IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION
1305 East Walnut – Des Moines, IA 50309 □ (515) 974-3131 □ Fax 1-866-626-0216

Holly Randleman, Pharm.D.
Melissa Klotz, Pharm.D.
Jason Kruse, D.O
Rhea Hartley, M.D.
Jason Wilbur, M.D.
Charles Wadle, D.O.
Abby Cate, Pharm.D.
Emily Rogers, Pharm.D.

Professional Staff: Pam Smith, R.Ph.
DUR Project Coordinator

May 1, 2024

Abby Cate, Pharm.D.
Pharmacy Consultant
Iowa Medicaid
1305 East Walnut
Des Moines, Iowa 50309

Dear Abby:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, May 1, 2024. At this meeting, the DUR Commission members discussed updated prior authorization (PA) criteria for Biologicals for Arthritis; Biologicals for Hidradenitis Suppurativa; Dupilumab (Dupixent); Select Preventative Migraine Treatments; and Hepatitis C Treatment, Direct Acting Antivirals, as well as the removal of PA criteria for Febuxostat (Uloric). The following recommendations have been made by the DUR Commission:

No comments were received from the medical/pharmacy associations in response to a February 9, 2024 letter that was sent to them detailing the updated PA criteria for Biologicals for Arthritis; Biologicals for Hidradenitis Suppurativa; Dupilumab (Dupixent); Select Preventative Migraine Treatments; Hepatitis C Treatment, Direct Acting Antivirals, and removal of PA criteria for Febuxostat (Uloric).

Biologicals for Arthritis

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.

Biologicals for Hidradenitis Suppurativa

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.

Dupilumab (Dupixent)

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.

<u>Proposed Clinical Prior Authorization Criteria</u> (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)

Current Clinical Prior Authorization Criteria – *Recommendation to remove prior authorization criteria.*
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

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 headache 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 Agents, Direct Acting Antivirals

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 infectious 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.

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendations for Biologicals for Arthritis; Biologicals for Hidradenitis Suppurativa; Dupilumab (Dupixent); Select Preventative Migraine Treatments; and Hepatitis C Treatment, Direct Acting Antivirals, as well as the removal of PA criteria for Febuxostat (Uloric).

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

Iowa Total Care Claims
Quarterly Statistics

REPORT_DATE	Dec 2023 through Feb 2024	Mar 2024 through May 2024	% CHANGE
TOTAL PAID AMOUNT	$75,076,377.08	$77,170,292.62	2.79%
UNIQUE USERS	102,872	99,798	-2.99%
COST PER USER	$729.80	$773.26	5.96%
TOTAL PRESCRIPTIONS	710,778	714,463	0.52%
AVERAGE PRESCRIPTION PER USER	6.91	7.16	3.61%
AVERAGE COST PER PRESCRIPTION	$105.63	$108.01	2.26%
# GENERIC PRESCRIPTIONS	641,386	643,206	0.28%
% GENERIC	90.00%	90.00%	-0.23%
$ GENERIC	$11,066,524.89	$10,976,956.52	-0.81%
AVERAGE GENERIC PRESCRIPTION COST	$17.25	$17.07	-1.09%
AVERAGE GENERIC DAYS SUPPLY	25	25	0.49%
# BRAND PRESCRIPTIONS	68,661	70,193	2.23%
% BRAND	10.00%	10.00%	1.65%
$ BRAND	$63,989,919.61	$66,171,485.83	3.41%
AVERAGE BRAND PRESCRIPTION COST	$931.97	$942.71	1.15%
AVERAGE BRAND DAYS SUPPLY	28	28	0.33%

UTILIZATION BY AGE

AGE		Dec 2023 through Feb 2024	Mar 2024 through May 2024
0-6		40,824	40,912
7-12		44,339	48,883
13-18		56,842	63,138
19-64		533,489	549,603
65+		9,206	9,027

UTILIZATION BY GENDER AND AGE

GENDER	AGE		Dec 2023 through Feb 2024	Mar 2024 through May 2024
F	0-6		18,153	17,907
	7-12		17,363	19,196
	13-18		30,579	33,914
	19-64		341,589	351,698
	65+		6,050	6,024
M	0-6		22,671	23,005
	7-12		26,976	29,687
	13-18		26,263	29,224
	19-64		191,900	197,905
	65+		3,156	3,003

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
202403 - 202405

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	11,258	$6,771,410.19	$601.48	1
2	WALGREENS #4405	COUNCIL BLUFFS	IA	6,775	$446,724.78	$65.94	2
3	RIGHT DOSE PHARMACY	ANKENY	IA	5,695	$253,539.03	$44.52	4
4	WALGREENS #5042	CEDAR RAPIDS	IA	5,447	$364,735.44	$66.96	3
5	WALGREENS #5239	DAVENPORT	IA	5,025	$291,176.67	$57.95	5
6	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	4,672	$267,216.92	$57.20	6
7	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	4,601	$255,202.53	$55.47	7
8	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,241	$329,433.12	$77.68	13
9	DRILLING PHARMACY	SIOUX CITY	IA	4,174	$302,137.16	$72.39	8
10	WALGREENS #5721	DES MOINES	IA	4,125	$244,889.09	$59.37	9
11	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	4,004	$178,910.66	$44.68	14
12	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	3,986	$258,833.87	$64.94	10
13	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	3,953	$391,356.96	$99.00	12
14	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	3,859	$262,999.90	$68.15	16
15	WALGREENS #7455	WATERLOO	IA	3,808	$245,613.51	$64.50	11
16	WALGREENS #359	DES MOINES	IA	3,807	$242,550.03	$63.71	15
17	WALGREENS #15647	SIOUX CITY	IA	3,614	$250,659.91	$69.36	17
18	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,487	$238,759.56	$68.47	18
19	WALGREENS #7453	DES MOINES	IA	3,476	$190,011.08	$54.66	20
20	NELSON FAMILY PHARMACY	FORT MADISON	IA	3,372	$299,293.01	$88.76	22
21	WALGREENS #3700	COUNCIL BLUFFS	IA	3,308	$173,664.07	$52.50	21
22	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,206	$247,339.67	$77.15	23
23	MAHASKA DRUGS INC	OSKALOOSA	IA	3,201	$232,581.64	$72.66	19
24	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,160	$298,597.37	$94.49	24
25	CVS PHARMACY #10282	FORT DODGE	IA	2,990	$132,189.92	$44.21	29
26	CVS PHARMACY #08544	WATERLOO	IA	2,949	$172,572.73	$58.52	43
27	WALMART PHARMACY 10-0559	MUSCATINE	IA	2,908	$200,092.51	$68.81	28
28	SOUTH SIDE DRUG	OTTUMWA	IA	2,869	$223,516.95	$77.91	27
29	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	2,845	$163,664.01	$57.53	31
30	UI HEALTHCARE - IOWA RIVER LANDING PHARMACY	CORALVILLE	IA	2,831	$106,133.60	$37.49	34
31	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	2,813	$266,551.51	$94.76	32
32	NUCARA LTC PHARMACY #3	IOWA CITY	IA	2,781	$117,823.96	$42.37	37
33	WALGREENS #4041	DAVENPORT	IA	2,726	$153,146.95	$56.18	36
34	HY-VEE PHARMACY (1449)	NEWTON	IA	2,712	$193,348.82	$71.29	26
35	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,702	$156,429.18	$57.89	40
36	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,652	$149,705.63	$56.45	41
37	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,636	$193,817.66	$73.53	30
38	WALMART PHARMACY 10-1509	MAQUOKETA	IA	2,611	$127,332.49	$48.77	35
39	MEDICAP LTC	INDIANOLA	IA	2,605	$104,093.47	$39.96	25
40	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	2,568	$356,476.22	$138.81	33
41	HY-VEE PHARMACY (1075)	CLINTON	IA	2,549	$154,798.94	$60.73	38
42	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	2,483	$179,780.09	$72.40	42
43	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	2,470	$182,155.48	$73.75	55

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
202403 - 202405

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
44	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,463	$134,976.41	$54.80	54
45	WALGREENS #5470	SIOUX CITY	IA	2,440	$152,276.41	$62.41	45
46	WAGNER PHARMACY	CLINTON	IA	2,429	$212,769.11	$87.60	48
47	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	2,423	$135,446.68	$55.90	52
48	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,418	$187,096.73	$77.38	57
49	WALMART PHARMACY 10-2889	CLINTON	IA	2,394	$116,058.60	$48.48	49
50	HY-VEE PHARMACY (1530)	PLEASANT HILL	IA	2,350	$123,852.10	$52.70	51
51	EXACTCARE	VALLEY VIEW	OH	2,342	$190,434.20	$81.31	44
52	DANIEL PHARMACY	FT DODGE	IA	2,331	$182,014.12	$78.08	47
53	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,324	$313,004.96	$134.68	63
54	CVS PHARMACY #08658	DAVENPORT	IA	2,314	$125,492.84	$54.23	58
55	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	2,286	$146,485.64	$64.08	60
56	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,282	$169,705.70	$74.37	59
57	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	2,267	$195,931.15	$86.43	65
58	WALGREENS #10855	WATERLOO	IA	2,264	$138,962.61	$61.38	77
59	WALGREENS #11942	DUBUQUE	IA	2,257	$132,825.53	$58.85	62
60	HY-VEE PHARMACY #6 (1155)	DES MOINES	IA	2,255	$149,646.25	$66.36	64
61	SCOTT PHARMACY	FAYETTE	IA	2,250	$139,617.37	$62.05	53
62	WALGREENS #7452	DES MOINES	IA	2,237	$137,617.99	$61.52	50
63	HY-VEE PHARMACY (1396)	MARION	IA	2,214	$190,052.22	$85.84	56
64	TOWNCREST LTC	IOWA CITY	IA	2,202	$102,473.64	$46.54	46
65	WALGREENS #5044	BURLINGTON	IA	2,201	$134,146.58	$60.95	61
66	WALGREENS #4714	DES MOINES	IA	2,199	$117,554.96	$53.46	79
67	WALMART PHARMACY 10-0985	FAIRFIELD	IA	2,175	$159,966.71	$73.55	70
68	WALMART PHARMACY 10-3590	SIOUX CITY	IA	2,174	$182,112.08	$83.77	71
69	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	2,157	$157,011.45	$72.79	72
70	UNION PHARMACY	COUNCIL BLUFFS	IA	2,152	$166,846.41	$77.53	68
71	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	2,142	$348,893.31	$162.88	76
72	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	2,140	$111,671.53	$52.18	73
73	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	2,080	$65,821.18	$31.64	66
74	WALMART PHARMACY 10-1431	KEOKUK	IA	2,078	$108,229.95	$52.08	84
75	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	2,012	$175,638.96	$87.30	78
76	WALGREENS #9708	DUBUQUE	IA	2,005	$104,250.79	$52.00	74
77	WALMART PHARMACY 10-1723	DES MOINES	IA	1,995	$126,364.83	$63.34	69
78	STANGEL PHARMACY	ONAWA	IA	1,982	$179,007.58	$90.32	39
79	WALMART PHARMACY 10-1683	SHENANDOAH	IA	1,982	$108,195.82	$54.59	89
80	WALGREENS #5886	KEOKUK	IA	1,981	$100,309.74	$50.64	67
81	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	1,975	$114,279.30	$57.86	93
82	WALGREENS #7454	ANKENY	IA	1,969	$103,749.30	$52.69	75
83	LAGRANGE PHARMACY	VINTON	IA	1,959	$137,624.13	$70.25	91
84	WALGREENS #5852	DES MOINES	IA	1,952	$146,985.01	$75.30	99
85	WALGREENS #5077	IOWA CITY	IA	1,939	$85,843.11	$44.27	80
86	WALGREENS #3876	MARION	IA	1,927	$110,065.33	$57.12	100

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
202403 - 202405

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
87	COMMUNITY HEALTH CARE PHARMACY	DAVENPORT	IA	1,927	$65,251.17	$33.86	98
88	HY-VEE PHARMACY (1324)	KEOKUK	IA	1,913	$127,567.05	$66.68	113
89	WALGREENS #3875	CEDAR RAPIDS	IA	1,908	$104,352.92	$54.69	88
90	HY-VEE PHARMACY (1382)	LEMARS	IA	1,897	$129,029.57	$68.02	85
91	HY-VEE PHARMACY (1241)	HARLAN	IA	1,896	$194,100.39	$102.37	83
92	THOMPSON DEAN DRUG	SIOUX CITY	IA	1,885	$162,298.57	$86.10	102
93	WALGREENS #3595	DAVENPORT	IA	1,865	$98,434.77	$52.78	96
94	WALMART PHARMACY 10-0646	ANAMOSA	IA	1,853	$123,070.38	$66.42	95
95	CR CARE PHARMACY	CEDAR RAPIDS	IA	1,841	$469,951.60	$255.27	116
96	WALMART PHARMACY 10-3394	ATLANTIC	IA	1,837	$119,025.55	$64.79	92
97	HY-VEE PHARMACY (1095)	CRESTON	IA	1,837	$97,606.66	$53.13	87
98	WALMART PHARMACY 10-1496	WATERLOO	IA	1,833	$125,460.38	$68.45	81
99	HY-VEE PHARMACY (1522)	PERRY	IA	1,818	$99,709.59	$54.85	108
100	HY-VEE DRUGSTORE #5 (7026)	CEDAR RAPIDS	IA	1,814	$133,668.16	$73.69	86

TOP 100 PHARMACIES BY PAID AMOUNT
202403 - 202405

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	11,258	$6,771,410.19	$3,050.18	1
2	CAREMARK KANSAS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	LENEXA	KS	342	$2,439,957.76	$15,249.74	3
3	COMMUNITY, A WALGREENS PHARMACY #16528	DES MOINES	IA	502	$2,409,920.68	$12,956.56	2
4	UNITYPOINT AT HOME	URBANDALE	IA	486	$1,948,566.41	$10,201.92	4
5	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	1,054	$1,175,592.52	$9,962.65	7
6	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	132	$1,116,127.83	$16,658.62	5
7	CVS PHARMACY #00102	AURORA	CO	116	$1,076,513.90	$23,402.48	9
8	ACARIAHEALTH PHARMACY #11	HOUSTON	TX	137	$1,005,492.39	$16,483.48	6
9	COMMUNITY, A WALGREENS PHARMACY #21250	IOWA CITY	IA	296	$932,572.49	$9,325.72	10
10	PANTHERX SPECIALTY PHARMACY	PITTSBURGH	PA	22	$913,634.82	$114,204.35	8
11	AMBER PHARMACY	OMAHA	NE	179	$900,137.62	$14,287.90	11
12	CVS/SPECIALTY	MONROEVILLE	PA	134	$789,171.85	$16,441.08	12
13	CR CARE PHARMACY	CEDAR RAPIDS	IA	1,841	$469,951.60	$2,974.38	18
14	ANOVORX GROUP LLC	MEMPHIS	TN	67	$458,170.85	$22,908.54	14
15	OPTUM PHARMACY 702, LLC	JEFFERSONVILLE	IN	59	$456,753.34	$14,733.98	13
16	WALGREENS #4405	COUNCIL BLUFFS	IA	6,775	$446,724.78	$360.55	17
17	ACCREDO HEALTH GROUP INC	WARRENDALE	PA	31	$416,575.93	$46,286.21	31
18	THE NEBRASKA MED CENTER CLINIC PHCY	OMAHA	NE	665	$406,426.88	$3,415.35	15
19	GENESIS FIRSTMED PHARMACY	DAVENPORT	IA	513	$405,439.94	$2,667.37	25
20	CAREMARK ILLINOIS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	MT PROSPECT	IL	69	$396,745.14	$19,837.26	29
21	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	3,953	$391,356.96	$656.64	16
22	PRIMARY HEALTHCARE PHARMACY	DES MOINES	IA	840	$374,781.21	$1,962.21	24
23	GENOA HEALTHCARE, LLC	DAVENPORT	IA	1,490	$372,174.25	$2,514.69	22
24	PARAGON PARTNERS	OMAHA	NE	1,024	$366,403.35	$4,523.50	57
25	WALGREENS #5042	CEDAR RAPIDS	IA	5,447	$364,735.44	$335.23	20
26	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	2,568	$356,476.22	$2,602.02	19
27	ALLEN CLINIC PHARMACY	WATERLOO	IA	938	$352,048.16	$1,181.37	21
28	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	2,142	$348,893.31	$1,693.66	35
29	BIOLOGICS BY MCKESSON	CARY	NC	22	$338,618.43	$42,327.30	56
30	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,241	$329,433.12	$592.51	27
31	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,324	$313,004.96	$1,033.02	59
32	KROGER SPECIALTY PHARMACY LA	HARVEY	LA	40	$303,015.63	$16,834.20	28
33	DRILLING PHARMACY	SIOUX CITY	IA	4,174	$302,137.16	$803.56	26
34	NELSON FAMILY PHARMACY	FORT MADISON	IA	3,372	$299,293.01	$709.23	40
35	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,160	$298,597.37	$663.55	42
36	ALLIANCERX WALGREENS PHARMACY #16280	FRISCO	TX	15	$294,566.68	$58,913.34	61
37	ORSINI PHARMACEUTICAL SERVICES INC	ELK GROVE VILLAGE	IL	23	$292,491.51	$41,784.50	52
38	WALGREENS #5239	DAVENPORT	IA	5,025	$291,176.67	$283.80	32
39	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	4,672	$267,216.92	$383.38	50
40	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	2,813	$266,551.51	$879.71	45
41	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	3,859	$262,999.90	$482.57	33
42	SANFORD CANCER CENTER ONCOLOGY CLINIC PHARMACY	SIOUX FALLS	SD	37	$260,244.81	$21,687.07	30
43	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	3,986	$258,833.87	$420.18	34
44	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	4,601	$255,202.53	$295.72	36

TOP 100 PHARMACIES BY PAID AMOUNT
202403 - 202405

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
45	WALGREENS #16270	OMAHA	NE	34	$255,039.94	$15,002.35	23
46	RIGHT DOSE PHARMACY	ANKENY	IA	5,695	$253,539.03	$606.55	39
47	WALGREENS #15647	SIOUX CITY	IA	3,614	$250,659.91	$297.34	51
48	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,206	$247,339.67	$710.75	37
49	WALGREENS #7455	WATERLOO	IA	3,808	$245,613.51	$264.38	38
50	WALGREENS #5721	DES MOINES	IA	4,125	$244,889.09	$270.60	43
51	WALGREENS #359	DES MOINES	IA	3,807	$242,550.03	$291.18	41
52	MISSION CANCER + BLOOD	DES MOINES	IA	31	$238,919.28	$19,909.94	94
53	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,487	$238,759.56	$516.80	46
54	MAHASKA DRUGS INC	OSKALOOSA	IA	3,201	$232,581.64	$525.01	47
55	SOUTH SIDE DRUG	OTTUMWA	IA	2,869	$223,516.95	$607.38	48
56	EXPRESS SCRIPTS SPECIALTY DIST SVCS	SAINT LOUIS	MO	18	$219,063.88	$27,382.99	149
57	GENOA HEALTHCARE, LLC	MARSHALLTOWN	IA	852	$217,962.83	$2,247.04	74
58	ALLIANCERX WALGREENS PHARMACY #16287	PITTSBURGH	PA	8	$213,057.67	$71,019.22	73
59	WAGNER PHARMACY	CLINTON	IA	2,429	$212,769.11	$847.69	55
60	CAREMARK LLC, DBA CVS/SPECIALTY	REDLANDS	CA	11	$212,172.11	$70,724.04	63
61	MAYO CLINIC PHARMACY	ROCHESTER	MN	24	$201,086.73	$22,342.97	82
62	WALMART PHARMACY 10-0559	MUSCATINE	IA	2,908	$200,092.51	$473.03	66
63	FOUNDATION CARE LLC	EARTH CITY	MO	19	$200,006.03	$28,572.29	227
64	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	2,267	$195,931.15	$584.87	69
65	HY-VEE PHARMACY (1241)	HARLAN	IA	1,896	$194,100.39	$624.12	90
66	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,636	$193,817.66	$648.22	44
67	HY-VEE PHARMACY (1449)	NEWTON	IA	2,712	$193,348.82	$456.01	53
68	EXACTCARE	VALLEY VIEW	OH	2,342	$190,434.20	$1,813.66	62
69	HY-VEE PHARMACY (1396)	MARION	IA	2,214	$190,052.22	$536.87	54
70	WALGREENS #7453	DES MOINES	IA	3,476	$190,011.08	$274.98	75
71	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,418	$187,096.73	$509.80	80
72	ACCREDO HEALTH GROUP INC	ORLANDO	FL	69	$183,944.99	$9,197.25	71
73	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	2,470	$182,155.48	$473.13	65
74	WALMART PHARMACY 10-3590	SIOUX CITY	IA	2,174	$182,112.08	$431.55	86
75	DANIEL PHARMACY	FT DODGE	IA	2,331	$182,014.12	$558.33	78
76	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	2,483	$179,780.09	$453.99	84
77	STANGEL PHARMACY	ONAWA	IA	1,982	$179,007.58	$727.67	49
78	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	4,004	$178,910.66	$253.41	88
79	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	2,012	$175,638.96	$593.37	67
80	AVERA SPECIALTY PHARMACY	SIOUX FALLS	SD	54	$175,558.50	$7,979.93	119
81	INFOCUS PHARMACY SERVICES LLC	DUBUQUE	IA	1,486	$175,416.23	$839.31	290
82	WALGREENS #3700	COUNCIL BLUFFS	IA	3,308	$173,664.07	$274.35	77
83	CVS PHARMACY #08544	WATERLOO	IA	2,949	$172,572.73	$367.18	99
84	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,282	$169,705.70	$407.95	95
85	WALMART PHARMACY 10-1621	CENTERVILLE	IA	1,714	$168,392.56	$657.78	72
86	UNION PHARMACY	COUNCIL BLUFFS	IA	2,152	$166,846.41	$999.08	76
87	SOLEO HEALTH INC.	WOODRIDGE	IL	4	$166,234.08	$166,234.08	58
88	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	2,845	$163,664.01	$403.11	104

TOP 100 PHARMACIES BY PAID AMOUNT
202403 - 202405

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
89	THOMPSON DEAN DRUG	SIOUX CITY	IA	1,885	$162,298.57	$780.28	105
90	ALL CARE HEALTH CENTER	COUNCIL BLUFFS	IA	1,413	$161,522.08	$1,368.83	111
91	WALMART PHARMACY 10-0985	FAIRFIELD	IA	2,175	$159,966.71	$450.61	91
92	MEDICAP PHARMACY	AMES	IA	1,146	$157,163.04	$1,343.27	123
93	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	2,157	$157,011.45	$532.24	89
94	GENOA HEALTHCARE, LLC	FORT DODGE	IA	869	$156,925.92	$2,120.62	60
95	JUNE E. NYLEN CANCER CENTER	SIOUX CITY	IA	17	$156,580.32	$26,096.72	112
96	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,702	$156,429.18	$358.78	100
97	HY-VEE PHARMACY (1075)	CLINTON	IA	2,549	$154,798.94	$382.22	68
98	WALGREENS #4041	DAVENPORT	IA	2,726	$153,146.95	$254.40	93
99	WALGREENS #5470	SIOUX CITY	IA	2,440	$152,276.41	$336.15	108
100	WALMART PHARMACY 10-0581	MARSHALLTOWN	IA	1,337	$150,598.31	$545.65	70

TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT

202403 - 202405

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
1	1982605762	Jeffrey Wilharm	$110,836.69	1,626	15.79	2
2	1396289229	Jesse Becker	$90,480.54	1,430	8.31	1
3	1659358620	Carlos Castillo	$38,278.37	1,119	7.66	3
4	1356359871	Rhea Hartley	$90,505.67	1,106	4.50	4
5	1356788616	Ted Bonebrake	$72,441.73	970	21.09	14
6	1013115369	Bobbita Nag	$46,194.98	952	5.32	15
7	1770933046	Shelby Biller	$134,808.38	942	7.36	5
8	1467502286	Charles Tilley	$139,536.88	932	7.52	8
9	1134854128	Dzevida Pandzic	$61,152.24	906	5.49	20
10	1457584740	Eric Meyer	$83,288.69	902	6.58	13
11	1124006770	Wook Kim	$32,902.82	901	9.01	6
12	1528365277	Mina Salib	$587,691.72	900	4.84	34
13	1801998372	Wendy Hansen-Penman	$24,055.24	859	11.01	10
14	1164538674	Joseph Wanzek	$80,182.63	854	10.17	11
15	1437238110	Genevieve Nelson	$46,642.95	844	9.70	16
16	1205393386	Jessica Hudspeth	$76,457.90	842	8.51	37
17	1275763047	Rebecca Bowman	$129,549.95	835	7.80	7
18	1902912538	Christian Jones	$48,168.18	830	6.29	17
19	1821268335	Jacqueline Mcinnis	$95,133.48	819	10.37	19
20	1316356496	Kimberly Roberts	$45,149.33	809	7.35	22
21	1619153137	Joada Best	$51,733.29	794	6.96	41
22	1902358443	Melissa Konken	$120,438.92	781	7.73	27
23	1043211303	Ali Safdar	$80,571.65	772	5.68	9
24	1629036546	Anita Simison	$45,267.14	767	4.76	38
25	1467907394	Cynthia Coenen	$89,986.90	764	8.78	28
26	1902478811	Joan Anderson	$196,986.80	759	8.07	12
27	1992103386	Melissa Larsen	$51,390.18	757	7.57	21
28	1538368170	Christopher Matson	$27,344.13	756	7.49	18
29	1538149042	Eric Petersen	$23,175.79	744	6.53	73
30	1982030946	Jacklyn Besch	$25,756.66	740	6.49	24
31	1609218304	Amanda Garr	$145,092.69	734	7.20	35
32	1184657603	Sara Rygol	$81,731.15	718	7.98	29
33	1215125216	Rebecca Walding	$73,644.96	715	8.13	31
34	1043703887	Tenaea Jeppeson	$92,685.56	710	8.45	43
35	1922455096	Dean Guerdet	$66,758.94	706	6.99	30
36	1184056822	Abby Kolthoff	$290,973.91	705	5.60	75
37	1649248378	Kathleen Wild	$26,769.13	695	7.16	47
38	1528329398	Erin Rowan	$28,645.95	678	6.58	32
39	1457914657	Seema Antony	$61,506.10	662	6.76	36
40	1316471154	Nicole Woolley	$29,885.70	662	7.04	33
41	1134191018	Dustin Smith	$20,268.00	661	6.06	46
42	1053630640	Jennifer Donovan	$103,201.26	659	8.56	23
43	1386044832	Mary Grieder	$53,643.79	657	9.52	70
44	1144214248	Kristi Walz	$81,339.30	639	9.13	42

TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT

202403 - 202405

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
45	1538157383	David Wenger-Keller	$58,447.30	638	11.60	45
46	1841220290	Kent Kunze	$25,706.65	637	7.24	40
47	1477534279	Edmund Piasecki	$22,870.84	627	7.29	58
48	1477926434	Jackie Shipley	$38,396.15	622	4.98	39
49	1154779460	Molly Eichenberger	$26,765.82	614	10.77	44
50	1619380680	Tara Brockman	$38,403.06	612	6.44	60
51	1326013426	Paul Peterson	$29,741.04	610	5.50	64
52	1598786097	Stephanie Gray	$118,395.55	606	7.58	88
53	1760455083	Thomas Schmadeke	$47,258.41	605	6.58	67
54	1417241621	Ashley Mathes	$21,645.07	605	6.37	48
55	1942721584	Shawna Fury	$19,974.22	605	5.93	57
56	1053398800	Steven Scurr	$27,833.45	604	6.29	69
57	1689077018	Stacy Roth	$37,088.51	603	5.97	51
58	1609532373	Erin Fox-Hammel	$37,714.72	602	6.47	49
59	1417941188	Debra Neuharth	$47,944.81	600	5.41	72
60	1972758126	Rebecca Bollin	$24,420.03	598	6.10	54
61	1437209434	Jon Thomas	$28,808.25	595	6.54	86
62	1043434525	Robert Kent	$32,326.57	594	8.74	53
63	1558770974	Marc Baumert	$38,588.71	592	5.15	50
64	1477199198	Sajo Thomas	$116,065.47	589	6.07	25
65	1902596828	Lindsay Harms	$52,219.48	583	8.57	294
66	1649438383	Qadnana Anwar	$41,088.57	583	6.86	59
67	1871105916	Lacie Theis	$39,544.02	582	6.47	109
68	1356754337	Cyndi Mccormick	$128,379.43	579	7.52	91
69	1992402655	Shane Eberhardt	$129,710.68	578	4.94	299
70	1184395162	Danielle Van Oosbree	$101,398.44	577	11.54	26
71	1720698335	Danika Hansen	$67,400.50	575	6.93	62
72	1730849647	Melanie Rock	$23,331.80	575	5.53	158
73	1821333774	Brittni Benda	$46,311.26	569	5.27	82
74	1750845954	Stephanie Giesler	$69,993.45	568	8.74	76
75	1891707832	Lisa Klock	$28,209.99	566	5.44	71
76	1275844649	Katie Campbell	$128,635.04	560	8.12	81
77	1245227099	Donna Dobson Tobin	$77,813.17	559	8.87	97
78	1871021543	Susan Wilson	$72,761.23	559	7.99	112
79	1255823506	Nicole Delagardelle	$96,630.85	551	6.56	68
80	1518567056	Katie Mogensen	$150,148.72	549	7.04	118
81	1912991183	Molly Earleywine	$27,871.06	544	6.33	78
82	1144588476	Rachel Filzer	$73,611.55	541	6.29	84
83	1053963900	Nicole Mcclavy	$50,701.86	541	6.85	121
84	1144900861	Lizabeth Sheets	$138,390.67	540	7.83	2726
85	1679573893	Patty Hildreth	$103,626.99	540	6.92	119
86	1457007270	Lindsay Schock	$58,781.59	534	5.93	165
87	1831731298	Heather Wilson	$24,789.28	534	8.09	102
88	1336252097	Thomas Baer	$24,647.40	534	7.97	52

TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT

202403 - 202405

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
89	1992332563	Stacy Overman	$18,522.66	532	14.38	65
90	1417330069	Benson Hargens	$35,071.81	531	5.65	89
91	1831710987	Margaret Fuller	$34,950.10	531	6.40	98
92	1962418640	Barclay Monaster	$44,398.92	526	5.06	113
93	1063827798	Jeffrey Guse	$28,747.41	525	6.91	110
94	1124389697	Kevin Furness	$22,134.77	525	7.50	94
95	1467465716	Jeffrey Brady	$18,461.33	520	6.50	105
96	1417020595	Matthew Fryzek	$25,479.41	519	16.22	107
97	1356096572	Natasha Lash	$76,941.63	515	10.10	103
98	1356724405	Beth Colon	$48,219.12	515	5.31	85
99	1013191451	Michelle Vandeberg	$34,811.44	513	8.02	168
100	1497276505	Laurie Schultz	$18,478.85	513	6.18	134

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
202403 - 202405

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
1	1295091510	Rebecca Weiner	372	$833,850.08	$2,241.53	1
2	1891146999	Becky Johnson	494	$604,384.13	$1,223.45	4
3	1528365277	Mina Salib	900	$587,691.72	$652.99	5
4	1316934318	Steven Lentz	60	$543,106.20	$9,051.77	2
5	1013126705	Janice Staber	39	$466,960.27	$11,973.34	6
6	1619382942	Eirene Alexandrou	124	$444,072.30	$3,581.23	10
7	1942937388	Carly Trausch	398	$380,325.78	$955.59	8
8	1326410499	Tara Eastvold	357	$360,882.74	$1,010.88	16
9	1417443953	Rodney Clark	391	$342,109.61	$874.96	11
10	1477761328	Amy Calhoun	51	$340,204.66	$6,670.68	3
11	1437121407	Linda Cadaret	99	$338,916.06	$3,423.39	30
12	1326034984	Katherine Mathews	84	$329,272.00	$3,919.90	7
13	1285626390	Kathleen Gradoville	318	$303,796.72	$955.34	9
14	1184056822	Abby Kolthoff	705	$290,973.91	$412.73	20
15	1841607900	Shayla Sanders	120	$263,424.65	$2,195.21	22
16	1700561826	Pedro Hsieh	33	$258,005.74	$7,818.36	12
17	1326211889	James Friedlander	34	$254,029.17	$7,471.45	140
18	1225263833	Lindsay Orris	96	$243,764.46	$2,539.21	21
19	1578958542	Heidi Curtis	142	$240,573.07	$1,694.18	24
20	1669056123	Kama Ausborn	411	$226,854.70	$551.96	13
21	1558808501	Jessica Braksiek	53	$223,064.14	$4,208.76	55
22	1700417169	Courtney Reints	313	$222,974.07	$712.38	14
23	1649419219	Heather Hunemuller	190	$210,793.50	$1,109.44	19
24	1588616171	Heather Thomas	92	$202,555.61	$2,201.69	50
25	1174748180	Mohammad Alsharabati	143	$197,262.84	$1,379.46	32
26	1902478811	Joan Anderson	759	$196,986.80	$259.53	18
27	1487943908	Brittany Bettendorf	95	$187,304.88	$1,971.63	76
28	1588288385	Jenifer Jones	78	$174,015.58	$2,230.97	95
29	1609131770	Sreenath Ganganna	271	$171,789.66	$633.91	60
30	1225143316	Susan Jacobi	108	$168,477.09	$1,559.97	43
31	1952539447	Anthony Fischer	59	$166,396.55	$2,820.28	44
32	1891955423	Leah Siegfried	252	$166,169.23	$659.40	37
33	1174970453	Daniel Hinds	196	$165,050.18	$842.09	160
34	1689646036	Robert Grant	138	$163,678.95	$1,186.08	17
35	1861463275	Donald Wender	23	$163,322.19	$7,100.96	65
36	1386902682	Melissa Willis	104	$162,978.54	$1,567.10	61
37	1912208323	Lisa Meyer	468	$158,935.37	$339.61	118
38	1497201610	Mohaddeseh Sharifzadeh	65	$158,579.28	$2,439.68	100
39	1487648705	Karen Hunke	192	$155,063.77	$807.62	25
40	1538113337	Robert Smith	7	$153,597.68	$21,942.53	35
41	1043565328	Sara Moeller	84	$152,852.44	$1,819.67	47
42	1841673738	Rachel Person	50	$152,077.30	$3,041.55	113
43	1518567056	Katie Mogensen	549	$150,148.72	$273.49	63
44	1134440886	Melissa Wells	100	$149,260.85	$1,492.61	57

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
202403 - 202405

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
45	1093162075	Meghan Ryan	64	$148,191.01	$2,315.48	162
46	1306071915	Thomas Pietras	73	$146,719.39	$2,009.85	51
47	1609218304	Amanda Garr	734	$145,092.69	$197.67	68
48	1265870950	Danita Velasco	3	$144,175.14	$48,058.38	49
49	1558357806	Robin Hayward	90	$142,199.42	$1,579.99	31
50	1659093292	Kathryn Foy	66	$141,123.60	$2,138.24	121
51	1649943689	Jessica Coffey	121	$139,865.92	$1,155.92	48
52	1467502286	Charles Tilley	932	$139,536.88	$149.72	183
53	1144900861	Lizabeth Sheets	540	$138,390.67	$256.28	840
54	1740953439	Wilmar Garcia	119	$137,649.64	$1,156.72	34
55	1205477684	Jenny Mackrill	15	$137,466.00	$9,164.40	384
56	1568097244	Elizabeth Dassow	51	$137,387.20	$2,693.87	62
57	1770933046	Shelby Biller	942	$134,808.38	$143.11	58
58	1285748004	Bruce Hughes	34	$133,996.19	$3,941.06	529
59	1356752067	Kelly Delaney-Nelson	74	$130,985.48	$1,770.07	54
60	1649826140	Taylor Boldt	158	$130,809.78	$827.91	39
61	1730406356	Christina Warren	231	$129,859.11	$562.16	41
62	1992402655	Shane Eberhardt	578	$129,710.68	$224.41	150
63	1275763047	Rebecca Bowman	835	$129,549.95	$155.15	52
64	1275844649	Katie Campbell	560	$128,635.04	$229.71	171
65	1356754337	Cyndi Mccormick	579	$128,379.43	$221.73	56
66	1013205657	Rhonda Dunn	120	$127,414.30	$1,061.79	186
67	1245468768	Thomas Schmidt	86	$126,841.80	$1,474.90	66
68	1376525196	Randolph Rough	81	$126,221.25	$1,558.29	53
69	1386938447	Theresa Czech	235	$124,267.64	$528.80	325
70	1467449579	Brian Wayson	64	$122,785.85	$1,918.53	29
71	1891055612	Zeeshan Jawa	35	$122,739.70	$3,506.85	46
72	1366826109	Alyssa Mrsny	100	$122,013.04	$1,220.13	79
73	1902358443	Melissa Konken	781	$120,438.92	$154.21	104
74	1194945691	Anjali Sharathkumar	32	$119,423.05	$3,731.97	36
75	1598786097	Stephanie Gray	606	$118,395.55	$195.37	70
76	1912979261	David Visokey	160	$118,232.82	$738.96	109
77	1861876526	Nibash Budhathoki	19	$117,803.80	$6,200.20	84
78	1023108701	Ronald Zolty	29	$116,689.26	$4,023.77	99
79	1477199198	Sajo Thomas	589	$116,065.47	$197.06	71
80	1588618359	Barbara Burkle	85	$115,445.68	$1,358.18	88
81	1609003011	John Bernat	5	$115,072.84	$23,014.57	33
82	1477142289	Andrea Johnson	495	$112,817.23	$227.91	107
83	1114214541	Dimah Saade	51	$111,803.57	$2,192.23	165
84	1386084747	Jennifer Condon	168	$110,964.51	$660.50	116
85	1982605762	Jeffrey Wilharm	1,626	$110,836.69	$68.17	127
86	1275836751	Holly Kramer	118	$110,561.77	$936.96	96
87	1134249832	Steven Craig	74	$109,653.14	$1,481.80	80
88	1992810956	Christopher Ronkar	37	$109,391.19	$2,956.52	133

