IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION
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February 6, 2025

Abby Cate, Pharm.D.
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1305 East Walnut
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Dear Abby:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, February 5, 2025. At this meeting, the DUR Commission members discussed prior authorization (PA) criteria for Dupilumab (Dupixent); Ensifentrine (Ohtuvayre); Incretin Mimetics for Non-Diabetes Indications; Select Preventative Migraine Treatments; Select Topical Agents; and Vonoprazan (Voquenza). The following recommendations have been made by the DUR Commission:

No comments were received from the medical/pharmacy associations in response to a November 13, 2024 letter that was sent to them detailing PA criteria for Dupilumab (Dupixent); Ensifentrine (Ohtuvayre); Incretin Mimetics for Non-Diabetes Indications; Select Preventative Migraine Treatments; Select Topical Agents; and Vonoprazan (Voquenza).

Dupilumab (Dupixent)

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

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

consecutive weeks; and
    d. Patient has documentation of a previous trial and therapy failure with a topical immunomodulator for a minimum of 4 weeks; and
    e. Patient will continue with skin care regimen and regular use of emollients; and
4. Patient has a diagnosis of moderate to severe asthma with an eosinophilic phenotype (with a pretreatment eosinophil count ≥ 150 cells/mcL within the previous 6 weeks) or with oral corticosteroid dependent asthma; and
    a. Is prescribed by or in consultation with an allergist, immunologist, or pulmonologist; and
    b. Has a pretreatment forced expiratory volume in 1 second (FEV_1) ≤ 80% predicted in adults; < 90% predicted in adolescents 12 to 17 years of age; and < 95% predicted in children 6 to 11 years of age; and
    c. Symptoms are inadequately controlled with documentation of current treatment with a high-dose inhaled corticosteroid (ICS) given in combination with a controller medication (e.g. long acting beta $_2$ agonist [LABA], leukotriene receptor antagonist [LTRA], oral theophylline) for a minimum of 3 consecutive months. Patient must be compliant with therapy, based on pharmacy claims; and
    d. Patient must have one of the following, in addition to the regular maintenance medications defined above:
        i. One (1) or more exacerbations in the previous year or
        ii. Require daily oral corticosteroids for at least 3 days; or
5. Patient has a diagnosis of inadequately controlled chronic rhinosinusitis with nasal polyposis (CRSwNP); and
    a. Documentation dupilumab will be used as an add-on maintenance treatment; and
    b. Documentation of an adequate trial and therapy failure with at least one preferred medication from each of the following categories:
        i. Nasal corticosteroid spray; and
        ii. Oral corticosteroid; or
6. Patient has a diagnosis of eosinophilic esophagitis (EoE); and
    a. Is prescribed by, or in consultation with, an allergist, gastroenterologist, or immunologist; and
    b. Patient has ≥ 15 intraepithelial eosinophils per high-power field (eos/hpf) as confirmed by endoscopic esophageal biopsy (attach results); and
    c. Patient has signs and symptoms of esophageal dysfunction (e.g., dysphagia, food impaction, food refusal, abdominal pain, heartburn regurgitation, chest pain and/or, odynophagia); and
    d. Documentation of previous trials and therapy failures with all of the following:
        i. High dose proton pump inhibitor (PPI) for at least 8 weeks; and
        ii. Swallowed topical corticosteroid (e.g., fluticasone propionate, oral budesonide suspension): and
        iii. Dietary therapy; or
7. Patient has a diagnosis of moderate to severe prurigo nodularis (PN); and
    a. Is prescribed by, or in consultation with an allergist, immunologist, or dermatologist; and
    b. Patient has experienced severe to very severe pruritits, as demonstrated by a current Worst Itch-Numeric Rating Scale (WI-NRS) ≥ 7; and
    c. Patient has ≥ 20 nodular lesions (attach documentation); and
    d. Documentation of a previous trial and therapy failure with a high or super high potency topical corticosteroid for at least 14 consecutive days; and

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

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

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

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

1. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient's current weight in kilograms (kg) is provided; and
3. Patient has a diagnosis of moderate-to-severe atopic dermatitis; and
    a. ~~Is prescribed by or in consultation with a dermatologist, allergist, or immunologist; and~~
    b. Patient has failed to respond to good skin care and regular use of emollients; and
    c. Patient has documentation of an adequate trial and therapy failure with one preferred medium to high potency topical corticosteroid for a minimum of 2 consecutive weeks; and
    d. Patient has documentation of a previous trial and therapy failure with a topical immunomodulator for a minimum of 4 weeks; and
    e. Patient will continue with skin care regimen and regular use of emollients; ~~and~~ *or*
4. Patient has a diagnosis of moderate to severe asthma with an eosinophilic phenotype (with a pretreatment eosinophil count ≥ 150 cells/mcL within the previous 6 weeks) or with oral corticosteroid dependent asthma; and
    a. ~~Is prescribed by or in consultation with an allergist, immunologist, or pulmonologist; and~~
    b. Has a pretreatment forced expiratory volume in 1 second (FEV_1) ≤ 80% predicted in adults; < 90% predicted in adolescents 12 to 17 years of age; and < 95% predicted in children 6 to 11 years of age; and
    c. Symptoms are inadequately controlled with documentation of current treatment with a high-dose inhaled corticosteroid (ICS) given in combination with a controller medication (e.g. long-acting beta $_2$ agonist [LABA], leukotriene receptor antagonist [LTRA], oral theophylline) for a minimum of 3 consecutive months. Patient must be compliant with therapy, based on pharmacy claims; and
    d. Patient must have one of the following, in addition to the regular maintenance medications defined above:
        i. One (1) or more exacerbations in the previous year or
        ii. Require daily oral corticosteroids for at least 3 days; or
5. Patient has a diagnosis of inadequately controlled chronic rhinosinusitis with nasal polyposis (CRSwNP); and

a. Documentation dupilumab will be used as an add-on maintenance treatment; and
b. Documentation of an adequate trial and therapy failure with at least one preferred medication from each of the following categories:
    i. Nasal corticosteroid spray; and
    ii. Oral corticosteroid; or

6. Patient has a diagnosis of eosinophilic esophagitis (EoE); and
    ~~a. Is prescribed by, or in consultation with, an allergist, gastroenterologist, or immunologist; and~~
    b. Patient has ≥ 15 intraepithelial eosinophils per high-power field (eos/hpf) as confirmed by endoscopic esophageal biopsy (attach results); and
    c. Patient has signs and symptoms of esophageal dysfunction (e.g., dysphagia, food impaction, food refusal, abdominal pain, heartburn regurgitation, chest pain and/or, odynophagia); and
    d. Documentation of previous trials and therapy failures with all of the following:
        i. High dose proton pump inhibitor (PPI) for at least 8 weeks; and
        ii. Swallowed topical corticosteroid (e.g., fluticasone propionate, oral budesonide suspension): and
        iii. Dietary therapy; or
7. Patient has a diagnosis of moderate to severe prurigo nodularis (PN); and
    ~~a. Is prescribed by, or in consultation with an allergist, immunologist, or dermatologist; and~~
    b. Patient has experienced severe to very severe prurititis, as demonstrated by a current Worst Itch-Numeric Rating Scale (WI-NRS) ≥ 7; and
    c. Patient has ≥ 20 nodular lesions (attach documentation); and
    d. Documentation of a previous trial and therapy failure with a high or super high potency topical corticosteroid for at least 14 consecutive days; ~~and~~ *or*
8. *Patient has a diagnosis of chronic obstructive pulmonary disease (COPD) and an eosinophilic phenotype; and*
    a. Patient has moderate to severe airflow limitation, measured within the past 12 months, as evidenced by both of the following:
        i. FEV1/FVC ratio < 0.7, and
        ii. FEV1 % predicted between 30% to 79%; and
    b. Patient has a minimum blood eosinophil count of 300 cells/mcL, measured within the past 12 months; and
    c. Patient has documentation of maximal inhaled therapy for 3 or more months and an inadequate response to:
        i. Triple therapy with all of the following treatments:
            1. Long-acting muscarinic antagonist/anticholinergic (LAMA); and
            2. Long-acting beta agonist (LABA); and
            3. Inhaled corticosteroid (ICS); or
        ii. Double therapy with all of the following if ICS is contraindicated
            1. LABA; and
            2. LAMA; and
    d. Patient has history of at least 2 moderate or 1 severe exacerbation(s) in the previous 12 months despite receiving maximal triple therapy or double therapy (defined above). Moderate exacerbation is defined as patient required treatment with systemic corticosteroids and/or antibiotics and severe exacerbation is defined as hospitalization or observation for over 24 hours in an emergency department or urgent care facility; and
    e. Patient will continue to receive maintenance therapy (as documented above)

concomitantly with dupilumab; and

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

If criteria for coverage are met, initial authorization will be given for 6 months *for all the above indications, except for COPD, which will receive an initial authorization of 12 months* to assess the response to treatment. Request for continuation of therapy will require documentation of a positive response to therapy.

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

Ensifentrine (Ohtuvayre)

Newly Proposed Clinical Prior Authorization Criteria

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

1. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient has a diagnosis of moderate to severe COPD when all of the following are met:
    a. FEV1/FVC ratio < 0.7; and
    b. Post-bronchodilator FEV1 % predicted of 30% to 79%; and
    c. Modified Medical Research Council (mMRC) dyspnea score of ≥ 2 or a COPD Assessment Test (CAT) score ≥ 10; and
3. Patient is adherent with COPD treatments, meeting one of the following criteria:
    a. The patient has a blood eosinophil of ≥ 100 and has experienced an exacerbation while adherent to a current 60-day trial of a triple combination regimen consisting of a long-acting beta agonist (LABA), a long-acting muscarinic antagonist (LAMA), and an inhaled corticosteroid (ICS); or
    b. The patient has a blood eosinophil of < 100 and has experienced an exacerbation while adherent to a current 60-day trial of a dual combination regimen consisting of a LABA and LAMA; and
4. Dual or triple combination regimen will be continued in combination with ensifentrine (Ohtuvayre).

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

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

Incretin Mimetics for Non-Diabetes Indications

Newly Proposed Clinical Prior Authorization Criteria

Prior authorization (PA) is required for incretin mimetics not otherwise covered by the Anti-Diabetics Non-Insulin Agents PA criteria for covered FDA approved or compendia indications. Payment for excluded medical use(s) (e.g. weight loss), as defined in the Iowa State Plan and Iowa Administrative Code 441 – 78.2(4) will be denied. Payment will be considered under the following conditions:

1. Request adheres to all FDA approved labeling for requested drug and indication, including dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient is ≥ 45 years of age; and
3. Patient has been screened for and does not have type 1 or type 2 diabetes mellitus (attach current lab results, obtained within 6 months of request, documenting an A1C < 6.5% or a fasting plasma glucose < 126 mg/dL); and
4. The requested drug will be used to reduce the risk of major adverse cardiovascular events (MACE) (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in an adult with established cardiovascular disease (CVD) and either obesity or overweight; and
    a. Patient has established CVD with history of one of the following (attach chart notes documenting diagnosis):
        i. Prior myocardial infarction (MI);
        ii. Prior stroke (ischemic or hemorrhagic);
        iii. Symptomatic peripheral arterial disease (PAD), as evidenced by intermittent claudication with ankle-brachial index (ABI) less than 0.85 (at rest), peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease; and
    b. Patient has a baseline body mass index (BMI) ≥ 27 kg/m^2, obtained within 6 months of request; and
    c. Patient has been evaluated for cardiovascular standard of care treatment; and
    d. For Wegovy dosing:
        i. Initiation and escalation dosages will be permitted for a maximum of 8 weeks for each dosage; and
        ii. Maintenance dosages other than 1.7 mg or 2.4 mg once weekly will not be approved for maintenance treatment; and
5. Patient will use medication in combination with a reduced calorie diet and increased physical activity; and
6. The requested agent will not be used in combination with other incretin mimetics.

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

Requests will be considered for initiation and appropriate dosage escalation. Requests for continuation of therapy, once at an established maintenance dose will be considered at 12-month intervals when:

1. The requested drug will be used to reduce the risk of MACE; and
    a. Patient does not have type 1 or type 2 diabetes; and
    b. Patient has been evaluated for cardiovascular standard of care treatment; and
    c. For Wegovy, a maintenance dose of 1.7 mg or 2.4 mg once weekly is requested; and

2. Patient continues to use medication in combination with a reduced calorie diet and increased physical activity; and
3. The requested agent will not be used in combination with other incretin mimetics.

Select Preventative Migraine Treatments

Current Clinical Prior Authorization Criteria

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

1. Patient has one of the following diagnoses:
    a. Chronic Migraine, defined as:
        i. ≥ 15 headache days per month for a minimum of 3 months; and
        ii. ≥ 8 migraine headaches days per month for a minimum of 3 months; or
    b. Episodic Migraine, defined as:
        i. 4 to 14 migraine days per month for a minimum of 3 months; or
    c. Episodic Cluster Headache, defined as:
        i. Occurring with a frequency between one attack every other day and 8 attacks per day; and
        ii. With at least 2 cluster periods lasting 7 days to one year (when untreated) and separated by pain-free remission periods ≥3 months; and
        iii. Patient does not have chronic cluster headache (attacks occurring without a remission period, or with remissions lasting <3 months, for at least 1 year); and
2. Request adheres to all FDA approved labeling for indication, including age, dosing, contraindications, warnings and precautions; and
3. The requested agent will not be used in combination with another CGRP inhibitor for the preventative treatment of migraine; and
4. Patient has been evaluated for and does not have medication overuse headache; and
5. For Episodic and Chronic Migraine, patient has documentation of three trials and therapy failures, of at least 3 months per agent, at a maximally tolerated dose with a minimum of two different migraine prophylaxis drug classes (i.e. anticonvulsants [divalproex, valproate, topiramate], beta blockers [atenolol, metoprolol, nadolol, propranolol, timolol], antidepressants [amitriptyline, venlafaxine]); or
6. For Episodic Cluster Headache, patient has documentation of
    a. A previous trial and therapy failure at an adequate dose with glucocorticoids (prednisone 30mg per day or dexamethasone 8mg BID) started promptly at the start of a cluster period. Failure is defined as the need to use acute/abortive medications (oxygen, triptans, ergotamine, lidocaine) at least once daily for at least two days per week after the first full week of adequately dosed steroid therapy; and
    b. A previous trial and therapy failure at an adequate dose of verapamil for

at least 3 weeks (total daily dose of 480mg to 960mg). Failure is defined as the need to use acute/abortive medications (oxygen, triptans, ergotamines, lidocaine) at least once daily for at least two days per week after three weeks of adequately dosed verapamil therapy.

7. Lost, stolen, or destroyed medication replacement requests will not be authorized.

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

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

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

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

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

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

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

Select Topical Agents (formerly Select Topical Psoriasis Agents)

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

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

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

Proposed Clinical Prior Authorization Criteria (changes italicized/highlighted and/or stricken)
Prior authorization (PA) is required for select topical ~~psoriasis~~ agents. Payment for a non-preferred agent will be considered for an FDA approved or compendia indicated diagnosis for the requested drug when the following criteria are met:

1. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and

2. Patient has a diagnosis of plaque psoriasis with involvement estimated to affect ≤ 20% of the body surface area; and
    a. *Request is for roflumilast 0.3% cream or tapinarof 1% cream; and*
    b. Patient has documentation of an adequate trial and therapy failure of combination therapy with a preferred medium to high potency topical corticosteroid and a preferred topical vitamin D analog for a minimum of 4 consecutive weeks*; or*
3. *Patient has a diagnosis of seborrheic dermatitis; and*
    a. *Request is for roflumilast 0.3% foam; and*
    b. *Patient has documentation of an adequate trial and therapy failure of combination therapy with a preferred topical corticosteroid (scalp - medium to high potency or nonscalp – low-potency) and preferred topical antifungal for a minimum of 4 consecutive weeks; or*
4. *Patient has a diagnosis of mild to moderate atopic dermatitis; and*
    a. *Request is for roflumilast 0.15% cream or tapinarof 1% cream; and*
    b. *Patient has failed to respond to good skin care and regular use of emollients; and*
    c. *Patient has documentation of an adequate trial and therapy failure with one preferred medium to high potency topical corticosteroid for a minimum of 2 consecutive weeks; or*
    d. Patient has documentation of an adequate trial and therapy failure with a topical immunomodulator for a minimum of 4 weeks;

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

Vonoprazan (Voquezna)

Newly Proposed Clinical Prior Authorization Criteria
Prior authorization (PA) is required for vonoprazan (Voquezna), Voquezna Dual Pak, and Voquezna Triple Pak. Payment will be considered for an FDA approved or compendia indicated diagnosis for the requested drug when the following conditions are met:

1. Request adheres to all FDA approved labeling for requested drug and indication, including, age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient has a diagnosis of healing of erosive esophagitis (attach endoscopy results for initial diagnosis), maintenance of healed erosive esophagitis (attach endoscopy results for initial diagnosis), and relief of heartburn associated with non-erosive gastroesophageal reflux disease (GERD); and
    a. Documentation of an 8-week trial and therapy failure, based on ongoing symptoms, with two preferred PPIs, each twice-daily dosing; or
3. Patient has an active *Helicobacter pylori* (*H. pylori*) infection (attach documentation); and
    a. Patient has documentation of a recent trial and therapy failure with a preferred agent(s) for the treatment of *H. pylori* infection; and
    b. Request is for the triple pak or dual pak.

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

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

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendations for Dupilumab (Dupixent); Ensifentrine (Ohtuvayre); Incretin Mimetics for Non-Diabetes Indications; Select Preventative Migraine Treatments; Select Topical Agents; and Vonoprazan (Voquenza).

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 Health Link | Iowa HHS | Wellpoint

Quarterly Monthly Statistics

CATEGORY	September 2024 / November 2024	December 2024 / February 2025	% CHANGE
TOTAL PAID AMOUNT	$96,319,583	$101,016,912	4.9%
UNIQUE USERS	102,879	106,293	3.3%
COST PER USER	$936.24	$950.36	1.5%
TOTAL PRESCRIPTIONS	823,764	818,775	-0.6%
AVERAGE PRESCRIPTIONS PER USER	8.01	7.70	-3.8%
AVERAGE COST PER PRESCRIPTION	$116.93	$123.38	5.5%
# GENERIC PRESCRIPTIONS	737,805	734,051	-0.5%
% GENERIC	89.57%	89.65%	0.1%
$ GENERIC	$13,732,276	$13,891,899	1.2%
AVERAGE GENERIC PRESCRIPTION COST	$18.61	$18.92	1.7%
AVERAGE GENERIC DAYS SUPPLY	26.39	26.77	1.4%
# BRAND PRESCRIPTIONS	85,959	84,724	-1.4%
% BRAND	10.43%	10.35%	-0.8%
$ BRAND	$82,587,308	$87,125,013	5.5%
AVERAGE BRAND PRESCRIPTION COST	$960.78	$1,028.34	7.0%
AVERAGE BRAND DAYS SUPPLY	27.62	27.67	0.2%

UTILIZATION BY AGE		
AGE	September 2024 / November 2024	December 2024 / February 2025
0-6	33,577	39,770
7-12	59,012	60,153
13-18	78,887	78,891
19-64	652,241	639,928
65+	8,310	8,312
TOTAL	832,027	827,054

	UTILIZATION BY GENDER AND AGE		
GENDER	AGE	September 2024 / November 2024	December 2024 / February 2025
F			
	0-6	14,863	17,648
	7-12	23,043	23,905
	13-18	40,850	40,985
	19-64	434,332	425,752
	65+	5,264	5,202
	Gender Total	518,352	513,492
M			
	0-6	18,714	22,122
	7-12	35,969	36,248
	13-18	38,037	37,906
	19-64	217,909	214,176

M	65+	3,046	3,110
	Gender Total	313,675	313,562
Grand Total		832,027	827,054

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
December 2024 / February 2025

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
1	UNIVERSITY OF IOWA HEALTH CARE	IOWA CITY	IA	12,462	$5,627,109.87	$451.54	1
2	WALGREENS #4405	COUNCIL BLUFFS	IA	7,441	$588,856.38	$79.14	2
3	RIGHT DOSE PHARMACY	ANKENY	IA	6,848	$277,693.41	$40.55	3
4	WALGREENS #5042	CEDAR RAPIDS	IA	6,630	$435,060.62	$65.62	4
5	WALGREENS #5239	DAVENPORT	IA	6,043	$313,412.19	$51.86	5
6	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	5,843	$443,061.37	$75.83	6
7	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	4,900	$415,898.70	$84.88	7
8	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,706	$336,747.80	$71.56	8
9	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	4,609	$218,406.50	$47.39	10
10	HARTIG PHARMACY SERVICES	DUBUQUE	IA	4,584	$297,596.57	$64.92	9
11	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	4,355	$308,821.31	$70.91	14
12	HY-VEE PHARMACY (1075)	CLINTON	IA	4,192	$307,653.30	$73.39	12
13	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	4,144	$304,025.73	$73.37	15
14	WALGREENS #5721	DES MOINES	IA	4,108	$292,138.15	$71.11	13
15	DRILLING PHARMACY	SIOUX CITY	IA	4,034	$288,770.78	$71.58	11
16	WALGREENS #7453	DES MOINES	IA	3,993	$245,106.81	$61.38	17
17	NELSON FAMILY PHARMACY	FORT MADISON	IA	3,936	$282,174.29	$71.69	20
18	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	3,908	$249,553.24	$63.86	18
19	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	3,814	$292,044.94	$76.57	24
20	WALGREENS #4041	DAVENPORT	IA	3,800	$220,362.95	$57.99	16

21	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,764	$263,084.80	$69.90	21
22	WALGREENS #359	DES MOINES	IA	3,717	$211,138.96	$56.80	22
23	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	3,685	$217,780.38	$59.10	19
24	WALGREENS #15647	SIOUX CITY	IA	3,670	$271,446.06	$73.96	23
25	HY-VEE PHARMACY #5 (1061)	CEDAR RAPIDS	IA	3,613	$314,328.66	$87.00	25
26	WALMART PHARMACY 10-1509	MAQUOKETA	IA	3,569	$230,459.76	$64.57	27
27	WALGREENS #3700	COUNCIL BLUFFS	IA	3,473	$211,233.98	$60.82	26
28	UI HEALTHCARE - IOWA RIVER LANDING PHARMACY	CORALVILLE	IA	3,420	$138,058.50	$40.37	29
29	WALGREENS #7455	WATERLOO	IA	3,377	$187,323.91	$55.47	28
30	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	3,257	$216,754.67	$66.55	32
31	WAGNER PHARMACY	CLINTON	IA	3,235	$239,777.39	$74.12	35
32	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	3,198	$376,318.01	$117.67	31
33	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	3,178	$143,325.83	$45.10	39
34	NUCARA LTC PHARMACY #3	IOWA CITY	IA	3,174	$147,559.22	$46.49	30
35	CVS PHARMACY #08658	DAVENPORT	IA	3,167	$209,644.37	$66.20	36
36	WALGREENS #11942	DUBUQUE	IA	3,154	$196,345.50	$62.25	42
37	MAIN AT LOCUST PHARMACY AND MEDICAL SUPPLY	DAVENPORT	IA	3,121	$228,124.72	$73.09	45
38	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,118	$232,132.63	$74.45	34
39	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	3,051	$230,199.82	$75.45	37
40	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	3,048	$217,919.75	$71.50	40
41	HY-VEE PHARMACY (1449)	NEWTON	IA	3,007	$201,417.64	$66.98	41
42	PREFERRED CARE PHARMACY	CEDAR RAPIDS	IA	3,000	$222,459.67	$74.15	48
43	MAHASKA DRUGS INC	OSKALOOSA	IA	2,952	$237,532.98	$80.47	50
44	WALGREENS #9708	DUBUQUE	IA	2,942	$198,522.16	$67.48	33

45	WALMART PHARMACY 10-5115	DAVENPORT	IA	2,834	$204,445.49	$72.14	44
46	CVS PHARMACY #10282	FORT DODGE	IA	2,832	$159,062.61	$56.17	38
47	HY-VEE PHARMACY (1396)	MARION	IA	2,809	$211,028.02	$75.13	46
48	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,788	$247,850.29	$88.90	49
49	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,784	$222,890.24	$80.06	47
50	MEDICAP LTC	INDIANOLA	IA	2,736	$79,099.15	$28.91	66
51	WALMART PHARMACY 10-2889	CLINTON	IA	2,679	$170,705.29	$63.72	53
52	OSTERHAUS PHARMACY	MAQUOKETA	IA	2,679	$142,356.31	$53.14	55
53	LAGRANGE PHARMACY	VINTON	IA	2,674	$182,902.34	$68.40	51
54	MEDICAP PHARMACY	KNOXVILLE	IA	2,673	$270,787.41	$101.30	54
55	UNION PHARMACY	COUNCIL BLUFFS	IA	2,655	$184,331.39	$69.43	64
56	SCOTT PHARMACY	FAYETTE	IA	2,645	$190,070.09	$71.86	62
57	COMMUNITY HEALTH CARE PHARMACY	DAVENPORT	IA	2,602	$109,188.20	$41.96	67
58	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,588	$204,787.80	$79.13	59
59	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	2,587	$135,537.34	$52.39	65
60	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,564	$220,113.86	$85.85	52
61	MERCYONE FOREST PARK PHARMACY	MASON CITY	IA	2,543	$184,427.78	$72.52	58
62	HY-VEE PHARMACY (1065)	CHARITON	IA	2,540	$181,219.68	$71.35	68
63	WALGREENS #3875	CEDAR RAPIDS	IA	2,508	$159,453.88	$63.58	43
64	CVS PHARMACY #08544	WATERLOO	IA	2,499	$159,515.28	$63.83	63
65	WALGREENS #3595	DAVENPORT	IA	2,454	$170,831.00	$69.61	69
66	WALMART PHARMACY 10-0985	FAIRFIELD	IA	2,429	$173,724.87	$71.52	57
67	WALMART PHARMACY 10-0559	MUSCATINE	IA	2,429	$167,479.50	$68.95	56
68	SOUTH SIDE DRUG	OTTUMWA	IA	2,428	$173,788.62	$71.58	80

69	WALGREENS #7452	DES MOINES	IA	2,400	$140,473.55	$58.53	74
70	HY-VEE PHARMACY (1895)	WINDSOR HEIGHTS	IA	2,385	$138,243.87	$57.96	78
71	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,370	$157,923.27	$66.63	61
72	HY-VEE PHARMACY (1433)	MT PLEASANT	IA	2,356	$152,783.10	$64.85	60
73	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	2,267	$158,092.34	$69.74	77
74	WALGREENS #3876	MARION	IA	2,258	$161,791.99	$71.65	71
75	HY-VEE PHARMACY (1850)	WASHINGTON	IA	2,253	$205,772.79	$91.33	83
76	WALGREENS #7454	ANKENY	IA	2,243	$143,813.91	$64.12	73
77	HY-VEE PHARMACY #6 (1155)	DES MOINES	IA	2,242	$196,616.90	$87.70	88
78	HY-VEE PHARMACY (1530)	PLEASANT HILL	IA	2,231	$155,420.34	$69.66	72
79	WALGREENS #7968	DES MOINES	IA	2,230	$160,148.50	$71.82	84
80	HY-VEE PHARMACY (1241)	HARLAN	IA	2,224	$203,219.10	$91.38	90
81	MEDICAP PHARMACY	DES MOINES	IA	2,205	$174,923.17	$79.33	108
82	WALGREENS #4714	DES MOINES	IA	2,199	$161,771.61	$73.57	86
83	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	2,187	$211,989.31	$96.93	70
84	INFOCUS PHARMACY SERVICES LLC	DUBUQUE	IA	2,182	$284,332.69	$130.31	113
85	CVS PHARMACY #10032	MARION	IA	2,168	$117,843.11	$54.36	93
86	WALGREENS #10855	WATERLOO	IA	2,163	$149,674.81	$69.20	76
87	WALMART PHARMACY 10-3394	ATLANTIC	IA	2,162	$170,350.90	$78.79	79
88	WALGREENS #5470	SIOUX CITY	IA	2,139	$127,148.12	$59.44	87
89	HERITAGE PARTNERS PHARMACY	WEST BURLINGTON	IA	2,136	$152,450.13	$71.37	105
90	PREFERRED CARE PHARMACY	BETTENDORF	IA	2,132	$182,263.66	$85.49	95
91	WALGREENS #5852	DES MOINES	IA	2,130	$115,116.57	$54.05	91
92	HY-VEE PHARMACY (1522)	PERRY	IA	2,129	$198,911.91	$93.43	92

93	HY-VEE PHARMACY #1 (1054)	CEDAR RAPIDS	IA	2,125	$180,273.24	$84.83	75
94	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	2,097	$187,146.69	$89.24	98
95	MEDICAP PHARMACY	NEWTON	IA	2,096	$201,707.01	$96.23	94
96	WALMART PHARMACY 10-0784	MT PLEASANT	IA	2,068	$134,358.17	$64.97	97
97	HY-VEE PHARMACY (1382)	LEMARS	IA	2,066	$132,743.52	$64.25	101
98	HY-VEE PHARMACY (1180)	FAIRFIELD	IA	2,065	$180,910.08	$87.61	102
99	DANIEL PHARMACY	FT DODGE	IA	2,063	$136,947.41	$66.38	82
100	MCMH PHARMACY	RED OAK	IA	2,056	$170,198.91	$82.78	106

TOP 100 PHARMACIES BY PAID AMOUNT
December 2024 / February 2025

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	UNIVERSITY OF IOWA HEALTH CARE	IOWA CITY	IA	12,462	$5,627,109.87	$2,401.67	1
2	CVS/SPECIALTY	MONROEVILLE	PA	611	$4,596,704.66	$19,395.38	2
3	CAREMARK KANSAS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	LENEXA	KS	418	$3,497,893.02	$18,507.37	3
4	WALGREENS SPECIALTY PHARMACY #16528	DES MOINES	IA	789	$3,422,430.62	$12,963.75	4
5	UNITYPOINT AT HOME	URBANDALE	IA	804	$2,789,698.05	$10,771.03	5
6	CAREMARK ILLINOIS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	MT PROSPECT	IL	281	$2,652,860.19	$26,528.60	6
7	WALGREENS SPECIALTY PHARMACY #21250	IOWA CITY	IA	558	$2,356,691.87	$11,962.90	7
8	PANTHERX SPECIALTY PHARMACY	CORAOPOLIS	PA	73	$1,756,511.89	$67,558.15	13
9	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	1,177	$1,236,401.13	$9,584.50	10
10	AMBER SPECIALTY PHARMACY	OMAHA	NE	215	$1,234,506.83	$17,891.40	9
11	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	70	$1,093,156.91	$40,487.29	8
12	SOLEO HEALTH INC.	WOODRIDGE	IL	11	$971,125.29	$485,562.65	14
13	CVS PHARMACY #00102	AURORA	CO	96	$927,620.49	$20,613.79	11
14	BIOPLUS SPECIALTY PHARMACY SERVICES, LLC	ALTAMONTE SPRINGS	FL	113	$899,887.37	$17,997.75	16
15	CAREMARK LLC, DBA CVS/SPECIALTY	REDLANDS	CA	55	$855,812.43	$40,752.97	15
16	ANOVORX GROUP LLC	MEMPHIS	TN	66	$716,879.21	$31,168.66	18
17	ORSINI PHARMACEUTICAL SERVICES LLC	ELK GROVE VILLAGE	IL	38	$682,369.69	$56,864.14	21
18	WALGREENS SPECIALTY PHARMACY #16280	FRISCO	TX	29	$676,765.77	$67,676.58	12
19	BIOLOGICS BY MCKESSON	CARY	NC	34	$599,173.94	$46,090.30	26
20	WALGREENS #4405	COUNCIL BLUFFS	IA	7,441	$588,856.38	$432.98	20

21	THE NEBRASKA MEDICAL CENTER CLINIC PHARMACY	OMAHA	NE	611	$569,148.99	$4,665.16	22
22	OPTUM PHARMACY 702, LLC	JEFFERSONVILLE	IN	76	$543,072.08	$14,291.37	31
23	EXPRESS SCRIPTS SPECIALTY DIST SVCS	SAINT LOUIS	MO	35	$542,716.20	$38,765.44	28
24	CR CARE PHARMACY	CEDAR RAPIDS	IA	2,006	$508,236.68	$2,689.08	19
25	EVERSANA LIFE SCIENCE SERVICES, LLC	CHESTERFIELD	MO	15	$501,595.97	$100,319.19	29
26	WALGREENS SPECIALTY PHARMACY #16270	OMAHA	NE	88	$481,283.37	$22,918.26	27
27	AVERA SPECIALTY PHARMACY	SIOUX FALLS	SD	92	$458,936.14	$16,997.63	33
28	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	5,843	$443,061.37	$661.29	23
29	WALGREENS #5042	CEDAR RAPIDS	IA	6,630	$435,060.62	$312.32	25
30	BIOPLUS SPECIALTY PHARMACY LA, LLC	HARVEY	LA	53	$429,981.14	$16,537.74	17
31	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	4,900	$415,898.70	$836.82	24
32	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	3,198	$376,318.01	$782.37	32
33	MISSION CANCER + BLOOD, UNIVERSITY OF IOWA HEALTH CARE	DES MOINES	IA	46	$367,175.40	$26,226.81	43
34	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	1,927	$366,180.03	$1,830.90	30
35	GENOA HEALTHCARE, LLC	DAVENPORT	IA	2,036	$354,657.37	$1,800.29	35
36	GENESIS FIRSTMED PHARMACY	DAVENPORT	IA	739	$343,715.33	$2,010.03	54
37	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,706	$336,747.80	$553.86	39
38	SANFORD CANCER CENTER ONCOLOGY CLINIC PHARMACY	SIOUX FALLS	SD	77	$322,666.41	$16,133.32	63
39	MAYO CLINIC PHARMACY	ROCHESTER	MN	78	$314,448.96	$28,586.27	34
40	HY-VEE PHARMACY #5 (1061)	CEDAR RAPIDS	IA	3,613	$314,328.66	$678.90	44
41	WALGREENS #5239	DAVENPORT	IA	6,043	$313,412.19	$242.77	38
42	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	4,355	$308,821.31	$413.97	37
43	HY-VEE PHARMACY (1075)	CLINTON	IA	4,192	$307,653.30	$532.27	40

44	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	4,144	$304,025.73	$557.85	41
45	HARTIG PHARMACY SERVICES	DUBUQUE	IA	4,584	$297,596.57	$912.87	46
46	WALGREENS #5721	DES MOINES	IA	4,108	$292,138.15	$304.95	47
47	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	3,814	$292,044.94	$494.15	50
48	DRILLING PHARMACY	SIOUX CITY	IA	4,034	$288,770.78	$837.02	36
49	ONCO360	LOUISVILLE	KY	24	$286,638.86	$35,829.86	51
50	INFOCUS PHARMACY SERVICES LLC	DUBUQUE	IA	2,182	$284,332.69	$1,033.94	45
51	NELSON FAMILY PHARMACY	FORT MADISON	IA	3,936	$282,174.29	$650.17	42
52	RIGHT DOSE PHARMACY	ANKENY	IA	6,848	$277,693.41	$771.37	53
53	ALLEN CLINIC PHARMACY	WATERLOO	IA	988	$275,589.83	$956.91	55
54	WALGREENS #15647	SIOUX CITY	IA	3,670	$271,446.06	$339.31	49
55	MEDICAP PHARMACY	KNOXVILLE	IA	2,673	$270,787.41	$1,096.31	52
56	WALGREENS SPECIALTY PHARMACY #15443	FRISCO	TX	19	$265,638.25	$37,948.32	151
57	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	1,474	$265,529.46	$2,458.61	48
58	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,764	$263,084.80	$550.39	56
59	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	3,908	$249,553.24	$438.58	57
60	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,788	$247,850.29	$512.09	67
61	WALGREENS #7453	DES MOINES	IA	3,993	$245,106.81	$321.66	61
62	WAGNER PHARMACY	CLINTON	IA	3,235	$239,777.39	$681.19	73
63	MAHASKA DRUGS INC	OSKALOOSA	IA	2,952	$237,532.98	$599.83	76
64	HARTIG DRUG CO	DUBUQUE	IA	1,766	$234,861.42	$866.65	94
65	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,118	$232,132.63	$531.20	79
66	HERITAGE SPECIALTY PHARMACY	LEES SUMMIT	MO	5	$231,315.71	$231,315.71	107
67	WALMART PHARMACY 10-1509	MAQUOKETA	IA	3,569	$230,459.76	$437.31	60

68	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	3,051	$230,199.82	$785.66	65
69	PARAGON PARTNERS	OMAHA	NE	820	$228,233.73	$3,126.49	72
70	MAIN AT LOCUST PHARMACY AND MEDICAL SUPPLY	DAVENPORT	IA	3,121	$228,124.72	$942.66	64
71	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,784	$222,890.24	$578.94	74
72	PREFERRED CARE PHARMACY	CEDAR RAPIDS	IA	3,000	$222,459.67	$1,416.94	90
73	WALGREENS #4041	DAVENPORT	IA	3,800	$220,362.95	$293.43	70
74	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,564	$220,113.86	$659.02	69
75	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	4,609	$218,406.50	$320.71	78
76	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	3,048	$217,919.75	$478.94	58
77	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	3,685	$217,780.38	$423.70	59
78	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	3,257	$216,754.67	$476.38	68
79	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	2,187	$211,989.31	$662.47	66
80	WALGREENS #3700	COUNCIL BLUFFS	IA	3,473	$211,233.98	$297.93	62
81	WALGREENS #359	DES MOINES	IA	3,717	$211,138.96	$259.38	77
82	HY-VEE PHARMACY (1396)	MARION	IA	2,809	$211,028.02	$487.36	87
83	GENOA HEALTHCARE, LLC	MARSHALLTOWN	IA	776	$209,980.59	$2,333.12	112
84	CVS PHARMACY #08658	DAVENPORT	IA	3,167	$209,644.37	$464.84	71
85	HY-VEE PHARMACY #2 (1018)	AMES	IA	2,007	$208,811.96	$698.37	82
86	HY-VEE PHARMACY (1850)	WASHINGTON	IA	2,253	$205,772.79	$819.81	80
87	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,588	$204,787.80	$561.06	91
88	WALMART PHARMACY 10-5115	DAVENPORT	IA	2,834	$204,445.49	$481.05	89
89	HY-VEE PHARMACY (1241)	HARLAN	IA	2,224	$203,219.10	$582.29	115
90	MEDICAP PHARMACY	NEWTON	IA	2,096	$201,707.01	$974.43	88

91	HY-VEE PHARMACY (1449)	NEWTON	IA	3,007	$201,417.64	$447.59	100
92	HY-VEE PHARMACY (1522)	PERRY	IA	2,129	$198,911.91	$568.32	95
93	WALGREENS #9708	DUBUQUE	IA	2,942	$198,522.16	$296.74	85
94	MERCYONE WATERLOO PHARMACY	WATERLOO	IA	1,805	$196,924.90	$493.55	96
95	HY-VEE PHARMACY #6 (1155)	DES MOINES	IA	2,242	$196,616.90	$789.63	106
96	WALGREENS #11942	DUBUQUE	IA	3,154	$196,345.50	$362.93	97
97	PRIMARY HEALTHCARE PHARMACY	DES MOINES	IA	800	$191,983.10	$1,246.64	119
98	SCOTT PHARMACY	FAYETTE	IA	2,645	$190,070.09	$731.04	121
99	EXACTCARE	VALLEY VIEW	OH	1,855	$189,492.15	$2,526.56	109
100	WALGREENS #7455	WATERLOO	IA	3,377	$187,323.91	$226.24	84

TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
December 2024 / February 2025

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
1	1982605762	Jeffrey Wilharm	$128,240.13	1,953	6.67	1
2	1902850845	Deborah Bahe	$108,607.29	1,397	4.53	6
3	1356359871	Rhea Hartley	$159,348.97	1,395	2.65	12
4	1215146055	Rebecca Wolfe	$59,218.96	1,389	2.92	2
5	1063491645	Allyson Wheaton	$110,965.31	1,383	2.74	5
6	1730434069	Larissa Biscoe	$90,584.62	1,336	2.78	4
7	1467502286	Charles Tilley	$158,484.72	1,301	3.43	3
8	1316356496	Kimberly Roberts	$48,561.98	1,246	3.96	9
9	1467907394	Cynthia Coenen	$137,646.91	1,242	4.07	7
10	1003470923	Earlene Angell	$123,332.66	1,176	3.49	11
11	1437238110	Genevieve Nelson	$163,278.95	1,170	3.37	10
12	1922455096	Dean Guerdet	$88,189.01	1,155	3.60	8
13	1457584740	Eric Meyer	$74,624.24	1,078	2.73	13
14	1770933046	Shelby Biller	$174,594.54	1,071	2.83	19
15	1013115369	Bobbita Nag	$43,619.96	1,034	2.33	16
16	1790163848	Hesper Nowatzki	$160,201.27	1,026	3.39	15
17	1043434525	Robert Kent	$55,174.20	1,005	3.72	18
18	1164538674	Joseph Wanzek	$80,934.21	995	4.18	14
19	1043418809	Michael Ciliberto	$461,217.12	994	2.77	21
20	1902912538	Christian Jones	$68,667.18	964	3.13	22

21	1659358620	Carlos Castillo	$32,670.99	947	3.01	23
22	1982030946	Jacklyn Besch	$53,860.20	926	3.33	24
23	1902478811	Joan Anderson	$207,940.69	921	3.33	17
24	1043211303	Ali Safdar	$121,925.15	914	2.62	20
25	1609218304	Amanda Garr	$144,734.67	907	3.32	32
26	1730849647	Melanie Rock	$23,907.52	900	2.93	33
27	1215125216	Rebecca Walding	$84,539.55	867	4.53	26
28	1609532373	Erin Fox-Hammel	$75,086.60	861	3.43	31
29	1801998372	Wendy Hansen-Penman	$33,403.01	855	3.77	35
30	1992103386	Melissa Larsen	$89,652.83	850	3.09	37
31	1215184726	Babuji Gandra	$26,578.46	841	2.65	27
32	1477199198	Sajo Thomas	$108,390.69	839	3.33	48
33	1689077018	Stacy Roth	$89,783.70	837	2.88	38
34	1528037082	Rodney Dean	$71,663.93	828	3.32	25
35	1538368170	Christopher Matson	$15,349.97	824	3.26	39
36	1902358443	Melissa Konken	$132,041.52	808	3.34	27
37	1154815330	Bruce Pehl	$48,989.94	803	3.36	54
38	1205393386	Jessica Hudspeth	$136,614.01	802	4.13	47
39	1528365277	Mina Salib	$512,799.47	799	2.05	29
40	1588746515	Amy Badberg	$35,384.07	778	2.92	72
41	1013978089	Jennifer Bradley	$169,802.02	771	5.31	68
42	1306559786	Roy Henry	$37,683.23	770	3.11	62
43	1134191018	Dustin Smith	$53,693.39	764	3.49	34
44	1679573893	Patty Hildreth	$229,392.20	756	3.26	64

45	1922144088	Thomas Hopkins	$25,181.60	754	2.44	61
46	1457914657	Seema Antony	$88,599.79	749	2.77	55
47	1053963900	Nicole Mcclavy	$131,565.97	742	3.10	44
48	1528329398	Erin Rowan	$31,154.91	739	3.17	42
49	1124006770	Wook Kim	$29,339.50	735	3.00	67
50	1417549932	Amanda McCormick	$83,735.65	734	3.58	46
51	1609946243	Sina Linman	$37,151.88	732	2.42	63
52	1053630640	Jennifer Donovan	$85,050.33	727	2.87	53
53	1275763047	Rebecca Bowman	$156,372.16	716	3.38	39
54	1649248378	Kathleen Wild	$36,768.71	716	2.86	65
55	1871105916	Lacie Theis	$34,861.41	713	2.60	83
56	1619153137	Joada Best	$50,125.37	711	3.20	69
57	1760455083	Thomas Schmadeke	$63,976.59	706	3.26	135
58	1184657603	Sara Rygol	$74,881.71	704	2.86	41
59	1255405338	Bryan Netolicky	$93,453.07	704	2.87	73
60	1649209933	Richard Blunk	$54,201.85	700	2.28	77
61	1437209434	Jon Thomas	$30,629.08	698	2.71	44
62	1003053653	Stanley Mathew	$37,117.79	688	6.30	49
63	1417941188	Debra Neuharth	$27,012.78	688	3.20	85
64	1144214248	Kristi Walz	$95,538.14	686	3.75	74
65	1558770974	Marc Baumert	$50,502.56	682	2.90	58
66	1659420099	Stephen Mandler	$21,984.94	673	7.82	162
67	1588662050	Jason Davis	$39,263.26	672	2.74	58
68	1649763079	Kate Jarvis	$59,015.95	672	3.08	121

69	1205437951	Jennifer Manternach	$19,487.84	669	2.68	100
70	1013639749	Robert Husemann	$60,017.06	668	3.25	60
71	1710941000	Laurie Warren	$77,194.08	666	3.45	76
72	1316471154	Nicole Woolley	$40,366.59	664	2.68	36
73	1790754695	Joel Vander Meide	$36,047.92	664	4.62	77
74	1154790517	Jamie Schumacher	$27,768.85	654	3.39	98
75	1639607757	Michael Gerber	$76,348.54	653	3.38	55
76	1821268335	Jacqueline McInnis	$105,551.13	652	3.80	87
77	1417214321	Leah Brandon	$17,695.69	651	4.40	116
78	1477926434	Jackie Shipley	$25,399.24	651	2.68	51
79	1598183493	Jena Ellerhoff	$20,318.32	646	4.43	85
80	1942252895	Kimberly Thompson	$19,674.94	644	2.20	114
81	1275067696	Olaitan Ijitimehin	$20,541.04	642	2.84	75
82	1437692803	Cassandra Dunlavy	$52,370.13	642	3.25	84
83	1144588476	Rachel Filzer	$55,245.87	641	2.82	80
84	1023469798	Shipeng Wei	$40,547.63	638	8.37	107
85	1053398800	Steven Scurr	$37,994.80	638	3.33	108
86	1396181012	Heather Kruse	$65,231.36	638	4.66	94
87	1316510324	Sandy Marcus	$35,849.31	635	3.11	109
88	1538149042	Eric Petersen	$25,703.44	634	2.41	71
89	1245227099	Donna Dobson Tobin	$67,809.61	631	3.66	82
90	1043703887	Tenaea Jeppeson	$128,414.11	625	2.89	171
91	1932732203	Audrey Housman	$46,778.54	625	2.34	144
92	1164823092	Jamey Gregersen	$39,997.45	624	2.96	142

93	1477112688	Felicia Hoerner	$60,692.82	623	2.38	130
94	1942721584	Shawna Fury	$47,069.60	621	2.77	88
95	1134854128	Dzevida Pandzic	$50,850.40	618	2.34	57
96	1356724405	Beth Colon	$79,536.68	615	2.42	52
97	1538157383	David Wenger-Keller	$34,993.40	613	4.09	144
98	1588838841	Leenu Mishra	$30,736.20	613	2.47	99
99	1255058640	Shelli Brown	$105,891.78	612	3.25	128
100	1114544681	Rachael Ploessl	$43,305.90	610	3.28	104

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
December 2024 / February 2025

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
1	1326034984	Katherine Mathews	$1,233,609.72	$13,860.78	89	1
2	1841632965	Ahmad Al-Huniti	$1,130,419.08	$56,520.95	20	2
3	1952420705	Eric Rush	$767,232.71	$45,131.34	17	25
4	1316934318	Steven Lentz	$713,301.79	$20,979.46	34	7
5	1477761328	Amy Calhoun	$690,294.35	$9,082.82	76	4
6	1326211889	James Friedlander	$627,194.22	$8,833.72	71	5
7	1295091510	Rebecca Weiner	$554,095.85	$1,710.17	324	10
8	1023108701	Ronald Zolty	$548,724.51	$9,300.42	59	13
9	1417443953	Rodney Clark	$547,829.46	$1,453.13	377	8
10	1700417169	Courtney Reints	$517,679.30	$1,509.27	343	29
11	1528365277	Mina Salib	$512,799.47	$641.80	799	3
12	1285626390	Kathleen Gradoville	$512,159.63	$1,701.53	301	9
13	1437121407	Linda Cadaret	$509,567.84	$4,674.93	109	6
14	1043418809	Michael Ciliberto	$461,217.12	$464.00	994	12
15	1891146999	Becky Johnson	$460,303.72	$1,117.24	412	11
16	1942937388	Carly Trausch	$347,056.12	$757.76	458	14
17	1821046087	Archana Verma	$336,760.65	$3,741.79	90	33
18	1932153830	Michael Stephens	$319,314.25	$26,609.52	12	15
19	1609820240	James Harper	$316,728.61	$10,217.05	31	23
20	1174584072	Bradley Lair	$312,444.34	$5,786.01	54	19

21	1326410499	Tara Eastvold	$310,796.15	$736.48	422	16
22	1386084747	Jennifer Condon	$294,505.84	$1,422.73	207	42
23	1043565328	Sara Moeller	$272,773.30	$2,700.73	101	28
24	1184056822	Abby Kolthoff	$263,590.66	$458.42	575	17
25	1013126705	Janice Staber	$260,959.57	$9,665.17	27	18
26	1649943689	Jessica Coffey	$257,362.26	$1,267.79	203	39
27	1306071915	Thomas Pietras	$251,017.43	$2,074.52	121	21
28	1588616171	Heather Thomas	$250,940.84	$2,040.17	123	37
29	1194176586	Paul Fenton	$245,611.70	$2,384.58	103	47
30	1447373832	Joshua Wilson	$236,037.83	$6,556.61	36	24
31	1679573893	Patty Hildreth	$229,392.20	$303.43	756	36
32	1932464971	Kari Ernst	$226,591.38	$2,137.65	106	34
33	1871868984	Hana Niebur	$225,906.74	$2,859.58	79	35
34	1992365894	Emily Weig	$222,963.94	$2,026.94	110	27
35	1558673095	Amanda Van Wyk	$218,627.98	$1,643.82	133	88
36	1174748180	Mohammad Alsharabati	$211,657.65	$1,298.51	163	31
37	1376525196	Randolph Rough	$211,446.54	$1,208.27	175	64
38	1508091109	Melissa Muff-Luett	$209,254.16	$5,978.69	35	38
39	1285331058	Natalie Reitz	$208,720.83	$4,853.97	43	95
40	1902478811	Joan Anderson	$207,940.69	$225.78	921	30
41	1659093292	Kathryn Foy	$207,658.92	$2,209.14	94	50
42	1184737504	Daniel Buroker	$198,465.33	$7,938.61	25	99
43	1245468768	Thomas Schmidt	$197,027.77	$2,317.97	85	83
44	1285620583	Michael Tansey	$192,827.60	$1,471.97	131	26

45	1730293705	Robert Jackson	$191,910.24	$2,460.39	78	63
46	1134249832	Steven Craig	$184,598.78	$2,121.83	87	46
47	1891955423	Leah Siegfried	$184,312.46	$520.66	354	84
48	1144900861	Lizabeth Sheets	$184,154.11	$338.52	544	32
49	1780995506	Quanhathai Kaewpoowat	$183,728.48	$3,602.52	51	141
50	1285710764	Jitendrakumar Gupta	$183,634.37	$752.60	244	61
51	1639226731	Meriner Pereira	$182,063.68	$1,517.20	120	199
52	1073722112	Riad Rahhal	$181,532.45	$632.52	287	54
53	1053520759	Alicia Gerke	$179,931.09	$3,528.06	51	109
54	1649419219	Heather Hunemuller	$175,681.54	$1,179.07	149	58
55	1770933046	Shelby Biller	$174,594.54	$163.02	1071	40
56	1467449579	Brian Wayson	$174,261.48	$3,111.81	56	51
57	1295054542	Angela Delecaris	$172,670.18	$7,507.40	23	184
58	1629415922	Alyssa Lakin	$171,152.43	$834.89	205	48
59	1760562466	Arthur Beisang	$170,990.61	$17,099.06	10	7132
60	1013978089	Jennifer Bradley	$169,802.02	$220.24	771	53
61	1841607900	Shayla Sanders	$167,705.93	$1,905.75	88	72
62	1093382632	Gail Dooley	$167,592.13	$968.74	173	49
63	1285748004	Bruce Hughes	$164,888.54	$2,748.14	60	22
64	1003103383	Grerk Sutamtewagul	$163,642.73	$4,195.97	39	168
65	1437238110	Genevieve Nelson	$163,278.95	$139.55	1170	41
66	1366014698	Debbie Ohrt	$163,192.29	$421.69	387	70
67	1013026798	Stephen Grant	$162,425.31	$3,007.88	54	44
68	1174970453	Daniel Hinds	$161,275.90	$629.98	256	170

69	1790163848	Hesper Nowatzki	$160,201.27	$156.14	1026	68
70	1356359871	Rhea Hartley	$159,348.97	$114.23	1395	161
71	1215979539	Vijay Aluri	$158,681.85	$9,334.23	17	56
72	1467502286	Charles Tilley	$158,484.72	$121.82	1301	71
73	1902880966	Rasa Buntinas	$158,271.95	$1,840.37	86	396
74	1275763047	Rebecca Bowman	$156,372.16	$218.40	716	52
75	1962400770	Carol Menke	$156,084.51	$2,517.49	62	415
76	1801405832	Sarah Hiemer	$153,089.01	$879.82	174	45
77	1609003011	John Bernat	$152,180.75	$25,363.46	6	153
78	1275836751	Holly Kramer	$149,527.30	$1,359.34	110	89
79	1487648705	Karen Hunke	$144,956.85	$1,178.51	123	110
80	1609218304	Amanda Garr	$144,734.67	$159.58	907	77
81	1578132940	Alec Steils	$144,428.69	$441.68	327	133
82	1063792026	Jill Miller	$143,143.03	$255.16	561	59
83	1104933878	David Mercer	$139,757.52	$4,658.58	30	164
84	1467907394	Cynthia Coenen	$137,646.91	$110.83	1242	76
85	1225263833	Lindsay Orris	$137,633.81	$1,207.31	114	86
86	1649826140	Taylor Boldt	$136,950.20	$999.64	137	79
87	1205393386	Jessica Hudspeth	$136,614.01	$170.34	802	105
88	1316942212	Jeffrey Goldman	$135,788.59	$2,089.06	65	65
89	1528051653	Mark Granner	$133,478.33	$311.87	428	81
90	1902358443	Melissa Konken	$132,041.52	$163.42	808	69
91	1053963900	Nicole Mcclavy	$131,565.97	$177.31	742	107
92	1821254863	Amy John	$130,739.58	$2,143.27	61	129

93	1609131770	Sreenath Thati Ganganna	$130,694.93	$305.36	428	60
94	1578958542	Heidi Curtis	$130,524.49	$795.88	164	66
95	1548611841	Adnan Kiani	$130,403.99	$2,608.08	50	121
96	1043703887	Tenaea Jeppeson	$128,414.11	$205.46	625	157
97	1982605762	Jeffrey Wilharm	$128,240.13	$65.66	1953	112
98	1144455502	Jennifer Petts	$127,279.97	$497.19	256	87
99	1457346231	Dawn Ebach	$126,958.29	$505.81	251	90
100	1124216676	Wendy Sanders	$126,419.85	$431.47	293	78

TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

CATEGORY DESCRIPTION	September 2024 / November 2024	PREV RANK	% BUDGET	December 2024 / February 2025	CURR RANK	% BUDGET	% CHANGE
ANTIDIABETICS	$12,582,957	1	13.1%	$12,992,718	1	12.9%	3.3%
DERMATOLOGICALS	$10,410,836	2	10.8%	$11,109,319	2	11.0%	6.7%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	$10,290,400	3	10.7%	$10,487,317	3	10.4%	1.9%
ANALGESICS - ANTI-INFLAMMATORY	$7,774,802	4	8.1%	$7,745,119	4	7.7%	-0.4%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	$5,447,570	5	5.7%	$5,551,853	5	5.5%	1.9%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	$5,426,211	6	5.6%	$5,435,045	6	5.4%	0.2%
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	$3,499,435	8	3.6%	$3,758,455	7	3.7%	7.4%
ENDOCRINE AND METABOLIC AGENTS - MISC.	$2,860,468	13	3.0%	$3,753,641	8	3.7%	31.2%
ANTIVIRALS	$3,155,116	10	3.3%	$3,628,950	9	3.6%	15.0%
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	$3,283,520	9	3.4%	$3,574,523	10	3.5%	8.9%
ANTICONVULSANTS	$3,614,485	7	3.8%	$3,473,724	11	3.4%	-3.9%
HEMATOLOGICAL AGENTS - MISC.	$3,129,628	11	3.2%	$3,413,415	12	3.4%	9.1%
MIGRAINE PRODUCTS	$3,037,920	12	3.2%	$3,055,442	13	3.0%	0.6%
RESPIRATORY AGENTS - MISC.	$2,639,380	14	2.7%	$2,691,091	14	2.7%	2.0%
CARDIOVASCULAR AGENTS - MISC.	$2,208,937	15	2.3%	$2,517,808	15	2.5%	14.0%
ANTIDEPRESSANTS	$2,190,093	16	2.3%	$2,154,188	16	2.1%	-1.6%
GASTROINTESTINAL AGENTS - MISC.	$1,566,087	18	1.6%	$2,026,852	17	2.0%	29.4%
ANTICOAGULANTS	$1,646,113	17	1.7%	$1,669,194	18	1.7%	1.4%
NEUROMUSCULAR AGENTS	$872,612	19	0.9%	$1,411,379	19	1.4%	61.7%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	$806,551	20	0.8%	$808,580	20	0.8%	0.3%

Iowa Health Link
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TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

CATEGORY DESCRIPTION	September 2024 / November 2024	PREV RANK	December 2024 / February 2025	CURR RANK	% CHANGE
ANTIDEPRESSANTS	106,743	1	102,720	1	-3.8%
ANTICONVULSANTS	48,829	2	49,277	2	0.9%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	44,481	4	45,780	3	2.9%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	45,725	3	45,406	4	-0.7%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	39,365	6	39,275	5	-0.2%
ANTIHYPERTENSIVES	41,619	5	38,573	6	-7.3%
ANTIDIABETICS	39,358	7	38,385	7	-2.5%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	37,786	8	38,188	8	1.1%
ANTIANXIETY AGENTS	33,443	9	33,683	9	0.7%
ANTIHYPERLIPIDEMICS	28,119	10	24,695	10	-12.2%
ANTIHISTAMINES	24,673	11	22,919	11	-7.1%
PENICILLINS	17,315	15	21,042	12	21.5%
DERMATOLOGICALS	21,075	12	20,911	13	-0.8%
ANALGESICS - ANTI-INFLAMMATORY	18,654	14	18,552	14	-0.5%
BETA BLOCKERS	20,001	13	17,880	15	-10.6%
ANALGESICS - OPIOID	16,859	16	16,494	16	-2.2%
THYROID AGENTS	15,863	17	15,518	17	-2.2%
CORTICOSTEROIDS	13,171	19	14,362	18	9.0%
DIURETICS	15,514	18	13,590	19	-12.4%
MUSCULOSKELETAL THERAPY AGENTS	12,761	20	12,690	20	-0.6%

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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	September 2024 / November 2024	PREV RANK	December 2024 / February 2025	CURR RANK	% CHANGE
OZEMPIC	$4,612,202	1	$4,897,967	1	6.2%
HUMIRA(CF) PEN	$4,076,923	2	$3,825,279	2	-6.2%
VRAYLAR	$3,377,586	3	$3,522,425	3	4.3%
TRIKAFTA	$2,288,724	4	$2,326,471	4	1.6%
STELARA	$1,943,553	7	$2,259,464	5	16.3%
DUPIXENT PEN	$2,032,556	6	$2,222,083	6	9.3%
JARDIANCE	$2,045,390	5	$2,113,247	7	3.3%
INVEGA SUSTENNA	$1,929,570	8	$1,871,782	8	-3.0%
MOUNJARO	$1,265,673	10	$1,528,886	9	20.8%
BIKTARVY	$1,256,129	12	$1,406,011	10	11.9%
TALTZ AUTOINJECTOR	$1,319,763	9	$1,370,758	11	3.9%
REXULTI	$1,133,112	16	$1,216,173	12	7.3%
ELIQUIS	$1,165,841	15	$1,191,174	13	2.2%
TRULICITY	$1,235,825	13	$1,189,180	14	-3.8%
SKYRIZI PEN	$1,263,796	11	$1,171,223	15	-7.3%
VYVANSE	$1,190,611	14	$943,619	16	-20.7%
NURTEC ODT	$950,734	17	$941,924	17	-0.9%
ALTUVIIIO	$915,796	18	$897,692	18	-2.0%
INGREZZA	$884,516	19	$858,860	19	-2.9%
WAKIX	$690,777	24	$855,113	20	23.8%
STRENSIQ	$314,092	63	$835,883	21	166.1%

DUPIXENT SYRINGE	$793,742	21	$818,673	22	3.1%
ARISTADA	$800,156	20	$788,290	23	-1.5%
ENBREL SURECLICK	$792,144	22	$782,907	24	-1.2%
EVRYSDI	$725,024	23	$763,043	25	5.2%
ABILIFY MAINTENA	$689,361	25	$711,194	26	3.2%
TRELEGY ELLIPTA	$653,760	26	$674,721	27	3.2%
FARXIGA	$643,366	27	$656,634	28	2.1%
EPIDIOLEX	$601,798	31	$656,165	29	9.0%
CAPLYTA	$617,397	30	$642,997	30	4.1%
NORDITROPIN FLEXPRO	$524,180	36	$633,231	31	20.8%
TREMFYA	$558,123	34	$623,439	32	11.7%
TRINTELLIX	$640,372	29	$617,497	33	-3.6%
COSENTYX UNOREADY PEN	$641,958	28	$610,158	34	-5.0%
SKYRIZI ON-BODY	$260,969	75	$587,592	35	125.2%
COSENTYX SENSOREADY (2 PENS)	$556,694	35	$587,086	36	5.5%
LISDEXAMFETAMINE DIMESYLATE	$472,287	40	$586,619	37	24.2%
AJOVY AUTOINJECTOR	$584,759	32	$583,568	38	-0.2%
MAVYRET	$358,591	58	$565,103	39	57.6%
INVEGA TRINZA	$572,746	33	$544,476	40	-4.9%
RINVOQ	$426,366	46	$533,455	41	25.1%
UBRELVY	$509,445	37	$529,559	42	3.9%
JORNAY PM	$459,607	42	$507,174	43	10.3%
SYMBICORT	$504,481	38	$491,552	44	-2.6%
AUSTEDO XR	$336,643	60	$461,812	45	37.2%

LINZESS	$442,061	43	$459,514	46	3.9%
ENTRESTO	$461,647	41	$458,552	47	-0.7%
LYBALVI	$474,565	39	$457,762	48	-3.5%
CRYSVITA	$271,602	70	$453,553	49	67.0%
XARELTO	$437,991	44	$436,975	50	-0.2%
ALBUTEROL SULFATE HFA	$423,914	47	$426,999	51	0.7%
HEMLIBRA	$410,610	49	$414,969	52	1.1%
FINTEPLA	$437,411	45	$399,643	53	-8.6%
XIFAXAN	$375,783	56	$399,617	54	6.3%
KESIMPTA PEN	$321,514	61	$398,173	55	23.8%
UPTRAVI	$342,466	59	$397,589	56	16.1%
AUSTEDO	$415,784	48	$395,004	57	-5.0%
TAKHZYRO	$383,862	55	$391,538	58	2.0%
VERZENIO	$308,411	65	$381,445	59	23.7%
OPSUMIT	$392,022	51	$380,100	60	-3.0%
ORENITRAM ER	$249,076	82	$372,009	61	49.4%
QELBREE	$314,136	62	$367,713	62	17.1%
RAVICTI	$358,628	57	$364,425	63	1.6%
OTEZLA	$387,133	53	$350,466	64	-9.5%
NOVOSEVEN RT	$245,736	83	$344,412	65	40.2%
JYNARQUE	$396,686	50	$339,671	66	-14.4%
DUVYZAT		-	$333,053	67	0.0%
HUMIRA(CF)	$227,568	90	$326,496	68	43.5%
KISQALI	$249,398	81	$310,134	69	24.4%

XYWAV	$254,498	78	$306,861	70	20.6%
HUMIRA PEN	$265,082	73	$306,751	71	15.7%
ORFADIN	$278,070	68	$303,729	72	9.2%
CONCERTA	$391,028	52	$299,642	73	-23.4%
QULIPTA	$269,955	71	$290,560	74	7.6%
JANUVIA	$386,269	54	$290,477	75	-24.8%
HIZENTRA	$256,001	77	$289,938	76	13.3%
ALPROLIX	$213,383	93	$285,253	77	33.7%
GATTEX	$227,687	89	$278,688	78	22.4%
SPIRIVA RESPIMAT	$289,980	66	$274,692	79	-5.3%
LANTUS SOLOSTAR	$251,662	79	$273,712	80	8.8%
REBINYN	$178,074	108	$271,339	81	52.4%
ILARIS	$311,748	64	$266,996	82	-14.4%
FASENRA PEN	$258,569	76	$263,308	83	1.8%
ENBREL	$226,120	91	$253,419	84	12.1%
AIMOVIG AUTOINJECTOR	$281,696	67	$252,656	85	-10.3%
BRIVIACT	$263,982	74	$251,230	86	-4.8%
BREZTRI AEROSPHERE	$234,809	84	$251,126	87	6.9%
TYVASO DPI	$161,109	126	$241,015	88	49.6%
PAXLOVID	$210,368	95	$236,529	89	12.4%
AZSTARYS	$227,727	88	$236,124	90	3.7%
ELOCTATE	$179,404	107	$231,316	91	28.9%
ADVAIR HFA	$233,893	85	$229,903	92	-1.7%
SKYTROFA	$170,334	115	$229,066	93	34.5%

QUILLICHEW ER	$212,146	94	$220,556	94	4.0%
CREON	$277,754	69	$219,977	95	-20.8%
HUMIRA(CF) PEN CROHN'S-UC-HS	$171,088	114	$216,777	96	26.7%
METHYLPHENIDATE ER	$202,216	97	$211,061	97	4.4%
DASATINIB	$174,535	111	$209,153	98	19.8%
DEFLAZACORT	$173,162	112	$203,733	99	17.7%
VENTOLIN HFA	$266,164	72	$202,875	100	-23.8%

Iowa Health Link
Iowa HHS

Wellpoint

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	September 2024 / November 2024	PREVIOUS RANK	December 2024 / February 2025	CURR RANK	% CHANGE
OMEPRAZOLE	17,381	1	17,151	1	-1.3%
SERTRALINE HCL	16,032	3	15,109	2	-5.8%
TRAZODONE HCL	14,577	5	14,760	3	1.3%
LEVOTHYROXINE SODIUM	14,641	4	14,254	4	-2.6%
ATORVASTATIN CALCIUM	16,103	2	13,856	5	-14.0%
AMOXICILLIN	11,085	13	13,813	6	24.6%
ALBUTEROL SULFATE HFA	12,318	9	13,071	7	6.1%
BUPROPION XL	12,352	8	12,491	8	1.1%
FLUOXETINE HCL	12,736	6	12,333	9	-3.2%
ESCITALOPRAM OXALATE	12,709	7	11,747	10	-7.6%
GABAPENTIN	11,377	12	11,244	11	-1.2%
HYDROXYZINE HCL	9,920	15	10,222	12	3.0%
LISINOPRIL	11,810	10	10,214	13	-13.5%
CETIRIZINE HCL	11,530	11	9,816	14	-14.9%
BUSPIRONE HCL	9,567	16	9,634	15	0.7%
MONTELUKAST SODIUM	10,327	14	9,612	16	-6.9%
AZITHROMYCIN	8,061	21	9,576	17	18.8%
PANTOPRAZOLE SODIUM	9,047	17	9,032	18	-0.2%
CLONIDINE HCL	8,649	19	8,551	19	-1.1%
PREDNISONE	7,855	22	8,539	20	8.7%

DULOXETINE HCL	8,758	18	8,206	21	-6.3%
ARIPIPRAZOLE	7,786	24	7,870	22	1.1%
QUETIAPINE FUMARATE	7,797	23	7,805	23	0.1%
LAMOTRIGINE	7,496	25	7,706	24	2.8%
AMLODIPINE BESYLATE	8,399	20	7,569	25	-9.9%
FAMOTIDINE	6,930	28	7,038	26	1.6%
ONDANSETRON ODT	5,543	38	6,891	27	24.3%
DEXTROAMPHETAMINE-AMPHET ER	5,953	33	6,876	28	15.5%
AMOXICILLIN-CLAVULANATE POTASS	5,702	36	6,679	29	17.1%
FLUTICASONE PROPIONATE	6,782	29	6,571	30	-3.1%
METOPROLOL SUCCINATE	7,337	26	6,480	31	-11.7%
VENLAFAXINE HCL ER	7,080	27	6,480	32	-8.5%
TOPIRAMATE	6,454	31	6,455	33	0.0%
HYDROCODONE-ACETAMINOPHEN	6,418	32	6,258	34	-2.5%
LOSARTAN POTASSIUM	6,581	30	5,905	35	-10.3%
CYCLOBENZAPRINE HCL	5,795	34	5,713	36	-1.4%
METHYLPHENIDATE ER	5,279	40	5,565	37	5.4%
RISPERIDONE	5,382	39	5,532	38	2.8%
OZEMPIC	5,091	44	5,333	39	4.8%
LORATADINE	5,781	35	5,319	40	-8.0%
CLONAZEPAM	5,235	41	5,199	41	-0.7%
ALPRAZOLAM	5,189	43	5,158	42	-0.6%
METFORMIN HCL ER	5,629	37	5,131	43	-8.8%
DEXTROAMPHETAMINE-AMPHETAMINE	4,828	47	5,033	44	4.2%

CEFDINIR	3,801	62	4,757	45	25.2%
IBUPROFEN	4,846	46	4,682	46	-3.4%
LISDEXAMFETAMINE DIMESYLATE	3,775	63	4,521	47	19.8%
MELOXICAM	4,648	48	4,503	48	-3.1%
ROSUVASTATIN CALCIUM	5,235	42	4,480	49	-14.4%
ALBUTEROL SULFATE	3,857	59	4,398	50	14.0%
METFORMIN HCL	4,956	45	4,297	51	-13.3%
ASPIRIN EC	4,266	53	4,240	52	-0.6%
GUANFACINE HCL	4,103	56	4,178	53	1.8%
CEPHALEXIN	4,495	49	4,070	54	-9.5%
MIRTAZAPINE	3,949	58	4,040	55	2.3%
GUANFACINE HCL ER	3,832	61	4,004	56	4.5%
PRAZOSIN HCL	4,034	57	3,933	57	-2.5%
FUROSEMIDE	4,342	50	3,915	58	-9.8%
PROPRANOLOL HCL	4,121	55	3,882	59	-5.8%
ACETAMINOPHEN	3,833	60	3,867	60	0.9%
JARDIANCE	3,739	64	3,836	61	2.6%
SPIRONOLACTONE	4,270	52	3,793	62	-11.2%
DOXYCYCLINE MONOHYDRATE	3,577	67	3,790	63	6.0%
LORAZEPAM	3,681	65	3,776	64	2.6%
LEVETIRACETAM	3,661	66	3,691	65	0.8%
HYDROCHLOROTHIAZIDE	4,295	51	3,545	66	-17.5%
ALLERGY RELIEF	2,773	87	3,510	67	26.6%
POLYETHYLENE GLYCOL 3350	3,531	68	3,462	68	-2.0%

OSELTAMIVIR PHOSPHATE	82	603	3,461	69	4120.7%
FOLIC ACID	3,529	69	3,445	70	-2.4%
PREGABALIN	3,274	73	3,420	71	4.5%
METHYLPHENIDATE HCL	3,226	75	3,389	72	5.1%
LANTUS SOLOSTAR	3,084	78	3,346	73	8.5%
TRIAMCINOLONE ACETONIDE	3,301	72	3,339	74	1.2%
HYDROXYZINE PAMOATE	3,466	71	3,307	75	-4.6%
VENTOLIN HFA	4,163	54	3,306	76	-20.6%
FEROSUL	3,247	74	3,300	77	1.6%
FLUCONAZOLE	3,219	76	3,154	78	-2.0%
VALACYCLOVIR	2,908	80	3,106	79	6.8%
BACLOFEN	2,874	82	2,960	80	3.0%
OLANZAPINE	2,880	81	2,921	81	1.4%
ATOMOXETINE HCL	2,910	79	2,868	82	-1.4%
OXYCODONE HCL	2,830	85	2,867	83	1.3%
TRAMADOL HCL	3,090	77	2,844	84	-8.0%
POTASSIUM CHLORIDE	2,838	84	2,782	85	-2.0%
VYVANSE	3,490	70	2,776	86	-20.5%
METRONIDAZOLE	2,850	83	2,762	87	-3.1%
TIZANIDINE HCL	2,565	89	2,594	88	1.1%
VRAYLAR	2,552	90	2,570	89	0.7%
ONDANSETRON HCL	2,172	100	2,543	90	17.1%
DEXMETHYLPHENIDATE HCL ER	2,478	91	2,474	91	-0.2%
CITALOPRAM HBR	2,808	86	2,462	92	-12.3%

ZOLPIDEM TARTRATE	2,388	92	2,292	93	-4.0%
ELIQUIS	2,276	95	2,288	94	0.5%
SYMBICORT	2,325	94	2,279	95	-2.0%
SUMATRIPTAN SUCCINATE	2,187	98	2,209	96	1.0%
OXCARBAZEPINE	2,117	102	2,164	97	2.2%
PREDNISOLONE SODIUM PHOSPHATE	1,895	106	2,162	98	14.1%
METOPROLOL TARTRATE	2,584	88	2,121	99	-17.9%
NAPROXEN	2,182	99	2,074	100	-4.9%

IOWA | Health and Human Services

Fee for Service Claims
Quarterly Statistics

	September through November 2024	December through February 2025	% CHANGE
TOTAL PAID AMOUNT	$2,977,511	$2,836,989	-4.7%
UNIQUE USERS	3,894	3,762	-3.4%
COST PER USER	$764.64	$754.12	-1.4%
TOTAL PRESCRIPTIONS	23,314	23,715	1.7%
AVERAGE PRESCRIPTIONS PER USER	5.99	6.30	5.2%
AVERAGE COST PER PRESCRIPTION	$127.71	$119.63	-6.3%
# GENERIC PRESCRIPTIONS	21,079	21,461	1.8%
% GENERIC	90.4%	90.5%	0.1%
$ GENERIC	$1,066,763	$1,027,908	-3.6%
AVERAGE GENERIC PRESCRIPTION COST	$50.61	$47.90	-5.4%
AVERAGE GENERIC DAYS SUPPLY	25	26	4.0%
# BRAND PRESCRIPTIONS	2,235	2,250	0.7%
% BRAND	9.6%	9.5%	-1.0%
$ BRAND	$1,910,748	$1,808,912	-5.3%
AVERAGE BRAND PRESCRIPTION COST	$854.92	$803.96	-6.0%
AVERAGE BRAND DAYS SUPPLY	28	28	0.0%

UTILIZATION BY AGE		
AGE	**September through November 2024**	**December through February 2025**
0-6	207	175
7-12	459	391
13-18	673	640
19-64	2,529	2,513
65+	26	43
	3,894	3,762

	UTILIZATION BY GENDER AND AGE		
GENDER	**AGE**	**September through November 2024**	**December through February 2025**
F			
	0-6	100	93
	7-12	197	183
	13-18	339	311
	19-64	1,621	1,572
	65+	12	25
		2,269	2,184
M			
	0-6	107	82
	7-12	262	208
	13-18	334	329
	19-64	908	941
	65+	14	18
		1,625	1,578

IOWA | Health and Human Services

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
December through February 2025

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
1	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	944	$104,798.16	$111.02	1
2	MESKWAKI PHARMACY	TAMA	IA	822	$634,619.77	$772.04	2
3	SIOUXLAND COMMUNITY HEALTH CENTE	SIOUX CITY	IA	742	$33,902.47	$45.69	3
4	WALGREENS #15647	SIOUX CITY	IA	518	$18,287.61	$35.30	5
5	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	517	$27,426.14	$53.05	4
6	THOMPSON-DEAN DRUG	SIOUX CITY	IA	375	$23,020.33	$61.39	6
7	RIGHT DOSE PHARMACY	ANKENY	IA	289	$14,388.44	$49.79	7
8	GENOA HEALTHCARE LLC	SIOUX CITY	IA	247	$21,344.13	$86.41	8
9	MAIN AT LOCUST PHARMACY	DAVENPORT	IA	193	$11,398.81	$59.06	10
10	WALGREEN #04405	COUNCIL BLUFFS	IA	185	$5,632.17	$30.44	11
11	COVENANT FAMILY PHARMACY	WATERLOO	IA	179	$7,587.66	$42.39	19
12	WCHS PHARMACY	WINNEBAGO	NE	175	$134,845.00	$770.54	9
13	UNITY POINT HEALTH PHARMACY	CEDAR RAPIDS	IA	169	$2,735.53	$16.19	14
14	WALGREEN COMPANY #05470	SIOUX CITY	IA	159	$26,257.10	$165.14	22
15	WALGREEN COMPANY #3700	COUNCIL BLUFFS	IA	153	$6,911.83	$45.18	31
16	BROADLAWNS MEDICAL CENTER	DES MOINES	IA	152	$10,117.60	$66.56	12
17	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	142	$8,369.68	$58.94	16
18	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	141	$5,734.89	$40.67	13
19	MERCY MEDICAL CENTER NORTH IA DB	MASON CITY	IA	140	$5,297.94	$37.84	26
20	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	138	$5,670.79	$41.09	57
21	PRIMARY HEALTH CARE PHARMACY	DES MOINES	IA	130	$22,070.76	$169.78	20
22	HY-VEE STORE CLINIC 1023-039	GRIMES	IA	129	$13,095.66	$101.52	27
23	HERITAGE PARK PHARMACY	WEST BURLINGTON	IA	126	$6,554.72	$52.02	40
24	CVS PHARMACY #17554	CEDAR FALLS	IA	125	$18,892.31	$151.14	21
25	CVS PHARMACY #10282	FORT DODGE	IA	124	$4,172.19	$33.65	18

IOWA | Health and Human Services

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
December through February 2025

