



## IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

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Dear Abby:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, November 5, 2025. At this meeting, Commission members reviewed and discussed prior authorization (PA) criteria for Brensocatib (Brinsupri); Diazoxide Choline (Vykat XR); Incretin Mimetics for Non-Diabetes Indications; Janus Kinase (JAK) Inhibitors; Pegcetacoplan (Empaveli); Sepiapterin (Sephience); and Select Topical Agents. Additionally, the Commission discussed removal of PA criteria for Hepatitis C Treatments, Direct Acting Antivirals (DAAs), along with the implementation of ProDUR edits for preferred DAAs. These edits include quantity limits, treatment duration, and a lookback to identify treatment experienced patients. The following recommendations have been made by the DUR Commission:

### **Brensocatib (Brinsupri)**

#### Newly Proposed Clinical Prior Authorization Criteria

Prior authorization (PA) is required for brensocatib (Brinsupri). Payment will be considered for an FDA approved or compendia indicated diagnosis 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 non-cystic fibrosis bronchiectasis (NCFB) confirmed by a chest CT scan; and
3. Patient is 18 years of age or older with a history of  $\geq 2$  pulmonary exacerbations requiring antibiotic treatment in the previous 12 months; or
4. Patient is 12 to 17 years of age with  $\geq 1$  pulmonary exacerbation requiring antibiotic treatment in the previous 12 months; and
5. Patient has experienced at least 2 of the following symptoms in the previous 12 months: cough, chronic sputum production, and/or chronic respiratory infections; and

6. Patient has been counseled on the importance of abstinence from tobacco and, if a current smoker, been encouraged to enroll in a smoking cessation program; and
7. Is prescribed by or in consultation with a pulmonologist or infectious disease specialist.

Initial requests will be approved for 12 months. Additional authorizations will be considered annually with documentation of a positive clinical response to therapy, demonstrated by at least one of the following:

1. Improvement in or stabilization of symptoms; or
2. Reduction in or stabilization of the frequency, severity, or duration of exacerbations; or
3. Reduction in the decline of FEV<sub>1</sub>.

### **Diazoxide Choline (Vykat XR)**

#### Newly Proposed Clinical Prior Authorization Criteria

Prior authorization (PA) is required for diazoxide choline (Vykat XR). 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 Prader-Willi syndrome confirmed by genetic testing (attach results); and
3. Patient has hyperphagia with associated symptoms such as food-seeking behaviors (hoarding, foraging, stealing, and attempting to consume inedible items); and
4. Patient's current weight in kg is provided; and
5. Is prescribed by or in consultation with an endocrinologist.

If the criteria for coverage is met, initial requests will be approved for 6 months. Additional approvals will be considered under the following conditions:

1. Documentation showing improvement or stabilized signs and symptoms of disease such as decrease in food related behaviors, lessened food preoccupation that affects daily life, etc., and
2. Patient's current weight in kg is provided.

### **Hepatitis C Treatments, Direct Acting Antivirals – Removal of Prior Authorization Criteria**

#### Current Clinical Prior Authorization Criteria

Prior authorization (PA) is required for hepatitis C direct-acting antivirals (DAA). Request must adhere to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations. Requests for non-preferred agents may be considered when documented evidence is provided that the use of the preferred agents would be medically contraindicated. Payment will be considered under the following conditions:

1. Patient has a diagnosis of chronic hepatitis C; and
2. Patient has had testing for hepatitis C virus (HCV) genotype; and
3. Patient has an active HCV infection verified by a detectable viral load within 12 months of starting treatment; and
4. Patient's prior HCV DAA treatment history is provided (treatment naïve or

- treatment experienced); and
5. DAAs approved for pediatric use will be considered for those under the age of 18 when used in accordance with current AASLD guidelines and patient's weight is provided; and
  6. Patient does not have limited life expectancy (less than 12 months) due to non-liver related comorbid conditions.
  7. If patient is recently eligible for Iowa Medicaid and has been started and stabilized on therapy while covered under a different plan, documentation of how long the patient has been on medication will be required. Patient will be eligible for the remainder of therapy needed, based on length of therapy for the particular treatment.
  8. The 72-hour emergency supply rule does not apply to DAAs.
- Requests for treatment-experienced patients (with previous DAA) will be considered under the following conditions:
1. Patient must meet all criteria for treatment approval above; and
  2. The requested therapy is FDA approved as therapy for treatment-experienced patients and follows current AASLD guidelines; and
  3. HCV retreatment is prescribed by or in consultation with a digestive disease, liver disease, or infectious disease provider practice; and
  4. Patient has not been previously treated with and failed the requested DAA therapy; and
  5. Documentation is provided patient has a documented presence of detectable HCV RNA at least 12 weeks after completing previous DAA treatment.

## **Incretin Mimetics for Non-Diabetes Indications**

### Current 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 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)  $\geq 27$  kg/m<sup>2</sup> (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  $\geq 45$  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
- 4. Patient has a diagnosis of moderate to severe obstructive sleep apnea (OSA); and
  - a. Patient has a baseline BMI  $\geq 30$  kg/m<sup>2</sup>; and
  - b. Prescriber attests patient has a recent (within prior three years) apnea/hypopnea index (AHI)  $\geq 15$  events per hour, as documented by a polysomnography (PSG) or at-home sleep study (document AHI); and
  - c. 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 has been evaluated for cardiovascular standard of care treatment; and
  - b. 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; 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.

Proposed Clinical Prior Authorization Criteria (changes highlighted/italicized and/or stricken)  
 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, *i.e. coronary artery disease (angina, MI), cerebrovascular disease (stroke, transient ischemic attack), peripheral arterial disease, heart failure, atrial fibrillation and other arrhythmias, valvular heart disease, congenital heart disease, cardiomyopathies, aortic disease (aneurysm, dissection), DVT or PE, and 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)  $\geq 27$  kg/m<sup>2</sup> (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  $\geq 18$  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
4. Patient has a diagnosis of moderate to severe obstructive sleep apnea (OSA); and
  - a. Patient has a baseline BMI  $\geq 30$  kg/m<sup>2</sup>; and
  - b. Prescriber attests patient has a recent (within prior three years) apnea/hypopnea index (AHI)  $\geq 15$  events per hour, as documented by a polysomnography (PSG) or at-home sleep study (document AHI); and
  - c. 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; ~~or and~~
5. *Patient has a diagnosis of noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH); and*
  - a. *Patient has moderate to advanced liver fibrosis (stages F2 to F3 fibrosis) as confirmed by one of the following (attach results from testing documenting fibrosis stage);*

- i. Liver stiffness measurement (LSM) by vibration-controlled transient elastography (VCTE) (e.g. FibroScan), with a LSM of 8 kPa to 15 kPa; or
    - ii. LSM by magnetic resonance elastography (MRE) with a LSM of 3.1 kPa to 4.4 kPa; or
    - iii. Liver biopsy with a non-alcoholic fatty liver disease (NAFLD) Activity Score (NAS)  $\geq 4$  with a score of 1 or more in steatosis, lobular inflammation, and hepatocyte ballooning; and
  - b. Patient has been evaluated for cardiometabolic standard of care treatment; and
  - c. Concurrent use of an incretin mimetic with resmetirom (Rezdiffra) for the treatment of MASH will only be considered after documented trials of each agent individually at therapeutic doses, with evidence of inadequate response; and
  - d. Patient has not had significant alcohol consumption within the past year ( $> 20$  g per day in women or  $> 30$  g per day in men); and
  - e. For Wegovy:
    - 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 (see requests for continuation of therapy below for maintenance dose requirement); and
6. Patient will use medication in combination with a reduced calorie diet and increased physical activity; and
  7. 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 has been evaluated for cardiovascular standard of care treatment; and
  - b. For Wegovy, a maintenance dose of 1.7 mg or 2.4 mg once weekly is requested; 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; and
  - b. The maintenance dose is requested and maintained (Zepbound 10 mg to 15 mg once weekly); or and
3. The requested drug will be used for noncirrhotic MASH; and
  - a. Documentation of a positive response to therapy (e.g., improvement in or stabilization of fibrosis, improvement in liver function such as reduction in alanine aminotransferase [ALT], improvement in LSM by VCTE, MRE, or biopsy); and
  - b. Patient has not progressed to cirrhosis; and
  - c. For Wegovy, a maintenance dose of 2.4 mg once weekly is requested, or 1.7 mg weekly with documentation of an adequate trial and intolerance to the maintenance dose of 2.4 mg once weekly. Patient must have a retreat of the recommended maintenance dose of 2.4 mg once weekly at least annually before a maintenance dose of 1.7 mg will be reauthorized; and

4. Patient does not have type 1 or type 2 diabetes; and
5. Patient continues to 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.

## **Janus Kinase (JAK) Inhibitors**

### Current Clinical Prior Authorization

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

1. Patient is not using or planning to use a JAK inhibitor in combination with other JAK inhibitors, biological therapies, or potent immunosuppressants (azathioprine or cyclosporine); and
2. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
3. Patient has a diagnosis of:
  - a. Moderate to severe rheumatoid arthritis; with
    - i. A documented trial and inadequate response, at a maximally tolerated dose, with methotrexate; and
    - ii. A documented trial and inadequate response to one preferred TNF inhibitor; OR
  - b. Psoriatic arthritis; with
    - i. A documented trial and inadequate response, at a maximally tolerated dose, with methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); and
    - ii. Documented trial and therapy failure with one preferred TNF inhibitor used for psoriatic arthritis; OR
  - c. Moderately to severely active ulcerative colitis; with
    - i. A documented trial and inadequate response with a preferred TNF inhibitor; OR
  - d. Moderately to severely active Crohn's disease; with
    - i. A documented trial and inadequate response with a preferred TNF inhibitor; OR
  - e. Polyarticular Course Juvenile Idiopathic Arthritis; with
    - i. A documented trial and inadequate response to the preferred oral DMARD, methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); and
    - ii. A documented trial and inadequate response with a preferred TNF inhibitor; OR
  - f. Axial spondyloarthritis conditions (e.g., ankylosing spondylitis or nonradiographic axial spondyloarthritis); with
    - i. A documented trial and inadequate response to at least two preferred non-steroidal anti-inflammatories (NSAIDs) at a

- maximally tolerated dose for a minimum of at least one month; and
  - ii. A documented trial and inadequate response with at least one preferred TNF inhibitor; OR
- g. Atopic dermatitis; with
  - i. Documentation patient has failed to respond to good skin care and regular use of emollients; and
  - ii. A documented adequate trial and therapy failure with one preferred medium to high potency topical corticosteroid for a minimum of 2 consecutive weeks; or
  - iii. A documented trial and therapy failure with a topical immunomodulator for a minimum of 4 weeks; and
  - iv. For mild to moderate atopic dermatitis:
    - 1. Affected area is less than 20% of body surface area (BSA); and
    - 2. Patient has been instructed to use no more than 60 grams of topical ruxolitinib per week; or
  - v. For moderate to severe atopic dermatitis:
    - 1. A documented trial and therapy failure with a systemic drug product for the treatment of moderate to severe atopic dermatitis, including biologics; and
    - 2. Requests for upadacitinib for pediatric patients 12 to less than 18 years of age must include the patient's weight in kg; or
- h. Nonsegmental vitiligo; with
  - i. A documented trial and inadequate response with a potent topical corticosteroid; or
  - ii. A documented trial and inadequate response with a topical calcineurin inhibitor; and
  - iii. The patient's body surface area (BSA) is less than or equal to the affected BSA per FDA approved label, if applicable; or
- i. Giant Cell Arteritis; with
  - i. Documentation patient is currently taking a glucocorticoid, with a tapering dose, or has discontinued use of glucocorticoids.

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

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

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

- drug interactions, and use in specific populations; and
3. Patient has a diagnosis of:
- a. Moderate to severe rheumatoid arthritis; with
    - i. A documented trial and inadequate response, at a maximally tolerated dose, with methotrexate; and
    - ii. A documented trial and inadequate response to one preferred TNF inhibitor; OR
  - b. Psoriatic arthritis; with
    - i. A documented trial and inadequate response, at a maximally tolerated dose, with methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); and
    - ii. Documented trial and therapy failure with one preferred TNF inhibitor used for psoriatic arthritis; OR
  - c. Moderately to severely active ulcerative colitis; with
    - i. A documented trial and inadequate response with a preferred TNF inhibitor; OR
  - d. Moderately to severely active Crohn's disease; with
    - i. A documented trial and inadequate response with a preferred TNF inhibitor; OR
  - e. Polyarticular Course Juvenile Idiopathic Arthritis; with
    - i. A documented trial and inadequate response to the preferred oral DMARD, methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); and
    - ii. A documented trial and inadequate response with a preferred TNF inhibitor; OR
  - f. Axial spondyloarthritis conditions (e.g., ankylosing spondylitis or nonradiographic axial spondyloarthritis); with
    - i. A documented trial and inadequate response to at least two preferred non-steroidal anti-inflammatories (NSAIDs) at a maximally tolerated dose for a minimum of at least one month; and
    - ii. A documented trial and inadequate response with at least one preferred TNF inhibitor; OR
  - g. Atopic dermatitis; with
    - i. Documentation patient has failed to respond to good skin care and regular use of emollients; and
    - ii. A documented adequate trial and therapy failure with one preferred medium to high potency topical corticosteroid for a minimum of 2 consecutive weeks; or
    - iii. A documented trial and therapy failure with a topical immunomodulator for a minimum of 4 weeks; and
    - iv. For mild to moderate atopic dermatitis (*topical treatments*):
      - 1. Affected area is less than 20% of body surface area (BSA); and
      - 2. Patient has been instructed to use no more than 60 grams of topical ruxolitinib per week; or
    - v. For moderate to severe chronic hand eczema (*topical treatments*):
      - 1. Chronic hand eczema has persisted for more than 3 months or recurred two or more times within a 12-month time frame after the

*initial occurrence with complete clearances between relapses; and*

2. *Patient has been instructed to use no more than 30 grams per 2 weeks or 60 grams per month of topical delgocitinib; or*
- vi. For moderate to severe atopic dermatitis (*oral treatments*):
  1. A documented trial and therapy failure with a systemic drug product for the treatment of moderate to severe atopic dermatitis, including biologics; and
  2. Requests for upadacitinib for pediatric patients 12 to less than 18 years of age must include the patient's weight in kg; or
- h. Nonsegmental vitiligo; with
  - i. A documented trial and inadequate response with a potent topical corticosteroid; or
  - ii. A documented trial and inadequate response with a topical calcineurin inhibitor; and
  - iii. The patient's body surface area (BSA) is less than or equal to the affected BSA per FDA approved label, if applicable; or
- i. Giant Cell Arteritis; with
  - i. Documentation patient is currently taking a glucocorticoid, with a tapering dose, or has discontinued use of glucocorticoids.

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

## **Pegcetacoplan (Empaveli)**

### Current Clinical Prior Authorization Criteria

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

1. Request adheres to all FDA approved labeling including age, dosing, contraindications, and warnings and precautions; and
2. Patient has a diagnosis of paroxysmal nocturnal hemoglobinuria (PNH); and
3. Flow cytometry shows detectable glycosylphosphatidylinositol (GPI)-deficient hematopoietic clones or  $\geq 10\%$  PNH cells; and
4. History of at least one red blood cell transfusion in the previous 12 months; and
5. Documentation of hemoglobin  $< 10.5$  g/dL; and
6. Is not prescribed concurrently with eculizumab (Soliris) or ravulizumab (Ultomiris), unless the patient is in a 4 week period of cross-titration between eculizumab (Soliris) and pegcetacoplan (Empaveli); and
7. Is prescribed by or in consultation with a hematologist; and
8. Medication will be administered in the member's home; and
9. Member or member's care giver has been properly trained in subcutaneous infusion and prescriber has determined home administration is appropriate.

Initial authorizations will be approved for 4 weeks if within cross-titration period with eculizumab (Soliris) to verify eculizumab has been discontinued, or for 6 months otherwise.

Additional authorizations will be considered when the following criteria are met:

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

(Ultomiris).

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

1. Request adheres to all FDA approved labeling including age, dosing, contraindications, and warnings and precautions; and
2. Patient has a diagnosis of paroxysmal nocturnal hemoglobinuria (PNH); and
  - a. Flow cytometry shows detectable glycosylphosphatidylinositol (GPI)-deficient hematopoietic clones or  $\geq 10\%$  PNH cells; and
  - b. History of at least one red blood cell transfusion in the previous 12 months; and
  - c. Documentation of hemoglobin  $< 10.5$  g/dL; ~~or~~ and
  - d. ~~Is not prescribed concurrently with eculizumab (Soliris) or ravulizumab (Ultomiris), unless the patient is in a 4 week period of cross-titration between eculizumab (Soliris) and pegcetacoplan (Empaveli); and~~
3. *Patient has a diagnosis of complement 3 glomerulopathy (C3G) or immune-complex membranoproliferative glomerulonephritis (IC-MPGN); and*
  - a. *Diagnosis is confirmed on renal biopsy; and*
  - b. *Patient is on a maximally tolerated dose of an angiotensin converting enzyme inhibitor (ACEI), angiotensin receptor blocker (ARB), and/or sodium glucose cotransporter-2 (SGLT2) inhibitor for at least 3 months prior to starting pegcetacoplan; and*
  - c. *Patient has a history of a trial and therapy failure with systemic oral glucocorticoids or mycophenolate mofetil; and*
  - d. *Documentation of a baseline urine protein-to-creatinine ratio (UPCR)  $\geq 1$ g/g; and*
  - e. *Patient has an eGFR  $\geq 30$  mL/min/1.73 m<sup>2</sup>; and*
4. *For patients under 18 years of age, current weight in kg is provided; and*
5. Is prescribed by or in consultation with a hematologist ~~or nephrologist~~; and
6. Medication will be administered in the member's home; and
7. Member or member's care giver has been properly trained in subcutaneous infusion ~~or subcutaneous injection~~ and prescriber has determined home administration is appropriate; and
8. *Will not be used with another complement inhibitor or will only be considered for patients switching from one complement inhibitor to pegcetacoplan based on FDA approved labeling.*

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

Initial authorizations will be approved for *the FDA approved recommended time period when switching from a different complement inhibitor* ~~4 weeks if within cross-titration period with eculizumab (Soliris)~~ to verify *treatment* eculizumab has been discontinued, or for 6 months otherwise.