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT

202403 - 202405

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
89	1497903520	Joseph Nahas	22	$108,089.78	$4,913.17	136
90	1245353242	Sandy Hong	110	$107,288.32	$975.35	27
91	1104012996	Venkatesh Rudrapatna	61	$107,103.84	$1,755.80	83
92	1669544581	Konstantinos Papadakis	4	$106,686.44	$26,671.61	281
93	1932141660	Steven Polyak	26	$106,336.12	$4,089.85	190
94	1720036353	Erik Swenson	65	$106,252.27	$1,634.65	101
95	1437147386	Douglas Hornick	32	$106,215.78	$3,319.24	154
96	1891754404	David Spector	31	$105,627.06	$3,407.32	263
97	1578132940	Alec Steils	330	$104,340.24	$316.18	74
98	1356753859	Katie Lutz	34	$104,303.87	$3,067.76	91
99	1235124074	Douglas Hanson	248	$103,930.51	$419.07	260
100	1679573893	Patty Hildreth	540	$103,626.99	$191.90	89

TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

	202312 - 202402			202403 - 202405			
CATEGORY DESCRIPTION	**PREVIOUS TOTAL COST**	**PREVIOUS RANK**	**PREVIOUS % BUDGET**	**CURRENT TOTAL COST**	**CURRENT RANK**	**CURRENT % BUDGET**	**% CHANGE**
ANTIDIABETICS	$10,221,617.74	1	13.61 %	$9,953,864.58	1	12.90 %	-0.72 %
ANTIPSYCHOTICS/ANTIMANIC AGENTS	$8,221,139.25	2	10.95 %	$8,865,565.29	2	11.49 %	0.54 %
ANALGESICS - ANTI-INFLAMMATORY	$6,710,631.49	3	8.94 %	$6,990,856.26	3	9.06 %	0.12 %
DERMATOLOGICALS	$6,570,447.85	4	8.75 %	$6,705,063.14	4	8.69 %	-0.06 %
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	$4,690,473.06	5	6.25 %	$4,503,918.22	5	5.84 %	-0.41 %
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	$3,685,049.24	6	4.91 %	$4,214,759.09	6	5.46 %	0.55 %
ANTIVIRALS	$3,668,275.84	7	4.89 %	$3,520,394.26	7	4.56 %	-0.32 %
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	$3,016,075.21	8	4.02 %	$3,287,228.56	8	4.26 %	0.24 %
RESPIRATORY AGENTS - MISC.	$2,481,933.39	9	3.31 %	$2,789,196.01	9	3.61 %	0.31 %
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC	$2,354,383.24	11	3.14 %	$2,668,252.44	10	3.46 %	0.32 %
ANTICONVULSANTS	$2,029,395.26	12	2.70 %	$2,160,436.69	11	2.80 %	0.10 %
ENDOCRINE AND METABOLIC AGENTS - MISC.	$2,416,111.06	10	3.22 %	$2,148,391.01	12	2.78 %	-0.43 %
HEMATOLOGICAL AGENTS - MISC.	$1,962,418.94	13	2.61 %	$1,953,709.28	13	2.53 %	-0.08 %
MIGRAINE PRODUCTS	$1,748,489.70	15	2.33 %	$1,887,430.57	14	2.45 %	0.12 %
ANTIDEPRESSANTS	$1,797,034.70	14	2.39 %	$1,839,051.37	15	2.38 %	-0.01 %
CARDIOVASCULAR AGENTS - MISC.	$1,202,369.95	17	1.60 %	$1,503,942.36	16	1.95 %	0.35 %
ANTICOAGULANTS	$1,370,133.84	16	1.82 %	$1,408,899.77	17	1.83 %	0.00 %
GASTROINTESTINAL AGENTS - MISC.	$820,507.50	18	1.09 %	$819,773.12	18	1.06 %	-0.03 %
PASSIVE IMMUNIZING AND TREATMENT AGENTS	$715,939.28	19	0.95 %	$657,402.89	19	0.85 %	-0.10 %
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	$622,457.12	21	0.83 %	$622,922.23	20	0.81 %	-0.02 %

TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

	202312 - 202402		202403 - 202405		
CURRENT CATEGORY DESCRIPTION	PREVIOUS CLAIMS	PREVIOUS RANK	CURRENT CLAIMS	CURRENT RANK	% CHANGE
ANTIDEPRESSANTS	93,110	1	93,746	1	0.68 %
ANTICONVULSANTS	39,989	2	40,388	2	1.00 %
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	37,922	3	37,617	3	-0.80 %
ANTIHYPERTENSIVES	36,959	4	37,277	4	0.86 %
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	34,194	6	36,493	5	6.72 %
ANTIDIABETICS	34,228	5	34,784	6	1.62 %
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	31,806	7	32,221	7	1.30 %
ANTIPSYCHOTICS/ANTIMANIC AGENTS	30,927	8	31,367	8	1.42 %
ANTIANXIETY AGENTS	28,624	9	28,602	9	-0.08 %
ANTIHYPERLIPIDEMICS	24,575	10	24,779	10	0.83 %
ANTIHISTAMINES	17,837	13	19,661	11	10.23 %
PENICILLINS	20,491	11	19,280	12	-5.91 %
DERMATOLOGICALS	17,304	14	18,288	13	5.69 %
BETA BLOCKERS	18,162	12	18,153	14	-0.05 %
ANALGESICS - ANTI-INFLAMMATORY	16,982	15	16,778	15	-1.20 %
ANALGESICS - OPIOID	15,951	16	15,767	16	-1.15 %
DIURETICS	13,821	17	13,896	17	0.54 %
THYROID AGENTS	13,523	18	13,536	18	0.10 %
CORTICOSTEROIDS	12,114	19	11,250	19	-7.13 %
MUSCULOSKELETAL THERAPY AGENTS	11,099	20	11,156	20	0.51 %

TOP 100 DRUGS BY PAID AMOUNT

	202312 - 202402		202403 - 202405		
DRUG DESCRIPTION	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	PERCENT CHANGE
Humira Pen	4150331.51	1	4138577.18	1	-0.28 %
Ozempic	2757354.77	2	3175884.23	2	15.18 %
Vraylar	2524513.95	3	2741538.82	3	8.60 %
Trikafta	2063904.64	4	2356818.63	4	14.19 %
Dupixent	1914265.72	5	2135690.97	5	11.57 %
Jardiance	1612121.26	6	1684666.23	6	4.50 %
Invega Sust	1540056	8	1642241.91	7	6.64 %
Biktarvy	1452356.73	9	1582558.3	8	8.96 %
Vyvanse	1118947.45	12	1390198.51	9	24.24 %
Taltz	1262358.2	11	1381369.11	10	9.43 %
Trulicity	1574858.3	7	1302820.53	11	-17.27 %
Stelara	1425828.84	10	1111038.44	12	-22.08 %
Eliquis	940376.8	13	981262.03	13	4.35 %
Rexulti	855739.86	15	883442.79	14	3.24 %
Aristada	865894.68	14	878364.87	15	1.44 %
Ingrezza	560117.88	22	722991.74	16	29.08 %
Strensiq	830627.04	16	693336.66	17	-16.53 %
Nurtec	589871.24	19	660477.51	18	11.97 %
Invega Trinz	539613.63	26	633772.49	19	17.45 %
Enbrel Srclk	519850.27	27	612078.37	20	17.74 %
Farxiga	557077.16	23	588063.74	21	5.56 %
Abilify Main	544457.79	25	585506.08	22	7.54 %
Skyrizi Pen	572520.97	20	538959.53	23	-5.86 %
Spiriva	546414.73	24	537515.62	24	-1.63 %
Trintellix	474900.99	28	515390.45	25	8.53 %
Mounjaro	569618.8	21	511517.14	26	-10.20 %
Symbicort	618222.02	18	505854.56	27	-18.18 %
Caplyta	400122.76	33	501176.94	28	25.26 %
Trelegy	445726.99	29	495618.31	29	11.19 %
Ilaris	332662.83	41	482475.83	30	45.03 %
Mavyret	624226.24	17	474050.76	31	-24.06 %
Entresto	439998.16	30	458227.55	32	4.14 %
Albuterol	400596.1	32	414835.42	33	3.55 %
Xarelto	389621.74	34	385016.28	34	-1.18 %
Austedo	306379.19	46	362066.97	35	18.18 %
Ajovy	340851.97	40	361206.32	36	5.97 %

TOP 100 DRUGS BY PAID AMOUNT

	202312 - 202402		202403 - 202405		
DRUG DESCRIPTION	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	PERCENT CHANGE
Lybalvi	351253.78	37	353533.64	37	0.65 %
Altuviiio	341030.4	39	343476	38	0.72 %
Januvia	324965.04	43	340718.28	39	4.85 %
Jornay Pm	297430.39	48	324605.49	40	9.14 %
Xifaxan	330797.85	42	323661.05	41	-2.16 %
Concerta	290967.97	50	321663.29	42	10.55 %
Humira	377411.1	35	320043.93	43	-15.20 %
Lisdexamfeta	283953.38	51	302553.8	44	6.55 %
Hizentra	234326	65	297098.62	45	26.79 %
Cabometyx	361580.47	36	293444.35	46	-18.84 %
Cosentyx Pen	318774.97	44	286212.36	47	-10.21 %
Epidiolex	241575.84	63	283881.72	48	17.51 %
Norditropin	207263.38	68	282906.07	49	36.50 %
Methylphenid	279419.44	52	280776.6	50	0.49 %
Ubrelvy	246656.35	59	268705.7	51	8.94 %
Tresiba Flex	253258.97	57	268086.64	52	5.85 %
Kesimpta	269360.81	54	259831.32	53	-3.54 %
Insulin Lisp	244404.25	61	257839.34	54	5.50 %
Linzess	238600.81	64	250612.68	55	5.03 %
Qelbree	201743.29	73	248142.55	56	23.00 %
Advair Hfa	273106.86	53	247206.52	57	-9.48 %
Ruconest	61010.38	224	244020.76	58	299.97 %
Evrysdi	295464.47	49	243615.83	59	-17.55 %
Opsumit	246801.54	58	240268.11	60	-2.65 %
Cosentyx Uno	159285.6	98	237705.14	61	49.23 %
Creon	223248.75	66	235836.66	62	5.64 %
Ventolin Hfa	300543.28	47	231861.42	63	-22.85 %
Quillichew	200341.86	74	228625.48	64	14.12 %
Insulin Aspa	309796.03	45	226857.37	65	-26.77 %
Fintepla	161182.64	96	226855.31	66	40.74 %
Lantus Solos	438808.19	31	225138.98	67	-48.69 %
Rinvoq	204455.71	72	223008.17	68	9.07 %
Ibrance	196343.93	76	222309.42	69	13.22 %
Otezla	160994.73	97	221092.88	70	37.33 %
Uptravi	22570.56	386	216202.75	71	857.90 %
Sofos/velpat	172842.46	89	215353.6	72	24.60 %

TOP 100 DRUGS BY PAID AMOUNT

	202312 - 202402		202403 - 202405		
DRUG DESCRIPTION	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	PERCENT CHANGE
Sprycel	245679.31	60	208632.69	73	-15.08 %
Skyrizi	193801.97	80	208494.93	74	7.58 %
Adempas	167099.04	93	207684.96	75	24.29 %
Wakix	194692.41	77	202014.9	76	3.76 %
Aimovig	193934.66	79	200090.95	77	3.17 %
Alprolix	123425.48	129	199565.23	78	61.69 %
Descovy	205860.38	70	195538.86	79	-5.01 %
Amphet/dextr	183006.74	84	194317.24	80	6.18 %
Pulmozyme	189605.85	81	192552.58	81	1.55 %
Jynarque	205930.5	69	192101.4	82	-6.72 %
Xywav	82761.9	191	191685.32	83	131.61 %
Tremfya	156951.67	99	189210.2	84	20.55 %
Verzenio	181531.75	85	188227.28	85	3.69 %
Adynovate	212946.52	67	187913.84	86	-11.76 %
Ravicti	178765.52	86	182185.52	87	1.91 %
Atorvastatin	170750.47	91	170307.56	88	-0.26 %
Qulipta	134438.54	114	170166.52	89	26.58 %
Sertraline	167381.65	92	169526.33	90	1.28 %
Hemlibra	242735.86	62	167882.66	91	-30.84 %
Azstarys	150863.34	102	166247.05	92	10.20 %
Amoxicillin	177191.56	87	165413.14	93	-6.65 %
Eloctate	126218.58	124	164339.52	94	30.20 %
Anoro Ellipt	156023.4	101	164120.54	95	5.19 %
Actemra	142521.8	106	163108.77	96	14.44 %
Epinephrine	132639.8	116	162003.35	97	22.14 %
Venclexta	135081.86	113	161628.8	98	19.65 %
Daybue	265901.52	55	159084.74	99	-40.17 %
Omeprazole	156635.07	100	158080.08	100	0.92 %

TOP 100 DRUGS BY PRESCRIPTION COUNT

	202312 - 202402		202403 - 202405		
DRUG DESCRIPTION	PREVIOUS PRESCRIPTION COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	PERCENT CHANGE
Atorvastatin	14,733	1	14,785	1	0.35 %
Sertraline	14,466	2	14,728	2	1.81 %
Omeprazole	14,365	3	14,460	3	0.66 %
Amoxicillin	13,863	4	13,082	4	-5.63 %
Albuterol	13,098	5	13,025	5	-0.56 %
Levothyroxin	12,440	6	12,491	6	0.41 %
Trazodone	12,079	7	12,189	7	0.91 %
Fluoxetine	11,229	10	11,648	8	3.73 %
Lisinopril	11,591	8	11,428	9	-1.41 %
Escitalopram	11,365	9	11,406	10	0.36 %
Cetirizine	9,822	14	11,113	11	13.14 %
Metformin	10,863	11	10,968	12	0.97 %
Bupropn Hcl	10,683	12	10,836	13	1.43 %
Gabapentin	10,293	13	10,193	14	-0.97 %
Amphet/dextr	8,804	15	9,344	15	6.13 %
Montelukast	7,649	21	8,416	16	10.03 %
Amlodipine	8,479	16	8,373	17	-1.25 %
Buspirone	8,117	17	8,194	18	0.95 %
Hydroxyz Hcl	8,009	19	8,173	19	2.05 %
Methylphenid	7,368	24	7,991	20	8.46 %
Duloxetine	8,041	18	7,954	21	-1.08 %
Ondansetron	7,679	20	7,511	22	-2.19 %
Pantoprazole	7,477	22	7,453	23	-0.32 %
Quetiapine	7,465	23	7,376	24	-1.19 %
Clonidine	7,013	26	7,175	25	2.31 %
Guanfacine	6,414	30	6,845	26	6.72 %
Metoprol Suc	6,631	29	6,685	27	0.81 %
Aripiprazole	6,707	28	6,651	28	-0.83 %
Venlafaxine	6,925	27	6,588	29	-4.87 %
Prednisone	7,037	25	6,528	30	-7.23 %
Hydroco/apap	6,146	31	6,200	31	0.88 %
Lamotrigine	6,021	32	6,056	32	0.58 %
Famotidine	5,500	35	5,766	33	4.84 %
Losartan Pot	5,779	34	5,763	34	-0.28 %
Fluticasone	5,181	38	5,600	35	8.09 %
Amox/k Clav	5,886	33	5,478	36	-6.93 %
Loratadine	5,062	40	5,340	37	5.49 %
Cyclobenzapr	5,271	37	5,307	38	0.68 %
Topiramate	5,050	41	5,291	39	4.77 %
Ibuprofen	5,450	36	5,263	40	-3.43 %
Aspirin Low	4,942	42	4,821	41	-2.45 %
Alprazolam	4,837	43	4,725	42	-2.32 %
Propranolol	4,558	47	4,632	43	1.62 %

TOP 100 DRUGS BY PRESCRIPTION COUNT

	202312 - 202402		202403 - 202405		
DRUG DESCRIPTION	PREVIOUS PRESCRIPTION COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	PERCENT CHANGE
Clonazepam	4,786	44	4,566	44	-4.60 %
Azithromycin	5,169	39	4,501	45	-12.92 %
Rosuvastatin	4,215	49	4,386	46	4.06 %
Cefdinir	4,713	45	4,366	47	-7.36 %
Risperidone	4,217	48	4,331	48	2.70 %
Cephalexin	3,970	52	4,290	49	8.06 %
Meloxicam	4,021	50	4,043	50	0.55 %
Vyvanse	3,381	56	4,011	51	18.63 %
Hydrochlorot	4,002	51	3,970	52	-0.80 %
Furosemide	3,709	53	3,762	53	1.43 %
Spironolact	3,639	54	3,705	54	1.81 %
Ozempic	3,121	61	3,567	55	14.29 %
Ventolin Hfa	4,645	46	3,564	56	-23.27 %
Lorazepam	3,531	55	3,410	57	-3.43 %
Mirtazapine	3,367	57	3,408	58	1.22 %
Prazosin Hcl	3,320	58	3,350	59	0.90 %
Levetiraceta	3,248	60	3,313	60	2.00 %
Triamcinolon	2,961	64	3,271	61	10.47 %
Tramadol Hcl	3,300	59	3,172	62	-3.88 %
Jardiance	2,996	63	3,154	63	5.27 %
Folic Acid	3,058	62	2,992	64	-2.16 %
Amitriptylin	2,879	67	2,894	65	0.52 %
Hydroxyz Pam	2,893	66	2,844	66	-1.69 %
Acetamin	2,807	69	2,823	67	0.57 %
Ferosul	2,617	72	2,741	68	4.74 %
Citalopram	2,751	70	2,740	69	-0.40 %
Lantus Solos	2,374	81	2,732	70	15.08 %
Fluconazole	2,690	71	2,701	71	0.41 %
Doxycyc Mono	2,900	65	2,700	72	-6.90 %
Prednisolone	2,822	68	2,661	73	-5.71 %
Pregabalin	2,551	75	2,560	74	0.35 %
Oxycodone	2,531	77	2,543	75	0.47 %
Olanzapine	2,426	80	2,536	76	4.53 %
Divalproex	2,496	78	2,528	77	1.28 %
Metronidazol	2,561	74	2,514	78	-1.84 %
Metoprol Tar	2,585	73	2,469	79	-4.49 %
Atomoxetine	2,214	86	2,463	80	11.25 %
Valacyclovir	2,533	76	2,412	81	-4.78 %
Tizanidine	2,453	79	2,406	82	-1.92 %
Pot Chloride	2,299	83	2,325	83	1.13 %
Symbicort	2,229	85	2,287	84	2.60 %
Baclofen	2,237	84	2,286	85	2.19 %
Clindamycin	1,973	94	2,098	86	6.34 %

TOP 100 DRUGS BY PRESCRIPTION COUNT

	202312 - 202402		202403 - 202405		
DRUG DESCRIPTION	**PREVIOUS PRESCRIPTION COUNT**	**PREVIOUS RANK**	**CURRENT PRESCRIPTION COUNT**	**CURRENT RANK**	**PERCENT CHANGE**
Insulin Lisp	2,075	88	2,098	87	1.11 %
Vraylar	1,961	95	2,094	88	6.78 %
Tamsulosin	2,126	87	2,066	89	-2.82 %
Polyeth Glyc	2,050	91	2,044	90	-0.29 %
Carvedilol	2,063	90	2,038	91	-1.21 %
Diclofenac	2,030	92	2,006	92	-1.18 %
Naproxen	2,003	93	1,980	93	-1.15 %
Eliquis	1,896	96	1,923	94	1.42 %
Lisdexamfeta	2,359	82	1,909	95	-19.08 %
Zolpidem	1,836	98	1,860	96	1.31 %
Lisinop/hctz	1,866	97	1,855	97	-0.59 %
Oxcarbazepin	1,740	101	1,850	98	6.32 %
Polymyxin B/	1,628	107	1,822	99	11.92 %
Mupirocin	1,709	102	1,776	100	3.92 %

Quarterly Monthly Statistics			
CATEGORY	**December 2023 / February 2024**	**March 2024 / May 2024**	**% CHANGE**
TOTAL PAID AMOUNT	$96,849,163	$98,955,499	2.2%
UNIQUE USERS	111,174	108,084	-2.8%
COST PER USER	$871.15	$915.54	5.1%
TOTAL PRESCRIPTIONS	862,078	861,255	-0.1%
AVERAGE PRESCRIPTIONS PER USER	7.75	7.97	2.8%
AVERAGE COST PER PRESCRIPTION	$112.34	$114.90	2.3%
# GENERIC PRESCRIPTIONS	768,161	769,419	0.2%
% GENERIC	89.11%	89.34%	0.3%
$ GENERIC	$13,258,979	$13,430,820	1.3%
AVERAGE GENERIC PRESCRIPTION COST	$17.26	$17.46	1.1%
AVERAGE GENERIC DAYS SUPPLY	25.59	25.75	0.6%
# BRAND PRESCRIPTIONS	93,917	91,836	-2.2%
% BRAND	10.89%	10.66%	-2.1%
$ BRAND	$83,590,184	$85,524,679	2.3%
AVERAGE BRAND PRESCRIPTION COST	$890.04	$931.28	4.6%
AVERAGE BRAND DAYS SUPPLY	26.98	27.52	2.0%

UTILIZATION BY AGE		
AGE	December 2023 / February 2024	March 2024 / May 2024
0-6	39,928	37,940
7-12	58,651	60,396
13-18	80,749	81,488
19-64	682,655	681,362
65+	8,819	8,452
TOTAL	870,802	869,638

	UTILIZATION BY GENDER AND AGE		
GENDER	AGE	December 2023 / February 2024	March 2024 / May 2024
F	0-6	17,423	16,289
	7-12	22,739	23,716
	13-18	41,889	42,529
	19-64	453,882	454,177
	65+	5,557	5,462
	Gender Total	541,490	542,173
M	0-6	22,505	21,651
	7-12	35,912	36,680
	13-18	38,860	38,959
	19-64	228,773	227,185
	65+	3,262	2,990
	Gender Total	329,312	327,465
Grand Total		870,802	869,638

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
March 2024 / May 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	12,874	$6,224,387.71	$483.49	1
2	WALGREENS #4405	COUNCIL BLUFFS	IA	8,400	$646,031.93	$76.91	2
3	WALGREENS #5239	DAVENPORT	IA	7,554	$401,632.98	$53.17	3
4	WALGREENS #5042	CEDAR RAPIDS	IA	6,958	$479,783.55	$68.95	4
5	RIGHT DOSE PHARMACY	ANKENY	IA	6,022	$228,252.64	$37.90	5
6	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	5,730	$490,178.84	$85.55	6
7	HY-VEE PHARMACY (1075)	CLINTON	IA	4,826	$346,560.07	$71.81	8
8	DRILLING PHARMACY	SIOUX CITY	IA	4,793	$358,435.72	$74.78	9
9	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,733	$308,643.50	$65.21	13
10	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	4,592	$284,397.44	$61.93	10
11	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	4,512	$297,999.59	$66.05	7
12	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	4,448	$303,314.30	$68.19	11
13	WALGREENS #5721	DES MOINES	IA	4,441	$297,064.11	$66.89	12
14	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	4,409	$241,239.52	$54.72	17
15	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	4,405	$255,699.42	$58.05	15
16	WALGREENS #359	DES MOINES	IA	4,285	$239,843.41	$55.97	18
17	HARTIG PHARMACY SERVICES	DUBUQUE	IA	4,232	$332,242.66	$78.51	14
18	WALGREENS #4041	DAVENPORT	IA	4,156	$212,270.07	$51.08	19
19	WALGREENS #7453	DES MOINES	IA	4,153	$200,886.40	$48.37	22
20	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	4,117	$208,402.63	$50.62	20
21	WALMART PHARMACY 10-1509	MAQUOKETA	IA	4,067	$313,283.06	$77.03	16
22	WALGREENS #7455	WATERLOO	IA	3,981	$206,946.87	$51.98	23

23	NELSON FAMILY PHARMACY	FORT MADISON	IA	3,970	$340,440.36	$85.75	24
24	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	3,916	$399,887.68	$102.12	25
25	WALGREENS #15647	SIOUX CITY	IA	3,873	$264,068.07	$68.18	21
26	NUCARA LTC PHARMACY #3	IOWA CITY	IA	3,834	$123,777.76	$32.28	32
27	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,612	$212,106.49	$58.72	30
28	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	3,583	$243,399.36	$67.93	29
29	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,575	$248,705.77	$69.57	28
30	WALGREENS #3700	COUNCIL BLUFFS	IA	3,566	$229,271.43	$64.29	26
31	UI HEALTHCARE - IOWA RIVER LANDING PHARMACY	CORALVILLE	IA	3,475	$130,221.83	$37.47	36
32	WALGREENS #9708	DUBUQUE	IA	3,465	$213,389.95	$61.58	27
33	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	3,383	$303,069.00	$89.59	38
34	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	3,317	$110,474.01	$33.31	31
35	HY-VEE PHARMACY (1449)	NEWTON	IA	3,291	$193,717.72	$58.86	33
36	WALGREENS #11942	DUBUQUE	IA	3,126	$193,651.52	$61.95	34
37	HY-VEE PHARMACY (1396)	MARION	IA	3,123	$224,785.56	$71.98	35
38	WAGNER PHARMACY	CLINTON	IA	3,105	$220,329.90	$70.96	39
39	CVS PHARMACY #10282	FORT DODGE	IA	3,101	$168,261.14	$54.26	44
40	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	3,054	$181,989.58	$59.59	42
41	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	3,041	$251,180.42	$82.60	55
42	CVS PHARMACY #08658	DAVENPORT	IA	3,005	$216,940.06	$72.19	40
43	MAHASKA DRUGS INC	OSKALOOSA	IA	2,999	$245,039.70	$81.71	47
44	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	2,995	$194,306.15	$64.88	49
45	HY-VEE PHARMACY (1433)	MT PLEASANT	IA	2,986	$192,830.62	$64.58	37
46	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,978	$254,787.84	$85.56	41
47	WALMART PHARMACY 10-2889	CLINTON	IA	2,978	$181,851.40	$61.06	48
48	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,944	$260,545.86	$88.50	46

49	WALMART PHARMACY 10-5115	DAVENPORT	IA	2,921	$207,309.80	$70.97	43
50	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,916	$184,974.76	$63.43	45
51	CVS PHARMACY #08544	WATERLOO	IA	2,850	$162,636.86	$57.07	84
52	LAGRANGE PHARMACY	VINTON	IA	2,844	$218,556.88	$76.85	52
53	UNION PHARMACY	COUNCIL BLUFFS	IA	2,760	$212,880.40	$77.13	70
54	WALMART PHARMACY 10-0985	FAIRFIELD	IA	2,740	$201,267.48	$73.46	50
55	MAIN AT LOCUST PHARMACY AND MEDICAL SUPPLY	DAVENPORT	IA	2,739	$215,082.24	$78.53	53
56	OSTERHAUS PHARMACY	MAQUOKETA	IA	2,707	$155,698.04	$57.52	63
57	WALMART PHARMACY 10-0559	MUSCATINE	IA	2,694	$197,070.33	$73.15	58
58	SCOTT PHARMACY	FAYETTE	IA	2,686	$194,353.61	$72.36	59
59	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	2,653	$181,347.44	$68.36	54
60	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,624	$185,357.08	$70.64	60
61	MERCYONE FOREST PARK PHARMACY	MASON CITY	IA	2,611	$167,280.94	$64.07	77
62	MEDICAP LTC	INDIANOLA	IA	2,600	$70,700.35	$27.19	51
63	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,581	$196,400.12	$76.09	56
64	WALGREENS #3875	CEDAR RAPIDS	IA	2,549	$151,565.73	$59.46	75
65	MEDICAP PHARMACY	KNOXVILLE	IA	2,540	$262,548.16	$103.37	67
66	WALMART PHARMACY 10-0784	MT PLEASANT	IA	2,510	$152,255.93	$60.66	69
67	SOUTH SIDE DRUG	OTTUMWA	IA	2,509	$202,634.40	$80.76	72
68	HY-VEE PHARMACY (1065)	CHARITON	IA	2,504	$153,818.81	$61.43	78
69	WALGREENS #5044	BURLINGTON	IA	2,465	$135,727.87	$55.06	61
70	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	2,455	$205,593.74	$83.74	57
71	COMMUNITY HEALTH CARE PHARMACY	DAVENPORT	IA	2,446	$70,275.29	$28.73	98
72	WALGREENS #5852	DES MOINES	IA	2,433	$158,897.77	$65.31	85
73	HY-VEE PHARMACY (1530)	PLEASANT HILL	IA	2,433	$148,032.83	$60.84	73
74	WALGREENS #3595	DAVENPORT	IA	2,409	$127,250.37	$52.82	68

75	WALMART PHARMACY 10-3394	ATLANTIC	IA	2,405	$151,280.91	$62.90	64
76	DANIEL PHARMACY	FT DODGE	IA	2,396	$170,527.43	$71.17	62
77	HY-VEE PHARMACY (1850)	WASHINGTON	IA	2,393	$158,395.38	$66.19	71
78	HY-VEE PHARMACY (1895)	WINDSOR HEIGHTS	IA	2,362	$137,603.97	$58.26	79
79	WALGREENS #5470	SIOUX CITY	IA	2,357	$196,704.87	$83.46	74
80	HY-VEE DRUGSTORE #5 (7026)	CEDAR RAPIDS	IA	2,355	$164,550.83	$69.87	76
81	WALGREENS #4714	DES MOINES	IA	2,344	$129,648.85	$55.31	94
82	HY-VEE PHARMACY (1382)	LEMARS	IA	2,337	$144,460.60	$61.81	91
83	STANGEL PHARMACY	ONAWA	IA	2,324	$184,259.24	$79.29	66
84	WALGREENS #7452	DES MOINES	IA	2,275	$177,946.97	$78.22	65
85	WALGREENS #7454	ANKENY	IA	2,265	$136,830.97	$60.41	82
86	HY-VEE PHARMACY (1241)	HARLAN	IA	2,250	$194,079.90	$86.26	83
87	HY-VEE PHARMACY #5 (1061)	CEDAR RAPIDS	IA	2,246	$162,340.28	$72.28	92
88	PREFERRED CARE PHARMACY	BETTENDORF	IA	2,245	$172,587.86	$76.88	96
89	HY-VEE PHARMACY #1 (1054)	CEDAR RAPIDS	IA	2,229	$186,544.23	$83.69	81
90	INFOCUS PHARMACY SERVICES LLC	DUBUQUE	IA	2,215	$267,318.55	$120.69	101
91	WALGREENS #12393	CEDAR RAPIDS	IA	2,199	$159,501.09	$72.53	87
92	CVS PHARMACY #10032	MARION	IA	2,188	$130,236.90	$59.52	104
93	HY-VEE PHARMACY (1522)	PERRY	IA	2,175	$155,582.76	$71.53	95
94	HY-VEE PHARMACY #2 (1018)	AMES	IA	2,167	$172,120.71	$79.43	99
95	HY-VEE PHARMACY (1437)	MUSCATINE	IA	2,158	$119,394.28	$55.33	90
96	MEDICAP PHARMACY	NEWTON	IA	2,150	$210,810.75	$98.05	108
97	WALMART PHARMACY 10-0646	ANAMOSA	IA	2,148	$132,465.63	$61.67	86
98	MEDICAP PHARMACY	CRESTON	IA	2,117	$134,888.12	$63.72	106
99	HY-VEE PHARMACY (1271)	INDIANOLA	IA	2,113	$125,310.38	$59.30	100
100	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	2,111	$129,019.00	$61.12	88

TOP 100 PHARMACIES BY PAID AMOUNT
March 2024 / May 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	12,874	$6,224,387.71	$2,709.79	1
2	CVS/SPECIALTY	MONROEVILLE	PA	505	$4,097,822.96	$19,148.71	3
3	CAREMARK KANSAS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	LENEXA	KS	478	$3,499,577.73	$17,239.30	2
4	COMMUNITY, A WALGREENS PHARMACY #16528	DES MOINES	IA	758	$3,175,952.98	$13,400.65	5
5	UNITYPOINT AT HOME	URBANDALE	IA	780	$2,813,511.07	$10,498.18	6
6	CAREMARK ILLINOIS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	MT PROSPECT	IL	264	$2,576,432.22	$30,671.81	4
7	COMMUNITY, A WALGREENS PHARMACY #21250	IOWA CITY	IA	543	$2,114,730.18	$11,430.97	7
8	AMBER SPECIALTY PHARMACY	OMAHA	NE	290	$1,393,166.37	$16,199.61	8
9	CVS PHARMACY #00102	AURORA	CO	133	$1,286,477.68	$25,225.05	9
10	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	1,242	$1,213,186.45	$9,332.20	11
11	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	79	$1,206,623.46	$37,706.98	10
12	CAREMARK LLC, DBA CVS/SPECIALTY	REDLANDS	CA	52	$840,327.50	$49,431.03	14
13	ALLIANCERX WALGREENS PHARMACY #16280	FRISCO	TX	35	$775,395.62	$86,155.07	13
14	WALGREENS #16270	OMAHA	NE	111	$740,161.44	$25,522.81	16
15	ORSINI PHARMACEUTICAL SERVICES LLC	ELK GROVE VILLAGE	IL	41	$691,442.58	$53,187.89	27
16	KROGER SPECIALTY PHARMACY LA	HARVEY	LA	70	$674,938.45	$21,772.21	17
17	WALGREENS #4405	COUNCIL BLUFFS	IA	8,400	$646,031.93	$447.39	18
18	EXPRESS SCRIPTS SPECIALTY DIST SVCS	SAINT LOUIS	MO	36	$546,199.79	$39,014.27	20
19	PANTHERX SPECIALTY PHARMACY	PITTSBURGH	PA	25	$542,702.17	$49,336.56	15
20	BIOLOGICS BY MCKESSON	CARY	NC	28	$536,863.04	$53,686.30	33
21	EVERSANA LIFE SCIENCE SERVICES, LLC	CHESTERFIELD	MO	19	$516,369.08	$86,061.51	21
22	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	5,730	$490,178.84	$904.39	22

23	WALGREENS #5042	CEDAR RAPIDS	IA	6,958	$479,783.55	$359.66	23
24	ANOVORX GROUP LLC	MEMPHIS	TN	46	$473,627.94	$24,927.79	24
25	CR CARE PHARMACY	CEDAR RAPIDS	IA	1,728	$467,688.90	$2,719.12	25
26	MAYO CLINIC PHARMACY	ROCHESTER	MN	89	$455,950.72	$23,997.41	44
27	GENESIS FIRSTMED PHARMACY	DAVENPORT	IA	749	$451,087.29	$2,399.40	31
28	AVERA SPECIALTY PHARMACY	SIOUX FALLS	SD	102	$438,427.42	$16,862.59	41
29	MISSION CANCER + BLOOD	DES MOINES	IA	45	$404,469.72	$26,964.65	19
30	WALGREENS #5239	DAVENPORT	IA	7,554	$401,632.98	$291.88	26
31	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	3,916	$399,887.68	$670.95	29
32	GENOA HEALTHCARE, LLC	DAVENPORT	IA	1,762	$373,584.04	$2,087.06	30
33	THE NEBRASKA MEDICAL CENTER CLINIC PHARMACY	OMAHA	NE	696	$367,582.76	$2,964.38	35
34	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	2,101	$361,726.97	$1,924.08	34
35	DRILLING PHARMACY	SIOUX CITY	IA	4,793	$358,435.72	$902.86	39
36	HY-VEE PHARMACY (1075)	CLINTON	IA	4,826	$346,560.07	$585.41	28
37	ACARIAHEALTH PHARMACY #11	HOUSTON	TX	24	$345,820.24	$38,424.47	58
38	NELSON FAMILY PHARMACY	FORT MADISON	IA	3,970	$340,440.36	$779.04	36
39	HARTIG PHARMACY SERVICES	DUBUQUE	IA	4,232	$332,242.66	$1,064.88	38
40	WALMART PHARMACY 10-1509	MAQUOKETA	IA	4,067	$313,283.06	$528.30	43
41	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,733	$308,643.50	$500.23	46
42	ALLEN CLINIC PHARMACY	WATERLOO	IA	989	$308,483.99	$1,121.76	45
43	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	1,614	$307,215.16	$3,103.18	51
44	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	4,448	$303,314.30	$546.51	37
45	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	3,383	$303,069.00	$660.28	40
46	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	4,512	$297,999.59	$409.34	42
47	WALGREENS #5721	DES MOINES	IA	4,441	$297,064.11	$295.29	48
48	BIOPLUS SPECIALTY PHARMACY SERVICES, LLC	ALTAMONTE SPRINGS	FL	49	$284,638.53	$11,859.94	599

49	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	4,592	$284,397.44	$450.71	47
50	INFOCUS PHARMACY SERVICES LLC	DUBUQUE	IA	2,215	$267,318.55	$1,091.10	55
51	PANTHERX SPECIALTY PHARMACY	PITTSBURGH	PA	26	$266,691.32	$29,632.37	60
52	WALGREENS #15647	SIOUX CITY	IA	3,873	$264,068.07	$328.44	57
53	MEDICAP PHARMACY	KNOXVILLE	IA	2,540	$262,548.16	$1,067.27	54
54	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,944	$260,545.86	$744.42	56
55	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	4,405	$255,699.42	$428.31	50
56	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,978	$254,787.84	$690.48	61
57	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	3,041	$251,180.42	$890.71	86
58	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,575	$248,705.77	$515.99	76
59	OPTUM PHARMACY 702, LLC	JEFFERSONVILLE	IN	53	$245,786.56	$9,453.33	32
60	MAHASKA DRUGS INC	OSKALOOSA	IA	2,999	$245,039.70	$587.63	62
61	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	3,583	$243,399.36	$450.74	49
62	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	4,409	$241,239.52	$427.73	69
63	WALGREENS #359	DES MOINES	IA	4,285	$239,843.41	$267.09	67
64	ONCO360	LOUISVILLE	KY	24	$233,009.52	$29,126.19	97
65	SOLEO HEALTH INC.	WOODRIDGE	IL	2	$232,218.20	$232,218.20	12
66	WALGREENS #3700	COUNCIL BLUFFS	IA	3,566	$229,271.43	$324.29	70
67	RIGHT DOSE PHARMACY	ANKENY	IA	6,022	$228,252.64	$722.32	66
68	HY-VEE PHARMACY (1396)	MARION	IA	3,123	$224,785.56	$502.88	79
69	WAGNER PHARMACY	CLINTON	IA	3,105	$220,329.90	$661.65	53
70	LAGRANGE PHARMACY	VINTON	IA	2,844	$218,556.88	$709.60	83
71	CVS PHARMACY #08658	DAVENPORT	IA	3,005	$216,940.06	$520.24	77
72	FIFIELD PHARMACY	DES MOINES	IA	1,289	$215,796.19	$1,634.82	107
73	MAIN AT LOCUST PHARMACY AND MEDICAL SUPPLY	DAVENPORT	IA	2,739	$215,082.24	$915.24	59
74	WALGREENS #9708	DUBUQUE	IA	3,465	$213,389.95	$262.80	68

