IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION
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February 8, 2024

Abby Cate, Pharm.D.
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1305 East Walnut
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Dear Abby:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, February 7, 2024. At this meeting, the DUR Commission members discussed updated PA criteria for Odevixibat (Bylvay), Oral Constipation Agents, Oral Immunotherapy, and Vesicular Monoamine Transporter (VMAT) 2 Inhibitors. Additionally, the DUR Commission received public comment regarding vitiligo as a chronic autoimmune skin disorder, not a cosmetic condition. The following recommendations have been made by the DUR Commission:

No comments were received from the medical/pharmacy associations in response to a November 7, 2023 letter that was sent to them detailing the updated PA criteria for Odevixibat (Bylvay), Oral Constipation Agents, Oral Immunotherapy, and Vesicular Monoamine Transporter (VMAT) 2 Inhibitors.

Odevixibat (Bylvay)

Current Clinical Prior Authorization Criteria
Prior authorization (PA) is required for odevixibat (Bylvay). Payment will be considered under the following conditions:

1. Request adheres to all FDA approved labeling including age, dosing, contraindications, warnings and precautions, and drug interactions; and
2. Patient has a diagnosis of genetically confirmed progressive familial intrahepatic cholestasis (PFIC) type 1 or 2; and
3. Genetic testing does not indicate PFIC type 2 with ABCB 11 variants encoding for nonfunction or absence of bile salt export pump protein (BSEP-3); and
4. Patient has moderate to severe pruritis associated with PFIC; and
5. Patient's current weight in kg is provided; and
6. Is prescribed by or in consultation with a hepatologist or gastroenterologist.

Initial authorizations will be approved for 3 months for initial treatment or after a dose increase. Additional authorizations will be considered when the following criteria are met:

1. Patient's current weight in kg is provided; and
2. Documentation is provided the patient has responded to therapy and pruritis has improved. If there is no improvement in pruritis after 3 months of treatment with the maximum 120 mcg/kg/day dose, further approval of odevixibat will not be granted.

Proposed Clinical Prior Authorization Criteria (changes italicized/highlighted or stricken)
Prior authorization (PA) is required for odevixibat (Bylvay). Payment will be considered under the following conditions:

1. Request adheres to all FDA approved labeling including age, dosing, contraindications, warnings and precautions, and drug interactions; and
2. Patient has a diagnosis of genetically confirmed progressive familial intrahepatic cholestasis (PFIC) type 1 or 2; and
    a. Genetic testing does not indicate PFIC type 2 with ABCB 11 variants encoding for nonfunction or absence of bile salt export pump protein (BSEP-3); and
    b. Patient has moderate to severe pruritis associated with PFIC; ~~and~~ *or*
3. *Patient has a diagnosis of Alagille Syndrome (ALGS) confirmed by genetic testing demonstrating a JAG1 or NOTCH2 mutation or deletion; and*
    a. *Patient has cholestasis with moderate to severe pruritis; and*
    b. *Documentation of previous trials and therapy failures, at a therapeutic dose, with at least two of the following agents:*
        i. *Ursodeoxycholic acid (ursodiol)*
        ii. *Cholestyramine*
        iii. *Rifampin; and*
4. Patient's current weight in kg is provided; and
5. Is prescribed by or in consultation with a hepatologist*,* ~~or~~ gastroenterologist*, or a prescriber who specializes in PFIC or ALGS*.

Initial authorizations will be approved for 3 months for initial treatment or after a dose increase. Additional authorizations will be considered when the following criteria are met:

1. Patient's current weight in kg is provided; and
2. Documentation is provided the patient has responded to therapy and pruritis has improved. If there is no improvement in pruritis after 3 months of treatment with the maximum 120 mcg/kg/day dose, further approval of odevixibat will not be granted.

Oral Constipation Agents

Current Clinical Prior Authorization
Prior authorization (PA) is required for oral constipation agents subject to clinical criteria. Payment for non-preferred oral constipation agents will be authorized only for cases in which there is documentation of a previous trial and therapy failure with a preferred oral constipation agent. Payment will be considered under the following conditions:

1. Patient meets the FDA approved age; and
2. Patient must have documentation of adequate trials and therapy failures with both of the following:
    a. Stimulant laxative (senna) plus saline laxative (milk of magnesia); and
    b. Stimulant laxative (senna) plus osmotic laxative (polyethylene glycol or lactulose); and
3. Patient does not have a known or suspected mechanical gastrointestinal obstruction; and
4. Patient has one of the following diagnoses:
    a. A diagnosis of chronic idiopathic constipation (Amitiza, Linzess, Motegrity, Trulance)
        i. Patient has less than 3 spontaneous bowel movements (SBMs) per week; and
        ii. Patient has two or more of the following symptoms within the last 3 months:

1. Straining during at least 25% of bowel movements;
2. Lumpy or hard stools for at least 25% of bowel movements; and
3. Sensation of incomplete evacuation for at least 25% of bowel movements; and

iii. Documentation the patient is not currently taking constipation causing therapies

b. A diagnosis of irritable bowel syndrome with constipation (Amitiza, Ibsrela, Linzess, or Trulance)
   i. Patient is female (Amitiza only); and
   ii. Patient has recurrent abdominal pain on average at least 1 day per week in the last 3 months associated with two (2) or more of the following:
      1. Related to defecation;
      2. Associated with a change in stool frequency; and/or
      3. Associated with a change in stool form
c. A diagnosis of opioid-induced constipation with chronic, non-cancer pain (Amitiza, Movantik, Relistor, or Symproic)
   i. Patient has been receiving stable opioid therapy for at least 30 days as seen in the patient's pharmacy claims; and
   ii. Patient has less than 3 spontaneous bowel movements (SBMs) per week, with at least 25% associated with one or more of the following:
      1. Hard to very hard stool consistency;
      2. Moderate to very severe straining; and/or
      3. Having a sensation of incomplete evacuation

If the criteria for coverage are met, initial authorization will be given for 12 weeks to assess the response to treatment. Requests for continuation of therapy may be provided if prescriber documents adequate response to treatment.

<u>Proposed Clinical Prior Authorization</u> (changes highlighted, italicized and/or stricken)

Prior authorization (PA) is required for oral constipation agents subject to clinical criteria. Payment for non-preferred oral constipation agents will be authorized only for cases in which there is documentation of a previous trial and therapy failure with a preferred oral constipation agent. Payment will be considered *when patient has an FDA approved or compendia indication for the requested drug when the following criteria are met* ~~under the following conditions~~:

1. *Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations* ~~Patient meets the FDA approved age~~; and
2. Patient must have documentation of adequate trials and therapy failures with ~~both of~~ the following:
   a. Members 18 years of age or older:
      i. Stimulant laxative (senna) plus saline laxative (milk of magnesia); and
      ii. Stimulant laxative (senna) plus osmotic laxative (polyethylene glycol or lactulose); *or* ~~and~~
   b. Members 17 years of age or younger:
      i. *Polyethylene glycol; and*
      ii. *One other preferred generic laxative, such as lactulose or senna; and*
3. Patient does not have a known or suspected mechanical gastrointestinal obstruction; and
4. Patient has one of the following diagnoses:
   a. A diagnosis of chronic idiopathic constipation (Amitiza, Linzess, Motegrity, Trulance)
      i. Patient has less than 3 spontaneous bowel movements (SBMs) per week; and
      ii. Patient has two or more of the following symptoms within the last 3 months:
         1. Straining during at least 25% of bowel movements; ~~and~~

2. Lumpy or hard stools for at least 25% of bowel movements; ~~and~~
3. Sensation of incomplete evacuation for at least 25% of bowel movements; and

iii. Documentation the patient is not currently taking constipation causing therapies; or

b. A diagnosis of irritable bowel syndrome with constipation (Amitiza, Ibsrela, Linzess, or Trulance)
   i. Patient is female (Amitiza only); and
   ii. Patient has recurrent abdominal pain on average at least 1 day per week in the last 3 months associated with two (2) or more of the following:
      1. Related to defecation;
      2. Associated with a change in stool frequency; ~~and/or~~
      3. Associated with a change in stool form; *or*

c. A diagnosis of opioid-induced constipation with chronic, non-cancer pain (Amitiza, Movantik, Relistor, or Symproic)
   i. Patient has been receiving stable opioid therapy for at least 30 days as seen in the patient's pharmacy claims; and
   ii. Patient has less than 3 spontaneous bowel movements (SBMs) per week, with at least 25% associated with one or more of the following:
      1. Hard to very hard stool consistency;
      2. Moderate to very severe straining; ~~and/or~~
      3. Having a sensation of incomplete evacuation; *or*

d. *A diagnosis of functional constipation (Linzess)*
   i. *Patient has less than 3 SBMs per week; and 1 or more of the following criteria at least once per week for at least 2 months:*
      1. *History of stool withholding or excessive voluntary stool retention;*
      2. *History of painful or hard bowel movements;*
      3. *History of large diameter stools that may obstruct the toilet;*
      4. *Presence of a large fecal mass in the rectum;*
      5. *At least 1 episode of fecal incontinence per week.*

If the criteria for coverage are met, initial authorization will be given for 12 weeks to assess the response to treatment. Requests for continuation of therapy may be provided if prescriber documents adequate response to treatment *and patient continues to meet the age for indication*.

Oral Immunotherapy

Current Clinical Prior Authorization

Prior authorization is required for sublingual allergen immunotherapy. Payment will be considered under the following conditions:

1. Medication is prescribed by an allergist; and
2. Patient is diagnosed with pollen-induced allergic rhinitis with or without conjunctivitis; and
3. Patient has documented trials and therapy failures with allergen avoidance and pharmacotherapy (intranasal corticosteroids and antihistamines); and
4. Patient has a documented intolerance to immunotherapy injections; and
5. The first dose has been administered under the supervision of a health care provider to observe for allergic reactions (date of administration and response required prior to consideration).

6. If patient receives other immunotherapy by subcutaneous allergen immunotherapy (SCIT), treatment of allergic rhinitis with sublingual allergen immunotherapy (SLIT) will not be approved.

Short Ragweed Pollen (Ragwitek®) In addition to the above criteria being met:

- Patient is 18 through 65 years of age; and
- Patient has a positive skin test or in vitro testing (pollen-specific IgE antibodies) to short ragweed pollen.
- If criteria for coverage are met, authorization will be considered at least 12 weeks before the expected onset of ragweed pollen season and continued throughout the season.

Grass Pollen (Grastek® and Oralair®) In addition to the above criteria being met:

- Patient is 10 through 65 years of age (Oralair®); and
- Patient has a positive skin test or in vitro testing (pollen-specific IgE antibodies) to sweet vernal, orchard/cocksfoot, perennial rye, timothy, and Kentucky blue/June grass.
- If criteria for coverage are met, authorization will be considered at least 4 months prior to the expected onset of each grass pollen season and continued throughout the grass pollen season; or
- Patient is 5 through 65 years of age (Grastek®); and
- Patient has a positive skin test or in vitro testing (pollen-specific IgE antibodies) to timothy grass (or cross reactive grasses such as sweet vernal, orchard/cocksfoot, perennial rye, Kentucky blue/June, meadow fescue, and redtop).
- If criteria for coverage are met, authorization will be considered at least 12 weeks before the expected onset of each grass pollen season.

Proposed Clinical Prior Authorization (changes italicized/highlighted and/or stricken)
Prior authorization is required for sublingual allergen immunotherapy. Payment will be considered *when patient has an FDA approved or compendia indication for the requested drug* under the following conditions:

1. *Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings & precautions, drug interactions, and use in specific populations; and*
2. Medication is prescribed by *or in consultation with* an allergist *or immunologist*; and
3. ~~Patient is diagnosed with pollen-induced allergic rhinitis with or without conjunctivitis; and~~
4. *Patient has documented an adequate trial and therapy failure with an intranasal corticosteroid and oral or nasal antihistamine used concurrently; and* ~~Patient has documented trials and therapy failures with allergen avoidance and pharmacotherapy (intranasal corticosteroids and antihistamines); and~~
5. Patient has a documented intolerance to immunotherapy injections; and
6. The first dose has been administered under the supervision of a health care provider to observe for allergic reactions (date of administration and response required prior to consideration).
7. If patient receives other immunotherapy by subcutaneous allergen immunotherapy (SCIT), treatment of allergic rhinitis with sublingual allergen immunotherapy (SLIT) will not be approved.

Short Ragweed Pollen (Ragwitek®) In addition to the above criteria being met:

~~1. Patient is 18 through 65 years of age; and~~

2. *Patient is diagnosed with short ragweed pollen-induced allergic rhinitis, with or without conjunctivitis; and*
3. Patient has a positive skin test or *in vitro* testing (pollen-specific IgE antibodies) to short ragweed pollen.
4. If criteria for coverage are met, authorization will be considered at least 12 weeks before the expected onset of ragweed pollen season and continued throughout the season.

Grass Pollen (Grastek® and Oralair®) In addition to the above criteria being met:

1. *Request is for* ~~Patient is 10 through 65 years of age (~~Oralair®~~)~~; and
    a. *Patient is diagnosed with grass pollen-induced allergic rhinitis, with or without conjunctivitis; and*
    b. Patient has a positive skin test or *in vitro* testing (pollen-specific IgE antibodies) to sweet vernal, orchard/cocksfoot, perennial rye, timothy, and Kentucky blue/June grass.
    c. If criteria for coverage are met, authorization will be considered at least 4 months prior to the expected onset of each grass pollen season and continued throughout the grass pollen season; or
2. *Request is for* ~~Patient is 5 through 65 years of age (~~Grastek®~~)~~; and
    a. *Patient is diagnosed with grass pollen-induced allergic rhinitis, with or without conjunctivitis; and*
    b. Patient has a positive skin test or *in vitro* testing (pollen-specific IgE antibodies) to timothy grass (or cross reactive grasses such as sweet vernal, orchard/cocksfoot, perennial rye, Kentucky blue/June, meadow fescue, and redtop).
    c. If criteria for coverage are met, authorization will be considered at least 12 weeks before the expected onset of ~~each~~ grass pollen season *as follows:*
        - *Seasonally, through the end of the grass pollen season or*
        - *For sustained effectiveness, up to three consecutive years (including the intervals between grass pollen seasons) for one grass pollen season after cessation of treatment. Authorizations would be given in 12-month intervals up to three consecutive years with one grass pollen season.*

House Dust Mite (Odactra®) In addition to the above criteria being met:

1. *Patient is diagnosed with house dust mite (HDM)-induced allergic rhinitis, with or without conjunctivitis, and*
2. *Patient has a positive skin test to licensed house dust mite allergen extracts or in vitro testing for IgE antibodies to Dermatophagoides farinae or Dermatophagoides pteronyssinus house dust mites; and*
3. *If criteria for coverage are met, authorization will be considered for 12 months.*

Vesicular Monoamine Transporter (VMAT) 2 Inhibitors

<u>Current Clinical Prior Authorization Criteria</u>
Prior authorization (PA) is required for VMAT 2 inhibitors. Payment for non-preferred agents will be considered only for cases in which there is documentation of previous trial and therapy failure with a preferred agent (when applicable, based on diagnosis). Payment will be considered under the following conditions:
<u>Tardive Dyskinesia</u> (Ingrezza or Austedo)

1. Patient meets the FDA approved age; and
2. Patient has a diagnosis of tardive dyskinesia (TD) based on the presence of ALL of the following:
    a. Involuntary athetoid or choreiform movements

    b. Documentation or claims history of current or prior chronic use (≥ 3 months or 1 month in patients ≥ 60 years old) of a dopamine receptor blocking agent (e.g., antipsychotic, metoclopramide, prochlorperazine, droperidol, promethazine, etc.)
    c. Symptoms lasting longer than 4-8 weeks; and
3. Prescribed by or in consultation with a neurologist or psychiatrist; and
4. Prescriber has evaluated the patient's current medications for consideration of a dose reduction, withdrawal, or change of the dopamine receptor blocking agent causing the TD; and
5. Documentation of baseline AIMS (Abnormal Involuntary Movement Scale) Score (attach AIMS); and
6. For Ingrezza:
    a. Will not be used concurrently with MAO inhibitors (e.g., isocarboxazid, phenelzine, rasagiline, safinamide, selegiline, tranylcypromine, etc.) or strong CYP3A4 inducers (e.g., carbamazepine, phenytoin, phenobarbital, rifampin and related agents, St. John's wort, etc.); and
    b. Will not be used concurrently with other vesicular monoamine transporter 2 (VMAT2) inhibitors; and
    c. Is prescribed within the FDA approved dosing; or
7. For Austedo:
    a. Patient does not have hepatic impairment;
    b. Will not be used concurrently with MAO inhibitors, reserpine, or other VMAT2 inhibitors; and
    c. Patients that are taking a strong CYP2D6 inhibitor (e.g., quinidine, paroxetine, fluoxetine, bupropion) or are poor CYP2D6 metabolizers, the daily dose does not exceed 36mg per day (18mg twice daily); and
    d. Is prescribed within the FDA approved dosing.

If criteria for coverage are met, initial requests will be given for 3 months. Continuation of therapy will be considered when the following criteria are met:

1. Patient continues to meet the criteria for initial approval; and
2. Documentation of improvement in TD symptoms as evidenced by a reduction of AIMS score from baseline (attach current AIMS).

<u>Chorea associated with Huntington's disease</u> (Austedo or tetrabenazine)

1. Patient meets the FDA approved age; and
2. Patient has a diagnosis of Huntington's disease with chorea symptoms; and
3. Prescribed by or in consultation with a neurologist or psychiatrist; and
4. Is prescribed within the FDA approved dosing; and
5. Patient is not suicidal, or does not have untreated or inadequately treated depression; and
6. Patient does not have hepatic impairment; and
7. Patient does not have concurrent therapy with MAO inhibitors, reserpine, or other VMAT2 inhibitors; and
8. For tetrabenazine, patients requiring doses above 50mg per day have been tested and genotyped for the drug metabolizing enzyme CYP2D6 to determine if they are a poor metabolizer or extensive metabolizer; and
9. In patients that are taking a strong CYP2D6 inhibitor (e.g., quinidine, paroxetine, fluoxetine, bupropion) or are poor CYP2D6 metabolizers, the daily dose does not exceed the following:
    a. Austedo - 36mg per day (18mg single dose) or
    b. Tetrabenazine – 50mg per day (25mg single dose)

If criteria for coverage are met, initial requests will be given for 3 months. Continuation of therapy will be considered when the following criteria are met:

1. Patient continues to meet the criteria for initial approval; and

2. Documentation of improvement in chorea symptoms is provided.

Proposed Clinical Prior Authorization Criteria (changes italicized/highlighted and/or stricken)
Prior authorization (PA) is required for VMAT 2 inhibitors. Payment for non-preferred agents will be considered only for cases in which there is documentation of previous trial and therapy failure with a preferred agent (when applicable, based on diagnosis). Payment will be considered *when the patient has an FDA approved or compendia indication for the requested drug* under the following conditions:

1. *Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings & precautions, drug interactions, and use in specific populations; and*
2. *Will not be used concurrently with other vesicular monoamine transporter (VMAT) 2 inhibitors; and*
3. Prescribed by or in consultation with a neurologist, ~~or~~ psychiatrist*, psychiatric nurse practitioner, or psychiatric physician assistant*; *and*

Tardive Dyskinesia (Ingrezza or Austedo)

~~1. Patient meets the FDA approved age; and~~
2. Patient has a diagnosis of tardive dyskinesia (TD) based on the presence of ALL of the following:
    a. Involuntary athetoid or choreiform movements
    b. Documentation or claims history of current or prior chronic use (≥ 3 months or 1 month in patients ≥ 60 years old) of a dopamine receptor blocking agent (e.g., antipsychotic, metoclopramide, prochlorperazine, droperidol, promethazine, etc.)
    c. Symptoms lasting longer than 4-8 weeks; and
~~3. Prescribed by or in consultation with a neurologist or psychiatrist; and~~
4. Prescriber has evaluated the patient's current medications for consideration of a dose reduction, withdrawal, or change of the dopamine receptor blocking agent causing the TD; and
5. Documentation of baseline AIMS (Abnormal Involuntary Movement Scale) Score (attach AIMS)~~.; and~~
~~6. For Ingrezza:~~
    ~~a. Will not be used concurrently with MAO inhibitors (e.g., isocarboxazid, phenelzine, rasagiline, safinamide, selegiline, tranylcypromine, etc.) or strong CYP3A4 inducers (e.g., carbamazepine, phenytoin, phenobarbital, rifampin and related agents, St. John's wort, etc.); and~~
    ~~b. Will not be used concurrently with other vesicular monoamine transporter 2 (VMAT2) inhibitors; and~~
    ~~c. Is prescribed within the FDA approved dosing; or~~
~~7. For Austedo:~~
    ~~a. Patient does not have hepatic impairment;~~
    ~~b. Will not be used concurrently with MAO inhibitors, reserpine, or other VMAT2 inhibitors; and~~
    ~~c. Patients that are taking a strong CYP2D6 inhibitor (e.g., quinidine, paroxetine, fluoxetine, bupropion) or are poor CYP2D6 metabolizers, the daily dose does not exceed 36mg per day (18mg twice daily); and~~
    ~~d. Is prescribed within the FDA approved dosing.~~

If criteria for coverage are met, initial requests will be given for 3 months. Continuation of therapy will be considered when the following criteria are met:

1. Patient continues to meet the criteria for initial approval; and
2. Documentation of improvement in TD symptoms as evidenced by a reduction of AIMS score from baseline (attach current AIMS)~~.~~*; or*

Chorea associated with Huntington's disease (Austedo, *Ingrezza* or tetrabenazine)

~~1. Patient meets the FDA approved age; and~~
2. Patient has a diagnosis of Huntington's disease with chorea symptoms; and
~~3. Prescribed by or in consultation with a neurologist or psychiatrist; and~~
~~4. Is prescribed within the FDA approved dosing; and~~
5. Patient is not suicidal, or does not have untreated or inadequately treated depression; and
~~6. Patient does not have hepatic impairment; and~~
~~7. Patient does not have concurrent therapy with MAO inhibitors, reserpine, or other VMAT2 inhibitors; and~~
8. For tetrabenazine, patients requiring doses above 50mg per day have been tested and genotyped for the drug metabolizing enzyme CYP2D6 to determine if they are a poor metabolizer or extensive metabolizer~~; and~~
~~9. In patients that are taking a strong CYP2D6 inhibitor (e.g., quinidine, paroxetine, fluoxetine, bupropion) or are poor CYP2D6 metabolizers, the daily dose does not exceed the following:~~
    ~~a. Austedo - 36mg per day (18mg single dose) or~~
    ~~b. Tetrabenazine – 50mg per day (25mg single dose)~~

If criteria for coverage are met, initial requests will be given for 3 months. Continuation of therapy will be considered when the following criteria are met:

1. Patient continues to meet the criteria for initial approval; and
2. Documentation of improvement in chorea symptoms is provided.

Additionally, based on verbal and written public comment provided at the February 7, 2024 meeting, the DUR Commission respectfully requests the Department review and consider vitiligo a disease state, not a cosmetic condition. Information provided establishes vitiligo as a chronic autoimmune skin disorder.

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendations for Odevixibat (Bylvay), Oral Constipation Agents, Oral Immunotherapy, and Vesicular Monoamine Transporter (VMAT) 2 Inhibitors, as well as reclassifying vitiligo as a disease state, not a cosmetic condition.

Sincerely,

Pamela Smith R.Ph.

Pamela Smith, R.Ph.
Drug Utilization Review Project Coordinator
Iowa Medicaid

Cc: Erin Halverson, R.Ph, Iowa Medicaid
Gina Kuebler, R.Ph, Iowa Medicaid

MOLINA HEALTHCARE OF IOWA CLAIMS QUARTERLY STATISTICS			
Category	Sept 2023 to Nov 2023	Dec 2023 to Feb 2024	% Change
Total paid Amount	$45,267,181.95	$45,140,114.51	-0.28%
Unique users	71,770	73,621	2.58%
Cost Per user	$630.73	$613.14	-2.79%
Total prescriptions	458,905	462,441	0.77%
Average Prescriptions per user	6.39	6.28	-1.76%
Average cost per prescription	$98.64	$97.61	-1.04%
# Generic Prescriptions	413,420	419,320	1.43%
% Generic	90.1%	90.7%	0.65%
$ Generic	$7,002,949.72	$6,971,900.40	-0.44%
Average Generic Prescription Cost	$16.94	$16.63	-1.84%
Average Generic Days Supply	24.96	24.75	-0.86%
# Brand Prescriptions	45,485	43,121	-5.20%
% Brand	9.91%	9.32%	-5.92%
$ Brand	$38,264,232	$38,168,214	-0.25%
Average Brand Prescription cost	$841.25	$885.14	5.22%
Average Brand Days Supply	27.28	27.53	0.92%

UTILIZATION BY AGE		
Age	Sept to Nov 2023	Dec 2023 to Feb 2024
0 to 6	9,995	11,470
7 to 12	8,945	9,576
13 to 18	9,249	9,210
19 to 64	42,590	42,106
65+	1,365	1,687
Total	71,770	74,049

UTILIZATION BY GENDER AND AGE			
Gender	Age	Sept 2023 to Nov 2023	Dec 2023 to Feb 2024
F	0 to 6	4,714	5,426
	7 to 12	4,001	4,390
	13 to 18	5,287	5,202
	19 to 64	27,719	27,113
	65+	843	1,035
	Gender Total	42,564	43,166
M	0 to 6	5,281	6,041
	7 to 12	4,944	5,183
	13 to 18	3,962	4,007
	19 to 64	14,869	14,990
	65+	521	652
	Gender Total	29,577	30,873
Grand Total		72,141	74,039

Iowa Health Link
IOWA HHS

MOLINA HEALTHCARE

Top 100 Pharmacies by Prescription Count December 2023 to February 2024							
RANK	Pharmacy NAME	Pharmacy City	State	Prescription Count	Paid Amount	Average Cost RX	Previous RANK
1	UIHC AMBULATORY CARE PHC	IOWA CITY	IA	5,989	$3,232,821.67	$539.79	1
2	WALGREENS 04405	COUNCIL BLUFFS	IA	5,581	$374,561.75	$67.11	2
3	WALGREENS 05239	DAVENPORT	IA	4,206	$215,036.46	$51.13	4
4	WALGREENS 05042	CEDAR RAPIDS	IA	4,200	$204,862.96	$48.78	3
5	BROADLAWNS MED CTR OP PH	DES MOINES	IA	3,717	$182,196.86	$49.02	5
6	HY-VEE PHARMACY 1403	MARSHALLTOWN	IA	3,494	$219,710.45	$62.88	6
7	WALGREENS 07455	WATERLOO	IA	3,339	$181,765.58	$54.44	7
8	WALGREENS 05721	DES MOINES	IA	3,143	$178,685.42	$56.85	8
9	WALGREENS 03700	COUNCIL BLUFFS	IA	2,803	$137,505.62	$49.06	14
10	HY-VEE DRUGSTORE 7060	MUSCATINE	IA	2,740	$209,357.41	$76.41	9
11	WALGREENS 07453	DES MOINES	IA	2,728	$136,689.72	$50.11	10
12	WALGREENS 00359	DES MOINES	IA	2,722	$153,164.17	$56.27	13
13	RIGHT DOSE PHARMACY	ANKENY	IA	2,672	$154,316.18	$57.75	16
14	HY-VEE PHARMACY 1092	COUNCIL BLUFFS	IA	2,656	$191,434.15	$72.08	12
15	WALGREENS 15647	SIOUX CITY	IA	2,605	$139,179.71	$53.43	11
16	HY-VEE PHARMACY 1138	DES MOINES	IA	2,573	$194,160.27	$75.46	20
17	SIOUXLAND COMM HLTH CTR	SIOUX CITY	IA	2,492	$107,658.15	$43.20	19
18	HY-VEE DRUGSTORE 7065	OTTUMWA	IA	2,415	$236,408.76	$97.89	15
19	WALGREENS 04041	DAVENPORT	IA	2,355	$145,649.42	$61.85	17
20	HY-VEE PHARMACY 1044	BURLINGTON	IA	2,317	$162,886.14	$70.30	22
21	DRILLING PHARMACY 67	SIOUX CITY	IA	2,231	$139,708.05	$62.62	18
22	HY-VEE PHARMACY 1151	DES MOINES	IA	2,167	$129,304.48	$59.67	23
23	NELSON FAMILY PHARMACY	FORT MADISON	IA	2,161	$153,014.55	$70.81	27

24	HY-VEE PHARMACY 1056	CEDAR RAPIDS	IA	2,089	$116,641.60	$55.84	24
25	MAHASKA DRUGS	OSKALOOSA	IA	2,078	$144,688.67	$69.63	21
26	HY-VEE PHARMACY 1075	CLINTON	IA	2,074	$131,520.62	$63.41	25
27	WALMART PHARMACY 10-2889	CLINTON	IA	2,027	$125,954.27	$62.14	26
28	GREENWOOD DRUG ON KIMBAL	WATERLOO	IA	1,917	$158,644.91	$82.76	37
29	CVS PHARMACY 08544	WATERLOO	IA	1,875	$84,824.09	$45.24	52
30	WALGREENS 05852	DES MOINES	IA	1,862	$113,539.67	$60.98	31
31	HY-VEE PHARMACY 1192	FORT DODGE	IA	1,822	$106,745.11	$58.59	32
32	HY-VEE PHARMACY 1074	CHARLES CITY	IA	1,813	$107,110.63	$59.08	34
33	HY-VEE DRUGSTORE 7020	CEDAR RAPIDS	IA	1,798	$104,560.68	$58.15	33
34	CVS PHARMACY 10282	FORT DODGE	IA	1,778	$87,761.37	$49.36	29
35	HY-VEE PHARMACY 1109	DAVENPORT	IA	1,746	$93,671.26	$53.65	40
36	COMMUNITY HEALTH CARE PH	DAVENPORT	IA	1,727	$50,736.88	$29.38	45
37	WALGREENS 05470	SIOUX CITY	IA	1,720	$126,812.43	$73.73	28
38	WALGREENS 07452	DES MOINES	IA	1,717	$115,827.02	$67.46	46
39	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	1,707	$99,242.83	$58.14	51
40	HY-VEE PHARMACY 1142	DES MOINES	IA	1,688	$94,379.20	$55.91	36
41	WALMART PHARMACY 10-3590	SIOUX CITY	IA	1,675	$92,722.35	$55.36	47
42	WALGREENS 05044	BURLINGTON	IA	1,664	$91,428.57	$54.95	38
43	WALMART PHARMACY 10-3394	ATLANTIC	IA	1,627	$98,539.97	$60.57	42
44	HY-VEE PHARMACY 1281	IOWA CITY	IA	1,611	$70,211.74	$43.58	41
45	DANIEL PHARMACY	FORT DODGE	IA	1,605	$92,141.44	$57.41	68
46	HY VEE PHARMACY 1459	OELWEIN	IA	1,589	$88,092.92	$55.44	55
47	HY-VEE PHARMACY 1060	CEDAR RAPIDS	IA	1,581	$78,329.20	$49.54	76
48	WALMART PHARMACY 10-0559	MUSCATINE	IA	1,535	$99,026.12	$64.51	54
49	HY-VEE PHARMACY 1504	OTTUMWA	IA	1,519	$71,653.24	$47.17	30
50	WALGREENS 05886	KEOKUK	IA	1,482	$75,942.11	$51.24	53

51	UI HEALTHCARE	CORALVILLE	IA	1,481	$63,577.06	$42.93	49
52	HY-VEE PHARMACY 1396	MARION	IA	1,478	$98,173.92	$66.42	66
53	HY-VEE PHARMACY 1610	SIOUX CITY	IA	1,459	$92,142.77	$63.15	80
54	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	1,447	$66,615.95	$46.04	50
55	STANGEL PHARMACY	ONAWA	IA	1,446	$103,785.10	$71.77	48
56	WALMART PHARMACY 10-0646	ANAMOSA	IA	1,442	$106,200.30	$73.65	43
57	HY-VEE PHARMACY 1170	ESTHERVILLE	IA	1,423	$90,156.65	$63.36	64
58	HY-VEE PHARMACY 1058	CENTERVILLE	IA	1,420	$182,574.36	$128.57	56
59	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	1,408	$162,026.18	$115.08	72
60	WALMART PHARMACY 10-5115	DAVENPORT	IA	1,403	$58,078.12	$41.40	81
61	SCOTT PHARMACY INC	FAYETTE	IA	1,402	$70,137.70	$50.03	69
62	HY-VEE PHARMACY 1530	PLEASANT HILL	IA	1,402	$61,366.01	$43.77	65
63	HY-VEE PHARMACY 1449	NEWTON	IA	1,399	$93,742.77	$67.01	44
64	HY-VEE PHARMACY 1061	CEDAR RAPIDS	IA	1,398	$69,792.02	$49.92	75
65	HY-VEE PHARMACY 1866	WATERLOO	IA	1,380	$103,656.09	$75.11	84
66	WALGREENS 05362	DES MOINES	IA	1,370	$74,134.23	$54.11	79
67	WALMART PHARMACY 10-1496	WATERLOO	IA	1,365	$74,871.38	$54.85	85
68	HY-VEE PHARMACY 1241	HARLAN	IA	1,363	$95,286.71	$69.91	123
69	WALMART PHARMACY 10-0985	FAIRFIELD	IA	1,352	$54,014.78	$39.95	70
70	HY-VEE PHARMACY 1071	CLARINDA	IA	1,348	$74,562.01	$55.31	60
71	HY-VEE DRUGSTORE 7056	MASON CITY	IA	1,346	$63,671.62	$47.30	57
72	HY-VEE DRUGSTORE 7026	CEDAR RAPIDS	IA	1,339	$83,707.31	$62.51	73
73	HY-VEE PHARMACY 1522	PERRY	IA	1,330	$55,464.48	$41.70	59
74	WALGREENS 03595	DAVENPORT	IA	1,324	$71,464.32	$53.98	63
75	HY-VEE PHARMACY 1615	SIOUX CITY	IA	1,324	$77,899.48	$58.84	67
76	WAGNER PHARMACY	CLINTON	IA	1,322	$82,760.93	$62.60	104

77	HY-VEE PHARMACY 1013	AMES	IA	1,315	$72,656.34	$55.25	87
78	HY-VEE PHARMACY 1042	BURLINGTON	IA	1,300	$99,898.15	$76.84	58
79	MEDICAP PHARMACY 8405	INDIANOLA	IA	1,291	$70,203.29	$54.38	93
80	CVS PHARMACY 08658	DAVENPORT	IA	1,289	$66,869.07	$51.88	158
81	WALMART PHARMACY 10-1621	CENTERVILLE	IA	1,285	$123,560.25	$96.16	62
82	WALGREENS 07968	DES MOINES	IA	1,269	$90,722.08	$71.49	91
83	HY-VEE PHARMACY 1105	DAVENPORT	IA	1,269	$87,375.34	$68.85	113
84	WALGREENS 07454	ANKENY	IA	1,266	$63,658.91	$50.28	97
85	HY-VEE PHARMACY 1148	DES MOINES	IA	1,266	$68,698.34	$54.26	138
86	WALMART PHARMACY 10-1723	DES MOINES	IA	1,248	$61,358.09	$49.17	61
87	WALMART PHARMACY 10-0797	WEST BURLINGTON	IA	1,247	$57,185.22	$45.86	115
88	COVENANT FAMILY PHARMACY	WATERLOO	IA	1,238	$70,120.63	$56.64	112
89	WALGREENS 10557	CEDAR FALLS	IA	1,228	$63,079.65	$51.37	108
90	HY-VEE PHARMACY 1065	CHARITON	IA	1,228	$52,531.19	$42.78	74
91	REUTZEL PHARMACY	CEDAR RAPIDS	IA	1,227	$100,146.37	$81.62	39
92	WALMART PHARMACY 10-0581	MARSHALLTOWN	IA	1,220	$76,491.60	$62.70	127
93	WALGREENS 04714	DES MOINES	IA	1,218	$67,941.57	$55.78	98
94	HY-VEE PHARMACY 1136	DES MOINES	IA	1,215	$66,911.31	$55.07	95
95	HY-VEE PHARMACY 1875	WEBSTER CITY	IA	1,215	$70,101.52	$57.70	88
96	WALGREENS 05777	DES MOINES	IA	1,209	$82,132.26	$67.93	82
97	WALGREENS 03876	MARION	IA	1,199	$56,765.27	$47.34	86
98	EXACT CARE PHARMACY LLC	VALLEY VIEW	OH	1,197	$76,219.13	$63.68	116
99	HY-VEE PHARMACY 1324	KEOKUK	IA	1,193	$94,731.29	$79.41	101
100	HY-VEE PHARMACY 1009	ALBIA	IA	1,190	$59,071.29	$49.64	83

Top 100 Pharmacies by Paid Amount December 2023 to February 2024							
RANK	Pharmacy NAME	Pharmacy City	State	Prescription Count	Paid Amount	Average Cost Member	Previous RANK
1	UIHC AMBULATORY CARE PHC	IOWA CITY	IA	5,989	$3,232,821.67	$539.79	1
2	CAREMARK SPECIALTY P 1702	LENEXA	KS	337	$1,817,829.64	$5,394.15	2
3	COMMUNITY, A WALGRE 16528	DES MOINES	IA	366	$1,720,362.00	$4,700.44	3
4	CVS SPECIALTY 02921	MONROEVILLE	PA	162	$1,257,725.60	$7,763.74	5
5	UNITYPOINT AT HOME	URBANDALE	IA	271	$898,589.84	$3,315.83	4
6	NUCARA SPECIALTY PHARMAC	PLEASANT HILL	IA	776	$864,510.05	$1,114.06	6
7	CARE PLUS CVS/PHARM 00102	AURORA	CO	60	$568,863.97	$9,481.07	8
8	COMMUNITY A WALGREE 21250	IOWA CITY	IA	136	$505,740.40	$3,718.68	7
9	ACARIAHEALTH PHARMACY 11	HOUSTON	TX	44	$450,244.74	$10,232.84	12
10	AMBER PHARMACY	OMAHA	NE	90	$446,861.82	$4,965.13	17
11	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	35	$405,057.12	$11,573.06	20
12	CAREMARK SPECIALTY 48031	MOUNT PROSPECT	IL	52	$374,642.44	$7,204.66	11
13	WALGREENS 04405	COUNCIL BLUFFS	IA	5,581	$374,561.75	$67.11	9
14	OPTUM PHARMACY	JEFFERSONVILLE	IN	44	$342,138.85	$7,775.88	13
15	EXPRESS SCRIPTS SPECAILT	ST. LOUIS	MO	20	$333,487.60	$16,674.38	10
16	ARJ INFUSION SERVICES LL	CEDAR RAPIDS	IA	38	$297,583.67	$7,831.15	40
17	ANOVORX GROUP LLC	MEMPHIS	TN	10	$241,021.83	$24,102.18	16
18	HY-VEE DRUGSTORE 7065	OTTUMWA	IA	2,415	$236,408.76	$97.89	15
19	HY-VEE PHARMACY 1403	MARSHALLTOWN	IA	3,494	$219,710.45	$62.88	19
20	WALGREENS 05239	DAVENPORT	IA	4,206	$215,036.46	$51.13	18
21	HY-VEE DRUGSTORE 7060	MUSCATINE	IA	2,740	$209,357.41	$76.41	22
22	DUNCAN SPECIALTY PHARMAC	MAYFIELD	KY	65	$205,852.92	$3,166.97	85
23	WALGREENS 05042	CEDAR RAPIDS	IA	4,200	$204,862.96	$48.78	21

