IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

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May 3, 2023

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

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, May 3, 2023. At this meeting, the DUR Commission members discussed implementation of a 90-day drug supply allowance for select medications in addition to new or updated prior authorization (PA) criteria for Viloxazine (Qelbree); Dupilumab (Dupixent); Gonadotropin-Releasing Hormone (GnRH) Receptor Antagonist, Oral; and Janus Kinase Inhibitors. The following recommendations have been made by the DUR Commission:

No comments were received from the medical/pharmacy associations in response to a February 8, 2023 letter that was sent to them detailing the proposed 90-day drug supply allowance for select medications in addition to new or updated PA criteria for Viloxazine (Qelbree); Dupilumab (Dupixent); Gonadotropin-Releasing Hormone (GnRH) Receptor Antagonist, Oral; and Janus Kinase Inhibitors.

90-Day Drug Supply Allowance

The DUR Commisison discussed and proposed implementation of a 90-day drug supply allowance of select, cost-effective generic maintenance medications. Details of the proposed policy are as follows:

- Dispensing fee - pharmacy gets one dispensing fee per 90-day supply billed.
- Copayment - member gets charged one copay (if applicable) per 90-day supply billed.
- Member exclusions - none
- Initial fill – quantity would be at the discretion of prescriber, but consideration should be given to dispensing less than a 90-day supply with the initial fill when starting members on new medications or with dose adustments to minimize waste.
- 90-day drug selection process – will include select generic products from MediSpan maintenance drug categories.
- Exclusion criteria -
    - Safety – e.g., risks associated with a particular class
    - Controlled substances
    - Narrow therapeutic index (NTI) drugs

    - Drugs subject to frequent dose adjustments
    - OTC drugs
    - Brand drugs
    - PA drug categories (Clinical PA)
    - Nopreferred or nonrecommended drugs
    - Other therapeutic categories – antibiotics, ophthalmic, otic, and topical products
- Initial categories (select, generic drugs) – blood pressure; cholesterol lowering agents; antidepressants; diabetes mellitus
- Review list annually

Viloxazine (Qelbree)

Current Clinical Prior Authorization Criteria

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

1. Patient has a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) meeting the DSM-5 criteria and confirmed by a standardized rating scale (such as Conners, Vanderbilt, Brown, SNAP-IV); and
2. Patient is between 6 and 17 years of age; and
3. Symptoms must have been present before twelve (12) years of age and there must be clear evidence of clinically significant impairment in two or more current environments (social, academic, or occupational) and
4. Documentation of a previous trial and therapy failure at a therapeutic dose with at least one preferred amphetamine stimulant; and
5. Documentation of a previous trial and therapy failure at a therapeutic dose with at least one preferred methylphenidate stimulant; and
6. Documentation of a previous trial and therapy failure at a therapeutic dose with atomoxetine; and
7. Is dosed based on FDA approved dosing, and dose does not exceed 400 mg per day; and
8. Documentation of a recent clinical visit that confirms improvement in symptoms from baseline will be required for renewals or patients newly eligible that are established on medication to treat ADHD.

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

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

Prior authorization is required for viloxazine (Qelbree). Payment will be considered *when patient has an FDA approved or compendia indication for the requested drug* under the following conditions:

1. *Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and*
2. Patient has a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) meeting the DSM-5 criteria and confirmed by a standardized rating scale (such as Conners, Vanderbilt, Brown, SNAP-IV); and
3. ~~Patient is between 6 and 17 years of age; and~~
4. Symptoms must have been present before twelve (12) years of age and there must be clear evidence of clinically significant impairment in two or more current environments (social, academic, or occupational) and
5. ~~Documentation of a previous trial and therapy failure at a therapeutic dose with at least one preferred amphetamine stimulant; and~~

6. ~~Documentation of a previous trial and therapy failure at a therapeutic dose with at least one preferred methylphenidate stimulant; and~~
7. Documentation of a previous trial and therapy failure at a therapeutic dose with atomoxetine *or a preferred stimulant*; and
8. ~~Is dosed based on FDA approved dosing, and~~ ~~d~~*D*ose does not exceed 400 mg per day *for pediatric patients (< 18 years of age) and 600 mg per day for adult patients*; and
9. Documentation of a recent clinical visit that confirms improvement in symptoms from baseline will be required for renewals or patients newly eligible that are established on medication to treat ADHD.

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

Dupilumab (Dupixent)

Current Clinical Prior Authorization Criteria

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

1. Request adheres to all FDA approved labeling for requested drug and indication including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient's current weight in kilograms (kg) is provided; and
3. Patient has a diagnosis of moderate-to-severe atopic dermatitis; and
    a. Is prescribed by or in consultation with a dermatologist, allergist, or immunologist; and
    b. Patient has failed to respond to good skin care and regular use of emollients; and
    c. Patient has documentation of an adequate trial and therapy failure with one preferred medium to high potency topical corticosteroid for a minimum of 2 consecutive weeks; and
    d. Patient has documentation of a previous trial and therapy failure with a topical immunomodulator for a minimum of 4 weeks; and
    e. Patient has documentation of a previous trial and therapy failure with cyclosporine or azathioprine; and
    f. Patient will continue with skin care regimen and regular use of emollients; or
4. Patient has a diagnosis of moderate to severe asthma with an eosinophilic phenotype (with a pretreatment eosinophil count ≥ 150 cells/mcL within the previous 6 weeks) OR with oral corticosteroid dependent asthma; and
    a. Is prescribed by or in consultation with an allergist, immunologist, or pulmonologist; and
    b. Has a pretreatment forced expiratory volume in 1 second (FEV_1) ≤ 80% predicted; and
    c. Symptoms are inadequately controlled with documentation of current treatment with a high-dose inhaled corticosteroid (ICS) given in combination with a controller medication (e.g., long acting $beta_2$ agonist [LABA], leukotriene receptor antagonist [LTRA], oral theophylline) for a minimum of 3 consecutive months. Patient must be compliant with therapy, based on pharmacy claims; and
    d. Patient must have one of the following, in addition to the regular maintenance medications defined above:

        i. Two (2) or more exacerbations in the previous year or
        ii. Require daily oral corticosteroids for at least 3 days; or
5. Patient has a diagnosis of inadequately controlled chronic rhinosinusitis with nasal polyposis (CRSwNP); and
    a. Documentation dupilumab will be used as an add-on maintenance treatment; and
    b. Documentation of an adequate trial and therapy failure with at least one preferred medication from each of the following categories:
        i. Nasal corticosteroid spray; and
        ii. Oral corticosteroid; or
6. Patient has a diagnosis of eosinophilic esophagitis (EoE); and
    a. Is prescribed by, or in consultation with, an allergist, gastroenterologist, or immunologist; and
    b. Patient has ≥ 15 intraepithelial eosinophils per high-power field (eos/hpf) as confirmed by endoscopic esophageal biopsy (attach results); and
    c. Patient has signs and symptoms of esophageal dysfunction (e.g., dysphagia, food impaction, food refusal, abdominal pain, heartburn regurgitation, chest pain and/or, odynophagia); and
    d. Documentation of previous trials and therapy failures with all of the following:
        i. High dose proton pump inhibitor (PPI) for at least 8 weeks; and
        ii. Swallowed topical corticosteroid (e.g., fluticasone propionate, oral budesonide suspension); and
        iii. Dietary therapy; and
7. Dose does not exceed the FDA approved dosing for indication.

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

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

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

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

f. Patient will continue with skin care regimen and regular use of emollients; or

4. Patient has a diagnosis of moderate to severe asthma with an eosinophilic phenotype (with a pretreatment eosinophil count ≥ 150 cells/mcL within the previous 6 weeks) OR with oral corticosteroid dependent asthma; and
    a. Is prescribed by or in consultation with an allergist, immunologist, or pulmonologist; and
    b. Has a pretreatment forced expiratory volume in 1 second (FEV_1) ≤ 80% predicted; and
    c. Symptoms are inadequately controlled with documentation of current treatment with a high-dose inhaled corticosteroid (ICS) given in combination with a controller medication (e.g., long acting $beta_2$ agonist [LABA], leukotriene receptor antagonist [LTRA], oral theophylline) for a minimum of 3 consecutive months. Patient must be compliant with therapy, based on pharmacy claims; and
    d. Patient must have one of the following, in addition to the regular maintenance medications defined above:
        i. Two (2) or more exacerbations in the previous year or
        ii. Require daily oral corticosteroids for at least 3 days; or
5. Patient has a diagnosis of inadequately controlled chronic rhinosinusitis with nasal polyposis (CRSwNP); and
    a. Documentation dupilumab will be used as an add-on maintenance treatment; and
    b. Documentation of an adequate trial and therapy failure with at least one preferred medication from each of the following categories:
        i. Nasal corticosteroid spray; and
        ii. Oral corticosteroid; or
6. Patient has a diagnosis of eosinophilic esophagitis (EoE); and
    a. Is prescribed by, or in consultation with, an allergist, gastroenterologist, or immunologist; and
    b. Patient has ≥ 15 intraepithelial eosinophils per high-power field (eos/hpf) as confirmed by endoscopic esophageal biopsy (attach results); and
    c. Patient has signs and symptoms of esophageal dysfunction (e.g., dysphagia, food impaction, food refusal, abdominal pain, heartburn regurgitation, chest pain and/or, odynophagia); and
    d. Documentation of previous trials and therapy failures with all of the following:
        i. High dose proton pump inhibitor (PPI) for at least 8 weeks; and
        ii. Swallowed topical corticosteroid (e.g., fluticasone propionate, oral budesonide suspension); and
        iii. Dietary therapy; ~~and~~ *or*
7. *Patient has a diagnosis of moderate to severe prurigo nodularis (PN); and*
    a. *Is prescribed by, or in consultation with an allergist, immunologist, or dermatologist; and*
    b. *Patient has experienced severe to very severe pruritus, as demonstrated by a current* Worst Itch-Numeric Rating Scale (WI-NRS) ≥ 7*; and*
    c. *Patient has ≥ 20 nodular lesions (attach documentation); and*
    d. *Documentation of a previous trial and therapy failure with a high or super high potency topical corticosteroid for at least 14 consecutive days; and*
8. Dose does not exceed the FDA approved dosing for indication.

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

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

Gonadotropin-Releasing Hormone (GnRH) Receptor Antagonist, Oral

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

1. Pregnancy has been ruled out; and
2. Patient does not have osteoporosis; and
3. Request adheres to all FDA approved labeling for requested drug, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
4. Requests for elagolix (Orilissa) will be considered under the following conditions:
    a. Patient has a diagnosis of moderate to severe pain associated with endometriosis; and
    b. Patient has documentation of a previous trial and therapy failure with at least one preferred oral NSAID and at least one preferred 3-month course of a continuous hormonal contraceptive taken concurrently; and
    c. Patient has documentation of a previous trial and therapy failure with a preferred GnRH agonist.
    d. Initial requests will be considered for 3 months. Additional requests will be considered upon documentation of improvement of symptoms
    e. Requests will be considered for a maximum of 24 months for the 150mg dose and six (6) months for the 200mg dose; or
5. Requests for elagolix, estradiol, and norethindrone acetate; elagolix (Oriahnn) or relugolix, estradiol, norethindrone acetate (Myfembree) will be considered under the following conditions:
    a. Patient is premenopausal; and
    b. Patient has a diagnosis of heavy menstrual bleeding associated with uterine leiomyomas (fibroids); and
    c. Patient has documentation of a previous trial and therapy failure with at least one preferred 3-month course of a continuous hormonal contraceptive; and
    d. Patient has documentation of a previous trial and therapy failure with tranexamic acid.
    e. Initial requests will be considered for 6 months. Additional requests will be considered upon documentation of improvement of symptoms.
    f. Requests will be considered for a maximum of 24 months of treatment.

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

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

1. Pregnancy has been ruled out; and
2. Patient does not have osteoporosis; and
3. Request adheres to all FDA approved labeling for requested drug, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and

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

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

Janus Kinase Inhibitors

Current Prior Authorization Criteria

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

1. Patient is not using or planning to use a JAK inhibitor in combination with other JAK inhibitors, biological therapies, or potent immunosuppressants (azathioprine or cyclosporine); and
2. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
3. Patient has a diagnosis of:
    a. Moderate to severe rheumatoid arthritis (baricitinib, tofacitinib, upadacitinib); with
        i. A documented trial and inadequate response, at a maximally tolerated dose, with methotrexate; and
        ii. A documented trial and inadequate response to one preferred TNF inhibitor; OR
    b. Psoriatic arthritis (tofacitinib, upadacitinib); with

i. A documented trial and inadequate response, at a maximally tolerated dose, with methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); and
ii. Documented trial and therapy failure with one preferred TNF inhibitor used for psoriatic arthritis; OR

c. Moderately to severely active ulcerative colitis (tofacitinib, upadacitinib); with
i. A documented trial and inadequate response to two preferred conventional therapies including amino salicylates and azathioprine/6-mercaptopurine; and
ii. A documented trial and inadequate response with a preferred TNF inhibitor; and
iii. If requested dose is for tofacitinib 10mg twice daily, an initial 16 weeks of therapy will be allowed. Continued requests at this dose will need to document an adequate therapeutic benefit; OR

d. Polyarticular Course Juvenile Idiopathic Arthritis (tofacitinib); with
i. A documented trial and inadequate response to intraarticular glucocorticoid injections; and
ii. A documented trial and inadequate response to the preferred oral DMARD, methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); and
iii. A documented trial and inadequate response with a preferred TNF inhibitor; OR

e. Ankylosing spondylitis (tofacitinib); with
i. A documented trial and inadequate response to at least two preferred non-steroidal anti-inflammatories (NSAIDs) at a maximally tolerated dose for a minimum of at least one month; and
ii. A documented trial and inadequate response with at least one preferred TNF inhibitor; OR

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

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

<u>Proposed Clinical Prior Authorization Criteria</u> (changes highlighted/italicized/stricken)

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

1. Patient is not using or planning to use a JAK inhibitor in combination with other JAK inhibitors, biological therapies, or potent immunosuppressants (azathioprine or cyclosporine); and
2. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
3. Patient has a diagnosis of:
    a. Moderate to severe rheumatoid arthritis (baricitinib, tofacitinib, upadacitinib); with
        i. A documented trial and inadequate response, at a maximally tolerated dose, with methotrexate; and
        ii. A documented trial and inadequate response to one preferred TNF inhibitor; OR
    b. Psoriatic arthritis (tofacitinib, upadacitinib); with
        i. A documented trial and inadequate response, at a maximally tolerated dose, with methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); and
        ii. Documented trial and therapy failure with one preferred TNF inhibitor used for psoriatic arthritis; OR
    c. Moderately to severely active ulcerative colitis (tofacitinib, upadacitinib); with
        i. A documented trial and inadequate response to two preferred conventional therapies including amino salicylates and azathioprine/6-mercaptopurine; and
        ii. A documented trial and inadequate response with a preferred TNF inhibitor; and
        iii. If requested dose is for tofacitinib 10mg twice daily, an initial 16 weeks of therapy will be allowed. Continued requests at this dose will need to document an adequate therapeutic benefit; OR
    d. Polyarticular Course Juvenile Idiopathic Arthritis (tofacitinib); with
        i. A documented trial and inadequate response to intraarticular glucocorticoid injections; and
        ii. A documented trial and inadequate response to the preferred oral DMARD, methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); and
        iii. A documented trial and inadequate response with a preferred TNF inhibitor; OR
    g. *Axial spondyloarthritis conditions (e.g., a*nkylosing spondylitis *or nonradiographic axial spondyloarthritis)* (tofacitinib*, upadacitinib*); with
        i. A documented trial and inadequate response to at least two preferred non-steroidal anti-inflammatories (NSAIDs) at a maximally tolerated dose for a minimum of at least one month; and
        ii. A documented trial and inadequate response with at least one preferred TNF inhibitor; OR
    h. Atopic dermatitis; with
        i. Documentation patient has failed to respond to good skin care and regular use of emollients; and

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

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

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendations for implementation of a 90-day drug supply allowance for select medications in addition to new or updated PA criteria for Viloxazine (Qelbree); Dupilumab (Dupixent); Gonadotropin-Releasing Hormone (GnRH) Receptor Antagonist, Oral; and Janus Kinase Inhibitors.

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

Iowa Total Care Claims
Quarterly Statistics

DATA TYPE	December 2022 through February 2023	March 2023 through May 2023	%CHANGE
TOTAL PAID AMOUNT	$98,177,498.46	$104,727,784.72	6.67%
UNIQUE USERS	148,263.00	152,588.00	2.92%
COST PER USER	$662.18	$686.34	3.65%
TOTAL PRESCRIPTIONS	856,167.00	910,930.00	6.40%
AVERAGE PRESCRIPTION PER USER	5.77	5.97	3.38%
AVERAGE COST PER PRESCRIPTION	$114.67	$114.97	0.26%
# GENERIC PRESCRIPTIONS	757,910.00	805,166.00	6.24%
% GENERIC	89.00%	88.00%	-0.15%
$ GENERIC	$13,532,724.50	$14,497,411.32	7.13%
AVERAGE GENERIC PRESCRIPTION COST	$17.86	$18.01	0.84%
AVERAGE GENERIC DAYS SUPPLY	31.44	30.11	-4.23%
# BRAND PRESCRIPTIONS	98,257.00	105,764.00	7.64%
% BRAND	11.00%	12.00%	1.22%
$ BRAND	$84,644,773.96	$90,230,373.40	6.60%
AVERAGE BRAND PRESCRIPTION COST	$861.46	$853.13	-0.97%
AVERAGE BRAND DAYS SUPPLY	31.76	31.06	-2.22%

UTILIZATION BY AGE

AGE	December 2022 through February 2023	March 2023 through May 2023
0-6	51,179	53,071
7-12	50,916	54,076
13-18	65,025	69,038
19-64	676,630	721,508
65+	12,417	13,237

UTILIZATION BY GENDER AND AGE

GENDER	AGE	December 2022 through February 2023	March 2023 through May 2023
F	0-6	22,679	23,150
	7-12	19,918	21,166
	13-18	35,707	38,172
	19-64	439,398	468,023
	65+	8,041	8,659
M	0-6	28,500	29,921
	7-12	30,998	32,910
	13-18	29,318	30,866
	19-64	237,232	253,485
	65+	4,376	4,578

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
202303 - 202305

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
1	AMBULATORY CARE PHARMACY	IOWA CITY	IA	14,124	$7,098,553.93	$502.59	1
2	WALGREENS #4405	COUNCIL BLUFFS	IA	8,787	$662,011.59	$75.34	3
3	WALGREENS #5239	DAVENPORT	IA	8,390	$474,418.99	$56.55	2
4	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	7,807	$385,412.90	$49.37	4
5	WALGREENS #5042	CEDAR RAPIDS	IA	7,150	$549,205.52	$76.81	5
6	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	6,435	$467,022.33	$72.58	6
7	WALGREENS #7455	WATERLOO	IA	6,122	$469,258.21	$76.65	7
8	DRILLING PHARMACY	SIOUX CITY	IA	5,650	$360,133.74	$63.74	10
9	WALGREENS #5721	DES MOINES	IA	5,479	$352,203.98	$64.28	9
10	WALGREENS #359	DES MOINES	IA	5,439	$435,219.82	$80.02	8
11	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	5,371	$277,064.07	$51.59	12
12	WALGREENS #15647	SIOUX CITY	IA	5,077	$380,062.75	$74.86	13
13	RIGHT DOSE PHARMACY	ANKENY	IA	4,936	$257,323.79	$52.13	18
14	WALGREENS #7453	DES MOINES	IA	4,893	$314,723.38	$64.32	19
15	WALGREENS #3700	COUNCIL BLUFFS	IA	4,854	$275,084.81	$56.67	17
16	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	4,846	$389,863.29	$80.45	11
17	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	4,695	$395,608.79	$84.26	14
18	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,693	$392,014.17	$83.53	15
19	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	4,492	$493,364.69	$109.83	16
20	MAHASKA DRUGS INC	OSKALOOSA	IA	4,284	$288,578.85	$67.36	20
21	NELSON FAMILY PHARMACY	FORT MADISON	IA	4,182	$269,680.24	$64.49	21
22	WALGREENS #4041	DAVENPORT	IA	4,078	$248,995.51	$61.06	23
23	WALGREENS #5044	BURLINGTON	IA	4,022	$226,806.48	$56.39	22
24	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	3,760	$353,696.49	$94.07	25
25	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,629	$310,530.01	$85.57	31
26	HY-VEE PHARMACY (1449)	NEWTON	IA	3,619	$277,361.24	$76.64	28
27	STANGEL PHARMACY	ONAWA	IA	3,614	$354,382.41	$98.06	24
28	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,596	$362,150.78	$100.71	27
29	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,584	$299,247.35	$83.50	30
30	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	3,508	$365,779.86	$104.27	29
31	WALGREENS #7452	DES MOINES	IA	3,406	$249,151.64	$73.15	26
32	SOUTH SIDE DRUG	OTTUMWA	IA	3,319	$338,097.55	$101.87	32
33	WALMART PHARMACY 10-0559	MUSCATINE	IA	3,221	$245,465.88	$76.21	44

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
202303 - 202305

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
34	NUCARA LTC PHARMACY #3	IOWA CITY	IA	3,213	$100,198.41	$31.19	42
35	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	3,191	$208,302.51	$65.28	35
36	WALGREENS #5470	SIOUX CITY	IA	3,172	$205,642.86	$64.83	33
37	DANIEL PHARMACY	FT DODGE	IA	3,115	$256,504.91	$82.35	49
38	HY-VEE PHARMACY (1075)	CLINTON	IA	3,099	$290,688.51	$93.80	34
39	MEDICAP LTC	INDIANOLA	IA	3,074	$126,431.03	$41.13	37
40	REUTZEL PHARMACY	CEDAR RAPIDS	IA	3,050	$235,744.77	$77.29	40
41	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	3,049	$257,850.53	$84.57	38
42	WALGREENS #5886	KEOKUK	IA	3,049	$170,377.09	$55.88	36
43	HY-VEE PHARMACY (1530)	PLEASANT HILL	IA	3,030	$192,469.47	$63.52	46
44	UI HEALTHCARE - IOWA RIVER LANDING PHARMACY	CORALVILLE	IA	3,023	$104,854.43	$34.69	50
45	WALMART PHARMACY 10-2889	CLINTON	IA	2,984	$205,362.78	$68.82	47
46	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	2,961	$248,889.76	$84.06	45
47	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,919	$237,902.00	$81.50	41
48	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,917	$276,247.60	$94.70	55
49	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,915	$261,649.03	$89.76	53
50	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,896	$180,908.91	$62.47	52
51	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	2,872	$216,169.99	$75.27	39
52	CVS PHARMACY #10282	FORT DODGE	IA	2,870	$212,241.65	$73.95	57
53	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	2,869	$220,233.17	$76.76	54
54	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	2,849	$137,938.68	$48.42	58
55	WALGREENS #5852	DES MOINES	IA	2,784	$196,099.36	$70.44	81
56	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,763	$211,045.80	$76.38	56
57	HY-VEE PHARMACY (1396)	MARION	IA	2,730	$259,735.41	$95.14	61
58	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	2,728	$234,494.99	$85.96	82
59	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	2,716	$248,853.17	$91.62	43
60	COMMUNITY HEALTH CARE PHARMACY	DAVENPORT	IA	2,706	$77,223.69	$28.54	77
61	WALGREENS #7454	ANKENY	IA	2,701	$171,620.41	$63.54	48
62	CVS PHARMACY #08546	WATERLOO	IA	2,699	$255,035.75	$94.49	65
63	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,672	$371,767.70	$139.13	59
64	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	2,664	$381,687.44	$143.28	92
65	HY-VEE PHARMACY (1522)	PERRY	IA	2,650	$169,250.03	$63.87	62
66	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	2,635	$182,793.07	$69.37	66

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
202303 - 202305

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
67	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	2,633	$158,388.40	$60.16	51
68	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	2,609	$259,434.07	$99.44	79
69	WALMART PHARMACY 10-3590	SIOUX CITY	IA	2,563	$208,409.60	$81.31	88
70	WALGREENS #5777	DES MOINES	IA	2,537	$200,823.21	$79.16	60
71	WALGREENS #3875	CEDAR RAPIDS	IA	2,512	$171,124.54	$68.12	68
72	WAGNER PHARMACY	CLINTON	IA	2,501	$208,792.07	$83.48	70
73	WALMART PHARMACY 10-3394	ATLANTIC	IA	2,484	$146,384.33	$58.93	76
74	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	2,483	$172,258.02	$69.37	63
75	WALGREENS #9708	DUBUQUE	IA	2,474	$183,291.61	$74.09	78
76	WALMART PHARMACY 10-1723	DES MOINES	IA	2,455	$158,410.93	$64.53	72
77	MEDICAP PHARMACY	ELDORA	IA	2,434	$160,750.20	$66.04	102
78	THOMPSON DEAN DRUG	SIOUX CITY	IA	2,429	$229,687.27	$94.56	64
79	HY-VEE PHARMACY (1009)	ALBIA	IA	2,420	$150,499.50	$62.19	74
80	WALMART PHARMACY 10-0985	FAIRFIELD	IA	2,416	$174,950.79	$72.41	69
81	WALGREENS #4714	DES MOINES	IA	2,416	$148,873.79	$61.62	100
82	HY-VEE PHARMACY (1095)	CRESTON	IA	2,404	$165,076.86	$68.67	90
83	WALMART PHARMACY 10-1496	WATERLOO	IA	2,401	$184,401.22	$76.80	67
84	WALGREENS #11759	FORT MADISON	IA	2,395	$193,477.05	$80.78	93
85	WALMART PHARMACY 10-1393	OSKALOOSA	IA	2,392	$220,992.00	$92.39	94
86	WALMART PHARMACY 10-1285	OTTUMWA	IA	2,384	$154,580.70	$64.84	73
87	WALMART PHARMACY 10-1621	CENTERVILLE	IA	2,363	$251,025.67	$106.23	71
88	WALMART PHARMACY 10-1509	MAQUOKETA	IA	2,358	$170,904.69	$72.48	95
89	WALGREENS #11942	DUBUQUE	IA	2,335	$177,514.07	$76.02	96
90	PRAIRIE PARKWAY PHARMACY	CEDAR FALLS	IA	2,330	$154,664.97	$66.38	119
91	WALMART PHARMACY 10-0646	ANAMOSA	IA	2,306	$197,353.52	$85.58	80
92	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	2,301	$268,590.79	$116.73	89
93	HY-VEE PHARMACY (1065)	CHARITON	IA	2,290	$148,741.61	$64.95	87
94	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	2,289	$208,379.57	$91.04	118
95	HY-VEE DRUGSTORE #5 (7026)	CEDAR RAPIDS	IA	2,284	$190,600.31	$83.45	105
96	HY-VEE PHARMACY (1895)	WINDSOR HEIGHTS	IA	2,283	$195,290.27	$85.54	110
97	HY-VEE PHARMACY (1382)	LEMARS	IA	2,279	$209,876.95	$92.09	99
98	REX PHARMACY	ATLANTIC	IA	2,275	$182,124.04	$80.05	85
99	MERCYONE FOREST PARK PHARMACY	MASON CITY	IA	2,270	$184,782.15	$81.40	108
100	LAGRANGE PHARMACY	VINTON	IA	2,263	$159,908.72	$70.66	91

TOP 100 PHARMACIES BY PAID AMOUNT
202303 - 202305

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	AMBULATORY CARE PHARMACY	IOWA CITY	IA	14,124	$7,098,553.93	$2,439.37	1
2	CAREMARK KANSAS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	LENEXA	KS	586	$3,313,375.97	$12,363.34	2
3	COMMUNITY, A WALGREENS PHARMACY #16528	DES MOINES	IA	440	$2,904,301.32	$14,521.51	3
4	UNITYPOINT AT HOME	URBANDALE	IA	691	$2,119,737.91	$7,793.15	4
5	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	1,950	$2,074,180.91	$9,097.28	5
6	ACARIAHEALTH PHARMACY #11	HOUSTON	TX	215	$1,570,035.68	$17,065.61	8
7	CVS PHARMACY #00102	AURORA	CO	148	$1,566,459.04	$24,475.92	7
8	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	148	$1,380,695.14	$21,915.80	9
9	HY-VEE PHARMACY SOLUTIONS	OMAHA	NE	250	$1,343,959.36	$12,107.74	6
10	PANTHERX SPECIALTY PHARMACY	PITTSBURGH	PA	27	$1,103,038.79	$122,559.87	10
11	COMMUNITY, A WALGREENS PHARMACY #21250	IOWA CITY	IA	220	$1,043,027.04	$8,914.76	11
12	OPTUM PHARMACY 702, LLC	JEFFERSONVILLE	IN	120	$724,042.96	$12,702.51	12
13	WALGREENS #4405	COUNCIL BLUFFS	IA	8,787	$662,011.59	$347.33	15
14	CAREMARK ILLINOIS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	MT PROSPECT	IL	92	$643,805.84	$21,460.19	14
15	CVS/SPECIALTY	MONROEVILLE	PA	107	$556,603.18	$10,913.79	17
16	WALGREENS #5042	CEDAR RAPIDS	IA	7,150	$549,205.52	$302.93	19
17	ACCREDO HEALTH GROUP INC	WARRENDALE	PA	46	$538,618.37	$38,472.74	16
18	ALLEN CLINIC PHARMACY	WATERLOO	IA	1,392	$527,458.24	$1,124.64	28
19	CR CARE PHARMACY	CEDAR RAPIDS	IA	2,126	$524,400.17	$2,717.10	21
20	ALLIANCERX WALGREENS PHARMACY #15443	FRISCO	TX	33	$503,195.05	$45,745.00	33
21	WALGREENS #16270	OMAHA	NE	79	$493,852.20	$17,029.39	23
22	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	4,492	$493,364.69	$606.84	22
23	THE NEBRASKA MED CENTER CLINIC PHCY	OMAHA	NE	699	$491,470.70	$3,276.47	20
24	WALGREENS #5239	DAVENPORT	IA	8,390	$474,418.99	$232.22	18
25	WALGREENS #7455	WATERLOO	IA	6,122	$469,258.21	$288.95	25
26	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	6,435	$467,022.33	$325.68	27
27	PRIMARY HEALTHCARE PHARMACY	DES MOINES	IA	1,942	$452,957.61	$1,046.09	24
28	WALGREENS #359	DES MOINES	IA	5,439	$435,219.82	$319.78	29
29	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	4,695	$395,608.79	$510.46	32
30	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,693	$392,014.17	$482.18	37
31	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	4,846	$389,863.29	$395.00	30
32	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	7,807	$385,412.90	$337.49	40
33	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	2,664	$381,687.44	$1,204.06	47

TOP 100 PHARMACIES BY PAID AMOUNT
202303 - 202305

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
34	WALGREENS #15647	SIOUX CITY	IA	5,077	$380,062.75	$279.87	35
35	KROGER SPECIALTY PHARMACY LA	HARVEY	LA	48	$376,586.11	$17,932.67	34
36	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,672	$371,767.70	$866.59	66
37	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	3,508	$365,779.86	$1,977.19	36
38	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,596	$362,150.78	$633.13	31
39	DRILLING PHARMACY	SIOUX CITY	IA	5,650	$360,133.74	$679.50	44
40	STANGEL PHARMACY	ONAWA	IA	3,614	$354,382.41	$866.46	38
41	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	3,760	$353,696.49	$852.28	49
42	WALGREENS #5721	DES MOINES	IA	5,479	$352,203.98	$231.26	41
43	ACCREDO HEALTH GROUP INC	ORLANDO	FL	20	$345,377.59	$57,562.93	147
44	SOUTH SIDE DRUG	OTTUMWA	IA	3,319	$338,097.55	$670.83	48
45	CAREMARK LLC, DBA CVS/SPECIALTY	REDLANDS	CA	8	$333,943.34	$111,314.45	56
46	GENOA HEALTHCARE, LLC	DAVENPORT	IA	1,513	$328,890.67	$1,957.68	50
47	WALGREENS #7453	DES MOINES	IA	4,893	$314,723.38	$264.92	39
48	PARAGON PARTNERS	OMAHA	NE	933	$314,288.55	$3,379.45	61
49	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,629	$310,530.01	$504.11	45
50	EXPRESS SCRIPTS SPECIALTY DIST SVCS	SAINT LOUIS	MO	24	$309,538.74	$30,953.87	42
51	MISSION CANCER + BLOOD	DES MOINES	IA	25	$305,352.38	$25,446.03	75
52	AVERA SPECIALTY PHARMACY	SIOUX FALLS	SD	76	$299,531.99	$9,360.37	67
53	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,584	$299,247.35	$522.25	51
54	INFOCUS PHARMACY SERVICES	DUBUQUE	IA	2,094	$297,048.78	$1,080.18	86
55	HY-VEE PHARMACY (1075)	CLINTON	IA	3,099	$290,688.51	$532.40	55
56	MAHASKA DRUGS INC	OSKALOOSA	IA	4,284	$288,578.85	$439.91	59
57	OPTUM INFUSION SERVICES 305, LLC	LENEXA	KS	10	$281,205.84	$93,735.28	46
58	HY-VEE PHARMACY (1449)	NEWTON	IA	3,619	$277,361.24	$449.53	57
59	AMBER PHARMACY	OMAHA	NE	56	$277,304.90	$14,594.99	43
60	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	5,371	$277,064.07	$237.01	53
61	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,917	$276,247.60	$591.54	68
62	WALGREENS #3700	COUNCIL BLUFFS	IA	4,854	$275,084.81	$272.36	58
63	FOUNDATION CARE LLC	EARTH CITY	MO	31	$274,733.33	$21,133.33	26
64	NELSON FAMILY PHARMACY	FORT MADISON	IA	4,182	$269,680.24	$541.53	90
65	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	2,301	$268,590.79	$626.09	81
66	PANTHERX SPECIALTY PHARMACY	PITTSBURGH	PA	27	$261,846.20	$26,184.62	95

