



IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

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February 1, 2023

Susan L. Parker, R.Ph, Pharm.D.
Pharmacy Director
Iowa Medicaid
1305 East Walnut
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Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, February 1, 2023. At this meeting, the DUR Commission members discussed removal of prior authorization (PA) criteria for Nebivolol (Bystolic) and Potassium Binders, in addition to new or updated PA criteria for Select Topical Psoriasis Agents, Initial Days' Supply Limit Override for Benzodiazepines, and High Dose Opioids. Additionally, the DUR Commission proposed ProDUR quantity limits for select drugs and ProDUR age edits (as detailed below). The following recommendations have been made by the DUR Commission:

No comments were received from the medical/pharmacy associations in response to a November 9, 2022 letter that was sent to them detailing the proposed removal of prior authorization (PA) criteria for Nebivolol (Bystolic) and Potassium Binders, in addition to new and updated PA criteria for Select Topical Psoriasis Agents, Initial Days' Supply Limit Override for Benzodiazepines, and High Dose Opioids. Also included were ProDUR quantity limits for select drugs and ProDUR age edits (as detailed below).

Nebivolol (Bystolic)

Removal of PA criteria due to the availability of a cost effective generic.

Current Clinical Prior Authorization Criteria – Recommendation to Remove PA Criteria

Prior authorization is required for Bystolic. Payment will be considered in cases where there are documented trials and therapy failures with two preferred cardio-selective beta-blockers of a different chemical entity at a therapeutic dose. The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Potassium Binders

Removal of PA criteria due to the availability of safer, effective products to allow access to the preferred potassium binders without requiring a trial with sodium polystyrene sulfonate (SPS).

Current Clinical Prior Authorization Criteria – Recommendation to Remove PA Criteria

Prior authorization (PA) is required for potassium binders subject to clinical criteria. Payment will be considered under the following conditions:

1. Patient is 18 years of age or older; and
2. Patient has a diagnosis of chronic hyperkalemia; and
3. Patient has documentation of a recent trial and therapy failure with sodium polystyrene sulfonate.

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

Select Topical Psoriasis Agents

Newly Proposed Clinical Prior Authorization Criteria

Prior authorization is required for select topical psoriasis agents. Payment for a non-preferred agent will be considered for an FDA approved or compendia indicated diagnosis for the requested drug when the following criteria are met:

1. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient has a diagnosis of plaque psoriasis with involvement estimated to affect \leq 20% of the body surface area; and
3. Patient has documentation of an adequate trial and therapy failure of combination therapy with a preferred medium to high potency topical corticosteroid and a preferred topical vitamin D analog for a minimum of 4 consecutive weeks.

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

Initial Days' Supply Limit Override – Adding Benzodiazepines

Current Prior Authorization Criteria

Requests for medications exceeding the initial days' supply limit require prior authorization. Payment will be considered under the following conditions:

1. Diagnosis is provided; and
2. Medical rationale for exceeding the initial days' supply limit is provided; and
3. Requests for opioids exceeding the 7 day initial supply limit will be considered:
 - a. For patients with active cancer, patients experiencing acute sickle cell crises, end-of-life/palliative care, or on an individual case-by-case basis based on medical necessity documentation provided; and
 - b. Request must meet all other opioid requirements (quantity limits, morphine milligram equivalents (MME), and the preferred drug list (PDL). If requests do not comply with these requirements, separate, additional, prior authorization is required. Please reference and use the following prior authorization (PA) forms

at www.iowamedicaidpdl.com where appropriate:

- i. Quantity Limit Override Form (exceeds established quantity limit)
 - ii. High Dose Opioid PA Form (exceeds established MME limit)
 - iii. Short-Acting Opioids PA Form (non-preferred short-acting opioids)
 - iv. Long-Acting Opioids PA Form (non-preferred long-acting opioids); or
4. Requests for non-opioid drugs subject to the initial days' supply limit will be considered on an individual case-by-case basis, based on medical necessity documentation provided.

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

Requests for medications exceeding the initial days' supply limit require prior authorization. Payment will be considered under the following conditions:

1. *Patient has an FDA approved or compendia indication for the requested drug*
Diagnosis is provided; and
2. *Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and*
3. Medical rationale for exceeding the initial days' supply limit is provided; and
4. Requests for opioids exceeding the 7 day initial supply limit will be considered:
 - a. For patients with active cancer, patients experiencing acute sickle cell crises, end-of-life/palliative care, or on an individual case-by-case basis based on medical necessity documentation provided; and
 - b. Request must meet all other opioid requirements (quantity limits, morphine milligram equivalents (MME), and the preferred drug list (PDL). If requests do not comply with these requirements, separate, additional, prior authorization is required. Please reference and use the following prior authorization (PA) forms at www.iowamedicaidpdl.com where appropriate:
 - i. Quantity Limit Override Form (exceeds established quantity limit)
 - ii. High Dose Opioid PA Form (exceeds established MME limit)
 - iii. Short-Acting Opioids PA Form (non-preferred short-acting opioids)
 - iv. Long-Acting Opioids PA Form (non-preferred long-acting opioids); or
5. *Requests for benzodiazepines exceeding the 7 day initial supply limit will be considered:*
 - a. *For patients with active cancer; end-of-life/palliative care, seizure disorder, or on an individual case-by-case basis based on medical necessity documentation provided; and*
 - b. *For patients taking concurrent opioids, the prescriber must document the following:*
 - i. *The risks of using an opioid and benzodiazepine concurrently have been discussed with the patient; and*
 - ii. *Documentation is provided as to why concurrent use is medically necessary; and*
 - iii. *A plan to taper the opioid is provided, if appropriate; and*
 - c. *Request must meet all other benzodiazepine requirements (quantity limit, PDL, etc.). If requests do not comply with these requirements, separate, additional prior authorization is required. Please use the following PA forms at www.iowamedicaidpdl.com where appropriate:*
 - i. *Benzodiazepines (non-preferred benzodiazepine)*

- ii. *Quantity Limit Override (as posted at www.iowamedicaidpdl.com under Billing/Quantity Limits); and*
6. Requests for *non-opioid drugs or drug classes* subject to the initial days' supply limit *not listed above*, will be considered on an individual case-by-case basis, based on medical necessity documentation provided.

High Dose Opioids

Current Clinical Prior Authorization Criteria

Prior authorization (PA) is required for use of high-dose opioids ≥ 90 morphine milligram equivalents (MME) per day (See CDC Guideline for Prescribing Opioids for Chronic Pain at <https://www.cdc.gov/drugoverdose/prescribing/guideline.html>). Patients undergoing active cancer treatment or end-of-life care will not be subject to the criteria below. Payment will be considered when the following is met:

1. Requests for non-preferred opioids meet criteria for coverage (see criteria for Long-Acting Opioids and/or Short-Acting Opioids); and
2. Patient has a diagnosis of severe, chronic pain with a supporting ICD-10 code. Requests for a diagnosis of fibromyalgia or migraine will not be considered; and
3. Patient has tried and failed at least two nonpharmacologic therapies (physical therapy; weight loss; alternative therapies such as manipulation, massage, and acupuncture; or psychological therapies such as cognitive behavior therapy [CBT]); and
4. Patient has tried and failed at least two nonopioid pharmacologic therapies (acetaminophen, NSAIDs, or selected antidepressants and anticonvulsants); and
5. There is documentation demonstrating an appropriate upward titration or an appropriate conversion from other opioid medications; and
6. Pain was inadequately controlled at the maximum allowed dose without prior authorization for the requested opioid(s); and
7. Pain was inadequately controlled by 2 other chemically distinct preferred long-acting opioids at the maximum allowed dose without prior authorization; and
8. Chart notes from a recent office visit for pain management is included documenting the following:
 - a. Treatment plan – including all therapies to be used concurrently (pharmacologic and non-pharmacologic); and
 - b. Treatment goals; and
9. Patient has been informed of the risks of high-dose opioid therapy; and
10. The prescriber has reviewed the patient's use of controlled substances on the Iowa Prescription Monitoring Program website and determined that use of high-dose opioid therapy is appropriate for this patient; and
11. The patient's risk for opioid addiction, abuse and misuse has been reviewed and prescriber has determined the patient is a candidate for high-dose opioid therapy; and
12. A signed chronic opioid therapy management plan between the prescriber and patient dated within 12 months of this request is included; and
13. The requested dosing interval is no more frequent than the maximum FDA-approved dosing interval; and
14. Patient has been provided a prescription for a preferred naloxone product for the emergency treatment of an opioid overdose; and
15. Patient has been educated on opioid overdose prevention; and
16. Patient's household members have been educated on the signs of opioid overdose and how to administer naloxone; and

17. Patient will not be using opioids and benzodiazepines concurrently or a taper plan to discontinue the benzodiazepine must be submitted with initial and subsequent requests; and
18. A documented dose reduction is attempted at least annually.

If criteria for coverage are met, initial requests will be given for 3 months. Requests for continuation of high-dose opioid therapy will be considered every 6 months with the following:

1. High-dose opioid therapy continues to meet treatment goals, including sustained improvement in pain and function; and
2. Patient has not experienced an overdose or other serious adverse event; and
3. Patient is not exhibiting warning signs of opioid use disorder; and
4. The benefits of opioids continue to outweigh the risks; and
5. A documented dose reduction has been attempted at least annually, and the prescriber has determined the dose cannot be reduced at this time; and
6. The prescriber has reviewed the patient's use of controlled substances on the Iowa Prescription Monitoring Program website and determined that continued use of high-dose opioid therapy is appropriate for this patient; and
7. Patient will not be using opioids and benzodiazepines concurrently or a taper plan to discontinue the benzodiazepine must be submitted with subsequent requests.
8. Patient has been provided a prescription for a preferred naloxone product for the emergency treatment of an opioid overdose; and
9. Patient has been reeducated on opioid overdose prevention; and
10. Patient's household members have been reeducated on the signs of opioid overdose and how to administer naloxone.

Proposed Clinical Prior Authorization Criteria

Prior authorization (PA) is required for use of high-dose opioids ≥ 90 morphine milligram equivalents (MME) per day (See CDC *Clinical Practice* Guideline for Prescribing Opioids for Chronic Pain – United States, 2022 at

https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?s_cid=rr7103a1.htm_w
<https://www.cdc.gov/drugoverdose/prescribing/guideline.html>).

Patients undergoing active cancer treatment or end-of-life care will not be subject to the criteria below. Payment will be considered when the following is met:

1. Requests for non-preferred opioids meet criteria for coverage (see criteria for Long-Acting Opioids and/or Short-Acting Opioids); and
2. Patient has a diagnosis of severe, chronic pain with a supporting ICD-10 code. Requests for a diagnosis of fibromyalgia or migraine will not be considered; and
3. Patient has tried and failed at least two nonpharmacologic therapies (physical therapy; weight loss; alternative therapies such as manipulation, massage, and acupuncture; or psychological therapies such as cognitive behavior therapy [CBT]); and
4. Patient has tried and failed at least two nonopioid pharmacologic therapies (acetaminophen, NSAIDs, or selected antidepressants and anticonvulsants); and
5. There is documentation demonstrating an appropriate upward titration or an appropriate conversion from other opioid medications; and
6. Pain was inadequately controlled at the maximum allowed dose without prior authorization for the requested opioid(s); and
7. Pain was inadequately controlled by 2 other chemically distinct preferred long-acting opioids at the maximum allowed dose without prior authorization; and

8. Chart notes from a recent office visit *or telehealth visit* for pain management *are* is included documenting the following:
 - a. Treatment plan – including all therapies to be used concurrently (pharmacologic and non-pharmacologic); and
 - b. Treatment goals; and
9. Patient has been informed of the risks of high-dose opioid therapy; and
10. The prescriber has reviewed the patient’s use of controlled substances on the Iowa Prescription Monitoring Program website and determined that use of high-dose opioid therapy is appropriate for this patient; and
11. The patient’s risk for opioid addiction, abuse and misuse has been reviewed and prescriber has determined the patient is a candidate for high-dose opioid therapy; and
12. A signed chronic opioid therapy management plan between the prescriber and patient dated within 12 months of this request is included; and
13. The requested dosing interval is no more frequent than the maximum FDA-approved dosing interval; and
14. Patient has *documentation of receipt of an* ~~been provided a prescription for a preferred opioid reversal agent (e.g. as seen in pharmacy claims or documentation from the Iowa PMP of dispensation [attach documentation]) within the prior 24 months of high dose opioid request~~ *naloxone* product for the emergency treatment of an opioid overdose; and
15. Patient has been educated on opioid overdose prevention; and
16. Patient’s household members have been educated on the signs of opioid overdose and how to administer *an opioid reversal agent* ~~naloxone~~; and
17. Patient will not be using opioids and benzodiazepines concurrently or a taper plan to discontinue the benzodiazepine must be submitted with initial and subsequent requests; and
18. A documented dose reduction is attempted at least annually.

If criteria for coverage are met, initial requests will be given for 3 months. Requests for continuation of high-dose opioid therapy will be considered every 6 months with the following:

1. High-dose opioid therapy continues to meet treatment goals, including sustained improvement in pain and function; and
2. Patient has not experienced an overdose or other serious adverse event; and
3. Patient is not exhibiting warning signs of opioid use disorder; and
4. The benefits of opioids continue to outweigh the risks; and
5. A documented dose reduction has been attempted at least annually, and the prescriber has determined the dose cannot be reduced at this time; and
6. The prescriber has reviewed the patient’s use of controlled substances on the Iowa Prescription Monitoring Program website and determined that continued use of high-dose opioid therapy is appropriate for this patient; and
7. Patient will not be using opioids and benzodiazepines concurrently or a taper plan to discontinue the benzodiazepine must be submitted with subsequent requests.
8. Patient has *documentation of receipt of an* ~~been provided a prescription for a preferred opioid reversal agent (e.g. as seen in pharmacy claims or documentation from the Iowa PMP of dispensation [attach documentation]) within 24 months of high dose opioid request~~ *naloxone* product for the emergency treatment of an opioid overdose; and
9. Patient has been reeducated on opioid overdose prevention; and
10. Patient’s household members have been reeducated on the signs of opioid overdose and how to administer *an opioid reversal agent* ~~naloxone~~.

Proposed ProDUR Quantity Limits

Drug	Quantity Limit per 30 Days (unless otherwise stated)
Bystolic 2.5 mg, 5 mg, 10 mg (nebivolol)	30
Bystolic 20 mg (nebivolol)	60
Lokelma 5 g, 10 g (sodium zirconium cyclosilicate)	34 packets
Veltassa 8.4 g, 16.8 g, 25.2 g (patiromer)	30 packets
Vtama 1% (tapinarof)	60 g (1 tube)

Proposed ProDUR Age Edit

Drug	Age Edit
Lokelma (sodium zirconium cyclosilicate)	18 years of age and older
Veltassa (patiromer)	18 years of age and older

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendations for removal of prior authorization (PA) criteria for Nebivolol (Bystolic) and Potassium Binders, in addition to new or updated PA criteria for Select Topical Psoriasis Agents, Initial Days' Supply Limit Override for Benzodiazepines, and High Dose Opioids, as well as the ProDUR quantity limits and ProDUR age edits.

Sincerely,

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

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



Quarterly Monthly Statistics			
CATEGORY	September 2022 / November 2022	December 2022 / February 2023	% CHANGE
TOTAL PAID AMOUNT	\$128,026,597	\$133,980,502	4.7%
UNIQUE USERS	183,585	183,165	-0.2%
COST PER USER	\$697.37	\$731.47	4.9%
TOTAL PRESCRIPTIONS	1,140,935	1,127,814	-1.2%
AVERAGE PRESCRIPTIONS PER USER	6.21	6.16	-0.9%
AVERAGE COST PER PRESCRIPTION	\$112.21	\$118.80	5.9%
# GENERIC PRESCRIPTIONS	1,018,948	994,452	-2.4%
% GENERIC	89.31%	88.18%	-1.3%
\$ GENERIC	\$21,158,368	\$18,985,447	-10.3%
AVERAGE GENERIC PRESCRIPTION COST	\$20.76	\$19.09	-8.1%
AVERAGE GENERIC DAYS SUPPLY	31.26	31.57	1.0%
# BRAND PRESCRIPTIONS	121,987	133,362	9.3%
% BRAND	10.69%	11.82%	10.6%
\$ BRAND	\$106,868,229	\$114,995,054	7.6%
AVERAGE BRAND PRESCRIPTION COST	\$876.06	\$862.28	-1.6%
AVERAGE BRAND DAYS SUPPLY	31.15	30.98	-0.6%

UTILIZATION BY AGE		
AGE	September 2022 / November 2022	December 2022 / February 2023
0-6	69,410	61,593
7-12	82,635	81,401
13-18	109,103	109,829
19-64	879,647	874,873
65+	9,663	9,871
TOTAL	1,150,458	1,137,567

UTILIZATION BY GENDER AND AGE			
GENDER	AGE	September 2022 / November 2022	December 2022 / February 2023
F	0-6	30,910	27,346
	7-12	31,841	32,195
	13-18	57,594	58,419
	19-64	590,609	587,944
	65+	6,001	6,055
	Gender Total	716,955	711,959
M	0-6	38,500	34,247
	7-12	50,794	49,206
	13-18	51,509	51,410
	19-64	289,038	286,929
	65+	3,662	3,816
	Gender Total	433,503	425,608
Grand Total		1,150,458	1,137,567

TOP 100 PHARMACIES BY PRESCRIPTION COUNT							
December 2022 / February 2023							
RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
1	AMBULATORY CARE PHARMACY	IOWA CITY	IA	14,563	\$6,896,957.24	\$473.59	1
2	WALGREENS #4405	COUNCIL BLUFFS	IA	12,777	\$1,095,327.74	\$85.73	2
3	WALGREENS #5239	DAVENPORT	IA	12,533	\$894,264.64	\$71.35	3
4	WALGREENS #5042	CEDAR RAPIDS	IA	9,396	\$732,263.16	\$77.93	4
5	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	6,773	\$533,613.87	\$78.79	7
6	WALGREENS #5721	DES MOINES	IA	6,770	\$547,885.50	\$80.93	8
7	WALGREENS #359	DES MOINES	IA	6,693	\$473,465.86	\$70.74	6
8	WALGREENS #7455	WATERLOO	IA	6,679	\$437,781.46	\$65.55	5
9	WALGREENS #3700	COUNCIL BLUFFS	IA	6,540	\$494,367.43	\$75.59	10
10	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	6,404	\$307,526.85	\$48.02	9
11	DRILLING PHARMACY	SIOUX CITY	IA	6,374	\$482,809.37	\$75.75	11
12	WALGREENS #4041	DAVENPORT	IA	6,022	\$375,254.43	\$62.31	21
13	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	5,867	\$412,651.94	\$70.33	13
14	WALGREENS #15647	SIOUX CITY	IA	5,760	\$415,522.47	\$72.14	12
15	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	5,537	\$640,773.90	\$115.73	14
16	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	5,365	\$568,917.01	\$106.04	15
17	WALGREENS #7453	DES MOINES	IA	5,185	\$336,042.74	\$64.81	16
18	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	5,026	\$374,580.90	\$74.53	19
19	MAHASKA DRUGS INC	OSKALOOSA	IA	4,994	\$418,075.13	\$83.72	23
20	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	4,967	\$387,692.87	\$78.05	22
21	HY-VEE PHARMACY (1075)	CLINTON	IA	4,951	\$443,818.68	\$89.64	18
22	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	4,863	\$383,385.97	\$78.84	20



23	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,830	\$380,736.28	\$78.83	17
24	NELSON FAMILY PHARMACY	FORT MADISON	IA	4,824	\$292,473.20	\$60.63	354
25	WALMART PHARMACY 10-1509	MAQUOKETA	IA	4,819	\$404,093.84	\$83.85	24
26	WALGREENS #5044	BURLINGTON	IA	4,768	\$315,293.11	\$66.13	26
27	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	4,450	\$175,183.15	\$39.37	25
28	MERCYONE DUBUQUE ELM PHARMACY	DUBUQUE	IA	4,436	\$332,349.77	\$74.92	27
29	HY-VEE PHARMACY (1449)	NEWTON	IA	4,425	\$336,127.01	\$75.96	29
30	WALGREENS #9708	DUBUQUE	IA	4,412	\$277,379.31	\$62.87	28
31	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	4,396	\$345,688.83	\$78.64	30
32	HARTIG PHARMACY SERVICES	DUBUQUE	IA	4,289	\$330,216.92	\$76.99	48
33	HY-VEE PHARMACY (1396)	MARION	IA	4,258	\$390,495.01	\$91.71	31
34	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	4,184	\$322,969.75	\$77.19	38
35	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	4,113	\$325,780.80	\$79.21	33
36	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	4,112	\$344,289.78	\$83.73	34
37	RIGHT DOSE PHARMACY	ANKENY	IA	4,014	\$205,660.80	\$51.24	68
38	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,955	\$338,636.97	\$85.62	39
39	SOUTH SIDE DRUG	OTTUMWA	IA	3,921	\$356,518.22	\$90.93	40
40	HY-VEE PHARMACY (1850)	WASHINGTON	IA	3,865	\$237,886.07	\$61.55	35
41	HY-VEE PHARMACY (1459)	OELWEIN	IA	3,819	\$294,146.19	\$77.02	46
42	WALGREENS #3875	CEDAR RAPIDS	IA	3,811	\$331,746.05	\$87.05	45
43	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	3,810	\$282,312.17	\$74.10	53
44	NUCARA LTC PHARMACY #3	IOWA CITY	IA	3,793	\$138,706.01	\$36.57	43
45	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	3,780	\$391,891.61	\$103.68	37
46	STANGEL PHARMACY	ONAWA	IA	3,780	\$305,191.18	\$80.74	42
47	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	3,737	\$281,365.06	\$75.29	52
48	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	3,711	\$296,964.88	\$80.02	56



49	WALGREENS #5470	SIoux CITY	IA	3,710	\$288,573.19	\$77.78	47
50	HY-VEE PHARMACY (1433)	MT PLEASANT	IA	3,678	\$268,904.14	\$73.11	44
51	CVS PHARMACY #10282	FORT DODGE	IA	3,667	\$273,866.88	\$74.68	49
52	REUTZEL PHARMACY	CEDAR RAPIDS	IA	3,664	\$325,599.58	\$88.86	41
53	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	3,660	\$341,457.80	\$93.29	36
54	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	3,648	\$257,718.52	\$70.65	60
55	WALGREENS #11942	DUBUQUE	IA	3,606	\$269,092.92	\$74.62	55
56	WALGREENS #7452	DES MOINES	IA	3,599	\$292,558.08	\$81.29	57
57	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	3,537	\$348,205.60	\$98.45	59
58	WALMART PHARMACY 10-2889	CLINTON	IA	3,522	\$251,861.27	\$71.51	63
59	UI HEALTHCARE - IOWA RIVER LANDING PHARMACY	CORALVILLE	IA	3,518	\$141,554.60	\$40.24	58
60	WALMART PHARMACY 10-0985	FAIRFIELD	IA	3,500	\$225,857.53	\$64.53	64
61	MEDICAP LTC	INDIANOLA	IA	3,472	\$129,765.19	\$37.37	69
62	WALGREENS #5119	CLINTON	IA	3,464	\$242,549.44	\$70.02	61
63	WALGREENS #7454	ANKENY	IA	3,462	\$223,305.86	\$64.50	50
64	WALGREENS #3595	DAVENPORT	IA	3,452	\$220,877.65	\$63.99	32
65	WAGNER PHARMACY	CLINTON	IA	3,422	\$296,020.80	\$86.51	66
66	WALGREENS #5886	KEOKUK	IA	3,409	\$247,032.61	\$72.46	51
67	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	3,341	\$218,660.04	\$65.45	54
68	SCOTT PHARMACY	FAYETTE	IA	3,286	\$266,038.47	\$80.96	67
69	WALMART PHARMACY 10-3394	ATLANTIC	IA	3,270	\$243,369.17	\$74.42	72
70	LAGRANGE PHARMACY	VINTON	IA	3,259	\$324,907.57	\$99.70	71
71	CVS PHARMACY #08546	WATERLOO	IA	3,254	\$243,033.41	\$74.69	62
72	WALMART PHARMACY 10-5115	DAVENPORT	IA	3,214	\$305,003.74	\$94.90	78
73	MEDICAP PHARMACY	KNOXVILLE	IA	3,193	\$269,387.00	\$84.37	79
74	HY-VEE PHARMACY (1065)	CHARITON	IA	3,189	\$265,629.32	\$83.30	70



75	HY-VEE PHARMACY (1530)	PLEASANT HILL	IA	3,178	\$189,314.62	\$59.57	77
76	WALMART PHARMACY 10-0784	MT PLEASANT	IA	3,164	\$239,595.81	\$75.73	65
77	DANIEL PHARMACY	FT DODGE	IA	3,153	\$255,790.24	\$81.13	75
78	MAIN AT LOCUST PHARMACY AND MEDICAL SUPPLY	DAVENPORT	IA	3,141	\$295,264.51	\$94.00	103
79	HY-VEE PHARMACY (1382)	LEMARS	IA	3,139	\$297,658.58	\$94.83	87
80	HY-VEE PHARMACY (1522)	PERRY	IA	3,126	\$260,302.29	\$83.27	73
81	WALGREENS #4714	DES MOINES	IA	3,121	\$230,460.00	\$73.84	81
82	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	3,102	\$248,916.49	\$80.24	74
83	MERCYONE FOREST PARK PHARMACY	MASON CITY	IA	3,092	\$225,697.87	\$72.99	84
84	HY-VEE PHARMACY #1 (1054)	CEDAR RAPIDS	IA	3,049	\$324,572.65	\$106.45	89
85	WALMART PHARMACY 10-0559	MUSCATINE	IA	3,049	\$226,550.22	\$74.30	88
86	WALMART PHARMACY 10-3590	SIOUX CITY	IA	3,020	\$263,050.86	\$87.10	76
87	WALMART PHARMACY 10-0646	ANAMOSA	IA	3,000	\$240,019.38	\$80.01	82
88	HY-VEE PHARMACY (1895)	WINDSOR HEIGHTS	IA	2,955	\$190,805.19	\$64.57	101
89	HY-VEE PHARMACY (1180)	FAIRFIELD	IA	2,952	\$229,593.31	\$77.78	83
90	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,909	\$267,670.01	\$92.01	80
91	WALMART PHARMACY 10-1723	DES MOINES	IA	2,898	\$195,208.87	\$67.36	86
92	WALGREENS #3876	MARION	IA	2,897	\$232,496.84	\$80.25	115
93	WALGREENS #5852	DES MOINES	IA	2,893	\$202,730.77	\$70.08	85
94	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	2,889	\$232,843.29	\$80.60	93
95	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	2,876	\$145,027.36	\$50.43	105
96	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	2,856	\$192,333.20	\$67.34	90
97	WALGREENS #5777	DES MOINES	IA	2,842	\$162,005.34	\$57.00	110
98	HY-VEE PHARMACY (1009)	ALBIA	IA	2,833	\$151,326.86	\$53.42	94
99	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	2,808	\$233,467.58	\$83.14	102
100	MEDICAP PHARMACY	RED OAK	IA	2,794	\$220,396.13	\$78.88	100



TOP 100 PHARMACIES BY PAID AMOUNT
December 2022 / February 2023

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	AMBULATORY CARE PHARMACY	IOWA CITY	IA	14,563	\$6,896,957.24	\$2,319.86	1
2	CAREMARK KANSAS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	LENEXA	KS	936	\$6,407,313.38	\$15,476.60	2
3	CVS/SPECIALTY	MONROEVILLE	PA	447	\$3,654,485.21	\$19,438.75	4
4	COMMUNITY, A WALGREENS PHARMACY #16528	DES MOINES	IA	672	\$3,321,019.56	\$12,724.21	3
5	CAREMARK ILLINOIS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	MT PROSPECT	IL	282	\$2,639,819.70	\$26,398.20	6
6	UNITYPOINT AT HOME	URBANDALE	IA	886	\$2,392,293.89	\$7,227.47	5
7	COMMUNITY, A WALGREENS PHARMACY #21250	IOWA CITY	IA	514	\$2,147,790.21	\$8,522.98	9
8	HY-VEE PHARMACY SOLUTIONS	OMAHA	NE	418	\$2,107,409.01	\$13,864.53	7
9	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	1,925	\$1,853,166.84	\$8,952.50	8
10	CVS PHARMACY #00102	AURORA	CO	214	\$1,678,639.07	\$20,471.21	10
11	WALGREENS #4405	COUNCIL BLUFFS	IA	12,777	\$1,095,327.74	\$424.22	12
12	EXPRESS SCRIPTS SPECIALTY DIST SVCS	SAINT LOUIS	MO	80	\$1,093,883.90	\$34,183.87	13
13	ACCREDITO HEALTH GROUP INC	MEMPHIS	TN	108	\$904,949.49	\$17,402.87	11
14	WALGREENS #5239	DAVENPORT	IA	12,533	\$894,264.64	\$310.19	16
15	AMBER SPECIALTY PHARMACY	OMAHA	NE	177	\$863,595.32	\$16,294.25	18
16	ALLIANCERX WALGREENS PHARMACY #16280	FRISCO	TX	44	\$835,372.56	\$69,614.38	14
17	CAREMARK LLC, DBA CVS/SPECIALTY	REDLANDS	CA	45	\$754,306.75	\$41,905.93	15
18	WALGREENS #5042	CEDAR RAPIDS	IA	9,396	\$732,263.16	\$305.75	19
19	KROGER SPECIALTY PHARMACY LA	HARVEY	LA	90	\$686,319.46	\$15,598.17	17
20	PANTHERX SPECIALTY PHARMACY	PITTSBURGH	PA	25	\$649,785.14	\$81,223.14	21
21	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	5,537	\$640,773.90	\$779.53	20
22	EVERSANA LIFE SCIENCE SERVICES, LLC	CHESTERFIELD	MO	22	\$617,833.80	\$77,229.23	24



23	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	5,365	\$568,917.01	\$569.49	25
24	ORSINI PHARMACEUTICAL SERVICES LLC	ELK GROVE VILLAGE	IL	29	\$554,111.71	\$69,263.96	26
25	OPTUM PHARMACY 702, LLC	JEFFERSONVILLE	IN	65	\$548,842.84	\$14,072.89	23
26	WALGREENS #5721	DES MOINES	IA	6,770	\$547,885.50	\$290.50	31
27	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	6,773	\$533,613.87	\$332.68	22
28	CR CARE PHARMACY	CEDAR RAPIDS	IA	2,047	\$523,700.87	\$2,567.16	30
29	WALGREENS #3700	COUNCIL BLUFFS	IA	6,540	\$494,367.43	\$368.66	33
30	WALGREENS #16270	OMAHA	NE	157	\$491,273.70	\$13,646.49	27
31	DRILLING PHARMACY	SIOUX CITY	IA	6,374	\$482,809.37	\$812.81	28
32	SUPERIOR PHARMACY SOLUTIONS, INC	SCHAUMBURG	IL	19	\$478,646.49	\$239,323.25	50
33	WALGREENS #359	DES MOINES	IA	6,693	\$473,465.86	\$279.99	29
34	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	2,036	\$469,565.14	\$1,932.37	55
35	THE NEBRASKA MEDICAL CENTER CLINIC PHARMACY	OMAHA	NE	759	\$460,718.55	\$2,726.15	34
36	GENOA HEALTHCARE, LLC	DAVENPORT	IA	2,262	\$454,987.59	\$2,049.49	37
37	HY-VEE PHARMACY (1075)	CLINTON	IA	4,951	\$443,818.68	\$539.27	32
38	WALGREENS #7455	WATERLOO	IA	6,679	\$437,781.46	\$248.32	35
39	HY-VEE PHARMACY SOLUTIONS	DES MOINES	IA	159	\$425,246.00	\$10,124.90	124
40	MISSION CANCER + BLOOD	DES MOINES	IA	32	\$423,527.78	\$35,293.98	75
41	ANOVORX GROUP LLC	MEMPHIS	TN	37	\$419,745.86	\$29,981.85	38
42	MAHASKA DRUGS INC	OSKALOOSA	IA	4,994	\$418,075.13	\$550.10	41
43	ALLEN CLINIC PHARMACY	WATERLOO	IA	1,245	\$417,127.62	\$1,115.31	43
44	WALGREENS #15647	SIOUX CITY	IA	5,760	\$415,522.47	\$291.80	42
45	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	5,867	\$412,651.94	\$356.35	36
46	WALMART PHARMACY 10-1509	MAQUOKETA	IA	4,819	\$404,093.84	\$479.35	48
47	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	3,780	\$391,891.61	\$561.45	39
48	HY-VEE PHARMACY (1396)	MARION	IA	4,258	\$390,495.01	\$491.19	56



49	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	4,967	\$387,692.87	\$500.90	47
50	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	4,863	\$383,385.97	\$410.92	44
51	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,830	\$380,736.28	\$421.17	46
52	WALGREENS #4041	DAVENPORT	IA	6,022	\$375,254.43	\$265.20	79
53	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	5,026	\$374,580.90	\$456.81	40
54	ALLIANCERX WALGREENS PHARMACY #15438	CANTON	MI	34	\$366,460.15	\$26,175.73	57
55	GENESIS FIRSTMED PHARMACY	DAVENPORT	IA	774	\$366,391.27	\$1,327.50	122
56	SOUTH SIDE DRUG	OTTUMWA	IA	3,921	\$356,518.22	\$602.23	54
57	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	3,537	\$348,205.60	\$644.83	59
58	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	4,396	\$345,688.83	\$368.93	51
59	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	4,112	\$344,289.78	\$366.66	58
60	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	3,660	\$341,457.80	\$663.02	53
61	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,955	\$338,636.97	\$522.59	64
62	PRIMARY HEALTHCARE PHARMACY	DES MOINES	IA	1,455	\$336,196.00	\$1,213.70	84
63	HY-VEE PHARMACY (1449)	NEWTON	IA	4,425	\$336,127.01	\$430.93	62
64	WALGREENS #7453	DES MOINES	IA	5,185	\$336,042.74	\$271.00	52
65	MAYO CLINIC PHARMACY MARY BRIGH	ROCHESTER	MN	93	\$334,390.93	\$9,835.03	744
66	MERCYONE DUBUQUE ELM PHARMACY	DUBUQUE	IA	4,436	\$332,349.77	\$727.24	49
67	WALGREENS #3875	CEDAR RAPIDS	IA	3,811	\$331,746.05	\$404.08	60
68	HARTIG PHARMACY SERVICES	DUBUQUE	IA	4,289	\$330,216.92	\$1,048.31	73
69	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	4,113	\$325,780.80	\$421.45	63
70	REUTZEL PHARMACY	CEDAR RAPIDS	IA	3,664	\$325,599.58	\$1,107.48	61
71	LAGRANGE PHARMACY	VINTON	IA	3,259	\$324,907.57	\$640.84	65
72	HY-VEE PHARMACY #1 (1054)	CEDAR RAPIDS	IA	3,049	\$324,572.65	\$560.57	71
73	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	4,184	\$322,969.75	\$456.82	77
74	INFOCUS PHARMACY SERVICES	DUBUQUE	IA	2,363	\$322,648.09	\$1,120.31	66



75	WALGREENS #5044	BURLINGTON	IA	4,768	\$315,293.11	\$297.17	72
76	JUNE E. NYLEN CANCER CENTER	SIoux CITY	IA	27	\$315,001.70	\$31,500.17	129
77	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	6,404	\$307,526.85	\$350.26	69
78	STANGEL PHARMACY	ONAWA	IA	3,780	\$305,191.18	\$611.61	78
79	WALMART PHARMACY 10-5115	DAVENPORT	IA	3,214	\$305,003.74	\$453.87	81
80	HY-VEE PHARMACY (1382)	LEMARS	IA	3,139	\$297,658.58	\$590.59	105
81	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	3,711	\$296,964.88	\$458.99	80
82	WALMART PHARMACY 10-1621	CENTERVILLE	IA	2,465	\$296,351.80	\$644.24	83
83	WAGNER PHARMACY	CLINTON	IA	3,422	\$296,020.80	\$747.53	107
84	MAIN AT LOCUST PHARMACY AND MEDICAL SUPPLY	DAVENPORT	IA	3,141	\$295,264.51	\$1,140.02	95
85	HY-VEE PHARMACY (1459)	OELWEIN	IA	3,819	\$294,146.19	\$416.05	91
86	WALGREENS #7452	DES MOINES	IA	3,599	\$292,558.08	\$339.39	101
87	NELSON FAMILY PHARMACY	FORT MADISON	IA	4,824	\$292,473.20	\$504.26	478
88	WALGREENS #5470	SIoux CITY	IA	3,710	\$288,573.19	\$370.92	98
89	ALLIANCERX WALGREENS PHARMACY #15443	FRISCO	TX	36	\$286,069.64	\$20,433.55	74
90	UNION PHARMACY	COUNCIL BLUFFS	IA	2,436	\$283,161.96	\$1,444.70	133
91	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	3,810	\$282,312.17	\$609.75	102
92	MEDICAP PHARMACY	DES MOINES	IA	2,407	\$281,500.80	\$1,234.65	67
93	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	3,737	\$281,365.06	\$414.99	92
94	WALGREENS #9708	DUBUQUE	IA	4,412	\$277,379.31	\$245.47	97
95	CVS PHARMACY #10282	FORT DODGE	IA	3,667	\$273,866.88	\$401.56	90
96	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	2,548	\$270,113.57	\$696.17	118
97	MEDICAP PHARMACY	KNOXVILLE	IA	3,193	\$269,387.00	\$690.74	89
98	WALGREENS #11942	DUBUQUE	IA	3,606	\$269,092.92	\$355.94	99
99	HY-VEE PHARMACY (1433)	MT PLEASANT	IA	3,678	\$268,904.14	\$400.15	88
100	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,909	\$267,670.01	\$571.94	96



TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
December 2022 / February 2023

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
1	1982605762	Jeffrey Wilharm	\$160,686.11	2,653	5.97	1
2	1356096572	Natasha Lash	\$257,293.19	2,207	3.19	9
3	1437238110	Genevieve Nelson	\$228,680.39	2,008	3.03	2
4	1215146055	Rebecca Wolfe	\$147,908.03	1,914	2.60	4
5	1073945499	Jennifer Zalaznik	\$137,860.46	1,876	3.85	3
6	1467502286	Charles Tilley	\$240,964.52	1,765	3.25	8
7	1043434525	Robert Kent	\$103,008.37	1,756	3.15	12
8	1215125216	Rebecca Walding	\$224,114.46	1,719	3.79	11
9	1982030946	Jacklyn Besch	\$69,744.00	1,691	3.04	18
10	1922455096	Dean Guerdet	\$205,554.01	1,666	2.91	5
11	1659358620	Carlos Castillo	\$92,303.76	1,665	2.97	16
12	1164538674	Joseph Wanzek	\$130,471.97	1,659	3.67	13
13	1467907394	Cynthia Coenen	\$205,252.15	1,626	3.35	10
14	1043211303	Ali Safdar	\$311,300.71	1,574	2.34	22
15	1902912538	Christian Jones	\$107,095.39	1,513	2.72	17
16	1477199198	Sajo Thomas	\$224,030.43	1,511	2.95	25
17	1316356496	Kimberly Roberts	\$103,861.07	1,505	3.01	24
18	1730434069	Larissa Biscoe	\$109,806.64	1,493	2.37	59
19	1063491645	Allyson Wheaton	\$116,793.43	1,492	2.23	29
20	1013115369	Bobbita Nag	\$63,824.52	1,479	1.99	6
21	1609218304	Amanda Garr	\$230,309.58	1,473	3.09	19
22	1457584740	Eric Meyer	\$142,428.80	1,472	2.44	21
23	1770933046	Shelby Biller	\$313,782.58	1,459	2.32	26



24	1902478811	Joan Anderson	\$309,466.30	1,458	2.96	23
25	1902850845	Deborah Bahe	\$114,889.35	1,388	3.78	27
26	1275763047	Rebecca Bowman	\$250,948.96	1,364	2.49	31
27	1841293354	Keith Guess	\$73,660.60	1,363	2.47	14
28	1134191018	Dustin Smith	\$77,153.33	1,361	3.18	36
29	1538157383	David Wenger-Keller	\$77,261.55	1,361	4.06	28
30	1790013209	Tracy Tschudi	\$160,062.93	1,326	2.64	7
31	1437209434	Jon Thomas	\$75,597.92	1,307	2.30	20
32	1447680848	Mindy Roberts	\$121,349.57	1,307	2.35	15
33	1124006770	Wook Kim	\$82,464.08	1,297	3.10	37
34	1215184726	Babuji Gandra	\$81,162.27	1,277	2.42	35
35	1902358443	Melissa Konken	\$269,800.07	1,244	3.05	34
36	1073500690	Kathleen Adams	\$89,789.70	1,232	2.47	33
37	1821423799	Dorothy Metz	\$77,459.47	1,231	2.74	45
38	1649248378	Kathleen Wild	\$72,318.14	1,226	2.75	47
39	1043418809	Michael Ciliberto	\$445,509.37	1,203	2.69	49
40	1285697722	Douglas Jones	\$120,702.23	1,185	2.48	42
41	1174176093	Carol Chukwuka	\$164,490.41	1,175	2.16	32
42	1538368170	Christopher Matson	\$34,766.80	1,122	3.02	41
43	1730173766	Frank Babcock	\$73,532.28	1,118	4.24	55
44	1669056123	Kama Ausborn	\$253,770.61	1,109	2.92	96
45	1801998372	Wendy Hansen-Penman	\$31,671.03	1,099	3.21	38
46	1720698335	Danika Hansen	\$126,207.69	1,094	3.36	56
47	1558770974	Marc Baumert	\$61,172.74	1,088	2.35	39
48	1275844649	Katie Campbell	\$185,106.30	1,084	2.78	79
49	1619153137	Joada Best	\$90,317.90	1,080	2.65	54



50	1568431880	Pomilla Kumar	\$58,889.34	1,071	3.72	40
51	1821333774	Brittini Benda	\$100,216.63	1,065	2.06	86
52	1053630640	Jennifer Donovan	\$175,102.25	1,056	2.97	51
53	1689077018	Stacy Roth	\$96,571.42	1,037	2.60	46
54	1144214248	Kristi Walz	\$150,074.79	1,033	3.23	68
55	1710941000	Laurie Warren	\$105,231.89	1,028	3.84	60
56	1255405338	Bryan Netolicky	\$127,399.02	1,027	2.55	61
57	1477926434	Jackie Shipley	\$53,317.06	1,022	2.56	95
58	1205393386	Jessica Hudspeth	\$112,506.23	1,012	3.08	52
59	1679573893	Patty Hildreth	\$160,803.12	1,008	2.73	63
60	1588193643	Kathleen McGuire	\$94,840.61	999	2.64	30
61	1316471154	Nicole Woolley	\$82,900.38	998	2.13	53
62	1831710987	Margaret Fuller	\$89,769.15	989	2.54	73
63	1871105916	Lacie Theis	\$84,596.34	982	2.94	75
64	1619380680	Tara Brockman	\$27,823.17	981	2.25	43
65	1255096251	Kayla Herren	\$38,806.32	972	2.98	97
66	1912991340	Ghada Hamdan-Allen	\$73,585.09	970	2.85	94
67	1215434691	Dorcas Kamau	\$35,798.70	967	3.53	62
68	1255823506	Nicole Delagardelle	\$184,653.75	964	2.50	77
69	1538149042	Eric Petersen	\$30,398.96	964	4.12	85
70	1609946243	Sina Linman	\$73,786.11	963	2.29	69
71	1164823092	Jamey Gregersen	\$88,497.92	962	2.90	72
72	1649209933	Richard Blunk	\$99,243.29	959	2.16	50
73	1831751908	Kelsey Frame	\$85,876.76	959	2.78	63
74	1528329398	Erin Rowan	\$51,265.32	941	2.16	78
75	1245227099	Donna Dobson Tobin	\$163,334.21	937	3.29	109



76	1871598557	Christopher Vandelune	\$71,830.53	937	2.78	57
77	1154779460	Molly Eichenberger	\$57,463.79	930	3.55	91
78	1942660204	Kimberly Rutledge	\$132,489.75	924	2.88	104
79	1932582988	Dianne Humphrey	\$64,273.28	921	3.12	81
80	1063497840	Kaye Cleveland	\$135,011.41	916	3.41	48
81	1114521721	Tarrah Holliday	\$180,660.55	915	2.92	74
82	1821268335	Jacqueline McInnis	\$147,707.44	913	3.67	92
83	1417549932	Amanda McCormick	\$80,663.07	912	2.44	80
84	1891146999	Becky Johnson	\$864,711.13	911	2.62	66
85	1356754337	Cyndi McCormick	\$136,771.84	909	3.02	82
86	1871934851	Benjamin Kolner	\$83,746.61	908	2.72	87
87	1689139669	Benjamin Bolmeier	\$60,017.23	906	2.56	76
88	1992103386	Melissa Larsen	\$84,310.75	903	2.79	101
89	1679669832	Erin Hatcher	\$160,832.21	902	2.53	71
90	1841220290	Kent Kunze	\$58,201.22	896	2.54	83
91	1588746515	Amy Badberg	\$53,604.20	889	2.41	88
92	1225414576	Sara Kuhn	\$83,968.75	880	3.29	100
93	1699740159	Frank Marino	\$54,038.72	879	2.02	89
94	1912971425	Sherry Adams	\$137,554.05	873	2.58	90
95	1104435791	Stacy Murphy	\$104,210.74	872	3.33	149
96	1720293087	Rajni Batra	\$40,869.31	871	2.33	102
97	1942247739	Shehzad Kamran	\$107,892.04	868	3.05	120
98	1396083531	Joni Hanshaw	\$48,478.95	865	3.27	92
99	1437692803	Cassandra Dunlavy	\$60,206.15	862	3.07	83
100	1477112688	Felicia Hoerner	\$73,411.73	862	2.34	107



TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
December 2022 / February 2023

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
1	1376777524	Alladdin Abosaida	\$1,247,857.50	\$2,718.64	459	1
2	1295091510	Rebecca Weiner	\$875,535.36	\$1,670.87	524	4
3	1891146999	Becky Johnson	\$864,711.13	\$949.19	911	2
4	1285748004	Bruce Hughes	\$770,671.96	\$5,004.36	154	7
5	1417443953	Rodney Clark	\$764,982.72	\$1,332.72	574	5
6	1326034984	Katherine Mathews	\$755,683.21	\$8,587.31	88	3
7	1477761328	Amy Calhoun	\$667,222.28	\$8,445.85	79	6
8	1093382632	Gail Dooley	\$516,883.30	\$2,075.84	249	12
9	1326211889	James Friedlander	\$507,486.26	\$5,398.79	94	30
10	1841632965	Ahmad Al-Huniti	\$480,032.27	\$20,001.34	24	16
11	1043418809	Michael Ciliberto	\$445,509.37	\$370.33	1203	9
12	1437121407	Linda Cadaret	\$440,759.63	\$3,799.65	116	10
13	1952420705	Eric Rush	\$439,399.80	\$43,939.98	10	11
14	1720086523	Mark Cleveland	\$408,114.14	\$1,587.99	257	22
15	1356337273	Lisa Menzies	\$385,432.08	\$646.70	596	13
16	1306071915	Thomas Pietras	\$362,389.88	\$1,582.49	229	18
17	1578958542	Heidi Curtis	\$350,060.96	\$1,336.11	262	14
18	1174748180	Mohammad Alsharabati	\$344,536.51	\$1,447.63	238	29
19	1376525196	Randolph Rough	\$340,705.12	\$3,549.01	96	38
20	1316934318	Steven Lentz	\$338,312.70	\$6,766.25	50	35
21	1013126705	Janice Staber	\$329,355.08	\$9,980.46	33	8
22	1346981362	Chandler Yost	\$328,901.21	\$65,780.24	5	8267
23	1770933046	Shelby Biller	\$313,782.58	\$215.07	1459	24



24	1386084747	Jennifer Condon	\$312,491.53	\$935.60	334	19
25	1043211303	Ali Safdar	\$311,300.71	\$197.78	1574	26
26	1902478811	Joan Anderson	\$309,466.30	\$212.25	1458	23
27	1225263833	Lindsay Orris	\$297,031.35	\$1,414.44	210	49
28	1649419219	Heather Hunemuller	\$284,252.88	\$919.91	309	25
29	1588616171	Heather Thomas	\$279,943.02	\$2,013.98	139	17
30	1730406356	Christina Warren	\$272,706.89	\$1,384.30	197	50
31	1871868984	Hana Niebur	\$271,162.16	\$2,152.08	126	1325
32	1558357806	Robin Hayward	\$270,961.38	\$2,007.12	135	31
33	1497060776	Usha Perepu	\$270,636.10	\$2,910.07	93	15
34	1902358443	Melissa Konken	\$269,800.07	\$216.88	1244	48
35	1366858334	Alicia Duyvejonck	\$268,931.49	\$501.74	536	32
36	1124216676	Wendy Sanders	\$258,302.50	\$746.54	346	54
37	1356096572	Natasha Lash	\$257,293.19	\$116.58	2207	78
38	1669056123	Kama Ausborn	\$253,770.61	\$228.83	1109	72
39	1275763047	Rebecca Bowman	\$250,948.96	\$183.98	1364	45
40	1144829300	Katie Shannon	\$250,318.30	\$3,293.66	76	152
41	1467449579	Brian Wayson	\$249,764.52	\$4,381.83	57	69
42	1174584072	Bradley Lair	\$247,877.24	\$2,529.36	98	84
43	1972989721	Jayson Gesulga	\$247,197.02	\$382.07	647	70
44	1932652757	Kelsie Swisher	\$245,893.15	\$443.85	554	21
45	1467502286	Charles Tilley	\$240,964.52	\$136.52	1765	65
46	1841607900	Shayla Sanders	\$240,563.41	\$1,572.31	153	20
47	1760480289	Michael Brooks	\$232,487.89	\$2,193.28	106	27
48	1285626390	Kathleen Gradoville	\$230,534.91	\$952.62	242	53
49	1609218304	Amanda Garr	\$230,309.58	\$156.35	1473	52



50	1437238110	Genevieve Nelson	\$228,680.39	\$113.88	2008	67
51	1083011613	Bassel Mohammad Nijres	\$224,299.62	\$3,935.08	57	104
52	1215125216	Rebecca Walding	\$224,114.46	\$130.37	1719	62
53	1477199198	Sajo Thomas	\$224,030.43	\$148.27	1511	94
54	1134249832	Steven Craig	\$222,016.07	\$1,644.56	135	28
55	1487648705	Karen Hunke	\$221,437.03	\$1,640.27	135	37
56	1871039917	Elizabeth Allen	\$217,204.45	\$2,896.06	75	46
57	1104891704	Akshay Mahadevia	\$217,026.73	\$1,096.09	198	59
58	1700417169	Courtney Reints	\$216,559.33	\$568.40	381	71
59	1104804053	Winthrop Risk	\$215,715.92	\$417.25	517	41
60	1366826109	Alyssa Mrsny	\$214,825.16	\$1,042.84	206	39
61	1356834113	Susan Deo	\$213,797.45	\$1,607.50	133	60
62	1245468768	Thomas Schmidt	\$211,768.21	\$2,229.14	95	109
63	1861463275	Donald Wender	\$211,285.39	\$5,153.30	41	186
64	1194945691	Anjali Sharathkumar	\$209,207.09	\$2,752.72	76	106
65	1740700632	Jessica Dunne	\$208,771.22	\$299.53	697	58
66	1023108701	Ronald Zolty	\$206,876.01	\$3,831.04	54	34
67	1922455096	Dean Guerdet	\$205,554.01	\$123.38	1666	44
68	1467907394	Cynthia Coenen	\$205,252.15	\$126.23	1626	73
69	1386902682	Melissa Willis	\$204,621.29	\$1,189.66	172	114
70	1942262688	Lori Schumann	\$204,389.89	\$375.72	544	55
71	1356445886	Megan Eisel	\$203,071.10	\$1,109.68	183	57
72	1477968303	Joseph Larson	\$202,267.19	\$522.65	387	47
73	1821046087	Archana Verma	\$201,539.11	\$2,190.64	92	42
74	1699765826	Joseph Merchant	\$200,615.97	\$2,825.58	71	56
75	1447242359	Daniel Sleiter	\$193,554.53	\$834.29	232	33



76	1043703887	Tenaea Jeppeson	\$192,665.34	\$243.57	791	99
77	1790986925	Tahuanty Pena	\$191,059.05	\$1,721.25	111	123
78	1285710764	Jitendrakumar Gupta	\$190,372.25	\$735.03	259	101
79	1750913406	Carrissa Riggs	\$189,657.81	\$1,335.62	142	85
80	1457986671	Paiton Calvert	\$189,556.88	\$1,771.56	107	79
81	1538676150	Megan Dietzel	\$189,152.77	\$2,627.12	72	51
82	1609003011	John Bernat	\$187,954.69	\$17,086.79	11	121
83	1437533130	Katie Broshuis	\$187,228.68	\$1,474.24	127	220
84	1609820240	James Harper	\$186,201.17	\$9,310.06	20	200
85	1447373832	Joshua Wilson	\$186,070.62	\$2,953.50	63	40
86	1053456426	Karen Agricola	\$185,930.81	\$13,280.77	14	137
87	1245353242	Sandy Hong	\$185,134.02	\$1,210.03	153	90
88	1275844649	Katie Campbell	\$185,106.30	\$170.76	1084	119
89	1255823506	Nicole Delagardelle	\$184,653.75	\$191.55	964	91
90	1013026798	Stephen Grant	\$184,517.22	\$3,690.34	50	214
91	1043565328	Sara Moeller	\$184,083.72	\$1,227.22	150	86
92	1063792026	Jill Miller	\$181,717.45	\$221.34	821	102
93	1114521721	Tarrah Holliday	\$180,660.55	\$197.44	915	75
94	1033554498	Matthew Landherr	\$177,019.32	\$983.44	180	36
95	1447519038	Erin Richardson	\$176,861.76	\$636.19	278	68
96	1982699260	Scott Sheets	\$176,838.51	\$309.70	571	180
97	1932464971	Kari Ernst	\$176,740.37	\$2,031.50	87	636
98	1053630640	Jennifer Donovan	\$175,102.25	\$165.82	1056	108
99	1386938447	Theresa Czech	\$173,523.82	\$446.08	389	127
100	1043312432	Charles Love	\$171,748.01	\$1,951.68	88	144



TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

CATEGORY DESCRIPTION	September 2022 / November 2022	RANK	% BUDGET	December 2022 / February 2023	RANK	% BUDGET	% CHANGE
ANTIDIABETICS	\$16,972,565	1	13.3%	\$17,541,838	1	13.1%	3.4%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	\$14,725,937	2	11.5%	\$15,339,260	2	11.4%	4.2%
ANALGESICS - ANTI-INFLAMMATORY	\$11,334,507	3	8.9%	\$11,995,201	3	9.0%	5.8%
DERMATOLOGICALS	\$10,507,812	4	8.2%	\$11,090,620	4	8.3%	5.5%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	\$10,028,853	5	7.8%	\$9,531,519	5	7.1%	-5.0%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	\$7,549,467	6	5.9%	\$9,063,915	6	6.8%	20.1%
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	\$4,504,730	8	3.5%	\$5,181,430	7	3.9%	15.0%
ANTIVIRALS	\$4,950,601	7	3.9%	\$5,023,187	8	3.7%	1.5%
ANTICONVULSANTS	\$4,247,788	9	3.3%	\$4,241,327	9	3.2%	-0.2%
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	\$4,037,524	10	3.2%	\$4,088,394	10	3.1%	1.3%
RESPIRATORY AGENTS - MISC.	\$3,775,202	11	2.9%	\$3,927,525	11	2.9%	4.0%
MIGRAINE PRODUCTS	\$3,486,486	13	2.7%	\$3,863,083	12	2.9%	10.8%
ENDOCRINE AND METABOLIC AGENTS - MISC.	\$3,498,713	12	2.7%	\$3,585,137	13	2.7%	2.5%
ANTIDEPRESSANTS	\$3,389,795	14	2.6%	\$3,302,167	14	2.5%	-2.6%
HEMATOLOGICAL AGENTS - MISC.	\$2,697,222	15	2.1%	\$3,209,192	15	2.4%	19.0%
ANTICOAGULANTS	\$2,339,404	16	1.8%	\$2,392,035	16	1.8%	2.2%
CARDIOVASCULAR AGENTS - MISC.	\$2,049,428	17	1.6%	\$2,196,601	17	1.6%	7.2%
GASTROINTESTINAL AGENTS - MISC.	\$1,626,525	18	1.3%	\$1,700,199	18	1.3%	4.5%
PASSIVE IMMUNIZING AND TREATMENT AGENTS	\$621,781	26	0.5%	\$1,333,718	19	1.0%	114.5%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	\$1,246,340	19	1.0%	\$1,193,163	20	0.9%	-4.3%

TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

CATEGORY DESCRIPTION	September 2022 / November 2022	PREV RANK	December 2022 / February 2023	CURR RANK	% CHANGE
ANTIDEPRESSANTS	148,261	1	148,727	1	0.3%
ANTICONVULSANTS	66,499	3	66,777	2	0.4%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	70,035	2	64,490	3	-7.9%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	64,440	4	64,271	4	-0.3%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	51,835	5	51,992	5	0.3%
ANTIANSXIETY AGENTS	49,808	7	50,018	6	0.4%
ANTIHYPERTENSIVES	50,391	6	49,946	7	-0.9%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	45,386	8	45,484	8	0.2%
ANTIDIABETICS	45,085	9	45,480	9	0.9%
PENICILLINS	34,680	10	36,012	10	3.8%
DERMATOLOGICALS	30,748	11	30,310	11	-1.4%
ANALGESICS - OPIOID	30,692	12	29,864	12	-2.7%
ANALGESICS - ANTI-INFLAMMATORY	30,136	13	29,041	13	-3.6%
ANTIHYPERLIPIDEMICS	29,376	15	28,754	14	-2.1%
ANTI HISTAMINES	29,574	14	26,511	15	-10.4%
BETA BLOCKERS	23,306	17	23,326	16	0.1%
CORTICOSTEROIDS	24,244	16	20,843	17	-14.0%
MUSCULOSKELETAL THERAPY AGENTS	20,271	18	19,787	18	-2.4%
DIURETICS	18,653	19	18,330	19	-1.7%
THYROID AGENTS	17,490	21	17,423	20	-0.4%

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	September 2022 / November 2022	RANK	December 2022 / February 2023	RANK	% CHANGE
HUMIRA(CF) PEN	\$6,508,494	1	\$6,850,118	1	5.2%
VYVANSE	\$3,964,633	3	\$4,182,045	2	5.5%
VRAYLAR	\$3,586,288	4	\$3,869,563	3	7.9%
TRULICITY	\$4,059,733	2	\$3,857,999	4	-5.0%
TRIKAFTA	\$2,845,245	5	\$2,955,571	5	3.9%
LATUDA	\$2,814,550	6	\$2,737,481	6	-2.7%
INVEGA SUSTENNA	\$2,508,388	8	\$2,647,550	7	5.5%
STELARA	\$2,749,977	7	\$2,534,103	8	-7.9%
JARDIANCE	\$2,223,382	9	\$2,357,378	9	6.0%
BIKTARVY	\$2,037,605	10	\$2,106,121	10	3.4%
OZEMPIC	\$1,498,561	13	\$2,035,257	11	35.8%
REXULTI	\$1,549,976	12	\$1,609,342	12	3.8%
LANTUS SOLOSTAR	\$1,583,834	11	\$1,565,228	13	-1.2%
ELIQUIS	\$1,466,055	14	\$1,532,095	14	4.5%
DUPIXENT PEN	\$1,251,196	17	\$1,524,325	15	21.8%
TALTZ AUTOINJECTOR	\$1,316,907	16	\$1,498,705	16	13.8%
VENTOLIN HFA	\$1,056,073	20	\$1,417,196	17	34.2%
SYMBICORT	\$1,366,408	15	\$1,320,169	18	-3.4%
ARISTADA	\$1,204,494	18	\$1,218,669	19	1.2%
CONCERTA	\$330,903	77	\$1,181,467	20	257.0%
TRINTELLIX	\$1,057,642	19	\$1,049,769	21	-0.7%
NURTEC ODT	\$916,474	23	\$1,025,970	22	11.9%
ENBREL SURECLICK	\$889,864	24	\$992,308	23	11.5%
DUPIXENT SYRINGE	\$833,335	26	\$987,884	24	18.5%



SYNAGIS	\$276,560	92	\$936,280	25	238.5%
INGREZZA	\$781,532	28	\$919,331	26	17.6%
COSENTYX PEN (2 PENS)	\$980,753	22	\$914,606	27	-6.7%
ABILIFY MAINTENA	\$868,299	25	\$897,920	28	3.4%
AJOVY AUTOINJECTOR	\$739,485	32	\$876,003	29	18.5%
ADVAIR DISKUS	\$1,039,308	21	\$845,351	30	-18.7%
SKYRIZI PEN	\$685,145	35	\$825,309	31	20.5%
XYWAV	\$720,719	33	\$818,864	32	13.6%
XARELTO	\$777,698	29	\$768,206	33	-1.2%
FLOVENT HFA	\$771,471	30	\$752,116	34	-2.5%
JANUVIA	\$714,962	34	\$686,003	35	-4.1%
MAVYRET	\$762,438	31	\$675,090	36	-11.5%
FARXIGA	\$612,041	40	\$632,118	37	3.3%
AUSTEDO	\$455,667	54	\$630,945	38	38.5%
INVEGA TRINZA	\$639,218	37	\$622,232	39	-2.7%
SPIRIVA HANDIHALER	\$662,219	36	\$619,070	40	-6.5%
EPIDIOLEX	\$569,360	44	\$616,207	41	8.2%
TRELEGY ELLIPTA	\$598,670	42	\$613,777	42	2.5%
HUMIRA(CF)	\$450,571	57	\$612,365	43	35.9%
TREMFYA	\$617,800	39	\$596,283	44	-3.5%
MOUNJARO	\$300,326	83	\$591,987	45	97.1%
STRENSIQ	\$576,701	43	\$576,701	46	0.0%
LINZESS	\$530,460	47	\$574,827	47	8.4%
CAPLYTA	\$384,926	66	\$562,896	48	46.2%
NORDITROPIN FLEXPPO	\$795,693	27	\$543,542	49	-31.7%
EVRYSDI	\$598,857	41	\$541,165	50	-9.6%



INSULIN ASPART FLEXPEN	\$516,869	48	\$519,269	51	0.5%
UBRELVY	\$485,366	51	\$517,907	52	6.7%
VICTOZA 3-PAK	\$532,507	46	\$513,202	53	-3.6%
ADVATE	\$358,961	72	\$505,060	54	40.7%
LANTUS	\$541,449	45	\$482,217	55	-10.9%
OTEZLA	\$415,943	62	\$481,211	56	15.7%
XIFAXAN	\$472,749	52	\$475,778	57	0.6%
ENTRESTO	\$461,580	53	\$472,997	58	2.5%
TRESIBA FLEXTOUCH U-200	\$490,460	50	\$469,047	59	-4.4%
UPTRAVI	\$494,574	49	\$465,756	60	-5.8%
SPIRIVA RESPIMAT	\$435,146	59	\$453,171	61	4.1%
JORNAY PM	\$387,079	65	\$444,235	62	14.8%
WAKIX	\$429,665	60	\$440,459	63	2.5%
HEMLIBRA	\$452,899	55	\$437,419	64	-3.4%
FASENRA PEN	\$358,373	73	\$416,019	65	16.1%
LYBALVI	\$360,342	71	\$414,452	66	15.0%
ADVAIR HFA	\$408,277	63	\$407,473	67	-0.2%
ADDERALL XR	\$123,309	201	\$406,828	68	229.9%
KALYDECO	\$375,734	68	\$406,388	69	8.2%
AIMOVIG AUTOINJECTOR	\$362,933	70	\$405,513	70	11.7%
TAKHZYRO	\$265,333	97	\$393,182	71	48.2%
ORFADIN	\$374,290	69	\$374,290	72	0.0%
NAGLAZYME	\$351,518	75	\$367,870	73	4.7%
METHYLPHENIDATE ER	\$382,826	67	\$363,626	74	-5.0%
PULMOZYME	\$395,465	64	\$353,402	75	-10.6%
ENBREL MINI	\$330,729	78	\$350,751	76	6.1%



SPRYCEL	\$333,147	76	\$350,473	77	5.2%
OPSUMIT	\$279,881	91	\$348,310	78	24.4%
CREON	\$357,805	74	\$345,769	79	-3.4%
NOVOSEVEN RT	\$74,442	277	\$343,599	80	361.6%
VIMPAT	\$451,525	56	\$334,321	81	-26.0%
RAVICTI	\$285,485	87	\$331,618	82	16.2%
LEVEMIR FLEXTOUCH	\$449,079	58	\$325,928	83	-27.4%
ALPROLIX	\$98,142	229	\$324,903	84	231.1%
VERZENIO	\$330,131	79	\$320,402	85	-2.9%
LYNPARZA	\$253,400	109	\$318,889	86	25.8%
HAEGARDA	\$320,567	80	\$318,502	87	-0.6%
QUILLICHEW ER	\$299,871	84	\$314,597	88	4.9%
TALTZ AUTOINJECTOR (2 PACK)	\$229,549	120	\$306,696	89	33.6%
HUMIRA PEN	\$429,026	61	\$306,057	90	-28.7%
EMGALITY PEN	\$280,520	90	\$298,834	91	6.5%
AMOXICILLIN	\$291,014	86	\$298,286	92	2.5%
INSULIN LISPRO	\$302,478	81	\$295,090	93	-2.4%
DEXLANSOPRAZOLE DR	\$223,776	122	\$286,904	94	28.2%
MYRBETRIQ	\$273,470	93	\$285,217	95	4.3%
KESIMPTA PEN	\$258,799	105	\$281,148	96	8.6%
GILENYA	\$238,823	116	\$276,813	97	15.9%
ENBREL	\$301,696	82	\$276,727	98	-8.3%
XYREM	\$261,622	102	\$275,020	99	5.1%
QULIPTA	\$231,974	119	\$273,786	100	18.0%

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	September 2022 / November 2022	PREVIOUS RANK	December 2022 / February 2023	RANK	% CHANGE
AMOXICILLIN	22,548	1	23,431	1	3.9%
SERTRALINE HCL	22,159	2	22,442	2	1.3%
VENTOLIN HFA	15,670	8	21,159	3	35.0%
OMEPRAZOLE	20,685	3	20,597	4	-0.4%
TRAZODONE HCL	19,470	4	19,689	5	1.1%
ESCITALOPRAM OXALATE	17,710	5	17,954	6	1.4%
ATORVASTATIN CALCIUM	17,119	6	16,795	7	-1.9%
GABAPENTIN	16,551	7	16,229	8	-1.9%
LEVOTHYROXINE SODIUM	15,611	9	15,865	9	1.6%
FLUOXETINE HCL	14,388	11	15,251	10	6.0%
LISINOPRIL	14,652	10	14,399	11	-1.7%
HYDROXYZINE HCL	12,768	17	13,257	12	3.8%
BUSPIRONE HCL	13,247	14	13,206	13	-0.3%
VYVANSE	12,796	16	13,031	14	1.8%
PREDNISONE	13,213	15	12,494	15	-5.4%
MONTELUKAST SODIUM	13,615	12	12,285	16	-9.8%
DULOXETINE HCL	12,188	20	12,080	17	-0.9%
HYDROCODONE-ACETAMINOPHEN	12,279	19	11,917	18	-2.9%
AZITHROMYCIN	11,712	22	11,890	19	1.5%
QUETIAPINE FUMARATE	11,823	21	11,591	20	-2.0%
BUPROPION XL	12,674	18	11,225	21	-11.4%
ARIPIPRAZOLE	10,906	25	10,958	22	0.5%
AMOXICILLIN-CLAVULANATE POTASS	10,608	26	10,933	23	3.1%



VENLAFAXINE HCL ER	10,951	24	10,768	24	-1.7%
CETIRIZINE HCL	13,363	13	10,699	25	-19.9%
LAMOTRIGINE	10,294	28	10,663	26	3.6%
CLONIDINE HCL	10,564	27	10,501	27	-0.6%
PANTOPRAZOLE SODIUM	9,966	29	9,922	28	-0.4%
FLUTICASONE PROPIONATE	11,024	23	9,846	29	-10.7%
AMLODIPINE BESYLATE	9,772	30	9,678	30	-1.0%
ONDANSETRON ODT	8,227	40	9,537	31	15.9%
ALPRAZOLAM	9,729	31	9,484	32	-2.5%
CYCLOBENZAPRINE HCL	9,493	32	9,159	33	-3.5%
CLONAZEPAM	8,994	34	8,767	34	-2.5%
METFORMIN HCL	8,625	37	8,450	35	-2.0%
IBUPROFEN	8,324	39	8,240	36	-1.0%
TOPIRAMATE	8,061	42	8,144	37	1.0%
CEPHALEXIN	8,379	38	8,118	38	-3.1%
FAMOTIDINE	7,438	43	7,633	39	2.6%
DEXTROAMPHETAMINE-AMPHET ER	8,982	35	7,324	40	-18.5%
CEFDINIR	8,843	36	7,233	41	-18.2%
RISPERIDONE	7,137	46	7,167	42	0.4%
METOPROLOL SUCCINATE	6,961	47	6,894	43	-1.0%
MELOXICAM	6,960	48	6,794	44	-2.4%
METHYLPHENIDATE ER	9,203	33	6,720	45	-27.0%
DEXTROAMPHETAMINE-AMPHETAMINE	7,333	44	6,569	46	-10.4%
LORAZEPAM	6,436	51	6,478	47	0.7%
LOSARTAN POTASSIUM	6,329	52	6,451	48	1.9%
TRAMADOL HCL	6,497	50	6,102	49	-6.1%



ALBUTEROL SULFATE	8,077	41	6,035	50	-25.3%
MIRTAZAPINE	5,861	53	5,818	51	-0.7%
METFORMIN HCL ER	5,408	56	5,706	52	5.5%
DOXYCYCLINE MONOHYDRATE	5,345	57	5,579	53	4.4%
HYDROCHLOROTHIAZIDE	5,654	54	5,464	54	-3.4%
FUROSEMIDE	5,499	55	5,387	55	-2.0%
LORATADINE	6,598	49	5,269	56	-20.1%
FLUCONAZOLE	5,345	58	5,231	57	-2.1%
ASPIRIN EC	5,177	60	5,137	58	-0.8%
HYDROXYZINE PAMOATE	5,046	61	5,134	59	1.7%
BUPROPION HYDROCHLORIDE E	3,472	94	5,090	60	46.6%
TRIAMCINOLONE ACETONIDE	5,249	59	5,008	61	-4.6%
METRONIDAZOLE	5,011	62	4,916	62	-1.9%
LEVETIRACETAM	4,463	67	4,694	63	5.2%
PRAZOSIN HCL	4,234	76	4,655	64	9.9%
POLYETHYLENE GLYCOL 3350	4,339	69	4,626	65	6.6%
CITALOPRAM HBR	4,692	63	4,546	66	-3.1%
ROSUVASTATIN CALCIUM	4,595	64	4,540	67	-1.2%
ACETAMINOPHEN	4,439	68	4,515	68	1.7%
METHYLPHENIDATE HCL	4,272	72	4,468	69	4.6%
VALACYCLOVIR	4,262	74	4,439	70	4.2%
DICLOFENAC SODIUM	4,522	66	4,335	71	-4.1%
SPIRONOLACTONE	4,260	75	4,297	72	0.9%
SULFAMETHOXAZOLE-TRIMETHOPRIM	4,531	65	4,202	73	-7.3%
TIZANIDINE HCL	4,186	77	4,160	74	-0.6%
TRULICITY	4,298	70	4,102	75	-4.6%



DEXMETHYLPHENIDATE HCL ER	3,874	87	4,081	76	5.3%
GUANFACINE HCL	4,267	73	4,067	77	-4.7%
ATOMOXETINE HCL	3,998	84	4,053	78	1.4%
BACLOFEN	4,174	79	4,048	79	-3.0%
OXYCODONE HCL	4,100	80	3,948	80	-3.7%
ZOLPIDEM TARTRATE	4,079	81	3,945	81	-3.3%
OSELTAMIVIR PHOSPHATE	1,144	184	3,924	82	243.0%
PREGABALIN	3,895	86	3,891	83	-0.1%
SYMBICORT	4,038	82	3,848	84	-4.7%
POTASSIUM CHLORIDE	3,765	89	3,840	85	2.0%
ONDANSETRON HCL	3,460	95	3,818	86	10.3%
PROPRANOLOL HCL	3,649	91	3,782	87	3.6%
FOLIC ACID	3,852	88	3,756	88	-2.5%
ALLERGY RELIEF	1,261	171	3,745	89	197.0%
SUMATRIPTAN SUCCINATE	3,642	92	3,734	90	2.5%
GUANFACINE HCL ER	4,034	83	3,728	91	-7.6%
AMITRIPTYLINE HCL	4,184	78	3,713	92	-11.3%
NAPROXEN	3,998	85	3,712	93	-7.2%
OLANZAPINE	3,574	93	3,697	94	3.4%
METOPROLOL TARTRATE	3,681	90	3,552	95	-3.5%
JARDIANCE	3,399	97	3,492	96	2.7%
FEROSUL	3,417	96	3,436	97	0.6%
LANTUS SOLOSTAR	3,265	100	3,318	98	1.6%
MUPIROCIN	3,273	99	3,264	99	-0.3%
OXCARBAZEPINE	3,053	102	3,051	100	-0.1%



