



IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

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November 2, 2023

Abby Cate, Pharm.D.
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Dear Abby:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, November 1, 2023. At this meeting, the DUR Commission members discussed new or updated PA criteria for Antidepressants; Deucravacitinib (Sotyktu); Tezepelumab (Tezspire); and Janus Kinase Inhibitors. In addition, the DUR Commission discussed ProDUR quantity limits for Auvelity, Sotyktu, Nayzilam, Tezspire, and Valtoco, as well as a ProDUR age edit for Auvelity. The following recommendations have been made by the DUR Commission:

No comments were received from the medical/pharmacy associations in response to an August 3, 2023 letter that was sent to them detailing: the new or updated PA criteria for Antidepressants, Deucravacitinib (Sotyktu), Tezepelumab (Tezspire), and Janus Kinase Inhibitors; the proposed ProDUR quantity limits for Auvelity, Sotyktu, Nayzilam, Tezspire, and Valtoco; as well as the proposed ProDUR age edit for Auvelity.

Antidepressants

Current Clinical Prior Authorization Criteria

Prior authorization (PA) is required for non-preferred antidepressants subject to clinical criteria. Requests for doses above the manufacturer recommended dose will not be considered. Payment will be considered for patients when the following criteria are met:

1. The patient has a diagnosis of Major Depressive Disorder (MDD) and is 18 years of age or older; and
2. Documentation of a previous trial and therapy failure at a therapeutic dose with two preferred generic SSRIs; and
3. Documentation of a previous trial and therapy failure at a therapeutic dose with one preferred generic SNRI; and
4. Documentation of a previous trial and therapy failure at a therapeutic dose with one non-SSRI/SNRI generic antidepressant
5. If the request is for an isomer, prodrug or metabolite of a medication indicated for MDD,

one of the trials must be with the preferred parent drug of the same chemical entity that resulted in a partial response with a documented intolerance.

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

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

Prior authorization (PA) is required for non-preferred antidepressants subject to clinical criteria.

~~Requests for doses above the manufacturer recommended dose will not be considered.~~ Payment will be considered *when patient has an FDA approved or compendia indication for the requested drug for patients* 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. ~~The patient has a diagnosis of Major Depressive Disorder (MDD) and is 18 years of age or older; and~~
3. Documentation of a previous trial and therapy failure at a therapeutic dose with two preferred generic SSRIs; and
4. Documentation of a previous trial and therapy failure at a therapeutic dose with one preferred generic SNRI; and
5. Documentation of a previous trial and therapy failure at a therapeutic dose with one non-SSRI/SNRI generic antidepressant; *and*
6. *Documentation of a previous trial and therapy failure at a therapeutic dose with vilazodone; and*
7. *Documentation of a previous trial and therapy failure at a therapeutic dose with vortioxetine; and*
8. *Documentation of a previous trial and therapy failure at a therapeutic dose with an antidepressant plus adjunct; and*
9. *If the request is for dextromethorphan and bupropion extended-release tablet (Auvelity), one of the trials must include a previous trial and inadequate response at a therapeutic dose with an extended-release bupropion agent; and*
10. If the request is for an isomer, prodrug or metabolite of a *the requested* medication indicated ~~for MDD~~, one of the trials must be with the preferred parent drug of the same chemical entity that resulted in a partial response with a documented intolerance.

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

Deucravacitinib (Sotyktu)

Newly Proposed Clinical Prior Authorization Criteria

Prior authorization (PA) is required for deucravacitinib (Sotyktu). Payment will be considered when patient has an FDA approved or compendia indication for the requested drug when the following criteria are met:

1. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient has a diagnosis of plaque psoriasis; and
 - a. Documentation of a trial and inadequate response to phototherapy, systemic retinoids, methotrexate, or cyclosporine is provided; and
 - b. Documentation of a trial and inadequate response to the preferred adalimumab agent; and

- c. Will not be combined with any of the following systemic agents: biologic DMARD, Janus kinase inhibitor, phosphodiesterase 4 (PDE4) inhibitor, or potent immunosuppressant.

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

Tezepelumab-ekko (Tezspire) Prefilled Pen

Newly Proposed Clinical Prior Authorization Criteria

Prior authorization (PA) is required for tezepelumab-ekko (Tezspire) prefilled pen. Requests for tezepelumab-ekko (Tezspire) single dose vial or prefilled syringe will not be considered through the pharmacy benefit. 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 severe asthma; and
 - a. 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
 - b. Patient must have one of the following, in addition to the regular maintenance medications defined above:
 - i. Two or more asthma exacerbations requiring oral or injectable corticosteroid treatment in the previous 12 months, or
 - ii. One or more asthma exacerbations resulting in hospitalization in the previous 12 months; and
 - c. This medication will be used as an add-on maintenance treatment; and
 - d. Patient/caregiver will administer medication in patient's home; and
 - e. Is not prescribed in combination with other biologics indicated for asthma.

If criteria for coverage are met, initial authorization will be given for 6 months to assess the response to treatment. Requests 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.

Janus Kinase Inhibitors

Current Clinical Prior Authorization Criteria

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

1. Patient is not using or planning to use a JAK inhibitor in combination with other JAK inhibitors, biological therapies, or potent immunosuppressants (azathioprine or cyclosporine); and
2. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
3. Patient has a diagnosis of:
 - a. Moderate to severe rheumatoid arthritis (baricitinib, tofacitinib, upadacitinib); with
 - i. A documented trial and inadequate response, at a maximally tolerated dose, with methotrexate; and
 - ii. A documented trial and inadequate response to one preferred TNF inhibitor; OR
 - b. Psoriatic arthritis (tofacitinib, upadacitinib); with
 - i. A documented trial and inadequate response, at a maximally tolerated dose, with methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); and
 - ii. Documented trial and therapy failure with one preferred TNF inhibitor used for psoriatic arthritis; OR
 - c. Moderately to severely active ulcerative colitis (tofacitinib, upadacitinib); with
 - i. A documented trial and inadequate response to two preferred conventional therapies including amino salicylates and azathioprine/6-mercaptopurine; and
 - ii. A documented trial and inadequate response with a preferred TNF inhibitor; and
 - iii. If requested dose is for tofacitinib 10mg twice daily, an initial 16 weeks of therapy will be allowed. Continued requests at this dose will need to document an adequate therapeutic benefit; OR
 - d. 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. 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
 - 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. *Moderately to severely active Crohn's disease (upadacitinib); with*
 - i. *A documented trial and inadequate response to preferred conventional therapies including aminosaliclates (sulfasalazine), azathioprine/6-mercaptopurine, and/or methotrexate; and*
 - ii. *A documented trial and inadequate response with a preferred TNF inhibitor; OR*
 - e. Polyarticular Course Juvenile Idiopathic Arthritis (tofacitinib); with

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

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

Proposed ProDUR Quantity Limits

Drug Product	Quantity	Days Supply
Auvelity (dextromethorphan & bupropion ER) 45 mg/105 mg	60	30
Sotyktu (deucravacitinib) 6 mg	30	30

Nayzilam (midazolam) 5 mg	5 boxes (10 nasal spray units)	30
Tezspire (tezepelumab-ekko) 210 mg	1 prefilled pen	28
Valtoco (diazepam) 5 mg, 10 mg	5 cartons (10 blister packs)	30
Valtoco (diazepam) 15 mg, 20 mg	10 cartons (20 blister packs)	30

Proposed ProDUR Age Edit

The DUR Commission also discussed and recommended a ProDUR age edit for Auvelity (dextromethorphan and bupropion) extended-release tablet for members 18 years of age and older.

Thank you in advance for the Department’s consideration of accepting the DUR Commission’s recommendations for Antidepressants, Deucravacitinib (Sotyktu), Tezepelumab (Tezspire), and Janus Kinase Inhibitors; the proposed ProDUR quantity limits for Auvelity, Sotyktu, Nayzilam, Tezspire, and Valtoco; as well as the proposed ProDUR age edit for Auvelity.

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	June 2023 / August 2023	September 2023 / November 2023	% CHANGE
TOTAL PAID AMOUNT	\$110,591,429	\$100,286,555	-9.3%
UNIQUE USERS	147,345	114,640	-22.2%
COST PER USER	\$750.56	\$874.80	16.6%
TOTAL PRESCRIPTIONS	958,637	883,580	-7.8%
AVERAGE PRESCRIPTIONS PER USER	6.51	7.71	18.5%
AVERAGE COST PER PRESCRIPTION	\$115.36	\$113.50	-1.6%
# GENERIC PRESCRIPTIONS	841,414	784,474	-6.8%
% GENERIC	87.77%	88.78%	1.2%
\$ GENERIC	\$14,177,469	\$13,543,047	-4.5%
AVERAGE GENERIC PRESCRIPTION COST	\$16.85	\$17.26	2.5%
AVERAGE GENERIC DAYS SUPPLY	25.80	25.71	-0.4%
# BRAND PRESCRIPTIONS	117,223	99,106	-15.5%
% BRAND	12.23%	11.22%	-8.3%
\$ BRAND	\$96,413,960	\$86,743,508	-10.0%
AVERAGE BRAND PRESCRIPTION COST	\$822.48	\$875.26	6.4%
AVERAGE BRAND DAYS SUPPLY	27.08	26.90	-0.6%

UTILIZATION BY AGE		
AGE	June 2023 / August 2023	September 2023 / November 2023
0-6	35,434	36,645
7-12	60,404	59,213
13-18	87,455	82,786
19-64	775,252	704,582
65+	9,224	9,962
TOTAL	967,769	893,188

UTILIZATION BY GENDER AND AGE			
GENDER	AGE	June 2023 / August 2023	September 2023 / November 2023
F	0-6	15,246	15,696
	7-12	23,255	22,771
	13-18	46,248	43,148
	19-64	518,041	471,532
	65+	5,728	6,196
	Gender Total	608,518	559,343
M	0-6	20,188	20,949
	7-12	37,149	36,442
	13-18	41,207	39,638
	19-64	257,211	233,050
	65+	3,496	3,766
	Gender Total	359,251	333,845
Grand Total		967,769	893,188

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
September 2023 / November 2023

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
1	UNIVERSITY OF IOWA HEALTH CARE	IOWA CITY	IA	12,048	\$6,630,034.68	\$550.30	1
2	WALGREENS #4405	COUNCIL BLUFFS	IA	8,858	\$643,719.54	\$72.67	2
3	WALGREENS #5239	DAVENPORT	IA	7,991	\$467,358.01	\$58.49	3
4	WALGREENS #5042	CEDAR RAPIDS	IA	7,217	\$478,969.06	\$66.37	4
5	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	5,311	\$495,341.13	\$93.27	10
6	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	5,226	\$346,886.00	\$66.38	6
7	DRILLING PHARMACY	SIOUX CITY	IA	5,017	\$371,618.90	\$74.07	5
8	WALMART PHARMACY 10-1509	MAQUOKETA	IA	4,761	\$340,923.14	\$71.61	21
9	WALGREENS #5721	DES MOINES	IA	4,652	\$307,767.03	\$66.16	8
10	WALGREENS #4041	DAVENPORT	IA	4,648	\$239,407.04	\$51.51	12
11	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,644	\$312,487.72	\$67.29	16
12	WALGREENS #359	DES MOINES	IA	4,643	\$291,585.80	\$62.80	11
13	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	4,614	\$354,168.36	\$76.76	18
14	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	4,559	\$210,186.87	\$46.10	7
15	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	4,540	\$308,070.17	\$67.86	17
16	HY-VEE PHARMACY (1075)	CLINTON	IA	4,488	\$378,603.28	\$84.36	20
17	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	4,466	\$273,548.99	\$61.25	15
18	RIGHT DOSE PHARMACY	ANKENY	IA	4,459	\$218,874.05	\$49.09	23
19	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	4,429	\$291,532.80	\$65.82	22
20	WALGREENS #7455	WATERLOO	IA	4,408	\$265,007.29	\$60.12	9
21	HARTIG PHARMACY SERVICES	DUBUQUE	IA	4,307	\$293,828.95	\$68.22	25
22	WALGREENS #15647	SIOUX CITY	IA	4,140	\$245,280.37	\$59.25	14



23	WALGREENS #7453	DES MOINES	IA	4,069	\$229,464.46	\$56.39	19
24	WALGREENS #3700	COUNCIL BLUFFS	IA	4,015	\$257,023.45	\$64.02	13
25	WALGREENS #9708	DUBUQUE	IA	3,885	\$268,286.27	\$69.06	29
26	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	3,780	\$383,905.76	\$101.56	24
27	NUCARA LTC PHARMACY #3	IOWA CITY	IA	3,776	\$111,905.35	\$29.64	38
28	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,685	\$226,783.57	\$61.54	34
29	NELSON FAMILY PHARMACY	FORT MADISON	IA	3,604	\$330,023.89	\$91.57	27
30	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	3,564	\$129,030.91	\$36.20	28
31	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	3,499	\$336,071.24	\$96.05	32
32	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	3,479	\$235,131.88	\$67.59	35
33	HY-VEE PHARMACY (1433)	MT PLEASANT	IA	3,432	\$233,758.69	\$68.11	33
34	UI HEALTHCARE - IOWA RIVER LANDING PHARMACY	CORALVILLE	IA	3,431	\$120,544.86	\$35.13	37
35	HY-VEE PHARMACY (1396)	MARION	IA	3,363	\$236,348.26	\$70.28	30
36	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,346	\$210,504.60	\$62.91	36
37	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	3,341	\$218,043.50	\$65.26	44
38	HY-VEE PHARMACY (1449)	NEWTON	IA	3,333	\$229,275.24	\$68.79	39
39	MAHASKA DRUGS INC	OSKALOOSA	IA	3,321	\$287,777.49	\$86.65	26
40	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	3,292	\$202,903.99	\$61.64	31
41	WALGREENS #11942	DUBUQUE	IA	3,200	\$225,340.57	\$70.42	46
42	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	3,160	\$187,690.96	\$59.40	41
43	WAGNER PHARMACY	CLINTON	IA	3,044	\$242,975.42	\$79.82	49
44	WALMART PHARMACY 10-0985	FAIRFIELD	IA	2,980	\$208,537.52	\$69.98	51
45	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,963	\$236,124.25	\$79.69	59
46	WALMART PHARMACY 10-2889	CLINTON	IA	2,930	\$177,725.17	\$60.66	53
47	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	2,912	\$186,859.03	\$64.17	67
48	CVS PHARMACY #10282	FORT DODGE	IA	2,908	\$153,163.05	\$52.67	43



49	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	2,889	\$195,898.78	\$67.81	64
50	REUTZEL PHARMACY	CEDAR RAPIDS	IA	2,871	\$233,479.79	\$81.32	57
51	MEDICAP LTC	INDIANOLA	IA	2,839	\$72,054.38	\$25.38	45
52	WALMART PHARMACY 10-5115	DAVENPORT	IA	2,819	\$217,931.45	\$77.31	54
53	WALMART PHARMACY 10-0559	MUSCATINE	IA	2,816	\$180,187.80	\$63.99	52
54	LAGRANGE PHARMACY	VINTON	IA	2,804	\$235,708.92	\$84.06	70
55	WALGREENS #5044	BURLINGTON	IA	2,761	\$158,998.89	\$57.59	40
56	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	2,745	\$186,960.86	\$68.11	48
57	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,705	\$241,638.39	\$89.33	63
58	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,693	\$184,232.52	\$68.41	80
59	SCOTT PHARMACY	FAYETTE	IA	2,691	\$190,081.06	\$70.64	56
60	DANIEL PHARMACY	FT DODGE	IA	2,683	\$191,573.18	\$71.40	55
61	WALMART PHARMACY 10-3394	ATLANTIC	IA	2,655	\$174,000.06	\$65.54	65
62	CVS PHARMACY #08546	WATERLOO	IA	2,637	\$190,338.02	\$72.18	58
63	MAIN AT LOCUST PHARMACY AND MEDICAL SUPPLY	DAVENPORT	IA	2,634	\$225,090.18	\$85.46	68
64	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	2,619	\$210,896.80	\$80.53	47
65	CVS PHARMACY #08658	DAVENPORT	IA	2,589	\$155,512.92	\$60.07	95
66	WALMART PHARMACY 10-0784	MT PLEASANT	IA	2,579	\$149,194.77	\$57.85	76
67	WALMART PHARMACY 10-0646	ANAMOSA	IA	2,575	\$156,031.85	\$60.59	72
68	OSTERHAUS PHARMACY	MAQUOKETA	IA	2,567	\$184,165.49	\$71.74	102
69	HY-VEE PHARMACY (1850)	WASHINGTON	IA	2,559	\$152,718.29	\$59.68	62
70	WALGREENS #7452	DES MOINES	IA	2,546	\$175,514.97	\$68.94	60
71	HY-VEE PHARMACY (1065)	CHARITON	IA	2,544	\$165,499.88	\$65.05	85
72	STANGEL PHARMACY	ONAWA	IA	2,543	\$166,223.37	\$65.37	75
73	WALGREENS #7454	ANKENY	IA	2,523	\$148,503.96	\$58.86	74
74	HY-VEE PHARMACY (1530)	PLEASANT HILL	IA	2,521	\$124,298.99	\$49.31	77



75	WALGREENS #3595	DAVENPORT	IA	2,501	\$159,409.20	\$63.74	81
76	SOUTH SIDE DRUG	OTTUMWA	IA	2,477	\$219,257.46	\$88.52	50
77	WALGREENS #3876	MARION	IA	2,463	\$171,374.66	\$69.58	78
78	WALGREENS #5470	SIOUX CITY	IA	2,447	\$151,045.59	\$61.73	69
79	HY-VEE PHARMACY #1 (1054)	CEDAR RAPIDS	IA	2,413	\$185,304.60	\$76.79	79
80	HY-VEE DRUGSTORE #5 (7026)	CEDAR RAPIDS	IA	2,408	\$154,158.89	\$64.02	86
81	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	2,383	\$105,490.77	\$44.27	71
82	WALGREENS #12393	CEDAR RAPIDS	IA	2,379	\$156,255.61	\$65.68	97
83	HY-VEE PHARMACY #5 (1061)	CEDAR RAPIDS	IA	2,356	\$172,923.29	\$73.40	107
84	WALGREENS #3875	CEDAR RAPIDS	IA	2,353	\$161,966.12	\$68.83	42
85	HY-VEE PHARMACY (1052)	CEDAR FALLS	IA	2,342	\$131,113.44	\$55.98	116
86	MERCYONE FOREST PARK PHARMACY	MASON CITY	IA	2,336	\$166,852.45	\$71.43	73
87	MEDICAP PHARMACY	KNOXVILLE	IA	2,335	\$217,020.01	\$92.94	96
88	MEDICAP PHARMACY	CRESTON	IA	2,330	\$137,595.07	\$59.05	109
89	WALMART PHARMACY 10-1723	DES MOINES	IA	2,323	\$147,399.33	\$63.45	88
90	HY-VEE PHARMACY (1895)	WINDSOR HEIGHTS	IA	2,301	\$141,557.35	\$61.52	83
91	UNION PHARMACY	COUNCIL BLUFFS	IA	2,297	\$194,457.32	\$84.66	120
92	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	2,295	\$165,434.00	\$72.08	84
93	INFOCUS PHARMACY SERVICES LLC	DUBUQUE	IA	2,275	\$284,622.95	\$125.11	131
94	WALGREENS #5886	KEOKUK	IA	2,263	\$163,144.11	\$72.09	66
95	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	2,258	\$200,281.31	\$88.70	61
96	MERCYONE DUBUQUE EAST PHARMACY	DUBUQUE	IA	2,256	\$118,015.85	\$52.31	94
97	WALGREENS #5119	CLINTON	IA	2,216	\$147,794.30	\$66.69	89
98	HY-VEE PHARMACY (1382)	LEMARS	IA	2,209	\$143,339.35	\$64.89	87
99	WALGREENS #5852	DES MOINES	IA	2,209	\$140,805.55	\$63.74	101
100	WALGREENS #4714	DES MOINES	IA	2,204	\$152,035.08	\$68.98	92



TOP 100 PHARMACIES BY PAID AMOUNT
September 2023 / November 2023

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	UNIVERSITY OF IOWA HEALTH CARE	IOWA CITY	IA	12,048	\$6,630,034.68	\$2,923.30	1
2	CAREMARK KANSAS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	LENEXA	KS	559	\$4,236,960.46	\$17,953.22	2
3	CVS/SPECIALTY	MONROEVILLE	PA	435	\$3,171,854.67	\$17,819.41	3
4	CAREMARK ILLINOIS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	MT PROSPECT	IL	263	\$2,600,569.08	\$29,551.92	6
5	COMMUNITY, A WALGREENS PHARMACY #16528	DES MOINES	IA	734	\$2,527,341.39	\$11,282.77	5
6	UNITYPOINT AT HOME	URBANDALE	IA	733	\$2,502,961.50	\$9,134.90	4
7	SOLEO HEALTH INC.	WOODRIDGE	IL	14	\$2,404,435.48	\$1,202,217.74	0
8	COMMUNITY, A WALGREENS PHARMACY #21250	IOWA CITY	IA	496	\$1,576,897.50	\$9,221.62	7
9	CVS PHARMACY #00102	AURORA	CO	146	\$1,443,630.68	\$25,326.85	10
10	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	1,246	\$1,146,223.12	\$8,490.54	8
11	ALLIANCERX WALGREENS PHARMACY #16280	FRISCO	TX	53	\$1,069,642.71	\$89,136.89	13
12	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	68	\$1,027,141.15	\$38,042.26	11
13	AMBER SPECIALTY PHARMACY	OMAHA	NE	184	\$928,485.69	\$15,221.08	19
14	KROGER SPECIALTY PHARMACY LA	HARVEY	LA	82	\$704,357.69	\$19,036.69	17
15	WALGREENS #4405	COUNCIL BLUFFS	IA	8,858	\$643,719.54	\$407.93	12
16	CAREMARK LLC, DBA CVS/SPECIALTY	REDLANDS	CA	44	\$599,161.12	\$35,244.77	16
17	ANOVORX GROUP LLC	MEMPHIS	TN	34	\$574,019.80	\$44,155.37	14
18	WALGREENS #16270	OMAHA	NE	114	\$568,070.60	\$18,324.86	23
19	EVERSANA LIFE SCIENCE SERVICES, LLC	CHESTERFIELD	MO	17	\$544,615.51	\$90,769.25	15
20	MISSION CANCER + BLOOD	DES MOINES	IA	58	\$543,539.65	\$23,632.16	21
21	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	5,312	\$495,368.13	\$883.01	26
22	HY-VEE PHARMACY SOLUTIONS	DES MOINES	IA	83	\$494,289.71	\$9,691.96	667



23	WALGREENS #5042	CEDAR RAPIDS	IA	7,217	\$478,969.06	\$335.65	22
24	WALGREENS #5239	DAVENPORT	IA	7,991	\$467,358.01	\$293.57	20
25	CR CARE PHARMACY	CEDAR RAPIDS	IA	1,745	\$463,532.07	\$2,861.31	29
26	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	1,874	\$410,019.76	\$2,158.00	28
27	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	3,780	\$383,905.76	\$629.35	31
28	PANTHERX SPECIALTY PHARMACY	PITTSBURGH	PA	20	\$380,827.04	\$38,082.70	55
29	HY-VEE PHARMACY (1075)	CLINTON	IA	4,488	\$378,603.28	\$649.41	33
30	GENOA HEALTHCARE, LLC	DAVENPORT	IA	1,671	\$378,372.75	\$2,199.84	30
31	DRILLING PHARMACY	SIOUX CITY	IA	5,017	\$371,618.90	\$906.39	27
32	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	4,614	\$354,168.36	\$641.61	39
33	GENESIS FIRSTMED PHARMACY	DAVENPORT	IA	671	\$347,689.95	\$1,839.63	36
34	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	5,226	\$346,886.00	\$410.52	32
35	PANTHERX SPECIALTY PHARMACY	PITTSBURGH	PA	24	\$345,582.62	\$38,398.07	63
36	WALMART PHARMACY 10-1509	MAQUOKETA	IA	4,761	\$340,923.14	\$565.38	42
37	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	3,499	\$336,071.24	\$738.62	34
38	NELSON FAMILY PHARMACY	FORT MADISON	IA	3,604	\$330,023.89	\$854.98	52
39	ALLEN CLINIC PHARMACY	WATERLOO	IA	1,056	\$317,777.69	\$993.06	25
40	THE NEBRASKA MEDICAL CENTER CLINIC PHARMACY	OMAHA	NE	791	\$314,937.41	\$2,539.82	51
41	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,644	\$312,487.72	\$509.77	44
42	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	4,540	\$308,070.17	\$547.19	46
43	WALGREENS #5721	DES MOINES	IA	4,652	\$307,767.03	\$285.50	37
44	HY-VEE PHARMACY SOLUTIONS	OMAHA	NE	65	\$303,983.86	\$7,794.46	9
45	EXPRESS SCRIPTS SPECIALTY DIST SVCS	SAINT LOUIS	MO	27	\$298,113.59	\$29,811.36	18
46	HARTIG PHARMACY SERVICES	DUBUQUE	IA	4,307	\$293,828.95	\$901.32	60
47	WALGREENS #359	DES MOINES	IA	4,643	\$291,585.80	\$295.13	38
48	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	4,429	\$291,532.80	\$475.58	48



49	AVERA SPECIALTY PHARMACY	SIoux FALLS	SD	99	\$289,790.62	\$10,732.99	41
50	MAHASKA DRUGS INC	OSKALOOSA	IA	3,321	\$287,777.49	\$670.81	50
51	INFOCUS PHARMACY SERVICES LLC	DUBUQUE	IA	2,275	\$284,622.95	\$1,082.22	56
52	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	4,466	\$273,548.99	\$424.11	49
53	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	1,502	\$270,855.04	\$2,976.43	53
54	WALGREENS #9708	DUBUQUE	IA	3,885	\$268,286.27	\$316.38	73
55	WALGREENS #7455	WATERLOO	IA	4,408	\$265,007.29	\$269.86	43
56	WALGREENS #3700	COUNCIL BLUFFS	IA	4,015	\$257,023.45	\$327.00	45
57	ORSINI PHARMACEUTICAL SERVICES LLC	ELK GROVE VILLAGE	IL	22	\$255,065.64	\$31,883.21	35
58	MAYO CLINIC PHARMACY	ROCHESTER	MN	46	\$253,407.67	\$18,100.55	40
59	ACARIAHEALTH PHARMACY #11	HOUSTON	TX	25	\$246,713.35	\$27,412.59	91
60	WALGREENS #15647	SIoux CITY	IA	4,140	\$245,280.37	\$282.26	54
61	BIOLOGICS BY MCKESSON	CARY	NC	8	\$244,206.88	\$61,051.72	24
62	WAGNER PHARMACY	CLINTON	IA	3,044	\$242,975.42	\$752.25	76
63	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,705	\$241,638.39	\$618.00	66
64	WALGREENS #4041	DAVENPORT	IA	4,648	\$239,407.04	\$287.40	58
65	HY-VEE PHARMACY (1396)	MARION	IA	3,363	\$236,348.26	\$501.80	47
66	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,963	\$236,124.25	\$668.91	57
67	LAGRANGE PHARMACY	VINTON	IA	2,804	\$235,708.92	\$699.43	67
68	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	3,479	\$235,131.88	\$410.35	75
69	HY-VEE PHARMACY (1433)	MT PLEASANT	IA	3,432	\$233,758.69	\$510.39	70
70	REUTZEL PHARMACY	CEDAR RAPIDS	IA	2,871	\$233,479.79	\$1,091.03	64
71	WALGREENS #7453	DES MOINES	IA	4,069	\$229,464.46	\$287.55	62
72	HY-VEE PHARMACY (1449)	NEWTON	IA	3,333	\$229,275.24	\$512.92	79
73	OPTUM PHARMACY 702, LLC	JEFFERSONVILLE	IN	33	\$227,445.70	\$11,372.29	69
74	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,685	\$226,783.57	\$435.29	82



75	WALGREENS #11942	DUBUQUE	IA	3,200	\$225,340.57	\$414.99	105
76	MAIN AT LOCUST PHARMACY AND MEDICAL SUPPLY	DAVENPORT	IA	2,634	\$225,090.18	\$995.97	77
77	PARAGON PARTNERS	OMAHA	NE	676	\$224,818.06	\$3,122.47	99
78	OPTUM INFUSION SERVICES 302, LLC	LA VISTA	NE	24	\$222,997.45	\$27,874.68	74
79	ALLIANCERX WALGREENS PHARMACY #15443	FRISCO	TX	21	\$222,834.71	\$24,759.41	65
80	THOMPSON DEAN DRUG	SIOUX CITY	IA	2,117	\$221,516.70	\$980.16	87
81	SOUTH SIDE DRUG	OTTUMWA	IA	2,477	\$219,257.46	\$619.37	59
82	RIGHT DOSE PHARMACY	ANKENY	IA	4,459	\$218,874.05	\$801.74	96
83	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	3,341	\$218,043.50	\$515.47	92
84	WALMART PHARMACY 10-5115	DAVENPORT	IA	2,819	\$217,931.45	\$548.95	78
85	MEDICAP PHARMACY	KNOXVILLE	IA	2,335	\$217,020.01	\$893.09	107
86	HY-VEE PHARMACY #2 (1614)	SIOUX CITY	IA	1,889	\$211,070.33	\$720.38	93
87	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	2,619	\$210,896.80	\$719.78	83
88	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,346	\$210,504.60	\$449.80	84
89	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	4,559	\$210,186.87	\$335.23	68
90	WALMART PHARMACY 10-0985	FAIRFIELD	IA	2,980	\$208,537.52	\$574.48	88
91	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	3,292	\$202,903.99	\$431.71	71
92	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	2,258	\$200,281.31	\$814.15	61
93	FIFIELD PHARMACY	DES MOINES	IA	1,482	\$199,012.44	\$1,452.65	115
94	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	2,889	\$195,898.78	\$415.04	120
95	UNION PHARMACY	COUNCIL BLUFFS	IA	2,297	\$194,457.32	\$1,018.10	81
96	ONCO360	LOUISVILLE	KY	16	\$193,588.64	\$27,655.52	162
97	DANIEL PHARMACY	FT DODGE	IA	2,683	\$191,573.18	\$571.86	85
98	CVS PHARMACY #08546	WATERLOO	IA	2,637	\$190,338.02	\$477.04	112
99	SCOTT PHARMACY	FAYETTE	IA	2,691	\$190,081.06	\$676.45	95
100	PRIMARY HEALTHCARE PHARMACY	DES MOINES	IA	908	\$189,354.67	\$1,069.80	72



TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
September 2023 / November 2023

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
1	1982605762	Jeffrey Wilharm	\$97,694.71	2,513	7.14	1
2	1356096572	Natasha Lash	\$206,570.96	1,855	4.20	2
3	1215146055	Rebecca Wolfe	\$104,519.66	1,694	2.71	3
4	1730434069	Larissa Biscoe	\$92,054.57	1,492	3.22	4
5	1467502286	Charles Tilley	\$146,684.53	1,399	3.80	8
6	1043211303	Ali Safdar	\$216,089.68	1,367	2.38	9
7	1437238110	Genevieve Nelson	\$146,446.12	1,345	2.99	5
8	1316356496	Kimberly Roberts	\$58,832.57	1,295	3.42	13
9	1013499029	Spencer Kissel	\$168,686.13	1,276	3.45	32
10	1922455096	Dean Guerdet	\$75,945.17	1,265	3.51	7
11	1770933046	Shelby Biller	\$238,918.13	1,243	2.46	14
12	1043434525	Robert Kent	\$66,874.32	1,238	3.47	10
13	1063491645	Allyson Wheaton	\$85,295.12	1,226	2.32	12
14	1467907394	Cynthia Coenen	\$133,395.72	1,223	3.81	11
15	1457584740	Eric Meyer	\$79,232.32	1,115	2.72	20
16	1659358620	Carlos Castillo	\$39,884.33	1,090	3.00	6
17	1982030946	Jacklyn Besch	\$52,974.58	1,087	3.10	15
18	1902850845	Deborah Bahe	\$94,135.96	1,079	3.95	24
19	1902912538	Christian Jones	\$75,595.93	1,074	2.94	18
20	1902478811	Joan Anderson	\$249,809.74	1,066	3.33	19
21	1437209434	Jon Thomas	\$46,787.41	1,047	2.68	26
22	1003539784	Julia Sass	\$129,877.84	1,029	2.69	25
23	1215125216	Rebecca Walding	\$122,345.66	1,026	3.91	16



24	1164538674	Joseph Wanzek	\$90,965.72	1,016	3.71	22
25	1013115369	Bobbita Nag	\$39,955.56	990	2.10	21
26	1609218304	Amanda Garr	\$164,332.45	986	3.23	23
27	1316471154	Nicole Woolley	\$58,985.05	982	2.68	27
28	1477199198	Sajo Thomas	\$157,770.54	974	2.92	40
29	1215184726	Babuji Gandra	\$36,419.75	960	2.60	36
30	1275763047	Rebecca Bowman	\$159,001.38	957	2.86	17
31	1790163848	Hesper Nowatzki	\$118,753.68	936	3.23	33
32	1043418809	Michael Ciliberto	\$444,238.66	933	2.69	35
33	1538157383	David Wenger-Keller	\$42,106.13	913	4.56	28
34	1255405338	Bryan Netolicky	\$130,353.74	911	2.60	47
35	1538368170	Christopher Matson	\$27,372.97	893	3.25	29
36	1003330036	Evan Peterson	\$34,902.07	881	2.95	57
37	1558770974	Marc Baumert	\$37,600.21	877	2.93	37
38	1609532373	Erin Fox-Hammel	\$56,507.24	847	2.90	126
39	1609946243	Sina Linman	\$46,148.69	847	2.53	61
40	1053630640	Jennifer Donovan	\$92,590.74	843	3.05	31
41	1902358443	Melissa Konken	\$172,848.34	834	3.36	30
42	1205393386	Jessica Hudspeth	\$101,983.85	832	3.55	43
43	1356359871	Rhea Hartley	\$68,816.22	829	2.19	95
44	1801998372	Wendy Hansen-Penman	\$27,243.78	824	4.04	44
45	1568431880	Pomilla Kumar	\$46,835.52	823	3.52	42
46	1144214248	Kristi Walz	\$108,895.42	819	3.71	52
47	1871105916	Lacie Theis	\$62,119.88	818	2.89	58
48	1679573893	Patty Hildreth	\$186,956.67	811	2.83	48
49	1477926434	Jackie Shipley	\$37,398.51	801	2.94	56



50	1134191018	Dustin Smith	\$41,004.14	797	3.05	39
51	1013639749	Robert Husemann	\$67,345.49	793	3.43	119
52	1639607757	Michael Gerber	\$82,471.64	790	3.38	71
53	1649248378	Kathleen Wild	\$39,193.09	790	2.80	34
54	1790013209	Tracy Tschudi	\$86,121.26	787	2.98	38
55	1538149042	Eric Petersen	\$26,646.09	763	3.66	193
56	1619153137	Joada Best	\$54,093.66	752	3.00	41
57	1689077018	Stacy Roth	\$44,284.50	752	2.66	46
58	1720698335	Danika Hansen	\$76,306.11	750	3.40	62
59	1528329398	Erin Rowan	\$39,937.32	746	2.61	49
60	1205571155	Dina Lentz	\$131,992.29	745	3.05	45
61	1447680848	Mindy Roberts	\$73,699.69	745	2.25	51
62	1275844649	Katie Campbell	\$99,896.58	743	2.61	54
63	1275067696	Olaitan Ijitimehin	\$37,948.90	742	2.89	139
64	1588746515	Amy Badberg	\$27,349.84	741	2.75	79
65	1295967255	Mary Robinson	\$48,468.58	740	3.74	64
66	1780877878	Christopher Jacobs	\$30,262.68	735	3.55	87
67	1124006770	Wook Kim	\$33,402.67	734	2.98	54
68	1437692803	Cassandra Dunlavy	\$56,641.75	728	3.72	60
69	1922144088	Thomas Hopkins	\$41,254.74	728	2.54	79
70	1053963900	Nicole McClavy	\$125,895.17	723	2.91	128
71	1144715954	Tiffini Toliver	\$44,625.12	719	2.65	267
72	1457914657	Seema Antony	\$57,198.25	704	2.94	117
73	1528365277	Mina Salib	\$850,151.35	703	2.01	134
74	1417549932	Amanda McCormick	\$44,838.37	696	3.07	59
75	1629036546	Anita Simison	\$40,064.98	693	2.82	96



76	1932582988	Dianne Humphrey	\$40,432.57	692	3.38	89
77	1972758126	Rebecca Bollin	\$26,995.13	692	2.91	67
78	1417024993	Stacey Jumbeck	\$19,151.09	683	3.25	108
79	1821268335	Jacqueline McInnis	\$112,987.93	683	3.68	91
80	1992332563	Stacy Overman	\$21,066.78	680	6.02	89
81	1245227099	Donna Dobson Tobin	\$101,476.42	678	3.71	75
82	1427619170	Kristen Armstrong	\$47,492.23	672	2.40	158
83	1699740159	Frank Marino	\$28,549.57	668	2.35	105
84	1710941000	Laurie Warren	\$68,024.13	666	3.53	76
85	1821333774	Brittni Benda	\$52,101.13	664	2.29	135
86	1932531316	Brooke Johnson	\$51,248.12	664	2.86	53
87	1184657603	Sara Rygol	\$89,530.79	662	2.60	96
88	1053398800	Steven Scurr	\$27,384.50	659	3.27	93
89	1942252895	Kimberly Thompson	\$25,341.02	657	2.51	238
90	1396181012	Heather Kruse	\$70,754.62	654	4.84	173
91	1992103386	Melissa Larsen	\$40,295.58	654	2.63	73
92	1346621059	Mark Zacharjasz	\$53,581.29	652	3.28	88
93	1184395162	Danielle Van Oosbree	\$100,347.90	649	4.13	127
94	1396083531	Joni Hanshaw	\$41,461.42	648	3.78	63
95	1437552304	Anita Sharma	\$42,305.30	648	2.39	83
96	1548484165	Carrie Grady	\$46,229.09	648	3.64	133
97	1073945499	Jennifer Zalaznik	\$37,744.18	646	3.04	69
98	1215581251	Anna Throckmorton	\$30,141.19	646	4.07	105
99	1144280355	Janet Tull	\$28,141.39	645	3.71	102
100	1689139669	Benjamin Bolmeier	\$33,771.09	645	2.54	69

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
September 2023 / November 2023

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
1	1841632965	Ahmad Al-Huniti	\$2,589,070.43	\$92,466.80	28	15
2	1316934318	Steven Lentz	\$950,365.11	\$14,399.47	66	3
3	1326034984	Katherine Mathews	\$868,564.96	\$11,428.49	76	1
4	1528365277	Mina Salib	\$850,151.35	\$1,209.32	703	65
5	1477761328	Amy Calhoun	\$619,346.21	\$9,384.03	66	4
6	1437121407	Linda Cadaret	\$504,189.54	\$4,712.05	107	6
7	1891146999	Becky Johnson	\$486,761.59	\$950.71	512	5
8	1326211889	James Friedlander	\$486,160.19	\$7,841.29	62	9
9	1417443953	Rodney Clark	\$450,054.65	\$1,053.99	427	7
10	1043418809	Michael Ciliberto	\$444,238.66	\$476.14	933	11
11	1174748180	Mohammad Alsharabati	\$421,844.51	\$1,694.15	249	12
12	1013126705	Janice Staber	\$396,721.09	\$9,445.74	42	18
13	1295091510	Rebecca Weiner	\$351,034.85	\$1,185.93	296	10
14	1043565328	Sara Moeller	\$340,804.30	\$2,937.97	116	16
15	1093382632	Gail Dooley	\$324,326.19	\$1,487.73	218	14
16	1306071915	Thomas Pietras	\$305,642.82	\$1,984.69	154	21
17	1720086523	Mark Cleveland	\$286,059.37	\$1,765.80	162	40
18	1447373832	Joshua Wilson	\$277,729.46	\$4,552.94	61	44
19	1588616171	Heather Thomas	\$267,119.85	\$2,872.26	93	32
20	1902478811	Joan Anderson	\$249,809.74	\$234.34	1066	20
21	1578958542	Heidi Curtis	\$245,795.93	\$1,373.16	179	41
22	1770933046	Shelby Biller	\$238,918.13	\$192.21	1243	24
23	1558357806	Robin Hayward	\$232,674.14	\$2,077.45	112	28



