

LIST OF TOP OUTPATIENT PRESCRIPTION DRUGS

PURSUANT TO [Conn. Gen. Stat. § 19a-754b \(d\)](#)

FINAL REPORT – 2025

Background

The Office of Health Strategy (OHS) is charged by statute to develop a list of not more than ten outpatient prescription drugs that OHS determines are provided at substantial cost to the state or critical to public health. The list must be based on the specifications outlined in [Conn. Gen. Stat. § 19a-754b\(d\)](#):

- The list must include no less than one generic drug;
- The list must include drugs from different therapeutic classes;
- The wholesale acquisition cost (WAC) of such outpatient prescription drug (A) increased by not less than sixteen per cent cumulatively during the immediately preceding two calendar years, and (B) was not less than forty dollars for a course of treatment.

Final List

The final 2025 list of top outpatient prescription drugs is located here: [OHS-CGS §19a-754b\(d\) – Final List of Top Outpatient Prescription Drugs 2025](#).

Findings

The Connecticut state spending for the seven medications on this list, as represented in the CT All-Payer Claims Database (APCD), is \$555,157,678. This is approximately 6.8% of all retail prescription drug spending in the APCD. (The APCD represents prescription drug spending for approximately 70% of CT residents – for more information please refer to the Source of Data section).

The drug with the highest spending on the list was HUMIRA, an immunosuppressant for the treatment of rheumatoid arthritis and other inflammatory conditions. HUMIRA spending was \$362M in 2023 and had a 16.0% WAC per unit price increase between January 1, 2022 and December 31, 2023. The drug with the highest WAC price

increase on the list was NUPLAZID, with an increase of 25.5% over the two-year period. The top three drugs on the list were all in the Immunosuppressant therapeutic class category. No generic drug met the statutory specifications to appear on the list.

Data Limitations

State law requires that eligibility for this list be based upon the wholesale acquisition cost (WAC) of the drug, less certain rebates. However, drug specific rebate data is not available. Also, WAC data is not always available for all drugs for the two-year time period.

Drugs Removed from the Preliminary List

Under [Conn. Gen. Stat. § 19a-754b\(d\)\(2\)](#), OHS made available a preliminary list of qualifying drugs for public comment until March 12, 2025. During the public comment period, any manufacturer of an outpatient prescription drug included on the preliminary list may produce documentation to establish that the drug (by NDC), less all rebates, does not meet the criteria established above. If OHS is satisfied with the documentation, the agency will remove the drug from the preliminary list, 15 days after the closing of the public comment period, before publishing the annual list.

Based on comments provided and additional review during this period, two drugs (OCALIVA and LIDODERM) were removed from the preliminary list due to sufficient support of rebate information providing evidence that the increase over the preceding two-year period was no longer greater than or equal to 16%.

Contact

Please submit all comments or questions via email to Patty Blodgett, Principal Healthcare Analyst at the Connecticut Office of Health Strategy, Patricia.Blodgett@ct.gov.

Source of Data

OHS prepared the 2025 drug list using the CT All-Payer Claims Database (APCD) and WAC data from Micromedex Redbook. APCD data is submitted by the insurance carriers, Medicaid, and the state employee plan. The Micromedex data is incorporated into the APCD and updated on a quarterly basis. The claims and utilization data included in this analysis are from 1/1/2023 to 12/31/2023, including six months of claims run out for expenses incurred in 2023.

The APCD data includes commercial claims for all fully insured Connecticut health plans and some self-insured plans, primarily, state employees and retirees, and the [CT Partnership 2.0](#) municipalities plan. Per the 2016 Supreme Court Gobeille Decision, under the Employee Retirement Income Security Act (ERISA) self-insured employers are not required to submit claims data to state APCDs. The APCD also includes Medicaid and Medicare Advantage plan data but not current Medicare Fee for Service plan data nor Medicare Part D data. The APCD does not contain information on pharmacy rebates.

Methodology

Using the APCD, OHS identified the 1,000 outpatient prescription drugs by National Drug Code (NDC) with the highest combined commercial, Medicaid, and Medicare spending. The total cost for each drug is the allowed amount for a pharmacy claim which is the sum of the insurer paid amount and member out of pocket cost (i.e., deductible, co-insurance and co-pay). OHS then used the associated Micromedex WAC per unit price data as of 1/1/2022 and 12/31/2023 for each NDC on the list to determine if its cumulative price increase for the two-year period was 16% or greater. OHS then removed any drugs that also did not meet the statutory criteria of \$40 or more for a course of treatment based on the APCD 30-day supply price and the WAC per unit price adjusted to a 30-day supply. Lastly, OHS attempted to identify at least one generic drug for this list. The list represents the drugs with the highest overall costs to the state of Connecticut that met the statutory criteria.

OHS may release separate information or data that provides useful information to enhance transparency.

This report will trigger the information and data filings required by Conn. Gen. Stat. § 19a-754b(d)(4) from drug manufacturers. The form and instructions for this data filing will be sent for completion to each manufacturer listed in the final report.