TOP 100 PHARMACIES BY PAID AMOUNT
202303 - 202305

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
67	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,915	$261,649.03	$444.98	87
68	ARJ INFUSION SERVICES, LLC	CEDAR RAPIDS	IA	64	$260,584.65	$32,573.08	64
69	HY-VEE PHARMACY (1396)	MARION	IA	2,730	$259,735.41	$445.52	62
70	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	2,609	$259,434.07	$610.43	80
71	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	3,049	$257,850.53	$430.47	65
72	RIGHT DOSE PHARMACY	ANKENY	IA	4,936	$257,323.79	$575.67	82
73	DANIEL PHARMACY	FT DODGE	IA	3,115	$256,504.91	$497.10	78
74	CVS PHARMACY #08546	WATERLOO	IA	2,699	$255,035.75	$408.06	84
75	GENESIS FIRSTMED PHARMACY	DAVENPORT	IA	622	$253,818.47	$1,281.91	172
76	WALMART PHARMACY 10-1621	CENTERVILLE	IA	2,363	$251,025.67	$589.26	76
77	WALGREENS #7452	DES MOINES	IA	3,406	$249,151.64	$307.97	52
78	WALGREENS #4041	DAVENPORT	IA	4,078	$248,995.51	$252.53	69
79	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	2,961	$248,889.76	$482.34	54
80	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	2,716	$248,853.17	$619.04	60
81	MAXOR SPECIALTY PHARMACY	LUBBOCK	TX	21	$245,969.98	$122,984.99	263
82	WALMART PHARMACY 10-0559	MUSCATINE	IA	3,221	$245,465.88	$392.12	93
83	HY-VEE PHARMACY SOLUTIONS	DES MOINES	IA	88	$245,396.85	$4,719.17	13
84	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,919	$237,902.00	$426.35	72
85	REUTZEL PHARMACY	CEDAR RAPIDS	IA	3,050	$235,744.77	$978.19	97
86	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	2,728	$234,494.99	$372.21	99
87	THOMPSON DEAN DRUG	SIOUX CITY	IA	2,429	$229,687.27	$778.60	74
88	WALGREENS #5044	BURLINGTON	IA	4,022	$226,806.48	$240.52	70
89	UNION PHARMACY	COUNCIL BLUFFS	IA	2,061	$221,530.94	$1,438.51	126
90	WALMART PHARMACY 10-1393	OSKALOOSA	IA	2,392	$220,992.00	$529.96	71
91	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	2,869	$220,233.17	$454.09	103
92	SANFORD CANCER CENTER ONCOLOGY CLINIC PHARMACY	SIOUX FALLS	SD	54	$217,286.59	$12,781.56	149
93	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	2,872	$216,169.99	$382.60	79
94	CVS PHARMACY #10282	FORT DODGE	IA	2,870	$212,241.65	$319.64	113
95	OPTUM INFUSION SERVICES 302, LLC	LA VISTA	NE	30	$211,866.58	$70,622.19	92
96	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,763	$211,045.80	$354.10	73
97	HY-VEE PHARMACY (1382)	LEMARS	IA	2,279	$209,876.95	$601.37	89
98	WAGNER PHARMACY	CLINTON	IA	2,501	$208,792.07	$722.46	106
99	WALMART PHARMACY 10-3590	SIOUX CITY	IA	2,563	$208,409.60	$355.04	105
100	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	2,289	$208,379.57	$546.93	104

TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
202303 - 202305

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
1	1982605762	Jeffrey Wilharm	$131,156.74	2,149	14.92	1
2	1043211303	Ali Safdar	$185,875.13	1,287	4.33	2
3	1609218304	Amanda Garr	$209,504.44	1,196	7.16	4
4	1902478811	Joan Anderson	$221,665.13	1,183	8.51	5
5	1801998372	Wendy Hansen-Penman	$34,933.47	1,161	8.12	3
6	1215125216	Rebecca Walding	$105,112.02	1,156	7.51	7
7	1659358620	Carlos Castillo	$48,142.47	1,156	6.61	17
8	1902912538	Christian Jones	$57,980.93	1,150	5.75	18
9	1437238110	Genevieve Nelson	$111,537.67	1,144	7.89	8
10	1467502286	Charles Tilley	$198,376.30	1,141	7.04	12
11	1396289229	Jesse Becker	$58,261.47	1,140	6.83	41
12	1467907394	Cynthia Coenen	$110,384.59	1,106	9.07	16
13	1275763047	Rebecca Bowman	$241,090.36	1,093	5.20	6
14	1538368170	Christopher Matson	$51,942.40	1,090	6.61	24
15	1124006770	Wook Kim	$46,691.58	1,075	7.68	11
16	1013115369	Bobbita Nag	$57,295.26	1,053	4.42	15
17	1770933046	Shelby Biller	$215,216.59	1,034	4.92	9
18	1821268335	Jacqueline Mcinnis	$111,164.94	1,027	11.04	14
19	1669056123	Kama Ausborn	$330,525.23	1,007	7.24	27
20	1053630640	Jennifer Donovan	$126,566.78	1,001	5.53	10
21	1043434525	Robert Kent	$71,246.60	1,000	6.90	29
22	1891146999	Becky Johnson	$894,062.07	986	6.57	25
23	1982030946	Jacklyn Besch	$51,830.93	967	5.43	21
24	1164538674	Joseph Wanzek	$75,161.13	957	9.03	30
25	1417241621	Ashley Mathes	$48,318.25	949	5.49	19
26	1316356496	Kimberly Roberts	$62,571.49	945	7.33	36
27	1477199198	Sajo Thomas	$161,529.15	942	6.45	13
28	1538157383	David Wenger-Keller	$84,863.96	929	9.88	23
29	1043703887	Tenaea Jeppeson	$137,761.10	928	7.42	39
30	1558770974	Marc Baumert	$71,878.35	923	4.66	26
31	1255823506	Nicole Delagardelle	$150,140.52	919	7.02	56
32	1902358443	Melissa Konken	$150,443.93	917	7.84	28
33	1689077018	Stacy Roth	$55,096.92	913	6.86	31

TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
202303 - 202305

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
34	1437209434	Jon Thomas	$68,866.85	912	5.88	34
35	1245227099	Donna Dobson Tobin	$179,876.45	911	8.76	33
36	1477534279	Edmund Piasecki	$51,882.97	909	6.36	38
37	1275844649	Katie Campbell	$117,807.99	900	7.26	43
38	1477926434	Jackie Shipley	$48,557.06	900	4.84	51
39	1144214248	Kristi Walz	$150,762.98	898	7.30	32
40	1972758126	Rebecca Bollin	$37,912.33	879	5.17	44
41	1992103386	Melissa Larsen	$76,027.89	875	6.29	37
42	1457584740	Eric Meyer	$73,631.19	852	5.57	40
43	1922455096	Dean Guerdet	$80,899.23	839	6.66	45
44	1699740159	Frank Marino	$42,326.57	828	4.00	54
45	1508844465	Michele Friedman	$55,469.07	827	12.53	60
46	1134191018	Dustin Smith	$39,830.76	826	4.95	20
47	1356359871	Rhea Hartley	$177,525.02	822	4.24	71
48	1184395162	Danielle Van Oosbree	$196,751.39	817	12.19	120
49	1720698335	Danika Hansen	$87,356.38	816	6.28	91
50	1295830115	Alan Bollinger	$18,105.71	808	9.08	162
51	1568431880	Pomilla Kumar	$36,076.66	805	7.59	49
52	1033295308	Takashi Kawamitsu	$52,243.64	804	7.51	76
53	1356754337	Cyndi Mccormick	$129,046.01	801	6.68	42
54	1821423799	Dorothy Metz	$70,540.44	800	6.96	35
55	1326013426	Paul Peterson	$41,044.30	797	4.48	52
56	1780979666	Lindsey Christianson	$36,145.41	797	6.04	57
57	1467449710	Michelle Malloy	$57,873.25	796	7.04	55
58	1467465716	Jeffrey Brady	$50,316.19	793	5.58	48
59	1841220290	Kent Kunze	$35,572.63	790	6.64	63
60	1124389697	Kevin Furness	$38,420.78	788	6.11	89
61	1053398800	Steven Scurr	$39,791.76	786	5.82	64
62	1609496033	Angela Dossett	$49,217.69	781	11.00	78
63	1831710987	Margaret Fuller	$69,734.41	778	5.08	102
64	1205393386	Jessica Hudspeth	$78,225.60	774	7.30	65
65	1871598557	Christopher Vandelune	$34,464.20	772	4.80	67
66	1356788129	Rachael Parker	$74,732.25	768	7.11	46

TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
202303 - 202305

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
67	1528329398	Erin Rowan	$41,290.00	763	4.89	79
68	1881972412	Rachel Wurth	$25,734.17	763	5.69	220
69	1942314604	Syed Sattar	$71,309.25	761	6.92	69
70	1609532373	Erin Fox-Hammel	$41,980.65	759	7.59	105
71	1215434691	Dorcas Kamau	$55,489.30	748	7.33	86
72	1922305143	Olivia Woita	$54,783.65	748	8.70	189
73	1336252097	Thomas Baer	$32,282.86	745	8.28	62
74	1619153137	Joada Best	$43,160.61	741	6.02	106
75	1457914657	Seema Antony	$87,662.04	740	6.22	117
76	1427619170	Kristen Armstrong	$62,843.08	736	3.66	258
77	1780877878	Christopher Jacobs	$48,320.60	733	4.70	94
78	1750845954	Stephanie Giesler	$77,309.23	731	7.17	77
79	1619380680	Tara Brockman	$34,942.28	726	5.22	22
80	1891707832	Lisa Klock	$32,254.44	724	4.16	68
81	1932582988	Dianne Humphrey	$61,062.82	712	6.72	96
82	1417941188	Debra Neuharth	$25,901.09	705	4.55	145
83	1518567056	Katie Mogensen	$86,996.42	702	5.75	73
84	1184056822	Abby Kolthoff	$178,227.19	700	5.60	495
85	1215581251	Anna Throckmorton	$38,194.33	699	6.79	128
86	1205571155	Dina Lentz	$65,947.49	698	6.71	461
87	1871021543	Susan Wilson	$54,082.86	695	6.50	123
88	1811938616	Alejandro Curiel	$30,268.76	695	6.50	82
89	1649248378	Kathleen Wild	$43,527.84	693	5.82	70
90	1689979460	Timothy Doyle	$41,175.59	693	6.66	58
91	1225414576	Sara Kuhn	$88,368.41	692	8.76	74
92	1114521721	Tarrah Holliday	$165,742.62	689	7.10	50
93	1972989721	Jayson Gesulga	$207,869.05	688	8.82	84
94	1942721584	Shawna Fury	$19,776.31	686	4.60	121
95	1538219530	Kevin Sheppard	$88,001.89	683	5.79	113
96	1598183493	Jena Ellerhoff	$59,913.27	681	7.17	119
97	1093034266	Eric Boyum	$103,054.25	680	4.79	116
98	1679573893	Patty Hildreth	$122,660.72	677	6.64	75
99	1831731298	Heather Wilson	$48,178.00	673	6.35	158
100	1184657603	Sara Rygol	$81,324.01	672	4.94	135

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
202303 - 202305

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
1	1376777524	Alladdin Abosaida	385	$1,166,554.85	$3,030.01	3
2	1891146999	Becky Johnson	986	$894,062.07	$906.76	2
3	1316934318	Steven Lentz	76	$792,176.19	$10,423.37	4
4	1497060776	Usha Perepu	71	$728,514.52	$10,260.77	1
5	1326034984	Katherine Mathews	99	$588,514.45	$5,944.59	5
6	1417443953	Rodney Clark	397	$497,320.16	$1,252.70	7
7	1619382942	Eirene Alexandrou	147	$487,013.31	$3,313.02	8
8	1760596357	Amal Shibli-Rahhal	10	$411,948.92	$41,194.89	17
9	1295091510	Rebecca Weiner	374	$397,605.40	$1,063.12	6
10	1013126705	Janice Staber	40	$362,513.53	$9,062.84	9
11	1649419219	Heather Hunemuller	290	$360,013.90	$1,241.43	10
12	1841607900	Shayla Sanders	112	$351,679.41	$3,139.99	29
13	1942937388	Carly Trausch	380	$342,264.13	$900.70	110
14	1437121407	Linda Cadaret	170	$331,696.07	$1,951.15	35
15	1669056123	Kama Ausborn	1,007	$330,525.23	$328.23	18
16	1558357806	Robin Hayward	170	$320,778.84	$1,886.93	11
17	1700417169	Courtney Reints	298	$314,675.93	$1,055.96	20
18	1376525196	Randolph Rough	121	$309,161.19	$2,555.05	36
19	1225263833	Lindsay Orris	127	$304,279.01	$2,395.90	25
20	1891955423	Leah Siegfried	486	$266,746.81	$548.86	31
21	1043565328	Sara Moeller	127	$256,150.48	$2,016.93	14
22	1902191059	Amber Tierney	48	$252,760.45	$5,265.84	40
23	1326211889	James Friedlander	55	$244,165.44	$4,439.37	94
24	1275763047	Rebecca Bowman	1,093	$241,090.36	$220.58	38
25	1588616171	Heather Thomas	135	$238,431.19	$1,766.16	12
26	1225143316	Susan Jacobi	112	$235,851.56	$2,105.82	57
27	1245468768	Thomas Schmidt	126	$233,043.28	$1,849.55	34
28	1134440886	Melissa Wells	140	$229,530.92	$1,639.51	47
29	1558356642	Randy Maigaard	211	$226,274.90	$1,072.39	228
30	1730406356	Christina Warren	218	$225,803.27	$1,035.79	50
31	1902478811	Joan Anderson	1,183	$221,665.13	$187.38	32
32	1770933046	Shelby Biller	1,034	$215,216.59	$208.14	27
33	1649826140	Taylor Boldt	286	$215,214.89	$752.50	178

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
202303 - 202305

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
34	1245353242	Sandy Hong	183	$210,371.80	$1,149.57	13
35	1609218304	Amanda Garr	1,196	$209,504.44	$175.17	51
36	1972989721	Jayson Gesulga	688	$207,869.05	$302.14	26
37	1649943689	Jessica Coffey	168	$207,389.04	$1,234.46	93
38	1265420095	Elizabeth Cooper	124	$207,246.49	$1,671.34	41
39	1588330419	Kari Harvey	82	$202,986.78	$2,475.45	802
40	1679688626	Lawrence Rettenmaier	95	$198,670.82	$2,091.27	58
41	1477761328	Amy Calhoun	50	$198,450.89	$3,969.02	70
42	1467502286	Charles Tilley	1,141	$198,376.30	$173.86	33
43	1184395162	Danielle Van Oosbree	817	$196,751.39	$240.82	80
44	1033221916	Adrian Letz	79	$196,364.61	$2,485.63	59
45	1669740957	Courtney Kremer	91	$193,970.22	$2,131.54	74
46	1043418809	Michael Ciliberto	478	$192,101.40	$401.89	28
47	1679521728	Jill Fliege	39	$191,979.55	$4,922.55	39
48	1578958542	Heidi Curtis	201	$187,850.39	$934.58	108
49	1043211303	Ali Safdar	1,287	$185,875.13	$144.43	44
50	1407065469	Christoph Randak	122	$184,503.55	$1,512.32	124
51	1467449579	Brian Wayson	81	$183,727.48	$2,268.24	197
52	1245227099	Donna Dobson Tobin	911	$179,876.45	$197.45	76
53	1184056822	Abby Kolthoff	700	$178,227.19	$254.61	409
54	1356359871	Rhea Hartley	822	$177,525.02	$215.97	21
55	1558808501	Jessica Braksiek	37	$174,953.87	$4,728.48	54
56	1538145784	Jashim Ahmed	99	$174,763.69	$1,765.29	161
57	1689942518	Patria Alba Aponte	215	$174,420.14	$811.26	52
58	1295078533	Christopher Strouse	27	$169,537.73	$6,279.18	22
59	1487648705	Karen Hunke	98	$167,675.09	$1,710.97	15
60	1295253557	Abbey Modlin	362	$165,919.91	$458.34	91
61	1114521721	Tarrah Holliday	689	$165,742.62	$240.56	46
62	1366826109	Alyssa Mrsny	141	$165,172.72	$1,171.44	92
63	1477199198	Sajo Thomas	942	$161,529.15	$171.47	64
64	1225266364	Sarah Bligh	196	$160,792.32	$820.37	78
65	1972560597	Bernard Leman	48	$158,309.51	$3,298.11	16
66	1013311778	Melissa Batt	309	$156,372.19	$506.06	88

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
202303 - 202305

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
67	1871039917	Elizabeth Allen	86	$155,682.99	$1,810.27	49
68	1952539447	Anthony Fischer	78	$155,440.21	$1,992.82	188
69	1134249832	Steven Craig	113	$154,431.65	$1,366.65	87
70	1306071915	Thomas Pietras	99	$154,399.23	$1,559.59	162
71	1093382632	Gail Dooley	236	$153,644.42	$651.04	117
72	1386902682	Melissa Willis	97	$153,536.15	$1,582.85	48
73	1780995506	Quanhathai Kaewpoowat	82	$153,526.83	$1,872.28	113
74	1043312432	Charles Love	127	$152,912.62	$1,204.04	103
75	1356752067	Kelly Delaney-Nelson	115	$152,419.83	$1,325.39	63
76	1275742090	Ashar Luqman	601	$150,914.13	$251.11	72
77	1144214248	Kristi Walz	898	$150,762.98	$167.89	62
78	1902358443	Melissa Konken	917	$150,443.93	$164.06	65
79	1255823506	Nicole Delagardelle	919	$150,140.52	$163.37	111
80	1992790778	Myrl Holida	14	$149,039.29	$10,645.66	67
81	1336346352	Hanna Zembrzuska	49	$148,953.75	$3,039.87	185
82	1366858334	Alicia Duyvejonck	308	$148,663.09	$482.67	95
83	1447408869	Heather Ciliberto	76	$148,520.84	$1,954.22	198
84	1588618359	Barbara Burkle	135	$145,981.86	$1,081.35	53
85	1891055612	Zeeshan Jawa	95	$145,151.99	$1,527.92	96
86	1528247368	Mishelle Paullus	58	$144,777.19	$2,496.16	104
87	1750913406	Carrissa Riggs	84	$141,530.09	$1,684.88	125
88	1386084747	Jennifer Condon	216	$141,221.33	$653.80	82
89	1215964796	Donner Dewdney	610	$140,633.32	$230.55	71
90	1730293705	Robert Jackson	70	$140,240.11	$2,003.43	137
91	1134402373	Julie Schuck	105	$138,504.69	$1,319.09	83
92	1821254863	Amy John	123	$137,816.04	$1,120.46	68
93	1043703887	Tenaea Jeppeson	928	$137,761.10	$148.45	61
94	1144829300	Katie Shannon	48	$137,429.17	$2,863.11	100
95	1154646149	Hussain Naseri	57	$136,427.28	$2,393.46	355
96	1407180094	Tulsi Sharma	353	$134,435.32	$380.84	73
97	1982605762	Jeffrey Wilharm	2,149	$131,156.74	$61.03	99
98	1174970453	Daniel Hinds	138	$131,055.65	$949.68	120
99	1457346231	Dawn Ebach	179	$130,662.90	$729.96	101
100	1053520759	Alicia Gerke	26	$129,813.09	$4,992.81	183

TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

	202212 - 202302			202303 - 202305			
CATEGORY DESCRIPTION	PREVIOUS TOTAL COST	PREVIOUS RANK	PREVIOUS % BUDGET	CURRENT TOTAL COST	CURRENT RANK	CURRENT % BUDGET	% CHANGE
ANTIDIABETICS	$14,099,234.20	1	14.36 %	$15,505,208.87	1	14.81 %	0.44 %
ANTIPSYCHOTICS/ANTIMANIC AGENTS	$10,544,037.08	2	10.74 %	$11,037,108.88	2	10.54 %	-0.20 %
ANALGESICS - ANTI-INFLAMMATORY	$9,692,572.65	3	9.87 %	$10,432,118.67	3	9.96 %	0.09 %
DERMATOLOGICALS	$7,275,986.12	5	7.41 %	$8,269,511.74	4	7.90 %	0.49 %
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	$7,294,683.62	4	7.43 %	$7,480,637.68	5	7.14 %	-0.29 %
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	$5,120,010.74	7	5.22 %	$5,979,522.15	6	5.71 %	0.50 %
ANTIVIRALS	$5,530,001.89	6	5.63 %	$5,860,448.53	7	5.60 %	-0.04 %
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	$2,908,249.52	10	2.96 %	$3,121,014.60	8	2.98 %	0.02 %
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC	$2,960,824.40	9	3.02 %	$3,101,228.67	9	2.96 %	-0.06 %
ENDOCRINE AND METABOLIC AGENTS - MISC.	$2,793,856.93	11	2.85 %	$3,027,516.78	10	2.89 %	0.05 %
RESPIRATORY AGENTS - MISC.	$2,339,980.99	12	2.38 %	$2,754,783.15	11	2.63 %	0.25 %
HEMATOLOGICAL AGENTS - MISC.	$3,050,086.28	8	3.11 %	$2,659,737.41	12	2.54 %	-0.57 %
MIGRAINE PRODUCTS	$2,135,282.71	15	2.17 %	$2,435,650.40	13	2.33 %	0.15 %
ANTIDEPRESSANTS	$2,274,521.29	13	2.32 %	$2,427,808.60	14	2.32 %	0.00 %
ANTICONVULSANTS	$2,246,455.19	14	2.29 %	$2,317,134.72	15	2.21 %	-0.08 %
ANTICOAGULANTS	$1,901,308.07	16	1.94 %	$1,944,990.36	16	1.86 %	-0.08 %
CARDIOVASCULAR AGENTS - MISC.	$1,415,565.50	18	1.44 %	$1,870,572.87	17	1.79 %	0.34 %
MISCELLANEOUS THERAPEUTIC CLASSES	$969,971.73	19	0.99 %	$1,023,192.28	18	0.98 %	-0.01 %
GASTROINTESTINAL AGENTS - MISC.	$801,548.17	20	0.82 %	$1,005,920.67	19	0.96 %	0.15 %
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	$760,114.81	22	0.77 %	$775,546.71	20	0.74 %	-0.03 %

TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

	202212 - 202302		202303 - 202305		
CURRENT CATEGORY DESCRIPTION	PREVIOUS CLAIMS	PREVIOUS RANK	CURRENT CLAIMS	CURRENT RANK	% CHANGE
ANTIDEPRESSANTS	109,578	1	117,118	1	6.88 %
ANTICONVULSANTS	48,487	3	51,676	2	6.58 %
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	48,745	2	50,726	3	4.06 %
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	41,336	4	45,396	4	9.82 %
ANTIDIABETICS	36,802	8	40,303	5	9.51 %
ANTIHYPERTENSIVES	37,795	5	39,992	6	5.81 %
ANTIANXIETY AGENTS	36,846	7	39,600	7	7.47 %
ANTIPSYCHOTICS/ANTIMANIC AGENTS	37,007	6	39,335	8	6.29 %
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	33,373	9	36,115	9	8.22 %
PENICILLINS	29,287	10	29,177	10	-0.38 %
ANALGESICS - OPIOID	24,913	11	26,839	11	7.73 %
DERMATOLOGICALS	22,865	13	26,269	12	14.89 %
ANALGESICS - ANTI-INFLAMMATORY	23,403	12	25,049	13	7.03 %
ANTIHYPERLIPIDEMICS	22,786	14	23,824	14	4.56 %
ANTIHISTAMINES	18,913	15	22,356	15	18.20 %
BETA BLOCKERS	18,581	16	19,851	16	6.83 %
CORTICOSTEROIDS	16,800	17	17,217	17	2.48 %
MUSCULOSKELETAL THERAPY AGENTS	15,178	18	16,359	18	7.78 %
DIURETICS	14,850	19	15,841	19	6.67 %
THYROID AGENTS	13,235	20	14,137	20	6.82 %

TOP 100 DRUGS BY PAID AMOUNT

	202212 - 202302		202303 - 202305		
DRUG DESCRIPTION	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	% CHANGE
Humira Pen	$6,231,171.86	1	$6,575,941.37	1	5.53 %
Trulicity	$3,017,645.07	2	$3,296,035.47	2	9.23 %
Vraylar	$2,760,643.23	3	$3,226,706.40	3	16.88 %
Vyvanse	$2,353,332.03	4	$2,710,155.27	4	15.16 %
Ozempic	$1,561,283.21	12	$2,501,471.90	5	60.22 %
Biktarvy	$2,238,905.92	5	$2,354,104.54	6	5.15 %
Stelara	$1,899,995.73	7	$2,217,447.86	7	16.71 %
Invega Sust	$1,804,896.32	8	$2,098,725.13	8	16.28 %
Dupixent	$1,776,903.12	9	$2,098,590.16	9	18.10 %
Jardiance	$1,957,367.30	6	$2,028,193.58	10	3.62 %
Trikafta	$1,671,352.48	10	$1,968,554.27	11	17.78 %
Taltz	$1,399,435.36	13	$1,513,289.75	12	8.14 %
Lantus Solos	$1,391,892.11	14	$1,371,200.52	13	-1.49 %
Eliquis	$1,208,210.07	16	$1,259,254.36	14	4.22 %
Symbicort	$1,085,152.44	17	$1,136,294.43	15	4.71 %
Ventolin Hfa	$1,077,149.49	18	$1,124,061.70	16	4.36 %
Aristada	$1,025,719.72	19	$1,096,449.72	17	6.90 %
Rexulti	$934,541.64	21	$1,087,006.04	18	16.31 %
Mavyret	$945,153.97	20	$1,082,320.81	19	14.51 %
Spiriva	$901,747.76	22	$909,421.46	20	0.85 %
Enbrel Srclk	$793,719.36	23	$863,448.29	21	8.79 %
Strensiq	$686,451.90	28	$823,742.28	22	20.00 %
Concerta	$699,527.34	26	$803,037.68	23	14.80 %
Abilify Main	$649,463.17	30	$794,655.84	24	22.36 %
Nurtec	$646,606.63	32	$769,408.25	25	18.99 %
Ingrezza	$566,866.26	38	$753,492.93	26	32.92 %
Invega Trinz	$657,506.50	29	$738,205.03	27	12.27 %
Trintellix	$690,161.89	27	$730,460.98	28	5.84 %
Farxiga	$623,502.98	35	$672,546.67	29	7.87 %
Insulin Aspa	$636,651.29	34	$633,148.90	30	-0.55 %
Cosentyx Pen	$637,100.79	33	$609,281.76	31	-4.37 %

TOP 100 DRUGS BY PAID AMOUNT

	202212 - 202302		202303 - 202305		
DRUG DESCRIPTION	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	% CHANGE
Advair Disku	$781,606.25	24	$607,772.12	32	-22.24 %
Xarelto	$611,728.11	36	$596,705.35	33	-2.46 %
Latuda	$1,588,682.38	11	$591,258.36	34	-62.78 %
Flovent Hfa	$549,234.32	40	$580,202.72	35	5.64 %
Entresto	$500,569.32	44	$561,195.04	36	12.11 %
Victoza	$571,542.24	37	$558,571.92	37	-2.27 %
Skyrizi Pen	$324,241.17	60	$545,645.00	38	68.28 %
Adynovate	$724,673.45	25	$545,241.40	39	-24.76 %
Januvia	$554,968.24	39	$539,504.30	40	-2.79 %
Humira	$522,649.88	41	$537,232.41	41	2.79 %
Trelegy	$452,660.97	51	$536,095.72	42	18.43 %
Ilaris	$394,216.54	54	$509,910.12	43	29.35 %
Xifaxan	$499,331.78	45	$480,302.58	44	-3.81 %
Tresiba Flex	$472,182.00	47	$474,993.78	45	0.60 %
Jynarque	$509,660.27	42	$463,624.64	46	-9.03 %
Orkambi	$424,642.97	52	$459,677.03	47	8.25 %
Evrysdi	$471,353.61	48	$456,085.61	48	-3.24 %
Insulin Lisp	$480,735.38	46	$445,840.67	49	-7.26 %
Austedo	$460,282.20	49	$443,500.59	50	-3.65 %
Ajovy	$404,169.30	53	$443,254.64	51	9.67 %
Hemlibra	$646,974.32	31	$435,846.88	52	-32.63 %
Levemir	$458,371.38	50	$435,429.30	53	-5.01 %
Synagis	$1,349,822.02	15	$426,707.49	54	-68.39 %
Revlimid	$508,588.87	43	$420,194.49	55	-17.38 %
Sofos/velpat	$254,486.85	74	$414,878.35	56	63.03 %
Caplyta	$336,807.59	59	$410,070.94	57	21.75 %
Mounjaro	$205,457.06	89	$379,834.36	58	84.87 %
Advair Hfa	$381,236.64	55	$378,029.56	59	-0.84 %
Methylphenid	$342,117.53	57	$359,312.81	60	5.03 %
Linzess	$340,504.98	58	$355,344.64	61	4.36 %
Lybalvi	$278,472.18	67	$352,580.58	62	26.61 %

TOP 100 DRUGS BY PAID AMOUNT

	202212 - 202302		202303 - 202305		
DRUG DESCRIPTION	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	% CHANGE
Ubrelvy	$278,601.22	66	$349,328.43	63	25.39 %
Cabometyx	$295,518.70	62	$332,566.22	64	12.54 %
Aimovig	$317,643.43	61	$317,527.22	65	-0.04 %
Opsumit	$256,958.19	73	$314,330.40	66	22.33 %
Lantus	$343,710.41	56	$309,992.95	67	-9.81 %
Varenicline	$264,149.15	70	$301,358.78	68	14.09 %
Genvoya	$283,117.30	64	$285,627.13	69	0.89 %
Descovy	$229,636.63	78	$280,553.33	70	22.17 %
Verzenio	$264,108.26	71	$279,396.00	71	5.79 %
Pulmozyme	$216,857.40	84	$270,774.17	72	24.86 %
Otezla	$261,223.82	72	$269,177.35	73	3.04 %
Jornay Pm	$219,870.88	81	$266,190.38	74	21.07 %
Skytrofa	$212,667.43	87	$263,815.33	75	24.05 %
Xywav	$248,800.64	75	$262,086.84	76	5.34 %
Adderall Xr	$131,873.04	140	$258,711.71	77	96.18 %
Norditropin	$295,069.82	63	$250,387.62	78	-15.14 %
Advate	$192,001.86	95	$248,553.14	79	29.45 %
Amoxicillin	$237,516.25	77	$246,293.91	80	3.70 %
Quillichew	$219,492.29	82	$238,971.53	81	8.87 %
Epinephrine	$154,656.19	122	$233,569.82	82	51.03 %
Odefsey	$246,781.38	76	$233,198.67	83	-5.50 %
Ruconest	$109,770.38	170	$232,660.76	84	111.95 %
Sprycel	$276,006.02	68	$232,081.46	85	-15.91 %
Anoro Ellipt	$222,280.70	80	$227,247.97	86	2.23 %
Fasenra Pen	$171,560.40	109	$226,551.06	87	32.05 %
Wakix	$225,124.96	79	$226,465.14	88	0.60 %
Enbrel	$173,412.98	108	$226,105.89	89	30.39 %
Takhzyro	$269,694.88	69	$223,622.01	90	-17.08 %
Skyrizi	$155,890.67	121	$220,509.64	91	41.45 %
Creon	$217,048.73	83	$219,497.29	92	1.13 %
Emgality	$196,836.26	92	$218,507.84	93	11.01 %

TOP 100 DRUGS BY PAID AMOUNT

	202212 - 202302		202303 - 202305		
DRUG DESCRIPTION	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	% CHANGE
Enbrel Mini	$160,676.55	115	$213,380.59	94	32.80 %
Adempas	$186,129.64	98	$212,335.30	95	14.08 %
Amphet/dextr	$216,705.03	85	$210,938.40	96	-2.66 %
Sertraline	$195,306.04	94	$209,807.54	97	7.43 %
Triumeq	$191,497.30	96	$209,030.99	98	9.16 %
Ibrance	$206,797.20	88	$202,109.23	99	-2.27 %
Gabapentin	$196,274.21	93	$201,058.81	100	2.44 %

