

# SPRING 2019 SSPRING 2019 SSPRING 2019

#### State Health Plan's per-capita costs rise 4.02 percent in 2018

#### Plan spends more than \$5,000 per member for medical, drug costs

The State Health Plan paid an average of \$5,063.04 per member in 2018, up 4.02 percent from \$4,867.17 in 2017. It was the sixth time in the past 10 years that the percentage growth was less than 5 percent. Enrollment in the plan increased 1.70 percent, from 463,657 in 2017 to 471,532 in 2018.

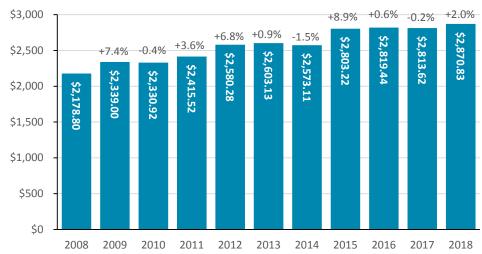
The State Health Plan paid an average of \$2,870.83 per member in medical claims in 2018, up 2.03 percent from \$2,813.62 in 2017.

The per-capita medical spending has increased an average of 2.31 percent the past five years.

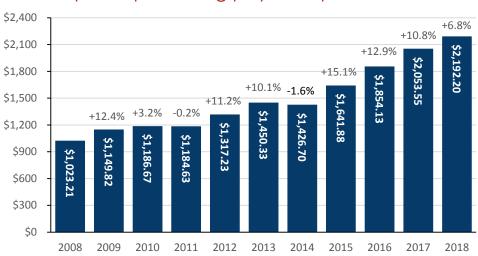
The plan's per-member prescription drug costs rose from \$2,053.55 in 2017 to \$2,192.20 in 2018, an increase of 6.75 percent. The per-

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#### Annual medical payment per member



#### Annual prescription drug payment per member



# Spending Continued from Page 1

capita prescription drug spending has increased an average of 8.78 percent the past five years.

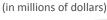
More than 62 percent of the plan's medical spending went toward subscribers' health care in 2018, while spouses accounted for 23.64 percent and children accounted for 13.86 percent. In 2018, the plan spent an average of \$3,153.80 per subscriber, \$4,088.35 per spouse and \$1,500.76 per child.

Medical costs accounted for 56.70 percent of total plan costs in 2018, down from 57.81 percent in 2017.

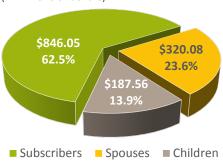
The top reason members went to the emergency room in 2018 was respiratory and other chest symptoms. More than 9,200 visits fell into this category, and the plan spent \$8.62 million on these visits. The top five reasons for emergency room visits cost the plan \$22.90 million overall.

Childbirth accounted for more than 5,736 hospital inpatient services, costing the plan \$15.61 million. The top five reasons for inpatient services cost the plan \$85 million overall.

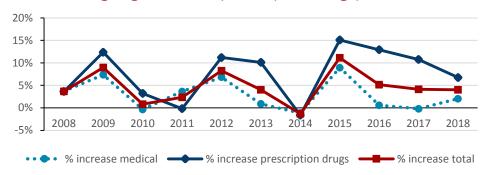
## Cost by member type



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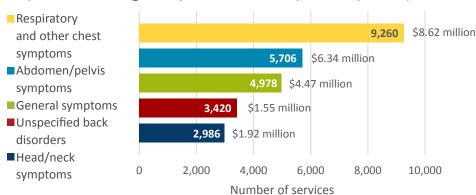
#### Percentage growth of plan spending per member



#### State Health Plan spending (in billions of dollars)



#### Top five emergency room costs paid by the plan



#### Top five hospital inpatient services paid by the plan



Acute myocardial infarction

2,854 \$24.83 million

2,273 \$18.40 million

1,807 \$12.30 million

1,083 \$13.85 million

0 1,000 2,000 3,000 4,000 5,000 6,000 7,000

Number of services

### Top 10 prescription drugs in 2018

Drug	Therapeutic class	Plan cost (in millions)
Tier 1		
Dextroamphetamine-Amph	CNS stimulants	\$7.16
Metformin HCL ER	Non-sulfonylureas	\$6.49
Esomeprazole Magnesium	Proton pump inhibitors	\$4.49
Rosuvastatin Calcium	Statins	\$3.95
Imatinib Mesylate	BCR-ABL tyrosine kinase inhibitors	\$3.50
Duloxetine HCL	Serotonin-norepinephrine reuptake	\$2.82
	inhibitors	
Mesalamine	5-aminosalicylates	\$2.60
Oseltamivir Phosphate	Neuraminidase inhibitors	\$2.56
Glatiramer acetate	Other immunostimulants	\$2.42
Atorvastatin calcium	Statins	\$2.35
Tier 2		
Humira Pen	Antirheumatics, TNF alfa inhibitors	\$49.31
Trulicity	Incretin mimetics	\$23.68
Eliquis	Factor Xa inhibitors	\$19.12
Revlimid	Antineoplastics, other immunosuppressants	\$18.84
Januvia	Dipeptidyl peptidase 4 inhibitors	\$17.26
Enbrel Sureclick	Antirheumatics, TNF alfa inhibitors	\$15.91
Stelara	Interleukin inhibitors	\$14.67
Lyrica	Gamma-aminobutyric acid analogs	\$13.60
Humalog Kwikpen U-100	Insulin	\$13.23
Lantus Solostar	Insulin	\$11.96
Tier 3		
Concerta	CNS stimulants	\$6.13
Viagra	Impotence agents	\$3.03
Copaxone	Other immunostimulants	\$2.95
Compounds	Miscellaneous	\$1.45
Estrace	Estrogens	\$1.23
Lialda	5-aminosalicylates	\$0.90
Nexium	Proton pump inhibitors	\$0.70
Gleevec	BCR-ABL tyrosine kinase inhibitors	\$0.64
Glumetza	Non-sulfonylureas	\$0.43
Synthroid	Thyroid drugs	\$0.30

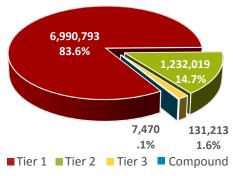
# Plan spending on prescription drugs exceeds \$1 billion

The State Health Plan's spending on prescription drugs grew from \$952.14 million in 2017 to \$1.03 billion in 2018, an increase of 8.56 percent. The plan's increase in per-capita prescription drug costs in 2018 was 6.75 percent.

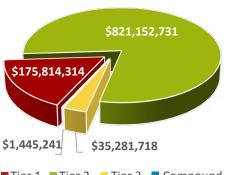
When available, plan members chose a generic, or Tier 1, prescription drug 99.04 percent of the time in 2018. Nearly seven million generic drugs were filled in 2018.

The plan spent the most money, \$821.15 million, on Tier 2 drugs in 2018.

#### Fills by prescription tier



#### Cost by prescription tier



■Tier 1 ■Tier 2 ■ Tier 3 ■ Compound



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