COMMONLY USED ABBREVIATIONS AND DEFINITIONS

Abbreviations

APCD – All Payer Claims Database

DSS – Connecticut Department of Social Services

NDC – National Drug Code

WAC – Wholesale Acquisition Cost

Definitions

National Drug Code – A code maintained by the federal Food and Drug Administration that is uniquely assigned by manufacturer, product, and packaging.

Brand Drug – A prescription drug, having a unique NDC, marketed under a proprietary name or registered trademark name, including a biological product, and approved under a New Drug Application or Biologics License Application.

Generic Drug – A prescription drug, having a unique NDC, whether identified by its chemical, proprietary or nonproprietary name, that is not a brand drug, is therapeutically equivalent to a brand drug in dosage, strength, method of consumption, performance and intended use, and approved under an Abbreviated New Drug Application. Generic Drug includes a biosimilar product.

Drug Name – The proprietary drug name is the brand name or registered trademark name that a drug is marketed under and owned by a manufacturer. The nonproprietary drug name is the standard, internationally recognized name for the active ingredient in a drug, not owned by a specific company.

Therapeutic Class Category – A group of drugs used for the treatment, remediation, or cure of a specific disorder or disease. NDC's are assigned to drug categories using the Micromedex RED BOOK therapeutic classifications. The therapeutic class code supplies the therapeutic or pharmacologic category of the product. The displayed categories align with the Main Therapeutic Heading.

Therapeutic Description – A description of the treatment of illness or condition.

Connecticut Cost – All retail prescription drug spending for all data contained in the APCD. The allowed amount for a pharmacy claim is the sum of the paid amount and member out of pocket cost (i.e. deductible, co-insurance and co-pay). This includes some commercial, Medicare Advantage, and Medicaid claims. It does not include data for Medicare Fee for Service as well as some portion of commercial self-insured ERISA membership.

Commercial Cost – The total cost of a drug reimbursed by the commercial insurers (Aetna, Anthem, Cigna, ConnectiCare, United HealthCare, et al) is the allowed amount for a pharmacy claim which is the sum of the paid amount and member out of pocket cost (i.e. deductible, co-insurance and co-pay). These costs are from OHS' APCD and include fully insured and self-insured state employees and non-ERISA membership as well as some other portion of self-insured ERISA membership.

State Employee Plan Cost – The total cost of a drug reimbursed by the commercial insurers (Aetna, Anthem, Cigna, ConnectiCare, United HealthCare, et al) on behalf of the State of Connecticut Employee health plan for state employees and retirees. This cost is the allowed amount for a pharmacy claim which is the sum of the paid amount and member out of pocket cost (i.e. deductible, co-insurance and co-pay). These numbers are included in the Commercial Cost but are also shown separately for this analysis. These costs are from OHS' APCD.

Total Medicaid Cost – The total cost of a drug reimbursed by the DSS' Medicaid program is the allowed amount for a pharmacy claim, which is the sum of the

paid amount and member out of pocket cost (i.e., deductible, co-insurance and co-pay). These costs are provided by DSS through the OHS' APCD.

Total Medicare Advantage Cost – The total cost of a drug reimbursed by the commercial insurers (Aetna, Anthem, Cigna, ConnectiCare, United HealthCare, et al) for the Medicare Advantage product is the allowed amount for a pharmacy claim which is the sum of the paid amount and member out of pocket cost (i.e. deductible, co-insurance and co-pay). These costs are from OHS's APCD.

Connecticut Utilization: 30-Day Equivalent Units – All retail prescription drug utilization for all data contained in the APCD. Each National Drug Code (NDC) may reflect a different dosage or package size. The number of 30-day equivalent units is defined in the Code of Federal Regulations (C.F.R.) at 42 C.F.R. § 423.104. It is a function of the number of days supply for a listed medication and equals one (1) for prescription supplies of fewer than 35 days and if the day's supply is greater than or equal to 35, the day's supply is divided by 30.

Rebate – A discount, chargeback, or other price concession that affects the price of a prescription drug product. Any aggregate rebate credits are not included in the spending totals provided by the APCD.

Wholesale Acquisition Cost – Defined by the federal definition 42 USC 1395w-3a as the manufacturer's list price for the drug or biological to wholesalers or direct purchasers in the United States, not including prompt pay or other discounts, rebates or reductions in price, for the identified year and month for which the information is available, as reported in wholesale price guides or other publications of drug or biological pricing data.

Wholesale Acquisition Cost per Unit – Defined by the federal definition 42 USC 1395w-3a the term "unit" means, with respect to each National Drug Code (including package size) associated with a drug or biological, the lowest identifiable quantity (such as a capsule or tablet, milligram of molecules, or grams) of the drug

or biological that is dispensed, exclusive of any diluent without reference to volume measures pertaining to liquids.