24	HY-VEE PHARMACY 1138	DES MOINES	IA	2,573	$194,160.27	$75.46	24
25	CR CARE PHARMACY	CEDAR RAPIDS	IA	825	$193,086.02	$234.04	27
26	HY-VEE PHARMACY 1092	COUNCIL BLUFFS	IA	2,656	$191,434.15	$72.08	28
27	HY-VEE PHARMACY 1058	CENTERVILLE	IA	1,420	$182,574.36	$128.57	25
28	BROADLAWNS MED CTR OP PH	DES MOINES	IA	3,717	$182,196.86	$49.02	43
29	WALGREENS 07455	WATERLOO	IA	3,339	$181,765.58	$54.44	29
30	WALGREENS 05721	DES MOINES	IA	3,143	$178,685.42	$56.85	30
31	PRIMARY HEALTHCARE PHARM	DES MOINES	IA	681	$172,819.14	$253.77	34
32	CVS/SPECIALTY 1703	REDLANDS	CA	15	$170,467.40	$11,364.49	14
33	GENOA HEALTHCARE LL 20171	DAVENPORT	IA	1,059	$168,196.72	$158.83	33
34	MEDICAL ONCOLOGY & HEMAT	DES MOINES	IA	23	$167,348.76	$7,276.03	76
35	HY-VEE PHARMACY 1044	BURLINGTON	IA	2,317	$162,886.14	$70.30	32
36	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	1,408	$162,026.18	$115.08	38
37	GREENWOOD DRUG ON KIMBAL	WATERLOO	IA	1,917	$158,644.91	$82.76	39
38	RIGHT DOSE PHARMACY	ANKENY	IA	2,672	$154,316.18	$57.75	54
39	WALGREENS 00359	DES MOINES	IA	2,722	$153,164.17	$56.27	42
40	NELSON FAMILY PHARMACY	FORT MADISON	IA	2,161	$153,014.55	$70.81	55
41	SIOUXLAND REGIONAL CANCE	SIOUX CITY	IA	12	$152,198.12	$12,683.18	62
42	ACCREDO HEALTH GROUP INC	WARRENDALE	PA	16	$151,197.06	$9,449.82	20
43	NEBRASKA MED CTR CLINIC	OMAHA	NE	249	$149,086.64	$598.74	45
44	WALGREENS SPECIALTY 15438	CANTON	MI	14	$148,176.75	$10,584.05	57
45	WALGREENS 04041	DAVENPORT	IA	2,355	$145,649.42	$61.85	52
46	MAHASKA DRUGS	OSKALOOSA	IA	2,078	$144,688.67	$69.63	36
47	S-S PHARMACY	COUNCIL BLUFFS	IA	542	$142,309.86	$262.56	47
48	DRILLING PHARMACY 67	SIOUX CITY	IA	2,231	$139,708.05	$62.62	37
49	WALGREENS 15647	SIOUX CITY	IA	2,605	$139,179.71	$53.43	46
50	WALGREENS 03700	COUNCIL BLUFFS	IA	2,803	$137,505.62	$49.06	51

51	WALGREENS 07453	DES MOINES	IA	2,728	$136,689.72	$50.11	35
52	WALMART PHARMACY 4606	OSCEOLA	IA	1,050	$135,814.29	$129.35	66
53	AON PHARMACY	FORT MYERS	FL	7	$132,711.35	$18,958.76	283
54	HY-VEE PHARMACY 1075	CLINTON	IA	2,074	$131,520.62	$63.41	44
55	PARAGON PARTNERS	OMAHA	NE	262	$129,492.86	$494.25	75
56	HY-VEE PHARMACY 1151	DES MOINES	IA	2,167	$129,304.48	$59.67	53
57	WALGREENS 05470	SIOUX CITY	IA	1,720	$126,812.43	$73.73	60
58	AVERA SPECIALTY PHARMACY	SIOUX FALLS	SD	32	$126,348.96	$3,948.41	41
59	WALMART PHARMACY 10-2889	CLINTON	IA	2,027	$125,954.27	$62.14	59
60	WALMART PHARMACY 10-1621	CENTERVILLE	IA	1,285	$123,560.25	$96.16	49
61	GREENWOOD COMPLIANCE PHA	WATERLOO	IA	810	$123,534.27	$152.51	73
62	ALLIANCERX WALGREEN 16280	FRISCO	TX	6	$120,419.34	$20,069.89	142
63	FIRST MED EAST PHARMACY	DAVENPORT	IA	356	$120,336.74	$338.02	147
64	WALGREENS 16270	OMAHA	NE	34	$117,684.26	$3,461.30	113
65	HY-VEE PHARMACY 1018	AMES	IA	1,055	$117,151.67	$111.04	125
66	WALMART PHARMACY 10-5315	ORLANDO	FL	11	$116,896.75	$10,626.98	118
67	HY-VEE PHARMACY 1056	CEDAR RAPIDS	IA	2,089	$116,641.60	$55.84	48
68	WALGREENS 07452	DES MOINES	IA	1,717	$115,827.02	$67.46	81
69	ALLEN CLINIC PHARMACY	WATERLOO	IA	567	$113,602.96	$200.36	31
70	WALGREENS 05852	DES MOINES	IA	1,862	$113,539.67	$60.98	69
71	FAIRVIEW PHARMACY	MINNEAPOLIS	MN	24	$109,705.19	$4,571.05	96
72	MEDICAP PHARMACY 8052	DES MOINES	IA	848	$109,143.74	$128.71	64
73	SIOUXLAND COMM HLTH CTR	SIOUX CITY	IA	2,492	$107,658.15	$43.20	94
74	HY-VEE PHARMACY 1074	CHARLES CITY	IA	1,813	$107,110.63	$59.08	72
75	HY-VEE PHARMACY 1192	FORT DODGE	IA	1,822	$106,745.11	$58.59	58
76	WALMART PHARMACY 10-0646	ANAMOSA	IA	1,442	$106,200.30	$73.65	65
77	WALGREENS 02637	AMES	IA	1,136	$105,392.15	$92.77	177

78	HY-VEE DRUGSTORE 7020	CEDAR RAPIDS	IA	1,798	$104,560.68	$58.15	67
79	STANGEL PHARMACY	ONAWA	IA	1,446	$103,785.10	$71.77	56
80	HY-VEE PHARMACY 1866	WATERLOO	IA	1,380	$103,656.09	$75.11	99
81	GENOA HEALTHCARE LL 20304	SIOUX CITY	IA	892	$103,423.73	$115.95	88
82	PANTHERX SPECIALTY PHARM	PITTSBURGH	PA	11	$103,255.27	$9,386.84	179
83	REUTZEL PHARMACY	CEDAR RAPIDS	IA	1,227	$100,146.37	$81.62	61
84	HY-VEE PHARMACY 1042	BURLINGTON	IA	1,300	$99,898.15	$76.84	86
85	GENOA HEALTHCARE LL 20459	MARSHALLTOWN	IA	496	$99,570.62	$200.75	164
86	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	1,707	$99,242.83	$58.14	71
87	WALMART PHARMACY 10-0559	MUSCATINE	IA	1,535	$99,026.12	$64.51	110
88	WALMART PHARMACY 10-3394	ATLANTIC	IA	1,627	$98,539.97	$60.57	101
89	HY-VEE PHARMACY 1396	MARION	IA	1,478	$98,173.92	$66.42	115
90	EVERSANA LIFE SCIENCE SE	CHESTERFIELD	MO	3	$96,151.14	$32,050.38	90
91	WALMART PHARMACY 10-1683	SHENANDOAH	IA	1,186	$95,908.86	$80.87	82
92	INFOCUS PHARMACY SERVICE	DUBUQUE	IA	916	$95,571.04	$104.34	79
93	HY-VEE PHARMACY 1241	HARLAN	IA	1,363	$95,286.71	$69.91	204
94	HY-VEE PHARMACY 1324	KEOKUK	IA	1,193	$94,731.29	$79.41	106
95	HY-VEE PHARMACY 1142	DES MOINES	IA	1,688	$94,379.20	$55.91	70
96	HY-VEE PHARMACY 1449	NEWTON	IA	1,399	$93,742.77	$67.01	50
97	HY-VEE PHARMACY 1109	DAVENPORT	IA	1,746	$93,671.26	$53.65	74
98	WALMART PHARMACY 10-3590	SIOUX CITY	IA	1,675	$92,722.35	$55.36	83
99	HY-VEE PHARMACY 1610	SIOUX CITY	IA	1,459	$92,142.77	$63.15	128
100	DANIEL PHARMACY	FORT DODGE	IA	1,605	$92,141.44	$57.41	156

Top 100 Prescribing Providers by Prescription Count December 2023 to February 2024						
RANK	NPI Num	Prescriber Name	Paid Amount	Prescription Count	Average Scripts Member	Previous Rank
1	1982030946	JACKLYN BESCH	$23,811.77	770	7.13	3
2	1982605762	JEFFREY WILHARM	$54,268.92	755	11.44	1
3	1164538674	JOSEPH WANZEK	$44,230.06	750	9.62	5
4	1013115369	BOBBITA NAG	$30,945.40	727	4.69	4
5	1437238110	GENEVIEVE NELSON	$64,970.91	674	8.02	6
6	1629036546	ANITA SIMISON	$28,559.99	664	5.03	88
7	1043211303	ALI SAFDAR	$99,459.81	653	4.91	2
8	1356359871	RHEA HARTLEY	$49,616.96	642	4.31	14
9	1467502286	CHARLES TILLEY	$74,181.80	620	6.60	17
10	1659358620	CARLOS CASTILLO	$15,505.93	576	5.88	15
11	1164823092	JAMEY GREGERSEN	$27,678.02	576	8.00	19
12	1477926434	JACKIE SHIPLEY	$36,302.73	573	5.41	8
13	1902912538	CHRISTIAN JONES	$27,177.77	551	6.80	10
14	1679986350	JENNIFER SPOERL	$63,265.00	544	6.18	25
15	1467907394	CYNTHIA COENEN	$60,283.32	541	8.07	12
16	1477199198	SAJO THOMAS	$47,242.09	536	7.24	34
17	1619380680	TARA BROCKMAN	$33,509.51	529	5.40	44
18	1053630640	JENNIFER DONOVAN	$47,949.49	519	6.74	39
19	1508844465	MICHELE FRIEDMAN	$20,342.55	517	12.61	24
20	1437209434	JON THOMAS	$25,981.60	508	5.29	13
21	1770933046	SHELBY BILLER	$115,563.90	502	5.70	16
22	1942721584	SHAWNA FURY	$14,567.73	491	5.52	77
23	1699134072	JENNIFER ZIGRANG	$31,594.70	490	9.25	18
24	1558770974	MARC BAUMERT	$22,857.94	490	5.98	11

25	1609218304	AMANDA GARR	$65,168.98	489	7.09	9
26	1144588476	RACHEL FILZER	$32,946.74	487	7.38	67
27	1205393386	JESSICA HUDSPETH	$18,441.92	483	6.62	70
28	1275763047	REBECCA BOWMAN	$76,012.58	475	6.25	26
29	1538157383	DAVID WENGER-KELLER	$32,795.17	474	11.02	20
30	1972758126	REBECCA BOLLIN	$21,308.44	467	7.30	33
31	1902478811	JOAN ANDERSON	$70,459.00	467	7.08	21
32	1538368170	CHRISTOPHER MATSON	$8,481.07	467	6.23	27
33	1316510324	SANDY MARCUS	$25,436.76	466	5.24	394
34	1184657603	SARA RYGOL	$48,116.16	453	6.47	23
35	1689077018	STACY ROTH	$51,241.89	450	5.77	35
36	1043434525	ROBERT KENT	$23,250.43	449	6.60	31
37	1215184726	BABUJI GANDRA	$16,814.24	447	6.12	58
38	1699740159	FRANK MARINO	$18,100.76	446	4.74	48
39	1134854128	DZEVIDA PANDZIC	$18,162.46	446	3.95	170
40	1013355759	DYLAN GREENE	$16,886.17	440	6.88	62
41	1528365277	MINA SALIB	$453,399.11	439	3.92	52
42	1457584740	ERIC MEYER	$39,133.32	438	6.64	36
43	1245227099	DONNA DOBSON TOBIN	$61,315.61	437	9.71	41
44	1417941188	DEBRA NEUHARTH	$14,841.72	433	5.85	28
45	1316471154	NICOLE WOOLLEY	$15,427.23	433	4.87	50
46	1235514258	ASHLEY FULLER	$39,912.76	431	5.99	32
47	1144240805	DANIEL ROWLEY	$24,607.17	429	11.92	57
48	1255823506	NICOLE DELAGARDELLE	$30,556.04	421	5.85	22
49	1528329398	ERIN ROWAN	$11,932.38	420	6.18	40
50	1871021543	SUSAN WILSON	$35,115.40	419	6.55	30
51	1346621059	MARK ZACHARJASZ	$37,433.74	418	7.89	51

52	1902358443	MELISSA KONKEN	$58,006.14	414	5.83	65
53	1275067696	OLAITAN IJITIMEHIN	$13,274.65	413	4.80	90
54	1891707832	LISA KLOCK	$22,616.28	412	5.35	55
55	1649248378	KATHLEEN WILD	$20,401.00	412	6.65	76
56	1225140809	SUNDARA MUNAGALA VENKATA	$25,079.92	412	5.64	115
57	1720346232	CASSIE PARRISH	$35,044.18	407	11.31	46
58	1922455096	DEAN GUERDET	$25,483.60	403	6.30	63
59	1679573893	PATTY HILDRETH	$105,977.55	403	6.61	79
60	1003539784	JULIA SASS	$54,227.15	399	4.99	29
61	1356919658	SARAH CASTRO	$17,217.07	393	7.71	142
62	1891146999	BECKY JOHNSON	$428,749.31	390	5.65	59
63	1184395162	DANIELLE VAN OOSBREE	$94,398.38	390	9.75	175
64	1205571155	DINA LENTZ	$31,626.06	388	7.05	45
65	1477534279	EDMUND PIASECKI	$20,421.92	387	8.41	53
66	1265644371	HAMID SAGHA	$14,715.56	387	9.92	98
67	1457007270	LINDSAY SCHOCK	$39,017.93	386	5.76	157
68	1932531316	BROOKE JOHNSON	$20,020.40	385	5.27	54
69	1568506988	LORRAINE TANGEN	$42,739.31	385	12.03	71
70	1063622637	HUSSAIN BANU	$15,889.82	384	8.93	42
71	1447363700	ROBERT CONNER	$20,628.96	383	14.73	38
72	1437692803	CASSANDRA DUNLAVY	$20,110.91	380	6.23	66
73	1003330036	EVAN PETERSON	$21,675.19	378	7.00	83
74	1467465716	JEFFREY BRADY	$21,488.04	377	6.85	61
75	1821333774	BRITTNI BENDA	$19,246.33	371	5.30	104
76	1619153137	JOADA BEST	$23,737.51	370	5.21	87
77	1740770726	KIMBERLY KRIEGER	$16,502.56	367	5.17	108
78	1508846007	ANGELA TOWNSEND	$18,240.83	367	4.22	113

79	1134191018	DUSTIN SMITH	$35,085.50	365	4.51	47
80	1093034266	ERIC BOYUM	$44,931.87	364	6.74	241
81	1700156759	SARAH JAURON	$10,868.58	358	5.87	74
82	1154790517	JAMIE SCHUMACHER	$16,802.08	358	6.39	130
83	1649438383	QADNANA ANWAR	$16,299.89	357	7.76	101
84	1356096572	NATASHA LASH	$49,952.25	356	7.42	49
85	1215125216	REBECCA WALDING	$24,683.60	356	8.28	86
86	1588746515	AMY BADBERG	$15,019.85	355	5.55	106
87	1417024993	STACEY JUMBECK	$19,943.60	355	9.10	69
88	1346673100	SAMANTHA FARRIS	$18,362.90	355	5.63	272
89	1669056123	KAMA AUSBORN	$158,144.69	353	6.79	43
90	1144214248	KRISTI WALZ	$63,565.49	353	7.06	93
91	1831731298	HEATHER WILSON	$29,575.57	350	6.14	72
92	1225089287	JULIE HANSON	$5,986.09	347	1.68	135
93	1073007464	JOSEPH MARTZ	$25,181.68	346	9.11	97
94	1023469798	WEI SHIPENG	$7,266.62	346	10.48	158
95	1477112688	FELICIA HOERNER	$18,482.51	343	5.28	92
96	1316356496	KIMBERLY ROBERTS	$18,010.24	339	6.65	60
97	1427766559	KORIE EISCHEID	$18,335.90	338	5.63	229
98	1962418640	BARCLAY MONASTER	$17,448.27	337	3.92	68
99	1952993354	ELIZEBETH BRAKE	$14,193.76	337	7.66	91
100	1598786097	STEPHANIE GRAY	$49,054.29	337	5.91	163

Top 100 Prescribing Providers by Paid Amount December 2023 to February 2024						
RANK	NPI Num	Prescriber Name	Paid Amount	Avg cost RX	Prescription Count	Previous Rank
1	1700561826	PEDRO HSIEH	$575,140.63	$26,142.76	22	5
2	1528365277	MINA SALIB	$453,399.11	$1,032.80	439	7
3	1891146999	BECKY JOHNSON	$428,749.31	$1,099.36	390	3
4	1295091510	REBECCA WEINER	$398,335.04	$2,212.97	180	1
5	1417443953	RODNEY CLARK	$265,233.96	$1,100.56	241	4
6	1245353242	SANDY HONG	$244,453.44	$2,628.53	93	8
7	1669137832	TIFFANY NAVRKAL	$200,214.08	$4,767.00	42	21
8	1487648705	KAREN HUNKE	$194,729.93	$2,116.63	92	14
9	1700080538	EDUARDO CARLIN	$191,201.22	$3,083.89	62	10
10	1225263833	LINDSAY ORRIS	$189,439.30	$3,714.50	51	9
11	1588616171	HEATHER THOMAS	$186,552.35	$1,963.71	95	6
12	1093382632	GAIL DOOLEY	$177,879.53	$2,403.78	74	11
13	1316934318	STEVEN LENTZ	$174,413.53	$11,627.57	15	2
14	1871039917	ELIZABETH ALLEN	$172,900.66	$2,470.01	70	23
15	1376525196	RANDOLPH ROUGH	$166,202.03	$2,480.63	67	18
16	1265420095	ELIZABETH COOPER	$163,928.44	$3,092.99	53	15
17	1144455502	JENNIFER PETTS	$162,564.89	$1,426.01	114	29
18	1003315201	ABIGAIL BEHRENS	$158,726.79	$3,968.17	40	34
19	1669056123	KAMA AUSBORN	$158,144.69	$448.00	353	12
20	1457986671	PAITON CALVERT	$145,842.77	$2,025.59	72	255
21	1467561464	TIMOTHY FEYMA	$143,457.54	$9,563.84	15	31
22	1437121407	LINDA CADARET	$143,199.56	$3,671.78	39	27
23	1174584072	BRADLEY LAIR	$142,808.37	$4,327.53	33	49
24	1437533130	KATIE BROSHUIS	$141,000.43	$1,293.58	109	19

25	1306495296	AMBER BURNS	$136,088.21	$7,560.46	18	2,360
26	1467449579	BRIAN WAYSON	$135,860.83	$3,396.52	40	13
27	1972616316	JEFFREY BRANNEN	$134,888.45	$1,390.60	97	236
28	1942937388	CARLY TRAUSCH	$134,271.74	$599.43	224	22
29	1043312432	CHARLES LOVE	$129,239.36	$2,051.42	63	673
30	1073722112	RIAD RAHHAL	$127,015.49	$1,233.16	103	64
31	1649943689	JESSICA COFFEY	$123,824.38	$1,345.92	92	32
32	1780995506	QUANHATHAI KAEWPOOWAT	$122,400.44	$1,748.58	70	36
33	1700417169	COURTNEY REINTS	$121,217.98	$681.00	178	24
34	1609003011	JOHN BERNAT	$118,591.52	$29,647.88	4	308
35	1952423071	SAKEER HUSSAIN	$118,463.07	$3,701.97	32	154
36	1770933046	SHELBY BILLER	$115,563.90	$230.21	502	30
37	1013126705	JANICE STABER	$114,292.08	$6,349.56	18	101
38	1225266364	SARAH BLIGH	$111,952.66	$1,964.08	57	40
39	1861463275	DONALD WENDER	$110,724.72	$11,072.47	10	138
40	1679573893	PATTY HILDRETH	$105,977.55	$262.97	403	76
41	1558808501	JESSICA BRAKSIEK	$101,668.93	$3,631.03	28	41
42	1043211303	ALI SAFDAR	$99,459.81	$152.31	653	25
43	1194945691	ANJALI SHARATHKUMAR	$98,984.77	$4,303.69	23	66
44	1841607900	SHAYLA SANDERS	$96,121.36	$1,373.16	70	28
45	1891955423	LEAH SIEGFRIED	$95,087.48	$411.63	231	50
46	1760562466	ARTHUR BEISANG	$95,018.17	$19,003.63	5	20
47	1699765826	JOSEPH MERCHANT	$94,864.30	$2,496.43	38	44
48	1184395162	DANIELLE VAN OOSBREE	$94,398.38	$242.05	390	191
49	1730406356	CHRISTINA WARREN	$93,953.72	$838.87	112	38
50	1134440886	MELISSA WELLS	$92,754.58	$1,066.14	87	86
51	1588618359	BARBARA BURKLE	$92,446.93	$1,359.51	68	52

52	1245468768	THOMAS SCHMIDT	$92,408.98	$1,379.24	67	55
53	1013026798	STEPHEN GRANT	$91,803.32	$5,100.18	18	17
54	1982738795	ROBERT STRUTHERS	$90,092.03	$910.02	99	71
55	1770091266	JESSIE BAKER	$88,689.91	$564.90	157	78
56	1063792026	JILL MILLER	$88,628.52	$307.74	288	56
57	1902100746	AMI PATEL	$88,494.99	$3,539.80	25	60
58	1699887133	DANIEL DIMEO	$85,921.73	$2,603.69	33	42
59	1861876526	NIBASH BUDHATHOKI	$84,977.69	$3,399.11	25	108
60	1972989721	JAYSON GESULGA	$82,374.88	$316.83	260	39
61	1730135070	JAMES WALLACE	$81,338.21	$4,280.96	19	68
62	1386084747	JENNIFER CONDON	$80,409.48	$699.21	115	110
63	1992037931	CHRISTOPHER ROKES	$79,608.69	$3,618.58	22	43
64	1093053142	RACHEAL MCMAHON	$78,636.84	$2,246.77	35	37
65	1013499029	SPENCER KISSEL	$78,438.08	$246.66	318	145
66	1477142289	ANDREA JOHNSON	$77,108.16	$335.25	230	118
67	1275763047	REBECCA BOWMAN	$76,012.58	$160.03	475	26
68	1992402655	SHANE EBERHARDT	$75,883.43	$309.73	245	239
69	1174970453	DANIEL HINDS	$75,079.36	$1,057.46	71	111
70	1467502286	CHARLES TILLEY	$74,181.80	$119.65	620	106
71	1689942518	PATRIA ALBA APONTE	$72,721.58	$432.87	168	67
72	1295217529	HEATHER STEHR	$72,536.66	$273.72	265	58
73	1063522266	JAY KENIK	$72,088.42	$1,360.16	53	105
74	1841548161	CRYSTAL MEYER	$71,724.54	$1,494.26	48	130
75	1902478811	JOAN ANDERSON	$70,459.00	$150.88	467	57
76	1558357806	ROBIN HAYWARD	$69,889.29	$1,941.37	36	47
77	1356752067	KELLY DELANEY-NELSON	$69,773.54	$1,162.89	60	185
78	1639607757	MICHAEL GERBER	$69,526.46	$268.44	259	190

79	1154646149	HUSSAIN NASERI	$69,223.54	$1,442.16	48	404
80	1275836751	HOLLY KRAMER	$69,069.47	$1,015.73	68	35
81	1902223894	SHEEVA PARBHU	$67,760.13	$6,160.01	11	182
82	1720039126	RODRIGO ERLICH	$67,426.10	$11,237.68	6	63
83	1639157373	CALVIN HANSEN	$67,356.33	$2,172.78	31	143
84	1154504504	AHMED ABUALFOUL	$67,341.19	$1,924.03	35	104
85	1609218304	AMANDA GARR	$65,168.98	$133.27	489	90
86	1437238110	GENEVIEVE NELSON	$64,970.91	$96.40	674	54
87	1649419219	HEATHER HUNEMULLER	$64,514.13	$1,466.23	44	46
88	1790708451	MICHAEL MCCUBBIN	$63,873.99	$1,330.71	48	72
89	1144214248	KRISTI WALZ	$63,565.49	$180.07	353	83
90	1750648275	SARAH GROSS	$63,331.56	$1,241.80	51	95
91	1679986350	JENNIFER SPOERL	$63,265.00	$116.30	544	165
92	1053372029	STEFANIE YEARIAN	$62,963.23	$338.51	186	140
93	1578958542	HEIDI CURTIS	$62,800.05	$872.22	72	107
94	1316269871	REGINA ROBISON	$61,947.56	$495.58	125	176
95	1245227099	DONNA DOBSON TOBIN	$61,315.61	$140.31	437	53
96	1447408869	HEATHER CILIBERTO	$60,579.73	$1,514.49	40	408
97	1528247368	MISHELLE PAULLUS	$60,411.36	$1,830.65	33	178
98	1467907394	CYNTHIA COENEN	$60,283.32	$111.43	541	102
99	1679521728	JILL FLIEGE	$58,881.80	$8,411.69	7	70
100	1295253557	ABBEY MODLIN	$58,541.70	$256.76	228	92

Top 20 Therapeutic Class by Paid Amount							
Category Description	Prior Quarter Sept to Nov 2023 Total Cost	Previous Rank	Previous % Budget	Dec 2023 to Feb 2024 Total Cost	Current Rank	Current % Budget	% Change
ANTIDIABETICS	$6,496,341.59	1	14.46%	$5,890,713.52	1	13.05%	-9.32%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	$4,753,489.24	2	10.58%	$4,954,750.66	2	10.98%	4.23%
ANALGESICS - ANTI-INFLAMMATORY	$4,284,758.78	3	9.54%	$4,210,536.36	3	9.33%	-1.73%
DERMATOLOGICALS	$3,789,082.24	4	8.43%	$3,921,605.05	4	8.69%	3.50%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	$3,244,113.50	5	7.22%	$2,806,784.48	5	6.22%	-13.48%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	$2,729,238.53	6	6.07%	$2,537,513.47	6	5.62%	-7.02%
ANTIVIRALS	$2,094,727.66	7	4.66%	$2,534,959.75	7	5.62%	21.02%
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	$1,561,166.69	8	3.47%	$1,591,069.34	8	3.52%	1.92%
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	$1,344,666.18	10	2.99%	$1,566,485.88	9	3.47%	16.50%
RESPIRATORY AGENTS - MISC.	$1,463,222.10	9	3.26%	$1,480,848.70	10	3.28%	1.20%
HEMATOLOGICAL AGENTS - MISC.	$1,193,688.51	11	2.66%	$1,475,226.73	11	3.27%	23.59%
MIGRAINE PRODUCTS	$1,133,215.04	12	2.52%	$1,138,130.06	12	2.52%	0.43%
ANTIDEPRESSANTS	$1,113,357.44	13	2.48%	$1,107,726.64	13	2.45%	-0.51%
ANTICOAGULANTS	$920,920.98	14	2.05%	$985,828.06	14	2.18%	7.05%
ANTICONVULSANTS	$890,430.04	15	1.98%	$903,434.29	15	2.00%	1.46%
CARDIOVASCULAR AGENTS - MISC.	$810,697.08	16	1.80%	$863,397.78	16	1.91%	6.50%
ENDOCRINE AND METABOLIC AGENTS - MISC.	$770,520.82	17	1.72%	$772,117.57	17	1.71%	0.21%
GASTROINTESTINAL AGENTS - MISC.	$496,049.78	18	1.10%	$504,022.03	18	1.12%	1.61%
PASSIVE IMMUNIZING AND TREATMENT AGENTS	$219,773.99	30	0.49%	$454,596.47	19	1.01%	106.85%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	$385,235.38	19	0.86%	$368,623.98	20	0.82%	-4.31%

Top 20 Therapeutic Class by Prescription Count					
Category Description	Prior Quarter Sept to Nov 2023 Total Claims	Previous Rank	Dec 2023 to Feb 2024 Total Claims	Current Rank	% Change
ANTIDEPRESSANTS	61,932	1	61,956	1	0.04%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	26,932	2	25,411	2	-5.65%
ANTICONVULSANTS	23,545	3	24,297	3	3.19%
ANTIHYPERTENSIVES	23,415	4	24,186	4	3.29%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	23,157	5	22,837	5	-1.38%
ANTIDIABETICS	22,394	6	22,522	6	0.57%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	20,702	7	20,511	7	-0.92%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	18,500	9	19,108	8	3.29%
ANTIANXIETY AGENTS	18,788	8	18,942	9	0.82%
ANTIHYPERLIPIDEMICS	15,843	10	15,938	10	0.60%
PENICILLINS	12,959	11	15,000	11	15.75%
BETA BLOCKERS	11,775	12	11,847	12	0.61%
ANALGESICS - ANTI-INFLAMMATORY	11,336	14	11,204	13	-1.16%
DERMATOLOGICALS	11,749	13	10,884	14	-7.36%
ANALGESICS - OPIOID	11,255	15	10,800	15	-4.04%
DIURETICS	9,358	17	9,493	16	1.44%
ANTIHISTAMINES	10,518	16	9,153	17	-12.98%
CORTICOSTEROIDS	8,741	18	8,620	18	-1.38%
THYROID AGENTS	8,546	19	8,436	19	-1.29%
CALCIUM CHANNEL BLOCKERS	6,778	21	7,067	20	4.26%

Top 100 Drugs by Paid Amount					
Drug Description	Sept to Nov 2023 Total Cost	Previous Rank	Dec 2023 to Feb 2024 Total cost	Current Rank	% Change
Humira (2 Pen)	$2,361,396.32	1	$2,276,987.10	1	-3.57%
Vraylar	$1,440,011.82	2	$1,550,781.95	2	7.69%
Ozempic	$1,351,477.47	3	$1,545,362.65	3	14.35%
Trikafta	$1,261,402.83	4	$1,366,143.63	4	8.30%
Dupixent	$1,130,133.92	6	$1,241,139.23	5	9.82%
Biktarvy	$1,026,650.82	7	$1,172,236.53	6	14.18%
Jardiance	$950,490.26	8	$1,008,343.83	7	6.09%
Invega Sustenna	$904,684.26	9	$955,501.77	8	5.62%
Trulicity	$1,221,351.69	5	$946,103.02	9	-22.54%
Vyvanse	$875,325.24	10	$870,088.88	10	-0.60%
Stelara	$757,126.52	11	$853,984.33	11	12.79%
Eliquis	$592,004.91	13	$658,238.26	12	11.19%
Taltz	$678,674.98	12	$636,600.21	13	-6.20%
Rexulti	$551,455.37	14	$527,432.82	14	-4.36%
Ingrezza	$348,630.45	21	$457,364.83	15	31.19%
Aristada	$471,736.91	16	$453,962.75	16	-3.77%
Skyrizi Pen	$386,349.52	18	$422,873.24	17	9.45%
Nurtec	$369,182.97	20	$407,076.87	18	10.26%
Symbicort	$454,235.20	17	$396,236.39	19	-12.77%
Hemlibra	$282,135.16	32	$371,889.28	20	31.81%
Ilaris	$289,570.32	30	$361,862.54	21	24.97%
Abilify Maintena	$323,111.32	23	$358,702.46	22	11.02%
Farxiga	$331,958.53	22	$353,499.23	23	6.49%

Enbrel SureClick	$294,548.25	28	$350,606.18	24	19.03%
Advate	$218,826.58	41	$335,384.54	25	53.26%
Mavyret	$254,852.40	36	$325,279.18	26	27.63%
Invega Trinza	$315,972.26	25	$303,450.52	27	-3.96%
Entresto	$252,179.07	37	$293,360.95	28	16.33%
Trintellix	$312,563.40	26	$290,726.59	29	-6.99%
Xarelto	$289,449.92	31	$290,195.51	30	0.26%
Synagis	$120,537.97	75	$285,493.78	31	136.85%
Mounjaro	$274,753.08	33	$282,278.41	32	2.74%
Xywav	$317,387.22	24	$281,606.08	33	-11.27%
Lantus SoloStar	$522,203.36	15	$263,434.83	34	-49.55%
Caplyta	$187,559.46	46	$248,700.64	35	32.60%
Albuterol Sulfate HFA	$225,714.53	39	$241,364.50	36	6.93%
Concerta	$385,498.17	19	$237,471.12	37	-38.40%
Daybue	$256,427.28	35	$237,416.52	38	-7.41%
Opsumit	$169,260.42	53	$234,155.85	39	38.34%
Ajovy	$230,126.04	38	$215,300.95	40	-6.44%
Lybalvi	$190,358.24	44	$214,807.68	41	12.84%
Humira (2 Syringe)	$302,507.19	27	$203,077.86	42	-32.87%
Trelegy Ellipta	$219,894.86	40	$202,344.88	43	-7.98%
Ventolin HFA	$270,598.03	34	$197,187.81	44	-27.13%
Jakafi	$84,849.04	112	$196,925.70	45	132.09%
Januvia	$176,530.37	50	$176,874.25	46	0.19%
Advair HFA	$173,202.89	51	$174,327.37	47	0.65%
Spiriva HandiHaler	$178,636.06	48	$169,787.73	48	-4.95%
Tresiba FlexTouch	$181,554.81	47	$160,012.32	49	-11.87%
Fasenra Pen	$156,832.76	59	$159,614.47	50	1.77%

Lisdexamfetamine Dimesylate	$200,585.56	42	$158,895.33	51	-20.78%
Rinvoq	$189,481.53	45	$158,664.33	52	-16.26%
Cosentyx Sensoready (300 MG)	$190,713.14	43	$158,549.25	53	-16.87%
Austedo	$141,359.68	65	$157,004.17	54	11.07%
Norditropin FlexPro	$172,363.16	52	$156,933.42	55	-8.95%
Wakix	$153,083.76	61	$156,640.07	56	2.32%
Jornay PM	$152,030.88	62	$155,579.80	57	2.33%
Xifaxan	$165,973.86	55	$150,629.18	58	-9.25%
Ubrelvy	$124,856.13	74	$150,231.36	59	20.32%
Kesimpta	$120,473.28	76	$146,056.96	60	21.24%
Xtandi	$129,788.91	70	$142,283.95	61	9.63%
Spiriva Respimat	$162,614.26	57	$142,143.76	62	-12.59%
Sogroya	$90,620.25	106	$140,084.99	63	54.58%
Sprycel	$127,740.38	72	$138,302.41	64	8.27%
Tremfya	$178,529.24	49	$136,854.79	65	-23.34%
Adynovate	$84,583.81	113	$135,877.44	66	60.64%
Paxlovid (300/100)	$4,771.58	596	$134,162.66	67	2711.70%
Tyvaso DPI Maintenance Kit	$153,586.02	60	$133,794.34	68	-12.89%
Insulin Aspart FlexPen	$165,666.64	56	$132,610.25	69	-19.95%
Amoxicillin	$113,509.90	79	$131,137.91	70	15.53%
Linzess	$139,373.50	66	$129,524.11	71	-7.07%
Promacta	$159,865.23	58	$128,666.85	72	-19.52%
QuilliChew ER	$127,883.77	71	$126,074.53	73	-1.41%
Lynparza	$95,383.80	95	$121,628.32	74	27.51%
Sofosbuvir-Velpatasvir	$93,186.49	101	$119,248.04	75	27.97%
Ruconest	$58,170.38	159	$119,180.76	76	104.88%
Galafold	$28,890.38	243	$118,591.52	77	310.49%

Qelbree	$95,822.18	94	$116,684.20	78	21.77%
Enbrel	$82,297.44	117	$115,346.62	79	40.16%
Anoro Ellipta	$103,668.14	89	$114,939.50	80	10.87%
Pulmozyme	$97,972.08	92	$114,705.07	81	17.08%
Methylphenidate HCl ER (OSM)	$96,758.00	93	$114,485.46	82	18.32%
Aimovig	$146,369.14	64	$112,962.29	83	-22.82%
Nubeqa	$77,260.68	124	$111,096.36	84	43.79%
Atorvastatin Calcium	$108,548.19	83	$110,515.18	85	1.81%
Sertraline HCl	$106,774.07	85	$109,785.84	86	2.82%
Xeljanz XR	$55,877.68	167	$108,875.91	87	94.85%
Epidiolex	$93,281.85	100	$108,046.31	88	15.83%
Hizentra	$51,258.90	177	$107,774.48	89	110.26%
Insulin Lispro (1 Unit Dial)	$99,348.97	90	$105,488.36	90	6.18%
Creon	$135,380.37	67	$104,489.10	91	-22.82%
Benlysta	$95,374.13	96	$104,135.54	92	9.19%
Remodulin	$89,184.30	108	$101,917.50	93	14.28%
Omeprazole	$103,896.01	88	$101,552.63	94	-2.26%
Skyrizi	$88,934.26	109	$101,204.23	95	13.80%
Descovy	$88,724.62	110	$99,689.08	96	12.36%
Revlimid	$75,864.99	126	$99,205.68	97	30.77%
Enbrel Mini	$54,749.76	169	$97,664.82	98	78.38%
Otezla	$62,880.44	144	$97,097.55	99	54.42%
Emgality	$104,887.02	86	$97,050.89	100	-7.47%

