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

Brett Faine, Pharm.D.
Melissa Klotz, Pharm.D.
Jason Kruse, D.O
Kellen Ludvigson, Pharm.D.
Susan Parker, R.Ph., Pharm.D.
Jason Wilbur, M. D.
Charles Wadle, D.O.
John Ellis, Pharm.D.
Lisa Todd, R.Ph.

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

May 5, 2022

Susan L. Parker, R.Ph, Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
1305 East Walnut
Des Moines, Iowa 50309

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, May 4, 2022. At this meeting, the DUR Commission members discussed the proposed prior authorization (PA) criteria for PCSK9 Inhibitors; Finerenone (Kerendia); Odevixibat (Bylvay); and Pegcetacoplan (Empaveli). The DUR Commission members also discussed ProDUR quantity limits for select medications. The following recommendations have been made by the DUR Commission:

No comments were received from the medical/pharmacy associations in response to a February 8, 2022 letter that was sent to them detailing the proposed criteria for PCSK9 Inhibitors; Finerenone (Kerendia); Odevixibat (Bylvay); and Pegcetacoplan (Empaveli); and ProDUR quantity limits.

PCSK9 Inhibitors

Current Clinical Prior Authorization Criteria

Prior authorization is required for PCSK9 Inhibitors. Payment will be considered under the following conditions:

1. Patient is 18 years of age or older (or, for Homozygous Familial Hypercholesterolemia patient is 13 years of age or older); AND
2. Current use of a statin and documentation of adherence to prescribed lipid lowering medications for the previous 90 days is provided (further defined below, by diagnosis); AND
3. Is to be prescribed as an adjunct to a low fat diet; AND
4. A baseline and current lipid profile is provided. Baseline lipid profile is defined as a lipid profile obtained prior to pharmacologic therapy; AND

5. Documentation patient has been counseled on importance of abstinence from tobacco and, if a current smoker, be encouraged to enroll in a smoking cessation program; AND
6. Is prescribed by a lipidologist, cardiologist, or endocrinologist.
7. The 72-hour emergency supply rule does not apply to PCSK9 Inhibitors.
8. Prescriber and dispensing pharmacy will educate the patient on proper storage and administration. Improperly stored medications will not be replaced.
9. Lost or stolen medication replacement requests will not be authorized.
10. Goal is defined as a 50% reduction in untreated baseline LDL-C.
11. Is prescribed for one of the following diagnoses:

<u>Diagnosis of Heterozygous Familial Hypercholesterolemia (HeFH)</u>

1. Total cholesterol > 290mg/dL or LDL-C > 190mg/dL; AND
    a. Presence of tendon xanthomas; OR
    b. In first or second degree relative, one of the following:
        i. Documented tendon xanthomas; or
        ii. MI at age ≤60 years; or
        iii. Total cholesterol > 290mg/dL; OR
    c. Confirmation of diagnosis by gene or receptor testing (attach results); AND
2. Unable to reach goal LDL-C with a minimum of two separate, chemically distinct statin trials used in combination with other lipid lowering medications. Trials are defined as: concurrent use of a maximally tolerated dose of a statin (including atorvastatin and rosuvastatin), PLUS ezetimibe (*Zetia*) 10mg daily, PLUS cholestyramine daily.

<u>Diagnosis of Clinical Atherosclerotic Cardiovascular Disease (ASCVD)</u>

1. History of MI, angina, coronary or other arterial revascularization, stroke, TIA, or PVD of atherosclerotic origin; AND
2. Unable to reach goal LDL-C with a minimum of two separate, chemically distinct statin trials used in combination with other lipid lowering medications. Trials are defined as: concurrent use of a maximally tolerated dose of a statin (including atorvastatin and rosuvastatin), PLUS ezetimibe (*Zetia*) 10mg daily, PLUS cholestyramine daily.

<u>Diagnosis of Homozygous Familial Hypercholesterolemia (HoFH) – *Repatha* (evolocumab) only</u>

1. Total cholesterol and LDL-C > 600mg/dL and triglycerides within reference range; OR
2. Confirmation of diagnosis by gene or receptor testing (attach results); AND
3. Unable to reach goal LDL-C with a minimum of two separate, chemically distinct statin trials used in combination with other lipid lowering medications. Trials are defined as: concurrent use of a maximally tolerated dose of a statin (including atorvastatin and rosuvastatin), PLUS ezetimibe (*Zetia*) 10mg daily, PLUS cholestyramine daily.

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

Initial and Renewal Authorizations

HeFH or ASCVD

- Initial
  - *Praluent* 75mg or *Repatha* 140mg every 2 weeks for 8 weeks (4 doses).
- Renewal
  - Lipid profile required at week 8, week 24, and every 6 months thereafter; and
  - Patient continues therapy with a maximally tolerated statin dose and remains at goal; and
  - Patient has continued compliance with a low fat diet; and

  Praluent
  - If LDL-C at goal, continue therapy at 75mg every 2 weeks for 24 weeks.
  - If LDL-C not at goal, dose increase to 150mg every 2 weeks for 8 weeks (4 doses) and repeat LDL-C in 8 weeks.
    - If repeat LDL-C not at goal, discontinue *Praluent*.
    - If repeat LDL-C at goal, continue therapy at 150mg every 2 weeks for 24 weeks; or

  Repatha
  - If LDL-C at goal, continue therapy at 140mg every 2 weeks for 24 weeks.
  - If LDL-C not at goal, discontinue *Repatha*.

HoFH (*Repatha* only)

- Initial
  - *Repatha* 420mg (3x140mg autoinjectors) every month for 3 months.
- Renewal
  - Lipid profile required after 3 months (third dose) and every 6 months thereafter; and
  - Continued therapy with a maximally tolerated statin dose.
    - If LDL-C at goal, continue therapy at 420mg every month for six months.
    - If LDL-C not at goal, discontinue *Repatha;* and
  - Patient has continued compliance with a low fat diet.

Quantity Limits

Praluent/Repatha for HeFH or ASCVD

- A quantity limit of one syringe/pen/autoinjector per fill will apply (requires refill every 14 days).

Repatha for HoFH only

- A quantity limit of one three-pack per month

Proposed Clinical Prior Authorization Criteria (changes italicized/highlighted and/or stricken)
Prior authorization is required for PCSK9 Inhibitors. *Payment for a non-preferred PCSK9 Inhibitor will be authorized only for cases in which there is documentation of previous trial and therapy failure with a preferred agent.* Payment will be considered under the following conditions:

1. Patient *meets the FDA approved age for indication* ~~is 18 years of age or older (or, for Homozygous Familial Hypercholesterolemia patient is 13 years of age or older)~~; AND
2. *Dosing follows the FDA approved dose for the submitted diagnosis; AND*
3. Current use of a statin and documentation of adherence to prescribed lipid lowering medications for the previous 90 days is provided (further defined below, by diagnosis); AND
4. Is to be prescribed as an adjunct to a low-fat diet; AND
5. A baseline and current lipid profile is provided. Baseline lipid profile is defined as a lipid profile obtained prior to pharmacologic therapy; AND
6. Documentation patient has been counseled on importance of abstinence from tobacco and, if a current smoker, be encouraged to enroll in a smoking cessation program.~~; AND~~
7. ~~Is prescribed by a lipidologist, cardiologist, or endocrinologist.~~
8. The 72-hour emergency supply rule does not apply to PCSK9 Inhibitors.
9. Prescriber and dispensing pharmacy will educate the patient on proper storage and administration. Improperly stored medications will not be replaced.
10. Lost or stolen medication replacement requests will not be authorized.
11. Goal is defined as a 50% reduction in untreated baseline LDL-C.
12. Is prescribed for one of the following diagnoses:

<u>Diagnosis of Heterozygous Familial Hypercholesterolemia (HeFH)</u>

1. Total cholesterol > 290mg/dL or LDL-C > 190mg/dL; AND
    a. Presence of tendon xanthomas; OR
    b. In first or second degree relative, one of the following:
        i. Documented tendon xanthomas; or
        ii. MI at age ≤60 years; or
        iii. Total cholesterol > 290mg/dL; OR
    c. Confirmation of diagnosis by gene or receptor testing (attach results); AND
2. Unable to reach goal LDL-C with a minimum of *one* ~~two separate, chemically distinct~~ *high-intensity* statin ~~trials~~ *(atorvastatin 40-80 mg or rosuvastatin 20-40 mg)* used in combination with ~~other lipid lowering medications. Trials are defined as: concurrent use of a maximally tolerated dose of a statin (including atorvastatin and rosuvastatin), PLUS~~ ezetimibe (~~*Zetia*~~) 10mg daily~~, PLUS cholestyramine daily~~. *If patient is unable to tolerate high-intensity statin therapy, a trial with a moderate-intensity statin (e.g., atorvastatin 10-20 mg, rosuvastatin 5-10 mg, pravastatin 40-80mg, lovastatin 40-80 mg, fluvastatin 80 mg, pitavastatin 1-4 mg, simvastatin 20-40 mg) used in combination with ezetimibe.*

<u>Diagnosis of Clinical Atherosclerotic Cardiovascular Disease (ASCVD)</u>

1. History of MI, angina, coronary or other arterial revascularization, stroke, TIA, or PVD of atherosclerotic origin; AND
2. Unable to reach goal LDL-C with a minimum of *one* ~~two separate, chemically distinct~~ *high-intensity* statin ~~trials~~ *(atorvastatin 40-80 mg or rosuvastatin 20-40 mg)* used in combination with ~~other lipid lowering medications. Trials are defined as: concurrent use of a maximally tolerated dose of a statin (including atorvastatin and rosuvastatin),~~

~~PLUS~~ ezetimibe (~~*Zetia*~~) 10mg daily~~, PLUS cholestyramine daily~~. *If patient is unable to tolerate high-intensity statin therapy, a trial with a moderate-intensity statin (e.g., atorvastatin 10-20 mg, rosuvastatin 5-10 mg, pravastatin 40-80mg, lovastatin 40-80 mg, fluvastatin 80 mg, pitavastatin 1-4 mg, simvastatin 20-40 mg) used in combination with ezetimibe.*

Diagnosis of Primary Hyperlipidemia (not associated with ASCVD or HeFH)

1. *Baseline LDL-C ≥ 190 mg/dL; and*
2. *Unable to reach goal LDL-C < 100mg/dL while on high-intensity statin therapy (atorvastatin 40-80 mg or rosuvastatin 20-40 mg) used in combination with ezetimibe 10 mg daily. If patient is unable to tolerate high-intensity statin therapy, a trial with a moderate-intensity statin (e.g., atorvastatin 10-20 mg, rosuvastatin 5-10 mg, pravastatin 40-80mg, lovastatin 40-80 mg, fluvastatin 80 mg, pitavastatin 1-4 mg, simvastatin 20-40 mg) used in combination with ezetimibe.*

Diagnosis of Homozygous Familial Hypercholesterolemia (HoFH) ~~– *Repatha* (evolocumab) only~~

1. Total cholesterol and LDL-C > 600mg/dL and triglycerides within reference range; OR
2. Confirmation of diagnosis by gene or receptor testing (attach results); AND
3. Unable to reach goal LDL-C with a minimum of *one* ~~two separate, chemically distinct~~ *high-intensity* statin ~~trials~~ *(atorvastatin 40-80 mg or rosuvastatin 20-40 mg)* used in combination with ~~other lipid lowering medications. Trials are defined as: concurrent use of a maximally tolerated dose of a statin (including atorvastatin and rosuvastatin), PLUS~~ ezetimibe (~~*Zetia*~~) 10mg daily~~, PLUS cholestyramine daily~~. *If patient is unable to tolerate high-intensity statin therapy, a trial with a moderate-intensity statin (e.g., atorvastatin 10-20 mg, rosuvastatin 5-10 mg, pravastatin 40-80mg, lovastatin 40-80 mg, fluvastatin 80 mg, pitavastatin 1-4 mg, simvastatin 20-40 mg) used in combination with ezetimibe.*

The required trials ~~(excluding the statin trial)~~ may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Initial requests will be approved for 6 months. Additional requests will be considered under the following conditions:

1. *Documentation of positive clinical response to PCSK9 Inhibitor therapy (current LDL-C lab provided); and*
2. *Patient continues therapy with a maximally tolerated statin; and*
3. *Patient has continued compliance with a low-fat diet.*

~~Initial and Renewal Authorizations~~
~~HeFH or ASCVD~~

- ~~Initial~~
  - ~~*Praluent* 75mg or *Repatha* 140mg every 2 weeks for 8 weeks (4 doses).~~
- ~~Renewal~~

- Lipid profile required at week 8, week 24, and every 6 months thereafter; and
- Patient continues therapy with a maximally tolerated statin dose and remains at goal; and
- Patient has continued compliance with a low fat diet; and

Praluent

- If LDL-C at goal *at initial dose*, continue therapy at 75mg every 2 weeks for 24 weeks.
- If LDL-C not at goal, dose increase to *a maximum of 300 mg once every 4 weeks* 150mg every 2 weeks for 8 weeks (4 doses) and repeat LDL-C in 8 weeks.
  - If repeat LDL-C not at goal, discontinue *Praluent*.
  - If repeat LDL-C at goal, continue therapy at 150mg every 2 weeks for 24 weeks; or

Repatha

- If LDL-C at goal, continue therapy at 140mg every 2 weeks for 24 weeks.
- If LDL-C not at goal, discontinue *Repatha*.

HoFH (*Repatha* only)

- Initial
  - *Repatha* 420mg (3x140mg autoinjectors) every month for 3 months.
- Renewal
  - Lipid profile required after 3 months (third dose) and every 6 months thereafter; and
  - Continued therapy with a maximally tolerated statin dose.
    - If LDL-C at goal, continue therapy at 420mg every month for six months.
    - If LDL-C not at goal, discontinue *Repatha;* and
  - Patient has continued compliance with a low fat diet.

Praluent/Repatha for HeFH or ASCVD

- A quantity limit of one syringe/pen/autoinjector per fill will apply (requires refill every 14 days).

Repatha for HoFH only

- A quantity limit of one three-pack per month

Finerenone (Kerendia)

Newly Proposed Clinical Prior Authorization Criteria

Prior authorization (PA) is required for finerenone (Kerendia). Payment will be considered under the following conditions:

1. Request adheres to all FDA approved labeling, including age, dosing, contraindications, warnings and precautions, and drug interactions; and
2. Patient has a diagnosis of chronic kidney disease (CKD) associated with Type 2 Diabetes (T2D); and
3. Patient is currently receiving a maximally tolerated dose of an angiotensin converting enzyme inhibitor (ACEi) or angiotensin receptor blocker (ARB); and

4. Patient is currently receiving a maximally tolerated dose of a sodium-glucose co-transporter 2 (SGLT2) inhibitor indicated to reduce the risk of sustained eGFR decline, end-stage kidney disease, cardiovascular death, and hospitalization for heart failure in adults with chronic kidney disease [i.e., dapagliflozin (Farxiga)]; and
5. Patient has the following baseline tests prior to initiation of treatment with finerenone:
    a. Serum potassium is ≤ 5.0 mEq/L; and
    b. Estimated glomerular filtration rate (eGFR) is ≥ 25 mL/min/1.73m^2; and
    c. Urine albumin to creatinine ration (UACR) is ≥ 30 mg/g.

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

Initial authorizations will be approved for six months. Additional PAs will be considered with the following documentation:

1. Patient's serum potassium is < 5.5 mEq/L; and
2. Patient's eGFR is ≥ 25 mL/min/1.73m^2; and
3. Patient remains on a maximally tolerated dose of an ACEi or ARB; and
4. Patient remains on a maximally tolerated dose of an SGLT2 inhibitor.

Odevixibat (Bylvay)

Newly Proposed Clinical Prior Authorization Criteria

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

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

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

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

Pegcetacoplan (Empaveli)

Newly Proposed Clinical Prior Authorization Criteria

Prior authorization (PA) is required for pegcetacoplan (Empaveli). Payment will be considered under the following conditions:

1. Request adheres to all FDA approved labeling including age, dosing, contraindications, and warnings and precautions; and
2. Patient has a diagnosis of paroxysmal nocturnal hemoglobinuria (PNH); and

3. Flow cytometry shows detectable glycosylphosphatidylinositol (GPI)-deficient hematopoietic clones or ≥ 10% PNH cells; and
4. History of at least one red blood cell transfusion in the previous 12 months; and
5. Documentation of hemoglobin < 10.5 g/dL; and
6. Is not prescribed concurrently with eculizumab (Solaris) or ravulizumab (Ultomiris), unless the patient is in a 4 week period of cross-titration between eculizumab (Soliris) and pegcetacoplan (Empaveli); and
7. Is prescribed by or in consultation with a hematologist; and
8. Medication will be administered in the member's home; and
9. Member or member's care giver has been properly trained in subcutaneous infusion and prescriber has determined home administration is appropriate.

Initial authorizations will be approved for 4 weeks if within cross-titration period with eculizumab (Soliris) to verify eculizumab has been discontinued, or for 6 months otherwise. Additional authorizations will be considered when the following criteria are met:

1. Documentation of a positive clinical response to therapy (e.g., increased or stabilization of hemoglobin levels or reduction in transfusions); and
2. Is not prescribed concurrently with eculizumab (Solaris) or ravulizumab (Ultomiris).

Proposed ProDUR Quantity Limits

Drug	Quantity Limit per 30 Days
Praluent 75 mg/mL	2 mL
Praluent 150 mg/mL	2 mL
Repatha 140 mg/mL syringe/autoinjector	3 mL
Repatha 420 mg/3.5 mL Pushtronex system	3.5 mL
Dilantin 100 mg capsule (phenytoin)	180
Dilantin 125 mg/5mL Suspension (phenytoin)	750 mL
Dilantin 30 mg capsule (phenytoin)	180
Dilantin 50 mg Chewable Infatab (phenytoin)	180
Phenytek 200 mg capsule (phenytoin)	90
Phenytek 300 mg capsule (phenytoin)	60
Zarontin 250 mg capsule (ethosuximide)	180
Zarontin 250 mg/5mL syrup (ethosuximide)	900 mL
Cleontin 300 mg capsule (methsuximide)	120
Tranxene-T 3.75 mg tablet (clorazepate)	180
Tranxene-T 7.5 mg tablet (clorazepate)	180
Tranxene-T 15 mg tablet (clorazepate)	180
Briviact 10 mg tablet (brivaracetam)	60
Briviact 25 mg tablet (brivaracetam)	60
Briviact 50 mg tablet (brivaracetam)	60
Briviact 75 mg tablet (brivaracetam)	60
Briviact 100 mg tablet (brivaracetam)	60
Briviact 10 mg/mL solution (brivaracetam)	600 mL

Carbatrol ER 100 mg capsule (carbamazepine ER)	120
Carbatrol ER 200 mg capsule (carbamazepine ER)	240
Carbatrol ER 300 mg capsule (carbamazepine ER)	150
Epitol 200 mg tablet (carbamazepine)	240
Equetro 100 mg capsule (carbamazepine ER)	120
Equetro 200 mg capsule (carbamazepine ER)	240
Equetro 300 mg capsule (carbamazepine ER)	150
Tegretol 100 mg chewable tablet (carbamazepine)	240
Tegretol 200 mg tablet (carbamazepine)	240
Tegretol 100 mg/5 mL suspension (carbamazepine)	2400 mL
Tegretol XR 100 mg tablet (carbamazepine)	60
Tegretol XR 200 mg tablet (carbamazepine)	60
Tegretol XR 400 mg tablet (carbamazepine)	120
Xcopri 50 mg tablet (cenobamate)	30
Xcopri 100 mg tablet (cenobamate)	30
Xcopri 150 mg tablet (cenobamate)	60
Xcopri 200 mg tablet (cenobamate)	60
Aptiom 200 mg tablet (eslicarbazepine)	30
Aptiom 400 mg tablet (eslicarbazepine)	30
Aptiom 600 mg tablet (eslicarbazepine)	60
Aptiom 800 mg tablet (eslicarbazepine)	60
Felbatol 400 mg tablet (felbamate)	180
Felbatol 600 mg tablet (felbamate)	180
Felbatol 600 mg/5 mL suspension (felbamate)	900 mL
Lamictal 5 mg chewable tablet (lamotrigine)	240
Lamictal 25 mg chewable tablet (lamotrigine)	120
Lamictal 25 mg tablet & ODT (lamotrigine)	60
Lamictal 50 mg ODT (lamotrigine)	60
Lamictal 100 mg tablet & ODT (lamotrigine)	60
Lamictal 150 mg tablet (lamotrigine)	30
Lamictal 200 mg tablet & ODT (lamotrigine)	60
Lamictal XR 25 mg tablet (lamotrigine)	60
Lamictal XR 50 mg tablet (lamotrigine)	60
Lamictal XR 100 mg tablet (lamotrigine)	60
Lamictal XR 200 mg tablet (lamotrigine)	60
Lamictal XR 250 mg tablet (lamotrigine)	60
Lamictal XR 300 mg tablet (lamotrigine)	60
Keppra 250 mg tablet (levetiracetam)	60
Keppra 500 mg tablet (levetiracetam)	60
Keppra 750 mg tablet (levetiracetam)	60
Keppra 1000 mg tablet (levetiracetam)	90
Keppra Oral Soln 100 mg/mL (levetiracetam)	900 mL
Keppra XR 500 mg tablet (levetiracetam)	180
Keppra XR 750 mg tablet (levetiracetam)	120
Spritam 250 mg tablet disintegrating soluble (levetiracetam)	60

Spritam 500 mg tablet disintegrating soluble (levetiracetam)	60
Spritam 750 mg tablet disintegrating soluble (levetiracetam)	60
Spritam 1000 mg tablet disintegrating soluble (levetiracetam)	90
Trilepta 150 mg tablet (oxcarbazepine)	120
Trilepta 300 mg tablet (oxcarbazepine)	120
Trilepta 600 mg tablet (oxcarbazepine)	120
Trilepta 300 mg/mL suspension (oxcarbazepine)	1200 mL
Oxtellar XR 150 mg tablet (oxcarbazepine)	90
Oxtellar XR 300 mg tablet (oxcarbazepine)	90
Oxtellar XR 600 mg tablet (oxcarbazepine)	120
Fycompa 2 mg tablet (perampanel)	30
Fycompa 4 mg tablet (perampanel)	30
Fycompa 6 mg tablet (perampanel)	30
Fycompa 8 mg tablet (perampanel)	30
Fycompa 10 mg tablet (perampanel)	30
Fycompa 12 mg tablet (perampanel)	30
Fycompa 0.5 mg/mL suspension (perampanel)	720 mL
Mysoline 50 mg tablet (primidone)	240
Mysoline 250 mg tablet (primidone)	240
Banzel 200 mg tablet (rufinamide)	120
Banzel 400 mg tablet (rufinamide)	240
Banzel 40 mg/mL suspension (rufinamide)	2400 mL
Diacomit 250 mg capsule & packet (stiripentol)	90
Diacomit 500 mg capsule & packet (stiripentol)	180
Gabitril 2 mg tablet (tiagabine)	120
Gabitril 4 mg tablet (tiagabine)	120
Gabitril 12 mg tablet (tiagabine)	120
Gabitril 16 mg tablet (tiagabine)	90
Topamax 200 mg tablet (topiramate)	60
Topamax 15 mg sprinkle capsule (topiramate)	180
Topamax 25 mg sprinkle capsule (topiramate)	180
Qudexy XR 25 mg sprinkle capsule (topiramate)	30
Qudexy XR 50 mg sprinkle capsule (topiramate)	30
Qudexy XR 100 mg sprinkle capsule (topiramate)	30
Qudexy XR 150 mg sprinkle capsule (topiramate)	60
Qudexy XR 200 mg sprinkle capsule (topiramate)	60
Trokendi XR 25 mg capsule (topiramate)	30
Trokendi XR 50 mg capsule (topiramate)	30
Trokendi XR 100 mg capsule (topiramate)	90
Trokendi XR 200 mg capsule (topiramate)	60
Eprontia 25 mg/mL oral solution (topiramate)	460 mL
Sabril 500 mg packet (vigabatrin)	180
Sabril 500 mg tablet (vigabatrin)	180
Vigadrone 500 mg packet (vigabatrin)	180

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendations for clinical prior authorization criteria for PCSK9 Inhibitors; Finerenone (Kerendia); Odevixibat (Bylvay); and Pegcetacoplan (Empaveli); and ProDUR quantity limits.

Sincerely,

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

Cc: Erin Halverson, R.Ph, IME
Gina Kuebler, R.Ph, IME

April 21, 2022

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
1305 East Walnut Street
Des Moines, Iowa 50319

Dear Susan:

The Iowa Medicaid Pharmaceutical and Therapeutics (P&T) Committee met on Thursday, April 21, 2022. 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 develop prior authorization (PA) criteria for Adbry™ and Opzelura™.

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

Sincerely,

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

cc: Pamela Smith, R.Ph., IME
Gina Kuebler, R.Ph., IME

Quarterly Monthly Statistics

CATEGORY	December 2021 / February 2022	March 2022 / May 2022	% CHANGE
TOTAL PAID AMOUNT	$118,768,713	$128,899,388	8.5%
UNIQUE USERS	173,647	176,907	1.9%
COST PER USER	$683.97	$728.63	6.5%
TOTAL PRESCRIPTIONS	1,110,788	1,158,376	4.3%
AVERAGE PRESCRIPTIONS PER USER	6.40	6.55	2.4%
AVERAGE COST PER PRESCRIPTION	$106.92	$111.28	4.1%
# GENERIC PRESCRIPTIONS	990,882	1,033,048	4.3%
% GENERIC	89.21%	89.18%	0.0%
$ GENERIC	$19,992,089	$21,350,555	6.8%
AVERAGE GENERIC PRESCRIPTION COST	$20.18	$20.67	2.4%
AVERAGE GENERIC DAYS SUPPLY	30.99	31.48	1.6%
# BRAND PRESCRIPTIONS	119,906	125,328	4.5%
% BRAND	10.79%	10.82%	0.2%
$ BRAND	$98,776,624	$107,548,833	8.9%
AVERAGE BRAND PRESCRIPTION COST	$823.78	$858.14	4.2%
AVERAGE BRAND DAYS SUPPLY	31.06	31.35	0.9%

UTILIZATION BY AGE		
AGE	December 2021 / February 2022	March 2022 / May 2022
0-6	57,664	57,998
7-12	74,410	80,040
13-18	104,440	109,780
19-64	874,114	910,385
65+	9,613	9,983
TOTAL	1,120,241	1,168,186

	UTILIZATION BY GENDER AND AGE		
GENDER	AGE	December 2021 / February 2022	March 2022 / May 2022
F	0-6	25,319	25,542
	7-12	28,142	30,659
	13-18	55,195	58,671
	19-64	583,229	608,135
	65+	6,224	6,421
	Gender Total	698,109	729,428
M	0-6	32,345	32,456
	7-12	46,268	49,381
	13-18	49,245	51,109
	19-64	290,885	302,250
	65+	3,389	3,562
	Gender Total	422,132	438,758
Grand Total		1,120,241	1,168,186

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
March 2022 / May 2022

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
1	AMBULATORY CARE PHARMACY	IOWA CITY	IA	14,971	$6,502,921.04	$434.37	1
2	WALGREENS #4405	COUNCIL BLUFFS	IA	13,722	$1,058,907.26	$77.17	3
3	WALGREENS #5239	DAVENPORT	IA	13,489	$893,301.61	$66.22	2
4	WALGREENS #5042	CEDAR RAPIDS	IA	9,531	$679,907.49	$71.34	4
5	WALGREENS #7455	WATERLOO	IA	7,502	$497,515.47	$66.32	6
6	WALGREENS #5721	DES MOINES	IA	7,365	$509,133.06	$69.13	5
7	WALGREENS #359	DES MOINES	IA	7,257	$549,258.81	$75.69	7
8	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	7,123	$670,461.41	$94.13	8
9	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	6,964	$717,815.20	$103.08	9
10	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	6,857	$297,426.90	$43.38	10
11	WALGREENS #3700	COUNCIL BLUFFS	IA	6,558	$531,895.20	$81.11	11
12	WALGREENS #15647	SIOUX CITY	IA	6,288	$467,653.57	$74.37	12
13	DRILLING PHARMACY	SIOUX CITY	IA	6,239	$435,682.23	$69.83	13
14	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	5,985	$398,567.40	$66.59	14
15	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	5,736	$485,673.44	$84.67	15
16	WALGREENS #7453	DES MOINES	IA	5,302	$397,521.27	$74.98	16
17	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	5,280	$371,957.07	$70.45	19
18	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	5,207	$401,690.62	$77.14	17
19	WALGREENS #4041	DAVENPORT	IA	5,119	$309,047.01	$60.37	18
20	MAHASKA DRUGS INC	OSKALOOSA	IA	5,016	$361,437.40	$72.06	20
21	HY-VEE PHARMACY (1075)	CLINTON	IA	4,958	$397,318.23	$80.14	21
22	WALMART PHARMACY 10-1509	MAQUOKETA	IA	4,901	$398,745.66	$81.36	23

23	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	4,808	$378,726.08	$78.77	22
24	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	4,736	$362,917.12	$76.63	24
25	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	4,692	$382,066.44	$81.43	30
26	WALGREENS #3595	DAVENPORT	IA	4,652	$279,562.21	$60.10	41
27	MERCYONE DUBUQUE ELM PHARMACY	DUBUQUE	IA	4,566	$349,218.14	$76.48	25
28	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	4,549	$208,299.37	$45.79	26
29	WALGREENS #5044	BURLINGTON	IA	4,515	$278,663.35	$61.72	28
30	WALGREENS #9708	DUBUQUE	IA	4,498	$274,030.60	$60.92	31
31	HY-VEE PHARMACY (1449)	NEWTON	IA	4,424	$335,560.76	$75.85	29
32	HY-VEE PHARMACY (1396)	MARION	IA	4,414	$362,868.94	$82.21	27
33	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	4,301	$317,970.51	$73.93	34
34	HY-VEE PHARMACY (1850)	WASHINGTON	IA	4,283	$227,629.84	$53.15	32
35	WALGREENS #11942	DUBUQUE	IA	4,222	$349,423.68	$82.76	33
36	WALGREENS #7454	ANKENY	IA	4,186	$294,723.73	$70.41	39
37	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	4,176	$347,514.05	$83.22	38
38	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	4,161	$361,244.37	$86.82	46
39	HY-VEE PHARMACY (1459)	OELWEIN	IA	4,089	$305,040.84	$74.60	35
40	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	4,013	$376,442.02	$93.81	47
41	REUTZEL PHARMACY	CEDAR RAPIDS	IA	4,007	$354,352.01	$88.43	50
42	RIGHT DOSE PHARMACY	ANKENY	IA	3,980	$302,209.14	$75.93	45
43	STANGEL PHARMACY	ONAWA	IA	3,906	$288,833.02	$73.95	37
44	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	3,903	$235,273.57	$60.28	51
45	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	3,896	$280,210.66	$71.92	54
46	NUCARA LTC PHARMACY #3	IOWA CITY	IA	3,876	$101,525.92	$26.19	55
47	WALGREENS #5470	SIOUX CITY	IA	3,852	$272,023.43	$70.62	43
48	WALGREENS #5119	CLINTON	IA	3,841	$250,018.61	$65.09	36

49	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	3,836	$270,876.64	$70.61	56
50	WALGREENS #5886	KEOKUK	IA	3,830	$262,193.08	$68.46	57
51	HARTIG PHARMACY SERVICES	DUBUQUE	IA	3,794	$275,991.43	$72.74	42
52	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,780	$303,803.98	$80.37	44
53	SOUTH SIDE DRUG	OTTUMWA	IA	3,775	$366,212.39	$97.01	52
54	HY-VEE PHARMACY (1433)	MT PLEASANT	IA	3,756	$269,002.68	$71.62	49
55	WALGREENS #3875	CEDAR RAPIDS	IA	3,707	$278,717.42	$75.19	63
56	WALGREENS #7452	DES MOINES	IA	3,700	$243,162.06	$65.72	74
57	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	3,639	$400,081.36	$109.94	48
58	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,572	$274,237.11	$76.77	60
59	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	3,562	$302,919.63	$85.04	53
60	RASHID PHARMACY PLC	FORT MADISON	IA	3,523	$77,681.10	$22.05	40
61	CVS PHARMACY #08546	WATERLOO	IA	3,511	$285,805.47	$81.40	65
62	UI HEALTHCARE - IOWA RIVER LANDING PHARMACY	CORALVILLE	IA	3,498	$132,405.09	$37.85	73
63	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	3,446	$259,236.89	$75.23	70
64	WALMART PHARMACY 10-0985	FAIRFIELD	IA	3,410	$193,776.76	$56.83	62
65	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	3,393	$232,769.95	$68.60	82
66	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	3,382	$222,828.63	$65.89	72
67	HY-VEE PHARMACY (1065)	CHARITON	IA	3,371	$266,995.62	$79.20	59
68	DANIEL PHARMACY	FT DODGE	IA	3,323	$245,565.15	$73.90	64
69	CVS PHARMACY #10282	FORT DODGE	IA	3,320	$221,832.28	$66.82	97
70	WALMART PHARMACY 10-3394	ATLANTIC	IA	3,319	$230,855.14	$69.56	69
71	WALMART PHARMACY 10-0784	MT PLEASANT	IA	3,314	$252,401.91	$76.16	61
72	WALGREENS #5777	DES MOINES	IA	3,306	$214,690.84	$64.94	83
73	SCOTT PHARMACY	FAYETTE	IA	3,305	$241,093.69	$72.95	66
74	LAGRANGE PHARMACY	VINTON	IA	3,303	$317,192.39	$96.03	68

75	MERCYONE FOREST PARK PHARMACY	MASON CITY	IA	3,271	$226,077.06	$69.12	85
76	HY-VEE PHARMACY (1180)	FAIRFIELD	IA	3,246	$230,765.10	$71.09	58
77	HY-VEE PHARMACY (1071)	CLARINDA	IA	3,221	$291,332.84	$90.45	87
78	WAGNER PHARMACY	CLINTON	IA	3,214	$209,392.68	$65.15	86
79	HY-VEE PHARMACY (1522)	PERRY	IA	3,209	$243,103.48	$75.76	80
80	WALMART PHARMACY 10-2889	CLINTON	IA	3,205	$219,521.92	$68.49	90
81	WALMART PHARMACY 10-3590	SIOUX CITY	IA	3,184	$252,120.52	$79.18	93
82	WALGREENS #5852	DES MOINES	IA	3,173	$236,239.15	$74.45	76
83	WALMART PHARMACY 10-1723	DES MOINES	IA	3,154	$232,958.74	$73.86	84
84	MEDICAP PHARMACY	KNOXVILLE	IA	3,113	$285,402.73	$91.68	81
85	WALGREENS #5362	DES MOINES	IA	3,103	$220,849.41	$71.17	96
86	WALMART PHARMACY 10-0646	ANAMOSA	IA	3,081	$240,175.93	$77.95	88
87	MEDICAP LTC	INDIANOLA	IA	3,076	$121,649.47	$39.55	75
88	THOMPSON DEAN DRUG	SIOUX CITY	IA	3,073	$275,848.35	$89.77	77
89	WALMART PHARMACY 10-5115	DAVENPORT	IA	3,055	$274,754.65	$89.94	99
90	HY-VEE PHARMACY #1 (1054)	CEDAR RAPIDS	IA	3,048	$306,764.42	$100.64	102
91	WALGREENS #5077	IOWA CITY	IA	3,038	$218,862.36	$72.04	95
92	WALGREENS #11709	DAVENPORT	IA	3,033	$224,387.51	$73.98	78
93	HY-VEE PHARMACY (1382)	LEMARS	IA	3,005	$288,966.25	$96.16	92
94	HY-VEE PHARMACY (1530)	PLEASANT HILL	IA	2,921	$179,740.07	$61.53	89
95	WALGREENS #5144	CLINTON	IA	2,910	$191,865.25	$65.93	79
96	HY-VEE PHARMACY #2 (1018)	AMES	IA	2,891	$241,867.29	$83.66	100
97	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	2,878	$268,564.26	$93.32	91
98	WALGREENS #5361	FORT DODGE	IA	2,877	$217,949.51	$75.76	71
99	WALGREENS #7968	DES MOINES	IA	2,875	$200,227.41	$69.64	108
100	HY-VEE PHARMACY (1009)	ALBIA	IA	2,873	$156,924.75	$54.62	67

TOP 100 PHARMACIES BY PAID AMOUNT
March 2022 / May 2022

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	AMBULATORY CARE PHARMACY	IOWA CITY	IA	14,971	$6,502,921.04	$2,212.63	1
2	CAREMARK KANSAS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	LENEXA	KS	1,001	$6,185,501.07	$14,762.53	2
3	COMMUNITY, A WALGREENS PHARMACY #16528	DES MOINES	IA	545	$2,730,942.41	$13,792.64	4
4	CAREMARK ILLINOIS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	MT PROSPECT	IL	282	$2,638,973.06	$29,651.38	3
5	UNITYPOINT AT HOME	URBANDALE	IA	860	$2,436,723.05	$8,431.57	5
6	CVS/SPECIALTY	MONROEVILLE	PA	289	$2,165,988.24	$19,168.04	7
7	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	2,288	$2,123,423.04	$9,074.46	8
8	HY-VEE PHARMACY SOLUTIONS	OMAHA	NE	359	$2,100,144.13	$12,651.47	6
9	CVS PHARMACY #00102	AURORA	CO	225	$1,870,859.03	$22,540.47	9
10	COMMUNITY, A WALGREENS PHARMACY #21250	IOWA CITY	IA	702	$1,789,108.19	$5,697.80	10
11	ALLIANCERX WALGREENS PRIME #16280	FRISCO	TX	64	$1,152,906.41	$76,860.43	11
12	WALGREENS #4405	COUNCIL BLUFFS	IA	13,722	$1,058,907.26	$407.27	12
13	EXPRESS SCRIPTS SPECIALTY DIST SVCS	SAINT LOUIS	MO	79	$983,468.00	$32,782.27	17
14	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	79	$927,079.18	$28,971.22	13
15	WALGREENS #5239	DAVENPORT	IA	13,489	$893,301.61	$311.04	14
16	AMBER SPECIALTY PHARMACY	OMAHA	NE	200	$835,111.59	$15,465.03	15
17	KROGER SPECIALTY PHARMACY LA	HARVEY	LA	90	$814,739.10	$20,890.75	22
18	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	6,964	$717,815.20	$865.88	21
19	PANTHERX SPECIALTY PHARMACY	PITTSBURGH	PA	12	$686,170.26	$171,542.57	98
20	WALGREENS #5042	CEDAR RAPIDS	IA	9,531	$679,907.49	$297.29	18
21	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	7,123	$670,461.41	$449.67	19
22	CAREMARK LLC, DBA CVS/SPECIALTY	REDLANDS	CA	27	$631,114.69	$70,123.85	16

23	HY-VEE PHARMACY SOLUTIONS	DES MOINES	IA	115	$622,825.07	$11,121.88	26
24	OPTUM PHARMACY 702, LLC	JEFFERSONVILLE	IN	87	$615,406.34	$13,093.75	20
25	ORSINI PHARMACEUTICAL SERVICES LLC	ELK GROVE VILLAGE	IL	30	$605,922.01	$86,560.29	25
26	WALGREENS #16270	OMAHA	NE	183	$558,151.34	$12,403.36	29
27	WALGREENS #359	DES MOINES	IA	7,257	$549,258.81	$327.72	24
28	WALGREENS #3700	COUNCIL BLUFFS	IA	6,558	$531,895.20	$419.15	27
29	WALGREENS #5721	DES MOINES	IA	7,365	$509,133.06	$264.21	30
30	SUPERIOR PHARMACY SOLUTIONS	SCHAUMBURG	IL	12	$502,194.24	$251,097.12	40
31	WALGREENS #7455	WATERLOO	IA	7,502	$497,515.47	$277.48	33
32	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	5,736	$485,673.44	$471.53	34
33	CR CARE PHARMACY	CEDAR RAPIDS	IA	2,170	$484,586.71	$2,296.62	31
34	EVERSANA LIFE SCIENCE SERVICES, LLC	CHESTERFIELD	MO	22	$475,264.38	$59,408.05	23
35	WALGREENS #15647	SIOUX CITY	IA	6,288	$467,653.57	$322.08	36
36	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	2,194	$464,380.89	$2,939.12	28
37	DRILLING PHARMACY	SIOUX CITY	IA	6,239	$435,682.23	$765.70	38
38	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	5,207	$401,690.62	$423.72	45
39	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	3,639	$400,081.36	$770.87	35
40	WALMART PHARMACY 10-1509	MAQUOKETA	IA	4,901	$398,745.66	$492.28	42
41	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	5,985	$398,567.40	$370.07	47
42	WALGREENS #7453	DES MOINES	IA	5,302	$397,521.27	$339.76	41
43	HY-VEE PHARMACY (1075)	CLINTON	IA	4,958	$397,318.23	$548.03	39
44	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	4,692	$382,066.44	$583.31	49
45	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	4,808	$378,726.08	$396.99	52
46	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	4,013	$376,442.02	$558.52	50
47	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	5,280	$371,957.07	$477.48	46
48	SOUTH SIDE DRUG	OTTUMWA	IA	3,775	$366,212.39	$688.37	48