24	1649419219	Heather Hunemuller	\$230,868.32	\$1,148.60	201	27
25	1376777524	Alladdin Abosaida	\$226,730.82	\$2,834.14	80	2
26	1467449579	Brian Wayson	\$224,537.69	\$3,454.43	65	31
27	1285748004	Bruce Hughes	\$223,642.20	\$2,171.28	103	8
28	1003103383	Grerk Sutamtewagul	\$223,202.20	\$9,300.09	24	13
29	1366826109	Alyssa Mrsny	\$220,561.88	\$1,470.41	150	53
30	1952420705	Eric Rush	\$219,699.90	\$43,939.98	5	123
31	1356445886	Megan Eisel	\$219,327.44	\$1,091.18	201	36
32	1023108701	Ronald Zolty	\$217,377.09	\$4,830.60	45	42
33	1043211303	Ali Safdar	\$216,089.68	\$158.08	1367	37
34	1649943689	Jessica Coffey	\$214,376.25	\$997.10	215	71
35	1942937388	Carly Trausch	\$211,971.25	\$489.54	433	29
36	1386084747	Jennifer Condon	\$209,866.30	\$985.29	213	25
37	1699765826	Joseph Merchant	\$208,894.52	\$2,901.31	72	83
38	1871868984	Hana Niebur	\$208,052.41	\$3,302.42	63	45
39	1356096572	Natasha Lash	\$206,570.96	\$111.36	1855	48
40	1285710764	Jitendrakumar Gupta	\$206,265.60	\$663.23	311	47
41	1740953439	Wilmar Garcia	\$205,685.20	\$1,728.45	119	126
42	1427178284	Darcy Krueger	\$204,499.05	\$14,607.08	14	50
43	1376525196	Randolph Rough	\$203,981.00	\$1,658.38	123	22
44	1124216676	Wendy Sanders	\$197,026.97	\$495.04	398	55
45	1366858334	Alicia Duyvejonck	\$196,686.73	\$410.62	479	33
46	1609820240	James Harper	\$194,636.04	\$16,219.67	12	104
47	1669056123	Kama Ausborn	\$194,254.17	\$329.24	590	23
48	1538676150	Megan Dietzel	\$190,563.12	\$2,540.84	75	56
49	1679573893	Patty Hildreth	\$186,956.67	\$230.53	811	69



50	1609003011	John Bernat	\$185,521.90	\$37,104.38	5	70
51	1821046087	Archana Verma	\$183,071.40	\$2,377.55	77	59
52	1326410499	Tara Eastvold	\$181,931.37	\$400.73	454	165
53	1508091109	Melissa Muff-Luett	\$179,955.41	\$6,426.98	28	38
54	1447519038	Erin Richardson	\$177,906.10	\$720.27	247	58
55	1932464971	Kari Ernst	\$177,821.65	\$1,975.80	90	84
56	1730293705	Robert Jackson	\$173,796.31	\$1,952.77	89	63
57	1902358443	Melissa Konken	\$172,848.34	\$207.25	834	34
58	1407349442	Sarah Nimri	\$171,480.14	\$6,859.21	25	169
59	1841607900	Shayla Sanders	\$169,152.57	\$1,799.50	94	39
60	1013499029	Spencer Kissel	\$168,686.13	\$132.20	1276	86
61	1972989721	Jayson Gesulga	\$167,787.60	\$325.17	516	57
62	1083011613	Bassel Mohammad Nijres	\$166,140.61	\$2,723.62	61	145
63	1609218304	Amanda Garr	\$164,332.45	\$166.67	986	66
64	1174970453	Daniel Hinds	\$163,519.53	\$692.88	236	54
65	1366065047	Brittania Schoon	\$162,811.23	\$1,565.49	104	132
66	1689942518	Patria Alba Aponte	\$162,222.90	\$730.73	222	80
67	1700417169	Courtney Reints	\$161,513.23	\$448.65	360	52
68	1225266364	Sarah Bligh	\$160,086.11	\$847.02	189	189
69	1275763047	Rebecca Bowman	\$159,001.38	\$166.15	957	61
70	1740700632	Jessica Dunne	\$158,712.30	\$353.48	449	93
71	1477199198	Sajo Thomas	\$157,770.54	\$161.98	974	142
72	1386938447	Theresa Czech	\$157,155.16	\$371.53	423	46
73	1134249832	Steven Craig	\$156,295.80	\$1,532.31	102	68
74	1073722112	Riad Rahhal	\$155,989.04	\$579.88	269	67
75	1437262086	Amy Hughes	\$152,435.37	\$3,545.01	43	92



76	1932153830	Michael Stephens	\$152,422.92	\$19,052.87	8	265
77	1225263833	Lindsay Orris	\$152,311.61	\$1,050.42	145	19
78	1457986671	Paiton Calvert	\$150,516.71	\$1,980.48	76	139
79	1386902682	Melissa Willis	\$149,501.44	\$1,205.66	124	43
80	1265420095	Elizabeth Cooper	\$148,137.34	\$949.60	156	89
81	1154307114	Gena Ghearing	\$147,012.08	\$357.69	411	94
82	1043703887	Tenaea Jeppeson	\$146,799.49	\$234.13	627	88
83	1467502286	Charles Tilley	\$146,684.53	\$104.85	1399	99
84	1437238110	Genevieve Nelson	\$146,446.12	\$108.88	1345	72
85	1508291717	Jacob Ridder	\$146,403.73	\$1,763.90	83	196
86	1104891704	Akshay Mahadevia	\$146,367.35	\$1,261.79	116	77
87	1285626390	Kathleen Gradoville	\$145,154.65	\$448.01	324	26
88	1750348496	Vanessa Curtis	\$145,063.12	\$1,043.62	139	374
89	1003315201	Abigail Behrens	\$144,843.77	\$2,040.05	71	97
90	1114214541	Dimah Saade	\$143,876.29	\$1,821.22	79	181
91	1437533130	Katie Broshuis	\$141,309.17	\$1,250.52	113	98
92	1194176586	Paul Fenton	\$139,840.18	\$1,441.65	97	204
93	1295884526	Jaine Brownell	\$137,745.21	\$5,509.81	25	103
94	1952539447	Anthony Fischer	\$133,430.18	\$1,551.51	86	137
95	1467907394	Cynthia Coenen	\$133,395.72	\$109.07	1223	85
96	1205571155	Dina Lentz	\$131,992.29	\$177.17	745	95
97	1962497438	Sheryl Mulder	\$131,346.02	\$2,388.11	55	49
98	1255405338	Bryan Netolicky	\$130,353.74	\$143.09	911	122
99	1003539784	Julia Sass	\$129,877.84	\$126.22	1029	134
100	1033347521	Drew Thodeson	\$129,641.84	\$2,880.93	45	4459



TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

CATEGORY DESCRIPTION	June 2023 / August 2023	RANK	% BUDGET	September 2023 / November 2023	RANK	% BUDGET	% CHANGE
ANTIDIABETICS	\$14,622,203	1	13.2%	\$13,239,528	1	13.2%	-9.5%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	\$11,398,479	2	10.3%	\$10,001,989	2	10.0%	-12.3%
DERMATOLOGICALS	\$10,075,596	3	9.1%	\$9,110,925	3	9.1%	-9.6%
ANALGESICS - ANTI-INFLAMMATORY	\$9,909,491	4	9.0%	\$8,895,087	4	8.9%	-10.2%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	\$7,261,665	6	6.6%	\$6,494,904	5	6.5%	-10.6%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	\$7,688,920	5	7.0%	\$5,920,977	6	5.9%	-23.0%
HEMATOLOGICAL AGENTS - MISC.	\$3,411,901	11	3.1%	\$5,268,035	7	5.3%	54.4%
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	\$4,001,993	8	3.6%	\$3,637,778	8	3.6%	-9.1%
ANTICONVULSANTS	\$3,748,884	10	3.4%	\$3,490,818	9	3.5%	-6.9%
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	\$4,065,011	7	3.7%	\$3,073,366	10	3.1%	-24.4%
ANTIVIRALS	\$3,922,484	9	3.5%	\$2,975,916	11	3.0%	-24.1%
MIGRAINE PRODUCTS	\$3,296,909	12	3.0%	\$2,941,508	12	2.9%	-10.8%
RESPIRATORY AGENTS - MISC.	\$3,111,952	13	2.8%	\$2,778,149	13	2.8%	-10.7%
ENDOCRINE AND METABOLIC AGENTS - MISC.	\$2,741,767	14	2.5%	\$2,616,359	14	2.6%	-4.6%
ANTIDEPRESSANTS	\$2,618,669	15	2.4%	\$2,358,864	15	2.4%	-9.9%
CARDIOVASCULAR AGENTS - MISC.	\$2,237,213	16	2.0%	\$2,117,207	16	2.1%	-5.4%
ANTICOAGULANTS	\$1,769,185	17	1.6%	\$1,628,752	17	1.6%	-7.9%
GASTROINTESTINAL AGENTS - MISC.	\$1,267,927	18	1.1%	\$1,236,351	18	1.2%	-2.5%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	\$927,416	19	0.8%	\$902,458	19	0.9%	-2.7%
NEUROMUSCULAR AGENTS	\$875,880	20	0.8%	\$702,805	20	0.7%	-19.8%

TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

CATEGORY DESCRIPTION	June 2023 / August 2023	PREV RANK	September 2023 / November 2023	CURR RANK	% CHANGE
ANTIDEPRESSANTS	130,623	1	117,885	1	-9.8%
ANTICONVULSANTS	56,863	2	51,356	2	-9.7%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	51,774	3	49,221	3	-4.9%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	50,444	4	46,445	4	-7.9%
ANTIHYPERTENSIVES	48,024	5	45,511	5	-5.2%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	44,117	7	41,994	6	-4.8%
ANTIDIABETICS	45,250	6	41,483	7	-8.3%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	43,746	8	39,812	8	-9.0%
ANTIANSXIETY AGENTS	40,406	9	35,051	9	-13.3%
ANTIHYPERLIPIDEMICS	31,101	10	30,724	10	-1.2%
ANTI HISTAMINES	26,895	12	25,866	11	-3.8%
DERMATOLOGICALS	26,921	11	22,066	12	-18.0%
BETA BLOCKERS	22,940	15	21,709	13	-5.4%
ANALGESICS - ANTI-INFLAMMATORY	24,372	13	21,084	14	-13.5%
ANALGESICS - OPIOID	23,409	14	19,355	15	-17.3%
PENICILLINS	16,280	18	19,186	16	17.9%
DIURETICS	18,571	16	17,417	17	-6.2%
THYROID AGENTS	18,153	17	17,364	18	-4.3%
CORTICOSTEROIDS	13,616	20	14,633	19	7.5%
MUSCULOSKELETAL THERAPY AGENTS	16,140	19	13,901	20	-13.9%



TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	June 2023 / August 2023	RANK	September 2023 / November 2023	RANK	% CHANGE
HUMIRA(CF) PEN	\$5,807,666	1	\$5,213,554	1	-10.2%
VRAYLAR	\$3,365,336	2	\$3,023,729	2	-10.2%
OZEMPIC	\$3,041,455	4	\$2,913,558	3	-4.2%
TRULICITY	\$2,992,550	5	\$2,337,103	4	-21.9%
TRIKAFTA	\$2,553,413	7	\$2,299,168	5	-10.0%
STELARA	\$2,566,748	6	\$2,198,208	6	-14.4%
INVEGA SUSTENNA	\$2,064,384	8	\$1,939,087	7	-6.1%
NOVOSEVEN RT		-	\$1,929,228	8	0.0%
JARDIANCE	\$1,877,549	9	\$1,805,930	9	-3.8%
VYVANSE	\$3,333,698	3	\$1,748,874	10	-47.5%
DUPIXENT PEN	\$1,554,908	11	\$1,502,049	11	-3.4%
BIKTARVY	\$1,564,969	10	\$1,301,398	12	-16.8%
REXULTI	\$1,301,018	12	\$1,226,856	13	-5.7%
TALTZ AUTOINJECTOR	\$1,133,794	13	\$1,145,194	14	1.0%
ELIQUIS	\$1,129,970	14	\$1,080,187	15	-4.4%
LANTUS SOLOSTAR	\$1,102,667	15	\$978,837	16	-11.2%
VENTOLIN HFA	\$1,052,064	18	\$943,974	17	-10.3%
ALTUVIIIO	\$188,534	120	\$915,911	18	385.8%
SYMBICORT	\$1,071,466	16	\$915,471	19	-14.6%
SKYRIZI PEN	\$1,007,792	19	\$888,752	20	-11.8%
NURTEC ODT	\$930,523	21	\$882,510	21	-5.2%
ARISTADA	\$1,001,913	20	\$859,080	22	-14.3%
DUPIXENT SYRINGE	\$925,804	22	\$851,604	23	-8.0%
INGREZZA	\$845,828	24	\$775,268	24	-8.3%



MOUNJARO	\$723,706	27	\$748,302	25	3.4%
TRINTELLIX	\$819,612	26	\$728,562	26	-11.1%
CONCERTA	\$1,058,981	17	\$723,383	27	-31.7%
ENBREL SURECLICK	\$839,266	25	\$683,221	28	-18.6%
ABILIFY MAINTENA	\$849,468	23	\$642,883	29	-24.3%
EPIDIOLEX	\$556,278	39	\$591,312	30	6.3%
COSENTYX PEN (2 PENS)	\$548,892	41	\$581,698	31	6.0%
EVRYSDI	\$638,443	29	\$565,107	32	-11.5%
INVEGA TRINZA	\$634,792	30	\$552,922	33	-12.9%
FARXIGA	\$560,423	37	\$549,802	34	-1.9%
AUSTEDO	\$629,328	31	\$547,213	35	-13.0%
TRELEGY ELLIPTA	\$542,261	42	\$540,095	36	-0.4%
FLOVENT HFA	\$550,466	40	\$522,822	37	-5.0%
AJOVY AUTOINJECTOR	\$654,205	28	\$515,235	38	-21.2%
NORDITROPIN FLEXPRO	\$568,076	36	\$492,822	39	-13.2%
CAPLYTA	\$501,703	47	\$492,630	40	-1.8%
XARELTO	\$572,372	35	\$492,626	41	-13.9%
OTEZLA	\$487,957	49	\$491,703	42	0.8%
WAKIX	\$516,438	43	\$488,231	43	-5.5%
HEMLIBRA	\$463,374	52	\$477,837	44	3.1%
TREMFYA	\$627,403	32	\$471,136	45	-24.9%
UBRELVY	\$499,196	48	\$457,356	46	-8.4%
JORNAY PM	\$414,129	55	\$424,074	47	2.4%
JANUVIA	\$459,809	53	\$422,528	48	-8.1%
OPSUMIT	\$401,800	59	\$420,322	49	4.6%
LISDEXAMFETAMINE DIMESYLATE		-	\$412,107	50	0.0%



VERZENIO	\$412,984	56	\$410,934	51	-0.5%
ENTRESTO	\$411,894	57	\$401,869	52	-2.4%
LINZESS	\$386,492	63	\$389,131	53	0.7%
EMFLAZA	\$356,682	66	\$387,948	54	8.8%
XIFAXAN	\$481,428	51	\$374,704	55	-22.2%
ADVATE	\$482,124	50	\$369,680	56	-23.3%
RAVICTI	\$279,422	82	\$367,084	57	31.4%
LYBALVI	\$404,599	58	\$354,026	58	-12.5%
INSULIN ASPART FLEXPEN	\$390,348	61	\$351,041	59	-10.1%
HUMIRA(CF)	\$363,916	65	\$350,696	60	-3.6%
ALPROLIX	\$372,239	64	\$345,208	61	-7.3%
AIMOVIG AUTOINJECTOR	\$391,582	60	\$343,454	62	-12.3%
SPIRIVA HANDIHALER	\$389,876	62	\$341,077	63	-12.5%
UPTRAVI	\$340,061	69	\$321,818	64	-5.4%
ORFADIN	\$509,734	44	\$317,249	65	-37.8%
SPIRIVA RESPIMAT	\$350,456	68	\$315,695	66	-9.9%
ADVAIR HFA	\$310,964	74	\$311,997	67	0.3%
MAVYRET	\$556,364	38	\$311,675	68	-44.0%
FINTEPLA	\$313,381	73	\$305,944	69	-2.4%
HAEGARDA	\$304,758	78	\$304,758	70	0.0%
FASENRA PEN	\$436,271	54	\$298,498	71	-31.6%
HUMIRA PEN	\$338,974	70	\$298,289	72	-12.0%
TAKHZYRO	\$273,312	85	\$298,163	73	9.1%
SPRYCEL	\$335,456	71	\$291,019	74	-13.2%
STRENSIQ	\$195,666	117	\$288,350	75	47.4%
LATUDA	\$580,522	34	\$282,515	76	-51.3%



PULMOZYME	\$270,420	86	\$280,840	77	3.9%
ADVAIR DISKUS	\$353,422	67	\$276,517	78	-21.8%
REVLIMID	\$198,689	115	\$275,138	79	38.5%
RINVOQ	\$305,123	77	\$271,584	80	-11.0%
CREON	\$259,740	91	\$263,043	81	1.3%
TRESIBA FLEXTOUCH U-200	\$303,507	79	\$255,123	82	-15.9%
LEVEMIR FLEXPEN	\$269,286	87	\$254,548	83	-5.5%
DESCOVY	\$264,055	88	\$253,450	84	-4.0%
LENVIMA	\$308,442	76	\$243,623	85	-21.0%
LYNPARZA	\$262,373	89	\$234,571	86	-10.6%
HIZENTRA	\$255,532	94	\$234,271	87	-8.3%
METHYLPHENIDATE ER	\$224,886	97	\$232,542	88	3.4%
QUILLICHEW ER	\$231,301	96	\$229,709	89	-0.7%
LANTUS	\$257,936	92	\$227,694	90	-11.7%
SKYRIZI	\$207,314	110	\$227,234	91	9.6%
ORENITRAM ER	\$310,446	75	\$213,652	92	-31.2%
BRIVIACT	\$219,025	99	\$210,699	93	-3.8%
QULIPTA	\$209,343	109	\$209,750	94	0.2%
ENBREL	\$275,569	83	\$209,592	95	-23.9%
MYRBETRIQ	\$220,229	98	\$206,029	96	-6.4%
ATORVASTATIN CALCIUM	\$209,345	108	\$205,661	97	-1.8%
XYWAV	\$506,693	46	\$203,856	98	-59.8%
OMEPRAZOLE	\$215,314	102	\$203,384	99	-5.5%
SERTRALINE HCL	\$218,632	100	\$200,011	100	-8.5%

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	June 2023 / August 2023	PREVIOUS RANK	September 2023 / November 2023	RANK	% CHANGE
OMEPRAZOLE	20,079	1	19,035	1	-5.2%
SERTRALINE HCL	19,853	2	17,989	2	-9.4%
ATORVASTATIN CALCIUM	18,186	3	17,860	3	-1.8%
LEVOTHYROXINE SODIUM	16,627	5	15,975	4	-3.9%
TRAZODONE HCL	16,806	4	15,243	5	-9.3%
VENTOLIN HFA	16,137	6	14,495	6	-10.2%
LISINOPRIL	14,909	8	14,246	7	-4.4%
ESCITALOPRAM OXALATE	15,859	7	14,229	8	-10.3%
GABAPENTIN	13,852	9	12,402	9	-10.5%
AMOXICILLIN	10,100	16	12,364	10	22.4%
FLUOXETINE HCL	12,821	10	11,681	11	-8.9%
MONTELUKAST SODIUM	12,289	11	11,661	12	-5.1%
DULOXETINE HCL	10,845	14	10,051	13	-7.3%
BUSPIRONE HCL	11,424	12	10,030	14	-12.2%
HYDROXYZINE HCL	11,258	13	9,837	15	-12.6%
AMLODIPINE BESYLATE	10,075	17	9,669	16	-4.0%
PANTOPRAZOLE SODIUM	9,922	18	9,581	17	-3.4%
CETIRIZINE HCL	9,660	19	8,987	18	-7.0%
CLONIDINE HCL	9,214	23	8,652	19	-6.1%
QUETIAPINE FUMARATE	9,619	20	8,573	20	-10.9%
PREDNISONE	8,494	26	8,570	21	0.9%
ARIPIPRAZOLE	9,231	22	8,544	22	-7.4%
VENLAFAXINE HCL ER	9,212	24	8,207	23	-10.9%



LAMOTRIGINE	8,843	25	7,697	24	-13.0%
FLUTICASONE PROPIONATE	8,138	28	7,604	25	-6.6%
BUPROPION HYDROCHLORIDE E	6,451	37	7,433	26	15.2%
HYDROCODONE-ACETAMINOPHEN	9,245	21	7,392	27	-20.0%
METOPROLOL SUCCINATE	7,018	34	7,232	28	3.0%
FAMOTIDINE	7,343	31	7,140	29	-2.8%
TOPIRAMATE	7,539	30	6,971	30	-7.5%
LOSARTAN POTASSIUM	7,068	33	6,912	31	-2.2%
LORATADINE	5,140	50	6,420	32	24.9%
AZITHROMYCIN	4,247	59	6,114	33	44.0%
AMOXICILLIN-CLAVULANATE POTASS	5,322	48	6,052	34	13.7%
CYCLOBENZAPRINE HCL	7,187	32	5,968	35	-17.0%
ALPRAZOLAM	7,003	35	5,932	36	-15.3%
BUPROPION XL	8,374	27	5,873	37	-29.9%
CLONAZEPAM	6,595	36	5,750	38	-12.8%
RISPERIDONE	6,049	43	5,685	39	-6.0%
METFORMIN HCL ER	5,949	44	5,661	40	-4.8%
ONDANSETRON ODT	6,120	41	5,499	41	-10.1%
MELOXICAM	6,224	39	5,498	42	-11.7%
VYVANSE	10,524	15	5,394	43	-48.7%
DEXTROAMPHETAMINE-AMPHET ER	4,309	58	5,290	44	22.8%
HYDROCHLOROTHIAZIDE	5,663	45	5,280	45	-6.8%
IBUPROFEN	6,240	38	5,267	46	-15.6%
ROSUVASTATIN CALCIUM	5,222	49	5,249	47	0.5%
METFORMIN HCL	7,874	29	5,188	48	-34.1%
FUROSEMIDE	5,355	47	4,949	49	-7.6%



CEPHALEXIN	6,196	40	4,936	50	-20.3%
DEXTROAMPHETAMINE-AMPHETAMINE	5,593	46	4,856	51	-13.2%
METHYLPHENIDATE ER	4,400	56	4,841	52	10.0%
ASPIRIN EC	5,012	52	4,724	53	-5.7%
CETIRIZINE HYDROCHLORIDE	783	215	4,489	54	473.3%
MIRTAZAPINE	4,836	53	4,271	55	-11.7%
SPIRONOLACTONE	4,396	57	4,261	56	-3.1%
ALBUTEROL SULFATE	3,377	81	4,245	57	25.7%
CEFDINIR	3,137	89	4,150	58	32.3%
LORAZEPAM	4,705	54	3,989	59	-15.2%
PRAZOSIN HCL	4,243	60	3,908	60	-7.9%
FOLIC ACID	3,827	67	3,714	61	-3.0%
LEVETIRACETAM	4,080	62	3,698	62	-9.4%
LISDEXAMFETAMINE DIMESYLATE		-	3,696	63	0.0%
DOXYCYCLINE MONOHYDRATE	3,479	76	3,671	64	5.5%
TRAMADOL HCL	4,677	55	3,660	65	-21.7%
CITALOPRAM HBR	4,012	64	3,625	66	-9.6%
TRIAMCINOLONE ACETONIDE	5,069	51	3,611	67	-28.8%
POLYETHYLENE GLYCOL 3350	3,947	65	3,606	68	-8.6%
ACETAMINOPHEN	3,911	66	3,573	69	-8.6%
HYDROXYZINE PAMOATE	4,048	63	3,547	70	-12.4%
FLUCONAZOLE	4,127	61	3,484	71	-15.6%
JARDIANCE	3,617	72	3,470	72	-4.1%
OZEMPIC	3,687	71	3,391	73	-8.0%
GUANFACINE HCL ER	3,204	87	3,365	74	5.0%
POTASSIUM CHLORIDE	3,709	68	3,342	75	-9.9%



PREGABALIN	3,498	74	3,309	76	-5.4%
VALACYCLOVIR	3,688	70	3,274	77	-11.2%
GUANFACINE HCL	3,243	86	3,135	78	-3.3%
METHYLPHENIDATE HCL	3,132	90	3,134	79	0.1%
METRONIDAZOLE	3,700	69	3,098	80	-16.3%
METOPROLOL TARTRATE	3,394	80	3,080	81	-9.3%
ATOMOXETINE HCL	3,360	82	3,077	82	-8.4%
BACLOFEN	3,420	78	3,036	83	-11.2%
FEROSUL	3,292	84	3,021	84	-8.2%
TIZANIDINE HCL	3,457	77	2,969	85	-14.1%
PROPRANOLOL HCL	3,351	83	2,936	86	-12.4%
OXYCODONE HCL	3,277	85	2,853	87	-12.9%
OLANZAPINE	3,123	91	2,833	88	-9.3%
DEXMETHYLPHENIDATE HCL ER	3,080	94	2,832	89	-8.1%
SULFAMETHOXAZOLE-TRIMETHOPRIM	3,417	79	2,746	90	-19.6%
DICLOFENAC SODIUM	3,519	73	2,738	91	-22.2%
ALBUTEROL SULFATE HFA	2,317	108	2,715	92	17.2%
LANTUS SOLOSTAR	3,120	92	2,715	93	-13.0%
TRULICITY	3,490	75	2,708	94	-22.4%
ZOLPIDEM TARTRATE	3,101	93	2,667	95	-14.0%
SYMBICORT	3,139	88	2,642	96	-15.8%
METFORMIN HYDROCHLORIDE	409	309	2,586	97	532.3%
SUMATRIPTAN SUCCINATE	3,014	95	2,550	98	-15.4%
NAPROXEN	2,957	96	2,452	99	-17.1%
VRAYLAR	2,718	98	2,427	100	-10.7%



Fee for Service Claims Quarterly Statistics

	June through August 2023	September through November 2023	% CHANGE
TOTAL PAID AMOUNT	\$2,933,470	\$2,790,128	-4.9%
UNIQUE USERS	3,663	3,766	2.8%
COST PER USER	\$800.84	\$740.87	-7.5%
TOTAL PRESCRIPTIONS	21,935	22,606	3.1%
AVERAGE PRESCRIPTIONS PER USER	5.99	6.00	0.2%
AVERAGE COST PER PRESCRIPTION	\$133.73	\$123.42	-7.7%
# GENERIC PRESCRIPTIONS	19,374	20,274	4.6%
% GENERIC	88.3%	89.7%	1.5%
\$ GENERIC	\$897,229	\$853,846	-4.8%
AVERAGE GENERIC PRESCRIPTION COST	\$46.31	\$42.12	-9.0%
AVERAGE GENERIC DAYS SUPPLY	26	25	-3.8%
# BRAND PRESCRIPTIONS	2,561	2,332	-8.9%
% BRAND	11.7%	10.3%	-11.6%
\$ BRAND	\$2,036,241	\$1,936,282	-4.9%
AVERAGE BRAND PRESCRIPTION COST	\$795.10	\$830.31	4.4%
AVERAGE BRAND DAYS SUPPLY	28	28	0.0%

UTILIZATION BY AGE		
AGE	June through August 2023	September through November 2023
0-6	216	243
7-12	475	483
13-18	716	725
19-64	2,230	2,299
65+	26	16
	3,663	3,766

UTILIZATION BY GENDER AND AGE			
GENDER	AGE	June through August 2023	September through November 2023
F	0-6	102	121
	7-12	207	210
	13-18	360	366
	19-64	1,362	1,404
	65+	17	11
		2,048	2,112
M	0-6	114	122
	7-12	268	273
	13-18	356	359
	19-64	868	895
	65+	9	5
		1,615	1,654

**TOP 100 PHARMACIES BY PRESCRIPTION COUNT
September through November 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	990	\$59,635.33	\$60.24	1
2	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	714	\$190,026.68	\$266.14	4
3	MESKWAKI PHARMACY	TAMA	IA	636	\$415,944.00	\$654.00	2
4	WALGREENS #15647	SIOUX CITY	IA	601	\$27,509.33	\$45.77	5
5	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	567	\$23,512.93	\$41.47	3
6	THOMPSON-DEAN DRUG	SIOUX CITY	IA	454	\$24,678.38	\$54.36	6
7	GENOA HEALTHCARE LLC	SIOUX CITY	IA	328	\$48,454.61	\$147.73	7
8	WCHS PHARMACY	WINNEBAGO	NE	288	\$188,348.08	\$653.99	9
9	WALGREEN #04405	COUNCIL BLUFFS	IA	275	\$15,692.03	\$57.06	8
10	RIGHT DOSE PHARMACY	ANKENY	IA	228	\$8,975.16	\$39.36	11
11	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	194	\$16,653.97	\$85.85	12
12	COVENANT FAMILY PHARMACY	WATERLOO	IA	186	\$7,883.74	\$42.39	32
13	ALL CARE HEALTH CENTER PHARMACY	COUNCIL BLUFFS	IA	158	\$3,224.05	\$20.41	25
14	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	145	\$8,031.70	\$55.39	19
15	BROADLAWNS MEDICAL CENTER	DES MOINES	IA	143	\$8,773.98	\$61.36	17
16	GENOA HEALTH LLC	MARSHALLTOWN	IA	133	\$18,347.25	\$137.95	13
17	HY VEE PHARMACY 1060	CEDAR RAPIDS	IA	124	\$7,127.33	\$57.48	35
18	PRIMARY HEALTH CARE PHARMACY	DES MOINES	IA	123	\$31,728.79	\$257.96	10
19	WALGREEN #04041	DAVENPORT	IA	122	\$10,509.75	\$86.15	28
20	WALGREEN #05239	DAVENPORT	IA	120	\$10,813.81	\$90.12	14
21	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	117	\$48,532.18	\$414.80	24
22	HERITAGE PARK PHARMACY	WEST BURLINGTON	IA	113	\$12,617.57	\$111.66	45
23	MEDICAP PHARMACY	GRIMES	IA	112	\$1,270.31	\$11.34	27
24	IOWA VETERANS HOME	MARSHALLTOWN	IA	111	\$5,039.88	\$45.40	15
25	MEDICAP PHARMACY	KNOXVILLE	IA	111	\$8,649.38	\$77.92	22

**TOP 100 PHARMACIES BY PRESCRIPTION COUNT
September through November 2023**

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
26	WAL-MART PHARMACY #10-0985	FAIRFIELD	IA	110	\$55,516.97	\$504.70	30
27	WALGREEN COMPANY #3700	COUNCIL BLUFFS	IA	109	\$9,294.58	\$85.27	18
28	MEDICAP PHARMACY	JEFFERSON	IA	109	\$1,707.69	\$15.67	29
29	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	109	\$3,706.31	\$34.00	21
30	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	108	\$7,647.52	\$70.81	53
31	WALGREEN COMPANY #05470	SIOUX CITY	IA	108	\$6,131.39	\$56.77	26
32	WAL MART PHARMACY 10 0559	MUSCATINE	IA	107	\$3,648.21	\$34.10	56
33	HY-VEE DRUGSTORE #7026	CEDAR RAPIDS	IA	105	\$6,265.72	\$59.67	31
34	HY VEE PHARMACY #6 1155	DES MOINES	IA	105	\$8,781.22	\$83.63	23
35	STANGEL PHARMACY	ONAWA	IA	101	\$5,714.64	\$56.58	111
36	MEDICAP PHARMACY	RED OAK	IA	100	\$1,480.76	\$14.81	34
37	UNITY POINT HEALTH PHARMACY	CEDAR RAPIDS	IA	99	\$611.86	\$6.18	33
38	PHARMACY MATTERS LTC	IOWA CITY	IA	98	\$1,562.78	\$15.95	70
39	HY-VEE MAINSTREET PHARMACY #7070	SIOUX CITY	IA	93	\$5,265.88	\$56.62	16
40	WAL-MART PHARMACY #10-0646	ANAMOSA	IA	92	\$1,080.49	\$11.74	108
41	MEDICAP PHARMACY	ANKENY	IA	90	\$3,364.13	\$37.38	39
42	WAL-MART PHARMACIES #10-0753	CEDAR FALLS	IA	90	\$9,620.51	\$106.89	54
43	HY-VEE PHARMACY (1075)	CLINTON	IA	87	\$9,829.26	\$112.98	48
44	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	86	\$2,669.99	\$31.05	42
45	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	86	\$4,998.27	\$58.12	37
46	WALGREEN #05721	DES MOINES	IA	84	\$3,461.58	\$41.21	49
47	REDLERS LONG TERM CARE PHARMACY	DAKOTA DUNES	SD	83	\$1,442.08	\$17.37	81
48	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	83	\$4,317.12	\$52.01	79
49	MERCY MEDICAL CENTER NORTH IA DB	MASON CITY	IA	82	\$3,497.37	\$42.65	43
50	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	82	\$5,510.09	\$67.20	77
51	CVS PHARMACY #17554	CEDAR FALLS	IA	80	\$2,292.75	\$28.66	41

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
September through November 2023

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
52	NELSON FAMILY PHARMACY	FORT MADISON	IA	80	\$7,295.30	\$91.19	61
53	CORNERSTONE APOTHECARY	BELLE PLAINE	IA	79	\$5,174.10	\$65.49	75
54	HY-VEE PHARMACY 1382	LE MARS	IA	78	\$4,455.32	\$57.12	36
55	NUCARA PHARMACY #27	PLEASANT HILL	IA	77	\$4,192.16	\$54.44	20
56	HY-VEE PHARMACY (1634)	STORM LAKE	IA	76	\$16,497.93	\$217.08	44
57	HY-VEE PHARMACY (1052)	CEDAR FALLS	IA	76	\$2,786.50	\$36.66	51
58	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	76	\$39,050.27	\$513.82	50
59	MEDICAP PHARMACY	WAUKEE	IA	75	\$1,798.45	\$23.98	63
60	WALGREEN #06678	WEST DES MOINES	IA	74	\$4,497.96	\$60.78	64
61	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	74	\$2,768.37	\$37.41	104
62	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	73	\$5,363.62	\$73.47	92
63	PELLA REGIONAL HEALTH CENTER PHA	PELLA	IA	72	\$6,782.03	\$94.19	90
64	WALGREEN #7452	DES MOINES	IA	72	\$1,115.06	\$15.49	83
65	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	72	\$2,068.98	\$28.74	47
66	WAL-MART PHARMACY 10-2714	SPENCER	IA	71	\$3,975.60	\$55.99	312
67	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	71	\$3,001.43	\$42.27	91
68	TIPTON PHARMACY	TIPTON	IA	70	\$8,242.25	\$117.75	38
69	UI HEALTHCARE RIVER LANDING PHAR	CORALVILLE	IA	69	\$1,552.05	\$22.49	65
70	HY-VEE PHARMACY 1071	CLARINDA	IA	69	\$10,234.83	\$148.33	60
71	HY VEE PHARMACY 7072	TOLEDO	IA	69	\$3,875.87	\$56.17	58
72	THRIFTY WHITE DRUG #064	CLEAR LAKE	IA	68	\$1,679.17	\$24.69	183
73	CVS PHARMACY #08659	DAVENPORT	IA	68	\$5,406.60	\$79.51	57
74	CVS PHARMACY #10282	FORT DODGE	IA	68	\$2,568.07	\$37.77	126
75	HY-VEE PHARMACY (1192)	FORT DODGE	IA	68	\$1,239.83	\$18.23	101
76	WALGREEN COMPANY 07455	WATERLOO	IA	68	\$1,771.29	\$26.05	99
77	DANIEL PHARMACY INC	FORT DODGE	IA	67	\$2,510.76	\$37.47	88

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
September through November 2023

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
78	HY VEE PHARMACY (1324)	KEOKUK	IA	65	\$1,282.98	\$19.74	128
79	HY-VEE PHARMACY (1065)	CHARITON	IA	65	\$1,074.50	\$16.53	46
80	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	64	\$1,092.21	\$17.07	71
81	WALGREEN #359	DES MOINES	IA	64	\$1,413.74	\$22.09	169
82	CVS PHARMACY #17056	ALTOONA	IA	64	\$2,577.82	\$40.28	85
83	WAL-MART PHARMACY 10-4606	OSCEOLA	IA	64	\$1,948.46	\$30.44	124
84	HY-VEE PHARMACY (1271)	INDIANOLA	IA	63	\$2,655.86	\$42.16	94
85	GREENVILLE PHARMACY INC	SIOUX CITY	IA	63	\$3,487.06	\$55.35	156
86	BOOTH PHARMACY	HAWARDEN	IA	63	\$8,268.01	\$131.24	40
87	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	63	\$5,252.19	\$83.37	78
88	COMMUNITY HEALTH CARE INC	DAVENPORT	IA	62	\$3,151.48	\$50.83	52
89	ALLEN MEMORIAL HOSPITAL	WATERLOO	IA	61	\$2,927.51	\$47.99	67
90	PARAGON PARTNERS	OMAHA	NE	61	\$10,025.66	\$164.36	155
91	HY-VEE PHARMACY (1619)	SHENANDOAH	IA	61	\$2,406.08	\$39.44	174
92	WAL-MART PHARMACY 10-3630	MARION	IA	59	\$1,504.18	\$25.49	242
93	WALGREENS #07453	DES MOINES	IA	59	\$1,018.21	\$17.26	69
94	WAL-MART PHARMACY #10-1361	SIOUX CITY	IA	59	\$3,539.59	\$59.99	157
95	WALGREEN COMPANY 05777	DES MOINES	IA	58	\$1,615.58	\$27.85	125
96	HY-VEE STORE CLINIC 1023-039	GRIMES	IA	58	\$2,898.54	\$49.97	114
97	WAL-MART PHARMACY #10-1415	SPIRIT LAKE	IA	57	\$3,231.08	\$56.69	130
98	WRIGHTWAY LTC PHARMACY	CLINTON	IA	57	\$4,052.20	\$71.09	93
99	CVS PHARMACY #16893	ANKENY	IA	57	\$6,276.20	\$110.11	197
100	HY-VEE PHARMACY (1396)	MARION	IA	57	\$4,320.78	\$75.80	134

TOP 100 PHARMACIES BY PAID AMOUNT
September through November 2023

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	MESKWAKI PHARMACY	TAMA	IA	636	\$415,944.00	\$1,777.54	1
2	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	714	\$190,026.68	\$1,450.59	4
3	WCHS PHARMACY	WINNEBAGO	NE	288	\$188,348.08	\$1,902.51	2
4	UNITY POINT AT HOME	URBANDALE	IA	19	\$137,158.94	\$17,144.87	3
5	CVS PHARMACY #00102	AURORA	CO	10	\$94,306.53	\$23,576.63	5
6	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	13	\$74,338.13	\$18,584.53	7
7	SIOUXLAND COMM HEALTH CTR PHARMA	SIOUX CITY	IA	990	\$59,635.33	\$329.48	9
8	WAL-MART PHARMACY #10-0985	FAIRFIELD	IA	110	\$55,516.97	\$4,270.54	12
9	COMM A WALGREENS PHARMACY #16528	DES MOINES	IA	4	\$53,347.08	\$26,673.54	11
10	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	117	\$48,532.18	\$1,565.55	10
11	GENOA HEALTHCARE LLC	SIOUX CITY	IA	328	\$48,454.61	\$1,514.21	13
12	CVS CAREMARK	MOUNT PROSPECT	IL	8	\$41,466.14	\$10,366.54	434
13	KROGER SPECIALTY PHARMACY LA LLC	HARVEY	LA	4	\$41,181.80	\$20,590.90	43
14	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	76	\$39,050.27	\$7,810.05	8
15	PRIMARY HEALTH CARE PHARMACY	DES MOINES	IA	123	\$31,728.79	\$622.13	19
16	WALGREENS #15647	SIOUX CITY	IA	601	\$27,509.33	\$191.04	14
17	ANOVORX GROUP INC	MEMPHIS	TN	6	\$25,433.27	\$6,358.32	51
18	CR CARE PHARMACY	CEDAR RAPIDS	IA	23	\$25,365.42	\$5,073.08	24
19	THOMPSON-DEAN DRUG	SIOUX CITY	IA	454	\$24,678.38	\$503.64	16
20	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	567	\$23,512.93	\$452.17	18
21	OSTERHAUS PHARMACY	MAQUOKETA	IA	33	\$20,217.37	\$6,739.12	21
22	CARL T CURTIS HEALTH EJ CENTER	MACY	NE	30	\$19,620.00	\$1,308.00	20
23	COMMUNITY A WALGREENS PHARMACY	IOWA CITY	IA	2	\$19,523.00	\$9,761.50	15
24	GENOA HEALTH LLC	MARSHALLTOWN	IA	133	\$18,347.25	\$3,057.88	26
25	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	194	\$16,653.97	\$724.09	36

