

# SPRING 2016 trends

## State Health Plan's per-capita costs rise 8.63 percent in 2015

Plan spends more than \$4,400 per member for medical, drug costs

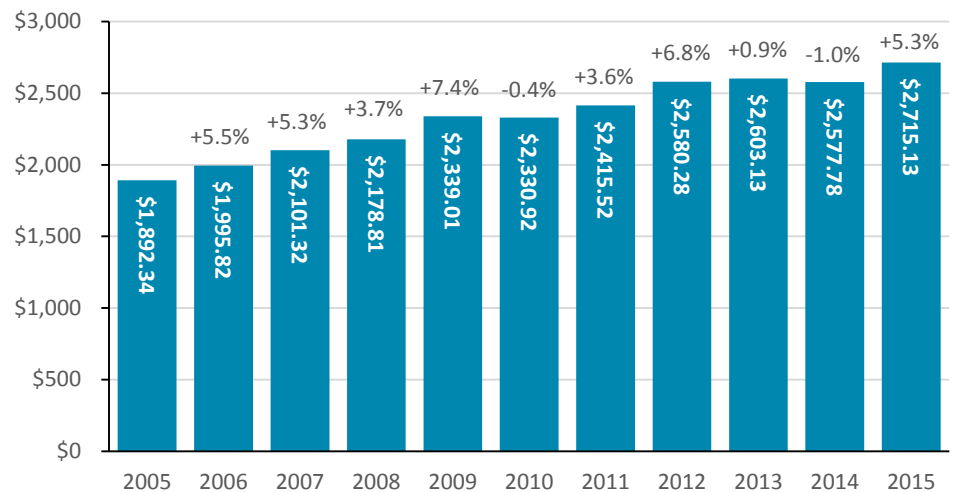
The State Health Plan paid an average of \$4,459.01 per member in 2015, up 8.63 percent from \$4,104.75 in 2014. It is the second largest increase in the past 10 years. Enrollment in the State Health Plan increased 3.09 percent, from 434,062 in 2014 to 447,494 in 2015.

The State Health Plan paid an average of \$2,715.13 per member in medical claims in 2015, up 5.33 percent from \$2,577.78 in 2014. The per-capita medical spending has increased an average of 3.14 percent the past five years.

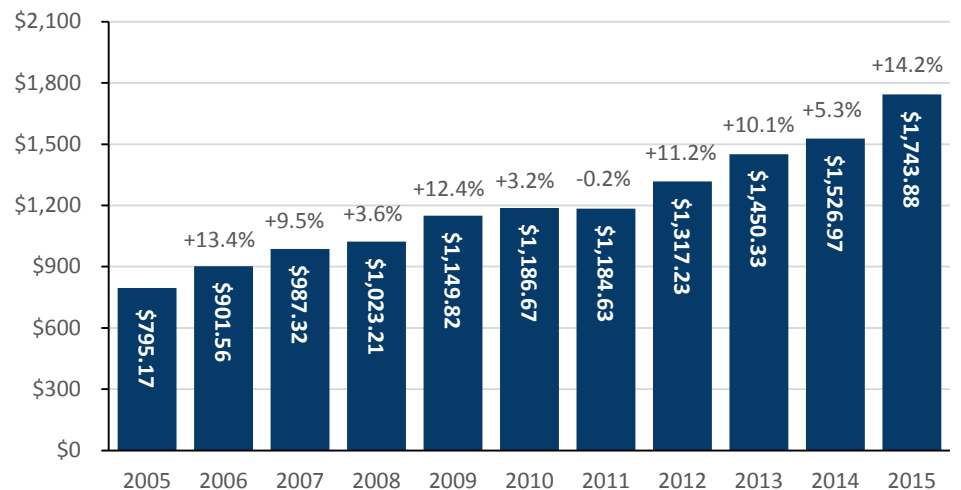
The plan's per-member prescription drug costs rose from \$1,526.97 in 2014 to \$1,743.88 in 2015, an increase of 14.21 percent. It is the fifth double-digit increase in per-capita prescription drug spending in

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### Annual medical payment per member



### Annual prescription drug payment per member



## Spending

Continued from Page 1

the past 10 years.

Nearly 64 percent of the plan's spending went toward employees' health care in 2015, while spouses accounted for 23.5 percent and children accounted for 12.8 percent. In 2015, the plan spent an average of \$2,928.14 per subscriber, \$3,850.39 per spouse and \$1,297.46 per child.