TOP 100 DRUGS BY PRESCRIPTION COUNT

	202212 - 202302		202303 - 202305		
DRUG DESCRIPTION	COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	% CHANGE
Amoxicillin	18,853	1	19,460	1	3.22 %
Sertraline	16,750	2	18,004	2	7.49 %
Ventolin Hfa	16,130	3	16,922	3	4.91 %
Omeprazole	15,327	4	16,416	4	7.11 %
Trazodone	14,136	5	14,929	5	5.61 %
Escitalopram	13,601	7	14,616	6	7.46 %
Atorvastatin	13,624	6	14,218	7	4.36 %
Fluoxetine	12,814	9	13,967	8	9.00 %
Gabapentin	12,920	8	13,634	9	5.53 %
Bupropn Hcl	12,383	10	13,462	10	8.71 %
Levothyroxin	12,087	12	12,826	11	6.11 %
Lisinopril	12,107	11	12,592	12	4.01 %
Metformin	11,304	13	12,107	13	7.10 %
Amphet/dextr	10,839	14	10,818	14	-0.19 %
Hydroxyz Hcl	9,664	19	10,747	15	11.21 %
Ondansetron	10,613	15	10,692	16	0.74 %
Hydroco/apap	10,060	17	10,689	17	6.25 %
Buspirone	9,826	18	10,580	18	7.67 %
Prednisone	10,134	16	10,274	19	1.38 %
Quetiapine	9,552	20	9,831	20	2.92 %
Duloxetine	9,107	21	9,637	21	5.82 %
Cetirizine	8,574	24	9,274	22	8.16 %
Montelukast	8,295	28	9,143	23	10.22 %
Methylphenid	8,344	27	8,884	24	6.47 %
Venlafaxine	8,344	26	8,807	25	5.55 %
Amlodipine	8,350	25	8,703	26	4.23 %
Vyvanse	7,538	34	8,649	27	14.74 %
Aripiprazole	7,969	29	8,502	28	6.69 %
Amox/k Clav	9,058	22	8,500	29	-6.16 %
Pantoprazole	7,715	32	8,261	30	7.08 %
Lamotrigine	7,739	31	8,248	31	6.58 %
Cyclobenzapr	7,671	33	8,234	32	7.34 %

TOP 100 DRUGS BY PRESCRIPTION COUNT

	202212 - 202302		202303 - 202305		
DRUG DESCRIPTION	COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	% CHANGE
Ibuprofen	7,813	30	8,204	33	5.00 %
Fluticasone	6,857	37	7,860	34	14.63 %
Clonidine	7,306	35	7,828	35	7.14 %
Azithromycin	8,944	23	7,350	36	-17.82 %
Alprazolam	7,093	36	7,344	37	3.54 %
Guanfacine	6,450	38	6,926	38	7.38 %
Cephalexin	6,311	41	6,732	39	6.67 %
Metoprol Suc	6,336	40	6,700	40	5.74 %
Clonazepam	6,201	42	6,611	41	6.61 %
Albuterol	6,400	39	6,268	42	-2.06 %
Famotidine	5,621	44	6,217	43	10.60 %
Topiramate	5,551	45	6,042	44	8.85 %
Cefdinir	5,624	43	5,719	45	1.69 %
Losartan Pot	5,161	49	5,616	46	8.82 %
Tramadol Hcl	5,280	47	5,596	47	5.98 %
Meloxicam	5,360	46	5,588	48	4.25 %
Propranolol	5,039	50	5,515	49	9.45 %
Aspirin Low	5,172	48	5,365	50	3.73 %
Loratadine	4,616	53	5,222	51	13.13 %
Lorazepam	4,805	51	5,100	52	6.14 %
Risperidone	4,704	52	4,942	53	5.06 %
Hydrochlorot	4,511	54	4,663	54	3.37 %
Furosemide	4,258	57	4,661	55	9.46 %
Triamcinolon	3,936	61	4,659	56	18.37 %
Mirtazapine	4,365	55	4,509	57	3.30 %
Metronidazol	4,059	58	4,401	58	8.43 %
Fluconazole	4,054	59	4,269	59	5.30 %
Doxycyc Mono	4,280	56	4,227	60	-1.24 %
Levetiraceta	3,941	60	4,193	61	6.39 %
Prazosin Hcl	3,922	62	4,128	62	5.25 %
Hydroxyz Pam	3,841	63	4,044	63	5.29 %
Oxycodone	3,548	65	3,962	64	11.67 %
Rosuvastatin	3,578	64	3,907	65	9.20 %

TOP 100 DRUGS BY PRESCRIPTION COUNT

	202212 - 202302		202303 - 202305		
DRUG DESCRIPTION	COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	% CHANGE
Diclofenac	3,458	70	3,880	66	12.20 %
Spironolact	3,459	69	3,750	67	8.41 %
Amitriptylin	3,537	66	3,724	68	5.29 %
Acetamin	3,526	67	3,650	69	3.52 %
Prednisolone	3,460	68	3,620	70	4.62 %
Trulicity	3,245	74	3,533	71	8.88 %
Valacyclovir	3,301	72	3,485	72	5.57 %
Citalopram	3,363	71	3,458	73	2.82 %
Folic Acid	3,257	73	3,449	74	5.89 %
Tizanidine	3,167	75	3,398	75	7.29 %
Pregabalin	3,132	76	3,356	76	7.15 %
Clindamycin	2,948	83	3,275	77	11.09 %
Naproxen	2,961	81	3,257	78	10.00 %
Symbicort	3,041	77	3,182	79	4.64 %
Ferosul	2,951	82	3,112	80	5.46 %
Zolpidem	3,001	79	3,095	81	3.13 %
Olanzapine	2,798	87	3,082	82	10.15 %
Divalproex	2,930	84	3,061	83	4.47 %
Lantus Solos	3,010	78	3,058	84	1.59 %
Metoprol Tar	2,825	86	3,019	85	6.87 %
Baclofen	2,829	85	3,014	86	6.54 %
Polyeth Glyc	2,794	88	2,942	87	5.30 %
Ozempic	1,904	111	2,936	88	54.20 %
Atomoxetine	2,673	90	2,908	89	8.79 %
Sumatriptan	2,728	89	2,832	90	3.81 %
Jardiance	2,493	91	2,822	91	13.20 %
Allergy Reli	1,160	145	2,593	92	123.53 %
Mupirocin	2,439	92	2,587	93	6.07 %
Nystatin	2,374	93	2,557	94	7.71 %
Vraylar	2,139	98	2,516	95	17.63 %
Insulin Lisp	2,265	94	2,415	96	6.62 %
Bupropion	2,252	95	2,386	97	5.95 %
Bupren/nalox	2,071	101	2,346	98	13.28 %
Flovent Hfa	2,144	97	2,287	99	6.67 %
Pot Chloride	2,083	100	2,277	100	9.31 %

Iowa Medicaid
IOWA HHS

CHANGE HEALTHCARE

Fee for Service Claims
Quarterly Statistics

	December through February 2023	March through May 2023	% CHANGE
TOTAL PAID AMOUNT	$2,909,048	$2,922,553	0.5%
UNIQUE USERS	3,821	3,752	-1.8%
COST PER USER	$761.33	$778.93	2.3%
TOTAL PRESCRIPTIONS	22,059	22,512	2.1%
AVERAGE PRESCRIPTIONS PER USER	5.77	6.00	3.9%
AVERAGE COST PER PRESCRIPTION	$131.88	$129.82	-1.6%
# GENERIC PRESCRIPTIONS	19,415	19,819	2.1%
% GENERIC	88.0%	88.0%	0.0%
$ GENERIC	$951,647	$961,705	1.1%
AVERAGE GENERIC PRESCRIPTION COST	$49.02	$48.52	-1.0%
AVERAGE GENERIC DAYS SUPPLY	28	28	0.0%
# BRAND PRESCRIPTIONS	2,644	2,693	1.9%
% BRAND	12.0%	12.0%	-0.2%
$ BRAND	$1,957,401	$1,960,848	0.2%
AVERAGE BRAND PRESCRIPTION COST	$740.32	$728.13	-1.6%
AVERAGE BRAND DAYS SUPPLY	29	29	0.0%

UTILIZATION BY AGE		
AGE	December through February 2023	March through May 2023
0-6	249	224
7-12	530	531
13-18	785	805
19-64	2,224	2,167
65+	33	25
	3,821	3,752

	UTILIZATION BY GENDER AND AGE		
GENDER	AGE	December through February 2023	March through May 2023
F			
	0-6	120	103
	7-12	238	239
	13-18	383	397
	19-64	1,365	1,351
	65+	17	14
		2,123	2,104
M			
	0-6	129	121
	7-12	292	292
	13-18	402	408
	19-64	859	816
	65+	16	11
		1,698	1,648

Iowa Medicaid
IOWA HHS

CHANGE HEALTHCARE

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
March through May 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	843	$65,291.19	$77.45	1
2	MESKWAKI PHARMACY	TAMA	IA	810	$529,166.00	$653.29	2
3	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	684	$141,097.39	$206.28	3
4	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	633	$23,839.05	$37.66	4
5	WALGREENS #15647	SIOUX CITY	IA	591	$32,220.83	$54.52	5
6	THOMPSON-DEAN DRUG	SIOUX CITY	IA	473	$29,363.41	$62.08	6
7	WCHS PHARMACY	WINNEBAGO	NE	292	$190,758.00	$653.28	7
8	GENOA HEALTHCARE LLC	SIOUX CITY	IA	277	$40,412.65	$145.89	8
9	WALGREEN #04405	COUNCIL BLUFFS	IA	266	$17,527.66	$65.89	9
10	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	164	$13,690.11	$83.48	10
11	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	161	$10,746.29	$66.75	15
12	ALL CARE HEALTH CENTER PHARMACY	COUNCIL BLUFFS	IA	153	$9,828.01	$64.24	28
13	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	149	$13,396.94	$89.91	17
14	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	144	$33,958.57	$235.82	21
15	WALGREEN #04041	DAVENPORT	IA	137	$10,045.56	$73.33	27
16	NELSON FAMILY PHARMACY	FORT MADISON	IA	134	$7,084.25	$52.87	19
17	WALGREEN #05239	DAVENPORT	IA	133	$5,907.12	$44.41	13
18	MEDICAP PHARMACY	JEFFERSON	IA	133	$3,585.20	$26.96	23
19	WALGREEN COMPANY #3700	COUNCIL BLUFFS	IA	125	$12,520.03	$100.16	22
20	WALGREEN COMPANY #05470	SIOUX CITY	IA	123	$5,303.95	$43.12	14
21	NUCARA PHARMACY #27	PLEASANT HILL	IA	119	$4,840.80	$40.68	33
22	BOOTH PHARMACY	HAWARDEN	IA	117	$3,955.45	$33.81	45
23	HY VEE PHARMACY #6 1155	DES MOINES	IA	114	$8,232.02	$72.21	18
24	PRIMARY HEALTH CARE PHARMACY	DES MOINES	IA	113	$15,337.05	$135.73	11
25	WALGREEN #910	SIOUX CITY	IA	112	$12,255.85	$109.43	12

Iowa Medicaid
IOWA HHS

CHANGE HEALTHCARE

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
March through May 2023

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
26	BROADLAWNS MEDICAL CENTER	DES MOINES	IA	109	$7,796.55	$71.53	16
27	HY-VEE MAINSTREET PHARMACY #7070	SIOUX CITY	IA	108	$4,750.29	$43.98	25
28	MEDICAP PHARMACY	ANKENY	IA	105	$3,501.83	$33.35	29
29	MEDICAP PHARMACY	KNOXVILLE	IA	102	$13,044.03	$127.88	30
30	IOWA VETERANS HOME	MARSHALLTOWN	IA	101	$4,932.40	$48.84	20
31	HY-VEE DRUGSTORE #7026	CEDAR RAPIDS	IA	98	$6,889.90	$70.31	37
32	RIGHT DOSE PHARMACY	ANKENY	IA	95	$5,485.97	$57.75	26
33	UI HEALTHCARE RIVER LANDING PHAR	CORALVILLE	IA	90	$5,881.65	$65.35	54
34	WAL-MART PHARMACY #10-0985	FAIRFIELD	IA	89	$31,538.49	$354.37	72
35	GENOA HEALTH LLC	MARSHALLTOWN	IA	89	$26,579.96	$298.65	395
36	STANGEL PHARMACY	ONAWA	IA	88	$5,288.65	$60.10	41
37	WALGREEN COMPANY #05512	BETTENDORF	IA	88	$3,309.24	$37.61	31
38	MEDICAP PHARMACY	RED OAK	IA	87	$2,213.73	$25.45	44
39	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	86	$7,393.61	$85.97	61
40	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	84	$3,350.77	$39.89	50
41	HY-VEE PHARMACY #3 (1889)	WEST DES MOINES	IA	84	$1,279.81	$15.24	48
42	HARTIG PHARMACY SERVICES	DUBUQUE	IA	83	$14,928.13	$179.86	57
43	WALGREENS #07453	DES MOINES	IA	82	$11,984.89	$146.16	47
44	DANIEL PHARMACY INC	FORT DODGE	IA	80	$2,265.76	$28.32	39
45	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	80	$3,927.53	$49.09	24
46	HY VEE PHARMACY 1060	CEDAR RAPIDS	IA	79	$8,375.58	$106.02	158
47	WAL-MART PHARMACIES #10-0753	CEDAR FALLS	IA	79	$2,938.91	$37.20	71
48	MERCY MEDICAL CENTER NORTH IA DB	MASON CITY	IA	78	$4,405.95	$56.49	38
49	MEDICAP PHARMACY	WAUKEE	IA	78	$876.08	$11.23	35
50	CVS PHARMACY #17554	CEDAR FALLS	IA	77	$10,375.57	$134.75	201
51	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	77	$8,280.21	$107.54	59

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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
52	WALGREEN #07454	ANKENY	IA	75	$5,924.52	$78.99	62
53	HY-VEE PHARMACY (1634)	STORM LAKE	IA	75	$16,193.42	$215.91	135
54	COVENANT FAMILY PHARMACY	WATERLOO	IA	73	$2,667.52	$36.54	34
55	HY VEE PHARMACY 7072	TOLEDO	IA	73	$4,010.43	$54.94	82
56	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	72	$2,747.42	$38.16	106
57	WALGREEN COMPANY #07967	CLIVE	IA	72	$1,084.30	$15.06	70
58	WALGREEN COMPANY 07455	WATERLOO	IA	72	$1,681.44	$23.35	52
59	CORNERSTONE APOTHECARY	BELLE PLAINE	IA	71	$4,888.54	$68.85	63
60	HY-VEE PHARMACY #2 (1160)	DUBUQUE	IA	71	$1,793.09	$25.25	77
61	MEDICAP PHARMACY	GRIMES	IA	70	$846.25	$12.09	60
62	WAL MART PHARMACY 10 0559	MUSCATINE	IA	70	$2,852.80	$40.75	109
63	PRAIRIE PARKWAY PHARMACY	CEDAR FALLS	IA	69	$3,726.82	$54.01	89
64	HY-VEE PHARMACY (1065)	CHARITON	IA	69	$1,578.34	$22.87	79
65	HY-VEE STORE CLINIC 1023-039	GRIMES	IA	68	$1,736.78	$25.54	64
66	HY-VEE PHARMACY #2 (1023)	ANKENY	IA	68	$2,002.53	$29.45	49
67	COMMUNITY HEALTH CARE INC	DAVENPORT	IA	66	$5,287.10	$80.11	94
68	WALGREEN #05721	DES MOINES	IA	65	$4,979.39	$76.61	40
69	MEDICAP PHARMACY	INDIANOLA	IA	65	$1,304.24	$20.07	55
70	CVS PHARMACY #08659	DAVENPORT	IA	65	$3,584.79	$55.15	193
71	HY-VEE PHARMACY (1318)	JOHNSTON	IA	65	$1,073.61	$16.52	87
72	HY-VEE PHARMACY 1068	CHEROKEE	IA	64	$894.17	$13.97	85
73	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	64	$6,001.24	$93.77	36
74	WALGREEN #06678	WEST DES MOINES	IA	63	$5,288.75	$83.95	46
75	NUCARA PHARMACY #9	NEVADA	IA	63	$3,515.00	$55.79	112
76	HY-VEE PHARMACY 1071	CLARINDA	IA	63	$7,347.22	$116.62	101
77	WALGREENS #5306	COUNCIL BLUFFS	IA	63	$2,353.18	$37.35	110

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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
78	MERCY HEALTH SERVICES IOWA CORP	MASON CITY	IA	63	$2,426.72	$38.52	142
79	CVS PHARMACY #16893	ANKENY	IA	63	$6,638.46	$105.37	84
80	WALGREEN #7452	DES MOINES	IA	63	$1,745.61	$27.71	76
81	WALGREEN #09708	DUBUQUE	IA	63	$3,754.28	$59.59	145
82	HY-VEE PHARMACY (1271)	INDIANOLA	IA	63	$2,286.88	$36.30	86
83	HY VEE DRUGSTORE 7007-039	AMES	IA	62	$4,572.14	$73.74	80
84	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	62	$4,891.10	$78.89	119
85	WAL-MART PHARMACY #10-3394	ATLANTIC	IA	62	$6,755.64	$108.96	56
86	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	62	$4,445.01	$71.69	53
87	HY-VEE PHARMACY (1052)	CEDAR FALLS	IA	61	$1,157.07	$18.97	120
88	ALLEN MEMORIAL HOSPITAL	WATERLOO	IA	61	$3,854.16	$63.18	151
89	HY-VEE PHARMACY 1382	LE MARS	IA	61	$1,941.79	$31.83	105
90	WALGREEN #03196	MARSHALLTOWN	IA	60	$1,351.52	$22.53	67
91	HY-VEE PHARMACY 3527	GLENWOOD	IA	60	$664.36	$11.07	138
92	WALGREEN COMPANY 05777	DES MOINES	IA	60	$2,605.33	$43.42	233
93	PELLA REGIONAL HEALTH CENTER PHA	PELLA	IA	59	$3,944.97	$66.86	169
94	HY-VEE PHARMACY #2 (1614)	SIOUX CITY	IA	58	$2,233.20	$38.50	203
95	HY-VEE PHARMACY (1396)	MARION	IA	58	$1,568.37	$27.04	43
96	GENOA HEALTHCARE LLC	FORT DODGE	IA	58	$13,676.47	$235.80	199
97	UNITY POINT HEALTH PHARMACY	CEDAR RAPIDS	IA	58	$134.28	$2.32	131
98	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	58	$11,166.81	$192.53	91
99	GREENVILLE PHARMACY INC	SIOUX CITY	IA	57	$3,513.78	$61.65	157
100	HY-VEE PHARMACY (1124)	DENISON	IA	57	$1,795.54	$31.50	173

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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	MESKWAKI PHARMACY	TAMA	IA	810	$529,166.00	$1,729.30	1
2	WCHS PHARMACY	WINNEBAGO	NE	292	$190,758.00	$1,926.85	3
3	UNITY POINT AT HOME	URBANDALE	IA	37	$174,862.65	$14,571.89	6
4	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	684	$141,097.39	$1,111.00	2
5	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	31	$106,468.72	$8,872.39	4
6	CVS PHARMACY #00102	AURORA	CO	10	$95,109.59	$23,777.40	5
7	COMM A WALGREENS PHARMACY #16528	DES MOINES	IA	9	$69,828.74	$17,457.19	9
8	SIOUXLAND COMM HEALTH CTR PHARMA	SIOUX CITY	IA	843	$65,291.19	$393.32	8
9	GENOA HEALTHCARE LLC	SIOUX CITY	IA	277	$40,412.65	$1,063.49	10
10	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	144	$33,958.57	$893.65	11
11	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	45	$33,267.07	$11,089.02	12
12	WALGREENS #15647	SIOUX CITY	IA	591	$32,220.83	$202.65	13
13	WAL-MART PHARMACY #10-0985	FAIRFIELD	IA	89	$31,538.49	$2,426.04	15
14	THOMPSON-DEAN DRUG	SIOUX CITY	IA	473	$29,363.41	$554.03	19
15	CVS CAREMARK	MOUNT PROSPECT	IL	7	$27,336.95	$9,112.32	16
16	GENOA HEALTH LLC	MARSHALLTOWN	IA	89	$26,579.96	$4,429.99	50
17	THE NEBRASKA MED CENTER CLIN PHA	OMAHA	NE	18	$25,900.38	$6,475.10	18
18	OSTERHAUS PHARMACY	MAQUOKETA	IA	36	$25,734.88	$6,433.72	20
19	CAREMARK KANSAS SPEC PHARMACY LL	LENEXA	KS	27	$25,047.56	$1,789.11	7
20	MAYO CLINIC PHARMACY	ROCHESTER	MN	5	$24,563.72	$12,281.86	559
21	CR CARE PHARMACY	CEDAR RAPIDS	IA	33	$23,943.42	$3,990.57	25
22	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	633	$23,839.05	$378.40	21
23	COMMUNITY A WALGREENS PHARMACY	IOWA CITY	IA	7	$22,936.64	$7,645.55	17
24	MEYER HEALTHMART PHARMACY	WAVERLY	IA	51	$22,227.08	$3,704.51	14
25	WALGREENS #16270	OMAHA	NE	3	$20,523.99	$20,523.99	

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26	AVERA SPECIALTY PHARMACY	SIOUX FALLS	SD	3	$20,172.96	$20,172.96	26
27	FRED LEROY HEALTH & WELLNESS	OMAHA	NE	27	$17,644.00	$2,520.57	24
28	WALGREEN #04405	COUNCIL BLUFFS	IA	266	$17,527.66	$282.70	35
29	HY-VEE PHARMACY (1634)	STORM LAKE	IA	75	$16,193.42	$5,397.81	45
30	PRIMARY HEALTH CARE PHARMACY	DES MOINES	IA	113	$15,337.05	$333.41	27
31	HARTIG PHARMACY SERVICES	DUBUQUE	IA	83	$14,928.13	$4,976.04	29
32	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	164	$13,690.11	$720.53	31
33	GENOA HEALTHCARE LLC	FORT DODGE	IA	58	$13,676.47	$4,558.82	75
34	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	149	$13,396.94	$446.56	38
35	MEDICAP PHARMACY	KNOXVILLE	IA	102	$13,044.03	$1,304.40	39
36	WALGREEN COMPANY #3700	COUNCIL BLUFFS	IA	125	$12,520.03	$447.14	36
37	WALGREEN #910	SIOUX CITY	IA	112	$12,255.85	$340.44	28
38	L & M PHARMACY CARE	LE MARS	IA	50	$12,099.49	$12,099.49	99
39	WALGREENS #07453	DES MOINES	IA	82	$11,984.89	$570.71	57
40	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	58	$11,166.81	$3,722.27	84
41	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	161	$10,746.29	$244.23	42
42	CVS PHARMACY #17554	CEDAR FALLS	IA	77	$10,375.57	$1,729.26	77
43	WALGREEN #04041	DAVENPORT	IA	137	$10,045.56	$669.70	76
44	PARAGON PARTNERS	OMAHA	NE	38	$9,962.59	$4,981.30	46
45	ALL CARE HEALTH CENTER PHARMACY	COUNCIL BLUFFS	IA	153	$9,828.01	$546.00	86
46	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	49	$9,407.44	$855.22	55
47	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	26	$9,198.57	$1,314.08	387
48	HY VEE PHARMACY 1060	CEDAR RAPIDS	IA	79	$8,375.58	$837.56	41
49	PARKVIEW PHARMACY	NEVADA	IA	47	$8,340.30	$2,085.08	34
50	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	77	$8,280.21	$552.01	65
51	HY VEE PHARMACY #6 1155	DES MOINES	IA	114	$8,232.02	$411.60	73

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52	BROADLAWNS MEDICAL CENTER	DES MOINES	IA	109	$7,796.55	$288.76	140
53	CASH SAVER	DES MOINES	IA	49	$7,726.16	$3,863.08	67
54	SMART PHARMACY	OSAGE	IA	51	$7,679.32	$1,535.86	165
55	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	86	$7,393.61	$672.15	54
56	HY-VEE PHARMACY 1071	CLARINDA	IA	63	$7,347.22	$816.36	59
57	NELSON FAMILY PHARMACY	FORT MADISON	IA	134	$7,084.25	$1,012.04	52
58	BENNETT PHARMACY INC	NEW HAMPTON	IA	39	$6,986.89	$998.13	40
59	HY-VEE DRUGSTORE #7026	CEDAR RAPIDS	IA	98	$6,889.90	$529.99	258
60	NUCARA PHARMACY #100	GREENFIELD	IA	40	$6,835.73	$3,417.87	49
61	WAL-MART PHARMACY #10-3394	ATLANTIC	IA	62	$6,755.64	$450.38	68
62	CVS PHARMACY #16893	ANKENY	IA	63	$6,638.46	$1,327.69	72
63	LEWIS FAMILY DRUG #69	ROCK VALLEY	IA	41	$6,391.80	$1,065.30	56
64	HY-VEE PHARMACY (1075)	CLINTON	IA	53	$6,382.57	$797.82	88
65	COMMUNITY PHARMACY AT ROCKWELL C	ROCKWELL	IA	40	$6,207.52	$1,551.88	136
66	HY-VEE PHARMACY #1 (1013)	AMES	IA	21	$6,112.67	$679.19	134
67	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	64	$6,001.24	$750.16	103
68	GENOA HEALTHCARE LLC	MASON CITY	IA	6	$5,950.28	$1,983.43	63
69	WALGREEN #07454	ANKENY	IA	75	$5,924.52	$329.14	66
70	WALGREEN #05239	DAVENPORT	IA	133	$5,907.12	$184.60	32
71	UI HEALTHCARE RIVER LANDING PHAR	CORALVILLE	IA	90	$5,881.65	$326.76	79
72	HERITAGE PARK PHARMACY	WEST BURLINGTON	IA	54	$5,685.37	$473.78	44
73	ANOVORX GROUP INC	MEMPHIS	TN	4	$5,681.11	$5,681.11	33
74	RIGHT DOSE PHARMACY	ANKENY	IA	95	$5,485.97	$548.60	120
75	HY-VEE DRUGSTORE (7031)	DES MOINES	IA	43	$5,304.55	$884.09	97
76	WALGREEN COMPANY #05470	SIOUX CITY	IA	123	$5,303.95	$117.87	64
77	WALGREEN #06678	WEST DES MOINES	IA	63	$5,288.75	$440.73	51

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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
78	STANGEL PHARMACY	ONAWA	IA	88	$5,288.65	$240.39	62
79	COMMUNITY HEALTH CARE INC	DAVENPORT	IA	66	$5,287.10	$480.65	126
80	HY-VEE PHARMACY (1619)	SHENANDOAH	IA	43	$5,092.79	$1,697.60	255
81	WALGREEN #05886	KEOKUK	IA	46	$5,076.74	$564.08	121
82	HY-VEE PHARMACY 1297	JEFFERSON	IA	45	$5,064.86	$844.14	100
83	CVS PHARMACY #8443	CEDAR RAPIDS	IA	15	$5,021.37	$1,255.34	368
84	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	35	$5,010.84	$2,505.42	37
85	WALGREEN #05721	DES MOINES	IA	65	$4,979.39	$292.91	169
86	IOWA VETERANS HOME	MARSHALLTOWN	IA	101	$4,932.40	$1,233.10	91
87	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	62	$4,891.10	$326.07	122
88	CORNERSTONE APOTHECARY	BELLE PLAINE	IA	71	$4,888.54	$1,629.51	90
89	NUCARA PHARMACY #27	PLEASANT HILL	IA	119	$4,840.80	$605.10	104
90	BETTER HEALTH INC DBA	MISSOURI VALLEY	IA	28	$4,772.50	$2,386.25	93
91	HY-VEE MAINSTREET PHARMACY #7070	SIOUX CITY	IA	108	$4,750.29	$158.34	80
92	HY VEE DRUGSTORE 7007-039	AMES	IA	62	$4,572.14	$653.16	102
93	CRESCO FAMILY PHARMACY	CRESCO	IA	29	$4,524.40	$1,131.10	118
94	KROGER SPECIALTY PHARMACY LA LLC	HARVEY	LA	1	$4,452.15	$4,452.15	30
95	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	62	$4,445.01	$555.63	74
96	MEDICAP PHARMACY	TOLEDO	IA	23	$4,413.56	$401.23	336
97	MERCY MEDICAL CENTER NORTH IA DB	MASON CITY	IA	78	$4,405.95	$881.19	123
98	HY-VEE PHARMACY (1037)	BETTENDORF	IA	42	$4,316.91	$719.49	142
99	WAL-MART PHARMACY 10-3630	MARION	IA	24	$4,272.68	$712.11	355
100	HY-VEE PHARMACY (1530)	PLEASANT HILL	IA	28	$4,179.67	$597.10	158

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RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
1	1043418809	MICHAEL CILIBERTO	$20,316.48	208	6.12	1
2	1053340661	LEIGHTON E FROST MD	$126,167.61	199	2.43	2
3	1902358443	MELISSA KONKEN ARNP	$22,239.27	128	9.14	3
4	1619153137	JOADA JEAN BEST ARNP	$6,441.17	115	6.76	5
5	1194888024	ALICIA D WAGER NP	$57,776.19	111	1.98	4
6	1164481362	MELISSA PEARSON ARNP	$64,745.68	107	1.35	16
7	1215125216	REBECCA E WALDING	$9,729.25	103	4.90	11
8	1003884107	RANDALL ALLEN KAVALIER DO	$4,235.50	101	5.61	15
9	1104251776	ANTHONY GLYDWELL DNP	$63,204.76	100	1.56	6
10	1982605762	JEFFREY DEAN WILHARM MD	$1,764.33	97	13.86	10
11	1841220290	KENT E KUNZE MD	$4,737.33	97	10.78	17
12	1396289229	JESSE BECKER ARNP	$3,401.42	96	4.36	9
13	1538671961	JAMIE WRIGHT ARNP	$1,624.74	95	4.75	19
14	1780877878	CHRISTOPHER JACOBS ARNP	$6,630.15	91	5.69	7
15	1093141129	LARRY MARTIN NEWMAN ARNP	$57,469.87	89	2.54	22
16	1881972412	RACHEL JEAN WURTH ARNP	$3,384.58	84	4.00	34
17	1457584740	ERIC D MEYER ARNP	$5,126.02	84	5.60	21
18	1912991183	MOLLY EARLEYWINE PA	$4,978.24	82	5.13	8
19	1194722413	AIMEE LORENZ MD	$6,055.28	81	4.26	13
20	1598117434	SOMMER KORTH ARNP	$3,255.17	81	3.68	176
21	1316389497	SHANNON STEWART ARNP	$22,445.26	80	6.15	14
22	1407836513	NATHAN R NOBLE DO	$1,780.85	77	3.35	18
23	1699109595	TONYA K FLAUGH ARNP	$2,259.55	74	3.36	50
24	1154929230	CHELSEA JONES ARNP	$44,424.00	70	3.04	26
25	1598733891	JERRY WILLE MD	$43,136.00	66	1.47	45
26	1417214321	LEAH BRANDON DO	$2,695.26	66	6.00	27

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RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
27	1609218304	AMANDA GARR ARNP	$9,885.76	66	9.43	29
28	1144214248	KRISTI WALZ MD	$26,667.48	63	4.50	43
29	1336418425	DENA NEIMAN ARNP	$6,236.99	63	2.86	24
30	1093272668	RICARDO OSARIO ARNP	$1,213.53	60	4.62	66
31	1053376475	DANIEL GILLETTE MD	$6,959.58	60	15.00	30
32	1588838841	LEENU MISHRA MD	$1,023.12	60	5.45	67
33	1811123318	AARON KAUER MD	$2,825.92	60	15.00	49
34	1659358620	CARLOS CASTILLO MD	$3,278.14	60	6.67	28
35	1871052472	CASSIDY ALANA CARR ARNP	$2,904.51	58	4.14	42
36	1295217529	HEATHER STEHR ARNP	$9,659.42	58	5.80	20
37	1821268335	JACQUELINE J MCINNIS	$8,586.91	57	11.40	40
38	1699740159	FRANK SAM MARINO JR DO	$2,102.29	56	4.67	36
39	1205249562	KELLY RYDER MD	$2,060.64	56	3.50	74
40	1942562129	MELISSA AUSTREIMMD	$2,250.69	54	13.50	126
41	1023555638	CYNTHIA JEAN JOHNSON ARNP	$6,842.07	53	7.57	25
42	1073235925	KRISTINA L BECK ARNP	$4,139.79	53	13.25	555
43	1275742090	ASHAR LUQMAN MD	$823.53	52	8.67	35
44	1295091510	REBECCA WEINER MD	$2,773.55	52	4.73	38
45	1316356496	KIMBERLY N ROBERTS ARNP	$1,102.43	51	4.64	62
46	1891361275	LAUREN MICHELLE RIFE ARNP	$3,537.94	50	3.13	55
47	1326036062	JON AHRENDSEN MD	$1,510.72	50	10.00	53
48	1922305143	OLIVIA WOITAARNP	$636.27	50	8.33	57
49	1649248378	KATHLEEN L WILD ARNP	$2,544.86	50	12.50	81
50	1700356334	BRIANNA SCHAFFER ARNP	$3,422.76	49	12.25	63
51	1639134034	ELIZABETH PRATT ARNP	$717.75	48	1.55	47
52	1710941000	LAURIE N WARREN	$10,186.78	47	11.75	312