Additional authorizations will be considered when the following criteria are met:

1. Documentation of a positive clinical response to therapy:
  - a. ~~PNH~~; e.g., increased or stabilization or hemoglobin levels or reduction in transfusions; ~~or~~
  - b. ~~C3G or IC-MPGN~~; e.g., *reduction in UPCR from baseline and*

$eGFR \geq 30 \text{ mL/min/1.73 m}^2$ ; and

2. Is not prescribed concurrently with *other complement inhibitors* eculizumab (Soliris) or ravulizumab (Ultomiris).

## Sepiapterin (Sephience)

### Newly Proposed Clinical Prior Authorization Criteria

Prior authorization (PA) is required for sepiapterin (Sephience). 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 hyperphenylalaninemia (HPA) with sepiapterin-responsive phenylketonuria (PK); and
  3. Patient is on a phenylalanine (Phe) restricted diet prior to therapy and will continue throughout therapy; and
  4. Patient has a baseline blood Phe level  $\geq 360 \mu\text{mol/L}$  while following a Phe restricted diet, obtained within 2 weeks of initiation of sepiapterin therapy (attach lab results); and
  5. Patient's current weight in kg is provided; and
  6. Blood Phe levels will be measured after 2 weeks of therapy and at least one more time before initial renewal; and
  7. Is not prescribed concurrently with sapropterin (Kuvan) or pegvaliase-pqpz (Palynziq).
- Initial requests will be considered for 2 months to assess response to therapy.

Continuation of therapy will be considered when the following criteria are met:

1. Patient's current weight in kg is provided; and
2. Patient continues a Phe restricted diet; and
3. After an initial 2-month treatment, an updated blood Phe level must be provided documenting response to therapy, defined as at least a 30% reduction in blood Phe level. If blood Phe level does not decrease at maximum dose, the patient is considered a non-responder and no further requests will be approved; and
4. Patient continues to respond to therapy as demonstrated by a reduction in Phe blood levels since initiation of therapy; and
5. Is not prescribed concurrently with sapropterin (Kuvan) or pegvaliase-pqpz (Palynziq).

## Select Topical Agents

### Current Clinical Prior Authorization Criteria

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

1. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient has a diagnosis of plaque psoriasis with involvement estimated to affect  $\leq 20\%$  of the body surface area; and
  - 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 a 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.

Proposed Clinical Prior Authorization Criteria (changes highlighted/italicized and/or stricken)  
 Prior authorization (PA) is required for select topical 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 (*note, only FDA-approved indications for each drug and specific dosage form will be considered*); and
- 2. Patient has a diagnosis of plaque psoriasis with *total overall* involvement *on scalp and non-scalp areas* ~~estimated to affect~~  $\leq 25$  20% of the body surface area (BSA) *at baseline. Total non-scalp BSA should not exceed 20%*; 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 a 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.

### ProDUR Edit

The DUR Commission recommends implementing the following ProDUR edits for preferred agents with the removal of PA criteria for Hepatitis C Treatment, Direct Acting Antivirals.

- Quantity limit

Drug Product	Quantity	Days' Supply
Mavyret tablets	84	28
Mavyret pellets	140 packets (5 cartons)	28
Sofosbuvir 400 mg/velpatasvir 100 mg tablets	28	28
Sofosbuvir 200 mg/velpatasvir 50 mg tablets	56	28
Sofosbuvir 200 mg/velpatasvir 50mg pellets	56	28
Sofosbuvir 150 mg/velpatasvir 37.5mg pellets	28	28

- Treatment duration
  - Mavyret: 16 weeks
  - Sofosbuvir/velpatasvir: 12 weeks
- Lookback for treatment (identify treatment experienced):
  - 365 days

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendations regarding Brensocatib (Brinsupri); Diazoxide Choline (Vykat XR); Incretin Mimetics for Non-Diabetes Indications; Janus Kinase (JAK) Inhibitors; Pegcetacoplan (Empaveli); Sepiapterin (Sephience); Select Topical Agents; and the removal of PA criteria for Hepatitis C Treatments, Direct Acting Antivirals (DAAs), along with the implementation of ProDUR edits for preferred DAAs, including quantity limits, treatment duration, and a lookback to identify treatment experienced patients.

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

MOLINA HEALTHCARE OF IOWA CLAIMS QUARTERLY STATISTICS			
Category	June 2025 to August 2025	Sept 2025 to Nov 2025	% Change
Total paid Amount	\$57,616,741.44	\$61,634,913.39	6.97%
Unique users	76,607	76,623	0.02%
Cost Per user	\$752.11	\$804.39	6.95%
Total prescriptions	478,450	473,689	-1.00%
Average Prescriptions per user	6.25	6.18	-1.02%
Average cost per prescription	\$120.42	\$130.12	8.05%
# Generic Prescriptions	433,104	427,724	-1.24%
% Generic	90.5%	90.3%	-0.25%
\$ Generic	\$7,930,457.23	\$8,057,244.25	1.60%
Average Generic Prescription Cost	\$18.31	\$18.84	2.88%
Average Generic Days' Supply	27.14	28.30	4.29%
# Brand Prescriptions	45,346	45,965	1.37%
% Brand	9.48%	9.70%	2.38%
\$ Brand	\$49,686,284	53,577,669	7.83%
Average Brand Prescription cost	\$1,095.71	\$1,165.62	6.38%
Average Brand Days' Supply	28.26	28.25	-0.03%

UTILIZATION BY AGE		
Age	June 2025 to August 2025	Sept 2025 to Nov 2025
0 to 6	12,229	11,723
7 to 12	9,881	9,864
13 to 18	9,945	10,196
19 to 64	44,070	44,334
65+	868	898
Total	76,993	76,623

UTILIZATION BY GENDER AND AGE			
Gender	Age	June 2025 to August 2025	Sept 2025 to Nov 2025
F	0 to 6	5,629	5,448
	7 to 12	4,437	4,340
	13 to 18	5,632	5,741
	19 to 64	28,039	28,442
	65+	528	549
	Gender Total	44,265	44,520
M	0 to 6	6,590	6,272
	7 to 12	5,443	5,521
	13 to 18	4,308	4,454
	19 to 64	16,019	15,890
	65+	337	349
	Gender Total	32,697	32,486
Grand Total		77,079	77,006

**Top 100 Pharmacies by Prescription Count**

Sept 2025 to Nov 2025

RANK	Pharmacy NAME	Pharmacy City	State	Prescription Count	Paid Amount	Average Cost RX	Previous RANK
1	UIHC AMBULATORY CARE PHC	IOWA CITY	IA	7,048	\$4,575,761.95	\$649.23	1
2	BROADLAWNS MED CTR OP PH	DES MOINES	IA	4,710	\$308,162.54	\$65.43	2
3	WALGREENS 04405	COUNCIL BLUFFS	IA	4,429	\$264,805.96	\$59.79	3
4	WALGREENS 05042	CEDAR RAPIDS	IA	3,994	\$216,775.23	\$54.28	4
5	RIGHT DOSE PHARMACY	ANKENY	IA	3,464	\$159,345.06	\$46.00	5
6	HY-VEE PHARMACY 1403	MARSHALLTOWN	IA	3,352	\$266,490.39	\$79.50	6
7	SIOUXLAND COMM HLTH CTR	SIOUX CITY	IA	3,349	\$186,657.98	\$55.74	9
8	WALGREENS 05239	DAVENPORT	IA	2,954	\$183,221.98	\$62.03	7
9	HY-VEE PHARMACY 1138	DES MOINES	IA	2,862	\$252,382.68	\$88.18	12
10	HY-VEE PHARMACY 1075	CLINTON	IA	2,696	\$241,842.32	\$89.70	19
11	HY-VEE DRUGSTORE 7060	MUSCATINE	IA	2,696	\$206,805.19	\$76.71	10
12	HY-VEE PHARMACY 1056	CEDAR RAPIDS	IA	2,610	\$172,192.82	\$65.97	20
13	WALGREENS 03700	COUNCIL BLUFFS	IA	2,603	\$175,845.52	\$67.55	13
14	HY-VEE PHARMACY 1109	DAVENPORT	IA	2,533	\$172,340.28	\$68.04	14
15	WALGREENS 05721	DES MOINES	IA	2,529	\$145,706.11	\$57.61	8
16	WALGREENS 07455	WATERLOO	IA	2,443	\$135,897.82	\$55.63	11
17	WALGREENS 07453	DES MOINES	IA	2,400	\$161,725.25	\$67.39	18
18	HY-VEE PHARMACY 1092	COUNCIL BLUFFS	IA	2,398	\$263,081.56	\$109.71	15
19	COMMUNITY HEALTH CARE PH	DAVENPORT	IA	2,323	\$79,036.94	\$34.02	21
20	WALGREENS 15647	SIOUX CITY	IA	2,266	\$168,812.27	\$74.50	17
21	HY-VEE DRUGSTORE 7065	OTTUMWA	IA	2,251	\$156,430.68	\$69.49	26
22	HY-VEE DRUGSTORE 7020	CEDAR RAPIDS	IA	2,186	\$158,100.06	\$72.32	16
23	HY-VEE PHARMACY 1192	FORT DODGE	IA	2,184	\$150,324.55	\$68.83	23

24	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	2,181	\$117,323.96	\$53.79	29
25	HY-VEE PHARMACY 1151	DES MOINES	IA	2,100	\$140,838.08	\$67.07	24
26	HY-VEE PHARMACY 1610	SIOUX CITY	IA	2,081	\$193,094.76	\$92.79	64
27	HY-VEE PHARMACY 1142	DES MOINES	IA	2,063	\$157,980.62	\$76.58	30
28	DRILLING PHARMACY 67	SIOUX CITY	IA	2,034	\$160,013.95	\$78.67	22
29	HY-VEE PHARMACY 1044	BURLINGTON	IA	2,031	\$145,641.80	\$71.71	34
30	CVS PHARMACY 10282	FORT DODGE	IA	2,020	\$112,289.28	\$55.59	33
31	WALMART PHARMACY 10-5115	DAVENPORT	IA	1,995	\$163,699.02	\$82.05	45
32	CVS PHARMACY 08544	WATERLOO	IA	1,986	\$130,449.66	\$65.68	27
33	GREENWOOD DRUG ON KIMBAL	WATERLOO	IA	1,984	\$161,957.12	\$81.63	35
34	WALGREENS 04041	DAVENPORT	IA	1,949	\$102,456.26	\$52.57	31
35	NELSON FAMILY PHARMACY	FORT MADISON	IA	1,936	\$105,255.75	\$54.37	36
36	WALGREENS 00359	DES MOINES	IA	1,920	\$116,518.64	\$60.69	28
37	WALMART PHARMACY 10-2889	CLINTON	IA	1,917	\$166,267.25	\$86.73	25
38	HY-VEE PHARMACY 1522	PERRY	IA	1,873	\$137,510.52	\$73.42	41
39	HY-VEE PHARMACY 1074	CHARLES CITY	IA	1,812	\$134,406.13	\$74.18	49
40	HY-VEE PHARMACY 1061	CEDAR RAPIDS	IA	1,810	\$112,287.20	\$62.04	32
41	CVS PHARMACY 08658	DAVENPORT	IA	1,780	\$124,245.64	\$69.80	56
42	MAHASKA DRUGS	OSKALOOSA	IA	1,758	\$157,290.71	\$89.47	37
43	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	1,756	\$177,841.37	\$101.28	46
44	WALMART PHARMACY 10-3590	SIOUX CITY	IA	1,743	\$129,397.88	\$74.24	47
45	HY-VEE PHARMACY 1530	PLEASANT HILL	IA	1,731	\$121,468.90	\$70.17	43
46	HY-VEE PHARMACY 1180	FAIRFIELD	IA	1,699	\$138,355.92	\$81.43	48
47	HY-VEE PHARMACY 1615	SIOUX CITY	IA	1,639	\$129,444.66	\$78.98	44
48	HY-VEE PHARMACY 1058	CENTERVILLE	IA	1,633	\$245,132.67	\$150.11	67
49	SCOTT PHARMACY INC	FAYETTE	IA	1,631	\$119,779.49	\$73.44	50
50	HY-VEE PHARMACY 1281	IOWA CITY	IA	1,627	\$95,807.77	\$58.89	42

51	HY-VEE PHARMACY 1396	MARION	IA	1,626	\$124,729.48	\$76.71	54
52	WALGREENS 07454	ANKENY	IA	1,596	\$77,261.42	\$48.41	62
53	WALMART PHARMACY 10-3394	ATLANTIC	IA	1,589	\$140,972.95	\$88.72	38
54	WALMART PHARMACY 10-0559	MUSCATINE	IA	1,555	\$83,952.39	\$53.99	69
55	HY-VEE PHARMACY 1504	OTTUMWA	IA	1,529	\$73,261.17	\$47.91	58
56	WALMART PHARMACY 10-0797	WEST BURLINGTON	IA	1,525	\$66,578.24	\$43.66	76
57	NUCARA LTC PHARMACY 3	IOWA CITY	IA	1,518	\$46,220.44	\$30.45	53
58	HY VEE PHARMACY 1459	OELWEIN	IA	1,513	\$95,403.50	\$63.06	39
59	WALGREENS 05852	DES MOINES	IA	1,507	\$102,592.83	\$68.08	51
60	OMNICARE OF URBANDA 48236	URBANDALE	IA	1,507	\$50,692.55	\$33.64	82
61	WAGNER PHARMACY	CLINTON	IA	1,505	\$75,752.58	\$50.33	73
62	WALMART PHARMACY 10-0985	FAIRFIELD	IA	1,486	\$94,249.27	\$63.42	77
63	UI HEALTHCARE	CORALVILLE	IA	1,485	\$61,101.11	\$41.15	52
64	LEWIS FAMILY DRUG 28	ONAWA	IA	1,484	\$152,219.32	\$102.57	63
65	HY-VEE PHARMACY 1866	WATERLOO	IA	1,480	\$125,338.33	\$84.69	74
66	WALMART PHARMACY 10-1723	DES MOINES	IA	1,448	\$87,734.55	\$60.59	89
67	MEDICAP PHARMACY LTC 8405	INDIANOLA	IA	1,434	\$56,627.30	\$39.49	673
68	ALL CARE HEALTH CENTER	COUNCIL BLUFFS	IA	1,425	\$62,499.87	\$43.86	71
69	HY-VEE PHARMACY 1148	DES MOINES	IA	1,422	\$138,262.53	\$97.23	66
70	WALMART PHARMACY 10-0581	MARSHALLTOWN	IA	1,388	\$140,250.60	\$101.05	70
71	WALGREENS 10855	WATERLOO	IA	1,385	\$80,436.24	\$58.08	40
72	WALMART PHARMACY 10-0646	ANAMOSA	IA	1,379	\$120,814.46	\$87.61	57
73	HY-VEE PHARMACY 1241	HARLAN	IA	1,376	\$118,416.51	\$86.06	75
74	WALMART PHARMACY 10-1431	KEOKUK	IA	1,375	\$99,930.14	\$72.68	98
75	HY-VEE DRUGSTORE 7056	MASON CITY	IA	1,371	\$129,465.77	\$94.43	59
76	WALGREENS 03875	CEDAR RAPIDS	IA	1,367	\$86,761.81	\$63.47	55
77	WALGREENS 05470	SIOUX CITY	IA	1,361	\$83,553.59	\$61.39	60

78	HY-VEE PHARMACY 1013	AMES	IA	1,352	\$78,278.80	\$57.90	91
79	INFOCUS PHARMACY SERVICE	DUBUQUE	IA	1,340	\$43,684.75	\$32.60	72
80	CVS PHARMACY 10329	DES MOINES	IA	1,335	\$122,463.94	\$91.73	83
81	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	1,328	\$89,852.17	\$67.66	80
82	HY-VEE PHARMACY 1065	CHARITON	IA	1,325	\$89,767.04	\$67.75	92
83	HY-VEE PHARMACY 1052	CEDAR FALLS	IA	1,321	\$105,611.09	\$79.95	100
84	COVENANT FAMILY PHARMACY	WATERLOO	IA	1,318	\$192,530.24	\$146.08	93
85	HY-VEE PHARMACY 1873	WAUKEE	IA	1,317	\$74,732.60	\$56.74	103
86	WALGREENS 07452	DES MOINES	IA	1,312	\$83,036.71	\$63.29	61
87	WALMART PHARMACY 10-1496	WATERLOO	IA	1,294	\$126,580.10	\$97.82	68
88	WALMART PHARMACY 10-0810	MASON CITY	IA	1,276	\$121,466.70	\$95.19	95
89	WALMART PHARMACY 10-1621	CENTERVILLE	IA	1,273	\$134,551.11	\$105.70	97
90	HY-VEE PHARMACY 1009	ALBIA	IA	1,269	\$90,284.31	\$71.15	99
91	WALMART PHARMACY 10-1285	OTTUMWA	IA	1,267	\$80,793.39	\$63.77	113
92	FOREST PARK CLINIC PHCY	MASON CITY	IA	1,260	\$74,243.27	\$58.92	94
93	HY-VEE PHARMACY 1759	URBANDALE	IA	1,259	\$97,261.73	\$77.25	140
94	MAIN AT LOCUST PHARMACY	DAVENPORT	IA	1,247	\$94,855.53	\$76.07	90
95	HY-VEE DRUGSTORE 7026	CEDAR RAPIDS	IA	1,246	\$93,878.93	\$75.34	79
96	HY-VEE PHARMACY 1054	CEDAR RAPIDS	IA	1,245	\$112,454.97	\$90.33	85
97	HY-VEE PHARMACY 1042	BURLINGTON	IA	1,243	\$121,103.34	\$97.43	78
98	HY-VEE PHARMACY 1202	FORT MADISON	IA	1,226	\$113,676.69	\$92.72	106
99	HY-VEE PHARMACY 1009	ALBIA	IA	1,223	\$70,919.33	\$57.99	135
100	HY-VEE PHARMACY 1052	CEDAR FALLS	IA	1,221	\$93,437.64	\$76.53	163