49	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	1,857	$365,130.93	$1,755.44	60
50	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	4,736	$362,917.12	$482.60	44
51	HY-VEE PHARMACY (1396)	MARION	IA	4,414	$362,868.94	$493.70	51
52	MAHASKA DRUGS INC	OSKALOOSA	IA	5,016	$361,437.40	$526.88	59
53	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	4,161	$361,244.37	$422.01	53
54	REUTZEL PHARMACY	CEDAR RAPIDS	IA	4,007	$354,352.01	$1,097.07	82
55	WALMART PHARMACY 10-1621	CENTERVILLE	IA	2,232	$351,164.44	$824.33	64
56	WALGREENS #11942	DUBUQUE	IA	4,222	$349,423.68	$431.39	37
57	MERCYONE DUBUQUE ELM PHARMACY	DUBUQUE	IA	4,566	$349,218.14	$769.20	43
58	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	4,176	$347,514.05	$637.64	55
59	HY-VEE PHARMACY (1449)	NEWTON	IA	4,424	$335,560.76	$497.13	63
60	FAIRVIEW SPECIALTY SERVICES PHARMACY	MINNEAPOLIS	MN	43	$335,504.58	$30,500.42	66
61	THE NEBRASKA MEDICAL CENTER CLINIC PHARMACY	OMAHA	NE	951	$329,490.01	$1,781.03	69
62	ARJ INFUSION SERVICES, LLC	CEDAR RAPIDS	IA	77	$326,684.11	$20,417.76	32
63	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	4,301	$317,970.51	$438.58	57
64	LAGRANGE PHARMACY	VINTON	IA	3,303	$317,192.39	$688.05	62
65	GENOA HEALTHCARE, LLC	DAVENPORT	IA	1,677	$315,327.02	$1,732.57	68
66	AVERA SPECIALTY PHARMACY	SIOUX FALLS	SD	97	$310,461.60	$10,014.89	58
67	WALGREENS #4041	DAVENPORT	IA	5,119	$309,047.01	$266.42	56
68	HY-VEE PHARMACY #1 (1054)	CEDAR RAPIDS	IA	3,048	$306,764.42	$564.94	107
69	BIOLOGICS BY MCKESSON	CARY	NC	18	$306,473.09	$61,294.62	162
70	HY-VEE PHARMACY (1459)	OELWEIN	IA	4,089	$305,040.84	$448.59	67
71	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,780	$303,803.98	$538.66	54
72	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	3,562	$302,919.63	$461.06	73
73	RIGHT DOSE PHARMACY	ANKENY	IA	3,980	$302,209.14	$1,083.19	105
74	FIFIELD PHARMACY	DES MOINES	IA	2,071	$300,340.52	$1,472.26	84

75	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	6,857	$297,426.90	$340.31	71
76	WALGREENS #7454	ANKENY	IA	4,186	$294,723.73	$312.87	65
77	HY-VEE PHARMACY (1071)	CLARINDA	IA	3,221	$291,332.84	$630.59	81
78	HY-VEE PHARMACY (1382)	LEMARS	IA	3,005	$288,966.25	$636.49	88
79	STANGEL PHARMACY	ONAWA	IA	3,906	$288,833.02	$617.16	89
80	CVS PHARMACY #08546	WATERLOO	IA	3,511	$285,805.47	$449.38	87
81	MEDICAP PHARMACY	KNOXVILLE	IA	3,113	$285,402.73	$841.90	77
82	PANTHERX SPECIALTY PHARMACY	PITTSBURGH	PA	25	$284,276.93	$31,586.33	117
83	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	3,896	$280,210.66	$464.69	92
84	WALGREENS #3595	DAVENPORT	IA	4,652	$279,562.21	$262.25	101
85	WALGREENS #3875	CEDAR RAPIDS	IA	3,707	$278,717.42	$349.71	74
86	WALGREENS #5044	BURLINGTON	IA	4,515	$278,663.35	$289.07	94
87	MEDICAP PHARMACY	DES MOINES	IA	2,461	$276,910.83	$1,281.99	85
88	HARTIG PHARMACY SERVICES	DUBUQUE	IA	3,794	$275,991.43	$978.69	99
89	THOMPSON DEAN DRUG	SIOUX CITY	IA	3,073	$275,848.35	$753.68	83
90	WALMART PHARMACY 10-5115	DAVENPORT	IA	3,055	$274,754.65	$488.89	106
91	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,572	$274,237.11	$473.64	72
92	WALGREENS #9708	DUBUQUE	IA	4,498	$274,030.60	$261.98	61
93	WALGREENS #5470	SIOUX CITY	IA	3,852	$272,023.43	$337.92	90
94	WALGREENS #11759	FORT MADISON	IA	2,551	$271,047.21	$602.33	154
95	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	3,836	$270,876.64	$734.08	91
96	HY-VEE PHARMACY (1433)	MT PLEASANT	IA	3,756	$269,002.68	$428.35	102
97	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	2,878	$268,564.26	$548.09	75
98	ANOVORX GROUP LLC	MEMPHIS	TN	28	$268,368.18	$24,397.11	199
99	HY-VEE PHARMACY (1065)	CHARITON	IA	3,371	$266,995.62	$447.23	79
100	WALGREENS #5886	KEOKUK	IA	3,830	$262,193.08	$426.33	111

TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
March 2022 / May 2022

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
1	1982605762	Jeffrey Wilharm	$170,091.43	3,469	6.88	1
2	1013115369	Bobbita Nag	$107,101.02	2,224	2.26	2
3	1467502286	Charles Tilley	$251,279.65	2,116	3.80	5
4	1073945499	Jennifer Zalaznik	$165,853.58	2,098	4.03	3
5	1922455096	Dean Guerdet	$254,436.79	2,078	3.13	4
6	1215125216	Rebecca Walding	$223,461.82	2,016	3.76	6
7	1215146055	Rebecca Wolfe	$124,755.00	1,926	2.62	9
8	1437238110	Genevieve Nelson	$187,158.19	1,926	3.34	8
9	1790013209	Tracy Tschudi	$230,546.88	1,880	2.85	10
10	1467907394	Cynthia Coenen	$197,622.37	1,795	3.27	14
11	1982030946	Jacklyn Besch	$84,946.49	1,744	3.25	22
12	1659358620	Carlos Castillo	$82,901.05	1,725	3.03	17
13	1588629414	Thomas Earwood	$140,807.45	1,723	2.99	7
14	1447680848	Mindy Roberts	$181,608.14	1,680	2.40	13
15	1902912538	Christian Jones	$91,746.85	1,655	2.59	16
16	1457584740	Eric Meyer	$129,818.61	1,653	2.57	20
17	1043211303	Ali Safdar	$256,597.82	1,652	2.35	11
18	1063491645	Allyson Wheaton	$127,096.88	1,652	2.40	18
19	1730434069	Larissa Biscoe	$106,967.52	1,651	2.71	12
20	1275763047	Rebecca Bowman	$288,952.46	1,597	2.65	21
21	1902850845	Deborah Bahe	$143,794.77	1,583	4.11	30
22	1164538674	Joseph Wanzek	$105,155.55	1,569	4.03	28
23	1073500690	Kathleen Adams	$87,306.46	1,551	2.76	26

24	1316356496	Kimberly Roberts	$82,659.43	1,550	2.96	19
25	1770933046	Shelby Biller	$277,299.82	1,537	2.59	31
26	1043434525	Robert Kent	$95,183.88	1,522	2.83	15
27	1477199198	Sajo Thomas	$197,682.91	1,513	3.25	32
28	1841293354	Keith Guess	$66,530.09	1,508	2.74	27
29	1437209434	Jon Thomas	$92,880.86	1,470	2.34	29
30	1902358443	Melissa Konken	$254,944.06	1,424	3.33	25
31	1609218304	Amanda Garr	$219,716.00	1,421	3.08	33
32	1013499029	Spencer Kissel	$157,058.22	1,418	3.05	75
33	1740700632	Jessica Dunne	$274,256.68	1,385	3.38	24
34	1801998372	Wendy Hansen-Penman	$42,667.40	1,362	3.73	34
35	1558770974	Marc Baumert	$66,891.39	1,310	2.61	39
36	1124006770	Wook Kim	$83,259.75	1,301	2.86	53
37	1568431880	Pomilla Kumar	$58,281.16	1,274	4.22	36
38	1285697722	Douglas Jones	$169,568.78	1,250	2.49	37
39	1215184726	Babuji Gandra	$68,517.51	1,224	2.49	74
40	1689077018	Stacy Roth	$100,649.63	1,202	2.82	41
41	1679669832	Erin Hatcher	$153,284.69	1,193	2.46	40
42	1538157383	David Wenger-Keller	$63,983.30	1,188	4.02	43
43	1912991340	Ghada Hamdan-Allen	$60,274.21	1,182	2.74	23
44	1043418809	Michael Ciliberto	$375,321.58	1,165	2.45	42
45	1205169273	Teresa Dowling	$65,991.42	1,163	4.15	80
46	1619380680	Tara Brockman	$43,361.61	1,149	2.19	62
47	1649248378	Kathleen Wild	$59,672.14	1,141	2.76	66
48	1720698335	Danika Hansen	$135,367.35	1,138	3.25	44
49	1871598557	Christopher Vandelune	$59,459.92	1,112	3.13	48

50	1962558957	Albert Okine	$150,337.29	1,105	3.73	51
51	1174176093	Carol Chukwuka	$78,828.34	1,104	2.69	75
52	1588193643	Kathleen McGuire	$81,618.85	1,099	2.60	108
53	1710941000	Laurie Warren	$74,208.50	1,087	3.97	61
54	1134191018	Dustin Smith	$61,056.23	1,085	2.85	49
55	1972989721	Jayson Gesulga	$356,715.76	1,084	2.91	45
56	1417549932	Amanda McCormick	$98,147.62	1,082	2.48	81
57	1972812097	Michelle Schnack	$74,134.02	1,078	2.54	52
58	1316471154	Nicole Woolley	$92,282.52	1,066	2.19	46
59	1255823506	Nicole Delagardelle	$180,365.28	1,064	2.89	73
60	1538368170	Christopher Matson	$28,098.62	1,059	2.97	54
61	1609946243	Sina Linman	$65,416.98	1,052	2.26	62
62	1932652757	Kelsie Swisher	$299,432.14	1,052	3.00	58
63	1356754337	Cyndi McCormick	$125,927.20	1,047	3.20	59
64	1538149042	Eric Petersen	$25,018.17	1,042	4.41	65
65	1063497840	Kaye Cleveland	$134,327.83	1,038	3.62	77
66	1730173766	Frank Babcock	$77,600.41	1,036	4.69	47
67	1154779460	Molly Eichenberger	$41,354.31	1,028	3.24	60
68	1891146999	Becky Johnson	$922,194.15	1,027	2.63	69
69	1891342671	Nancy Childe	$67,496.80	1,011	3.53	90
70	1114521721	Tarrah Holliday	$234,890.85	1,003	2.95	159
71	1205393386	Jessica Hudspeth	$104,750.81	1,001	3.17	85
72	1528605367	Jennifer Meether	$162,181.47	996	3.12	79
73	1992103386	Melissa Larsen	$81,010.01	994	2.98	92
74	1659420099	Stephen Mandler	$19,473.17	990	7.65	69
75	1912971425	Sherry Adams	$108,284.76	989	2.60	72

76	1356724405	Beth Colon	$117,141.51	983	2.12	57
77	1255405338	Bryan Netolicky	$101,735.11	976	2.58	78
78	1619153137	Joada Best	$62,702.37	973	2.67	125
79	1649209933	Richard Blunk	$66,815.93	968	2.32	87
80	1275844649	Katie Campbell	$142,781.80	964	2.75	94
81	1053630640	Jennifer Donovan	$127,010.99	963	3.29	38
82	1841220290	Kent Kunze	$53,271.11	961	2.69	93
83	1689139669	Benjamin Bolmeier	$63,777.41	960	2.61	66
84	1063408870	Paul McGee	$149,556.67	954	3.60	91
85	1295830115	Alan Bollinger	$21,676.70	945	3.73	55
86	1679573893	Patty Hildreth	$126,828.34	941	2.85	111
87	1932582988	Dianne Humphrey	$71,891.61	936	2.89	99
88	1952761736	Lindsey Barrows	$64,387.37	935	2.80	83
89	1437692803	Cassandra Dunlavy	$44,356.34	934	3.25	68
90	1053963900	Nicole Mcclavy	$176,851.15	933	2.39	97
91	1780979666	Lindsey Christianson	$43,076.22	927	2.96	71
92	1528329398	Erin Rowan	$41,823.59	921	2.39	123
93	1134232481	Abbie White	$47,815.33	920	2.63	109
94	1821423799	Dorothy Metz	$60,665.38	917	2.72	140
95	1053845677	Shannon Jans	$59,793.88	913	2.59	167
96	1346621059	Mark Zacharjasz	$50,927.15	913	2.90	96
97	1326036062	Jon Ahrendsen	$42,903.09	912	3.30	117
98	1144214248	Kristi Walz	$143,068.10	907	2.98	99
99	1912345992	Amy Wingert	$28,851.65	906	2.31	94
100	1164823092	Jamey Gregersen	$88,285.86	903	2.77	82

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
March 2022 / May 2022

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
1	1376777524	Alladdin Abosaida	$1,274,927.58	$2,904.16	439	1
2	1891146999	Becky Johnson	$922,194.15	$897.95	1027	2
3	1295091510	Rebecca Weiner	$786,584.74	$1,736.39	453	5
4	1326034984	Katherine Mathews	$737,884.93	$7,163.93	103	6
5	1285748004	Bruce Hughes	$642,028.30	$3,586.75	179	9
6	1417443953	Rodney Clark	$621,553.01	$1,123.97	553	8
7	1477761328	Amy Calhoun	$596,669.98	$10,287.41	58	7
8	1013126705	Janice Staber	$581,397.60	$10,969.77	53	4
9	1497060776	Usha Perepu	$566,575.44	$8,331.99	68	3
10	1356337273	Lisa Menzies	$489,815.82	$1,149.80	426	13
11	1437121407	Linda Cadaret	$485,198.96	$3,256.37	149	11
12	1467449579	Brian Wayson	$480,018.11	$4,486.15	107	12
13	1578958542	Heidi Curtis	$429,663.60	$1,892.79	227	16
14	1104189323	Jad Sfeir	$411,871.14	$137,290.38	3	0
15	1306071915	Thomas Pietras	$381,230.42	$1,686.86	226	27
16	1043418809	Michael Ciliberto	$375,321.58	$322.16	1165	14
17	1366826109	Alyssa Mrsny	$363,058.22	$1,475.85	246	52
18	1386084747	Jennifer Condon	$360,671.37	$931.97	387	19
19	1225263833	Lindsay Orris	$358,277.53	$1,571.39	228	54
20	1972989721	Jayson Gesulga	$356,715.76	$329.07	1084	20
21	1841607900	Shayla Sanders	$344,344.25	$1,990.43	173	29
22	1326211889	James Friedlander	$343,145.84	$4,236.37	81	22
23	1841632965	Ahmad Al-Huniti	$325,294.18	$46,470.60	7	56

24	1134249832	Steven Craig	$319,390.00	$1,935.70	165	18
25	1376525196	Randolph Rough	$315,094.76	$2,266.87	139	44
26	1730406356	Christina Warren	$308,308.04	$1,589.22	194	82
27	1932652757	Kelsie Swisher	$299,432.14	$284.63	1052	23
28	1093382632	Gail Dooley	$297,812.32	$1,609.80	185	502
29	1033554498	Matthew Landherr	$289,498.23	$1,346.50	215	30
30	1275763047	Rebecca Bowman	$288,952.46	$180.93	1597	28
31	1447242359	Daniel Sleiter	$282,547.79	$905.60	312	15
32	1760480289	Michael Brooks	$280,526.17	$1,742.40	161	61
33	1770933046	Shelby Biller	$277,299.82	$180.42	1537	38
34	1740700632	Jessica Dunne	$274,256.68	$198.02	1385	33
35	1366858334	Alicia Duyvejonck	$270,385.89	$480.26	563	63
36	1942262688	Lori Schumann	$259,122.44	$470.28	551	39
37	1649419219	Heather Hunemuller	$257,426.95	$1,124.14	229	31
38	1043211303	Ali Safdar	$256,597.82	$155.33	1652	25
39	1902358443	Melissa Konken	$254,944.06	$179.03	1424	32
40	1922455096	Dean Guerdet	$254,436.79	$122.44	2078	34
41	1265420095	Elizabeth Cooper	$252,395.85	$1,021.85	247	105
42	1467502286	Charles Tilley	$251,279.65	$118.75	2116	21
43	1023108701	Ronald Zolty	$250,949.73	$6,970.83	36	111
44	1104804053	Winthrop Risk	$249,725.45	$473.86	527	50
45	1790708451	Michael McCubbin	$248,612.12	$982.66	253	45
46	1558357806	Robin Hayward	$243,864.32	$1,780.03	137	35
47	1043565328	Sara Moeller	$235,257.19	$1,400.34	168	41
48	1114521721	Tarrah Holliday	$234,890.85	$234.19	1003	79
49	1356834113	Susan Deo	$234,549.55	$2,322.27	101	162

50	1013205657	Rhonda Dunn	$233,901.34	$1,359.89	172	72
51	1952420705	Eric Rush	$233,438.28	$38,906.38	6	46
52	1790013209	Tracy Tschudi	$230,546.88	$122.63	1880	36
53	1215125216	Rebecca Walding	$223,461.82	$110.84	2016	55
54	1609218304	Amanda Garr	$219,716.00	$154.62	1421	37
55	1124216676	Wendy Sanders	$213,158.54	$705.82	302	43
56	1316934318	Steven Lentz	$212,767.17	$7,336.80	29	17
57	1245353242	Sandy Hong	$210,850.88	$1,204.86	175	24
58	1700417169	Courtney Reints	$203,418.23	$669.14	304	130
59	1942469960	Karen Luken	$201,637.25	$1,800.33	112	109
60	1477199198	Sajo Thomas	$197,682.91	$130.66	1513	66
61	1467907394	Cynthia Coenen	$197,622.37	$110.10	1795	75
62	1174748180	Mohammad Alsharabati	$192,890.28	$719.74	268	191
63	1871039917	Elizabeth Allen	$191,700.40	$2,203.45	87	190
64	1902478811	Joan Anderson	$189,678.87	$254.26	746	209
65	1194945691	Anjali Sharathkumar	$188,426.69	$1,460.67	129	26
66	1356445886	Megan Eisel	$188,024.21	$964.23	195	49
67	1437238110	Genevieve Nelson	$187,158.19	$97.17	1926	65
68	1588616171	Heather Thomas	$182,424.37	$1,321.92	138	88
69	1386902682	Melissa Willis	$181,892.56	$999.41	182	68
70	1447680848	Mindy Roberts	$181,608.14	$108.10	1680	48
71	1255823506	Nicole Delagardelle	$180,365.28	$169.52	1064	84
72	1720086523	Mark Cleveland	$177,472.05	$664.69	267	134
73	1427494095	Mira Kohorst	$177,034.42	$14,752.87	12	67
74	1053963900	Nicole Mcclavy	$176,851.15	$189.55	933	297
75	1477968303	Joseph Larson	$175,426.06	$422.71	415	42

76	1730135070	James Wallace	$174,389.63	$1,779.49	98	60
77	1982605762	Jeffrey Wilharm	$170,091.43	$49.03	3469	71
78	1245624626	Blake Williams	$169,580.40	$2,531.05	67	398
79	1285697722	Douglas Jones	$169,568.78	$135.66	1250	77
80	1013923127	Mark Johnson	$167,537.65	$354.20	473	104
81	1457986671	Paiton Calvert	$166,477.76	$1,398.97	119	220
82	1306158134	Tagore Sunkara	$166,445.08	$1,664.45	100	313
83	1689942518	Patria Alba Aponte	$166,239.71	$745.47	223	97
84	1639148810	Mark Hermann	$166,158.60	$2,001.91	83	439
85	1649469362	Jean-Baptiste Pichon	$165,960.62	$20,745.08	8	78
86	1073945499	Jennifer Zalaznik	$165,853.58	$79.05	2098	62
87	1437147386	Douglas Hornick	$165,693.26	$2,124.27	78	2033
88	1306253349	Salman Khan	$164,818.09	$1,373.48	120	120
89	1891955423	Leah Siegfried	$164,001.97	$320.94	511	103
90	1528605367	Jennifer Meether	$162,181.47	$162.83	996	101
91	1841254406	Bradley Hiatt	$161,210.51	$2,480.16	65	171
92	1104967090	John Southard	$160,294.80	$604.89	265	92
93	1346784808	Ashley Brown	$159,776.33	$1,630.37	98	73
94	1649678582	Laura Stulken	$159,256.55	$1,361.17	117	69
95	1538219530	Kevin Sheppard	$159,245.11	$178.73	891	127
96	1013978089	Jennifer Bradley	$159,053.04	$209.28	760	89
97	1316389497	Shannon Stewart	$158,550.80	$352.34	450	99
98	1174584072	Bradley Lair	$157,712.42	$1,660.13	95	86
99	1447373832	Joshua Wilson	$157,569.88	$3,664.42	43	93
100	1013499029	Spencer Kissel	$157,058.22	$110.76	1418	223

TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

CATEGORY DESCRIPTION	December 2021 / February 2022	RANK	% BUDGET	March 2022 / May 2022	RANK	% BUDGET	% CHANGE
ANTIDIABETICS	$15,325,274	1	12.9%	$16,866,594	1	13.1%	10.1%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	$13,177,883	2	11.1%	$14,330,918	2	11.1%	8.7%
ANALGESICS - ANTI-INFLAMMATORY	$10,545,349	3	8.9%	$11,734,844	3	9.1%	11.3%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	$9,716,985	4	8.2%	$10,466,443	4	8.1%	7.7%
DERMATOLOGICALS	$7,785,194	5	6.6%	$9,332,349	5	7.2%	19.9%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	$6,973,844	6	5.9%	$7,587,916	6	5.9%	8.8%
ANTIVIRALS	$4,831,644	7	4.1%	$5,362,152	7	4.2%	11.0%
ANTICONVULSANTS	$4,284,927	8	3.6%	$4,605,877	8	3.6%	7.5%
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	$3,672,726	10	3.1%	$4,460,460	9	3.5%	21.4%
RESPIRATORY AGENTS - MISC.	$3,666,565	11	3.1%	$3,846,601	10	3.0%	4.9%
ENDOCRINE AND METABOLIC AGENTS - MISC.	$3,224,604	14	2.7%	$3,781,194	11	2.9%	17.3%
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	$3,710,827	9	3.1%	$3,772,077	12	2.9%	1.7%
ANTIDEPRESSANTS	$3,441,958	13	2.9%	$3,640,304	13	2.8%	5.8%
MIGRAINE PRODUCTS	$2,816,926	15	2.4%	$3,351,709	14	2.6%	19.0%
HEMATOLOGICAL AGENTS - MISC.	$3,636,313	12	3.1%	$2,921,852	15	2.3%	-19.6%
ANTICOAGULANTS	$2,223,109	16	1.9%	$2,354,501	16	1.8%	5.9%
CARDIOVASCULAR AGENTS - MISC.	$1,625,714	18	1.4%	$2,066,951	17	1.6%	27.1%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	$1,703,894	17	1.4%	$1,755,615	18	1.4%	3.0%
GASTROINTESTINAL AGENTS - MISC.	$1,423,807	19	1.2%	$1,551,790	19	1.2%	9.0%
MISCELLANEOUS THERAPEUTIC CLASSES	$737,220	25	0.6%	$885,345	20	0.7%	20.1%

TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

CATEGORY DESCRIPTION	December 2021 / February 2022	PREV RANK	March 2022 / May 2022	CURR RANK	% CHANGE
ANTIDEPRESSANTS	147,010	1	155,023	1	5.5%
ANTICONVULSANTS	65,553	3	68,506	2	4.5%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	67,562	2	67,850	3	0.4%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	60,400	4	64,875	4	7.4%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	51,610	6	54,125	5	4.9%
ANTIHYPERTENSIVES	51,704	5	54,074	6	4.6%
ANTIANXIETY AGENTS	48,436	7	51,163	7	5.6%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	45,539	8	47,985	8	5.4%
ANTIDIABETICS	44,470	9	47,136	9	6.0%
ANALGESICS - OPIOID	31,303	10	32,846	10	4.9%
ANTIHYPERLIPIDEMICS	29,768	11	30,839	11	3.6%
ANALGESICS - ANTI-INFLAMMATORY	28,970	13	30,575	12	5.5%
ANTIHISTAMINES	27,470	14	30,535	13	11.2%
DERMATOLOGICALS	27,247	15	30,381	14	11.5%
PENICILLINS	29,757	12	28,458	15	-4.4%
BETA BLOCKERS	23,165	16	24,265	16	4.7%
MUSCULOSKELETAL THERAPY AGENTS	20,088	18	20,891	17	4.0%
DIURETICS	19,444	19	20,309	18	4.4%
CORTICOSTEROIDS	21,415	17	19,768	19	-7.7%
THYROID AGENTS	17,737	20	18,501	20	4.3%

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	December 2021 / February 2022	RANK	March 2022 / May 2022	RANK	% CHANGE
HUMIRA(CF) PEN	$5,862,991	1	$6,794,835	1	15.9%
VYVANSE	$3,979,939	2	$4,222,957	2	6.1%
TRULICITY	$2,883,916	4	$3,646,481	3	26.4%
VRAYLAR	$3,022,726	3	$3,463,490	4	14.6%
TRIKAFTA	$2,592,316	6	$2,924,607	5	12.8%
LATUDA	$2,839,677	5	$2,900,389	6	2.1%
INVEGA SUSTENNA	$2,394,813	7	$2,546,503	7	6.3%
STELARA	$2,174,034	8	$2,489,090	8	14.5%
BIKTARVY	$1,969,195	9	$2,104,971	9	6.9%
JARDIANCE	$1,732,917	10	$2,073,283	10	19.6%
LANTUS SOLOSTAR	$1,606,544	11	$1,709,759	11	6.4%
OZEMPIC	$1,459,460	12	$1,621,373	12	11.1%
SYMBICORT	$1,373,258	13	$1,475,981	13	7.5%
ELIQUIS	$1,354,886	14	$1,453,278	14	7.3%
REXULTI	$1,289,871	16	$1,396,136	15	8.2%
PROAIR HFA	$1,347,698	15	$1,332,665	16	-1.1%
ARISTADA	$1,065,808	17	$1,184,546	17	11.1%
ADVAIR DISKUS	$861,002	23	$1,124,107	18	30.6%
TRINTELLIX	$1,005,310	18	$1,063,751	19	5.8%
TALTZ AUTOINJECTOR	$825,771	26	$1,020,618	20	23.6%
COSENTYX PEN (2 PENS)	$956,334	20	$969,253	21	1.4%
DEXILANT	$965,790	19	$923,015	22	-4.4%
INGREZZA	$701,641	33	$919,519	23	31.1%
NORDITROPIN FLEXPRO	$829,275	25	$909,188	24	9.6%

DUPIXENT PEN	$596,181	41	$858,975	25	44.1%
ENBREL SURECLICK	$808,623	28	$850,561	26	5.2%
SPIRIVA	$864,865	22	$850,107	27	-1.7%
NURTEC ODT	$619,502	36	$844,241	28	36.3%
FLOVENT HFA	$731,295	32	$834,233	29	14.1%
SKYRIZI PEN	$426,468	52	$824,352	30	93.3%
MAVYRET	$612,507	37	$791,615	31	29.2%
ABILIFY MAINTENA	$733,905	31	$790,728	32	7.7%
VIMPAT	$809,043	27	$790,288	33	-2.3%
XARELTO	$761,068	29	$789,476	34	3.7%
ADVATE	$882,143	21	$777,526	35	-11.9%
JANUVIA	$689,486	35	$751,842	36	9.0%
AJOVY AUTOINJECTOR	$736,891	30	$745,462	37	1.2%
LANTUS	$699,407	34	$646,706	38	-7.5%
STRENSIQ	$212,826	123	$645,309	39	203.2%
UPTRAVI	$405,794	58	$645,119	40	59.0%
DUPIXENT SYRINGE	$611,839	38	$634,204	41	3.7%
XYWAV	$433,132	51	$629,454	42	45.3%
HUMIRA PEN	$601,342	40	$621,183	43	3.3%
VICTOZA 3-PAK	$596,078	42	$621,002	44	4.2%
INVEGA TRINZA	$499,112	47	$599,929	45	20.2%
WAKIX	$372,777	62	$583,466	46	56.5%
INSULIN ASPART FLEXPEN	$497,213	48	$547,868	47	10.2%
LINZESS	$444,667	50	$536,770	48	20.7%
EVRYSDI	$421,887	54	$535,808	49	27.0%
EPIDIOLEX	$511,892	46	$532,337	50	4.0%

TRELEGY ELLIPTA	$421,759	55	$510,325	51	21.0%
TREMFYA	$345,267	71	$506,058	52	46.6%
TRESIBA FLEXTOUCH U-200	$531,443	43	$501,003	53	-5.7%
VENTOLIN HFA	$513,128	45	$488,947	54	-4.7%
FARXIGA	$315,439	80	$486,561	55	54.2%
LEVEMIR FLEXTOUCH	$489,122	49	$482,972	56	-1.3%
HEMLIBRA	$526,414	44	$475,276	57	-9.7%
NAGLAZYME	$345,918	70	$468,691	58	35.5%
SPIRIVA RESPIMAT	$421,117	56	$438,967	59	4.2%
UBRELVY	$367,628	63	$432,545	60	17.7%
XIFAXAN	$365,655	64	$411,861	61	12.6%
HUMIRA(CF)	$365,033	65	$408,029	62	11.8%
METHYLPHENIDATE ER	$398,233	59	$407,385	63	2.3%
ENTRESTO	$349,179	69	$401,278	64	14.9%
ADVAIR HFA	$357,487	68	$398,743	65	11.5%
VIIBRYD	$364,300	66	$384,571	66	5.6%
OTEZLA	$298,365	85	$381,767	67	28.0%
REVLIMID	$311,127	83	$379,366	68	21.9%
JORNAY PM	$322,250	78	$363,284	69	12.7%
XYREM	$339,128	73	$354,014	70	4.4%
FASENRA PEN	$336,793	74	$348,907	71	3.6%
PULMOZYME	$325,906	77	$344,182	72	5.6%
ORFADIN	$336,276	75	$340,434	73	1.2%
AIMOVIG AUTOINJECTOR	$261,721	95	$320,468	74	22.4%
QUILLICHEW ER	$292,152	87	$319,827	75	9.5%
INSULIN LISPRO	$423,942	53	$311,277	76	-26.6%

ENBREL	$259,444	98	$309,217	77	19.2%
GENVOYA	$286,234	88	$308,026	78	7.6%
CREON	$313,526	82	$307,911	79	-1.8%
AUSTEDO	$314,837	81	$295,672	80	-6.1%
EPINEPHRINE	$202,837	133	$295,064	81	45.5%
SYNAGIS	$832,135	24	$291,833	82	-64.9%
GILENYA	$265,341	92	$290,331	83	9.4%
TAKHZYRO	$261,831	94	$289,450	84	10.5%
DESCOVY	$262,693	93	$288,490	85	9.8%
NUCALA	$217,321	118	$287,675	86	32.4%
ENBREL MINI	$320,160	79	$286,607	87	-10.5%
RAVICTI	$343,895	72	$284,777	88	-17.2%
EMGALITY PEN	$260,698	96	$283,519	89	8.8%
SPRYCEL	$259,842	97	$279,862	90	7.7%
IBRANCE	$198,692	134	$274,024	91	37.9%
INSULIN LISPRO KWIKPEN U-100	$295,539	86	$270,868	92	-8.3%
SERTRALINE HCL	$253,058	103	$269,691	93	6.6%
KALYDECO	$308,296	84	$269,349	94	-12.6%
OPSUMIT	$183,815	143	$267,567	95	45.6%
TYVASO REFILL KIT	$258,049	100	$266,116	96	3.1%
GABAPENTIN	$258,629	99	$264,235	97	2.2%
TRIUMEQ	$268,179	91	$263,428	98	-1.8%
HAEGARDA	$414,648	57	$263,026	99	-36.6%
OMEPRAZOLE	$252,068	104	$262,055	100	4.0%

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	December 2021 / February 2022	PREVIOUS RANK	March 2022 / May 2022	RANK	% CHANGE
SERTRALINE HCL	21,572	1	23,010	1	6.7%
OMEPRAZOLE	21,285	2	22,048	2	3.6%
TRAZODONE HCL	19,821	3	20,731	3	4.6%
ESCITALOPRAM OXALATE	17,660	5	18,558	4	5.1%
FLUOXETINE HCL	17,346	7	18,498	5	6.6%
AMOXICILLIN	18,831	4	18,288	6	-2.9%
ATORVASTATIN CALCIUM	17,382	6	18,058	7	3.9%
GABAPENTIN	17,137	8	17,613	8	2.8%
LISINOPRIL	15,830	10	16,328	9	3.1%
CETIRIZINE HCL	14,236	13	15,973	10	12.2%
PROAIR HFA	16,400	9	15,891	11	-3.1%
LEVOTHYROXINE SODIUM	15,209	11	15,786	12	3.8%
MONTELUKAST SODIUM	13,554	14	14,383	13	6.1%
BUPROPION XL	15,164	12	14,095	14	-7.0%
VYVANSE	12,862	15	13,417	15	4.3%
BUSPIRONE HCL	12,467	17	13,161	16	5.6%
DULOXETINE HCL	12,175	19	12,944	17	6.3%
HYDROCODONE-ACETAMINOPHEN	12,417	18	12,932	18	4.1%
QUETIAPINE FUMARATE	12,116	20	12,812	19	5.7%
HYDROXYZINE HCL	11,629	22	12,736	20	9.5%
PREDNISONE	12,803	16	11,921	21	-6.9%
VENLAFAXINE HCL ER	11,163	23	11,650	22	4.4%
ARIPIPRAZOLE	10,688	24	11,383	23	6.5%

FLUTICASONE PROPIONATE	10,276	26	11,150	24	8.5%
CLONIDINE HCL	10,507	25	10,889	25	3.6%
AMLODIPINE BESYLATE	10,119	27	10,516	26	3.9%
ALPRAZOLAM	9,993	28	10,193	27	2.0%
PANTOPRAZOLE SODIUM	9,480	31	10,118	28	6.7%
METHYLPHENIDATE ER	9,383	32	10,064	29	7.3%
LAMOTRIGINE	9,490	30	9,965	30	5.0%
METFORMIN HCL	9,289	33	9,582	31	3.2%
CLONAZEPAM	9,179	36	9,494	32	3.4%
ONDANSETRON ODT	9,197	35	9,244	33	0.5%
CYCLOBENZAPRINE HCL	9,245	34	9,024	34	-2.4%
AZITHROMYCIN	11,904	21	8,930	35	-25.0%
AMOXICILLIN-CLAVULANATE POTASS	9,625	29	8,701	36	-9.6%
TOPIRAMATE	8,184	38	8,577	37	4.8%
DEXTROAMPHETAMINE-AMPHET ER	7,729	40	8,565	38	10.8%
IBUPROFEN	8,452	37	8,518	39	0.8%
METOPROLOL SUCCINATE	7,645	41	8,014	40	4.8%
FAMOTIDINE	7,226	44	7,780	41	7.7%
RISPERIDONE	7,274	43	7,632	42	4.9%
LORATADINE	6,810	46	7,467	43	9.6%
VENTOLIN HFA	7,795	39	7,333	44	-5.9%
TRAMADOL HCL	7,094	45	7,279	45	2.6%
CEPHALEXIN	6,137	52	7,209	46	17.5%
MELOXICAM	6,710	49	7,192	47	7.2%
DEXTROAMPHETAMINE-AMPHETAMINE	6,757	47	7,183	48	6.3%
LORAZEPAM	6,717	48	6,984	49	4.0%

LOSARTAN POTASSIUM	6,095	54	6,564	50	7.7%
GUANFACINE HCL	6,237	51	6,467	51	3.7%
CEFDINIR	7,296	42	6,389	52	-12.4%
HYDROCHLOROTHIAZIDE	6,114	53	6,314	53	3.3%
MIRTAZAPINE	5,774	55	6,070	54	5.1%
FUROSEMIDE	5,723	56	5,957	55	4.1%
METFORMIN HCL ER	5,123	61	5,577	56	8.9%
ASPIRIN EC	5,433	57	5,511	57	1.4%
TRIAMCINOLONE ACETONIDE	4,895	63	5,423	58	10.8%
ALBUTEROL SULFATE	6,320	50	5,381	59	-14.9%
HYDROXYZINE PAMOATE	4,974	62	5,298	60	6.5%
CITALOPRAM HBR	5,149	60	5,281	61	2.6%
DOXYCYCLINE MONOHYDRATE	5,361	58	5,230	62	-2.4%
FLUCONAZOLE	4,888	65	5,217	63	6.7%
PRAZOSIN HCL	5,309	59	5,089	64	-4.1%
METRONIDAZOLE	4,514	66	5,040	65	11.7%
POLYETHYLENE GLYCOL 3350	4,322	68	4,779	66	10.6%
AMITRIPTYLINE HCL	4,890	64	4,748	67	-2.9%
ROSUVASTATIN CALCIUM	4,371	67	4,611	68	5.5%
SULFAMETHOXAZOLE-TRIMETHOPRIM	4,168	77	4,608	69	10.6%
DICLOFENAC SODIUM	4,263	72	4,582	70	7.5%
METHYLPHENIDATE HCL	4,271	70	4,530	71	6.1%
SPIRONOLACTONE	4,242	74	4,471	72	5.4%
BACLOFEN	4,298	69	4,400	73	2.4%
POTASSIUM CHLORIDE	4,211	75	4,381	74	4.0%
ZOLPIDEM TARTRATE	4,194	76	4,348	75	3.7%

SYMBICORT	4,045	81	4,341	76	7.3%
TIZANIDINE HCL	4,168	78	4,296	77	3.1%
NAPROXEN	3,981	83	4,291	78	7.8%
VALACYCLOVIR	4,245	73	4,262	79	0.4%
LEVETIRACETAM	4,024	82	4,221	80	4.9%
METOPROLOL TARTRATE	4,101	79	4,143	81	1.0%
ATOMOXETINE HCL	3,912	87	4,099	82	4.8%
GUANFACINE HCL ER	3,899	89	4,098	83	5.1%
SUMATRIPTAN SUCCINATE	3,904	88	4,092	84	4.8%
OXYCODONE HCL	3,678	90	4,091	85	11.2%
DEXMETHYLPHENIDATE HCL ER	4,049	80	4,088	86	1.0%
FOLIC ACID	3,918	86	4,067	87	3.8%
ACETAMINOPHEN	3,930	85	4,047	88	3.0%
PREGABALIN	3,597	92	3,991	89	11.0%
ONDANSETRON HCL	3,934	84	3,866	90	-1.7%
TRULICITY	3,067	96	3,780	91	23.2%
OLANZAPINE	3,661	91	3,724	92	1.7%
LANTUS SOLOSTAR	3,496	93	3,698	93	5.8%
FEROSUL	3,399	94	3,499	94	2.9%
FLOVENT HFA	2,875	97	3,267	95	13.6%
PROPRANOLOL HCL	4,266	71	3,262	96	-23.5%
JARDIANCE	2,773	99	3,159	97	13.9%
OXCARBAZEPINE	3,080	95	3,120	98	1.3%
PAROXETINE HCL	2,864	98	2,896	99	1.1%
VRAYLAR	2,500	106	2,846	100	13.8%

Iowa Total Care Claims
Quarterly Statistics

REPORT_DATE	Dec 2021 through Feb 2022	Mar 2022 through May 2022	
TOTAL PAID AMOUNT	$79,804,387.83	$87,114,575.82	9.16%
UNIQUE USERS	128,711	131,310	2.02%
COST PER USER	$620.03	$663.43	7.00%
TOTAL PRESCRIPTIONS	784,955	811,170	3.34%
AVERAGE PRESCRIPTION PER USER	6.10	6.18	1.29%
AVERAGE COST PER PRESCRIPTION	$101.67	$107.39	5.63%
# GENERIC PRESCRIPTIONS	696,087	718,871	3.27%
% GENERIC	88.68%	88.62%	-0.06%
$ GENERIC	$12,135,891.34	$12,753,879.65	5.09%
AVERAGE GENERIC PRESCRIPTION COST	$17.43	$17.74	1.76%
AVERAGE GENERIC DAYS SUPPLY	31	31	1.65%
# BRAND PRESCRIPTIONS	88,868	92,299	3.86%
% BRAND	11.32%	11.38%	0.06%
$ BRAND	$67,668,496.49	$74,360,696.17	9.89%
AVERAGE BRAND PRESCRIPTION COST	$761.45	$805.65	5.80%
AVERAGE BRAND DAYS SUPPLY	31	32	1.02%

UTILIZATION BY AGE

AGE		Dec 2021 through Feb 2022	Mar 2022 through May 2022
0-6		42,089	43,158
7-12		43,852	47,470
13-18		58,031	62,296
19-64		620,172	647,278
65+		20,811	10,968

UTILIZATION BY GENDER AND AGE

GENDER	AGE		Dec 2021 through Feb 2022	Mar 2022 through May 2022
F	0-6		18,337	18,831
	7-12		16,539	18,133
	13-18		31,920	34,111
	19-64		400,872	420,168
	65+		14,076	7,166
M	0-6		23,752	24,327
	7-12		27,313	29,337
	13-18		26,111	28,185
	19-64		219,300	227,110
	65+		6,735	3,802