Top 100 Drugs by Prescription Count					
Drug Description	Sept to Nov 2023 Total Claims	Previous Rank	Dec 2023 to Feb 2024 Total Claims	Current Rank	% Change
Amoxicillin	8,588	4	10,155	1	18.25%
Sertraline HCl	9,677	2	9,810	2	1.37%
Atorvastatin Calcium	9,556	3	9,668	3	1.17%
Omeprazole	9,772	1	9,429	4	-3.51%
Lisinopril	8,088	6	8,197	5	1.35%
Escitalopram Oxalate	8,089	5	7,908	6	-2.24%
Levothyroxine Sodium	7,873	7	7,832	7	-0.52%
traZODone HCl	7,528	8	7,758	8	3.06%
FLUoxetine HCl	7,423	9	7,455	9	0.43%
buPROPion HCl ER (XL)	7,276	10	7,126	10	-2.06%
Albuterol Sulfate HFA	6,322	12	6,879	11	8.81%
Gabapentin	6,564	11	6,689	12	1.90%
amLODIPine Besylate	5,475	14	5,667	13	3.51%
hydrOXYzine HCl	5,414	15	5,483	14	1.27%
busPIRone HCl	5,388	16	5,392	15	0.07%
DULoxetine HCl	5,180	17	5,171	16	-0.17%
predniSONE	5,122	18	5,101	17	-0.41%
Montelukast Sodium	5,552	13	5,049	18	-9.06%
Pantoprazole Sodium	4,982	20	4,991	19	0.18%
Cetirizine HCl	5,096	19	4,499	20	-11.72%
QUEtiapine Fumarate	4,347	24	4,484	21	3.15%
Venlafaxine HCl ER	4,622	21	4,459	22	-3.53%
Metoprolol Succinate ER	4,482	23	4,393	23	-1.99%

Amoxicillin-Pot Clavulanate	3,922	28	4,317	24	10.07%
metFORMIN HCl	4,218	26	4,248	25	0.71%
HYDROcodone-Acetaminophen	4,506	22	4,233	26	-6.06%
ARIPiprazole	4,185	27	4,206	27	0.50%
Ondansetron	3,414	35	4,102	28	20.15%
Losartan Potassium	3,795	31	4,019	29	5.90%
cloNIDine HCl	3,843	29	4,006	30	4.24%
Azithromycin	3,617	33	3,691	31	2.05%
lamoTRIgine	3,542	34	3,615	32	2.06%
Cyclobenzaprine HCl	3,637	32	3,494	33	-3.93%
Famotidine	3,291	37	3,426	34	4.10%
Amphetamine-Dextroamphet ER	3,067	39	3,381	35	10.24%
Fluticasone Propionate	3,829	30	3,355	36	-12.38%
ALPRAZolam	3,356	36	3,204	37	-4.53%
Cefdinir	2,593	49	3,167	38	22.14%
Ventolin HFA	4,330	25	3,163	39	-26.95%
Ibuprofen	3,054	40	3,110	40	1.83%
clonazePAM	2,938	43	3,056	41	4.02%
metFORMIN HCl ER	2,981	42	3,017	42	1.21%
hydroCHLOROthiazide	2,992	41	3,009	43	0.57%
Topiramate	2,838	46	2,839	44	0.04%
Cephalexin	3,157	38	2,828	45	-10.42%
Rosuvastatin Calcium	2,712	47	2,761	46	1.81%
Meloxicam	2,867	45	2,708	47	-5.55%
Amphetamine-Dextroamphetamine	2,885	44	2,686	48	-6.90%
Methylphenidate HCl ER (OSM)	1,966	64	2,562	49	30.32%
Vyvanse	2,619	48	2,561	50	-2.21%

Albuterol Sulfate	2,410	52	2,495	51	3.53%
Furosemide	2,523	50	2,494	52	-1.15%
risperiDONE	2,457	51	2,468	53	0.45%
Aspirin Low Dose	2,225	54	2,327	54	4.58%
Spironolactone	2,191	55	2,301	55	5.02%
Doxycycline Monohydrate	2,167	57	2,165	56	-0.09%
traMADol HCl	2,298	53	2,161	57	-5.96%
Mirtazapine	2,118	59	2,133	58	0.71%
Amitriptyline HCl	2,108	60	2,072	59	-1.71%
LORazepam	1,966	65	2,040	60	3.76%
Propranolol HCl	2,017	62	2,036	61	0.94%
metroNIDAZOLE	2,088	61	2,022	62	-3.16%
hydrOXYzine Pamoate	1,925	67	2,005	63	4.16%
Prazosin HCl	1,861	70	1,987	64	6.77%
Triamcinolone Acetonide	2,155	58	1,966	65	-8.77%
Fluconazole	2,003	63	1,954	66	-2.45%
guanFACINE HCl	1,925	68	1,940	67	0.78%
Jardiance	1,848	71	1,913	68	3.52%
Metoprolol Tartrate	1,917	69	1,908	69	-0.47%
Loratadine	2,183	56	1,905	70	-12.73%
Citalopram Hydrobromide	1,951	66	1,889	71	-3.18%
guanFACINE HCl ER	1,725	75	1,827	72	5.91%
Ozempic	1,634	76	1,811	73	10.83%
levETIRAcetam	1,792	72	1,791	74	-0.06%
Lantus SoloStar	1,620	79	1,783	75	10.06%
valACYclovir HCl	1,749	74	1,729	76	-1.14%
oxyCODONE HCl	1,608	80	1,717	77	6.78%

Pregabalin	1,526	82	1,618	78	6.03%
Folic Acid	1,626	78	1,585	79	-2.52%
Oseltamivir Phosphate	128	356	1,579	80	1133.59%
Symbicort	1,416	89	1,560	81	10.17%
OLANZapine	1,439	87	1,556	82	8.13%
Methylphenidate HCl	1,496	83	1,541	83	3.01%
Ondansetron HCl	1,324	95	1,518	84	14.65%
FeroSul	1,392	91	1,509	85	8.41%
tiZANidine HCl	1,419	88	1,500	86	5.71%
Lisdexamfetamine Dimesylate	1,775	73	1,452	87	-18.20%
Atomoxetine HCl	1,415	90	1,442	88	1.91%
Sulfamethoxazole-Trimethoprim	1,626	77	1,438	89	-11.56%
Naproxen	1,577	81	1,431	90	-9.26%
prednisoLONE Sodium Phosphate	1,490	84	1,423	91	-4.50%
Eliquis	1,287	99	1,379	92	7.15%
Tamsulosin HCl	1,343	94	1,372	93	2.16%
Dexmethylphenidate HCl ER	1,470	85	1,363	94	-7.28%
Diclofenac Sodium	1,385	92	1,350	95	-2.53%
Zolpidem Tartrate	1,298	98	1,297	96	-0.08%
Carvedilol	1,267	100	1,295	97	2.21%
Lisinopril-hydroCHLOROthiazide	1,358	93	1,284	98	-5.45%
Baclofen	1,310	97	1,262	99	-3.66%
SUMAtriptan Succinate	1,244	101	1,245	100	0.08%

Iowa Total Care Claims
Quarterly Statistics

REPORT_DATE	Sep 2023 through Nov 2023	Dec 2023 through Feb 2024	% CHANGE
TOTAL PAID AMOUNT	$77,065,925.78	$74,716,427.84	-3.05%
UNIQUE USERS	100,816	102,826	1.99%
COST PER USER	$764.42	$726.63	-4.94%
TOTAL PRESCRIPTIONS	721,060	709,792	-1.56%
AVERAGE PRESCRIPTION PER USER	7.15	6.90	-3.49%
AVERAGE COST PER PRESCRIPTION	$106.88	$105.27	-1.51%
# GENERIC PRESCRIPTIONS	649,599	640,434	-1.41%
% GENERIC	90.00%	90.00%	0.15%
$ GENERIC	$11,104,742.58	$11,044,552.22	-0.54%
AVERAGE GENERIC PRESCRIPTION COST	$17.09	$17.25	0.88%
AVERAGE GENERIC DAYS SUPPLY	26	25	-1.96%
# BRAND PRESCRIPTIONS	71,461	68,639	-3.95%
% BRAND	10.00%	10.00%	-2.40%
$ BRAND	$65,961,183.20	$63,651,915.54	-3.50%
AVERAGE BRAND PRESCRIPTION COST	$923.04	$927.34	0.47%
AVERAGE BRAND DAYS SUPPLY	29	28	-2.08%

UTILIZATION BY AGE

AGE		Sep 2023 through Nov 2023	Dec 2023 through Feb 2024
0-6		34,781	41,207
7-12		40,724	45,225
13-18		52,870	58,280
19-64		581,820	554,938
65+		11,079	9,386

UTILIZATION BY GENDER AND AGE

GENDER	AGE		Sep 2023 through Feb 2024	Sep 2021 through Nov 2021
F	0-6		14,906	18,299
	7-12		15,600	17,686
	13-18		27,991	31,381
	19-64		375,324	355,991
	65+		7,339	6,201
M	0-6		19,875	22,908
	7-12		24,910	27,539
	13-18		24,879	26,899
	19-64		206,496	198,947
	65+		3,740	3,185

TOP 100 PHARMACIES BY PRESCRIPTION COUNT

202312 - 202402

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
1	UNIVERSITY OF IOWA HEALTH CARE	IOWA CITY	IA	11,016	$6,216,339.66	$564.30	1
2	WALGREENS #4405	COUNCIL BLUFFS	IA	6,571	$415,537.38	$63.24	2
3	WALGREENS #5042	CEDAR RAPIDS	IA	5,532	$349,612.27	$63.20	3
4	WALGREENS #5239	DAVENPORT	IA	5,208	$270,199.27	$51.88	4
5	RIGHT DOSE PHARMACY	ANKENY	IA	5,098	$246,328.34	$48.32	6
6	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	4,787	$229,882.10	$48.02	5
7	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	4,492	$261,779.68	$58.28	7
8	DRILLING PHARMACY	SIOUX CITY	IA	4,401	$299,222.22	$67.99	8
9	WALGREENS #5721	DES MOINES	IA	4,078	$244,934.08	$60.06	16
10	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	4,022	$267,387.60	$66.48	11
11	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	3,974	$417,019.63	$104.94	12
12	WALGREENS #7455	WATERLOO	IA	3,974	$258,190.40	$64.97	9
13	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	3,973	$292,420.63	$73.60	15
14	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	3,963	$160,965.18	$40.62	10
15	WALGREENS #359	DES MOINES	IA	3,942	$248,903.47	$63.14	14
16	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	3,899	$268,375.50	$68.83	13
17	WALGREENS #15647	SIOUX CITY	IA	3,614	$226,544.38	$62.69	17
18	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,450	$232,451.38	$67.38	18
19	MAHASKA DRUGS INC	OSKALOOSA	IA	3,268	$230,128.90	$70.42	19
20	WALGREENS #7453	DES MOINES	IA	3,256	$169,872.93	$52.17	20
21	WALGREENS #3700	COUNCIL BLUFFS	IA	3,211	$169,915.43	$52.92	22
22	NELSON FAMILY PHARMACY	FORT MADISON	IA	3,209	$247,516.88	$77.13	23
23	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,135	$260,615.65	$83.13	21
24	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,016	$245,703.16	$81.47	24
25	MEDICAP LTC	INDIANOLA	IA	3,013	$126,702.70	$42.05	28
26	HY-VEE PHARMACY (1449)	NEWTON	IA	2,906	$214,433.16	$73.79	37
27	SOUTH SIDE DRUG	OTTUMWA	IA	2,866	$229,205.00	$79.97	25
28	WALMART PHARMACY 10-0559	MUSCATINE	IA	2,825	$187,781.74	$66.47	29
29	CVS PHARMACY #10282	FORT DODGE	IA	2,761	$122,507.70	$44.37	36
30	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,755	$242,340.25	$87.96	31
31	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	2,742	$143,587.90	$52.37	33
32	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	2,704	$242,509.70	$89.69	34
33	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	2,690	$367,589.68	$136.65	26
34	UI HEALTHCARE - IOWA RIVER LANDING PHARMACY	CORALVILLE	IA	2,666	$90,603.20	$33.98	32
35	WALMART PHARMACY 10-1509	MAQUOKETA	IA	2,662	$153,855.73	$57.80	52
36	WALGREENS #4041	DAVENPORT	IA	2,640	$152,378.78	$57.72	27
37	NUCARA LTC PHARMACY #3	IOWA CITY	IA	2,629	$97,008.99	$36.90	30
38	HY-VEE PHARMACY (1075)	CLINTON	IA	2,611	$183,707.83	$70.36	42
39	STANGEL PHARMACY	ONAWA	IA	2,596	$228,269.06	$87.93	39
40	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,588	$147,928.65	$57.16	40
41	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,522	$167,519.97	$66.42	41
42	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	2,516	$163,792.20	$65.10	38
43	EXACTCARE	VALLEY VIEW	OH	2,505	$202,888.26	$80.99	64
44	CVS PHARMACY #08544	WATERLOO	IA	2,497	$148,184.02	$59.34	97
45	WALGREENS #5470	SIOUX CITY	IA	2,478	$140,670.01	$56.77	50
46	TOWNCREST LTC	IOWA CITY	IA	2,460	$98,830.28	$40.17	74

TOP 100 PHARMACIES BY PRESCRIPTION COUNT

202312 - 202402

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
47	DANIEL PHARMACY	FT DODGE	IA	2,441	$167,822.41	$68.75	56
48	WAGNER PHARMACY	CLINTON	IA	2,437	$215,059.29	$88.25	61
49	WALMART PHARMACY 10-2889	CLINTON	IA	2,423	$111,804.92	$46.14	49
50	HY-VEE PHARMACY (1530)	PLEASANT HILL	IA	2,411	$124,979.66	$51.84	46
51	WALGREENS #7452	DES MOINES	IA	2,408	$147,332.36	$61.18	43
52	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	2,391	$132,682.04	$55.49	45
53	SCOTT PHARMACY	FAYETTE	IA	2,328	$146,664.19	$63.00	55
54	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	2,317	$187,439.72	$80.90	35
55	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,315	$166,654.62	$71.99	53
56	HY-VEE PHARMACY (1396)	MARION	IA	2,298	$216,354.25	$94.15	54
57	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,293	$167,116.49	$72.88	48
58	CVS PHARMACY #08658	DAVENPORT	IA	2,280	$117,691.29	$51.62	139
59	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,260	$151,376.17	$66.98	57
60	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	2,243	$150,117.73	$66.93	58
61	WALGREENS #5044	BURLINGTON	IA	2,206	$133,341.79	$60.45	51
62	WALGREENS #11942	DUBUQUE	IA	2,200	$129,978.61	$59.08	65
63	HY-VEE PHARMACY #6 (1155)	DES MOINES	IA	2,193	$145,209.45	$66.21	63
64	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,183	$204,821.08	$93.83	66
65	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	2,163	$177,946.27	$82.27	60
66	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	2,143	$83,736.28	$39.07	71
67	WALGREENS #5886	KEOKUK	IA	2,135	$97,715.64	$45.77	47
68	UNION PHARMACY	COUNCIL BLUFFS	IA	2,114	$169,521.78	$80.19	68
69	WALMART PHARMACY 10-1723	DES MOINES	IA	2,094	$136,087.68	$64.99	81
70	WALMART PHARMACY 10-0985	FAIRFIELD	IA	2,071	$154,856.50	$74.77	78
71	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	2,065	$160,897.19	$77.92	87
72	WALMART PHARMACY 10-3590	SIOUX CITY	IA	2,063	$162,527.05	$78.78	70
73	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	2,063	$130,655.42	$63.33	59
74	WALGREENS #9708	DUBUQUE	IA	2,031	$115,641.60	$56.94	72
75	WALGREENS #7454	ANKENY	IA	2,021	$117,795.51	$58.29	75
76	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	2,015	$264,142.84	$131.09	67
77	WALGREENS #10855	WATERLOO	IA	1,965	$114,522.86	$58.28	119
78	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	1,962	$185,725.88	$94.66	79
79	WALGREENS #4714	DES MOINES	IA	1,960	$131,208.57	$66.94	73
80	WALGREENS #5077	IOWA CITY	IA	1,930	$94,769.13	$49.10	102
81	WALMART PHARMACY 10-1496	WATERLOO	IA	1,917	$131,573.23	$68.63	86
82	PRAIRIE PARKWAY PHARMACY	CEDAR FALLS	IA	1,914	$114,663.38	$59.91	62
83	HY-VEE PHARMACY (1241)	HARLAN	IA	1,913	$156,290.89	$81.70	106
84	WALMART PHARMACY 10-1431	KEOKUK	IA	1,881	$120,140.74	$63.87	85
85	HY-VEE PHARMACY (1382)	LEMARS	IA	1,876	$117,881.51	$62.84	99
86	HY-VEE DRUGSTORE #5 (7026)	CEDAR RAPIDS	IA	1,870	$117,861.57	$63.03	108
87	WALGREENS #3875	CEDAR RAPIDS	IA	1,870	$92,312.16	$49.36	107
88	HY-VEE PHARMACY (1095)	CRESTON	IA	1,869	$106,852.76	$57.17	76
89	WALMART PHARMACY 10-1683	SHENANDOAH	IA	1,859	$102,476.17	$55.12	84
90	WALMART PHARMACY 10-1285	OTTUMWA	IA	1,849	$116,389.93	$62.95	83
91	LAGRANGE PHARMACY	VINTON	IA	1,848	$108,603.35	$58.77	92
92	WALMART PHARMACY 10-3394	ATLANTIC	IA	1,842	$96,442.66	$52.36	90

TOP 100 PHARMACIES BY PRESCRIPTION COUNT

202312 - 202402

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
93	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	1,839	$121,345.68	$65.98	98
94	WALMART PHARMACY 10-0646	ANAMOSA	IA	1,836	$125,220.06	$68.20	82
95	WALMART PHARMACY 10-1621	CENTERVILLE	IA	1,834	$172,545.93	$94.08	89
96	WALGREENS #3595	DAVENPORT	IA	1,831	$91,994.72	$50.24	96
97	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	1,804	$147,392.32	$81.70	80
98	COMMUNITY HEALTH CARE PHARMACY	DAVENPORT	IA	1,801	$50,389.98	$27.98	77
99	WALGREENS #5852	DES MOINES	IA	1,798	$112,597.37	$62.62	88
100	WALGREENS #3876	MARION	IA	1,788	$102,828.05	$57.51	109

TOP 100 PHARMACIES BY PAID AMOUNT
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RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	UNIVERSITY OF IOWA HEALTH CARE	IOWA CITY	IA	11,016	$6,216,339.66	$2,828.18	1
2	COMMUNITY, A WALGREENS PHARMACY #16528	DES MOINES	IA	490	$2,383,595.56	$13,778.01	3
3	CAREMARK KANSAS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	LENEXA	KS	391	$2,251,733.23	$12,440.52	2
4	UNITYPOINT AT HOME	URBANDALE	IA	481	$1,724,821.58	$8,983.45	4
5	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	124	$1,256,404.41	$21,662.15	5
6	ACARIAHEALTH PHARMACY #11	HOUSTON	TX	146	$1,155,141.48	$16,502.02	6
7	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	994	$1,080,086.47	$8,710.37	7
8	PANTHERX SPECIALTY PHARMACY	PITTSBURGH	PA	26	$1,072,089.01	$107,208.90	8
9	CVS PHARMACY #00102	AURORA	CO	106	$1,048,634.83	$23,832.61	9
10	COMMUNITY, A WALGREENS PHARMACY #21250	IOWA CITY	IA	270	$886,854.39	$9,853.94	10
11	AMBER PHARMACY	OMAHA	NE	174	$884,192.80	$15,512.15	16
12	CVS/SPECIALTY	MONROEVILLE	PA	126	$804,769.09	$14,903.13	11
13	OPTUM PHARMACY 702, LLC	JEFFERSONVILLE	IN	63	$510,529.79	$15,470.60	13
14	ANOVORX GROUP LLC	MEMPHIS	TN	59	$497,781.92	$24,889.10	12
15	THE NEBRASKA MED CENTER CLINIC PHCY	OMAHA	NE	642	$435,443.14	$3,659.19	25
16	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	3,974	$417,019.63	$696.19	19
17	WALGREENS #4405	COUNCIL BLUFFS	IA	6,571	$415,537.38	$318.66	15
18	CR CARE PHARMACY	CEDAR RAPIDS	IA	1,664	$385,253.06	$2,675.37	23
19	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	2,690	$367,589.68	$2,683.14	26
20	ALLEN CLINIC PHARMACY	WATERLOO	IA	809	$350,040.34	$1,202.89	20
21	WALGREENS #5042	CEDAR RAPIDS	IA	5,532	$349,612.27	$309.67	24
22	GENOA HEALTHCARE, LLC	DAVENPORT	IA	1,224	$347,137.47	$2,712.01	32
23	WALGREENS #16270	OMAHA	NE	44	$313,954.07	$18,467.89	21
24	GENESIS FIRSTMED PHARMACY	DAVENPORT	IA	587	$304,030.30	$1,820.54	14
25	PRIMARY HEALTHCARE PHARMACY	DES MOINES	IA	1,031	$303,709.53	$1,481.51	43
26	DRILLING PHARMACY	SIOUX CITY	IA	4,401	$299,222.22	$783.30	40
27	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	3,973	$292,420.63	$524.99	38
28	KROGER SPECIALTY PHARMACY LA	HARVEY	LA	42	$289,516.42	$14,475.82	28
29	CAREMARK ILLINOIS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	MT PROSPECT	IL	57	$285,155.28	$12,961.60	17
30	SANFORD CANCER CENTER ONCOLOGY CLINIC PHARMACY	SIOUX FALLS	SD	30	$281,316.41	$21,639.72	27
31	ACCREDO HEALTH GROUP INC	WARRENDALE	PA	22	$274,172.51	$34,271.56	22
32	WALGREENS #5239	DAVENPORT	IA	5,208	$270,199.27	$243.64	35
33	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	3,899	$268,375.50	$455.65	36
34	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	4,022	$267,387.60	$428.51	34
35	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	2,015	$264,142.84	$1,234.31	31
36	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	4,492	$261,779.68	$309.43	37
37	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,135	$260,615.65	$687.64	48
38	WALGREENS #7455	WATERLOO	IA	3,974	$258,190.40	$260.01	33
39	WALGREENS #359	DES MOINES	IA	3,942	$248,903.47	$286.76	50
40	NELSON FAMILY PHARMACY	FORT MADISON	IA	3,209	$247,516.88	$615.71	54
41	RIGHT DOSE PHARMACY	ANKENY	IA	5,098	$246,328.34	$602.27	46
42	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,016	$245,703.16	$555.89	42
43	WALGREENS #5721	DES MOINES	IA	4,078	$244,934.08	$249.68	57
44	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	2,704	$242,509.70	$774.79	49
45	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,755	$242,340.25	$821.49	62

TOP 100 PHARMACIES BY PAID AMOUNT
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RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
46	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,450	$232,451.38	$469.60	41
47	MAHASKA DRUGS INC	OSKALOOSA	IA	3,268	$230,128.90	$512.54	53
48	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	4,787	$229,882.10	$326.54	51
49	SOUTH SIDE DRUG	OTTUMWA	IA	2,866	$229,205.00	$643.83	56
50	STANGEL PHARMACY	ONAWA	IA	2,596	$228,269.06	$833.10	44
51	WALGREENS #15647	SIOUX CITY	IA	3,614	$226,544.38	$261.00	39
52	ORSINI PHARMACEUTICAL SERVICES INC	ELK GROVE VILLAGE	IL	19	$224,444.46	$28,055.56	29
53	HY-VEE PHARMACY (1396)	MARION	IA	2,298	$216,354.25	$581.60	91
54	WAGNER PHARMACY	CLINTON	IA	2,437	$215,059.29	$874.22	66
55	HY-VEE PHARMACY (1449)	NEWTON	IA	2,906	$214,433.16	$489.57	63
56	PARAGON PARTNERS	OMAHA	NE	925	$214,010.94	$3,101.61	30
57	SOLEO HEALTH INC.	WOODRIDGE	IL	6	$212,946.52	$212,946.52	96
58	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,183	$204,821.08	$646.12	58
59	GENOA HEALTHCARE, LLC	FORT DODGE	IA	877	$203,543.06	$2,750.58	61
60	EXACTCARE	VALLEY VIEW	OH	2,505	$202,888.26	$2,008.79	73
61	ALLIANCERX WALGREENS PHARMACY #16280	FRISCO	TX	14	$202,656.56	$33,776.09	98
62	BIOLOGICS BY MCKESSON	CARY	NC	12	$196,790.79	$28,112.97	104
63	CAREMARK LLC, DBA CVS/SPECIALTY	REDLANDS	CA	8	$196,177.74	$49,044.44	119
64	MAXOR SPECIALTY PHARMACY	LUBBOCK	TX	11	$195,238.98	$65,079.66	52
65	WALMART PHARMACY 10-0559	MUSCATINE	IA	2,825	$187,781.74	$443.93	86
66	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	2,317	$187,439.72	$554.56	55
67	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	1,962	$185,725.88	$606.95	76
68	HY-VEE PHARMACY (1075)	CLINTON	IA	2,611	$183,707.83	$439.49	68
69	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	2,163	$177,946.27	$563.12	70
70	WALMART PHARMACY 10-0581	MARSHALLTOWN	IA	1,510	$175,935.20	$553.26	111
71	ACCREDO HEALTH GROUP INC	ORLANDO	FL	148	$175,589.21	$4,180.70	92
72	WALMART PHARMACY 10-1621	CENTERVILLE	IA	1,834	$172,545.93	$582.93	89
73	ALLIANCERX WALGREENS PHARMACY #16287	PITTSBURGH	PA	7	$171,897.99	$57,299.33	298
74	GENOA HEALTHCARE, LLC	MARSHALLTOWN	IA	732	$170,928.10	$2,010.92	147
75	WALGREENS #3700	COUNCIL BLUFFS	IA	3,211	$169,915.43	$258.62	81
76	WALGREENS #7453	DES MOINES	IA	3,256	$169,872.93	$235.28	64
77	UNION PHARMACY	COUNCIL BLUFFS	IA	2,114	$169,521.78	$1,072.92	69
78	DANIEL PHARMACY	FT DODGE	IA	2,441	$167,822.41	$495.05	77
79	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,522	$167,519.97	$414.65	65
80	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,293	$167,116.49	$468.11	84
81	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,315	$166,654.62	$435.13	88
82	ALLIANCERX WALGREENS PHARMACY #15443	FRISCO	TX	20	$165,822.71	$23,688.96	45
83	MAYO CLINIC PHARMACY	ROCHESTER	MN	36	$165,665.09	$13,805.42	451
84	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	2,516	$163,792.20	$416.77	82
85	EVERSANA LIFE SCIENCE SERVICES, LLC	CHESTERFIELD	MO	8	$163,542.46	$54,514.15	72
86	WALMART PHARMACY 10-3590	SIOUX CITY	IA	2,063	$162,527.05	$395.44	79
87	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	3,963	$160,965.18	$234.99	67
88	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	2,065	$160,897.19	$539.92	93
89	MEDICAP PHARMACY	DES MOINES	IA	1,124	$160,785.86	$1,307.20	94
90	HY-VEE PHARMACY (1241)	HARLAN	IA	1,913	$156,290.89	$477.95	117

TOP 100 PHARMACIES BY PAID AMOUNT
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RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
91	WALMART PHARMACY 10-0985	FAIRFIELD	IA	2,071	$154,856.50	$458.16	172
92	WALMART PHARMACY 10-1509	MAQUOKETA	IA	2,662	$153,855.73	$336.66	108
93	WALGREENS #4041	DAVENPORT	IA	2,640	$152,378.78	$246.97	75
94	MISSION CANCER + BLOOD	DES MOINES	IA	24	$152,230.35	$13,839.12	60
95	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,260	$151,376.17	$380.34	83
96	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	2,243	$150,117.73	$359.99	97
97	WALMART PHARMACY 10-1005	WAVERLY	IA	1,448	$149,575.83	$543.91	146
98	CVS PHARMACY #08544	WATERLOO	IA	2,497	$148,184.02	$297.56	171
99	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,588	$147,928.65	$328.73	95
100	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	1,804	$147,392.32	$629.88	110

TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT

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RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
1	1396289229	Jesse Becker	$104,550.65	1,669	7.95	1
2	1982605762	Jeffrey Wilharm	$83,414.31	1,558	14.29	2
3	1659358620	Carlos Castillo	$23,032.65	990	7.23	6
4	1356359871	Rhea Hartley	$76,110.90	968	4.72	17
5	1770933046	Shelby Biller	$129,577.38	930	7.05	4
6	1124006770	Wook Kim	$39,707.45	886	8.60	5
7	1275763047	Rebecca Bowman	$135,606.38	874	8.09	9
8	1467502286	Charles Tilley	$67,806.37	864	6.50	11
9	1043211303	Ali Safdar	$93,542.60	856	4.98	3
10	1801998372	Wendy Hansen-Penman	$23,827.53	855	10.43	15
11	1164538674	Joseph Wanzek	$58,655.29	839	10.36	18
12	1902478811	Joan Anderson	$225,187.68	824	8.67	23
13	1457584740	Eric Meyer	$58,975.56	813	6.11	49
14	1356788616	Ted Bonebrake	$50,131.02	797	18.53	55
15	1013115369	Bobbita Nag	$34,700.07	797	4.43	27
16	1437238110	Genevieve Nelson	$58,604.23	793	9.11	8
17	1902912538	Christian Jones	$52,640.67	789	5.80	7
18	1538368170	Christopher Matson	$29,957.33	788	7.80	16
19	1821268335	Jacqueline Mcinnis	$67,792.85	778	10.81	22
20	1134854128	Dzevida Pandzic	$45,557.54	768	4.80	109
21	1992103386	Melissa Larsen	$49,474.27	758	6.77	26
22	1316356496	Kimberly Roberts	$45,417.70	753	6.55	29
23	1053630640	Jennifer Donovan	$91,116.13	747	7.62	24
24	1982030946	Jacklyn Besch	$30,550.71	747	6.55	32
25	1477199198	Sajo Thomas	$115,315.91	739	6.01	13
26	1467907394	Cynthia Coenen	$83,475.72	735	8.55	20
27	1184395162	Danielle Van Oosbree	$148,337.53	733	10.94	47
28	1902358443	Melissa Konken	$94,635.06	731	7.86	10
29	1184657603	Sara Rygol	$72,617.95	720	8.18	44
30	1922455096	Dean Guerdet	$60,213.71	720	6.86	42
31	1215125216	Rebecca Walding	$50,257.63	719	7.41	12
32	1528329398	Erin Rowan	$26,742.55	710	6.45	14
33	1316471154	Nicole Woolley	$29,660.67	709	6.27	33
34	1528365277	Mina Salib	$527,101.32	704	3.98	72
35	1609218304	Amanda Garr	$118,561.11	696	7.18	19
36	1457914657	Seema Antony	$44,624.22	695	6.75	66
37	1205393386	Jessica Hudspeth	$71,701.96	694	6.67	41
38	1629036546	Anita Simison	$39,055.57	691	4.21	276
39	1477926434	Jackie Shipley	$32,298.15	689	5.60	40
40	1841220290	Kent Kunze	$18,633.78	688	6.75	34
41	1619153137	Joada Best	$36,729.58	684	6.28	53
42	1144214248	Kristi Walz	$90,694.17	672	8.62	25
43	1043703887	Tenaea Jeppeson	$82,238.53	665	7.73	48
44	1154779460	Molly Eichenberger	$22,008.49	664	8.30	36
45	1538157383	David Wenger-Keller	$26,034.85	656	10.75	31

TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT

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RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
46	1134191018	Dustin Smith	$20,570.37	655	4.96	39
47	1649248378	Kathleen Wild	$23,082.76	651	6.64	63
48	1417241621	Ashley Mathes	$23,366.57	649	6.49	57
49	1609532373	Erin Fox-Hammel	$43,974.30	645	6.14	43
50	1558770974	Marc Baumert	$35,878.90	642	4.94	28
51	1689077018	Stacy Roth	$35,398.50	640	6.81	60
52	1336252097	Thomas Baer	$34,381.54	635	7.65	64
53	1043434525	Robert Kent	$34,075.58	630	7.50	21
54	1861452633	John Brownell	$47,033.99	617	10.82	56
55	1699740159	Frank Marino	$29,662.52	617	4.94	37
56	1942721584	Shawna Fury	$23,131.25	615	5.59	101
57	1972758126	Rebecca Bollin	$21,124.10	615	6.91	46
58	1619380680	Tara Brockman	$41,493.70	612	5.83	79
59	1649438383	Qadnana Anwar	$40,977.10	611	6.79	51
60	1477534279	Edmund Piasecki	$23,631.00	611	6.64	62
61	1659420099	Stephen Mandler	$24,976.68	598	19.93	102
62	1720698335	Danika Hansen	$62,161.23	596	6.62	59
63	1669056123	Kama Ausborn	$264,300.60	593	7.80	76
64	1326013426	Paul Peterson	$27,963.63	593	5.34	38
65	1992332563	Stacy Overman	$18,846.91	588	14.70	200
66	1760455083	Thomas Schmadeke	$46,030.56	582	7.19	93
67	1255823506	Nicole Delagardelle	$91,861.96	579	7.72	45
68	1386044832	Mary Grieder	$38,064.21	577	7.90	112
69	1053398800	Steven Scurr	$26,498.36	576	5.94	61
70	1417941188	Debra Neuharth	$35,796.47	574	4.99	78
71	1891707832	Lisa Klock	$29,680.39	574	4.67	96
72	1538149042	Eric Petersen	$23,457.32	573	5.36	116
73	1972989721	Jayson Gesulga	$179,657.40	562	8.65	52
74	1184056822	Abby Kolthoff	$218,214.09	558	5.31	90
75	1003539784	Julia Sass	$113,118.19	549	6.10	54
76	1750845954	Stephanie Giesler	$75,537.13	547	7.39	89
77	1912991183	Molly Earleywine	$29,433.39	545	6.90	68
78	1316510324	Sandy Marcus	$29,381.01	545	5.19	594
79	1538671961	Jamie Wright	$22,718.16	545	4.95	94
80	1811960768	Angela Veenstra	$53,763.83	543	7.34	155
81	1821333774	Brittni Benda	$35,717.46	542	4.59	111
82	1144588476	Rachel Filzer	$70,204.86	539	5.80	84
83	1356724405	Beth Colon	$43,734.09	539	5.39	142
84	1154790517	Jamie Schumacher	$22,392.21	538	6.40	164
85	1275844649	Katie Campbell	$71,490.11	537	7.16	35
86	1437209434	Jon Thomas	$31,233.26	537	5.48	50
87	1881008704	Charity Carstensen	$28,953.78	536	12.18	87
88	1417330069	Benson Hargens	$31,573.28	534	5.13	158
89	1508946088	Eugene Nightingale	$16,480.15	534	15.71	97
90	1356754337	Cyndi Mccormick	$130,452.41	533	6.92	77

TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT

202312 - 202402

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
91	1598786097	Stephanie Gray	$116,568.11	532	6.91	147
92	1942252895	Kimberly Thompson	$21,655.31	532	3.48	190
93	1679986350	Jennifer Spoerl	$17,172.90	531	5.71	182
94	1124389697	Kevin Furness	$20,654.11	529	6.53	69
95	1285841775	Sandra Worrell	$19,453.27	528	5.93	70
96	1891146999	Becky Johnson	$540,661.16	527	6.59	71
97	1245227099	Donna Dobson Tobin	$79,379.05	525	8.75	80
98	1831710987	Margaret Fuller	$28,353.46	520	6.19	110
99	1689979460	Timothy Doyle	$20,862.31	519	8.11	75
100	1922144088	Thomas Hopkins	$18,152.34	519	5.19	184