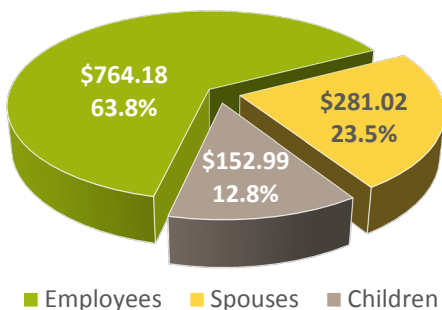
Medical costs accounted for 60.89 percent of total plan costs in 2015, down from 62.80 percent in 2014.

The top reason members went to the emergency room in 2015 was respiratory and other chest symptoms. More than 7,600 visits fell into this category, and the plan spent \$5.87 million on these visits. The top five reasons for emergency room visits cost the plan \$14.73 million overall.

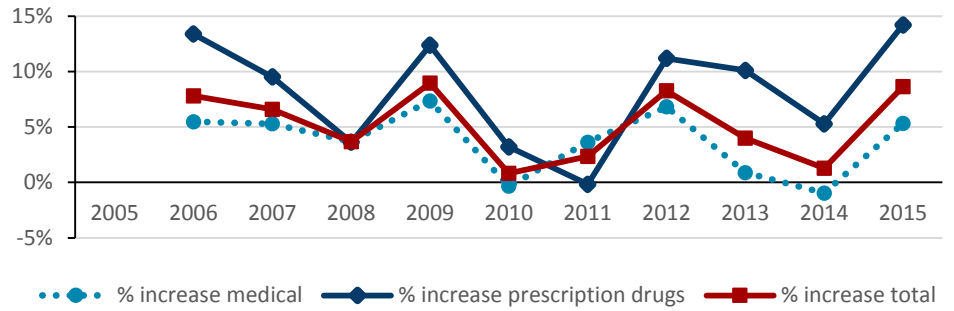
Osteoarthritis and allied disorders accounted for almost 2,300 hospital inpatient services, costing the plan \$22.99 million. The top five reasons for inpatient services cost the plan \$64.71 million overall.

## Cost by member type

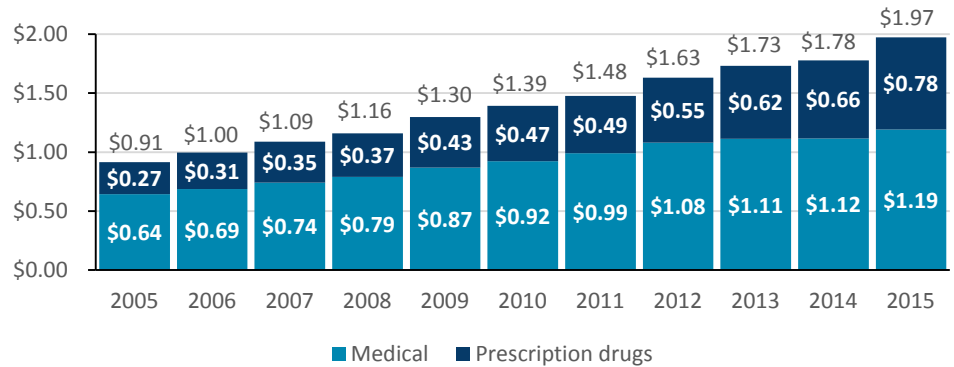
(in millions of dollars)



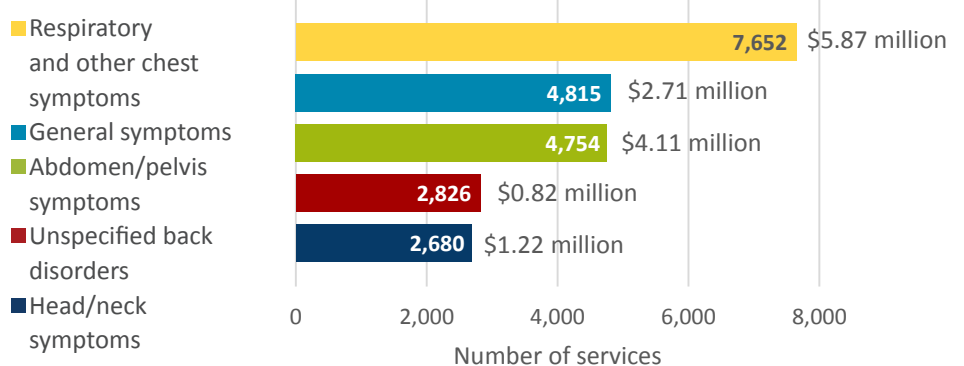
## Percentage growth of plan spending per member



