MILLIMAN WHITE PAPER

High-spend drug trends in Utah

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Milliman

Pharmacy spending in the United States has increased 58% over the past 10 years from 2012 to 2022.[1] Much of this trend is driven by specialty drugs[2], as well as the introduction and growing utilization of novel treatments such as glucagon-like peptide-1 (GLP-1) agonists for weight loss and diabetes, and new and drug pipeline therapies for Alzheimer's disease and nonalcoholic steatohepatitis (NASH).[3]

In 2024, the One Utah Health Collaborative (the Collaborative) initiated an analysis of the historical usage of high-spend drugs in Utah and to identify the chronic conditions and potential biosimilars for these drugs with historical high spend. The purpose of this report is to provide an overview of the prescription drug market and growth of drug expenditures over time. The Collaborative engaged Milliman to conduct this analysis and the findings are detailed in this report.

The national prescription drug market has experienced significant growth over the past decade, driven in part by the introduction of new, high-cost medications designed to treat complex and chronic conditions. According to data from the Centers for Medicare & Medicaid Services (CMS), prescription drug spending in the United States reached approximately $405.9 billion in 2022, representing a substantial increase from previous years.[4] This surge in spending is largely attributed to specialty drugs, which, despite accounting for a smaller volume of prescriptions, represent a significant portion of total drug expenditures due to their high costs. While there is no standard definition of a specialty drug, they often include treatments for conditions such as cancer, rheumatoid arthritis, and multiple sclerosis, which require complex manufacturing processes and extensive clinical trials whereas non-specialty drugs are generally lower cost and treat more common conditions.

The distribution of drug spending has evolved over time, and recent legislative efforts have aimed to address the rising costs. The Inflation Reduction Act of 2022, for example, included provisions for Medicare to negotiate prices for certain high-cost drugs, potentially leading to reduced expenditures for both patients and the healthcare system.[5] There were 10 drugs selected for negotiation of 2026 pricing and CMS published lower negotiated costs for these drugs, ranging from 38 to 79% discounts compared to 2023 list prices.[6] Additionally, the introduction and adoption of biosimilars—biological products that are highly similar to already approved reference products—offer a promising avenue for curbing drug spending. Biosimilars can provide a cost-effective alternative to high-cost biologics because they may cost less to develop as compared to the originator biologic[7], and their increased market presence could drive down prices through competition.[8] However, the extent to which biosimilars and other alternative drug substitutions can mitigate overall drug expenditures remains contingent on market dynamics, regulatory policies, and payer strategies.

[1] Statistica. Prescription drug expenditure in the United States from 1960 to 2024. Retrieved March 12, 2025 from https://www.statista.com/statistics/184914/prescription-drug-expenditures-in-the-us-since-1960/
[2] Specialty drugs are high-cost prescription medications that are used to treat complex or chronic conditions.
[3] Anderson, B., Bayram, R., Dressler, A., et al. (Commercial drug trends: 2024 release). Retrieved March 12, 2025 from https://www.milliman.com/en/insight/commercial-drug-trends-2024
[4] Centers for Medicare & Medicaid Services (CMS). (2022). National Health Expenditure Data. Retrieved December 2, 2024 from https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData
[5] U.S. Department of Health and Human Services. (2023). HHS Selects the First Drugs for Medicare Drug Price Negotiation. Retrieved December 2, 2024 from https://www.hhs.gov/about/news/2023/08/29/hhs-selects-the-first-drugs-for-medicare-drug-price-negotiation.html
[6] https://www.cms.gov/files/document/fact-sheet-negotiated-prices-initial-price-applicability-year-2026.pdf
[7] Retrieved April 7, 2025 from https://www.gabionline.net/reports/comparison-of-the-cost-of-development-of-biologicals-and-biosimilars
[8] U.S. Food and Drug Administration (FDA). (2021). Biosimilar Development, Review, and Approval. Retrieved December 2, 2024 from https://www.fda.gov/drugs/biosimilars/biosimilar-development-review-and-approval

Utah Landscape Study

The following is a summary of historical gross cost (which excludes drug rebates and other post claim payment price concessions) and utilization of drugs filled by pharmacies and administered by health care professionals in the state of Utah. The summary is based on the Utah All-Payer Claims Database (APCD), for commercial markets (2022-2023 data available, Medicaid markets (2021-2022 data available including Medicaid FFS, Medicaid accountable care organization, and Medicaid Children's Health Insurance Program data), and the Centers for Medicare and Medicaid Services (CMS) 100% Research Identifiable Files (RIF) for Medicare (2021-2022 data available). In this section, we review the historical experience and trends for the top 25 drugs by total gross spend within Utah, segmented by market and year for the most recent two years in which we had completed data available. The reported total allowed amounts are gross dollars and do not include available drug rebates which can have a significant impact on the net cost of the drug. Drug rebates for some of the top drugs in Medicaid have been estimated to be over 60%.[9] This is achieved through both statutory rebate requirements within the Medicaid Drug Rebate Program, and supplemental rebates negotiated by each state Medicaid program. There are substantial rebate opportunities for payers in both the Commercial and Medicare lines of business as well, however there is no statutory rebate requirement, and each payer must rely solely on their ability to negotiate with the drug manufacturers. Payers will most often manage their drug formularies to prefer the drugs with the lowest net cost in each therapeutic category which may mean preferring to cover higher gross cost drugs that have a negotiated drug rebate that makes them overall less expensive to the payer on a net cost basis.