**Iowa Total Care Claims
Quarterly Statistics**

	September 2022 through November 2022	December 2022 through February 2023	%CHANGE
TOTAL PAID AMOUNT	91,659,689.41	98,179,999.00	7.11%
UNIQUE USERS	143,121.00	148,185.00	3.54%
COST PER USER	640.43	662.55	3.45%
TOTAL PRESCRIPTIONS	835,825.00	855,791.00	2.39%
AVERAGE PRESCRIPTION PER USER	5.84	5.78	-1.11%
AVERAGE COST PER PRESCRIPTION	109.66	114.72	4.61%
# GENERIC PRESCRIPTIONS	741,444.00	757,534.00	2.17%
% GENERIC	0.89	0.89	-0.21%
\$ GENERIC	13,397,976.32	13,506,172.56	0.81%
AVERAGE GENERIC PRESCRIPTION COST	18.07	17.83	-1.33%
AVERAGE GENERIC DAYS SUPPLY	31.19	31.45	0.83%
# BRAND PRESCRIPTIONS	94,381.00	98,257.00	4.11%
% BRAND	0.11	0.11	1.72%
\$ BRAND	78,261,713.09	84,673,826.44	8.19%
AVERAGE BRAND PRESCRIPTION COST	829.21	861.76	3.93%
AVERAGE BRAND DAYS SUPPLY	31.43	31.77	1.08%



UTILIZATION BY AGE

AGE	September 2022 through November 2022	December 2022 through February 2023
0-6	54925	51168
13-18	63234	65034
19-64	655030	676443
65+	12130	12207
7-12	50506	50939

UTILIZATION BY GENDER AND AGE

Member Gender	Age Category	September 2022 through November 2022	December 2022 through February 2023
F	0-6	24,373	22,683
	7-12	19,502	19,925
	13-18	34,728	35,713
	19-64	426,810	439,376
	65+	8,081	7,891
M	0-6	30,552	28,485
	7-12	31,004	31,014
	13-18	28,506	29,321
	19-64	228,220	237,067
	65+	4,049	4,316

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
202212 - 202302

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
1	AMBULATORY CARE PHARMACY	IOWA CITY	IA	12,809	\$6,920,569.56	\$540.29	1
2	WALGREENS #5239	DAVENPORT	IA	8,179	\$512,146.70	\$62.62	3
3	WALGREENS #4405	COUNCIL BLUFFS	IA	7,958	\$578,944.56	\$72.75	2
4	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	7,295	\$325,566.50	\$44.63	4
5	WALGREENS #5042	CEDAR RAPIDS	IA	6,474	\$499,082.32	\$77.09	5
6	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	5,940	\$406,499.49	\$68.43	6
7	WALGREENS #7455	WATERLOO	IA	5,721	\$419,399.81	\$73.31	7
8	WALGREENS #359	DES MOINES	IA	5,348	\$396,797.60	\$74.20	8
9	WALGREENS #5721	DES MOINES	IA	5,248	\$324,004.51	\$61.74	9
10	DRILLING PHARMACY	SIOUX CITY	IA	4,862	\$304,980.37	\$62.73	10
11	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	4,786	\$388,069.72	\$81.08	11
12	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	4,676	\$264,658.66	\$56.60	14
13	WALGREENS #15647	SIOUX CITY	IA	4,645	\$362,051.39	\$77.94	12
14	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	4,365	\$380,623.67	\$87.20	18
15	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,360	\$344,106.25	\$78.92	13
16	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	4,329	\$457,278.53	\$105.63	15
17	WALGREENS #3700	COUNCIL BLUFFS	IA	4,303	\$259,444.69	\$60.29	17
18	RIGHT DOSE PHARMACY	ANKENY	IA	4,238	\$213,418.11	\$50.36	19
19	WALGREENS #7453	DES MOINES	IA	4,234	\$326,330.73	\$77.07	16
20	MAHASKA DRUGS INC	OSKALOOSA	IA	4,042	\$257,382.97	\$63.68	21
21	NELSON FAMILY PHARMACY	FORT MADISON	IA	4,014	\$208,486.33	\$51.94	239
22	WALGREENS #5044	BURLINGTON	IA	3,950	\$230,175.04	\$58.27	22
23	WALGREENS #4041	DAVENPORT	IA	3,810	\$231,853.11	\$60.85	28
24	STANGEL PHARMACY	ONAWA	IA	3,683	\$329,100.81	\$89.36	20
25	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	3,531	\$283,143.28	\$80.19	26
26	WALGREENS #7452	DES MOINES	IA	3,527	\$264,649.82	\$75.04	27
27	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,516	\$384,682.15	\$109.41	24
28	HY-VEE PHARMACY (1449)	NEWTON	IA	3,490	\$260,596.68	\$74.67	25
29	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	3,480	\$346,989.84	\$99.71	31
30	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,471	\$270,162.29	\$77.83	23
31	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,351	\$301,938.30	\$90.10	33
32	SOUTH SIDE DRUG	OTTUMWA	IA	3,310	\$289,751.71	\$87.54	30
33	WALGREENS #5470	SIOUX CITY	IA	3,134	\$223,651.33	\$71.36	29
34	HY-VEE PHARMACY (1075)	CLINTON	IA	3,064	\$263,532.90	\$86.01	34
35	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	3,004	\$196,944.57	\$65.56	41
36	MEDICAP LTC	INDIANOLA	IA	3,004	\$129,001.97	\$42.94	48
37	WALGREENS #5886	KEOKUK	IA	2,991	\$173,144.63	\$57.89	37

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
202212 - 202302

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
38	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,928	\$238,440.22	\$81.43	35
39	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	2,892	\$220,422.58	\$76.22	51
40	REUTZEL PHARMACY	CEDAR RAPIDS	IA	2,890	\$197,264.90	\$68.26	39
41	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,867	\$229,708.55	\$80.12	36
42	NUCARA LTC PHARMACY #3	IOWA CITY	IA	2,833	\$64,627.49	\$22.81	42
43	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	2,818	\$251,716.16	\$89.32	32
44	WALMART PHARMACY 10-0559	MUSCATINE	IA	2,818	\$204,003.83	\$72.39	54
45	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	2,791	\$263,831.00	\$94.53	55
46	HY-VEE PHARMACY (1530)	PLEASANT HILL	IA	2,781	\$189,847.57	\$68.27	38
47	DANIEL PHARMACY	FT DODGE	IA	2,757	\$223,853.33	\$81.19	46
48	WALMART PHARMACY 10-2889	CLINTON	IA	2,750	\$172,552.29	\$62.75	47
49	WALGREENS #7454	ANKENY	IA	2,729	\$182,429.09	\$66.85	43
50	UI HEALTHCARE - IOWA RIVER LANDING PHARMACY	CORALVILLE	IA	2,711	\$89,381.52	\$32.97	50
51	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	2,704	\$170,800.71	\$63.17	44
52	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,693	\$211,124.89	\$78.40	49
53	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,691	\$205,364.53	\$76.32	40
54	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	2,684	\$187,627.98	\$69.91	66
55	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,661	\$233,823.00	\$87.87	45
56	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,627	\$225,979.35	\$86.02	52
57	CVS PHARMACY #10282	FORT DODGE	IA	2,626	\$177,881.01	\$67.74	58
58	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	2,572	\$103,255.28	\$40.15	79
59	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,563	\$234,943.83	\$91.67	59
60	WALGREENS #5777	DES MOINES	IA	2,561	\$189,005.09	\$73.80	60
61	HY-VEE PHARMACY (1396)	MARION	IA	2,553	\$251,502.27	\$98.51	65
62	HY-VEE PHARMACY (1522)	PERRY	IA	2,540	\$175,632.81	\$69.15	53
63	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	2,519	\$182,158.10	\$72.31	69
64	THOMPSON DEAN DRUG	SIOUX CITY	IA	2,501	\$225,719.30	\$90.25	56
65	CVS PHARMACY #08546	WATERLOO	IA	2,499	\$213,614.34	\$85.48	62
66	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	2,462	\$215,508.42	\$87.53	64
67	WALMART PHARMACY 10-1496	WATERLOO	IA	2,411	\$199,109.80	\$82.58	71
68	WALGREENS #3875	CEDAR RAPIDS	IA	2,407	\$181,552.85	\$75.43	63
69	WALMART PHARMACY 10-0985	FAIRFIELD	IA	2,390	\$142,066.98	\$59.44	67
70	WAGNER PHARMACY	CLINTON	IA	2,377	\$182,761.15	\$76.89	82
71	WALMART PHARMACY 10-1621	CENTERVILLE	IA	2,339	\$224,017.36	\$95.77	89
72	WALMART PHARMACY 10-1723	DES MOINES	IA	2,339	\$155,426.52	\$66.45	86
73	WALMART PHARMACY 10-1285	OTTUMWA	IA	2,334	\$158,749.70	\$68.02	92
74	HY-VEE PHARMACY (1009)	ALBIA	IA	2,328	\$150,424.64	\$64.62	73

**TOP 100 PHARMACIES BY PRESCRIPTION COUNT
202212 - 202302**

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
75	HY-VEE PHARMACY (1180)	FAIRFIELD	IA	2,327	\$163,081.71	\$70.08	85
76	WALMART PHARMACY 10-3394	ATLANTIC	IA	2,324	\$137,232.69	\$59.05	68
77	COMMUNITY HEALTH CARE PHARMACY	DAVENPORT	IA	2,314	\$60,382.00	\$26.09	108
78	WALGREENS #9708	DUBUQUE	IA	2,312	\$150,813.92	\$65.23	87
79	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	2,309	\$217,655.93	\$94.26	70
80	WALMART PHARMACY 10-0646	ANAMOSA	IA	2,291	\$180,090.21	\$78.61	77
81	WALGREENS #5852	DES MOINES	IA	2,287	\$159,067.92	\$69.55	93
82	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	2,286	\$195,266.22	\$85.42	76
83	WALGREENS #3595	DAVENPORT	IA	2,265	\$167,397.84	\$73.91	57
84	HY-VEE PHARMACY #2 (1018)	AMES	IA	2,256	\$212,553.57	\$94.22	104
85	EXACTCARE	VALLEY VIEW	OH	2,243	\$193,141.52	\$86.11	90
86	REX PHARMACY	ATLANTIC	IA	2,241	\$133,627.46	\$59.63	100
87	HY-VEE PHARMACY (1065)	CHARITON	IA	2,233	\$153,073.39	\$68.55	95
88	WALMART PHARMACY 10-3590	SIOUX CITY	IA	2,226	\$183,758.05	\$82.55	72
89	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	2,218	\$218,100.39	\$98.33	101
90	HY-VEE PHARMACY (1095)	CRESTON	IA	2,208	\$156,144.31	\$70.72	91
91	LAGRANGE PHARMACY	VINTON	IA	2,204	\$157,839.14	\$71.61	84
92	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	2,199	\$288,822.46	\$131.34	130
93	WALGREENS #11759	FORT MADISON	IA	2,195	\$173,524.50	\$79.05	78
94	WALMART PHARMACY 10-1393	OSKALOOSA	IA	2,194	\$230,099.83	\$104.88	98
95	WALMART PHARMACY 10-1509	MAQUOKETA	IA	2,180	\$127,130.77	\$58.32	83
96	WALGREENS #11942	DUBUQUE	IA	2,164	\$158,754.60	\$73.36	105
97	WALMART PHARMACY 10-2716	CEDAR RAPIDS	IA	2,164	\$154,447.35	\$71.37	88
98	WALGREENS #5077	IOWA CITY	IA	2,160	\$124,815.54	\$57.78	102
99	HY-VEE PHARMACY (1382)	LEMARS	IA	2,154	\$208,505.36	\$96.80	94
100	WALGREENS #4714	DES MOINES	IA	2,142	\$153,635.66	\$71.73	81

**TOP 100 PHARMACIES BY PAID AMOUNT
202212 - 202302**



RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	AMBULATORY CARE PHARMACY	IOWA CITY	IA	12,809	\$6,920,569.56	\$2,561.28	1
2	CAREMARK KANSAS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	LENEXA	KS	520	\$2,862,230.27	\$11,975.86	2
3	COMMUNITY, A WALGREENS PHARMACY #16528	DES MOINES	IA	424	\$2,809,650.71	\$15,522.93	3
4	UNITYPOINT AT HOME	URBANDALE	IA	697	\$2,074,934.94	\$7,859.60	4
5	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	1,722	\$1,920,559.81	\$8,850.51	5
6	HY-VEE PHARMACY SOLUTIONS	OMAHA	NE	377	\$1,649,658.53	\$13,633.54	9
7	CVS PHARMACY #00102	AURORA	CO	156	\$1,466,012.72	\$20,943.04	6
8	ACARIAHEALTH PHARMACY #11	HOUSTON	TX	182	\$1,389,836.20	\$17,158.47	7
9	ACCREDITO HEALTH GROUP INC	MEMPHIS	TN	145	\$1,227,632.89	\$18,322.88	8
10	PANTHERX SPECIALTY PHARMACY	PITTSBURGH	PA	25	\$936,861.22	\$104,095.69	11
11	COMMUNITY, A WALGREENS PHARMACY #21250	IOWA CITY	IA	227	\$928,666.32	\$7,738.89	10
12	OPTUM PHARMACY 702, LLC	JEFFERSONVILLE	IN	119	\$861,908.55	\$13,467.32	12
13	HY-VEE PHARMACY SOLUTIONS	DES MOINES	IA	247	\$757,404.82	\$10,375.41	44
14	CAREMARK ILLINOIS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	MT PROSPECT	IL	93	\$600,702.80	\$18,771.96	14
15	WALGREENS #4405	COUNCIL BLUFFS	IA	7,958	\$578,944.56	\$331.20	15
16	CVS/SPECIALTY	MONROEVILLE	PA	93	\$530,061.45	\$12,046.85	17
17	WALGREENS #5239	DAVENPORT	IA	8,179	\$512,146.70	\$248.49	22
18	ACCREDITO HEALTH GROUP INC	WARRENDALE	PA	40	\$512,015.28	\$34,134.35	13
19	WALGREENS #5042	CEDAR RAPIDS	IA	6,474	\$499,082.32	\$288.99	16
20	THE NEBRASKA MED CENTER CLINIC PHCY	OMAHA	NE	570	\$475,973.04	\$3,578.74	21
21	CR CARE PHARMACY	CEDAR RAPIDS	IA	2,029	\$473,002.02	\$2,584.71	26
22	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	4,329	\$457,278.53	\$582.52	19
23	WALGREENS #16270	OMAHA	NE	64	\$439,503.80	\$15,696.56	30
24	PRIMARY HEALTHCARE PHARMACY	DES MOINES	IA	1,825	\$432,143.04	\$1,134.23	35
25	WALGREENS #7455	WATERLOO	IA	5,721	\$419,399.81	\$263.61	31
26	FOUNDATION CARE LLC	EARTH CITY	MO	36	\$410,152.24	\$37,286.57	23
27	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	5,940	\$406,499.49	\$293.29	18
28	ALLEN CLINIC PHARMACY	WATERLOO	IA	1,276	\$397,354.22	\$1,042.92	32
29	WALGREENS #359	DES MOINES	IA	5,348	\$396,797.60	\$294.80	24
30	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	4,786	\$388,069.72	\$397.21	33
31	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,516	\$384,682.15	\$673.70	27
32	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	4,365	\$380,623.67	\$522.12	40
33	ALLIANCERX WALGREENS PHARMACY #15443	FRISCO	TX	28	\$376,376.63	\$37,637.66	34
34	KROGER SPECIALTY PHARMACY LA	HARVEY	LA	47	\$373,628.03	\$17,791.81	20
35	WALGREENS #15647	SIOUX CITY	IA	4,645	\$362,051.39	\$295.07	37
36	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	3,480	\$346,989.84	\$1,949.38	25
37	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,360	\$344,106.25	\$438.35	39
38	STANGEL PHARMACY	ONAWA	IA	3,683	\$329,100.81	\$744.57	38
39	WALGREENS #7453	DES MOINES	IA	4,234	\$326,330.73	\$299.11	46

**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
40	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	7,295	\$325,566.50	\$306.56	45
41	WALGREENS #5721	DES MOINES	IA	5,248	\$324,004.51	\$215.57	41
42	EXPRESS SCRIPTS SPECIALTY DIST SVCS	SAINT LOUIS	MO	27	\$322,853.30	\$29,350.30	36
43	AMBER PHARMACY	OMAHA	NE	74	\$318,983.19	\$13,290.97	28
44	DRILLING PHARMACY	SIOUX CITY	IA	4,862	\$304,980.37	\$595.66	47
45	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,351	\$301,938.30	\$502.39	62
46	OPTUM INFUSION SERVICES 305, LLC	LENEXA	KS	8	\$301,699.95	\$100,566.65	43
47	SOUTH SIDE DRUG	OTTUMWA	IA	3,310	\$289,751.71	\$548.77	42
48	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	2,199	\$288,822.46	\$1,098.18	67
49	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	3,531	\$283,143.28	\$682.27	52
50	GENOA HEALTHCARE, LLC	DAVENPORT	IA	1,370	\$276,329.62	\$1,771.34	54
51	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,471	\$270,162.29	\$486.78	49
52	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	4,676	\$264,658.66	\$256.45	82
53	WALGREENS #7452	DES MOINES	IA	3,527	\$264,649.82	\$315.81	66
54	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	2,791	\$263,831.00	\$530.85	55
55	HY-VEE PHARMACY (1075)	CLINTON	IA	3,064	\$263,532.90	\$497.23	58
56	CAREMARK LLC, DBA CVS/SPECIALTY	REDLANDS	CA	10	\$262,119.32	\$65,529.83	29
57	HY-VEE PHARMACY (1449)	NEWTON	IA	3,490	\$260,596.68	\$394.25	48
58	WALGREENS #3700	COUNCIL BLUFFS	IA	4,303	\$259,444.69	\$259.70	51
59	MAHASKA DRUGS INC	OSKALOOSA	IA	4,042	\$257,382.97	\$404.69	64
60	PARAGON PARTNERS	OMAHA	NE	797	\$255,383.35	\$3,360.31	61
61	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	2,818	\$251,716.16	\$603.64	50
62	HY-VEE PHARMACY (1396)	MARION	IA	2,553	\$251,502.27	\$450.72	69
63	FAIRVIEW SPECIALTY SERVICES PHARMACY	MINNEAPOLIS	MN	26	\$242,634.38	\$30,329.30	102
64	ARJ INFUSION SERVICES, LLC	CEDAR RAPIDS	IA	50	\$241,808.03	\$34,544.00	74
65	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,928	\$238,440.22	\$401.41	60
66	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,563	\$234,943.83	\$536.40	91
67	AVERA SPECIALTY PHARMACY	SIOUX FALLS	SD	66	\$233,910.01	\$7,309.69	53
68	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,661	\$233,823.00	\$516.17	80
69	WALGREENS #4041	DAVENPORT	IA	3,810	\$231,853.11	\$235.38	93
70	WALGREENS #5044	BURLINGTON	IA	3,950	\$230,175.04	\$226.55	65
71	WALMART PHARMACY 10-1393	OSKALOOSA	IA	2,194	\$230,099.83	\$525.34	99
72	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,867	\$229,708.55	\$417.65	98
73	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,627	\$225,979.35	\$397.85	56
74	THOMPSON DEAN DRUG	SIOUX CITY	IA	2,501	\$225,719.30	\$773.01	72
75	MISSION CANCER + BLOOD	DES MOINES	IA	24	\$224,902.10	\$24,989.12	207
76	WALMART PHARMACY 10-1621	CENTERVILLE	IA	2,339	\$224,017.36	\$512.63	73
77	DANIEL PHARMACY	FT DODGE	IA	2,757	\$223,853.33	\$471.27	57
78	WALGREENS #5470	SIOUX CITY	IA	3,134	\$223,651.33	\$323.20	71

**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
79	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	2,892	\$220,422.58	\$427.18	76
80	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	2,218	\$218,100.39	\$520.53	79
81	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	2,309	\$217,655.93	\$545.50	63
82	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	2,462	\$215,508.42	\$433.62	86
83	CVS PHARMACY #08546	WATERLOO	IA	2,499	\$213,614.34	\$355.43	81
84	RIGHT DOSE PHARMACY	ANKENY	IA	4,238	\$213,418.11	\$504.53	88
85	HY-VEE PHARMACY #2 (1018)	AMES	IA	2,256	\$212,553.57	\$422.57	89
86	INFOCUS PHARMACY SERVICES	DUBUQUE	IA	1,718	\$211,375.28	\$866.29	109
87	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,693	\$211,124.89	\$365.27	84
88	WALMART PHARMACY 10-1005	WAVERLY	IA	1,485	\$209,037.12	\$623.99	87
89	HY-VEE PHARMACY (1382)	LEMARS	IA	2,154	\$208,505.36	\$618.71	92
90	NELSON FAMILY PHARMACY	FORT MADISON	IA	4,014	\$208,486.33	\$435.25	487
91	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,691	\$205,364.53	\$349.85	78
92	OPTUM INFUSION SERVICES 302, LLC	LA VISTA	NE	25	\$204,695.28	\$40,939.06	106
93	WALMART PHARMACY 10-0559	MUSCATINE	IA	2,818	\$204,003.83	\$340.01	113
94	FIFIELD PHARMACY	DES MOINES	IA	1,142	\$202,663.88	\$1,266.65	90
95	PANTHERX SPECIALTY PHARMACY	PITTSBURGH	PA	22	\$202,153.38	\$25,269.17	59
96	WALMART PHARMACY 10-1496	WATERLOO	IA	2,411	\$199,109.80	\$352.41	105
97	REUTZEL PHARMACY	CEDAR RAPIDS	IA	2,890	\$197,264.90	\$815.14	83
98	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	3,004	\$196,944.57	\$297.50	131
99	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	2,286	\$195,266.22	\$329.84	95
100	EXACTCARE	VALLEY VIEW	OH	2,243	\$193,141.52	\$1,970.83	101

**TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
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RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
1	1982605762	Jeffrey Wilharm	\$118,468.39	1,881	14.70	1
2	1043211303	Ali Safdar	\$190,038.84	1,156	5.23	15
3	1801998372	Wendy Hansen-Penman	\$40,037.77	1,136	8.74	4
4	1609218304	Amanda Garr	\$167,419.53	1,118	6.86	9
5	1902478811	Joan Anderson	\$212,006.10	1,108	7.91	5
6	1275763047	Rebecca Bowman	\$198,011.09	1,091	5.17	21
7	1215125216	Rebecca Walding	\$88,488.57	1,087	7.99	7
8	1437238110	Genevieve Nelson	\$98,147.84	1,052	7.16	10
9	1770933046	Shelby Biller	\$227,115.18	1,049	5.64	12
10	1053630640	Jennifer Donovan	\$135,469.58	1,044	7.15	3
11	1124006770	Wook Kim	\$61,678.00	1,032	7.12	6
12	1467502286	Charles Tilley	\$205,649.15	1,023	6.35	18
13	1477199198	Sajo Thomas	\$148,941.24	1,019	6.62	17
14	1821268335	Jacqueline Mcinnis	\$90,026.54	1,007	10.71	23
15	1467907394	Cynthia Coenen	\$99,422.09	1,004	8.51	11
16	1013115369	Bobbita Nag	\$44,321.47	999	4.36	2
17	1659358620	Carlos Castillo	\$40,708.62	980	6.36	14
18	1902912538	Christian Jones	\$49,636.49	967	5.46	20
19	1417241621	Ashley Mathes	\$38,152.49	957	5.87	24
20	1982030946	Jacklyn Besch	\$51,237.00	952	5.26	25
21	1134191018	Dustin Smith	\$44,557.48	950	5.16	43
22	1619380680	Tara Brockman	\$43,133.25	946	5.70	8
23	1538157383	David Wenger-Keller	\$49,447.29	943	9.62	19
24	1538368170	Christopher Matson	\$39,054.57	937	6.99	27
25	1891146999	Becky Johnson	\$914,129.82	929	6.19	28
26	1669056123	Kama Ausborn	\$269,336.28	929	6.59	40
27	1558770974	Marc Baumert	\$70,541.39	929	5.19	13
28	1902358443	Melissa Konken	\$148,000.78	927	7.60	22
29	1043434525	Robert Kent	\$61,339.56	921	6.58	31
30	1164538674	Joseph Wanzek	\$74,527.27	915	8.55	26
31	1689077018	Stacy Roth	\$85,594.15	898	6.80	36
32	1144214248	Kristi Walz	\$152,033.48	891	7.49	32
33	1245227099	Donna Dobson Tobin	\$137,438.20	889	8.55	33

**TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
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RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
34	1437209434	Jon Thomas	\$64,360.65	873	5.08	30
35	1821423799	Dorothy Metz	\$65,221.11	861	7.12	63
36	1316356496	Kimberly Roberts	\$55,096.73	851	7.03	38
37	1992103386	Melissa Larsen	\$74,621.46	848	6.63	42
38	1477534279	Edmund Piasecki	\$48,890.00	845	6.31	54
39	1043703887	Tenaea Jeppeson	\$156,293.52	843	6.80	47
40	1396289229	Jesse Becker	\$26,134.85	841	6.32	50
41	1457584740	Eric Meyer	\$68,754.66	834	5.52	57
42	1356754337	Cyndi Mccormick	\$138,780.15	826	6.50	62
43	1275844649	Katie Campbell	\$96,793.75	817	6.43	58
44	1972758126	Rebecca Bollin	\$35,560.83	806	5.30	56
45	1922455096	Dean Guerdet	\$95,878.05	804	5.83	16
46	1285697722	Douglas Jones	\$103,726.47	789	5.89	44
47	1356788129	Rachael Parker	\$70,653.66	789	6.74	51
48	1568431880	Pomilla Kumar	\$45,796.78	782	8.50	29
49	1467465716	Jeffrey Brady	\$42,856.27	779	5.81	46
50	1114521721	Tarra Holliday	\$177,451.24	776	6.63	37
51	1477926434	Jackie Shipley	\$45,058.33	771	4.41	68
52	1326013426	Paul Peterson	\$47,239.00	761	4.97	61
53	1073945499	Jennifer Zalaznik	\$67,777.24	758	7.22	41
54	1699740159	Frank Marino	\$41,456.52	755	4.06	55
55	1255823506	Nicole Delagardelle	\$110,459.05	744	6.53	39
56	1467449710	Michelle Malloy	\$46,391.42	744	6.70	59
57	1780979666	Lindsey Christianson	\$36,039.54	737	5.67	53
58	1689979460	Timothy Doyle	\$45,958.84	732	7.11	34
59	1821333774	Brittni Benda	\$66,581.71	728	4.41	137
60	1508844465	Michele Friedman	\$38,056.35	727	11.36	130
61	1457022725	Angela Bevans	\$99,899.88	724	5.89	117
62	1053398800	Steven Scurr	\$27,706.60	724	5.06	110
63	1336252097	Thomas Baer	\$39,301.60	720	7.66	111
64	1841220290	Kent Kunze	\$33,145.06	720	6.37	65
65	1205393386	Jessica Hudspeth	\$79,543.93	719	6.98	74
66	1316471154	Nicole Woolley	\$44,691.81	717	4.10	72

**TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
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RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
67	1871598557	Christopher Vandelune	\$25,786.75	716	4.53	70
68	1891707832	Lisa Klock	\$53,951.59	713	3.53	129
69	1942314604	Syed Sattar	\$58,606.56	710	7.72	103
70	1649248378	Kathleen Wild	\$40,743.50	708	5.71	121
71	1356359871	Rhea Hartley	\$245,921.99	707	4.26	66
72	1073500690	Kathleen Adams	\$38,004.64	705	5.30	48
73	1518567056	Katie Mogensen	\$90,435.80	703	6.17	60
74	1225414576	Sara Kuhn	\$97,536.34	700	7.69	85
75	1679573893	Patty Hildreth	\$94,719.82	699	6.35	71
76	1033295308	Takashi Kawamitsu	\$45,635.47	699	6.19	77
77	1750845954	Stephanie Giesler	\$77,725.50	693	6.66	88
78	1609496033	Angela Dossett	\$54,791.89	692	10.33	93
79	1528329398	Erin Rowan	\$38,768.32	689	4.39	83
80	1831751908	Kelsey Frame	\$59,146.26	685	6.92	97
81	1356096572	Natasha Lash	\$67,538.30	683	6.27	190
82	1770033888	Joyce Chouinard	\$14,068.76	679	2.21	147
83	1972989721	Jayson Gesulga	\$227,704.93	677	9.03	69
84	1215434691	Dorcas Kamau	\$43,476.69	677	7.13	112
85	1932180437	Basil Hassan	\$34,887.78	677	5.94	99
86	1811938616	Alejandro Curiel	\$45,186.80	676	6.04	87
87	1124389697	Kevin Furness	\$29,496.17	673	5.56	80
88	1962558957	Albert Okine	\$103,084.92	672	8.10	86
89	1952761736	Lindsey Barrows	\$47,337.95	672	5.79	119
90	1467729210	Dana Brecount	\$34,602.60	672	7.07	107
91	1801430731	Harold Horn	\$52,017.39	669	6.25	67
92	1720698335	Danika Hansen	\$83,792.81	668	5.91	94
93	1336625078	Virginia Slaughter	\$71,516.15	663	4.91	128
94	1780877878	Christopher Jacobs	\$50,612.10	660	3.67	52
95	1376579706	Tze Chan	\$41,739.85	657	5.52	79
96	1932582988	Dianne Humphrey	\$58,768.48	656	6.25	73
97	1912991183	Molly Earleywine	\$37,008.41	656	5.66	96
98	1174176093	Carol Chukwuka	\$54,962.43	655	4.71	45
99	1184666539	Penumetsa Raju	\$48,095.40	654	5.64	98

**TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
202212 - 202302**



RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
100	1568532281	Ellen Natvig	\$59,126.15	652	5.13	125

**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
202212 - 202302**



RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
1	1497060776	Usha Perepu	103	\$1,088,566.07	\$10,568.60	2
2	1891146999	Becky Johnson	929	\$914,129.82	\$983.99	3
3	1376777524	Alladdin Abosaida	369	\$853,306.69	\$2,312.48	4
4	1316934318	Steven Lentz	57	\$762,396.42	\$13,375.38	1
5	1326034984	Katherine Mathews	108	\$604,275.27	\$5,595.14	7
6	1295091510	Rebecca Weiner	410	\$571,776.54	\$1,394.58	5
7	1417443953	Rodney Clark	354	\$553,983.13	\$1,564.92	9
8	1619382942	Eirene Alexandrou	166	\$481,842.65	\$2,902.67	6
9	1013126705	Janice Staber	26	\$395,045.36	\$15,194.05	16
10	1649419219	Heather Hunemuller	246	\$318,812.49	\$1,295.99	21
11	1558357806	Robin Hayward	175	\$299,024.98	\$1,708.71	12
12	1588616171	Heather Thomas	118	\$296,037.84	\$2,508.80	23
13	1245353242	Sandy Hong	191	\$288,583.83	\$1,510.91	17
14	1043565328	Sara Moeller	110	\$286,369.36	\$2,603.36	27
15	1487648705	Karen Hunke	118	\$279,361.99	\$2,367.47	43
16	1972560597	Bernard Leman	55	\$278,702.12	\$5,067.31	34
17	1760596357	Amal Shibli-Rahhal	7	\$274,634.97	\$39,233.57	18
18	1669056123	Kama Ausborn	929	\$269,336.28	\$289.92	36
19	1033554498	Matthew Landherr	99	\$253,055.89	\$2,556.12	39
20	1700417169	Courtney Reints	270	\$249,021.71	\$922.30	62
21	1356359871	Rhea Hartley	707	\$245,921.99	\$347.84	105
22	1295078533	Christopher Strouse	33	\$245,411.87	\$7,436.72	42
23	1285748004	Bruce Hughes	94	\$244,314.27	\$2,599.09	20
24	1588288385	Jenifer Jones	117	\$240,221.30	\$2,053.17	8
25	1225263833	Lindsay Orris	136	\$239,796.94	\$1,763.21	19
26	1972989721	Jayson Gesulga	677	\$227,704.93	\$336.34	25
27	1770933046	Shelby Biller	1,049	\$227,115.18	\$216.51	37
28	1043418809	Michael Ciliberto	456	\$224,349.58	\$491.99	44
29	1841607900	Shayla Sanders	126	\$223,970.17	\$1,777.54	15
30	1447242359	Daniel Sleiter	160	\$222,054.63	\$1,387.84	14
31	1891955423	Leah Siegfried	421	\$213,500.22	\$507.13	45

**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
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RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
32	1902478811	Joan Anderson	1,108	\$212,006.10	\$191.34	46
33	1467502286	Charles Tilley	1,023	\$205,649.15	\$201.03	32
34	1245468768	Thomas Schmidt	106	\$203,490.69	\$1,919.72	38
35	1376525196	Randolph Rough	106	\$201,724.58	\$1,903.06	26
36	1275763047	Rebecca Bowman	1,091	\$198,011.09	\$181.50	31
37	1922058148	Jill Poole	14	\$197,746.35	\$14,124.74	382
38	1679521728	Jill Fliege	39	\$195,849.78	\$5,021.79	22
39	1902191059	Amber Tierney	56	\$194,123.87	\$3,466.50	48
40	1265420095	Elizabeth Cooper	142	\$194,031.04	\$1,366.42	67
41	1245624626	Blake Williams	88	\$192,787.68	\$2,190.77	30
42	1932652757	Kelsie Swisher	406	\$191,250.80	\$471.06	11
43	1043211303	Ali Safdar	1,156	\$190,038.84	\$164.39	55
44	1437121407	Linda Cadaret	179	\$179,686.49	\$1,003.84	10
45	1114521721	Tarrah Holliday	776	\$177,451.24	\$228.67	63
46	1134440886	Melissa Wells	105	\$177,140.08	\$1,687.05	47
47	1386902682	Melissa Willis	80	\$174,516.76	\$2,181.46	59
48	1871039917	Elizabeth Allen	48	\$172,069.23	\$3,584.78	41
49	1730406356	Christina Warren	141	\$170,946.33	\$1,212.39	97
50	1841285772	Kathryn Breitbach	125	\$169,836.73	\$1,358.69	285
51	1609218304	Amanda Garr	1,118	\$167,419.53	\$149.75	54
52	1689942518	Patria Alba Aponte	182	\$167,226.31	\$918.83	52
53	1588618359	Barbara Burkle	138	\$166,731.15	\$1,208.20	96
54	1558808501	Jessica Braksiek	38	\$166,509.39	\$4,381.83	35
55	1972583573	Sherry Kolacia-Tighe	170	\$165,822.11	\$975.42	53
56	1255538344	Sarah Feddersen	26	\$165,526.79	\$6,366.42	60
57	1225143316	Susan Jacobi	92	\$161,528.12	\$1,755.74	50
58	1679688626	Lawrence Rettenmaier	82	\$161,290.26	\$1,966.95	40
59	1033221916	Adrian Letz	87	\$157,496.75	\$1,810.31	49
60	1508291717	Jacob Ridder	88	\$157,300.18	\$1,787.50	80
61	1043703887	Tenaea Jeppeson	843	\$156,293.52	\$185.40	72
62	1144214248	Kristi Walz	891	\$152,033.48	\$170.63	84

**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
202212 - 202302**



RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
63	1356752067	Kelly Delaney-Nelson	127	\$149,395.16	\$1,176.34	33
64	1477199198	Sajo Thomas	1,019	\$148,941.24	\$146.16	64
65	1902358443	Melissa Konken	927	\$148,000.78	\$159.66	77
66	1972616316	Jeffrey Brannen	193	\$146,941.44	\$761.35	134
67	1992790778	Myrl Holida	14	\$146,679.44	\$10,477.10	94
68	1821254863	Amy John	123	\$145,254.03	\$1,180.93	83
69	1851568703	Mathew Davey	42	\$144,931.51	\$3,450.75	70
70	1477761328	Amy Calhoun	46	\$141,955.61	\$3,085.99	51
71	1215964796	Donner Dewdney	612	\$141,660.00	\$231.47	184
72	1275742090	Ashar Luqman	577	\$140,803.73	\$244.03	109
73	1407180094	Tulsi Sharma	340	\$140,259.65	\$412.53	86
74	1669740957	Courtney Kremer	106	\$139,120.63	\$1,312.46	79
75	1356754337	Cyndi Mccormick	826	\$138,780.15	\$168.01	65
76	1245227099	Donna Dobson Tobin	889	\$137,438.20	\$154.60	87
77	1205941416	Joseph Gilg	171	\$136,293.03	\$797.04	93
78	1225266364	Sarah Bligh	185	\$136,000.75	\$735.14	78
79	1053630640	Jennifer Donovan	1,044	\$135,469.58	\$129.76	68
80	1184395162	Danielle Van Oosbree	617	\$133,606.93	\$216.54	120
81	1104804053	Winthrop Risk	205	\$133,218.63	\$649.85	88
82	1386084747	Jennifer Condon	185	\$130,766.79	\$706.85	81
83	1134402373	Julie Schuck	100	\$130,763.50	\$1,307.64	61
84	1023555638	Cynthia Johnson	633	\$130,111.75	\$205.55	104
85	1013311778	Melissa Batt	239	\$129,668.57	\$542.55	118
86	1558673095	Amanda Van Wyk	140	\$129,593.97	\$925.67	165
87	1134249832	Steven Craig	95	\$128,157.67	\$1,349.03	69
88	1174584072	Bradley Lair	108	\$126,885.99	\$1,174.87	203
89	1437645272	Megan Eichmeier	408	\$125,568.40	\$307.77	146
90	1295253557	Abbey Modlin	296	\$124,549.18	\$420.77	106
91	1366826109	Alyssa Mrsny	132	\$123,140.56	\$932.88	92
92	1649943689	Jessica Coffey	111	\$123,000.43	\$1,108.11	197
93	1629064324	Katherine Ruppenkamp	72	\$122,592.03	\$1,702.67	685