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
26	HY-VEE PHARMACY 1068	CHEROKEE	IA	115	$2,023.18	$17.59	43
27	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	113	$7,726.61	$68.38	17
28	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	111	$5,023.71	$45.26	25
29	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	110	$2,401.48	$21.83	30
30	NELSON FAMILY PHARMACY	FORT MADISON	IA	110	$5,518.26	$50.17	51
31	HY VEE PHARMACY #6 1155	DES MOINES	IA	109	$8,090.16	$74.22	54
32	NUCARA PHARMACY #27	PLEASANT HILL	IA	108	$10,207.06	$94.51	52
33	WALGREENS #07453	DES MOINES	IA	106	$1,517.70	$14.32	81
34	LEWIS FAMILY DRUG #52	SHELDON	IA	102	$2,445.31	$23.97	99
35	WAL-MART PHARMACY 10-2714	SPENCER	IA	101	$4,999.97	$49.50	32
36	HERITAGE PARK PHARMACY INC D/B/A	WEST BURLINGTON	IA	97	$4,583.80	$47.26	129
37	ALL CARE HEALTH CENTER	COUNCIL BLUFFS	IA	97	$4,328.20	$44.62	64
38	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	96	$20,893.79	$217.64	37
39	WALGREEN #05721	DES MOINES	IA	96	$4,498.52	$46.86	24
40	HY-VEE PHARMACY 1011	ALTOONA	IA	95	$9,860.22	$103.79	49
41	EMMA SMITH	CLARINDA	IA	95	$8,823.40	$92.88	62
42	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	95	$2,427.47	$25.55	35
43	CHEROKEE MAIN STREET PHARMACY	CHEROKEE	IA	94	$5,533.04	$58.86	102
44	HY-VEE PHARMACY (1009) DBA	ALBIA	IA	93	$6,097.98	$65.57	138
45	UI HEALTHCARE RIVER LANDING PHAR	CORALVILLE	IA	92	$2,918.32	$31.72	36
46	WALGREEN #05239	DAVENPORT	IA	91	$6,192.32	$68.05	29
47	HY-VEE DRUGSTORE #7026	CEDAR RAPIDS	IA	90	$4,005.38	$44.50	65
48	HY-VEE PHARMACY (1075)	CLINTON	IA	90	$4,408.03	$48.98	59
49	WAL-MART PHARMACY 10-2889	CLINTON	IA	90	$10,142.78	$112.70	73
50	GREENVILLE PHARMACY INC	SIOUX CITY	IA	89	$7,742.36	$86.99	88
51	HY-VEE PHARMACY #1 (1860)	WATERLOO	IA	89	$8,748.89	$98.30	146

IOWA | Health and Human Services

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
December through February 2025

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
52	LEWIS FAMILY DRUG #28	ONAWA	IA	89	$3,137.97	$35.26	77
53	WALGREEN CO DBA	ALTOONA	IA	88	$2,475.89	$28.14	68
54	ALLEN MEMORIAL HOSPITAL	WATERLOO	IA	88	$4,918.07	$55.89	109
55	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	87	$2,473.12	$28.43	135
56	MEDICAP	JEFFERSON	IA	86	$2,038.96	$23.71	38
57	MEDICAP PHARMACY	KNOXVILLE	IA	85	$6,318.54	$74.34	23
58	HY-VEE PHARMACY (1052)	CEDAR FALLS	IA	85	$1,283.33	$15.10	33
59	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	85	$1,223.41	$14.39	63
60	MERCY FAMILY PHARMACY - REGENCY	MASON CITY	IA	83	$1,829.03	$22.04	56
61	MEDICAP PHARMACY	BOONE	IA	83	$2,238.70	$26.97	45
62	WALGREEN #7452	DES MOINES	IA	82	$5,489.96	$66.95	44
63	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	82	$6,626.18	$80.81	15
64	CVS PHARMACY #08658	DAVENPORT	IA	82	$5,796.21	$70.69	70
65	DOTZLER PHARMACIES INC	HARLAN	IA	81	$9,615.88	$118.71	47
66	WALGREEN #03595	DAVENPORT	IA	81	$1,200.69	$14.82	86
67	WAL-MART PHARMACY #10-1625	LE MARS	IA	80	$3,901.01	$48.76	151
68	HY-VEE PHARMACY 1382	LE MARS	IA	79	$3,253.41	$41.18	66
69	WAL-MART PHARMACY #10-0797	W. BURLINGTON	IA	78	$2,849.54	$36.53	153
70	COMMUNITY HEALTH CARE INC	DAVENPORT	IA	77	$3,837.77	$49.84	28
71	ELIZABETHS PHARMACY ON MAIN	BRITT	IA	76	$6,726.60	$88.51	95
72	PARKVIEW PHARMACY	NEVADA	IA	75	$982.48	$13.10	113
73	NUCARA LTC PHARMACY 4	WATERLOO	IA	75	$1,090.93	$14.55	158
74	WAL-MART PHARMACY 10-1723	DES MOINES	IA	75	$1,796.92	$23.96	130
75	WALGREENS #12393	CEDAR RAPIDS	IA	74	$1,595.60	$21.56	42
76	WAL-MART PHARMACY #10-2935	KNOXVILLE	IA	74	$7,376.73	$99.69	134
77	GENOA HEALTHCARE LLC	SIOUX CITY	IA	73	$1,134.12	$15.54	46

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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
78	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	71	$5,129.56	$72.25	125
79	MERCY OUTPATIENT PHARMACY	DES MOINES	IA	71	$4,799.11	$67.59	87
80	CVS PHARMACY #8544	WATERLOO	IA	69	$1,099.23	$15.93	53
81	HY VEE PHARMACY 1459	OELWEIN	IA	69	$7,635.59	$110.66	205
82	MEDICAP PHARMACY	DES MOINES	IA	69	$8,445.25	$122.39	
83	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	69	$5,101.55	$73.94	142
84	WALGREEN #4714	DES MOINES	IA	68	$5,667.59	$83.35	55
85	MEDICAP PHARMACY #7	GRINNELL	IA	68	$2,995.53	$44.05	79
86	WAL-MART PHARMACY #10-3394	ATLANTIC	IA	67	$5,072.84	$75.71	34
87	KOERNER WHIPPLE PHARMACY	HAMPTON	IA	67	$3,639.84	$54.33	84
88	WALGREENS #03876	MARION	IA	66	$16,246.65	$246.16	39
89	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	66	$7,780.31	$117.88	119
90	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	65	$844.47	$12.99	41
91	WALGREEN #04041	DAVENPORT	IA	65	$2,776.62	$42.72	83
92	WALGREEN #05852	DES MOINES	IA	65	$8,117.72	$124.89	94
93	HY-VEE MAINSTREET PHARMACY #7070	SIOUX CITY	IA	64	$2,909.90	$45.47	69
94	MEDICAP PHARMACY	GRIMES	IA	64	$2,369.58	$37.02	175
95	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	64	$1,739.06	$27.17	48
96	HY VEE PHARMACY #1449	NEWTON	IA	64	$5,910.02	$92.34	143
97	HY-VEE PHARMACY #5 (1061)	CEDAR RAPIDS	IA	64	$2,773.06	$43.33	127
98	HY-VEE PHARMACY 1297	JEFFERSON	IA	64	$5,570.81	$87.04	100
99	MCMH PHARMACY	RED OAK	IA	64	$1,661.02	$25.95	101
100	WALGREEN COMPANY 07455	WATERLOO	IA	63	$2,063.24	$32.75	154

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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	MESKWAKI PHARMACY	TAMA	IA	822	$634,619.77	$2,307.71	1
2	COMMUNITY A WALGREENS PHARMACY	IOWA CITY	IA	17	$135,480.58	$19,354.37	6
3	WCHS PHARMACY	WINNEBAGO	NE	175	$134,845.00	$1,706.90	2
4	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	944	$104,798.16	$646.90	3
5	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	18	$98,392.14	$14,056.02	12
6	WALGREENS SPECIALTY PHARMACY #16	DES MOINES	IA	11	$77,818.38	$12,969.73	4
7	CVS PHARMACY #00102	AURORA	CO	8	$75,747.93	$18,936.98	5
8	CAREMARK KANSAS SPEC PHARMACY LL	LENEXA	KS	45	$68,631.57	$4,289.47	7
9	PROCARE PHARMACY DIRECT LLC	MONROEVILLE	PA	10	$44,914.76	$8,982.95	46
10	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	48	$38,573.68	$6,428.95	9
11	UNITY POINT AT HOME	URBANDALE	IA	20	$38,254.53	$4,781.82	10
12	SENDERRA RX PHARMACY	RICHARDSON	TX	4	$36,023.16	$18,011.58	33
13	SIOUXLAND COMMUNITY HEALTH CENTE	SIOUX CITY	IA	742	$33,902.47	$294.80	19
14	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	517	$27,426.14	$559.72	14
15	WALGREEN COMPANY #05470	SIOUX CITY	IA	159	$26,257.10	$673.26	15
16	THOMPSON-DEAN DRUG	SIOUX CITY	IA	375	$23,020.33	$403.87	17
17	PRIMARY HEALTH CARE PHARMACY	DES MOINES	IA	130	$22,070.76	$380.53	11
18	GENOA HEALTHCARE LLC	SIOUX CITY	IA	247	$21,344.13	$736.00	16
19	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	96	$20,893.79	$2,984.83	24
20	ANOVORX GROUP INC	MEMPHIS	TN	15	$19,475.50	$2,163.94	32
21	CVS PHARMACY #17554	CEDAR FALLS	IA	125	$18,892.31	$2,099.15	25
22	WALGREENS #15647	SIOUX CITY	IA	518	$18,287.61	$132.52	22
23	WAL-MART PHARMACY #10-1285	OTTUMWA	IA	26	$17,727.63	$2,954.61	350
24	PARAGON PARTNERS	OMAHA	NE	52	$16,880.16	$8,440.08	28
25	WALGREENS #03876	MARION	IA	66	$16,246.65	$1,160.48	23

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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
26	CARL T CURTIS HEALTH EJ CENTER	MACY	NE	21	$15,919.00	$1,447.18	34
27	MT VERNON PHARMACY	MT VERNON	IA	12	$15,006.15	$7,503.08	20
28	RIGHT DOSE PHARMACY	ANKENY	IA	289	$14,388.44	$757.29	31
29	FRED LEROY HEALTH & WELLNESS	OMAHA	NE	18	$13,762.00	$3,440.50	27
30	KROGER SPECIALTY PHARMACY LA LLC	HARVEY	LA	2	$13,366.30	$13,366.30	35
31	HY-VEE STORE CLINIC 1023-039	GRIMES	IA	129	$13,095.66	$727.54	63
32	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	56	$12,480.08	$6,240.04	38
33	CR CARE PHARMACY	CEDAR RAPIDS	IA	30	$12,401.38	$2,066.90	37
34	MAIN AT LOCUST PHARMACY	DAVENPORT	IA	193	$11,398.81	$1,266.53	43
35	WAL-MART PHARMACY #10-1721	IOWA CITY	IA	39	$10,605.08	$2,121.02	47
36	NUCARA PHARMACY #27	PLEASANT HILL	IA	108	$10,207.06	$1,458.15	45
37	WAL-MART PHARMACY 10-2889	CLINTON	IA	90	$10,142.78	$676.19	57
38	BROADLAWNS MEDICAL CENTER	DES MOINES	IA	152	$10,117.60	$224.84	29
39	HY-VEE PHARMACY 1011	ALTOONA	IA	95	$9,860.22	$821.69	67
40	HY-VEE PHARMACY (1396)	MARION	IA	58	$9,857.16	$1,095.24	55
41	WAL-MART PHARMACY #10-1415	SPIRIT LAKE	IA	37	$9,811.32	$1,090.15	263
42	WALGREEN #06623	WEST DES MOINES	IA	27	$9,705.72	$1,386.53	386
43	PELLA REGIONAL PRAIRIE CITY PHAR	PRAIRIE CITY	IA	8	$9,621.31	$9,621.31	21
44	DOTZLER PHARMACIES INC	HARLAN	IA	81	$9,615.88	$1,923.18	44
45	EMMA SMITH	CLARINDA	IA	95	$8,823.40	$588.23	131
46	HY-VEE PHARMACY #1 (1860)	WATERLOO	IA	89	$8,748.89	$1,458.15	146
47	MEDICAP PHARMACY	DES MOINES	IA	69	$8,445.25	$2,815.08	
48	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	142	$8,369.68	$557.98	50
49	CVS CAREMARK	MOUNT PROSPECT	IL	11	$8,200.11	$2,733.37	
50	WALGREEN #05852	DES MOINES	IA	65	$8,117.72	$477.51	65
51	HY VEE PHARMACY #6 1155	DES MOINES	IA	109	$8,090.16	$351.75	109

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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
52	REINBECK PHARMACY	REINBECK	IA	42	$7,846.92	$1,961.73	156
53	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	66	$7,780.31	$598.49	56
54	GREENVILLE PHARMACY INC	SIOUX CITY	IA	89	$7,742.36	$430.13	126
55	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	113	$7,726.61	$208.83	76
56	HY VEE PHARMACY 1459	OELWEIN	IA	69	$7,635.59	$509.04	114
57	COVENANT FAMILY PHARMACY	WATERLOO	IA	179	$7,587.66	$148.78	64
58	WALGREENS #16270	OMAHA	NE	2	$7,562.66	$7,562.66	
59	HY-VEE PHARMACY #2 (1101)	COUNCIL BLUFFS	IA	30	$7,509.61	$1,251.60	58
60	WAL-MART PHARMACY #10-2935	KNOXVILLE	IA	74	$7,376.73	$1,844.18	125
61	GENOA HEALTHCARE LLC	DAVENPORT	IA	47	$7,247.25	$1,811.81	18
62	WALGREEN COMPANY #3700	COUNCIL BLUFFS	IA	153	$6,911.83	$314.17	70
63	WAL-MART PHARMACY 10-1546	IOWA FALLS	IA	48	$6,777.79	$968.26	75
64	ELIZABETHS PHARMACY ON MAIN	BRITT	IA	76	$6,726.60	$1,121.10	72
65	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	82	$6,626.18	$414.14	26
66	HERITAGE PARK PHARMACY	WEST BURLINGTON	IA	126	$6,554.72	$409.67	105
67	MEDICAP PHARMACY	KNOXVILLE	IA	85	$6,318.54	$1,053.09	48
68	SERGEANT BLUFF PHARMACY	SERGEANT BLUFF	IA	51	$6,279.85	$1,046.64	99
69	WALGREEN #05239	DAVENPORT	IA	91	$6,192.32	$199.75	54
70	HY-VEE PHARMACY (1009) DBA	ALBIA	IA	93	$6,097.98	$677.55	53
71	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	45	$5,914.59	$844.94	40
72	HY VEE PHARMACY #1449	NEWTON	IA	64	$5,910.02	$591.00	95
73	WALGREEN #05886	KEOKUK	IA	13	$5,825.42	$1,456.36	111
74	CVS PHARMACY #08658	DAVENPORT	IA	82	$5,796.21	$724.53	108
75	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	141	$5,734.89	$155.00	86
76	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	138	$5,670.79	$378.05	204
77	WALGREEN #4714	DES MOINES	IA	68	$5,667.59	$708.45	61

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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
78	WALGREEN #04405	COUNCIL BLUFFS	IA	185	$5,632.17	$156.45	42
79	REUTZEL PHARMACY	CEDAR RAPIDS	IA	60	$5,613.08	$374.21	256
80	HY-VEE PHARMACY 1297	JEFFERSON	IA	64	$5,570.81	$928.47	118
81	CHEROKEE MAIN STREET PHARMACY	CHEROKEE	IA	94	$5,533.04	$1,106.61	100
82	NELSON FAMILY PHARMACY	FORT MADISON	IA	110	$5,518.26	$459.86	80
83	WALGREEN #7452	DES MOINES	IA	82	$5,489.96	$343.12	157
84	CVS PHARMACY #16254	MASON CITY	IA	44	$5,457.99	$779.71	103
85	WAL-MART PHARMACY #10-0886	FT DODGE	IA	34	$5,449.86	$778.55	104
86	CHI HEALTH PHARMACY 42ND AND L	OMAHA	NE	1	$5,342.04	$5,342.04	41
87	TRUEMED PHARMACY 01	HIAWATHA	IA	50	$5,332.45	$5,332.45	66
88	LEWIS FAMILY DRUG #69	ROCK VALLEY	IA	41	$5,327.80	$761.11	68
89	MERCY MEDICAL CENTER NORTH IA DB	MASON CITY	IA	140	$5,297.94	$588.66	123
90	WAL-MART PHARMACY 10-1526	STORM LAKE	IA	27	$5,246.44	$1,748.81	120
91	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	71	$5,129.56	$366.40	193
92	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	69	$5,101.55	$566.84	79
93	WAL-MART PHARMACY #10-3394	ATLANTIC	IA	67	$5,072.84	$390.22	62
94	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	111	$5,023.71	$162.06	71
95	ANOVORX GROUP LLC	CHANDLER	AZ	1	$5,020.49	$5,020.49	
96	WAL-MART PHARMACY 10-2714	SPENCER	IA	101	$4,999.97	$1,666.66	91
97	ALLEN MEMORIAL HOSPITAL	WATERLOO	IA	88	$4,918.07	$204.92	281
98	OSTERHAUS PHARMACY	MAQUOKETA	IA	45	$4,908.80	$1,227.20	102
99	SOUTH SIDE DRUG	OTTUMWA	IA	49	$4,891.34	$815.22	77
100	MERCY OUTPATIENT PHARMACY	DES MOINES	IA	71	$4,799.11	$436.28	116

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RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
1	1053340661	LEIGHTON E FROST MD	$184,811.00	242	3.06	1
2	1043418809	MICHAEL CILIBERTO	$34,628.08	197	5.18	2
3	1780877878	CHRISTOPHER JACOBS ARNP	$4,590.61	114	6.71	6
4	1912991183	MOLLY EARLEYWINE PA	$4,745.07	113	8.69	3
5	1164481362	MELISSA PEARSON ARNP	$81,840.26	110	1.43	4
6	1902358443	MELISSA KONKEN ARNP	$3,138.91	108	13.50	7
7	1194888024	ALICIA D WAGER NP	$66,087.53	105	2.14	8
8	1104251776	ANTHONY ERIK GLYDWELL	$74,272.00	96	1.57	9
9	1598733891	JERRY WILLE MD	$62,257.00	81	1.65	10
10	1215125216	REBECCA EVELYN WALDING	$5,780.76	79	7.18	28
11	1457584740	ERIC DENNIS MEYER ARNP	$888.70	78	6.50	29
12	1659358620	CARLOS CASTILLO MD	$1,470.36	76	6.33	11
13	1396289229	JESSE N BECKER ARNP	$6,425.05	76	3.80	52
14	1144214248	KRISTI WALZ MD	$35,162.55	76	6.33	18
15	1528037082	RODNEY DEAN MD	$1,579.31	73	7.30	22
16	1982605762	JEFFREY DEAN WILHARM MD	$490.16	69	17.25	82
17	1205249562	KELLY RYDER MD	$1,306.70	69	4.06	46
18	1073249306	MELISSA WATCHORN ARNP	$6,286.33	67	8.38	19
19	1417214321	LEAH BRANDON DO	$2,385.75	65	5.42	21
20	1891076386	SARA E FLEECS ARNP	$5,073.94	63	31.50	17
21	1811123318	AARON KAUER MD	$4,984.02	62	10.33	34
22	1013355759	DYLAN C GREENE MD	$2,510.16	61	4.69	36
23	1013115369	BOBBITA NAG MD	$2,688.15	60	4.29	38
24	1538671961	JAMIE WRIGHT ARNP	$787.17	60	5.00	5
25	1528796430	RACHEL KLUG APRN	$2,371.29	59	5.36	64
26	1174583157	JOANNE STARR ARNP	$6,136.63	57	28.50	15

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RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
27	1619153137	JOADA JEAN BEST ARNP	$4,874.12	56	6.22	13
28	1174840656	JOSEPHINE DUNN-JUNIES MD	$704.76	56	14.00	27
29	1467502286	CHARLES R TILLEY PA	$6,100.87	56	11.20	12
30	1578123915	BRIANNA BROWNLEE DO	$5,457.24	55	11.00	31
31	1407836513	NATHAN R NOBLE DO	$1,472.20	54	3.86	25
32	1700356334	BRIANNA J SCHAFFER ARNP	$4,023.63	52	13.00	48
33	1336418425	DENA R NEIMAN ARNP	$1,226.39	51	5.10	23
34	1104498039	BRENDA L CAIN ARNP	$3,108.01	51	8.50	61
35	1821268335	JACQUELINE MCINNIS PAC	$7,830.90	51	7.29	59
36	1093141129	LARRY MARTIN NEWMAN ARNP	$39,148.00	50	1.79	87
37	1053398800	STEVEN T SCURR DO	$5,615.71	50	16.67	26
38	1427617471	SUSAN GRAVES PA	$6,699.67	50	8.33	50
39	1477926434	JACKIE L BAILEY ARNP	$3,052.75	50	6.25	228
40	1982699260	SCOTT JAMES SHEETS DO	$2,215.28	50	5.00	130
41	1609131770	SREENATH THATI GANGANNA MBBS	$22,118.70	49	4.90	73
42	1093272668	RICARDO OSARIO ARNP	$1,149.51	49	5.44	54
43	1609218304	AMANDA GARR ARNP	$5,125.66	49	8.17	45
44	1982630703	JODI VANSICKLE MD	$436.65	49	7.00	84
45	1356337273	LISA JAYNE MENZIES MD	$1,583.64	48	4.80	147
46	1053376475	DANIEL GILLETTE MD	$2,080.02	47	11.75	44
47	1437506342	KYLE MERRILL MD	$591.02	47	7.83	42
48	1295217529	HEATHER STEHR APRN	$14,642.62	46	5.75	63
49	1760965032	MELISSA MILLER ARNP	$1,036.07	45	4.50	16
50	1821481045	SHAWN T PLUNKETT PMHNP	$586.16	45	11.25	81
51	1598117434	SOMMER KORTH ARNP	$2,080.16	44	6.29	119
52	1962418640	BARCLAY MONASTER MD	$6,037.12	44	14.67	74

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RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
53	1720698335	DANIKA LEIGH HANSEN ARNP	$2,011.49	44	4.00	57
54	1316356496	KIMBERLY NICHOLLE ROBERTS APRN	$374.72	43	7.17	98
55	1932493749	NICHOLAS CHARLES BECHTOLD DO	$3,611.58	43	10.75	72
56	1558147868	JAMIE KARSTENS ARNP	$800.33	42	6.00	32
57	1023542271	FLYNN MCCULLOUGH DO	$1,802.79	42	7.00	24
58	1326036062	JON AHRENDSEN MD	$798.38	42	7.00	33
59	1649922410	CASSANDRA MARIE ZIMMERMAN ARNP	$486.15	41	41.00	41
60	1588746515	AMY BADBERG MD	$552.68	41	13.67	223
61	1306559786	ROY E HENRY ARNP	$4,875.26	41	8.20	86
62	1053600296	JESSICA MCCOOL MD	$5,140.41	40	20.00	30
63	1477045797	CHANTAL J ROZMUS DO	$4,606.59	40	13.33	75
64	1972373298	SHAUNA RAE HATCHITT	$4,301.47	39	5.57	67
65	1174970453	DANIEL HINDS MD	$4,798.04	39	3.55	220
66	1932531316	BROOKE JOHNSON ARNP	$2,965.96	39	13.00	39
67	1073795928	HEATHER A JOHNSON ARNP	$3,024.82	38	12.67	161
68	1033890918	DINA IRWIN ARNP	$3,357.29	38	3.45	95
69	1679920045	BREANNE VOGEL ARNP	$534.15	38	7.60	135
70	1699740159	FRANK SAM MARINO JR DO	$498.28	38	3.45	49
71	1417679168	PAIGE REED ARNP	$1,734.45	38	12.67	83
72	1205393386	JESSICA HUDSPETH ARNP	$308.96	38	7.60	219
73	1588838841	LEENU MISHRA MD	$218.83	38	5.43	164
74	1154929230	CHELSEA JONES ARNP	$29,208.00	38	2.38	43
75	1619380680	TARA BROCKMAN DO	$1,898.99	37	12.33	55
76	1457346231	DAWN RENAE EBACH MD	$1,819.88	37	4.11	71
77	1629265368	HANNAH LOKENVITZ PA	$437.34	37	37.00	144
78	1932582988	DIANNE HUMPHREY ARNP	$8,524.89	36	36.00	69

IOWA | Health and Human Services

TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
December through February 2025

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
79	1528011756	PATRICK BREDAR PA	$509.28	36	18.00	78
80	1639607757	MICHAEL D GERBER ARNP	$1,831.15	36	7.20	96
81	1841220290	KENT E KUNZE MD	$2,554.81	36	9.00	56
82	1144455502	JENNIFER PETTS DO	$656.99	35	17.50	145
83	1124006770	WOOK KIM	$465.58	34	17.00	94
84	1487194791	STACY NICOLE HENNIGAR ARNP	$446.59	34	6.80	1560
85	1346349388	THOMAS BRENT HOEHNS MD	$2,172.67	34	34.00	91
86	1598438095	LALAURA LOGAN-THOMAS ARNP	$6,938.22	33	33.00	342
87	1598750861	RHONDA SYATA MD	$2,454.43	33	4.71	293
88	1588920151	AMANDA H CROXTON DO	$762.61	33	4.71	186
89	1003884107	RANDALL ALLEN KAVALIER DO	$324.68	33	4.13	62
90	1922455096	DEAN L GUERDET ARNP	$3,221.17	33	8.25	53
91	1295115798	WEI FEN HSU MD	$408.12	33	33.00	455
92	1114521721	TARRAH HOLLIDAY ARNP	$12,302.52	32	6.40	149
93	1134533599	NICOLE THOMAS ARNP	$1,177.99	32	5.33	118
94	1942896691	VIRIDIANA MUNOZ DE GONZALEZ ARNP	$1,246.58	32	3.20	139
95	1083248256	ERIN LYNNE REWERTS ARNP	$1,613.74	32	32.00	106
96	1447519038	ERIN E RICHARDSON MD	$1,437.37	32	3.56	142
97	1386044832	MARY J GRIEDER APRN	$1,576.59	32	32.00	308
98	1598750432	CHRISTOPHER OKIISHI MD	$900.46	32	8.00	89
99	1407479355	SPENCER J ALDRIDGE DO	$359.80	31	31.00	124
100	1124648696	SEAN KARL SUTPHEN DO	$2,043.10	31	10.33	410

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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
December through February 2025

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
1	1053340661	LEIGHTON E FROST MD	$184,811.00	$763.68	242	1
2	1164481362	MELISSA PEARSON ARNP	$81,840.26	$744.00	110	2
3	1326034984	KATHERINE DIANNE MATHEWS MD	$80,818.49	$5,772.75	14	3
4	1104251776	ANTHONY ERIK GLYDWELL	$74,272.00	$773.67	96	4
5	1194888024	ALICIA D WAGER NP	$66,087.53	$629.41	105	7
6	1598733891	JERRY WILLE MD	$62,257.00	$768.60	81	5
7	1447488325	ABDELAZIZ ELHADDAD, MD	$43,622.77	$10,905.69	4	9
8	1750648275	SARAH GROSS MD	$40,648.05	$6,774.68	6	
9	1629719737	CLAIRE NIEVINSKI PA	$40,585.83	$2,898.99	14	11
10	1093141129	LARRY MARTIN NEWMAN ARNP	$39,148.00	$782.96	50	23
11	1144214248	KRISTI WALZ MD	$35,162.55	$462.67	76	28
12	1043418809	MICHAEL CILIBERTO	$34,628.08	$175.78	197	15
13	1790986925	TAHUANTY PENA MD	$30,070.55	$1,002.35	30	17
14	1184056822	ABBY IRENE KOLTHOFF ARNP	$29,821.82	$1,296.60	23	16
15	1154929230	CHELSEA JONES ARNP	$29,208.00	$768.63	38	14
16	1194990945	SANDEEP GUPTA MD	$28,828.22	$2,059.16	14	27
17	1104088202	PATRICK SAFO MD	$28,477.47	$9,492.49	3	18
18	1265048870	KELLY ALEXIS MERCHIE PA	$26,947.57	$2,694.76	10	13
19	1255658175	ASHLEY DESCHAMP MD	$26,361.19	$2,396.47	11	24
20	1609131770	SREENATH THATI GANGANNA MBBS	$22,118.70	$451.40	49	62
21	1730128653	KRISTI ROBSON PA	$20,401.76	$5,100.44	4	32
22	1417307497	EMILY BOES DO	$20,038.82	$10,019.41	2	22
23	1811493679	JUNE MYLER ARNP	$19,392.40	$718.24	27	34
24	1073852059	AMBER HANSEN MD	$18,732.00	$780.50	24	29
25	1952310195	ANN L RATHE MD	$17,860.02	$8,930.01	2	3530
26	1316942212	JEFFREY GOLDMAN MD	$16,660.35	$1,666.04	10	1180
27	1366402505	KUNAL KUMAR PATRA MD	$15,446.00	$772.30	20	25

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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
December through February 2025

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
28	1568097244	ELIZABETH DASSOW PA	$15,314.16	$5,104.72	3	
29	1629415922	ALYSSA LAKIN PA-C	$14,935.75	$2,987.15	5	1354
30	1114214541	DIMAH NAYEF SAADE MD	$14,872.64	$2,974.53	5	10
31	1295217529	HEATHER STEHR APRN	$14,642.62	$318.32	46	41
32	1396724878	WHITNEY ELIZABETH MOLIS MD	$14,092.70	$1,409.27	10	101
33	1629506829	MARIAH SKELLEY APRN	$14,003.04	$7,001.52	2	422
34	1225263833	LINDSAY J ORRIS DO	$13,831.39	$2,766.28	5	31
35	1356752067	KELLY DELANEY-NELSON MD	$13,500.46	$2,250.08	6	21
36	1255319422	DAVID STAUB MD	$13,438.68	$6,719.34	2	39
37	1023489382	NICOLE DEVOE CNP	$13,417.34	$3,354.34	4	40
38	1114521721	TARRAH HOLLIDAY ARNP	$12,302.52	$384.45	32	54
39	1891146999	BECKY L JOHNSON ARNP	$12,127.20	$808.48	15	6
40	1649678582	LAURA STULKEN PA	$12,020.68	$1,717.24	7	44
41	1245227099	DONNA RAE DOBSON TOBIN ARNP	$11,966.71	$920.52	13	58
42	1770933046	SHELBY BILLER	$10,304.39	$448.02	23	52
43	1275836751	HOLLY M KRAMER ARNP	$10,126.38	$595.67	17	78
44	1891955423	LEAH SIEGFRIED PA	$9,868.12	$429.05	23	19
45	1437917085	DESSIE MARIE MYERS ARNP	$9,661.66	$508.51	19	103
46	1760675177	LORI SWANSON ARNP	$9,202.00	$766.83	12	33
47	1306349956	KATIE LADEHOFF ARNP	$9,202.00	$766.83	12	59
48	1942937388	CARLY J TRAUSCH ARNP	$8,763.00	$1,095.38	8	264
49	1932582988	DIANNE HUMPHREY ARNP	$8,524.89	$236.80	36	61
50	1598326217	PETER SCHINDLER MD	$8,483.00	$771.18	11	60
51	1336111855	LILY WONG-KISIEL	$8,461.54	$604.40	14	88
52	1376512244	RAYMOND KUWAHARA MD	$8,436.54	$703.05	12	447
53	1598113888	CRAIG CUNNINGHAM MD	$8,058.20	$4,029.10	2	3529
54	1871725705	PAUL YOUSSEF DO	$7,846.46	$2,615.49	3	

IOWA | Health and Human Services

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
December through February 2025

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
55	1821268335	JACQUELINE MCINNIS PAC	$7,830.90	$153.55	51	430
56	1295109478	EMILY KRUSE PA-C	$7,642.48	$1,091.78	7	1769
57	1578958542	HEIDI E CURTIS ARNP	$7,640.86	$7,640.86	1	8
58	1326410499	TARA M EASTVOLD ARNP	$7,448.61	$532.04	14	137
59	1497263008	TARA J SMITH PMHNP	$7,311.85	$609.32	12	69
60	1811582729	KRISTIN L PULLINS CNP	$7,301.90	$456.37	16	116
61	1598438095	LALAURA LOGAN-THOMAS ARNP	$6,938.22	$210.25	33	42
62	1114524378	ROSA M MARQUEZ PA-C	$6,825.46	$758.38	9	936
63	1528467859	WHITNEY A WEIS ARNP	$6,810.68	$1,362.14	5	71
64	1679990535	MICHAEL JUSTIN BURKE DO	$6,799.00	$755.44	9	45
65	1043878705	DORTHEA WHEELER MD	$6,797.17	$2,265.72	3	134
66	1265781587	LINDSEY K CLARK PA	$6,720.34	$6,720.34	1	38
67	1427617471	SUSAN GRAVES PA	$6,699.67	$133.99	50	56
68	1013911692	JEFFREY S SARTIN MD	$6,488.97	$2,162.99	3	70
69	1396289229	JESSE N BECKER ARNP	$6,425.05	$84.54	76	341
70	1144588476	RACHEL D FILZER ARNP	$6,348.43	$906.92	7	155
71	1427524412	BABATUNDE AREMU ARNP	$6,343.43	$576.68	11	168
72	1073249306	MELISSA WATCHORN ARNP	$6,286.33	$93.83	67	50
73	1174583157	JOANNE STARR ARNP	$6,136.63	$107.66	57	94
74	1467502286	CHARLES R TILLEY PA	$6,100.87	$108.94	56	117
75	1245606193	ALYSSA DONAHUE ARNP	$6,067.62	$275.80	22	161
76	1962418640	BARCLAY MONASTER MD	$6,037.12	$137.21	44	64
77	1477950988	RIFALI VIMALKUMAR PATEL MD	$5,917.73	$190.89	31	591
78	1215125216	REBECCA EVELYN WALDING	$5,780.76	$73.17	79	178
79	1053398800	STEVEN T SCURR DO	$5,615.71	$112.31	50	133
80	1578123915	BRIANNA BROWNLEE DO	$5,457.24	$99.22	55	100
81	1609121748	REBECCA ZWANZIGER ARNP	$5,453.95	$1,817.98	3	91

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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
December through February 2025

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
82	1699483404	KATIE JO RIEHL ARNP	$5,441.91	$181.40	30	108
83	1235124942	JULIE OSTERHAUS ARNP	$5,408.48	$225.35	24	118
84	1508291717	JACOB J RIDDER PA	$5,398.63	$1,079.73	5	48
85	1205817061	VIJAY DEWAN MD	$5,342.04	$5,342.04	1	49
86	1679573893	PATTY HILDRETH ARNP	$5,140.65	$285.59	18	80
87	1053600296	JESSICA MCCOOL MD	$5,140.41	$128.51	40	92
88	1609218304	AMANDA GARR ARNP	$5,125.66	$104.61	49	20
89	1750348496	VANESSA ANN CURTIS MD	$5,121.11	$426.76	12	73
90	1891076386	SARA E FLEECS ARNP	$5,073.94	$80.54	63	110
91	1811123318	AARON KAUER MD	$4,984.02	$80.39	62	123
92	1063824639	DESIRE GIJIMA MD	$4,948.45	$176.73	28	81
93	1306559786	ROY E HENRY ARNP	$4,875.26	$118.91	41	43
94	1619153137	JOADA JEAN BEST ARNP	$4,874.12	$87.04	56	106
95	1558039495	SARAH HIETBRINK ARNP	$4,862.02	$221.00	22	77
96	1730197476	MICHAEL BLAESS DO	$4,800.62	$266.70	18	104
97	1174970453	DANIEL HINDS MD	$4,798.04	$123.03	39	316
98	1063792026	JILL NELLIE MILLER	$4,769.46	$264.97	18	208
99	1467683565	SETH R QUAM DO	$4,753.62	$396.14	12	142
100	1912991183	MOLLY EARLEYWINE PA	$4,745.07	$41.99	113	67

TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

CATEGORY DESCRIPTION	September through November 2024	RANK	% BUDGET	December through February 2025	RANK	% BUDGET	% CHANGE
ANTIDIABETICS	$346,836	1	11.6%	$362,909	1	12.8%	4.6%
DERMATOLOGICALS	$231,523	2	7.8%	$253,371	2	8.9%	9.4%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	$229,806	3	7.7%	$223,566	3	7.9%	-2.7%
ANTICONVULSANTS	$135,970	8	4.6%	$160,774	4	5.7%	18.2%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	$162,104	6	5.4%	$157,831	5	5.6%	-2.6%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	$144,985	7	4.9%	$148,100	6	5.2%	2.1%
ANALGESICS - ANTI-INFLAMMATORY	$181,515	5	6.1%	$143,894	7	5.1%	-20.7%
ANTIVIRALS	$199,783	4	6.7%	$138,366	8	4.9%	-30.7%
ANTIDEPRESSANTS	$119,043	9	4.0%	$113,206	9	4.0%	-4.9%
NEUROMUSCULAR AGENTS	$116,658	10	3.9%	$99,429	10	3.5%	-14.8%
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	$114,420	11	3.8%	$88,782	11	3.1%	-22.4%
ANTIHYPERTENSIVES	$70,474	13	2.4%	$66,445	12	2.3%	-5.7%
RESPIRATORY AGENTS - MISC.	$79,738	12	2.7%	$56,517	13	2.0%	-29.1%
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	$69,003	14	2.3%	$50,221	14	1.8%	-27.2%
ANTICOAGULANTS	$40,779	16	1.4%	$48,315	15	1.7%	18.5%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	$47,006	15	1.6%	$48,040	16	1.7%	2.2%
ANALGESICS - OPIOID	$36,619	19	1.2%	$39,457	17	1.4%	7.7%
CONTRACEPTIVES	$35,173	21	1.2%	$38,265	18	1.3%	8.8%
ANTIHISTAMINES	$39,257	17	1.3%	$35,225	19	1.2%	-10.3%
PENICILLINS	$32,875	22	1.1%	$34,871	20	1.2%	6.1%

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TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

CATEGORY DESCRIPTION	September through November 2024	PREV RANK	December through February 2025	CURR RANK	PERC CHANGE
ANTIDEPRESSANTS	2,780	1	2,761	1	-0.7%
ANTICONVULSANTS	1,556	2	1,750	2	12.5%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	1,314	3	1,445	3	10.0%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	1,198	5	1,212	4	1.2%
ANTIHYPERTENSIVES	1,230	4	1,172	5	-4.7%
ANTIDIABETICS	1,168	7	1,146	6	-1.9%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	1,174	6	1,118	7	-4.8%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	947	9	1,029	8	8.7%
ANTIANXIETY AGENTS	993	8	1,009	9	1.6%
ANTIHISTAMINES	620	12	608	10	-1.9%
ANALGESICS - OPIOID	641	10	597	11	-6.9%
ANTIHYPERLIPIDEMICS	639	11	564	12	-11.7%
PENICILLINS	469	16	529	13	12.8%
ANALGESICS - ANTI-INFLAMMATORY	551	13	509	14	-7.6%
DERMATOLOGICALS	523	14	504	15	-3.6%
BETA BLOCKERS	504	15	468	16	-7.1%
CORTICOSTEROIDS	381	18	441	17	15.7%
DIURETICS	410	17	396	18	-3.4%
MUSCULOSKELETAL THERAPY AGENTS	366	21	396	19	8.2%
THYROID AGENTS	375	20	379	20	1.1%