TOP 100 PHARMACIES BY PAID AMOUNT September through November 2023							
RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
26	HY-VEE PHARMACY (1634)	STORM LAKE	IA	76	\$16,497.93	\$2,749.66	29
27	ALLIANCERX WALGREENS PRIME#15438	CANTON	MI	1	\$15,747.68	\$15,747.68	
28	WALGREEN #04405	COUNCIL BLUFFS	IA	275	\$15,692.03	\$275.30	23
29	PROCARE PHARMACY DIRECT LLC	MONROEVILLE	PA	6	\$13,520.62	\$4,506.87	358
30	HY-VEE PHARMACY (1522)	PERRY	IA	21	\$12,864.92	\$2,572.98	49
31	HERITAGE PARK PHARMACY	WEST BURLINGTON	IA	113	\$12,617.57	\$600.84	231
32	MAYO CLINIC PHARMACY	ROCHESTER	MN	5	\$12,564.33	\$4,188.11	34
33	WALGREEN #05239	DAVENPORT	IA	120	\$10,813.81	\$450.58	31
34	WALGREEN #04041	DAVENPORT	IA	122	\$10,509.75	\$618.22	46
35	FRED LEROY HEALTH & WELLNESS	OMAHA	NE	16	\$10,464.00	\$1,744.00	25
36	HY-VEE PHARMACY 1071	CLARINDA	IA	69	\$10,234.83	\$1,023.48	50
37	GENOA HEALTHCARE LLC	FORT DODGE	IA	52	\$10,140.71	\$3,380.24	39
38	PARAGON PARTNERS	OMAHA	NE	61	\$10,025.66	\$2,506.42	35
39	L & M PHARMACY CARE	LE MARS	IA	16	\$9,875.91	\$4,937.96	30
40	HY-VEE PHARMACY (1075)	CLINTON	IA	87	\$9,829.26	\$819.11	67
41	THE NEBRASKA MED CENTER CLIN PHA	OMAHA	NE	8	\$9,774.70	\$4,887.35	17
42	NUCARA PHARMACY #100	GREENFIELD	IA	52	\$9,642.07	\$4,821.04	41
43	WAL-MART PHARMACIES #10-0753	CEDAR FALLS	IA	90	\$9,620.51	\$1,202.56	59
44	WALGREEN COMPANY #3700	COUNCIL BLUFFS	IA	109	\$9,294.58	\$422.48	33
45	RIGHT DOSE PHARMACY	ANKENY	IA	228	\$8,975.16	\$427.39	58
46	HY VEE PHARMACY #6 1155	DES MOINES	IA	105	\$8,781.22	\$365.88	55
47	BROADLAWNS MEDICAL CENTER	DES MOINES	IA	143	\$8,773.98	\$175.48	74
48	MEDICAP PHARMACY	KNOXVILLE	IA	111	\$8,649.38	\$1,235.63	44
49	HY-VEE PHARMACY #1 (1013)	AMES	IA	36	\$8,285.73	\$920.64	122
50	CAREMARK KANSAS SPEC PHARMACY LL	LENEXA	KS	22	\$8,283.81	\$920.42	6
51	BOOTH PHARMACY	HAWARDEN	IA	63	\$8,268.01	\$590.57	71

TOP 100 PHARMACIES BY PAID AMOUNT September through November 2023							
RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
52	TIPTON PHARMACY	TIPTON	IA	70	\$8,242.25	\$4,121.13	96
53	WALGREEN 04973	URBANDALE	IA	44	\$8,134.53	\$903.84	229
54	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	145	\$8,031.70	\$236.23	64
55	COVENANT FAMILY PHARMACY	WATERLOO	IA	186	\$7,883.74	\$140.78	142
56	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	108	\$7,647.52	\$509.83	178
57	GENESIS FIRST MED PHARMACY	DAVENPORT	IA	29	\$7,546.21	\$1,078.03	85
58	WALGREEN #07454	ANKENY	IA	54	\$7,464.51	\$678.59	65
59	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	55	\$7,368.11	\$1,473.62	40
60	OPTUM PHARMACY 702, LLC	JEFFERSONVILLE	IN	6	\$7,356.16	\$3,678.08	
61	NELSON FAMILY PHARMACY	FORT MADISON	IA	80	\$7,295.30	\$810.59	56
62	CASH SAVER	DES MOINES	IA	26	\$7,234.76	\$3,617.38	54
63	FRESENIUS MEDICAL CARE RX LLC	FRANKLIN	TN	4	\$7,143.73	\$7,143.73	48
64	HY VEE PHARMACY 1060	CEDAR RAPIDS	IA	124	\$7,127.33	\$548.26	38
65	WORLD'S FAIR PHARMACY	OAKLAND GARDENS	NY	2	\$7,020.76	\$7,020.76	603
66	PELLA REGIONAL HEALTH CENTER PHA	PELLA	IA	72	\$6,782.03	\$968.86	106
67	AVERA SPECIALTY PHARMACY	SIOUX FALLS	SD	1	\$6,722.47	\$6,722.47	22
68	CVS PHARMACY #16893	ANKENY	IA	57	\$6,276.20	\$2,092.07	68
69	HY-VEE DRUGSTORE #7026	CEDAR RAPIDS	IA	105	\$6,265.72	\$481.98	125
70	GENOA HEALTHCARE LLC	SIOUX CITY	IA	25	\$6,168.20	\$1,542.05	105
71	WALGREEN COMPANY #05470	SIOUX CITY	IA	108	\$6,131.39	\$185.80	62
72	WAL-MART PHARMACY 10-2764	ALTOONA	IA	19	\$5,941.86	\$1,485.47	293
73	HY-VEE PHARMACY (1037)	BETTENDORF	IA	53	\$5,930.64	\$847.23	72
74	LEWIS FAMILY DRUG #69	ROCK VALLEY	IA	41	\$5,717.46	\$635.27	52
75	STANGEL PHARMACY	ONAWA	IA	101	\$5,714.64	\$238.11	166
76	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	17	\$5,710.36	\$5,710.36	86
77	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	82	\$5,510.09	\$423.85	53

TOP 100 PHARMACIES BY PAID AMOUNT September through November 2023							
RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
78	CVS PHARMACY #8443	CEDAR RAPIDS	IA	11	\$5,461.52	\$1,820.51	114
79	CVS PHARMACY #08659	DAVENPORT	IA	68	\$5,406.60	\$491.51	101
80	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	73	\$5,363.62	\$536.36	94
81	LEEDS PHARMACY INC	SIOUX CITY	IA	56	\$5,309.26	\$442.44	141
82	HY-VEE MAINSTREET PHARMACY #7070	SIOUX CITY	IA	93	\$5,265.88	\$169.87	69
83	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	63	\$5,252.19	\$656.52	63
84	CORNERSTONE APOTHECARY	BELLE PLAINE	IA	79	\$5,174.10	\$2,587.05	88
85	HY-VEE PHARMACY SOLUTIONS	DES MOINES	IA	2	\$5,093.85	\$5,093.85	528
86	BETTER HEALTH INC DBA	MISSOURI VALLEY	IA	32	\$5,069.55	\$1,267.39	70
87	IOWA VETERANS HOME	MARSHALLTOWN	IA	111	\$5,039.88	\$1,007.98	47
88	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	86	\$4,998.27	\$208.26	66
89	GENOA HEALTHCARE LLC	MASON CITY	IA	10	\$4,981.21	\$1,660.40	81
90	WAL MART PHARMACY #10-0748	NEWTON	IA	16	\$4,975.35	\$2,487.68	318
91	WAL-MART PHARMACY #10-3394	ATLANTIC	IA	55	\$4,884.90	\$305.31	102
92	WALGREEN #06678	WEST DES MOINES	IA	74	\$4,497.96	\$299.86	82
93	HY-VEE PHARMACY 1382	LE MARS	IA	78	\$4,455.32	\$371.28	95
94	HY-VEE PHARMACY (1530)	PLEASANT HILL	IA	27	\$4,419.78	\$491.09	89
95	WALGREEN #05852	DES MOINES	IA	44	\$4,355.48	\$256.20	344
96	WALGREEN #05886	KEOKUK	IA	30	\$4,328.07	\$721.35	98
97	HY-VEE PHARMACY (1396)	MARION	IA	57	\$4,320.78	\$540.10	169
98	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	83	\$4,317.12	\$539.64	154
99	WAL-MART PHARMACY #10-0892	ANKENY	IA	24	\$4,247.90	\$849.58	420
100	WALGREENS #07833	DES MOINES	IA	43	\$4,219.97	\$468.89	180

TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
September through November 2023

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
1	1053340661	LEIGHTON E FROST MD	\$104,069.73	166	2.59	1
2	1396289229	JESSE BECKER ARNP	\$7,165.87	159	4.68	3
3	1780877878	CHRISTOPHER JACOBS ARNP	\$12,006.58	142	8.88	6
4	1902358443	MELISSA KONKEN ARNP	\$12,913.19	128	10.67	5
5	1043418809	MICHAEL CILIBERTO	\$20,830.10	128	4.92	2
6	1538671961	JAMIE WRIGHT ARNP	\$6,284.71	127	6.68	12
7	1912991183	MOLLY EARLEYWINE PA	\$4,484.97	126	9.69	7
8	1619153137	JOADA JEAN BEST ARNP	\$9,917.89	110	7.33	4
9	1194888024	ALICIA D WAGER NP	\$51,900.93	99	1.90	9
10	1821268335	JACQUELINE J MCINNIS	\$13,439.78	97	12.13	32
11	1003884107	RANDALL ALLEN KAVALIER DO	\$4,818.77	89	5.93	18
12	1992766299	PATRICK KIN-YEE CHAU MD	\$14,261.49	88	8.00	27
13	1215125216	REBECCA E WALDING	\$6,810.82	85	6.07	14
14	1164481362	MELISSA PEARSON ARNP	\$52,385.62	83	1.57	11
15	1144214248	KRISTI WALZ MD	\$33,758.71	83	5.93	16
16	1417214321	LEAH BRANDON DO	\$3,132.43	81	6.23	10
17	1013355759	DYLAN GREENE MD	\$3,987.64	80	4.71	33
18	1407836513	NATHAN R NOBLE DO	\$2,219.54	76	3.80	20
19	1982605762	JEFFREY DEAN WILHARM MD	\$3,462.18	76	25.33	26
20	1639134034	ELIZABETH PRATT ARNP	\$912.78	74	1.85	23
21	1457584740	ERIC D MEYER ARNP	\$3,869.02	70	5.00	15
22	1104251776	ANTHONY GLYDWELL DNP	\$39,533.36	68	1.62	19
23	1699109595	TONYA K FLAUGH ARNP	\$1,497.78	68	4.86	8
24	1700356334	BRIANNA SCHAFFER ARNP	\$6,629.73	68	13.60	37
25	1699740159	FRANK SAM MARINO JR DO	\$2,419.78	67	5.58	59
26	1841220290	KENT E KUNZE MD	\$4,589.58	65	5.91	25

TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
September through November 2023

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
27	1154929230	CHELSEA JONES ARNP	\$40,544.08	62	2.95	35
28	1093141129	LARRY MARTIN NEWMAN ARNP	\$37,338.38	62	2.70	17
29	1720698335	DANIKA LEIGH HANSEN ARNP	\$9,216.48	60	5.00	30
30	1326080433	CLIFFORD WILKINSON PA	\$754.71	60	2.00	136
31	1598733891	JERRY WILLE MD	\$37,336.92	60	1.40	45
32	1851795033	PETER ROSEN ARNP	\$6,220.67	59	59.00	28
33	1609218304	AMANDA GARR ARNP	\$14,420.00	57	8.14	40
34	1649922410	CASSANDRA MARIE ZIMMERMAN ARNP	\$3,530.14	57	28.50	55
35	1174583157	JOANNE STARR ARNP	\$1,796.77	56	18.67	58
36	1275742090	ASHAR LUQMAN MD	\$1,455.45	56	7.00	52
37	1194722413	AIMEE LORENZ MD	\$3,215.13	55	4.23	13
38	1184056822	ABBY KOLTHOFF ARNP	\$5,705.90	55	11.00	48
39	1144715954	TIFFINI COLLETTE TOLIVER ARNP	\$1,218.58	54	13.50	66
40	1295217529	HEATHER STEHR ARNP	\$8,802.53	54	4.50	29
41	1427766559	KORIE JORDAN EISCHEID ARNP	\$3,414.09	54	10.80	65
42	1942562129	MELISSA AUSTREIMMD	\$1,826.48	54	18.00	34
43	1376117036	THOMAS H VOLBERDING MD	\$1,581.39	53	17.67	51
44	1942896691	VIRIDIANA MUNOZ DE GONZALEZ ARNP	\$1,738.92	52	4.73	95
45	1811123318	AARON KAUER MD	\$2,762.35	52	7.43	41
46	1336418425	DENA NEIMAN ARNP	\$658.48	51	4.64	39
47	1659358620	CARLOS CASTILLO MD	\$4,158.65	50	6.25	67
48	1053376475	DANIEL GILLETTE MD	\$12,844.85	49	12.25	31
49	1427495803	HALLEY C ANDERSON DO	\$1,043.18	48	48.00	387
50	1073249306	MELISSA WATCHORN ARNP	\$7,284.46	45	7.50	304
51	1629430293	ALICE MENG MD	\$1,404.80	44	3.14	207
52	1205393386	JESSICA HUDSPETH ARNP	\$817.08	43	14.33	61

TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
September through November 2023

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
53	1316389497	SHANNON STEWART ARNP	\$10,143.08	43	6.14	21
54	1356337273	LISA JAYNE MENZIES MD	\$518.63	42	4.67	62
55	1073235925	KRISTINA L BECK ARNP	\$3,653.64	42	10.50	24
56	1457346231	DAWN RENAE EBACH MD	\$3,740.86	42	3.23	72
57	1932526217	COREY J THOMPSON MD	\$742.82	42	8.40	134
58	1598117434	SOMMER KORTH ARNP	\$2,147.10	41	5.86	22
59	1356690887	MELISSA MARSHALL ARNP	\$1,302.28	41	4.56	421
60	1093272668	RICARDO OSARIO ARNP	\$2,540.95	41	4.56	43
61	1427711563	MEGAN L MEYER ARNP	\$491.25	40	2.50	224
62	1548484165	CARRIE L GRADY MD	\$5,142.71	40	20.00	88
63	1023542271	FLYNN MCCULLOUGH DO	\$4,709.28	40	5.00	113
64	1255823506	NICOLE MARIE DELAGARDELLE	\$2,392.40	40	8.00	68
65	1760965032	MELISSA MILLER NP	\$826.36	40	4.44	122
66	1144240805	DANIEL ROWLEY MD	\$5,179.71	40	40.00	53
67	1720178882	SUSAN GILBERT ARNP	\$1,748.41	40	6.67	314
68	1992794523	SUSAN KALISZEWSKIPA	\$1,174.79	39	9.75	177
69	1477926434	JACKIE L BAILEY ARNP	\$768.22	39	4.88	157
70	1164538674	JOSEPH MATTHEW WANZEK III DO	\$3,390.70	39	13.00	57
71	1013978089	JENNIFER BRADLEY ARNP	\$5,997.22	39	19.50	133
72	1619380680	TARA BROCKMAN DO	\$4,237.89	39	7.80	36
73	1164416269	ANN PICK ARNP	\$2,302.67	39	3.55	96
74	1609243013	CRISELLA TORRES MD	\$1,641.84	39	9.75	86
75	1578123915	BRIANNA BROWNLEE DO	\$931.77	38	6.33	81
76	1073852059	AMBER HANSEN MD	\$24,211.38	38	2.11	110
77	1043265176	SHARON K FEY PAC	\$8,855.73	38	9.50	98
78	1205249562	KELLY RYDER MD	\$3,119.49	37	3.70	97

TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
September through November 2023

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
79	1760675177	LORI SWANSON ARNP	\$23,559.74	37	2.64	127
80	1861678997	ELIZABETH WESSLING PA	\$489.71	37	1.48	188
81	1750900809	LOGAN TAYLOR CHIRI ARNP	\$3,222.03	37	9.25	82
82	1467502286	CHARLES R TILLEY	\$6,944.13	37	7.40	181
83	1174640528	AMY JO PAYNE PA	\$523.68	36	2.57	198
84	1013516566	ERIN A HODGSON ARNP	\$1,876.11	36	5.14	60
85	1053600296	JESSICA MCCOOL MD	\$4,359.54	36	36.00	71
86	1053375022	JENNIFER LYNN BECK MD	\$752.59	36	18.00	111
87	1124006887	KARL M HOLMES PA	\$3,882.32	35	17.50	250
88	1083240865	JACOB MACDOWELL PA	\$1,445.52	34	8.50	76
89	1932493749	NICHOLAS CHARLES BECHTOLD DO	\$2,126.27	34	17.00	261
90	1356919658	SARAH CASTRO ARNP	\$431.97	34	5.67	85
91	1760821680	TYLER WENDEL DO	\$1,504.58	34	4.25	49
92	1528037082	RODNEY JULIUS DEAN MD	\$4,861.52	34	4.86	75
93	1609131770	SREENATH THATI GANGANNA MBBS	\$4,311.64	34	5.67	118
94	1679813976	JEANNIE FRANKLIN ARNP	\$546.98	34	4.86	428
95	1679669832	ERIN HATCHER ARNP	\$11,737.88	34	6.80	78
96	1649611864	GEETANJALI SAHU MD	\$277.86	34	6.80	225
97	1891146999	BECKY L JOHNSON ARNP	\$35,202.43	33	3.00	155
98	1316356496	KIMBERLY N ROBERTS ARNP	\$421.89	33	6.60	70
99	1902912538	CHRISTIAN W JONES MD	\$687.52	33	16.50	126
100	1730609629	LAUREN MARIE THOMANN ARNP	\$4,590.40	32	8.00	77

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
September through November 2023

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
1	1053340661	LEIGHTON E FROST MD	\$104,069.73	\$626.93	166	1
2	1326034984	KATHERINE MATHEWS MD	\$74,451.98	\$2,863.54	26	2
3	1508281619	KELLY MARINE ARNP	\$69,280.58	\$17,320.15	4	4
4	1841607900	SHAYLA SANDERS ARNP	\$53,859.94	\$4,488.33	12	11
5	1831200542	RANEEN SCHULTE PA	\$53,494.84	\$26,747.42	2	
6	1194258558	OLUSOLA M. OGUNDIPE MD	\$52,883.43	\$7,554.78	7	2538
7	1164481362	MELISSA PEARSON ARNP	\$52,385.62	\$631.15	83	5
8	1194888024	ALICIA D WAGER NP	\$51,900.93	\$524.25	99	6
9	1154929230	CHELSEA JONES ARNP	\$40,544.08	\$653.94	62	15
10	1053387522	AMY L DIETRICH PAC	\$40,303.68	\$13,434.56	3	12
11	1952326530	LISA HEDRICK PA	\$40,150.05	\$10,037.51	4	13
12	1104251776	ANTHONY GLYDWELL DNP	\$39,533.36	\$581.37	68	8
13	1447488325	ABDELAZIZ ELHADDAD MD	\$39,370.30	\$6,561.72	6	14
14	1093141129	LARRY MARTIN NEWMAN ARNP	\$37,338.38	\$602.23	62	9
15	1598733891	JERRY WILLE MD	\$37,336.92	\$622.28	60	19
16	1902191059	AMBER R TIERNEY MD	\$37,095.00	\$9,273.75	4	3
17	1891146999	BECKY L JOHNSON ARNP	\$35,202.43	\$1,066.74	33	21
18	1144214248	KRISTI WALZ MD	\$33,758.71	\$406.73	83	16
19	1003079997	SARAH ANNE TOFILON MD	\$29,178.43	\$3,242.05	9	10
20	1366826109	ALYSSA D MRSNY PA-C	\$27,992.33	\$2,332.69	12	698
21	1730477407	SALIM HOMMEIDA MD	\$27,278.24	\$1,363.91	20	7
22	1639157373	CALVIN J HANSEN MD	\$24,570.38	\$4,095.06	6	23
23	1073852059	AMBER HANSEN MD	\$24,211.38	\$637.14	38	26
24	1760675177	LORI SWANSON ARNP	\$23,559.74	\$636.75	37	32
25	1386938447	THERESA CZECH MD	\$21,816.64	\$872.67	25	170
26	1194945691	ANJALI SHARATHKUMAR MBBS	\$21,658.63	\$7,219.54	3	2149
27	1811493679	JUNE MYLER ARNP	\$20,928.00	\$654.00	32	22

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
September through November 2023

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
28	1043418809	MICHAEL CILIBERTO	\$20,830.10	\$162.74	128	25
29	1174970453	DANIEL HINDS MD	\$19,723.32	\$2,191.48	9	713
30	1225263833	LINDSAY JO ORRIS DO	\$19,385.82	\$3,230.97	6	29
31	1366402505	KUNAL K PATRA MD	\$17,004.00	\$654.00	26	49
32	1043749765	GINO CHESINI DO	\$15,806.68	\$3,161.34	5	3040
33	1780178723	EMMA MARTZ DO	\$15,698.25	\$523.28	30	37
34	1609218304	AMANDA GARR ARNP	\$14,420.00	\$252.98	57	78
35	1992766299	PATRICK KIN-YEE CHAU MD	\$14,261.49	\$162.06	88	66
36	1588185631	CATHERINE M MARTY ARNP	\$13,736.65	\$2,747.33	5	77
37	1528467859	WHITNEY A WEIS ARNP	\$13,673.51	\$2,734.70	5	40
38	1104088202	PATRICK SAFO MD	\$13,490.30	\$3,372.58	4	60
39	1821268335	JACQUELINE J MCINNIS	\$13,439.78	\$138.55	97	48
40	1972616316	JEFFREY ALAN BRANNEN DO	\$13,233.38	\$4,411.13	3	
41	1902358443	MELISSA KONKEN ARNP	\$12,913.19	\$100.88	128	42
42	1053376475	DANIEL GILLETTE MD	\$12,844.85	\$262.14	49	38
43	1093388639	REBECCA OLSON PA	\$12,507.05	\$12,507.05	1	43
44	1417251216	GRETCHEN ELIZABETH WHEELOCK APRN	\$12,426.00	\$654.00	19	44
45	1780877878	CHRISTOPHER JACOBS ARNP	\$12,006.58	\$84.55	142	102
46	1679669832	ERIN HATCHER ARNP	\$11,737.88	\$345.23	34	52
47	1649678582	LAURA STULKEN PA	\$11,236.72	\$2,809.18	4	70
48	1417931700	SUDHIR C KUMAR MD	\$11,203.86	\$3,734.62	3	69
49	1770933046	SHELBY BILLER	\$10,615.66	\$965.06	11	53
50	1316389497	SHANNON STEWART ARNP	\$10,143.08	\$235.89	43	24
51	1619153137	JOADA JEAN BEST ARNP	\$9,917.89	\$90.16	110	56
52	1427491778	JENNIFER L MEDLIN MD	\$9,896.39	\$706.89	14	58
53	1922455096	DEAN L GUERDET ARNP	\$9,857.31	\$410.72	24	59
54	1114521721	TARRAH HOLLIDAY ARNP	\$9,490.65	\$558.27	17	45

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
September through November 2023

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
55	1720698335	DANIKA LEIGH HANSEN ARNP	\$9,216.48	\$153.61	60	169
56	1144588476	RACHEL D FILZER ARNP	\$9,069.27	\$647.81	14	51
57	1043265176	SHARON K FEY PAC	\$8,855.73	\$233.05	38	62
58	1750348496	VANESSA ANN CURTIS MD	\$8,815.24	\$518.54	17	71
59	1295217529	HEATHER STEHR ARNP	\$8,802.53	\$163.01	54	28
60	1326181249	KEVIN ROBERT MURPHY MD	\$8,655.05	\$961.67	9	2345
61	1528485471	CHRISTINA GONZALEZ APRN	\$7,581.73	\$541.55	14	110
62	1912208323	LISA MARIE MEYER ARNP	\$7,580.96	\$344.59	22	83
63	1073249306	MELISSA WATCHORN ARNP	\$7,284.46	\$161.88	45	221
64	1730197476	MICHAEL BLAESS DO	\$7,241.20	\$268.19	27	72
65	1396289229	JESSE BECKER ARNP	\$7,165.87	\$45.07	159	132
66	1518285725	DOUGLAS M SMITH MD	\$7,049.10	\$1,409.82	5	1376
67	1821254863	AMY JOANN JOHN PA	\$6,991.79	\$1,165.30	6	55
68	1467502286	CHARLES R TILLEY	\$6,944.13	\$187.68	37	751
69	1790755395	CYNTHIA A GUTHMILLER ARNP	\$6,919.68	\$256.28	27	81
70	1215125216	REBECCA E WALDING	\$6,810.82	\$80.13	85	67
71	1962899088	KELSEY A HOLKESVIK MD	\$6,722.47	\$6,722.47	1	27
72	1700356334	BRIANNA SCHAFFER ARNP	\$6,629.73	\$97.50	68	93
73	1760470678	JEFFERY MEIER MD	\$6,624.58	\$414.04	16	
74	1831329630	SPYRIDON FORTIS MD	\$6,507.33	\$382.78	17	87
75	1194990945	SANDEEP GUPTA MD	\$6,466.87	\$281.17	23	68
76	1891955423	LEAH SIEGFRIED PA	\$6,419.99	\$377.65	17	31
77	1013911692	JEFFREY SCOTT SARTIN MD	\$6,385.14	\$2,128.38	3	80
78	1417435462	ALLISON OWINGS ARNP	\$6,380.45	\$303.83	21	74
79	1417307497	EMILY BOES DO	\$6,333.00	\$3,166.50	2	30
80	1538671961	JAMIE WRIGHT ARNP	\$6,284.71	\$49.49	127	189
81	1851795033	PETER ROSEN ARNP	\$6,220.67	\$105.44	59	271

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
September through November 2023

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
82	1154604536	ANNA C PRUESS DO	\$6,123.73	\$382.73	16	61
83	1700808185	JENNIFER GOERBIG-CAMPBELL MD	\$6,080.33	\$289.54	21	104
84	1013978089	JENNIFER BRADLEY ARNP	\$5,997.22	\$153.77	39	99
85	1306349956	KATIE LADEHOFF ARNP	\$5,886.00	\$654.00	9	341
86	1235137845	ROGER L HARVEY DO	\$5,797.04	\$2,898.52	2	
87	1184056822	ABBY KOLTHOFF ARNP	\$5,705.90	\$103.74	55	79
88	1932186103	DEBORAH LYNN RENAUD MD	\$5,628.52	\$1,407.13	4	136
89	1205504669	JENNIFER SWANSON ARNP	\$5,232.00	\$654.00	8	47
90	1144240805	DANIEL ROWLEY MD	\$5,179.71	\$129.49	40	122
91	1548484165	CARRIE L GRADY MD	\$5,142.71	\$128.57	40	88
92	1326410499	TARA M EASTVOLD ARNP	\$5,141.85	\$270.62	19	456
93	1245614643	LINDSEY M REARIGH DO	\$5,093.85	\$2,546.93	2	
94	1558039495	SARAH HIETBRINK ARNP	\$5,063.05	\$297.83	17	
95	1205271954	LUKASZ WEINER MD	\$4,932.63	\$986.53	5	1104
96	1558357806	ROBIN HAYWARD PA	\$4,878.12	\$1,626.04	3	
97	1528037082	RODNEY JULIUS DEAN MD	\$4,861.52	\$142.99	34	103
98	1003884107	RANDALL ALLEN KAVALIER DO	\$4,818.77	\$54.14	89	144
99	1114243052	OLGA TARASCHENKO MD	\$4,754.63	\$594.33	8	3249
100	1023542271	FLYNN MCCULLOUGH DO	\$4,709.28	\$117.73	40	125

TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

CATEGORY DESCRIPTION	June through August 2023	RANK	% BUDGET	September through November 2023	RANK	% BUDGET	% CHANGE
ANALGESICS - ANTI-INFLAMMATORY	\$355,647	1	12.1%	\$338,752	1	12.1%	-4.8%
ANTIDIABETICS	\$293,573	2	10.0%	\$302,631	2	10.8%	3.1%
ANTIVIRALS	\$213,537	4	7.3%	\$229,672	3	8.2%	7.6%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	\$222,563	3	7.6%	\$227,915	4	8.2%	2.4%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	\$177,043	5	6.0%	\$168,775	5	6.0%	-4.7%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	\$171,581	6	5.8%	\$164,135	6	5.9%	-4.3%
DERMATOLOGICALS	\$102,596	11	3.5%	\$118,818	7	4.3%	15.8%
MISCELLANEOUS THERAPEUTIC CLASSES	\$154,490	7	5.3%	\$107,106	8	3.8%	-30.7%
ANTICONVULSANTS	\$129,714	8	4.4%	\$105,549	9	3.8%	-18.6%
ANTIDEPRESSANTS	\$110,533	9	3.8%	\$101,484	10	3.6%	-8.2%
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	\$105,340	10	3.6%	\$84,271	11	3.0%	-20.0%
NEUROMUSCULAR AGENTS	\$100,450	12	3.4%	\$74,063	12	2.7%	-26.3%
ANTIHYPERTENSIVES	\$60,368	13	2.1%	\$46,112	13	1.7%	-23.6%
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	\$48,485	14	1.7%	\$45,342	14	1.6%	-6.5%
ANTICOAGULANTS	\$32,846	19	1.1%	\$39,029	15	1.4%	18.8%
PENICILLINS	\$18,938	26	0.6%	\$38,467	16	1.4%	103.1%
CONTRACEPTIVES	\$38,668	16	1.3%	\$36,509	17	1.3%	-5.6%
ANTIHISTAMINES	\$22,700	24	0.8%	\$33,099	18	1.2%	45.8%
GASTROINTESTINAL AGENTS - MISC.	\$17,419	28	0.6%	\$32,734	19	1.2%	87.9%
RESPIRATORY AGENTS - MISC.	\$12,867	39	0.4%	\$32,484	20	1.2%	152.5%

TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

CATEGORY DESCRIPTION	June through August 2023	PREV RANK	September through November 2023	CURR RANK	PERC CHANGE
ANTIDEPRESSANTS	2,588	1	2,577	1	-0.4%
ANTICONVULSANTS	1,662	2	1,555	2	-6.4%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	1,341	3	1,290	3	-3.8%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	1,272	4	1,280	4	0.6%
ANTIHYPERTENSIVES	1,251	5	1,202	5	-3.9%
ANTIDIABETICS	1,021	7	1,106	6	8.3%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	1,118	6	1,100	7	-1.6%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	864	9	966	8	11.8%
ANTIANSXIETY AGENTS	878	8	880	9	0.2%
ANTIHISTAMINES	578	12	651	10	12.6%
ANALGESICS - OPIOID	605	10	627	11	3.6%
ANALGESICS - ANTI-INFLAMMATORY	590	11	607	12	2.9%
ANTIHYPERLIPIDEMICS	492	14	601	13	22.2%
PENICILLINS	361	17	535	14	48.2%
DERMATOLOGICALS	550	13	507	15	-7.8%
BETA BLOCKERS	420	15	489	16	16.4%
DIURETICS	371	16	403	17	8.6%
MUSCULOSKELETAL THERAPY AGENTS	353	19	380	18	7.6%
CORTICOSTEROIDS	335	21	374	19	11.6%
ANALGESICS - NONNARCOTIC	279	22	341	20	22.2%

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	June through August 2023	PREVIOUS RANK	September through November 2023	RANK	PERCENT CHANGE
HUMIRA PEN	\$274,409.32	1	\$256,509.17	1	-6.52%
BIKTARVY	\$133,588.84	2	\$104,123.38	2	-22.06%
VIJOICE	\$71,202.19	4	\$90,913.17	3	27.68%
MAVYRET	\$39,631.14	11	\$79,262.28	4	100.00%
EVRYSDI	\$98,150.00	3	\$74,063.13	5	-24.54%
INVEGA SUSTENNA	\$61,680.63	6	\$61,558.27	6	-0.20%
OZEMPIC	\$53,168.69	9	\$61,062.62	7	14.85%
TRULICITY	\$57,772.71	7	\$51,431.17	8	-10.98%
VYVANSE	\$54,008.39	8	\$47,114.29	9	-12.76%
VRAYLAR	\$35,714.33	16	\$44,921.30	10	25.78%
JARDIANCE	\$37,968.63	15	\$43,694.20	11	15.08%
KISQALI	\$39,331.95	12	\$39,331.95	12	0.00%
LANTUS SOLOSTAR	\$32,208.04	19	\$36,791.54	13	14.23%
ALBUTEROL SULFATE	\$35,029.39	17	\$36,649.40	14	4.62%
REXULTI	\$33,172.97	18	\$34,596.63	15	4.29%
CONCERTA	\$38,744.26	13	\$33,779.23	16	-12.81%
IBUPROFEN	\$21,469.17	26	\$29,791.18	17	38.76%
VERZENIO	\$43,632.18	10	\$29,088.12	18	-33.33%
ELIQUIS	\$22,905.51	24	\$28,026.26	19	22.36%
COSENTYX UNOREADY		999	\$27,707.42	20	%
CETIRIZINE HCL	\$16,354.81	35	\$27,123.02	21	65.84%
DUPIXENT	\$11,312.38	49	\$25,782.95	22	127.92%
SYMBICORT	\$22,414.89	25	\$25,588.54	23	14.16%
TALTZ	\$38,159.88	14	\$25,250.48	24	-33.83%
KESIMPTA	\$24,523.41	22	\$24,523.41	25	0.00%
AMOXICILLIN	\$9,173.49	65	\$24,349.29	26	165.43%
FINTEPLA		999	\$20,184.98	27	%

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	June through August 2023	PREVIOUS RANK	September through November 2023	RANK	PERCENT CHANGE
TRIKAFTA	\$180.00	494	\$19,081.09	28	10,500.61%
ARISTADA	\$27,466.22	20	\$18,809.37	29	-31.52%
SERTRALINE HCL	\$17,154.77	32	\$17,649.39	30	2.88%
METFORMIN HCL	\$16,887.24	33	\$16,464.90	31	-2.50%
RISPERDAL CONSTA	\$16,358.77	34	\$16,059.17	32	-1.83%
CIMZIA STARTER KIT		999	\$15,747.68	33	%
INSULIN ASPART	\$18,076.27	30	\$15,477.60	34	-14.38%
LISINOPRIL	\$24,270.12	23	\$15,227.01	35	-37.26%
GENVOYA	\$11,144.25	50	\$14,859.00	36	33.33%
ATORVASTATIN CALCIUM	\$7,324.73	88	\$14,186.20	37	93.68%
JORNAY PM	\$12,689.49	45	\$14,076.30	38	10.93%
ESCITALOPRAM OXALATE	\$19,485.09	28	\$13,949.77	39	-28.41%
ENBREL	\$6,851.18	96	\$13,702.36	40	100.00%
ENBREL SURECLICK	\$27,298.27	21	\$13,669.64	41	-49.92%
OTEZLA	\$8,943.61	68	\$13,474.38	42	50.66%
BUPROPION HCL	\$8,352.67	73	\$13,465.48	43	61.21%
AMOXICILLIN & POT CLAVULANATE	\$6,865.29	95	\$13,135.07	44	91.33%
FLOVENT HFA	\$14,204.96	41	\$13,127.33	45	-7.59%
BENLYSTA	\$9,659.30	58	\$12,982.41	46	34.40%
OFEV	\$12,507.05	46	\$12,507.05	47	0.00%
AZITHROMYCIN	\$4,718.28	135	\$12,484.91	48	164.61%
QUILLICHEW ER	\$6,391.08	108	\$12,391.04	49	93.88%
SPIRIVA HANDIHALER	\$9,006.14	67	\$12,015.60	50	33.42%
ZENPEP	\$181.27	492	\$12,010.11	51	6,525.54%
ACETAMINOPHEN	\$14,136.17	42	\$11,851.15	52	-16.16%
LYBALVI	\$2,861.95	188	\$11,731.31	53	309.91%
CEPHALEXIN	\$11,539.91	48	\$11,486.89	54	-0.46%

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	June through August 2023	PREVIOUS RANK	September through November 2023	RANK	PERCENT CHANGE
METHYLPHENIDATE HCL	\$8,828.14	70	\$11,357.67	55	28.65%
ENTRESTO	\$12,258.09	47	\$11,355.52	56	-7.36%
TRINTELLIX	\$14,118.47	43	\$11,019.53	57	-21.95%
VENTOLIN HFA	\$16,008.63	36	\$10,878.85	58	-32.04%
QUETIAPINE FUMARATE	\$6,733.38	101	\$10,238.23	59	52.05%
FARXIGA	\$10,506.79	55	\$9,979.08	60	-5.02%
ADDERALL XR	\$18,182.00	29	\$9,935.17	61	-45.36%
AMLODIPINE BESYLATE	\$14,305.77	40	\$9,890.74	62	-30.86%
EPIDIOLEX	\$20,870.14	27	\$9,625.88	63	-53.88%
INVEGA TRINZA	\$9,611.18	60	\$9,611.18	64	0.00%
AFINITOR	\$3,322.35	171	\$9,310.29	65	180.23%
NURTEC	\$1,842.14	244	\$9,210.70	66	400.00%
ADVAIR DISKUS	\$10,983.31	52	\$8,806.60	67	-19.82%
TRELEGY ELLIPTA	\$6,845.54	97	\$8,699.30	68	27.08%
ADVAIR HFA	\$13,450.05	44	\$8,635.08	69	-35.80%
GABAPENTIN	\$9,537.28	61	\$8,603.25	70	-9.79%
HYDROCODONE-ACETAMINOPHEN	\$8,600.68	71	\$8,506.61	71	-1.09%
SYNTHROID	\$6,809.95	99	\$8,286.40	72	21.68%
QELBREE	\$7,089.84	91	\$8,272.06	73	16.67%
DESCOVY	\$8,513.07	72	\$8,224.42	74	-3.39%
HYDROXYZINE HCL	\$5,564.33	120	\$8,177.61	75	46.96%
FLUOXETINE HCL	\$8,037.19	79	\$8,042.49	76	0.07%
MONTELUKAST SODIUM	\$6,110.54	113	\$7,995.28	77	30.84%
CAPLYTA	\$4,541.70	141	\$7,575.20	78	66.79%
BUSPIRONE HCL	\$7,917.64	81	\$7,546.59	79	-4.69%
ABILIFY MAINTENA	\$7,124.33	89	\$7,374.44	80	3.51%
NORDITROPIN FLEXPRO	\$15,830.51	37	\$7,187.23	81	-54.60%

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	June through August 2023	PREVIOUS RANK	September through November 2023	RANK	PERCENT CHANGE
NORELGESTROMIN-ETHINYL ESTRADIOL	\$6,291.51	110	\$7,136.92	82	13.44%
HYFTOR		999	\$7,020.76	83	%
METOPROLOL SUCCINATE	\$5,788.01	116	\$6,919.74	84	19.55%
CLONAZEPAM	\$5,125.32	126	\$6,865.49	85	33.95%
LEVEMIR FLEXPEN	\$7,403.89	87	\$6,836.94	86	-7.66%
XARELTO	\$8,308.10	75	\$6,739.34	87	-18.88%
KEPPRA	\$8,326.66	74	\$6,664.39	88	-19.96%
CEFDINIR	\$3,383.64	168	\$6,606.13	89	95.24%
NAYZILAM	\$6,888.71	94	\$6,583.67	90	-4.43%
TRESIBA FLEXTOUCH	\$9,445.56	62	\$6,439.88	91	-31.82%
POLYETHYLENE GLYCOL 3350	\$9,369.40	63	\$6,432.46	92	-31.35%
BRIVIACT	\$311.51	441	\$6,284.62	93	1,917.47%
VELPHORO	\$6,267.98	112	\$6,260.48	94	-0.12%
CLONIDINE HCL	\$9,044.53	66	\$6,211.42	95	-31.32%
ROSUVASTATIN CALCIUM	\$7,959.09	80	\$6,182.64	96	-22.32%
TRAMADOL HCL	\$6,621.51	103	\$6,177.23	97	-6.71%
PREDNISON	\$9,616.06	59	\$6,159.81	98	-35.94%
MOUNJARO	\$1,026.09	317	\$6,038.49	99	488.50%
LAMOTRIGINE	\$8,189.72	76	\$5,965.08	100	-27.16%