75	UNION PHARMACY	COUNCIL BLUFFS	IA	2,760	$212,880.40	$1,018.57	64
76	WALGREENS #4041	DAVENPORT	IA	4,156	$212,270.07	$275.32	73
77	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,612	$212,106.49	$464.13	84
78	MEDICAP PHARMACY	NEWTON	IA	2,150	$210,810.75	$1,054.05	123
79	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	4,117	$208,402.63	$373.48	95
80	WALMART PHARMACY 10-5115	DAVENPORT	IA	2,921	$207,309.80	$508.11	74
81	WALGREENS #7455	WATERLOO	IA	3,981	$206,946.87	$225.68	81
82	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	2,455	$205,593.74	$825.68	96
83	MEDICAP PHARMACY	DES MOINES	IA	1,836	$203,537.21	$1,769.89	117
84	SOUTH SIDE DRUG	OTTUMWA	IA	2,509	$202,634.40	$608.51	82
85	WALMART PHARMACY 10-0985	FAIRFIELD	IA	2,740	$201,267.48	$560.63	88
86	WALGREENS #7453	DES MOINES	IA	4,153	$200,886.40	$275.19	89
87	WALMART PHARMACY 10-0559	MUSCATINE	IA	2,694	$197,070.33	$469.22	109
88	WALGREENS #5470	SIOUX CITY	IA	2,357	$196,704.87	$435.19	121
89	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,581	$196,400.12	$522.34	75
90	HARTIG DRUG CO	DUBUQUE	IA	1,360	$195,158.05	$867.37	255
91	SCOTT PHARMACY	FAYETTE	IA	2,686	$194,353.61	$691.65	101
92	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	2,995	$194,306.15	$500.79	120
93	HY-VEE PHARMACY (1241)	HARLAN	IA	2,250	$194,079.90	$528.83	78
94	HY-VEE PHARMACY (1449)	NEWTON	IA	3,291	$193,717.72	$422.96	63
95	WALGREENS #11942	DUBUQUE	IA	3,126	$193,651.52	$359.28	80
96	HY-VEE PHARMACY (1433)	MT PLEASANT	IA	2,986	$192,830.62	$498.27	72
97	HERITAGE BIOLOGICS, LLC	LEES SUMMIT	MO	2	$190,115.16	$190,115.16	52
98	HY-VEE PHARMACY #2 (1614)	SIOUX CITY	IA	1,893	$189,907.95	$637.28	87
99	ALLIANCERX WALGREENS PHARMACY #15443	FRISCO	TX	16	$189,859.94	$27,122.85	65
100	HY-VEE PHARMACY #1 (1054)	CEDAR RAPIDS	IA	2,229	$186,544.23	$609.62	92

TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
March 2024 / May 2024

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
1	1982605762	Jeffrey Wilharm	$117,016.00	2,609	7.25	1
2	1356096572	Natasha Lash	$207,941.89	1,781	4.07	2
3	1215146055	Rebecca Wolfe	$90,418.39	1,695	2.78	3
4	1467502286	Charles Tilley	$165,132.85	1,625	3.86	4
5	1730434069	Larissa Biscoe	$98,761.22	1,505	3.32	5
6	1467907394	Cynthia Coenen	$185,491.27	1,388	4.18	12
7	1629036546	Anita Simison	$85,387.41	1,348	2.84	9
8	1316356496	Kimberly Roberts	$54,918.27	1,257	3.55	10
9	1063491645	Allyson Wheaton	$96,843.37	1,250	2.40	6
10	1922455096	Dean Guerdet	$80,293.69	1,234	3.59	7
11	1437238110	Genevieve Nelson	$165,622.68	1,226	3.29	8
12	1659358620	Carlos Castillo	$37,625.35	1,204	3.27	19
13	1356359871	Rhea Hartley	$95,757.29	1,193	2.12	24
14	1043434525	Robert Kent	$60,621.68	1,140	3.61	14
15	1770933046	Shelby Biller	$245,024.31	1,117	2.65	13
16	1902478811	Joan Anderson	$310,602.58	1,101	3.28	16
17	1457584740	Eric Meyer	$84,238.25	1,099	2.82	17
18	1790163848	Hesper Nowatzki	$147,954.79	1,080	3.24	23
19	1013499029	Spencer Kissel	$187,670.29	1,055	3.06	11
20	1043418809	Michael Ciliberto	$541,700.26	1,050	2.96	18
21	1982030946	Jacklyn Besch	$51,579.35	1,028	3.28	34
22	1043211303	Ali Safdar	$147,481.21	1,025	2.51	15
23	1902912538	Christian Jones	$60,408.57	1,023	3.19	30

24	1164538674	Joseph Wanzek	$77,476.52	1,011	4.03	20
25	1215184726	Babuji Gandra	$41,637.40	1,003	2.71	29
26	1902850845	Deborah Bahe	$70,597.23	1,000	4.05	21
27	1902358443	Melissa Konken	$166,806.12	994	3.48	32
28	1013115369	Bobbita Nag	$50,252.46	983	2.22	25
29	1205393386	Jessica Hudspeth	$137,283.88	943	4.16	33
30	1316471154	Nicole Woolley	$53,429.25	923	2.85	27
31	1528365277	Mina Salib	$835,232.87	917	2.08	35
32	1609218304	Amanda Garr	$146,439.75	917	3.23	31
33	1437209434	Jon Thomas	$40,089.23	916	2.78	22
34	1215125216	Rebecca Walding	$93,265.91	902	3.88	27
35	1417549932	Amanda McCormick	$92,349.09	865	3.20	60
36	1134191018	Dustin Smith	$51,725.72	862	3.37	48
37	1013639749	Robert Husemann	$79,585.74	858	3.46	36
38	1134854128	Dzevida Pandzic	$56,303.12	855	2.32	86
39	1649248378	Kathleen Wild	$41,381.46	850	2.93	41
40	1275763047	Rebecca Bowman	$153,767.80	842	3.29	40
41	1922144088	Thomas Hopkins	$40,317.78	838	2.68	44
42	1457914657	Seema Antony	$89,460.86	835	3.00	72
43	1992103386	Melissa Larsen	$62,585.29	832	3.03	57
44	1801998372	Wendy Hansen-Penman	$29,680.75	830	3.68	62
45	1538368170	Christopher Matson	$17,625.33	823	3.19	45
46	1477926434	Jackie Shipley	$34,737.62	818	2.90	42
47	1316510324	Sandy Marcus	$43,291.29	815	2.93	38
48	1457007270	Lindsay Schock	$78,077.57	815	2.75	88
49	1558770974	Marc Baumert	$34,525.25	814	2.88	39

50	1255405338	Bryan Netolicky	$123,295.38	811	2.63	37
51	1609532373	Erin Fox-Hammel	$72,290.16	795	3.41	54
52	1609946243	Sina Linman	$44,192.06	793	2.58	47
53	1689077018	Stacy Roth	$53,082.01	791	3.00	46
54	1528329398	Erin Rowan	$37,915.67	785	3.10	52
55	1730849647	Melanie Rock	$28,023.88	785	2.65	113
56	1184657603	Sara Rygol	$88,224.54	769	3.16	61
57	1659420099	Stephen Mandler	$22,751.19	767	9.09	50
58	1053963900	Nicole Mcclavy	$117,587.71	763	3.05	91
59	1386044832	Mary Grieder	$47,421.67	761	5.06	63
60	1275067696	Olaitan Ijitimehin	$38,170.95	758	2.99	75
61	1679573893	Patty Hildreth	$194,655.85	757	3.20	64
62	1619153137	Joada Best	$54,641.59	749	3.32	64
63	1528037082	Rodney Dean	$63,241.89	745	3.80	59
64	1003330036	Evan Peterson	$29,332.35	744	2.86	81
65	1356724405	Beth Colon	$100,176.11	741	2.52	77
66	1538149042	Eric Petersen	$20,657.07	739	3.44	42
67	1144588476	Rachel Filzer	$52,138.42	737	2.88	123
68	1639607757	Michael Gerber	$79,734.59	737	3.30	49
69	1710941000	Laurie Warren	$75,236.97	734	4.11	73
70	1417024993	Stacey Jumbeck	$20,394.56	729	3.19	68
71	1942721584	Shawna Fury	$22,583.95	722	2.91	81
72	1538157383	David Wenger-Keller	$32,628.89	720	4.18	56
73	1396181012	Heather Kruse	$68,365.69	719	4.97	107
74	1992332563	Stacy Overman	$26,683.55	717	6.39	58
75	1477199198	Sajo Thomas	$153,742.89	713	2.92	73

76	1821268335	Jacqueline McInnis	$123,340.37	712	3.69	79
77	1124006770	Wook Kim	$33,940.99	702	3.07	55
78	1144715954	Tiffini Toliver	$45,251.23	699	2.96	71
79	1871105916	Lacie Theis	$36,459.33	698	2.70	51
80	1447680848	Mindy Roberts	$74,784.13	692	2.54	89
81	1790013209	Tracy Tschudi	$96,049.28	691	3.00	86
82	1144214248	Kristi Walz	$81,366.92	690	3.79	66
83	1881008704	Charity Carstensen	$44,305.49	688	4.75	125
84	1598786097	Stephanie Gray	$83,198.20	680	2.78	126
85	1821333774	Brittni Benda	$53,772.56	680	2.12	108
86	1114544681	Rachael Ploessl	$55,242.96	676	2.92	111
87	1902596828	Lindsay Harms	$42,313.51	676	3.99	162
88	1245227099	Donna Dobson Tobin	$84,562.61	669	3.94	106
89	1780877878	Christopher Jacobs	$34,219.09	669	3.52	67
90	1649209933	Richard Blunk	$58,200.23	668	2.05	98
91	1619380680	Tara Brockman	$22,927.59	664	2.33	99
92	1932582988	Dianne Humphrey	$39,128.72	657	3.07	84
93	1588838841	Leenu Mishra	$32,280.34	655	2.60	121
94	1831751908	Kelsey Frame	$71,457.28	650	2.90	78
95	1508946088	Eugene Nightingale	$10,839.18	648	7.22	175
96	1073156295	Kasie Christensen	$75,660.50	643	2.99	124
97	1053630640	Jennifer Donovan	$68,338.41	642	3.22	53
98	1417214321	Leah Brandon	$24,147.78	641	4.68	69
99	1912208323	Lisa Meyer	$87,490.38	641	4.36	119
100	1154790517	Jamie Schumacher	$30,998.01	640	3.14	129

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
March 2024 / May 2024

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
1	1326034984	Katherine Mathews	$1,067,631.60	$12,709.90	84	3
2	1528365277	Mina Salib	$835,232.87	$910.83	917	4
3	1477761328	Amy Calhoun	$794,427.88	$10,056.05	79	5
4	1437121407	Linda Cadaret	$667,634.40	$7,336.64	91	6
5	1417443953	Rodney Clark	$641,882.47	$1,455.52	441	8
6	1043418809	Michael Ciliberto	$541,700.26	$515.91	1050	7
7	1316934318	Steven Lentz	$541,578.95	$15,473.68	35	1
8	1891146999	Becky Johnson	$497,630.69	$1,015.57	490	9
9	1326211889	James Friedlander	$469,004.86	$10,659.20	44	11
10	1023108701	Ronald Zolty	$425,458.33	$4,727.31	90	12
11	1306071915	Thomas Pietras	$409,232.77	$2,421.50	169	13
12	1295091510	Rebecca Weiner	$391,368.30	$1,196.84	327	16
13	1700417169	Courtney Reints	$390,231.05	$1,118.14	349	21
14	1952539447	Anthony Fischer	$356,431.10	$3,020.60	118	30
15	1285626390	Kathleen Gradoville	$348,070.51	$1,074.29	324	17
16	1841632965	Ahmad Al-Huniti	$339,966.30	$30,906.03	11	2
17	1720086523	Mark Cleveland	$319,566.85	$2,188.81	146	15
18	1902478811	Joan Anderson	$310,602.58	$282.11	1101	22
19	1174584072	Bradley Lair	$305,857.00	$4,432.71	69	348
20	1013126705	Janice Staber	$285,516.06	$7,513.58	38	18
21	1821046087	Archana Verma	$278,655.99	$4,159.04	67	26
22	1942937388	Carly Trausch	$278,254.41	$656.26	424	28
23	1447373832	Joshua Wilson	$269,126.91	$6,258.77	43	34

24	1932153830	Michael Stephens	$267,128.26	$24,284.39	11	46
25	1174748180	Mohammad Alsharabati	$264,950.47	$1,372.80	193	19
26	1285748004	Bruce Hughes	$248,245.93	$3,705.16	67	14
27	1770933046	Shelby Biller	$245,024.31	$219.36	1117	25
28	1467449579	Brian Wayson	$237,898.60	$3,304.15	72	60
29	1902191059	Amber Tierney	$235,860.09	$4,367.78	54	35
30	1588616171	Heather Thomas	$233,974.75	$2,720.64	86	23
31	1952420705	Eric Rush	$229,985.52	$57,496.38	4	10
32	1376525196	Randolph Rough	$225,999.17	$1,458.06	155	29
33	1043565328	Sara Moeller	$224,638.75	$2,339.99	96	27
34	1871868984	Hana Niebur	$222,333.67	$3,768.37	59	31
35	1609820240	James Harper	$221,598.69	$12,311.04	18	36
36	1932464971	Kari Ernst	$214,426.85	$2,409.29	89	65
37	1356096572	Natasha Lash	$207,941.89	$116.76	1781	33
38	1144807876	Kathryn Kaufman	$205,875.84	$2,190.17	94	99
39	1659093292	Kathryn Foy	$203,840.84	$2,264.90	90	203
40	1134249832	Steven Craig	$200,918.85	$2,420.71	83	86
41	1508091109	Melissa Muff-Luett	$199,272.72	$7,116.88	28	41
42	1407349442	Sarah Nimri	$199,052.59	$7,962.10	25	73
43	1730293705	Robert Jackson	$195,176.43	$2,710.78	72	43
44	1679573893	Patty Hildreth	$194,655.85	$257.14	757	51
45	1649943689	Jessica Coffey	$188,450.40	$1,128.45	167	70
46	1326410499	Tara Eastvold	$187,732.77	$387.88	484	80
47	1013499029	Spencer Kissel	$187,670.29	$177.89	1055	40
48	1467907394	Cynthia Coenen	$185,491.27	$133.64	1388	69
49	1356445886	Megan Eisel	$183,956.36	$1,558.95	118	20

50	1386084747	Jennifer Condon	$182,450.76	$844.68	216	32
51	1699765826	Joseph Merchant	$178,184.14	$2,375.79	75	114
52	1083011613	Bassel Mohammad Nijres	$177,892.79	$2,403.96	74	45
53	1366858334	Alicia Duyvejonck	$177,352.76	$434.69	408	44
54	1124216676	Wendy Sanders	$174,481.13	$453.20	385	42
55	1184056822	Abby Kolthoff	$174,243.12	$316.81	550	124
56	1104891704	Akshay Mahadevia	$174,038.47	$1,657.51	105	59
57	1588288385	Jenifer Jones	$173,863.36	$1,448.86	120	63
58	1366826109	Alyssa Mrsny	$172,111.77	$1,323.94	130	53
59	1548611841	Adnan Kiani	$168,658.58	$3,922.29	43	350
60	1902358443	Melissa Konken	$166,806.12	$167.81	994	54
61	1689942518	Patria Alba Aponte	$165,774.42	$746.73	222	87
62	1437238110	Genevieve Nelson	$165,622.68	$135.09	1226	62
63	1467502286	Charles Tilley	$165,132.85	$101.62	1625	66
64	1538676150	Megan Dietzel	$163,646.22	$2,727.44	60	52
65	1649419219	Heather Hunemuller	$163,614.84	$973.90	168	37
66	1356752067	Kelly Delaney-Nelson	$158,066.27	$1,491.19	106	74
67	1013978089	Jennifer Bradley	$157,635.43	$257.57	612	67
68	1073722112	Riad Rahhal	$157,231.23	$586.68	268	38
69	1366065047	Brittania Schoon	$156,134.70	$1,577.12	99	56
70	1558673095	Amanda Van Wyk	$155,146.51	$843.19	184	241
71	1285620583	Michael Tansey	$155,127.67	$1,027.34	151	547
72	1740953439	Wilmar Garcia	$154,181.21	$891.22	173	102
73	1275763047	Rebecca Bowman	$153,767.80	$182.62	842	82
74	1477199198	Sajo Thomas	$153,742.89	$215.63	713	139
75	1225263833	Lindsay Orris	$153,728.34	$1,182.53	130	118

76	1437262086	Amy Hughes	$151,498.49	$3,443.15	44	94
77	1669056123	Kama Ausborn	$148,864.84	$351.93	423	81
78	1285710764	Jitendrakumar Gupta	$148,529.93	$542.08	274	68
79	1154307114	Gena Ghearing	$148,071.27	$369.26	401	96
80	1790163848	Hesper Nowatzki	$147,954.79	$137.00	1080	106
81	1043211303	Ali Safdar	$147,481.21	$143.88	1025	47
82	1609218304	Amanda Garr	$146,439.75	$159.69	917	93
83	1558357806	Robin Hayward	$142,575.56	$2,193.47	65	50
84	1184395162	Danielle Van Oosbree	$138,363.88	$225.35	614	95
85	1427178284	Darcy Krueger	$138,100.52	$13,810.05	10	89
86	1205393386	Jessica Hudspeth	$137,283.88	$145.58	943	112
87	1205477684	Jenny Mackrill	$137,261.64	$2,213.90	62	527
88	1174970453	Daniel Hinds	$137,142.04	$601.50	228	721
89	1801405832	Sarah Hiemer	$136,810.06	$829.15	165	859
90	1578958542	Heidi Curtis	$136,686.71	$949.21	144	49
91	1609003011	John Bernat	$135,444.71	$22,574.12	6	101
92	1730406356	Christina Warren	$135,089.73	$894.63	151	156
93	1649826140	Taylor Boldt	$133,481.23	$1,131.20	118	77
94	1013026798	Stephen Grant	$132,233.98	$2,644.68	50	130
95	1912516881	Lauren Rumburg	$132,056.51	$6,288.41	21	728
96	1275836751	Holly Kramer	$131,036.44	$897.51	146	91
97	1477142289	Andrea Johnson	$130,862.97	$232.03	564	110
98	1508291717	Jacob Ridder	$130,679.67	$2,074.28	63	128
99	1972869717	Fadi Alkhatib	$130,150.55	$326.19	399	83
100	1285946566	Hazim Zaghloul	$129,465.47	$1,659.81	78	246

TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

CATEGORY DESCRIPTION	December 2023 / February 2024	RANK	% BUDGET	March 2024 / May 2024	RANK	% BUDGET	% CHANGE
ANTIDIABETICS	$12,263,228	1	12.7%	$12,063,664	1	12.2%	-1.6%
DERMATOLOGICALS	$9,253,668	3	9.6%	$10,679,304	2	10.8%	15.4%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	$9,845,772	2	10.2%	$10,511,581	3	10.6%	6.8%
ANALGESICS - ANTI-INFLAMMATORY	$8,040,597	4	8.3%	$8,322,722	4	8.4%	3.5%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	$5,413,209	6	5.6%	$5,860,032	5	5.9%	8.3%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	$5,809,879	5	6.0%	$5,490,727	6	5.5%	-5.5%
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	$3,625,667	8	3.7%	$3,576,843	7	3.6%	-1.3%
ANTICONVULSANTS	$3,509,087	10	3.6%	$3,571,656	8	3.6%	1.8%
ANTIVIRALS	$3,198,743	11	3.3%	$3,556,891	9	3.6%	11.2%
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	$3,512,504	9	3.6%	$3,450,792	10	3.5%	-1.8%
MIGRAINE PRODUCTS	$2,958,881	13	3.1%	$3,182,717	11	3.2%	7.6%
ENDOCRINE AND METABOLIC AGENTS - MISC.	$3,090,785	12	3.2%	$2,975,256	12	3.0%	-3.7%
RESPIRATORY AGENTS - MISC.	$2,515,937	14	2.6%	$2,720,393	13	2.7%	8.1%
CARDIOVASCULAR AGENTS - MISC.	$2,344,287	15	2.4%	$2,657,481	14	2.7%	13.4%
HEMATOLOGICAL AGENTS - MISC.	$3,819,745	7	3.9%	$2,610,757	15	2.6%	-31.7%
ANTIDEPRESSANTS	$2,304,255	16	2.4%	$2,327,180	16	2.4%	1.0%
ANTICOAGULANTS	$1,638,807	17	1.7%	$1,700,421	17	1.7%	3.8%
GASTROINTESTINAL AGENTS - MISC.	$1,401,106	18	1.4%	$1,483,961	18	1.5%	5.9%
NEUROMUSCULAR AGENTS	$1,026,764	19	1.1%	$1,073,264	19	1.1%	4.5%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	$869,507	20	0.9%	$892,695	20	0.9%	2.7%

TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

CATEGORY DESCRIPTION	December 2023 / February 2024	PREV RANK	March 2024 / May 2024	CURR RANK	% CHANGE
ANTIDEPRESSANTS	114,250	1	114,051	1	-0.2%
ANTICONVULSANTS	50,282	2	50,607	2	0.6%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	44,931	4	46,136	3	2.7%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	46,285	3	45,342	4	-2.0%
ANTIHYPERTENSIVES	44,508	5	44,874	5	0.8%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	40,874	6	41,149	6	0.7%
ANTIDIABETICS	40,511	7	40,752	7	0.6%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	39,426	8	39,617	8	0.5%
ANTIANXIETY AGENTS	34,559	9	34,960	9	1.2%
ANTIHYPERLIPIDEMICS	29,907	10	29,767	10	-0.5%
ANTIHISTAMINES	23,627	11	25,144	11	6.4%
DERMATOLOGICALS	20,524	14	21,704	12	5.7%
BETA BLOCKERS	21,357	13	21,218	13	-0.7%
ANALGESICS - ANTI-INFLAMMATORY	19,940	15	19,855	14	-0.4%
PENICILLINS	21,542	12	19,641	15	-8.8%
ANALGESICS - OPIOID	18,247	16	18,079	16	-0.9%
DIURETICS	16,579	18	16,751	17	1.0%
THYROID AGENTS	16,781	17	16,675	18	-0.6%
MUSCULOSKELETAL THERAPY AGENTS	13,701	20	13,494	19	-1.5%
CORTICOSTEROIDS	13,764	19	12,690	20	-7.8%

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	December 2023 / February 2024	RANK	March 2024 / May 2024	RANK	% CHANGE
HUMIRA(CF) PEN	$4,734,310	1	$4,637,851	1	-2.0%
OZEMPIC	$3,367,914	2	$4,000,672	2	18.8%
VRAYLAR	$3,081,156	3	$3,416,436	3	10.9%
STELARA	$2,183,334	4	$2,501,882	4	14.6%
TRIKAFTA	$2,036,451	5	$2,251,771	5	10.6%
INVEGA SUSTENNA	$1,939,919	7	$2,035,869	6	4.9%
JARDIANCE	$1,893,264	8	$1,987,445	7	5.0%
VYVANSE	$1,705,277	9	$1,873,568	8	9.9%
DUPIXENT PEN	$1,449,496	10	$1,789,131	9	23.4%
TRULICITY	$1,997,202	6	$1,543,070	10	-22.7%
BIKTARVY	$1,284,183	11	$1,283,996	11	0.0%
TALTZ AUTOINJECTOR	$1,141,826	14	$1,269,800	12	11.2%
REXULTI	$1,159,188	13	$1,209,613	13	4.4%
ELIQUIS	$1,124,501	16	$1,158,579	14	3.0%
SKYRIZI PEN	$1,182,053	12	$1,129,600	15	-4.4%
NURTEC ODT	$894,783	17	$1,020,872	16	14.1%
DUPIXENT SYRINGE	$755,083	22	$851,452	17	12.8%
MOUNJARO	$825,571	19	$814,660	18	-1.3%
ARISTADA	$771,554	21	$792,935	19	2.8%
INGREZZA	$824,270	20	$781,621	20	-5.2%
ABILIFY MAINTENA	$670,632	25	$759,645	21	13.3%
EVRYSDI	$726,093	23	$742,927	22	2.3%
TREMFYA	$639,260	27	$719,603	23	12.6%
TRINTELLIX	$701,410	24	$705,968	24	0.6%

WAKIX	$496,635	38	$675,759	25	36.1%
EPIDIOLEX	$634,690	28	$658,706	26	3.8%
TRELEGY ELLIPTA	$566,160	32	$637,332	27	12.6%
ENBREL SURECLICK	$539,232	34	$618,618	28	14.7%
FARXIGA	$539,422	33	$590,104	29	9.4%
CAPLYTA	$502,464	37	$577,265	30	14.9%
AJOVY AUTOINJECTOR	$519,341	36	$573,034	31	10.3%
MAVYRET	$359,860	58	$557,088	32	54.8%
AUSTEDO	$600,992	29	$550,005	33	-8.5%
ALTUVIIIO	$1,126,701	15	$538,866	34	-52.2%
NORDITROPIN FLEXPRO	$521,698	35	$536,911	35	2.9%
INVEGA TRINZA	$577,189	31	$533,618	36	-7.5%
UPTRAVI	$404,619	51	$508,760	37	25.7%
SYMBICORT	$647,090	26	$498,404	38	-23.0%
XARELTO	$466,754	41	$494,016	39	5.8%
OTEZLA	$459,433	42	$492,196	40	7.1%
UBRELVY	$474,748	40	$485,000	41	2.2%
COSENTYX SENSOREADY (2 PENS)	$451,852	43	$481,737	42	6.6%
JORNAY PM	$449,180	44	$480,833	43	7.0%
OPSUMIT	$423,732	47	$480,536	44	13.4%
RAVICTI	$342,949	59	$461,094	45	34.4%
VENTOLIN HFA	$861,617	18	$459,982	46	-46.6%
ENTRESTO	$404,312	52	$437,903	47	8.3%
VERZENIO	$412,661	50	$421,291	48	2.1%
CONCERTA	$421,570	48	$416,315	49	-1.2%
COSENTYX UNOREADY PEN	$156,978	126	$415,938	50	165.0%

LINZESS	$386,702	56	$415,437	51	7.4%
JANUVIA	$418,718	49	$410,131	52	-2.1%
HEMLIBRA	$280,317	74	$402,830	53	43.7%
XIFAXAN	$447,446	45	$392,603	54	-12.3%
FASENRA PEN	$302,031	68	$390,478	55	29.3%
XYWAV	$388,230	55	$389,609	56	0.4%
HAEGARDA	$262,092	78	$387,389	57	47.8%
EMFLAZA	$367,940	57	$379,183	58	3.1%
LYBALVI	$389,880	54	$374,394	59	-4.0%
RINVOQ	$290,911	72	$366,815	60	26.1%
FINTEPLA	$260,512	79	$326,429	61	25.3%
AIMOVIG AUTOINJECTOR	$329,065	62	$323,348	62	-1.7%
HIZENTRA	$204,292	98	$323,186	63	58.2%
ORFADIN	$313,706	65	$317,290	64	1.1%
HUMIRA(CF)	$324,175	63	$316,724	65	-2.3%
TYVASO DPI	$295,977	69	$299,201	66	1.1%
STRENSIQ	$586,986	30	$298,636	67	-49.1%
SPIRIVA RESPIMAT	$308,418	66	$294,410	68	-4.5%
ALBUTEROL SULFATE HFA	$79,255	230	$293,367	69	270.2%
JYNARQUE	$208,621	97	$288,152	70	38.1%
SPIRIVA HANDIHALER	$332,066	61	$285,001	71	-14.2%
CRYSVITA	$80,147	227	$280,535	72	250.0%
QELBREE	$227,693	89	$273,062	73	19.9%
BRIVIACT	$231,390	86	$269,975	74	16.7%
LISDEXAMFETAMINE DIMESYLATE	$307,835	67	$265,062	75	-13.9%
SPRYCEL	$283,016	73	$261,936	76	-7.4%

LANTUS SOLOSTAR	$475,840	39	$258,238	77	-45.7%
KESIMPTA PEN	$256,806	80	$257,450	78	0.3%
SOFOSBUVIR-VELPATASVIR	$61,258	264	$256,302	79	318.4%
QULIPTA	$213,136	95	$255,833	80	20.0%
CREON	$294,629	70	$255,354	81	-13.3%
BREZTRI AEROSPHERE	$222,547	91	$248,355	82	11.6%
METHYLPHENIDATE ER	$245,195	83	$245,319	83	0.1%
ADVAIR HFA	$272,467	76	$244,519	84	-10.3%
AUSTEDO XR	$114,478	168	$244,504	85	113.6%
QUILLICHEW ER	$224,171	90	$243,094	86	8.4%
LENVIMA	$403,641	53	$242,654	87	-39.9%
ORENITRAM ER	$217,679	93	$235,992	88	8.4%
TRESIBA FLEXTOUCH U-200	$212,700	96	$230,759	89	8.5%
TAKHZYRO	$228,093	88	$230,308	90	1.0%
ILARIS	$242,979	84	$227,848	91	-6.2%
DESCOVY	$229,171	87	$227,791	92	-0.6%
GATTEX	$316,109	64	$227,686	93	-28.0%
AZSTARYS	$203,855	99	$226,505	94	11.1%
PULMOZYME	$265,681	77	$225,059	95	-15.3%
SKYCLARYS	$185,062	111	$215,906	96	16.7%
ENBREL	$218,962	92	$205,289	97	-6.2%
REMODULIN	$179,738	114	$205,285	98	14.2%
COSENTYX SENSOREADY PEN	$139,772	139	$203,471	99	45.6%
REBINYN	$340,715	60	$201,163	100	-41.0%

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	December 2023 / February 2024	PREVIOUS RANK	March 2024 / May 2024	RANK	% CHANGE
OMEPRAZOLE	18,437	1	18,249	1	-1.0%
SERTRALINE HCL	17,545	2	17,614	2	0.4%
ATORVASTATIN CALCIUM	17,461	3	17,222	3	-1.4%
LEVOTHYROXINE SODIUM	15,462	4	15,337	4	-0.8%
ESCITALOPRAM OXALATE	13,623	7	13,527	5	-0.7%
TRAZODONE HCL	13,641	6	13,514	6	-0.9%
LISINOPRIL	13,514	8	13,331	7	-1.4%
CETIRIZINE HCL	12,471	10	13,257	8	6.3%
AMOXICILLIN	14,261	5	13,048	9	-8.5%
GABAPENTIN	12,017	11	11,852	10	-1.4%
FLUOXETINE HCL	11,245	12	11,298	11	0.5%
MONTELUKAST SODIUM	10,755	13	10,897	12	1.3%
BUSPIRONE HCL	9,901	14	10,075	13	1.8%
HYDROXYZINE HCL	9,853	15	9,887	14	0.3%
PANTOPRAZOLE SODIUM	9,353	18	9,466	15	1.2%
DULOXETINE HCL	9,660	16	9,428	16	-2.4%
AMLODIPINE BESYLATE	9,421	17	9,244	17	-1.9%
CLONIDINE HCL	8,788	19	8,938	18	1.7%
ALBUTEROL SULFATE HFA	2,811	89	8,402	19	198.9%
ARIPIPRAZOLE	8,294	21	8,275	20	-0.2%
QUETIAPINE FUMARATE	8,349	20	8,243	21	-1.3%
METOPROLOL SUCCINATE	7,843	24	7,881	22	0.5%
LAMOTRIGINE	7,601	26	7,761	23	2.1%

VENLAFAXINE HCL ER	7,772	25	7,728	24	-0.6%
BUPROPION XL	8,223	22	7,452	25	-9.4%
PREDNISONE	8,097	23	7,374	26	-8.9%
FAMOTIDINE	6,959	27	7,185	27	3.2%
FLUTICASONE PROPIONATE	6,723	30	7,140	28	6.2%
VENTOLIN HFA	13,228	9	7,138	29	-46.0%
LOSARTAN POTASSIUM	6,808	29	7,005	30	2.9%
HYDROCODONE-ACETAMINOPHEN	6,890	28	6,953	31	0.9%
TOPIRAMATE	6,691	31	6,728	32	0.6%
DEXTROAMPHETAMINE-AMPHET ER	5,856	37	6,367	33	8.7%
LORATADINE	6,033	35	6,110	34	1.3%
CYCLOBENZAPRINE HCL	6,133	34	5,998	35	-2.2%
AMOXICILLIN-CLAVULANATE POTASS	6,509	32	5,980	36	-8.1%
ONDANSETRON ODT	6,222	33	5,886	37	-5.4%
METFORMIN HCL ER	5,712	40	5,843	38	2.3%
ALPRAZOLAM	5,781	38	5,737	39	-0.8%
METHYLPHENIDATE ER	5,511	42	5,647	40	2.5%
CLONAZEPAM	5,556	41	5,585	41	0.5%
RISPERIDONE	5,735	39	5,585	42	-2.6%
VYVANSE	5,134	44	5,564	43	8.4%
BUPROPION HYDROCHLORIDE E	4,632	52	5,562	44	20.1%
METFORMIN HCL	5,104	45	5,413	45	6.1%
ROSUVASTATIN CALCIUM	5,147	43	5,390	46	4.7%
AZITHROMYCIN	6,005	36	5,012	47	-16.5%
IBUPROFEN	5,033	46	4,998	48	-0.7%
MELOXICAM	5,007	47	4,938	49	-1.4%

HYDROCHLOROTHIAZIDE	4,971	48	4,904	50	-1.3%
DEXTROAMPHETAMINE-AMPHETAMINE	4,762	50	4,894	51	2.8%
CEPHALEXIN	4,527	54	4,835	52	6.8%
FUROSEMIDE	4,628	53	4,576	53	-1.1%
ASPIRIN EC	4,736	51	4,559	54	-3.7%
OZEMPIC	3,821	62	4,462	55	16.8%
GUANFACINE HCL	4,455	55	4,441	56	-0.3%
CEFDINIR	4,907	49	4,418	57	-10.0%
SPIRONOLACTONE	4,193	57	4,394	58	4.8%
PRAZOSIN HCL	4,015	60	4,195	59	4.5%
MIRTAZAPINE	4,120	58	4,100	60	-0.5%
PROPRANOLOL HCL	4,060	59	4,037	61	-0.6%
GUANFACINE HCL ER	3,769	63	3,996	62	6.0%
LORAZEPAM	3,893	61	3,919	63	0.7%
POLYETHYLENE GLYCOL 3350	3,635	64	3,909	64	7.5%
ACETAMINOPHEN	3,539	66	3,698	65	4.5%
JARDIANCE	3,539	68	3,685	66	4.1%
LEVETIRACETAM	3,628	65	3,680	67	1.4%
ALBUTEROL SULFATE	4,365	56	3,673	68	-15.9%
HYDROXYZINE PAMOATE	3,518	70	3,640	69	3.5%
TRIAMCINOLONE ACETONIDE	3,103	77	3,587	70	15.6%
TRAMADOL HCL	3,281	73	3,507	71	6.9%
DOXYCYCLINE MONOHYDRATE	3,537	69	3,423	72	-3.2%
FOLIC ACID	3,539	67	3,376	73	-4.6%
FLUCONAZOLE	3,371	72	3,355	74	-0.5%
PREGABALIN	3,273	74	3,345	75	2.2%

METHYLPHENIDATE HCL	3,142	76	3,330	76	6.0%
CITALOPRAM HBR	3,383	71	3,210	77	-5.1%
FEROSUL	3,088	78	3,203	78	3.7%
LANTUS SOLOSTAR	2,838	86	3,126	79	10.1%
VALACYCLOVIR	3,265	75	3,082	80	-5.6%
POTASSIUM CHLORIDE	3,085	79	3,050	81	-1.1%
ATOMOXETINE HCL	3,001	81	3,011	82	0.3%
BACLOFEN	3,051	80	3,004	83	-1.5%
METRONIDAZOLE	2,992	82	2,951	84	-1.4%
OXYCODONE HCL	2,812	88	2,944	85	4.7%
OLANZAPINE	2,891	84	2,913	86	0.8%
METOPROLOL TARTRATE	2,918	83	2,893	87	-0.9%
TIZANIDINE HCL	2,825	87	2,864	88	1.4%
FLUOXETINE HYDROCHLORIDE	2,608	90	2,617	89	0.3%
VRAYLAR	2,384	98	2,548	90	6.9%
ZOLPIDEM TARTRATE	2,569	92	2,545	91	-0.9%
DICLOFENAC SODIUM	2,546	93	2,476	92	-2.7%
AMITRIPTYLINE HCL	2,307	99	2,465	93	6.8%
DEXMETHYLPHENIDATE HCL ER	2,593	91	2,396	94	-7.6%
SYMBICORT	2,448	96	2,353	95	-3.9%
SULFAMETHOXAZOLE-TRIMETHOPRIM	2,507	94	2,352	96	-6.2%
SUMATRIPTAN SUCCINATE	2,458	95	2,321	97	-5.6%
ELIQUIS	2,252	102	2,287	98	1.6%
ONDANSETRON HCL	2,391	97	2,287	99	-4.3%
NAPROXEN	2,229	104	2,262	100	1.5%

