IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION
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Dear Abby:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, November 6, 2024. At this meeting, the DUR Commission members discussed updated prior authorization (PA) criteria for Biologicals for Inflammatory Bowel Disease; Janus Kinase Inhibitors; Maralixibat (Livmarli); Omalizumab (Xolair); Oral Glucocorticoids for Duchenne Muscular Dystrophy; Tralokinumab (Adbry); and new PA criteria for Zuranolone (Zurzuvae). The following recommendations have been made by the DUR Commission:

No comments were received from the medical/pharmacy associations in response to an August 19, 2024 letter that was sent to them detailing the updated PA criteria for Biologicals for Inflammatory Bowel Disease; Janus Kinase Inhibitors; Maralixibat (Livmarli); Omalizumab (Xolair); Oral Glucocorticoids for Duchenne Muscular Dystrophy; Tralokinumab (Adbry); and new PA criteria for Zuranolone (Zurzuvae).

Biologicals for Inflammatory Bowel Disease

Current Clinical Prior Authorization
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 therapies including aminosalicylates (mesalamine, sulfasalazine), azathioprine/6-mercaptopurine, and/or

methotrexate; or
4. Patient has a diagnosis of Ulcerative Colitis (moderate to severe) – Payment will be considered following an inadequate response to two preferred conventional therapies including aminosalicylates and azathioprine/6-mercaptopurine; and

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

Requests for Interleukins:
1. Medication will not be given concurrently with live vaccines.

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

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

~~1. Patient has been screened for hepatitis B and C, patients with active hepatitis B will not be considered for coverage; and~~
~~2. Patient has been screened for latent TB infection, patients with latent TB will only be considered after one month of TB treatment and patients with active TB will only be considered upon completion of TB treatment; and~~
3. Patient has a diagnosis of *moderate to severe* Crohn's Disease*; 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 lll or lV and with an ejection fraction of 50% or less; and~~

~~Requests for Interleukins:~~
~~1. Medication will not be given concurrently with live vaccines.~~

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

Janus Kinase Inhibitors

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.

<u>Proposed Clinical Prior Authorization Criteria</u> (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; *or* ~~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; or*
   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)

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*
4. *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 pruritus associated with PFIC; and
5. 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.

Omalizumab (Xolair)

<u>Current Clinical Prior Authorization Criteria</u>
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. 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.

Oral Glucocorticoids for Duchenne Muscular Dystrophy (formerly Deflazacort [Emflaza])

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 use 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.

Tralokinumab-ldrm (Adbry)

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 cyclosporine 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.

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

Prior authorization (PA) is required for tralokinumab-Idrm (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 cyclosporine 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.

Zuranolone (Zurzuvae)

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. Only one course of treatment (i.e., 14 days) per pregnancy will be considered. Extension of therapy beyond 14 days will not be authorized.

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendations for Biologicals for Inflammatory Bowel Disease; Janus Kinase Inhibitors;

Maralixibat (Livmarli); Omalizumab (Xolair); Oral Glucocorticoids for Duchenne Muscular Dystrophy; Tralokinumab (Adbry); and Zuranolone (Zurzuvae).

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 MEDICAID PHARMACEUTICAL AND THERAPEUTICS COMMITTEE

IOWA MEDICAID – 1305 EAST WALNUT STREET - DES MOINES, IA 50319

Charles Wadle. D.O.
Tricia McComb, R.N.
Fadi Yacoub, M.D.
Rachel Kinn, Pharm.D.
Jason Kruse, D.O.
Dawn Schissel, M.D.
Jennifer Doudna, Pharm.D.
Lacey Ferguson, Pharm.D.

Professional Staff:
Roberta Capp, M.D., MHS
Erin Halverson, R.Ph.
Abby Cate, Pharm.D.
Gina Kuebler, R.Ph.
Paige Clayton, Pharm.D.

November 22, 2024

Abby Cate, Pharm.D.
Pharmacy Consultant
Iowa Medicaid
1305 East Walnut Street
Des Moines, Iowa 50319

Dear Abby:

The Iowa Medicaid Pharmaceutical and Therapeutics (P&T) Committee met on Thursday, November 21, 2024. On behalf of the P&T Committee, I respectfully request the following recommendation:

The P&T Committee voted in favor for the Drug Utilization Review (DUR) Commission to review and consider development of specific prior authorization (PA) criteria for Tryvio™, due to the specific indication for use in resistant hypertension.

Thank you in advance for the Department's consideration of this recommendation.

Sincerely,

Erin Halverson, R.Ph.
Pharmacy Account Manager
Iowa Medicaid

cc: Pamela Smith, R.Ph., Iowa Medicaid
Gina Kuebler, R.Ph., Iowa Medicaid

Iowa Health Link Iowa HHS | MOLINA HEALTHCARE

MOLINA HEALTHCARE OF IOWA CLAIMS QUARTERLY STATISTICS			
Category	June 2024 to Aug 2024	Sept 2024 to Nov 2024	% Change
Total paid Amount	$53,028,906.45	$52,445,320.09	-1.10%
Unique users	76,044	78,347	3.03%
Cost Per user	$697.35	$669.40	-4.01%
Total prescriptions	503,230	493,379	-1.96%
Average Prescriptions per user	6.62	6.30	-4.84%
Average cost per prescription	$105.38	$106.30	0.87%
# Generic Prescriptions	456,998	448,771	-1.80%
% Generic	90.8%	91.0%	0.16%
$ Generic	$7,740,517.75	$7,893,960.08	1.98%
Average Generic Prescription Cost	$16.94	$17.59	3.85%
Average Generic Days' Supply	25.24	25.63	1.55%
# Brand Prescriptions	47,144	44,608	-5.38%
% Brand	9.37%	9.04%	-3.49%
$ Brand	$45,288,389	$44,551,360	-1.63%
Average Brand Prescription cost	$960.64	$998.73	3.97%
Average Brand Days' Supply	27.86	27.96	0.36%

UTILIZATION BY AGE		
Age	June 2024 to August 2024	September 2024 to November 2024
0 to 6	9,928	12,193
7 to 12	8,715	10,326
13 to 18	9,564	10,470
19 to 64	46,106	44,375
65+	2,163	1,362
Total	76,476	78,726

UTILIZATION BY GENDER AND AGE			
Gender	Age	June 2024 to August 2024	Sept 2024 to Nov 2024
F	0 to 6	4,597	5,615
	7 to 12	3,940	4,626
	13 to 18	5,529	5,933
	19 to 64	29,149	28,271
	65+	1,369	884
	Gender Total	44,584	45,329
M	0 to 6	5,329	6,576
	7 to 12	4,774	5,700
	13 to 18	4,035	4,537
	19 to 64	16,953	16,099
	65+	792	479
	Gender Total	31,883	33,391
Grand Total		76,467	78,720

Top 100 Pharmacies by Prescription Count Sept 2024 to Nov 2024							
RANK	Pharmacy NAME	Pharmacy City	State	Prescription Count	Paid Amount	Average Cost RX	Previous RANK
1	UIHC AMBULATORY CARE PHC	IOWA CITY	IA	7,529	$4,066,868.85	$540.1	1
2	WALGREENS 04405	COUNCIL BLUFFS	IA	5,242	$363,054.74	$69.26	2
3	WALGREENS 05042	CEDAR RAPIDS	IA	4,821	$228,196.01	$47.33	4
4	BROADLAWNS MED CTR OP PH	DES MOINES	IA	4,499	$182,912.67	$40.66	3
5	HY-VEE PHARMACY 1403	MARSHALLTOW	IA	3,601	$250,319.95	$69.51	7
6	WALGREENS 05239	DAVENPORT	IA	3,573	$185,470.94	$51.91	6
7	RIGHT DOSE PHARMACY	ANKENY	IA	3,427	$149,534.84	$43.63	5
8	HY-VEE PHARMACY 1138	DES MOINES	IA	3,095	$242,495.60	$78.35	10
9	WALGREENS 05721	DES MOINES	IA	3,043	$172,478.14	$56.68	9
10	WALGREENS 07455	WATERLOO	IA	2,997	$167,529.28	$55.90	8
11	HY-VEE DRUGSTORE 7060	MUSCATINE	IA	2,942	$214,725.81	$72.99	11
12	HY-VEE PHARMACY 1092	COUNCIL BLUFFS	IA	2,856	$243,097.88	$85.12	12
13	WALGREENS 15647	SIOUX CITY	IA	2,799	$152,826.36	$54.60	13
14	SIOUXLAND COMM HLTH CTR	SIOUX CITY	IA	2,770	$115,842.98	$41.82	18
15	WALGREENS 03700	COUNCIL BLUFFS	IA	2,761	$153,754.84	$55.69	15
16	HY-VEE PHARMACY 1109	DAVENPORT	IA	2,722	$197,125.76	$72.42	14
17	WALGREENS 07453	DES MOINES	IA	2,703	$139,188.68	$51.49	16
18	HY-VEE PHARMACY 1056	CEDAR RAPIDS	IA	2,523	$141,389.31	$56.04	21
19	HY-VEE DRUGSTORE 7020	CEDAR RAPIDS	IA	2,465	$152,288.56	$61.78	22
20	WALGREENS 00359	DES MOINES	IA	2,421	$154,469.51	$63.80	17
21	HY-VEE PHARMACY 1192	FORT DODGE	IA	2,408	$149,572.67	$62.11	27
22	NELSON FAMILY PHARMACY	FORT MADISON	IA	2,342	$166,273.74	$71.00	20
23	WALMART PHARMACY 10-2889	CLINTON	IA	2,268	$146,575.88	$64.63	34

24	HY-VEE DRUGSTORE 7065	OTTUMWA	IA	2,246	$215,634.92	$96.01	23
25	HY-VEE PHARMACY 1151	DES MOINES	IA	2,228	$121,193.90	$54.40	28
26	WALGREENS 04041	DAVENPORT	IA	2,226	$151,466.08	$68.04	24
27	HY-VEE PHARMACY 1075	CLINTON	IA	2,195	$151,057.47	$68.82	32
28	HY-VEE PHARMACY 1061	CEDAR RAPIDS	IA	2,165	$118,691.20	$54.82	33
29	COMMUNITY HEALTH CARE PH	DAVENPORT	IA	2,162	$75,960.44	$35.13	30
30	DRILLING PHARMACY 67	SIOUX CITY	IA	2,124	$141,789.18	$66.76	19
31	CVS PHARMACY 10282	FORT DODGE	IA	2,078	$96,401.51	$46.39	36
32	HY-VEE PHARMACY 1142	DES MOINES	IA	2,068	$130,030.57	$62.88	38
33	CVS PHARMACY 08544	WATERLOO	IA	2,049	$107,151.21	$52.29	25
34	MAHASKA DRUGS	OSKALOOSA	IA	1,986	$114,310.90	$57.56	29
35	HY-VEE PHARMACY 1044	BURLINGTON	IA	1,911	$101,710.25	$53.22	26
36	WALGREENS 10855	WATERLOO	IA	1,881	$88,329.01	$46.96	50
37	GREENWOOD DRUG ON KIMBAL	WATERLOO	IA	1,869	$147,435.41	$78.88	31
38	HY-VEE PHARMACY 1396	MARION	IA	1,812	$119,295.94	$65.84	60
39	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	1,804	$112,684.97	$62.46	40
40	WALMART PHARMACY 10-3590	SIOUX CITY	IA	1,779	$118,106.85	$66.39	46
41	HY-VEE PHARMACY 1866	WATERLOO	IA	1,773	$145,018.38	$81.79	39
42	WALGREENS 05852	DES MOINES	IA	1,758	$114,609.77	$65.19	47
43	WALMART PHARMACY 10-3394	ATLANTIC	IA	1,758	$94,252.09	$53.61	48
44	HY-VEE PHARMACY 1530	PLEASANT HILL	IA	1,733	$100,599.59	$58.05	49
45	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	1,684	$193,286.58	$114.78	44
46	WALGREENS 05470	SIOUX CITY	IA	1,680	$149,449.93	$88.96	52
47	WALMART PHARMACY 10-0646	ANAMOSA	IA	1,675	$114,596.99	$68.42	54
48	HY-VEE PHARMACY 1615	SIOUX CITY	IA	1,675	$134,889.31	$80.53	51
49	HY-VEE PHARMACY 1058	CENTERVILLE	IA	1,663	$220,652.27	$132.68	53
50	WALGREENS 07454	ANKENY	IA	1,654	$74,908.37	$45.29	56

51	HY-VEE PHARMACY 1522	PERRY	IA	1,647	$86,991.12	$52.82	69
52	HY-VEE PHARMACY 1074	CHARLES CITY	IA	1,630	$100,461.73	$61.63	41
53	HY-VEE PHARMACY 1281	IOWA CITY	IA	1,617	$83,024.86	$51.34	63
54	WALMART PHARMACY 10-5115	DAVENPORT	IA	1,607	$97,867.67	$60.90	45
55	WALMART PHARMACY 10-0559	MUSCATINE	IA	1,594	$97,756.89	$61.33	58
56	UI HEALTHCARE	CORALVILLE	IA	1,580	$52,809.33	$33.42	67
57	HY-VEE PHARMACY 1504	OTTUMWA	IA	1,571	$78,173.72	$49.76	43
58	WALMART PHARMACY 10-1496	WATERLOO	IA	1,567	$100,776.36	$64.31	62
59	WALMART PHARMACY 10-1723	DES MOINES	IA	1,560	$64,950.29	$41.63	59
60	HY-VEE PHARMACY 1180	FAIRFIELD	IA	1,541	$102,561.71	$66.56	100
61	CVS PHARMACY 08658	DAVENPORT	IA	1,540	$85,306.33	$55.39	68
62	HY VEE PHARMACY 1459	OELWEIN	IA	1,539	$67,497.28	$43.86	76
63	WALGREENS 03875	CEDAR RAPIDS	IA	1,538	$74,197.70	$48.24	70
64	HY-VEE DRUGSTORE 7056	MASON CITY	IA	1,532	$107,608.03	$70.24	65
65	WALGREENS 07452	DES MOINES	IA	1,518	$80,190.65	$52.83	42
66	HY-VEE PHARMACY 1610	SIOUX CITY	IA	1,517	$119,672.73	$78.89	66
67	HY-VEE PHARMACY 1071	CLARINDA	IA	1,509	$93,339.70	$61.86	64
68	HY-VEE PHARMACY 1241	HARLAN	IA	1,500	$96,395.22	$64.26	57
69	HY-VEE PHARMACY 1449	NEWTON	IA	1,484	$112,713.19	$75.95	79
70	WALGREENS 03876	MARION	IA	1,469	$70,295.12	$47.85	81
71	WALGREENS 05362	DES MOINES	IA	1,468	$101,295.05	$69.00	84
72	WALMART PHARMACY 10-0581	MARSHALLTOW	IA	1,456	$125,433.92	$86.15	61
73	HY-VEE DRUGSTORE 7026	CEDAR RAPIDS	IA	1,444	$80,619.62	$55.83	86
74	WALGREENS 03595	DAVENPORT	IA	1,440	$60,008.58	$41.67	71
75	WALMART PHARMACY 10-0797	WEST BURLINGTON	IA	1,426	$56,987.04	$39.96	95
76	NUCARA LTC PHARMACY 3	IOWA CITY	IA	1,420	$21,440.12	$15.10	75

77	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	1,418	$79,401.77	$56.00	37
78	WALMART PHARMACY 10-1621	CENTERVILLE	IA	1,416	$119,100.81	$84.11	78
79	DANIEL PHARMACY	FORT DODGE	IA	1,403	$81,248.82	$57.91	55
80	WALMART PHARMACY 10-0985	FAIRFIELD	IA	1,402	$69,284.94	$49.42	80
81	SCOTT PHARMACY INC	FAYETTE	IA	1,401	$81,489.18	$58.17	74
82	COVENANT FAMILY PHARMACY	WATERLOO	IA	1,388	$115,153.29	$82.96	87
83	HY-VEE PHARMACY 1042	BURLINGTON	IA	1,384	$96,263.68	$69.55	85
84	ALL CARE HEALTH CENTER	COUNCIL BLUFFS	IA	1,380	$51,259.24	$37.14	82
85	WALGREENS 05777	DES MOINES	IA	1,375	$77,046.05	$56.03	91
86	WALMART PHARMACY 10-0810	MASON CITY	IA	1,362	$104,254.24	$76.54	89
87	HY-VEE PHARMACY 1148	DES MOINES	IA	1,346	$80,756.58	$60.00	77
88	HY-VEE PHARMACY 1873	WAUKEE	IA	1,337	$76,442.31	$57.17	111
89	HY-VEE PHARMACY 1013	AMES	IA	1,325	$58,007.02	$43.78	127
90	HY-VEE PHARMACY 1170	ESTHERVILLE	IA	1,307	$94,922.62	$72.63	97
91	OMNICARE OF URBANDA 48236	URBANDALE	IA	1,306	$39,415.37	$30.18	35
92	HY-VEE PHARMACY 1324	KEOKUK	IA	1,296	$98,016.64	$75.63	101
93	HY-VEE PHARMACY 1065	CHARITON	IA	1,291	$58,596.90	$45.39	98
94	MEDICAP PHARMACY 8095	ELDORA	IA	1,282	$61,693.42	$48.12	102
95	WALMART PHARMACY 10-2716	CEDAR RAPIDS	IA	1,276	$76,771.87	$60.17	72
96	HY-VEE PHARMACY 1433	MOUNT PLEASANT	IA	1,270	$78,711.04	$61.98	114
97	HY-VEE PHARMACY 1052	CEDAR FALLS	IA	1,258	$86,539.97	$68.79	121
98	HY-VEE PHARMACY 1136	DES MOINES	IA	1,251	$79,136.11	$63.26	120
99	HY-VEE PHARMACY 1895	WINDSOR HEIGHTS	IA	1,250	$90,364.72	$72.29	96
100	WAGNER PHARMACY	CLINTON	IA	1,248	$73,903.99	$59.22	92

Top 100 Pharmacies by Paid Amount Sept 2024 to Nov 2024							
RANK	Pharmacy NAME	Pharmacy City	State	Prescription Count	Paid Amount	Average Cost Member	Previous RANK
1	CAREMARK SPECIALTY P 1702	LENEXA	KS	555	$4,201,222.44	$7,569.77	2
2	UIHC AMBULATORY CARE PHC	IOWA CITY	IA	7,529	$4,066,868.85	$540.16	1
3	COMMUNITY, A WALGRE 16528	DES MOINES	IA	438	$2,006,934.70	$4,582.04	3
4	CVS SPECIALTY 02921	MONROEVILLE	PA	173	$1,382,559.80	$7,991.68	4
5	UNITYPOINT AT HOME	URBANDALE	IA	353	$1,096,753.76	$3,106.95	5
6	NUCARA SPECIALTY PHARMAC	PLEASANT HILL	IA	911	$981,763.24	$1,077.68	6
7	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	49	$734,658.71	$14,993.03	8
8	COMMUNITY A WALGREE 21250	IOWA CITY	IA	197	$622,153.54	$3,158.14	9
9	ACARIAHEALTH PHARMACY 11	HOUSTON	TX	37	$462,050.72	$12,487.86	12
10	CAREMARK SPECIALTY 48031	MOUNT PROSPECT	IL	47	$407,934.14	$8,679.45	7
11	AMBER PHARMACY	OMAHA	NE	90	$395,477.87	$4,394.20	14
12	CARE PLUS CVS/PHARM 00102	AURORA	CO	48	$376,456.55	$7,842.84	10
13	WALGREENS 04405	COUNCIL BLUFFS	IA	5,242	$363,054.74	$69.26	13
14	ANOVORX GROUP LLC	MEMPHIS	TN	18	$331,653.19	$18,425.18	17
15	ACCREDO HEALTH GROUP INC	WARRENDALE	PA	22	$328,375.87	$14,926.18	33
16	FIRST MED EAST PHARMACY	DAVENPORT	IA	385	$300,398.75	$780.26	40
17	PRIMARY HEALTHCARE PHARM	DES MOINES	IA	880	$287,149.53	$326.31	22
18	PANTHERX SPECIALTY PHARM	CORAOPOLIS	PA	12	$270,466.11	$22,538.84	75
19	HY-VEE PHARMACY 1403	MARSHALLTOWN	IA	3,601	$250,319.95	$69.51	20
20	FAIRVIEW PHARMACY	MINNEAPOLIS	MN	40	$243,564.40	$6,089.11	71
21	HY-VEE PHARMACY 1092	COUNCIL BLUFFS	IA	2,856	$243,097.88	$85.12	30
22	HY-VEE PHARMACY 1138	DES MOINES	IA	3,095	$242,495.60	$78.35	28
23	MEDICAL ONCOLOGY & HEMAT	DES MOINES	IA	32	$232,083.62	$7,252.61	15

24	OPTUM PHARMACY	JEFFERSONVILLE	IN	28	$229,438.42	$8,194.23	16
25	WALGREENS 05042	CEDAR RAPIDS	IA	4,821	$228,196.01	$47.33	23
26	HY-VEE PHARMACY 1058	CENTERVILLE	IA	1,663	$220,652.27	$132.68	34
27	CR CARE PHARMACY	CEDAR RAPIDS	IA	854	$217,818.68	$255.06	37
28	CVS/SPECIALTY 1703	REDLANDS	CA	23	$216,750.96	$9,423.95	11
29	HY-VEE DRUGSTORE 7065	OTTUMWA	IA	2,246	$215,634.92	$96.01	25
30	HY-VEE DRUGSTORE 7060	MUSCATINE	IA	2,942	$214,725.81	$72.99	26
31	ARJ INFUSION SERVICES LL	CEDAR RAPIDS	IA	44	$210,279.59	$4,779.08	19
32	GENOA HEALTHCARE LL 20171	DAVENPORT	IA	922	$200,594.46	$217.56	24
33	HY-VEE PHARMACY 1109	DAVENPORT	IA	2,722	$197,125.76	$72.42	27
34	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	1,684	$193,286.58	$114.78	39
35	BIOLOGICS BY MCKESSON	CARY	NC	14	$185,522.70	$13,251.62	76
36	WALGREENS 05239	DAVENPORT	IA	3,573	$185,470.94	$51.91	38
37	S-S PHARMACY	COUNCIL BLUFFS	IA	699	$184,913.61	$264.54	57
38	BROADLAWNS MED CTR OP PH	DES MOINES	IA	4,499	$182,912.67	$40.66	32
39	WALGREENS 05721	DES MOINES	IA	3,043	$172,478.14	$56.68	35
40	ALLEN CLINIC PHARMACY	WATERLOO	IA	800	$168,738.24	$210.92	44
41	EVERSANA LIFE SCIENCE SE	CHESTERFIELD	MO	5	$167,942.50	$33,588.50	21
42	WALGREENS 07455	WATERLOO	IA	2,997	$167,529.28	$55.90	42
43	NELSON FAMILY PHARMACY	FORT MADISON	IA	2,342	$166,273.74	$71.00	47
44	EXPRESS SCRIPTS SPECAILT	ST. LOUIS	MO	10	$164,825.05	$16,482.51	18
45	AVERA SPECIALTY PHARMACY	SIOUX FALLS	SD	50	$158,540.58	$3,170.81	52
46	WALGREENS 00359	DES MOINES	IA	2,421	$154,469.51	$63.80	50
47	WALGREENS 03700	COUNCIL BLUFFS	IA	2,761	$153,754.84	$55.69	53
48	WALGREENS 15647	SIOUX CITY	IA	2,799	$152,826.36	$54.60	54
49	HY-VEE DRUGSTORE 7020	CEDAR RAPIDS	IA	2,465	$152,288.56	$61.78	63
50	WALGREENS 04041	DAVENPORT	IA	2,226	$151,466.08	$68.04	67

51	HY-VEE PHARMACY 1075	CLINTON	IA	2,195	$151,057.47	$68.82	41
52	HY-VEE PHARMACY 1192	FORT DODGE	IA	2,408	$149,572.67	$62.11	49
53	RIGHT DOSE PHARMACY	ANKENY	IA	3,427	$149,534.84	$43.63	29
54	WALGREENS 05470	SIOUX CITY	IA	1,680	$149,449.93	$88.96	55
55	PARAGON PARTNERS	OMAHA	NE	236	$148,274.73	$628.28	77
56	GREENWOOD DRUG ON KIMBAL	WATERLOO	IA	1,869	$147,435.41	$78.88	46
57	CHILDRENS HOSPITAL AND M	OMAHA	NE	208	$146,870.55	$706.11	86
58	WALMART PHARMACY 10-2889	CLINTON	IA	2,268	$146,575.88	$64.63	48
59	HY-VEE PHARMACY 1866	WATERLOO	IA	1,773	$145,018.38	$81.79	59
60	GENOA HEALTHCARE LL 20304	SIOUX CITY	IA	879	$143,963.37	$163.78	45
61	DRILLING PHARMACY 67	SIOUX CITY	IA	2,124	$141,789.18	$66.76	51
62	HY-VEE PHARMACY 1056	CEDAR RAPIDS	IA	2,523	$141,389.31	$56.04	61
63	OPTUM PHARMACY	BIRMINGHAM	AL	8	$139,675.87	$17,459.48	228
64	WALGREENS 07453	DES MOINES	IA	2,703	$139,188.68	$51.49	65
65	HY-VEE PHARMACY 1615	SIOUX CITY	IA	1,675	$134,889.31	$80.53	68
66	GENOA HEALTHCARE LL 20523	SIOUX CITY	IA	289	$131,052.06	$453.47	94
67	HY-VEE PHARMACY 1142	DES MOINES	IA	2,068	$130,030.57	$62.88	81
68	WALMART PHARMACY 10-0581	MARSHALLTOWN	IA	1,456	$125,433.92	$86.15	83
69	HY-VEE PHARMACY 1151	DES MOINES	IA	2,228	$121,193.90	$54.40	69
70	HY-VEE PHARMACY 1610	SIOUX CITY	IA	1,517	$119,672.73	$78.89	74
71	HY-VEE PHARMACY 1396	MARION	IA	1,812	$119,295.94	$65.84	98
72	WALMART PHARMACY 10-1621	CENTERVILLE	IA	1,416	$119,100.81	$84.11	111
73	HY-VEE PHARMACY 1061	CEDAR RAPIDS	IA	2,165	$118,691.20	$54.82	79
74	WALMART PHARMACY 10-3590	SIOUX CITY	IA	1,779	$118,106.85	$66.39	78
75	SIOUXLAND COMM HLTH CTR	SIOUX CITY	IA	2,770	$115,842.98	$41.82	107
76	MEDICAP PHARMACY 8052	DES MOINES	IA	827	$115,292.14	$139.41	101
77	COVENANT FAMILY PHARMACY	WATERLOO	IA	1,388	$115,153.29	$82.96	80

78	WALGREENS 05852	DES MOINES	IA	1,758	$114,609.77	$65.19	92
79	WALMART PHARMACY 10-0646	ANAMOSA	IA	1,675	$114,596.99	$68.42	89
80	MAHASKA DRUGS	OSKALOOSA	IA	1,986	$114,310.90	$57.56	66
81	GREENWOOD COMPLIANCE PHA	WATERLOO	IA	725	$113,916.74	$157.13	43
82	HY-VEE PHARMACY 1449	NEWTON	IA	1,484	$112,713.19	$75.95	97
83	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	1,804	$112,684.97	$62.46	84
84	SIOUXLAND REGIONAL CANCE	SIOUX CITY	IA	8	$111,445.00	$13,930.63	36
85	MID VALLEY HEALTH SERVIC	CERES	CA	20	$110,178.60	$5,508.93	419
86	HY-VEE DRUGSTORE 7056	MASON CITY	IA	1,532	$107,608.03	$70.24	122
87	CVS PHARMACY 08544	WATERLOO	IA	2,049	$107,151.21	$52.29	70
88	FIFIELD DRUG STORE	DES MOINES	IA	895	$106,682.39	$119.20	102
89	JACKS CORNER DRUG	SIGOURNEY	IA	724	$105,392.25	$145.57	99
90	WALMART PHARMACY 10-0810	MASON CITY	IA	1,362	$104,254.24	$76.54	87
91	HY-VEE PHARMACY 1180	FAIRFIELD	IA	1,541	$102,561.71	$66.56	119
92	WALGREENS 16270	OMAHA	NE	19	$101,902.14	$5,363.27	139
93	HY-VEE PHARMACY 1044	BURLINGTON	IA	1,911	$101,710.25	$53.22	60
94	WALGREENS 05362	DES MOINES	IA	1,468	$101,295.05	$69.00	120
95	WALMART PHARMACY 10-1496	WATERLOO	IA	1,567	$100,776.36	$64.31	100
96	HY-VEE PHARMACY 1530	PLEASANT HILL	IA	1,733	$100,599.59	$58.05	136
97	HY-VEE PHARMACY 1074	CHARLES CITY	IA	1,630	$100,461.73	$61.63	115
98	WALMART PHARMACY 4256	AMES	IA	1,001	$98,354.18	$98.26	141
99	HY-VEE PHARMACY 1324	KEOKUK	IA	1,296	$98,016.64	$75.63	91
100	WALMART PHARMACY 10-5115	DAVENPORT	IA	1,607	$97,867.67	$60.90	109

Top 100 Prescribing Providers by Prescription Count September 2024 to November 2024						
RANK	NPI Num	Prescriber Name	Paid Amount	Prescription Count	Average Scripts Member	Previous Rank
1	1982605762	JEFFREY WILHARM	$42,476.66	1,114	14.7	2
2	1013115369	BOBBITA NAG	$31,099.87	763	5.2	12
3	1356359871	RHEA HARTLEY	$74,782.14	755	5.1	3
4	1982030946	JACKLYN BESCH	$29,789.33	735	7.7	4
5	1164538674	JOSEPH WANZEK	$36,879.43	688	8.5	5
6	1164823092	JAMEY GREGERSEN	$26,610.86	631	8.6	8
7	1659358620	CARLOS CASTILLO	$19,588.92	629	6.0	7
8	1477199198	SAJO THOMAS	$85,342.90	591	6.8	10
9	1528365277	MINA SALIB	$457,225.69	579	4.4	9
10	1356315311	DAVID NYSTROM	$12,269.05	574	10.8	1
11	1134854128	DZEVIDA PANDZIC	$26,685.66	570	4.6	16
12	1467502286	CHARLES TILLEY	$140,828.81	569	6.9	17
13	1619380680	TARA BROCKMAN	$27,217.12	558	6.0	13
14	1902912538	CHRISTIAN JONES	$36,727.72	543	7.0	14
15	1144588476	RACHEL FILZER	$63,435.94	538	7.9	26
16	1811419815	GRETCHEN WENGER	$30,366.65	528	4.6	76
17	1437209434	JON THOMAS	$31,029.31	527	5.9	30
18	1417941188	DEBRA NEUHARTH	$22,087.96	515	6.4	11
19	1689077018	STACY ROTH	$50,633.86	509	6.4	37
20	1780877878	CHRISTOPHER JACOBS	$30,508.59	507	5.0	54
21	1598183493	JENA ELLERHOFF	$32,099.68	502	7.5	38
22	1922455096	DEAN GUERDET	$62,888.67	500	7.0	35
23	1477926434	JACKIE SHIPLEY	$20,122.33	500	5.0	19
24	1508844465	MICHELE FRIEDMAN	$17,254.95	498	10.4	22

25	1437238110	GENEVIEVE NELSON	$49,835.17	489	7.5	18
26	1629036546	ANITA SIMISON	$18,464.19	486	5.9	6
27	1043211303	ALI SAFDAR	$61,171.13	473	5.3	15
28	1386044832	MARY GRIEDER	$21,367.26	471	11.8	97
29	1184657603	SARA RYGOL	$43,093.48	468	6.7	24
30	1942721584	SHAWNA FURY	$27,517.33	466	5.7	33
31	1770933046	SHELBY BILLER	$50,745.18	461	5.8	32
32	1306559786	ROY HENRY	$21,265.52	461	6.9	78
33	1205540804	SAKETA POLK	$18,251.52	461	7.3	236
34	1730849647	MELANIE ROCK	$12,145.30	456	6.6	94
35	1558770974	MARC BAUMERT	$18,070.59	456	4.9	47
36	1013355759	DYLAN GREENE	$20,733.00	454	5.8	43
37	1609218304	AMANDA GARR	$78,952.46	453	7.2	28
38	1205393386	JESSICA HUDSPETH	$53,727.48	452	8.1	29
39	1932531316	BROOKE JOHNSON	$32,369.76	451	5.9	34
40	1053963900	NICOLE MCCLAVY	$44,237.71	445	7.8	113
41	1992402655	SHANE EBERHARDT	$104,938.28	442	4.7	69
42	1821333774	BRITTNI BENDA	$25,181.61	442	5.3	79
43	1235514258	ASHLEY FULLER	$34,417.28	440	4.8	48
44	1154815330	BRUCE PEHL	$24,055.53	440	6.6	88
45	1023469798	WEI SHIPENG	$37,241.00	439	13.7	25
46	1003470923	EARLENE ANGELL	$101,805.46	436	7.5	219
47	1467907394	CYNTHIA COENEN	$46,817.86	434	8.9	23
48	1215184726	BABUJI GANDRA	$9,102.45	431	4.9	72
49	1891707832	LISA KLOCK	$19,605.18	425	6.1	27
50	1619153137	JOADA BEST	$33,981.90	422	6.0	89
51	1134191018	DUSTIN SMITH	$34,633.47	421	5.5	51

52	1891146999	BECKY JOHNSON	$452,920.31	419	5.3	63
53	1316471154	NICOLE WOOLLEY	$13,653.85	419	5.2	41
54	1275763047	REBECCA BOWMAN	$47,310.00	419	7.1	20
55	1588746515	AMY BADBERG	$16,288.77	413	5.7	53
56	1437692803	CASSANDRA DUNLAVY	$18,326.66	413	6.3	61
57	1831731298	HEATHER WILSON	$31,187.23	411	6.6	75
58	1689139669	BENJAMIN BOLMEIER	$15,317.03	409	6.5	65
59	1265841845	MARY SCHWERING	$17,362.53	409	6.6	167
60	1043434525	ROBERT KENT	$25,353.63	409	6.6	49
61	1720346232	CASSIE PARRISH	$44,072.29	407	10.4	59
62	1932732203	AUDREY HOUSMAN	$28,678.95	398	4.3	103
63	1740770726	KIMBERLY KRIEGER	$25,034.85	398	5.1	90
64	1538157383	DAVID WENGER-KELLER	$34,184.05	397	12.0	71
65	1053630640	JENNIFER DONOVAN	$45,663.14	397	6.3	46
66	1972758126	REBECCA BOLLIN	$12,582.60	395	5.6	40
67	1679986350	JENNIFER SPOERL	$58,789.90	395	7.3	44
68	1780979666	LINDSEY CHRISTIANSON	$21,852.84	393	5.2	58
69	1184056822	ABBY KOLTHOFF	$152,051.76	392	5.5	66
70	1356987416	CHELSEA CHRISTENSEN	$21,096.06	391	4.3	64
71	1508846007	ANGELA TOWNSEND	$21,967.68	390	4.2	73
72	1003053653	STANLEY MATHEW	$20,157.90	390	13.0	62
73	1245227099	DONNA DOBSON TOBIN	$44,469.86	389	8.8	98
74	1407141336	TERRA GOLDSBERRY	$5,016.79	385	29.6	175
75	1457584740	ERIC MEYER	$29,662.18	383	5.7	74
76	1346621059	MARK ZACHARJASZ	$27,394.22	383	9.8	45
77	1093034266	ERIC BOYUM	$48,500.97	383	5.2	116
78	1053398800	STEVEN SCURR	$19,652.51	383	5.2	31

79	1144240805	DANIEL ROWLEY	$24,187.20	378	14.5	96
80	1699134072	JENNIFER ZIGRANG	$19,118.26	377	8.0	70
81	1295830115	ALAN BOLLINGER	$9,000.84	377	8.4	195
82	1891306452	JENNIFER TOMLIN	$24,255.04	374	5.8	114
83	1457914657	SEEMA ANTONY	$24,526.42	374	4.5	127
84	1942660204	KIMBERLY RUTLEDGE	$35,743.60	369	6.8	176
85	1467465716	JEFFREY BRADY	$13,824.27	368	6.1	67
86	1346673100	SAMANTHA FARRIS	$17,448.13	368	6.2	117
87	1902596828	LINDSAY HARMS	$45,678.34	366	6.3	21
88	1538368170	CHRISTOPHER MATSON	$21,069.53	365	6.3	42
89	1427766559	KORIE EISCHEID	$29,401.24	365	6.5	120
90	1750845954	STEPHANIE GIESLER	$58,939.64	362	6.0	126
91	1568506988	LORRAINE TANGEN	$49,993.49	362	17.2	150
92	1962418640	BARCLAY MONASTER	$21,887.81	360	4.6	80
93	1912345992	AMY WINGERT	$9,019.36	360	4.2	210
94	1871105916	LACIE THEIS	$18,673.28	360	5.8	109
95	1871021543	SUSAN WILSON	$34,433.08	359	6.6	111
96	1528329398	ERIN ROWAN	$26,372.37	358	5.8	84
97	1477534279	EDMUND PIASECKI	$18,269.97	358	7.0	50
98	1316510324	SANDY MARCUS	$23,379.27	358	5.3	131
99	1679573893	PATTY HILDRETH	$53,162.60	357	7.4	55
100	1477112688	FELICIA HOERNER	$20,436.56	357	6.1	155

Top 100 Prescribing Providers by Paid Amount June 2024 to August 2024						
RANK	NPI Num	Prescriber Name	Paid Amount	Avg cost RX	Prescription Count	Previous Rank
1	1528365277	MINA SALIB	$457,225.69	$789.68	579	8
2	1891146999	BECKY JOHNSON	$452,920.31	$1,080.96	419	1
3	1316934318	STEVEN LENTZ	$411,650.73	$13,721.69	30	5
4	1417443953	RODNEY CLARK	$366,784.42	$1,050.96	349	3
5	1295091510	REBECCA WEINER	$357,702.85	$1,825.01	196	4
6	1700561826	PEDRO HSIEH	$319,204.49	$16,800.24	19	2
7	1760562466	ARTHUR BEISANG	$311,703.22	$51,950.54	6	11
8	1942937388	CARLY TRAUSCH	$269,178.28	$1,019.61	264	16
9	1588616171	HEATHER THOMAS	$265,435.87	$2,090.05	127	6
10	1437121407	LINDA CADARET	$262,846.89	$7,509.91	35	10
11	1467449579	BRIAN WAYSON	$251,633.75	$4,058.61	62	20
12	1013126705	JANICE STABER	$244,969.49	$6,281.27	39	7
13	1952423071	SAKEER HUSSAIN	$238,156.03	$7,442.38	32	9
14	1114214541	DIMAH SAADE	$227,387.41	$7,105.86	32	1,460
15	1730318205	DIANA BAYER-BOWSTEAD	$222,669.82	$3,906.49	57	35
16	1003315201	ABIGAIL BEHRENS	$219,078.55	$4,470.99	49	17
17	1073722112	RIAD RAHHAL	$215,306.68	$1,416.49	152	12
18	1649943689	JESSICA COFFEY	$213,028.60	$1,210.39	176	19
19	1588618359	BARBARA BURKLE	$206,416.50	$4,047.38	51	24
20	1225263833	LINDSAY ORRIS	$200,766.42	$3,936.60	51	25
21	1902191059	AMBER TIERNEY	$174,251.16	$4,585.56	38	128
22	1407065469	CHRISTOPH RANDAK	$170,209.91	$2,578.94	66	183
23	1609820240	JAMES HARPER	$161,237.48	$53,745.83	3	27
24	1134440886	MELISSA WELLS	$159,154.44	$2,014.61	79	124

25	1437533130	KATIE BROSHUIS	$158,481.99	$1,617.16	98	39
26	1700080538	EDUARDO CARLIN	$154,992.09	$2,214.17	70	18
27	1669137832	TIFFANY NAVRKAL	$153,568.06	$1,669.22	92	95
28	1144214248	KRISTI WALZ	$152,062.19	$429.55	354	36
29	1184056822	ABBY KOLTHOFF	$152,051.76	$387.89	392	32
30	1194945691	ANJALI SHARATHKUMAR	$151,809.06	$4,216.92	36	13
31	1821046087	ARCHANA VERMA	$148,705.83	$3,163.95	47	548
32	1033347521	DREW THODESON	$144,932.19	$2,300.51	63	50
33	1699887133	DANIEL DIMEO	$143,614.98	$3,339.88	43	45
34	1649826140	TAYLOR BOLDT	$142,174.95	$1,022.84	139	78
35	1467502286	CHARLES TILLEY	$140,828.81	$247.50	569	47
36	1326410499	TARA EASTVOLD	$140,364.77	$584.85	240	15
37	1215439708	ERNESTO RUIZ DUQUE	$138,277.81	$1,571.34	88	69
38	1871039917	ELIZABETH ALLEN	$138,229.72	$1,818.81	76	44
39	1700417169	COURTNEY REINTS	$136,981.88	$883.75	155	48
40	1174748180	MOHAMMAD ALSHARABATI	$135,199.94	$1,453.76	93	83
41	1093382632	GAIL DOOLEY	$133,734.99	$1,350.86	99	112
42	1891955423	LEAH SIEGFRIED	$132,603.98	$455.68	291	21
43	1245643519	JOSHUA BIES	$130,042.27	$32,510.57	4	313
44	1669740957	COURTNEY KREMER	$128,381.09	$1,528.35	84	53
45	1952539447	ANTHONY FISCHER	$127,311.54	$1,900.17	67	14
46	1801405832	SARAH HIEMER	$123,964.84	$1,530.43	81	29
47	1144455502	JENNIFER PETTS	$123,701.37	$1,200.98	103	23
48	1245353242	SANDY HONG	$123,057.73	$1,984.80	62	26
49	1902864739	ANOOP AGGARWAL	$121,741.82	$4,347.92	28	174
50	1750348496	VANESSA CURTIS	$121,526.97	$1,869.65	65	38
51	1255658175	ASHLEY DESCHAMP	$121,066.62	$2,123.98	57	1,197

52	1053387522	AMY DIETRICH	$119,134.87	$2,431.32	49	153
53	1275836751	HOLLY KRAMER	$118,627.89	$1,040.60	114	40
54	1841607900	SHAYLA SANDERS	$116,908.52	$2,292.32	51	51
55	1902100746	AMI PATEL	$114,166.46	$3,004.38	38	42
56	1245468768	THOMAS SCHMIDT	$112,727.40	$1,310.78	86	205
57	1225266364	SARAH BLIGH	$112,038.88	$2,240.78	50	30
58	1487648705	KAREN HUNKE	$110,569.16	$1,365.05	81	31
59	1356752067	KELLY DELANEY-NELSON	$108,584.81	$1,428.75	76	66
60	1720036353	ERIK SWENSON	$108,257.78	$2,706.44	40	99
61	1568882876	DAULATH SINGH	$105,399.81	$11,711.09	9	411
62	1992402655	SHANE EBERHARDT	$104,938.28	$237.42	442	46
63	1629417191	SUSAN SLYCORD	$103,286.59	$2,197.59	47	208
64	1922319656	SANDRA CROSARA	$102,703.51	$4,668.34	22	231
65	1861876526	NIBASH BUDHATHOKI	$102,486.88	$7,883.61	13	22
66	1619021144	CHRISTOPHER GIBBS	$102,258.18	$10,225.82	10	81
67	1003470923	EARLENE ANGELL	$101,805.46	$233.50	436	121
68	1376525196	RANDOLPH ROUGH	$101,123.56	$2,808.99	36	28
69	1194797449	DIANNA PROKUPEK	$99,443.76	$1,506.72	66	135
70	1386084747	JENNIFER CONDON	$94,121.76	$1,034.31	91	71
71	1578958542	HEIDI CURTIS	$93,962.18	$939.62	100	55
72	1598438095	LALAURA LOGAN	$93,623.53	$370.05	253	92
73	1336375369	SAMANTHA MALLORY	$91,331.53	$2,767.62	33	80
74	1558808501	JESSICA BRAKSIEK	$89,828.46	$4,727.81	19	54
75	1609003011	JOHN BERNAT	$89,746.93	$22,436.73	4	64
76	1295217529	HEATHER STEHR	$89,116.85	$311.60	286	79
77	1720430184	AMANDEEP RAKHRA	$87,925.71	$1,911.43	46	61
78	1063792026	JILL MILLER	$87,083.16	$302.37	288	52