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	June through August 2023	PREVIOUS RANK	September through November 2023	RANK	PERCENT CHANGE
ALBUTEROL SULFATE	325	10	434	1	33.54%
CETIRIZINE HCL	379	5	432	2	13.98%
SERTRALINE HCL	450	1	427	3	-5.11%
ATORVASTATIN CALCIUM	301	12	397	4	31.89%
TRAZODONE HCL	412	3	394	5	-4.37%
GABAPENTIN	376	6	382	6	1.60%
CLONIDINE HCL	429	2	376	7	-12.35%
OMEPRAZOLE	358	8	375	8	4.75%
METFORMIN HCL	326	9	365	9	11.96%
FLUOXETINE HCL	369	7	347	10	-5.96%
ESCITALOPRAM OXALATE	387	4	341	11	-11.89%
AMOXICILLIN	193	29	311	12	61.14%
HYDROXYZINE HCL	286	14	296	13	3.50%
LISINOPRIL	290	13	294	14	1.38%
LEVOTHYROXINE SODIUM	302	11	288	15	-4.64%
QUETIAPINE FUMARATE	274	15	283	16	3.28%
METHYLPHENIDATE HCL	240	21	262	17	9.17%
MONTELUKAST SODIUM	267	16	259	18	-3.00%
BUPROPION HCL	199	27	256	19	28.64%
IBUPROFEN	245	19	252	20	2.86%
LAMOTRIGINE	260	18	245	21	-5.77%
PREDNISONE	197	28	244	22	23.86%
AMPHETAMINE-DEXTROAMPHETAMINE	208	26	226	23	8.65%
BUSPIRONE HCL	244	20	224	24	-8.20%
HYDROCODONE-ACETAMINOPHEN	222	24	221	25	-0.45%
AMLODIPINE BESYLATE	213	25	221	26	3.76%

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	June through August 2023	PREVIOUS RANK	September through November 2023	RANK	PERCENT CHANGE
ARIPIPRAZOLE	235	22	207	27	-11.91%
AMOXICILLIN & POT CLAVULANATE	129	46	199	28	54.26%
PANTOPRAZOLE SODIUM	173	35	197	29	13.87%
VENLAFAXINE HCL	168	36	192	30	14.29%
FAMOTIDINE	165	37	189	31	14.55%
AZITHROMYCIN	126	49	187	32	48.41%
POLYETHYLENE GLYCOL 3350	174	34	186	33	6.90%
DULOXETINE HCL	189	30	184	34	-2.65%
RISPERIDONE	183	32	184	35	0.55%
FLUTICASONE PROPIONATE (NASAL)	178	33	181	36	1.69%
VENTOLIN HFA	260	17	172	37	-33.85%
ASPIRIN	142	40	171	38	20.42%
LEVETIRACETAM	186	31	171	39	-8.06%
FERROUS SULFATE	148	39	168	40	13.51%
ONDANSETRON	121	54	165	41	36.36%
ACETAMINOPHEN	125	50	159	42	27.20%
TRAMADOL HCL	132	42	151	43	14.39%
METOPROLOL SUCCINATE	108	61	151	44	39.81%
CYCLOBENZAPRINE HCL	131	44	147	45	12.21%
VYVANSE	232	23	147	46	-36.64%
CEPHALEXIN	155	38	139	47	-10.32%
LORATADINE	112	58	138	48	23.21%
MIRTAZAPINE	119	55	135	49	13.45%
PROPRANOLOL HCL	139	41	135	50	-2.88%
GUANFACINE HCL	132	43	125	51	-5.30%
HYDROXYZINE PAMOATE	125	51	125	52	0.00%
HYDROCHLOROTHIAZIDE	101	67	122	53	20.79%

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	June through August 2023	PREVIOUS RANK	September through November 2023	RANK	PERCENT CHANGE
BACLOFEN	131	45	122	54	-6.87%
GUANFACINE HCL (ADHD)	110	60	120	55	9.09%
LOSARTAN POTASSIUM	101	68	119	56	17.82%
MELOXICAM	107	64	119	57	11.21%
LANTUS SOLOSTAR	98	69	118	58	20.41%
SULFAMETHOXAZOLE-TRIMETHOPRIM	124	52	118	59	-4.84%
DEXMETHYLPHENIDATE HCL	127	47	117	60	-7.87%
OXYCODONE HCL	77	82	115	61	49.35%
TOPIRAMATE	110	59	110	62	0.00%
FUROSEMIDE	115	56	108	63	-6.09%
SPIRONOLACTONE	103	66	106	64	2.91%
PRAZOSIN HCL	122	53	106	65	-13.11%
DIVALPROEX SODIUM	113	57	105	66	-7.08%
CLONAZEPAM	126	48	104	67	-17.46%
CEFDINIR	57	97	104	68	82.46%
OLANZAPINE	108	62	98	69	-9.26%
DOXYCYCLINE (MONOHYDRATE)	75	84	94	70	25.33%
ATOMOXETINE HCL	107	63	92	71	-14.02%
LORAZEPAM	70	88	91	72	30.00%
NAPROXEN	97	70	90	73	-7.22%
JARDIANCE	79	80	89	74	12.66%
SYMBICORT	78	81	89	75	14.10%
ROSUVASTATIN CALCIUM	74	85	87	76	17.57%
METRONIDAZOLE	97	71	85	77	-12.37%
OZEMPIC	75	83	85	78	13.33%
CONCERTA	104	65	80	79	-23.08%
CARVEDILOL	66	93	79	80	19.70%

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	June through August 2023	PREVIOUS RANK	September through November 2023	RANK	PERCENT CHANGE
METOPROLOL TARTRATE	66	91	78	81	18.18%
TRIAMCINOLONE ACETONIDE (TOPICAL)	93	73	76	82	-18.28%
TRULICITY	82	77	75	83	-8.54%
ALPRAZOLAM	89	74	74	84	-16.85%
TIZANIDINE HCL	58	96	73	85	25.86%
AMITRIPTYLINE HCL	80	79	73	86	-8.75%
FLUCONAZOLE	89	75	72	87	-19.10%
OXYBUTYNIN CHLORIDE	94	72	72	88	-23.40%
NALTREXONE HCL	55	99	71	89	29.09%
PREGABALIN	73	86	70	90	-4.11%
CITALOPRAM HYDROBROMIDE	50	105	68	91	36.00%
OXCARBAZEPINE	71	87	68	92	-4.23%
FOLIC ACID	59	95	66	93	11.86%
ZOLPIDEM TARTRATE	55	98	63	94	14.55%
ONDANSETRON HCL	70	89	63	95	-10.00%
FLOVENT HFA	63	94	62	96	-1.59%
DIAZEPAM	55	100	60	97	9.09%
INSULIN LISPRO	40	121	60	98	50.00%
MUPIROCIN	66	92	58	99	-12.12%
ELIQUIS	35	133	57	100	62.86%



MOLINA HEALTHCARE OF IOWA CLAIMS QUARTERLY STATISTICS			
CATEGORY	June to August 2023	September to November 2023	% Change
Total paid Amount	\$35,826,892.18	\$45,267,181.95	26.35%
Unique users	65,914	71,770	8.88%
Cost Per user	\$543.54	\$630.73	16.04%
Total prescriptions	333,313	458,905	37.68%
Average Prescriptions per user	5.06	6.39	26.36%
Average cost per prescription	\$107.49	\$98.64	-8.23%
# Generic Prescriptions	296,858	413,420	39.27%
% Generic	89.1%	90.1%	1.15%
\$ Generic	\$5,059,595.68	\$7,002,949.72	38.41%
Average Generic Prescription Cost	\$17.04	\$16.94	-0.61%
Average Generic Days' Supply	25.45	24.96	-1.93%
# Brand Prescriptions	36,455	45,485	24.77%
% Brand	10.94%	9.91%	-9.38%
\$ Brand	\$30,767,296	\$38,264,232	24.37%
Average Brand Prescription cost	\$843.98	\$841.25	-0.32%
Average Brand Days' Supply	27.34	27.28	-0.22%

UTILIZATION BY AGE		
AGE	June to August 2023	September to November 2023
0 to 6	6,474	9,995
7 to 12	7,196	8,945
13 to 18	8,023	9,249
19 to 64	43,354	42,590
65+	944	1,365
TOTAL	65,991	71,770

UTILIZATION BY GENDER AND AGE			
GENDER	AGE	June to August 2023	September to November 2023
F	0 to 6	3,014	4,714
	7 to 12	3,114	4,001
	13 to 18	4,624	5,287
	19 to 64	28,417	27,719
	65+	585	843
	GENDER TOTAL	39,754	42,564
M	0 to 6	3,460	5,281
	7 to 12	4,082	4,944
	13 to 18	3,399	3,962
	19 to 64	14,937	14,869
	65+	359	521
	GENDER TOTAL	26,237	29,577
GRAND TOTAL		65,991	72,141

Top 100 Pharmacies by Prescription Count September to November 2023							
RANK	Pharmacy NAME	Pharmacy City	State	Prescription Count	Paid Amount	Average Cost RX	Previous RANK
1	UIHC AMBULATORY CARE PHC	IOWA CITY	IA	5,927	\$3,006,319.48	\$507.22	1
2	WALGREENS 04405	COUNCIL BLUFFS	IA	5,588	\$470,985.56	\$84.29	2
3	WALGREENS 05042	CEDAR RAPIDS	IA	4,334	\$229,273.62	\$52.90	4
4	WALGREENS 05239	DAVENPORT	IA	4,291	\$256,238.51	\$59.72	3
5	BROADLAWNS MED CTR OP PH	DES MOINES	IA	3,479	\$159,317.35	\$45.79	6
6	HY-VEE PHARMACY 1403	MARSHALLTOWN	IA	3,453	\$245,203.06	\$71.01	5
7	WALGREENS 07455	WATERLOO	IA	3,279	\$182,133.05	\$55.55	7
8	WALGREENS 05721	DES MOINES	IA	3,032	\$181,831.67	\$59.97	8
9	HY-VEE DRUGSTORE 7060	MUSCATINE	IA	2,825	\$216,092.68	\$76.49	12
10	WALGREENS 07453	DES MOINES	IA	2,803	\$169,036.95	\$60.31	10
11	WALGREENS 15647	SIOUX CITY	IA	2,734	\$151,403.32	\$55.38	15
12	HY-VEE PHARMACY 1092	COUNCIL BLUFFS	IA	2,674	\$183,708.97	\$68.70	13
13	WALGREENS 00359	DES MOINES	IA	2,641	\$159,474.37	\$60.38	9
14	WALGREENS 03700	COUNCIL BLUFFS	IA	2,633	\$139,325.62	\$52.92	14
15	HY-VEE DRUGSTORE 7065	OTTUMWA	IA	2,522	\$281,758.09	\$111.72	20
16	RIGHT DOSE PHARMACY	ANKENY	IA	2,404	\$133,936.59	\$55.71	18
17	WALGREENS 04041	DAVENPORT	IA	2,401	\$139,124.89	\$57.94	16
18	DRILLING PHARMACY 67	SIOUX CITY	IA	2,343	\$165,744.07	\$70.74	11
19	SIOUXLAND COMM HLTH CTR	SIOUX CITY	IA	2,272	\$93,722.40	\$41.25	21
20	HY-VEE PHARMACY 1138	DES MOINES	IA	2,238	\$199,583.27	\$89.18	22
21	MAHASKA DRUGS	OSKALOOSA	IA	2,116	\$167,310.20	\$79.07	17
22	HY-VEE PHARMACY 1044	BURLINGTON	IA	2,081	\$170,652.59	\$82.01	32

23	HY-VEE PHARMACY 1151	DES MOINES	IA	2,050	\$136,508.88	\$66.59	24
24	HY-VEE PHARMACY 1056	CEDAR RAPIDS	IA	2,038	\$142,698.69	\$70.02	31
25	HY-VEE PHARMACY 1075	CLINTON	IA	2,035	\$157,199.77	\$77.25	30
26	WALMART PHARMACY 10-2889	CLINTON	IA	1,975	\$122,185.56	\$61.87	29
27	NELSON FAMILY PHARMACY	FORT MADISON	IA	1,946	\$129,311.60	\$66.45	26
28	WALGREENS 05470	SIOUX CITY	IA	1,918	\$121,809.36	\$63.51	23
29	CVS PHARMACY 10282	FORT DODGE	IA	1,893	\$118,297.30	\$62.49	33
30	HY-VEE PHARMACY 1504	OTTUMWA	IA	1,850	\$93,893.29	\$50.75	41
31	WALGREENS 05852	DES MOINES	IA	1,848	\$111,482.55	\$60.33	37
32	HY-VEE PHARMACY 1192	FORT DODGE	IA	1,817	\$124,618.73	\$68.58	40
33	HY-VEE DRUGSTORE 7020	CEDAR RAPIDS	IA	1,812	\$114,367.14	\$63.12	27
34	HY-VEE PHARMACY 1074	CHARLES CITY	IA	1,797	\$109,998.64	\$61.21	36
35	CVS PHARMACY 08546	WATERLOO	IA	1,779	\$104,805.64	\$58.91	39
36	HY-VEE PHARMACY 1142	DES MOINES	IA	1,772	\$111,178.80	\$62.74	35
37	GREENWOOD DRUG ON KIMBAL	WATERLOO	IA	1,756	\$163,141.58	\$92.91	34
38	WALGREENS 05044	BURLINGTON	IA	1,731	\$104,109.55	\$60.14	25
39	REUTZEL PHARMACY	CEDAR RAPIDS	IA	1,692	\$118,966.26	\$70.31	43
40	HY-VEE PHARMACY 1109	DAVENPORT	IA	1,668	\$106,706.78	\$63.97	42
41	HY-VEE PHARMACY 1281	IOWA CITY	IA	1,636	\$75,870.74	\$46.38	50
42	WALMART PHARMACY 10-3394	ATLANTIC	IA	1,615	\$90,058.20	\$55.76	48
43	WALMART PHARMACY 10-0646	ANAMOSA	IA	1,606	\$116,448.11	\$72.51	45
44	HY-VEE PHARMACY 1449	NEWTON	IA	1,601	\$139,897.39	\$87.38	28
45	COMMUNITY HEALTH CARE PH	DAVENPORT	IA	1,601	\$44,593.15	\$27.85	55
46	WALGREENS 07452	DES MOINES	IA	1,594	\$103,526.19	\$64.95	38
47	WALMART PHARMACY 10-3590	SIOUX CITY	IA	1,590	\$97,901.21	\$61.57	58
48	STANGEL PHARMACY	ONAWA	IA	1,548	\$127,043.76	\$82.07	56
49	UI HEALTHCARE	CORALVILLE	IA	1,541	\$64,596.88	\$41.92	46

50	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	1,534	\$62,068.37	\$40.46	70
51	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	1,532	\$110,080.70	\$71.85	72
52	CVS PHARMACY 08544	WATERLOO	IA	1,516	\$67,327.17	\$44.41	85
53	WALGREENS 05886	KEOKUK	IA	1,502	\$81,420.60	\$54.21	51
54	WALMART PHARMACY 10-0559	MUSCATINE	IA	1,500	\$86,334.09	\$57.56	44
55	HY VEE PHARMACY 1459	OELWEIN	IA	1,475	\$94,256.48	\$63.90	52
56	HY-VEE PHARMACY 1058	CENTERVILLE	IA	1,468	\$199,387.46	\$135.82	61
57	HY-VEE DRUGSTORE 7056	MASON CITY	IA	1,440	\$70,995.46	\$49.30	47
58	HY-VEE PHARMACY 1042	BURLINGTON	IA	1,434	\$96,601.64	\$67.37	53
59	HY-VEE PHARMACY 1522	PERRY	IA	1,427	\$74,748.89	\$52.38	77
60	HY-VEE PHARMACY 1071	CLARINDA	IA	1,422	\$79,503.26	\$55.91	N/A
61	WALMART PHARMACY 10-1723	DES MOINES	IA	1,421	\$83,487.35	\$58.75	59
62	WALMART PHARMACY 10-1621	CENTERVILLE	IA	1,410	\$140,313.02	\$99.51	62
63	WALGREENS 03595	DAVENPORT	IA	1,404	\$74,302.87	\$52.92	73
64	HY-VEE PHARMACY 1170	ESTHERVILLE	IA	1,397	\$85,626.34	\$61.29	63
65	HY-VEE PHARMACY 1530	PLEASANT HILL	IA	1,396	\$65,830.13	\$47.16	57
66	HY-VEE PHARMACY 1396	MARION	IA	1,394	\$83,933.38	\$60.21	64
67	HY-VEE PHARMACY 1615	SIOUX CITY	IA	1,391	\$78,690.27	\$56.57	67
68	DANIEL PHARMACY	FORT DODGE	IA	1,379	\$71,427.71	\$51.80	81
69	SCOTT PHARMACY INC	FAYETTE	IA	1,373	\$86,481.22	\$62.99	82
70	WALMART PHARMACY 10-0985	FAIRFIELD	IA	1,371	\$53,087.36	\$38.72	66
71	PRAIRIE PARKWAY PHARMACY	CEDAR FALLS	IA	1,371	\$58,611.22	\$42.75	92
72	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	1,368	\$163,622.86	\$119.61	95
73	HY-VEE DRUGSTORE 7026	CEDAR RAPIDS	IA	1,362	\$77,815.67	\$57.13	91
74	HY-VEE PHARMACY 1065	CHARITON	IA	1,357	\$71,830.92	\$52.93	74

75	HY-VEE PHARMACY 1061	CEDAR RAPIDS	IA	1,353	\$70,670.29	\$52.23	71
76	HY-VEE PHARMACY 1060	CEDAR RAPIDS	IA	1,346	\$83,593.74	\$62.11	60
77	WALMART PHARMACY 10-1683	SHENANDOAH	IA	1,342	\$97,961.62	\$73.00	65
78	HY-VEE PHARMACY 1180	FAIRFIELD	IA	1,342	\$93,404.56	\$69.60	89
79	WALGREENS 05362	DES MOINES	IA	1,330	\$88,987.91	\$66.91	75
80	HY-VEE PHARMACY 1610	SIOUX CITY	IA	1,324	\$78,036.95	\$58.94	97
81	WALMART PHARMACY 10-5115	DAVENPORT	IA	1,283	\$61,038.86	\$47.58	69
82	WALGREENS 05777	DES MOINES	IA	1,272	\$71,148.91	\$55.93	98
83	HY-VEE PHARMACY 1009	ALBIA	IA	1,257	\$72,920.14	\$58.01	76
84	HY-VEE PHARMACY 1866	WATERLOO	IA	1,255	\$91,750.96	\$73.11	N/A
85	WALMART PHARMACY 10-1496	WATERLOO	IA	1,253	\$75,720.85	\$60.43	88
86	WALGREENS 03876	MARION	IA	1,242	\$68,837.46	\$55.42	96
87	HY-VEE PHARMACY 1013	AMES	IA	1,242	\$88,699.95	\$71.42	N/A
88	HY-VEE PHARMACY 1875	WEBSTER CITY	IA	1,240	\$67,089.17	\$54.10	100
89	WALGREENS 11759	FORT MADISON	IA	1,214	\$50,385.49	\$41.50	80
90	MEDICAP PHARMACY 8282	RED OAK	IA	1,213	\$94,217.87	\$77.67	83
91	WALGREENS 07968	DES MOINES	IA	1,212	\$62,850.69	\$51.86	93
92	WALMART PHARMACY 10-1435	CRESTON	IA	1,206	\$91,305.51	\$75.71	N/A
93	MEDICAP PHARMACY 8405	INDIANOLA	IA	1,200	\$52,310.40	\$43.59	79
94	WALGREENS 05077	IOWA CITY	IA	1,197	\$59,064.06	\$49.34	N/A
95	HY-VEE PHARMACY 1136	DES MOINES	IA	1,189	\$78,034.91	\$65.63	86
96	WALMART PHARMACY 10-0810	MASON CITY	IA	1,188	\$80,727.49	\$67.95	99
97	WALGREENS 07454	ANKENY	IA	1,187	\$53,244.62	\$44.86	84
98	WALGREENS 04714	DES MOINES	IA	1,186	\$88,888.22	\$74.95	N/A
99	WALGREENS 03875	CEDAR RAPIDS	IA	1,184	\$73,386.32	\$61.98	49
100	TRUEMED PHARMACY 01	HIAWATHA	IA	1,174	\$72,212.16	\$61.51	N/A

**Top 100 Pharmacies by Paid Amount
September to November 2023**

RANK	Pharmacy NAME	Pharmacy City	State	Prescription Count	Paid Amount	Average Cost Member	Previous RANK
1	UIHC AMBULATORY CARE PHC	IOWA CITY	IA	5,927	\$3,006,319.48	\$507.22	1
2	CAREMARK SPECIALTY P 1702	LENEXA	KS	292	\$1,715,264.59	\$5,874.19	N/A
3	COMMUNITY, A WALGRE 16528	DES MOINES	IA	311	\$1,462,218.77	\$4,701.67	N/A
4	UNITYPOINT AT HOME	URBANDALE	IA	299	\$1,088,305.24	\$3,639.82	N/A
5	CVS SPECIALTY 02921	MONROEVILLE	PA	143	\$976,160.82	\$6,826.30	N/A
6	NUCARA SPECIALTY PHARMAC	PLEASANT HILL	IA	835	\$794,742.91	\$951.79	N/A
7	COMMUNITY A WALGREE 21250	IOWA CITY	IA	166	\$561,370.05	\$3,381.75	N/A
8	CARE PLUS CVS/PHARM 00102	AURORA	CO	57	\$554,797.51	\$9,733.29	N/A
9	WALGREENS 04405	COUNCIL BLUFFS	IA	5,588	\$470,985.56	\$84.29	2
10	EXPRESS SCRIPTS SPECAILT	ST. LOUIS	MO	28	\$450,200.64	\$16,078.59	N/A
11	CAREMARK SPECIALTY 48031	MOUNT PROSPECT	IL	59	\$428,192.83	\$7,257.51	N/A
12	ACARIAHEALTH PHARMACY 11	HOUSTON	TX	37	\$422,206.88	\$11,411.00	N/A
13	OPTUM PHARMACY	JEFFERSONVILLE	IN	33	\$345,028.03	\$10,455.39	N/A
14	CVS/SPECIALTY 1703	REDLANDS	CA	22	\$302,437.56	\$13,747.16	N/A
15	HY-VEE DRUGSTORE 7065	OTTUMWA	IA	2,522	\$281,758.09	\$111.72	20
16	ANOVORX GROUP LLC	MEMPHIS	TN	10	\$273,632.46	\$27,363.25	N/A
17	AMBER PHARMACY	OMAHA	NE	56	\$256,746.75	\$4,584.76	N/A
18	WALGREENS 05239	DAVENPORT	IA	4,291	\$256,238.51	\$59.72	3
19	HY-VEE PHARMACY 1403	MARSHALLTOWN	IA	3,453	\$245,203.06	\$71.01	5
20	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	20	\$229,292.43	\$11,464.62	N/A
21	WALGREENS 05042	CEDAR RAPIDS	IA	4,334	\$229,273.62	\$52.90	4
22	HY-VEE DRUGSTORE 7060	MUSCATINE	IA	2,825	\$216,092.68	\$76.49	12
23	FOUNDATION CARE LLC	EARTH CITY	MO	18	\$201,101.93	\$11,172.33	N/A
24	HY-VEE PHARMACY 1138	DES MOINES	IA	2,238	\$199,583.27	\$89.18	22

25	HY-VEE PHARMACY 1058	CENTERVILLE	IA	1,468	\$199,387.46	\$135.82	61
26	HY-VEE PHARMACY SOLUTION	DES MOINES	IA	54	\$195,689.31	\$3,623.88	N/A
27	CR CARE PHARMACY	CEDAR RAPIDS	IA	833	\$189,582.01	\$227.59	N/A
28	HY-VEE PHARMACY 1092	COUNCIL BLUFFS	IA	2,674	\$183,708.97	\$68.70	13
29	WALGREENS 07455	WATERLOO	IA	3,279	\$182,133.05	\$55.55	7
30	WALGREENS 05721	DES MOINES	IA	3,032	\$181,831.67	\$59.97	8
31	ALLEN CLINIC PHARMACY	WATERLOO	IA	595	\$174,556.87	\$293.37	N/A
32	HY-VEE PHARMACY 1044	BURLINGTON	IA	2,081	\$170,652.59	\$82.01	32
33	GENOA HEALTHCARE LL 20171	DAVENPORT	IA	982	\$170,026.46	\$173.14	N/A
34	PRIMARY HEALTHCARE PHARM	DES MOINES	IA	785	\$169,625.07	\$216.08	N/A
35	WALGREENS 07453	DES MOINES	IA	2,803	\$169,036.95	\$60.31	10
36	MAHASKA DRUGS	OSKALOOSA	IA	2,116	\$167,310.20	\$79.07	17
37	DRILLING PHARMACY 67	SIOUX CITY	IA	2,343	\$165,744.07	\$70.74	11
38	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	1,368	\$163,622.86	\$119.61	95
39	GREENWOOD DRUG ON KIMBAL	WATERLOO	IA	1,756	\$163,141.58	\$92.91	34
40	ARJ INFUSION SERVICES LL	CEDAR RAPIDS	IA	24	\$161,061.77	\$6,710.91	N/A
41	AVERA SPECIALTY PHARMACY	SIOUX FALLS	SD	42	\$159,891.00	\$3,806.93	N/A
42	WALGREENS 00359	DES MOINES	IA	2,641	\$159,474.37	\$60.38	9
43	BROADLAWNS MED CTR OP PH	DES MOINES	IA	3,479	\$159,317.35	\$45.79	6
44	HY-VEE PHARMACY 1075	CLINTON	IA	2,035	\$157,199.77	\$77.25	30
45	NEBRASKA MED CTR CLINIC	OMAHA	NE	234	\$154,421.06	\$659.92	N/A
46	WALGREENS 15647	SIOUX CITY	IA	2,734	\$151,403.32	\$55.38	15
47	S-S PHARMACY	COUNCIL BLUFFS	IA	552	\$148,643.45	\$269.28	N/A
48	HY-VEE PHARMACY 1056	CEDAR RAPIDS	IA	2,038	\$142,698.69	\$70.02	31
49	WALMART PHARMACY 10-1621	CENTERVILLE	IA	1,410	\$140,313.02	\$99.51	62
50	HY-VEE PHARMACY 1449	NEWTON	IA	1,601	\$139,897.39	\$87.38	28
51	WALGREENS 03700	COUNCIL BLUFFS	IA	2,633	\$139,325.62	\$52.92	14

52	WALGREENS 04041	DAVENPORT	IA	2,401	\$139,124.89	\$57.94	16
53	HY-VEE PHARMACY 1151	DES MOINES	IA	2,050	\$136,508.88	\$66.59	24
54	RIGHT DOSE PHARMACY	ANKENY	IA	2,404	\$133,936.59	\$55.71	18
55	NELSON FAMILY PHARMACY	FORT MADISON	IA	1,946	\$129,311.60	\$66.45	26
56	STANGEL PHARMACY	ONAWA	IA	1,548	\$127,043.76	\$82.07	56
57	WALGREENS SPECIALTY 15438	CANTON	MI	11	\$125,323.96	\$11,393.09	N/A
58	HY-VEE PHARMACY 1192	FORT DODGE	IA	1,817	\$124,618.73	\$68.58	40
59	WALMART PHARMACY 10-2889	CLINTON	IA	1,975	\$122,185.56	\$61.87	29
60	WALGREENS 05470	SIOUX CITY	IA	1,918	\$121,809.36	\$63.51	23
61	REUTZEL PHARMACY	CEDAR RAPIDS	IA	1,692	\$118,966.26	\$70.31	43
62	SIOUXLAND REGIONAL CANCER	SIOUX CITY	IA	13	\$118,685.35	\$9,129.64	N/A
63	CVS PHARMACY 10282	FORT DODGE	IA	1,893	\$118,297.30	\$62.49	33
64	MEDICAP PHARMACY 8052	DES MOINES	IA	1,062	\$118,000.49	\$111.11	N/A
65	WALMART PHARMACY 10-0646	ANAMOSA	IA	1,606	\$116,448.11	\$72.51	45
66	WALMART PHARMACY 4606	OSCEOLA	IA	1,054	\$115,462.23	\$109.55	N/A
67	HY-VEE DRUGSTORE 7020	CEDAR RAPIDS	IA	1,812	\$114,367.14	\$63.12	27
68	HY-VEE PHARMACY SOL	OMAHA	NE	17	\$112,483.02	\$6,616.65	N/A
69	WALGREENS 05852	DES MOINES	IA	1,848	\$111,482.55	\$60.33	37
70	HY-VEE PHARMACY 1142	DES MOINES	IA	1,772	\$111,178.80	\$62.74	35
71	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	1,532	\$110,080.70	\$71.85	72
72	HY-VEE PHARMACY 1074	CHARLES CITY	IA	1,797	\$109,998.64	\$61.21	36
73	GREENWOOD COMPLIANCE PHA	WATERLOO	IA	876	\$106,916.67	\$122.05	N/A
74	HY-VEE PHARMACY 1109	DAVENPORT	IA	1,668	\$106,706.78	\$63.97	42
75	PARAGON PARTNERS	OMAHA	NE	176	\$105,975.38	\$602.13	N/A
76	MEDICAL ONCOLOGY & HEMAT	DES MOINES	IA	8	\$105,820.58	\$13,227.57	N/A
77	CVS PHARMACY 08546	WATERLOO	IA	1,779	\$104,805.64	\$58.91	39
78	WALGREENS 05044	BURLINGTON	IA	1,731	\$104,109.55	\$60.14	25

79	INFOCUS PHARMACY SERVICE	DUBUQUE	IA	856	\$103,944.04	\$121.43	N/A
80	HY-VEE CLINIC PHARMA 3389	LEON	IA	480	\$103,852.69	\$216.36	N/A
81	WALGREENS 07452	DES MOINES	IA	1,594	\$103,526.19	\$64.95	38
82	WALMART PHARMACY 10-1683	SHENANDOAH	IA	1,342	\$97,961.62	\$73.00	65
83	WALMART PHARMACY 10-3590	SIOUX CITY	IA	1,590	\$97,901.21	\$61.57	58
84	FIFIELD DRUG STORE	DES MOINES	IA	825	\$97,495.52	\$118.18	N/A
85	DUNCAN SPECIALTY PHARMAC	MAYFIELD	KY	36	\$96,602.13	\$2,683.39	N/A
86	HY-VEE PHARMACY 1042	BURLINGTON	IA	1,434	\$96,601.64	\$67.37	53
87	HY-VEE DRUGSTORE 7025	CEDAR RAPIDS	IA	1,107	\$96,161.64	\$86.87	N/A
88	GENOA HEALTHCARE LL 20304	SIOUX CITY	IA	841	\$96,058.43	\$114.22	N/A
89	MEDICAP PHARMACY 8043	KNOXVILLE	IA	1,161	\$94,714.46	\$81.58	78
90	EVERSANA LIFE SCIENCE SE	CHESTERFIELD	MO	3	\$94,711.14	\$31,570.38	N/A
91	HY VEE PHARMACY 1459	OELWEIN	IA	1,475	\$94,256.48	\$63.90	52
92	MEDICAP PHARMACY 8282	RED OAK	IA	1,213	\$94,217.87	\$77.67	83
93	HY-VEE PHARMACY 1504	OTTUMWA	IA	1,850	\$93,893.29	\$50.75	41
94	SIOUXLAND COMM HLTH CTR	SIOUX CITY	IA	2,272	\$93,722.40	\$41.25	21
95	MAIN AT LOCUST PHARMACY	DAVENPORT	IA	970	\$93,513.38	\$96.41	N/A
96	FAIRVIEW PHARMACY	MINNEAPOLIS	MN	8	\$93,429.62	\$11,678.70	N/A
97	HY-VEE PHARMACY 1180	FAIRFIELD	IA	1,342	\$93,404.56	\$69.60	89
98	WALMART PHARMACY 10-0581	MARSHALLTOWN	IA	1,045	\$92,219.44	\$88.25	N/A
99	HY-VEE PHARMACY 1866	WATERLOO	IA	1,255	\$91,750.96	\$73.11	N/A
100	WALMART PHARMACY 10-1435	CRESTON	IA	1,206	\$91,305.51	\$75.71	N/A

**Top 100 Prescribing Providers by Prescription Count
September to November 2023**

RANK	NPI Num	Prescriber Name	Paid Amount	Prescription Count	Average Scripts Member	Previous Rank
1	1982605762	JEFFREY WILHARM	\$46,518.20	862	13.90	1
2	1043211303	ALI SAFDAR	\$129,981.72	758	4.36	4
3	1982030946	JACKLYN BESCH	\$31,140.85	743	7.66	3
4	1013115369	BOBBITA NAG	\$33,645.73	727	4.57	5
5	1164538674	JOSEPH WANZEK	\$46,737.32	701	7.15	2
6	1437238110	GENEVIEVE NELSON	\$84,802.07	667	6.95	6
7	1427619170	KRISTEN ARMSTRONG	\$33,611.82	603	5.48	16
8	1477926434	JACKIE SHIPLEY	\$26,955.60	599	6.05	20
9	1609218304	AMANDA GARR	\$63,638.84	575	7.77	11
10	1902912538	CHRISTIAN JONES	\$36,752.04	572	6.57	10
11	1558770974	MARC BAUMERT	\$29,973.54	570	6.00	12
12	1467907394	CYNTHIA COENEN	\$58,590.67	561	9.05	14
13	1437209434	JON THOMAS	\$36,574.52	553	5.12	22
14	1356359871	RHEA HARTLEY	\$44,480.45	542	5.26	51
15	1659358620	CARLOS CASTILLO	\$21,796.57	536	6.46	13
16	1770933046	SHELBY BILLER	\$120,179.43	522	5.12	9
17	1467502286	CHARLES TILLEY	\$57,577.25	517	6.15	15
18	1699134072	JENNIFER ZIGRANG	\$35,256.17	515	9.20	42
19	1164823092	JAMEY GREGERSEN	\$22,053.65	506	6.66	28
20	1538157383	DAVID WENGER-KELLER	\$35,570.06	505	11.22	18
21	1902478811	JOAN ANDERSON	\$83,370.09	498	8.03	21
22	1255823506	NICOLE DELAGARDELLE	\$29,013.24	498	7.11	23
23	1184657603	SARA RYGOL	\$48,710.26	498	8.03	33
24	1508844465	MICHELE FRIEDMAN	\$20,723.17	497	11.83	N/A

25	1679986350	JENNIFER SPOERL	\$44,999.93	496	6.79	62
26	1275763047	REBECCA BOWMAN	\$129,611.53	496	6.36	27
27	1538368170	CHRISTOPHER MATSON	\$11,089.85	494	6.86	19
28	1417941188	DEBRA NEUHARTH	\$23,275.55	494	6.77	55
29	1003539784	JULIA SASS	\$75,330.41	492	5.47	37
30	1871021543	SUSAN WILSON	\$43,756.27	485	6.55	17
31	1043434525	ROBERT KENT	\$21,568.27	484	6.45	8
32	1235514258	ASHLEY FULLER	\$43,161.47	480	6.40	41
33	1972758126	REBECCA BOLLIN	\$24,712.56	476	5.53	26
34	1477199198	SAJO THOMAS	\$67,546.06	471	7.03	45
35	1689077018	STACY ROTH	\$32,665.72	464	7.03	36
36	1457584740	ERIC MEYER	\$36,779.92	462	6.24	24
37	1598183493	JENA ELLERHOFF	\$28,048.37	460	7.67	57
38	1447363700	ROBERT CONNER	\$22,561.69	459	17.65	40
39	1053630640	JENNIFER DONOVAN	\$34,668.05	458	6.64	31
40	1528329398	ERIN ROWAN	\$18,260.76	456	6.81	96
41	1245227099	DONNA DOBSON TOBIN	\$84,824.83	452	10.04	29
42	1063622637	HUSSAIN BANU	\$18,869.70	448	9.96	61
43	1669056123	KAMA AUSBORN	\$194,555.96	444	6.63	66
44	1619380680	TARA BROCKMAN	\$29,373.83	444	5.69	38
45	1205571155	DINA LENTZ	\$31,606.97	443	7.91	32
46	1720346232	CASSIE PARRISH	\$30,020.61	441	10.26	77
47	1134191018	DUSTIN SMITH	\$37,003.72	439	5.29	73
48	1699740159	FRANK MARINO	\$16,344.69	434	4.72	43
49	1356096572	NATASHA LASH	\$50,314.79	434	8.35	7
50	1316471154	NICOLE WOOLLEY	\$16,362.71	432	5.08	25
51	1346621059	MARK ZACHARIASZ	\$30,510.64	426	8.52	52

52	1528365277	MINA SALIB	\$252,105.31	424	4.16	49
53	1477534279	EDMUND PIASECKI	\$21,395.67	423	8.46	50
54	1932531316	BROOKE JOHNSON	\$28,732.13	421	5.61	56
55	1891707832	LISA KLOCK	\$17,477.95	416	6.21	46
56	1720698335	DANIKA HANSEN	\$59,884.47	412	6.44	71
57	1144240805	DANIEL ROWLEY	\$24,619.14	411	12.84	82
58	1215184726	BABUJI GANDRA	\$20,342.89	409	5.76	44
59	1891146999	BECKY JOHNSON	\$357,779.90	408	6.18	34
60	1316356496	KIMBERLY ROBERTS	\$23,317.04	408	6.92	30
61	1467465716	JEFFREY BRADY	\$20,931.81	407	6.36	59
62	1013355759	DYLAN GREENE	\$17,841.00	405	8.10	N/A
63	1922455096	DEAN GUERDET	\$32,695.74	404	6.62	35
64	1073037115	BRIANNA DUERKSEN	\$27,879.74	402	7.05	47
65	1902358443	MELISSA KONKEN	\$59,467.22	401	6.37	94
66	1437692803	CASSANDRA DUNLAVY	\$23,826.81	400	6.56	76
67	1144588476	RACHEL FILZER	\$30,815.18	399	6.33	67
68	1962418640	BARCLAY MONASTER	\$21,452.90	398	4.52	80
69	1417024993	STACEY JUMBECK	\$20,149.01	394	8.21	N/A
70	1205393386	JESSICA HUDSPETH	\$15,667.07	390	5.91	N/A
71	1568506988	LORRAINE TANGEN	\$41,868.58	385	13.28	84
72	1831731298	HEATHER WILSON	\$30,382.86	382	6.26	65
73	1134819600	SHELBY SHEEHAN	\$55,076.23	376	7.37	N/A
74	1700156759	SARAH JAURON	\$9,525.61	373	5.18	N/A
75	1538699806	JENNIFER HUTCHINSON	\$14,985.53	373	8.29	N/A
76	1649248378	KATHLEEN WILD	\$25,173.47	372	6.00	72
77	1942721584	SHAWNA FURY	\$13,863.25	371	4.64	100
78	1356788129	RACHAEL PARKER	\$19,661.17	371	8.83	86

79	1679573893	PATTY HILDRETH	\$74,096.63	369	5.59	48
80	1679536015	DAVID WOLFF	\$17,030.11	366	10.46	N/A
81	1780877878	CHRISTOPHER JACOBS	\$16,979.11	365	5.14	99
82	1609445733	MICHELLE HOUGHTON	\$25,385.40	365	6.76	N/A
83	1003330036	EVAN PETERSON	\$28,983.15	365	6.64	74
84	1417241621	ASHLEY MATHES	\$11,410.00	364	4.85	64
85	1831710987	MARGARET FULLER	\$48,439.65	362	4.96	N/A
86	1215125216	REBECCA WALDING	\$28,259.98	361	7.08	60
87	1619153137	JOADA BEST	\$28,130.95	360	4.86	N/A
88	1629036546	ANITA SIMISON	\$21,087.77	358	5.19	85
89	1841427564	MEL ROCA	\$35,142.10	357	4.30	N/A
90	1275067696	OLAITAN IJITIMEHIN	\$10,402.59	357	4.64	N/A
91	1952993354	ELIZEBETH BRAKE	\$17,614.28	356	6.72	75
92	1477112688	FELICIA HOERNER	\$22,233.38	356	6.14	39
93	1144214248	KRISTI WALZ	\$66,708.45	356	6.25	88
94	1982826905	NILESH MEHTA	\$22,292.21	351	5.95	54
95	1194273516	SARA BOYSEN	\$22,018.40	350	5.00	N/A
96	1053398800	STEVEN SCURR	\$24,441.06	350	5.47	N/A
97	1073007464	JOSEPH MARTZ	\$50,979.85	345	9.58	N/A
98	1265644371	HAMID SAGHA	\$16,079.81	344	9.83	N/A
99	1295967255	MARY ROBINSON	\$23,367.08	344	7.48	N/A
100	1215581251	ANNA THROCKMORTON	\$12,253.99	344	7.48	90