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT

202312 - 202402

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
1	1295091510	Rebecca Weiner	361	$812,983.46	$2,252.03	6
2	1477761328	Amy Calhoun	36	$636,210.12	$17,672.50	10
3	1316934318	Steven Lentz	44	$591,697.53	$13,447.67	1
4	1891146999	Becky Johnson	527	$540,661.16	$1,025.92	5
5	1528365277	Mina Salib	704	$527,101.32	$748.72	3
6	1013126705	Janice Staber	45	$426,553.83	$9,478.97	4
7	1326034984	Katherine Mathews	72	$410,512.63	$5,701.56	2
8	1942937388	Carly Trausch	468	$373,850.71	$798.83	9
9	1285626390	Kathleen Gradoville	233	$344,123.34	$1,476.92	41
10	1619382942	Eirene Alexandrou	109	$316,642.66	$2,904.98	7
11	1417443953	Rodney Clark	306	$289,555.03	$946.26	8
12	1700561826	Pedro Hsieh	28	$288,448.59	$10,301.74	13
13	1669056123	Kama Ausborn	593	$264,300.60	$445.70	12
14	1700417169	Courtney Reints	282	$259,533.53	$920.33	21
15	1326410499	Tara Eastvold	322	$237,126.92	$736.42	19
16	1043418809	Michael Ciliberto	441	$235,819.49	$534.74	18
17	1689646036	Robert Grant	112	$232,058.51	$2,071.95	46
18	1902478811	Joan Anderson	824	$225,187.68	$273.29	27
19	1649419219	Heather Hunemuller	215	$219,867.98	$1,022.64	22
20	1184056822	Abby Kolthoff	558	$218,214.09	$391.06	36
21	1225263833	Lindsay Orris	106	$214,671.33	$2,025.20	197
22	1841607900	Shayla Sanders	103	$203,618.19	$1,976.88	26
23	1902191059	Amber Tierney	35	$202,541.04	$5,786.89	15
24	1578958542	Heidi Curtis	151	$190,846.27	$1,263.88	33
25	1487648705	Karen Hunke	163	$185,667.40	$1,139.06	49
26	1407065469	Christoph Randak	128	$184,648.22	$1,442.56	63
27	1245353242	Sandy Hong	130	$182,268.73	$1,402.07	35
28	1972989721	Jayson Gesulga	562	$179,657.40	$319.68	32
29	1467449579	Brian Wayson	82	$178,983.70	$2,182.73	20
30	1437121407	Linda Cadaret	86	$178,282.41	$2,073.05	25
31	1558357806	Robin Hayward	106	$174,121.31	$1,642.65	44
32	1174748180	Mohammad Alsharabati	146	$172,708.33	$1,182.93	153
33	1609003011	John Bernat	7	$170,927.34	$24,418.19	60
34	1740953439	Wilmar Garcia	172	$167,969.21	$976.57	127
35	1538113337	Robert Smith	8	$158,480.01	$19,810.00	289
36	1194945691	Anjali Sharathkumar	22	$158,099.44	$7,186.34	45
37	1972560597	Bernard Leman	30	$155,354.46	$5,178.48	34
38	1891955423	Leah Siegfried	193	$155,133.35	$803.80	71
39	1649826140	Taylor Boldt	185	$153,878.60	$831.78	174
40	1093382632	Gail Dooley	131	$153,770.87	$1,173.82	65
41	1730406356	Christina Warren	195	$152,268.68	$780.87	30
42	1679521728	Jill Fliege	43	$152,013.80	$3,535.20	83
43	1225143316	Susan Jacobi	90	$150,594.49	$1,673.27	69
44	1952539447	Anthony Fischer	53	$149,196.08	$2,815.02	14
45	1184395162	Danielle Van Oosbree	733	$148,337.53	$202.37	62

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT

202312 - 202402

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
46	1891055612	Zeeshan Jawa	35	$146,882.02	$4,196.63	79
47	1043565328	Sara Moeller	75	$145,360.00	$1,938.13	24
48	1649943689	Jessica Coffey	156	$144,634.42	$927.14	73
49	1265870950	Danita Velasco	3	$144,175.14	$48,058.38	29
50	1588616171	Heather Thomas	81	$141,475.96	$1,746.62	107
51	1306071915	Thomas Pietras	76	$136,080.89	$1,790.54	51
52	1275763047	Rebecca Bowman	874	$135,606.38	$155.16	56
53	1376525196	Randolph Rough	82	$135,410.37	$1,651.35	17
54	1356752067	Kelly Delaney-Nelson	78	$132,877.82	$1,703.56	47
55	1558808501	Jessica Braksiek	36	$132,684.42	$3,685.68	28
56	1134440886	Melissa Wells	91	$130,554.82	$1,434.67	87
57	1356754337	Cyndi Mccormick	533	$130,452.41	$244.75	52
58	1770933046	Shelby Biller	930	$129,577.38	$139.33	72
59	1356445886	Megan Eisel	119	$128,546.55	$1,080.22	103
60	1609131770	Sreenath Ganganna	219	$126,746.26	$578.75	109
61	1568097244	Elizabeth Dassow	71	$121,511.54	$1,711.43	70
62	1518567056	Katie Mogensen	490	$120,347.36	$245.61	80
63	1144455502	Jennifer Petts	124	$120,063.41	$968.25	91
64	1861463275	Donald Wender	36	$119,760.42	$3,326.68	122
65	1245468768	Thomas Schmidt	91	$119,253.37	$1,310.48	40
66	1215333091	Nadia Naz	146	$118,799.67	$813.70	64
67	1609218304	Amanda Garr	696	$118,561.11	$170.35	74
68	1245349182	Mark Burdt	76	$117,868.46	$1,550.90	75
69	1598786097	Stephanie Gray	532	$116,568.11	$219.11	96
70	1477199198	Sajo Thomas	739	$115,315.91	$156.04	55
71	1558357376	Jacob Alexander	28	$113,963.47	$4,070.12	119
72	1043312432	Charles Love	70	$113,564.42	$1,622.35	31
73	1578132940	Alec Steils	301	$113,262.23	$376.29	112
74	1003539784	Julia Sass	549	$113,118.19	$206.04	86
75	1487943908	Brittany Bettendorf	86	$112,044.53	$1,302.84	306
76	1871039917	Elizabeth Allen	60	$110,640.33	$1,844.01	254
77	1851847883	Eileen Meier	411	$110,022.99	$267.70	67
78	1366826109	Alyssa Mrsny	117	$109,548.85	$936.31	42
79	1134249832	Steven Craig	72	$108,674.52	$1,509.37	82
80	1447519038	Erin Richardson	153	$108,593.15	$709.76	207
81	1003089814	Joshua Lukenbill	51	$108,190.39	$2,121.38	684
82	1013311778	Melissa Batt	278	$107,474.84	$386.60	77
83	1104012996	Venkatesh Rudrapatna	55	$107,226.51	$1,949.57	57
84	1861876526	Nibash Budhathoki	15	$106,203.69	$7,080.25	723
85	1114521721	Tarrah Holliday	448	$105,925.76	$236.44	50
86	1396289229	Jesse Becker	1,669	$104,550.65	$62.64	68
87	1588618359	Barbara Burkle	82	$104,179.18	$1,270.48	43
88	1992763122	Ravi Vemulapalli	12	$104,080.79	$8,673.40	98
89	1679573893	Patty Hildreth	490	$103,887.64	$212.02	97
90	1356753859	Katie Lutz	62	$102,760.34	$1,657.42	268

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT

202312 - 202402

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
91	1962444349	Mukund Nadipuram	14	$102,317.40	$7,308.39	4091
92	1366858334	Alicia Duyvejonck	237	$101,886.00	$429.90	76
93	1366065047	Brittania Schoon	46	$100,772.49	$2,190.71	59
94	1588288385	Jenifer Jones	60	$99,255.80	$1,654.26	426
95	1275836751	Holly Kramer	92	$98,883.99	$1,074.83	138
96	1972616316	Jeffrey Brannen	166	$98,791.17	$595.13	117
97	1558429100	Mohammed Milhem	37	$98,071.31	$2,650.58	1528
98	1023108701	Ronald Zolty	29	$97,862.53	$3,374.57	353
99	1750913406	Carrissa Riggs	49	$97,470.01	$1,989.18	130
100	1497201610	Mohaddeseh Sharifzadeh	75	$97,068.75	$1,294.25	428

TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

	202309 - 202311			202312 - 202402			
CATEGORY DESCRIPTION	**PREVIOUS TOTAL COST**	**PREVIOUS RANK**	**PREVIOUS % BUDGET**	**CURRENT TOTAL COST**	**CURRENT RANK**	**CURRENT % BUDGET**	**% CHANGE**
ANTIDIABETICS	$11,069,813.89	1	14.36 %	$10,197,764.68	1	13.65 %	-0.72 %
ANTIPSYCHOTICS/ANTIMANIC AGENTS	$8,229,138.61	2	10.68 %	$8,204,167.68	2	10.98 %	0.30 %
ANALGESICS - ANTI-INFLAMMATORY	$7,377,349.53	3	9.57 %	$6,660,525.97	3	8.91 %	-0.66 %
DERMATOLOGICALS	$6,552,055.73	4	8.50 %	$6,519,062.19	4	8.73 %	0.22 %
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	$5,257,332.43	5	6.82 %	$4,677,554.29	5	6.26 %	-0.56 %
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	$3,748,192.12	6	4.86 %	$3,673,395.08	6	4.92 %	0.05 %
ANTIVIRALS	$3,533,961.88	7	4.59 %	$3,643,833.13	7	4.88 %	0.29 %
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	$2,561,121.09	8	3.32 %	$3,008,365.09	8	4.03 %	0.70 %
RESPIRATORY AGENTS - MISC.	$2,314,498.00	10	3.00 %	$2,474,278.41	9	3.31 %	0.31 %
ENDOCRINE AND METABOLIC AGENTS - MISC.	$2,096,735.53	12	2.72 %	$2,400,791.10	10	3.21 %	0.49 %
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC	$2,473,760.81	9	3.21 %	$2,351,775.13	11	3.15 %	-0.06 %
ANTICONVULSANTS	$2,051,217.16	13	2.66 %	$2,016,390.23	12	2.70 %	0.04 %
HEMATOLOGICAL AGENTS - MISC.	$2,213,594.23	11	2.87 %	$1,894,613.09	13	2.54 %	-0.34 %
ANTIDEPRESSANTS	$1,807,418.17	15	2.35 %	$1,792,666.71	14	2.40 %	0.05 %
MIGRAINE PRODUCTS	$1,877,115.85	14	2.44 %	$1,744,175.99	15	2.33 %	-0.10 %
ANTICOAGULANTS	$1,421,013.29	16	1.84 %	$1,361,826.94	16	1.82 %	-0.02 %
CARDIOVASCULAR AGENTS - MISC.	$1,399,768.66	17	1.82 %	$1,201,236.46	17	1.61 %	-0.21 %
GASTROINTESTINAL AGENTS - MISC.	$760,078.92	19	0.99 %	$807,127.32	18	1.08 %	0.09 %
NEUROMUSCULAR AGENTS	$884,839.12	18	1.15 %	$714,442.35	19	0.96 %	-0.19 %
PASSIVE IMMUNIZING AND TREATMENT AGENTS	$457,665.87	24	0.59 %	$712,869.07	20	0.95 %	0.36 %

TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

	202309 - 202311		202312 - 202402		
CURRENT CATEGORY DESCRIPTION	PREVIOUS CLAIMS	PREVIOUS RANK	CURRENT CLAIMS	CURRENT RANK	% CHANGE
ANTIDEPRESSANTS	94,300	1	93,026	1	-1.35 %
ANTICONVULSANTS	40,836	2	39,911	2	-2.27 %
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	38,796	3	37,905	3	-2.30 %
ANTIHYPERTENSIVES	37,164	4	36,914	4	-0.67 %
ANTIDIABETICS	35,064	5	34,220	5	-2.41 %
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	33,549	6	34,135	6	1.75 %
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	32,817	7	31,773	7	-3.18 %
ANTIPSYCHOTICS/ANTIMANIC AGENTS	31,177	8	30,844	8	-1.07 %
ANTIANXIETY AGENTS	29,158	9	28,583	9	-1.97 %
ANTIHYPERLIPIDEMICS	25,269	10	24,565	10	-2.79 %
PENICILLINS	17,140	16	20,485	11	19.52 %
BETA BLOCKERS	18,557	12	18,153	12	-2.18 %
ANTIHISTAMINES	19,169	11	17,779	13	-7.25 %
DERMATOLOGICALS	17,479	14	17,302	14	-1.01 %
ANALGESICS - ANTI-INFLAMMATORY	18,078	13	16,963	15	-6.17 %
ANALGESICS - OPIOID	17,271	15	15,928	16	-7.78 %
DIURETICS	14,592	17	13,804	17	-5.40 %
THYROID AGENTS	14,054	18	13,505	18	-3.91 %
CORTICOSTEROIDS	12,520	19	12,111	19	-3.27 %
MUSCULOSKELETAL THERAPY AGENTS	11,752	20	11,083	20	-5.69 %

TOP 100 DRUGS BY PAID AMOUNT

	202309 - 202311		202312 - 202402		
DRUG DESCRIPTION	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	PERCENT CHANGE
Humira Pen	4689156.4	1	4115766.66	1	-12.23 %
Ozempic	2353757.66	3	2753284.37	2	16.97 %
Vraylar	2438650.38	2	2517851.04	3	3.25 %
Trikafta	1940879.45	4	2063904.64	4	6.34 %
Dupixent	1835391.21	6	1899729.94	5	3.51 %
Jardiance	1569356.09	7	1603726.02	6	2.19 %
Trulicity	1923649.48	5	1571409.77	7	-18.31 %
Invega Sust	1515929.19	8	1540538.96	8	1.62 %
Biktarvy	1392679.47	10	1439362.08	9	3.35 %
Stelara	1506556.56	9	1425828.84	10	-5.36 %
Taltz	1316427.06	11	1251158.12	11	-4.96 %
Vyvanse	1095397.99	12	1117277.89	12	2.00 %
Eliquis	941871.26	13	933732.87	13	-0.86 %
Aristada	909345.05	14	866604.07	14	-4.70 %
Rexulti	886383.12	15	852063.09	15	-3.87 %
Strensiq	741395.04	18	830627.04	16	12.04 %
Mavyret	518926	28	619568.96	17	19.39 %
Symbicort	795810.85	17	610817.62	18	-23.25 %
Nurtec	633914.62	19	583545.9	19	-7.95 %
Mounjaro	500283.55	30	566072.58	20	13.15 %
Skyrizi Pen	426409.32	33	561610.6	21	31.71 %
Ingrezza	589400.9	22	556702.99	22	-5.55 %
Farxiga	543663.65	25	556454.27	23	2.35 %
Spiriva	602382.78	21	544666.46	24	-9.58 %
Abilify Main	623346.46	20	541660.66	25	-13.10 %
Invega Trinz	559181.22	24	538738.81	26	-3.66 %
Enbrel Srclk	568646.27	23	525679.7	27	-7.56 %
Trintellix	502516.17	29	472666.64	28	-5.94 %
Trelegy	444843.47	31	444590.98	29	-0.06 %
Entresto	401284.19	36	438864.71	30	9.37 %
Lantus Solos	843502.13	16	438088.44	31	-48.06 %
Albuterol	367828.98	40	401081.44	32	9.04 %
Caplyta	347475.76	45	398621.92	33	14.72 %
Xarelto	422012.41	35	388114.73	34	-8.03 %
Humira	519239.73	27	377411.1	35	-27.31 %
Cabometyx	298472.29	50	361580.47	36	21.14 %
Lybalvi	367504.1	41	350153.47	37	-4.72 %

TOP 100 DRUGS BY PAID AMOUNT

	202309 - 202311		202312 - 202402		
DRUG DESCRIPTION	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	PERCENT CHANGE
Synagis	171978.16	92	342321.2	38	99.05 %
Altuviiio	175621.56	91	341030.4	39	94.18 %
Ajovy	343853.73	46	340960.05	40	-0.84 %
Ilaris	265320.02	56	332662.83	41	25.38 %
Xifaxan	333316.65	47	329807.71	42	-1.05 %
Januvia	349174.09	44	324666.22	43	-7.02 %
Insulin Aspa	423274.39	34	309584.82	44	-26.86 %
Austedo	314549.05	48	305356.29	45	-2.92 %
Cosentyx Pen	361473.04	42	305212.11	46	-15.56 %
Ventolin Hfa	384072.31	37	300812.8	47	-21.68 %
Jornay Pm	232994.5	63	296495.26	48	27.25 %
Evrysdi	431388.85	32	295464.47	49	-31.51 %
Concerta	529196.68	26	291979.95	50	-44.83 %
Methylphenid	228394.26	66	279221.74	51	22.25 %
Lisdexamfeta	291131.4	51	278703.23	52	-4.27 %
Kesimpta	218942.37	70	272981.04	53	24.68 %
Advair Hfa	285555	53	272698.31	54	-4.50 %
Daybue	360861.9	43	265901.52	55	-26.31 %
Rebinyn	236409.04	61	256310.03	56	8.42 %
Tresiba Flex	278372.65	55	252665.71	57	-9.23 %
Ubrelvy	282541.03	54	248192.89	58	-12.16 %
Opsumit	253890.63	57	246801.54	59	-2.79 %
Sprycel	213178.77	72	245679.31	60	15.25 %
Insulin Lisp	241482.32	60	244538.72	61	1.27 %
Hemlibra	169045.4	94	242735.86	62	43.59 %
Linzess	232032.45	65	237500.77	63	2.36 %
Hizentra	163458.71	98	234326	64	43.35 %
Epidiolex	205251.65	75	229549.3	65	11.84 %
Creon	181853.93	87	222640.01	66	22.43 %
Adynovate	368063.97	39	212946.52	67	-42.14 %
Jynarque	203935.44	76	205930.5	68	0.98 %
Descovy	183019.23	83	205477.7	69	12.27 %
Paxlovid	7618.2	608	204832.18	70	2588.72 %
Rinvoq	182570.33	84	203861.89	71	11.66 %
Quillichew	177813.98	88	200341.26	72	12.67 %
Qelbree	156142.33	102	199462.35	73	27.74 %
Sogroya	61707.57	223	196599.77	74	218.60 %

TOP 100 DRUGS BY PAID AMOUNT

	202309 - 202311		202312 - 202402		
DRUG DESCRIPTION	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	PERCENT CHANGE
Ibrance	208549.77	74	196343.93	75	-5.85 %
Norditropin	224049.59	67	194982.16	76	-12.97 %
Aimovig	215206.57	71	194787	77	-9.49 %
Wakix	234918.51	62	194692.41	78	-17.12 %
Emflaza	196318.62	78	194296.27	79	-1.03 %
Skyrizi	185968.08	82	193801.97	80	4.21 %
Pulmozyme	195755.7	79	189605.85	81	-3.14 %
Fasenra Pen	167830.38	95	187898.4	82	11.96 %
Victoza	250844.62	59	184907.81	83	-26.29 %
Amphet/dextr	171326.87	93	182788.13	84	6.69 %
Verzenio	193915.65	80	181531.75	85	-6.39 %
Ravicti	136977.01	116	178765.52	86	30.51 %
Amoxicillin	144901.18	111	177148.49	87	22.25 %
Takhzyro	223622.01	69	176902.11	88	-20.89 %
Fabrazyme	182040.38	86	170904.6	89	-6.12 %
Atorvastatin	176410.8	90	170634.01	90	-3.27 %
Sofos/velpat	223800.74	68	169740.55	91	-24.16 %
Sertraline	165376.15	96	167400.62	92	1.22 %
Adempas	146729.67	109	167099.04	93	13.88 %
Skytrofa	121052.25	135	164235.23	94	35.67 %
Fintepla	164340.72	97	161182.64	95	-1.92 %
Cosentyx Uno	131654.36	123	159285.6	96	20.99 %
Tremfya	211292.21	73	156951.67	97	-25.72 %
Omeprazole	161461.26	100	156440.72	98	-3.11 %
Otezla	200381.06	77	156303.09	99	-22.00 %
Anoro Ellipt	162137.81	99	156130.44	100	-3.71 %

TOP 100 DRUGS BY PRESCRIPTION COUNT

	202309 - 202311		202312 - 202402		
DRUG DESCRIPTION	PREVIOUS PRESCRIPTION COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	PERCENT CHANGE
Atorvastatin	15,335	1	14,724	1	-3.98 %
Sertraline	14,533	3	14,467	2	-0.45 %
Omeprazole	14,981	2	14,348	3	-4.23 %
Amoxicillin	11,071	11	13,860	4	25.19 %
Albuterol	11,872	7	13,095	5	10.30 %
Levothyroxin	12,940	4	12,421	6	-4.01 %
Trazodone	12,134	6	12,051	7	-0.68 %
Lisinopril	12,210	5	11,592	8	-5.06 %
Escitalopram	11,334	8	11,352	9	0.16 %
Fluoxetine	11,215	10	11,220	10	0.04 %
Metformin	11,303	9	10,858	11	-3.94 %
Bupropn Hcl	10,837	12	10,674	12	-1.50 %
Gabapentin	10,808	13	10,277	13	-4.91 %
Cetirizine	10,415	14	9,791	14	-5.99 %
Amphet/dextr	8,576	16	8,787	15	2.46 %
Amlodipine	8,815	15	8,478	16	-3.82 %
Buspirone	8,290	17	8,110	17	-2.17 %
Duloxetine	8,175	18	8,030	18	-1.77 %
Hydroxyz Hcl	7,999	19	7,999	19	0.00 %
Ondansetron	7,046	24	7,692	20	9.17 %
Montelukast	7,804	21	7,644	21	-2.05 %
Pantoprazole	7,879	20	7,472	22	-5.17 %
Quetiapine	7,466	23	7,450	23	-0.21 %
Methylphenid	6,359	30	7,358	24	15.71 %
Prednisone	7,484	22	7,034	25	-6.01 %
Clonidine	6,591	29	6,991	26	6.07 %
Venlafaxine	7,039	25	6,919	27	-1.70 %
Aripiprazole	6,763	27	6,683	28	-1.18 %
Metoprol Suc	6,784	26	6,630	29	-2.27 %
Guanfacine	5,879	33	6,385	30	8.61 %
Hydroco/apap	6,735	28	6,136	31	-8.89 %
Lamotrigine	6,118	31	6,014	32	-1.70 %
Amox/k Clav	5,346	40	5,884	33	10.06 %
Losartan Pot	5,810	34	5,774	34	-0.62 %
Famotidine	5,465	39	5,491	35	0.48 %
Ibuprofen	5,541	37	5,431	36	-1.99 %
Cyclobenzapr	5,742	35	5,262	37	-8.36 %
Fluticasone	5,622	36	5,178	38	-7.90 %
Azithromycin	4,989	44	5,170	39	3.63 %
Topiramate	5,132	41	5,046	40	-1.68 %
Loratadine	5,478	38	5,030	41	-8.18 %
Aspirin Low	5,032	43	4,920	42	-2.23 %
Alprazolam	5,096	42	4,830	43	-5.22 %
Clonazepam	4,850	45	4,772	44	-1.61 %

TOP 100 DRUGS BY PRESCRIPTION COUNT

	202309 - 202311		202312 - 202402		
DRUG DESCRIPTION	**PREVIOUS PRESCRIPTION COUNT**	**PREVIOUS RANK**	**CURRENT PRESCRIPTION COUNT**	**CURRENT RANK**	**PERCENT CHANGE**
Cefdinir	3,579	56	4,712	45	31.66 %
Ventolin Hfa	5,994	32	4,649	46	-22.44 %
Propranolol	4,465	46	4,554	47	1.99 %
Rosuvastatin	4,234	49	4,215	48	-0.45 %
Risperidone	4,174	51	4,200	49	0.62 %
Meloxicam	4,327	48	4,022	50	-7.05 %
Hydrochlorot	4,404	47	3,993	51	-9.33 %
Cephalexin	4,190	50	3,970	52	-5.25 %
Furosemide	3,986	52	3,709	53	-6.95 %
Spironolact	3,639	54	3,634	54	-0.14 %
Lorazepam	3,642	53	3,528	55	-3.13 %
Vyvanse	3,451	57	3,380	56	-2.06 %
Mirtazapine	3,395	58	3,363	57	-0.94 %
Prazosin Hcl	3,336	59	3,306	58	-0.90 %
Tramadol Hcl	3,602	55	3,296	59	-8.50 %
Levetiraceta	3,285	60	3,244	60	-1.25 %
Ozempic	2,793	72	3,121	61	11.74 %
Folic Acid	3,188	61	3,038	62	-4.71 %
Jardiance	2,984	64	2,995	63	0.37 %
Triamcinolon	2,972	67	2,962	64	-0.34 %
Doxycyc Mono	2,978	65	2,900	65	-2.62 %
Hydroxyz Pam	2,864	69	2,883	66	0.66 %
Amitriptylin	2,976	66	2,878	67	-3.29 %
Prednisolone	2,572	78	2,823	68	9.76 %
Acetamin	3,051	62	2,765	69	-9.37 %
Citalopram	2,919	68	2,750	70	-5.79 %
Fluconazole	3,024	63	2,687	71	-11.14 %
Ferosul	2,651	75	2,595	72	-2.11 %
Metoprol Tar	2,818	70	2,584	73	-8.30 %
Metronidazol	2,802	71	2,557	74	-8.74 %
Pregabalin	2,687	73	2,545	75	-5.28 %
Valacyclovir	2,600	76	2,531	76	-2.65 %
Oxycodone	2,675	74	2,528	77	-5.50 %
Divalproex	2,428	80	2,487	78	2.43 %
Tizanidine	2,510	79	2,454	79	-2.23 %
Olanzapine	2,425	81	2,418	80	-0.29 %
Lantus Solos	2,207	89	2,369	81	7.34 %
Lisdexamfeta	2,589	77	2,357	82	-8.96 %
Pot Chloride	2,379	82	2,296	83	-3.49 %
Baclofen	2,313	83	2,230	84	-3.59 %
Symbicort	2,284	84	2,229	85	-2.41 %
Atomoxetine	2,266	85	2,214	86	-2.29 %
Tamsulosin	2,126	90	2,121	87	-0.24 %
Insulin Lisp	2,002	96	2,077	88	3.75 %

TOP 100 DRUGS BY PRESCRIPTION COUNT

	202309 - 202311		202312 - 202402		
DRUG DESCRIPTION	**PREVIOUS PRESCRIPTION COUNT**	**PREVIOUS RANK**	**CURRENT PRESCRIPTION COUNT**	**CURRENT RANK**	**PERCENT CHANGE**
Oseltamivir	197	338	2,073	89	952.28 %
Carvedilol	2,119	91	2,060	90	-2.78 %
Polyeth Glyc	2,108	92	2,046	91	-2.94 %
Diclofenac	2,250	86	2,032	92	-9.69 %
Naproxen	2,242	87	2,002	93	-10.70 %
Clindamycin	2,064	94	1,971	94	-4.51 %
Vraylar	2,006	95	1,964	95	-2.09 %
Eliquis	1,963	97	1,891	96	-3.67 %
Lisinop/hctz	2,071	93	1,866	97	-9.90 %
Zolpidem	1,923	98	1,833	98	-4.68 %
Trulicity	2,219	88	1,764	99	-20.50 %
Sumatriptan	1,861	100	1,746	100	-6.18 %

Quarterly Monthly Statistics

CATEGORY	September 2023 / November 2023	December 2023 / February 2024	% CHANGE
TOTAL PAID AMOUNT	$100,187,632	$97,072,823	-3.1%
UNIQUE USERS	114,624	111,435	-2.8%
COST PER USER	$874.05	$871.12	-0.3%
TOTAL PRESCRIPTIONS	883,470	864,795	-2.1%
AVERAGE PRESCRIPTIONS PER USER	7.71	7.76	0.7%
AVERAGE COST PER PRESCRIPTION	$113.40	$112.25	-1.0%
# GENERIC PRESCRIPTIONS	784,437	770,474	-1.8%
% GENERIC	88.79%	89.09%	0.3%
$ GENERIC	$13,538,686	$13,287,838	-1.9%
AVERAGE GENERIC PRESCRIPTION COST	$17.26	$17.25	-0.1%
AVERAGE GENERIC DAYS SUPPLY	25.71	25.61	-0.4%
# BRAND PRESCRIPTIONS	99,033	94,321	-4.8%
% BRAND	11.21%	10.91%	-2.7%
$ BRAND	$86,648,945	$83,784,985	-3.3%
AVERAGE BRAND PRESCRIPTION COST	$874.95	$888.30	1.5%
AVERAGE BRAND DAYS SUPPLY	26.90	26.99	0.3%

UTILIZATION BY AGE		
AGE	September 2023 / November 2023	December 2023 / February 2024
0-6	36,599	40,186
7-12	59,193	58,907
13-18	82,768	80,649
19-64	704,555	684,959
65+	9,995	8,694
TOTAL	893,110	873,395

	UTILIZATION BY GENDER AND AGE		
GENDER	AGE	September 2023 / November 2023	December 2023 / February 2024
F	0-6	15,675	17,568
	7-12	22,754	22,867
	13-18	43,126	41,877
	19-64	471,426	455,710
	65+	6,207	5,481
	Gender Total	559,188	543,503
M	0-6	20,924	22,618
	7-12	36,439	36,040
	13-18	39,642	38,772
	19-64	233,129	229,249
	65+	3,788	3,213
	Gender Total	333,922	329,892
Grand Total		893,110	873,395

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
December 2023 / February 2024

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
1	UNIVERSITY OF IOWA HEALTH CARE	IOWA CITY	IA	12,305	$6,102,253.34	$495.92	1
2	WALGREENS #4405	COUNCIL BLUFFS	IA	8,481	$615,970.62	$72.63	2
3	WALGREENS #5239	DAVENPORT	IA	7,648	$438,949.05	$57.39	3
4	WALGREENS #5042	CEDAR RAPIDS	IA	6,950	$468,151.37	$67.36	4
5	RIGHT DOSE PHARMACY	ANKENY	IA	5,413	$223,347.48	$41.26	16
6	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	5,384	$460,671.98	$85.56	5
7	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	4,876	$309,846.67	$63.55	6
8	HY-VEE PHARMACY (1075)	CLINTON	IA	4,838	$388,690.90	$80.34	17
9	WALGREENS #5721	DES MOINES	IA	4,676	$295,057.35	$63.10	9
10	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	4,676	$293,544.45	$62.78	18
11	DRILLING PHARMACY	SIOUX CITY	IA	4,671	$332,649.76	$71.22	7
12	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	4,636	$330,543.46	$71.30	13
13	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,479	$293,789.77	$65.59	12
14	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	4,444	$276,699.97	$62.26	19
15	WALMART PHARMACY 10-1509	MAQUOKETA	IA	4,407	$308,423.14	$69.98	8
16	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	4,369	$222,185.14	$50.85	15
17	HARTIG PHARMACY SERVICES	DUBUQUE	IA	4,351	$317,897.54	$73.06	21
18	WALGREENS #359	DES MOINES	IA	4,324	$229,336.34	$53.04	11
19	WALGREENS #4041	DAVENPORT	IA	4,294	$218,150.79	$50.80	10
20	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	4,180	$192,221.71	$45.99	14
21	WALGREENS #15647	SIOUX CITY	IA	4,064	$249,782.22	$61.46	22
22	WALGREENS #7453	DES MOINES	IA	4,031	$196,982.98	$48.87	23

23	WALGREENS #7455	WATERLOO	IA	4,025	$212,779.35	$52.86	20
24	NELSON FAMILY PHARMACY	FORT MADISON	IA	3,799	$332,944.08	$87.64	29
25	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	3,794	$386,185.09	$101.79	26
26	WALGREENS #3700	COUNCIL BLUFFS	IA	3,792	$224,124.13	$59.10	24
27	WALGREENS #9708	DUBUQUE	IA	3,738	$230,176.97	$61.58	25
28	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,652	$215,699.79	$59.06	28
29	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	3,573	$286,627.22	$80.22	32
30	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,469	$204,311.37	$58.90	36
31	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	3,407	$103,128.77	$30.27	30
32	NUCARA LTC PHARMACY #3	IOWA CITY	IA	3,374	$99,961.35	$29.63	27
33	HY-VEE PHARMACY (1449)	NEWTON	IA	3,343	$231,444.22	$69.23	38
34	WALGREENS #11942	DUBUQUE	IA	3,319	$215,137.20	$64.82	41
35	HY-VEE PHARMACY (1396)	MARION	IA	3,278	$214,146.04	$65.33	35
36	UI HEALTHCARE - IOWA RIVER LANDING PHARMACY	CORALVILLE	IA	3,253	$105,789.08	$32.52	34
37	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	3,240	$319,142.77	$98.50	31
38	HY-VEE PHARMACY (1433)	MT PLEASANT	IA	3,234	$218,991.33	$67.72	33
39	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	3,192	$238,394.76	$74.69	37
40	WAGNER PHARMACY	CLINTON	IA	3,190	$261,270.61	$81.90	43
41	CVS PHARMACY #08658	DAVENPORT	IA	3,179	$214,510.30	$67.48	65
42	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	3,099	$201,819.73	$65.12	40
43	CVS PHARMACY #10282	FORT DODGE	IA	3,085	$170,966.87	$55.42	48
44	WALMART PHARMACY 10-5115	DAVENPORT	IA	3,081	$220,802.52	$71.67	52
45	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	3,029	$178,584.46	$58.96	42
46	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,995	$246,703.75	$82.37	45
47	WALMART PHARMACY 10-2889	CLINTON	IA	2,985	$149,131.49	$49.96	46
48	MAHASKA DRUGS INC	OSKALOOSA	IA	2,977	$235,279.53	$79.03	39

49	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	2,949	$169,220.06	$57.38	47
50	WALMART PHARMACY 10-0985	FAIRFIELD	IA	2,815	$198,779.16	$70.61	44
51	LAGRANGE PHARMACY	VINTON	IA	2,767	$204,878.55	$74.04	54
52	MAIN AT LOCUST PHARMACY AND MEDICAL SUPPLY	DAVENPORT	IA	2,759	$241,515.30	$87.54	63
53	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	2,719	$203,568.83	$74.87	64
54	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	2,711	$173,835.94	$64.12	49
55	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,682	$214,765.73	$80.08	57
56	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	2,681	$189,134.01	$70.55	56
57	WALMART PHARMACY 10-0559	MUSCATINE	IA	2,658	$178,263.18	$67.07	53
58	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,622	$181,878.90	$69.37	59
59	WALGREENS #5044	BURLINGTON	IA	2,615	$154,211.81	$58.97	55
60	SCOTT PHARMACY	FAYETTE	IA	2,594	$179,623.34	$69.25	58
61	DANIEL PHARMACY	FT DODGE	IA	2,592	$194,945.26	$75.21	60
62	WALGREENS #7452	DES MOINES	IA	2,577	$196,579.56	$76.28	71
63	OSTERHAUS PHARMACY	MAQUOKETA	IA	2,570	$180,543.26	$70.25	68
64	WALMART PHARMACY 10-3394	ATLANTIC	IA	2,550	$158,990.68	$62.35	61
65	MEDICAP PHARMACY	KNOXVILLE	IA	2,530	$256,957.88	$101.56	87
66	STANGEL PHARMACY	ONAWA	IA	2,507	$180,155.41	$71.86	70
67	WALGREENS #3595	DAVENPORT	IA	2,507	$136,685.11	$54.52	75
68	WALMART PHARMACY 10-0784	MT PLEASANT	IA	2,492	$154,944.97	$62.18	66
69	UNION PHARMACY	COUNCIL BLUFFS	IA	2,471	$229,191.64	$92.75	90
70	MEDICAP LTC	INDIANOLA	IA	2,467	$73,081.02	$29.62	51
71	HY-VEE PHARMACY (1850)	WASHINGTON	IA	2,463	$155,471.63	$63.12	69
72	SOUTH SIDE DRUG	OTTUMWA	IA	2,446	$205,333.46	$83.95	76
73	HY-VEE PHARMACY (1530)	PLEASANT HILL	IA	2,430	$140,426.53	$57.79	74
74	WALGREENS #5470	SIOUX CITY	IA	2,427	$167,879.44	$69.17	78

75	WALGREENS #3875	CEDAR RAPIDS	IA	2,427	$154,605.96	$63.70	84
76	HY-VEE DRUGSTORE #5 (7026)	CEDAR RAPIDS	IA	2,381	$170,436.19	$71.58	79
77	HY-VEE PHARMACY (1065)	CHARITON	IA	2,371	$146,269.41	$61.69	72
78	MERCYONE FOREST PARK PHARMACY	MASON CITY	IA	2,358	$179,578.49	$76.16	85
79	WALGREENS #3876	MARION	IA	2,356	$150,539.47	$63.90	77
80	HY-VEE PHARMACY #1 (1054)	CEDAR RAPIDS	IA	2,352	$194,011.91	$82.49	80
81	HY-VEE PHARMACY (1895)	WINDSOR HEIGHTS	IA	2,348	$133,427.47	$56.83	91
82	WALGREENS #7454	ANKENY	IA	2,345	$140,839.24	$60.06	73
83	CVS PHARMACY #08544	WATERLOO	IA	2,332	$127,536.06	$54.69	122
84	WALGREENS #5852	DES MOINES	IA	2,328	$172,222.59	$73.98	99
85	WALMART PHARMACY 10-0646	ANAMOSA	IA	2,312	$141,367.89	$61.15	67
86	HY-VEE PHARMACY (1241)	HARLAN	IA	2,311	$214,468.95	$92.80	138
87	WALGREENS #12393	CEDAR RAPIDS	IA	2,254	$151,899.39	$67.39	81
88	WALMART PHARMACY 10-1683	SHENANDOAH	IA	2,232	$140,308.12	$62.86	104
89	HY-VEE PHARMACY (1437)	MUSCATINE	IA	2,206	$106,927.82	$48.47	105
90	HY-VEE PHARMACY #5 (1061)	CEDAR RAPIDS	IA	2,202	$143,713.37	$65.26	83
91	HY-VEE PHARMACY (1382)	LEMARS	IA	2,200	$125,547.77	$57.07	98
92	WALGREENS #5886	KEOKUK	IA	2,186	$132,433.59	$60.58	94
93	WALGREENS #4714	DES MOINES	IA	2,171	$121,957.96	$56.18	100
94	HY-VEE PHARMACY (1522)	PERRY	IA	2,158	$160,230.91	$74.25	103
95	COMMUNITY HEALTH CARE PHARMACY	DAVENPORT	IA	2,152	$52,040.28	$24.18	101
96	HY-VEE PHARMACY #2 (1018)	AMES	IA	2,137	$170,287.73	$79.69	110
97	HY-VEE PHARMACY (1052)	CEDAR FALLS	IA	2,135	$120,185.25	$56.29	86
98	PREFERRED CARE PHARMACY	BETTENDORF	IA	2,133	$172,530.80	$80.89	126
99	INFOCUS PHARMACY SERVICES LLC	DUBUQUE	IA	2,132	$251,766.80	$118.09	93
100	HY-VEE PHARMACY (1271)	INDIANOLA	IA	2,125	$136,657.36	$64.31	121