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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	September through November 2024	PREVIOUS RANK	December through February 2025	RANK	PERCENT CHANGE
OZEMPIC	$145,633.06	1	$151,254.79	1	3.86%
EVRYSDI	$42,647.51	12	$97,578.78	2	128.80%
VRAYLAR	$103,811.25	4	$96,257.04	3	-7.28%
HUMIRA PEN	$134,231.56	2	$80,728.24	4	-39.86%
TALTZ	$79,645.20	5	$67,154.49	5	-15.68%
DUPIXENT	$33,173.50	15	$65,455.08	6	97.31%
JARDIANCE	$60,679.73	8	$65,442.39	7	7.85%
BIKTARVY	$111,016.79	3	$64,697.19	8	-41.72%
TRIKAFTA	$65,907.32	7	$54,113.85	9	-17.89%
KISQALI	$49,561.26	10	$43,608.62	10	-12.01%
VYVANSE	$44,179.61	11	$42,307.14	11	-4.24%
SKYRIZI PEN		999	$40,554.74	12	%
REXULTI	$25,156.49	23	$32,700.96	13	29.99%
TRULICITY	$26,201.32	21	$32,485.98	14	23.99%
INGREZZA	$32,074.63	16	$32,151.99	15	0.24%
ELIQUIS	$31,181.55	18	$31,731.26	16	1.76%
TREMFYA	$27,766.86	19	$28,460.50	17	2.50%
ARISTADA	$26,924.71	20	$28,328.75	18	5.21%
KESIMPTA	$34,961.58	14	$26,847.12	19	-23.21%
ALBUTEROL SULFATE HFA	$31,243.71	17	$26,554.11	20	-15.01%
LISINOPRIL	$23,608.70	24	$25,970.23	21	10.00%
CETIRIZINE HYDROCHLORIDE	$25,720.01	22	$24,336.20	22	-5.38%
METHYLPHENIDATE HYDROCHLO	$17,977.15	30	$23,082.46	23	28.40%
ENBREL SURECLICK	$6,504.72	111	$22,115.83	24	240.00%
EPIDIOLEX	$10,324.11	63	$21,623.80	25	109.45%
AMOXICILLIN	$17,334.69	31	$21,359.48	26	23.22%
ENTRESTO	$20,074.69	28	$20,843.97	27	3.83%

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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	September through November 2024	PREVIOUS RANK	December through February 2025	RANK	PERCENT CHANGE
NORDITROPIN FLEXPRO	$11,968.70	50	$20,822.61	28	73.98%
FINTEPLA	$14,015.39	41	$20,317.64	29	44.97%
OSELTAMIVIR PHOSPHATE	$70.77	634	$18,963.49	30	26,695.94%
JORNAY PM	$16,748.67	32	$18,551.61	31	10.76%
IBUPROFEN	$21,342.34	26	$18,293.69	32	-14.28%
STELARA		999	$16,471.40	33	%
ESCITALOPRAM OXALATE	$20,271.34	27	$16,432.21	34	-18.94%
ZURZUVAE		999	$16,386.63	35	%
AZITHROMYCIN	$15,285.31	38	$16,099.50	36	5.33%
ONFI	$10,709.63	62	$15,648.66	37	46.12%
LOSARTAN POTASSIUM	$18,178.54	29	$15,574.87	38	-14.32%
PANTOPRAZOLE SODIUM	$15,615.78	36	$15,302.45	39	-2.01%
NUCALA	$11,098.13	55	$15,019.16	40	35.33%
HYDROCODONE BITARTRATE/AC	$16,246.36	35	$14,671.24	41	-9.70%
LANTUS SOLOSTAR	$14,939.09	39	$14,455.63	42	-3.24%
AUSTEDO	$36,212.01	13	$14,003.04	43	-61.33%
INVEGA SUSTENNA	$14,591.65	40	$13,877.61	44	-4.89%
ATORVASTATIN CALCIUM	$16,586.40	33	$13,661.36	45	-17.64%
TEZSPIRE	$4,462.17	160	$13,609.14	46	204.99%
ODEFSEY	$10,825.40	58	$13,489.46	47	24.61%
OMEPRAZOLE	$11,942.85	51	$13,118.49	48	9.84%
ROSUVASTATIN CALCIUM	$12,579.52	47	$13,009.39	49	3.42%
XARELTO	$6,033.57	120	$12,626.77	50	109.28%
AMLODIPINE BESYLATE	$9,790.64	68	$12,501.69	51	27.69%
TRINTELLIX	$12,418.28	48	$12,164.09	52	-2.05%
MOUNJARO	$3,311.54	180	$12,077.85	53	264.72%
NURTEC	$13,868.30	42	$12,031.47	54	-13.24%

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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	September through November 2024	PREVIOUS RANK	December through February 2025	RANK	PERCENT CHANGE
AMPHETAMINE/DEXTROAMPHETA	$9,956.19	66	$11,819.05	55	18.71%
ALBUTEROL SULFATE	$7,179.58	97	$11,499.26	56	60.17%
SYMBICORT	$16,402.11	34	$11,369.39	57	-30.68%
METFORMIN HYDROCHLORIDE	$11,048.59	56	$10,712.72	58	-3.04%
BUPROPION HYDROCHLORIDE E	$10,021.89	65	$10,560.63	59	5.38%
ACETAMINOPHEN	$6,259.92	116	$10,486.94	60	67.53%
GENVOYA	$7,792.81	86	$10,481.27	61	34.50%
LYBALVI	$6,978.20	101	$10,203.45	62	46.22%
AJOVY	$4,729.59	150	$10,147.07	63	114.54%
INVEGA TRINZA	$10,025.50	64	$10,058.37	64	0.33%
VITAMIN D3	$6,592.96	108	$9,849.11	65	49.39%
SERTRALINE HCL	$12,072.90	49	$9,836.36	66	-18.53%
TRAMADOL HYDROCHLORIDE	$8,367.37	76	$9,784.50	67	16.94%
WESTAB PLUS	$7,163.51	98	$9,780.73	68	36.54%
TRAZODONE HYDROCHLORIDE	$9,389.82	70	$9,694.06	69	3.24%
CEPHALEXIN	$11,914.44	52	$9,634.14	70	-19.14%
QUETIAPINE FUMARATE	$4,785.57	147	$9,548.51	71	99.53%
METOPROLOL SUCCINATE ER	$9,829.20	67	$9,542.13	72	-2.92%
PREDNISONE	$9,260.58	71	$9,351.81	73	0.99%
VIMPAT	$6,570.12	109	$9,281.02	74	41.26%
FARXIGA	$10,795.18	59	$9,276.60	75	-14.07%
AMOXICILLIN/CLAVULANATE P	$7,417.12	93	$9,194.48	76	23.96%
NAYZILAM	$9,061.12	73	$9,179.01	77	1.30%
GUANFACINE HYDROCHLORIDE	$10,739.31	61	$9,165.10	78	-14.66%
DOXYCYCLINE HYCLATE	$5,058.12	140	$9,127.12	79	80.44%
CONCERTA	$9,176.10	72	$9,058.49	80	-1.28%
ABILIFY MAINTENA	$2,102.28	235	$8,484.04	81	303.56%

IOWA | Health and Human Services

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	September through November 2024	PREVIOUS RANK	December through February 2025	RANK	PERCENT CHANGE
ONDANSETRON ODT	$12,963.06	45	$8,307.00	82	-35.92%
SPIRIVA HANDIHALER	$8,034.88	82	$8,246.98	83	2.64%
KEPPRA	$8,350.70	77	$8,121.13	84	-2.75%
XULANE	$7,557.30	91	$8,047.23	85	6.48%
ALPRAZOLAM	$6,729.58	104	$8,005.41	86	18.96%
POTASSIUM CHLORIDE ER	$963.74	331	$7,880.24	87	717.67%
LISDEXAMFETAMINE DIMESYLA	$4,940.45	146	$7,815.28	88	58.19%
BANZEL	$11,161.51	54	$7,762.80	89	-30.45%
FASENRA PEN	$7,767.44	87	$7,744.29	90	-0.30%
COSENTYX UNOREADY	$51,900.99	9	$7,640.86	91	-85.28%
MONTELUKAST SODIUM	$9,534.78	69	$7,632.60	92	-19.95%
PAXLOVID	$8,040.57	81	$7,533.69	93	-6.30%
GABAPENTIN	$6,894.64	102	$7,343.41	94	6.51%
TRELEGY ELLIPTA	$7,887.95	84	$7,286.74	95	-7.62%
NALTREXONE HCL	$5,914.78	121	$7,244.75	96	22.49%
QUILLICHEW ER	$9,008.04	74	$7,193.90	97	-20.14%
FLUTICASONE PROPIONATE	$12,602.37	46	$7,182.04	98	-43.01%
OXYCODONE HYDROCHLORIDE	$2,217.78	220	$7,172.67	99	223.42%
SERTRALINE HYDROCHLORIDE	$13,297.27	43	$7,137.69	100	-46.32%

IOWA | Health and Human Services

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	September through November 2024	PREVIOUS RANK	December through February 2025	RANK	PERCENT CHANGE
TRAZODONE HYDROCHLORIDE	473	1	483	1	2.11%
ALBUTEROL SULFATE HFA	411	2	417	2	1.46%
FLUOXETINE HYDROCHLORIDE	365	4	394	3	7.95%
GABAPENTIN	364	5	383	4	5.22%
ESCITALOPRAM OXALATE	355	6	357	5	0.56%
METHYLPHENIDATE HYDROCHLO	339	8	357	6	5.31%
AMPHETAMINE/DEXTROAMPHETA	271	16	332	7	22.51%
SERTRALINE HYDROCHLORIDE	343	7	330	8	-3.79%
LEVOTHYROXINE SODIUM	312	10	327	9	4.81%
ATORVASTATIN CALCIUM	395	3	325	10	-17.72%
CLONIDINE HYDROCHLORIDE	297	12	318	11	7.07%
CETIRIZINE HYDROCHLORIDE	334	9	302	12	-9.58%
AMOXICILLIN	266	17	291	13	9.40%
QUETIAPINE FUMARATE	281	14	288	14	2.49%
LISINOPRIL	312	11	280	15	-10.26%
AZITHROMYCIN	213	23	276	16	29.58%
HYDROXYZINE HYDROCHLORIDE	271	15	275	17	1.48%
PREDNISONE	228	22	268	18	17.54%
BUPROPION HYDROCHLORIDE E	235	19	241	19	2.55%
PANTOPRAZOLE SODIUM	203	26	230	20	13.30%
OMEPRAZOLE	249	18	230	21	-7.63%
MONTELUKAST SODIUM	235	20	225	22	-4.26%
ARIPIPRAZOLE	234	21	220	23	-5.98%
HYDROCODONE BITARTRATE/AC	192	30	220	24	14.58%
AMOXICILLIN/CLAVULANATE P	167	40	216	25	29.34%
BUSPIRONE HYDROCHLORIDE	211	24	211	26	0.00%
LAMOTRIGINE	196	29	211	27	7.65%

IOWA | Health and Human Services

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	September through November 2024	PREVIOUS RANK	December through February 2025	RANK	PERCENT CHANGE
LEVETIRACETAM	167	39	198	28	18.56%
IBUPROFEN	208	25	194	29	-6.73%
OZEMPIC	187	32	191	30	2.14%
FAMOTIDINE	174	35	186	31	6.90%
AMLODIPINE BESYLATE	203	27	184	32	-9.36%
ONDANSETRON ODT	190	31	180	33	-5.26%
RISPERIDONE	182	34	178	34	-2.20%
GUANFACINE HYDROCHLORIDE	292	13	176	35	-39.73%
FLUTICASONE PROPIONATE	186	33	174	36	-6.45%
OMEPRAZOLE DR	143	49	162	37	13.29%
METOPROLOL SUCCINATE ER	172	36	160	38	-6.98%
TOPIRAMATE	145	45	160	39	10.34%
LOSARTAN POTASSIUM	172	37	158	40	-8.14%
DULOXETINE HYDROCHLORIDE	170	38	157	41	-7.65%
METFORMIN HYDROCHLORIDE	198	28	155	42	-21.72%
CYCLOBENZAPRINE HYDROCHLO	145	47	155	43	6.90%
GUANFACINE HYDROCHLORIDE	292	13	152	44	-47.95%
HYDROXYZINE PAMOATE	158	42	150	45	-5.06%
CEPHALEXIN	154	43	145	46	-5.84%
BACLOFEN	94	71	144	47	53.19%
VENLAFAXINE HYDROCHLORIDE	153	44	142	48	-7.19%
SERTRALINE HCL	145	46	138	49	-4.83%
JARDIANCE	118	58	134	50	13.56%
OSELTAMIVIR PHOSPHATE	4	495	132	51	3,200.00%
VYVANSE	127	55	131	52	3.15%
METFORMIN HYDROCHLORIDE E	131	51	129	53	-1.53%
OXYCODONE HYDROCHLORIDE	166	41	129	54	-22.29%

IOWA | Health and Human Services

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	September through November 2024	PREVIOUS RANK	December through February 2025	RANK	PERCENT CHANGE
CEFDINIR	86	76	128	55	48.84%
ASPIRIN LOW DOSE	144	48	123	56	-14.58%
ALBUTEROL SULFATE	98	70	122	57	24.49%
METRONIDAZOLE	125	56	120	58	-4.00%
MIRTAZAPINE	129	53	119	59	-7.75%
TRAMADOL HYDROCHLORIDE	117	59	118	60	0.85%
SPIRONOLACTONE	130	52	117	61	-10.00%
DOXYCYCLINE MONOHYDRATE	116	60	117	62	0.86%
LANTUS SOLOSTAR	124	57	115	63	-7.26%
ROSUVASTATIN CALCIUM	110	62	115	64	4.55%
PROPRANOLOL HYDROCHLORIDE	134	50	113	65	-15.67%
CLONAZEPAM	109	63	113	66	3.67%
PRAZOSIN HYDROCHLORIDE	129	54	110	67	-14.73%
FUROSEMIDE	105	66	106	68	0.95%
ALPRAZOLAM	94	72	105	69	11.70%
OLANZAPINE	106	65	97	70	-8.49%
HYDROCHLOROTHIAZIDE	86	77	97	71	12.79%
LORATADINE	104	68	97	72	-6.73%
PREGABALIN	94	73	96	73	2.13%
LORAZEPAM	83	78	95	74	14.46%
SULFAMETHOXAZOLE/TRIMETHO	99	69	94	75	-5.05%
FEROSUL	114	61	92	76	-19.30%
VALACYCLOVIR HYDROCHLORID	80	80	89	77	11.25%
POLYETHYLENE GLYCOL 3350	105	67	84	78	-20.00%
FLUCONAZOLE	108	64	81	79	-25.00%
MELOXICAM	80	79	81	80	1.25%
TRIAMCINOLONE ACETONIDE	90	75	80	81	-11.11%

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TOP 100 DRUGS BY PRESCRIPTION COUNT					
DRUG DESCRIPTION	September through November 2024	PREVIOUS RANK	December through February 2025	RANK	PERCENT CHANGE
NALTREXONE HCL	78	81	78	82	0.00%
METOPROLOL TARTRATE	74	85	77	83	4.05%
GLYCOPYRROLATE	53	107	76	84	43.40%
FOLIC ACID	73	86	75	85	2.74%
ELIQUIS	70	90	73	86	4.29%
ZOLPIDEM TARTRATE	77	82	71	87	-7.79%
CLOBAZAM	51	111	70	88	37.25%
VRAYLAR	75	84	70	89	-6.67%
DULOXETINE HCL	61	99	69	90	13.11%
CARVEDILOL	72	87	69	91	-4.17%
ACETAMINOPHEN EXTRA STREN	64	96	67	92	4.69%
ACETAMINOPHEN	67	92	66	93	-1.49%
HYDROXYZINE HCL	62	97	64	94	3.23%
SYMBICORT	91	74	64	95	-29.67%
ONDANSETRON HYDROCHLORIDE	76	83	63	96	-17.11%
DEXMETHYLPHENIDATE HYDROC	58	101	61	97	5.17%
LISDEXAMFETAMINE DIMESYLA	52	110	58	98	11.54%
OXCARBAZEPINE	56	103	57	99	1.79%
INSULIN LISPRO KWIKPEN	32	150	57	100	78.13%

Owner: Pam Smith

Creation Date: 10/21/2013

Author: Jon Ehle

Report Description: This report is a compilation of 11 different reports. Bi-monthly statistics are compiled for Utilization by Age, Top 100 Pharmacies by Prescription Count/Paid Amount, Top 100 Prescribers by Prescription Count/Paid Amount, Top 20 Drug Categories by Prescription Count/Paid Amount for GPI2, Top 20 Drug Categories by Prescription Count/Paid Amount for Drug Name, and the Top 100 Drugs by Paid Amount/Prescription Count.

Report Period Default
___ Daily
___ Weekly
___ Monthly
___ Quarterly
___ SFY
_X_ Other - Bi-Monthly

Claim Date used with parameters
___ Adjudication Date
_X_ Date of Service

Reversals
___ Include
_X_ Exclude

GPI / NDC Criteria
___ Specify GPI / NDC
___ Exclude Non-Drugs
___ Exclude Diabetic Supplies
___ Exclude Medical Devices

Plans
___ All Plans Included
_X_ Exclude Plan 400
___ Exclude Plan 500
___ Exclude Plan 600

___ Non-Paid Claims Only

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Iowa Total Care Claims
Quarterly Statistics

REPORT_DATE	Sep 2024 through Nov 2024	Dec 2024 through Feb 2025	% CHANGE
TOTAL PAID AMOUNT	$74,933,367.34	$76,912,994.33	2.64%
UNIQUE USERS	94,035	98,291	4.53%
COST PER USER	$796.87	$782.50	-1.80%
TOTAL PRESCRIPTIONS	670,549	665,848	-0.70%
AVERAGE PRESCRIPTION PER USER	7.13	6.77	-5.00%
AVERAGE COST PER PRESCRIPTION	$111.75	$115.51	3.37%
# GENERIC PRESCRIPTIONS	604,537	600,347	-0.69%
% GENERIC	90.00%	90.00%	0.01%
$ GENERIC	$10,406,364.85	$10,704,084.39	2.86%
AVERAGE GENERIC PRESCRIPTION COST	$17.21	$17.83	3.58%
AVERAGE GENERIC DAYS SUPPLY	26	26	1.73%
# BRAND PRESCRIPTIONS	64,999	64,474	-0.81%
% BRAND	10.00%	10.00%	-0.10%
$ BRAND	$64,495,769.00	$66,172,090.30	2.60%
AVERAGE BRAND PRESCRIPTION COST	$992.26	$1,026.34	3.43%
AVERAGE BRAND DAYS SUPPLY	29	29	0.66%

UTILIZATION BY AGE

AGE		Sep 2024 through Nov 2024	Dec 2024 through Feb 2025
0-6		36,209	42,369
7-12		48,155	50,497
13-18		62,372	62,860
19-64		512,901	501,781
65+		9,306	7,272

UTILIZATION BY GENDER AND AGE

GENDER	AGE		Sep 2024 through Nov 2024	Dec 2024 through Feb 2025
F	0-6		15,973	18,981
	7-12		18,998	20,086
	13-18		33,134	33,244
	19-64		328,202	321,220
	65+		6,135	4,533
M	0-6		20,236	23,388
	7-12		29,157	30,411
	13-18		29,238	29,616
	19-64		184,699	180,561
	65+		3,171	2,739

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TOP 100 PHARMACIES BY PRESCRIPTION COUNT
202412 - 202502

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
1	UNIVERSITY OF IOWA HEALTH CARE	IOWA CITY	IA	11,443	$6,704,489.54	$585.90	1
2	RIGHT DOSE PHARMACY	ANKENY	IA	5,837	$252,638.92	$43.28	2
3	WALGREENS #4405	COUNCIL BLUFFS	IA	5,028	$318,837.09	$63.41	3
4	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	4,846	$243,495.17	$50.25	5
5	WALGREENS #5042	CEDAR RAPIDS	IA	4,844	$330,475.45	$68.22	4
6	WALGREENS #5239	DAVENPORT	IA	4,438	$218,260.62	$49.18	6
7	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,100	$333,752.66	$81.40	7
8	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	4,054	$229,228.99	$56.54	8
9	DRILLING PHARMACY	SIOUX CITY	IA	4,049	$263,147.78	$64.99	9
10	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	3,758	$166,476.42	$44.30	12
11	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	3,636	$231,941.30	$63.79	11
12	NELSON FAMILY PHARMACY	FORT MADISON	IA	3,576	$285,758.39	$79.91	17
13	WALGREENS #5721	DES MOINES	IA	3,531	$237,932.47	$67.38	10
14	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	3,487	$194,893.09	$55.89	14
15	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	3,481	$382,109.36	$109.77	13
16	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	3,418	$234,618.58	$68.64	15
17	WALGREENS #7455	WATERLOO	IA	3,364	$199,889.72	$59.42	16
18	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,251	$262,651.31	$80.79	19
19	WALGREENS #15647	SIOUX CITY	IA	3,216	$242,049.75	$75.26	20
20	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,089	$214,291.45	$69.37	18
21	WALGREENS #359	DES MOINES	IA	3,080	$158,524.34	$51.47	22
22	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,054	$231,933.80	$75.94	21
23	WALGREENS #7453	DES MOINES	IA	2,936	$197,663.33	$67.32	23
24	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	2,867	$289,205.21	$100.87	25
25	SOUTH SIDE DRUG	OTTUMWA	IA	2,805	$184,879.63	$65.91	31
26	CVS PHARMACY #10282	FORT DODGE	IA	2,675	$148,648.14	$55.57	29
27	WALGREENS #4041	DAVENPORT	IA	2,666	$144,465.13	$54.19	24
28	MAHASKA DRUGS INC	OSKALOOSA	IA	2,665	$204,648.01	$76.79	26
29	WAGNER PHARMACY	CLINTON	IA	2,615	$264,734.72	$101.24	47
30	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	2,578	$227,010.69	$88.06	32
31	WALMART PHARMACY 10-0559	MUSCATINE	IA	2,572	$165,306.41	$64.27	30
32	UI HEALTHCARE - IOWA RIVER LANDING PHARMACY	CORALVILLE	IA	2,558	$92,365.06	$36.11	34
33	WALGREENS #3700	COUNCIL BLUFFS	IA	2,552	$152,308.78	$59.68	27
34	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,529	$167,830.03	$66.36	36
35	WALMART PHARMACY 10-1509	MAQUOKETA	IA	2,519	$163,672.82	$64.98	41
36	NUCARA LTC PHARMACY #3	IOWA CITY	IA	2,490	$120,558.90	$48.42	28
37	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	2,451	$77,424.43	$31.59	49
38	HY-VEE PHARMACY (1449)	NEWTON	IA	2,448	$195,503.25	$79.86	38
39	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,424	$176,221.13	$72.70	33
40	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,421	$119,226.02	$49.25	42
41	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	2,408	$314,110.09	$130.44	40
42	HY-VEE PHARMACY (1075)	CLINTON	IA	2,369	$161,602.43	$68.22	53
43	HY-VEE PHARMACY #5 (1061)	CEDAR RAPIDS	IA	2,361	$177,494.22	$75.18	39
44	HY-VEE PHARMACY (1396)	MARION	IA	2,356	$225,467.64	$95.70	43
45	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,331	$156,433.10	$67.11	54
46	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	2,325	$141,181.88	$60.72	44

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TOP 100 PHARMACIES BY PRESCRIPTION COUNT
202412 - 202502

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
47	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,319	$179,400.08	$77.36	37
48	HY-VEE PHARMACY (1530)	PLEASANT HILL	IA	2,312	$177,373.85	$76.72	45
49	TOWNCREST LTC	IOWA CITY	IA	2,285	$117,964.81	$51.63	51
50	CVS PHARMACY #08544	WATERLOO	IA	2,283	$171,029.74	$74.91	35
51	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	2,280	$184,025.99	$80.71	46
52	COMMUNITY HEALTH CARE PHARMACY	DAVENPORT	IA	2,269	$71,518.25	$31.52	76
53	WALGREENS #5470	SIOUX CITY	IA	2,262	$147,812.71	$65.35	55
54	MEDICAP LTC	INDIANOLA	IA	2,254	$81,661.51	$36.23	60
55	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,206	$151,910.30	$68.86	48
56	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,154	$255,813.96	$118.76	57
57	CVS PHARMACY #08658	DAVENPORT	IA	2,127	$122,568.60	$57.63	68
58	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	2,117	$122,696.13	$57.96	52
59	UNION PHARMACY	COUNCIL BLUFFS	IA	2,107	$151,423.89	$71.87	56
60	WALGREENS #11942	DUBUQUE	IA	2,099	$135,848.99	$64.72	64
61	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	2,077	$396,368.58	$190.84	67
62	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	2,057	$163,291.50	$79.38	75
63	WALMART PHARMACY 10-3590	SIOUX CITY	IA	2,030	$162,919.44	$80.26	63
64	PREFERRED CARE PHARMACY	CEDAR RAPIDS	IA	2,018	$111,698.52	$55.35	85
65	DANIEL PHARMACY	FT DODGE	IA	2,015	$154,332.32	$76.59	69
66	WALGREENS #10855	WATERLOO	IA	2,007	$135,932.34	$67.73	50
67	HY-VEE PHARMACY #6 (1155)	DES MOINES	IA	2,003	$189,388.39	$94.55	58
68	WALMART PHARMACY 10-2889	CLINTON	IA	1,994	$107,888.07	$54.11	61
69	WALMART PHARMACY 10-1723	DES MOINES	IA	1,972	$132,811.44	$67.35	59
70	CR CARE PHARMACY	CEDAR RAPIDS	IA	1,967	$446,882.14	$227.19	86
71	SCOTT PHARMACY	FAYETTE	IA	1,964	$136,561.63	$69.53	71
72	WALGREENS #4714	DES MOINES	IA	1,943	$106,794.75	$54.96	81
73	HY-VEE PHARMACY (1522)	PERRY	IA	1,938	$121,946.24	$62.92	82
74	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	1,933	$150,810.88	$78.02	66
75	WALMART PHARMACY 10-0985	FAIRFIELD	IA	1,905	$113,154.48	$59.40	70
76	WALGREENS #7452	DES MOINES	IA	1,886	$151,727.00	$80.45	72
77	LAGRANGE PHARMACY	VINTON	IA	1,883	$116,145.79	$61.68	77
78	EXACTCARE	VALLEY VIEW	OH	1,882	$159,728.55	$84.87	80
79	WALGREENS #7454	ANKENY	IA	1,882	$115,903.72	$61.59	62
80	MEDICAP PHARMACY	CRESTON	IA	1,860	$151,257.18	$81.32	92
81	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	1,853	$149,918.43	$80.91	93
82	MAIN AT LOCUST PHARMACY AND MEDICAL SUPPLY	DAVENPORT	IA	1,827	$118,956.90	$65.11	125
83	HY-VEE PHARMACY (1022)	ANKENY	IA	1,805	$100,509.31	$55.68	107
84	HY-VEE PHARMACY (1382)	LEMARS	IA	1,803	$140,058.99	$77.68	95
85	THOMPSON DEAN DRUG	SIOUX CITY	IA	1,802	$136,874.22	$75.96	87
86	HY-VEE PHARMACY (1324)	KEOKUK	IA	1,802	$136,034.01	$75.49	74
87	HY-VEE PHARMACY (1241)	HARLAN	IA	1,792	$175,503.95	$97.94	83
88	HY-VEE PHARMACY (1095)	CRESTON	IA	1,790	$104,869.73	$58.59	102
89	WALGREENS #5852	DES MOINES	IA	1,785	$115,939.64	$64.95	88
90	WALMART PHARMACY 10-3394	ATLANTIC	IA	1,781	$108,686.81	$61.03	94
91	MEDICAP PHARMACY	NEWTON	IA	1,768	$138,012.51	$78.06	122
92	WALMART PHARMACY 10-0646	ANAMOSA	IA	1,757	$122,901.88	$69.95	65

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RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
93	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	1,753	$93,058.24	$53.09	79
94	WALGREENS #3595	DAVENPORT	IA	1,751	$95,424.49	$54.50	100
95	WALMART PHARMACY 10-1732	DENISON	IA	1,740	$140,348.96	$80.66	98
96	HY-VEE PHARMACY (1011)	ALTOONA	IA	1,732	$156,652.96	$90.45	78
97	HERITAGE PARTNERS PHARMACY	WEST BURLINGTON	IA	1,716	$148,207.79	$86.37	97
98	WALMART PHARMACY 10-1431	KEOKUK	IA	1,702	$105,228.08	$61.83	73
99	WALMART PHARMACY 10-5115	DAVENPORT	IA	1,693	$130,481.17	$77.07	116
100	HY-VEE DRUGSTORE #5 (7026)	CEDAR RAPIDS	IA	1,689	$123,833.16	$73.32	91

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RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	UNIVERSITY OF IOWA HEALTH CARE	IOWA CITY	IA	11,439	$6,680,129.10	$3,054.47	1
2	WALGREENS SPECIALTY PHARMACY #16528	DES MOINES	IA	672	$3,206,861.92	$14,003.76	2
3	CAREMARK KANSAS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	LENEXA	KS	343	$2,606,402.26	$17,610.83	3
4	UNITYPOINT AT HOME	URBANDALE	IA	497	$1,747,574.37	$9,602.06	5
5	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	163	$1,683,421.65	$23,710.16	4
6	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	1,164	$1,169,076.58	$8,724.45	6
7	ACARIAHEALTH PHARMACY #11	HOUSTON	TX	159	$1,130,092.54	$15,916.80	7
8	WALGREENS SPECIALTY PHARMACY #21250	IOWA CITY	IA	314	$1,050,336.84	$8,826.36	8
9	AMBER PHARMACY	OMAHA	NE	153	$854,135.71	$17,794.49	10
10	CVS/SPECIALTY	MONROEVILLE	PA	126	$842,540.90	$19,148.66	12
11	PANTHERX SPECIALTY PHARMACY	CORAOPOLIS	PA	45	$840,982.62	$56,065.51	9
12	CVS PHARMACY #00102	AURORA	CO	80	$798,222.03	$19,955.55	11
13	WALGREENS SPECIALTY PHARMACY #16270	OMAHA	NE	59	$497,115.41	$19,884.62	39
14	OPTUM PHARMACY 702, LLC	JEFFERSONVILLE	IN	65	$455,285.32	$13,008.15	
15	CR CARE PHARMACY	CEDAR RAPIDS	IA	1,967	$446,882.14	$2,940.01	16
16	THE NEBRASKA MED CENTER CLINIC PHCY	OMAHA	NE	784	$409,721.56	$3,200.95	14
17	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	2,077	$396,368.58	$1,905.62	19
18	PARAGON PARTNERS	OMAHA	NE	1,005	$384,340.39	$4,575.48	18
19	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	3,481	$382,109.36	$730.61	15
20	ANOVORX GROUP LLC	MEMPHIS	TN	69	$377,687.64	$16,421.20	33
21	BIOLOGICS BY MCKESSON	FORT WORTH	TX	18	$365,181.23	$45,647.65	30
22	PRIMARY HEALTHCARE PHARMACY	DES MOINES	IA	885	$360,645.23	$1,970.74	17
23	GENESIS FIRSTMED PHARMACY	DAVENPORT	IA	465	$351,552.31	$2,746.50	21
24	GENOA HEALTHCARE, LLC	DAVENPORT	IA	1,448	$346,210.42	$2,339.26	27
25	ALLEN CLINIC PHARMACY	WATERLOO	IA	864	$336,837.53	$1,198.71	31
26	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,098	$333,732.25	$585.50	23
27	WALGREENS #5042	CEDAR RAPIDS	IA	4,844	$330,475.45	$299.07	20
28	ACCREDO HEALTH GROUP INC	WARRENDALE	PA	40	$327,207.09	$54,534.52	26
29	WALGREENS #4405	COUNCIL BLUFFS	IA	5,028	$318,837.09	$283.92	22
30	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	2,408	$314,110.09	$2,512.88	28
31	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	2,867	$289,205.21	$1,018.33	32
32	NELSON FAMILY PHARMACY	FORT MADISON	IA	3,576	$285,758.39	$643.60	37
33	CAREMARK ILLINOIS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	MT PROSPECT	IL	57	$282,373.80	$14,861.78	50
34	WAGNER PHARMACY	CLINTON	IA	2,615	$264,734.72	$1,063.19	58
35	DRILLING PHARMACY	SIOUX CITY	IA	4,044	$263,057.83	$758.09	40
36	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,246	$262,573.21	$750.21	42
37	EXPRESS SCRIPTS SPECIALTY DIST SVCS	SAINT LOUIS	MO	17	$254,051.52	$42,341.92	35
38	RIGHT DOSE PHARMACY	ANKENY	IA	5,832	$252,575.44	$562.53	41
39	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,148	$252,415.52	$867.41	44
40	ONCO360	LOUISVILLE	KY	14	$245,821.68	$40,970.28	65
41	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	4,839	$243,388.41	$307.70	43
42	CAREMARK LLC, DBA CVS/SPECIALTY	REDLANDS	CA	7	$242,087.85	$80,695.95	89
43	WALGREENS #15647	SIOUX CITY	IA	3,216	$242,049.75	$298.46	48
44	WALGREENS #5721	DES MOINES	IA	3,531	$237,932.47	$279.26	38
45	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	3,418	$234,618.58	$450.32	34

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46	HY-VEE PHARMACY SOLUTIONS	OMAHA	NE	30	$232,065.36	$23,206.54	73
47	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	3,636	$231,941.30	$419.42	49
48	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,054	$231,933.80	$528.32	63
49	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	4,054	$229,228.99	$291.64	47
50	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	2,578	$227,010.69	$635.88	57
51	HY-VEE PHARMACY (1396)	MARION	IA	2,356	$225,467.64	$607.73	45
52	SOLEO HEALTH INC.	WOODRIDGE	IL	4	$220,010.84	$220,010.84	29
53	JUNE E. NYLEN CANCER CENTER	SIOUX CITY	IA	14	$218,487.60	$43,697.52	24
54	WALGREENS #5239	DAVENPORT	IA	4,438	$218,260.62	$210.27	46
55	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,089	$214,291.45	$465.85	55
56	ORSINI PHARMACEUTICAL SERVICES INC	ELK GROVE VILLAGE	IL	14	$213,670.85	$42,734.17	52
57	MISSION CANCER + BLOOD	DES MOINES	IA	46	$207,794.87	$12,223.23	36
58	MAHASKA DRUGS INC	OSKALOOSA	IA	2,665	$204,648.01	$499.14	54
59	WALGREENS #7455	WATERLOO	IA	3,354	$199,737.80	$222.92	51
60	BIOPLUS SPECIALTY PHARMACY SERVICES, LLC	ALTAMONTE SPRINGS	FL	20	$198,075.99	$24,759.50	209
61	WALGREENS #7453	DES MOINES	IA	2,910	$195,987.36	$282.40	53
62	HY-VEE PHARMACY (1449)	NEWTON	IA	2,446	$195,472.87	$474.45	62
63	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	3,487	$194,893.09	$391.35	59
64	WALGREENS SPECIALTY PHARMACY #15443	FRISCO	TX	24	$190,333.95	$23,791.74	103
65	HY-VEE PHARMACY #6 (1155)	DES MOINES	IA	2,003	$189,388.39	$736.92	88
66	GENOA HEALTHCARE, LLC	MARSHALLTOWN	IA	986	$187,958.23	$1,879.58	71
67	FOUNDATION CARE LLC	EARTH CITY	MO	20	$187,167.08	$23,395.89	60
68	MAYO CLINIC PHARMACY	ROCHESTER	MN	27	$186,348.29	$20,705.37	64
69	SOUTH SIDE DRUG	OTTUMWA	IA	2,805	$184,879.63	$545.37	72
70	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	2,277	$183,849.70	$528.30	66
71	BIOPLUS SPECIALTY PHARMACY LA, LLC	HARVEY	LA	25	$183,693.35	$15,307.78	76
72	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,319	$179,400.08	$610.20	61
73	WALMART PHARMACY 10-0886	FT DODGE	IA	1,647	$177,765.78	$675.92	92
74	HY-VEE PHARMACY #5 (1061)	CEDAR RAPIDS	IA	2,361	$177,494.22	$444.85	82
75	MEDICAP PHARMACY	AMES	IA	948	$177,395.40	$1,791.87	70
76	HY-VEE PHARMACY (1530)	PLEASANT HILL	IA	2,312	$177,373.85	$458.33	97
77	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,424	$176,221.13	$482.80	68
78	HY-VEE PHARMACY (1241)	HARLAN	IA	1,792	$175,503.95	$558.93	85
79	CVS PHARMACY #08544	WATERLOO	IA	2,283	$171,029.74	$413.12	69
80	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,529	$167,830.03	$451.16	80
81	MAXOR SPECIALTY PHARMACY	LUBBOCK	TX	12	$167,225.64	$83,612.82	162
82	OPTUM INFUSION SERVICES 550, LLC.	URBANDALE	IA	42	$167,113.39	$20,889.17	98
83	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	3,758	$166,476.42	$261.76	77
84	WALMART PHARMACY 10-0559	MUSCATINE	IA	2,572	$165,306.41	$389.87	56
85	WALMART PHARMACY 10-1509	MAQUOKETA	IA	2,519	$163,672.82	$363.72	120
86	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	2,057	$163,291.50	$520.04	86
87	WALMART PHARMACY 10-3590	SIOUX CITY	IA	2,030	$162,919.44	$410.38	81
88	GENOA HEALTHCARE, LLC	MASON CITY	IA	778	$162,562.42	$1,578.28	119
89	HY-VEE PHARMACY (1075)	CLINTON	IA	2,369	$161,602.43	$402.00	105
90	EXACTCARE	VALLEY VIEW	OH	1,882	$159,728.55	$1,947.91	111

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RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
91	WALGREENS SPECIALTY PHARMACY #16280	FRISCO	TX	6	$159,339.78	$39,834.95	25
92	OPTUM PHARMACY 705 LLC	BIRMINGHAM	AL	19	$158,889.97	$9,346.47	13
93	WALGREENS #359	DES MOINES	IA	3,080	$158,524.34	$213.07	75
94	HY-VEE PHARMACY (1011)	ALTOONA	IA	1,732	$156,652.96	$489.54	83
95	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,331	$156,433.10	$363.80	87
96	MEDICAP PHARMACY	DES MOINES	IA	1,371	$156,074.42	$1,445.13	144
97	DANIEL PHARMACY	FT DODGE	IA	2,015	$154,332.32	$571.60	106
98	HY-VEE PHARMACY (1271)	INDIANOLA	IA	1,328	$153,520.85	$650.51	166
99	GENOA HEALTHCARE, LLC	FORT DODGE	IA	656	$152,712.46	$2,181.61	79
100	WALMART PHARMACY 10-1393	OSKALOOSA	IA	1,562	$152,685.61	$620.67	118

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TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT

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RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
1	1982605762	Jeffrey Wilharm	$72,049.26	1,403	16.70	1
2	1356359871	Rhea Hartley	$104,037.06	1,309	6.35	3
3	1396289229	Jesse Becker	$68,454.32	1,024	7.37	2
4	1013115369	Bobbita Nag	$40,467.66	988	5.40	4
5	1770933046	Shelby Biller	$80,229.35	872	7.65	10
6	1457584740	Eric Meyer	$78,191.16	853	6.05	8
7	1659358620	Carlos Castillo	$22,649.01	852	6.76	7
8	1184056822	Abby Kolthoff	$471,372.77	850	6.69	11
9	1467502286	Charles Tilley	$103,712.55	840	7.43	5
10	1528365277	Mina Salib	$340,001.47	829	4.21	9
11	1316356496	Kimberly Roberts	$38,610.05	828	7.26	6
12	1619153137	Joada Best	$49,355.56	805	7.00	15
13	1821268335	Jacqueline Mcinnis	$103,658.27	798	11.40	13
14	1467907394	Cynthia Coenen	$114,902.25	770	10.00	12
15	1730849647	Melanie Rock	$21,093.11	763	5.91	24
16	1437238110	Genevieve Nelson	$74,674.45	755	9.56	21
17	1801998372	Wendy Hansen-Penman	$24,230.64	745	11.12	14
18	1538368170	Christopher Matson	$26,845.63	732	7.39	17
19	1417941188	Debra Neuharth	$48,440.28	731	6.41	40
20	1922455096	Dean Guerdet	$85,792.61	726	6.48	25
21	1992332563	Stacy Overman	$19,457.38	723	21.26	33
22	1689077018	Stacy Roth	$80,225.65	717	5.69	55
23	1164538674	Joseph Wanzek	$80,218.11	714	11.33	43
24	1477199198	Sajo Thomas	$127,009.31	706	6.42	23
25	1215125216	Rebecca Walding	$42,227.30	700	7.53	18
26	1184395162	Danielle Van Oosbree	$143,423.06	698	14.85	31
27	1053630640	Jennifer Donovan	$82,656.31	698	8.95	34
28	1902358443	Melissa Konken	$119,807.59	693	9.12	38
29	1043703887	Tenaea Jeppeson	$109,548.20	691	7.76	60
30	1043434525	Robert Kent	$48,266.25	691	8.03	49
31	1457914657	Seema Antony	$44,883.30	690	6.45	20
32	1992103386	Melissa Larsen	$62,402.43	684	8.14	28
33	1538149042	Eric Petersen	$21,452.32	683	5.60	85
34	1902478811	Joan Anderson	$221,437.57	676	8.24	30
35	1205393386	Jessica Hudspeth	$54,269.32	670	7.88	19
36	1609532373	Erin Fox-Hammel	$49,486.94	669	8.36	37
37	1124006770	Wook Kim	$19,628.72	660	8.35	27
38	1275763047	Rebecca Bowman	$73,357.79	657	7.82	16
39	1649248378	Kathleen Wild	$17,689.53	652	8.36	26
40	1992402655	Shane Eberhardt	$165,102.58	646	5.52	51
41	1043211303	Ali Safdar	$81,789.60	646	5.57	39
42	1619380680	Tara Brockman	$39,909.37	645	7.17	29
43	1134854128	Dzevida Pandzic	$52,172.64	636	4.85	32
44	1134191018	Dustin Smith	$24,488.54	631	5.79	70
45	1891146999	Becky Johnson	$662,701.60	628	7.14	68

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46	1144214248	Kristi Walz	$63,580.46	625	8.93	56
47	1386044832	Mary Grieder	$37,554.32	620	10.51	42
48	1114681889	Kelsey Bauer	$55,112.93	609	7.25	196
49	1902912538	Christian Jones	$36,290.51	600	5.77	22
50	1871105916	Lacie Theis	$46,933.20	597	6.28	54
51	1972758126	Rebecca Bollin	$32,255.33	596	6.70	45
52	1902596828	Lindsay Harms	$37,827.40	588	9.97	46
53	1144900861	Lizabeth Sheets	$190,347.52	586	9.61	44
54	1609218304	Amanda Garr	$107,570.14	583	6.78	50
55	1154815330	Bruce Pehl	$29,359.48	583	7.29	65
56	1750845954	Stephanie Giesler	$58,770.20	578	6.80	57
57	1528329398	Erin Rowan	$30,584.47	578	5.78	41
58	1841220290	Kent Kunze	$18,143.61	576	8.11	58
59	1245960350	Mary Welborn	$58,892.39	574	5.80	76
60	1558770974	Marc Baumert	$40,079.09	574	5.27	53
61	1720698335	Danika Hansen	$65,355.90	569	7.11	69
62	1316471154	Nicole Woolley	$27,229.40	569	7.29	48
63	1760965032	Melissa Miller	$20,924.66	561	7.10	59
64	1538157383	David Wenger-Keller	$24,888.30	557	10.13	66
65	1417241621	Ashley Mathes	$23,826.71	557	5.80	64
66	1215184726	Babuji Gandra	$24,634.94	553	6.14	67
67	1982030946	Jacklyn Besch	$33,114.27	548	6.09	47
68	1699740159	Frank Marino	$21,981.25	544	4.50	62
69	1477926434	Jackie Shipley	$27,188.14	541	5.41	36
70	1184657603	Sara Rygol	$62,215.15	538	6.64	35
71	1891306452	Jennifer Tomlin	$36,155.22	535	5.57	154
72	1336252097	Thomas Baer	$32,757.30	534	8.34	81
73	1598183493	Jena Ellerhoff	$49,833.43	528	8.25	71
74	1265841845	Mary Schwering	$36,846.07	528	7.33	175
75	1891422606	Emily Clawson	$58,481.11	527	5.86	101
76	1649763079	Kate Jarvis	$54,045.15	525	6.82	117
77	1043418809	Michael Ciliberto	$205,156.07	524	7.82	131
78	1942252895	Kimberly Thompson	$19,321.69	520	2.83	120
79	1821333774	Brittni Benda	$47,388.14	519	5.09	82
80	1306559786	Roy Henry	$35,965.61	517	6.63	127
81	1326013426	Paul Peterson	$16,213.21	517	5.33	83
82	1063827798	Jeffrey Guse	$31,798.82	516	7.37	52
83	1477534279	Edmund Piasecki	$22,041.62	516	5.86	84
84	1053963900	Nicole Mcclavy	$64,350.83	515	5.92	99
85	1588746515	Amy Badberg	$34,329.97	513	7.23	89
86	1851847883	Eileen Meier	$95,657.39	506	9.04	152
87	1326443342	Sharon Pitt	$28,163.26	506	6.17	157
88	1497068936	Andrea Hemesath	$38,233.59	505	7.77	109
89	1760455083	Thomas Schmadeke	$34,442.36	505	4.81	148
90	1831710987	Margaret Fuller	$29,032.40	504	7.52	74

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TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
202412 - 202502

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
91	1891707832	Lisa Klock	$25,405.74	503	5.29	80
92	1871021543	Susan Wilson	$60,766.40	502	7.07	78
93	1740770726	Kimberly Krieger	$22,701.20	499	5.09	72
94	1295830115	Alan Bollinger	$11,533.57	495	8.84	244
95	1679573893	Patty Hildreth	$124,043.04	492	7.03	98
96	1154790517	Jamie Schumacher	$24,338.58	492	7.45	102
97	1497276505	Laurie Schultz	$18,699.51	491	6.29	192
98	1982654349	Barbara Harre	$27,301.75	489	6.04	92
99	1164823092	Jamey Gregersen	$25,767.18	489	7.09	143
100	1275067696	Olaitan Ijitimehin	$13,962.02	489	6.04	167

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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
202412 - 202502

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
1	1295091510	Rebecca Weiner	403	$817,535.62	$2,028.62	1
2	1326034984	Katherine Mathews	71	$678,368.94	$9,554.49	2
3	1891146999	Becky Johnson	628	$662,701.60	$1,055.26	3
4	1326410499	Tara Eastvold	319	$588,248.42	$1,844.04	12
5	1316934318	Steven Lentz	38	$527,663.58	$13,885.88	5
6	1013126705	Janice Staber	41	$507,353.25	$12,374.47	4
7	1780788844	Tammy Wichman	63	$482,801.31	$7,663.51	10
8	1417443953	Rodney Clark	329	$472,550.64	$1,436.32	8
9	1184056822	Abby Kolthoff	850	$471,372.77	$554.56	9
10	1942937388	Carly Trausch	358	$460,956.53	$1,287.59	11
11	1285626390	Kathleen Gradoville	274	$457,268.96	$1,668.86	7
12	1437121407	Linda Cadaret	120	$382,699.35	$3,189.16	16
13	1528365277	Mina Salib	829	$340,001.47	$410.13	6
14	1477761328	Amy Calhoun	39	$336,179.93	$8,620.00	14
15	1700417169	Courtney Reints	248	$329,281.48	$1,327.75	20
16	1467449579	Brian Wayson	96	$314,545.58	$3,276.52	23
17	1700561826	Pedro Hsieh	50	$307,748.02	$6,154.96	17
18	1588616171	Heather Thomas	111	$306,476.63	$2,761.05	15
19	1578958542	Heidi Curtis	116	$270,498.37	$2,331.88	46
20	1043565328	Sara Moeller	77	$267,365.35	$3,472.28	21
21	1306071915	Thomas Pietras	68	$226,069.75	$3,324.56	19
22	1356753859	Katie Lutz	62	$223,057.87	$3,597.71	435
23	1902478811	Joan Anderson	676	$221,437.57	$327.57	37
24	1093382632	Gail Dooley	162	$213,542.07	$1,318.16	51
25	1093162075	Meghan Ryan	107	$208,261.39	$1,946.37	102
26	1043418809	Michael Ciliberto	524	$205,156.07	$391.52	55
27	1891955423	Leah Siegfried	327	$202,437.28	$619.07	40
28	1659093292	Kathryn Foy	63	$196,885.18	$3,125.16	59
29	1265870950	Danita Velasco	4	$192,234.52	$48,058.63	50
30	1487648705	Karen Hunke	117	$191,624.38	$1,637.82	24
31	1144900861	Lizabeth Sheets	586	$190,347.52	$324.83	29
32	1609131770	Sreenath Ganganna	276	$185,395.91	$671.72	45
33	1558808501	Jessica Braksiek	50	$182,815.49	$3,656.31	28
34	1134440886	Melissa Wells	119	$180,763.88	$1,519.02	25
35	1649826140	Taylor Boldt	185	$173,980.43	$940.43	35
36	1790986925	Tahuanty Pena	32	$171,032.02	$5,344.75	78
37	1386902682	Melissa Willis	85	$167,692.35	$1,972.85	32
38	1912208323	Lisa Meyer	392	$167,178.86	$426.48	30
39	1992402655	Shane Eberhardt	646	$165,102.58	$255.58	44
40	1649943689	Jessica Coffey	144	$164,190.96	$1,140.22	38
41	1891158275	Andrew Groves	41	$162,335.01	$3,959.39	36
42	1174748180	Mohammad Alsharabati	144	$161,009.74	$1,118.12	39
43	1841548161	Crystal Meyer	44	$160,813.59	$3,654.85	74
44	1386084747	Jennifer Condon	140	$159,769.90	$1,141.21	49

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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
202412 - 202502

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
45	1356752067	Kelly Delaney-Nelson	94	$158,620.39	$1,687.45	22
46	1730406356	Christina Warren	156	$154,553.62	$990.73	43
47	1043429087	Kayelyn Wagner	18	$154,444.75	$8,580.26	63
48	1649419219	Heather Hunemuller	142	$154,173.60	$1,085.73	33
49	1225263833	Lindsay Orris	60	$152,215.16	$2,536.92	99
50	1326211889	James Friedlander	50	$148,483.87	$2,969.68	13
51	1952539447	Anthony Fischer	103	$146,292.43	$1,420.31	34
52	1184395162	Danielle Van Oosbree	698	$143,423.06	$205.48	64
53	1417449570	Alex Sieg	17	$139,317.57	$8,195.15	335
54	1285748004	Bruce Hughes	35	$137,589.92	$3,931.14	56
55	1235518507	Adekunle Ajisebutu	17	$137,341.36	$8,078.90	134
56	1841607900	Shayla Sanders	81	$135,774.14	$1,676.22	31
57	1164408548	Maxwell Cosmic	58	$133,251.13	$2,297.43	167
58	1023108701	Ronald Zolty	32	$129,217.93	$4,038.06	239
59	1356754337	Cyndi Mccormick	444	$127,208.19	$286.50	77
60	1477199198	Sajo Thomas	706	$127,009.31	$179.90	52
61	1003315201	Abigail Behrens	45	$127,006.97	$2,822.38	173
62	1841673738	Rachel Person	32	$125,356.40	$3,917.39	27
63	1679573893	Patty Hildreth	492	$124,043.04	$252.12	68
64	1437147386	Douglas Hornick	78	$123,258.96	$1,580.24	58
65	1235792912	Faraaz Zafar	56	$120,415.97	$2,150.29	463
66	1902358443	Melissa Konken	693	$119,807.59	$172.88	97
67	1477765584	Sangeeta Shah	425	$119,213.01	$280.50	81
68	1871868984	Hana Niebur	81	$118,902.54	$1,467.93	185
69	1437533130	Katie Broshuis	106	$116,787.34	$1,101.77	60
70	1134249832	Steven Craig	66	$116,733.38	$1,768.69	54
71	1265420095	Elizabeth Cooper	99	$116,255.53	$1,174.30	90
72	1780995506	Quanhathai Kaewpoowat	35	$115,998.67	$3,314.25	48
73	1518567056	Katie Barkmeier	414	$115,260.74	$278.41	87
74	1467907394	Cynthia Coenen	770	$114,902.25	$149.22	130
75	1861463275	Donald Wender	19	$113,277.59	$5,961.98	41
76	1558820084	Abbey Christensen	54	$113,060.57	$2,093.71	434
77	1568097244	Elizabeth Dassow	57	$112,894.67	$1,980.61	104
78	1588130074	Jennifer Rounds	26	$112,345.23	$4,320.97	158
79	1902100746	Ami Patel	43	$112,016.92	$2,605.04	218
80	1114521721	Tarrah Holliday	447	$111,642.79	$249.76	88
81	1689942518	Patria Alba Aponte	248	$111,244.18	$448.57	80
82	1912979261	David Visokey	138	$111,208.82	$805.86	86
83	1114214541	Dimah Saade	64	$110,877.40	$1,732.46	72
84	1275836751	Holly Kramer	126	$110,338.97	$875.71	91
85	1043703887	Tenaea Jeppeson	691	$109,548.20	$158.54	101
86	1528051653	Mark Granner	352	$108,697.84	$308.80	188
87	1609218304	Amanda Garr	583	$107,570.14	$184.51	69
88	1225143316	Susan Jacobi	105	$106,614.94	$1,015.38	114

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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
202412 - 202502

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
89	1992810956	Christopher Ronkar	45	$104,814.42	$2,329.21	57
90	1013585082	Bilal Baig	51	$104,444.08	$2,047.92	247
91	1356359871	Rhea Hartley	1,309	$104,037.06	$79.48	96
92	1467502286	Charles Tilley	840	$103,712.55	$123.47	65
93	1821268335	Jacqueline Mcinnis	798	$103,658.27	$129.90	79
94	1194176586	Paul Fenton	30	$101,193.58	$3,373.12	126
95	1578132940	Alec Steils	306	$100,016.53	$326.85	135
96	1598786097	Stephanie Gray	391	$99,631.23	$254.81	94
97	1174970453	Daniel Hinds	166	$99,541.83	$599.65	257
98	1356577951	Christopher Mulder	48	$99,340.44	$2,069.59	144
99	1013194414	Marc Scheer	18	$98,869.71	$5,492.76	482
100	1134981038	Cassidy Chalupa	62	$98,606.06	$1,590.42	213

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TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

	202409 - 202411			202412 - 202502			
CATEGORY DESCRIPTION	PREVIOUS TOTAL COST	PREVIOUS RANK	PREVIOUS % BUDGET	CURRENT TOTAL COST	CURRENT RANK	CURRENT % BUDGET	% CHANGE
ANTIDIABETICS	$10,254,702.71	1	13.69 %	$10,487,906.61	1	13.64 %	-0.05 %
ANTIPSYCHOTICS/ANTIMANIC AGENTS	$8,287,792.17	2	11.06 %	$8,583,545.38	2	11.16 %	0.10 %
DERMATOLOGICALS	$6,963,088.07	3	9.29 %	$8,096,630.19	3	10.53 %	1.24 %
ANALGESICS - ANTI-INFLAMMATORY	$6,697,829.90	4	8.94 %	$6,589,961.66	4	8.57 %	-0.37 %
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	$4,146,286.79	5	5.53 %	$4,263,645.06	5	5.54 %	0.01 %
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	$3,929,588.81	6	5.24 %	$3,803,946.61	6	4.95 %	-0.30 %
RESPIRATORY AGENTS - MISC.	$3,065,431.57	8	4.09 %	$3,393,525.90	7	4.41 %	0.32 %
ANTIVIRALS	$3,271,639.44	7	4.37 %	$3,389,204.67	8	4.41 %	0.04 %
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC	$2,682,668.63	10	3.58 %	$2,938,979.84	9	3.82 %	0.24 %
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	$2,895,538.98	9	3.86 %	$2,405,168.26	10	3.13 %	-0.74 %
ANTICONVULSANTS	$2,028,271.80	12	2.71 %	$2,094,304.62	11	2.72 %	0.02 %
MIGRAINE PRODUCTS	$1,875,135.20	13	2.50 %	$1,966,000.87	12	2.56 %	0.05 %
CARDIOVASCULAR AGENTS - MISC.	$1,673,185.99	16	2.23 %	$1,894,449.47	13	2.46 %	0.23 %
HEMATOLOGICAL AGENTS - MISC.	$2,171,354.76	11	2.90 %	$1,889,818.43	14	2.46 %	-0.44 %
ANTIDEPRESSANTS	$1,755,490.42	14	2.34 %	$1,679,038.84	15	2.18 %	-0.16 %
ENDOCRINE AND METABOLIC AGENTS - MISC.	$1,680,221.40	15	2.24 %	$1,643,087.49	16	2.14 %	-0.11 %
ANTICOAGULANTS	$1,310,589.32	17	1.75 %	$1,322,848.23	17	1.72 %	-0.03 %
GASTROINTESTINAL AGENTS - MISC.	$863,095.76	18	1.15 %	$892,715.03	18	1.16 %	0.01 %
NEUROMUSCULAR AGENTS	$789,658.34	19	1.05 %	$884,422.20	19	1.15 %	0.10 %
PASSIVE IMMUNIZING AND TREATMENT AGENTS	$524,247.34	21	0.70 %	$592,578.48	20	0.77 %	0.07 %

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TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

	202409 - 202411		202412 - 202502		
CURRENT CATEGORY DESCRIPTION	PREVIOUS CLAIMS	PREVIOUS RANK	CURRENT CLAIMS	CURRENT RANK	% CHANGE
ANTIDEPRESSANTS	86,561	1	82,560	1	-4.62 %
ANTICONVULSANTS	37,706	2	38,389	2	1.81 %
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	37,100	3	37,496	3	1.07 %
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	35,135	4	35,822	4	1.96 %
ANTIHYPERTENSIVES	34,624	5	31,829	5	-8.07 %
ANTIDIABETICS	32,634	6	31,051	6	-4.85 %
ANTIPSYCHOTICS/ANTIMANIC AGENTS	30,061	7	30,381	7	1.06 %
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	29,680	8	29,871	8	0.64 %
ANTIANXIETY AGENTS	26,760	9	27,142	9	1.43 %
PENICILLINS	16,540	14	20,797	10	25.74 %
ANTIHYPERLIPIDEMICS	22,617	10	19,655	11	-13.10 %
ANTIHISTAMINES	19,172	11	17,498	12	-8.73 %
DERMATOLOGICALS	17,683	12	17,203	13	-2.71 %
ANALGESICS - ANTI-INFLAMMATORY	15,601	15	15,515	14	-0.55 %
BETA BLOCKERS	16,725	13	14,915	15	-10.82 %
ANALGESICS - OPIOID	13,868	16	13,827	16	-0.30 %
CORTICOSTEROIDS	11,611	19	12,381	17	6.63 %
THYROID AGENTS	12,336	18	12,363	18	0.22 %
DIURETICS	12,682	17	11,106	19	-12.43 %
ANALGESICS - NonNarcotic	10,769	20	10,217	20	-5.13 %

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TOP 100 DRUGS BY PAID AMOUNT

	202409 - 202411		202412 - 202502		
DRUG DESCRIPTION	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	PERCENT CHANGE
Humira Pen	3721335.21	1	3869979.54	1	3.99 %
Ozempic	3536682.44	2	3720425.66	2	5.20 %
Trikafta	2628809.12	3	2891855.16	3	10.01 %
Dupixent	2518021.1	4	2828534.78	4	12.33 %
Vraylar	2504883.49	5	2639205.41	5	5.36 %
Jardiance	1795536.29	6	1843501.62	6	2.67 %
Invega Sust	1598339.1	7	1749415.68	7	9.45 %
Biktarvy	1504475.15	8	1556139.73	8	3.43 %
Taltz	1275541.27	9	1344831.17	9	5.43 %
Trulicity	1154533.11	10	1089329.33	10	-5.65 %
Skyrizi Pen	678988.02	19	1057115.2	11	55.69 %
Mounjaro	776154.6	16	982693.43	12	26.61 %
Stelara	933229.43	12	971342.21	13	4.08 %
Eliquis	933799.62	11	932530.24	14	-0.14 %
Rexulti	861744.17	13	855687.79	15	-0.70 %
Ingrezza	765908.89	17	775609.64	16	1.27 %
Aristada	797163.04	15	739506.15	17	-7.23 %
Vyvanse	848548.53	14	676800.47	18	-20.24 %
Nurtec	611047.77	21	654502.75	19	7.11 %
Invega Trinz	614119.43	20	588176.63	20	-4.22 %
Farxiga	571699.96	22	550101.61	21	-3.78 %
Enbrel Srclk	693780.7	18	538955.11	22	-22.32 %
Caplyta	480109.91	23	536763.2	23	11.80 %
Abilify Main	467433.45	25	498518.22	24	6.65 %
Symbicort	467743.65	24	479044.98	25	2.42 %
Trintellix	467110.6	26	468811.86	26	0.36 %
Albuterol	462797.93	27	468057.78	27	1.14 %
Lisdexamfeta	367089.46	33	466210.45	28	27.00 %
Trelegy	444182.08	29	454051.06	29	2.22 %
Cosentyx Uno	355978.87	37	446366.13	30	25.39 %
Lybalvi	393313.5	31	438474.48	31	11.48 %
Entresto	444086.55	30	435242.38	32	-1.99 %
Winrevair	252173.66	61	428150.08	33	69.78 %
Spiriva	447200.24	28	403593.83	34	-9.75 %
Rinvoq	374449.31	32	387986.94	35	3.62 %
Jornay Pm	360876.86	34	386605.83	36	7.13 %
Norditropin	288662.64	49	368266.44	37	27.58 %

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TOP 100 DRUGS BY PAID AMOUNT

	202409 - 202411		202412 - 202502		
DRUG DESCRIPTION	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	PERCENT CHANGE
Skyrizi	269368.17	53	359188.87	38	33.34 %
Mavyret	357880.09	36	352074.85	39	-1.62 %
Xarelto	345007.12	39	348771.35	40	1.09 %
Ilaris	306164.67	43	345630.35	41	12.89 %
Hemlibra	303392.38	45	342054.38	42	12.74 %
Wakix	360188.95	35	336170.58	43	-6.67 %
Duvyzat	296053.15	47	333063.78	44	12.50 %
Kesimpta	251952.79	62	330203.71	45	31.06 %
Ajovy	323642.06	40	325682.97	46	0.63 %
Ubrelvy	287793.69	50	320975.11	47	11.53 %
Evrysdi	259132.38	56	312730.96	48	20.68 %
Epidiolex	255637.41	59	306739.84	49	19.99 %
Altuviiio	283679.97	51	297533.55	50	4.88 %
Humira	349233.25	38	292845.46	51	-16.15 %
Austedo	245382.16	65	286808.25	52	16.88 %
Qelbree	258224.85	57	282551.9	53	9.42 %
Hizentra	217766.11	74	279184.34	54	28.20 %
Tremfya	148018.18	109	278787.43	55	88.35 %
Austedo Xr	215989.85	75	270902.19	56	25.42 %
Rebinyn	294898.43	48	265143.37	57	-10.09 %
Methylphenid	269309.54	54	264112.48	58	-1.93 %
Xifaxan	267155.3	55	260526.31	59	-2.48 %
Ravicti	227922.02	70	255850.41	60	12.25 %
Alprolix	62954.39	215	255700.4	61	306.17 %
Advair Hfa	246378.67	64	255525.85	62	3.71 %
Opsumit	303915.77	44	244108.9	63	-19.68 %
Insulin Lisp	248842.48	63	242115.08	64	-2.70 %
Lantus Solos	224317.23	71	240364.45	65	7.15 %
Linzess	255843.42	58	238596.7	66	-6.74 %
Tresiba Flex	231592.82	68	233621.11	67	0.88 %
Paxlovid	198636.83	80	233181.72	68	17.39 %
Xywav	239244.8	67	230568.82	69	-3.63 %
Cosentyx Pen	218966.15	73	230165.88	70	5.11 %
Skyclarys	192473.61	83	224551.65	71	16.67 %
Pulmozyme	146283.21	110	223413.07	72	52.73 %
Januvia	309746.76	42	220924.15	73	-28.68 %
Adynovate	317834.59	41	220010.84	74	-30.78 %

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TOP 100 DRUGS BY PAID AMOUNT

	202409 - 202411		202412 - 202502		
DRUG DESCRIPTION	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	PERCENT CHANGE
Amphet/dextr	194697.92	82	212983.25	75	9.39 %
Insulin Aspa	200364.07	78	212676.76	76	6.15 %
Fintepla	196879.16	81	212518.61	77	7.94 %
Qulipta	222570.44	72	211205.79	78	-5.11 %
Quillichew	206212.15	77	210046.55	79	1.86 %
Abilify Asim	190799.59	84	202942.29	80	6.36 %
Otezla	210441.49	76	201495.19	81	-4.25 %
Orenitram	97656.82	158	193612.65	82	98.26 %
Strensiq	281466.27	52	192234.52	83	-31.70 %
Cabometyx	303251.46	46	191686.69	84	-36.79 %
Voxzogo	123438.27	127	189324.78	85	53.38 %
Concerta	253297.28	60	187164.82	86	-26.11 %
Amoxicillin	145277.95	111	185114.59	87	27.42 %
Azstarys	173832.36	89	183085.92	88	5.32 %
Dovato	163834.73	97	182391.43	89	11.33 %
Emgality	153745.03	102	179818.18	90	16.96 %
Promacta	166650.17	94	179386.43	91	7.64 %
Toujeo Max	172769.52	90	174385.22	92	0.94 %
Creon	198860.52	79	174228.6	93	-12.39 %
Xolair	152546.09	104	173003.48	94	13.41 %
Aimovig	182378.41	85	170853.13	95	-6.32 %
Kisqali	110113.43	140	167595.8	96	52.20 %
Breztri Aero	136075.34	118	164744.05	97	21.07 %
Bupropion	164211.81	96	163092.21	98	-0.68 %
Briviact	142268.96	113	160188.13	99	12.60 %
Sofos/velpat	166164.98	95	159833.75	100	-3.81 %

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TOP 100 DRUGS BY PRESCRIPTION COUNT

	202409 - 202411		202412 - 202502		
DRUG DESCRIPTION	PREVIOUS PRESCRIPTION COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	PERCENT CHANGE
Albuterol	14,965	1	15,844	1	5.87 %
Amoxicillin	10,958	8	13,950	2	27.30 %
Omeprazole	13,134	4	13,208	3	0.56 %
Sertraline	13,599	2	12,459	4	-8.38 %
Trazodone	11,645	5	11,897	5	2.16 %
Bupropion	11,497	6	11,481	6	-0.14 %
Levothyroxin	11,426	7	11,442	7	0.14 %
Atorvastatin	13,170	3	11,144	8	-15.38 %
Fluoxetine	10,712	9	10,084	9	-5.86 %
Escitalopram	10,337	10	9,597	10	-7.16 %
Gabapentin	9,210	14	9,211	11	0.01 %
Amphet/dextr	8,654	15	9,043	12	4.50 %
Lisinopril	10,297	11	8,783	13	-14.70 %
Metformin	9,917	12	8,504	14	-14.25 %
Azithromycin	7,400	21	8,439	15	14.04 %
Methylphenid	8,024	17	8,225	16	2.50 %
Hydroxyz Hcl	8,102	16	8,207	17	1.30 %
Cetirizine	9,768	13	8,157	18	-16.49 %
Ondansetron	6,603	28	8,098	19	22.64 %
Buspirone	7,607	19	7,827	20	2.89 %
Montelukast	7,947	18	7,436	21	-6.43 %
Quetiapine	7,102	23	7,241	22	1.96 %
Prednisone	6,682	26	7,111	23	6.42 %
Pantoprazole	7,081	24	6,999	24	-1.16 %
Clonidine	6,982	25	6,915	25	-0.96 %
Guanfacine	6,631	27	6,762	26	1.98 %
Duloxetine	7,331	22	6,624	27	-9.64 %
Amlodipine	7,598	20	6,606	28	-13.06 %
Aripiprazole	6,267	30	6,291	29	0.38 %
Amox/k Clav	4,995	38	6,270	30	25.53 %
Lamotrigine	5,757	32	5,870	31	1.96 %
Famotidine	5,414	34	5,562	32	2.73 %
Metoprol Suc	6,344	29	5,517	33	-13.04 %
Venlafaxine	5,872	31	5,468	34	-6.88 %
Hydroco/apap	5,353	35	5,264	35	-1.66 %
Ibuprofen	4,941	39	5,151	36	4.25 %
Fluticasone	5,312	36	5,102	37	-3.95 %
Topiramate	4,919	40	4,945	38	0.53 %
Losartan Pot	5,472	33	4,803	39	-12.23 %
Cyclobenzapr	4,811	41	4,671	40	-2.91 %
Cefdinir	3,659	51	4,650	41	27.08 %
Loratadine	5,096	37	4,517	42	-11.36 %
Aspirin Low	4,715	42	4,316	43	-8.46 %

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TOP 100 DRUGS BY PRESCRIPTION COUNT

	202409 - 202411		202412 - 202502		
DRUG DESCRIPTION	PREVIOUS PRESCRIPTION COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	PERCENT CHANGE
Clonazepam	4,151	46	4,293	44	3.42 %
Alprazolam	4,147	47	4,173	45	0.63 %
Risperidone	4,171	45	4,168	46	-0.07 %
Ozempic	3,939	48	4,113	47	4.42 %
Propranolol	4,315	44	4,018	48	-6.88 %
Rosuvastatin	4,329	43	3,795	49	-12.34 %
Meloxicam	3,706	50	3,663	50	-1.16 %
Lisdexamfeta	2,953	61	3,628	51	22.86 %
Cephalexin	3,936	49	3,587	52	-8.87 %
Jardiance	3,342	55	3,344	53	0.06 %
Levetiraceta	3,104	59	3,286	54	5.86 %
Prazosin Hcl	3,175	57	3,264	55	2.80 %
Oseltamivir	86	485	3,260	56	3690.70 %
Mirtazapine	3,180	56	3,243	57	1.98 %
Lorazepam	3,161	58	3,172	58	0.35 %
Doxycyc Mono	2,829	62	3,119	59	10.25 %
Furosemide	3,512	52	3,075	60	-12.44 %
Prednisolone	2,824	64	3,067	61	8.60 %
Spironolact	3,475	53	3,041	62	-12.49 %
Triamcinolon	2,975	60	3,036	63	2.05 %
Hydrochlorot	3,426	54	2,904	64	-15.24 %
Folic Acid	2,756	66	2,876	65	4.35 %
Tramadol Hcl	2,746	67	2,750	66	0.15 %
Hydroxyz Pam	2,641	70	2,675	67	1.29 %
Lantus Solos	2,515	72	2,632	68	4.65 %
Pregabalin	2,564	71	2,629	69	2.54 %
Ferosul	2,829	63	2,625	70	-7.21 %
Acetamin	2,786	65	2,621	71	-5.92 %
Fluconazole	2,719	68	2,500	72	-8.05 %
Oxycodone	2,421	76	2,486	73	2.68 %
Amitriptylin	2,642	69	2,474	74	-6.36 %
Divalproex	2,511	74	2,440	75	-2.83 %
Metronidazol	2,498	75	2,397	76	-4.04 %
Valacyclovir	2,348	78	2,385	77	1.58 %
Olanzapine	2,294	80	2,316	78	0.96 %
Pot Chloride	2,265	81	2,243	79	-0.97 %
Allergy Reli	1,662	99	2,235	80	34.48 %
Symbicort	2,138	84	2,209	81	3.32 %
Atomoxetine	2,198	83	2,198	82	0.00 %
Tizanidine	2,068	85	2,131	83	3.05 %
Baclofen	2,055	86	2,061	84	0.29 %
Citalopram	2,345	79	2,058	85	-12.24 %
Ventolin Hfa	2,353	77	2,057	86	-12.58 %

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TOP 100 DRUGS BY PRESCRIPTION COUNT

	202409 - 202411		202412 - 202502		
DRUG DESCRIPTION	**PREVIOUS PRESCRIPTION COUNT**	**PREVIOUS RANK**	**CURRENT PRESCRIPTION COUNT**	**CURRENT RANK**	**PERCENT CHANGE**
Vyvanse	2,512	73	1,996	87	-20.54 %
Vraylar	1,897	89	1,950	88	2.79 %
Metoprol Tar	2,235	82	1,942	89	-13.11 %
Tamsulosin	1,938	87	1,930	90	-0.41 %
Insulin Lisp	1,924	88	1,904	91	-1.04 %
Clindamycin	1,865	92	1,851	92	-0.75 %
Eliquis	1,866	91	1,839	93	-1.45 %
Mupirocin	1,892	90	1,775	94	-6.18 %
Zolpidem	1,726	96	1,747	95	1.22 %
Sumatriptan	1,656	101	1,740	96	5.07 %
Oxcarbazepin	1,693	98	1,740	97	2.78 %
Naproxen	1,790	94	1,738	98	-2.91 %
Polyeth Glyc	1,711	97	1,657	99	-3.16 %
Carvedilol	1,858	93	1,652	100	-11.09 %

Iowa Health Link Iowa HHS | MOLINA HEALTHCARE

MOLINA HEALTHCARE OF IOWA CLAIMS QUARTERLY STATISTICS			
Category	Sept 2024 to Nov 2024	Dec 2024 to Feb 2025	% Change
Total paid Amount	$52,445,320.09	$54,764,342.95	4.42%
Unique users	78,347	81,400	3.90%
Cost Per user	$669.40	$672.78	0.51%
Total prescriptions	493,379	487,530	-1.19%
Average Prescriptions per user	6.30	5.99	-4.89%
Average cost per prescription	$106.30	$112.33	5.67%
# Generic Prescriptions	448,771	443,467	-1.18%
% Generic	91.0%	91.0%	0.00%
$ Generic	$7,893,960.08	$7,959,104.13	0.83%
Average Generic Prescription Cost	$17.59	$17.95	2.03%
Average Generic Days' Supply	25.63	26.07	1.72%
# Brand Prescriptions	44,608	44,063	-1.22%
% Brand	9.04%	9.04%	-0.04%
$ Brand	$44,551,360	$46,805,239	5.06%
Average Brand Prescription cost	$998.73	$1,062.23	6.36%
Average Brand Days' Supply	27.96	28.15	0.69%

UTILIZATION BY AGE		
Age	Sept 2024 to Nov 2024	Dec 2024 to Feb 2025
0 to 6	12,193	14,832
7 to 12	10,326	10,950
13 to 18	10,470	10,674
19 to 64	44,375	44,485
65+	1,362	899
Total	78,726	81,840

UTILIZATION BY GENDER AND AGE			
Gender	Age	Sept 2024 to Nov 2024	Dec 2024 to Feb 2025
F	0 to 6	5,615	6,928
	7 to 12	4,626	4,861
	13 to 18	5,933	5,924
	19 to 64	28,271	28,411
	65+	884	551
	Gender Total	45,329	46,675
M	0 to 6	6,576	7,902
	7 to 12	5,700	6,088
	13 to 18	4,537	4,750
	19 to 64	16,099	16,072
	65+	479	349
	Gender Total	33,391	35,161
Grand Total		78,720	81,836

Top 100 Pharmacies by Prescription Count Dec 2024 to Feb 2025							
RANK	Pharmacy NAME	Pharmacy City	State	Prescription Count	Paid Amount	Average Cost RX	Previous RANK
1	UIHC AMBULATORY CARE PHC	IOWA CITY	IA	7,459	$4,576,434.55	$613.55	1
2	WALGREENS 04405	COUNCIL BLUFFS	IA	4,996	$342,176.22	$68.49	2
3	BROADLAWNS MED CTR OP PH	DES MOINES	IA	4,588	$201,340.15	$43.88	4
4	WALGREENS 05042	CEDAR RAPIDS	IA	4,501	$206,354.77	$45.85	3
5	WALGREENS 05239	DAVENPORT	IA	3,495	$178,957.90	$51.20	6
6	HY-VEE PHARMACY 1403	MARSHALLTOWN	IA	3,388	$237,341.88	$70.05	5
7	RIGHT DOSE PHARMACY	ANKENY	IA	3,198	$158,794.62	$49.65	7
8	WALGREENS 05721	DES MOINES	IA	3,149	$155,033.58	$49.23	9
9	HY-VEE DRUGSTORE 7060	MUSCATINE	IA	2,838	$217,451.05	$76.62	11
10	SIOUXLAND COMM HLTH CTR	SIOUX CITY	IA	2,833	$142,954.06	$50.46	14
11	HY-VEE PHARMACY 1138	DES MOINES	IA	2,820	$228,409.87	$81.00	8
12	WALGREENS 07455	WATERLOO	IA	2,795	$177,014.22	$63.33	10
13	WALGREENS 03700	COUNCIL BLUFFS	IA	2,680	$148,167.82	$55.29	15
14	WALGREENS 07453	DES MOINES	IA	2,617	$150,495.01	$57.51	17
15	HY-VEE PHARMACY 1092	COUNCIL BLUFFS	IA	2,583	$240,215.94	$93.00	12
16	WALGREENS 15647	SIOUX CITY	IA	2,576	$181,647.55	$70.52	13
17	HY-VEE PHARMACY 1192	FORT DODGE	IA	2,462	$150,813.86	$61.26	21
18	HY-VEE PHARMACY 1109	DAVENPORT	IA	2,461	$169,057.41	$68.69	16
19	DRILLING PHARMACY 67	SIOUX CITY	IA	2,395	$135,801.00	$56.70	30
20	HY-VEE PHARMACY 1075	CLINTON	IA	2,390	$174,592.44	$73.05	27
21	HY-VEE DRUGSTORE 7020	CEDAR RAPIDS	IA	2,389	$165,069.63	$69.10	19
22	HY-VEE PHARMACY 1056	CEDAR RAPIDS	IA	2,330	$135,437.25	$58.13	18
23	NELSON FAMILY PHARMACY	FORT MADISON	IA	2,268	$151,462.03	$66.78	22