**Top 100 Prescribing Providers by Paid Amount
September to November 2023**

RANK	NPI Num	Prescriber Name	Paid Amount	Avg cost RX	Prescription Count	Previous Rank
1	1295091510	REBECCA WEINER	\$373,066.87	\$1,759.75	212	2
2	1316934318	STEVEN LENTZ	\$369,919.69	\$14,227.68	26	1
3	1891146999	BECKY JOHNSON	\$357,779.90	\$876.91	408	3
4	1417443953	RODNEY CLARK	\$304,257.34	\$1,252.09	243	5
5	1700561826	PEDRO HSIEH	\$286,512.62	\$19,100.84	15	26
6	1588616171	HEATHER THOMAS	\$280,299.80	\$2,355.46	119	8
7	1528365277	MINA SALIB	\$252,105.31	\$594.59	424	6
8	1245353242	SANDY HONG	\$228,187.58	\$2,507.56	91	9
9	1225263833	LINDSAY ORRIS	\$217,150.13	\$4,257.85	51	10
10	1700080538	EDUARDO CARLIN	\$205,181.62	\$2,973.65	69	29
11	1093382632	GAIL DOOLEY	\$199,574.65	\$2,293.96	87	42
12	1669056123	KAMA AUSBORN	\$194,555.96	\$438.19	444	30
13	1467449579	BRIAN WAYSON	\$176,360.88	\$3,833.93	46	19
14	1487648705	KAREN HUNKE	\$170,381.66	\$2,887.82	59	11
15	1265420095	ELIZABETH COOPER	\$161,969.70	\$3,239.39	50	32
16	1477968303	JOSEPH LARSON	\$161,910.91	\$1,904.83	85	16
17	1013026798	STEPHEN GRANT	\$156,093.28	\$7,804.66	20	14
18	1376525196	RANDOLPH ROUGH	\$151,247.60	\$2,749.96	55	27
19	1437533130	KATIE BROSHUIS	\$145,328.52	\$1,529.77	95	39
20	1760562466	ARTHUR BEISANG	\$142,516.93	\$20,359.56	7	N/A
21	1669137832	TIFFANY NAVRKAL	\$136,845.60	\$3,421.14	40	43
22	1942937388	CARLY TRAUSCH	\$136,761.78	\$553.69	247	18
23	1871039917	ELIZABETH ALLEN	\$136,711.48	\$2,531.69	54	31
24	1700417169	COURTNEY REINTS	\$130,569.48	\$680.05	192	52

25	1043211303	ALI SAFDAR	\$129,981.72	\$171.48	758	17
26	1275763047	REBECCA BOWMAN	\$129,611.53	\$261.31	496	48
27	1437121407	LINDA CADARET	\$128,906.87	\$4,296.90	30	23
28	1841607900	SHAYLA SANDERS	\$127,620.02	\$2,278.93	56	36
29	1144455502	JENNIFER PETTS	\$121,496.82	\$1,396.52	87	82
30	1770933046	SHELBY BILLER	\$120,179.43	\$230.23	522	20
31	1467561464	TIMOTHY FEYMA	\$114,114.17	\$11,411.42	10	35
32	1649943689	JESSICA COFFEY	\$112,385.14	\$1,208.44	93	72
33	1710051222	JAMIE PROTASKEY	\$109,135.25	\$1,705.24	64	70
34	1003315201	ABIGAIL BEHRENS	\$107,712.85	\$1,765.78	61	33
35	1275836751	HOLLY KRAMER	\$107,351.51	\$1,703.99	63	54
36	1780995506	QUANHATHAI KAEWPOOWAT	\$106,245.42	\$1,713.64	62	53
37	1093053142	RACHEAL MCMAHON	\$103,394.49	\$3,976.71	26	44
38	1730406356	CHRISTINA WARREN	\$103,368.77	\$1,498.10	69	25
39	1972989721	JAYSON GESULGA	\$98,498.02	\$295.79	333	47
40	1225266364	SARAH BLYGH	\$98,097.44	\$1,532.77	64	24
41	1558808501	JESSICA BRAKSIEK	\$96,428.42	\$5,672.26	17	88
42	1699887133	DANIEL DIMEO	\$94,506.68	\$3,375.24	28	N/A
43	1992037931	CHRISTOPHER ROKES	\$93,302.86	\$2,591.75	36	N/A
44	1699765826	JOSEPH MERCHANT	\$93,049.66	\$1,898.97	49	N/A
45	1720416563	CRYSTAL OBERLE	\$92,049.87	\$748.37	123	75
46	1649419219	HEATHER HUNEMULLER	\$91,535.37	\$810.05	113	13
47	1558357806	ROBIN HAYWARD	\$91,354.18	\$2,030.09	45	46
48	1720086523	MARK CLEVELAND	\$90,737.34	\$2,592.50	35	N/A
49	1174584072	BRADLEY LAIR	\$88,609.08	\$2,461.36	36	N/A
50	1891955423	LEAH SIEGFRIED	\$87,495.91	\$325.26	269	49
51	1376777524	ALLADDIN ABOSAIDA	\$85,736.47	\$2,256.22	38	4

52	1588618359	BARBARA BURKLE	\$85,301.80	\$1,398.39	61	80
53	1245227099	DONNA DOBSON TOBIN	\$84,824.83	\$187.67	452	77
54	1437238110	GENEVIEVE NELSON	\$84,802.07	\$127.14	667	N/A
55	1245468768	THOMAS SCHMIDT	\$84,781.30	\$1,101.06	77	65
56	1063792026	JILL MILLER	\$84,235.13	\$315.49	267	96
57	1902478811	JOAN ANDERSON	\$83,370.09	\$167.41	498	50
58	1295217529	HEATHER STEHR	\$82,253.66	\$288.61	285	N/A
59	1033554498	MATTHEW LANDHERR	\$81,749.38	\$1,901.15	43	40
60	1902100746	AMI PATEL	\$81,074.64	\$3,002.76	27	60
61	1083102933	COLOMBIA PTACEK	\$80,989.89	\$2,188.92	37	N/A
62	1194797449	DIANNA PROKUPEK	\$80,277.12	\$1,384.09	58	71
63	1720039126	RODRIGO ERLICH	\$79,629.37	\$9,953.67	8	79
64	1073722112	RIAD RAHHAL	\$79,407.90	\$882.31	90	N/A
65	1245624626	BLAKE WILLIAMS	\$79,269.54	\$955.05	83	N/A
66	1194945691	ANJALI SHARATHKUMAR	\$79,224.88	\$6,602.07	12	91
67	1689942518	PATRIA ALBA APONTE	\$79,025.22	\$560.46	141	34
68	1730135070	JAMES WALLACE	\$78,782.05	\$7,162.00	11	85
69	1528000940	SHELBY DAMES	\$78,749.61	\$3,149.98	25	68
70	1679521728	JILL FLIEGE	\$78,681.52	\$4,628.32	17	57
71	1982738795	ROBERT STRUTHERS	\$77,505.28	\$775.05	100	N/A
72	1790708451	MICHAEL MCCUBBIN	\$77,372.43	\$1,611.93	48	90
73	1982699260	SCOTT SHEETS	\$77,324.79	\$436.86	177	N/A
74	1598077307	ILY YUMUL	\$77,041.54	\$875.47	88	N/A
75	1003539784	JULIA SASS	\$75,330.41	\$153.11	492	N/A
76	1679573893	PATTY HILDRETH	\$74,096.63	\$200.80	369	61
77	1215439708	ERNESTO RUIZ DUQUE	\$72,900.38	\$801.10	91	N/A
78	1770091266	JESSIE BAKER	\$71,613.76	\$474.26	151	N/A

79	1174748180	MOHAMMAD ALSHARABATI	\$70,959.34	\$1,542.59	46	21
80	1679631204	JULIA KLESNEY-TAIT	\$68,323.10	\$1,158.02	59	N/A
81	1477199198	SAJO THOMAS	\$67,546.06	\$143.41	471	N/A
82	1114143286	EDWIN WEHLING	\$66,921.75	\$2,158.77	31	N/A
83	1144214248	KRISTI WALZ	\$66,708.45	\$187.38	356	N/A
84	1790772846	PETAR LENERT	\$66,374.42	\$990.66	67	N/A
85	1326410499	TARA EASTVOLD	\$66,304.74	\$271.74	244	N/A
86	1134440886	MELISSA WELLS	\$66,187.04	\$778.67	85	66
87	1952539447	ANTHONY FISCHER	\$66,115.05	\$2,448.71	27	51
88	1366065047	BRITTANIA SCHOON	\$65,025.84	\$1,383.53	47	N/A
89	1104435791	STACY MURPHY	\$64,791.29	\$207.66	312	67
90	1609218304	AMANDA GARR	\$63,638.84	\$110.68	575	64
91	1841254406	BRADLEY HIATT	\$62,852.15	\$1,745.89	36	N/A
92	1295253557	ABBEY MODLIN	\$62,818.80	\$294.92	213	94
93	1245737097	ASHLEY PATRICK	\$62,239.95	\$1,728.89	36	N/A
94	1669740957	COURTNEY KREMER	\$61,527.94	\$1,430.88	43	28
95	1750648275	SARAH GROSS	\$61,311.55	\$1,114.76	55	N/A
96	1285999797	AMY WENTLAND	\$60,577.24	\$6,057.72	10	76
97	1720698335	DANIKA HANSEN	\$59,884.47	\$145.35	412	N/A
98	1356337273	LISA MENZIES	\$59,883.99	\$471.53	127	15
99	1902358443	MELISSA KONKEN	\$59,467.22	\$148.30	401	55
100	1225143316	SUSAN JACOBI	\$59,037.08	\$908.26	65	84

Top 20 Therapeutic Class by Paid Amount							
Category Description	Prior Quarter June to August 2023 Total Cost	Previous Rank	Previous % Budget	September to November 2023 Total Cost	Current Rank	Current % Budget	% Change
ANTIDIABETICS	\$5,172,857.71	6	14.5%	\$6,496,341.59	1	14.46%	25.59%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	\$3,760,105.48	9	10.5%	\$4,753,489.24	2	10.58%	26.42%
ANALGESICS - ANTI-INFLAMMATORY	\$3,294,221.01	13	9.2%	\$4,284,758.78	3	9.54%	30.07%
DERMATOLOGICALS	\$2,889,576.67	11	8.1%	\$3,789,082.24	4	8.43%	31.13%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	\$2,311,539.43	3	6.5%	\$3,244,113.50	5	7.22%	40.34%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	\$2,512,253.28	5	7.0%	\$2,729,238.53	6	6.07%	8.64%
ANTIVIRALS	\$1,759,341.29	32	4.9%	\$2,094,727.66	7	4.66%	19.06%
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	\$1,155,886.79	35	3.2%	\$1,561,166.69	8	3.47%	35.06%
RESPIRATORY AGENTS - MISC.	\$1,306,843.62	66	3.7%	\$1,463,222.10	9	3.26%	11.97%
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	\$1,139,566.30	54	3.2%	\$1,344,666.18	10	2.99%	18.00%
HEMATOLOGICAL AGENTS - MISC.	\$1,177,492.70	47	3.3%	\$1,193,688.51	11	2.66%	1.38%
MIGRAINE PRODUCTS	\$968,326.07	29	2.7%	\$1,133,215.04	12	2.52%	17.03%
ANTIDEPRESSANTS	\$874,362.36	1	2.4%	\$1,113,357.44	13	2.48%	27.33%
ANTICOAGULANTS	\$646,280.06	33	1.8%	\$920,920.98	14	2.05%	42.50%
ANTICONVULSANTS	\$761,166.35	2	2.1%	\$890,430.04	15	1.98%	16.98%
CARDIOVASCULAR AGENTS - MISC.	\$530,913.04	60	1.5%	\$810,697.08	16	1.80%	52.70%
ENDOCRINE AND METABOLIC AGENTS - MISC.	\$875,574.07	50	2.5%	\$770,520.82	17	1.72%	-12.00%
GASTROINTESTINAL AGENTS - MISC.	\$395,143.36	46	1.1%	\$496,049.78	18	1.10%	25.54%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	\$298,355.10	7	0.8%	\$385,235.38	19	0.86%	29.12%
MISCELLANEOUS THERAPEUTIC CLASSES	\$163,621.73	59	0.5%	\$337,815.21	20	0.75%	106.46%

Top 20 Therapeutic Class by Prescription Count

Category Description	Prior Quarter June to August 2023 Total Claims	Previous Rank	September to November 2023 Total Claims	Current Rank	% Change
ANTIDEPRESSANTS	46,120	1	61,932	1	34.28%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	17,855	3	26,932	2	50.84%
ANTICONVULSANTS	17,927	2	23,545	3	31.34%
ANTIHYPERTENSIVES	17,018	4	23,415	4	37.59%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	16,870	5	23,157	5	37.27%
ANTIDIABETICS	16,712	6	22,394	6	34.00%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	15,487	7	20,702	7	33.67%
ANTI ANXIETY AGENTS	14,244	8	18,788	8	31.90%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	13,694	9	18,500	9	35.10%
ANTIHYPERLIPIDEMICS	11,510	10	15,843	10	37.65%
PENICILLINS	6,069	18	12,959	11	113.53%
BETA BLOCKERS	8,642	14	11,775	12	36.25%
DERMATOLOGICALS	9,558	11	11,749	13	22.92%
ANALGESICS - ANTI-INFLAMMATORY	8,723	13	11,336	14	29.96%
ANALGESICS - OPIOID	8,775	12	11,255	15	28.26%
ANTIHISTAMINES	7,721	15	10,518	16	36.23%
DIURETICS	6,893	16	9,358	17	35.76%
CORTICOSTEROIDS	4,843	20	8,741	18	80.49%
THYROID AGENTS	6,345	17	8,546	19	34.69%
MUSCULOSKELETAL THERAPY AGENTS	5,480	19	7,034	20	28.36%

Top 100 Drugs by Paid Amount					
Drug Description	June to August 2023 Total Cost	Previous Rank	September to November 2023 Total cost	Current Rank	% Change
Humira Pen	\$1,753,552.45	1	\$2,361,396.32	1	34.66%
Vraylar	\$1,168,939.59	2	\$1,440,011.82	2	23.19%
Ozempic	\$1,037,576.92	5	\$1,351,477.47	3	30.25%
Trikafta	\$1,117,224.67	3	\$1,261,402.83	4	12.91%
Trulicity	\$1,008,371.38	6	\$1,221,351.69	5	21.12%
Dupixent	\$784,548.05	8	\$1,130,133.92	6	44.05%
Biktarvy	\$818,020.44	7	\$1,026,650.82	7	25.50%
Jardiance	\$692,243.05	10	\$950,490.26	8	37.31%
Invega Sustenna	\$741,231.57	9	\$904,684.26	9	22.05%
Vyvanse	\$1,113,035.74	4	\$875,325.24	10	-21.36%
Stelara	\$579,537.55	12	\$757,126.52	11	30.64%
Taltz	\$600,480.28	11	\$678,674.98	12	13.02%
Eliquis	\$407,573.61	14	\$592,004.91	13	45.25%
Rexulti	\$453,607.77	13	\$551,455.37	14	21.57%
Lantus SoloStar	\$385,568.03	15	\$522,203.36	15	35.44%
Aristada	\$359,883.00	16	\$471,736.91	16	31.08%
Symbicort	\$281,510.10	20	\$454,235.20	17	61.36%
Skyrizi Pen	\$236,350.45	29	\$386,349.52	18	63.46%
Concerta	\$342,503.48	17	\$385,498.17	19	12.55%
Nurtec	\$285,873.90	19	\$369,182.97	20	29.14%
Ingrezza	\$262,711.86	22	\$348,630.45	21	32.70%
Farxiga	\$229,393.88	30	\$331,958.53	22	44.71%
Abilify Maintena	\$249,280.62	25	\$323,111.32	23	29.62%

Xywav	\$212,564.94	34	\$317,387.22	24	49.31%
Invega Trinza	\$215,798.00	32	\$315,972.26	25	46.42%
Trintellix	\$254,897.83	24	\$312,563.40	26	22.62%
Humira	\$237,877.13	28	\$302,507.19	27	27.17%
Enbrel SureClick	\$223,763.96	31	\$294,548.25	28	31.63%
Flovent HFA	\$171,457.25	41	\$290,441.16	29	69.40%
Ilaris	\$264,094.00	21	\$289,570.32	30	9.65%
Xarelto	\$212,934.13	33	\$289,449.92	31	35.93%
Hemlibra	\$243,448.84	26	\$282,135.16	32	15.89%
Mounjaro	\$257,962.17	23	\$274,753.08	33	6.51%
Ventolin HFA	\$238,417.03	27	\$270,598.03	34	13.50%
Daybue	\$132,961.14	53	\$256,427.28	35	92.86%
Mavyret	\$193,712.44	36	\$254,852.40	36	31.56%
Entresto	\$176,927.96	39	\$252,179.07	37	42.53%
Ajovy	\$175,339.08	40	\$230,126.04	38	31.25%
Albuterol Sulfate HFA	\$115,508.31	67	\$225,714.53	39	95.41%
Trelegy Ellipta	\$185,811.47	37	\$219,894.86	40	18.34%
Advate	\$299,236.56	18	\$218,826.58	41	-26.87%
Lisdexamfetamine Dimesylate	\$175.63	1,375	\$200,585.56	42	114109.17%
Cosentyx Sensoready (300 MG)	\$183,518.62	38	\$190,713.14	43	3.92%
Lybalvi	\$144,614.19	46	\$190,358.24	44	31.63%
Rinvoq	\$118,988.85	62	\$189,481.53	45	59.24%
Caplyta	\$154,421.92	43	\$187,559.46	46	21.46%
Tresiba FlexTouch	\$152,824.98	44	\$181,554.81	47	18.80%
Spiriva HandiHaler	\$139,601.51	48	\$178,636.06	48	27.96%
Tremfya	\$119,003.13	61	\$178,529.24	49	50.02%
Januvia	\$154,816.94	42	\$176,530.37	50	14.03%

Advair HFA	\$114,619.10	69	\$173,202.89	51	51.11%
Norditropin FlexPro	\$137,967.24	49	\$172,363.16	52	24.93%
Opsumit	\$145,080.36	45	\$169,260.42	53	16.67%
Advair Diskus	\$125,619.53	58	\$167,673.59	54	33.48%
Xifaxan	\$116,739.69	64	\$165,973.86	55	42.17%
Insulin Aspart FlexPen	\$114,444.88	70	\$165,666.64	56	44.76%
Spiriva Respimat	\$125,317.79	59	\$162,614.26	57	29.76%
Promacta	\$122,777.48	60	\$159,865.23	58	30.21%
Fasenra Pen	\$98,342.61	75	\$156,832.76	59	59.48%
Tyvaso DPI Maintenance Kit	\$65,822.58	106	\$153,586.02	60	133.33%
Wakix	\$131,208.70	55	\$153,083.76	61	16.67%
Jornay PM	\$114,800.95	68	\$152,030.88	62	32.43%
Takhzyro	\$99,380.64	74	\$149,070.96	63	50.00%
Aimovig	\$142,435.65	47	\$146,369.14	64	2.76%
Austedo	\$133,266.57	51	\$141,359.68	65	6.07%
Linzess	\$127,943.65	56	\$139,373.50	66	8.93%
Creon	\$87,242.37	84	\$135,380.37	67	55.18%
Levemir FlexPen	\$105,998.93	73	\$133,994.84	68	26.41%
Xyrem	\$44,271.14	156	\$132,813.42	69	200.00%
Xtandi	\$133,201.40	52	\$129,788.91	70	-2.56%
QuilliChew ER	\$88,523.51	83	\$127,883.77	71	44.46%
Sprycel	\$86,906.96	85	\$127,740.38	72	46.99%
Humira Pen-CD/UC/HS Starter	\$40,126.32	171	\$127,131.96	73	216.83%
Ubrelyv	\$132,724.52	54	\$124,856.13	74	-5.93%
Synagis	0	N/A	\$120,537.97	75	N/A
Kesimpta	\$97,835.61	76	\$120,473.28	76	23.14%
Lantus	\$94,253.93	79	\$119,988.74	77	27.30%

Erleada	\$71,064.75	99	\$113,703.60	78	60.00%
Amoxicillin	\$49,231.81	140	\$113,509.90	79	130.56%
Lenalidomide	\$15,128.40	322	\$113,167.48	80	648.05%
Victoza	\$118,821.66	63	\$109,366.80	81	-7.96%
Zenpep	\$56,398.90	123	\$109,207.29	82	93.63%
Atorvastatin Calcium	\$78,816.12	89	\$108,548.19	83	37.72%
EPINEPHrine	\$115,942.35	66	\$107,049.06	84	-7.67%
Sertraline HCl	\$79,544.08	87	\$106,774.07	85	34.23%
Emgality	\$92,751.78	81	\$104,887.02	86	13.08%
Genvoya	\$96,583.50	77	\$104,256.42	87	7.94%
Omeprazole	\$78,587.28	91	\$103,896.01	88	32.20%
Anoro Ellipta	\$72,779.81	96	\$103,668.14	89	42.44%
Insulin Lispro (1 Unit Dial)	\$65,125.83	107	\$99,348.97	90	52.55%
Latuda	\$127,712.29	57	\$98,117.45	91	-23.17%
Pulmozyme	\$95,219.36	78	\$97,972.08	92	2.89%
Methylphenidate HCl ER (OSM)	\$57,895.27	118	\$96,758.00	93	67.13%
Qelbree	\$63,088.34	110	\$95,822.18	94	51.89%
Lynparza	\$63,589.20	109	\$95,383.80	95	50.00%
Benlysta	\$63,771.10	108	\$95,374.13	96	49.56%
Livmarli	\$61,220.76	116	\$94,711.14	97	54.70%
Orencia ClickJect	\$62,613.60	113	\$93,920.40	98	50.00%
Escitalopram Oxalate	\$69,487.90	103	\$93,524.87	99	34.59%
Epidiolex	\$94,219.87	80	\$93,281.85	100	-1.00%

Top 100 Drugs by Prescription Count

Drug Description	June to August 2023 Total Claims	Previous Rank	September to November 2023 Total Claims	Current Rank	% Change
Omeprazole	7,223	1	9,772	1	35.29%
Sertraline HCl	7,048	2	9,677	2	37.30%
Atorvastatin Calcium	6,840	3	9,556	3	39.71%
Amoxicillin	3,825	16	8,588	4	124.52%
Escitalopram Oxalate	5,883	4	8,089	5	37.50%
Lisinopril	5,842	5	8,088	6	38.45%
Levothyroxine Sodium	5,829	6	7,873	7	35.07%
traZODone HCl	5,480	7	7,528	8	37.37%
FLUoxetine HCl	5,348	9	7,423	9	38.80%
buPROPion HCl ER (XL)	5,455	8	7,276	10	33.38%
Gabapentin	4,885	10	6,564	11	34.37%
Albuterol Sulfate HFA	3,127	25	6,322	12	102.17%
Montelukast Sodium	4,029	11	5,552	13	37.80%
amLODIPine Besylate	3,899	14	5,475	14	40.42%
hydrOXYzine HCl	3,929	13	5,414	15	37.80%
busPIRone HCl	3,972	12	5,388	16	35.65%
DULoxetine HCl	3,890	15	5,180	17	33.16%
predniSONE	3,126	26	5,122	18	63.85%
Cetirizine HCl	2,953	28	5,096	19	72.57%
Pantoprazole Sodium	3,758	17	4,982	20	32.57%
Venlafaxine HCl ER	3,573	19	4,622	21	29.36%
HYDROcodone-Acetaminophen	3,561	20	4,506	22	26.54%
Metoprolol Succinate ER	3,305	22	4,482	23	35.61%

QUetiapine Fumarate	3,144	24	4,347	24	38.26%
Ventolin HFA	3,698	18	4,330	25	17.09%
metFORMIN HCl	3,175	23	4,218	26	32.85%
ARIPiprazole	3,017	27	4,185	27	38.71%
Amoxicillin-Pot Clavulanate	1,897	46	3,922	28	106.75%
cloNIDine HCl	2,731	30	3,843	29	40.72%
Fluticasone Propionate	2,597	34	3,829	30	47.44%
Losartan Potassium	2,702	32	3,795	31	40.45%
Cyclobenzaprine HCl	2,721	31	3,637	32	33.66%
Azithromycin	1,420	63	3,617	33	154.72%
lamoTRigine	2,784	29	3,542	34	27.23%
Ondansetron	2,288	37	3,414	35	49.21%
ALPRAZolam	2,611	33	3,356	36	28.53%
Famotidine	2,394	35	3,291	37	37.47%
Cephalexin	2,388	36	3,157	38	32.20%
Amphetamine-Dextroamphet ER	1,834	48	3,067	39	67.23%
Ibuprofen	2,275	38	3,054	40	34.24%
hydroCHLORothiazide	2,223	40	2,992	41	34.59%
metFORMIN HCl ER	2,133	44	2,981	42	39.76%
clonazePAM	2,236	39	2,938	43	31.40%
Amphetamine-Dextroamphetamine	2,207	41	2,885	44	30.72%
Meloxicam	2,149	43	2,867	45	33.41%
Topiramate	2,196	42	2,838	46	29.23%
Rosuvastatin Calcium	1,948	45	2,712	47	39.22%
Vyvanse	3,376	21	2,619	48	-22.42%
Cefdinir	1,152	79	2,593	49	125.09%
Furosemide	1,840	47	2,523	50	37.12%

risperiDONE	1,776	50	2,457	51	38.34%
Albuterol Sulfate	1,073	86	2,410	52	124.60%
traMADol HCl	1,804	49	2,298	53	27.38%
Aspirin Low Dose	1,619	53	2,225	54	37.43%
Spiroinolactone	1,622	52	2,191	55	35.08%
Loratadine	1,284	68	2,183	56	70.02%
Doxycycline Monohydrate	1,143	80	2,167	57	89.59%
Triamcinolone Acetonide	1,765	51	2,155	58	22.10%
Mirtazapine	1,549	56	2,118	59	36.73%
Amitriptyline HCl	1,590	54	2,108	60	32.58%
metroNIDAZOLE	1,502	57	2,088	61	39.01%
Propranolol HCl	1,438	62	2,017	62	40.26%
Fluconazole	1,441	60	2,003	63	39.00%
Methylphenidate HCl ER (OSM)	1,080	85	1,966	64	82.04%
LORazepam	1,561	55	1,966	65	25.94%
Citalopram Hydrobromide	1,454	59	1,951	66	34.18%
hydrOXYzine Pamoate	1,500	58	1,925	67	28.33%
guanFACINE HCl	1,374	65	1,925	68	40.10%
Metoprolol Tartrate	1,381	64	1,917	69	38.81%
Prazosin HCl	1,438	61	1,861	70	29.42%
Jardiance	1,316	66	1,848	71	40.43%
levETIRAcetam	1,302	67	1,792	72	37.63%
Lisdexamfetamine Dimesylate	1	1,784	1,775	73	177400.00%
valACYclovir HCl	1,259	71	1,749	74	38.92%
guanFACINE HCl ER	1,279	69	1,725	75	34.87%
Ozempic	1,232	74	1,634	76	32.63%
Sulfamethoxazole-Trimethoprim	1,243	72	1,626	77	30.81%

Folic Acid	1,160	78	1,626	78	40.17%
Lantus SoloStar	1,142	81	1,620	79	41.86%
oxyCODONE HCl	1,265	70	1,608	80	27.11%
Naproxen	1,216	76	1,577	81	29.69%
Pregabalin	1,115	84	1,526	82	36.86%
Methylphenidate HCl	1,017	89	1,496	83	47.10%
prednisoLONE Sodium Phosphate	501	141	1,490	84	197.41%
Dexmethylphenidate HCl ER	987	91	1,470	85	48.94%
Trulicity	1,172	77	1,465	86	25.00%
OLANZapine	973	95	1,439	87	47.89%
tiZANidine HCl	1,217	75	1,419	88	16.60%
Symbicort	840	104	1,416	89	68.57%
Atomoxetine HCl	1,118	83	1,415	90	26.57%
FeroSul	1,021	88	1,392	91	36.34%
Diclofenac Sodium	1,242	73	1,385	92	11.51%
Lisinopril-hydroCHLOROthiazide	982	93	1,358	93	38.29%
Tamsulosin HCl	945	97	1,343	94	42.12%
Ondansetron HCl	954	96	1,324	95	38.78%
Mupirocin	979	94	1,321	96	34.93%
Baclofen	1,027	87	1,310	97	27.56%
Zolpidem Tartrate	992	90	1,298	98	30.85%
Eliquis	851	102	1,287	99	51.23%
Carvedilol	892	99	1,267	100	42.04%



**Iowa Total Care Claims
Quarterly Statistics**

REPORT_DATE	Jun 2023 through Aug 2023	Sep 2023 through Nov 2023	% CHANGE
TOTAL PAID AMOUNT	\$85,221,140.86	\$76,951,900.38	-9.70%
UNIQUE USERS	123,893	100,873	-18.58%
COST PER USER	\$687.86	\$762.86	10.90%
TOTAL PRESCRIPTIONS	783,229	721,436	-7.89%
AVERAGE PRESCRIPTION PER USER	6.32	7.15	13.13%
AVERAGE COST PER PRESCRIPTION	\$108.81	\$106.66	-1.97%
# GENERIC PRESCRIPTIONS	697,349	649,884	-6.81%
% GENERIC	89.00%	90.00%	1.18%
\$ GENERIC	\$11,862,855.78	\$11,107,130.89	-6.37%
AVERAGE GENERIC PRESCRIPTION COST	\$17.01	\$17.09	0.47%
AVERAGE GENERIC DAYS SUPPLY	26	26	-1.58%
# BRAND PRESCRIPTIONS	85,880	71,552	-16.68%
% BRAND	11.00%	10.00%	-9.52%
\$ BRAND	\$73,358,285.08	\$65,844,769.49	-10.24%
AVERAGE BRAND PRESCRIPTION COST	\$854.20	\$920.24	7.73%
AVERAGE BRAND DAYS SUPPLY	29	29	-0.50%



UTILIZATION BY AGE

AGE		Jun 2023 through Aug 2023	Sep 2023 through Nov 2023
0-6		32,039	34,837
7-12		39,990	40,538
13-18		55,097	52,945
19-64		643,885	582,241
65+		12,218	10,875

UTILIZATION BY GENDER AND AGE

GENDER	AGE		Jun 2023 through Aug 2023	Sep 2023 through Nov 2023
F	0-6		14,010	14,931
	7-12		15,555	15,629
	13-18		29,665	28,031
	19-64		413,702	375,739
	65+		7,999	7,164
M	0-6		18,029	19,906
	7-12		24,435	24,909
	13-18		25,432	24,914
	19-64		230,183	206,502
	65+		4,219	3,711



**TOP 100 PHARMACIES BY PRESCRIPTION COUNT
202309 - 202311**

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
1	UNIVERSITY OF IOWA HEALTH CARE	IOWA CITY	IA	10,801	\$5,741,028.77	\$531.53	1
2	WALGREENS #4405	COUNCIL BLUFFS	IA	6,881	\$471,896.94	\$68.58	2
3	WALGREENS #5042	CEDAR RAPIDS	IA	5,658	\$360,822.31	\$63.77	4
4	WALGREENS #5239	DAVENPORT	IA	5,319	\$285,536.51	\$53.68	3
5	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	5,243	\$250,969.40	\$47.87	5
6	RIGHT DOSE PHARMACY	ANKENY	IA	4,873	\$250,539.27	\$51.41	7
7	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	4,691	\$280,389.88	\$59.77	6
8	DRILLING PHARMACY	SIOUX CITY	IA	4,424	\$268,730.75	\$60.74	9
9	WALGREENS #7455	WATERLOO	IA	4,373	\$309,198.66	\$70.71	8
10	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	4,294	\$199,074.04	\$46.36	10
11	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	4,196	\$286,673.23	\$68.32	12
12	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	4,043	\$432,259.91	\$106.92	18
13	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	4,037	\$278,906.22	\$69.09	16
14	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	3,999	\$271,979.73	\$68.01	15
15	WALGREENS #359	DES MOINES	IA	3,997	\$239,342.35	\$59.88	11
16	WALGREENS #5721	DES MOINES	IA	3,914	\$224,130.38	\$57.26	14
17	WALGREENS #15647	SIOUX CITY	IA	3,717	\$269,817.68	\$72.59	13
18	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,572	\$264,201.38	\$73.96	24
19	WALGREENS #7453	DES MOINES	IA	3,457	\$200,481.66	\$57.99	17
20	MAHASKA DRUGS INC	OSKALOOSA	IA	3,415	\$230,503.57	\$67.50	19
21	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,258	\$252,330.57	\$77.45	21
22	WALGREENS #3700	COUNCIL BLUFFS	IA	3,207	\$174,119.97	\$54.29	20
23	NELSON FAMILY PHARMACY	FORT MADISON	IA	3,141	\$228,793.25	\$72.84	23
24	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,088	\$261,050.93	\$84.54	22
25	SOUTH SIDE DRUG	OTTUMWA	IA	3,020	\$226,227.77	\$74.91	29
26	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	2,981	\$344,225.96	\$115.47	27
27	WALGREENS #4041	DAVENPORT	IA	2,968	\$185,672.70	\$62.56	25
28	MEDICAP LTC	INDIANOLA	IA	2,937	\$133,563.39	\$45.48	26
29	WALMART PHARMACY 10-0559	MUSCATINE	IA	2,887	\$170,753.95	\$59.15	34
30	NUCARA LTC PHARMACY #3	IOWA CITY	IA	2,837	\$111,957.18	\$39.46	39
31	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,832	\$206,505.90	\$72.92	41



**TOP 100 PHARMACIES BY PRESCRIPTION COUNT
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RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
32	UI HEALTHCARE - IOWA RIVER LANDING PHARMACY	CORALVILLE	IA	2,763	\$89,735.77	\$32.48	31
33	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	2,731	\$153,076.79	\$56.05	51
34	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	2,663	\$250,551.29	\$94.09	37
35	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	2,637	\$226,486.88	\$85.89	35
36	CVS PHARMACY #10282	FORT DODGE	IA	2,636	\$130,243.28	\$49.41	36
37	HY-VEE PHARMACY (1449)	NEWTON	IA	2,635	\$204,904.74	\$77.76	30
38	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	2,588	\$173,717.67	\$67.12	55
39	STANGEL PHARMACY	ONAWA	IA	2,581	\$257,075.30	\$99.60	33
40	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,543	\$201,073.07	\$79.07	44
41	HY-VEE PHARMACY (1075)	CLINTON	IA	2,539	\$198,418.74	\$78.15	53
42	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,528	\$161,437.96	\$63.86	50
43	WALGREENS #7452	DES MOINES	IA	2,525	\$158,526.37	\$62.78	32
44	CVS PHARMACY #08546	WATERLOO	IA	2,507	\$166,382.02	\$66.37	54
45	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	2,496	\$144,870.30	\$58.04	52
46	HY-VEE PHARMACY (1530)	PLEASANT HILL	IA	2,480	\$129,493.34	\$52.22	45
47	WALGREENS #5886	KEOKUK	IA	2,461	\$118,439.35	\$48.13	46
48	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,453	\$171,176.93	\$69.78	40
49	WALGREENS #5470	SIOUX CITY	IA	2,425	\$143,081.15	\$59.00	49
50	WALMART PHARMACY 10-2889	CLINTON	IA	2,424	\$115,342.27	\$47.58	69
51	WALGREENS #5044	BURLINGTON	IA	2,404	\$140,592.87	\$58.48	28
52	WALMART PHARMACY 10-1509	MAQUOKETA	IA	2,398	\$148,014.91	\$61.72	60
53	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,357	\$167,896.44	\$71.23	47
54	HY-VEE PHARMACY (1396)	MARION	IA	2,324	\$165,738.91	\$71.32	48
55	DANIEL PHARMACY	FT DODGE	IA	2,259	\$182,073.20	\$80.60	42
56	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,256	\$172,753.25	\$76.58	58
57	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	2,253	\$160,989.24	\$71.46	56
58	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	2,248	\$147,434.75	\$65.58	43
59	SCOTT PHARMACY	FAYETTE	IA	2,247	\$132,523.29	\$58.98	70
60	HY-VEE PHARMACY #6 (1155)	DES MOINES	IA	2,234	\$158,635.08	\$71.01	89
61	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	2,233	\$195,544.83	\$87.57	62
62	WAGNER PHARMACY	CLINTON	IA	2,231	\$199,310.32	\$89.34	63



**TOP 100 PHARMACIES BY PRESCRIPTION COUNT
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RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
63	PRAIRIE PARKWAY PHARMACY	CEDAR FALLS	IA	2,226	\$121,583.89	\$54.62	65
64	EXACTCARE	VALLEY VIEW	OH	2,208	\$190,641.08	\$86.34	75
65	WALGREENS #11942	DUBUQUE	IA	2,156	\$118,589.45	\$55.00	100
66	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,143	\$222,932.55	\$104.03	68
67	REUTZEL PHARMACY	CEDAR RAPIDS	IA	2,129	\$155,648.82	\$73.11	38
68	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	2,121	\$314,416.12	\$148.24	64
69	UNION PHARMACY	COUNCIL BLUFFS	IA	2,115	\$195,731.70	\$92.54	96
70	WALMART PHARMACY 10-3590	SIOUX CITY	IA	2,101	\$177,962.21	\$84.70	76
71	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	2,100	\$101,442.29	\$48.31	78
72	WALGREENS #9708	DUBUQUE	IA	2,061	\$129,407.74	\$62.79	91
73	WALGREENS #4714	DES MOINES	IA	2,046	\$158,635.48	\$77.53	74
74	TOWNCREST LTC	IOWA CITY	IA	2,024	\$87,983.92	\$43.47	102
75	WALGREENS #7454	ANKENY	IA	1,992	\$103,119.15	\$51.77	83
76	HY-VEE PHARMACY (1095)	CRESTON	IA	1,991	\$112,958.28	\$56.73	77
77	COMMUNITY HEALTH CARE PHARMACY	DAVENPORT	IA	1,987	\$59,605.31	\$30.00	57
78	WALMART PHARMACY 10-0985	FAIRFIELD	IA	1,981	\$111,401.62	\$56.24	97
79	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	1,969	\$185,182.95	\$94.05	86
80	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	1,953	\$148,224.28	\$75.90	61
81	WALMART PHARMACY 10-1723	DES MOINES	IA	1,945	\$122,562.56	\$63.01	72
82	WALMART PHARMACY 10-0646	ANAMOSA	IA	1,933	\$141,424.69	\$73.16	93
83	WALMART PHARMACY 10-1285	OTTUMWA	IA	1,926	\$118,002.11	\$61.27	87
84	WALMART PHARMACY 10-1683	SHENANDOAH	IA	1,922	\$102,128.64	\$53.14	90
85	WALMART PHARMACY 10-1431	KEOKUK	IA	1,908	\$118,063.07	\$61.88	103
86	WALMART PHARMACY 10-1496	WATERLOO	IA	1,907	\$134,643.08	\$70.60	67
87	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	1,887	\$162,118.26	\$85.91	84
88	WALGREENS #5852	DES MOINES	IA	1,877	\$130,089.75	\$69.31	66
89	WALMART PHARMACY 10-1621	CENTERVILLE	IA	1,873	\$166,508.99	\$88.90	105
90	WALMART PHARMACY 10-3394	ATLANTIC	IA	1,863	\$108,681.60	\$58.34	80
91	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	1,856	\$106,167.81	\$57.20	71
92	MERCYONE WATERLOO PHARMACY	WATERLOO	IA	1,855	\$124,553.21	\$67.14	112
93	LAGRANGE PHARMACY	VINTON	IA	1,855	\$109,882.26	\$59.24	85



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RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
94	HY-VEE PHARMACY (1522)	PERRY	IA	1,851	\$109,175.72	\$58.98	81
95	WALGREENS #3595	DAVENPORT	IA	1,843	\$109,119.35	\$59.21	108
96	HY-VEE PHARMACY (1324)	KEOKUK	IA	1,842	\$98,509.83	\$53.48	136
97	CVS PHARMACY #08544	WATERLOO	IA	1,832	\$111,546.31	\$60.89	133
98	THOMPSON DEAN DRUG	SIOUX CITY	IA	1,824	\$170,058.55	\$93.23	79
99	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	1,822	\$117,014.45	\$64.22	73
100	HY-VEE PHARMACY (1382)	LEMARS	IA	1,817	\$131,862.38	\$72.57	101