TOP 100 PHARMACIES BY PAID AMOUNT
December 2023 / February 2024

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	UNIVERSITY OF IOWA HEALTH CARE	IOWA CITY	IA	12,305	$6,102,253.34	$2,681.13	1
2	CAREMARK KANSAS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	LENEXA	KS	489	$3,826,923.45	$17,084.48	2
3	CVS/SPECIALTY	MONROEVILLE	PA	460	$3,472,262.17	$18,668.08	3
4	CAREMARK ILLINOIS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	MT PROSPECT	IL	273	$2,631,563.44	$30,247.86	4
5	COMMUNITY, A WALGREENS PHARMACY #16528	DES MOINES	IA	686	$2,549,181.00	$11,801.76	5
6	UNITYPOINT AT HOME	URBANDALE	IA	710	$2,409,082.26	$9,194.97	6
7	COMMUNITY, A WALGREENS PHARMACY #21250	IOWA CITY	IA	456	$1,614,125.02	$9,963.73	8
8	AMBER SPECIALTY PHARMACY	OMAHA	NE	289	$1,320,781.82	$13,758.14	13
9	CVS PHARMACY #00102	AURORA	CO	128	$1,316,611.55	$24,841.73	9
10	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	84	$1,088,794.96	$27,917.82	12
11	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	1,163	$1,079,028.68	$8,772.59	10
12	SOLEO HEALTH INC.	WOODRIDGE	IL	8	$1,040,370.80	$520,185.40	7
13	ALLIANCERX WALGREENS PHARMACY #16280	FRISCO	TX	43	$874,854.75	$72,904.56	11
14	CAREMARK LLC, DBA CVS/SPECIALTY	REDLANDS	CA	41	$759,164.60	$50,610.97	16
15	PANTHERX SPECIALTY PHARMACY	PITTSBURGH	PA	29	$754,652.69	$62,887.72	28
16	WALGREENS #16270	OMAHA	NE	107	$649,855.13	$22,408.80	18
17	WALGREENS #4405	COUNCIL BLUFFS	IA	8,481	$615,970.62	$408.20	15
18	KROGER SPECIALTY PHARMACY LA	HARVEY	LA	65	$612,194.79	$18,005.73	14
19	MISSION CANCER + BLOOD	DES MOINES	IA	47	$541,345.51	$24,606.61	20
20	EVERSANA LIFE SCIENCE SERVICES, LLC	CHESTERFIELD	MO	18	$532,165.71	$88,694.29	19
21	ARJ INFUSION SERVICES, LLC	CEDAR RAPIDS	IA	40	$497,470.28	$62,183.79	221
22	EXPRESS SCRIPTS SPECIALTY DIST SVCS	SAINT LOUIS	MO	32	$474,085.98	$29,630.37	45

23	WALGREENS #5042	CEDAR RAPIDS	IA	6,950	$468,151.37	$337.53	23
24	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	5,384	$460,671.98	$842.18	21
25	ANOVORX GROUP LLC	MEMPHIS	TN	37	$456,515.68	$25,361.98	17
26	CR CARE PHARMACY	CEDAR RAPIDS	IA	1,806	$455,575.95	$2,777.90	25
27	WALGREENS #5239	DAVENPORT	IA	7,648	$438,949.05	$290.89	24
28	HY-VEE PHARMACY (1075)	CLINTON	IA	4,838	$388,690.90	$664.43	29
29	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	3,794	$386,185.09	$644.72	27
30	ORSINI PHARMACEUTICAL SERVICES LLC	ELK GROVE VILLAGE	IL	32	$377,689.44	$25,179.30	57
31	GENESIS FIRSTMED PHARMACY	DAVENPORT	IA	688	$374,900.21	$2,071.27	33
32	GENOA HEALTHCARE, LLC	DAVENPORT	IA	1,708	$371,864.39	$2,089.13	30
33	OPTUM PHARMACY 702, LLC	JEFFERSONVILLE	IN	66	$368,554.61	$10,839.84	73
34	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	1,832	$347,907.54	$1,965.58	26
35	THE NEBRASKA MEDICAL CENTER CLINIC PHARMACY	OMAHA	NE	766	$335,451.32	$2,430.81	40
36	NELSON FAMILY PHARMACY	FORT MADISON	IA	3,799	$332,944.08	$818.04	38
37	DRILLING PHARMACY	SIOUX CITY	IA	4,671	$332,649.76	$859.56	31
38	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	4,636	$330,543.46	$564.07	32
39	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	3,240	$319,142.77	$726.98	37
40	HARTIG PHARMACY SERVICES	DUBUQUE	IA	4,351	$317,897.54	$978.15	46
41	AVERA SPECIALTY PHARMACY	SIOUX FALLS	SD	110	$314,501.87	$12,096.23	49
42	BIOLOGICS BY MCKESSON	CARY	NC	14	$310,940.98	$51,823.50	61
43	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	4,876	$309,846.67	$373.31	34
44	WALMART PHARMACY 10-1509	MAQUOKETA	IA	4,407	$308,423.14	$528.12	36
45	MAYO CLINIC PHARMACY	ROCHESTER	MN	74	$302,174.13	$14,389.24	58
46	ALLEN CLINIC PHARMACY	WATERLOO	IA	905	$301,836.56	$1,066.56	39
47	WALGREENS #5721	DES MOINES	IA	4,676	$295,057.35	$278.09	43
48	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,479	$293,789.77	$484.00	41

49	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	4,676	$293,544.45	$464.47	52
50	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	3,573	$286,627.22	$503.74	68
51	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	4,444	$276,699.97	$459.63	48
52	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	1,459	$274,995.98	$3,089.84	53
53	WAGNER PHARMACY	CLINTON	IA	3,190	$261,270.61	$759.51	62
54	MEDICAP PHARMACY	KNOXVILLE	IA	2,530	$256,957.88	$1,079.65	85
55	INFOCUS PHARMACY SERVICES LLC	DUBUQUE	IA	2,132	$251,766.80	$1,062.31	51
56	WALGREENS #15647	SIOUX CITY	IA	4,064	$249,782.22	$290.78	60
57	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,995	$246,703.75	$663.18	66
58	MAIN AT LOCUST PHARMACY AND MEDICAL SUPPLY	DAVENPORT	IA	2,759	$241,515.30	$1,083.03	76
59	ACARIAHEALTH PHARMACY #11	HOUSTON	TX	19	$241,341.40	$26,815.71	59
60	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	3,192	$238,394.76	$555.70	83
61	MAHASKA DRUGS INC	OSKALOOSA	IA	2,977	$235,279.53	$565.58	50
62	PANTHERX SPECIALTY PHARMACY	PITTSBURGH	PA	22	$232,237.62	$29,029.70	35
63	HY-VEE PHARMACY (1449)	NEWTON	IA	3,343	$231,444.22	$513.18	71
64	WALGREENS #9708	DUBUQUE	IA	3,738	$230,176.97	$265.79	54
65	WALGREENS #359	DES MOINES	IA	4,324	$229,336.34	$241.66	47
66	UNION PHARMACY	COUNCIL BLUFFS	IA	2,471	$229,191.64	$1,118.01	95
67	ALLIANCERX WALGREENS PHARMACY #15443	FRISCO	TX	23	$228,699.19	$28,587.40	79
68	WALGREENS #3700	COUNCIL BLUFFS	IA	3,792	$224,124.13	$294.13	56
69	RIGHT DOSE PHARMACY	ANKENY	IA	5,413	$223,347.48	$757.11	81
70	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	4,369	$222,185.14	$403.97	42
71	WALMART PHARMACY 10-5115	DAVENPORT	IA	3,081	$220,802.52	$556.18	84
72	SANFORD CANCER CENTER ONCOLOGY CLINIC PHARMACY	SIOUX FALLS	SD	52	$219,697.74	$12,205.43	109
73	HY-VEE PHARMACY (1433)	MT PLEASANT	IA	3,234	$218,991.33	$510.47	69
74	WALGREENS #4041	DAVENPORT	IA	4,294	$218,150.79	$274.40	64

75	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,652	$215,699.79	$421.29	74
76	WALGREENS #11942	DUBUQUE	IA	3,319	$215,137.20	$386.24	75
77	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,682	$214,765.73	$552.10	63
78	CVS PHARMACY #08658	DAVENPORT	IA	3,179	$214,510.30	$473.53	135
79	HY-VEE PHARMACY (1241)	HARLAN	IA	2,311	$214,468.95	$571.92	116
80	HY-VEE PHARMACY (1396)	MARION	IA	3,278	$214,146.04	$444.29	65
81	WALGREENS #7455	WATERLOO	IA	4,025	$212,779.35	$228.55	55
82	SOUTH SIDE DRUG	OTTUMWA	IA	2,446	$205,333.46	$626.02	82
83	LAGRANGE PHARMACY	VINTON	IA	2,767	$204,878.55	$648.35	67
84	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,469	$204,311.37	$451.02	88
85	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	2,719	$203,568.83	$701.96	86
86	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	3,099	$201,819.73	$436.84	91
87	HY-VEE PHARMACY #2 (1614)	SIOUX CITY	IA	1,880	$200,860.00	$674.03	87
88	WALMART PHARMACY 10-0985	FAIRFIELD	IA	2,815	$198,779.16	$549.11	89
89	WALGREENS #7453	DES MOINES	IA	4,031	$196,982.98	$267.28	72
90	WALGREENS #7452	DES MOINES	IA	2,577	$196,579.56	$390.04	112
91	DANIEL PHARMACY	FT DODGE	IA	2,592	$194,945.26	$605.42	99
92	GENOA HEALTHCARE, LLC	MARSHALLTOWN	IA	773	$194,939.06	$2,320.70	159
93	HY-VEE PHARMACY #1 (1054)	CEDAR RAPIDS	IA	2,352	$194,011.91	$602.52	107
94	PARAGON PARTNERS	OMAHA	NE	725	$193,896.41	$2,730.94	77
95	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	4,180	$192,221.71	$346.35	90
96	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	2,681	$189,134.01	$711.03	103
97	THOMPSON DEAN DRUG	SIOUX CITY	IA	2,016	$186,541.41	$879.91	80
98	ONCO360	LOUISVILLE	KY	16	$186,059.37	$26,579.91	96
99	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,622	$181,878.90	$557.91	105
100	OSTERHAUS PHARMACY	MAQUOKETA	IA	2,570	$180,543.26	$649.44	106

TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
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RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
1	1982605762	Jeffrey Wilharm	$92,977.87	2,378	6.87	1
2	1356096572	Natasha Lash	$211,984.45	1,792	4.09	2
3	1215146055	Rebecca Wolfe	$84,799.07	1,658	2.79	3
4	1467502286	Charles Tilley	$155,989.29	1,515	3.64	5
5	1730434069	Larissa Biscoe	$100,853.01	1,497	3.29	4
6	1063491645	Allyson Wheaton	$104,986.58	1,349	2.46	13
7	1922455096	Dean Guerdet	$70,315.40	1,298	3.58	10
8	1629036546	Anita Simison	$75,813.55	1,294	2.69	75
9	1437238110	Genevieve Nelson	$161,185.71	1,287	3.16	7
10	1316356496	Kimberly Roberts	$60,065.41	1,256	3.41	8
11	1013499029	Spencer Kissel	$186,829.96	1,239	3.50	9
12	1467907394	Cynthia Coenen	$153,902.94	1,239	4.01	14
13	1770933046	Shelby Biller	$255,668.46	1,212	2.65	11
14	1043434525	Robert Kent	$68,421.63	1,179	3.44	12
15	1043211303	Ali Safdar	$178,736.03	1,117	2.42	6
16	1902478811	Joan Anderson	$269,723.78	1,096	3.40	20
17	1457584740	Eric Meyer	$80,541.05	1,087	2.74	15
18	1043418809	Michael Ciliberto	$489,871.40	1,073	2.88	32
19	1164538674	Joseph Wanzek	$84,220.90	1,062	3.99	24
20	1902850845	Deborah Bahe	$64,722.72	1,059	3.95	18
21	1659358620	Carlos Castillo	$34,421.59	1,055	2.99	16
22	1437209434	Jon Thomas	$42,322.60	1,005	2.84	21
23	1790163848	Hesper Nowatzki	$125,517.92	996	3.25	31

24	1356359871	Rhea Hartley	$66,747.24	975	2.07	43
25	1013115369	Bobbita Nag	$44,060.58	963	2.15	25
26	1003539784	Julia Sass	$101,617.42	962	2.62	22
27	1316471154	Nicole Woolley	$54,063.99	957	2.74	27
28	1215125216	Rebecca Walding	$105,620.25	955	4.18	23
29	1215184726	Babuji Gandra	$33,758.12	952	2.54	29
30	1902912538	Christian Jones	$59,892.57	937	2.74	19
31	1609218304	Amanda Garr	$137,117.64	922	3.11	26
32	1902358443	Melissa Konken	$174,810.95	903	3.57	41
33	1205393386	Jessica Hudspeth	$123,790.27	895	3.52	42
34	1982030946	Jacklyn Besch	$40,941.74	890	2.92	17
35	1013639749	Robert Husemann	$93,609.74	884	3.41	52
36	1528365277	Mina Salib	$854,452.64	879	2.14	74
37	1255405338	Bryan Netolicky	$126,989.00	876	2.66	34
38	1316510324	Sandy Marcus	$39,188.91	854	3.11	109
39	1558770974	Marc Baumert	$34,077.13	853	2.92	37
40	1649248378	Kathleen Wild	$41,518.04	849	3.05	53
41	1275763047	Rebecca Bowman	$141,575.22	842	3.09	30
42	1538149042	Eric Petersen	$26,710.88	833	3.64	55
43	1477926434	Jackie Shipley	$39,260.91	832	2.91	49
44	1922144088	Thomas Hopkins	$41,784.95	829	2.62	69
45	1538368170	Christopher Matson	$16,474.26	825	3.20	35
46	1689077018	Stacy Roth	$65,854.47	807	2.83	56
47	1134191018	Dustin Smith	$44,037.09	802	3.06	50
48	1609946243	Sina Linman	$45,637.10	796	2.51	39
49	1639607757	Michael Gerber	$89,517.62	790	3.33	51

50	1871105916	Lacie Theis	$78,745.11	778	2.81	47
51	1528329398	Erin Rowan	$40,934.22	769	2.85	59
52	1053630640	Jennifer Donovan	$80,611.76	768	2.95	40
53	1124006770	Wook Kim	$33,967.36	762	3.17	67
54	1538157383	David Wenger-Keller	$35,244.79	760	4.29	33
55	1992103386	Melissa Larsen	$58,298.14	758	2.85	90
56	1417549932	Amanda McCormick	$50,571.94	756	3.18	72
57	1609532373	Erin Fox-Hammel	$61,603.83	756	2.99	38
58	1528037082	Rodney Dean	$81,577.16	752	3.56	101
59	1184657603	Sara Rygol	$86,225.85	746	2.77	87
60	1801998372	Wendy Hansen-Penman	$25,736.53	741	3.63	44
61	1619153137	Joada Best	$48,478.60	738	3.05	56
62	1679573893	Patty Hildreth	$177,526.94	738	2.97	48
63	1144214248	Kristi Walz	$84,596.72	737	3.74	46
64	1386044832	Mary Grieder	$43,067.74	736	4.57	123
65	1780877878	Christopher Jacobs	$35,199.22	735	3.78	66
66	1205571155	Dina Lentz	$127,042.48	732	3.31	62
67	1417024993	Stacey Jumbeck	$17,879.37	732	3.30	78
68	1457914657	Seema Antony	$58,537.20	731	2.91	73
69	1417214321	Leah Brandon	$23,847.11	729	5.45	201
70	1477199198	Sajo Thomas	$107,481.73	728	2.65	28
71	1144715954	Tiffini Toliver	$43,981.38	727	2.71	71
72	1275067696	Olaitan Ijitimehin	$33,073.06	725	2.85	63
73	1710941000	Laurie Warren	$63,838.94	724	3.75	84
74	1568431880	Pomilla Kumar	$31,393.03	718	3.63	45
75	1356724405	Beth Colon	$92,547.20	714	2.45	128

76	1821268335	Jacqueline McInnis	$97,372.12	711	3.72	78
77	1831751908	Kelsey Frame	$72,824.65	709	2.90	105
78	1942721584	Shawna Fury	$21,717.94	706	2.61	142
79	1003330036	Evan Peterson	$25,124.92	704	2.74	36
80	1396083531	Joni Hanshaw	$39,334.54	704	4.48	93
81	1275844649	Katie Campbell	$85,410.31	701	2.79	61
82	1932582988	Dianne Humphrey	$47,409.33	692	3.35	76
83	1134854128	Dzevida Pandzic	$47,182.05	690	2.09	198
84	1659420099	Stephen Mandler	$21,456.60	685	7.86	108
85	1992332563	Stacy Overman	$27,114.95	684	5.77	80
86	1790013209	Tracy Tschudi	$74,659.48	682	3.02	54
87	1588746515	Amy Badberg	$27,840.80	681	2.66	64
88	1457007270	Lindsay Schock	$62,018.85	679	2.56	250
89	1447680848	Mindy Roberts	$69,804.38	674	2.41	60
90	1013978089	Jennifer Bradley	$154,812.10	672	5.55	156
91	1184395162	Danielle Van Oosbree	$133,368.87	669	3.93	93
92	1932531316	Brooke Johnson	$37,360.92	668	2.82	85
93	1144280355	Janet Tull	$25,982.70	667	3.81	99
94	1053963900	Nicole Mcclavy	$113,281.53	665	3.05	70
95	1457667610	Leah Schupp	$33,698.59	663	2.85	189
96	1437692803	Cassandra Dunlavy	$59,821.31	657	3.92	68
97	1235514258	Ashley Fuller	$37,231.37	656	2.56	119
98	1649209933	Richard Blunk	$46,771.17	652	2.15	115
99	1164823092	Jamey Gregersen	$35,833.78	642	3.03	127
100	1619380680	Tara Brockman	$24,450.17	642	2.31	117

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
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RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
1	1841632965	Ahmad Al-Huniti	$1,094,259.07	$72,950.60	15	1
2	1326034984	Katherine Mathews	$975,248.96	$10,054.11	97	3
3	1316934318	Steven Lentz	$953,903.64	$13,627.19	70	2
4	1528365277	Mina Salib	$854,452.64	$972.07	879	4
5	1477761328	Amy Calhoun	$667,386.86	$9,018.74	74	5
6	1013126705	Janice Staber	$635,610.07	$15,133.57	42	12
7	1437121407	Linda Cadaret	$554,647.89	$6,028.78	92	6
8	1043418809	Michael Ciliberto	$489,871.40	$456.54	1073	10
9	1417443953	Rodney Clark	$483,056.74	$1,201.63	402	9
10	1891146999	Becky Johnson	$463,478.89	$1,046.23	443	7
11	1952420705	Eric Rush	$449,685.42	$49,965.05	9	30
12	1023108701	Ronald Zolty	$443,082.79	$5,987.61	74	32
13	1326211889	James Friedlander	$426,161.99	$6,986.26	61	8
14	1306071915	Thomas Pietras	$336,574.20	$1,945.52	173	16
15	1285748004	Bruce Hughes	$330,350.95	$3,932.75	84	27
16	1720086523	Mark Cleveland	$328,659.85	$2,298.32	143	17
17	1295091510	Rebecca Weiner	$325,967.94	$931.34	350	13
18	1285626390	Kathleen Gradoville	$314,953.89	$910.27	346	87
19	1356445886	Megan Eisel	$288,412.73	$1,442.06	200	31
20	1902478811	Joan Anderson	$269,723.78	$246.10	1096	20
21	1588616171	Heather Thomas	$268,908.31	$3,239.86	83	19
22	1174748180	Mohammad Alsharabati	$262,515.33	$1,193.25	220	11
23	1093382632	Gail Dooley	$256,153.14	$1,506.78	170	15

24	1770933046	Shelby Biller	$255,668.46	$210.95	1212	22
25	1043565328	Sara Moeller	$235,002.84	$2,155.99	109	14
26	1942937388	Carly Trausch	$233,518.98	$543.07	430	35
27	1376525196	Randolph Rough	$231,237.58	$1,725.65	134	43
28	1952539447	Anthony Fischer	$230,434.16	$3,200.47	72	94
29	1821046087	Archana Verma	$230,400.38	$2,809.76	82	51
30	1871868984	Hana Niebur	$224,931.21	$2,743.06	82	38
31	1700417169	Courtney Reints	$222,597.76	$618.33	360	67
32	1386084747	Jennifer Condon	$212,640.95	$979.91	217	36
33	1356096572	Natasha Lash	$211,984.45	$118.29	1792	39
34	1902191059	Amber Tierney	$205,099.79	$2,698.68	76	104
35	1447373832	Joshua Wilson	$204,419.33	$5,840.55	35	18
36	1649419219	Heather Hunemuller	$202,675.44	$1,125.97	180	24
37	1073722112	Riad Rahhal	$202,496.09	$725.79	279	73
38	1609820240	James Harper	$195,011.31	$11,471.25	17	46
39	1003103383	Grerk Sutamtewagul	$189,396.36	$7,891.52	24	28
40	1013499029	Spencer Kissel	$186,829.96	$150.79	1239	60
41	1508091109	Melissa Muff-Luett	$184,717.14	$6,157.24	30	53
42	1730293705	Robert Jackson	$184,207.99	$2,141.95	86	56
43	1366858334	Alicia Duyvejonck	$183,522.13	$394.67	465	45
44	1124216676	Wendy Sanders	$183,063.92	$461.12	397	44
45	1083011613	Bassel Mohammad Nijres	$182,998.65	$2,652.15	69	62
46	1932153830	Michael Stephens	$180,606.36	$22,575.80	8	75
47	1043211303	Ali Safdar	$178,736.03	$160.01	1117	33
48	1972989721	Jayson Gesulga	$178,098.38	$395.77	450	61
49	1679573893	Patty Hildreth	$177,526.94	$240.55	738	49

50	1578958542	Heidi Curtis	$177,416.79	$1,267.26	140	21
51	1538676150	Megan Dietzel	$176,167.86	$2,380.65	74	48
52	1902358443	Melissa Konken	$174,810.95	$193.59	903	57
53	1366826109	Alyssa Mrsny	$174,066.11	$1,234.51	141	29
54	1366065047	Brittania Schoon	$172,687.42	$2,158.59	80	65
55	1821437716	Chandana Javvaji	$170,463.51	$10,027.27	17	144
56	1487648705	Karen Hunke	$169,215.35	$1,484.35	114	131
57	1003315201	Abigail Behrens	$169,115.75	$2,966.94	57	89
58	1558357806	Robin Hayward	$168,156.75	$2,472.89	68	23
59	1649943689	Jessica Coffey	$164,168.68	$892.22	184	34
60	1467449579	Brian Wayson	$161,691.75	$2,694.86	60	26
61	1962497438	Sheryl Mulder	$161,676.25	$3,759.91	43	97
62	1437238110	Genevieve Nelson	$161,185.71	$125.24	1287	84
63	1588288385	Jenifer Jones	$160,517.99	$1,514.32	106	341
64	1558808501	Jessica Braksiek	$157,024.11	$3,489.42	45	298
65	1932464971	Kari Ernst	$156,266.23	$1,755.80	89	55
66	1467502286	Charles Tilley	$155,989.29	$102.96	1515	83
67	1104891704	Akshay Mahadevia	$155,873.32	$1,528.17	102	86
68	1013978089	Jennifer Bradley	$154,812.10	$230.38	672	107
69	1467907394	Cynthia Coenen	$153,902.94	$124.22	1239	95
70	1285710764	Jitendrakumar Gupta	$150,577.13	$543.60	277	40
71	1437262086	Amy Hughes	$149,084.55	$3,636.21	41	74
72	1891955423	Leah Siegfried	$148,594.81	$394.15	377	132
73	1386938447	Theresa Czech	$148,381.29	$342.68	433	71
74	1407349442	Sarah Nimri	$147,312.03	$7,365.60	20	58
75	1669056123	Kama Ausborn	$145,845.31	$276.75	527	47

76	1356752067	Kelly Delaney-Nelson	$145,802.86	$1,313.54	111	356
77	1447519038	Erin Richardson	$144,705.07	$600.44	241	54
78	1174817134	Vuong Nayima	$142,785.02	$670.35	213	398
79	1649826140	Taylor Boldt	$142,505.26	$1,032.65	138	105
80	1245353242	Sandy Hong	$142,409.10	$918.77	155	141
81	1972869717	Fadi Alkhatib	$141,847.02	$332.97	426	124
82	1275763047	Rebecca Bowman	$141,575.22	$168.14	842	68
83	1043703887	Tenaea Jeppeson	$140,285.87	$231.88	605	82
84	1750913406	Carrissa Riggs	$140,124.24	$1,973.58	71	343
85	1134249832	Steven Craig	$139,484.55	$1,408.93	99	72
86	1326410499	Tara Eastvold	$139,009.50	$302.85	459	52
87	1427178284	Darcy Krueger	$137,428.81	$9,816.34	14	42
88	1104189323	Jad Sfeir	$137,300.76	$68,650.38	2	262
89	1609218304	Amanda Garr	$137,117.64	$148.72	922	63
90	1841607900	Shayla Sanders	$136,287.47	$2,034.14	67	59
91	1700561826	Pedro Hsieh	$136,130.11	$9,075.34	15	159
92	1104933878	David Mercer	$136,037.98	$4,534.60	30	5678
93	1689942518	Patria Alba Aponte	$135,547.59	$607.84	223	66
94	1154307114	Gena Ghearing	$133,384.25	$281.40	474	81
95	1184395162	Danielle Van Oosbree	$133,368.87	$199.36	669	150
96	1033347521	Drew Thodeson	$132,879.27	$2,605.48	51	100
97	1407065469	Christoph Randak	$132,471.39	$1,839.88	72	162
98	1275836751	Holly Kramer	$132,429.57	$1,026.59	129	170
99	1841254406	Bradley Hiatt	$131,638.28	$3,210.69	41	297
100	1952423071	Sakeer Hussain	$130,800.45	$4,360.02	30	223

TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

CATEGORY DESCRIPTION	September 2023 / November 2023	RANK	% BUDGET	December 2023 / February 2024	RANK	% BUDGET	% CHANGE
ANTIDIABETICS	$13,229,633	1	13.2%	$12,301,642	1	12.7%	-7.0%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	$9,994,063	2	10.0%	$9,898,973	2	10.2%	-1.0%
DERMATOLOGICALS	$9,075,593	3	9.1%	$9,248,341	3	9.5%	1.9%
ANALGESICS - ANTI-INFLAMMATORY	$8,889,651	4	8.9%	$7,984,910	4	8.2%	-10.2%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	$6,486,531	5	6.5%	$5,840,369	5	6.0%	-10.0%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	$5,921,248	6	5.9%	$5,417,694	6	5.6%	-8.5%
HEMATOLOGICAL AGENTS - MISC.	$5,267,569	7	5.3%	$3,993,231	7	4.1%	-24.2%
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	$3,605,401	8	3.6%	$3,584,327	8	3.7%	-0.6%
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	$3,072,942	10	3.1%	$3,551,814	9	3.7%	15.6%
ANTICONVULSANTS	$3,494,210	9	3.5%	$3,499,198	10	3.6%	0.1%
ANTIVIRALS	$2,981,073	11	3.0%	$3,206,717	11	3.3%	7.6%
ENDOCRINE AND METABOLIC AGENTS - MISC.	$2,614,406	14	2.6%	$3,021,120	12	3.1%	15.6%
MIGRAINE PRODUCTS	$2,940,772	12	2.9%	$2,965,745	13	3.1%	0.8%
RESPIRATORY AGENTS - MISC.	$2,778,149	13	2.8%	$2,515,937	14	2.6%	-9.4%
CARDIOVASCULAR AGENTS - MISC.	$2,116,045	16	2.1%	$2,426,426	15	2.5%	14.7%
ANTIDEPRESSANTS	$2,358,605	15	2.4%	$2,317,418	16	2.4%	-1.7%
ANTICOAGULANTS	$1,628,550	17	1.6%	$1,642,455	17	1.7%	0.9%
GASTROINTESTINAL AGENTS - MISC.	$1,236,369	18	1.2%	$1,414,809	18	1.5%	14.4%
NEUROMUSCULAR AGENTS	$702,805	20	0.7%	$944,638	19	1.0%	34.4%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	$902,013	19	0.9%	$874,110	20	0.9%	-3.1%

TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

CATEGORY DESCRIPTION	September 2023 / November 2023	PREV RANK	December 2023 / February 2024	CURR RANK	% CHANGE
ANTIDEPRESSANTS	117,875	1	114,699	1	-2.7%
ANTICONVULSANTS	51,364	2	50,363	2	-1.9%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	49,160	3	46,557	3	-5.3%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	46,446	4	44,973	4	-3.2%
ANTIHYPERTENSIVES	45,523	5	44,586	5	-2.1%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	41,983	6	41,019	6	-2.3%
ANTIDIABETICS	41,463	7	40,657	7	-1.9%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	39,818	8	39,419	8	-1.0%
ANTIANXIETY AGENTS	35,050	9	34,665	9	-1.1%
ANTIHYPERLIPIDEMICS	30,719	10	29,981	10	-2.4%
ANTIHISTAMINES	25,860	11	23,708	11	-8.3%
PENICILLINS	19,176	16	21,584	12	12.6%
BETA BLOCKERS	21,709	13	21,462	13	-1.1%
DERMATOLOGICALS	22,048	12	20,718	14	-6.0%
ANALGESICS - ANTI-INFLAMMATORY	21,078	14	20,059	15	-4.8%
ANALGESICS - OPIOID	19,366	15	18,222	16	-5.9%
THYROID AGENTS	17,367	18	16,824	17	-3.1%
DIURETICS	17,418	17	16,642	18	-4.5%
CORTICOSTEROIDS	14,634	19	13,820	19	-5.6%
MUSCULOSKELETAL THERAPY AGENTS	13,903	20	13,738	20	-1.2%

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	September 2023 / November 2023	RANK	December 2023 / February 2024	RANK	% CHANGE
HUMIRA(CF) PEN	$5,213,554	1	$4,688,877	1	-10.1%
OZEMPIC	$2,910,002	3	$3,378,813	2	16.1%
VRAYLAR	$3,024,431	2	$3,105,223	3	2.7%
STELARA	$2,172,806	6	$2,191,259	4	0.8%
TRIKAFTA	$2,299,168	5	$2,036,451	5	-11.4%
TRULICITY	$2,336,979	4	$1,995,217	6	-14.6%
INVEGA SUSTENNA	$1,930,113	7	$1,940,801	7	0.6%
JARDIANCE	$1,806,553	9	$1,899,850	8	5.2%
VYVANSE	$1,748,873	10	$1,706,979	9	-2.4%
DUPIXENT PEN	$1,496,253	11	$1,439,845	10	-3.8%
BIKTARVY	$1,305,132	12	$1,272,225	11	-2.5%
SKYRIZI PEN	$888,752	20	$1,171,156	12	31.8%
REXULTI	$1,224,112	13	$1,165,160	13	-4.8%
TALTZ AUTOINJECTOR	$1,145,194	14	$1,134,359	14	-0.9%
ELIQUIS	$1,080,307	15	$1,127,373	15	4.4%
ALTUVIIIO	$915,911	18	$1,126,701	16	23.0%
NURTEC ODT	$882,510	21	$902,017	17	2.2%
VENTOLIN HFA	$942,678	17	$868,170	18	-7.9%
MOUNJARO	$747,299	25	$826,657	19	10.6%
INGREZZA	$775,268	24	$816,005	20	5.3%
ARISTADA	$859,080	22	$790,062	21	-8.0%
DUPIXENT SYRINGE	$848,139	23	$751,919	22	-11.3%
TRINTELLIX	$728,562	26	$708,327	23	-2.8%
ABILIFY MAINTENA	$642,883	29	$676,653	24	5.3%

EVRYSDI	$565,107	32	$674,811	25	19.4%
TREMFYA	$471,136	45	$653,144	26	38.6%
SYMBICORT	$914,704	19	$651,404	27	-28.8%
EPIDIOLEX	$591,312	30	$627,139	28	6.1%
AUSTEDO	$547,213	35	$600,992	29	9.8%
STRENSIQ	$288,350	75	$586,986	30	103.6%
INVEGA TRINZA	$552,922	33	$576,977	31	4.4%
TRELEGY ELLIPTA	$538,852	36	$569,357	32	5.7%
FARXIGA	$550,355	34	$540,187	33	-1.8%
ENBREL SURECLICK	$683,221	28	$532,034	34	-22.1%
AJOVY AUTOINJECTOR	$515,235	38	$514,282	35	-0.2%
ELOCTATE	$127,076	154	$511,024	36	302.1%
NORDITROPIN FLEXPRO	$488,205	43	$507,138	37	3.9%
CAPLYTA	$491,115	41	$504,137	38	2.7%
WAKIX	$488,231	42	$496,635	39	1.7%
UPTRAVI	$321,818	64	$486,497	40	51.2%
LANTUS SOLOSTAR	$977,933	16	$476,788	41	-51.2%
UBRELVY	$457,356	46	$475,425	42	4.0%
XARELTO	$492,270	40	$467,768	43	-5.0%
COSENTYX PEN (2 PENS)	$581,698	31	$453,117	44	-22.1%
XIFAXAN	$374,704	55	$449,920	45	20.1%
OTEZLA	$493,037	39	$447,715	46	-9.2%
JORNAY PM	$424,074	47	$447,209	47	5.5%
VERZENIO	$410,934	51	$428,077	48	4.2%
LENVIMA	$243,623	85	$427,906	49	75.6%
OPSUMIT	$420,322	49	$423,732	50	0.8%

CONCERTA	$723,762	27	$423,201	51	-41.5%
JANUVIA	$422,528	48	$420,811	52	-0.4%
ENTRESTO	$401,869	52	$405,788	53	1.0%
NOVOSEVEN RT	$1,929,228	8	$397,798	54	-79.4%
LYBALVI	$354,026	58	$392,817	55	11.0%
LINZESS	$389,108	53	$389,378	56	0.1%
EMFLAZA	$387,948	54	$367,940	57	-5.2%
MAVYRET	$311,675	68	$355,202	58	14.0%
RAVICTI	$367,084	57	$342,949	59	-6.6%
REBINYN	$184,050	107	$340,715	60	85.1%
SPIRIVA HANDIHALER	$340,576	63	$333,067	61	-2.2%
AIMOVIG AUTOINJECTOR	$343,454	62	$329,805	62	-4.0%
XYWAV	$203,856	98	$325,388	63	59.6%
HUMIRA(CF)	$350,696	59	$324,175	64	-7.6%
GATTEX	$132,634	148	$316,109	65	138.3%
ORFADIN	$317,249	65	$313,706	66	-1.1%
SPIRIVA RESPIMAT	$315,196	66	$309,444	67	-1.8%
LISDEXAMFETAMINE DIMESYLATE	$412,220	50	$307,949	68	-25.3%
FASENRA PEN	$298,498	71	$302,031	69	1.2%
CREON	$263,043	81	$297,179	70	13.0%
TYVASO DPI	$175,527	115	$295,977	71	68.6%
ALPROLIX	$345,208	61	$292,734	72	-15.2%
RINVOQ	$271,584	80	$290,911	73	7.1%
SPRYCEL	$291,019	74	$283,016	74	-2.7%
ADVAIR HFA	$311,997	67	$273,567	75	-12.3%
SKYRIZI	$227,234	91	$272,901	76	20.1%

HEMLIBRA	$477,837	44	$271,901	77	-43.1%
PULMOZYME	$280,840	77	$265,681	78	-5.4%
HAEGARDA	$304,758	70	$262,092	79	-14.0%
FINTEPLA	$305,944	69	$260,441	80	-14.9%
KESIMPTA PEN	$180,844	108	$256,806	81	42.0%
REVLIMID	$275,138	79	$254,729	82	-7.4%
SOGROYA	$179,388	109	$248,369	83	38.5%
METHYLPHENIDATE ER	$232,452	88	$245,637	84	5.7%
ILARIS	$167,697	123	$242,979	85	44.9%
INSULIN ASPART FLEXPEN	$349,516	60	$236,077	86	-32.5%
BRIVIACT	$210,699	93	$232,085	87	10.1%
DESCOVY	$253,450	84	$229,171	88	-9.6%
QELBREE	$179,131	111	$228,302	89	27.4%
TAKHZYRO	$298,163	72	$228,093	90	-23.5%
QUILLICHEW ER	$229,709	89	$225,093	91	-2.0%
BREZTRI AEROSPHERE	$197,871	101	$222,547	92	12.5%
ENBREL	$209,592	95	$219,002	93	4.5%
PAXLOVID	$4,201	908	$218,825	94	5108.7%
ORENITRAM ER	$213,652	92	$217,679	95	1.9%
QULIPTA	$209,750	94	$215,247	96	2.6%
TRESIBA FLEXTOUCH U-200	$255,123	82	$214,368	97	-16.0%
JYNARQUE	$91,567	206	$208,621	98	127.8%
AZSTARYS	$184,941	104	$204,164	99	10.4%
ATORVASTATIN CALCIUM	$205,621	97	$201,761	100	-1.9%

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	September 2023 / November 2023	PREVIOUS RANK	December 2023 / February 2024	RANK	% CHANGE
OMEPRAZOLE	19,027	1	18,496	1	-2.8%
SERTRALINE HCL	18,001	2	17,633	2	-2.0%
ATORVASTATIN CALCIUM	17,859	3	17,504	3	-2.0%
LEVOTHYROXINE SODIUM	15,979	4	15,497	4	-3.0%
AMOXICILLIN	12,360	10	14,284	5	15.6%
ESCITALOPRAM OXALATE	14,229	8	13,714	6	-3.6%
TRAZODONE HCL	15,244	5	13,634	7	-10.6%
LISINOPRIL	14,246	7	13,569	8	-4.8%
VENTOLIN HFA	14,475	6	13,328	9	-7.9%
GABAPENTIN	12,402	9	12,041	10	-2.9%
FLUOXETINE HCL	11,681	11	11,266	11	-3.6%
MONTELUKAST SODIUM	11,651	12	10,825	12	-7.1%
BUSPIRONE HCL	10,026	14	9,934	13	-0.9%
HYDROXYZINE HCL	9,835	15	9,902	14	0.7%
DULOXETINE HCL	10,052	13	9,696	15	-3.5%
AMLODIPINE BESYLATE	9,666	16	9,470	16	-2.0%
PANTOPRAZOLE SODIUM	9,581	17	9,371	17	-2.2%
CLONIDINE HCL	8,654	19	8,770	18	1.3%
QUETIAPINE FUMARATE	8,570	21	8,365	19	-2.4%
CETIRIZINE HCL	8,982	18	8,320	20	-7.4%
ARIPIPRAZOLE	8,554	22	8,285	21	-3.1%
PREDNISONE	8,572	20	8,128	22	-5.2%
VENLAFAXINE HCL ER	8,202	23	7,804	23	-4.9%