**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
202212 - 202302**



RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
94	1366858334	Alicia Duyvejonck	276	\$122,382.76	\$443.42	89
95	1326211889	James Friedlander	35	\$121,805.98	\$3,480.17	24
96	1891055612	Zeeshan Jawa	75	\$121,036.80	\$1,613.82	213
97	1720086523	Mark Cleveland	114	\$119,985.31	\$1,052.50	73
98	1497903520	Joseph Nahas	44	\$118,586.09	\$2,695.14	119
99	1982605762	Jeffrey Wilharm	1,881	\$118,468.39	\$62.98	112
100	1144829300	Katie Shannon	58	\$117,918.36	\$2,033.08	157

TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

CATEGORY DESCRIPTION	202209 - 202211			202212 - 202302			CURRENT %	
	PREVIOUS TOTAL COST	PREVIOUS RANK	PREVIOUS % BUDGET	CURRENT TOTAL COST	CURRENT RANK	BUDGET	% CHANGE	
ANTIDIABETICS	\$12,786,364.71	1	13.95 %	\$14,111,614.42	1	14.37 %	0.42 %	
ANTIPSYCHOTICS/ANTIMANIC AGENTS	\$10,044,602.27	2	10.96 %	\$10,554,489.43	2	10.75 %	-0.21 %	
ANALGESICS - ANTI-INFLAMMATORY	\$9,162,966.64	3	10.00 %	\$9,704,105.11	3	9.88 %	-0.11 %	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	\$7,482,809.20	4	8.16 %	\$7,298,277.83	4	7.43 %	-0.73 %	
DERMATOLOGICALS	\$6,700,113.81	5	7.31 %	\$7,276,542.09	5	7.41 %	0.10 %	
ANTIVIRALS	\$4,733,500.72	6	5.16 %	\$5,537,495.12	6	5.64 %	0.48 %	
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	\$4,143,829.50	7	4.52 %	\$5,119,110.26	7	5.21 %	0.69 %	
HEMATOLOGICAL AGENTS - MISC.	\$3,159,443.10	8	3.45 %	\$3,049,645.45	8	3.11 %	-0.34 %	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC	\$2,720,976.07	10	2.97 %	\$2,961,407.75	9	3.02 %	0.05 %	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	\$2,723,338.38	9	2.97 %	\$2,908,249.52	10	2.96 %	-0.01 %	
ENDOCRINE AND METABOLIC AGENTS - MISC.	\$2,351,977.96	13	2.57 %	\$2,796,721.06	11	2.85 %	0.28 %	
RESPIRATORY AGENTS - MISC.	\$2,454,295.79	11	2.68 %	\$2,339,980.99	12	2.38 %	-0.30 %	
ANTIDEPRESSANTS	\$2,221,261.20	14	2.42 %	\$2,275,592.20	13	2.32 %	-0.11 %	
ANTICONVULSANTS	\$2,358,935.11	12	2.57 %	\$2,246,976.30	14	2.29 %	-0.29 %	
MIGRAINE PRODUCTS	\$1,925,696.57	15	2.10 %	\$2,140,200.29	15	2.18 %	0.08 %	
ANTICOAGULANTS	\$1,764,132.73	16	1.92 %	\$1,902,110.79	16	1.94 %	0.01 %	
PASSIVE IMMUNIZING AND TREATMENT AGENTS	\$602,115.78	24	0.66 %	\$1,577,990.43	17	1.61 %	0.95 %	
CARDIOVASCULAR AGENTS - MISC.	\$1,614,408.77	17	1.76 %	\$1,391,989.19	18	1.42 %	-0.34 %	
MISCELLANEOUS THERAPEUTIC CLASSES	\$793,444.90	18	0.87 %	\$969,971.73	19	0.99 %	0.12 %	
GASTROINTESTINAL AGENTS - MISC.	\$782,274.20	19	0.85 %	\$801,552.57	20	0.82 %	-0.04 %	

TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

CURRENT CATEGORY DESCRIPTION	202209 - 202211		202212 - 202302		% CHANGE
	PREVIOUS CLAIMS	PREVIOUS RANK	CURRENT CLAIMS	CURRENT RANK	
ANTIDEPRESSANTS	105,615	1	109,563	1	3.74 %
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	50,882	2	48,769	2	-4.15 %
ANTICONVULSANTS	46,797	3	48,468	3	3.57 %
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	39,945	4	41,355	4	3.53 %
ANTIHYPERTENSIVES	36,675	5	37,764	5	2.97 %
ANTIPSYCHOTICS/ANTIMANIC AGENTS	35,601	6	37,011	6	3.96 %
ANTIANSXIETY AGENTS	35,259	7	36,839	7	4.48 %
ANTIDIABETICS	35,197	8	36,806	8	4.57 %
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	32,700	9	33,365	9	2.03 %
PENICILLINS	26,672	10	29,271	10	9.74 %
ANALGESICS - OPIOID	24,600	11	24,891	11	1.18 %
ANALGESICS - ANTI-INFLAMMATORY	23,188	12	23,411	12	0.96 %
DERMATOLOGICALS	22,657	13	22,879	13	0.98 %
ANTIHYPERLIPIDEMICS	22,389	14	22,769	14	1.70 %
ANTIHISTAMINES	20,683	15	18,888	15	-8.68 %
BETA BLOCKERS	17,989	17	18,568	16	3.22 %
CORTICOSTEROIDS	18,784	16	16,800	17	-10.56 %
MUSCULOSKELETAL THERAPY AGENTS	14,912	18	15,171	18	1.74 %
DIURETICS	14,447	19	14,843	19	2.74 %
THYROID AGENTS	12,970	21	13,231	20	2.01 %

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	202209 - 202211		202212 - 202302		% CHANGE
	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	
Humira Pen	\$5,895,357.98	1	\$6,237,398.86	1	5.80 %
Trulicity	\$2,828,896.80	2	\$3,023,875.80	2	6.89 %
Vraylar	\$2,449,953.89	3	\$2,759,914.38	3	12.65 %
Vyvanse	\$2,064,618.93	4	\$2,352,800.53	4	13.96 %
Biktarvy	\$1,977,719.41	5	\$2,246,392.40	5	13.58 %
Jardiance	\$1,708,042.11	7	\$1,957,367.30	6	14.60 %
Stelara	\$1,704,375.58	8	\$1,899,995.73	7	11.48 %
Invega Sust	\$1,769,572.00	6	\$1,809,354.38	8	2.25 %
Dupixent	\$1,403,275.33	11	\$1,774,781.06	9	26.47 %
Trikafta	\$1,698,415.79	9	\$1,671,352.48	10	-1.59 %
Latuda	\$1,593,857.38	10	\$1,592,426.57	11	-0.09 %
Ozempic	\$1,144,565.30	14	\$1,563,951.21	12	36.64 %
Taltz	\$1,390,689.27	12	\$1,399,435.36	13	0.63 %
Lantus Solos	\$1,311,110.58	13	\$1,393,258.31	14	6.27 %
Synagis	\$369,982.19	53	\$1,325,705.22	15	258.32 %
Eliquis	\$1,082,302.64	16	\$1,208,525.37	16	11.66 %
Symbicort	\$1,111,251.92	15	\$1,087,029.04	17	-2.18 %
Ventolin Hfa	\$771,628.38	22	\$1,077,357.87	18	39.62 %
Aristada	\$1,046,574.33	17	\$1,025,719.72	19	-1.99 %
Mavyret	\$932,468.32	18	\$945,153.97	20	1.36 %
Rexulti	\$893,326.75	21	\$935,831.42	21	4.76 %
Spiriva	\$925,806.95	19	\$901,747.76	22	-2.60 %
Enbrel Srclk	\$726,316.80	23	\$793,719.36	23	9.28 %
Advair Disku	\$910,529.92	20	\$782,453.90	24	-14.07 %
Adynovate	\$636,348.30	26	\$724,673.45	25	13.88 %
Concerta	\$210,970.05	85	\$699,122.05	26	231.38 %
Trintellix	\$646,908.25	25	\$690,161.89	27	6.69 %
Strensiq	\$686,451.90	24	\$686,451.90	28	0.00 %
Invega Trinz	\$574,687.07	32	\$657,506.50	29	14.41 %
Abilify Main	\$631,617.28	27	\$652,056.46	30	3.24 %
Hemlibra	\$312,391.34	62	\$646,974.32	31	107.10 %
Nurtec	\$555,901.93	33	\$646,492.77	32	16.30 %

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	202209 - 202211		202212 - 202302		% CHANGE
	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	
Cosentyx Pen	\$576,773.11	30	\$637,100.79	33	10.46 %
Insulin Aspa	\$615,162.50	28	\$637,057.76	34	3.56 %
Farxiga	\$538,015.12	36	\$623,402.57	35	15.87 %
Xarelto	\$599,838.15	29	\$612,279.02	36	2.07 %
Victoza	\$575,387.19	31	\$572,628.35	37	-0.48 %
Ingrezza	\$469,903.67	42	\$566,866.26	38	20.63 %
Januvia	\$544,277.49	35	\$554,957.75	39	1.96 %
Flovent Hfa	\$548,624.37	34	\$549,021.07	40	0.07 %
Humira	\$533,131.34	37	\$522,649.88	41	-1.97 %
Jynarque	\$412,371.89	47	\$509,660.27	42	23.59 %
Revlimid	\$361,848.00	55	\$508,588.87	43	40.55 %
Entresto	\$444,105.28	45	\$499,923.15	44	12.57 %
Xifaxan	\$479,189.96	41	\$499,331.78	45	4.20 %
Insulin Lisp	\$465,294.57	43	\$480,831.60	46	3.34 %
Tresiba Flex	\$488,033.52	39	\$471,682.19	47	-3.35 %
Evrysdi	\$305,230.70	64	\$471,353.61	48	54.43 %
Austedo	\$353,895.07	57	\$460,282.20	49	30.06 %
Levemir	\$506,551.53	38	\$458,371.38	50	-9.51 %
Trelegy	\$411,009.21	48	\$452,660.97	51	10.13 %
Orkambi	\$396,896.19	52	\$424,642.97	52	6.99 %
Ajovy	\$405,178.36	49	\$406,217.16	53	0.26 %
Ilaris	\$437,668.20	46	\$394,216.54	54	-9.93 %
Advair Hfa	\$355,083.29	56	\$382,154.52	55	7.62 %
Lantus	\$399,997.40	50	\$344,573.25	56	-13.86 %
Methylphenid	\$323,586.07	59	\$342,034.43	57	5.70 %
Linzess	\$316,402.36	61	\$340,504.98	58	7.62 %
Caplyta	\$270,751.28	71	\$336,807.59	59	24.40 %
Skyrizi Pen	\$483,175.03	40	\$324,241.17	60	-32.89 %
Aimovig	\$285,572.61	67	\$317,643.43	61	11.23 %
Cabometyx	\$267,881.52	72	\$295,518.70	62	10.32 %
Norditropin	\$366,957.76	54	\$295,069.82	63	-19.59 %
Genvoya	\$250,792.09	74	\$283,117.30	64	12.89 %

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	202209 - 202211		202212 - 202302		% CHANGE
	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	
Ubrelvy	\$250,474.55	75	\$281,434.85	65	12.36 %
Tremfya	\$235,431.14	80	\$279,681.92	66	18.80 %
Lybalvi	\$179,524.93	99	\$278,472.18	67	55.12 %
Sprycel	\$270,903.57	70	\$276,006.02	68	1.88 %
Takhzyro	\$96,497.06	176	\$269,694.88	69	179.49 %
Varenicline	\$278,002.77	69	\$264,445.45	70	-4.88 %
Verzenio	\$140,879.54	126	\$264,108.26	71	87.47 %
Otezla	\$185,447.48	94	\$261,223.82	72	40.86 %
Opsumit	\$246,295.28	77	\$256,958.19	73	4.33 %
Sofos/velpat	\$255,761.84	73	\$254,486.85	74	-0.50 %
Xywav	\$296,618.36	65	\$248,800.64	75	-16.12 %
Odefsey	\$204,192.85	87	\$246,781.38	76	20.86 %
Amoxicillin	\$222,506.42	83	\$237,488.27	77	6.73 %
Descovy	\$172,511.28	106	\$229,636.63	78	33.11 %
Wakix	\$239,958.29	79	\$225,124.96	79	-6.18 %
Anoro Ellipt	\$200,342.02	88	\$222,280.70	80	10.95 %
Jornay Pm	\$183,461.44	95	\$219,870.88	81	19.85 %
Quillichew	\$204,801.70	86	\$219,492.29	82	7.17 %
Creon	\$229,714.57	82	\$217,048.73	83	-5.51 %
Amphet/dextr	\$234,317.11	81	\$217,010.37	84	-7.39 %
Pulmozyme	\$244,868.18	78	\$216,857.40	85	-11.44 %
Vimpat	\$399,242.28	51	\$214,014.51	86	-46.39 %
Skytrofa	\$60,479.38	252	\$212,667.43	87	251.64 %
Ibrance	\$247,335.29	76	\$206,797.20	88	-16.39 %
Mounjaro	\$92,584.29	183	\$205,457.06	89	121.91 %
Lupr Dep-Ped	\$175,621.71	103	\$204,027.01	90	16.17 %
Rebinyn	\$67,130.88	232	\$197,493.70	91	194.19 %
Emgality	\$169,209.32	109	\$196,977.66	92	16.41 %
Gabapentin	\$190,486.08	91	\$196,145.27	93	2.97 %
Sertraline	\$196,010.35	89	\$195,313.29	94	-0.36 %
Advate	\$286,007.67	66	\$192,001.86	95	-32.87 %
Triumeq	\$157,675.88	114	\$191,497.30	96	21.45 %

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	202209 - 202211		202212 - 202302		% CHANGE
	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	
Tivicay	\$182,586.23	96	\$191,310.39	97	4.78 %
Adempas	\$283,414.74	68	\$186,129.64	98	-34.33 %
Buproprn Hcl	\$174,230.57	104	\$186,008.76	99	6.76 %
Rinvoq	\$115,559.61	150	\$185,803.85	100	60.79 %

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	202209 - 202211		202212 - 202302		% CHANGE
	PREVIOUS PRESCRIPTION COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	
Amoxicillin	17,298	1	18,850	1	8.97 %
Sertraline	16,144	2	16,747	2	3.74 %
Ventolin Hfa	11,423	13	16,134	3	41.24 %
Omeprazole	15,357	3	15,326	4	-0.20 %
Trazodone	13,671	4	14,125	5	3.32 %
Atorvastatin	13,444	5	13,607	6	1.21 %
Escitalopram	13,084	6	13,606	7	3.99 %
Gabapentin	12,519	7	12,907	8	3.10 %
Fluoxetine	12,420	8	12,815	9	3.18 %
Bupropn Hcl	11,678	10	12,385	10	6.05 %
Lisinopril	11,882	9	12,095	11	1.79 %
Levothyroxin	11,535	11	12,084	12	4.76 %
Metformin	11,015	15	11,303	13	2.61 %
Amphet/dextr	11,512	12	10,859	14	-5.67 %
Ondansetron	9,054	21	10,614	15	17.23 %
Prednisone	10,359	16	10,128	16	-2.23 %
Hydroco/apap	9,917	17	10,051	17	1.35 %
Buspirone	9,251	19	9,829	18	6.25 %
Hydroxyz Hcl	8,999	22	9,670	19	7.46 %
Quetiapine	9,179	20	9,544	20	3.98 %
Duloxetine	8,834	23	9,104	21	3.06 %
Amox/k Clav	8,144	26	9,045	22	11.06 %
Azithromycin	8,665	25	8,940	23	3.17 %
Cetirizine	11,079	14	8,565	24	-22.69 %
Methylphenid	9,309	18	8,342	25	-10.39 %
Amlodipine	7,908	28	8,340	26	5.46 %
Venlafaxine	8,129	27	8,340	27	2.60 %
Montelukast	8,802	24	8,293	28	-5.78 %
Aripiprazole	7,615	30	7,969	29	4.65 %
Ibuprofen	7,683	29	7,815	30	1.72 %

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	202209 - 202211		202212 - 202302		% CHANGE
	PREVIOUS PRESCRIPTION COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	
Lamotrigine	7,384	34	7,743	31	4.86 %
Pantoprazole	7,537	31	7,709	32	2.28 %
Cyclobenzapr	7,502	33	7,667	33	2.20 %
Vyvanse	6,855	38	7,534	34	9.91 %
Clonidine	7,029	36	7,305	35	3.93 %
Alprazolam	7,004	37	7,092	36	1.26 %
Fluticasone	7,246	35	6,867	37	-5.23 %
Guanfacine	6,141	41	6,451	38	5.05 %
Albuterol	7,532	32	6,407	39	-14.94 %
Metoprol Suc	6,051	43	6,336	40	4.71 %
Cephalexin	6,115	42	6,304	41	3.09 %
Clonazepam	6,232	40	6,197	42	-0.56 %
Cefdinir	6,585	39	5,622	43	-14.62 %
Famotidine	5,208	49	5,619	44	7.89 %
Topiramate	5,268	48	5,552	45	5.39 %
Meloxicam	5,345	46	5,360	46	0.28 %
Tramadol Hcl	5,304	47	5,272	47	-0.60 %
Losartan Pot	4,940	52	5,153	48	4.31 %
Aspirin Low	4,981	51	5,134	49	3.07 %
Propranolol	4,769	53	5,037	50	5.62 %
Lorazepam	4,676	54	4,796	51	2.57 %
Risperidone	4,516	56	4,706	52	4.21 %
Loratadine	5,592	44	4,605	53	-17.65 %
Hydrochlorot	4,533	55	4,509	54	-0.53 %
Mirtazapine	4,223	57	4,364	55	3.34 %
Doxycyc Mono	4,131	59	4,285	56	3.73 %
Furosemide	4,177	58	4,253	57	1.82 %
Metronidazol	3,988	60	4,056	58	1.71 %
Fluconazole	3,943	62	4,048	59	2.66 %
Triamcinolon	3,987	61	3,939	60	-1.20 %

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	202209 - 202211		202212 - 202302		% CHANGE
	PREVIOUS PRESCRIPTION COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	
Levetiraceta	3,619	65	3,938	61	8.81 %
Prazosin Hcl	3,726	63	3,918	62	5.15 %
Hydroxyz Pam	3,704	64	3,838	63	3.62 %
Rosuvastatin	3,351	70	3,580	64	6.83 %
Oxycodone	3,366	69	3,546	65	5.35 %
Amitriptylin	3,437	67	3,535	66	2.85 %
Acetamin	3,410	68	3,500	67	2.64 %
Prednisolone	5,045	50	3,461	68	-31.40 %
Diclofenac	3,491	66	3,459	69	-0.92 %
Spironolact	3,221	72	3,459	70	7.39 %
Citalopram	3,311	71	3,361	71	1.51 %
Valacyclovir	3,107	74	3,303	72	6.31 %
Trulicity	3,086	75	3,249	73	5.28 %
Folic Acid	3,167	73	3,247	74	2.53 %
Tizanidine	3,080	76	3,165	75	2.76 %
Pregabalin	2,928	82	3,129	76	6.86 %
Symbicort	3,075	77	3,045	77	-0.98 %
Lantus Solos	2,837	85	3,012	78	6.17 %
Zolpidem	2,979	78	2,999	79	0.67 %
Oseltamivir	878	168	2,984	80	239.86 %
Naproxen	2,966	79	2,963	81	-0.10 %
Clindamycin	2,943	81	2,948	82	0.17 %
Ferosul	2,889	83	2,936	83	1.63 %
Divalproex	2,810	86	2,930	84	4.27 %
Baclofen	2,790	87	2,828	85	1.36 %
Metoprol Tar	2,878	84	2,822	86	-1.95 %
Olanzapine	2,707	88	2,797	87	3.32 %
Polyeth Glyc	2,955	80	2,790	88	-5.58 %
Sumatriptan	2,694	89	2,726	89	1.19 %
Atomoxetine	2,379	91	2,676	90	12.48 %

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	202209 - 202211		202212 - 202302		% CHANGE
	PREVIOUS PRESCRIPTION COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	
Jardiance	2,275	94	2,493	91	9.58 %
Mupirocin	2,380	90	2,436	92	2.35 %
Nystatin	2,338	92	2,375	93	1.58 %
Insulin Lisp	2,291	93	2,265	94	-1.13 %
Bupropion	2,199	96	2,254	95	2.50 %
Oxcarbazepin	2,042	100	2,149	96	5.24 %
Flovent Hfa	2,152	98	2,144	97	-0.37 %
Vraylar	1,995	106	2,139	98	7.22 %
Tamsulosin	1,997	105	2,088	99	4.56 %
Pot Chloride	2,244	95	2,079	100	-7.35 %



Fee for Service Claims Quarterly Statistics

	September through November 2022	December through February 2023	% CHANGE
TOTAL PAID AMOUNT	\$2,587,322	\$2,891,133	11.7%
UNIQUE USERS	3,850	3,826	-0.6%
COST PER USER	\$672.03	\$755.65	12.4%
TOTAL PRESCRIPTIONS	21,421	22,068	3.0%
AVERAGE PRESCRIPTIONS PER USER	5.56	5.77	3.7%
AVERAGE COST PER PRESCRIPTION	\$120.78	\$131.01	8.5%
# GENERIC PRESCRIPTIONS	19,002	19,421	2.2%
% GENERIC	88.7%	88.0%	-0.8%
\$ GENERIC	\$949,076	\$947,423	-0.2%
AVERAGE GENERIC PRESCRIPTION COST	\$49.95	\$48.78	-2.3%
AVERAGE GENERIC DAYS SUPPLY	29	28	-3.4%
# BRAND PRESCRIPTIONS	2,419	2,647	9.4%
% BRAND	11.3%	12.0%	6.2%
\$ BRAND	\$1,638,246	\$1,943,709	18.6%
AVERAGE BRAND PRESCRIPTION COST	\$677.24	\$734.31	8.4%
AVERAGE BRAND DAYS SUPPLY	29	29	0.0%

UTILIZATION BY AGE		
AGE	September through November 2022	December through February 2023
0-6	272	245
7-12	572	530
13-18	788	781
19-64	2,199	2,238
65+	19	32
	3,850	3,826

UTILIZATION BY GENDER AND AGE			
GENDER	AGE	September through November 2022	December through February 2023
F	0-6	125	117
	7-12	251	238
	13-18	384	380
	19-64	1,347	1,371
	65+	11	16
		2,118	2,122
M	0-6	147	128
	7-12	321	292
	13-18	404	401
	19-64	852	867
	65+	8	16
		1,732	1,704

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
December through February 2023

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
1	SIOUXLAND COMM HEALTH CTR PHARMA	SIOUX CITY	IA	894	\$59,517.78	\$66.57	1
2	MESKWAKI PHARMACY	TAMA	IA	781	\$499,833.18	\$639.99	2
3	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	719	\$205,939.45	\$286.42	5
4	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	696	\$23,541.22	\$33.82	3
5	WALGREENS #15647	SIOUX CITY	IA	551	\$31,947.98	\$57.98	4
6	THOMPSON-DEAN DRUG	SIOUX CITY	IA	415	\$24,376.87	\$58.74	6
7	WCHS PHARMACY	WINNEBAGO	NE	270	\$172,800.00	\$640.00	7
8	GENOA HEALTHCARE LLC	SIOUX CITY	IA	265	\$43,497.87	\$164.14	8
9	WALGREEN #04405	COUNCIL BLUFFS	IA	229	\$11,776.90	\$51.43	9
10	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	176	\$13,092.01	\$74.39	15
11	PRIMARY HEALTH CARE PHARMACY	DES MOINES	IA	172	\$18,165.59	\$105.61	10
12	WALGREEN #910	SIOUX CITY	IA	164	\$15,857.70	\$96.69	11
13	WALGREEN #05239	DAVENPORT	IA	162	\$12,012.09	\$74.15	16
14	WALGREEN COMPANY #05470	SIOUX CITY	IA	157	\$6,688.43	\$42.60	12
15	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	144	\$8,652.01	\$60.08	19
16	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	141	\$9,717.10	\$68.92	17
17	HY VEE PHARMACY #6 1155	DES MOINES	IA	139	\$6,220.77	\$44.75	34
18	NELSON FAMILY PHARMACY	FORT MADISON	IA	134	\$7,442.59	\$55.54	29
19	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	122	\$43,040.36	\$352.79	14
20	BROADLAWNS MEDICAL CENTER	DES MOINES	IA	121	\$2,491.00	\$20.59	35
21	WALGREEN COMPANY #3700	COUNCIL BLUFFS	IA	119	\$8,871.62	\$74.55	39
22	MEDICAP PHARMACY	JEFFERSON	IA	119	\$5,724.64	\$48.11	28
23	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	112	\$7,143.51	\$63.78	43
24	HY-VEE MAINSTREET PHARMACY #7070	SIOUX CITY	IA	110	\$5,730.33	\$52.09	30
25	RIGHT DOSE PHARMACY	ANKENY	IA	109	\$3,399.48	\$31.19	21

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
December through February 2023

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
26	WALGREEN #04041	DAVENPORT	IA	108	\$5,973.56	\$55.31	49
27	ALL CARE HEALTH CENTER PHARMACY	COUNCIL BLUFFS	IA	105	\$5,144.23	\$48.99	13
28	MEDICAP PHARMACY	ANKENY	IA	100	\$8,649.55	\$86.50	62
29	WALGREEN COMPANY #05512	BETTENDORF	IA	100	\$2,332.18	\$23.32	27
30	MEDICAP PHARMACY	KNOXVILLE	IA	100	\$9,571.12	\$95.71	38
31	PHARMACY MATTERS LTC	IOWA CITY	IA	94	\$1,158.60	\$12.33	22
32	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	92	\$4,104.32	\$44.61	25
33	MEDICAP PHARMACY	WAUKEE	IA	91	\$1,409.75	\$15.49	59
34	COVENANT FAMILY PHARMACY	WATERLOO	IA	91	\$1,795.86	\$19.73	20
35	HY-VEE DRUGSTORE #7026	CEDAR RAPIDS	IA	91	\$1,111.01	\$12.21	51
36	NUCARA PHARMACY #27	PLEASANT HILL	IA	91	\$4,076.08	\$44.79	32
37	IOWA VETERANS HOME	MARSHALLTOWN	IA	89	\$3,947.89	\$44.36	18
38	MERCY MEDICAL CENTER NORTH IA DB	MASON CITY	IA	88	\$3,319.96	\$37.73	56
39	DANIEL PHARMACY INC	FORT DODGE	IA	84	\$7,096.17	\$84.48	65
40	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	84	\$6,676.04	\$79.48	23
41	WALGREEN #05721	DES MOINES	IA	84	\$2,071.24	\$24.66	71
42	STANGEL PHARMACY	ONAWA	IA	84	\$6,963.41	\$82.90	52
43	SMART SCRIPTS	WASHINGTON	IA	83	\$3,867.75	\$46.60	24
44	HY-VEE PHARMACY (1396)	MARION	IA	80	\$1,205.54	\$15.07	58
45	UI HEALTHCARE RIVER LANDING PHAR	CORALVILLE	IA	79	\$5,859.60	\$74.17	84
46	WALGREEN #06678	WEST DES MOINES	IA	79	\$7,580.25	\$95.95	80
47	MEDICAP PHARMACY	RED OAK	IA	79	\$2,414.62	\$30.56	42
48	BOOTH PHARMACY	HAWARDEN	IA	79	\$2,372.17	\$30.03	45
49	WALGREENS #07453	DES MOINES	IA	78	\$7,171.84	\$91.95	41
50	WALGREEN COMPANY 07455	WATERLOO	IA	77	\$2,336.66	\$30.35	26
51	WALGREEN #07454	ANKENY	IA	76	\$6,567.40	\$86.41	37

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
December through February 2023

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
52	HY-VEE PHARMACY #3 (1889)	WEST DES MOINES	IA	76	\$1,140.64	\$15.01	60
53	HY-VEE PHARMACY #2 (1023)	ANKENY	IA	76	\$6,407.93	\$84.31	53
54	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	75	\$1,855.09	\$24.73	50
55	HERITAGE PARK PHARMACY	WEST BURLINGTON	IA	75	\$8,509.99	\$113.47	85
56	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	74	\$6,095.50	\$82.37	47
57	WAL-MART PHARMACY #10-3394	ATLANTIC	IA	74	\$6,420.48	\$86.76	31
58	HARTIG PHARMACY SERVICES	DUBUQUE	IA	73	\$13,860.27	\$189.87	57
59	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	73	\$10,590.24	\$145.07	72
60	MEDICAP PHARMACY	GRIMES	IA	72	\$1,252.97	\$17.40	68
61	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	71	\$7,368.49	\$103.78	144
62	CORNERSTONE APOTHECARY	BELLE PLAINE	IA	71	\$4,804.00	\$67.66	54
63	HY-VEE STORE CLINIC 1023-039	GRIMES	IA	69	\$892.01	\$12.93	79
64	WAL-MART PHARMACY 10-1526	STORM LAKE	IA	68	\$3,881.56	\$57.08	102
65	MERCY OUTPATIENT PHARMACY	DES MOINES	IA	68	\$1,411.29	\$20.75	173
66	HY-VEE PHARMACY (1271)	INDIANOLA	IA	68	\$2,280.04	\$33.53	40
67	WALGREEN #03196	MARSHALLTOWN	IA	66	\$2,741.75	\$41.54	46
68	WALGREEN COMPANYY #05060	CLIVE	IA	66	\$1,355.84	\$20.54	48
69	MEDICAP PHARMACY	INDIANOLA	IA	65	\$1,603.95	\$24.68	67
70	WALGREEN COMPANY #07967	CLIVE	IA	65	\$827.36	\$12.73	94
71	BENNETT PHARMACY INC	NEW HAMPTON	IA	65	\$9,548.69	\$146.90	121
72	HY-VEE PHARMACY 1011	ALTOONA	IA	64	\$1,990.53	\$31.10	76
73	WAL-MART PHARMACY #10-0985	FAIRFIELD	IA	63	\$29,824.84	\$473.41	231
74	WAL-MART PHARMACIES #10-0753	CEDAR FALLS	IA	63	\$2,376.92	\$37.73	180
75	LEEDS PHARMACY INC	SIOUX CITY	IA	62	\$6,997.77	\$112.87	88
76	GENOA HEALTHCARE LLC	DAVENPORT	IA	62	\$2,238.31	\$36.10	92
77	WALGREEN #7452	DES MOINES	IA	62	\$1,249.71	\$20.16	66

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
December through February 2023

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
78	HY VEE DRUGSTORE 7007-039	AMES	IA	62	\$4,222.55	\$68.11	170
79	HY-VEE PHARMACY (1065)	CHARITON	IA	61	\$909.73	\$14.91	83
80	HY-VEE PHARMACY #2 (1160)	DUBUQUE	IA	61	\$1,584.49	\$25.98	86
81	PARAGON PARTNERS	OMAHA	NE	61	\$7,805.73	\$127.96	211
82	CVS PHARMACY #4816	COUNCIL BLUFFS	IA	60	\$784.44	\$13.07	61
83	HY VEE PHARMACY 7072	TOLEDO	IA	60	\$3,024.01	\$50.40	77
84	HY-VEE PHARMACY 1068	CHEROKEE	IA	60	\$939.79	\$15.66	107
85	CVS PHARMACY #16893	ANKENY	IA	59	\$6,174.99	\$104.66	135
86	COMMUNITY PHARMACY	CLARION	IA	59	\$843.33	\$14.29	136
87	CARROLL APOTHECARY	CARROLL	IA	58	\$1,366.20	\$23.56	179
88	PRAIRIE PARKWAY PHARMACY	CEDAR FALLS	IA	57	\$7,798.24	\$136.81	105
89	CVS PHARMACY #10114	ANKENY	IA	57	\$3,305.56	\$57.99	188
90	HY-VEE PHARMACY (1075)	CLINTON	IA	56	\$4,994.54	\$89.19	103
91	HY-VEE PHARMACY (1318)	JOHNSTON	IA	56	\$1,164.07	\$20.79	274
92	HY-VEE DRUGSTORE (7031)	DES MOINES	IA	56	\$4,475.41	\$79.92	93
93	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	55	\$5,255.56	\$95.56	95
94	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	55	\$3,866.91	\$70.31	182
95	MEDICAP PHARMACY	NORWALK	IA	55	\$3,421.77	\$62.21	192
96	COMMUNITY HEALTH CARE INC	DAVENPORT	IA	55	\$3,141.15	\$57.11	81
97	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	54	\$1,482.26	\$27.45	129
98	KOERNER WHIPPLE PHARMACY	HAMPTON	IA	54	\$1,162.25	\$21.52	252
99	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	54	\$7,329.18	\$135.73	110
100	HY-VEE PHARMACY (1247)	HUMBOLDT	IA	54	\$2,764.87	\$51.20	176

TOP 100 PHARMACIES BY PAID AMOUNT December through February 2023							
RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	MESKWAKI PHARMACY	TAMA	IA	781	\$499,833.18	\$1,700.11	1
2	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	719	\$205,939.45	\$1,688.03	3
3	WCHS PHARMACY	WINNEBAGO	NE	270	\$172,800.00	\$1,600.00	2
4	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	33	\$142,218.99	\$10,158.50	4
5	CVS PHARMACY #00102	AURORA	CO	10	\$140,217.58	\$46,739.19	5
6	UNITY POINT AT HOME	URBANDALE	IA	15	\$92,435.86	\$10,270.65	
7	SIOUXLAND COMM HEALTH CTR PHARMA	SIOUX CITY	IA	894	\$59,517.78	\$350.10	8
8	CAREMARK KANSAS SPEC PHARMACY LL	LENEXA	KS	35	\$54,667.36	\$3,416.71	13
9	COMM A WALGREENS PHARMACY #16528	DES MOINES	IA	11	\$54,146.52	\$13,536.63	10
10	GENOA HEALTHCARE LLC	SIOUX CITY	IA	265	\$43,497.87	\$1,208.27	18
11	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	122	\$43,040.36	\$1,304.25	9
12	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	53	\$33,415.77	\$11,138.59	12
13	WALGREENS #15647	SIOUX CITY	IA	551	\$31,947.98	\$206.12	11
14	WAL-MART PHARMACY #10-0985	FAIRFIELD	IA	63	\$29,824.84	\$2,982.48	21
15	MEYER HEALTHMART PHARMACY	WAVERLY	IA	44	\$28,974.23	\$4,139.18	15
16	CVS CAREMARK	MOUNT PROSPECT	IL	16	\$26,592.10	\$5,318.42	518
17	COMMUNITY A WALGREENS PHARMACY	IOWA CITY	IA	11	\$26,082.92	\$8,694.31	24
18	THE NEBRASKA MED CENTER CLIN PHA	OMAHA	NE	17	\$24,606.73	\$4,921.35	60
19	THOMPSON-DEAN DRUG	SIOUX CITY	IA	415	\$24,376.87	\$477.98	16
20	OSTERHAUS PHARMACY	MAQUOKETA	IA	41	\$23,801.99	\$4,760.40	26
21	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	696	\$23,541.22	\$367.83	17
22	UNITYPOINT AT HOME	URBANDALE	IA	6	\$23,324.03	\$3,887.34	6
23	CR CARE PHARMACY	CEDAR RAPIDS	IA	22	\$23,065.78	\$5,766.45	20
24	OPTUM INFUSION SERVICES 550 LLC	URBANDALE	IA	3	\$21,134.82	\$21,134.82	19
25	FRED LEROY HEALTH & WELLNESS	OMAHA	NE	33	\$21,120.00	\$2,112.00	23