**Top 100 Pharmacies by Paid Amount  
September 2025 to November 2025**

RANK	Pharmacy NAME	Pharmacy City	State	Prescription Count	Paid Amount	Average Cost Member	Previous RANK
1	CAREMARK SPECIALTY P 1702	LENEXA	KS	695	\$5,686,047.70	\$8,181.36	1
2	UIHC AMBULATORY CARE PHC	IOWA CITY	IA	7,048	\$4,575,761.95	\$649.23	2
3	COMMUNITY, A WALGRE 16528	DES MOINES	IA	537	\$3,139,619.80	\$5,846.59	3
4	UNITYPOINT AT HOME	URBANDALE	IA	425	\$1,470,941.20	\$3,461.04	5
5	CVS SPECIALTY 02921	MONROEVILLE	PA	180	\$1,299,325.18	\$7,218.47	4
6	PANTHERX SPECIALTY PHARM	CORAOPOLIS	PA	36	\$1,105,803.49	\$30,716.76	7
7	NUCARA SPECIALTY PHARMAC	PLEASANT HILL	IA	939	\$1,049,839.96	\$1,118.04	6
8	ACCREDITO HEALTH GROUP INC	MEMPHIS	TN	56	\$783,068.61	\$13,983.37	9
9	CAREMARK SPECIALTY 48031	MOUNT PROSPECT	IL	74	\$714,785.51	\$9,659.26	8
10	COMMUNITY A WALGREE 21250	IOWA CITY	IA	145	\$562,412.65	\$3,878.71	10
11	OPTUM PHARMACY	JEFFERSONVILLE	IN	52	\$464,292.99	\$8,928.71	12
12	CARE PLUS CVS/PHARM 00102	AURORA	CO	40	\$423,876.41	\$10,596.91	11
13	AVERA SPECIALTY PHARMACY	SIOUX FALLS	SD	77	\$402,126.71	\$5,222.42	21
14	EVERSANA LIFE SCIENCE SE	CHESTERFIELD	MO	10	\$378,750.34	\$37,875.03	18
15	CVS/SPECIALTY 1703	REDLANDS	CA	21	\$377,121.44	\$17,958.16	14
16	ANOVORX GROUP LLC	MEMPHIS	TN	21	\$342,986.63	\$16,332.70	13
17	EXPRESS SCRIPTS SPECIALT	ST. LOUIS	MO	19	\$338,951.43	\$17,839.55	15
18	CHILDRENS HOME HEALTHCAR	OMAHA	NE	39	\$316,168.15	\$8,106.88	42
19	BIOLOGICS BY MCKESSON	CARY	NC	17	\$312,063.57	\$18,356.68	40
20	CR CARE PHARMACY	CEDAR RAPIDS	IA	1,127	\$309,165.81	\$274.33	23
21	BROADLAWNS MED CTR OP PH	DES MOINES	IA	4,710	\$308,162.54	\$65.43	27
22	GENOA HEALTHCARE LL 20171	DAVENPORT	IA	968	\$296,517.43	\$306.32	28
23	ARJ INFUSION SERVICES LL	CEDAR RAPIDS	IA	39	\$278,216.31	\$7,133.75	22

24	ALLEN CLINIC PHARMACY	WATERLOO	IA	878	\$271,000.14	\$308.66	39
25	HY-VEE PHARMACY 1403	MARSHALLTOWN	IA	3,352	\$266,490.39	\$79.50	24
26	WALGREENS 04405	COUNCIL BLUFFS	IA	4,429	\$264,805.96	\$59.79	16
27	HY-VEE PHARMACY 1092	COUNCIL BLUFFS	IA	2,398	\$263,081.56	\$109.71	25
28	FIRST MED EAST PHARMACY	DAVENPORT	IA	409	\$260,625.67	\$637.23	43
29	ORSINI PHARMACEUTICAL SE	ELK GROVE VILLAGE	IL	14	\$252,811.90	\$18,057.99	317
30	HY-VEE PHARMACY 1138	DES MOINES	IA	2,862	\$252,382.68	\$88.18	26
31	HY-VEE PHARMACY 1058	CENTERVILLE	IA	1,633	\$245,132.67	\$150.11	32
32	AMBER PHARMACY	OMAHA	NE	48	\$243,643.25	\$5,075.90	17
33	HY-VEE PHARMACY 1075	CLINTON	IA	2,696	\$241,842.32	\$89.70	45
34	ONCO360	LOUISVILLE	KY	12	\$219,603.00	\$18,300.25	74
35	WALGREENS 05042	CEDAR RAPIDS	IA	3,994	\$216,775.23	\$54.28	38
36	HY-VEE DRUGSTORE 7060	MUSCATINE	IA	2,696	\$206,805.19	\$76.71	33
37	GENOA HEALTHCARE LL 20459	MARSHALLTOWN	IA	593	\$205,057.27	\$345.80	78
38	HY-VEE PHARMACY 1610	SIOUX CITY	IA	2,081	\$193,094.76	\$92.79	88
39	COVENANT FAMILY PHARMACY	WATERLOO	IA	1,318	\$192,530.24	\$146.08	102
40	SIOUXLAND COMM HLTH CTR	SIOUX CITY	IA	3,349	\$186,657.98	\$55.74	55
41	WALGREENS 05239	DAVENPORT	IA	2,954	\$183,221.98	\$62.03	48
42	GENOA HEALTHCARE LL 20304	SIOUX CITY	IA	922	\$179,611.96	\$194.81	31
43	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	1,756	\$177,841.37	\$101.28	41
44	WALGREENS 03700	COUNCIL BLUFFS	IA	2,603	\$175,845.52	\$67.55	51
45	HY-VEE PHARMACY 1109	DAVENPORT	IA	2,533	\$172,340.28	\$68.04	37
46	HY-VEE PHARMACY 1056	CEDAR RAPIDS	IA	2,610	\$172,192.82	\$65.97	83
47	WALGREENS 15647	SIOUX CITY	IA	2,266	\$168,812.27	\$74.50	34
48	PARAGON PARTNERS	OMAHA	NE	116	\$167,007.81	\$1,439.72	56
49	WALMART PHARMACY 10-2889	CLINTON	IA	1,917	\$166,267.25	\$86.73	47
50	PRIMARY HEALTHCARE PHARM	DES MOINES	IA	919	\$166,169.60	\$180.82	20

51	WALMART PHARMACY 10-5115	DAVENPORT	IA	1,995	\$163,699.02	\$82.05	73
52	SOLEO HEALTH INC	DUBLIN	OH	4	\$162,043.16	\$40,510.79	49
53	GREENWOOD DRUG ON KIMBAL	WATERLOO	IA	1,984	\$161,957.12	\$81.63	67
54	WALGREENS 07453	DES MOINES	IA	2,400	\$161,725.25	\$67.39	53
55	DRILLING PHARMACY 67	SIOUX CITY	IA	2,034	\$160,013.95	\$78.67	59
56	RIGHT DOSE PHARMACY	ANKENY	IA	3,464	\$159,345.06	\$46.00	46
57	HY-VEE DRUGSTORE 7020	CEDAR RAPIDS	IA	2,186	\$158,100.06	\$72.32	36
58	HY-VEE PHARMACY 1142	DES MOINES	IA	2,063	\$157,980.62	\$76.58	65
59	MAHASKA DRUGS	OSKALOOSA	IA	1,758	\$157,290.71	\$89.47	50
60	ACARIAHEALTH PHARMACY 11	HOUSTON	TX	8	\$157,109.85	\$19,638.73	19
61	FIFIELD DRUG STORE	DES MOINES	IA	794	\$157,044.07	\$197.79	84
62	HY-VEE DRUGSTORE 7065	OTTUMWA	IA	2,251	\$156,430.68	\$69.49	52
63	MAYO CLINIC PHARMACY	ROCHESTER	MN	153	\$155,438.71	\$1,015.94	98
64	S-S PHARMACY	COUNCIL BLUFFS	IA	635	\$153,413.63	\$241.60	35
65	SIOUXLAND REGIONAL CANCE	SIOUX CITY	IA	10	\$152,955.08	\$15,295.51	29
66	GREENWOOD COMPLIANCE PHA	WATERLOO	IA	892	\$152,453.37	\$170.91	130
67	LEWIS FAMILY DRUG 28	ONAWA	IA	1,484	\$152,219.32	\$102.57	72
68	HY-VEE PHARMACY 1192	FORT DODGE	IA	2,184	\$150,324.55	\$68.83	68
69	ACCREDITO HEALTH GROUP INC	WARRENDAL	PA	7	\$148,167.29	\$21,166.76	117
70	HY-VEE PHCY SOLUTIONS	OMAHA	NE	22	\$147,433.08	\$6,701.50	60
71	WALGREENS 05721	DES MOINES	IA	2,529	\$145,706.11	\$57.61	54
72	HY-VEE PHARMACY 1044	BURLINGTON	IA	2,031	\$145,641.80	\$71.71	104
73	WALMART PHARMACY 10-3394	ATLANTIC	IA	1,589	\$140,972.95	\$88.72	63
74	HY-VEE PHARMACY 1151	DES MOINES	IA	2,100	\$140,838.08	\$67.07	79
75	WALMART PHARMACY 10-0581	MARSHALLTOWN	IA	1,388	\$140,250.60	\$101.05	77
76	HY-VEE PHARMACY 1180	FAIRFIELD	IA	1,699	\$138,355.92	\$81.43	92
77	HY-VEE PHARMACY 1148	DES MOINES	IA	1,422	\$138,262.53	\$97.23	132

78	HY-VEE PHARMACY 1522	PERRY	IA	1,873	\$137,510.52	\$73.42	81
79	WALGREENS 07455	WATERLOO	IA	2,443	\$135,897.82	\$55.63	44
80	GENOA HEALTHCARE LL 20246	MASON CITY	IA	607	\$135,631.15	\$223.45	163
81	WALMART PHARMACY 10-1621	CENTERVILLE	IA	1,273	\$134,551.11	\$105.70	76
82	HY-VEE PHARMACY 1074	CHARLES CITY	IA	1,812	\$134,406.13	\$74.18	101
83	OPTIME CARE INC	EARTH CITY	MO	3	\$130,707.33	\$43,569.11	144
84	CVS PHARMACY 08544	WATERLOO	IA	1,986	\$130,449.66	\$65.68	66
85	HY-VEE DRUGSTORE 7056	MASON CITY	IA	1,371	\$129,465.77	\$94.43	82
86	HY-VEE PHARMACY 1615	SIOUX CITY	IA	1,639	\$129,444.66	\$78.98	57
87	WALMART PHARMACY 10-3590	SIOUX CITY	IA	1,743	\$129,397.88	\$74.24	85
88	HY-VEE DRUGSTORE 7025	CEDAR RAPIDS	IA	1,063	\$128,392.35	\$120.78	107
89	WALMART PHARMACY 10-1496	WATERLOO	IA	1,294	\$126,580.10	\$97.82	108
90	HY-VEE PHARMACY 1866	WATERLOO	IA	1,480	\$125,338.33	\$84.69	71
91	HY-VEE PHARMACY 1396	MARION	IA	1,626	\$124,729.48	\$76.71	103
92	CVS PHARMACY 08658	DAVENPORT	IA	1,780	\$124,245.64	\$69.80	126
93	HY-VEE PHARMACY 1155	DES MOINES	IA	1,172	\$123,709.90	\$105.55	164
94	CVS PHARMACY 10329	DES MOINES	IA	1,335	\$122,463.94	\$91.73	61
95	HARTIG PHARMACY SERVICES	DUBUQUE	IA	728	\$121,731.15	\$167.21	58
96	HY-VEE PHARMACY 1530	PLEASANT HILL	IA	1,731	\$121,468.90	\$70.17	94
97	WALMART PHARMACY 10-0810	MASON CITY	IA	1,276	\$121,466.70	\$95.19	87
98	HY-VEE PHARMACY 1042	BURLINGTON	IA	1,243	\$121,103.34	\$97.43	95
99	WALMART PHARMACY 10-0646	ANAMOSA	IA	1,547	\$106,362.42	\$68.75	99
100	WALGREENS 05362	DES MOINES	IA	1,477	\$105,716.37	\$71.58	100

Top 100 Prescribing Providers by Prescription Count September 2025 to November 2025						
RANK	NPI Num	Prescriber Name	Paid Amount	Prescription Count	Average Scripts Member	Previous Rank
1	1982605762	JEFFREY WILHARM	\$ 33,794.74	918	15.6	1
2	1811419815	GRETCHEN WENGER	\$ 64,541.61	914	6.7	6
3	1356359871	RHEA HARTLEY	\$ 5,577.48	801	4.9	2
4	1528365277	MINA SALIB	\$ 364,435.44	721	4.7	22
5	1013115369	BOBBITA NAG	\$ 26,669.13	698	5.2	3
6	1730849647	MELANIE ROCK	\$ 18,333.86	619	8.0	11
7	1992402655	SHANE EBERHARDT	\$ 108,007.87	601	4.9	17
8	1982030946	JACKLYN BESCH	\$ 21,562.18	600	7.2	5
9	1306559786	ROY HENRY	\$ 41,875.53	583	8.3	25
10	1477926434	JACKIE SHIPLEY	\$ 81,283.30	582	5.8	20
11	1770933046	SHELBY BILLER	\$ 60,261.25	578	7.2	13
12	1598183493	JENA ELLERHOFF	\$ 16,242.02	562	10.2	10
13	1942721584	SHAWNA FURY	\$ 25,703.62	534	5.5	28
14	1043434525	ROBERT KENT	\$ 40,498.35	531	7.1	18
15	1417941188	DEBRA NEUHARTH	\$ 48,038.63	530	5.8	15
16	1689077018	STACY ROTH	\$ 35,708.40	529	7.7	7
17	1134854128	DZEVIDA PANDZIC	\$ 28,567.44	528	4.2	19
18	1164538674	JOSEPH WANZEK	\$ 33,582.56	521	7.3	16
19	1477199198	SAJO THOMAS	\$ 81,349.46	508	7.1	4
20	1659358620	CARLOS CASTILLO	\$ 16,576.00	507	7.1	8
21	1114681889	KELSEY BAUER	\$ 53,784.13	498	6.8	38
22	1831731298	HEATHER WILSON	\$ 34,484.32	485	7.6	36
23	1649763079	KATE JARVIS	\$ 107,523.24	477	6.9	24

24	1265841845	MARY SCHWERING	\$ 40,541.40	471	6.0	71
25	1194425223	MARY BOKSA	\$ 51,769.84	469	4.3	344
26	1144588476	RACHEL FILZER	\$ 78,690.48	464	6.7	21
27	1164823092	JAMEY GREGERSEN	\$ 20,067.58	462	8.0	14
28	1053963900	NICOLE MCCLAVY	\$ 67,773.13	461	7.6	32
29	1275763047	REBECCA BOWMAN	\$ 56,983.20	449	6.7	51
30	1437238110	GENEVIEVE NELSON	\$ 65,137.92	446	8.6	26
31	1205393386	JESSICA HUDSPETH	\$ 53,511.98	446	6.5	50
32	1992573786	LASHELLE GOODE	\$ 39,408.51	444	5.8	97
33	1902912538	CHRISTIAN JONES	\$ 44,090.65	443	5.9	31
34	1588746515	AMY BADBERG	\$ 18,531.83	433	7.0	34
35	1891306452	JENNIFER TOMLIN	\$ 42,926.05	432	6.2	133
36	1427766559	KORIE EISCHEID	\$ 29,249.97	432	8.5	52
37	1184056822	ABBY KOLTHOFF	\$ 206,883.33	431	5.9	92
38	1306124557	STACY STEWART	\$ 26,625.50	428	6.9	87
39	1811960768	ANGELA VEENSTRA	\$ 38,956.39	427	8.1	27
40	1013355759	DYLAN GREENE	\$ 25,674.89	427	5.6	64
41	1871598557	CHRISTOPHER VANDELUNE	\$ 26,378.39	426	5.3	202
42	1538368170	CHRISTOPHER MATSON	\$ 18,757.62	426	7.1	37
43	1508844465	MICHELE FRIEDMAN	\$ 33,244.36	422	16.2	136
44	1013639749	ROBERT HUSEMANN	\$ 15,065.45	420	6.8	66
45	1467502286	CHARLES TILLEY	\$ 120,612.09	419	6.7	23
46	1821333774	BRITTNI BENDA	\$ 29,825.34	418	4.6	57
47	1346621059	MARK ZACHARJASZ	\$ 18,824.53	418	10.2	44
48	1245960350	MARY WELBORN	\$ 28,909.97	418	5.0	47
49	1619153137	JOADA BEST	\$ 37,916.94	413	5.8	48
50	1023542271	FLYNN MCCULLOUGH	\$ 27,845.61	410	7.9	99

51	1437209434	JON THOMAS	\$	29,134.79	409	5.8	29
52	1922455096	DEAN GUERDET	\$	44,556.91	405	7.8	61
53	1053630640	JENNIFER DONOVAN	\$	32,733.52	404	6.5	60
54	1992562458	ALISON FAUBLE	\$	29,482.41	403	5.7	143
55	1760965032	MELISSA MILLER	\$	21,962.08	397	6.4	43
56	1245227099	DONNA DOBSON TOBIN	\$	45,504.47	396	9.0	33
57	1891707832	LISA KLOCK	\$	23,101.56	395	4.4	67
58	1467431445	SUSAN CASADY	\$	22,934.23	395	16.5	1,842
59	1609218304	AMANDA GARR	\$	54,037.52	392	4.4	58
60	1538157383	DAVID WENGER-KELLER	\$	32,713.57	390	12.2	39
61	1295211761	ASHLEY BIEDERMANN	\$	15,464.58	390	5.6	111
62	1891422606	EMILY CLAWSON	\$	67,489.89	389	6.5	77
63	1467092049	HEIDI PEDERSEN	\$	32,778.09	389	6.5	114
64	1144214248	KRISTI WALZ	\$	109,086.05	389	5.9	85
65	1558770974	MARC BAUMERT	\$	22,722.91	388	4.6	68
66	1417241621	ASHLEY MATHES	\$	22,691.95	386	5.8	75
67	1679986350	JENNIFER SPOERL	\$	57,558.98	384	7.2	41
68	1407415128	SONDRA PHILIPS	\$	23,722.69	384	7.0	72
69	1134819600	SHELBY SHEEHAN	\$	32,185.51	383	5.6	96
70	1003053653	STANLEY MATHEW	\$	12,199.69	382	8.7	42
71	1184657603	SARA RYGOL	\$	54,044.39	381	5.5	74
72	1972373298	SHAUNA HATCHITT	\$	33,499.92	377	5.1	129
73	1437692803	CASSANDRA DUNLAVY	\$	36,421.36	375	5.1	53
74	1891955423	LEAH SIEGFRIED	\$	139,490.03	374	11.3	125
75	1871021543	SUSAN WILSON	\$	33,958.87	374	7.2	49
76	1457584740	ERIC MEYER	\$	29,870.50	373	5.3	117
77	1215981758	LISA PISNEY	\$	37,532.04	373	8.1	84