The Commercial and Medicaid results from the APCD include both pharmacy and office administered drugs to provide a comprehensive overview of drug expenditures and explore potential opportunities for implementing cost-effective alternatives. Full details for all 25 top drugs are included in the appendices, and the top 5 drugs for Utah by line of business are shown below in Tables 1 - 3. In the table, PMPM is defined as the amount of gross cost divided by the number of members enrolled in the plan during the reported time period.

Table 1 Top 5 Drugs by Total Allowed Amount – Utah 2023 Commercial

RANK	DRUG NAME	TOTAL ALLOWED - 2023 ($M)	TOTAL SCRIPTS - 2023	ALLOWED PMPM - 2023	2023/2022 PMPM TREND
1	HUMIRA	$ 164.2	21,062	$8.68	8%
2	STELARA	$ 72.3	3,096	$3.82	25%
3	TRIKAFTA	$ 60.5	2,505	$3.20	30%
4	TRULICITY	$ 59.3	58,951	$3.14	19%
5	ENBREL	$ 54.3	7,814	$2.87	3%

Table 2 Top 5 Drugs by Total Allowed Amount – Utah 2022 Medicaid

RANK	DRUG NAME	TOTAL ALLOWED - 2022 ($M)	TOTAL SCRIPTS - 2022	ALLOWED PMPM - 2022	2022/2021 PMPM TREND
1	HUMIRA	$ 26.2	3,830	$2.43	14%
2	INVEGA	$ 20.0	8,246	$1.85	16%
3	LATUDA	$ 13.9	9,822	$1.29	3%
4	SUBOXONE	$ 12.7	36,816	$1.17	-9%
5	LYRICA	$ 12.1	20,907	$1.12	10%

Table 3 Top 5 Drugs by Total Allowed Amount – Utah 2022 Medicare

[9] Estimates of Medicaid and Non-Medicaid Net Prices of Top-Selling Brand-name Drugs Incorporating Best Price Rebates, 2015 to 2019 | Health Policy | JAMA Health Forum | JAMA Network. Retrieved March 12, 2025 from https://jamanetwork.com/journals/jama-health-forum/fullarticle/2800317

RANK	DRUG NAME	TOTAL ALLOWED - 2022 ($M)	TOTAL SCRIPTS - 2022	ALLOWED PMPM - 2022	2022/2021 PMPM TREND
1	ELIQUIS	$ 89.6	102,934	$22.88	17%
2	TRULICITY	$ 39.5	29,901	$10.09	24%
3	XARELTO	$ 37.2	38,880	$9.51	6%
4	REVLIMID	$ 36.9	2,084	$9.43	11%
5	JARDIANCE	$ 30.0	28,066	$7.66	48%

Table 1 -3 Notes:
Top 5 drugs ranked by total allowed amount from claims with dates of service in 2023 (Commercial) and 2022 (Medicaid and Medicare)
Drugs reported on pharmacy and medical claims were included for Commercial and Medicaid lines of business.

Tables 1, 2, and 3 summarize the top five drugs by total allowed amounts for the most recent year of claims data in our analysis of Utah's APCD for Commercial, Medicaid, and Medicare respectively. There are some similarities and notable findings to point out when reviewing the lists across the three lines of business.