TOP 100 PHARMACIES BY PAID AMOUNT December through February 2023							
RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
26	AVERA SPECIALTY PHARMACY	SIOUX FALLS	SD	3	\$19,675.64	\$19,675.64	
27	PRIMARY HEALTH CARE PHARMACY	DES MOINES	IA	172	\$18,165.59	\$318.69	14
28	WALGREEN #910	SIOUX CITY	IA	164	\$15,857.70	\$386.77	22
29	HARTIG PHARMACY SERVICES	DUBUQUE	IA	73	\$13,860.27	\$3,465.07	25
30	KROGER SPECIALTY PHARMACY LA LLC	HARVEY	LA	3	\$13,108.99	\$13,108.99	47
31	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	176	\$13,092.01	\$689.05	34
32	WALGREEN #05239	DAVENPORT	IA	162	\$12,012.09	\$343.20	31
33	ANOVORX GROUP INC	MEMPHIS	TN	6	\$11,969.28	\$3,989.76	108
34	PARKVIEW PHARMACY	NEVADA	IA	42	\$11,933.00	\$2,983.25	29
35	WALGREEN #04405	COUNCIL BLUFFS	IA	229	\$11,776.90	\$245.35	27
36	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	73	\$10,590.24	\$2,118.05	50
37	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	141	\$9,717.10	\$388.68	35
38	MEDICAP PHARMACY	KNOXVILLE	IA	100	\$9,571.12	\$957.11	38
39	BENNETT PHARMACY INC	NEW HAMPTON	IA	65	\$9,548.69	\$1,060.97	161
40	WALGREEN COMPANY #3700	COUNCIL BLUFFS	IA	119	\$8,871.62	\$369.65	37
41	HY VEE PHARMACY 1060	CEDAR RAPIDS	IA	38	\$8,761.65	\$973.52	93
42	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	144	\$8,652.01	\$240.33	44
43	MEDICAP PHARMACY	ANKENY	IA	100	\$8,649.55	\$1,081.19	58
44	HERITAGE PARK PHARMACY	WEST BURLINGTON	IA	75	\$8,509.99	\$567.33	36
45	HY-VEE PHARMACY (1634)	STORM LAKE	IA	44	\$8,286.78	\$2,071.70	45
46	PARAGON PARTNERS	OMAHA	NE	61	\$7,805.73	\$1,561.15	90
47	PRAIRIE PARKWAY PHARMACY	CEDAR FALLS	IA	57	\$7,798.24	\$974.78	98
48	MEDICAP PHARMACY	DES MOINES	IA	14	\$7,793.19	\$3,896.60	88
49	NUCARA PHARMACY #100	GREENFIELD	IA	47	\$7,725.82	\$2,575.27	61
50	GENOA HEALTH LLC	MARSHALLTOWN	IA	12	\$7,613.74	\$1,903.44	74
51	WALGREEN #06678	WEST DES MOINES	IA	79	\$7,580.25	\$398.96	102

TOP 100 PHARMACIES BY PAID AMOUNT
December through February 2023

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
52	NELSON FAMILY PHARMACY	FORT MADISON	IA	134	\$7,442.59	\$930.32	79
53	UNIVERSITY OF IOWA COMMUNITY HOM	IOWA CITY	IA	31	\$7,421.42	\$3,710.71	286
54	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	71	\$7,368.49	\$818.72	103
55	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	54	\$7,329.18	\$666.29	59
56	LEWIS FAMILY DRUG #69	ROCK VALLEY	IA	42	\$7,176.82	\$1,435.36	334
57	WALGREENS #07453	DES MOINES	IA	78	\$7,171.84	\$358.59	41
58	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	112	\$7,143.51	\$549.50	30
59	HY-VEE PHARMACY 1071	CLARINDA	IA	53	\$7,119.34	\$791.04	56
60	DANIEL PHARMACY INC	FORT DODGE	IA	84	\$7,096.17	\$417.42	49
61	LEEDS PHARMACY INC	SIOUX CITY	IA	62	\$6,997.77	\$583.15	75
62	STANGEL PHARMACY	ONAWA	IA	84	\$6,963.41	\$267.82	95
63	GENOA HEALTHCARE LLC	MASON CITY	IA	28	\$6,704.05	\$1,340.81	416
64	WALGREEN COMPANY #05470	SIOUX CITY	IA	157	\$6,688.43	\$152.01	55
65	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	84	\$6,676.04	\$392.71	109
66	WALGREEN #07454	ANKENY	IA	76	\$6,567.40	\$328.37	137
67	CASH SAVER	DES MOINES	IA	46	\$6,501.06	\$2,167.02	53
68	WAL-MART PHARMACY #10-3394	ATLANTIC	IA	74	\$6,420.48	\$428.03	32
69	HY-VEE PHARMACY #2 (1023)	ANKENY	IA	76	\$6,407.93	\$457.71	39
70	PELLA REGIONAL HEALTH CENTER PHA	PELLA	IA	38	\$6,324.68	\$632.47	247
71	HY VEE PHARMACY #6 1155	DES MOINES	IA	139	\$6,220.77	\$270.47	64
72	HY-VEE PHARMACY (1522)	PERRY	IA	29	\$6,213.77	\$621.38	496
73	CVS PHARMACY #16893	ANKENY	IA	59	\$6,174.99	\$1,543.75	83
74	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	74	\$6,095.50	\$761.94	130
75	GENOA HEALTHCARE LLC	FORT DODGE	IA	32	\$6,017.73	\$2,005.91	278
76	WALGREEN #04041	DAVENPORT	IA	108	\$5,973.56	\$351.39	143
77	CVS PHARMACY #17554	CEDAR FALLS	IA	33	\$5,905.55	\$1,476.39	84

TOP 100 PHARMACIES BY PAID AMOUNT December through February 2023							
RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
78	UI HEALTHCARE RIVER LANDING PHAR	CORALVILLE	IA	79	\$5,859.60	\$308.40	105
79	CHI HEALTH PHARMACY WEST BROADWA	COUNCIL BLUFFS	IA	33	\$5,807.40	\$645.27	51
80	HY-VEE MAINSTREET PHARMACY #7070	SIOUX CITY	IA	110	\$5,730.33	\$184.85	67
81	MEDICAP PHARMACY	JEFFERSON	IA	119	\$5,724.64	\$715.58	42
82	SOUTH SIDE DRUG	OTTUMWA	IA	27	\$5,536.74	\$922.79	57
83	WAGNER PHARMACY	CLINTON	IA	30	\$5,344.80	\$1,781.60	69
84	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	55	\$5,255.56	\$1,751.85	48
85	ALLEN MEMORIAL HOSPITAL	WATERLOO	IA	40	\$5,185.06	\$370.36	175
86	ALL CARE HEALTH CENTER PHARMACY	COUNCIL BLUFFS	IA	105	\$5,144.23	\$367.45	33
87	VALUMED PHARMACY	CORALVILLE	IA	37	\$5,018.81	\$2,509.41	65
88	HY-VEE PHARMACY (1075)	CLINTON	IA	56	\$4,994.54	\$624.32	86
89	CORNERSTONE APOTHECARY	BELLE PLAINE	IA	71	\$4,804.00	\$4,804.00	89
90	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	38	\$4,741.77	\$790.30	81
91	BETTER HEALTH INC DBA	MISSOURI VALLEY	IA	25	\$4,642.64	\$2,321.32	82
92	MERCY HEALTH SERVICES IOWA CORP	MASON CITY	IA	43	\$4,581.81	\$381.82	195
93	WALGREENS #11759	FORT MADISON	IA	26	\$4,512.53	\$644.65	73
94	OPTUM PHARMACY 702, LLC	JEFFERSONVILLE	IN	10	\$4,494.96	\$898.99	40
95	HY-VEE DRUGSTORE (7031)	DES MOINES	IA	56	\$4,475.41	\$745.90	46
96	WAL-MART PHARMACY #10-1389	BOONE	IA	38	\$4,475.35	\$895.07	80
97	COMMUNITY A WALGREENS PHARMACY	MINNEAPOLIS	MN	10	\$4,444.61	\$4,444.61	43
98	L & M PHARMACY CARE	LE MARS	IA	24	\$4,438.59	\$4,438.59	
99	HY-VEE PHARMACY 1297	JEFFERSON	IA	36	\$4,407.17	\$489.69	52
100	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	52	\$4,311.51	\$187.46	77

TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
December through February 2023

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
1	1043418809	MICHAEL CILIBERTO	\$20,081.03	182	4.79	3
2	1053340661	LEIGHTON E FROST MD	\$109,561.09	178	2.41	1
3	1194888024	ALICIA D WAGER NP	\$70,701.13	135	2.01	2
4	1902358443	MELISSA KONKEN ARNP	\$17,212.78	134	11.17	7
5	1619153137	JOADA JEAN BEST ARNP	\$10,323.79	131	7.71	8
6	1104251776	ANTHONY GLYDWELL DNP	\$79,371.31	125	1.64	5
7	1780877878	CHRISTOPHER JACOBS ARNP	\$7,768.71	122	4.36	10
8	1912991183	MOLLY EARLEYWINE PA	\$3,967.83	119	4.41	4
9	1396289229	JESSE BECKER ARNP	\$3,150.23	115	3.97	19
10	1982605762	JEFFREY DEAN WILHARM MD	\$1,292.64	110	15.71	6
11	1215125216	REBECCA E WALDING	\$8,590.95	99	5.21	9
12	1801145776	ANDREA LYNN HARRIS ARNP	\$2,641.21	97	4.85	57
13	1194722413	AIMEE LORENZ MD	\$7,105.45	89	4.05	15
14	1316389497	SHANNON STEWART ARNP	\$27,116.49	88	9.78	12
15	1003884107	RANDALL ALLEN KAVALIER DO	\$3,530.18	87	5.44	13
16	1164481362	MELISSA PEARSON ARNP	\$53,132.00	85	1.47	14
17	1841220290	KENT E KUNZE MD	\$4,768.29	84	7.00	25
18	1407836513	NATHAN R NOBLE DO	\$1,399.67	77	3.67	21
19	1538671961	JAMIE WRIGHT ARNP	\$1,864.74	75	4.41	30
20	1295217529	HEATHER STEHR ARNP	\$8,799.25	74	9.25	373
21	1457584740	ERIC D MEYER ARNP	\$3,213.12	72	4.80	16
22	1093141129	LARRY MARTIN NEWMAN ARNP	\$43,519.89	68	2.27	26
23	1013516566	ERIN A HODGSON ARNP	\$1,789.53	66	9.43	28
24	1023555638	CYNTHIA JEAN JOHNSON ARNP	\$10,509.55	63	9.00	38
25	1336418425	DENA NEIMAN ARNP	\$9,042.56	63	3.32	31
26	1154929230	CHELSEA JONES ARNP	\$37,923.55	60	2.73	18

TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
December through February 2023

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
27	1417214321	LEAH BRANDON DO	\$1,350.17	58	6.44	50
28	1659358620	CARLOS CASTILLO MD	\$2,448.56	57	5.70	17
29	1609218304	AMANDA GARR ARNP	\$11,070.52	57	8.14	27
30	1053376475	DANIEL GILLETTE MD	\$3,786.09	57	14.25	22
31	1669475422	MICHAEL JOSEPH KNIGHT MD	\$785.83	56	5.09	47
32	1023641172	CHRISTA WIGGINS ARNP	\$4,396.39	55	27.50	39
33	1881972412	RACHEL JEAN WURTH ARNP	\$1,154.51	55	3.44	61
34	1275742090	ASHAR LUQMAN MD	\$772.09	53	8.83	53
35	1699740159	FRANK SAM MARINO JR DO	\$1,124.60	53	4.42	35
36	1114681889	KELSEY BAUER ARNP	\$708.22	53	5.30	257
37	1295091510	REBECCA WEINER MD	\$2,677.54	53	5.30	97
38	1407141336	TERRA ANN GOLDBERRY	\$1,026.78	52	52.00	46
39	1619380680	TARA BROCKMAN DO	\$5,584.40	52	10.40	67
40	1821268335	JACQUELINE J MCINNIS	\$9,424.05	52	10.40	36
41	1174640528	AMY JO PAYNE PA	\$4,733.73	52	3.47	169
42	1871052472	CASSIDY ALANA CARR ARNP	\$2,416.21	52	5.20	20
43	1144214248	KRISTI WALZ MD	\$18,588.55	51	4.25	60
44	1598733891	JERRY WILLE MD	\$32,640.00	51	1.24	99
45	1639134034	ELIZABETH PRATT ARNP	\$706.72	50	1.79	34
46	1730173766	FRANK BABCOCK MD	\$6,630.04	49	16.33	65
47	1073500690	KATHLEEN S ADAMS ARNP	\$2,222.67	49	4.90	41
48	1811123318	AARON KAUER MD	\$4,652.74	49	9.80	73
49	1699109595	TONYA K FLAUGH ARNP	\$1,710.41	47	5.22	11
50	1225022809	FRANCES M JACKSON MD	\$2,017.73	47	5.22	68
51	1326036062	JON AHRENDSEN MD	\$1,514.98	46	9.20	40
52	1609946243	SINA LINMAN ARNP	\$1,941.78	46	7.67	84

TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
December through February 2023

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
53	1891361275	LAUREN MICHELLE RIFE ARNP	\$3,844.16	45	3.00	107
54	1679669832	ERIN HATCHER ARNP	\$4,565.04	44	4.89	77
55	1922305143	OLIVIA WOITAARNP	\$495.36	44	8.80	62
56	1285602649	DAVID WELCH PA	\$1,446.50	43	8.60	37
57	1528037082	RODNEY JULIUS DEAN MD	\$703.81	43	8.60	59
58	1144455502	JENNIFER PETTS DO	\$644.37	43	10.75	115
59	1255823506	NICOLE MARIE DELAGARDELLE	\$4,835.53	42	8.40	103
60	1316356496	KIMBERLY N ROBERTS ARNP	\$888.67	42	3.82	90
61	1700356334	BRIANNA SCHAFFER ARNP	\$4,447.55	42	10.50	72
62	1205249562	KELLY RYDER MD	\$607.24	42	4.67	55
63	1588838841	LEENU MISHRA MD	\$544.62	41	4.56	86
64	1093272668	RICARDO OSARIO ARNP	\$914.46	41	5.86	48
65	1144240805	DANIEL ROWLEY MD	\$6,068.35	41	13.67	54
66	1205169273	TERESA DOWLING ARNP	\$1,873.98	41	8.20	29
67	1821568858	LEAH M HAUBRICH ARNP	\$573.23	40	10.00	23
68	1447519038	ERIN E RICHARDSON MD	\$1,620.33	40	4.44	133
69	1811493679	JUNE MYLER ARNP	\$24,345.39	40	2.22	43
70	1023213030	REBECCA JOY TIMMER BENSON MD	\$485.89	40	5.71	192
71	1013355759	DYLAN GREENE MD	\$3,010.73	39	3.25	100
72	1609131770	SREENATH THATI GANGANNA MBBS	\$6,283.09	39	4.88	108
73	1063407757	DIANNE MCBRIEN MD	\$2,644.52	38	6.33	341
74	1457346231	DAWN RENAE EBACH MD	\$447.66	38	3.80	89
75	1093034266	ERIC BOYUM MD	\$687.14	37	5.29	63
76	1629430293	ALICE MENG MD	\$1,912.69	37	2.85	52
77	1073852059	AMBER HANSEN MD	\$23,680.00	37	2.31	66
78	1528796430	RACHEL KLUG APRN	\$703.80	37	2.31	359

TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
December through February 2023

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
79	1649248378	KATHLEEN L WILD ARNP	\$1,573.21	37	7.40	123
80	1447744362	YMMA JOHNSON PA-C	\$3,271.58	36	18.00	33
81	1912208323	LISA MARIE MEYER ARNP	\$7,308.84	36	3.27	64
82	1336800671	NICOLE J RANSOM ARNP	\$3,075.26	35	8.75	150
83	1699887133	DANIEL DIMEAO MD	\$1,058.28	35	3.89	185
84	1912491259	CAREY BACZWASKI ARNP	\$489.27	35	5.00	120
85	1184098667	TOMOHIRO TANAKA MD	\$1,392.03	35	35.00	1270
86	1598750861	RHONDA SYATA MD	\$1,830.58	34	4.86	241
87	1013163427	JODI HOLLOWAY ARNP	\$1,002.25	34	11.33	527
88	1467502286	CHARLES R TILLEY	\$569.98	34	6.80	147
89	1477950988	RIFALI VIMALKUMAR PATEL MD	\$1,330.89	34	5.67	197
90	1790755395	CYNTHIA A GUTHMILLER ARNP	\$13,829.10	34	5.67	130
91	1003399916	GLORIA KOKES ARNP	\$2,837.92	34	34.00	93
92	1326080433	CLIFFORD WILKINSON PA	\$542.13	33	1.74	42
93	1568431880	POMILLA CHHABRA KUMAR MD	\$1,055.96	33	16.50	88
94	1528365277	MINA SALIB MD	\$1,106.53	33	4.13	176
95	1356337273	LISA JAYNE MENZIES MD	\$333.03	33	3.67	96
96	1801992532	KELLY M BEAN ARNP	\$447.80	33	4.71	82
97	1346349388	THOMAS BRENT HOEHNS MD	\$1,155.02	33	33.00	240
98	1285047951	BRIAN VOLD ARNP	\$862.28	33	8.25	56
99	1679545354	KATHERINE COLLEEN NICKELS MD	\$20,212.31	33	4.71	189
100	1437506342	KYLE MERRILL MD	\$508.14	32	10.67	213

**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
December through February 2023**

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
1	1326034984	KATHERINE MATHEWS MD	\$123,997.92	\$4,592.52	27	1
2	1053340661	LEIGHTON E FROST MD	\$109,561.09	\$615.51	178	2
3	1194945691	ANJALI SHARATHKUMAR MBBS	\$92,981.73	\$18,596.35	5	5
4	1104251776	ANTHONY GLYDWELL DNP	\$79,371.31	\$634.97	125	4
5	1194888024	ALICIA D WAGER NP	\$70,701.13	\$523.71	135	3
6	1164481362	MELISSA PEARSON ARNP	\$53,132.00	\$625.08	85	6
7	1225263833	LINDSAY JO ORRIS DO	\$45,345.20	\$11,336.30	4	
8	1093141129	LARRY MARTIN NEWMAN ARNP	\$43,519.89	\$640.00	68	10
9	1003079997	SARAH ANNE TOFILON MD	\$42,983.22	\$3,907.57	11	15
10	1639148810	MARK E HERMANN MD	\$42,143.96	\$8,428.79	5	27
11	1730477407	SALIM HOMMEIDA MD	\$39,602.87	\$2,640.19	15	7
12	1366826109	ALYSSA D MRSNY PA-C	\$39,568.05	\$2,198.23	18	12
13	1952326530	LISA HEDRICK PA	\$39,385.46	\$9,846.37	4	11
14	1447488325	ABDELAZIZ ELHADDAD MD	\$38,404.41	\$5,486.34	7	13
15	1154929230	CHELSEA JONES ARNP	\$37,923.55	\$632.06	60	9
16	1649255431	STEPHANIE DEE PA	\$34,842.04	\$6,968.41	5	2810
17	1598733891	JERRY WILLE MD	\$32,640.00	\$640.00	51	21
18	1861629578	HEIDI M CURRIER MD	\$27,297.79	\$3,899.68	7	18
19	1316389497	SHANNON STEWART ARNP	\$27,116.49	\$308.14	88	24
20	1619021144	CHRISTOPHER M GIBBS MD	\$26,884.06	\$26,884.06	1	8
21	1639157373	CALVIN J HANSEN MD	\$26,641.80	\$5,328.36	5	2057
22	1841607900	SHAYLA SANDERS ARNP	\$25,987.51	\$3,712.50	7	23
23	1811493679	JUNE MYLER ARNP	\$24,345.39	\$608.63	40	14
24	1073852059	AMBER HANSEN MD	\$23,680.00	\$640.00	37	16
25	1740246008	DANIEL LAMPTEY MD	\$23,107.02	\$3,851.17	6	
26	1174817134	VUONG A NAYIMA DO	\$21,961.90	\$3,660.32	6	20
27	1043573025	NEVERMAN, ERIC M DO	\$20,283.60	\$4,056.72	5	41

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
December through February 2023

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
28	1679545354	KATHERINE COLLEEN NICKELS MD	\$20,212.31	\$612.49	33	43
29	1043418809	MICHAEL CILIBERTO	\$20,081.03	\$110.34	182	19
30	1760675177	LORI SWANSON ARNP	\$19,840.00	\$640.00	31	26
31	1962899088	KELSEY A HOLKESVIK MD	\$19,780.94	\$1,978.09	10	1537
32	1417307497	EMILY BOES DO	\$19,486.74	\$4,871.69	4	32
33	1144214248	KRISTI WALZ MD	\$18,588.55	\$364.48	51	28
34	1235766734	ALLIE THORNBURG PA	\$17,413.48	\$8,706.74	2	
35	1902358443	MELISSA KONKEN ARNP	\$17,212.78	\$128.45	134	40
36	1366402505	KUNAL K PATRA MD	\$16,049.68	\$573.20	28	25
37	1801158852	PAUL V LETENDRE MD	\$14,544.06	\$14,544.06	1	
38	1831749662	HANNAH E SHERIDAN PA-C	\$13,874.51	\$1,982.07	7	1549
39	1790755395	CYNTHIA A GUTHMILLER ARNP	\$13,829.10	\$406.74	34	136
40	1891146999	BECKY L JOHNSON ARNP	\$13,516.99	\$519.88	26	17
41	1972616316	JEFFREY ALAN BRANNEN DO	\$13,210.38	\$13,210.38	1	1021
42	1104088202	PATRICK SAFO MD	\$13,128.99	\$2,625.80	5	48
43	1760612113	VIJAYA, BHATT	\$12,865.98	\$4,288.66	3	
44	1275585259	MARK W NIEMER MD	\$12,752.28	\$4,250.76	3	31
45	1245349182	MARK ANTHONY BURDT DO	\$11,468.74	\$3,822.91	3	35
46	1770685604	JOHN CHARLES KEECH MD	\$11,259.17	\$511.78	22	145
47	1609218304	AMANDA GARR ARNP	\$11,070.52	\$194.22	57	29
48	1124518030	ANDREW JOSEPH SIMMS MD	\$11,021.75	\$3,673.92	3	39
49	1770933046	SHELBY BILLER	\$10,914.93	\$779.64	14	38
50	1023555638	CYNTHIA JEAN JOHNSON ARNP	\$10,509.55	\$166.82	63	55
51	1619153137	JOADA JEAN BEST ARNP	\$10,323.79	\$78.81	131	76
52	1427491778	JENNIFER L MEDLIN MD	\$9,700.78	\$1,077.86	9	782
53	1528485471	CHRISTINA GONZALEZ APRN	\$9,548.74	\$682.05	14	36
54	1174780944	GERRY SERTLE ARNP	\$9,533.03	\$433.32	22	71

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
December through February 2023

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
55	1821268335	JACQUELINE J MCINNIS	\$9,424.05	\$181.23	52	53
56	1336418425	DENA NEIMAN ARNP	\$9,042.56	\$143.53	63	64
57	1295217529	HEATHER STEHR ARNP	\$8,799.25	\$118.91	74	124
58	1255526430	ELAINE WIRRELL MD	\$8,763.92	\$486.88	18	129
59	1215125216	REBECCA E WALDING	\$8,590.95	\$86.78	99	57
60	1487242293	JOSEPH CATES PA	\$7,982.76	\$347.08	23	
61	1922455096	DEAN L GUERDET ARNP	\$7,841.44	\$301.59	26	58
62	1578777231	AMANDA LEIGH HECK ARNP	\$7,835.18	\$301.35	26	33
63	1780877878	CHRISTOPHER JACOBS ARNP	\$7,768.71	\$63.68	122	121
64	1710549894	VERONICA HOLLOWAY ARNP	\$7,652.99	\$1,913.25	4	110
65	1558346015	DELWYN LASSEN MD	\$7,363.32	\$283.20	26	81
66	1114521721	TARRAH HOLLIDAY ARNP	\$7,337.58	\$262.06	28	113
67	1912208323	LISA MARIE MEYER ARNP	\$7,308.84	\$203.02	36	74
68	1609003433	DANIEL PAUL FULTON MD	\$7,301.59	\$1,825.40	4	37
69	1194722413	AIMEE LORENZ MD	\$7,105.45	\$79.84	89	61
70	1730473315	LYNDSAY ANNE HARSHMAN MD	\$7,102.33	\$253.65	28	63
71	1700808185	JENNIFER GOERBIG-CAMPBELL MD	\$7,076.37	\$244.01	29	87
72	1114524378	ROSA M MARQUEZ PA-C	\$6,908.50	\$1,381.70	5	506
73	1528467859	WHITNEY A WEIS ARNP	\$6,887.08	\$1,377.42	5	
74	1982124103	SABRINA MARTINEZ	\$6,722.32	\$231.80	29	49
75	1730173766	FRANK BABCOCK MD	\$6,630.04	\$135.31	49	79
76	1609131770	SREENATH THATI GANGANNA MBBS	\$6,283.09	\$161.10	39	96
77	1225414576	SARA E KUHN ARNP	\$6,256.18	\$1,564.05	4	3121
78	1144240805	DANIEL ROWLEY MD	\$6,068.35	\$148.01	41	56
79	1194990945	SANDEEP GUPTA MD	\$5,899.84	\$190.32	31	78
80	1235124942	JULIE OSTERHAUS ARNP	\$5,888.83	\$235.55	25	446
81	1053630640	JENNIFER A DONOVAN MD	\$5,736.66	\$273.17	21	66

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
December through February 2023

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
82	1619380680	TARA BROCKMAN DO	\$5,584.40	\$107.39	52	270
83	1891955423	LEAH SIEGFRIED PA	\$5,455.75	\$202.06	27	786
84	1144588476	RACHEL D FILZER ARNP	\$5,393.06	\$599.23	9	52
85	1780998559	JASON GILLESPIE ARNP	\$5,120.00	\$640.00	8	68
86	1982752622	REBECCA GABRIEL DDS	\$5,120.00	\$640.00	8	137
87	1518285725	DOUGLAS M SMITH MD	\$4,999.04	\$454.46	11	72
88	1255823506	NICOLE MARIE DELAGARDELLE	\$4,835.53	\$115.13	42	99
89	1841220290	KENT E KUNZE MD	\$4,768.29	\$56.77	84	166
90	1174640528	AMY JO PAYNE PA	\$4,733.73	\$91.03	52	692
91	1629036546	ANITA T SIMINSON MD	\$4,703.79	\$156.79	30	95
92	1811123318	AARON KAUER MD	\$4,652.74	\$94.95	49	80
93	1548484165	CARRIE L GRADY MD	\$4,627.72	\$159.58	29	97
94	1952784662	MARIA V ROMERO ALVAREZ MD	\$4,620.08	\$1,155.02	4	59
95	1669056123	KAMA AUSBORN ARNP	\$4,606.72	\$307.11	15	778
96	1013978089	JENNIFER BRADLEY ARNP	\$4,604.34	\$177.09	26	94
97	1679669832	ERIN HATCHER ARNP	\$4,565.04	\$103.75	44	109
98	1053600296	JESSICA MCCOOL MD	\$4,543.81	\$197.56	23	105
99	1609041235	ADAM REINHARDT MD	\$4,497.08	\$321.22	14	47
100	1417251216	GRETCHEN ELIZABETH WHEELLOCK APRN	\$4,480.00	\$640.00	7	89

TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

CATEGORY DESCRIPTION	September through November 2022	RANK	% BUDGET	December through February 2023	RANK	% BUDGET	% CHANGE
ANTI-INFLAMMATORIES, NON-NSAID	\$270,137	1	10.4%	\$319,502	1	11.1%	18.3%
ANTIPSYCHOTICS - ATYPICALS	\$188,319	2	7.3%	\$227,032	2	7.9%	20.6%
ANTICONVULSANTS	\$147,049	3	5.7%	\$167,080	3	5.8%	13.6%
ANTINEOPLASTICS - PROTEIN-TYROSINE KINASE INHIBITORS	\$98,734	4	3.8%	\$159,356	4	5.5%	61.4%
ANTIDEPRESSANTS - SELECTED SSRI'S	\$91,364	7	3.5%	\$105,404	5	3.6%	15.4%
ENDOCRINE METABOLIC AGENTS	\$70,046	10	2.7%	\$92,975	6	3.2%	32.7%
ANTIRETROVIRAL COMBINATIONS	\$91,662	6	3.5%	\$91,348	7	3.2%	-0.3%
HEPATITIS C AGENTS			%	\$88,422	8	3.1%	%
DIABETIC - NON-INSULIN INJECTABLES	\$67,842	12	2.6%	\$81,175	9	2.8%	19.7%
MUSCULAR DYSTROPHY AGENTS	\$94,056	5	3.6%	\$79,902	10	2.8%	-15.0%
DIABETIC - INSULIN PENFILLS	\$73,055	8	2.8%	\$72,148	11	2.5%	-1.2%
STIMULANTS - AMPHETAMINES - LONG ACTING	\$64,209	14	2.5%	\$68,513	12	2.4%	6.7%
ANTIASTHMATIC - ADRENERGIC COMBOS	\$72,477	9	2.8%	\$67,514	13	2.3%	-6.8%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	\$36,571	16	1.4%	\$63,666	14	2.2%	74.1%
ANTIASTHMATIC - BETA - ADRENERGICS	\$67,978	11	2.6%	\$59,990	15	2.1%	-11.8%
GLUCOCORTICOIDS - MINERALOCORTICOIDS	\$65,213	13	2.5%	\$59,148	16	2.0%	-9.3%
DIABETIC - OTHER	\$59,241	15	2.3%	\$57,621	17	2.0%	-2.7%
BETA-LACTAMS / CLAVULANATE COMBO'S	\$30,050	21	1.2%	\$35,096	18	1.2%	16.8%
NSAIDS	\$33,166	17	1.3%	\$29,254	19	1.0%	-11.8%
ANTICOAGULANTS	\$32,047	18	1.2%	\$29,156	20	1.0%	-9.0%

TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

CATEGORY DESCRIPTION	September through November 2022	PREV RANK	December through February 2023	CURR RANK	PERC CHANGE
ANTIDEPRESSANTS - SELECTED SSRI'S	2,391	1	2,421	1	1.3%
ANTICONVULSANTS	1,577	2	1,806	2	14.5%
ANTIPSYCHOTICS - ATYPICALS	971	3	1,045	3	7.6%
ANTIHYPERTENSIVES - CENTRAL	716	4	725	4	1.3%
ANTIASTHMATIC - BETA - ADRENERGICS	697	5	646	5	-7.3%
BETA-LACTAMS / CLAVULANATE COMBO'S	550	6	580	6	5.5%
GI - PROTON PUMP INHIBITOR	548	7	577	7	5.3%
ANTIHISTAMINES - OTHER	435	11	491	8	12.9%
STIMULANTS - AMPHETAMINES - LONG ACTING	444	10	466	9	5.0%
ANTIHISTAMINES - NON-SEDATING	537	8	456	10	-15.1%
NARCOTICS - MISC.	492	9	419	11	-14.8%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	410	13	408	12	-0.5%
GLUCOCORTICOIDS - MINERALOCORTICOIDS	425	12	388	13	-8.7%
NSAIDS	371	14	383	14	3.2%
DIURETICS	313	16	357	15	14.1%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	344	15	356	16	3.5%
ACE INHIBITORS	312	17	322	17	3.2%
MUSCLE RELAXANTS	295	20	313	18	6.1%
THYROID HORMONES	292	21	305	19	4.5%
CEPHALOSPORINS	304	18	297	20	-2.3%

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	September through November 2022	PREVIOUS RANK	December through February 2023	RANK	PERCENT CHANGE
HUMIRA PEN	\$202,391.01	1	\$198,875.74	1	-1.74%
VERZENIO	\$41,359.14	7	\$113,321.76	2	173.99%
VIJOICE	\$70,046.28	4	\$92,974.84	3	32.73%
EVRYSDI	\$94,055.96	2	\$79,901.78	4	-15.05%
BIKTARVY	\$71,844.26	3	\$73,336.09	5	2.08%
TALTZ	\$21,379.41	25	\$67,595.74	6	216.17%
MAVYRET		999	\$65,450.82	7	%
INVEGA SUSTENNA	\$38,313.06	9	\$57,067.69	8	48.95%
TRULICITY	\$38,786.35	8	\$50,939.63	9	31.33%
VYVANSE	\$48,172.82	5	\$47,764.13	10	-0.85%
EMFLAZA	\$43,706.19	6	\$45,074.67	11	3.13%
KISQALI	\$36,420.78	10	\$38,361.56	12	5.33%
ARISTADA	\$21,687.09	24	\$31,867.74	13	46.94%
CONCERTA	\$6,528.57	95	\$29,582.21	14	353.12%
LATUDA	\$27,115.95	15	\$29,325.01	15	8.15%
VRAYLAR	\$25,988.64	16	\$29,267.70	16	12.62%
SYMBICORT	\$28,733.83	12	\$28,987.05	17	0.88%
LANTUS SOLOSTAR	\$29,431.47	11	\$28,158.75	18	-4.32%
JARDIANCE	\$28,083.51	13	\$28,010.66	19	-0.26%
OZEMPIC	\$27,315.02	14	\$27,656.79	20	1.25%
LAMICTAL CHEWABLE DISPERS	\$25,205.88	19	\$27,290.37	21	8.27%
AUBAGIO		999	\$26,609.18	22	%
ENBREL SURECLICK	\$25,486.56	18	\$26,424.00	23	3.68%
LISINAPRIL TABLET	\$21,803.89	22	\$26,240.88	24	20.35%
VENTOLIN HFA	\$17,925.20	30	\$25,143.69	25	40.27%
ESCITALOPRAM OXALATE TABLET	\$21,723.22	23	\$24,119.96	26	11.03%

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	September through November 2022	PREVIOUS RANK	December through February 2023	RANK	PERCENT CHANGE
ALBUTEROL SULFATE AEROSOL SOLN	\$25,569.02	17	\$24,017.87	27	-6.07%
SOFOSBUVIR-VELPATASVIR TABLET		999	\$22,971.60	28	%
REXULTI	\$18,292.15	28	\$22,077.66	29	20.69%
GAMMAGARD LIQUID	\$20,951.68	26	\$21,134.82	30	0.87%
LUPRON DEPOT-PED (3-MONTH	\$9,876.76	63	\$20,246.84	31	104.99%
ELIQUIS	\$17,930.55	29	\$18,514.13	32	3.25%
JORNAY PM	\$13,424.53	38	\$17,050.53	33	27.01%
AMLODIPINE BESYLATE TABLET	\$15,047.38	35	\$15,727.72	34	4.52%
EPIDIOLEX	\$7,421.99	83	\$15,392.32	35	107.39%
PROMACTA	\$5,993.24	106	\$14,860.19	36	147.95%
IBUPROFEN TABLET	\$23,624.94	20	\$14,807.19	37	-37.32%
SERTRALINE HCL TABLET	\$15,050.15	34	\$14,307.24	38	-4.94%
ABILIFY MAINTENA	\$11,319.80	49	\$14,108.95	39	24.64%
BENLYSTA	\$8,585.10	74	\$13,858.63	40	61.43%
FLOVENT HFA	\$15,515.80	32	\$13,798.72	41	-11.07%
TRINTELLIX	\$10,337.27	56	\$13,781.41	42	33.32%
OTEZLA	\$8,590.74	73	\$13,108.99	43	52.59%
ADDERALL XR	\$1,753.89	237	\$12,952.00	44	638.47%
ADVAIR DISKUS	\$12,522.16	44	\$12,779.11	45	2.05%
CETIRIZINE HCL TABLET	\$17,414.53	31	\$12,760.69	46	-26.72%
VIMPAT	\$14,456.71	36	\$12,124.43	47	-16.13%
SPIRIVA HANDIHALER	\$13,232.20	39	\$11,754.97	48	-11.16%
ACETAMINOPHEN TABLET	\$1,805.52	234	\$11,666.84	49	546.18%
FARXIGA	\$10,134.69	59	\$11,575.89	50	14.22%
RINVOQ	\$11,008.82	51	\$11,457.20	51	4.07%
AMOXICILLIN CAPSULE	\$10,000.39	62	\$11,367.59	52	13.67%

