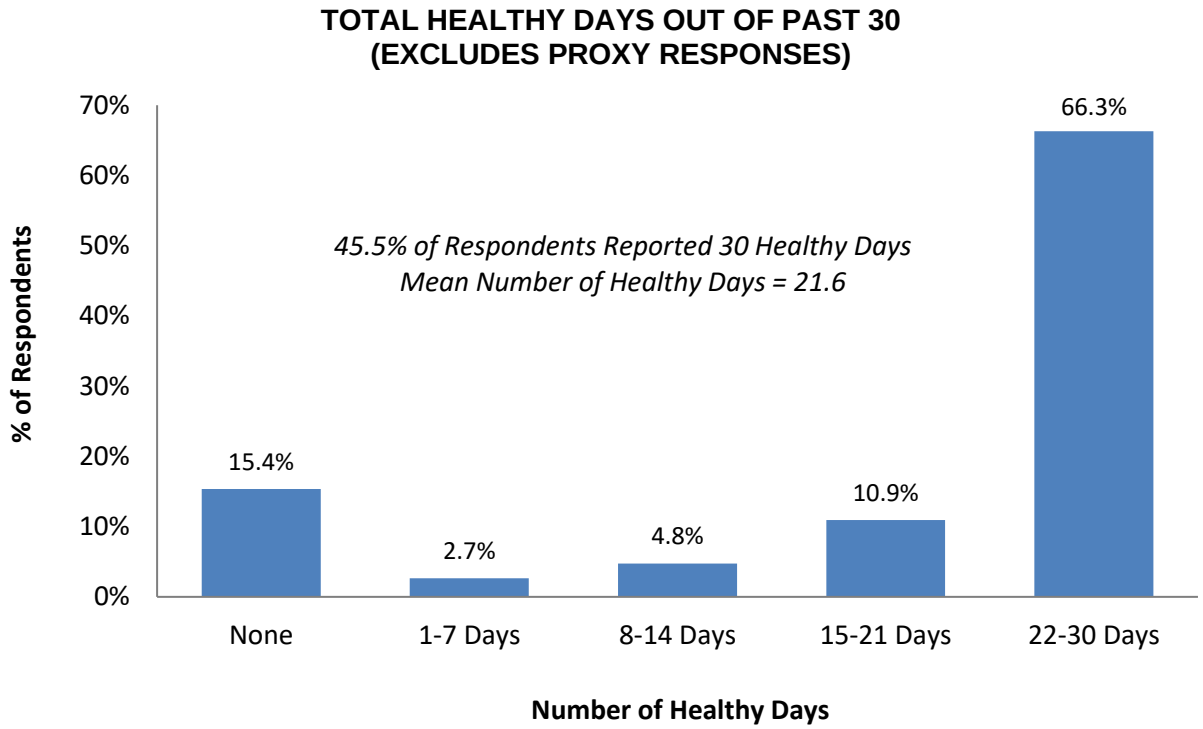
NUMBER OF DAYS OUT OF PAST 30 THAT PHYSICAL HEALTH WAS NOT GOOD (EXCLUDES PROXY RESPONSES)

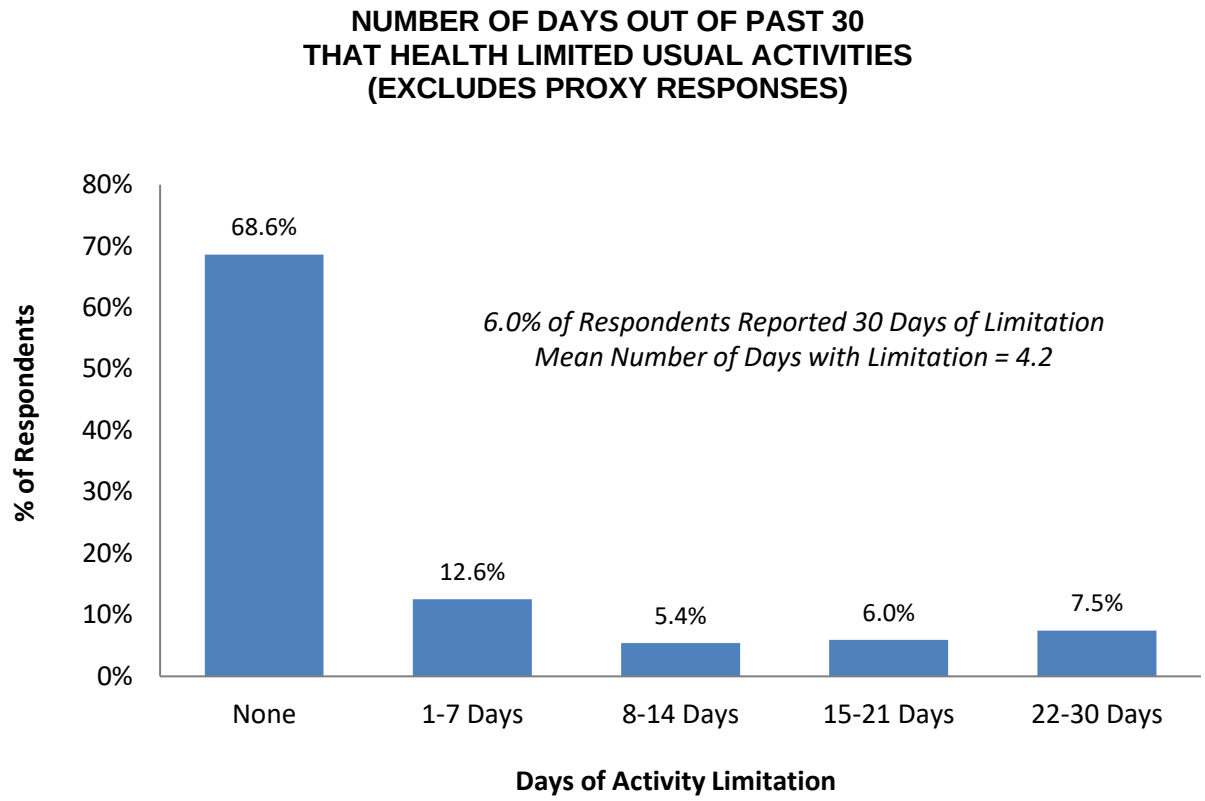


NUMBER OF DAYS OUT OF PAST 30 THAT MENTAL HEALTH WAS NOT GOOD (EXCLUDES PROXY RESPONSES)




TOTAL UNHEALTHY DAYS OUT OF PAST 30
(EXCLUDES PROXY RESPONSES)
50%
40%
30%
20%
10%
0%
% of Respondents
45.5%
19.6%
9.1%
7.4%
18.4%
15.4% of Respondents Reported 30 Unhealthy Days
Mean Number of Unhealthy Days = 8.4
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)
70%
60%
50%
40%
30%
20%
10%
0%
% of Respondents
15.4%
2.7%
4.8%
10.9%
66.3%
45.5% of Respondents Reported 30 Healthy Days
Mean Number of Healthy Days = 21.6
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.

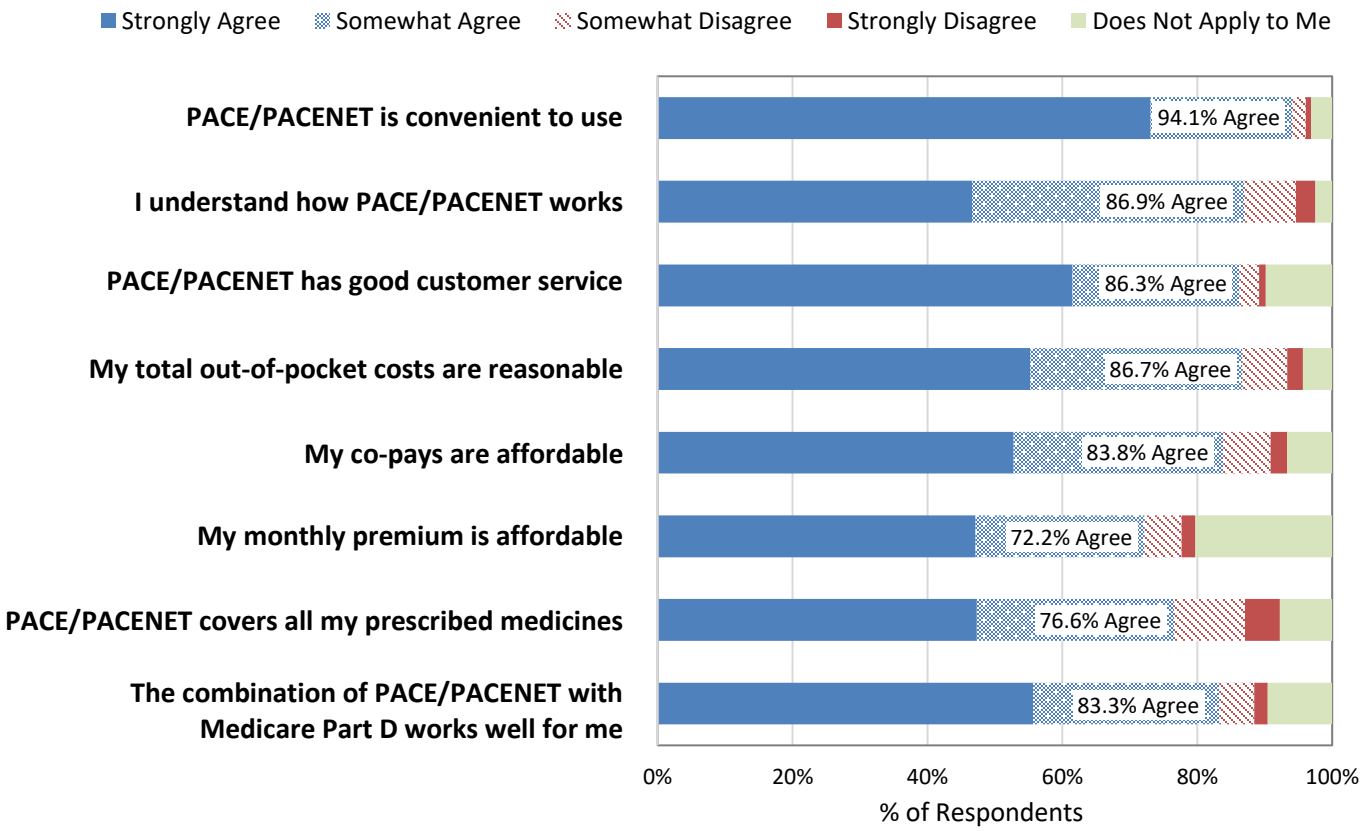
Satisfaction with PACE/PACENET

The 2023-24 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.

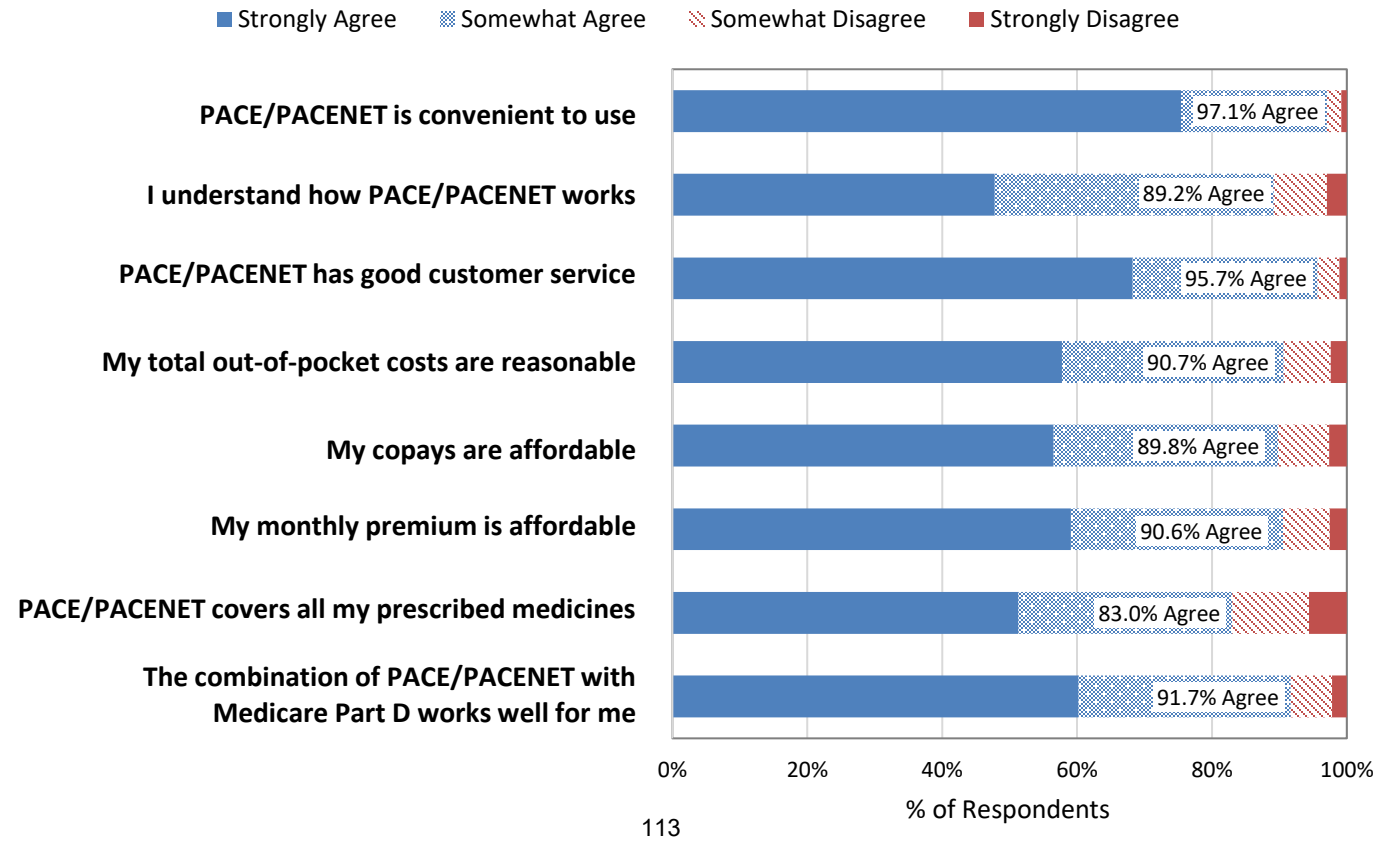
For the question set addressing satisfaction with specific program aspects, cardholders were presented with a series of statements accompanied by the following response choices: strongly agree, somewhat agree, somewhat disagree, strongly disagree, and "does not apply to me." The frequencies of responses 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 72.2% to 94.1%.