TOP 100 PHARMACIES BY PRESCRIPTION COUNT

202203 - 202205

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
1	AMBULATORY CARE PHARMACY	IOWA CITY	IA	10,988	$5,431,147.21	$494.28	1
2	WALGREENS #4405	COUNCIL BLUFFS	IA	8,332	$619,296.87	$74.33	3
3	WALGREENS #5239	DAVENPORT	IA	8,313	$466,486.18	$56.12	2
4	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	7,061	$282,659.67	$40.03	5
5	WALGREENS #5042	CEDAR RAPIDS	IA	6,816	$549,440.59	$80.61	4
6	WALGREENS #7455	WATERLOO	IA	6,026	$384,570.84	$63.82	7
7	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	5,717	$461,199.05	$80.67	8
8	WALGREENS #359	DES MOINES	IA	5,555	$386,970.58	$69.66	9
9	WALGREENS #5721	DES MOINES	IA	5,454	$346,611.52	$63.55	10
10	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	4,799	$354,430.58	$73.86	13
11	DRILLING PHARMACY	SIOUX CITY	IA	4,773	$260,454.83	$54.57	11
12	WALGREENS #15647	SIOUX CITY	IA	4,637	$341,790.17	$73.71	12
13	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,571	$311,534.56	$68.15	14
14	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	4,187	$356,113.31	$85.05	19
15	WALGREENS #3700	COUNCIL BLUFFS	IA	4,181	$302,660.26	$72.39	16
16	RIGHT DOSE PHARMACY	ANKENY	IA	4,028	$237,591.50	$58.98	6
17	WALGREENS #7453	DES MOINES	IA	3,934	$254,154.70	$64.60	15
18	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	3,897	$187,713.57	$48.17	21
19	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,876	$422,209.52	$108.93	17
20	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	3,818	$387,700.76	$101.55	20
21	MAHASKA DRUGS INC	OSKALOOSA	IA	3,603	$219,875.35	$61.03	22
22	STANGEL PHARMACY	ONAWA	IA	3,526	$258,975.97	$73.45	24
23	HY-VEE PHARMACY (1449)	NEWTON	IA	3,451	$258,277.16	$74.84	26
24	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	3,353	$547,716.21	$163.35	18
25	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	3,343	$265,767.04	$79.50	28
26	SOUTH SIDE DRUG	OTTUMWA	IA	3,289	$347,538.25	$105.67	25
27	WALGREENS #5044	BURLINGTON	IA	3,201	$204,121.68	$63.77	29
28	WALGREENS #5470	SIOUX CITY	IA	3,099	$187,881.27	$60.63	31
29	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,092	$244,471.02	$79.07	36
30	REUTZEL PHARMACY	CEDAR RAPIDS	IA	3,073	$221,201.20	$71.98	30
31	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	3,067	$217,830.92	$71.02	34
32	WALGREENS #4041	DAVENPORT	IA	3,059	$194,646.29	$63.63	33
33	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	3,046	$234,871.57	$77.11	37
34	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	3,005	$236,399.93	$78.67	39

TOP 100 PHARMACIES BY PRESCRIPTION COUNT

202203 - 202205

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
35	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,997	$218,846.73	$73.02	44
36	HY-VEE PHARMACY (1075)	CLINTON	IA	2,989	$310,368.79	$103.84	45
37	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	2,977	$168,252.97	$56.52	43
38	WALGREENS #7452	DES MOINES	IA	2,964	$261,950.68	$88.38	35
39	RASHID PHARMACY PLC	FORT MADISON	IA	2,963	$56,938.55	$19.22	23
40	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,874	$266,873.48	$92.86	41
41	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	2,867	$205,701.96	$71.75	32
42	WALGREENS #5886	KEOKUK	IA	2,844	$178,501.56	$62.76	40
43	WALGREENS #7454	ANKENY	IA	2,820	$208,849.80	$74.06	51
44	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,807	$204,307.12	$72.78	38
45	WALGREENS #5777	DES MOINES	IA	2,748	$251,523.69	$91.53	53
46	UI HEALTHCARE - IOWA RIVER LANDING PHARMACY	CORALVILLE	IA	2,695	$80,077.93	$29.71	49
47	MEDICAP LTC	INDIANOLA	IA	2,690	$110,259.90	$40.99	27
48	DANIEL PHARMACY	FT DODGE	IA	2,677	$229,532.79	$85.74	46
49	HY-VEE PHARMACY (1192)	FT DODGE	IA	2,666	$170,728.44	$64.04	42
50	WALGREENS #3595	DAVENPORT	IA	2,638	$162,167.80	$61.47	66
51	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,609	$202,585.78	$77.65	47
52	THOMPSON DEAN DRUG	SIOUX CITY	IA	2,552	$247,566.71	$97.01	54
53	MARTIN HEALTH URBANDALE	URBANDALE	IA	2,549	$153,998.28	$60.42	242
54	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	2,540	$216,065.29	$85.07	69
55	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	2,535	$207,918.41	$82.02	52
56	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	2,520	$211,122.14	$83.78	60
57	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,511	$214,588.00	$85.46	65
58	HY-VEE PHARMACY (1530)	PLEASANT HILL	IA	2,502	$144,938.15	$57.93	57
59	WALGREENS #5852	DES MOINES	IA	2,486	$163,341.03	$65.70	68
60	WALMART PHARMACY 10-2889	CLINTON	IA	2,484	$147,880.90	$59.53	90
61	HY-VEE PHARMACY (1396)	MARION	IA	2,452	$235,123.38	$95.89	61
62	WALMART PHARMACY 10-0985	FAIRFIELD	IA	2,448	$146,070.74	$59.67	62
63	HY-VEE PHARMACY (1095)	CRESTON	IA	2,416	$153,710.55	$63.62	63
64	HY-VEE PHARMACY (1522)	PERRY	IA	2,393	$131,798.74	$55.08	70
65	CVS PHARMACY #08546	WATERLOO	IA	2,382	$208,239.06	$87.42	83
66	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	2,368	$206,703.83	$87.29	71
67	WALGREENS #5119	CLINTON	IA	2,355	$115,381.05	$48.99	58
68	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,348	$177,674.99	$75.67	48

TOP 100 PHARMACIES BY PRESCRIPTION COUNT

202203 - 202205

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
69	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	2,337	$180,877.19	$77.40	81
70	WALGREENS #7968	DES MOINES	IA	2,311	$167,792.03	$72.61	72
71	WALGREENS #4714	DES MOINES	IA	2,306	$155,536.71	$67.45	82
72	WALGREENS #9708	DUBUQUE	IA	2,281	$171,669.08	$75.26	108
73	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	2,274	$202,912.83	$89.23	93
74	NUCARA LTC PHARMACY #3	IOWA CITY	IA	2,271	$66,344.94	$29.21	116
75	WALMART PHARMACY 10-0559	MUSCATINE	IA	2,270	$192,540.40	$84.82	76
76	WALGREENS #3875	CEDAR RAPIDS	IA	2,235	$134,291.08	$60.09	73
77	HY-VEE PHARMACY (1009)	ALBIA	IA	2,221	$108,032.77	$48.64	59
78	WALMART PHARMACY 10-1496	WATERLOO	IA	2,210	$153,560.43	$69.48	91
79	WALGREENS #11942	DUBUQUE	IA	2,205	$140,258.86	$63.61	64
80	WALGREENS #5362	DES MOINES	IA	2,187	$116,678.88	$53.35	86
81	WALGREENS #11709	DAVENPORT	IA	2,176	$147,465.92	$67.77	78
82	WALGREENS #9791	ALTOONA	IA	2,173	$147,333.32	$67.80	98
83	WALMART PHARMACY 10-3590	SIOUX CITY	IA	2,172	$176,441.62	$81.23	85
84	HY-VEE PHARMACY (1180)	FAIRFIELD	IA	2,159	$139,472.67	$64.60	56
85	HY-VEE PHARMACY (1065)	CHARITON	IA	2,156	$149,513.18	$69.35	88
86	WALGREENS #5361	FORT DODGE	IA	2,152	$183,629.73	$85.33	55
87	WALMART PHARMACY 10-1285	OTTUMWA	IA	2,152	$131,618.76	$61.16	94
88	WALGREENS #5077	IOWA CITY	IA	2,121	$119,386.93	$56.29	97
89	LAGRANGE PHARMACY	VINTON	IA	2,114	$139,392.44	$65.94	50
90	WALMART PHARMACY 10-1509	MAQUOKETA	IA	2,109	$120,959.51	$57.35	95
91	WALMART PHARMACY 10-0646	ANAMOSA	IA	2,099	$141,969.73	$67.64	77
92	WALMART PHARMACY 10-1621	CENTERVILLE	IA	2,086	$230,561.49	$110.53	96
93	CVS PHARMACY #10282	FORT DODGE	IA	2,084	$132,923.27	$63.78	103
94	WALMART PHARMACY 10-1723	DES MOINES	IA	2,081	$135,631.75	$65.18	75
95	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	2,080	$192,800.95	$92.69	102
96	WALMART PHARMACY 10-3394	ATLANTIC	IA	2,077	$110,657.31	$53.28	84
97	EXACTCARE	VALLEY VIEW	OH	2,071	$177,029.43	$85.48	110
98	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	2,061	$72,284.33	$35.07	125
99	HY-VEE DRUGSTORE #5 (7026)	CEDAR RAPIDS	IA	2,055	$164,609.88	$80.10	106
100	WALGREENS #10855	WATERLOO	IA	2,049	$152,029.20	$74.20	99

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	AMBULATORY CARE PHARMACY	IOWA CITY	IA	10,988	$5,431,147.21	$2,310.14	1
2	UNITYPOINT AT HOME	URBANDALE	IA	557	$1,713,503.23	$8,007.02	5
3	CAREMARK KANSAS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	LENEXA	KS	324	$1,712,378.23	$12,231.27	3
4	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	1,603	$1,679,202.87	$8,034.46	2
5	CVS PHARMACY #00102	AURORA	CO	178	$1,631,358.10	$21,186.47	7
6	COMMUNITY, A WALGREENS PHARMACY #16528	DES MOINES	IA	328	$1,425,346.23	$12,840.96	6
7	ACARIAHEALTH PHARMACY #11	HOUSTON	TX	164	$1,269,538.61	$17,390.94	8
8	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	100	$997,457.22	$24,936.43	9
9	COMMUNITY, A WALGREENS PHARMACY #21250	IOWA CITY	IA	338	$997,019.84	$6,828.90	14
10	PANTHERX SPECIALTY PHARMACY	PITTSBURGH	PA	13	$907,517.28	$302,505.76	10
11	HY-VEE PHARMACY SOLUTIONS	OMAHA	NE	232	$861,959.44	$7,696.07	4
12	ACCREDO HEALTH GROUP INC	WARRENDALE	PA	59	$761,909.18	$40,100.48	11
13	CAREMARK ILLINOIS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	MT PROSPECT	IL	96	$749,322.21	$26,761.51	17
14	OPTUM PHARMACY 702, LLC	JEFFERSONVILLE	IN	99	$633,280.32	$12,665.61	13
15	WALGREENS #4405	COUNCIL BLUFFS	IA	8,332	$619,296.87	$373.75	16
16	AMBER PHARMACY	OMAHA	NE	81	$549,831.69	$16,661.57	20
17	WALGREENS #5042	CEDAR RAPIDS	IA	6,816	$549,440.59	$327.83	18
18	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	3,353	$547,716.21	$2,794.47	15
19	THE NEBRASKA MED CENTER CLINIC PHCY	OMAHA	NE	635	$507,984.24	$3,735.18	30
20	WALGREENS #16270	OMAHA	NE	62	$493,854.67	$21,471.94	41
21	HY-VEE PHARMACY SOLUTIONS	DES MOINES	IA	109	$486,116.94	$9,172.02	12
22	WALGREENS #5239	DAVENPORT	IA	8,313	$466,486.18	$238.98	19
23	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	5,717	$461,199.05	$384.97	21
24	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,876	$422,209.52	$796.62	26
25	CR CARE PHARMACY	CEDAR RAPIDS	IA	1,807	$390,576.66	$2,352.87	28
26	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	3,818	$387,700.76	$554.65	27
27	WALGREENS #359	DES MOINES	IA	5,555	$386,970.58	$301.38	31
28	WALGREENS #7455	WATERLOO	IA	6,026	$384,570.84	$256.04	25
29	CVS/SPECIALTY	MONROEVILLE	PA	67	$377,547.56	$11,104.34	22
30	CAREMARK LLC, DBA CVS/SPECIALTY	REDLANDS	CA	16	$368,716.71	$73,743.34	46
31	FOUNDATION CARE LLC	EARTH CITY	MO	50	$363,096.76	$27,930.52	24
32	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	4,187	$356,113.31	$554.69	36
33	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	4,799	$354,430.58	$400.03	34
34	SOUTH SIDE DRUG	OTTUMWA	IA	3,289	$347,538.25	$747.39	39
35	WALGREENS #5721	DES MOINES	IA	5,454	$346,611.52	$238.55	29
36	WALGREENS #15647	SIOUX CITY	IA	4,637	$341,790.17	$302.47	38

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
37	OPTUM INFUSION SERVICES 305, LLC	LENEXA	KS	7	$330,045.02	$110,015.01	23
38	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,571	$311,534.56	$483.00	35
39	HY-VEE PHARMACY (1075)	CLINTON	IA	2,989	$310,368.79	$671.79	53
40	WALGREENS #3700	COUNCIL BLUFFS	IA	4,181	$302,660.26	$337.79	48
41	ARJ INFUSION SERVICES, LLC	CEDAR RAPIDS	IA	92	$295,094.25	$24,591.19	32
42	PANTHERX SPECIALTY PHARMACY	PITTSBURGH	PA	25	$290,467.92	$32,274.21	33
43	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	7,061	$282,659.67	$309.59	47
44	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,874	$266,873.48	$479.13	50
45	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	3,343	$265,767.04	$781.67	49
46	WALGREENS #7452	DES MOINES	IA	2,964	$261,950.68	$384.09	42
47	DRILLING PHARMACY	SIOUX CITY	IA	4,773	$260,454.83	$535.92	54
48	GENOA HEALTHCARE, LLC	DAVENPORT	IA	1,175	$259,412.89	$2,075.30	44
49	STANGEL PHARMACY	ONAWA	IA	3,526	$258,975.97	$665.75	61
50	HY-VEE PHARMACY (1449)	NEWTON	IA	3,451	$258,277.16	$460.39	43
51	WALGREENS #7453	DES MOINES	IA	3,934	$254,154.70	$259.34	40
52	WALGREENS #5777	DES MOINES	IA	2,748	$251,523.69	$388.75	51
53	THOMPSON DEAN DRUG	SIOUX CITY	IA	2,552	$247,566.71	$871.71	72
54	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	1,703	$246,039.00	$1,537.74	96
55	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,092	$244,471.02	$562.00	67
56	PRIMARY HEALTHCARE PHARMACY	DES MOINES	IA	2,007	$243,988.07	$810.59	45
57	ALLIANCERX WALGREENS PRIME #16280	FRISCO	TX	18	$243,430.09	$40,571.68	62
58	AVERA SPECIALTY PHARMACY	SIOUX FALLS	SD	55	$243,390.21	$11,063.19	59
59	RIGHT DOSE PHARMACY	ANKENY	IA	4,028	$237,591.50	$625.24	37
60	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	3,005	$236,399.93	$618.85	71
61	HY-VEE PHARMACY (1396)	MARION	IA	2,452	$235,123.38	$489.84	73
62	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	3,046	$234,871.57	$425.49	68
63	WALMART PHARMACY 10-1621	CENTERVILLE	IA	2,086	$230,561.49	$670.24	78
64	OPTUM INFUSION SERVICES 302, LLC	LA VISTA	NE	35	$230,373.34	$46,074.67	83
65	DANIEL PHARMACY	FT DODGE	IA	2,677	$229,532.79	$526.45	64
66	REUTZEL PHARMACY	CEDAR RAPIDS	IA	3,073	$221,201.20	$841.07	88
67	MAHASKA DRUGS INC	OSKALOOSA	IA	3,603	$219,875.35	$402.70	55
68	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,997	$218,846.73	$370.30	66
69	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	3,067	$217,830.92	$335.64	98
70	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	2,540	$216,065.29	$387.21	80
71	KROGER SPECIALTY PHARMACY LA	HARVEY	LA	28	$214,789.72	$17,899.14	57
72	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,511	$214,588.00	$465.48	65

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
73	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	2,520	$211,122.14	$490.98	52
74	FAIRVIEW SPECIALTY SERVICES PHARMACY	MINNEAPOLIS	MN	26	$210,219.89	$35,036.65	190
75	WALGREENS #7454	ANKENY	IA	2,820	$208,849.80	$323.80	76
76	CVS PHARMACY #08546	WATERLOO	IA	2,382	$208,239.06	$392.90	89
77	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	2,535	$207,918.41	$462.04	79
78	EXPRESS SCRIPTS SPECIALTY DIST SVCS	SAINT LOUIS	MO	19	$207,340.32	$29,620.05	60
79	ALLIANCERX WALGREENS PRIME #15443	FRISCO	TX	16	$207,056.26	$23,006.25	99
80	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	2,368	$206,703.83	$549.74	87
81	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	2,867	$205,701.96	$378.13	56
82	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,807	$204,307.12	$410.26	58
83	WALGREENS #5044	BURLINGTON	IA	3,201	$204,121.68	$270.36	77
84	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	2,274	$202,912.83	$596.80	107
85	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,609	$202,585.78	$491.71	63
86	WALGREENS #4041	DAVENPORT	IA	3,059	$194,646.29	$255.78	90
87	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	2,080	$192,800.95	$541.58	102
88	ONCO360	LOUISVILLE	KY	13	$192,569.49	$64,189.83	103
89	WALMART PHARMACY 10-0559	MUSCATINE	IA	2,270	$192,540.40	$403.65	122
90	WALMART PHARMACY 10-1393	OSKALOOSA	IA	2,021	$192,216.66	$511.21	94
91	WALGREENS #5470	SIOUX CITY	IA	3,099	$187,881.27	$278.34	93
92	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	3,897	$187,713.57	$232.03	84
93	WALMART PHARMACY 10-0581	MARSHALLTOWN	IA	1,528	$185,872.67	$475.38	171
94	SPECIALTY THERAPEUTIC CARE	HOUSTON	TX	15	$185,706.35	$23,213.29	169
95	WALGREENS #5361	FORT DODGE	IA	2,152	$183,629.73	$394.90	70
96	MEDICAP PHARMACY	DES MOINES	IA	1,625	$182,897.08	$1,143.11	82
97	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	2,337	$180,877.19	$389.82	115
98	GREENVILLE PHARMACY	SIOUX CITY	IA	1,825	$180,717.78	$852.44	81
99	WALGREENS #5886	KEOKUK	IA	2,844	$178,501.56	$365.78	105
100	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,348	$177,674.99	$459.11	85

TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
1	1982605762	Jeffrey Wilharm	$119,455.04	1,623	15.61	3
2	1013115369	Bobbita Nag	$76,948.41	1,404	5.24	1
3	1043211303	Ali Safdar	$177,414.64	1,234	5.46	2
4	1619380680	Tara Brockman	$62,842.15	1,199	6.06	7
5	1275763047	Rebecca Bowman	$212,553.56	1,144	5.96	19
6	1801998372	Wendy Hansen-Penman	$43,094.83	1,136	8.61	10
7	1659358620	Carlos Castillo	$41,174.36	1,117	7.21	17
8	1124006770	Wook Kim	$70,577.63	1,116	6.98	16
9	1215125216	Rebecca Walding	$92,800.88	1,081	7.26	8
10	1609218304	Amanda Garr	$154,936.18	1,078	7.43	25
11	1467502286	Charles Tilley	$184,623.25	1,073	7.78	4
12	1477199198	Sajo Thomas	$117,742.93	1,070	7.09	14
13	1558770974	Marc Baumert	$59,499.63	1,063	5.32	23
14	1467907394	Cynthia Coenen	$97,845.90	1,062	8.43	11
15	1538368170	Christopher Matson	$48,713.80	1,062	7.48	15
16	1922455096	Dean Guerdet	$130,867.36	1,056	6.21	12
17	1770933046	Shelby Biller	$136,480.87	1,040	5.88	22
18	1588629414	Thomas Earwood	$50,228.60	1,038	8.05	5
19	1902358443	Melissa Konken	$156,366.58	1,028	8.71	21
20	1417241621	Ashley Mathes	$30,674.25	993	5.95	32
21	1972989721	Jayson Gesulga	$262,518.94	954	9.00	9
22	1073945499	Jennifer Zalaznik	$75,328.43	945	8.44	18
23	1437209434	Jon Thomas	$54,618.35	945	5.46	39
24	1538157383	David Wenger-Keller	$52,522.44	939	9.68	33
25	1053630640	Jennifer Donovan	$111,633.11	922	7.50	13
26	1285697722	Douglas Jones	$93,596.52	917	6.11	34
27	1902912538	Christian Jones	$52,783.21	916	5.26	24
28	1437238110	Genevieve Nelson	$89,581.50	911	7.23	20
29	1073500690	Kathleen Adams	$38,725.50	911	6.07	35
30	1821268335	Jacqueline Mcinnis	$100,392.81	910	9.78	37
31	1144214248	Kristi Walz	$135,676.28	905	8.23	31
32	1043434525	Robert Kent	$69,541.50	900	6.72	26

TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
33	1356788616	Ted Bonebrake	$69,852.07	896	10.67	6
34	1982030946	Jacklyn Besch	$35,704.88	894	6.04	27
35	1245227099	Donna Dobson Tobin	$128,628.70	893	8.93	28
36	1689077018	Stacy Roth	$61,678.52	867	7.23	40
37	1457584740	Eric Meyer	$50,356.14	866	5.48	38
38	1891146999	Becky Johnson	$727,412.11	858	6.65	30
39	1114521721	Tarrah Holliday	$166,862.38	857	6.70	83
40	1477534279	Edmund Piasecki	$55,204.99	832	6.66	61
41	1356788129	Rachael Parker	$68,184.34	828	7.02	52
42	1780979666	Lindsey Christianson	$31,703.84	822	5.87	50
43	1316356496	Kimberly Roberts	$53,270.58	818	6.24	29
44	1164538674	Joseph Wanzek	$58,208.61	817	8.42	44
45	1043703887	Tenaea Jeppeson	$157,876.64	814	7.98	54
46	1932652757	Kelsie Swisher	$310,424.33	801	6.68	42
47	1760445423	Shailesh Desai	$51,480.39	797	7.97	36
48	1679573893	Patty Hildreth	$77,146.05	796	7.65	49
49	1992103386	Melissa Larsen	$87,445.37	780	6.45	78
50	1467465716	Jeffrey Brady	$46,389.22	777	5.71	45
51	1255823506	Nicole Delagardelle	$103,903.18	773	6.09	47
52	1518567056	Katie Mogensen	$81,537.52	770	8.19	64
53	1588193643	Kathleen Mcguire	$82,470.95	753	5.62	136
54	1528605367	Jennifer Meether	$128,278.15	751	7.74	41
55	1275844649	Katie Campbell	$85,805.77	749	7.20	133
56	1114544681	Rachael Ploessl	$54,103.90	745	6.48	106
57	1023555638	Cynthia Johnson	$101,775.93	744	6.47	149
58	1174176093	Carol Chukwuka	$43,418.87	743	6.19	57
59	1407141336	Terra Goldsberry	$10,718.64	731	36.55	105
60	1932531316	Brooke Johnson	$65,285.03	730	5.33	74
61	1205169273	Teresa Roth Dowling	$57,871.88	726	6.72	88
62	1225414576	Sara Kuhn	$97,164.71	723	9.04	51
63	1134191018	Dustin Smith	$35,765.02	719	4.55	53
64	1679669832	Erin Hatcher	$68,292.68	715	6.16	46

TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
65	1356359871	Rhea Hartley	$55,780.59	715	4.70	60
66	1871598557	Christopher Vandelune	$33,421.35	710	5.26	59
67	1467437806	Georgia Lauer	$51,370.67	699	7.44	85
68	1316471154	Nicole Woolley	$37,979.53	694	4.31	56
69	1376579706	Tze Chan	$42,741.11	690	6.39	68
70	1427608710	Angela Ames	$65,706.04	688	9.42	58
71	1972758126	Rebecca Bollin	$24,925.68	683	4.88	69
72	1871052472	Cassidy Carr	$58,394.49	681	6.42	84
73	1831710987	Margaret Fuller	$53,628.49	679	4.85	101
74	1417549932	Amanda Mccormick	$56,511.34	678	5.26	99
75	1124389697	Kevin Furness	$32,950.56	678	6.05	90
76	1871595207	Dale Grunewald	$26,323.82	675	12.05	43
77	1063622637	Hussain Banu	$37,802.96	668	7.03	135
78	1669056123	Kama Ausborn	$113,173.23	665	7.15	160
79	1699134072	Jennifer Zigrang	$45,868.02	664	5.98	96
80	1326013426	Paul Peterson	$44,376.28	662	4.44	81
81	1962558957	Albert Okine	$64,677.68	661	8.37	87
82	1093034266	Eric Boyum	$56,415.27	660	5.79	95
83	1699740159	Frank Marino	$29,367.13	657	4.01	91
84	1841293354	Keith Guess	$32,466.24	654	5.23	137
85	1215964796	Donner Dewdney	$121,551.57	652	6.94	65
86	1538219530	Kevin Sheppard	$80,041.82	652	6.15	89
87	1336625078	Virginia Slaughter	$48,387.21	652	5.67	113
88	1295830115	Alan Bollinger	$13,990.83	652	9.88	98
89	1841220290	Kent Kunze	$30,766.61	649	6.69	71
90	1285047951	Brian Vold	$43,537.86	647	5.68	103
91	1205393386	Jessica Hudspeth	$57,816.94	646	7.98	110
92	1033295308	Takashi Kawamitsu	$40,049.79	646	7.18	123
93	1679536015	David Wolff	$46,706.85	645	9.77	75
94	1801430731	Harold Horn	$35,313.62	642	7.13	168
95	1790013209	Tracy Tschudi	$81,760.24	641	6.97	159
96	1619416013	Heather Jacobs	$16,378.16	641	6.10	182

TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
97	1598786097	Stephanie Gray	$81,287.58	640	7.90	72
98	1154779460	Molly Eichenberger	$19,431.28	638	6.58	76
99	1912991183	Molly Earleywine	$34,014.56	634	5.98	107
100	1104976109	Isam Marar	$79,909.29	633	9.31	97

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT

202203 - 202205

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
1	1891146999	Becky Johnson	858	$727,412.11	$847.80	1
2	1497060776	Usha Perepu	68	$714,146.16	$10,502.15	6
3	1376777524	Alladdin Abosaida	364	$618,131.34	$1,698.16	7
4	1619382942	Eirene Alexandrou	158	$606,147.78	$3,836.38	4
5	1316934318	Steven Lentz	22	$500,489.91	$22,749.54	2
6	1013126705	Janice Staber	51	$466,035.98	$9,137.96	3
7	1326034984	Katherine Mathews	84	$450,720.23	$5,365.72	10
8	1295091510	Rebecca Weiner	309	$385,609.26	$1,247.93	5
9	1417443953	Rodney Clark	321	$366,650.64	$1,142.21	13
10	1588616171	Heather Thomas	115	$312,036.86	$2,713.36	15
11	1376525196	Randolph Rough	126	$311,290.27	$2,470.56	8
12	1932652757	Kelsie Swisher	801	$310,424.33	$387.55	12
13	1760596357	Amal Shibli-Rahhal	11	$309,021.68	$28,092.88	9
14	1679521728	Jill Fliege	47	$291,377.53	$6,199.52	26
15	1225263833	Lindsay Orris	143	$278,125.37	$1,944.93	45
16	1649419219	Heather Hunemuller	264	$273,995.75	$1,037.86	14
17	1558357806	Robin Hayward	153	$270,653.85	$1,768.98	16
18	1972989721	Jayson Gesulga	954	$262,518.94	$275.18	11
19	1841607900	Shayla Sanders	157	$251,547.71	$1,602.21	62
20	1467449579	Brian Wayson	106	$244,521.17	$2,306.80	37
21	1356387260	Samuel Wood	81	$242,786.39	$2,997.36	134
22	1447242359	Daniel Sleiter	270	$226,426.73	$838.62	21
23	1043565328	Sara Moeller	115	$221,093.77	$1,922.55	24
24	1275763047	Rebecca Bowman	1,144	$212,553.56	$185.80	30
25	1003103383	Grerk Sutamtewagul	24	$209,532.81	$8,730.53	1018
26	1952423071	Sakeer Hussain	44	$202,195.44	$4,595.35	19
27	1043418809	Michael Ciliberto	493	$199,948.64	$405.58	31
28	1669740957	Courtney Kremer	162	$194,279.76	$1,199.26	38
29	1245353242	Sandy Hong	168	$192,326.91	$1,144.80	20
30	1467502286	Charles Tilley	1,073	$184,623.25	$172.06	23
31	1265420095	Elizabeth Cooper	164	$181,382.59	$1,105.99	54
32	1043211303	Ali Safdar	1,234	$177,414.64	$143.77	28

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT

202203 - 202205

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
33	1134249832	Steven Craig	107	$176,278.77	$1,647.47	75
34	1114521721	Tarrah Holliday	857	$166,862.38	$194.71	49
35	1437121407	Linda Cadaret	129	$166,491.26	$1,290.63	27
36	1245468768	Thomas Schmidt	96	$166,062.77	$1,729.82	29
37	1588618359	Barbara Burkle	134	$163,512.90	$1,220.25	78
38	1447506217	Theodosia Thoma	162	$162,594.21	$1,003.67	17
39	1326333220	Joel Van De Graaff	15	$160,114.56	$10,674.30	43
40	1043703887	Tenaea Jeppeson	814	$157,876.64	$193.95	69
41	1902358443	Melissa Konken	1,028	$156,366.58	$152.11	48
42	1225143316	Susan Jacobi	90	$155,469.60	$1,727.44	33
43	1609218304	Amanda Garr	1,078	$154,936.18	$143.73	35
44	1437147386	Douglas Hornick	44	$154,237.71	$3,505.40	187
45	1730406356	Christina Warren	163	$153,254.46	$940.21	98
46	1972560597	Bernard Leman	47	$152,029.93	$3,234.68	60
47	1487648705	Karen Hunke	92	$146,695.80	$1,594.52	41
48	1871039917	Elizabeth Allen	84	$145,944.76	$1,737.44	139
49	1679688626	Lawrence Rettenmaier	83	$143,275.07	$1,726.21	90
50	1902478811	Joan Anderson	573	$143,160.42	$249.84	178
51	1295078533	Christopher Strouse	43	$140,613.74	$3,270.09	85
52	1972616316	Jeffrey Brannen	211	$139,956.67	$663.30	39
53	1194945691	Anjali Sharathkumar	67	$139,695.24	$2,085.00	361
54	1255538344	Sarah Feddersen	23	$139,217.80	$6,052.95	399
55	1871892455	David Claassen	135	$139,168.73	$1,030.88	97
56	1033554498	Matthew Landherr	111	$137,721.56	$1,240.73	87
57	1770933046	Shelby Biller	1,040	$136,480.87	$131.23	59
58	1407180094	Tulsi Sharma	405	$135,914.52	$335.59	63
59	1144214248	Kristi Walz	905	$135,676.28	$149.92	36
60	1225266364	Sarah Bligh	193	$135,556.50	$702.37	108
61	1053387522	Amy Dietrich	134	$135,508.13	$1,011.25	113
62	1164408548	Maxwell Cosmic	67	$135,146.74	$2,017.12	44
63	1134402373	Julie Schuck	126	$133,233.25	$1,057.41	77
64	1700417169	Courtney Reints	237	$133,164.36	$561.87	61

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT

202203 - 202205

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
65	1720086523	Mark Cleveland	158	$131,485.00	$832.18	52
66	1922455096	Dean Guerdet	1,056	$130,867.36	$123.93	66
67	1689942518	Patria Alba Aponte	194	$130,718.10	$673.80	122
68	1285748004	Bruce Hughes	99	$129,868.80	$1,311.81	50
69	1891955423	Leah Siegfried	444	$129,630.63	$291.96	70
70	1750648275	Sarah Gross	116	$129,128.20	$1,113.17	850
71	1245227099	Donna Dobson Tobin	893	$128,628.70	$144.04	46
72	1528605367	Jennifer Meether	751	$128,278.15	$170.81	51
73	1477761328	Amy Calhoun	47	$127,282.44	$2,708.14	72
74	1043429087	Kayelyn Wagner	7	$126,392.74	$18,056.11	868
75	1841783123	Jennifer Greimann	63	$123,757.64	$1,964.41	148
76	1316389497	Shannon Stewart	270	$123,583.79	$457.72	110
77	1124216676	Wendy Sanders	169	$123,534.85	$730.98	81
78	1104804053	Winthrop Risk	245	$123,040.48	$502.21	169
79	1174748180	Mohammad Alsharabati	162	$122,850.69	$758.34	56
80	1720036353	Erik Swenson	122	$122,747.39	$1,006.13	79
81	1215964796	Donner Dewdney	652	$121,551.57	$186.43	53
82	1356754337	Cyndi Mccormick	592	$121,459.99	$205.17	84
83	1255658175	Ashley Deschamp	80	$119,560.43	$1,494.51	132
84	1982605762	Jeffrey Wilharm	1,623	$119,455.04	$73.60	67
85	1528247368	Mishelle Paullus	67	$118,395.48	$1,767.10	55
86	1649678582	Laura Stulken	107	$117,882.98	$1,101.71	73
87	1477199198	Sajo Thomas	1,070	$117,742.93	$110.04	82
88	1003089814	Joshua Lukenbill	81	$117,262.33	$1,447.68	487
89	1033221916	Adrian Letz	78	$116,664.67	$1,495.70	237
90	1356752067	Kelly Delaney-Nelson	85	$116,040.00	$1,365.18	102
91	1164840591	Anand Vidhu	8	$115,605.48	$14,450.69	243
92	1396711867	Michelle Daffer	138	$114,434.21	$829.23	151
93	1174584072	Bradley Lair	120	$113,473.01	$945.61	152
94	1669056123	Kama Ausborn	665	$113,173.23	$170.19	86
95	1942469960	Karen Luken	102	$113,076.83	$1,108.60	124
96	1326211889	James Friedlander	52	$111,857.31	$2,151.10	18

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT

202203 - 202205

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
97	1053630640	Jennifer Donovan	922	$111,633.11	$121.08	64
98	1902191059	Amber Tierney	43	$109,938.92	$2,556.72	588
99	1407065469	Christoph Randak	82	$109,755.33	$1,338.48	92
100	1972583573	Sherry Kolacia-Tighe	142	$109,541.20	$771.42	32

TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

	202112 - 202202			202203 - 202205			
CATEGORY DESCRIPTION	PREVIOUS TOTAL COST	PREVIOUS RANK	PREVIOUS % BUDGET	CURRENT TOTAL COST	CURRENT RANK	CURRENT % BUDGET	% CHANGE
Anti-TNF-alpha - Monoclonal Antibodies	$4,748,351.19	2	5.95 %	$5,812,796.02	1	6.63 %	0.68 %
Sympathomimetics	$4,628,694.23	3	5.80 %	$5,076,447.12	2	5.79 %	-0.01 %
Insulin	$4,802,554.55	1	6.02 %	$4,681,905.75	3	5.34 %	-0.68 %
Incretin Mimetic Agents (GLP-1 Receptor Agonists)	$3,821,472.13	4	4.79 %	$4,420,307.56	4	5.04 %	0.26 %
Antipsychotics - Misc.	$3,808,603.68	5	4.77 %	$4,268,614.45	5	4.87 %	0.10 %
Antipsoriatics	$3,042,049.36	7	3.81 %	$3,817,624.95	6	4.36 %	0.54 %
Antiretrovirals	$3,183,426.06	6	3.99 %	$3,101,625.14	7	3.54 %	-0.45 %
Benzisoxazoles	$2,417,409.77	9	3.03 %	$2,675,427.74	8	3.05 %	0.02 %
Cystic Fibrosis Agents	$2,143,011.35	10	2.68 %	$2,592,170.44	9	2.96 %	0.27 %
Amphetamines	$2,509,878.88	8	3.14 %	$2,490,699.81	10	2.84 %	-0.30 %
Quinolinone Derivatives	$1,999,257.21	11	2.50 %	$2,342,354.98	11	2.67 %	0.17 %
Antineoplastic Enzyme Inhibitors	$1,476,799.65	16	1.85 %	$2,241,214.07	12	2.56 %	0.71 %
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors	$1,862,306.77	12	2.33 %	$2,152,182.82	13	2.46 %	0.12 %
Antihemophilic Products	$1,601,414.06	15	2.01 %	$1,936,942.36	14	2.21 %	0.20 %
Anticonvulsants - Misc.	$1,811,980.95	13	2.27 %	$1,934,997.47	15	2.21 %	-0.06 %
Direct Factor Xa Inhibitors	$1,602,616.51	14	2.01 %	$1,636,515.90	16	1.87 %	-0.14 %
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag	$1,195,174.67	18	1.50 %	$1,556,083.63	17	1.78 %	0.28 %
Metabolic Modifiers	$1,064,091.08	20	1.33 %	$1,157,404.34	18	1.32 %	-0.01 %
Bronchodilators - Anticholinergics	$1,113,281.38	19	1.39 %	$1,141,621.05	19	1.30 %	-0.09 %
Hepatitis Agents	$752,533.44	28	0.94 %	$1,082,358.52	20	1.23 %	0.29 %

TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

	202112 - 202202		202203 - 202205		
CURRENT CATEGORY DESCRIPTION	PREVIOUS CLAIMS	PREVIOUS RANK	CURRENT CLAIMS	CURRENT RANK	% CHANGE
Selective Serotonin Reuptake Inhibitors (SSRIs)	46,314	1	48,555	1	4.84 %
Anticonvulsants - Misc.	33,861	2	35,223	2	4.02 %
Sympathomimetics	33,347	3	32,560	3	-2.36 %
Proton Pump Inhibitors	24,025	4	25,222	4	4.98 %
Nonsteroidal Anti-inflammatory Agents (NSAIDs)	20,208	5	21,743	5	7.60 %
Antianxiety Agents - Misc.	19,498	7	21,457	6	10.05 %
HMG CoA Reductase Inhibitors	19,584	6	19,644	7	0.31 %
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)	17,801	8	18,715	8	5.13 %
Amphetamines	16,764	9	18,387	9	9.68 %
Antihistamines - Non-Sedating	15,910	10	18,172	10	14.22 %
Serotonin Modulators	15,466	11	16,252	11	5.08 %
Stimulants - Misc.	13,245	16	14,949	12	12.87 %
Central Muscle Relaxants	13,749	15	14,497	13	5.44 %
Antiadrenergic Antihypertensives	13,948	13	14,475	14	3.78 %
Glucocorticosteroids	15,355	12	14,182	15	-7.64 %
Antidepressants - Misc.	12,712	21	13,789	16	8.47 %
Aminopenicillins	13,810	14	13,695	17	-0.83 %
Benzodiazepines	13,150	17	13,542	18	2.98 %
ACE Inhibitors	13,135	18	13,329	19	1.48 %
Thyroid Hormones	12,796	20	12,821	20	0.20 %

TOP 100 DRUGS BY PAID AMOUNT

	202112 - 202202		202203 - 202205		
DRUG DESCRIPTION	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	PERCENT CHANGE
Humira Pen	$4,196,295.31	1	$5,307,134.60	1	26.47 %
Trulicity	$1,945,704.06	4	$2,457,603.23	2	26.31 %
Vraylar	$2,115,084.45	3	$2,353,552.20	3	11.27 %
Vyvanse	$2,201,607.84	2	$2,118,218.46	4	-3.79 %
Trikafta	$1,734,266.58	5	$2,065,588.68	5	19.10 %
Invega Sust	$1,692,658.78	6	$1,841,036.69	6	8.77 %
Biktarvy	$1,539,688.98	8	$1,703,171.66	7	10.62 %
Latuda	$1,545,881.77	7	$1,692,368.14	8	9.48 %
Stelara	$1,016,817.63	16	$1,629,281.12	9	60.23 %
Jardiance	$1,290,949.24	11	$1,462,863.89	10	13.32 %
Lantus Solos	$1,352,316.89	10	$1,387,991.32	11	2.64 %
Ozempic	$1,134,324.52	12	$1,213,846.90	12	7.01 %
Symbicort	$1,047,564.15	14	$1,142,336.75	13	9.05 %
Spiriva	$1,034,686.95	15	$1,053,965.67	14	1.86 %
Eliquis	$1,001,796.25	17	$1,050,480.20	15	4.86 %
Taltz	$1,130,324.60	13	$1,047,450.35	16	-7.33 %
Dupixent	$782,725.30	20	$997,444.24	17	27.43 %
Proair Hfa	$952,346.69	18	$986,335.12	18	3.57 %
Aristada	$685,492.29	21	$942,973.41	19	37.56 %
Advair Disku	$509,890.09	37	$941,360.24	20	84.62 %
Strensiq	$789,432.66	19	$858,103.80	21	8.70 %
Enbrel Srclk	$550,799.59	32	$692,478.35	22	25.72 %
Trintellix	$621,950.36	25	$689,909.65	23	10.93 %
Rexulti	$633,892.55	24	$688,584.43	24	8.63 %
Adynovate	$651,380.08	22	$631,573.31	25	-3.04 %
Insulin Aspa	$542,118.03	33	$628,194.87	26	15.88 %
Abilify Main	$582,960.01	28	$608,131.87	27	4.32 %
Ingrezza	$639,376.76	23	$607,320.65	28	-5.01 %

TOP 100 DRUGS BY PAID AMOUNT

	202112 - 202202		202203 - 202205		
DRUG DESCRIPTION	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	PERCENT CHANGE
Mavyret	$471,403.92	42	$593,373.02	29	25.87 %
Cosentyx Pen	$563,225.39	30	$581,020.40	30	3.16 %
Xarelto	$589,996.29	26	$577,638.42	31	-2.09 %
Victoza	$586,744.37	27	$574,649.44	32	-2.06 %
Flovent Hfa	$505,790.93	38	$556,203.38	33	9.97 %
Dexilant	$581,420.98	29	$553,062.25	34	-4.88 %
Januvia	$499,156.62	39	$549,481.19	35	10.08 %
Levemir	$553,704.14	31	$539,975.11	36	-2.48 %
Xifaxan	$528,879.14	35	$536,222.92	37	1.39 %
Invega Trinz	$428,646.01	44	$513,274.00	38	19.74 %
Tresiba Flex	$497,803.79	40	$512,331.42	39	2.92 %
Farxiga	$384,907.09	46	$498,936.42	40	29.63 %
Vimpat	$478,917.20	41	$492,010.69	41	2.73 %
Insulin Lisp	$513,702.89	36	$490,110.62	42	-4.59 %
Humira	$536,221.53	34	$489,208.05	43	-8.77 %
Nurtec	$347,112.32	52	$475,416.21	44	36.96 %
Ilaris	$349,381.22	51	$458,414.92	45	31.21 %
Ajovy	$373,587.40	47	$449,655.14	46	20.36 %
Lantus	$432,193.27	43	$436,034.90	47	0.89 %
Hemlibra	$370,834.69	49	$416,901.80	48	12.42 %
Revlimid	$395,173.78	45	$413,539.07	49	4.65 %
Synagis	$1,406,400.04	9	$408,692.55	50	-70.94 %
Entresto	$322,111.58	55	$407,898.58	51	26.63 %
Trelegy	$303,514.39	57	$381,642.92	52	25.74 %
Norditropin	$332,544.08	53	$378,588.16	53	13.85 %
Evrysdi	$294,119.92	60	$364,696.30	54	24.00 %
Ventolin Hfa	$353,766.98	50	$350,410.28	55	-0.95 %
Cabometyx	$190,344.13	74	$334,320.40	56	75.64 %