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	September through November 2022	PREVIOUS RANK	December through February 2023	RANK	PERCENT CHANGE
AZITHROMYCIN FOR SUSPENSION	\$4,349.27	143	\$11,358.61	53	161.16%
NORDITROPIN FLEXPRO	\$18,834.02	27	\$11,236.01	54	-40.34%
HYDROCODONE-ACETAMINOPHEN TABLET	\$12,197.85	46	\$11,185.86	55	-8.30%
CEPHALEXIN CAPSULE	\$10,986.59	52	\$10,868.53	56	-1.07%
RISPERDAL CONSTA	\$12,969.09	41	\$10,805.62	57	-16.68%
CRESEMBA	\$2,681.86	195	\$10,791.03	58	302.37%
CHOLECALCIFEROL TABLET	\$13,508.64	37	\$10,320.92	59	-23.60%
BANZEL	\$10,323.52	57	\$10,071.58	60	-2.44%
ONDANSETRON TABLET DISINT	\$10,110.99	61	\$9,776.09	61	-3.31%
INVEGA TRINZA	\$9,186.53	68	\$9,663.59	62	5.19%
OMEPRAZOLE CAPSULE DR	\$8,813.64	72	\$9,578.00	63	8.67%
TRAZODONE HCL TABLET	\$7,762.34	81	\$9,559.12	64	23.15%
METFORMIN HCL TABLET	\$10,117.11	60	\$9,368.84	65	-7.40%
VALTOCO	\$15,149.78	33	\$9,238.59	66	-39.02%
ALBUTEROL SULFATE NEBULIZED SOLN	\$10,148.17	58	\$9,117.00	67	-10.16%
AZITHROMYCIN TABLET	\$12,456.66	45	\$8,972.71	68	-27.97%
ROSUVASTATIN CALCIUM TABLET	\$8,957.72	71	\$8,966.48	69	0.10%
ENTRESTO	\$9,229.92	67	\$8,818.05	70	-4.46%
INSULIN ASPART SOLN PEN-INJ	\$8,227.23	77	\$8,726.56	71	6.07%
SPIRIVA RESPIMAT	\$11,688.95	47	\$8,715.83	72	-25.44%
ONFI	\$5,382.51	118	\$8,630.61	73	60.35%
ATORVASTATIN CALCIUM TABLET	\$6,676.57	93	\$8,426.11	74	26.20%
BUPROPION HCL TABLET ER 24HR	\$6,553.63	94	\$8,299.35	75	26.64%
XIFAXAN	\$3,900.19	157	\$8,292.79	76	112.63%
AJOVY	\$8,980.79	69	\$8,200.42	77	-8.69%
LANTUS	\$5,741.90	108	\$8,052.93	78	40.25%

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	September through November 2022	PREVIOUS RANK	December through February 2023	RANK	PERCENT CHANGE
FINTEPLA	\$250.00	498	\$8,035.69	79	3,114.28%
AMOXICILLIN & POT CLAVULANATE TABLET	\$8,403.99	76	\$7,936.01	80	-5.57%
CEFDINIR FOR SUSPENSION	\$5,331.31	120	\$7,924.73	81	48.65%
FLUOXETINE HCL CAPSULE	\$7,522.59	82	\$7,912.92	82	5.19%
DOXYCYCLINE HYCLATE TABLET	\$6,416.13	99	\$7,690.00	83	19.85%
TRESIBA FLEXTOUCH	\$12,930.01	42	\$7,435.16	84	-42.50%
NAYZILAM	\$5,508.69	113	\$7,334.90	85	33.15%
PREDNISONE TABLET	\$10,724.03	55	\$7,293.19	86	-31.99%
GENVOYA	\$3,508.38	169	\$7,223.13	87	105.88%
HYDROXYZINE HCL TABLET	\$6,352.57	101	\$7,165.65	88	12.80%
QUETIAPINE FUMARATE TABLET	\$6,385.62	100	\$7,161.90	89	12.16%
METHYLPHENIDATE HCL TABLET ER	\$9,398.36	64	\$7,147.44	90	-23.95%
HYDROCHLOROTHIAZIDE TABLET	\$6,448.48	98	\$7,132.67	91	10.61%
LEVEMIR FLEXTOUCH	\$9,392.84	65	\$6,962.93	92	-25.87%
QELBREE	\$4,168.72	150	\$6,859.19	93	64.54%
GUANFACINE HCL (ADHD) TABLET ER 24HR	\$4,693.12	132	\$6,843.26	94	45.81%
AMOXICILLIN FOR SUSPENSION	\$7,061.30	89	\$6,802.30	95	-3.67%
AMPHETAMINE-DEXTROAMPHETAMINE CAPSULE ER 24HR	\$13,132.11	40	\$6,748.63	96	-48.61%
AFINITOR	\$6,343.19	102	\$6,639.41	97	4.67%
PANTOPRAZOLE SODIUM TABLET DR	\$10,822.71	54	\$6,483.24	98	-40.10%
CLONAZEPAM TABLET	\$4,417.79	140	\$6,464.72	99	46.33%
FLUTICASONE PROPIONATE (NASAL) SUSPENSION	\$7,232.71	86	\$6,459.82	100	-10.69%

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	September through November 2022	PREVIOUS RANK	December through February 2023	RANK	PERCENT CHANGE
CLONIDINE HCL TABLET	395	2	417	1	5.57%
TRAZODONE HCL TABLET	412	1	415	2	0.73%
VENTOLIN HFA	275	9	386	3	40.36%
SERTRALINE HCL TABLET	374	3	381	4	1.87%
ESCITALOPRAM OXALATE TABLET	366	4	372	5	1.64%
OMEPRAZOLE CAPSULE DR	337	5	349	6	3.56%
FLUOXETINE HCL CAPSULE	309	6	338	7	9.39%
LEVOTHYROXINE SODIUM TABLET	257	12	284	8	10.51%
LISINOPRIL TABLET	281	7	279	9	-0.71%
ATORVASTATIN CALCIUM TABLET	280	8	275	10	-1.79%
GABAPENTIN CAPSULE	257	11	260	11	1.17%
ARIPIPIRAZOLE TABLET	244	14	257	12	5.33%
CETIRIZINE HCL TABLET	267	10	249	13	-6.74%
QUETIAPINE FUMARATE TABLET	235	15	246	14	4.68%
HYDROXYZINE HCL TABLET	230	16	237	15	3.04%
PREDNISONE TABLET	247	13	222	16	-10.12%
VYVANSE	200	25	219	17	9.50%
LAMOTRIGINE TABLET	219	18	216	18	-1.37%
IBUPROFEN TABLET	204	23	203	19	-0.49%
FLUTICASONE PROPIONATE (NASAL) SUSPENSION	206	22	202	20	-1.94%
AMPHETAMINE-DEXTROAMPHETAMINE CAPSULE ER 24HR	226	17	201	21	-11.06%
BUPROPION HCL TABLET ER 24HR	203	24	195	22	-3.94%
VENLAFAXINE HCL CAPSULE ER 24HR	179	29	193	23	7.82%
AMLODIPINE BESYLATE TABLET	186	27	191	24	2.69%
RISPERIDONE TABLET	198	26	190	25	-4.04%

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	September through November 2022	PREVIOUS RANK	December through February 2023	RANK	PERCENT CHANGE
BUSPIRONE HCL TABLET	207	21	190	26	-8.21%
HYDROCODONE-ACETAMINOPHEN TABLET	218	19	184	27	-15.60%
ONDANSETRON TABLET DISINT	164	36	183	28	11.59%
POLYETHYLENE GLYCOL 3350 POWDER	183	28	181	29	-1.09%
PANTOPRAZOLE SODIUM TABLET DR	170	31	179	30	5.29%
METFORMIN HCL TABLET	177	30	168	31	-5.08%
METHYLPHENIDATE HCL TABLET ER	218	20	159	32	-27.06%
HYDROXYZINE PAMOATE CAPSULE	134	41	158	33	17.91%
MONTELUKAST SODIUM TABLET	169	32	153	34	-9.47%
AMOXICILLIN FOR SUSPENSION	164	37	152	35	-7.32%
DULOXETINE HCL CAPSULE DR PART	166	34	150	36	-9.64%
GUANFACINE HCL TABLET	167	33	150	37	-10.18%
CLONAZEPAM TABLET	125	43	141	38	12.80%
TRAMADOL HCL TABLET	110	53	138	39	25.45%
AMOXICILLIN CAPSULE	118	46	135	40	14.41%
ALBUTEROL SULFATE NEBULIZED SOLN	166	35	134	41	-19.28%
AMOXICILLIN & POT CLAVULANATE TABLET	109	54	131	42	20.18%
TOPIRAMATE TABLET	115	51	131	43	13.91%
AZITHROMYCIN TABLET	161	38	130	44	-19.25%
CEPHALEXIN CAPSULE	136	40	128	45	-5.88%
MIRTAZAPINE TABLET	117	48	127	46	8.55%
DEXMETHYLPHENIDATE HCL CAPSULE ER 24HR	105	56	124	47	18.10%
FAMOTIDINE TABLET	117	47	120	48	2.56%
BACLOFEN TABLET	98	59	117	49	19.39%

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	September through November 2022	PREVIOUS RANK	December through February 2023	RANK	PERCENT CHANGE
METFORMIN HCL TABLET ER 24HR	116	49	117	50	0.86%
PRAZOSIN HCL CAPSULE	122	44	116	51	-4.92%
LEVETIRACETAM TABLET	96	60	116	52	20.83%
CYCLOBENZAPRINE HCL TABLET	116	50	113	53	-2.59%
FUROSEMIDE TABLET	106	55	110	54	3.77%
ACETAMINOPHEN TABLET	73	80	108	55	47.95%
OLANZAPINE TABLET	92	65	107	56	16.30%
FERROUS SULFATE TABLET	120	45	104	57	-13.33%
METRONIDAZOLE TABLET	94	64	104	58	10.64%
AMPHETAMINE-DEXTROAMPHETAMINE TABLET	105	57	102	59	-2.86%
LEVETIRACETAM SOLUTION	80	72	101	60	26.25%
AZITHROMYCIN FOR SUSPENSION	83	69	100	61	20.48%
SYMBICORT	95	63	98	62	3.16%
DOXYCYCLINE (MONOHYDRATE) CAPSULE	90	66	97	63	7.78%
LORATADINE TABLET	132	42	97	64	-26.52%
OXYCODONE HCL TABLET	85	68	95	65	11.76%
SULFAMETHOXAZOLE-TRIMETHOPRIM TABLET	80	71	93	66	16.25%
MONTELUKAST SODIUM TABLET CHEWABLE	90	67	93	67	3.33%
GUANFACINE HCL (ADHD) TABLET ER 24HR	72	83	92	68	27.78%
METOPROLOL SUCCINATE TABLET ER 24HR	95	62	92	69	-3.16%
MELOXICAM TABLET	98	58	91	70	-7.14%
ATOMOXETINE HCL CAPSULE	112	52	86	71	-23.21%
SPIRONOLACTONE TABLET	71	85	85	72	19.72%

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	September through November 2022	PREVIOUS RANK	December through February 2023	RANK	PERCENT CHANGE
HYDROCHLOROTHIAZIDE TABLET	76	75	85	73	11.84%
FLUCONAZOLE TABLET	70	88	82	74	17.14%
ONDANSETRON HCL TABLET	77	74	82	75	6.49%
CETIRIZINE HCL SOLUTION	96	61	81	76	-15.63%
ASPIRIN TABLET DR	72	81	79	77	9.72%
CONCERTA	30	151	78	78	160.00%
PROPRANOLOL HCL TABLET	72	84	78	79	8.33%
FLOVENT HFA	79	73	77	80	-2.53%
AMITRIPTYLINE HCL TABLET	72	82	75	81	4.17%
METHYLPHENIDATE HCL TABLET	73	79	75	82	2.74%
LANTUS SOLOSTAR	74	78	74	83	0.00%
TRULICITY	58	97	73	84	25.86%
NAPROXEN TABLET	70	87	72	85	2.86%
PREGABALIN CAPSULE	54	101	71	86	31.48%
MUPIROCIN OINTMENT	68	89	70	87	2.94%
ALPRAZOLAM TABLET	75	76	70	88	-6.67%
ALBUTEROL SULFATE AEROSOL SOLN	81	70	67	89	-17.28%
OXCARBAZEPINE TABLET	63	92	66	90	4.76%
LORAZEPAM TABLET	75	77	65	91	-13.33%
LOSARTAN POTASSIUM TABLET	59	96	64	92	8.47%
CEFDINIR FOR SUSPENSION	52	105	64	93	23.08%
NALTREXONE HCL TABLET	56	99	63	94	12.50%
GABAPENTIN TABLET	56	98	63	95	12.50%
ROSUVASTATIN CALCIUM TABLET	62	94	62	96	0.00%
AMOXICILLIN & POT CLAVULANATE FOR SUSPENSION	39	126	62	97	58.97%
DIVALPROEX SODIUM TABLET ER 24HR	61	95	60	98	-1.64%

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	September through November 2022	PREVIOUS RANK	December through February 2023	RANK	PERCENT CHANGE
FOLIC ACID TABLET	53	103	60	99	13.21%
CARVEDILOL TABLET	68	90	60	100	-11.76%

**Medicaid Statistics for Prescription Claims
December 2022 through February 2023**

Tri-Monthly Statistics

	FFS	Amerigroup	Iowa Total Care	Total**
Total Dollars Paid	\$2,891,133	\$133,980,502	\$98,179,999	\$235,051,634
Unique Users	3,826	183,165	148,185	335,176
Cost Per User	\$755.65	\$731.47	\$662.55	
Total Prescriptions	22,068	1,127,814	855,791	2,005,673
Average Rx/User	5.77	6.16	5.78	
Average Cost/Rx	\$131.01	\$118.80	\$114.72	
# Generic Prescriptions	19,421	994,452	757,534	
% Generic	88.0%	88.2%	89.0%	
\$ Generic	\$947,423	\$18,985,447	\$13,506,173	
Average Generic Rx Cost	\$48.78	\$19.09	\$17.83	
Average Generic Days Supply	28	31.57	31.45	
# Brand Prescriptions	2,647	133,362	98,257	
% Brand	12.0%	11.8%	11.0%	
\$ Brand	\$1,943,790	\$114,995,054	\$84,673,826	
Average Brand Rx Cost	\$734.31	\$862.28	\$861.76	
Average Brand Days Supply	29	30.98	31.77	

**All reported dollars are pre-rebate

Top 20 Therapeutic Class by Paid Amount*

December 2022 through February 2023

	FFS	Amerigroup	Iowa Total Care
1	ANTI-INFLAMMATORIES, NON-NSAID	ANTIDIABETICS	ANTIDIABETICS
2	ANTIPSYCHOTICS - ATYPICALS	ANTIPSYCHOTICS/ANTIMANIC AGENTS	ANTIPSYCHOTICS/ANTIMANIC AGENTS
3	ANTICONVULSANTS	ANALGESICS - ANTI-INFLAMMATORY	ANALGESICS - ANTI-INFLAMMATORY
4	ANTINEOPLASTICS - PROTEIN-TYROSINE KINASE INHIBITORS	DERMATOLOGICALS	ANTIASTHMATIC AND BROCHODILATOR AGENTS
5	ANTIDEPRESSANTS - SELECTED SSRIS	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	DERMATOLOGICALS
6	ENDOCRINE METABOLIC AGENTS	ADHD/ANTI-NARCOLEPSY	ANTIVIRALS
7	ANTIRETROVIRAL COMBINATIONS	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	ADHD/ANTI-NARCOLEPSY
8	HEPATITIS C AGENTS	ANTIVIRALS	HEMATOLOGICAL AGENTS - MISC.
9	DIABETIC - NON-INSULIN INJECTABLES	ANTICONVULSANTS	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
10	MUSCULAR DYSTROPHY AGENTS	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
11	DIABETIC - INSULIN PENFILLS	RESPIRATORY AGENTS - MISC.	ENDOCRINE AND METOBOLIC AGENTS - MISC.
12	STIMULANTS - AMPHETAMINES - LONG ACTING	MIGRAINE PRODUCTS	RESPIRATORY AGENTS - MISC.
13	ANTIASTHMATIC - ADRENERGIC COMBOS	ENDOCRINE AND METABOLIC AGENTS - MISC.	ANTIDEPRESSANTS
14	STIMULANTS - METHYLPHENIDATE - LONG ACTING	ANTIDEPRESSANTS	ANTICONVULSANTS
15	ANTIASTHMATIC - BETA ADRENERGICS	HEMATOLOGIC AGENTS - MISC.	MIGRAINE PRODUCTS
16	GLUCOCORTICOIDS - MINERALOCORTICOIDS	ANTICOAGULANTS	ANTIGOAGULANTS
17	DIABETIC - OTHER	CARDIOVASCULAR AGENTS - MISC.	PASSIVE IMMUNIZING AND TREATMENT AGENTS
18	BETA-LACTAMS/CLAVULANATE COMBO'S	GASTROINTESTINAL AGENTS - MISC.	CARDIOVASCULAR AGENTS - MISC.
19	NSAIDS	PASSIVE IMMUNIZING AND TREATMENT AGENTS	MISCELLANEOUS THERAPEUTIC CLASSES
20	ANTICOAGULANTS	ULCER DRUGS/ ANTISPASMODICS/ANTICHOLINERGICS	GASTROINTESTINAL AGENTS - MISC.

* Pre-rebate

Top 20 Therapeutic Class by Prescription Count

December 2022 through February 2023

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

Top 25 Drugs by Paid Amount**

December 2022 through February 2023

	FFS	Amerigroup	Iowa Total Care
1	HUMIRA PEN	HUMIRA (CF) PEN	HUMIRA PEN
2	VERZENIO	VYVANSE	TRULICITY
3	VIJOICE	VRAYLAR	VRAYLAR
4	EVRYSDI	TRULICITY	VYVANSE
5	BIKTARVY	TRIKAFTA	BIKTARVY
6	TALTZ	LATUDA	JARDIANCE
7	MAVYRET	INVEGA SUSTENNA	STELARA
8	INVEGA SUSTENNA	STELARA	INVEGA SUSTENNA
9	TRULICITY	JARDIANCE	DUPIXENT
10	VYVANSE	BIKTARVY	TRIKAFTA
11	EMFLAZA	OZEMPIC	LATUDA
12	KISQALI	REXULTI	OZEMPIC
13	ARISTADA	LANTUS SOLOSTAR	TALTZ
14	CONCERTA	ELIQUIS	LANTUS SOLOSTAR
15	LATUDA	DUPIXENT PEN	SYNAGIS
16	VRAYLAR	TALTZ AUTOINJECTOR	ELIQUIS
17	SYMBICORT	VENTOLIN HFA	SYMBICORT
18	LANTUS SOLOSTAR	SYMBICORT	VENTOLIN HFA
19	JARDIANCE	ARISTADA	ARISTADA
20	OZEMPIC	CONCERTA	MAVYRET
21	LAMICTAL CHEWABLE DISPERSTAB	TRINTELLIX	REXULTI
22	AUBAGIO	NURTEC ODT	SPIRIVA
23	ENBREL SURECLICK	ENBREL SURECLICK	ENBREL SURECLICK
24	VENTOLIN HFA	DUPIXENT SYRINGE	ADVAIR DISKUS
25	ESCITALOPRAM	SYNAGIS	ADYNOVATE

** Pre-rebate

Top 25 Drugs by Prescription Count

December 2022 through February 2023

	FFS	Amerigroup	Iowa Total Care
1	CLONIDINE	AMOXICILLIN	AMOXICILLIN
2	TRAZODONE	SERTRALINE	SERTRALINE
3	VENTOLIN HFA	VENTOLIN HFA	VENTOLIN HFA
4	SERTRALINE	OMEPRAZOLE	OMEPRAZOLE
5	ESCITALOPRAM	TRAZODONE	TRAZODONE
6	OMEPRAZOLE	ESCITALOPRAM	ATORVASTATIN
7	FLUOXETINE	ATORVASTATIN	ESCITALOPRAM
8	LEVOTHYROXINE	GABAPENTIN	GABAPENTIN
9	LISINOPRIL	LEVOTHYROXINE	FLUOXETINE
10	ATORVASTATIN	FLUOXETINE	BUPROPION
11	GABAPENTIN	LISINOPRIL	LISINOPRIL
12	ARIPIRAZOLE	HYDROXYZINE HCL	LEVOTHYROXINE
13	CETIRIZINE	BUSPIRONE	METFORMIN
14	QUETIAPINE	VYVANSE	AMPHET/DEXTROAMPHET
15	HYDROXYZINE HCL	PREDNISONE	ONDANSETRON
16	PREDNISONE	MONTELUKAST	PREDNISONE
17	VYVANSE	DULOXETINE	HYDROCODONE/APAP
18	LAMOTRIGINE	HYDROCODONE/APAP	BUSPIRONE
19	IBUPROFEN	AZITHROMYCIN	HYDROXYZINE HCL
20	FLUTICASONE PROPIONATE (NASAL)	QUETIAPINE	QUETIAPINE
21	AMPHETAMINE/DEXTROAMPHET ER	BUPROPION XL	DULOXETINE
22	BUPROPION XL	ARIPIRAZOLE	AMOX/CLAV
23	VENLAFAXINE ER	AMOXICILLIN-CLAVULANATE	AZITHROMYCIN
24	AMLODIPINE	VENLAFAXINE ER	CETIRIZINE
25	RISPERIDONE	CETIRIZINE	METHYLPHENIDATE

Top Prescribers by Prescription Count*

PRESCRIBER	Number of Rx Claims			
	FFS	AGP	ITC	Total
Jeffrey Wilharm	110	2,653	1,881	4,644
Genevieve Nelson	0	2,008	1,052	3,060
Rebecca Walding	99	1,719	1,087	2,905
Natasha Lash	0	2,207	683	2,890
Charles Tilley	34	1,765	1,023	2,822
Ali Safdar	0	1,574	1,156	2,730
Robert Kent	0	1,756	921	2,677
Amanda Garr	57	1,473	1,118	2,648
Jacklyn Besch	0	1,691	952	2,643
Jennifer Zalaznik	0	1,876	758	2,634
Joan Anderson	0	1,458	1,108	2,566
Shelby Biller	14	1,459	1,049	2,522
Dean Guerdet	26	1,666	804	2,496
Rebecca Bowman	0	1,364	1,091	2,455
Melissa Konken	134	1,244	927	2,305
Wendy Hansen-Penman	0	1,099	1,136	2,235
Jennifer Donovan	21	1,056	1,044	2,121
Rebecca Wolfe	0	1,914	0	1,914
Michael Ciliberto	182	1,203	456	1,841
Joada Best	131	1,080	0	1,211
Jesse Becker	115	0	841	956
Christopher Jacobs	122	0	660	782
Molly Earleywine	119	0	656	775
Leighton Frost	178	0	0	178
Alicia Wager	135	0	0	135
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)

Contraindications to Metformin RetroDUR Data

Purpose

- To identify members taking metformin with contraindications to use.

Background

- Metformin use is contraindicated in patients with the following:
 - Acute or chronic metabolic acidosis including diabetic ketoacidosis with or without coma
 - Severe renal impairment (eGFR below 30 mL/min/1.73 m²)
 - Hypersensitivity to metformin

RDUR Criteria

- Identify members with acute or chronic metabolic acidosis or severe renal impairment
- Medical claim lookback for diagnosis: 2 years
- Pharmacy claim lookback for metformin: 4 months

Data

Contraindications to Metformin								
Members with a Claim for Metformin								
October 1, 2022 - January 31, 2023								
Amerigroup			Iowa Total Care			Fee-for-Service		
# Members	3199		# Members	7512		# Members	150	
Members with Contraindication to Metformin								
# Members	# Prescribers	# Claims	# Members	# Prescribers	# Claims	# Members	# Prescribers	# Claims
37	39	67	12	13	17	8	8	16

Next Steps

- Send letters to prescribers of members with a contraindication to metformin and a current pharmacy claim, alerting them to the potential contraindication(s) and ask if metformin could be switched to a different drug.
- DUR Digest Article
- Other?

Underutilization of SGLT2 Inhibitors in Patients with Type 2 Diabetes, Chronic Kidney Disease, and/or Heart Failure RetroDUR Data

Purpose

- To identify adult members with type 2 diabetes (T2D) in addition to chronic kidney disease (CKD), and/or heart failure (HF) without a sodium-glucose cotransporter 2 inhibitor (SGLT2i) in pharmacy claims.

Background

- Patients with T2D with CKD and/or HF are at increased risk of cardiovascular events and progression to kidney failure and/or worsening of HF. Preventative treatment strategies that reduce the risk of both kidney and cardiovascular outcomes are vital.
- Current guidelines recommend use of a SGLT2i with proven kidney or cardiovascular benefit for patients with T2D, CKD, and eGFR ≥ 20 mL/min/1.73 m².
- SGLT2i with proven cardiorenal benefit include canagliflozin, dapagliflozin, and empagliflozin.
- The safety and efficacy of initiating SGLT2i for people with an eGFR < 20 mL/min/1.73 m², in kidney transplant patients, or in individuals with Type 1 Diabetes are not established at this time.
- Chronic Kidney Disease Staging and GFR Values

Stage	Severity	GFR Value (mL/min/1.73 ²)
Stage 1	Mild Kidney Damage	≥ 90
Stage 2	Mild	60-89
Stage 3a	Mild to Moderate	45-59
Stage 3b	Moderate to Severe	30-44
Stage 3	Unspecified Stage 3	
Stage 4	Severe	15-29
Stage 5	Kidney Failure	< 15
ESRD	Requires Dialysis or Transplant	< 15
Unspecified	Unspecified CKD	

RDUR Criteria

- Identify adult members (≥ 18 years of age) with T2D and one of the following: 1. CKD, 2. HF, or 3. CKD plus HF, without an SGLT2i with proven benefit.
- Medical claim lookback for diagnosis: 2 years
- Pharmacy claim lookback for SGLT2i: 4 months

Data

Underutilization of SGLT2 Inhibitors in Patients with Type 2 Diabetes and Chronic Kidney Disease and/or Heart Failure

October 1, 2022 – January 31, 2023

Amerigroup		Type 2 Diabetic Members ≥ 18 years of age							
SGLT2i Therapy	Chronic Kidney Disease		Heart Failure		Chronic Kidney Disease & Heart Failure		Totals		
	Count	%	Count	%	Count	%	Count	%	
Yes	77	15%	315	21%	39	15%	431	19%	
No	449	85%	1210	79%	223	85%	1882	81%	
Total	526		1525		262		2313		

Iowa Total Care		Type 2 Diabetic Members ≥ 18 years of age							
SGLT2i Therapy	Chronic Kidney Disease		Heart Failure		Chronic Kidney Disease & Heart Failure		Totals		
	Count	%	Count	%	Count	%	Count	%	
Yes	145	14%	240	22%	33	11%	418	17%	
No	878	86%	876	78%	261	89%	2015	83%	
Total	1023		1116		294		2433		

Fee-for-Service		Type 2 Diabetic Members ≥ 18 years of age							
SGLT2i Therapy	Chronic Kidney Disease		Heart Failure		Chronic Kidney Disease & Heart Failure		Totals		
	Count	%	Count	%	Count	%	Count	%	
Yes	1	6%	6	23%	1	50%	8	18%	
No	15	94%	20	77%	1	50%	36	82%	
Total	16		26		2		44		

Next Steps

- Send letters to prescribers of all members identified with T2D and one of the three disease states (CKD, HF, CKD & HF) without an SGLT2i recommending the addition an SGLT2i with proven benefit.
- Other?

References

Nuha A. ElSayed, Grazia Aleppo, et. al., on behalf of the American Diabetes Association, 9. Pharmacologic Approaches to Glycemic Treatment: *Standards of Care in Diabetes—2023*. *Diabetes Care* | January 2023; 46 (Supplement_1): S140–S157. <https://doi.org/10.2337/dc23-S009>

KDIGO 2022 Clinical Practice Guideline for Diabetes Management in Chronic Kidney Disease <https://kdigo.org/wp-content/uploads/2022/10/KDIGO-2022-Clinical-Practice-Guideline-for-Diabetes-Management-in-CKD.pdf> (Accessed January 3, 2023).

Antidepressants in Children RetroDUR Proposal

Purpose

- Identify members in the pediatric population with a claim for an antidepressant where the age is below the FDA approved minimum age for potential educational letters and/or ProDUR age edits.

Background

- The annual federal Drug Utilization Review (DUR) report (Sec. 1927. [42 U.S.C. 1396r–8]) issued by the Centers for Medicare and Medicaid Services (CMS) contains various surveys questions relative to drug utilization and practice topics. The most recent survey includes the following questions:
 - “Does your state have a documented program in place to either manage or monitor the appropriate use of antidepressant drugs in children? If “yes”, does your state either manage or monitor only children in foster care, all children, or other.
 - Does your state have edits in place to monitor child’s age, dosage, indication, polypharmacy, other.

RDUR Criteria

- Members: < FDA approved minimum age for drug
- Time period: 3 months of claims
- Antidepressants

Drug	FDA Approved Minimum Age
SSRI Type	
Citalopram	18
Escitalopram	12
Fluoxetine	7
Fluvoxamine	8
Paroxetine	18
Sertraline	6
Vilazodone	18
SNRI	
Desvenlafaxine	18
Duloxetine	7
Levomilnacipran	18
Venlafaxine	18
TCA's and Related Compounds	
Amitriptyline	12
Amoxapine	18
Clomipramine	10

Desipramine	18
Doxepin	12
Imipramine	6
Nortriptyline	13
Protriptyline	13 (adolescent)
Trimipramine	13 (adolescent)
Dopamine-Reuptake Blocking Compounds	
Bupropion HCl	18
5-HT2 Receptor Antagonist Properties	
Nefazodone	18
Trazodone	18
5-HT3 Receptor Antagonist Properties	
Vortioxetine	18
Noradrenergic Antagonist	
Mirtazapine	18
Monoamine Oxidase Inhibitors	
Isocarboxazid	16
Phenelzine	18
Tranylcypromine	18

Metabolic Monitoring for Children and Adolescents on Antipsychotics RetroDUR Proposal

Purpose

- To determine if metabolic testing occurred for members ages 0 to 17 who were dispensed an antipsychotic medication in the Iowa Medicaid population.

Background

- Use of antipsychotic medications in children and adolescents increases the risk of developing diabetes and high cholesterol that can extend into adulthood.
- Metabolic monitoring can help ensure early detection and management of these potential complications.
- This is a current Healthcare Effectiveness Data and Information Set (HEDIS) measure for health care plans.

RDUR Criteria

- Members: < 18 years of age
- Time period: 12-month period
- Identify members who received two or more antipsychotic medications
- Review medical claims for the same time period to identify members that received the following metabolic testing:
 - Blood glucose testing,
 - Cholesterol testing, or
 - Blood glucose testing and cholesterol testing

90-Day Drug Supply Allowance Second Review

Recommended New Policy

Allow “optional” 90-day supply of select, cost-effective, generic maintenance medications.

Current Policy

441 IAC 78.2(6) Quantity prescribed.

a. Quantity prescribed. When it is not therapeutically contraindicated, the legally qualified practitioner shall prescribe not less than a one-month supply of covered prescription and nonprescription medication. Contraceptives may be prescribed in three-month quantities.

Rationale

Potential for increased patient compliance and persistence, resulting in better health outcomes for chronic medical conditions accompanied by Medicaid program savings while minimizing waste, and not compromising patient safety.

Collateral Policy

1) Established:

- a) Dispensing Fee – Pharmacy gets one dispensing fee per 90-day supply.
- b) Copayment – Member gets charged one copay (if applicable) per 90-day supply.
- c) Member Exclusions – None.

2) NEW Considerations for DUR Commission Discussion

- a) Member Initial Fill – Should member be required to first establish compliance and tolerability? *No, leave to prescriber discretion. If yes, then:*
 - i) ~~Number of monthly fills? (0, 1, or 2)~~
 - ii) ~~Same strength and dose?~~
 - iii) ~~Within previous X number of days?~~
- b) Lost/Stolen/Destroyed Policy
 - i) Current policy language (reviewed/recommended June 2012), *no changes needed:*
 - (1) Non-controlled medications that are lost, stolen, or destroyed are limited to a one-time override allowance per 12 month period. Overrides for the first occurrence of a lost, stolen, or destroyed medication can be obtained by contacting the appropriate helpdesk.
 - (2) Replacement of lost, stolen, or destroyed controlled substances and tramadol containing products will not be approved. In addition, no allowances will be provided for patients residing in a long-term care (LTC) facility.
 - (3) Requests exceeding the one-time override allowance for non-controlled lost, stolen and destroyed medications may be considered with additional documentation. Requests for stolen medications must include a copy of a police report.
- c) 90-day Drug Selection Process – Review will include MediSpan Maintenance Drug Categories – select generic products. Exclusion Criteria
 - (1) Safety – e.g., risks associated with a particular class
 - (2) Controlled Substances
 - (3) Narrow Therapeutic Index (NTI) Drugs
 - (4) Drugs subject to frequent dose adjustments

- (5) OTC Drugs
 - (6) Brand Drugs
 - (7) PA Drug Categories (Clinical PA)
 - (8) Nonpreferred or Nonrecommended Drugs
 - (9) Other Therapeutic Categories – Antibiotics, Ophthalmic, Otic, and Topical Products
 - (10) Other exclusions? thanks
- ii) Categories to Start – Initially start with those categories associated with Quality Measures – such as for Blood Pressure; Cholesterol Lowering Agents; Antidepressants; Diabetes Mellitus. *Consider levothyroxine.* Other recommendations?
 - iii) Review on an annual basis

3). Change to the Days' Supply Policy would also require:

- a) Education of Members and Providers
- b) Rule change

DRAFT

Palivizumab (Synagis) Initial Review

Background

Respiratory syncytial virus (RSV) activity in the United States typically begins in the late fall and extends through spring. Following the COVID-19 pandemic, the number of infections decreased dramatically, with RSV activity extremely low through the traditional 2020-2021 season but started to rise in the spring of 2021. Since then, the seasonality of RSV has not followed the traditional patterns. With the changes in seasonality, the American Academy of Pediatrics (AAP) provided [updated guidance on the use of palivizumab prophylaxis to prevent hospitalization from severe RSV](#). Because of high RSV circulation outside of the normal RSV season, the AAP strongly supported consideration for use of palivizumab during the interseasonal spread of RSV and providing more than five consecutive doses of palivizumab in eligible patients. This means eligible Iowa Medicaid members were able to receive doses of palivizumab outside of the predetermined Iowa RSV season, November 1st through March 31st, and eligible patients could potentially receive more than 5 doses.

The [National Respiratory and Enteric Virus Surveillance System \(NREVSS\)](#) tracks the total number of RSV tests performed weekly and the number of tests that were positive. Trends are tracked nationally, regionally, and by state. The season onset of RSV has traditionally been defined as the first two consecutive weeks with > 10% of antigen tests positive and season offset as the first of two consecutive weeks when the percentage of positive tests is < 10%. Polymerase chain reaction (PCR)-based RSV testing has become more widely used for the detection of RSV. With PCR testing, the season onset of RSV is defined at the first of two consecutive weeks with > 3% positive tests and season offset is defined as the first of two consecutive weeks when the percent positive tests are < 3%. NREVSS reports both total antigen tests and total PCR tests, with PCR testing being most frequently used.

Prior authorization (PA) criteria are being updated to define the predetermined Iowa RSV season and update the source of virology data.

Current Clinical Prior Authorization Criteria

Respiratory Syncytial Virus (RSV) Season is defined by the centers for disease control and prevention of the United States department of health and human services and described in the RSV surveillance reports published annually in the Morbidity and Mortality Weekly Report (MMWR) and available at <http://www.cdc.gov/surveillance/nrevss/rsv/reports.html>.

1. Medicaid will use virology data provided by the Iowa department of public health (IDPH) to prospectively estimate the start of the RSV season and follow the virology data to the end of the season.
2. Medicaid will provide coverage of prescription drugs that protect against RSV consistent with the current American Academy of Pediatrics (AAP) Guidelines for Infants and Children at Risk for Severe Illness due to RSV Infection.

3. The start date will begin two weeks prior to the expected season start date for the state of Iowa. The start date will be adjusted to an earlier date by Medicaid if indicated by the virological data. The expected season start date shall be derived from the median start date of the past 5 seasons using Iowa virological data.

Prior authorization (PA) is required for therapy with palivizumab. PAs will be approved for administration during the RSV season for a maximum of five doses per patient. No allowances will be made for a sixth dose. Patients, who experience a breakthrough RSV hospitalization, should have their monthly prophylaxis discontinued, as there is an extremely low likelihood of a second RSV hospitalization in the same season. Payment for palivizumab will be considered for patients who meet one of the following criteria:

Chronic Lung Disease (CLD) of Prematurity

1. Patient is less than 12 months of age at start of therapy and has CLD of prematurity (defined as gestational age less than 32 weeks and required greater than 21% oxygen for at least the first 28 days after birth).
2. Requests for patients during their second year of life (12 months to < 24 months) will be considered for patients meeting the CLD of prematurity definition above and continue to require medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) during the 6-month period before the start of the second RSV season.

Prematurity (without CLD of Prematurity or Congenital Heart Disease)

1. Patient is less than 12 months of age at start of therapy with a gestational age of less than 29 weeks.

Neuromuscular Disorders or Anatomic Pulmonary Abnormalities

1. Patient is 12 months of age or younger at the start of therapy and has either severe neuromuscular disease or congenital anomaly that impairs the ability to clear secretions from the upper airway due to an ineffective cough.

Hemodynamically Significant Congenital Heart Disease (CHD)

1. Patient is less than 12 months of age at start of therapy and has hemodynamically significant CHD further defined by any of the following: Acyanotic heart disease receiving medication to control congestive heart failure and will require cardiac surgical procedures, moderate to severe pulmonary hypertension, or cyanotic heart defects with documentation of consultation with a pediatric cardiologist that recommends palivizumab prophylaxis.