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RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
53	1255823506	NICOLE MARIE DELAGARDELLE	$5,200.99	46	7.67	61
54	1356919658	SARAH CASTRO ARNP	$598.54	45	5.00	265
55	1811493679	JUNE MYLER ARNP	$28,748.00	44	2.20	69
56	1174583157	JOANNE STARR ARNP	$2,249.49	44	22.00	111
57	1689139669	BENJAMIN BOLMEIER ARNP	$5,806.06	44	6.29	121
58	1356337273	LISA JAYNE MENZIES MD	$498.01	44	5.50	100
59	1285602649	DAVID WELCH PA	$3,685.09	44	8.80	58
60	1861678997	ELIZABETH WESSLING PA	$628.74	43	1.43	127
61	1457346231	DAWN RENAE EBACH MD	$532.73	43	4.30	77
62	1144240805	DANIEL ROWLEY MD	$6,930.54	43	14.33	64
63	1013163427	JODI HOLLOWAY ARNP	$729.68	43	21.50	92
64	1073852059	AMBER HANSEN MD	$27,398.00	42	3.00	76
65	1285047951	BRIAN VOLD ARNP	$1,183.74	42	10.50	97
66	1568431880	POMILLA CHHABRA KUMAR MD	$2,187.50	41	20.50	94
67	1114681889	KELSEY BAUER ARNP	$599.05	41	5.86	37
68	1184056822	ABBY KOLTHOFF ARNP	$5,382.59	40	10.00	1086
69	1164538674	JOSEPH MATTHEW WANZEK III DO	$4,999.52	40	6.67	125
70	1609946243	SINA LINMAN ARNP	$2,282.60	40	5.71	54
71	1912491259	CAREY BACZWASKI ARNP	$1,711.99	40	5.71	86
72	1679669832	ERIN HATCHER ARNP	$16,642.13	40	8.00	56
73	1013115369	BOBBITA NAG MD	$876.94	39	5.57	211
74	1891076386	SARA E FLEECS ARNP	$1,709.69	39	39.00	109
75	1013978089	JENNIFER BRADLEY ARNP	$6,895.40	38	19.00	155
76	1891756128	PHILIP JOSEPH MULLER DO	$5,604.98	37	9.25	350
77	1013355759	DYLAN GREENE MD	$1,635.67	37	3.70	72
78	1619380680	TARA BROCKMAN DO	$4,644.28	37	9.25	39

TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
March through May 2023

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
79	1023641172	CHRISTA WIGGINS ARNP	$2,140.77	37	37.00	33
80	1013516566	ERIN A HODGSON ARNP	$1,584.94	37	5.29	23
81	1942721584	SHAWNA FURY DNP	$443.64	37	7.40	171
82	1346349388	THOMAS BRENT HOEHNS MD	$3,292.56	36	36.00	96
83	1598166340	BRITTANY SANGER PA	$4,062.47	36	12.00	251
84	1851795033	PETER ROSEN ARNP	$582.84	36	36.00	108
85	1518685254	LAURIE SEWELL-MULLER ARNP	$4,544.75	36	7.20	716
86	1629430293	ALICE MENG MD	$1,688.32	36	2.40	79
87	1386938447	THERESA CZECH MD	$2,736.31	35	3.18	224
88	1528796430	RACHEL KLUG APRN	$554.47	35	2.19	80
89	1144455502	JENNIFER PETTS DO	$1,343.28	35	11.67	60
90	1205393386	JESSICA HUDSPETH ARNP	$206.91	35	8.75	429
91	1679545354	KATHERINE COLLEEN NICKELS MD	$17,715.72	35	7.00	99
92	1598750861	RHONDA SYATA MD	$3,851.89	35	4.38	82
93	1982124103	SABRINA MARTINEZ	$7,863.58	34	34.00	130
94	1548484165	CARRIE L GRADY MD	$4,835.14	34	11.33	128
95	1730609629	LAUREN MARIE THOMANN ARNP	$3,298.21	34	8.50	201
96	1508844465	MICHELE L FRIEDMAN ARNP	$448.92	34	17.00	526
97	1669633343	KEVIN WARREN PETERSON DO	$486.97	34	5.67	112
98	1528037082	RODNEY JULIUS DEAN MD	$1,528.63	33	5.50	59
99	1467502286	CHARLES R TILLEY	$896.73	33	5.50	89
100	1063407757	DIANNE MCBRIEN MD	$2,568.42	33	5.50	75

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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
March through May 2023

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
1	1053340661	LEIGHTON E FROST MD	$126,167.61	$634.01	199	2
2	1326034984	KATHERINE MATHEWS MD	$103,018.97	$3,552.38	29	1
3	1194945691	ANJALI SHARATHKUMAR MBBS	$80,071.39	$13,345.23	6	3
4	1164481362	MELISSA PEARSON ARNP	$64,745.68	$605.10	107	6
5	1104251776	ANTHONY GLYDWELL DNP	$63,204.76	$632.05	100	4
6	1194888024	ALICIA D WAGER NP	$57,776.19	$520.51	111	5
7	1093141129	LARRY MARTIN NEWMAN ARNP	$57,469.87	$645.73	89	8
8	1952326530	LISA HEDRICK PA	$53,788.88	$13,447.22	4	13
9	1619021144	CHRISTOPHER M GIBBS MD	$53,768.12	$26,884.06	2	20
10	1154929230	CHELSEA JONES ARNP	$44,424.00	$634.63	70	14
11	1598733891	JERRY WILLE MD	$43,136.00	$653.58	66	17
12	1639157373	CALVIN J HANSEN MD	$41,766.15	$6,961.03	6	21
13	1730477407	SALIM HOMMEIDA MD	$40,544.36	$2,702.96	15	12
14	1447488325	ABDELAZIZ ELHADDAD MD	$39,370.80	$6,561.80	6	15
15	1003079997	SARAH ANNE TOFILON MD	$29,159.31	$4,165.62	7	9
16	1811493679	JUNE MYLER ARNP	$28,748.00	$653.36	44	23
17	1073852059	AMBER HANSEN MD	$27,398.00	$652.33	42	24
18	1841607900	SHAYLA SANDERS ARNP	$26,939.38	$5,387.88	5	22
19	1902191059	AMBER R TIERNEY MD	$26,934.06	$13,467.03	2	1679
20	1144214248	KRISTI WALZ MD	$26,667.48	$423.29	63	33
21	1194258558	OLUSOLA M. OGUNDIPE MD	$26,420.76	$13,210.38	2	
22	1629432406	GHADAH ALREHAILI MD	$24,524.04	$12,262.02	2	
23	1316389497	SHANNON STEWART ARNP	$22,445.26	$280.57	80	19
24	1902358443	MELISSA KONKEN ARNP	$22,239.27	$173.74	128	35
25	1861629578	HEIDI M CURRIER MD	$20,771.74	$4,154.35	5	18
26	1891204871	ANN B ROGERS APRN	$20,657.09	$1,475.51	14	1388
27	1528467859	WHITNEY A WEIS ARNP	$20,546.30	$3,424.38	6	74

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
March through May 2023

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
28	1043418809	MICHAEL CILIBERTO	$20,316.48	$97.68	208	30
29	1962899088	KELSEY A HOLKESVIK MD	$20,275.12	$2,534.39	8	31
30	1225263833	LINDSAY JO ORRIS DO	$20,221.50	$3,370.25	6	7
31	1417307497	EMILY BOES DO	$19,845.79	$3,969.16	5	32
32	1760612113	VIJAYA, BHATT	$19,278.52	$2,754.07	7	43
33	1679545354	KATHERINE COLLEEN NICKELS MD	$17,715.72	$506.16	35	29
34	1679669832	ERIN HATCHER ARNP	$16,642.13	$416.05	40	101
35	1639148810	MARK E HERMANN MD	$14,544.06	$14,544.06	1	10
36	1770933046	SHELBY BILLER	$14,114.65	$1,176.22	12	49
37	1366826109	ALYSSA D MRSNY PA-C	$13,868.00	$630.36	22	11
38	1760675177	LORI SWANSON ARNP	$13,752.17	$597.92	23	27
39	1366402505	KUNAL K PATRA MD	$13,734.00	$654.00	21	36
40	1053387522	AMY L DIETRICH PAC	$13,438.27	$13,438.27	1	
41	1972616316	JEFFREY ALAN BRANNEN DO	$13,236.89	$4,412.30	3	41
42	1528485471	CHRISTINA GONZALEZ APRN	$13,113.90	$771.41	17	53
43	1144588476	RACHEL D FILZER ARNP	$12,894.88	$614.04	21	88
44	1174780944	GERRY SERTLE ARNP	$12,145.75	$552.08	22	54
45	1417251216	GRETCHEN ELIZABETH WHEELOCK APRN	$11,772.00	$654.00	18	104
46	1770685604	JOHN CHARLES KEECH MD	$11,762.50	$470.50	25	46
47	1609003433	DANIEL PAUL FULTON MD	$11,285.72	$1,612.25	7	68
48	1124518030	ANDREW JOSEPH SIMMS MD	$11,229.72	$3,743.24	3	48
49	1376517169	DUYGU SELCEN MD	$11,014.09	$1,223.79	9	153
50	1043573025	NEVERMAN, ERIC M DO	$10,385.97	$5,192.99	2	28
51	1710941000	LAURIE N WARREN	$10,186.78	$216.74	47	121
52	1922455096	DEAN L GUERDET ARNP	$10,002.11	$344.90	29	62
53	1609218304	AMANDA GARR ARNP	$9,885.76	$149.78	66	47
54	1215125216	REBECCA E WALDING	$9,729.25	$94.46	103	59

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
March through May 2023

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
55	1831329630	SPYRIDON FORTIS MD	$9,718.57	$647.90	15	112
56	1295217529	HEATHER STEHR ARNP	$9,659.42	$166.54	58	58
57	1952784662	MARIA V ROMERO ALVAREZ MD	$9,614.78	$1,373.54	7	98
58	1114521721	TARRAH HOLLIDAY ARNP	$9,362.53	$668.75	14	67
59	1891146999	BECKY L JOHNSON ARNP	$9,030.27	$430.01	21	40
60	1275763047	REBECCA ELIZABETH BOWMAN ARNP	$8,920.82	$387.86	23	109
61	1821268335	JACQUELINE J MCINNIS	$8,586.91	$150.65	57	55
62	1982124103	SABRINA MARTINEZ	$7,863.58	$231.28	34	75
63	1891955423	LEAH SIEGFRIED PA	$7,640.56	$305.62	25	87
64	1790755395	CYNTHIA A GUTHMILLER ARNP	$7,541.03	$235.66	32	39
65	1821254863	AMY JOANN JOHN PA	$7,350.01	$816.67	9	892
66	1053630640	JENNIFER A DONOVAN MD	$7,148.92	$397.16	18	85
67	1053376475	DANIEL GILLETTE MD	$6,959.58	$115.99	60	132
68	1144240805	DANIEL ROWLEY MD	$6,930.54	$161.18	43	81
69	1114524378	ROSA M MARQUEZ PA-C	$6,898.14	$1,149.69	6	73
70	1013978089	JENNIFER BRADLEY ARNP	$6,895.40	$181.46	38	100
71	1023555638	CYNTHIA JEAN JOHNSON ARNP	$6,842.07	$129.10	53	50
72	1427491778	JENNIFER L MEDLIN MD	$6,752.25	$613.84	11	52
73	1780877878	CHRISTOPHER JACOBS ARNP	$6,630.15	$72.86	91	64
74	1619153137	JOADA JEAN BEST ARNP	$6,441.17	$56.01	115	51
75	1144325648	NAN AMBROSY ARNP	$6,431.62	$535.97	12	285
76	1013911692	JEFFREY SCOTT SARTIN MD	$6,383.79	$2,127.93	3	79
77	1912208323	LISA MARIE MEYER ARNP	$6,344.55	$211.49	30	69
78	1336418425	DENA NEIMAN ARNP	$6,236.99	$99.00	63	56
79	1831855485	AARON MARTIN ARNP	$6,084.27	$507.02	12	169
80	1194722413	AIMEE LORENZ MD	$6,055.28	$74.76	81	70
81	1245349182	MARK ANTHONY BURDT DO	$5,965.27	$2,982.64	2	45

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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
March through May 2023

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
82	1225414576	SARA E KUHN ARNP	$5,906.13	$1,968.71	3	80
83	1194990945	SANDEEP GUPTA MD	$5,824.88	$277.38	21	82
84	1689139669	BENJAMIN BOLMEIER ARNP	$5,806.06	$131.96	44	117
85	1558346015	DELWYN LASSEN MD	$5,757.78	$411.27	14	66
86	1891756128	PHILIP JOSEPH MULLER DO	$5,604.98	$151.49	37	354
87	1730197476	MICHAEL BLAESS DO	$5,504.04	$172.00	32	114
88	1184056822	ABBY KOLTHOFF ARNP	$5,382.59	$134.56	40	1664
89	1609131770	SREENATH THATI GANGANNA MBBS	$5,239.08	$169.00	31	78
90	1780998559	JASON GILLESPIE ARNP	$5,232.00	$654.00	8	89
91	1326567660	MARIA DOUTHETT APRN	$5,218.00	$652.25	8	130
92	1972529055	LYNN BARU MD	$5,218.00	$652.25	8	84
93	1255823506	NICOLE MARIE DELAGARDELLE	$5,200.99	$113.07	46	92
94	1083240865	JACOB MACDOWELL PA	$5,160.74	$286.71	18	1027
95	1457584740	ERIC D MEYER ARNP	$5,126.02	$61.02	84	148
96	1295967255	MARY KATHERINE ROBINSON PA	$5,110.22	$170.34	30	161
97	1528681392	MICHAEL J WINTERS DO	$5,089.35	$242.35	21	113
98	1083932909	ALPHEUS APPENHEIMER, MD	$5,074.14	$461.29	11	
99	1164538674	JOSEPH MATTHEW WANZEK III DO	$4,999.52	$124.99	40	126
100	1912991183	MOLLY EARLEYWINE PA	$4,978.24	$60.71	82	115

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CHANGE HEALTHCARE

TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

CATEGORY DESCRIPTION	December through February 2023	RANK	% BUDGET	March through May 2023	RANK	% BUDGET	% CHANGE
ANALGESICS - ANTI-INFLAMMATORY	$286,099	1	9.8%	$345,118	1	11.8%	20.6%
ANTIDIABETICS	$249,759	2	8.6%	$291,775	2	10.0%	16.8%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	$229,139	3	7.9%	$281,225	3	9.6%	22.7%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	$168,175	7	5.8%	$188,485	4	6.4%	12.1%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	$175,268	5	6.0%	$182,706	5	6.3%	4.2%
ANTIVIRALS	$202,740	4	7.0%	$162,468	6	5.6%	-19.9%
ANTICONVULSANTS	$168,500	6	5.8%	$147,166	7	5.0%	-12.7%
ANTIDEPRESSANTS	$110,684	9	3.8%	$106,475	8	3.6%	-3.8%
NEUROMUSCULAR AGENTS	$79,902	12	2.7%	$103,771	9	3.6%	29.9%
DERMATOLOGICALS	$107,328	11	3.7%	$90,525	10	3.1%	-15.7%
MISCELLANEOUS THERAPEUTIC CLASSES	$110,105	10	3.8%	$89,550	11	3.1%	-18.7%
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	$161,886	8	5.6%	$87,598	12	3.0%	-45.9%
ANTIHYPERTENSIVES	$54,062	14	1.9%	$68,176	13	2.3%	26.1%
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	$33,986	20	1.2%	$54,991	14	1.9%	61.8%
PENICILLINS	$35,046	18	1.2%	$40,043	15	1.4%	14.3%
CONTRACEPTIVES	$35,857	17	1.2%	$38,717	16	1.3%	8.0%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	$34,294	19	1.2%	$35,518	17	1.2%	3.6%
ANTIANXIETY AGENTS	$26,503	24	0.9%	$32,778	18	1.1%	23.7%
ANALGESICS - OPIOID	$27,599	23	0.9%	$30,337	19	1.0%	9.9%
ANTIHISTAMINES	$24,135	27	0.8%	$30,335	20	1.0%	25.7%

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CHANGE HEALTHCARE

TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

CATEGORY DESCRIPTION	December through February 2023	PREV RANK	March through May 2023	CURR RANK	PERC CHANGE
ANTIDEPRESSANTS	2,541	1	2,588	1	1.8%
ANTICONVULSANTS	1,806	2	1,804	2	-0.1%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	1,420	3	1,514	3	6.6%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	1,299	4	1,277	4	-1.7%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	1,164	6	1,217	5	4.6%
ANTIHYPERTENSIVES	1,170	5	1,188	6	1.5%
ANTIDIABETICS	855	7	899	7	5.1%
ANTIANXIETY AGENTS	798	9	876	8	9.8%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	843	8	842	9	-0.1%
PENICILLINS	576	10	598	10	3.8%
DERMATOLOGICALS	562	12	589	11	4.8%
ANALGESICS - OPIOID	568	11	588	12	3.5%
ANTIHISTAMINES	531	14	587	13	10.5%
ANALGESICS - ANTI-INFLAMMATORY	540	13	579	14	7.2%
ANTIHYPERLIPIDEMICS	449	15	446	15	-0.7%
BETA BLOCKERS	364	18	395	16	8.5%
CORTICOSTEROIDS	388	17	376	17	-3.1%
ANTI-INFECTIVE AGENTS - MISC.	389	16	373	18	-4.1%
MUSCULOSKELETAL THERAPY AGENTS	315	20	370	19	17.5%
DIURETICS	359	19	329	20	-8.4%

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CHANGE HEALTHCARE

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	December through February 2023	PREVIOUS RANK	March through May 2023	RANK	PERCENT CHANGE
HUMIRA PEN	$198,745.57	1	$254,289.94	1	27.95%
EVRYSDI	$79,901.78	4	$103,770.58	2	29.87%
BIKTARVY	$73,150.60	5	$85,083.98	3	16.31%
VIJOICE	$92,054.74	3	$80,050.72	4	-13.04%
INVEGA SUSTENNA	$54,921.73	8	$70,869.93	5	29.04%
TRULICITY	$50,011.48	9	$56,047.20	6	12.07%
VYVANSE	$47,836.65	10	$51,717.83	7	8.11%
OZEMPIC	$27,213.13	22	$51,573.23	8	89.52%
ENBREL SURECLICK	$26,424.00	24	$47,889.31	9	81.23%
VRAYLAR	$29,267.70	16	$45,642.08	10	55.95%
VERZENIO	$113,321.76	2	$43,632.18	11	-61.50%
MAVYRET	$65,450.82	7	$39,631.14	12	-39.45%
CONCERTA	$28,756.56	18	$39,592.06	13	37.68%
TALTZ	$67,595.74	6	$39,580.68	14	-41.45%
KISQALI	$38,361.56	12	$39,331.95	15	2.53%
JARDIANCE	$28,010.66	20	$38,640.71	16	37.95%
ALBUTEROL SULFATE	$33,821.32	13	$35,789.01	17	5.82%
ARISTADA	$31,867.74	14	$33,423.04	18	4.88%
KESIMPTA		999	$32,677.12	19	%
LISINOPRIL	$26,258.99	25	$30,654.22	20	16.74%
AMOXICILLIN	$18,808.27	34	$30,468.68	21	62.00%
SYMBICORT	$28,987.05	17	$29,623.44	22	2.20%
LANTUS SOLOSTAR	$28,064.18	19	$27,966.75	23	-0.35%
REXULTI	$22,077.66	29	$27,172.42	24	23.08%
ABILIFY MAINTENA	$14,108.95	47	$25,503.93	25	80.76%
VENTOLIN HFA	$24,660.98	26	$24,738.16	26	0.31%
OFEV		999	$24,524.04	27	%

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CHANGE HEALTHCARE

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	December through February 2023	PREVIOUS RANK	March through May 2023	RANK	PERCENT CHANGE
CETIRIZINE HCL	$17,544.78	36	$24,077.24	28	37.23%
IBUPROFEN	$19,655.15	33	$20,806.19	29	5.86%
METHYLPHENIDATE HCL	$17,202.54	37	$19,963.08	30	16.05%
LAMICTAL CHEWABLE DISPERS	$27,288.03	21	$19,922.16	31	-26.99%
PROMACTA	$14,860.19	43	$19,198.38	32	29.19%
LATUDA	$29,298.41	15	$18,654.99	33	-36.33%
METFORMIN HCL	$15,839.33	39	$18,011.16	34	13.71%
TRINTELLIX	$13,781.41	50	$16,693.07	35	21.13%
ESCITALOPRAM OXALATE	$24,127.26	27	$16,288.62	36	-32.49%
VALTOCO	$9,238.59	70	$16,045.34	37	73.68%
RISPERDAL CONSTA	$10,805.62	61	$15,121.87	38	39.94%
ELIQUIS	$18,505.47	35	$15,065.43	39	-18.59%
ADDERALL XR	$12,952.00	53	$14,650.76	40	13.12%
ACETAMINOPHEN	$14,408.82	45	$14,584.67	41	1.22%
INVEGA TRINZA	$9,663.59	67	$14,475.36	42	49.79%
FARXIGA	$11,575.89	58	$14,370.27	43	24.14%
EPIDIOLEX	$15,537.32	41	$14,356.41	44	-7.60%
ENTRESTO	$8,818.05	76	$13,911.43	45	57.76%
CEPHALEXIN	$14,122.78	46	$13,833.71	46	-2.05%
SERTRALINE HCL	$14,665.67	44	$13,688.39	47	-6.66%
INSULIN ASPART	$13,394.66	51	$13,589.85	48	1.46%
JORNAY PM	$17,050.53	38	$13,550.85	49	-20.53%
AMLODIPINE BESYLATE	$15,746.06	40	$13,288.50	50	-15.61%
ADVAIR DISKUS	$12,773.41	54	$12,318.91	51	-3.56%
AZITHROMYCIN	$20,335.49	31	$12,179.32	52	-40.11%
VIMPAT	$12,123.63	56	$11,483.54	53	-5.28%
CRESEMBA	$10,791.03	62	$11,250.76	54	4.26%

Iowa Medicaid
IOWA HHS

CHANGE HEALTHCARE

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	December through February 2023	PREVIOUS RANK	March through May 2023	RANK	PERCENT CHANGE
TRESIBA FLEXTOUCH	$7,435.16	92	$11,208.51	55	50.75%
FLOVENT HFA	$13,797.56	49	$11,182.26	56	-18.95%
ONDANSETRON	$9,675.23	66	$11,093.54	57	14.66%
OMEPRAZOLE	$9,497.55	69	$10,838.20	58	14.12%
TRAMADOL HCL	$5,313.08	126	$10,540.70	59	98.39%
ROSUVASTATIN CALCIUM	$8,966.36	72	$10,449.88	60	16.55%
LUPRON DEPOT-PED (3-MONTH	$20,246.84	32	$10,370.08	61	-48.78%
PREZCOBIX	$4,568.84	136	$9,537.92	62	108.76%
MONTELUKAST SODIUM	$4,025.25	145	$9,469.98	63	135.26%
PREDNISONE	$7,293.19	96	$9,157.05	64	25.56%
AUBAGIO	$26,609.18	23	$9,040.10	65	-66.03%
SYNTHROID	$7,839.51	89	$9,027.41	66	15.15%
QUILLICHEW ER	$5,750.74	118	$8,986.17	67	56.26%
SPIRIVA HANDIHALER	$11,754.97	57	$8,972.97	68	-23.67%
ATORVASTATIN CALCIUM	$8,442.62	80	$8,972.88	69	6.28%
BUPROPION HCL	$8,551.23	79	$8,840.97	70	3.39%
FLUOXETINE HCL	$8,867.49	75	$8,752.77	71	-1.29%
POLYETHYLENE GLYCOL 3350	$3,892.52	153	$8,547.87	72	119.60%
DUPIXENT	$810.00	332	$8,547.18	73	955.21%
DESCOVY	$8,184.38	85	$8,404.63	74	2.69%
NORDITROPIN FLEXPRO	$8,948.63	73	$8,242.59	75	-7.89%
LAMOTRIGINE	$6,127.58	112	$8,068.86	76	31.68%
AMPHETAMINE-DEXTROAMPHETAMINE	$8,921.55	74	$7,935.18	77	-11.06%
HYDROXYZINE HCL	$7,904.40	88	$7,907.97	78	0.05%
TRAZODONE HCL	$9,621.23	68	$7,792.44	79	-19.01%
KEPPRA	$7,635.73	91	$7,744.85	80	1.43%

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	December through February 2023	PREVIOUS RANK	March through May 2023	RANK	PERCENT CHANGE
GABAPENTIN	$9,012.87	71	$7,559.99	81	-16.12%
FLUTICASONE PROPIONATE (NASAL)	$6,436.60	107	$7,558.66	82	17.43%
QELBREE	$6,859.19	100	$7,494.03	83	9.26%
FASENRA PEN	$3,745.68	159	$7,455.57	84	99.04%
ADVAIR HFA	$4,308.75	141	$7,448.28	85	72.86%
GENVOYA	$7,223.13	98	$7,429.50	86	2.86%
NITROFURANTOIN MONOHYD MACRO	$6,392.37	109	$7,385.01	87	15.53%
METOPROLOL SUCCINATE	$3,159.29	173	$7,275.29	88	130.28%
SULFAMETHOXAZOLE-TRIMETHOPRIM	$5,738.22	119	$7,231.44	89	26.02%
CLONIDINE HCL	$6,410.00	108	$7,227.18	90	12.75%
QUETIAPINE FUMARATE	$7,375.73	93	$7,170.55	91	-2.78%
AMOXICILLIN & POT CLAVULANATE	$11,461.71	59	$7,060.61	92	-38.40%
HYDROCODONE-ACETAMINOPHEN	$12,626.47	55	$6,622.35	93	-47.55%
CLONAZEPAM	$6,538.84	105	$6,617.77	94	1.21%
ERGOCALCIFEROL	$3,296.12	172	$6,600.92	95	100.26%
AJOVY	$8,200.42	84	$6,582.21	96	-19.73%
NOVOLOG FLEXPEN	$4,480.00	138	$6,540.00	97	45.98%
BENLYSTA	$13,858.63	48	$6,526.72	98	-52.91%
LORAZEPAM	$3,924.98	151	$6,513.41	99	65.95%
NAYZILAM	$7,313.18	95	$6,463.16	100	-11.62%

Iowa Medicaid
IOWA HHS

CHANGE HEALTHCARE

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	December through February 2023	PREVIOUS RANK	March through May 2023	RANK	PERCENT CHANGE
CLONIDINE HCL	417	2	422	1	1.20%
SERTRALINE HCL	394	3	422	2	7.11%
TRAZODONE HCL	423	1	407	3	-3.78%
FLUOXETINE HCL	381	4	391	4	2.62%
ESCITALOPRAM OXALATE	375	6	388	5	3.47%
CETIRIZINE HCL	330	10	377	6	14.24%
VENTOLIN HFA	378	5	375	7	-0.79%
AMOXICILLIN	341	8	373	8	9.38%
GABAPENTIN	369	7	369	9	0.00%
OMEPRAZOLE	340	9	337	10	-0.88%
METHYLPHENIDATE HCL	308	11	332	11	7.79%
HYDROXYZINE HCL	251	19	314	12	25.10%
QUETIAPINE FUMARATE	263	17	289	13	9.89%
METFORMIN HCL	291	13	285	14	-2.06%
LEVOTHYROXINE SODIUM	282	15	282	15	0.00%
LISINOPRIL	282	14	278	16	-1.42%
MONTELUKAST SODIUM	244	21	270	17	10.66%
ATORVASTATIN CALCIUM	278	16	263	18	-5.40%
ARIPIPRAZOLE	262	18	260	19	-0.76%
AMPHETAMINE-DEXTROAMPHETAMINE	308	12	256	20	-16.88%
IBUPROFEN	233	22	247	21	6.01%
LAMOTRIGINE	245	20	242	22	-1.22%
VYVANSE	219	26	238	23	8.68%
RISPERIDONE	215	28	227	24	5.58%
FLUTICASONE PROPIONATE (NASAL)	200	31	225	25	12.50%
BUPROPION HCL	216	27	223	26	3.24%

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	December through February 2023	PREVIOUS RANK	March through May 2023	RANK	PERCENT CHANGE
BUSPIRONE HCL	189	35	221	27	16.93%
AZITHROMYCIN	229	23	212	28	-7.42%
HYDROCODONE-ACETAMINOPHEN	193	33	209	29	8.29%
PREDNISONE	222	24	204	30	-8.11%
LEVETIRACETAM	220	25	201	31	-8.64%
POLYETHYLENE GLYCOL 3350	181	36	194	32	7.18%
AMOXICILLIN & POT CLAVULANATE	191	34	188	33	-1.57%
ALBUTEROL SULFATE	205	29	187	34	-8.78%
CEPHALEXIN	170	40	184	35	8.24%
VENLAFAXINE HCL	201	30	179	36	-10.95%
DEXMETHYLPHENIDATE HCL	167	41	178	37	6.59%
AMLODIPINE BESYLATE	194	32	178	38	-8.25%
ONDANSETRON	175	38	175	39	0.00%
PANTOPRAZOLE SODIUM	177	37	173	40	-2.26%
DULOXETINE HCL	150	44	170	41	13.33%
FAMOTIDINE	173	39	158	42	-8.67%
GUANFACINE HCL	150	43	150	43	0.00%
CLONAZEPAM	148	45	147	44	-0.68%
CYCLOBENZAPRINE HCL	113	57	144	45	27.43%
TRAMADOL HCL	138	47	140	46	1.45%
DIVALPROEX SODIUM	116	55	138	47	18.97%
PROPRANOLOL HCL	105	60	133	48	26.67%
BACLOFEN	122	52	131	49	7.38%
FERROUS SULFATE	137	48	130	50	-5.11%
HYDROXYZINE PAMOATE	156	42	128	51	-17.95%
MIRTAZAPINE	128	49	128	52	0.00%
SULFAMETHOXAZOLE-TRIMETHOPRIM	126	50	127	53	0.79%

Iowa Medicaid
IOWA HHS

CHANGE HEALTHCARE

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	December through February 2023	PREVIOUS RANK	March through May 2023	RANK	PERCENT CHANGE
TOPIRAMATE	139	46	126	54	-9.35%
CEFDINIR	119	54	119	55	0.00%
OXYCODONE HCL	100	64	116	56	16.00%
ACETAMINOPHEN	124	51	116	57	-6.45%
TRIAMCINOLONE ACETONIDE (TOPICAL)	77	79	115	58	49.35%
ATOMOXETINE HCL	86	73	112	59	30.23%
METOPROLOL SUCCINATE	93	67	112	60	20.43%
LORATADINE	104	61	112	61	7.69%
FUROSEMIDE	121	53	107	62	-11.57%
PRAZOSIN HCL	115	56	107	63	-6.96%
METRONIDAZOLE	104	63	104	64	0.00%
GUANFACINE HCL (ADHD)	92	69	103	65	11.96%
ASPIRIN	111	58	102	66	-8.11%
MELOXICAM	92	68	99	67	7.61%
DOXYCYCLINE (MONOHYDRATE)	98	65	99	68	1.02%
SYMBICORT	98	66	98	69	0.00%
CLOBAZAM	74	82	94	70	27.03%
CONCERTA	74	83	94	71	27.03%
OLANZAPINE	110	59	93	72	-15.45%
HYDROCHLOROTHIAZIDE	104	62	88	73	-15.38%
OXYBUTYNIN CHLORIDE	88	71	86	74	-2.27%
OXCARBAZEPINE	87	72	86	75	-1.15%
NAPROXEN	78	77	82	76	5.13%
PREGABALIN	78	78	82	77	5.13%
SPIRONOLACTONE	86	74	79	78	-8.14%
LOSARTAN POTASSIUM	64	89	78	79	21.88%

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	December through February 2023	PREVIOUS RANK	March through May 2023	RANK	PERCENT CHANGE
ALPRAZOLAM	70	88	76	80	8.57%
OZEMPIC	40	122	75	81	87.50%
TRULICITY	72	85	74	82	2.78%
LORAZEPAM	72	86	72	83	0.00%
ADDERALL XR	41	121	70	84	70.73%
AMITRIPTYLINE HCL	75	81	70	85	-6.67%
FLUCONAZOLE	86	75	69	86	-19.77%
LANTUS SOLOSTAR	73	84	69	87	-5.48%
ROSUVASTATIN CALCIUM	62	92	65	88	4.84%
METOPROLOL TARTRATE	59	94	65	89	10.17%
TIZANIDINE HCL	54	97	64	90	18.52%
ZOLPIDEM TARTRATE	55	96	63	91	14.55%
NITROFURANTOIN MONOHYD MACRO	50	101	63	92	26.00%
JARDIANCE	50	100	62	93	24.00%
VALACYCLOVIR HCL	46	106	61	94	32.61%
NALTREXONE HCL	63	91	61	95	-3.17%
BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE	58	95	60	96	3.45%
ONDANSETRON HCL	88	70	60	97	-31.82%
CARVEDILOL	64	90	58	98	-9.38%
MUPIROCIN	70	87	57	99	-18.57%
NORGESTIMATE-ETHINYL ESTRADIOL	44	110	56	100	27.27%