**TOP 100 PHARMACIES BY PAID AMOUNT
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RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	UNIVERSITY OF IOWA HEALTH CARE	IOWA CITY	IA	10,801	\$5,741,028.77	\$2,709.31	1
2	CAREMARK KANSAS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	LENEXA	KS	381	\$2,395,185.61	\$13,456.10	2
3	COMMUNITY, A WALGREENS PHARMACY #16528	DES MOINES	IA	513	\$2,290,158.04	\$13,551.23	3
4	UNITYPOINT AT HOME	URBANDALE	IA	510	\$1,724,644.63	\$8,889.92	4
5	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	98	\$1,217,716.65	\$32,045.18	7
6	ACARIAHEALTH PHARMACY #11	HOUSTON	TX	139	\$1,142,013.98	\$18,127.21	6
7	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	1,101	\$1,137,181.52	\$8,486.43	5
8	PANTHERX SPECIALTY PHARMACY	PITTSBURGH	PA	25	\$967,027.73	\$107,447.53	8
9	CVS PHARMACY #00102	AURORA	CO	102	\$938,105.19	\$21,320.57	9
10	COMMUNITY, A WALGREENS PHARMACY #21250	IOWA CITY	IA	274	\$820,312.72	\$8,456.83	11
11	CVS/SPECIALTY	MONROEVILLE	PA	117	\$740,795.43	\$15,118.27	12
12	ANOVORX GROUP LLC	MEMPHIS	TN	70	\$611,096.12	\$29,099.82	37
13	OPTUM PHARMACY 702, LLC	JEFFERSONVILLE	IN	71	\$581,584.47	\$17,623.77	14
14	GENESIS FIRSTMED PHARMACY	DAVENPORT	IA	612	\$487,055.79	\$2,783.18	35
15	WALGREENS #4405	COUNCIL BLUFFS	IA	6,881	\$471,896.94	\$372.75	15
16	AMBER PHARMACY	OMAHA	NE	94	\$457,012.85	\$13,848.87	69
17	CAREMARK ILLINOIS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	MT PROSPECT	IL	63	\$452,722.53	\$22,636.13	13
18	HY-VEE PHARMACY SOLUTIONS	DES MOINES	IA	64	\$447,769.19	\$12,101.87	394
19	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	4,043	\$432,259.91	\$686.13	17
20	ALLEN CLINIC PHARMACY	WATERLOO	IA	981	\$418,573.65	\$1,249.47	16
21	WALGREENS #16270	OMAHA	NE	57	\$397,569.06	\$18,071.32	27
22	ACCREDO HEALTH GROUP INC	WARRENDALE	PA	33	\$393,851.24	\$56,264.46	21
23	CR CARE PHARMACY	CEDAR RAPIDS	IA	1,718	\$383,808.46	\$2,541.78	18
24	THE NEBRASKA MED CENTER CLINIC PHCY	OMAHA	NE	748	\$367,924.57	\$3,227.41	23
25	WALGREENS #5042	CEDAR RAPIDS	IA	5,658	\$360,822.31	\$314.03	19
26	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	2,981	\$344,225.96	\$2,279.64	24
27	SANFORD CANCER CENTER ONCOLOGY CLINIC PHARMACY	SIOUX FALLS	SD	50	\$338,047.24	\$21,127.95	76
28	KROGER SPECIALTY PHARMACY LA	HARVEY	LA	43	\$334,996.70	\$17,631.41	20
29	ORSINI PHARMACEUTICAL SERVICES INC	ELK GROVE VILLAGE	IL	30	\$329,895.92	\$27,491.33	87
30	PARAGON PARTNERS	OMAHA	NE	1,006	\$321,317.29	\$4,172.95	34
31	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	2,121	\$314,416.12	\$1,476.13	36
32	GENOA HEALTHCARE, LLC	DAVENPORT	IA	1,209	\$314,177.81	\$2,293.27	29
33	WALGREENS #7455	WATERLOO	IA	4,373	\$309,198.66	\$312.01	28



**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
34	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	4,196	\$286,673.23	\$452.17	39
35	WALGREENS #5239	DAVENPORT	IA	5,319	\$285,536.51	\$245.52	22
36	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	4,691	\$280,389.88	\$337.01	26
37	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	4,037	\$278,906.22	\$511.75	31
38	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	3,999	\$271,979.73	\$499.96	32
39	WALGREENS #15647	SIOUX CITY	IA	3,717	\$269,817.68	\$307.31	41
40	DRILLING PHARMACY	SIOUX CITY	IA	4,424	\$268,730.75	\$728.27	33
41	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,572	\$264,201.38	\$555.04	49
42	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,088	\$261,050.93	\$575.00	40
43	PRIMARY HEALTHCARE PHARMACY	DES MOINES	IA	1,112	\$259,694.13	\$1,248.53	30
44	STANGEL PHARMACY	ONAWA	IA	2,581	\$257,075.30	\$931.43	44
45	ALLIANCERX WALGREENS PHARMACY #15443	FRISCO	TX	30	\$254,702.83	\$23,154.80	127
46	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,258	\$252,330.57	\$665.78	43
47	OPTUM INFUSION SERVICES 305, LLC	LENEXA	KS	13	\$251,940.09	\$83,980.03	25
48	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	5,243	\$250,969.40	\$323.83	46
49	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	2,663	\$250,551.29	\$756.95	48
50	RIGHT DOSE PHARMACY	ANKENY	IA	4,873	\$250,539.27	\$570.70	42
51	WALGREENS #359	DES MOINES	IA	3,997	\$239,342.35	\$267.42	47
52	MAXOR SPECIALTY PHARMACY	LUBBOCK	TX	19	\$232,078.68	\$77,359.56	179
53	MAHASKA DRUGS INC	OSKALOOSA	IA	3,415	\$230,503.57	\$506.60	50
54	NELSON FAMILY PHARMACY	FORT MADISON	IA	3,141	\$228,793.25	\$639.09	56
55	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	2,637	\$226,486.88	\$650.82	64
56	SOUTH SIDE DRUG	OTTUMWA	IA	3,020	\$226,227.77	\$562.76	54
57	WALGREENS #5721	DES MOINES	IA	3,914	\$224,130.38	\$244.68	51
58	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,143	\$222,932.55	\$796.19	38
59	PANTHERX SPECIALTY PHARMACY	PITTSBURGH	PA	20	\$218,546.86	\$27,318.36	59
60	MISSION CANCER + BLOOD	DES MOINES	IA	28	\$208,125.52	\$14,866.11	62
61	GENOA HEALTHCARE, LLC	FORT DODGE	IA	949	\$207,659.20	\$2,768.79	204
62	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,832	\$206,505.90	\$651.44	81
63	HY-VEE PHARMACY (1449)	NEWTON	IA	2,635	\$204,904.74	\$500.99	61
64	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,543	\$201,073.07	\$512.94	70
65	WALGREENS #7453	DES MOINES	IA	3,457	\$200,481.66	\$273.51	58
66	WAGNER PHARMACY	CLINTON	IA	2,231	\$199,310.32	\$816.85	95



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RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
67	SIouxLAND COMMUNITY HEALTH CENTER	SIoux CITY	IA	4,294	\$199,074.04	\$267.57	65
68	HY-VEE PHARMACY (1075)	CLINTON	IA	2,539	\$198,418.74	\$531.95	72
69	UNION PHARMACY	COUNCIL BLUFFS	IA	2,115	\$195,731.70	\$1,238.81	82
70	HY-VEE PHARMACY #3 (1615)	SIoux CITY	IA	2,233	\$195,544.83	\$645.36	60
71	AVERA SPECIALTY PHARMACY	SIoux FALLS	SD	43	\$194,030.13	\$9,701.51	78
72	EXACTCARE	VALLEY VIEW	OH	2,208	\$190,641.08	\$1,925.67	85
73	EVERSANA LIFE SCIENCE SERVICES, LLC	CHESTERFIELD	MO	10	\$190,555.10	\$63,518.37	101
74	INFOCUS PHARMACY SERVICES LLC	DUBUQUE	IA	1,683	\$189,474.32	\$823.80	55
75	WALGREENS #4041	DAVENPORT	IA	2,968	\$185,672.70	\$287.86	83
76	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	1,969	\$185,182.95	\$659.01	86
77	DANIEL PHARMACY	FT DODGE	IA	2,259	\$182,073.20	\$548.41	84
78	WALMART PHARMACY 10-3590	SIoux CITY	IA	2,101	\$177,962.21	\$441.59	111
79	FAIRVIEW SPECIALTY SERVICES PHARMACY	MINNEAPOLIS	MN	22	\$177,914.43	\$25,416.35	96
80	WALGREENS #3700	COUNCIL BLUFFS	IA	3,207	\$174,119.97	\$287.80	71
81	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	2,588	\$173,717.67	\$431.06	89
82	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,256	\$172,753.25	\$439.58	98
83	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,453	\$171,176.93	\$467.70	91
84	FOUNDATION CARE LLC	EARTH CITY	MO	19	\$170,914.46	\$24,416.35	80
85	WALMART PHARMACY 10-0559	MUSCATINE	IA	2,887	\$170,753.95	\$376.94	99
86	HY-VEE PHARMACY SOLUTIONS	OMAHA	NE	29	\$170,627.85	\$7,418.60	10
87	THOMPSON DEAN DRUG	SIoux CITY	IA	1,824	\$170,058.55	\$802.16	67
88	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,357	\$167,896.44	\$437.23	73
89	WALMART PHARMACY 10-1621	CENTERVILLE	IA	1,873	\$166,508.99	\$586.30	102
90	CVS PHARMACY #08546	WATERLOO	IA	2,507	\$166,382.02	\$398.04	88
91	HY-VEE PHARMACY (1396)	MARION	IA	2,324	\$165,738.91	\$416.43	75
92	ACCREDITO HEALTH GROUP INC	ORLANDO	FL	8	\$164,454.18	\$54,818.06	45
93	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	1,887	\$162,118.26	\$602.67	97
94	MEDICAP PHARMACY	DES MOINES	IA	1,416	\$162,069.02	\$1,019.30	92
95	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,528	\$161,437.96	\$368.58	109
96	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	2,253	\$160,989.24	\$413.85	94
97	SOLEO HEALTH INC.	WOODRIDGE	IL	9	\$160,209.08	\$160,209.08	
98	ALLIANCERX WALGREENS PHARMACY #16280	FRISCO	TX	10	\$159,521.97	\$31,904.39	68
99	WALGREENS #4714	DES MOINES	IA	2,046	\$158,635.48	\$429.91	175



**TOP 100 PHARMACIES BY PAID AMOUNT
202309 - 202311**

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
100	HY-VEE PHARMACY #6 (1155)	DES MOINES	IA	2,234	\$158,635.08	\$541.42	155



**TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
202309 - 202311**

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
1	1396289229	Jesse Becker	\$125,941.83	1,704	7.93	3
2	1982605762	Jeffrey Wilharm	\$66,986.21	1,525	14.66	1
3	1043211303	Ali Safdar	\$151,104.35	1,084	4.80	2
4	1770933046	Shelby Biller	\$119,643.62	923	6.28	6
5	1124006770	Wook Kim	\$34,630.19	904	8.78	12
6	1659358620	Carlos Castillo	\$25,818.10	883	7.12	4
7	1902912538	Christian Jones	\$54,100.54	880	6.72	13
8	1437238110	Genevieve Nelson	\$86,990.46	871	8.54	8
9	1275763047	Rebecca Bowman	\$130,961.98	865	7.52	5
10	1902358443	Melissa Konken	\$127,056.57	859	9.04	10
11	1467502286	Charles Tilley	\$109,489.63	838	6.35	7
12	1215125216	Rebecca Walding	\$96,189.90	838	9.01	11
13	1477199198	Sajo Thomas	\$136,017.29	831	6.07	56
14	1801998372	Wendy Hansen-Penman	\$21,306.23	824	9.05	16
15	1528329398	Erin Rowan	\$31,524.50	820	7.13	21
16	1538368170	Christopher Matson	\$29,618.53	818	7.94	9
17	1356359871	Rhea Hartley	\$66,568.19	817	5.60	52
18	1164538674	Joseph Wanzek	\$68,577.19	786	8.83	28
19	1609218304	Amanda Garr	\$118,961.64	769	6.93	14
20	1467907394	Cynthia Coenen	\$75,479.64	766	8.80	15
21	1043434525	Robert Kent	\$44,635.89	763	7.34	19
22	1821268335	Jacqueline Mcinnis	\$70,009.32	749	9.13	20
23	1902478811	Joan Anderson	\$197,959.05	747	7.95	17
24	1053630640	Jennifer Donovan	\$97,052.96	741	7.34	22
25	1144214248	Kristi Walz	\$102,892.54	740	8.41	31
26	1992103386	Melissa Larsen	\$49,641.98	734	7.34	35
27	1558770974	Marc Baumert	\$40,560.35	725	5.80	18
28	1013115369	Bobbita Nag	\$32,093.28	725	4.83	26
29	1982030946	Jacklyn Besch	\$35,449.98	722	6.28	23
30	1316356496	Kimberly Roberts	\$47,055.11	720	7.42	24
31	1568431880	Pomilla Kumar	\$45,129.50	719	9.72	59
32	1538157383	David Wenger-Keller	\$76,938.70	713	10.33	27
33	1316471154	Nicole Woolley	\$32,088.08	712	5.61	49



**TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
202309 - 202311**

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
34	1841220290	Kent Kunze	\$24,497.97	704	6.70	29
35	1275844649	Katie Campbell	\$83,132.47	700	7.29	30
36	1154779460	Molly Eichenberger	\$27,020.60	699	9.58	152
37	1699740159	Frank Marino	\$32,955.71	683	5.21	54
38	1326013426	Paul Peterson	\$37,990.22	681	5.87	55
39	1134191018	Dustin Smith	\$24,250.33	677	5.60	41
40	1477926434	Jackie Shipley	\$41,530.58	675	5.53	32
41	1205393386	Jessica Hudspeth	\$82,995.77	662	6.49	81
42	1609532373	Erin Fox-Hammel	\$45,384.19	660	5.50	86
43	1255823506	Nicole Delagardelle	\$108,058.90	659	7.75	46
44	1184657603	Sara Rygol	\$80,697.50	659	7.09	68
45	1922455096	Dean Guerdet	\$56,617.15	656	7.05	45
46	1972758126	Rebecca Bollin	\$22,131.05	654	6.48	40
47	1184395162	Danielle Van Oosbree	\$126,760.81	653	11.66	51
48	1043703887	Tenaea Jeppeson	\$100,050.20	652	8.15	48
49	1457584740	Eric Meyer	\$57,744.30	649	5.74	44
50	1437209434	Jon Thomas	\$38,833.54	647	5.68	36
51	1649438383	Qadnana Anwar	\$42,972.41	640	6.34	85
52	1972989721	Jayson Gesulga	\$188,546.41	639	9.40	62
53	1003539784	Julia Sass	\$109,490.51	636	6.63	47
54	1619153137	Joada Best	\$37,464.72	636	5.83	77
55	1356788616	Ted Bonebrake	\$31,893.67	627	16.50	201
56	1417241621	Ashley Mathes	\$29,569.52	627	5.92	39
57	1861452633	John Brownell	\$46,564.83	625	9.77	67
58	1437552304	Anita Sharma	\$46,886.78	624	4.84	42
59	1720698335	Danika Hansen	\$93,732.75	622	6.76	61
60	1689077018	Stacy Roth	\$38,481.09	620	6.53	63
61	1053398800	Steven Scurr	\$27,249.26	618	6.31	78
62	1477534279	Edmund Piasecki	\$22,765.81	615	6.76	37
63	1649248378	Kathleen Wild	\$28,425.54	613	6.26	82
64	1336252097	Thomas Baer	\$24,540.69	610	8.24	64
65	1427619170	Kristen Armstrong	\$52,618.72	609	4.87	33
66	1457914657	Seema Antony	\$44,409.67	607	6.53	69



**TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
202309 - 202311**

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
67	1124389697	Kevin Furness	\$32,978.29	607	6.98	60
68	1912991183	Molly Earleywine	\$34,530.05	605	7.66	80
69	1891146999	Becky Johnson	\$462,913.73	603	6.93	25
70	1285841775	Sandra Worrell	\$27,944.03	603	7.09	93
71	1528365277	Mina Salib	\$489,026.71	598	4.30	122
72	1609445733	Michelle Houghton	\$90,303.06	597	7.02	94
73	1467465716	Jeffrey Brady	\$24,873.52	596	6.34	58
74	1063827798	Jeffrey Guse	\$25,280.81	595	9.44	103
75	1669056123	Kama Ausborn	\$281,552.62	587	7.53	34
76	1689979460	Timothy Doyle	\$23,397.43	586	9.02	65
77	1356754337	Cyndi Mccormick	\$143,053.76	584	6.79	43
78	1417941188	Debra Neuharth	\$25,701.67	584	5.17	70
79	1619380680	Tara Brockman	\$37,181.39	569	6.05	71
80	1245227099	Donna Dobson Tobin	\$105,566.36	568	9.16	57
81	1922305143	Olivia Woita	\$30,643.77	565	8.83	83
82	1134819600	Shelby Sheehan	\$47,000.72	552	8.63	564
83	1144588476	Rachel Filzer	\$70,951.50	545	5.86	148
84	1114521721	Tarrah Holliday	\$146,526.51	544	7.06	108
85	1033295308	Takashi Kawamitsu	\$41,984.67	541	8.07	50
86	1184056822	Abby Kolthoff	\$180,474.14	537	5.71	75
87	1679573893	Patty Hildreth	\$103,237.75	536	6.16	91
88	1750845954	Stephanie Giesler	\$71,865.83	536	7.88	88
89	1891707832	Lisa Klock	\$34,316.15	536	5.36	73
90	1881008704	Charity Carstensen	\$29,665.42	536	11.40	156
91	1700156759	Sarah Jauron	\$22,073.88	536	5.89	165
92	1568054831	Kayla Tafolla	\$26,440.75	535	5.57	207
93	1538671961	Jamie Wright	\$18,727.29	535	4.91	110
94	1427608710	Angela Ames	\$61,159.71	534	8.90	149
95	1962418640	Barclay Monaster	\$53,847.62	534	4.24	97
96	1760455083	Thomas Schmadeke	\$41,151.79	534	5.74	227
97	1508946088	Eugene Nightingale	\$12,710.61	532	15.20	249
98	1215581251	Anna Throckmorton	\$30,185.27	531	10.02	98
99	1932582988	Dianne Humphrey	\$39,060.22	529	7.15	53



**TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
202309 - 202311**

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
100	1831731298	Heather Wilson	\$23,242.54	524	7.38	84



**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
202309 - 202311**

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
1	1316934318	Steven Lentz	54	\$697,309.58	\$12,913.14	2
2	1326034984	Katherine Mathews	77	\$620,369.61	\$8,056.75	5
3	1528365277	Mina Salib	598	\$489,026.71	\$817.77	78
4	1891146999	Becky Johnson	603	\$462,913.73	\$767.68	4
5	1013126705	Janice Staber	49	\$458,646.99	\$9,360.14	9
6	1295091510	Rebecca Weiner	273	\$457,624.32	\$1,676.28	3
7	1619382942	Eirene Alexandrou	114	\$456,314.73	\$4,002.76	7
8	1417443953	Rodney Clark	283	\$447,006.76	\$1,579.53	6
9	1942937388	Carly Trausch	415	\$352,147.37	\$848.55	15
10	1477761328	Amy Calhoun	29	\$322,266.56	\$11,112.64	28
11	1376777524	Alladdin Abosaida	86	\$318,855.01	\$3,707.62	1
12	1669056123	Kama Ausborn	587	\$281,552.62	\$479.65	10
13	1700561826	Pedro Hsieh	27	\$276,108.02	\$10,226.22	119
14	1952539447	Anthony Fischer	69	\$273,424.54	\$3,962.67	30
15	1902191059	Amber Tierney	38	\$255,337.05	\$6,719.40	21
16	1326211889	James Friedlander	49	\$240,339.26	\$4,904.88	2390
17	1376525196	Randolph Rough	97	\$227,985.56	\$2,350.37	13
18	1326410499	Tara Eastvold	269	\$220,138.74	\$818.36	77
19	1043418809	Michael Ciliberto	435	\$217,566.78	\$500.15	24
20	1467449579	Brian Wayson	71	\$215,253.18	\$3,031.73	12
21	1700417169	Courtney Reints	210	\$213,217.83	\$1,015.32	18
22	1649419219	Heather Hunemuller	228	\$209,791.49	\$920.14	17
23	1760562466	Arthur Beisang	10	\$209,101.58	\$20,910.16	7843
24	1043565328	Sara Moeller	74	\$207,148.16	\$2,799.30	20
25	1437121407	Linda Cadaret	117	\$206,982.07	\$1,769.08	14
26	1841607900	Shayla Sanders	97	\$202,057.34	\$2,083.07	11
27	1902478811	Joan Anderson	747	\$197,959.05	\$265.01	35
28	1558808501	Jessica Braksiek	39	\$193,582.99	\$4,963.67	16
29	1265870950	Danita Velasco	4	\$192,233.52	\$48,058.38	351
30	1043312432	Charles Love	101	\$190,832.06	\$1,889.43	19
31	1730406356	Christina Warren	171	\$190,580.26	\$1,114.50	36
32	1578958542	Heidi Curtis	135	\$188,584.64	\$1,396.92	22
33	1972989721	Jayson Gesulga	639	\$188,546.41	\$295.06	27



**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
202309 - 202311**

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
34	1972560597	Bernard Leman	28	\$182,495.70	\$6,517.70	33
35	1184056822	Abby Kolthoff	537	\$180,474.14	\$336.08	34
36	1245353242	Sandy Hong	107	\$175,743.37	\$1,642.46	41
37	1659093292	Kathryn Foy	64	\$169,763.06	\$2,652.55	126
38	1245468768	Thomas Schmidt	115	\$164,240.53	\$1,428.18	38
39	1285626390	Kathleen Gradoville	225	\$163,511.72	\$726.72	75
40	1508281619	Kelly Marine	109	\$160,131.42	\$1,469.10	201
41	1366826109	Alyssa Mrsny	83	\$159,965.65	\$1,927.30	92
42	1588618359	Barbara Burkle	95	\$159,547.93	\$1,679.45	141
43	1558357806	Robin Hayward	102	\$158,221.06	\$1,551.19	23
44	1194945691	Anjali Sharathkumar	24	\$158,157.87	\$6,589.91	52
45	1689646036	Robert Grant	106	\$155,980.57	\$1,471.51	166
46	1356752067	Kelly Delaney-Nelson	79	\$153,551.48	\$1,943.69	31
47	1043211303	Ali Safdar	1,084	\$151,104.35	\$139.40	61
48	1487648705	Karen Hunke	117	\$148,432.44	\$1,268.65	46
49	1114521721	Tarrah Holliday	544	\$146,526.51	\$269.35	49
50	1306071915	Thomas Pietras	89	\$143,982.91	\$1,617.79	68
51	1356754337	Cyndi Mccormick	584	\$143,053.76	\$244.96	57
52	1215439708	Ernesto Ruiz Duque	158	\$142,750.44	\$903.48	565
53	1093382632	Gail Dooley	140	\$138,419.70	\$988.71	86
54	1841673738	Rachel Person	60	\$137,156.81	\$2,285.95	229
55	1477199198	Sajo Thomas	831	\$136,017.29	\$163.68	128
56	1275763047	Rebecca Bowman	865	\$130,961.98	\$151.40	29
57	1104012996	Venkatesh Rudrapatna	67	\$130,255.74	\$1,944.12	44
58	1376512244	Raymond Kuwahara	60	\$130,246.52	\$2,170.78	82
59	1366065047	Brittania Schoon	48	\$128,432.28	\$2,675.67	184
60	1609003011	John Bernat	14	\$127,576.53	\$9,112.61	318
61	1902358443	Melissa Konken	859	\$127,056.57	\$147.91	58
62	1184395162	Danielle Van Oosbree	653	\$126,760.81	\$194.12	59
63	1407065469	Christoph Randak	95	\$126,073.81	\$1,327.09	109
64	1396289229	Jesse Becker	1,704	\$125,941.83	\$73.91	164
65	1912516881	Lauren Rumburg	23	\$123,884.51	\$5,386.28	1732
66	1851847883	Eileen Meier	460	\$123,802.01	\$269.13	214



**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
202309 - 202311**

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
67	1225143316	Susan Jacobi	86	\$123,169.71	\$1,432.21	39
68	1568097244	Elizabeth Dassow	79	\$123,046.90	\$1,557.56	56
69	1891955423	Leah Siegfried	234	\$122,734.36	\$524.51	26
70	1386902682	Melissa Willis	78	\$121,508.46	\$1,557.80	42
71	1215333091	Nadia Naz	142	\$120,608.72	\$849.36	345
72	1770933046	Shelby Biller	923	\$119,643.62	\$129.62	64
73	1649943689	Jessica Coffey	185	\$119,215.97	\$644.41	67
74	1609218304	Amanda Garr	769	\$118,961.64	\$154.70	55
75	1245349182	Mark Burdt	81	\$118,226.18	\$1,459.58	100
76	1366858334	Alicia Duyvejonck	271	\$118,222.68	\$436.25	74
77	1013311778	Melissa Batt	286	\$117,440.80	\$410.63	85
78	1225266364	Sarah Bligh	150	\$114,910.37	\$766.07	40
79	1891055612	Zeeshan Jawa	49	\$112,870.79	\$2,303.49	107
80	1518567056	Katie Mogensen	519	\$112,502.65	\$216.77	235
81	1336346352	Hanna Zembrzuska	49	\$112,449.57	\$2,294.89	117
82	1134249832	Steven Craig	67	\$111,601.50	\$1,665.69	65
83	1679521728	Jill Fliege	33	\$110,414.18	\$3,345.88	148
84	1780995506	Quanhathai Kaewpoowat	62	\$109,898.66	\$1,772.56	51
85	1003539784	Julia Sass	636	\$109,490.51	\$172.15	93
86	1467502286	Charles Tilley	838	\$109,489.63	\$130.66	32
87	1134440886	Melissa Wells	80	\$108,299.60	\$1,353.75	89
88	1255823506	Nicole Delagardelle	659	\$108,058.90	\$163.97	83
89	1689942518	Patria Alba Aponte	187	\$107,506.29	\$574.90	96
90	1750648275	Sarah Gross	52	\$107,327.56	\$2,063.99	244
91	1144455502	Jennifer Petts	133	\$107,262.13	\$806.48	168
92	1558356642	Randy Maigaard	105	\$105,759.65	\$1,007.23	115
93	1992810956	Christopher Ronkar	51	\$105,641.23	\$2,071.40	104
94	1245227099	Donna Dobson Tobin	568	\$105,566.36	\$185.86	53
95	1699887133	Daniel Dimeo	52	\$104,750.44	\$2,014.43	222
96	1598786097	Stephanie Gray	460	\$104,406.75	\$226.97	70
97	1679573893	Patty Hildreth	536	\$103,237.75	\$192.61	60
98	1992763122	Ravi Vemulapalli	23	\$103,027.41	\$4,479.45	108
99	1144214248	Kristi Walz	740	\$102,892.54	\$139.04	87



**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
202309 - 202311**

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
100	1679688626	Lawrence Rettenmaier	89	\$101,891.14	\$1,144.84	50



TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

CATEGORY DESCRIPTION	202306 - 202308			202309 - 202311			% CHANGE
	PREVIOUS TOTAL COST	PREVIOUS RANK	PREVIOUS % BUDGET	CURRENT TOTAL COST	CURRENT RANK	CURRENT % BUDGET	
ANTI-DIABETICS	\$12,588,568.57	1	14.77 %	\$11,082,177.24	1	14.40 %	-0.37 %
ANTI-PSYCHOTICS/ANTI-MANIC AGENTS	\$8,938,648.80	2	10.49 %	\$8,278,760.05	2	10.76 %	0.27 %
ANALGESICS - ANTI-INFLAMMATORY	\$8,309,667.76	3	9.75 %	\$7,294,125.36	3	9.48 %	-0.27 %
DERMATOLOGICALS	\$7,009,724.32	4	8.23 %	\$6,504,517.76	4	8.45 %	0.23 %
ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS	\$5,791,562.46	5	6.80 %	\$5,253,723.08	5	6.83 %	0.03 %
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXICANTS	\$4,907,396.43	6	5.76 %	\$3,749,187.29	6	4.87 %	-0.89 %
ANTIVIRALS	\$4,111,659.23	7	4.82 %	\$3,531,308.99	7	4.59 %	-0.24 %
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	\$3,111,619.79	8	3.65 %	\$2,556,829.94	8	3.32 %	-0.33 %
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC	\$2,674,089.29	9	3.14 %	\$2,483,294.91	9	3.23 %	0.09 %
RESPIRATORY AGENTS - MISC.	\$2,517,555.25	10	2.95 %	\$2,308,320.50	10	3.00 %	0.05 %
HEMATOLOGICAL AGENTS - MISC.	\$2,055,783.40	14	2.41 %	\$2,202,002.79	11	2.86 %	0.45 %
ENDOCRINE AND METABOLIC AGENTS - MISC.	\$2,307,124.44	11	2.71 %	\$2,093,437.36	12	2.72 %	0.01 %
ANTI-CONVULSANTS	\$2,241,557.34	12	2.63 %	\$2,043,419.79	13	2.66 %	0.03 %
MIGRAINE PRODUCTS	\$2,064,713.48	13	2.42 %	\$1,877,424.40	14	2.44 %	0.02 %
ANTI-DEPRESSANTS	\$1,989,354.58	15	2.33 %	\$1,808,604.48	15	2.35 %	0.02 %
ANTI-COAGULANTS	\$1,510,523.15	16	1.77 %	\$1,421,974.86	16	1.85 %	0.08 %
CARDIOVASCULAR AGENTS - MISC.	\$1,486,516.10	17	1.74 %	\$1,400,418.07	17	1.82 %	0.08 %
NEUROMUSCULAR AGENTS	\$507,510.85	24	0.60 %	\$884,839.12	18	1.15 %	0.55 %
GASTROINTESTINAL AGENTS - MISC.	\$898,289.67	18	1.05 %	\$759,536.48	19	0.99 %	-0.07 %
MISCELLANEOUS THERAPEUTIC CLASSES	\$661,688.63	21	0.78 %	\$640,144.69	20	0.83 %	0.06 %

TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

CURRENT CATEGORY DESCRIPTION	202306 - 202308		202309 - 202311		% CHANGE
	PREVIOUS CLAIMS	PREVIOUS RANK	CURRENT CLAIMS	CURRENT RANK	
ANTIDEPRESSANTS	104,474	1	94,399	1	-9.64 %
ANTICONVULSANTS	45,247	2	40,846	2	-9.73 %
ANTIASTMATIC AND BRONCHODILATOR AGENTS	40,862	3	38,838	3	-4.95 %
ANTIHYPERTENSIVES	39,968	4	37,180	4	-6.98 %
ANTIDIABETICS	39,280	5	35,095	5	-10.65 %
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	35,419	6	33,559	6	-5.25 %
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	34,836	7	32,852	7	-5.70 %
ANTIPSYCHOTICS/ANTIMANIC AGENTS	34,427	8	31,214	8	-9.33 %
ANTIANKXIETY AGENTS	33,250	9	29,193	9	-12.20 %
ANTIHYPERLIPIDEMICS	26,519	10	25,282	10	-4.66 %
ANTIHISTAMINES	19,846	15	19,152	11	-3.50 %
BETA BLOCKERS	19,909	14	18,573	12	-6.71 %
ANALGESICS - ANTI-INFLAMMATORY	20,557	13	18,108	13	-11.91 %
DERMATOLOGICALS	21,598	11	17,501	14	-18.97 %
ANALGESICS - OPIOID	20,615	12	17,248	15	-16.33 %
PENICILLINS	13,804	18	17,145	16	24.20 %
DIURETICS	16,097	16	14,608	17	-9.25 %
THYROID AGENTS	14,952	17	14,059	18	-5.97 %
CORTICOSTEROIDS	11,761	21	12,534	19	6.57 %
MUSCULOSKELETAL THERAPY AGENTS	13,368	19	11,758	20	-12.04 %

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	202306 - 202308		202309 - 202311		PERCENT CHANGE
	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	
Humira Pen	5339351.23	1	4651727.7	1	-12.88 %
Vraylar	2758256.21	2	2442181.34	2	-11.46 %
Ozempic	2615870.25	3	2359038.9	3	-9.82 %
Trikafta	2201088.78	5	1940879.45	4	-11.82 %
Trulicity	2469134.63	4	1925464.96	5	-22.02 %
Dupixent	1861451.64	7	1825397.33	6	-1.94 %
Jardiance	1591412.64	11	1570511.02	7	-1.31 %
Invega Sust	1689385.54	9	1520542.37	8	-9.99 %
Stelara	1632271.47	10	1506556.56	9	-7.70 %
Biktarvy	1700208.8	8	1395320.28	10	-17.93 %
Taltz	1465021.85	12	1302953.81	11	-11.06 %
Vyvanse	2122339.42	6	1096201.58	12	-48.35 %
Eliquis	1008557.61	13	942417.59	13	-6.56 %
Aristada	997442.05	15	924094.43	14	-7.35 %
Rexulti	927762.5	16	886383.12	15	-4.46 %
Lantus Solos	1005568.16	14	846073.39	16	-15.86 %
Symbicort	894261.72	17	796169.58	17	-10.97 %
Strensiq	871800.66	18	741395.04	18	-14.96 %
Nurtec	680679.76	22	633257.61	19	-6.97 %
Abilify Main	649963.92	24	627905.2	20	-3.39 %
Spiriva	687444.7	21	601891.06	21	-12.45 %
Ingrezza	537875.51	30	586731.5	22	9.08 %
Invega Trinz	539136.36	29	559181.22	23	3.72 %
Enbrel Srclk	718428.15	20	548326.3	24	-23.68 %
Farxiga	558012.93	28	543663.65	25	-2.57 %
Concerta	734243.08	19	528030.51	26	-28.09 %
Mavyret	666747.15	23	518926	27	-22.17 %

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	202306 - 202308		202309 - 202311		PERCENT CHANGE
	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	
Humira	499382.99	32	514599.72	28	3.05 %
Trintellix	564011.82	25	502596.19	29	-10.89 %
Mounjaro	429892.36	37	499285.44	30	16.14 %
Trelegy	454583.17	33	447315.54	31	-1.60 %
Evrysdi	431419.99	36	431388.85	32	-0.01 %
Skyrizi Pen	559813.12	27	426809.32	33	-23.76 %
Insulin Aspa	501676.8	31	424337.82	34	-15.42 %
Xarelto	440661.17	35	422012.41	35	-4.23 %
Entresto	415772.29	40	401933.6	36	-3.33 %
Ventolin Hfa	561162.99	26	384434.63	37	-31.49 %
Flovent Hfa	411377.28	41	369880.76	38	-10.09 %
Lybalvi	332045.3	51	368969.66	39	11.12 %
Albuterol	262289.52	60	368409.3	40	40.46 %
Adynovate	441040.21	34	368063.97	41	-16.55 %
Daybue	75970.38	194	360861.9	42	375.00 %
Caplyta	364582.85	46	350505.84	43	-3.86 %
Januvia	393782.08	44	349174.09	44	-11.33 %
Ajovy	383681.76	45	343321.69	45	-10.52 %
Cosentyx Pen	410994.07	42	336160.16	46	-18.21 %
Xifaxan	424552.56	38	333316.65	47	-21.49 %
Austedo	422324.96	39	324534.19	48	-23.16 %
Advair Disku	409438.45	43	311582.13	49	-23.90 %
Cabometyx	342693.15	50	309690.71	50	-9.63 %
Lisdexamfeta	1804.78	1015	291365.19	51	16044.08 %
Levemir	353329.08	48	288569.55	52	-18.33 %
Advair Hfa	300493.45	54	284778.38	53	-5.23 %
Ubrelvy	305241.91	53	284148.04	54	-6.91 %

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	202306 - 202308		202309 - 202311		PERCENT CHANGE
	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	
Tresiba Flex	325715.38	52	280156.14	55	-13.99 %
Ilaris	248732.44	65	256505.14	56	3.12 %
Opsumit	290160.72	57	253890.63	57	-12.50 %
Eloctate	300299.72	55	252012.28	58	-16.08 %
Victoza	362425.57	47	250475.49	59	-30.89 %
Insulin Lisp	258821.42	61	241970.93	60	-6.51 %
Rebinyn	228445.38	74	236409.04	61	3.49 %
Wakix	294424	56	234918.51	62	-20.21 %
Jornay Pm	238515.46	67	232994.5	63	-2.31 %
Ruconest	0	0	232660.76	64	
Linzess	244639.88	66	231542.12	65	-5.35 %
Methylphenid	225294.33	75	228455.35	66	1.40 %
Norditropin	172584.8	99	224049.59	67	29.82 %
Takhzyro	223622.01	76	223622.01	68	0.00 %
Sofos/velpat	265304.6	59	220704.81	69	-16.81 %
Kesimpta	255938.67	63	218942.37	70	-14.46 %
Aimovig	238039.72	68	214768.28	71	-9.78 %
Sprycel	190936.15	84	213178.77	72	11.65 %
Tremfya	179254.21	94	211292.21	73	17.87 %
Ibrance	232802.03	70	208549.77	74	-10.42 %
Jynarque	257703.94	62	203935.44	75	-20.86 %
Epidiolex	217982.61	78	199043.47	76	-8.69 %
Emflaza	174690.02	95	196318.62	77	12.38 %
Otezla	248833.72	64	195900.53	78	-21.27 %
Pulmozyme	216078.4	79	195755.7	79	-9.41 %
Verzenio	268748.02	58	193915.65	80	-27.84 %
Varenicline	211270.84	81	193327.02	81	-8.49 %

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	202306 - 202308		202309 - 202311		PERCENT CHANGE
	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	
Skyrizi	188321.02	87	185968.08	82	-1.25 %
Hizentra	201190.43	82	184014	83	-8.54 %
Descovy	232745.11	71	183019.23	84	-21.36 %
Rinvoq	166443.07	104	182570.33	85	9.69 %
Fabrazyme	99297.96	170	182040.38	86	83.33 %
Creon	172833.04	98	181853.93	87	5.22 %
Tagrisso	149625.99	114	178675.62	88	19.41 %
Quillichew	180445.28	93	178181.96	89	-1.25 %
Atorvastatin	184433.4	90	176543.29	90	-4.28 %
Altuviiio	0	0	175621.56	91	
Lantus	236603.63	69	175314.77	92	-25.90 %
Amphet/dextr	163539.95	106	171362.65	93	4.78 %
Hemlibra	346179.56	49	169045.4	94	-51.17 %
Fasenra Pen	186918.35	88	167830.38	95	-10.21 %
Sertraline	183577.74	92	165599.08	96	-9.79 %
Fintepla	171027.66	101	164340.72	97	-3.91 %
Anoro Ellipt	183745.49	91	162587.89	98	-11.51 %
Omeprazole	174333.64	96	161636.06	99	-7.28 %
Lenalidomide	231955.16	72	161373.14	100	-30.43 %