Immunocompromised Children

1. Patient is less than 24 months of age at start of therapy and is profoundly immunocompromised during the RSV season (e.g., severe combined immunodeficiency, advanced acquired immunodeficiency syndrome, receiving chemotherapy).

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

Respiratory Syncytial Virus (RSV) *surveillance is tracked* ~~Season is defined by the national respiratory and enteric virus surveillance system (NREVSS) on~~ the centers for disease control and prevention of the United States department of health and human services *website*. ~~and described in the RSV surveillance reports published annually in the Morbidity and Mortality~~

Weekly Report (MMWR) and available at <http://www.cdc.gov/surveillance/nrevss/rsv/reports.html>.

1. Medicaid will use Iowa virology data reported to the NREVSS, as documented under RSV state trends. ~~provided by the Iowa department of public health (IDPH) to prospectively estimate the start of the RSV season and follow the virology data to the end of the season.~~
2. Medicaid will provide coverage of prescription drugs that protect against RSV consistent with the current American Academy of Pediatrics (AAP) Guidelines for Infants and Children at Risk for Severe Illness due to RSV Infection.
3. *The RSV season in Iowa is predefined as November 1st through March 31st of each RSV season. Prescribers and dispensing pharmacies should monitor state specific virology data and hold administration of palivizumab if data indicates RSV is not prevalent at the beginning of the predefined Iowa RSV season. Consideration of use of palivizumab during interseasonal spread of RSV may be considered by Medicaid with widespread RSV circulation. The start date will begin two weeks prior to the expected season start date for the state of Iowa. The start date will be adjusted to an earlier date by Medicaid if indicated by the virological data. The expected season start date shall be derived from the median start date of the past 5 seasons using Iowa virological data.*

Prior authorization (PA) is required for therapy with palivizumab. PAs will be approved for administration during the RSV season for a maximum of five doses per patient. No allowances will be made for a sixth dose. Patients, who experience a breakthrough RSV hospitalization, *in the prior 5 months*, should have their monthly prophylaxis discontinued, as there is an extremely low likelihood of a second RSV hospitalization in the same season. Payment for palivizumab will be considered for patients who meet one of the following criteria:

Chronic Lung Disease (CLD) of Prematurity

1. Patient is less than 12 months of age at start of therapy and has CLD of prematurity (defined as gestational age less than 32 weeks and required greater than 21% oxygen for at least the first 28 days after birth).
2. Requests for patients during their second year of life (12 months to < 24 months) will be considered for patients meeting the CLD of prematurity definition above and continue to require medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) during the 6-month period before the start of the second RSV season.

Prematurity (without CLD of Prematurity or Congenital Heart Disease)

1. Patient is less than 12 months of age at start of therapy with a gestational age of less than 29 weeks.

Neuromuscular Disorders or Anatomic Pulmonary Abnormalities

1. Patient is 12 months of age or younger at the start of therapy and has either severe neuromuscular disease or congenital anomaly that impairs the ability to clear secretions from the upper airway due to an ineffective cough.

Hemodynamically Significant Congenital Heart Disease (CHD)

1. Patient is less than 12 months of age at start of therapy and has hemodynamically significant CHD further defined by any of the following: Acyanotic heart disease receiving medication to control congestive heart failure and will require cardiac surgical

procedures, moderate to severe pulmonary hypertension, or cyanotic heart defects with documentation of consultation with a pediatric cardiologist that recommends palivizumab prophylaxis.

Immunocompromised Children

- I. Patient is less than 24 months of age at start of therapy and is profoundly immunocompromised during the RSV season (e.g., severe combined immunodeficiency, advanced acquired immunodeficiency syndrome, receiving chemotherapy).

Naloxone Nasal Spray Initial Review

Background

Naloxone Nasal Spray prior authorization (PA) criteria and the number of naloxone doses Iowa Medicaid pays for in a year is being reviewed due to some provider confusion regarding coverage and requirements. Currently, members can receive 1 box (2 doses) of the preferred naloxone product without PA, in 365 days. If a member needs a second box within the 365 days, a PA is required. When PA criteria were developed, the DUR Commission recommended the current PA listed below. Criteria was developed to ensure appropriate use of naloxone nasal spray and to keep prescribers informed of the additional need of naloxone above two doses, should that be needed, in a 365-day period to allow the prescriber to have a conversation with the patient. Additionally, the DUR Commission felt Iowa Medicaid should only pay for naloxone if the member was also on an opioid as seen in pharmacy claims. PA criteria are being reviewed to determine if any changes need to be made.

Members can obtain naloxone in several ways; prescriber writes prescription for member, naloxone statewide protocol, naloxone statewide standing order, Tele-Naloxone. Several of these options are further described below.

Naloxone Statewide Protocol <https://pharmacy.iowa.gov/misc/statewide-protocols>

Authority

- Pursuant to Iowa Code section 155A.46, a pharmacist may order and dispense naloxone pursuant to a protocol developed by the Iowa Board of Pharmacy (“board”) in consultation with the Department of Public Health to individuals aged 18 years and older, only in accordance with this protocol.

Order to Dispense

- Upon satisfactory assessment that the person to receive naloxone is an eligible recipient pursuant to this statewide protocol, and upon completion of training regarding recognizing and responding to suspected opioid-related overdose, the pharmacist may dispense one or more naloxone products or kits identified herein. The pharmacist shall utilize an assessment form provided by the board. The pharmacist shall determine the appropriate naloxone product or kit to be dispensed.

Records and Reporting

- Each pharmacy shall maintain the original record of each assessment, regardless of the eligibility determination following assessment, and dispensing of naloxone to each eligible recipient. Naloxone dispensing shall be reported to the Iowa Prescription Monitoring Program pursuant to rule 657—37.2(124). As soon as reasonably possible, the pharmacist shall notify the recipient’s primary health care provider of the naloxone product dispensed to the recipient. If the recipient does not have a primary health care provider, the pharmacist shall provide the recipient with a written record of the naloxone product dispensed and shall advise the recipient to consult a physician.

Naloxone Statewide Standing Order <https://pharmacy.iowa.gov/naloxone-standing-order>
Authority

- This standing order is issued pursuant to Iowa Code sections 147A.18 and 135.190 which permits the possession and administration of opioid antagonist medications by certain eligible recipients and allows the distribution of such medications by pharmacists pursuant to standing order or collaborative agreement. A pharmacist shall engage in naloxone dispensing pursuant to this standing order only when the pharmacist has complied with the rules of the Iowa Board of Pharmacy (“board”).

Order to Dispense

- Upon satisfactory assessment that the person to receive naloxone is an eligible recipient pursuant to this standing order, and upon completion of training regarding recognizing and responding to suspected opioid-related overdose, the pharmacist may dispense no more than five (5) naloxone kits identified herein to any single eligible recipient at one time, unless the pharmacist has made the determination that a greater quantity is reasonable and justified. The pharmacist shall utilize an assessment form provided by the Iowa Board of Pharmacy. The pharmacist shall determine the appropriate naloxone product to be dispensed. If the eligible recipient is a minor, a parent or guardian shall provide consent.

Reporting

- A copy of the assessment form shall be submitted to the medical director that has authorized this standing order, via facsimile within seven (7) days of dispensing naloxone. When eligibility has been denied, a copy of the assessment form shall be submitted to the medical director that has authorized this standing order, via facsimile within seven (7) days of the denial.

Records

- Each pharmacy shall maintain the original record of each assessment, regardless of the eligibility determination following assessment, and dispensing of naloxone to each eligible recipient.

Tele-Naloxone <https://www.naloxoneiowa.org/telenaloxone>

- A partnership between the Iowa Department of Public Health and University of Iowa Health Care.
- With this program you will simply visit with a pharmacist by tele-medicine, directly from your smart phone or laptop, and get FREE naloxone delivered to your door. Patient insurance is not billed for visit or naloxone.

Current Prior Authorization Criteria

Prior authorization (PA) is required for a patient requiring more than 2 doses of naloxone nasal spray per 365 days. Requests for quantities greater than 2 doses per 365 days will be considered under the following conditions:

1. Documentation is provided indicating why patient needs additional doses of naloxone nasal spray (accidental overdose, intentional overdose, other reason); and
2. Naloxone nasal spray is to be used solely for the patient it is prescribed for; and
3. The patient is receiving an opioid as verified in pharmacy claims; and
4. Patient has been reeducated on opioid overdose prevention; and
5. Documentation is provided on the steps taken to decrease the chance of opioid overdose again; and
6. A treatment plan is included documenting a plan to lower the opioid dose.

Potential Changes (first 2 bullets modeled below)

- Keep PA criteria and increase number of doses allowed (4, 6, other) within the 365 time period?
- Consider removal of criterion #3 and/or #6?
- Consider removal of PA criteria altogether, with:
 - No change in current quantity limit – 1 box (2 doses) per 365 days.
 - Increase in quantity limit - X per 31 days? X per 365 days?
- Other recommendations?

Potential Prior Authorization Criteria (if needed)

Prior authorization (PA) is required for a patient requiring more than ~~2~~ **X** doses of naloxone nasal spray per 365 days. Requests for quantities greater than ~~2~~ **X** doses per 365 days will be considered under the following conditions:

1. Documentation is provided indicating why patient needs additional doses of naloxone nasal spray (accidental overdose, intentional overdose, other reason); and
2. Naloxone nasal spray is to be used solely for the patient it is prescribed for; and
- ~~3. The patient is receiving an opioid as verified in pharmacy claims; and~~
4. Patient has been reeducated on opioid overdose prevention; and
5. Documentation is provided on the steps taken to decrease the chance of opioid overdose again.; and
- ~~6. A treatment plan is included documenting a plan to lower the opioid dose.~~

IL-5 Antagonists Initial Review

Background

Mepolizumab (Nucala) received an additional FDA approval for the add-on maintenance treatment of chronic rhinosinusitis with nasal polyps (CRSwNP) in adult patients 18 years of age and older with an inadequate response to nasal corticosteroids. The recommended dosage for the new indication is 100 mg administered once every 4 weeks by subcutaneous injection.

Prior authorization (PA) criteria are being updated to include the new indication. PA have been modeled after criteria developed for dupilumab for the same indication.

Clinical Trials (Nucala CRSwNP indication)

The approval of Nucala for the new indication was based on a randomized, double-blind, placebo-controlled study in 407 adult patients with CRSwNP. Patients received Nucala or placebo while continuing nasal corticosteroid therapy. The co-primary endpoints were change from baseline to week 52 in total endoscopic nasal polyp score (NPS) (0 to 8 scale) and change from baseline in nasal obstruction visual analog scale (VAS) score (0 to 10 scale) during weeks 49 to 52. The key secondary endpoint was the time to first nasal surgery (nasal polypectomy) up to week 52.

- The mean change from baseline in total endoscopic NPS was 0.06 and -0.87 for placebo and Nucala, respectively (treatment difference -0.93, 95% CI: -1.31, -0.55).
- The mean change from baseline in nasal obstruction VAS score was -2.54 and -4.40 for placebo and Nucala, respectively (treatment difference -1.86, 95% CI: -2.53, -1.19).
- The proportion of patients who had surgery was reduced by 57% (hazard ratio: 0.43, 95% CI: 0.25, 0.76) in the group treated with Nucala vs. placebo. By week 52, 9% of patients who received Nucala had surgery vs. 23% with placebo.

Current Clinical Prior Authorization Criteria

Prior authorization is required for IL-5 antagonists. Requests will not be considered with concurrent use with another monoclonal antibody. 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. Payment will be considered under the following conditions:

1. Is requested for an FDA approved or compendia indicated diagnosis; and
2. Patient meets the FDA approved or compendia indicated age and dose for submitted diagnosis; and
3. Patient has a diagnosis of severe asthma with an eosinophilic phenotype, and
 - a. Patient has a pretreatment blood eosinophil count of ≥ 150 cells/mcL within the previous 6 weeks or blood eosinophils ≥ 300 cells/ mcL within 12 months prior to initiation of therapy; and
 - b. Symptoms are inadequately controlled with documentation of current treatment with a high-dose inhaled corticosteroid (ICS) given in combination with a controller medication (long-acting beta2-agonist [LABA] and leukotriene

- receptor antagonist [LTRA]) for a minimum of 3 consecutive months, with or without oral corticosteroids. Patient must be compliant with therapy, based on pharmacy claims; and
- c. Patient has a history of two (2) or more exacerbations in the previous year despite regular use of high-dose ICS plus a LABA and LTRA; and
- d. A pretreatment forced expiratory volume in 1 second (FEV₁) < 80% predicted in adults and < 90% in adolescents; or
- 4. Patient has a diagnosis of eosinophilic granulomatosis with polyangiitis, and
 - a. Patient has documentation of an adequate trial and therapy failure with systemic glucocorticoids; and
 - b. One of the following:
 - i. Eosinophil count > 1000 cells/mL; or
 - ii. Eosinophil count > 10% of the total leukocyte count; and
- 5. Patient has a diagnosis of hypereosinophilic syndrome (HES); and
 - a. Patient has been diagnosed with HES for ≥ 6 months prior to starting treatment; and
 - b. Documentation that non-hematologic secondary causes of HES have been ruled out; and
 - c. Documentation patient does not have FIP1L1-PDGFR α kinase-positive HES; and
 - d. Documentation of ≥ 2 HES flares within the previous 12 months while on stable HES therapy (e.g., chronic or episodic oral corticosteroids, immunosuppressive, or cytotoxic therapy); and
 - e. Patient has a blood eosinophil count ≥ 1,000 cells/mL; and
 - f. Medication will be used in combination with stable doses of at least one other HES therapy; and
- 6. Prescribed by or in consultation with an allergist, hematologist, immunologist, pulmonologist, or rheumatologist.

If criteria for coverage are met, an initial authorization will be given for 3 months for a diagnosis of severe asthma with an eosinophilic phenotype and eosinophilic granulomatosis with polyangiitis or 6 months for a diagnosis of hypereosinophilic syndrome to assess the need for continued therapy. Requests for continuation of therapy will be based on continued medical necessity and will be considered if one or more of the following criteria are met:

Severe Asthma with an Eosinophilic Phenotype:

- 1. Patient continues to receive therapy with an ICS, LABA and LTRA; and
- 2. Patient has experienced a reduction in asthma signs and symptoms including wheezing, chest tightness, coughing, shortness of breath; or
- 3. Patient has experienced a decrease in administration of rescue medication (albuterol); or
- 4. Patient has experienced a decrease in exacerbation frequency; or
- 5. Patient has experienced an increase in predicted FEV₁ from the pretreatment baseline.

Eosinophilic Granulomatosis with Polyangiitis

- 1. Patient has demonstrated a positive clinical response to therapy (increase in remission time).

Hypereosinophilic Syndrome:

- 1. Patient has demonstrated positive clinical response to therapy (improvement of symptoms and/or reduction in the number of flares); and

2. Medication continues to be used in combination with stable doses or at least one other HES 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 italicized/highlighted or stricken)

Prior authorization is required for IL-5 antagonists. Requests will not be considered with concurrent use with another monoclonal antibody. 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. 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* ~~Is requested for an FDA approved or compendia indicated diagnosis; and~~
2. ~~Patient meets the FDA approved or compendia indicated age and dose for submitted diagnosis; and~~
3. Patient has a diagnosis of severe asthma with an eosinophilic phenotype, and
 - a. Patient has a pretreatment blood eosinophil count of ≥ 150 cells/mcL within the previous 6 weeks or blood eosinophils ≥ 300 cells/ mcL within 12 months prior to initiation of therapy; and
 - b. Symptoms are inadequately controlled with documentation of current treatment with a high-dose inhaled corticosteroid (ICS) given in combination with a controller medication (long-acting beta2-agonist [LABA] and leukotriene receptor antagonist [LTRA]) for a minimum of 3 consecutive months, with or without oral corticosteroids. Patient must be compliant with therapy, based on pharmacy claims; and
 - c. Patient has a history of two (2) or more exacerbations in the previous year despite regular use of high-dose ICS plus a LABA and LTRA; and
 - d. A pretreatment forced expiratory volume in 1 second (FEV₁) $< 80\%$ predicted in adults and $< 90\%$ in adolescents; or
4. Patient has a diagnosis of eosinophilic granulomatosis with polyangiitis, and
 - a. Patient has documentation of an adequate trial and therapy failure with systemic glucocorticoids; and
 - b. One of the following:
 - i. Eosinophil count > 1000 cells/mcL; or
 - ii. Eosinophil count $> 10\%$ of the total leukocyte count; ~~and or~~
5. Patient has a diagnosis of hypereosinophilic syndrome (HES); and
 - a. Patient has been diagnosed with HES for ≥ 6 months prior to starting treatment; and
 - b. Documentation that non-hematologic secondary causes of HES have been ruled out; and
 - c. Documentation patient does not have FIP1L1-PDGFR α kinase-positive HES; and
 - d. Documentation of ≥ 2 HES flares within the previous 12 months while on stable HES therapy (e.g., chronic or episodic oral corticosteroids, immunosuppressive, or cytotoxic therapy); and

- e. Patient has a blood eosinophil count \geq 1,000 cells/mL; and
 - f. Medication will be used in combination with stable doses of at least one other HES therapy; ~~and~~ or
6. Patient has a diagnosis of chronic rhinosinusitis with nasal polyps (CRSwNP); and
 - a. Documentation mepolizumab will be used as an add-on maintenance treatment with a nasal corticosteroid spray; 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
 7. Prescribed by or in consultation with an allergist, hematologist, immunologist, otolaryngologist, pulmonologist, or rheumatologist.

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

If criteria for coverage are met, an initial authorization will be given for 3 months for a diagnosis of severe asthma with an eosinophilic phenotype and eosinophilic granulomatosis with polyangiitis or 6 months for a diagnosis of hypereosinophilic syndrome or CRSwNP to assess the need for continued therapy. Requests for continuation of therapy will be based on continued medical necessity and will be considered if one or more of the following criteria are met:

Severe Asthma with an Eosinophilic Phenotype:

1. Patient continues to receive therapy with an ICS, LABA and LTRA; and
2. Patient has experienced a reduction in asthma signs and symptoms including wheezing, chest tightness, coughing, shortness of breath; or
3. Patient has experienced a decrease in administration of rescue medication (albuterol); or
4. Patient has experienced a decrease in exacerbation frequency; or
5. Patient has experienced an increase in predicted FEV₁ from the pretreatment baseline.

Eosinophilic Granulomatosis with Polyangiitis

1. Patient has demonstrated a positive clinical response to therapy (increase in remission time).

Hypereosinophilic Syndrome:

1. Patient has demonstrated positive clinical response to therapy (improvement of symptoms and/or reduction in the number of flares); and
2. Medication continues to be used in combination with stable doses or at least one other HES therapy.

Chronic Rhinosinusitis with Nasal Polyps (CRSwNP)

1. Patient has demonstrated positive clinical response to therapy (improvement in symptoms.); and
2. Continues to receive medication as add-on maintenance therapy with a nasal corticosteroid spray.

References

Nucala [package insert]. Philadelphia, PA; GlaxoSmithKline, LLC; March 2023

Select Anticonvulsants Initial Review

Background

In March 2022, the U.S. Food and Drug Administration (FDA) approved Ztalmy (ganaxolone) for the treatment of seizures associated with cyclin-dependent kinase-like 5 (CDKL5) deficiency disorder (CDD), in patients ages 2 years of age and older.

CDD is a rare developmental epileptic encephalopathy caused by mutations in the CDKL5 gene. The occurrence is estimated at 1:60,000 live births. This disorder can manifest in a broad range of clinical symptoms, including early-onset (< 3 months of age in 90% of patients), hypotonia, intractable epilepsy, and neurodevelopmental delay impacting cognitive, motor, speech, and visual function. The CDKL5 gene provides instructions for making proteins that are essential for normal brain and neuron development. The CDKL5 protein acts as a kinase, which is an enzyme that changes the activity of other proteins by adding oxygen and phosphate atoms (a phosphate group) at specific positions. It has yet to be determined which proteins are targeted by the CDKL5 protein.

See attached new drug review for additional clinical information.

Prior authorization (PA) criteria are being updated to add ganaxolone.

Cost

- WAC \$22.04545/ml; \$23,809/30 days; \$285,709/12 months at maximum daily dose

Current Clinical Prior Authorization Criteria

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

1. Patient meets the FDA approved age for submitted diagnosis and drug; and
2. Patient has an FDA approved or compendia indicated diagnosis, for requested drug, of seizures associated with Lennox-Gastaut syndrome, Dravet syndrome, or tuberous sclerosis complex, with documentation of an adequate trial and inadequate response with at least two preferred concomitant antiepileptic drugs (AEDs), if available; and
3. Is prescribed by or in consultation with a neurologist; and
4. Patient's current weight is provided; and
5. Follows FDA approved dosing for indication and drug. The total daily dose does not exceed the following:
 - a. Cannabidiol
 - i. Lennox-Gastaut syndrome or Dravet syndrome: 20 mg/kg/day; or
 - ii. Tuberous sclerosis complex: 25 mg/kg/day; or
 - b. Fenfluramine

- i. With concomitant stiripentol (plus clobazam): 0.4 mg/kg/day with a maximum of 17 mg per day; or
- ii. Without concomitant stiripentol: 0.7 mg/kg/day with a maximum of 26 mg per day; or
- c. Stiripentol
 - i. Prescribed concomitantly with clobazam; and
 - ii. 50 mg/kg/day with a maximum of 3,000 mg/day.

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

Prior authorization (PA) is required for select anticonvulsants. 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; Patient meets the FDA approved age for submitted diagnosis and drug;* and
2. Patient has an FDA approved or compendia indicated diagnosis, for requested drug, of seizures associated with Lennox-Gastaut syndrome, Dravet syndrome, ~~or~~ tuberous sclerosis complex, *or cyclin-dependent kinase-like 5 (CDKL5) deficiency disorder with documentation of an adequate trial and inadequate response with at least two preferred concomitant antiepileptic drugs (AEDs), if available; and*
3. Is prescribed by or in consultation with a neurologist; and
4. Patient's current weight is provided; and
5. ~~Follows FDA approved dosing for indication and drug.~~ The total daily dose does not exceed the following:
 - a. Cannabidiol
 - i. Lennox-Gastaut syndrome or Dravet syndrome: 20 mg/kg/day; or
 - ii. Tuberous sclerosis complex: 25 mg/kg/day; or
 - b. Fenfluramine
 - i. With concomitant stiripentol (plus clobazam): 0.4 mg/kg/day with a maximum of 17 mg per day; or
 - ii. Without concomitant stiripentol: 0.7 mg/kg/day with a maximum of 26 mg per day; or
 - c. Stiripentol
 - i. Prescribed concomitantly with clobazam; and
 - ii. 50 mg/kg/day with a maximum of 3,000 mg/day; *or*
 - d. *Ganaxolone*
 - i. *Weight ≤ 28 kg: 63 mg/kg/day; or*
 - ii. *Weight > 28 kg: 1800 mg/day.*

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

References

Ztalmy [prescribing information]. Radnor, PA: Marinus Pharmaceuticals, Inc.; November 2022

International Foundation for CDKL5 Research. About CDKL5. Available at: <https://www.cdkl5.com/aboutcdkl5/>. Accessed on March 21, 2023.



PDL DRUG REVIEW

Proprietary Name: Ztalmy® Tablets

Common Name: ganaxolone suspension

PDL Category: Anticonvulsants

<u>Comparable Products</u>	<u>Preferred Drug List Status</u>
Clobazam	Preferred
Levetiracetam	Preferred
Topiramate	Preferred

Summary

Pharmacology/Usage: Ganaxolone, the active ingredient of Ztalmy®, is a neuroactive steroid gamma-aminobutyric acid A (GABA-A) receptor positive modulator. The exact mechanism of action by which ganaxolone exerts its therapeutic effects for its approved indication is not known, but its anticonvulsant effects are thought to result from positive allosteric modulation of the GABA-A receptor in the CNS.

Ztalmy® is a Schedule V controlled substance. Ganaxolone has potential for abuse.

Indication: For the treatment of seizures associated with cyclin-dependent kinase-like 5 (CDKL5) deficiency disorder (CDD) in patients 2 years of age and older.

There is no pregnancy category for this medication; however, the risk summary indicates there are no available data on use in pregnant women to inform a drug-associated risk of adverse developmental outcomes. There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to antiepileptic drugs (AEDs), such as Ztalmy®, during pregnancy. Encourage women who are taking Ztalmy® during pregnancy to enroll in the North American Antiepileptic Drug (NAAED) Pregnancy Registry by calling 1-888-233-2334 or visiting <http://aedpregnancyregistry.org>. The safety and efficacy of use in the pediatric population below 2 years of age have not been established.

Dosage Form: Oral Suspension: 50mg/ml. Cherry flavored. Shake the bottle thoroughly for at least 1 minute and then wait for 1 minute before measuring and administering each dose. Discard any unused suspension after 30 days of first opening the bottle.

Measure and administer the prescribed dose using the oral syringe provided by the pharmacist. A household teaspoon or tablespoon is not an adequate measuring device and should not be used.

Recommended Dosage: Administer PO TID and must be taken with food. Dosage should be increased based on tolerability no more frequently than every 7 days. Titration increments should not exceed those shown in the tables below.

The recommended titration schedule and maintenance dosage are based on body weight for patients weighing 28kg or less. Dosage recommendations for patients weighing 28kg or less are presented in the table below, which was adapted from the prescribing information.

Dosage if weigh ≤28kg	Total Daily dosage	Days
6mg/kg TID	18mg/kg/day	1 to 7
11 mg/kg TID	33mg/kg/day	8 to 14
16mg/kg TID	48mg/kg/day	15 to 21
21 mg/kg TID	63mg/kg/day	22 to ongoing

Dosage recommendations for patients weighing more than 28kg are presented in the table below, which was adapted from the prescribing information.

Dosage if weigh >28kg	ml per dose	Total daily dosage	Days
150mg TID	3	450mg	1 to 7
300mg TID	6	900mg	8 to 14
450mg TID	9	1350mg	15 to 21
600mg TID	12	1800mg	22 to ongoing

Decrease the dose of Ztalmy® gradually when discontinuing treatment. As with all antiepileptic drugs, abrupt discontinuation should be avoided, when possible, to minimize the risk of increased seizure frequency and status epilepticus.

The influence of hepatic impairment on the pharmacokinetics of Ztalmy® has not been evaluated. Since ganaxolone undergoes clearance via the hepatic route, hepatic impairment can increase ganaxolone exposure. Monitor patients with impaired hepatic function for the incidence of adverse reactions. Patients with impaired hepatic function may require a reduced dosage of Ztalmy®.

Drug Interactions: The coadministration of Ztalmy® with CYP450 inducers, such as strong or moderate CYP3A4 inducers, will decrease ganaxolone exposure, which can lower the efficacy of Ztalmy®. It is recommended to avoid concomitant use of strong or moderate CYP3A4 inducers with Ztalmy®. When concomitant use of strong or moderate CYP3A4 inducers is unavoidable, consider an increase in the dosage of Ztalmy®; however, do not exceed the maximum daily dosage of Ztalmy®.

In patients on a stable Ztalmy® dosage who are initiating or increasing the dosages of enzyme-inducing antiepileptic drugs (e.g., carbamazepine, phenytoin, phenobarbital, and primidone), the Ztalmy® dosage may need to be increased; however, do not exceed the maximum daily dosage of Ztalmy®.

Concomitant use of Ztalmy® with CNS depressants, including alcohol, may increase the risk of somnolence and sedation.

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 (Ztalmy®) minus reported % incidence for placebo. Please note that an incidence of 0% means the incidence was the same as or less than placebo.* The most frequently reported adverse events included somnolence (18%), pyrexia (10%), upper respiratory tract infection (4%), sedation (2%), salivary hypersecretion (4%), seasonal allergy (6%), bronchitis (4%), influenza (2%), gait disturbance (2%), and nasal congestion (2%).

Ztalmy® can cause somnolence and sedation, which appeared early during treatment and were generally dose-related. Other CNS depressants, including opioids, antidepressants, and alcohol, could potentiate somnolence and

sedation in patients receiving Ztalmy®. Prescribers should monitor patients for somnolence and sedation, and advise patients not to drive or operate machinery until they have gained sufficient experience on Ztalmy® to gauge whether it adversely affects their ability to drive or operate machinery.

Antiepileptic drugs (AEDs), including Ztalmy®, may increase the risk of suicidal thoughts or behavior in patients taking these drugs for any indication. Patients treated with an AED for any indication should be monitored for the emergence or worsening of depression, suicidal thoughts or behavior, or any unusual changes in mood or behavior.

As with most AEDs, Ztalmy® should be withdrawn gradually because of the risk of increased seizure frequency and status epilepticus. If withdrawal is needed because of a serious adverse event, rapid discontinuation can be considered.

Contraindications: There are no contraindications listed with this product.

Manufacturer: Marinus Pharmaceuticals, Inc.

Analysis: The safety and efficacy of Ztalmy® for the treatment of seizures associated with CDD were assessed in a single, double-blind, randomized, placebo-controlled study that included patients 2 to 19 years of age. Patients included in the study had molecular confirmation of a pathogenic or likely pathogenic mutation in the CDKL5 gene, seizures inadequately controlled by at least 2 previous treatment regimens, and a minimum of 16 major motor seizures (i.e., bilateral tonic, generalized tonic-clonic, bilateral clonic, atonic, focal to bilateral tonic-clonic) per 28 days during a retrospective 2-month period prior to screening.

Patients were randomized to either Ztalmy® or placebo. Following a 21-day titration period, patients in the Ztalmy® arm weighing ≤ 28 kg received a maintenance dosage of 21 mg/kg TID (with a maximum daily dose of 1800mg) while patients in the Ztalmy® arm weighing more than 28kg received a maintenance dosage of 600mg TID. Ninety-six percent of patients were taking between 1 to 4 concomitant AEDs. The most frequently used concomitant AEDs (in at least 20% of patients) were valproate (42%), levetiracetam (32%), clobazam (29%), and vigabatrin (24%).

The primary efficacy endpoint was the percentage change in the 28-day frequency of major motor seizures after a 6-week prospective baseline phase (pre-Ztalmy®) through the 17-week double-blind phase, which included a 3 week titration phase. Results suggested that patients treated with Ztalmy® had a significantly greater reduction in the 28-day frequency of major motor seizures compared to patients receiving placebo. Results are presented in the table below, which was adapted from the prescribing information.

	Placebo (N=51)	Ztalmy® (N=49)
Prospective baseline phase median seizure frequency	49	54
Median percent change from baseline during treatment	-7	-31
p-value compared to placebo	0.0036	
NNT <i>calculated by CHC</i>	5	

The proportion of patients by category of seizure response (the percentage reduction from baseline in major motor seizure frequency) for Ztalmy® vs placebo include: ≤ 0 (24% Ztalmy vs 47% placebo), >0 to <25 (18% vs 29%, respectively), ≥ 25 to <50 (33% vs 14%, respectively), ≥ 50 to <75 (14% vs 5%, respectively), and ≥ 75 to 100 (10% vs 3%, respectively).

Place in Therapy: Ztalmy® is a neuroactive steroid GABA-A receptor positive modulator indicated for the treatment of seizures associated with cyclin-dependent kinase-like 5 (CDKL5) deficiency disorder (CDD) in patients 2 years of age and older. Ztalmy® is the first and only medication FDA-approved specifically for this indication. This oral suspension must be taken with food. Its safety and efficacy were assessed in a double-blind, randomized, placebo-controlled trial that included patients 2 to 19 years of age with seizures associated with CDD. The primary efficacy

endpoint was the percentage change in the 28-day frequency of major motor seizures, and patients receiving Ztalmy® had a significantly greater reduction in the 28-day frequency of major motor seizures as compared to patients receiving placebo.

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

PDL Placement: Preferred
 Non-Preferred

References

¹ Ztalmy [package insert]. Radnor, PA: Marinus Pharmaceuticals, Inc; 2022.

Prepared By: Iowa Medicaid Date: 02/24/2023
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Cyclosporine Ophthalmic Emulsion 0.1% (Verkazia) Initial Review

Background

The U.S. Food and Drug Administration (FDA) recently approved cyclosporine 0.1% ophthalmic emulsion (Verkazia) for the treatment of vernal keratoconjunctivitis (VKC) in patients \geq 4 years of age.

Vernal keratoconjunctivitis (VKC) is a chronic, bilateral, at times asymmetrical, seasonally exacerbated, allergic inflammation of the ocular surface. It is more common in children and young adults having an atopic background. Common symptoms include ocular pruritus, photophobia, thick mucus discharge, tearing, burning, foreign body sensation, pain, and blurred vision. Dual-acting mast cell stabilizer and antihistamines are recommended first-line therapy in treatment of VKC. Alternatives are a combination of a separate topical mast cell stabilizer and a topical antihistamine or a mast cell stabilizer alone. Dual acting agents include olopatadine and azelastine hydrochloride. Topical mast cell stabilizers include cromolyn sodium, nedocromil, and lodoxamide. For patients who fail to respond to 2 to 3 weeks of a dual-acting antihistamine/mast cell stabilizer, a short-term topical corticosteroid trial is recommended. Topical cyclosporine 0.1% is recommended in patients with moderate to severe disease who require frequent or prolonged courses of topical corticosteroids.

See attached new drug review for additional clinical information.

Cost

- WAC \$12.21 per single-dose vial; \$1,465 per month; \$17,582 per 12 months

Newly Proposed Clinical Prior Authorization Criteria

Prior authorization (PA) is required for cyclosporine 0.1% ophthalmic emulsion (Verkazia). 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 vernal keratoconjunctivitis (VKC); and
3. Documentation of an adequate trial (2 to 3 weeks) and therapy failure with a preferred topical dual-acting mast cell stabilizer/topical antihistamine (e.g., olopatadine, azelastine); and
4. Documentation of an adequate trial (2 to 3 weeks) and therapy failure with a preferred topical ophthalmic corticosteroid (e.g., dexamethasone, prednisolone, fluorometholone, loteprednol); and
5. Is prescribed by or in consultation with an ophthalmologist or optometrist; and
6. Is not prescribed in combination with other ophthalmic cyclosporine products.

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

Initial requests will be approved for 6 months. Additional authorizations will be considered upon documentation of clinical response to therapy.

Other Items to Consider

- Quantity limit – 120 single-dose vials (1 box) per 30 days

References

Verkazia ophthalmic emulsion [prescribing information]. Emeryville, CA: Santen.; June 2022

Pedram, H. Vernal keratoconjunctivitis. In: *UpToDate*, Wood RA (Ed). UpToDate, Waltham, MA. (Accessed on March 23, 2023).



PDL DRUG REVIEW

Proprietary Name: Verkazia®

Common Name: cyclosporine ophthalmic emulsion

PDL Category: Ophthalmics

<u>Comparable Products</u>	<u>Preferred Drug List Status</u>
Cromolyn Sodium (ophth)	Preferred
Alomide	Non-Preferred

Summary

Pharmacology/Usage: Cyclosporine, the active ingredient of Verkazia®, is a calcineurin inhibitor immunosuppressant agent when administered systemically. Following ocular administration, cyclosporine is thought to act by blocking the release of pro-inflammatory cytokines such as IL-2. The exact mechanism of action for its approved indication is not known.

Indication: For the treatment of vernal keratoconjunctivitis (VKC) in children and adults.

There is no pregnancy category for this medication; however, the risk summary indicates that there are no adequate and well-controlled studies of Verkazia® administration in pregnant women to inform a drug-associated risk. The safety and efficacy of use in the pediatric population younger than 4 years of age have not been established.

Dosage Form: Ophthalmic emulsion: 0.1% (1mg/ml).

Recommended Dosage: Gently shake the single-dose vial several times to obtain a uniform, white, opaque emulsion before use.

Contact lenses should be removed before applying Verkazia® and may be reinserted 15 minutes after administration.

Instill one drop, 4 times daily (morning, noon, afternoon, and evening) into each affected eye. Treatment can be discontinued after signs and symptoms are resolved and can be reinitiated if there is a recurrence.

If a dose is missed, treatment should be continued as normal, at the next scheduled administration.

If more than one topical ophthalmic product is being used, administer the eye drops at least 10 minutes apart to avoid diluting products. Administer Verkazia® 10 minutes prior to using any eye ointment, gel, or other viscous eye drops.

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 (Verkazia®). There was no placebo data to compare with in the prescribing information. The most frequently reported adverse events included eye pain (12%), eye pruritus (8%), ocular discomfort (6%), visual acuity reduced (5%), ocular hyperemia (4%), cough (5%), headache (4%), and upper respiratory tract infection (2%).

Contraindications: There are no contraindications listed with this product.

Manufacturer: Santen Incorporated.