MOLINA HEALTHCARE OF IOWA CLAIMS QUARTERLY STATISTICS			
Category	Dec 2023 to Feb 2024	March 2024 to May 2024	% Change
Total paid Amount	$45,140,114.51	$50,708,012.02	12.33%
Unique users	73,621	80,257	9.01%
Cost Per user	$613.14	$631.82	3.05%
Total prescriptions	462,441	512,644	10.86%
Average Prescriptions per user	6.28	6.39	1.69%
Average cost per prescription	$97.61	$98.91	1.33%
# Generic Prescriptions	419,320	464,981	10.89%
% Generic	90.7%	90.7%	0.03%
$ Generic	$6,971,900.40	$7,704,238.67	10.50%
Average Generic Prescription Cost	$16.63	$16.57	-0.35%
Average Generic Days' Supply	24.75	24.84	0.38%
# Brand Prescriptions	43,121	47,664	10.54%
% Brand	9.32%	9.30%	-0.29%
$ Brand	$38,168,214	$43,003,773	12.67%
Average Brand Prescription cost	$885.14	$902.23	1.93%
Average Brand Days' Supply	27.53	27.89	1.30%

UTILIZATION BY AGE		
Age	Dec 2023 to Feb 2024	March 2024 to May 2024
0 to 6	11,470	12,738
7 to 12	9,576	10,459
13 to 18	9,210	10,227
19 to 64	42,106	45,296
65+	1,687	1,979
Total	74,049	80,699

UTILIZATION BY GENDER AND AGE			
Gender	Age	Dec 2023 to Feb 2024	March 2024 to May 2024
F	0 to 6	5,426	5,964
	7 to 12	4,390	4,774
	13 to 18	5,202	5,816
	19 to 64	27,113	28,951
	65+	1,035	1,249
	Gender Total	43,166	46,754
M	0 to 6	6,041	6,770
	7 to 12	5,183	5,684
	13 to 18	4,007	4,409
	19 to 64	14,990	16,337
	65+	652	730
	Gender Total	30,873	33,930
Grand Total		74,0349	80,684

Iowa Health Link
IOWA HHS

MOLINA HEALTHCARE

Top 100 Pharmacies by Prescription Count March 2024 to May 2024							
RANK	Pharmacy NAME	Pharmacy City	State	Prescription Count	Paid Amount	Average Cost RX	Previous RANK
1	UIHC AMBULATORY CARE PHC	IOWA CITY	IA	6,992	$3,647,364.31	$521.65	1
2	WALGREENS 04405	COUNCIL BLUFFS	IA	5,965	$403,994.98	$67.73	2
3	WALGREENS 05042	CEDAR RAPIDS	IA	4,648	$240,457.97	$51.73	4
4	BROADLAWNS MED CTR OP PH	DES MOINES	IA	4,327	$211,229.97	$48.82	5
5	WALGREENS 05239	DAVENPORT	IA	4,273	$206,350.35	$48.29	3
6	HY-VEE PHARMACY 1403	MARSHALLTOWN	IA	3,774	$276,737.19	$73.33	6
7	WALGREENS 07455	WATERLOO	IA	3,436	$194,264.06	$56.54	7
8	RIGHT DOSE PHARMACY	ANKENY	IA	3,384	$149,860.09	$44.28	13
9	WALGREENS 05721	DES MOINES	IA	3,312	$178,259.93	$53.82	8
10	WALGREENS 07453	DES MOINES	IA	3,177	$150,014.77	$47.22	11
11	WALGREENS 15647	SIOUX CITY	IA	2,994	$166,900.54	$55.75	15
12	HY-VEE PHARMACY 1138	DES MOINES	IA	2,911	$207,891.45	$71.42	16
13	SIOUXLAND COMM HLTH CTR	SIOUX CITY	IA	2,910	$104,807.43	$36.02	17
14	HY-VEE DRUGSTORE 7060	MUSCATINE	IA	2,908	$200,121.94	$68.82	10
15	WALGREENS 03700	COUNCIL BLUFFS	IA	2,907	$147,377.15	$50.70	9
16	WALGREENS 00359	DES MOINES	IA	2,824	$171,831.33	$60.85	12
17	HY-VEE PHARMACY 1092	COUNCIL BLUFFS	IA	2,792	$218,477.96	$78.25	14
18	HY-VEE PHARMACY 1044	BURLINGTON	IA	2,777	$179,478.06	$64.63	20
19	WALGREENS 04041	DAVENPORT	IA	2,582	$134,748.70	$52.19	19
20	CVS PHARMACY 08544	WATERLOO	IA	2,548	$116,357.77	$45.67	29
21	HY-VEE DRUGSTORE 7065	OTTUMWA	IA	2,521	$245,083.13	$97.22	18
22	DRILLING PHARMACY 67	SIOUX CITY	IA	2,506	$142,051.55	$56.68	21
23	HY-VEE PHARMACY 1056	CEDAR RAPIDS	IA	2,416	$128,079.87	$53.01	24

24	NELSON FAMILY PHARMACY	FORT MADISON	IA	2,367	$169,108.29	$71.44	23
25	HY-VEE PHARMACY 1151	DES MOINES	IA	2,319	$136,683.26	$58.94	22
26	MAHASKA DRUGS	OSKALOOSA	IA	2,286	$135,590.39	$59.31	25
27	HY-VEE DRUGSTORE 7020	CEDAR RAPIDS	IA	2,265	$124,613.86	$55.02	33
28	WALMART PHARMACY 10-2889	CLINTON	IA	2,229	$159,234.86	$71.44	27
29	HY-VEE PHARMACY 1075	CLINTON	IA	2,221	$166,189.12	$74.83	26
30	CVS PHARMACY 10282	FORT DODGE	IA	2,119	$118,385.60	$55.87	34
31	GREENWOOD DRUG ON KIMBAL	WATERLOO	IA	2,075	$181,683.92	$87.56	28
32	HY-VEE PHARMACY 1192	FORT DODGE	IA	2,055	$111,059.18	$54.04	31
33	HY-VEE PHARMACY 1074	CHARLES CITY	IA	1,985	$91,803.43	$46.25	32
34	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	1,978	$109,495.52	$55.36	39
35	HY-VEE PHARMACY 1109	DAVENPORT	IA	1,976	$157,827.57	$79.87	35
36	WALGREENS 05852	DES MOINES	IA	1,908	$98,221.77	$51.48	30
37	HY-VEE PHARMACY 1142	DES MOINES	IA	1,863	$113,769.41	$61.07	40
38	WALMART PHARMACY 10-3394	ATLANTIC	IA	1,851	$112,500.48	$60.78	43
39	COMMUNITY HEALTH CARE PH	DAVENPORT	IA	1,823	$55,028.17	$30.19	36
40	HY-VEE PHARMACY 1060	CEDAR RAPIDS	IA	1,811	$98,051.71	$54.14	47
41	DANIEL PHARMACY	FORT DODGE	IA	1,804	$101,073.09	$56.03	45
42	WALGREENS 05470	SIOUX CITY	IA	1,798	$164,309.33	$91.38	37
43	HY-VEE PHARMACY 1504	OTTUMWA	IA	1,797	$83,844.45	$46.66	49
44	WALGREENS 07452	DES MOINES	IA	1,775	$112,462.71	$63.36	38
45	WALMART PHARMACY 10-3590	SIOUX CITY	IA	1,765	$129,901.66	$73.60	41
46	WALGREENS 05044	BURLINGTON	IA	1,745	$78,287.32	$44.86	42
47	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	1,739	$105,148.64	$60.47	54
48	HY-VEE PHARMACY 1281	IOWA CITY	IA	1,697	$83,940.07	$49.46	44
49	HY-VEE PHARMACY 1058	CENTERVILLE	IA	1,678	$158,114.23	$94.23	58
50	WALMART PHARMACY 10-5115	DAVENPORT	IA	1,666	$83,904.38	$50.36	60

51	WALMART PHARMACY 10-0559	MUSCATINE	IA	1,665	$127,281.43	$76.45	48
52	MEDICAP PHARMACY 8405	INDIANOLA	IA	1,664	$90,066.75	$54.13	79
53	HY-VEE PHARMACY 1610	SIOUX CITY	IA	1,663	$107,881.41	$64.87	53
54	WALMART PHARMACY 10-0646	ANAMOSA	IA	1,657	$104,355.13	$62.98	56
55	HY-VEE PHARMACY 1522	PERRY	IA	1,644	$75,822.82	$46.12	73
56	WALGREENS 07454	ANKENY	IA	1,631	$60,188.83	$36.90	84
57	HY-VEE PHARMACY 1061	CEDAR RAPIDS	IA	1,631	$75,646.62	$46.38	64
58	HY VEE PHARMACY 1459	OELWEIN	IA	1,617	$88,874.78	$54.96	46
59	HY-VEE PHARMACY 1241	HARLAN	IA	1,615	$153,536.69	$95.07	68
60	WALGREENS 05886	KEOKUK	IA	1,610	$88,519.18	$54.98	50
61	HY-VEE PHARMACY 1866	WATERLOO	IA	1,590	$100,154.49	$62.99	65
62	OMNICARE OF URBANDA 48236	URBANDALE	IA	1,585	$54,279.48	$34.25	296
63	WALGREENS 05777	DES MOINES	IA	1,565	$99,405.40	$63.52	96
64	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	1,545	$175,085.44	$113.32	59
65	WALMART PHARMACY 10-0985	FAIRFIELD	IA	1,543	$61,323.65	$39.74	69
66	HY-VEE PHARMACY 1615	SIOUX CITY	IA	1,534	$80,591.70	$52.54	75
67	UI HEALTHCARE	CORALVILLE	IA	1,524	$54,834.12	$35.98	51
68	WALGREENS 05362	DES MOINES	IA	1,520	$83,496.47	$54.93	66
69	HY-VEE PHARMACY 1449	NEWTON	IA	1,514	$103,695.91	$68.49	63
70	HY-VEE PHARMACY 1396	MARION	IA	1,505	$103,282.05	$68.63	52
71	CVS PHARMACY 08658	DAVENPORT	IA	1,505	$90,009.02	$59.81	80
72	HY-VEE PHARMACY 1530	PLEASANT HILL	IA	1,497	$66,325.92	$44.31	62
73	NUCARA LTC PHARMACY 3	IOWA CITY	IA	1,482	$34,432.63	$23.23	106
74	WALMART PHARMACY 10-1496	WATERLOO	IA	1,478	$95,895.29	$64.88	67
75	STANGEL PHARMACY	ONAWA	IA	1,478	$112,747.09	$76.28	55
76	HY-VEE DRUGSTORE 7026	CEDAR RAPIDS	IA	1,470	$84,394.50	$57.41	72

77	WALGREENS 03595	DAVENPORT	IA	1,462	$75,590.72	$51.70	74
78	HY-VEE PHARMACY 1071	CLARINDA	IA	1,462	$87,884.64	$60.11	70
79	WALGREENS 03876	MARION	IA	1,459	$97,344.77	$66.72	97
80	HY-VEE PHARMACY 1042	BURLINGTON	IA	1,448	$125,262.34	$86.51	78
81	HY-VEE DRUGSTORE 7056	MASON CITY	IA	1,448	$126,178.90	$87.14	71
82	WAGNER PHARMACY	CLINTON	IA	1,430	$84,934.71	$59.39	76
83	ALL CARE HEALTH CENTER	COUNCIL BLUFFS	IA	1,429	$55,627.59	$38.93	144
84	WALMART PHARMACY 10-1621	CENTERVILLE	IA	1,426	$114,934.31	$80.60	81
85	WALMART PHARMACY 10-0581	MARSHALLTOWN	IA	1,423	$111,244.44	$78.18	92
86	WALMART PHARMACY 10-1723	DES MOINES	IA	1,420	$69,123.84	$48.68	86
87	HY-VEE PHARMACY 1065	CHARITON	IA	1,417	$54,330.13	$38.34	90
88	WALGREENS 03875	CEDAR RAPIDS	IA	1,391	$77,085.44	$55.42	110
89	HY-VEE PHARMACY 1013	AMES	IA	1,387	$80,523.41	$58.06	77
90	WALMART PHARMACY 10-0797	WEST BURLINGTON	IA	1,377	$72,336.65	$52.53	87
91	COVENANT FAMILY PHARMACY	WATERLOO	IA	1,367	$103,600.63	$75.79	88
92	PRAIRIE PARKWAY PHARMACY	CEDAR FALLS	IA	1,365	$62,304.07	$45.64	112
93	WALGREENS 10855	WATERLOO	IA	1,358	$63,185.36	$46.53	103
94	HY-VEE PHARMACY 1148	DES MOINES	IA	1,348	$73,644.98	$54.63	85
95	HY-VEE PHARMACY 1170	ESTHERVILLE	IA	1,347	$93,229.51	$69.21	57
96	SCOTT PHARMACY INC	FAYETTE	IA	1,346	$63,583.85	$47.24	61
97	WALGREENS 10557	CEDAR FALLS	IA	1,342	$85,037.19	$63.37	89
98	MEDICAP PHARMACY 8095	ELDORA	IA	1,324	$52,577.07	$39.71	113
99	HY-VEE PHARMACY 1009	ALBIA	IA	1,320	$59,045.03	$44.73	100
100	WALGREENS 09791	ALTOONA	IA	1,307	$64,913.91	$49.67	132

Iowa Health Link
IOWA HHS

MOLINA HEALTHCARE

Top 100 Pharmacies by Paid Amount March 2024 to May 2024							
RANK	Pharmacy NAME	Pharmacy City	State	Prescription Count	Paid Amount	Average Cost Member	Previous RANK
1	UIHC AMBULATORY CARE PHC	IOWA CITY	IA	6,992	$3,647,364.31	$521.65	1
2	CAREMARK SPECIALTY P 1702	LENEXA	KS	440	$2,878,727.18	$6,542.56	2
3	COMMUNITY, A WALGRE 16528	DES MOINES	IA	457	$1,921,662.51	$4,204.95	3
4	CVS SPECIALTY 02921	MONROEVILLE	PA	172	$1,190,647.20	$6,922.37	4
5	UNITYPOINT AT HOME	URBANDALE	IA	312	$1,080,465.91	$3,463.03	5
6	NUCARA SPECIALTY PHARMAC	PLEASANT HILL	IA	913	$1,069,514.80	$1,171.43	6
7	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	55	$679,774.90	$12,359.54	11
8	COMMUNITY A WALGREE 21250	IOWA CITY	IA	200	$633,494.00	$3,167.47	8
9	CAREMARK SPECIALTY 48031	MOUNT PROSPECT	IL	83	$606,730.75	$7,310.01	12
10	CARE PLUS CVS/PHARM 00102	AURORA	CO	60	$585,517.67	$9,758.63	7
11	ACARIAHEALTH PHARMACY 11	HOUSTON	TX	42	$438,408.18	$10,438.29	9
12	WALGREENS 04405	COUNCIL BLUFFS	IA	5,965	$403,994.98	$67.73	13
13	CVS/SPECIALTY 1703	REDLANDS	CA	22	$398,304.15	$18,104.73	32
14	AMBER PHARMACY	OMAHA	NE	81	$305,484.51	$3,771.41	10
15	OPTUM PHARMACY	JEFFERSONVILLE	IN	36	$302,193.95	$8,394.28	14
16	EXPRESS SCRIPTS SPECAILT	ST. LOUIS	MO	17	$288,796.46	$16,988.03	15
17	HY-VEE PHARMACY 1403	MARSHALLTOWN	IA	3,774	$276,737.19	$73.33	19
18	GENOA HEALTHCARE LL 20171	DAVENPORT	IA	1,186	$262,463.69	$221.30	33
19	PRIMARY HEALTHCARE PHARM	DES MOINES	IA	808	$250,469.16	$309.99	31
20	HY-VEE DRUGSTORE 7065	OTTUMWA	IA	2,521	$245,083.13	$97.22	18
21	ANOVORX GROUP LLC	MEMPHIS	TN	8	$244,376.19	$30,547.02	17
22	WALGREENS 05042	CEDAR RAPIDS	IA	4,648	$240,457.97	$51.73	23
23	MEDICAL ONCOLOGY & HEMAT	DES MOINES	IA	31	$239,619.06	$7,729.65	34

24	HY-VEE PHARMACY 1092	COUNCIL BLUFFS	IA	2,792	$218,477.96	$78.25	26
25	BROADLAWNS MED CTR OP PH	DES MOINES	IA	4,327	$211,229.97	$48.82	28
26	HY-VEE PHARMACY 1138	DES MOINES	IA	2,911	$207,891.45	$71.42	24
27	WALGREENS 05239	DAVENPORT	IA	4,273	$206,350.35	$48.29	20
28	HY-VEE DRUGSTORE 7060	MUSCATINE	IA	2,908	$200,121.94	$68.82	21
29	ARJ INFUSION SERVICES LL	CEDAR RAPIDS	IA	37	$197,550.75	$5,339.21	16
30	WALGREENS 07455	WATERLOO	IA	3,436	$194,264.06	$56.54	29
31	ALLEN CLINIC PHARMACY	WATERLOO	IA	837	$193,327.95	$230.98	69
32	CR CARE PHARMACY	CEDAR RAPIDS	IA	925	$188,923.67	$204.24	25
33	PANTHERX SPECIALTY PHARM	PITTSBURGH	PA	14	$183,443.12	$13,103.08	82
34	GREENWOOD DRUG ON KIMBAL	WATERLOO	IA	2,075	$181,683.92	$87.56	37
35	HY-VEE PHARMACY 1044	BURLINGTON	IA	2,777	$179,478.06	$64.63	35
36	WALGREENS 05721	DES MOINES	IA	3,312	$178,259.93	$53.82	30
37	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	1,545	$175,085.44	$113.32	36
38	WALGREENS 00359	DES MOINES	IA	2,824	$171,831.33	$60.85	39
39	NELSON FAMILY PHARMACY	FORT MADISON	IA	2,367	$169,108.29	$71.44	40
40	WALGREENS 15647	SIOUX CITY	IA	2,994	$166,900.54	$55.75	49
41	HY-VEE PHARMACY 1075	CLINTON	IA	2,221	$166,189.12	$74.83	54
42	WALGREENS 05470	SIOUX CITY	IA	1,798	$164,309.33	$91.38	57
43	SIOUXLAND REGIONAL CANCE	SIOUX CITY	IA	17	$162,361.95	$9,550.70	41
44	FIRST MED EAST PHARMACY	DAVENPORT	IA	405	$161,729.04	$399.33	63
45	WALMART PHARMACY 10-2889	CLINTON	IA	2,229	$159,234.86	$71.44	59
46	HY-VEE PHARMACY 1058	CENTERVILLE	IA	1,678	$158,114.23	$94.23	27
47	HY-VEE PHARMACY 1109	DAVENPORT	IA	1,976	$157,827.57	$79.87	97
48	HY-VEE PHARMACY 1241	HARLAN	IA	1,615	$153,536.69	$95.07	93
49	GENOA HEALTHCARE LL 20304	SIOUX CITY	IA	1,066	$151,111.06	$141.76	81
50	WALGREENS 07453	DES MOINES	IA	3,177	$150,014.77	$47.22	51

51	RIGHT DOSE PHARMACY	ANKENY	IA	3,384	$149,860.09	$44.28	38
52	WALGREENS 03700	COUNCIL BLUFFS	IA	2,907	$147,377.15	$50.70	50
53	GREENWOOD COMPLIANCE PHA	WATERLOO	IA	1,014	$146,716.75	$144.69	61
54	S-S PHARMACY	COUNCIL BLUFFS	IA	597	$146,343.06	$245.13	47
55	FOUNDATION CARE LLC	EARTH CITY	MO	8	$142,629.78	$17,828.72	150
56	DRILLING PHARMACY 67	SIOUX CITY	IA	2,506	$142,051.55	$56.68	48
57	FAIRVIEW PHARMACY	MINNEAPOLIS	MN	35	$138,152.54	$3,947.22	71
58	HY-VEE PHARMACY 1151	DES MOINES	IA	2,319	$136,683.26	$58.94	56
59	HY-VEE PHARMACY SOL	OMAHA	NE	13	$136,126.24	$10,471.25	137
60	PARAGON PARTNERS	OMAHA	NE	235	$135,932.75	$578.44	55
61	MAHASKA DRUGS	OSKALOOSA	IA	2,286	$135,590.39	$59.31	46
62	WALGREENS 04041	DAVENPORT	IA	2,582	$134,748.70	$52.19	45
63	WALMART PHARMACY 10-3590	SIOUX CITY	IA	1,765	$129,901.66	$73.60	98
64	EVERSANA LIFE SCIENCE SE	CHESTERFIELD	MO	4	$128,201.52	$32,050.38	90
65	HY-VEE PHARMACY 1056	CEDAR RAPIDS	IA	2,416	$128,079.87	$53.01	67
66	WALMART PHARMACY 10-0559	MUSCATINE	IA	1,665	$127,281.43	$76.45	87
67	HY-VEE DRUGSTORE 7056	MASON CITY	IA	1,448	$126,178.90	$87.14	176
68	HY-VEE PHARMACY 1042	BURLINGTON	IA	1,448	$125,262.34	$86.51	84
69	HY-VEE DRUGSTORE 7020	CEDAR RAPIDS	IA	2,265	$124,613.86	$55.02	78
70	WALGREENS SPECIALTY 15438	CANTON	MI	8	$123,785.08	$15,473.14	44
71	ACCREDO HEALTH GROUP INC	WARRENDALE	PA	20	$123,275.32	$6,163.77	42
72	ONCO360	LOUISVILLE	KY	12	$121,730.90	$10,144.24	167
73	CVS PHARMACY 10282	FORT DODGE	IA	2,119	$118,385.60	$55.87	109
74	CVS PHARMACY 08544	WATERLOO	IA	2,548	$116,357.77	$45.67	112
75	WALMART PHARMACY 10-1621	CENTERVILLE	IA	1,426	$114,934.31	$80.60	60
76	HY-VEE PHARMACY 1142	DES MOINES	IA	1,863	$113,769.41	$61.07	95
77	STANGEL PHARMACY	ONAWA	IA	1,478	$112,747.09	$76.28	79

78	WALMART PHARMACY 10-3394	ATLANTIC	IA	1,851	$112,500.48	$60.78	88
79	WALGREENS 07452	DES MOINES	IA	1,775	$112,462.71	$63.36	68
80	WALMART PHARMACY 10-0581	MARSHALLTOWN	IA	1,423	$111,244.44	$78.18	129
81	HY-VEE PHARMACY 1192	FORT DODGE	IA	2,055	$111,059.18	$54.04	75
82	AVERA SPECIALTY PHARMACY	SIOUX FALLS	SD	37	$110,719.65	$2,992.42	58
83	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	1,978	$109,495.52	$55.36	86
84	BIOLOGICS BY MCKESSON	CARY	NC	9	$109,425.09	$12,158.34	114
85	MEDICAP PHARMACY 8052	DES MOINES	IA	939	$108,058.05	$115.08	72
86	HY-VEE PHARMACY 1610	SIOUX CITY	IA	1,663	$107,881.41	$64.87	99
87	WALMART PHARMACY 4606	OSCEOLA	IA	1,051	$107,547.24	$102.33	52
88	ALLIANCERX WALGREEN 16280	FRISCO	TX	5	$106,425.52	$21,285.10	62
89	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	1,739	$105,148.64	$60.47	168
90	SIOUXLAND COMM HLTH CTR	SIOUX CITY	IA	2,910	$104,807.43	$36.02	73
91	WALMART PHARMACY 10-0646	ANAMOSA	IA	1,657	$104,355.13	$62.98	76
92	HY-VEE PHARMACY 1449	NEWTON	IA	1,514	$103,695.91	$68.49	96
93	COVENANT FAMILY PHARMACY	WATERLOO	IA	1,367	$103,600.63	$75.79	154
94	HY-VEE PHARMACY 1396	MARION	IA	1,505	$103,282.05	$68.63	89
95	OPTUM PHARMACY 701 LLC	FLINT	MI	11	$101,444.24	$9,222.20	185
96	DANIEL PHARMACY	FORT DODGE	IA	1,804	$101,073.09	$56.03	100
97	AON PHARMACY	FORT MYERS	FL	5	$100,832.96	$20,166.59	53
98	HY-VEE PHARMACY 1866	WATERLOO	IA	1,590	$100,154.49	$62.99	80
99	INFOCUS PHARMACY SERVICE	DUBUQUE	IA	1,080	$99,863.17	$92.47	92
100	NEBRASKA MED CTR CLINIC	OMAHA	NE	202	$99,862.34	$494.37	43

Top 100 Prescribing Providers by Prescription Count March 2024 to May 2024						
RANK	NPI Num	Prescriber Name	Paid Amount	Prescription Count	Average Scripts Member	Previous Rank
1	1982605762	JEFFREY WILHARM	$37,251.85	945	14.10	2
2	1356315311	DAVID NYSTROM	$19,341.87	919	10.10	217
3	1356359871	RHEA HARTLEY	$70,781.07	826	4.46	8
4	1629036546	ANITA SIMISON	$37,998.23	781	5.66	6
5	1982030946	JACKLYN BESCH	$28,634.35	767	7.38	1
6	1013115369	BOBBITA NAG	$32,621.54	764	5.03	4
7	1659358620	CARLOS CASTILLO	$30,230.23	726	6.26	10
8	1164538674	JOSEPH WANZEK	$39,407.00	724	8.23	3
9	1528365277	MINA SALIB	$562,325.74	685	5.39	41
10	1437238110	GENEVIEVE NELSON	$118,013.05	680	8.40	5
11	1902912538	CHRISTIAN JONES	$47,241.04	649	6.90	13
12	1043211303	ALI SAFDAR	$102,150.51	648	5.68	7
13	1164823092	JAMEY GREGERSEN	$31,710.00	636	9.09	11
14	1467502286	CHARLES TILLEY	$95,803.23	629	6.55	9
15	1467907394	CYNTHIA COENEN	$76,371.72	629	9.39	15
16	1477926434	JACKIE SHIPLEY	$30,503.81	623	4.79	12
17	1619380680	TARA BROCKMAN	$30,433.49	609	6.62	17
18	1205393386	JESSICA HUDSPETH	$40,287.70	609	8.46	27
19	1134854128	DZEVIDA PANDZIC	$29,853.93	594	4.91	39
20	1679986350	JENNIFER SPOERL	$106,328.78	592	6.73	14
21	1417941188	DEBRA NEUHARTH	$24,631.23	570	6.48	44
22	1770933046	SHELBY BILLER	$85,764.89	552	6.07	21
23	1972758126	REBECCA BOLLIN	$24,313.85	550	6.88	30
24	1023469798	WEI SHIPENG	$29,197.87	548	13.70	94

25	1477199198	SAJO THOMAS	$58,968.22	544	6.40	16
26	1609218304	AMANDA GARR	$62,425.60	541	6.76	25
27	1144588476	RACHEL FILZER	$46,095.40	523	6.97	26
28	1902596828	LINDSAY HARMS	$42,576.14	522	8.29	178
29	1538368170	CHRISTOPHER MATSON	$15,839.36	518	6.56	32
30	1275763047	REBECCA BOWMAN	$81,939.20	513	7.23	28
31	1184657603	SARA RYGOL	$68,529.81	503	6.71	34
32	1356919658	SARAH CASTRO	$24,848.71	501	9.82	61
33	1437209434	JON THOMAS	$26,265.97	499	5.14	20
34	1013355759	DYLAN GREENE	$19,370.06	489	5.49	40
35	1316510324	SANDY MARCUS	$48,316.42	488	6.26	33
36	1891146999	BECKY JOHNSON	$486,812.85	486	6.75	62
37	1942721584	SHAWNA FURY	$14,482.07	485	5.33	22
38	1902478811	JOAN ANDERSON	$73,036.74	477	6.81	31
39	1346621059	MARK ZACHARJASZ	$36,112.61	476	9.71	51
40	1215184726	BABUJI GANDRA	$15,656.93	474	6.41	37
41	1255823506	NICOLE DELAGARDELLE	$44,286.85	468	6.16	48
42	1720346232	CASSIE PARRISH	$45,739.48	462	11.00	57
43	1508844465	MICHELE FRIEDMAN	$13,742.36	461	9.81	19
44	1558770974	MARC BAUMERT	$16,811.59	460	5.41	24
45	1235514258	ASHLEY FULLER	$33,594.54	460	7.08	46
46	1245227099	DONNA DOBSON TOBIN	$64,798.10	460	10.22	43
47	1437692803	CASSANDRA DUNLAVY	$26,258.83	458	7.51	72
48	1932531316	BROOKE JOHNSON	$32,252.61	457	6.18	68
49	1043434525	ROBERT KENT	$32,375.63	454	7.21	36
50	1225140809	SUNDARA MUNAGALA VENKATA	$32,139.66	453	6.38	56
51	1457007270	LINDSAY SCHOCK	$39,921.85	451	6.63	67

52	1538157383	DAVID WENGER-KELLER	$33,212.97	446	10.37	29
53	1053630640	JENNIFER DONOVAN	$36,081.67	446	8.26	18
54	1689077018	STACY ROTH	$42,443.22	440	5.87	35
55	1528329398	ERIN ROWAN	$19,540.06	440	7.21	49
56	1063622637	HUSSAIN BANU	$14,016.97	440	9.57	70
57	1699134072	JENNIFER ZIGRANG	$24,634.16	439	7.57	23
58	1679573893	PATTY HILDRETH	$151,366.42	436	6.71	59
59	1144214248	KRISTI WALZ	$115,653.51	435	8.88	90
60	1356096572	NATASHA LASH	$63,989.60	433	9.84	84
61	1902358443	MELISSA KONKEN	$77,223.76	432	6.65	52
62	1457584740	ERIC MEYER	$40,613.96	432	6.08	42
63	1467465716	JEFFREY BRADY	$18,956.59	432	7.20	74
64	1134191018	DUSTIN SMITH	$36,049.62	432	4.85	79
65	1275067696	OLAITAN IJITIMEHIN	$20,397.66	428	5.42	53
66	1649248378	KATHLEEN WILD	$23,742.68	424	6.42	55
67	1891707832	LISA KLOCK	$19,340.70	422	5.08	54
68	1083650071	NASREDIN DALIL	$26,416.58	422	6.49	133
69	1922455096	DEAN GUERDET	$35,105.02	420	7.00	58
70	1598786097	STEPHANIE GRAY	$67,807.87	419	6.76	100
71	1386044832	MARY GRIEDER	$22,187.77	418	10.72	106
72	1144240805	DANIEL ROWLEY	$23,001.20	418	11.30	47
73	1831731298	HEATHER WILSON	$24,825.86	413	6.26	91
74	1316471154	NICOLE WOOLLEY	$16,752.28	413	4.92	45
75	1053398800	STEVEN SCURR	$17,448.11	411	5.96	115
76	1508846007	ANGELA TOWNSEND	$20,586.31	408	5.04	78
77	1992402655	SHANE EBERHARDT	$124,170.63	404	4.70	241
78	1841427564	MEL ROCA	$18,662.48	401	5.01	109

79	1457914657	SEEMA ANTONY	$23,409.75	401	5.57	201
80	1821333774	BRITTNI BENDA	$23,322.25	398	5.61	75
81	1821268335	JACQUELINE MCINNIS	$42,313.21	397	8.27	103
82	1003330036	EVAN PETERSON	$16,645.25	395	6.93	73
83	1427766559	KORIE EISCHEID	$22,531.70	390	7.50	97
84	1013639749	ROBERT HUSEMANN	$22,153.51	390	7.22	156
85	1447363700	ROBERT CONNER	$19,907.75	389	11.79	71
86	1871021543	SUSAN WILSON	$44,129.28	388	6.36	50
87	1215581251	ANNA THROCKMORTON	$14,554.38	388	9.24	108
88	1356987416	CHELSEA CHRISTENSEN	$20,498.94	387	4.50	151
89	1992103386	MELISSA LARSEN	$42,495.91	386	5.85	150
90	1073007464	JOSEPH MARTZ	$33,177.74	386	11.03	93
91	1689139669	BENJAMIN BOLMEIER	$20,267.23	384	6.00	130
92	1699740159	FRANK MARINO	$17,856.17	382	5.09	38
93	1619153137	JOADA BEST	$29,632.27	381	5.37	76
94	1346673100	SAMANTHA FARRIS	$14,898.99	377	5.98	88
95	1780877878	CHRISTOPHER JACOBS	$15,838.76	374	5.05	117
96	1780979666	LINDSEY CHRISTIANSON	$17,075.29	374	5.05	107
97	1568431880	POMILLA KUMAR	$12,755.09	374	7.33	314
98	1588746515	AMY BADBERG	$13,297.66	373	6.11	86
99	1124006770	WOOK KIM	$9,669.65	371	7.27	111
100	1316356496	KIMBERLY ROBERTS	$19,213.69	368	6.46	96

Iowa Health Link
IOWA HHS

MOLINA HEALTHCARE

Top 100 Prescribing Providers by Paid Amount March 2024 to May 2024						
RANK	NPI Num	Prescriber Name	Paid Amount	Avg cost RX	Prescription Count	Previous Rank
1	1528365277	MINA SALIB	$562,325.74	$820.91	685	2
2	1891146999	BECKY JOHNSON	$486,812.85	$1,001.67	486	3
3	1295091510	REBECCA WEINER	$476,437.77	$1,913.40	249	4
4	1700561826	PEDRO HSIEH	$418,248.20	$20,912.41	20	1
5	1417443953	RODNEY CLARK	$327,775.46	$1,099.92	298	5
6	1316934318	STEVEN LENTZ	$327,090.14	$13,083.61	25	13
7	1588616171	HEATHER THOMAS	$257,678.01	$2,280.34	113	11
8	1437121407	LINDA CADARET	$248,115.16	$4,001.86	62	22
9	1073722112	RIAD RAHHAL	$213,226.97	$1,747.76	122	30
10	1225263833	LINDSAY ORRIS	$212,789.72	$4,342.65	49	10
11	1194945691	ANJALI SHARATHKUMAR	$207,639.35	$4,513.90	46	43
12	1376525196	RANDOLPH ROUGH	$196,287.49	$3,066.99	64	15
13	1942937388	CARLY TRAUSCH	$188,733.14	$1,014.69	186	28
14	1033347521	DREW THODESON	$187,412.81	$3,987.51	47	4,124
15	1013126705	JANICE STABER	$186,382.55	$5,325.22	35	37
16	1003315201	ABIGAIL BEHRENS	$181,843.48	$3,636.87	50	18
17	1437533130	KATIE BROSHUIS	$179,366.97	$1,708.26	105	24
18	1700080538	EDUARDO CARLIN	$177,891.52	$2,541.31	70	9
19	1144455502	JENNIFER PETTS	$177,852.65	$1,201.71	148	17
20	1891955423	LEAH SIEGFRIED	$167,512.08	$530.10	316	45
21	1487648705	KAREN HUNKE	$167,352.78	$1,839.04	91	8
22	1669056123	KAMA AUSBORN	$157,558.11	$560.71	281	19
23	1952423071	SAKEER HUSSAIN	$156,621.61	$4,121.62	38	35
24	1225266364	SARAH BLIGH	$156,377.52	$2,443.40	64	38

25	1679573893	PATTY HILDRETH	$151,366.42	$347.17	436	40
26	1861876526	NIBASH BUDHATHOKI	$151,366.13	$3,881.18	39	59
27	1649943689	JESSICA COFFEY	$148,516.91	$1,038.58	143	31
28	1467561464	TIMOTHY FEYMA	$147,253.13	$9,203.32	16	21
29	1871039917	ELIZABETH ALLEN	$147,059.53	$2,626.06	56	14
30	1265420095	ELIZABETH COOPER	$145,315.98	$3,229.24	45	16
31	1134440886	MELISSA WELLS	$139,338.16	$2,284.23	61	50
32	1588618359	BARBARA BURKLE	$138,681.22	$1,777.96	78	51
33	1467449579	BRIAN WAYSON	$138,366.68	$3,459.17	40	26
34	1780995506	QUANHATHAI KAEWPOOWAT	$128,723.91	$1,650.31	78	32
35	1699887133	DANIEL DIMEO	$126,500.96	$2,691.51	47	58
36	1275836751	HOLLY KRAMER	$126,064.56	$1,400.72	90	80
37	1992402655	SHANE EBERHARDT	$124,170.63	$307.35	404	68
38	1437238110	GENEVIEVE NELSON	$118,013.05	$173.55	680	86
39	1245353242	SANDY HONG	$117,207.94	$1,362.88	86	6
40	1386084747	JENNIFER CONDON	$116,903.46	$899.26	130	62
41	1144214248	KRISTI WALZ	$115,653.51	$265.87	435	89
42	1174970453	DANIEL HINDS	$111,396.50	$1,197.81	93	69
43	1730135070	JAMES WALLACE	$110,330.23	$7,355.35	15	61
44	1285748004	BRUCE HUGHES	$110,174.70	$6,885.92	16	209
45	1902100746	AMI PATEL	$108,766.79	$3,398.96	32	57
46	1093382632	GAIL DOOLEY	$108,763.10	$2,939.54	37	12
47	1700417169	COURTNEY REINTS	$108,187.11	$551.98	196	33
48	1679986350	JENNIFER SPOERL	$106,328.78	$179.61	592	91
49	1972616316	JEFFREY BRANNEN	$106,257.08	$1,095.43	97	27
50	1326410499	TARA EASTVOLD	$105,167.78	$371.62	283	142
51	1043211303	ALI SAFDAR	$102,150.51	$157.64	648	42