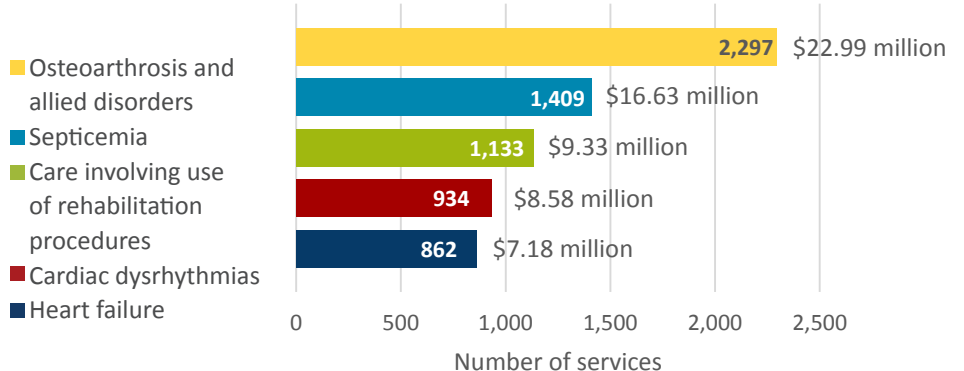
## State Health Plan spending (in billions of dollars)



## Top five reasons for emergency room services



## Top five reasons for hospital inpatient services



# Top 10 prescription drugs in 2015

Drug	Therapeutic class	Plan cost (in millions)
<b>Tier 1</b>		
Esomeprazole Magnesium	Proton pump inhibitors	\$14.24
Duloxetine HCL	Serotonin-norepinephrine reuptake inhibitors	\$4.97
Amphetamine/ Dextroamphetamine	CNS stimulants	\$4.10
Aripiprazole	Atypical antipsychotics	\$3.62
Celecoxib	Cox-2 inhibitors	\$3.33
Valsartan	Angiotensin receptor blockers	\$3.02
Atorvastatin Calcium	Statins	\$2.71
Methylphenidate HCL ER	CNS stimulants	\$2.63
Fenofibrate	Fibric acid derivatives	\$1.95
Tacrolimus	Calcineurin inhibitors	\$1.94
<b>Tier 2</b>		
Humira Pen	Antirheumatics, TNF alfa inhibitors	\$26.78
Crestor	Statins	\$19.70
Harvoni	Antiviral combinations	\$17.62
Lantus Solostar	Insulin	\$13.92
Enbrel Sureclick	Antirheumatics, TNF alfa inhibitors	\$11.75
Victoza	Incretin mimetics	\$10.04
Lyrica	Gamma-aminobutyric acid analogs	\$9.89
Januvia	Dipeptidyl peptidase 4 inhibitors	\$9.35
Revlimid	Antineoplastics, other immunosuppressants	\$9.24
Copaxone	Other immunostimulants	\$7.67
<b>Tier 3</b>		
Nexium	Proton pump inhibitors	\$3.80
Oxycontin	Narcotic analgesics	\$2.58
Oracea	Tetracyclines	\$1.55
Compounds	Miscellaneous	\$1.06
Carac	Topical antineoplastics	\$0.65
Abilify	Atypical antipsychotics	\$0.59
Colcrys	Antigout agents	\$0.44
Diovan	Angiotensin receptor blockers	\$0.38
Celebrex	Cox-2 inhibitors	\$0.36
Lamictal XR	Anticonvulsants	\$0.32

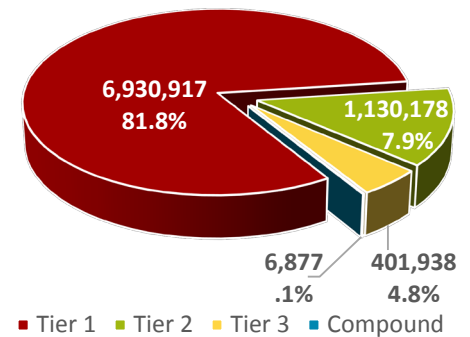
# Drugs account for nearly 40 percent of plan's spending

The State Health Plan's spending on prescription drugs accounted for 39.11 percent of total plan costs in 2015, the highest in the past 10 years. The plan's increase in per-capita prescription drug costs in 2015 was 14.21 percent, also a 10-year high.