79	1780995506	QUANHATHAI KAEWPOOWAT	$86,179.55	$1,286.26	67	34
80	1477199198	SAJO THOMAS	$85,342.90	$144.40	591	96
81	1750648275	SARAH GROSS	$82,823.08	$1,971.98	42	63
82	1073811352	KYLE ROSE	$82,195.74	$9,132.86	9	77
83	1730135070	JAMES WALLACE	$82,112.28	$8,211.23	10	76
84	1770232076	COLLIN OBRYAN	$80,930.67	$1,586.88	51	228
85	1568756682	BILAL RAHIM	$80,585.66	$6,198.90	13	176
86	1609218304	AMANDA GARR	$78,952.46	$174.29	453	134
87	1528000940	SHELBY DAMES	$77,570.72	$3,693.84	21	108
88	1821423567	ERIN DEBERRY	$76,957.54	$5,496.97	14	1,168
89	1144900861	LIZABETH SHEETS	$76,221.30	$248.28	307	88
90	1316407943	AQUINO WILLIAMS	$76,140.77	$7,614.08	10	180
91	1124245618	NAGENDRA NATARAJAN	$75,631.64	$25,210.55	3	708
92	1639168685	THOMAS JOHNSON	$75,271.61	$3,010.86	25	215
93	1356359871	RHEA HARTLEY	$74,782.14	$99.05	755	90
94	1720698335	DANIKA HANSEN	$74,742.93	$250.82	298	91
95	1285748004	BRUCE HUGHES	$73,449.49	$4,590.59	16	198
96	1245737097	ASHLEY PATRICK	$71,868.39	$2,113.78	34	37
97	1154504504	AHMED ABUALFOUL	$71,826.30	$1,632.42	44	141
98	1184395162	DANIELLE VAN OOSBREE	$71,495.95	$300.40	238	75
99	1215665930	WENDY MURRAY	$71,436.58	$285.75	250	120
100	1841548161	CRYSTAL MEYER	$69,592.35	$1,199.87	58	72

Top 20 Therapeutic Class by Paid Amount							
Category Description	June 2024 to Aug 2024 Total Cost	Previous Rank	Previous % Budget	Sept 2024 to November 2024 Total Cost	Current Rank	Current % Budget	% Change
ANTIDIABETICS	$ 7,134,446.83	1	11.16%	$ 7,011,076.42	1	12.64%	-1.73%
DERMATOLOGICALS	$ 5,417,873.48	2	10.27%	$ 5,743,170.81	2	9.98%	6.00%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	$ 5,414,923.48	3	10.24%	$ 5,036,227.40	3	9.66%	-6.99%
ANALGESICS - ANTI-INFLAMMATORY	$ 4,630,004.92	4	7.45%	$ 4,796,358.92	4	7.56%	3.59%
ANTIVIRALS	$ 3,053,573.92	5	5.79%	$ 2,956,755.94	5	5.67%	-3.17%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	$ 2,870,108.78	6	5.44%	$ 2,940,410.64	6	5.64%	2.45%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	$ 2,735,372.18	7	5.16%	$ 2,799,401.33	7	5.34%	2.34%
RESPIRATORY AGENTS - MISC.	$ 1,644,013.66	11	3.24%	$ 1,887,424.53	8	3.60%	14.81%
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	$ 2,142,529.56	8	4.06%	$ 1,859,724.94	9	3.55%	-13.20%
HEMATOLOGICAL AGENTS - MISC.	$ 1,808,672.56	9	3.85%	$ 1,726,860.74	10	3.45%	-4.52%
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	$ 1,709,019.29	10	3.43%	$ 1,378,223.97	11	3.29%	-19.36%
MIGRAINE PRODUCTS	$ 1,212,684.02	12	3.12%	$ 1,292,086.64	12	2.64%	6.55%
ANTIDEPRESSANTS	$ 1,195,377.26	13	2.30%	$ 1,208,082.57	13	2.47%	1.06%
ENDOCRINE AND METABOLIC AGENTS - MISC.	$ 1,071,377.68	15	2.21%	$ 1,119,305.50	14	2.31%	4.47%
ANTICOAGULANTS	$ 1,166,153.73	14	2.27%	$ 1,059,181.78	15	2.13%	-9.17%
ANTICONVULSANTS	$ 1,034,646.34	17	1.99%	$ 1,010,384.51	16	2.02%	-2.34%
CARDIOVASCULAR AGENTS - MISC.	$ 1,049,805.64	16	2.03%	$ 963,528.74	17	1.93%	-8.22%
GASTROINTESTINAL AGENTS - MISC.	$ 881,327.20	18	1.96%	$ 867,101.89	18	1.84%	-1.61%
NEUROMUSCULAR AGENTS	$ 350,619.75	22	0.72%	$ 563,393.20	19	1.61%	60.68%
MISCELLANEOUS THERAPEUTIC CLASSES	$ 404,105.92	20	0.77%	$ 474,320.80	20	1.07%	17.38%

Top 20 Therapeutic Class by Prescription Count					
Category Description	June 2024 to Aug 2024 Total Claims	Previous Rank	Sept 2024 to Nov 2024 Total Claims	Current Rank	% Change
ANTIDEPRESSANTS	67,451	14	64,653	1	-4.15%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	25,270	6	27,425	2	8.53%
ANTICONVULSANTS	27,313	18	25,766	3	-5.66%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	23,513	7	25,666	4	9.16%
ANTIHYPERTENSIVES	27,084	25	25,410	5	-6.18%
ANTIDIABETICS	25,150	1	23,976	6	-4.67%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	22,655	22	21,344	7	-5.79%
ANTIANXIETY AGENTS	20,708	30	20,063	8	-3.11%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	21,351	2	19,830	9	-7.12%
ANTIHYPERLIPIDEMICS	18,418	29	16,271	10	-11.66%
PENICILLINS	9,809	36	14,605	11	48.89%
DERMATOLOGICALS	14,195	4	13,664	12	-3.74%
BETA BLOCKERS	13,582	32	12,274	13	-9.63%
ANALGESICS - ANTI-INFLAMMATORY	12,099	9	11,962	14	-1.13%
ANALGESICS - OPIOID	12,425	28	11,373	15	-8.47%
ANTIHISTAMINES	10,844	39	11,041	16	1.82%
DIURETICS	11,184	37	9,929	17	-11.22%
CORTICOSTEROIDS	7,498	43	9,798	18	30.67%
THYROID AGENTS	9,483	38	8,731	19	-7.93%
CALCIUM CHANNEL BLOCKERS	8,220	40	7,470	20	-9.12%

Top 100 Drugs by Paid Amount					
Drug Description	June 2024 to Aug 2024 Total Cost	Previous Rank	Sept 2024 to Nov 2024 Total cost	Current Rank	% Change
Ozempic	$2,495,044.67	1	$2,573,831.95	1	3.16%
Humira (2 Pen)	$2,320,290.77	2	$2,443,405.15	2	5.31%
Dupixent	$1,722,643.11	3	$1,978,573.50	3	14.86%
Trikafta	$1,372,983.87	6	$1,656,940.59	4	20.68%
Vraylar	$1,681,272.00	4	$1,615,975.05	5	-3.88%
Biktarvy	$1,464,210.60	5	$1,598,732.20	6	9.19%
Stelara	$1,244,408.61	8	$1,336,647.31	7	7.41%
Jardiance	$1,300,487.33	7	$1,207,995.83	8	-7.11%
Invega Sustenna	$1,081,432.64	9	$1,017,101.29	9	-5.95%
Trulicity	$826,337.01	11	$782,724.94	10	-5.28%
Taltz	$875,664.74	10	$777,981.35	11	-11.16%
Eliquis	$796,177.74	12	$713,264.25	12	-10.41%
Vyvanse	$768,231.45	13	$699,374.78	13	-8.96%
Hemlibra	$678,045.08	14	$676,846.37	14	-0.18%
Skyrizi Pen	$502,909.62	16	$550,324.87	15	9.43%
Mounjaro	$423,709.88	21	$473,539.03	16	11.76%
Nurtec	$447,587.51	19	$471,214.78	17	5.28%
Enbrel SureClick	$395,626.08	23	$456,863.22	18	15.48%
Rexulti	$464,749.50	17	$434,746.66	19	-6.46%
Farxiga	$404,881.43	22	$414,186.10	20	2.30%

Ilaris	$341,427.45	29	$401,904.75	21	17.71%
Aristada	$463,896.67	18	$396,206.52	22	-14.59%
Symbicort	$351,847.03	28	$382,070.27	23	8.59%
Mavyret	$388,155.02	24	$379,103.94	24	-2.33%
Ingrezza	$439,288.77	20	$374,768.73	25	-14.69%
Abilify Maintena	$373,393.53	25	$357,224.22	26	-4.33%
Altuviiio	$538,093.82	15	$350,902.48	27	-34.79%
Caplyta	$332,348.60	30	$346,495.37	28	4.26%
Entresto	$360,766.82	27	$331,534.60	29	-8.10%
Norditropin FlexPro	$367,397.22	26	$327,955.57	30	-10.74%
Rinvoq	$243,636.34	41	$319,798.13	31	31.26%
Albuterol Sulfate HFA	$275,479.90	35	$313,907.94	32	13.95%
Invega Trinza	$295,651.25	34	$311,982.88	33	5.52%
Daybue	$311,702.22	32	$311,703.22	34	0.00%
Xarelto	$326,916.96	31	$305,449.76	35	-6.57%
Lisdexamfetamine Dimesylate	$228,697.68	44	$275,856.62	36	20.62%
Trintellix	$296,099.32	33	$269,491.98	37	-8.99%
Cosentyx UnoReady	$192,705.42	50	$266,904.81	38	38.50%
Trelegy Ellipta	$260,648.57	38	$264,213.30	39	1.37%
Xifaxan	$264,674.83	36	$254,061.85	40	-4.01%
Humira (2 Syringe)	$225,967.59	45	$242,637.20	41	7.38%
Ajovy	$222,947.42	47	$218,164.01	42	-2.15%
Lenalidomide	$156,641.82	66	$207,026.12	43	32.17%
Jornay PM	$176,404.51	56	$202,485.88	44	14.78%
Uptravi	$58,084.58	181	$198,163.58	45	241.16%
Actimmune	$130,294.44	80	$195,442.16	46	50.00%
Lybalvi	$237,894.32	43	$194,883.93	47	-18.08%

Xywav	$241,925.32	42	$191,655.93	48	-20.78%
Concerta	$250,297.20	40	$189,874.30	49	-24.14%
Januvia	$183,889.86	51	$186,521.03	50	1.43%
Wakix	$183,483.24	52	$185,313.67	51	1.00%
Skytrofa	$159,824.14	62	$182,096.46	52	13.94%
Gattex	$179,720.46	55	$179,721.46	53	0.00%
Ubrelvy	$119,733.92	87	$173,288.86	54	44.73%
Lantus SoloStar	$182,653.46	53	$173,277.30	55	-5.13%
Fasenra Pen	$161,227.86	61	$171,173.20	56	6.17%
Advair HFA	$164,857.52	60	$169,434.82	57	2.78%
Livmarli	$224,352.66	46	$167,942.50	58	-25.14%
Hizentra	$152,657.54	69	$162,291.50	59	6.31%
Qelbree	$145,431.78	71	$154,279.62	60	6.08%
Eloctate	#N/A	#N/A	$151,229.41	61	#N/A
Sprycel	$128,348.15	82	$150,752.65	62	17.46%
Spiriva Respimat	$167,917.77	58	$150,692.46	63	-10.26%
Duvyzat	#N/A	#N/A	$148,021.26	64	#N/A
Skyrizi	$91,768.95	113	$144,616.67	65	57.59%
Linzess	$151,175.42	70	$143,827.54	66	-4.86%
Erleada	$109,266.98	98	$143,719.10	67	31.53%
Tresiba FlexTouch	$169,475.30	57	$141,914.96	68	-16.26%
Opsumit	$252,924.18	39	$139,104.34	69	-45.00%
Tremfya	$152,714.98	68	$138,833.55	70	-9.09%
Alprolix	$139,754.10	75	$137,414.54	71	-1.67%
Emgality	$131,485.37	79	$132,318.49	72	0.63%
Acthar	$87,988.76	121	$131,983.64	73	50.00%
Advate	$120,058.26	86	$131,209.53	74	9.29%

Vijoice	$32,510.38	251	$130,042.27	75	300.00%
EPINEPHrine	$157,599.07	65	$129,368.62	76	-17.91%
QuilliChew ER	$113,943.00	94	$128,665.37	77	12.92%
Paxlovid (300/100)	$158,920.12	64	$127,731.82	78	-19.63%
Amoxicillin	$75,623.67	147	$127,643.66	79	68.79%
Verzenio	$100,209.84	108	$127,223.75	80	26.96%
Otezla	$118,024.27	88	$122,256.29	81	3.59%
Cosentyx Sensoready (300 MG)	$141,854.01	73	$119,779.02	82	-15.56%
Sertraline HCl	$116,975.27	90	$119,440.16	83	2.11%
Jynarque	$96,050.70	111	$119,101.80	84	24.00%
Spiriva HandiHaler	$153,982.02	67	$118,530.29	85	-23.02%
Abilify Asimtufii	$117,450.83	89	$117,895.63	86	0.38%
Atorvastatin Calcium	$128,647.60	81	$116,567.79	87	-9.39%
Insulin Lispro (1 Unit Dial)	$133,295.65	78	$116,354.03	88	-12.71%
Qulipta	$110,294.65	97	$115,243.95	89	4.49%
Methylphenidate HCl ER (OSM)	$103,512.66	104	$115,026.40	90	11.12%
Insulin Aspart FlexPen	$121,034.21	84	$114,528.50	91	-5.38%
Epidiolex	$114,126.94	93	$114,034.70	92	-0.08%
Austedo	$263,290.49	37	$113,546.27	93	-56.87%
Pulmozyme	$135,908.05	77	$112,259.86	94	-17.40%
Ibrance	$112,653.17	95	$111,950.39	95	-0.62%
buPROPion HCl ER (XL)	$108,266.97	100	$110,753.00	96	2.30%
Gammaked	$27,486.92	285	$109,948.18	97	300.00%
Sofosbuvir-Velpatasvir	$181,109.98	54	$109,864.40	98	-39.34%
Anoro Ellipta	$115,705.59	91	$107,773.83	99	-6.86%
Azstarys	$88,564.67	119	$107,179.16	100	21.02%

Top 100 Drugs by Prescription Count					
Drug Description	June 2024 to August 2024 Total Claims	Previous Rank	Sept 2024 to Nov 2024 Total Claims	Current Rank	% Change
Sertraline HCl	10,474	2	10,359	1	-1.10%
Atorvastatin Calcium	11,144	1	9,765	2	-12.37%
Amoxicillin	6,078	14	9,688	3	59.39%
Omeprazole	10,136	3	9,627	4	-5.02%
Albuterol Sulfate HFA	7,895	10	9,330	5	18.18%
Escitalopram Oxalate	8,721	6	8,388	6	-3.82%
traZODone HCl	8,520	7	8,108	7	-4.84%
Levothyroxine Sodium	8,797	5	8,066	8	-8.31%
FLUoxetine HCl	8,198	8	8,066	9	-1.61%
buPROPion HCl ER (XL)	8,099	9	7,947	10	-1.88%
Lisinopril	8,937	4	7,923	11	-11.35%
Gabapentin	7,642	11	7,135	12	-6.63%
hydrOXYzine HCl	6,207	13	6,278	13	1.14%
amLODIPine Besylate	6,627	12	6,006	14	-9.37%
Azithromycin	2,182	64	5,918	15	171.22%
busPIRone HCl	5,879	15	5,823	16	-0.95%
predniSONE	4,659	25	5,777	17	24.00%
Montelukast Sodium	5,279	18	5,231	18	-0.91%
DULoxetine HCl	5,741	16	5,187	19	-9.65%
Pantoprazole Sodium	5,616	17	5,079	20	-9.56%
QUEtiapine Fumarate	5,246	19	4,862	21	-7.32%
Metoprolol Succinate ER	5,164	21	4,614	22	-10.65%
Cetirizine HCl	5,170	20	4,611	23	-10.81%

cloNIDine HCl	4,605	28	4,543	24	-1.35%
Losartan Potassium	4,745	23	4,476	25	-5.67%
ARIPiprazole	4,613	27	4,434	26	-3.88%
HYDROcodone-Acetaminophen	4,801	22	4,412	27	-8.10%
Amoxicillin-Pot Clavulanate	3,301	41	4,402	28	33.35%
Venlafaxine HCl ER	4,614	26	4,377	29	-5.14%
metFORMIN HCl	4,672	24	4,047	30	-13.38%
Ondansetron	3,676	34	4,045	31	10.04%
Amphetamine-Dextroamphet ER	3,699	32	3,964	32	7.16%
lamoTRIgine	3,972	29	3,839	33	-3.35%
Cyclobenzaprine HCl	3,893	30	3,727	34	-4.26%
Fluticasone Propionate	3,437	37	3,700	35	7.65%
Famotidine	3,781	31	3,658	36	-3.25%
Ibuprofen	3,637	35	3,463	37	-4.78%
metFORMIN HCl ER	3,685	33	3,402	38	-7.68%
Cephalexin	3,635	36	3,367	39	-7.37%
Topiramate	3,321	40	3,147	40	-5.24%
Rosuvastatin Calcium	3,323	39	3,098	41	-6.77%
Amphetamine-Dextroamphetamine	2,961	46	3,089	42	4.32%
ALPRAZolam	3,203	43	3,050	43	-4.78%
Methylphenidate HCl ER (OSM)	2,548	52	3,015	44	18.33%
Cefdinir	1,966	72	3,005	45	52.85%
hydroCHLOROthiazide	3,330	38	2,986	46	-10.33%
clonazePAM	3,245	42	2,928	47	-9.77%
Ozempic	2,857	48	2,883	48	0.91%
Meloxicam	2,922	47	2,791	49	-4.48%
Spironolactone	2,763	49	2,657	50	-3.84%

Albuterol Sulfate	1,601	87	2,640	51	64.90%
Triamcinolone Acetonide	2,983	45	2,633	52	-11.73%
Furosemide	3,125	44	2,566	53	-17.89%
Aspirin Low Dose	2,626	51	2,513	54	-4.30%
risperiDONE	2,636	50	2,454	55	-6.90%
metroNIDAZOLE	2,311	58	2,446	56	5.84%
Doxycycline Monohydrate	2,151	67	2,439	57	13.39%
Propranolol HCl	2,469	54	2,403	58	-2.67%
Jardiance	2,524	53	2,329	59	-7.73%
Lantus SoloStar	2,427	55	2,289	60	-5.69%
Fluconazole	2,155	66	2,240	61	3.94%
Prazosin HCl	2,287	59	2,207	62	-3.50%
Lisdexamfetamine Dimesylate	1,829	80	2,187	63	19.57%
traMADol HCl	2,425	56	2,156	64	-11.09%
Mirtazapine	2,332	57	2,137	65	-8.36%
levETIRAcetam	2,097	69	2,063	66	-1.62%
LORazepam	2,266	61	2,061	67	-9.05%
oxyCODONE HCl	2,257	62	2,051	68	-9.13%
hydrOXYzine Pamoate	2,271	60	2,051	69	-9.69%
Loratadine	2,124	68	2,035	70	-4.19%
Vyvanse	2,218	63	2,022	71	-8.84%
guanFACINE HCl	1,882	75	2,003	72	6.43%
guanFACINE HCl ER	1,840	78	2,000	73	8.70%
Amitriptyline HCl	2,164	65	1,988	74	-8.13%
Folic Acid	1,910	74	1,887	75	-1.20%
Methylphenidate HCl	1,469	92	1,844	76	25.53%
valACYclovir HCl	1,870	77	1,820	77	-2.67%

Citalopram Hydrobromide	1,872	76	1,772	78	-5.34%
Symbicort	1,637	85	1,752	79	7.03%
Ventolin HFA	1,983	71	1,750	80	-11.75%
Sulfamethoxazole-Trimethoprim	1,925	73	1,720	81	-10.65%
Pregabalin	1,830	79	1,658	82	-9.40%
OLANZapine	1,783	81	1,653	83	-7.29%
Metoprolol Tartrate	1,995	70	1,645	84	-17.54%
prednisoLONE Sodium Phosphate	928	122	1,641	85	76.83%
FeroSul	1,615	86	1,629	86	0.87%
Mupirocin	1,598	88	1,606	87	0.50%
tiZANidine HCl	1,660	83	1,569	88	-5.48%
Ondansetron HCl	1,413	95	1,543	89	9.20%
Atomoxetine HCl	1,439	94	1,499	90	4.17%
Naproxen	1,524	90	1,485	91	-2.56%
Eliquis	1,692	82	1,410	92	-16.67%
Dexmethylphenidate HCl ER	1,170	106	1,366	93	16.75%
Carvedilol	1,482	91	1,362	94	-8.10%
Tamsulosin HCl	1,648	84	1,357	95	-17.66%
Baclofen	1,443	93	1,349	96	-6.51%
Acetaminophen Extra Strength	1,330	99	1,327	97	-0.23%
Desvenlafaxine Succinate ER	1,251	102	1,276	98	2.00%
Zolpidem Tartrate	1,389	97	1,271	99	-8.50%
Diclofenac Sodium	1,567	89	1,268	100	-19.08%

Iowa Health Link
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Quarterly Monthly Statistics

CATEGORY	June 2024 / August 2024	September 2024 / November 2024	% CHANGE
TOTAL PAID AMOUNT	$97,134,095	$96,311,159	-0.8%
UNIQUE USERS	97,782	102,831	5.2%
COST PER USER	$993.37	$936.60	-5.7%
TOTAL PRESCRIPTIONS	809,803	823,629	1.7%
AVERAGE PRESCRIPTIONS PER USER	8.28	8.01	-3.3%
AVERAGE COST PER PRESCRIPTION	$119.95	$116.94	-2.5%
# GENERIC PRESCRIPTIONS	722,712	737,657	2.1%
% GENERIC	89.25%	89.56%	0.4%
$ GENERIC	$12,870,102	$13,732,498	6.7%
AVERAGE GENERIC PRESCRIPTION COST	$17.81	$18.62	4.5%
AVERAGE GENERIC DAYS SUPPLY	26.11	26.39	1.1%
# BRAND PRESCRIPTIONS	87,091	85,972	-1.3%
% BRAND	10.75%	10.44%	-2.9%
$ BRAND	$84,263,993	$82,578,661	-2.0%
AVERAGE BRAND PRESCRIPTION COST	$967.54	$960.53	-0.7%
AVERAGE BRAND DAYS SUPPLY	27.55	27.62	0.2%

UTILIZATION BY AGE		
AGE	June 2024 / August 2024	September 2024 / November 2024
0-6	26,873	33,563
7-12	52,390	59,027
13-18	74,169	78,925
19-64	656,318	652,065
65+	8,394	8,238
TOTAL	818,144	831,818

UTILIZATION BY GENDER AND AGE			
GENDER	AGE	June 2024 / August 2024	September 2024 / November 2024
F			
	0-6	11,606	14,865
	7-12	20,587	23,050
	13-18	38,512	40,864
	19-64	436,948	434,312
	65+	5,421	5,212
	Gender Total	513,074	518,303
M			
	0-6	15,267	18,698
	7-12	31,803	35,977
	13-18	35,657	38,061
	19-64	219,370	217,753

M	65+	2,973	3,026
	Gender Total	305,070	313,515
Grand Total		818,144	831,818

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
September 2024 / November 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	12,378	$5,293,409.01	$427.65	1
2	WALGREENS #4405	COUNCIL BLUFFS	IA	7,590	$553,134.21	$72.88	2
3	RIGHT DOSE PHARMACY	ANKENY	IA	6,768	$271,734.34	$40.15	5
4	WALGREENS #5042	CEDAR RAPIDS	IA	6,743	$448,056.67	$66.45	4
5	WALGREENS #5239	DAVENPORT	IA	6,268	$329,691.56	$52.60	3
6	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	6,180	$470,092.94	$76.07	6
7	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	5,148	$457,907.86	$88.95	7
8	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,790	$321,147.86	$67.05	8
9	HARTIG PHARMACY SERVICES	DUBUQUE	IA	4,523	$287,969.01	$63.67	10
10	DRILLING PHARMACY	SIOUX CITY	IA	4,346	$334,469.25	$76.96	9
11	HY-VEE PHARMACY (1075)	CLINTON	IA	4,342	$314,451.25	$72.42	12
12	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	4,329	$211,328.10	$48.82	16
13	WALGREENS #5721	DES MOINES	IA	4,282	$283,807.05	$66.28	11
14	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	4,262	$312,458.42	$73.31	18
15	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	4,253	$330,642.54	$77.74	13
16	WALGREENS #4041	DAVENPORT	IA	4,175	$223,921.36	$53.63	20
17	WALGREENS #7453	DES MOINES	IA	4,165	$240,783.46	$57.81	17
18	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	4,013	$254,261.76	$63.36	14
19	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	3,966	$245,324.64	$61.86	19
20	NELSON FAMILY PHARMACY	FORT MADISON	IA	3,922	$307,277.15	$78.35	21

21	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,833	$264,710.23	$69.06	24
22	WALGREENS #359	DES MOINES	IA	3,817	$213,450.21	$55.92	15
23	WALGREENS #15647	SIOUX CITY	IA	3,741	$281,685.25	$75.30	23
24	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	3,735	$280,605.52	$75.13	26
25	HY-VEE PHARMACY #5 (1061)	CEDAR RAPIDS	IA	3,716	$301,582.55	$81.16	29
26	WALGREENS #3700	COUNCIL BLUFFS	IA	3,710	$240,351.80	$64.78	27
27	WALMART PHARMACY 10-1509	MAQUOKETA	IA	3,646	$245,019.45	$67.20	22
28	WALGREENS #7455	WATERLOO	IA	3,609	$207,753.19	$57.57	25
29	UI HEALTHCARE - IOWA RIVER LANDING PHARMACY	CORALVILLE	IA	3,459	$126,421.55	$36.55	32
30	NUCARA LTC PHARMACY #3	IOWA CITY	IA	3,377	$123,531.86	$36.58	33
31	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	3,305	$380,532.38	$115.14	28
32	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	3,266	$228,992.06	$70.11	38
33	WALGREENS #9708	DUBUQUE	IA	3,202	$203,959.86	$63.70	35
34	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,171	$211,099.24	$66.57	30
35	WAGNER PHARMACY	CLINTON	IA	3,149	$220,769.10	$70.11	34
36	CVS PHARMACY #08658	DAVENPORT	IA	3,084	$221,422.94	$71.80	36
37	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	3,033	$238,049.94	$78.49	37
38	CVS PHARMACY #10282	FORT DODGE	IA	3,013	$154,312.98	$51.22	48
39	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	2,990	$104,585.67	$34.98	46
40	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	2,986	$250,329.32	$83.83	31
41	HY-VEE PHARMACY (1449)	NEWTON	IA	2,967	$187,589.98	$63.23	40
42	WALGREENS #11942	DUBUQUE	IA	2,951	$189,114.03	$64.08	41
43	WALGREENS #3875	CEDAR RAPIDS	IA	2,873	$174,013.31	$60.57	45
44	WALMART PHARMACY 10-5115	DAVENPORT	IA	2,863	$201,150.99	$70.26	47

45	MAIN AT LOCUST PHARMACY AND MEDICAL SUPPLY	DAVENPORT	IA	2,851	$237,029.41	$83.14	39
46	HY-VEE PHARMACY (1396)	MARION	IA	2,820	$206,965.72	$73.39	44
47	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,802	$219,704.77	$78.41	42
48	PREFERRED CARE PHARMACY	CEDAR RAPIDS	IA	2,797	$200,970.51	$71.85	54
49	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,789	$228,072.93	$81.78	49
50	MAHASKA DRUGS INC	OSKALOOSA	IA	2,763	$215,902.11	$78.14	43
51	LAGRANGE PHARMACY	VINTON	IA	2,750	$195,660.32	$71.15	50
52	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,749	$226,996.48	$82.57	55
53	WALMART PHARMACY 10-2889	CLINTON	IA	2,749	$151,863.13	$55.24	51
54	MEDICAP PHARMACY	KNOXVILLE	IA	2,639	$276,612.07	$104.82	58
55	OSTERHAUS PHARMACY	MAQUOKETA	IA	2,585	$152,484.21	$58.99	60
56	WALMART PHARMACY 10-0559	MUSCATINE	IA	2,577	$209,209.33	$81.18	70
57	WALMART PHARMACY 10-0985	FAIRFIELD	IA	2,555	$154,790.68	$60.58	57
58	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,513	$198,516.92	$79.00	67
59	MERCYONE FOREST PARK PHARMACY	MASON CITY	IA	2,511	$217,681.63	$86.69	66
60	HY-VEE PHARMACY (1433)	MT PLEASANT	IA	2,509	$169,674.73	$67.63	52
61	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,501	$186,904.46	$74.73	65
62	MEDICAP LTC	INDIANOLA	IA	2,491	$78,750.72	$31.61	74
63	CVS PHARMACY #08544	WATERLOO	IA	2,485	$144,698.51	$58.23	53
64	UNION PHARMACY	COUNCIL BLUFFS	IA	2,475	$187,886.53	$75.91	56
65	SCOTT PHARMACY	FAYETTE	IA	2,471	$165,906.47	$67.14	59
66	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	2,463	$107,574.98	$43.68	97
67	COMMUNITY HEALTH CARE PHARMACY	DAVENPORT	IA	2,436	$82,466.04	$33.85	68
68	HY-VEE PHARMACY (1065)	CHARITON	IA	2,429	$159,479.50	$65.66	63

69	WALGREENS #3595	DAVENPORT	IA	2,398	$143,964.64	$60.04	64
70	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	2,396	$233,856.64	$97.60	69
71	WALGREENS #3876	MARION	IA	2,378	$161,064.11	$67.73	85
72	HY-VEE PHARMACY (1530)	PLEASANT HILL	IA	2,342	$166,504.93	$71.10	62
73	WALGREENS #7454	ANKENY	IA	2,333	$123,247.31	$52.83	79
74	WALGREENS #7452	DES MOINES	IA	2,330	$147,077.29	$63.12	84
75	HY-VEE PHARMACY #1 (1054)	CEDAR RAPIDS	IA	2,318	$174,417.61	$75.24	80
76	WALGREENS #10855	WATERLOO	IA	2,316	$147,181.55	$63.55	86
77	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	2,307	$146,768.19	$63.62	71
78	HY-VEE PHARMACY (1895)	WINDSOR HEIGHTS	IA	2,294	$121,504.17	$52.97	72
79	WALMART PHARMACY 10-3394	ATLANTIC	IA	2,278	$173,344.98	$76.10	78
80	SOUTH SIDE DRUG	OTTUMWA	IA	2,275	$157,878.98	$69.40	61
81	WALMART PHARMACY 10-0646	ANAMOSA	IA	2,254	$144,522.44	$64.12	82
82	DANIEL PHARMACY	FT DODGE	IA	2,249	$146,806.05	$65.28	76
83	HY-VEE PHARMACY (1850)	WASHINGTON	IA	2,227	$209,928.30	$94.27	83
84	WALGREENS #7968	DES MOINES	IA	2,225	$153,081.19	$68.80	148
85	HY-VEE PHARMACY #2 (1018)	AMES	IA	2,183	$208,289.64	$95.41	90
86	WALGREENS #4714	DES MOINES	IA	2,177	$152,547.78	$70.07	101
87	WALGREENS #5470	SIOUX CITY	IA	2,172	$110,711.69	$50.97	73
88	HY-VEE PHARMACY #6 (1155)	DES MOINES	IA	2,168	$179,691.05	$82.88	81
89	HY-VEE DRUGSTORE #5 (7026)	CEDAR RAPIDS	IA	2,156	$127,598.69	$59.18	75
90	HY-VEE PHARMACY (1241)	HARLAN	IA	2,140	$173,578.70	$81.11	88
91	WALGREENS #5852	DES MOINES	IA	2,139	$127,877.62	$59.78	100
92	HY-VEE PHARMACY (1522)	PERRY	IA	2,135	$191,717.26	$89.80	111

93	CVS PHARMACY #10032	MARION	IA	2,132	$112,686.17	$52.85	89
94	MEDICAP PHARMACY	NEWTON	IA	2,120	$202,072.25	$95.32	102
95	PREFERRED CARE PHARMACY	BETTENDORF	IA	2,118	$137,811.13	$65.07	91
96	HY-VEE PHARMACY (1437)	MUSCATINE	IA	2,110	$130,145.04	$61.68	105
97	WALMART PHARMACY 10-0784	MT PLEASANT	IA	2,102	$119,807.89	$57.00	96
98	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	2,086	$188,356.59	$90.30	108
99	MEDICAP PHARMACY	CRESTON	IA	2,084	$120,873.26	$58.00	87
100	HY-VEE PHARMACY #3 (1107)	DAVENPORT	IA	2,078	$185,266.19	$89.16	94

TOP 100 PHARMACIES BY PAID AMOUNT
September 2024 / November 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	12,378	$5,293,409.01	$2,292.51	1
2	CVS/SPECIALTY	MONROEVILLE	PA	544	$4,190,830.41	$19,223.99	2
3	CAREMARK KANSAS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	LENEXA	KS	399	$3,188,164.59	$19,680.03	4
4	COMMUNITY, A WALGREENS PHARMACY #16528	DES MOINES	IA	721	$2,755,190.08	$11,479.96	3
5	UNITYPOINT AT HOME	URBANDALE	IA	775	$2,589,164.50	$9,882.31	5
6	CAREMARK ILLINOIS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	MT PROSPECT	IL	262	$2,368,104.38	$27,860.05	6
7	COMMUNITY, A WALGREENS PHARMACY #21250	IOWA CITY	IA	563	$2,346,342.35	$11,615.56	7
8	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	69	$1,390,353.12	$63,197.87	8
9	AMBER SPECIALTY PHARMACY	OMAHA	NE	255	$1,205,837.17	$16,077.83	9
10	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	1,171	$1,120,539.21	$8,686.35	11
11	CVS PHARMACY #00102	AURORA	CO	118	$1,077,348.76	$21,546.98	10
12	WALGREENS SPECIALTY PHARMACY #16280	FRISCO	TX	43	$924,243.04	$84,022.09	12
13	PANTHERX SPECIALTY PHARMACY	CORAOPOLIS	PA	55	$865,815.44	$41,229.31	34
14	SOLEO HEALTH INC.	WOODRIDGE	IL	8	$863,684.38	$431,842.19	21
15	CAREMARK LLC, DBA CVS/SPECIALTY	REDLANDS	CA	47	$730,486.20	$33,203.92	13
16	BIOPLUS SPECIALTY PHARMACY SERVICES, LLC	ALTAMONTE SPRINGS	FL	104	$716,478.57	$16,283.60	14
17	BIOPLUS SPECIALTY PHARMACY LA, LLC	HARVEY	LA	69	$586,035.19	$18,313.60	15
18	ANOVORX GROUP LLC	MEMPHIS	TN	55	$583,615.15	$34,330.30	16
19	CR CARE PHARMACY	CEDAR RAPIDS	IA	1,966	$574,529.26	$3,139.50	26

20	WALGREENS #4405	COUNCIL BLUFFS	IA	7,590	$553,134.21	$427.79	18
21	ORSINI PHARMACEUTICAL SERVICES LLC	ELK GROVE VILLAGE	IL	33	$547,593.82	$49,781.26	20
22	THE NEBRASKA MEDICAL CENTER CLINIC PHARMACY	OMAHA	NE	575	$515,235.01	$4,056.97	29
23	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	6,180	$470,092.94	$704.79	27
24	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	5,148	$457,907.86	$921.34	23
25	WALGREENS #5042	CEDAR RAPIDS	IA	6,743	$448,056.67	$326.10	25
26	BIOLOGICS BY MCKESSON	CARY	NC	24	$447,868.68	$40,715.33	22
27	WALGREENS #16270	OMAHA	NE	81	$429,831.25	$21,491.56	19
28	EXPRESS SCRIPTS SPECIALTY DIST SVCS	SAINT LOUIS	MO	28	$419,815.70	$34,984.64	17
29	EVERSANA LIFE SCIENCE SERVICES, LLC	CHESTERFIELD	MO	14	$419,483.85	$83,896.77	24
30	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	1,835	$383,511.12	$1,997.45	28
31	OPTUM PHARMACY 702, LLC	JEFFERSONVILLE	IN	47	$382,081.27	$16,612.23	42
32	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	3,305	$380,532.38	$750.56	33
33	AVERA SPECIALTY PHARMACY	SIOUX FALLS	SD	84	$362,836.03	$15,775.48	31
34	MAYO CLINIC PHARMACY	ROCHESTER	MN	69	$348,975.25	$26,844.25	37
35	GENOA HEALTHCARE, LLC	DAVENPORT	IA	1,855	$336,693.41	$1,992.27	32
36	DRILLING PHARMACY	SIOUX CITY	IA	4,346	$334,469.25	$961.12	36
37	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	4,253	$330,642.54	$490.57	46
38	WALGREENS #5239	DAVENPORT	IA	6,268	$329,691.56	$275.43	35
39	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,790	$321,147.86	$548.97	40
40	HY-VEE PHARMACY (1075)	CLINTON	IA	4,342	$314,451.25	$566.58	38
41	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	4,262	$312,458.42	$610.27	51
42	NELSON FAMILY PHARMACY	FORT MADISON	IA	3,922	$307,277.15	$721.31	41
43	MISSION CANCER + BLOOD	DES MOINES	IA	49	$305,861.89	$16,992.33	30

44	INFOCUS PHARMACY SERVICES LLC	DUBUQUE	IA	2,001	$302,589.11	$1,225.06	62
45	HY-VEE PHARMACY #5 (1061)	CEDAR RAPIDS	IA	3,716	$301,582.55	$638.95	60
46	HARTIG PHARMACY SERVICES	DUBUQUE	IA	4,523	$287,969.01	$902.72	47
47	WALGREENS #5721	DES MOINES	IA	4,282	$283,807.05	$313.25	50
48	WALGREENS #15647	SIOUX CITY	IA	3,741	$281,685.25	$357.92	73
49	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	1,504	$281,081.21	$2,755.70	52
50	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	3,735	$280,605.52	$521.57	45
51	ONCO360	LOUISVILLE	KY	29	$279,854.38	$34,981.80	75
52	MEDICAP PHARMACY	KNOXVILLE	IA	2,639	$276,612.07	$1,097.67	63
53	RIGHT DOSE PHARMACY	ANKENY	IA	6,768	$271,734.34	$796.87	64
54	GENESIS FIRSTMED PHARMACY	DAVENPORT	IA	640	$271,481.15	$1,822.02	43
55	ALLEN CLINIC PHARMACY	WATERLOO	IA	959	$268,980.17	$947.11	39
56	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,833	$264,710.23	$541.33	68
57	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	4,013	$254,261.76	$447.64	44
58	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	2,986	$250,329.32	$616.57	53
59	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	3,966	$245,324.64	$460.27	57
60	WALMART PHARMACY 10-1509	MAQUOKETA	IA	3,646	$245,019.45	$474.84	49
61	WALGREENS #7453	DES MOINES	IA	4,165	$240,783.46	$340.57	76
62	WALGREENS #3700	COUNCIL BLUFFS	IA	3,710	$240,351.80	$332.90	61
63	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	3,033	$238,049.94	$785.64	65
64	MAIN AT LOCUST PHARMACY AND MEDICAL SUPPLY	DAVENPORT	IA	2,851	$237,029.41	$1,012.95	69
65	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	2,396	$233,856.64	$809.19	89
66	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	3,266	$228,992.06	$535.03	87
67	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,789	$228,072.93	$495.81	91

68	SANFORD CANCER CENTER ONCOLOGY CLINIC PHARMACY	SIOUX FALLS	SD	66	$227,458.95	$10,339.04	66
69	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,749	$226,996.48	$707.15	59
70	WALGREENS #4041	DAVENPORT	IA	4,175	$223,921.36	$294.25	80
71	CVS PHARMACY #08658	DAVENPORT	IA	3,084	$221,422.94	$517.34	70
72	PARAGON PARTNERS	OMAHA	NE	731	$221,211.36	$3,160.16	67
73	WAGNER PHARMACY	CLINTON	IA	3,149	$220,769.10	$613.25	72
74	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,802	$219,704.77	$559.05	77
75	MERCYONE FOREST PARK PHARMACY	MASON CITY	IA	2,511	$217,681.63	$530.93	107
76	MAHASKA DRUGS INC	OSKALOOSA	IA	2,763	$215,902.11	$578.83	82
77	WALGREENS #359	DES MOINES	IA	3,817	$213,450.21	$270.53	55
78	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	4,329	$211,328.10	$337.58	90
79	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,171	$211,099.24	$476.52	58
80	HY-VEE PHARMACY (1850)	WASHINGTON	IA	2,227	$209,928.30	$846.49	127
81	WALMART PHARMACY 10-0559	MUSCATINE	IA	2,577	$209,209.33	$495.76	95
82	HY-VEE PHARMACY (1180)	FAIRFIELD	IA	2,068	$208,325.73	$816.96	153
83	HY-VEE PHARMACY #2 (1018)	AMES	IA	2,183	$208,289.64	$708.47	96
84	WALGREENS #7455	WATERLOO	IA	3,609	$207,753.19	$258.40	93
85	HY-VEE PHARMACY (1396)	MARION	IA	2,820	$206,965.72	$497.51	71
86	WALGREENS #9708	DUBUQUE	IA	3,202	$203,959.86	$302.16	74
87	L & M PHARMACY CARE	LE MARS	IA	1,929	$203,770.98	$3,513.29	103
88	MEDICAP PHARMACY	NEWTON	IA	2,120	$202,072.25	$935.52	83
89	WALMART PHARMACY 10-5115	DAVENPORT	IA	2,863	$201,150.99	$511.83	81
90	PREFERRED CARE PHARMACY	CEDAR RAPIDS	IA	2,797	$200,970.51	$1,288.27	78

91	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,513	$198,516.92	$570.45	97
92	FIFIELD PHARMACY	DES MOINES	IA	1,347	$196,070.48	$1,410.58	86
93	LAGRANGE PHARMACY	VINTON	IA	2,750	$195,660.32	$661.01	94
94	HARTIG DRUG CO	DUBUQUE	IA	1,287	$195,040.81	$942.23	100
95	HY-VEE PHARMACY (1522)	PERRY	IA	2,135	$191,717.26	$563.87	142
96	MERCYONE WATERLOO PHARMACY	WATERLOO	IA	1,745	$190,899.57	$506.36	84
97	WALGREENS #11942	DUBUQUE	IA	2,951	$189,114.03	$381.28	98
98	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	2,086	$188,356.59	$775.13	104
99	UNION PHARMACY	COUNCIL BLUFFS	IA	2,475	$187,886.53	$898.98	92
100	HY-VEE PHARMACY (1449)	NEWTON	IA	2,967	$187,589.98	$441.39	108

TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
September 2024 / November 2024

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
1	1982605762	Jeffrey Wilharm	$113,361.78	2,117	6.81	1
2	1215146055	Rebecca Wolfe	$72,402.78	1,502	2.80	2
3	1467502286	Charles Tilley	$146,336.03	1,368	3.66	3
4	1730434069	Larissa Biscoe	$89,769.50	1,364	2.89	4
5	1063491645	Allyson Wheaton	$109,008.55	1,302	2.55	5
6	1902850845	Deborah Bahe	$107,882.99	1,297	4.28	12
7	1467907394	Cynthia Coenen	$144,663.83	1,295	4.18	6
8	1922455096	Dean Guerdet	$84,153.28	1,278	3.56	7
9	1316356496	Kimberly Roberts	$50,126.32	1,241	3.86	8
10	1437238110	Genevieve Nelson	$188,484.42	1,227	3.33	9
11	1003470923	Earlene Angell	$136,909.13	1,194	3.42	76
12	1356359871	Rhea Hartley	$92,705.99	1,147	2.42	13
13	1457584740	Eric Meyer	$72,546.30	1,063	2.82	15
14	1164538674	Joseph Wanzek	$85,723.67	1,041	4.26	18
15	1790163848	Hesper Nowatzki	$147,751.71	1,004	3.24	17
16	1013115369	Bobbita Nag	$48,809.11	990	2.35	31
17	1902478811	Joan Anderson	$232,165.73	981	3.21	19
18	1043434525	Robert Kent	$47,450.05	977	3.66	21
19	1043211303	Ali Safdar	$145,454.71	971	2.58	22
20	1770933046	Shelby Biller	$194,619.12	971	2.60	14