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")



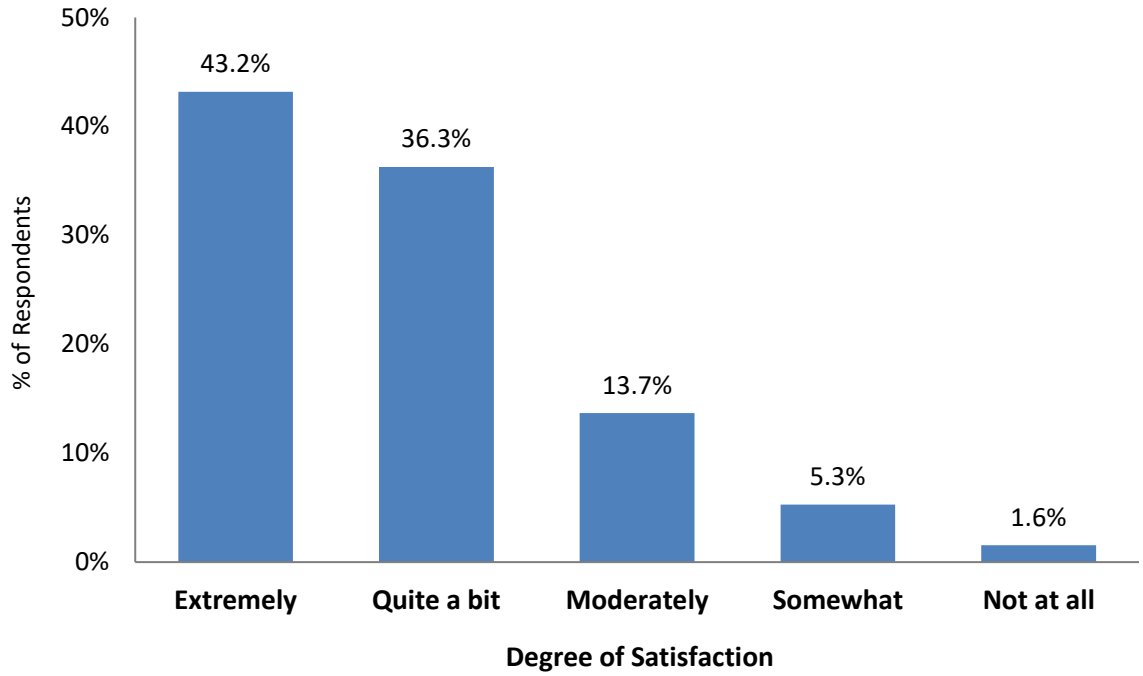
The agreement levels in the first figure are conservative because respondents who selected the answer “does not apply to me” remain in the denominator. The question most affected by the “does not apply to me” dilution was the item “my monthly premium is affordable,” for which 20.3% of respondents chose 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 97.1% (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?”)

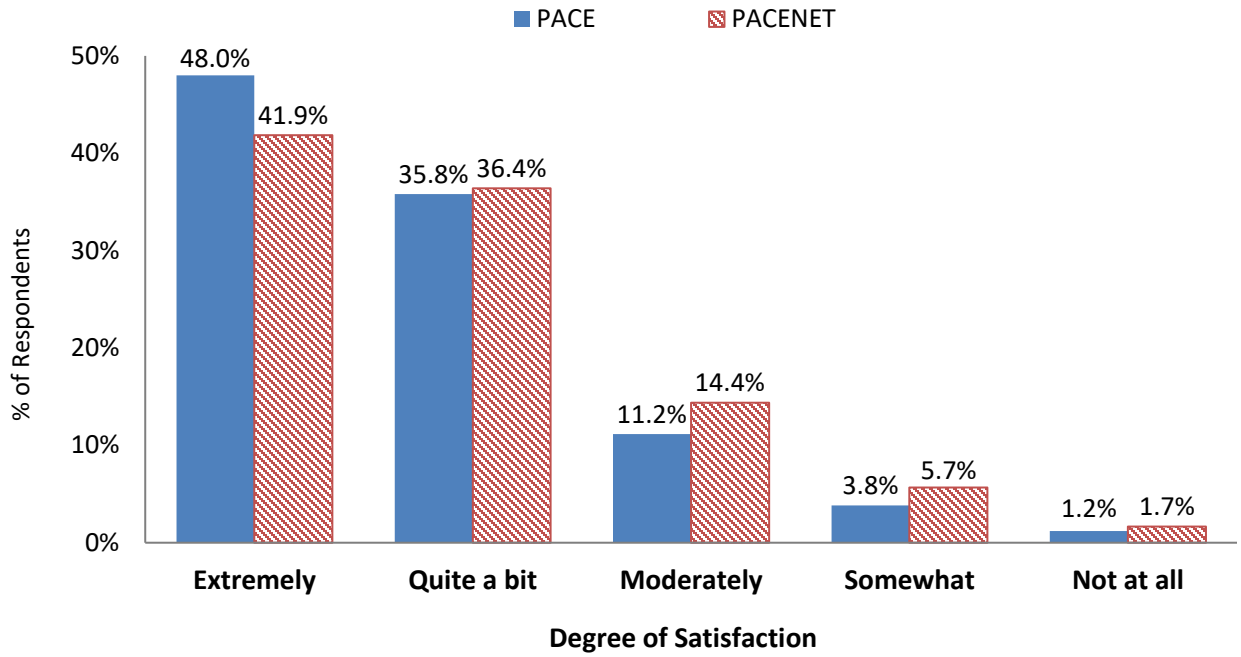


Overall responses reflect a high degree of satisfaction with PACE/PACENET. For the global satisfaction question, 79.5% of respondents indicated that they were either “extremely” or “quite a bit” satisfied with their prescription coverage from PACE/PACENET, and only 1.6% indicated that they were “not 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, 48.0% indicated that they were extremely satisfied with their current PACE coverage, and 35.8% indicated that they were quite a bit satisfied (a total of 83.8% were either extremely or quite a bit satisfied). Among PACENET cardholders, 41.9% indicated that they were extremely satisfied and 36.4% were quite a bit satisfied (78.3% 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.

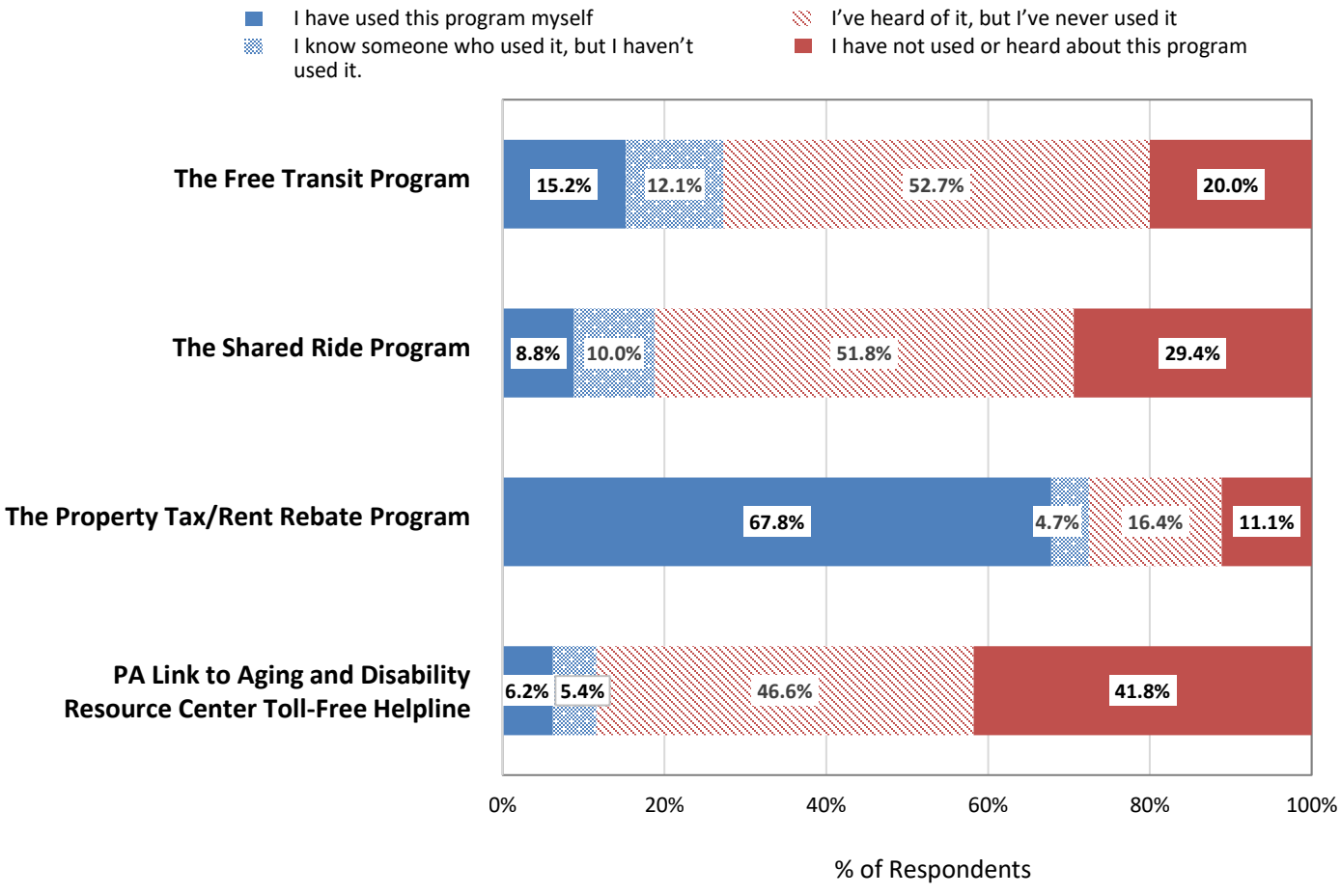
Familiarity with Other Aging Programs Funded by the Pennsylvania Lottery

In addition to PACE/PACENET, the Pennsylvania Lottery also funds a number of other programs for older adults. The final section of the 2023-24 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 (67.8%) of cardholders responded that they had personally used this program. In addition, 58.9% of respondents indicated in a separate follow-up question that they were currently enrolled in the Property Tax Rent Rebate Program. Only 11.1% of respondents reported 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 (27.3%) of respondents had personally used or knew someone else who had used the Free Transit Program, and another 52.7% responded that they had heard of it. However, 20.0% 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 18.8% of respondents had personally used the Shared Ride Program or knew someone who had, and another 51.8% stated that they had heard of the program, 29.4% 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 11.6% of respondents had either personally called or knew someone who had called the helpline, and another 46.6% expressed awareness of the helpline, 41.8% of respondents reported 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 2023-24 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 PACE and PACENET.

References

1. Healthy People 2020. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.

The PACE Application Center
2024 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. This Center uses multiple sources of federal, state, private, and public data and funding to conduct outreach.

The Center:

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

In August 2024, business with Benefits Data Trust, the operations entity for the Center, suddenly and unexpectedly ended. The following month, the PACE Program put together a new operation, hiring many of the experienced PACE outreach staff. A new, internal, PACE outbound call center became fully operational in March of 2025.

Outreach and Applications Submitted in 2024

OUTREACH AND APPLICATION ASSISTANCE, JAN – JUL 2024	
TOTAL PACE/PACENET OUTREACH	141,400
UNIQUE PACE/PACENET OUTREACH	126,901
RESPONSES TO OUTREACH	5,445
PACE/PACENET APPLICATIONS SUBMITTED	4,498
LIS APPLICATIONS SUBMITTED	17,707
SENIOR FOOD BOX APPLICATIONS SUBMITTED	1,600
SNAP APPLICATIONS SUBMITTED	1,731
PTRR APPLICATIONS SUBMITTED	1,532
LIHEAP APPLICATIONS SUBMITTED	790
MSP APPLICATIONS SUBMITTED	680
MEDICAID APPLICATIONS SUBMITTED	388

University of Pennsylvania and PACE/PACENET
Behavioral Health Lab Program
2024 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 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 PACE/PACENET 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.

The BHL Program

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

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

Family caregivers participate in an evidence-based psychoeducational program 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 (BHPs) 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.

The program continues to expand training in evidence-based psychotherapy techniques. The BHPs received additional training in both Behavioral Activation (BA) and short-term Interpersonal Psychotherapy (IPT). The team pursued training in Prolonged Grief Therapy (PGT) to bring interventions to support patients experiencing both acute grief reactions and prolonged grief. The BHPs reviewed published manuals in each of these treatments and participated in training workshops. BHPs continue to participate in bimonthly consults to review cases and improve competence in BA, IPT, and PGT.

In 2024, SUSTAIN completed:

- **295** initial assessments for cardholders new to SUSTAIN
- **1,582** follow-up assessments
    - 163 cardholders received care management services with BHPs over the course of 6 months
    - 100 cardholders received symptom and medication monitoring services
    - 18 cardholders worked with BHPs and received referrals to community mental health services

Of those eligible for follow-up services:

- 50% reported “high” symptoms at baseline
- 31% reported “moderate” symptoms at baseline
- 19% reported “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 that combine education and support. Additionally, SUSTAIN services are offered to cardholders who do not screen positive for cognitive impairment.

Since 2023, the team has continued to expand the program. To identify caregivers in need of support, the team connected with the Philadelphia Corporation for Aging (PCA) and held a series of meetings with PCA leadership. Meetings focused on evaluating participant needs for the caregiver service, refining methods for recruiting caregivers, and reviewing progress and barriers. Staff identified the need to educate front-line staff on

the complementary nature and key differences of the program. Program materials were modified to highlight how the services align.

To streamline the referral process for Area Agency on Aging (AAA) managers, program staff developed written and electronic materials, including a QR code linking to an electronic referral form, website materials, a caregiver brochure, and a care manager pocket card summarizing program offerings. The team is working to build relationships with other AAAs that serve caregiver populations in need of support.

In 2024, CREST completed:

- **112** initial assessments
- **477** caregiver follow-up assessments
    - 70 caregivers received education and resource materials and worked directly with a BHP for care management and education services

- **145** cardholder follow-up assessments
    - 13 cardholders failed the initial memory screening and did not identify a caregiver, or the caregiver chose to not engage in follow-up services
    - 29 cardholders completed an initial assessment and passed the memory screening
        - 5 cardholders were ineligible for services due to an absence of depression or anxiety symptoms; however, they received resource materials
        - 22 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
        - 2 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, the program shifted to support cardholders prescribed an 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 educate 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.

