

Pharmacy products used in acute care

Acute care remains central to managing high-acuity, time-sensitive conditions across perioperative care, intensive care units, and emergency settings. Medication in these areas is closely tied to diagnosis-related group reimbursement, inpatient capacity, and operational throughput, reinforcing the importance of cost control without compromising timely access to clinically essential therapies.

Table 1 presents the top 10 acute care medications by total spend purchased through traditional wholesaler channels among Vizient Pharmacy Program participants. The list continues to reflect core inpatient use cases, including neuromuscular blockade reversal, thrombolysis, anticoagulation reversal, transplant rejection management, contrast imaging, critical care volume support, and postoperative pain management. Sugammadex (Bridion) remains the leading acute care medication by wholesaler spend, reflecting its continued role in perioperative care.

A notable change from the winter 2026 forecast is the removal of remdesivir (Veklury) from the top 10 acute care spend list after several years as a major inpatient COVID-19 therapy. This shift suggests continued normalization of COVID-19-related inpatient medication utilization. Blinatumomab (Blinicyto) appears in the acute care top 10 for this edition after being classified to reflect use across both acute and ambulatory settings, highlighting the inpatient budget impact of high-cost oncology therapies.

Note: Pharmacy market segments are intended to describe patterns of utilization and spending, not mutually exclusive product classifications. Many high-cost therapies are used across multiple care settings. As a result, some medications may appear in more than one segment to reflect the operational and financial considerations associated with different sites of care.

Table 1. Top 10 acute care medications by total spend (purchased through wholesaler channels only)

Rank	Generic name	Brand name	Indication	Portion of spend (%), summer 2026*	Change in spend vs. winter 2026
1	Sugammadex sodium	Bridion	Neuromuscular blockade reversal	1.06	+0.10 ↑
2	Blinatumomab	Blinicyto	Acute lymphoblastic leukemia	0.66	-0.03 ↓
3	Alteplase	Activase, Cathflo Activase	Thrombolysis	0.55	-0.02 ↓
4	Tenecteplase	TNKase	Thrombolysis	0.50	+0.09 ↑
5	Anti-thymocyte globulin	Thymoglobulin	Solid organ transplant rejection	0.43	+0.03 ↑
6	Human prothrombin complex concentrate	Kcentra	Urgent anticoagulation reversal	0.41	—
7	Iohexol	Omnipaque	Diagnostic imaging	0.39	+0.06 ↑
8	Albumin human	AlbuRx, Albutein, Flexbumin	Hypovolemia/hypoalbuminemia	0.38	+0.02 ↑
9	Coagulation factor VIIa	NovoSeven	Perioperative bleeding	0.33	-0.02 ↓
10	Bupivacaine liposome	Exparel	Postoperative analgesia	0.33	+0.03 ↑

Source: Vizient Pharmacy Program participant data, April 2025–March 2026

*Portion of spend for the NDCs making up the top 85% of Vizient Pharmacy Program participant spend

Note: Immune globulin (IVIG) isn't listed in the above ranking due to its primary administration in the ambulatory setting.

Sugammadex should remain a focused area. With FDA-approved generic sugammadex products and evolving market competition following the expiration of Bridion patent protection in January 2026, health systems should monitor contracting, formulary, and utilization strategies.