- Drugs for inflammatory conditions continue to drive overall pharmacy spend.
    - Humira continues to show year-over-year growth and is firmly the drug with the highest total spend in the commercial and Medicaid lines of business. Humira also commands significant portion of Medicare pharmacy spending ranking 6th in total allowed amount in Medicare. The market has seen the introduction of numerous biosimilars to Humira which launched in early 2023 which could reduce the overall cost for the inflammatory conditions class.
    - Other specialty drugs indicated for inflammatory conditions include Stelara, Enbrel, Skyrizi, Cosentyx, Rinvoq, Cimzia, and Entyvio which all appear in the top 25 drugs by allowed amount. In the commercial line of business there were notable increases in the PMPM for Skyrizi (71%) and Rinvoq (78%) from 2022 to 2023. This was driven by both utilization and unit cost increases and may signal continued growth of these medications in the inflammatory condition class.
- GLP-1 medications indicated for diabetes have seen tremendous utilization growth.
    - Each line of business has at least one GLP-1 medication listed in their respective top 25 drug lists. Trulicity, Ozempic, and Mounjaro have all seen significant year over year growth primarily driven by a growth in utilization.
    - Victoza, which is a GLP-1, has recently had a generic alternative become available. However, Victoza has had a year over year reduction in cost PMPM driven by reduced utilization. The largest utilization growth in the GLP-1 class has been Ozempic and Mounjaro which would reduce the impact the Victoza generic would have on overall costs if this trend continues.
    - Some of the GLP-1s have seen expanded indications beyond improving glycemic control in type 2 diabetes, including reducing the risk of cardiovascular events and kidney disease for patients with comorbid disease. These expanded indications have moved GLP-1s to first line treatment for patients with these complications.[10]
    - GLP-1 medications also can lead to weight loss. Ozempic and Mounjaro both have been shown to significantly reduce weight in patients using them for the treatment of diabetes. This has likely led to the rapid growth in utilization of the GLP-1 class of medications due to the high prevalence of comorbid diabetes and patients who are overweight or obese.
- Other notable drugs:
    - Dupixent - Dupixent continues to see year-over-year increase in unit cost and utilization primarily in the commercial and Medicaid markets as it gains new FDA approved indications. Dupixent is now FDA indicated to treat asthma, atopic dermatitis, chronic rhinosinusitis, eosinophilic esophagitis, prurigo nodularis and most recently chronic obstructive pulmonary disease.
    - Eliquis and Xarelto - Anticoagulants (blood clot prevention) drugs continue to top the list and drive pharmacy spend in Medicare. Eliquis and Xarelto are the number one and number three drugs in the top pharmacy allowed amount for 2022. Both Eliquis and Xarelto were selected in the initial ten drugs for CMS price negotiation for CY 2026.[11]
    - Mental health drugs – Eight of the top 25 drugs by allowed amount in Medicaid are primarily indicated for mental health conditions including schizophrenia, ADHD, and major depression. Note that it is common for payers to not tightly manage mental health drugs due to reasons such as Medicare protected classes or mandated coverage requirements.
    - Insulin – At least one type of insulin ranks among the top 25 drugs by total allowed amount in each line of business. We saw many insulins take significant price decreases in 2023 and 2024, and additional biosimilars were launched for some of the most utilized insulins.

[10] Samson, Susan L. et al., American Association of Clinical Endocrinology Consensus Statement: Comprehensive Type 2 Diabetes Management Algorithm – 2023 Update. Retrieved on March 12, 2025, from https://www.endocrinepractice.org/article/S1530-891X(23)00034-4/fulltext
[11] CMS Newsroom. Retrieved on March 12, 2025 from https://www.cms.gov/newsroom/fact-sheets/medicare-drug-price-negotiation-program-negotiated-prices-initial-price-applicability-year-2026

Cost Containment Opportunities

In this section, we will explore potential cost containment opportunities for payers and providers in Utah by focusing on three high-spend drug categories: Blood Clot Prevention drugs, Type 2 Diabetes drugs, and Inflammatory Condition drugs. Cost containment activities include efforts to manage either the utilization or unit cost of drugs. It is also important to note that the pricing dynamics may vary between the different lines of business which may result in differences in effective cost containment activities by line of business. Typical cost containment opportunities could include adjusting plan design to incentivize appropriate utilization, utilization management strategies (prior authorization, quantity limits, step therapy, etc.), negotiating improved rebates and discounts, site-of-service for office administered drugs, etc. While these are important cost containment strategies, the scope of this paper focuses on the cost containment strategy of identifying and increasing utilization of lower cost drug alternatives. When addressing cost containment strategies for specific drugs, note that these other strategies may also apply.

By identifying lower-cost alternatives such as biosimilars or other clinically appropriate substitutes within these categories, we aim to highlight areas where significant savings can be achieved as additional alternatives become available or through other strategies. The analysis will be informed by the historical data and trends discussed in the previous section, providing actionable insights for stakeholders looking to manage prescription drug costs more effectively. The availability of drug rebates impact the amount of savings opportunities that are achievable for payers. Realized payer savings may reduce out of pocket expenses for patients but in some cases where the patient has a fixed copay, or no copay in the case of Medicaid, it may not make translate to out-of-pocket drug savings for individual patients.

BLOOD CLOT PREVENTION DRUGS

Blood clot prevention drugs such as Eliquis (apixaban) and Xarelto (rivaroxaban) are critical for patients at risk of stroke and other clot-related conditions. Despite their importance, these medications can be costly.

As mentioned above, CMS has added Eliquis and Xarelto to the Medicare Price Negotiation Program where the negotiated price is a 56% and 62% discount from the manufacturer list price respectively.[12] These negotiated discounted prices are based on the gross cost of each medication and would not consider rebates that payers may already have negotiated and are receiving for these drugs. This could likely reduce the overall impact to net cost that the negotiated prices would have. Eliquis likely will not have a generic formulation until 2028.[13] The FDA recently approved a generic for Xarelto 2.5mg tablets on March 4, 2025[14] . The remaining strengths of Xarelto may have patent protection beyond 2025.