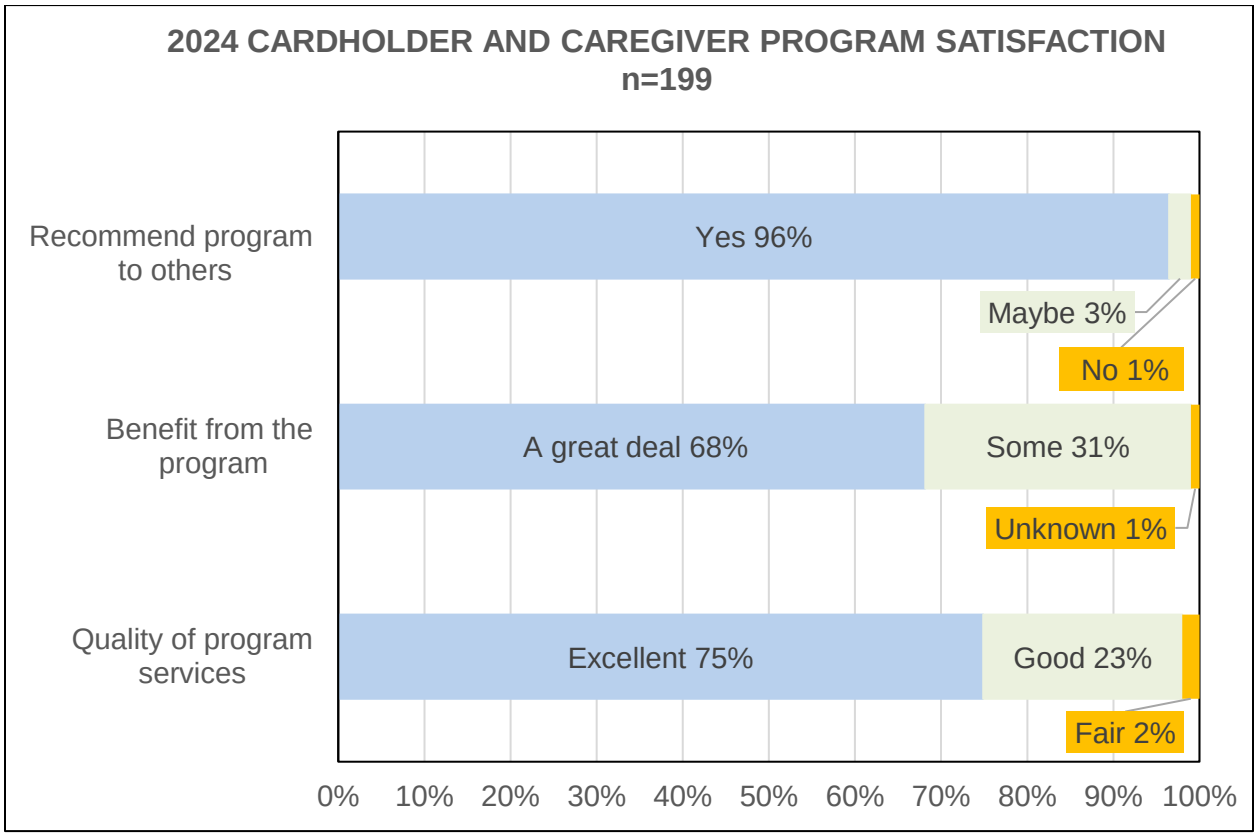
In 2024, the HDO-P program completed:

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

Of those eligible for follow-up services in 2024, 100% reported symptoms of both chronic pain and depression/anxiety.

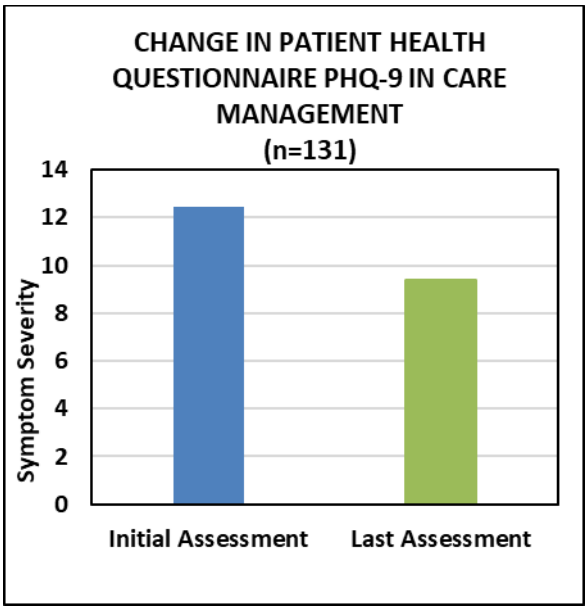
Cardholder and Caregiver Program Satisfaction

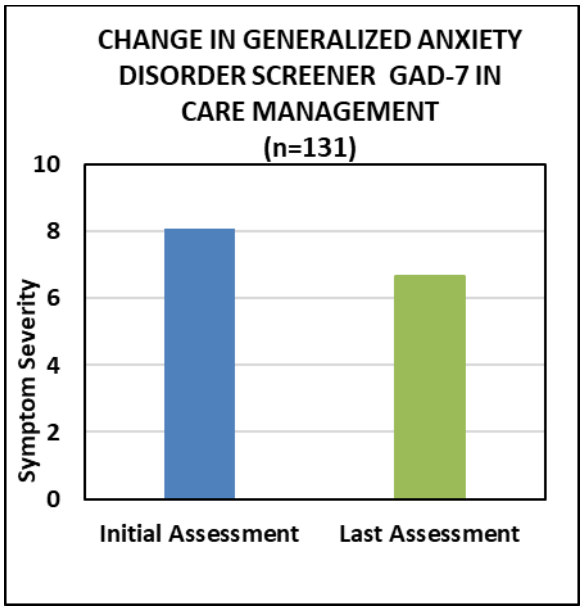
The figure below illustrates a high level of satisfaction among cardholders and caregivers with the telephone-based services. They are highly inclined to recommend the program to others and the majority experienced a benefit from the program.



SUSTAIN Outcomes

The figures below depict pre- and post-data of cardholders who completed care management follow-up services with a BHP as part of the BHL program in 2024. 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 observed assessment. Lower scores in the charts below represent lower severity of depression or anxiety.

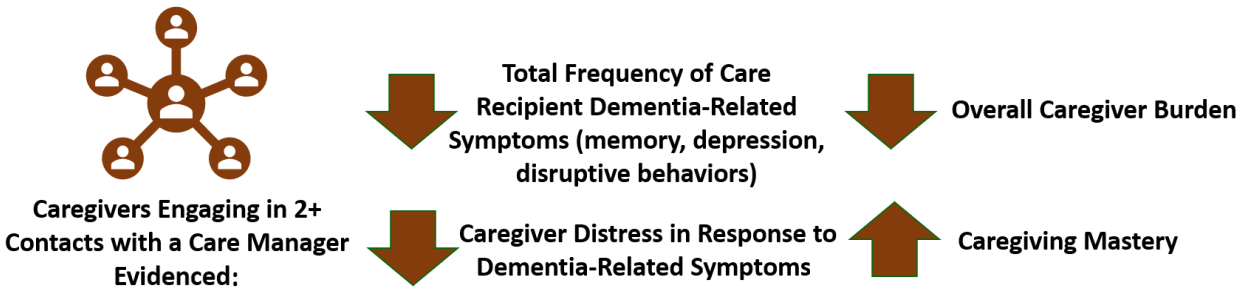




CREST Outcomes: Caregiver-Reported Dementia Symptom Severity, Distress, and Mastery

Caregivers completing a baseline CREST interview are on average 68.3 years old (range, 38-91 yrs.) and are primarily the children (46%) or spouses/partners (41%) of cardholders. Sixty-three percent of caregivers provide 20 or more hours of care to the cardholder per week. Approximately 24% of caregivers report that their overall health is "fair" or "poor". Overall, 70% of caregivers meet the criteria for caregiving burden with 47% experiencing mild to moderate caregiving burden and 23% experiencing high caregiving burden. The majority (60%) 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. Participants demonstrated statistically significant improvement on all indices from baseline to post-intervention.



HDO-P: Review of Pilot Findings

As previously reported, pre-post intervention comparisons derived from the pilot HDO-P suggest a significant reduction in medication dose, perceived pain severity, and depressive symptoms at the last contact relative to baseline. Findings also suggest that cardholders 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 suggests promising results. Both depressive and anxiety symptoms show reductions from first to last contact.

INITIATIVES FOR 2025

1. *SUSTAIN program*

   Continued support for cardholders prescribed psychotropic medications

   The program will continue to sample 60 cardholders prescribed psychotropic medications per week and enroll participants into the SUSTAIN care management and medication monitoring programs. Previous analyses have shown greater success in engaging rural cardholders compared to urban cardholders. The continued focus will be on rural cardholders with limited access to services and those at higher risk for mental health problems.

   Continued training in evidence-based psychotherapy interventions

   The BHPs will continue to participate in a bimonthly consults to ensure they maintain a focus on evidence-based interventions in the SUSTAIN program. The consult will continue to focus on BA and IPT, and BHP's will pilot the use of PGT with participants requesting to focus on grief. Additionally, project staff will explore training opportunities over the next year including training in Motivational Interviewing and cognitive approaches to address anxiety disorders.

   Pilot Grief Counseling Program

   There is continued interest in developing a grief program in SUSTAIN given the high incidence of bereaved cardholders presenting in care management. The team implemented a grief screening tool to further identify cardholders who may benefit from grief counseling. Many cardholders were interested in the opportunity to gain support around both acute grief and prolonged grief reactions, indicating that it would be worthwhile to develop a program for bereaved cardholders with a focus on grief counseling, isolation, social support, and resources. Following the training in PGT, the BHP's and program leadership evaluated the feasibility and acceptability of PGT by piloting the intervention with a few interested cardholders. Based on these results, a framework will be developed for a formal pilot study on PGT.

   Evaluation of the effectiveness of specific therapeutic interventions

   In 2025, the program will analyze data pertaining to the therapeutic components of telephone-based care management provided by BHPs. This examination will include the relationship between clinical interventions and key health outcomes

such as depression and anxiety, chronic pain, sleep, as well as mental and physical functional outcomes.

Evaluation of engagement in services
In 2025, the program will analyze data pertaining to cardholder characteristics, engagement in telephone-based medication monitoring and care management services, and predictors of improved outcomes for those who have participated in the SUSTAIN program. Initial analyses have been completed and supported poster presentations by a fellow in geriatric medicine and a health tech on the research team.

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. Continuing direct-to-consumer marketing enhances the awareness of the SUSTAIN program within the population by emphasizing it as a complimentary benefit included in their PACE/PACENET enrollment.

2. *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)
In 2025, the program will continue to foster and expand relationships with AAAs. Initiatives over the past year have improved recruitment. However, work continues to address barriers to referral. The program will attempt to engage additional AAAs in six rural counties across the commonwealth where caregiver support services are not as abundant or accessible. 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. In 2025, 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.

Evaluation of engagement in services
In 2025, the program will analyze data pertaining to care-recipient and caregiver characteristics, engagement in telephone-based dementia care management

services, and predictors of improved outcomes for those who have participated in the CREST program. These analyses will inform quality improvement initiatives to support engagement in the program. Initial analyses have been conducted and supported a poster presentation by a fellow in geriatric medicine.

Direct-to-Consumer Marketing
CREST will also continue a direct-to-consumer marketing campaign to further expand identification of caregivers of cardholders with cognitive impairment. In 2025, materials developed for a range of marketing platforms, including web-based marketing and hard copy brochures will be evaluated. These materials provide comprehensive details on support services available to self-identified caregivers. Caregivers will be invited to call the program to participate and receive telehealth support.

3. *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 will be invited to participate in support services to address their chronic pain and unmet biopsychosocial needs.

The PACE Clinical Education Program
2024 Report

Overview

Alosa Health delivers an educational service to primary care clinicians who care for PACE enrollees. This outreach education for health care professionals seeks 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 receive AMA PRA Category 1 Credit when they receive a minimum score of 70% on the post-test.

THERAPEUTIC AREA	MODULE TITLE	RELEASED
Atrial Fibrillation	*Getting the Beat and Rhythm Right: Anticoagulation, Rate, and Rhythm Control in Atrial Fibrillation*	Dec. 2024
Immunizations	*Blocking Preventable Disease: Immunizations Recommended for Older Adults*	Jul. 2024
Insomnia	*Getting a Good Night's Rest: Managing Insomnia in Older Patients*	Apr. 2024
Hypertension	*Don't Let the Pressure Get You Down: Managing Blood Pressure in Older Adults*	Nov. 2023
Pain	*Managing Pain in Older Adults*	Jun. 2023
Cognitive Impairment	*Dealing with Cognitive Impairment: Evidence-based Recommendations for Prevention, Diagnosis, and Management*	May 2023
Depression	*Caring for Older Adults with Depression*	Feb. 2023
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

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 providers educated on each topic by provider type (physician, nurse practitioner, medical assistant, resident, or physician assistant).

RATINGS FOR IMMUNIZATIONS (JULY 2024)	
Please rate how strongly you agree or disagree with the following statements. **5 = Strongly Agree; 3 = Neutral; 1 = Strongly Disagree**	**AVERAGE RESPONSE (N=86)** ***5 4 3 2 1***
The PACE academic detailer discussed strategies to increase vaccination rates.	**4.99**
The detailer presented a streamlined approach to pneumococcal vaccination with PCV20 or PCV21.	**4.99**
The detailer presented safety and efficacy data regarding the RSV vaccine, including descriptions of which patients need or are most likely to benefit from vaccination.	**5.00**
As a result of this visit, I will encourage RSV immunization in patients aged 75 and over.	**5.00**
PACE academic detailer provided 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**

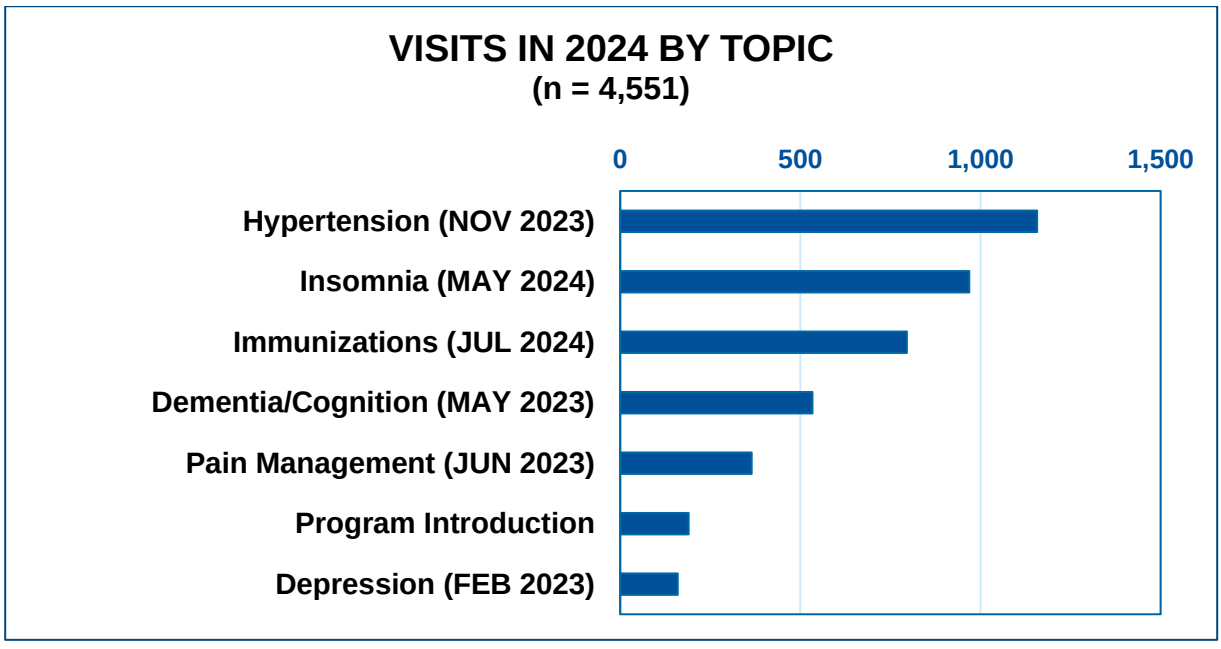
RATINGS FOR INSOMNIA (MAY 2024)	
Please rate how strongly you agree or disagree with the following statements. **5 = Strongly Agree; 3 = Neutral; 1 = Strongly Disagree**	**AVERAGE RESPONSE (N=55)** ***5 4 3 2 1***
The PACE academic detailer discussed modifiable factors that may be contributing to poor sleep.	**5.00**
The academic detailer described why cognitive behavioral therapy for insomnia (CBT-I) is the best, first line treatment option for patients with insomnia.	**5.00**
The academic detailer presented the medications for insomnia, focusing on which options are safest for older adults.	**5.00**
As a result of this visit, I will recommend CBT-I to patients with insomnia.	**5.00**