Quarterly Monthly Statistics

CATEGORY	December 2022 / February 2023	March 2023 / May 2023	% CHANGE
TOTAL PAID AMOUNT	$133,642,325	$143,482,250	7.4%
UNIQUE USERS	182,490	183,844	0.7%
COST PER USER	$732.33	$780.46	6.6%
TOTAL PRESCRIPTIONS	1,122,666	1,162,154	3.5%
AVERAGE PRESCRIPTIONS PER USER	6.15	6.32	2.8%
AVERAGE COST PER PRESCRIPTION	$119.04	$123.46	3.7%
# GENERIC PRESCRIPTIONS	989,940	1,016,734	2.7%
% GENERIC	88.18%	87.49%	-0.8%
$ GENERIC	$18,898,299	$18,494,972	-2.1%
AVERAGE GENERIC PRESCRIPTION COST	$19.09	$18.19	-4.7%
AVERAGE GENERIC DAYS SUPPLY	31.54	30.42	-3.5%
# BRAND PRESCRIPTIONS	132,726	145,420	9.6%
% BRAND	11.82%	12.51%	5.8%
$ BRAND	$114,744,026	$124,987,278	8.9%
AVERAGE BRAND PRESCRIPTION COST	$864.52	$859.49	-0.6%
AVERAGE BRAND DAYS SUPPLY	30.95	30.06	-2.9%

UTILIZATION BY AGE		
AGE	December 2022 / February 2023	March 2023 / May 2023
0-6	61,161	62,051
7-12	81,095	83,851
13-18	109,423	113,950
19-64	870,868	902,187
65+	9,963	10,228
TOTAL	1,132,510	1,172,267

	UTILIZATION BY GENDER AND AGE		
GENDER	AGE	December 2022 / February 2023	March 2023 / May 2023
F	0-6	27,157	27,104
	7-12	32,041	32,711
	13-18	58,212	60,958
	19-64	585,017	607,555
	65+	6,111	6,088
	Gender Total	708,538	734,416
M	0-6	34,004	34,947
	7-12	49,054	51,140
	13-18	51,211	52,992
	19-64	285,851	294,632
	65+	3,852	4,140
	Gender Total	423,972	437,851
Grand Total		1,132,510	1,172,267

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
March 2023 / May 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	16,110	$8,346,341.29	$518.08	1
2	WALGREENS #4405	COUNCIL BLUFFS	IA	13,112	$1,221,999.57	$93.20	2
3	WALGREENS #5239	DAVENPORT	IA	12,531	$878,084.88	$70.07	3
4	WALGREENS #5042	CEDAR RAPIDS	IA	9,766	$728,212.85	$74.57	4
5	WALGREENS #7455	WATERLOO	IA	7,275	$483,574.15	$66.47	8
6	WALGREENS #5721	DES MOINES	IA	7,065	$538,151.25	$76.17	6
7	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	6,869	$536,732.02	$78.14	5
8	WALGREENS #359	DES MOINES	IA	6,786	$521,218.89	$76.81	7
9	WALGREENS #3700	COUNCIL BLUFFS	IA	6,672	$507,264.74	$76.03	9
10	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	6,659	$327,919.12	$49.24	10
11	DRILLING PHARMACY	SIOUX CITY	IA	6,656	$537,562.89	$80.76	11
12	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	5,967	$427,493.16	$71.64	13
13	WALGREENS #4041	DAVENPORT	IA	5,962	$376,977.14	$63.23	12
14	WALGREENS #15647	SIOUX CITY	IA	5,878	$375,382.58	$63.86	14
15	WALGREENS #7453	DES MOINES	IA	5,793	$358,933.32	$61.96	17
16	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	5,542	$652,482.05	$117.73	15
17	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	5,516	$562,931.84	$102.05	16
18	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	5,287	$404,879.31	$76.58	18
19	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	5,170	$420,748.09	$81.38	20
20	HY-VEE PHARMACY (1075)	CLINTON	IA	5,147	$490,872.69	$95.37	21
21	MAHASKA DRUGS INC	OSKALOOSA	IA	5,127	$439,801.59	$85.78	19
22	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	5,083	$421,634.90	$82.95	25

23	NELSON FAMILY PHARMACY	FORT MADISON	IA	5,020	$352,898.88	$70.30	23
24	RIGHT DOSE PHARMACY	ANKENY	IA	4,875	$243,083.30	$49.86	36
25	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	4,870	$387,248.69	$79.52	22
26	WALMART PHARMACY 10-1509	MAQUOKETA	IA	4,858	$427,051.31	$87.91	24
27	WALGREENS #5044	BURLINGTON	IA	4,755	$289,389.39	$60.86	26
28	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	4,746	$213,911.57	$45.07	27
29	WALGREENS #9708	DUBUQUE	IA	4,661	$301,225.29	$64.63	30
30	HY-VEE PHARMACY (1449)	NEWTON	IA	4,458	$353,737.04	$79.35	29
31	HY-VEE PHARMACY (1192)	FT DODGE	IA	4,395	$365,861.44	$83.24	38
32	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	4,388	$354,692.68	$80.83	35
33	MERCYONE DUBUQUE ELM PHARMACY	DUBUQUE	IA	4,321	$363,292.91	$84.08	28
34	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	4,283	$334,410.88	$78.08	37
35	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	4,265	$309,559.94	$72.58	34
36	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	4,257	$342,407.13	$80.43	31
37	HARTIG PHARMACY SERVICES	DUBUQUE	IA	4,236	$331,023.96	$78.15	32
38	WALGREENS #3875	CEDAR RAPIDS	IA	4,177	$324,505.42	$77.69	44
39	NUCARA LTC PHARMACY #3	IOWA CITY	IA	4,115	$157,299.68	$38.23	42
40	HY-VEE PHARMACY (1433)	MT PLEASANT	IA	4,103	$311,745.14	$75.98	51
41	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	4,052	$342,903.95	$84.63	43
42	HY-VEE PHARMACY (1396)	MARION	IA	4,048	$389,339.37	$96.18	33
43	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	4,040	$435,837.69	$107.88	46
44	CVS PHARMACY #10282	FORT DODGE	IA	4,024	$289,917.58	$72.05	53
45	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	3,850	$267,345.77	$69.44	47
46	SOUTH SIDE DRUG	OTTUMWA	IA	3,793	$369,628.70	$97.45	39
47	UI HEALTHCARE - IOWA RIVER LANDING PHARMACY	CORALVILLE	IA	3,771	$137,501.28	$36.46	60
48	WALGREENS #5470	SIOUX CITY	IA	3,736	$269,958.21	$72.26	50

49	REUTZEL PHARMACY	CEDAR RAPIDS	IA	3,673	$319,575.24	$87.01	52
50	HY-VEE PHARMACY (1459)	OELWEIN	IA	3,667	$324,468.20	$88.48	41
51	WALMART PHARMACY 10-0985	FAIRFIELD	IA	3,626	$271,734.27	$74.94	61
52	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	3,617	$265,678.28	$73.45	55
53	WAGNER PHARMACY	CLINTON	IA	3,616	$316,881.72	$87.63	65
54	WALGREENS #11942	DUBUQUE	IA	3,613	$269,622.44	$74.63	56
55	SCOTT PHARMACY	FAYETTE	IA	3,590	$293,554.09	$81.77	67
56	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	3,567	$270,200.94	$75.75	48
57	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	3,556	$327,031.34	$91.97	54
58	WALGREENS #7452	DES MOINES	IA	3,553	$290,109.46	$81.65	57
59	HY-VEE PHARMACY (1850)	WASHINGTON	IA	3,543	$223,874.78	$63.19	40
60	STANGEL PHARMACY	ONAWA	IA	3,534	$289,740.50	$81.99	45
61	MEDICAP LTC	INDIANOLA	IA	3,533	$135,878.15	$38.46	49
62	WALMART PHARMACY 10-2889	CLINTON	IA	3,530	$244,630.05	$69.30	59
63	WALGREENS #5886	KEOKUK	IA	3,525	$254,605.11	$72.23	66
64	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	3,485	$237,472.18	$68.14	68
65	CVS PHARMACY #08546	WATERLOO	IA	3,467	$258,759.19	$74.63	71
66	WALGREENS #5119	CLINTON	IA	3,397	$297,072.35	$87.45	63
67	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	3,393	$340,458.51	$100.34	58
68	WALGREENS #7454	ANKENY	IA	3,382	$206,300.52	$61.00	62
69	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	3,372	$282,947.45	$83.91	81
70	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	3,370	$190,433.43	$56.51	94
71	WALGREENS #4714	DES MOINES	IA	3,356	$243,005.88	$72.41	82
72	MAIN AT LOCUST PHARMACY AND MEDICAL SUPPLY	DAVENPORT	IA	3,336	$331,105.84	$99.25	79
73	WALMART PHARMACY 10-3394	ATLANTIC	IA	3,308	$270,171.69	$81.67	69
74	MERCYONE FOREST PARK PHARMACY	MASON CITY	IA	3,296	$233,320.96	$70.79	83

75	HY-VEE PHARMACY (1382)	LEMARS	IA	3,286	$264,852.09	$80.60	77
76	DANIEL PHARMACY	FT DODGE	IA	3,273	$299,410.62	$91.48	78
77	HY-VEE PHARMACY (1522)	PERRY	IA	3,273	$278,686.91	$85.15	80
78	LAGRANGE PHARMACY	VINTON	IA	3,254	$307,422.22	$94.48	70
79	WALGREENS #3595	DAVENPORT	IA	3,241	$204,080.05	$62.97	64
80	HY-VEE PHARMACY (1530)	PLEASANT HILL	IA	3,223	$189,804.84	$58.89	75
81	MEDICAP PHARMACY	KNOXVILLE	IA	3,219	$283,464.74	$88.06	73
82	HY-VEE PHARMACY (1065)	CHARITON	IA	3,202	$283,149.56	$88.43	74
83	WALGREENS #5852	DES MOINES	IA	3,200	$197,062.89	$61.58	95
84	WALMART PHARMACY 10-0559	MUSCATINE	IA	3,199	$264,631.83	$82.72	84
85	WALMART PHARMACY 10-0784	MT PLEASANT	IA	3,193	$243,946.43	$76.40	76
86	WALMART PHARMACY 10-0646	ANAMOSA	IA	3,115	$252,848.52	$81.17	87
87	WALGREENS #3876	MARION	IA	3,114	$258,791.94	$83.11	93
88	WALMART PHARMACY 10-5115	DAVENPORT	IA	3,105	$279,092.82	$89.88	72
89	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	3,045	$262,386.92	$86.17	100
90	WALMART PHARMACY 10-1723	DES MOINES	IA	3,026	$203,071.52	$67.11	90
91	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	3,024	$270,394.88	$89.42	92
92	HY-VEE PHARMACY (1895)	WINDSOR HEIGHTS	IA	3,022	$220,221.60	$72.87	88
93	HY-VEE PHARMACY #1 (1054)	CEDAR RAPIDS	IA	3,003	$309,921.38	$103.20	86
94	WALMART PHARMACY 10-3590	SIOUX CITY	IA	2,989	$239,848.56	$80.24	85
95	WALGREENS #5777	DES MOINES	IA	2,975	$182,261.52	$61.26	98
96	COMMUNITY HEALTH CARE PHARMACY	DAVENPORT	IA	2,911	$77,905.07	$26.76	117
97	MEDICAP PHARMACY	DES MOINES	IA	2,883	$347,041.79	$120.38	130
98	HY-VEE DRUGSTORE #5 (7026)	CEDAR RAPIDS	IA	2,877	$219,725.52	$76.37	110
99	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	2,871	$185,386.71	$64.57	96
100	THOMPSON DEAN DRUG	SIOUX CITY	IA	2,870	$294,053.46	$102.46	103

TOP 100 PHARMACIES BY PAID AMOUNT
March 2023 / May 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	16,110	$8,346,341.29	$2,574.44	1
2	CAREMARK KANSAS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	LENEXA	KS	923	$6,035,736.20	$15,280.34	2
3	COMMUNITY, A WALGREENS PHARMACY #16528	DES MOINES	IA	704	$4,070,473.24	$13,939.98	4
4	CVS/SPECIALTY	MONROEVILLE	PA	524	$3,974,999.39	$17,905.40	3
5	UNITYPOINT AT HOME	URBANDALE	IA	1,026	$2,938,472.52	$8,072.73	6
6	CAREMARK ILLINOIS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	MT PROSPECT	IL	281	$2,425,045.18	$24,250.45	5
7	COMMUNITY, A WALGREENS PHARMACY #21250	IOWA CITY	IA	509	$2,225,683.08	$8,974.53	7
8	HY-VEE PHARMACY SOLUTIONS	OMAHA	NE	350	$2,093,499.59	$13,419.87	8
9	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	1,966	$2,017,892.94	$9,299.05	9
10	CVS PHARMACY #00102	AURORA	CO	196	$1,649,942.21	$19,411.08	10
11	MAYO CLINIC PHARMACY	ROCHESTER	MN	76	$1,489,397.24	$78,389.33	173
12	WALGREENS #4405	COUNCIL BLUFFS	IA	13,112	$1,221,999.57	$469.64	12
13	EXPRESS SCRIPTS SPECIALTY DIST SVCS	SAINT LOUIS	MO	84	$1,075,281.57	$34,686.50	11
14	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	121	$1,070,614.47	$21,412.29	13
15	WALGREENS #5239	DAVENPORT	IA	12,531	$878,084.88	$313.27	14
16	KROGER SPECIALTY PHARMACY LA	HARVEY	LA	100	$859,055.80	$19,090.13	19
17	CAREMARK LLC, DBA CVS/SPECIALTY	REDLANDS	CA	49	$857,412.08	$40,829.15	17
18	ALLIANCERX WALGREENS PHARMACY #16280	FRISCO	TX	47	$847,117.84	$70,593.15	16
19	AMBER SPECIALTY PHARMACY	OMAHA	NE	170	$827,731.45	$14,521.60	15
20	WALGREENS #5042	CEDAR RAPIDS	IA	9,766	$728,212.85	$305.84	18
21	PANTHERX SPECIALTY PHARMACY	PITTSBURGH	PA	25	$654,307.17	$81,788.40	20
22	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	5,542	$652,482.05	$795.71	21

23	EVERSANA LIFE SCIENCE SERVICES, LLC	CHESTERFIELD	MO	20	$632,966.71	$79,120.84	22
24	SUPERIOR PHARMACY SOLUTIONS, INC	SCHAUMBURG	IL	10	$630,893.60	$315,446.80	32
25	WALGREENS #16270	OMAHA	NE	173	$609,756.53	$13,858.10	29
26	ORSINI PHARMACEUTICAL SERVICES LLC	ELK GROVE VILLAGE	IL	28	$573,329.55	$81,904.22	24
27	OPTUM PHARMACY 702, LLC	JEFFERSONVILLE	IN	80	$566,515.50	$12,589.23	25
28	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	5,516	$562,931.84	$556.26	23
29	MAYO CLINIC PHARMACY MARY BRIGH	ROCHESTER	MN	71	$552,164.36	$17,811.75	64
30	CR CARE PHARMACY	CEDAR RAPIDS	IA	2,019	$542,908.38	$2,560.89	28
31	WALGREENS #5721	DES MOINES	IA	7,065	$538,151.25	$281.90	26
32	DRILLING PHARMACY	SIOUX CITY	IA	6,656	$537,562.89	$923.65	31
33	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	6,869	$536,732.02	$344.94	27
34	WALGREENS #359	DES MOINES	IA	6,786	$521,218.89	$309.88	33
35	GENOA HEALTHCARE, LLC	DAVENPORT	IA	2,413	$513,311.34	$2,203.05	36
36	WALGREENS #3700	COUNCIL BLUFFS	IA	6,672	$507,264.74	$371.08	30
37	ALLEN CLINIC PHARMACY	WATERLOO	IA	1,217	$506,117.49	$1,196.50	43
38	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	2,205	$505,501.45	$1,974.62	34
39	MISSION CANCER + BLOOD	DES MOINES	IA	38	$495,833.99	$35,416.71	40
40	HY-VEE PHARMACY (1075)	CLINTON	IA	5,147	$490,872.69	$585.77	37
41	THE NEBRASKA MEDICAL CENTER CLINIC PHARMACY	OMAHA	NE	785	$484,077.19	$2,969.80	35
42	WALGREENS #7455	WATERLOO	IA	7,275	$483,574.15	$263.96	38
43	GENESIS FIRSTMED PHARMACY	DAVENPORT	IA	812	$463,404.71	$1,581.59	55
44	ANOVORX GROUP LLC	MEMPHIS	TN	41	$460,284.82	$28,767.80	41
45	MAHASKA DRUGS INC	OSKALOOSA	IA	5,127	$439,801.59	$644.87	42
46	ALLIANCERX WALGREENS PHARMACY #15438	CANTON	MI	41	$438,896.66	$29,259.78	54
47	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	4,040	$435,837.69	$618.21	47
48	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	5,967	$427,493.16	$369.17	45

49	WALMART PHARMACY 10-1509	MAQUOKETA	IA	4,858	$427,051.31	$511.44	46
50	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	5,083	$421,634.90	$454.84	51
51	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	5,170	$420,748.09	$533.27	48
52	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	5,287	$404,879.31	$459.57	52
53	ALLIANCERX WALGREENS PHARMACY #15443	FRISCO	TX	33	$393,162.41	$30,243.26	88
54	HY-VEE PHARMACY (1396)	MARION	IA	4,048	$389,339.37	$496.61	49
55	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	4,870	$387,248.69	$438.56	50
56	AVERA SPECIALTY PHARMACY	SIOUX FALLS	SD	119	$387,057.72	$10,461.02	111
57	WALGREENS #4041	DAVENPORT	IA	5,962	$376,977.14	$273.77	53
58	WALGREENS #15647	SIOUX CITY	IA	5,878	$375,382.58	$252.61	44
59	PRIMARY HEALTHCARE PHARMACY	DES MOINES	IA	1,508	$370,998.85	$1,220.39	67
60	SOUTH SIDE DRUG	OTTUMWA	IA	3,793	$369,628.70	$624.37	56
61	HY-VEE PHARMACY (1192)	FT DODGE	IA	4,395	$365,861.44	$518.22	62
62	MERCYONE DUBUQUE ELM PHARMACY	DUBUQUE	IA	4,321	$363,292.91	$782.96	66
63	WALGREENS #7453	DES MOINES	IA	5,793	$358,933.32	$272.33	65
64	INFOCUS PHARMACY SERVICES	DUBUQUE	IA	2,519	$357,798.47	$1,169.28	72
65	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	4,388	$354,692.68	$379.35	60
66	HY-VEE PHARMACY (1449)	NEWTON	IA	4,458	$353,737.04	$486.57	63
67	NELSON FAMILY PHARMACY	FORT MADISON	IA	5,020	$352,898.88	$622.40	85
68	MEDICAP PHARMACY	DES MOINES	IA	2,883	$347,041.79	$1,405.03	91
69	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	4,052	$342,903.95	$758.64	93
70	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	4,257	$342,407.13	$383.43	59
71	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	3,393	$340,458.51	$637.56	57
72	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	1,921	$340,162.56	$2,811.26	106
73	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	4,283	$334,410.88	$447.07	70
74	MAIN AT LOCUST PHARMACY AND MEDICAL SUPPLY	DAVENPORT	IA	3,336	$331,105.84	$1,217.30	83

75	HARTIG PHARMACY SERVICES	DUBUQUE	IA	4,236	$331,023.96	$979.36	58
76	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	6,659	$327,919.12	$358.77	78
77	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	3,556	$327,031.34	$660.67	61
78	WALGREENS #3875	CEDAR RAPIDS	IA	4,177	$324,505.42	$361.77	69
79	HY-VEE PHARMACY (1459)	OELWEIN	IA	3,667	$324,468.20	$479.27	84
80	BIOLOGICS BY MCKESSON	CARY	NC	20	$321,332.29	$35,703.59	107
81	REUTZEL PHARMACY	CEDAR RAPIDS	IA	3,673	$319,575.24	$1,086.99	68
82	WAGNER PHARMACY	CLINTON	IA	3,616	$316,881.72	$763.57	82
83	HY-VEE PHARMACY (1433)	MT PLEASANT	IA	4,103	$311,745.14	$409.65	97
84	HY-VEE PHARMACY #1 (1054)	CEDAR RAPIDS	IA	3,003	$309,921.38	$530.69	73
85	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	4,265	$309,559.94	$434.17	74
86	LAGRANGE PHARMACY	VINTON	IA	3,254	$307,422.22	$631.26	71
87	WALGREENS #9708	DUBUQUE	IA	4,661	$301,225.29	$259.45	94
88	DANIEL PHARMACY	FT DODGE	IA	3,273	$299,410.62	$563.86	110
89	WALGREENS #5119	CLINTON	IA	3,397	$297,072.35	$416.07	124
90	THOMPSON DEAN DRUG	SIOUX CITY	IA	2,870	$294,053.46	$864.86	109
91	SCOTT PHARMACY	FAYETTE	IA	3,590	$293,554.09	$677.95	99
92	WALGREENS #7452	DES MOINES	IA	3,553	$290,109.46	$340.50	86
93	CVS PHARMACY #10282	FORT DODGE	IA	4,024	$289,917.58	$397.69	95
94	STANGEL PHARMACY	ONAWA	IA	3,534	$289,740.50	$596.17	77
95	WALGREENS #5044	BURLINGTON	IA	4,755	$289,389.39	$268.95	76
96	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	2,577	$285,001.24	$708.96	98
97	ACCREDO HEALTH GROUP INC	WARRENDALE	PA	21	$284,756.39	$47,459.40	447
98	MEDICAP PHARMACY	KNOXVILLE	IA	3,219	$283,464.74	$805.30	96
99	HY-VEE PHARMACY (1065)	CHARITON	IA	3,202	$283,149.56	$467.24	101
100	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	3,372	$282,947.45	$428.71	114

TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
March 2023 / May 2023

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
1	1982605762	Jeffrey Wilharm	$178,267.14	2,944	6.60	1
2	1356096572	Natasha Lash	$227,758.00	2,193	3.69	2
3	1215146055	Rebecca Wolfe	$141,174.89	2,016	2.61	4
4	1437238110	Genevieve Nelson	$213,251.08	1,922	2.98	3
5	1467502286	Charles Tilley	$236,149.20	1,811	3.46	6
6	1730434069	Larissa Biscoe	$154,372.99	1,756	2.26	20
7	1922455096	Dean Guerdet	$210,921.29	1,753	3.28	11
8	1659358620	Carlos Castillo	$87,671.08	1,736	2.98	10
9	1013115369	Bobbita Nag	$89,221.84	1,725	2.12	19
10	1982030946	Jacklyn Besch	$82,072.35	1,703	3.11	9
11	1215125216	Rebecca Walding	$232,023.55	1,700	3.67	8
12	1043434525	Robert Kent	$112,795.47	1,667	3.11	7
13	1043211303	Ali Safdar	$376,554.88	1,662	2.21	14
14	1063491645	Allyson Wheaton	$130,754.11	1,659	2.33	18
15	1073945499	Jennifer Zalaznik	$126,117.23	1,632	3.87	5
16	1164538674	Joseph Wanzek	$154,200.32	1,615	3.94	12
17	1902912538	Christian Jones	$112,741.96	1,612	2.64	15
18	1467907394	Cynthia Coenen	$200,527.47	1,568	3.37	13
19	1609218304	Amanda Garr	$249,661.56	1,550	3.21	21
20	1902478811	Joan Anderson	$363,759.04	1,536	3.10	24
21	1477199198	Sajo Thomas	$184,906.38	1,520	3.15	15
22	1316356496	Kimberly Roberts	$90,364.28	1,507	3.19	17
23	1770933046	Shelby Biller	$316,272.73	1,500	2.33	23

24	1457584740	Eric Meyer	$146,593.83	1,491	2.55	22
25	1902850845	Deborah Bahe	$162,582.52	1,450	3.98	25
26	1275763047	Rebecca Bowman	$272,139.77	1,390	2.47	28
27	1790013209	Tracy Tschudi	$179,643.08	1,356	2.90	30
28	1215184726	Babuji Gandra	$67,312.95	1,325	2.47	34
29	1902358443	Melissa Konken	$294,797.77	1,315	3.08	35
30	1538157383	David Wenger-Keller	$67,336.66	1,312	4.18	27
31	1568431880	Pomilla Kumar	$74,496.89	1,299	3.84	44
32	1437209434	Jon Thomas	$83,522.95	1,289	2.21	31
33	1134191018	Dustin Smith	$81,242.60	1,277	3.16	29
34	1003539784	Julia Sass	$148,208.63	1,252	2.50	159
35	1649248378	Kathleen Wild	$72,384.05	1,240	2.73	38
36	1538368170	Christopher Matson	$39,474.30	1,228	3.17	42
37	1558770974	Marc Baumert	$60,608.03	1,220	2.54	50
38	1275844649	Katie Campbell	$169,615.08	1,211	2.80	49
39	1043418809	Michael Ciliberto	$514,022.44	1,206	2.72	39
40	1669056123	Kama Ausborn	$361,065.35	1,199	3.11	45
41	1124006770	Wook Kim	$80,294.04	1,175	2.85	33
42	1689077018	Stacy Roth	$89,752.60	1,161	2.78	53
43	1619153137	Joada Best	$84,260.96	1,156	2.57	48
44	1215434691	Dorcas Kamau	$66,938.01	1,141	3.54	66
45	1205393386	Jessica Hudspeth	$135,762.29	1,124	3.32	58
46	1255405338	Bryan Netolicky	$142,520.35	1,119	2.57	56
47	1801998372	Wendy Hansen-Penman	$34,245.56	1,110	3.34	47
48	1316471154	Nicole Woolley	$81,383.10	1,096	2.16	61
49	1144214248	Kristi Walz	$140,197.38	1,088	3.42	54

50	1447680848	Mindy Roberts	$100,521.18	1,085	2.35	32
51	1710941000	Laurie Warren	$105,464.85	1,069	3.99	55
52	1891146999	Becky Johnson	$958,826.19	1,055	2.93	87
53	1013499029	Spencer Kissel	$171,199.73	1,052	3.10	102
54	1255823506	Nicole Delagardelle	$201,221.34	1,050	2.55	73
55	1871105916	Lacie Theis	$100,885.67	1,046	2.94	63
56	1912991340	Ghada Hamdan-Allen	$74,109.13	1,044	2.77	67
57	1679573893	Patty Hildreth	$212,557.65	1,042	2.76	59
58	1821423799	Dorothy Metz	$92,869.01	1,036	2.81	37
59	1992103386	Melissa Larsen	$75,124.67	1,036	2.82	88
60	1790163848	Hesper Nowatzki	$128,682.08	1,033	2.98	278
61	1053630640	Jennifer Donovan	$145,990.10	1,031	2.76	52
62	1720698335	Danika Hansen	$123,860.36	1,030	3.21	46
63	1437692803	Cassandra Dunlavy	$65,471.05	1,015	3.38	99
64	1417549932	Amanda McCormick	$80,262.78	1,010	2.90	83
65	1174176093	Carol Chukwuka	$128,413.63	1,000	2.23	41
66	1831710987	Margaret Fuller	$111,701.07	1,000	2.60	62
67	1164823092	Jamey Gregersen	$80,635.84	983	2.81	67
68	1477926434	Jackie Shipley	$52,353.06	971	2.54	57
69	1942660204	Kimberly Rutledge	$145,854.53	970	2.67	78
70	1205571155	Dina Lentz	$143,637.96	966	2.73	484
71	1598183493	Jena Ellerhoff	$56,601.04	960	3.66	135
72	1528329398	Erin Rowan	$43,655.08	957	2.28	77
73	1821268335	Jacqueline McInnis	$135,358.99	957	3.78	82
74	1356754337	Cyndi McCormick	$145,366.71	956	3.26	86
75	1396083531	Joni Hanshaw	$61,117.75	955	3.52	97

76	1609946243	Sina Linman	$77,639.69	955	2.15	70
77	1134232481	Abbie White	$63,000.86	945	2.67	103
78	1063497840	Kaye Cleveland	$163,070.91	944	3.27	80
79	1871598557	Christopher Vandelune	$73,853.43	941	2.80	74
80	1821333774	Brittni Benda	$83,647.16	929	2.01	51
81	1114544681	Rachael Ploessl	$64,794.50	928	2.66	105
82	1073500690	Kathleen Adams	$74,343.55	927	2.27	36
83	1841220290	Kent Kunze	$67,214.32	926	2.42	90
84	1689139669	Benjamin Bolmeier	$61,388.86	924	2.46	84
85	1699740159	Frank Marino	$56,396.42	924	1.96	93
86	1336625078	Virginia Slaughter	$80,073.70	921	2.40	128
87	1245227099	Donna Dobson Tobin	$160,321.52	919	3.20	75
88	1780979666	Lindsey Christianson	$36,760.09	918	2.87	121
89	1871934851	Benjamin Kolner	$94,077.77	909	2.81	84
90	1831751908	Kelsey Frame	$83,526.47	905	2.97	71
91	1912971425	Sherry Adams	$120,926.51	903	2.60	96
92	1356760011	Charissa Elliott	$71,417.48	902	3.04	105
93	1417024993	Stacey Jumbeck	$41,106.02	900	3.43	132
94	1104435791	Stacy Murphy	$114,191.45	899	3.45	93
95	1932582988	Dianne Humphrey	$70,855.51	897	3.00	79
96	1215581251	Anna Throckmorton	$33,708.46	896	3.76	130
97	1356359871	Rhea Hartley	$123,796.21	895	2.03	138
98	1417241621	Ashley Mathes	$42,272.33	893	2.61	136
99	1043703887	Tenaea Jeppeson	$198,486.39	890	2.87	133
100	1154779460	Molly Eichenberger	$44,244.41	889	3.47	76

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
March 2023 / May 2023

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
1	1841632965	Ahmad Al-Huniti	$2,441,140.64	$97,645.63	25	10
2	1376777524	Alladdin Abosaida	$1,663,802.13	$3,327.60	500	1
3	1891146999	Becky Johnson	$958,826.19	$908.84	1055	3
4	1285748004	Bruce Hughes	$877,573.53	$5,698.53	154	4
5	1417443953	Rodney Clark	$722,218.76	$1,289.68	560	6
6	1326034984	Katherine Mathews	$721,137.77	$7,754.17	93	5
7	1295091510	Rebecca Weiner	$712,784.67	$1,279.69	557	2
8	1477761328	Amy Calhoun	$693,493.29	$7,705.48	90	7
9	1437121407	Linda Cadaret	$553,643.29	$4,943.24	112	12
10	1316934318	Steven Lentz	$550,101.92	$5,979.37	92	19
11	1043418809	Michael Ciliberto	$514,022.44	$426.22	1206	11
12	1013126705	Janice Staber	$504,766.46	$12,018.25	42	21
13	1326211889	James Friedlander	$488,043.75	$4,832.12	101	9
14	1093382632	Gail Dooley	$474,526.36	$1,268.79	374	8
15	1649419219	Heather Hunemuller	$452,761.80	$1,335.58	339	29
16	1952420705	Eric Rush	$439,399.80	$43,939.98	10	13
17	1356337273	Lisa Menzies	$394,079.73	$620.60	635	15
18	1043211303	Ali Safdar	$376,554.88	$226.57	1662	25
19	1578958542	Heidi Curtis	$368,325.80	$1,344.25	274	17
20	1306071915	Thomas Pietras	$368,204.41	$1,841.02	200	16
21	1902478811	Joan Anderson	$363,759.04	$236.82	1536	26
22	1669056123	Kama Ausborn	$361,065.35	$301.14	1199	38
23	1669137832	Tiffany Navrkal	$360,632.65	$4,293.25	84	433

24	1720086523	Mark Cleveland	$347,000.85	$1,294.78	268	14
25	1134249832	Steven Craig	$322,033.15	$2,146.89	150	55
26	1225263833	Lindsay Orris	$318,639.62	$1,685.92	189	27
27	1770933046	Shelby Biller	$316,272.73	$210.85	1500	24
28	1376525196	Randolph Rough	$315,316.66	$3,319.12	95	20
29	1942937388	Carly Trausch	$313,499.20	$753.60	416	332
30	1174748180	Mohammad Alsharabati	$307,535.33	$1,122.39	274	18
31	1386084747	Jennifer Condon	$306,014.61	$1,006.63	304	23
32	1366858334	Alicia Duyvejonck	$302,538.02	$516.28	586	35
33	1609003011	John Bernat	$297,206.60	$19,813.77	15	84
34	1902358443	Melissa Konken	$294,797.77	$224.18	1315	34
35	1497060776	Usha Perepu	$291,664.81	$4,227.03	69	28
36	1174584072	Bradley Lair	$284,857.74	$3,062.99	93	42
37	1558357806	Robin Hayward	$283,575.32	$1,929.08	147	31
38	1013026798	Stephen Grant	$281,331.99	$4,688.87	60	88
39	1467449579	Brian Wayson	$280,893.31	$3,511.17	80	40
40	1588616171	Heather Thomas	$280,230.16	$1,831.57	153	30
41	1043565328	Sara Moeller	$276,134.94	$1,367.00	202	90
42	1275763047	Rebecca Bowman	$272,139.77	$195.78	1390	39
43	1700417169	Courtney Reints	$271,116.54	$598.49	453	60
44	1730406356	Christina Warren	$265,421.94	$1,368.15	194	32
45	1194945691	Anjali Sharathkumar	$259,846.14	$2,678.83	97	63
46	1841607900	Shayla Sanders	$257,724.10	$2,147.70	120	51
47	1487648705	Karen Hunke	$255,518.37	$1,539.27	166	56
48	1972989721	Jayson Gesulga	$255,252.64	$368.86	692	43
49	1609218304	Amanda Garr	$249,661.56	$161.07	1550	49