52	1013499029	SPENCER KISSEL	$98,530.37	$274.46	359	65
53	1467502286	CHARLES TILLEY	$95,803.23	$152.31	629	70
54	1760562466	ARTHUR BEISANG	$95,017.69	$19,003.54	5	46
55	1306071915	THOMAS PIETRAS	$92,252.10	$2,882.88	32	155
56	1457986671	PAITON CALVERT	$92,103.31	$1,615.85	57	20
57	1356752067	KELLY DELANEY-NELSON	$91,967.15	$1,164.14	79	77
58	1669740957	COURTNEY KREMER	$89,929.86	$1,577.72	57	505
59	1609003011	JOHN BERNAT	$89,701.14	$29,900.38	3	34
60	1790708451	MICHAEL MCCUBBIN	$89,686.05	$4,076.64	22	88
61	1558808501	JESSICA BRAKSIEK	$88,930.85	$4,234.80	21	41
62	1063792026	JILL MILLER	$88,752.01	$297.83	298	56
63	1841607900	SHAYLA SANDERS	$88,554.11	$1,180.72	75	44
64	1952539447	ANTHONY FISCHER	$88,070.36	$2,935.68	30	1,974
65	1770091266	JESSIE BAKER	$87,315.94	$637.34	137	55
66	1184056822	ABBY KOLTHOFF	$86,681.62	$291.86	297	151
67	1770933046	SHELBY BILLER	$85,764.89	$155.37	552	36
68	1609820240	JAMES HARPER	$83,251.64	$16,650.33	5	8,182
69	1275763047	REBECCA BOWMAN	$81,939.20	$159.73	513	67
70	1982738795	ROBERT STRUTHERS	$81,710.92	$961.30	85	54
71	1730712431	TAYLOR GRITTON	$80,908.98	$3,852.81	21	147
72	1730406356	CHRISTINA WARREN	$80,773.08	$673.11	120	49
73	1750648275	SARAH GROSS	$80,426.61	$1,641.36	49	90
74	1720475403	SHANKER KUNDUMADAM	$80,417.20	$3,829.39	21	2,425
75	1750913406	CARRISSA RIGGS	$79,982.25	$1,860.05	43	112
76	1134249832	STEVEN CRAIG	$79,545.75	$1,152.84	69	946
77	1043312432	CHARLES LOVE	$79,408.81	$934.22	85	29
78	1639607757	MICHAEL GERBER	$78,115.73	$255.28	306	78

79	1194797449	DIANNA PROKUPEK	$77,978.16	$1,732.85	45	108
80	1013176817	LAMA NOUREDDINE	$77,521.94	$1,845.76	42	105
81	1700237161	TANNER CROSSLEY	$77,368.90	$684.68	113	184
82	1902358443	MELISSA KONKEN	$77,223.76	$178.76	432	102
83	1144900861	LIZABETH SHEETS	$76,740.78	$372.53	206	1,424
84	1467907394	CYNTHIA COENEN	$76,371.72	$121.42	629	98
85	1245737097	ASHLEY PATRICK	$73,675.02	$1,567.55	47	219
86	1902478811	JOAN ANDERSON	$73,036.74	$153.12	477	75
87	1386902682	MELISSA WILLIS	$70,953.35	$1,448.03	49	294
88	1356359871	RHEA HARTLEY	$70,781.07	$85.69	826	133
89	1093053142	RACHEAL MCMAHON	$69,510.99	$3,861.72	18	64
90	1184395162	DANIELLE VAN OOSBREE	$69,418.28	$204.77	339	48
91	1851568703	MATHEW DAVEY	$69,211.95	$3,295.81	21	114
92	1649238643	NAGENDRA MYNENI	$69,210.28	$3,009.14	23	265
93	1972560597	BERNARD LEMAN	$68,872.08	$1,721.80	40	320
94	1184657603	SARA RYGOL	$68,529.81	$136.24	503	140
95	1558357806	ROBIN HAYWARD	$67,886.25	$1,885.73	36	76
96	1598786097	STEPHANIE GRAY	$67,807.87	$161.83	419	135
97	1689942518	PATRIA ALBA APONTE	$67,358.85	$382.72	176	71
98	1669137832	TIFFANY NAVRKAL	$67,309.21	$975.50	69	7
99	1982665337	THOMAS BUROKER	$67,013.32	$4,467.55	15	110
100	1720086523	MARK CLEVELAND	$66,852.32	$2,476.01	27	136

Top 20 Therapeutic Class by Paid Amount							
Category Description	Prior Quarter Dec 2023 to Feb 2024 Total Cost	Previous Rank	Previous % Budget	Current Quarter March 2024 to May 2024 Total Cost	Current Rank	Current % Budget	% Change
ANTIDIABETICS	$5,890,713.52	1	13.05%	$6,661,710.81	1	13.14%	13.09%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	$4,954,750.66	2	10.98%	$5,333,515.05	2	10.52%	7.64%
DERMATOLOGICALS	$3,921,605.05	4	8.69%	$4,912,340.50	3	9.69%	25.26%
ANALGESICS - ANTI-INFLAMMATORY	$4,210,536.36	3	9.33%	$4,414,381.76	4	8.71%	4.84%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	$2,806,784.48	5	6.22%	$2,994,771.83	5	5.91%	6.70%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	$2,537,513.47	6	5.62%	$2,911,498.73	6	5.74%	14.74%
ANTIVIRALS	$2,534,959.75	7	5.62%	$2,832,486.77	7	5.59%	11.74%
RESPIRATORY AGENTS - MISC.	$1,480,848.70	10	3.28%	$1,826,898.91	8	3.60%	23.37%
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	$1,591,069.34	8	3.52%	$1,750,137.17	9	3.45%	10.00%
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	$1,566,485.88	9	3.47%	$1,666,683.91	10	3.29%	6.40%
HEMATOLOGICAL AGENTS - MISC.	$1,475,226.73	11	3.27%	$1,492,049.87	11	2.94%	1.14%
ANTIDEPRESSANTS	$1,107,726.64	13	2.45%	$1,227,584.80	12	2.42%	10.82%
MIGRAINE PRODUCTS	$1,138,130.06	12	2.52%	$1,213,187.11	13	2.39%	6.59%
ANTICOAGULANTS	$985,828.06	14	2.18%	$1,146,239.86	14	2.26%	16.27%
ENDOCRINE AND METABOLIC AGENTS - MISC.	$772,117.57	17	1.71%	$1,090,735.95	15	2.15%	41.27%
ANTICONVULSANTS	$903,434.29	15	2.00%	$1,028,200.67	16	2.03%	13.81%
CARDIOVASCULAR AGENTS - MISC.	$863,397.78	16	1.91%	$956,290.11	17	1.89%	10.76%
GASTROINTESTINAL AGENTS - MISC.	$504,022.03	18	1.12%	$709,505.40	18	1.40%	40.77%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	$368,623.98	20	0.82%	$411,620.52	19	0.81%	11.66%
ANTI-INFECTIVE AGENTS - MISC.	$254,550.26	25	0.56%	$356,156.93	20	0.70%	39.92%

Top 20 Therapeutic Class by Prescription Count					
Category Description	Prior Quarter Dec 2023 to Feb 2024 Total Claims	Previous Rank	Current Quarter March 2024 to May 2024 Total Claims	Current Rank	% Change
ANTIDEPRESSANTS	61,956	1	68,053	1	9.84%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	25,411	2	27,425	2	7.93%
ANTIHYPERTENSIVES	24,186	4	27,137	3	12.20%
ANTICONVULSANTS	24,297	3	27,020	4	11.21%
ANTIDIABETICS	22,522	6	25,707	5	14.14%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	22,837	5	25,431	6	11.36%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	20,511	7	22,718	7	10.76%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	19,108	8	21,286	8	11.40%
ANTIANXIETY AGENTS	18,942	9	20,921	9	10.45%
ANTIHYPERLIPIDEMICS	15,938	10	17,910	10	12.37%
PENICILLINS	15,000	11	15,398	11	2.65%
BETA BLOCKERS	11,847	12	13,214	12	11.54%
DERMATOLOGICALS	10,884	14	12,932	13	18.82%
ANALGESICS - ANTI-INFLAMMATORY	11,204	13	12,395	14	10.63%
ANALGESICS - OPIOID	10,800	15	11,946	15	10.61%
ANTIHISTAMINES	9,153	17	11,249	16	22.90%
DIURETICS	9,493	16	10,856	17	14.36%
THYROID AGENTS	8,436	19	9,281	18	10.02%
CORTICOSTEROIDS	8,620	18	8,690	19	0.81%
CALCIUM CHANNEL BLOCKERS	7,067	20	7,984	20	12.98%

Top 100 Drugs by Paid Amount					
Drug Description	Dec 2023 to Feb 2024 Total Cost	Previous Rank	March 2024 to May 2024 Total cost	Current Rank	% Change
Humira (2 Pen)	$2,276,987.10	1	$2,340,293.12	1	2.78%
Ozempic	$1,545,362.65	3	$2,145,908.89	2	38.86%
Trikafta	$1,366,143.63	4	$1,653,980.07	3	21.07%
Vraylar	$1,550,781.95	2	$1,622,153.18	4	4.60%
Dupixent	$1,241,139.23	5	$1,572,052.73	5	26.66%
Biktarvy	$1,172,236.53	6	$1,452,442.34	6	23.90%
Jardiance	$1,008,343.83	7	$1,208,013.38	7	19.80%
Stelara	$853,984.33	11	$1,173,054.42	8	37.36%
Vyvanse	$870,088.88	10	$1,076,657.63	9	23.74%
Invega Sustenna	$955,501.77	8	$1,047,523.21	10	9.63%
Trulicity	$946,103.02	9	$898,307.53	11	-5.05%
Taltz	$636,600.21	13	$833,658.89	12	30.95%
Eliquis	$658,238.26	12	$764,416.59	13	16.13%
Rexulti	$527,432.82	14	$559,478.78	14	6.08%
Aristada	$453,962.75	16	$484,295.89	15	6.68%
Skyrizi Pen	$422,873.24	17	$458,990.44	16	8.54%
Hemlibra	$371,889.28	20	$446,593.28	17	20.09%
Nurtec	$407,076.87	18	$446,204.15	18	9.61%
Ilaris	$361,862.54	21	$433,510.27	19	19.80%
Ingrezza	$457,364.83	15	$421,393.90	20	-7.86%
Farxiga	$353,499.23	23	$401,397.51	21	13.55%
Abilify Maintena	$358,702.46	22	$376,910.34	22	5.08%
Symbicort	$396,236.39	19	$369,184.07	23	-6.83%

Entresto	$293,360.95	28	$361,498.55	24	23.23%
Enbrel SureClick	$350,606.18	24	$360,106.85	25	2.71%
Xarelto	$290,195.51	30	$333,602.20	26	14.96%
Caplyta	$248,700.64	35	$318,543.35	27	28.08%
Mounjaro	$282,278.41	32	$315,584.03	28	11.80%
Invega Trinza	$303,450.52	27	$314,207.35	29	3.54%
Mavyret	$325,279.18	26	$305,450.18	30	-6.10%
Trintellix	$290,726.59	29	$302,791.77	31	4.15%
Norditropin FlexPro	$156,933.42	55	$291,758.98	32	85.91%
Albuterol Sulfate HFA	$241,364.50	36	$286,121.89	33	18.54%
Altuviiio	$54,103.26	162	$273,745.72	34	405.97%
Concerta	$237,471.12	37	$264,346.72	35	11.32%
Trelegy Ellipta	$202,344.88	43	$247,079.74	36	22.11%
Daybue	$237,416.52	38	$241,891.89	37	1.89%
Opsumit	$234,155.85	39	$240,354.11	38	2.65%
Ajovy	$215,300.95	40	$236,701.45	39	9.94%
Xywav	$281,606.08	33	$235,634.94	40	-16.32%
Xifaxan	$150,629.18	58	$225,877.33	41	49.96%
Austedo	$157,004.17	54	$221,193.97	42	40.88%
Lybalvi	$214,807.68	41	$208,621.67	43	-2.88%
Januvia	$176,874.25	46	$200,133.61	44	13.15%
Tresiba FlexTouch	$160,012.32	49	$199,112.54	45	24.44%
Fasenra Pen	$159,614.47	50	$197,128.32	46	23.50%
Alprolix	$88,842.36	108	$193,329.04	47	117.61%
Otezla	$97,097.55	99	$193,220.30	48	99.00%
Humira (2 Syringe)	$203,077.86	42	$189,652.62	49	-6.61%
Sofosbuvir-Velpatasvir	$119,248.04	75	$188,328.09	50	57.93%

Rinvoq	$158,664.33	52	$186,729.82	51	17.69%
Gattex	$45,537.26	191	$179,720.46	52	294.67%
Jornay PM	$155,579.80	57	$177,489.74	53	14.08%
Advair HFA	$174,327.37	47	$177,039.46	54	1.56%
Spiriva Respimat	$142,143.76	62	$176,029.82	55	23.84%
Acthar	#N/A	#N/A	$175,977.52	56	#N/A
Promacta	$128,666.85	72	$174,224.85	57	35.41%
Lantus SoloStar	$263,434.83	34	$172,202.47	58	-34.63%
Jakafi	$196,925.70	45	$171,614.18	59	-12.85%
Spiriva HandiHaler	$169,787.73	48	$170,963.62	60	0.69%
Cosentyx Sensoready (300 MG)	$158,549.25	53	$170,613.68	61	7.61%
Tremfya	$136,854.79	65	$166,598.16	62	21.73%
Ventolin HFA	$197,187.81	44	$162,276.67	63	-17.70%
Zenpep	$94,774.20	102	$161,180.79	64	70.07%
Linzess	$129,524.11	71	$160,175.88	65	23.66%
Qelbree	$116,684.20	78	$158,916.76	66	36.19%
Hizentra	$107,774.48	89	$151,460.60	67	40.53%
Lisdexamfetamine Dimesylate	$158,895.33	51	$151,399.79	68	-4.72%
Xtandi	$142,283.95	61	$150,136.56	69	5.52%
Tyvaso DPI Maintenance Kit	$133,794.34	68	$138,092.70	70	3.21%
Amoxicillin	$131,137.91	70	$136,303.68	71	3.94%
QuilliChew ER	$126,074.53	73	$135,590.83	72	7.55%
Lynparza	$121,628.32	74	$131,032.72	73	7.73%
EPINEPHrine	$85,373.37	112	$130,451.57	74	52.80%
Insulin Lispro (1 Unit Dial)	$105,488.36	90	$129,100.09	75	22.38%
Livmarli	$96,151.14	101	$128,201.52	76	33.33%
Advate	$335,384.54	25	$126,644.08	77	-62.24%

Creon	$104,489.10	91	$126,357.07	78	20.93%
Methylphenidate HCl ER (OSM)	$114,485.46	82	$126,039.97	79	10.09%
Kesimpta	$146,056.96	60	$124,491.53	80	-14.77%
Atorvastatin Calcium	$110,515.18	85	$124,362.60	81	12.53%
Austedo XR	$19,474.89	307	$121,641.99	82	524.61%
Ubrelvy	$150,231.36	59	$121,156.75	83	-19.35%
Anoro Ellipta	$114,939.50	80	$120,729.24	84	5.04%
Sertraline HCl	$109,785.84	86	$120,254.56	85	9.54%
Epidiolex	$108,046.31	88	$118,974.81	86	10.11%
Emgality	$97,050.89	100	$117,933.69	87	21.52%
Aimovig	$112,962.29	83	$117,765.11	88	4.25%
Dovato	$75,849.56	123	$117,196.77	89	54.51%
Insulin Aspart FlexPen	$132,610.25	69	$115,679.14	90	-12.77%
Jynarque	$74,150.04	126	$115,260.84	91	55.44%
Remodulin	$101,917.50	93	$114,671.46	92	12.51%
Skytrofa	$42,954.03	198	$114,374.22	93	166.27%
Omeprazole	$101,552.63	94	$111,408.71	94	9.71%
Rebinyn	$73,548.43	128	$110,051.55	95	49.63%
Sprycel	$138,302.41	64	$109,393.46	96	-20.90%
Genvoya	$88,235.67	109	$106,436.17	97	20.63%
buPROPion HCl ER (XL)	$91,691.91	106	$106,424.36	98	16.07%
Gabapentin	$91,879.40	105	$101,861.97	99	10.86%
Qulipta	$79,820.84	117	$101,390.88	100	27.02%

Top 100 Drugs by Prescription Count					
Drug Description	Dec 2023 to Feb 2024 Total Claims	Previous Rank	March 2024 to May 2024 Total Claims	Current Rank	% Change
Atorvastatin Calcium	9,668	3	10,841	1	12.13%
Sertraline HCl	9,810	2	10,702	2	9.09%
Amoxicillin	10,155	1	10,645	3	4.83%
Omeprazole	9,429	4	10,333	4	9.59%
Lisinopril	8,197	5	8,965	5	9.37%
traZODone HCl	7,758	8	8,638	6	11.34%
Levothyroxine Sodium	7,832	7	8,617	7	10.02%
Escitalopram Oxalate	7,908	6	8,610	8	8.88%
buPROPion HCl ER (XL)	7,126	10	8,183	9	14.83%
FLUoxetine HCl	7,455	9	8,147	10	9.28%
Albuterol Sulfate HFA	6,879	11	8,130	11	18.19%
Gabapentin	6,689	12	7,467	12	11.63%
amLODIPine Besylate	5,667	13	6,450	13	13.82%
hydrOXYzine HCl	5,483	14	6,269	14	14.34%
busPIRone HCl	5,392	15	5,972	15	10.76%
DULoxetine HCl	5,171	16	5,778	16	11.74%
Montelukast Sodium	5,049	18	5,666	17	12.22%
Pantoprazole Sodium	4,991	19	5,451	18	9.22%
Cetirizine HCl	4,499	20	5,240	19	16.47%
QUEtiapine Fumarate	4,484	21	5,168	20	15.25%
predniSONE	5,101	17	5,028	21	-1.43%
Metoprolol Succinate ER	4,393	23	4,932	22	12.27%
ARIPiprazole	4,206	27	4,799	23	14.10%

Venlafaxine HCl ER	4,459	22	4,713	24	5.70%
HYDROcodone-Acetaminophen	4,233	26	4,661	25	10.11%
cloNIDine HCl	4,006	30	4,587	26	14.50%
metFORMIN HCl	4,248	25	4,580	27	7.82%
Losartan Potassium	4,019	29	4,512	28	12.27%
Ondansetron	4,102	28	4,303	29	4.90%
Amoxicillin-Pot Clavulanate	4,317	24	4,223	30	-2.18%
lamoTRIgine	3,615	32	3,999	31	10.62%
Amphetamine-Dextroamphet ER	3,381	35	3,968	32	17.36%
Fluticasone Propionate	3,355	36	3,944	33	17.56%
Cyclobenzaprine HCl	3,494	33	3,914	34	12.02%
Famotidine	3,426	34	3,857	35	12.58%
Cephalexin	2,828	45	3,544	36	25.32%
Ibuprofen	3,110	40	3,494	37	12.35%
metFORMIN HCl ER	3,017	42	3,447	38	14.25%
Topiramate	2,839	44	3,315	39	16.77%
clonazePAM	3,056	41	3,306	40	8.18%
Cefdinir	3,167	38	3,291	41	3.92%
hydroCHLOROthiazide	3,009	43	3,259	42	8.31%
ALPRAZolam	3,204	37	3,252	43	1.50%
Azithromycin	3,691	31	3,239	44	-12.25%
Rosuvastatin Calcium	2,761	46	3,208	45	16.19%
Vyvanse	2,561	50	3,107	46	21.32%
Amphetamine-Dextroamphetamine	2,686	48	2,988	47	11.24%
Meloxicam	2,708	47	2,961	48	9.34%
Furosemide	2,494	52	2,910	49	16.68%
Methylphenidate HCl ER (OSM)	2,562	49	2,894	50	12.96%

Spironolactone	2,301	55	2,757	51	19.82%
Ventolin HFA	3,163	39	2,628	52	-16.91%
risperiDONE	2,468	53	2,615	53	5.96%
Triamcinolone Acetonide	1,966	65	2,563	54	30.37%
Aspirin Low Dose	2,327	54	2,493	55	7.13%
Ozempic	1,811	73	2,460	56	35.84%
Propranolol HCl	2,036	61	2,394	57	17.58%
Prazosin HCl	1,987	64	2,337	58	17.61%
Jardiance	1,913	68	2,320	59	21.28%
Lantus SoloStar	1,783	75	2,317	60	29.95%
traMADol HCl	2,161	57	2,289	61	5.92%
Mirtazapine	2,133	58	2,286	62	7.17%
hydrOXYzine Pamoate	2,005	63	2,276	63	13.52%
metroNIDAZOLE	2,022	62	2,269	64	12.22%
LORazepam	2,040	60	2,264	65	10.98%
Doxycycline Monohydrate	2,165	56	2,251	66	3.97%
Amitriptyline HCl	2,072	59	2,247	67	8.45%
Albuterol Sulfate	2,495	51	2,207	68	-11.54%
Fluconazole	1,954	66	2,199	69	12.54%
Loratadine	1,905	70	2,195	70	15.22%
guanFACINE HCl	1,940	67	2,161	71	11.39%
oxyCODONE HCl	1,717	77	2,042	72	18.93%
Metoprolol Tartrate	1,908	69	2,040	73	6.92%
guanFACINE HCl ER	1,827	72	2,036	74	11.44%
levETIRAcetam	1,791	74	2,029	75	13.29%
Citalopram Hydrobromide	1,889	71	1,940	76	2.70%
valACYclovir HCl	1,729	76	1,819	77	5.21%

Folic Acid	1,585	79	1,817	78	14.64%
Pregabalin	1,618	78	1,797	79	11.06%
Sulfamethoxazole-Trimethoprim	1,438	89	1,775	80	23.44%
Symbicort	1,560	81	1,765	81	13.14%
OLANZapine	1,556	82	1,758	82	12.98%
Methylphenidate HCl	1,541	83	1,718	83	11.49%
FeroSul	1,509	85	1,627	84	7.82%
tiZANidine HCl	1,500	86	1,603	85	6.87%
Eliquis	1,379	92	1,600	86	16.03%
Ondansetron HCl	1,518	84	1,586	87	4.48%
Naproxen	1,431	90	1,563	88	9.22%
Tamsulosin HCl	1,372	93	1,556	89	13.41%
Atomoxetine HCl	1,442	88	1,552	90	7.63%
Diclofenac Sodium	1,350	95	1,519	91	12.52%
prednisoLONE Sodium Phosphate	1,423	91	1,495	92	5.06%
Carvedilol	1,295	97	1,466	93	13.20%
Lisinopril-hydroCHLOROthiazide	1,284	98	1,442	94	12.31%
Zolpidem Tartrate	1,297	96	1,416	95	9.18%
Baclofen	1,262	99	1,402	96	11.09%
Mupirocin	1,157	103	1,399	97	20.92%
Dexmethylphenidate HCl ER	1,363	94	1,371	98	0.59%
SUMAtriptan Succinate	1,245	100	1,354	99	8.76%
Polymyxin B-Trimethoprim	1,187	102	1,344	100	13.23%

Iowa Medicaid
IOWA HHS

Fee for Service Claims
Quarterly Statistics

	December through February 2024	March through May 2024	% CHANGE
TOTAL PAID AMOUNT	$3,118,580	$2,736,578	-12.2%
UNIQUE USERS	4,152	3,800	-8.5%
COST PER USER	$751.10	$720.15	-4.1%
TOTAL PRESCRIPTIONS	26,063	23,700	-9.1%
AVERAGE PRESCRIPTIONS PER USER	6.28	6.24	-0.6%
AVERAGE COST PER PRESCRIPTION	$119.66	$115.47	-3.5%
# GENERIC PRESCRIPTIONS	23,530	21,412	-9.0%
% GENERIC	90.3%	90.3%	0.1%
$ GENERIC	$1,091,184	$1,083,916	-0.7%
AVERAGE GENERIC PRESCRIPTION COST	$46.37	$50.62	9.2%
AVERAGE GENERIC DAYS SUPPLY	25	25	0.0%
# BRAND PRESCRIPTIONS	2,533	2,288	-9.7%
% BRAND	9.7%	9.7%	-0.7%
$ BRAND	$2,027,396	$1,652,662	-18.5%
AVERAGE BRAND PRESCRIPTION COST	$800.39	$722.32	-9.8%
AVERAGE BRAND DAYS SUPPLY	27	28	3.7%

UTILIZATION BY AGE		
AGE	**December through February 2024**	**March through May 2024**
0-6	173	199
7-12	435	459
13-18	726	665
19-64	2,296	2,443
65+	45	34
	3,675	3,800

	UTILIZATION BY GENDER AND AGE		
GENDER	**AGE**	**December through February 2024**	**March through May 2024**
F			
	0-6	91	106
	7-12	193	200
	13-18	345	317
	19-64	1,521	1,538
	65+	24	16
		2,174	2,177
M			
	0-6	82	93
	7-12	242	259
	13-18	381	348
	19-64	775	905
	65+	21	18
		1,501	1,623

Iowa Medicaid
IOWA HHS

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
March through May 2024

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
1	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	945	$130,335.83	$137.92	1
2	MESKWAKI PHARMACY	TAMA	IA	824	$591,737.81	$718.13	3
3	SIOUXLAND COMMUNITY HEALTH CENTE	SIOUX CITY	IA	750	$48,043.36	$64.06	2
4	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	652	$33,813.77	$51.86	5
5	WALGREENS #15647	SIOUX CITY	IA	614	$26,942.57	$43.88	4
6	THOMPSON-DEAN DRUG	SIOUX CITY	IA	366	$22,669.72	$61.94	6
7	WCHS PHARMACY	WINNEBAGO	NE	319	$229,361.00	$719.00	8
8	GENOA HEALTHCARE LLC	SIOUX CITY	IA	294	$32,729.40	$111.32	10
9	RIGHT DOSE PHARMACY	ANKENY	IA	281	$13,004.26	$46.28	9
10	WALGREEN #04405	COUNCIL BLUFFS	IA	270	$16,784.60	$62.17	7
11	CVS PHARMACY #10282	FORT DODGE	IA	195	$5,347.68	$27.42	23
12	COVENANT FAMILY PHARMACY	WATERLOO	IA	181	$4,944.65	$27.32	11
13	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	144	$6,746.60	$46.85	14
14	HY-VEE STORE CLINIC 1023-039	GRIMES	IA	136	$5,659.14	$41.61	70
15	HY VEE PHARMACY 1060	CEDAR RAPIDS	IA	132	$12,104.26	$91.70	17
16	IOWA VETERANS HOME	MARSHALLTOWN	IA	128	$4,167.66	$32.56	15
17	WALGREEN COMPANY #3700	COUNCIL BLUFFS	IA	123	$3,800.02	$30.89	18
18	CVS PHARMACY #17554	CEDAR FALLS	IA	122	$13,703.99	$112.33	52
19	MEDICAP PHARMACY	JEFFERSON	IA	120	$3,231.17	$26.93	21
20	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	119	$4,894.07	$41.13	16
21	NELSON FAMILY PHARMACY	FORT MADISON	IA	117	$9,387.54	$80.24	27
22	BROADLAWNS MEDICAL CENTER	DES MOINES	IA	116	$9,482.54	$81.75	12
23	MAIN AT LOCUST PHARMACY	DAVENPORT	IA	116	$4,115.16	$35.48	54
24	HY VEE PHARMACY #6 1155	DES MOINES	IA	116	$5,739.39	$49.48	31
25	HY-VEE PHARMACY 1011	ALTOONA	IA	115	$4,934.85	$42.91	40
26	WALGREEN COMPANY #05470	SIOUX CITY	IA	115	$5,146.78	$44.75	22

Iowa Medicaid
IOWA HHS

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
March through May 2024

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
27	HERITAGE PARK PHARMACY	WEST BURLINGTON	IA	114	$8,079.16	$70.87	71
28	GENOA HEALTH LLC	MARSHALLTOWN	IA	113	$3,557.52	$31.48	25
29	MERCY MEDICAL CENTER NORTH IA DB	MASON CITY	IA	109	$1,931.33	$17.72	43
30	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	102	$4,646.75	$45.56	19
31	CHEROKEE MAIN STREET PHARMACY	CHEROKEE	IA	99	$9,807.02	$99.06	313
32	MEDICAP PHARMACY	KNOXVILLE	IA	99	$6,674.65	$67.42	13
33	HY-VEE PHARMACY 1068	CHEROKEE	IA	99	$1,146.37	$11.58	77
34	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	96	$7,186.34	$74.86	89
35	WALGREEN #05239	DAVENPORT	IA	95	$2,605.24	$27.42	20
36	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	95	$3,185.26	$33.53	44
37	PRIMARY HEALTH CARE PHARMACY	DES MOINES	IA	95	$19,330.87	$203.48	37
38	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	94	$11,306.76	$120.28	41
39	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	93	$4,190.71	$45.06	60
40	ALL CARE HEALTH CENTER	COUNCIL BLUFFS	IA	92	$1,859.08	$20.21	24
41	WAL-MART PHARMACY #10-1625	LE MARS	IA	92	$1,504.93	$16.36	85
42	MERCY LONG TERM CARE PHARMACY	MASON CITY	IA	92	$3,961.74	$43.06	445
43	WALGREEN #05721	DES MOINES	IA	91	$3,443.75	$37.84	53
44	WALGREEN #7452	DES MOINES	IA	91	$3,223.80	$35.43	57
45	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	91	$5,344.94	$58.74	34
46	MEDICAP PHARMACY	ANKENY	IA	90	$4,689.28	$52.10	32
47	UNITY POINT HEALTH PHARMACY	CEDAR RAPIDS	IA	89	$1,546.55	$17.38	56
48	MEDICAP PHARMACY	INDIANOLA	IA	88	$563.43	$6.40	102
49	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	88	$6,137.43	$69.74	92
50	HY VEE DRUGSTORE 7007-039	AMES	IA	88	$3,939.27	$44.76	111
51	WALGREENS #07453	DES MOINES	IA	86	$1,339.62	$15.58	66
52	CVS PHARMACY #8544	WATERLOO	IA	85	$1,971.84	$23.20	162

Iowa Medicaid
IOWA HHS

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
March through May 2024

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
53	HY-VEE MAINSTREET PHARMACY #7070	SIOUX CITY	IA	85	$3,556.68	$41.84	35
54	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	84	$2,557.16	$30.44	55
55	OSTERHAUS PHARMACY	MAQUOKETA	IA	84	$8,002.78	$95.27	51
56	WALGREEN COMPANY 07455	WATERLOO	IA	82	$1,702.30	$20.76	36
57	HY-VEE PHARMACY #1 (1054)	CEDAR RAPIDS	IA	82	$3,230.10	$39.39	93
58	HY-VEE PHARMACY (1052)	CEDAR FALLS	IA	81	$645.40	$7.97	48
59	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	81	$12,233.04	$151.03	26
60	WALGREEN #09708	DUBUQUE	IA	79	$8,438.72	$106.82	127
61	NUCARA PHARMACY #27	PLEASANT HILL	IA	78	$6,019.56	$77.17	46
62	WALGREENS #03876	MARION	IA	76	$6,231.19	$81.99	141
63	WALGREENS 11153	SPENCER	IA	75	$1,831.45	$24.42	168
64	MERCY FAMILY PHARMACY - REGENCY	MASON CITY	IA	75	$2,437.79	$32.50	104
65	CORNERSTONE APOTHECARY	BELLE PLAINE	IA	74	$4,816.00	$65.08	64
66	GREENVILLE PHARMACY INC	SIOUX CITY	IA	73	$3,308.09	$45.32	38
67	ELIZABETHS PHARMACY ON MAIN	BRITT	IA	72	$6,021.65	$83.63	82
68	WRIGHTWAY LTC PHARMACY	CLINTON	IA	72	$7,443.75	$103.39	234
69	HY-VEE DRUGSTORE #7026	CEDAR RAPIDS	IA	72	$4,553.71	$63.25	68
70	L & M PHARMACY CARE	LE MARS	IA	71	$10,783.16	$151.88	232
71	KOERNER WHIPPLE PHARMACY	HAMPTON	IA	71	$961.58	$13.54	61
72	DOTZLER PHARMACIES INC	HARLAN	IA	70	$6,399.65	$91.42	73
73	CARROLL APOTHECARY	CARROLL	IA	70	$493.56	$7.05	112
74	HARTIG PHARMACY SERVICES	DUBUQUE	IA	70	$2,931.05	$41.87	79
75	MEDICAP PHARMACY	WAUKEE	IA	70	$1,772.91	$25.33	96
76	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	70	$1,412.79	$20.18	156
77	WALGREENS #12393	CEDAR RAPIDS	IA	68	$2,130.67	$31.33	81
78	CVS PHARMACY #16893	ANKENY	IA	68	$7,052.91	$103.72	123

Iowa Medicaid
IOWA HHS

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
March through May 2024

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
79	HY-VEE PHARMACY 1382	LE MARS	IA	68	$2,819.06	$41.46	116
80	WALGREEN CO DBA	ALTOONA	IA	67	$1,853.70	$27.67	100
81	HY-VEE PHARMACY #4 (1890)	WEST DES MOINES	IA	67	$2,241.44	$33.45	107
82	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	67	$2,174.78	$32.46	74
83	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	66	$3,734.08	$56.58	29
84	LEWIS FAMILY DRUG #52	SHELDON	IA	66	$2,012.21	$30.49	126
85	HY VEE PHARMACY 7072	TOLEDO	IA	66	$2,734.59	$41.43	80
86	UI HEALTHCARE RIVER LANDING PHAR	CORALVILLE	IA	66	$2,449.69	$37.12	47
87	MEDICAP PHARMACY	AUDUBON	IA	66	$9,446.18	$143.12	98
88	HY-VEE PHARMACY (1075)	CLINTON	IA	65	$4,668.72	$71.83	45
89	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	65	$1,708.41	$26.28	90
90	MEDICAP PHARMACY	GRIMES	IA	65	$2,175.31	$33.47	62
91	WAL-MART PHARMACY #10-0985	FAIRFIELD	IA	64	$14,194.35	$221.79	33
92	MERCY HEALTH SERVICES IOWA CORP	MASON CITY	IA	64	$2,490.43	$38.91	238
93	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	64	$9,851.27	$153.93	210
94	LA GRANGE PHARMACY INC	VINTON	IA	64	$867.27	$13.55	101
95	CVS PHARMACY #10032	MARION	IA	63	$1,913.54	$30.37	193
96	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	62	$3,114.37	$50.23	49
97	WAL-MART PHARMACY 10-1546	IOWA FALLS	IA	62	$4,108.99	$66.27	131
98	MERCY OUTPATIENT PHARMACY	DES MOINES	IA	61	$1,202.45	$19.71	150
99	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	61	$4,030.67	$66.08	203
100	WALGREEN #04041	DAVENPORT	IA	60	$2,630.24	$43.84	87

Iowa Medicaid
IOWA HHS

TOP 100 PHARMACIES BY PAID AMOUNT
March through May 2024

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	MESKWAKI PHARMACY	TAMA	IA	824	$591,737.81	$1,902.69	1
2	WCHS PHARMACY	WINNEBAGO	NE	319	$229,361.00	$2,011.94	3
3	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	945	$130,335.83	$736.36	2
4	CVS PHARMACY #00102	AURORA	CO	12	$122,800.47	$24,560.09	5
5	COMMUNITY A WALGREENS PHARMACY	IOWA CITY	IA	11	$69,924.90	$13,984.98	8
6	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	24	$62,346.50	$6,927.39	6
7	UNITY POINT AT HOME	URBANDALE	IA	30	$54,620.32	$4,551.69	4
8	KOHLLS RX	OMAHA	NE	3	$48,683.22	$48,683.22	67
9	SIOUXLAND COMMUNITY HEALTH CENTE	SIOUX CITY	IA	750	$48,043.36	$320.29	9
10	CAREMARK KANSAS SPEC PHARMACY LL	LENEXA	KS	45	$45,241.50	$2,827.59	17
11	COMM A WALGREENS PHARMACY #16528	DES MOINES	IA	7	$40,472.73	$13,490.91	7
12	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	57	$37,648.62	$7,529.72	11
13	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	652	$33,813.77	$593.22	10
14	GENOA HEALTHCARE LLC	SIOUX CITY	IA	294	$32,729.40	$1,090.98	16
15	WALGREENS #15647	SIOUX CITY	IA	614	$26,942.57	$176.10	15
16	CR CARE PHARMACY	CEDAR RAPIDS	IA	20	$25,004.49	$5,000.90	19
17	MT VERNON PHARMACY	MT VERNON	IA	51	$23,093.48	$4,618.70	53
18	THOMPSON-DEAN DRUG	SIOUX CITY	IA	366	$22,669.72	$419.81	22
19	CARL T CURTIS HEALTH EJ CENTER	MACY	NE	30	$21,570.00	$1,540.71	24
20	FRED LEROY HEALTH & WELLNESS	OMAHA	NE	30	$21,570.00	$2,696.25	27
21	PRIMARY HEALTH CARE PHARMACY	DES MOINES	IA	95	$19,330.87	$508.71	20
22	WALGREEN #04405	COUNCIL BLUFFS	IA	270	$16,784.60	$430.37	35
23	ORSINI PHARMACEUTICAL SERVICES L	ELK GROVE VILLAGE	IL	4	$15,809.52	$7,904.76	14
24	FOUNDATION CARE LLC	EARTH CITY	MO	2	$15,061.14	$15,061.14	28
25	WAL-MART PHARMACY #10-0985	FAIRFIELD	IA	64	$14,194.35	$1,290.40	12