PACE academic detailer provided current, non-commercial, evidence-based information that enables me to improve patient care.	**4.98**
The PACE academic detailing program impacts the way I make clinical decisions in caring for my older patients.	**4.98**
Information provided by the PACE academic detailing program benefits the well-being of my patients.	**5.00**
I will incorporate this information into my practice.	**4.97**

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	2024
Physician	2,934
Physician Assistant	460
Nurse Practitioner	1,154
Resident / Other	3
Total	**4,551**



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

AHFS Class	AHFS Class Description
04	Antihistamine Drugs
08	Anti-Infective Agents
10	Antineoplastic Agents
12	Autonomic Drugs
12:02	Smoking Cessation Agents
12:04	Parasympathomimetic (Cholinergic) Agents
12:08	Anticholinergic Agents
12:08.08	Antimuscarinics/Antispasmodics
12:12	Sympathomimetic (Adrenergic) Agents
12:12.08	Beta-Adrenergic Agonists
12:16	Sympatholytic Adrenergic Blocking Agents
12:20	Skeletal Muscle Relaxants
16	Blood Derivatives
20	Blood Formation & Coagulation Agents
20:04	Antianemia Drugs
20:04.04	Iron Preparations
20:12	Antithrombotic Agents
20:12.04	Anticoagulants
20:12.10	Von Willebrand Factor-Related Antithrombotics
20:12.14	Platelet-Reducing Agents
20:12.18	Platelet Aggregation Inhibitors
20:16	Hematopoietic Agents
20:28	Antihemorrhagic Agents
20:28.16	Hemostatics
20:92	Misc. Blood Formation, Coagulation & Thrombosis Agents
24	Cardiovascular Drugs
24:04,20,28,32	Cardiac Drugs (combined classes)
24:04	Antiarrhythmic/Cardiotonic Cardiac Drugs
24:04.04	Antiarrhythmic Agents
24:04.08	Cardiotonic (Cardiac Glycoside) Agents
24:04.92	Cardiac Drugs, Miscellaneous
24:20	Beta Blockers
24:28	Calcium Channel Blockers
24:32	Renin-Angiotensin-Aldosterone System Inhibitors
24:32.04	ACE Inhibitors
24:32.08	Angiotensin Receptor Blockers (ARB)
24:32.12	ARB/Neprolysin Inhibitor Combinations (ARNI)
24:32.20	Mineralocorticoid (Aldosterone) Antagonists
24:32.40	Renin Inhibitors
24:06	Lipid-Lowering Agents
24:08	Vasodilating Agents
24:36	Diuretics (Cardiovascular)
24:48	Kallikrein-Kinin System Inhibitors
24:48.08	Kallikrein Inhibitors
24:52	Endothelin Receptor Antagonists
26	Cellular and Gene Therapy
26:12	Gene Therapy

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

AHFS Class	AHFS Class Description
28	CNS Agents
28:04	General Anesthetics
28:04.08	Non-Barbiturate General Anesthetics
28:08	Analgesics/Antipyretics
28:08.04	NSAIDs/Cox-2 Inhibitors
28:08.08	Opioid Agonists
28:08.12	Opioid Partial Agonists
28:08.16	Non-Opioid Analgesics
28:10	Opioid Antagonists
28:12	Antiseizure Drugs
28:12.08	Benzodiazepine Anticonvulsants
28:12.24	Ion Channel Inhibition Agents
28:12.28	Gaba-Mediated Anticonvulsants
28:12.92	Anticonvulsants, Miscellaneous
28:16	Psychotherapeutic Agents
28:16.04	Antidepressants
28:16.08	Antipsychotics
28:20	CNS Stimulants
28:20.04	Amphetamines
28:20.08	Anorexigenic Agents
28:20.32	Respiratory and CNS Stimulants
28:20.80	Wakefulness-Promoting Agents
28:20.92	Anorexigenic Agents and Stimulants, Miscellaneous
28:24	Anxiolytics/Sedatives/Hypnotics
28:24.04	Barbiturates
28:24.08	Benzodiazepines
28:24.40	Orexin Receptor Antagonists
28:24.44	Non-Benzodiazepine Hypnotics
28:24.48	Melatonin Receptor Agonists
28:24.92	Anxiolytics, Sedatives, and Hypnotics, Misc.
28:32	Antimigraine Agents
28:32.12	Calcitonin Gene-Related Peptide Antagonists
28:32.28	Selective Serotonin Agonists
28:36	Antiparkinsonian Agents
28:36.16	Dopamine Precursors
28:36.32	Monoamine Oxidase B Inhibitors
28:40	Fibromyalgia Agents
28:44	Amyotrophic Lateral Sclerosis (ALS) Agents
28:56	Vesicular Monoamine Transport2 Inhibitors
28:92	Central Nervous System Agents, Misc.
40	Electrolytic, Caloric, and Water Balance Agents
40:10	Ammonia Detoxicants
40:18	Ion-Removing Agents
40:20	Caloric Agents
40:28	Diuretics
40:92	Electrolytic, Caloric & Water Balance Agents, Misc.
44	Enzymes
44:04	Enzyme Inhibitors
44:08	Enzyme Cofactors/Chaperones

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

AHFS Class	AHFS Class Description
48	Respiratory Tract Agents Not Reported In AHFS Class 12
48:10	Anti-Inflammatory Agents
48:10.24	Leukotriene Modifiers
56	Gastrointestinal Drugs
56:12	Cathartics and Laxatives
56:14	Cholelitholytic Agents
56:16	Digestants
56:18	Constipation Therapy
56:22	Antiemetics
56:28	Antiulcer Agents and Acid Suppressants
56:28.12	Histamine H2-Antagonists
56:28.18	Potassium-Competitive Acid Blockers
56:28.28	Prostaglandins
56:28.32	Protectants
56:28.36	Proton Pump Inhibitors
56:32	Prokinetic Agents
56:36	Anti-Inflammatory Agents (GI Drugs)
56:44	Immunomodulatory Agents
56:92	GI Drugs, Miscellaneous
64	Heavy Metal Antagonists
68	Hormones and Synthetic Substitutes
68:04	Adrenals
68:08	Androgens
68:16	Estrogens and Antiestrogens
68:16.12	Estrogen Agonist-Antagonists
68:18	Gonadotropins and Antigonadotropins
68:20	Antidiabetic Agents
68:20.02	Alpha-Glucosidase Inhibitors
68:20.04	Biguanides
68:20.05	DPP-4 Inhibitors
68:20.06	GLP-1 Receptor Agonists
68:20.08	Insulins
68:20.16	Meglitinides
68:20.18	SGLT-2 Inhibitors
68:20.20	Sulfonylureas
68:20.28	Thiazolidinediones
68:24	Parathyroid and Antiparathyroid Agents
68:24.08	Parathyroid Agents
68:28	Pituitary
68:29	Somatostatin Agonists and Antagonists
68:36	Thyroid and Antithyroid Agents
68:40	Leptins
68:44	Renin-Angiotensin-Aldosterone System (RAAS)
68:48	Melanocortin Receptor Antagonists
76	Oxytocics
78	Radioactive Agents

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

AHFS Class	AHFS Class Description
80	Antitoxins, Immune Globulins, Toxoids, and Vaccines
80:04	Antitoxins and Immune Globulins
80:12	Vaccines
84	Skin and Mucous Membrane Agents
86	Smooth Muscle Relaxants
86:12	Urinary Antispasmodics
88	Vitamins
90	Immunomodulatory Agents
90:04	Multiple Sclerosis Agents
90:08	Myasthenia Gravis Agents
90:10	Alzheimer Disease Immunomodulatory Agents
90:10.04	Amyloid Directed Monoclonal Antibodies
90:12	Neuromyelitis Optica Spectrum Disorder Agents
90:16	Bone-Modifying Agents
90:20	Complement Inhibitor Agents
90:24	Disease-Modifying Antirheumatic Drugs
90:24.12	Janus Kinase (Jak) Inhibitors
90:24.16	Tumor Necrosis Factor Inhibitors
90:24.20	Interleukin-Mediated Agents
90:28	Immunosupressive Therapy
91	Antidote Therapeutics
91:04	Antidotes
91:04.12	Chemotherapy Antidotes/Protectants
91:04.28	Neuromuscular Blocking Agent Antidotes
92	Miscellaneous Therapeutic Agents
92:20	Immunomodulatory Agents
92:22	Bone Anabolic Agents
92:24	Bone Resorption Inhibitors
92:32	Complement Inhibitors
92:56	Protective Agents
92:92	Other Miscellaneous Therapeutic Agents

Report Categories Defined by Combinations of AHFS Classes Listed Above

24:04,20,28,32	Cardiac (combined classes)
12:04, 28:92, 90:10	Alzheimer's Disease Drugs (combined classes)
12:04	Cholinesterase Inhibitors
28:92 (selected agents)	NMDA Receptor Antagonists
90:10.04	Amyloid Directed Monoclonal Antibodies
40:28, 24:32.20, 24:36	Diuretics (combined classes)
92:22, 92:24, 68:16.12, 68:24.08	Drugs For Osteoporosis (combined classes)

Source: AHFS Drug Information
Note: Class selections for the 2024 Annual Report tables reflect changes to the groupings made by AHFS. For classes with changes, data from tables for previous years are not directly comparable.

APPENDIX D

PACE/PACENET Prospective Drug Utilization Review Criteria

Updated May 2025

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.
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.
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.

Index of 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	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
AHFS Class 04 - Antihistamine Drugs									
Cetirizine HCl	Zyrtec		✓			✓			
Chlorpheniramine maleate	---					✓			
Desloratadine	Clarinex		✓			✓			
Diphenhydramine HCl	---					✓			
Doxylamine succinate	---					✓			
Fexofenadine HCl	Allegra Allergy		✓			✓			
Loratadine	Claritin					✓			
AHFS Class 08 - Anti-Infective Agents									
Acyclovir/hydrocortisone	Xerese								✓
Atazanavir sulfate/cobicistat	Evotaz			✓					
Bedaquiline fumarate	Sirturo								✓
Benznidazole	---								✓
Cabotegravir/rilpivirine	Cabenuva								✓
Cefiderocol sulfate tosylate	Fetroja								✓
Ceftazidime/avibactam	Avycaz								✓
Ceftolozane/tazobactam	Zerbaxa								✓
Clindamycin phosphate	Evoclin								✓
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	---				✓				
Ibalizumab-uiyk	Trogarzo								✓
Ibrexafungerp citrate	Brexafemme								✓
Imipenem/cilastatin/relebactam	Recarbrio								✓

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

AHFS Therapeutic Class and Generic Name		Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
	Isavuconazonium sulfate	Cresemba								✓
	Itraconazole	Onmel				✓				
	Ledipasvir/sofosbuvir	Harvoni		✓		✓	✓			✓
	Lefamulin acetate	Xenleta				✓				✓
	Lenacapavir sodium	Sunlenca								✓
	Letermovir	Prevymis								✓
	Linezolid	Zyvox								✓
	Maribavir	Livtencity								✓
	Mebendazole	---								✓
	Mefloquine HCl	---								✓
	Meropenem/vaborbactam	Vabomere								✓
	Miltefosine	Impavido								✓
	Minocycline HCl	Solodyn				✓				✓
	Omadacycline tosylate	Nuzyra				✓				✓
	Oteseconazole	Vivjoa				✓				✓
	Pentamidine isethionate	Pentam 300								✓
	Posaconazole	Noxafil								✓
	Quinine sulfate	Qualaquin								✓
	Rifamycin sodium	Aemcolo				✓				
	Rifapentine	Priftin								✓
	Rifaximin	Xifaxan								✓
	Sarecycline HCl	Seysara				✓				
	Sofosbuvir	Sovaldi		✓		✓	✓			✓
	Sofosbuvir/velpatas/voxilaprev	Vosevi		✓		✓				✓
	Sofosbuvir/velpatasvir	Epclusa		✓		✓	✓			✓
	Sulbactam sod/durlobactam sod	Xacduro								✓
	Tedizolid phosphate	Sivextro								✓
	Tenofovir alafenamide	Vemlidy			✓					✓
	Terbinafine HCl	---				✓				
	Tinidazole	Tindamax								✓
	Tobramycin	Tobi Podhaler								✓

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

AHFS Therapeutic Class and Generic Name		Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
	Tobramycin in 0.225% sod chlor	Tobi								✓
	Voriconazole	Vfend IV								✓
AHFS Class 10 - Antineoplastic Agents										
	Abemaciclib	Verzenio								✓
	Abiraterone acetate	Zytiga								✓
	Acalabrutinib maleate	Calquence								✓
	Adagrasib	Krazati								✓
	Ado-trastuzumab emtansine	Kadcyla								✓
	Afatinib dimaleate	Gilotrif								✓
	Aldesleukin	Proleukin								✓
	Alectinib HCl	Alecensa								✓
	Alemtuzumab	Campath								✓
	Alpelisib	Piqray								✓
	Apalutamide	Erleada								✓
	Asciminib hydrochloride	Scemblix								✓
	Asparaginase (erwinia chrysan)	Erwinase								✓
	Atezolizumab	Tecentriq								✓
	Avapritinib	Ayvakit								✓
	Avelumab	Bavencio								✓
	Axicabtagene ciloleucel	Yescarta			✓					✓
	Axitinib	Inlyta								✓
	Azacitidine	Onureg								✓
	Bcg live	Bcg (Tice Strain)								✓
	Belinostat	Beleodaq								✓
	Bendamustine HCl	Bendeka								✓
	Bevacizumab	Avastin								✓
	Bevacizumab-awwb	Mvasi								✓
	Bexarotene	Targretin		✓		✓				
	Bleomycin sulfate	---								✓
	Blinatumomab	Blincyto								✓
	Bortezomib	Velcade								✓

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

AHFS Therapeutic Class and Generic Name		Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
	Bosutinib	Bosulif								✓
	Brentuximab vedotin	Adcetris								✓
	Brigatinib	Alunbrig								✓
	Cabozantinib s-malate	Cabometyx		✓						✓
	Capecitabine	Xeloda								✓
	Capivasertib	Truqap								✓
	Capmatinib hydrochloride	Tabrecta								✓
	Carboplatin	---								✓
	Carfilzomib	Kyprolis								✓
	Carmustine	Bicnu								✓
	Ceritinib	Zykadia								✓
	Cetuximab	Erbitux								✓
	Cisplatin	---								✓
	Cladribine	Leustatin								✓
	Clofarabine	Clolar								✓
	Cobimetinib fumarate	Cotellic								✓
	Copanlisib di-hcl	Aliqopa								✓
	Crizotinib	Xalkori								✓
	Cyclophosphamide	Frindovyx								✓
	Cytarabine	---								✓
	Dabrafenib mesylate	Tafinlar								✓
	Dacarbazine	---								✓
	Dacomitinib	Vizimpro								✓
	Dactinomycin	Cosmegen								✓
	Darolutamide	Nubeqa								✓
	Dasatinib	Sprycel								✓
	Daunorubicin HCl	Cerubidine								✓
	Decitabine/cedazuridine	Inqovi								✓
	Docetaxel	Docivyx								✓
	Dostarlimab-gxly	Jemperli								✓
	Doxorubicin HCl peg-liposomal	Doxil								✓