What these shifts may indicate

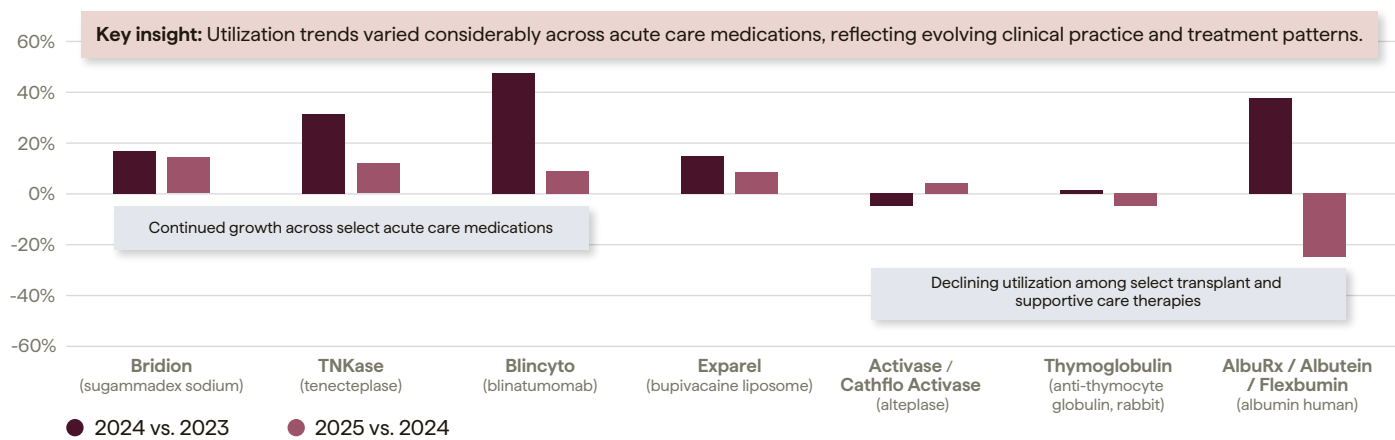
While **Table 1** highlights today’s highest-spend medications, **Table 2** and **Figure 1** examine year-over-year utilization trends to help organizations anticipate future demand beyond price inflation alone. Utilization continued to increase for several perioperative and emergency-use agents, including sugammadex (Bridion), tenecteplase (TNKase), and bupivacaine liposome (Exparel). Blinatumomab (Blinicyto) growth moderated in 2025 after a sharp increase in 2024, while albumin declined substantially after strong prior-year growth. These shifts suggest a more mixed acute care utilization environment, with continued growth in selected surgical, thrombolytic, and oncology therapies offset by normalization in other high-use inpatient products.

Table 2. Annual change in utilization for select acute care medications

Rank	Generic name	Brand name	2024 vs. 2023	2025 vs. 2024
1	Sugammadex sodium	Bridion	17.20%	13.70%
2	Tenecteplase	TNKase	31.00%	12.30%
3	Blinatumomab	Blinicyto	47.70%	9.00%
4	Bupivacaine liposome	Exparel	15.10%	8.40%
5	Alteplase	Activase, Cathflo Activase	-5.20%	4.50%
6	Anti-thymocyte globulin, rabbit	Thymoglobulin	1.30%	-5.40%
7	Albumin human	AlbuRx, Albutein, Flexbumin	38.50%	-25.40%

Source: Vizient Pharmacy Program participant data, January 2023–December 2025
Note: Ranked by 2025 vs. 2024 change; human prothrombin complex concentrate, iohexol, and recombinant factor VIIa were excluded from this data view due to inconsistencies in unit of measure per package.

Figure 1. Annual change in Vizient utilization for select acute care medications, 2023–2025



Source: Vizient Pharmacy Program participant data, January 2023–December 2025

The bigger picture

Traditional wholesale data captures only part of the acute care pharmacy spend story. When all acquisition channels are included, including direct and specialty purchases not visible in traditional wholesale data, high-cost specialty therapies move to the top of inpatient drug spend. CAR-T products such as ciltacabtagene autoleucel (Carvykti), lisocabtagene maraleucel (Breyanzi), and axicabtagene ciloleucel (Yescarta) represent major inpatient cost drivers, along with immune globulin, which remains significant despite its primary administration in ambulatory settings (**Table 3**). These findings reinforce the importance of evaluating acute care pharmacy through multiple data sources to support enterprise planning, budgeting, and operational readiness.