LAMOTRIGINE	7,699	24	7,613	24	-1.1%
METOPROLOL SUCCINATE	7,230	28	7,286	25	0.8%
BUPROPION XL	5,898	37	6,996	26	18.6%
FAMOTIDINE	7,141	29	6,987	27	-2.2%
HYDROCODONE-ACETAMINOPHEN	7,391	27	6,877	28	-7.0%
LOSARTAN POTASSIUM	6,910	31	6,829	29	-1.2%
FLUTICASONE PROPIONATE	7,597	25	6,783	30	-10.7%
TOPIRAMATE	6,972	30	6,720	31	-3.6%
AMOXICILLIN-CLAVULANATE POTASS	6,046	34	6,525	32	7.9%
ONDANSETRON ODT	5,495	42	6,310	33	14.8%
AZITHROMYCIN	6,116	33	6,032	34	-1.4%
LORATADINE	6,434	32	6,031	35	-6.3%
CYCLOBENZAPRINE HCL	5,968	35	6,004	36	0.6%
BUPROPION HYDROCHLORIDE E	7,404	26	5,933	37	-19.9%
DEXTROAMPHETAMINE-AMPHET ER	5,289	44	5,873	38	11.0%
ALPRAZOLAM	5,932	36	5,793	39	-2.3%
RISPERIDONE	5,693	39	5,733	40	0.7%
METFORMIN HCL ER	5,660	40	5,720	41	1.1%
CLONAZEPAM	5,749	38	5,566	42	-3.2%
METHYLPHENIDATE ER	4,840	52	5,511	43	13.9%
ROSUVASTATIN CALCIUM	5,248	47	5,159	44	-1.7%
VYVANSE	5,394	43	5,140	45	-4.7%
METFORMIN HCL	5,188	48	5,138	46	-1.0%
IBUPROFEN	5,268	46	5,062	47	-3.9%
MELOXICAM	5,495	41	5,031	48	-8.4%
HYDROCHLOROTHIAZIDE	5,279	45	4,990	49	-5.5%

CEFDINIR	4,150	58	4,916	50	18.5%
DEXTROAMPHETAMINE-AMPHETAMINE	4,852	51	4,772	51	-1.6%
ASPIRIN EC	4,732	53	4,724	52	-0.2%
FUROSEMIDE	4,951	49	4,635	53	-6.4%
CEPHALEXIN	4,933	50	4,556	54	-7.6%
ALBUTEROL SULFATE	4,238	57	4,368	55	3.1%
CETIRIZINE HYDROCHLORIDE	4,483	54	4,220	56	-5.9%
SPIRONOLACTONE	4,260	56	4,220	57	-0.9%
MIRTAZAPINE	4,273	55	4,128	58	-3.4%
LORAZEPAM	3,994	59	3,893	59	-2.5%
PRAZOSIN HCL	3,910	60	3,891	60	-0.5%
OZEMPIC	3,388	73	3,834	61	13.2%
POLYETHYLENE GLYCOL 3350	3,602	68	3,655	62	1.5%
LEVETIRACETAM	3,702	62	3,636	63	-1.8%
GUANFACINE HCL ER	3,367	74	3,584	64	6.4%
JARDIANCE	3,471	72	3,548	65	2.2%
DOXYCYCLINE MONOHYDRATE	3,670	64	3,547	66	-3.4%
HYDROXYZINE PAMOATE	3,547	70	3,531	67	-0.5%
FOLIC ACID	3,717	61	3,521	68	-5.3%
ACETAMINOPHEN	3,585	69	3,500	69	-2.4%
CITALOPRAM HBR	3,621	66	3,390	70	-6.4%
FLUCONAZOLE	3,481	71	3,381	71	-2.9%
VALACYCLOVIR	3,272	77	3,290	72	0.6%
TRAMADOL HCL	3,661	65	3,289	73	-10.2%
PREGABALIN	3,308	76	3,279	74	-0.9%
GUANFACINE HCL	3,140	78	3,214	75	2.4%

METHYLPHENIDATE HCL	3,132	79	3,141	76	0.3%
TRIAMCINOLONE ACETONIDE	3,605	67	3,139	77	-12.9%
POTASSIUM CHLORIDE	3,344	75	3,087	78	-7.7%
FEROSUL	3,022	84	3,076	79	1.8%
BACLOFEN	3,037	83	3,051	80	0.5%
ATOMOXETINE HCL	3,076	82	3,014	81	-2.0%
METRONIDAZOLE	3,097	80	3,007	82	-2.9%
METOPROLOL TARTRATE	3,081	81	2,929	83	-4.9%
OLANZAPINE	2,835	89	2,882	84	1.7%
LISDEXAMFETAMINE DIMESYLATE	3,697	63	2,852	85	-22.9%
LANTUS SOLOSTAR	2,713	92	2,851	86	5.1%
ALBUTEROL SULFATE HFA	2,712	93	2,843	87	4.8%
TIZANIDINE HCL	2,971	85	2,830	88	-4.7%
OXYCODONE HCL	2,860	87	2,796	89	-2.2%
PROPRANOLOL HCL	2,940	86	2,707	90	-7.9%
FLUOXETINE HYDROCHLORIDE	2,361	101	2,621	91	11.0%
DEXMETHYLPHENIDATE HCL ER	2,839	88	2,613	92	-8.0%
ZOLPIDEM TARTRATE	2,669	95	2,574	93	-3.6%
DICLOFENAC SODIUM	2,746	91	2,570	94	-6.4%
SULFAMETHOXAZOLE-TRIMETHOPRIM	2,748	90	2,513	95	-8.6%
SUMATRIPTAN SUCCINATE	2,548	98	2,480	96	-2.7%
SYMBICORT	2,640	96	2,465	97	-6.6%
ONDANSETRON HCL	2,284	105	2,416	98	5.8%
VRAYLAR	2,427	100	2,401	99	-1.1%
AMITRIPTYLINE HCL	2,356	102	2,312	100	-1.9%

Medicaid Statistics for Prescription Claims
December 2023 through February 2024

Tri-Monthly Statistics

	FFS[1]	Wellpoint	Iowa Total Care	Molina Healthcare	Total**
Total Dollars Paid		$97,072,823	$74,716,428	$45,140,115	$216,929,365
Users		111,435	102,826	73,621	287,882
Cost Per User		$871.12	$726.63	$613.14	
Total Prescriptions		864,795	709,792	462,441	2,037,028
Average Rx/User		7.76	6.90	6.28	
Average Cost/Rx		$112.25	$105.27	$97.61	
# Generic Prescriptions		770,474	640,434	419,320	
% Generic		89.1%	90.0%	90.7%	
$ Generic		$13,287,838	$11,044,552	$6,971,900	
Average Generic Rx Cost		$17.25	$17.25	$16.63	
Average Generic Days Supply		25.61	25	24.75	
# Brand Prescriptions		94,321	68,639	43,121	
% Brand		10.9%	10.0%	9.3%	
$ Brand		$83,784,985	$63,651,916	$38,168,214	
Average Brand Rx Cost		$888.30	$927.34	$885.14	
Average Brand Days Supply		26.99	28	27.53	

**All reported dollars are pre-rebate

[1] Missing data due to cyber-attack on Change Healthcare in Feburary 2024

Top 20 Therapeutic Class by Paid Amount*

December 2023 through February 2024

	FFS[1]	Wellpoint	Iowa Total Care	Molina Healthcare
1		ANTIDIABETICS	ANTIDIABETICS	ANTIDIABETICS
2		ANTIPSYCHOTICS/ANTIMANIC AGENTS	ANTIPSYCHOTICS/ANTIMANIC AGENTS	ANTIPSYCHOTICS/ANTIMANIC AGENTS
3		DERMATOLOGICALS	ANALGESICS - ANTI-INFLAMMATORY	ANALGESICS - ANTI-INFLAMMATORY
4		ANALGESICS - ANTI-INFLAMMATORY	DERMATOLOGICALS	DERMATOLOGICALS
5		ANTIASTHMATIC AND BRONCHODILATOR AGENTS	ANTIASTHMATIC AND BROCHODILATOR AGENTS	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
6		ADHD/ANTI-NARCOLEPSY	ADHD/ANTI-NARCOLEPSY	ADHD/ANTI-NARCOLEPSY
7		HEMATOLOGICAL AGENTS - MISC.	ANTIVIRALS	ANTIVIRALS
8		ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
9		PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	RESPIRATORY AGENTS - MISC.	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
10		ANTICONVULSANTS	ENDOCRINE AND METOBOLIC AGENTS - MISC.	RESPIRATORY AGENTS - MISC.
11		ANTIVIRALS	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	HEMATOLOGICAL AGENTS - MISC.
12		ENDOCRINE AND METABOLIC AGENTS - MISC.	ANTICONVULSANTS	MIGRAINE PRODUCTS
13		MIGRAINE PRODUCTS	HEMATOLOGICAL AGENTS - MISC.	ANTIDEPRESSANTS
14		RESPIRATORY AGENTS - MISC.	ANTIDEPRESSANTS	ANTICOAGULANTS
15		CARDIOVASCULAR AGENTS - MISC.	MIGRAINE PRODUCTS	ANTICONVULSANTS
16		ANTIDEPRESSANTS	ANTICOAGULANTS	CARDIOVASCULAR AGENTS - MISC.
17		ANTICONVULSANTS	CARDIOVASCULAR AGENTS - MISC.	ENDOCRINE AND METABOLIC AGENTS - MISC.
18		GASTROINTESTINAL AGENTS - MISC.	GASTROINTESTINAL AGENTS - MISC.	GASTROINTESTINAL AGENTS - MISC.
19		NEUROMUSCULAR AGENTS	NEUROMUSCULAR AGENTS	PASSIVE IMMUNIZING AND TREATMENT AGENTS
20		ULCER DRUGS/ANTISPASMODICS/ ANTICHOLINERGICS	PASSIVE IMMUNIZING AND TREATMENT AGENTS	ULCER DRUGS/ANTISPASMODICS/ ANTICHOLINERGICS

* Pre-rebate

[1] Missing data due to cyber-attack on Change Healthcare in Feburary 2024

Top 20 Therapeutic Class by Prescription Count

December 2023 through February 2024

	FFS[1]	Wellpoint	Iowa Total Care	Molina Healthcare
1		ANTIDEPRESSANTS	ANTIDEPRESSANTS	ANTIDEPRESSANTS
2		ANTICONVULSANTS	ANTICONVULSANTS	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
3		ANTIASTHMATIC AND BRONCHODILATOR AGENTS	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	ANTICONVULSANTS
4		ADHD/ANTI-NARCOLEPSY	ANTIHYPERTENSIVES	ANTIHYPERTENSIVES
5		ANTIHYPERTENSIVES	ANTIDIABETICS	ADHD/ANTI-NARCOLEPSY
6		ULCER DRUGS/ ANTISPASMODICS/ ANTICHOLINERGICS	ADHD/ANTI-NARCOLEPSY AGENTS	ANTIDIABETICS
7		ANTIDIABETICS	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	ULCER DRUGS/ ANTISPASMODICS/ ANTICHOLINERGICS
8		ANTIPSYCHOTICS/ANTIMANIC AGENTS	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	ANTIPSYCHOTICS/ANTIMANIC AGENTS
9		ANTIANXIETY AGENTS	ANTIANXIETY AGENTS	ANTIANXIETY AGENTS
10		ANTIHYPERLIPIDEMICS	ANTIHYPERLIPIDEMICS	ANTIHYPERLIPIDEMICS
11		ANTIHISTAMINES	PENICILLINS	PENICILLINS
12		PENACILLINS	BETA BLOCKERS	BETA BLOCKERS
13		BETA BLOCKERS	ANTIHISTAMINES	ANALGESICS - ANTI-INFLAMMATORY
14		DERMATOLOGICALS	DERMATOLOGICALS	DERMATOLOGICALS
15		ANALGESICS - ANTI-INFLAMMATORY	ANALGESICS - ANTI-INFLAMMATORY	ANALGESICS - OPIOID
16		ANALGESICS - OPIOID	ANALGESICS - OPIOID	DIURETICS
17		THYROID AGENTS	DIURETICS	ANTIHISTAMINES
18		DIURETICS	THYROID AGENTS	CORTICOSTEROIDS
19		CORTICOSTEROIDS	CORTICOSTEROIDS	THYROID AGENTS
20		MUSCULOSKELETAL THERAPY AGENTS	MUSCULOSKELETAL THERAPY AGENTS	CALCIUM CANNEL BLOCKERS

[1] Missing data due to cyber-attack on Change Healthcare in Feburary 2024

Top 25 Drugs by Paid Amount**

December 2023 through February 2024

	FFS[1]	Wellpoint	Iowa Total Care	Molina Healthcare
1		HUMIRA (CF) PEN	HUMIRA PEN	HUMIRA PEN
2		OZEMPIC	OZEMPIC	VRAYLAR
3		VRAYLAR	VRAYLAR	OZEMPIC
4		STELARA	TRIKAFTA	TRIKAFTA
5		TRIKAFTA	DUPIXENT	DUPIXENT
6		TRULICITY	JARDIANCE	BIKTARVY
7		INVEGA SUSTENNA	TRULICITY	JARDIANCE
8		JARDIANCE	INVEGA SUSTENNA	INVEGA SUSTENNA
9		VYVANSE	BIKTARVY	TRULICITY
10		DUPIXENT PEN	STELARA	VYVANSE
11		BIKTARVY	TALTZ	STELARA
12		SKYRIZI PEN	VYVANSE	ELIQUIS
13		REXULTI	ELIQUIS	TALTZ
14		TALTZ AUTOINJECTOR	ARISTADA	REXULTI
15		ELIQUIS	REXULTI	INGREZZA
16		ALTUVIIIO	STRENSIQ	ARISTADA
17		NURTEC ODT	MAVYRET	SKYRIZI PEN
18		VENTOLIN HFA	SYMBICORT	NURTEC
19		MOUNJARO	NURTEC	SYMBICORT
20		INGREZZA	MOUNJARO	HEMLIBRA
21		ARISTADA	SKYRIZI PEN	ILARIS
22		DUPIXENT SYRINGE	INGREZZA	ABILIFY MAINTENA
23		TRINTELLIX	FARXIGA	FARXIGA
24		ABILIFY MAINTENA	SPIRIVA	ENBREL SURECLICK
25		EVRYSDI	ABILIFY MAINTENA	ADVATE

** Pre-rebate

[1] Missing data due to cyber-attack on Change Healthcare in Feburary 2024

Top 25 Drugs by Prescription Count

December 2023 through February 2024

	FFS[1]	Wellpoint	Iowa Total Care	Molina Healthcare
1		OMEPRAZOLE	ATORVASTATIN	AMOXICILLIN
2		SERTRALINE	SERTRALINE	SERTRALINE
3		ATORVASTATIN	OMEPRAZOLE	ATORVASTATIN
4		LEVOTHYROXINE	AMOXICILLIN	OMEPRAZOLE
5		AMOXICILLIN	ALBUTEROL	LISINOPRIL
6		ESCITALOPRAM	LEVOTHYROXINE	ESCITALOPRAM
7		TRAZODONE	TRAZODONE	LEVOTHYROXINE
8		LISINOPRIL	LISINOPRIL	TRAZODONE
9		VENTOLIN HFA	ESCITALOPRAM	FLUOXETINE
10		GABAPENTIN	FLUOXETINE	BUPROPION ER
11		FLUOXETINE	METFORMIN	ALBUTEROL HFA
12		MONTELUKAST	BUPROPION	GABAPENTIN
13		BUSPIRONE	GABAPENTIN	AMLODIPINE
14		HYDROXYZINE HCL	CETIRIZINE	HYDROXYZINE HCL
15		DULOXETINE	AMPHET/DEXTROAMPHET	BUSPIRONE
16		AMLODIPINE	AMLODIPINE	DULOXETINE
17		PANTOPRAZOLE	BUSPIRONE	PREDNISONE
18		CLONIDINE	DULOXETINE	MONTELUKAST
19		QUETIAPINE	HYDROXYZINE HCL	PANTOPRAZOLE
20		CETIRIZINE	ONDANSETRON	CETIRIZINE
21		ARIPIPRAZOLE	MONTELUKAST	QUETIAPINE
22		PREDNISONE	PANTOPRAZOLE	VENLAFAXINE ER
23		VENLAFAXINE ER	QUETIAPINE	METOPROLOL SUCCINATE
24		LAMOTRIGINE	METHYLPHENIDATE	AMOXICILLIN/ CLAVULANATE
25		METOPROLOL SUCCINATE	PREDNISONE	METFORMIN

[1] Missing data due to cyber-attack on Change Healthcare in Feburary 2024

Antianxiety/Sedatives in Children
RetroDUR
Data Update

Purpose

- Identify members in the pediatric population (less than 18 years old) with a claim for an antianxiety/sedative drug where:
  - The member is below the FDA approved minimum age, and
  - The member is identified as having duplicate therapy, and
  - The member is identified as using a benzodiazepine for 30 or more days.

Background

- The annual federal Drug Utilization Review (DUR) report (Sec. 1927. [42 U.S.C. 1396r–8]) issued by the Centers for Medicare and Medicaid Services (CMS) contains various survey questions relative to drug utilization and practice topics. The most recent survey includes the following questions:
  - "Does your state have a documented program in place to either manage or monitor the appropriate use of antianxiety/sedative drugs in children? If "yes", does your state either manage or monitor only children in foster care, all children, or other?"
  - "Does your state have edits in place to monitor child's age, dosage, indication, polypharmacy, other?"
  - CMS does not define antianxiety/sedative drugs.
- Data regarding FDA approved age and duplicate therapy, with one or more chemically distinct agent, was reviewed at the November 2023 meeting. Additional information was requested and presented below.

RDUR Criteria

- Time period: 3 months of pharmacy claims; November 2023 through January 2024
- FDA approved age
  - Members: < age listed below; broken out by age band
- Duplicate therapy
  - Members < 18 years old
  - ≥ 3 chemically distinct medication for ≥ 60 days overlap
  - Drugs: alprazolam, buspirone, chlordiazepoxide, clorazepate, estazolam, eszopiclone, hydroxyzine pamoate and HCl, lorazepam, oxazepam, temazepam, trazodone, triazolam, zaleplon, zolpidem
- Chronic benzodiazepine
  - Members < 18 years old
  - ≥ 30 days benzodiazepine in claims
  - Benzodiazepines: alprazolam, chlordiazepoxide, clorazepate, estazolam, lorazepam, oxazepam, temazepam, triazolam

Data

FDA Approved Age

Number of members identified under FDA approved age

Wellpoint Antianxiety/Sedative Utilization by Age Band					
Age Band:	**0 to 3**	**4 to 5**	**6 to 7**	**8 to 12**	**13 to 17**
Alprazolam (18)				2	16
Buspirone (18)			9	106	426
Estazolam (18)					
Eszopiclone (18)					2
Temazepam (18)					
Trazodone (18)	3	18	60	442	915
Triazolam (18)				2	1
Zaleplon (18)					
Zolpidem (18)					9
Lorazepam (12)	1		4	7	
Clorazepate (9) [1]					
Chlordiazepoxide (6) [1]					
Hydroxyzine (6)	33	47			
Oxazepam (6)					
% of Medicaid Population:	0.15%	0.46%	0.53%	1.67%	4.1%

[1] Current age edit for FDA approved age

Iowa Total Care Antianxiety/Sedative Utilization by Age Band					
Age Band:	**0 to 3**	**4 to 5**	**6 to 7**	**8 to 12**	**13 to 17**
Alprazolam (18)			1	15	
Buspirone (18)		1	11	75	297
Estazolam (18)					
Eszopiclone (18)					3
Temazepam (18)					
Trazodone (18)	1	15	32	297	605
Triazolam (18)					
Zaleplon (18)					
Zolpidem (18)				1	6
Lorazepam (12)	6	1	2	1	
Clorazepate (9) [1]					
Chlordiazepoxide (6) [1]					
Hydroxyzine (6)					
Oxazepam (6)					
% of Medicaid Population:	0.02%	0.14%	0.34%	1.21%	3.12%

[1] Current age edit for FDA approved age

Molina Healthcare Antianxiety/Sedative Utilization by Age Band					
Age Band:	**0 to 3**	**4 to 5**	**6 to 7**	**8 to 12**	**13 to 17**
Alprazolam (18)			1	1	5
Buspirone (18)		1	6	59	195
Estazolam (18)					
Eszopiclone (18)					2
Temazepam (18)					
Trazodone (18)	2	8	23	223	373
Triazolam (18)					1
Zaleplon (18)					
Zolpidem (18)					
Lorazepam (12)	3	1	1	2	
Clorazepate (9) [1]				1	
Chlordiazepoxide (6)[1]					
Hydroxyzine (6)	30	26			
Oxazepam (6)					
% of Medicaid Population:	0.06%	0.07%	0.07%	0.27%	0.39%

[1] Current age edit for FDA approved age

Duplicate Therapy ≥ 3 chemically distinct agents ≥ 60 days

	# Unique Members	# Unique Prescribers
WLP	11	15
ITC	0	0
MHC	3	3
FFS[1]		

WLP = Wellpoint, formerly Amerigroup; ITC = Iowa Total Care; MHC = Molina Healthcare; FFS = Fee-for-Service

[1] Missing data due to cyber-attack on Change Healthcare in February 2024

Chronic Benzodiazepine ≥ 30 days benzodiazepine utilization in claims

	# Unique Members	# Unique Prescribers
WLP	24	25
ITC	29	32
MHC	6	6
FFS[1]		

WLP = Wellpoint, formerly Amerigroup; ITC = Iowa Total Care; MHC = Molina Healthcare; FFS = Fee-for-Service

[1] Missing data due to cyber-attack on Change Healthcare in February 2024

Next Steps

1. Make recommendation to implement age edits on above antianxiety/sedatives based on FDA approved minimum age?
2. Make a recommendation to implement age edits on select antianxiety/sedatives based on FDA approved minimum age? Identify which antianxiety/sedatives.
3. Send letters to prescribers of members using an antianxiety/sedative below the FDA approved minimum age?
4. Implement duplicate therapy edit for antianxiety/sedative agents. Would be brought to a future meeting for further discussion.
5. Other?
6. None?

Mood Stabilizers in Children
RetroDUR
Data Update

Purpose

- Review mood stabilizers in Iowa Medicaid children to determine if additional management of this drug class is warranted.

Background

- The annual federal Drug Utilization Review (DUR) report (Sec. 1927. [42 U.S.C. 1396r–8]) issued by the Centers for Medicare and Medicaid Services (CMS) contains various survey questions relative to drug utilization and practice topics. The most recent survey includes the following questions:
  - "Does your state have a documented program in place to either manage or monitor the appropriate use of mood stabilizing drugs in children? If "yes", does your state either manage or monitor only children in foster care, all children, or other?"
  - "Does your state have edits in place to monitor child's age, dosage, indication, polypharmacy, other?"
- CMS does not define mood stabilizers.
  - The DUR Commission recommended using mood stabilizers as listed in the MassHealth Pediatric Behavioral Health Medication Initiative (carbamazepine, divalproex, eslicarbazepine, gabapentin, lamotrigine, lithium, oxcarbazepine, pregabalin, topiramate, valproic acid).
- After discussion at the November 2023 DUR meeting, the Commission recommended reviewing data for the following:
  - Three or more chemically distinct mood stabilizers
  - Utilization for patients less than 4 years of age
- After reviewing above data at the February 2024 DUR meeting, the Commission recommended removing members with a seizure diagnosis.

Updated RDUR Criteria (new criteria italicized)

- Time Period: November 2023 through January 2024
- *Exclude members with seizure/epilepsy diagnosis*
  - *2-year lookback: February 2022 through January 2024*
- Duplicate therapy
  - Members < 18 years of age
  - ≥ 3 chemically distinct mood stabilizers with ≥ 60 days overlap
- Utilization in members 0 to 3 years of age

Data (members with seizure diagnosis removed)

≥ 3 Chemically Distinct Mood Stabilizers with ≥ 60 Days Overlap				
	WPT	**ITC**	**MHC**	**FFS[1]**
# Members	1*	0	0	
# Prescribers	1	0	0	

WLP = Wellpoint, formerly Amerigroup; ITC = Iowa Total Care; MHC = Molina Healthcare; FFS = Fee-for-Service

[1] Missing data due to cyber-attack on Change Healthcare in February 2024

*Gabapentin, lamotrigine, topiramate

Mood Stabilizer Utilization in Members 0 to 3 Years of Age				
	WPT	**ITC**	**MHC**	**FFS[1]**
# Members	9	8	4	
# Prescribers	11	9	4	

WLP = Wellpoint, formerly Amerigroup; ITC = Iowa Total Care; MHC = Molina Healthcare; FFS = Fee-for-Service

[1] Missing data due to cyber-attack on Change Healthcare in February 2024

Original RDUR Criteria

- Time period: August through October 2023
- Duplicate therapy
  - Members: < 18 years of age
  - ≥ 3 chemically distinct mood stabilizers with ≥ 60 days overlap
- Utilization in members 0 to 3 years of age

Original Data (includes members with seizure diagnosis)

≥ 3 Chemically Distinct Mood Stabilizers with ≥ 60 Days Overlap				
	WPT	**ITC**	**MHC**	**FFS**
# Members	4	0	1	0
# Prescribers	6	0	1	0
Mood Stabilizer Utilization in Members 0 to 3 Years of Age				
	WPT	**ITC**	**MHC**	**FFS**
# Members	24	22	19	1
# Prescribers	21	24	17	1

Next Steps

1. Make a recommendation to implement a duplicate therapy edit on mood stabilizers (as defined above) in members 0 to 17 years of age when 3 or more chemically distinct mood stabilizers are found in claims history? Would be brought back to a future meeting to discuss parameters for duplicate therapy edit.
2. Send letters to prescribers of members identified with ≥ 3 chemically distinct mood stabilizers (as defined above) with ≥ 60 days overlap?
3. Make a recommendation to implement an age edit on mood stabilizers (as defined above) in members 0 to 3 years of age? Would be brought back to a future meeting to discuss parameters for age edit.

4. Send letters to prescribers of members 0 to 3 years of age on a mood stabilizer (as defined above)?
5. Other?
6. None?

Low-Dose Quetiapine
RetroDUR
Data Update

Purpose

- Identify members with a total daily dose of quetiapine less than 150 mg per day.

Background

- Quetiapine is FDA approved in adults for acute manic and mixed episodes of bipolar disorder, acute depressive episodes associated with bipolar disorder, maintenance therapy of bipolar disorder when used adjunctively with lithium or divalproex, major depressive disorder when used as adjunctive therapy to antidepressants (extended-release formulation only), and schizophrenia.
    - Adult dosage recommendations for FDA approved indications range from 300 mg to 800 mg per day.
- Quetiapine is FDA approved for acute mania in bipolar disorder in pediatric patients 10-17 years of age, and acute management of schizophrenia in adolescents 13-17 years of age.
    - FDA approved indication dosing - 600 mg to 800 mg per day.
    - Literature based dosing:
        - Bipolar disorder
            - 5 to 9 years – 400 mg per day maximum
            - 10 to 17 years – 800 mg per day maximum
        - Acute schizophrenia
            - 13 to 17 years – 400 to 800 mg per day
- Currently there are no FDA approved indications for low-dose quetiapine (< 150 mg per day) in adults or pediatric/adolescents. Additionally, there is no compendia indication for the use of quetiapine in the pediatric/adolescent population and evidence is inconclusive for adults.
- Quetiapine doses less than 150 mg per day may be used for the off-label treatment of insomnia.
- After reviewing initial data regarding low dose quetiapine in members under 18 years of age, the DUR Commission would like to review quetiapine in combination with other sedatives for ≥ 60 days.

RDUR Criteria

- Time period: 3 months (November 2023 through January 2024)
- Members < 18 years of age.
- Quetiapine dose < 150 mg per day
- Quetiapine plus sedative for ≥ 60 days
    - Sedatives: alprazolam, chlordiazepoxide, clorazepate, diphenhydramine, estazolam, eszopiclone, lorazepam, oxazepam, temazepam, trazodone, triazolam, zaleplon, zolpidem

Data

Number of Members with a Claim for Quetiapine < 150 mg Per Day					
Age Bands (years)	**0-3**	**4-5**	**6-7**	**8-12**	**13-17**
WLP	0	1	8	107	271
ITC	0	0	6	69	177
MHC	0	0	1	57	135
FFS[1]					

WLP = Wellpoint, formerly Amerigroup; ITC = Iowa Total Care; MHC = Molina Healthcare; FFS = Fee-for-Service

[1] Missing data due to cyber-attack on Change Healthcare in February 2024

Quetiapine in Combination with other Sedatives for ≥ 60 Days		
	Number of Members	**Number of Prescribers**
WLP	31	39
ITC	21	20
MHC	0	0
FFS[1]		

WLP = Wellpoint, formerly Amerigroup; ITC = Iowa Total Care; MHC = Molina Healthcare; FFS = Fee-for-Service

[1] Missing data due to cyber-attack on Change Healthcare in February 2024

WLP – most common combination was quetiapine + trazodone

ITC – only combination observed was quetiapine + trazodone

Next Steps

1. Send letters to prescribers of members on low dose quetiapine pointing out the lack of FDA or compendia indications for use in the pediatric and adolescent populations?
2. Send letters to prescribers of members combining quetiapine with a sedative pointing out the potential duplication and ask if one or both agents could be discontinued?
3. DUR Digest?
4. Other?
5. None?

Concurrent Levetiracetam and Clobazam
RetroDUR
Data

Purpose

- Identify members with concurrent use of levetiracetam and clobazam to educate prescribers regarding the potential for a serious drug reaction.

Background

- The U.S. Food and Drug Administration (FDA) issued a Drug Safety Communication warning of a rare but serious drug reaction to the antiseizure medications levetiracetam and clobazam.
- This potentially life-threatening sensitivity reaction is called Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS) and typically occurs 2 weeks to 8 weeks after starting these medications.
- The reaction can cause severe inflammation and organ injury that may require hospitalization or lead to death, particularly if diagnosis and treatment are delayed.
- Educational outreach to prescribers will bring attention to this serious drug reaction and assist prescribers in educating patients/care givers on the signs and symptoms of DRESS should the combination of levetiracetam and clobazam be prescribed to future patients.

RDUR Criteria

- Identify members with concurrent claims for levetiracetam and clobazam for ≥ 30 days.
- Time period: 3 months (November 2023 through January 2024)

Data

	Number of Members	Number of Prescribers
WLP	73	105
ITC	38	37
MHC	12	14
FFS		

WLP = Wellpoint, formerly Amerigroup; ITC = Iowa Total Care; MHC = Molina Healthcare; FFS = Fee-for-Service

Next Steps

1. Send letters to prescribers identified as prescribing this combination to educate and notify them of the newly documented serious drug reaction.
2. Other?
3. None?

Stimulant Medication Utilization without Supporting Diagnosis RetroDUR Proposal

Purpose

- Identify members with claims for a stimulant indicated for the treatment of attention deficit hyperactivity disorder (ADHD) who do not have a supporting diagnosis in medical claims.

Background

- Prescription stimulant medication use has increased over the years. Based on prevalence reports from the MCOs and FFS, the ADHD/Narcolepsy agents are consistently in the top 20 therapeutic classes by paid amount and the top 20 therapeutic class by prescription count.
- Preferred stimulant medications do not require prior authorization (PA) for members under 21 years of age, while PA is required for all members 21 years of age or older.
- Several stimulant medications FDA approved for the treatment of ADHD, have other FDA approved indications, including narcolepsy and binge eating disorder.

Potential RDUR Criteria

- Time period: November 2023 through April 2024
- Members: < 21 years of age and ≥ 21 years of age
- Stimulants: amphetamine, amphetamine-dextroamphetamine, dexmethylphenidate, dextroamphetamine, lisdexamfetamine, methamphetamine, methylphenidate, serdexmethylphenidate-dexmethylphenidate
- Medical claim look back for diagnosis: 2 years (May 2022 through April 2024)
    - F90 (Attention deficit hyperactivity disorders)
    - G47 (Narcolepsy)
    - F50.81 (Binge eating disorder)
- Report number of members with and without supporting diagnosis, number of prescribers for each, and total unique prescribers.
- Report the number of unique pharmacies, number of members per unique pharmacy, and number of claims per unique pharmacy.

Non-Selective Beta-Blockers in Asthma
RetroDUR
Proposal

Purpose

- Identify members who have asthma and have claims for an oral non-selective beta-blocker.

Background

- Beta-blockers can cause increased bronchial obstruction and airway reactivity.
- The 2023 Global Initiative for Asthma (GINA) report recommends avoidance of medications that may make asthma worse.
- Asthma is not an absolute contraindication to beta-blocker use. When there is no suitable alternative, a cardio-selective beta-blocker should be used.
- Cardio-selective oral beta-blockers include atenolol, betaxolol, bisoprolol, acebutolol, metoprolol, and nebivolol.
- Non-selective oral beta-blockers include carvedilol, labetalol, nadolol, pindolol, propranolol, sotalol, timolol.

Potential RDUR Criteria

- Time period: November 2023 through April 2024
- Identify members with a diagnosis of asthma that had claims for a non-selective beta-blocker.
- Medical claim look back for diagnosis: 2 years (May 2022 through April 2024)
    - J45 (Asthma)
- Report number of members and number of unique prescribers

Anti-Diabetic Non-Insulin Agents
Initial Review

Background

The field of diabetes care is rapidly changing as new treatments become available, in addition to new research and technology that can improve the health and well-being of people with diabetes. The American Diabetes Association (ADA) released the Standards of Care in Diabetes – 2024 in January 2024. Notable recommendations for pharmacologic therapy for adults with type 2 diabetes include:

- Healthy lifestyle behaviors, diabetes self-management education and support, avoidance of therapeutic inertia, and social determinants of health should be considered in the glucose lowering management of type 2 diabetes.
- A person-centered shared decision-making approach should guide the choice of pharmacologic agents for adults with type 2 diabetes. Consider the effects on cardiovascular and renal comorbidities; effectiveness; hypoglycemia risk; impact on weight, cost and access; risk for adverse reactions and tolerability; and individual preferences.
- Treatment modification (intensification or deintensification) for adults not meeting individualized treatment goals should not be delayed.
- Early combination therapy can be considered in adults with type 2 diabetes at treatment initiation to shorten time to attainment of individualized treatment goals.
- In adults with type 2 diabetes and established or high risk of atherosclerotic cardiovascular disease, heart failure (HF), and/or chronic kidney disease (CKD), the treatment plan should include agent(s) that reduce cardiovascular and kidney disease risk (e.g., sodium-glucose cotransporter 2 inhibitor [SGLT2] and/or glucagon-like peptide 1 receptor agonist [GLP-1 RA] for glycemic management and comprehensive cardiovascular risk reduction, independent of A1C and in consideration of person-specific factors.
- In adults with type 2 diabetes who have:
    - HF, an SGLT2 inhibitor is recommended for glycemic management and prevention of HF hospitalizations.
    - CKD (with confirmed estimated glomerular filtration rage [eGFR] of 20-60 mL/min per 1.73 m^2 and/or albuminuria), and SGLT2 inhibitor should be used to minimize progression of CKD, reduction in cardiovascular events, and reduction in hospitalizations for HF. Note, glycemic benefit of SGLT2 inhibitors are reduced at eGFR < 45 mL/min per 1.73 m^2.
- In adults with type 2 diabetes and advanced CKD (eGFR < 30 mL/min per 1.73 m^2, a GLP-1 RA is preferred for glycemic management due to lower risk of hypoglycemia and for cardiovascular event reduction.

Prior authorization (PA) criteria are being updated to allow for person-centered care and to optimize patient outcomes.

Current Clinical Prior Authorization Criteria

Prior authorization (PA) is required for preferred anti-diabetic, non-insulin agents subject

to clinical criteria. Payment will be considered under the following conditions:

1. Patient has an FDA approved or compendia indicated diagnosis, and
2. Patient meets the FDA approved or compendia indicated age, and
3. For the treatment of Type 2 Diabetes Mellitus, the patient has not achieved HgbA1C goals after a minimum three month trial with metformin at maximally tolerated dose.
4. Requests for non-preferred anti-diabetic, non-insulin agents subject to clinical criteria, will be authorized only for cases in which there is documentation of previous trials and therapy failures with a preferred drug in the same class. Requests for a non-preferred agent for the treatment of Type 2 Diabetes Mellitus must document previous trials and therapy failures with metformin, a preferred DPP-4 Inhibitor or DPP-4 Inhibitor Combination, a preferred Incretin Mimetic, and a preferred SGLT2 Inhibitor at maximally tolerated doses.

The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

Requests for weight loss are not a covered diagnosis of use and will be denied.

Initial authorizations will be approved for six months. Additional PAs will be considered on an individual basis after review of medical necessity and documented continued improvement in symptoms (such as HgbA1C for Type 2 Diabetes).

Proposed Clinical Prior Authorization Criteria (changes highlighted/italicized and/or stricken)
Prior authorization (PA) is required for *select* preferred anti-diabetic, non-insulin agents subject to clinical criteria. Payment will be considered under the following conditions:

1. *Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and* ~~Patient has an FDA approved or compendia indicated diagnosis, and~~
2. ~~Patient meets the FDA approved or compendia indicated age, and~~
3. For the treatment of Type 2 Diabetes Mellitus, *a current A1c is provided; and* ~~the patient has not achieved HgbA1C goals after a minimum three month trial with metformin at maximally tolerated dose.~~
4. Requests for non-preferred antidiabetic, non-insulin agents subject to clinical criteria, will be authorized only for cases in which there is documentation of previous trials and therapy failures with a preferred drug in the same class. *Additionally,* ~~R~~ *r*equests for a non-preferred agent for the treatment of Type 2 Diabetes Mellitus must document previous trials and therapy failures with *at least 3 preferred agents from 3 different drug classes* ~~metformin, a preferred DPP-4 Inhibitor or DPP-4 Inhibitor Combination, a preferred Incretin Mimetic, and a preferred SGLT2 Inhibitor~~ at maximally tolerated doses.