50	1730293705	Robert Jackson	$248,385.00	$2,159.87	115	143
51	1003315201	Abigail Behrens	$247,326.99	$1,845.72	134	235
52	1245468768	Thomas Schmidt	$246,978.65	$1,929.52	128	67
53	1124216676	Wendy Sanders	$239,672.28	$692.69	346	37
54	1558808501	Jessica Braksiek	$238,263.73	$2,770.51	86	153
55	1588618359	Barbara Burkle	$236,974.55	$1,419.01	167	107
56	1467502286	Charles Tilley	$236,149.20	$130.40	1811	41
57	1174970453	Daniel Hinds	$235,836.25	$958.68	246	213
58	1245353242	Sandy Hong	$233,339.18	$1,268.15	184	87
59	1215125216	Rebecca Walding	$232,023.55	$136.48	1700	53
60	1942262688	Lori Schumann	$231,700.83	$427.49	542	68
61	1437533130	Katie Broshuis	$228,451.55	$1,643.54	139	93
62	1033554498	Matthew Landherr	$227,786.65	$1,186.39	192	94
63	1356096572	Natasha Lash	$227,758.00	$103.86	2193	36
64	1730135070	James Wallace	$221,335.17	$2,603.94	85	118
65	1174817134	Vuong Nayima	$219,726.17	$610.35	360	296
66	1356445886	Megan Eisel	$216,322.71	$970.06	223	74
67	1871868984	Hana Niebur	$213,542.17	$1,736.12	123	33
68	1437238110	Genevieve Nelson	$213,251.08	$110.95	1922	50
69	1679573893	Patty Hildreth	$212,557.65	$203.99	1042	113
70	1285710764	Jitendrakumar Gupta	$211,386.15	$652.43	324	79
71	1649943689	Jessica Coffey	$210,964.99	$1,049.58	201	161
72	1922455096	Dean Guerdet	$210,921.29	$120.32	1753	69
73	1740700632	Jessica Dunne	$209,079.98	$421.53	496	65
74	1083011613	Bassel Mohammad Nijres	$207,014.60	$3,000.21	69	52
75	1285765354	Cory Pittman	$205,711.75	$1,959.16	105	128

76	1457986671	Paiton Calvert	$202,580.00	$1,841.64	110	82
77	1255823506	Nicole Delagardelle	$201,221.34	$191.64	1050	89
78	1467907394	Cynthia Coenen	$200,527.47	$127.89	1568	71
79	1689942518	Patria Alba Aponte	$198,987.11	$762.40	261	106
80	1447373832	Joshua Wilson	$198,974.23	$3,061.14	65	85
81	1043703887	Tenaea Jeppeson	$198,486.39	$223.02	890	77
82	1033361563	Ermei Yao	$198,439.84	$1,153.72	172	139
83	1821046087	Archana Verma	$195,705.44	$1,957.05	100	72
84	1871039917	Elizabeth Allen	$193,761.78	$2,980.95	65	58
85	1023108701	Ronald Zolty	$193,188.50	$4,390.65	44	66
86	1386938447	Theresa Czech	$192,449.76	$449.65	428	99
87	1184395162	Danielle Van Oosbree	$191,734.18	$227.98	841	144
88	1720416563	Crystal Oberle	$190,076.87	$782.21	243	101
89	1538676150	Megan Dietzel	$188,209.21	$2,895.53	65	83
90	1356834113	Susan Deo	$187,898.44	$1,269.58	148	61
91	1932464971	Kari Ernst	$185,584.41	$1,913.24	97	96
92	1447519038	Erin Richardson	$185,362.77	$645.86	287	95
93	1477199198	Sajo Thomas	$184,906.38	$121.65	1520	54
94	1063792026	Jill Miller	$184,463.80	$213.25	865	91
95	1104804053	Winthrop Risk	$182,106.94	$370.14	492	64
96	1790013209	Tracy Tschudi	$179,643.08	$132.48	1356	114
97	1194176586	Paul Fenton	$178,729.50	$1,567.80	114	131
98	1841673738	Rachel Person	$178,528.71	$1,750.28	102	146
99	1982605762	Jeffrey Wilharm	$178,267.14	$60.55	2944	112
100	1265420095	Elizabeth Cooper	$176,700.57	$1,009.72	175	116

TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

CATEGORY DESCRIPTION	December 2022 / February 2023	RANK	% BUDGET	March 2023 / May 2023	RANK	% BUDGET	% CHANGE
ANTIDIABETICS	$17,458,509	1	13.1%	$18,896,162	1	13.2%	8.2%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	$15,245,718	2	11.4%	$15,436,172	2	10.8%	1.2%
ANALGESICS - ANTI-INFLAMMATORY	$11,897,175	3	8.9%	$12,747,534	3	8.9%	7.1%
DERMATOLOGICALS	$11,082,597	4	8.3%	$12,550,382	4	8.7%	13.2%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	$9,056,884	6	6.8%	$10,207,937	5	7.1%	12.7%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	$9,464,927	5	7.1%	$9,633,925	6	6.7%	1.8%
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	$5,206,296	7	3.9%	$5,689,549	7	4.0%	9.3%
HEMATOLOGICAL AGENTS - MISC.	$3,239,866	15	2.4%	$5,615,914	8	3.9%	73.3%
ANTIVIRALS	$5,011,608	8	3.8%	$5,538,931	9	3.9%	10.5%
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	$4,088,201	10	3.1%	$4,622,974	10	3.2%	13.1%
ANTICONVULSANTS	$4,244,437	9	3.2%	$4,333,132	11	3.0%	2.1%
RESPIRATORY AGENTS - MISC.	$3,933,884	11	2.9%	$4,151,525	12	2.9%	5.5%
MIGRAINE PRODUCTS	$3,850,772	12	2.9%	$4,055,563	13	2.8%	5.3%
ENDOCRINE AND METABOLIC AGENTS - MISC.	$3,614,092	13	2.7%	$3,700,567	14	2.6%	2.4%
ANTIDEPRESSANTS	$3,285,888	14	2.5%	$3,386,359	15	2.4%	3.1%
CARDIOVASCULAR AGENTS - MISC.	$2,194,708	17	1.6%	$2,354,573	16	1.6%	7.3%
ANTICOAGULANTS	$2,384,299	16	1.8%	$2,341,318	17	1.6%	-1.8%
GASTROINTESTINAL AGENTS - MISC.	$1,690,266	18	1.3%	$1,558,252	18	1.1%	-7.8%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	$1,184,043	20	0.9%	$1,164,475	19	0.8%	-1.7%
CONTRACEPTIVES	$864,675	21	0.6%	$867,123	20	0.6%	0.3%

TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

CATEGORY DESCRIPTION	December 2022 / February 2023	PREV RANK	March 2023 / May 2023	CURR RANK	% CHANGE
ANTIDEPRESSANTS	147,924	1	153,178	1	3.6%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	64,143	3	68,531	2	6.8%
ANTICONVULSANTS	66,577	2	68,055	3	2.2%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	64,057	4	65,667	4	2.5%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	51,835	5	54,092	5	4.4%
ANTIANXIETY AGENTS	49,785	6	51,378	6	3.2%
ANTIHYPERTENSIVES	49,757	7	51,063	7	2.6%
ANTIDIABETICS	45,292	8	47,885	8	5.7%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	45,195	9	47,201	9	4.4%
PENICILLINS	35,898	10	35,691	10	-0.6%
DERMATOLOGICALS	29,995	11	33,527	11	11.8%
ANALGESICS - OPIOID	29,817	12	31,236	12	4.8%
ANTIHISTAMINES	26,438	15	30,546	13	15.5%
ANALGESICS - ANTI-INFLAMMATORY	28,785	13	30,228	14	5.0%
ANTIHYPERLIPIDEMICS	28,658	14	29,301	15	2.2%
BETA BLOCKERS	23,220	16	23,880	16	2.8%
CORTICOSTEROIDS	20,771	17	20,905	17	0.6%
MUSCULOSKELETAL THERAPY AGENTS	19,675	18	20,680	18	5.1%
DIURETICS	18,247	19	18,926	19	3.7%
THYROID AGENTS	17,362	20	17,584	20	1.3%

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	December 2022 / February 2023	RANK	March 2023 / May 2023	RANK	% CHANGE
HUMIRA(CF) PEN	$6,798,510	1	$7,213,284	1	6.1%
VYVANSE	$4,176,516	2	$4,555,624	2	9.1%
VRAYLAR	$3,831,467	4	$4,363,695	3	13.9%
TRULICITY	$3,834,829	3	$4,108,348	4	7.1%
OZEMPIC	$2,028,063	11	$3,221,444	5	58.8%
TRIKAFTA	$2,959,880	5	$3,126,057	6	5.6%
STELARA	$2,526,669	8	$2,906,790	7	15.0%
INVEGA SUSTENNA	$2,631,350	7	$2,749,097	8	4.5%
JARDIANCE	$2,346,008	9	$2,510,844	9	7.0%
BIKTARVY	$2,094,686	10	$2,255,297	10	7.7%
DUPIXENT PEN	$1,509,381	15	$1,848,581	11	22.5%
TALTZ AUTOINJECTOR	$1,467,629	16	$1,758,943	12	19.8%
REXULTI	$1,602,524	12	$1,698,908	13	6.0%
LATUDA	$2,728,064	6	$1,656,143	14	-39.3%
LANTUS SOLOSTAR	$1,558,581	13	$1,562,725	15	0.3%
ELIQUIS	$1,527,339	14	$1,517,146	16	-0.7%
NOVOSEVEN RT	$343,599	79	$1,467,925	17	327.2%
VENTOLIN HFA	$1,405,722	17	$1,466,226	18	4.3%
SYMBICORT	$1,312,030	18	$1,360,226	19	3.7%
SKYRIZI PEN	$825,758	31	$1,240,953	20	50.3%
CONCERTA	$1,181,441	20	$1,232,160	21	4.3%
ARISTADA	$1,208,778	19	$1,227,741	22	1.6%
NURTEC ODT	$1,023,709	22	$1,103,258	23	7.8%
TRINTELLIX	$1,045,147	21	$1,079,878	24	3.3%

INGREZZA	$926,476	26	$1,075,752	25	16.1%
ABILIFY MAINTENA	$897,921	28	$1,045,547	26	16.4%
DUPIXENT SYRINGE	$997,914	23	$1,036,100	27	3.8%
ENBREL SURECLICK	$992,308	24	$967,182	28	-2.5%
COSENTYX PEN (2 PENS)	$925,656	27	$936,373	29	1.2%
MAVYRET	$679,593	36	$867,669	30	27.7%
AJOVY AUTOINJECTOR	$873,276	29	$852,433	31	-2.4%
MOUNJARO	$594,014	45	$782,023	32	31.7%
FLOVENT HFA	$743,877	34	$756,789	33	1.7%
INVEGA TRINZA	$622,232	39	$750,423	34	20.6%
XYWAV	$818,864	32	$742,569	35	-9.3%
ADDERALL XR	$407,506	67	$737,379	36	80.9%
XARELTO	$765,589	33	$737,012	37	-3.7%
FARXIGA	$629,755	38	$703,560	38	11.7%
JANUVIA	$681,201	35	$694,319	39	1.9%
AUSTEDO	$632,844	37	$688,570	40	8.8%
TRELEGY ELLIPTA	$608,199	42	$686,364	41	12.9%
HEMLIBRA	$441,430	63	$685,967	42	55.4%
EPIDIOLEX	$619,249	40	$665,649	43	7.5%
TREMFYA	$596,912	44	$652,186	44	9.3%
CAPLYTA	$552,273	49	$636,311	45	15.2%
NORDITROPIN FLEXPRO	$555,778	48	$621,059	46	11.7%
SPIRIVA HANDIHALER	$614,588	41	$584,401	47	-4.9%
ADVAIR DISKUS	$841,481	30	$583,025	48	-30.7%
LINZESS	$565,899	47	$579,942	49	2.5%
STRENSIQ	$576,701	46	$576,701	50	0.0%

ADVATE	$524,286	51	$574,384	51	9.6%
HUMIRA(CF)	$598,946	43	$563,542	52	-5.9%
EVRYSDI	$541,165	50	$541,158	53	0.0%
UBRELVY	$513,162	53	$541,067	54	5.4%
LYBALVI	$414,460	66	$530,563	55	28.0%
INSULIN ASPART FLEXPEN	$515,813	52	$519,334	56	0.7%
ENTRESTO	$469,720	58	$518,954	57	10.5%
WAKIX	$440,459	64	$515,438	58	17.0%
XIFAXAN	$470,175	57	$507,328	59	7.9%
FASENRA PEN	$416,019	65	$504,649	60	21.3%
OTEZLA	$489,883	55	$498,723	61	1.8%
JORNAY PM	$444,924	62	$494,019	62	11.0%
AIMOVIG AUTOINJECTOR	$406,137	69	$488,585	63	20.3%
SPIRIVA RESPIMAT	$449,682	61	$482,161	64	7.2%
SPRYCEL	$350,473	77	$440,458	65	25.7%
ALPROLIX	$324,903	83	$431,978	66	33.0%
ADVAIR HFA	$403,699	70	$428,310	67	6.1%
OPSUMIT	$348,310	78	$423,151	68	21.5%
TRESIBA FLEXTOUCH U-200	$467,257	59	$416,176	69	-10.9%
LANTUS	$480,190	56	$410,158	70	-14.6%
KALYDECO	$406,388	68	$407,193	71	0.2%
RUCONEST	$58,170	323	$407,182	72	600.0%
MAVENCLAD	$231,138	119	$406,912	73	76.0%
VICTOZA 3-PAK	$512,103	54	$406,402	74	-20.6%
ORFADIN	$374,290	72	$401,612	75	7.3%
ENBREL MINI	$350,751	76	$401,151	76	14.4%

KESIMPTA PEN	$281,148	96	$393,393	77	39.9%
METHYLPHENIDATE ER	$362,242	74	$390,267	78	7.7%
PULMOZYME	$355,452	75	$386,581	79	8.8%
HUMIRA PEN	$306,057	90	$377,047	80	23.2%
NAGLAZYME	$367,870	73	$376,046	81	2.2%
HUMIRA(CF) PEN CROHN'S-UC-HS	$221,565	128	$368,689	82	66.4%
ELOCTATE	$241,819	113	$365,101	83	51.0%
RINVOQ	$272,556	101	$365,003	84	33.9%
QUILLICHEW ER	$313,862	88	$343,401	85	9.4%
LEVEMIR FLEXPEN	$61,072	316	$339,919	86	456.6%
DESCOVY	$271,360	103	$337,566	87	24.4%
CREON	$343,362	80	$335,350	88	-2.3%
RAVICTI	$331,618	82	$328,757	89	-0.9%
SEVENFACT		-	$326,721	90	0.0%
VERZENIO	$320,402	85	$323,009	91	0.8%
TAKHZYRO	$393,182	71	$323,003	92	-17.8%
XTANDI	$193,541	143	$321,034	93	65.9%
EPINEPHRINE	$204,557	136	$312,214	94	52.6%
SYNAGIS	$957,850	25	$311,814	95	-67.4%
UPTRAVI	$465,756	60	$309,656	96	-33.5%
LENVIMA	$236,240	117	$307,337	97	30.1%
AMOXICILLIN	$297,348	92	$304,943	98	2.6%
EMGALITY PEN	$298,167	91	$302,800	99	1.6%
DEXLANSOPRAZOLE DR	$284,732	95	$297,464	100	4.5%

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	December 2022 / February 2023	PREVIOUS RANK	March 2023 / May 2023	RANK	% CHANGE
AMOXICILLIN	23,354	1	23,969	1	2.6%
SERTRALINE HCL	22,275	2	23,135	2	3.9%
VENTOLIN HFA	20,992	3	22,025	3	4.9%
OMEPRAZOLE	20,462	4	21,008	4	2.7%
TRAZODONE HCL	19,596	5	20,080	5	2.5%
ESCITALOPRAM OXALATE	17,810	6	18,396	6	3.3%
ATORVASTATIN CALCIUM	16,752	7	16,994	7	1.4%
GABAPENTIN	16,189	8	16,101	8	-0.5%
LEVOTHYROXINE SODIUM	15,811	9	15,894	9	0.5%
FLUOXETINE HCL	15,228	10	15,381	10	1.0%
LISINOPRIL	14,336	11	14,584	11	1.7%
VYVANSE	13,018	14	14,171	12	8.9%
HYDROXYZINE HCL	13,158	12	14,142	13	7.5%
BUSPIRONE HCL	13,134	13	13,759	14	4.8%
MONTELUKAST SODIUM	12,230	16	13,323	15	8.9%
PREDNISONE	12,453	15	12,431	16	-0.2%
HYDROCODONE-ACETAMINOPHEN	11,896	18	12,388	17	4.1%
DULOXETINE HCL	12,034	17	12,383	18	2.9%
QUETIAPINE FUMARATE	11,547	20	11,821	19	2.4%
ARIPIPRAZOLE	10,904	22	11,591	20	6.3%
BUPROPION XL	11,238	21	11,215	21	-0.2%
FLUTICASONE PROPIONATE	9,766	29	11,063	22	13.3%
VENLAFAXINE HCL ER	10,728	24	10,884	23	1.5%

LAMOTRIGINE	10,611	26	10,840	24	2.2%
CLONIDINE HCL	10,479	27	10,813	25	3.2%
CETIRIZINE HCL	10,688	25	10,602	26	-0.8%
AMOXICILLIN-CLAVULANATE POTASS	10,896	23	10,224	27	-6.2%
PANTOPRAZOLE SODIUM	9,875	28	10,160	28	2.9%
AMLODIPINE BESYLATE	9,644	30	9,865	29	2.3%
CYCLOBENZAPRINE HCL	9,101	33	9,464	30	4.0%
ALPRAZOLAM	9,471	31	9,449	31	-0.2%
AZITHROMYCIN	11,866	19	9,427	32	-20.6%
ONDANSETRON ODT	9,374	32	9,204	33	-1.8%
CLONAZEPAM	8,750	34	8,737	34	-0.1%
CEPHALEXIN	8,094	38	8,528	35	5.4%
TOPIRAMATE	8,096	37	8,499	36	5.0%
METFORMIN HCL	8,414	35	8,487	37	0.9%
IBUPROFEN	8,169	36	8,213	38	0.5%
FAMOTIDINE	7,574	39	8,124	39	7.3%
RISPERIDONE	7,153	42	7,533	40	5.3%
DEXTROAMPHETAMINE-AMPHETAMINE	6,547	46	7,306	41	11.6%
MELOXICAM	6,749	44	7,135	42	5.7%
METHYLPHENIDATE ER	6,699	45	7,057	43	5.3%
METOPROLOL SUCCINATE	6,874	43	6,994	44	1.7%
CEFDINIR	7,215	41	6,934	45	-3.9%
LOSARTAN POTASSIUM	6,426	48	6,606	46	2.8%
LORAZEPAM	6,474	47	6,266	47	-3.2%
TRAMADOL HCL	6,091	49	6,151	48	1.0%
LORATADINE	5,292	56	6,059	49	14.5%

BUPROPION HYDROCHLORIDE E	4,992	60	6,020	50	20.6%
TRIAMCINOLONE ACETONIDE	4,963	61	5,899	51	18.9%
METFORMIN HCL ER	5,680	52	5,894	52	3.8%
ALLERGY RELIEF	3,717	90	5,808	53	56.3%
MIRTAZAPINE	5,793	51	5,776	54	-0.3%
DEXTROAMPHETAMINE-AMPHET ER	7,291	40	5,738	55	-21.3%
HYDROCHLOROTHIAZIDE	5,431	54	5,589	56	2.9%
FLUCONAZOLE	5,220	58	5,487	57	5.1%
ALBUTEROL SULFATE	6,019	50	5,440	58	-9.6%
FUROSEMIDE	5,378	55	5,423	59	0.8%
DOXYCYCLINE MONOHYDRATE	5,549	53	5,386	60	-2.9%
ASPIRIN EC	5,258	57	5,355	61	1.8%
HYDROXYZINE PAMOATE	5,102	59	5,240	62	2.7%
METRONIDAZOLE	4,896	62	5,124	63	4.7%
PRAZOSIN HCL	4,633	64	5,094	64	10.0%
POLYETHYLENE GLYCOL 3350	4,592	65	5,029	65	9.5%
LEVETIRACETAM	4,693	63	4,861	66	3.6%
ROSUVASTATIN CALCIUM	4,517	68	4,758	67	5.3%
DICLOFENAC SODIUM	4,290	71	4,657	68	8.6%
METHYLPHENIDATE HCL	4,457	69	4,591	69	3.0%
SPIRONOLACTONE	4,276	72	4,556	70	6.5%
ACETAMINOPHEN	4,525	66	4,528	71	0.1%
CITALOPRAM HBR	4,518	67	4,519	72	0.0%
OXYCODONE HCL	3,944	80	4,428	73	12.3%
VALACYCLOVIR	4,402	70	4,427	74	0.6%
DEXMETHYLPHENIDATE HCL ER	4,073	76	4,400	75	8.0%

TRULICITY	4,075	75	4,371	76	7.3%
ATOMOXETINE HCL	4,039	78	4,360	77	7.9%
TIZANIDINE HCL	4,140	74	4,358	78	5.3%
GUANFACINE HCL	4,058	77	4,186	79	3.2%
BACLOFEN	4,030	79	4,184	80	3.8%
PREGABALIN	3,888	83	4,153	81	6.8%
SULFAMETHOXAZOLE-TRIMETHOPRIM	4,187	73	4,152	82	-0.8%
ZOLPIDEM TARTRATE	3,938	81	4,017	83	2.0%
GUANFACINE HCL ER	3,732	89	3,999	84	7.2%
NAPROXEN	3,657	94	3,999	85	9.4%
SYMBICORT	3,822	85	3,955	86	3.5%
POTASSIUM CHLORIDE	3,823	84	3,948	87	3.3%
SUMATRIPTAN SUCCINATE	3,712	91	3,945	88	6.3%
FOLIC ACID	3,769	86	3,936	89	4.4%
PROPRANOLOL HCL	3,762	88	3,915	90	4.1%
JARDIANCE	3,481	96	3,873	91	11.3%
OLANZAPINE	3,684	93	3,865	92	4.9%
ONDANSETRON HCL	3,763	87	3,748	93	-0.4%
OZEMPIC	2,354	113	3,688	94	56.7%
FEROSUL	3,433	97	3,585	95	4.4%
METOPROLOL TARTRATE	3,539	95	3,539	96	0.0%
ADDERALL XR	1,981	130	3,445	97	73.9%
LANTUS SOLOSTAR	3,301	98	3,423	98	3.7%
FLUOXETINE HYDROCHLORIDE	2,534	107	3,348	99	32.1%
VRAYLAR	2,923	102	3,336	100	14.1%

Medicaid Statistics for Prescription Claims
March through May 2023

Tri-Monthly Statistics

	FFS	Amerigroup	Iowa Total Care	Total**
Total Dollars Paid	$2,922,553	$143,482,250	$104,727,785	$251,132,588
Unique Users	3,752	183,844	152,588	340,184
Cost Per User	$778,093.00	$780.46	$686.34	
Total Prescriptions	22,512	1,162,154	910,930	2,095,596
Average Rx/User	6.00	6.32	5.97	
Average Cost/Rx	$129.82	$123.46	$114.97	
# Generic Prescriptions	19,819	1,016,734	805,166	
% Generic	88.0%	87.5%	88.0%	
$ Generic	$961,705	$18,494,972	$14,497,411	
Average Generic Rx Cost	$48.52	$18.19	$18.01	
Average Generic Days Supply	28	30.42	30.11	
# Brand Prescriptions	2,693	145,420	105,764	
% Brand	12.0%	12.5%	12.0%	
$ Brand	$190,848	$124,987,278	$90,230,373	
Average Brand Rx Cost	$728.13	$859.49	$853.13	
Average Brand Days Supply	29	30.06	31.06	

**All reported dollars are pre-rebate

Top 20 Therapeutic Class by Paid Amount*

March through May 2023

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

* Pre-rebate

Top 20 Therapeutic Class by Prescription Count

March through May 2023

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

Top 25 Drugs by Paid Amount**

March through May 2023

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

** Pre-rebate

Top 25 Drugs by Prescription Count

March through May 2023

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

Top Prescribers by Prescription Count*

	Number of Rx Claims			
PRESCRIBER	**FFS**	**AGP**	**ITC**	**Total**
Jeffrey Wilharm	97	2,944	2,149	**5,190**
Genevieve Nelson	0	1,922	1,144	**3,066**
Charles Tilley	33	1,811	1,141	**2,985**
Rebecca Walding	103	1,700	1,156	**2,959**
Carlos Castillo	60	1,736	1,156	**2,952**
Ali Safdar	0	1,662	1,287	**2,949**
Bobbita Nag	39	1,725	1,053	**2,817**
Amanda Garr	66	1,550	1,196	**2,812**
Christian Jones	0	1,612	1,150	**2,762**
Joan Anderson	0	1,536	1,183	**2,719**
Jacklyn Besch	0	1,703	967	**2,670**
Dean Guerdet	29	1,753	839	**2,621**
Melissa Konken	128	1,315	917	**2,360**
Wendy Hansen-Penman	0	1,110	1,161	**2,271**
Natasha Lash	0	2,193	0	**2,193**
Rebecca Wolfe	0	2,016	0	**2,016**
Joada Best	115	1,156	741	**2,012**
Michael Ciliberto	208	1,206	478	**1,892**
Larissa Biscoe	0	1,756	0	**1,756**
Leighton Frost	199	0	0	**199**
Alicia Wager	111	0	0	**111**
Melissa Pearson	107	0	0	**107**
Randall Kavalier	101	0	0	**101**
Anthony Glydwell	100	0	0	**100**

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

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

Antidepressants in Children
RetroDUR Data

Purpose

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

Background

- The annual federal Drug Utilization Review (DUR) report (Sec. 1927. [42 U.S.C. 1396r–8]) issued by the Centers for Medicare and Medicaid Services (CMS) contains various 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

- Members: < FDA approved minimum age for antidepressant (age defined in table below)
- Time period: 3 months of pharmacy claims; February through April 2023

Data

Drug	FDA Approved Minimum Age	AGP		ITC		FFS	
		Mbrs	Drs	Mbrs	Drs	Mbrs	Drs
Imipramine	6	0	0	0	0	0	0
Sertraline	6	16	18	11	8	0	0
Duloxetine	7	0	0	0	0	0	0
Fluoxetine	7	56	61	28	28	2	2
Fluvoxamine	8	0	0	0	0	0	0
Clomipramine	10	1	1	1	1	0	0
Amitriptyline	12	49	51	38	31	1	1
Doxepin	12	8	7	3	2	0	0
Escitalopram	12	320	272	174	132	8	8
Nortriptyline	13	22	24	16	11	0	0
Protriptyline	13	0	0	0	0	0	0
Trimipramine	13	0	0	0	0	0	0
Isocarboxazid	16	0	0	0	0	0	0
Amoxapine	18	0	0	0	0	0	0
Bupropion HCl	18	721	460	381	272	10	9
Citalopram	18	263	180	136	124	6	6
Desipramine	18	2	3	0	0	0	0
Desvenlafaxine	18	87	65	34	33	3	2
Levomilnacipran	18	0	0	0	0	0	0
Mirtazapine	18	597	240	315	183	19	20
Nefazodone	18	0	0	0	0	0	0
Paroxetine	18	78	68	61	62	2	2
Phenelzine	18	0	0	0	0	0	0
Tranylcypromine	18	0	0	0	0	0	0
Trazodone	18	2026	496	1122	482	60	56
Venlafaxine	18	309	194	199	147	5	7
Vilazodone	18	10	11	11	10	0	0
Vortioxetine	18	15	12	10	9	0	0
# Unique Mbrs (per plan)		4580	2163	2540	1535	103	93

Drs = prescribers; Mbrs = members

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? Define which antidepressant(s).
3. Hold any recommendation and look at the highly utilized antidepressants, by age bands, in members below the FDA approved minimum age to determine off-label (compendia supported) uses where data supports use (Class I = Recommended; Class IIa = Recommended, in most cases; and Class IIb = Recommended, in some cases). Highly utilized antidepressants include citalopram, escitalopram, venlafaxine, bupropion, trazodone, mirtazapine.
4. Send letters to prescribers of members using an antidepressant below the FDA approved minimum age?
5. Other?

Metabolic Monitoring for Children and Adolescents on Antipsychotics
RetroDUR
Data

Purpose

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

Background

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

RDUR Criteria

- Members: < 18 years of age
- Time period: April 2022 through March 2023 for medical and pharmacy claims
- Identify members who received two or more antipsychotic medications
- Review medical claims to identify members that received the following metabolic testing:
    - Blood glucose testing
    - Cholesterol testing
    - Blood glucose testing and cholesterol testing

Data

	AGP	ITC	FFS
Description	**# Members**	**# Members**	**# Members**
With 2 or more antipsychotic claims	4772	2772	150
Glucose Testing Only	1058	660	3
Cholesterol Testing Only	42	47	1
Glucose + Cholesterol Testing	987	669	6
No Testing	2685 (56%)	1396 (50%)	140 (93%)

Next Steps

1. Send letters to prescribers regarding members without any metabolic testing during the time frame.
2. DUR Digest Article
3. Other?

Antianxiety/Sedatives in Children
RetroDUR
Proposal

Purpose

- Identify members in the pediatric population (less than 18 years old) with a claim for an antianxiety/sedative drug.

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 antianxiety/sedative 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 antianxiety/sedative drugs

Next Steps

- Target drugs where the safety and effectiveness has not been established in pediatric patients less than 18 years old:

< 18 Years Old	< 12 Years Old	< 9 Years Old	< 6 Years Old
Alprazolam*	Lorazepam*	Clorazepate#	Chlordiazepoxide#
Estazolam*			Oxazepam&
Eszopiclone*			
Temazepam*			
Triazolam			
Zaleplon*			
Zolpidem*			

*Preferred drug; # PA required < 9 years of age; & PA required < 6 years of age

- Other recommendations?

Potential RDUR Criteria

- Members: < age listed above
- Time period: 3 months of pharmacy claims
- Other recommendations?

Mood Stabilizers in Children
RetroDUR
Proposal

Purpose

- Identify members in the pediatric population (less than 18 years old) with a claim for a mood stabilizer.

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 stablizers

Next Steps

- How can the state review the use of mood stabilizers in children that will be meaningful, yet not disruptive to use for other indications (e.g., seizure)?
- Determine appropriate use?
    - Look for 2 or more chemically distinct mood stabilizers?
    - Utilization for patients less than 4 years of age?
- Define "mood stabilizers"
    - Carbamazepine
    - Divalproex Sodium
    - Lithium
    - Lamotrigine
    - Oxcarbazepine
    - Others?
- Exclude seizure diagnosis?
- Other suggestions

Potential RDUR Criteria

- Members: < X years of age (determine age for inquiry)
- Exclusion criteria?
- Time period: 3 months of pharmacy claims, other?

Seizure Rescue Treatment – Nasal Spray
ProDUR Quantity Limits
Initial Review

Background

Retrospective review of paid pharmacy claims can identify patterns of incorrect utilization, inappropriate or medically unnecessary care, gross overuse, abuse, or fraud. Recent review of monthly paid pharmacy claims found an instance where Valtoco (diazepam nasal spray) was being dispensed in large quantities to one member (receiving a quantity greater than the maximum dosage and treatment frequency, as stated in the FDA approved label, in a 30-day period). Valtoco is preferred on the Preferred Drug List (PDL) with no current quantity limit. After further review of preferred rescue medications indicated for the acute treatment of seizures, quantity limits are being recommended for Valtoco and Nayzilam (midazolam nasal spray) to ensure appropriate use. Diazepam (anticonvulsant) gel is currently preferred on the PDL and subject to a quantity limit.

Nayzilam (midazolam nasal spray)

- Initial dose: Administer one spray (5 mg dose) into one nostril.
- Second dose: One additional spray (5 mg dose) into the opposite nostril may be administered after 10 minutes if the patient has not responded to the initial dose.
- Maximum dosage and treatment frequency: Do not use more than 2 doses of Nayzilam to treat a seizure cluster. It is recommended that Nayzilam be used to treat no more than one episode every three days and treat no more than five episodes per month.
- How Supplied
    - 5 mg box – 2 nasal spray units, each contained within an individual blister pack

Valtoco (diazepam nasal spray)

- Initial dose: 5 mg and 10 mg doses are administered as a single spray into one nostril. Administration of 15 mg and 20 mg doses requires two nasal spray devices, one spray into each nostril.
- Second dose: When required may be administered at least 4 hours after the initial dose. If administered use a new blister pack.
- Maximum dosage and treatment frequency: Do not use more than 2 doses to treat a single episode. It is recommended that Valtoco be used to treat no more than one episode every five days and no more than five episodes per month.
- How Supplied
    - 5 mg carton – 2 individual blister packs, each containing one 5 mg nasal spray device
    - 10 mg carton – 2 individual blister packs, each containing one 10 mg nasal spray device
    - 15 mg carton – 2 individual blister packs, each containing two 7.5 mg nasal spray devices

- 20 mg carton – 2 individual blister packs, each containing two 10 mg nasal spray devices

Proposed Quantity Limits

Medication Name & Strength	**Quantity Limit Per 30 Days**
Nayzilam (midazolam) 5 mg	5 boxes (10 nasal spray units)
Valtoco (diazepam) 5 mg, 10 mg	5 cartons (10 blister packs)
Valtoco (diazepam) 15 mg, 20 mg	10 cartons (20 blister packs)

References

Nayzilam [prescribing information]. UCB, Inc., Smyrna, GA. January 2023
Valtoco [prescribing information]. Neurelis, Inc. San Diego, CA. January 2023

Antidepressants
Initial Review

Background
Dextromethorphan and bupropion extended-release tablet (Auvelity) was approved by the U.S. Food and Drug Administration (FDA) for the treatment of major depressive disorder (MDD) in adults. Prior authorization (PA) criteria are being updated to add criteria specific to Auvelity and add additional preferred antidepressant trials now that several other agents are more cost-effective since PA criteria were initially developed.