TYPE 2 DIABETES DRUGS

The management of Type 2 Diabetes often involves the use of expensive medications such as GLP-1 medications including Trulicity (dulaglutide), Ozempic (semaglutide), and Mounjaro (tirzepatide) as well as SGLT-2 medications such as Jardiance (empagliflozin). These drugs are crucial for controlling blood sugar levels and preventing complications, but their high costs can be a burden. We have seen sustained utilization growth of GLP-1 medications because of their expanded indications and ability to help patients achieve diabetic and weight loss goals. You can find a comprehensive review of GLP-1 trends and strategies in a recently published paper commissioned by One Utah Health Collaborative.

While utilization is growing for the GLP-1 class, insulin still remains an important treatment option for diabetes[15]. The insulin class has seen material gross cost decreases in the last two years. Some of the most utilized insulin products, Lantus, Novolog, and Humalog, each which are on the top 25 drug lists, currently have biosimilar versions available. The biosimilar versions offered a lower gross cost option than the original branded product. We have also seen that many of the insulin products reduced their gross costs starting in late 2023 and throughout 2024. We saw that Eli Lilly, Novo Nordisk, and Sanofi makers of insulins, reduced the price of their insulins by as

[12] CMS Newsroom. Retrieved on March 12, 2025 from Medicare Drug Price Negotiation Program: Negotiated Prices for Initial Price Applicability Year 2026 | CMS
[13] Bristol Myers Squibb. Retreived on March 12, 2025 from https://news.bms.com/news/details/2021/The-Bristol-Myers-Squibb-Pfizer-Alliance-is-pleased-with-the-decision-by-the-U.S.-Court-of-Appeals-for-the-Federal-Circuit-upholding-the-Eliquis-Patents/default.aspx
[14] FDA. FDA Roundup: March 4, 2025. Retrieved March 12, 2025 from https://www.fda.gov/news-events/press-announcements/fda-roundup-march-4-2025
[15] American Diabetes Association, Diabetes Standards of Care. Retrieved on April 14, 2025 from https://diabetesjournals.org/care/article/48/Supplement_1/S181/157569/9-Pharmacologic-Approaches-to-Glycemic-Treatment

much as 78%.[16] Both the launch of biosimilars and gross cost reduction for insulin products will likely drive significant gross cost decreases for many payers.

Cost containment opportunities in this category include promoting the use of generic versions where available and exploring therapeutic substitutions that offer similar efficacy at lower prices. Additionally, value-based purchasing agreements that tie reimbursement to clinical outcomes can help ensure that expenditures are aligned with the therapeutic benefits provided.

INFLAMMATORY CONDITION DRUGS

Drugs used to treat inflammatory conditions, such as Humira (adalimumab) and Stelara (ustekinumab), represent a significant portion of drug spending due to their high costs and widespread use in treating autoimmune diseases like rheumatoid arthritis and psoriasis. The introduction and adoption of biosimilars offer a promising avenue for cost savings. For example, biosimilars for Humira can provide substantial savings while maintaining therapeutic efficacy. Encouraging the use of biosimilars through formulary management and provider education can likely help reduce spending in this drug class without compromising patient outcomes. Table 4 below lists the currently available biosimilars to Humira, including the manufacture list price for similar doses and forms, and how it compares to Humira.

Table 4 Humira (adalimumab) Biosimilars Manufacturer List Price Comparison

PRODUCT NAME	DRUG LIST PRICE	DISCOUNT FROM HUMIRA	PRODUCT NAME	DRUG LIST PRICE	DISCOUNT FROM HUMIRA
Abrilada (Low WAC)	$1,038	-85%	Amjevita (Low WAC)	$3,288	-53%
Abrilada (High WAC)	$6,576	-5%	Cyltezo	$6,576	-5%
Adalimumab-aacf	$899	-87%	Hadlima	$1,038	-85%
Adalimumab-aaty	$1,038	-85%	Hulio	$6,576	-5%
Adalimumab-adaz	$1,315	-81%	Humira	$6,923	0%
Adalimumab-adbm (Low WAC)	$1,315	-81%	Hyrimoz (High WAC)	$6,576	-5%
Adalimumab-adbm (High WAC)	$3,750	-46%	Hyrimoz (Low WAC)	$1,300	-81%
Adalimumab-fkjp	$995	-86%	Simlandi	$1,038	-85%
Adalimumab-ryvk	$3,750	-46%	Yuflyma	$6,577	-5%
Amjevita (High WAC)	$6,577	-5%	Yusimry	$995	-86%

Notes:
Drug List Price based on Wholesale Acquisition Cost (WAC) for adalimumab products effective on 3/6/2025
Discount from Humira is calculated by comparing similar strength and dosage forms and may differ based on the specific formulation for each product
Drugs that have an adalimumab version with a low list price and a high list price are referred to as "Low WAC" and "High WAC" in the figure

As the table depicts, there are biosimilar versions to Humira that are an 85% or more discount from the gross cost of Humira. Humira likely has considerable rebates offered in each line of business. Therefore, the list price discount may not directly translate to net cost savings for payers but may impact patient out of pocket expenses such as lowering any required co-insurance that is based on the gross cost of the drug.