The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

Requests for weight loss are not a covered diagnosis of use and will be denied.

Initial authorizations will be approved for six months. Additional PAs will be considered on an individual basis after review of medical necessity and documented continued improvement in symptoms (such as ~~Hgb~~A1C for Type 2 Diabetes).

Biologicals for Axial Spondyloarthritis
Initial Review

Background

Prior authorization (PA) criteria are being updated to align with the recent recommended changes to other Biologicals PA criteria (Arthritis and Hidradenitis Suppurativa). PA criteria are being updated to remove many of the warning and precaution criteria that are covered by the statement "*Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings & precautions, drug interactions, and use in specific populations*." This update will decrease the need to update PA criteria when the label for a particular drug is updated or when a new drug is approved that would be subject to these clinical criteria.

Current Clinical Prior Authorization Criteria

Prior authorization (PA) is required for biologicals used for axial spondyloarthritis conditions. Payment will be considered under the following conditions:

1. Patient has a diagnosis of:
    a. ankylosing spondylitis (AS) or
    b. nonradiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation; and
2. The requested dose does not exceed the maximum FDA labeled or compendia recommended dose for the submitted diagnosis; and
3. Patient has been screened for hepatitis B and C, patients with active hepatitis B will not be considered for coverage; and
4. Patient has been screened for latent TB infection, patients with latent TB will only be considered after one month of TB treatment and patients with active TB will only be considered upon completion of TB treatment; and
5. Patient has documentation of an inadequate response to at least two preferred non-steroidal anti-inflammatories (NSAIDs) at maximum therapeutic doses, unless there are documented adverse responses or contraindications to NSAID use. These trials should be at least one month in duration; and
6. Patients with symptoms of peripheral arthritis must also have failed a 30-day treatment trial with at least one conventional disease modifying antirheumatic drug (DMARD), unless there is a documented adverse response or contraindication to DMARD use. DMARDs include sulfasalazine and methotrexate; and
7. Requests for non-preferred biologicals for axial spondyloarthritis conditions will be considered only for cases in which there is documentation of previous trials and therapy failures with two preferred biological agents that are FDA approved or compendia indicated for the submitted diagnosis, when applicable.

In addition to the above:

Requests for TNF Inhibitors:

1. Patient has not been treated for solid malignancies, nonmelanoma skin cancer, or lymphoproliferative malignancy within the last 5 years of starting or resuming treatment with a biological agent; and

2. Patient does not have a diagnosis of congestive heart failure (CHF) that is New York Heart Association (NYHA) class lll or lV and with an ejection fraction of 50% or less.

Requests for Interleukins:

1. Medication will not be given concurrently with live vaccines.

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Proposed Clinical Prior Authorization Criteria (changes highlighted/italicized and/or stricken)

Prior authorization (PA) is required for biologicals used for axial spondyloarthritis conditions. *Request must adhere to all approved labeling for requested drug and indication, including age, dosing, contraindications, warnings & precautions, drug interactions, and use in specific populations.* Payment will be considered under the following conditions:

1. Patient has a diagnosis of:
    a. ankylosing spondylitis (AS) or
    b. nonradiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation; and
~~2. The requested dose does not exceed the maximum FDA labeled or compendia recommended dose for the submitted diagnosis; and~~
~~3. Patient has been screened for hepatitis B and C, patients with active hepatitis B will not be considered for coverage; and~~
~~4. Patient has been screened for latent TB infection, patients with latent TB will only be considered after one month of TB treatment and patients with active TB will only be considered upon completion of TB treatment; and~~
5. Patient has documentation of an inadequate response to at least two preferred non-steroidal anti-inflammatories (NSAIDs) at maximum therapeutic doses, unless there are documented adverse responses or contraindications to NSAID use. These trials should be at least one month in duration; and
6. Patients with symptoms of peripheral arthritis must also have failed a 30-day treatment trial with at least one conventional disease modifying antirheumatic drug (DMARD), unless there is a documented adverse response or contraindication to DMARD use. DMARDs include sulfasalazine and methotrexate; and
7. Requests for non-preferred biologicals for axial spondyloarthritis conditions will be considered only for cases in which there is documentation of previous trials and therapy failures with two preferred biological agents that are FDA approved or compendia indicated for the submitted diagnosis, when applicable.

~~In addition to the above:~~

~~Requests for TNF Inhibitors:~~

~~1. Patient has not been treated for solid malignancies, nonmelanoma skin cancer, or lymphoproliferative malignancy within the last 5 years of starting or resuming treatment with a biological agent; and~~

2. ~~Patient does not have a diagnosis of congestive heart failure (CHF) that is New York Heart Association (NYHA) class III or IV and with an ejection fraction of 50% or less.~~

~~Requests for Interleukins:~~

1. ~~Medication will not be given concurrently with live vaccines.~~

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Biologicals for Inflammatory Bowel Disease
Initial Review

Background

Prior authorization (PA) criteria are being updated to align with the recent recommended changes to other Biologicals PA criteria (Arthritis and Hidradenitis Suppurativa). PA criteria are being updated to remove many of the warning and precaution criteria that are covered by the statement "*Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings & precautions, drug interactions, and use in specific populations*." This update will decrease the need to update PA criteria when the label for a particular drug is updated or when a new drug is approved that would be subject to these clinical criteria. Additionally, preferred trials for Crohn's disease are being updated to remove mesalamine as an option, as it is no longer recommended for the treatment of Crohn's Disease (already removed from JAK Inhibitor criteria).

Current Clinical Prior Authorization Criteria

Prior authorization (PA) is required for biologicals used for inflammatory bowel disease. Request must adhere to all FDA approved labeling. Payment for non-preferred biologicals for inflammatory bowel disease will be considered only for cases in which there is documentation of a previous trial and therapy failure with a preferred agent. Payment will be considered under the following conditions:

1. Patient has been screened for hepatitis B and C, patients with active hepatitis B will not be considered for coverage; and
2. Patient has been screened for latent TB infection, patients with latent TB will only be considered after one month of TB treatment and patients with active TB will only be considered upon completion of TB treatment; and
3. Patient has a diagnosis of Crohn's Disease – Payment will be considered following an inadequate response to two preferred conventional therapy including aminosalicylates (mesalamine, sulfasalazine), azathioprine/6-mercaptopurine, and/or methotrexate; or
4. Patient has a diagnosis of Ulcerative Colitis (moderate to severe) – Payment will be considered following an inadequate response to two preferred conventional therapies including aminosalicylates and azathioprine/6-mercaptopurine; and

In addition to the above:

Requests for TNF Inhibitors:

1. Patient has not been treated for solid malignancies, nonmelanoma skin cancer, or lymphoproliferative malignancy within the last 5 years of starting or resuming treatment with a biological agent; and
2. Patient does not have a diagnosis of congestive heart failure (CHF) that is New York Heart Association (NYHA) class lll or lV and with an ejection fraction of 50% or less; and

Requests for Interleukins:

1. Medication will not be given concurrently with live vaccines.

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Proposed Clinical Prior Authorization Criteria (changes highlighted/italicized and/or stricken)

Prior authorization (PA) is required for biologicals used for inflammatory bowel disease. Request must adhere to all FDA approved labeling *for requested drug and indication, including age, dosing, contraindications, warnings & precautions, drug interactions, and use in specific populations*. Payment for non-preferred biologicals for inflammatory bowel disease will be considered only for cases in which there is documentation of a previous trial and therapy failure with a preferred agent. Payment will be considered under the following conditions:

~~1. Patient has been screened for hepatitis B and C, patients with active hepatitis B will not be considered for coverage; and~~
~~2. Patient has been screened for latent TB infection, patients with latent TB will only be considered after one month of TB treatment and patients with active TB will only be considered upon completion of TB treatment; and~~
3. Patient has a diagnosis of *moderate to severe* Crohn's Disease*; with*
    a. ~~– Payment will be considered following~~ *Documentation of an adequate trial and* ~~an~~ inadequate response to two preferred conventional therap~~y~~*ies* including aminosalicylates (~~mesalamine,~~ sulfasalazine), azathioprine/6-mercaptopurine, and/or methotrexate; or
4. Patient has a diagnosis of *moderate to severe* Ulcerative Colitis (moderate to severe)*; with*
    a. ~~– Payment will be considered following~~ *Documentation of an adequate trial and* ~~an –~~inadequate response to two preferred conventional therapies including aminosalicylates and azathioprine/6-mercaptopurine; and
5. *Medication will be administered in the patient's home by patient or patient's caregiver.*

~~In addition to the above:~~
~~Requests for TNF Inhibitors:~~

~~1. Patient has not been treated for solid malignancies, nonmelanoma skin cancer, or lymphoproliferative malignancy within the last 5 years of starting or resuming treatment with a biological agent; and~~
~~2. Patient does not have a diagnosis of congestive heart failure (CHF) that is New York Heart Association (NYHA) class lll or lV and with an ejection fraction of 50% or less; and~~

~~Requests for Interleukins:~~

~~1. Medication will not be given concurrently with live vaccines.~~

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Biologicals for Plaque Psoriasis
Initial Review

Background

Prior authorization (PA) criteria are being updated to align with the recent recommended changes to other Biologicals PA criteria (Arthritis and Hidradenitis Suppurativa). PA criteria are being updated to remove many of the warning and precaution criteria that are covered by the statement "*Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings & precautions, drug interactions, and use in specific populations*." This update will decrease the need to update PA criteria when the label for a particular drug is updated or when a new drug is approved that would be subject to these clinical criteria.

Current Clinical Prior Authorization Criteria

Prior authorization (PA) is required for biologicals used for plaque psoriasis. Request must adhere to all FDA approved labeling. Payment for non-preferred biologicals for plaque psoriasis will be considered only for cases in which there is documentation of previous trials and therapy failures with two preferred biological agents. Payment will be considered under the following conditions:

1. Patient has been screened for hepatitis B and C, patients with active hepatitis B will not be considered for coverage; and
2. Patient has been screened for latent TB infection, patients with latent TB will only be considered after one month of TB treatment and patients with active TB will only be considered upon completion of TB treatment; and
3. Patient has documentation of an inadequate response to phototherapy, systemic retinoids (oral isotretinoin), methotrexate, or cyclosporine; and

In addition to the above:

Requests for TNF Inhibitors:

1. Patient has not been treated for solid malignancies, nonmelanoma skin cancer, or lymphoproliferative malignancy within the last 5 years of starting or resuming treatment with a biological agent; and
2. Patient does not have a diagnosis of congestive heart failure (CHF) that is New York Heart Association (NYHA) class lll or lV and with an ejection fraction of 50% or less.

Requests for Interleukins:

1. Medication will not be given concurrently with live vaccines.

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Proposed Clinical Prior Authorization Criteria (changes highlighted/italicized and/or stricken)

Prior authorization (PA) is required for biologicals used for plaque psoriasis. Request must adhere to all FDA approved labeling *for requested drug and indication, including age,*

dosing, contraindications, warnings& precautions, drug interactions, and use in specific populations. Payment for non-preferred biologicals for plaque psoriasis will be considered only for cases in which there is documentation of previous trials and therapy failures with two preferred biological agents. Payment will be considered under the following conditions:

1. ~~Patient has been screened for hepatitis B and C, patients with active hepatitis B will not be considered for coverage; and~~
2. ~~Patient has been screened for latent TB infection, patients with latent TB will only be considered after one month of TB treatment and patients with active TB will only be considered upon completion of TB treatment; and~~
3. *Patient has a diagnosis of moderate to severe plaque psoriasis; and*
4. Patient has documentation of an inadequate response to phototherapy, systemic retinoids, methotrexate, or cyclosporine~~; and~~

~~In addition to the above:~~

~~Requests for TNF Inhibitors:~~

1. ~~Patient has not been treated for solid malignancies, nonmelanoma skin cancer, or lymphoproliferative malignancy within the last 5 years of starting or resuming treatment with a biological agent; and~~
2. ~~Patient does not have a diagnosis of congestive heart failure (CHF) that is New York Heart Association (NYHA) class III or IV and with an ejection fraction of 50% or less.~~

~~Requests for Interleukins:~~

1. ~~Medication will not be given concurrently with live vaccines.~~

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Janus Kinase Inhibitors
Initial Review

Background

Opzelura (ruxolitinib), a topical JAK inhibitor, received FDA approval for the topical treatment of nonsegmental vitiligo in adult and pediatric patients 12 years of age and older in June 2022. At that time, vitiligo was not covered for this indication; the State has now determined vitiligo should be a covered medical condition. Prior authorization (PA) criteria are being updated to add criteria specific to vitiligo. Note, coverage of Opzelura for the diagnosis of vitiligo will not be considered before PA criteria are in place. Additionally, there are multiple oral JAK inhibitors in the pipeline being studied for the treatment of vitiligo. Opzelura is also indicated for short-term and non-continuous chronic treatment of mild to moderate atopic dermatitis in non-immunocompromised adult and pediatric patients 12 years of age and older whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable.

Vitiligo is a chronic autoimmune disease characterized by depigmentation of skin that results from the loss of melanocytes. The British Association of Dermatology Guidelines recommend first line therapy with potent or very potent topical corticosteroids once daily, avoiding the periocular area. Topical tacrolimus twice daily may be considered in patients with facial vitiligo or used in an intermittent regimen in combination with potent corticosteroids for patients with lesions in areas of thinner skin. Use of topical treatments should be reassessed every 3 to 6 months to check for improvement.

Additionally, criteria are being updated for polyarticular course juvenile idiopathic arthritis to align with current guidelines and recently proposed PA criteria for Biologicals for Arthritis.

Current Clinical Prior Authorization Criteria

Prior authorization (PA) is required for Janus kinase (JAK) inhibitors. Requests for non-preferred agents may be considered when documented evidence is provided that the use of the preferred agent(s) would be medically contraindicated. Payment will be considered for an FDA approved or compendia indicated diagnosis for the requested drug, excluding requests for the FDA approved indication of alopecia areata, vitiligo, or other excluded medical use(s), as defined in Section 1927(d)(2) of the Social Security Act, State Plan, and Rules when the following conditions are met:

1. Patient is not using or planning to use a JAK inhibitor in combination with other JAK inhibitors, biological therapies, or potent immunosuppressants (azathioprine or cyclosporine); and
2. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
3. Patient has a diagnosis of:

a. Moderate to severe rheumatoid arthritis (baricitinib, tofacitinib, upadacitinib); with
    i. A documented trial and inadequate response, at a maximally tolerated dose, with methotrexate; and
    ii. A documented trial and inadequate response to one preferred TNF inhibitor; OR
b. Psoriatic arthritis (tofacitinib, upadacitinib); with
    i. A documented trial and inadequate response, at a maximally tolerated dose, with methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); and
    ii. Documented trial and therapy failure with one preferred TNF inhibitor used for psoriatic arthritis; OR
c. Moderately to severely active ulcerative colitis (tofacitinib, upadacitinib); with
    i. A documented trial and inadequate response to two preferred conventional therapies including amino salicylates and azathioprine/6-mercaptopurine; and
    ii. A documented trial and inadequate response with a preferred TNF inhibitor; and
    iii. If requested dose is for tofacitinib 10mg twice daily, an initial 16 weeks of therapy will be allowed. Continued requests at this dose will need to document an adequate therapeutic benefit; OR
d. Moderately to severely active Crohn's disease (upadacitinib); with
    i. A documented trial and inadequate response to two preferred conventional therapies including aminosalicylates (sulfasalazine), azathioprine/6-mercaptopurine, and/or methotrexate; and
    ii. A documented trial and inadequate response with a preferred TNF inhibitor; OR
e. Polyarticular Course Juvenile Idiopathic Arthritis (tofacitinib); with
    i. A documented trial and inadequate response to intraarticular glucocorticoid injections; and
    ii. A documented trial and inadequate response to the preferred oral DMARD, methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); and
    iii. A documented trial and inadequate response with a preferred TNF inhibitor; OR
f. Axial spondyloarthritis conditions (e.g., *a*nkylosing spondylitis or nonradiographic axial spondyloarthritis) (tofacitinib, upadacitinib); with
    i. A documented trial and inadequate response to at least two preferred non-steroidal anti-inflammatories (NSAIDs) at a maximally tolerated dose for a minimum of at least one month; and
    ii. A documented trial and inadequate response with at least one preferred TNF inhibitor; OR
g. Atopic dermatitis; with
    i. Documentation patient has failed to respond to good skin care and regular use of emollients; and

ii. A documented adequate trial and therapy failure with one preferred medium to high potency topical corticosteroid for a minimum of 2 consecutive weeks; and
iii. A documented trial and therapy failure with a topical immunomodulator for a minimum of 4 weeks; and
iv. For mild to moderate atopic dermatitis (ruxolitinib)
    a. A documented trial and therapy failure with crisaborole; and
    b. Affected area is less than 20% of body surface area (BSA); and
    c. Patient has been instructed to use no more than 60 grams of topical ruxolitinib per week; or
v. For moderate to severe atopic dermatitis (abrocitinib, upadacitinib):
    a. A documented trial and therapy failure with cyclosporine or azathioprine; and
    b. Requests for upadacitinib for pediatric patients 12 to less than 18 years of age must include the patient's weight in kg.

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Proposed Clinical Prior Authorization (changes highlighted/italicized and or stricken) Prior authorization (PA) is required for Janus kinase (JAK) inhibitors. Requests for non-preferred agents may be considered when documented evidence is provided that the use of the preferred agent(s) would be medically contraindicated. Payment will be considered for an FDA approved or compendia indicated diagnosis for the requested drug, excluding requests for the FDA approved indication of alopecia areata~~, vitiligo,~~ or other excluded medical use(s), as defined in Section 1927(d)(2) of the Social Security Act, State Plan, and Rules when the following conditions are met:

1. Patient is not using or planning to use a JAK inhibitor in combination with other JAK inhibitors, biological therapies, or potent immunosuppressants (azathioprine or cyclosporine); and
2. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
3. Patient has a diagnosis of:
    a. Moderate to severe rheumatoid arthritis (baricitinib, tofacitinib, upadacitinib); with
        i. A documented trial and inadequate response, at a maximally tolerated dose, with methotrexate; and
        ii. A documented trial and inadequate response to one preferred TNF inhibitor; OR
    b. Psoriatic arthritis (tofacitinib, upadacitinib); with
        i. A documented trial and inadequate response, at a maximally tolerated dose, with methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); and

ii. Documented trial and therapy failure with one preferred TNF inhibitor used for psoriatic arthritis; OR

c. Moderately to severely active ulcerative colitis (tofacitinib, upadacitinib); with
    i. A documented trial and inadequate response to two preferred conventional therapies including amino salicylates and azathioprine/6-mercaptopurine; and
    ii. A documented trial and inadequate response with a preferred TNF inhibitor; and
    iii. If requested dose is for tofacitinib 10mg twice daily, an initial 16 weeks of therapy will be allowed. Continued requests at this dose will need to document an adequate therapeutic benefit; OR
d. Moderately to severely active Crohn's disease (upadacitinib); with
    i. A documented trial and inadequate response to two preferred conventional therapies including aminosalicylates (sulfasalazine), azathioprine/6-mercaptopurine, and/or methotrexate; and
    ii. A documented trial and inadequate response with a preferred TNF inhibitor; OR
e. Polyarticular Course Juvenile Idiopathic Arthritis (tofacitinib); with
    ~~i. A documented trial and inadequate response to intraarticular glucocorticoid injections; and~~
    ii. A documented trial and inadequate response to the preferred oral DMARD, methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); and
    iii. A documented trial and inadequate response with a preferred TNF inhibitor; OR
f. Axial spondyloarthritis conditions (e.g., *a*nkylosing spondylitis or nonradiographic axial spondyloarthritis) (tofacitinib, upadacitinib); with
    i. A documented trial and inadequate response to at least two preferred non-steroidal anti-inflammatories (NSAIDs) at a maximally tolerated dose for a minimum of at least one month; and
    ii. A documented trial and inadequate response with at least one preferred TNF inhibitor; OR
g. Atopic dermatitis; with
    i. Documentation patient has failed to respond to good skin care and regular use of emollients; and
    ii. A documented adequate trial and therapy failure with one preferred medium to high potency topical corticosteroid for a minimum of 2 consecutive weeks; and
    iii. A documented trial and therapy failure with a topical immunomodulator for a minimum of 4 weeks; and
    iv. For mild to moderate atopic dermatitis (ruxolitinib)
        a. A documented trial and therapy failure with crisaborole; and
        b. Affected area is less than 20% of body surface area (BSA); and

c. Patient has been instructed to use no more than 60 grams of topical ruxolitinib per week; or

v. For moderate to severe atopic dermatitis (abrocitinib, upadacitinib):
   a. A documented trial and therapy failure with cyclosporine or azathioprine; and
   b. Requests for upadacitinib for pediatric patients 12 to less than 18 years of age must include the patient's weight in kg. *; OR*

vi. *Nonsegmental vitiligo (ruxolitinib); with*

vii. *A documented trial and inadequate response with a potent topical corticosteroid; and*

viii. *A documented trial and inadequate response with a topical calcineurin inhibitor; and*

ix. *The patient's body surface area (BSA) is less than or equal to the affected BSA per FDA approved label, if applicable.*

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Omalizumab (Xolair)
Initial Review

Background

Omalizumab (Xolair) recently received FDA approval for the reduction of allergic reactions (Type I), including anaphylaxis, that may occur with accidental exposure to one or more foods in adult and pediatric patients aged 1 year and older with IgE-mediated food allergy. Xolair is to be used in conjunction with food allergen avoidance and is not indicated for the emergency treatment of allergic reactions, including anaphylaxis. Xolair is also approved for the treatment of asthma, chronic rhinosinusitis with nasal polyps, and chronic spontaneous urticaria.

The approval of Xolair for the new indication was based on a randomized, double-blind, placebo-controlled study in patients who were allergic to peanut and at least two other foods, including milk, egg, wheat, cashew, hazelnut, or walnut (ie, studied foods). Patients were randomized to Xolair or placebo for 16 to 20 weeks. The efficacy analysis included 165 pediatric patients. The primary endpoint was the percentage of patients who were able to consume a single dose of ≥ 600 mg of peanut protein without dose-limiting symptoms (eg, moderate to severe skin, respiratory or gastrointestinal symptoms) during a double-blind placebo-controlled food challenge (DBPCFC). The secondary endpoints were the percentage of patients who were able to consume a single dose of ≥ 1000 mg of cashew, milk, or egg protein without dose-limiting symptoms during DBPCFC.

- Xolair treatment led to a statistically higher response rate than placebo for the primary and secondary endpoints (see table below).

Food, Challenge Dose	Response Rate		Treatment Difference (95% CI)
	Xolair	Placebo	
Peanut, ≥ 600 mg	68%	5%	63% (50, 73)
Peanut, ≥ 1000 mg	65%	0%	65% (56,74)
Cashew, ≥ 1000 mg	42%	3%	39% (20,53)
Milk, ≥ 1000 mg	66%	11%	55% (29,73)
Egg, ≥ 1000 mg	67%	0%	67% (49,80)

- The effectiveness of Xolair in adults is supported by the adequate and well-controlled trial of Xolair in pediatric patients, disease similarity in pediatric and adult patients, and pharmacokinetic similarity.
- While efficacy cannot be established from uncontrolled, open-label studies, for 38 pediatric patients who continued Xolair for 24 to 28 weeks in an open-label extension, the percentage of patients who were able to consume ≥ 600 mg of peanut protein and ≥ 1000 mg of egg, milk, and/or cashew protein without moderate to severe dose-limiting symptoms was maintained.

The recommended dose of Xolair for IgE-mediated food allergy is 75 mg to 600 mg by subcutaneous injection every 2 or 4 weeks based on serum total IgE level (IU/mL), measured before the start of treatment, and by body weight. Refer to the Xolair drug label for complete dosage recommendations.

- The appropriate duration of therapy for IgE-mediated food allergy has not been evaluated. The need for continued therapy should be periodically reassessed.
- Xolair therapy should be initiated in a healthcare setting and once therapy has been safely established, the healthcare provider may determine whether self-administration of Xolair prefilled syringe or autoinjector by the patient or caregiver is appropriate, based on careful assessment of risk for anaphylaxis and mitigation strategies.

Prior authorization (PA) criteria are being updated to incorporate criteria specific to the new indication.

Current Clinical Prior Authorization Criteria

Prior authorization (PA) is required for omalizumab (Xolair) prefilled syringe. Requests for omalizumab (Xolair) lyophilized powder for reconstitution will not be considered through the pharmacy benefit. Payment for omalizumab (Xolair) prefilled syringe will be considered for FDA approved and compendia indications under the following conditions:

1. Patient meets the FDA approved age; and
2. Therapy will be initiated in a healthcare setting, under the guidance of a healthcare provider, where the patient can be closely observed for anaphylaxis and safety of therapy has been established after a minimum of 3 doses of omalizumab; and
3. The healthcare provider has determined self-administration with omalizumab is appropriate based on careful assessment of risk for anaphylaxis and mitigation strategies, as outlined in the label; and
4. Dose follows the FDA approved dosing for indication; and
5. Prescriber is an allergist, dermatologist, immunologist, otolaryngologist or pulmonologist; and
6. Patient has access to an epinephrine injection to treat allergic reactions that may occur after administration of omalizumab (Xolair); and
7. Prescriber and dispensing pharmacy will educate patient on proper storage and administration. Improperly stored medications will not be replaced.

<u>Moderate to Severe Persistent Asthma</u>

1. Patient has a diagnosis of moderate to severe persistent asthma for at least one year; and
2. Pretreatment IgE level is within the following range:
    a. Adults and adolescent patients 12 years of age or older - 30 IU/mL to 700 IU/mL; or

    b. Pediatric patients 6 to less than 12 years of age - 30 IU/mL to 1300 IU/mL; and
3. Patient's weight is within the following range:
    a. Adults and adolescent patients 12 years of age or older - 30 kg to 150 kg; or
    b. Pediatric patients 6 to less than 12 years of age - 20 kg to 150 kg; and
4. History of positive skin or RAST test to a perennial aeroallergen; and
5. Patient is currently using a high dose inhaled corticosteroid, long-acting beta-agonist, AND a leukotriene receptor antagonist, and is compliant with therapy and asthma symptoms are not adequately controlled after at least three (3) months of therapy; and
6. Is dosed according to manufacturer labeling based on pretreatment serum IgE and body weight. Note: according to the label, there is insufficient data to recommend a dose for certain pretreatment serum IgE levels and body weight. PA requests will be denied in these instances.

If the criteria for coverage are met, the initial authorization will be given for 16 weeks to assess the need for continued therapy. Requests for continuation of therapy will not be granted for patients who have not shown adequate response to omalizumab (Xolair) therapy and for patients who do not continue concurrent use with a high dose corticosteroid, long-acting beta-agonist, and leukotriene receptor antagonist.

<u>Chronic Idiopathic Urticaria</u>

1. Patient has a diagnosis of moderate to severe chronic idiopathic urticaria; and
2. Patient has documentation of a trial and therapy failure with at least one preferred second-generation antihistamine, one of which must be cetirizine at a dose up to 20 mg per day; and
3. Patient has documentation of a trial and therapy failure with at least one preferred first-generation antihistamine; and
4. Patient has documentation of a trial and therapy failure with at least one preferred potent H1 receptor antagonist (hydroxyzine and/or doxepin); and
5. Patient has documentation of a trial and therapy failure with a preferred leukotriene receptor antagonist in combination with a first- or second-generation antihistamine.

If criteria for coverage are met, the initial authorization will be given for 12 weeks to assess the need for continued therapy. Requests for continuation of therapy will not be granted for patients who have not shown adequate response to omalizumab (Xolair) therapy.

<u>Nasal Polyps</u>

1. Patient has a diagnosis of nasal polyps; and
2. Pretreatment IgE level is within the following range:
    a. Adults and adolescent patients 12 years of age or older - 30 IU/mL to 1500 IU/mL; and

3. Patient's weight is within the following range:
    a. Adults and adolescent patients 12 years of age or older - 30 kg to 150 kg; and
4. Patient has documentation of an adequate trial and inadequate response with at least two nasal corticosteroids at a maximally tolerated dose; and
5. Will be used concurrently with a nasal corticosteroid; and
6. Is dosed according to manufacturer labeling based on pretreatment serum IgE and body weight. Note: according to the label, there is insufficient data to recommend a dose for certain pretreatment serum IgE levels and body weight. PA requests will be denied in these instances.

If criteria for coverage are met, the initial authorization will be given for 24 weeks to assess the need for continued therapy. Requests for continuation of therapy will not be granted for patients who have not shown adequate response to omalizumab (Xolair) therapy and for patients who do not continue concurrent use with a nasal corticosteroid.

The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

Proposed Clinical Prior Authorization Criteria (changes highlighted/italicized and/or stricken)

Prior authorization (PA) is required for omalizumab (Xolair) prefilled syringe. Requests for omalizumab (Xolair) lyophilized powder for reconstitution will not be considered through the pharmacy benefit. *Request must adhere to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings & precautions, drug interactions, and use in specific populations.* Payment for omalizumab (Xolair) prefilled syringe will be considered ~~for FDA approved and compendia indications~~ under the following conditions:

~~1. Patient meets the FDA approved age; and~~
2. Therapy will be initiated in a healthcare setting, under the guidance of a healthcare provider, where the patient can be closely observed for anaphylaxis and safety of therapy has been established after a minimum of 3 doses of omalizumab; and
3. The healthcare provider has determined self-administration with omalizumab is appropriate based on careful assessment of risk for anaphylaxis and mitigation strategies, as outlined in the label; and
~~4. Dose follows the FDA approved dosing for indication; and~~
5. Prescriber is an allergist, dermatologist, immunologist, otolaryngologist or pulmonologist; and
6. *For a diagnosis of asthma, chronic rhinosinusitis with nasal polyps, IgE-mediated food allergy, and any other FDA approved diagnosis where dosing is dependent on serum IgE level and body weight, the pretreatment IgE level and body weight, in kilograms (kg), is provided. Note: according to the label, there is insufficient*

data to recommend a dose for certain pretreatment serum IgE levels and body weight. PA requests will be denied in these instances; and

7. Patient has access to an epinephrine injection to treat allergic reactions that may occur after administration of omalizumab (Xolair); and
8. Prescriber and dispensing pharmacy will educate patient on proper storage and administration. Improperly stored medications will not be replaced.

Moderate to Severe Persistent Asthma

1. Patient has a diagnosis of moderate to severe persistent asthma for at least one year; and
2. ~~Pretreatment IgE level is within the following range:~~
   a. ~~Adults and adolescent patients 12 years of age or older - 30 IU/mL to 700 IU/mL; or~~
   b. ~~Pediatric patients 6 to less than 12 years of age - 30 IU/mL to 1300 IU/mL; and~~
3. ~~Patient's weight is within the following range:~~
   a. ~~Adults and adolescent patients 12 years of age or older - 30 kg to 150 kg; or~~
   b. ~~Pediatric patients 6 to less than 12 years of age - 20 kg to 150 kg; and~~
4. *Patient has a h*~~H~~istory of positive skin or RAST test to a perennial aeroallergen; and
5. Patient is currently using a high dose inhaled corticosteroid, long-acting beta-agonist, AND a leukotriene receptor antagonist, and is compliant with therapy and asthma symptoms are not adequately controlled after at least three (3) months of therapy.~~; and~~
6. ~~Is dosed according to manufacturer labeling based on pretreatment serum IgE and body weight. Note: according to the label, there is insufficient data to recommend a dose for certain pretreatment serum IgE levels and body weight. PA requests will be denied in these instances.~~

If the criteria for coverage are met, the initial authorization will be given for 16 weeks to assess the need for continued therapy. Requests for continuation of therapy will not be granted for patients who have not shown adequate response to omalizumab (Xolair) therapy and for patients who do not continue concurrent use with a high dose corticosteroid, long-acting beta-agonist, and leukotriene receptor antagonist.

Chronic Idiopathic Urticaria

1. Patient has a diagnosis of moderate to severe chronic idiopathic urticaria; and
2. Patient has documentation of a trial and therapy failure with at least one preferred second-generation antihistamine, one of which must be cetirizine at a dose up to 20 mg per day; and
3. Patient has documentation of a trial and therapy failure with at least one preferred first-generation antihistamine; and

4. Patient has documentation of a trial and therapy failure with at least one preferred potent H1 receptor antagonist (hydroxyzine and/or doxepin); and
5. Patient has documentation of a trial and therapy failure with a preferred leukotriene receptor antagonist in combination with a first- or second-generation antihistamine.

If criteria for coverage are met, the initial authorization will be given for 12 weeks to assess the need for continued therapy. Requests for continuation of therapy will not be granted for patients who have not shown adequate response to omalizumab (Xolair) therapy.

Nasal Polyps

1. Patient has a diagnosis of nasal polyps; and
2. ~~Pretreatment IgE level is within the following range:~~
    a. ~~Adults and adolescent patients 12 years of age or older - 30 IU/mL to 1500 IU/mL; and~~
3. ~~Patient's weight is within the following range:~~
    a. ~~Adults and adolescent patients 12 years of age or older - 30 kg to 150 kg; and~~
4. Patient has documentation of an adequate trial and inadequate response with at least two nasal corticosteroids at a maximally tolerated dose; and
5. ~~Will be used concurrently with a nasal corticosteroid.~~; ~~and~~
6. ~~Is dosed according to manufacturer labeling based on pretreatment serum IgE and body weight. Note: according to the label, there is insufficient data to recommend a dose for certain pretreatment serum IgE levels and body weight. PA requests will be denied in these instances.~~

If criteria for coverage are met, the initial authorization will be given for 24 weeks to assess the need for continued therapy. Requests for continuation of therapy will not be granted for patients who have not shown adequate response to omalizumab (Xolair) therapy and for patients who do not continue concurrent use with a nasal corticosteroid.

IgE Mediated Food Allergy

1. *Medication is being prescribed for the reduction of allergic reactions (Type 1) that may occur with accidental exposure to one or more foods in a patient that has an IgE-mediated food allergy; and*
2. *Will be used in conjunction with food allergen avoidance; and*
3. *Patient is allergic to peanut and at least two other foods, including milk, egg, wheat, cashew, hazelnut, or walnut; and*
4. *Patient does not have a history of severe anaphylaxis to the food allergens above.*
5. *Treatment should be discontinued if patient is accidentally exposed to the food allergen(s) above and experiences the same or worse reaction as before treatment.*

The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

References

Xolair [package insert]. South San Francisco, CA; Genentech, Inc.: February 2024

Biologicals for Arthritis
Second Review

Background

Prior authorization (PA) criteria for the treatment of Juvenile Idiopathic Arthritis (JIA) are being updated to align with recent changes to guidelines for pharmacologic management of juvenile idiopathic arthritis (JIA), focusing on treatment of oligoarthritis, polyarticular JIA and systemic JIA. Additionally, PA criteria are being updated to remove many of the warning and precaution criteria that are covered by the statement "*Request must adhere to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings & precautions, drug interactions, and use in specific populations."* This update will decrease the need to update PA criteria when the label for a particular drug is updated or when a new drug is approved that would be subject to Biologicals for Arthritis PA. Criteria for other Biologicals (Axial Spondyloarthritis, Inflammatory Bowel Disease, and Plaque Psoriasis) will be brought to future meetings to make the same changes to criteria.

Below is a summary of American College of Rheumatology (ACR) Guidelines for the Treatment of Juvenile Idiopathic Arthritis Recommendations. Please reference specific guidelines for complete recommendations and treatment algorithms.

- Active Oligoarthritis[1]
    - A trial of scheduled NSAIDs is conditionally recommended as part of initial therapy.
    - Intraarticular glucocorticoids (IAGCs) are strongly recommended as part of initial therapy.
    - Conventional synthetic disease-modifying antirheumatic drugs (DMARDs) are strongly recommended if there is inadequate response to scheduled NSAIDs and/or IAGCs.
    - Biologic DMARDs are strongly recommended if there is inadequate response to or intolerance of NSAIDs and/or IAGCs and at least one conventional synthetic DMARD. There is no preferred biologic DMARD.
- Systemic JIA without Macrophage Activation Syndrome (MAS) [1]
    - NSAIDs are conditionally recommended as initial monotherapy.
    - Oral glucocorticoids are conditionally recommended against as initial monotherapy.
    - Conventional synthetic DMARDs are strongly recommended against as initial monotherapy.
    - Biologic DMARDs (interleukin [IL]-1 and IL-6 inhibitors) are conditionally recommended as initial monotherapy. There is no preferred agent.
    - IL-1 and IL-6 inhibitors are strongly recommended over single or combination of conventional synthetic DMARDs for inadequate response to or intolerance of NSAIDs and/or glucocorticoids.
- Systemic JIA with MAS[1]

    - IL-1 and IL-6 inhibitors are conditionally recommended over calcineurin inhibitors alone to achieve inactive disease and resolution of MAS. There is no preferred agent.
    - Glucocorticoids are conditionally recommended as part of initial treatment of systemic JIA with MAS.
    - Biologic DMARDs or Conventional synthetic DMARDs are strongly recommended over long-term glucocorticoids for residual arthritis and incomplete response to IL-1 and/or IL-6 inhibitors. There is no preferred agent.
- Moderate to Severe Polyarticular Juvenile Idiopathic Arthritis[2]
    - Initial therapy with a DMARD is strongly recommended over NSAID monotherapy. Subcutaneous over oral methotrexate.
    - Using methotrexate monotherapy as initial therapy is conditionally recommended over triple DMARD therapy.
    - Adding a biologic (biologic naïve) to original DMARD is conditionally recommended over changing to a second DMARD or over triple DMARD therapy.
    - After primary tumor necrosis factor inhibitor (TNFi) failure (± DMARD), switch to non-TNFi biologic (tocilizumab or abatacept) is conditionally recommended over switching to a second TNFi.