21	1043418809	Michael Ciliberto	$419,414.88	970	2.84	20
22	1902912538	Christian Jones	$61,494.57	967	3.05	23
23	1659358620	Carlos Castillo	$34,609.58	963	3.01	10
24	1982030946	Jacklyn Besch	$52,593.49	954	3.21	25
25	1528037082	Rodney Dean	$87,444.74	942	3.59	44
26	1215125216	Rebecca Walding	$96,241.63	909	4.34	33
27	1215184726	Babuji Gandra	$39,627.20	895	2.58	28
28	1902358443	Melissa Konken	$147,286.09	895	3.37	24
29	1528365277	Mina Salib	$681,494.56	882	2.13	26
30	1629036546	Anita Simison	$65,299.78	877	2.72	11
31	1609532373	Erin Fox-Hammel	$79,546.02	869	3.55	38
32	1609218304	Amanda Garr	$143,981.83	862	3.21	27
33	1730849647	Melanie Rock	$24,847.82	852	2.88	42
34	1134191018	Dustin Smith	$55,274.10	823	3.51	36
35	1801998372	Wendy Hansen-Penman	$34,988.10	821	3.64	29
36	1316471154	Nicole Woolley	$46,736.93	819	2.80	30
37	1689077018	Stacy Roth	$65,736.28	808	2.81	47
38	1992103386	Melissa Larsen	$71,548.39	808	3.27	32
39	1275763047	Rebecca Bowman	$170,974.54	800	3.45	34
40	1538368170	Christopher Matson	$16,600.89	800	3.29	51
41	1184657603	Sara Rygol	$100,964.71	796	3.20	38
42	1528329398	Erin Rowan	$29,607.93	780	3.11	48
43	1174780944	Gerry Sertle	$104,765.23	777	2.97	253
44	1053963900	Nicole Mcclavy	$115,147.40	776	3.19	53

45	1437209434	Jon Thomas	$39,495.64	776	2.77	40
46	1417549932	Amanda McCormick	$86,497.61	773	3.47	35
47	1205393386	Jessica Hudspeth	$118,366.19	757	4.03	46
48	1477199198	Sajo Thomas	$113,933.44	754	3.22	49
49	1235514258	Ashley Fuller	$44,453.44	752	2.42	120
50	1477926434	Jackie Shipley	$33,834.15	749	2.83	56
51	1356724405	Beth Colon	$100,940.25	748	2.69	65
52	1053630640	Jennifer Donovan	$82,255.44	744	3.25	73
53	1154815330	Bruce Pehl	$44,461.44	738	3.08	120
54	1457914657	Seema Antony	$79,833.93	730	2.74	58
55	1134854128	Dzevida Pandzic	$57,174.05	729	2.41	41
56	1639607757	Michael Gerber	$78,306.36	729	3.17	53
57	1558770974	Marc Baumert	$45,821.85	721	3.01	43
58	1588662050	Jason Davis	$38,923.59	721	2.75	63
59	1003053653	Stanley Mathew	$40,507.03	720	6.96	98
60	1013639749	Robert Husemann	$71,865.11	718	3.30	37
61	1922144088	Thomas Hopkins	$27,486.16	716	2.38	55
62	1306559786	Roy Henry	$53,217.62	715	2.77	89
63	1609946243	Sina Linman	$35,600.62	713	2.51	79
64	1679573893	Patty Hildreth	$203,182.62	712	3.29	59
65	1649248378	Kathleen Wild	$41,314.90	709	2.84	57
66	1013978089	Jennifer Bradley	$170,336.71	705	5.00	83
67	1386044832	Mary Grieder	$35,839.66	705	4.81	64
68	1619153137	Joada Best	$58,853.70	701	3.07	72

69	1881008704	Charity Carstensen	$43,499.00	698	4.34	52
70	1538149042	Eric Petersen	$29,477.12	692	2.89	65
71	1588746515	Amy Badberg	$28,311.06	689	2.83	102
72	1124006770	Wook Kim	$28,826.36	685	2.93	75
73	1255405338	Bryan Netolicky	$97,643.00	684	2.72	62
74	1144214248	Kristi Walz	$61,701.71	681	3.77	77
75	1275067696	Olaitan Ijitimehin	$30,211.82	681	3.13	68
76	1710941000	Laurie Warren	$90,404.11	678	3.71	74
77	1790754695	Joel Vander Meide	$35,243.32	677	4.66	106
78	1609496033	Angela Dossett	$109,429.61	671	5.43	69
79	1649209933	Richard Blunk	$59,083.14	671	2.11	100
80	1144588476	Rachel Filzer	$67,957.44	668	2.78	61
81	1891707832	Lisa Klock	$30,964.89	665	2.70	88
82	1245227099	Donna Dobson Tobin	$65,334.08	663	3.54	87
83	1871105916	Lacie Theis	$34,170.59	659	2.65	82
84	1417941188	Debra Neuharth	$25,866.84	656	3.18	103
85	1437692803	Cassandra Dunlavy	$58,507.97	655	3.75	140
86	1598183493	Jena Ellerhoff	$20,818.53	654	4.48	128
87	1821268335	Jacqueline McInnis	$126,834.33	653	3.74	84
88	1154790517	Jamie Schumacher	$31,106.35	652	3.28	117
89	1942721584	Shawna Fury	$67,573.31	652	2.71	91
90	1003330036	Evan Peterson	$23,252.12	649	2.80	85
91	1619237849	John Thurman	$24,103.16	648	4.95	191
92	1649438383	Qadnana Anwar	$29,792.80	648	3.06	96

93	1568431880	Pomilla Kumar	$31,467.21	645	3.27	93
94	1184056822	Abby Kolthoff	$284,983.68	637	2.46	126
95	1396181012	Heather Kruse	$89,831.61	637	4.52	70
96	1336450790	Henry Emerle	$82,867.15	634	3.61	116
97	1457007270	Lindsay Schock	$55,692.99	634	2.76	59
98	1295967255	Mary Robinson	$40,272.73	633	4.03	94
99	1588838841	Leenu Mishra	$31,389.86	631	2.61	90
100	1205437951	Jennifer Manternach	$19,372.86	625	2.68	134

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
September 2024 / November 2024

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
1	1326034984	Katherine Mathews	$1,019,165.24	$12,279.10	83	1
2	1841632965	Ahmad Al-Huniti	$1,015,251.66	$44,141.38	23	8
3	1528365277	Mina Salib	$681,494.56	$772.67	882	2
4	1477761328	Amy Calhoun	$654,464.27	$9,349.49	70	4
5	1326211889	James Friedlander	$610,163.34	$9,244.90	66	3
6	1437121407	Linda Cadaret	$591,406.38	$6,359.21	93	5
7	1316934318	Steven Lentz	$554,555.23	$14,219.36	39	6
8	1417443953	Rodney Clark	$533,786.43	$1,173.16	455	7
9	1285626390	Kathleen Gradoville	$523,221.65	$1,461.51	358	13
10	1295091510	Rebecca Weiner	$500,320.19	$1,640.39	305	9
11	1891146999	Becky Johnson	$433,636.93	$1,084.09	400	11
12	1043418809	Michael Ciliberto	$419,414.88	$432.39	970	10
13	1023108701	Ronald Zolty	$365,434.89	$6,644.27	55	12
14	1942937388	Carly Trausch	$357,514.96	$1,045.37	342	14
15	1932153830	Michael Stephens	$322,136.07	$21,475.74	15	16
16	1326410499	Tara Eastvold	$312,803.84	$699.78	447	50
17	1184056822	Abby Kolthoff	$284,983.68	$447.38	637	26
18	1013126705	Janice Staber	$283,294.06	$9,138.52	31	23
19	1174584072	Bradley Lair	$276,696.46	$5,646.87	49	24
20	1427178284	Darcy Krueger	$276,069.11	$15,337.17	18	37

21	1306071915	Thomas Pietras	$268,748.17	$1,961.67	137	15
22	1285748004	Bruce Hughes	$267,313.14	$4,382.18	61	42
23	1447373832	Joshua Wilson	$248,490.50	$5,176.89	48	21
24	1952420705	Eric Rush	$245,441.15	$49,088.23	5	28
25	1609820240	James Harper	$245,074.22	$9,076.82	27	39
26	1285620583	Michael Tansey	$238,804.39	$1,910.44	125	45
27	1992365894	Emily Weig	$237,286.18	$1,853.80	128	17
28	1043565328	Sara Moeller	$233,248.63	$2,404.63	97	30
29	1700417169	Courtney Reints	$232,590.48	$720.09	323	18
30	1902478811	Joan Anderson	$232,165.73	$236.66	981	20
31	1174748180	Mohammad Alsharabati	$224,170.76	$1,192.40	188	22
32	1144900861	Lizabeth Sheets	$215,879.94	$354.48	609	40
33	1821046087	Archana Verma	$215,283.32	$2,870.44	75	27
34	1932464971	Kari Ernst	$211,809.83	$1,857.98	114	34
35	1871868984	Hana Niebur	$210,881.31	$2,928.91	72	32
36	1679573893	Patty Hildreth	$203,182.62	$285.37	712	35
37	1588616171	Heather Thomas	$202,947.13	$2,742.53	74	84
38	1508091109	Melissa Muff-Luett	$201,738.42	$5,603.85	36	41
39	1649943689	Jessica Coffey	$195,631.32	$949.67	206	19
40	1770933046	Shelby Biller	$194,619.12	$200.43	971	52
41	1437238110	Genevieve Nelson	$188,484.42	$153.61	1227	53
42	1386084747	Jennifer Condon	$184,588.40	$806.06	229	29
43	1811666118	Jessiann Dryden-Parish	$183,711.81	$1,597.49	115	104
44	1013026798	Stephen Grant	$182,223.30	$3,374.51	54	57

45	1801405832	Sarah Hiemer	$181,309.78	$1,018.59	178	68
46	1134249832	Steven Craig	$180,273.51	$2,146.11	84	46
47	1194176586	Paul Fenton	$177,865.85	$1,872.27	95	79
48	1629415922	Alyssa Lakin	$176,548.03	$924.34	191	114
49	1093382632	Gail Dooley	$175,589.37	$997.67	176	101
50	1659093292	Kathryn Foy	$175,524.27	$1,513.14	116	54
51	1467449579	Brian Wayson	$172,210.56	$2,690.79	64	48
52	1275763047	Rebecca Bowman	$170,974.54	$213.72	800	63
53	1013978089	Jennifer Bradley	$170,336.71	$241.61	705	61
54	1073722112	Riad Rahhal	$170,089.18	$603.15	282	67
55	1730406356	Christina Warren	$167,227.52	$1,382.05	121	66
56	1215979539	Vijay Aluri	$163,934.76	$7,127.60	23	173
57	1144807876	Kathryn Kaufman	$163,842.58	$2,642.62	62	49
58	1649419219	Heather Hunemuller	$162,611.92	$1,129.25	144	69
59	1063792026	Jill Miller	$162,573.26	$287.23	566	97
60	1609131770	Sreenath Thati Ganganna	$162,017.63	$368.22	440	137
61	1285710764	Jitendrakumar Gupta	$160,740.69	$711.24	226	56
62	1154307114	Gena Ghearing	$159,216.76	$513.60	310	71
63	1730293705	Robert Jackson	$159,057.18	$1,939.72	82	64
64	1316942212	Jeffrey Goldman	$155,810.79	$2,194.52	71	135
65	1376525196	Randolph Rough	$155,253.77	$825.82	188	36
66	1578958542	Heidi Curtis	$154,371.79	$1,072.03	144	59
67	1366858334	Alicia Duyvejonck	$147,970.01	$402.09	368	60
68	1790163848	Hesper Nowatzki	$147,751.71	$147.16	1004	75

69	1902358443	Melissa Konken	$147,286.09	$164.57	895	58
70	1366014698	Debbie Ohrt	$147,163.48	$394.54	373	108
71	1467502286	Charles Tilley	$146,336.03	$106.97	1368	82
72	1841607900	Shayla Sanders	$145,959.33	$1,758.55	83	51
73	1043211303	Ali Safdar	$145,454.71	$149.80	971	77
74	1023539848	Jeffrey Zavala	$145,382.94	$2,850.65	51	175
75	1255658175	Ashley Deschamp	$144,755.00	$2,067.93	70	33
76	1467907394	Cynthia Coenen	$144,663.83	$111.71	1295	74
77	1609218304	Amanda Garr	$143,981.83	$167.03	862	72
78	1124216676	Wendy Sanders	$141,383.92	$408.62	346	81
79	1649826140	Taylor Boldt	$140,729.42	$1,172.75	120	38
80	1699765826	Joseph Merchant	$140,579.95	$1,289.72	109	78
81	1528051653	Mark Granner	$140,121.79	$346.84	404	166
82	1003470923	Earlene Angell	$136,909.13	$114.66	1194	213
83	1245468768	Thomas Schmidt	$135,461.72	$1,693.27	80	100
84	1407065469	Christoph Randak	$133,884.03	$1,228.29	109	286
85	1891955423	Leah Siegfried	$130,361.99	$389.14	335	125
86	1225263833	Lindsay Orris	$129,428.31	$1,003.32	129	55
87	1144455502	Jennifer Petts	$128,027.56	$484.95	264	25
88	1558673095	Amanda Van Wyk	$127,810.04	$738.79	173	118
89	1275836751	Holly Kramer	$127,557.76	$1,109.20	115	102
90	1457346231	Dawn Ebach	$127,205.67	$530.02	240	134
91	1821268335	Jacqueline McInnis	$126,834.33	$194.23	653	110
92	1356752067	Kelly Delaney-Nelson	$126,788.90	$1,527.58	83	105

93	1477142289	Andrea Johnson	$126,103.36	$230.96	546	107
94	1881688679	Alice Wood	$124,332.23	$9,564.02	13	244
95	1285331058	Natalie Reitz	$123,991.22	$4,768.89	26	577
96	1184395162	Danielle Van Oosbree	$123,515.43	$233.49	529	88
97	1255743928	Christine Gill	$123,225.45	$1,688.02	73	90
98	1184737504	Daniel Buroker	$121,817.25	$5,075.72	24	260
99	1104804053	Winthrop Risk	$121,710.66	$295.41	412	127
100	1053372029	Stefanie Yearian	$121,563.17	$281.40	432	198

TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

CATEGORY DESCRIPTION	June 2024 / August 2024	PREV RANK	% BUDGET	September 2024 / November 2024	CURR RANK	% BUDGET	% CHANGE
ANTIDIABETICS	$12,241,030	1	12.6%	$12,588,683	1	13.1%	2.8%
DERMATOLOGICALS	$10,838,443	2	11.2%	$10,405,792	2	10.8%	-4.0%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	$10,275,488	3	10.6%	$10,294,615	3	10.7%	0.2%
ANALGESICS - ANTI-INFLAMMATORY	$8,037,985	4	8.3%	$7,762,864	4	8.1%	-3.4%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	$5,403,021	5	5.6%	$5,447,791	5	5.7%	0.8%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	$5,310,540	6	5.5%	$5,426,656	6	5.6%	2.2%
ANTICONVULSANTS	$3,564,451	7	3.7%	$3,612,541	7	3.8%	1.3%
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	$3,513,919	8	3.6%	$3,500,838	8	3.6%	-0.4%
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	$3,330,494	9	3.4%	$3,283,520	9	3.4%	-1.4%
ANTIVIRALS	$3,267,119	10	3.4%	$3,147,305	10	3.3%	-3.7%
HEMATOLOGICAL AGENTS - MISC.	$3,130,074	11	3.2%	$3,124,730	11	3.2%	-0.2%
MIGRAINE PRODUCTS	$3,044,480	12	3.1%	$3,041,402	12	3.2%	-0.1%
ENDOCRINE AND METABOLIC AGENTS - MISC.	$2,631,511	14	2.7%	$2,860,408	13	3.0%	8.7%
RESPIRATORY AGENTS - MISC.	$2,646,374	13	2.7%	$2,639,380	14	2.7%	-0.3%
CARDIOVASCULAR AGENTS - MISC.	$2,400,952	15	2.5%	$2,208,925	15	2.3%	-8.0%
ANTIDEPRESSANTS	$2,198,598	16	2.3%	$2,190,971	16	2.3%	-0.3%
ANTICOAGULANTS	$1,691,708	18	1.7%	$1,646,546	17	1.7%	-2.7%
GASTROINTESTINAL AGENTS - MISC.	$1,696,299	17	1.7%	$1,567,445	18	1.6%	-7.6%
NEUROMUSCULAR AGENTS	$1,078,981	19	1.1%	$872,612	19	0.9%	-19.1%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	$823,213	20	0.8%	$806,602	20	0.8%	-2.0%

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TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

CATEGORY DESCRIPTION	June 2024 / August 2024	PREV RANK	September 2024 / November 2024	CURR RANK	% CHANGE
ANTIDEPRESSANTS	108,286	1	106,737	1	-1.4%
ANTICONVULSANTS	49,349	2	48,812	2	-1.1%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	41,676	5	45,720	3	9.7%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	42,435	4	44,488	4	4.8%
ANTIHYPERTENSIVES	42,831	3	41,628	5	-2.8%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	39,608	7	39,369	6	-0.6%
ANTIDIABETICS	39,663	6	39,363	7	-0.8%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	38,065	8	37,781	8	-0.7%
ANTIANXIETY AGENTS	33,277	9	33,442	9	0.5%
ANTIHYPERLIPIDEMICS	28,734	10	28,100	10	-2.2%
ANTIHISTAMINES	24,156	11	24,648	11	2.0%
DERMATOLOGICALS	22,387	12	21,079	12	-5.8%
BETA BLOCKERS	20,370	13	20,000	13	-1.8%
ANALGESICS - ANTI-INFLAMMATORY	18,714	14	18,655	14	-0.3%
PENICILLINS	11,739	19	17,313	15	47.5%
ANALGESICS - OPIOID	17,254	15	16,852	16	-2.3%
THYROID AGENTS	16,102	17	15,861	17	-1.5%
DIURETICS	16,187	16	15,512	18	-4.2%
CORTICOSTEROIDS	10,224	22	13,173	19	28.8%
MUSCULOSKELETAL THERAPY AGENTS	13,133	18	12,760	20	-2.8%

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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	June 2024 / August 2024	PREV RANK	September 2024 / November 2024	CURR RANK	% CHANGE
OZEMPIC	$4,340,001	1	$4,614,099	1	6.3%
HUMIRA(CF) PEN	$4,222,671	2	$4,067,060	2	-3.7%
VRAYLAR	$3,383,009	3	$3,382,483	3	0.0%
TRIKAFTA	$2,247,337	4	$2,288,724	4	1.8%
JARDIANCE	$1,977,296	6	$2,047,764	5	3.6%
DUPIXENT PEN	$1,772,329	8	$2,032,556	6	14.7%
STELARA	$2,191,867	5	$1,943,553	7	-11.3%
INVEGA SUSTENNA	$1,947,493	7	$1,929,584	8	-0.9%
TALTZ AUTOINJECTOR	$1,401,041	10	$1,319,763	9	-5.8%
MOUNJARO	$1,063,233	16	$1,265,444	10	19.0%
BIKTARVY	$1,220,222	13	$1,248,301	11	2.3%
SKYRIZI PEN	$1,468,523	9	$1,242,768	12	-15.4%
TRULICITY	$1,325,807	11	$1,235,825	13	-6.8%
VYVANSE	$1,303,204	12	$1,190,549	14	-8.6%
ELIQUIS	$1,175,245	14	$1,166,420	15	-0.8%
REXULTI	$1,163,193	15	$1,132,451	16	-2.6%
NURTEC ODT	$913,799	17	$951,303	17	4.1%
ALTUVIIIO	$861,225	18	$915,796	18	6.3%
INGREZZA	$803,647	21	$884,516	19	10.1%
ARISTADA	$813,129	20	$800,156	20	-1.6%
DUPIXENT SYRINGE	$840,054	19	$793,742	21	-5.5%

ENBREL SURECLICK	$673,148	25	$792,144	22	17.7%
EVRYSDI	$722,736	23	$725,024	23	0.3%
ABILIFY MAINTENA	$707,326	24	$692,057	24	-2.2%
WAKIX	$765,168	22	$690,777	25	-9.7%
TRELEGY ELLIPTA	$663,881	27	$654,403	26	-1.4%
FARXIGA	$597,836	31	$643,840	27	7.7%
COSENTYX UNOREADY PEN	$479,308	37	$641,958	28	33.9%
TRINTELLIX	$673,101	26	$641,327	29	-4.7%
CAPLYTA	$593,129	32	$615,997	30	3.9%
EPIDIOLEX	$601,461	30	$600,777	31	-0.1%
AJOVY AUTOINJECTOR	$563,817	33	$585,479	32	3.8%
INVEGA TRINZA	$531,193	35	$572,746	33	7.8%
TREMFYA	$642,406	29	$558,123	34	-13.1%
COSENTYX SENSOREADY (2 PENS)	$649,093	28	$556,694	35	-14.2%
NORDITROPIN FLEXPRO	$553,533	34	$524,180	36	-5.3%
UBRELVY	$530,278	36	$510,448	37	-3.7%
SYMBICORT	$473,132	38	$504,095	38	6.5%
LYBALVI	$457,802	41	$476,103	39	4.0%
LISDEXAMFETAMINE DIMESYLATE	$397,485	51	$472,287	40	18.8%
ENTRESTO	$423,639	47	$461,647	41	9.0%
JORNAY PM	$425,169	46	$459,157	42	8.0%
LINZESS	$440,168	42	$442,589	43	0.6%
XARELTO	$471,019	39	$437,862	44	-7.0%
FINTEPLA	$350,456	60	$437,411	45	24.8%

RINVOQ	$381,221	54	$424,271	46	11.3%
ALBUTEROL SULFATE HFA	$332,461	61	$424,033	47	27.5%
AUSTEDO	$405,095	50	$415,784	48	2.6%
HEMLIBRA	$421,706	48	$406,035	49	-3.7%
JYNARQUE	$326,572	63	$396,686	50	21.5%
OPSUMIT	$468,951	40	$392,022	51	-16.4%
CONCERTA	$431,409	45	$391,028	52	-9.4%
OTEZLA	$440,139	43	$387,133	53	-12.0%
JANUVIA	$388,767	53	$386,104	54	-0.7%
TAKHZYRO	$409,456	49	$383,862	55	-6.3%
XIFAXAN	$395,325	52	$375,783	56	-4.9%
RAVICTI	$358,627	57	$358,628	57	0.0%
MAVYRET	$298,400	69	$358,591	58	20.2%
UPTRAVI	$437,912	44	$342,466	59	-21.8%
AUSTEDO XR	$289,615	71	$336,643	60	16.2%
KESIMPTA PEN	$279,174	73	$321,514	61	15.2%
QELBREE	$296,583	70	$314,845	62	6.2%
STRENSIQ	$229,986	88	$314,092	63	36.6%
ILARIS	$259,338	79	$311,748	64	20.2%
VERZENIO	$359,346	56	$308,411	65	-14.2%
SPIRIVA RESPIMAT	$286,878	72	$289,980	66	1.1%
AIMOVIG AUTOINJECTOR	$307,863	67	$281,696	67	-8.5%
CREON	$276,585	75	$281,693	68	1.8%
ORFADIN	$278,068	74	$278,070	69	0.0%

CRYSVITA	$218,173	92	$271,602	70	24.5%
QULIPTA	$270,276	77	$271,019	71	0.3%
VENTOLIN HFA	$320,398	64	$266,178	72	-16.9%
HUMIRA PEN	$188,013	108	$265,082	73	41.0%
BRIVIACT	$268,421	78	$263,982	74	-1.7%
SKYRIZI ON-BODY	$354,708	59	$260,969	75	-26.4%
FASENRA PEN	$366,233	55	$258,569	76	-29.4%
HIZENTRA	$315,069	65	$256,001	77	-18.7%
XYWAV	$355,038	58	$254,498	78	-28.3%
LANTUS SOLOSTAR	$242,880	83	$251,793	79	3.7%
REMODULIN	$204,648	97	$249,835	80	22.1%
KISQALI	$170,784	119	$249,398	81	46.0%
ORENITRAM ER	$246,908	82	$249,076	82	0.9%
NOVOSEVEN RT	$55,194	288	$245,736	83	345.2%
BREZTRI AEROSPHERE	$237,322	86	$234,809	84	-1.1%
ADVAIR HFA	$224,218	89	$233,893	85	4.3%
ADDERALL XR	$183,950	110	$233,534	86	27.0%
SPIRIVA HANDIHALER	$240,337	84	$229,040	87	-4.7%
GATTEX	$273,224	76	$227,687	88	-16.7%
HUMIRA(CF)	$256,865	80	$227,568	89	-11.4%
AZSTARYS	$212,516	95	$227,313	90	7.0%
ENBREL	$212,921	94	$226,120	91	6.2%
ENBREL MINI	$193,540	101	$214,122	92	10.6%
ALPROLIX	$189,620	105	$213,383	93	12.5%

QUILLICHEW ER	$194,717	99	$212,146	94	9.0%
PAXLOVID	$305,421	68	$210,368	95	-31.1%
DESCOVY	$177,213	117	$207,705	96	17.2%
METHYLPHENIDATE ER	$194,646	100	$202,182	97	3.9%
TRESIBA FLEXTOUCH U-200	$215,287	93	$199,724	98	-7.2%
EPINEPHRINE	$247,970	81	$199,350	99	-19.6%
ACTIMMUNE	$195,442	98	$195,442	100	0.0%

Iowa Health Link
Iowa HHS

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TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	June 2024 / August 2024	PREVIOUS RANK	September 2024 / November 2024	CURR RANK	% CHANGE
OMEPRAZOLE	17,510	1	17,387	1	-0.7%
ATORVASTATIN CALCIUM	16,545	2	16,100	2	-2.7%
SERTRALINE HCL	16,296	3	16,035	3	-1.6%
LEVOTHYROXINE SODIUM	14,868	4	14,638	4	-1.5%
TRAZODONE HCL	12,920	6	13,078	5	1.2%
FLUOXETINE HCL	11,936	10	12,726	6	6.6%
ESCITALOPRAM OXALATE	12,924	5	12,709	7	-1.7%
BUPROPION XL	12,322	9	12,353	8	0.3%
ALBUTEROL SULFATE HFA	9,373	15	12,322	9	31.5%
LISINOPRIL	12,466	8	11,808	10	-5.3%
CETIRIZINE HCL	12,541	7	11,509	11	-8.2%
GABAPENTIN	11,545	11	11,370	12	-1.5%
AMOXICILLIN	7,181	25	11,085	13	54.4%
MONTELUKAST SODIUM	10,317	12	10,329	14	0.1%
HYDROXYZINE HCL	9,582	13	9,927	15	3.6%
BUSPIRONE HCL	9,574	14	9,572	16	0.0%
PANTOPRAZOLE SODIUM	9,226	16	9,050	17	-1.9%
DULOXETINE HCL	9,059	17	8,758	18	-3.3%
CLONIDINE HCL	8,639	19	8,651	19	0.1%
AMLODIPINE BESYLATE	8,805	18	8,397	20	-4.6%

AZITHROMYCIN	3,079	72	8,059	21	161.7%
PREDNISONE	6,278	31	7,855	22	25.1%
QUETIAPINE FUMARATE	7,993	20	7,797	23	-2.5%
ARIPIPRAZOLE	7,883	21	7,782	24	-1.3%
LAMOTRIGINE	7,431	23	7,498	25	0.9%
METOPROLOL SUCCINATE	7,586	22	7,337	26	-3.3%
VENLAFAXINE HCL ER	7,377	24	7,081	27	-4.0%
FAMOTIDINE	6,907	26	6,924	28	0.2%
FLUTICASONE PROPIONATE	6,304	30	6,781	29	7.6%
LOSARTAN POTASSIUM	6,825	27	6,583	30	-3.5%
TOPIRAMATE	6,597	29	6,454	31	-2.2%
HYDROCODONE-ACETAMINOPHEN	6,675	28	6,416	32	-3.9%
DEXTROAMPHETAMINE-AMPHET ER	5,915	32	5,954	33	0.7%
CYCLOBENZAPRINE HCL	5,868	34	5,793	34	-1.3%
LORATADINE	5,874	33	5,774	35	-1.7%
AMOXICILLIN-CLAVULANATE POTASS	4,059	55	5,700	36	40.4%
METFORMIN HCL ER	5,744	35	5,629	37	-2.0%
ONDANSETRON ODT	4,913	42	5,546	38	12.9%
RISPERIDONE	5,320	38	5,380	39	1.1%
METHYLPHENIDATE ER	4,829	45	5,278	40	9.3%
ROSUVASTATIN CALCIUM	5,293	39	5,232	41	-1.2%
CLONAZEPAM	5,360	36	5,230	42	-2.4%
ALPRAZOLAM	5,348	37	5,184	43	-3.1%
OZEMPIC	4,832	44	5,093	44	5.4%

IBUPROFEN	4,847	43	4,846	45	0.0%
DEXTROAMPHETAMINE-AMPHETAMINE	4,705	46	4,831	46	2.7%
METFORMIN HCL	5,010	41	4,721	47	-5.8%
MELOXICAM	4,675	47	4,650	48	-0.5%
CEPHALEXIN	4,639	48	4,496	49	-3.1%
FUROSEMIDE	4,523	50	4,339	50	-4.1%
HYDROCHLOROTHIAZIDE	4,622	49	4,296	51	-7.1%
SPIRONOLACTONE	4,311	52	4,271	52	-0.9%
ASPIRIN EC	4,350	51	4,257	53	-2.1%
VENTOLIN HFA	5,013	40	4,163	54	-17.0%
PROPRANOLOL HCL	3,998	56	4,121	55	3.1%
GUANFACINE HCL	4,128	53	4,105	56	-0.6%
PRAZOSIN HCL	4,067	54	4,036	57	-0.8%
MIRTAZAPINE	3,950	57	3,948	58	-0.1%
ALBUTEROL SULFATE	2,591	88	3,858	59	48.9%
GUANFACINE HCL ER	3,694	62	3,834	60	3.8%
ACETAMINOPHEN	3,775	60	3,824	61	1.3%
CEFDINIR	2,638	87	3,801	62	44.1%
LISDEXAMFETAMINE DIMESYLATE	3,258	70	3,775	63	15.9%
JARDIANCE	3,635	64	3,743	64	3.0%
LORAZEPAM	3,726	61	3,680	65	-1.2%
LEVETIRACETAM	3,627	65	3,660	66	0.9%
DOXYCYCLINE MONOHYDRATE	2,857	80	3,574	67	25.1%
POLYETHYLENE GLYCOL 3350	3,677	63	3,530	68	-4.0%

FOLIC ACID	3,445	66	3,521	69	2.2%
VYVANSE	3,836	59	3,489	70	-9.0%
HYDROXYZINE PAMOATE	3,434	67	3,461	71	0.8%
TRIAMCINOLONE ACETONIDE	3,941	58	3,303	72	-16.2%
PREGABALIN	3,352	69	3,275	73	-2.3%
FEROSUL	3,203	71	3,234	74	1.0%
METHYLPHENIDATE HCL	2,961	76	3,226	75	8.9%
FLUCONAZOLE	3,063	73	3,220	76	5.1%
TRAMADOL HCL	3,420	68	3,090	77	-9.6%
LANTUS SOLOSTAR	2,950	77	3,083	78	4.5%
ATOMOXETINE HCL	2,771	84	2,911	79	5.1%
VALACYCLOVIR	2,811	82	2,909	80	3.5%
OLANZAPINE	2,862	79	2,883	81	0.7%
BACLOFEN	2,940	78	2,872	82	-2.3%
POTASSIUM CHLORIDE	2,971	75	2,838	83	-4.5%
OXYCODONE HCL	2,798	83	2,828	84	1.1%
METRONIDAZOLE	2,854	81	2,827	85	-0.9%
CITALOPRAM HBR	3,014	74	2,810	86	-6.8%
ALLERGY RELIEF	1,485	124	2,772	87	86.7%
METOPROLOL TARTRATE	2,693	86	2,584	88	-4.0%
TIZANIDINE HCL	2,755	85	2,567	89	-6.8%
VRAYLAR	2,548	89	2,556	90	0.3%
DEXMETHYLPHENIDATE HCL ER	2,145	99	2,479	91	15.6%
ZOLPIDEM TARTRATE	2,461	91	2,388	92	-3.0%

SULFAMETHOXAZOLE-TRIMETHOPRIM	2,468	90	2,357	93	-4.5%
SYMBICORT	2,201	97	2,324	94	5.6%
ELIQUIS	2,313	94	2,277	95	-1.6%
AMITRIPTYLINE HCL	2,339	93	2,273	96	-2.8%
MUPIROCIN	2,220	96	2,204	97	-0.7%
SUMATRIPTAN SUCCINATE	2,234	95	2,189	98	-2.0%
NAPROXEN	2,159	98	2,181	99	1.0%
ONDANSETRON HCL	2,137	101	2,173	100	1.7%

IOWA | Health and Human Services

Fee for Service Claims
Quarterly Statistics

	June through August 2024	September through November 2024	% CHANGE
TOTAL PAID AMOUNT	$2,614,171	$3,048,055	16.6%
UNIQUE USERS	3,756	3,881	3.3%
COST PER USER	$696.00	$785.38	12.8%
TOTAL PRESCRIPTIONS	23,690	23,346	-1.5%
AVERAGE PRESCRIPTIONS PER USER	6.31	6.02	-4.6%
AVERAGE COST PER PRESCRIPTION	$110.35	$130.56	18.3%
# GENERIC PRESCRIPTIONS	21,426	21,105	-1.5%
% GENERIC	90.4%	90.4%	0.0%
$ GENERIC	$996,022	$1,069,565	7.4%
AVERAGE GENERIC PRESCRIPTION COST	$46.49	$50.68	9.0%
AVERAGE GENERIC DAYS SUPPLY	25	25	0.0%
# BRAND PRESCRIPTIONS	2,264	2,241	-1.0%
% BRAND	9.6%	9.6%	0.4%
$ BRAND	$1,618,149	$1,978,490	22.3%
AVERAGE BRAND PRESCRIPTION COST	$714.73	$882.86	23.5%
AVERAGE BRAND DAYS SUPPLY	28	28	0.0%

UTILIZATION BY AGE		
AGE	**June through August 2024**	**September through November 2024**
0-6	172	206
7-12	392	459
13-18	613	672
19-64	2,547	2,521
65+	32	23
	3,756	3,881

	UTILIZATION BY GENDER AND AGE		
GENDER	**AGE**	**June through August 2024**	**September through November 2024**
F			
	0-6	85	100
	7-12	171	197
	13-18	290	339
	19-64	1,617	1,617
	65+	15	10
		2,178	2,263
M			
	0-6	87	106
	7-12	221	262
	13-18	323	333
	19-64	930	904
	65+	17	13
		1,578	1,618

IOWA | Health and Human Services

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
September through November 2024

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
1	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	878	$114,093.15	$129.95	1
2	MESKWAKI PHARMACY	TAMA	IA	854	$612,613.94	$717.35	2
3	SIOUXLAND COMMUNITY HEALTH CENTE	SIOUX CITY	IA	718	$22,045.68	$30.70	4
4	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	649	$36,323.84	$55.97	3
5	WALGREENS #15647	SIOUX CITY	IA	588	$19,941.65	$33.91	5
6	THOMPSON-DEAN DRUG	SIOUX CITY	IA	347	$22,589.30	$65.10	6
7	RIGHT DOSE PHARMACY	ANKENY	IA	329	$14,113.61	$42.90	7
8	GENOA HEALTHCARE LLC	SIOUX CITY	IA	266	$26,149.81	$98.31	8
9	WCHS PHARMACY	WINNEBAGO	NE	262	$188,378.00	$719.00	9
10	MAIN AT LOCUST PHARMACY	DAVENPORT	IA	227	$10,118.91	$44.58	11
11	WALGREEN #04405	COUNCIL BLUFFS	IA	225	$10,220.27	$45.42	10
12	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	186	$5,339.66	$28.71	21
13	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	141	$16,024.90	$113.65	34
14	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	140	$9,021.40	$64.44	24
15	UNITY POINT HEALTH PHARMACY	CEDAR RAPIDS	IA	138	$1,500.83	$10.88	16
16	CVS PHARMACY #10282	FORT DODGE	IA	136	$5,202.76	$38.26	14
17	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	136	$5,847.81	$43.00	25
18	COVENANT FAMILY PHARMACY	WATERLOO	IA	134	$7,048.13	$52.60	12
19	PRIMARY HEALTH CARE PHARMACY	DES MOINES	IA	129	$49,247.20	$381.76	76
20	CVS PHARMACY #17554	CEDAR FALLS	IA	129	$16,242.87	$125.91	18
21	BROADLAWNS MEDICAL CENTER	DES MOINES	IA	124	$14,952.31	$120.58	33
22	MEDICAP PHARMACY	KNOXVILLE	IA	123	$9,084.85	$73.86	38
23	WALGREEN COMPANY #05470	SIOUX CITY	IA	123	$31,505.99	$256.15	15
24	WALGREEN #05721	DES MOINES	IA	120	$5,151.32	$42.93	43
25	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	119	$6,333.68	$53.22	19
26	MERCY MEDICAL CENTER NORTH IA DB	MASON CITY	IA	115	$3,686.73	$32.06	17

IOWA | Health and Human Services

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
September through November 2024

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
27	HY-VEE STORE CLINIC 1023-039	GRIMES	IA	112	$7,103.32	$63.42	28
28	COMMUNITY HEALTH CARE INC	DAVENPORT	IA	110	$5,235.40	$47.59	46
29	WALGREEN #05239	DAVENPORT	IA	110	$8,280.79	$75.28	44
30	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	109	$5,796.23	$53.18	23
31	WALGREEN COMPANY #3700	COUNCIL BLUFFS	IA	109	$6,469.27	$59.35	22
32	WAL-MART PHARMACY 10-2714	SPENCER	IA	107	$5,189.89	$48.50	37
33	HY-VEE PHARMACY (1052)	CEDAR FALLS	IA	106	$1,119.74	$10.56	29
34	WAL-MART PHARMACY #10-3394	ATLANTIC	IA	106	$7,559.35	$71.31	85
35	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	106	$5,582.03	$52.66	27
36	UI HEALTHCARE RIVER LANDING PHAR	CORALVILLE	IA	102	$3,365.16	$32.99	61
37	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	101	$18,050.40	$178.72	51
38	MEDICAP	JEFFERSON	IA	101	$1,664.60	$16.48	36
39	WALGREENS #03876	MARION	IA	99	$18,057.46	$182.40	26
40	HERITAGE PARK PHARMACY	WEST BURLINGTON	IA	98	$4,610.95	$47.05	54
41	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	97	$3,277.24	$33.79	80
42	WALGREENS #12393	CEDAR RAPIDS	IA	93	$2,297.55	$24.70	75
43	HY-VEE PHARMACY 1068	CHEROKEE	IA	92	$2,017.70	$21.93	58
44	WALGREEN #7452	DES MOINES	IA	91	$2,655.94	$29.19	30
45	MEDICAP PHARMACY	ANKENY	IA	89	$2,787.19	$31.32	48
46	GENOA HEALTHCARE LLC	SIOUX CITY	IA	88	$657.63	$7.47	195
47	DOTZLER PHARMACIES INC	HARLAN	IA	87	$9,724.34	$111.77	41
48	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	86	$2,610.08	$30.35	88
49	HY-VEE PHARMACY 1011	ALTOONA	IA	85	$6,591.16	$77.54	60
50	NELSON FAMILY PHARMACY	FORT MADISON	IA	85	$5,670.36	$66.71	52
51	NUCARA PHARMACY #27	PLEASANT HILL	IA	84	$9,317.24	$110.92	72
52	CVS PHARMACY #8544	WATERLOO	IA	83	$1,484.71	$17.89	71

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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
53	HY VEE PHARMACY #6 1155	DES MOINES	IA	83	$4,440.34	$53.50	20
54	WALGREEN #4714	DES MOINES	IA	81	$7,584.35	$93.63	142
55	MERCY FAMILY PHARMACY - REGENCY	MASON CITY	IA	79	$1,612.23	$20.41	99
56	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	78	$1,641.58	$21.05	47
57	WALGREEN COMPANY 07455	WATERLOO	IA	77	$1,445.32	$18.77	56
58	CR CARE PHARMACY	CEDAR RAPIDS	IA	77	$12,973.06	$168.48	108
59	HY-VEE PHARMACY (1075)	CLINTON	IA	76	$5,485.57	$72.18	53
60	WRIGHTWAY LTC PHARMACY	CLINTON	IA	76	$5,418.56	$71.30	67
61	HY VEE PHARMACY 7072	TOLEDO	IA	76	$4,991.46	$65.68	62
62	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	75	$3,339.73	$44.53	40
63	ALL CARE HEALTH CENTER	COUNCIL BLUFFS	IA	75	$1,771.59	$23.62	35
64	HY-VEE PHARMACY 1071	CLARINDA	IA	75	$3,456.64	$46.09	96
65	MEDICAP PHARMACY	TOLEDO	IA	75	$5,371.60	$71.62	118
66	HY-VEE DRUGSTORE #7026	CEDAR RAPIDS	IA	75	$4,463.42	$59.51	90
67	HY-VEE PHARMACY 1382	LE MARS	IA	74	$3,065.72	$41.43	102
68	HY-VEE PHARMACY (1065)	CHARITON	IA	73	$811.98	$11.12	39
69	CVS PHARMACY #08658	DAVENPORT	IA	73	$4,466.81	$61.19	77
70	WALGREEN CO DBA	ALTOONA	IA	73	$1,568.71	$21.49	68
71	HY-VEE MAINSTREET PHARMACY #7070	SIOUX CITY	IA	72	$2,880.05	$40.00	32
72	WAL-MART PHARMACY 10-2889	CLINTON	IA	72	$7,867.99	$109.28	129
73	CORNERSTONE APOTHECARY	BELLE PLAINE	IA	72	$5,117.50	$71.08	84
74	HY VEE DRUGSTORE 7007-039	AMES	IA	71	$1,743.22	$24.55	167
75	WAL-MART PHARMACY #10-1241	DAVENPORT	IA	71	$710.71	$10.01	104
76	IOWA VETERANS HOME	MARSHALLTOWN	IA	70	$2,370.03	$33.86	13
77	MERCY LONG TERM CARE PHARMACY	MASON CITY	IA	70	$610.88	$8.73	57
78	LEWIS FAMILY DRUG #28	ONAWA	IA	70	$3,367.84	$48.11	