TOP 100 DRUGS BY PAID AMOUNT

	202112 - 202202		202203 - 202205		
DRUG DESCRIPTION	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	PERCENT CHANGE
Jynarque	$305,378.54	56	$326,728.18	57	6.99 %
Methylphenid	$301,743.08	58	$322,919.87	58	7.02 %
Uptravi	$371,965.76	48	$310,924.68	59	-16.41 %
Linzess	$248,793.92	63	$301,030.06	60	21.00 %
Eloctate	$294,673.82	59	$289,632.98	61	-1.71 %
Advair Hfa	$229,031.60	66	$287,199.36	62	25.40 %
Genvoya	$330,364.06	54	$285,065.10	63	-13.71 %
Opsumit	$250,132.60	62	$279,870.62	64	11.89 %
Novoseven Rt	$53,172.66	243	$279,155.70	65	425.00 %
Austedo	$202,081.29	70	$257,458.56	66	27.40 %
Pulmozyme	$171,995.30	92	$255,122.76	67	48.33 %
Orkambi	$199,787.42	72	$252,597.80	68	26.43 %
Scemblix	$13,775.48	506	$246,433.45	69	1688.93 %
Creon	$163,137.69	97	$237,754.38	70	45.74 %
Viibryd	$200,081.31	71	$232,905.26	71	16.41 %
Adempas	$185,467.08	78	$230,031.60	72	24.03 %
Epclusa	$130,756.12	118	$224,373.42	73	71.60 %
Skyrizi Pen	$87,638.79	174	$219,860.42	74	150.87 %
Sofos/velpat	$134,083.44	114	$215,953.68	75	61.06 %
Aimovig	$152,518.10	103	$215,943.58	76	41.59 %
Amphet/dextr	$183,486.91	81	$215,874.15	77	17.65 %
Sprycel	$110,881.30	133	$215,596.14	78	94.44 %
Odefsey	$240,895.45	64	$215,008.89	79	-10.75 %
Quillichew	$167,387.81	96	$212,076.30	80	26.70 %
Anoro Ellipt	$192,336.11	73	$211,118.39	81	9.77 %
Epinephrine	$132,393.43	117	$209,052.11	82	57.90 %
Inlyta	$179,767.04	85	$205,637.06	83	14.39 %
Emflaza	$172,785.00	90	$204,928.95	84	18.60 %

TOP 100 DRUGS BY PAID AMOUNT

	202112 - 202202		202203 - 202205		
DRUG DESCRIPTION	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	PERCENT CHANGE
Tremfya	$129,677.22	120	$203,554.39	85	56.97 %
Triumeq	$183,744.73	79	$202,802.24	86	10.37 %
Gabapentin	$189,278.02	75	$194,414.60	87	2.71 %
Caplyta	$118,478.71	130	$193,089.60	88	62.97 %
Verzenio	$183,585.12	80	$191,670.06	89	4.40 %
Emgality	$188,048.68	76	$191,268.02	90	1.71 %
Sertraline	$181,658.65	84	$190,536.02	91	4.89 %
Invokana	$185,494.09	77	$190,382.51	92	2.64 %
Omeprazole	$176,783.26	86	$188,534.23	93	6.65 %
Xeljanz Xr	$144,014.64	108	$188,147.78	94	30.64 %
Ibrance	$85,668.80	177	$184,460.02	95	115.32 %
Varenicline	$42,527.86	271	$184,157.50	96	333.03 %
Enbrel Mini	$172,320.49	91	$182,247.29	97	5.76 %
Fasenra Pen	$183,210.12	82	$180,810.02	98	-1.31 %
Lupr Dep-Ped	$202,330.59	69	$178,993.62	99	-11.53 %
Bupropn Hcl	$162,202.54	98	$178,819.72	100	10.24 %

TOP 100 DRUGS BY PRESCRIPTION COUNT

	202112 - 202202		202203 - 202205		
DRUG DESCRIPTION	PREVIOUS PRESCRIPTION COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	% CHANGE
Sertraline	15,473	1	16,238	1	4.94 %
Omeprazole	15,010	2	15,890	2	5.86 %
Trazodone	13,390	5	13,963	3	4.28 %
Amoxicillin	13,768	3	13,655	4	-0.82 %
Atorvastatin	13,418	4	13,543	5	0.93 %
Escitalopram	12,511	7	13,153	6	5.13 %
Gabapentin	12,603	6	12,957	7	2.81 %
Fluoxetine	11,984	9	12,936	8	7.94 %
Lisinopril	12,160	8	12,408	9	2.04 %
Proair Hfa	11,662	10	11,768	10	0.91 %
Bupropn Hcl	10,477	13	11,460	11	9.38 %
Metformin	10,797	12	11,305	12	4.71 %
Cetirizine	9,839	15	11,159	13	13.42 %
Levothyroxin	11,124	11	11,035	14	-0.80 %
Amphet/dextr	8,930	19	10,590	15	18.59 %
Hydroco/apap	9,652	16	10,185	16	5.52 %
Ondansetron	9,899	14	10,066	17	1.69 %
Methylphenid	8,390	23	9,487	18	13.08 %
Buspirone	8,400	22	9,033	19	7.54 %
Quetiapine	9,146	18	9,018	20	-1.40 %
Montelukast	8,429	20	9,009	21	6.88 %
Duloxetine	8,406	21	8,887	22	5.72 %
Prednisone	9,269	17	8,755	23	-5.55 %
Hydroxyz Hcl	7,671	27	8,744	24	13.99 %
Venlafaxine	8,147	25	8,432	25	3.50 %
Amlodipine	7,924	26	8,102	26	2.25 %
Aripiprazole	7,186	30	7,676	27	6.82 %
Ibuprofen	7,197	29	7,528	28	4.60 %
Pantoprazole	7,119	32	7,459	29	4.78 %
Fluticasone	6,614	36	7,456	30	12.73 %

TOP 100 DRUGS BY PRESCRIPTION COUNT

	202112 - 202202		202203 - 202205		
DRUG DESCRIPTION	PREVIOUS PRESCRIPTION COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	% CHANGE
Cyclobenzapr	6,893	33	7,419	31	7.63 %
Alprazolam	6,825	34	7,086	32	3.82 %
Clonidine	6,723	35	7,042	33	4.74 %
Vyvanse	7,235	28	6,978	34	-3.55 %
Lamotrigine	6,286	37	6,724	35	6.97 %
Amox/k Clav	7,137	31	6,604	36	-7.47 %
Azithromycin	8,227	24	6,309	37	-23.31 %
Clonazepam	6,172	38	6,299	38	2.06 %
Guanfacine	5,759	39	6,029	39	4.69 %
Loratadine	5,235	44	5,989	40	14.40 %
Metoprol Suc	5,737	40	5,973	41	4.11 %
Tramadol Hcl	5,308	43	5,412	42	1.96 %
Meloxicam	4,936	48	5,397	43	9.34 %
Topiramate	5,006	47	5,373	44	7.33 %
Famotidine	5,077	46	5,334	45	5.06 %
Ventolin Hfa	5,380	42	5,263	46	-2.17 %
Cephalexin	4,482	54	5,173	47	15.42 %
Albuterol	5,672	41	5,022	48	-11.46 %
Losartan Pot	4,652	51	4,885	49	5.01 %
Lorazepam	4,807	49	4,817	50	0.21 %
Hydrochlorot	4,667	50	4,735	51	1.46 %
Aspirin Low	4,367	55	4,668	52	6.89 %
Cefdinir	5,173	45	4,644	53	-10.23 %
Propranolol	4,193	56	4,613	54	10.02 %
Risperidone	4,624	52	4,466	55	-3.42 %
Furosemide	4,485	53	4,464	56	-0.47 %
Mirtazapine	4,025	57	4,113	57	2.19 %
Triamcinolon	3,605	59	3,978	58	10.35 %
Metronidazol	3,485	61	3,852	59	10.53 %
Doxycyc Mono	3,851	58	3,808	60	-1.12 %

TOP 100 DRUGS BY PRESCRIPTION COUNT

	202112 - 202202		202203 - 202205		
DRUG DESCRIPTION	PREVIOUS PRESCRIPTION COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	% CHANGE
Hydroxyz Pam	3,427	64	3,680	61	7.38 %
Prazosin Hcl	3,384	65	3,594	62	6.21 %
Fluconazole	3,474	62	3,593	63	3.43 %
Amitriptylin	3,446	63	3,558	64	3.25 %
Diclofenac	3,344	66	3,540	65	5.86 %
Citalopram	3,561	60	3,520	66	-1.15 %
Spironolact	3,017	72	3,304	67	9.51 %
Polyeth Glyc	3,219	67	3,299	68	2.49 %
Oxycodone	2,959	73	3,284	69	10.98 %
Naproxen	2,904	77	3,193	70	9.95 %
Rosuvastatin	3,101	69	3,190	71	2.87 %
Levetiraceta	3,066	70	3,166	72	3.26 %
Symbicort	2,924	75	3,165	73	8.24 %
Folic Acid	3,057	71	3,113	74	1.83 %
Zolpidem	2,908	76	3,095	75	6.43 %
Valacyclovir	2,882	80	3,064	76	6.32 %
Metoprol Tar	3,177	68	3,029	77	-4.66 %
Tizanidine	2,866	81	2,975	78	3.80 %
Lantus Solos	2,937	74	2,968	79	1.06 %
Prednisolone	2,898	78	2,916	80	0.62 %
Clindamycin	2,521	86	2,871	81	13.88 %
Acetamin	2,619	85	2,833	82	8.17 %
Divalproex	2,896	79	2,802	83	-3.25 %
Ferosul	2,677	84	2,774	84	3.62 %
Baclofen	2,793	83	2,748	85	-1.61 %
Olanzapine	2,851	82	2,745	86	-3.72 %
Pregabalin	2,518	87	2,705	87	7.43 %
Trulicity	2,144	92	2,681	88	25.05 %
Sumatriptan	2,512	88	2,631	89	4.74 %
Smz/tmp Ds	2,225	90	2,414	90	8.49 %

TOP 100 DRUGS BY PRESCRIPTION COUNT

	202112 - 202202		202203 - 202205		
DRUG DESCRIPTION	**PREVIOUS PRESCRIPTION COUNT**	**PREVIOUS RANK**	**CURRENT PRESCRIPTION COUNT**	**CURRENT RANK**	**% CHANGE**
Insulin Lisp	1,994	99	2,378	91	19.26 %
Bupropion	2,239	89	2,345	92	4.73 %
Atomoxetine	2,014	96	2,295	93	13.95 %
Advair Disku	1,280	135	2,279	94	78.05 %
Flovent Hfa	1,967	101	2,160	95	9.81 %
Paroxetine	2,222	91	2,143	96	-3.56 %
Tamsulosin	2,131	93	2,085	97	-2.16 %
Nystatin	1,867	103	2,080	98	11.41 %
Lisinop/hctz	1,983	100	2,063	99	4.03 %
Pot Chloride	2,061	94	2,049	100	-0.58 %

Department of HUMAN SERVICES

CHANGE HEALTHCARE

Fee for Service Claims
Quarterly Statistics

	December through February 2022	March through May 2022	% CHANGE
TOTAL PAID AMOUNT	$2,398,515	$2,357,974	-1.7%
UNIQUE USERS	3,739	3,685	-1.4%
COST PER USER	$641.49	$639.88	-0.3%
TOTAL PRESCRIPTIONS	21,060	21,855	3.8%
AVERAGE PRESCRIPTIONS PER USER	5.63	5.93	5.3%
AVERAGE COST PER PRESCRIPTION	$113.89	$107.89	-5.3%
# GENERIC PRESCRIPTIONS	18,568	19,284	3.9%
% GENERIC	88.2%	88.2%	0.1%
$ GENERIC	$751,833	$814,499	8.3%
AVERAGE GENERIC PRESCRIPTION COST	$40.49	$42.24	4.3%
AVERAGE GENERIC DAYS SUPPLY	29	29	0.0%
# BRAND PRESCRIPTIONS	2,492	2,571	3.2%
% BRAND	11.8%	11.8%	-0.6%
$ BRAND	$1,646,682	$1,543,474	-6.3%
AVERAGE BRAND PRESCRIPTION COST	$660.79	$600.34	-9.1%
AVERAGE BRAND DAYS SUPPLY	29	30	3.4%

UTILIZATION BY AGE		
AGE	**December through February 2022**	**March through May 2022**
0-6	223	200
7-12	542	544
13-18	749	752
19-64	2,186	2,158
65+	39	31
	3,739	3,685

	UTILIZATION BY GENDER AND AGE		
GENDER	**AGE**	**December through February 2022**	**March through May 2022**
F			
	0-6	96	94
	7-12	229	226
	13-18	355	358
	19-64	1,361	1,349
	65+	21	18
		2,062	2,045
M			
	0-6	127	106
	7-12	313	318
	13-18	394	394
	19-64	825	809
	65+	18	13
		1,677	1,640

Department of HUMAN SERVICES

CHANGE HEALTHCARE

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
March through May 2022

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
1	MESKWAKI PHARMACY	TAMA	IA	700	$395,848.84	$565.50	1
2	SIOUXLAND COMM HEALTH CTR PHARMA	SIOUX CITY	IA	673	$37,565.85	$55.82	2
3	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	612	$103,415.50	$168.98	3
4	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	575	$14,872.66	$25.87	5
5	WALGREENS #15647	SIOUX CITY	IA	543	$36,124.55	$66.53	4
6	THOMPSON-DEAN DRUG	SIOUX CITY	IA	406	$37,094.62	$91.37	6
7	WCHS PHARMACY	WINNEBAGO	NE	280	$159,235.00	$568.70	8
8	WALGREEN #04405	COUNCIL BLUFFS	IA	254	$14,248.39	$56.10	9
9	GENOA HEALTHCARE LLC	SIOUX CITY	IA	247	$17,579.12	$71.17	10
10	WALGREEN #910	SIOUX CITY	IA	200	$15,287.04	$76.44	7
11	WALGREEN #05239	DAVENPORT	IA	181	$11,609.73	$64.14	12
12	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	169	$12,053.68	$71.32	13
13	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	156	$5,431.14	$34.82	14
14	WALGREEN COMPANY #05470	SIOUX CITY	IA	153	$6,520.19	$42.62	11
15	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	136	$2,295.13	$16.88	15
16	RIGHT DOSE PHARMACY	ANKENY	IA	132	$3,158.63	$23.93	19
17	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	129	$29,018.34	$224.95	16
18	MEDICAP PHARMACY	KNOXVILLE	IA	125	$8,158.47	$65.27	26
19	COMMUNITY HEALTH CARE INC	DAVENPORT	IA	123	$2,184.16	$17.76	22
20	ALL CARE HEALTH CENTER PHARMACY	COUNCIL BLUFFS	IA	118	$5,505.38	$46.66	18
21	PRIMARY HEALTH CARE PHARMACY	DES MOINES	IA	117	$10,589.22	$90.51	30
22	COVENANT FAMILY PHARMACY	WATERLOO	IA	116	$2,347.13	$20.23	61
23	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	113	$3,580.42	$31.69	43
24	WALGREEN #05721	DES MOINES	IA	111	$8,469.63	$76.30	46
25	WALGREEN COMPANY #3700	COUNCIL BLUFFS	IA	111	$13,300.60	$119.83	32

Department of HUMAN SERVICES

CHANGE HEALTHCARE

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
March through May 2022

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
26	MEDICAP PHARMACY	JEFFERSON	IA	108	$6,290.63	$58.25	23
27	LEWIS FAMILY DRUG #42	MOVILLE	IA	108	$2,790.90	$25.84	35
28	RASHID PHARMACY PLC	FORT MADISON	IA	106	$2,946.15	$27.79	17
29	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	105	$3,421.90	$32.59	82
30	WALGREEN COMPANY #05512	BETTENDORF	IA	105	$3,440.29	$32.76	21
31	SMART SCRIPTS	WASHINGTON	IA	104	$5,706.51	$54.87	48
32	HARTIG PHARMACY SERVICES	DUBUQUE	IA	100	$7,212.16	$72.12	120
33	HY-VEE MAINSTREET PHARMACY #7070	SIOUX CITY	IA	99	$4,223.88	$42.67	25
34	WALGREEN #05361	FORT DODGE	IA	97	$3,004.78	$30.98	29
35	WALGREEN #07454	ANKENY	IA	97	$5,586.60	$57.59	40
36	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	93	$2,675.20	$28.77	24
37	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	88	$3,422.36	$38.89	34
38	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	86	$11,019.30	$128.13	28
39	NUCARA PHARMACY #9	NEVADA	IA	86	$6,509.12	$75.69	47
40	HY-VEE PHARMACY (1634)	STORM LAKE	IA	84	$11,393.95	$135.64	52
41	BROADLAWNS MEDICAL CENTER	DES MOINES	IA	84	$8,905.50	$106.02	20
42	DANIEL PHARMACY INC	FORT DODGE	IA	84	$10,379.16	$123.56	96
43	WALGREENS #07453	DES MOINES	IA	83	$8,511.63	$102.55	41
44	HY-VEE PHARMACY (1271)	INDIANOLA	IA	83	$1,689.70	$20.36	38
45	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	82	$4,027.41	$49.11	27
46	HY VEE PHARMACY 7072	TOLEDO	IA	82	$10,324.28	$125.91	39
47	HY-VEE PHARMACY (1052)	CEDAR FALLS	IA	81	$4,860.98	$60.01	54
48	HY-VEE DRUGSTORE # 7042	IOWA CITY	IA	81	$4,520.26	$55.81	49
49	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	79	$6,443.09	$81.56	75
50	HY-VEE DRUGSTORE #7026	CEDAR RAPIDS	IA	79	$2,464.89	$31.20	70
51	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	78	$2,184.03	$28.00	51

Department of HUMAN SERVICES

CHANGE HEALTHCARE

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
March through May 2022

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
52	HY VEE PHARMACY #1449	NEWTON	IA	78	$4,202.88	$53.88	60
53	CORNERSTONE APOTHECARY	BELLE PLAINE	IA	76	$4,813.60	$63.34	114
54	UNITY POINT HEALTH PHARMACY	CEDAR RAPIDS	IA	76	$206.25	$2.71	272
55	NUCARA PHARMACY #27	PLEASANT HILL	IA	75	$4,428.17	$59.04	77
56	HY-VEE PHARMACY (1895)	WINDSOR HEIGHTS	IA	74	$2,539.20	$34.31	79
57	BOOTH PHARMACY	HAWARDEN	IA	74	$2,439.06	$32.96	66
58	MEDICAP PHARMACY	GRIMES	IA	74	$1,024.74	$13.85	80
59	PHARMACY MATTERS LTC	IOWA CITY	IA	74	$569.99	$7.70	174
60	CVS PHARMACY #17554	CEDAR FALLS	IA	74	$12,323.61	$166.54	89
61	WALGREEN COMPANY 07455	WATERLOO	IA	74	$4,259.20	$57.56	44
62	CARROLL APOTHECARY	CARROLL	IA	73	$1,008.80	$13.82	53
63	MEDICAP PHARMACY	ANKENY	IA	73	$6,715.48	$91.99	50
64	WAL-MART PHARMACY #10-0985	FAIRFIELD	IA	72	$26,251.37	$364.60	55
65	HY-VEE PHARMACY 1011	ALTOONA	IA	72	$1,117.32	$15.52	67
66	ALYSSA VOSECKY	ANKENY	IA	69	$4,119.21	$59.70	58
67	HY-VEE PHARMACY (1473)	OSCEOLA	IA	69	$16,747.51	$242.72	74
68	IOWA VETERANS HOME	MARSHALLTOWN	IA	68	$5,450.02	$80.15	31
69	WALGREEN #06678	WEST DES MOINES	IA	67	$1,735.44	$25.90	93
70	MERCY MEDICAL CENTER NORTH IA DB	MASON CITY	IA	67	$4,313.97	$64.39	107
71	WALGREENS #12393	CEDAR RAPIDS	IA	65	$3,852.00	$59.26	105
72	WAL-MART PHARMACY 10-1526	STORM LAKE	IA	65	$2,398.83	$36.91	57
73	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	65	$1,614.99	$24.85	94
74	HERITAGE PARK PHARMACY	WEST BURLINGTON	IA	65	$1,013.04	$15.59	64
75	TOWNCREST PHARMACY	IOWA CITY	IA	64	$378.27	$5.91	141
76	WALGREEN #03196	MARSHALLTOWN	IA	64	$2,185.55	$34.15	36
77	WAL MART PHARMACY 10 0559	MUSCATINE	IA	64	$2,775.98	$43.37	98

Department of HUMAN SERVICES

CHANGE HEALTHCARE

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
March through May 2022

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
78	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	63	$13,243.46	$210.21	325
79	CVS PHARMACY #16893	ANKENY	IA	63	$6,949.74	$110.31	100
80	WALGREEN CO DBA	ALTOONA	IA	62	$1,105.46	$17.83	150
81	CVS PHARMACY #16254	MASON CITY	IA	61	$821.70	$13.47	135
82	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	61	$2,707.20	$44.38	81
83	HY-VEE PHARMACY (1628)	SPIRIT LAKE	IA	61	$1,456.55	$23.88	131
84	CVS PHARMACY #16530	AMES	IA	60	$1,032.06	$17.20	62
85	HY-VEE PHARMACY #3 (1889)	WEST DES MOINES	IA	59	$745.22	$12.63	130
86	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	59	$1,784.70	$30.25	71
87	MEDICAP PHARMACY	WAUKEE	IA	59	$923.43	$15.65	85
88	HY-VEE PHARMACY (1396)	MARION	IA	59	$1,394.62	$23.64	76
89	WALGREEN #11709	DAVENPORT	IA	58	$4,590.91	$79.15	87
90	WAL-MART PHARMACY #10-0751	PELLA	IA	57	$3,591.58	$63.01	154
91	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	57	$7,997.54	$140.31	127
92	BENNETT PHARMACY INC	NEW HAMPTON	IA	57	$3,266.32	$57.30	125
93	KOERNER WHIPPLE PHARMACY	HAMPTON	IA	57	$652.53	$11.45	102
94	WAL-MART PHARMACY #10-1361	SIOUX CITY	IA	56	$2,992.08	$53.43	65
95	HY-VEE PHARMACY (1065)	CHARITON	IA	56	$629.88	$11.25	112
96	HY-VEE PHARMACY 1382	LE MARS	IA	56	$4,908.97	$87.66	191
97	HY-VEE PHARMACY #1 (1860)	WATERLOO	IA	55	$4,113.38	$74.79	138
98	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	55	$8,166.15	$148.48	78
99	STANGEL PHARMACY	ONAWA	IA	55	$3,226.94	$58.67	37
100	HY-VEE PHARMACY (1318)	JOHNSTON	IA	54	$1,432.79	$26.53	194

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1	MESKWAKI PHARMACY	TAMA	IA	700	$395,848.84	$1,570.83	1
2	WCHS PHARMACY	WINNEBAGO	NE	280	$159,235.00	$1,421.74	3
3	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	38	$157,315.01	$12,101.15	2
4	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	612	$103,415.50	$891.51	4
5	WALGREENS #16270	OMAHA	NE	7	$43,597.35	$21,798.68	15
6	UNITYPOINT AT HOME	URBANDALE	IA	18	$38,801.75	$4,311.31	9
7	OPTUM PHARMACY 702, LLC	JEFFERSONVILLE	IN	10	$38,124.25	$7,624.85	17
8	ACARIAHEALTH PHARMACY #11 INC	HOUSTON	TX	2	$38,095.79	$38,095.79	14
9	SIOUXLAND COMM HEALTH CTR PHARMA	SIOUX CITY	IA	673	$37,565.85	$274.20	10
10	THOMPSON-DEAN DRUG	SIOUX CITY	IA	406	$37,094.62	$686.94	5
11	WALGREENS #15647	SIOUX CITY	IA	543	$36,124.55	$244.08	11
12	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	42	$32,784.63	$6,556.93	6
13	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	129	$29,018.34	$1,261.67	85
14	MEYER HEALTHMART PHARMACY	WAVERLY	IA	34	$28,200.14	$7,050.04	12
15	CVS PHARMACY #00102	AURORA	CO	2	$27,572.76	$27,572.76	
16	WAL-MART PHARMACY #10-0985	FAIRFIELD	IA	72	$26,251.37	$1,750.09	133
17	COMMUNITY A WALGREENS PHARMACY	IOWA CITY	IA	10	$22,920.45	$7,640.15	8
18	OPTUM INFUSION SERVICES 550 LLC	URBANDALE	IA	3	$20,857.17	$20,857.17	
19	OSTERHAUS PHARMACY	MAQUOKETA	IA	36	$20,325.12	$4,065.02	19
20	CVS PHARMACY #17133	DES MOINES	IA	53	$20,168.89	$5,042.22	48
21	CAREMARK KANSAS SPEC PHARMACY LL	LENEXA	KS	45	$19,185.05	$1,199.07	7
22	GENOA HEALTHCARE LLC	SIOUX CITY	IA	247	$17,579.12	$627.83	25
23	FRED LEROY HEALTH & WELLNESS	OMAHA	NE	27	$17,280.00	$1,570.91	23
24	HY-VEE PHARMACY (1473)	OSCEOLA	IA	69	$16,747.51	$1,860.83	58
25	WALGREEN #910	SIOUX CITY	IA	200	$15,287.04	$288.43	21

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26	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	575	$14,872.66	$260.92	22
27	WALGREEN #04405	COUNCIL BLUFFS	IA	254	$14,248.39	$263.86	27
28	CR CARE PHARMACY	CEDAR RAPIDS	IA	18	$13,685.64	$3,421.41	34
29	WALGREEN COMPANY #3700	COUNCIL BLUFFS	IA	111	$13,300.60	$532.02	70
30	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	63	$13,243.46	$4,414.49	32
31	CVS PHARMACY #17554	CEDAR FALLS	IA	74	$12,323.61	$2,464.72	49
32	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	169	$12,053.68	$273.95	41
33	WALGREEN #05239	DAVENPORT	IA	181	$11,609.73	$283.16	33
34	HY-VEE PHARMACY (1634)	STORM LAKE	IA	84	$11,393.95	$3,797.98	40
35	PARKVIEW PHARMACY	NEVADA	IA	15	$11,275.16	$2,818.79	20
36	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	86	$11,019.30	$1,101.93	36
37	WAL-MART PHARMACY #10-3394	ATLANTIC	IA	44	$10,884.33	$1,554.90	30
38	PRIMARY HEALTH CARE PHARMACY	DES MOINES	IA	117	$10,589.22	$311.45	24
39	DANIEL PHARMACY INC	FORT DODGE	IA	84	$10,379.16	$610.54	46
40	HY VEE PHARMACY 7072	TOLEDO	IA	82	$10,324.28	$543.38	29
41	BROADLAWNS MEDICAL CENTER	DES MOINES	IA	84	$8,905.50	$445.28	16
42	WALGREENS #11759	FORT MADISON	IA	25	$8,546.90	$1,424.48	160
43	WALGREENS #07453	DES MOINES	IA	83	$8,511.63	$405.32	68
44	WALGREEN #05721	DES MOINES	IA	111	$8,469.63	$292.06	143
45	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	55	$8,166.15	$1,361.03	43
46	MEDICAP PHARMACY	KNOXVILLE	IA	125	$8,158.47	$1,631.69	42
47	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	57	$7,997.54	$3,998.77	71
48	CVS PHARMACY #10480	URBANDALE	IA	34	$7,501.72	$1,071.67	18
49	HY-VEE PHARMACY (1522)	PERRY	IA	17	$7,236.05	$904.51	475
50	HARTIG PHARMACY SERVICES	DUBUQUE	IA	100	$7,212.16	$1,030.31	103
51	PARAGON PARTNERS	OMAHA	NE	30	$7,026.65	$7,026.65	63

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52	FAIRVIEW SPECIALTY SERVICES PHAR	MINNEAPOLIS	MN	3	$6,979.81	$6,979.81	61
53	CVS PHARMACY #16893	ANKENY	IA	63	$6,949.74	$1,737.44	87
54	MEDICAP PHARMACY	ANKENY	IA	73	$6,715.48	$1,678.87	55
55	THE NEBRASKA MED CENTER CLIN PHA	OMAHA	NE	48	$6,673.37	$1,334.67	88
56	WALGREEN COMPANY #05470	SIOUX CITY	IA	153	$6,520.19	$176.22	28
57	NUCARA PHARMACY #9	NEVADA	IA	86	$6,509.12	$929.87	60
58	LEWIS FAMILY DRUG #59	SIOUX CENTER	IA	28	$6,490.35	$3,245.18	72
59	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	79	$6,443.09	$357.95	67
60	MEDICAP PHARMACY	JEFFERSON	IA	108	$6,290.63	$1,048.44	86
61	LEEDS PHARMACY INC	SIOUX CITY	IA	44	$6,257.15	$782.14	98
62	CVS CAREMARK	MOUNT PROSPECT	IL	12	$6,088.48	$2,029.49	113
63	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	20	$5,727.19	$954.53	35
64	SMART SCRIPTS	WASHINGTON	IA	104	$5,706.51	$1,141.30	104
65	HY VEE PHARMACY 1060	CEDAR RAPIDS	IA	46	$5,683.38	$516.67	74
66	NUCARA PHARMACY #100	GREENFIELD	IA	48	$5,632.82	$2,816.41	26
67	WALGREEN #07454	ANKENY	IA	97	$5,586.60	$328.62	78
68	ALL CARE HEALTH CENTER PHARMACY	COUNCIL BLUFFS	IA	118	$5,505.38	$423.49	56
69	IOWA VETERANS HOME	MARSHALLTOWN	IA	68	$5,450.02	$1,816.67	51
70	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	156	$5,431.14	$285.85	38
71	HY-VEE PHARMACY 1297	JEFFERSON	IA	39	$5,393.18	$1,348.30	99
72	BETTER HEALTH INC DBA	MISSOURI VALLEY	IA	23	$5,355.77	$5,355.77	89
73	HY-VEE PHARMACY 1382	LE MARS	IA	56	$4,908.97	$377.61	168
74	HY-VEE PHARMACY (1052)	CEDAR FALLS	IA	81	$4,860.98	$285.94	76
75	WAL-MART PHARMACY #10-1389	BOONE	IA	46	$4,852.50	$485.25	84
76	SUMMIT PHARMACY	FAIRFIELD	IA	51	$4,846.15	$2,423.08	252
77	WALGREENS #12580	CEDAR RAPIDS	IA	43	$4,827.97	$689.71	97

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78	CORNERSTONE APOTHECARY	BELLE PLAINE	IA	76	$4,813.60	$2,406.80	170
79	GENOA HEALTHCARE LLC	MASON CITY	IA	27	$4,803.10	$600.39	90
80	WAL-MART PHARMACY #10-0581	MARSHALLTOWN	IA	45	$4,688.05	$390.67	173
81	WALGREEN #11709	DAVENPORT	IA	58	$4,590.91	$573.86	54
82	WALGREEN COMPANY #05941	MASON CITY	IA	35	$4,587.75	$764.63	340
83	HY-VEE DRUGSTORE # 7042	IOWA CITY	IA	81	$4,520.26	$2,260.13	121
84	HY-VEE PHARMACY 1505	OTTUMWA	IA	26	$4,500.91	$900.18	462
85	NUCARA PHARMACY #27	PLEASANT HILL	IA	75	$4,428.17	$553.52	117
86	CHI HEALTH PHARMACY WEST BROADWA	COUNCIL BLUFFS	IA	20	$4,420.68	$1,105.17	387
87	MEDICAP PHARMACY	CARLISLE	IA	26	$4,416.38	$1,472.13	277
88	PELLA REGIONAL HEALTH CENTER PHA	PELLA	IA	43	$4,389.73	$438.97	374
89	HY-VEE PHARMACY (1075)	CLINTON	IA	41	$4,329.52	$721.59	115
90	MERCY MEDICAL CENTER NORTH IA DB	MASON CITY	IA	67	$4,313.97	$479.33	151
91	WALGREEN COMPANY 07455	WATERLOO	IA	74	$4,259.20	$212.96	171
92	CASH SAVER	DES MOINES	IA	39	$4,244.41	$2,122.21	233
93	HY-VEE MAINSTREET PHARMACY #7070	SIOUX CITY	IA	99	$4,223.88	$140.80	94
94	HY VEE PHARMACY #1449	NEWTON	IA	78	$4,202.88	$300.21	265
95	WALGREEN #06623	WEST DES MOINES	IA	21	$4,178.04	$596.86	44
96	GREENVILLE PHARMACY INC	SIOUX CITY	IA	46	$4,152.54	$415.25	47
97	ALYSSA VOSECKY	ANKENY	IA	69	$4,119.21	$411.92	105
98	HY-VEE PHARMACY #1 (1860)	WATERLOO	IA	55	$4,113.38	$822.68	111
99	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	82	$4,027.41	$335.62	162
100	WRIGHTWAY LTC PHARMACY	CLINTON	IA	50	$3,975.06	$3,975.06	101

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1	1043418809	MICHAEL CILIBERTO	$23,387.60	248	6.20	1
2	1053340661	LEIGHTON E FROST MD	$101,491.87	194	2.37	2
3	1194888024	ALICIA D WAGER NP	$71,153.65	164	2.31	3
4	1902358443	MELISSA KONKEN ARNP	$8,888.35	136	10.46	6
5	1104251776	ANTHONY GLYDWELL DNP	$63,675.82	125	1.60	9
6	1912991183	MOLLY EARLEYWINE PA	$4,176.46	120	7.06	4
7	1871052472	CASSIDY ALANA CARR ARNP	$6,572.52	106	7.57	7
8	1215125216	REBECCA E WALDING	$3,352.54	103	5.15	5
9	1982605762	JEFFREY DEAN WILHARM MD	$704.89	97	13.86	32
10	1457584740	ERIC D MEYER ARNP	$2,301.01	90	5.63	8
11	1619153137	JOADA JEAN BEST ARNP	$6,353.47	86	5.73	29
12	1407836513	NATHAN R NOBLE DO	$846.00	83	3.61	11
13	1841220290	KENT E KUNZE MD	$3,053.36	80	8.00	25
14	1194722413	AIMEE LORENZ MD	$5,469.37	79	3.76	10
15	1447506217	THEODOSIA THOMA MD	$2,795.51	73	5.62	39
16	1699109595	TONYA K FLAUGH ARNP	$3,428.03	72	4.50	22
17	1073500690	KATHLEEN S ADAMS ARNP	$1,752.10	72	5.14	18
18	1316389497	SHANNON STEWART ARNP	$16,326.16	69	5.75	24
19	1780877878	CHRISTOPHER JACOBS ARNP	$3,258.08	67	4.47	16
20	1528605367	JENNIFER MEETHER ARNP	$14,779.47	67	16.75	57
21	1528037082	RODNEY JULIUS DEAN MD	$2,002.57	66	11.00	34
22	1609218304	AMANDA GARR ARNP	$9,649.38	65	10.83	33
23	1003884107	RANDALL ALLEN KAVALIER DO	$811.12	64	4.92	19
24	1730473315	LYNDSAY ANNE HARSHMAN MD	$9,307.76	64	10.67	119
25	1336418425	DENA NEIMAN ARNP	$9,305.85	63	4.20	23
26	1285602649	DAVID WELCH PA	$6,949.15	63	7.88	20

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27	1639134034	ELIZABETH PRATT ARNP	$989.05	62	1.94	26
28	1154929230	CHELSEA JONES ARNP	$34,442.00	61	2.44	61
29	1023555638	CYNTHIA JEAN JOHNSON ARNP	$6,214.18	60	5.45	47
30	1659358620	CARLOS CASTILLO MD	$1,997.64	59	9.83	13
31	1932547718	SEBASTIAN HARRIS MD	$4,917.89	59	29.50	75
32	1538671961	JAMIE WRIGHT ARNP	$1,185.49	59	4.54	15
33	1629430293	ALICE MENG MD	$1,138.33	59	2.95	12
34	1881972412	RACHEL JEAN WURTH ARNP	$1,239.72	57	5.18	165
35	1578174975	BRITTANY VONDRAK ARNP	$1,623.48	57	4.07	74
36	1912208323	LISA MARIE MEYER ARNP	$8,181.89	56	4.67	62
37	1609243013	CRISELLA TORRES MD	$4,953.45	55	9.17	154
38	1104804822	MARY I HORN ARNP	$31,328.00	55	2.04	17
39	1821268335	JACQUELINE J MCINNIS	$1,463.84	53	8.83	41
40	1013516566	ERIN HODGSON ARNP	$2,196.70	51	10.20	90
41	1295091510	REBECCA WEINER MD	$10,026.22	51	3.92	53
42	1053376475	DANIEL GILLETTE MD	$4,632.62	51	12.75	63
43	1457346231	DAWN RENAE EBACH MD	$1,285.11	50	3.85	82
44	1205169273	TERESA DOWLING ARNP	$2,158.13	50	10.00	46
45	1093141129	LARRY MARTIN NEWMAN ARNP	$26,084.23	49	2.45	49
46	1164743357	ALISA M OLSON DO	$3,345.19	49	12.25	31
47	1619416013	HEATHER LYNN JACOBS NP-C	$1,069.19	49	8.17	28
48	1144240805	DANIEL ROWLEY MD	$5,205.82	48	24.00	35
49	1699740159	FRANK SAM MARINO JR DO	$1,411.37	48	4.00	36
50	1619380680	TARA BROCKMAN DO	$2,515.91	48	8.00	91
51	1851795033	PETER ROSEN ARNP	$1,961.30	48	16.00	38
52	1225022809	FRANCES M JACKSON MD	$1,468.52	47	5.22	110

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53	1811123318	AARON KAUER MD	$4,403.64	47	11.75	85
54	1588838841	LEENU MISHRA MD	$514.15	47	5.88	30
55	1447744362	EMMA JOHNSONPA	$4,502.49	46	11.50	308
56	1013115369	BOBBITA NAG MD	$1,001.52	45	6.43	137
57	1790755395	CYNTHIA A GUTHMILLER ARNP	$2,147.52	45	5.00	95
58	1023641172	CHRISTA WIGGINS ARNP	$1,617.75	45	22.50	55
59	1164416269	ANN PICK ARNP	$1,486.37	44	4.00	123
60	1093034266	ERIC BOYUM MD	$2,009.32	44	8.80	37
61	1609131770	SREENATH THATI GANGANNA MBBS	$10,321.22	44	7.33	88
62	1679669832	ERIN HATCHER ARNP	$5,601.36	43	5.38	58
63	1063497840	KAYE CLEVELAND ARNP	$965.71	43	10.75	67
64	1891756128	PHILIP JOSEPH MULLER DO	$5,454.26	43	5.38	78
65	1073600755	THOMAS MORGAN MD	$635.75	42	8.40	84
66	1013978089	JENNIFER BRADLEY ARNP	$6,251.07	42	14.00	130
67	1649248378	KATHLEEN L WILD ARNP	$514.94	42	14.00	285
68	1104877281	LORI KRAUSE PA	$1,511.14	41	5.86	42
69	1891792206	ANN E REHAN MD	$1,727.83	41	2.28	87
70	1881088342	MEGAN LEHR DO	$718.26	41	8.20	54
71	1073852059	AMBER HANSEN MD	$23,820.00	41	1.64	164
72	1760675177	LORI SWANSON ARNP	$21,814.00	39	1.95	43
73	1841293354	KEITH GUESS PA	$1,199.16	39	4.33	68
74	1851923205	BETH FRETTIM ARNP	$1,022.88	38	9.50	187
75	1326036062	JON AHRENDSEN MD	$1,003.20	38	5.43	52
76	1215996418	HILLARD SALAS MD	$2,120.16	38	19.00	134
77	1144214248	KRISTI WALZ MD	$21,097.08	36	3.60	44
78	1700356334	BRIANNA SCHAFFER ARNP	$3,892.80	36	9.00	138

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79	1689139669	BENJAMIN BOLMEIER APRN	$1,708.76	36	7.20	142
80	1285047951	BRIAN VOLD ARNP	$950.86	36	7.20	69
81	1326034984	KATHERINE MATHEWS MD	$138,212.91	35	2.92	72
82	1013355759	DYLAN GREENE MD	$537.46	35	3.18	48
83	1477950988	RIFALI VIMALKUMAR PATEL MD	$630.46	34	5.67	281
84	1174640528	AMY JO PAYNE PA	$586.43	34	2.43	98
85	1578777231	AMANDA LEIGH HECK ARNP	$9,371.03	34	2.00	71
86	1811493679	JUNE MYLER ARNP	$18,954.72	34	2.00	27
87	1801145776	ANDREA LYNN HARRIS ARNP	$1,043.59	34	3.09	76
88	1831308576	JILL K SHIVAPOUR MD	$1,153.03	34	5.67	107
89	1124401922	MARILYN LAURA HARTER ARNP	$3,391.47	34	3.78	100
90	1639483407	LEAH MARIE ZHORNE MD	$2,494.55	33	3.67	60
91	1912491259	CAREY BACZWASKI ARNP	$2,976.87	33	4.71	86
92	1699887133	DANIEL DIMEAO MD	$1,576.82	33	4.13	89
93	1023213030	REBECCA JOY TIMMER BENSON MD	$504.08	33	5.50	129
94	1316356496	KIMBERLY N ROBERTS ARNP	$385.51	33	4.71	50
95	1033170543	KATHRYN D OPHEIM MD	$806.20	32	10.67	93
96	1982030946	JACKLYN BESCH	$1,656.14	32	6.40	373
97	1144588476	RACHEL D FILZER ARNP	$5,442.25	32	4.57	807
98	1558346015	DELWYN LASSEN MD	$7,077.45	31	10.33	617
99	1164942371	ADRIANNA SHUEY DO	$1,921.61	31	31.00	99
100	1134533599	NICOLE THOMAS ARNP	$1,825.12	31	6.20	158