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2025 STATUTE FINAL TOP LIST OF OUTPATIENT PRESCRIPTION DRUGS IN THE STATE															
TIMEFRAME:	Claims for Calendar Year 2023 (1/1/23 - 12/31/23 with 6 months of runout) and Wholesale Acquisition Prices as of 1/1/2022 and 12/31/2023														
DATA SOURCE:	CT Office of Health Strategy (OHS) All-Payer Claims Database (APCD), and Redbook Micromedex Wholesale Acquisition Cost Unit Prices - Information pulled from Pharmacy Dashboard as of February, 2025.														
STATUTE:	Connecticut General Statute § 19a-754b (d)														
REQUIREMENTS:	Wholesale Acquisition Cost (WAC) not less than 16% cumulative over the previous two years and not less than \$40 for a 30-day course of treatment														
TOTAL COST:	Carrier Paid Amount plus Subscriber Out of Pocket amount (i.e. sum of Deductible, Copay, Coinsurance) Pre-Rebate														
EXCLUSIONS:	Any drug where Wholesale Acquisition Cost (WAC) data was not available for the specified time period. Impact of any rebate savings.														
Proprietary Drug Name	NDC	Nonproprietary Drug Name	Brand/ Generic	Therapeutic Class Category	Therapeutic Description	Manufacturer	Connecticut Cost	Retail Rx Spending without Rebates		Medicare Advantage Cost	Medicaid Cost	30-Day Units Connecticut Utilization	Wholesale Acquisition Cost		
								Total including ->	State Employee Plan				WAC Per Unit Price As of 12/31/2023	WAC Per Unit Price As of 1/1/2022	Two-Year WAC % Increase
HUMIRA	74055402, 74433902, 74024302, 74379902, 74061602, 74012402, 74153903, 74012403	Adalimumab	Brand	Immunosuppressants	Treatment of moderate to severe inflammatory conditions like rheumatoid arthritis, psoriatic arthritis, Crohn's disease, and plaque psoriasis.	ABBVIE, INC.	362,458,045	182,243,728	14,005,537	75,143,682	105,070,635	46,424	\$ 3,646.24	\$ 3,143.52	16.0%
SKYRIZI	74210001, 74105001	Risankizumab	Brand	Immunosuppressants	Treatment of moderate to severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy, also for treatment of Psoriatic Arthritis, Crohn's Disease, and Ulcerative Colitis.	ABBVIE, INC.	143,051,518	84,126,533	9,210,132	28,574,080	30,350,905	19,974	\$ 19,734.61	\$ 17,013.77	16.0%
RINVOQ	74230630	Upadacitinib	Brand	Immunosuppressants	Treatment of adults with active psoriatic arthritis (PsA) who have had an inadequate response or intolerance to one or more tumor necrosis factor (TNF) blockers.	ABBVIE, INC.	29,456,992	16,107,128	1,994,028	8,062,689	5,287,174	5,132	\$ 204.17	\$ 176.02	16.0%
NUPLAZID	63090034030	Pimavanserin	Brand	Central Nervous System Agents	Treatment of hallucinations and delusions associated with Parkinson's disease psychosis.	ACADIA PHARMACEUTICALS INC.	9,459,624	674,371	71,119	8,464,820	320,433	2,753	\$ 166.50	\$ 132.67	25.5%
TUKYSA ¹	51144000212, 51144000260	Tucatinib	Brand	Antineoplastic Agents	A kinase inhibitor used to treat certain types of breast and colorectal cancer in adults.	SEAGEN, INC.	5,140,904	2,337,012	431,834	1,213,850	1,590,042	304	\$ 213.58	\$ 179.80	18.8%
PERCOCET	63481062970	Oxycodone & Comb.	Brand	Central Nervous System Agents	For the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.	ENDO USA, INC.	2,915,589	383,403	65,673	2,075,878	456,309	753	\$ 34.17	\$ 28.29	20.8%
APOKYN	27505000405	Apomorphine	Brand	Autonomic Drugs	A non-ergoline dopamine agonist indicated for the acute, intermittent treatment of hypomobility, "off" episodes associated with advanced Parkinson's disease.	SUPERNUS PHARMACEUTICALS, INC.	2,675,007	185,047	-	2,447,046	42,914	88	\$ 492.77	\$ 411.56	19.7%
Total Spending and Utilization:							555,157,678	286,057,221	25,778,323	125,982,045	143,118,412	75,428			
NOTES: The statute requires that no less than one generic drug is on the list. There were no generic drugs with any meaningful claims data meeting the criteria. Connecticut Cost and Utilization columns represent all retail prescription drug spending (before any rebate savings) and utilization data in the All-Payer Claims Database (APCD). It does not include data for Medicare Fee for Service as well as some portion of commercial self-insured ERISA membership. If multiple NDC's are listed, then each met the requirement individually, but they were totaled by drug name for this report. The WAC prices shown are for the utilization weighted average of the individual drug NDCs, but the increases were the same for each NDC listed. There may be other NDC's for a drug name listed above, but they either did not meet the criteria or were not considered high cost to the state. The State Employee Plan cost and utilization data are included in the total commercial cost and utilization columns. Two medications originally on the preliminary were removed after receiving additional details about their WAC prices and rebates. ¹ Seagen, Inc. was acquired by Pfizer, Inc. as of December 14, 2023.															