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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
79	HY-VEE PHARMACY #2 (1018)	AMES	IA	69	$2,495.06	$36.16	261
80	MEDICAP PHARMACY #7	GRINNELL	IA	69	$6,071.00	$87.99	83
81	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	69	$1,710.50	$24.79	87
82	WALGREENS #07453	DES MOINES	IA	68	$882.20	$12.97	97
83	WAL MART PHARMACY 10 0559	MUSCATINE	IA	66	$901.40	$13.66	42
84	WALGREEN #04041	DAVENPORT	IA	66	$2,729.46	$41.36	202
85	KOERNER WHIPPLE PHARMACY	HAMPTON	IA	66	$1,827.38	$27.69	114
86	WALGREEN #03595	DAVENPORT	IA	65	$872.59	$13.42	125
87	MERCY OUTPATIENT PHARMACY	DES MOINES	IA	65	$3,971.18	$61.10	135
88	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	64	$53,237.95	$831.84	159
89	SOUTH SIDE DRUG	OTTUMWA	IA	64	$5,834.08	$91.16	205
90	WAL-MART PHARMACY #10-0985	FAIRFIELD	IA	63	$41,787.66	$663.30	92
91	GREENVILLE PHARMACY INC	SIOUX CITY	IA	63	$3,444.33	$54.67	49
92	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	63	$12,230.54	$194.14	82
93	WALGREEN #05852	DES MOINES	IA	62	$6,781.44	$109.38	139
94	HY-VEE PHARMACY #2 (1101)	COUNCIL BLUFFS	IA	62	$7,770.48	$125.33	94
95	ELIZABETHS PHARMACY ON MAIN	BRITT	IA	61	$6,126.92	$100.44	69
96	WAL-MART PHARMACY #10-1361	SIOUX CITY	IA	61	$3,960.58	$64.93	194
97	HY-VEE PHARMACY (1396)	MARION	IA	60	$8,088.90	$134.82	124
98	LEWIS FAMILY DRUG #52	SHELDON	IA	60	$1,535.37	$25.59	93
99	HY-VEE PHARMACY 1297	JEFFERSON	IA	59	$3,870.17	$65.60	172
100	MCMH PHARMACY	RED OAK	IA	58	$1,010.77	$17.43	165

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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	MESKWAKI PHARMACY	TAMA	IA	854	$612,613.94	$2,149.52	1
2	WCHS PHARMACY	WINNEBAGO	NE	262	$188,378.00	$1,883.78	2
3	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	878	$114,093.15	$687.31	3
4	COMM A WALGREENS PHARMACY #16528	DES MOINES	IA	20	$106,028.43	$15,146.92	10
5	CVS PHARMACY #00102	AURORA	CO	12	$105,307.35	$21,061.47	4
6	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	13	$104,765.85	$26,191.46	12
7	COMMUNITY A WALGREENS PHARMACY	IOWA CITY	IA	13	$92,282.84	$23,070.71	5
8	CAREMARK KANSAS SPEC PHARMACY LL	LENEXA	KS	31	$87,694.53	$7,307.88	7
9	PANTHERX SPECIALTY PHARMACY	CARAOPOLIS	PA	1	$74,010.63	$74,010.63	427
10	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	64	$53,237.95	$4,436.50	8
11	UNITY POINT AT HOME	URBANDALE	IA	23	$51,494.26	$4,681.30	6
12	PRIMARY HEALTH CARE PHARMACY	DES MOINES	IA	129	$49,247.20	$863.99	16
13	WAL-MART PHARMACY #10-0985	FAIRFIELD	IA	63	$41,787.66	$2,984.83	215
14	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	649	$36,323.84	$637.26	9
15	WALGREEN COMPANY #05470	SIOUX CITY	IA	123	$31,505.99	$900.17	30
16	GENOA HEALTHCARE LLC	SIOUX CITY	IA	266	$26,149.81	$871.66	19
17	THOMPSON-DEAN DRUG	SIOUX CITY	IA	347	$22,589.30	$396.30	13
18	GENOA HEALTHCARE LLC	DAVENPORT	IA	27	$22,075.46	$5,518.87	444
19	SIOUXLAND COMMUNITY HEALTH CENTE	SIOUX CITY	IA	718	$22,045.68	$158.60	17
20	MT VERNON PHARMACY	MT VERNON	IA	19	$21,100.44	$4,220.09	20
21	PELLA REGIONAL PRAIRIE CITY PHAR	PRAIRIE CITY	IA	17	$20,559.16	$10,279.58	565
22	WALGREENS #15647	SIOUX CITY	IA	588	$19,941.65	$127.83	15
23	WALGREENS #03876	MARION	IA	99	$18,057.46	$1,389.04	48
24	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	101	$18,050.40	$2,578.63	22
25	CVS PHARMACY #17554	CEDAR FALLS	IA	129	$16,242.87	$2,707.15	23

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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
26	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	141	$16,024.90	$1,232.68	36
27	FRED LEROY HEALTH & WELLNESS	OMAHA	NE	22	$15,818.00	$2,259.71	21
28	PARAGON PARTNERS	OMAHA	NE	52	$15,789.97	$5,263.32	25
29	FOUNDATION CARE LLC	EARTH CITY	MO	2	$15,061.14	$15,061.14	18
30	BROADLAWNS MEDICAL CENTER	DES MOINES	IA	124	$14,952.31	$515.60	29
31	RIGHT DOSE PHARMACY	ANKENY	IA	329	$14,113.61	$641.53	26
32	ANOVORX GROUP INC	MEMPHIS	TN	8	$14,015.39	$4,671.80	61
33	SENDERRA RX PHARMACY	RICHARDSON	TX	1	$13,883.43	$13,883.43	
34	KROGER SPECIALTY PHARMACY LA LLC	HARVEY	LA	2	$13,255.98	$13,255.98	33
35	ACCREDO HEALTH GROUP INC	WARRENDALE	PA	9	$13,253.73	$3,313.43	401
36	CR CARE PHARMACY	CEDAR RAPIDS	IA	77	$12,973.06	$1,621.63	14
37	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	63	$12,230.54	$6,115.27	27
38	CARL T CURTIS HEALTH EJ CENTER	MACY	NE	17	$12,223.00	$940.23	11
39	HY-VEE PHARMACY (1522)	PERRY	IA	19	$12,081.95	$1,006.83	39
40	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	50	$10,936.99	$1,367.12	264
41	CHI HEALTH PHARMACY 42ND AND L	OMAHA	NE	3	$10,772.19	$5,386.10	73
42	WALGREEN #04405	COUNCIL BLUFFS	IA	225	$10,220.27	$292.01	41
43	MAIN AT LOCUST PHARMACY	DAVENPORT	IA	227	$10,118.91	$778.38	34
44	DOTZLER PHARMACIES INC	HARLAN	IA	87	$9,724.34	$2,431.09	32
45	NUCARA PHARMACY #27	PLEASANT HILL	IA	84	$9,317.24	$1,331.03	58
46	PROCARE PHARMACY DIRECT LLC	MONROEVILLE	PA	3	$9,210.42	$3,070.14	524
47	WAL-MART PHARMACY #10-1721	IOWA CITY	IA	36	$9,111.99	$1,822.40	138
48	MEDICAP PHARMACY	KNOXVILLE	IA	123	$9,084.85	$1,135.61	35
49	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	49	$9,066.00	$1,007.33	94
50	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	140	$9,021.40	$429.59	47
51	WAL-MART PHARMACY #10-1332	SOUTH SIOUX CITY	NE	26	$8,736.27	$1,456.05	112

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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
52	WALGREEN #05361	FORT DODGE	IA	9	$8,710.98	$2,903.66	378
53	HY-VEE PHARMACY (1009) DBA	ALBIA	IA	48	$8,537.23	$1,422.87	55
54	WALGREEN #05239	DAVENPORT	IA	110	$8,280.79	$331.23	95
55	HY-VEE PHARMACY (1396)	MARION	IA	60	$8,088.90	$898.77	114
56	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	53	$8,064.89	$576.06	81
57	WAL-MART PHARMACY 10-2889	CLINTON	IA	72	$7,867.99	$1,311.33	109
58	HY-VEE PHARMACY #2 (1101)	COUNCIL BLUFFS	IA	62	$7,770.48	$1,110.07	136
59	OPTUM PHARMACY 702 LLC	JEFFERSONVILLE	IN	8	$7,698.59	$3,849.30	38
60	WALGREEN #09708	DUBUQUE	IA	58	$7,648.64	$478.04	76
61	WALGREEN #4714	DES MOINES	IA	81	$7,584.35	$948.04	161
62	WAL-MART PHARMACY #10-3394	ATLANTIC	IA	106	$7,559.35	$343.61	78
63	HY-VEE STORE CLINIC 1023-039	GRIMES	IA	112	$7,103.32	$473.55	116
64	COVENANT FAMILY PHARMACY	WATERLOO	IA	134	$7,048.13	$156.63	50
65	WALGREEN #05852	DES MOINES	IA	62	$6,781.44	$376.75	189
66	HY-VEE PHARMACY 1011	ALTOONA	IA	85	$6,591.16	$659.12	103
67	LEWIS FAMILY DRUG #69	ROCK VALLEY	IA	35	$6,513.98	$1,302.80	49
68	CLAYTON DRUG	SUMNER	IA	22	$6,472.31	$6,472.31	163
69	WALGREEN COMPANY #3700	COUNCIL BLUFFS	IA	109	$6,469.27	$431.28	42
70	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	119	$6,333.68	$253.35	70
71	TRUEMED PHARMACY 01	HIAWATHA	IA	42	$6,152.17	$6,152.17	105
72	ELIZABETHS PHARMACY ON MAIN	BRITT	IA	61	$6,126.92	$1,225.38	57
73	MEDICAP PHARMACY #7	GRINNELL	IA	69	$6,071.00	$1,214.20	64
74	HY-VEE DRUGSTORE #7031	DES MOINES	IA	45	$6,022.13	$602.21	348
75	WAL-MART PHARMACY 10-1546	IOWA FALLS	IA	50	$5,999.24	$666.58	53
76	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	136	$5,847.81	$149.94	111
77	SOUTH SIDE DRUG	OTTUMWA	IA	64	$5,834.08	$729.26	321

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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
78	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	109	$5,796.23	$362.26	54
79	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	48	$5,710.58	$1,427.65	132
80	NELSON FAMILY PHARMACY	FORT MADISON	IA	85	$5,670.36	$567.04	87
81	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	106	$5,582.03	$150.87	59
82	HY-VEE PHARMACY (1075)	CLINTON	IA	76	$5,485.57	$548.56	72
83	WRIGHTWAY LTC PHARMACY	CLINTON	IA	76	$5,418.56	$5,418.56	74
84	WALGREEN COMPANY #07967	CLIVE	IA	39	$5,394.58	$449.55	158
85	MEDICAP PHARMACY	TOLEDO	IA	75	$5,371.60	$315.98	233
86	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	186	$5,339.66	$102.69	83
87	THE NEBRASKA MED CENTER CLIN PHA	OMAHA	NE	25	$5,259.22	$751.32	43
88	COMMUNITY HEALTH CARE INC	DAVENPORT	IA	110	$5,235.40	$307.96	92
89	HERITAGE PHARMACY FORT MADISON	FORT MADISON	IA	9	$5,234.19	$2,617.10	156
90	CVS PHARMACY #10282	FORT DODGE	IA	136	$5,202.76	$236.49	113
91	WAL-MART PHARMACY 10-2714	SPENCER	IA	107	$5,189.89	$1,297.47	67
92	WALGREENS #07833	DES MOINES	IA	54	$5,173.48	$517.35	80
93	WAL-MART PHARMACIES #10-0753	CEDAR FALLS	IA	31	$5,161.45	$469.22	176
94	WALGREEN #05721	DES MOINES	IA	120	$5,151.32	$198.13	63
95	CORNERSTONE APOTHECARY	BELLE PLAINE	IA	72	$5,117.50	$5,117.50	86
96	HY VEE PHARMACY #1449	NEWTON	IA	47	$5,034.25	$839.04	164
97	HY VEE PHARMACY 1459	OELWEIN	IA	35	$5,015.22	$716.46	65
98	HY VEE PHARMACY 7072	TOLEDO	IA	76	$4,991.46	$415.96	96
99	COMMUNITY PHARMACY AT ROCKWELL C	ROCKWELL	IA	28	$4,928.62	$1,642.87	260
100	HY-VEE PHARMACY (1895)	WINDSOR HEIGHTS	IA	41	$4,887.19	$375.94	422

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RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
1	1053340661	LEIGHTON E FROST MD	$189,847.52	267	3.18	1
2	1043418809	MICHAEL CILIBERTO	$32,046.90	152	5.07	2
3	1912991183	MOLLY EARLEYWINE PA	$7,079.35	135	9.64	4
4	1164481362	MELISSA PEARSON ARNP	$82,752.26	119	1.45	9
5	1538671961	JAMIE WRIGHT ARNP	$6,224.81	117	6.88	5
6	1780877878	CHRISTOPHER JACOBS ARNP	$6,403.80	115	6.39	8
7	1194888024	ALICIA D WAGER NP	$53,465.09	98	1.96	7
8	1902358443	MELISSA KONKEN ARNP	$4,208.33	98	10.89	3
9	1104251776	ANTHONY ERIK GLYDWELL	$65,429.00	91	1.72	10
10	1598733891	JERRY WILLE MD	$63,991.00	89	1.65	15
11	1659358620	CARLOS CASTILLO MD	$3,688.99	85	6.54	13
12	1467502286	CHARLES R TILLEY	$4,393.75	75	15.00	14
13	1619153137	JOADA JEAN BEST ARNP	$4,705.34	74	6.73	12
14	1407585623	COLETTE MARIE DEMOSS PA	$685.49	70	8.75	29
15	1760965032	MELISSA MILLER ARNP	$1,274.06	69	3.63	37
16	1174583157	JOANNE STARR ARNP	$5,316.60	69	23.00	26
17	1144214248	KRISTI WALZ MD	$22,020.70	68	6.18	22
18	1891076386	SARA E FLEECS ARNP	$4,532.64	68	34.00	24
19	1417214321	LEAH BRANDON DO	$4,360.77	67	6.09	16
20	1073249306	MELISSA WATCHORN ARNP	$10,628.24	66	8.25	36
21	1508946088	RICHARD NIGHTINGALE MD	$556.42	65	32.50	30
22	1336418425	DENA R NEIMAN ARNP	$1,161.26	63	5.25	86
23	1528037082	RODNEY DEAN MD	$1,142.23	63	5.73	6
24	1023542271	FLYNN MCCULLOUGH DO	$4,003.83	62	7.75	208
25	1407836513	NATHAN R NOBLE DO	$1,072.71	60	3.75	20
26	1174840656	JOSEPHINE DUNN-JUNIES MD	$1,070.44	60	15.00	105

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RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
27	1215125216	REBECCA EVELYN WALDING	$2,972.69	59	5.90	19
28	1053600296	JESSICA MCCOOL MD	$5,385.71	58	19.33	51
29	1578123915	BRIANNA BROWNLEE DO	$4,972.30	58	11.60	27
30	1457584740	ERIC DENNIS MEYER ARNP	$1,136.58	58	8.29	28
31	1558147868	JAMIE KARSTENS ARNP	$2,767.05	57	4.07	17
32	1326036062	JON AHRENDSEN MD	$766.91	56	8.00	63
33	1144240805	DANIEL ROWLEY MD	$5,116.86	54	27.00	57
34	1811123318	AARON KAUER MD	$4,231.12	54	10.80	205
35	1629430293	ALICE MENG MD	$3,543.25	53	3.12	144
36	1013355759	DYLAN C GREENE MD	$2,588.11	53	5.89	21
37	1013115369	BOBBITA NAG MD	$2,217.81	50	5.00	92
38	1437506342	KYLE MERRILL MD	$491.95	49	8.17	38
39	1154929230	CHELSEA JONES ARNP	$35,231.00	49	2.72	39
40	1649922410	CASSANDRA MARIE ZIMMERMAN ARNP	$1,534.35	49	49.00	45
41	1932531316	BROOKE JOHNSON ARNP	$3,466.61	49	16.33	84
42	1609218304	AMANDA GARR ARNP	$27,671.78	46	7.67	31
43	1164538674	JOSEPH MATTHEW WANZEK III DO	$549.27	46	23.00	35
44	1053376475	DANIEL GILLETTE MD	$2,821.71	46	11.50	53
45	1700356334	BRIANNA J SCHAFFER ARNP	$2,690.77	45	11.25	25
46	1205249562	KELLY RYDER MD	$996.67	45	4.50	161
47	1891146999	BECKY L JOHNSON ARNP	$55,617.62	45	2.37	165
48	1699740159	FRANK SAM MARINO JR DO	$567.13	44	4.00	47
49	1427617471	SUSAN GRAVES PA	$8,950.20	44	8.80	71
50	1922455096	DEAN L GUERDET ARNP	$3,650.78	43	7.17	64
51	1396289229	JESSE N BECKER ARNP	$1,411.71	43	3.31	18
52	1093272668	RICARDO OSARIO ARNP	$1,038.02	42	4.67	32

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RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
53	1073235925	KRISTINA L BECK ARNP	$2,026.18	42	10.50	11
54	1720698335	DANIKA LEIGH HANSEN ARNP	$2,687.20	40	3.64	66
55	1619380680	TARA BROCKMAN DO	$2,861.96	40	10.00	54
56	1891955423	LEAH SIEGFRIED PA	$27,754.62	40	4.00	347
57	1164416269	ANN PICK ARNP	$3,393.85	40	3.64	131
58	1841220290	KENT E KUNZE MD	$3,295.82	40	8.00	43
59	1821268335	JACQUELINE MCINNIS PAC	$930.93	40	13.33	80
60	1104498039	BRENDA L CAIN ARNP	$5,281.16	39	4.88	108
61	1215184726	BABUJI REDDY GANDRA MD	$571.67	38	7.60	102
62	1003884107	RANDALL ALLEN KAVALIER DO	$3,865.92	38	4.22	33
63	1295217529	HEATHER STEHR APRN	$13,202.95	38	4.22	34
64	1417624966	MARIA A JOHNSON ARNP	$1,659.34	38	9.50	207
65	1528796430	RACHEL KLUG APRN	$1,614.46	38	3.45	800
66	1932493749	NICHOLAS CHARLES BECHTOLD DO	$3,339.01	37	37.00	59
67	1174640528	AMY JO PAYNE PA	$458.21	37	3.70	61
68	1639134034	ELIZABETH PRATT ARNP	$674.66	37	1.76	49
69	1972373298	SHAUNA RAE HATCHITT	$4,710.51	37	12.33	462
70	1932582988	DIANNE HUMPHREY ARNP	$8,198.19	37	37.00	56
71	1457346231	DAWN RENAE EBACH MD	$1,760.66	37	3.70	81
72	1609131770	SREENATH THATI GANGANNA MBBS	$8,173.48	36	7.20	50
73	1477045797	CHANTAL J ROZMUS DO	$3,053.29	35	11.67	77
74	1962418640	BARCLAY MONASTER MD	$7,236.62	35	8.75	48
75	1477652469	JILL JENSEN PA	$2,297.14	34	34.00	70
76	1417679168	PAIGE REED ARNP	$1,439.18	34	11.33	62
77	1528011756	PATRICK BREDAR PA	$479.83	34	17.00	1299
78	1013998004	RAKESHKUMAR BHAGWANDAS PATEL MD	$426.52	34	4.25	

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TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
September through November 2024

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
79	1982605762	JEFFREY DEAN WILHARM MD	$322.78	34	8.50	285
80	1982630703	JODI VANSICKLE MD	$307.91	34	4.86	82
81	1578777231	AMANDA L HECK ARNP	$5,658.98	34	2.62	392
82	1821481045	SHAWN T PLUNKETT PMHNP	$442.10	34	11.33	114
83	1508846007	ANGELA TOWNSEND MD	$817.77	34	4.86	72
84	1598750432	CHRISTOPHER OKIISHI MD	$744.80	33	8.25	90
85	1093141129	LARRY MARTIN NEWMAN ARNP	$23,727.00	33	1.57	118
86	1568459329	SHERRY L PARKS PA-C	$3,522.69	33	8.25	293
87	1700554979	MARY M PEDERSEN ARNP	$1,361.30	33	11.00	183
88	1306559786	ROY E HENRY ARNP	$12,494.55	33	8.25	193
89	1801043849	LINDA OBERBROECKLING ARNP	$604.12	33	33.00	116
90	1316356496	KIMBERLY NICHOLLE ROBERTS APRN	$268.82	32	8.00	158
91	1053398800	STEVEN T SCURR DO	$3,420.38	32	10.67	73
92	1639607757	MICHAEL D GERBER ARNP	$5,935.62	32	16.00	136
93	1427164789	MICHAEL JAMES OURADA MD	$622.74	32	16.00	75
94	1699769794	DAVE FALDMO PA	$319.57	32	6.40	294
95	1760616437	CARISSA BAUER GUNDERSON MD	$502.66	32	16.00	132
96	1366402505	KUNAL KUMAR PATRA MD	$23,008.00	32	2.91	174
97	1346349388	THOMAS BRENT HOEHNS MD	$2,228.25	32	32.00	125
98	1124006770	WOOK KIM	$433.04	32	16.00	79
99	1730135070	JAMES W WALLACE MD	$2,401.83	31	15.50	159
100	1174113864	DANIELLE M MOORE ARNP	$450.69	31	7.75	218

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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
September through November 2024

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
1	1053340661	LEIGHTON E FROST MD	$189,847.52	$711.04	267	1
2	1114214541	DIMAH NAYEF SAADE MD	$103,616.67	$9,419.70	11	15
3	1164481362	MELISSA PEARSON ARNP	$82,752.26	$695.40	119	3
4	1326034984	KATHERINE DIANNE MATHEWS MD	$74,269.75	$7,426.98	10	702
5	1104251776	ANTHONY ERIK GLYDWELL	$65,429.00	$719.00	91	2
6	1598733891	JERRY WILLE MD	$63,991.00	$719.00	89	5
7	1891146999	BECKY L JOHNSON ARNP	$55,617.62	$1,235.95	45	13
8	1194888024	ALICIA D WAGER NP	$53,465.09	$545.56	98	4
9	1578958542	HEIDI E CURTIS ARNP	$51,928.20	$8,654.70	6	1345
10	1447488325	ABDELAZIZ ELHADDAD MD	$42,476.51	$14,158.84	3	7
11	1629719737	CLAIRE NIEVINSKI PA	$40,358.35	$3,668.94	11	
12	1841607900	SHAYLA SANDERS ARNP	$40,300.46	$10,075.12	4	1925
13	1154929230	CHELSEA JONES ARNP	$35,231.00	$719.00	49	10
14	1265048870	KELLY ALEXIS MERCHIE PA	$35,045.43	$4,380.68	8	
15	1043418809	MICHAEL CILIBERTO	$32,046.90	$210.83	152	14
16	1184056822	ABBY IRENE KOLTHOFF ARNP	$29,080.08	$1,077.04	27	16
17	1790986925	TAHUANTY PENA MD	$27,925.98	$900.84	31	12
18	1104088202	PATRICK SAFO MD	$27,799.43	$5,559.89	5	43
19	1891955423	LEAH SIEGFRIED PA	$27,754.62	$693.87	40	44
20	1609218304	AMANDA GARR ARNP	$27,671.78	$601.56	46	21
21	1356752067	KELLY L DELANEY-NELSON MD	$26,910.94	$3,844.42	7	1035
22	1417307497	EMILY BOES DO	$26,566.62	$6,641.66	4	19
23	1093141129	LARRY MARTIN NEWMAN ARNP	$23,727.00	$719.00	33	27
24	1255658175	ASHLEY R DESCHAMP MD	$23,155.27	$2,572.81	9	23
25	1366402505	KUNAL KUMAR PATRA MD	$23,008.00	$719.00	32	29
26	1588618359	BARBARA BURKLE ARNP	$22,972.10	$7,657.37	3	54
27	1194990945	SANDEEP GUPTA MD	$22,378.78	$1,491.92	15	22

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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
September through November 2024

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
28	1144214248	KRISTI WALZ MD	$22,020.70	$323.83	68	9
29	1073852059	AMBER HANSEN MD	$21,570.00	$719.00	30	28
30	1295091510	REBECCA WEINER MD	$20,504.96	$1,079.21	19	700
31	1225263833	LINDSAY J ORRIS DO	$20,467.43	$2,923.92	7	18
32	1255319422	DAVID STAUB MD	$20,155.91	$6,718.64	3	32
33	1730128653	KRISTI J ROBSON MD	$19,938.88	$6,646.29	3	24
34	1760675177	LORI SWANSON ARNP	$19,413.00	$719.00	27	17
35	1811493679	JUNE MYLER ARNP	$17,256.00	$719.00	24	11
36	1417931700	SUDHIR C KUMAR MD	$15,709.93	$1,963.74	8	51
37	1104012996	VENKATESH K RUDRAPATNA MD	$15,416.10	$15,416.10	1	30
38	1710416052	DANIELLE M BERGLUND DNP	$13,574.35	$1,696.79	8	117
39	1265781587	LINDSEY K CLARK PA	$13,438.82	$6,719.41	2	
40	1023489382	NICOLE DEVOE CNP	$13,291.02	$3,322.76	4	
41	1295217529	HEATHER STEHR APRN	$13,202.95	$347.45	38	25
42	1598438095	LALAURA LOGAN-THOMAS ARNP	$12,668.63	$844.58	15	
43	1306559786	ROY E HENRY ARNP	$12,494.55	$378.62	33	70
44	1649678582	LAURA STULKEN PA	$11,829.35	$1,689.91	7	26
45	1679990535	MICHAEL JUSTIN BURKE DO	$11,527.48	$640.42	18	
46	1811621865	AMY COOPER	$11,378.84	$669.34	17	154
47	1871892455	DAVID CLAASSEN MD	$11,141.18	$3,713.73	3	
48	1508291717	JACOB J RIDDER PA	$11,062.79	$3,687.60	3	38
49	1205817061	VIJAY DEWAN MD	$10,762.95	$5,381.48	2	76
50	1073249306	MELISSA WATCHORN ARNP	$10,628.24	$161.03	66	46
51	1437645272	MEGAN EICHMEIER ARNP	$10,285.46	$1,714.24	6	2283
52	1770933046	SHELBY BILLER	$10,172.02	$726.57	14	39
53	1679005987	BRITTANY SPRIGG MD	$9,509.64	$792.47	12	428
54	1114521721	TARRAH HOLLIDAY ARNP	$9,191.42	$316.95	29	42

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
September through November 2024

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
55	1538699806	JENNIFER HUTCHINSON ARNP	$8,952.88	$389.26	23	33
56	1427617471	SUSAN GRAVES PA	$8,950.20	$203.41	44	128
57	1255568119	LONNY D MILLER MD	$8,898.58	$404.48	22	
58	1245227099	DONNA RAE DOBSON TOBIN ARNP	$8,722.47	$1,744.49	5	
59	1306349956	KATIE LADEHOFF ARNP	$8,628.00	$719.00	12	40
60	1598326217	PETER SCHINDLER MD	$8,628.00	$719.00	12	107
61	1932582988	DIANNE HUMPHREY ARNP	$8,198.19	$221.57	37	56
62	1609131770	SREENATH THATI GANGANNA MBBS	$8,173.48	$227.04	36	36
63	1720086523	MARK CLEVELAND MD	$7,412.21	$1,482.44	5	37
64	1962418640	BARCLAY MONASTER MD	$7,236.62	$206.76	35	82
65	1417251216	GRETCHEN ELIZABETH WHEELOCK ARNP	$7,190.00	$719.00	10	41
66	1174584072	BRADLEY SCOTT LAIR MD	$7,134.49	$1,426.90	5	2862
67	1912991183	MOLLY EARLEYWINE PA	$7,079.35	$52.44	135	93
68	1497263008	TARA J SMITH PMHNP	$6,733.21	$561.10	12	73
69	1013911692	JEFFREY S SARTIN MD	$6,511.20	$1,627.80	4	211
70	1528467859	WHITNEY A WEIS ARNP	$6,504.72	$2,168.24	3	67
71	1386174217	KITTIKA POONSOMBUDLERT MD	$6,504.29	$1,626.07	4	81
72	1750348496	VANESSA ANN CURTIS MD	$6,432.28	$402.02	16	77
73	1780877878	CHRISTOPHER JACOBS ARNP	$6,403.80	$55.69	115	89
74	1578571188	KRISTA LYNN HILL MD	$6,384.06	$912.01	7	2284
75	1538671961	JAMIE WRIGHT ARNP	$6,224.81	$53.20	117	50
76	1558039495	SARAH HIETBRINK ARNP	$6,210.35	$258.76	24	60
77	1275836751	HOLLY M KRAMER ARNP	$5,995.52	$599.55	10	52
78	1639607757	MICHAEL D GERBER ARNP	$5,935.62	$185.49	32	149
79	1679573893	PATTY HILDRETH ARNP	$5,906.95	$310.89	19	65
80	1063824639	DESIRE GIJIMA MD	$5,852.89	$225.11	26	240
81	1346557550	ROBERT BRYAN BOYLE ARNP	$5,848.45	$265.84	22	78

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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
September through November 2024

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
82	1043265176	SHARON K FEY PAC	$5,763.42	$185.92	31	53
83	1922072305	PAUL TAYLOR DDS	$5,752.00	$719.00	8	499
84	1194779736	GENE GESSNER MD	$5,752.00	$719.00	8	
85	1821472556	ANGELA DEVRIES ARNP	$5,733.78	$286.69	20	360
86	1730600735	HEATHER MORDEN ARNP	$5,711.14	$407.94	14	172
87	1336111855	LILY WONG-KISIEL	$5,681.77	$710.22	8	180
88	1578777231	AMANDA L HECK ARNP	$5,658.98	$166.44	34	243
89	1790982395	MEI HE MD	$5,609.17	$701.15	8	2564
90	1609121748	REBECCA ZWANZIGER ARNP	$5,420.50	$1,355.13	4	276
91	1053600296	JESSICA MCCOOL MD	$5,385.71	$92.86	58	114
92	1770258097	LORI BRATETIC ARNP	$5,335.92	$222.33	24	283
93	1174583157	JOANNE STARR ARNP	$5,316.60	$77.05	69	118
94	1104498039	BRENDA L CAIN ARNP	$5,281.16	$135.41	39	58
95	1679669832	ERIN HATCHER ARNP	$5,260.62	$478.24	11	199
96	1891352258	MACKENZIE LAUREN HINES MD	$5,125.49	$512.55	10	134
97	1144240805	DANIEL ROWLEY MD	$5,116.86	$94.76	54	110
98	1770897910	SCOTT MITCHELL ANDERSON DDS	$5,033.00	$719.00	7	219
99	1578123915	BRIANNA BROWNLEE DO	$4,972.30	$85.73	58	126
100	1396724878	WHITNEY ELIZABETH MOLIS MD	$4,957.99	$550.89	9	

TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

CATEGORY DESCRIPTION	June through August 2024	RANK	% BUDGET	September through November 2024	RANK	% BUDGET	% CHANGE
ANTIDIABETICS	$342,796	1	13.1%	$346,606	1	11.4%	1.1%
DERMATOLOGICALS	$186,138	3	7.1%	$231,552	2	7.6%	24.4%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	$195,268	2	7.5%	$229,913	3	7.5%	17.7%
ANTIVIRALS	$180,170	4	6.9%	$198,524	4	6.5%	10.2%
ANALGESICS - ANTI-INFLAMMATORY	$112,101	9	4.3%	$188,094	5	6.2%	67.8%
NEUROMUSCULAR AGENTS	$30,013	21	1.1%	$177,834	6	5.8%	492.5%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	$143,641	5	5.5%	$162,179	7	5.3%	12.9%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	$132,966	6	5.1%	$145,758	8	4.8%	9.6%
ANTICONVULSANTS	$123,099	7	4.7%	$134,679	9	4.4%	9.4%
ANTIDEPRESSANTS	$114,498	8	4.4%	$119,174	10	3.9%	4.1%
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	$86,639	10	3.3%	$114,407	11	3.8%	32.1%
RESPIRATORY AGENTS - MISC.	$57,425	13	2.2%	$79,738	12	2.6%	38.9%
ANTIHYPERTENSIVES	$63,213	11	2.4%	$69,740	13	2.3%	10.3%
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	$61,411	12	2.3%	$69,003	14	2.3%	12.4%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	$44,804	16	1.7%	$46,991	15	1.5%	4.9%
ANTICOAGULANTS	$51,826	14	2.0%	$41,672	16	1.4%	-19.6%
ANTIHISTAMINES	$25,753	24	1.0%	$40,090	17	1.3%	55.7%
ANTIANXIETY AGENTS	$26,731	23	1.0%	$39,055	18	1.3%	46.1%
ANALGESICS - OPIOID	$38,089	19	1.5%	$36,523	19	1.2%	-4.1%
ANTIHYPERLIPIDEMICS	$44,787	17	1.7%	$36,417	20	1.2%	-18.7%

TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

CATEGORY DESCRIPTION	June through August 2024	PREV RANK	September through November 2024	CURR RANK	PERC CHANGE
ANTIDEPRESSANTS	2,881	1	2,796	1	-3.0%
ANTICONVULSANTS	1,643	2	1,566	2	-4.7%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	1,252	4	1,321	3	5.5%
ANTIHYPERTENSIVES	1,316	3	1,232	4	-6.4%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	1,117	7	1,201	5	7.5%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	1,129	6	1,174	6	4.0%
ANTIDIABETICS	1,202	5	1,168	7	-2.8%
ANTIANXIETY AGENTS	1,055	8	996	8	-5.6%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	1,017	9	945	9	-7.1%
ANTIHYPERLIPIDEMICS	710	10	637	10	-10.3%
ANALGESICS - OPIOID	652	11	634	11	-2.8%
ANTIHISTAMINES	606	13	629	12	3.8%
ANALGESICS - ANTI-INFLAMMATORY	541	14	542	13	0.2%
DERMATOLOGICALS	610	12	524	14	-14.1%
BETA BLOCKERS	508	15	503	15	-1.0%
PENICILLINS	344	21	468	16	36.0%
DIURETICS	469	16	406	17	-13.4%
CORTICOSTEROIDS	367	19	383	18	4.4%
THYROID AGENTS	393	18	379	19	-3.6%
MUSCULOSKELETAL THERAPY AGENTS	409	17	365	20	-10.8%

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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	June through August 2024	PREVIOUS RANK	September through November 2024	RANK	PERCENT CHANGE
OZEMPIC	$124,787.38	1	$147,298.12	1	18.04%
HUMIRA PEN	$63,854.59	5	$140,950.90	2	120.74%
BIKTARVY	$99,743.18	2	$111,016.79	3	11.30%
EVRYSDI	$30,013.34	16	$103,823.85	4	245.93%
VRAYLAR	$69,946.29	4	$103,811.25	5	48.42%
TALTZ	$72,894.76	3	$79,645.20	6	9.26%
DUVYZAT		999	$74,010.63	7	%
TRIKAFTA	$52,996.31	7	$65,907.32	8	24.36%
JARDIANCE	$62,893.47	6	$59,577.42	9	-5.27%
COSENTYX UNOREADY	$7,419.34	87	$51,900.99	10	599.54%
KISQALI	$42,476.01	11	$49,561.26	11	16.68%
VYVANSE	$43,599.25	10	$45,122.57	12	3.49%
ALBUTEROL SULFATE	$34,743.90	14	$38,537.58	13	10.92%
AUSTEDO	$20,957.68	24	$36,212.01	14	72.79%
KESIMPTA	$26,237.88	17	$34,961.58	15	33.25%
DUPIXENT	$52,110.64	8	$33,173.50	16	-36.34%
ELIQUIS	$39,669.79	12	$32,074.93	17	-19.15%
INGREZZA	$24,796.14	18	$32,074.63	18	29.35%
CETIRIZINE HCL	$18,822.89	26	$29,774.56	19	58.18%
TREMFYA		999	$27,766.86	20	%
ARISTADA	$36,679.82	13	$26,924.71	21	-26.60%
IBUPROFEN	$23,909.71	20	$26,790.84	22	12.05%
TRULICITY	$30,689.95	15	$26,201.32	23	-14.63%
SERTRALINE HCL	$23,927.36	19	$25,363.01	24	6.00%
REXULTI	$15,906.24	30	$25,156.49	25	58.15%
LISINOPRIL	$21,564.73	22	$23,641.69	26	9.63%
SOFOSBUVIR-VELPATASVIR	$7,657.20	81	$22,972.10	27	200.01%

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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	June through August 2024	PREVIOUS RANK	September through November 2024	RANK	PERCENT CHANGE
ENTRESTO	$17,797.92	28	$20,740.73	28	16.53%
ESCITALOPRAM OXALATE	$21,719.03	21	$20,275.17	29	-6.65%
METHYLPHENIDATE HCL	$9,761.82	58	$17,999.65	30	84.39%
LOSARTAN POTASSIUM	$9,470.10	62	$17,448.20	31	84.25%
AMOXICILLIN	$11,624.11	44	$17,334.69	32	49.13%
JORNAY PM	$16,867.99	29	$16,748.67	33	-0.71%
METFORMIN HCL	$18,294.68	27	$16,635.80	34	-9.07%
HYDROCODONE-ACETAMINOPHEN	$14,810.56	33	$16,629.07	35	12.28%
ATORVASTATIN CALCIUM	$21,175.71	23	$16,536.38	36	-21.91%
SYMBICORT	$14,089.85	37	$16,351.66	37	16.05%
PANTOPRAZOLE SODIUM	$13,735.16	39	$15,604.50	38	13.61%
VERZENIO	$15,416.10	32	$15,416.10	39	0.00%
AZITHROMYCIN	$7,421.55	86	$15,295.31	40	106.09%
LANTUS SOLOSTAR	$15,508.35	31	$15,019.07	41	-3.15%
INVEGA SUSTENNA	$20,296.10	25	$14,591.65	42	-28.11%
ONDANSETRON	$7,685.06	80	$14,376.32	43	87.07%
FINTEPLA	$6,198.28	105	$14,015.39	44	126.12%
NURTEC	$7,482.20	82	$13,868.30	45	85.35%
OMEPRAZOLE	$11,181.39	48	$13,333.28	46	19.25%
OFEV		999	$13,006.17	47	%
FLUTICASONE PROPIONATE (NASAL)	$5,842.57	108	$12,647.49	48	116.47%
ROSUVASTATIN CALCIUM	$13,412.80	40	$12,600.26	49	-6.06%
TRINTELLIX	$7,235.95	90	$12,418.28	50	71.62%
HYDROXYZINE HCL	$6,152.51	107	$12,299.22	51	99.91%
NORDITROPIN FLEXPRO	$14,271.15	35	$11,968.70	52	-16.13%
CEPHALEXIN	$12,615.42	42	$11,932.44	53	-5.41%
BANZEL	$11,440.83	45	$11,161.51	54	-2.44%

IOWA | Health and Human Services

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	June through August 2024	PREVIOUS RANK	September through November 2024	RANK	PERCENT CHANGE
NUCALA	$11,097.63	49	$11,098.13	55	0.00%
DEFERIPRONE		999	$11,045.03	56	%
ACETAMINOPHEN	$14,481.38	34	$10,829.30	57	-25.22%
ODEFSEY	$10,824.90	51	$10,825.40	58	0.00%
FARXIGA	$11,345.83	46	$10,795.18	59	-4.85%
ABILIFY ASIMTUFII		999	$10,762.95	60	%
ONFI	$10,520.60	55	$10,709.63	61	1.80%
EPIDIOLEX	$7,452.90	84	$10,324.11	62	38.52%
BUPROPION HCL	$7,469.90	83	$10,245.29	63	37.15%
INVEGA TRINZA	$10,025.25	57	$10,025.50	64	0.00%
BUSPIRONE HCL	$4,791.05	135	$10,000.59	65	108.73%
AMPHETAMINE-DEXTROAMPHETAMINE	$10,819.99	52	$9,956.19	66	-7.98%
NAYZILAM	$6,180.50	106	$9,806.12	67	58.66%
AMLODIPINE BESYLATE	$14,249.11	36	$9,801.91	68	-31.21%
METOPROLOL SUCCINATE	$4,804.46	134	$9,790.68	69	103.78%
INSULIN ASPART	$9,144.20	63	$9,557.38	70	4.52%
MONTELUKAST SODIUM	$8,888.58	66	$9,535.01	71	7.27%
TRAZODONE HCL	$8,572.28	71	$9,399.82	72	9.65%
PREDNISONE	$10,045.83	56	$9,294.44	73	-7.48%
CONCERTA	$10,772.33	53	$9,176.10	74	-14.82%
QUILLICHEW ER	$7,447.10	85	$9,008.04	75	20.96%
MUPIROCIN	$5,533.95	114	$8,602.38	76	55.45%
TRAMADOL HCL	$6,941.27	96	$8,345.11	77	20.22%
CHOLECALCIFEROL	$3,187.86	175	$8,333.39	78	161.41%
SYNTHROID	$5,394.40	117	$8,316.52	79	54.17%
NORELGESTROMIN-ETHINYL ESTRADIOL	$7,092.19	94	$8,276.30	80	16.70%

IOWA | Health and Human Services

TOP 100 DRUGS BY PAID AMOUNT					
DRUG DESCRIPTION	June through August 2024	PREVIOUS RANK	September through November 2024	RANK	PERCENT CHANGE
DOVATO	$8,998.90	64	$8,210.24	81	-8.76%
LORATADINE	$2,448.96	221	$8,141.61	82	232.45%
NOVOLOG FLEXPEN	$7,375.20	88	$8,141.45	83	10.39%
PAXLOVID	$8,804.53	69	$8,040.57	84	-8.68%
SPIRIVA HANDIHALER	$9,520.72	61	$8,034.88	85	-15.61%
TRELEGY ELLIPTA	$4,862.41	129	$7,887.95	86	62.22%
POLYETHYLENE GLYCOL 3350	$5,325.28	119	$7,835.87	87	47.14%
GENVOYA	$14,043.15	38	$7,792.81	88	-44.51%
FASENRA PEN	$3,788.26	159	$7,767.44	89	105.04%
UZEDY	$2,572.98	211	$7,719.44	90	200.02%
XIFAXAN	$7,210.80	92	$7,715.68	91	7.00%
EPINEPHRINE (ANAPHYLAXIS)	$5,261.89	121	$7,675.62	92	45.87%
AMOXICILLIN & POT CLAVULANATE	$5,784.31	109	$7,416.10	93	28.21%
ERGOCALCIFEROL	$7,252.72	89	$7,348.37	94	1.32%
CLONIDINE HCL	$11,288.58	47	$7,337.14	95	-35.00%
LAMOTRIGINE	$4,855.75	130	$7,329.24	96	50.94%
ADDERALL XR	$6,685.81	99	$7,321.14	97	9.50%
FLUOXETINE HCL	$10,549.00	54	$7,297.88	98	-30.82%
HYDROCHLOROTHIAZIDE	$4,524.21	141	$7,192.06	99	58.97%
WESTAB PLUS	$12,822.23	41	$7,155.54	100	-44.19%

IOWA | Health and Human Services

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	June through August 2024	PREVIOUS RANK	September through November 2024	RANK	PERCENT CHANGE
ALBUTEROL SULFATE	447	3	513	1	14.77%
SERTRALINE HCL	500	1	488	2	-2.40%
TRAZODONE HCL	482	2	476	3	-1.24%
CETIRIZINE HCL	393	6	431	4	9.67%
OMEPRAZOLE	408	5	394	5	-3.43%
ATORVASTATIN CALCIUM	441	4	391	6	-11.34%
FLUOXETINE HCL	369	9	367	7	-0.54%
GABAPENTIN	371	8	363	8	-2.16%
ESCITALOPRAM OXALATE	376	7	357	9	-5.05%
METHYLPHENIDATE HCL	269	16	341	10	26.77%
HYDROXYZINE HCL	364	10	331	11	-9.07%
METFORMIN HCL	355	12	327	12	-7.89%
LISINOPRIL	332	14	318	13	-4.22%
LEVOTHYROXINE SODIUM	339	13	317	14	-6.49%
CLONIDINE HCL	363	11	298	15	-17.91%
QUETIAPINE FUMARATE	243	20	291	16	19.75%
AMPHETAMINE-DEXTROAMPHETAMINE	280	15	271	17	-3.21%
BUSPIRONE HCL	253	19	267	18	5.53%
AMOXICILLIN	161	40	266	19	65.22%
BUPROPION HCL	261	17	253	20	-3.07%
IBUPROFEN	237	23	245	21	3.38%
MONTELUKAST SODIUM	240	21	235	22	-2.08%
ARIPIPRAZOLE	257	18	234	23	-8.95%
PREDNISONE	222	26	231	24	4.05%
DULOXETINE HCL	236	24	229	25	-2.97%
HYDROCODONE-ACETAMINOPHEN	240	22	217	26	-9.58%