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	202306 - 202308		202309 - 202311		PERCENT CHANGE
	PREVIOUS PRESCRIPTION COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	
Atorvastatin	16,048	3	15,346	1	-4.37 %
Omeprazole	16,159	2	15,000	2	-7.17 %
Sertraline	16,263	1	14,554	3	-10.51 %
Levothyroxin	13,721	4	12,944	4	-5.66 %
Lisinopril	13,411	5	12,217	5	-8.90 %
Trazodone	13,078	6	12,151	6	-7.09 %
Albuterol	8,654	18	11,890	7	37.39 %
Escitalopram	12,828	7	11,343	8	-11.58 %
Metformin	12,409	8	11,314	9	-8.82 %
Fluoxetine	12,221	10	11,226	10	-8.14 %
Amoxicillin	8,390	20	11,076	11	32.01 %
Bupropn Hcl	12,264	9	10,850	12	-11.53 %
Gabapentin	11,989	11	10,815	13	-9.79 %
Cetirizine	8,281	22	10,411	14	25.72 %
Amlodipine	9,410	12	8,827	15	-6.20 %
Amphet/dextr	8,472	19	8,580	16	1.27 %
Buspirone	9,218	13	8,308	17	-9.87 %
Duloxetine	8,829	15	8,183	18	-7.32 %
Hydroxyz Hcl	8,920	14	8,006	19	-10.25 %
Pantoprazole	8,229	23	7,885	20	-4.18 %
Montelukast	8,790	16	7,804	21	-11.22 %
Prednisone	7,512	26	7,494	22	-0.24 %
Quetiapine	8,332	21	7,465	23	-10.41 %
Ondansetron	7,343	28	7,069	24	-3.73 %
Venlafaxine	7,883	25	7,044	25	-10.64 %
Metoprol Suc	7,164	29	6,787	26	-5.26 %
Aripiprazole	7,467	27	6,775	27	-9.27 %
Hydroco/apap	8,170	24	6,727	28	-17.66 %
Clonidine	6,991	30	6,587	29	-5.78 %
Methylphenid	6,130	35	6,360	30	3.75 %
Lamotrigine	6,974	31	6,126	31	-12.16 %
Ventolin Hfa	8,688	17	6,002	32	-30.92 %

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	202306 - 202308		202309 - 202311		PERCENT CHANGE
	PREVIOUS PRESCRIPTION COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	
Guanfacine	6,092	36	5,877	33	-3.53 %
Losartan Pot	6,176	34	5,816	34	-5.83 %
Cyclobenzapr	6,662	33	5,748	35	-13.72 %
Fluticasone	5,848	39	5,634	36	-3.66 %
Ibuprofen	6,069	38	5,549	37	-8.57 %
Famotidine	5,690	40	5,472	38	-3.83 %
Loratadine	4,481	50	5,464	39	21.94 %
Amox/k Clav	4,601	48	5,345	40	16.17 %
Topiramate	5,680	41	5,138	41	-9.54 %
Alprazolam	6,080	37	5,099	42	-16.13 %
Aspirin Low	5,288	43	5,000	43	-5.45 %
Azithromycin	3,324	62	4,988	44	50.06 %
Clonazepam	5,466	42	4,848	45	-11.31 %
Propranolol	4,975	46	4,466	46	-10.23 %
Hydrochlorot	5,007	45	4,409	47	-11.94 %
Meloxicam	4,963	47	4,330	48	-12.75 %
Rosuvastatin	4,392	51	4,236	49	-3.55 %
Cephalexin	5,169	44	4,191	50	-18.92 %
Risperidone	4,384	52	4,176	51	-4.74 %
Furosemide	4,497	49	3,988	52	-11.32 %
Spironolact	3,852	57	3,648	53	-5.30 %
Lorazepam	4,310	54	3,642	54	-15.50 %
Tramadol Hcl	4,323	53	3,592	55	-16.91 %
Cefdinir	2,648	82	3,579	56	35.16 %
Vyvanse	6,783	32	3,453	57	-49.09 %
Mirtazapine	3,856	56	3,400	58	-11.83 %
Prazosin Hcl	3,550	59	3,340	59	-5.92 %
Levetiraceta	3,592	58	3,287	60	-8.49 %
Folic Acid	3,476	60	3,177	61	-8.60 %
Fluconazole	3,451	61	3,023	62	-12.40 %
Acetamin	3,129	68	3,010	63	-3.80 %
Jardiance	3,036	70	2,986	64	-1.65 %

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	202306 - 202308		202309 - 202311		PERCENT CHANGE
	PREVIOUS PRESCRIPTION COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	
Doxycyc Mono	2,986	72	2,980	65	-0.20 %
Triamcinolon	4,195	55	2,977	66	-29.03 %
Amitriptylin	3,316	64	2,977	67	-10.22 %
Citalopram	3,214	66	2,922	68	-9.09 %
Hydroxyz Pam	3,245	65	2,870	69	-11.56 %
Metoprol Tar	3,117	69	2,824	70	-9.40 %
Metronidazol	3,322	63	2,806	71	-15.53 %
Ozempic	3,160	67	2,801	72	-11.36 %
Pregabalin	2,917	74	2,685	73	-7.95 %
Oxycodone	2,879	75	2,674	74	-7.12 %
Ferosul	2,937	73	2,641	75	-10.08 %
Valacyclovir	2,865	76	2,607	76	-9.01 %
Lisdexamfeta	9	1108	2,591	77	28688.89 %
Prednisolone	1,880	105	2,577	78	37.07 %
Tizanidine	2,757	78	2,511	79	-8.92 %
Olanzapine	2,719	79	2,430	80	-10.63 %
Divalproex	2,700	80	2,426	81	-10.15 %
Pot Chloride	2,262	91	2,379	82	5.17 %
Baclofen	2,589	85	2,312	83	-10.70 %
Symbicort	2,601	84	2,287	84	-12.07 %
Atomoxetine	2,363	90	2,267	85	-4.06 %
Diclofenac	3,021	71	2,255	86	-25.36 %
Naproxen	2,587	86	2,249	87	-13.07 %
Trulicity	2,864	77	2,221	88	-22.45 %
Lantus Solos	2,625	83	2,211	89	-15.77 %
Carvedilol	2,194	94	2,124	90	-3.19 %
Tamsulosin	2,177	97	2,122	91	-2.53 %
Polyeth Glyc	2,410	87	2,103	92	-12.74 %
Lisinop/hctz	2,189	95	2,071	93	-5.39 %
Clindamycin	2,391	89	2,066	94	-13.59 %
Vraylar	2,259	92	2,008	95	-11.11 %
Insulin Lisp	2,230	93	2,005	96	-10.09 %

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	202306 - 202308		202309 - 202311		PERCENT CHANGE
	PREVIOUS PRESCRIPTION COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	
Eliquis	2,079	100	1,964	97	-5.53 %
Zolpidem	2,393	88	1,922	98	-19.68 %
Nystatin	2,127	99	1,885	99	-11.38 %
Sumatriptan	2,185	96	1,867	100	-14.55 %

**Medicaid Statistics for Prescription Claims
September through November 2023**

Tri-Monthly Statistics

	FFS	Amerigroup	Iowa Total Care	Molina Healthcare	Total**
Total Dollars Paid	\$2,790,128	\$100,286,555	\$76,951,900	\$45,267,172	\$225,295,755
Users	3,766	114,640	100,873	71,770	291,049
Cost Per User	\$740.87	\$874.80	\$762.86	\$630.73	
Total Prescriptions	22,606	883,580	721,436	458,905	2,086,527
Average Rx/User	6.00	7.71	7.15	6.39	
Average Cost/Rx	\$124.42	\$113.50	\$100.66	\$98.64	
# Generic Prescriptions	20,274	784,474	649,884	413,420	
% Generic	8907.0%	88.8%	90.0%	90.1%	
\$ Generic	\$853,846	\$13,543,047	\$11,107,131	\$7,002,950	
Average Generic Rx Cost	\$42.12	\$17.26	\$17.09	\$16.94	
Average Generic Days Supply	25	25.71	26	24.96	
# Brand Prescriptions	2,332	99,106	71,552	45,485	
% Brand	10.3%	11.2%	10.0%	9.9%	
\$ Brand	\$1,936,282	\$86,743,508	\$65,844,769	\$38,264,232	
Average Brand Rx Cost	\$830.31	\$875.26	\$920.24	\$841.25	
Average Brand Days Supply	28	26.90	29	27.28	

**All reported dollars are pre-rebate

Top 20 Therapeutic Class by Paid Amount*

September through November 2023

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

* Pre-rebate

Top 20 Therapeutic Class by Prescription Count

September through November 2023

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

Top 25 Drugs by Paid Amount**

September through November 2023

	FFS	Amerigroup	Iowa Total Care	Molina Healthcare
1	HUMIRA PEN	HUMIRA (CF) PEN	HUMIRA PEN	HUMIRA PEN
2	BIKTARVY	VRAYLAR	VRAYLAR	VRAYLAR
3	VIJOICE	OZEMPIC	OZEMPIC	OZEMPIC
4	MAVYRET	TRULICITY	TRIKAFTA	TRIKAFTA
5	EVRYSDI	TRIKAFTA	TRULICITY	TRULICITY
6	INVEGA SUSTENNA	STELARA	DUPIXENT	DUPIXENT
7	OZEMPIC	INVEGA SUSTENNA	JARDIANCE	BIKTARVY
8	TRULICITY	NOVOSEVEN RT	INVEGA SUSTENNA	JARDIANCE
9	VYVANSE	JARDIANCE	STELARA	INVEGA SUSTENNA
10	VRAYLAR	VYVANSE	BIKTARVY	VYVANSE
11	JARDIANCE	DUPIXENT PEN	TALTZ	STELARA
12	KISQALI	BIKTARVY	VYVANSE	TALTZ
13	LANTUS SOLOSTAR	REXULTI	ELIQUIS	ELIQUIS
14	ALBUTEROL SULFATE	TALTZ AUTOINJECTOR	ARISTADA	REXULTI
15	REXULTI	ELIQUIS	REXULTI	LANTUS SOLOSTAR
16	CONCERTA	LANTUS SOLOSTAR	LANTUS SOLOSTAR	ARISTADA
17	IBUPROFEN	VENTOLIN HFA	SYMBICORT	SYMBICORT
18	VERENZIO	ALTUVIIIIO	STRENSIQ	SKYRIZI PEN
19	ELIQUIS	SYMBICORT	NURTEC	CONCERTA
20	COSENTYX	SKYRIZI PEN	ABILIFY MAINTENA	NURTEC
21	CETIRIZINE	NURTEC ODT	SPIRIVA	INGREZZA
22	DUPIXENT	ARISTADA	INGREZZA	FARXIGA
23	SYMBICORT	DUPIXENT SYRINGE	INVEGA TRINZ	ABILIFY MAINTENA
24	TALTZ	INGREZZA	ENBREL SURECLICK	XYWAV
25	KESIMPTA	MOUNJARO	FARXIGA	INVEGA TRINZA

** Pre-rebate

Top 25 Drugs by Prescription Count

September through November 2023

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

Antidepressants in Children Utilization by Age Band RetroDUR Data

Purpose

Identify members in the pediatric population with a claim for an antidepressant where the member is below the FDA approved minimum age.

Background

The annual federal Drug Utilization Review (DUR) report (Sec. 1927. [42 U.S.C. 1396r-8]) issued by the Centers for Medicare and Medicaid Services (CMS) contains various survey questions relative to drug utilization and practice topics. The most recent survey includes the following questions:

- “Does your state have a documented program in place to either manage or monitor the appropriate use of 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

- Time Period: August through October 2023
- Children below FDA approved minimum age (in parentheses)
- Percent of Medicaid population by age band
- Data reported by plan

Data (by Plan)

AMERIGROUP Antidepressant Utilization by Age Band					
Age Band	0 to 3	4 to 5	6 to 7	8 to 12	13 to 17
Amitriptyline (12)		1	8	82	
Amoxapine (18)					
Bupropion HCl (18)¹			2	94	883
Citalopram (18)¹		3	7	67	289
Clomipramine (10)				10	
Desipramine (18)					
Desvenlafaxine (18)				10	136
Doxepin (12)		3	4	16	
Duloxetine (7)			3		
Escitalopram (7)		2	56		
Fluoxetine (7)		28	139		
Fluvoxamine (8)					
Imipramine (6)					
Isocarboxazid (16)					
Levomilnacipran (18)					
Mirtazapine (18)		3	12	326	611
Nefazodone (18)					
Nortriptyline (13)			3	26	
Paroxetine (18)				16	94
Phenelzine (18)					
Protriptyline (13)					
Sertraline (6)					
Tranlycypromine (18)					
Trazodone (18)	10	48	165	1141	2230
Trimipramine (13)					
Venlafaxine (18)¹				39	545
Vilazodone (18)					
Vortioxetine (18)					
% of Medicaid Population	0.04%	0.6%	2.8%	5.3%	13.9%

IOWA TOTAL CARE Antidepressant Utilization by Age Band					
Age Band	0 to 3	4 to 5	6 to 7	8 to 12	13 to 17
Amitriptyline (12)			4	20	
Amoxapine (18)					
Bupropion HCl (18)¹			1	25	217
Citalopram (18)¹				27	61
Clomipramine (10)			1		
Desipramine (18)					
Desvenlafaxine (18)					
Doxepin (12)				2	
Duloxetine (7)					
Escitalopram (7)	1	1	7		
Fluoxetine (7)	2	10	15		
Fluvoxamine (8)					
Imipramine (6)		1			
Isocarboxazid (16)					
Levomilnacipran (18)					
Mirtazapine (18)		2	13	93	117
Nefazodone (18)					
Nortriptyline (13)		1	4	7	
Paroxetine (18)			1	10	35
Phenelzine (18)					
Protriptyline (13)					
Sertraline (6)		8			
Tranlycypromine (18)					
Trazodone (18)		16	25	270	540
Trimipramine (13)					
Venlafaxine (18)¹				7	108
Vilazodone (18)					
Vortioxetine (18)					5
% of Medicaid Population	0.01%	0.29%	0.51%	1.38%	3.36%

MOLINA Antidepressant Utilization by Age Band					
Age Band	0 to 3	4 to 5	6 to 7	8 to 12	13 to 17
Amitriptyline (12)			3	19	
Amoxapine (18)					
Bupropion HCl (18)¹					
Citalopram (18)¹			3	15	55
Clomipramine (10)				1	
Desipramine (18)					
Desvenlafaxine (18)				3	25
Doxepin (12)	1				
Duloxetine (7)					
Escitalopram (7)		1	5		
Fluoxetine (7)		6	12		
Fluvoxamine (8)			1		
Imipramine (6)		1			
Isocarboxazid (16)					
Levomilnacipran (18)					
Mirtazapine (18)		2	13	61	91
Nefazodone (18)					
Nortriptyline (13)				6	
Paroxetine (18)				2	27
Phenelzine (18)					
Protriptyline (13)					
Sertraline (6)		6			
Tranlycypromine (18)					
Trazodone (18)		7	24	212	387
Trimipramine (13)					
Venlafaxine (18)¹			1	7	99
Vilazodone (18)					8
Vortioxetine (18)					8
% of Medicaid Population	0.01%	0.03%	0.07%	0.07%	1.07%

FEE-FOR-SERVICE Antidepressant Utilization by Age Band					
Age Band	0 to 3	4 to 5	6 to 7	8 to 12	13 to 17
Amitriptyline (12)					
Amoxapine (18)					
Bupropion HCl (18)¹				1	10
Citalopram (18)¹					5
Clomipramine (10)					
Desipramine (18)					
Desvenlafaxine (18)				1	1
Doxepin (12)					
Duloxetine (7)					
Escitalopram (7)					
Fluoxetine (7)			2		
Fluvoxamine (8)					
Imipramine (6)					
Isocarboxazid (16)					
Levomilnacipran (18)					
Mirtazapine (18)				7	8
Nefazodone (18)					
Nortriptyline (13)					
Paroxetine (18)					
Phenelzine (18)					
Protriptyline (13)					
Sertraline (6)					
Tranlycypromine (18)					
Trazodone (18)			1	9	43
Trimipramine (13)					
Venlafaxine (18)¹					3
Vilazodone (18)					
Vortioxetine (18)					
% of Medicaid Population	-	-	3.57%	4.66%	12.66%

¹ Compendia supported age is 6 years and older.

Next Steps

1. Make a recommendation to implement age edits on all above antidepressants based on FDA approved minimum age?
2. Make a recommendation to implement age edits on select antidepressants based on FDA approved minimum age? Identify which antidepressant(s).
3. Make recommendation to implement age edits on all above antidepressants based on FDA approved minimum age and compendia supported age, where applicable?
Bupropion, citalopram, and venlafaxine all have compendia indications down to 6 years of age.
4. Send letters to prescribers of members using an antidepressant below the FDA approved minimum age and/or compendia supported age?
5. Other?
6. None?

Antidepressants in Children Duplicate Therapy RetroDUR Data

Purpose

- Identify members in the pediatric population with a claim for an antidepressant where the member is identified as having duplicate therapy with ≥ 3 chemically distinct antidepressants.

Background

- The annual federal Drug Utilization Review (DUR) report (Sec. 1927. [42 U.S.C. 1396r–8]) issued by the Centers for Medicare and Medicaid Services (CMS) contains various survey questions relative to drug utilization and practice topics. The most recent survey includes the following questions:
 - “Does your state have a documented program in place to either manage or monitor the appropriate use of 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?”
- After reviewing data at the August 2023 and November 2023 meetings, the Commission requested additional breakout of information to determine next steps.
 - Duplicate therapy with ≥ 3 chemically distinct antidepressants with ≥ 60 days overlap, and
 - Duplicate therapy within class with ≥ 60 days overlap.

RDUR Criteria

- Members (0-17 years old)
 - Identify members with ≥ 3 chemically distinct antidepressants (same antidepressants as used in Antidepressants in Children, Utilization by Age Band) with ≥ 60 days overlap, and
 - Identify members with duplicate therapy within antidepressant class with ≥ 60 days overlap. Antidepressant class includes SSRI, SNRI, TCA.
- Time period: 3 months of pharmacy claims; August through October 2023

Data

Duplicate Therapy with ≥ 3 Chemically Distinct Antidepressants with ≥ 60 Days Overlap					
Number of Members					
Age Band	0 to 3	4 to 5	6 to 7	8 to 12	13 to 17
AGP	0	0	0	7	50
ITC	0	0	0	0	3
MHC	0	0	0	0	0
FFS	0	0	0	0	0

AGP = Amerigroup; ITC = Iowa Total Care; MHC = Molina Healthcare; FFS = Fee-for-Service

Duplicate Therapy within Class with ≥ 60 Days Overlap					
Number of Members*					
	AGP				
	0-3	4-5	6-7	8-12	13-17
SSRI	0	0	0	1	3
SNRI	0	0	0	0	0
TCA	0	0	0	0	1

AGP = Amerigroup; ITC = Iowa Total Care; MHC = Molina Healthcare; FFS = Fee-for-Service

* Zero members met criteria for ITC, MHC or FFS

Next Steps

1. Make a recommendation to implement a duplicate therapy edit, regardless of age, on antidepressants when 3 or more chemically distinct antidepressants are found in claims history? Would be brought back to a future meeting to discuss parameters for duplicate therapy edit.
2. Send letters to prescribers of members identified with ≥ 3 chemically distinct antidepressants with ≥ 60 days overlap?
3. Make a recommendation to implement a duplicate therapy edit, regardless of age, within antidepressant class when 2 or more chemically distinct antidepressants are found in claims history? Would be brought back to future meeting to discuss parameters for duplicate therapy edit.
4. Send letters to prescribers of members identified as having duplicate therapy within an antidepressant class with ≥ 60 days overlap?
5. Other?
6. None?

Antidepressants in Children Trazodone Dose RetroDUR Data

Purpose

- Identify members in the pediatric population with a claim for trazodone and review total daily dose by age band.

Background

- The annual federal Drug Utilization Review (DUR) report (Sec. 1927. [42 U.S.C. 1396r–8]) issued by the Centers for Medicare and Medicaid Services (CMS) contains various survey questions relative to drug utilization and practice topics. The most recent survey includes the following questions:
 - “Does your state have a documented program in place to either manage or monitor the appropriate use of 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?”
- After reviewing data at the August 2023 and November 2023 meetings, the Commission requested data be broken out by age band to determine next steps.

RDUR Criteria

- Members: < 18 years old
- Time period: 3 months of pharmacy claims; August through October 2023

Data (by plan)

AMERIGROUP Trazodone Dose by Age Bands					
	0 to 3	4 to 5	6 to 7	8 to 12	13 to 17
0-25mg					
26-50mg	9	34	135	843	1430
51-100mg	1	14	30	237	619
101-149mg					
≥150mg				61	181
Total:	10	48	165	1,141	2,230

IOWA TOTAL CARE Trazodone Dose by Age Bands					
	0 to 3	4 to 5	6 to 7	8 to 12	13 to 17
0-25mg		1	4	17	20
26-50mg		1	4	46	104
51-100mg		9	10	73	129
101-149mg		0	0	4	4
≥150mg		5	7	150	301
Total:	0	16	25	290	558

MOLINA HEALTHCARE Trazodone Dose by Age Bands					
	0 to 3	4 to 5	6 to 7	8 to 12	13 to 17
0-25mg		3	9	38	52
26-50mg		2	9	90	191
51-100mg		2	7	77	127
101-149mg				2	2
≥150mg			2	28	44
Total:	0	7	27	235	416

FEE-FOR-SERVICE Trazodone Dose by Age Bands					
	0 to 3	4 to 5	6 to 7	8 to 12	13 to 17
0-25mg				4	5
26-50mg			1	2	14
51-100mg				5	116
101-149mg					1
≥150mg					9
Total:	0	0	1	11	44

Next Steps

1. Make a recommendation to implement an age edit on trazodone based on FDA approved minimum age?
2. Send letters to prescribers of members identified as having a claim for trazodone below a certain age band?
3. Other?
4. None?

Mood Stabilizers in Children RetroDUR Data

Purpose

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

Background

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

RDUR Criteria

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

Data

≥ 3 Chemically Distinct Mood Stabilizers with ≥ 60 Days Overlap				
	AGP	ITC	MHC	FFS
# Members	4	0	1	0
# Prescribers	6	0	1	0

Mood Stabilizer Utilization in Members 0 to 3 Years of Age				
	AGP	ITC	MHC	FFS
# Members	24	22	19	1
# Prescribers	21	24	17	1

Next Steps

1. Make a recommendation to implement a duplicate therapy edit on mood stabilizers (as defined above) in members 0 to 17 years of age when 3 or more chemically distinct mood stabilizers are found in claims history? Would be brought back to a future meeting to discuss parameters for duplicate therapy edit.
2. Send letters to prescribers of members identified with ≥ 3 chemically distinct mood stabilizers (as defined above) with ≥ 60 days overlap?
3. Make a recommendation to implement an age edit on mood stabilizers (as defined above) in members 0 to 3 years of age? Would be brought back to a future meeting to discuss parameters for age edit.
4. Send letters to prescribers of members 0 to 3 years of age on a mood stabilizer (as defined above)?
5. Other?
6. None?

Low-Dose Quetiapine RetroDUR Data

Purpose

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

Background

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

RDUR Criteria

- Time period: 3 months (August through October 2023)
- Members < 18 years of age.
- Quetiapine dose < 150 mg per day

Data

Number of Members with a Claim for Quetiapine < 150 mg Per Day					
Age Bands (years)	0-3	4-5	6-7	8-12	13-17
AGP	0	3	12	113	315
ITC	0	0	7	49	164
MHC	0	0	2	51	109
FFS	0	0	0	1	11

Next Steps

1. Send letters to prescribers of members on low dose quetiapine pointing out the lack of FDA or compendia indications for use in the pediatric and adolescent populations?
2. Make a recommendation to implement an age edit on quetiapine based on FDA approved age (10 years of age and older)?
3. DUR Digest?
4. Other?
5. None?

Diagnosis of Diabetes Mellitus without Statin Therapy RetroDUR Proposal

Purpose

- Identify members with a diagnosis of diabetes mellitus without a statin in recent pharmacy claims and promote adherence to guideline recommendations.

Background

- The American College of Cardiology and American Heart Association (ACC/AHA) recommend consideration of moderate-intensity statin therapy for primary prevention of atherosclerotic cardiovascular disease (ASCVD) in all individuals who are 40 to 75 years of age with diabetes mellitus given significant cardiovascular outcomes benefit.¹
- The American Diabetes Association (ADA) agrees with the recommendation of utilizing moderate-intensity statin in individuals 40 to 75 years of age with diabetes mellitus and encourages considering the use of high-intensity statin therapy in individuals with additional ASCVD risk factors.²
- A meta-analysis of multiple randomized controlled trials found that moderate-intensity statin therapy was associated with a risk reduction of 25%, similar to people without diabetes and with no apparent difference in benefit between type 1 and type 2 diabetes.¹

Iowa Medicaid Preferred* Statins and Moderate- to High-Intensity Dose

Statin	Moderate-Intensity Dose	High-Intensity Dose
Atorvastatin	10 to 20 mg	40 to 80 mg
Fluvastatin XL	80 mg	
Lovastatin	40 mg	
Pravastatin	40 to 80 mg	
Rosuvastatin	5 to 10 mg	20 to 40 mg
Simvastatin	20 to 40 mg	

*Based on Preferred Drug List, effective January 5, 2024 at http://www.iowamedicaidpdll.com/sites/default/files/ghs-files/2024-01-02/ia-web-pdl_effective_5jan2024_v1.pdf

Potential RDUR Criteria

- Identify members, age 40 to 75, with a diabetes mellitus diagnosis in medical claims that also have current claims for a drug to treat diabetes mellitus. From those members, identify members without a claim for a statin.
- Time period: 3 months (November 2023 through January 2024)
- Other criteria?
- Exclude? Members without statin therapy with claims for a PCSK9 inhibitor or bempedoic acid?
- Report number of members with claims for a diabetes mellitus drug but no statin claims and number of prescribers.

References

1. Arnett DK, Blumenthal RS, Albert MA, et al. 2019 ACC/AHA guideline on the primary prevention of cardiovascular disease: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Circulation* 2019;140:e596–e646
2. ElSayed NA, Aleppo G, Aroda VR, et al., American Diabetes Association. 10. Cardiovascular disease and risk management: Standards of Care in Diabetes—2023. *Diabetes Care* 2023;46(Suppl. 1):S158–S190

Concurrent Levetiracetam and Clobazam RetroDUR Proposal

Purpose

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

Background

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

Potential RDUR Criteria

- Identify members with concurrent claims for levetiracetam and clobazam for ≥ 30 days.
- Time period: 3 months (November 2023 through January 2024)
- Other criteria?
- Report number of members and number of prescribers.

Biologicals for Arthritis Initial Review

Background

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

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

- Active Oligoarthritis¹
 - A trial of scheduled NSAIDs is conditionally recommended as part of initial therapy.
 - Intraarticular glucocorticoids (IAGCs) are strongly recommended as part of initial therapy.
 - Conventional synthetic disease-modifying antirheumatic drugs (DMARDs) are strongly recommended if there is inadequate response to scheduled NSAIDs and/or IACGs.
 - Biologic DMARDs are strongly recommended if there is inadequate response to or intolerance of NSAIDs and/or IACGs and at least one conventional synthetic DMARD. There is no preferred biologic DMARD.
- Systemic JIA without Macrophage Activation Syndrome (MAS)¹
 - NSAIDs are conditionally recommended as initial monotherapy.
 - Oral glucocorticoids are conditionally recommended against as initial monotherapy.
 - Conventional synthetic DMARDs are strongly recommended against as initial monotherapy.
 - Biologic DMARDs (interleukin [IL]-1 and IL-6 inhibitors) are conditionally recommended as initial monotherapy. There is no preferred agent.
 - IL-1 and IL-6 inhibitors are strongly recommended over single or combination of conventional synthetic DMARDs for inadequate response to or intolerance of NSAIDs and/or glucocorticoids.
- Systemic JIA with MAS¹

- IL-1 and IL-6 inhibitors are conditionally recommended over calcineurin inhibitors alone to achieve inactive disease and resolution of MAS. There is no preferred agent.
- Glucocorticoids are conditionally recommended as part of initial treatment of systemic JIA with MAS.
- Biologic DMARDs or Conventional synthetic DMARDs are strongly recommended over long-term glucocorticoids for residual arthritis and incomplete response to IL-1 and/or IL-6 inhibitors. There is no preferred agent.
- Moderate to Severe Polyarticular Juvenile Arthritis²
 - Initial therapy with a DMARD is strongly recommended over NSAID monotherapy. Subcutaneous over oral methotrexate.
 - Using methotrexate monotherapy as initial therapy is conditionally recommended over triple DMARD therapy.
 - Adding a biologic (biologic naïve) to original DMARD is conditionally recommended over changing to a second DMARD or over triple DMARD therapy.
 - After primary tumor necrosis factor inhibitor (TNFi) failure (\pm DMARD), switch to non-TNFi biologic (tocilizumab or abatacept) is conditionally recommended over switching to a second TNFi.

Current Clinical Prior Authorization

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

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

In addition to the above:

Requests for TNF Inhibitors:

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

Requests for Interleukins:

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

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

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

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

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

In addition to the above:

Requests for TNF Inhibitors:

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

Requests for Interleukins:

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

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

References

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

Biologicals for Hidradenitis Suppurativa Initial Review

Background

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

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

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

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

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

Current Clinical Prior Authorization

Prior authorization (PA) is required for biologicals FDA approved or compendia indicated for the treatment of Hidradenitis Suppurativa (HS). Payment for non-preferred biologic agents will

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

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

Payment will be considered under the following conditions:

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

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

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

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

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

- ~~1. Be screened for hepatitis B and C. Patients with active hepatitis B will not be considered for coverage; and~~

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

Payment will be considered under the following conditions:

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

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

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

References

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

Dupilumab (Dupixent) Initial Review

Background

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

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

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

Current Clinical Prior Authorization Criteria

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

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

- cyclosporine or azathioprine; and
- f. Patient will continue with skin care regimen and regular use of emollients; and
4. Patient has a diagnosis of moderate to severe asthma with an eosinophilic phenotype (with a pretreatment eosinophil count ≥ 150 cells/mcL within the previous 6 weeks) or with oral corticosteroid dependent asthma; and
- Is prescribed by or in consultation with an allergist, immunologist, or pulmonologist; and
 - Has a pretreatment forced expiratory volume in 1 second (FEV_1) $\leq 80\%$ predicted; and
 - 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
 - Patient must have one of the following, in addition to the regular maintenance medications defined above:
 - Two (2) or more exacerbations in the previous year or
 - 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
- Documentation dupilumab will be used as an add-on maintenance treatment; and
 - Documentation of an adequate trial and therapy failure with at least one preferred medication from each of the following categories:
 - Nasal corticosteroid spray; and
 - Oral corticosteroid; or
6. Patient has a diagnosis of eosinophilic esophagitis (EoE); and
- Is prescribed by, or in consultation with, an allergist, gastroenterologist, or immunologist; and
 - Patient has ≥ 15 intraepithelial eosinophils per high-power field (eos/hpf) as confirmed by endoscopic esophageal biopsy (attach results); and
 - 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
 - Documentation of previous trials and therapy failures with all of the following:
 - High dose proton pump inhibitor (PPI) for at least 8 weeks; and
 - Swallowed topical corticosteroid (e.g., fluticasone propionate, oral budesonide suspension): and
 - Dietary therapy; and
7. Patient has a diagnosis of moderate to severe prurigo nodularis (PN); and
- Is prescribed by, or in consultation with an allergist, immunologist, or dermatologist; and
 - Patient has experienced severe to very severe pruritis, as demonstrated by a current Worst Itch-Numeric Rating Scale (WI-NRS) ≥ 7 ; and
 - Patient has ≥ 20 nodular lesions (attach documentation); and

- d. Documentation of a previous trial and therapy failure with a high or super high potency topical corticosteroid for at least 14 consecutive days; and
8. Dose does not exceed the FDA approved dosing for indication.

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

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

Proposed Clinical Prior Authorization Criteria

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

1. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient's current weight in kilograms (kg) is provided; and
3. Patient has a diagnosis of moderate-to-severe atopic dermatitis; and
 - a. Is prescribed by or in consultation with a dermatologist, allergist, or immunologist; and
 - b. Patient has failed to respond to good skin care and regular use of emollients; and
 - c. Patient has documentation of an adequate trial and therapy failure with one preferred medium to high potency topical corticosteroid for a minimum of 2 consecutive weeks; and
 - d. Patient has documentation of a previous trial and therapy failure with a topical immunomodulator for a minimum of 4 weeks; and
 - e. ~~Patient has documentation of a previous trial and therapy failure with cyclosporine or azathioprine; and~~
 - f. Patient will continue with skin care regimen and regular use of emollients; and
4. Patient has a diagnosis of moderate to severe asthma with an eosinophilic phenotype (with a pretreatment eosinophil count ≥ 150 cells/mcL within the previous 6 weeks) or with oral corticosteroid dependent asthma; and
 - a. Is prescribed by or in consultation with an allergist, immunologist, or pulmonologist; and
 - b. Has a pretreatment forced expiratory volume in 1 second (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)~~ **One (1)** or more exacerbations in the previous year or
 - ii. Require daily oral corticosteroids for at least 3 days; or
 5. Patient has a diagnosis of inadequately controlled chronic rhinosinusitis with nasal polyposis (CRSwNP); and
 - a. Documentation dupilumab will be used as an add-on maintenance treatment; and
 - b. Documentation of an adequate trial and therapy failure with at least one preferred medication from each of the following categories:
 - i. Nasal corticosteroid spray; and
 - ii. Oral corticosteroid; or
 6. Patient has a diagnosis of eosinophilic esophagitis (EoE); and
 - a. Is prescribed by, or in consultation with, an allergist, gastroenterologist, or immunologist; and
 - b. Patient has ≥ 15 intraepithelial eosinophils per high-power field (eos/hpf) as confirmed by endoscopic esophageal biopsy (attach results); and
 - c. Patient has signs and symptoms of esophageal dysfunction (e.g., dysphagia, food impaction, food refusal, abdominal pain, heartburn regurgitation, chest pain and/or, odynophagia); and
 - d. Documentation of previous trials and therapy failures with all of the following:
 - i. High dose proton pump inhibitor (PPI) for at least 8 weeks; and
 - ii. Swallowed topical corticosteroid (e.g., fluticasone propionate, oral budesonide suspension); and
 - iii. Dietary therapy; and
 7. Patient has a diagnosis of moderate to severe prurigo nodularis (PN); and
 - a. Is prescribed by, or in consultation with an allergist, immunologist, or dermatologist; and
 - b. Patient has experienced severe to very severe pruritis, as demonstrated by a current Worst Itch-Numeric Rating Scale (WI-NRS) ≥ 7 ; and
 - c. Patient has ≥ 20 nodular lesions (attach documentation); and
 - d. Documentation of a previous trial and therapy failure with a high or super high potency topical corticosteroid for at least 14 consecutive days; and
 8. Dose does not exceed the FDA approved dosing for indication.

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

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

Febuxostat (Uloric) Removal of Prior Authorization Criteria Initial Review

Background

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

Current Clinical Prior Authorization

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

Select Preventative Migraine Treatments Initial Review

Background

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

Current Clinical Prior Authorization

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

- I. Patient has one of the following diagnoses:
 - a. Chronic Migraine, defined as:
 - i. ≥ 15 headache days per month for a minimum of 3 months; and
 - ii. ≥ 8 migraine headaches days per month for a minimum of 3 months; or
 - b. Episodic Migraine, defined as:
 - i. 4 to 14 migraine days per month for a minimum of 3 months; or
 - c. Episodic Cluster Headache, defined as:
 - i. Occurring with a frequency between one attack every other day and 8 attacks per day; and
 - ii. With at least 2 cluster periods lasting 7 days to one year (when untreated) and separated by pain-free remission periods ≥ 3 months; and
 - iii. Patient does not have chronic cluster headache (attacks occurring without a remission period, or with remissions lasting < 3 months, for at least 1 year); and
2. Request adheres to all FDA approved labeling for indication, including age, dosing, contraindications, warnings and precautions; and
3. The requested agent will not be used in combination with another CGRP inhibitor for the preventative treatment of migraine; and
4. Patient has been evaluated for and does not have medication overuse headache; and
5. For Episodic and Chronic Migraine, patient has documentation of three trials and therapy failures, of at least 3 months per agent, at a maximally tolerated dose with a minimum of two different migraine prophylaxis drug classes (i.e. anticonvulsants [divalproex, valproate, topiramate], beta blockers [atenolol, metoprolol, nadolol, propranolol, timolol], antidepressants [amitriptyline, venlafaxine]); or

6. For Episodic Cluster Headache, patient has documentation of
 - a. A previous trial and therapy failure at an adequate dose with glucocorticoids (prednisone 30mg per day or dexamethasone 8mg BID) started promptly at the start of a cluster period. Failure is defined as the need to use acute/abortive medications (oxygen, triptans, ergotamine, lidocaine) at least once daily for at least two days per week after the first full week of adequately dosed steroid therapy; and
 - b. A previous trial and therapy failure at an adequate dose of verapamil for at least 3 weeks (total daily dose of 480mg to 960mg). Failure is defined as the need to use acute/abortive medications (oxygen, triptans, ergotamines, lidocaine) at least once daily for at least two days per week after three weeks of adequately dosed verapamil therapy.
7. Lost, stolen, or destroyed medication replacement requests will not be authorized.

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

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

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

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

2. Request adheres to all FDA approved labeling for *requested drug and* indication, including age, dosing, contraindications, warnings and precautions, *drug interactions and use in specific populations*; and
3. The requested agent will not be used in combination with another CGRP inhibitor for the preventative treatment of migraine; and
4. Patient has been evaluated for and does not have medication overuse headache; and
5. For Episodic and Chronic Migraine, patient has documentation of ~~three~~ *two* trials and therapy failures, of at least 3 months per agent, at a maximally tolerated dose with a ~~minimum of~~ two different migraine prophylaxis drug classes (i.e. anticonvulsants [divalproex, valproate, topiramate], beta blockers [atenolol, metoprolol, nadolol, propranolol, timolol], antidepressants [amitriptyline, venlafaxine]); or
6. For Episodic Cluster Headache, patient has documentation of
 - a. A previous trial and therapy failure at an adequate dose with glucocorticoids (prednisone 30mg per day or dexamethasone 8mg BID) started promptly at the start of a cluster period. Failure is defined as the need to use acute/abortive medications (oxygen, triptans, ergotamine, lidocaine) at least once daily for at least two days per week after the first full week of adequately dosed steroid therapy; and
 - b. A previous trial and therapy failure at an adequate dose of verapamil for at least 3 weeks (total daily dose of 480mg to 960mg). Failure is defined as the need to use acute/abortive medications (oxygen, triptans, ergotamines, lidocaine) at least once daily for at least two days per week after three weeks of adequately dosed verapamil therapy.
7. Lost, stolen, or destroyed medication replacement requests will not be authorized.

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

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

Hepatitis C Treatments, Direct Acting Antivirals Initial Review

Background

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

Current Clinical Prior Authorization Criteria

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

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

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

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

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

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

Prior authorization (PA) is required for hepatitis C direct-acting antivirals (DAA). *Request must adhere to all FDA approved labeling for requested drug and indication, including age, dosing,*

contraindications, warnings & precautions, drug interactions, and use in specific populations. Requests for non-preferred agents may be considered when documented evidence is provided that the use of the preferred agents would be medically contraindicated. Payment will be considered under the following conditions:

- 1. Patient has a diagnosis of chronic hepatitis C; and
- 2. ~~Patient's age and/or weight is within the FDA labeled age and/or weight;~~ and
- 3. Patient has had testing for hepatitis C virus (HCV) genotype; and
- 4. Patient has an active HCV infection verified by a detectable viral load within 12 months of starting treatment; and
- 5. ~~Patient has been tested for hepatitis B (HBV) prior to initiating treatment of HCV and individuals with active HBV infection are treated (either at same time as HCV therapy or before HCV therapy is started); and~~
- 6. Patient's prior HCV DAA treatment history is provided (treatment naïve or treatment experienced); and

- ~~7. If patient has a history of non-compliance, documentation that steps have been taken to correct or address the causes of non-compliance are provided; and~~
- ~~8. Patient has been evaluated to determine the patient's readiness for HCV treatment with scales or assessment tools, such as [SAMHSA HRSA Center for Integrated Health Solutions—Drug & Alcohol Screening Tools](#) and the [Psychosocial Readiness Evaluation and Preparation for Hepatitis C Treatment \(PREP-C\)](#); and~~
- ~~9. Patient has been educated on the importance of abstinence from IV drug use and alcohol use, the importance of compliance with HCV treatment, and how to prevent HCV transmission. If patient is currently using IV drug and/or alcohol, recommend the patient participate in alcohol and/or substance abuse counseling; and~~
- ~~10. HCV treatment is prescribed by or in consultation with a digestive disease, liver disease, or infectious disease provider practice; and~~
- ~~11. DAAs approved for pediatric use will be considered for those under the age of 18 when used in accordance with current AASLD guidelines *and patient's weight is provided* including for indication and age; and~~
- ~~12. For patients on a regimen containing ribavirin, the following must be documented on the PA form:

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

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

- ~~1. Patient must meet all criteria for treatment approval above; and~~
- ~~2. Patients who previously achieved SVR that have HCV recurrence due to IV drug use must have documentation that the patient has completed or is participating in a recovery program, receiving alcohol or substance abuse counseling services, or seeing an addiction specialist as part of HCV treatment, and can be managed as an initial infection; and~~
- ~~3. The requested therapy is FDA approved as therapy for treatment-experienced patients and follows current AASLD guidelines; and~~
- ~~4. *HCV retreatment is prescribed by or in consultation with a digestive disease, liver disease, or*~~

infections disease provider practice; and

5. Patient has not been previously treated with and failed the requested DAA therapy; and
6. Documentation is provided patient has a documented presence of detectable HCV RNA at least 12 weeks after completing previous DAA treatment.