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

AHFS Therapeutic Class and Generic Name		Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
	Durvalumab	Imfinzi								✓
	Duvelisib	Copiktra								✓
	Eflornithine HCl	Iwilfin								✓
	Elacestrant HCl	Orserdu								✓
	Elotuzumab	Empliciti								✓
	Elranatamab-bcmm	Elrexfio								✓
	Enasidenib mesylate	Idhifa								✓
	Encorafenib	Braftovi								✓
	Enfortumab vedotin-ejfv	Padcev								✓
	Entrectinib	Rozlytrek								✓
	Enzalutamide	Xtandi								✓
	Epcoritamab-bysp	Epkinly								✓
	Erdafitinib	Balversa								✓
	Eribulin mesylate	Halaven								✓
	Erlotinib HCl	Tarceva								✓
	Etoposide	Toposar								✓
	Everolimus	Afinitor								✓
	Exemestane	Aromasin								✓
	Fedratinib dihydrochloride	Inrebic								✓
	Floxuridine	---								✓
	Fludarabine phosphate	Fludara								✓
	Fluorouracil	Adrucil								✓
	Fruquintinib	Fruzaqla								✓
	Fulvestrant	Faslodex								✓
	Futibatinib	Lytgobi								✓
	Gefitinib	Iressa								✓
	Gemcitabine HCl	Gemzar								✓
	Gemtuzumab ozogamicin	Mylotarg								✓
	Gilteritinib fumarate	Xospata								✓
	Glofitamab-gxbm	Columvi								✓
	Ibrutinib	Imbruvica							✓	✓

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

AHFS Therapeutic Class and Generic Name		Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
	Idarubicin HCl	Idamycin PFS								✓
	Idelalisib	Zydelig								✓
	Ifosfamide	Ifex								✓
	Imatinib mesylate	Gleevec								✓
	Imetelstat sodium	Rytelo								✓
	Inavolisib	Itovebi								✓
	Infigratinib phosphate	Truseltiq								✓
	Inotuzumab ozogamicin	Besponsa								✓
	Interferon alfa-2b,recomb.	Intron A								✓
	Ipilimumab	Yervoy								✓
	Irinotecan HCl	Camptosar								✓
	Ivosidenib	Tibsovo								✓
	Ixazomib citrate	Ninlaro								✓
	Kit y-90/ibritumomab/h.albumin	Zevalin								✓
	Lapatinib ditosylate	Tykerb								✓
	Larotrectinib sulfate	Vitrakvi								✓
	Lazertinib mesylate	Lazcluze								✓
	Lenalidomide	Revlimid								✓
	Lenvatinib mesylate	Lenvima								✓
	Lifileucel	Amtagvi			✓					
	Loncastuximab tesirine-lpyl	Zynlonta								✓
	Lorlatinib	Lorbrena								✓
	Melphalan	Alkeran								✓
	Mercaptopurine	Purixan								✓
	Methotrexate	---								✓
	Methotrexate/pf	---							✓	
	Midostaurin	Rydapt								✓
	Mirvetuximab soravtansine-gynx	Elahere								✓
	Mitomycin	Jelmyto				✓				✓
	Mitotane	Lysodren								✓
	Mitoxantrone HCl	Novantrone								✓

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

AHFS Therapeutic Class and Generic Name		Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
	Mobocertinib succinate	Exkivity								✓
	Momelotinib dihydrochloride	Ojjaara								✓
	Mosunetuzumab-axgb	Lunsumio								✓
	Neratinib maleate	Nerlynx				✓				✓
	Nilotinib HCl	Tasigna								✓
	Nilotinib tartrate	Danziten								✓
	Niraparib tosylate	Zejula								✓
	Nirogacestat hydrobromide	Ogsiveo								✓
	Nivolumab	Opdivo								✓
	Nivolumab-relatlimab-rmbw	Opdualag								✓
	Obinutuzumab	Gazyva								✓
	Olaparib	Lynparza								✓
	Olutasidenib	Rezlidhia								✓
	Omacetaxine mepesuccinate	Synribo								✓
	Osimertinib mesylate	Tagrisso								✓
	Oxaliplatin	Eloxatin								✓
	Paclitaxel	---								✓
	Pacritinib citrate	Vonjo		✓						✓
	Palbociclib	Ibrance								✓
	Panobinostat lactate	Farydak				✓				✓
	Pazopanib HCl	Votrient								✓
	Pegaspargase	Oncaspar								✓
	Peginterferon alfa-2b	Sylatron								✓
	Pembrolizumab	Keytruda								✓
	Pemetrexed disodium	Alimta								✓
	Pemigatinib	Pemazyre								✓
	Pentostatin	Nipent								✓
	Pertuzumab	Perjeta								✓
	Pexidartinib hydrochloride	Turalio								✓
	Pirtobrutinib	Jaypirca		✓						✓
	Polatuzumab vedotin-piiq	Polivy								✓

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

AHFS Therapeutic Class and Generic Name		Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
	Pomalidomide	Pomalyst								✓
	Ponatinib HCl	Iclusig								✓
	Pralatrexate	Folotyn								✓
	Pralsetinib	Gavreto								✓
	Quizartinib dihydrochloride	Vanflyta								✓
	Ramucirumab	Cyramza								✓
	Regorafenib	Stivarga								✓
	Repotrectinib	Augtyro								✓
	Retifanlimab-dlwr	Zynyz				✓				
	Revumenib citrate	Revuforj								✓
	Ribociclib succinate	Kisqali								✓
	Ripretinib	Qinlock								✓
	Rituximab	Rituxan								✓
	Rituximab-abbs	Truxima								✓
	Rituximab-arrx	Riabni								✓
	Rituximab/hyaluronidase,human	Rituxan Hycela								✓
	Ropeginterferon alfa-2b-njft	Besremi								✓
	Rucaparib camsylate	Rubraca								✓
	Ruxolitinib phosphate	Jakafi								✓
	Selinexor	Xpovio								✓
	Selpercatinib	Retevmo								✓
	Selumetinib sulfate	Koselugo								✓
	Siltuximab	Sylvant								✓
	Sonidegib phosphate	Odomzo								✓
	Sorafenib tosylate	Nexavar								✓
	Sotorasib	Lumakras		✓						✓
	Streptozocin	Zanosar								✓
	Sunitinib malate	Sutent								✓
	Tafasitamab-cxix	Monjuvi								✓
	Talazoparib tosylate	Talzenna								✓
	Talquetamab-tgvs	Talvey								✓

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

AHFS Therapeutic Class and Generic Name		Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
	Tazemetostat hydrobromide	Tazverik								✓
	Tebentafusp-tebn	Kimmtrak								✓
	Teclistamab-cqyv	Tecvayli								✓
	Temozolomide	Temodar								✓
	Temsirolimus	Torisel								✓
	Tepotinib HCl	Tepmetko								✓
	Thiotepa	Tepadina								✓
	Tisagenlecleucel	Kymriah			✓					✓
	Tivozanib HCl	Fotivda								✓
	Topotecan HCl	Hycamtin								✓
	Toripalimab-tpzi	Loqtorzi								✓
	Tovorafenib	Ojemda								✓
	Trametinib dimethyl sulfoxide	Mekinist								✓
	Trastuzumab	Herceptin								✓
	Trastuzumab-anns	Kanjinti								✓
	Trastuzumab-dkst	Ogivri								✓
	Trastuzumab-hyaluronidase-oysk	Herceptin Hylecta								✓
	Tremelimumab-actl	Imjudo								✓
	Trifluridine/tipiracil HCl	Lonsurf								✓
	Tucatinib	Tukysa								✓
	Umbralisib tosylate	Ukoniq								✓
	Vandetanib	Caprelsa								✓
	Vemurafenib	Zelboraf								✓
	Venetoclax	Venclexta								✓
	Vimseltinib	Romvimza								✓
	Vinblastine sulfate	---								✓
	Vincristine sulfate	Vincasar PFS								✓
	Vismodegib	Erivedge								✓
	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	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
AHFS Class 12:02 - Smoking Cessation Agents									
Varenicline tartrate	Chantix				✓				
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 brom/formoterol fum	Duaklir Pressair						✓		✓
Aclidinium bromide	Tudorza Pressair						✓		
Fluticasone/umeclidin/vilanter	Trelegy Ellipta					✓			✓
Glycopyrrolate	Seebri Neohaler						✓		
Glycopyrrolate/formoterol fum	Bevespi Aerosphere					✓	✓		✓
Ipratropium/albuterol sulfate	Combivent Respimat						✓		
Revefenacin	Yupelri			✓			✓		
Tiotropium br/olodaterol HCl	Stiolto Respimat					✓	✓		
Tiotropium bromide	Spiriva Respimat						✓		
Umeclidinium brm/vilanterol tr	Anoro Ellipta					✓	✓		✓
Umeclidinium bromide	Incruse Ellipta						✓		✓
AHFS Class 12:12 - Sympathomimetic (Adrenergic) Agents									
Albuterol sulfate	---						✓		
Albuterol sulfate/budesonide	Airsupra						✓		
Arformoterol tartrate	Brovana					✓			
Budesonide/formoterol fumarate	Symbicort					✓	✓		
Droxidopa	Northera								✓
Epinephrine	EpiPen								✓
Fluticasone propion/salmeterol	Advair HFA					✓	✓		
Fluticasone/vilanterol	Breo Ellipta					✓	✓		✓
Formoterol fumarate	Perforomist					✓			
Indacaterol maleate	Arcapta Neohaler					✓			

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

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
Metaproterenol sulfate	---						✓		
Mometasone/formoterol	Dulera					✓	✓		
Olodaterol HCl	Striverdi Respimat					✓			
Phenylephrine/diphenhydramine	---					✓			
Racepinephrine HCl	---						✓		
Salmeterol xinafoate	Serevent Diskus					✓			✓
Terbutaline sulfate	---						✓		
AHFS Class 12:16 - Sympatholytic Adrenergic Blocking Agents									
Acebutolol HCl	---		✓						
Dihydroergotamine mesylate	Migranal		✓		✓	✓			
Phenoxybenzamine HCl	Dibenzyline								✓
AHFS Class 12:20 - Skeletal Muscle Relaxants									
Abobotulinumtoxina	Dysport								✓
Baclofen	---		✓						✓
Carisoprodol	Soma		✓		✓				
Chlorzoxazone	Lorzone		✓		✓				
Cyclobenzaprine HCl	---		✓		✓				
Dantrolene sodium	Dantrium		✓						✓
Incobotulinumtoxina	Xeomin								✓
Metaxalone	Skelaxin		✓		✓				
Methocarbamol	Robaxin-750		✓		✓				
Onabotulinumtoxina	Botox					✓			✓
Orphenadrine citrate	Norflex		✓		✓				
Rimabotulinumtoxinb	Myobloc								✓
Tizanidine HCl	Zanaflex		✓						✓
AHFS Class 16 - Blood Derivatives									
Alpha-1-proteinase inhibitor	Glassia								✓
AHFS Class 20:04.04 - Iron Preparations									
Ferric carboxymaltose	Injectafer								✓
Iron dextran complex	Infed								✓

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

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
AHFS Class 20:12.04 - Anticoagulants									
Apixaban	Eliquis		✓						
Dalteparin sodium,porcine	Fragmin								✓
Edoxaban tosylate	Savaysa								✓
Rivaroxaban	Xarelto		✓						
AHFS Class 20:12.10 - Von Willebrand Factor-Related Antithrombotics									
Defibrotide sodium	Defitelio								✓
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									
Darbepoetin alfa in polysorbat	Aranesp								✓
Eflapegrastim-xnst	Rolvedon								✓
Eltrombopag olamine	Promacta								✓
Epoetin alfa	Procrit								✓
Filgrastim	Neupogen								✓
Luspatercept-aamt	Reblozyl								✓
Methoxy peg-epoetin beta	Mircera								✓
Motixafortide acetate	Aphexda								✓
Pegfilgrastim	Neulasta								✓
Pegfilgrastim-bmez	Ziextenzo								✓
Plerixafor	Mozobil								✓
Romiplostim	Nplate								✓
Sargramostim	Leukine								✓
Tbo-filgrastim	Granix								✓
AHFS Class 20:28.16 - Hemostatics									
Antihemo.fviii,full length peg	Adynovate								✓
Antihemoph.fviii rec,fc fusion	Eloctate								✓

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

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
Antihemophilic fviii,rec porc	Obizur								✓
Emicizumab-kxwh	Hemlibra								✓
Factor ix human recombinant	Benefix								✓
Factor xiii	Corifact								✓
Tranexamic acid	Lysteda								✓
Von willebrand factor	Vonvendi								✓
AHFS Class 20:92 - Misc. Blood Formation, Coagulation & Thrombosis Agents									
Crizanlizumab-tmca	Adakveo								✓
Mitapivat sulfate	Pyrukynd								✓
Voxelotor	Oxbryta								✓
AHFS Class 24:04.04 - Antiarrhythmic Agents									
Diltiazem HCl	Cardizem LA		✓			✓			
Quinidine gluconate	---								✓
Verapamil HCl	Verelan		✓			✓			
AHFS Class 24:04.08 - Cardiotonic Agents									
Digoxin	Lanoxin		✓						
Ivabradine HCl	Corlanor		✓						✓
Milrinone lactate/d5w	---					✓			
AHFS Class 24:04.92 - Cardiac Drugs, Miscellaneous									
Mavacamten	Camzyos								✓
Tafamidis	Vyndamax								✓
Tafamidis meglumine	Vyndaqel								✓
AHFS Class 24:06 - Antilipemic Agents									
Amlodipine/atorvastatin	Caduet		✓						
Atorvastatin calcium	Lipitor		✓			✓			
Bempedoic acid	Nexletol			✓					
Bempedoic acid/ezetimibe	Nexlizet			✓					✓
Evinacumab-dgnb	Evkeeza								✓
Ezetimibe	Zetia		✓						
Fluvastatin sodium	Lescol XL		✓			✓			
Icosapent ethyl	Vascepa								✓