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	June through August 2024	PREVIOUS RANK	September through November 2024	RANK	PERCENT CHANGE
AZITHROMYCIN	94	74	214	27	127.66%
LAMOTRIGINE	186	30	212	28	13.98%
AMLODIPINE BESYLATE	230	25	204	29	-11.30%
PANTOPRAZOLE SODIUM	217	27	202	30	-6.91%
POLYETHYLENE GLYCOL 3350	173	35	196	31	13.29%
ONDANSETRON	171	36	190	32	11.11%
OZEMPIC	155	44	189	33	21.94%
FLUTICASONE PROPIONATE (NASAL)	162	38	188	34	16.05%
ASPIRIN	185	31	187	35	1.08%
RISPERIDONE	188	29	186	36	-1.06%
FAMOTIDINE	195	28	172	37	-11.79%
LEVETIRACETAM	175	33	170	38	-2.86%
LOSARTAN POTASSIUM	156	43	170	39	8.97%
METOPROLOL SUCCINATE	174	34	169	40	-2.87%
AMOXICILLIN & POT CLAVULANATE	154	45	167	41	8.44%
ACETAMINOPHEN	163	37	164	42	0.61%
OXYCODONE HCL	133	54	163	43	22.56%
FERROUS SULFATE	139	52	161	44	15.83%
HYDROXYZINE PAMOATE	145	47	159	45	9.66%
CEPHALEXIN	160	41	156	46	-2.50%
VENLAFAXINE HCL	181	32	155	47	-14.36%
GUANFACINE HCL	151	46	153	48	1.32%
TOPIRAMATE	158	42	146	49	-7.59%
CYCLOBENZAPRINE HCL	161	39	146	50	-9.32%
GUANFACINE HCL (ADHD)	138	53	138	51	0.00%
PROPRANOLOL HCL	140	50	137	52	-2.14%
MIRTAZAPINE	130	55	134	53	3.08%

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	June through August 2024	PREVIOUS RANK	September through November 2024	RANK	PERCENT CHANGE
SPIRONOLACTONE	141	49	131	54	-7.09%
VYVANSE	139	51	130	55	-6.47%
PRAZOSIN HCL	118	60	127	56	7.63%
LANTUS SOLOSTAR	115	64	124	57	7.83%
METRONIDAZOLE	110	67	124	58	12.73%
LORATADINE	118	59	119	59	0.85%
DOXYCYCLINE (MONOHYDRATE)	97	71	118	60	21.65%
CLONAZEPAM	142	48	117	61	-17.61%
JARDIANCE	126	57	116	62	-7.94%
TRAMADOL HCL	115	65	115	63	0.00%
ROSUVASTATIN CALCIUM	123	58	112	64	-8.94%
OLANZAPINE	107	68	109	65	1.87%
FLUCONAZOLE	89	77	107	66	20.22%
FUROSEMIDE	129	56	102	67	-20.93%
SULFAMETHOXAZOLE-TRIMETHOPRIM	101	69	100	68	-0.99%
DEXMETHYLPHENIDATE HCL	78	85	95	69	21.79%
BACLOFEN	117	61	94	70	-19.66%
ALPRAZOLAM	117	62	93	71	-20.51%
PREGABALIN	92	75	93	72	1.09%
ATOMOXETINE HCL	91	76	91	73	0.00%
TRIAMCINOLONE ACETONIDE (TOPICAL)	116	63	91	74	-21.55%
NALTREXONE HCL	75	87	91	75	21.33%
SYMBICORT	73	89	90	76	23.29%
DIVALPROEX SODIUM	94	73	89	77	-5.32%
HYDROCHLOROTHIAZIDE	111	66	87	78	-21.62%
CEFDINIR	65	95	86	79	32.31%

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	June through August 2024	PREVIOUS RANK	September through November 2024	RANK	PERCENT CHANGE
LORAZEPAM	95	72	84	80	-11.58%
MELOXICAM	98	70	81	81	-17.35%
VALACYCLOVIR HCL	78	86	80	82	2.56%
OXYBUTYNIN CHLORIDE	88	78	79	83	-10.23%
ONDANSETRON HCL	78	84	79	84	1.28%
ZOLPIDEM TARTRATE	84	80	77	85	-8.33%
VRAYLAR	54	108	75	86	38.89%
METOPROLOL TARTRATE	79	83	74	87	-6.33%
CARVEDILOL	69	92	72	88	4.35%
FOLIC ACID	84	81	72	89	-14.29%
ELIQUIS	86	79	72	90	-16.28%
MUPIROCIN	53	110	71	91	33.96%
INSULIN ASPART	63	100	70	92	11.11%
TIZANIDINE HCL	68	93	70	93	2.94%
AMITRIPTYLINE HCL	80	82	68	94	-15.00%
NITROFURANTOIN MONOHYD MACRO	59	104	67	95	13.56%
PAROXETINE HCL	63	101	64	96	1.59%
WESTAB PLUS	65	96	63	97	-3.08%
INSULIN LISPRO	54	107	62	98	14.81%
NAPROXEN	65	97	61	99	-6.15%
DICLOFENAC SODIUM	48	115	57	100	18.75%

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Iowa Total Care Claims
Quarterly Statistics

REPORT_DATE	Jun 2024 through Aug 2024	Sep 2024 through Nov 2024	% CHANGE
TOTAL PAID AMOUNT	$73,632,293.36	$74,968,759.36	1.82%
UNIQUE USERS	89,042	93,981	5.55%
COST PER USER	$826.94	$797.70	-3.54%
TOTAL PRESCRIPTIONS	663,325	670,341	1.06%
AVERAGE PRESCRIPTION PER USER	7.45	7.13	-4.25%
AVERAGE COST PER PRESCRIPTION	$111.00	$111.84	0.75%
# GENERIC PRESCRIPTIONS	596,397	604,330	1.33%
% GENERIC	90.00%	90.00%	0.27%
$ GENERIC	$10,213,287.30	$10,407,196.71	1.90%
AVERAGE GENERIC PRESCRIPTION COST	$17.12	$17.22	0.56%
AVERAGE GENERIC DAYS SUPPLY	26	26	1.11%
# BRAND PRESCRIPTIONS	65,911	65,001	-1.38%
% BRAND	10.00%	10.00%	-2.40%
$ BRAND	$63,387,791.62	$64,530,982.68	1.80%
AVERAGE BRAND PRESCRIPTION COST	$961.72	$992.77	3.23%
AVERAGE BRAND DAYS SUPPLY	28	29	0.68%

UTILIZATION BY AGE

AGE		Jun 2024 through Aug 2024	Sep 2024 through Nov 2024
0-6		29,209	36,243
7-12		41,858	48,233
13-18		58,234	62,424
19-64		521,275	513,385
65+		9,235	9,139

UTILIZATION BY GENDER AND AGE

GENDER	AGE		Jun 2024 through Aug 2024	Sep 2024 through Nov 2024
F	0-6		12,642	15,993
	7-12		16,367	19,024
	13-18		31,259	33,152
	19-64		332,001	328,586
	65+		5,989	5,995
M	0-6		16,567	20,250
	7-12		25,491	29,209
	13-18		26,975	29,272
	19-64		189,274	184,799
	65+		3,246	3,144

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TOP 100 PHARMACIES BY PRESCRIPTION COUNT
202409 - 202411

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	10,930	$6,760,240.22	$618.50	1
2	RIGHT DOSE PHARMACY	ANKENY	IA	5,947	$251,720.54	$42.33	2
3	WALGREENS #4405	COUNCIL BLUFFS	IA	5,524	$364,720.65	$66.02	3
4	WALGREENS #5042	CEDAR RAPIDS	IA	5,076	$376,778.90	$74.23	4
5	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	4,646	$246,066.83	$52.96	5
6	WALGREENS #5239	DAVENPORT	IA	4,523	$237,776.70	$52.57	6
7	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,240	$351,011.37	$82.79	8
8	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	4,085	$233,356.16	$57.13	7
9	DRILLING PHARMACY	SIOUX CITY	IA	3,973	$253,084.54	$63.70	9
10	WALGREENS #5721	DES MOINES	IA	3,796	$260,297.41	$68.57	10
11	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	3,776	$228,120.05	$60.41	13
12	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	3,755	$164,713.51	$43.87	15
13	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	3,732	$402,719.71	$107.91	11
14	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	3,692	$206,512.17	$55.94	14
15	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	3,561	$277,107.85	$77.82	12
16	WALGREENS #7455	WATERLOO	IA	3,482	$226,678.07	$65.10	16
17	NELSON FAMILY PHARMACY	FORT MADISON	IA	3,273	$269,134.36	$82.23	17
18	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,214	$213,799.77	$66.52	19
19	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,186	$252,264.40	$79.18	20
20	WALGREENS #15647	SIOUX CITY	IA	3,140	$230,291.05	$73.34	23
21	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,127	$199,154.66	$63.69	22
22	WALGREENS #359	DES MOINES	IA	3,102	$169,901.63	$54.77	18
23	WALGREENS #7453	DES MOINES	IA	3,035	$221,737.12	$73.06	21
24	WALGREENS #4041	DAVENPORT	IA	2,891	$157,471.88	$54.47	27
25	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	2,851	$278,153.20	$97.56	25
26	WALGREENS #3700	COUNCIL BLUFFS	IA	2,794	$141,612.71	$50.68	26
27	MAHASKA DRUGS INC	OSKALOOSA	IA	2,739	$220,308.87	$80.43	24
28	CVS PHARMACY #10282	FORT DODGE	IA	2,709	$126,424.96	$46.67	33
29	NUCARA LTC PHARMACY #3	IOWA CITY	IA	2,701	$106,862.39	$39.56	32
30	WALMART PHARMACY 10-0559	MUSCATINE	IA	2,692	$213,753.05	$79.40	29
31	SOUTH SIDE DRUG	OTTUMWA	IA	2,603	$177,488.09	$68.19	34
32	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	2,589	$209,947.09	$81.09	35
33	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,574	$187,021.67	$72.66	38
34	UI HEALTHCARE - IOWA RIVER LANDING PHARMACY	CORALVILLE	IA	2,534	$98,696.94	$38.95	31
35	CVS PHARMACY #08544	WATERLOO	IA	2,532	$184,438.40	$72.84	28
36	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,527	$163,036.19	$64.52	36
37	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,524	$199,460.32	$79.03	39
38	HY-VEE PHARMACY (1449)	NEWTON	IA	2,523	$199,636.01	$79.13	43
39	HY-VEE PHARMACY #5 (1061)	CEDAR RAPIDS	IA	2,499	$159,766.01	$63.93	51
40	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	2,468	$326,517.56	$132.30	37
41	WALMART PHARMACY 10-1509	MAQUOKETA	IA	2,443	$131,759.20	$53.93	40
42	HY-VEE PHARMACY (1396)	MARION	IA	2,417	$241,017.69	$99.72	55
43	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,413	$131,093.16	$54.33	41
44	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	2,411	$134,855.48	$55.93	60
45	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	2,385	$186,668.53	$78.27	45
46	HY-VEE PHARMACY (1530)	PLEASANT HILL	IA	2,381	$144,074.43	$60.51	48

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TOP 100 PHARMACIES BY PRESCRIPTION COUNT
202409 - 202411

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
47	WAGNER PHARMACY	CLINTON	IA	2,379	$208,300.69	$87.56	42
48	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,329	$148,873.10	$63.92	46
49	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	2,303	$80,553.17	$34.98	72
50	WALGREENS #10855	WATERLOO	IA	2,290	$126,779.67	$55.36	49
51	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	2,289	$139,549.08	$60.97	53
52	TOWNCREST LTC	IOWA CITY	IA	2,289	$114,863.72	$50.18	47
53	HY-VEE PHARMACY (1075)	CLINTON	IA	2,260	$139,611.90	$61.78	44
54	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,251	$153,323.88	$68.11	58
55	WALGREENS #5470	SIOUX CITY	IA	2,246	$147,979.60	$65.89	50
56	UNION PHARMACY	COUNCIL BLUFFS	IA	2,226	$164,131.04	$73.73	59
57	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,214	$246,067.64	$111.14	57
58	HY-VEE PHARMACY #6 (1155)	DES MOINES	IA	2,178	$152,782.03	$70.15	52
59	WALMART PHARMACY 10-1723	DES MOINES	IA	2,132	$172,108.35	$80.73	68
60	MEDICAP LTC	INDIANOLA	IA	2,107	$67,618.31	$32.09	30
61	WALMART PHARMACY 10-2889	CLINTON	IA	2,095	$124,917.61	$59.63	77
62	WALMART PHARMACY 10-3590	SIOUX CITY	IA	2,093	$160,464.65	$76.67	73
63	WALGREENS #7454	ANKENY	IA	2,089	$119,294.35	$57.11	80
64	WALGREENS #11942	DUBUQUE	IA	2,037	$109,458.07	$53.73	66
65	WALMART PHARMACY 10-0646	ANAMOSA	IA	2,020	$130,839.77	$64.77	83
66	CVS PHARMACY #08658	DAVENPORT	IA	2,011	$106,295.64	$52.86	61
67	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	2,010	$149,772.89	$74.51	56
68	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	2,009	$393,595.64	$195.92	62
69	DANIEL PHARMACY	FT DODGE	IA	2,001	$139,256.54	$69.59	54
70	WALMART PHARMACY 10-0985	FAIRFIELD	IA	1,982	$141,610.82	$71.45	69
71	SCOTT PHARMACY	FAYETTE	IA	1,964	$137,033.01	$69.77	65
72	WALGREENS #7452	DES MOINES	IA	1,962	$124,535.16	$63.47	64
73	WALMART PHARMACY 10-1431	KEOKUK	IA	1,962	$118,346.29	$60.32	87
74	HY-VEE PHARMACY (1324)	KEOKUK	IA	1,959	$138,828.05	$70.87	90
75	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	1,931	$154,223.11	$79.87	63
76	COMMUNITY HEALTH CARE PHARMACY	DAVENPORT	IA	1,931	$61,242.92	$31.72	71
77	LAGRANGE PHARMACY	VINTON	IA	1,923	$115,529.78	$60.08	86
78	HY-VEE PHARMACY (1011)	ALTOONA	IA	1,876	$158,361.72	$84.41	91
79	EXACTCARE	VALLEY VIEW	OH	1,874	$138,642.30	$73.98	67
80	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	1,855	$93,745.36	$50.54	75
81	WALGREENS #4714	DES MOINES	IA	1,835	$111,698.69	$60.87	70
82	HY-VEE PHARMACY (1522)	PERRY	IA	1,824	$114,372.90	$62.70	113
83	HY-VEE PHARMACY (1241)	HARLAN	IA	1,818	$155,400.46	$85.48	112
84	THOMPSON DEAN DRUG	SIOUX CITY	IA	1,808	$152,437.99	$84.31	95
85	WALMART PHARMACY 10-0886	FT DODGE	IA	1,802	$148,968.86	$82.67	100
86	PREFERRED CARE PHARMACY	CEDAR RAPIDS	IA	1,801	$105,767.36	$58.73	101
87	CR CARE PHARMACY	CEDAR RAPIDS	IA	1,798	$401,251.34	$223.17	85
88	HY-VEE DRUGSTORE #5 (7026)	CEDAR RAPIDS	IA	1,794	$138,481.18	$77.19	84
89	WALGREENS #3876	MARION	IA	1,790	$98,457.99	$55.00	99
90	WALGREENS #3875	CEDAR RAPIDS	IA	1,790	$96,870.86	$54.12	79
91	WALGREENS #5852	DES MOINES	IA	1,789	$121,304.00	$67.81	88
92	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	1,779	$135,291.43	$76.05	82

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RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
93	MEDICAP PHARMACY	CRESTON	IA	1,779	$121,608.27	$68.36	94
94	HY-VEE PHARMACY (1382)	LEMARS	IA	1,753	$125,021.73	$71.32	109
95	WALMART PHARMACY 10-3394	ATLANTIC	IA	1,753	$104,012.34	$59.33	93
96	HY-VEE PHARMACY (1544)	RED OAK	IA	1,746	$128,416.53	$73.55	96
97	HERITAGE PARTNERS PHARMACY	WEST BURLINGTON	IA	1,737	$137,304.60	$79.05	78
98	WALMART PHARMACY 10-1732	DENISON	IA	1,733	$124,669.15	$71.94	126
99	WALGREENS #9708	DUBUQUE	IA	1,720	$94,950.52	$55.20	89
100	WALGREENS #3595	DAVENPORT	IA	1,712	$108,007.01	$63.09	81

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TOP 100 PHARMACIES BY PAID AMOUNT
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RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	UNIVERSITY OF IOWA HEALTH CARE	IOWA CITY	IA	10,930	$6,760,240.22	$3,108.16	1
2	COMMUNITY, A WALGREENS PHARMACY #16528	DES MOINES	IA	553	$2,661,797.44	$13,511.66	2
3	CAREMARK KANSAS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	LENEXA	KS	313	$2,359,651.76	$18,877.21	3
4	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	158	$1,821,896.45	$25,304.12	5
5	UNITYPOINT AT HOME	URBANDALE	IA	446	$1,463,368.29	$9,261.82	4
6	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	1,166	$1,156,608.82	$8,504.48	7
7	ACARIAHEALTH PHARMACY #11	HOUSTON	TX	163	$1,149,353.51	$16,657.30	6
8	COMMUNITY, A WALGREENS PHARMACY #21250	IOWA CITY	IA	295	$987,285.43	$8,975.32	8
9	PANTHERX SPECIALTY PHARMACY	CORAOPOLIS	PA	46	$903,649.75	$56,478.11	12
10	CVS PHARMACY #00102	AURORA	CO	93	$893,993.10	$22,349.83	9
11	AMBER PHARMACY	OMAHA	NE	148	$887,548.92	$18,113.24	10
12	CVS/SPECIALTY	MONROEVILLE	PA	128	$731,184.92	$15,557.13	11
13	OPTUM PHARMACY 705 LLC	BIRMINGHAM	AL	75	$527,660.25	$16,489.38	13
14	THE NEBRASKA MED CENTER CLINIC PHCY	OMAHA	NE	613	$441,772.58	$3,979.93	14
15	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	3,732	$402,719.71	$736.23	20
16	CR CARE PHARMACY	CEDAR RAPIDS	IA	1,798	$401,251.34	$2,539.57	21
17	PRIMARY HEALTHCARE PHARMACY	DES MOINES	IA	900	$393,902.97	$2,106.43	17
18	PARAGON PARTNERS	OMAHA	NE	948	$393,701.13	$4,525.30	26
19	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	2,009	$393,595.64	$1,938.89	22
20	WALGREENS #5042	CEDAR RAPIDS	IA	5,076	$376,778.90	$361.25	23
21	GENESIS FIRSTMED PHARMACY	DAVENPORT	IA	467	$367,399.46	$2,370.32	19
22	WALGREENS #4405	COUNCIL BLUFFS	IA	5,524	$364,720.65	$339.28	18
23	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,240	$351,011.37	$652.44	27
24	JUNE E. NYLEN CANCER CENTER	SIOUX CITY	IA	26	$346,340.47	$57,723.41	80
25	ALLIANCERX WALGREENS PHARMACY #16280	FRISCO	TX	13	$345,234.69	$69,046.94	44
26	ACCREDO HEALTH GROUP INC	WARRENDALE	PA	26	$339,852.53	$42,481.57	15
27	GENOA HEALTHCARE, LLC	DAVENPORT	IA	1,305	$331,636.83	$2,385.88	29
28	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	2,468	$326,517.56	$2,612.14	25
29	SOLEO HEALTH INC.	WOODRIDGE	IL	7	$317,834.59	$317,834.59	35
30	BIOLOGICS BY MCKESSON	FORT WORTH	TX	18	$310,098.42	$38,762.30	116
31	ALLEN CLINIC PHARMACY	WATERLOO	IA	896	$290,705.09	$982.11	24
32	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	2,851	$278,153.20	$955.85	34
33	ANOVORX GROUP LLC	MEMPHIS	TN	53	$278,137.60	$17,383.60	16
34	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	3,561	$277,107.85	$549.82	31
35	EXPRESS SCRIPTS SPECIALTY DIST SVCS	SAINT LOUIS	MO	19	$274,130.04	$39,161.43	28
36	MISSION CANCER + BLOOD	DES MOINES	IA	48	$269,936.85	$13,496.84	30
37	NELSON FAMILY PHARMACY	FORT MADISON	IA	3,273	$269,134.36	$651.66	32
38	WALGREENS #5721	DES MOINES	IA	3,796	$260,297.41	$303.02	42
39	WALGREENS #16270	OMAHA	NE	39	$260,096.80	$13,689.31	37
40	DRILLING PHARMACY	SIOUX CITY	IA	3,973	$253,084.54	$753.23	38
41	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,186	$252,264.40	$755.28	43
42	RIGHT DOSE PHARMACY	ANKENY	IA	5,947	$251,720.54	$555.67	36
43	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,214	$246,067.64	$836.96	40
44	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	4,646	$246,066.83	$342.71	39
45	HY-VEE PHARMACY (1396)	MARION	IA	2,417	$241,017.69	$678.92	59

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46	WALGREENS #5239	DAVENPORT	IA	4,523	$237,776.70	$241.64	63
47	CAREMARK ILLINOIS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	MT PROSPECT	IL	52	$237,721.20	$14,857.58	53
48	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	4,085	$233,356.16	$315.35	49
49	WALGREENS #15647	SIOUX CITY	IA	3,140	$230,291.05	$285.72	51
50	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	3,776	$228,120.05	$408.09	50
51	WALGREENS #7455	WATERLOO	IA	3,482	$226,678.07	$260.25	45
52	ORSINI PHARMACEUTICAL SERVICES INC	ELK GROVE VILLAGE	IL	13	$225,104.28	$56,276.07	48
53	WALGREENS #7453	DES MOINES	IA	3,035	$221,737.12	$331.94	55
54	MAHASKA DRUGS INC	OSKALOOSA	IA	2,739	$220,308.87	$538.65	46
55	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,214	$213,799.77	$477.23	54
56	WALMART PHARMACY 10-0559	MUSCATINE	IA	2,692	$213,753.05	$507.73	64
57	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	2,589	$209,947.09	$565.90	65
58	WAGNER PHARMACY	CLINTON	IA	2,379	$208,300.69	$905.66	56
59	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	3,692	$206,512.17	$421.45	68
60	FOUNDATION CARE LLC	EARTH CITY	MO	19	$205,567.38	$29,366.77	52
61	HY-VEE PHARMACY (1449)	NEWTON	IA	2,523	$199,636.01	$488.11	71
62	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,524	$199,460.32	$709.82	70
63	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,127	$199,154.66	$444.54	41
64	MAYO CLINIC PHARMACY	ROCHESTER	MN	34	$196,533.10	$28,076.16	57
65	ONCO360	LOUISVILLE	KY	10	$189,363.63	$47,340.91	312
66	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,574	$187,021.67	$489.59	75
67	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	2,385	$186,668.53	$560.57	72
68	AVERA SPECIALTY PHARMACY	SIOUX FALLS	SD	66	$186,525.78	$7,174.07	47
69	CVS PHARMACY #08544	WATERLOO	IA	2,532	$184,438.40	$401.83	58
70	MEDICAP PHARMACY	AMES	IA	1,081	$180,356.97	$1,582.08	83
71	SOUTH SIDE DRUG	OTTUMWA	IA	2,603	$177,488.09	$534.60	77
72	GENOA HEALTHCARE, LLC	MARSHALLTOWN	IA	941	$177,344.97	$1,791.36	69
73	HY-VEE PHARMACY SOLUTIONS	OMAHA	NE	21	$172,895.00	$17,289.50	179
74	WALMART PHARMACY 10-1723	DES MOINES	IA	2,132	$172,108.35	$471.53	109
75	WALGREENS #359	DES MOINES	IA	3,102	$169,901.63	$245.52	62
76	KROGER SPECIALTY PHARMACY LA	HARVEY	LA	22	$165,236.86	$16,523.69	33
77	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	3,755	$164,713.51	$261.45	85
78	UNION PHARMACY	COUNCIL BLUFFS	IA	2,226	$164,131.04	$959.83	84
79	GENOA HEALTHCARE, LLC	FORT DODGE	IA	796	$163,679.06	$2,407.05	132
80	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,527	$163,036.19	$414.85	86
81	WALMART PHARMACY 10-3590	SIOUX CITY	IA	2,093	$160,464.65	$422.28	79
82	HY-VEE PHARMACY #5 (1061)	CEDAR RAPIDS	IA	2,499	$159,766.01	$398.42	107
83	HY-VEE PHARMACY (1011)	ALTOONA	IA	1,876	$158,361.72	$551.78	118
84	WALGREENS #4041	DAVENPORT	IA	2,891	$157,471.88	$272.44	93
85	HY-VEE PHARMACY (1241)	HARLAN	IA	1,818	$155,400.46	$504.55	129
86	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	1,931	$154,223.11	$504.00	78
87	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,251	$153,323.88	$385.24	90
88	HY-VEE PHARMACY #6 (1155)	DES MOINES	IA	2,178	$152,782.03	$567.96	121
89	THOMPSON DEAN DRUG	SIOUX CITY	IA	1,808	$152,437.99	$689.76	87
90	CAREMARK LLC, DBA CVS/SPECIALTY	REDLANDS	CA	7	$151,878.43	$50,626.14	66

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RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
91	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	2,010	$149,772.89	$495.94	94
92	WALMART PHARMACY 10-0886	FT DODGE	IA	1,802	$148,968.86	$566.42	126
93	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,329	$148,873.10	$424.14	115
94	WALGREENS #5470	SIOUX CITY	IA	2,246	$147,979.60	$362.70	99
95	INFOCUS PHARMACY SERVICES LLC	DUBUQUE	IA	1,406	$145,251.07	$681.93	111
96	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	1,613	$144,858.75	$673.76	100
97	HY-VEE PHARMACY (1530)	PLEASANT HILL	IA	2,381	$144,074.43	$362.91	108
98	ALL CARE HEALTH CENTER	COUNCIL BLUFFS	IA	1,234	$143,662.96	$1,197.19	97
99	OPTUM INFUSION SERVICES 550, LLC.	URBANDALE	IA	36	$143,538.73	$23,923.12	165
100	FIFIELD PHARMACY	DES MOINES	IA	831	$143,507.80	$1,464.37	144

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TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT

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RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
1	1982605762	Jeffrey Wilharm	$71,450.62	1,511	17.99	1
2	1396289229	Jesse Becker	$83,030.29	1,275	8.50	2
3	1356359871	Rhea Hartley	$101,786.25	1,148	5.89	3
4	1013115369	Bobbita Nag	$35,887.69	938	5.30	5
5	1467502286	Charles Tilley	$129,340.99	873	6.98	16
6	1316356496	Kimberly Roberts	$44,126.30	828	8.04	13
7	1659358620	Carlos Castillo	$37,810.71	825	6.55	4
8	1457584740	Eric Meyer	$71,695.98	824	5.93	7
9	1528365277	Mina Salib	$520,379.26	813	4.19	9
10	1770933046	Shelby Biller	$57,312.55	801	6.79	6
11	1184056822	Abby Kolthoff	$403,723.73	800	6.30	23
12	1467907394	Cynthia Coenen	$83,377.43	798	10.78	28
13	1821268335	Jacqueline Mcinnis	$110,717.43	786	11.07	11
14	1801998372	Wendy Hansen-Penman	$27,182.76	774	10.18	8
15	1619153137	Joada Best	$47,090.49	764	6.95	24
16	1275763047	Rebecca Bowman	$93,384.48	756	8.49	15
17	1538368170	Christopher Matson	$27,207.98	747	7.62	10
18	1215125216	Rebecca Walding	$60,200.00	744	8.45	21
19	1205393386	Jessica Hudspeth	$61,231.07	733	8.05	14
20	1902912538	Christian Jones	$40,346.58	732	6.72	18
21	1457914657	Seema Antony	$65,751.14	727	7.42	33
22	1437238110	Genevieve Nelson	$60,930.39	727	9.20	19
23	1477199198	Sajo Thomas	$140,987.13	722	6.75	73
24	1730849647	Melanie Rock	$19,242.78	713	6.42	55
25	1922455096	Dean Guerdet	$87,599.12	709	6.45	29
26	1649248378	Kathleen Wild	$24,765.08	700	7.95	41
27	1124006770	Wook Kim	$27,885.87	699	8.42	17
28	1992103386	Melissa Larsen	$64,610.08	691	8.23	27
29	1619380680	Tara Brockman	$34,067.63	689	7.10	50
30	1902478811	Joan Anderson	$168,190.02	687	8.48	20
31	1184395162	Danielle Van Oosbree	$129,592.67	685	15.57	44
32	1134854128	Dzevida Pandzic	$58,997.14	677	5.05	12
33	1053630640	Jennifer Donovan	$81,795.01	671	8.28	43
34	1992332563	Stacy Overman	$15,655.58	670	21.61	22
35	1184657603	Sara Rygol	$85,337.49	666	7.01	26
36	1609532373	Erin Fox-Hammel	$49,985.88	663	7.37	36
37	1902358443	Melissa Konken	$99,481.57	660	8.15	25
38	1043211303	Ali Safdar	$65,941.10	660	5.89	52
39	1417941188	Debra Neuharth	$38,334.97	657	6.20	35
40	1528329398	Erin Rowan	$29,171.56	656	6.07	40
41	1477926434	Jackie Shipley	$30,818.33	652	5.43	51
42	1386044832	Mary Grieder	$53,778.37	649	10.14	60
43	1164538674	Joseph Wanzek	$63,294.66	641	9.43	32
44	1144900861	Lizabeth Sheets	$187,090.63	637	8.97	39
45	1972758126	Rebecca Bollin	$28,936.36	636	6.69	45

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TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT

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RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
46	1902596828	Lindsay Harms	$41,158.06	632	9.43	34
47	1982030946	Jacklyn Besch	$28,780.06	626	7.36	31
48	1316471154	Nicole Woolley	$31,931.24	623	7.08	56
49	1043434525	Robert Kent	$49,056.48	620	8.61	47
50	1609218304	Amanda Garr	$121,679.73	614	6.27	37
51	1992402655	Shane Eberhardt	$153,333.23	613	5.11	79
52	1871105916	Lacie Theis	$44,182.56	611	6.05	93
53	1558770974	Marc Baumert	$42,839.50	610	5.13	38
54	1063827798	Jeffrey Guse	$38,189.44	609	8.70	69
55	1689077018	Stacy Roth	$37,529.67	608	5.85	54
56	1750845954	Stephanie Giesler	$91,799.20	603	6.78	61
57	1144214248	Kristi Walz	$68,755.00	603	8.74	46
58	1841220290	Kent Kunze	$24,004.95	591	7.48	53
59	1760965032	Melissa Miller	$15,021.84	588	6.92	355
60	1043703887	Tenaea Jeppeson	$96,716.98	583	7.77	75
61	1053398800	Steven Scurr	$29,573.55	580	6.11	92
62	1699740159	Frank Marino	$26,811.87	580	4.79	90
63	1942721584	Shawna Fury	$16,785.44	576	5.59	57
64	1417241621	Ashley Mathes	$21,382.70	574	5.98	59
65	1154815330	Bruce Pehl	$30,425.19	573	7.54	94
66	1538157383	David Wenger-Keller	$25,954.77	566	11.32	58
67	1215184726	Babuji Gandra	$16,026.66	561	6.52	83
68	1891146999	Becky Johnson	$659,509.92	559	6.73	97
69	1720698335	Danika Hansen	$66,846.00	547	6.22	80
70	1134191018	Dustin Smith	$15,191.78	545	6.34	63
71	1598183493	Jena Ellerhoff	$36,233.38	544	8.24	65
72	1740770726	Kimberly Krieger	$20,358.26	544	5.67	138
73	1831710987	Margaret Fuller	$28,663.72	537	7.07	108
74	1538671961	Jamie Wright	$29,240.18	536	6.70	77
75	1154779460	Molly Eichenberger	$25,046.77	536	9.40	67
76	1245960350	Mary Welborn	$24,769.97	536	5.06	264
77	1245227099	Donna Dobson Tobin	$66,507.33	535	7.64	71
78	1871021543	Susan Wilson	$65,350.08	535	7.54	86
79	1144588476	Rachel Filzer	$64,306.15	533	6.27	72
80	1891707832	Lisa Klock	$27,099.99	530	6.31	68
81	1336252097	Thomas Baer	$31,622.98	527	7.87	74
82	1821333774	Brittni Benda	$43,758.56	525	5.05	81
83	1326013426	Paul Peterson	$19,663.75	524	5.24	66
84	1477534279	Edmund Piasecki	$13,723.24	521	6.20	64
85	1528037082	Rodney Dean	$53,294.96	517	7.28	171
86	1841427564	Mel Roca	$37,069.62	516	5.67	115
87	1023377827	Lisa Chase	$31,658.40	516	5.27	119
88	1588746515	Amy Badberg	$28,750.14	516	7.37	186
89	1013355759	Dylan Greene	$18,453.79	515	5.42	107
90	1356754337	Cyndi Mccormick	$112,173.62	511	7.74	84

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TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT

202409 - 202411

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
91	1538149042	Eric Petersen	$20,593.97	511	4.96	42
92	1982654349	Barbara Harre	$31,396.36	507	6.50	132
93	1508946088	Eugene Nightingale	$18,081.08	501	17.28	147
94	1699456087	Miranda Engeldinger	$28,459.72	499	5.09	155
95	1942660204	Kimberly Rutledge	$60,250.84	497	6.45	78
96	1285047951	Brian Vold	$22,085.43	496	6.70	105
97	1679573893	Patty Hildreth	$122,527.98	491	7.44	109
98	1154790517	Jamie Schumacher	$23,909.32	491	7.92	82
99	1891422606	Emily Clawson	$53,663.52	488	6.34	95
100	1053963900	Nicole Mcclavy	$52,471.80	488	5.74	70

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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT

202409 - 202411

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
1	1295091510	Rebecca Weiner	407	$894,420.62	$2,197.59	1
2	1326034984	Katherine Mathews	84	$685,719.57	$8,163.33	10
3	1891146999	Becky Johnson	559	$659,509.92	$1,179.80	3
4	1013126705	Janice Staber	64	$594,511.15	$9,289.24	2
5	1316934318	Steven Lentz	43	$541,961.47	$12,603.76	4
6	1528365277	Mina Salib	813	$520,379.26	$640.07	5
7	1285626390	Kathleen Gradoville	285	$460,939.45	$1,617.33	12
8	1417443953	Rodney Clark	399	$447,121.63	$1,120.61	7
9	1184056822	Abby Kolthoff	800	$403,723.73	$504.65	9
10	1780788844	Tammy Wichman	53	$401,146.41	$7,568.80	42
11	1942937388	Carly Trausch	359	$372,135.60	$1,036.59	8
12	1326410499	Tara Eastvold	355	$330,183.66	$930.09	11
13	1326211889	James Friedlander	43	$269,496.26	$6,267.35	50
14	1477761328	Amy Calhoun	39	$263,599.64	$6,758.97	17
15	1588616171	Heather Thomas	86	$261,607.36	$3,041.95	18
16	1437121407	Linda Cadaret	117	$255,825.78	$2,186.55	20
17	1700561826	Pedro Hsieh	39	$240,410.03	$6,164.36	27
18	1194945691	Anjali Sharathkumar	39	$232,205.44	$5,953.99	49
19	1306071915	Thomas Pietras	68	$226,906.40	$3,336.86	30
20	1700417169	Courtney Reints	237	$225,427.61	$951.17	24
21	1043565328	Sara Moeller	73	$214,912.48	$2,944.01	29
22	1356752067	Kelly Delaney-Nelson	89	$212,670.87	$2,389.56	34
23	1467449579	Brian Wayson	73	$207,233.29	$2,838.81	13
24	1487648705	Karen Hunke	150	$206,334.29	$1,375.56	36
25	1134440886	Melissa Wells	112	$205,479.99	$1,834.64	41
26	1619382942	Eirene Alexandrou	131	$197,406.19	$1,506.92	6
27	1841673738	Rachel Person	39	$195,487.32	$5,012.50	37
28	1558808501	Jessica Braksiek	54	$189,474.89	$3,508.79	40
29	1144900861	Lizabeth Sheets	637	$187,090.63	$293.71	15
30	1912208323	Lisa Meyer	368	$183,553.66	$498.79	39
31	1841607900	Shayla Sanders	85	$183,045.15	$2,153.47	25
32	1386902682	Melissa Willis	81	$178,888.88	$2,208.50	31
33	1649419219	Heather Hunemuller	178	$177,262.99	$995.86	16
34	1952539447	Anthony Fischer	66	$174,873.69	$2,649.60	14
35	1649826140	Taylor Boldt	180	$171,501.75	$952.79	46
36	1891158275	Andrew Groves	42	$170,776.45	$4,066.11	325
37	1902478811	Joan Anderson	687	$168,190.02	$244.82	19
38	1730318205	Diana Bayer-Bowstead	64	$164,783.54	$2,574.74	782
39	1730406356	Christina Warren	118	$160,212.09	$1,357.73	45
40	1649943689	Jessica Coffey	167	$159,997.48	$958.07	38
41	1174748180	Mohammad Alsharabati	125	$156,905.25	$1,255.24	22
42	1891955423	Leah Siegfried	324	$156,622.85	$483.40	35
43	1861463275	Donald Wender	25	$154,092.97	$6,163.72	70
44	1992402655	Shane Eberhardt	613	$153,333.23	$250.14	52
45	1609131770	Sreenath Ganganna	230	$152,430.91	$662.74	55

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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT

202409 - 202411

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
46	1578958542	Heidi Curtis	121	$148,764.33	$1,229.46	47
47	1679521728	Jill Fliege	35	$146,420.98	$4,183.46	93
48	1780995506	Quanhathai Kaewpoowat	60	$146,103.52	$2,435.06	80
49	1386084747	Jennifer Condon	119	$144,277.02	$1,212.41	51
50	1265870950	Danita Velasco	3	$144,175.64	$48,058.55	48
51	1093382632	Gail Dooley	185	$143,099.17	$773.51	222
52	1477199198	Sajo Thomas	722	$140,987.13	$195.27	113
53	1932153822	Christian Schultheis	24	$138,133.69	$5,755.57	85
54	1134249832	Steven Craig	66	$137,818.51	$2,088.16	64
55	1285748004	Bruce Hughes	28	$133,387.95	$4,763.86	89
56	1043418809	Michael Ciliberto	449	$133,341.76	$296.97	91
57	1992810956	Christopher Ronkar	60	$132,713.69	$2,211.89	65
58	1437147386	Douglas Hornick	57	$132,473.49	$2,324.10	194
59	1659093292	Kathryn Foy	91	$131,990.29	$1,450.44	26
60	1437533130	Katie Broshuis	123	$131,849.63	$1,071.95	209
61	1326080409	James Owens	80	$131,460.39	$1,643.25	423
62	1740953439	Wilmar Garcia	47	$131,328.65	$2,794.23	32
63	1043429087	Kayelyn Wagner	14	$131,138.01	$9,367.00	13651
64	1184395162	Danielle Van Oosbree	685	$129,592.67	$189.19	69
65	1467502286	Charles Tilley	873	$129,340.99	$148.16	53
66	1770091266	Jessie Baker	266	$127,130.37	$477.93	67
67	1831685023	Jaclyn Meis	25	$123,491.77	$4,939.67	3659
68	1679573893	Patty Hildreth	491	$122,527.98	$249.55	73
69	1609218304	Amanda Garr	614	$121,679.73	$198.18	66
70	1376044933	Gretchen Parris	101	$120,803.70	$1,196.08	58
71	1588288385	Jenifer Jones	41	$120,583.50	$2,941.06	43
72	1114214541	Dimah Saade	58	$120,466.23	$2,077.00	60
73	1992365894	Emily Weig	103	$119,535.97	$1,160.54	1095
74	1841548161	Crystal Meyer	66	$117,109.99	$1,774.39	230
75	1497201610	Mohaddeseh Sharifzadeh	50	$115,507.67	$2,310.15	81
76	1174584072	Bradley Lair	57	$114,022.12	$2,000.39	450
77	1356754337	Cyndi Mccormick	511	$112,173.62	$219.52	61
78	1790986925	Tahuanty Pena	47	$111,660.78	$2,375.76	783
79	1821268335	Jacqueline Mcinnis	786	$110,717.43	$140.86	86
80	1689942518	Patria Alba Aponte	272	$110,495.02	$406.23	108
81	1477765584	Sangeeta Shah	416	$110,392.87	$265.37	432
82	1275742090	Ashar Luqman	442	$109,403.27	$247.52	74
83	1245624626	Blake Williams	45	$108,459.72	$2,410.22	242
84	1720036353	Erik Swenson	42	$108,448.58	$2,582.11	68
85	1992763122	Ravi Vemulapalli	15	$107,736.65	$7,182.44	258
86	1912979261	David Visokey	125	$107,157.91	$857.26	54
87	1518567056	Katie Mogensen	458	$107,037.61	$233.71	107
88	1114521721	Tarrah Holliday	474	$105,330.22	$222.22	98
89	1376525196	Randolph Rough	89	$105,262.47	$1,182.72	90
90	1265420095	Elizabeth Cooper	93	$104,469.96	$1,123.33	208

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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT

202409 - 202411

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
91	1275836751	Holly Kramer	132	$104,280.50	$790.00	59
92	1245468768	Thomas Schmidt	72	$104,097.69	$1,445.80	103
93	1538113337	Robert Smith	3	$102,532.87	$34,177.62	21
94	1598786097	Stephanie Gray	396	$102,399.06	$258.58	75
95	1356359871	Rhea Hartley	1,148	$101,786.25	$88.66	95
96	1942469960	Karen Luken	84	$101,617.12	$1,209.73	614
97	1902358443	Melissa Konken	660	$99,481.57	$150.73	104
98	1386174217	Kittika Poonsombudlert	12	$99,335.69	$8,277.97	244
99	1225263833	Lindsay Orris	89	$98,507.69	$1,106.83	23
100	1013282953	David Terrero Salcedo	69	$98,084.12	$1,421.51	100

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TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

	202406 - 202408			202409 - 202411			
CATEGORY DESCRIPTION	PREVIOUS TOTAL COST	PREVIOUS RANK	PREVIOUS % BUDGET	CURRENT TOTAL COST	CURRENT RANK	CURRENT % BUDGET	% CHANGE
ANTIDIABETICS	$10,152,391.21	1	13.79 %	$10,258,709.47	1	13.68 %	-0.10 %
ANTIPSYCHOTICS/ANTIMANIC AGENTS	$8,371,804.25	2	11.37 %	$8,286,957.20	2	11.05 %	-0.32 %
DERMATOLOGICALS	$6,744,576.85	4	9.16 %	$6,977,090.13	3	9.31 %	0.15 %
ANALGESICS - ANTI-INFLAMMATORY	$6,824,958.56	3	9.27 %	$6,705,543.28	4	8.94 %	-0.33 %
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	$4,183,634.92	5	5.68 %	$4,148,821.49	5	5.53 %	-0.15 %
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	$3,768,004.51	6	5.12 %	$3,913,864.83	6	5.22 %	0.10 %
ANTIVIRALS	$3,269,086.24	7	4.44 %	$3,274,473.34	7	4.37 %	-0.07 %
RESPIRATORY AGENTS - MISC.	$2,736,664.16	9	3.72 %	$3,069,199.95	8	4.09 %	0.38 %
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	$2,773,004.22	8	3.77 %	$2,886,190.96	9	3.85 %	0.08 %
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC	$2,562,926.46	10	3.48 %	$2,682,716.01	10	3.58 %	0.10 %
HEMATOLOGICAL AGENTS - MISC.	$1,890,230.85	13	2.57 %	$2,171,360.59	11	2.90 %	0.33 %
ANTICONVULSANTS	$2,024,913.58	11	2.75 %	$2,030,522.23	12	2.71 %	-0.04 %
MIGRAINE PRODUCTS	$1,914,546.70	12	2.60 %	$1,877,946.50	13	2.50 %	-0.10 %
ANTIDEPRESSANTS	$1,715,708.63	15	2.33 %	$1,756,111.46	14	2.34 %	0.01 %
ENDOCRINE AND METABOLIC AGENTS - MISC.	$1,887,088.09	14	2.56 %	$1,675,767.34	15	2.24 %	-0.33 %
CARDIOVASCULAR AGENTS - MISC.	$1,368,287.84	17	1.86 %	$1,673,853.97	16	2.23 %	0.38 %
ANTICOAGULANTS	$1,369,209.46	16	1.86 %	$1,308,998.43	17	1.75 %	-0.11 %
GASTROINTESTINAL AGENTS - MISC.	$767,289.29	18	1.04 %	$863,868.63	18	1.15 %	0.11 %
NEUROMUSCULAR AGENTS	$641,349.03	19	0.87 %	$789,658.34	19	1.05 %	0.18 %
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	$572,983.99	21	0.78 %	$542,779.49	20	0.72 %	-0.05 %