By focusing on these three drug categories, stakeholders can identify and implement cost containment opportunities that address the most significant areas of prescription drug spending. This approach ensures that resources are optimized while maintaining access to necessary and effective treatments. The final number of drug categories included in our analysis may vary based on the data, and confirming the opportunity for savings per drug category would require further evaluation by each payer, considering factors such as rebates and market dynamics.

Methodology and Assumptions

Results for this report were constructed using a variety of data sources. The Collaborative initiated the analysis which was conducted by Milliman using two large research databases.

- Medicare data: 2021 and 2022 CMS 100% Research Identifiable Files (RIF) for Medicare

[16] Fierce Pharma. Retrieved on April 19, 2025 from https: https://www.fiercepharma.com/pharma/impetus-behind-lilly-novo-and-sanofis-insulin-price-cuts-explained-report

  - CMS 100% Medicare RIF contains detailed administrative claims data for all patients covered by Medicare Part D in Utah, including Medicare Advantage plans and standalone Prescription Drug Plans.
- Commercial data 2022-2023 and Medicaid data: 2021-2022 Utah All-Payer Claim Database (APCD) using summaries provided by the Collaborative.

  Milliman used the APCD summaries provided by the One Utah Health Collaborative for Medicaid and commercial results and the CMS 100% RIF for the Medicare results. All drug claims and medical claims for physician administered drugs were included. NDCs and HCPCS were mapped to a drug name to be grouped together and included in the summary tables above. Milliman did not analyze cost and utilization for drugs purchased by the patient outside of their insurance coverage.

  The allowed cost results are net of the inherent discount included in the drug record, but no adjustment for possible manufacturer rebates or other discounts were made. Drug rebates offered by the drug manufacturers substantially reduce net drug costs to the payer and is factored into the coverage decisions payers make when developing their drug formulary strategy. This can result in payers preferring drugs that have a higher gross cost but have a lower net cost through drug rebates.

Caveats

The material in this report represents the opinion of the authors and is not representative of the view of Milliman. As such, Milliman is not advocating for, or endorsing, any specific views contained in this report related to high spend drugs or clinically effective drug substitutions.

The information in this report is designed to provide the One Utah Health Collaborative with an overview of high spend drugs in Utah, including historical cost and utilization. This information may not be appropriate, and should not be used, for other purposes. Milliman does not intend this information to benefit any third party that receives this work product. Any third-party recipient of this report that desires professional guidance should not rely upon this report alone but should engage qualified professionals for advice appropriate to their specific needs.

Milliman has relied upon certain data and information for this purpose and reviewed the data for reasonability, but did not perform a detailed data audit. To the extent that the data and information provided are not accurate, or are not complete, the values provided in this report may likewise be inaccurate or incomplete.

Milliman's data and information reliance includes:

- 2021 and 2022 CMS 100% Research Identifiable Files (RIF) for Medicare,
- 2021, 2022, and 2023 data from Utah's All Payer Claims Database (APCD) using summaries provided by the Collaborative, and
- Published papers, reports and articles cited throughout the report.

The American Academy of Actuaries requires its members to identify their credentials in their work product. Brent Jensen is a consulting actuary of Milliman, a member of the American Academy of Actuaries, and meets the qualification standards of the Academy to render the actuarial opinion contained herein. To the best of the authors' knowledge and belief, this report is complete and accurate and has been prepared in accordance with generally recognized and accepted actuarial principles and practices.

Appendix

Appendix 1 State of Utah Top 25 Drugs – 2023 Commercial Total Allowed with Alternatives (as of date of publication)

Therapeutic Alternatives are intended to provide examples of potentially lower cost alternatives and should be reviewed for clinical appropriateness.