Iowa Medicaid
IOWA HHS

TOP 100 PHARMACIES BY PAID AMOUNT
March through May 2024

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
26	CVS PHARMACY #17554	CEDAR FALLS	IA	122	$13,703.99	$1,957.71	105
27	RIGHT DOSE PHARMACY	ANKENY	IA	281	$13,004.26	$684.43	39
28	FRESENIUS MEDICAL CARE RX LLC	FRANKLIN	TN	8	$12,783.32	$6,391.66	56
29	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	81	$12,233.04	$1,747.58	47
30	PARAGON PARTNERS	OMAHA	NE	51	$12,205.26	$4,068.42	41
31	HY VEE PHARMACY 1060	CEDAR RAPIDS	IA	132	$12,104.26	$864.59	34
32	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	94	$11,306.76	$1,130.68	83
33	L & M PHARMACY CARE	LE MARS	IA	71	$10,783.16	$3,594.39	60
34	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	64	$9,851.27	$3,283.76	55
35	CHEROKEE MAIN STREET PHARMACY	CHEROKEE	IA	99	$9,807.02	$2,451.76	265
36	BROADLAWNS MEDICAL CENTER	DES MOINES	IA	116	$9,482.54	$326.98	33
37	MEDICAP PHARMACY	AUDUBON	IA	66	$9,446.18	$2,361.55	46
38	KROGER SPECIALTY PHARMACY LA LLC	HARVEY	LA	2	$9,405.14	$9,405.14	45
39	NELSON FAMILY PHARMACY	FORT MADISON	IA	117	$9,387.54	$670.54	42
40	WAL-MART PHARMACY #10-1721	IOWA CITY	IA	42	$9,052.95	$1,810.59	295
41	WALGREEN #09708	DUBUQUE	IA	79	$8,438.72	$527.42	146
42	OPTUM PHARMACY 702 LLC	JEFFERSONVILLE	IN	8	$8,119.34	$4,059.67	31
43	HERITAGE PARK PHARMACY	WEST BURLINGTON	IA	114	$8,079.16	$475.24	89
44	OSTERHAUS PHARMACY	MAQUOKETA	IA	84	$8,002.78	$1,600.56	18
45	WALGREEN #05886	KEOKUK	IA	40	$7,776.87	$1,944.22	90
46	CVS PHARMACY	DES MOINES	IA	59	$7,466.11	$622.18	59
47	WRIGHTWAY LTC PHARMACY	CLINTON	IA	72	$7,443.75	$7,443.75	124
48	OPTUM PHARMACY 701 LLC	FLINT	MI	1	$7,419.34	$7,419.34	
49	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	96	$7,186.34	$342.21	37
50	CVS PHARMACY #16893	ANKENY	IA	68	$7,052.91	$1,410.58	74
51	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	144	$6,746.60	$164.55	44

Iowa Medicaid
IOWA HHS

TOP 100 PHARMACIES BY PAID AMOUNT
March through May 2024

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
52	MEDICAP PHARMACY	KNOXVILLE	IA	99	$6,674.65	$953.52	30
53	DOTZLER PHARMACIES INC	HARLAN	IA	70	$6,399.65	$2,133.22	98
54	WALGREENS #03876	MARION	IA	76	$6,231.19	$566.47	101
55	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	88	$6,137.43	$383.59	175
56	WALGREENS #05119	CLINTON	IA	57	$6,089.59	$1,014.93	502
57	ELIZABETHS PHARMACY ON MAIN	BRITT	IA	72	$6,021.65	$1,204.33	62
58	NUCARA PHARMACY #27	PLEASANT HILL	IA	78	$6,019.56	$668.84	177
59	HY-VEE PHARMACY (1530)	PLEASANT HILL	IA	59	$5,960.25	$458.48	77
60	GENOA HEALTHCARE LLC	FORT DODGE	IA	55	$5,917.19	$1,972.40	457
61	TIPTON PHARMACY	TIPTON	IA	49	$5,748.16	$1,916.05	58
62	HY VEE PHARMACY #6 1155	DES MOINES	IA	116	$5,739.39	$185.14	72
63	HY-VEE STORE CLINIC 1023-039	GRIMES	IA	136	$5,659.14	$404.22	172
64	CVS PHARMACY #16254	MASON CITY	IA	34	$5,472.91	$608.10	166
65	CVS PHARMACY #08658	DAVENPORT	IA	57	$5,416.32	$773.76	80
66	CVS PHARMACY #10282	FORT DODGE	IA	195	$5,347.68	$205.68	95
67	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	91	$5,344.94	$445.41	68
68	NUCARA PHARMACY #100	GREENFIELD	IA	29	$5,329.46	$2,664.73	122
69	WAL-MART PHARMACY 10-2716	CEDAR RAPIDS	IA	27	$5,291.09	$587.90	114
70	CLARKS MEDICINE SHOP	CEDAR RAPIDS	IA	54	$5,262.10	$657.76	337
71	BETTER HEALTH INC DBA	MISSOURI VALLEY	IA	32	$5,213.56	$2,606.78	113
72	WALGREEN COMPANY #05470	SIOUX CITY	IA	115	$5,146.78	$147.05	86
73	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	20	$4,964.46	$4,964.46	78
74	COVENANT FAMILY PHARMACY	WATERLOO	IA	181	$4,944.65	$79.75	52
75	HY-VEE PHARMACY 1011	ALTOONA	IA	115	$4,934.85	$308.43	87
76	LEEDS PHARMACY INC	SIOUX CITY	IA	52	$4,920.50	$492.05	79
77	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	119	$4,894.07	$257.58	36

Iowa Medicaid
IOWA HHS

TOP 100 PHARMACIES BY PAID AMOUNT
March through May 2024

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
78	CVS PHARMACY #17020	WEST DES MOINES	IA	46	$4,880.60	$1,626.87	356
79	HERITAGE PHARMACY FORT MADISON	FORT MADISON	IA	3	$4,828.65	$2,414.33	102
80	CORNERSTONE APOTHECARY	BELLE PLAINE	IA	74	$4,816.00	$4,816.00	92
81	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	60	$4,759.82	$679.97	119
82	HY-VEE PHARMACY (1037)	BETTENDORF	IA	48	$4,735.39	$789.23	121
83	CASH SAVER	DES MOINES	IA	8	$4,707.67	$2,353.84	38
84	LEWIS FAMILY DRUG #69	ROCK VALLEY	IA	37	$4,705.04	$672.15	57
85	MEDICAP PHARMACY	ANKENY	IA	90	$4,689.28	$669.90	73
86	HY-VEE PHARMACY (1075)	CLINTON	IA	65	$4,668.72	$424.43	66
87	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	102	$4,646.75	$129.08	21
88	WAL-MART PHARMACY #10-1361	SIOUX CITY	IA	47	$4,630.41	$356.19	94
89	WALGREENS CO DBA	BOONE	IA	22	$4,612.64	$658.95	361
90	WAL-MART PHARMACY 10-1526	STORM LAKE	IA	36	$4,561.76	$760.29	231
91	WALGREENS #07833	DES MOINES	IA	54	$4,561.00	$350.85	75
92	HY-VEE DRUGSTORE #7026	CEDAR RAPIDS	IA	72	$4,553.71	$413.97	110
93	MAHASKA DRUG INC	OSKALOOSA	IA	43	$4,496.64	$562.08	201
94	CVS PHARMACY #8526	CEDAR RAPIDS	IA	18	$4,365.52	$1,455.17	608
95	HY-VEE PHARMACY 1071	CLARINDA	IA	56	$4,352.21	$435.22	50
96	ONCO360	LOUISVILLE	KY	1	$4,297.88	$4,297.88	
97	HY-VEE PHARMACY (1522)	PERRY	IA	18	$4,251.06	$850.21	118
98	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	93	$4,190.71	$155.21	254
99	IOWA VETERANS HOME	MARSHALLTOWN	IA	128	$4,167.66	$833.53	32
100	MAIN AT LOCUST PHARMACY	DAVENPORT	IA	116	$4,115.16	$316.55	194

Iowa Medicaid
IOWA HHS

TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
March through May 2024

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
1	1053340661	LEIGHTON E FROST MD	$174,055.90	248	3.18	1
2	1043418809	MICHAEL CILIBERTO	$41,124.63	220	5.24	2
3	1902358443	MELISSA KONKEN ARNP	$9,780.09	122	12.20	4
4	1194888024	ALICIA D WAGER NP	$73,577.93	122	1.94	3
5	1538671961	JAMIE WRIGHT ARNP	$3,539.27	110	5.79	9
6	1912991183	MOLLY EARLEYWINE PA	$3,545.55	108	8.31	7
7	1164481362	MELISSA PEARSON ARNP	$74,057.00	103	1.37	5
8	1659358620	CARLOS CASTILLO MD	$3,493.59	99	7.62	44
9	1619153137	JOADA JEAN BEST ARNP	$5,682.98	98	8.17	8
10	1104251776	ANTHONY ERIK GLYDWELL	$68,395.46	98	1.63	12
11	1396289229	JESSE N BECKER ARNP	$2,331.69	92	4.00	6
12	1215125216	REBECCA EVELYN WALDING	$8,060.16	91	6.50	16
13	1598733891	JERRY WILLE MD	$64,710.00	90	1.58	20
14	1780877878	CHRISTOPHER JACOBS ARNP	$4,478.79	87	7.25	10
15	1073249306	MELISSA WATCHORN ARNP	$7,410.87	86	10.75	26
16	1528037082	RODNEY J DEAN MD	$3,641.91	85	7.08	14
17	1144214248	KRISTI WALZ MD	$44,913.77	85	7.73	11
18	1417214321	LEAH BRANDON DO	$4,056.13	82	6.83	13
19	1073235925	KRISTINA L BECK ARNP	$3,343.28	81	20.25	24
20	1467502286	CHARLES R TILLEY	$14,332.31	81	13.50	25
21	1649922410	CASSANDRA MARIE ZIMMERMAN ARNP	$5,132.47	78	39.00	28
22	1659420099	STEPHEN MANDLER	$344.91	72	72.00	234
23	1407836513	NATHAN R NOBLE DO	$2,308.30	71	3.55	18
24	1942896691	VIRIDIANA MUNOZ DE GONZALEZ ARNP	$1,075.38	68	4.53	35
25	1891076386	SARA E FLEECS ARNP	$5,026.69	67	22.33	46
26	1174583157	JOANNE STARR ARNP	$6,570.47	66	33.00	29

Iowa Medicaid
IOWA HHS

TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
March through May 2024

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
27	1760965032	MELISSA MILLER ARNP	$1,757.97	65	5.00	22
28	1013355759	DYLAN GREENE MD	$3,771.92	63	7.88	39
29	1699740159	FRANK SAM MARINO JR DO	$2,117.27	61	4.69	33
30	1295217529	HEATHER STEHR ARNP	$16,350.85	61	4.07	21
31	1841220290	KENT E KUNZE MD	$3,713.25	61	10.17	49
32	1164538674	JOSEPH MATTHEW WANZEK III DO	$4,340.32	60	10.00	41
33	1609218304	AMANDA GARR ARNP	$22,588.05	59	7.38	32
34	1811123318	AARON KAUER MD	$5,330.88	58	9.67	45
35	1093272668	RICARDO OSARIO ARNP	$5,329.28	57	4.38	31
36	1154929230	CHELSEA JONES ARNP	$38,837.82	55	2.50	40
37	1821268335	JACQUELINE MCINNIS PAC	$9,221.97	55	11.00	50
38	1003884107	RANDALL ALLEN KAVALIER DO	$537.09	55	5.00	30
39	1437506342	KYLE MERRILL MD	$553.34	51	7.29	43
40	1356337273	LISA JAYNE MENZIES MD	$1,115.52	50	3.33	77
41	1336418425	DENA R NEIMAN ARNP	$870.34	49	4.08	37
42	1629265368	HANNAH LOKENVITZ PA	$625.82	48	16.00	48
43	1639134034	ELIZABETH PRATT ARNP	$704.64	48	1.78	19
44	1891422606	EMILY CLAWSON ARNP	$918.25	48	6.00	107
45	1073852059	AMBER HANSEN MD	$33,793.00	47	2.61	96
46	1194722413	AIMEE LORENZ DO	$3,564.11	47	3.36	15
47	1427766559	KORIE JORDAN EISCHEID ARNP	$1,627.17	47	47.00	23
48	1477950988	RIFALI VIMALKUMAR PATEL MD	$2,953.07	46	4.18	51
49	1275742090	ASHAR LUQMAN MD	$704.33	46	5.75	74
50	1548484165	CARRIE L GRADY MD	$5,348.62	45	22.50	61
51	1144715954	TIFFINI COLLETTE TOLIVER ARNP	$531.15	45	15.00	55
52	1073600755	THOMAS MORGAN MD	$632.84	45	9.00	161

Iowa Medicaid
IOWA HHS

TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
March through May 2024

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
53	1700356334	BRIANNA SCHAFFER ARNP	$4,520.15	45	15.00	52
54	1508846007	ANGELA TOWNSEND MD	$785.50	44	4.89	69
55	1053376475	DANIEL GILLETTE MD	$2,682.73	44	14.67	56
56	1811493679	JUNE MYLER ARNP	$30,917.00	43	1.87	80
57	1730473315	LYNDSAY ANNE HARSHMAN MD	$990.95	43	5.38	117
58	1558147868	JAMIE KARSTENS ARNP	$686.77	42	3.50	785
59	1447519038	ERIN E RICHARDSON MD	$963.46	42	4.20	100
60	1720698335	DANIKA LEIGH HANSEN ARNP	$6,126.57	42	4.20	65
61	1457346231	DAWN RENAE EBACH MD	$1,705.97	41	5.13	63
62	1619649209	STEPHANIE HEALY ARNP	$638.14	40	5.71	223
63	1033890918	DINA IRWIN ARNP	$1,371.91	40	6.67	54
64	1932493749	NICHOLAS CHARLES BECHTOLD DO	$1,265.11	40	20.00	121
65	1912345992	AMY WINGERT MD	$1,622.22	39	19.50	116
66	1457584740	ERIC DENNIS MEYER ARNP	$2,776.89	39	3.90	36
67	1013115369	BOBBITA NAG MD	$1,047.37	39	5.57	73
68	1588838841	LEENU MISHRA MD	$459.18	39	4.88	90
69	1609131770	SREENATH THATI GANGANNA MBBS	$6,105.57	39	7.80	70
70	1467907394	CYNTHIA COENEN ARNP	$5,803.74	38	19.00	138
71	1053600296	JESSICA MCCOOL MD	$2,825.01	38	38.00	82
72	1962418640	BARCLAY MONASTER MD	$5,009.33	38	7.60	62
73	1538699806	JENNIFER HUTCHINSON ARNP	$19,744.71	38	2.53	682
74	1144240805	DANIEL ROWLEY MD	$3,246.47	38	19.00	59
75	1073171468	MIKALA LANDON ARNP	$844.62	38	9.50	64
76	1619380680	TARA BROCKMAN DO	$1,801.18	38	7.60	93
77	1255823506	NICOLE MARIE DELAGARDELLE	$1,943.03	38	6.33	87
78	1427164789	MICHAEL JAMES OURADA MD	$640.93	37	18.50	217

Iowa Medicaid
IOWA HHS

TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
March through May 2024

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
79	1164743357	ALISA M OLSON DO	$5,206.89	37	9.25	97
80	1932732203	AUDREY HOUSMAN ARNP	$4,072.04	36	9.00	897
81	1578123915	BRIANNA BROWNLEE DO	$2,047.51	36	12.00	151
82	1346557550	ROBERT BRYAN BOYLE ARNP	$6,357.52	36	6.00	17
83	1639607757	MICHAEL D GERBER ARNP	$3,162.09	36	9.00	147
84	1760675177	LORI SWANSON ARNP	$25,165.00	35	2.33	177
85	1053099051	BAILIEY J ZARUBA ARNP	$909.42	35	7.00	331
86	1629430293	ALICE MENG MD	$609.71	35	3.18	123
87	1316356496	KIMBERLY NICHOLLE ROBERTS APRN	$1,279.69	35	5.83	68
88	1982124103	SABRINA MARTINEZ	$1,246.64	35	17.50	169
89	1043265176	SHARON K FEY PAC	$14,572.21	34	17.00	127
90	1376117036	THOMAS HAO VOLBERDING MD	$968.87	34	17.00	152
91	1174640528	AMY JO PAYNE PA	$585.40	34	3.40	292
92	1982699260	SCOTT JAMES SHEETS DO	$1,400.00	33	5.50	92
93	1790754695	JOEL P VANDER MEIDE DO	$397.89	33	11.00	156
94	1598750861	RHONDA SYATA MD	$3,180.34	33	4.71	163
95	1417679168	PAIGE REED ARNP	$2,426.33	33	11.00	907
96	1336599869	JOHN JOGHYUN LEE DO	$376.31	33	16.50	125
97	1598750432	CHRISTOPHER OKIISHI MD	$851.96	32	5.33	150
98	1215184726	BABUJI REDDY GANDRA MD	$844.63	32	6.40	81
99	1689950453	APRIL M WAGNER ARNP	$2,432.27	32	10.67	325
100	1750900809	LOGAN TAYLOR CHIRI ARNP	$2,199.13	32	10.67	205

Iowa Medicaid
IOWA HHS

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
March through May 2024

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
1	1053340661	LEIGHTON E FROST MD	$174,055.90	$701.84	248	1
2	1164481362	MELISSA PEARSON ARNP	$74,057.00	$719.00	103	3
3	1194888024	ALICIA D WAGER NP	$73,577.93	$603.10	122	4
4	1104251776	ANTHONY ERIK GLYDWELL	$68,395.46	$697.91	98	5
5	1598733891	JERRY WILLE MD	$64,710.00	$719.00	90	10
6	1790005064	CRHISTOHER S SALES MD	$53,205.46	$10,641.09	5	8
7	1144214248	KRISTI WALZ MD	$44,913.77	$528.40	85	12
8	1447488325	ABDELAZIZ ELHADDAD MD	$42,476.01	$14,158.67	3	38
9	1053387522	AMY L DIETRICH PAC	$42,092.94	$10,523.24	4	41
10	1043418809	MICHAEL CILIBERTO	$41,124.63	$186.93	220	14
11	1952326530	LISA HEDRICK PA	$40,454.76	$6,742.46	6	9
12	1154929230	CHELSEA JONES ARNP	$38,837.82	$706.14	55	13
13	1073852059	AMBER HANSEN MD	$33,793.00	$719.00	47	22
14	1811493679	JUNE MYLER ARNP	$30,917.00	$719.00	43	17
15	1003079997	SARAH ANNE TOFILON MD	$30,915.87	$3,864.48	8	11
16	1639157373	CALVIN J HANSEN MD	$26,282.31	$4,380.39	6	21
17	1760675177	LORI SWANSON ARNP	$25,165.00	$719.00	35	29
18	1194990945	SANDEEP GUPTA MD	$24,097.59	$892.50	27	51
19	1790986925	TAHUANTY ANIBAL PENA MD	$22,824.56	$877.87	26	35
20	1609218304	AMANDA GARR ARNP	$22,588.05	$382.85	59	16
21	1366402505	KUNAL KUMAR PATRA MD	$20,132.00	$719.00	28	27
22	1417307497	EMILY BOES DO	$19,933.63	$3,322.27	6	26
23	1730128653	KRISTI J ROBSON MD	$19,901.95	$4,975.49	4	20
24	1184056822	ABBY I KOLTHOFF ARNP	$19,865.08	$620.78	32	65
25	1538699806	JENNIFER HUTCHINSON ARNP	$19,744.71	$519.60	38	92
26	1326034984	KATHERINE DIANNE MATHEWS MD	$18,113.89	$823.36	22	6
27	1891146999	BECKY L JOHNSON ARNP	$17,702.00	$1,106.38	16	1263

Iowa Medicaid
IOWA HHS

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
March through May 2024

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
28	1205504669	JENNIFER SWANSON ARNP	$17,256.00	$719.00	24	53
29	1295217529	HEATHER STEHR ARNP	$16,350.85	$268.05	61	60
30	1104012996	VENKATESH K RUDRAPATNA MD	$15,416.10	$15,416.10	1	
31	1255658175	ASHLEY R DESCHAMP MD	$15,097.83	$3,019.57	5	34
32	1366826109	ALYSSA D MRSNY PA-C	$15,060.62	$1,369.15	11	938
33	1043265176	SHARON K FEY PAC	$14,572.21	$428.59	34	59
34	1467502286	CHARLES R TILLEY	$14,332.31	$176.94	81	69
35	1225263833	LINDSAY J ORRIS DO	$13,852.04	$2,308.67	6	25
36	1841607900	SHAYLA SANDERS ARNP	$13,505.07	$2,701.01	5	18
37	1255538344	SARAH FEDDERSEN PA	$13,467.75	$2,244.63	6	2993
38	1255319422	DAVID STAUB MD	$13,456.42	$6,728.21	2	40
39	1528559937	JOHN RIETH MD	$12,300.15	$3,075.04	4	
40	1649678582	LAURA STULKEN PA	$12,089.66	$2,014.94	6	49
41	1770933046	SHELBY BILLER	$11,596.15	$828.30	14	50
42	1306349956	KATIE LADEHOFF ARNP	$11,504.00	$719.00	16	55
43	1841673738	RACHEL R PERSON APRN	$11,065.54	$2,766.39	4	68
44	1891955423	LEAH SIEGFRIED PA	$10,456.77	$746.91	14	82
45	1902358443	MELISSA KONKEN ARNP	$9,780.09	$80.16	122	47
46	1770880387	AARON BOES MD PHD	$9,607.51	$960.75	10	
47	1104088202	PATRICK SAFO MD	$9,405.14	$4,702.57	2	23
48	1831329630	SPYRIDON FORTIS MD	$9,247.98	$420.36	22	114
49	1821268335	JACQUELINE MCINNIS PAC	$9,221.97	$167.67	55	95
50	1972879625	LAUREN KANNER MD	$9,087.00	$908.70	10	31
51	1013911692	JEFFREY SCOTT SARTIN MD	$8,705.74	$2,176.44	4	77
52	1093141129	LARRY MARTIN NEWMAN ARNP	$8,665.07	$577.67	15	15
53	1710973029	JOHN HALLGREN	$8,628.00	$719.00	12	233
54	1215125216	REBECCA EVELYN WALDING	$8,060.16	$88.57	91	108

Iowa Medicaid
IOWA HHS

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
March through May 2024

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
55	1417251216	GRETCHEN ELIZABETH WHEELOCK APRN	$7,909.00	$719.00	11	98
56	1104498039	BRENDA L CAIN ARNP	$7,894.44	$292.39	27	104
57	1821076753	IRENA MARIA CHARYSZ-BIRSKI MD	$7,560.14	$1,890.04	4	
58	1073249306	MELISSA WATCHORN ARNP	$7,410.87	$86.17	86	110
59	1013978089	JENNIFER BRADLEY ARNP	$7,268.80	$269.21	27	101
60	1790772846	PETAR LENERT MD	$6,693.00	$3,346.50	2	1746
61	1114521721	TARRAH HOLLIDAY ARNP	$6,670.83	$476.49	14	57
62	1396711867	MICHELLE L DAFFER MD	$6,647.74	$2,215.91	3	80
63	1174583157	JOANNE STARR ARNP	$6,570.47	$99.55	66	133
64	1346557550	ROBERT BRYAN BOYLE ARNP	$6,357.52	$176.60	36	220
65	1316934318	STEVEN LENTZ MD	$6,131.58	$2,043.86	3	391
66	1720698335	DANIKA LEIGH HANSEN ARNP	$6,126.57	$145.87	42	107
67	1609131770	SREENATH THATI GANGANNA MBBS	$6,105.57	$156.55	39	30
68	1275836751	HOLLY M KRAMER ARNP	$6,072.00	$674.67	9	127
69	1114214541	DIMAH NAYEF SAADE MD	$5,848.46	$449.88	13	84
70	1467907394	CYNTHIA COENEN ARNP	$5,803.74	$152.73	38	118
71	1932582988	DIANNE HUMPHREY ARNP	$5,782.74	$231.31	25	102
72	1992766299	PATRICK K CHAU MD	$5,780.50	$361.28	16	45
73	1497263008	TARA J SMITH PMHNP	$5,754.97	$523.18	11	124
74	1801382684	PAIGE SMITH ARNP	$5,752.00	$719.00	8	191
75	1922455096	DEAN L GUERDET ARNP	$5,692.46	$177.89	32	216
76	1619153137	JOADA JEAN BEST ARNP	$5,682.98	$57.99	98	72
77	1144588476	RACHEL D FILZER ARNP	$5,665.99	$1,133.20	5	99
78	1932531316	BROOKE JOHNSON ARNP	$5,566.11	$214.08	26	100
79	1750348496	VANESSA ANN CURTIS MD	$5,367.42	$383.39	14	33
80	1548484165	CARRIE L GRADY MD	$5,348.62	$118.86	45	120
81	1811123318	AARON KAUER MD	$5,330.88	$91.91	58	205

Iowa Medicaid
IOWA HHS

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
March through May 2024

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
82	1093272668	RICARDO OSARIO ARNP	$5,329.28	$93.50	57	91
83	1164743357	ALISA M OLSON DO	$5,206.89	$140.73	37	76
84	1649922410	CASSANDRA MARIE ZIMMERMAN ARNP	$5,132.47	$65.80	78	139
85	1912208323	LISA M MEYER ARNP	$5,125.05	$213.54	24	70
86	1316129786	ERIN ROLF DMD	$5,033.00	$719.00	7	129
87	1275025603	BROOKE YOSSI DDS	$5,033.00	$719.00	7	161
88	1861940249	SARA MCINTOSH ARNP	$5,033.00	$719.00	7	79
89	1891076386	SARA E FLEECS ARNP	$5,026.69	$75.03	67	140
90	1962418640	BARCLAY MONASTER MD	$5,009.33	$131.82	38	119
91	1194703074	WENDY W ZADEH MD	$4,958.35	$291.67	17	109
92	1255058640	SHELLI BROWN ARNP	$4,889.84	$543.32	9	1216
93	1679573893	PATTY HILDRETH ARNP	$4,861.98	$231.52	21	406
94	1730197476	MICHAEL BLAESS DO	$4,786.50	$227.93	21	116
95	1154604536	ANNA C PRUESS ARNP	$4,773.04	$190.92	25	111
96	1225332463	MOLLY E SCHOOLEY PA-C	$4,752.43	$264.02	18	328
97	1700308426	RACHEL L KROEGER ARNP	$4,713.14	$589.14	8	83
98	1700561826	PEDRO HSIEH MD	$4,651.42	$930.28	5	36
99	1558039495	SARAH HIETBRINK ARNP	$4,562.31	$182.49	25	71
100	1770296733	KATIE M WICTOR NP-C	$4,555.94	$506.22	9	75

Iowa Medicaid
IOWA HHS

TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

CATEGORY DESCRIPTION	December through February 2024	RANK	% BUDGET	March through May 2024	RANK	% BUDGET	% CHANGE
ANTIPSYCHOTICS - ATYPICALS	$222,654	2	7.1%	$228,346	1	8.3%	2.6%
ANTI-INFLAMMATORIES, NON-NSAID	$343,254	1	11.0%	$197,901	2	7.2%	-42.3%
DIABETIC - NON-INSULIN INJECTABLES	$145,141	4	4.7%	$145,387	3	5.3%	0.2%
ANTICONVULSANTS	$150,191	3	4.8%	$133,894	4	4.9%	-10.9%
ANTIDEPRESSANTS - SELECTED SSRI'S	$124,177	5	4.0%	$115,619	5	4.2%	-6.9%
ANTIRETROVIRAL COMBINATIONS	$85,569	7	2.7%	$105,484	6	3.9%	23.3%
ANTINEOPLASTICS - PROTEIN-TYROSINE KINASE INHIBITORS	$69,329	10	2.2%	$102,365	7	3.7%	47.7%
DIABETIC - OTHER	$86,787	6	2.8%	$87,486	8	3.2%	0.8%
STIMULANTS - AMPHETAMINES - LONG ACTING	$72,994	9	2.3%	$68,993	9	2.5%	-5.5%
DIABETIC - INSULIN PENFILLS	$64,233	11	2.1%	$54,536	10	2.0%	-15.1%
OP. MISC	$55,269	14	1.8%	$53,057	11	1.9%	-4.0%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	$43,039	20	1.4%	$52,427	12	1.9%	21.8%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	$51,409	15	1.6%	$50,105	13	1.8%	-2.5%
ANTIASTHMATIC - BETA - ADRENERGICS	$45,671	19	1.5%	$46,645	14	1.7%	2.1%
ATOPIC DERMATITIS	$58,683	12	1.9%	$45,418	15	1.7%	-22.6%
ANTICOAGULANTS	$42,558	21	1.4%	$44,163	16	1.6%	3.8%
ANTIASTHMATIC - ADRENERGIC COMBOS	$50,310	16	1.6%	$42,819	17	1.6%	-14.9%
CYSTIC FIBROSIS AGENTS	$30,497	26	1.0%	$38,017	18	1.4%	24.7%
GI - PROTON PUMP INHIBITOR	$41,036	22	1.3%	$35,775	19	1.3%	-12.8%
GLUCOCORTICOIDS - MINERALOCORTICOIDS	$47,939	18	1.5%	$35,578	20	1.3%	-25.8%

Iowa Medicaid
IOWA HHS

TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

CATEGORY DESCRIPTION	December through February 2024	PREV RANK	March through May 2024	CURR RANK	PERC CHANGE
ANTIDEPRESSANTS - SELECTED SSRI'S	3,058	1	2,680	1	-12.4%
ANTICONVULSANTS	1,948	2	1,750	2	-10.2%
ANTIPSYCHOTICS - ATYPICALS	1,166	3	1,076	3	-7.7%
GI - PROTON PUMP INHIBITOR	795	4	677	4	-14.8%
ANTIHYPERTENSIVES - CENTRAL	749	5	672	5	-10.3%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	674	6	634	6	-5.9%
ANTIASTHMATIC - BETA - ADRENERGICS	627	7	566	7	-9.7%
BETA-LACTAMS / CLAVULANATE COMBO'S	548	9	528	8	-3.6%
ANTIHISTAMINES - NON-SEDATING	504	11	521	9	3.4%
ANTIHISTAMINES - OTHER	554	8	512	10	-7.6%
NARCOTICS - MISC.	470	12	469	11	-0.2%
STIMULANTS - AMPHETAMINES - LONG ACTING	430	17	423	12	-1.6%
DIURETICS	514	10	422	13	-17.9%
MUSCLE RELAXANTS	446	14	410	14	-8.1%
THYROID HORMONES	441	15	407	15	-7.7%
NSAIDS	453	13	391	16	-13.7%
GLUCOCORTICOIDS - MINERALOCORTICOIDS	389	19	369	17	-5.1%
DIABETIC - ORAL BIGUANIDES	391	18	365	18	-6.6%
ACE INHIBITORS	431	16	356	19	-17.4%
ANALGESICS - MISC.	363	20	342	20	-5.8%

Iowa Medicaid
IOWA HHS

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	December through February 2024	PREVIOUS RANK	March through May 2024	RANK	PERCENT CHANGE
OZEMPIC	$88,112.33	2	$103,833.24	1	17.84%
BIKTARVY	$60,834.15	5	$79,412.93	2	30.54%
VRAYLAR	$52,393.42	11	$72,747.59	3	38.85%
HUMIRA PEN	$241,119.52	1	$71,792.29	4	-70.23%
TALTZ	$71,329.54	4	$59,649.66	5	-16.37%
JARDIANCE	$52,537.90	10	$56,683.95	6	7.89%
OXERVATE	$53,057.32	9	$53,057.32	7	0.00%
VYVANSE	$56,197.66	8	$49,686.46	8	-11.59%
VERZENIO	$45,376.26	13	$46,248.30	9	1.92%
DUPIXENT	$57,761.89	7	$45,528.68	10	-21.18%
KISQALI	$14,158.67	48	$42,476.01	11	200.00%
SKYRIZI PEN		999	$42,055.48	12	%
TRIKAFTA	$30,497.10	20	$38,017.02	13	24.66%
ALBUTEROL SULFATE HFA	$31,082.18	17	$36,790.72	14	18.37%
INVEGA SUSTENNA	$41,257.18	14	$35,640.79	15	-13.61%
ELIQUIS	$31,022.68	18	$32,349.29	16	4.28%
TRULICITY	$49,517.62	12	$32,048.42	17	-35.28%
REXULTI	$31,457.27	16	$29,722.33	18	-5.52%
KESIMPTA	$25,666.39	22	$26,237.88	19	2.23%
LISINOPRIL	$26,319.15	21	$23,678.39	20	-10.03%
ATORVASTATIN CALCIUM	$21,820.35	27	$23,076.98	21	5.76%
AMOXICILLIN	$22,043.75	26	$22,016.77	22	-0.12%
ESCITALOPRAM OXALATE	$21,529.24	28	$21,563.09	23	0.16%
IBUPROFEN	$24,183.71	24	$21,171.54	24	-12.46%
ROSUVASTATIN CALCIUM	$13,521.06	54	$19,113.47	25	41.36%
CETIRIZINE HYDROCHLORIDE	$16,824.03	36	$18,838.16	26	11.97%
JORNAY PM	$14,937.29	43	$18,546.68	27	24.16%

Iowa Medicaid
IOWA HHS

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	December through February 2024	PREVIOUS RANK	March through May 2024	RANK	PERCENT CHANGE
ONDANSETRON ODT	$16,715.53	37	$18,537.29	28	10.90%
ARISTADA	$24,715.98	23	$18,453.78	29	-25.34%
ENTRESTO	$13,765.88	51	$17,842.02	30	29.61%
LANTUS SOLOSTAR	$19,115.25	33	$17,632.41	31	-7.76%
OMEPRAZOLE	$13,599.49	52	$16,526.14	32	21.52%
CONCERTA	$19,861.55	30	$16,133.03	33	-18.77%
CEPHALEXIN	$11,072.44	65	$15,963.22	34	44.17%
NURTEC	$11,866.14	58	$15,895.79	35	33.96%
EMFLAZA	$30,869.04	19	$15,809.52	36	-48.79%
SERTRALINE HYDROCHLORIDE	$8,137.08	88	$15,717.95	37	93.16%
INGREZZA		999	$15,543.12	38	%
BUPROPION HYDROCHLORIDE E	$12,088.29	56	$15,236.84	39	26.05%
COSENTYX UNOREADY		999	$14,838.68	40	%
TRINTELLIX	$14,160.45	47	$14,754.44	41	4.19%
AMPHETAMINE/DEXTROAMPHETA	$9,632.63	73	$14,736.22	42	52.98%
CAPLYTA	$14,139.78	49	$14,441.36	43	2.13%
AUSTEDO	$14,569.42	46	$13,941.76	44	-4.31%
VELPHORO	$6,193.50	115	$13,659.91	45	120.55%
SAPROPTERIN DIHYDROCHLORI	$20.00	907	$13,467.75	46	67,238.75%
METHYLPHENIDATE HYDROCHLO	$14,751.99	45	$13,342.40	47	-9.56%
EPIDIOLEX	$22,904.12	25	$13,133.33	48	-42.66%
FARXIGA	$15,662.24	39	$12,778.80	49	-18.41%
PREDNISONE	$10,549.27	66	$12,657.48	50	19.98%
AZITHROMYCIN	$12,776.19	55	$12,548.93	51	-1.78%
AMLODIPINE BESYLATE	$13,869.68	50	$12,489.24	52	-9.95%
SYMBICORT	$18,457.64	34	$12,354.38	53	-33.07%
HYCAMTIN		999	$12,278.17	54	%

Iowa Medicaid
IOWA HHS

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	December through February 2024	PREVIOUS RANK	March through May 2024	RANK	PERCENT CHANGE
ONFI	$5,286.13	129	$12,205.43	55	130.90%
ACETAMINOPHEN	$9,274.47	74	$12,107.89	56	30.55%
KEPPRA	$7,758.62	93	$11,919.02	57	53.62%
LOSARTAN POTASSIUM	$5,888.77	116	$11,578.02	58	96.61%
BANZEL	$8,054.01	89	$11,535.17	59	43.22%
GABAPENTIN	$8,303.63	85	$11,143.47	60	34.20%
TRAZODONE HYDROCHLORIDE	$11,877.30	57	$11,079.19	61	-6.72%
DESCOVY	$8,233.03	87	$10,884.77	62	32.21%
LYBALVI	$7,419.57	98	$10,755.22	63	44.96%
HUMATE-P	$15,102.90	42	$10,694.32	64	-29.19%
METFORMIN HYDROCHLORIDE	$8,263.40	86	$10,540.96	65	27.56%
QUILLICHEW ER	$11,842.63	59	$10,327.57	66	-12.79%
NAYZILAM	$5,252.34	130	$10,126.08	67	92.79%
INVEGA TRINZA	$9,635.05	72	$10,045.26	68	4.26%
BENLYSTA	$19,794.24	31	$10,001.52	69	-49.47%
PANTOPRAZOLE SODIUM	$15,632.20	40	$9,995.63	70	-36.06%
EVRYSDI	$32,383.86	15	$9,646.14	71	-70.21%
OTEZLA	$9,181.71	76	$9,405.14	72	2.43%
AFINITOR	$9,059.67	79	$9,342.51	73	3.12%
MOUNJARO	$7,510.70	97	$9,243.04	74	23.06%
SYNTHROID	$9,838.97	68	$9,181.65	75	-6.68%
TRAMADOL HYDROCHLORIDE	$9,719.91	70	$9,173.25	76	-5.62%
XARELTO	$8,577.93	83	$9,138.71	77	6.54%
SPIRIVA HANDIHALER	$7,534.32	95	$9,015.84	78	19.66%
HYDROCODONE BITARTRATE/AC	$6,658.66	108	$8,949.30	79	34.40%
METFORMIN HYDROCHLORIDE E	$11,559.48	62	$8,662.69	80	-25.06%
NORDITROPIN FLEXPRO	$7,805.09	92	$8,422.35	81	7.91%

Iowa Medicaid
IOWA HHS

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	December through February 2024	PREVIOUS RANK	March through May 2024	RANK	PERCENT CHANGE
SOGROYA	$18,302.06	35	$8,384.28	82	-54.19%
CLONIDINE HYDROCHLORIDE	$7,282.22	100	$8,372.26	83	14.97%
AMOXICILLIN/CLAVULANATE P	$5,234.83	131	$8,315.11	84	58.84%
MONTELUKAST SODIUM	$7,031.78	104	$8,244.79	85	17.25%
ACETAMINOPHEN CHILDRENS	$6,694.24	107	$8,176.45	86	22.14%
FLUTICASONE PROPIONATE	$9,696.58	71	$8,167.47	87	-15.77%
ABILIFY MAINTENA	$5,501.23	121	$8,134.84	88	47.87%
DOXYCYCLINE HYCLATE	$2,879.78	204	$8,024.46	89	178.65%
LEVOTHYROXINE SODIUM	$5,444.07	124	$7,862.67	90	44.43%
GENVOYA	$11,325.78	64	$7,792.56	91	-31.20%
FASENRA PEN	$3,781.82	172	$7,570.08	92	100.17%
SULFAMETHOXAZOLE/TRIMETHO	$7,518.82	96	$7,520.87	93	0.03%
CEFDINIR	$4,872.31	142	$7,504.70	94	54.03%
VIMPAT	$14,856.27	44	$7,489.83	95	-49.58%
VITAMIN D	$5,181.14	133	$7,317.93	96	41.24%
FAMOTIDINE	$5,182.54	132	$7,288.97	97	40.64%
AJOVY	$7,810.08	91	$7,227.20	98	-7.46%
CYCLOBENZAPRINE HYDROCHLO	$9,176.65	77	$7,135.59	99	-22.24%
FEROSUL	$6,209.46	114	$7,080.74	100	14.03%