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TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

	202406 - 202408		202409 - 202411		
CURRENT CATEGORY DESCRIPTION	PREVIOUS CLAIMS	PREVIOUS RANK	CURRENT CLAIMS	CURRENT RANK	% CHANGE
ANTIDEPRESSANTS	88,348	1	86,573	1	-2.01 %
ANTICONVULSANTS	38,600	2	37,696	2	-2.34 %
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	33,791	5	37,132	3	9.89 %
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	33,288	6	35,146	4	5.58 %
ANTIHYPERTENSIVES	35,413	3	34,619	5	-2.24 %
ANTIDIABETICS	33,851	4	32,628	6	-3.61 %
ANTIPSYCHOTICS/ANTIMANIC AGENTS	30,198	8	30,032	7	-0.55 %
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	30,570	7	29,697	8	-2.86 %
ANTIANXIETY AGENTS	27,007	9	26,753	9	-0.94 %
ANTIHYPERLIPIDEMICS	23,763	10	22,609	10	-4.86 %
ANTIHISTAMINES	18,961	11	19,157	11	1.03 %
DERMATOLOGICALS	18,627	12	17,706	12	-4.94 %
BETA BLOCKERS	17,288	13	16,714	13	-3.32 %
PENICILLINS	11,511	18	16,532	14	43.62 %
ANALGESICS - ANTI-INFLAMMATORY	15,760	14	15,613	15	-0.93 %
ANALGESICS - OPIOID	14,812	15	13,854	16	-6.47 %
DIURETICS	13,435	16	12,680	17	-5.62 %
THYROID AGENTS	12,836	17	12,327	18	-3.97 %
CORTICOSTEROIDS	8,859	22	11,609	19	31.04 %
ANALGESICS - NonNarcotic	10,768	19	10,658	20	-1.02 %

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TOP 100 DRUGS BY PAID AMOUNT

	202406 - 202408		202409 - 202411		
DRUG DESCRIPTION	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	PERCENT CHANGE
Humira Pen	3911666.45	1	3728054.62	1	-4.69 %
Ozempic	3473735.28	2	3539808.83	2	1.90 %
Trikafta	2414715.99	4	2628809.12	3	8.87 %
Dupixent	2096438.25	5	2518021.1	4	20.11 %
Vraylar	2582002.11	3	2504875.3	5	-2.99 %
Jardiance	1702124.38	6	1794916.76	6	5.45 %
Invega Sust	1612830.43	7	1599351.25	7	-0.84 %
Biktarvy	1508349.95	8	1508383.09	8	0.00 %
Taltz	1306501.43	9	1288786.61	9	-1.36 %
Trulicity	1237780.6	10	1157391.19	10	-6.49 %
Stelara	1094072.17	11	933229.43	11	-14.70 %
Eliquis	966769.2	12	932208.73	12	-3.57 %
Rexulti	901899.92	14	860185.9	13	-4.63 %
Vyvanse	966374.1	13	848318.94	14	-12.22 %
Aristada	753778.45	16	797163.04	15	5.76 %
Mounjaro	669533.65	19	775112.28	16	15.77 %
Ingrezza	691965.73	17	765908.89	17	10.69 %
Enbrel Srclk	675740.75	18	693780.7	18	2.67 %
Skyrizi Pen	802666.2	15	678988.02	19	-15.41 %
Invega Trinz	551906.31	23	614119.43	20	11.27 %
Nurtec	641300.88	20	613815.9	21	-4.29 %
Farxiga	560945.99	21	570946.11	22	1.78 %
Caplyta	498191.25	25	480109.91	23	-3.63 %
Symbicort	461217.49	29	468965.07	24	1.68 %
Trintellix	472581.81	26	467709.3	25	-1.03 %
Abilify Main	530202.18	24	467433.45	26	-11.84 %
Albuterol	389025.41	32	463422.84	27	19.12 %
Spiriva	464608.97	28	447303.72	28	-3.72 %
Entresto	442475.38	30	444754.53	29	0.52 %
Trelegy	466638.78	27	444565.02	30	-4.73 %
Lybalvi	383700.73	33	393313.5	31	2.51 %
Rinvoq	291865.59	46	374449.31	32	28.30 %
Lisdexamfeta	325777.05	38	367369.75	33	12.77 %
Jornay Pm	317707.01	40	361326.49	34	13.73 %
Wakix	321351.96	39	360188.95	35	12.09 %
Mavyret	394863.6	31	357880.09	36	-9.37 %
Cosentyx Uno	170634.44	84	355978.87	37	108.62 %

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TOP 100 DRUGS BY PAID AMOUNT

	202406 - 202408		202409 - 202411		
DRUG DESCRIPTION	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	PERCENT CHANGE
Humira	286474.12	48	349233.25	38	21.91 %
Xarelto	364321.2	35	345007.12	39	-5.30 %
Ajovy	361078.29	36	323642.06	40	-10.37 %
Adynovate	273897.15	53	317834.59	41	16.04 %
Januvia	326110.94	37	309746.76	42	-5.02 %
Ilaris	366897.85	34	306164.67	43	-16.55 %
Opsumit	290850.87	47	303915.77	44	4.49 %
Hemlibra	125892.12	121	303392.38	45	140.99 %
Cabometyx	250599.47	59	303251.46	46	21.01 %
Duvyzat	0	0	296053.15	47	
Rebinyn	299240.16	44	294898.43	48	-1.45 %
Norditropin	284664.6	49	288662.64	49	1.40 %
Ubrelvy	276121.85	52	287793.69	50	4.23 %
Altuviiio	273189.64	55	283679.97	51	3.84 %
Strensiq	556046.28	22	281466.27	52	-49.38 %
Methylphenid	239086.45	61	269413.18	53	12.68 %
Skyrizi	207028.66	70	269368.17	54	30.11 %
Xifaxan	302310.42	42	267155.3	55	-11.63 %
Evrysdi	296948.31	45	259132.38	56	-12.73 %
Qelbree	237811.13	63	257163.91	57	8.14 %
Linzess	244425.44	60	256623.25	58	4.99 %
Epidiolex	266756.54	56	255438.05	59	-4.24 %
Concerta	301620.95	43	253297.28	60	-16.02 %
Winrevair	14010.38	467	252173.66	61	1699.91 %
Kesimpta	256235.99	58	251952.79	62	-1.67 %
Insulin Lisp	238398.7	62	249135.76	63	4.50 %
Advair Hfa	232336.65	64	246697.02	64	6.18 %
Austedo	263126.35	57	245382.16	65	-6.74 %
Ruconest	122010.38	125	244021.01	66	100.00 %
Xywav	273366.84	54	239244.8	67	-12.48 %
Tresiba Flex	225533.88	65	230951.65	68	2.40 %
Hizentra	283970.82	50	228722.85	69	-19.46 %
Enbrel Mini	129033.9	117	228233.85	70	76.88 %
Ravicti	204963.9	71	227922.02	71	11.20 %
Lantus Solos	222225.49	67	224879.98	72	1.19 %
Qulipta	221773.6	69	222570.44	73	0.36 %
Cosentyx Pen	317689.06	41	218966.15	74	-31.08 %

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TOP 100 DRUGS BY PAID AMOUNT

	202406 - 202408		202409 - 202411		
DRUG DESCRIPTION	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	PERCENT CHANGE
Creon	277732.33	51	216188.6	75	-22.16 %
Austedo Xr	173111.78	81	215989.85	76	24.77 %
Otezla	223550.4	66	210441.49	77	-5.86 %
Quillichew	176182.26	78	206580.88	78	17.25 %
Insulin Aspa	222115.05	68	200364.07	79	-9.79 %
Paxlovid	192356.43	74	198636.83	80	3.26 %
Fintepla	165799.19	88	196879.16	81	18.75 %
Amphet/dextr	184087.75	75	194478.43	82	5.64 %
Skyclarys	136951.87	107	192473.61	83	40.54 %
Abilify Asim	124186.11	122	190799.59	84	53.64 %
Aimovig	179630.35	76	182378.41	85	1.53 %
Descovy	163191.03	89	179961.03	86	10.28 %
Skytrofa	123818.89	123	179478.89	87	44.95 %
Azstarys	158633.04	92	173832.36	88	9.58 %
Toujeo Max	151394.77	98	173329.85	89	14.49 %
Uptravi	119241.9	130	172059.7	90	44.29 %
Ibrance	171279.16	83	171746.97	91	0.27 %
Sogroya	131449.81	113	170551.53	92	29.75 %
Actemra	157659.78	94	168183.51	93	6.67 %
Promacta	176998.27	77	166650.17	94	-5.85 %
Sofos/velpat	136297.08	108	166164.98	95	21.91 %
Bupropion	166258.99	86	164260.95	96	-1.20 %
Dovato	152806.85	97	163834.73	97	7.22 %
Epinephrine	200335.65	73	161139.66	98	-19.57 %
Pomalyst	114745.7	131	160645.23	99	40.00 %
Sertraline	161226.86	91	158799.17	100	-1.51 %

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TOP 100 DRUGS BY PRESCRIPTION COUNT

	202406 - 202408		202409 - 202411		
DRUG DESCRIPTION	PREVIOUS PRESCRIPTION COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	PERCENT CHANGE
Albuterol	11,702	6	14,989	1	28.09 %
Sertraline	13,921	2	13,604	2	-2.28 %
Atorvastatin	14,078	1	13,168	3	-6.46 %
Omeprazole	13,740	3	13,144	4	-4.34 %
Trazodone	11,655	7	11,643	5	-0.10 %
Bupropion	11,814	5	11,500	6	-2.66 %
Levothyroxin	11,900	4	11,417	7	-4.06 %
Amoxicillin	7,132	21	10,952	8	53.56 %
Fluoxetine	10,730	9	10,720	9	-0.09 %
Escitalopram	10,636	10	10,335	10	-2.83 %
Lisinopril	10,744	8	10,300	11	-4.13 %
Metformin	10,493	11	9,919	12	-5.47 %
Cetirizine	10,457	12	9,745	13	-6.81 %
Gabapentin	9,449	13	9,207	14	-2.56 %
Amphet/dextr	8,568	14	8,649	15	0.95 %
Hydroxyz Hcl	7,901	16	8,104	16	2.57 %
Methylphenid	7,062	22	8,029	17	13.69 %
Montelukast	7,939	15	7,946	18	0.09 %
Buspirone	7,708	18	7,604	19	-1.35 %
Amlodipine	7,895	17	7,596	20	-3.79 %
Azithromycin	2,740	63	7,398	21	170.00 %
Duloxetine	7,566	19	7,333	22	-3.08 %
Quetiapine	7,060	23	7,089	23	0.41 %
Pantoprazole	7,164	20	7,082	24	-1.14 %
Clonidine	6,956	24	6,983	25	0.39 %
Prednisone	5,468	33	6,676	26	22.09 %
Guanfacine	6,468	25	6,638	27	2.63 %
Ondansetron	6,078	29	6,622	28	8.95 %
Metoprol Suc	6,451	26	6,335	29	-1.80 %
Aripiprazole	6,249	27	6,268	30	0.30 %
Venlafaxine	6,201	28	5,878	31	-5.21 %
Lamotrigine	5,828	31	5,753	32	-1.29 %
Losartan Pot	5,536	32	5,468	33	-1.23 %
Famotidine	5,435	34	5,415	34	-0.37 %
Hydroco/apap	5,888	30	5,348	35	-9.17 %
Fluticasone	4,951	37	5,317	36	7.39 %
Loratadine	5,136	35	5,095	37	-0.80 %
Amox/k Clav	3,804	49	4,994	38	31.28 %
Ibuprofen	4,815	39	4,947	39	2.74 %
Topiramate	5,027	36	4,923	40	-2.07 %
Cyclobenzapr	4,853	38	4,815	41	-0.78 %
Aspirin Low	4,786	40	4,691	42	-1.98 %
Rosuvastatin	4,402	43	4,327	43	-1.70 %

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TOP 100 DRUGS BY PRESCRIPTION COUNT

	202406 - 202408		202409 - 202411		
DRUG DESCRIPTION	PREVIOUS PRESCRIPTION COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	PERCENT CHANGE
Propranolol	4,413	42	4,316	44	-2.20 %
Risperidone	4,174	46	4,162	45	-0.29 %
Clonazepam	4,294	44	4,152	46	-3.31 %
Alprazolam	4,442	41	4,143	47	-6.73 %
Ozempic	3,887	47	3,941	48	1.39 %
Cephalexin	4,186	45	3,940	49	-5.88 %
Meloxicam	3,834	48	3,708	50	-3.29 %
Cefdinir	2,441	76	3,661	51	49.98 %
Furosemide	3,726	51	3,509	52	-5.82 %
Spironolact	3,630	52	3,476	53	-4.24 %
Hydrochlorot	3,753	50	3,427	54	-8.69 %
Jardiance	3,223	57	3,339	55	3.60 %
Mirtazapine	3,272	55	3,178	56	-2.87 %
Prazosin Hcl	3,294	54	3,169	57	-3.79 %
Lorazepam	3,237	56	3,160	58	-2.38 %
Levetiraceta	3,168	58	3,100	59	-2.15 %
Triamcinolon	3,600	53	2,975	60	-17.36 %
Lisdexamfeta	2,665	67	2,955	61	10.88 %
Doxycyc Mono	2,293	79	2,829	62	23.38 %
Prednisolone	1,705	98	2,824	63	65.63 %
Ferosul	2,707	64	2,794	64	3.21 %
Folic Acid	2,962	59	2,747	65	-7.26 %
Tramadol Hcl	2,895	60	2,740	66	-5.35 %
Acetamin	2,838	62	2,733	67	-3.70 %
Fluconazole	2,602	70	2,719	68	4.50 %
Amitriptylin	2,695	65	2,641	69	-2.00 %
Hydroxyz Pam	2,646	68	2,640	70	-0.23 %
Pregabalin	2,592	71	2,564	71	-1.08 %
Lantus Solos	2,614	69	2,516	72	-3.75 %
Vyvanse	2,843	61	2,513	73	-11.61 %
Divalproex	2,495	75	2,510	74	0.60 %
Metronidazol	2,505	74	2,505	75	0.00 %
Oxycodone	2,529	73	2,421	76	-4.27 %
Valacyclovir	2,272	80	2,352	77	3.52 %
Ventolin Hfa	2,680	66	2,350	78	-12.31 %
Citalopram	2,553	72	2,342	79	-8.26 %
Olanzapine	2,394	78	2,294	80	-4.18 %
Pot Chloride	2,242	81	2,262	81	0.89 %
Metoprol Tar	2,396	77	2,234	82	-6.76 %
Atomoxetine	2,197	82	2,202	83	0.23 %
Symbicort	2,118	85	2,143	84	1.18 %
Tizanidine	2,162	83	2,066	85	-4.44 %
Baclofen	2,139	84	2,048	86	-4.25 %

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TOP 100 DRUGS BY PRESCRIPTION COUNT

	202406 - 202408		202409 - 202411		
DRUG DESCRIPTION	**PREVIOUS PRESCRIPTION COUNT**	**PREVIOUS RANK**	**CURRENT PRESCRIPTION COUNT**	**CURRENT RANK**	**PERCENT CHANGE**
Tamsulosin	2,034	86	1,934	87	-4.92 %
Insulin Lisp	1,952	89	1,923	88	-1.49 %
Vraylar	1,970	88	1,897	89	-3.71 %
Mupirocin	1,981	87	1,885	90	-4.85 %
Clindamycin	1,929	91	1,868	91	-3.16 %
Carvedilol	1,932	90	1,858	92	-3.83 %
Eliquis	1,909	92	1,857	93	-2.72 %
Naproxen	1,879	93	1,790	94	-4.74 %
Diclofenac	1,878	94	1,731	95	-7.83 %
Zolpidem	1,760	97	1,726	96	-1.93 %
Polyeth Glyc	1,808	95	1,707	97	-5.59 %
Oxcarbazepin	1,768	96	1,692	98	-4.30 %
Allergy Reli	680	176	1,679	99	146.91 %
Nystatin	1,552	104	1,662	100	7.09 %

Medicaid Statistics for Prescription Claims
September through November 2024

Tri-Monthly Statistics

	FFS	Wellpoint	Iowa Total Care	Molina Healthcare	Total**
Total Dollars Paid	$3,048,055	$96,311,159	$74,968,759	$52,445,320	$226,773,293
Users	3,881	102,831	93,981	78,347	279,040
Cost Per User	$785.38	$936.60	$797.70	$669.40	
Total Prescriptions	23,346	823,629	670,341	493,379	2,010,695
Average Rx/User	6.02	8.01	7.13	6.30	
Average Cost/Rx	$130.56	$116.94	$111.84	$106.30	
# Generic Prescriptions	21,105	737,657	604,330	449	
% Generic	90.4%	89.6%	90.0%	91.0%	
$ Generic	$1,069,565	$13,732,498	$10,407,197	$7,893,960	
Average Generic Rx Cost	$50.68	$18.62	$17.22	$17.59	
Average Generic Days Supply	25	26.39	26	23.63	
# Brand Prescriptions	2,241	85,972	65,001	44,608	
% Brand	9.6%	10.4%	10.0%	9.0%	
$ Brand	$1,978,490	$82,578,661	$64,530,983	$44,551,360	
Average Brand Rx Cost	$882.86	$960.53	$992.77	$998.73	
Average Brand Days Supply	28	27.6	29	28.0	

**All reported dollars are pre-rebate

Top 20 Therapeutic Class by Paid Amount*

September through November 2024

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

* Pre-rebate

Top 20 Therapeutic Class by Prescription Count

September through November 2024

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

Top 25 Drugs by Paid Amount**

September through November 2024

	FFS	Wellpoint	Iowa Total Care	Molina Healthcare
1	OZEMPIC	OZEMPIC	HUMIRA PEN	OZEMPIC
2	HUMIRA PEN	HUMIRA (CF) PEN	OZEMPIC	HUMIRA (2 PEN)
3	BIKTARVY	VRAYLAR	TRIKAFTA	DUPIXENT
4	EVRYSDI	TRIKAFTA	DUPIXENT	TRIKAFTA
5	VRAYLAR	JARDIANCE	VRAYLAR	VRAYLAR
6	TALTZ	DUPIXENT PEN	JARDIANCE	BIKTARVY
7	DUVYZAT	STELARA	INVEGA SUSTENNA	STELARA
8	TRIKAFTA	INVEGA SUSTENNA	BIKTARVY	JARDIANCE
9	JARDIANCE	TALTZ AUTOINJECTOR	TALTZ	INVEGA SUSTENNA
10	COSENTYX UNOREADY	MOUNJARO	TRULICITY	TRULICITY
11	KISQALI	BIKTARVY	STELARA	TALTZ
12	VYVANSE	SKYRIZI PEN	ELIQUIS	ELIQUIS
13	ALBUTEROL HFA	TRULICITY	REXULTI	VYVANSE
14	AUSTEDO	VYVANSE	VYVANSE	HEMLIBRA
15	KESIMPTA	ELIQUIS	ARISTADA	SKYRIZI PEN
16	DUPIXENT	REXULTI	MOUNJARO	MOUNJARO
17	ELIQUIS	NURTEC ODT	INGREZZA	NURTEC
18	INGREZZA	ALTUVIIIO	ENBREL SRCLK	ENBREL SURECLICK
19	CETIRIZINE	INGREZZA	SKYRIZI PEN	REXULTI
20	TREMFYA	ARISTADA	INVEGA TRINZ	FARXIGA
21	ARISTADA	DUPIXENT SYRINGE	NURTEC	ILARIS
22	IBUPROFEN	ENBREL SURECLICK	FARXIGA	ARISTADA
23	TRULICITY	EVRYSDI	CAPLYTA	SYMBICORT
24	SERTRALINE	ABILIFY MAINTENA	SYMBICORT	MAVYRET
25	REXULTI	WAKIX	TRINTELLIX	INGREZZA

** Pre-rebate

Top 25 Drugs by Prescription Count

September through November 2024

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

Stimulant Medication Utilization without Supporting Diagnosis RetroDUR Data Follow Up

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: May 2024 through July 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 (August 2019 through July 2024)
    - F90 Attention deficit hyperactivity disorders
    - G47 Sleep disorders including hypersomnia, circadian rhythm sleep disorders, sleep apnea narcolepsy and cataplexy, parasomnia, sleep related movement disorders, other sleep disorders, and unspecified sleep disorder (excludes insomnia)
    - F50.81 Binge eating disorder
    - R41.840 Attention and concentration deficit
    - F98.8X Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence

Data

Iowa Total Care (ITC)

- Total unique members: 9,306
- Total unique prescribers: 2,201
- Total unique pharmacies: 661

ITC Members without Supporting Diagnosis – 2.4%							
Age Band	**0-3**	**4-5**	**6-7**	**8-12**	**13-17**	**18-20**	**21+**
Unique Members	0	2	15	50	34	15	108
Unique Providers	0	2	18	44	39	16	96

ITC Members with Supporting Diagnosis – 97.6%							
Age Band	**0-3**	**4-5**	**6-7**	**8-12**	**13-17**	**18-20**	**21+**
Unique Members	2	82	725	2,605	1,955	494	3,219
Unique Providers	4	85	445	1,002	876	446	1,319

Molina Healthcare (MHC)

- Total unique members: 7,673
- Total unique prescribers: 2,110
- Total unique pharmacies: 667

MHC Members without Supporting Diagnosis – 9.4%							
Age Band	**0-3**	**4-5**	**6-7**	**8-12**	**13-17**	**18-20**	**21+**
Unique Members	0	4	24	152	150	59	340
Unique Providers	0	4	22	140	143	62	284

MHC Members with Supporting Diagnosis – 90.6%							
Age Band	**0-3**	**4-5**	**6-7**	**8-12**	**13-17**	**18-20**	**21+**
Unique Members	3	93	625	2,082	1,361	343	2,573
Unique Providers	3	83	412	907	724	316	1,164

Wellpoint (WLP)

- Total unique members: 11,206
- Total unique prescribers: 2,362
- Total unique pharmacies: 668

Wellpoint Members without Supporting Diagnosis – 17%							
Age Band	**0-3**	**4-5**	**6-7**	**8-12**	**13-17**	**18-20**	**21+**
Unique Members	0	7	64	455	568	218	590
Unique Providers	0	7	71	372	409	206	385

Wellpoint Members with Supporting Diagnosis – 83%							
Age Band	**0-3**	**4-5**	**6-7**	**8-12**	**13-17**	**18-20**	**21+**
Unique Members	0	67	646	2,620	1,991	504	3,476
Unique Providers	0	61	397	949	817	408	1,400

Fee-for-Service (FFS)

- Total unique members: 379
- Total unique prescribers: 272
- Total unique pharmacies: 201

FFS Members without Supporting Diagnosis – 16.1%							
Age Band	**0-3**	**4-5**	**6-7**	**8-12**	**13-17**	**18-20**	**21+**
Unique Members	0	1	1	17	25	7	10
Unique Providers	0	1	1	16	25	8	11

FFS Members with Supporting Diagnosis – 83.9%							
Age Band	**0-3**	**4-5**	**6-7**	**8-12**	**13-17**	**18-20**	**21+**
Unique Members	0	1	16	81	115	28	77
Unique Providers	0	1	14	67	106	30	77

Follow Up

During the November 2024 meeting, questions arose about the data due to the disproportionate numbers across the MCOs. Key points included potential differences in how the data was extracted, whether diagnoses were being pulled from other member interactions (such as home health or care management), or other sources. It was also noted that requests for stimulants for members aged 21 and older require prior authorization, which in turn requires a valid diagnosis for consideration. Discussion regarding these questions will occur during the February 2025 meeting.

Next Steps

1. Rerun data with updates to data pull information?
2. Send letters to prescribers of all members without a supporting diagnosis, inquiring about the rationale for prescribing the medication when a valid diagnosis is not present in medical claims.
3. Send letters to prescribers of members from specific age band(s) without a supporting diagnosis, inquiring about the rationale for prescribing the medication when a valid diagnosis is not present in medical claims.
4. Other?
5. None?

72-Hour Override Utilization Review

Purpose

- To review the 72-hour emergency override to ensure appropriate utilization of function and determine if there are any PDL changes that need addressed due to consistent utilization of this function, if education is needed to be provided to pharmacies on appropriate practices, or if the pharmacy benefit build needs addressed.

Background

- Per 42 U.S. Code § 1396r-8(d)(5)(B) the State must make arrangements that permit a pharmacist to dispense a 72-hour supply of any covered drug in an emergency.
- According to the Iowa Medicaid Prescribed Drugs Provider Manual, the provision for a 72-hour supply can be used in an emergency only one time per member, per drug. A 7-day override of the prior authorization requirement will be allowed while the prescriber is requesting a prior authorization for certain mental health drugs.

DUR Criteria Results

- Time Period: November 1, 2023 to October 31, 2024

Emergency Override Utilization 11/1/23 to 10/31/2024
STATS

	FFS	ITC	MOL	WLP	**Total**
Total number of times 72-hour override was used.	6	1534	690	1276	**3506**
Total number of unique pharmacies that used override.	1	412	269	327	**1009**
Non preferred drug overrides	4	957	627	1154	**2742**
Preferred drug overrides	2	577	60	122	**761**
PA submitted	5	375	201	315	**896**

Top 20 Pharmacies

Plan	FFS		ITC		MOL		WLP		ALL combined	
Category	Pharmacy NPI	#	Pharmacy NPI	#	Pharmacy NPI	#	Pharmacy NPI	#	Pharmacy NPI	#
1	1508858127	6	1508858127	108	1508858127	58	1508858127	91	1508858127	263
2			1992348882	83	1992348882	26	1376055616	41	1992348882	145
3			1376055616	36	1376055616	21	1992348882	36	1376055616	98
4			1629083936	30	1629083936	17	1629171780	31	1629171780	71
5			1629171780	27	1447265756	14	1003352949	29	1629083936	68
6			1508339425	25	1134204738	13	1134204738	23	1134204738	56
7			1972683373	21	1629171780	13	1629083936	21	1003352949	55
8			1073541553	20	1073541553	12	1760561633	20	1073541553	49
9			1003352949	20	1619903341	11	1942368352	19	1508339425	41
10			1134204738	20	1972748861	10	1639124845	18	1871529537	39
11			1871529537	19	1154886216	8	1073541553	17	1619903341	38
12			1184714347	18	1376659078	8	1609120153	17	1972683373	36
13			1376659078	15	1871529537	7	1184714347	15	1447265756	33
14			1619903341	15	1053896399	7	1821015207	15	1184714347	33
15			1942368352	13	1063448306	6	1952866014	15	1942368352	32
16			1063790178	12	1295094365	6	1972683373	15	1053896399	29
17			1326083718	12	1063790178	6	1053896399	14	1639124845	29
18			1184781940	11	1912933565	6	1821404716	14	1063790178	28
19			1528137015	11	1821404716	6	1972748861	14	1760561633	27
20			1831105428	10	1003352949	6	1689680068	13	1952866014	24

Findings

1) This was over 12 months. Similar top 5 pharmacies across MCO.

Top 10 Rejection Codes

Plan	FFS		ITC		MOL		WLP	
Desc	Reject code	Rejection code description	Reject code	Reject code description	Reject code	Rejection code description	Rejcect code	Rejection code description
1	75	PA required	75	PRIOR AUTHORIZATION REQUIRED	76	Plan Limitations Exceeded	76	PLAN LIMITATIONS EXCEEDED
2			76	PLAN LIMITATIONS EXCEEDED	75	Prior Authorization Required	79	REFILL TOO SOON
3			79	REFILL TOO SOON	606	Brand Drug/Specific Labeler Code Required	75	PRIOR AUTHORIZATION REQRD
4			68	FILLED AFTER COVERAGE EXPIRED	922	Morphine Milligram Equivalency (MME) Exceeds Limits	41	SBMT BILL TO OTHER PROCSR
5			41	SUBMIT BILL TO OTHER PROCESSOR OR PRIMARY PAYOR	79	Refill Too Soon	70	NDC NOT COVERED
6			69	FILLED AFTER COVERAGE TERMINATED	60	Product/Service Not Covered For Patient Age	6E	M/I OTH PAYER REJECT CODE
7			8W	Discrepancy Other Cvrg Code & Other Payer Amt Paid	MR	Product Not On Formulary	4	M/I PROCESSOR CONTROL NBR
8			889	Prescriber Not Enrolled in State Medicaid Program	AC	Product Not Covered Non-Participating Manufacturer	69	FILLED AFTER COVERAGE TRM
9			7X	Days Supply Exceeds Plan Limitation	8W	Discrepancy Between Other Coverage Code and Other Payer Amount Paid	77	DISCONTINUED NDC NUMBER
10			890	Pharmacy Not Enrolled in State Medicaid Program	70	Product/Service Not Covered or Plan/Benefit Exclusion	83	DUPLICATE PAID/CAPT CLAIM

Findings

1) MCOs looking at pharmacy benefit build for some of these rejections. This override is only supposed to be allowed for Reject Code ‘75 Prior Authorization Required.’

Top 50 Drugs

Plan	FFS		ITC		MOL		WLP	
Desc	Drug Description	#	Drug Description	#	Drug Description	#	Drug Description	#
1	Linezolid tab 600mg	2	Ciprofloxacin-Dexamethasone Otic Susp 0.3-0.1%	180	Ciprofloxacin-Dexamethasone Otic Susp 0.3-0.1%	190	CIPRO/DEXA SUS 0.3-0.1%	239
2	Tresiba Flex Inj 100 Unit	1	Ofloxacin Ophth Soln 0.3%	92	Ofloxacin Ophth Soln 0.3%	46	OFLOXACIN SOL 0.3% OP	87
3	Dronabinol cap 5 mg	1	Epinephrine Solution Auto-injector 0.3 MG/0.3ML (1:1000)	46	Ketorolac Tromethamine Tab 10 MG	33	KETOROLAC TAB 10MG	64
4	Tranex Acid tab 650mg	1	Ketorolac Tromethamine Tab 10 MG	45	Nystatin Cream 100000 Unit/GM	22	NALOXONE HCL SPR 4MG RX	45
5	Corlanor tab 5mg	1	Naloxone HCl Nasal Spray 4 MG/0.1ML	36	Lidocaine Patch 5%	13	NYSTATIN CRE 100000U	25
6			Nystatin Cream 100000 U/GM	34	Oxycodone w/ Acetaminophen Tab 7.5-325 MG	9	TRANEX ACID TAB 650MG	23
7			Hydrocodone-Acetaminophen Tab 5-325 MG	31	Linezolid Tab 600 MG	8	LINEZOLID TAB 600MG	21
8			Doxycycline Hyclate Cap 100 MG	22	Sucralfate Susp 1 GM/10ML	7	EPINEPHRINE INJ 0.3MG(E)	20
9			Ibuprofen Susp 100 MG/5ML	22	Scopolamine TD Patch 72HR 1 MG/3DAYS	7	OFLOXACIN DRO 0.3% OP	20
10			Albuterol Sulfate Soln Nebu 1.25 MG/3ML (Base Equiv)	21	Progesterone Cap 200 MG	6	DOXYCYCL HYC CAP 100MG	15
11			Ipratropium-Albuterol Nebu Soln 0.5-2.5(3) MG/3ML	20	Tobramycin-Dexamethasone Ophth Susp 0.3-0.1%	6	LEVOFLOXACIN SOL 25MG/ML	13
12			Tranexamic Acid Tab 650 MG	20	Tranexamic Acid Tab 650 MG	6	SCOPOLAMINE DIS 1MG/3DAY	13
13			Spinosad Susp 0.9%	18	Ibuprofen Tab 600 MG	5	CARNITOR TAB 330MG	12
14			Lorazepam Tab 1 MG	17	*Pediatric Multiple Vitamin Drops**	5	EPINEPHRINE INJ 0.3MG(A)	12
15			Lidocaine Patch 5% (700 MG)	17	Metaxalone Tab 800 MG	5	IBUPROFEN RX SUS 100/5ML	11
16			Levofloxacin Oral Soln 25 MG/ML	16	Ibuprofen Tab 800 MG	5	ALBUTER 3ML NEB 1.25/3	10
17			Lorazepam Tab 0.5 MG	16	Oxycodone w/ Acetaminophen Tab 10-325 MG	5	TRIAZOLAM TAB 0.25MG	10
18			Amoxicillin & K Clavulanate For Susp 250 MG/5ML	14	Nystatin-Triamcinolone Oint 100000-0.1 Unit/GM-%	4	VITAMIN B-1 TAB 100MG	9
19			Tramadol HCl Tab 50 MG	14	Ergocalciferol Cap 1.25 MG (50000 Unit)	4	LIDOCAINE DIS 5% PATCH	9
20			Oxycodone HCl Tab 5 MG	13	Magnesium Oxide Tab 400 MG	4	AMOX/K CLAV SUS 250/5ML	8
21			Promethazine HCl Tab 12.5 MG	11	Epinephrine Solution Auto-injector 0.3 MG/0.3ML (1:1000)	4	DOXYCYCL HYC TAB 100MG	8
22			Scopolamine TD Patch 72HR 1.5 MG	11	Omeprazole-Sodium Bicarbonate for Oral Susp 2-84 MG/ML	4	FLUTICAS HFA INH 110MCG	8
23			Lisdexamfetamine Dimesylate Cap 30 MG	11	Ibuprofen Susp 100 MG/5ML	4	NYSTAT/TRIAM CRE	7
24			Doxycycline Hyclate Tab 100 MG	10	Amoxicillin & K Clavulanate For Susp 250-62.5 MG/5ML	4	CEFPODOXIME TAB 200MG	6
25			Icosapent Ethyl Cap 1 GM	10	Naproxen Tab 500 MG	4	TINIDAZOLE TAB 500MG	6
26			Linezolid Tab 600 MG	9	Thiamine HCl Tab 100 MG	4	ALBUTEROL AER HFA (V)	6
27			Insulin Degludec Soln Pen-Injector 100 Unit/ML	9	Clonazepam Tab 0.5 MG	3	FLUTICAS HFA INH 44MCG	6
28			Oxycodone HCl Tab ER 12HR Deter 10 MG	9	Mupirocin Calcium Cream 2%	3	SUTAB PAK	6
29			Rifaximin Tab 550 MG	8	Lisdexamfetamine Dimesylate Cap 20 MG	3	CALC ANTACID CHW 500MG	6
30			Oseltamivir Phosphate Cap 30 MG (Base Equiv)	8	Enalapril Maleate Oral Soln 1 MG/ML	3	CLONAZEPAM ODT 0.25MG	6
31			Cefpodoxime Proxetil Tab 200 MG	8	Albuterol Sulfate Soln Nebu 1.25 MG/3ML (Base Equiv)	3	COMBIGAN SOL 0.2/0.5%	6
32			Epinephrine Solution Auto-injector 0.15 MG/0.3ML (1:2000)	8	Lisdexamfetamine Dimesylate Cap 60 MG	3	FAMCICLOVIR TAB 250MG	5
33			Oxycodone w/ Acetaminophen Tab 5-325 MG	8	Doxycycline Monohydrate Tab 100 MG	3	XIFAXAN TAB 550MG	5
34			Doxycycline For Susp 25 MG/5ML	7	Fentanyl TD Patch 72HR 12 MCG/HR	3	FOSFOMYCIN POW 3GM	5
35			Sod Sulfate-Pot Sulf-Mg Sulf Oral Sol 17.5-3.13-1.6 GM/177ML	7	Benzoyl Peroxide Gel 5%	3	LO-ZUMANDIMI TAB 3-0.02MG	5
36			Lisdexamfetamine Dimesylate Cap 50 MG	7	Glycopyrrolate Oral Soln 1 MG/5ML	3	EPINEPHRINE INJ .15MG(E)	5
37			Oxycodone w/ Acetaminophen Tab 7.5-325 MG	7	Lisdexamfetamine Dimesylate Cap 30 MG	3	PROMETHAZINE TAB 12.5MG	5
38			Doxycycline Monohydrate Cap 100 MG	6	Potassium Chloride Oral Soln 10% (20 MEQ/15ML)	3	ALBUTEROL AER HFA (PV)	5
39			Insulin Lispro Inj Soln 100 Unit/ML	6	Naloxone HCl Nasal Spray 4 MG/0.1ML	3	VYVANSE CAP 40MG	5
40			Glucagon Subcutaneous Solution Auto-Injector 1 MG/0.2ML	6	Progesterone Cap 100 MG	3	ATOMOXETINE CAP 40MG	5
41			Sitagliptin Phosphate Tab 100 MG (Base Equiv)	6	Sitagliptin Phosphate Tab 100 MG (Base Equiv)	3	OXYCOD/APAP TAB 10-325MG	5
42			Albuterol Sulfate Inhal Aero 120 MCG/ACT (100MCG Base Equiv)	6	Lisdexamfetamine Dimesylate Cap 50 MG	3	METAXALONE TAB 800MG	5
43			Sucralfate Susp 1GM/10ML	6	Itraconazole Cap 100 MG	2	PHOS-NAK POW CONCENTR	5
44			Omeprazole-Sodium Bicarbonate for Oral Susp 2-84 MG/ML	6	Doxycycline Hyclate Tab 100 MG	2	TOBRA/DEXAME SUS 0.3-0.1%	5
45			Chlordiazepoxide HCl Cap 25 MG	6	Doxycycline Hyclate Cap 100 MG	2	TRETINOIN CRE 0.025%	5
46			Triazolam Tab 0.25 MG	6	Erythromycin Ethylsuccinate For Susp 200 MG/5ML	2	DOXYCYC MONO CAP 100MG	4
47			Lisdexamfetamine Dimesylate Cap 70 MG	6	Ciprofloxacin For Oral Susp 500 MG/5ML (10%) (10 GM/100ML)	2	DOXYCYC MONO TAB 100MG	4
48			Clonazepam Orally Disintegrating Tab 0.25 MG	6	Amoxicillin & K Clavulanate Tab ER 12HR 1000-62.5 MG	2	DOXYCYCLINE SUS 25MG/5ML	4
49			Thiamine HCl Tab 100 MG	6	Cefpodoxime Proxetil Tab 200 MG	2	XULANE DIS 150-35	4
50			Ergocalciferol Cap 1.25 MG (50000 Unit)	6	Doxycycline Monohydrate For Susp 25 MG/5ML	2	NOVOLOG F/P PEN 100U/ML	4

Findings

1) Similar across the board with top 5 and majority are due to Ciprodex. Combined all drugs across MCOs and FFS and addressed PDL status of the top 50 drugs below.

All Combined Top 50 Drugs

ALL Combined		PDL status	
Drug Description	#	PDL status	Comments
Ciprofloxacin-Dexamethasone Otic Susp 0.3-0.1%	609	non preferred	preferred product should be used, brand was preferred but recently off the market, generic product non preferred.
Ofloxacin Ophth Soln 0.3%	245	non preferred	ciprofloxacin HCL (ophth)is the preferred ophth quinolone
Ketorolac Tromethamine Tab 10 MG	142	non preferred, 11	requires initiation with IV/IM and duration limit (not to exceed 5 days combined duration)
Naloxone HCl Nasal Spray 4 MG/0.1ML	84	preferred, 119	preferred product with labeler 00781
Epinephrine Solution Auto-injector 0.3 MG/0.3ML (1:1000)	82	preferred, 99	preferred product with labeler 49502, quantity limits
Nystatin Cream 100000 Unit/GM	81	non preferred	preferred product is ointment
Tranexamic Acid Tab 650 MG	50	non preferred	preferred product is aminocaproic acid
Linezolid Tab 600 MG	40	preferred, 11	PA required
Doxycycline Hyclate Cap 100 MG	39	non preferred	monohydrate caps preferred product
LIDOCAINE DIS 5% PATCH	39	preferred, 11	PA required
Ibuprofen Susp 100 MG/5ML	37	OTC preferred	legend non preferred
ALBUTER 3ML NEB 1.25/3ML	34	non preferred	preferred products: albuterol 0.63mg/3ML for age<2; albuterol 0.083% (2.5mg/3ml)
Hydrocodone-Acetaminophen Tab 5-325 MG	31	preferred	quantity limits, MME limits
Scopolamine TD Patch 72HR 1.5 MG	31	non preferred	quantity limits, brand preferred
Levofloxacin Oral Soln 25 MG/ML	29	non preferred	tabs preferred
Amoxicillin & K Clavulanate For Susp 250-62.5 MG/5ML	26	non preferred	preferred Susp: 200-28.5mg/5ml, 400-57mg/5ml, 600-41.9mg/5ml
Doxycycline Hyclate Tab 100 MG	20	non preferred, 11	monohydrate caps preferred product
Ipratropium-Albuterol Nebu Soln 0.5-2.5(3) MG/3ML	20	preferred	quantity limit
Thiamine HCl Tab 100 MG	19	OTC preferred, 11	all vitamins require PA
ALBUTEROL AER HFA (PV)	17	preferred	Proventil HFA, Ventolin HFA, Albuterol HFA all preferred, quantity limits
Lorazepam Tab 1 MG	17	preferred	quantity limit
Oxycodone w/ Acetaminophen Tab 7.5-325 MG	16	non preferred, 11	PA required. 5/325 and 2.5/325 preferred. MME limits
Cefpodoxime Proxetil Tab 200 MG	16	non preferred	
Promethazine HCl Tab 12.5 MG	16	non preferred	25mg and 50mg tab preferred
Triazolam Tab 0.25 MG	16	non preferred, 11	quantity limits
Lorazepam Tab 0.5 MG	16	preferred	quantity limits
Lisdexamfetamine Dimesylate Cap 30 MG	14	non preferred, 11	PA required, quantity limits
Rifaximin Tab 550 MG	13	preferred,11	PA required

Doxycycline Monohydrate For Susp 25 MG/5ML	13	non preferred	
Sucralfate Susp 1 GM/10ML	13	non preferred	Carafate suspension preferred (recently discontinued – effective 12/13/2024 generic is preferred)
Oxycodone HCl Tab 5 MG	13	preferred	quantity limits, MME limits
CARNITOR TAB 330MG	12	non preferred	generic and solution preferred
Clonazepam Orally Disintegrating Tab 0.25 MG	12	non preferred	changing to preferred 1/1/25, quantity limits
Tobramycin-Dexamethasone Ophth Susp 0.3-0.1%	11	preferred	
Icosapent Ethyl Cap 1 GM	10	non preferred	
Ergocalciferol Cap 1.25 MG (50000 Unit)	10	non preferred, 11	PA required
Metaxalone Tab 800 MG	10	non preferred, 11	PA required
Omeprazole-Sodium Bicarbonate for Oral Susp 2-84 MG/ML	10	non preferred, 11	PA required
Lisdexamfetamine Dimesylate Cap 50 MG	10	non preferred, 11	PA required, quantity limits
Oxycodone w/ Acetaminophen Tab 10-325 MG	10	non preferred, 11	PA required. 5/325 and 2.5/325 preferred. MME limits
Doxycycline Monohydrate Cap 100 MG	10	preferred	
Insulin Degludec Soln Pen-Injector 100 Unit/ML	10	non preferred	
Sitagliptin Phosphate Tab 100 MG (Base Equiv)	9	non preferred, 11	PA required, brand preferred
Oxycodone HCl Tab ER 12HR Deter 10 MG	9	non preferred, 11	PA required. MME limits
Oseltamivir Phosphate Cap 30 MG (Base Equiv)	8	preferred	
FLUTICAS HFA INH 110MCG	8	preferred, 134	preferred <5 years of age; quantity limits
Oxycodone w/ Acetaminophen Tab 5-325 MG	8	preferred	quantity limits. MME limits
NYSTAT/TRIAM CRE	7	non preferred	
Doxycycline Monohydrate Tab 100 MG	7	non preferred	monohydrate caps preferred product
Sod Sulfate-Pot Sulf-Mg Sulf Oral Sol 17.5-3.13-1.6 GM/177ML	7	preferred	

Top findings

1) Several products that are non-preferred and just needed a generic, brand, labeler, caps vs tab, cream vs ointment changes. MCOs looking into benefit build to see if there are ways to better communicate with pharmacists to change product.
2) MCOs adjusting what is allowed to be overridden with this code, should only be Rejection Code 75, discussed later.