Table 3. Top 10 spend for acute care medications across all acquisition channels (including direct and specialty purchases)

Rank	Generic name	Brand name	Indication
1	Ciltacabtagene autoleucel	Carvykti	Multiple myeloma
2	Immune globulin (IVIG)	Gammagard, Gamunex	Autoimmune, infectious, and idiopathic diseases
3	Lisocabtagene maraleucel	Breyanzi	B-cell lymphomas
4	Axicabtagene ciloleucel	Yescarta	B-cell lymphomas
5	Sugammadex	Bridion	Neuromuscular blockade reversal
6	Tenecteplase	TNKase	Thrombolysis
7	Apixaban	Eliquis	Anticoagulant
8	Remifentanyl	Ultiva	Perioperative analgesia
9	Rituximab	Riabni, Rituxan, Ruxience, Truxima	Lymphoma, chronic lymphocytic leukemia, and select autoimmune diseases
10	Alteplase	Activase, Cathflo Activase	Thrombolysis

Source: Vizient Clinical Data Base, inpatient discharges for cases ≥ 18 years of age, April 2025-March 2026

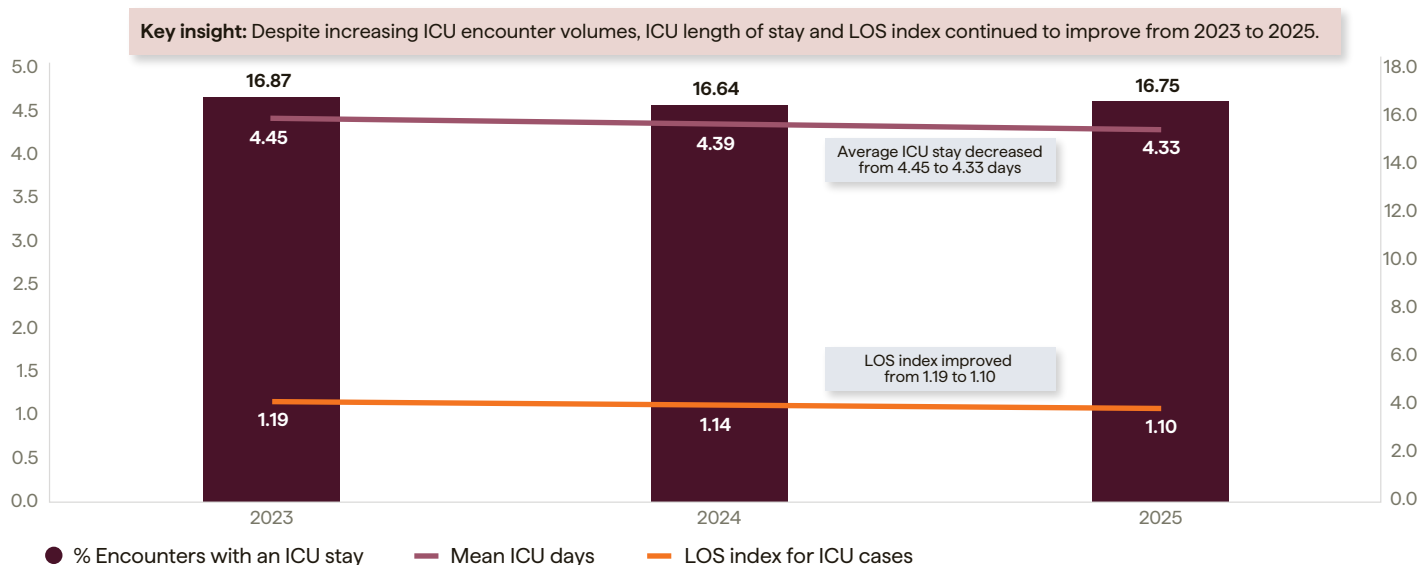
ICU utilization and length-of-stay trends

Vizient Clinical Data Base trends for adult discharges at comprehensive academic medical centers and large specialized medical centers show that ICU utilization remained relatively stable from 2023 through 2025, with the percentage of encounters involving an ICU stay staying near 17%. However, total ICU encounter volumes increased by 7.1% over the same period, reinforcing the continued capacity pressure facing high-acuity hospitals.