24	WALMART PHARMACY 10-2889	CLINTON	IA	2,249	$165,231.40	$73.47	23
25	WALGREENS 00359	DES MOINES	IA	2,217	$149,441.81	$67.41	20
26	COMMUNITY HEALTH CARE PH	DAVENPORT	IA	2,209	$76,587.03	$34.67	29
27	WALGREENS 04041	DAVENPORT	IA	2,165	$127,950.63	$59.10	26
28	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	2,152	$125,851.59	$58.48	39
29	HY-VEE DRUGSTORE 7065	OTTUMWA	IA	2,149	$178,848.51	$83.22	24
30	HY-VEE PHARMACY 1142	DES MOINES	IA	2,134	$131,668.44	$61.70	32
31	HY-VEE PHARMACY 1061	CEDAR RAPIDS	IA	2,038	$113,247.43	$55.57	28
32	HY-VEE PHARMACY 1151	DES MOINES	IA	2,016	$100,403.82	$49.80	25
33	CVS PHARMACY 08544	WATERLOO	IA	1,991	$109,719.55	$55.11	33
34	CVS PHARMACY 10282	FORT DODGE	IA	1,977	$117,779.78	$59.58	31
35	GREENWOOD DRUG ON KIMBAL	WATERLOO	IA	1,899	$143,252.76	$75.44	37
36	MAHASKA DRUGS	OSKALOOSA	IA	1,844	$120,956.75	$65.59	34
37	WALMART PHARMACY 10-3394	ATLANTIC	IA	1,792	$104,347.21	$58.23	42
38	WALGREENS 10855	WATERLOO	IA	1,788	$106,933.96	$59.81	36
39	HY-VEE PHARMACY 1396	MARION	IA	1,772	$100,735.85	$56.85	38
40	WALMART PHARMACY 10-3590	SIOUX CITY	IA	1,733	$121,799.00	$70.28	40
41	HY-VEE PHARMACY 1044	BURLINGTON	IA	1,723	$81,896.14	$47.53	35
42	WALMART PHARMACY 10-5115	DAVENPORT	IA	1,715	$112,423.32	$65.55	54
43	WALGREENS 05470	SIOUX CITY	IA	1,706	$114,582.10	$67.16	46
44	HY-VEE PHARMACY 1522	PERRY	IA	1,679	$85,688.19	$51.04	51
45	HY-VEE PHARMACY 1281	IOWA CITY	IA	1,669	$79,592.97	$47.69	53
46	HY-VEE PHARMACY 1615	SIOUX CITY	IA	1,666	$136,100.85	$81.69	48
47	HY-VEE PHARMACY 1530	PLEASANT HILL	IA	1,653	$98,638.23	$59.67	44
48	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	1,642	$210,471.70	$128.18	45
49	WALMART PHARMACY 10-0559	MUSCATINE	IA	1,641	$124,874.49	$76.10	55
50	WALMART PHARMACY 10-0646	ANAMOSA	IA	1,638	$94,854.02	$57.91	47

51	HY-VEE PHARMACY 1074	CHARLES CITY	IA	1,633	$104,423.60	$63.95	52
52	CVS PHARMACY 08658	DAVENPORT	IA	1,620	$80,238.45	$49.53	62
53	WALGREENS 07454	ANKENY	IA	1,619	$67,990.76	$42.00	50
54	WALGREENS 05852	DES MOINES	IA	1,613	$87,403.64	$54.19	43
55	HY-VEE PHARMACY 1504	OTTUMWA	IA	1,600	$62,191.90	$38.87	57
56	HY VEE PHARMACY 1459	OELWEIN	IA	1,578	$81,853.91	$51.87	60
57	UI HEALTHCARE	CORALVILLE	IA	1,551	$44,683.99	$28.81	56
58	ALL CARE HEALTH CENTER	COUNCIL BLUFFS	IA	1,517	$55,442.82	$36.55	84
59	HY-VEE PHARMACY 1180	FAIRFIELD	IA	1,515	$106,050.09	$70.00	61
60	HY-VEE PHARMACY 1058	CENTERVILLE	IA	1,507	$249,403.24	$165.50	49
61	HY-VEE PHARMACY 1866	WATERLOO	IA	1,506	$120,925.86	$80.30	41
62	WALGREENS 07452	DES MOINES	IA	1,504	$82,105.87	$54.59	66
63	HY-VEE DRUGSTORE 7056	MASON CITY	IA	1,499	$100,054.93	$66.75	64
64	WALMART PHARMACY 10-1496	WATERLOO	IA	1,495	$113,901.21	$76.19	58
65	HY-VEE PHARMACY 1449	NEWTON	IA	1,487	$144,054.16	$96.88	69
66	WALGREENS 05362	DES MOINES	IA	1,480	$106,593.64	$72.02	71
67	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	1,477	$87,986.47	$59.57	78
68	HY-VEE PHARMACY 1610	SIOUX CITY	IA	1,475	$111,630.24	$75.68	65
69	SCOTT PHARMACY INC	FAYETTE	IA	1,472	$90,494.21	$61.48	80
70	WALMART PHARMACY 10-0985	FAIRFIELD	IA	1,464	$62,364.60	$42.60	81
71	WALGREENS 03875	CEDAR RAPIDS	IA	1,457	$88,601.20	$60.81	63
72	HY-VEE PHARMACY 1148	DES MOINES	IA	1,426	$82,870.56	$58.11	88
73	HY-VEE PHARMACY 1241	HARLAN	IA	1,398	$88,325.65	$63.18	68
74	WALMART PHARMACY 10-0581	MARSHALLTOWN	IA	1,396	$125,202.12	$89.69	72
75	COVENANT FAMILY PHARMACY	WATERLOO	IA	1,370	$111,324.76	$81.26	82
76	WALMART PHARMACY 10-1723	DES MOINES	IA	1,353	$63,315.57	$46.80	59
77	HY-VEE PHARMACY 1013	AMES	IA	1,350	$68,961.02	$51.08	90

78	HY-VEE PHARMACY 1042	BURLINGTON	IA	1,345	$110,457.80	$82.12	83
79	WALMART PHARMACY 10-0810	MASON CITY	IA	1,325	$116,058.05	$87.59	86
80	NUCARA LTC PHARMACY 3	IOWA CITY	IA	1,319	$23,787.03	$18.03	76
81	WALMART PHARMACY 10-1621	CENTERVILLE	IA	1,313	$105,281.02	$80.18	77
82	WALMART PHARMACY 10-0797	WEST BURLINGTON	IA	1,310	$52,807.79	$40.31	75
83	WALGREENS 03595	DAVENPORT	IA	1,310	$47,122.48	$35.97	74
84	WAGNER PHARMACY	CLINTON	IA	1,303	$88,256.41	$67.73	100
85	HY-VEE PHARMACY 1009	ALBIA	IA	1,301	$70,310.96	$54.04	105
86	HY-VEE DRUGSTORE 7026	CEDAR RAPIDS	IA	1,291	$74,844.05	$57.97	73
87	HY-VEE PHARMACY 1065	CHARITON	IA	1,286	$74,642.39	$58.04	92
88	HY-VEE PHARMACY 1054	CEDAR RAPIDS	IA	1,283	$91,705.80	$71.48	107
89	HY-VEE PHARMACY 1071	CLARINDA	IA	1,279	$79,381.41	$62.07	67
90	HY-VEE PHARMACY 1873	WAUKEE	IA	1,279	$65,104.87	$50.90	87
91	FOREST PARK CLINIC PHCY	MASON CITY	IA	1,276	$64,031.13	$50.18	104
92	WALMART PHARMACY 10-1285	OTTUMWA	IA	1,275	$73,091.18	$57.33	110
93	DANIEL PHARMACY	FORT DODGE	IA	1,274	$92,249.35	$72.41	79
94	HY-VEE PHARMACY 1136	DES MOINES	IA	1,260	$73,369.62	$58.23	99
95	LEWIS FAMILY DRUG 28	ONAWA	IA	1,253	$97,685.38	$77.96	147
96	WALGREENS 03876	MARION	IA	1,247	$63,838.01	$51.19	70
97	WALGREENS 09791	ALTOONA	IA	1,242	$60,515.22	$48.72	108
98	MAIN AT LOCUST PHARMACY	DAVENPORT	IA	1,210	$118,069.54	$97.58	143
99	HY-VEE PHARMACY 1018	AMES	IA	1,208	$75,012.15	$62.10	112
100	HY-VEE PHARMACY 1202	FORT MADISON	IA	1,207	$97,513.83	$80.79	109

Top 100 Pharmacies by Paid Amount Dec 2024 to Feb 2025							
RANK	Pharmacy NAME	Pharmacy City	State	Prescription Count	Paid Amount	Average Cost Member	Previous RANK
1	UIHC AMBULATORY CARE PHC	IOWA CITY	IA	7,459	$4,576,434.55	$613.55	2
2	CAREMARK SPECIALTY P 1702	LENEXA	KS	584	$4,437,173.68	$7,597.90	1
3	COMMUNITY, A WALGRE 16528	DES MOINES	IA	499	$2,340,952.19	$4,691.29	3
4	CVS SPECIALTY 02921	MONROEVILLE	PA	196	$1,516,854.22	$7,739.05	4
5	UNITYPOINT AT HOME	URBANDALE	IA	351	$1,129,614.33	$3,218.27	5
6	NUCARA SPECIALTY PHARMAC	PLEASANT HILL	IA	946	$988,440.36	$1,044.86	6
7	CAREMARK SPECIALTY 48031	MOUNT PROSPECT	IL	69	$609,409.33	$8,832.02	10
8	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	43	$597,002.52	$13,883.78	7
9	PANTHERX SPECIALTY PHARM	CORAOPOLIS	PA	16	$564,452.40	$35,278.28	18
10	COMMUNITY A WALGREE 21250	IOWA CITY	IA	168	$540,375.90	$3,216.52	8
11	OPTUM PHARMACY	JEFFERSONVILLE	IN	59	$473,637.01	$8,027.75	24
12	CARE PLUS CVS/PHARM 00102	AURORA	CO	52	$458,294.73	$8,813.36	12
13	AMBER PHARMACY	OMAHA	NE	85	$433,736.17	$5,102.78	11
14	ANOVORX GROUP LLC	MEMPHIS	TN	19	$354,196.69	$18,641.93	14
15	WALGREENS 04405	COUNCIL BLUFFS	IA	4,996	$342,176.22	$68.49	13
16	EXPRESS SCRIPTS SPECIALT	ST. LOUIS	MO	20	$333,567.60	$16,678.38	136
17	CVS/SPECIALTY 1703	REDLANDS	CA	19	$311,566.00	$16,398.21	28
18	PRIMARY HEALTHCARE PHARM	DES MOINES	IA	985	$303,978.36	$308.61	17
19	FIRST MED EAST PHARMACY	DAVENPORT	IA	343	$295,886.28	$862.64	16
20	ACARIAHEALTH PHARMACY 11	HOUSTON	TX	22	$289,208.73	$13,145.85	9
21	ARJ INFUSION SERVICES LL	CEDAR RAPIDS	IA	40	$272,886.25	$6,822.16	31
22	AVERA SPECIALTY PHARMACY	SIOUX FALLS	SD	57	$255,816.64	$4,488.01	45
23	HY-VEE PHARMACY 1058	CENTERVILLE	IA	1,507	$249,403.24	$165.50	26

24	MEDICAL ONCOLOGY & HEMAT	DES MOINES	IA	33	$243,458.60	$7,377.53	23
25	EVERSANA LIFE SCIENCE SE	CHESTERFIELD	MO	7	$241,039.48	$34,434.21	41
26	HY-VEE PHARMACY 1092	COUNCIL BLUFFS	IA	2,583	$240,215.94	$93.00	21
27	HY-VEE PHARMACY 1403	MARSHALLTOWN	IA	3,388	$237,341.88	$70.05	19
28	CR CARE PHARMACY	CEDAR RAPIDS	IA	996	$236,257.66	$237.21	27
29	FAIRVIEW PHARMACY	MINNEAPOLIS	MN	22	$228,907.20	$10,404.87	20
30	HY-VEE PHARMACY 1138	DES MOINES	IA	2,820	$228,409.87	$81.00	22
31	HY-VEE DRUGSTORE 7060	MUSCATINE	IA	2,838	$217,451.05	$76.62	30
32	GENOA HEALTHCARE LL 20171	DAVENPORT	IA	1,121	$213,503.14	$190.46	32
33	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	1,642	$210,471.70	$128.18	34
34	WALGREENS 05042	CEDAR RAPIDS	IA	4,501	$206,354.77	$45.85	25
35	BROADLAWNS MED CTR OP PH	DES MOINES	IA	4,588	$201,340.15	$43.88	38
36	GENOA HEALTHCARE LL 20304	SIOUX CITY	IA	1,059	$198,450.09	$187.39	60
37	WALGREENS 15647	SIOUX CITY	IA	2,576	$181,647.55	$70.52	48
38	WALGREENS 05239	DAVENPORT	IA	3,495	$178,957.90	$51.20	36
39	HY-VEE DRUGSTORE 7065	OTTUMWA	IA	2,149	$178,848.51	$83.22	29
40	WALGREENS 07455	WATERLOO	IA	2,795	$177,014.22	$63.33	43
41	S-S PHARMACY	COUNCIL BLUFFS	IA	704	$176,127.29	$250.18	37
42	HY-VEE PHARMACY 1075	CLINTON	IA	2,390	$174,592.44	$73.05	49
43	ACCREDO HEALTH GROUP INC	WARRENDALE	PA	11	$170,269.80	$15,479.07	15
44	HY-VEE PHARMACY 1109	DAVENPORT	IA	2,461	$169,057.41	$68.69	33
45	WALMART PHARMACY 10-2889	CLINTON	IA	2,249	$165,231.40	$73.47	57
46	HY-VEE DRUGSTORE 7020	CEDAR RAPIDS	IA	2,389	$165,069.63	$69.10	47
47	RIGHT DOSE PHARMACY	ANKENY	IA	3,198	$158,794.62	$49.65	52
48	PARAGON PARTNERS	OMAHA	NE	193	$155,705.40	$806.76	58
49	WALGREENS 05721	DES MOINES	IA	3,149	$155,033.58	$49.23	39
50	ALLEN CLINIC PHARMACY	WATERLOO	IA	861	$151,808.26	$176.32	40

51	NELSON FAMILY PHARMACY	FORT MADISON	IA	2,268	$151,462.03	$66.78	42
52	HY-VEE PHARMACY 1192	FORT DODGE	IA	2,462	$150,813.86	$61.26	53
53	WALGREENS 07453	DES MOINES	IA	2,617	$150,495.01	$57.51	66
54	WALGREENS 00359	DES MOINES	IA	2,217	$149,441.81	$67.41	46
55	MEDICAP PHARMACY 8052	DES MOINES	IA	936	$148,838.99	$159.02	76
56	WALGREENS 03700	COUNCIL BLUFFS	IA	2,680	$148,167.82	$55.29	51
57	ONCO360	LOUISVILLE	KY	15	$144,637.52	$9,642.50	301
58	HY-VEE PHARMACY 1449	NEWTON	IA	1,487	$144,054.16	$96.88	82
59	GREENWOOD DRUG ON KIMBAL	WATERLOO	IA	1,899	$143,252.76	$75.44	55
60	SIOUXLAND COMM HLTH CTR	SIOUX CITY	IA	2,833	$142,954.06	$50.46	75
61	SIOUXLAND REGIONAL CANCE	SIOUX CITY	IA	8	$142,825.85	$17,853.23	84
62	HY-VEE PHARMACY 1615	SIOUX CITY	IA	1,666	$136,100.85	$81.69	64
63	DRILLING PHARMACY 67	SIOUX CITY	IA	2,395	$135,801.00	$56.70	61
64	HY-VEE PHARMACY 1056	CEDAR RAPIDS	IA	2,330	$135,437.25	$58.13	62
65	GENOA HEALTHCARE LL 20523	SIOUX CITY	IA	356	$135,241.81	$379.89	65
66	HY-VEE PHARMACY 1142	DES MOINES	IA	2,134	$131,668.44	$61.70	67
67	WALGREENS 04041	DAVENPORT	IA	2,165	$127,950.63	$59.10	50
68	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	2,152	$125,851.59	$58.48	83
69	WALMART PHARMACY 10-0581	MARSHALLTOWN	IA	1,396	$125,202.12	$89.69	68
70	WALMART PHARMACY 10-0559	MUSCATINE	IA	1,641	$124,874.49	$76.10	100
71	WALGREENS 16270	OMAHA	NE	25	$124,805.88	$4,992.24	92
72	WALMART PHARMACY 10-3590	SIOUX CITY	IA	1,733	$121,799.00	$70.28	74
73	MAHASKA DRUGS	OSKALOOSA	IA	1,844	$120,956.75	$65.59	80
74	HY-VEE PHARMACY 1866	WATERLOO	IA	1,506	$120,925.86	$80.30	59
75	FIFIELD DRUG STORE	DES MOINES	IA	784	$120,323.24	$153.47	87
76	GREENWOOD COMPLIANCE PHA	WATERLOO	IA	701	$120,301.42	$171.61	81
77	HY-VEE PHARMACY SOL	OMAHA	NE	19	$119,545.48	$6,291.87	127

78	CHCSI PHARMACY	LEON	IA	973	$119,485.95	$122.80	109
79	NEBRASKA MED CTR CLINIC	OMAHA	NE	216	$119,443.51	$552.98	153
80	MAIN AT LOCUST PHARMACY	DAVENPORT	IA	1,210	$118,069.54	$97.58	110
81	CVS PHARMACY 10282	FORT DODGE	IA	1,977	$117,779.78	$59.58	106
82	WALMART PHARMACY 10-0810	MASON CITY	IA	1,325	$116,058.05	$87.59	90
83	WALGREENS 05470	SIOUX CITY	IA	1,706	$114,582.10	$67.16	54
84	WALMART PHARMACY 10-1496	WATERLOO	IA	1,495	$113,901.21	$76.19	95
85	GENOA HEALTHCARE LL 20459	MARSHALLTOWN	IA	473	$113,472.29	$239.90	118
86	HY-VEE PHARMACY 1061	CEDAR RAPIDS	IA	2,038	$113,247.43	$55.57	73
87	WALMART PHARMACY 10-5115	DAVENPORT	IA	1,715	$112,423.32	$65.55	99
88	HY-VEE PHARMACY 1610	SIOUX CITY	IA	1,475	$111,630.24	$75.68	70
89	COVENANT FAMILY PHARMACY	WATERLOO	IA	1,370	$111,324.76	$81.26	77
90	HY-VEE PHARMACY 1042	BURLINGTON	IA	1,345	$110,457.80	$82.12	103
91	CVS PHARMACY 08544	WATERLOO	IA	1,991	$109,719.55	$55.11	89
92	WALMART PHARMACY 10-0886	FORT DODGE	IA	1,032	$109,264.37	$105.88	166
93	WALGREENS 10855	WATERLOO	IA	1,788	$106,933.96	$59.81	116
94	WALGREENS 05362	DES MOINES	IA	1,480	$106,593.64	$72.02	94
95	HY-VEE PHARMACY 1180	FAIRFIELD	IA	1,515	$106,050.09	$70.00	91
96	WALMART PHARMACY 10-1621	CENTERVILLE	IA	1,313	$105,281.02	$80.18	72
97	HY-VEE PHARMACY 1074	CHARLES CITY	IA	1,633	$104,423.60	$63.95	97
98	WALMART PHARMACY 10-3394	ATLANTIC	IA	1,792	$104,347.21	$58.23	105
99	HY-VEE PHARMACY 1396	MARION	IA	1,772	$100,735.85	$56.85	71
100	HY-VEE PHARMACY 1151	DES MOINES	IA	2,016	$100,403.82	$49.80	69

Top 100 Prescribing Providers by Prescription Count Dec 2024 to Feb 2025						
RANK	NPI Num	Prescriber Name	Paid Amount	Prescription Count	Average Scripts Member	Previous Rank
1	1982605762	JEFFREY WILHARM	$42,391.08	1,062	15.4	1
2	1356359871	RHEA HARTLEY	$78,306.47	808	5.1	3
3	1013115369	BOBBITA NAG	$28,717.10	796	4.7	2
4	1811419815	GRETCHEN WENGER	$38,945.42	631	4.9	17
5	1164538674	JOSEPH WANZEK	$35,506.74	627	8.3	5
6	1659358620	CARLOS CASTILLO	$17,100.27	626	6.3	7
7	1982030946	JACKLYN BESCH	$26,378.93	624	7.3	4
8	1164823092	JAMEY GREGERSEN	$27,603.75	589	7.8	6
9	1689077018	STACY ROTH	$53,194.21	579	6.2	19
10	1467502286	CHARLES TILLEY	$134,052.15	544	7.8	12
11	1477926434	JACKIE SHIPLEY	$26,374.88	533	5.0	22
12	1760965032	MELISSA MILLER	$12,495.72	529	7.6	105
13	1992402655	SHANE EBERHARDT	$105,258.83	527	5.1	41
14	1134854128	DZEVIDA PANDZIC	$35,939.01	524	4.3	11
15	1417941188	DEBRA NEUHARTH	$33,547.92	516	5.7	18
16	1891146999	BECKY JOHNSON	$522,054.38	515	6.6	50
17	1043211303	ALI SAFDAR	$68,631.44	511	6.6	27
18	1477199198	SAJO THOMAS	$88,546.26	510	6.4	8
19	1598183493	JENA ELLERHOFF	$19,671.69	507	8.7	21
20	1437238110	GENEVIEVE NELSON	$50,093.51	502	8.7	25
21	1144588476	RACHEL FILZER	$62,346.06	502	7.7	15
22	1730849647	MELANIE ROCK	$13,351.95	496	6.3	35
23	1679986350	JENNIFER SPOERL	$94,302.08	488	6.8	65
24	1205540804	SAKETA POLK	$24,276.27	488	7.7	32

25	1154815330	BRUCE PEHL	$24,083.83	486	6.5	43
26	1437209434	JON THOMAS	$35,031.77	480	5.9	16
27	1003470923	EARLENE ANGELL	$94,089.60	480	8.1	46
28	1619380680	TARA BROCKMAN	$20,445.40	479	5.6	13
29	1245227099	DONNA DOBSON TOBIN	$37,919.94	479	10.0	66
30	1902912538	CHRISTIAN JONES	$33,920.93	473	5.9	14
31	1528365277	MINA SALIB	$371,526.88	462	3.8	9
32	1831731298	HEATHER WILSON	$30,810.49	458	6.8	58
33	1538368170	CHRISTOPHER MATSON	$20,254.37	455	8.0	87
34	1407141336	TERRA GOLDSBERRY	$6,900.02	450	37.5	55
35	1942721584	SHAWNA FURY	$24,699.83	449	5.6	30
36	1922455096	DEAN GUERDET	$51,086.02	449	6.1	23
37	1770933046	SHELBY BILLER	$52,444.98	448	5.6	33
38	1205393386	JESSICA HUDSPETH	$51,286.53	448	7.2	38
39	1306559786	ROY HENRY	$20,835.69	445	7.4	31
40	1821333774	BRITTNI BENDA	$27,916.31	442	5.8	40
41	1215184726	BABUJI GANDRA	$11,256.08	442	5.2	48
42	1437692803	CASSANDRA DUNLAVY	$24,947.04	433	6.0	56
43	1932531316	BROOKE JOHNSON	$36,700.97	432	5.7	36
44	1053963900	NICOLE MCCLAVY	$51,001.66	432	7.2	42
45	1588746515	AMY BADBERG	$17,247.88	429	6.3	57
46	1043434525	ROBERT KENT	$22,889.19	423	6.1	60
47	1538157383	DAVID WENGER-KELLER	$35,491.63	419	12.3	63
48	1609218304	AMANDA GARR	$57,739.65	418	7.7	39
49	1649763079	KATE JARVIS	$44,152.01	416	5.8	110
50	1780877878	CHRISTOPHER JACOBS	$44,210.96	412	5.4	20
51	1619153137	JOADA BEST	$26,709.17	412	5.9	49

52	1558770974	MARC BAUMERT	$18,985.88	411	5.0	34
53	1346621059	MARK ZACHARJASZ	$22,416.90	411	8.7	76
54	1932732203	AUDREY HOUSMAN	$28,910.76	409	4.4	67
55	1053630640	JENNIFER DONOVAN	$39,618.05	409	6.9	68
56	1811960768	ANGELA VEENSTRA	$28,348.12	404	8.6	271
57	1275763047	REBECCA BOWMAN	$39,778.35	403	7.3	53
58	1265841845	MARY SCHWERING	$25,593.79	403	6.1	62
59	1316471154	NICOLE WOOLLEY	$17,421.82	402	5.1	52
60	1114681889	KELSEY BAUER	$40,325.14	400	6.8	140
61	1053398800	STEVEN SCURR	$38,066.00	398	5.4	77
62	1912345992	AMY WINGERT	$9,580.47	397	4.8	93
63	1225089287	JULIE HANSON	$7,522.87	397	1.7	165
64	1184125262	JENIFER EDSTROM	$25,119.75	392	4.7	112
65	1467907394	CYNTHIA COENEN	$49,961.39	388	8.8	47
66	1184657603	SARA RYGOL	$38,449.97	388	5.6	29
67	1427766559	KORIE EISCHEID	$20,537.22	387	6.5	88
68	1417214321	LEAH BRANDON	$12,783.45	386	12.1	176
69	1689139669	BENJAMIN BOLMEIER	$12,982.38	385	6.3	59
70	1316510324	SANDY MARCUS	$16,638.27	385	5.7	95
71	1386044832	MARY GRIEDER	$16,399.56	384	10.1	28
72	1891707832	LISA KLOCK	$21,320.12	380	4.8	51
73	1184056822	ABBY KOLTHOFF	$181,999.98	379	5.7	72
74	1962418640	BARCLAY MONASTER	$20,402.76	378	4.2	96
75	1508846007	ANGELA TOWNSEND	$20,547.55	378	4.1	73
76	1508844465	MICHELE FRIEDMAN	$13,319.52	375	17.0	24
77	1003053653	STANLEY MATHEW	$17,266.20	375	15.6	74
78	1902596828	LINDSAY HARMS	$33,841.42	374	8.9	85

79	1902358443	MELISSA KONKEN	$70,765.67	372	7.2	116
80	1376579706	TZE CHAN	$32,805.03	372	8.9	147
81	1013355759	DYLAN GREENE	$20,392.36	372	4.6	37
82	1144214248	KRISTI WALZ	$143,942.00	370	6.6	100
83	1649469826	KATHERINE LUTYENS	$34,027.79	365	4.5	118
84	1457914657	SEEMA ANTONY	$25,755.57	365	4.2	83
85	1972758126	REBECCA BOLLIN	$12,932.60	363	5.2	71
86	1407415128	SONDRA PHILIPS	$22,383.14	362	5.9	236
87	1750845954	STEPHANIE GIESLER	$43,891.48	357	7.0	90
88	1023469798	WEI SHIPENG	$24,781.36	356	15.5	44
89	1952993354	ELIZEBETH BRAKE	$9,001.25	355	7.2	103
90	1477112688	FELICIA HOERNER	$24,450.40	354	6.2	101
91	1134191018	DUSTIN SMITH	$28,952.71	354	4.1	54
92	1346673100	SAMANTHA FARRIS	$18,084.63	353	6.7	92
93	1144240805	DANIEL ROWLEY	$17,559.37	351	11.7	79
94	1871105916	LACIE THEIS	$20,602.89	350	6.1	99
95	1417241621	ASHLEY MATHES	$22,833.88	349	5.6	119
96	1871021543	SUSAN WILSON	$28,729.68	345	6.3	94
97	1780979666	LINDSEY CHRISTIANSON	$17,565.51	345	5.5	69
98	1528329398	ERIN ROWAN	$18,306.37	345	5.1	89
99	1467465716	JEFFREY BRADY	$18,058.42	344	5.9	86
100	1023542271	FLYNN MCCULLOUGH	$32,580.60	344	5.5	222

Top 100 Prescribing Providers by Paid Amount Dec 2024 to Feb 2025						
RANK	NPI Num	Prescriber Name	Paid Amount	Avg cost RX	Prescription Count	Previous Rank
1	1114214541	DIMAH SAADE	$609,837.73	$11,087.96	55	14
2	1316934318	STEVEN LENTZ	$567,248.02	$21,817.23	26	3
3	1891146999	BECKY JOHNSON	$522,054.38	$1,013.70	515	2
4	1295091510	REBECCA WEINER	$469,518.44	$2,134.17	220	5
5	1417443953	RODNEY CLARK	$407,627.23	$1,206.00	338	4
6	1528365277	MINA SALIB	$371,526.88	$804.17	462	1
7	1942937388	CARLY TRAUSCH	$341,342.10	$1,223.45	279	8
8	1760562466	ARTHUR BEISANG	$316,903.76	$52,817.29	6	7
9	1194945691	ANJALI SHARATHKUMAR	$307,793.41	$6,155.87	50	30
10	1013126705	JANICE STABER	$274,117.16	$6,229.94	44	12
11	1467449579	BRIAN WAYSON	$261,766.55	$3,966.16	66	11
12	1952423071	SAKEER HUSSAIN	$255,456.84	$6,386.42	40	13
13	1700561826	PEDRO HSIEH	$242,087.67	$15,130.48	16	6
14	1437533130	KATIE BROSHUIS	$231,003.84	$1,925.03	120	25
15	1003315201	ABIGAIL BEHRENS	$229,906.77	$4,421.28	52	16
16	1093382632	GAIL DOOLEY	$221,549.84	$1,571.28	141	41
17	1588616171	HEATHER THOMAS	$220,096.47	$1,865.22	118	9
18	1649943689	JESSICA COFFEY	$215,688.33	$1,153.41	187	18
19	1073722112	RIAD RAHHAL	$213,741.64	$1,595.09	134	17
20	1245353242	SANDY HONG	$204,648.60	$4,759.27	43	48
21	1700417169	COURTNEY REINTS	$201,889.08	$1,147.10	176	39
22	1225263833	LINDSAY ORRIS	$198,542.41	$5,090.83	39	20
23	1437121407	LINDA CADARET	$197,277.36	$4,697.08	42	10
24	1669137832	TIFFANY NAVRKAL	$195,981.70	$2,252.66	87	27

25	1669740957	COURTNEY KREMER	$190,246.72	$2,161.89	88	44
26	1184056822	ABBY KOLTHOFF	$181,999.98	$480.21	379	29
27	1285626390	KATHLEEN GRADOVILLE	$180,253.33	$1,178.13	153	242
28	1144455502	JENNIFER PETTS	$173,805.87	$1,594.55	109	47
29	1558808501	JESSICA BRAKSIEK	$171,952.65	$6,878.11	25	74
30	1780995506	QUANHATHAI KAEWPOOWAT	$168,184.72	$2,303.90	73	79
31	1609820240	JAMES HARPER	$165,536.53	$33,107.31	5	23
32	1821046087	ARCHANA VERMA	$158,779.69	$2,405.75	66	31
33	1356752067	KELLY DELANEY-NELSON	$154,203.51	$1,732.62	89	59
34	1144214248	KRISTI WALZ	$143,942.00	$389.03	370	28
35	1841607900	SHAYLA SANDERS	$139,607.58	$2,792.15	50	54
36	1134440886	MELISSA WELLS	$136,841.54	$1,849.21	74	24
37	1649826140	TAYLOR BOLDT	$134,107.09	$957.91	140	34
38	1467502286	CHARLES TILLEY	$134,052.15	$246.42	544	35
39	1407065469	CHRISTOPH RANDAK	$133,685.76	$1,736.18	77	22
40	1780905729	JONATHAN FAHLER	$132,774.73	$11,064.56	12	119
41	1699887133	DANIEL DIMEO	$127,936.08	$2,665.34	48	33
42	1588618359	BARBARA BURKLE	$121,812.20	$2,900.29	42	19
43	1871039917	ELIZABETH ALLEN	$121,329.49	$1,479.63	82	38
44	1801405832	SARAH HIEMER	$118,986.83	$1,451.06	82	46
45	1225266364	SARAH BLIGH	$118,297.53	$3,033.27	39	57
46	1326410499	TARA EASTVOLD	$117,137.47	$518.31	226	36
47	1861876526	NIBASH BUDHATHOKI	$116,741.56	$4,025.57	29	64
48	1255658175	ASHLEY DESCHAMP	$113,697.95	$3,667.68	31	51
49	1215333091	NADIA NAZ	$112,754.29	$1,544.58	73	104
50	1902191059	AMBER TIERNEY	$112,542.72	$4,689.28	24	21
51	1598438095	LALAURA LOGAN	$111,815.54	$350.52	319	72

52	1073811352	KYLE ROSE	$111,347.58	$13,918.45	8	82
53	1275836751	HOLLY KRAMER	$109,883.99	$972.42	113	53
54	1902100746	AMI PATEL	$108,971.85	$2,867.68	38	55
55	1730135070	JAMES WALLACE	$108,775.79	$9,888.71	11	83
56	1750344743	STEVEN HEDDINGER	$106,437.61	$3,942.13	27	5,993
57	1992402655	SHANE EBERHARDT	$105,258.83	$199.73	527	61
58	1700080538	EDUARDO CARLIN	$103,822.89	$1,331.06	78	26
59	1194797449	DIANNA PROKUPEK	$101,845.92	$1,697.43	60	69
60	1003859877	VICTOR MUJICA	$98,748.64	$1,828.68	54	102
61	1750348496	VANESSA CURTIS	$94,868.97	$1,020.10	93	50
62	1679986350	JENNIFER SPOERL	$94,302.08	$193.24	488	126
63	1003470923	EARLENE ANGELL	$94,089.60	$196.02	480	66
64	1891955423	LEAH SIEGFRIED	$93,681.89	$326.42	287	42
65	1609003011	JOHN BERNAT	$91,381.89	$30,460.63	3	75
66	1508496134	MAKENZIE KREBER	$91,334.74	$1,790.88	51	267
67	1477761328	AMY CALHOUN	$90,594.73	$3,484.41	26	3,745
68	1245468768	THOMAS SCHMIDT	$90,454.29	$1,130.68	80	56
69	1376525196	RANDOLPH ROUGH	$90,181.05	$2,147.17	42	67
70	1528000940	SHELBY DAMES	$89,709.94	$4,077.72	22	87
71	1720036353	ERIK SWENSON	$89,427.66	$2,129.23	42	68
72	1306071915	THOMAS PIETRAS	$88,602.25	$3,164.37	28	116
73	1477199198	SAJO THOMAS	$88,546.26	$173.62	510	80
74	1215439708	ERNESTO RUIZ DUQUE	$87,758.28	$1,083.44	81	37
75	1063792026	JILL MILLER	$87,325.13	$314.12	278	78
76	1386084747	JENNIFER CONDON	$86,592.16	$809.27	107	70
77	1235792912	FARAAZ ZAFAR	$86,291.50	$2,104.67	41	858
78	1487648705	KAREN HUNKE	$86,177.59	$1,267.32	68	58

79	1588288385	JENIFER COOPER	$86,163.38	$1,595.62	54	240
80	1134249832	STEVEN CRAIG	$85,245.92	$1,253.62	68	122
81	1508332842	JODI JULIUS	$85,207.02	$28,402.34	3	136
82	1568756682	BILAL RAHIM	$82,832.48	$9,203.61	9	85
83	1013992205	LEON QIAO	$82,709.29	$5,907.81	14	140
84	1295217529	HEATHER STEHR	$82,681.49	$271.98	304	76
85	1265420095	ELIZABETH COOPER	$82,601.86	$2,118.00	39	105
86	1770232076	COLLIN OBRYAN	$82,149.84	$1,521.29	54	84
87	1316942212	JEFFREY GOLDMAN	$81,959.47	$1,951.42	42	310
88	1902864739	ANOOP AGGARWAL	$80,959.48	$2,791.71	29	49
89	1720698335	DANIKA HANSEN	$80,169.32	$300.26	267	93
90	1437147386	DOUGLAS HORNICK	$80,111.17	$10,013.90	8	118
91	1144900861	LIZABETH SHEETS	$80,020.93	$270.34	296	89
92	1134981038	CASSIDY CHALUPA	$79,352.17	$1,417.00	56	101
93	1902223894	SHEEVA PARBHU	$79,326.57	$9,915.82	8	188
94	1356359871	RHEA HARTLEY	$78,306.47	$96.91	808	94
95	1083102933	COLOMBIA PTACEK	$77,669.19	$1,386.95	56	133
96	1558882670	PAVIDA PACHARIYANON	$77,637.07	$1,194.42	65	152
97	1962663674	NIDHI MISHRA	$77,152.27	$9,644.03	8	389
98	1124245618	NAGENDRA NATARAJAN	$76,895.89	$25,631.96	3	91
99	1598501330	AMY HUYNH	$76,027.47	$1,070.81	71	4,178
100	1811666118	JESSIANN DRYDEN-PARISH	$75,885.70	$1,308.37	58	270

Top 20 Therapeutic Class by Paid Amount							
Category Description	Sept 2024 to Nov 2024 Total Cost	Previous Rank	Previous % Budget	Dec 2024 to Feb 2025 Total Cost	Current Rank	Current % Budget	% Change
ANTIDIABETICS	$7,011,076.42	1	13.41%	$7,266,516.24	1	13.27%	3.64%
DERMATOLOGICALS	$5,743,170.81	2	10.98%	$6,479,604.37	2	11.83%	12.82%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	$5,036,227.40	3	9.63%	$5,300,897.98	3	9.68%	5.26%
ANALGESICS - ANTI-INFLAMMATORY	$4,796,358.92	4	9.17%	$4,776,789.15	4	8.72%	-0.41%
ANTIVIRALS	$2,956,755.94	5	5.65%	$3,098,227.30	5	5.66%	4.78%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	$2,940,410.64	6	5.62%	$2,947,149.78	6	5.38%	0.23%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	$2,799,401.33	7	5.35%	$2,586,514.43	7	4.72%	-7.60%
HEMATOLOGICAL AGENTS - MISC.	$1,726,860.74	10	3.30%	$2,021,660.80	8	3.69%	17.07%
RESPIRATORY AGENTS - MISC.	$1,887,424.53	8	3.61%	$1,983,272.43	9	3.62%	5.08%
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	$1,859,724.94	9	3.56%	$1,915,654.74	10	3.50%	3.01%
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	$1,378,223.97	11	2.64%	$1,454,833.98	11	2.66%	5.56%
ENDOCRINE AND METABOLIC AGENTS - MISC.	$1,119,305.50	14	2.14%	$1,295,126.83	12	2.36%	15.71%
MIGRAINE PRODUCTS	$1,292,086.64	12	2.47%	$1,290,876.23	13	2.36%	-0.09%
ANTIDEPRESSANTS	$1,208,082.57	13	2.31%	$1,214,444.62	14	2.22%	0.53%
ANTICOAGULANTS	$1,059,181.78	15	2.03%	$1,104,744.61	15	2.02%	4.30%
GASTROINTESTINAL AGENTS - MISC.	$867,101.89	18	1.66%	$1,094,685.68	16	2.00%	26.25%
ANTICONVULSANTS	$1,010,384.51	16	1.93%	$1,010,214.33	17	1.84%	-0.02%
NEUROMUSCULAR AGENTS	$563,393.20	19	1.08%	$938,544.77	18	1.71%	66.59%
CARDIOVASCULAR AGENTS - MISC.	$963,528.74	17	1.84%	$902,032.54	19	1.65%	-6.38%
MISCELLANEOUS THERAPEUTIC CLASSES	$474,320.80	20	0.91%	$478,339.18	20	0.87%	0.85%

Top 20 Therapeutic Class by Prescription Count					
Category Description	Sept 2024 to Nov 2024 Total Claims	Previous Rank	Dec 2024 to Feb 2025 Total Claims	Current Rank	% Change
ANTIDEPRESSANTS	64,433	1	60,947	1	-5.41%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	27,291	2	27,369	2	0.29%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	25,639	4	26,308	3	2.61%
ANTICONVULSANTS	25,725	3	25,890	4	0.64%
ANTIDIABETICS	24,357	6	23,375	5	-4.03%
ANTIHYPERTENSIVES	25,365	5	23,118	6	-8.86%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	21,271	7	21,319	7	0.23%
ANTIANXIETY AGENTS	19,994	8	20,230	8	1.18%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	19,758	9	19,846	9	0.45%
PENICILLINS	14,568	11	17,690	10	21.43%
ANTIHYPERLIPIDEMICS	16,238	10	14,113	11	-13.09%
DERMATOLOGICALS	13,712	12	13,569	12	-1.04%
ANALGESICS - ANTI-INFLAMMATORY	12,023	14	11,668	13	-2.95%
ANALGESICS - OPIOID	11,370	15	11,087	14	-2.49%
BETA BLOCKERS	12,247	13	10,921	15	-10.83%
CORTICOSTEROIDS	9,779	18	10,258	16	4.90%
ANTIHISTAMINES	11,024	16	9,980	17	-9.47%
THYROID AGENTS	8,708	19	8,699	18	-0.10%
DIURETICS	9,912	17	8,493	19	-14.32%
ANTIEMETICS	6,030	24	7,637	20	26.65%