Rank	Drug Name	Total Allowed ($M)	Allowed PMPM	PMPM YOY Trend	Biosimilar or Generic Available?	Chronic Condition	Biosimilar (Generic)	Therapeutic Alternatives
1	HUMIRA	$ 164.2	$8.68	8%	Y	Inflammatory Conditions	Abrilada, adalimumab, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Simlandi, Yuflyma	Multiple*
2	STELARA	$ 72.3	$3.82	25%	N	Inflammatory Conditions		Multiple*
3	TRIKAFTA	$ 60.5	$3.20	30%	N	Cystic Fibrosis		Kalydeco, Orkambi, Symdeko
4	TRULICITY	$ 59.3	$3.14	19%	N	Type 2 Diabetes		Byetta, Bydureon, Mounjaro, Ozempic, Rybelsus, *Victoza*
5	ENBREL	$ 54.3	$2.87	3%	N	Inflammatory Conditions		Multiple*
6	DUPIXENT	$ 44.8	$2.37	39%	N	Respiratory, skin, and nasal inflammatory conditions		Cinqair, Fasenra, Nucala, Tezspire, Xolair
7	JARDIANCE	$ 35.1	$1.86	29%	N	Type 2 Diabetes		*Farxiga*, Invokana, Steglatro
8	SKYRIZI	$ 35.1	$1.86	71%	N	Inflammatory Conditions		Multiple*
9	OZEMPIC	$ 33.5	$1.77	86%	N	Type 2 Diabetes		Byetta, Bydureon, Mounjaro, Rybelsus, Trulicity, *Victoza*
10	COSENTYX	$ 31.5	$1.66	24%	N	Inflammatory Conditions		Multiple*
11	RINVOQ	$ 30.0	$1.59	78%	N	Inflammatory Conditions		Multiple*
12	TYSABRI	$ 28.0	$1.48	-5%	N	Multiple Sclerosis		Briumvi, Kesimpta, Lemtrada, Ocrevus
13	ELIQUIS	$ 24.5	$1.30	20%	N	Treat and prevent blood clots		*Pradaxa*, *warfarin*, Xarelto
14	NOVOLOG	$ 24.1	$1.27	1%	Y	Diabetes	insulin aspart	*Humalog*
15	CIMZIA	$ 22.9	$1.21	5%	N	Inflammatory Conditions		Multiple*
16	OCREVUS	$ 22.8	$1.21	17%	N	Multiple Sclerosis		Briumvi, Kesimpta, Lemtrada, Tysabri
17	VYVANSE	$ 20.9	$1.10	4%	Y	ADHD	lisdexamfetamine	*Adderall, Concerta,* Dyanavel XR, Adzenys XR, Evekeo, Zenzedi, Desoxyn
18	ENTYVIO	$ 19.9	$1.05	6%	N	Inflammatory Conditions		Multiple*
19	FARXIGA	$ 19.0	$1.01	50%	Y	Type 2 Diabetes	dapagliflozin	Jardiance, Invokana, Steglatro
20	BIKTARVY	$ 18.5	$0.98	25%	N	HIV		*Atripla*, Complera, Delstrigo, Odefsey, Symfi, Triumeq, Trizivir
21	MOUNJARO	$ 17.7	$0.94	1216%	N	Type 2 Diabetes		Byetta, Bydureon, Ozempic, Rybelsus, Trulicity, *Victoza*
22	LANTUS	$ 16.7	$0.88	3%	Y	*Diabetes*	Basaglar, insulin glargine, Rezvoglar, Semglee	*Toujeo, Tresiba*
23	XOLAIR	$ 16.4	$0.87	15%	N	Respiratory, skin, and nasal inflammatory conditions		Cinqair, Dupixent, Fasenra, Nucala, Tezspire
24	DESCOVY	$ 13.8	$0.73	9%	N	HIV		Cabenuva, Cimduo, Combivir, Dovato, Epzicom, Evotaz, Juluca, *Kaletra*, Prezcobix, *Truvada*
25	HUMALOG	$ 13.7	$0.73	7%	Y	Diabetes	Admelog, insulin lispro	*Novolog*

Notes:
Top 25 drugs ranked by total allowed amount from pharmacy claims with dates of service in 2023
Drug list excludes non-drug products including glucometers and insulin delivery devices
The list of therapeutic alternatives is not exhaustive and there are additional approved medications that may be appropriate to treat the chronic condition(s) listed
The listed therapeutic alternatives may not be clinically appropriate for all patients as individual responses to treatment varies.

Therapeutic alternatives in italics have a generic formulation available as of March 2025
See Appendix 4 for list of inflammatory conditions therapeutic alternatives

Appendix 2 State of Utah Top 25 Drugs - 2022 Medicaid Total Allowed with Alternatives (as of date of publication)

Therapeutic Alternatives are intended to provide examples of potentially lower cost alternatives and should be reviewed for clinical appropriateness.