Analysis: The safety and efficacy of Verkazia® for the treatment of VKC were assessed in two randomized, multicenter, double-masked, vehicle-controlled clinical trial (VEKTIS and NOVATIVE study). In the VEKTIS study, patients with severe VKC were randomized to Verkazia® QID, Verkazia® BID or vehicle for the first 4 months (period 1). Similarly, in the NOVATIVE study, patients with moderate to severe VKC were randomized to QID Verkazia® or QID of cyclosporine ophthalmic emulsion 0.5mg/ml and vehicle group for the first 1 month (period 1). In both studies, patients randomized to the vehicle group were switched to Verkazia® (QID or BID) from month 4 to month 12 in the VEKTIS study and to cyclosporine ophthalmic emulsion 0.5mg/ml QID or 1mg/ml from month 1 to month 4 in the NOVATIVE study (period 2).

A total of 168 patients were enrolled in the VEKTIS study and 118 were enrolled in the NOVATIVE study. Patients' age ranged from 4 through 17 years (mean age 9 years) in the VEKTIS study and 4 through 21 years (mean age 9 years) in the NOVATIVE study, with most patients being between 4 and 11 years of age (76% in VEKTIS and 80% in NOVATIVE) and male (79% in VEKTIS and 81% in NOVATIVE). Most of the patients had both limbal and tarsal forms of VKC (65% in VEKTIS and 74% in NOVATIVE). In both studies, patients had experienced VKC for a mean of 3 years prior to enrollment and all patients had a history of at least one recurrence of VKC in the year prior to study entry.

In the VEKTIS study, key efficacy evaluation was based on the change in corneal fluorescein staining (CFS) score and in itching score over 4 months. Results are presented in the tables below, which were adapted from the prescribing information.

This first table includes the efficacy results of the mean change in keratitis score from baseline at each visit in the full analysis set. The CFS score was measured at each month using a 5-point scale (0=no stain and 5=more stain). Note that the 95% confidence interval results favors Verkazia® QID vs vehicle.

Visit	Vehicle (N=58)	Verkazia® QID (N=56)	Verkazia® BID (N=54)
Baseline	4.1	4.3	4.1
Month 1	-0.8	-1.4	-1.3
Month 2	-0.9	-1.8	-1.8
Month 3	-1.2	-2.3	-2.0
Month 4	-1.2	-2.3	-1.9

This second table includes the efficacy results of the mean change in itching score from baseline at each visit in the full analysis set. The itching score at each visit was measured using a Visual Analogue Scale (0=no itch to 100=maximal itch). Note that the 95% confidence interval results favors Verkazia® QID vs vehicle.

Visit	Vehicle (N=58)	Verkazia® QID (N=56)	Verkazia® BID (N=54)
Baseline	78.4	78.0	80.1

Visit	Vehicle (N=58)	Verkazia® QID (N=56)	Verkazia® BID (N=54)
Month 1	-18.3	-33.8	-24.4
Month 2	-18.6	-36.0	-29.1
Month 3	-21.6	-39.8	-35.4
Month 4	-25.4	-44.1	-35.8

Analyses of the CFS score and itching score at month 1 of the efficacy evaluation period in the NOVATIVE study also provided supporting evidence. (Note that this was all that was mentioned in the prescribing information for this study). There was no data provided that demonstrated Verkazia® had superior results than cyclosporine.

Place in Therapy: Verkazia® is a 1mg/ml (0.1%) cyclosporine ophthalmic emulsion indicated for the treatment of vernal keratoconjunctivitis (VKC) in children and adults. It is approved to be used QID, and treatment can be discontinued after signs and symptoms are resolved and can be restarted if there is a recurrence. Verkazia® is the only topical immunomodulator indicated for the treatment of VKC in children (≥4 years) and adults. In addition, per the manufacturer website, “Verkazia® uses proprietary cationic ophthalmic emulsion technology to increase cyclosporine bioavailability in the cornea.” Other cyclosporine products are currently available at different doses and in both emulsion and solution form at 0.05% and 0.09%, respectively.

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

PDL Placement: Preferred
 Non-Preferred

References

- ¹ Verkazia [package insert]. Emeryville, CA: Santen Inc; 2022.
- ² Verkazia. Website: <https://www.verkazia.com/why-verkazia>. Accessed February 2023.

Topical Acne and Rosacea Products Initial Review

Background

Clascoterone (Winlevi) cream, an androgen receptor inhibitor, was recently approved by the U.S. Food and Drug Administration (FDA) for the topical treatment of acne vulgaris in patients 12 years of age and older.

The Iowa Medicaid Pharmaceutical and Therapeutics (P&T) Committee made a recommendation for the Drug Utilization Review (DUR) Commission to develop specific prior authorization (PA) criteria for Winlevi, due to the concern of hypothalamic-pituitary-adrenal (HPA) axis suppression and lack of long-term safety data. Guidelines for the management of acne from the American Academy of Dermatology have not been updated to include clascoterone.

See attached new drug review for additional clinical information.

Cost

- AAC \$9.38 per gram; \$563.84 per 60 g tube

Current Clinical Prior Authorization Criteria

Prior authorization (PA) is not required for preferred topical acne agents (topical antibiotics and topical retinoids) for members under 21 years of age. PA is required for preferred topical acne agents for members 21 years or older, non-preferred topical acne agents and all topical rosacea agents. Payment will be considered under the following conditions:

1. Documentation of diagnosis; and
2. For the treatment of acne vulgaris, benzoyl peroxide is required for use with a topical antibiotic or topical retinoid; and
3. Payment for non-preferred topical acne products will be authorized only for cases in which there is documentation of previous trials and therapy failures with two preferred topical agents of a different chemical entity from the requested topical class (topical antibiotic or topical retinoid); and
4. Payment for non-preferred topical rosacea products will be authorized only for cases in which there is documentation of a previous trial and therapy failure with a preferred topical agent; and
5. Requests for non-preferred combination products may only be considered after documented trials and therapy failures with two preferred combination products; and
6. Requests for topical retinoid products for skin cancer, lamellar ichthyosis, and Darier's disease diagnoses will receive approval with documentation of submitted diagnosis; and
7. Duplicate therapy with agents in the same topical class (topical antibiotic or topical retinoid) will not be considered.

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 or stricken)

Prior authorization (PA) is not required for preferred topical acne agents (topical antibiotics and topical retinoids) for members under 21 years of age. PA is required for preferred topical acne agents for members 21 years or older, non-preferred topical acne agents and all topical rosacea agents. Payment will be considered *when member has an FDA approved or compendia indication for the requested drug, except for any drug or indication excluded from coverage, as defined in Section 1927 (2)(d) of the Social Security Act, Iowa's CMS approved State Plan, and the Iowa Administrative Code (IAC) when under 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. Documentation of diagnosis; and
3. For the treatment of acne vulgaris, benzoyl peroxide is required for use with a topical antibiotic or topical retinoid; and
4. Payment for non-preferred topical *antibiotic or topical retinoid* acne products will be authorized only for cases in which there is documentation of previous trials and therapy failures with two preferred topical agents of a different chemical entity from the requested topical class (topical antibiotic or topical retinoid); and
5. *Payment for non-preferred topical acne products outside of the antibiotic or retinoid class (e.g., Winlevi) will be authorized only for cases in which there is documentation of previous trials and therapy failures with a preferred topical retinoid and at least two other topical acne agents; and*
6. Payment for non-preferred topical rosacea products will be authorized only for cases in which there is documentation of a previous trial and therapy failure with a preferred topical agent; and
7. Requests for non-preferred combination products may only be considered after documented trials and therapy failures with two preferred combination products; and
8. Requests for topical retinoid products for skin cancer, lamellar ichthyosis, and Darier's disease diagnoses will receive approval with documentation of submitted diagnosis; and
9. Duplicate therapy with agents in the same topical class (topical antibiotic or topical retinoid) will not be considered.

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

Other Items to Consider

- Quantity limit – one 60 g tube per 30 days
- Initial length of approval for Winlevi – 3 months?

References

Winlevi [prescribing information]. Cranbury, NJ: Sun Pharmaceuticals, Inc; September 2021



PDL DRUG REVIEW

Proprietary Name: Winlevi®

Common Name: clascoterone

PDL Category: Topical – Acne Preparations

<u>Comparable Products</u>	<u>Preferred Drug List Status</u>
Clindamycin Topical	Preferred with Conditions
Differin	Preferred with Conditions

Summary

Pharmacology/Usage: Clascoterone, the active ingredient of Winlevi®, is an androgen receptor inhibitor. The mechanism of action for its approved indication is not known.

Indication: For the topical treatment of acne vulgaris in patients 12 years of age and older.

There is no pregnancy category for this medication; however, the risk summary indicates that there are no available data on use in pregnant women to assess for a drug-associated risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes. The safety and efficacy of use in the pediatric population under 12 years of age have not been established.

Dosage Form: Cream: 1% (each gram contains 10mg of clascoterone).

Recommended Dosage: For topical use only. Cleanse the affected area gently. After the skin is dry, apply a thin uniform layer of cream BID, in the morning and evening, to the affected area. Avoid accidental transfer into the eyes, mouth, or other mucous membranes. If contact with mucous membranes occurs, rinse thoroughly with water.

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 (Winlevi®) minus reported % incidence for vehicle cream. 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 edema (0.1%), erythema/redness (0%), pruritus (0%), scaling/dryness (0.1%), skin atrophy (0%), stinging/burning (0%), striae rubrae (1%), and telangiectasia (0%).

Winlevi® cream may induce local irritation (erythema/redness, pruritus, scaling/dryness). Concomitant use with other potentially irritating topical products (medicated or abrasive soaps and cleansers, soaps and cosmetics that

have a strong drying effect and products with high concentrations of alcohol, astringents, spices, or lime) should be limited.

This product should not be applied to cuts, abrasions, eczematous or sunburned skin.

Hypothalamic-pituitary-adrenal (HPA) axis suppression was observed and may occur during or after treatment with clascoterone. In the pharmacokinetic trial, all subjects returned to normal HPA axis function at follow-up 4 weeks after stopping treatment. Conditions which augment systemic absorption include use over large surface areas, prolonged use, and the use of occlusive dressings. If HPA axis suppression develops, an attempt should be made to withdraw the drug. Furthermore, pediatric patients may be more susceptible to systemic toxicity.

Contraindications: There are no contraindications listed with this product.

Manufacturer: Sun Pharmaceutical Industries, Inc.

Analysis: The safety and efficacy of Winlevi® cream were assessed in two identically designed multicenter, randomized, double-blind, vehicle-controlled trials for the treatment of acne vulgaris that included subjects 12 years of age and older (N=1421) with facial acne vulgaris. The enrolled subjects had an Investigator’s Global Assessment (IGA) of moderate or severe facial acne vulgaris (score of 3 or 4), 30 to 75 inflammatory lesions (papules, pustules, and nodules), and 30 to 100 non-inflammatory lesions (open and closed comedones).

Of the subjects enrolled, 641 were 12 to 17 years of age and 780 were 18 years of age or older. In addition, 62% of the subjects were female and 91% were Caucasian. At baseline, subjects had a mean inflammatory lesion count of 42.4 and a mean non-inflammatory lesion count of 61.4. In addition, about 83% of subjects had an IGA score of 3 (moderate).

Efficacy was assessed at week 12 by the proportion of subjects in each treatment group with at least a 2-point reduction in IGA compared to baseline and an IGA score of 0 (clear) or 1 (almost clear), absolute change and percent change from baseline in non-inflammatory and inflammatory lesions. The IGA success rate and mean absolute and percent reduction from baseline in acne lesion counts after 12 weeks of treatment for subjects 12 years of age and older can be found in the table below, which was adapted from the prescribing information.

	Trial 1		Trial 2	
	Winlevi® (N=342)	Vehicle (N=350)	Winlevi® (N=367)	Vehicle (N=362)
IGA Success ¹	18.8%	8.7%	20.9%	6.6%
Difference from vehicle	10.1%		14.3%	
NNT <i>calculated by CHC</i>	10		7	
Non-inflammatory lesions				
Mean Absolute Reduction	20.4	13.0	19.5	10.8
Difference from vehicle	7.3		8.7	
Mean percent reduction	32.6%	21.8%	29.6%	15.7%
Difference from vehicle	10.8%		13.8%	
Inflammatory Lesions				
Mean absolute reduction	19.3	15.4	20.1	12.6

	Trial 1		Trial 2	
	Winlevi® (N=342)	Vehicle (N=350)	Winlevi® (N=367)	Vehicle (N=362)
Difference from vehicle	3.9		7.5	
Mean percent reduction	44.6%	36.3%	47.1%	29.7%
Difference from vehicle	8.3%		17.5%	

¹ IGA success defined as at least a 2-point reduction in IGA compared to baseline and an IGA score of 0 (clear) or 1 (almost clear)

Place in Therapy: Winlevi®, the first topical androgen receptor inhibitor, is indicated for the topical treatment of acne vulgaris in patients 12 years of age and older. Hypothalamic-pituitary-adrenal (HPA) axis suppression was observed and may occur during or after treatment with clascoterone. If HPA axis suppression develops, an attempt should be made to withdraw the drug. The safety and efficacy of Winlevi® cream were assessed in 2 identically-designed, randomized, double-blind trials that included subjects 12 years of age and older with facial acne vulgaris. More patients in the Winlevi® group obtained IGA success as compared with placebo in both studies, as well as a greater mean percent reduction in inflammatory and non-inflammatory lesions.

Per the full-text study by Hebert et al², more patients achieved IGA success with Winlevi® as compared with vehicle (p<0.001 for both studies) at week 12. Comparator studies with other active ingredients were not currently identified. This new agent provides another treatment option for acne vulgaris.

There is no evidence at this time to support that Winlevi® is safer or more effective than the other currently preferred, more cost-effective medications. It is therefore recommended that Winlevi® 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 with Conditions

References

¹ Winlevi [package insert]. Cranbury, NJ: Sun Pharmaceuticals, Inc; 2021.

² Hebert A, Thiboutot D, Gold LS, et al. Efficacy and safety of topical clascoterone cream, 1%, for treatment in patients with facial acne: Two phase 3 randomized clinical trials. *JAMA Dermatol.* 2020; 156(6): 621-630.

Viloxazine (Qelbree) Second Review

Background

In November 2022, a recommendation was made to update prior authorization (PA) criteria for viloxazine (Qelbree) to include the 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. Additionally, a recommendation was made to simplify the requirements for trial and therapy failure prior to viloxazine, requiring only atomoxetine. PA criteria is being brought back with a recommendation to modify the trial and therapy failure requirement to allow for atomoxetine or a preferred stimulant.

Original 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.

Recommended Clinical Prior Authorization Criteria – November 2022 (changes from original PA criteria 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 dDose 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.

Newly Proposed Clinical Prior Authorization Criteria (changes to November 2022 PA recommendation 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. 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 atomoxetine** *or a preferred stimulant;* and
5. Dose does not exceed 400 mg per day for pediatric patients (< 18 years of age) and 600 mg per day for adult patients; and
6. 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.

References

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

Dupilumab (Dupixent) Second Review

Background

In September 2022 dupilumab (Dupixent), an interleukin-4 (IL-4) receptor alpha antagonist, received a fifth indication for the treatment of adults with prurigo nodularis (PN). Dupixent is the first approved treatment for PN.

PN is an uncommon, chronic skin disorder affecting primarily older adults and is characterized by firm, dome shaped, pruritic nodules often symmetrically distributed on the extensor surfaces of the arms, legs, and trunk. Nodules can range in the number from a few to hundreds. Pruritus is severe; it can be paroxysmal, sporadic, or continuous and in many cases the cause is unknown.

Diagnosis of PN is clinical, based upon a history of chronic, severe pruritus and the clinical finding of characteristic excoriated, nodular lesions. Treatment of PN includes patient education, symptomatic treatment of pruritus, and topical or systemic therapies aimed at interrupting the itch-scratch cycle and flattening the skin lesions.

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

Clinical Trials

The efficacy and safety of dupilumab in PN was evaluated in two randomized, double-blind, placebo-controlled studies (PRIME and PRIME 2) in 311 adult patients with pruritus (Worst Itch-Numeric Rating Scale [WI-NRS] ≥ 7 on a scale of 0 to 10) and ≥ 20 nodular lesions. Patients received Dupixent or placebo. At baseline, the mean WI-NRS was 8.5, 66% had 20 to 100 nodules (moderate), and 34% had > 100 nodules (severe). Efficacy was assessed with the proportion of patients with improvement (reduction) in WI-NRS by ≥ 4 points, the proportion of patients with Investigator's Global Assessment for Prurigo Nodularis-Stage (IGA PNS) 0 or 1 (the equivalent of 0 to 5 nodules), and the proportion of patients who achieved a response in both WI-NRS and IGA PN-S.

- In PRIME, the proportion of patients who met both the W-INRS and IGA PN-S endpoints at week 24 was 38.7% with Dupixent vs. 9.2% with placebo (treatment difference 29.6, 95% CI: 16.4, 42.8).
- In PRIME 2, the proportion of patients who met both the W-INRS and IGA PN-S endpoints at week 24 was 32.1% with Dupixent vs. 8.5% with placebo (treatment difference 25.5, 95% CI: 13.1, 37.9).

Dosing

- PN: Initial dose of 600 mg (two 300 mg subcutaneous injections) followed by 300 mg given every other week.

Cost

- AAC \$812.36/mL; \$4874.16 first 4 weeks; \$3,249.44/4 weeks (maintenance); \$42,242.72/year

Current Clinical Prior Authorization Criteria

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; 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 (FEV₁) $\leq 80\%$ 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 beta₂ agonist [LABA], leukotriene receptor antagonist [LTRA], oral theophylline) for a minimum of 3 consecutive months. Patient must be compliant with therapy, based on pharmacy claims; and
 - d. Patient must have one of the following, in addition to the regular maintenance medications defined above:
 - i. Two (2) or more exacerbations in the previous year or
 - ii. Require daily oral corticosteroids for at least 3 days; or
5. Patient has a diagnosis of inadequately controlled chronic rhinosinusitis with nasal polyposis (CRSwNP); and
 - a. Documentation dupilumab will be used as an add-on maintenance treatment; and
 - b. Documentation of an adequate trial and therapy failure with at least one preferred medication from each of the following categories:
 - i. Nasal corticosteroid spray; and
 - ii. Oral corticosteroid; or
6. Patient has a diagnosis of eosinophilic esophagitis (EoE); and
 - a. Is prescribed by, or in consultation with, an allergist, gastroenterologist, or immunologist; and
 - b. Patient has ≥ 15 intraepithelial eosinophils per high-power field (eos/hpf) as confirmed by endoscopic esophageal biopsy (attach results); and

- c. Patient has signs and symptoms of esophageal dysfunction (e.g., dysphagia, food impaction, food refusal, abdominal pain, heartburn regurgitation, chest pain and/or, odynophagia); and
 - d. Documentation of previous trials and therapy failures with all of the following:
 - i. High dose proton pump inhibitor (PPI) for at least 8 weeks; and
 - ii. Swallowed topical corticosteroid (e.g., fluticasone propionate, oral budesonide suspension); and
 - iii. Dietary therapy; and
7. Dose does not exceed the FDA approved dosing for indication.

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

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

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

1. Request adheres to all FDA approved labeling for requested drug and indication including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient's current weight in kilograms (kg) is provided; and
3. Patient has a diagnosis of moderate-to-severe atopic dermatitis; and
 - a. Is prescribed by or in consultation with a dermatologist, allergist, or immunologist; and
 - b. Patient has failed to respond to good skin care and regular use of emollients; and
 - c. Patient has documentation of an adequate trial and therapy failure with one preferred medium to high potency topical corticosteroid for a minimum of 2 consecutive weeks; and
 - d. Patient has documentation of a previous trial and therapy failure with a topical immunomodulator for a minimum of 4 weeks; and
 - e. Patient has documentation of a previous trial and therapy failure with cyclosporine or azathioprine; and
 - f. Patient will continue with skin care regimen and regular use of emollients; 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 (FEV₁) $\leq 80\%$ 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 beta₂ agonist [LABA], leukotriene receptor antagonist [LTRA], oral

- theophylline) for a minimum of 3 consecutive months. Patient must be compliant with therapy, based on pharmacy claims; and
- d. Patient must have one of the following, in addition to the regular maintenance medications defined above:
 - i. Two (2) or more exacerbations in the previous year or
 - ii. Require daily oral corticosteroids for at least 3 days; or
 5. Patient has a diagnosis of inadequately controlled chronic rhinosinusitis with nasal polyposis (CRSwNP); and
 - a. Documentation dupilumab will be used as an add-on maintenance treatment; and
 - b. Documentation of an adequate trial and therapy failure with at least one preferred medication from each of the following categories:
 - i. Nasal corticosteroid spray; and
 - ii. Oral corticosteroid; or
 6. Patient has a diagnosis of eosinophilic esophagitis (EoE); and
 - a. Is prescribed by, or in consultation with, an allergist, gastroenterologist, or immunologist; and
 - b. Patient has ≥ 15 intraepithelial eosinophils per high-power field (eos/hpf) as confirmed by endoscopic esophageal biopsy (attach results); and
 - c. Patient has signs and symptoms of esophageal dysfunction (e.g., dysphagia, food impaction, food refusal, abdominal pain, heartburn regurgitation, chest pain and/or, odynophagia); and
 - d. Documentation of previous trials and therapy failures with all of the following:
 - i. High dose proton pump inhibitor (PPI) for at least 8 weeks; and
 - ii. Swallowed topical corticosteroid (e.g., fluticasone propionate, oral budesonide suspension); and
 - iii. Dietary therapy; and or
 7. Patient has a diagnosis of moderate to severe prurigo nodularis (PN); and
 - a. Is prescribed by, or in consultation with an allergist, immunologist, or dermatologist; and
 - b. Patient has experienced severe to very severe pruritus, as demonstrated by a current Worst Itch-Numeric Rating Scale (WI-NRS) ≥ 7 ; and
 - c. Patient has ≥ 20 nodular lesions (attach documentation); and
 - d. Documentation of a previous trial and therapy failure with a high or super high potency topical corticosteroid for at least 14 consecutive days; and
 8. Dose does not exceed the FDA approved dosing for indication.

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

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

References

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

Watsky, K. Prurigo nodularis. In UpToDate, Fowler J (Ed), UpToDate, Waltham, MA. (Accessed December 9, 2022.)

Gonadotropin-Releasing Hormone (GnRH) Receptor Antagonist, Oral Second Review

Background

Relugolix, estradiol, and norethindrone acetate (Myfembree) recently received a second indication for the management of moderate-to-severe pain associated with endometriosis.

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

Clinical Trials

The approval of Myfembree for the new indication was based on a two randomized, double-blind, placebo-controlled studies in pre-menopausal women with moderate to severe pain associated with endometriosis. A total of 829 patients received 24 weeks of once daily Myfembree or placebo. The first co-primary endpoint was a responder analysis where a responder was defined as a woman who achieved a reduction from baseline in dysmenorrhea (DYS) numerical rating scale (NRS) of at least 2.8 points over the last 35 days of treatment, without an increase in analgesic use (nonsteroidal anti-inflammatory drug [NSAID] or opioid). The second co-primary endpoint was a responder analysis where a responder was defined as a woman who achieved a reduction from baseline in non-menstrual pelvic pain (NMPP) NRS score of at least 2.1 points over the last 35 days of treatment, without an increase in analgesic use (NSAID or opioid) for pain associated with endometriosis.

- In study 1, 74.5% of Myfembree vs. 26.9% of placebo patients were DYS responders (difference from placebo 47.6%; 95% CI: 39.3, 56.0; $p \leq 0.0001$). NMPP responders were seen for 58.5% of Myfembree vs. 39.6% of placebo patients (difference from placebo 18.9%; 95% CI: 9.5, 28.2; $p \leq 0.0001$).
- In study 2, 75.1% of Myfembree vs. 30.5% of placebo patients were DYS responders (difference from placebo 44.6%; 95% CI: 35.9, 53.3; $p \leq 0.0001$). NMPP responders were seen for 65.9% of Myfembree vs. 42.5% of placebo patients (difference from placebo 23.4%; 95% CI: 13.9, 32.8; $p \leq 0.0001$).

Current Clinical Prior Authorization Criteria

Prior authorization (PA) is required for oral gonadotropin-releasing hormone (GnRH) antagonists. Payment for non-preferred oral GnRH antagonists may be considered only for cases in which there is documentation of a previous trial and therapy failure with the preferred agent. Payment will be considered for patients when the following is met:

1. Pregnancy has been ruled out; and
2. Patient does not have osteoporosis; and
3. Request adheres to all FDA approved labeling for requested drug, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
4. Requests for elagolix (Orilissa) will be considered under the following conditions:

- a. Patient has a diagnosis of moderate to severe pain associated with endometriosis; and
 - b. Patient has documentation of a previous trial and therapy failure with at least one preferred oral NSAID and at least one preferred 3-month course of a continuous hormonal contraceptive taken concurrently; and
 - c. Patient has documentation of a previous trial and therapy failure with a preferred GnRH agonist.
 - d. Initial requests will be considered for 3 months. Additional requests will be considered upon documentation of improvement of symptoms
 - e. Requests will be considered for a maximum of 24 months for the 150mg dose and six (6) months for the 200mg dose; or
5. Requests for elagolix, estradiol, and norethindrone acetate; elagolix (Oriahnn) or relugolix, estradiol, norethindrone acetate (Myfembree) will be considered under the following conditions:
- a. Patient is premenopausal; and
 - b. Patient has a diagnosis of heavy menstrual bleeding associated with uterine leiomyomas (fibroids); and
 - c. Patient has documentation of a previous trial and therapy failure with at least one preferred 3-month course of a continuous hormonal contraceptive; and
 - d. Patient has documentation of a previous trial and therapy failure with tranexamic acid.
 - e. Initial requests will be considered for 6 months. Additional requests will be considered upon documentation of improvement of symptoms.
 - f. Requests will be considered for a maximum of 24 months of treatment.

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/stricken)

Prior authorization (PA) is required for oral gonadotropin-releasing hormone (GnRH) antagonists. Payment for non-preferred oral GnRH antagonists may be considered only for cases in which there is documentation of a previous trial and therapy failure with the preferred agent. Payment will be considered for patients when the following is met:

- 1. Pregnancy has been ruled out; and
- 2. Patient does not have osteoporosis; and
- 3. Request adheres to all FDA approved labeling for requested drug, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
- 4. Requests for elagolix (Orilissa) *or relugolix, estradiol, norethindrone acetate (Myfembree)* will be considered under the following conditions:
 - a. Patient has a diagnosis of moderate to severe pain associated with endometriosis; and
 - b. Patient has documentation of a previous trial and therapy failure with at least one preferred oral NSAID and at least one preferred 3-month course of a continuous hormonal contraceptive taken concurrently; and

- c. Patient has documentation of a previous trial and therapy failure with a preferred GnRH agonist.
 - d. Initial requests will be considered for 3 months. Additional requests will be considered upon documentation of improvement of symptoms; *and*
 - e. Requests will be considered *based on drug, dose, and length of therapy*:
 - i. *Orilissa* - ~~for a~~ maximum *duration of therapy* of 24 months for the 150mg dose and six (6) months for the 200mg dose; *or*
 - ii. *Myfembree* - *maximum duration of therapy of 24 months*; *or*
5. Requests for elagolix, estradiol, and norethindrone acetate; elagolix (Oriahnn) or relugolix, estradiol, norethindrone acetate (Myfembree) will be considered under the following conditions:
- a. Patient is premenopausal; and
 - b. Patient has a diagnosis of heavy menstrual bleeding associated with uterine leiomyomas (fibroids); and
 - c. Patient has documentation of a previous trial and therapy failure with at least one preferred 3-month course of a continuous hormonal contraceptive; and
 - d. Patient has documentation of a previous trial and therapy failure with tranexamic acid.
 - e. Initial requests will be considered for 6 months. Additional requests will be considered upon documentation of improvement of symptoms.
 - f. Requests will be considered for a maximum *duration of therapy* of 24 months ~~of treatment~~.

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

References

Myfembree [package insert]. Brisbane, CA: Myovant Sciences, Inc.; September 2022

Janus Kinase Inhibitors Second Review

Background

Upadacitinib (Rinvoq) recently received a sixth indication for adults with active non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation who have had an inadequate response to TNF blocker therapy. The nr-axSpA indication is the first for a JAK inhibitor.

Axial spondyloarthritis (SpA), that includes ankylosing spondylitis (AS) and nr-axSpA, is a chronic inflammatory condition manifested by back pain and progressive spinal stiffness. Patients with AS have significant abnormalities of affected sacroiliac joints observed by conventional radiography which are not observed in those with nr-axSpA.

[The 2019 Update of the American College of Rheumatology/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network Recommendations for the Treatment of Ankylosing Spondyloarthritis and Nonradiographic Axial Spondyloarthritis](#)

provide the following recommendations:

- NSAIDs are the recommended first line treatment.
- TNF inhibitors are recommended over secukinumab or ixekizumab as the first biologic to be used.
- TNF inhibitors, secukinumab and ixekizumab are favored over tofacitinib.

Current guidelines do not address other JAK inhibitors, such as upadacitinib.

Prior authorization (PA) criteria are being updated to add this new indication and mirror the Biologicals for Axial Spondyloarthritis criteria. Additionally, language is being added to clearly delineate excluded medical uses, as defined in Section 1927(d)(2) of the Social Security Act (the Act) and codified in Rules and State Plan. Specifically, Section 1927(d)(2) of the Act states “agents when used for cosmetic purposes or hair growth” may be excluded from coverage or otherwise restricted.

Current Clinical Prior Authorization Criteria

Prior authorization (PA) is required for Janus kinase (JAK) inhibitors. Requests for non-preferred agents may be considered when documented evidence is provided that the use of the preferred agent(s) would be medically contraindicated. Payment will be considered for an FDA approved or compendia indicated diagnosis for the requested drug when the following conditions are met:

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

3. Patient has a diagnosis of:
 - a. Moderate to severe rheumatoid arthritis (baricitinib, tofacitinib, upadacitinib); with
 - i. A documented trial and inadequate response, at a maximally tolerated dose, with methotrexate; and
 - ii. A documented trial and inadequate response to one preferred TNF inhibitor; OR
 - b. Psoriatic arthritis (tofacitinib, upadacitinib); with
 - i. A documented trial and inadequate response, at a maximally tolerated dose, with methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); and
 - ii. Documented trial and therapy failure with one preferred TNF inhibitor used for psoriatic arthritis; OR
 - c. Moderately to severely active ulcerative colitis (tofacitinib, upadacitinib); with
 - i. A documented trial and inadequate response to two preferred conventional therapies including amino salicylates and azathioprine/6-mercaptopurine; and
 - ii. A documented trial and inadequate response with a preferred TNF inhibitor; and
 - iii. If requested dose is for tofacitinib 10mg twice daily, an initial 16 weeks of therapy will be allowed. Continued requests at this dose will need to document an adequate therapeutic benefit; OR
 - d. 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); 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 Clinical Prior Authorization Criteria (changes highlighted/italicized and/or stricken)

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

1. Patient is not using or planning to use a JAK inhibitor in combination with other JAK inhibitors, biological therapies, or potent immunosuppressants (azathioprine or cyclosporine); and
2. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
3. Patient has a diagnosis of:
 - a. Moderate to severe rheumatoid arthritis (baricitinib, tofacitinib, upadacitinib); with
 - i. A documented trial and inadequate response, at a maximally tolerated dose, with methotrexate; and
 - ii. A documented trial and inadequate response to one preferred TNF inhibitor; OR
 - b. Psoriatic arthritis (tofacitinib, upadacitinib); with
 - i. A documented trial and inadequate response, at a maximally tolerated dose, with methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); and
 - ii. Documented trial and therapy failure with one preferred TNF inhibitor used for psoriatic arthritis; OR
 - c. Moderately to severely active ulcerative colitis (tofacitinib, upadacitinib); with
 - i. A documented trial and inadequate response to two preferred conventional therapies including amino salicylates and azathioprine/6-mercaptopurine; and
 - ii. A documented trial and inadequate response with a preferred TNF inhibitor; and

- iii. If requested dose is for tofacitinib 10mg twice daily, an initial 16 weeks of therapy will be allowed. Continued requests at this dose will need to document an adequate therapeutic benefit; OR
- d. 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
- g. *Axial spondyloarthritis conditions (e.g., ankylosing spondylitis or nonradiographic axial spondyloarthritis)* (tofacitinib, upadacitinib); with
 - i. A documented trial and inadequate response to at least two preferred non-steroidal anti-inflammatories (NSAIDs) at a maximally tolerated dose for a minimum of at least one month; and
 - ii. A documented trial and inadequate response with at least one preferred TNF inhibitor; OR
- h. 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.

2023
Vol. 35
No. 2



*The Bulletin of
Medicaid Drug
Utilization Review
in Iowa*

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Naloxone

In an effort to save lives, access to naloxone nationwide has increased in hopes to prevent opioid overdose deaths. In Iowa, residents can obtain naloxone in several ways as detailed below. Additionally, Iowa Medicaid requires prior authorization for members with a cumulative morphine milligram equivalent (MME) ≥ 90 MME per day. One of the conditions for approval requires documentation of receipt of an opioid reversal agent, as seen in pharmacy claims or documentation from the Iowa PMP of dispensation, within the prior 24 months of the High Dose Opioid PA request. Current PA criteria can be found on the [Iowa Medicaid PDL website](#).

Naloxone Statewide Protocol <https://pharmacy.iowa.gov/misc/statewide-protocols>
Authority

- Pursuant to Iowa Code section 155A.46, a pharmacist may order and dispense naloxone pursuant to a protocol developed by the Iowa Board of Pharmacy (“board”) in consultation with the Department of Public Health to individuals aged 18 years and older, only in accordance with this protocol.

Order to Dispense

- Upon satisfactory assessment that the person to receive naloxone is an eligible recipient pursuant to this statewide protocol, and upon completion of training regarding recognizing and responding to suspected opioid-related overdose, the pharmacist may dispense one or more naloxone products or kits identified herein. The pharmacist shall utilize an assessment form provided by the board. The pharmacist shall determine the appropriate naloxone product or kit to be dispensed.

Records and Reporting

- Each pharmacy shall maintain the original record of each assessment, regardless of the eligibility determination following assessment, and dispensing of naloxone to each eligible recipient. Naloxone dispensing shall be reported to the Iowa Prescription Monitoring Program pursuant to rule 657—37.2(124). As soon as reasonably possible, the pharmacist shall notify the recipient’s primary health care provider of the naloxone product dispensed to the recipient. If the recipient does not have a primary health care provider, the pharmacist shall provide the recipient with a written record of the naloxone product dispensed and shall advise the recipient to consult a physician.

Naloxone Statewide Standing Order <https://pharmacy.iowa.gov/naloxone-standing-order> Authority

- This standing order is issued pursuant to Iowa Code sections 147A.18 and 135.190 which permit the possession and administration of opioid antagonist medications by certain eligible recipients and allow the distribution of such medications by pharmacists pursuant to standing order or collaborative agreement. A pharmacist shall engage in naloxone dispensing pursuant to this standing order only when the pharmacist has complied with the rules of the Iowa Board of Pharmacy (“board”).

Order to Dispense

- Upon satisfactory assessment that the person to receive naloxone is an eligible recipient pursuant to this standing order, and upon completion of training regarding recognizing and responding to suspected opioid-related overdose, the pharmacist may dispense no more than five (5) naloxone kits identified herein to any single eligible recipient at one time, unless the pharmacist has made the determination that a greater quantity is reasonable and justified. The pharmacist shall utilize an assessment form provided by the Iowa Board of Pharmacy. The pharmacist shall determine the appropriate naloxone product to be dispensed. If the eligible recipient is a minor, a parent or guardian shall provide consent.

Reporting

- A copy of the assessment form shall be submitted to the medical director that has authorized this standing order, via facsimile within seven (7) days of dispensing naloxone. When eligibility has been denied, a copy of the assessment form shall be submitted to the medical director that has authorized this standing order, via facsimile within seven (7) days of the denial.

Records

- Each pharmacy shall maintain the original record of each assessment, regardless of the eligibility determination following assessment, and dispensing of naloxone to each eligible recipient.

Tele-Naloxone <https://www.naloxoneiowa.org/telenaloxone>

- A partnership between the Iowa Department of Public Health and University of Iowa Health Care.
- With this program you will simply visit with a pharmacist by tele-medicine, directly from your smart phone or laptop, and get FREE naloxone delivered to your door. Patient insurance is not billed for visit or naloxone.

DUR Public Comment

Iowa Medicaid Drug Utilization Review Commission meetings are open to the public. To assure public input into the DUR process, the agenda and meeting materials are posted on the DUR website, www.iadur.org, prior to the meeting and public comment can be submitted in writing to info@iadur.org or presented at the meeting. Anyone wishing to provide public comment must complete a Conflict of Interest disclosure. The complete public comment policy can be found on the DUR website.

Parties interested in the activities of the Iowa Medicaid DUR Commission can request to receive notification emails regarding the posting of the agenda and meeting materials on the website. To receive notification emails, please send an email with your contact information to info@iadur.org with subscribe to DUR meeting notifications in the subject line.

Medicaid Statistics for Prescription Claims March through May 2023

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