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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
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RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
1	1326034984	KATHERINE MATHEWS MD	$138,212.91	$3,948.94	35	1
2	1053340661	LEIGHTON E FROST MD	$101,491.87	$523.15	194	2
3	1194888024	ALICIA D WAGER NP	$71,153.65	$433.86	164	3
4	1104251776	ANTHONY GLYDWELL DNP	$63,675.82	$509.41	125	5
5	1952539447	ANTHONY JOHN FISCHER MDPHD	$43,005.80	$1,387.28	31	4
6	1619021144	CHRISTOPHER M GIBBS MD	$38,095.79	$19,047.90	2	31
7	1205811940	NASSER ABU-ERREISH	$35,860.84	$8,965.21	4	12
8	1154929230	CHELSEA JONES ARNP	$34,442.00	$564.62	61	18
9	1104804822	MARY I HORN ARNP	$31,328.00	$569.60	55	8
10	1003079997	SARAH ANNE TOFILON MD	$28,120.08	$5,624.02	5	535
11	1861629578	HEIDI M CURRIER MD	$27,780.70	$3,086.74	9	11
12	1245624626	BLAKE C WILLIAMS ARNP	$26,420.76	$13,210.38	2	13
13	1093141129	LARRY MARTIN NEWMAN ARNP	$26,084.23	$532.33	49	15
14	1053387522	AMY L DIETRICH PA	$25,080.88	$4,180.15	6	7
15	1841607900	SHAYLA SANDERS ARNP	$24,982.34	$4,163.72	6	1389
16	1699876219	CAROLYN A COYLE MD	$24,912.84	$6,228.21	4	32
17	1073852059	AMBER HANSEN MD	$23,820.00	$580.98	41	30
18	1043418809	MICHAEL CILIBERTO	$23,387.60	$94.30	248	9
19	1760675177	LORI SWANSON ARNP	$21,814.00	$559.33	39	14
20	1174817134	VUONG A NAYIMA DO	$21,770.13	$1,360.63	16	266
21	1144214248	KRISTI WALZ MD	$21,097.08	$586.03	36	17
22	1538664149	LAURIE JORGENSEN ARNP	$19,106.78	$1,592.23	12	59
23	1811493679	JUNE MYLER ARNP	$18,954.72	$557.49	34	10
24	1275585259	MARK W NIEMER MD	$18,717.36	$3,119.56	6	21
25	1891204871	ANN B ROGERS APRN	$18,684.51	$6,228.17	3	33
26	1255538344	SARAH FEDDERSEN PA	$18,475.57	$4,618.89	4	36
27	1316389497	SHANNON STEWART ARNP	$16,326.16	$236.61	69	22

Department of HUMAN SERVICES

CHANGE HEALTHCARE

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
March through May 2022

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
28	1720036353	ERIK D SWENSON MD	$14,899.92	$827.77	18	83
29	1528605367	JENNIFER MEETHER ARNP	$14,779.47	$220.59	67	46
30	1972879625	LAUREN KANNER MD	$12,847.55	$856.50	15	78
31	1366826109	ALYSSA D MRSNY PAC	$12,817.09	$854.47	15	466
32	1417307497	EMILY BOES DO	$12,566.36	$6,283.18	2	2457
33	1366402505	KUNAL K PATRA MD	$12,386.00	$563.00	22	28
34	1649678582	LAURA STULKEN PA	$11,241.35	$2,248.27	5	25
35	1245349182	MARK ANTHONY BURDT DO	$11,192.81	$932.73	12	24
36	1124518030	ANDREW JOSEPH SIMMS MD	$10,540.80	$3,513.60	3	38
37	1609131770	SREENATH THATI GANGANNA MBBS	$10,321.22	$234.57	44	29
38	1255319422	DAVID STAUB MD	$10,042.10	$2,008.42	5	56
39	1295091510	REBECCA WEINER MD	$10,026.22	$196.59	51	43
40	1528485471	CHRISTINA GONZALEZ APRN	$10,007.51	$588.68	17	40
41	1043573025	ERIC M NEVERMAN DO	$9,936.21	$1,987.24	5	39
42	1922455096	DEAN L GUERDET ARNP	$9,839.31	$393.57	25	50
43	1609218304	AMANDA GARR ARNP	$9,649.38	$148.45	65	55
44	1891146999	BECKY L JOHNSON ARNP	$9,624.05	$384.96	25	51
45	1780998559	JASON GILLESPIE ARNP	$9,600.00	$640.00	15	64
46	1578777231	AMANDA LEIGH HECK ARNP	$9,371.03	$275.62	34	58
47	1730473315	LYNDSAY ANNE HARSHMAN MD	$9,307.76	$145.43	64	73
48	1336418425	DENA NEIMAN ARNP	$9,305.85	$147.71	63	106
49	1952333437	PATRICIA ANN HARDT ARNP	$8,934.54	$2,978.18	3	
50	1902358443	MELISSA KONKEN ARNP	$8,888.35	$65.36	136	47
51	1912208323	LISA MARIE MEYER ARNP	$8,181.89	$146.11	56	57
52	1427464379	AKHILA RAMAKRISHNA MD	$7,836.62	$870.74	9	481
53	1952651382	RAJEEV R FERNANDO MD	$7,439.54	$495.97	15	367
54	1558346015	DELWYN LASSEN MD	$7,077.45	$228.30	31	261

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CHANGE HEALTHCARE

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
March through May 2022

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
55	1417931700	SUDHIR C KUMAR MD	$7,027.20	$3,513.60	2	
56	1285602649	DAVID WELCH PA	$6,949.15	$110.30	63	60
57	1790046548	LAURIE CLAIR PA	$6,914.31	$288.10	24	35
58	1114521721	TARRAH HOLLIDAY ARNP	$6,854.90	$342.75	20	44
59	1932186103	DEBORAH LYNN RENAUD MD	$6,823.60	$1,364.72	5	45
60	1952784662	MARIA V ROMERO ALVAREZ MD	$6,734.97	$1,122.50	6	94
61	1629036546	ANITA T SIMINSON MD	$6,706.13	$216.33	31	100
62	1871052472	CASSIDY ALANA CARR ARNP	$6,572.52	$62.00	106	41
63	1619153137	JOADA JEAN BEST ARNP	$6,353.47	$73.88	86	84
64	1982124103	SABRINA MARTINEZ	$6,286.92	$698.55	9	404
65	1730128653	KRISTI J ROBSON MD	$6,283.18	$6,283.18	1	6
66	1013978089	JENNIFER BRADLEY ARNP	$6,251.07	$148.84	42	80
67	1114524378	ROSA M MARQUEZ PA-C	$6,228.17	$6,228.17	1	
68	1023555638	CYNTHIA JEAN JOHNSON ARNP	$6,214.18	$103.57	60	85
69	1336150713	ZAID S AL-KADHIMI MD	$6,157.35	$684.15	9	102
70	1366634255	JULIE ESTELLE HANNA MD	$6,138.22	$1,534.56	4	19
71	1487065934	HUA SUN MD	$6,061.43	$319.02	19	860
72	1386938447	THERESA CZECH MD	$5,889.41	$309.97	19	314
73	1285710764	JITENDRAKUMAR GUPTA MD	$5,656.14	$471.35	12	101
74	1679669832	ERIN HATCHER ARNP	$5,601.36	$130.26	43	104
75	1194722413	AIMEE LORENZ MD	$5,469.37	$69.23	79	53
76	1891756128	PHILIP JOSEPH MULLER DO	$5,454.26	$126.84	43	107
77	1144588476	RACHEL D FILZER ARNP	$5,442.25	$170.07	32	295
78	1437185394	GALEN NATLEY BRENINGSTALL MD	$5,406.23	$415.86	13	79
79	1548484165	CARRIE L GRADY MD	$5,344.17	$242.92	22	93
80	1144240805	DANIEL ROWLEY MD	$5,205.82	$108.45	48	65
81	1700808185	JENNIFER GOERBIG-CAMPBELL MD	$5,064.09	$337.61	15	82

Department of HUMAN SERVICES

CHANGE HEALTHCARE

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
March through May 2022

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
82	1609243013	CRISELLA TORRES MD	$4,953.45	$90.06	55	116
83	1932547718	SEBASTIAN HARRIS MD	$4,917.89	$83.35	59	232
84	1700306974	AVERILL FUHS DO	$4,908.25	$545.36	9	885
85	1518021955	TONYA LYNN PUSKI ARNP	$4,845.90	$167.10	29	508
86	1316129786	ERIN ROLF DMD	$4,757.00	$594.63	8	190
87	1225414576	SARA E KUHN ARNP	$4,701.04	$276.53	17	87
88	1356357149	THOMAS FENNESSY MD	$4,636.00	$579.50	8	185
89	1467705640	ELIZABETH HATZ DO	$4,636.00	$579.50	8	257
90	1053376475	DANIEL GILLETTE MD	$4,632.62	$90.84	51	118
91	1306470851		$4,624.73	$220.23	21	66
92	1376125088	KELSEY MAHONEY ARNP	$4,613.98	$576.75	8	135
93	1952374811	ADRIAN PALAR MD	$4,603.40	$158.74	29	129
94	1447744362	EMMA JOHNSONPA	$4,502.49	$97.88	46	487
95	1265924138	MELINDA A STRUTHOFF ARNP	$4,499.09	$160.68	28	687
96	1306349956	KATIE LADEHOFF ARNP	$4,480.00	$640.00	7	167
97	1770933046	SHELBY BILLER	$4,422.08	$340.16	13	308
98	1811123318	AARON KAUER MD	$4,403.64	$93.69	47	141
99	1619989605	JANELL SIMPKINS MD	$4,394.00	$549.25	8	186
100	1255526430	ELAINE WIRRELL MD	$4,337.63	$173.51	25	71

Department of HUMAN SERVICES

CHANGE HEALTHCARE

TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

CATEGORY DESCRIPTION	December through February 2022	RANK	% BUDGET	March through May 2022	RANK	% BUDGET	% CHANGE
ANTI-INFLAMMATORIES, NON-NSAID	$178,809	3	7.5%	$234,191	1	9.9%	31.0%
ANTIPSYCHOTICS - ATYPICALS	$157,933	4	6.6%	$172,282	2	7.3%	9.1%
ANTICONVULSANTS	$218,126	1	9.1%	$165,229	3	7.0%	-24.3%
MUSCULAR DYSTROPHY AGENTS	$189,456	2	7.9%	$98,068	4	4.2%	-48.2%
ANTIDEPRESSANTS - SELECTED SSRI'S	$84,364	5	3.5%	$89,081	5	3.8%	5.6%
DIABETIC - INSULIN PENFILLS	$71,863	8	3.0%	$80,716	6	3.4%	12.3%
ANTIRETROVIRAL COMBINATIONS	$83,435	6	3.5%	$75,854	7	3.2%	-9.1%
ANTINEOPLASTICS - PROTEIN-TYROSINE KINASE INHIBITORS	$49,509	13	2.1%	$74,731	8	3.2%	50.9%
ANTIASTHMATIC - ADRENERGIC COMBOS	$72,696	7	3.0%	$68,875	9	2.9%	-5.3%
DIABETIC - NON-INSULIN INJECTABLES	$62,503	9	2.6%	$67,284	10	2.9%	7.6%
STIMULANTS - AMPHETAMINES - LONG ACTING	$59,080	11	2.5%	$64,029	11	2.7%	8.4%
DIABETIC - OTHER	$42,852	16	1.8%	$52,976	12	2.2%	23.6%
GLUCOCORTICOIDS - MINERALOCORTICOIDS	$54,125	12	2.3%	$51,118	13	2.2%	-5.6%
ANTIASTHMATIC - BETA - ADRENERGICS	$46,115	15	1.9%	$45,410	14	1.9%	-1.5%
CYSTIC FIBROSIS AGENTS	$60,568	10	2.5%	$43,520	15	1.8%	-28.1%
NSAIDS	$26,704	20	1.1%	$35,270	16	1.5%	32.1%
NARCOTICS - MISC.	$21,306	24	0.9%	$29,434	17	1.2%	38.2%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	$31,320	19	1.3%	$27,762	18	1.2%	-11.4%
ANTICOAGULANTS	$42,314	17	1.8%	$26,972	19	1.1%	-36.3%
HEPATITIS C AGENTS	$47,288	14	2.0%	$26,421	20	1.1%	-44.1%

Department of HUMAN SERVICES

CHANGE HEALTHCARE

TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

CATEGORY DESCRIPTION	December through February 2022	PREV RANK	March through May 2022	CURR RANK	PERC CHANGE
ANTIDEPRESSANTS - SELECTED SSRI'S	2,361	1	2,502	1	6.0%
ANTICONVULSANTS	1,666	2	1,730	2	3.8%
ANTIPSYCHOTICS - ATYPICALS	900	3	969	3	7.7%
ANTIHYPERTENSIVES - CENTRAL	704	4	785	4	11.5%
ANTIASTHMATIC - BETA - ADRENERGICS	598	5	591	5	-1.2%
GI - PROTON PUMP INHIBITOR	547	6	565	6	3.3%
ANTIHISTAMINES - NON-SEDATING	481	8	540	7	12.3%
STIMULANTS - AMPHETAMINES - LONG ACTING	433	9	487	8	12.5%
ANTIHISTAMINES - OTHER	406	10	487	9	20.0%
NARCOTICS - MISC.	396	12	481	10	21.5%
BETA-LACTAMS / CLAVULANATE COMBO'S	522	7	473	11	-9.4%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	388	13	395	12	1.8%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	384	14	388	13	1.0%
NSAIDS	329	17	378	14	14.9%
GLUCOCORTICOIDS - MINERALOCORTICOIDS	405	11	366	15	-9.6%
MUSCLE RELAXANTS	294	21	339	16	15.3%
DIURETICS	309	18	337	17	9.1%
ACE INHIBITORS	333	16	336	18	0.9%
GI - ANTI - FLATULENTS / GI STIMULANTS	271	22	331	19	22.1%
DIABETIC - ORAL BIGUANIDES	297	20	310	20	4.4%

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	December through February 2022	PREVIOUS RANK	March through May 2022	RANK	PERCENT CHANGE
HUMIRA PEN	$81,999.13	2	$143,561.07	1	75.08%
EVRYSDI	$189,456.19	1	$98,067.96	2	-48.24%
BIKTARVY	$56,859.91	4	$55,740.41	3	-1.97%
VYVANSE	$51,638.07	6	$53,883.01	4	4.35%
ENBREL SURECLICK	$29,946.21	14	$43,597.19	5	45.59%
TRIKAFTA	$60,568.12	3	$43,475.21	6	-28.22%
LATUDA	$31,291.88	13	$40,970.39	7	30.93%
EMFLAZA	$37,778.33	9	$39,953.49	8	5.76%
TRULICITY	$32,195.65	11	$39,409.86	9	22.41%
SUTENT	$26,428.79	18	$35,860.84	10	35.69%
INVEGA SUSTENNA	$56,743.53	5	$35,617.57	11	-37.23%
PROAIR HFA	$34,950.99	10	$35,224.26	12	0.78%
VIMPAT	$32,076.86	12	$28,404.60	13	-11.45%
LAMICTAL CHEWABLE DISPERS	$26,576.67	17	$27,844.29	14	4.77%
VERZENIO		999	$27,572.76	15	%
VRAYLAR	$13,381.01	40	$27,552.53	16	105.91%
SYMBICORT	$27,220.33	15	$27,017.18	17	-0.75%
JARDIANCE	$18,885.39	24	$26,809.29	18	41.96%
MAVYRET	$39,631.14	8	$26,420.76	19	-33.33%
LANTUS SOLOSTAR	$17,619.94	27	$26,261.11	20	49.04%
NORDITROPIN FLEXPRO	$14,402.08	36	$25,390.56	21	76.30%
OZEMPIC	$24,859.45	19	$23,012.84	22	-7.43%
GAMMAGARD LIQUID	$14,666.49	35	$22,057.17	23	50.39%
IBUPROFEN TABLET	$21,637.29	21	$21,965.59	24	1.52%
LISINOPRIL TABLET	$18,433.32	26	$19,574.37	25	6.19%
TALTZ	$43,045.54	7	$18,849.54	26	-56.21%

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	December through February 2022	PREVIOUS RANK	March through May 2022	RANK	PERCENT CHANGE
SAPROPTERIN DIHYDROCHLORIDE PACKET	$11,020.32	48	$18,475.57	27	67.65%
AMLODIPINE BESYLATE TABLET	$11,604.89	45	$17,640.38	28	52.01%
ELIQUIS	$26,942.95	16	$16,714.55	29	-37.96%
ESCITALOPRAM OXALATE TABLET	$19,190.21	22	$16,316.44	30	-14.98%
ONFI	$18,994.04	23	$16,274.22	31	-14.32%
FLOVENT HFA	$15,566.06	31	$14,668.59	32	-5.77%
ORENCIA	$4,661.20	123	$14,611.50	33	213.47%
ADVAIR DISKUS	$13,010.44	42	$14,336.33	34	10.19%
REXULTI	$11,151.54	47	$13,805.70	35	23.80%
FELBATOL	$150.00	581	$13,748.67	36	9,065.78%
ARISTADA	$11,158.00	46	$13,208.80	37	18.38%
SPIRIVA HANDIHALER	$7,182.52	75	$13,195.47	38	83.72%
TRINTELLIX	$14,378.41	37	$12,467.30	39	-13.29%
CETIRIZINE HCL TABLET	$6,709.98	82	$12,402.14	40	84.83%
LEVEMIR FLEXTOUCH	$15,220.32	33	$12,042.72	41	-20.88%
HYDROCODONE-ACETAMINOPHEN TABLET	$5,767.13	95	$11,705.59	42	102.97%
SERTRALINE HCL TABLET	$12,123.50	44	$11,694.76	43	-3.54%
RISPERDAL CONSTA	$10,767.51	51	$11,058.02	44	2.70%
RINVOQ	$15,795.93	30	$11,036.62	45	-30.13%
ENTRESTO	$6,359.08	86	$11,026.18	46	73.39%
AFINITOR	$7,553.45	73	$10,953.02	47	45.01%
TRESIBA FLEXTOUCH	$10,941.10	50	$10,901.46	48	-0.36%
GENVOYA	$16,985.40	29	$10,525.14	49	-38.03%
GUANFACINE HCL TABLET	$8,741.64	60	$10,358.94	50	18.50%
TRAZODONE HCL TABLET	$7,214.53	74	$10,161.20	51	40.84%
METHYLPHENIDATE HCL TABLET ER	$9,955.99	54	$10,142.67	52	1.88%

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	December through February 2022	PREVIOUS RANK	March through May 2022	RANK	PERCENT CHANGE
OMEPRAZOLE CAPSULE DR	$8,261.86	65	$10,089.34	53	22.12%
LUPRON DEPOT-PED (3-MONTH	$9,415.87	56	$9,876.76	54	4.89%
AJOVY	$7,667.58	70	$9,808.98	55	27.93%
JORNAY PM	$10,107.20	52	$9,742.89	56	-3.60%
ADVAIR HFA	$8,179.48	67	$9,656.03	57	18.05%
INSULIN ASPART SOLN PEN-INJ	$8,257.76	66	$9,602.93	58	16.29%
FARXIGA	$6,225.82	89	$9,565.25	59	53.64%
METFORMIN HCL TABLET	$8,100.89	68	$9,196.16	60	13.52%
ATORVASTATIN CALCIUM TABLET	$6,888.33	80	$9,175.77	61	33.21%
ABILIFY MAINTENA	$7,134.39	76	$8,904.81	62	24.82%
BANZEL	$12,581.44	43	$8,821.11	63	-29.89%
SPIRIVA RESPIMAT	$4,274.07	129	$8,809.52	64	106.12%
EPIDIOLEX	$9,117.63	57	$8,736.99	65	-4.17%
FLUOXETINE HCL CAPSULE	$8,757.38	59	$8,554.75	66	-2.31%
NAYZILAM	$9,972.79	53	$8,498.80	67	-14.78%
VENTOLIN HFA	$7,039.10	78	$8,323.92	68	18.25%
AMPHETAMINE-DEXTROAMPHETAMINE CAPSULE ER 24HR	$5,647.70	96	$8,269.13	69	46.42%
ERGOCALCIFEROL CAPSULE	$2,171.56	195	$8,207.13	70	277.94%
XARELTO	$14,110.38	38	$8,066.91	71	-42.83%
SYNTHROID	$8,286.77	64	$8,063.63	72	-2.69%
CREON	$4,716.31	121	$7,876.29	73	67.00%
AMOXICILLIN & POT CLAVULANATE TABLET	$4,892.63	116	$7,837.59	74	60.19%
SULFAMETHOXAZOLE-TRIMETHOPRIM TABLET	$5,586.93	100	$7,730.78	75	38.37%
PREDNISONE TABLET	$11,008.23	49	$7,721.10	76	-29.86%

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	December through February 2022	PREVIOUS RANK	March through May 2022	RANK	PERCENT CHANGE
ONDANSETRON TABLET DISINT	$8,759.30	58	$7,644.99	77	-12.72%
QUILLICHEW ER	$6,129.93	90	$7,570.49	78	23.50%
VENLAFAXINE HCL CAPSULE ER 24HR	$3,548.52	144	$7,283.30	79	105.25%
ODEFSEY	$3,981.16	133	$7,273.17	80	82.69%
CHOLECALCIFEROL TABLET	$6,250.62	88	$6,855.89	81	9.68%
PREZCOBIX	$4,319.30	127	$6,654.57	82	54.07%
PANTOPRAZOLE SODIUM TABLET DR	$6,592.60	83	$6,643.96	83	0.78%
BUSPIRONE HCL TABLET	$6,320.43	87	$6,591.21	84	4.28%
INSULIN LISPRO SOLN PEN-INJ	$4,435.75	124	$6,536.73	85	47.36%
METFORMIN HCL TABLET ER 24HR	$5,859.07	93	$6,532.91	86	11.50%
NOVOLOG FLEXPEN	$6,428.00	84	$6,393.00	87	-0.54%
TRELEGY ELLIPTA	$4,859.78	117	$6,302.48	88	29.69%
FLUTICASONE PROPIONATE (NASAL) SUSPENSION	$7,590.94	72	$6,246.66	89	-17.71%
LISINOPRIL & HYDROCHLOROTHIAZIDE TABLET	$5,922.08	92	$6,078.87	90	2.65%
PROMACTA	$3,910.84	134	$5,947.86	91	52.09%
LORATADINE TABLET	$6,125.32	91	$5,843.42	92	-4.60%
JANUVIA	$9,625.39	55	$5,820.06	93	-39.53%
HYDROXYZINE HCL TABLET	$5,826.50	94	$5,713.10	94	-1.95%
GABAPENTIN CAPSULE	$7,713.94	69	$5,587.91	95	-27.56%
LEVOTHYROXINE SODIUM TABLET	$5,076.24	111	$5,569.83	96	9.72%
QUETIAPINE FUMARATE TABLET	$3,799.53	137	$5,552.92	97	46.15%
MONTELUKAST SODIUM TABLET CHEWABLE	$5,380.68	105	$5,452.18	98	1.33%
DEXILANT	$4,855.97	119	$5,444.90	99	12.13%
BUPROPION HCL TABLET ER 24HR	$4,403.87	125	$5,421.27	100	23.10%

Department of HUMAN SERVICES

CHANGE HEALTHCARE

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	December through February 2022	PREVIOUS RANK	March through May 2022	RANK	PERCENT CHANGE
TRAZODONE HCL TABLET	399	1	419	1	5.01%
CLONIDINE HCL TABLET	381	2	405	2	6.30%
SERTRALINE HCL TABLET	376	3	402	3	6.91%
ESCITALOPRAM OXALATE TABLET	343	4	357	4	4.08%
OMEPRAZOLE CAPSULE DR	330	5	348	5	5.45%
FLUOXETINE HCL CAPSULE	321	6	321	6	0.00%
PROAIR HFA	306	7	305	7	-0.33%
LISINOPRIL TABLET	291	9	292	8	0.34%
ATORVASTATIN CALCIUM TABLET	264	11	276	9	4.55%
LEVOTHYROXINE SODIUM TABLET	297	8	268	10	-9.76%
METHYLPHENIDATE HCL TABLET ER	264	10	265	11	0.38%
CETIRIZINE HCL TABLET	241	13	264	12	9.54%
ARIPIPRAZOLE TABLET	234	14	258	13	10.26%
QUETIAPINE FUMARATE TABLET	248	12	252	14	1.61%
VYVANSE	228	16	250	15	9.65%
GABAPENTIN CAPSULE	231	15	243	16	5.19%
HYDROCODONE-ACETAMINOPHEN TABLET	197	20	237	17	20.30%
BUSPIRONE HCL TABLET	203	18	231	18	13.79%
PREDNISONE TABLET	215	17	229	19	6.51%
POLYETHYLENE GLYCOL 3350 POWDER	180	29	225	20	25.00%
AMPHETAMINE-DEXTROAMPHETAMINE CAPSULE ER 24HR	188	24	219	21	16.49%
HYDROXYZINE HCL TABLET	202	19	218	22	7.92%
BUPROPION HCL TABLET ER 24HR	194	21	216	23	11.34%
IBUPROFEN TABLET	191	22	210	24	9.95%

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	December through February 2022	PREVIOUS RANK	March through May 2022	RANK	PERCENT CHANGE
FLUTICASONE PROPIONATE (NASAL) SUSPENSION	190	23	205	25	7.89%
LAMOTRIGINE TABLET	181	27	201	26	11.05%
AMLODIPINE BESYLATE TABLET	182	26	197	27	8.24%
GUANFACINE HCL TABLET	162	34	196	28	20.99%
RISPERIDONE TABLET	175	30	190	29	8.57%
METFORMIN HCL TABLET	186	25	190	30	2.15%
DULOXETINE HCL CAPSULE DR PART	161	35	184	31	14.29%
MONTELUKAST SODIUM TABLET	163	33	183	32	12.27%
ONDANSETRON TABLET DISINT	181	28	175	33	-3.31%
HYDROXYZINE PAMOATE CAPSULE	121	45	170	34	40.50%
PANTOPRAZOLE SODIUM TABLET DR	166	31	170	35	2.41%
VENLAFAXINE HCL CAPSULE ER 24HR	145	36	160	36	10.34%
DEXMETHYLPHENIDATE HCL CAPSULE ER 24HR	130	42	143	37	10.00%
PRAZOSIN HCL CAPSULE	131	41	141	38	7.63%
AMOXICILLIN FOR SUSPENSION	139	37	140	39	0.72%
BACLOFEN TABLET	117	47	132	40	12.82%
TOPIRAMATE TABLET	134	39	128	41	-4.48%
VENTOLIN HFA	112	49	127	42	13.39%
AMOXICILLIN & POT CLAVULANATE TABLET	135	38	125	43	-7.41%
CYCLOBENZAPRINE HCL TABLET	101	58	124	44	22.77%
MIRTAZAPINE TABLET	117	46	123	45	5.13%
CEPHALEXIN CAPSULE	86	65	120	46	39.53%
METFORMIN HCL TABLET ER 24HR	111	50	120	47	8.11%
CETIRIZINE HCL SOLUTION	94	61	118	48	25.53%
CLONAZEPAM TABLET	125	43	117	49	-6.40%

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	December through February 2022	PREVIOUS RANK	March through May 2022	RANK	PERCENT CHANGE
LORATADINE TABLET	108	51	116	50	7.41%
AZITHROMYCIN TABLET	164	32	114	51	-30.49%
FUROSEMIDE TABLET	94	62	114	52	21.28%
LEVETIRACETAM TABLET	100	59	113	53	13.00%
AMPHETAMINE-DEXTROAMPHETAMINE TABLET	105	53	110	54	4.76%
FAMOTIDINE TABLET	101	57	110	55	8.91%
MONTELUKAST SODIUM TABLET CHEWABLE	133	40	110	56	-17.29%
ATOMOXETINE HCL CAPSULE	104	54	107	57	2.88%
ALBUTEROL SULFATE NEBULIZED SOLN	123	44	106	58	-13.82%
SULFAMETHOXAZOLE-TRIMETHOPRIM TABLET	96	60	102	59	6.25%
METOPROLOL SUCCINATE TABLET ER 24HR	85	67	99	60	16.47%
FERROUS SULFATE TABLET	101	55	96	61	-4.95%
DOXYCYCLINE (MONOHYDRATE) CAPSULE	101	56	94	62	-6.93%
TRAMADOL HCL TABLET	117	48	93	63	-20.51%
LEVETIRACETAM SOLUTION	93	63	91	64	-2.15%
GUANFACINE HCL (ADHD) TABLET ER 24HR	83	69	91	65	9.64%
OXYCODONE HCL TABLET	60	90	91	66	51.67%
ALPRAZOLAM TABLET	86	66	89	67	3.49%
AMOXICILLIN CAPSULE	107	52	88	68	-17.76%
FLOVENT HFA	78	70	84	69	7.69%
METRONIDAZOLE TABLET	87	64	83	70	-4.60%
ASPIRIN TABLET DR	68	81	83	71	22.06%

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	December through February 2022	PREVIOUS RANK	March through May 2022	RANK	PERCENT CHANGE
MELOXICAM TABLET	78	71	82	72	5.13%
OLANZAPINE TABLET	66	82	81	73	22.73%
ONDANSETRON HCL TABLET	51	109	80	74	56.86%
SYMBICORT	84	68	78	75	-7.14%
LANTUS SOLOSTAR	55	98	78	76	41.82%
PROPRANOLOL HCL TABLET	70	79	74	77	5.71%
SPIRONOLACTONE TABLET	73	74	74	78	1.37%
HYDROCHLOROTHIAZIDE TABLET	69	80	72	79	4.35%
NAPROXEN TABLET	58	94	72	80	24.14%
LORAZEPAM TABLET	71	78	72	81	1.41%
OXCARBAZEPINE TABLET	66	83	70	82	6.06%
LOSARTAN POTASSIUM TABLET	72	77	69	83	-4.17%
CITALOPRAM HYDROBROMIDE TABLET	61	87	69	84	13.11%
CARVEDILOL TABLET	65	85	67	85	3.08%
CEFDINIR FOR SUSPENSION	52	106	64	86	23.08%
PREGABALIN CAPSULE	55	96	62	87	12.73%
GABAPENTIN TABLET	62	86	62	88	0.00%
AMITRIPTYLINE HCL TABLET	75	73	62	89	-17.33%
NALTREXONE HCL TABLET	61	88	61	90	0.00%
MUPIROCIN OINTMENT	60	89	60	91	0.00%
METHYLPHENIDATE HCL TABLET	72	76	59	92	-18.06%
FOLIC ACID TABLET	59	92	58	93	-1.69%
CLOBAZAM TABLET	40	127	57	94	42.50%
METOPROLOL TARTRATE TABLET	75	72	57	95	-24.00%
ACETAMINOPHEN TABLET	57	95	56	96	-1.75%
TRIAMCINOLONE ACETONIDE (TOPICAL) CREAM	55	100	56	97	1.82%

TOP 100 DRUGS BY PRESCRIPTION COUNT					
DRUG DESCRIPTION	December through February 2022	PREVIOUS RANK	March through May 2022	RANK	PERCENT CHANGE
OXYBUTYNIN CHLORIDE TABLET ER 24HR	59	93	56	98	-5.08%
PAROXETINE HCL TABLET	48	113	54	99	12.50%
FAMOTIDINE FOR SUSPENSION	51	110	52	100	1.96%

Medicaid Statistics for Prescription Claims
March through May 2022

Tri-Monthly Statistics

	FFS	Amerigroup	Iowa Total Care	Total**
Total Dollars Paid	$2,357,974	$128,899,388	$87,111,576	$218,368,938
Unique Users	3,685	176,907	131,310	311,902
Cost Per User	$639.88	$728.63	$663.43	
Total Prescriptions	21,855	1,158,376	811,170	1,991,401
Average Rx/User	5.93	6.55	6.18	
Average Cost/Rx	$107.89	$111.28	$107.39	
# Generic Prescriptions	19,284	1,033,048	718,871	
% Generic	88.2%	89.2%	88.6%	
$ Generic	$814,499	$21,350,555	$12,753,880	
Average Generic Rx Cost	$42.24	$20.67	$17.74	
Average Generic Days Supply	29	31.48	31	
# Brand Prescriptions	2,571	125,328	92,299	
% Brand	11.8%	10.8%	11.4%	
$ Brand	$15,343,474	$107,548,833	$74,360,696	
Average Brand Rx Cost	$600.34	$858.14	$805.65	
Average Brand Days Supply	30	31.35	32	

**All reported dollars are pre-rebate

Top 20 Therapeutic Class by Paid Amount*

March through May 2022

	FFS	Amerigroup	Iowa Total Care
1	ANTI-INFLAMMATORIES, NON-NSAID	ANTIDIABETICS	ANTI-TNF-ALPHA MONOCLONAL ANTIBODIES
2	ANTIPSYCHOTICS - ATYPICALS	ANTIPSYCHOTICS/ANTIMANIC AGENTS	SYMPATHOMIMETICS
3	ANTICONVULSANTS	ANALGESICS - ANTI-INFLAMMATORY	INSULIN
4	MUSCULAR DYSTROPHY AGENTS	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	INCRETIN MIMETIC AGENTS (GLP-1 RAs)
5	ANTIDEPRESSANTS - SELECTED SSRIs	DERMATOLOGICALS	ANTIPSYCHOTICS - MISC.
6	DIABETIC - INSULIN PENFILLS	ADHD/ANTI-NARCOLEPSY	ANTIPSORIATICS
7	ANTIRETROVIRAL COMBINATIONS	ANTIVIRALS	ANTIRETROVIRALS
8	ANTINEOPLASTICS - PROTEIN-TYROSINE KINASE INHIBITORS	ANTICONVULSANTS	BENZISOXAZOLES
9	ANTIASTHMATIC - ADRENERGIC COMBOS	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	CYSTIC FIBROSIS AGENTS
10	DIABETIC - NON-INSULIN INJECTABLES	RESPIRATORY AGENTS - MISC.	AMPHETAMINES
11	STIMULANTS - AMPHETAMINES - LONG ACTING	ENDOCRINE AND METABOLIC AGENTS - MISC.	QUINOLINONE DERIVATIVES
12	DIABETIC - OTHER	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	ANTINEOPLASTIC ENZYME INHIBITORS
13	GLUCOCORTICOIDS - MINERALOCORTICOIDS	ANTIDEPRESSANTS	SGLT2 INHIBITORS
14	ANTIASTHMATIC - BETA ADRENERGICS	MIGRAINE PRODUCTS	ANTIHEMOPHILIC PRODUCTS
15	CYSTIC FIBROSIS AGENTS	HEMATOLOGIC AGENTS - MISC.	ANTICONVULSANTS - MISC.
16	NSAIDS	ANTICOAGULANTS	DIRECT FACTOR Xa INHIBITORS
17	NARCOTICS - MISC.	CARDIOVASCULAR AGENTS - MISC.	CGRP RECEPTOR ANTAGONISTS
18	STIMULANTS - METHYLPHENIDATE - LONG ACTING	ULCER DRUGS/ ANTISPASMODICS/ ANTICHOLINERGICS	METABOLIC MODIFIERS
19	ANTICOAGULANTS	GASTROINTESTINAL AGENTS - MISC.	BRONCHODILATORS - ANTICHOLINERGICS
20	HEPATITIS C AGENTS	MISCELLANEOUS THERAPEUTIC CLASSES	HEPATITIS AGENTS

* Pre-rebate

Top 20 Therapeutic Class by Prescription Count

March through May 2022

	FFS	Amerigroup	Iowa Total Care
1	ANTIDEPRESSANTS - SELECTED SSRIs	ANTIDEPRESSANTS	SSRIs
2	ANTICONVULSANTS	ANTICONVULSANTS	ANTICONVULSANTS - MISC.
3	ANTIPSYCHOTICS - ATYPICALS	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	SYMPATHOMIMETICS
4	ANTIHYPERTENSIVES - CENTRAL	ADHD/ANTI-NARCOLEPSY	PPIs
5	ANTIASTHMATIC - BETA-ADRENERGICS	ANTIPSYCHOTICS/ANTIMANIC AGENTS	NSAIDs
6	PPIs	ANTIHYPERTENSIVES	ANTIANXIETY AGENTS - MISC.
7	ANTIHISTAMINES - NON-SEDATING	ANTIANXIETY AGENTS	HMG CoA REDUCTASE INHIBITORS
8	STIMULANTS - AMPHETAMINES - LONG-ACTING	ULCER DRUGS/ANTISPASMODICS/ ANTICHOLINERGICS	SNRIs
9	ANTIHISTAMINES - OTHER	ANTIDIABETICS	AMPHETAMINES
10	NARCOTICS-MISC.	ANALGESICS - OPIOID	ANTIHISTAMINES - NONSEDATING
11	BETA-LACTAMS/CLAVULANATE COMBOS	ANTIHYPERLIPIDEMICS	SEROTONIN MODULATORS
12	CHOLESTEROL - HMG COA + ABSORB INHIBITORS	ANALGESICS - ANTIINFLAMMATORY	STIMULANTS - MISC.
13	STIMULANTS - METHYLPHENIDATE - LONG-ACTING	ANTIHISTAMINES	CENTRAL MUSCLE RELAXANTS
14	NSAIDS	DERMATOLOGICALS	ANTIADRENERGIC ANTIHYPERTENSIVES
15	GLUCOCORTICOIDS - MINERALOCORTICOIDS	PENICILLINS	GLUCOCORTICOSTEROIDS
16	MUSCLE RELAXANTS	BETA BLOCKERS	ANTIDEPRESSANTS - MISC.
17	DIURETICS	MUSCULOSKELETAL THERAPY AGENTS	AMINOPENICILLINS
18	ACE INHIBITORS	DIURETICS	BENZODIAZEPINES
19	GI - ANTI-FLATULENTS/GI STIMULANTS	CORTICOSTEROIDS	ACE INHIBITORS
20	DIABETIC - ORAL BIGUANIDES	THYROID AGENTS	THYROID HORMONES

Top 25 Drugs by Paid Amount**

March through May 2022

	FFS	Amerigroup	Iowa Total Care
1	HUMIRA PEN	HUMIRA (CF) PEN	HUMIRA PEN
2	EVRYSDI	VYVANSE	TRULICITY
3	BIKTARVY	TRULICITY	VRAYLAR
4	VYVANSE	VRAYLAR	VYVANSE
5	ENBREL SURECLICK	TRIKAFTA	TRIKAFTA
6	TRIKAFTA	LATUDA	INVEGA SUSTENNA
7	LATUDA	INVEGA SUSTENNA	BIKTARVY
8	EMFLAZA	STELARA	LATUDA
9	TRULICITY	BIKTARVY	STELARA
10	SUTENT	JARDIANCE	JARDIANCE
11	INVEGA SUSTENNA	LANTUS SOLOSTAR	LANTUS SOLOSTAR
12	PROAIR HFA	OZEMPIC	OZEMPIC
13	VIMPAT	SYMBICORT	SYMBICORT
14	LAMICTAL CHEWABLE DISPERS	ELIQUIS	SPIRIVA
15	VERZENIO	REXULTI	ELIQUIS
16	VRAYLAR	PROAIR HFA	TALTZ
17	SYMBICORT	ARISTADA	DUPIXENT
18	JARDIANCE	ADVAIR DISKUS	PROAIR HFA
19	MAVYRET	TRINTELLIX	ARISTADA
20	LANTUS SOLOSTAR	TALTZ	ADVAIR DISKUS
21	NORDITROPIN FLEXPRO	COSENTYX	STRENSIQ
22	OZEMPIC	DEXILANT	ENBREL SRCLK
23	GAMMAGARD LIQUID	INGREZZA	TRINTELLIX
24	IBUPROFEN	NORDITROPIN FLEXPRO	REXULTI
25	LISINOPRIL	DUPIXENT	ADYNOVATE

** Pre-rebate

Top 25 Drugs by Prescription Count

March through May 2022

	FFS	Amerigroup	Iowa Total Care
1	TRAZODONE	SERTALINE	SERTRALINE
2	CLONIDINE	OMEPRAZOLE	OMEPRAZOLE
3	SERTRALINE	TRAZODONE	TRAZODONE
4	ESCITALOPRAM	ESCITALOPRAM	AMOXICILLIN
5	OMEPRAZOLE	FLUOXETINE	ATORVASTATIN
6	FLUOXETINE	AMOXICILLIN	ESCITALOPRAM
7	PROAIR HFA	ATORVASTATIN	GABAPENTIN
8	LISINOPRIL	GABAPENTIN	FLUOXETINE
9	ATORVASTATIN	LISINOPRIL	LISINOPRIL
10	LEVOTHYROXINE	CETIRIZINE	PROAIR HFA
11	METHYLPHENIDATE ER	PROAIR HFA	BUPROPION
12	CETIRIZINE	LEVOTHYROXINE	METFORMIN
13	ARIPIPRAZOLE	MONTELUKAST	CETIRIZINE
14	QUETIAPINE	BUPROPION XL	LEVOTHYROXINE
15	VYVANSE	VYVANSE	AMPHETAMINE/ DEXTRO
16	GABAPENTIN	BUSPIRONE	HYDROCODONE/APAP
17	HYDROCODONE/APAP	DULOXETINE	ONDANSETRON
18	BUSPIRONE	HYDROCODONE/APAP	METHYLPHENIDATE
19	PREDNISONE	QUETIAPINE	BUSPIRONE
20	POLYETHYLENE GLYCOL 3350	HYDROXYZINE HCL	QUETIAPINE
21	AMPHETAMINE/DEXTROAMPHET ER	PREDNISONE	MONTELUKAST
22	HYDROXYZINE HCL	VENLAFAXINE ER	DULOXETINE
23	BUPROPION ER	ARIPIPRAZOLE	PREDNISONE
24	IBUPROFEN	FLUTICASONE PROPIONATE	HYDROXYZINE HCL
25	FLUTICASONE PROP (NASAL)	CLONIDINE	VENLAFAXINE

Top Prescribers by Prescription Count*

	Number of Rx Claims			
PRESCRIBER	**FFS**	**AGP**	**ITC**	**Total**
Jeffrey Wilharm	97	3,469	1,623	**5,189**
Bobbita Nag	45	2,224	1,404	**3,673**
Rebecca Walding	103	2,016	1,081	**3,200**
Charles Tilley	0	2,116	1,073	**3,189**
Dean Guerdet	25	2,078	1,056	**3,159**
Jennifer Zalaznik	0	2,098	945	**3,043**
Carlos Castillo	59	1,725	1,117	**2,901**
Ali Safdar	0	1,652	1,234	**2,886**
Cynthia Coenen	0	1,798	1,062	**2,860**
Genevieve Nelson	0	1,926	911	**2,837**
Thomas Earwood	0	1,723	1,038	**2,761**
Rebecca Bowman	0	1,597	1,144	**2,741**
Eric Meyer	90	1,653	866	**2,609**
Melissa Konken	136	1,424	1,028	**2,588**
Amanda Garr	65	1,421	1,078	**2,564**
Wendy Hansen-Penman	0	1,362	1,136	**2,498**
Wook Kim	0	1,301	1,116	**2,417**
Tara Brockman	48	1,149	1,199	**2,396**
Michael Ciliberto	248	1,165	493	**1,906**
Tracy Tschudi	0	1,880	0	**1,880**
Cassidy Carr	106	0	681	**787**
Molly Earleywine	120	0	634	**754**
Leighton Frost	194	0	0	**194**
Alicia Wager	164	0	0	**164**
Anthony Glydwell	125	0	0	**125**

FFS = Fee-for-Service
AGP = Amerigroup
ITC = Iowa Total Care

*Based on the top 10 prescribers by prescription count from each entity (rx count taken from top 10 prescribers by rx count or paid amount)

High Dose Opioid (≥ 90 MME) Without Opioid Reversal Agent
RetroDUR
Data

Purpose

- To identify members at a high risk of opioid overdose, taking ≥ 90 MME per day, without an opioid reversal agent in pharmacy claims history.
- Review opioid reversal agent claims data

Background

- The Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) requires states have an automated review process in place to identify patients at high risk of opioid overdose without a reversal agent.
    - Patients on high dose opioids for chronic pain are considered at higher risk of overdose.
- Current prior authorization criteria for High Dose Opioids, defined as 90 morphine milligram equivalents (MME) per day, requires the prescriber to attest a prescription for a preferred naloxone product for the emergency treatment of an opioid overdose has been provided.