See attached new drug review for additional clinical information.

Cost
- WAC $17.47/tablet; $1,048.20/ month; $12,578.70/year

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 highlighted/italicized 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. *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*
9. 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.

Other Items to Consider

- Quantity limit – 60 tablets per 30 days
- Age edit – 18 years old (should a recommendation be made to implement ProDUR age edits on antidepressants)

References

Auvelity [package insert]. New York, NY: Axsome Therapeutics, Inc; December 2022.

Iowa Medicaid
IOWA HHS

PDL DRUG REVIEW

Proprietary Name: Auvelity®
Common Name: dextromethorphan hydrobromide, bupropion HCl, multilayer, ER
PDL Category: Antidepressants

Comparable Products	Preferred Drug List Status
Buproprion	Preferred
SNRIs	Preferred
SSRIs	Preferred

Summary

Pharmacology/Usage: Auvelity® is a combination of dextromethorphan hydrobromide (an uncompetitive NMDA receptor antagonist and sigma 1 receptor agonist) and bupropion HCl (an aminoketone and CYP450 2D6 inhibitor).

The mechanism of dextromethorphan in the treatment of MDD is unclear. The mechanism of action of bupropion in the treatment of MDD is unclear; however, it may be related to noradrenergic and/or dopaminergic reuptake mechanisms. Bupropion increases plasma levels of dextromethorphan by competitively inhibiting CYP2D6, which catalyzes a major biotransformation pathway for dextromethorphan. Bupropion is a relatively weak inhibitor of the neuronal reuptake of norepinephrine and dopamine and does not inhibit monoamine oxidase or the reuptake of serotonin.

Indication: For the treatment of major depressive disorder (MDD) in adults.

There is no pregnancy category for this medication; however, the risk summary indicates that based on animal studies, Auvelity® may cause fetal harm when administered during pregnancy. Auvelity® is not recommended during pregnancy. If a female becomes pregnant while being treated with Auvelity®, discontinue treatment and counsel the patient about the potential risk to a fetus. There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to antidepressants, including Auvelity®, during pregnancy. Healthcare providers are encouraged to register patients by contacting the National Pregnancy Registry for Antidepressants at 1-866-961-2388 or online at https://womensmentalhealth.org/research/pregnancyregistry/antidepressants. There are risks to the mother associated with untreated depression in pregnancy. The safety and efficacy of use in the pediatric population have not been established.

Dosage Form: Extended-release Tablets: 45mg dextromethorphan hydrobromide & 105mg bupropion HCl. Swallow tablets whole, do not crush, divide, or chew.

Each tablet contains 45mg dextromethorphan in an immediate-release formulation and 105mg bupropion in an extended-release formulation.

Recommended Dosage: Prior to initiating and during treatment with Auvelity®:

- Assess blood pressure and monitor periodically during treatment.
- Screen patients for a personal or family history of bipolar disorder, mania, or hypomania.
- Screen patients to determine if they are receiving any other medications that contain bupropion or dextromethorphan.

The recommended starting dosage of Auvelity® is one tablet QAM. After 3 days, increase to the maximum recommended dosage of one tablet BID, given at least 8 hours apart. Do not exceed two doses within the same day. Administer with or without food.

The recommended dosage for patients known to be poor CYP2D6 metabolizers is one tablet QAM.

The recommended dosage in patients with moderate renal impairment (eGFR 30 to 59ml/min/1.73m^2) is one tablet QAM. Auvelity® is not recommended in patients with severe renal impairment. Dose adjustment is not recommended in patients with mild or moderate hepatic impairment; however, use is not recommended in patients with severe hepatic impairment.

Drug Interactions: Auvelity® is contraindicated in patients taking MAO inhibitors or in patients who have taken MAO inhibitors within the preceding 14 days. Allow at least 14 days after stopping Auvelity® before starting an MAO inhibitor.

Concomitant use of Auvelity® with other serotonergic drugs increases the risk of serotonin syndrome. Monitor for symptoms of serotonin syndrome when Auvelity® is used concomitantly with other drugs that may affect the serotonergic neurotransmitter systems.

Use caution when administering Auvelity® concomitantly with drugs that lower the seizure threshold. Discontinue Auvelity® and do not restart treatment if the patient experiences a seizure.

Dosage adjustment is necessary when Auvelity® is co-administered with strong inhibitors of CYP2D6. The recommended dosage of Auvelity® when co-administered with strong CYP2D6 inhibitors is one tablet QAM. Monitor patients for adverse reactions potentially attributable to dextromethorphan, such as somnolence or dizziness.

Avoid the co-administration of Auvelity® with strong inducers of CYP2B6. Consider alternatives to strong CYP2B6 inducers if needed.

When using Auvelity® concomitantly with CYP2D6 substrates, it may be necessary to decrease the dose of CYP2D6 substates, particularly for drugs with a narrow therapeutic index. Patients treated concomitantly with Auvelity® may require increased doses of drugs that require activation by CYP2D6 to be effective.

Monitor plasma digoxin levels in patients treated concomitantly with Auvelity® and digoxin.

Use caution when administering Auvelity® concomitantly with dopaminergic drugs.

Consumption of alcohol should be minimized or avoided during treatment with Auvelity®.

False-positive urine immunoassay screening tests for amphetamines have been reported in patients taking bupropion. This is due to the lack of specificity of some screening tests. False positive test results may result even following discontinuation of bupropion therapy. Confirmatory tests will distinguish bupropion from amphetamines.

Box Warning: Auvelity® has a box warning regarding suicidal thoughts and behaviors. Antidepressants increased the risk of suicidal thoughts and behaviors in pediatric and young adult patients in short-term studies. Closely monitor all antidepressant-treated patients for clinical worsening, and emergence of suicidal thoughts and behaviors. Auvelity® is not approved for use in pediatric patients.

Common Adverse Drug Reactions: *Listed % incidence for adverse drug reactions= reported % incidence for drug (Auvelity®) minus reported % incidence for placebo. Please note that an incidence of 0% means the incidence was the same as or less than placebo.* The most frequently reported adverse events included dizziness (10%), nausea (4%), headache (4%), diarrhea (4%), somnolence (4%), dry mouth (4%), sexual dysfunction (6%), hyperhidrosis (5%), anxiety (3%), constipation (2%), decreased appetite (3%), insomnia (2%), arthralgia (3%), fatigue (1%), paresthesia (3%), and blurred vision (3%).

Bupropion can cause seizures. The risk of seizure with bupropion is dose-related. Because the risk of seizure with bupropion is dose-related, screen patients for use of other bupropion-containing products prior to starting Auvelity®. If concomitant use of Auvelity® with other bupropion-containing products is clinically warranted, inform patients of the risk. Discontinue Auvelity® and do not restart treatment if the patient experiences a seizure.

Bupropion can cause elevated blood pressure and hypertension. The risk of hypertension is increased if Auvelity® is used concomitantly with MAO inhibitors or other drugs that increase dopaminergic or noradrenergic activity. Assess blood pressure prior to starting treatment, and periodically monitor blood pressure during treatment with Auvelity®.

Antidepressant treatment can precipitate a manic, mixed, or hypomanic manic episode. The risk appears to be increased in patients with bipolar disorder or who have risk factors for bipolar disorder. Screen patients for a history of bipolar disorder and the presence of risk factors for bipolar disorder prior to starting treatment. Auvelity® is not approved for use in treating bipolar depression.

Depressed patients treated with bupropion have had a variety of neuropsychiatric signs and symptoms. Some of these patients had a diagnosis of bipolar disorder. Dextromethorphan overdose can cause toxic psychosis, stupor, coma, and hyperexcitability. Because the risks of neuropsychiatric reactions are dose-related, screen patients for use of other bupropion- or dextromethorphan-containing products prior to starting Auvelity®.

The pupillary dilation that occurs after the use of many antidepressants, including bupropion, may trigger an angle closure attack in a patient with anatomically narrow angles who does not have a patent iridectomy. Avoid use of antidepressants, including Auvelity®, in patients with untreated anatomically narrow angles.

As Auvelity® may cause dizziness, take precautions to reduce the risks of falls, especially for patients with motor impairment affecting gait or those with a history of falls. Caution patients about operating hazardous machinery, including motor vehicles, until they are reasonably certain that Auvelity® therapy does not affect them adversely.

Concomitant use of Auvelity® with SSRIs or TCAs may cause serotonin syndrome. Prior to starting Auvelity®, screen patients for use of other dextromethorphan-containing products. If concomitant use of Auvelity® with other serotonergic drugs is clinically warranted, inform patients of the increased risk of serotonin syndrome and monitor for symptoms.

Contraindications: In patients:

- With a seizure disorder.
- With a current or prior diagnosis of bulimia or anorexia nervosa as a higher incidence of seizures was observed in such patients treated with the immediate-release formulation of bupropion.
- Undergoing abrupt discontinuation of alcohol, benzodiazepines, barbiturates, and antiepileptic drugs.
- Taking, or within 14 days of stopping, MAO inhibitors due to the risk of serious and possibly fatal drug interactions. Starting Auvelity® in a patient treated with reversible MAOIs such as linezolid and IV methylene blue is contraindicated.
- With known hypersensitivity to bupropion, dextromethorphan, or other components of the product.

Manufacturer: Axsome Therapeutics, Inc.

Analysis: The efficacy of Auvelity® for the treatment of MDD in adults was demonstrated in a placebo-controlled clinical study (Study 1) and confirmatory evidence included a second study comparing Auvelity® to bupropion HCl SR tablets (Study 2). In Study 1, adult patients (18 to 65 years of age) who met the DSM 5 criteria for MDD were randomized to Auvelity® (45mg of dextromethorphan and 105mg of bupropion) BID (N=156) or placebo BID (N=162) for 6 weeks. Patients in this study had a median age of 41 years, while 67% were female and 55% were Caucasian.

The primary outcome measure was the change from baseline to week 6 in the total score of the Montgomery-Asberg Depression Rating Scale (MADRS). The MADRS is a clinician-rated scale used to assess the severity of depressive symptoms. Patients are rated on 10 items to assess feelings of sadness, inner tension, reduced sleep or appetite, difficulty concentrating, lassitude, lack of interest, pessimism, and suicidality. Scores on the MADRS range from 0 to 60, with higher scores indicating more severe depression. Results suggested that Auvelity® was statistically significantly superior to placebo in improvement of depressive symptoms as measured by a decrease in MADRS total score at week 6. Results are presented in the table below, which was adapted from the prescribing information.

Study	Treatment	Mean Baseline Score	LS Mean Change from baseline	LS Mean difference
Study 1	Auvelity® (N=156)	33.6	-15.9	-3.9
	Placebo (N=162)	33.2	-12.1	

The change in MADRS total score from baseline to week 1 and from baseline to week 2 were pre-specified secondary efficacy endpoints. The difference between Auvelity® and placebo in change from baseline in MADRS total score was statistically significant at week 1 and week 2.

In Study 2, patients with MDD were randomized to receive Auvelity® or bupropion HCl SR tablets 105mg BID for 6 weeks. The primary outcome measure was calculated by assessing the change from baseline in total MADRS score at each on-site visit from week 1 to week 6 and then taking the average of those scores. The results of the study demonstrated that dextromethorphan contributes to the antidepressant properties of Auvelity®.

Place in Therapy: Auvelity® is a fixed-dose combination tablet consisting of dextromethorphan and bupropion indicated for the treatment of major depressive disorder (MDD) in adults. In a 6-week, placebo-controlled study that compared Auvelity® with placebo, Auvelity® was statistically significantly superior to placebo in improvement of depressive symptoms as measured by a decrease in MADRS total score at week 6. Per the manufacturer's website, "it's the first and only rapid-acting oral antidepressant labeled to start working at 1 week." In study 1, the difference between Auvelity® and placebo in change from baseline in MADRS total score was statistically significant at week 1 and at week 2. In addition, in a second study comparing Auvelity® with bupropion SR tablets, the results of the study demonstrated that dextromethorphan contributes to the antidepressant properties of Auvelity®. Per the full-text of study 2 by Tabuteau et al[3], the mean change from baseline in MADRS score over weeks 1-6 was significantly greater with dextromethorphan-bupropion 45mg/105mg BID than with bupropion 105mg BID (-13.7 points vs -8.8 points). In addition, the MADRS score change with dextromethorphan-bupropion was significantly greater than with bupropion at week 2 and every time point thereafter. Bupropion, the active comparator in study 2, dose is noted to have been administered in the low therapeutic range.

There is currently some evidence to suggest that Auvelity® may be more effective than bupropion monotherapy for the primary endpoint of mean change from baseline in MADRS score for weeks 1-6; however, there is no evidence at this time to support that Auvelity® is safer or more effective than the other currently preferred, more cost-effective medications, including using the combination of the individual components. The individual components of Auvelity® have been generically available for many years. There are no studies identified which directly compare Auvelity® to any other antidepressant, or that demonstrate the superiority of this agent over any other antidepressant. It is therefore recommended that Auvelity® remain non-preferred and require prior authorization and be available to those who are unable to tolerate or who have failed on preferred medications.

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

References

[1] Auvelity [package insert]. New York, NY: Axsome Therapeutics, Inc; 2022.
[2] Auvelity. Website: https://www.auvelity.com/how-auvelity-may-help. Accessed February 2023.
[3] Tabuteau H, Jones A, Anderson A, et al. Effect of AXS-05 (dextromethorphan-bupropion) in major depressive disorder: A randomized, double-blind controlled trial. *Am J Psychiatry*. 2022; 179(9): 490-99.

Deucravacitinib (Sotyktu)
Initial Review

Background

Deucravacitinib (Sotyktu) was approved by the U.S. Food and Drug Administration (FDA) for the treatment of moderate-to-severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy. Deucravacitinib is also being studied for the treatment of psoriatic arthritis, systemic lupus erythematosus, alopecia areata, Crohn's disease, ulcerative colitis, and discoid lupus erythematosus.

Guidelines have not been updated to address deucravacitinib. Joint guidelines from the American Academy of Dermatology and National Psoriasis Foundation for the management and treatment of psoriasis with biologics were published in 2019. These guidelines list the biologics approved at the time of publication as agents that may be used as monotherapy for adults with moderate to severe plaque psoriasis. See attached new drug review for additional clinical information.

Cost - WAC $205.48/tablet; $ 6,164.40/30 days; $73,972.80/12 months

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.

Other Items to Consider

- Quantity limit: 6 mg tablet – 30 tablets per 30 days

References

Sotyktu [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; 2022.

Iowa Medicaid
IOWA HHS

PDL DRUG REVIEW

Proprietary Name: Sotyktu®
Common Name: deucravacitinib
PDL Category: Anti-Psoriatics

Comparable Products	Preferred Drug List Status
Otezla	Preferred with Conditions
Taltz	Preferred with Conditions

Summary

Pharmacology/Usage: Deucravacitinib, the active ingredient of Sotyktu®, is a tyrosine kinase 2 (TYK2) inhibitor. TYK2 is a member of the Janus kinase (JAK) family. Deucravacitinib binds to the regulatory domain of TYK2, stabilizing an inhibitory interaction between the regulatory and the catalytic domains of the enzyme. This results in allosteric inhibition of receptor-mediated activation of TYK2 and its downstream activation of Signal Transducers and Activators of Transcription (STATs) as shown in cell-based assays. JAK kinases, including TYK2, function as pairs of homo- or heterodimers in the JAK-STAT pathways. TYK2 pairs with JAK1 to mediate multiple cytokine pathways and also pairs with JAK2 to transmit signals as shown in cell-based assays. The precise mechanism linking inhibition of TYK2 enzyme to therapeutic effectiveness for its approved indication is not currently known.

Indication: For the treatment of moderate-to-severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy. It is not recommended for use in combination with other potent immunosuppressants.

There is no pregnancy category for this medication; however, the risk summary indicates that available data from case reports on use during pregnancy are not sufficient to assess a drug-associated risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes. Report pregnancies to the Bristol-Myers Squibb Company's Adverse Event reporting line at 1-800-721-5072. The safety and efficacy of use in the pediatric population have not been established.

Dosage Form: Tablets: 6mg. Do not crush, cut, or chew.

Recommended Dosage: Assess patients for active and latent tuberculosis (TB) infection prior to starting treatment with Sotyktu®. If positive, start treatment for TB prior to Sotyktu® use. In addition, update immunizations according to current immunization guidelines.

Take 6mg PO QD, with or without food.

Dosage adjustments are not required with mild to moderate hepatic impairment; however, use is not recommended in patients with severe hepatic impairment. Dose adjustments are not required with renal impairment, including patients with end stage renal disease on dialysis.

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

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

Common Adverse Drug Reactions: *Listed % incidence for adverse drug reactions= reported % incidence for drug (Sotyktu®) minus reported % incidence for placebo. Please note that an incidence of 0% means the incidence was the same as or less than placebo.* The most frequently reported adverse events included upper respiratory infections (4.4%), blood creatine phosphokinase increased (1.5%), herpes simplex (1.8%), mouth ulcers (1.9%), folliculitis (1.7%), and acne (1.2%).

Hypersensitivity reactions have been reported in subjects receiving Sotyktu®. If a clinically significant hypersensitivity reaction occurs, start appropriate therapy and discontinue Sotyktu®.

Sotyktu® may increase the risk of infections. Serious infections have been reported in subjects with psoriasis who received Sotyktu®. Avoid use of Sotyktu® in patients with active or serious infection. Consider the risks and benefits of treatment prior to starting Sotyktu® in patients with chronic or recurrent infection; who have been exposed to tuberculosis; with a history of a serious or an opportunistic infection; or with underlying conditions that may predispose them to infection. Closely monitor patients for the development of signs and symptoms of infection during and after treatment with Sotyktu®. A patient who develops a new infection during treatment with Sotyktu® should undergo prompt diagnostic testing, appropriate antimicrobial therapy should be started, and the patient should be closely monitored. Interrupt Sotyktu® if a serious infection develops and do not restart treatment until the infection resolves or is adequately treated.

Assess patients for latent and active TB infection prior to starting treatment and do no administer Sotyktu® to patients with active TB. Start treatment of latent TB prior to administering Sotyktu®. Consider anti-TB therapy prior to initiation of Sotyktu® in patients with a past history of latent or active TB in whom an adequate course of treatment cannot be confirmed. Monitor patients receiving Sotyktu® for signs and symptoms of active TB during treatment.

Malignancies, including lymphomas, were observed in clinical trials with Sotyktu®. Consider the benefits and risks for the individual patient prior to starting or continuing therapy with Sotyktu®, especially in patients with a known malignancy (other than a successfully treated non-melanoma skin cancer) and patients who develop a malignancy when on treatment with Sotyktu®.

Cases of rhabdomyolysis were reported in subjects treated with Sotyktu® resulting in interruption or discontinuation of Sotyktu® dosing. Treatment with Sotyktu® was also associated with an increased incidence of asymptomatic creatine phosphokinase (CPK) elevation and rhabdomyolysis compared to treatment with placebo. Discontinue Sotyktu® if markedly elevated CPK levels occur or myopathy is diagnosed or suspected. Instruct patients to promptly report any unexplained muscle pain, tenderness or weakness, especially if accompanied by malaise or fever.

Treatment with Sotyktu® was associated with increases in triglyceride levels. The effect of this elevated parameter on cardiovascular morbidity and mortality has not been determined. Periodically assess serum triglycerides per clinical guidelines for hyperlipidemia while patients are receiving Sotyktu® treatment. Manage patients per clinical guidelines for the management of hyperlipidemia.

Treatment with Sotyktu® was associated with an increase in the incidence of liver enzyme elevation compared to placebo. Liver serum transaminase elevations ≥3 times the upper limit of normal (ULN) were reported in subjects treated with Sotyktu®. Evaluate liver enzymes at baseline and thereafter in patients with known or suspected liver disease per routine patient management. If treatment-related increases in liver enzymes occur and drug-induced liver injury is suspected, interrupt Sotyktu® until a diagnosis of liver injury is excluded.

Prior to starting Sotyktu®, consider completion of all age-appropriate immunizations per current immunization guidelines including prophylactic herpes zoster vaccination. Avoid the use of live vaccines in patients treated with Sotyktu®. The response to live or non-live vaccines has not been evaluated.

It is not known whether TYK2 inhibition may be associated with the observed or potential adverse reactions of JAK inhibition. In a large randomized, post marketing safety trial of a JAK inhibitor in rheumatoid arthritis (RA), patients 50 years of age and older with at least one cardiovascular risk factor, higher rates of all-cause mortality, including

sudden cardiovascular death, major adverse cardiovascular events, overall thrombosis, deep vein thrombosis, pulmonary embolism, and malignancies (excluding non-melanoma skin cancer) were observed in patients treated with a JAK inhibitor compared to those treated with TNF blockers. Sotyktu® is not approved for use in RA.

Contraindications: In patients with a history of hypersensitivity reaction to deucravacitinib or to any of the excipients of the product.

Manufacturer: Bristol Myers Squibb.

Analysis: The safety and efficacy of Sotyktu® were assessed in 2 multicenter, randomized, double-blind, placebo- and active-controlled trials (PSO-1 and PSO-2) that included adults 18 years of age and older with moderate-to-severe plaque psoriasis who were eligible for systemic therapy or phototherapy. Subjects had a body surface area (BSA) involvement of ≥10%, a Psoriasis Area and Severity Index (PASI) score ≥12, and a static Physician's Global Assessment (sPGA) ≥3 (moderate or severe).

In PSO-1 and PSO-2, efficacy was assessed in subjects (N=1684) randomized to either Sotyktu® 6mg PO QD, placebo, or apremilast 30mg PO BID. In both trials, the mean age was 47 years, the mean weight was 91kg, 67% were male, and 87% were white. At baseline, subjects had a median affected BSA of 20% and a median PASI score of 19. The proportion of subjects with sPGA score of 3 (moderate) and 4 (severe) at baseline were 80% and 20%, respectively. In addition, about 18% had a history of psoriatic arthritis. Across both trials, 40% of subjects had received prior phototherapy, 42% were naïve to any systemic therapy (including biologic and/or non-biologic treatment), 41% received prior non-biologic systemic treatment, and 35% had received prior biologic therapy.

Both trials assessed the responses at week 16 compared to placebo for the 2 co-primary endpoints:

- The proportion of subjects who achieved a sPGA score of 0 (clear) or 1 (almost clear) with at least a 2-grade improvement from baseline;
- The proportion of subjects who achieved at least a 75% improvement in PASI scores from baseline (PASI 75).

Other comparisons between Sotyktu® and placebo that were secondary endpoints at week 16 included:

- The proportion of subjects who achieved PASI 90, PASI 100, sPGA 0, scalp severity PGA (ssPGA) score of 0 (clear) or 1 (almost clear) with at least 2-grade improvement, and Psoriasis Symptoms and Signs Diary (PSSD) Symptom Score of 0 (symptom-free).

Comparisons between Sotyktu® and apremilast were made for the following secondary endpoints at these time points:

- At week 16 and week 24 (PSO-1 and PSO-2), the proportion of subjects who achieved PASI 75, PASI 90, and sPGA 0/1 with at least a 2-grade improvement from baseline.
- At week 16 (PSO-1 and PSO-2), the proportion of subjects who achieved sPGA 0 and ssPGA 0/1 with at least a 2-grade improvement from baseline (scalp).

Results for PSO-1 are presented in the table below, which was adapted from the prescribing information.

Endpoints in PSO-1	Sotyktu® (N=330)	Placebo (N=166)	Apremilast (N=168)	Difference from placebo	Difference from apremilast
sPGA response of 0/1 (clear or almost clear)					
Week 16 [1]	178 (54%)	12 (7%)	54 (32%)	47%	22%

Endpoints in PSO-1	Sotyktu® (N=330)	Placebo (N=166)	Apremilast (N=168)	Difference from placebo	Difference from apremilast
NNT *calculated per CHC* (Sotyktu® vs placebo)	3				
NNT *calculated per CHC* (Sotyktu® vs apremilast)	5				
Week 24	194 (59%)	-	52 (31%)	-	27%
sPGA response of 0					
Week 16	58 (18%)	1 (1%)	8 (5%)	17%	13%
PASI 75 response					
Week 16 [1]	193 (58%)	21 (13%)	59 (35%)	46%	23%
NNT *calculated per CHC* (Sotyktu® vs placebo)	3				
NNT *calculated per CHC* (Sotyktu® vs apremilast)	5				
Week 24	228 (69%)	-	64 (38%)	-	31%
PASI 90 response					
Week 16	118 (36%)	7 (4%)	33 (20%)	32%	16%
Week 24	140 (42%)	-	37 (22%)	-	20%
PASI 100 response					
Week 16	47 (14%)	1 (1%)	-	14%	-
ssPGA response of 0/1 (scalp)					
N	209	121	110		
Week 16	147 (70%)	21 (17%)	43 (39%)	53%	30%

[1] Co-primary endpoints comparing Sotyktu® to placebo

Results for PSO-2 are presented in the table below, which was adapted from the prescribing information.

Endpoints in PSO-2	Sotyktu® (N=511)	Placebo (N=255)	Apremilast (N=254)	Difference from placebo	Difference from apremilast
sPGA response of 0/1 (clear or almost clear)					
Week 16 [1]	253 (50%)	22 (9%)	86 (34%)	41%	16%
NNT *calculated per CHC* (Sotyktu® vs placebo)	3				
NNT *calculated per CHC* (Sotyktu® vs apremilast)	7				
Week 24	251 (49%)	-	75 (30%)	-	20%

Endpoints in PSO-2	Sotyktu® (N=511)	Placebo (N=255)	Apremilast (N=254)	Difference from placebo	Difference from apremilast
sPGA response of 0					
Week 16	80 (16%)	3 (1%)	16 (6%)	14%	9%
PASI 75 response					
Week 16 [1]	271 (53%)	24 (9%)	101 (40%)	44%	13%
NNT *calculated per CHC* (Sotyktu® vs placebo)	3				
NNT *calculated per CHC* (Sotyktu® vs apremilast)	8				
Week 24	296 (58%)	-	96 (38%)	-	20%
PASI 90 response					
Week 16	138 (27%)	7 (3%)	46 (18%)	24%	9%
Week 24	164 (32%)	-	50 (20%)	-	13%
PASI 100 response					
Week 16	52 (10%)	3 (1%)	-	9%	-
ssPGA response of 0/1 (scalp)					
N	305	173	166		
Week 16	182 (60%)	30 (17%)	61 (37%)	42%	23%

[1] Co-primary endpoints comparing Sotyktu® to placebo

In PSO-1, among subjects who received Sotyktu® and had sPGA 0/1 response at week 24, the sPGA 0/1 response at week 52 was 78% (151/194). Among subjects who received Sotyktu® and had PASI 75 response at week 24, the PASI 75 response at week 52 was 82% (187/228). Among subjects who received Sotyktu® and had PASI 90 response at week 24, the PASI 90 response at week 52 was 74% (103/140).

In PSO-2, to assess maintenance and durability of response, subjects who were originally randomized to Sotyktu® and were PASI 75 responders at week 24 were re-randomized to either continue treatment on Sotyktu® or be withdrawn from therapy (i.e., receive placebo).

For subjects who were re-randomized and also had a sPGA score of 0 or 1 at week 24, 70% of subjects (83/118) who continued on Sotyktu® maintained this response (sPGA 0 or 1) at week 52 compared to 24% of subjects (28/119) who were re-randomized to placebo. In addition, at week 52, 80% of subjects (119/148) who continued on Sotyktu® maintained PASI 75 compared to 31% of subjects (47/150) who were withdrawn from Sotyktu®.

For sPGA 0 or 1 responders at week 24 who were re-randomized to treatment withdrawal (i.e., placebo), the median time to loss of sPGA score of 0 or 1 was about 8 weeks. For PASI-75 responders at week 24 who were re-randomized to treatment withdrawal (i.e., placebo), the median time to loss of PASI 75 was about 12 weeks.

Regarding patient reported outcomes, a greater proportion of subjects treated with Sotyktu® compared to placebo achieved Psoriasis Symptoms and Signs Diary (PSSD) symptom score of 0 (absence of itch, pain, burning, stinging, and skin tightness) at week 16 (8% Sotyktu® vs 1% placebo; calculated NNT=15) in both trials.

Place in Therapy: Sotyktu® is a tyrosine kinase 2 (TYK2) inhibitor indicated for the treatment of moderate-to-severe plaque psoriasis in adults who are candidates for systemic therapy or phototherapy. Its use is not recommended in combination with other potent immunosuppressants. Avoid use of Sotyktu® in patients with an active or serious infection. Assess patients for active and latent TB infection prior to starting treatment with Sotyktu®. The safety and efficacy of Sotyktu® were assessed in 2 multicenter, double-blind, placebo- and active-controlled trials. Per the full-text study of PSO-1 by Armstrong et al[2], the authors noted that response rates at week 16 were significantly higher with deucravacitinib versus placebo or apremilast for PASI 75 ($p<0.0001$) and sPGA 0/1 ($p<0.0001$). In addition, efficacy improved beyond week 16 and was maintained through week 52. Per the full-text study of PSO-2 by Strober et al[3], the authors noted that significantly more subjects treated with deucravacitinib versus placebo and apremilast at week 16 achieved PASI 75 ($p<0.0001$ vs placebo, $p=0.0004$ vs apremilast) and sPGA 0/1 ($p<0.0001$ for both). Efficacy was maintained through week 52 with continuous deucravacitinib. The authors concluded in both studies that deucravacitinib demonstrated superiority to placebo and apremilast across efficacy endpoints, while being well tolerated.

There is some evidence in two phase-3 studies to suggest that Sotyktu® may be more effective than apremilast for the endpoints of sPGA response of 0/1 with at least a 2-grade improvement from baseline and PASI 75 response; however, there is no other head-to-head evidence at this time to support that Sotyktu® is safer or more effective than the other currently preferred, more cost-effective medications. It is therefore recommended that Sotyktu® remain non-preferred and require prior authorization and be available to those who are unable to tolerate or who have failed on preferred medications.

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

References

[1] Sotyktu [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; 2022.
[2] Armstrong AW, Gooderham M, Warren RB, et al. Deucravacitinib versus placebo and apremilast in moderate to severe plaque psoriasis: efficacy and safety results from the 52-week, randomized, double-blind, placebo-controlled phase 3 POETKY PSO-1 trial. *J Am Acad Dermatol*. 2023; 88(1): 29-39.
[3] Strober B, Thaci D, Sofen H, et al. Deucravacitinib versus placebo and apremilast in moderate to severe plaque psoriasis: efficacy and safety results from the 52-week, randomized, double-blind, phase 3 Program fOr Evaluation of TYK2 inhibitor psoriasis second trial. *J Am Acad Dermatol*. 2023; 88(1): 40-51.

Tezepelumab-ekko (Tezspire) Prefilled Pen
Initial Review

Background

The U.S. Food and Drug Administration (FDA) recently approved tezepelumab-ekko (Tezspire) indicated for the add-on maintenance treatment of adult and pediatric patients aged 12 years and older with severe asthma. Several other biologics indicated for asthma (e.g., Fasenra, Nucala, Xolair, Dupixent) are currently on the Preferred Drug List requiring prior authorization (PA). According to the AstraZeneca website, tezepelumab-ekko is being studied for several other respiratory and immunology indications including chronic obstructive pulmonary disease, eosinophilic esophagitis, and nasal polyps.

See attached new drug review for additional clinical information.

Cost

- WAC $2,155.50/month; $28,021.50/year (13 fills in a 12-month period)

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 of 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.

Proposed Quantity Limit

- 210 mg/1.91 mL (110 mg/mL) prefilled pen – 1 prefilled pen per 28 days

References

Tezspire [prescribing information]. Thousand Oakes, CA: Amgen, Inc.; May 2023

Iowa Medicaid
IOWA HHS

PDL DRUG REVIEW

Proprietary Name: Tezspire®
Common Name: tezepelumab-ekko
PDL Category: Antiasthmatic- Anti-Inflammatory Agents

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

Summary

Pharmacology/Usage: Tezepelumab-ekko, the active ingredient of Tezspire®, is a thymic stromal lymphopoietin (TSLP) blocker, a human monoclonal antibody immunoglobulin G2λ (IgG2λ) that binds to human TSLP with a dissociation constant of 15.8pM and blocks its interaction with the heterodimeric TSLP receptor. TSLP is a cytokine mainly derived from epithelial cells and occupies an upstream position in the asthma inflammatory cascade. Blocking TSLP with tezepelumab-ekko reduces biomarkers and cytokines associated with inflammation including blood eosinophils, airway submucosal eosinophils, IgE, FeNO, IL-5, and IL-13; however, the mechanism of action in asthma has not been definitely established.