Top 100 Drugs by Paid Amount					
Drug Description	Sept 2024 to Nov 2024 Total Cost	Previous Rank	Dec 2024 to Feb 2025 Total cost	Current Rank	% Change
Ozempic	$2,563,417.32	1	$2,757,772.17	1	7.58%
Humira (2 Pen)	$2,429,962.01	2	$2,310,342.33	2	-4.92%
Dupixent	$1,974,884.14	3	$2,230,306.70	3	12.93%
Trikafta	$1,656,940.59	4	$1,655,504.32	4	-0.09%
Biktarvy	$1,586,996.36	6	$1,643,414.54	5	3.56%
Vraylar	$1,607,301.30	5	$1,631,700.06	6	1.52%
Jardiance	$1,203,869.90	8	$1,299,636.43	7	7.95%
Stelara	$1,336,647.31	7	$1,230,966.21	8	-7.91%
Invega Sustenna	$1,017,101.29	9	$1,096,930.79	9	7.85%
Taltz	$777,981.35	11	$971,993.93	10	24.94%
Skyrizi Pen	$550,324.87	15	$770,507.14	11	40.01%
Eliquis	$714,005.19	12	$762,452.62	12	6.79%
Hemlibra	$676,846.37	14	$761,767.62	13	12.55%
Trulicity	$780,818.56	10	$733,123.28	14	-6.11%
Ilaris	$401,904.75	21	$588,667.95	15	46.47%
Mounjaro	$474,494.44	16	$558,029.44	16	17.61%
Vyvanse	$699,298.64	13	$539,737.93	17	-22.82%
Duvyzat	$148,021.26	64	$487,933.77	18	229.64%
Enbrel SureClick	$456,863.22	18	$470,975.65	19	3.09%
Altuviiio	$350,902.48	26	$470,536.66	20	34.09%
Rexulti	$430,456.06	19	$462,915.02	21	7.54%
Abilify Maintena	$349,813.33	27	$424,553.24	22	21.37%

Nurtec	$470,246.74	17	$420,091.21	23	-10.67%
Rinvoq	$319,798.13	31	$419,537.56	24	31.19%
Farxiga	$412,483.28	20	$419,481.37	25	1.70%
Aristada	$396,206.52	22	$408,836.12	26	3.19%
Symbicort	$380,049.28	23	$380,928.82	27	0.23%
Ingrezza	$367,529.44	25	$370,313.24	28	0.76%
Mavyret	$379,103.94	24	$368,149.33	29	-2.89%
Entresto	$330,867.56	29	$354,570.86	30	7.16%
Lisdexamfetamine Dimesylate	$275,317.50	36	$352,831.99	31	28.15%
Norditropin FlexPro	$327,955.57	30	$348,154.12	32	6.16%
Caplyta	$345,299.85	28	$343,005.29	33	-0.66%
Invega Trinza	$305,258.75	34	$318,466.02	34	4.33%
Daybue	$311,703.22	33	$316,903.76	35	1.67%
Xarelto	$304,250.24	35	$311,076.79	36	2.24%
Trintellix	$268,059.45	37	$310,911.94	37	15.99%
Cosentyx UnoReady	$266,904.81	38	$308,009.48	38	15.40%
Albuterol Sulfate HFA	$312,178.19	32	$305,197.16	39	-2.24%
Skyrizi	$144,616.67	65	$298,271.74	40	106.25%
Xywav	$191,655.93	48	$279,085.08	41	45.62%
Trelegy Ellipta	$263,572.07	39	$273,115.53	42	3.62%
Ajovy	$217,443.57	42	$242,846.19	43	11.68%
Xifaxan	$250,893.37	40	$238,251.11	44	-5.04%
Jornay PM	$202,221.39	44	$214,057.55	45	5.85%
Skytrofa	$182,096.46	52	$210,765.52	46	15.74%
Humira (2 Syringe)	$242,637.20	41	$208,850.46	47	-13.92%
Livmarli	$167,942.50	57	$203,838.18	48	21.37%
Lenalidomide	$207,026.12	43	$200,693.00	49	-3.06%

Verzenio	$127,223.75	80	$199,212.10	50	56.58%
Lybalvi	$196,471.28	46	$196,490.99	51	0.01%
Hizentra	$162,291.50	59	$187,566.26	52	15.57%
Lantus SoloStar	$172,384.18	55	$185,200.46	53	7.43%
Alprolix	$137,414.54	71	$184,663.20	54	34.38%
Ubrelvy	$173,288.86	54	$183,623.29	55	5.96%
Advair HFA	$167,860.19	58	$175,527.51	56	4.57%
Eloctate	$151,229.41	61	$169,849.60	57	12.31%
Jynarque	$119,101.80	83	$169,830.12	58	42.59%
Opsumit	$139,104.34	69	$166,954.58	59	20.02%
Qelbree	$153,365.73	60	$166,619.28	60	8.64%
Fasenra Pen	$171,173.20	56	$164,465.94	61	-3.92%
Spiriva Respimat	$149,665.88	63	$163,251.76	62	9.08%
Amoxicillin	$127,328.37	79	$161,856.04	63	27.12%
Tremfya	$138,833.55	70	$160,517.47	64	15.62%
Concerta	$189,874.30	49	$156,047.71	65	-17.82%
Gattex	$179,721.46	53	$153,713.96	66	-14.47%
Erleada	$143,719.10	67	$151,573.19	67	5.46%
Jakafi	$95,017.78	111	$143,493.15	68	51.02%
Paxlovid (300/100)	$127,731.82	78	$143,391.23	69	12.26%
Xtandi	$64,559.66	165	$142,499.73	70	120.73%
Qulipta	$115,243.95	89	$142,096.05	71	23.30%
Linzess	$143,827.54	66	$141,367.72	72	-1.71%
Wakix	$185,313.67	51	$140,333.50	73	-24.27%
Ebglyss	$14,010.63	381	$140,170.08	74	900.46%
Sofosbuvir-Velpatasvir	$109,864.40	98	$138,952.73	75	26.48%
Januvia	$185,962.43	50	$138,706.85	76	-25.41%

Emgality	$132,318.49	72	$138,152.41	77	4.41%
Vijoice	$130,042.27	75	$136,542.51	78	5.00%
Austedo	$113,546.27	93	$136,068.64	79	19.84%
Evrysdi	$103,600.49	104	$133,629.87	80	28.99%
Ibrance	$111,950.39	95	$130,342.21	81	16.43%
Tresiba FlexTouch	$142,069.40	68	$130,229.40	82	-8.33%
Ruconest	$61,010.38	171	$125,621.26	83	105.90%
Abilify Asimtufii	$117,895.63	85	$123,686.02	84	4.91%
QuilliChew ER	$128,736.54	76	$121,320.41	85	-5.76%
Creon	$80,531.61	132	$120,330.48	86	49.42%
Epidiolex	$114,034.70	92	$119,528.25	87	4.82%
Methylphenidate HCl ER (OSM)	$114,960.09	90	$119,337.37	88	3.81%
Xolair	$101,419.38	106	$118,126.67	89	16.47%
Insulin Lispro (1 Unit Dial)	$115,935.74	88	$116,622.83	90	0.59%
EPINEPHrine	$128,073.47	77	$114,810.17	91	-10.36%
Sertraline HCl	$119,039.53	84	$114,398.46	92	-3.90%
Xeljanz	$96,667.83	110	$110,675.88	93	14.49%
Anoro Ellipta	$107,309.40	99	$110,030.85	94	2.54%
Zenpep	$94,355.99	112	$109,802.18	95	16.37%
Cosentyx Sensoready (300 MG)	$119,779.02	82	$109,747.64	96	-8.37%
buPROPion HCl ER (XL)	$110,318.36	96	$109,535.26	97	-0.71%
Dovato	$82,771.68	127	$109,110.53	98	31.82%
Insulin Aspart FlexPen	$114,158.79	91	$108,682.60	99	-4.80%
Amphetamine-Dextroamphet ER	$92,672.89	114	$107,646.10	100	16.16%

Top 100 Drugs by Prescription Count					
Drug Description	Sept 2024 to Nov 2024 Total Claims	Previous Rank	Dec 2024 to Feb 2025 Total Claims	Current Rank	% Change
Amoxicillin	9,688	3	12,154	1	25.45%
Omeprazole	9,627	4	9,597	2	-0.31%
Albuterol Sulfate HFA	9,330	5	9,562	3	2.49%
Sertraline HCl	10,359	1	9,543	4	-7.88%
Atorvastatin Calcium	9,765	2	8,376	5	-14.22%
traZODone HCl	8,108	7	8,168	6	0.74%
Levothyroxine Sodium	8,066	8	8,025	7	-0.51%
buPROPion HCl ER (XL)	7,947	10	7,981	8	0.43%
Escitalopram Oxalate	8,388	6	7,647	9	-8.83%
FLUoxetine HCl	8,066	9	7,422	10	-7.98%
Gabapentin	7,135	12	6,881	11	-3.56%
Azithromycin	5,918	15	6,865	12	16.00%
Lisinopril	7,923	11	6,694	13	-15.51%
hydrOXYzine HCl	6,278	13	6,241	14	-0.59%
busPIRone HCl	5,823	16	5,937	15	1.96%
predniSONE	5,777	17	5,819	16	0.73%
Ondansetron	4,045	31	5,358	17	32.46%
amLODIPine Besylate	6,006	14	5,109	18	-14.94%
Pantoprazole Sodium	5,079	20	5,106	19	0.53%
Amoxicillin-Pot Clavulanate	4,402	28	5,017	20	13.97%
QUEtiapine Fumarate	4,862	21	4,919	21	1.17%
Montelukast Sodium	5,231	18	4,777	22	-8.68%
DULoxetine HCl	5,187	19	4,674	23	-9.89%

cloNIDine HCl	4,543	24	4,628	24	1.87%
Amphetamine-Dextroamphet ER	3,964	32	4,466	25	12.66%
ARIPiprazole	4,434	26	4,362	26	-1.62%
HYDROcodone-Acetaminophen	4,412	27	4,352	27	-1.36%
Metoprolol Succinate ER	4,614	22	4,003	28	-13.24%
lamoTRIgine	3,839	33	3,996	29	4.09%
Venlafaxine HCl ER	4,377	29	3,898	30	-10.94%
Cefdinir	3,005	45	3,818	31	27.05%
Losartan Potassium	4,476	25	3,777	32	-15.62%
Cetirizine HCl	4,611	23	3,752	33	-18.63%
Cyclobenzaprine HCl	3,727	34	3,666	34	-1.64%
Famotidine	3,658	36	3,617	35	-1.12%
Fluticasone Propionate	3,700	35	3,477	36	-6.03%
metFORMIN HCl	4,047	30	3,377	37	-16.56%
Methylphenidate HCl ER (OSM)	3,015	44	3,262	38	8.19%
Ibuprofen	3,463	37	3,235	39	-6.58%
Topiramate	3,147	40	3,230	40	2.64%
Amphetamine-Dextroamphetamine	3,089	42	3,162	41	2.36%
Cephalexin	3,367	39	3,043	42	-9.62%
Ozempic	2,883	48	3,027	43	4.99%
ALPRAZolam	3,050	43	3,017	44	-1.08%
metFORMIN HCl ER	3,402	38	3,016	45	-11.35%
Albuterol Sulfate	2,640	51	3,012	46	14.09%
clonazePAM	2,928	47	2,947	47	0.65%
Oseltamivir Phosphate	69	480	2,837	48	4011.59%
Lisdexamfetamine Dimesylate	2,187	63	2,726	49	24.65%
Meloxicam	2,791	49	2,661	50	-4.66%

Rosuvastatin Calcium	3,098	41	2,646	51	-14.59%
Doxycycline Monohydrate	2,439	57	2,593	52	6.31%
Triamcinolone Acetonide	2,633	52	2,540	53	-3.53%
risperiDONE	2,454	55	2,474	54	0.81%
Jardiance	2,329	59	2,434	55	4.51%
Lantus SoloStar	2,289	60	2,420	56	5.72%
hydroCHLOROthiazide	2,986	46	2,399	57	-19.66%
Spironolactone	2,657	50	2,381	58	-10.39%
Aspirin Low Dose	2,513	54	2,295	59	-8.67%
Prazosin HCl	2,207	62	2,243	60	1.63%
Propranolol HCl	2,403	58	2,225	61	-7.41%
Furosemide	2,566	53	2,212	62	-13.80%
Mirtazapine	2,137	65	2,127	63	-0.47%
hydrOXYzine Pamoate	2,051	69	2,122	64	3.46%
Fluconazole	2,240	61	2,101	65	-6.21%
oxyCODONE HCl	2,051	68	2,091	66	1.95%
LORazepam	2,061	67	2,083	67	1.07%
metroNIDAZOLE	2,446	56	2,080	68	-14.96%
traMADol HCl	2,156	64	2,048	69	-5.01%
guanFACINE HCl ER	2,000	73	2,039	70	1.95%
levETIRAcetam	2,063	66	2,031	71	-1.55%
guanFACINE HCl	2,003	72	1,971	72	-1.60%
Folic Acid	1,887	75	1,962	73	3.97%
Methylphenidate HCl	1,844	76	1,946	74	5.53%
prednisoLONE Sodium Phosphate	1,641	85	1,931	75	17.67%
valACYclovir HCl	1,820	77	1,884	76	3.52%
Amitriptyline HCl	1,988	74	1,867	77	-6.09%

Loratadine	2,035	70	1,839	78	-9.63%
Ondansetron HCl	1,543	89	1,813	79	17.50%
Symbicort	1,752	79	1,750	80	-0.11%
Pregabalin	1,658	82	1,689	81	1.87%
OLANZapine	1,653	83	1,616	82	-2.24%
Vyvanse	2,022	71	1,557	83	-23.00%
Sulfamethoxazole-Trimethoprim	1,720	81	1,513	84	-12.03%
FeroSul	1,629	86	1,506	85	-7.55%
Atomoxetine HCl	1,499	90	1,499	86	0.00%
Ventolin HFA	1,750	80	1,493	87	-14.69%
tiZANidine HCl	1,569	88	1,493	88	-4.84%
Eliquis	1,410	92	1,485	89	5.32%
Mupirocin	1,606	87	1,484	90	-7.60%
Citalopram Hydrobromide	1,772	78	1,460	91	-17.61%
Allergy Relief Cetirizine	1,037	110	1,437	92	38.57%
Metoprolol Tartrate	1,645	84	1,399	93	-14.95%
Naproxen	1,485	91	1,385	94	-6.73%
Baclofen	1,349	96	1,303	95	-3.41%
Dexmethylphenidate HCl ER	1,366	93	1,300	96	-4.83%
Tamsulosin HCl	1,357	95	1,280	97	-5.67%
Desvenlafaxine Succinate ER	1,276	98	1,232	98	-3.45%
Nystatin	1,197	104	1,230	99	2.76%
SUMAtriptan Succinate	1,219	103	1,221	100	0.16%

Medicaid Statistics for Prescription Claims
December 2024 through February 2025

Tri-Monthly Statistics

	FFS	Wellpoint	Iowa Total Care	Molina Healthcare	Total**
Total Dollars Paid	$2,836,989	$101,016,912	$76,912,994	$54,764,344	$235,531,239
Users	3,762	106,293	98,291	81,400	289,746
Cost Per User	$754,012.00	$950.36	$782.50	$672.78	
Total Prescriptions	23,715	818,775	665,848	487,530	1,995,868
Average Rx/User	6.30	7.70	6.77	5.99	
Average Cost/Rx	$119.63	$123.38	$115.51	$112.33	
# Generic Prescriptions	21,461	734,051	600,347	443,467	
% Generic	90.5%	89.7%	90.0%	91.0%	
$ Generic	$1,027,908	$13,891,899	$10,704,084	$7,959,104	
Average Generic Rx Cost	$47.90	$18.92	$17.83	$17.95	
Average Generic Days Supply	26	26.77	26	26.07	
# Brand Prescriptions	2,250	84,724	64,474	44,063	
% Brand	9.5%	10.4%	10.0%	9.0%	
$ Brand	$1,808,912	$87,120,316	$66,172,090	$46,805,239	
Average Brand Rx Cost	$803.96	$1,028.34	$1,026.34	$1,062.23	
Average Brand Days Supply	28	27.7	29	28.2	

**All reported dollars are pre-rebate

Top 20 Therapeutic Class by Paid Amount*

December 2024 through February 2025

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

* Pre-rebate

Top 20 Therapeutic Class by Prescription Count

December 2024 through February 2025

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

Top 25 Drugs by Paid Amount**

December 2024 through February 2025

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

** Pre-rebate

Top 25 Drugs by Prescription Count

December 2024 through February 2025

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

Stimulant Medication Utilization without Supporting Diagnosis RetroDUR Updated Data

Purpose

- Identify members with claims for a stimulant indicated for the treatment of attention deficit hyperactivity disorder (ADHD) who do not have a supporting diagnosis in medical claims.

Background

- Prescription stimulant medication use has increased over the years. Based on prevalence reports from the MCOs and FFS, the ADHD/Narcolepsy agents are consistently in the top 20 therapeutic classes by paid amount and the top 20 therapeutic classes by prescription count.
- Preferred stimulant medications do not require prior authorization (PA) for members under 21 years of age, while PA is required for all members 21 years of age or older.
- Several stimulant medications FDA approved for the treatment of ADHD, have other FDA approved indications, including narcolepsy and binge eating disorder.

RDUR Criteria

- Pharmacy claim lookback: November 2024 through January 2025
- Members: < 21 years of age (broken out by age band) and ≥ 21 years of age
- Stimulants: amphetamine, amphetamine-dextroamphetamine, dexmethylphenidate, dextroamphetamine, lisdexamfetamine, methamphetamine, methylphenidate, serdexmethylphenidate-dexmethylphenidate
- Medical claim look back for diagnosis: 5 years (February 2020 through January 2025)
    - F90 Attention deficit hyperactivity disorders
    - G47 Sleep disorders including hypersomnia, circadian rhythm sleep disorders, sleep apnea narcolepsy and cataplexy, parasomnia, sleep related movement disorders, other sleep disorders, and unspecified sleep disorder (excludes insomnia)
    - F50.81 Binge eating disorder
    - R41.840 Attention and concentration deficit
    - F98.8X Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence

Data

Iowa Total Care (ITC)

- Total unique members: 9,861
- Total unique prescribers: 2,228

ITC Members without Supporting Diagnosis – 9.4%							
Age Band	**0-3**	**4-5**	**6-7**	**8-12**	**13-17**	**18-20**	**21+**
Unique Members	1	25	137	248	144	54	318
Unique Providers	1	26	133	227	137	58	265

ITC Members with Supporting Diagnosis – 90.6%							
Age Band	**0-3**	**4-5**	**6-7**	**8-12**	**13-17**	**18-20**	**21+**
Unique Members	1	67	748	2,708	2,021	456	2,933
Unique Providers	1	65	436	1,023	920	389	1,218

Molina Healthcare (MHC)

- Total unique members: 4,323
- Total unique prescribers: 1,888

MHC Members without Supporting Diagnosis – 15.6%							
Age Band	**0-3**	**4-5**	**6-7**	**8-12**	**13-17**	**18-20**	**21+**
Unique Members	19	11	26	92	82	53	398
Unique Providers	19	10	27	88	88	57	341

MHC Members with Supporting Diagnosis – 84.4%							
Age Band	**0-3**	**4-5**	**6-7**	**8-12**	**13-17**	**18-20**	**21+**
Unique Members	5	31	459	1,523	851	143	711
Unique Providers	6	32	334	777	570	150	592

Wellpoint (WLP)

- Total unique members: 13,736
- Total unique prescribers: 2,583

Wellpoint Members without Supporting Diagnosis – 2.4%							
Age Band	**0-3**	**4-5**	**6-7**	**8-12**	**13-17**	**18-20**	**21+**
Unique Members	0	5	22	72	74	30	129
Unique Providers	0	5	21	74	75	31	117

Wellpoint Members with Supporting Diagnosis – 97.6%							
Age Band	**0-3**	**4-5**	**6-7**	**8-12**	**13-17**	**18-20**	**21+**
Unique Members	0	97	834	3,799	3,261	907	4,506
Unique Providers	0	82	483	1,222	1,174	637	1,546

Fee-for-Service (FFS)

- Total unique members: 404
- Total unique prescribers: 274

FFS Members without Supporting Diagnosis – 19.3%							
Age Band	**0-3**	**4-5**	**6-7**	**8-12**	**13-17**	**18-20**	**21+**
Unique Members	0	3	6	19	22	11	17
Unique Providers	0	3	7	19	22	12	17

FFS Members with Supporting Diagnosis – 80.7%							
Age Band	**0-3**	**4-5**	**6-7**	**8-12**	**13-17**	**18-20**	**21+**
Unique Members	0	0	13	83	119	25	86
Unique Providers	0	0	16	69	95	29	83

Next Steps

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

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

Purpose

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

Background

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

RDUR Criteria

- Time period August 1, 2024 through January 31, 2025.
- Identify members with concurrent use of a CFTR modulator and Dornase alfa (Pulmozyme®), with ≥ 90 days of overlap.
- Report total number of members and prescribers.

Data

Members and Prescribers with 90 or More Days of Concurrent Medication of Dornase Alfa and CFTR Modulator.		
	Number of Unique Members	**Number of Unique Providers**
Fee For Service	1	1
Iowa Total Care	21	15
Molina	10	8
Wellpoint	14	10

Next Steps

1. Send letters to prescribers highlighting recent studies that suggest Dornase alfa may not provide additional benefits in lung function outcomes for patients who are stable on modulator therapy and ask prescribers to assess the necessity of continuing Dornase alpha and consider discontinuing the medication.
2. Other?

References

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

LABA + ICS in COPD
RetroDUR
Data

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

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

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

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

RDUR Criteria

- Pharmacy claims: November 2024 through January 2025
- Medical claims: February through January 2025
- Identify members with a diagnosis of COPD that have a paid pharmacy claim(s) for a LABA+ICS only
    - Exclude members with a diagnosis of asthma

Data

	Number of Members
Iowa Total Care	315
Molina	251
Wellpoint	396
Fee-for-Service	11

Next Steps

1. Send letters to prescribers regarding the members identified as having a COPD diagnosis using a LABA + ICS, provide recommendations from the 2025 GOLD Report, and ask the prescriber to review the patient's current COPD regimen to consider if a change in therapy needed based on the current recommendations and patient history?
2. None?
3. Other?

Drug-Drug Interaction
Amlodipine with Simvastatin or Lovastatin
RetroDUR
Proposal

Purpose

- Identify members on amlodipine also taking simvastatin or lovastatin.

Background

- There is the potential for a clinically significant drug-drug interaction between amlodipine with simvastatin or lovastatin, putting patients at an increased risk of muscle-related toxicity.
- Pharmacokinetic data has shown that amlodipine significantly raises plasma levels of simvastatin and lovastatin through CYP450 enzyme inhibition.
- This interaction is addressed in the 2018 Guideline on the Management of Blood Cholesterol and a scientific statement from the American Heart Association (AHA).
- For patients currently prescribed amlodipine with simvastatin or lovastatin:
    - Simvastatin or lovastatin could be switched to an alternative statin that does not have a significant interaction with amlodipine, such as rosuvastatin, atorvastatin, or pravastatin.
    - If combination therapy with amlodipine and lovastatin or simvastatin is necessary, the dose of simvastatin or lovastatin should not exceed 20 mg per day.

Potential rDUR Criteria

- Pharmacy claims: January 2025 through April 2025
- Identify members taking amlodipine concurrently with simvastatin or lovastatin for a minimum of 60 days overlap.
    - Identify a subset of members taking amlodipine and simvastatin or lovastatin at doses greater than 20 mg per day
- Report number of members and number of unique prescribers for each

Opioid Reversal Agent Frequency in Members with MME ≥90
RetroDUR
Proposal

Purpose

- Identify members on high dose opioids (≥90 MME) that do not have a recent history of an opioid antagonist agent.

Background

- The prior authorization (PA) criteria for high dose opioids (≥90 MME per day) requires members to have received an opioid reversal agent within the prior 24 months of high dose opioid request.
- There are many options available as preferred with no PA requirements under the PDL category of Narcotic – Antagonists.
- A pharmacy statewide protocol exists for opioid antagonists and naloxone is now available over the counter.

Potential rDUR Criteria

- Pharmacy claims: 01/01/2025 – 06/30/2025
- Utilize GPI 4, removing naltrexone products.
- Members of all ages that have an opioid utilization with MME ≥90
- Report number of members with opioid antagonists and without opioid antagonists
- Report number of reject(s) and/or reversal(s) without subsequent paid claims
    - Include any trends within the reject reasons if available

Concurrent Use of GLP-1 Receptor Agonist and DPP-4 Inhibitor ProDUR Edit

Background

- The American Diabetes Association (ADA) “Standards of Medical Care in Diabetes - 2024”, Section 9, Pharmacologic Approaches to Glycemic Treatment provide recommendations in the overall approach to treating Type 2 Diabetes.
- Current recommendations do not recommend combined use of a glucagon-like peptide receptor agonist (GLP-1 RA) and dipeptidyl peptidate-4 inhibitor (DPP-4i).
- GLP-1 RA and DPP-4i have overlapping mechanisms of action (MOA).
- Use of both agents concurrently does not offer additional significant lowering of A1C and adds to the patient’s pill burden and increased medical costs.
- The DUR Commission made a recommendation to implement a ProDUR edit to prevent the concurrent use of GLP-1 RA and DPP-4i.

Proposed ProDUR Edit

- Receive claim for a GLP-1 RA (including a dual GIP and GLP-1 RA agent, e.g. tirzepatide) or DPP-4i agent
- Determine lookback for overlapping therapy: 30 days, 45 days, or 90 days?
- Reject if found

Adenosine triphosphate-Citrate Lyase (ACL) Inhibitors
Initial Review

Background

Nexletol (bempidoic acid) and Nexlizet (bempedoic acid and ezetimibe) have received new and expanded indications. The bempidoic acid component of each agent received FDA approval to reduce the risk of myocardial infarction and coronary revascularization in adults who are unable to take recommended statin therapy (including those not taking a statin) with: (1) established cardiovascular disease (CVD), or (2) a high risk for a CVD event but without established CVD. Additionally, both agents' other indication was expanded to adjunct to diet, in combination with other low-density lipoprotein cholesterol (LDL-C) lowering therapies, or alone when concomitant LDL-C lowering therapy is not possible to reduce LDL-C in adults with primary hyperlipidemia, including heterozygous familial hypercholesterolemia (HeFH). Both agents were previously approved as an adjunct to diet and statin therapy for the treatment of primary hyperlipidemia in adults with HeFH or atherosclerotic cardiovascular disease, who require additional lowering of LDL-C.

The approval of Nexletol and Nexlizet for the new and updated indications were based on CLEAR Outcomes, a randomized, double-blind, placebo-controlled trial in 13,970 adult patients. Patients had or were at high risk for CVD. Patients without established CVD were considered high risk for CVD based on meeting at least one of the following: diabetes mellitus (type 1 or type 2) in females > 65 years of age or males > 60 years of age; a Reynolds Risk score > 30% or a SCORE Risk score > 7.5% over 10 years; or a coronary artery calcium score > 400 Agatston units at any time in the past. Patients were assigned to receive Nexletol or placebo. Use of statins at very low doses were permitted, as well as other lipid lowering therapies (e.g., ezetimibe, bile acid sequestrants, fibrates). The mean patient age was 65 years. In total, 70% of patients had a previous cardiovascular (CV) event (secondary prevention population) whereas 30% of patients were categorized as being in the primary prevention group. In total, 38% of patients were receiving at least one lipid-modifying therapy. At baseline, 23% of patients were utilizing a statin and 12% of patients were on ezetimibe. The mean LDL-C at baseline was 139 mg/dL. The median follow-up was 40.6 months. The mean LDL-C level after 6 months of treatment with Nexletol was 107 mg/dL vs. 136 mg/dL for placebo. The primary endpoint (death from CV causes, nonfatal MI, nonfatal stroke, or coronary revascularization) occurred in 11.7% of patients in the Nexletol group vs. 13.3% of patients in the placebo group (P = 0.004). The composite endpoint (death from CV causes, nonfatal stroke, or nonfatal MI) occurred in 8.2% of patients given Nexletol vs. 9.5% of patients in the placebo group (P = 0.006).

Prior authorization criteria are being updated to include the new and expanded indications as well as to streamline PA criteria.

Current Clinical Prior Authorization Criteria

Prior authorization (PA) is required for adenosine triphosphate-citrate lyase (ACL) inhibitors. Payment will be considered under the following conditions:

1. Patient meets the FDA approved age; and
2. Documentation of adherence to prescribed lipid lowering medications (including a maximally tolerated statin), prior to ACL inhibitor therapy, for the previous 90 days is provided (further defined below, by diagnosis); and
3. Documentation is provided that medication will be used in combination with a maximally tolerated statin; and
4. A baseline and current lipid profile is provided. Baseline lipid profile is defined as a lipid profile obtained prior to pharmacologic therapy; and
5. Patient will continue to follow an appropriate low-fat diet; and
6. Is prescribed by or in consultation with a lipidologist, cardiologist, or endocrinologist; and
7. If patient is taking in combination with:
    a. Simvastatin, dose does not exceed 20mg per day; or
    b. Pravastatin, dose does not exceed 40mg per day; and
8. Concurrent use with a PCSK9 inhibitor will not be considered; and
9. Goal is defined as a 50% reduction in untreated baseline LDL-C; and
10. Is prescribed for one of the following diagnoses:
    a. Heterozygous Familial Hypercholesterolemia (HeFH):
        i. Documentation is provided verifying diagnosis (attach documentation/results), as evidenced by:
            1. Clinical manifestations of HeFH (e.g. tendon xanthomas, cutaneous xanthomas, arcus cornea, tuberous xanthomas, or xanthelasma) or:
            2. Confirmation of diagnosis by gene or receptor testing; and
        ii. Documentation of untreated LDL-C ≥ 190 mg-dL; and
        iii. Patient is unable to reach LDL-C goal with a minimum of two separate, chemically distinct statin trials used in combination with other lipid lowering medications. Trials are defined as: concurrent use of a maximally tolerated dose of a statin (must include atorvastatin and rosuvastatin), PLUS ezetimibe 10mg daily; or
    b. Clinical Atherosclerotic Cardiovascular Disease (ASCVD):
        i. History of MI, angina, coronary or other arterial revascularization, stroke, TIA, or PVD of atherosclerotic origin; and
        ii. Patient is unable to reach LDL-C goal with a minimum of two separate, chemically distinct statin trials used in combination with other lipid lowering medications. Trials are defined as: concurrent use of a maximally tolerated dose of a statin (must include atorvastatin and rosuvastatin), PLUS ezetimibe 10mg daily,

If criteria for coverage are met, requests will be approved for 3 months. Additional authorizations will be considered at yearly intervals under the following conditions:

a. Patient continues therapy with a maximally tolerated statin dose and

remains at goal; and
   b. Patient continues to follow an appropriate low-fat diet; and
   c. Documentation of LDL reduction is provided.

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

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

Prior authorization (PA) is required for adenosine triphosphate-citrate lyase (ACL) inhibitors. Payment will be considered under the following conditions:

1. *Request adheres to all FDA approved labeling for requested drug and indication(s), including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations* ~~Patient meets the FDA approved age~~; and
2. A baseline and current lipid profile is provided. Baseline lipid profile is defined as a lipid profile obtained prior to *lipid lowering medication* ~~pharmacologic~~ therapy; and
3. Patient will continue to follow an appropriate low-fat diet; and
4. *Patient has one of the following diagnoses:*
   a. *Heterozygous familial hypercholesterolemia (HeFH); or*
   b. *Primary hyperlipidemia; or*
   c. *Established cardiovascular disease (CVD) (e.g. previous myocardial infarction, history of an acute coronary syndrome, angina, previous stroke or transient ischemic attack, coronary artery disease, peripheral arterial disease, coronary or other arterial revascularization); or*
   d. *At risk for a CVD event but without established CVD (e.g. diabetes mellitus (type 1 or type 2), a Reynolds Risk score > 20% or a SCORE Risk score > 7.5% over 10 years, a coronary artery calcium score > 300 Agatston units); and*
5. *Meets one of the following:*
   a. ~~Documentation of adherence to prescribed lipid lowering medications (including a maximally tolerated statin), prior to ACL inhibitor therapy, for the previous 90 days is provided (further defined below, by diagnosis); and~~
   b. Patient *must be adherent to lipid lowering medication therapy and* is unable to reach LDL-C goal with a minimum of two separate, chemically distinct statin trials, *including atorvastatin and rosuvastatin, at maximally tolerated doses,* used in combination with *ezetimibe for a minimum of 90 consecutive days* ~~other lipid lowering medications~~. ~~Trials are defined as: concurrent use of a maximally tolerated dose of a statin (must include atorvastatin and rosuvastatin), PLUS ezetimibe 10mg daily~~*; or*
   c. *Patient is statin intolerant as documented by an inability to tolerate at least two chemically distinct statins; or*
   d. *Patient has an FDA labeled contraindication to all statins; and*
6. Goal is defined as a 50% reduction in untreated baseline LDL-C.
7. ~~Documentation is provided that medication will be used in combination with a~~

~~maximally tolerated statin; and~~

8. ~~Is prescribed by or in consultation with a lipidologist, cardiologist, or endocrinologist; and~~
9. ~~If patient is taking in combination with:~~
    - ~~a. Simvastatin, dose does not exceed 20mg per day; or~~
    - ~~b. Pravastatin, dose does not exceed 40mg per day; and~~
10. Concurrent use with a PCSK9 inhibitor will not be considered.~~;~~ ~~and~~
11. ~~Is prescribed for one of the following diagnoses:~~
    - ~~a. Heterozygous Familial Hypercholesterolemia (HeFH):~~
        - ~~i. Documentation is provided verifying diagnosis (attach documentation/results), as evidenced by:~~
            1. ~~Clinical manifestations of HeFH (e.g. tendon xanthomas, cutaneous xanthomas, arcus cornea, tuberous xanthomas, or xanthelasma) or:~~
            2. ~~Confirmation of diagnosis by gene or receptor testing; and~~
        - ~~ii. Documentation of untreated LDL-C ≥ 190 mg-dL; and~~
        - ~~iii. Patient is unable to reach LDL-C goal with a minimum of two separate, chemically distinct statin trials used in combination with other lipid lowering medications. Trials are defined as: concurrent use of a maximally tolerated dose of a statin (must include atorvastatin and rosuvastatin), PLUS ezetimibe 10mg daily; or~~
    - ~~b. Clinical Atherosclerotic Cardiovascular Disease (ASCVD):~~
        - ~~i. History of MI, angina, coronary or other arterial revascularization, stroke, TIA, or PVD of atherosclerotic origin; and~~
        - ~~ii. Patient is unable to reach LDL-C goal with a minimum of two separate, chemically distinct statin trials used in combination with other lipid lowering medications. Trials are defined as: concurrent use of a maximally tolerated dose of a statin (must include atorvastatin and rosuvastatin), PLUS ezetimibe 10mg daily,~~

If criteria for coverage are met, requests will be approved for 3 months. Additional authorizations will be considered at yearly intervals under the following conditions:

1. Patient continues ~~therapy~~ with *lipid lowering therapy at* a maximally tolerated ~~statin~~ dose ~~and remains at goal~~; *or* ~~and~~
2. *Patient is intolerant to or has a contraindication to statins; and*
3. Patient continues to follow an appropriate low-fat diet; and
4. Documentation of *a positive response to therapy (e.g.,* LDL-*C* reduction*)* ~~is provided~~.

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

References

Nexletol [prescribing information]. Ann Arbor, MI: Esperion Therapeutics, Inc.; March 2024
Nexlizet [prescribing information]. Ann Arbor, MI: Esperion Therapeutics, Inc.; March 2024

Givinostat (Duvyzat)
Initial Review

Background
Duvyzat (givinostat) is a histone deacetylase (HDAC) inhibitor, indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients 6 years of age and older. DMD is a rare, progressive X-linked disease resulting from mutation(s) of the dystrophin gene that result in absent or insufficient functional dystrophin. DMD is typically diagnosed in the second or third year of life and affects skeletal, respiratory, and cardiac muscles. Due to progressive decline, most patients die of cardiac or respiratory complications in the third or fourth decade of life. Glucocorticoids and physical therapy are the mainstays of DMD treatment. Glucocorticoid therapy should be initiated early, before significant physical decline, and continue after the patient loses ambulation. Benefits of long-term glucocorticoid therapy include loss of ambulation at a later age, preserved upper limb and respiratory function, and avoidance of scoliosis surgery. Duvyzat is not addressed in current guidelines.

See the attached new drug review for additional information.

Cost
- WAC $264.29/ml; at maximum dose $95,142.86 per 30 days; $1,141,714.20 per 12 months

Newly Proposed Clinical Prior Authorization Criteria
Prior authorization (PA) is required for givinostat (Duvyzat). Payment for non-preferred agents will be considered when there is documentation of a previous trial and therapy failure with a preferred agent. Payment will be considered for patients when the following criteria are met:
1. Patient has a diagnosis of Duchene muscular dystrophy (DMD) with documented mutation of the dystrophin gene; and
2. Request adheres to all FDA approved labeling for requested drug and indication, including, age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
3. Is prescribed by or in consultation with a physician who specializes in treatment of DMD; and
4. Patient has documentation of a trial and inadequate response to an oral glucocorticoid for at least 6 months; and
5. Givinostat will be prescribed concurrently with an oral glucocorticoid; and
6. Patient's current body weight in kilograms (kg) is provided.

If criteria for coverage are met, initial requests will be given for 6 months. Additional authorizations will be considered at 12-month intervals when the following criteria are met:

1. Documentation of a positive response to therapy (e.g. improved strength, pulmonary function test, or functional assessments); and
2. Patient continues to receive concomitant glucocorticoid therapy; and
3. Patient's current body weight in kg is provided.

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

References

Duvyzat [package insert]. Concord, MA: ITF Therapeutics, LLC; November 2024.

Birnkrant DJ, Bushby K, Bann CM, et al. Diagnosis and management of Duchenne muscular dystrophy, part 1: diagnosis, and neuromuscular, rehabilitation, endocrine, and gastrointestinal and nutritional management. Lancet Neurol. 2018;17(3):251-267.

PDL DRUG REVIEW

Proprietary Name: Duvyzat®
Common Name: givinostat suspension
PDL Category: Muscular Dystrophy Agents

Comparable Products	Preferred Drug List Status
Emflaza	Preferred with Conditions

Pharmacology/Usage: Givinostat, the active ingredient of Duvyzat®, is a histone deacetylase inhibitor. The exact mechanism of use for its approved indication is not known.

Indication: For the treatment of Duchenne muscular dystrophy (DMD) in patients 6 years of age and older.