Current Clinical Prior Authorization

Prior authorization (PA) is required for biologicals used for arthritis. Request must adhere to all FDA approved labeling, including age, indication, dosing, and contraindications. Payment for non-preferred biologicals for arthritis will be considered only for cases in which there is documentation of previous trials and therapy failures with two preferred biological agents. Payment will be considered under the following conditions:

1. Patient has been screened for hepatitis B and C. Patients with evidence of active hepatitis B infection (hepatitis surface antigen positive > 6 months) must have documentation they are receiving or have received effective antiviral treatment; and
2. Patient has been screened for latent TB infection, patients with latent TB will only be considered after one month of TB treatment and patients with active TB will only be considered upon completion of TB treatment; and
3. Patient has a diagnosis of rheumatoid arthritis (RA); with
    a. Documentation of a trial and inadequate response, at a maximally tolerated dose, with methotrexate (hydroxycholoroquine, sulfasalazine, or leflunomide may be used if methotrexate is contraindicated); or
4. Patient has a diagnosis of moderate to severe psoriatic arthritis; with
    a. Documentation of a trial and inadequate response, at a maximally tolerated dose, with methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); or
5. Patient has a diagnosis of moderate to severe juvenile idiopathic arthritis; with
    a. Documentation of a trial and inadequate response to intraarticular glucocorticoid injections and methotrexate at a maximally tolerated dose (leflunomide or sulfasalazine may be used if methotrexate is

contraindicated); and

In addition to the above:

Requests for TNF Inhibitors:

1. Patient has not been treated for solid malignancies, nonmelanoma skin cancer, or lymphoproliferative malignancy within the last 5 years of starting or resuming treatment with a biological agent; and
2. Patient does not have a diagnosis of congestive heart failure (CHF) that is New York Heart Association (NYHA) class lll or lV and with an ejection fraction of 50% or less.

Requests for Interleukins:

1. Medication will not be given concurrently with live vaccines.

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Proposed Clinical Prior Authorization (changes highlighted/italicized and/or stricken)

Prior authorization (PA) is required for biologicals used for arthritis. Request must adhere to all FDA approved labeling *for requested drug and indication*, including age, ~~indication,~~ dosing, ~~and~~ contraindications*, warnings & precautions, drug interactions, and use in specific populations*. Payment for non-preferred biologicals for arthritis will be considered only for cases in which there is documentation of previous trials and therapy failures with two preferred biological agents. Payment will be considered under the following conditions:

~~1. Patient has been screened for hepatitis B and C. Patients with evidence of active hepatitis B infection (hepatitis surface antigen positive > 6 months) must have documentation they are receiving or have received effective antiviral treatment; and~~

~~2. Patient has been screened for latent TB infection, patients with latent TB will only be considered after one month of TB treatment and patients with active TB will only be considered upon completion of TB treatment; and~~

3. Patient has a diagnosis of rheumatoid arthritis (RA); with
    a. Documentation of a trial and inadequate response, at a maximally tolerated dose, with methotrexate (hydroxycholoroquine, sulfasalazine, or leflunomide may be used if methotrexate is contraindicated); or
4. Patient has a diagnosis of moderate to severe psoriatic arthritis; with
    a. Documentation of a trial and inadequate response, at a maximally tolerated dose, with methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); or
5. Patient has a diagnosis of ~~moderate to severe~~ juvenile idiopathic arthritis *with oligoarthritis*; with
    a. Documentation of a trial and inadequate response to intraarticular glucocorticoid injections and methotrexate at a maximally tolerated dose (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); *or* ~~and~~

6. Patient has a diagnosis of moderate to severe polyarticular juvenile idiopathic

arthritis (pJIA) with;

   a. *Documentation of a trial and inadequate response to methotrexate at a maximally tolerated dose (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); or*

7. *Patient has a diagnosis of systemic juvenile idiopathic arthritis (sJIA).*

~~In addition to the above:~~

~~Requests for TNF Inhibitors:~~

1. ~~Patient has not been treated for solid malignancies, nonmelanoma skin cancer, or lymphoproliferative malignancy within the last 5 years of starting or resuming treatment with a biological agent; and~~
2. ~~Patient does not have a diagnosis of congestive heart failure (CHF) that is New York Heart Association (NYHA) class III or IV and with an ejection fraction of 50% or less.~~

~~Requests for Interleukins:~~

1. ~~Medication will not be given concurrently with live vaccines.~~

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

References

1. Onel KB, Horton DB, Lovell DJ, Shenoi S, Cuello, CA, Angels-Han ST, et al. 2021 American College of Rheumatology Guideline for the Treatment of Juvenile Idiopathic Arthritis: Therapeutic Approaches for Oligoarthritis, Temporomandibular Joint Arthritis, and Systemic Juvenile Idiopathic Arthritis. Arthritis Rheumatol 2021;74:717-34.
2. Ringold S, Angeles-Han ST, Beukelman T, Lovell D, Cuello CA, Becker ML, et al. 2019 American College of Rheumatology/Arthritis Foundation Guideline for the treatment of juvenile idiopathic arthritis: therapeutic approaches for non-systemic polyarthritis, sacroiliitis, and enthesitis. Arthritis Rheumatol 2019;71:846–63.

Biologicals for Hidradenitis Suppurativa
Second Review

Background

Prior authorization (PA) criteria Biologicals for Hidradenitis Suppurativa are being updated to remove the warning and precaution criteria that are covered by the statement "*Request must adhere to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings & precautions, drug interactions, and use in specific populations."* This update will decrease the need to update PA criteria when the label for a particular drug is updated or when a new drug is approved that would be subject to Biologicals for Hidradenitis Suppurativa PA, such as secukinumab. Criteria for other Biologicals (Axial Spondyloarthritis, Inflammatory Bowel Disease, and Plaque Psoriasis) will be brought to future meetings to make the same changes to criteria.

Secukinumab (Cosentyx), an interleukin (IL)-17 antagonist, received FDA approval for the treatment of adult patients with moderate to severe hidradenitis suppurativa (HS). Cosentyx is the second biological approved for this indication, with adalimumab being the first biologic to receive this indication. Approval of Cosentyx for the new indication was based on two randomized, double-blind, placebo-controlled studies in 1,084 adult patients with moderate to severe HS. In both studies, patients were randomized to placebo or Cosentyx at weeks 0, 1, 2, 3 and 4, followed by 300 mg every 2 weeks or every 4 weeks. The primary endpoint in both studies was the proportion of patients who achieved a Hidradenitis Suppurativa Clinical Response (HiSCR50) defined as at least a 50% decrease in abscesses and inflammatory nodules count with no increase in the number of abscesses and/or in the number of draining fistulae relative to baseline at week 16.

- In both studies, a statistically significantly higher proportion of patients treated with Cosentyx every 2 weeks (after the first four weeks) achieved a HiSCR50 response at week 16 compared to patients treated with placebo (see table).
- In both studies, a higher proportion of patients treated with Cosentyx every 4 weeks (after the first four weeks) achieved HiSCR50 at week 16 compared to patients treated with placebo (see table), where statistical significance was reached in Trial 2.

	Trial 1			Trial 2		
	Placebo	Cosentyx every 4 weeks	Cosentyx every 2 weeks	Placebo	Cosentyx every 4 weeks	Cosentyx every 2 weeks
HiSCR50	29.4%	41.3%	44.5%*	26.1%	42.5%*	38.3%*

*Statistically significant vs. placebo based on the pre-defined hierarch

Current Clinical Prior Authorization

Prior authorization (PA) is required for biologicals FDA approved or compendia indicated for the treatment of Hidradenitis Suppurativa (HS). Payment for non-preferred biologic agents will be considered only for cases in which there is documentation of a previous trial and therapy failure with a preferred biologic agent. Patients initiating therapy with a biological agent must:

1. Be screened for hepatitis B and C. Patients with active hepatitis B will not be considered for coverage; and
2. Have not been treated for solid malignancies, nonmelanoma skin cancer, or lymphoproliferative malignancy within the last 5 years of starting or resuming treatment with a biologic agent; and
3. Not have a diagnosis of congestive heart failure (CHF) that is New York Heart Association (NYHA) class III or IV and with an ejection fraction of 50% or less; and
4. Be screened for latent TB infection. Patients with latent TB will only be considered after one month of TB treatment and patients with active TB will only be considered upon completion of TB treatment.

Payment will be considered under the following conditions:

1. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient has a diagnosis of moderate to severe HS with Hurley Stage II or III disease; and
3. Patient has at least three (3) abscesses or inflammatory nodules; and
4. Patient has documentation of adequate trials and therapy failures with the following:
    a. Daily treatment with topical clindamycin;
    b. Oral clindamycin plus rifampin;
    c. Maintenance therapy with a preferred tetracycline.

If criteria for coverage are met, initial requests will be given for 3 months. Additional authorizations will be considered upon documentation of clinical response to therapy. Clinical response is defined as at least a 50% reduction in total abscess and inflammatory nodule count with no increase in abscess count and no increase in draining fistula count from initiation of therapy.

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Proposed Clinical Prior Authorization (changes highlighted/italicized and/or stricken)
Prior authorization (PA) is required for biologicals FDA approved or compendia indicated for the treatment of Hidradenitis Suppurativa (HS). Payment for non-preferred biologic

agents will be considered only for cases in which there is documentation of a previous trial and therapy failure with a preferred biologic agent. ~~Patients initiating therapy with a biological agent must:~~

1. ~~Be screened for hepatitis B and C. Patients with active hepatitis B will not be considered for coverage; and~~
2. ~~Have not been treated for solid malignancies, nonmelanoma skin cancer, or lymphoproliferative malignancy within the last 5 years of starting or resuming treatment with a biologic agent; and~~
3. ~~Not have a diagnosis of congestive heart failure (CHF) that is New York Heart Association (NYHA) class III or IV and with an ejection fraction of 50% or less; and~~
4. ~~Be screened for latent TB infection. Patients with latent TB will only be considered after one month of TB treatment and patients with active TB will only be considered upon completion of TB treatment.~~

Payment will be considered under the following conditions:

1. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient has a diagnosis of moderate to severe HS with Hurley Stage II or III disease; and
3. Patient has at least three (3) abscesses or inflammatory nodules; and
4. Patient has documentation of adequate trials and therapy failures with the following:
    a. Daily treatment with topical clindamycin;
    b. Oral clindamycin plus rifampin;
    c. Maintenance therapy with a preferred tetracycline.

If criteria for coverage are met, initial requests will be given for ~~3~~ *4* months. Additional authorizations will be considered upon documentation of clinical response to therapy. Clinical response is defined as at least a 50% reduction in total abscess and inflammatory nodule count with no increase in abscess count and no increase in draining fistula count from initiation of therapy.

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

References

Cosentyx prescribing information. Novartis Pharmaceuticals Corp. East Hanover, NJ. November 2023.

Dupilumab (Dupixent)
Second Review

Background
Treatment of atopic dermatitis (AD) typically includes use of topical anti-inflammatory agents and skin hydration. Patients with severe disease may require phototherapy or systemic treatment. Medium to high potency topical corticosteroids or topical calcineurin inhibitors are recommended for the treatment of moderate to severe AD. After an adequate trial with topical agents (ensuring patient is adherent to treatment) with little to no improvement, dupilumab (Dupixent) can be used in patients 6 months and older. Current guidelines no longer support the use of immunosuppressants, such as cyclosporine or azathioprine.

When prior authorization (PA) criteria for the treatment of moderate to severe asthma were initially developed, the DUR Commission recommended criteria include the requirement that patient have two (2) or more asthma exacerbations in the previous year. Clinical trials included patients with one or more asthma exacerbations in the previous year. Now that dupilumab has been available for over 6 years, additional clinical information is available documenting its safety and efficacy in the treatment of asthma.

PA criteria are being updated to remove the requirement of a trial and therapy failure with cyclosporine or azathioprine in the treatment of AD, as well as decreasing the number of asthma exacerbations from two to one for consideration of the treatment of asthma.

Current Clinical Prior Authorization Criteria
Prior authorization (PA) is required for Dupixent (dupilumab). Payment for non-preferred agents will be considered when there is documentation of a previous trial and therapy failure with a preferred agent. Payment will be considered when patient has an FDA approved or compendia indication for the requested drug under the following conditions:

1. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient's current weight in kilograms (kg) is provided; and
3. Patient has a diagnosis of moderate-to-severe atopic dermatitis; and
    a. Is prescribed by or in consultation with a dermatologist, allergist, or immunologist; and
    b. Patient has failed to respond to good skin care and regular use of emollients; and
    c. Patient has documentation of an adequate trial and therapy failure with one preferred medium to high potency topical corticosteroid for a minimum of 2 consecutive weeks; and

d. Patient has documentation of a previous trial and therapy failure with a topical immunomodulator for a minimum of 4 weeks; and
e. Patient has documentation of a previous trial and therapy failure with cyclosporine or azathioprine; and
f. Patient will continue with skin care regimen and regular use of emollients; and

4. Patient has a diagnosis of moderate to severe asthma with an eosinophilic phenotype (with a pretreatment eosinophil count ≥ 150 cells/mcL within the previous 6 weeks) or with oral corticosteroid dependent asthma; and
    a. Is prescribed by or in consultation with an allergist, immunologist, or pulmonologist; and
    b. Has a pretreatment forced expiratory volume in 1 second (FEV_1) ≤ 80% predicted; and
    c. Symptoms are inadequately controlled with documentation of current treatment with a high-dose inhaled corticosteroid (ICS) given in combination with a controller medication (e.g. long acting beta $_2$ agonist [LABA], leukotriene receptor antagonist [LTRA], oral theophylline) for a minimum of 3 consecutive months. Patient must be compliant with therapy, based on pharmacy claims; and
    d. Patient must have one of the following, in addition to the regular maintenance medications defined above:
        i. Two (2) or more exacerbations in the previous year or
        ii. Require daily oral corticosteroids for at least 3 days; or
5. Patient has a diagnosis of inadequately controlled chronic rhinosinusitis with nasal polyposis (CRSwNP); and
    a. Documentation dupilumab will be used as an add-on maintenance treatment; and
    b. Documentation of an adequate trial and therapy failure with at least one preferred medication from each of the following categories:
        i. Nasal corticosteroid spray; and
        ii. Oral corticosteroid; or
6. Patient has a diagnosis of eosinophilic esophagitis (EoE); and
    a. Is prescribed by, or in consultation with, an allergist, gastroenterologist, or immunologist; and
    b. Patient has ≥ 15 intraepithelial eosinophils per high-power field (eos/hpf) as confirmed by endoscopic esophageal biopsy (attach results); and
    c. Patient has signs and symptoms of esophageal dysfunction (e.g., dysphagia, food impaction, food refusal, abdominal pain, heartburn regurgitation, chest pain and/or, odynophagia); and
    d. Documentation of previous trials and therapy failures with all of the following:
        i. High dose proton pump inhibitor (PPI) for at least 8 weeks; and
        ii. Swallowed topical corticosteroid (e.g., fluticasone propionate, oral budesonide suspension): and

iii. Dietary therapy; and

7. Patient has a diagnosis of moderate to severe prurigo nodularis (PN); and
    a. Is prescribed by, or in consultation with an allergist, immunologist, or dermatologist; and
    b. Patient has experienced severe to very severe pruritits, as demonstrated by a current Worst Itch-Numeric Rating Scale (WI-NRS) ≥ 7; and
    c. Patient has ≥ 20 nodular lesions (attach documentation); and
    d. Documentation of a previous trial and therapy failure with a high or super high potency topical corticosteroid for at least 14 consecutive days; and
8. Dose does not exceed the FDA approved dosing for indication.

If criteria for coverage are met, initial authorization will be given for 6 months to assess the response to treatment. Request for continuation of therapy will require documentation of a positive response to therapy.

The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

Proposed Clinical Prior Authorization Criteria (changes highlighted/italicized and/or stricken)
Prior authorization (PA) is required for Dupixent (dupilumab). Payment for non-preferred agents will be considered when there is documentation of a previous trial and therapy failure with a preferred agent. Payment will be considered when patient has an FDA approved or compendia indication for the requested drug under the following conditions:

1. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient's current weight in kilograms (kg) is provided; and
3. Patient has a diagnosis of moderate-to-severe atopic dermatitis; and
    a. Is prescribed by or in consultation with a dermatologist, allergist, or immunologist; and
    b. Patient has failed to respond to good skin care and regular use of emollients; and
    c. Patient has documentation of an adequate trial and therapy failure with one preferred medium to high potency topical corticosteroid for a minimum of 2 consecutive weeks; and
    d. Patient has documentation of a previous trial and therapy failure with a topical immunomodulator for a minimum of 4 weeks; and
    ~~e. Patient has documentation of a previous trial and therapy failure with cyclosporine or azathioprine; and~~
    f. Patient will continue with skin care regimen and regular use of emollients; and
4. Patient has a diagnosis of moderate to severe asthma with an eosinophilic phenotype (with a pretreatment eosinophil count ≥ 150 cells/mcL within the

previous 6 weeks) or with oral corticosteroid dependent asthma; and
    a. Is prescribed by or in consultation with an allergist, immunologist, or pulmonologist; and
    b. Has a pretreatment forced expiratory volume in 1 second (FEV_1) ≤ 80% predicted *in adults; < 90% predicted in adolescents 12 to 17 years of age; and < 95% predicted in children 6 to 11 years of age*; and
    c. Symptoms are inadequately controlled with documentation of current treatment with a high-dose inhaled corticosteroid (ICS) given in combination with a controller medication (e.g. long acting beta $_2$ agonist [LABA], leukotriene receptor antagonist [LTRA], oral theophylline) for a minimum of 3 consecutive months. Patient must be compliant with therapy, based on pharmacy claims; and
    d. Patient must have one of the following, in addition to the regular maintenance medications defined above:
        i. *One (1)* ~~Two (2)~~ or more exacerbations in the previous year or
        ii. Require daily oral corticosteroids for at least 3 days; or
5. Patient has a diagnosis of inadequately controlled chronic rhinosinusitis with nasal polyposis (CRSwNP); and
    a. Documentation dupilumab will be used as an add-on maintenance treatment; and
    b. Documentation of an adequate trial and therapy failure with at least one preferred medication from each of the following categories:
        i. Nasal corticosteroid spray; and
        ii. Oral corticosteroid; or
6. Patient has a diagnosis of eosinophilic esophagitis (EoE); and
    a. Is prescribed by, or in consultation with, an allergist, gastroenterologist, or immunologist; and
    b. Patient has ≥ 15 intraepithelial eosinophils per high-power field (eos/hpf) as confirmed by endoscopic esophageal biopsy (attach results); and
    c. Patient has signs and symptoms of esophageal dysfunction (e.g., dysphagia, food impaction, food refusal, abdominal pain, heartburn regurgitation, chest pain and/or, odynophagia); and
    d. Documentation of previous trials and therapy failures with all of the following:
        i. High dose proton pump inhibitor (PPI) for at least 8 weeks; and
        ii. Swallowed topical corticosteroid (e.g., fluticasone propionate, oral budesonide suspension): and
        iii. Dietary therapy; ~~and~~ *or*
7. Patient has a diagnosis of moderate to severe prurigo nodularis (PN); and
    a. Is prescribed by, or in consultation with an allergist, immunologist, or dermatologist; and
    b. Patient has experienced severe to very severe pruritits, as demonstrated by a current Worst Itch-Numeric Rating Scale (WI-NRS) ≥ 7; and
    c. Patient has ≥ 20 nodular lesions (attach documentation); and
    d. Documentation of a previous trial and therapy failure with a high or super

high potency topical corticosteroid for at least 14 consecutive days; and

8. Dose does not exceed the FDA approved dosing for indication.

If criteria for coverage are met, initial authorization will be given for 6 months to assess the response to treatment. Request for continuation of therapy will require documentation of a positive response to therapy.

The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

Febuxostat (Uloric)
Removal of Prior Authorization Criteria
Second Review

Background
Effective January 1, 2024, febuxostat is preferred on the Preferred Drug List (PDL), requiring prior authorization (PA). A recommendation is being made to remove PA criteria for febuxostat now that it is cost effective to the state.

Current Clinical Prior Authorization
Prior authorization (PA) is required for febuxostat (Uloric). Payment for febuxostat (Uloric) will only be considered for cases in which symptoms of gout still persist while currently using 300mg per day of a preferred allopurinol product unless documentation is provided that such a trial would be medically contraindicated.

Select Preventative Migraine Treatments
Second Review

Background

A recommendation is being made to decrease the number of trials with migraine prophylaxis medications prior to the consideration of select preventative migraine treatments (currently calcitonin gene-related peptide [CGRP] agents). When PA criteria were initially developed, the DUR Commission recommended criteria include the requirement patient have trials with at least 3 migraine prophylaxis medications, due to the lack of long-term clinical efficacy and cost. Now that these agents have been available for several years, evidence supporting their efficacy and safety are available, thus supporting this recommendation and allowing members earlier access to these preventative treatments.

Current Clinical Prior Authorization

Prior authorization (PA) is required for select preventative migraine agents. Payment for non-preferred select preventative migraine agents will be considered only for cases in which there is documentation of a previous trial and therapy failure with a preferred, select preventative migraine agent. Payment will be considered under the following conditions:

1. Patient has one of the following diagnoses:
   a. Chronic Migraine, defined as:
      i. ≥ 15 headache days per month for a minimum of 3 months; and
      ii. ≥ 8 migraine headaches days per month for a minimum of 3 months; or
   b. Episodic Migraine, defined as:
      i. 4 to 14 migraine days per month for a minimum of 3 months; or
   c. Episodic Cluster Headache, defined as:
      i. Occurring with a frequency between one attack every other day and 8 attacks per day; and
      ii. With at least 2 cluster periods lasting 7 days to one year (when untreated) and separated by pain-free remission periods ≥3 months; and
      iii. Patient does not have chronic cluster headache (attacks occurring without a remission period, or with remissions lasting <3 months, for at least 1 year); and
2. Request adheres to all FDA approved labeling for indication, including age, dosing, contraindications, warnings and precautions; and
3. The requested agent will not be used in combination with another CGRP inhibitor for the preventative treatment of migraine; and
4. Patient has been evaluated for and does not have medication overuse headache; and

5. For Episodic and Chronic Migraine, patient has documentation of three trials and therapy failures, of at least 3 months per agent, at a maximally tolerated dose with a minimum of two different migraine prophylaxis drug classes (i.e. anticonvulsants [divalproex, valproate, topiramate], beta blockers [atenolol, metoprolol, nadolol, propranolol, timolol], antidepressants [amitriptyline, venlafaxine]); or
6. For Episodic Cluster Headache, patient has documentation of
    a. A previous trial and therapy failure at an adequate dose with glucocorticoids (prednisone 30mg per day or dexamethasone 8mg BID) started promptly at the start of a cluster period. Failure is defined as the need to use acute/abortive medications (oxygen, triptans, ergotamine, lidocaine) at least once daily for at least two days per week after the first full week of adequately dosed steroid therapy; and
    b. A previous trial and therapy failure at an adequate dose of verapamil for at least 3 weeks (total daily dose of 480mg to 960mg). Failure is defined as the need to use acute/abortive medications (oxygen, triptans, ergotamines, lidocaine) at least once daily for at least two days per week after three weeks of adequately dosed verapamil therapy.
7. Lost, stolen, or destroyed medication replacement requests will not be authorized.

Initial requests will be approved for 3 months. Additional PAs will be considered upon documentation of clinical response to therapy (i.e., reduced migraine frequency, reduced migraine headache days, reduced weekly cluster headache attack frequency).

The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

Proposed Clinical Prior Authorization (changes highlighted/italicized and/or stricken)
Prior authorization (PA) is required for select preventative migraine agents. Payment for non-preferred select preventative migraine agents will be considered only for cases in which there is documentation of a previous trial and therapy failure with a preferred, select preventative migraine agent. Payment will be considered under the following conditions:

1. Patient has one of the following diagnoses:
    a. Chronic Migraine, defined as:
        i. ≥ 15 headache days per month for a minimum of 3 months; and
        ii. ≥ 8 migraine headaches days per month for a minimum of 3 months; or
    b. Episodic Migraine, defined as:
        i. 4 to 14 migraine days per month for a minimum of 3 months; or

c. Episodic Cluster Headache, defined as:
    i. Occurring with a frequency between one attack every other day and 8 attacks per day; and
    ii. With at least 2 cluster periods lasting 7 days to one year (when untreated) and separated by pain-free remission periods ≥3 months; and
    iii. Patient does not have chronic cluster headache (attacks occurring without a remission period, or with remissions lasting <3 months, for at least 1 year); and
2. Request adheres to all FDA approved labeling for *requested drug and* indication, including age, dosing, contraindications, warnings and precautions*, drug interactions and use in specific populations*; and
3. The requested agent will not be used in combination with another CGRP inhibitor for the preventative treatment of migraine; and
4. Patient has been evaluated for and does not have medication overuse headache; and
5. For Episodic and Chronic Migraine, patient has documentation of ~~three~~ *two* trials and therapy failures, of at least 3 months per agent, at a maximally tolerated dose with ~~a minimum of~~ two different migraine prophylaxis drug classes (i.e. anticonvulsants [divalproex, valproate, topiramate], beta blockers [atenolol, metoprolol, nadolol, propranolol, timolol], antidepressants [amitriptyline, venlafaxine]); or
6. For Episodic Cluster Headache, patient has documentation of
    a. A previous trial and therapy failure at an adequate dose with glucocorticoids (prednisone 30mg per day or dexamethasone 8mg BID) started promptly at the start of a cluster period. Failure is defined as the need to use acute/abortive medications (oxygen, triptans, ergotamine, lidocaine) at least once daily for at least two days per week after the first full week of adequately dosed steroid therapy; and
    b. A previous trial and therapy failure at an adequate dose of verapamil for at least 3 weeks (total daily dose of 480mg to 960mg). Failure is defined as the need to use acute/abortive medications (oxygen, triptans, ergotamines, lidocaine) at least once daily for at least two days per week after three weeks of adequately dosed verapamil therapy.
7. Lost, stolen, or destroyed medication replacement requests will not be authorized.

Initial requests will be approved for 3 months. Additional PAs will be considered upon documentation of clinical response to therapy (i.e., reduced migraine frequency, reduced migraine headache days, reduced weekly cluster headache attack frequency).

The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

Hepatitis C Treatments, Direct Acting Antivirals
Second Review

Background

Through the annual review of prior authorization (PA) criteria in November 2023, a recommendation was made to remove the requirement treatment be "prescribed by or in consultation with a digestive disease, liver disease, or infections disease provider practice". PA criteria are being updated to remove this requirement for initial treatment, in addition to several other criterion in order to simplify the PA process.

Current Clinical Prior Authorization Criteria

Prior authorization (PA) is required for hepatitis C direct-acting antivirals (DAA). Requests for non-preferred agents may be considered when documented evidence is provided that the use of the preferred agents would be medically contraindicated. Payment will be considered under the following conditions:

1. Patient has a diagnosis of chronic hepatitis C; and
2. Patient's age and/or weight is within the FDA labeled age and/or weight; and
3. Patient has had testing for hepatitis C virus (HCV) genotype; and
4. Patient has an active HCV infection verified by a detectable viral load within 12 months of starting treatment; and
5. Patient has been tested for hepatitis B (HBV) prior to initiating treatment of HCV and individuals with active HBV infection are treated (either at same time as HCV therapy or before HCV therapy is started); and
6. Patient's prior HCV DAA treatment history is provided (treatment naïve or treatment experienced); and
7. If patient has a history of non-compliance, documentation that steps have been taken to correct or address the causes of non-compliance are provided; and
8. Patient has been evaluated to determine the patient's readiness for HCV treatment with scales or assessment tools, such as SAMHSA-HRSA Center for Integrated Health Solutions – Drug & Alcohol Screening Tools and the Psychosocial Readiness Evaluation and Preparation for Hepatitis C Treatment (PREP-C); and
9. Patient has been educated on the importance of abstinence from IV drug use and alcohol use, the importance of compliance with HCV treatment, and how to prevent HCV transmission. If patient is currently using IV drug and/or alcohol, recommend the patient participate in alcohol and/or substance abuse counseling; and
10. HCV treatment is prescribed by or in consultation with a digestive disease, liver disease, or infectious disease provider practice; and
11. DAAs approved for pediatric use will be considered for those under the age of 18 when used in accordance with current AASLD guidelines including for indication and age; and
12. For patients on a regimen containing ribavirin, the following must be documented on the PA form:
    a. Patient is not a pregnant female or male with a pregnant female partner;

and
   b. Women of childbearing potential and their male partners must use two forms of effective contraception during treatment and for at least 6 months after treatment has concluded; and
   c. Monthly pregnancy tests will be performed during treatment; and
13. Prescriber has reviewed the patient's current medication list and acknowledged that there are no significant drug interactions with the DAA; and
14. Documentation is provided for patients who are ineligible to receive ribavirin; and
15. Non-FDA approved or non-compendia indicated combination therapy regimens will not be approved; and
16. Patient does not have limited life expectancy (less than 12 months) due to non-liver related comorbid conditions.
17. If patient is recently eligible for Iowa Medicaid, and has been started and stabilized on therapy while covered under a different plan, documentation of how long the patient has been on medication will be required. Patient will be eligible for the remainder of therapy needed, based on length of therapy for the particular treatment.
18. Lost or stolen medication replacement requests will not be authorized.
19. The 72-hour emergency supply rule does not apply to DAAs.

Requests for treatment-experienced patients (with previous DAA) will be considered under the following conditions:

1. Patient must meet all criteria for treatment approval above; and
2. Patients who previously achieved SVR that have HCV recurrence due to IV drug use must have documentation that the patient has completed or is participating in a recovery program, receiving alcohol or substance abuse counseling services, or seeing an addiction specialist as part of HCV treatment, and can be managed as an initial infection; and
3. The requested therapy is FDA approved as therapy for treatment-experienced patients and follows current AASLD guidelines; and
4. Patient has not been previously treated with and failed the requested DAA therapy; and
5. Documentation is provided patient has a documented presence of detectable HCV RNA at least 12 weeks after completing previous DAA treatment.

Proposed Clinical Prior Authorization Criteria (changes italicized/highlighted or stricken)

Prior authorization (PA) is required for hepatitis C direct-acting antivirals (DAA). *Request must adhere to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings & precautions, drug interactions, and use in specific populations.* Requests for non-preferred agents may be considered when documented evidence is provided that the use of the preferred agents would be medically contraindicated. Payment will be considered under the following conditions:

1. Patient has a diagnosis of chronic hepatitis C; and
2. ~~Patient's age and/or weight is within the FDA labeled age and/or weight~~; and
3. Patient has had testing for hepatitis C virus (HCV) genotype; and

4. Patient has an active HCV infection verified by a detectable viral load within 12 months of starting treatment; and
5. ~~Patient has been tested for hepatitis B (HBV) prior to initiating treatment of HCV and individuals with active HBV infection are treated (either at same time as HCV therapy or before HCV therapy is started); and~~
6. Patient's prior HCV DAA treatment history is provided (treatment naïve or treatment experienced); and
7. ~~If patient has a history of non-compliance, documentation that steps have been taken to correct or address the causes of non-compliance are provided; and~~
8. ~~Patient has been evaluated to determine the patient's readiness for HCV treatment with scales or assessment tools, such as SAMHSA-HRSA Center for Integrated Health Solutions – Drug & Alcohol Screening Tools and the Psychosocial Readiness Evaluation and Preparation for Hepatitis C Treatment (PREP-C); and~~
9. ~~Patient has been educated on the importance of abstinence from IV drug use and alcohol use, the importance of compliance with HCV treatment, and how to prevent HCV transmission. If patient is currently using IV drug and/or alcohol, recommend the patient participate in alcohol and/or substance abuse counseling; and~~
10. ~~HCV treatment is prescribed by or in consultation with a digestive disease, liver disease, or infectious disease provider practice; and~~
11. DAAs approved for pediatric use will be considered for those under the age of 18 when used in accordance with current AASLD guidelines *and patient's weight is provided* ~~including for indication and age~~; and
12. ~~For patients on a regimen containing ribavirin, the following must be documented on the PA form:~~
    a. ~~Patient is not a pregnant female or male with a pregnant female partner; and~~
    b. ~~Women of childbearing potential and their male partners must use two forms of effective contraception during treatment and for at least 6 months after treatment has concluded; and~~
    c. ~~Monthly pregnancy tests will be performed during treatment; and~~
13. ~~Prescriber has reviewed the patient's current medication list and acknowledged that there are no significant drug interactions with the DAA; and~~
14. ~~Documentation is provided for patients who are ineligible to receive ribavirin; and~~
15. ~~Non-FDA approved or non-compendia indicated combination therapy regimens will not be approved; and~~
16. Patient does not have limited life expectancy (less than 12 months) due to non-liver related comorbid conditions.
17. If patient is recently eligible for Iowa Medicaid and has been started and stabilized on therapy while covered under a different plan, documentation of how long the patient has been on medication will be required. Patient will be eligible for the remainder of therapy needed, based on length of therapy for the particular treatment.
18. ~~Lost or stolen medication replacement requests will not be authorized.~~
19. The 72-hour emergency supply rule does not apply to DAAs.

Requests for treatment-experienced patients (with previous DAA) will be considered under the following conditions:

1. Patient must meet all criteria for treatment approval above; and
2. ~~Patients who previously achieved SVR that have HCV recurrence due to IV drug use must have documentation that the patient has completed or is participating in a recovery program, receiving alcohol or substance abuse counseling services, or seeing an addiction specialist as part of HCV treatment, and can be managed as an initial infection; and~~
3. The requested therapy is FDA approved as therapy for treatment-experienced patients and follows current AASLD guidelines; and
4. *HCV retreatment is prescribed by or in consultation with a digestive disease, liver disease, or infections disease provider practice; and*
5. Patient has not been previously treated with and failed the requested DAA therapy; and
6. Documentation is provided patient has a documented presence of detectable HCV RNA at least 12 weeks after completing previous DAA treatment.

2024
Vol. 36
No. 2

DUR DIGEST

The Bulletin of Medicaid Drug Utilization Review in Iowa

Outgoing Member of the DUR Commission

Jason Wilbur, MD, completed 12 years of service with the Iowa Drug Utilization Review Commission. Dr. Wilbur served on the Commission from July 2012 through June 2024. The Commission and the Department of Health and Human Services would like to thank Dr. Wilbur for his contributions and dedication to the Commission and the members of Iowa Medicaid.

FDA Updates to Prescribing Information for Opioids

The U.S. Food and Drug Administration (FDA) required updates to the prescribing information of opioids to provide additional guidance on the use of these medications. In addition, the FDA determined a new warning was needed about opioid-induced hyperalgesia (OIH). OIH is a condition where opioids cause hyperalgesia or allodynia and can occur at any dosage but may occur more often with higher doses and longer-term use. Symptoms of OIH can include increased pain intensity despite increasing opioid dosage, decreased pain intensity in response to a decrease in opioid dosage, hypersensitivity to non-painful stimuli (in the absence of opioid tolerance or withdrawal). If OIH is suspected, carefully consider an appropriate decrease in dose of the current opioid or safely switch to a different opioid product, if tolerated. Patients should be advised about the risk of OIH and instructed to never increase the opioid dosage without consulting a health care professional, because this could worsen the pain and increase the risk of respiratory depression. For complete information regarding the safety announcement, refer to "FDA updates prescribing information for all opioid pain medicines to provide additional guidance for safe use," which can be found on the Drug Safety and Availability page of the FDA's website.

Updated Guidance by the CDC for Prescribing Opioids

In November 2022, the Centers for Disease Control and Prevention (CDC) issued the Clinical Practice Guideline for Prescribing Opioids for Pain – United States, 2022, updating their previous recommendations published in 2016. The guideline applies to outpatients 18 years of age or older with acute pain (duration of < 1 month), subacute pain (duration of 1 to 3 months), and chronic (duration of > 3 months) pain. The recommendations do not apply to pain related sickle cell disease, cancer related pain, or to patients receiving palliative or end of life care.

The following key recommendations are included in the updated clinical practice guideline:

- Maximize the use of nonopioid therapies when possible and only consider opioids if the benefits of therapy are expected to outweigh the risks. Many nonopioid therapies (including nonpharmacological interventions) are at least as effective as opioids for common types of acute pain.
- Before starting opioids for pain, establish realistic treatment goals and discuss a plan for discontinuation if the expected benefit is not realized.
- If opioid therapy is indicated, an immediate-release product is preferred. Long-acting or extended-release opioids should be reserved for severe, continuous pain.
- When opioids are initiated in opioid-naïve individuals with acute, subacute, or chronic pain, prescribe at the lowest effective dosage for no longer than the expected duration of pain severe enough to require opioids. Evaluate the potential benefits and risks when considering a dose increase and avoid increasing dosage above levels likely to yield diminishing returns in benefits relative to risks to patients.
- Clinicians and patients should jointly weigh the benefits and risks of continuing opioid therapy. Relevant strategies to mitigate risk should be employed, including offering naloxone, particularly to patients at increased risk for overdose, including patients with a history of overdose, patients with a history of substance use disorder, patients with sleep-disordered breathing, patients taking higher dosage of opioids (e.g., ≥ 50 MME/day), patients taking benzodiazepines with opioids, and patients at risk for returning to a high dose to which they have lost tolerance (e.g., patients undergoing tapering or recently released from prison).
- If the benefits of continued opioid therapy do not outweigh the risks, clinicians should optimize other therapies and work closely with patients to gradually taper to a lower dose or, if warranted, appropriately taper and discontinue opioid therapy. When opioids are reduced or discontinued, a taper slow enough to minimize symptoms and signs of opioid withdrawal should be used.
- Unless there are warning signs of impending overdose (e.g., confusion, sedation, or slurred speech), clinicians should not rapidly reduce opioid dosages from higher dosages or discontinue therapy abruptly.
- Prescription drug monitoring program (PDMP) data should be reviewed to determine whether the patient is receiving opioid dosages or combinations that put the patient at high risk for overdose.

Medicaid Statistics for Prescription Claims
March through May 2024

	FFS	Wellpoint	Iowa Total Care	Molina Healthcare
# Paid Claims				
Total $ Paid				
Unique Users				
Avg Cost/Rx				
Top 5 Therapeutic Class by Prescription Count Therapeutic class taxonomy differs among each plan				
Top 5 Therapeutic Class by Paid Amount (pre-rebate) Therapeutic class taxonomy differs among each plan				
Top 5 Drugs by Prescription Count				
Top 5 Drugs by Paid Amount (pre-rebate)				