78	1902478811	JOAN ANDERSON	\$	54,687.16	371	6.9	94
79	1063277671	AMANDA FRY	\$	36,154.89	371	6.6	73
80	1649209933	RICHARD BLUNK	\$	27,917.74	370	4.3	89
81	1205675444	MAGGIE HULING	\$	21,649.47	370	6.0	482
82	1679573893	PATTY HILDRETH	\$	56,331.05	368	6.1	116
83	1154815330	BRUCE PEHL	\$	22,877.67	368	5.9	35
84	1003470923	EARLENE ANGELL	\$	60,126.53	368	9.2	107
85	1699483404	KATIE RIEHL	\$	46,674.08	364	6.5	157
86	1467465716	JEFFREY BRADY	\$	22,544.01	361	5.5	95
87	1093272668	RICARDO OSORIO	\$	41,807.41	361	5.4	193
88	1780877878	CHRISTOPHER JACOBS	\$	36,376.11	360	4.7	65
89	1699134072	JENNIFER ZIGRANG	\$	33,491.82	358	8.0	135
90	1316510324	SANDY MARCUS	\$	25,475.87	358	6.4	46
91	1316471154	NICOLE WOOLLEY	\$	27,319.74	357	4.8	69
92	1255823506	NICOLE DELAGARDELLE	\$	70,635.81	357	5.4	130
93	1508846007	ANGELA TOWNSEND	\$	25,834.34	356	4.3	86
94	1639551567	DAVID GANTZ	\$	34,428.83	355	5.7	203
95	1417214321	LEAH BRANDON	\$	8,490.41	355	11.5	81
96	1477112688	FELICIA HOERNER	\$	35,703.81	355	5.4	90
97	1215125216	REBECCA WALDING	\$	28,224.03	354	5.4	210
98	1801998372	WENDY HANSEN-PENMAN	\$	13,831.41	353	7.4	121
99	1134191018	DUSTIN SMITH	\$	36,508.83	352	5.2	142
100	1447887096	BENJAMIN MOORE	\$	22,326.79	350	6.6	122

Top 100 Prescribing Providers by Paid Amount September 2025 to November 2025						
RANK	NPI Num	Prescriber Name	Paid Amount	Avg cost RX	Prescription Count	Previous Rank
1	1114214541	DIMAH SAADE	\$643,171.12	\$15,313.60	42	1
2	1316934318	STEVEN LENTZ	\$557,516.33	\$20,648.75	27	3
3	1861277980	KATHRYN EWOLDT	\$465,424.52	\$1,593.92	292	19
4	1891146999	BECKY JOHNSON	\$452,396.72	\$1,379.26	328	2
5	1295091510	REBECCA WEINER	\$449,639.57	\$2,329.74	193	7
6	1942937388	CARLY TRAUSCH	\$441,861.94	\$1,295.78	341	4
7	1528365277	MINA SALIB	\$364,435.44	\$505.46	721	6
8	1477761328	AMY CALHOUN	\$360,844.30	\$8,391.73	43	21
9	1588616171	HEATHER THOMAS	\$349,727.24	\$3,014.89	116	17
10	1013126705	JANICE STABER	\$346,728.57	\$9,631.35	36	11
11	1417443953	RODNEY CLARK	\$323,227.56	\$1,298.10	249	5
12	1700561826	PEDRO HSIEH	\$305,362.43	\$11,744.71	26	14
13	1932831971	KRISTEN EMODI	\$290,125.71	\$5,002.17	58	25
14	1437513520	SUSSETTE GONZALEZ	\$286,576.46	\$3,114.96	92	4,535
15	1760562466	ARTHUR BEISANG	\$266,253.15	\$53,250.63	5	12
16	1821046087	ARCHANA VERMA	\$260,833.46	\$5,016.03	52	24
17	1245353242	SANDY HONG	\$248,571.77	\$6,718.16	37	18
18	1669137832	TIFFANY NAVRKAL	\$221,440.36	\$2,192.48	101	51
19	1700417169	COURTNEY REINTS	\$216,673.29	\$1,224.14	177	23
20	1184056822	ABBY KOLTHOFF	\$206,883.33	\$480.01	431	26
21	1952423071	SAKEER HUSSAIN	\$202,984.80	\$12,686.55	16	9
22	1467449579	BRIAN WAYSON	\$199,948.49	\$3,076.13	65	27
23	1992314108	LYNZEE MAKOWSKI	\$194,001.16	\$595.10	326	454
24	1649943689	JESSICA COFFEY	\$193,905.64	\$1,127.36	172	15

25	1215333091	NADIA NAZ	\$182,524.75	\$1,414.92	129	42
26	1265420095	ELIZABETH COOPER	\$180,620.43	\$5,644.39	32	29
27	1790986925	TAHUANTY PENA	\$180,527.16	\$6,686.19	27	54
28	1821866856	LAUREN CRAWFORD	\$179,373.70	\$1,587.38	113	181
29	1710463708	MARY MILLS	\$174,304.83	\$24,900.69	7	31
30	1730406356	CHRISTINA WARREN	\$173,283.93	\$1,824.04	95	56
31	1437121407	LINDA CADARET	\$171,577.66	\$2,812.75	61	16
32	1063792026	JILL MILLER	\$165,440.96	\$599.42	276	61
33	1841607900	SHAYLA SANDERS	\$159,377.81	\$3,064.96	52	39
34	1437533130	KATIE BROSHUIS	\$155,498.06	\$1,829.39	85	8
35	1720430184	AMANDEEP RAKHRA	\$153,962.70	\$4,528.31	34	132
36	1598438095	LALaura LOGAN	\$153,495.82	\$513.36	299	47
37	1669184511	CHANDRA MILLER	\$153,267.72	\$19,158.47	8	7,029
38	1356752067	KELLY DELANEY-NELSON	\$153,092.15	\$2,733.79	56	33
39	1902191059	AMBER TIERNEY	\$150,382.77	\$7,914.88	19	75
40	1356753859	KATIE LUTZ	\$147,522.47	\$1,966.97	75	2,660
41	1578958542	HEIDI CURTIS	\$146,379.88	\$944.39	155	30
42	1649826140	TAYLOR MYERS	\$144,932.56	\$1,159.46	125	20
43	1285748004	BRUCE HUGHES	\$143,331.34	\$5,308.57	27	101
44	1891955423	LEAH SIEGFRIED	\$139,490.03	\$372.97	374	77
45	1306230230	SONAM PATEL	\$139,045.24	\$3,757.98	37	137
46	1801405832	SARAH HIEMER	\$136,407.71	\$1,228.90	111	71
47	1861463275	DONALD WENDER	\$129,459.89	\$9,958.45	13	121
48	1134981038	CASSIDY CHALUPA	\$127,611.09	\$2,363.17	54	38
49	1326410499	TARA EASTVOLD	\$125,835.80	\$585.28	215	91
50	1003315201	ABIGAIL BEHRENS	\$123,083.35	\$2,564.24	48	22
51	1699161919	ALEJANDRA JIMENEZ	\$121,587.86	\$1,621.17	75	165

52	1437147386	DOUGLAS HORNICK	\$121,033.67	\$7,119.63	17	48
53	1467502286	CHARLES TILLEY	\$120,612.09	\$287.86	419	66
54	1376525196	RANDOLPH ROUGH	\$120,469.12	\$2,737.93	44	40
55	1235894122	KRISHNA HUGHES	\$118,366.18	\$1,940.43	61	302
56	1851568703	MATHEW DAVEY	\$117,192.20	\$2,858.35	41	63
57	1699887133	DANIEL DIMEO	\$116,360.10	\$8,950.78	13	46
58	1295263010	ZACHARY LANCASTER	\$115,626.02	\$9,635.50	12	8,248
59	1568423192	JOHN WOLLNER	\$114,991.62	\$1,575.23	73	236
60	1720036353	ERIK SWENSON	\$114,022.21	\$2,651.68	43	60
61	1093382632	GAIL DOOLEY	\$112,678.50	\$1,310.22	86	37
62	1144214248	KRISTI WALZ	\$109,086.05	\$280.43	389	52
63	1356655336	AASIYA MATIN	\$108,238.55	\$9,839.87	11	108
64	1992402655	SHANE EBERHARDT	\$108,007.87	\$179.71	601	59
65	1730318205	DIANA BAYER-BOWSTEAD	\$107,887.00	\$829.90	130	212
66	1649763079	KATE JARVIS	\$107,523.24	\$225.42	477	116
67	1316942212	JEFFREY GOLDMAN	\$107,014.20	\$2,743.95	39	157
68	1831855485	AARON MARTIN	\$106,653.04	\$592.52	180	117
69	1245624626	BLAKE WILLIAMS	\$105,473.71	\$1,335.11	79	193
70	1700080538	EDUARDO CARLIN	\$103,864.73	\$1,154.05	90	62
71	1508281619	KELLY MARINE	\$102,419.28	\$890.60	115	1,088
72	1285626390	KATHLEEN GRADOVILLE	\$102,131.46	\$972.68	105	36
73	1780995506	QUANHATHAI KAEWPOOWAT	\$100,412.49	\$1,646.11	61	84
74	1629213509	TERI DEVINE	\$99,858.29	\$14,265.47	7	2,475
75	1972560597	BERNARD LEMAN	\$99,221.75	\$2,918.29	34	41
76	1366065047	BRITTANIA SCHOON	\$99,114.61	\$1,501.74	66	161
77	1609003433	DANIEL FULTON	\$97,904.49	\$2,039.68	48	112
78	1710510987	NYSHIA GARCIA	\$97,110.38	\$1,156.08	84	240

79	1225266364	SARAH BLIGH	\$95,548.88	\$2,654.14	36	78
80	1780788844	TAMMY WICHMAN	\$95,394.96	\$11,924.37	8	282
81	1831504380	DIVYA ASHAT	\$95,182.96	\$4,532.52	21	379
82	1427685791	DELANEY SCHARA	\$94,994.83	\$1,396.98	68	79
83	1003264185	ELIZABETH BOWEN	\$93,960.11	\$2,684.57	35	2,715
84	1336375369	SAMANTHA MALLORY	\$93,385.59	\$1,986.93	47	237
85	1225263833	LINDSAY ORRIS	\$93,016.59	\$1,937.85	48	65
86	1558808501	JESSICA BRAKSIEK	\$92,953.72	\$5,809.61	16	58
87	1629417191	SUSAN SLYCORD	\$92,500.41	\$2,434.22	38	81
88	1609003011	JOHN BERNAT	\$92,221.89	\$30,740.63	3	82
89	1235792912	FARAAZ ZAFAR	\$92,050.31	\$1,150.63	80	123
90	1588618359	BARBARA BURKLE	\$90,925.94	\$4,329.81	21	43
91	1194945691	ANJALI SHARATHKUMAR	\$90,817.35	\$2,929.59	31	10
92	1558882670	PAVIDA PACHARIYANON	\$90,427.81	\$587.19	154	146
93	1194797449	DIANNA PROKUPEK	\$88,458.29	\$1,499.29	59	64
94	1942655063	AMR WAHBA	\$88,428.12	\$2,679.64	33	6,897
95	1073336392	GUSTAVO GODOY ALMEIDA	\$88,091.32	\$8,008.30	11	325
96	1730135070	JAMES WALLACE	\$87,568.56	\$3,648.69	24	95
97	1174970453	DANIEL HINDS	\$87,077.79	\$1,145.76	76	92
98	1982248589	SAMANTHA CARON	\$85,350.33	\$12,192.90	7	2,769
99	1073811352	KYLE ROSE	\$85,129.01	\$9,458.78	9	88
100	1144829300	KATIE SHANNON	\$83,099.82	\$2,374.28	35	138

Top 20 Therapeutic Class by Paid Amount							
Category Description	June 2025 to August 2025 Total Cost	Previous Rank	Previous % Budget	Sept 2025 to Nov 2025 Total Cost	Current Rank	Current % Budget	% Change
DERMATOLOGICALS	\$7,313,572.35	2	11.87%	\$8,293,701.62	1	13.46%	13.40%
ANTIDIABETICS	\$7,688,680.42	1	12.47%	\$8,166,173.94	2	13.25%	6.21%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	\$5,716,343.75	3	9.27%	\$6,184,685.57	3	10.03%	8.19%
ANALGESICS - ANTI-INFLAMMATORY	\$4,771,381.29	4	7.74%	\$4,418,689.19	4	7.17%	-7.39%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	\$2,926,504.37	6	4.75%	\$3,163,193.30	5	5.13%	8.09%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	\$2,590,573.14	7	4.20%	\$3,142,810.82	6	5.10%	21.32%
ANTIVIRALS	\$3,041,917.63	5	4.94%	\$2,620,325.31	7	4.25%	-13.86%
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	\$2,124,576.31	8	3.45%	\$2,289,867.61	8	3.72%	7.78%
HEMATOLOGICAL AGENTS - MISC.	\$1,845,081.98	10	2.99%	\$2,020,799.49	9	3.28%	9.52%
RESPIRATORY AGENTS - MISC.	\$1,861,926.81	9	3.02%	\$1,951,792.62	10	3.17%	4.83%
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	\$1,525,261.80	11	2.47%	\$1,939,068.89	11	3.15%	27.13%
GASTROINTESTINAL AGENTS - MISC.	\$1,480,863.22	12	2.40%	\$1,852,454.47	12	3.01%	25.09%
MIGRAINE PRODUCTS	\$1,378,582.23	13	2.24%	\$1,518,401.63	13	2.46%	10.14%
ENDOCRINE AND METABOLIC AGENTS - MISC.	\$1,197,909.61	17	1.94%	\$1,493,350.36	14	2.42%	24.66%
NEUROMUSCULAR AGENTS	\$1,251,263.98	14	2.03%	\$1,412,319.09	15	2.29%	12.87%
ANTIDEPRESSANTS	\$1,233,903.54	15	2.00%	\$1,324,360.34	16	2.15%	7.33%
ANTICONVULSANTS	\$1,203,619.56	16	1.95%	\$1,299,139.99	17	2.11%	7.94%
ANTICOAGULANTS	\$1,156,258.22	18	1.88%	\$1,188,349.23	18	1.93%	2.78%
CARDIOVASCULAR AGENTS - MISC.	\$ 1,018,597.14	19	1.65%	\$999,238.72	19	1.62%	-1.90%
MISCELLANEOUS THERAPEUTIC CLASSES	\$531,661.24	20	0.86%	\$413,388.40	20	0.67%	-22.25%

Top 20 Therapeutic Class by Prescription Count					
Category Description	June 2025 to August 2025 Total Claims	Previous Rank	Sept 2025 to Nov 2025 Total Claims	Current Rank	% Change
ANTIDEPRESSANTS	60,755	1	59,647	1	-1.82%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	27,572	2	29,011	2	5.22%
ANTICONVULSANTS	26,507	3	27,221	3	2.69%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	25,912	4	27,187	4	4.92%
ANTIDIABETICS	23,724	5	23,421	5	-1.28%
ANTIHYPERTENSIVES	22,031	6	20,928	6	-5.01%
ANTIANXIETY AGENTS	20,567	9	20,767	7	0.97%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	20,600	8	20,537	8	-0.31%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	21,823	7	18,852	9	-13.61%
DERMATOLOGICALS	14,028	11	14,971	10	6.72%
PENICILLINS	14,236	10	13,330	11	-6.36%
ANTIHYPERLIPIDEMICS	13,275	12	12,198	12	-8.11%
ANALGESICS - ANTI-INFLAMMATORY	11,759	13	11,558	13	-1.71%
ANALGESICS - OPIOID	11,545	14	11,285	14	-2.25%
ANTIHISTAMINES	11,366	15	11,068	15	-2.62%
BETA BLOCKERS	10,393	16	9,777	16	-5.93%
CORTICOSTEROIDS	8,721	18	9,159	17	5.02%
MUSCULOSKELETAL THERAPY AGENTS	7,541	20	8,047	18	6.71%
THYROID AGENTS	9,003	17	7,485	19	-16.86%
DIURETICS	8,127	19	7,363	20	-9.40%

Top 100 Drugs by Paid Amount					
Drug Description	June 2025 to August 2025 Total Cost	Previous Rank	Sept 2025 to Nov 2025 Total cost	Current Rank	% Change
Ozempic	\$2,986,063.18	1	\$ 3,180,335.30	1	6.51%
Dupixent	\$2,268,477.98	2	\$ 2,692,483.17	2	18.69%
Vraylar	\$1,806,439.67	4	\$ 1,961,421.42	3	8.58%
Humira (2 Pen)	\$2,085,603.58	3	\$ 1,851,723.84	4	-11.21%
Skyrizi Pen	\$1,440,426.95	6	\$ 1,739,755.62	5	20.78%
Biktarvy	\$1,621,468.62	5	\$ 1,500,702.81	6	-7.45%
Jardiance	\$1,420,010.53	8	\$ 1,490,619.18	7	4.97%
Trikafta	\$1,428,459.03	7	\$ 1,238,026.09	8	-13.33%
Invega Sustenna	\$1,042,028.93	10	\$ 1,147,309.98	9	10.10%
Stelara	\$1,119,789.29	9	\$ 1,052,486.02	10	-6.01%
Mounjaro	\$684,884.38	15	\$ 959,267.75	11	40.06%
Duvyzat	\$837,448.19	11	\$ 957,545.08	12	14.34%
Eliquis	\$822,287.04	12	\$ 847,790.65	13	3.10%
Hemlibra	\$670,622.74	16	\$ 720,449.70	14	7.43%
Taltz	\$717,844.02	13	\$ 688,241.52	15	-4.12%
Cosentyx UnoReady	\$456,263.45	22	\$ 664,738.98	16	45.69%
Trulicity	\$695,219.62	14	\$ 663,834.19	17	-4.51%
Zepbound	\$121,280.80	91	\$ 642,773.77	18	429.99%
Rexulti	\$461,583.31	21	\$ 560,538.07	19	21.44%
Rinvoq	\$659,450.80	17	\$ 556,236.78	20	-15.65%
Enbrel SureClick	\$562,859.35	19	\$ 550,288.37	21	-2.23%
Skyrizi	\$453,800.62	24	\$ 548,595.79	22	20.89%