There is no pregnancy category for this medication; however, the risk summary indicates that Duvyzat® is indicated for the treatment of DMD, which is a disease of mainly young male patients. Thus, there are no adequate data available to assess the use in pregnant women. The safety and efficacy of use in the pediatric population below the age of 6 years have not been established.

Dosage Form: Oral Suspension: 8.86mg/ml, as a peach-cream flavored suspension.

Recommended Dosage: Obtain and assess baseline platelet counts and triglycerides prior to the start of Duvyzat®. Do not start Duvyzat® in patients with a platelet count less than 150 X 10^9/L. Monitor platelet counts and triglycerides as recommended during treatment to determine if dosage modifications are needed.

In addition, in patients with underlying cardiac disease or taking concomitant medications that cause QT prolongation, obtain ECGs when starting treatment with Duvyzat®, during concomitant use, and as clinically indicated.

Before use, shake Duvyzat® suspension for at least 30 seconds. Using a graduated oral syringe, measure the appropriate volume of suspension corresponding to the prescribed dose. Administer orally with the provided graduated oral syringe.

The recommended dosage of Duvyzat® is based on body weight and administered orally twice daily with food. Refer to the table below for the recommended dosage in patients 6 years of age and older, which was adapted from the prescribing information.

Weight	Dosage	Oral Suspension Volume
10kg to less than 20kg	22.2mg BID	2.5ml BID
20kg to less than 40kg	31mg BID	3.5ml BID
40kg to less than 60kg	44.3mg BID	5ml BID

Weight	Dosage	Oral Suspension Volume
60kg or more	53.2mg BID	6ml BID

If a dose is missed, patients should not take double or extra doses.

Duvyzat® may cause adverse reactions, which may necessitate a dosage modification if the following occur:

- Platelet count <150 X 10^9/L verified in two assessments one week apart, or
- Moderate or severe diarrhea, or
- Fasting triglycerides >300mg/dL verified by two assessments one week apart.

Based on the severity of these adverse reactions, treatment interruption prior to dosage modification should be considered. Refer to the prescribing information for additional information on dosage modifications for adverse reactions.

Withhold Duvyzat® if the QTc interval is >500ms or the change from baseline is >60ms.

A dedicated clinical study was not conducted to assess the pharmacokinetics of Duvyzat® in subjects with hepatic impairment, and no recommendation for dosage adjustment can be made for patients with hepatic impairment. As Duvyzat® is eliminated mainly thought hepatic metabolism, hepatic impairment is expected to increase the exposure of givinostat.

Drug Interactions: Givinostat is a weak intestinal CYP3A4 inhibitor. Closely monitor when Duvyzat® is used in combination with orally administered CYP3A4 sensitive substrates for which a small change in substrate plasma concentration may lead to serious toxicities.

Givinostat is a weak inhibitor of the renal uptake transporter OCT2. Closely monitor when Duvyzat® is used in combination with drugs known as a sensitive substrate of the OCT2 transporter for which a small change in substrate plasma concentration may lead to serious toxicities.

Duvyzat® causes QTc interval prolongation. Concomitant use of Duvyzat® with other products that prolong the QTc interval may result in a greater increase in the QTc interval and adverse reactions associated with QTc interval prolongation, including Torsade de pointes, other serious arrhythmias, and sudden death. Avoid concomitant use of Duvyzat® with other product(s) with a known potential to prolong the QTc interval. If concomitant use cannot be avoided, obtain ECGs when starting, during concomitant use, and as clinically indicated. Withhold Duvyzat® if the QTc interval is >500ms or the change from baseline is >60ms.

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 (Duvyzat®) 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 diarrhea (17%), abdominal pain (9%), thrombocytopenia (33%), nausea/vomiting (14%), hypertriglyceridemia (16%), pyrexia (5%), myalgia (6%), rash (7%), arthralgia (6%), fatigue (8%), constipation (5%), and decreased appetite (7%). Adverse reactions of hypothyroidism and/or thyroid stimulating hormone (TSH) increased occurred in 5% of patients treated with Duvyzat® compared to 2% of patients who received placebo.

Duvyzat® can cause dose-related thrombocytopenia and other signs of myelosuppression, including decreased hemoglobin and neutropenia. In study 1, thrombocytopenia occurred in 33% of patients treated with Duvyzat® compared with no patients treated with placebo. The maximum decrease in platelets occurred within the first 2 months of therapy and remained low throughout the course of therapy. Patients with baseline platelet counts below the lower limit of normal were excluded from the study. Decreased hemoglobin and decreased neutrophils were also observed in patients treated with Duvyzat® compared to placebo. Monitor blood counts every 2 weeks for the

first 2 months of treatment, at month 3, and then every 3 months thereafter. Modify the dosage of Duvyzat® for confirmed thrombocytopenia. Treatment should be permanently discontinued if the abnormalities worsen despite dose modification.

Duvyzat® can cause elevations in triglycerides. Monitor triglycerides at 1 month, 3 months, 6 months, and then every 6 months thereafter. Modify the dosage if fasting triglycerides are verified >300mg/dL. Treatment with Duvyzat® should be discontinued if triglycerides remain elevated despite adequate dietary intervention and dosage adjustment.

Gastrointestinal disturbances, including diarrhea, nausea/vomiting, and abdominal pain, were common adverse reactions in Duvyzat® clinical trials. Diarrhea usually occurred within the first few weeks of the start of treatment. Vomiting and nausea, sometimes severe and usually occurring within the first 2 months of treatment, occurred in 32% of patients treated with Duvyzat® compared to 18% of patients on placebo. One case of abdominal pain was serious. Antiemetics or antidiarrheal medications may be considered during treatment with Duvyzat®. Fluid and electrolytes should be replaced as needed to prevent dehydration. Modify the Duvyzat® dosage in patients with moderate or severe diarrhea, and treatment should be discontinued if significant symptoms persist.

Duvyzat® can cause prolongation of QTc interval. Avoid use of Duvyzat® in patients who are at an increased risk for ventricular arrhythmias, such as those with congenital long QT syndrome, coronary artery disease, electrolyte disturbance, and concomitant use of other medicinal products known to cause QT prolongation. Obtain ECGs prior to starting treatment with Duvyzat® in patients with underlying cardiac disease or in patients who are taking concomitant medications that cause QT prolongation.

Contraindications: There are no contraindications listed with this product.

Manufacturer: Italfarmaco SA; Distributed by ITF Therapeutics, LLC

Analysis: The efficacy of Duvyzat® for the treatment of DMD was assessed in a randomized, double-blind, placebo-controlled study of 18 months duration that included patients (N=179) randomized to receive either Duvyzat® (N=118) or placebo (N=61). The study included male patients 6 years of age and older with a confirmed diagnosis of DMD who were ambulatory and on a stable dosage of corticosteroids. At baseline, patients had a mean age of 9.8 years, while 90% were white.

The primary endpoint was the change from baseline to month 18 in 4-stair climb (4SC) time for Duvyzat® compared to placebo. The 4SC is a measure of muscle function that tests the time it takes to climb 4 stairs. A secondary efficacy endpoint was change from baseline to month 18 in physical function as assessed by the North Star Ambulatory Assessment (NSAA).

The primary analysis population was based on a prespecified range of baseline muscle fat fraction as determined by MR spectroscopy. Patients treated with Duvyzat® demonstrated statistically significant less decline in the 4-stair climb compared to placebo. Patients treated with givinostat experienced less worsening on the NSAA compared to placebo, which was nominally significant but not statistically significant based on the prespecified multiplicity adjustment. The table below, which was adapted from the prescribing information, presents the change from baseline to month 18 on 4SC.

	Mean Baseline 4SC (Seconds)	Mean change from baseline	Treatment difference from placebo	p-value
Duvyzat® (N=81)	3.39	1.25	-1.78	0.037
Placebo (N=39)	3.48	3.03		

Place in Therapy: Duvyzat® is a histone deacetylase inhibitor indicated for the treatment of Duchenne muscular dystrophy (DMD) in patients 6 years of age and older. Obtain and assess baseline platelet counts and triglycerides

prior to the start of treatment, and do not start treatment in patients with a platelet count less than 150 X 10^9/L. Monitor platelet counts and triglycerides as recommended during treatment to assess if dosage modifications are needed. In addition, in patients with underlying cardiac disease or taking concomitant medications that cause QT prolongation, obtain ECGs when starting treatment with Duvyzat®, during concomitant use, and as clinically indicated. The efficacy of Duvyzat® was assessed in a randomized, double-blind study that included male patients 6 years of age and older with a confirmed diagnosis of DMD who were ambulatory and on a stable dosage of corticosteroids. The primary endpoint was the change from baseline to month 18 in 4-stair climb (4SC) time for Duvyzat® as compared to placebo. Results suggested that patients treated with Duvyzat® demonstrated statistically significant less decline in the 4SC compared to placebo. Duvyzat® is the first FDA approved oral non-steroidal treatment for DMD patients 6 years of age and older irrespective of their genetic variant or ability to walk. Note that the phase 3 trial did not include patients who were not able to walk on their own.

Summary

There is no evidence at this time to support that Duvyzat® is safer or more effective than the other currently preferred, more cost-effective medications. It is therefore recommended that Duvyzat® 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 (DUR to develop PA criteria)**

References

[1] Duvyzat [package insert]. Concord, MA: ITF Therapeutics, LLC; 2024.

Ebglyss (Lebrikizumab-lbkz)
Initial Review

Background

Ebglyss (lebrikizumab-lbkz) is an interleukin-13 (IL-13) receptor antagonist approved by the US Food and Drug Administration (FDA) for the treatment of adults and pediatric patients 12 years of age and older who weigh at least 40 kg with moderate-to-severe atopic dermatitis (AD) whose disease is not adequately controlled with topical prescription therapies or when those therapies are not advisable. Ebglyss may be used with or without topical corticosteroids (TCS). Ebglyss is the second IL-13 specific antagonist to be approved by the FDA; tralokinumab (Adbry) was the first. Dupilumab, also approved for the treatment of atopic dermatitis, inhibits both IL-4 and IL-13.

Topical therapies remain the mainstay of treatment for AD due to their proven track record and generally favorable safety profile. They can be utilized individually or in combination with other topical, physical, and/or systemic treatments; as different classes of treatment have different mechanisms of action, combining therapies allows for the targeting of AD via multiple disease pathways. The American Academy of Dermatology (AAD) strongly recommends the following topical agents: calcineurin inhibitors (TCIs) (e.g., tacrolimus, pimecrolimus), topical corticosteroids (TCS), topical PDE-4 inhibitors (e.g., crisaborole), and topical JAK inhibitors (e.g., ruxolitinib). When AD is more severe or refractory to topical treatment, advanced treatment with phototherapy or systemic medications can be considered. Phototherapy is conditionally recommended by the AAD as a treatment for AD based on low certainty evidence. The AAD strongly recommends the following systemic therapies: monoclonal antibodies (biologics) (e.g., dupilumab, tralokinumab) and JAK inhibitors (e.g., upadacitinib, abrocitinib). Lebrikizumab-lbkz is not specifically addressed in current guidelines.

Dosage and Administration

- Initial: 500 mg (two 250 mg injections at week 0 and week 2) subcutaneously (SC), followed by 250 mg every 2 weeks until week 16 or later, when adequate clinical response is achieved.
- Maintenance: 250 mg SC every 4 weeks.

Dosage Forms and Strengths

- 250 mg/2 mL single-dose prefilled pen and single-dose prefilled syringe with needle shield.

Contraindications

- Patients with prior serious hypersensitivity to lebrikizumab-lbkz or any excipients of Ebglyss.

Warnings and Precautions

- Hypersensitivity, conjunctivitis and keratitis, parasitic (helminth) infections, and vaccinations.

Adverse Reactions

- Most common (≥ 1%): conjunctivitis, injection site reactions, and herpes zoster.

Clinical Trials

The efficacy of Ebglyss was established in a three randomized, double-blind, placebo-controlled studies (ADvocate 1, ADvocate 2, and ADhere) in a total of 1,062 patients 12 years of age and older with moderate-to-severe atopic dermatitis not adequately controlled by topical medication(s) and who were candidates for systemic therapy. A total of 148 patients (14%) were 12 to < 18 years who weighed at least 40 kg and 914 (86%) patients were adults. ADvocate 1 and ADvocate 2 were monotherapy studies and ADhere was a concomitant therapy study (all patients received background therapy with topical corticosteroids). In all three trials, patients received Ebglyss 500 mg at week 0 and week 2, followed by 250 mg every other week through week 16.

The primary endpoint in the studies was the proportion of patients who achieved an Investigator's Global Assessment (IGA) score of 0 (clear) or 1 (almost clear) and at least a 2-point improvement from baseline at week 16.

- In ADvocate 1, 43% and 13% of patients met the primary endpoint in the Ebglyss and placebo arms, respectively (treatment difference 30, 95% CI: 22, 38).
- In ADvocate 2, 33% and 11% of patients met the primary endpoint in the Ebglyss and placebo arms, respectively (treatment difference 22, 95% CI: 14, 30).
- In Adhere (the concomitant therapy study), the results at week 16 were consistent with the results in the monotherapy trials.

Cost

- WAC $1,750/mL; $35,000 first year (assuming member transitions to the maintenance dose after week 16); $21,000 year 2 and beyond

Manufacturer

- Eli Lilly and Company

Newly Proposed Clinical Prior Authorization Criteria

Prior authorization (PA) is required for Ebglyss (lebrikizumab-lbkz)). 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. Patient has failed to respond to good skin care and regular use of emollients; and
    b. 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
    c. Patient has documentation of a previous trial and therapy failure with a topical immunomodulator for a minimum of 4 weeks; and
    d. Patient will continue with skin care regimen and regular use of emollients.

If criteria for coverage are met, initial authorization will be given for 16 weeks to allow for initial dosing. Requests for continuation of therapy will be considered at 12-month intervals with documentation of an adequate response to therapy and a dose reduction to maintenance dosing.
The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

References

Ebglyss [prescribing information]. Indianapolis, IN: Eli Lilly and Company; November 2024.

Davis DMR, Drucker AM, Alikhan A, et al. Guidelines of care for the management of atopic dermatitis in adults with phototherapy and systemic therapies. J Am Acad Dermatol. 2024 Feb;90(2):e43-e56.

Sidbury R, Alikhan A, Bercovitch L, et al. Guidelines of care for the management of atopic dermatitis in adults with topical therapies. J Am Acad Dermatol. 2023;89(1):e1-e20.

Nemluvio (Nemolizumab-ilto)
Initial Review

Background
Nemluvio (nemolizumab-ilto) is an interleukin-31 (IL-31) receptor antagonist indicated for:

- The treatment of adults with prurigo nodularis (PN), and
- The treatment of adults and pediatric patients 12 years of age and older with moderate-to-severe atopic dermatitis (AD) in combination with topical corticosteroids and/or calcineurin inhibitors when the disease is not adequately controlled with topical prescription therapies.

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

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

Atopic Dermatitis
Topical therapies remain the mainstay of treatment for AD due to their proven track record and generally favorable safety profile. They can be utilized individually or in combination with other topical, physical, and/or systemic treatments; as different classes of treatment have different mechanisms of action, combining therapies allows for the targeting of AD via multiple disease pathways. The American Academy of Dermatology (AAD) strongly recommends the following topical agents: calcineurin inhibitors (TCIs) (e.g., tacrolimus, pimecrolimus), topical corticosteroids (TCS), topical PDE-4 inhibitors (e.g., crisaborole), and topical JAK inhibitors (e.g., ruxolitinib). When AD is more severe or refractory to topical treatment, advanced treatment with phototherapy or systemic medications can be considered. Phototherapy is conditionally recommended by the AAD as a treatment for AD based on low certainty evidence. The AAD strongly recommends the following systemic therapies: monoclonal antibodies (biologics) (e.g., dupilumab, tralokinumab) and JAK inhibitors (e.g., upadacitinib, abrocitinib). Nemolizumab-ilto is not specifically addressed in current AD guidelines.

Dosage and Administration

- AD
    - Initially, in adults and pediatric patients 12 years of age and older, 60 mg (two 30 mg injections) subcutaneously (SC), followed by 30 mg given every 4 weeks.
    - After 16 weeks of treatment, for patients who achieve clear or almost clear skin, a subcutaneous dosage of 30 mg every 8 weeks is recommended (for patients in whom additional clinical improvement is desired, continue with every 4-week dosing).
    - Use with topical corticosteroids and/or topical calcineurin inhibitors. When the disease has sufficiently improved, discontinue use of topical therapies.
- PN
    - Adults weighing less than 90 kg, 60 mg (two 30 mg injections) initially, followed by 30 mg given every 4 weeks.
    - Adults weighing 90 kg or more, 60 mg (two 30 mg injections) initially, followed by 60 mg given every 4 weeks.

Dosage Forms and Strengths

- 30 mg single-dose prefilled dual-chamber pen, as a white lyophilized powder in one chamber and diluent, water for injection, in the other

Contraindications

- Patients who have known hypersensitivity to nemolizumab-ilto or to any of the excipients in Nemluvio.

Warnings and Precautions

- Hypersensitivity and vaccinations

Adverse Reactions

- AD most common (≥ 1%): headache (including migraine), arthralgia, urticaria, and myalgia.
- PN most common (≥ 1%): headache (including tension headache), atopic dermatitis, eczema, and nummular eczema.

Clinical Trials

The approval of Nemluvio for **atopic dermatitis** was based on two randomized, double-blind, placebo-controlled trials (ARCADIA 1 and ARCADIA 2) in a total of 1,728 patients 12 years of age and older with moderate-to-severe atopic dermatitis not adequately controlled by topical treatments. In both studies, the co-primary endpoints were the: (1) proportion of patients with an Investigator's Global Assessment (IGA) success (defined as an IGA of 0 [clear] or 1 [almost clear] and a ≥ 2-point reduction from baseline) at week 16; and (2) proportion of patients with Eczema Area and Severity Index (EASI)-75 (≥ 75% improvement in EASI from baseline) at week 16. Concomitant low and/or medium potency TCS and/or TCI were administered for at least 14 days prior to

baseline and continued during the trial. Based on disease activity, these concomitant therapies could be tapered and/or discontinued at investigator discretion.

ARCADIA 1 Results

	Nemluvio + TCS/TCI (N=620)	**Placebo + TCS/TCI** (N=321)	**Difference from placebo (95% CI)**
Proportion of patients with IGA 0 or 1	36%	25%	12% (6, 17)
Proportion of patients with EASI-75	44%	29%	15% (9, 21)

ARCADIA 2 Results

	Nemluvio + TCS/TCI (N=522)	**Placebo + TCS/TCI** (N= 265)	**Difference from placebo (95% CI)**
Proportion of patients with IGA 0 or 1	36%	26%	12% (6, 19)
Proportion of patients with EASI-75	42%	30%	12% (6, 19)

Responders (IGA 0/1 or EASI-75 at week 16) were then enrolled into a maintenance treatment period evaluating clinical response between week 16 and week 48. Patients were re-randomized to Nemluvio 30 mg every 4 weeks, Nemluvio 30 mg every 8 weeks or placebo every 4 weeks with concomitant TCS/TCI.

Maintenance and Durability of Response (Week 16 to Week 48)

	Nemluvio q 4 weeks + TCS/TCI	**Nemluvio q 8 weeks + TCS/TCI**	**Placebo + TCS/TCI**
Number of IGA Responders at week 16	142	142	131
Proportion of patients with IGA 0 or 1 at week 48	63%	64%	55%
Number of EASI-75 Responders at week 16	163	163	157
Proportion of patients with EASI-75 at week 48	75%	77%	65%

The efficacy of Nemluvio for **prurigo nodularis** was established in two randomized, double-blind, placebo-controlled studies (OLYMPIA 1 and OLYMPIA 2) in a total of 560 adult patients with prurigo nodularis. Disease severity was defined using an IGA in the overall assessment of prurigo nodularis nodules on a severity scale of 0 to 4. Subjects enrolled in these two trials had an IGA score ≥ 3, severe pruritus as defined by a weekly average of the peak pruritus numeric rating scale (PP-NRS) score of ≥7 on a scale of 0 to 10, and greater than or equal to 20 nodular lesions. Patients were randomized to Nemluvio or placebo. Efficacy was assessed with the proportion of patients with an improvement of ≥ 4 from baseline in PP-NRS, the proportion of patients with an IGA of 0 (Clear) or 1 (Almost Clear) and a ≥ 2-point improvement from baseline, the proportion of

patients who achieved a response in both PP-NRS and IGA (per the criteria described above), and the proportion of subjects with PP-NRS < 2.

Olympia 1 Results

	Nemluvio	Placebo	Difference from placebo (95% CI)
Proportion of patients with both a reduction of ≥ 4 from baseline in PP-NRS and IGA 0 or 1	22%	2%	15% (8, 21)
Proportion of patients with IGA 0 or 1	26%	7%	15% (7, 23)
Proportion of subjects with a reduction of ≥ 4 from baseline in PP-NRS	56%	16%	38% (27, 48)
Proportion of subjects with PP-NRS < 2	32%	4%	28% (20, 36)

Olympia 2 Results

	Nemluvio	Placebo	Difference from placebo (95% CI)
Proportion of patients with both a reduction of ≥ 4 from baseline in PP-NRS and IGA 0 or 1	25%	4%	22% (14, 30)
Proportion of patients with IGA 0 or 1	38%	11%	29% (19, 38)
Proportion of subjects with a reduction of ≥ 4 from baseline in PP-NRS	49%	16%	34% (23, 45)
Proportion of subjects with PP-NRS < 2	31%	7%	26% (18, 34)

Cost

- WAC $4,240/pen
    - Loading dose: $8,480
    - Maintenance dose
        - AD: $ 55,120 for up to 13 doses per year (or less with ‘possibility’ of flexible dosing after 16 weeks of treatment)
        - PN: $55,210 (< 90 kg) to $110,240 (≥ 90 kg) for 13 doses per year

Manufacturer

- Galderma Laboratories

Newly Proposed Clinical Prior Authorization Criteria

Prior authorization (PA) is required for Nemluvio (nemolizumab-ilto). 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. Patient has failed to respond to good skin care and regular use of emollients; and
    b. 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
    c. Patient has documentation of a previous trial and therapy failure with a topical immunomodulator for a minimum of 4 weeks; and
    d. For initial therapy, will be used in combination with a topical corticosteroid and/or a topical immunomodulator; and
    e. Patient will continue with skin care regimen and regular use of emollients; or
4. Patient has a diagnosis of moderate to severe prurigo nodularis (PN); and
    a. Patient has experienced severe to very severe pruritits, as demonstrated by a current Worst Itch-Numeric Rating Scale (WI-NRS) ≥ 7; and
    b. Patient has ≥ 20 nodular lesions (attach documentation); and
    c. Documentation of a previous trial and therapy failure with a high or super high potency topical corticosteroid for at least 14 consecutive days.

If criteria for coverage are met, initial authorization will be given for 16 weeks to assess response to therapy. Requests for continuation of therapy will be considered at 12-month intervals with documentation of an adequate response to therapy and a dose reduction to maintenance dosing, where appropriate.

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

References

Nemluvio [prescribing information]. Dallas, TX: Galderma Laboratories, L.P.; December 2024.

Davis DMR, Drucker AM, Alikhan A, et al. Guidelines of care for the management of atopic dermatitis in adults with phototherapy and systemic therapies. J Am Acad Dermatol. 2024 Feb;90(2):e43-e56.

Sidbury R, Alikhan A, Bercovitch L, et al. Guidelines of care for the management of atopic dermatitis in adults with topical therapies. J Am Acad Dermatol. 2023;89(1):e1-e20.

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Aprocitentan (Tryvio)
Second Review

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

See the attached new drug review for additional clinical information.

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

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

Cost

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

Newly Proposed Prior Authorization Criteria
Prior authorization (PA) is required for aprocitentan (Tryvio). Requests for non-preferred agents may be considered when documented evidence is provided that the use of the preferred agents would be medically contraindicated. Payment will be considered for an FDA approved 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 resistant hypertension; and
3. Secondary causes of hypertension have been ruled out; and
4. Patient has been adherent with standard background antihypertensive therapy, which includes at least one agent from each of the following classes, taken concurrently at maximally tolerated doses:
    a. Angiotensin-converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB);

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

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

References

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

PDL DRUG REVIEW

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

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

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

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

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

Dosage Form: Film-Coated Tablets: 12.5mg.

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

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

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

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

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

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

Common Adverse Drug Reactions: *Listed % incidence for adverse drug reactions= reported % incidence for drug (Tryvio®) minus reported % incidence for placebo. Please note that an incidence of 0% means the incidence was the same as or less than placebo.* The most frequently reported adverse events included edema/fluid retention (7%) and anemia (3.7%). During the initial 4-week double-blind, placebo-controlled treatment period, 0.8% of patients taking Tryvio® experienced an adverse reaction of hypersensitivity compared to no reports in patients treated with placebo.

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

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

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

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

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

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

Contraindications:

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

Manufacturer: Idorsia Pharmaceuticals

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

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

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

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

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

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

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

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

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

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

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

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

Summary

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

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

References

[1] Tryvio [package insert]. Radnor, PA: Idorsia Pharmaceuticals US Inc.; 2024.

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

Background

A recommendation was made during the annual review of prior authorization (PA) criteria to consider removal of atomoxetine from CNS Stimulants and Atomoxetine PA requirements. The DUR Commission made a recommendation to remove atomoxetine from PA requirements at the February 2025 meeting, reviewed current atomoxetine quantity limits, and the ProDUR age edit to require PA for members under 6 years of age.

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

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

Current Clinical Prior Authorization Criteria

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

1. Attention Deficit Hyperactivity Disorder (ADHD) meeting the DSM-5 criteria and confirmed by a standardized rating scale (such as Conners, Vanderbilt,

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

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

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

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

1. Attention Deficit Hyperactivity Disorder (ADHD) meeting the DSM-5 criteria and confirmed by a standardized rating scale (such as Conners, Vanderbilt, Brown, SNAP-IV). Symptoms must have been present before twelve (12) years of age and there must be clear evidence of clinically significant impairment in two or more current environments (social, academic, or occupational). Documentation of a recent clinical visit that confirms improvement in symptoms from baseline will be required for renewals or patients newly eligible that are established on medication to treat ADHD. Adults (≥ 21 years of age) are limited to the use of long-acting agents only.

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

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

Current Atomoxetine Quantity Limits

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

ProDUR Age Edit

- PA required for members < 6 years of age (with removal of PA required for members > 20 years of age).

Direct Oral Anticoagulants
Second Review
Removal of Prior Authorization Criteria

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

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

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

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

Proposed ProDUR Quantity Limits

Drug Product	Quantity	Days' Supply
Eliquis 2.5 mg (apixaban)	60	30
Eliquis 5 mg (apixaban)	74	30

Letermovir (Prevymis)
Second Review

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

Prior authorization criteria are being updated to reflect the current FDA approved label.

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

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

Proposed Clinical Prior Authorization (changes highlighted/italicized and/or stricken)
Prior authorization (PA) is required for oral letermovir. Requests for intravenous letermovir should be directed to the member's medical benefit. Payment will be considered under the following conditions:

1. Request adheres to all FDA approved labeling for requested drug and indication,

including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and

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

References

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

Peanut Allergen Powder-dnfp (Palforzia)
Second Review

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

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

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

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

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

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

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

References

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

Oxybate Products
Second Review

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

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

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

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

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

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

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

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

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

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

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

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

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

Prior authorization (PA) is required for ~~sodium~~ oxybate *products* ~~(Xyrem)~~. *Payment for non-preferred agents will be considered only for cases in which there is documentation of a previous trial and therapy failure with a preferred agent.*

Payment will be considered under the following conditions:

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

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

References

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

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

Tirzepatide (Zepbound) for OSA
Second Review

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

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

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

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

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

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

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

Dosage and Administration (OSA indication)

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

Dosage Forms and Strengths

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

Cost

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

Manufacturer

- Eli Lilly and Co.

Option 1: Language discussed and recommended at February 5, 2025 meeting **Newly Proposed Clinical Prior Authorization Criteria** (to be added to Incretin Mimetics for Non-Diabetes Indications; MACE criteria not under review)

Prior authorization (PA) is required for incretin mimetics not otherwise covered by the Anti-Diabetics Non-Insulin Agents PA criteria for covered FDA approved or compendia indications. Payment for excluded medical use(s) (e.g. weight loss), as defined in the Iowa State Plan and Iowa Administrative Code 441 – 78.2(4) will be denied. Payment will be considered under the following conditions:

1. Request adheres to all FDA approved labeling for requested drug and indication, including dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient has been screened for and does not have type 1 or type 2 diabetes mellitus (attach current lab results, obtained within 6 months of request, documenting an A1C < 6.5% or a fasting plasma glucose < 126 mg/dL); and

3. The requested drug will be used to reduce the risk of major adverse cardiovascular events (MACE) (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in an adult with established cardiovascular disease (CVD) and either obesity or overweight; and
    a. Patient has established CVD with history of one of the following (attach chart notes documenting diagnosis):
        i. Prior myocardial infarction (MI);
        ii. Prior stroke (ischemic or hemorrhagic);
        iii. Symptomatic peripheral arterial disease (PAD), as evidenced by intermittent claudication with ankle-brachial index (ABI) less than 0.85 (at rest), peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease; and
    b. Patient has a baseline body mass index (BMI) ≥ 27 kg/m^2 (attach documentation), obtained within 6 months of request; and
    c. Patient has been evaluated for cardiovascular standard of care treatment; and
    d. For Wegovy:
        i. Patient is ≥ 45 years of age; and
        ii. Initiation and escalation dosages will be permitted for a maximum of 8 weeks for each dosage; and
        iii. Maintenance dosages other than 1.7 mg or 2.4 mg once weekly will not be approved for maintenance treatment; *or* ~~and~~
4. *Patient has a diagnosis of moderate to severe obstructive sleep apnea (OSA); and*
    a. Patient has a baseline BMI ≥ 30 kg/m^2; and
    b. Patient has a baseline apnea/hypopnea index (AHI) ≥ 15 events per hour, as documented by a polysomnography (PSG) (attach documentation); and
    c. Patient continues to have an AHI ≥ 15 events per hour, as documented by a PSG, after optimization of positive airway pressure (PAP), unless PAP is not tolerated or contraindicated (attach documentation), and
    d. Patient is currently receiving and compliant with PAP (the device was used for 70% of nights for four or more hours per night, for two or more months) unless PAP is not tolerated or contraindicated; and
    e. For Zepbound:
        i. Patient meets the FDA approved age for OSA; and
        ii. Initiation and escalation dosages will be permitted up to a maximum of 20 weeks prior to reaching the recommended maintenance dosage of 10 mg to 15 mg once weekly; and
        iii. Maintenance dosages other than 10 mg to 15 mg once weekly will not be approved for maintenance treatment; and
5. Patient will use medication in combination with a reduced calorie diet and increased physical activity; and
6. The requested agent will not be used in combination with other incretin mimetics.

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

Requests will be considered for initiation and appropriate dosage escalation. Requests for continuation of therapy, once at an established maintenance dose will be considered at 12-month intervals when:

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

Option 2: Option 1 above, with changes (all changes highlighted in yellow, language from option 1 stricken, and new language in red)
Newly Proposed Clinical Prior Authorization Criteria (to be added to Incretin Mimetics for Non-Diabetes Indications; MACE criteria not under review)

Prior authorization (PA) is required for incretin mimetics not otherwise covered by the Anti-Diabetics Non-Insulin Agents PA criteria for covered FDA approved or compendia indications. Payment for excluded medical use(s) (e.g. weight loss), as defined in the Iowa State Plan and Iowa Administrative Code 441 – 78.2(4) will be denied. Payment will be considered under the following conditions:

1. Request adheres to all FDA approved labeling for requested drug and indication, including dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient has been screened for and does not have type 1 or type 2 diabetes mellitus (attach current lab results, obtained within 6 months of request, documenting an A1C < 6.5% or a fasting plasma glucose < 126 mg/dL); and
3. The requested drug will be used to reduce the risk of major adverse cardiovascular events (MACE) (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in an adult with established cardiovascular disease (CVD) and either obesity or overweight; and

a. Patient has established CVD with history of one of the following (attach chart notes documenting diagnosis):
    i. Prior myocardial infarction (MI);
    ii. Prior stroke (ischemic or hemorrhagic);
    iii. Symptomatic peripheral arterial disease (PAD), as evidenced by intermittent claudication with ankle-brachial index (ABI) less than 0.85 (at rest), peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease; and
b. Patient has a baseline body mass index (BMI) ≥ 27 kg/m^2 (attach documentation), obtained within 6 months of request; and
c. Patient has been evaluated for cardiovascular standard of care treatment; and
d. For Wegovy:
    i. Patient is ≥ 45 years of age; and
    ii. Initiation and escalation dosages will be permitted for a maximum of 8 weeks for each dosage; and
    iii. Maintenance dosages other than 1.7 mg or 2.4 mg once weekly will not be approved for maintenance treatment; *or* ~~and~~

4. *Patient has a diagnosis of moderate to severe obstructive sleep apnea (OSA); and*
    a. *Patient has a baseline BMI ≥ 30 kg/m^2; and*
    b. *Prescriber attests patient has a recent (within prior three years) ~~baseline~~ apnea/hypopnea index (AHI) ≥ 15 events per hour, as documented by a polysomnography (PSG) or at-home sleep study (~~attach documentation~~ document AHI); and*
    ~~c. Patient continues to have an AHI ≥ 15 events per hour, as documented by a PSG, after optimization of positive airway pressure (PAP), unless PAP is not tolerated or contraindicated (attach documentation), and~~
    ~~d. Patient is currently receiving and compliant with PAP (the device was used for 70% of nights for four or more hours per night, for two or more months) unless PAP is not tolerated or contraindicated; and~~
    e. *For Zepbound:*
        i. *Patient meets the FDA approved age for OSA; and*
        ii. *Initiation and escalation dosages will be permitted up to a maximum of 20 weeks prior to reaching the recommended maintenance dosage of 10 mg to 15 mg once weekly; and*
        iii. *Maintenance dosages other than 10 mg to 15 mg once weekly will not be approved for maintenance treatment; and*
5. Patient will use medication in combination with a reduced calorie diet and increased physical activity; and
6. The requested agent will not be used in combination with other incretin mimetics.

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

Requests will be considered for initiation and appropriate dosage escalation. Requests for continuation of therapy, once at an established maintenance dose will be considered at 12-month intervals when:

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

References

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

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

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

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DUR DIGEST

The Bulletin of Medicaid Drug Utilization Review in Iowa

No Added Benefit from Concomitant Use of GLP-1 Receptor Agonists or Dual GIP/GLP-1 Receptor Agonists with DPP-4 Inhibitors

Glucagon-like peptide-1 receptor agonists (GLP-1 RAs), dual glucose-dependent insulinotropic polypeptide (GIP)/GLP-1 RA, and dipeptidyl peptidate-4 (DPP-4) inhibitors are novel medications used in the treatment of type 2 diabetes mellitus (T2DM). These classes target the incretin system and increase the action of the endogenous hormones GPL-1 and GIP, which regulate blood sugar levels by simulating insulin secretion, suppressing glucagon release, slowing gastric emptying, and promoting satiety. Although management of T2DM often requires combination therapy, the U.S. Food & Drug Administration (FDA), the American Diabetes Association (ADA), and the American Association of Clinical Endocrinology (AACE) do not recommend the concomitant use of GLP-1 RAs or the dual GIP/GLP-1 RA with DPP-4 inhibitors, as no additional benefit is provided beyond that of a GLP-1 RA alone. In addition to not seeing additional clinical benefit, concurrent therapy may increase the risks of side effects, pill burden, and other negative outcomes associated with polypharmacy. The table below lists current DPP-4 inhibitors, GLP-1 RAs, and the dual GIP/GLP-1 RA. Note; this table only lists individual agents. Some agents may be found in combination products which are not listed in the table (e.g. alogliptin + metformin or liraglutide + insulin degludec).

For patients currently taking a DPP-4 inhibitor and a GLP-1 receptor agonist or dual GIP/GLP-1 RA, the ADA and AACE recommend discontinuing the DPP-4 inhibitor and continuing the GLP-1 receptor agonist or dual GIP/GLP-1 RA, when possible. Comparative trials show important differences between these agents with respect to glycemic lowering, weight effects, effects on cardiovascular disease (MACE and HF), and effects on chronic kidney disease. In contrast with GLP-1 RAs and dual GIP/GLP-1 RA, DPP-4 inhibitors have not been shown to reduce the occurrence of major cardiovascular events or improve kidney disease, and are neutral in terms of weight loss. Discontinuation of either drug does not require tapering.

For more information regarding treatment selection for T2DM, including considerations for patient-specific factors, providers may refer to the Standards of Care in Diabetes- 2025 and the American Association of Clinical Endocrinology Consensus Statement: Comprehensive Type 2 Diabetes Management Algorithm – 2023 Update.

DPP-4 Inhibitors	GLP-1 Receptor Agonists	Dual GIP and GLP-1 RA
• Alogliptin • Linagliptin • Saxagliptin • Stagliptin	• Dulaglutide • Exenatide • Exenatide (ER) • Liraglutide • Semaglutide	• Tirzepatide

Section 9. Pharmacologic Approaches to Glycemic Treatment for Adults with Type 2 Diabetes; ADA Standards of Care in Diabetes – 2025
Key Updates

Recommendation 9.8 A person-centered shared decision-making approach should guide the choice of glucose-lowering medications for adults with type 2 diabetes. Use medications that provide sufficient effectiveness to achieve and maintain intended treatment goals with consideration of the effects on cardiovascular, kidney, weight, and other relevant comorbidities; hypoglycemia risk; cost and access; risk for adverse reactions and tolerability; and individual preferences.

Recommendation 9.10 In adults with type 2 diabetes and established or high risk of atherosclerotic cardiovascular disease, the treatment plan should include medications with demonstrated benefits to reduce cardiovascular events (e.g., glucagon-like peptide 1 receptor agonist [GLP-1 RA] and/or sodium–glucose cotransporter 2 [SGLT2] inhibitor) for glycemic management and comprehensive cardiovascular risk reduction (irrespective of A1C).

Recommendation 9.11 In adults with type 2 diabetes who have heart failure (HF) (with either reduced or preserved ejection fraction), an SGLT2 inhibitor is recommended for both glycemic management and prevention of HF hospitalizations (irrespective of A1C).

Recommendation 9.12 In adults with type 2 diabetes and symptomatic heart failure with preserved ejection fraction (HFpEF) and obesity, a GLP-1 RA with demonstrated benefits for both glycemic management and reduction of HF-related symptoms (irrespective of A1C) is recommended.

Recommendation 9.15 In adults with type 2 diabetes, metabolic dysfunction–associated steatotic liver disease (MASLD), and overweight or obesity, consider using a GLP-1 RA or a dual glucose-dependent insulinotropic polypeptide (GIP) and GLP-1 RA with potential benefits in metabolic dysfunction–associated steatohepatitis (MASH) for glycemic management and as an adjunctive to healthy interventions for weight loss.

Recommendation 16a In adults with type 2 diabetes and biopsy-proven MASH or those at high risk for liver fibrosis (based on noninvasive tests), pioglitazone, a GLP-1 RA, or a dual GIP and GLP-1 RA is preferred for glycemic management due to potential beneficial effects on MASH.

Recommendation 16b Combination therapy with pioglitazone plus a GLP-1 RA can be considered for the treatment of hyperglycemia in adults with type 2 diabetes with biopsy-proven MASH or those at high risk of liver fibrosis (identified with noninvasive tests) due to potential beneficial effects on MASH.

Medicaid Statistics for Prescription Claims
March through May 2025

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