Items to Consider

1) Program changes to align across MCO?
    a. MCO review rejection code, only allow reject 75 (PA required). Currently under review.
    b. POS messaging for products where certain dosage forms are preferred (tab vs caps, ointment vs cream, etc).
    c. MCO to review plan has established rules of 1 override per member per drug per year.
    d. MCO to review plan has established rules for a 3-day override only (72 hours, not full month) and 7-day override.
    e. Iowa Medicaid Prescribed Drugs Provider Manual updated for clarification of this rule.
2) DUR recommendations to P&T Committee for review of drugs or drug classes for potential PDL changes?
3) Send letters to pharmacies?
4) DUR digest?
5) Revisit in 6 months? Longer?
6) Other?
7) None?

Concurrent Use of GLP-1 Receptor Agonist and DPP-4 Inhibitor
RetroDUR
Data

Purpose

- To identify members with concurrent use of a glucagon-like peptide receptor agonist (GLP-1 RA) and dipeptidyl peptidate-4 inhibitor (DPP-4i).

Background

- The American Diabetes Association (ADA) "Standards of Medical Care in Diabetes - 2024", Section 9, Pharmacologic Approaches to Glycemic Treatment provide recommendations in the overall approach to treating Type 2 Diabetes.
- Current recommendations do not recommend combined use of a GLP-1 RA and DPP-4i.
- GLP-1 RA and DPP-4i have overlapping mechanisms of action (MOA).
- Use of both agents concurrently does not offer additional significant lowering of A1C and adds to the patient's pill burden and increased medical costs.

RDUR Criteria

- Members with concurrent use of a GLP-1 RA and DPP-4i
- ≥ 60 days overlap
- Time period: July through September 2024

Data

	# members	# prescribers
ITC	30	36
MHC	5	7
WLP	45	51
FFS	0	0

Note: This is the second review of the retroDUR by the DUR Commission. In 2021, 61 members with concurrent use were identified, and letters were sent to their prescribers. According to current data, there has been no change in prescribing patterns.

Next Steps

1. Send letters to prescribers regarding the concurrent use of a GLP-1 RA and DPP-4 inhibitor, pointing out the overlapping mechanisms of action and lack of additional significant improvements in A1C and recommend one agent be discontinued?
2. Develop a ProDUR edit to prevent the concurrent use of a GLP-1 and DPP-4 inhibitor (would be brought to a future meeting for discussion)?
3. DUR Digest article?
4. Other?

Evaluation of Dornase Alpha in Cystic Fibrosis Patients Who Are Stable on Modulator Therapy
RetroDUR
Proposal

Purpose

- Identify those members who are taking a Cystic Fibrosis modulator medication, such as Trikafta, Orkambi, Kalydeco or Symdeko, and are also taking Dornase alfa (Pulmozyme). Outreach to treating providers regarding necessity of continuation of Dornase alfa

Background

- Cystic Fibrosis patients often have a high medication treatment burden and scheduled daily regimen. Some recent newer studies suggest that Dornase alfa (Pulmozyme®) has a potential for being discontinued without any difference in lung function outcomes for some patients. Educating providers about this possibility and encouraging them to evaluate their patients for the ability to discontinue, could lead to a reduced medication burden for some members.

Potential DUR Criteria

- Time period August 1st, 2024 through January 31st, 2025.
- Data to include
    - Members with concurrent use of a CFTR modulator and Dornase alfa (Pulmozyme®), with > or = to 90 days of overlap. Report total number of members and prescribers.

References

- Discontinuation versus continuation of hypertonic saline or dornase alfa in modulator treated people with Cystic Fibrosis (SIMPLIFY): results from two parallel, multicentre, open-label, randomized, controlled, non-inferiority trials. Prof Nicole Mayer-Hamblett, PhD, Prof Felix Ratien, MD, Renee Russell, MS Prof Scott H Donaldson, MD, Prof Kristin A Riekert, PhD, Gregory S. Sawicki, MD, et. Al. Published November 4, 2022, DOI https://doi.org/10.1016/S2213-2600(22)00434-9.
- Self-reported chronic therapy use after 24-weeks of follow-up by participants who completed the simplify randomized, controlled trial. Alex H. Gifford, Katherin Odem-Davis, Margaret Kloster, Nicole Mayer-Hamblett, David P. Nichols on behalf of the SIMPLIFY Study Group, cysticfibrosisjournal.com/inpress#20240914.

LABA + ICS in COPD
RetroDUR
Proposal

Purpose
Identify members with a diagnosis of COPD that are using a LABA+ICS that may be better managed with a LABA+LAMA+ICS, based on exacerbations.

Background
The 2025 GOLD Report no longer encourages the use of a LABA+ICS in combination for treating patients with COPD (see figure 3.20 and 3.22 in the report). If there is an indication for use of ICS, then LABA+LAMA+ICS has been shown to be superior to LABA+ICS. Patients currently on LABA+ICS should be reviewed to determine whether there was a relevant prior exacerbation history and whether there was a previous positive response to ICS treatment. Based on this information, the following should be considered:

- If there is no relevant exacerbation history, then consider changing to LABA+LAMA.
- If there was a previous exacerbation history and patient responded to LABA+ICS and currently there are no exacerbations and low symptom load, this suggests a positive response to treatment and no change in therapy is warranted. If symptoms (dyspnea) persist despite treatment with LABA+ICS, escalation to LABA+LAMA+ICS should be considered.
- If patient is currently experiencing exacerbations, blood eosinophil counts should be measured to guide treatment. If < 100 cells/µl consider changing to LABA+LAMA; if ≥ 300 cells/µl then LABA+LAMA+ICS should be used.
- The benefits and risks of ICS withdrawal should be carefully considered, with a blood eosinophil count > 300 cells/µl being an indicator of increased risk of exacerbations with ICS withdrawal.

Note, if patients with COPD have features of asthma, treatment should always contain an ICS.

Potential RDUR Criteria

- Pharmacy claims: November 2024 through January 2025
- Identify members with a diagnosis of COPD that have paid pharmacy claims for a LABA+ICS only
    - Exclude members with a diagnosis of asthma
- Report number of members and number of prescribers

Aprocitentan (Tryvio)
Initial Review

Background
In March 2024, the FDA approved aprocitentan (Tryvio), in combination with other antihypertensive drugs, for the treatment of hypertension, to lower blood pressure in adult patients who are not adequately controlled on other drugs. It is the first endothelin receptor antagonist approved for the treatment of hypertension. The P&T Committee requested the DUR Commission to develop prior authorization criteria to better define aprocitentan (Tryvio) use in resistant hypertension.

See the attached new drug review for additional clinical information.

The diagnosis of resistant hypertension is made when a patient takes 3 antihypertensive medications, at optimal doses, with complementary mechanisms of action (one of which should be a diuretic) but does not achieve control, or when blood pressure control is achieved (< 130/80 mm Hg) but requires 4 or more medications.

- Agents used in the treatment of hypertension:
    - Primary agents: thiazide diuretics, ACE inhibitor, ARBs, and CCBs.
    - Secondary agents: other diuretics (loop, potassium sparing, aldosterone antagonists [aldosterone antagonists are preferred in resistant hypertension]), beta blockers, direct renin inhibitor, alpha-1 blockers, central alpha2-agonist, and direct vasodilators.

Cost

- WAC $25.83/tablet; $774.90/30 days; $9,298.80/12 months

Newly Proposed Prior Authorization Criteria
Prior authorization (PA) is required for aprocitentan (Tryvio). 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 for an FDA approved for 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 resistant hypertension; and
3. Secondary causes of hypertension have been ruled out; and
4. Patient has been adherent with standard background antihypertensive therapy, which includes at least one agent from each of the following classes, taken concurrently at maximally tolerated doses:
    a. Angiotensin-converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB);

    b. Calcium channel-blockers (CCB);
    c. Diuretics;
    d. Mineralocorticoid receptor antagonist (MRA); and
5. Patient's blood pressure remains above target goal despite adherence with the above agents; and
6. Will be used in combination with at least three other antihypertensive agents at maximally tolerated doses.

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

References

2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines
https://www.ahajournals.org/doi/10.1161/HYP.0000000000000065

PDL DRUG REVIEW

Proprietary Name: Tryvio®
Common Name: aprocitentan
PDL Category: Cardiovascular Agents

Comparable Products	Preferred Drug List Status
ACE Inhibitors	Preferred
ARBs	Preferred
Beta-Blockers	Preferred

Pharmacology/Usage: Aprocitentan, the active ingredient of Tryvio®, is an endothelin receptor antagonist (ERA) that inhibits the binding of endothelin (ET)-1 to ET-A and ET-B receptors. ET-1, via its receptors (ET-A and ET-B) mediates a variety of deleterious effects such as vasoconstriction, fibrosis, cell proliferation, and inflammation. In hypertension, ET-1 can cause endothelial dysfunction, vascular hypertrophy and remodeling, sympathetic activation, and increased aldosterone synthesis.

Indication: In combination with other antihypertensive drugs, is indicated for the treatment of hypertension, to lower blood pressure (BP) in adult patients who are not adequately controlled on other drugs.

There is no pregnancy category for this medication; however, the risk summary indicates that based on animal reproduction studies with other ERAs, Tryvio® can cause embryo-fetal toxicity, including birth defects and fetal death when administered to a pregnant patient and is contraindicated during pregnancy. Advise pregnant patients of the potential risk to a fetus. Refer to the information found in the box warning section regarding additional information with use in females of reproductive potential. The safety and efficacy of use in the pediatric population have not been established.

Dosage Form: Film-Coated Tablets: 12.5mg.

Recommended Dosage: Start treatment with Tryvio® in females of reproductive potential only after confirmation of a negative pregnancy test. Patients should exclude pregnancy with negative pregnancy tests monthly during treatment and one month after discontinuation of treatment with Tryvio®.

Take 12.5mg PO QD, with or without food. Swallow tablets whole. If a dose is missed, skip the missed dose and take the next dose at the regular time. Do not take two doses on the same day.

Tryvio® is not recommended in patients with kidney failure (eGFR <15ml/min) or on dialysis; however, dose adjustments are not required in patients with mild to severe renal impairment (eGFR ≥15ml/min). Dose adjustments are not required in patients with mild hepatic impairment; however, use is not recommended in patients with moderate and severe hepatic impairment.

Drug Interactions: There are no drug interactions listed with this product.

Box Warning: Tryvio® has a box warning regarding embryo-fetal toxicity, as it can cause major birth defects if used by pregnant patients. In patients who can become pregnant, obtain a negative pregnancy test prior to initiation of treatment, and counsel patients to take monthly pregnancy tests during treatment and one month after discontinuation of Tryvio®. To prevent pregnancy, patients who can become pregnant should use acceptable methods of contraception prior to the start of treatment, during treatment, and for

one month after stopping Tryvio®. Because of the risk of birth defects, Tryvio® is only available through a restricted program called the Tryvio® Risk Evaluation and Mitigation Strategy (REMS).

Common Adverse Drug Reactions: *Listed % incidence for adverse drug reactions= reported % incidence for drug (Tryvio®) 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 edema/fluid retention (7%) and anemia (3.7%). During the initial 4-week double-blind, placebo-controlled treatment period, 0.8% of patients taking Tryvio® experienced an adverse reaction of hypersensitivity compared to no reports in patients treated with placebo.

As the box warning discusses, Tryvio® can cause fetal harm when administered during pregnancy and is contraindicated for use in patients who are pregnant. Because of the risk of embryo-fetal toxicity, Tryvio® is available only through a restricted program under a REMS called the Tryvio® REMS. Important requirements of the Tryvio® REMS includes that:

- Prescribers must be certified with the Tryvio® REMS by enrolling and completing training.
- Pharmacies that dispense Tryvio® must be certified with the Tryvio® REMS.
- Further information is available at www.TRYVIOREMS.com or by calling 1-866-429-8964.

Elevations of aminotransferases and hepatotoxicity are known effects of ERAs, including Tryvio®. To reduce the risk of potential serious hepatotoxicity, measure serum aminotransferase levels and total bilirubin prior to the start of treatment and repeat during treatment periodically and as clinically indicated. Do not start Tryvio® in patients with elevated aminotransferases (>3 X upper limit of normal or ULN) or moderate to severe hepatic impairment. Advise patients with symptoms suggesting hepatotoxicity to immediately stop treatment with Tryvio® and seek medical attention. If sustained, unexplained, clinically relevant aminotransferase elevations occur, or if elevations are accompanied by an increase in bilirubin >2 X ULN, or if clinical symptoms of hepatotoxicity occur, discontinue Tryvio®.

Fluid retention and peripheral edema are known effects of ERAs, including Tryvio®. Tryvio® has not been studied in patients with heart failure New York Heart Association stage III-IV, unstable cardiac function, or with NTproBNP ≥500pg/ml. Tryvio® is not recommended in these patients. Monitor for signs and symptoms of fluid retention, weight gain, and worsening heart failure. If clinically significant fluid retention develops, treat appropriately, and consider discontinuation of Tryvio®.

Decreases in hemoglobin concentration and hematocrit have occurred following the use of other ERAs and were observed in the clinical trial with Tryvio®. Hemoglobin decreases usually presented early, stabilized thereafter, and were reversible after discontinuation. Initiation of Tryvio® is not recommended in patients with severe anemia. Measure hemoglobin prior to the start of treatment and periodically during treatment as clinically indicated.

Tryvio®, like other ERAs, may have an adverse effect on spermatogenesis. Counsel men about potential effects on fertility.

Contraindications:

- In pregnancy
- In patients who are hypersensitive to aprocitentan or any of its excipients.

Manufacturer: Idorsia Pharmaceuticals

Analysis: The efficacy of Tryvio® was assessed in a multipart, phase 3 multicenter study that included adults with SBP ≥140mmHg who were prescribed at least 3 antihypertensive medications. The trial included a placebo run-in period, which was followed by 3 parts as described below. Prior to the placebo run-in period, all were switched to standard background antihypertensive therapy that consisted of an angiotensin receptor blocker (ARB), a calcium channel blocker (CCB), and a diuretic, which was continued

throughout the study. Patients with concomitant use of beta-blockers continued this treatment throughout the study.

After the 4-week placebo run-in period, patients (N=730) were randomized to aprocitentan 12.5mg, aprocitentan 25mg, or placebo all once daily during the initial 4-week double-blind treatment period (part 1). At the end of 4 weeks, all patients entered the single-blind treatment period (part 2) where they received aprocitentan 25mg QD for 32 weeks. At the end of the 32 weeks, patients were re-randomized to receive either aprocitentan 25mg or placebo, during a 12-week double-blind, withdrawal period (part 3).

Included patients had a mean age of 62 years (range 24 to 84 years), while 60% were male, 83% were white, and the mean body mass index (BMI) was 34kg/m^2. At baseline, 19% had an eGFR 30-59ml/min/1.73m^2 and 3% had an eGFR 15-29 ml/min/1.73m^2. At baseline, 24% had a urine albumin-to-creatinine ratio (UACR) of 30-300mg/g and 13% had a UACR >300mg/g. About 54% of patients had a medical history of DM, 31% ischemic heart disease, and 20% congestive heart failure. At baseline, 63% of patients reported taking 4 or more antihypertensive medications.

The primary endpoint was the change in sitting SBP (SiSBP) from baseline to week 4 during part 1, measured at trough by unattended automated office blood pressure (uAOBP). The key secondary endpoint was the change in SiSBP measured at trough by uAOBP from week 36 (i.e., prior to randomized withdrawal to 25mg aprocitentan or placebo in part 3) to week 40.

BP reductions compared to placebo based on uAOBP measurements at trough are presented in the table below, which was adapted from the prescribing information. Tryvio® 12.5mg was statistically superior to placebo in reducing SiSBP at week 4 (part 1). The treatment effect was consistent for sitting diastolic BP (SiDBP).

				Difference to placebo	
Treatment group	N	Baseline mean	Least Square Mean	Least Square Mean	p-value
SiSBP (primary endpoint)					
Tryvio® 12.5mg	243	153.2	-15.4	-3.8	0.0043[1]
Placebo	244	153.3	-11.6	-	-
SiDBP					
Tryvio® 12.5mg	243	87.9	-10.4	-4.0	-
Placebo	244	87.1	-6.4	-	-

[1]Statistically significant at the 2.5% level as prespecified in the testing strategy.

The persistence of the BP-lowering effect of Tryvio® was demonstrated in part 3 of the trial, in which patients on aprocitentan were re-randomized to placebo or 25mg aprocitentan following a period during which all patients were treated with 25mg. In patients re-randomized to placebo, the mean SiSBP increased, whereas in patients re-randomized to 25mg aprocitentan the mean effect on SiSBP was maintained and was statistically superior to placebo at week 40. The treatment effect was consistent for SiDBP.

Most of the BP-lowering effect occurred within the first two weeks of treatment with Tryvio®.

Tryvio® is not approved for use at a 25mg dose. The 25mg dose has not demonstrated a meaningful improvement in blood pressure reduction as compared to the 12.5mg dose and had an increased risk of edema/fluid retention.

Place in Therapy: Tryvio® is an endothelin receptor antagonist indicated for the treatment of hypertension in combination with other antihypertensive drugs, to lower blood pressure in adult patients who are not adequately controlled on other drugs. Lowering blood pressure reduces the risk of fatal and non-fatal cardiovascular events, primarily strokes and myocardial infarction. Tryvio® has a box warning regarding embryo-fetal toxicity. Because of the risk of birth defects, Tryvio® is only available through a restricted program called the Tryvio® REMS. The efficacy of Tryvio® was assessed in a multipart, phase 3 multicenter study. The primary endpoint was the change in sitting SBP (SiSBP) from baseline to week 4 during part 1, and Tryvio® 12.5mg was statistically superior to placebo in reducing SiSBP at week 4 (part 1). The treatment effect was consistent for sitting diastolic BP. Tryvio® is the first FDA approved ERA indicated to lower blood pressure when used in combination with other antihypertensive treatments for those with hypertension that is not adequately controlled on other drugs.

Summary

There is no evidence at this time to support that Tryvio® is safer or more effective than the other currently preferred, more cost-effective medications. It is therefore recommended that Tryvio® 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] Tryvio [package insert]. Radnor, PA: Idorsia Pharmaceuticals US Inc.; 2024.

CNS Stimulants and Atomoxetine
(Removal of Atomoxetine from Prior Authorization)
Initial Review

Background

A recommendation was made during the annual review of prior authorization (PA) criteria to consider removal of atomoxetine from CNS Stimulants and Atomoxetine PA requirements. Should the DUR Commission recommend removal of atomoxetine from PA criteria, the following is recommended:

1. Review of ProDUR quantity limits (are current quantity limits appropriate?).
2. Age edit to ensure appropriate utilization (currently controlled by PA).
3. Update PA name to CNS Stimulants.

Atomoxetine is indicated for the treatment of attention deficit hyperactivity disorder (ADHD) in pediatric (6 years or older) and adult patients.

- Adult Dosing
    - Initial, 40mg daily; increase after a minimum of 3 days to a target dose of 80mg daily as a single daily dose in the morning or in 2 divided doses in the morning and late afternoon/early evening; may increase to 100mg/day after 2 to 4 weeks; Max 100mg daily.
- Pediatric Dosing
    - (6 years or older, up to 70 kg) Acute treatment: Initial, approximately 0.5 mg/kg orally daily; increase after a minimum of 3 days to a target dose of approximately 1.2 mg/kg daily, as a single daily dose in the morning or in 2 divided doses in the morning and late afternoon/early evening; Max 1.4 mg/kg daily or 100 mg/day, whichever is less.
    - (6 years or older, greater than 70 kg) Acute treatment: Initial, 40 mg orally daily; increase after a minimum of 3 days to a target dose of 80 mg daily as a single daily dose in the morning or in 2 divided doses in the morning and late afternoon/early evening; may increase to 100 mg/day after 2 to 4 weeks; Max 100 mg daily.

Current Clinical Prior Authorization Criteria

Prior authorization (PA) is required for CNS stimulants and atomoxetine for patients 21 years of age or older. Prior to requesting PA for any covered diagnosis, the prescriber must review the patient's use of controlled substances on the Iowa Prescription Monitoring Program website. Request must adhere to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations. Payment for CNS stimulants and atomoxetine will be considered when patient has an FDA approved or compendia indication for requested drug under the following conditions:

1. Attention Deficit Hyperactivity Disorder (ADHD) meeting the DSM-5 criteria

and confirmed by a standardized rating scale (such as Conners, Vanderbilt, Brown, SNAP-IV). Symptoms must have been present before twelve (12) years of age and there must be clear evidence of clinically significant impairment in two or more current environments (social, academic, or occupational). Documentation of a recent clinical visit that confirms improvement in symptoms from baseline will be required for renewals or patients newly eligible that are established on medication to treat ADHD. Adults (≥ 21 years of age) are limited to the use of long-acting agents only. If a supplemental dose with a short-acting agent is needed for an adult in the mid to late afternoon, requests will be considered under the following circumstances: the dose of the long-acting agent has been optimized, documentation is provided a short-acting agent of the same chemical entity is medically necessary (e.g. employed during the day with school in the evening), and will be limited to one unit dose per day. Children (< 21 years of age) are limited to the use of long-acting agents with one unit of a short acting agent per day. Use of an amphetamine agent plus a methylphenidate agent will not be considered for a diagnosis of ADHD.

2. Narcolepsy with diagnosis confirmed with a recent sleep study (ESS, MSLT, PSG).
3. Excessive sleepiness from obstructive sleep apnea/hypopnea syndrome (OSAHS) with documentation of non-pharmacological therapies tried (weight loss, position therapy, CPAP at maximum titration, BiPAP at maximum titration or surgery) and results from a recent sleep study (ESS, MSLT, PSG) with the diagnosis confirmed by a sleep specialist.

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

Prior authorization (PA) is required for CNS stimulants ~~and atomoxetine~~ for patients 21 years of age or older. Prior to requesting PA for any covered diagnosis, the prescriber must review the patient's use of controlled substances on the Iowa Prescription Monitoring Program website. Request must adhere to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations. Payment for CNS stimulants ~~and atomoxetine~~ will be considered when patient has an FDA approved or compendia indication for requested drug under the following conditions:

1. Attention Deficit Hyperactivity Disorder (ADHD) meeting the DSM-5 criteria and confirmed by a standardized rating scale (such as Conners, Vanderbilt, Brown, SNAP-IV). Symptoms must have been present before twelve (12) years of age and there must be clear evidence of clinically significant impairment in two or more current environments (social, academic, or occupational). Documentation of a recent clinical visit that confirms improvement in symptoms from baseline will be required for renewals or

patients newly eligible that are established on medication to treat ADHD. Adults (≥ 21 years of age) are limited to the use of long-acting agents only. If a supplemental dose with a short-acting agent is needed for an adult in the mid to late afternoon, requests will be considered under the following circumstances: the dose of the long-acting agent has been optimized, documentation is provided a short-acting agent of the same chemical entity is medically necessary (e.g. employed during the day with school in the evening), and will be limited to one unit dose per day. Children (< 21 years of age) are limited to the use of long-acting agents with one unit of a short acting agent per day. Use of an amphetamine agent plus a methylphenidate agent will not be considered for a diagnosis of ADHD.

2. Narcolepsy with diagnosis confirmed with a recent sleep study (ESS, MSLT, PSG).
3. Excessive sleepiness from obstructive sleep apnea/hypopnea syndrome (OSAHS) with documentation of non-pharmacological therapies tried (weight loss, position therapy, CPAP at maximum titration, BiPAP at maximum titration or surgery) and results from a recent sleep study (ESS, MSLT, PSG) with the diagnosis confirmed by a sleep specialist.

Current Atomoxetine Quantity Limits

Drug Product	Quantity	Days' Supply
Strattera 10mg (atomoxetine)	60	30
Strattera 18mg (atomoxetine)	60	30
Strattera 25mg (atomoxetine)	60	30
Strattera 40mg (atomoxetine)	60	30
Strattera 60mg (atomoxetine)	30	30
Strattera 80mg (atomoxetine)	30	30
Strattera 100mg (atomoxetine)	30	30

Proposed ProDUR Age Edit

- Payable for members ≥ 6 years of age

Direct Oral Anticoagulants
Initial Review
Removal of Prior Authorization Criteria

Background
A recommendation was made during the annual review of prior authorization (PA) criteria to consider removal of PA criteria for direct oral anticoagulants. Since development of these PA criteria, these agents have become the standard of care, have become cost effective for the state, and have moved from non-preferred status to preferred without PA. Preferred agents include Eliquis tablets, Xarelto tablets, and Pradaxa capsules.

Should the DUR Commission make a formal recommendation to remove PA criteria, ProDUR quantity limits should be considered for preferred agents without current quantity limits (Eliquis).

Current Clinical Prior Authorization Criteria (Recommendation: remove PA criteria)
Prior authorization (PA) is not required for preferred direct oral anticoagulants (DOACs). PA is required for non-preferred DOACs. Requests will be considered for FDA approved dosing and length of therapy for submitted diagnosis. Requests for doses outside of the manufacturer recommended dose will not be considered. Payment will be considered for FDA approved or compendia indications for the requested drug
under the following conditions:

1. Patient is within the FDA labeled age for indication; and
2. Patient does not have a mechanical heart valve; and
3. Patient does not have active bleeding; and
4. For a diagnosis of atrial fibrillation or stroke prevention, patient has the presence of at least one additional risk factor for stroke, with a CHA_2DS_2-VASc score ≥1; and
5. A recent creatinine clearance (CrCl) is provided; and
6. A recent Child-Pugh score is provided; and
7. Patient's current body weight is provided; and
8. Patient has documentation of a trial and therapy failure at a therapeutic dose with at least two preferred DOACs; and.
9. For requests for edoxaban, when prescribed for the treatment of deep vein thrombosis (DVT) or pulmonary embolism (PE), documentation patient has had 5 to 10 days of initial therapy with a parenteral anticoagulant (low molecular weight heparin or unfractionated heparin) is provided.

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

Proposed ProDUR Quantity Limits

Drug Product		Quantity	Days' Supply
Eliquis 2.5 mg (apixaban)		60	30
Eliquis 5 mg (apixaban)		60	30

Letermovir (Prevymis)
Initial Review

Background
In August 2024, the FDA approved Prevymis (letermovir) for the prophylaxis of cytomegalovirus (CMV) infection and disease in adult and pediatric patients 6 months of age and older and weighing at least 6 kg who are CMV-seropositive recipients [R+] of an allogeneic hematopoietic stem cell transplant (HSCT), and for prophylaxis of CMV disease in adult and pediatric patients 12 years of age and older and weighing at least 40 kg who are kidney transplant recipients at high risk (donor CMV seropositive/recipient CMV seronegative [D+/R-]). Prevymis was previously approved for these indications for adult patients only.

Prior authorization criteria are being updated to include treatment for members under 18 years of age and adding the indication for kidney transplant recipients.

Current Clinical Prior Authorization
Prior authorization (PA) is required for oral letermovir. Requests for intravenous letermovir should be directed to the member's medical benefit. Payment will be considered under the following conditions:

1. Medication is to be used for the prophylaxis of cytomegalovirus (CMV) infection and disease; and
2. Patient or donor is CMV-seropositive R+ (attach documentation); and
3. Patient has received an allogeneic hematopoietic stem cell transplant (HSCT) within the last 28 days (provide date patient received HSCT); and
4. Is prescribed by or in consultation with a hematologist, oncologist, infectious disease or transplant specialist; and
5. Patient is 18 years of age or older; and
6. Dose does not exceed:
    a. 240mg once daily when co-administered with cyclosporine;
    b. 480mg once daily; and
7. Patient must not be taking the following medications:
    a. Pimozide; or
    b. Ergot alkaloids (e.g., ergotamine, dihydroergotamine); or
    c. Rifampin; or
    d. Atorvastatin, lovastatin, pitavastatin, simvastatin, or repaglinide when co-administered with cyclosporine; and
8. Patient does not have severe (Child-Pugh Class C) hepatic impairment (provide score); and
9. Therapy duration will not exceed 100 days post-transplantation.

Proposed Clinical Prior Authorization (changes highlighted/italicized and/or stricken)
Prior authorization (PA) is required for oral letermovir. Requests for intravenous letermovir should be directed to the member's medical benefit. 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. Medication is to be used for the prophylaxis of cytomegalovirus (CMV) infection and disease; and
3. Patient has received an allogeneic hematopoietic stem cell transplant (HSCT) ~~within the last 28 days (provide date patient received HSCT)~~; and
    a. Patient or donor is CMV-seropositive *[*R+*]* (attach documentation); and
    b. *Treatment will be initiated between day 0 and day 28 post-transplantation (before or after engraftment); and*
    c. *Therapy duration will not exceed 100 days post-transplantation; or*
4. *Patient is a kidney transplant recipient; and*
    a. *Donor is CMV-seropositive/recipient is CMV seronegative [D+/R-] (attach documentation); and*
    b. *Treatment will be initiated between day 0 and day 7 post-transplantation (before or after engraftment); and*
    c. *Therapy will not exceed 200 days post-transplantation; and*
5. Is prescribed by or in consultation with a hematologist, oncologist, infectious disease or transplant specialist; and
6. *Date of transplant is provided; and*
7. *Patients weight (in kg) is provided.*
8. ~~Patient is 18 years of age or older; and~~
9. ~~Dose does not exceed:~~
    ~~a. 240mg once daily when co-administered with cyclosporine;~~
    ~~b. 480mg once daily; and~~
10. ~~Patient must not be taking the following medications:~~
    ~~a. Pimozide; or~~
    ~~b. Ergot alkaloids (e.g., ergotamine, dihydroergotamine); or~~
    ~~c. Rifampin; or~~
    ~~d. Atorvastatin, lovastatin, pitavastatin, simvastatin, or repaglinide when co-administered with cyclosporine; and~~
11. ~~Patient does not have severe (Child-Pugh Class C) hepatic impairment (provide score); and~~
12. ~~Therapy duration will not exceed 100 days post-transplantation.~~

References

Prevymis [package insert]. Rathway, NJ: Merck Sharp & Dohme Corporation; August 2024.

Peanut Allergen Powder-dnfp (Palforzia)
Initial Review

Background
In July 2024, the FDA approved Palforzia (peanut [Arachis hypogaea] allergen powder-dnfp), for the mitigation of allergic reactions, including anaphylaxis, that may occur with accidental exposure to peanut. Palforzia is approved for use in patients with a confirmed diagnosis of peanut allergy. Initial dose escalation may be administered to patients aged 1 through 17 years. Up-dosing and maintenance may be continued in patients 1 year of age and older. Previously, Palforzia was approved for children 4 through 17 years of age. Refer to the Palforzia drug label for additional clinical information, including dosing.

PA criteria are being updated to accommodate the new age indication.

Current Clinical Prior Authorization Criteria
Prior authorization (PA) is required for Peanut (*Arachis hypogaea*) Allergen Powder-dnfp (Palforzia). Payment will be considered under the following conditions:

1. Patient has a confirmed diagnosis of peanut allergy, as documented by a skin prick test to peanut ≥ 3 mm compared to control or a peanut-specific serum IgE ≥ 0.35 kUA/L (kilos of allergen-specific units per liter); and
2. Patient is 4 to 17 years of age at initiation of therapy or 4 years of age and older for continued up-dosing and maintenance therapy; and
3. Prescribed by or in consultation with an allergist or immunologist; and
4. Patient has access to injectable epinephrine; and
5. Will be used in conjunction with a peanut-avoidant diet; and
6. Patient does not have any of the following:
    a. Uncontrolled asthma; and/or
    b. A history of eosinophilic esophagitis or other eosinophilic gastrointestinal disease; and
7. The initial dose escalation and the first dose of each new up-dosing level is administered under the supervision of a health care professional in a health care setting with the ability to manage potentially severe allergic reactions, including anaphylaxis. Initial dose escalation and the first dose of all up-dosing levels is not to be billed to the Iowa Medicaid outpatient pharmacy program as the initial dose escalation is administered in the provider office and should be billed via the medical benefit and the first dose of all up-dosing levels is provided via the Office Dose Kit; and
8. Follows FDA approved dosing; and
9. PA is required for all up-dosing dose levels (dose 1 through 11); and
10. Maintenance dosing will be considered with documentation patient has successfully completed all dose levels of up-dosing.

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

Prior authorization (PA) is required for Peanut (*Arachis hypogaea*) Allergen Powder-dnfp (Palforzia). Payment will be considered under the following conditions:

1. *Request adheres to all FDA approved labeling for requested drug and indications, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and*
2. Patient has a confirmed diagnosis of peanut allergy, as documented by a skin prick test to peanut ≥ 3 mm compared to control or a peanut-specific serum IgE ≥ 0.35 kUA/L (kilos of allergen-specific units per liter); and
3. Patient is 4 *1* to 17 years of age at initiation of therapy or 4 *1* year~~s~~ of age and older for continued up-dosing and maintenance therapy; and
4. Prescribed by or in consultation with an allergist or immunologist; and
5. Patient has access to injectable epinephrine; and
6. Will be used in conjunction with a peanut-avoidant diet; and
7. ~~Patient does not have any of the following:~~
    a. ~~Uncontrolled asthma; and/or~~
    b. ~~A history of eosinophilic esophagitis or other eosinophilic gastrointestinal disease; and~~
8. The initial dose escalation and the first dose of each new up-dosing level is administered under the supervision of a health care professional in a health care setting with the ability to manage potentially severe allergic reactions, including anaphylaxis. Initial dose escalation and the first dose of all up-dosing levels is not to be billed to the Iowa Medicaid outpatient pharmacy program as the initial dose escalation is administered in the provider office and should be billed via the medical benefit and the first dose of all up-dosing levels is provided via the Office Dose Kit; and
9. ~~Follows FDA approved dosing; and~~
10. PA is required for all up-dosing dose levels (dose 1 through 11); and
11. Maintenance dosing will be considered with documentation patient has successfully completed all dose levels of up-dosing.

References

Palforzia allergen powder [prescribing information]. Bridgewater NJ: Aimmune; July 2024.

Oxybate Products
Initial Review

Background
Xywav (calcium, magnesium, potassium, and sodium oxybates) oral solution received a new indication for idiopathic hypersomnia (IH) in adults. Xywav is also approved for the treatment of cataplexy or excessive daytime sleepiness in patients seven years or older with narcolepsy. This is the first drug to receive FDA approval for IH.

Prior authorization criteria are being updated to include this new indication, update language to remove references specific to Xyrem to allow consideration of oxybate products (including mixed salt oxybates). Additionally, trials for narcolepsy are being updated to reflect current recommendations in clinical guidelines.

IH is a neurologic sleep disorder of chronic excessive daytime sleepiness. According to the International Classification of Sleep Disorders, third edition, Text Revision (ICSD-3-TR), a diagnosis of IH requires all of the following:

- Daily periods of irrepressible need to sleep, or daytime lapses into drowsiness or sleep, that have occurred for at least three months.
- Cataplexy is not present.
- Polysomnography (PSG) and multiple sleep latency test (MSLT) findings do not support a diagnosis of narcolepsy (type 1 or 2).
- The presence of at least one of the following:
    - MSLT indicates a mean sleep latency of ≤8 minutes.
    - Total 24-hour sleep time is ≥660 minutes (typically 12 to 14 hours) as measured by either 24-hour polysomnography that is performed after remediation of any chronic sleep deprivation or by wrist actigraphy in association with a sleep log, averaged over at least seven days with unrestricted sleep.
- Insufficient sleep syndrome is ruled out, if judged necessary, by failure of sleepiness to improve after an adequate trial of increased nocturnal time in bed, preferably documented on at least one week of actigraphy.
- No better explanation for signs and symptoms is provided by another sleep disorder, circadian rhythm sleep-wake disorder, medical disorder, mental disorder, or medication/substance use or withdrawal.

Treatment of IH is symptomatic, focused on excessive daytime sleepiness. Non-pharmacologic treatments such as behavior modification are not usually effective. The American Academy of Sleep Medicine (AASM) clinical practice guideline includes recommendations for the treatment of IH. Only modafinil has a strong recommendation for use. Clarithromycin, methylphenidate, pitolisant, and sodium oxybate have conditional recommendations for the treatment of IH in adults (mixed salt oxybates were not included in the guideline).

The AASM clinical practice guideline also includes the following recommendations for the treatment of narcolepsy:

- With excessive daytime sleepiness:
    - Strong recommendation: modafinil, pitolisant, sodium oxybate, solriamfetol.
    - Conditional recommendation: armodafinil, dextroamphetamine
- With cataplexy:
    - Strong recommendation: pitolisant, sodium oxybate,
    - Conditional recommendation: dextroamphetamine

Clinical Trial (for IH)
The approval of Xywav for IH was based on a double-blind, placebo-controlled, randomized-withdrawal study in IH adult patients. The study enrolled 154 patients with 115 evaluable for efficacy data. The primary endpoint was the change in Epworth Sleepiness Scale (ESS) score, as a measure of reduction in excessive daytime sleepiness from the end of the stable dose period (SDP) to the end of the double-blind, randomized withdrawal period (DB RWP). The ESS is an 8-item self-reported questionnaire by which patients rate their perceived likelihood of falling asleep during usual daily life activities (maximum score of 24).

- Patients taking stable doses of Xywav who were withdrawn from Xywav and randomized to placebo during DB RWP experienced significant worsening in ESS score vs. patients randomized to continue treatment with Xywav ($p < 0.0001$) across all dosing regimens (median change in ESS was 8.0 vs. 0.0 for placebo and Xywav, respectively).

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

1. A diagnosis of cataplexy associated with narcolepsy verified by a recent sleep study (including PSG, MSLT, and ESS) and previous trial and therapy failure with one of the following tricyclic antidepressants: clomipramine, imipramine, or protriptyline; or
2. A diagnosis of excessive daytime sleepiness associated with narcolepsy verified by a recent sleep study (including PSG, MSLT, and ESS) and previous trials and therapy failures at a therapeutic dose with a preferred amphetamine and non-amphetamine stimulant; and
3. Patient meets the FDA approved age; and
4. Is prescribed within the FDA approved dosing; and
5. Patient and prescriber are enrolled in the Xyrem® REMS Program; and
6. Patient has been instructed to not drink alcohol when using Xyrem; and
7. Patient has been counseled regarding the potential for abuse and dependence and will be closely monitored for signs of abuse and dependence; and
8. Requests for patients with concurrent use of a sedative hypnotic or a semialdehyde dehydrogenase deficiency will not be considered.
9. The prescriber must review the patient's use of controlled substances on the Iowa Prescription Monitoring Program website prior to requesting PA.

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 ~~sodium~~ oxybate *products* ~~(Xyrem)~~. *Payment for non-preferred agents 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. *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. A diagnosis of cataplexy associated with narcolepsy
    a. ~~verified~~ *Confirmed* by a recent sleep study (including PSG, MSLT, and ESS) *and verified by a sleep specialist (attach results);* and
    b. Previous trial and therapy failure with *dextroamphetamine* ~~one of the following tricyclic antidepressants: clomipramine, imipramine, or protriptyline~~; or
3. A diagnosis of excessive daytime sleepiness associated with narcolepsy
    a. ~~verified~~ *Confirmed* by a recent sleep study (including PSG, MSLT, and ESS) *and verified by a sleep specialist (attach results);* and
    b. Previous trial~~s~~ and therapy failure~~s~~ at a therapeutic dose with *modafinil* ~~a preferred amphetamine and non-amphetamine stimulant~~; *or*
4. *A diagnosis of idiopathic hypersomnia*
    a. Confirmed by a recent sleep study (including PSG, MSLT, and ESS) and verified by a sleep specialist (attach results); and
    b. Previous trial and therapy failure at a therapeutic dose with modafinil; and
5. *Will not be used in combination with other oxybate products or with pitolisant and/or solriamfetol; and*
6. ~~Patient meets the FDA approved age; and~~
7. ~~Is prescribed within the FDA approved dosing; and~~
8. ~~Patient and prescriber are enrolled in the Xyrem® REMS Program; and~~
9. ~~Patient has been instructed to not drink alcohol when using Xyrem; and~~
10. Patient has been counseled regarding the potential for abuse and dependence and will be closely monitored for signs of abuse and dependence; and
11. ~~Requests for patients with concurrent use of a sedative hypnotic or a semialdehyde dehydrogenase deficiency will not be considered.~~
12. The prescriber must review the patient's use of controlled substances on the Iowa Prescription Monitoring Program website prior to requesting PA.

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

References

Xywav [prescribing information]. Palo Alto, CA: Jazz Pharmaceuticals, Inc., April 2023.

Maski K, Trotti LM, Kotagal S, et al. Treatment of central disorders of hypersomnolence: an American Academy of Sleep Medicine clinical practice guideline. J Clin Sleep Med 2021; 17:1881.

Tirzepatide (Zepbound) for OSA
Initial Review

Background
In December 2024, the FDA announced the approval of Zepbound (tirzepatide) for the treatment of moderate to severe obstructive sleep apnea (OSA) in adults with obesity, to be used in combination with a reduced-calorie diet and increased physical activity. This is the first FDA approved treatment for OSA.

Prior authorization (PA) criteria specific to OSA are being proposed and will be incorporated into the Incretin Mimetics for Non-Diabetes Indications criteria, which is scheduled for a second review on the February 2025 agenda.

Obstructive Sleep Apnea (OSA) is a condition marked by breathing interruptions (apneas), shallow breathing (hypopneas), and arousals due to respiratory effort, all stemming from the repetitive partial or complete collapse of the upper airway during sleep. Key symptoms include fatigue, excessive daytime sleepiness, and disrupted sleep. OSA is more prevalent in individuals with overweight or obesity. Diagnosis hinges on the presence of related symptoms and the frequency of respiratory events during sleep. Polysomnography (PSG) is the preferred method for diagnosing OSA. The Apnea-Hypopnea Index (AHI), which is calculated by dividing the total number of apneas and hypopneas by the total sleep time in hours, helps gauge the severity of OSA. An AHI of 15 to 30 events per hour indicates moderate OSA, while an AHI exceeding 30 events per hour suggests severe OSA.

Positive airway pressure (PAP) therapy is the mainstay of therapy for adults with OSA. Benefits of PAP therapy can be observed within just a few weeks of starting the treatment. Nonadherence to PAP therapy is defined as using PAP for less than an average of four hours per night or less than 70% of nights.

Clinical Trial (OSA indication)
The approval of Zepbound for the new indication was based on two randomized, double-blind, placebo-controlled studies (Study 5 and 6) in 469 adult patients with moderate to severe OSA (apnea-hypopnea index [AHI] ≥ 15) and with obesity (BMI ≥ 30 kg/m^2). Patients were randomized to receive Zepbound or placebo for 52 weeks. Zepbound dosages were escalated over a period of up to 20 weeks to maximum tolerated dose of 10 mg or 15 mg once weekly. Patients with type 2 diabetes mellitus were excluded and all patients received instruction on a reduced-calorie diet and increased physical activity counseling throughout the study. Study 5 included patients who were unable or unwilling to use Positive Airway Pressure (PAP) therapy and Study 6 included patients who were on PAP therapy. The primary endpoint for both studies was the change from baseline in the AHI at week 52.

- In Study 5, the change from baseline in AHI at week 52 was -5.3 and -25.3 with placebo and Zepbound, respectively (difference -20, 95% CI: -25.8, -14.2; p < 0.001).
- In Study 6, the change from baseline in AHI at week 52 was -5.5 and -29.3 with placebo and Zepbound, respectively (difference -23.8, 95% CI: -29.6, -17.9; p < 0.001).

The impact on clinically meaningful outcomes was not reported (e.g. mortality, cardiovascular events). Longer-term efficacy and further trials are in progress.