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

AHFS Therapeutic Class and Generic Name		Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
	Inclisiran sodium	Leqvio								✓
	Lomitapide mesylate	Juxtapid								✓
	Lovastatin	Altoprev		✓			✓			
	Pitavastatin calcium	Livalo		✓						
	Pravastatin sodium	Pravachol		✓			✓			
	Rosuvastatin calcium	Crestor		✓			✓			
	Simvastatin	Zocor		✓			✓			
AHFS Class 24:08 - Vasodilating Agents										
	Alprostadil	Caverject				✓	✓			
	Amyl nitrite	---						✓		
	Isosorbide mononitrate	Imdur						✓		
	Nitroglycerin	Nitro-Bid						✓		
	Sildenafil citrate	Viagra		✓		✓	✓	✓		
	Tadalafil	Cialis					✓	✓		
	Vardenafil HCl	Staxyn		✓		✓	✓	✓		
	Vericiguat	Verquvo								✓
AHFS Class 24:12.92 - Vasodilating Agents, Miscellaneous										
	Alprostadil	Muse				✓	✓			
	Isoxsuprine HCl	---								✓
AHFS Class 24:20 - Beta-Adrenergic Blocking Agents										
	Acebutolol HCl	---		✓			✓			
	Atenolol	Tenormin		✓			✓			
	Betaxolol HCl	Kerlone		✓			✓			
	Bisoprolol fumarate	Zebeta		✓			✓			
	Carvedilol	Coreg		✓			✓			
	Labetalol HCl	---		✓			✓			
	Metoprolol succinate	Toprol XL		✓			✓			
	Metoprolol tartrate	Lopressor		✓			✓			
	Nadolol	Corgard		✓			✓			
	Nebivolol HCl	Bystolic					✓			
	Pindolol	---		✓			✓			

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

AHFS Therapeutic Class and Generic Name		Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
	Propranolol HCl	Innopran XL		✓			✓			
	Propranolol/HCTZ	---					✓			
	Sotalol HCl	Betapace		✓						
	Timolol maleate	---		✓			✓			
AHFS Class 24:24 - Central Alpha-Agonists										
	Clonidine HCl	Onyda XR								✓
	Guanfacine HCl	Intuniv								✓
AHFS Class 24:28 - Calcium-Channel Blocking Agents										
	Amlodipine bes/olmesartan med	Azor					✓			
	Amlodipine besylate	Norvasc		✓			✓			
	Amlodipine besylate/valsartan	Exforge					✓			
	Amlodipine/valsartan/hcthiazid	Exforge HCT					✓			
	Felodipine	---		✓			✓			
	Isradipine	Dynacirc CR		✓			✓			
	Nicardipine HCl	Cardene SR		✓			✓			
	Nicardipine in dextrose,iso-os	Cardene I.V.					✓			
	Nifedipine	Procardia XL		✓			✓			
	Nimodipine	Nymalize								✓
	Nisoldipine	Sular		✓			✓			
AHFS Class 24:32.04 - Angiotensin-Converting Enzyme Inhibitors										
	Benazepril HCl	Lotensin		✓			✓			
	Benazepril/HCTZ	Lotensin HCT					✓			
	Captopril	---		✓			✓			
	Enalapril maleate	Vasotec		✓			✓			
	Enalapril/HCTZ	Vaseretic					✓			
	Enalaprilat dihydrate	---					✓			
	Fosinopril sodium	---		✓			✓			
	Fosinopril/HCTZ	---					✓			
	Lisinopril	Zestril		✓			✓			
	Lisinopril/HCTZ	Zestoretic					✓			
	Moexipril HCl	Univasc		✓			✓			

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

AHFS Therapeutic Class and Generic Name		Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
	Perindopril erbumine	Aceon		✓			✓			
	Quinapril HCl	Accupril		✓			✓			
	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					✓			
	Telmisartan	Micardis		✓			✓			
	Telmisartan/HCTZ	Micardis HCT					✓			
	Valsartan	Diovan		✓			✓			
	Valsartan/HCTZ	Diovan HCT					✓			
AHFS Class 24:32.12 - Angiotensin II Recep Antagonist/Neprolysin Inhibitors										
	Sacubitril/valsartan	Entresto					✓			
AHFS Class 24:32.20 - Mineralocorticoid (Aldosterone) Antagonists										
	Finerenone	Kerendia		✓						✓
AHFS Class 24:32.40 - Renin Inhibitors										
	Aliskiren hemifumarate	Tekturna						✓		
AHFS Class 24:48.08 - Kallikrein Inhibitors										
	Berotralstat hydrochloride	Orladeyo								✓

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

AHFS Therapeutic Class and Generic Name		Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
AHFS Class 24:52 - Endothelin Receptor Antagonists										
	Aprocitentan	Tryvio								✓
AHFS Class 26:12 - Gene Therapy										
	Afamitresgene autoleucel	Tecelra			✓					
	Brexucabtagene autoleucel	Tecartus			✓					✓
	Ciltacabtagene autoleucel	Carvykti			✓					✓
	Etranacogene dezaparvovec-drlb	Hemgenix								✓
	Idecabtagene vicleucel	Abecma			✓					✓
	Lisocabtagene maraleucel	Breyanzi			✓					✓
	Lisocabtagene maraleucel,1 of2	Breyzanzi CD8 Component								✓
	Lisocabtagene maraleucel,2 of2	Breyzanzi CD4 Component								✓
	Obecabtagene autoleucel	Aucatzyl			✓					
	Talimogene laherparepvec	Imlygic								✓
	Valoctocogene roxaparvovc-rvox	Roctavian								✓
	Voretigene neparvovec-rzyl	Luxturna								✓
AHFS Class 28:04.08 - Non-Barbiturate General Anesthetics										
	Ketamine HCl	---								✓
AHFS Class 28:08.04 - Nonsteroidal Anti-Inflammatory Agents										
	Butalbital/aspirin/caffeine	Fiorinal		✓						✓
	Celecoxib	Celebrex		✓			✓			
	Diclofenac epolamine	Flector					✓			
	Diclofenac potassium	Cataflam		✓			✓			
	Diclofenac sodium	Voltaren Arthritis Pain								✓
	Diclofenac sodium/menthol	Dithol								✓
	Diclofenac sodium/misoprostol	Arthrotec 50					✓			
	Diclofenac submicronized	Zorvolex					✓		✓	
	Diflunisal	---		✓			✓			
	Etodolac	Lodine		✓			✓			
	Fenoprofen calcium	Nalfon		✓			✓			
	Flurbiprofen	---		✓			✓			
	Ibuprofen	---		✓			✓			

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

AHFS Therapeutic Class and Generic Name		Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
	Indomethacin	Indocin		✓			✓			
	Indomethacin sodium	Indocin					✓			
	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		✓			✓			
	Tolmetin sodium	---		✓			✓			
	Trolamine salicylate	---								✓
AHFS Class 28:08.08 - Opioid 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				✓	✓	✓	✓	

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

AHFS Therapeutic Class and Generic Name		Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
	Ibuprofen/oxycodone HCl	---		✓		✓	✓	✓	✓	
	Levorphanol tartrate	---				✓	✓	✓	✓	
	Meperidine HCl	Demerol				✓	✓	✓	✓	
	Methadone HCl	---				✓	✓	✓	✓	
	Methadone in 0.9 % sod.chlorid	---						✓	✓	
	Methadone in sod chlor,iso-osm	---						✓		
	Morphine sulfate	Ms Contin				✓	✓	✓	✓	
	Oliceridine fumarate	Olinvyk						✓		
	Opium tincture	---				✓	✓		✓	
	Opium/belladonna alkaloids	---				✓	✓	✓	✓	
	Oxycodone HCl	Oxycontin		✓		✓	✓	✓	✓	
	Oxycodone HCl/acetaminophen	Percocet		✓		✓	✓	✓	✓	
	Oxycodone myristate	Xtampza ER				✓	✓	✓	✓	
	Oxymorphone HCl	Opana				✓	✓	✓	✓	✓
	Remifentanil HCl	Ultiva				✓	✓	✓		
	Sufentanil citrate	Sufenta				✓	✓	✓		
	Tapentadol HCl	Nucynta		✓		✓	✓	✓	✓	
	Tramadol HCl	Ultram		✓		✓	✓	✓	✓	
AHFS Class 28:08.12 - Opioid Partial Agonists										
	Buprenorphine	Butrans						✓		
	Buprenorphine HCl	Belbuca		✓				✓	✓	
	Buprenorphine HCl/naloxone HCl	Suboxone							✓	
	Butorphanol tartrate	---				✓	✓	✓	✓	
	Nalbuphine HCl	---				✓	✓	✓	✓	
AHFS Class 28:08.16 - Non-Opioid Analgesics										
	Butalbital/acetaminophen	Phrenilin Forte								✓
	Ziconotide acetate	Prialt								✓
AHFS Class 28:10 - Opioid Antagonists										
	Naloxone HCl	Narcan			✓					
AHFS Class 28:12.08 - Benzodiazepines (Anticonvulsants)										
	Clobazam	Onfi								✓

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

AHFS Therapeutic Class and Generic Name		Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
	Clonazepam	Klonopin		✓		✓	✓			
AHFS Class 28:12.24 - Ion Channel Inhibition Agents										
	Cenobamate	Xcopri		✓						
	Oxcarbazepine	Oxtellar XR							✓	✓
AHFS Class 28:12.28 - Gaba-Mediated Anticonvulsants										
	Gabapentin	Neurontin		✓						
	Gabapentin enacarbil	Horizant		✓						✓
	Pregabalin	Lyrica		✓						✓
	Tiagabine HCl	Gabitril								✓
AHFS Class 28:12.92 - Anticonvulsants, Miscellaneous										
	Lamotrigine	Lamictal								✓
	Perampanel	Fycompa	✓							
	Topiramate	Topamax								✓
AHFS Class 28:16.04 - Antidepressants										
	Amitriptyline HCl	---		✓				✓		✓
	Amitriptyline/chlordiazepoxide	---								✓
	Amoxapine	---	✓	✓				✓		
	Bupropion HCl	Wellbutrin XL		✓				✓		
	Bupropion hbr	Aplenzin		✓				✓		✓
	Citalopram hydrobromide	Celexa		✓				✓		
	Clomipramine HCl	Anafranil		✓				✓		
	Desipramine HCl	Norpramin		✓				✓		
	Desvenlafaxine succinate	Pristiq		✓				✓		
	Dextromethorphan hbr/bupropion	---			✓					✓
	Doxepin HCl	Silenor		✓				✓		
	Duloxetine HCl	Cymbalta		✓				✓		
	Escitalopram oxalate	Lexapro		✓				✓		
	Fluoxetine HCl	Prozac		✓				✓		
	Fluvoxamine maleate	Luvox CR		✓				✓		
	Imipramine HCl	Tofranil		✓				✓		
	Imipramine pamoate	Tofranil-PM						✓		

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

AHFS Therapeutic Class and Generic Name		Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
	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		✓			✓	✓		
	Aripiprazole lauroxil	Aristada			✓			✓		
	Aripiprazole lauroxil,submicr.	Aristada Initio						✓		
	Asenapine	Secuado		✓				✓		
	Asenapine maleate	Saphris					✓	✓		
	Brexpiprazole	Rexulti	✓					✓		✓
	Cariprazine HCl	Vraylar		✓						
	Chlorpromazine HCl	---		✓						
	Clozapine	Clozaril	✓	✓			✓			
	Fluphenazine HCl	---		✓						
	Haloperidol	---	✓	✓				✓		
	Haloperidol decanoate	Haldol Decanoate 100						✓		

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

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
Haloperidol lactate	Haldol						✓		
Iloperidone	Fanapt					✓	✓		
Loxapine succinate	Loxitane		✓						
Lumateperone tosylate	Caplyta			✓			✓		
Lurasidone HCl	Latuda					✓	✓		
Olanzapine	Zyprexa		✓			✓	✓		
Olanzapine pamoate	Zyprexa Relprevv					✓	✓		
Olanzapine/samidorphan malate	Lybalvi								✓
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	Xelstrym								✓
Dextroamphetamine sulfate	Dexedrine		✓			✓			✓
Dextroamphetamine/amphetamine	Adderall XR		✓			✓			✓
Lisdexamfetamine dimesylate	Vyvanse		✓			✓			✓
Methamphetamine HCl	Desoxyn		✓			✓			✓
AHFS Class 28:20.08 - Anorexigenic Agents									
Diethylpropion HCl	---		✓			✓			✓
Lorcaserin HCl	Belviq					✓			✓
Naltrexone HCl/bupropion HCl	Contrave					✓			✓
Phendimetrazine tartrate	Bontril PDM		✓			✓			✓

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

AHFS Therapeutic Class and Generic Name		Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
	Phentermine HCl	Lomaira		✓			✓			✓
	Phentermine/topiramate	Qsymia					✓			✓
AHFS Class 28:20.32 - Respiratory and CNS Stimulants										
	Atomoxetine HCl	Strattera		✓						✓
	Dexmethylphenidate HCl	Focalin					✓			✓
	Methylphenidate	Daytrana					✓			✓
	Methylphenidate HCl	Ritalin		✓			✓			✓
	Serdexmethylphen/dexmethylphen	Azstarys								✓
	Viloxazine HCl	Qelbree								✓
AHFS Class 28:20.80 - Wakefulness-Promoting Agents										
	Armodafinil	Nuvigil		✓						✓
	Modafinil	Provigil		✓						✓
	Pitolisant HCl	Wakix								✓
	Sodium oxybate	Lumryz								✓
	Solriamfetol HCl	Sunosi		✓				✓		✓
AHFS Class 28:20.92 - Anorexigenic Agents and Stimulants, Miscellaneous										
	Diazoxide choline	Vykat XR								✓
AHFS Class 28:24.04 - Barbiturates (Anxiolytic, Sedative/Hyp)										
	Amobarbital sodium	Amytal Sodium		✓		✓				
	Butalb/acetaminophen/caffeine	Fioricet								✓
	Secobarbital sodium	Seconal Sodium		✓		✓				
AHFS Class 28:24.08 - Benzodiazepines (Anxiolytic, Sedative/Hyp)										
	Alprazolam	Xanax		✓		✓	✓			
	Chlordiazepoxide HCl	---		✓		✓	✓			
	Clorazepate dipotassium	Tranxene T-Tab		✓		✓	✓			
	Diazepam	Valium		✓		✓	✓			
	Estazolam	---	✓	✓			✓			
	Flurazepam HCl	---		✓			✓			
	Lorazepam	Ativan		✓		✓	✓			
	Oxazepam	---		✓		✓	✓			
	Quazepam	Doral	✓	✓			✓			

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By AHFS Therapeutic Class and Drug

AHFS Therapeutic Class and Generic Name		Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
	Temazepam	Restoril	✓	✓	✓	✓	✓			
	Triazolam	Halcion			✓		✓			✓
AHFS Class 28:24.40 - Orexin Receptor Antagonists										
	Daridorexant HCl	Quviviq		✓			✓			✓
	Lemborexant	Dayvigo		✓						✓
	Suvorexant	Belsomra		✓			✓			✓
AHFS Class 28:24.44 - Non-Benzodiazepine Hypnotics										
	Eszopiclone	Lunesta	✓	✓			✓			
	Zaleplon	Sonata		✓		✓	✓			
	Zolpidem tartrate	Ambien		✓		✓	✓			
AHFS Class 28:24.48 - Melatonin Receptor Agonists										
	Ramelteon	Rozerem		✓			✓			
	Tasimelteon	Hetlioz								✓
AHFS Class 28:24.92 - Anxiolytics, Sedatives, and Hypnotics, Misc.										
	Chloral hydrate	---		✓		✓				
	Dexmedetomidine HCl	Igalmi		✓						✓
AHFS Class 28:32.12 - Calcitonin Gene-Related Peptide Antagonists										
	Atogepant	Qulipta		✓			✓			
	Eptinezumab-jjmr	Vyepti					✓			✓
	Erenumab-aooe	Aimovig Autoinjector					✓			✓
	Fremanezumab-vfrm	Ajovy Autoinjector					✓			
	Galcanezumab-gnlm	Emgality Pen			✓		✓			
	Rimegepant sulfate	Nurtec ODT			✓		✓			✓
	Ubrogepant	Ubrelvy			✓					✓
	Zavegepant HCl	Zavzpret		✓	✓					
AHFS Class 28:32.28 - Selective Serotonin Agonists										
	Almotriptan malate	Axert		✓		✓	✓			
	Eletriptan hydrobromide	Relpax			✓		✓			✓
	Frovatriptan succinate	Frova			✓		✓			✓
	Lasmiditan succinate	Reyvow		✓						
	Naratriptan HCl	Amerge			✓		✓			✓