RDUR Criteria

- Members with a claim(s) for an opioid ≥ 90 MME
    - Time period for high dose opioid: April 2022
    - Look back 24 months for an opioid reversal agent: May 2020 through April 2022
- Opioid reversal agent claims data
    - Number of claims, by quarter
    - Time period: April 2020 through March 2022

Members with ≥ 90 MME per Day with Opioid Reversal Agent

	April 2022		April 2020 – March 2022	
	≥ 90 MME	# Prescribers	w/ Opioid Reversal Agent	w/o Opioid Reversal Agent
AGP	207	204	118	89
ITC	132	111	44	88
FFS	7	12	1	6

AGP: Amerigroup; FFS: Fee-for-Service; ITC: Iowa Total Care; MME: morphine milligram equivalent

Opioid Reversal Agent Utilization Data

4/1/2020 – 3/31/2022	Claim Count		
Quarter	**AGP**	**ITC**	**FFS**
April - June 2020	153	121	0
July - September 2020	199	175	7
October - December 2020	184	133	3
January - March 2021	212	161	4
April - June 2021	207	157	1
July - September 2021	208	167	4
October - December 2021	185	162	1
January - March 2022	187	219	6

AGP: Amerigroup; FFS: Fee-for-Service; ITC: Iowa Total Care

Next Steps

1. Update High Dose Opioids PA criteria to require patient have a paid claim for or documentation of receiving an opioid reversal agent (i.e. documentation from Iowa PMP of dispensation) within a certain time period. Currently, criteria require "Patient has been provided a prescription for a preferred naloxone product for the emergency treatment of an opioid overdose".
2. Send letters to prescribers regarding members that do not have an opioid reversal agent in their claims history pointing out the patient's higher risk of opioid overdose due to daily MME and recommend co-prescribing or co-dispensing of a preferred opioid reversal agent and encourage the member to have it on-hand for an emergency situation.
3. DUR Digest article on opioid reversal agents
4. Other?

Concurrent Buprenorphine and Opioid
RetroDUR
Data

Purpose

- To identify members with concurrent buprenorphine, indicated for the treatment of opioid use disorder (OUD), and an opioid in pharmacy claims.

Background

- The Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) requires states to establish prospective safety edit alerts, automatic retrospective claims review, or a combination of these approaches as determined by the state, to identify patients prescribed an opioid after being prescribed one or more drugs used for medication assisted treatment (MAT).
- Currently, pharmacies receive a ProDUR soft edit regarding the combination.

RDUR Criteria

- Members with a claim for buprenorphine and an opioid
- Time period: February through April 2022
    - No opioid claims in the 3 months prior to buprenorphine claim, November 2021 through January 2022

Data

	Number of Days	Member Count	Prescriber Count	Unique Prescriber Count
AGP	≤ 7 days	20	36	54
	> 7 days	10	21	
ITC	≤ 7 days	21	16	56
	> 7 days	64	40	
FFS	≤ 7 days	0	0	0
	> 7 days	0	0	

Next Steps

1. Recommend ProDUR hard edit for an opioid when a drug used for MAT is found in pharmacy claims (timeframe would need to be determined).
2. DUR Digest Article
3. Other?

LABA without ICS in Asthma
RetroDUR
Proposal

Purpose

- To identify members with asthma using a long-acting beta$_2$-adrenergic agonist (LABA) without an inhaled corticosteroid.

Background

- LABAs as monotherapy increase the risk of asthma-related death and should be prescribed only as additional therapy for patients with asthma who are currently taking but are inadequately controlled on an inhaled corticosteroid (ICS).
- Salmeterol xinafoate inhalation powder (Serevent Diskus) is the only single-ingredient LABA indicated for the treatment of asthma.
    - Indicated for the treatment of asthma and in the prevention of bronchospasm only as concomitant therapy with an ICS in patients aged 4 years and older with reversible obstructive airway disease, including patients with symptoms of nocturnal asthma.
    - Use only as additional therapy for patients with asthma who are currently taking but are inadequately controlled on an ICS. Do not use salmeterol for patients whose asthma is adequately controlled on low- or medium-dose ICS.
- Currently, Serevent Diskus is preferred on the Preferred Drug List (PDL), with an age edit requiring prior authorization (PA) for members under 4 years of age.

RDUR Criteria

- Members with an asthma diagnosis and a claim for Serevent Diskus in pharmacy claims that do not have a claim for an ICS.
- Time period: May through July 2022
- Other recommendations?

Concurrent Use of Opioids and Sedatives
RetroDUR
Proposal

Purpose

- To identify members with concurrent use of sedatives and an opioid in pharmacy claims.

Background

- Opioids carry an FDA boxed warding of increased risk of respiratory and CNS depression with concurrent use of opioid and CNS depressants such as antipsychotics or sedatives.
- Currently, there are no hard POS edits to stop this combination or an automated retrospective claims review process for concurrent use of an opioid and sedative.
- Questions related to this issue appeared in the FFY21 CMS DUR Survey.

RDUR Criteria

- Members with claims for a sedative and an opioid with at least one day overlap
- Time period: May through July 2022
- Sedatives to include:
    - Chloral hydrate
    - Daridorexant
    - Eszopiclone
    - Lemborexant
    - Phenobarbital
    - Ramelteon
    - Suvorexant
    - Tasimelteon
    - Zaleplon
    - Zolpidem
    - Other recommendations?

Initial Days Supply Limit – Benzodiazepines
ProDUR Edit
Second Review

Background

- Section 1004 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act requires State Medicaid Programs to have in place prospective safety edits (as specified by the state) and a claims review automated process (i.e., retrospective review) for concurrent use of opioids and benzodiazepines.
- Safety edits at the point of sale (POS), in the form of a soft edit, are in place to notify the pharmacy of opioids and benzodiazepines prescribed concurrently.
- A semi-annual concurrent opioid plus benzodiazepine report is created for each program (FFS and MCOs) and reviewed on a regular basis.
- Concurrent use of opioids and benzodiazepines have been discussed over several DUR meetings. Over the course of these meetings, claims data was reviewed as well as information on what other states are doing to limit the concurrent use of opioids and benzodiazepines. The DUR came to the following conclusions:
    - Focus on new starts at this time and grandfather existing users with concurrent use
    - Recommend an initial limit for all benzodiazepines for new starts
    - Determine the look back for benzodiazepine use
    - Develop prior authorization (PA) criteria for requests beyond 5 days, with opioid use as part of the criteria
    - Require naloxone when an opioid and benzodiazepine will be used chronically

Recommendation

- 7-day initial limit on all benzodiazepines for new users.
    - Exclude: nasal and rectal diazepam, nasal midazolam, clobazam.
- 90 day look back for requested benzodiazepine

Oral Benzodiazepine
ProDUR Cumulative Quantity Limit
Second Review

Background

- In September 2020, the U.S. Food and Drug Administration (FDA) required a *Boxed Warning* to be added to the label for benzodiazepines, describing the potential for abuse, addiction, physical dependence, and withdrawal reactions.
- The DUR Commission reviewed current quantity limits for benzodiazepines in February 2022. After reviewing utilization data for select benzodiazepines (alprazolam, clonazepam, diazepam, and lorazepam) and other states Medicaid quantity limits for benzodiazepines, a 4 unit per day quantity limit across the class was recommended.
- Four (4) units per day would be accumulated across the benzodiazepine class for solid oral dosage forms. Oral liquid formulations would be excluded from the cumulative quantity limit.
- Quantity limits would remain in place for the benzodiazepines listed below, with removal of oral agents with a current quantity limit of 120 (highlighted). This is similar to the quantity limit for short-acting opioids (6 units per day).
- New quantity limits proposed for triazolam. Quantity limits not needed for chlordiazepoxide or clorazepate as limit would be up to 4 units per day.
- Quantity limit chart would include a statement, such as “Benzodiazepines are subject to a cumulative quantity limit of 4 units per day, unless otherwise indicated on the chart.”

Current Quantity Limits (per 30 days)

Drug	Quantity	Usual/Max Dose
Alprazolam 0.25, 0.5, 1, 2 mg tablets	120	IR: tid to qid; Max 10 mg/day ER: once daily; Max 10 mg/day
Alprazolam XR 0.5, 1 mg tablets	30	
Alprazolam Intensol 1 mg/ml solution	180 ml	
Chlordiazepoxide 5, 10, 25 mg capsules	N/A	bid to qid Max: 100 mg/day (anxiety); 300 mg/day (alcohol withdrawal)
Clobazam 5, 10, 20 mg tablets	60	bid Max: not well-established; 40 mg/day recommended
Clobazam 2.5 mg/ml suspension	480	
Clonazepam 0.5, 1, 2 mg tablets	120	qd to qid Max: 4 mg/day (anxiety); 20 mg/day (seizure)

Clorazepate 3.75, 7.5, 15 mg tablets	N/A	bid to tid Max: 90 mg/day (ages 12 years +); 60 mg/day (ages 9 – 12 years)
Diazepam 2, 5, 10 mg tablets	120	qd to qid Max: not well-established; 40 mg/day up to 60 mg/day for muscle spasm, spasticity, and/or rigidity
Diazepam Intensol 5 mg/ml	240	
Diazepam Solution 1 mg/ml	240	
Estazolam 1, 2 mg tablets	30	1 to 2 mg hs Max: not well-established
Flurazepam 15, 30 mg capsules	30	15 to 30 mg hs Max: not well-established
Lorazepam 0.5, 1, 2 mg tablets	120	bid to qid Max: not well-established; 10 mg/day recommended
Oxazepam 10, 15, 30 mg capsules	120	tid to qid Max: not well-established
Quazepam 7.5, 15 mg capsules	30	7.5 to 15 mg hs Max: not well-established
Temazepam 7.5, 15, 22.5, 30 mg capsules	30	7.5 to 30 mg hs Max: not well-established
Triazolam 0.125, 0.25 mg tablets	N/A	hs Max: 0.5 mg/day

Newly Proposed Quantity Limits

Drug	**Quantity per 30 Days**
Halcion (triazolam) 0.125 mg	30
Halcion (triazolam) 0.25 mg	60

Short Acting Beta-Agonist
ProDUR Quantity Limit
Second Review

Background

- Review of pharmacy claims for short-acting beta-agonists (SABAs) finds members are overutilizing these agents.
- Current asthma and COPD guidelines do not recommend regular use of SABAs
- Current quantity limits for SABA inhalers:
    - Albuterol (ProAir HFA, Proventil HFA, Ventolin HFA) - 3 canisters per 30 days
    - Levalbuterol (Xopenex HFA) - no quantity limit
- A review of other state Medicaid programs and private payors finds quantity limits set to 2 canisters per 30 days.
- May 2022 - DUR Commission recommended a quantity limit of 2 inhalers per 30 days for all members

Proposed Quantity Limits

Drug	Proposed Quantity Limit per 30 days
ProAir HFA 8.5 g (albuterol)	2 inhalers (17 grams)
ProAir Digihaler (albuterol)	2 inhalers
ProAir Respiclick (albuterol)	2 inhalers
Proventil HFA 6.7 g (albuterol)	2 inhalers (13.4 grams)
Ventolin HFA 18 g (albuterol)	2 inhalers (36 grams)
Xopenex HFA 15 g (levalbuterol)	2 inhalers (30 grams)

Sedative/Hypnotics- Non-Benzodiazepine
Initial Review

Background

- Utilization data for chronic use of controlled sedative/hypnotic agents was discussed at the February 2022 DUR meeting. Results found members are using these medications chronically versus short-term. Review of sedative/hypnotics, non-benzodiazepine prior authorization (PA) criteria was requested.
- Sedative/hypnotic, non-benzodiazepine PA criteria were discussed at the May 2022 meeting for next steps based on utilization data.
- After reviewing current criteria and previous criteria, the DUR recommended making modifications to current PA criteria.
- Medications subject to current PA criteria include:
    - Preferred agents – eszopiclone, zaleplon, and zolpidem
    - Non-preferred agents – Ambien, Ambien CR, Belsomra, Dayvigo, Edular, Intermezzo, Lunesta, Quviviq, ramelteon, Rozerem, Sonata, zolpidem ER, zolpidem SL, and Zolpimist

Current Clinical Prior Authorization Criteria

Preferred agents are available without prior authorization (PA) when dosed within the established quantity limits. Requests for doses above the manufacturer recommended dose will not be considered.

PA is required for all non-preferred non-benzodiazepine sedative/hypnotics. Payment for non-preferred non-benzodiazepine sedative/hypnotics will be authorized only for cases in which there is documentation of previous trials and therapy failures with, at a minimum, three (3) preferred agents. Payment for non-preferred non-benzodiazepine sedative/hypnotics will be considered when the following criteria are met:

1. A diagnosis of insomnia; and
2. Medications with a side effect of insomnia (i.e. stimulants) are decreased in dose, changed to a short acting product, and/or discontinued; and
3. Enforcement of good sleep hygiene is documented; and
4. All medical, neurological, and psychiatric disease states causing chronic insomnia are being adequately treated with appropriate medication at therapeutic doses.
5. In addition to the above criteria, requests for suvorexant (Belsomra) will require documentation of a trial and therapy failure with at least one non-preferred agent, other than suvorexant, prior to consideration of coverage.
6. Non-preferred alternative delivery systems will only be considered for cases in which the use of the alternative delivery system is medically necessary and there is a previous trial and therapy failure with a preferred alternative delivery system if available.

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)

Preferred agents are available without prior authorization (PA) when dosed within the established quantity limits. ~~Requests for doses above the manufacturer recommended dose will not be considered.~~ PA is required for all non-preferred non-benzodiazepine sedative/hypnotics. Payment for *a* non-preferred *agent* ~~non-benzodiazepine sedative/hypnotics~~ will be authorized only for cases in which there is documentation of previous trials and therapy failures with, at a minimum, three (3) preferred agents. Payment for a non-preferred *agent* ~~non-benzodiazepine sedative/hypnotics~~ 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. A diagnosis of insomnia; and
3. Medications with a side effect of insomnia ~~(i.e. stimulants)~~ are decreased in dose, changed to a short acting product, and/or discontinued; and
4. Enforcement of good sleep hygiene is documented; and
5. All medical, neurological, and psychiatric disease states causing chronic insomnia are being adequately treated with appropriate medication at therapeutic doses*; and*
6. *Will not be used concurrently with a benzodiazepine sedative/hypnotic agent.*
7. In addition to the above criteria, requests for *an orexin receptor antagonist* ~~suvorexant (Belsomra)~~ will require documentation of a trial and therapy failure with at least one non-preferred agent~~, other than suvorexant,~~ prior to consideration of coverage.
8. Non-preferred alternative delivery systems will only be considered for cases in which the use of the alternative delivery system is medically necessary and there is a previous trial and therapy failure with a preferred alternative delivery system if available.

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

Vericiguat (Verquvo)
Initial Review

Background

The 2022 AHH/ACC/HFSA Guideline for the Management of Heart Failure now includes four medication classes as part of guideline-directed medical therapy (GDMT) for heart failure (HF) with reduced ejection fraction (HFrEF), including the newly added sodium-glucose contransporter-2 inhibitors (SGLTi). Step 1 GDMT treatment recommendations for patient with HFrEF include:

- ARNi (angiotensin receptor-neprilysin inhibitor) in NYHA II – III or ACEi (angiotensing-converting enzyme inhibitor) or ARB (angiotensin receptor blocker) in NYHA II – IV
- Beta blocker (bisoprolol, metoprolol succinate, and carvedilol have been shown to be effective in reducing the risk of death in patients with HFrEF)
- MRA (mineralocorticoid receptor antagonist)
- SGLT2i
- Diuretics as needed

The above medications may be started simultaneously at initial (low) doses recommended for HFrEF. Alternatively, these medications may be started sequentially, with sequence guided by clinical or other factors, without need to achieve target dosing before initiating the next medication.

Additionally, in selected high-risk patients with HFrEF and recent worsening of HF despite GDMT, an oral soluble guanylyl cyclase stimulator (e.g. vericiguat) may be considered to reduce HF hospitalization and cardiovascular death.

Due to the updated guideline recommendations, prior authorization criteria are being updated to include trials with all four GDMT medication classes prior to the consideration of vericiguat.

Current Clinical Prior Authorization Criteria

Prior authorization is required for vericiguat (Verquvo). Payment will be considered under the following conditions:

1. Patient has a diagnosis of symptomatic chronic heart failure (NYHF class II-IV) with a left ventricular ejection fraction (LVEF) ≤ 45%; and
2. Patient meets one of the following:
    a. Recent hospitalization for heart failure (within the last 6 months); or
    b. Recent need for outpatient intravenous diuretics (within the last 3 months); and
3. Patient is within the FDA labeled age for indication; and
4. Female patients of reproductive potential have been advised to use effective contraception during treatment and for at least one month after the last dose; and

5. Will not be used concomitantly with other soluble guanylate cyclase (sGC) stimulators (e.g. riociguat) or phosphodiesterase type 5 (PDE-5) inhibitors (e.g. sildenafil, tadalafil, vardenafil); and
6. Documentation of prior or current therapy, at a maximally tolerated dose, with one drug from each category below:
    a. Renin-angiotensin system inhibitor (angiotensin converting enzyme [ACEI], angiotensin receptor blocker [ARB], or angiotensin receptor-neprilysin inhibitor [ARNI]); and
    b. Evidence-based beta-blocker (carvedilol, metoprolol succinate, or bisoprolol); and
7. Is dosed based on FDA approved dosing; and
8. Initial requests for Verquvo 2.5 mg and 5 mg tablets will be limited to one 14-day supply for each strength.

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 is required for vericiguat (Verquvo). 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 has a diagnosis of symptomatic chronic heart failure (NYHF class II-IV) with a left ventricular ejection fraction (LVEF) ≤ 45%; and
3. Patient meets one of the following:
    a. Recent hospitalization for heart failure (within the last 6 months); or
    b. Recent need for outpatient intravenous diuretics (within the last 3 months); and
4. ~~Patient is within the FDA labeled age for indication; and~~
5. Female patients of reproductive potential have been advised to use effective contraception during treatment and for at least one month after the last dose; and
6. Will not be used concomitantly with other soluble guanylate cyclase (sGC) stimulators (e.g. riociguat) or phosphodiesterase type 5 (PDE-5) inhibitors (e.g. sildenafil, tadalafil, vardenafil); and
7. Documentation of prior or current therapy, at a maximally tolerated dose, with one drug from each category below:
    a. Renin-angiotensin system inhibitor (angiotensin converting enzyme [ACEI], angiotensin receptor blocker [ARB], or angiotensin receptor-neprilysin inhibitor [ARNI]); and
    b. Evidence-based beta-blocker (carvedilol, metoprolol succinate, or bisoprolol); and

c. *Mineralcorticoid receptor antagonist (MRA); and*
d. *Sodium-glucose cotransporter 2 inhibitor (SGLT2i) indicated for the treatment of heart failure (empagliflozin or dapagliflozin); and*

~~8. Is dosed based on FDA approved dosing; and~~

9. Initial requests for *vericiguat (*Verquvo) 2.5 mg and 5 mg tablets will be limited to one 14-day supply for each strength.

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

Maralixibat (Livmarli)
Initial Review

Background

Maralixibat (Livmarli) received U.S. Food and Drug Administration (FDA) approval for the treatment of cholestatic pruritus in individuals with Alagille syndrome (ALGS) who are aged 1 year and older.

AGLS is a rare genetic disorder that can affect multiple organ systems of the body including the liver, heart, skeleton, eyes, and kidneys. Common symptoms include cholestasis, jaundice, poor weight gain and growth, and pruritus. ALGS is caused by deletion or mutation of the *JAG1* gene or the *NOTCH2* gene, with the *JAG1* gene mutation being the most common (88% of cases). These mutations are inherited in an autosomal dominant pattern, or in some cases, the mutations occur randomly due to a spontaneous genetic change. Progression of the disease can cause liver fibrosis, cirrhosis, or end state liver disease and leads to death at an early age in life (infancy to adolescence). Treatment is directed toward the specific symptoms of each patient. Prior to the approval of maralixibat, medications used to treat pruritis included ursodeoxycholic acid (ursodiol), rifampin, and bile acid sequestrants.

See the attached new drug review for additional clinical information regarding maralixibat.

Cost

- WAC $1550.00/mL
    - 13 to 15 kg - $27,900/30 days; $334,800/12 months
    - 30 to 34 kg - $58,125/30 days; $$697,500/12 months
    - ≥ 70 kg (max dose) - $139,500/30 days; $1,674,000/12 months

Newly Proposed 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.

Other Items to Consider

- Quantity limit 90 mL per 30 days

References

Livmarli [package insert]. Foster City, CA; Mirum Pharmaceuticals, Inc.; September 2021.

National Organization for Rare Disorders (NORD). Alagille Syndrome. Available at https://rarediseases.org/rare-diseases/alagille-syndrome/. Accessed on: June 16, 2022.

PDL DRUG REVIEW

Proprietary Name: Livmarli®
Common Name: maralixibat
PDL Category: GI

Comparable Products	Preferred Drug List Status
Bylvay	Non-Preferred

Summary

Pharmacology/Usage: Maralixibat, the active ingredient of Livmarli®, is a reversible inhibitor of the ileal bile acid transporter (IBAT). It decreases the reabsorption of bile acids (primarily the salt forms) from the terminal ileum. Pruritus is a common symptom in patients with Alagille syndrome (ALGS) and the pathophysiology of pruritus in patients with ALGS is not completely understood. While the complete mechanism by which maralixibat improves pruritus in ALGS patients is not known, it may involve inhibition of the IBAT, which results in decreased reuptake of bile salts, as observed by a decrease in serum bile acids.

Indication: For the treatment of cholestatic pruritus in patients with ALGS 1 year of age and older.

There is no pregnancy category for this medication; however, the risk summary indicates that maternal use at the recommended clinical dose is not expected to result in measurable fetal exposure because systemic absorption following oral administration is low. Maralixibat may inhibit the absorption of fat-soluble vitamins. The safety and efficacy of use in the pediatric population under 1 year of age have not been established.

Dosage Form: Oral Solution: 9.5mg of maralixibat per ml.

A calibrated measuring device (0.5ml, 1ml, or 3ml oral dosing dispenser) will be provided by the pharmacy to measure and deliver the prescribed dose accurately.

Store between 68 and 77°F. Discard any remaining Livmarli® solution 45 days after first opening of bottle.

Recommended Dosage: The recommended dosage is 380mcg/kg PO QD, taken 30 minutes before the first meal of the day. Start dosing at 190mcg/kg PO QD; after one week, increase to 380mcg/kg QD, as tolerated. The maximum daily dose volume for patients above 70kg is 3ml or 28.5mg/day. Refer to the dosing table by weight guidelines in the prescribing information. If a dose is missed, it should be taken as soon as possible within 12 hours of the time it is usually taken, and the original dosing schedule should be resumed. If a dose is missed by more than 12 hours, the dose can be omitted and the original dosing schedule resumed.

Establish the baseline pattern of variability of liver tests prior to starting Livmarli®, so that potential signs of liver injury can be identified. Monitor liver tests (e.g. ALT, AST, total bilirubin, direct bilirubin) and INR during treatment with Livmarli®. Interrupt Livmarli® if new onset liver test abnormalities occur in the absence of other causes. Once the liver test abnormalities either return back to baseline values or stabilize at a new baseline value, consider restarting Livmarli® at 190mcg/kg, and increase to 380mcg/kg as tolerated. Consider discontinuing Livmarli® permanently if liver test abnormalities recur or symptoms consistent with clinical hepatitis are observed.

Livmarli® has not been studied in patients with hepatic decompensation. Discontinue Livmarli® permanently if a patient experiences a hepatic decompensation event (e.g. variceal hemorrhage, ascites, hepatic encephalopathy).

Drug Interactions: Bile acid binding resins may bind to maralixibat in the gut. Administer bile acid binding resins (e.g. cholestyramine, colesevelam, or colestipol) at least 4 hours before or 4 hours after administration of Livmarli®.

Maralixibat is an OATP2B1 inhibitor based on in vitro studies. A decrease in the oral absorption of OATP2B1 substrates (e.g. statins) due to OATP2B1 inhibition in the GI tract cannot be ruled out. Consider monitoring the drug effects of OATP2B1 substrates (e.g. statins) as needed.

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 (Livmarli®) for any grade. Please note that there was no placebo data to compare with in the prescribing information.* The most frequently reported adverse events included diarrhea (55.8%), abdominal pain (53.5%), vomiting (40.7%), nausea (8.1%), fat-soluble vitamin (FSV) deficiency (25.6%), transaminases increased (ALT, AST; 18.6%), gastrointestinal bleeding (10.4%), and bone fractures (9.3%).

Patients enrolled in Trial 1 had abnormal liver tests at baseline. During the study, treatment-emergent elevations of liver tests or worsening of liver tests, relative to baseline values, were observed. Most abnormalities included elevation in ALT, AST, or total/direct bilirubin. Obtain baseline liver tests and monitor during treatment. Dose reduction or treatment interruption may be considered if abnormalities occur in the absence of other causes. For persistent or recurrent liver test abnormalities, consider treatment discontinuation. Livmarli® was not assessed in ALGS patients with cirrhosis. Monitor patients during treatment with Livmarli® for elevations in liver tests and for the development of liver-related adverse reactions. Weigh the potential risks against the benefits of continuing Livmarli® in patients who have experienced persistent or recurrent liver test abnormalities. Discontinue Livmarli® permanently if a patient progresses to portal hypertension or experiences a hepatic decompensation event.

Diarrhea, abdominal pain, and vomiting were reported as the most common adverse reactions in patients treated with Livmarli®. Three patients (3%) experienced vomiting as a serious adverse event requiring hospitalization or IV fluid administration. If diarrhea, abdominal pain, and/or vomiting occur and no other etiologies are identified, consider reducing the dose of Livmarli® or interrupting Livmarli® dosing. For diarrhea or vomiting, monitor for dehydration and treat promptly. Consider interrupting Livmarli® dosing if a patient experiences persistent diarrhea or has diarrhea with accompanying signs and symptoms such as bloody stool, vomiting, dehydration requiring treatment, or fever. When diarrhea, abdominal pain, and/or vomiting resolve, restart Livmarli® at 190mcg/kg/day and increase the dose as tolerated. If they recur upon re-challenge with Livmarli®, then consider discontinuing Livmarli® treatment.

Fat-soluble vitamins (FSV) include vitamin A, D, E, and K (measured using INR levels). ALGS patients can have FSV deficiency at baseline. Livmarli® may affect absorption of fat-soluble vitamins. In Trial 1, treatment emergent FSV deficiency was reported in 3 patients (10%) during 48 weeks of treatment. Obtain serum FSV levels at baseline and monitor during treatment, along with any clinical manifestations. If FSV deficiency is diagnosed, supplement with FSV. Consider discontinuing Livmarli® if FSV deficiency persists or worsens despite adequate FSV supplementation.

Contraindications: There are no contraindications listed with this product.

Manufacturer: Mirum Pharmaceuticals, Inc.

Analysis: The safety and efficacy of Livmarli® were assessed in Trial 1, which consisted of an 18-week, open-label treatment period; a 4-week randomized, double-blind, placebo-controlled, drug-withdrawal period; a subsequent 26-week, open-label treatment period; and a long-term open-label extension period. Pediatric patients with ALGS (N=31) with cholestasis and pruritus were enrolled, with 90.3% of patients receiving at least one medication to treat pruritus at study entry. All patients had JAGGED1 mutation. Patients were administered open-label treatment with Livmarli® 380mcg/kg QD for 13 weeks after an initial 5-week dose escalation period; two patients discontinued

treatment during this first 18 weeks of open-label treatment. The 29 patients who completed the open-label treatment phase were then randomized to continue treatment with Livmarli® or receive matching placebo during the 4-week drug withdrawal period at weeks 19-22 (N=16 placebo, N=13 Livmarli®). All 29 patients completed the randomized, blinded drug withdrawal period; subsequently, patients received open-label Livmarli® at 380mcg/kg QD for an additional 26 weeks.

Randomized patients had a median age of 5 years (range 1 to 15 years), while 66% were male. The baseline mean of liver test parameters include serum bile acid levels of 280µmol/L, AST 158 U/L, ALT 179 U/L, gamma glutamyl transferase (GGT) 498 U/L, and total bilirubin 5.6mg/dL.

Given the patients young age, a single-item observer-reported outcome was used to measure patient's pruritus symptoms as observed by their caregiver twice daily on the Itch Reported Outcome Instrument (ItchRO[Obs]). Pruritus symptoms were assessed on a 5-point ordinal response scale, with scores ranging from 0 (none observed or reported) to 4 (very severe). Patients were included in this trial if their average pruritus score was greater than 2.0 (moderate) in the 2 weeks prior to baseline.

The average of the worst daily ItchRO(Obs) pruritus scores was computed for each week. For randomized patients, the mean at baseline (pre-treatment) was 3.1 and the mean at week 18 (pre-randomized withdrawal period) was 1.4. On average, patients administered Livmarli® for 22 weeks maintained pruritus reduction whereas those in the placebo group who were withdrawn from Livmarli® after week 18 returned to baseline pruritus scores by week 22.

Results from the placebo-controlled period can be seen in the table below, which was adapted from the prescribing information. After re-entering the open-label treatment phase, both randomized treatment groups had similar mean pruritus scores by week 28, the first week placebo patients received the full dosage of Livmarli® after withdrawal. These observer-rated pruritus results are supported by similar results on patient-rated pruritus in patients 5 years of age and older who were able to self-report their itching severity.

Weekly average of worst daily ItchRO(Obs) pruritus severity scores	Maralixibat (N=13)	Placebo (N=16)	Mean Difference
Week 22, mean	1.6	3.0	
Change from week 18 to week 22, mean	0.2	1.6	-1.4

Place in Therapy: Livmarli®, an oral reversible inhibitor of the ileal bile acid transporter (IBAT), is indicated for the treatment of cholestatic pruritus in patients with Alagille syndrome (ALGS) 1 year of age and older. Obtain baseline liver tests and monitor during treatment. In addition, obtain serum fat-soluble vitamin (FSV) levels at baseline and monitor during treatment, along with any clinical manifestations. If FSV deficiency is diagnosed, supplement with FSV. In one small study that included pediatric ALGS patients with cholestasis and pruritus, on average, patients administered Livmarli® for 22 weeks maintained pruritus reduction whereas those in the placebo group who were withdrawn from Livmarli® after 18 weeks returned to baseline pruritus scores by week 22.

There is no evidence at this time to support that Livmarli® is safer or more effective than other currently available medications. It is therefore recommended that Livmarli® remain non-preferred and require prior authorization to confirm the appropriate diagnosis and clinical parameters for use.

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

References

[1] Livmarli [package insert]. Foster City, CA: Mirum Pharmaceuticals, Inc; 2021.

PIK3CA-Related Overgrowth Spectrum (PROS) Treatments
Alpelisib (Vijoice)
Initial Review

Background

Alpelisib (Piqray, Vijoice) is a phosphoinositide 3-kinase (PI3K) inhibitor. Piqray, approved in May 2019, is indicated in combination with fulvestrant for the treatment of postmenopausal women, and men, with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, PIK3CA-mutated, advanced or metastatic breast cancer as detected by an FDA-approved test following progression on or after an endocrine-based regimen. Vijoice was recently approved for the treatment of adult and pediatric patients 2 years of age and older with severe manifestations of *PIK3CA*-related overgrowth spectrum (PROS) who require systemic therapy. This indication is approved under accelerated approval based on response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

PROS is a group of rare disorders that cause overgrowth of parts of the body, due to mutations in the *PIK3CA* gene. There are different subtypes within PROS that include:

- CLAPO syndrome
- CLOVES syndrome
- Diffuse capillary malformation with overgrowth (DCMO)
- Dysplastic megalencephaly (DMEG)
- Fibroadipose hyperplasia (FAH)/fibroadipose overgrowth (FAO)/hemihyperplasia-multiple lipomatosis syndrome (HHML)
- Fibroadipose vascular anomaly (FAVA)
- Facial infiltrating lipomatosis (FIL)
- Hemimegalencephaly (HMEG)
- Klippel-Trenaunay syndrome (KTS)
- Lipomatosis of nerve (LON)
- Macrodactyly
- Megalencephaly-capillary malformation syndrome (MCAP syndrome)
- Muscular hemihyperplasia (HH)

Diagnosis is based on genetic testing for *PIK3CA* genetic variants. Clinical features that help doctors suspect PROS include:

- Overgrowth symptoms either at birth or during early childhood
- Tissue overgrowth that is patchy and irregular
- Overgrowth in fat, muscle, nerve or skeletal tissue
- Vascular malformations in capillaries, veins, arteries or lymphatic vessels
- Epidermal nevus
- Congenial neurological disorders

For patients with megalencephaly and neurological symptoms, brain imaging is a part of the diagnostic workup and used for monitoring structural changes. Vascular anomalies are detected with imaging of the affected regions to show vascular details.

Prior authorization (PA) criteria are being developed specifically for Vijoice. Piqray is subject to the Select Oncology Agents PA criteria.

Dosage and Administration

- Pediatric patients (2 to 17 years of age):
    - Initial: 50 mg orally once daily with food.
        - Pediatric patients ≥ 6 years old: Consider dose increase to 125 mg once daily for response optimization after 24 weeks at 50 mg dose.
            - Reduce dose to 50 mg if higher dose not tolerated.
        - Pediatric patients 2 to < 6 years old: No recommended dose increase.
            - Discontinue if 50 mg dose not tolerated.
- Adult patients: 250 mg orally once daily with food.
    - Dosage reduction recommendations (due to adverse reactions):
        - First-dose reduction – 125 mg once daily.
        - Second-dose reduction – 50 mg once daily.
        - Discontinue if 50 mg dose not tolerated.

Dosage Forms and Strengths

- Tablets: 50 mg, 125 mg, 200 mg

Contraindications

- Severe hypersensitivity to Vijoice or any of its ingredients

Warnings and Precautions

- Severe hypersensitivity: discontinue and promptly initiate appropriate therapy.
- Severe cutaneous adverse reactions (SCARs): including Stevens-Johnson syndrome, erythema multiforme, toxic epidermal necrolysis, and drug reaction with eosinophilia and systemic symptoms. Interrupt therapy for signs or symptoms of SCARs and permanently discontinue therapy if SCARs are confirmed.
- Hyperglycemia: can cause severe hypoglycemia, in some cases associated with hyperglycemic hyperosmolar non-ketotic syndrome or ketoacidosis.
    - Safety in patients with Type 1 or uncontrolled Type 2 diabetes has not been established. Test fasting plasma glucose, HbA1c, and optimize blood glucose prior to initiating therapy and monitor periodically after initiating treatment.
- Pneumonitis

- Diarrhea
- Embryo-Fetal Toxicity

Adverse Reactions

- Most common (Grades 1 to 4, incidence ≥ 10%): diarrhea, stomatitis, and hyperglycemia.

Clinical Studies

- The efficacy of Vijoice was established in EPIK-P1, a single-arm clinical study in 37 patients who were treated as part of an expanded access program for compassionate use which enrolled patients across seven sites in five countries (France, Spain, U.S., Ireland and Australia).
- Eligible patients 2 years of age and older with PROS who received Vijoice had clinical manifestations of PROS that were assessed by the treating physician as severe or life-threatening and necessitating systemic treatment and had documented evidence of mutation in the PIK3CA gene.
- The major efficacy outcome measure was the proportion of patients with radiological response at week 24, defined as a ≥ 20% reduction from baseline in the sum of measurable target lesion volume (1 to 3 lesions) confirmed by at least one subsequent imaging assessment, in the absence of a ≥ 20% increase from baseline in any target lesion, progression of non-target lesions, or appearance of a new lesion.
- The response rate at week 24 was 27% (95% CI: 14, 44).

Cost

- 50 mg & 125 mg: WAC $1160.74/tablet
- 250 mg dose (available in a blister pack containing 200 mg & 50 mg tablets): WAC $580.36/tablet or $1160.72/daily dose

Newly Proposed Clinical Prior Authorization Criteria

Prior authorization (PA) is required for alpelisib (Vijoice). 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 PIK3CA-Related Overgrowth Spectrum (PROS) confirmed by genetic testing demonstrating a *PIK3CA* mutation; and
3. Patient's condition is severe or life-threatening requiring systemic therapy as determined by treating prescriber; and
4. Patient has at least one target lesion identified on imaging.

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 be considered with documentation of a positive response to therapy as evidenced by a reduction in sum of measurable lesion volume assessed across 1 to 3 target lesions.

Other Items to Consider

- Quantity limits (per 30 days)
    - 50 mg – 30 tablets
    - 125 mg – 30 tablets (must use combination of 50 mg and 200 mg tablet to obtain 250 mg dose)
    - 200 mg – 30 tablets

References

Vijoice [package insert]. East Hanover, NJ; Novartis Pharmaceuticals Corporation.; April 2022.

National Organization for Rare Disorders (NORD). NIH GARD Information: PIK3CA-related overgrowth spectrum. Available at https://rarediseases.org/gard-rare-disease/pik3ca-related-overgrowth-spectrum/. Accessed on: June 22, 2022.

Mavacamten (Camzyos)
Initial Review

Indication

Mavacamten (Camzyos) is a cardiac myosin inhibitor indicated for the treatment of adults with symptomatic New York Heart Association (NYHA) class II to III obstructive hypertrophic cardiomyopathy (HCM) to improve functional capacity and symptoms.

Because mavacamten (Camzyos) can cause heart failure and could interact with many other drugs, it's only available through a Risk Evaluation and Mitigation Strategy (REMS) program.

Background

HCM is a common autosomal genetic disorder in which a mutation causes excessive crossbridge formation between myosin and actin proteins, preventing myocyte relaxation and causing thickening of the left ventricle. Many patients with HCM are asymptomatic, while others develop symptoms including exertional intolerance, dyspnea, chest pain, palpitations, and syncope.

The diagnosis of HCM may be suspected based on the following: family history of HCM, unexplained symptoms (i.e., dyspnea, chest pain, fatigue, palpitations), systolic ejection murmur, and abnormal 12-lead electrocardiogram or syncope (or presyncope). The presence of one or more of these clinical findings should prompt further testing with echocardiography and/or cardiac magnetic resonance imaging to confirm diagnosis. The presence of increased left ventricular (LV) wall thickening ≥15 mm anywhere in the LV wall in the absence of any other identifiable cause such as hypertension or valve disease is consistent with a diagnosis of HCM.