Odevixibat (Bylvay) Second Review

Background

Odevixibat (Bylvay) recently received U.S. Food and Drug Administration (FDA) approval for the treatment of cholestatic pruritus in patients 12 months of age and older with Alagille syndrome (ALGS). Bylvay is the second drug to receive this indication. Maralixibat (Livmarli) received FDA approval for ALGS in 2021. Bylvay is also indicated for the treatment of pruritus in patients 3 months of age and older with progressive familial intrahepatic cholestasis (PFIC). Dosing for Bylvay varies by indication, age, and weight.

Prior authorization (PA) criteria are being updated to add the new indication, mirroring the criteria for maralixibat.

Clinical Trials

The efficacy of Bylvay was evaluated in a 24-week, randomized, double-blind, placebo-controlled trial in 52 pediatric patients, aged 6 months to 15 years, with a confirmed diagnosis of ALGS and presence of pruritus at baseline. Patients were randomized to placebo or Bylvay. A single-item observer-reported outcome (ObsRO) was used to measure patients' scratching severity as observed by their caregiver twice daily (once in the morning and once in the evening). Scratching severity was assessed on a 5-point ordinal response scale, with scores ranging from 0 (no scratching) to 4 (worst possible scratching).

- The mean change from baseline in scratching score at month 6 was -0.8 with placebo vs. -1.7 with Bylvay (treatment difference -0.9, 95% CI: -1.4, -0.3; $p = 0.002$).

Current Clinical Prior Authorization

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

1. Request adheres to all FDA approved labeling including age, dosing, contraindications, warnings and precautions, and drug interactions; and
2. Patient has a diagnosis of genetically confirmed progressive familial intrahepatic cholestasis (PFIC) type 1 or 2; and
3. Genetic testing does not indicate PFIC type 2 with ABCB11 variants encoding for nonfunction or absence of bile salt export pump protein (BSEP-3); and
4. Patient has moderate to severe pruritis associated with PFIC; and
5. Patient's current weight in kg is provided; and
6. Is prescribed by or in consultation with a hepatologist or gastroenterologist.

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

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

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

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

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

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

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

References

Bylvay [package insert]. Boston, MA: Albireo Pharma, Inc; June 2023

Oral Constipation Agents Second Review

Background

Linaclotide (Linzess) recently received U.S. Food and Drug Administration (FDA) approval for the treatment of functional constipation (FC) in pediatric patients 6 to 17 years of age. The recommended dose for the treatment of FC in pediatric patients is 72 mcg orally once daily.

Clinical trials for treatment of functional constipation used Rome III diagnostic criteria. Criteria for a child with a developmental age ≥ 4 years with insufficient criteria for irritable bowel syndrome include:

1. ≤ 2 defecations in the toilet per week
2. At least one episode of fecal incontinence per week
3. History of retentive posturing or excessive volitional stool retention
4. History of painful or hard bowel movements
5. Presence of a large fecal mass in the rectum
6. History of large-diameter stools that may obstruct the toilet.

Diagnosis is confirmed when criteria occur at least once per week for at least 2 months.

Polyethylene glycol (PEG) 3350 is first-line treatment for functional constipation in children. Lactulose can be used as a first-line treatment if PEG is not available. Use of milk of magnesia, mineral oil, and stimulant laxatives may be considered as an additional or second-line treatment.

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

Clinical Trials

The efficacy of Linzess in FC was evaluated in a randomized, double-blind, placebo-controlled study in 328 pediatric patients 6 to 17 years of age with FC. For trial enrollment, Rome III criteria for child/adolescent FC were modified to require patients have less than 3 spontaneous bowel movements (SBMs) per week (defined as a BM that occurred in the absence of laxative, enema, or suppository use on the calendar day of or before the BM) and 1 or more of the following criteria at least once per week for at least 2 months before the screening visit:

- History of stool withholding or excessive voluntary stool retention
- History of painful or hard bowel movements
- History of large diameter stools that may obstruct the toilet
- Presence of a large fecal mass in the rectum
- At least 1 episode of fecal incontinence per week

Patients were allowed to continue previously stable dose of bulk laxatives, fiber, stool softeners, or probiotics. During the trial, patients could use bisacodyl or senna as needed, but were not allowed to take other laxatives, bismuth, prokinetic agents, or other drugs to treat FC.

Patients received Linzess or placebo. The primary endpoint was the 12-week change from baseline in SBM frequency rate.

- The least squares 12-week mean change from baseline in SBM frequency rate was 2.6 with Linzess and 1.3 with placebo (treatment difference 1.3, 95% CI: 0.7, 1.8).

Current Clinical Prior Authorization

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

1. Patient meets the FDA approved age; and
2. Patient must have documentation of adequate trials and therapy failures with both of the following:
 - a. Stimulant laxative (senna) plus saline laxative (milk of magnesia); and
 - b. Stimulant laxative (senna) plus osmotic laxative (polyethylene glycol or lactulose); and
3. Patient does not have a known or suspected mechanical gastrointestinal obstruction; and
4. Patient has one of the following diagnoses:
 - a. A diagnosis of chronic idiopathic constipation (Amitiza, Linzess, Motegrity, Trulance)
 - i. Patient has less than 3 spontaneous bowel movements (SBMs) per week; and
 - ii. Patient has two or more of the following symptoms within the last 3 months:
 1. Straining during at least 25% of bowel movements;
 2. Lumpy or hard stools for at least 25% of bowel movements; and
 3. Sensation of incomplete evacuation for at least 25% of bowel movements; and
 - iii. Documentation the patient is not currently taking constipation causing therapies
 - b. A diagnosis of irritable bowel syndrome with constipation (Amitiza, Ibsrela, Linzess, or Trulance)
 - i. Patient is female (Amitiza only); and
 - ii. Patient has recurrent abdominal pain on average at least 1 day per week in the last 3 months associated with two (2) or more of the following:
 1. Related to defecation;
 2. Associated with a change in stool frequency; and/or
 3. Associated with a change in stool form
 - c. A diagnosis of opioid-induced constipation with chronic, non-cancer pain (Amitiza, Movantik, Relistor, or Symproic)
 - i. Patient has been receiving stable opioid therapy for at least 30 days as seen in the patient's pharmacy claims; and
 - ii. Patient has less than 3 spontaneous bowel movements (SBMs) per week, with at least 25% associated with one or more of the following:
 1. Hard to very hard stool consistency;

2. Moderate to very severe straining; and/or
3. Having a sensation of incomplete evacuation

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

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

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

1. *Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations* ~~Patient meets the FDA approved age; and~~
2. Patient must have documentation of adequate trials and therapy failures with ~~both~~ of the following:
 - a. *Members 18 years of age or older:*
 - i. Stimulant laxative (senna) plus saline laxative (milk of magnesia); and
 - ii. Stimulant laxative (senna) plus osmotic laxative (polyethylene glycol or lactulose); ~~or and~~
 - b. *Members 17 years of age or younger:*
 - i. *Polyethylene glycol; and*
 - ii. *One other preferred generic laxative, such as lactulose or senna; and*
3. Patient does not have a known or suspected mechanical gastrointestinal obstruction; and
4. Patient has one of the following diagnoses:
 - a. A diagnosis of chronic idiopathic constipation (Amitiza, Linzess, Motegrity, Trulance)
 - i. Patient has less than 3 spontaneous bowel movements (SBMs) per week; and
 - ii. Patient has two or more of the following symptoms within the last 3 months:
 1. Straining during at least 25% of bowel movements; ~~and~~
 2. Lumpy or hard stools for at least 25% of bowel movements; ~~and~~
 3. Sensation of incomplete evacuation for at least 25% of bowel movements; and
 - iii. Documentation the patient is not currently taking constipation causing therapies; or
 - b. A diagnosis of irritable bowel syndrome with constipation (Amitiza, Ibsrela, Linzess, or Trulance)
 - i. Patient is female (Amitiza only); and
 - ii. Patient has recurrent abdominal pain on average at least 1 day per week in the last 3 months associated with two (2) or more of the following:
 1. Related to defecation;
 2. Associated with a change in stool frequency; ~~and/or~~

3. Associated with a change in stool form; *or*
- c. A diagnosis of opioid-induced constipation with chronic, non-cancer pain (Amitiza, Movantik, Relistor, or Symproic)
 - i. Patient has been receiving stable opioid therapy for at least 30 days as seen in the patient's pharmacy claims; and
 - ii. Patient has less than 3 spontaneous bowel movements (SBMs) per week, with at least 25% associated with one or more of the following:
 1. Hard to very hard stool consistency;
 2. Moderate to very severe straining; *and/or*
 3. Having a sensation of incomplete evacuation; *or*
- d. A diagnosis of functional constipation (Linzess)
 - i. Patient has less than 3 SBMs per week; and 1 or more of the following criteria at least once per week for at least 2 months:
 1. History of stool withholding or excessive voluntary stool retention;
 2. History of painful or hard bowel movements;
 3. History of large diameter stools that may obstruct the toilet;
 4. Presence of a large fecal mass in the rectum;
 5. At least 1 episode of fecal incontinence per week.

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

References

Linzess [package insert]. North Chicago, IL, AbbVie, Inc; June 2023

Tabbers MM, DiLorenzo C, Berger MY, et al: Evaluation and treatment of functional constipation in infants and children: evidence-based recommendations from ESPGHAN and NASPGHAN. *J Pediatr Gastroenterol Nutr* 2014; 58(2):258-274.

https://www.naspghan.org/files/documents/pdfs/cme/jpgn/Evaluation_and_Treatment_of_Functional.24.pdf

Oral Immunotherapy Second Review

Background

Odactra is an allergen extract indicated as immunotherapy for the treatment of house dust mite (HDM) induced allergic rhinitis, with or without conjunctivitis, confirmed by positive *in vitro* testing for IgE antibodies to *Dermatophagoides farinae* or *Dermatophagoides pteronyssinus* house dust mites or by positive skin testing to licensed house dust mite allergen extracts. Odactra was initially approved by the U.S. Food and Drug Administration (FDA) in 2017 but the manufacturer did not participate in the federal Medicaid Drug Rebate Program (MDRP) until mid-2023.

See attached drug review for additional clinical information.

Since the development of prior authorization (PA) criteria for sublingual allergen immunotherapy (SLIT), there have been several updates to the labels of several drugs, including age and dosing. Grastek and Ragwitek, manufactured by the same company as Odactra, have not been payable due to the manufacturer not participating in the MDRP program, therefore, criteria have not been updated in the interim. Grastek dosing has been updated to allow for daily dosing for three consecutive years (including the interval between the grass pollen seasons). Additionally, the FDA approved age for use has changed. Grastek, Oralair, and Ragwitek are now approved for use in persons 5 through 65 years of age.

PA criteria are being updated to add criteria specific to Odactra and modify criteria for the other agents based on changes to the FDA approved label.

Cost

- WAC \$11.57 per tablet; \$347.10 per month; \$4,165.20 per 12 months

Current Clinical Prior Authorization

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

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

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

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

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

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

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

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

Prior authorization is required for sublingual allergen immunotherapy. Payment will be considered *when patient has an FDA approved or compendia indication for the requested drug* under the following conditions:

1. *Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings & precautions, drug interactions, and use in specific populations; and*
2. Medication is prescribed by *or in consultation with* an allergist *or immunologist*; and
3. ~~Patient is diagnosed with pollen-induced allergic rhinitis with or without conjunctivitis; and~~
4. *Patient has documentation of an adequate trial and therapy failure with an intranasal corticosteroid and oral or nasal antihistamine used concurrently; and Patient has documented trials and therapy failures with allergen avoidance and pharmacotherapy (intranasal corticosteroids and antihistamines); and*
5. Patient has a documented intolerance to immunotherapy injections; and
6. The first dose has been administered under the supervision of a health care provider to observe for allergic reactions (date of administration and response required prior to consideration).

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

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

1. ~~Patient is 18 through 65 years of age; and~~
2. *Patient is diagnosed with short ragweed pollen-induced allergic rhinitis, with or without conjunctivitis; and*
3. Patient has a positive skin test or *in vitro* testing (pollen-specific IgE antibodies) to short ragweed pollen.
4. If criteria for coverage are met, authorization will be considered at least 12 weeks before the expected onset of ragweed pollen season and continued throughout the season.

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

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

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

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

References

Grastek [package insert]. Hørsholm, Denmark: ALK-Abelló A/S: December 2019.

Odactra [package insert]. Hørsholm, Denmark: ALK-Abelló A/S: January 2023.

Ragwitek [package insert]. Hørsholm, Denmark: ALK-Abelló A/S: April 2021.



PDL DRUG REVIEW

Proprietary Name: Odactra®

Common Name: dermatophagoides pteronyssinus & dermatophagoides farinae

PDL Category: Allergenic Extracts

Summary

Pharmacology/Usage: Odactra® tablets contain house dust mite allergen extract from *Dermatophagoides farinae* and *Dermatophagoides pteronyssinus*. The precise mechanisms of action of allergen immunotherapy have not been fully established.

Indication: An allergen extract indicated as immunotherapy for the treatment of house dust mite (HDM)-induced allergic rhinitis, with or without conjunctivitis, confirmed by positive *in vitro* testing for IgE antibodies to *Dermatophagoides farinae* or *Dermatophagoides pteronyssinus* house dust mites, or by positive skin testing to licensed house dust mite allergen extracts. Odactra® is approved for use in persons 12 through 65 years of age. Note that Odactra® is not indicated for the immediate relief of allergic symptoms.

There is no pregnancy category for this medication; however, the risk summary indicates that available data on Odactra® administered to pregnant women are not sufficient to inform associated risks in pregnancy. In an embryo/fetal developmental toxicity study in mice, administration of Odactra® during gestation did not reveal adverse developmental outcomes in fetuses. The safety and efficacy of use have not been established in the pediatric population younger than 12 years of age. The safety and efficacy have not been established in persons older than 65 years of age.

Dosage Form: Tablets of 12 SQ-HDM (6 SQ-HDM *D. farinae* and 6 SQ-HDM *D. pteronyssinus*). Each tablet contains a 1:1:1:1 potency ratio of *D. farinae* group 1 allergen, *D. farinae* group 2 allergen, *D. pteronyssinus* group 1 allergen, and *D. pteronyssinus* group 2 allergen.

SQ-HDM is the dose unit for Odactra®. SQ is a method of standardization of biological potency, major allergen content and complexity of the allergen extract. HDM is an abbreviation for house dust mite.

Recommended Dosage: For sublingual (SL) use only. One tablet daily.

Administer the first dose of Odactra® in a healthcare setting under the supervision of a physician with experience in the diagnosis and treatment of allergic diseases. After receiving the first dose of Odactra®, observe the patient for at least 30 minutes to monitor for signs or symptoms of a severe systemic or a severe local allergic reaction. If the patient tolerates the first dose, the patient may take subsequent doses at home. The patient should administer Odactra® as follows:

- Take the tablet from the blister unit after carefully removing the foil with dry hands.
- Place the tablet immediately under the tongue where it will dissolve within 10 seconds. Do not swallow for at least 1 minute.
- Wash hands after handling the tablet.

- Do not take the tablet with food or beverage. Food or beverage should not be taken for 5 minutes after taking the tablet.

Data regarding the safety of restarting treatment after missing a dose are limited. In the clinical studies, treatment interruptions for up to 7 days were allowed.

Prescribe auto-injectable epinephrine to patients prescribed Odactra® and instruct patients (or their parents/guardians) in the proper use of auto-injectable epinephrine.

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

Box Warning: Odactra® has a box warning regarding severe allergic reactions. Odactra® can cause life-threatening allergic reactions such as anaphylaxis and severe laryngopharyngeal restriction. Do not administer Odactra® to patients with severe, unstable or uncontrolled asthma. Observe patients in the office for at least 30 minutes following the initial dose. Prescribe auto-injectable epinephrine, instruct and train patients or parents/guardians on its appropriate use, and instruct patients or parents/guardians to seek immediate medical care upon its use. Odactra® may not be suitable for patients with certain underlying medical conditions that may reduce their ability to survive a serious allergic reaction. Odactra® may not be suitable for patients who may be unresponsive to epinephrine or inhaled bronchodilators, such as those taking beta-blockers.

Common Adverse Drug Reactions: *Listed % incidence for adverse drug reactions= reported % incidence for drug (Odactra®) minus reported % incidence for placebo of any intensity for adults. 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 itching in the ear (40%), itching in the mouth (47.2%), swelling of the uvula/back of the mouth (17.4%), swelling of the lips (15.3%), swelling of the tongue (13.7%), nausea (7.1%), tongue pain (11.2%), tongue ulcer/sore on the tongue (9.5%), stomach pain (6.1%), mouth ulcer/sore in the mouth (7.4%), diarrhea (3.3%), vomiting (1.1%), taste alteration/food tastes different (6.4%), throat irritation/tickle (46.2%), and throat swelling (11.2%).

Listed % incidence for adverse drug reactions= reported % incidence for drug (Odactra®) minus reported % incidence for placebo for adolescents 12 through 17 years of age. 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 itching in the ear (38.4%), itching in the mouth (58.7%), tongue pain (20.3%), stomach pain (7.6%), swelling of the uvula/back of the mouth (17%), swelling of the lips (19.1%), swelling of the tongue (15.9%), nausea (7.5%), tongue ulcer/sore on the tongue (8.6%), mouth ulcer/sore in the mouth (7.4%), diarrhea (5.6%), vomiting (4.3%), taste alteration/food tastes different (0.1%), throat irritation/tickle (37.6%), and throat swelling (9.7%).

Odactra® can cause systemic allergic reactions including anaphylaxis which may be life-threatening. In addition, Odactra® can cause severe local reactions, including laryngopharyngeal swelling, which can compromise breathing and be life-threatening. Refer to the box warning for additional information.

Odactra® can cause local reactions in the mouth or throat that could compromise the upper airway. Consider discontinuation in patients who experience persistent and escalating adverse reactions in the mouth or throat.

Eosinophilic esophagitis has been reported in association with sublingual tablet immunotherapy. Discontinue Odactra® and consider a diagnosis of eosinophilic esophagitis in patients who experienced severe or persistent gastroesophageal symptoms including dysphagia or chest pain.

Withhold immunotherapy with Odactra® if the patient is experiencing an acute asthma exacerbation. Re-evaluate patients who have recurrent asthma exacerbations and consider discontinuation of Odactra®.

Odactra® has not been studied in subjects who are receiving concomitant allergen immunotherapy. Concomitant dosing with other allergen immunotherapy may increase the chance of local or systemic adverse reactions to either subcutaneous or sublingual allergen immunotherapy.

Stop treatment with Odactra® to allow complete healing of the oral cavity in patients with oral inflammation (e.g., oral lichen planus, mouth ulcers, or thrush) or oral wounds, such as those following oral surgery or dental extraction.

Contraindications: In patients with:

- Severe, unstable or uncontrolled asthma
- A history of any severe systemic allergic reaction
- A history of any severe local reaction after taking any sublingual allergen immunotherapy
- A history of eosinophilic esophagitis
- Hypersensitivity to any of the inactive ingredients contained in this product.

Manufacturer: ALK-Abello A/S.

Analysis: The efficacy of Odactra® for the treatment of HDM-induced allergic rhinitis was investigated in two double-blind, placebo-controlled, randomized, clinical field efficacy studies (Studies 1 and 2) and one environmental exposure chamber (EEC) study.

Study 1 (North American Field Efficacy Study) was a double-blind, placebo-controlled, randomized field efficacy study conducted in the US and Canada for a duration of up to 12 months that compared the efficacy of Odactra® (N=741) with placebo (N=741) in the treatment of HDM-induced allergic rhinitis in adults and adolescents. Subjects aged 12 through 85 years of age were enrolled if they had a history of symptomatic allergic rhinitis (AR) and were sensitized to *D. farinae* and/or *D. pteronyssinus* as determined by house dust mite specific IgE. Subjects were required to be symptomatic and were not taking symptom-relieving allergy medications at enrollment. In addition, subjects with mild to moderate asthma, defined as asthma of a severity that required, at most, a daily medium dose of an inhaled corticosteroid, were enrolled in the study. In the study, 31% of subjects had asthma, 48% had conjunctivitis, and 76% were polysensitized to other allergens in addition to HDM, including trees, grasses, weed, animal danders, and molds. Furthermore, 76% were white, 59% were female, and the mean age of subjects was 35 years.

The efficacy of Odactra® was assessed through self-reporting of symptoms and medication use. Based on these self-assessments, the Total Combined Rhinitis Score (TCRS), daily symptom scores (DSS), and daily medication scores (DMS) for rhinoconjunctivitis were calculated. Daily symptoms included 4 nasal symptoms (runny nose, stuffy nose, sneezing, and itchy nose) and two ocular symptoms (gritty/itchy eyes and watery eyes). Each of these rhinoconjunctivitis symptoms was individually graded by subjects daily on a scale of 0 (none) to 3 (severe) and then summed. Subjects were allowed to take symptom-relieving allergy medications (including oral and ocular antihistamines and nasal corticosteroids) during the study as needed. The DMS measured the use of these standard symptom-relieving allergy medications. Predefined daily maximum scores were assigned to each class of rhinitis and conjunctivitis medication as 0=none, 6=oral antihistamine, 6=ocular antihistamine, and 8=nasal corticosteroid.

The primary efficacy endpoint was the difference between the treatment and placebo groups in the average TCRS during approximately the last 8 weeks of treatment. The TCRS represents the sum of the daily rhinitis DSS and the rhinitis DMS. Other secondary endpoints in this study included the average rhinitis DSS, the average rhinitis DMS, and the Total Combined Score (TCS). The TCS represents the sum of the rhinoconjunctivitis DSS and the rhinoconjunctivitis DMS, which was then averaged during about the last 8 weeks of treatment.

Subjects were required to stop taking symptom-relieving allergy medication during the baseline period. The mean rhinitis DSS at baseline was 7.94 out of 12 total points in both the treatment arm and placebo arm. Results of this study are presented in the table below, which was adapted from the prescribing information. Note that consistent results across age groups were observed, supporting a similar treatment effect in adolescent and adult subgroups.

Endpoint	Odactra® score (N=566)	Placebo score (N=620)	Treatment difference	Difference relative to placebo, estimate
Primary Endpoint				
TCRS *	4.10	4.95	-0.80	-17.2%
Secondary Endpoints				
Rhinitis DSS	3.55	4.20	-0.60	-15.5%

Endpoint	Odactra® score (N=566)	Placebo score (N=620)	Treatment difference	Difference relative to placebo, estimate
Rhinitis DMS	0.65	0.79	-0.15	-18.4%
TCS *	5.50	6.60	-1.10	-16.7%

*TCRS=Total Combined Rhinitis Score (rhinitis DSS + rhinitis DMS); TCS-Total Combined Score (rhinoconjunctivitis DSS + rhinoconjunctivitis DMS)

Study 2 (European Field Efficacy Study) was a double-blind, placebo-controlled, randomized field efficacy study that assessed adult subjects 18 through 66 years of age who were randomized to Odactra® (N=318) or placebo (N=338) for a duration of about 12 months. Subjects in this study had a history of symptomatic allergic rhinitis when exposed to house dust and were sensitized to *D. farinae* and/or *D. pteronyssinus* as determined by house dust mite specific IgE testing. At study entry, subjects were required to be symptomatic despite taking symptom-relieving allergy medications during the baseline period. In this study, 46% of subjects had asthma, 97% had conjunctivitis, and 67% were polysensitized to other allergens in addition to HDM, including trees, grass, weeds, animal danders, and molds. The study population was mainly white (98%), 50% were female, and the mean age of subjects was 32 years.

The primary efficacy endpoint was the difference relative to placebo in the average TCRS during the last 8 weeks of treatment. The mean Rhinitis DSS at baseline was 7.95 out of 12 for the treatment arm and 8.00 out of 12 total points for the placebo arm. Results are presented in the table below, which was adapted from the prescribing information.

Endpoint	Odactra® score (n)	Placebo score (n)	Treatment difference	Difference relative to placebo, estimate
Primary Endpoint				
TCRS	(318) 5.71	(338) 6.81	-1.09	-16.1%
Secondary Endpoints				
Rhinitis DSS	(318) 2.84	(338) 3.31	-0.47	-14.1%
Rhinitis DMS	(318) 2.32	(338) 2.86	-0.54	-18.9%
TCS	(241) 7.91	(257) 9.12	-1.21	-13.2%

Note that subjects from Serbia and Croatia were excluded from the analysis of TCS because the preferred formulations of antihistamine eyedrops were not available in these countries at the time the study was conducted. The TCS analysis is based on the full analysis set (FAS). All available data used to its full extent (i.e. subjects who provided data during the efficacy assessment period).

Study 3 (EEC Study) was a double-blind, placebo-controlled, randomized EEC study that included adult subjects 18 through 58 years of age who were randomized to Odactra® (N=42) or placebo (N=41) for about 24 weeks. Subjects had a history of symptomatic allergic rhinitis and were sensitized to *D. farinae* and/or *D. pteronyssinus* as determined by HDM specific IgE. In this study, 23% of subjects had asthma, 87% had conjunctivitis, and 84% were polysensitized to other allergens in addition to HDM, including tree, grass, weed, animal danders, and molds. The subject population was 90% White, while 43% were female, and the mean age of subjects was 27 years.

The primary endpoint was the difference relative to placebo in the average TNSS at week 24. The Total Nasal Symptom Score (TNSS) represents the sum of 4 nasal symptoms (runny nose, stuffy nose, sneezing, and itchy nose). Secondary endpoints were the differences relative to placebo in the average TNSS at weeks 8 and 16 and average Total Symptom Score (TSS) at week 24, which represents the sum of TNSS plus 2 ocular symptoms (gritty/itchy eyes and watery eyes). Baseline TNSS following house dust mite EEC challenge prior to treatment was 7.74 out of

12 total points for Odactra® and 7.32 out of 12 total points for placebo. Results are presented in the table below, which was adapted from the prescribing information.

Endpoint	Odactra® score (n)	Placebo score (n)	Treatment difference	Difference relative to placebo, estimate
Primary Endpoint				
TNSS- week 24	(36) 3.83	(34) 7.45	-3.62	-48.6%
Secondary Endpoints				
TNSS- week 8	(40) 5.34	(39) 6.71	-1.37	-20.4%
TNSS- week 16	(39) 4.82	(38) 6.90	-2.08	-30.1%
TSS- week 24	(36) 4.43	(34) 9.27	-4.84	-52.2%

Place in Therapy: Odactra® is an allergen extract indicated as immunotherapy for the treatment of house dust mite (HDM)-induced allergic rhinitis, with or without conjunctivitis, confirmed by positive *in vitro* testing for IgE antibodies to *D. farinae* or *D. pteronyssinus* house dust mites, or by positive skin testing to licensed house dust mite allergen extracts. Odactra® is approved for use in persons 12 through 65 years of age. Note that Odactra® is not indicated for the immediate relief of allergic symptoms. It has a box warning regarding risk of severe allergic reactions. Patients must be observed in the office for at least 30 minutes following the initial dose and patients must be prescribed auto-injectable epinephrine.

The efficacy of Odactra® for the treatment of HDM-induced allergic rhinitis was assessed in two double-blind, placebo-controlled, randomized clinical field efficacy studies (Study 1 and 2) and one environmental exposure chamber (EEC) study. The primary efficacy endpoint for Study 1 and 2 was the difference between treatment and placebo groups in the average TCRS during about the last 8 weeks of treatment. The difference relative to placebo (estimate) was -17.2% in Study 1 and -16.1% in Study 2. The primary endpoint in Study 3 was the difference relative to placebo in the average TNSS at week 24; the difference relative to placebo (estimate) in this study was -48.6%. Per the full-text of study 1 by Nolte et al², there was a significantly lower average TCRS with 12 SQ-HDM as compared to placebo (p<0.001).

It is recommended that Odactra® should be non-preferred in order to confirm the appropriate diagnosis and clinical parameters for use.

PDL Placement: Preferred
 Non-Preferred with Conditions

References

¹ Odactra [package insert]. Horsholm, Denmark: ALK-Abello A/S; 2023.

² Nolte H, Bernstein DI, Nelson HS, et al. Efficacy of house dust mite sublingual immunotherapy tablet in North American adolescents and adults in a randomized, placebo-controlled trial. *J Allergy Clin Immunol*. 2016; 138(6): 1631-1638.

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Vesicular Monoamine Transporter (VMAT) 2 Inhibitors Second Review

Background

Valbenazine (Ingrezza) recently received US Food and Drug Administration (FDA) approval for the treatment of adults with chorea associated with Huntington's disease. In addition to the new indication, the drug label for Ingrezza was updated to include a warning and precaution for depression and suicidal ideation and behavior in patients with Huntington's disease (boxed warning), and neuroleptic malignant syndrome. Additionally, a new formulation for Austedo was approved. Austedo XR, a once-daily, extended-release formulation approved for the same indications as the twice-daily formulation.

Prior authorization (PA) criteria are being updated to add Ingrezza to the current criteria for chorea associated with Huntington's disease and adding language regarding the FDA approved label, allowing removal of dosing and contraindications to the specific drug(s).

Clinical Trials

The approval of Ingrezza for the new indication was based on a randomized, double-blind, placebo-controlled study in 125 patients with Huntington's disease. The primary endpoint was the change from baseline to the end of the treatment period (average of week 10 and week 12) in the Total Maximal Chorea score of the Unified Huntington's Disease Rating Scale (UHDRS). The Total Maximal Chorea score is rated from 0 to 4 (with 0 representing no chorea) for 7 different parts of the body, with a total score ranging from 0 to 28.

- The mean change in Total Maximal Chorea scores for patients receiving Ingrezza improved by 4.6 units (least-squares mean) from baseline to the end of the treatment period (average of week 10 and week 12), compared to 1.4 units in the placebo group (placebo-subtracted difference 3.2, 95% CI: -4.4, -2.0; $p < 0.0001$).

Current Clinical Prior Authorization Criteria

Prior authorization (PA) is required for VMAT 2 inhibitors. Payment for non-preferred agents will be considered only for cases in which there is documentation of previous trial and therapy failure with a preferred agent (when applicable, based on diagnosis). Payment will be considered under the following conditions:

Tardive Dyskinesia (Ingrezza or Austedo)

1. Patient meets the FDA approved age; and
2. Patient has a diagnosis of tardive dyskinesia (TD) based on the presence of ALL of the following:
 - a. Involuntary athetoid or choreiform movements
 - b. Documentation or claims history of current or prior chronic use (≥ 3 months or 1 month in patients ≥ 60 years old) of a dopamine receptor blocking agent (e.g., antipsychotic, metoclopramide, prochlorperazine, droperidol, promethazine, etc.)
 - c. Symptoms lasting longer than 4-8 weeks; and
3. Prescribed by or in consultation with a neurologist or psychiatrist; and

4. Prescriber has evaluated the patient's current medications for consideration of a dose reduction, withdrawal, or change of the dopamine receptor blocking agent causing the TD; and
5. Documentation of baseline AIMS (Abnormal Involuntary Movement Scale) Score (attach AIMS); and
6. For Ingrezza:
 - a. Will not be used concurrently with MAO inhibitors (e.g., isocarboxazid, phenelzine, rasagiline, safinamide, selegiline, tranylcypromine, etc.) or strong CYP3A4 inducers (e.g., carbamazepine, phenytoin, phenobarbital, rifampin and related agents, St. John's wort, etc.); and
 - b. Will not be used concurrently with other vesicular monoamine transporter 2 (VMAT2) inhibitors; and
 - c. Is prescribed within the FDA approved dosing; or
7. For Austedo:
 - a. Patient does not have hepatic impairment;
 - b. Will not be used concurrently with MAO inhibitors, reserpine, or other VMAT2 inhibitors; and
 - c. Patients that are taking a strong CYP2D6 inhibitor (e.g., quinidine, paroxetine, fluoxetine, bupropion) or are poor CYP2D6 metabolizers, the daily dose does not exceed 36mg per day (18mg twice daily); and
 - d. Is prescribed within the FDA approved dosing.

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

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

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

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

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

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

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

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

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

Tardive Dyskinesia (Ingrezza or Austedo)

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

- ~~c. Patients that are taking a strong CYP2D6 inhibitor (e.g., quinidine, paroxetine, fluoxetine, bupropion) or are poor CYP2D6 metabolizers, the daily dose does not exceed 36mg per day (18mg twice daily); and~~
- ~~d. Is prescribed within the FDA approved dosing.~~

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

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

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

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

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

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

References

Austedo [package insert]. Parsippany, NJ: Teva Neuroscience, Inc; February 2023
Ingrezza [package insert]. San Diego, CA: Neurocrine Biosciences, Inc; August 2023

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DUR Commission Members

Melissa Klotz, PharmD, Chairperson ♦ Jason Kruse, DO, Vice-Chairperson
Rhea Hartley, MD ♦ Holly Randleman, PharmD
Charles Wadle, DO ♦ Jason Wilbur, MD ♦ Emily Rogers, PharmD ♦ Abby Cate, PharmD

DUR Professional Staff

Pamela Smith, RPh, DUR Project Coordinator

Outgoing Members of the DUR Commission

John Ellis, Pharm.D. completed over four years of service with the Iowa Drug Utilization Review Commission. Dr. Ellis served on the Commission from October 2019 through November 2023.

Susan Parker, Pharm.D., R.Ph. retired from the Department of Health and Human Services after almost 22 years as the Pharmacy Director.

The Commission and the Department of Health and Human Services would like to thank Dr. Ellis and Dr. Parker for their contributions and dedication to the Commission and the members of Iowa Medicaid.

New State Pharmacy Consultant

Abby Cate, Pharm.D. is the Pharmacy Consultant for Iowa Medicaid. Abby graduated with a Doctor of Pharmacy from the University of Iowa College of Pharmacy in 2015 as well as a Bachelor of Business Administration in Management and Organizations from Iowa's Tippie College of Business in 2011. She has a vast pharmacy experience with positions held in hospital, community, specialty and managed care pharmacy areas. Prior to her role in Iowa Medicaid, Abby served on the Iowa Medicaid Pharmaceuticals and Therapeutics Committee from 2021 to 2023. She is an active member of the Iowa Pharmacy Association and the City of Johnston, having served on committees for both.

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 during 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.

DUR Activities

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.

New GOLD Strategy for Initial COPD Pharmacologic Management

The [Global Initiative for Chronic Obstructive Lung Disease \(GOLD\) 2023 report](#) identified key changes for patients with chronic obstructive pulmonary disease (COPD), specifically more aggressive initial bronchodilator therapy.

- Single-agent long-acting bronchodilator therapy for less severe symptoms and low exacerbation risk (Group A).
- Dual long-acting bronchodilator therapy for more severe symptoms and low exacerbation risk (Group B).
- Dual long-acting bronchodilator therapy for high exacerbation risk, regardless of symptoms (Group E).

A new classification for severity of exacerbations was also outlined. GOLD recommends the ABCD assessment tool be replaced with the ABE assessment tool, where the C and D groups are merged into a single group termed E to highlight the clinical relevance of exacerbations. Symptoms are assessed using the Modified British Medical Research Council (mMRC) or COPD assessment test (CAT) scale. The full GOLD ABE assessment tool can be found in the GOLD guidelines.

- Group A: low risk (zero to one exacerbation per year, not requiring hospitalization) and fewer symptoms (mMRC 0 to 1 or CAT < 10).
- Group B: low risk (zero to one exacerbation per year, not requiring hospitalization) and more symptoms (mMRC ≥ 2 or CAT ≥ 10).
- Group E: high risk (≥2 exacerbations per year, or ≥1 requiring hospitalization) and any level of symptoms.

Single-Agent Long-Acting Bronchodilators for COPD (Group A)

Drug	Brand Name	Dosing	Inhaler Device
Long-Acting Beta-Agonists (LABAs)			
Arformoterol	Brovana	Inhale contents of 1 vial twice daily	NEB
Formoterol	Perforomist	Inhale contents of 1 vial twice daily	NEB
Olodaterol	Striverdi Respimat	Use 2 inhalations once daily	SMI
Salmeterol	Serevent Diskus	Use 1 inhalation twice daily	DPI
Long-Acting Muscarinic Antagonists (LAMAs)			
Aclidinium	Tudorza Pressair	Use 1 inhalation twice daily	DPI
Glycopyrrolate	Lonhala Magnair*	Inhale contents of 1 vial twice daily	NEB
Tiotropium	Spiriva HandiHaler	Inhale contents of 1 capsule once daily	DPI
	Spiriva Respimat	Use 2 inhalations once daily	SMI
Umeclidinium	Incruse Ellipta	Use 1 inhalation once daily	DPI
Revefenacin	Yupelri	Inhale contents of 1 vial once daily	NEB

Dual Long-Acting Muscarinic Antagonist/Long-Acting Beta Agonist Inhalers for COPD (Group B & E)

Drug	Brand Name	Dosing	Delivery Type
Aclidinium/formoterol	Duaklir Pressair	Use 1 inhalation twice daily	DPI
Glycopyrrolate/formoterol	Bevespi Aerosphere	Use 2 inhalations twice daily	MDI
Tiotropium/olodaterol	Stiolto Respimat	Use 2 inhalations once daily	SMI
Umeclidinium/vilanterol	Anoro Ellipta	Use 1 inhalation once daily	DPI

DPI: dry powder inhaler; MDI metered dose inhaler; NEB: nebulizer; SMI: soft mist inhaler

* Requires specialized Magnair nebulizer device

**Medicaid Statistics for Prescription Claims
September through November 2023**

	FFS	Amerigroup	Iowa Total Care	Molina Healthcare
# Paid Claims	22,606	883,580	721,436	458,905
Total \$ Paid	\$2,790,128	\$100,286,555	\$76,951,900	\$45,267,182
Unique Users	3,766	114,640	100,873	71,770
Avg Cost/Rx	\$123.42	\$113.50	\$106.66	\$98.64
Top 5 Therapeutic Class by Prescription Count Therapeutic class taxonomy differs among each plan	Antidepressants	Antidepressants	Antidepressants	Antidepressants
	Anticonvulsants	Anticonvulsants	Anticonvulsants	Antiasthmatic and Bronchodilator Agents
	ADHD/Anti-Narcolepsy	Antiasthmatic and Bronchodilator Agents	Antiasthmatic and Bronchodilator Agents	Anticonvulsants
	Antiasthmatic and Bronchodilator Agents	ADHD/Anti-Narcolepsy	Anthihypertensives	Anthihypertensives
	Anthihypertensives	Anthihypertensives	Antidiabetics	ADHD/Anti-Narcolepsy
Top 5 Therapeutic Class by Paid Amount (pre-rebate) Therapeutic class taxonomy differs among each plan	Analgesics – Anti-Inflammatory	Antidiabetics	Antidiabetics	Antidiabetics
	Antidiabetics	Antipsychotics-Antimanic Agents	Antipsychotics-Antimanic Agents	Antipsychotics-Antimanic Agents
	Antivirals	Dermatologicals	Analgesics – Anti-Inflammatory	Analgesics – Anti-Inflammatory
	Antipsychotic/Antimanic Agents	Analgesics – Anti-Inflammatory	Dermatologicals	Dermatologicals
	ADHD/Anti-Narcolepsy	Antiasthmatic and Bronchodilator Agents	Antiasthmatic and Bronchodilator Agents	Antiasthmatic and Bronchodilator Agents
Top 5 Drugs by Prescription Count	Albuterol Sulfate	Omeprazole	Atorvastatin	Omeprazole
	Cetirizine	Sertraline	Omeprazole	Sertraline
	Sertraline	Atorvastatin	Sertraline	Atorvastatin
	Atorvastatin	Levothyroxine	Levothyroxine	Amoxicillin
	Trazodone	Trazodone	Lisinopril	Escitalopram
Top 5 Drugs by Paid Amount (pre-rebate)	Humira Pen	Humira (CF) Pen	Humira Pen	Humira Pen
	Biktarvy	Vraylar	Vraylar	Vraylar
	Vioice	Ozempic	Ozempic	Ozempic
	Mavyret	Trulicity	Trikafta	Trikafta
	Evrysdi	Trikafta	Trulicity	Trulicity