Iowa Medicaid
IOWA HHS

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	December through February 2024	PREVIOUS RANK	March through May 2024	RANK	PERCENT CHANGE
TRAZODONE HYDROCHLORIDE	518	1	436	1	-15.83%
ATORVASTATIN CALCIUM	463	2	416	2	-10.15%
GABAPENTIN	443	3	380	3	-14.22%
FLUOXETINE HYDROCHLORIDE	387	9	377	4	-2.58%
OMEPRAZOLE	424	4	372	5	-12.26%
LEVOTHYROXINE SODIUM	396	7	369	6	-6.82%
CLONIDINE HYDROCHLORIDE	403	6	363	7	-9.93%
ESCITALOPRAM OXALATE	421	5	355	8	-15.68%
ALBUTEROL SULFATE HFA	342	11	343	9	0.29%
CETIRIZINE HYDROCHLORIDE	303	14	327	10	7.92%
AMOXICILLIN	321	12	321	11	0.00%
LISINOPRIL	387	8	312	12	-19.38%
SERTRALINE HYDROCHLORIDE	354	10	302	13	-14.69%
METHYLPHENIDATE HYDROCHLO	288	16	281	14	-2.43%
AMPHETAMINE/DEXTROAMPHETA	271	18	281	15	3.69%
QUETIAPINE FUMARATE	282	17	266	16	-5.67%
BUPROPION HYDROCHLORIDE E	305	13	256	17	-16.07%
ARIPIPRAZOLE	293	15	249	18	-15.02%
MONTELUKAST SODIUM	255	21	247	19	-3.14%
HYDROXYZINE HYDROCHLORIDE	264	19	230	20	-12.88%
FAMOTIDINE	221	26	227	21	2.71%
METFORMIN HYDROCHLORIDE	218	27	218	22	0.00%
LAMOTRIGINE	256	20	214	23	-16.41%
PREDNISONE	232	24	212	24	-8.62%
BUSPIRONE HYDROCHLORIDE	212	30	200	25	-5.66%
LEVETIRACETAM	215	28	197	26	-8.37%
PANTOPRAZOLE SODIUM	238	22	195	27	-18.07%

Iowa Medicaid
IOWA HHS

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	December through February 2024	PREVIOUS RANK	March through May 2024	RANK	PERCENT CHANGE
RISPERIDONE	210	31	194	28	-7.62%
IBUPROFEN	223	25	191	29	-14.35%
AMLODIPINE BESYLATE	237	23	191	30	-19.41%
DULOXETINE HYDROCHLORIDE	193	37	189	31	-2.07%
HYDROCODONE BITARTRATE/AC	199	35	187	32	-6.03%
ONDANSETRON ODT	204	34	183	33	-10.29%
FLUTICASONE PROPIONATE	212	29	180	34	-15.09%
AMOXICILLIN/CLAVULANATE P	186	38	179	35	-3.76%
VENLAFAXINE HYDROCHLORIDE	204	32	173	36	-15.20%
AZITHROMYCIN	204	33	167	37	-18.14%
VYVANSE	178	39	163	38	-8.43%
METOPROLOL SUCCINATE ER	166	43	161	39	-3.01%
TOPIRAMATE	176	40	159	40	-9.66%
CYCLOBENZAPRINE HYDROCHLO	162	44	155	41	-4.32%
LOSARTAN POTASSIUM	148	50	154	42	4.05%
SERTRALINE HCL	159	45	150	43	-5.66%
GUANFACINE HYDROCHLORIDE	195	36	149	44	-23.59%
CEPHALEXIN	175	41	149	45	-14.86%
METFORMIN HYDROCHLORIDE E	173	42	147	46	-15.03%
HYDROXYZINE PAMOATE	141	53	141	47	0.00%
BACLOFEN	155	46	137	48	-11.61%
OXYCODONE HYDROCHLORIDE	124	62	134	49	8.06%
PROPRANOLOL HYDROCHLORIDE	139	55	132	50	-5.04%
CLONAZEPAM	129	58	132	51	2.33%
OZEMPIC	111	69	131	52	18.02%
SPIRONOLACTONE	148	51	129	53	-12.84%
TRAMADOL HYDROCHLORIDE	148	49	128	54	-13.51%

Iowa Medicaid
IOWA HHS

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	December through February 2024	PREVIOUS RANK	March through May 2024	RANK	PERCENT CHANGE
ROSUVASTATIN CALCIUM	112	68	127	55	13.39%
MIRTAZAPINE	153	47	126	56	-17.65%
METRONIDAZOLE	102	74	118	57	15.69%
ASPIRIN LOW DOSE	120	64	117	58	-2.50%
POLYETHYLENE GLYCOL 3350	130	57	115	59	-11.54%
LANTUS SOLOSTAR	106	71	113	60	6.60%
VENTOLIN HFA	151	48	111	61	-26.49%
FUROSEMIDE	140	54	111	62	-20.71%
JARDIANCE	105	72	107	63	1.90%
OLANZAPINE	124	60	107	64	-13.71%
SULFAMETHOXAZOLE/TRIMETHO	124	61	104	65	-16.13%
CEFDINIR	125	59	103	66	-17.60%
ALBUTEROL SULFATE	122	63	102	67	-16.39%
MELOXICAM	118	65	101	68	-14.41%
PRAZOSIN HYDROCHLORIDE	135	56	101	69	-25.19%
LORAZEPAM	112	67	99	70	-11.61%
ALPRAZOLAM	116	66	99	71	-14.66%
LORATADINE	94	78	98	72	4.26%
DOXYCYCLINE MONOHYDRATE	108	70	96	73	-11.11%
HYDROCHLOROTHIAZIDE	144	52	92	74	-36.11%
PREGABALIN	99	75	87	75	-12.12%
TRIAMCINOLONE ACETONIDE	87	82	83	76	-4.60%
FOLIC ACID	78	90	82	77	5.13%
GUANFACINE ER	78	89	82	78	5.13%
FLUCONAZOLE	81	86	80	79	-1.23%
CARVEDILOL	98	76	80	80	-18.37%
ONDANSETRON HYDROCHLORIDE	77	91	78	81	1.30%

Iowa Medicaid
IOWA HHS

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	December through February 2024	PREVIOUS RANK	March through May 2024	RANK	PERCENT CHANGE
ACETAMINOPHEN	65	99	77	82	18.46%
FEROSUL	103	73	75	83	-27.18%
CLOBAZAM	89	79	75	84	-15.73%
METOPROLOL TARTRATE	81	84	75	85	-7.41%
ZOLPIDEM TARTRATE	80	88	74	86	-7.50%
NAPROXEN	95	77	73	87	-23.16%
HYDROXYZINE HCL	68	96	73	88	7.35%
GLYCOPYRROLATE	65	100	71	89	9.23%
VALACYCLOVIR HYDROCHLORID	73	92	70	90	-4.11%
SYMBICORT	88	80	70	91	-20.45%
CITALOPRAM HYDROBROMIDE	81	87	70	92	-13.58%
NALTREXONE HCL	72	93	68	93	-5.56%
AMITRIPTYLINE HYDROCHLORI	88	81	68	94	-22.73%
ELIQUIS	66	97	67	95	1.52%
NITROFURANTOIN MONOHYDRAT	55	110	64	96	16.36%
JORNAY PM	51	117	63	97	23.53%
ATOMOXETINE HYDROCHLORIDE	61	102	61	98	0.00%
LURASIDONE HYDROCHLORIDE	53	113	61	99	15.09%
OXCARBAZEPINE	63	101	59	100	-6.35%

Medicaid Statistics for Prescription Claims
March through May 2024

Tri-Monthly Statistics

	FFS	Wellpoint	Iowa Total Care	Molina Healthcare	Total**
Total Dollars Paid	$2,736,578	$98,955,499	$77,170,293	$50,708,012	$229,570,382
Users	3,800	108,084	99,798	80,257	291,939
Cost Per User	$720.15	$915.54	$773.26	$631.82	
Total Prescriptions	23,700	861,255	714,463	512,644	2,112,062
Average Rx/User	6.24	7.97	7.16	6.39	
Average Cost/Rx	$115.47	$114.90	$108.01	$98.91	
# Generic Prescriptions	21,412	769,419	643,206	464,981	
% Generic	90.3%	83.3%	90.0%	90.7%	
$ Generic	$1,083,916	$13,430,820	$10,976,957	$7,704,239	
Average Generic Rx Cost	$50.62	$17.46	$17.07	$16.57	
Average Generic Days Supply	25	25.75	25	24.84	
# Brand Prescriptions	2,288	91,836	70,193	47,664	
% Brand	9.7%	10.7%	10.0%	9.3%	
$ Brand	$1,652,662	$85,524,679	$66,171,486	$43,003,773	
Average Brand Rx Cost	$722.32	$931.28	$942.71	$902.23	
Average Brand Days Supply	28	27.52	28	27.89	

**All reported dollars are pre-rebate

Top 20 Therapeutic Class by Paid Amount*

March through May 2024

	FFS	Wellpoint	Iowa Total Care	Molina Healthcare
1	ATIPSYCHOTICS - ATYPICALS	ANTIDIABETICS	ANTIDIABETICS	ANTIDIABETICS
2	ANTI-INFLAMMATORIES, NON-NSAID	DERMATOLOGICALS	ANTIPSYCHOTICS/ANTIMANIC AGENTS	ANTIPSYCHOTICS/ANTIMANIC AGENTS
3	DIABETIC-NON-INSULIN INJECTABLES	ANTIPSYCHOTICS/ANTIMANIC AGENTS	ANALGESICS - ANTI-INFLAMMATORY	DERMATOLOGICALS
4	ANTICONVULSANTS	ANALGESICS - ANTI-INFLAMMATORY	DERMATOLOGICALS	ANALGESICS - ANTI-INFLAMMATORY
5	ANTIDEPRESSANTS - SELECTED SSRI'S	ADHD/ANTI-NARCOLEPSY	ANTIASTHMATIC AND BROCHODILATOR AGENTS	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
6	ANTIRETROVIRAL COMBINATIONS	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	ADHD/ANTI-NARCOLEPSY	ADHD/ANTI-NARCOLEPSY
7	ANTINEOPLASTICS - PROTEIN-TYROSINE KINASE INHIBITORS	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	ANTIVIRALS	ANTIVIRALS
8	DIABETIC - OTHER	ANTICONVULSANTS	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	RESPIRATORY AGENTS - MISC.
9	STIMULANTS - AMPHETAMINES - LONG-ACTING	ANTIVIRALS	RESPIRATORY AGENTS - MISC.	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
10	DIABETIC - INSULIN PENFILLS	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
11	OP. MISC	MIGRAINE PRODUCTS	ANTICONVULSANTS	HEMATOLOGICAL AGENTS - MISC.
12	CHOLESTEROL - HMG COA + ABSORB INHIBITORS	ENDOCRINE AND METABOLIC AGENTS - MISC.	ENDOCRINE AND METOBOLIC AGENTS - MISC.	ANTIDEPRESSANTS
13	STIMULANTS - METHYLPHENIDATE - LONG-ACTING	RESPIRATORY AGENTS - MISC.	HEMATOLOGICAL AGENTS - MISC.	MIGRAINE PRODUCTS
14	ANTIASTHMATIC - BETA-ADRENERGICS	CARDIOVASCULAR AGENTS - MISC.	MIGRAINE PRODUCTS	ANTICOAGULANTS
15	ATOPIC DERMATITIS	HEMATOLOGICAL AGENTS - MISC.	ANTIDEPRESSANTS	ENDOCRINE AND METABOLIC AGENTS - MISC.
16	ANTICOAGULANTS	ANTIDEPRESSANTS	CARDIOVASCULAR AGENTS - MISC.	ANTICONVULSANTS
17	ANTIASTHMATIC - ADRENERGIC COMBOS	ANTICOAGULANTS	ANTICOAGULANTS	CARDIOVASCULAR AGENTS - MISC.
18	CYSTIC FIBROSIS AGENTS	GASTROINTESTINAL AGENTS - MISC.	GASTROINTESTINAL AGENTS - MISC.	GASTROINTESTINAL AGENTS - MISC.
19	GI - PPI'S	NEUROMUSCULAR AGENTS	PASSIVE IMMUNIZING AND TREATMENT AGENTS	ULCER DRUGS/ANTISPASMODICS/ ANTICHOLINERGICS
20	GLUCOCORTICOIDS - MINERALCORTICOIDS	ULCER DRUGS/ANTISPASMODICS/ ANTICHOLINERGICS	ULCER DRUGS/ANTISPASMODICS/ ANTICHOLINERGICS	ANTI-INFECTIVE AGENTS - MISC.

* Pre-rebate

Top 20 Therapeutic Class by Prescription Count

March through May 2024

	FFS	Wellpoint	Iowa Total Care	Molina Healthcare
1	ANTIDEPRESSANTS - SELECTED SSRI'S	ANTIDEPRESSANTS	ANTIDEPRESSANTS	ANTIDEPRESSANTS
2	ANTICONVULSANTS	ANTICONVULSANTS	ANTICONVULSANTS	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
3	ANTIPSYCHOTICS - ATYPICAL	ADHD/ANTI-NARCOLEPSY	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	ANTIHYPERTENSIVES
4	GI - PPI'S	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	ANTIHYPERTENSIVES	ANTICONVULSANTS
5	ANTIHYPERTENSIVES - CENTRAL	ANTIHYPERTENSIVES	ADHD/ANTI-NARCOLEPSY AGENTS	ANTIDIABETICS
6	CHOLESTEROL - HMG COA + ABSORB INHIBITORS	ULCER DRUGS/ ANTISPASMODICS/ ANTICHOLINERGICS	ANTIDIABETICS	ADHD/NARCOLEPSY
7	ANTIASTHMATIC - BETA-ADRENERGICS	ANTIDIABETICS	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	ULCER DRUGS/ ANTISPASMODICS/ ANTICHOLINERGICS
8	BETA-LACTAMS/CLAVULANATE COMBO'S	ANTIPSYCHOTICS/ANTIMANIC AGENTS	ANTIPSYCHOTICS/ ANTIMANIC AGENTS	ANTIPSYCHOTICS/ANTIMANIC AGENTS
9	ANTIHISTAMINES - NON-SEDATING	ANTIANXIETY AGENTS	ANTIANXIETY AGENTS	ANTIANXIETY AGENTS
10	ANTIHISTAMINES - OTHER	ANTIHYPERLIPIDEMICS	ANTIHYPERLIPIDEMICS	ANTIHYPERLIPIDEMICS
11	NARCOTICS - MISC.	ANTIHISTAMINES	ANTIHISTAMINES	PENICILLINS
12	STIMULANTS - AMPHETAMINES - LONG ACTING	DERMATOLOGICALS	PENICILLINS	BETA BLOCKERS
13	DIURETICS	BETA BLOCKERS	DERMATOLOGICALS	DERMATOLOGICALS
14	MUSCLE RELAXANTS	ANALGESICS - ANTI-INFLAMMATORY	BETA BLOCKERS	ANALGESICS - ANTI-INFLAMMATORY
15	THYROID HORMONES	PENICILLINS	ANALGESICS - ANTI-INFLAMMATORY	ANALGESICS - OPIOID
16	NSAIDS	ANALGESICS - OPIOID	ANALGESICS - OPIOID	ANTIHISTAMINES
17	GLUCOCORTICOIDS - MINERALCORTICOID	DIURETICS	DIURETICS	DIURETICS
18	DIABETIC - ORAL BIGUANIDES	THYROID AGENTS	THYROID AGENTS	THYROID AGENTS
19	ACE INHIBITORS	MUSCULOSKELETAL THERAPY AGENTS	CORTICOSTEROIDS	CORTICOSTEROIDS
20	ANALGESICS - MISC.	CORTICOSTEROIDS	MUSCULOSKELETAL THERAPY AGENTS	CALCIUM CANNEL BLOCKERS

Top 25 Drugs by Paid Amount**

March through May 2024

	FFS	Wellpoint	Iowa Total Care	Molina Healthcare
1	OZEMPIC	HUMIRA (CF) PEN	HUMIRA PEN	HUMIRA PEN
2	BIKTARVY	OZEMPIC	OZEMPIC	OZEMPIC
3	VRAYLAR	VRAYLAR	VRAYLAR	TRIKAFTA
4	HUMIRA PEN	STELARA	TRIKAFTA	VRAYLAR
5	TALTZ	TRIKAFTA	DUPIXENT	DUPIXENT
6	JARDIANCE	INVEGA SUSTENNA	JARDIANCE	BIKTARVY
7	OXERVATE	JARDIANCE	INVEGA SUSTENNA	JARDIANCE
8	VYVANSE	VYVANSE	BIKTARVY	STELARA
9	VERZENIO	DUPIXENT PEN	VYVANSE	VYVANSE
10	DUPIXENT	TRULICITY	TALTZ	INVEGA SUSTENNA
11	KISQALI	BIKTARVY	TRULICITY	TRULICITY
12	SKYRIZI PEN	TALTZ AUTOINJECTOR	STELARA	TALTZ
13	TRIKAFTA	REXULTI	ELIQUIS	ELIQUIS
14	ALBUTEROL HFA	ELIQUIS	REXULTI	REXULTI
15	INVEGA SUSTENNA	SKYRIZI PEN	ARISTADA	ARISTADA
16	ELIQUIS	NURTEC ODT	INGREZZA	SKYRIZI PEN
17	TRULICITY	DUPIXENT SYRINGE	STRENSIQ	HEMLIBRA
18	REXULTI	MOUNJARO	NURTEC	NURTEC
19	KESIMPTA	ARISTADA	INVEGA SUSTENNA	ILARIS
20	LISINOPRIL	INGREZZA	ENBREL SRCLK	INGREZZA
21	ATORVASTATIN	ABILIFY MAINTENA	FARXIGA	FARXIGA
22	AMOXICILLIN	EVRYSDI	ABILIFY MAINTENA	ABILIFY MAINTENA
23	ESCITALOPRAM	TREMFYA	SKYRIZI PEN	SYMBICORT
24	IBUPROFEN	TRINTELLIX	SPIRIVA	ENTRESTO
25	ROSUVASTATIN	WAKIX	TRINTELLIX	ENBREL SURECLICK

** Pre-rebate

Top 25 Drugs by Prescription Count

March through May 2024

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

Stimulant Medication Utilization without Supporting Diagnosis RetroDUR Data

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 classes 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.

RDUR Criteria

- Pharmacy claim lookback: February 2024 through April 2024
- Members: < 21 years of age (broken out by age band) and ≥ 21 years of age
- Stimulants: amphetamine, amphetamine-dextroamphetamine, dexmethylphenidate, dextroamphetamine, lisdexamfetamine, methamphetamine, methylphenidate, serdexmethylphenidate-dexmethylphenidate
- Medical claim look back for diagnosis: 5 years (May 2019 through April 2024)
    - F90 (Attention deficit hyperactivity disorders)
    - G47 (Narcolepsy)
    - F50.81 (Binge eating disorder)

Data

Iowa Total Care (ITC)

- Total unique members: 10,154
- Total unique prescribers: 2,252
- Total unique pharmacies: 671

ITC Members without Supporting Diagnosis – 13.3%							
Age Band	**0-3**	**4-5**	**6-7**	**8-12**	**13-17**	**18-20**	**21+**
Unique Members	1	7	68	182	241	96	754
Unique Providers	1	7	68	171	201	97	498

ITC Members with Supporting Diagnosis – 86.7%							
Age Band	**0-3**	**4-5**	**6-7**	**8-12**	**13-17**	**18-20**	**21+**
Unique Members	3	92	775	2,789	2,018	464	2,664
Unique Providers	3	90	492	1,048	887	393	1,152

Molina Healthcare (MHC)

- Total unique members: 7,837
- Total unique prescribers: 2,104
- Total unique pharmacies: 662

MHC Members without Supporting Diagnosis – 15.1%							
Age Band	**0-3**	**4-5**	**6-7**	**8-12**	**13-17**	**18-20**	**21+**
Unique Members	0	10	52	256	266	71	528
Unique Providers	0	10	53	223	241	72	435

MHC Members with Supporting Diagnosis – 84.9%							
Age Band	**0-3**	**4-5**	**6-7**	**8-12**	**13-17**	**18-20**	**21+**
Unique Members	1	85	604	2,068	1,399	311	2,186
Unique Providers	1	78	394	867	744	279	1,009

Wellpoint (WLP)

- Total unique members: 11,945
- Total unique prescribers: 2,388
- Total unique pharmacies: 683

Wellpoint Members without Supporting Diagnosis – 3.5%							
Age Band	**0-3**	**4-5**	**6-7**	**8-12**	**13-17**	**18-20**	**21+**
Unique Members	0	5	25	107	127	50	100
Unique Providers	0	5	26	108	128	60	101

Wellpoint Members with Supporting Diagnosis – 96.5%							
Age Band	**0-3**	**4-5**	**6-7**	**8-12**	**13-17**	**18-20**	**21+**
Unique Members	1	88	755	3,246	2,747	682	4,012
Unique Providers	1	77	456	1,128	1,027	505	1,421

Fee-for-Service (FFS)

- Total unique members: 406
- Total unique prescribers: 277
- Total unique pharmacies: 219

FFS Members without Supporting Diagnosis – 17.7%							
Age Band	**0-3**	**4-5**	**6-7**	**8-12**	**13-17**	**18-20**	**21+**
Unique Members	0	0	3	23	26	10	10
Unique Providers	0	0	3	21	27	10	10

FFS Members with Supporting Diagnosis – 82.3%							
Age Band	**0-3**	**4-5**	**6-7**	**8-12**	**13-17**	**18-20**	**21+**
Unique Members	0	2	16	87	129	29	71
Unique Providers	0	2	17	70	111	27	67

Next Steps

1. Send letters to prescribers of all members without a supporting diagnosis asking for diagnosis.
2. Send letters to prescribers of members from specific age band(s) without a supporting diagnosis asking for diagnosis.
3. Gather additional information?
4. Other?
5. None?

Non-Selective Beta-Blockers in Asthma
RetroDUR
Data

Purpose

- Identify members who have a diagnosis of asthma and also have a claim(s) 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.

RDUR Criteria

- Pharmacy claims: February 2024 through April 2024
- Medical claim look back for diagnosis: 2 years (May 2022 through April 2024)
    - J45 (Asthma)
- Non-selective oral beta-blockers: carvedilol, labetalol, nadalol, pindolol, propranolol, sotalol, timolol.

Data

Members with Diagnosis of Asthma & Claim for a Non-Selective Beta Blocker

	ITC	MHC	WLP	FFS
# Members	225	320	310	15
# Prescribers	227	327	314	16

FFS = Fee-for-Service; ITC = Iowa Total Care; MHC = Molina Health Care; WLP – Wellpoint

Next Steps

1. Send letters to prescribers pointing out the potential for non-selective beta-blockers to worsen asthma and recommend switching to a cardio-selective beta-blocker.
2. DUR Digest Article?
3. Other?
4. None?

Monitoring Prescribing of Antipsychotic Medications in Adults
RetroDUR
Proposal

Purpose

- Identify adult members (18 years of age and older) who have two or more distinct antipsychotics in their pharmacy claims history.

Background

- H.R. 4366 – Consolidated Appropriations Act, 2024, Section 203 requires state Medicaid programs to monitor, through their DUR programs, the use of antipsychotic medications by adults who receive home- and community-based services or who are in institutional care settings.
- Questions regarding monitoring of adult antipsychotic use will be added to the DUR FFY 2024 DUR survey (to be released to States for completion on April 1, 2025).
- Need to determine how to "monitor" adults who are prescribed antipsychotics.
- Documentation of process and plan to monitor in DUR meeting minutes would be the first step. To date, CMS has not provided formal guidance.
- Effective October 1, 2022, a ProDUR duplicate therapy edit was put in place for members 18 years of age and older. The edit limits adults to two chemically distinct antipsychotics. Prior authorization is required to exceed this limit.

Potential RDUR Criteria (Duplicate Therapy)

- Pharmacy claims: May 2024 through July 2024
- Members: ≥ 18 years old
- ≥ 2 chemically distinct antipsychotics for ≥ 60 days overlap
- Antipsychotics

First Generation	Second Generation
Chlorpromazine	Aripiprazole
Fluphenazine	Asenapine
Haloperidol	Brexpiprazole
Loxapine	Cariprazine
Perphenazine	Clozapine
Pimozide	Iloperidone
Prochlorperazine	Lumateperone
Thioridazine	Lurasidone
Thiothixene	Olanzapine
Trifluoperazine	Paliperidone
	Quetiapine
	Risperidone
	Ziprasidone

- Report number of members on 2, 3, 4, 5, etc. chemically distinct antipsychotics and number of prescribers for each and overall unique number of prescribers.
- Other suggestions?

Triple Therapy
Opioid, Benzodiazepine, Muscle Relaxant
RetroDUR
Proposal

Purpose

- Identify members with concurrent therapy of at least 30 days for all three of the following medications: opioid, benzodiazepine, and muscle relaxant.

Background

- The combination of opioids with benzodiazepines and skeletal muscle relaxants has been reported to potentiate the high from the opioid. The combination of an opioid, benzodiazepine and carisoprodol is commonly referred to the street name of “Holy Trinity”.
- When co-prescribed, this combination can cause euphoria, increased risk of respiratory depression, and increased risk of hospitalization.
- Current CDC guidelines state clinicians should use particular caution when prescribing opioids with benzodiazepines or other sedating medications (muscle relaxants, nonbenzodiazepine sedative hypnotics, and potentially sedating anticonvulsant medications such as gabapentin and pregabalin) and consider whether benefits outweigh the risks.
- Based on the Prescription Monitoring Program (PMP) data for 2022, Iowans received the following:
    - Opioid prescription – 499,153
    - Benzodiazepine prescription – 261,887
    - Opioid + benzodiazepine – 69,733 (PMP does not track muscle relaxant dispensations)

Potential RDUR Criteria

- Pharmacy claims: May through July 2024
- Members: < 18 and ≥ 18 years of age
- Opioid + benzodiazepine + muscle relaxant with at least a 30 day overlap with all 3 of the medications.
    - Also provide number of members with an opioid + benzodiazepine + carisoprodol.
- Report number of members and number of unique prescribers
- Other suggestions?

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, treatment guidelines from the American Gastroenterological Association (AGA) for the medical management of adult patients with moderate to severe Crohn's disease and the AGA clinical practice guidelines on the management of moderate to severe ulcerative colitis both suggest using biologic agents early rather than delaying their use until after failure of older conventional therapies.

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 IV 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*; or*
    a. ~~– Payment will be considered following an inadequate response to two preferred conventional therapies 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)~~*; and*
    ~~a. Payment will be considered following 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 III or IV 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.

Incretin Mimetics
for Non-Diabetes Indications
Initial Review

Background

In March 2024, the FDA announced the approval of Wegovy (semaglutide), in combination with a reduced calorie diet and increased physical activity, to reduce the risk of major adverse cardiovascular events (MACE) (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established cardiovascular disease (CVD) and either obesity or overweight. This is the first FDA approved treatment to reduce the risk of MACE specifically for adults with obesity or overweight. Wegovy also carries an indication to reduce excess body weight and maintain weight reduction long term in adults and pediatric patients ages 12 years and older with obesity and adults with overweight in the presence of at least one weight-related comorbid condition. Currently, payment is not made for drugs used for weight loss.

Studies are currently underway to determine the effect of incretin hormones on different conditions, such as sleep apnea, Alzheimer's disease, substance use disorder, kidney disease, smoking cessation and more.

Clinical Study

The approval of Wegovy for the new indication was based on the SELECT cardiovascular outcomes trial, a randomized, double-blind, placebo-controlled study in 17,604 patients, 45 years of age or older, with an initial body mass index (BMI) of ≥ 27 kg/m^2 and established CVD (prior myocardial infarction, prior stroke, or peripheral arterial disease). Patients were randomized to Wegovy (2.4 mg once weekly) or placebo, added to current standard of care, which included management of cardiovascular risk factors and individualized healthy lifestyle counseling (including diet and physical activity). Standard of care treatments at baseline included lipid lowering therapy, platelet aggregation inhibitors, angiotensin-converting enzyme inhibitors or angiotensin II receptor blockers, and beta-blockers. The primary endpoint, MACE, was the time to first occurrence of a three-part composite outcome which included cardiovascular death, non-fatal myocardial infarction, and non-fatal stroke.

- Wegovy significantly reduced the risk of MACE by 20% compared to placebo when added to standard of care. The treatment effect for the primary composite endpoint, its components, and other relevant endpoints are shown in the table below.

Endpoint	Patients with events n (%)		Hazard ratio (95% CI)
	Placebo	Wegovy	
Primary composite endpoint[1]	701 (8.0%)	569 (6.5%)	0.80 (0.72, 0.90)*
Key secondary endpoints			
Cardiovascular death[2]	262 (3.0%)	232 (2.5%)	0.85 (0.71, 1.01)
All-cause death[3]	458 (5.2%)	375 (4.3%)	0.81 (0.71, 0.93)
Other secondary endpoints			
Fatal or non-fatal myocardial infarction[4]	334 (3.8%)	243 (2.8%)	0.72 (0.61; 0.85)
Fatal or non-fatal stroke[4]	178 (2.0%)	160 (1.8%)	0.89 (0.72; 1.11)

* P-value < 0.001

[1] Composite of cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke

[2] Cardiovascular death was the first confirmatory secondary endpoint in testing hierarchy and superiority was not confirmed.

[3] Confirmatory secondary endpoint. Not statistically significant based on the prespecified testing hierarchy.

[4] Not included in the prespecified testing hierarchy.

Reference Semaglutide Effects on Heart Disease and Stroke in Patients With Overweight or Obesity (SELECT) at ClinitalTrials.gov for additional details.

Dosage and Administration

- Initiate at 0.25 mg subcutaneously once weekly. Follow dose escalation schedule (below) to minimize gastrointestinal adverse reactions.
- If patients do not tolerate a dose escalation, consider delaying dose escalation for 4 weeks.
- The maintenance dose in adults is 2.4 mg (recommended) or 1.7 mg once weekly. Consider treatment response and tolerability when selecting the maintenance dosage.
- Recommended dosage regimen for adults

Treatment	Weeks	Once Weekly SC Dose
Initiation	1 through 4	0.25 mg
Escalation	5 through 8	0.5 mg
	9 through 12	1 mg
	13 through 16	1.7 mg
Maintenance	17 and onward	1.7 mg or 2.4 mg

Dosage Forms and Strengths

- Injection: pre-filled, disposable, single-dose pen
  - 0.25 mg/0.5 mL
  - 0.5 mg/0.5 mL
  - 1 mg/0.5 mL
  - 1.7 mg/0.75 mL
  - 2.4 mg/0.75 mL

Adverse Reactions
Most common adverse reactions (incidence ≥ 5%) in adults or pediatric patients aged 12 years and older are: nausea, diarrhea, vomiting, constipation, abdominal pain, headache, fatigue, dyspepsia, dizziness, abdominal distension, eructation, hypoglycemia in patients with type 2 diabetes, flatulence, gastroenteritis, gastroesophageal reflux disease, and nasopharyngitis.

Manufacturer
- Novo Nordisk Inc.

Newly Proposed Clinical Prior Authorization Criteria
Prior authorization (PA) is required for incretin mimetics not otherwise covered by the Anti-Diabetics Non-Insulin agents PA criteria for covered FDA approved or compendia indications. Payment for excluded medical use(s) (e.g. weight loss), as defined in the Iowa State Plan and Iowa Administrative Code 441 – 78.2(4) will be denied. 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. The requested drug will be used to reduce the risk of major adverse cardiovascular events (MACE) (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in an adult with established cardiovascular disease (CVD) and either obesity or overweight; and
    a. Patient has established CVD with history of one of the following (attach chart notes documenting diagnosis):
        i. Prior myocardial infarction (MI);
        ii. Prior stroke (ischemic or hemorrhagic);
        iii. Symptomatic peripheral arterial disease (PAD), as evidenced by intermittent claudication with ankle-brachial index (ABI) less than 0.85 (at rest), peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease; and
    b. Patient has a baseline body mass index (BMI) ≥ 27 kg/m^2; and
    c. Patient is currently receiving cardiovascular standard of care treatment (i.e. lipid lowering therapy, platelet aggregation inhibitors, angiotensin converting enzyme [ACE] inhibitors or angiotensin II receptor blockers [ARBs], and/or beta-blockers); and
    d. For Wegovy, maintenance dosages other than 1.7 mg or 2.4 mg once weekly, after initiation and escalation dosages, will not be approved for maintenance treatment; and
    e. Patient does not have type 1 or type 2 diabetes (e.g., Ozempic is indicated to reduce the risk of major cardiovascular events in adults with type 2 diabetes and established CVD); and

3. Patient will use medication in combination with a reduced calorie diet and increased physical activity; and
4. The requested agent will not be used in combination with other incretin mimetics.

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

Requests will be considered for initiation and appropriate dosage escalation. Requests for continuation of therapy, once at an established maintenance dose, will be considered when:

1. The requested drug will be used to reduce the risk of MACE, patient continues to receive cardiovascular standard of care treatment (i.e. lipid lowering therapy, platelet aggregation inhibitors, ACE inhibitors or ARBs, and/or beta-blockers); and
    a. Patient does not have type 1 or type 2 diabetes; and
    b. Patient continues to receive cardiovascular standard of care treatment, as defined above, and
    c. For Wegovy, a maintenance dose of 1.7 mg or 2.4 mg once weekly is requested; and
2. Patient continues to use medication in combination with a reduced calorie diet and increased physical activity; and
3. The requested agent will not be used in combination with other incretin mimetics.

Other Items to Consider

- Specific age range? Study inclusion criteria was ≥ 45 years old; indicated for adults. Allow for patients 18 years and older or 45 and older?
- Add A1C requirement (< 6.5%); promote use of preferred agent(s) indicated for type 2 diabetes.
- Proper dose escalation and length of therapy, i.e. allow extended initiation and/or escalation dosage beyond 4 weeks? What is appropriate?

References

Wegovy [package insert]. Plainsboro, NJ: Novo Nordisk Inc; March 2024

Janus Kinase Inhibitors
Initial Review - Updated

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 *and for moderate to severe atopic dermatitis to align with recently proposed PA criteria for Dupilumab*.

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 *a systemic drug product for the treatment of moderate to severe atopic dermatitis, including biologics* ~~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*

h. Nonsegmental vitiligo (ruxolitinib); with
i. *A documented trial and inadequate response with a potent topical corticosteroid; and*
ii. *A documented trial and inadequate response with a topical calcineurin inhibitor; and*
iii. *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.

Maralixibat (Livmarli)
Initial Review

Background
Maralixibat (Livmarli) recently received a second indication for the treatment of cholestatic pruritus in patients 5 years of age and older with progressive familial intrahepatic cholestasis (PFIC). Livmarli is not recommended in a subgroup of PFIC type 2 patients with specific ABCB11 variants resulting in non-functional or complete absence of bile salt export pump (BSEP) protein. Livmarli is also approved for the treatment of cholestatic pruritus in individuals with Alagille syndrome (ALGS) who are aged 3 months and older. Odevixibat (Bylvay) was the first drug approved for PFIC. Bylvay was studied in patients with a confirmed molecular diagnosis of PFIC type 1 or type 2. Prior authorization (PA) criteria are being updated to include the new indication.

PFIC is a heterogenous disease caused by homozygous or compound heterozygous variants, with different PFIC subtypes occurring in the general population. PFIC1 is caused by variants in the aminophospholipid flippase (ATP8B1) gene, which encodes the Familial Intrahepatic Cholestasis 1 (FIC1) protein, while PFIC2 (most common subtype) results from variants in the ABCB11 gene, which encodes the Bile Salt Export Pump (BSEP) protein. PFIC2 is further categorized into BSEP subgroups based on specific variants. The BSEP-1 subgroup includes patients with at least one p.D482G (c.1445A>G) or p.E297G (c.890A>G) variant, BSEP-2 includes patients with at least one missense variant other than p.D482G or p.E297G (non BSEP-1), and BSEP-3 includes patients with variants that are predicted to encode a non-functional protein. PFIC3 is caused by variants in the ABCB4 gene, which encodes multidrug resistance protein 3 (MDR3). PFIC4 is caused by variants in the tight junction protein 2 gene (TJP2), which encodes TJP2. PFIC6 is caused by variants in myosin 5B (MYO5B), which encodes MYO5B. Patients can be clinically diagnosed with PFIC without a known pathogenic variant.

Dosage and Administration (PFIC indication)
- The recommended dosage of Livmarli for PFIC is 570 mcg/kg twice daily 30 minutes before a meal.
- The starting dose is 285 mcg/kg orally once daily in the morning, and should be increased to 285 mcg/kg twice daily, 428 mcg/kg twice daily, and then to 570 mcg/kg twice daily, as tolerated. The maximum daily dose should not exceed 38 mg (4 mL) per day.
- Refer to the drug label for complete dosing by weight guidelines for PFIC and for dosing for ALGS.

Adverse Reactions (PFIC indication; ≥ 5%)
- Diarrhea, fat soluble vitamin deficiency, abdominal pain, liver test abnormalities, hematochezia, and bone fractures.

Clinical Studies
The approval of Livmarli for the new indication was based on a randomized, placebo-controlled study in 64 patients with documented molecular diagnosis of PFIC. Patients were randomized to receive Livmarli or placebo. Given the patients' young age, a single-item observer-reported outcome was used to measure patients' pruritus symptoms as observed by their caregiver twice daily on the Itch Reported Outcome Instrument (ItchRO[Obs]). Pruritus symptoms were assessed on a 5-point ordinal response scale, with scores ranging from 0 (none observed or reported) to 4 (very severe).