Despite caring for more ICU patients, hospitals achieved modest efficiency gains. Mean ICU days decreased from 4.45 in 2023 to 4.33 in 2025, and the length-of-stay index for ICU cases declined from 1.19 to 1.10 (**Figure 2**). These trends suggest that many organizations are improving throughput and care coordination for complex ICU patients, even as demand for high-acuity services continues to grow.

Figure 2. Inpatient adult ICU utilization trends by discharge year, 2023–2025

Comprehensive academic medical centers and large specialized medical centers

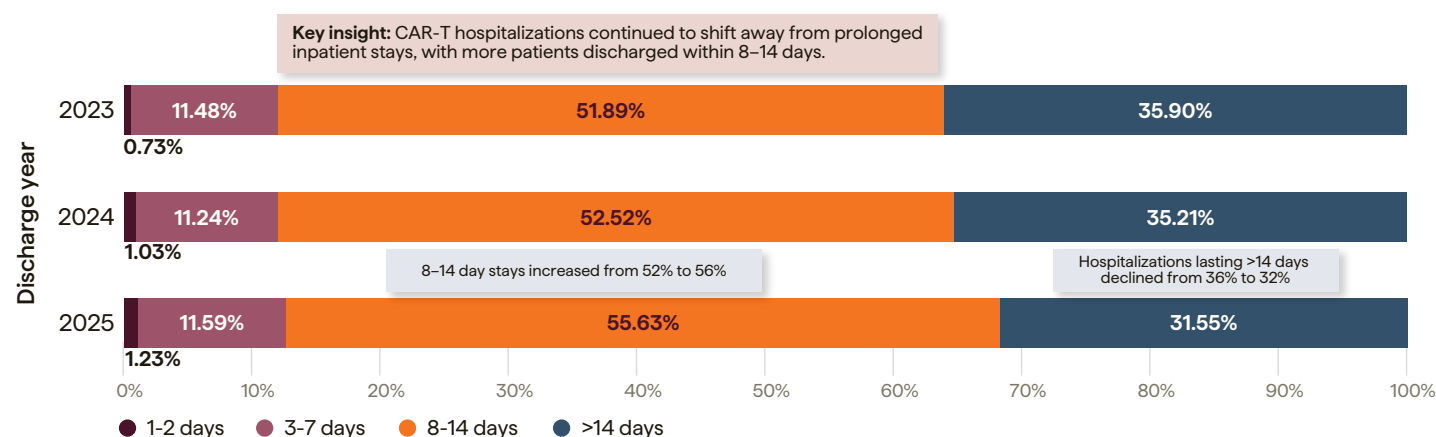


Source: Vizient Clinical Data Base/Resource Manager™, adult inpatient encounters (≥18 years), comprehensive academic medical centers and large specialized medical centers, 2023–2025.

CAR-T admissions and inpatient efficiency

Length-of-stay trends for CAR-T admissions also show signs of improving inpatient efficiency. From 2023 to 2025, the proportion of CAR-T admissions with stays longer than 14 days declined from 35.90% to 31.55%, while the share of admissions in the 8-14-day range increased from 51.89% to 55.63%, as seen in **Figure 3**. Although CAR-T remains clinically complex and resource intensive, this shift suggests that hospitals may be gaining experience with patient selection, toxicity management, care pathways, and discharge planning.

Figure 3. Inpatient length of stay for CAR-T recipients at Vizient academic medical centers and large specialized medical centers, 2023–2025



Source: Vizient Clinical Data Base/Resource Manager™, adult inpatient encounters (≥18 years), academic medical centers and large specialized medical centers, 2023–2025.

Learn more about how these category movements connect to broader trends by visiting the [Spend Management Outlook](#).

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