Altuviio	\$603,534.90	18	\$	541,205.96	23	-10.33%
Aristada	\$456,209.59	23	\$	502,648.26	24	10.18%
Lisdexamfetamine Dimesylate	\$415,176.31	30	\$	497,964.67	25	19.94%
Abilify Maintena	\$484,234.09	20	\$	496,834.02	26	2.60%
Farxiga	\$447,506.62	25	\$	492,913.96	27	10.15%
Ingrezza	\$397,246.14	32	\$	479,819.51	28	20.79%
Nurtec	\$433,400.03	27	\$	475,147.17	29	9.63%
Symbicort	\$405,345.25	31	\$	456,130.22	30	12.53%
Caplyta	\$345,488.23	36	\$	432,071.56	31	25.06%
Alyftrek	\$202,823.70	53	\$	429,485.22	32	111.75%
Invega Trinza	\$357,293.91	35	\$	394,434.93	33	10.40%
Norditropin FlexPro	\$369,512.55	34	\$	349,171.28	34	-5.50%
Trelegy Ellipta	\$310,748.00	39	\$	338,600.52	35	8.96%
Ilaris	\$443,030.87	26	\$	332,009.59	36	-25.06%
Entresto	\$384,952.92	33	\$	322,877.39	37	-16.13%
Humira (2 Syringe)	\$209,350.68	52	\$	307,786.02	38	47.02%
Xywav	\$309,910.71	40	\$	303,310.08	39	-2.13%
Xarelto	\$293,733.56	41	\$	299,493.02	40	1.96%
Albuterol Sulfate HFA	\$276,718.51	42	\$	296,129.24	41	7.01%
Trintellix	\$311,898.61	38	\$	289,984.43	42	-7.03%
Gattex	\$234,516.60	47	\$	281,419.92	43	20.00%
Ubrelvy	\$247,688.35	43	\$	280,957.69	44	13.43%
Jornay PM	\$238,549.69	45	\$	269,124.88	45	12.82%
Daybue	\$319,503.78	37	\$	266,253.15	46	-16.67%
Lybalvi	\$225,455.64	48	\$	262,129.04	47	16.27%
Livmarli	\$209,498.58	51	\$	260,452.81	48	24.32%
Ajovy	\$247,587.63	44	\$	255,873.57	49	3.35%

Wakix	\$96,220.41	113	\$	251,383.01	50	161.26%
Creon	\$125,037.87	86	\$	238,933.16	51	91.09%
Tremfya One-Press	\$218,656.05	50	\$	233,233.12	52	6.67%
Austedo XR	\$113,720.99	96	\$	215,410.58	53	89.42%
Qelbree	\$175,297.71	59	\$	209,931.56	54	19.76%
Advair HFA	\$171,362.02	60	\$	202,600.89	55	18.23%
Lantus SoloStar	\$197,649.52	54	\$	200,490.76	56	1.44%
Kisqali (400 MG Dose)	\$123,257.52	88	\$	198,341.30	57	60.92%
Evrysdi	\$94,260.43	117	\$	188,520.86	58	100.00%
Linzess	\$177,212.28	58	\$	187,275.00	59	5.68%
Fasenra Pen	\$169,566.24	61	\$	185,570.61	60	9.44%
Yorvipath	\$43,871.26	222	\$	175,485.04	61	300.00%
Eloctate	\$165,902.36	63	\$	173,132.91	62	4.36%
Jakafi	\$132,085.04	77	\$	167,306.30	63	26.67%
Lenalidomide	\$220,405.76	49	\$	165,460.88	64	-24.93%
Qulipta	\$138,267.41	72	\$	165,361.99	65	19.60%
Emgality	\$166,945.28	62	\$	161,682.03	66	-3.15%
Humira-CD/UC/HS Starter	\$65,147.41	166	\$	161,659.44	67	148.14%
Mavyret	\$423,842.45	28	\$	161,632.10	68	-61.87%
Bimzelx	\$158,542.74	65	\$	158,553.37	69	0.01%
Spiriva Respimat	\$157,790.98	66	\$	157,709.39	70	-0.05%
Verzenio	\$130,725.68	81	\$	151,763.49	71	16.09%
Sofosbuvir-Velpatasvir	\$197,355.88	55	\$	150,472.13	72	-23.76%
EPINEPHrine	\$137,811.62	73	\$	150,351.04	73	9.10%
Vyvanse	\$417,579.73	29	\$	149,959.07	74	-64.09%
Adempas	\$96,975.08	112	\$	149,528.27	75	54.19%
Tremfya	\$29,154.14	286	\$	149,501.02	76	412.80%

Alprolix	\$142,218.58	71	\$	146,358.46	77	2.91%
Epidiolex	\$160,422.45	64	\$	146,234.18	78	-8.84%
Ravicti	\$0.00	1,789	\$	141,967.89	79	#DIV/0!
Tremfya Pen	\$13,114.64	411	\$	140,907.04	80	974.43%
Descovy	\$111,934.33	99	\$	140,813.35	81	25.80%
Xolair	\$129,211.18	82	\$	139,123.86	82	7.67%
Erleada	\$147,919.14	69	\$	137,799.54	83	-6.84%
Abilify Asimtufii	\$149,217.42	68	\$	137,209.44	84	-8.05%
Hetlioz LQ	\$136,240.48	75	\$	136,240.48	85	0.00%
Opsumit	\$155,587.32	67	\$	132,866.82	86	-14.60%
Zurzuva	\$32,775.26	263	\$	132,064.84	87	302.94%
Orladeyo	\$83,434.82	132	\$	130,707.33	88	56.66%
Methylphenidate HCl ER (OSM)	\$131,071.36	79	\$	129,322.63	89	-1.33%
Briviact	\$104,477.26	108	\$	127,666.00	90	22.20%
Insulin Lispro (1 Unit Dial)	\$126,582.24	84	\$	127,179.90	91	0.47%
QuilliChew ER	\$126,098.54	85	\$	127,152.62	92	0.84%
Breztri Aerosphere	\$94,659.91	115	\$	126,749.20	93	33.90%
Austedo	\$104,359.15	109	\$	124,761.39	94	19.55%
Gomekli	\$51,996.26	196	\$	122,644.85	95	135.87%
Uzedly	\$121,417.64	90	\$	120,844.62	96	-0.47%
Skytrofa	\$131,107.21	78	\$	120,673.61	97	-7.96%
Amphetamine-Dextroamphet ER	\$112,482.25	98	\$	119,317.27	98	6.08%
Nemludio	\$67,956.93	158	\$	118,953.86	99	75.04%
Cortrophin Gel	#N/A	#N/A	\$	118,757.26	100	#N/A

### Top 100 Drugs by Prescription Count

Drug Description	June 2025 to August 2025 Total Claims	Previous Rank	Sept 2025 to Nov 2025 Total Claims	Current Rank	% Change
Albuterol Sulfate HFA	8,970	4	9,966	1	11.10%
Sertraline HCl	9,260	3	8,849	2	-4.44%
traZODone HCl	8,641	5	8,763	3	1.41%
Amoxicillin	9,371	2	8,630	4	-7.91%
buPROPion HCl ER (XL)	8,277	7	8,474	5	2.38%
Omeprazole	9,788	1	7,835	6	-19.95%
FLUoxetine HCl	7,440	9	7,254	7	-2.50%
Escitalopram Oxalate	7,268	10	7,021	8	-3.40%
Gabapentin	6,768	11	6,944	9	2.60%
Atorvastatin Calcium	7,662	8	6,796	10	-11.30%
Levothyroxine Sodium	8,315	6	6,795	11	-18.28%
hydrOXYzine HCl	6,449	12	6,734	12	4.42%
busPIRone HCl	5,998	13	6,095	13	1.62%
predniSONE	4,963	18	5,190	14	4.57%
Lisinopril	5,996	14	5,172	15	-13.74%
Montelukast Sodium	4,975	17	4,995	16	0.40%
Amphetamine-Dextroamphet ER	4,731	19	4,833	17	2.16%
QUetiapine Fumarate	5,041	16	4,828	18	-4.23%
cloNIDine HCl	4,563	22	4,693	19	2.85%
Pantoprazole Sodium	5,249	15	4,525	20	-13.79%
ARIPiprazole	4,543	23	4,493	21	-1.10%
DULOxetine HCl	4,667	20	4,423	22	-5.23%
lamoTRigine	4,153	26	4,218	23	1.57%

Amoxicillin-Pot Clavulanate	4,374	25	4,216	24	-3.61%
amLODIPine Besylate	4,639	21	4,195	25	-9.57%
Ondansetron	4,147	27	4,183	26	0.87%
Lisdexamfetamine Dimesylate	3,203	41	4,129	27	28.91%
Cetirizine HCl	4,081	28	4,121	28	0.98%
Azithromycin	3,712	34	4,030	29	8.57%
HYDROcodone-Acetaminophen	4,386	24	4,023	30	-8.28%
Cyclobenzaprine HCl	3,808	32	3,966	31	4.15%
Fluticasone Propionate	3,970	29	3,737	32	-5.87%
Amphetamine-Dextroamphetamine	3,398	37	3,631	33	6.86%
Methylphenidate HCl ER (OSM)	3,515	36	3,613	34	2.79%
Venlafaxine HCl ER	3,864	30	3,583	35	-7.27%
Famotidine	3,753	33	3,530	36	-5.94%
Ozempic	3,270	40	3,467	37	6.02%
Metoprolol Succinate ER	3,810	31	3,423	38	-10.16%
Losartan Potassium	3,609	35	3,409	39	-5.54%
Cephalexin	3,166	42	3,404	40	7.52%
Topiramate	3,279	39	3,355	41	2.32%
Ibuprofen	3,310	38	3,197	42	-3.41%
clonazepam	3,127	43	3,066	43	-1.95%
ALPRAZolam	2,981	45	2,956	44	-0.84%
Jardiance	2,649	49	2,793	45	5.44%
metFORMIN HCl	3,099	44	2,717	46	-12.33%
Meloxicam	2,786	48	2,683	47	-3.70%
metFORMIN HCl ER	2,846	47	2,676	48	-5.97%
Lantus SoloStar	2,626	50	2,631	49	0.19%
Triamcinolone Acetonide	2,613	51	2,578	50	-1.34%

risperiDONE	2,579	52	2,535	51	-1.71%
Aspirin Low Dose	2,366	54	2,522	52	6.59%
Rosuvastatin Calcium	2,545	53	2,483	53	-2.44%
Cefdinir	2,905	46	2,427	54	-16.45%
Propranolol HCl	2,315	56	2,415	55	4.32%
Albuterol Sulfate	2,211	61	2,369	56	7.15%
oxyCODONE HCl	2,285	57	2,331	57	2.01%
Prazosin HCl	2,221	60	2,291	58	3.15%
metroNIDAZOLE	2,153	66	2,253	59	4.64%
Mirtazapine	2,204	62	2,233	60	1.32%
Fluconazole	2,155	65	2,221	61	3.06%
guanFACINE HCl ER	2,118	69	2,220	62	4.82%
levETIRAcetam	2,131	68	2,183	63	2.44%
hydrOXYzine Pamoate	2,162	64	2,117	64	-2.08%
Symbicort	1,874	76	2,102	65	12.17%
traMADol HCl	2,074	71	2,097	66	1.11%
Spironolactone	2,269	58	2,094	67	-7.71%
Folic Acid	1,972	73	2,040	68	3.45%
LORazepam	2,142	67	2,033	69	-5.09%
Loratadine	2,082	70	2,025	70	-2.74%
Furosemide	2,167	63	2,012	71	-7.15%
guanFACINE HCl	1,976	72	2,011	72	1.77%
Pregabalin	1,776	77	1,981	73	11.54%
hydroCHLOROthiazide	2,233	59	1,926	74	-13.75%
Methylphenidate HCl	1,968	74	1,886	75	-4.17%
Doxycycline Monohydrate	2,331	55	1,832	76	-21.41%
valACYclovir HCl	1,877	75	1,814	77	-3.36%

Allergy Relief Cetirizine	1,631	79	1,713	78	5.03%
Ondansetron HCl	1,542	84	1,692	79	9.73%
Amitriptyline HCl	1,729	78	1,667	80	-3.59%
Atomoxetine HCl	1,560	83	1,655	81	6.09%
Sulfamethoxazole-Trimethoprim	1,499	85	1,648	82	9.94%
Mupirocin	1,434	89	1,644	83	14.64%
Eliquis	1,603	81	1,636	84	2.06%
tiZANidine HCl	1,562	82	1,633	85	4.55%
OLANzapine	1,625	80	1,626	86	0.06%
Nystatin	1,278	97	1,587	87	24.18%
prednisoLONE Sodium Phosphate	1,455	88	1,569	88	7.84%
FeroSul	1,461	86	1,509	89	3.29%
Baclofen	1,322	93	1,444	90	9.23%
Dexmethylphenidate HCl ER	1,389	90	1,426	91	2.66%
Vraylar	1,307	94	1,393	92	6.58%
Naproxen	1,457	87	1,379	93	-5.35%
Naltrexone HCl	1,258	98	1,369	94	8.82%
Desvenlafaxine Succinate ER	1,290	96	1,369	95	6.12%
SUMAtriptan Succinate	1,293	95	1,345	96	4.02%
Acetaminophen Extra Strength	1,083	107	1,300	97	20.04%
Citalopram Hydrobromide	1,359	91	1,297	98	-4.56%
Ketoconazole	1,022	114	1,249	99	22.21%
Zolpidem Tartrate	1,223	101	1,219	100	-0.33%

Quarterly Monthly Statistics

CATEGORY	June 2025 / August 2025	September 2025 / November 2025	% CHANGE
TOTAL PAID AMOUNT	\$107,606,547	\$107,989,842	0.4%
UNIQUE USERS	97,186	100,759	3.7%
COST PER USER	\$1,107.22	\$1,071.76	-3.2%
TOTAL PRESCRIPTIONS	779,942	772,016	-1.0%
AVERAGE PRESCRIPTIONS PER USER	8.03	7.66	-4.5%
AVERAGE COST PER PRESCRIPTION	\$137.97	\$139.88	1.4%
# GENERIC PRESCRIPTIONS	694,932	687,554	-1.1%
% GENERIC	89.10%	89.06%	0.0%
\$ GENERIC	\$14,283,337	\$13,921,289	-2.5%
AVERAGE GENERIC PRESCRIPTION COST	\$20.55	\$20.25	-1.5%
AVERAGE GENERIC DAYS SUPPLY	28.55	28.84	1.0%
# BRAND PRESCRIPTIONS	85,010	84,462	-0.6%
% BRAND	10.90%	10.94%	0.4%
\$ BRAND	\$93,323,210	\$94,068,553	0.8%
AVERAGE BRAND PRESCRIPTION COST	\$1,097.79	\$1,113.74	1.5%
AVERAGE BRAND DAYS SUPPLY	27.74	27.82	0.3%

UTILIZATION BY AGE			
AGE	June 2025 / August 2025		September 2025 / November 2025
0-6	26,272		30,257
7-12	52,341		56,448
13-18	71,116		74,488
19-64	630,145		610,769
65+	8,084		7,478
TOTAL	787,958		779,440
	UTILIZATION BY GENDER AND AGE		
GENDER	AGE	June 2025 / August 2025	September 2025 / November 2025
F			
	0-6	11,343	13,178
	7-12	20,646	21,951
	13-18	36,752	38,611
	19-64	417,756	407,434
	65+	5,070	4,687
	Gender Total	491,567	485,861
M			
	0-6	14,929	17,079
	7-12	31,695	34,497
	13-18	34,364	35,877
	19-64	212,389	203,335
	65+	3,014	2,791
	Gender Total	296,391	293,579
Grand Total		787,958	779,440

**TOP 100 PHARMACIES BY PRESCRIPTION COUNT**  
**September 2025 / November 2025**

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
1	U OF I HOSPITALS & CLINICS AMBULATORY CARE PHARM	IOWA CITY	IA	11,786	\$5,712,297.19	\$484.67	1
2	RIGHT DOSE PHARMACY	ANKENY	IA	6,847	\$276,300.50	\$40.35	2
3	WALGREENS #4405	COUNCIL BLUFFS	IA	6,414	\$520,679.94	\$81.18	3
4	WALGREENS #5042	CEDAR RAPIDS	IA	5,833	\$485,378.61	\$83.21	4
5	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	5,278	\$483,985.19	\$91.70	5
6	WALGREENS #5239	DAVENPORT	IA	4,618	\$291,633.24	\$63.15	6
7	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,551	\$390,701.09	\$85.85	8
8	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	4,531	\$491,016.52	\$108.37	7
9	HY-VEE PHARMACY (1075)	CLINTON	IA	4,531	\$450,831.51	\$99.50	10
10	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	4,165	\$266,651.07	\$64.02	11
11	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	4,128	\$331,017.84	\$80.19	12
12	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	4,006	\$290,293.36	\$72.46	15
13	DRILLING PHARMACY	SIOUX CITY	IA	3,987	\$329,824.67	\$82.73	13
14	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	3,978	\$281,066.02	\$70.66	14
15	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	3,808	\$336,656.17	\$88.41	18
16	HARTIG PHARMACY SERVICES	DUBUQUE	IA	3,781	\$395,837.14	\$104.69	9
17	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	3,471	\$271,282.54	\$78.16	25
18	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	3,468	\$243,139.84	\$70.11	19
19	NUCARA LTC PHARMACY #3	IOWA CITY	IA	3,465	\$155,192.36	\$44.79	17
20	WALGREENS #15647	SIOUX CITY	IA	3,386	\$268,489.34	\$79.29	23
21	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	3,345	\$246,059.01	\$73.56	26
22	WAGNER PHARMACY	CLINTON	IA	3,303	\$265,503.64	\$80.38	22
23	MAIN AT LOCUST PHARMACY AND MEDICAL SUPPLY	DAVENPORT	IA	3,294	\$254,302.67	\$77.20	27
24	WALGREENS #5721	DES MOINES	IA	3,246	\$220,571.01	\$67.95	16
25	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,237	\$249,279.24	\$77.01	24
26	HY-VEE PHARMACY #5 (1061)	CEDAR RAPIDS	IA	3,230	\$308,715.86	\$95.58	21