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By AHFS Therapeutic Class and Drug

AHFS Therapeutic Class and Generic Name		Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
	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		✓				✓		
AHFS Class 28:36.32 - Monoamine Oxidase B Inhibitors										
	Rasagiline mesylate	Azilect						✓		
	Safinamide mesylate	Xadago								✓
	Selegiline	Emsam						✓		
	Selegiline HCl	Zelapar						✓		
AHFS Class 28:40 - Fibromyalgia Agents										
	Milnacipran HCl	Savella						✓		
AHFS Class 28:44 - Amyotrophic Lateral Sclerosis (ALS) Agents										
	Edaravone	Radicava								✓
	Riluzole	Rilutek								✓
	Sod phenylbutyrat/taurursodiol	Relyvrio								✓
AHFS Class 28:56 - Vesicular Monoamine Transport2 Inhibitors										
	Deutetrabenazine	Austedo								✓
	Tetrabenazine	Xenazine								✓
	Valbenazine tosylate	Ingrezza								✓
AHFS Class 28:92 - Central Nervous System Agents, Misc.										
	Dextromethorphan hbr/quinidine	---								✓
	Fezolinetant	Veozah								✓
	Memantine HCl	Namenda XR		✓					✓	
	Memantine HCl/donepezil HCl	Namzaric								✓
AHFS Class 40:10 - Ammonia Detoxicants										
	Glycerol phenylbutyrate	Ravicti								✓
AHFS Class 40:18 - Ion-Removing Agents										
	Sevelamer carbonate	Renvela		✓						✓

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

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
AHFS Class 40:20 - Caloric Agents									
Amino acids 8.5 %/electrolytes	Aminosyn With Electrolytes								✓
Triheptanoin	Dojolvi								✓
AHFS Class 40:28 - Diuretics									
Furosemide	Furoscix								✓
Tolvaptan	Samsca								✓
AHFS Class 40:92 - Electrolytic, Caloric & Water Balance Agents, Misc.									
Burosumab-twza	Crysvita								✓
AHFS Class 44 - Enzymes									
Agalsidase beta	Fabrazyme								✓
Cerliponase alfa	Brineura								✓
Cipaglucosidase alfa-atga	Pombiliti								✓
Collagenase clostridium hist.	Xiaflex								✓
Elosulfase alfa	Vimizim								✓
Pegunigalsidase alfa-iwxj	Elfabrio								✓
Taliglucerase alfa	Elelyso								✓
Vestronidase alfa-vjbk	Mepsevii								✓
AHFS Class 44:04 - Enzyme Inhibitors									
Eliglustat tartrate	Cerdelga								✓
Miglustat	Zavesca								✓
AHFS Class 44:08 - Enzyme Cofactors/Chaperones									
Migalastat HCl	Galafold								✓
Nitisinone	Nityr								✓
Sapropterin dihydrochloride	Kuvan								✓
AHFS Class 48 - Respiratory Tract Agents									
Ambrisentan	Letairis					✓			✓
Benralizumab	Fasenra Pen								✓
Bosentan	Tracleer					✓			✓
Canakinumab/pf	Ilaris								✓
Chlorpheniramine/codeine phos	---				✓	✓		✓	
Codeine phosphate/guaifenesin	Mar-Cof Cg				✓	✓		✓	

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

AHFS Therapeutic Class and Generic Name		Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
	Dextromethorphan hbr	---					✓			
	Elexacaftor/tezacaftor/ivacaft	Trikafta								✓
	Ensifentrine	Ohtuvayre						✓		
	Epoprostenol sodium	---					✓			✓
	Epoprostenol sodium (glycine)	Flolan					✓			
	Hydrocodone bit/homatrop me-br	---				✓	✓		✓	
	Hydrocodone/chlorphen p-stirex	---				✓	✓		✓	
	Iloprost tromethamine	Ventavis					✓			✓
	Ivacaftor	Kalydeco								✓
	Macitentan	Opsumit					✓			✓
	Mepolizumab	Nucala								✓
	Nintedanib esylate	Ofev		✓			✓			✓
	Pirfenidone	Esbriet								✓
	Promethazine HCl/codeine	---				✓	✓		✓	
	Pseudoephed/codeine/guaifen	---							✓	
	Rilonacept	Arcalyst								✓
	Riociguat	Adempas					✓			✓
	Roflumilast	Daliresp						✓		✓
	Selexipag	Uptravi		✓			✓			✓
	Sildenafil citrate	Revatio		✓			✓	✓		✓
	Sotatercept-csrk	Winrevair								✓
	Sparsentan	Filspari								✓
	Tadalafil	Adcirca					✓	✓		✓
	Tezacaftor/ivacaftor	Symdeko								✓
	Tezepelumab-ekko	Tezspire								✓
	Treprostinil	Tyvaso DPI								✓
	Treprostinil diolamine	Orenitram ER					✓			✓
	Treprostinil/neb accessories	Tyvaso Refill Kit								✓
AHFS Class 52 - Eye, Ear, Nose and Throat (EENT) Preps.										
	Aflibercept	Eylea								✓
	Avacincaptad pegol sodium/pf	Izervay								✓

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

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
Brolucizumab-dbll	Beovu								✓
Carteolol HCl	---		✓						
Cenegermin-bkbj	Oxervate								✓
Cetirizine HCl	Zerviate		✓						
Ciprofloxacin HCl/fluocinolone	Otovel								✓
Cocaine HCl	---				✓	✓			
Dexamethasone/pf	---								✓
Diclofenac sodium	Voltaren		✓			✓			
Doxycycline hyclate	Vibramycin		✓						
Faricimab-svoa	Vabysmo								✓
Fluticasone propionate	Xhance								✓
Ketorolac tromethamine	Acular		✓						
Latanoprostene bunod	Vyzulta			✓					
Lotilaner	Xdemvy								✓
Mitomycin	Mitosol				✓				
Mometasone furoate	Sinuva								✓
Pegaptanib sodium	Macugen			✓					✓
Perfluorohexyloctane/pf	Miebo								✓
Teprotumumab-trbw	Tepezza								✓
Verteporfin	Visudyne								✓
AHFS Class 56:04 - Antacids and Adsorbents									
Calcium carbonate	---					✓			
Mag hydrox/aluminum hyd/simeth	---					✓			
AHFS Class 56:08 - Antidiarrhea Agents									
Crofelemer	Mytesi							✓	
Eluxadoline	Viberzi								✓
Telotristat etiprate	Xermelo			✓					✓
AHFS Class 56:12 - Cathartics and Laxatives									
Bisacodyl	Correctol					✓			
Sod picosulf/mag ox/citric ac	Clenpiq				✓				

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By AHFS Therapeutic Class and Drug

AHFS Therapeutic Class and Generic Name		Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
AHFS Class 56:14 - Cholelitholytic Agents										
	Cholic acid	Cholbam								✓
	Obeticholic acid	Ocaliva								✓
AHFS Class 56:16 - Digestants										
	Teduglutide	Gattex								✓
AHFS Class 56:18 - Constipation Therapy										
	Alvimopan	Entereg								✓
	Linaclotide	Linzess								✓
	Methylnaltrexone bromide	Relistor								✓
	Naldemedine tosylate	Symproic		✓						✓
	Naloxegol oxalate	Movantik								✓
	Plecanatide	Trulance		✓						
AHFS Class 56:22 - Antiemetics										
	Aprepitant	Emend								✓
	Dolasetron mesylate	Anzemet								✓
	Doxylamine succinate/vit b6	---								✓
	Fosaprepitant dimeglumine	Emend								✓
	Granisetron	Sancuso			✓					
	Granisetron HCl	Granisol								✓
	Netupitant/palonosetron HCl	Akynzeo								✓
	Ondansetron HCl/pf	---								✓
	Palonosetron HCl	Aloxi								✓
	Prochlorperazine edisylate	---								✓
	Rolapitant HCl	Varubi								✓
AHFS Class 56:28.12 - Histamine H2-Antagonists										
	Cimetidine	Tagamet HB		✓			✓			
	Cimetidine HCl	---					✓			
	Famotidine	Pepcid AC					✓			
	Nizatidine	Axid		✓			✓			
	Ranitidine HCl	Zantac		✓			✓			

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By AHFS Therapeutic Class and Drug

AHFS Therapeutic Class and Generic Name		Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
AHFS Class 56:28.18 - Potassium-Competitive Acid Blockers										
	Vonoprazan fumarate	Voquezna								✓
	Vonoprazan/amoxicillin	Voquezna Dual Pak				✓				
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					✓			
	Esomeprazole strontium	---			✓	✓	✓			
	Lansoprazole	Prevacid		✓			✓			
	Omeprazole	Prilosec		✓			✓			
	Omeprazole magnesium	Prilosec					✓			
	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 56:44 - Immunomodulatory Agents										
	Etrasimod arginine	Velsipity								✓
	Mirikizumab-mrkz	Omvoh Pen								✓
AHFS Class 56:92 - GI Drugs, Miscellaneous										
	Dronabinol	Marinol								✓
	Fecal microbio spore,live-brpk	Vowst								✓
	Fecal microbiota, live-jslm	Rebyota								✓
	Orlistat	Xenical		✓			✓			✓

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By AHFS Therapeutic Class and Drug

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
AHFS Class 64 - Heavy Metal Antagonists									
Deferasirox	Jadenu								✓
Deferiprone	Ferriprox (2 Times A Day)								✓
Penicillamine	Depen							✓	✓
AHFS Class 68:04 - Adrenals									
Beclomethasone dipropionate	Qvar Redihaler						✓		
Budesonide	Uceris		✓				✓		
Ciclesonide	Alvesco						✓		
Dexamethasone	---								✓
Fluticasone furoate	Arnuity Ellipta						✓		
Fluticasone propionate	Flovent HFA						✓		
Levoketoconazole	Recorlev	✓	✓						✓
Mometasone furoate	Asmanex						✓		
Osilodrostat phosphate	Isturisa								✓
Prasterone (dhea)	Intrarosa								✓
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									
Goserelin acetate	Zoladex								✓
Histrelin acetate	Vantas								✓
Leuprolide acetate	Lupron Depot								✓
Relugolix	Orgovyx			✓					✓
Triptorelin pamoate	Trelstar								✓
AHFS Class 68:20.02 - Alpha-Glucosidase Inhibitors									
Acarbose	Precose		✓						
Miglitol	Glyset		✓						

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By AHFS Therapeutic Class and Drug

AHFS Therapeutic Class and Generic Name		Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
AHFS Class 68:20.04 - Biguanides										
	Metformin HCl	Glucophage XR		✓						
AHFS Class 68:20.05 - DPP-4 Inhibitors										
	Linagliptin/metformin	Jentadueto								✓
	Saxagliptin HCl	Onglyza		✓						
	Sitagliptin phosphate	Januvia		✓						
AHFS Class 68:20.06 - GLP-1 Receptor Agonists										
	Dulaglutide	Trulicity					✓			✓
	Exenatide	Byetta					✓			✓
	Exenatide microspheres	Bydureon Bcise					✓		✓	✓
	Liraglutide	Victoza 3-Pak					✓			✓
	Lixisenatide	Adlyxin					✓			✓
	Semaglutide	Ozempic								✓
	Tirzepatide	Mounjaro					✓			✓
AHFS Class 68:20.08 - Insulins										
	Insulin degludec	Tresiba Flextouch U-100					✓			✓
	Insulin degludec/liraglutide	Xultophy 100-3.6					✓			✓
	Insulin detemir	Levemir Flexpen					✓			
	Insulin glargine,hum.rec.anlog	Lantus Solostar					✓			
	Insulin glargine/lixisenatide	Soliqua 100-33					✓			✓
	Insulin regular, human	Afrezza						✓		
AHFS Class 68:20.16 - Meglitinides										
	Nateglinide	Starlix		✓						
	Repaglinide	Prandin		✓						
AHFS Class 68:20.18 - SGLT-2 Inhibitors										
	Canagliflozin/metformin	Invokamet								✓
	Dapaglifloz propaned/metformin	Xigduo XR		✓						✓
	Dapagliflozin/saxagliptin HCl	Qtern			✓				✓	
	Empaglifloz/linaglip/metformin	Trijardy XR			✓					✓
	Empagliflozin/linagliptin	Glyxambi			✓					✓
	Empagliflozin/metformin	Synjardy XR			✓					✓

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By AHFS Therapeutic Class and Drug

AHFS Therapeutic Class and Generic Name		Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
	Ertugliflozin pidolate	Steglatro		✓						
	Ertugliflozin/metformin	Segluromet								✓
	Ertugliflozin/sitagliptin phos	Steglujan			✓				✓	
AHFS Class 68:20.20 - Sulfonylureas										
	Glipizide/metformin	---		✓						
AHFS Class 68:20.28 - Thiazolidinediones										
	Pioglitazone HCl	Actos		✓						
	Rosiglitazone maleate	Avandia		✓						✓
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								✓
	Terlipressin acetate	Terlivaz								✓
AHFS Class 68:29 - Somatostatin Agonists and Antagonists										
	Lanreotide acetate	Somatuline Depot								✓
	Octreotide acetate	Sandostatin								✓
	Octreotide acetate,mi-spheres	Sandostatin LAR Depot								✓
	Pasireotide diaspartate	Signifor								✓
AHFS Class 68:36 - Thyroid and Antithyroid Agents										
	Resmetirom	Rezdiffra								✓
AHFS Class 68:40 - Leptins										
	Metreleptin	Myalept								✓
AHFS Class 68:44 - Renin-Angiotensin-Aldosterone System (RAAS)										
	Angiotensin ii acetate, human	Giapreza								✓
AHFS Class 68:48 - Melanocortin Receptor Antagonists										
	Setmelanotide acetate	Imcivree								✓
AHFS Class 76 - Oxytocics										
	Oxytocin in 5 % dextrose	---								✓