Indication: For the add-on maintenance treatment of adult and pediatric patients aged 12 years and older with severe asthma. Tezspire® is not indicated for the relief of acute bronchospasm or status asthmaticus.

There is no pregnancy category for this medication; however, the risk summary indicates that there are no available data with use in pregnant women to assess for any drug-associated risk of major birth defects, miscarriage, or other adverse maternal or fetal outcomes. Placental transfer of monoclonal antibodies such as tezepelumab-ekko is greater during the third trimester of pregnancy; thus, potential effects on a fetus are likely to be greater during the third trimester of pregnancy. Clinical considerations include that in women with poorly or moderately controlled asthma, evidence demonstrates that there is an increased risk of preeclampsia in the mother and prematurity, low birth weight, and small for gestational age in neonates. The level of asthma control should be closely monitored in pregnant women and treatment adjusted as necessary to maintain optimal control. The safety and efficacy of use in the pediatric population younger than 12 years of age have not been established.

Dosage Form: Solution for injection, available as:

- 210mg/1.91ml (110mg/ml) solution in a single-dose glass vial
- 210mg/1.91ml (110mg/ml) solution in a single-dose prefilled syringe
- 210mg/1.91ml (110mg/ml) solution in a single-dose prefilled pen.

Prior to administration, remove from the refrigerator and allow to reach room temperature, which generally takes 60 minutes.

Recommended Dosage: Tezspire® vial and prefilled syringe are intended for administration by a healthcare provider. Tezspire® prefilled pen can be administered by patients/caregivers or healthcare providers. Patients/caregivers may administer Tezspire® prefilled pen after proper training in SC injection technique and after the healthcare provider determines it is appropriate.

The recommended dosage is 210mg administered SC once every 4 weeks. If a dose is missed, administer the dose as soon as possible. Thereafter, the patient can continue (resume) dosing on the usual day of administration. If the next dose is already due, then administer as planned. To be injected into the upper arm (if a healthcare provider or caregiver administers the injection), thigh, or abdomen, except for the 2 inches around the navel. Rotate the injection site with each injection.

No formal clinical studies have been conducted to assess the effect of renal or hepatic impairment on tezepelumab-ekko. Changes in hepatic function are not expected to influence tezepelumab-ekko clearance. In an analysis that included subjects with mild and moderate renal impairment, tezepelumab-ekko clearance was similar in patients with mild or moderate renal impairment and those with normal renal function. Use has not been studied in patients with severe renal impairment.

Drug Interactions: No formal drug interaction studies have been performed with Tezspire®.

The concomitant use of Tezspire® and live attenuated vaccines has not been evaluated. The use of live attenuated vaccines should be avoided in patients receiving Tezspire®.

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

Common Adverse Drug Reactions: *Listed % incidence for adverse drug reactions= reported % incidence for drug (Tezspire®) minus reported % incidence for placebo. Please note that an incidence of 0% means the incidence was the same as or less than placebo.* The most frequently reported adverse events included pharyngitis (1%), arthralgia (1%), and back pain (1%).

In the pooled safety population, in which Tezspire® or placebo was administered using the vial by a healthcare provider, injection site reactions (e.g. injection site erythema, injection site swelling, injection site pain) occurred at a rate of 3.3% in patients treated with Tezspire® compared with 2.7% in patients treated with placebo.

In an open-label study of patients with asthma (N=216) in which Tezspire® was administered by healthcare providers and patients or caregivers using either the prefilled pen or prefilled syringe, injection site reactions were observed in 5.7% of patients using the prefilled pen and 0% using the prefilled syringe. However, the trial was not designed to compare injection site reactions between patients who received Tezspire® by the prefilled pen versus prefilled syringe.

Hypersensitivity reactions were observed in the clinical trials following the administration of Tezspire®. These reactions can occur within hours of administration, but in some instances have a delayed onset (i.e., days). In the event of a hypersensitivity reaction, consider the benefits and risks for the individual patient to determine whether to continue or discontinue treatment with Tezspire®.

Tezspire® should not be used to treat acute asthma symptoms or acute exacerbations. Do not use Tezspire® to treat acute bronchospasm or status asthmaticus. Patients should seek medical advice if their asthma remains uncontrolled or worsens after initiation of treatment with Tezspire®.

Do not discontinue systemic or inhaled corticosteroids abruptly upon initiation of therapy with Tezspire®. Reductions in corticosteroid dose, if appropriate, should be gradual and performed under the direct supervision of a physician. Reduction in corticosteroid dose may be associated with systemic withdrawal symptoms and/or unmask conditions previously suppressed by systemic corticosteroid therapy.

Thymic stromal lymphopoietin (TSLP) may be involved in the immunological response to some helminth infections. Patients with known helminth infections were excluded from participation in clinical trials. It is not known if Tezspire® will influence a patient's response against helminth infections. Treat patients with pre-existing helminth

infections before starting Tezspire®. If patients become infected while receiving treatment with Tezspire® and do not respond to anti-helminth treatment, discontinue treatment with Tezspire® until infection resolves.

Contraindications: In patients who have known hypersensitivity to tezepelumab-ekko or any of its excipients.

Manufacturer: Amgen, Inc.

Analysis: The safety and efficacy of Tezspire® were assessed in two randomized, double-blind, parallel group, placebo-controlled studies of 52 weeks duration that included patients 12 years of age and older (N=1609) with severe asthma.

Study 1 (PATHWAY) was a dose-ranging exacerbation trial that included 550 adults with severe asthma who received treatment with tezepelumab-ekko 70mg SC Q4W, Tezspire® 210mg SQ Q4W, tezepelumab-ekko 280mg SC Q2W, or SC placebo. Patients were required to have a history of ≥2 asthma exacerbations requiring oral or injectable corticosteroid treatment or 1 asthma exacerbation resulting in hospitalization in the past 12 months. The mean age of patients in this study was 52 years, while 66% were female, 92% were white, 81% never smoked, 49% had high-dose inhaled corticosteroid (ICS) use, 9% had oral corticosteroid (OCS) use, the mean duration of asthma was 17 years, the mean number of exacerbation in previous year was 2.4, the mean baseline % predicted FEV1 was 60, and the mean baseline blood eosinophil (EOS) count (cells/μL) was 371.

Study 2 (NAVIGATOR) was a 52-week exacerbation trial that enrolled 1061 patients (adults and pediatric patients 12 years of age and older) with severe asthma who received Tezspire® 210mg SQ Q4W or SC placebo Q4W. Patients were required to have a history of ≥2 asthma exacerbations requiring oral or injectable corticosteroid treatment or resulting in hospitalization in the past 12 months. The mean age of patients in this study was 50 years, while 64% were female, 62% were white, 80% never smoked, 75% had high-dose inhaled corticosteroid (ICS) use, 9% had oral corticosteroid (OCS) use, the mean duration of asthma was 22 years, the mean number of exacerbation in previous year was 2.8, the mean baseline % predicted FEV1 was 63, and the mean baseline blood EOS count (cells/μL) was 340.

In both studies, patients were required to have an Asthma Control Questionnaire 6 (ACQ-6) score of 1.5 or more at screening and reduced lung function at baseline (pre-bronchodilator FEV1 below 80% predicted in adults and below 90% predicted in adolescents). Patients were required to have been on regular treatment with medium or high-dose ICS and at least one additional asthma controller, with or without oral corticosteroids (OCS). Patients continued background asthma therapy throughout the duration of the trials. In both trials, patients were enrolled without requiring a minimum baseline level of blood eosinophils or fractional exhaled nitric oxide (FeNO).

The results summarized below are for the recommended Tezspire® 210mg SC Q4W dosing regimen.

The primary endpoint for both studies was the rate of clinically significant asthma exacerbations measured over 52 weeks. Clinically significant asthma exacerbations were defined as worsening of asthma requiring the use of or an increase in oral or injectable corticosteroids for at least 3 days, or a single depo-injection of corticosteroids, and/or emergency department visits requiring use of oral or injectable corticosteroids and/or hospitalization. Results suggested that in both studies, patients in the Tezspire® group had significant reductions in the annualized rate of asthma exacerbations as compared to placebo. There were also fewer exacerbations requiring emergency room visits and/or hospitalization in patients treated with Tezspire® as compared with placebo. Results are presented in the table below, which was adapted from the prescribing information.

Trial	Treatment	Exacerbations per year	
		Rate	Rate Ratio
Annualized Asthma Exacerbation Rate			
Pathway	Tezspire® (N=137)	0.20	0.29
	Placebo (N=138)	0.72	
Navigator	Tezspire® (N=528)	0.93	0.44

Trial	Treatment	Exacerbations per year	
		Rate	Rate Ratio
	Placebo (N=531)	2.10	
Exacerbations requiring emergency room visit/hospitalization			
Pathway	Tezspire® (N=137)	0.03	0.15
	Placebo (N=138)	0.18	
Navigator	Tezspire® (N=528)	0.06	0.21
	Placebo (N=531)	0.28	
Exacerbations requiring hospitalization			
Pathway	Tezspire® (N=137)	0.02	0.14
	Placebo (N=138)	0.14	
Navigator	Tezspire® (N=528)	0.03	0.15
	Placebo (N=531)	0.19	

In Navigator, patients receiving Tezspire® experienced fewer exacerbations than those receiving placebo regardless of baseline levels of blood eosinophils or FeNO. Similar results were observed in the Pathway study. The time to first exacerbation was longer for the patients receiving Tezspire® compared with placebo in the Navigator study. Similar findings were seen in the Pathway study.

The change from baseline in FEV1 was assessed as a secondary endpoint in Pathway and Navigator. Results suggested that compared with placebo, Tezspire® provided clinically meaningful improvements in the mean change from baseline in FEV1 in both trials. Results are presented in the table below, which was adapted from the prescribing information.

Trial	Treatment	LS mean change from baseline	Difference from placebo
PATHWAY	Tezspire® (N=133)	0.08	0.13
	Placebo (N=138)	-0.06	
NAVIGATOR	Tezspire® (N=527)	0.23	0.13
	Placebo (N=531)	0.10	

In the Navigator study, improvement in FEV1 was seen as early as 2 weeks after initiation of treatment and was sustained through week 52.

Changes from baseline in Asthma Control Questionnaire 6 (ACQ-6) and Standardized Asthma Quality of Life Questionnaire for ages 12 and older [AQLQ(S)+12] were also assessed as secondary endpoints in both studies. Results suggested that in both studies, more patients treated with Tezspire® compared to placebo had a clinically meaningful improvement in ACQ-6 and AQLQ(S)+12. Clinically meaningful improvement (responder rate) for both measures was defined as improvement in score of 0.5 or greater at the end of the trial. In Navigator, the ACQ-6 responder rate for Tezspire® was 86% compared with 77% for placebo (OR 1.99) (Calculated NNT = 12) and the AQLQ(S)+12 responder rate for Tezspire® was 78% compared with 72% for placebo (OR 1.36) (NNT = 17). Similar findings were also observed in Pathway.

An additional randomized, double-blind, parallel group, placebo-controlled trial was performed to assess the effect of Tezspire® 210mg SC Q4W on reducing the use of maintenance OCS. The trial enrolled adults (N=150) with severe asthma who required treatment with daily OCS (7.5mg to 30mg per day) in addition to regular use of high-

dose ICS and a long-acting beta agonist with or without additional controller(s). The primary endpoint was categorized percent reduction from baseline of the final OCS dose at week 48 (≥90 reduction, ≥75% to <90% reduction, ≥50% to <75% reduction, >0% to <50% reduction, and no change or no decrease in OCS), while maintaining asthma control. Results suggested that Tezspire® did not demonstrate a statistically significant reduction in maintenance OCS dose compared with placebo (cumulative OR 1.28).

Place in Therapy: Tezspire® is indicated for the add-on maintenance treatment of adult and pediatric patients aged 12 years and older with severe asthma. Tezspire® is not indicated for the relief of acute bronchospasm or status asthmaticus. It is the first and only biologic indicated for severe asthma that does not have a phenotype or biomarker limitation within its approved indication. While the Tezspire® vial and prefilled syringe are intended for administration by a healthcare provider, the Tezspire® prefilled pen can be administered by patients/caregivers or healthcare providers.

The safety and efficacy of Tezspire® were assessed in two randomized, double-blind, placebo-controlled studies, and the primary endpoint of the two studies was the rate of clinically significant asthma exacerbations measured over 52 weeks. Results suggested that patients receiving Tezspire® had significant reductions in the annualized rate of asthma exacerbations compared to placebo in both studies. There were also fewer exacerbations requiring emergency room visits and/or hospitalization in patients treated with Tezspire® compared with placebo.

References

[1] Tezspire [package insert]. Thousand Oaks, CA: Amgen Inc; 2023.

Janus Kinase Inhibitors
Initial Review

Background

Upadacitinib (Rinvoq) recently received a seventh indication for adults with moderately to severely active Crohn's disease who have had an inadequate response or intolerance to one or more TNF blockers. Limitation of use - Upadacitinib is not recommended for use in combination with other JAK inhibitors, biological DMARDs, or with potent immunosuppressants such as azathioprine and cyclosporine. Upadacitinib (Rinvoq) is the first oral drug FDA approved for moderately to severely active Crohn's disease.

Clinical Trials

The approval of Rinvoq for the new indication was based on two induction studies (CD-1 and CD-2) in 857 patients with moderately to severely active Crohn's disease. Patients were randomized to Rinvoq 45 mg or placebo for 12 weeks. The co-primary endpoints were the proportion of patients achieving clinical remission at week 12, and the proportion of patients achieving endoscopic response at week 12.

- In CD-1, clinical remission was achieved in 36% and 18% of patients with Rinvoq and placebo, respectively (treatment difference 17, 95% CI: 9, 25; $p < 0.001$). Endoscopic response was achieved in 34% and 3% of patients with Rinvoq and placebo, respectively (treatment difference 30, 95% CI: 24, 36; $p < 0.001$).
- In CD-2, clinical remission was achieved in 46% and 23% of patients with Rinvoq and placebo, respectively (treatment difference 24, 95% CI: 15, 32; $p < 0.001$). Endoscopic response was achieved in 46% and 13% of patients with Rinvoq and placebo, respectively (treatment difference 33, 95% CI: 26, 41; $p < 0.001$).

Rinvoq was also evaluated in a maintenance study (CD-3) in 343 patients who responded to 12 weeks of Rinvoq induction treatment. Patients were re-randomized to receive a maintenance regimen of either Rinvoq 15 mg or 30 mg once daily or placebo for 52 weeks, representing a total of at least 64 weeks of therapy. The co-primary endpoints of clinical remission and endoscopic response were assessed at week 52.

- Clinical remission was achieved in 42%, 55%, and 14% with Rinvoq 15 mg, Rinvoq 30 mg, and placebo, respectively. The treatment difference vs. placebo was 29% (95% CI: 18, 39; $p < 0.001$) and 40% (95% CI: 29, 51; $p < 0.001$) for Rinvoq 15 mg and 30 mg, respectively.
- Endoscopic response was achieved in 28%, 41%, and 7% with Rinvoq 15 mg, Rinvoq 30 mg, and placebo, respectively. The treatment difference vs. placebo was 22% (95% CI: 13, 32; $p < 0.001$) and 34% (95% CI: 25, 44; $p < 0.001$) for Rinvoq 15 mg and 30 mg, respectively.

Prior authorization (PA) criteria are being updated to add this new indication and mirror the Biologicals for Inflammatory Bowel Disease criteria specific to Crohn's disease.

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., *a*nkylosing spondylitis or nonradiographic axial spondyloarthritis) (tofacitinib, upadacitinib); with

i. A documented trial and inadequate response to at least two preferred non-steroidal anti-inflammatories (NSAIDs) at a maximally tolerated dose for a minimum of at least one month; and
ii. A documented trial and inadequate response with at least one preferred TNF inhibitor; OR

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 two preferred conventional therapies including aminosalicylates (mesalamine, 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

g. Axial spondyloarthritis conditions (e.g., *a*nkylosing spondylitis or nonradiographic axial spondyloarthritis) (tofacitinib, upadacitinib); with
i. A documented trial and inadequate response to at least two preferred non-steroidal anti-inflammatories (NSAIDs) at a maximally tolerated dose for a minimum of at least one month; and
ii. A documented trial and inadequate response with at least one preferred TNF inhibitor; OR

h. Atopic dermatitis; with
i. Documentation patient has failed to respond to good skin care and regular use of emollients; and
ii. A documented adequate trial and therapy failure with one preferred medium to high potency topical corticosteroid for a minimum of 2 consecutive weeks; and

iii. A documented trial and therapy failure with a topical immunomodulator for a minimum of 4 weeks; and
iv. For mild to moderate atopic dermatitis (ruxolitinib)
    a. A documented trial and therapy failure with crisaborole; and
    b. Affected area is less than 20% of body surface area (BSA); and
    c. Patient has been instructed to use no more than 60 grams of topical ruxolitinib per week; or
v. For moderate to severe atopic dermatitis (abrocitinib, upadacitinib):
    a. A documented trial and therapy failure with cyclosporine or azathioprine; and
    b. Requests for upadacitinib for pediatric patients 12 to less than 18 years of age must include the patient's weight in kg.

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

Palivizumab (Synagis)
Second Review

Background

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

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

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

Current Clinical Prior Authorization Criteria

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

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

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

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

Chronic Lung Disease (CLD) of Prematurity

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

Prematurity (without CLD of Prematurity or Congenital Heart Disease)

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

Neuromuscular Disorders or Anatomic Pulmonary Abnormalities

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

Hemodynamically Significant Congenital Heart Disease (CHD)

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

Immunocompromised Children

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

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

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

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

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

<u>Chronic Lung Disease (CLD) of Prematurity</u>

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

<u>Prematurity (without CLD of Prematurity or Congenital Heart Disease)</u>

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

<u>Neuromuscular Disorders or Anatomic Pulmonary Abnormalities</u>

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

<u>Hemodynamically Significant Congenital Heart Disease (CHD)</u>

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

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

Immunocompromised Children

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

Naloxone Nasal Spray
Removal of Prior Authorization Criteria
Second Review

Background

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

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

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

Authority

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

Order to Dispense

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

Records and Reporting

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

provider, the pharmacist shall provide the recipient with a written record of the naloxone product dispensed and shall advise the recipient to consult a physician.

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

Authority

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

Order to Dispense

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

Reporting

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

Records

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

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

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

Current Prior Authorization Criteria

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

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

Proposed Changes

- Removal of PA criteria
- Removal of current quantity limit; no quantity limit recommended

IL-5 Antagonists
Second Review

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

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

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

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

Current Clinical Prior Authorization Criteria
Prior authorization is required for IL-5 antagonists. Requests will not be considered with concurrent use with another monoclonal antibody. Payment for a non-preferred agent will be authorized only for cases in which there is documentation of a previous trial and therapy failure with a preferred agent. Payment will be considered under the following conditions:

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

receptor antagonist [LTRA]) for a minimum of 3 consecutive months, with or without oral corticosteroids. Patient must be compliant with therapy, based on pharmacy claims; and

c. Patient has a history of two (2) or more exacerbations in the previous year despite regular use of high-dose ICS plus a LABA and LTRA; and
d. A pretreatment forced expiratory volume in 1 second (FEV_1) < 80% predicted in adults and < 90% in adolescents; or

4. Patient has a diagnosis of eosinophilic granulomatosis with polyangiitis, and
    a. Patient has documentation of an adequate trial and therapy failure with systemic glucocorticoids; and
    b. One of the following:
        i. Eosinophil count > 1000 cells/mcL; or
        ii. Eosinophil count > 10% of the total leukocyte count; and
5. Patient has a diagnosis of hypereosinophilic syndrome (HES); and
    a. Patient has been diagnosed with HES for ≥ 6 months prior to starting treatment; and
    b. Documentation that non-hematologic secondary causes of HES have been ruled out; and
    c. Documentation patient does not have FIP1L1-PDGFRα kinase-positive HES: and
    d. Documentation of ≥ 2 HES flares within the previous 12 months while on stable HES therapy (e.g., chronic or episodic oral corticosteroids, immunosuppressive, or cytotoxic therapy); and
    e. Patient has a blood eosinophil count ≥ 1,000 cells/mcL; and
    f. Medication will be used in combination with stable doses of at least one other HES therapy; and
6. Prescribed by or in consultation with an allergist, hematologist, immunologist, pulmonologist, or rheumatologist.

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

Severe Asthma with an Eosinophilic Phenotype:

1. Patient continues to receive therapy with an ICS, LABA and LTRA; and
2. Patient has experienced a reduction in asthma signs and symptoms including wheezing, chest tightness, coughing, shortness of breath; or
3. Patient has experienced a decrease in administration of rescue medication (albuterol); or
4. Patient has experienced a decrease in exacerbation frequency; or
5. Patient has experienced an increase in predicted FEV_1 from the pretreatment baseline.

Eosinophilic Granulomatosis with Polyangiitis

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

Hypereosinophilic Syndrome:

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

2. Medication continues to be used in combination with stable doses or at least one other HES therapy.

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

Proposed Clinical Prior Authorization Criteria (changes italicized/highlighted or stricken)
Prior authorization is required for IL-5 antagonists. Requests will not be considered with concurrent use with another monoclonal antibody. Payment for a non-preferred agent will be authorized only for cases in which there is documentation of a previous trial and therapy failure with a preferred agent. Payment will be considered *when patient has an FDA approved or compendia indication for the requested drug* under the following conditions:

1. *Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations* ~~Is requested for an FDA approved or compendia indicated diagnosis; and~~
2. ~~Patient meets the FDA approved or compendia indicated age and dose for submitted diagnosis~~; and
3. Patient has a diagnosis of severe asthma with an eosinophilic phenotype, and
    a. Patient has a pretreatment blood eosinophil count of ≥ 150 cells/mcL within the previous 6 weeks or blood eosinophils ≥ 300 cells/ mcL within 12 months prior to initiation of therapy; and
    b. Symptoms are inadequately controlled with documentation of current treatment with a high-dose inhaled corticosteroid (ICS) given in combination with a controller medication (long-acting beta2-agonist [LABA] and leukotriene receptor antagonist [LTRA]) for a minimum of 3 consecutive months, with or without oral corticosteroids. Patient must be compliant with therapy, based on pharmacy claims; and
    c. Patient has a history of two (2) or more exacerbations in the previous year despite regular use of high-dose ICS plus a LABA and LTRA; and
    d. A pretreatment forced expiratory volume in 1 second (FEV_1) < 80% predicted in adults and < 90% in adolescents; or
4. Patient has a diagnosis of eosinophilic granulomatosis with polyangiitis, and
    a. Patient has documentation of an adequate trial and therapy failure with systemic glucocorticoids; and
    b. One of the following:
        i. Eosinophil count > 1000 cells/mcL; or
        ii. Eosinophil count > 10% of the total leukocyte count; ~~and~~ *or*
5. Patient has a diagnosis of hypereosinophilic syndrome (HES); and
    a. Patient has been diagnosed with HES for ≥ 6 months prior to starting treatment; and
    b. Documentation that non-hematologic secondary causes of HES have been ruled out; and
    c. Documentation patient does not have FIP1L1-PDGFRα kinase-positive HES: and
    d. Documentation of ≥ 2 HES flares within the previous 12 months while on stable HES therapy (e.g., chronic or episodic oral corticosteroids, immunosuppressive, or cytotoxic therapy); and

e. Patient has a blood eosinophil count ≥ 1,000 cells/mcL; and
f. Medication will be used in combination with stable doses of at least one other HES therapy; ~~and~~ *or*

6. *Patient has a diagnosis of chronic rhinosinusitis with nasal polyps (CRSwNP); and*
    a. *Documentation mepolizumab will be used as an add-on maintenance treatment with a nasal corticosteroid spray; and*
    b. *Documentation of an adequate trial and therapy failure with at least one preferred medication from each of the following categories:*
        i. *Nasal corticosteroid spray; and*
        ii. *Oral corticosteroid; and*
7. Prescribed by or in consultation with an allergist, hematologist, immunologist, *otolaryngologist,* pulmonologist, or rheumatologist.

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

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

1. Patient continues to receive therapy with an ICS, LABA and LTRA; and
2. Patient has experienced a reduction in asthma signs and symptoms including wheezing, chest tightness, coughing, shortness of breath; or
3. Patient has experienced a decrease in administration of rescue medication (albuterol); or
4. Patient has experienced a decrease in exacerbation frequency; or
5. Patient has experienced an increase in predicted FEV_1 from the pretreatment baseline.

Eosinophilic Granulomatosis with Polyangiitis

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

Hypereosinophilic Syndrome:

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

Chronic Rhinosinusitis with Nasal Polyps (CRSwNP)

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

References

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

Select Anticonvulsants
Second Review

Background

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

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

See attached new drug review for additional clinical information.

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

Cost

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

Current Clinical Prior Authorization Criteria

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

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

i. With concomitant stiripentol (plus clobazam): 0.4 mg/kg/day with a maximum of 17 mg per day; or
ii. Without concomitant stiripentol: 0.7 mg/kg/day with a maximum of 26 mg per day; or

c. Stiripentol
i. Prescribed concomitantly with clobazam; and
ii. 50 mg/kg/day with a maximum of 3,000 mg/day.

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

Proposed Clinical Prior Authorization Criteria (changes italicized/highlighted or stricken)
Prior authorization (PA) is required for select anticonvulsants. Payment will be considered under the following conditions:

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

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

References

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

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

Iowa Medicaid
IOWA HHS

PDL DRUG REVIEW

Proprietary Name: Ztalmy® Tablets
Common Name: ganaxolone suspension
PDL Category: Anticonvulsants

Comparable Products	Preferred Drug List Status
Clobazam	Preferred
Levetiracetam	Preferred
Topiramate	Preferred

Summary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Contraindications: There are no contraindications listed with this product.

Manufacturer: Marinus Pharmaceuticals, Inc.

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

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

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

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

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

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

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

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

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

References

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

Cyclosporine Ophthalmic Emulsion 0.1% (Verkazia)
Second Review

Background

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

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

See attached new drug review for additional clinical information.

Cost

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

Newly Proposed Clinical Prior Authorization Criteria

Prior authorization (PA) is required for cyclosporine 0.1% ophthalmic emulsion (Verkazia). Payment will be considered for an FDA approved or compendia indicated diagnosis for the requested drug when the following conditions are met:

1. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient has a diagnosis of moderate to severe vernal keratoconjunctivitis (VKC); and
3. Documentation of an adequate trial (2 to 3 weeks) and therapy failure with a preferred topical dual-acting mast cell stabilizer/topical antihistamine (e.g., olopatadine, azelastine); and
4. Documentation of an adequate trial (2 to 3 weeks) and therapy failure with a preferred topical ophthalmic corticosteroid (e.g., dexamethasone, prednisolone, fluorometholone, loteprednol); and
5. Is prescribed by or in consultation with an ophthalmologist or optometrist; and
6. Is not prescribed in combination with other ophthalmic cyclosporine products.

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

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

Proposed Quantity Limit

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

References

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

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

Topical Acne and Rosacea Products
Second Review

Background

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

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

See attached new drug review for additional clinical information.

Cost

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

Current Clinical Prior Authorization Criteria

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

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

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

Proposed Clinical Prior Authorization Criteria (changes highlighted/italicized or stricken)
Prior authorization (PA) is not required for preferred topical acne agents (topical antibiotics and topical retinoids) for members under 21 years of age. PA is required for preferred topical acne agents for members 21 years or older, non-preferred topical acne agents and all topical rosacea agents. Payment will be considered *when member has an FDA approved or compendia indication for the requested drug, except for any drug or indication excluded from coverage, as defined in Section 1927 (2)(d) of the Social Security Act, Iowa's CMS approved State Plan, and the Iowa Administrative Code (IAC) when* ~~under~~ the following conditions *are met*:

1. *Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and*
2. Documentation of diagnosis; and
3. For the treatment of acne vulgaris, benzoyl peroxide is required for use with a topical antibiotic or topical retinoid; and
4. Payment for non-preferred topical *antibiotic or topical retinoid* acne products will be authorized only for cases in which there is documentation of previous trials and therapy failures with two preferred topical agents of a different chemical entity from the requested topical class (topical antibiotic or topical retinoid); and
5. *Payment for non-preferred topical acne products outside of the antibiotic or retinoid class (e.g., Winlevi) will be authorized only for cases in which there is documentation of previous trials and therapy failures with a preferred topical retinoid and at least two other topical acne agents. If criteria for coverage are met, initial requests will be approved for six months; and*
6. Payment for non-preferred topical rosacea products will be authorized only for cases in which there is documentation of a previous trial and therapy failure with a preferred topical agent; and
7. Requests for non-preferred combination products may only be considered after documented trials and therapy failures with two preferred combination products; and
8. Requests for topical retinoid products for skin cancer, lamellar ichthyosis, and Darier's disease diagnoses will receive approval with documentation of submitted diagnosis; and
9. Duplicate therapy with agents in the same topical class (topical antibiotic or topical retinoid) will not be considered.

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

Proposed Quantity Limit

- One 60 g tube per 30 days

References

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

Iowa Medicaid
IOWA HHS

PDL DRUG REVIEW

Proprietary Name: Winlevi®
Common Name: clascoterone
PDL Category: Topical – Acne Preparations

Comparable Products	Preferred Drug List Status
Clindamycin Topical	Preferred with Conditions
Differin	Preferred with Conditions

Summary

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

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

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

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

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

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

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

Common Adverse Drug Reactions: *Listed % incidence for adverse drug reactions= reported % incidence for drug (Winlevi®) minus reported % incidence for vehicle cream. Please note that an incidence of 0% means the incidence was the same as or less than vehicle.* The most frequently reported adverse events included edema (0.1%), erythema/redness (0%), pruritus (0%), scaling/dryness (0.1%), skin atrophy (0%), stinging/burning (0%), striae rubrae (1%), and telangiectasia (0%).

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

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

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

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

Contraindications: There are no contraindications listed with this product.

Manufacturer: Sun Pharmaceutical Industries, Inc.

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

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

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

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

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

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

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

Per the full-text study by Hebert et al[2], more patients achieved IGA success with Winlevi® as compared with vehicle ($p<0.001$ for both studies) at week 12. Comparator studies with other active ingredients were not currently identified. This new agent provides another treatment option for acne vulgaris.

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

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

References

[1] Winlevi [package insert]. Cranbury, NJ: Sun Pharmaceuticals, Inc; 2021.
[2] Hebert A, Thiboutot D, Gold LS, et al. Efficacy and safety of topical clascoterone cream, 1%, for treatment in patients with facial acne: Two phase 3 randomized clinical trials. *JAMA Dermatol*. 2020; 156(6): 621-630.

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DUR DIGEST

The Bulletin of Medicaid Drug Utilization Review in Iowa

Naloxone

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

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

Authority

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

Order to Dispense

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

Records and Reporting

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

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

Authority

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

Order to Dispense

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

Reporting

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

Records

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

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

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

DUR Public Comment

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

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.

Medicaid Statistics for Prescription Claims
March through May 2023

	FFS	Amerigroup	Iowa Total Care
# Paid Claims	22,512	1,162,154	910,930
Total $ Paid	$2,922,553	$143,482,250	$104,727,785
Unique Users	3,752	183,844	152,588
Avg Cost/Rx	$129.82	$123.46	$114.97
Top 5 Therapeutic Class by Prescription Count Therapeutic class taxonomy differs among each plan	Antidepressants	Antidepressants	Antidepressants
	Anticonvulsants	ADHD/Anti-Narcolepsy	Anticonvulsants
	ADHD/Anti-Narcolepsy	Anticonvulsants	Antiasthmatic and Bronchodilator Agents
	Antiasthmatic and Bronchodilator Agents	Antiasthmatic and Bronchodilator Agents	ADHD/Anti-Narcolepsy
	Antipsychotics/Antimanic Agents	Antipsychotics/Antimanic Agents	Antidiabetics
Top 5 Therapeutic Class by Paid Amount (pre-rebate) Therapeutic class taxonomy differs among each plan	Analgesics – Anti-Inflammatory	Antidiabetics	Antidiabetics
	Antidiabetics	Antipsychotics/Antimanic Agents	Antipsychotics/Antimanic Agents
	Antipsychotics/Antimanic Agents	Analgesics – Anti-Inflammatory	Analgesics – Anti-Inflammatory
	ADHD/Anti-Narcolepsy	Dermatologicals	Dermatologicals
	Antiasthmatic and Bronchodilator Agents	ADHD/Anti-Narcolepsy	Antiasthmatic and Bronchodilator Agents
Top 5 Drugs by Prescription Count	Clonidine	Amoxicillin	Amoxicillin
	Sertraline	Sertraline	Sertraline
	Trazodone	Ventolin HFA	Ventolin HFA
	Fluoxetine	Omeprazole	Omeprazole
	Escitalopram	Trazodone	Trazodone
Top 5 Drugs by Paid Amount (pre-rebate)	Humira Pen	Humira Pen	Humira Pen
	Evrysdi	Vyvanse	Trulicity
	Biktarvy	Vraylar	Vraylar
	Vijoice	Trulicity	Vyvanse
	Invega Sustenna	Ozempic	Ozempic