Dosage and Administration (OSA indication)

- Recommended starting and escalation dose: 2.5 mg injected subcutaneously once weekly for 4 weeks. The 2.5 mg dosage is for treatment initiation and is not approved as a maintenance dosage.
- After 4 weeks, increase dose to 5 mg once weekly. The dosage may be increased in 2.5 mg increments, after at least 4 weeks on the current dose.
- Recommended maintenance dose: 10 mg or 15 mg injected subcutaneously once weekly.

Dosage Forms and Strengths

- Injection: 2.5 mg/0.5 mL; 5 mg/0.5 mL; 7.5 mg/0.5 mL; 10 mg/0.5 mL; 12.5 mg/0.5 mL; 15 mg/0.5 mL

Cost

- WAC $543.19; $1,086.38 per fill; $13,037 per 12 fills

Manufacturer

- Eli Lilly and Co.

Newly Proposed Clinical Prior Authorization Criteria (to be added to Incretin Mimetics for Non-Diabetes Indications; MACE criteria not under review)
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 dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient has been screened for and does not have type 1 or type 2 diabetes mellitus (attach current lab results, obtained within 6 months of request, documenting an A1C < 6.5% or a fasting plasma glucose < 126 mg/dL); and
3. 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 (attach documentation), obtained within 6 months of request; and
    c. Patient has been evaluated for cardiovascular standard of care treatment; and
    d. For Wegovy:
        i. Patient is ≥ 45 years of age; and
        ii. Initiation and escalation dosages will be permitted for a maximum of 8 weeks for each dosage; and
        iii. Maintenance dosages other than 1.7 mg or 2.4 mg once weekly will not be approved for maintenance treatment; *or* ~~and~~

4. *Patient has a diagnosis of moderate to severe obstructive sleep apnea (OSA); and*
    a. Patient has a baseline BMI ≥ 30 kg/m^2; and
    b. Patient has a baseline apnea/hypopnea index (AHI) ≥ 15 events per hour, as documented by a polysomnography (PSG), prior to any treatment (attach documentation); and
    c. Patient continues to have an AHI ≥ 15 events per hour, as documented by a PSG, after optimization of positive airway pressure (PAP) (attach documentation), and
    d. Patient is currently receiving and compliant with PAP (the device was used for 70% of nights for four or more hours per night, for two or more months); and
    e. Patient has practiced behavior modifications and sleep hygiene modifications (e.g., weight loss, sleep positioning to avoid a non-supine position, avoidance of alcohol and sedatives before bed) for at least six months prior to initiation of requested drug; and
    f. The patient will use requested drug in combination with sleep hygiene modifications (as defined above); and
    g. For Zepbound:
        i. Patient meets the FDA approved age for OSA; and
        ii. Initiation and escalation dosages will be permitted up to a maximum of 20 weeks prior to reaching the recommended maintenance dosage of 10 mg or 15 mg once weekly; and

iii. *Maintenance dosages other than 10 mg or 15 mg once weekly will not be approved for maintenance treatment; and*

5. Patient will use medication in combination with a reduced calorie diet and increased physical activity; and
6. 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 at 12-month intervals when:

1. The requested drug will be used to reduce the risk of MACE; and
    a. ~~Patient does not have type 1 or type 2 diabetes; and~~
    b. Patient has been evaluated for cardiovascular standard of care treatment; and
    c. For Wegovy, a maintenance dose of 1.7 mg or 2.4 mg once weekly is requested; ~~and~~ *or*
2. *The requested drug will be used to treat moderate to severe OSA; and*
    a. *Patient's current AHI with PAP is provided (attach PAP device report or PSG); and*
    b. *The maintenance dose is requested and maintained (Zepbound 10 mg or 15 mg once weekly); and*
3. Patient does not have type 1 or type 2 diabetes; and
4. Patient continues to use medication in combination with a reduced calorie diet and increased physical activity; and
5. The requested agent will not be used in combination with other incretin mimetics.

References

Zepbound [package insert]. Indianapolis, IN: Eli Lilly and Company; December 2024.

Kline, Lewis R. (2025, January 13). Clinical presentation and diagnosis of obstructive sleep apnea in adults. UpToDate. https://www.uptodate.com/contents/clinical-presentation-and-diagnosis-of-obstructive-sleep-apnea-in-adults

Malhotra, A., Kundel, V. (2025, January 13). Obstructive sleep apnea overview of management in adults. UpToDate. https://www.uptodate.com/contents/obstructive-sleep-apnea-overview-of-management-in-adults

Dupilumab (Dupixent)
Second Review

Background
Dupilumab (Dupixent) received approval for a new indication of chronic obstructive pulmonary disease (COPD) as an add on maintenance treatment in adults with uncontrolled COPD and an eosinophilic phenotype. It is the first biologic approved for the treatment of COPD.

Prior authorization criteria are being updated to add criteria for the COPD indication. Refer to the Dupixent drug label for complete information.

The safety and efficacy of Dupixent as add-on maintenance treatment of adult patients with inadequately controlled COPD and an eosinophilic phenotype was evaluated in two randomized, double-blind, multicenter, parallel-group, placebo-controlled trials: BOREAS and NOTUS. Both trials enrolled 1,874 individuals with COPD with moderate to severe airflow limitation (post-bronchodilator FEV1/FVC ratio < 0.7 and post-bronchodilator FEV1 of 30% to 70% predicted) and a minimum blood eosinophil count of 300 cells/mcL at baseline. Enrollment in the trial required an exacerbation history of at least 2 moderate or 1 severe exacerbation(s) in the previous year despite receiving maintenance triple therapy consisting of a long-acting muscarinic antagonist (LAMA), long-acting beta agonist (LABA), and inhaled corticosteroid (ICS), and symptoms of chronic productive cough for at least 3 months in the past year. Subjects were randomized to receive DUPIXENT 300 mg subcutaneously every two weeks or placebo in addition to their background maintenance therapy for 52 weeks. The primary endpoint was annualized rate of moderate to severe COPD exacerbations during the 52-week treatment period.

- In the BOREAS trial Dupixent-treated patients experienced 0.78 exacerbations/year vs 1.10 exacerbations/year with placebo; Rate ratio vs placebo 0.71 (95% CI 0.58 – 0.86); approximately 30% reduction.
- In the NOTUS trial Dupixent-treated patients experienced 0.86 exacerbations/year vs 1.30 exacerbations/year with placebo; Rate ratio vs placebo 0.66 (95% CI 0.5 – 0.82); approximately 34% reduction.

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
    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) 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; 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.

Proposed Clinical Prior Authorization Criteria (changed italicized/highlighted 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 will continue with skin care regimen and regular use of emollients; ~~and~~ *or*

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) 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; 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~~ *or*

8. Patient has a diagnosis of chronic obstructive pulmonary disease (COPD) and an eosinophilic phenotype; and
a. Patient has moderate to severe airflow limitation, measured within the past 12 months, as evidenced by both of the following:
i. FEV1/FVC ratio < 0.7, and
ii. FEV1 % predicted between 30% to 79%; and
b. Patient has a minimum blood eosinophil count of 300 cells/mcL, measured within the past 12 months; and
c. Patient has documentation of maximal inhaled therapy for 3 or more months and an inadequate response to:
i. Triple therapy with all of the following treatments:
1. Long-acting muscarinic antagonist/anticholinergic (LAMA); and
2. Long-acting beta agonist (LABA); and
3. Inhaled corticosteroid (ICS); or
ii. Double therapy with all of the following if ICS is contraindicated
1. LABA; and
2. LAMA; and
d. Patient has history of at least 2 moderate or 1 severe exacerbation(s) in the previous 12 months despite receiving maximal triple therapy or double therapy (defined above). Moderate exacerbation is defined as patient required treatment with systemic corticosteroids and/or antibiotics and severe exacerbation is defined as hospitalization or observation for over 24 hours in an emergency department or urgent care facility; and
e. Patient will continue to receive maintenance therapy (as documented above) concomitantly with dupilumab; and

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

If criteria for coverage are met, initial authorization will be given for 6 months *for all the above indications, except for COPD, which will receive an initial authorization of 12 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.

Ensifentrine (Ohtuvayre)
Second Review

Background
Ensifentrine (Ohtuvayre) is a phosphodiesterase-3 (PDE3) inhibitor and phosphodiesterase-4 (PDE4) inhibitor indicted for the maintenance treatment of chronic obstructive pulmonary disease (COPD) in adult patients.

See the attached new drug review for additional information.

The 2024 Global Initiative for Chronic Obstructive Lung Disease (GOLD) Report defines the diagnosis of COPD as any patient with a post-bronchodilator FEV1/FVC ratio of < 0.7, along with clinical indicators such as dyspnea, cough or sputum production, and/or history of exposure to risk factors (i.e. tobacco smoke, occupational contact, host factors). Assessment of the severity of airflow obstruction, based on the post-bronchodilator FEV1, is also recommended to guide therapy. The GOLD grades and severity of airflow obstruction in COPD are defined as below.

Grade	Severity	FEV1 % predicted
GOLD 1	Mild	≥ 80
GOLD 2	Moderate	50-79
GOLD 3	Severe	30-49
GOLD 4	Very Severe	< 30

In addition to spirometry and evaluating airflow obstruction, tools like the modified Medical Research Council (mMRC) dyspnea scale and the COPD Assessment Test (CAT) are used to assess COPD symptoms. These tools help determine disease severity and guide pharmacologic treatment. The mMRC scale measures the severity of breathlessness, while the CAT quantifies the overall impact of COPD symptoms on health. An mMRC score of 2 or higher, or a CAT score of 10 or higher, indicates more significant symptoms.

The GOLD ABE Assessment Tool categorizes COPD patients based on symptoms and exacerbation history into three groups: A, B, and E. Symptoms are evaluated using the mMRC dyspnea scale or the CAT. Severity groups are defined as follows:

- Group A: Less symptomatic, low risk of future exacerbations:
  - mMRC grade 0 to 1 or CAT score < 10
  - 0 to 1 exacerbations per year without hospitalization
- Group B: More symptomatic, low risk of future exacerbations:
  - mMRC grade ≥ 2 or CAT score ≥ 10
  - 0 to 1 exacerbations per year without hospitalization
- Group E: High risk of future exacerbations:
  - ≥ 2 exacerbations per year or ≥ 1 hospitalization for exacerbation

Based on the severity category, initial treatment for COPD includes a long-acting beta agonist (LABA) and/or a long-acting muscarinic agent (LAMA), with or without an inhaled corticosteroid (ICS). The guidelines emphasize the importance of blood eosinophil counts in managing COPD, as higher eosinophil counts predict a greater benefit from ICS in reducing exacerbations. If a patient's eosinophil count is ≥ 300, an ICS should be included in their treatment.

If initial treatment is effective, it should be continued. If not, factors like adherence, inhaler technique, and possible interfering comorbidities should be evaluated. Follow-up treatment is stepwise and depends on whether dyspnea or exacerbations are the predominate issue.

- For dyspnea: Start with either a LAMA or LABA, progress to LABA + LAMA.
- For exacerbations: Start with a LABA or LAMA, progressing to LABA + LAMA, and/or LABA + LAMA + ICS (if blood eosinophil is ≥ 100).

For patients treated with LABA + LAMA +/- ICS who continue to have exacerbations, adding roflumilast (if FEV1 < 50% and chronic bronchitis) or azithromycin (preferred in former smokers) may be considered. The GOLD guidelines have not yet been updated to include Ohtuvayre.

Cost

- WAC $2950 per month; $35,400 per year

Newly Proposed Clinical Prior Authorization Criteria

Prior authorization (PA) is required for ensifentrine (Ohtuvayre). 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 COPD when all of the following are met:
    a. FEV1/FVC ratio < 0.7; and
    b. Post-bronchodilator FEV1 % predicted of 30% to 79%; and
    c. Modified Medical Research Council (mMRC) dyspnea score of ≥ 2 or a COPD Assessment Test (CAT) score ≥ 10; and
3. Patient is adherent with COPD treatments, meeting one of the following criteria:
    a. The patient has a blood eosinophil of ≥ 100 and has experienced an exacerbation while adherent to a current 60-day trial of a triple combination regimen consisting of a long-acting beta agonist (LABA), a long-acting muscarinic antagonist (LAMA), and an inhaled corticosteroid (ICS); or

   b. The patient has a blood eosinophil of < 100 and has experienced an exacerbation while adherent to a current 60-day trial of a dual combination regimen consisting of a LABA and LAMA; and
4. Dual or triple combination regimen will be continued in combination with ensifentrine (Ohtuvayre).

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

If the criteria for coverage are met, initial authorization will be given for 6 months to assess the response to treatment. Additional authorizations will be considered upon documentation of a response to treatment (e.g. improved dyspnea, decreased exacerbations) and patient continues their dual or triple combination regimen.

References

Ohtuvayre [Prescribing information]. Raleigh, NC: Verona Pharma. June 2024.

PDL DRUG REVIEW

Proprietary Name: Ohtuvayre®
Common Name: ensifentrine
PDL Category: Phosphodiesterase Inhibitors

Comparable Products	Preferred Drug List Status
Roflumilast	Preferred with Conditions

Pharmacology/Usage: Ensifentrine, the active ingredient of Ohtuvayre®, is an inhibitor of phosphodiesterase 3 and 4 (PDE3 and PDE4). It is a small molecule that is an inhibitor of the PDE3 and PDE4 enzymes. PDE3 mainly hydrolyzes the second-messenger molecule cyclic adenosine monophosphate (cAMP) but is also capable of hydrolyzing cyclic guanosine monophosphate (cGMP). PDE4 hydrolyzes cAMP only. Inhibition of PDE3 and PDE4 results in accumulation of intracellular levels of cAMP and/or cGMP, resulting in various downstream signaling effects.

Indication: For the maintenance treatment of chronic obstructive pulmonary disease (COPD) in adult patients.

There is no pregnancy category for this medication; however, the risk summary indicates that there are no available data on use in pregnant women to assess for a drug-associated risk of major birth defects, miscarriage, or other adverse maternal or fetal outcomes. The safety and efficacy of use in the pediatric population have not been established.

Dosage Form: Inhalation suspension in low-density polyethylene unit-dose ampules: 3mg/2.5ml (1.2mg/ml). Shake ampule vigorously before administration.

Recommended Dosage: Using a standard jet nebulizer equipped with a mouthpiece, inhale 3mg (one unit-dose ampule) twice daily, once in the morning and once in the evening, via oral inhalation.

Compatibility of Ohtuvayre® mixed with other drugs has not been established. Ohtuvayre® should not be physically mixed with other drugs or added to solutions containing other drugs.

Dosage adjustments are not required in patients with mild or moderate renal impairment. Patients with severe renal impairment have not been evaluated. Ensifentrine systemic exposure increased by 2.3-fold in subjects with moderate or severe hepatic impairment compared with healthy subjects. Use Ohtuvayre® with caution in patients with hepatic impairment.

Drug Interactions: There are no drug interactions listed with this product.

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 (Ohtuvayre®) 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 back pain (0.8%), hypertension (0.8%), urinary tract infection (0.3%), and diarrhea (0.3%).

Ohtuvayre® should not be used for the relief of acute symptoms (i.e., as rescue therapy for the treatment of acute episodes of bronchospasm). Ohtuvayre® has not been studied in the relief of acute symptoms

and extra doses should not be used for that purpose. The safety and efficacy of Ohtuvayre® for relief of acute symptoms have not been established. Acute symptoms should be treated with an inhaled, short-acting bronchodilator.

As with other inhaled medicines, Ohtuvayre® may produce paradoxical bronchospasm, which may be life threatening. If paradoxical bronchospasm occurs following dosing with Ohtuvayre®, it should be treated immediately with an inhaled, short-acting bronchodilator. Ohtuvayre® should be discontinued immediately and alternative therapy be started.

Treatment with Ohtuvayre® is associated with an increase in psychiatric adverse reactions. Psychiatric events including suicide-related adverse reactions were reported in clinical studies in patients who received Ohtuvayre®. Before starting treatment, healthcare providers should carefully weigh the risk and benefits of Ohtuvayre® treatment in patients with a history of depression and/or suicidal thoughts or behaviors. Healthcare providers should carefully assess the risks and benefits of continuing treatment with Ohtuvayre® if such events occur.

Contraindications: In patients with hypersensitivity to ensifentrine or any component of the product.

Manufacturer: Verona Pharma

Analysis: The efficacy of Ohtuvayre® was assessed in two 24-week randomized, double-blind, placebo-controlled, parallel-group clinical trials (ENHANCE-1 and ENHANCE-2) that enrolled adults (N=1553) with moderate to severe COPD.

ENHANCE-1 enrolled patients (N=763) randomized to receive 3mg Ohtuvayre® administered by oral inhalation via standard jet nebulizer such as PARI LC Sprint or placebo. Included participants had a mean age of 65 years (range 41 to 80), while 58% were male, 90% were white, 57% were current smokers, patients had a mean smoking history of 41 pack-years, and 25% reported exacerbations of COPD within the 15 months prior to the study. At screening, the mean post-bronchodilator percent predicted FEV1 was 52% and the mean post-bronchodilator FEV1/FVC ratio was 0.52. In addition, 68% were taking concurrent therapy: 30% taking concurrent LAMA, 18% taking concurrent LABA, and 20% taking concurrent LABA/ICS therapy throughout the trial.

ENHANCE-2 enrolled patients (N=790) randomized to receive 3mg Ohtuvayre® administered by oral inhalation via standard jet nebulizer such as PARI LC Sprint or placebo . Included participants had a mean age of 65 years (range 40 to 80), while 52% were female, 95% were white, 55% were current smokers, patients had a mean smoking history of 42 pack-years, and 21% of patients reported exacerbations of COPD within the 15 months prior to the study. At screening, the mean post-bronchodilator percent predicted FEV1 was 51%, and the mean post-bronchodilator FEV1/FVC ratio was 0.52. In addition, 55% of patients were taking concurrent therapy: 33% taking concurrent LAMA, 7% taking concurrent LABA, and 15% were taking concurrent LABA/ICS therapy throughout the trial.

The primary endpoint for both studies was the change from baseline in FEV1 AUC0-12h post dose at week 12. Results suggested that Ohtuvayre® demonstrated a statistically significant improvement in FEV1 AUC0-12h as compared to placebo in both studies. Results are presented in the table below, which was adapted from the prescribing information.

	ENHANCE-1		ENHANCE-2	
	Ohtuvayre® (N=479)	Placebo (N=284)	Ohtuvayre® (N=499)	Placebo (N=291)
n	477	282	498	291
Least Squares (LS) mean	61	-26	48	-46
LS mean difference from placebo	87	-	94	-

	ENHANCE-1		ENHANCE-2	
	Ohtuvayre® (N=479)	Placebo (N=284)	Ohtuvayre® (N=499)	Placebo (N=291)
p-value	<0.0001		<0.0001	

Trough FEV1 was defined as the last FEV1 value collected prior to the morning dose. The mean morning trough FEV1 improvement at week 12 relative to placebo was 35ml and 49ml in ENHANCE-1 and ENHANCE-2, respectively, which was statistically significant in ENHANCE-1 and not statistically significant in ENHANCE-2 due to failure higher in the testing hierarchy.

The St. George's Respiratory Questionnaire (SGRQ) was assessed in both studies. In ENHANCE-1, the SGRQ responder rate (defined as an improvement in score of 4 or more as threshold) for Ohtuvayre® at week 24 was 58.2% compared to 45.9% for placebo (OR 1.49). In ENHANCE-2, the SGRQ responder rate for Ohtuvayre® at week 24 was 45.4% compared to 50.3% for placebo (OR 0.92).

Place in Therapy: Ohtuvayre® is a phosphodiesterase 3 (PDE3) inhibitor and PDE4 inhibitor indicated for the maintenance treatment of COPD in adults that is to be administered by oral inhalation twice daily. The safety and efficacy of Ohtuvayre® were assessed in two randomized, double-blind, placebo-controlled trials that included adults with moderate to severe COPD. The primary endpoint for both studies was the change from baseline in FEV1 AUC0-12h post dose at week 12. In both trials, Ohtuvayre® demonstrated a statistically significant improvement in the primary endpoint as compared with placebo. Head-to-head active comparator trials were not currently found, but Ohtuvayre® offers providers and their patients with another treatment option.

Summary

There is no evidence at this time to support that Ohtuvayre® is safer or more effective than the other currently preferred, more cost-effective medications. It is therefore recommended that Ohtuvayre® 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] Ohtuvayre [package insert]. Raleigh, NC: Verona Pharma, Inc; 2024.

Incretin Mimetics
for Non-Diabetes Indications
Second Review - Updated

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 dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient is ≥ 45 years of age; and
3. Patient has been screened for and does not have type 1 or type 2 diabetes mellitus (attach current lab results, obtained within 6 months of request, documenting an A1C < 6.5% or a fasting plasma glucose < 126 mg/dL); and
4. 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, obtained within 6 months of request; and
    c. Patient has been evaluated for cardiovascular standard of care treatment; and
    d. For Wegovy dosing:
        i. Initiation and escalation dosages will be permitted for a maximum of 8 weeks for each dosage; and

        ii. Maintenance dosages other than 1.7 mg or 2.4 mg once weekly will not be approved for maintenance treatment; and
5. Patient will use medication in combination with a reduced calorie diet and increased physical activity; and
6. 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 at 12-month intervals when:

1. The requested drug will be used to reduce the risk of MACE; and
    a. Patient does not have type 1 or type 2 diabetes; and
    b. Patient has been evaluated for cardiovascular standard of care treatment; 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.

References

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

Select Preventative Migraine Treatments
Second Review

Background
The American Headache Society (AHS) recently updated their position statement on calcitonin gene-related peptide (CGRP) targeting therapies for migraine prevention. The decision is based on evidence showing the efficacy, tolerability, and safety of these therapies for chronic and episodic migraine. Key updates include:

- CGRP targeting therapies are now considered a first-line option for migraine prevention. Initiation of these therapies should not require trial and failure of non-specific migraine preventative medication approaches.
- The update includes CGRP monoclonal antibodies such as erenumab (Aimovig), fremanezumab (Ajovy), and galcanezumab (Emgality), as well as CGRP receptor antagonists like rimegepant (Nurtec ODT) and atogepant (Qulipta), as first-line preventative treatments.

The prior authorization (PA) criteria are being updated to eliminate the requirement for trial and failure with non-specific migraine preventive medications, in accordance with the AHS position statement update.

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

1. Patient has one of the following diagnoses:
    a. Chronic Migraine, defined as:
        i. ≥ 15 headache days per month for a minimum of 3 months; and
        ii. ≥ 8 migraine headaches days per month for a minimum of 3 months; or
    b. Episodic Migraine, defined as:
        i. 4 to 14 migraine days per month for a minimum of 3 months; or
    c. Episodic Cluster Headache, defined as:
        i. Occurring with a frequency between one attack every other day and 8 attacks per day; and
        ii. With at least 2 cluster periods lasting 7 days to one year (when untreated) and separated by pain-free remission periods ≥3 months; and
        iii. Patient does not have chronic cluster headache (attacks occurring without a remission period, or with remissions lasting <3 months, for at least 1 year); and
2. Request adheres to all FDA approved labeling for 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.

Topical Roflumilast (Zoryve)
Second Review

Background

Topical roflumilast (Zoryve) 0.3% cream was initially approved by the FDA for the treatment of plaque psoriasis in patients 12 years of age and older in July 2022. Since then, topical roflumilast has received two additional indications as well as a new strength and new dosage form. Topical roflumilast is available as and indicated for the following:

- Topical cream 0.3%: plaque psoriasis, including intertriginous areas, in adult and pediatric patients 6 years of age and older.
- Topical cream 0.15%: mild to moderate atopic dermatitis in adult and pediatric patients 6 years of age and older.
- Topical foam 0.3%: seborrheic dermatitis in adult and pediatric patients 9 years of age and older.

PA criteria are being updated to add new criteria for seborrheic dermatitis and mirroring established PA criteria of other topical agents indicated for atopic dermatitis.

Seborrheic dermatitis is a chronic relapsing condition involving sebaceous glands. Symptoms range from mild, such as dandruff, to severe involving widespread yellowish scales. Treatment is dependent on the severity and location of the condition. Topical antifungal agents (e.g., ketoconazole, other azoles, ciclopirox olamine) and topical anti-inflammatory agents (e.g., topical corticosteroids) are frequently used alone or in combination for the treatment of seborrheic dermatitis.

Clinical Trials

- Topical Foam 0.3%
  The efficacy of Zoryve foam was established in two randomized, double-blind, vehicle-controlled studies (STRATUM and Trial 203) in a total of 683 adult and pediatric patients with seborrheic dermatitis involving the scalp, face, and/or body. In each study, patients were randomized to receive Zoryve foam, 0.3%, or vehicle foam applied once daily for 8 weeks. The primary endpoint was the proportion of patients who achieved Investigator Global Assessment (IGA) treatment success at week 8. Success was defined as a score of “Clear” (0) or “Almost Clear” (1), plus a 2-grade improvement from baseline.
    - In STRATUM, 79.5% and 58.0% of patients achieved IGA success with Zoryve and vehicle foam, respectively (difference 20.6, 95% CI: 11.2, 30.0).
    - In Trial 203, 73.1% and 40.8% of patients achieved IGA success with Zoryve and vehicle foam, respectively (difference 33.8, 95% CI: 20.3, 47.4).

- Topical Cream 0.15%
  The approval of Zoryve 0.15% cream for the treatment of mild to moderate atopic dermatitis was based on two randomized, double-blind, vehicle-controlled studies (INTEGUMENT-1 and INTEGUMENT-2) in a total of 1,337 adult and pediatric patients 6 years of age and older. Patients were randomized to receive Zoryve 0.15% cream or vehicle cream for 4 weeks. The primary endpoint was the proportion of patients who achieved validated Investigator Global Assessment for Atopic Dermatitis (vIGA-AD) treatment success at week 4. Success was defined as a score of "Clear" (0) or "Almost Clear" (1), plus a 2-grade improvement from baseline.
    - In INTEGUMENT-1, vIGA-AD success was achieved in 32.0% of patients with Zoryve vs. 15.2% with vehicle cream (treatment difference 17.4, 95% CI: 11.09, 23.75).
    - In INTEGUMENT-2, vIGA-AD success was achieved in 28.9% of patients with Zoryve vs. 12.0% with vehicle cream (treatment difference 16.5, 95% CI: 10.61, 22.42).

Current Clinical Prior Authorization Criteria
Prior authorization (PA) is required for select topical psoriasis agents. Payment for a non-preferred agent will be considered for an FDA approved or compendia indicated diagnosis for the requested drug when the following criteria 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 plaque psoriasis with involvement estimated to affect ≤ 20% of the body surface area; and
3. Patient has documentation of an adequate trial and therapy failure of combination therapy with a preferred medium to high potency topical corticosteroid and a preferred topical vitamin D analog for a minimum of 4 consecutive weeks.

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 italicized/highlighted and/or stricken)
Prior authorization (PA) is required for *topical roflumilast (Zoryve)* ~~select topical psoriasis agents~~. Payment ~~for a non-preferred agent~~ will be considered for an FDA approved or compendia indicated diagnosis for the requested drug when the following criteria 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 plaque psoriasis with involvement estimated to affect ≤ 20% of the body surface area; and
    a. *Request is for roflumilast 0.3% cream; and*
    b. Patient has documentation of an adequate trial and therapy failure of combination therapy with a preferred medium to high potency topical corticosteroid and a preferred topical vitamin D analog for a minimum of 4 consecutive weeks*; or*
3. *Patient has a diagnosis of seborrheic dermatitis; and*
    a. *Request is for roflumilast 0.3% foam; and*
    b. *Patient has documentation of an adequate trial and therapy failure of combination therapy with a preferred topical corticosteroid (scalp - medium to high potency or nonscalp – low-potency) and preferred topical antifungal for a minimum of 4 consecutive weeks; or*
4. *Patient has a diagnosis of mild to moderate atopic dermatitis; and*
    a. *Request is for roflumilast 0.15% cream; 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; or*
    d. Patient has documentation of an adequate trial and therapy failure with a topical immunomodulator for a minimum of 4 weeks;

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

References

Zoryve cream [package insert]. Westlake Village, CA: Arcutis Biotherapeutics, Inc., July 2024
Zoryve foam [package insert]. Westlake Village, CA: Arcutis Biotherapeutics, Inc., December 2023

Vonoprazan (Voquezna)
Second Review

Background

Vonoprazan (Voquezna) is a potassium-competitive acid blocker (PCAB) indicated:

- For healing of all grades of erosive esophagitis and relief of heartburn associated with erosive esophagitis in adults.
- To maintain healing of all grades of erosive esophagitis and relief of heartburn associated with erosive esophagitis in adults.
- For the relief of heartburn associated with non-erosive gastroesophageal reflux disease (GERD) in adults.
- In combination with amoxicillin and clarithromycin for the treatment of *Helicobacter pylori* (*H. pylori*) infection in adults.
- In combination with amoxicillin for the treatment of *H. pylori* infection in adults.

Dosage and Administration*

Indication	Dosage	Length of Therapy
Healing of Erosive Esophagitis	20 mg once daily	8 weeks
Maintenance of Healed Erosive Esophagitis	10 mg once daily	Up to 6 months
Relief of Heartburn Associated with Non-Erosive GERD	10 mg once daily	4 weeks
Treatment of *H. pylori* Infection (Triple Therapy)	20 mg + amoxicillin 1,000 mg + clarithromycin 500mg, each given twice daily	14 days
Treatment of *H. pylori* Infection (Dual Therapy)	20 mg twice daily + amoxicillin 1,000 mg three times daily	14 days

*See full prescribing information for the recommended dosage by indication for patients with renal or hepatic impairment.

Dosage Forms and Strengths

- Tablets: 10 mg and 20 mg
- Triple pak (14-day administration packs for morning and evening dosing): vonoprazan 20 mg, amoxicillin 500 mg, clarithromycin 500 mg
- Dual pak (14-day administration packs for morning, mid-day, and evening dosing): vonoprazan 20 mg, amoxicillin 500mg

Warnings and Precautions

Gastric malignancy; acute tubulointerstitial nephritis; *Clostridioides difficile*-associated diarrhea; bone fracture; severe cutaneous adverse reactions; vitamin B12 deficiency; hypomagnesemia and mineral metabolism; interactions with diagnostic investigations for neuroendocrine tumors; and fundic gland polyps.

Adverse Reactions

- Healing of Erosive Esophagitis (≥2%): gastritis, diarrhea, abdominal distension, abdominal pain, and nausea.
- Maintenance of Healed Erosive Esophagitis (≥3%): gastritis, abdominal pain, dyspepsia, hypertension, and urinary tract infection.
- Relief of Heartburn Associated with Non-Erosive Gastroesophageal Reflux Disease (≥2%): abdominal pain, constipation, diarrhea, nausea, and urinary tract infection.
- Treatment of *H. pylori* Infection (≥2%): diarrhea, dysgeusia, vulvovaginal candidiasis, abdominal pain, headache, hypertension, and nasopharyngitis.

Clinical Trials

<u>Healing of Erosive Esophagitis and Relief of Heartburn</u>

- Efficacy of Voquezna was established in a randomized, active-controlled, double-blind study (U.S. and Europe) in 1,024 adult patients with erosive esophagitis. Patients were randomized to Voquezna 20 mg once daily or lansoprazole 30 mg once daily for 2 to 8 weeks. The primary endpoint was endoscopically confirmed complete healing of all grades of erosive esophagitis at week 2 or week 8. The percentage of 24-hour heartburn-free days through week 8 was evaluated as a secondary endpoint.
    - Voquezna demonstrated non-inferiority vs. lansoprazole for the rate of healing of erosive esophagitis at week 2 or 8. The healing rates were 93% and 85% with Voquezna and lansoprazole, respectively (difference 8, 95% CI: 4.5, 12.2).
        - A secondary endpoint of complete healing of erosive esophagitis at Week 2, superiority was demonstrated in the subgroup of patients with LA Grade C or D disease, 70% of 177 Voquezna-treated patients and 53% of 174 lansoprazole-treated patients achieved healing (18% treatment difference; 95% CI 7.4, 27.4).
        - Complete healing of erosive esophagitis at either Week 2 or Week 8 in the subgroup of patients with LA Grade C or D disease was 92% in patients treated with Voquezna and 72% in patients treated with lansoprazole. This endpoint was not statistically significant under the prespecified multiple testing procedure.
    - Voquezna demonstrated non-inferiority vs. lansoprazole for percentage of 24-hour heartburn-free days. The mean heartburn-free days were 67% and 64% for Voquezna and lansoprazole, respectively (difference 3, 95% CI: -1.6, 7.0).
- Two additional randomized, active-controlled, double-blind studies conducted outside of the U.S., of similar design to the U.S. trial, also demonstrated non-inferiority of vonoprazan 20 mg once daily compared to lansoprazole 30 mg once daily for the primary endpoint of healing of all grades of erosive esophagitis by week 8.

Maintenance of Healed Erosive Esophagitis and Relief of Heartburn

- Patients who completed the healing phase of the erosive esophagitis study and showed endoscopically confirmed healed erosive esophagitis at week 2 or week 8 were rerandomized in the maintenance phase to either Voquezna 10 mg once daily, a higher dosage of Voquezna, or lansoprazole 15 mg once daily. The primary endpoint was maintenance of healed erosive esophagitis (all grades) through week 24. The percentage of 24-hour heartburn-free days through week 24 was evaluated for non-inferiority as a secondary endpoint.
    - Voquezna 10 mg demonstrated non-inferiority and superiority vs. lansoprazole for the rate of maintenance healing at week 24. Maintenance healing rates were 79% and 72% for Voquezna and lansoprazole, respectively (difference 7, 95% CI: 0.2, 14.1).
    - Voquezna 10 mg demonstrated non-inferiority vs. lansoprazole for percentage of 24-hour heartburn-free days through week 24. The mean heartburn-free days were 81% and 79% for Voquezna and lansoprazole, respectively (difference 2, 95% CI: -2.3, 6.8).
    - The higher Voquezna dose group did not demonstrate additional treatment benefit compared to Voquezna 10 mg once daily.
- Two additional randomized, active-controlled, double-blind studies conducted outside of the U.S., of similar design to the U.S. trial, also demonstrated non-inferiority of vonoprazan 10 mg once daily compared to lansoprazole 15 mg once daily for the primary endpoint of maintenance of healed erosive esophagitis (all grades) through week 24.

Relief of Heartburn Associated with Non-Erosive GERD

- Approval was based on a randomized, placebo-controlled, double-blind study in 772 adult patients with a diagnosis of symptomatic non-erosive GERD. Patients were randomized to one of the following treatment groups in the 4-week placebo-controlled phase: Voquezna 10 mg once daily, a higher dosage of Voquezna, or placebo once daily. The primary endpoint was the percentage of 24-hour heartburn-free days, as assessed by daily diary over 4 weeks.
    - The least squares mean percentage of 24-hour heartburn-free days was 45% with Voquezna 10 mg vs. 28% with placebo (difference 17, 95% CI: 12, 22; $p < 0.001$).
    - The higher Voquezna dose group did not demonstrate additional treatment benefit compared to Voquezna 10 mg once daily through week 4.

Treatment of *H. pylori* Infection

- The efficacy of Voquezna Triple Pak and Dual Pak were established in a randomized, controlled, double-blind triple therapy/open-label dual therapy study in treatment-naïve *H. pylori*-positive adult patients. Patients were randomized to Voquezna Triple Pak, Voquezna Dual Pak, or lansoprazole 30 mg plus amoxicillin 1,000 mg plus clarithromycin 500 mg (LAC), each dosed twice daily

and administered for 14 consecutive days. The primary endpoint was eradication rates of *H. pylori* at test-of-cure (≥ 27 days post-therapy).
    - Voquezna Triple Pak and Voquezna Dual Pak were shown to be noninferior to LAC in patients who did not have a clarithromycin or amoxicillin resistant strain of *H. pylori* at baseline (eradication rates: 85%, 79%, and 79%, respectively).
    - Voquezna Triple Pak and Voquezna Dual Pak were shown to be superior to LAC in patients who had a clarithromycin resistant strain of *H. pylori* at baseline (eradication rates: 66%, 70%, and 32%, respectively) and in the overall population (eradication rates: 81%, 77%, and 69%, respectively).

Manufacturer

- Phathom Pharmaceuticals, Inc.

Cost

- Tablets: WAC $21.67 per tablet, $650.10 per 30 days
- Dual or Triple Pak: WAC $7.25 per unit; $812 per pak (14 days)

Newly Proposed Clinical Prior Authorization Criteria

Prior authorization (PA) is required for vonoprazan (Voquezna), Voquezna Dual Pak, and Voquezna Triple Pak. 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 healing of erosive esophagitis (attach endoscopy results for initial diagnosis), maintenance of healed erosive esophagitis (attach endoscopy results for initial diagnosis), and relief of heartburn associated with non-erosive gastroesophageal reflux disease (GERD); and
    a. Documentation of an 8-week trial and therapy failure, based on ongoing symptoms, with two preferred PPIs, each twice-daily dosing; or
3. Patient has an active *Helicobacter pylori* (*H. pylori*) infection (attach documentation); and
    a. Patient has documentation of a recent trial and therapy failure with a preferred agent(s) for the treatment of *H. pylori* infection; and
    b. Request is for the triple pak or dual pak.

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

If the criteria for coverage are met, requests will be evaluated for the dosage and duration of therapy according to the indications specified on the FDA approved label.

References

Voquezna [package insert]. Buffalo Grove, IL: Phathom Pharmaceuticals, Inc; July 2024

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DUR DIGEST

The Bulletin of Medicaid Drug Utilization Review in Iowa

Incoming Members of the DUR Commission

Bryon J. Schaeffer, M.D., FAAFP

Dr. Schaeffer is currently a family practice and emergency room physician at Clarinda Regional Health Center, where he has been the Chief Medical Officer since 2019. He also works as an emergency room physician for Docs Who Care at the Knoxville Hospital and teaches at Drake University. Dr. Schaeffer was appointed to the DUR Commission in 2024; his first term will expire in June 2028.

Caitlin Reinking, Pharm.D., CDCES

Dr. Reinking is currently a Staff Pharmacist and Certified Diabetes Care and Education Specialist at BCHC Oelwein Pharmacy in both the Oelwein, Iowa, and Independence, Iowa locations. Her previous experience includes working at Oelwein Family Pharmacy and NuCara Pharmacy. She received her Doctor of Pharmacy degree from the University of Iowa College of Pharmacy in 2013. Dr. Reinking was appointed to the DUR Commission in 2024; her first term will expire in June 2028.

Jennifer Johnson, Pharm.D.

Dr. Johnson is currently a Pharmacist in Charge at Walgreens Pharmacy in Ankeny, Iowa, and previously worked at Hy-Vee, CVS, and Towncrest pharmacies, in addition to other Walgreens locations. She received her Doctor of Pharmacy degree from the University of Iowa College of Pharmacy in 2015. Dr. Johnson was appointed to the DUR Commission in 2024; her first term will expire in June 2028.

Opioid Prescribing for Acute Pain Management in Children and Adolescents in Outpatient Settings

The American Academy of Pediatrics (AAP) released a clinical practice guideline outlining evidence-based approaches to safely prescribe opioids for acute pain in outpatient settings. The goal is to aid clinicians in understanding when opioids may be indicated to treat acute pain in children and adolescents and how to minimize risks (including opioid use disorder, poisoning, and overdose).

Summary of Key Action Statements

- Pediatricians and other pediatric health care providers (PHCPs) should treat acute pain using a multimodal approach that includes the appropriate use of nonpharmacologic therapies, nonopioid medications, and when needed, opioid medications.
- Pediatricians and other PHCPs should not prescribe opioids as monotherapy for children and adolescents who have acute pain.
- When prescribing opioids for acute pain in children and adolescents, PHCPs should provide immediate-release opioid formulations, start with the lowest age- and weight-appropriate doses, and provide an initial supply of 5 days or fewer, unless the pain is related to trauma or surgery with an expected duration of pain of more than 5 days.
- When treating acute pain in children and adolescents younger than 12 years, pediatricians and other PHCPs should not prescribe codeine or tramadol.
- When treating acute pain in adolescents 12-18 years of age who have obesity, obstructive sleep apnea, or severe lung disease, pediatricians and other PHCPs should not prescribe codeine or tramadol.
- When treating postsurgical pain after tonsillectomy or adenoidectomy in children and adolescents younger than 18 years, pediatricians and other PHCPs should not prescribe codeine or tramadol.
- When treating acute pain in people of any age who are breastfeeding, pediatricians and other PHCPs should not prescribe codeine or tramadol.
- When treating acute pain in children or adolescents who are taking sedating medications, such as benzodiazepines, pediatricians and other PHCPs should use caution when prescribing opioids.
- When prescribing opioids, pediatricians and other PHCPs should provide naloxone and counsel patients and families on the signs of opioid overdose and how to respond to an overdose.
- When prescribing opioids, pediatricians and other PHCPs should educate caregivers about safe storage and directly observed administration of medications to children and adolescents.
- When prescribing opioids, pediatricians and other PHCPs should educate caregivers about safe disposal of unused mediations, help caregivers develop a plan to safely dispose of unused medications, and, if possible, offer safe disposal in their practice setting.
- When treating acute, worsened pain in children and adolescents with preexisting chronic pain, pediatricians and other PHCPs should prescribe opioids when indicated and partner with any other opioid-prescribing clinicians involved in the patient's care and with specialists in chronic pain, palliative cate, and/or other opioid stewardship programs to determine an appropriate treatment plan.

Medicaid Statistics for Prescription Claims
September through November 2024

	FFS	Wellpoint	Iowa Total Care	Molina Healthcare
Total $ Paid	$3,048,055	$96,311,159	$74,968,759	$52,445,320
# Paid Claims	23,346	823,629	670,341	493,379
Unique Users	3,881	102,831	93,981	78,347
Avg Cost/Rx	$130.56	$116.94	$111.84	$106.30
Top 5 Therapeutic Class by Prescription Count Therapeutic class taxonomy may differ among each plan	Antidepressants	Antidepressants	Antidepressants	Antidepressants
	Anticonvulsants	Anticonvulsants	Anticonvulsants	Antiasthmatic & Bronchodilator Agents
	ADHD/Anti-Narcolepsy	Antiasthmatic & Bronchodilator Agents	Antiasthmatic & Bronchodilator Agents	Anticonvulsants
	Antihypertensives	ADHD/Anti-Narcolepsy	ADHD/Anti-Narcolepsy	ADHD/Anti-Narcolepsy
	Antiasthmatic & Bronchodilator Agents	Antihypertensives	Antihypertensives	Antihypertensives
Top 5 Therapeutic Class by Paid Amount (pre-rebate) Therapeutic class taxonomy may differ among each plan	Antidiabetics	Antidiabetics	Antidiabetics	Antidiabetics
	Dermatologicals	Dermatologicals	Antipsychotics/Antimanic Agents	Dermatologicals
	Antipsychotics/Antimanic Agents	Antipsychotics/Antimanic Agents	Dermatologicals	Antipsychotics/Antimanic Agents
	Antivirals	Analgesics – Anti-Inflammatory	Analgesics – Anti-Inflammatory	Analgesics – Anti-Inflammatory
	Analgesics – Anti-Inflammatory	ADHD/Anti-Narcolepsy	Antiasthmatic & Bronchodilator Agents	Antivirals
Top 5 Drugs by Prescription Count	Albuterol HFA	Omeprazole	Albuterol	Sertraline
	Sertraline	Atorvastatin	Sertraline	Atorvastatin
	Trazodone	Sertraline	Atorvastatin	Amoxicillin
	Cetirizine	Levothyroxine	Omeprazole	Omeprazole
	Omeprazole	Trazodone	Trazodone	Albuterol HFA
Top 5 Drugs by Paid Amount (pre-rebate)	Ozempic	Ozempic	Humira Pen	Ozempic
	Humira Pen	Humira (CF) Pen	Ozempic	Humira (2 Pen)
	Biktarvy	Vraylar	Trikafta	Dupixent
	Evrysdi	Trikafta	Dupixent	Trikafta
	Vraylar	Jardiance	Vraylar	Vraylar