Treatment of obstructive HCM has been targeted at symptom management with use of negative inotropic drugs. Non-vasodilating beta-blockers are considered first line therapy. The non-dihydropyridine calcium channel blockers, verapamil and diltiazem, are alternatives to beta-blocker therapy when ineffective or not tolerated. For patients who do not respond to one or more of the first line beta-blockers or calcium channel blocker alternatives, disopyramide or septal reduction are often the next step in treatment. Note: the use of calcium channel blockers in combination with beta-blockers for treatment of HCM is unsupported by evidence (but may have a role in the management of concomitant hypertension). Disopyramide should be used in combination with a beta blocker, verapamil, or diltiazem.

Dosage and Administration

Dosage must be individualized based on clinical status and echocardiographic assessment of patient response.

- Initiation or up-titration in patients with left ventricular ejection fraction (LVEF) < 55% is not recommended.
- Recommended starting dose: 5 mg once daily and dose titrated up or down according to a treatment algorithm outlined in the package insert that is based on the Valsalva left ventricular outflow tract (LVOT) gradient and the LVEF. Subsequent doses with titration are 2.5, 5, 10, or 15 mg once daily.
- When initiating or titrating therapy, consider LVEF first then consider the Valsalva LVOT gradient and patient clinical status to guide appropriate dosing.
- Patients may develop heart failure while taking mavacamten. Regular Valsalva LVOT and LVEF assessment is required.
- Patients should be evaluated clinically and with an echocardiogram every 4 weeks for the first 12 weeks of treatment, at 4 and 12 weeks after any dosage adjustment, and every 12 weeks while on a stable maintenance dose.
- Treatment should be interrupted if the LVEF falls to < 50%. It can be restarted at a reduced dose (or in patients already taking 2.5mg/day, the same dose) after ≥ 4 weeks if the LVEF has risen to ≥ 50%

Dosage Forms and Strengths
- Capsule: 2.5, 5, 10, 15 mg

Contraindications
- Concomitant use of moderate to strong CYP2C19 inhibitors or strong CYP3A4 inhibitors
- Concomitant use with moderate to strong CYP2C19 inducers or moderate to strong CYP3A1 inducers

Warnings and Precautions
- Heart failure
- CYP450 drug interactions leading to heart failure or loss of effectiveness
- Embryo-fetal toxicity

Adverse Reactions
- Occurring in > 5%: dizziness and syncope

Clinical Studies
The efficacy of mavacamten (Camzyos) was established in EXPLORER-HCM, a double-blind, randomized, placebo-controlled study in 251 adults with symptomatic NYHA class II and III obstructive HCM. Patients were randomized to receive mavacamten or placebo once daily for 30 weeks. The primary composite functional endpoint, assessed at 30 weeks, was defined as the proportion of patients who achieved either improvement of mixed venous oxygen tension (pVO_2) by ≥ 1.5

mL/kg/min plus improvement in NYHA class by at least 1 or improvement of pVO_2 by ≥ 3.0 mL/kg/min plus no worsening in NYHA class.

- Overall, 37% of patients met the primary endpoint with mavacamten vs. 17% with placebo (treatment difference 19, 95% CI: 9, 30; p = 0.0005).
- Although the benefit of mavacamten was smaller in patients on background beta blocker therapy compared to those who were not, analyses of other secondary endpoints (symptoms, left ventricular outflow tract gradient) suggest that patients might benefit from mavacamten treatment regardless of beta blocker use.

Cost

- WAC, all strengths: $245.21/capsule; $7,356.30/month; $88,275.60/year

Newly Proposed Clinical Prior Authorization Criteria

Prior authorization (PA) is required for mavacamten (Camzyos). 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 obstructive hypertrophic cardiomyopathy (HCM); and
3. Patient exhibits symptoms of New York Heart Association (NYHA) class II or III symptoms; and
4. Is prescribed by or in consultation with a cardiologist; and
5. Patient has a left ventricular ejection fraction (LVEF) ≥ 55%; and
6. Patient has a peak left ventricular outflow tract (LVOT) gradient ≥ 50 mmHg at rest or with provocation; and
7. Documentation of a previous trial and therapy failure, at a maximally tolerated dose, with all of the following:
    a. Non-vasodilating beta-blocker (atenolol, metoprolol, bisoprolol, propranolol); and
    b. Non-dihydropyridine calcium channel blocker (verapamil, diltiazem); and
    c. Combination therapy with disopyramide plus beta-blocker or disopyramide plus a non-dihydropyridine calcium channel blocker.

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

Request for continuation of therapy will be considered with documentation of a positive response to therapy as evidenced by improvement in obstructive HCM symptoms.

Other Items to Consider

- Quantity limits across all strengths: 30 capsules per 30 days

References

Camzyos [package insert]. Brisbane, CA; Bristol Myers Squibb.; May 2022.

Maron MS. Hypertrophic cardiomyopathy: Clinical manifestations, diagnosis and evaluation. In UpToDate, McKenna WJ (Ed), UpToDate, Waltham, MA. (Accessed June 28. 2022.)

SR Ommen et al. 2020 AHA/ACC guideline for the diagnosis and treatment of patients with hypertrophic cardiomyopathy: a report of the American College of Cardiology/American Heart Association Joint Committee on clinical practice guidelines. Circulation 2020; 142:e558.

Dupilumab (Dupixent)
Initial Review

Background
In May 2022 dupilumab (Dupixent), an interleukin-4 (IL-4) receptor alpha antagonist, received a fourth indication for the treatment of adult and pediatric patients 12 years of age and older, weighing at least 40 kg, with eosinophilic esophagitis (EoE). Dupilumab is also indicated for atopic dermatitis, asthma, and chronic rhinosinusitis with nasal polyposis.

EoE is a chronic immune/antigen mediated disease characterized by clinical symptoms of esophageal dysfunction and eosinophil-predominant inflammation. The diagnosis of EoE requires all of the following:

- Symptoms related to esophageal dysfunction (dysphagia, food impaction, food refusal, abdominal pain, heartburn, regurgitation, chest pain, odynophagia).
- Eosinophil predominant inflammation on esophageal biopsy, consisting of a peak value of ≥ 15 eosinophils per high power field.
- Exclusion of other causes that may be responsible for or contributing to symptoms and esophageal eosinophilia.

The American Gastroenterological Association (AGA) and the Joint Task Force for Allergy-Immunology Practice Parameters, released in 2020, provide several recommendations, including the following:

- In patients with symptomatic esophageal eosinophilia, the AGA/JTF suggests using proton pump inhibition over no treatment. (Conditional recommendation, very low-quality evidence)
- In patients with EoE, the AGA/JTF recommends topical glucocorticosteroids over no treatment. (Strong recommendation, moderate quality evidence)
- In patients with EoE, the AGA/JTF suggests topical glucocorticosteroids rather than oral glucocorticosteroids. (Conditional recommendation, moderate quality evidence)
- In patients with EoE, the AGA/JTF suggests using elemental diet over no treatment. (Conditional recommendation, moderate quality evidence) Comment: Patients who put a higher value on avoiding the challenges of adherence to an elemental diet and the prolonged process of dietary reintroduction may reasonably decline this treatment option.
- In patient with EoE the AGA/JTF suggests using an empiric six-food elimination diet over no treatment. (Conditional recommendation, low quality evidence) Comment: Patients who put a higher value on avoiding the challenges of adherence to diet involving elimination of multiple common food staples and the prolonged process of dietary reintroduction may reasonably decline this treatment option.
- In patients with EoE, the AGA/JTF suggests allergy testing-based elimination diet over no treatment. (Conditional recommendation, very low quality evidence) Comment: Due to the potential limited accuracy of currently available, allergy-based testing for the

identification of specific food triggers, patients may prefer alternative medical or dietary therapies to an exclusively testing-based elimination diet.

Guidelines have not been updated to include recommendations for use of dupilumab. It should be noted, the AGA/JFT guidelines did mention anti-IL-5 therapy, anti-IL-13, and anti-IL-4 receptor α therapy for EoE, with a recommendation to only be used in the context of a clinical trial.

Prior authorization criteria are being updated to include the new indication.

Clinical Trials

The efficacy and safety of dupilumab in EoE was studied in a randomized, double-blind, parallel-group, multicenter, placebo-controlled trial, including two 24-week treatment periods (Part A and Part B) that was conducted in adult and pediatric patients 12 to 17 years of age. In both parts, patients received either placebo or 300 mg of dupilumab every week. Eligible patients had ≥ 15 intraepithelial eosinophils per high-power field (eos/hpf) following a treatment course of a proton pump inhibitor (PPI) either prior to or during the screening period and symptoms of dysphagia as measured by the Dysphagia Symptom Questionnaire (DSQ). The coprimary efficacy endpoints were the proportion of patients achieving histological remission defined as a peak esophageal intraepithelial eosinophil count of ≤ 6 eos/hpf at week 24, and the change in the patient reported DSQ score from baseline to week 24. The DSQ is a questionnaire designed to measure difficulty swallowing associated with EoE, with total scores ranging from 0 to 84; higher DSQ scores indicate worse symptoms.

In Part A of the trial, 60% of the 42 patients who received dupilumab achieved histological remission compared to 5% of the 39 patients who received a placebo. Patients in Part A who received dupilumab experienced an average improvement of 22 points in their DSQ score compared to 10 points in patients who received placebo. In Part B, 59% of the 80 patients who received dupilumab achieved histological remission compared to 6% of the 79 patients who received a placebo. Patients in Part B who received dupilumab experienced an average improvement of 24 points in their DSQ score compared to 14 points in patients who received placebo. Assessments incorporating the perspectives from patients with EoE supported that the DSQ score improvement in patients who received dupilumab in the clinical trial was representative of clinically meaningful improvement in dysphagia.

Dosing

- EoE: 300 mg weekly

Cost

- AAC $825.95/mL; $6,607.56/4 weeks; $85,898.28/13 weeks

Current Clinical Prior Authorization Criteria

Prior authorization is required for Dupixent (dupilumab). Payment will be considered under the following conditions:

1. Patient is within the FDA labeled age for indication; and

2. Patient has a diagnosis of moderate-to-severe atopic dermatitis; and
    a. Is prescribed by or in consultation with a dermatologist, allergist, or immunologist; and
    b. Patient has failed to respond to good skin care and regular use of emollients; and
    c. Patient has documentation of an adequate trial and therapy failure with one preferred medium to high potency topical corticosteroid for a minimum of 2 consecutive weeks; and
    d. Patient has documentation of a previous trial and therapy failure with a topical immunomodulator for a minimum of 4 weeks; and
    e. Patient has documentation of a previous trial and therapy failure with cyclosporine or azathioprine; and
    f. Patient will continue with skin care regimen and regular use of emollients; or
3. Patient has a diagnosis of moderate to severe asthma with an eosinophilic phenotype (with a pretreatment eosinophil count ≥ 150 cells/mcL within the previous 6 weeks) OR with oral corticosteroid dependent asthma; and
    a. Is prescribed by or in consultation with an allergist, immunologist, or pulmonologist; and
    b. Has a pretreatment forced expiratory volume in 1 second (FEV_1) ≤ 80% predicted; and
    c. Symptoms are inadequately controlled with documentation of current treatment with a high-dose inhaled corticosteroid (ICS) given in combination with a controller medication (e.g. long acting $beta_2$ agonist [LABA], leukotriene receptor antagonist [LTRA], oral theophylline) for a minimum of 3 consecutive months. Patient must be compliant with therapy, based on pharmacy claims; and
    d. Patient must have one of the following, in addition to the regular maintenance medications defined above:
        i. Two (2) or more exacerbations in the previous year or
        ii. Require daily oral corticosteroids for at least 3 days; ~~and~~ *or*
4. 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; and
5. Dose does not exceed the FDA approved dosing for indication.

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.

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 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* ~~Patient is within the FDA labeled age for indication~~; and
2. *Patient's current weight in kilograms (kg) is provided; and*
3. Patient has a diagnosis of moderate-to-severe atopic dermatitis; and
    a. Is prescribed by or in consultation with a dermatologist, allergist, or immunologist; and
    b. Patient has failed to respond to good skin care and regular use of emollients; and
    c. Patient has documentation of an adequate trial and therapy failure with one preferred medium to high potency topical corticosteroid for a minimum of 2 consecutive weeks; and
    d. Patient has documentation of a previous trial and therapy failure with a topical immunomodulator for a minimum of 4 weeks; and
    e. Patient has documentation of a previous trial and therapy failure with cyclosporine or azathioprine; and
    f. Patient will continue with skin care regimen and regular use of emollients; 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; and
    c. Symptoms are inadequately controlled with documentation of current treatment with a high-dose inhaled corticosteroid (ICS) given in combination with a controller medication (e.g., long acting $beta_2$ agonist [LABA], leukotriene receptor antagonist [LTRA], oral theophylline) for a minimum of 3 consecutive months. Patient must be compliant with therapy, based on pharmacy claims; and
    d. Patient must have one of the following, in addition to the regular maintenance medications defined above:
        i. Two (2) or more exacerbations in the previous year or
        ii. Require daily oral corticosteroids for at least 3 days; ~~and~~ *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; and
6. *Patient has a diagnosis of eosinophilic esophagitis (EoE); and*
    a. Is prescribed by, or in consultation with, an allergist, gastroenterologist, or immunologist; and

b. Patient has ≥ 15 intraepithelial eosinophils per high-power field (eos/hpf) as confirmed by endoscopic esophageal biopsy (attach results); and
c. Patient has signs and symptoms of esophageal dysfunction (e.g., dysphagia, food impaction, food refusal, abdominal pain, heartburn regurgitation, chest pain and/or, odynophagia); and
d. Documentation of previous trials and therapy failures with all of the following:
    i. High dose proton pump inhibitor (PPI) for at least 8 weeks; and
    ii. Swallowed topical corticosteroid (e.g., fluticasone propionate, oral budesonide suspension); and
    iii. Dietary therapy; and

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

If criteria for coverage are met, initial authorization will be given for *6 months* ~~16 weeks~~ 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.

References

Dupixent [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.; June 2022

Bonis PA. Clinical manifestations and diagnosis of eosinophilic esophagitis (EoE). In UpToDate, Tally NJ (Ed), UpToDtae, Waltham, MA. (Accessed June 24. 2022.)

Viloxazine (Qelbree)
Initial Review

Background
In April 2022, viloxazine (Qelbree) received an expanded indication for the treatment of attention deficit hyperactivity disorder (ADHD) in adults and pediatric patients 6 years and older. Previously, it was only approved for this indication in pediatric patients 6 to 17 years of age.

Prior authorization criteria are being updated to include treatment of adults for ADHD.

Dosage (expanded indication)
- Adults – 200 mg once daily, may titrate dose in increments of 200 mg weekly to the maximum recommended dosage of 600 mg once daily, depending on response and tolerability.

Clinical Studies
- Approval for the expanded indication was based on a randomized, double-blind, placebo-controlled monotherapy study in 374 adults 18 to 65 years of age with ADHD. The primary endpoint was the change from baseline to the end of study on the total score on the ADHD Investigator Symptom Rating Scale (AISRS), an 18-item scale corresponding to 18 symptoms of ADHD. Higher AISRS scores reflect more severe symptoms.
- The change from baseline in the AISRS total score was -15.5 with Qelbree vs. -11.7 with placebo (difference -3.7, 95% CI: -6.2, -1.2).

Cost
- AAC - 200 mg capsule: $10.12/capsule; $910.78/month; $10,925.71/12 months at maximum adult dose

Current Clinical Prior Authorization Criteria
Prior authorization is required for viloxazine (Qelbree). Payment will be considered under the following conditions:
1. Patient has a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) meeting the DSM-5 criteria and confirmed by a standardized rating scale (such as Conners, Vanderbilt, Brown, SNAP-IV); and
2. Patient is between 6 and 17 years of age; and
3. 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) and
4. Documentation of a previous trial and therapy failure at a therapeutic dose with at least one preferred amphetamine stimulant; and

5. Documentation of a previous trial and therapy failure at a therapeutic dose with at least one preferred methylphenidate stimulant; and
6. Documentation of a previous trial and therapy failure at a therapeutic dose with atomoxetine; and
7. Is dosed based on FDA approved dosing, and dose does not exceed 400 mg per day; and
8. 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.

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 is required for viloxazine (Qelbree). 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 has a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) meeting the DSM-5 criteria and confirmed by a standardized rating scale (such as Conners, Vanderbilt, Brown, SNAP-IV); and
3. ~~Patient is between 6 and 17 years of age; and~~
4. 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) and
5. Documentation of a previous trial and therapy failure at a therapeutic dose with at least one preferred amphetamine stimulant; and
6. Documentation of a previous trial and therapy failure at a therapeutic dose with at least one preferred methylphenidate stimulant; and
7. Documentation of a previous trial and therapy failure at a therapeutic dose with atomoxetine; and
8. ~~Is dosed based on FDA approved dosing, and~~ ~~d~~*D*ose does not exceed 400 mg per day *for pediatric patients (< 18 years of age) and 600 mg per day for adult patients*; and
9. 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.

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

Other Items to Consider

- Update quantity limit for viloxazine (Qelbree) 200 mg capsule to accommodate adult dosing
    - Current – 60 capsules
    - Proposed – 90 capsules

References

Qelbree[package insert]. Rockville, MD; Supernus Pharmaceuticals, Inc.; April 2022.

CNS Stimulants and Atomoxetine
Initial Review

Background

Data regarding members identified with more than one chemically distinct stimulant in their pharmacy claims was reviewed at the May 2022 DUR meeting. In addition to sending letters to providers regarding the therapeutic duplication, a recommendation was made to update prior authorization (PA) criteria to add a statement regarding use of an amphetamine-based stimulant concurrently with a methylphenidate-based stimulant.

PA criteria for ADHD are being updated. Criteria for other indications (narcolepsy, excessive sleepiness from obstructive sleep apnea/hypopnea, and binge eating disorder) are not included below.

Current Clinical Prior Authorization Criteria for ADHD

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. Requests will be considered for an FDA approved age for the submitted diagnosis. Payment for CNS stimulants and atomoxetine will be considered under the following conditions:

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.

Payment for a non-preferred agent will be authorized only for cases in which there is documentation of a previous trial and therapy failure with a preferred agent. *If a non-preferred long-acting medication is requested, a trial with the preferred extended release product of the same chemical entity (methylphenidate class) or chemically related agent (amphetamine class) is required.

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 for ADHD (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. ~~Requests will be considered for an FDA approved age for the submitted diagnosis~~. *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 the requested drug* under the following conditions:

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.*

Payment for a non-preferred agent will be authorized only for cases in which there is documentation of a previous trial and therapy failure with a preferred agent. *If a non-preferred long-acting medication is requested, a trial with the preferred extended release product of the same chemical entity (methylphenidate class) or chemically related agent (amphetamine class) is required.

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

Tasimelteon (Hetlioz®)
Second Review

Background

Tasimelteon (Hetlioz®) capsules received a second U.S. Food and Drug Administration (FDA) approval for the treatment of nighttime sleep disturbances in Smith-Magenis Syndrome (SMS) in patients 16 years of age and older, and tasimelteon oral suspension (Hetlioz® LQ) for the treatment of nighttime sleep disturbances in SMS in pediatric patients 3 to 15 years of age. Previously, tasimelteon was only available as a capsule approved for Non-24-Hour Sleep-Wake Disorder (Non-24). Tasimelteon is a melatonin receptor agonist.

SMS is a developmental disorder affecting about 1 in 15,000 to 25,000 births in the United States (US). Patients with SMS present with a number of physical, mental and behavioral problems, with the most common symptom a severe sleep disorder associated with significant disruption in the lives of patients and their families. Sleep disturbances are associated with an inverted circadian rhythm of melatonin. The diagnosis of SMS is based on identification of characteristic symptoms, a detailed patient and family history, a thorough clinical evaluation and a variety of specialized genetic tests. The diagnosis of SMS is confirmed when deletion of 17p11.2 (cytogenetic analysis or microarray) or *RAI1* gene mutation is identified.

Approval of tasimelteon for SMS was based on a 9 week, double-blind, placebo-controlled, crossover study (two 4-week periods, separated by a 1-week washout interval) in 25 adults and pediatric patients with SMS. The primary endpoints were nighttime total sleep time and nighttime sleep quality from a parent/guardian recorded diary. Nighttime total sleep was reported as a time unit in hours and minutes. Nighttime sleep quality was rated as follows: 5 = excellent; 4 = good; 3 = average; 2 = fair; 1 = poor. The efficacy comparisons for nighttime sleep quality and total sleep time were based on the 50% of nights with the worst sleep quality and the 50% of nights with the least nighttime sleep in each 4-week period. In accordance with the cross-over design, the efficacy comparisons were within patient. Compared to placebo, treatment with tasimelteon resulted in a statistically significant improvement in the 50% worst nights' sleep quality. Although improvement on the 50% worst total nighttime sleep time numerically favored tasimelteon treatment, the difference was not statistically significant.

Dosage and Administration (for nighttime sleep disturbances in SMS)

- Patients 16 years of age and older (capsules) – 20 mg one hour before bedtime, at the same time every night.
- Pediatric patients 3 years to 15 years of age (oral suspension) – based on body weight, to be administered one hour before bedtime, at the same time every night.

- ≤ 28 kg – 0.7 mg/kg
- > 28 kg – 20 mg

Dosage Forms and Strengths

- Capsule – 20 mg
- Oral suspension – 4 mg/mL
  - 48 mL bottle – after opening, discard after 5 weeks
  - 158 mL bottle – after opening, discard after 8 weeks
- Hetlioz® capsules and Hetlioz® LQ oral suspension are not substitutable.
- The pharmacokinetic profile of oral suspension has not been directly compared to capsules; therefore, capsules are the only dosage form recommended for use in adults.
- Pharmacokinetic information in pediatric patients is available only for the oral suspension formulation.

Cost (WAC)

- Capsules: $731.46 per capsule; $21,944 per 30 days; $263,325 per 12 months
- Suspension: $146.29 per mL; $21,944 per 30 days (158mL bottle); $263,325 per 12 months

Current Clinical Prior Authorization Criteria

Prior authorization (PA) is required for tasimelteon (Hetlioz®). Requests for doses above the manufacturer recommended dose will not be considered. Payment will be considered under the following conditions:

1. Patient has a diagnosis of Non-24-Hour Sleep-Wake Disorder (Non-24), as confirmed by a sleep specialist; and
2. Patient is 18 years of age or older; and
3. Patient has a documented trial and therapy failure with at least one preferred sedative/hypnotic-non-benzodiazepine agent; and
4. Patient has a documented trial and therapy failure with ramelteon (Rozerem®).

If criteria for coverage are met, initial requests will be given for 3 months. Requests for continuation of therapy will be considered when the patient has received 3 months of continuous therapy and patient has achieved adequate results with tasimelteon (Hetlioz®), such as entrainment, significant increases in nighttime sleep, and/or significant decreases in daytime sleep.

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

Prior authorization (PA) is required for tasimelteon (Hetlioz®). *Requests will be considered when patient has an FDA approved or compendia indication for the requested drug.* ~~Requests for doses above the manufacturer recommended dose will not be considered.~~ 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 *documented* diagnosis of:
    a. Non-24-Hour Sleep-Wake Disorder (Non-24)~~, as confirmed by a sleep specialist~~; and
        ~~i. Patient is 18 years of age or older; and~~
        ii. Patient has a documented trial and therapy failure with at least one preferred sedative/hypnotic-non-benzodiazepine agent; and
        iii. Patient has a documented trial and therapy failure with ramelteon (Rozerem®)*; or*
    b. *Sleep disturbances in Smith-Magenis Syndrome (SMS); and*
        i. *Documentation of confirmed deletion 17p11.2 (cytogenetic analysis or microarray) or RAI1 gene mutation is provided (attach results); and*
        ii. *Patient has a documented trial and therapy failure with at least one other medication used for sleep disturbances; and*
3. *Is prescribed by, or in consultation with a physician who specializes in the treatment of sleep disorders; and*
4. *Will not be used concurrently with other sleep medications.*

If criteria for coverage are met, initial requests will be given for 3 months. Requests for continuation of therapy will be considered *under the following conditions:*

1. *Patient's use of tasimelteon (Hetlioz®) has been continuous without gaps in treatment;* ~~when the patient has received 3 months of continuous therapy~~ and
2. *Documentation* patient has *experienced a positive clinical response to therapy* ~~achieved adequate results~~ with tasimelteon (Hetlioz®), such as entrainment, significant increases in nighttime sleep, ~~and/or~~ significant decreases in daytime sleep*, and/or nighttime sleep quality*.

References

Hetlioz [package insert]. Washington, D.C.: Vanda Pharmaceuticals Inc.; December 2020.

National Organization for Rare Disorders (NORD). Smith Magenis Syndrome. Available at: https://rarediseases.org/rare-diseases/smith-magenis-syndrome/. Accessed on: March 11, 2022.

Janus Kinase Inhibitors
Second Review

Background

Abrocitinib (Cibinqo)

- Received U.S. Food and Drug Administration (FDA) approval for the treatment of adults (12 years of age and older) with refractory, moderate to severe atopic dermatitis (AD) whose disease is not adequately controlled with other systemic drug products, including biologicals, or when use of those therapies is inadvisable. Abrocitinib is not recommended for use in combination with other Janus kinase (JAK) inhibitors, biologic immunomodulators, or with other immunosuppressants.
- Recommended dosage is 100 mg orally once daily. After 12 weeks increase dosage to 200 mg once daily if an adequate response is not achieved with the 100 mg dose. Dosage adjustments are recommended for patients with mild to moderate renal impairment and not recommended for use in severe renal impairment or end-stage renal disease (ESRD). Additionally, abrocitinib is not recommended for use in patients with severe hepatic impairment.
- Available as 50 mg, 100 mg, and 200 mg tablets.
- Carries a black box warning for serious infections, mortality, malignancy, major adverse cardiovascular events, and thrombosis, as do all oral JAK inhibitors.
- Contraindicated in patients taking antiplatelet therapies, except for low-dose aspirin, during the first 3 months of treatment.
- Additional warnings and precautions include laboratory abnormalities and immunizations.
- The most common adverse reactions (≥ 1%) with abrocitinib 100 mg and 200 mg use were nasopharyngitis, nausea, headache, herpes simplex, increased blood creatinine phosphokinase, dizziness, urinary tract infection, fatigue, acne, vomiting, oropharyngeal pain, influenza, gastroenteritis, impetigo, hypertension, contact dermatitis, upper abdominal pain, abdominal discomfort, herpes zoster, and thrombocytopenia.
- The efficacy of abrocitinib was established in three randomized, double-blind trials in 1,615 patients 12 years of age and older with moderate-to severe AD. Patients had inadequate response to previous topical therapy, or were patients for whom topical treatments were medically inadvisable, or who had received systemic therapies including dupilumab. Trial-AD-1 and Trial-AD-2 were monotherapy studies and in Trial-AD-3 patients received concomitant topical corticosteroids (TCS). In each of the trials, over 40% of subjects had prior exposure to systemic therapy. In Trial-AD-1 and Trial-AD-2, 6% of the subjects had received dupilumab, whereas prior use of dupilumab was not allowed in Trial-AD-3. The trials evaluated the co-primary endpoints of the proportion of patients with an Investigator's Global Assessment (IGA) score of 0 (clear) or 1

(almost clear) with at least a 2-point improvement and the proportion of patients with Eczema Area and Severity Index (EASI)-75 (improvement of at least 75% in EASI score from baseline) at week 12. The results for abrocitinib 200 mg, 100 mg, and placebo are as follows:
    - AD-1 (week 12)
        - IGA response rate: 44%, 24%, and 8% respectively
        - EASI-75 response rate: 62%, 40%, and 12% respectively
    - AD-2 (week 12)
        - IGA response rate: 38%, 28%, and 9% respectively
        - EASI-75 response rate: 61%, 44%, and 10% respectively
    - AD-3 (week 12)
        - IGA response rate: 47%, 36%, and 14% respectively
        - EASI-75 response rate: 68%, 58%, and 27% respectively
- Cost – WAC $163.80/tablet; $4,914/30 days; $58,968/12 months

Upadacitinib (Rinvoq)

- Received a new indication, in January 2022, for the treatment of adult and pediatric patients 12 years of age and older with refractory, moderate to severe AD whose disease is not adequately controlled with other systemic drug products, including biologics, or when use of those therapies is inadvisable.
- Approval for the AD indication was based on three randomized, double-blind studies in a total of 2,584 patients (12 years of age and older) with moderate to severe AD not adequately controlled by topical medication(s). In all three studies (AD-1, AD-2, and AD-3), patients received upadacitinib once daily oral doses of 15 mg, 30 mg, or placebo for 16 weeks. In study AD-3, patients also received upadacitinib or placebo with concomitant topical corticosteroids (TCS). All three studies assessed the co-primary endpoints of the proportion of patients with a validated Investigator's Global Assessment (vIGA)-AD score of 0 (clear) or 1 (almost clear) with at least a 2-point improvement and the proportion of patients with Eczema Area and Severity Index (EASI)-75 (improvement of at least 75% in EASI score from baseline) at week 16. The results for upadacitinib 30 mg, 15 mg, and placebo are as follows:
    - AD-1 (week 16)
        - IGA response rate: 62%, 48%, and 8% respectively
        - EASI-75 response rate: 80%, 70%, and 16% respectively
    - AD-2 (week 16)
        - IGA response rate: 52%, 39%, and 5% respectively
        - EASI-75 response rate: 73%, 60%, and 13% respectively
    - AD-3 (week 16)
        - IGA response rate: 59%, 40%, and 11% respectively
        - EASI-75 response rate: 77%, 65%, and 26% respectively
- Recommended dosage for the treatment of AD:

- Pediatric patients 12 years of age and older weighing at least 40 kg and adults < 65 years of age, initial treatment with 15 mg once daily, with increase of dose to 30 mg once daily if an adequate response is not achieved with the lower dose.
- Adults ≥ 65 years of age, 15 mg once daily.

Tofacitinib (Xeljanz/Xeljanz XR)

- Received an additional indication for the treatment of adults with active ankylosing spondylitis (AS) who have had an inadequate response or intolerance to one or more tumor necrosis factor (TNF) blockers.
- Approval for the new indication was based on Study AS-I, a randomized, double-blind, placebo-controlled, study in 269 adult patients with AS who had an inadequate response (inadequate clinical response or intolerance) to at least 2 nonsteroidal anti-inflammatory drugs (NSAIDs). Patients were randomized and treated with tofacitinib 5 mg twice daily or placebo for 16 weeks of blinded treatment and then all received treatment of tofacitinib 5 mg twice daily for additional 32 weeks. Approximately 7% and 21% of patients used concomitant methotrexate or sulfasalazine, respectively from baseline to week 16; 22% of patients had an inadequate response to 1 or 2 TNF blockers. The primary endpoint was the proportion of patients who achieved an Assessment in SpondyloArthritis International Society (ASAS)20 response at week 16. ASAS20 response was achieved in 56% of all patients treated with tofacitinib vs. 29% with placebo (treatment difference 27, 95% CI: 16, 38; $p < 0.0001$). ASAS20 response in patients who had an inadequate response to TNF blockers was achieved in 41% of patients treated with tofacitinib vs. 17% with placebo (treatment difference 25, 95% CI:2, 47).
- Recommended dose for the treatment of AS: tofacitinib 5 mg orally twice daily or tofacitinib XR 11 mg orally once daily.

Ruxolitinib (Opzelura)

- The first topical JAK inhibitor that received FDA approval for the short-term and non-continuous chronic treatment of mild to moderate atopic dermatitis in non-immunocompromised patients 12 years of age and older whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable.
- See attached new drug review for additional clinical information.
- Cost – WAC $1,950/60g tube; $7,800/240g tubes (not to use more than 60 g per week)

Oral JAK Inhibitor Labeled Indications

Drug	AS	AD	Polyarticular JIA	PsA	RA	UC
Abrocitinib (Cibinqo)		X				
Baricitinib (Olumiant)					X	
Tofacitinib (Xeljanz; Xeljanz XR)	X		X	X	X	X
Upadacitinib (Rinvoq)	X	X		X	X	X

AS = ankylosing spondylitis; AD = atopic dermatitis, refractory, moderate to severe; Polyarticular JIA = polyarticular juvenile idiopathic arthritis; PsA = psoriatic arthritis; RA = rheumatoid arthritis; UC = ulcerative colitis

Clinical guidelines have not been updated to include JAK inhibitors or biologicals indicated for AD. The American Academy of Dermatology (AAD) guideline for the management of atopic dermatitis is in development and expected in the fourth quarter of 2023. The AAD 2014 *Guidelines of care for the management of atopic dermatitis: Section 3. Management and treatment with phototherapy and systemic agents* recommend a stepwise approach to the treatment of AD. Recommendations include use of emollients, conventional topical therapies (including corticosteroids and calcineurin inhibitors). Phototherapy is recommended after failure with the aforementioned agents. Systemic immunomodulatory agents are also recommended when the above therapies do not adequately control the signs and symptoms of disease.

Prior authorization (PA) criteria are being updated to add criteria due to the new JAK inhibitor indications (AS and AD) and the approval of a topical JAK inhibitor.

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 when the following conditions are met:

1. Patient meets the FDA approved age for indication; and
2. Patient is not using or planning to use a JAK inhibitor in combination with other JAK inhibitors, biologic DMARDs or potent immunosuppressants (azathioprine or cyclosporine); and
3. Has been tested for latent tuberculosis prior to initiating therapy and will be monitored for active tuberculosis during treatment; and

4. Recommended laboratory monitoring of lymphocytes, neutrophils, hemoglobin, liver enzymes and lipids are being conducted according to the manufacturer labeling; and
5. Patient does not have a history of malignancy, except for those successfully treated for non-melanoma skin cancer (NMSC); and
6. Patient is not at an increased risk of gastrointestinal perforation; and
7. Patient does not have an active, serious infection, including localized infections; and
8. Medication will not be given concurrently with live vaccines; and
9. Follows FDA approved dosing based on indication; and
10. Patient has a diagnosis of:
    a. Moderate to severe rheumatoid arthritis; 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; 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; 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. Polyarticular Course Juvenile Idiopathic Arthritis; 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.

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 stricken/italicized and/or highlighted)

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* when the following conditions are met:

~~1. Patient meets the FDA approved age for indication; and~~
2. Patient is not using or planning to use a JAK inhibitor in combination with other JAK inhibitors, *biological therapies,* ~~biologic DMARDs~~ or potent immunosuppressants (azathioprine or cyclosporine); and
3. *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*

~~4. Has been tested for latent tuberculosis prior to initiating therapy and will be monitored for active tuberculosis during treatment; and~~
~~5. Recommended laboratory monitoring of lymphocytes, neutrophils, hemoglobin, liver enzymes and lipids are being conducted according to the manufacturer labeling; and~~
~~6. Patient does not have a history of malignancy, except for those successfully treated for non-melanoma skin cancer (NMSC); and~~
~~7. Patient is not at an increased risk of gastrointestinal perforation; and~~
~~8. Patient does not have an active, serious infection, including localized infections; and~~
~~9. Medication will not be given concurrently with live vaccines; and~~
~~10. Follows FDA approved dosing based on indication; and~~

11. 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. 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*

e. Ankylosing spondylitis (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

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

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

Proposed Quantity Limits

Drug	**Quantity Limit per 30 Days** (unless otherwise noted)
Cibinqo 50 mg, 100 mg, 100 mg tablet	30
Olumiant 1 mg, 2 mg tablet	30
Opzelura 1.5% cream	240 g (4 tubes)
Rinvoq 15 mg, 30 mg tablet	30
Rinvoq 45 mg tablet	28 per 28 days
Xeljanz 5 mg, 10 mg tablet	60
Xeljanz XR 11 mg, 22 mg tablet	30

References

Cibinqo [package insert]. New York, NY; Pfizer; January 2022.
Rinvoq [package insert]. North Chicago, IL; AbbVie Inc., March 2022.
Xeljanz [package insert]. New York, NY; Pfizer; January 2022.
Opzelura [package insert]. Wilmington, DE: Incyte Corporation; September 2021.

PDL DRUG REVIEW

Proprietary Name: Opzelura®
Common Name: ruxolitinib
PDL Category: Atopic Dermatitis

Comparable Products	Preferred Drug List Status
Elidel	Preferred with Conditions
Eucrisa	Non-Preferred with Conditions

Summary

Pharmacology/Usage: Ruxolitinib, the active ingredient of Opzelura®, is a Janus kinase (JAK) inhibitor that inhibits JAK1 and JAK2 which mediate the signaling of a number of cytokines and growth factors that are important for hematopoiesis and immune function. JAK signaling involves recruitment of STATs (signal transducers and activators of transcription) to cytokine receptors, activation, and subsequent localization of STATs to the nucleus leading to modulation of gene expression. The relevance of inhibition of specific JAK enzymes to therapeutic effectiveness is not currently known.

Indication: For the topical short-term and non-continuous chronic treatment of mild to moderate atopic dermatitis in non-immunocompromised patients 12 years of age and older whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. Use of Opzelura® in combination with therapeutic biologics, other JAK inhibitors or potent immunosuppressants such as azathioprine or cyclosporine is not recommended.

There is no pregnancy category for this medication; however, the risk summary indicates that available data from pregnancies reported in clinical trials with Opzelura® are not sufficient to assess a drug-associated risk for major birth defects, miscarriage, or other adverse maternal or fetal outcomes. There will be a pregnancy registry that monitors pregnancy outcomes in pregnant persons exposed to Opzelura® during pregnancy. Pregnant persons exposed to Opzelura® and healthcare providers should report Opzelura® exposure by calling 1-855-463-3463. The safety and efficacy of use in the pediatric population younger than 12 years of age have not been established.

Dosage Form: Cream: 15mg of ruxolitinib per gram (1.5%).

Recommended Dosage: Apply a thin layer BID to affected areas of up to 20% body surface area. Do not use more than 60g per week. Stop using when signs and symptoms (e.g. itch, rash, redness) of atopic dermatitis resolve. If signs and symptoms do not improve within 8 weeks, patients should be re-examined by their healthcare provider.

Drug Interactions: Drug interaction studies have not been conducted with Opzelura®.

Ruxolitinib is known to be a substrate for CYP3A4. Inhibitors of CYP3A4 may increase ruxolitinib systemic concentrations whereas inducers of CYP3A4 may decrease ruxolitinib systemic concentrations. Avoid concomitant use of Opzelura® with strong inhibitors of CYP3A4 as there is a potential to increase the systemic exposure of ruxolitinib and could increase the risk of Opzelura® adverse reactions.

Box Warning: Opzelura® has a box warning regarding serious infections, mortality, malignancy, major adverse cardiovascular events, and thrombosis.

- Patients treated with oral Janus kinase inhibitors for inflammatory conditions are at risk for developing serious infections that may lead to hospitalization or death. Reported infections include active tuberculosis

(which may present with pulmonary or extrapulmonary disease), invasive fungal infections (including candidiasis and pneumocystosis) and bacterial, viral, and other infections due to opportunistic pathogens. Avoid use of Opzelura® in patients with an active, serious infection, including localized infections. If a serious infection develops, interrupt Opzelura® until the infection is controlled. The risks and benefits of treatment with Opzelura® should be carefully considered prior to initiating therapy in patients with chronic or recurrent infection. Patients should be closely monitored for the development of signs and symptoms of infection during and after treatment with Opzelura®.

- Higher rate of all-cause mortality, including sudden cardiovascular death, have been observed in patients treated with oral Janus kinase inhibitors for inflammatory conditions.
- Lymphoma and other malignancies have been observed in patients treated with Janus kinase inhibitors for inflammatory conditions.
- Higher rate of major adverse cardiovascular events (MACE, including cardiovascular death, myocardial infarction, and stroke) has been observed in patients treated with Janus kinase inhibitors for inflammatory conditions.
- Thrombosis, including deep vein thrombosis, pulmonary embolism, and arterial thrombosis, has been observed at an increased incidence in patients treated with oral Janus kinase inhibitors for inflammatory conditions compared to placebo. Many of these adverse reactions were serious and some resulted in death. Patients with symptoms of thrombosis should be promptly evaluated.

Common Adverse Drug Reactions: *Listed % incidence for adverse drug reactions= reported % incidence for drug (Opzelura®) minus reported % incidence vehicle. Please note that an incidence of 0% means the incidence was the same as or less than vehicle.* The most frequently reported adverse events included nasopharyngitis (2%), bronchitis (1%), ear infection (1%), eosinophil count increased (1%), urticaria (1%), diarrhea (<1%), folliculitis (1%), tonsillitis (1%), and rhinorrhea (<1%).

Adverse reactions that occurred in Trials 1 and 2 in <1% of subjects in the Opzelura® group and none in the vehicle group included neutropenia, allergic conjunctivitis, pyrexia, seasonal allergy, herpes zoster, otitis externa, Staphylococcal infection, and acneiform dermatitis.

As discussed in the box warning section, serious and sometimes fatal infections due to bacterial, mycobacterial, invasive fungal, viral, or other opportunistic pathogens have been reported in patients receiving oral Janus kinase inhibitors. Serious lower respiratory tract infections were reported in the clinical development program with topical ruxolitinib. Avoid use of Opzelura® in patients with active, serious infections, including localized infections. Consider the risks and benefits of treatment prior to starting Opzelura® in patients:

- With chronic or recurrent infection
- With a history of a serious or an opportunistic infection
- Who have been exposed to tuberculosis
- Who have resided or traveled in areas of endemic tuberculosis or endemic mycoses, or
- With underlying conditions that may predispose them to infection.

Closely monitor patients for the development of signs and symptoms of infection during and after treatment with Opzelura®. Interrupt Opzelura® if a patient develops a serious infection, an opportunistic infection, or sepsis. Do not resume Opzelura® until the infection is controlled. During Opzelura® use, monitor patients for the development of signs and symptoms of TB. If a patient develops herpes zoster, consider interrupting Opzelura® treatment until the episode resolves. Opzelura® initiation is not recommended in patients with active hepatitis B or hepatitis C.

A higher rate of all-cause mortality, including sudden cardiovascular death, was observed in clinical trials of oral Janus kinase inhibitors used to treat inflammatory conditions. Consider the benefits and risks for the individual patient prior to initiating or continuing therapy with Opzelura®.