- The change from baseline to weeks 15 to 26 in the average morning ItchRO(Obs) pruritus severity scores were -1.8 with Livmarli and -0.6 with placebo (mean difference -1.2, 95% CI: -1.7, -0.7; < 0.0001).

Current Clinical Prior Authorization Criteria
Prior authorization (PA) is required for maralixibat (Livmarli). 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 when the following conditions are met:

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 Alagille syndrome (ALGS) confirmed by genetic testing demonstrating a *JAG1* or *NOTCH2* mutation or deletion; and
3. Patient has cholestasis with moderate to severe pruritus; and
4. Is prescribed by or in consultation with a hepatologist, gastroenterologist, or a prescriber who specializes in ALGS; and
5. Documentation of previous trials and therapy failures, at a therapeutic dose, with at least two of the following agents:
    a. Ursodeoxycholic acid (ursodiol)
    b. Cholestyramine
    c. Rifampin; and
6. Patient's current weight in kilograms (kg) is provided.

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

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 an improvement in pruritus symptoms and patient's current weight in kg.

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

Prior authorization (PA) is required for maralixibat (Livmarli). 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 when the following conditions are met:

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. *Is prescribed by or in consultation with a hepatologist, gastroenterologist, or a prescriber who specializes in ALGS or PFIC; and*
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 pruritus; and
    ~~b. Is prescribed by or in consultation with a hepatologist, gastroenterologist, or a prescriber who specializes in ALGS; and~~
    c. 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; *or*
2. *Patient has a diagnosis of genetically confirmed progressive familial intrahepatic cholestasis (PFIC) demonstrating a gene mutation affiliated with PFIC (i.e., ATP8B1, ABCB11, ABCB4, TJP2, or MYO5B); and*
    a. Genetic testing does not indicate PFIC type 2 with ABCB11 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
4. Patient's current weight in kilograms (kg) is provided.

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

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 an improvement in pruritus symptoms and patient's current weight in kg.

References

Livmarli [package insert]. Foster City, CA; Mirum Pharmaceuticals, Inc.; March 2024.

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.

Skin prick testing (SPT) or in vitro testing are used in patients with a convincing or suggestive history of an IgE-mediated food allergy. Several factors suggestive of an IgE-mediated reaction include the signs and symptoms of the reaction (urticaria, nausea/vomiting, wheezing), timing in relation to food ingestion (usually within minutes), and the food trigger suspected.

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.

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. 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.

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.

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; 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. ~~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. *Diagnosis is confirmed by a skin prick test or in vitro test (attach results); and*
3. *Will be used in conjunction with food allergen avoidance.*

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

Oral Glucocorticoids for Duchenne Muscular Dystrophy
Formerly Deflazacort (Emflaza)
Initial Review

Background
Agamree (vamorolone) is a corticosteroid indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients 2 years of age and older. Emflaza (deflazacort), was the first glucocorticoid approved for the treatment of DMD. DMD is a rare, progressive X-linked disease resulting from mutation(s) of the dystrophin gene that result in absent or insufficient functional dystrophin. Glucocorticoids and physical therapy are the mainstays of DMD treatment. Glucocorticoid therapy should be initiated early, before significant physical decline, and continue after the patient loses ambulation. Benefits of long-term glucocorticoid therapy include loss of ambulation at a later age, preserved upper limb and respiratory function, and avoidance of scoliosis surgery. Agamree is not addressed in current guidelines. Prior authorization criteria are being updated to allow addition of Agamree to criteria and remove the requirement patient experience onset of weakness before 5 years of age.

See the attached new drug review for additional clinical information.

Current Clinical Prior Authorization Criteria
Prior authorization (PA) is required for Emflaza (deflazacort). Payment will be considered for patients when the following criteria are met:

1. Patient has a diagnosis of Duchenne muscular dystrophy (DMD) with documented mutation of the dystrophin gene; and
2. Patient is within the FDA labeled age; and
3. Patient experienced onset of weakness before 5 years of age; and
4. Is prescribed by or in consultation with a physician who specializes in treatment of Duchenne muscular dystrophy; and
5. Patient has documentation of an adequate trial and therapy failure, intolerance, or significant weight gain (significant weight gain defined as 1 standard deviation above baseline percentile rank weight for height) while on prednisone at a therapeutic dose; and
6. Is dosed based on FDA approved dosing.

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 or stricken)
Prior authorization (PA) is required for *oral glucocorticoids for Duchenne muscular dystrophy* ~~Emflaza (deflazacort)~~. *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 for patients when the following criteria are met:

1. Patient has a diagnosis of Duchenne muscular dystrophy (DMD) with documented mutation of the dystrophin gene; and
2. *Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and uee in specific populations* ~~Patient is within the FDA labeled age~~; and
3. ~~Patient experienced onset of weakness before 5 years of age; and~~
4. Is prescribed by or in consultation with a physician who specializes in treatment of Duchenne muscular dystrophy; and
5. Patient has documentation of an adequate trial and therapy failure, intolerance, or significant weight gain (significant weight gain defined as 1 standard deviation above baseline percentile rank weight for height) while on prednisone at a therapeutic dose. ~~; and~~
6. ~~Is dosed based on FDA approved dosing.~~

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

References

Agamree oral suspension [prescribing information]. Coral Gables, FL: Catalyst; June 2024.

Birnkrant DJ, Bushby K, Bann CM, et al. Diagnosis and management of Duchenne muscular dystrophy, part 1: diagnosis, and neuromuscular, rehabilitation, endocrine, and gastrointestinal and nutritional management. Lancet Neurol. 2018;17(3):251-267.

IOWA | Health and Human Services

PDL DRUG REVIEW

Proprietary Name: Agamree®
Common Name: vamorolone oral suspension
PDL Category: Glucocorticoids

Comparable Products	Preferred Drug List Status
Emflaza	Non-Preferred with Conditions
Prednisone	Preferred

Pharmacology/Usage: Vamorolone, the active ingredient of Agamree®, is a corticosteroid. It acts through the glucocorticoid receptor to exert anti-inflammatory and immunosuppressive effects. The exact mechanism by which vamorolone exerts its effect in patients with Duchenne muscular dystrophy is not known.

Indication: For the treatment of Duchenne muscular dystrophy (DMD) in patients 2 years of age and older.

There is no pregnancy category for this medication; however, the risk summary indicates that Agamree® is indicated for use for the treatment of DMD, which is a disease of young male patients. However, corticosteroids in general should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Infants born to mothers who have received substantial doses of corticosteroids during pregnancy should be carefully observed for signs of hypoadrenalism. There are no data of use during pregnancy. The safety and efficacy of use in the pediatric population below the age of 2 years have not been established.

Dosage Form: Oral Suspension: 40mg/ml. Orange flavor.

Shake well for about 30 seconds prior to administration. Use only the oral syringe provided with the product. Discard any used suspension remaining after 3 months of first opening the bottle.

Recommended Dosage: Administer all immunizations per immunization guidelines prior to starting Agamree® treatment. Administer live-attenuated or live vaccines at least 4 to 6 weeks prior to starting treatment.

The recommended dosage is 6mg/kg PO QD preferably with a meal, up to a maximum daily dosage of 300mg for patients weighing more than 50kg. Some patients may respond to a dose of 2mg/kg daily. Doses may be titrated down to 2mg/kg/day as needed, based on individual tolerability.

Regarding discontinuation, the dosage of Agamree® must be decreased gradually if the drug has been administered for more than one week.

Moderate hepatic impairment increases vamorolone exposure. Reduce the Agamree® dosage in patients with mild to moderate hepatic impairment. The recommended dosage in patients with mild to moderate hepatic impairment is 2mg/kg PO QD preferably with a meal, up to a maximum daily dosage of 100mg for patients weighing more than 50kg. There is no clinical experience of use in patients with severe hepatic impairment, and a dosing recommendation cannot be provided for patients with severe hepatic impairment.

Patients can be switched from oral corticosteroid treatment (such as prednisone or deflazacort) to Agamree® without treatment interruption or period of prior corticosteroid dosage reduction to minimize the risk for adrenal insufficiency. Patients switching after long-term treatment with oral corticosteroids should start Agamree® at a dosage of 6mg/kg/day.

Drug Interactions: The co-administration of Agamree® with itraconazole, a strong CYP3A4 inhibitor, increases vamorolone exposure. Reduce the dosage of Agamree® in patients when strong CYP3A4 inhibitors are used concomitantly. The recommended dosage of Agamree® when administered with strong CYP3A4 inhibitors is 4mg/kg PO QD preferably with a meal, up to a maximum daily dosage of 200mg for patients weighing more than 50kg. Doses may be titrated down based on individual tolerability. Dosage adjustments are not required when Agamree® is administered concomitantly with moderate or weak CYP3A4 inhibitors.

Administer all immunizations per immunization guidelines prior to starting Agamree®. Administer live-attenuated or live vaccines at least 4 to 6 weeks prior to starting Agamree®. Patients on Agamree® may receive concurrent vaccinations, except for live-attenuated or live vaccines.

Box Warning: There is no box warning listed with this product.

Common Adverse Drug Reactions: *Listed % incidence for adverse drug reactions= reported % incidence for drug (Agamree® 2mg/kg/d) minus reported % incidence for placebo. Please note that an incidence of 0% means the incidence was the same as or less than placebo.* The most frequently reported adverse events included Cushingoid features (7%), psychiatric disorders (0%), vomiting (10%), weight increased (0%), vitamin D deficiency (7%), cough (7%), headache (4%), diarrhea (0%), increased appetite (0%), and rhinitis (0%).

Listed % incidence for adverse drug reactions= reported % incidence for drug (Agamree® 6mg/kg/d) minus reported % incidence for placebo. Please note that an incidence of 0% means the incidence was the same as or less than placebo. The most frequently reported adverse events included Cushingoid features (29%), psychiatric disorders (7%), vomiting (7%), weight increased (8%), vitamin D deficiency (11%), cough (4%), headache (4%), diarrhea (4%), increased appetite (4%), and rhinitis (4%).

Corticosteroids, such as Agamree® can cause serious and life-threatening alterations in endocrine function, especially with chronic use. Monitor for Cushing's syndrome, hyperglycemia, and adrenal insufficiency after Agamree® withdrawal. In addition, patients with hypopituitarism, primary adrenal insufficiency or congenital adrenal hyperplasia, altered thyroid function, or pheochromocytoma may be at increased risk for adverse endocrine events.

Corticosteroids, including Agamree®, suppress the immune system and increase the risk of infection with any pathogen, including viral, bacteria, fungal, protozoan, or helminthic pathogens. Monitor for the development of infection and consider Agamree® withdrawal or dosage reduction as needed. Hepatitis B virus reactivation can occur in patients who are hepatitis B carriers treated with immunosuppressive dosages of corticosteroids. Screen patients for hepatitis B infection before starting immunosuppressive treatment with Agamree®. In addition, corticosteroids may exacerbate systemic fungal infections, may activate latent amebiasis, and should be used with care in patients with known or suspected Strongyloides (threadworm) infestation. Varicella and measles can have a serious or even fatal course in non-immune patients taking corticosteroids.

Corticosteroids, including Agamree®, can cause elevation of blood pressure, salt and water retention, and increased excretion of potassium and calcium. Monitor blood pressure and serum potassium levels.

Agamree® should be used with caution in patients with congestive heart failure, hypertension, or renal insufficiency. In addition, literature reports suggest an association between use of corticosteroids and left free wall rupture after a recent myocardial infarction; thus, therapy with Agamree® should be used with great caution in these patients.

There is an increased risk of GI perforation with use of corticosteroids in patients with certain GI disorders. Signs of GI perforation may be masked in patients receiving corticosteroids. Avoid Agamree® if there is a probability of impending perforation, abscess, or other pyogenic infections; diverticulitis; fresh intestinal anastomoses; or active or latent peptic ulcer.

Potentially severe psychiatric adverse reactions may occur with systemic corticosteroids, including Agamree®. Symptoms typically emerge within a few days or weeks of starting treatment and may be dose-related.

Corticosteroids, such as Agamree®, decrease bone formation and increase bone resorption both through their effect on calcium regulation and inhibition of osteoblast function. Bone loss can predispose patients to vertebral and long bone fractures. Consider a patient's risk of osteoporosis before starting corticosteroid treatment. Monitor bone mineral density in patients on long-term Agamree® treatment.

Corticosteroids may cause avascular necrosis.

The use of corticosteroids, such as Agamree®, may produce posterior subcapsular cataracts. Corticosteroids may also cause glaucoma with possible damage to the optic nerves, and may increase the risk of secondary ocular infections caused by bacteria, fungi, or viruses. Corticosteroids are not recommended for patients with active ocular herpes simplex. Intraocular pressure may become elevated in some patients taking corticosteroids. If treatment with Agamree® is continued for more than 6 weeks, monitor intraocular pressure.

Long-term use of corticosteroids, including Agamree®, can have negative effects on growth and development in children.

Patients receiving corticosteroids and concomitant therapy with neuromuscular blocking agents or patients with disorders of neuromuscular transmission may be at increased risk of developing acute myopathy.

Kaposi's sarcoma has been reported to occur in patients receiving corticosteroid therapy, most often for chronic conditions. Discontinuation of treatment may result in clinical improvement of Kaposi's sarcoma.

Observational studies have shown an increased risk of thromboembolism (including venous thromboembolism), especially with higher cumulative doses of corticosteroids. It is not clear if risk differs by daily dose or duration of dose. Use Agamree® with caution in patients who have or may be predisposed to thromboembolic disorders.

Contraindications: In patients with known hypersensitivity to vamorolone or to any of the inactive ingredients of the product.

Manufacturer: Catalyst Pharmaceuticals, Inc.

Analysis: The efficacy of Agamree® for the treatment of DMD was assessed in a multicenter, randomized, double-blind, parallel-group, placebo- and active-controlled study of 24 weeks in duration which included male patients (N=121) with DMD. Treatment groups included Agamree® 6mg/kg/day (N=30), Agamree® 2mg/kg/day (N=30), prednisone 0.75mg/kg/day (N=31) or placebo (N=30) for 24 weeks. After 24 weeks, patients on prednisone and placebo received either Agamree® 6mg/kg/day (N=29) or Agamree® 2mg/kg/day (N=29) for an additional 20 weeks. Note that information regarding the active prednisone comparator was not found in the prescribing information.

The study included males that were 4 to less than 7 years of age at the time of enrollment into the study who were corticosteroid naïve and ambulatory, with a confirmed diagnosis of DMD. At baseline, patients had a mean age of 5.4 years, while 83% were Caucasian.

The primary endpoint was the change from baseline to week 24 in the Time to Stand Test (TTSTAND) velocity for Agamree® 6mg/kg/day compared to placebo. TTSTAND velocity is a measure of muscle function that measures the time required for the patient to stand to an erect position from a supine position (floor). The key secondary endpoints consisted of change from baseline to week 24 in TTSTAND velocity

(Agamree® 2mg/kg/day vs placebo), 6 minute walk test (6MWT) distance (Agamree® 6mg/kg/day vs placebo and 2mg/kg/day vs placebo) and Time to Run/Walk 10 meters (TTRW) velocity (Agamree® 6mg/kg/day vs placebo and 2mg/kg/day vs placebo). The 6MWT measures the distance that a patient can walk on a flat, hard surface in a period of 6 minutes and TTRW measures the time that it takes a patient to run or walk 10 meters. The fixed sequential testing process was applied to the key secondary endpoints in the order listed above.

The primary endpoint and key secondary endpoints were met for the Agamree® 6mg/kg/day treatment group. The Agamree® 2mg/kg/day treatment group was statistically significant vs placebo for TTSTAND and 6MWT, but was not statistically significant vs placebo for TTRW. Results are presented in the table below, which was adapted from the prescribing information.

	Placebo	Agamree® 2mg/kg/d	Agamree® 6mg/kg/d
TTSTAND velocity (rises/sec) – primary endpoint with 6mg/kg/d dose			
Baseline	0.200	0.184	0.186
Mean change from baseline	-0.012	0.033	0.048
Difference from placebo	N/A	0.045	0.060
p-value	N/A	0.017	0.002
6MWT distance (meters)			
Baseline	355	316	313
Mean change from baseline	-14	27	29
Difference from placebo	NA	40	42
p-value	N/A	0.004	0.002
TTRW velocity (meters/sec)			
Baseline	1.735	1.563	1.600
Mean change from baseline	0.014	0.141	0.258
Difference from placebo	N/A	0.127	0.244
p-value	N/A	0.103	0.002

Place in Therapy: Agamree® is an oral corticosteroid suspension indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients 2 years of age and older. Administer all immunization per immunization guidelines prior to starting Agamree®. In addition, administer live-attenuated or live vaccines at least 4 to 6 weeks prior to starting Agamree®. The efficacy of Agamree® was assessed in a randomized, double-blind, parallel-group, placebo- and active-controlled study, with the primary endpoint being the change from baseline to week 24 in Time to Stand Test (TTSTAND) velocity for Agamree® 6mg/kg/day as compared to placebo. Statistically significant differences in favor of Agamree® 6mg/kg/day were observed as compared to placebo for the primary endpoint, as well as key secondary endpoints of 6MWT distance and TTRW velocity.

Per the full text by Guglieri et al[2], the total count of treatment emergent adverse events was lowest in the placebo group (n=77), highest in the prednisone group (N=121), and intermediate in the vamorolone groups (2mg/kg/d, n=97; 6mg/kg/d, n=91). One subject withdrew from the study that was receiving prednisone owing to an adverse event (personality change). Height percentile declined in those treated with prednisone but not in those treated with vamorolone (6mg/kg/day p=0.02). There was linear growth delay in the prednisone group but not in the vamorolone groups (6mg/kg/day p=0.02). Similar overall gain in body mass index was seen between the active treatments. Regarding efficacy, the relative efficacy of prednisone and vamorolone 6mg/kg per day were similar for all 5 motor outcomes per a post hoc analysis, including TTSTAND, TTCLIMB (time to climb 4 stairs), TTRW, 6MWT, and North Star Ambulatory Assessment (NSAA). However, vamorolone 2mg/kg/day demonstrated similar efficacy as prednisone for TTSTAND, 6MWT, and NSAA, but was less effective than prednisone for TTRW and TTCLIMB. The authors concluded that vamorolone was safe and effective for the treatment of boys with DMD over 24 weeks, and it may be a safer alternative than prednisone.

Summary

There is some evidence to suggest that Agamree® may be safer than prednisone when used as treatment for males with DMD in a phase 3 efficacy trial. It is recommended that Agamree® remain non-preferred in order to confirm the appropriate diagnosis and clinical parameters for use.

PDL Placement: ☐ **Preferred**
☒ **Non-Preferred**

References

[1] Agamree [package insert]. Coral Gables, FL: Catalyst Pharmaceuticals, Inc; 2023.
[2] Guglieri M, Clemens PR, Perlman SJ, et al. Efficacy and safety of vamorolone vs placebo and prednisone among boys with Duchenne Muscular Dystrophy: A randomized clinical trial. *JAMA Neurol*. 2022; 79(10): 1005-1014.

Tralokinumab-ldrm (Adbry)
Initial Review

Background
Adbry (tralokinumab-ldrm) is indicated for the treatment of moderate to severe atopic dermatitis in adults 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. Prior authorization (PA) criteria are being updated to align with recent changes to PA criteria for dupilumab for the treatment of moderate to severe atopic dermatitis. Current clinical guidelines no longer support the use of immunosuppressants for the treatment of atopic dermatitis.

Current Clinical Prior Authorization Criteria
Prior authorization (PA) is required for tralokinumab-ldrm (Adbry). 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 when the following conditions are met:

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 atopic dermatitis; and
3. Is prescribed by or in consultation with a dermatologist; and
4. Patient has failed to respond to good skin care and regular use of emollients; and
5. Patient has documentation of an adequate trial and therapy failure with at least one preferred medium to high potency topical corticosteroid for a minimum of 2 consecutive weeks; and
6. Patient has documentation of a previous trial and therapy failure with a preferred topical immunomodulator for a minimum of 4 weeks; and
7. Patient has documentation of a previous trial and therapy failure with cyclosprorine or azathioprine; and
8. Patient will continue with skin care regimen and regular use of emollients.

If criteria for coverage are met, initial authorization will be given for 16 weeks to assess the response to treatment. Request for continuation of therapy will require documentation of a positive response to therapy and documentation patient will continue with skin care regimen and regular use of emollients.

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

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

Prior authorization (PA) is required for tralokinumab-ldrm (Adbry). 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 when the following conditions are met:

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 atopic dermatitis; and
3. Is prescribed by or in consultation with a dermatologist; and
4. Patient has failed to respond to good skin care and regular use of emollients; and
5. Patient has documentation of an adequate trial and therapy failure with at least one preferred medium to high potency topical corticosteroid for a minimum of 2 consecutive weeks; and
6. Patient has documentation of a previous trial and therapy failure with a preferred topical immunomodulator for a minimum of 4 weeks; and
7. ~~Patient has documentation of a previous trial and therapy failure with cyclosprorine or azathioprine; and~~
8. Patient will continue with skin care regimen and regular use of emollients.

If criteria for coverage are met, initial authorization will be given for 16 weeks to assess the response to treatment. Request for continuation of therapy will require documentation of a positive response to therapy and documentation patient will continue with skin care regimen and regular use of emollients.

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

References

Adbry subcutaneous injection [prescribing information]. Madison, NJ: Leo Pharma Inc.; June 2024.

Zuranolone (Zurzuvae)
Initial Review

Background
In 2023, the FDA approved Zurzuvae (zuranolone) for the treatment of postpartum depression (PPD) in adults. Zurzuvae is the first oral treatment approved for PPD. Also note, the FDA reviewed Zurzuvae for the treatment of adults with major depressive disorder (MDD). The manufacturer received an FDA Complete Response Letter (CRL) for the MDD indication stating that the application did not provide substantial evidence of effectiveness to support the approval of zuranolone for the treatment of MDD and that an additional study or studies would be needed. Zulresso (brexanolone), was approved by the FDA in 2019 for the treatment of PPD. Zulresso is administered as a continuous intravenous infusion over 60 hours and requires a healthcare provider be available on site to continuously monitor the patient for the duration of the infusion.

See attached new drug review for additional clinical information.

Postpartum depression (PPD) is a common perinatal condition that affects around 17% of women during pregnancy or up to 12 months postpartum. PPD is a leading cause of maternal mortality and can pose serious risks to infants. The American College of Obstetricians and Gynecologists (ACOG) practice guideline for the treatment and management of mental health conditions during pregnancy and postpartum provides recommendations for the pharmacologic management of perinatal depression. SSRIs are recommended as first-line pharmacotherapy for perinatal depression, with SSRIs recommended as reasonable alternatives. The guideline recommends that pharmacotherapy should be individualized based on prior response to therapy, and if no prior pharmacotherapy history exists, sertraline or escitalopram are reasonable first-line medications. An ACOG practice advisory provides recommendations for the use of zuranolone for the management of PPD. Zuranolone may be considered in the postpartum period (i.e., within 12 months postpartum) for depression that has an onset in the third trimester or within 4 weeks after childbirth. The drug's benefits (rapid symptom improvement) and risks (suicidal thoughts, sedation affecting daily activities, and limited efficacy data beyond 42 days) should be considered prior to initiating therapy.

Newly Proposed Prior Authorization Criteria
Prior authorization (PA) is required for zuranolone (Zurzuvae). 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 postpartum depression (PPD); and

3. Patient is 12 months or less postpartum on the date of request (state date of delivery); and
4. The onset of the current depressive episode was during the third trimester or within 4 weeks postpartum; and
5. Patient has not received brexanolone for the current PPD episode; and
6. Is prescribed by a psychiatrist or an obstetrician-gynecologist; and
7. Only one course of treatment (i.e., 14 days) per pregnancy will be considered. Extension of therapy beyond 14 days will not be authorized.

References

Zurzuvae [package insert], Cambridge, MA: Biogen, Inc.; November 2023

American College of Obstetricians and Gynecologists (ACOG). Treatment and management of mental health conditions during pregnancy and postpartum: ACOG Clinical Practice Guideline No. 5. Obstet Gynecol. 2023b;141(6):1262-1288.

IOWA | Health and Human Services

PDL DRUG REVIEW

Proprietary Name: Zurzuvae®
Common Name: zuranolone
PDL Category: Antidepressants

Comparable Products	Preferred Drug List Status
SSRIs	Preferred
Zulresso	Medical

Pharmacology/Usage: Zuranolone, the active ingredient of Zurzuvae®, is a neuroactive steroid gamma-aminobutyric acid (GABA) A receptor positive modulator. The mechanism of action of zuranolone in the treatment of postpartum depression is not fully understood, but is thought to be related to its positive allosteric modulation of GABA-A receptors.

Zurzuvae® is a Schedule IV controlled substance under the Controlled Substances Act. Zuranolone has abuse potential with associated risks of misuse, abuse, and substance use disorder including addiction. Zurzuvae® may produce physical dependence.

Indication: For the treatment of postpartum depression (PPD) in adults.

There is no pregnancy category for this medication; however, the risk summary indicates that based on findings from animal studies, Zurzuvae® may cause fetal harm. Advise pregnant women of the potential risk to a fetus. Available data on use in pregnant women from the clinical development program are not sufficient to assess for a drug-associated risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes. Advise female patients of reproductive potential to use effective contraception during treatment with Zurzuvae® and for one week after the final dose. There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to antidepressants, including Zurzuvae®, during pregnancy. Healthcare providers are encouraged to register patients by calling the National Pregnancy Registry for Antidepressants at 1-844-405-6185 or visiting online at https://womensmentalhealth.org/research/pregnancyregistry/antidepressants. The safety and efficacy of use in the pediatric population have not been established.

Dosage Form: Capsules: 20mg, 25mg, 30mg.

Recommended Dosage: Take 50mg PO QD in the evening for 14 days. Administer with fat-containing food (e.g., 400 to 1000 calories, 25% to 50% fat). If patients experience CNS depressant effects within the 14-day period, consider reducing the dosage to 40mg QD in the evening within the 14-day period. Zurzuvae® can be used alone or as an adjunct to oral antidepressant therapy. The safety and efficacy of use beyond 14 days in a single treatment course have not been established. If a Zurzuvae® evening dose is missed, take the next dose at the regular time the following evening. Do not take extra capsules on the same day to make up for the missed dose. Continue taking Zurzuvae® QD until the remainder of the 14-day treatment course is completed.

The recommended dosage in patients with mild or moderate hepatic impairment is the same as those in patients with normal hepatic function. The recommended dosage in patients with severe hepatic impairment is 30mg PO QD in the evening for 14 days. The recommended dosage in patients with mild renal impairment is the same as those in patients with normal renal function. The recommended dosage in patients with moderate or severe renal impairment is 30mg PO QD in the evening for 14 days.

Drug Interactions: If use with another CNS depressant is unavoidable, consider dosage reduction. Caution should be used when Zurzuvae® is administered in combination with other CNS drugs or alcohol.

Reduce the Zurzuvae® dosage when used with a strong CYP3A4 inhibitor. Reduce the Zurzuvae® dosage to 30mg PO QD in the evening for 14 days when used concomitantly with a strong CYP3A4 inhibitor. Dosage modification is not recommended when Zurzuvae® is concomitantly used with a moderate CYP3A4 inhibitor.

Avoid the concomitant use of Zurzuvae® with CYP3A4 inducers.

Box Warning: This product has a box warning regarding impaired ability to drive or engage in other potentially hazardous activities. Zurzuvae® causes driving impairment due to central nervous system (CNS) depressant effects. Advise patients not to drive or engage in other potentially hazardous activities until at least 12 hours after Zurzuvae® administration for the duration of the 14-day treatment course. Inform patients that they may not be able to assess their own driving competence, or the degree of driving impairment caused by Zurzuvae®.

Common Adverse Drug Reactions: *Listed % incidence for adverse drug reactions= reported % incidence for drug (Zurzuvae®) minus reported % incidence for placebo. Please note that an incidence of 0% means the incidence was the same as or less than placebo.* The most frequently reported adverse events included somnolence (30%), dizziness (4%), diarrhea (4%), fatigue (3%), urinary tract infection (1%), memory impairment (3%), abdominal pain (3%), tremor (2%), hypoesthesia (2%), muscle twitching (2%), myalgia (2%), COVID-19 (2%), anxiety (1%), and rash (1%).

Zurzuvae® can cause CNS depressant effects such as somnolence and confusion. Because Zurzuvae® can cause CNS depressant effects, patients may be at higher risk of falls. To reduce the risk of CNS depressant effects and/or mitigate CNS depressant effects that occurs with Zurzuvae® treatment:

- If patients develop CNS depressants effects, consider dosage reduction or discontinuation of treatment.
- If use with another CNS depressant is unavoidable, consider dosage reduction.
- Reduce the Zurzuvae® dosage in patients taking strong CYP3A4 inhibitors.

In pooled analyses of placebo-controlled trials of chronically administered antidepressant drugs that included about 77,000 adults and 4,500 pediatric patients, the incidence of suicidal thoughts and behaviors in antidepressant-treated patients aged 24 years and younger was greater than in placebo-treated patents. There was variation in risk of suicidal thoughts and behaviors among drugs, but there was an increased risk identified in young patients for most drugs studied. Zurzuvae® does not directly affect monoaminergic systems. Consider changing the therapeutic regimen, including discontinuing Zurzuvae®, in patients whose depression becomes worse or who experience emergent suicidal thoughts and behaviors.

Contraindications: There are no contraindications listed with this product.

Manufacturer: Biogen Inc.

Analysis: The efficacy of Zurzuvae® for the treatment of PPD in adults was demonstrated in two randomized, placebo-controlled, double-blind, multicenter studies (Study 1 and Study 2) that included women with PPD who met the DSM-5 criteria for a major depressive episode with onset of symptoms in the third trimester or within 4 weeks of delivery. In these studies, concomitant use of existing oral antidepressants was allowed for patients taking a stable dose of oral antidepressant for at least 30 days before baseline. These studies included patients with HAMD-17 scores ≥26 at baseline.

In Study 1, patients received Zurzuvae® 50mg (N=98) or placebo (N=97) QD in the evening with fat-containing food for 14 days, with the option to reduce the dosage based on tolerability to 40mg QD of Zurzuvae® or placebo. The patients were followed for a minimum of 4 weeks after the 14-day treatment course.

In Study 2, patients received another zuranolone capsule formulation (approximately equivalent to 40mg of Zurzuvae®; N=76) or placebo (N=74) QD in the evening with food for 14 days. The patients were followed for a minimum of 4 weeks after the 14-day treatment course.

Baseline demographics were similar between treatment groups in both studies. In Study 1, patients had a mean age of 30 years (range 19 to 44), while 70% were white and baseline use of stable oral antidepressants was reported in 15% of patients. In Study 2, patients had a mean age of 28 years (range 18 to 44), while 56% were white and baseline use of stable oral antidepressants was reported in 19% of patients.

The primary endpoint for both studies was the change from baseline in depressive symptoms as measured by the HAMD-17 total score at day 15. In these studies, patients in the Zurzuvae® groups experienced statistically significantly greater improvement on the primary endpoint compared to patients in the placebo group. Results are presented in the table below, which was adapted from the prescribing information.

Study number	Treatment group	N	Mean Baseline Score	LS mean change from baseline	Placebo-subtracted difference
1	50mg Zurzuvae®	98	28.6	-15.6	-4.0
	Placebo	97	28.8	-11.6	
2	Zuranolone * (another cap formulation)	76	28.4	-17.8	-4.2
	Placebo	74	28.8	-13.6	

*This capsule formulation of zuranolone is approximately equivalent to 40mg of Zurzuvae®.

Two randomized, double-blind, placebo- and active-controlled four-way crossover studies (Study 3 and Study 4) assessed the effects of nighttime Zurzuvae® administration on next-morning driving performance, 9 hours after dosing, using a computer-based driving simulation.

In Study 3, 50mg of Zurzuvae® was administered for six consecutive nights and on the seventh night a single dose of 50mg or 100mg (two times the recommended dose) was administered. The primary driving performance outcome measure was the change in Standard Deviation of Lateral Position (SDLP; a measure of driving impairment) in the Zurzuvae® group compared to the placebo group on days 2 and 8 (after a single dose and repeat doses, respectively).

This study included healthy participants (N=67), with a median age of 45 years (range from 22 to 81 years; 7 participants were ≥65 years of age). In addition, 38 were males and 88% were white. A single dose of Zurzuvae® 50mg caused statistically significant impairment in next-morning driving performance compared to placebo. Statistically significant effects on driving were also observed on day 8 following daily administration of 50mg Zurzuvae®. Administration of 100mg of Zurzuvae® on the final night increased impairment in driving ability. The exposure-response analysis for driving impairment in this study suggested that the projected mean placebo-adjusted SDLP at 12 hours post-dose would be less than the threshold associated with driving impairment.

In Study 4, 30mg of Zurzuvae® was administered for four consecutive nights and on the fifth night a single dose of 30mg or 60mg was administered. The primary driving performance outcome measure was the change in SDLP in the Zurzuvae® group compared to the placebo group on days 2 and 6 (after a single dose and repeat doses, respectively). This study included participants (N=60) with a median age of 41 years (range 22 to 62), while 60% were male and 90% were white.

A single 30mg dose of Zurzuvae® caused a statistically significant impairment in next-morning driving performance compared to placebo. The mean effect on driving performance was not statistically significantly different following 30mg of Zurzuvae® compared to placebo on day 6; however, driving ability was impaired in some participants taking Zurzuvae®. Administration of 60mg of Zurzuvae® on the final night caused statistically significant impairment in next-morning driving performance compared to placebo.

Place in Therapy: Zurzuvae® is a neuroactive steroid gamma-aminobutyric acid (GABA) A receptor positive modulator indicated for the treatment of postpartum depression (PPD) in adults. This once daily in the evening dosing for 14 days should be administered with fat-containing food and can be used alone or as an adjunct to oral antidepressant therapy. Zurzuvae® does have a box warning regarding the impaired ability to drive or engage in other potentially hazardous activities. It causes driving impairment due to CNS depressant effects, and thus patients should be advised not to drive or engage in other potentially hazardous activities until at least 12 hours after Zurzuvae® administration for the duration of the 14-day treatment course.

The safety and efficacy of Zurzuvae® were assessed in 2 randomized, double-blind, placebo-controlled trials that included women with PPD who met criteria for a major depressive episode with onset of symptoms in the third trimester or within 4 weeks of delivery. Note that in Study 2, patients received another zuranolone capsule formulation (about equivalent to 40mg Zurzuvae®). The primary efficacy endpoint for each study was the change from baseline in depressive symptoms as measured by the HAMD-17 total score at day 15. Results suggested that patients in the Zurzuvae® groups experienced statistically significantly greater improvement on the primary endpoint compared to patients in the placebo group. Zurzuvae® is the first oral medication FDA approved for the treatment of PPD in adults, taken for 14 days. Note that the safety and efficacy of Zurzuvae® use beyond 14 days in a single treatment course have not been established.

Summary

There is no evidence at this time to support that Zurzuvae® is safer or more effective than the other currently preferred, more cost-effective medications. It is therefore recommended that Zurzuvae® remain non-preferred and require prior authorization and be available to those who are unable to tolerate or who have failed on preferred medications.

PDL Placement: ☐ **Preferred**
☒ **Non-Preferred**

References

[1] Zurzuvae [package insert]. Cambridge, MA: Biogen Inc; 2023.

Anti-Diabetic Non-Insulin Agents
Second 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), an 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 HgbA1C for Type 2 Diabetes).~~

Biologicals for Axial Spondyloarthritis
Second 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 Plaque Psoriasis
Second 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.

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
Total $ Paid	$2,736,578	$98,955,499	$77,170,293	$50,708,012
# Paid Claims	23,700	861,255	714,463	512,644
Unique Users	3,800	108,084	99,798	80,257
Avg Cost/Rx	$115.47	$114.90	$108.01	6.39
Top 5 Therapeutic Class by Prescription Count Therapeutic class taxonomy may differ among each plan	Antidepressants – Selected SSRIs	Antidepressants	Antidepressants	Antidepressants
	Anticonvulsants	Anticonvulsants	Anticonvulsants	Antiasthmatic & Bronchodilator Agents
	Antipsychotics – Atypicals	ADHD/Narcolepsy	Antiasthmatic & Bronchodilator Agents	Antihypertensives
	GI – PPIs	Antiasthmatic & Bronchodilator Agents	Antihypertensives	Anticonvulsants
	Antihypertensives - Central	Antihypertensives	ADHD/Narcolepsy	Antidiabetics
Top 5 Therapeutic Class by Paid Amount (pre-rebate) Therapeutic class taxonomy may differ among each plan	Antipsychotics – Atypicals	Antidiabetics	Antidiabetics	Antidiabetics
	Anti-Inflammatories, Non-NSAIDs	Dermatologicals	Antipsychotics/Antimanic Agents	Antipsychotics/Antimanic Agents
	Diabetic – Non-Insulin Injectables	Antipsychotics/Antimanic Agents	Analgesics – Anti-Inflammatory	Dermatologicals
	Anticonvulsants	Analgesics – Anti-Inflammatory	Dermatologicals	Analgesics – Anti-Inflammatory
	Antidepressants – Selected SSRIs	ADHD/Narcolepsy	Antiasthmatic & Bronchodilator Agents	Antiasthmatic & Bronchodilator Agents
Top 5 Drugs by Prescription Count	Trazodone	Omeprazole	Atorvastatin	Atorvastatin
	Atorvastatin	Sertraline	Sertraline	Sertraline
	Gabapentin	Atorvastatin	Omeprazole	Amoxicillin
	Fluoxetine	Levothyroxine	Amoxicillin	Omeprazole
	Omeprazole	Escitalopram	Albuterol	Lisinopril
Top 5 Drugs by Paid Amount (pre-rebate)	Ozempic	Humira Pen	Humira Pen	Humira
	Biktarvy	Ozempic	Ozempic	Ozempic
	Vraylar	Vraylar	Vraylar	Trikafta
	Humira Pen	Stelara	Trikafta	Vraylar
	Taltz	Trikafta	Dupixent	Dupixent