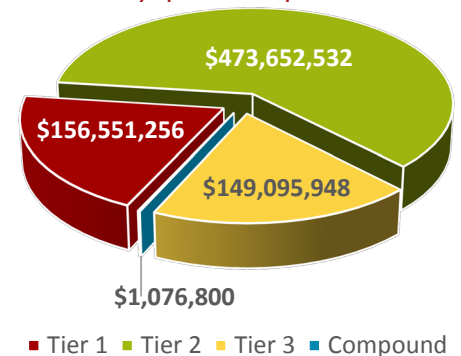
Nearly seven million generic, or tier 1, drugs were filled in 2015, more than the other tiers. The generic dispensing rate (GDR) was 81.50 percent in 2015. The GDR has grown annually since 2005, when it was 47.10 percent.

The plan spent the most money, \$473.65 million, on tier 2 drugs in 2015.

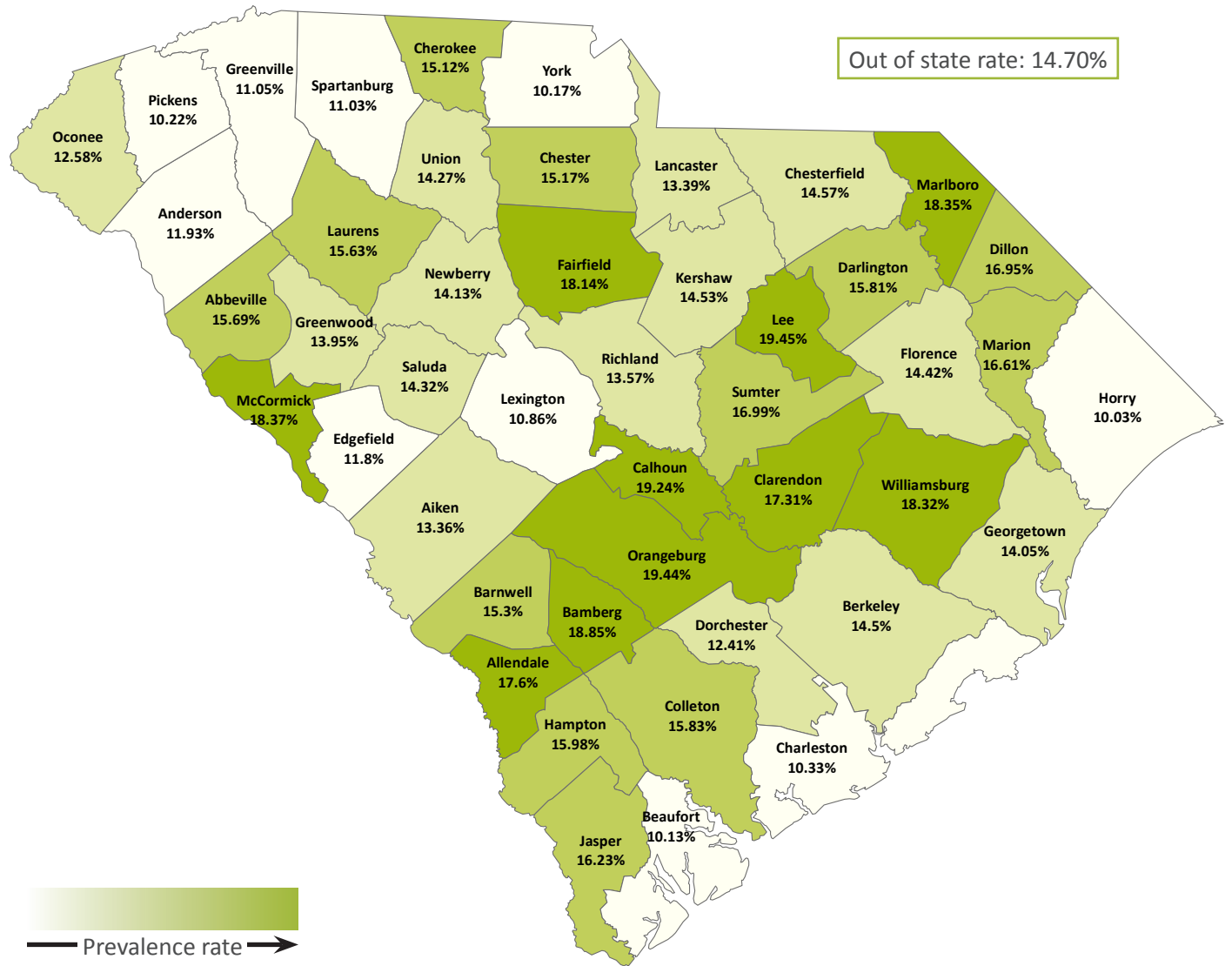
## Fills by prescription tier



## Cost by prescription tier



# Diabetes prevalence rate by county in 2015



202 Arbor Lake Drive  
Columbia, SC 29223