Malignancies, including lymphomas, were observed in clinical trials of oral Janus kinase inhibitors used to treat inflammatory conditions. Patients who are current or past smokers are at additional increased risk. Consider the benefits and risks for the individual patient prior to initiating or continuing therapy with Opzelura®, especially in patients with a known malignancy (other than successfully treated non-melanoma skin cancers), patients who

develop a malignancy, and patients who are current or past smokers. Non-melanoma skin cancers, including basal cell and squamous cell carcinoma have occurred in patients treated with Opzelura®. Perform periodic skin examinations during Opzelura® treatment and following treatment as appropriate.

MACE were observed in clinical trials of Janus kinase inhibitors used to treat inflammatory conditions. Consider the benefits and risks for the individual patient prior to initiating or continuing therapy with Opzelura® especially in patients who are current or past smokers and patients with other cardiovascular risk factors. Patients should be informed about the symptoms of serious cardiovascular events and the steps to take if these symptoms occur.

Thrombosis, including deep vein thrombosis (DVT), pulmonary embolism (PE), and arterial thrombosis, has been observed at an increased incidence in patients treated with oral Janus kinase inhibitors for inflammatory conditions compared to patients treated with placebo. Many of these adverse reactions were serious and some resulted in death. Thromboembolic events were observed in clinical trials with Opzelura®. There was no clear relationship between platelet count elevations and thrombotic events. Opzelura® should be used with caution in patients who may be at increased risk of thrombosis.

Thrombocytopenia, anemia, and neutropenia were reported in the clinical trials with Opzelura®. Consider the benefits and risks for individual patients who have a known history of these events prior to starting Opzelura® treatment. Perform CBC monitoring as clinically indicated. If signs and/or symptoms of clinically significant thrombocytopenia, anemia, and neutropenia occur, patients should discontinue Opzelura®.

Treatment with oral ruxolitinib has been associated with increases in lipid parameters including total cholesterol, low-density lipoprotein (LDL) cholesterol, and triglycerides.

Contraindications: There are no contraindications listed with this product.

Manufacturer: Incyte Corporation.

Analysis: The safety and efficacy of Opzelura® were assessed in two double-blind, randomized, vehicle-controlled trials of identical design (Trial 1 and Trial 2) that included subjects 12 years of age and older (N=1249) with atopic dermatitis for ≥2 years. Of those included in the trial, 20% were 12 to 17 years of age and 9% were 65 years or older. In addition, 62% were female and 70% were white. Subjects had affected body surface area (BSA) of 3 to 20% and an Investigator's Global Assessment (IGA) score of 2 (mild) to 3 (moderate) on a severity scale of 0 to 4. At baseline, subjects had a mean affected BSA of 9.8% and 39% had affected areas on the face. Furthermore, 25% of subjects had an IGA score of 2 and 75% had a score of 3. The baseline Itch Numerical Rating Scale (Itch NRS), defined as the 7-day average of the worst level of itch intensity in the last 24 hours, was 5 on a scale of 0 to 10.

In both trials, subjects were randomized to treatment with Opzelura®, ruxolitinib cream 0.75%, or vehicle applied BID for 8 weeks. The primary efficacy endpoint was the proportion of subjects at week 8 achieving IGA treatment success (IGA-TS), defined as score of 0 (clear) or 1 (almost clear) with ≥2 grade improvement from baseline. Efficacy was also assessed using a ≥4-point improvement in Itch NRS. Results can be seen in the table below, which was adapted from the prescribing information.

	Trial 1			Trial 2		
	Opzelura® (N=253)	Vehicle (N=126)	Treatment difference	Opzelura® (N=228)	Vehicle (N=118)	Treatment difference
IGA-TS	53.8% (136/253)	15.1% (19/126)	38.9%	51.3% (117/228)	7.6% (9/118)	44.1%
NNT (per CHC)	3			3		
Itch NRS (≥4 point reduction)	52.2% (84/161)	15.4% (12/78)	36.7%	50.7% (74/146)	16.3% (13/80)	35.8%

Place in Therapy: Opzelura®, a topical Janus kinase inhibitor, is indicated for the topical short-term and non-continuous chronic treatment of mild to moderate atopic dermatitis in non-immunocompromised patients 12 years of age and older whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. Use of Opzelura® in combination with therapeutic biologics, other JAK inhibitors or potent immunosuppressants such as azathioprine or cyclosporine is not recommended. Opzelura® has a box warning regarding serious infections, mortality, malignancy, major adverse cardiovascular events, and thrombosis. Two double-blind, vehicle-controlled studies of identical design assessed the safety and efficacy of Opzelura® in patients 12 years and older with atopic dermatitis. The primary efficacy endpoint, the proportion of subjects at week 8 achieving IGA treatment success was achieved by a larger percent of subjects treated with Opzelura® than with placebo (NNT *calculated by CHC* was 3 for study 1 and 3 for study 2). Per the full-text study by Papp et al[2], the results were significantly different, with significantly more patients achieving IGA treatment success with Opzelura® as compared with placebo ($p<0.0001$) at week 8.

A 2021 network meta-analysis by Zhang et al[3] assessed the safety and efficacy of topical Janus kinase (JAK) and PDE4 inhibitors for the treatment of atopic dermatitis. The primary endpoint was the proportion of patients who achieved the IGA score of 'clear' or 'almost clear', with 2 points or more of improvement from baseline at the end of treatment (referred to as IGA response). Three topical JAK inhibitors were assessed, including tofacitinib, delgocitinib, and ruxolitinib (with only ruxolitinib FDA approved in US). There were two PDE4 inhibitors assessed, including crisaborole and difamilast (only crisaborole is FDA approved in US). The NMA demonstrated that all included JAK and PDE4 inhibitors demonstrated higher IGA response as compared with placebo. In comparison, tacrolimus and hydrocortisone butyrate did not demonstrate significant superior efficacy over placebo. When comparing with tacrolimus and hydrocortisone butyrate, tofacitinib 2%, delgocitinib 3%, and ruxolitinib 1.5% also demonstrated a superior IGA response rate. Per treatment ranking, it appeared that tofacitinib 2% had the highest probability of achieving IGA response (SUCRA 0.880), followed by ruxolitinib 1.5% (SUCRA 0.869), and delgocitinib 3% (SUCRA 0.791). Among PDE4 inhibitors, difamilast 1% had a greater IGA response rate over the others (SUCRA 0.472). It was worth noting that most of the JAK inhibitors had higher ranks than PDE4 inhibitors. Regarding safety, all JAK and PDE4 inhibitors demonstrated a comparable safety profile with placebo. The authors concluded that topical JAK and PDE4 inhibitors have promising treatment efficacy and safety for AD patients. Furthermore, tofacitinib 2% BID, ruxolitinib 1.5% BID, and delgocitinib 3% demonstrated superior efficacy over other JAK and PDE4 inhibitors.

One network meta-analysis suggests that some topical JAK inhibitors, including ruxolitinib 1.5% BID, may be more effective than topical PDE4 inhibitors and tacrolimus; however, there is no head-to-head evidence at this time to support that Opzelura® is safer or more effective than the other currently preferred, more cost-effective medications. It is therefore recommended that Opzelura® 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**
- ☒ **Refer to DUR for PA Criteria**

References

[1] Opzelura [package insert]. Wilmington, DE: Incyte Corporation; 2021.

[2] Papp K, Szepietowski JC, Kircik L, et al. Efficacy and safety of ruxolitinib cream for the treatment of atopic dermatitis: Results from 2 phase 3, randomized, double-blind studies. *J Am Acad Dermatol*. 2021; 85(4): 863-872.

[3] Zhang L, Du D, Wang L, et al. Efficacy and safety of topical Janus kinase and phosphodiesterase inhibitor-4 inhibitors for the treatment of atopic dermatitis: A network meta-analysis. *J Dermatol*. 2021. [Online ahead of print].

Tralokinumab-ldrm (Adbry)
Second Review

Background
Tralokinumab-ldrm (Adbry) received U.S. Food and Drug Administration (FDA) approval for the treatment of moderate to severe atopic dermatitis in adult patients whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. Tralokinumab-ldrm can be used with or without topical corticosteroids.

See the attached new drug review for additional clinical information regarding tralokinumab-ldrm.

Clinical guidelines have not been updated to include JAK inhibitors or biologicals indicated for AD. The American Academy of Dermatology (AAD) guideline for the management of atopic dermatitis is in development and expected in the fourth quarter of 2023. The AAD 2014 *Guidelines of care for the management of atopic dermatitis: Section 3. Management and treatment with phototherapy and systemic agents* recommend a stepwise approach to the treatment of AD. Recommendations include use of emollients, conventional topical therapies (including corticosteroids and calcineurin inhibitors). Phototherapy is recommended after failure with the aforementioned agents. Systemic immunomodulatory agents are also recommended when the above therapies do not adequately control the signs and symptoms of disease.

Cost (WAC)
- First sixteen weeks - $13,395
- Maintenance therapy, every other week dosing - $40,186/12 months
- Maintenance therapy, every fourth week dosing - $20,093/12 months

Newly Proposed 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.

References

Adbry [package insert]. Madison, NJ; Leo pharma; January 2022.

PDL DRUG REVIEW

Proprietary Name: Adbry®
Common Name: tralokinumab-ldrm
PDL Category: Anti-IgE & Anti-Interleukin Antibodies

Comparable Products	Preferred Drug List Status
Dupixent	Non-Preferred with Conditions

Summary

Pharmacology/Usage: Tralokinumab-ldrm, the active ingredient of Adbry®, is an interleukin-13 antagonist, a human IgG4 monoclonal antibody that specifically binds to human interleukin-13 (IL-13) and inhibits its interaction with the IL-13 receptor α1 and α2 subunits (IL-13Rα1 and IL-13Rα2). IL-13 is a naturally occurring cytokine of the Type 2 immune response. Tralokinumab-ldrm inhibits the bioactivity of IL-13 by blocking IL-13 interaction with IL-13Rα1/IL-4Rα receptor complex. Tralokinumab-ldrm inhibits IL-13 induced responses including the release of proinflammatory cytokines, chemokines, and IgE.

Indication: For the treatment of moderate-to-severe atopic dermatitis in adult patients whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. Adbry® can be used with or without topical corticosteroids.

There is no pregnancy category for this medication; however, the risk summary indicates that there are limited data from the use in pregnant women to inform a drug-associated risk of adverse developmental outcomes. Human IgG antibodies are known to cross the placental barrier; thus, Adbry® may be transmitted from the mother to the developing fetus. The safety and efficacy of use in the pediatric population have not been established.

Dosage Form: Solution in a single-dose prefilled syringe for Injection: 150mg/ml. Does not contain preservatives.

Before injection, remove from the refrigerator and allow to reach room temperature (30 minutes) without removing the needle cap. After removal from the refrigerator, prefilled syringes may be kept at room temperature up to 77°F and must be used within 14 days or discarded.

Recommended Dosage: Complete all age-appropriate vaccinations as recommended by current immunization guidelines prior to initiating treatment with Adbry®.

Adbry® is to be administered by subcutaneous injection. While Adbry® is intended for use under the guidance of a healthcare provider, a patient may self-inject after training in subcutaneous injection technique. Administer as a subcutaneous injection into the thigh or abdomen, except for the 2 inches around the navel. The upper arm can also be used if a caregiver administers the injection.

The recommended dose is an initial dose of 600mg (four 150mg injections), followed by 300mg (two 150mg injections) administered every other week. After 16 weeks of treatment, for patients with body weight below 100kg who achieve clear or almost clear skin, a dosage of 300mg every 4 weeks may be considered. For the initial 600mg dose, administer each of the four Adbry® 150mg injections at different injection sites within the same body area.

For the subsequent 300mg doses, administer the two 150mg injections at different injection sites within the same body area. Rotate the body area with each subsequent set of injections.

Adbry® can be used with or without topical corticosteroids. Topical calcineurin inhibitors may be used, but should be reserved for problem areas only, such as the face, neck, intertriginous and genital areas.

Clinically significant differences in the pharmacokinetics of tralokinumab-ldrm were not observed with mild to moderate renal impairment or mild hepatic impairment. The effect of severe renal impairment or moderate to severe hepatic impairment on the pharmacokinetics of tralokinumab-ldrm is not known.

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 (Adbry® monotherapy) minus reported % incidence 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 upper respiratory tract infections (3.4%), conjunctivitis (4.4%), injection site reactions (3.3%), and eosinophilia (0.9%).

Listed % incidence for adverse drug reactions= reported % incidence for drug (Adbry® plus topical corticosteroid [TCS]) minus reported % incidence placebo plus TCS. Please note that an incidence of 0% means the incidence was the same as or less than placebo/TCS. The most frequently reported adverse events included upper respiratory tract infections (14.6%), conjunctivitis (8.7%), injection site reactions (10.3%), and eosinophilia (1.2%).

Hypersensitivity reactions have been reported with Adbry® use.

Conjunctivitis and keratitis occurred more frequently in atopic dermatitis subjects who received Adbry®. Conjunctivitis was the most frequently reported eye disorder. Most subjects with conjunctivitis or keratitis recovered or were recovering during the treatment period. Advise patients to report new onset or worsening eye symptoms to their healthcare provider.

Patients with known helminth infections were excluded from participation in clinical studies. It is not known if Adbry® will influence the immune response against helminth infections by inhibiting IL-13 signaling. Treat patients with pre-existing helminth infections before starting Adbry® treatment. If patients become infected while receiving Adbry® and do not respond to anti-helminth treatment, discontinue treatment with Adbry® until the infection resolves.

Adbry® may alter a patient's immunity and increase the risk of infection following administration of live vaccines. Prior to starting therapy with Adbry®, complete all age appropriate vaccinations per current immunization guidelines. Avoid use of live vaccines in patients treated with Adbry®. Limited data are available regarding coadministration of Adbry® with non-live vaccines.

Contraindications: In patients who have known hypersensitivity to tralokinumab-ldrm or any component of the product.

Manufacturer: LEO Pharma Inc.

Analysis: The safety and efficacy of Adbry® were assessed in three double-blind, randomized, placebo-controlled trials (ECZTRA 1, ECZTRA 2, ECZTRA 3) that included adult subjects 18 years of age and older (N=1934 total) with moderate-to-severe atopic dermatitis not adequately controlled by topical medication(s). Disease severity was defined by an Investigator's Global Assessment (IGA) score ≥3 in the overall assessment of atopic dermatitis (AD) lesions on a severity scale of 0 to 4, an Eczema Area and Severity Index (EASI) score ≥16 on a scale of 0 to 72, and a minimum body surface area (BSA) involvement of ≥10%. At baseline, 58% of subjects were male, 69% were white, 50% had a baseline IGA score of 3 (moderate AD), and 50% of subjects had a baseline IGA score of 4 (severe AD).

The baseline mean EASI score was 32 and the baseline weekly averaged Worst Daily Pruritus Numeric Rating Scale (NRS) was 8 on a scale of 0-10.

In all three trials, subjects received Adbry® 600mg or placebo on day 0, followed by 300mg every other week or placebo for 16 weeks. Responders were defined as achieving an IGA 0 or 1 (clear or almost clear) or EASI-75 (improvement of at least 75% in EASI score from baseline) at week 16.

To assess maintenance of response in the monotherapy trials (ECZTRA 1 and ECZTRA 2), subjects responding to initial treatment with Adbry® 300mg every other week were re-randomized to Adbry® 300mg every other week, Adbry® 300mg every 4 weeks or placebo every other week for another 36 weeks following first dose administration. Subjects randomized to placebo in the initial treatment period who achieved a clinical response at week 16 continued to receive placebo every other week for another 36 weeks. Non-responders at week 16, and subjects who lost clinical response during the maintenance period were placed on open-label treatment with Adbry® 300mg every other week (QOW) and optional use of topical corticosteroids (TCS).

In the combination therapy trial (ECZTRA 3), subjects received either Adbry® 300mg QOW with TCS or placebo with TCS and as needed topical calcineurin inhibitors (TCI) until week 16. Subjects in the Adbry® 300mg with TCS group who achieved clinical response at week 16 were re-randomized to Adbry® 300mg QOW with TCS or Adbry® Q4W with TCS for another 16 weeks following first dose administration. Subjects in the placebo with TCS group who achieved clinical response at week 16 continued on placebo plus TCS for another 16 weeks. Subjects who did not achieve clinical response at week 16 received Adbry® 300mg QOW for another 16 weeks. A mid-potency TCS (i.e. mometasone furoate 0.1% cream) was dispensed at each dosing visit. Subjects were instructed to apply a thin film of the dispensed TCS as needed once daily to active lesions from week 0 to week 32 and were to discontinue treatment with TCS when control was achieved. An additional, lower potency TCS or TCI could be used at the investigator's discretion on areas of the body where use of the supplied TCS was not advisable, such as areas of thin skin.

All 3 trials assessed the primary endpoints of the proportion of subjects with an IGA 0 or 1 at week 16 and the proportion of subjects with EASI-75 at week 16. Secondary endpoints included the reduction of Worst Daily Pruritus NRS (weekly average) of at least 4 points on the 11-point itch NRS from baseline to week 16.

The results of the Adbry® monotherapy trials (ECZTRA 1 and ECZTRA 2) and the Adbry® with TCS trial (ECZTRA 3) are presented in the table below, which was adapted from the prescribing information.

	ECZTRA 1		ECZTRA 2		ECZTRA 3 (+TCS)	
	Adbry® 300mg QOW	Placebo	Adbry® 300mg QOW	Placebo	Adbry® 300mg QOW	Placebo
# of subjects randomized & dosed	601	197	577	193	243	123
IGA 0 or 1	16%	7%	21%	9%	38%	27%
Difference from placebo	9%		12%		11%	
NNT *calculated by CHC*	12		9		10	
EASI-75	25%	13%	33%	10%	56%	37%
Difference from placebo	12%		22%		20%	
NNT *calculated by CHC*	9		5		5	
# of subjects w/baseline Worst Daily Pruritus NRS score ≥4	594	194	563	192	240	123
Worst Daily Pruritus NRS (≥4 point reduction)	20%	10%	25%	9%	46%	35%

	ECZTRA 1		ECZTRA 2		ECZTRA 3 (+TCS)	
	Adbry® 300mg QOW	Placebo	Adbry® 300mg QOW	Placebo	Adbry® 300mg QOW	Placebo
Difference from placebo	10%		16%		11%	
NNT *calculated by CHC*	10		7		10	

A greater proportion in the Adbry® 300mg QOW arm achieved EASI-90 compared to placebo in the 3 trials. (No further information in the prescribing information besides this statement was found).

In ECZTRA 1, 179 Adbry® 300mg QOW responders (IGA 0/1 or EASI-75) were re-randomized (and dosed) at week 16 to Adbry® 300mg QOW (N=68), Adbry® 300mg Q4W (N=76), or placebo (N=35). Of these subjects, 39 in the Adbry® QOW group, 36 in the Adbry® Q4W group, and 19 in the placebo group were IGA 0/1 responders at week 16. Maintenance of IGA 0/1 response at week 52 was as follows: 20 subjects (51%) in the QOW arm, 14 subjects (39%) in the Q4W arm, and 9 subjects (47%) in the placebo arm. Among the re-randomized subjects, 47 in the Adbry® QOW arm, 57 in the Adbry® Q4W arm, and 30 subjects in the placebo arm were EASI-75 responders at week 16. Maintenance of EASI-75 response at week 52 was as follows: 28 subjects (60%) in the QOW arm, 28 subjects (49%) in the Q4W arm, and 10 subjects (33%) in the placebo arm.

In ECZTRA 2, 218 Adbry® 300mg QOW responders (IGA 0/1 or EASI-75) were re-randomized (and dosed) at week 16 to Adbry® 300mg QOW (N=90), Adbry® 300mg Q4W (N=84), or placebo (N=44). Of these subjects, 53 in the Adbry® QOW group, 44 in the Adbry® Q4W group, and 26 in the placebo group were IGA 0/1 responders at week 16. Maintenance of IGA 0/1 response at week 52 was as follows: 32 subjects (60%) in the QOW arm, 22 subjects (50%) in the Q4W arm, and 6 subjects (23%) in the placebo arm. Among the re-randomized subjects, 76 in the Adbry® QOW arm, 69 in the Adbry® Q4W arm, and 40 subjects in the placebo arm were EASI-75 responders at week 16. Maintenance of EASI-75 response at week 52 was as follows: 43 subjects (57%) in the QOW arm, 38 subjects (55%) in the Q4W arm, and 8 subjects (20%) in the placebo arm.

In the ECZTRA 3, 131 Adbry® 300mg QOW plus TCS responders (IGA 0/1 or EASI-75) were re-randomized (and dosed) at week 16 to Adbry® 300mg QOW + TCS (N=65) or Adbry® 300mg Q4W + TCS (N=66). Among these subjects, 45 in the Adbry® 300mg QOW + TCS and 46 subjects in the Adbry® 300mg Q4W + TCS were IGA 0/1 responders at week 16. Maintenance of IGA 0/1 response at week 32 was as follows: 40 subjects (89%) in the QOW arm and 35 subjects (76%) in the Q4W arm. Among the re-randomized subjects, 65 subjects in the Adbry® 300mg QOW arm and 62 subjects in the Adbry® 300mg Q4W arm were EASI-75 responders at week 16. Maintenance of EASI-75 response at week 32 was as follows: 60 subjects (92%) in the QOW arm and 56 subjects (90%) in the Q4W arm.

Place in Therapy: Adbry®, a human IgG4 monoclonal antibody that specifically binds to human interleukin-13 (IL-13) and inhibits its interaction with the IL-13 receptor α1 and α2 subunits, is indicated for the treatment of moderate-to-severe atopic dermatitis in adult patients whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. Adbry® can be used with or without topical corticosteroids. Complete all age-appropriate vaccinations as recommended by current immunization guidelines prior to starting treatment with Adbry®. The efficacy of Adbry® was assessed in 3 randomized, double-blind, placebo-controlled trials that compared Adbry® with placebo in adults with moderate-to-severe atopic dermatitis not adequately controlled by topical medication(s). In one study, Adbry® was used in combination with TCS and compared with placebo plus TCS and as needed topical calcineurin inhibitors. All three trials assessed the primary endpoints of the proportion of subjects with an IGA 0 or 1 at week 16 and the proportion of subjects with EASI-75 at week 16.

Per Silverberg et al[2] in the full-text of the ECZTRA 3 study, a significantly greater number of tralokinumab treated subjects than placebo achieved IGA 0/1 (38.9% vs 26.2%; p=0.015) and EASI-75 (56% vs 35.7%, p<0.001). Furthermore, cumulative TCS use was lower at weeks 15-16 with tralokinumab (p=0.004). At weeks 15-16, the tralokinumab group used about 50% less of the supplied TCS compared with those treated with placebo (p=0.002). Significant differences were also observed in the outcomes for the ECZTRA 1 and EZCTRA 2 studies.[3] Direct head-to-head comparisons with other active ingredients indicated for atopic dermatitis were not found.

There is some evidence to suggest in one phase 3 study that Adbry® with TCS was more effective than placebo with TCS for the primary endpoints of the proportion of subjects with an IGA 0 or 1 and the proportion of subjects with EASI-75 at week 16; however, there is no evidence at this time to support that Adbry® is safer or more effective than the other medications. It is recommended that Adbry® should be non-preferred in order to confirm the appropriate diagnosis and clinical parameters for use.

PDL Placement:

- ☐ **Preferred**
- ☒ **Non-Preferred**
- ☒ **Refer to DUR for PA Criteria**

References

[1] Adbry [package insert]. Madison, NJ: LEO pharma; 2021.

[2] Silverberg JI, Toth D, Bieber T, et al. Tralokinumab plus topical corticosteroids for the treatment of moderate-to-severe atopic dermatitis: results from the double-blind, randomized, multicenter, placebo-controlled phase III ECZTRA 3 trial. *Br J Dermatol*. 2021; 184(3): 450-463.

[3] Wollenberg A, Blauvelt A, Guttman-Yassky E, et al. Tralokinumab for moderate-to-severe atopic dermatitis: results from two 52-week, randomized, double-blind, multicenter, placebo-controlled phase III trials (ECZTRA 1 and ECZTRA 2*). Br J Dermatol.* 2021; 183(3): 437-449.

Crisaborole (Eucrisa)
Second Review

Background
Prior authorization (PA) criteria are being updated to recommend a change to the number of topical corticosteroid trials required, to align criteria with other prior authorized drugs indicated for atopic dermatitis.

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

1. Patient has a diagnosis of mild to moderate atopic dermatitis; and
2. Patient is within the FDA labeled age; and
3. Patient has failed to respond to good skin care and regular use of emollients; and
4. Patient has documentation of an adequate trial and therapy failure with two preferred medium to high potency topical corticosteroids for a minimum of 2 consecutive weeks; and
5. Patient has documentation of a previous trial and therapy failure with a topical immunomodulator for a minimum of 4 weeks; and
6. Patient will continue with skin care regimen and regular use of emollients.
7. Quantities will be limited to 60 grams for use on the face, neck, and groin and 100 grams for all other areas, per 30 days.

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

Proposed Prior Authorization Criteria (changes italicized/highlighted/stricken)
Prior authorization (PA) is required for Eucrisa (crisaborole). Payment will be considered ~~for patients~~ when *patient has an FDA approved or compendia indication 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 mild to moderate atopic dermatitis; and
3. ~~Patient is within the FDA labeled age; 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 *one* ~~two~~ preferred medium to high potency topical corticosteroid~~s~~ for a minimum of 2 consecutive weeks; and
6. Patient has documentation of a previous trial and therapy failure with a topical immunomodulator for a minimum of 4 weeks; and
7. Patient will continue with skin care regimen and regular use of emollients.

8. Quantities will be limited to 60 grams for use on the face, neck, and groin and 100 grams for all other areas, per 30 days.

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

Extended Release Formulations
Second Review

Background
Pursuant to Rule 441 Iowa Administrative Code 78.2(4)b.(1), "Payment is not made for drugs if the prescribed use is not for a medically accepted indication as defined by Section 1927(k)(6) of the Social Security Act". Pursuant to Section 1927(k)(6) of the Social Security Act (SSA), the term "medically accepted indication" means any use for a covered outpatient drug which is approved under the Federal Food, Drug, and Cosmetic Act, or the use of which is supported by one or more citations included or approved for inclusion in any of the compendia described in subsection (g)(1)(B)(i). The compendia listed in aforementioned subsection of the SSA are as follows: (I) American Hospital Formulary Service Drug Information; (II) United States Pharmacopeia-Drug Information (or its successor publications); and (III) the DRUGDEX Information System.

Prior authorization (PA) criteria are being updated to include language regarding U.S. Food and Drug Administration (FDA) or compendia indicated diagnoses. While this criterion is applied to all PA requests, addition of this language will make it clear to providers and allow for better reference in requests for Exception to Policy or Appeals.

Current Prior Authorization Criteria
Payment for a non-preferred extended release formulation will be considered when the following criteria are met:

1. Previous trial and therapy failure with the preferred immediate release product of the same chemical entity at a therapeutic dose that resulted in a partial response with a documented intolerance and
2. Previous trial and therapy failure at a therapeutic dose with a preferred drug of a different chemical entity indicated to treat the submitted diagnosis.

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

Proposed Prior Authorization Criteria (changes italicized/highlighted/stricken)
Payment for a non-preferred extended release formulation 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. Previous trial and therapy failure with the preferred immediate release product of the same chemical entity at a therapeutic dose that resulted in a partial response with a documented intolerance; and
3. Previous trial and therapy failure at a therapeutic dose with a preferred drug of a different chemical entity indicated to treat the submitted diagnosis.

The required trials may be overridden when documented evidence is provided that use

of these agents would be medically contraindicated.

Non-Preferred Drug
Second Review

Background
Pursuant to Rule 441 Iowa Administrative Code 78.2(4)b.(1), "Payment is not made for drugs if the prescribed use is not for a medically accepted indication as defined by Section 1927(k)(6) of the Social Security Act". Pursuant to Section 1927(k)(6) of the Social Security Act (SSA), the term "medically accepted indication" means any use for a covered outpatient drug which is approved under the Federal Food, Drug, and Cosmetic Act, or the use of which is supported by one or more citations included or approved for inclusion in any of the compendia described in subsection (g)(1)(B)(i). The compendia listed in aforementioned subsection of the SSA are as follows: (I) American Hospital Formulary Service Drug Information; (II) United States Pharmacopeia-Drug Information (or its successor publications); and (III) the DRUGDEX Information System.

Prior authorization (PA) criteria are being updated to include language regarding U.S. Food and Drug Administration (FDA) or compendia indicated diagnoses. While this criterion is applied to all PA requests, addition of this language will make it clear to providers and allow for better reference in requests for Exception to Policy or Appeals.

Current Prior Authorization Criteria
Prior authorization (PA) is required for non-preferred drugs as specified on the Iowa Medicaid Preferred Drug List. Payment for a non-preferred medication will be authorized only for cases in which there is documentation of previous trial and therapy failure with the preferred agent, unless evidence is provided that use of these agents would be medically contraindicated.

Proposed Prior Authorization Criteria (changes italicized/highlighted/stricken)
Prior authorization (PA) is required for non-preferred drugs as specified on the Iowa Medicaid Preferred Drug List. Payment for a non-preferred medication will be *considered for an FDA approved or compendia indicated diagnosis* ~~authorized~~ only for cases in which there is documentation of previous trial and therapy failure with the preferred agent*(s)*, unless evidence is provided that use of these agents would be medically contraindicated. *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.*

Biologicals for Hidradenitis Suppurativa
Second Review

Background

Adalimumab (Humira) is currently the only U.S. Food and Drug Administration (FDA) approved biological for treatment of moderate to severe hidradenitis suppurativa (HS). Initially, adalimumab was approved for the treatment of HS in patients 18 years of age and older. Since initial approval, the FDA approved age has decreased to patients 12 years and older, for the treatment of HS. Prior authorization (PA) criteria are being updated to remove the specific age requirement and add a statement to allow treatment of patients based on the FDA approved age.

Current Clinical Prior Authorization Criteria

Prior authorization (PA) is required for biologicals FDA approved for the treatment of Hidradenitis Suppurativa (HS). Patients initiating therapy with a biological agent must:

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

Payment will be considered under the following conditions:

1. Patient has a diagnosis of moderate to severe HS with Hurley Stage II or III disease; and
2. Patient is 18 years of age or older; and
3. Patient has at least three (3) abscesses or inflammatory nodules; and
4. Patient has documentation of adequate trials and therapy failures with the following:
    a. Daily treatment with topical clindamycin;
    b. Oral clindamycin plus rifampin;
    c. Maintenance therapy with tetracyclines (doxycycline or minocycline).

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

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

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

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

Payment will be considered under the following conditions:

1. *Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and*
2. Patient has a diagnosis of moderate to severe HS with Hurley Stage II or III disease; and
3. ~~Patient is 18 years of age or older; and~~
4. Patient has at least three (3) abscesses or inflammatory nodules; and
5. Patient has documentation of adequate trials and therapy failures with the following:
    a. Daily treatment with topical clindamycin;
    b. Oral clindamycin plus rifampin;
    c. Maintenance therapy with *a preferred* tetracycline~~s (doxycycline or minocycline)~~.

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

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

References

Humira [package insert]. North Chicago, IL: AbbVie Inc.; February 2021

Ophthalmic Agents for Presbyopia
Second Review

Background

Pilocarpine 1.25% (Vuity) ophthalmic solution is a cholinergic muscarinic receptor agonist indicated for the treatment of presbyopia in adults recently approved by the U.S. Food and Drug Administration (FDA).

Presbyopia is a non-refractive error that affects visual acuity, attributed to the natural aging process, and typically begins after age 40. It occurs when the lens loses its normal accommodating power and can no longer focus on objects viewed at arm's length or closer. Presbyopia is commonly treated with use of lenses, including convex lenses ("reading glasses") or in combination with lenses with correction for distance viewing (bifocals, trifocals, multifocals, progressive). Vuity contracts the iris sphincter muscle, constricting the pupil to improve near and intermediate visual acuity while maintaining some pupillary response to light. The onset of effect occurs within 15 minutes and lasts for up to 6 hours.

Dosage and Administration

- One drop in each eye once daily.

Dosage Forms and Strengths

- 1.25% ophthalmic solution; 2.5 mL

Contraindications

- Hypersensitivity to the active ingredient or to any of the excipients.

Warnings and Precautions

- Poor illumination – exercise caution in night driving and other hazardous occupations in poor illumination.
- Risk of retinal detachment
- Iritis – not recommended to be used when iritis is present because adhesions may form between the iris and the lens.
- Use with contact lenses – must wait 10 minutes after dosing before inserting contact lens.

Adverse Reactions

- Most common (> 5%): headache and conjunctival hyperemia.

Clinical Studies

The efficacy of Vuity was demonstrated in two randomized, double-masked, vehicle-controlled studies (GEMINI 1 and GEMINI 2) in a total of 750 patients aged 40 to 55

years old with presbyopia. Patients were randomized to Vuity or vehicle. The primary endpoint in both studies was the proportion of participants gaining 3 lines or more in mesopic, high contrast, binocular distance corrected near visual acuity (DCNVA), without losing more than 1 line (5 letters) of corrected distance visual acuity (CDVA), at day 30 (hour 3).

- In GEMINI 1, the primary endpoint was met in 31% of patients treated with Vuity vs. 8% with vehicle ($p < 0.01$).
- In GEMINI 2, the primary endpoint was met in 26% of patients treated with Vuity vs. 11% with vehicle ($p < 0.01$).

Cost (WAC)

- $29.40 per mL; $73.50 per 30 days; $882 per 12 months

Newly Proposed Clinical Prior Authorization Criteria

Prior authorization (PA) is required for ophthalmic agents indicated for presbyopia. Requests will be considered when patient has an FDA approved or compendia indication for the requested drug. Payment for a non-preferred agent will be considered when 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. Patient has a documented diagnosis of presbyopia; and
3. Patient is aged 40 to 55 years old at start of therapy; and
4. Is prescribed by or in consultation with an ophthalmologist or optometrist; and
5. Patient has documentation of a therapeutic failure with corrective lenses (eyeglasses or contact lenses), unless contraindicated or clinically significant intolerance.

If criteria for coverage are met, initial requests will be given for 3 months. Requests for continuation of therapy will be considered under the following conditions:

1. Patient has a documented improvement in presbyopia defined as the patient gained 3 lines or more in mesopic, high contrast, binocular distance corrected near visual acuity (DCNVA), without losing more than 1 line (5 letters) of corrected distance visual acuity (CDVA); and
2. Patient is not experiencing adverse effects from the drug.

Proposed Quantity Limit

- mL per 30 days.

References

Vuity [package insert]. North Chicago, IL.: AbbVie Inc.; October 2021.
Mian SI. Visual impairment in adults: Refractive disorders and presbyopia. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on April 14, 2022.)

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DUR DIGEST

The Bulletin of Medicaid Drug Utilization Review in Iowa

Chronic Use of Controlled Sedative/Hypnotic Agents

The DUR Commission recently reviewed pharmacy claims data identifying members using a controlled sedative/hypnotic agent on a chronic basis. Controlled sedative/hypnotic agents are generally recommended as short-term adjunctive therapy in the management of insomnia, and most are not FDA approved for long-term use. Long-term use may be associated with physical and/or psychological dependence.

Pharmacy claims for controlled sedative/hypnotic agents were reviewed to identify members with 90 or more days of medication from April through July 2021. There were 4,592 members that met these criteria.

FDA approved controlled sedative/hypnotics included in the review:

Estazolam 1 mg, 2 mg tablet	Begin with 1 mg orally at bedtime; some patients may require 2 mg nightly
Eszopiclone 1 mg, 2 mg, 3 mg tablet	Initial, 1 mg orally once daily immediately before bedtime; may increase to 2 mg or 3 mg/day orally if clinically indicated; maximum dose, 3 mg/day
Flurazepam 15 mg, 30 mg capsule	The recommended dose is 15 to 30 milligrams at bedtime. Dosage should be individualized. Efficacy has been maintained for up to 4 weeks of continuous therapy, but long-term treatment is not recommended.
Lemborexant 5 mg, 10 mg tablet	5 mg orally taken no more than once nightly, immediately prior to bed and with at least 7 hours remaining before planned time of awakening; may increase to 10 mg once nightly
Quazepam 15 mg tablet	7.5 mg orally at bedtime. The dose may be increased to 15 mg at bedtime if needed; use the lowest effective dose. If insomnia does not improve after 7 to 10 days of treatment, evaluate the patient for the presence of psychiatric or medical illness
Secobarbital 100 mg capsule	100 mg at bedtime; may lose effectiveness for sleep induction and maintenance after 2 weeks of use
Suvorexant 5 mg, 10 mg, 20 mg tablet	10 mg orally taken no more than once/night, within 30 minutes of bedtime and with at least 7 hours available prior to awakening; use lowest effective dose; maximum dose: 20 mg nightly; for all doses, take no more than once

	per night; use the lowest effective dose
Temazepam 7.5 mg, 15 mg, 22.5mg, 30 mg capsule	15 mg before retiring; 7.5 mg may be sufficient for some patients, while others may require 30 mg
Triazolam 0.125 mg, 0.25 mg tablet	0.25 mg orally at bedtime and may titrate to 0.5 mg in select patients who do not respond to the lower dosage; a lower initial dosage of 0.125 mg may be appropriate in some patients; maximum dose, 0.5 mg/day. Use for more than 3 weeks requires evaluation of the patient for primary psychiatric or medical condition. Prescriptions should be written for short-term use (7 to 10 days) and it should not be prescribed in quantities exceeding a 1-month supply
Zaleplon 5 mg, 10mg capsule	The recommended dose for the short-term treatment of insomnia is 10 mg at bedtime. A 5 mg dose may be used in low weight individuals. The dose may be increased to 20 mg if necessary; has been shown to be safe and effective for up to 35 nights
Zolpidem Tartrate 5 mg, 10 mg oral and SL tablet; 6.25 mg, 12.5 mg ER tablet; 5 mg/0.1 ml oral spray	Insomnia, short-term treatment: IR & SL tablets: 5 or 10 mg in men and 5 mg in women orally once daily as a single dose immediately before bedtime with at least 7 to 8 hours remain before planned awakening. Do not readminister during the same night. Individualize and use lowest effective dose; maximum dose, 10 mg/day ER tablets: 6.25 or 12.5 mg in men and 6.25 mg in women orally once daily as a single dose immediately before bedtime with at least 7 to 8 hours remain before planned awakening. Do not readminister during the same night. Individualize and use lowest effective dose; maximum dose, 12.5 mg/day Oral spray: 5 or 10 mg (1 or 2 sprays) directly into mouth over the tongue, immediately before bedtime [11]; the dose in women is 5 mg (1 spray); maximum dose, 10 mg/day All: if insomnia fails to respond to zolpidem within 7 to 10 days, evaluate patient for an underlying primary psychiatric or physical condition
Zolpidem Tartrate 1.75 mg, 3.5 mg SL tablet	Insomnia, characterized by difficulty returning to sleep after middle-of-the-night awakening: men: 3.5 mg SL once per night as needed; this is also the maximum dose; women: 1.75 mg SL once per night as needed; this is also the maximum dose

Based on this information, the DUR Commission made the following recommendations

- Implement a 7-day initial limit on all benzodiazepines for new users. The ProDUR point-of-sale (POS) edit would limit to an initial 7 days' supply for a benzodiazepine if the requested benzodiazepine is not found in pharmacy claims in the preceding 90 days. Exceptions to this edit include nasal and rectal diazepam, nasal midazolam and clobazam. Prior authorization (PA) would be required for use beyond the 7-day allowance. The Commission will develop PA criteria for requests exceeding the initial

limit at a future meeting and will be shared with interested parties for comment prior to implementation.

- Implement a cumulative quantity limit of 4 units per day across the benzodiazepine class for solid oral dosage forms.

Medicaid Statistics for Prescription Claims
December 2021 through February 2022

	FFS	Amerigroup	Iowa Total Care
# Paid Claims	21,022	1,111,758	784,907
Total $ Paid	$2,375,607	$118,541,721	$79,777,205
Unique Users	3,728	173,760	128,674
Avg Cost/Rx	$113.01	$106.63	$101.64
Top 5 Therapeutic Class by Prescription Count Therapeutic class taxonomy differs among each plan	Antidepressants – Selected SSRIs	Antidepressants	SSRIs
	Anticonvulsants	Antiasthmatic & Bronchodilator Agents	Anticonvulsants – Misc.
	Antipsychotics – Atypicals	Anticonvulsants	Sympathomimetics
	Antihypertensives-Central	ADHD/Anti-Narcolepsy	PPIs
	Antiasthmatic – Beta Adrenergics	Antihypertensives	NSAIDs
Top 5 Therapeutic Class by Paid Amount (pre-rebate) Therapeutic class taxonomy differs among each plan	Anticonvulsants	Antidiabetics	Insulin
	Muscular Dystrophy Agents	Antipsychotics/Antimanic Agents	Anti-TNF-alpha Monoclonal Antibodies
	Anti-Inflammatories, Non-NSAID	Analgesics – Anti-Inflammatory	Sympathomimetics
	Antipsychotics – Atypicals	Antiasthmatic & Bronchodilator Agents	Incretin Mimetic Agents (GLP-1 Receptor Agonists)
	Antidepressants – Selected SSRIs	Dermatologicals	Antipsychotics – Misc.
Top 5 Drugs by Prescription Count	Trazodone	Sertraline	Sertraline
	Clonidine	Omeprazole	Omeprazole
	Sertraline	Trazodone	Amoxicillin
	Escitalopram	Amoxicillin	Atorvastatin
	Omeprazole	Escitalopram	Trazodone
Top 5 Drugs by Paid Amount (pre-rebate)	Evrysdi	Humira (CF) Pen	Humira Pen
	Humira Pen	Vyvanse	Vyvanse
	Trikafta	Vraylar	Vraylar
	Biktarvy	Trulicity	Trulicity
	Invega Sustenna	Latuda	Trikafta