Rank	Drug Name	Total Allowed ($M)	Allowed PMPM	PMPM YOY Trend	Biosimilar or Generic Available?	Chronic Condition	Biosimilar (Generic)	Therapeutic Alternatives
1	HUMIRA	$ 26.2	$2.43	14%	Y	Inflammatory Conditions	Abrilada, adalimumab, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Simlandi, Yuflyma	Multiple*
2	INVEGA	$ 20.0	$1.85	16%	N	Schizophrenia		*Abilify*, Aristada, Perseris, *Risperdal*, Ulzedy, *Zyprexa*
3	LATUDA	$ 13.9	$1.29	3%	Y	Schizophrenia, Bipolar Depression	lurasidone	*Abilify*, Aristada, Perseris, *Risperdal*, Ulzedy, *Zyprexa*
4	SUBOXONE	$ 12.7	$1.17	-9%	Y	Opioid Use Disorder	buprenorphine/naloxone	Brixadi, Sublocade, Zubsolv
5	LYRICA	$ 12.1	$1.12	10%	Y	Neuropathic Pain	pregabalin	*Neurontin*
6	TRIKAFTA	$ 11.8	$1.10	27%	N	Cystic Fibrosis		Kalydeco, Orkambi, Symdeko
7	TRULICITY	$ 9.7	$0.90	43%	N	Type 2 Diabetes		Byetta, Bydureon, Mounjaro, Ozempic, Rybelsus, *Victoza*
8	VRAYLAR	$ 9.4	$0.87	31%	Y	Bipolar, Schizophrenia, Major Depression	lurasidone	Caplyta, *Geodon, Latuda*
9	VYVANSE	$ 8.5	$0.79	4%	Y	ADHD	lisdexamfetamine	*Adderall, Concerta,* Dyanavel XR, Adzenys XR, Evekeo, Zenzedi, Desoxyn
10	BIKTARVY	$ 8.3	$0.78	13%	N	HIV		*Atripla*, Complera, Delstrigo, Odefsey, Symfi, Triumeq, Trizivir
11	CONCERTA	$ 8.2	$0.76	6%	Y	ADHD	methylphenidate ER	*Adderall*, Dyanavel XR, Adzenys XR, Evekeo, Zenzedi, Desoxyn
12	ADDERALL	$ 7.7	$0.72	12873%	Y	ADHD	amphetamine/dextroamphetamine IR/ER	*Concerta*, Dyanavel XR, Adzenys XR, Evekeo, Zenzedi, Desoxyn
13	MAVYRET	$ 7.6	$0.71	-2%	N	Hepatitis C		*Epclusa, Harvoni, Sovaldi, Vosevi, Zepatier*
14	ABILIFY	$ 7.5	$0.70	16%	Y	Bipolar, Schizophrenia, Major Depression	aripiprazole	Aristada, Rexulti
15	STELARA	$ 7.3	$0.68	23%	N	Inflammatory Conditions		Multiple*
16	HEMLIBRA	$ 6.9	$0.64	1%	N	Hemophilia A		Antihemophilia Factor 8 Products
17	SUBLOCADE	$ 6.5	$0.60	39%	Y	Opioid Use Disorder	buprenorphine/naloxone	Brixadi, *Suboxone*, Zubsolv
18	ENBREL	$ 6.5	$0.60	-11%	N	Inflammatory Conditions		Multiple*
19	ARISTADA	$ 5.9	$0.55	3%	N	Bipolar, Schizophrenia, Major Depression		*Abilify*, Rexulti
20	ELIQUIS	$ 5.5	$0.51	14%	N	Treat and prevent blood clots		*Pradaxa, warfarin*, Xarelto
21	DUPIXENT	$ 4.6	$0.43	57%	N	Respiratory, skin, and nasal inflammatory conditions		Cinqair, Fasenra, Nucala, Tezspire, Xolair
22	SOFOSBUVIR/VE	$ 4.5	$0.42	33%	Y	Hepatitis C	*(generic for Epclusa)*	*Harvoni, Sovaldi, Vosevi, Zepatier*
23	SABRIL	$ 4.5	$0.42	45%	Y	Seizures	vigabatrin	Sabril indicated for treatment refractory seizures. Thereaputic alternatives limited.
24	BASAGLAR	$ 4.3	$0.40	-9%	Y	Diabetes	*(biosimilar for Lantus)*	*Toujeo, Tresiba*
25	JARDIANCE	$ 3.5	$0.33	50%	N	Type 2 Diabetes		*Farxiga*, Invokana, Steglatro

Notes:
Top 25 drugs ranked by total allowed amount from pharmacy claims with dates of service in 2022
Drug list excludes non-drug products including glucometers and insulin delivery devices
The list of therapeutic alternatives is not exhaustive and there are additional approved medications that may be appropriate to treat the chronic condition(s) listed
The listed therapeutic alternatives may not be clinically appropriate for all patients as individual responses to treatment varies.

Therapeutic alternatives in italics have a generic formulation available as of March 2025
See Appendix 4 for list of inflammatory conditions therapeutic alternatives

Appendix 3 State of Utah Top 25 Drugs - 2022 Medicare Pharmacy Allowed with Alternatives (as of date of publication)

Therapeutic Alternatives are intended to provide examples of potentially lower cost alternatives and should be reviewed for clinical appropriateness.