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

AHFS Therapeutic Class and Generic Name	Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
AHFS Class 78 - Radioactive Agents									
Lu-177 vipivotide tetraxetan	Pluvicto								✓
Strontium-89 chloride	Metastron								✓
AHFS Class 80:04 - Antitoxins and Immune Globulins									
Bezlotoxumab	Zinplava								✓
Immun glob g(igg)-hipp/maltose	Cutaquig								✓
Immun glob g(igg)/gly/iga ov50	Gammagard Liquid								✓
Immune globul g/gly/iga avg 46	Gamunex-C								✓
Immune globulin,gamma(igg)klhw	Xembify								✓
AHFS Class 80:12 - Vaccines									
Mening vac a,c,y,w-135 dip/pf	Menactra								✓
Rabies vaccine (pcec)/pf	Rabavert								✓
Varicella-zoster ge/as01b/pf	Shingrix			✓					
Zoster vaccine live/pf	Zostavax			✓					
AHFS Class 84 - Skin and Mucous Membrane Agents									
Abrocitinib	Cibinqo		✓						✓
Acitretin	Soriatane								✓
Acyclovir	Zovirax								✓
Adapalene/benzoyl peroxide	Epiduo Forte								✓
Anacaulase-bcdb	Nexobrid								✓
Baclofen	---		✓						✓
Becaplermin	Regranex								✓
Betamethasone dipropionate	Sernivo				✓				✓
Bexarotene	Targretin			✓					✓
Bimekizumab-bkzx	Bimzelx Autoinjector								✓
Brimonidine tartrate	Mirvaso								✓
Brodalumab	Siliq								✓
Calcipotriene/betamethasone	Enstilar				✓				
Cantharidin	Ycanth								✓
Capsaicin/skin cleanser	Qutenza								✓
Crisaborole	Eucrisa								✓

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

AHFS Therapeutic Class and Generic Name		Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
	Deucravacitinib	Sotyktu		✓						✓
	Diclofenac sodium	Solaraze		✓			✓			✓
	Dimethicone	Derpixa								✓
	Diphenhydramine HCl	---					✓			
	Doxepin HCl	Zonalon		✓				✓		✓
	Dupilumab	Dupixent Pen								✓
	Efinaconazole	Jublia								✓
	Fluorouracil	Fluoroplex								✓
	Gabapentin	Neuraptine								✓
	Guselkumab	Tremfya One-Press								✓
	Halobetasol propionate	Bryhali				✓				
	Isotretinoin	Absorica								✓
	Ivermectin	Soolantra								✓
	Ketoconazole	---				✓				
	Ketoprofen	---		✓						
	Lidocaine	Ztlido			✓					✓
	Lidocaine HCl	Lido-Sorb								✓
	Luliconazole	Luzu								✓
	Mafenide acetate	Sulfamylon								✓
	Mechlorethamine HCl	Valchlor								✓
	Metronidazole	Noritate								✓
	Miconazole nitrate/zinc ox/pet	Vusion								✓
	Naftifine HCl	Naftin							✓	
	Nitroglycerin	Rectiv						✓		
	Ozenoxacin	Xepi				✓				
	Palifermin	Kepivance								✓
	Phenazopyridine HCl	Pyridium				✓				
	Risankizumab-rzaa	Skyrizi Pen								✓
	Roflumilast	Zoryve			✓					✓
	Sirolimus	Hyftor			✓					✓
	Spesolimab-sbzo	Spevigo			✓					✓

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

AHFS Therapeutic Class and Generic Name		Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
	Tapinarof	Vtama			✓					✓
	Tavaborole	Kerydin								✓
	Terbinafine HCl	Lamisil				✓				
	Tildrakizumab-asmn	Ilumya								✓
	Tirbanibulin	Klisyri			✓					
	Tralokinumab-ldrm	Adbry								✓
	Tretinoin	---								✓
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 90:04 - Multiple Sclerosis Agents										
	Alemtuzumab	Lemtrada								✓
	Cladribine	Mavenclad								✓
	Dimethyl fumarate	Tecfidera								✓
	Diroximel fumarate	Vumerity								✓
	Fingolimod HCl	Gilenya								✓
	Fingolimod lauryl sulfate	Tascenso ODT								✓
	Glatiramer acetate	Copaxone								✓
	Interferon beta-1a	Avonex (4 Pack)								✓
	Interferon beta-1b	Betaseron								✓

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

AHFS Therapeutic Class and Generic Name		Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
	Monomethyl fumarate	Bafiertam								✓
	Ocrelizumab	Ocrevus								✓
	Ofatumumab	Kesimpta Pen								✓
	Ozanimod hydrochloride	Zeposia								✓
	Peginterferon beta-1a	Plegridy								✓
	Ponesimod	Ponvory								✓
	Siponimod	Mayzent								✓
	Teriflunomide	Aubagio								✓
	Ublituximab-xiiy	Briumvi								✓
AHFS Class 90:08 - Myasthenia Gravis Agents										
	Efgartigimod alfa-fcab	Vyvgart								✓
	Rozanolixizumab-noli	Rystiggo								✓
	Zilucoplan sodium	Zilbrysq								✓
AHFS Class 90:10 - Alzheimer Disease Agents										
	Lecanemab-irmb	Leqembi								✓
AHFS Class 90:12 - Neuromyelitis Optica Spectrum Disorder Agents										
	Satralizumab-mwge	Enspryng								✓
AHFS Class 90:16 - Bone-Modifying Agents										
	Denosumab	Xgeva								✓
	Romosozumab-aqqg	Evenity (2 Syringes)				✓				✓
AHFS Class 90:20 - Complement Inhibitor Agents										
	Avacopan	---								✓
	Eculizumab	Soliris								✓
	Iptacopan HCl	Fabhalta								✓
	Sutimlimab-jome	Enjaymo								✓
AHFS Class 90:24 - Disease-Modifying Antirheumatic Drugs										
	Abatacept	Orencia Clickject								✓
	Abatacept/maltose	Orencia								✓
	Adalimumab	Humira(Cf) Pen								✓
	Anakinra	Kineret								✓
	Anifrolumab-fnia	Saphnelo								✓

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

AHFS Therapeutic Class and Generic Name		Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
	Apremilast	Otezla								✓
	Baricitinib	Olumiant			✓					
	Belimumab	Benlysta								✓
	Etanercept	Enbrel Sureclick								✓
	Golimumab	Simponi Aria								✓
	Infliximab	Remicade								✓
	Infliximab-abda	Renflexis								✓
	Infliximab-dyyb	Inflectra								✓
	Ixekizumab	Taltz Autoinjector								✓
	Sarilumab	Kevzara								✓
	Secukinumab	Cosentyx Sensoready (2 Pens)								✓
	Tocilizumab	Actemra ACTPen								✓
	Tofacitinib citrate	Xeljanz XR							✓	
	Upadacitinib	Rinvoq								✓
	Ustekinumab	Stelara								✓
	Vedolizumab	Entyvio								✓
	Voclosporin	---								✓
AHFS Class 90:28 - Immunosuppressive Therapy										
	Azathioprine	Imuran								✓
	Cyclosporine	Sandimmune								✓
	Cyclosporine, modified	Neoral								✓
	Mycophenolate mofetil	Cellcept								✓
	Mycophenolate sodium	Myfortic								✓
	Omalizumab	Xolair								✓
	Sirolimus	Rapamune								✓
	Tacrolimus	Envarsus XR								✓
AHFS Class 91:04.12 - Chemotherapy Antidotes/Protectants										
	Glucarpidase	Voraxaze								✓
	Leucovorin calcium	---								✓
	Mesna	Mesnex								✓

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

AHFS Therapeutic Class and Generic Name		Representative Brand Name	Initial Dose	Maximum Dose	Quantity Limit	Duration of Therapy	Duplicate Therapy	Drug-Drug	Step Therapy	Diagnosis Required
AHFS Class 91:04.28 - Neuromuscular Blocking Agent Antidotes										
	Sugammadex sodium	Bridion								✓
AHFS Class 92:18 - Antisense Oligonucleotides										
	Inotersen sodium	Tegsedi								✓
AHFS Class 92:20 - Immunomodulatory Agents										
	Interferon gamma-1b,recomb.	Actimmune								✓
	Methotrexate/pf	---							✓	
	Ocrelizumab-hyaluronidase-ocsq	Ocrevus Zunovo								✓
	Thalidomide	Thalomid								✓
AHFS Class 92:24 - Bone Resorption Inhibitors										
	Alendronate sodium	Fosamax		✓						
	Pamidronate disodium	Aredia								✓
	Zoledronic acid	Zometa								✓
	Zoledronic acid/mannitol-water	Zometa								✓
AHFS Class 92:32 - Complement Inhibitors										
	Icatibant acetate	Firazyr								✓
AHFS Class 92:56 - Protective Agents										
	Dalfampridine	Ampyra		✓						
AHFS Class 92:92 - Other Miscellaneous Therapeutic Agents										
	Aa/mv-mn/dietary,prot supplemn	---								✓
	Belumosudil mesylate	Rezurock								✓
	Cysteamine bitartrate	Procysbi								✓
	Givosiran sodium	Givlaari								✓
	Glutamine	---								✓
	Melatonin/pyridoxine HCl (b6)	Melatonex								✓
	Palovarotene	Sohonos								✓
	Patisiran sodium,lipid complex	Onpattro								✓
	Resvera/chrom/gr.tea/egcg/dig3	---								✓
	Risdiplam	Evrysdi								✓
	Tenapanor HCl	Xphozah								✓
	Vutrisiran sodium	Amvuttra								✓

APPENDIX E

State Funded Pharmacy Programs Utilizing the PACE Program Platform

January - December 2024

COLLABORATIVE INTERAGENCY EFFORTS AMONG PA STATE AGENCIES (9) AND STATE FUNDED PHARMACY PROGRAMS UTILIZING PACE PROGRAM SERVICES, 2024

		SECTION A: ENROLLMENT OUTREACH, ADJUDICATION, AND CUSTOMER SUPPORT					
PROGRAM NAME	AGENCY	ACRONYM	ENROLLEES CY 2024	MEMBER APPLICATION PROCESSING	MEMBER ELIGIBILITY DETERMINATION	MEMBER CUSTOMER SUPPORT	PART D PLAN COORDINATION[1]
PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY	DEPT. OF AGING	PACE	46,783	YES	YES	YES	YES
PHARMACEUTICAL ASSISTANCE CONTRACT FOR THE ELDERLY, NEEDS ENHANCEMENT TIER	DEPT. OF AGING	PACENET	171,071	YES	YES	YES	YES
I. ANCILLARY Rx BENEFIT PROGRAMS							
CHRONIC RENAL DISEASE PROGRAM	DEPT. OF HEALTH	CRDP	4,910	YES	YES	YES	YES
SPECIAL PHARMACEUTICAL BENEFITS PROGRAM, HIV/AIDS	DEPT. OF HEALTH	SPBP1	9,907	YES	YES	YES	YES
SPECIAL PHARMACEUTICAL BENEFITS PROGRAM, MENTAL HEALTH	DEPT. OF HUMAN SERVICES	SPBP2	575			YES	YES
CYSTIC FIBROSIS	DEPT. OF HEALTH	CF	1				
SPINA BIFIDA	DEPT. OF HEALTH	SB	1				
PHENYLKETONURIA DISEASE	DEPT. OF HEALTH	PKU	31				
MAPLE SYRUP URINE DISEASE	DEPT. OF HEALTH	MSUD	2				
PACE CLEARINGHOUSE	PA OFFICE OF THE ATTORNEY GENERAL	PC	23,671	YES	YES	YES	
PA VETERANS HOMES	DEPT. OF MILITARY AND VETERANS AFFAIRS	DMVA	533	YES	YES	YES	YES
65 AND OLDER INCARCERATED	DEPT. OF CORRECTIONS	DOC	2,949			YES	
MEDICAL MARIJUANA ASSISTANCE PROGRAM	DEPT. OF HEALTH	MMAP	2,889			YES	

		SECTION A: ENROLLMENT OUTREACH, ADJUDICATION, AND CUSTOMER SUPPORT (continued)					
PROGRAM NAME	AGENCY	ACRONYM	ENROLLEES CY 2024	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	YES
PHARMACEUTICALS FOR STATE CORRECTIONAL INSTITUTIONS	DEPT. OF CORRECTIONS	DOC	38,079 (avg./mo.)			YES	
BENEFIT OUTREACH AND CLIENT CONTACT	BOARD OF PROBATION AND PAROLE	PBPP	1,199	YES	YES	YES	YES
PHARMACEUTICAL REPORTS	DEPT. OF GENERAL SERVICES	DGS					
OFFICE OF DRUG SURVEILLANCE AND MISUSE PREVENTION	DEPT. OF HEALTH	ODSMP					
INTERAGENCY SUBSTANCE USE RESPONSE TEAM	DEPT. OF HEALTH	ISURT					
GENERAL ASSISTANCE PROGRAM	DEPT. OF HUMAN SERVICES	GA					
NALOXONE PAYMENT ASSISTANCE	DEPT. OF DRUG AND ALCOHOL PROGRAMS	DDAP	2,908 (clients)		YES	YES	
SENIOR FOOD BOX PROGRAM PACE INITIATIVE	DEPT. OF AGRICULTURE	SFBP	1,984 (apps., 01/24 – 9/24)	YES	YES		
COLLABORATIVE RESEARCH	PA HEALTH CARE COST CONTAINMENT COUNCIL	PHC4					
VETERAN OUTREACH	DEPT. OF MILITARY AND VETERANS AFFAIRS AND 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					

Updated February 2025

	SECTION B: CLAIMS ADJUDICATION AND PROVIDER SUPPORT						SECTION C: DUR INTERVENTIONS AND CLINICAL SUPPORT	
	PHARMACY CLAIMS CY 2024	ANNUAL EXPENDITURES CY 2024	PHARMACY CLAIMS ADJUDICATION[2]	PHARMACY NETWORK ENROLLMENT	PROVIDER CUSTOMER SUPPORT	PROVIDER AUDIT SUPPORT	CLINICAL MANAGEMENT	FORMULARY MAINTENANCE
PACE	646,376	$17,055,529	YES	YES	YES	YES	YES	YES
PACENET	2,641,744	$104,101,597	YES	YES	YES	YES	YES	YES
I. ANCILLARY Rx BENEFIT PROGRAMS								
CRDP	22,444	$546,562	YES	YES	YES	YES	YES	YES
SPBP1	170,644	$126,336,136	YES	YES	YES	YES	YES	YES
SPBP2	2,682	$204,668	YES	YES	YES	YES	YES	YES
CF	0	$0	YES	YES	YES			YES
SB	9	$497	YES	YES	YES			YES
PKU	178	$117,951	YES	YES	YES			YES
MSUD	32	$29,022	YES	YES	YES			YES
PC	5,155	$346,376.24	YES	YES	YES		YES	YES
DMVA	6,780	$228,559	YES	YES	YES			
DOC (65 AND OLDER)	181,051	$8,144,132	YES		YES	YES		YES
MMAP	9,185	$595,660	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 2024	ANNUAL EXPENDITURES CY 2024	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)	-	$93,016,739 (Diamond)	YES	YES	YES	YES	YES	YES
PBPP								
DGS								
ODSMP							YES	
ISURT							YES	
GA								
DDAP	4,240	$75,170	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
ISURT – INTERAGENCY SUBSTANCE USE RESPONSE TEAM, 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

Updated February 2025

	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
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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
ISURT					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
ODSMP – OFFICE OF DRUG SURVEILLANCE AND MISUSE PREVENTION
ISURT – INTERAGENCY SUBSTANCE USE RESPONSE TEAM, OPIOID INTERVENTIONS
GA – GENERAL ASSISTANCE PROGRAM
DDAP – DEPT. OF DRUG AND ALCOHOL PROGRAMS
SFBP – SENIOR FOOD BOX PROGRAM, PACE INITIATIVE
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Updated February 2025