Rank	Drug Name	Total Allowed ($M)	Allowed PMPM	PMPM YOY Trend	Biosimilar or Generic Available?	Chronic Condition	Biosimilar (Generic)	Therapeutic Alternatives
1	ELIQUIS	$ 89.6	$22.88	17%	N	Treat and prevent blood clots		*Pradaxa, warfarin,* Xarelto
2	TRULICITY	$ 39.5	$10.09	24%	N	Type 2 Diabetes		Byetta, Bydureon, Mounjaro, Ozempic, Rybelsus, *Victoza*
3	XARELTO	$ 37.2	$9.51	6%	Y	Treat and prevent blood clots	Rivaroxaban	Eliquis, *Pradaxa*, *warfarin*
4	REVLIMID	$ 36.9	$9.43	11%	Y	Cancer - Lymphomas, Myelomas	lenalidomide	
5	JARDIANCE	$ 30.0	$7.66	48%	N	Type 2 Diabetes		*Farxiga*, Invokana, Steglatro
6	LANTUS	$ 29.4	$7.50	-4%	Y	Diabetes	Basaglar, insulin glargine, Rezvoglar, Semglee	*Toujeo, Tresiba*
7	HUMIRA	$ 24.4	$6.23	10%	Y	Inflammatory Conditions	Abrilada, adalimumab, Amjevita, Cyltezo, Hadlima, Hulio, Hyrimoz, Idacio, Simlandi, Yuflyma	Multiple*
8	INVEGA	$ 17.6	$4.50	-2%	N	Antipsychotic		*Abilify*, Aristada, Perseris, *Risperdal*, Ulzedy, *Zyprexa*
9	IMBRUVICA	$ 15.0	$3.83	-16%	N	Cancers - Blood Cancers		Brukinsa, Calquence, Jaypirca
10	STELARA	$ 14.8	$3.78	124%	N	Inflammatory Conditions		Multiple*
11	MYRBETRIQ	$ 14.6	$3.73	14%	Y	Over Active Bladder	mirabegron	*Detrol, Ditropan, Enablex, Sanctura, Toviaz, Vesicare*
12	NOVOLOG	$ 14.3	$3.65	-3%	Y	Diabetes	insulin aspart	*Humalog*
13	ENBREL	$ 14.3	$3.65	9%	N	Inflammatory Conditions		Multiple*
14	HUMALOG	$ 13.9	$3.56	4%	Y	Diabetes	Admelog, insulin lispro	*Novolog*
15	OZEMPIC	$ 13.8	$3.53	83%	N	Type 2 Diabetes		Byetta, Bydureon, Mounjaro, Rybelsus, Trulicity, *Victoza*
16	JANUVIA	$ 13.4	$3.43	-4%	Y	Type 2 Diabetes	sitagliptin	*Nesina, Onglyza, Tradjenta*
17	FARXIGA	$ 12.9	$3.30	98%	Y	Type 2 Diabetes	dapagliflozin	Jardiance, Invokana, Steglatro
18	XTANDI	$ 11.6	$2.97	-15%	N	Cancer - Prostate		*Casodex*, Erleada, *Eulexin*, *Nilandron*, Nubeqa
19	TOUJEO	$ 11.5	$2.94	5%	Y	Diabetes	insulin glargine	*Lantus, Tresiba*
20	IBRANCE	$ 9.8	$2.51	-13%	N	Cancer - Breast		Kisqali, Verzenio
21	LATUDA	$ 9.4	$2.41	6%	Y	Schizophrenia, Major Depression	lurasidone	Caplyta, *Geodon*, Nuplazid, Vraylar
22	SYMBICORT	$ 9.4	$2.40	-7%	Y	Asthma, COPD	Breyna, budesonide/formoterol	*Advair*, Anoro Ellipta, Bevespi, *Combivent*, Duaklir, Dulera, Stiolto
23	OPSUMIT	$ 9.4	$2.40	-15%	N	Pulmonary Hypertension		*Letairis, Tracleer*
24	JAKAFI	$ 9.3	$2.38	12%	N	Myelofibrosis, Polycythemia Vera		Inrebic, Ojjaara, Vonjo
25	SPIRIVA	$ 8.9	$2.28	-3%	Y	COPD	tiotropium	*Atrovent*, Incruse Elipta, Yupelri

Notes:
Top 25 drugs ranked by total allowed amount from pharmacy claims with dates of service in 2022
Drug list excludes non-drug products including glucometers and insulin delivery devices
The list of therapeutic alternatives is not exhaustive and there are additional approved medications that may be appropriate to treat the chronic condition(s) listed
The listed therapeutic alternatives may not be clinically appropriate for all patients as individual responses to treatment varies.

Therapeutic alternatives in italics have a generic formulation available as of March 2025
See Appendix 4 for list of inflammatory conditions therapeutic alternatives

Appendix 4 Therapeutic Alternatives for Treatment of Inflammatory Conditions

	Therapeutic Alternatives:	
ACTEMRA	ILUMYA	SIMPONI
ADBRY	KEVZARA	SKYRIZI
ARCALYST	KINERET	SOTYKTU
BIMZELX	LITFULO	SPEVIGO
CIBINQO	OLUMIANT	STELARA
CIMZIA	OMVOH	TALTZ
COSENTYX	ORENCIA	TREMFYA
ENBREL	OTEZLA	VELSIPITY
ENTYVIO	REMICADE	XELJANZ
HUMIRA	RINVOQ	
ILARIS	SILIQ	

Notes:
Therapeutic alternatives identified through clinical review of currently available medications with similar indications to those listed in the Top 25 drug lists
The list of therapeutic alternatives is not exhaustive and there are additional approved medications that may be appropriate to treat the chronic condition(s) listed

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