27	WALMART PHARMACY 10-5115	DAVENPORT	IA	3,215	\$296,854.11	\$92.33	36
28	WALGREENS #7453	DES MOINES	IA	3,204	\$234,230.66	\$73.11	20
29	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	3,185	\$247,731.85	\$77.78	33
30	CVS PHARMACY #08658	DAVENPORT	IA	3,148	\$234,487.87	\$74.49	30
31	HY-VEE PHARMACY (1449)	NEWTON	IA	3,130	\$265,463.13	\$84.81	35
32	WALMART PHARMACY 10-1509	MAQUOKETA	IA	3,129	\$263,880.17	\$84.33	38
33	HY-VEE PHARMACY (1396)	MARION	IA	3,078	\$257,931.88	\$83.80	40
34	WALGREENS #4041	DAVENPORT	IA	3,064	\$196,043.56	\$63.98	28
35	WALGREENS #359	DES MOINES	IA	3,028	\$206,535.91	\$68.21	29
36	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	3,024	\$269,071.76	\$88.98	34
37	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	2,977	\$155,047.76	\$52.08	37
38	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	2,926	\$174,472.88	\$59.63	57
39	WALGREENS #3700	COUNCIL BLUFFS	IA	2,911	\$241,478.44	\$82.95	31
40	UI HEALTHCARE - IOWA RIVER LANDING PHARMACY	CORALVILLE	IA	2,901	\$109,792.93	\$37.85	39
41	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	2,874	\$179,271.38	\$62.38	43
42	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,862	\$230,800.46	\$80.64	44
43	NELSON FAMILY PHARMACY	FORT MADISON	IA	2,853	\$170,790.09	\$59.86	41
44	WALGREENS #11942	DUBUQUE	IA	2,843	\$207,057.99	\$72.83	42
45	WALGREENS #7455	WATERLOO	IA	2,835	\$191,863.73	\$67.68	32
46	CVS PHARMACY #10282	FORT DODGE	IA	2,697	\$171,078.64	\$63.43	51
47	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	2,660	\$239,903.74	\$90.19	58
48	MAHASKA DRUGS INC	OSKALOOSA	IA	2,635	\$214,200.82	\$81.29	45
49	WALMART PHARMACY 10-2889	CLINTON	IA	2,633	\$198,179.82	\$75.27	46
50	CVS PHARMACY #08544	WATERLOO	IA	2,593	\$182,918.18	\$70.54	56
51	WALMART PHARMACY 10-0985	FAIRFIELD	IA	2,589	\$198,434.79	\$76.65	48
52	MEDICAP PHARMACY	KNOXVILLE	IA	2,583	\$287,716.55	\$111.39	49
53	SCOTT PHARMACY	FAYETTE	IA	2,581	\$159,314.93	\$61.73	52
54	COMMUNITY HEALTH CARE PHARMACY	DAVENPORT	IA	2,556	\$163,722.29	\$64.05	47
55	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,549	\$223,320.15	\$87.61	63
56	HY-VEE PHARMACY (1065)	CHARITON	IA	2,492	\$190,741.84	\$76.54	50
57	SOUTH SIDE DRUG	OTTUMWA	IA	2,480	\$190,460.58	\$76.80	64

58	LAGRANGE PHARMACY	VINTON	IA	2,445	\$219,681.79	\$89.85	62
59	MERCYONE FOREST PARK PHARMACY	MASON CITY	IA	2,430	\$227,794.24	\$93.74	66
60	WALGREENS #9708	DUBUQUE	IA	2,412	\$160,527.86	\$66.55	54
61	WALMART PHARMACY 10-0559	MUSCATINE	IA	2,407	\$179,423.46	\$74.54	68
62	HY-VEE PHARMACY (1522)	PERRY	IA	2,387	\$239,976.62	\$100.53	61
63	LEWIS FAMILY DRUG #28	ONAWA	IA	2,385	\$209,080.09	\$87.66	60
64	WALGREENS #7454	ANKENY	IA	2,384	\$187,257.93	\$78.55	73
65	UNION PHARMACY	COUNCIL BLUFFS	IA	2,376	\$234,620.64	\$98.75	59
66	HY-VEE PHARMACY (1180)	FAIRFIELD	IA	2,345	\$183,861.43	\$78.41	71
67	MEDICAP PHARMACY	NEWTON	IA	2,337	\$174,651.84	\$74.73	80
68	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,334	\$204,363.38	\$87.56	72
69	PREFERRED CARE PHARMACY	CEDAR RAPIDS	IA	2,329	\$171,064.03	\$73.45	55
70	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,306	\$201,568.92	\$87.41	53
71	WALGREENS #4714	DES MOINES	IA	2,297	\$193,463.61	\$84.22	82
72	HY-VEE PHARMACY (1241)	HARLAN	IA	2,291	\$210,142.20	\$91.73	91
73	CVS PHARMACY #10032	MARION	IA	2,287	\$195,337.85	\$85.41	67
74	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	2,274	\$311,569.73	\$137.01	69
75	INFOCUS PHARMACY SERVICES LLC	DUBUQUE	IA	2,263	\$133,942.21	\$59.19	79
76	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	2,252	\$143,641.96	\$63.78	89
77	WALMART PHARMACY 10-0797	WEST BURLINGTON	IA	2,236	\$188,131.58	\$84.14	106
78	HERITAGE PARTNERS PHARMACY	WEST BURLINGTON	IA	2,235	\$168,976.05	\$75.60	74
79	OSTERHAUS PHARMACY	MAQUOKETA	IA	2,208	\$109,828.53	\$49.74	70
80	GENOA HEALTHCARE, LLC	DAVENPORT	IA	2,200	\$341,077.88	\$155.04	96
81	HY-VEE PHARMACY (1873)	WAUKEE	IA	2,174	\$186,959.79	\$86.00	107
82	EXACTCARE	VALLEY VIEW	OH	2,171	\$195,500.86	\$90.05	76
83	HY-VEE PHARMACY (1895)	WINDSOR HEIGHTS	IA	2,164	\$147,965.44	\$68.38	86
84	HARTIG DRUG CO	DUBUQUE	IA	2,152	\$193,620.97	\$89.97	77
85	HY-VEE PHARMACY #1 (1054)	CEDAR RAPIDS	IA	2,150	\$225,878.04	\$105.06	81
86	WALMART PHARMACY 10-3394	ATLANTIC	IA	2,144	\$189,768.59	\$88.51	84
87	HY-VEE PHARMACY (1437)	MUSCATINE	IA	2,119	\$156,730.97	\$73.96	104
88	HY-VEE PHARMACY #6 (1155)	DES MOINES	IA	2,110	\$195,512.20	\$92.66	83

89	MCMH PHARMACY	RED OAK	IA	2,080	\$224,956.69	\$108.15	85
90	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,079	\$228,436.48	\$109.88	75
91	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	2,075	\$201,655.22	\$97.18	102
92	THOMPSON DEAN DRUG	SIOUX CITY	IA	2,075	\$183,603.56	\$88.48	99
93	HY-VEE PHARMACY (1530)	PLEASANT HILL	IA	2,047	\$158,638.14	\$77.50	78
94	WALGREENS #7452	DES MOINES	IA	2,047	\$146,704.82	\$71.67	92
95	HY-VEE PHARMACY #2 (1018)	AMES	IA	2,040	\$222,247.48	\$108.94	93
96	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	2,033	\$166,341.89	\$81.82	101
97	DANIEL PHARMACY	FT DODGE	IA	2,031	\$181,319.37	\$89.28	90
98	HY-VEE PHARMACY (1433)	MT PLEASANT	IA	2,029	\$200,334.57	\$98.74	65
99	WALMART PHARMACY 10-1723	DES MOINES	IA	2,024	\$178,601.21	\$88.24	118
100	HY-VEE PHARMACY (1224)	GRIMES	IA	2,012	\$135,779.66	\$67.48	119

**TOP 100 PHARMACIES BY PAID AMOUNT**  
**September 2025 / November 2025**

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	CVS/SPECIALTY	MONROEVILLE	PA	703	\$6,270,199.04	\$22,636.10	2
2	U OF I HOSPITALS & CLINICS AMBULATORY CARE PHARM	IOWA CITY	IA	11,786	\$5,712,297.19	\$2,615.52	1
3	WALGREENS SPECIALTY PHARMACY #16528	DES MOINES	IA	924	\$4,123,717.64	\$14,074.12	3
4	UNITYPOINT AT HOME	URBANDALE	IA	951	\$3,553,642.68	\$11,885.09	4
5	CAREMARK ILLINOIS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	MT PROSPECT	IL	315	\$3,426,069.36	\$30,053.24	5
6	BIOPLUS SPECIALTY PHARMACY SERVICES, LLC	ALTAMONTE SPRINGS	FL	356	\$2,792,737.01	\$18,373.27	8
7	PANTHERX SPECIALTY PHARMACY	CORAOPOLIS	PA	99	\$2,450,124.54	\$68,059.02	6
8	WALGREENS SPECIALTY PHARMACY #21250	IOWA CITY	IA	416	\$1,903,262.04	\$11,195.66	9
9	CAREMARK LLC, DBA CVS/SPECIALTY	REDLANDS	CA	108	\$1,453,816.31	\$34,614.67	11
10	AMBER SPECIALTY PHARMACY	OMAHA	NE	178	\$1,150,516.27	\$15,760.50	12
11	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	1,144	\$1,147,470.53	\$9,329.03	10
12	SOLEO HEALTH INC.	WOODRIDGE	IL	5	\$1,014,408.51	\$507,204.26	15
13	WALGREENS SPECIALTY PHARMACY #16280	FRISCO	TX	57	\$1,002,519.80	\$83,543.32	14
14	CVS PHARMACY #00102	AURORA	CO	90	\$810,703.62	\$21,910.91	16
15	ACCREDITO HEALTH GROUP INC	MEMPHIS	TN	31	\$625,892.26	\$44,706.59	13
16	BIOLOGICS BY MCKESSON	CARY	NC	31	\$623,250.42	\$69,250.05	18
17	MERCYONE GENESIS FIRSTMED SPECIALTY PHARMACY	DAVENPORT	IA	804	\$622,297.24	\$3,817.77	25
18	ANOVORX GROUP, LLC	MEMPHIS	TN	55	\$613,363.51	\$29,207.79	17
19	WALGREENS SPECIALTY PHARMACY #16270	OMAHA	NE	86	\$597,550.99	\$23,902.04	22
20	ORSINI PHARMACEUTICAL SERVICES LLC	ELK GROVE VILLAGE	IL	33	\$594,135.35	\$42,438.24	19
21	CR CARE PHARMACY	CEDAR RAPIDS	IA	1,988	\$570,904.18	\$2,942.81	21
22	OPTUM PHARMACY 702, LLC	JEFFERSONVILLE	IN	76	\$564,206.52	\$14,105.16	20
23	WALGREENS #4405	COUNCIL BLUFFS	IA	6,414	\$520,679.94	\$414.22	24
24	ACCREDITO HEALTH GROUP INC	WARRENDALE	PA	24	\$509,660.85	\$72,808.69	35
25	ONCO360	LOUISVILLE	KY	35	\$501,797.21	\$41,816.43	38
26	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	4,531	\$491,016.52	\$1,098.47	28

27	WALGREENS #5042	CEDAR RAPIDS	IA	5,833	\$485,378.61	\$377.14	27
28	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	5,278	\$483,985.19	\$727.80	23
29	EXPRESS SCRIPTS SPECIALTY DIST SVCS	SAINT LOUIS	MO	32	\$474,243.27	\$36,480.25	26
30	EVERSANA LIFE SCIENCE SERVICES, LLC	CHESTERFIELD	MO	10	\$450,986.14	\$112,746.54	29
31	HY-VEE PHARMACY (1075)	CLINTON	IA	4,531	\$450,831.51	\$707.74	34
32	CAREMARK KANSAS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	LENEXA	KS	68	\$428,016.21	\$8,392.47	7
33	THE NEBRASKA MEDICAL CENTER CLINIC PHARMACY	OMAHA	NE	609	\$411,792.32	\$3,268.19	31
34	HARTIG PHARMACY SERVICES	DUBUQUE	IA	3,781	\$395,837.14	\$1,240.87	36
35	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,551	\$390,701.09	\$622.14	33
36	GENOA HEALTHCARE, LLC	DAVENPORT	IA	2,200	\$341,077.88	\$1,688.50	48
37	ALLEN CLINIC PHARMACY	WATERLOO	IA	943	\$341,001.76	\$1,114.38	46
38	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	3,808	\$336,656.17	\$634.00	44
39	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	4,128	\$331,017.84	\$467.54	41
40	DRILLING PHARMACY	SIOUX CITY	IA	3,987	\$329,824.67	\$918.73	42
41	AVERA SPECIALTY PHARMACY	SIOUX FALLS	SD	72	\$325,851.68	\$11,236.26	30
42	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	2,274	\$311,569.73	\$1,059.76	55
43	HY-VEE PHARMACY #5 (1061)	CEDAR RAPIDS	IA	3,230	\$308,715.86	\$675.53	37
44	UI HEALTH CARE DES MOINES PHARMACY	DES MOINES	IA	47	\$298,618.04	\$17,565.77	32
45	WALMART PHARMACY 10-5115	DAVENPORT	IA	3,215	\$296,854.11	\$645.34	52
46	CHILDRENS HOME HEALTHCARE	OMAHA	NE	25	\$296,784.15	\$74,196.04	325
47	WALGREENS #5239	DAVENPORT	IA	4,618	\$291,633.24	\$274.87	45
48	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	4,006	\$290,293.36	\$532.65	47
49	MEDICAP PHARMACY	KNOXVILLE	IA	2,583	\$287,716.55	\$1,325.88	49
50	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	1,823	\$285,203.86	\$1,550.02	53
51	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	3,978	\$281,066.02	\$508.26	50
52	RIGHT DOSE PHARMACY	ANKENY	IA	6,847	\$276,300.50	\$723.30	43
53	PARAGON PARTNERS	OMAHA	NE	957	\$273,146.16	\$3,213.48	61
54	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	3,471	\$271,282.54	\$839.88	86
55	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	3,024	\$269,071.76	\$642.18	51
56	WALGREENS #15647	SIOUX CITY	IA	3,386	\$268,489.34	\$336.03	59

57	FIFIELD PHARMACY	DES MOINES	IA	1,589	\$268,400.68	\$1,667.08	66
58	MERCYONE WATERLOO PHARMACY	WATERLOO	IA	1,754	\$267,186.56	\$701.28	68
59	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	4,165	\$266,651.07	\$407.10	62
60	HARTIG DRUG CO	DUBUQUE	IA	1,816	\$266,320.87	\$1,091.48	70
61	WAGNER PHARMACY	CLINTON	IA	3,303	\$265,503.64	\$756.42	56
62	HY-VEE PHARMACY (1449)	NEWTON	IA	3,130	\$265,463.13	\$574.60	76
63	WALMART PHARMACY 10-1509	MAQUOKETA	IA	3,129	\$263,880.17	\$555.54	65
64	HY-VEE PHARMACY (1396)	MARION	IA	3,078	\$257,931.88	\$584.88	72
65	MAIN AT LOCUST PHARMACY AND MEDICAL SUPPLY	DAVENPORT	IA	3,294	\$254,302.67	\$1,050.84	57
66	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,237	\$249,279.24	\$562.71	63
67	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	3,185	\$247,731.85	\$531.61	60
68	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	3,345	\$246,059.01	\$496.09	80
69	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	3,468	\$243,139.84	\$504.44	71
70	WALGREENS #3700	COUNCIL BLUFFS	IA	2,911	\$241,478.44	\$390.74	85
71	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	1,526	\$241,335.99	\$2,462.61	74
72	HY-VEE PHARMACY (1522)	PERRY	IA	2,387	\$239,976.62	\$733.87	67
73	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	2,660	\$239,903.74	\$547.73	105
74	UNION PHARMACY	COUNCIL BLUFFS	IA	2,376	\$234,620.64	\$1,173.10	103
75	CVS PHARMACY #08658	DAVENPORT	IA	3,148	\$234,487.87	\$528.13	77
76	WALGREENS #7453	DES MOINES	IA	3,204	\$234,230.66	\$346.50	73
77	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,862	\$230,800.46	\$575.56	89
78	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,079	\$228,436.48	\$739.28	99
79	MERCYONE FOREST PARK PHARMACY	MASON CITY	IA	2,430	\$227,794.24	\$643.49	114
80	ASAP PHARMACY	ORLAND PARK	IL	3	\$227,409.17	\$227,409.17	224
81	HY-VEE PHARMACY #1 (1054)	CEDAR RAPIDS	IA	2,150	\$225,878.04	\$818.40	90
82	MCMH PHARMACY	RED OAK	IA	2,080	\$224,956.69	\$921.95	95
83	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,549	\$223,320.15	\$718.07	88
84	HY-VEE PHARMACY #2 (1018)	AMES	IA	2,040	\$222,247.48	\$743.30	75
85	WALGREENS #5721	DES MOINES	IA	3,246	\$220,571.01	\$274.34	58
86	LAGRANGE PHARMACY	VINTON	IA	2,445	\$219,681.79	\$770.81	92

87	MAHASKA DRUGS INC	OSKALOOSA	IA	2,635	\$214,200.82	\$622.68	64
88	L & M PHARMACY CARE	LE MARS	IA	1,688	\$212,446.04	\$4,425.96	102
89	PRIMARY HEALTHCARE PHARMACY	DES MOINES	IA	937	\$212,155.83	\$1,191.89	83
90	HY-VEE PHARMACY (1241)	HARLAN	IA	2,291	\$210,142.20	\$577.31	98
91	LEWIS FAMILY DRUG #28	ONAWA	IA	2,385	\$209,080.09	\$860.41	91
92	WALGREENS #11942	DUBUQUE	IA	2,843	\$207,057.99	\$406.79	111
93	WALGREENS #359	DES MOINES	IA	3,028	\$206,535.91	\$273.20	79
94	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,334	\$204,363.38	\$619.28	113
95	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	2,075	\$201,655.22	\$640.18	82
96	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,306	\$201,568.92	\$473.17	78
97	HY-VEE PHARMACY (1433)	MT PLEASANT	IA	2,029	\$200,334.57	\$612.64	115
98	WALMART PHARMACY 10-0985	FAIRFIELD	IA	2,589	\$198,434.79	\$532.00	100
99	WALMART PHARMACY 10-2889	CLINTON	IA	2,633	\$198,179.82	\$441.38	108
100	WALGREENS #4041	DAVENPORT	IA	3,064	\$196,043.56	\$297.94	93

**TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT**
**September 2025 / November 2025**

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
1	1982605762	Jeffrey Wilharm	\$118,269.98	2,161	7.38	1
2	1356359871	Rhea Hartley	\$105,190.99	1,375	2.55	2
3	1215146055	Rebecca Wolfe	\$70,622.13	1,246	2.79	6
4	1013115369	Bobbita Nag	\$63,659.12	1,164	2.65	16
5	1063491645	Allyson Wheaton	\$113,312.78	1,159	2.59	3
6	1467502286	Charles Tilley	\$167,312.23	1,146	3.56	5
7	1043434525	Robert Kent	\$69,218.32	1,139	3.72	9
8	1467907394	Cynthia Coenen	\$138,632.69	1,122	4.20	7
9	1730849647	Melanie Rock	\$34,453.66	1,104	3.13	12
10	1528365277	Mina Salib	\$412,895.32	1,077	2.27	18
11	1902850845	Deborah Bahe	\$95,197.57	1,075	4.31	4
12	1457584740	Eric Meyer	\$76,851.98	1,061	2.61	13
13	1437238110	Genevieve Nelson	\$257,760.29	994	3.25	14
14	1902912538	Christian Jones	\$94,234.48	994	3.25	15
15	1922455096	Dean Guerdet	\$110,592.42	987	3.38	8
16	1043418809	Michael Ciliberto	\$466,965.04	963	2.66	11
17	1902478811	Joan Anderson	\$207,813.12	941	3.40	21
18	1790163848	Hesper Nowatzki	\$122,712.35	933	3.13	10
19	1659358620	Carlos Castillo	\$28,767.68	925	3.14	28
20	1306559786	Roy Henry	\$57,241.37	923	3.70	24
21	1003470923	Earlene Angell	\$99,137.98	915	3.86	25
22	1770933046	Shelby Biller	\$162,590.12	902	2.87	19
23	1902574361	Laura Owens	\$80,682.32	899	3.21	22
24	1992402655	Shane Eberhardt	\$137,396.83	874	2.83	54
25	1679573893	Patty Hildreth	\$181,741.76	862	3.33	35
26	1609532373	Erin Fox-Hammel	\$71,771.40	851	4.09	26

27	1164538674	Joseph Wanzek	\$67,301.53	842	4.12	23
28	1730434069	Larissa Biscoe	\$67,940.59	839	2.45	17
29	1154815330	Bruce Pehl	\$58,879.83	837	3.44	27
30	1477199198	Sajo Thomas	\$148,369.53	807	3.43	20
31	1992103386	Melissa Larsen	\$93,533.49	797	3.19	37
32	1184657603	Sara Rygol	\$116,939.62	794	2.87	29
33	1053963900	Nicole McClavy	\$141,915.40	792	3.40	46
34	1215981758	Lisa Pisney	\$105,832.42	788	3.34	47
35	1215184726	Babuji Gandra	\$23,700.59	787	2.68	43
36	1538368170	Christopher Matson	\$24,305.33	787	3.45	48
37	1902358443	Melissa Konken	\$155,673.94	787	3.43	31
38	1811419815	Gretchen Wenger	\$74,926.81	778	2.44	59
39	1245960350	Mary Welborn	\$63,525.24	776	2.72	63
40	1215125216	Rebecca Walding	\$53,811.47	766	3.60	48
41	1134854128	Dzevida Pandzic	\$68,866.68	763	2.64	32
42	1205393386	Jessica Hudspeth	\$97,349.47	761	3.99	33
43	1649248378	Kathleen Wild	\$25,917.88	758	3.17	38
44	1457914657	Seema Antony	\$105,995.39	751	2.77	34
45	1134191018	Dustin Smith	\$58,004.29	750	3.65	57
46	1275763047	Rebecca Bowman	\$118,137.86	748	3.59	40
47	1417214321	Leah Brandon	\$21,684.78	740	4.92	39
48	1194425223	Mary Boksa	\$63,229.69	733	2.66	109
49	1982030946	Jacklyn Besch	\$43,723.23	733	2.69	41
50	1649763079	Kate Jarvis	\$109,311.77	727	3.34	60
51	1871105916	Lacie Theis	\$44,617.06	723	2.53	36
52	1689077018	Stacy Roth	\$108,997.25	720	2.84	55
53	1144588476	Rachel Filzer	\$76,988.85	717	2.74	53
54	1417941188	Debra Neuharth	\$43,992.81	710	3.34	51
55	1821333774	Brittini Benda	\$51,170.80	710	2.03	105
56	1598183493	Jena Ellerhoff	\$29,361.68	704	4.37	58

57	1407585623	Colette Demoss	\$116,887.28	699	3.88	66
58	1801998372	Wendy Hansen-Penman	\$30,132.87	697	3.62	42
59	1922144088	Thomas Hopkins	\$20,345.23	697	2.46	68
60	1265841845	Mary Schwering	\$67,676.24	690	3.04	80
61	1053630640	Jennifer Donovan	\$104,240.59	689	3.09	62
62	1043703887	Tenaea Jeppeson	\$57,925.59	680	3.47	50
63	1144214248	Kristi Walz	\$90,231.96	680	3.92	43
64	1255405338	Bryan Netolicky	\$93,291.60	680	2.93	67
65	1609946243	Sina Linman	\$35,558.68	678	2.31	70
66	1013978089	Jennifer Bradley	\$161,863.54	661	5.16	55
67	1801463245	Ann Mojeiko	\$107,425.90	660	3.17	141
68	1356724405	Beth Colon	\$63,286.05	658	2.27	98
69	1619153137	Joada Best	\$48,065.80	658	3.17	64
70	1053398800	Steven Scurr	\$40,809.13	657	3.76	131
71	1396181012	Heather Kruse	\$38,538.17	655	4.61	92
72	1649209933	Richard Blunk	\$43,994.46	653	2.07	78
73	1528329398	Erin Rowan	\$45,721.39	650	2.94	52
74	1255058640	Shelli Brown	\$122,703.55	638	3.16	82
75	1043211303	Ali Safdar	\$119,559.48	637	2.55	72
76	1295967255	Mary Robinson	\$40,496.38	627	4.22	65
77	1073156295	Kasie Christensen	\$80,807.44	624	2.71	74
78	1447680848	Mindy Roberts	\$49,735.72	622	2.65	92
79	1215581251	Anna Throckmorton	\$31,524.24	620	5.30	84
80	1417549932	Amanda McCormick	\$76,951.62	619	3.13	108
81	1588746515	Amy Badberg	\$27,153.46	618	2.70	70
82	1891707832	Lisa Klock	\$45,783.77	613	2.80	83
83	1114681889	Kelsey Bauer	\$63,220.31	611	3.90	105
84	1457667610	Leah Schupp	\$49,247.29	604	2.78	92
85	1790754695	Joel Vander Meide	\$31,177.06	604	4.67	76
86	1306475413	Autumn Anderson	\$20,031.50	601	3.40	339

87	1821481045	Shawn Plunkett	\$62,933.69	601	3.39	115
88	1821268335	Jacqueline McInnis	\$77,597.70	597	3.96	110
89	1831731298	Heather Wilson	\$32,305.60	596	2.82	134
90	1750867248	Mikhail Shkiryak	\$91,565.86	593	2.58	88
91	1437209434	Jon Thomas	\$33,859.32	592	2.99	79
92	1376244954	Cory Slusher	\$41,114.82	588	2.34	210
93	1639607757	Michael Gerber	\$107,494.43	588	3.24	73
94	1073945499	Jennifer Zalaznik	\$41,824.89	587	3.30	114
95	1477112688	Felicia Hoerner	\$50,861.88	587	2.61	140
96	1346621059	Mark Zacharjasz	\$53,710.45	585	3.93	99
97	1811960768	Angela Veenstra	\$40,144.58	585	3.13	90
98	1023542271	Flynn McCullough	\$72,315.30	584	3.33	74
99	1992314108	Lynzee Makowski	\$573,957.67	584	2.48	316
100	1942857529	Amanda Renne	\$29,748.62	582	3.31	118

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT September 2025 / November 2025						
RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
1	1841632965	Ahmad Al-Hunuti	\$1,182,596.65	\$47,303.87	25	2
2	1326034984	Katherine Mathews	\$892,765.37	\$13,324.86	67	1
3	1437121407	Linda Cadaret	\$782,956.71	\$6,470.72	121	3
4	1942937388	Carly Trausch	\$714,251.75	\$1,478.78	483	7
5	1023108701	Ronald Zolty	\$693,528.33	\$10,836.38	64	5
6	1326211889	James Friedlander	\$639,860.24	\$9,140.86	70	4
7	1992314108	Lynzee Makowski	\$573,957.67	\$982.80	584	87
8	1477761328	Amy Calhoun	\$563,456.13	\$7,718.58	73	6
9	1952420705	Eric Rush	\$521,791.56	\$43,482.63	12	11
10	1700561826	Pedro Hsieh	\$507,031.65	\$10,787.91	47	43
11	1891146999	Becky Johnson	\$499,786.12	\$1,077.13	464	13
12	1043418809	Michael Ciliberto	\$466,965.04	\$484.91	963	10
13	1376525196	Randolph Rough	\$453,678.26	\$4,320.75	105	15
14	1861277980	Kathryn Ewoldt	\$420,555.57	\$1,121.48	375	16
15	1528365277	Mina Salib	\$412,895.32	\$383.38	1077	12
16	1750470118	Laura Graeff-Armas	\$411,877.72	\$102,969.43	4	17
17	1285626390	Kathleen Gradoville	\$406,399.90	\$1,872.81	217	8
18	1700417169	Courtney Reints	\$395,070.05	\$1,274.42	310	9
19	1417443953	Rodney Clark	\$364,579.81	\$1,578.27	231	22
20	1629415922	Alyssa Lakin	\$352,664.29	\$2,015.22	175	26
21	1043565328	Sara Moeller	\$341,054.13	\$2,965.69	115	20
22	1295091510	Rebecca Weiner	\$329,353.41	\$1,202.02	274	21
23	1649943689	Jessica Coffey	\$307,586.01	\$1,610.40	191	19
24	1932153830	Michael Stephens	\$296,748.92	\$26,977.17	11	18
25	1386084747	Jennifer Condon	\$287,014.90	\$1,427.93	201	33
26	1508091109	Melissa Muff-Luett	\$279,788.98	\$6,358.84	44	29
27	1649826140	Taylor Myers	\$276,155.85	\$1,747.82	158	56
28	1285620583	Michael Tansey	\$274,938.07	\$2,618.46	105	23
29	1295054542	Angela Delecaris	\$273,290.44	\$6,073.12	45	31
30	1356753859	Katie Lutz	\$266,106.85	\$2,111.96	126	25

31	1447373832	Joshua Wilson	\$260,535.83	\$5,427.83	48	36
32	1437238110	Genevieve Nelson	\$257,760.29	\$259.32	994	39
33	1326410499	Tara Eastvold	\$255,074.24	\$691.26	369	24
34	1588616171	Heather Thomas	\$243,088.54	\$2,430.89	100	66
35	1316934318	Steven Lentz	\$242,536.67	\$12,765.09	19	14
36	1447519038	Erin Richardson	\$233,017.81	\$835.19	279	51
37	1184056822	Abby Kolthoff	\$228,109.89	\$457.13	499	46
38	1902191059	Amber Tierney	\$226,949.04	\$7,564.97	30	35
39	1649419219	Heather Hunemuller	\$225,709.26	\$1,997.43	113	70
40	1245468768	Thomas Schmidt	\$222,082.84	\$2,135.41	104	61
41	1134249832	Steven Craig	\$215,436.02	\$2,112.12	102	48
42	1821046087	Archana Verma	\$213,764.36	\$3,190.51	67	38
43	1902478811	Joan Anderson	\$207,813.12	\$220.84	941	37
44	1871868984	Hana Niebur	\$206,148.52	\$4,122.97	50	42
45	1811666118	Jessiann Dryden-Parish	\$204,021.80	\$1,729.00	118	58
46	1730293705	Robert Jackson	\$203,308.83	\$2,989.84	68	44
47	1578132940	Alec Steils	\$201,832.64	\$703.25	287	40
48	1922772839	Patrick Thompson	\$200,859.09	\$769.58	261	302
49	1699018721	Shilpi Relan	\$198,867.03	\$1,258.65	158	78
50	1053520759	Alicia Gerke	\$195,567.92	\$5,587.65	35	128
51	1730406356	Christina Warren	\$193,332.97	\$1,117.53	173	119
52	1932464971	Kari Ernst	\$192,885.63	\$2,096.58	92	49
53	1306823281	Molly Franke	\$187,302.88	\$2,203.56	85	76
54	1306071915	Thomas Pietras	\$186,954.61	\$2,148.90	87	80
55	1437533130	Katie Broshuis	\$186,560.94	\$1,727.42	108	41
56	1972638864	Liuska Pesce	\$183,177.12	\$969.19	189	126
57	1679573893	Patty Hildreth	\$181,741.76	\$210.84	862	45
58	1245737097	Ashley Patrick	\$179,034.24	\$2,295.31	78	60
59	1669184511	Chandra Miller	\$175,853.54	\$10,344.33	17	30
60	1639226731	Meriner Pereira	\$174,320.24	\$1,644.53	106	74
61	1285331058	Natalie Reitz	\$173,901.65	\$3,780.47	46	47
62	1851161228	Kala Clark	\$173,634.31	\$320.95	541	84
63	1356752067	Kelly Delaney-Nelson	\$172,642.91	\$1,961.85	88	175

64	1609820240	James Harper	\$172,574.58	\$17,257.46	10	27
65	1609003011	John Bernat	\$171,324.91	\$10,707.81	16	68
66	1053456426	Karen Agricola	\$169,824.48	\$14,152.04	12	172
67	1679521728	Jill Fliege	\$169,241.78	\$8,462.09	20	148
68	1467502286	Charles Tilley	\$167,312.23	\$146.00	1146	72
69	1134402373	Julie Schuck	\$166,053.44	\$3,533.05	47	77
70	1891158275	Andrew Groves	\$164,599.56	\$4,702.84	35	204
71	1770933046	Shelby Biller	\$162,590.12	\$180.26	902	53
72	1629537576	Jordan Evans	\$161,881.45	\$1,156.30	140	92
73	1013978089	Jennifer Bradley	\$161,863.54	\$244.88	661	59
74	1144455502	Jennifer Petts	\$160,956.01	\$654.29	246	114
75	1174970453	Daniel Hinds	\$159,264.24	\$534.44	298	34
76	1285710764	Jitendrakumar Gupta	\$158,765.02	\$615.37	258	75
77	1184737504	Daniel Buroker	\$157,843.38	\$4,266.04	37	117
78	1275836751	Holly Kramer	\$157,587.88	\$1,291.70	122	110
79	1093162075	Meghan Ryan	\$156,580.52	\$1,477.17	106	83
80	1437513520	Sussette Szachowicz	\$155,833.13	\$856.23	182	456
81	1902358443	Melissa Konken	\$155,673.94	\$197.81	787	112
82	1609131770	Sreenath Thati Ganganna	\$154,335.95	\$337.72	457	89
83	1558543595	Gordon Buchanan	\$152,455.41	\$842.30	181	57
84	1063792026	Jill Miller	\$152,252.82	\$272.37	559	94
85	1023489382	Nicole Devoe	\$149,946.41	\$1,703.94	88	301
86	1851568703	Mathew Davey	\$149,802.02	\$1,849.41	81	90
87	1578958542	Heidi Curtis	\$148,876.15	\$870.62	171	96
88	1477199198	Sajo Thomas	\$148,369.53	\$183.85	807	69
89	1164408548	Maxwell Cosmic	\$147,996.74	\$2,792.39	53	133
90	1366014698	Debbie Ohrt	\$147,778.40	\$490.96	301	106
91	1013026798	Stephen Grant	\$146,494.91	\$3,184.67	46	184
92	1003315201	Abigail Behrens	\$146,180.82	\$2,118.56	69	54
93	1134981038	Cassidy Chalupa	\$144,957.79	\$2,415.96	60	50
94	1356445886	Megan Eisel	\$144,941.92	\$966.28	150	104
95	1477142289	Andrea Johnson	\$143,427.63	\$247.29	580	91
96	1053963900	Nicole Mcclavy	\$141,915.40	\$179.19	792	79

97	1669443230	Kenneth Adams	\$141,435.12	\$3,535.88	40	210
98	1952539447	Anthony Fischer	\$141,352.34	\$1,859.90	76	277
99	1770716193	Aleksander Lenert	\$139,890.52	\$2,690.20	52	140
100	1124216676	Wendy Sanders	\$139,435.82	\$439.86	317	101

**TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT**

CATEGORY DESCRIPTION	June 2025 / August 2025	PREVIOUS RANK	% BUDGET	September 2025 / November 2025	CURRENT RANK	% BUDGET	% CHANGE
ANTIDIABETICS	\$14,473,450	1	13.5%	\$14,305,144	1	13.2%	-1.2%
DERMATOLOGICALS	\$12,891,418	2	12.0%	\$13,381,194	2	12.4%	3.8%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	\$10,812,789	3	10.0%	\$11,061,596	3	10.2%	2.3%
ANALGESICS - ANTI-INFLAMMATORY	\$7,450,853	4	6.9%	\$7,551,532	4	7.0%	1.4%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	\$5,561,122	6	5.2%	\$6,051,335	5	5.6%	8.8%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	\$5,692,023	5	5.3%	\$5,884,206	6	5.4%	3.4%
ENDOCRINE AND METABOLIC AGENTS - MISC.	\$4,255,236	7	4.0%	\$4,184,423	7	3.9%	-1.7%
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	\$4,108,846	8	3.8%	\$3,976,763	8	3.7%	-3.2%
ANTICONVULSANTS	\$3,925,790	9	3.6%	\$3,715,694	9	3.4%	-5.4%
MIGRAINE PRODUCTS	\$3,663,449	10	3.4%	\$3,612,345	10	3.3%	-1.4%
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	\$3,372,594	11	3.1%	\$3,477,633	11	3.2%	3.1%
ANTIVIRALS	\$3,243,251	13	3.0%	\$3,380,471	12	3.1%	4.2%
CARDIOVASCULAR AGENTS - MISC.	\$3,332,202	12	3.1%	\$3,259,404	13	3.0%	-2.2%
HEMATOLOGICAL AGENTS - MISC.	\$3,082,952	14	2.9%	\$3,249,569	14	3.0%	5.4%
RESPIRATORY AGENTS - MISC.	\$2,691,756	15	2.5%	\$2,915,788	15	2.7%	8.3%
GASTROINTESTINAL AGENTS - MISC.	\$2,413,667	16	2.2%	\$2,395,237	16	2.2%	-0.8%
ANTIDEPRESSANTS	\$2,292,310	17	2.1%	\$2,111,688	17	2.0%	-7.9%
ANTICOAGULANTS	\$1,762,069	18	1.6%	\$1,749,851	18	1.6%	-0.7%
NEUROMUSCULAR AGENTS	\$1,587,724	19	1.5%	\$1,402,878	19	1.3%	-11.6%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	\$822,644	20	0.8%	\$777,494	20	0.7%	-5.5%

TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

CATEGORY DESCRIPTION	June 2025 / August 2025	PREVIOUS RANK	September 2025 / November 2025	CURRENT RANK	% CHANGE
ANTIDEPRESSANTS	98,673	1	95,771	1	-2.9%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	45,489	3	48,831	2	7.3%
ANTICONVULSANTS	49,491	2	48,091	3	-2.8%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	41,814	4	44,362	4	6.1%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	38,245	6	37,572	5	-1.8%
ANTIDIABETICS	38,046	7	36,855	6	-3.1%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	39,167	5	34,463	7	-12.0%
ANTIANXIETY AGENTS	34,568	9	34,279	8	-0.8%
ANTIHYPERTENSIVES	34,771	8	33,372	9	-4.0%
ANTIHISTAMINES	24,719	10	24,643	10	-0.3%
DERMATOLOGICALS	23,115	11	22,480	11	-2.7%
ANTIHYPERLIPIDEMICS	21,703	12	20,115	12	-7.3%
ANALGESICS - ANTI-INFLAMMATORY	18,328	13	17,167	13	-6.3%
ANALGESICS - OPIOID	16,789	14	16,420	14	-2.2%
PENICILLINS	11,048	20	15,711	15	42.2%
BETA BLOCKERS	16,403	15	15,370	16	-6.3%
MUSCULOSKELETAL THERAPY AGENTS	13,300	17	13,008	17	-2.2%
THYROID AGENTS	15,448	16	12,776	18	-17.3%
CORTICOSTEROIDS	10,103	22	12,344	19	22.2%
DIURETICS	12,348	18	11,433	20	-7.4%

**TOP 100 DRUGS BY PAID AMOUNT**

DRUG DESCRIPTION	June 2025 / August 2025	PREVIOUS RANK	September 2025 / November 2025	CURRENT RANK	% CHANGE
OZEMPIC	\$5,356,174	1	\$5,299,959	1	-1.0%
HUMIRA(CF) PEN	\$3,625,199	3	\$3,685,657	2	1.7%
VRAYLAR	\$3,643,802	2	\$3,629,513	3	-0.4%
DUPIXENT PEN	\$2,729,344	4	\$2,972,927	4	8.9%
MOUNJARO	\$2,287,731	5	\$2,557,369	5	11.8%
SKYRIZI PEN	\$1,956,088	9	\$2,263,551	6	15.7%
JARDIANCE	\$2,267,823	6	\$2,212,360	7	-2.4%
TRIKAFTA	\$2,043,366	8	\$2,146,608	8	5.1%
INVEGA SUSTENNA	\$1,907,955	10	\$1,915,843	9	0.4%
STELARA	\$2,249,309	7	\$1,841,859	10	-18.1%
BIKTARVY	\$1,544,817	11	\$1,490,361	11	-3.5%
REXULTI	\$1,326,418	12	\$1,340,702	12	1.1%
ELIQUIS	\$1,271,260	13	\$1,253,582	13	-1.4%
TRULICITY	\$1,204,772	15	\$1,146,644	14	-4.8%
TALTZ AUTOINJECTOR	\$1,209,057	14	\$1,089,788	15	-9.9%
NURTEC ODT	\$1,168,461	16	\$1,081,147	16	-7.5%
ZEPBOUND	\$657,284	33	\$1,007,020	17	53.2%
STRENSIQ	\$933,663	17	\$933,653	18	0.0%
DUPIXENT SYRINGE	\$814,678	21	\$905,895	19	11.2%
ALTUVIIIO	\$874,273	18	\$881,771	20	0.9%
RINVOQ	\$802,744	22	\$843,902	21	5.1%
WAKIX	\$853,747	19	\$834,979	22	-2.2%
COSENTYX UNOREADY PEN	\$643,631	37	\$817,500	23	27.0%
CAPLYTA	\$720,426	30	\$802,005	24	11.3%
LISDEXAMFETAMINE DIMESYLATE	\$737,900	27	\$787,064	25	6.7%
ENBREL SURECLICK	\$764,076	24	\$784,835	26	2.7%
INGREZZA	\$844,379	20	\$780,680	27	-7.5%
TRELEGY ELLIPTA	\$757,690	25	\$778,853	28	2.8%
BIMZELX AUTOINJECTOR	\$745,411	26	\$747,854	29	0.3%

EVRYSDI	\$780,985	23	\$727,108	30	-6.9%
ABILIFY MAINTENA	\$733,598	29	\$719,489	31	-1.9%
SKYRIZI ON-BODY	\$737,556	28	\$719,117	32	-2.5%
TREMFYA ONE-PRESS	\$540,186	46	\$706,790	33	30.8%
UBRELVY	\$651,238	35	\$698,003	34	7.2%
ARISTADA	\$676,726	32	\$670,009	35	-1.0%
LYBALVI	\$648,102	36	\$652,950	36	0.7%
AUSTEDO XR	\$616,932	40	\$650,388	37	5.4%
EPIDIOLEX	\$709,966	31	\$645,091	38	-9.1%
SYMBICORT	\$565,865	43	\$625,973	39	10.6%
AJOVY AUTOINJECTOR	\$656,775	34	\$623,998	40	-5.0%
FARXIGA	\$630,160	38	\$619,652	41	-1.7%
NORDITROPIN FLEXPOR	\$581,219	42	\$601,060	42	3.4%
HEMLIBRA	\$538,522	47	\$599,672	43	11.4%
JORNAY PM	\$531,437	48	\$568,743	44	7.0%
KESIMPTA PEN	\$362,650	68	\$557,236	45	53.7%
TRINTELLIX	\$565,187	44	\$550,956	46	-2.5%
INVEGA TRINZA	\$475,510	52	\$544,086	47	14.4%
LINZESS	\$503,049	50	\$522,943	48	4.0%
TYVASO DPI	\$584,909	41	\$511,801	49	-12.5%
ORENITRAM ER	\$433,008	57	\$488,132	50	12.7%
CRYSVITA	\$625,828	39	\$486,507	51	-22.3%
FINTEPLA	\$562,754	45	\$480,582	52	-14.6%
XARELTO	\$441,359	55	\$446,595	53	1.2%
XOLAIR	\$379,399	63	\$436,154	54	15.0%
QELBREE	\$417,557	58	\$430,022	55	3.0%
OTEZLA	\$409,796	60	\$422,746	56	3.2%
OPSUMIT	\$391,991	62	\$415,245	57	5.9%
ALBUTEROL SULFATE HFA	\$372,175	67	\$409,445	58	10.0%
ALYFTREK	\$281,820	79	\$396,664	59	40.8%
QULIPTA	\$375,404	65	\$394,208	60	5.0%
WINREVAIR (2 PACK)	\$319,087	72	\$386,306	61	21.1%
DUVYZAT	\$459,625	54	\$383,024	62	-16.7%

UPTRAVI	\$509,053	49	\$382,076	63	-24.9%
ENTRESTO	\$490,027	51	\$374,310	64	-23.6%
KISQALI	\$323,798	71	\$371,034	65	14.6%
MAVYRET	\$299,684	75	\$365,822	66	22.1%
AUSTEDO	\$409,948	59	\$363,278	67	-11.4%
TOLVAPTAN	\$438,929	56	\$354,520	68	-19.2%
XYWAV	\$290,141	77	\$349,504	69	20.5%
TAKHZYRO	\$474,466	53	\$342,671	70	-27.8%
COSENTYX SENSOREADY (2 PENS)	\$378,339	64	\$308,036	71	-18.6%
NUCALA	\$278,789	81	\$296,644	72	6.4%
SPIRIVA RESPIMAT	\$275,080	82	\$291,995	73	6.1%
VALTOCO	\$311,222	73	\$290,554	74	-6.6%
LANTUS SOLOSTAR	\$291,120	76	\$289,220	75	-0.7%
ABILIFY ASIMTUFI	\$219,122	104	\$287,046	76	31.0%
UZEDY	\$255,451	91	\$281,926	77	10.4%
ORFADIN	\$284,474	78	\$280,187	78	-1.5%
PROCYSBI	\$257,272	89	\$278,740	79	8.3%
EMGALITY PEN	\$258,866	88	\$277,942	80	7.4%
FASENRA PEN	\$304,262	74	\$273,377	81	-10.2%
BREZTRI AEROSPHERE	\$273,567	84	\$271,223	82	-0.9%
VERZENIO	\$245,111	95	\$269,627	83	10.0%
ALPROLIX	\$250,504	93	\$258,750	84	3.3%
AIMOVIG AUTOINJECTOR	\$254,695	92	\$257,760	85	1.2%
PULMOZYME	\$266,379	86	\$254,953	86	-4.3%
NOVOSEVEN RT		-	\$253,832	87	0.0%
VYVANSE	\$339,690	69	\$252,351	88	-25.7%
BRIVIACT	\$245,358	94	\$244,992	89	-0.1%
CREON	\$237,532	97	\$244,771	90	3.0%
NAYZILAM	\$269,003	85	\$240,069	91	-10.8%
ADVAIR HFA	\$236,371	99	\$238,405	92	0.9%
SOGROYA	\$224,275	102	\$235,571	93	5.0%
AZSTARYS	\$215,928	107	\$230,309	94	6.7%
SKYCLARYS	\$260,579	87	\$228,499	95	-12.3%

DEXTROAMPHETAMINE-AMPHET ER	\$221,180	103	\$227,579	96	2.9%
ELOCTATE	\$325,110	70	\$227,339	97	-30.1%
HIZENTRA	\$255,736	90	\$225,575	98	-11.8%
DESCOVY	\$187,910	115	\$218,619	99	16.3%
HUMIRA PEN	\$218,490	105	\$215,041	100	-1.6%

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	June 2025 / August 2025	PREVIOUS RANK	September 2025 / November 2025	CURRENT RANK	% CHANGE
TRAZODONE HCL	14,764	2	14,657	1	-0.7%
OMEPRAZOLE	16,621	1	14,114	2	-15.1%
SERTRALINE HCL	14,493	3	13,816	3	-4.7%
ALBUTEROL SULFATE HFA	12,121	6	13,584	4	12.1%
BUPROPION XL	12,861	5	12,701	5	-1.2%
FLUOXETINE HCL	11,770	7	11,724	6	-0.4%
LEVOTHYROXINE SODIUM	14,236	4	11,640	7	-18.2%
ATORVASTATIN CALCIUM	11,616	8	10,701	8	-7.9%
GABAPENTIN	11,043	9	10,677	9	-3.3%
CETIRIZINE HCL	10,458	12	10,653	10	1.9%
HYDROXYZINE HCL	10,624	11	10,507	11	-1.1%
ESCITALOPRAM OXALATE	10,744	10	10,288	12	-4.2%
BUSPIRONE HCL	9,741	14	9,844	13	1.1%
AMOXICILLIN	6,497	24	9,787	14	50.6%
MONTELUKAST SODIUM	9,795	13	9,766	15	-0.3%
CLONIDINE HCL	8,198	17	8,109	16	-1.1%
PANTOPRAZOLE SODIUM	9,084	15	7,941	17	-12.6%
LISINOPRIL	8,604	16	7,844	18	-8.8%
QUETIAPINE FUMARATE	7,991	18	7,815	19	-2.2%
DEXTROAMPHETAMINE-AMPHET ER	7,452	22	7,687	20	3.2%
ARIPRAZOLE	7,636	20	7,511	21	-1.6%
LAMOTRIGINE	7,761	19	7,404	22	-4.6%
PREDNISONE	6,295	28	7,397	23	17.5%
DULOXETINE HCL	7,620	21	7,253	24	-4.8%
LISDEXAMFETAMINE DIMESYLATE	5,714	35	6,588	25	15.3%
FLUTICASONE PROPIONATE	6,244	29	6,567	26	5.2%
FAMOTIDINE	7,119	23	6,418	27	-9.8%
TOPIRAMATE	6,380	25	6,411	28	0.5%

HYDROCODONE-ACETAMINOPHEN	6,304	27	6,062	29	-3.8%
AMLODIPINE BESYLATE	6,312	26	5,925	30	-6.1%
METHYLPHENIDATE ER	5,453	36	5,919	31	8.5%
CYCLOBENZAPRINE HCL	5,937	30	5,765	32	-2.9%
OZEMPIC	5,745	33	5,694	33	-0.9%
LORATADINE	5,847	32	5,678	34	-2.9%
ONDANSETRON ODT	5,174	39	5,660	35	9.4%
AZITHROMYCIN	3,346	68	5,624	36	68.1%
VENLAFAXINE HCL ER	5,877	31	5,593	37	-4.8%
DEXTROAMPHETAMINE-AMPHETAMINE	5,193	38	5,450	38	4.9%
AMOXICILLIN-CLAVULANATE POTASS	4,091	50	5,422	39	32.5%
METOPROLOL SUCCINATE	5,739	34	5,235	40	-8.8%
RISPERIDONE	5,309	37	5,093	41	-4.1%
CLONAZEPAM	5,114	40	5,019	42	-1.9%
ALPRAZOLAM	5,097	41	4,955	43	-2.8%
LOSARTAN POTASSIUM	4,963	42	4,738	44	-4.5%
CEPHALEXIN	4,618	44	4,425	45	-4.2%
IBUPROFEN	4,715	43	4,389	46	-6.9%
ASPIRIN EC	4,465	47	4,363	47	-2.3%
METFORMIN HCL ER	4,610	45	4,326	48	-6.2%
METFORMIN HCL	4,460	48	4,176	49	-6.4%
GUANFACINE HCL ER	3,920	56	4,048	50	3.3%
ALLERGY RELIEF	4,017	53	4,044	51	0.7%
MIRTAZAPINE	4,024	52	4,043	52	0.5%
MELOXICAM	4,542	46	4,002	53	-11.9%
JARDIANCE	4,110	49	4,001	54	-2.7%
PROPRANOLOL HCL	3,947	55	3,973	55	0.7%
PRAZOSIN HCL	4,009	54	3,933	56	-1.9%
GUANFACINE HCL	3,829	60	3,837	57	0.2%
ROSUVASTATIN CALCIUM	4,030	51	3,760	58	-6.7%
POLYETHYLENE GLYCOL 3350	3,552	65	3,725	59	4.9%
LORAZEPAM	3,894	59	3,724	60	-4.4%

ACETAMINOPHEN	3,902	58	3,708	61	-5.0%
LEVETIRACETAM	3,732	62	3,672	62	-1.6%
LANTUS SOLOSTAR	3,621	63	3,559	63	-1.7%
HYDROXYZINE PAMOATE	3,540	66	3,553	64	0.4%
TRIAMCINOLONE ACETONIDE	3,903	57	3,521	65	-9.8%
FOLIC ACID	3,575	64	3,467	66	-3.0%
PREGABALIN	3,532	67	3,429	67	-2.9%
ALBUTEROL SULFATE	2,434	86	3,426	68	40.8%
FUROSEMIDE	3,819	61	3,418	69	-10.5%
METHYLPHENIDATE HCL	2,999	77	3,318	70	10.6%
FLUCONAZOLE	3,179	71	3,281	71	3.2%
FEROSUL	3,257	70	3,245	72	-0.4%
SPIRONOLACTONE	3,310	69	3,188	73	-3.7%
VALACYCLOVIR	3,028	75	3,125	74	3.2%
METRONIDAZOLE	2,928	80	3,071	75	4.9%
TRAMADOL HCL	3,094	73	3,064	76	-1.0%
OXYCODONE HCL	3,088	74	3,052	77	-1.2%
ATOMOXETINE HCL	2,806	81	2,978	78	6.1%
CEFDINIR	2,188	95	2,918	79	33.4%
BACLOFEN	3,002	76	2,910	80	-3.1%
OLANZAPINE	2,942	79	2,900	81	-1.4%
HYDROCHLOROTHIAZIDE	3,173	72	2,870	82	-9.5%
SYMBICORT	2,577	85	2,850	83	10.6%
POTASSIUM CHLORIDE	2,762	82	2,742	84	-0.7%
TIZANIDINE HCL	2,657	83	2,670	85	0.5%
VRAYLAR	2,612	84	2,601	86	-0.4%
DEXMETHYLPHENIDATE HCL ER	2,290	92	2,569	87	12.2%
MOUNJARO	2,283	93	2,550	88	11.7%
DOXYCYCLINE MONOHYDRATE	2,947	78	2,531	89	-14.1%
ELIQUIS	2,410	89	2,346	90	-2.7%
MUPIROCIN	2,418	87	2,285	91	-5.5%
ZOLPIDEM TARTRATE	2,320	91	2,254	92	-2.8%

SUMATRIPTAN SUCCINATE	2,164	97	2,251	93	4.0%
ONDANSETRON HCL	2,229	94	2,244	94	0.7%
SULFAMETHOXAZOLE-TRIMETHOPRIM	2,414	88	2,234	95	-7.5%
OXCARBAZEPINE	2,166	96	2,153	96	-0.6%
NYSTATIN	2,075	102	2,138	97	3.0%
DESVENLAFAXINE SUCCINATE ER	2,107	100	2,085	98	-1.0%
VENTOLIN HFA	2,362	90	2,055	99	-13.0%
NAPROXEN	2,059	103	2,000	100	-2.9%

## Fee for Service Claims Quarterly Statistics

	June through August 2025	September through November 2025	% CHANGE
TOTAL PAID AMOUNT	\$3,321,602	\$2,936,348	-11.6%
UNIQUE USERS	3,256	3,434	5.5%
COST PER USER	\$1,020.15	\$855.08	-16.2%
TOTAL PRESCRIPTIONS	21,683	21,741	0.3%
AVERAGE PRESCRIPTIONS PER USER	6.66	6.33	-4.9%
AVERAGE COST PER PRESCRIPTION	\$153.19	\$135.06	-11.8%
# GENERIC PRESCRIPTIONS	19,602	19,663	0.3%
% GENERIC	90.4%	90.4%	0.0%
\$ GENERIC	\$1,001,454	\$1,024,959	2.3%
AVERAGE GENERIC PRESCRIPTION COST	\$51.09	\$52.13	2.0%
AVERAGE GENERIC DAYS SUPPLY	27	27	0.0%
# BRAND PRESCRIPTIONS	2,081	2,078	-0.1%
% BRAND	9.6%	9.6%	-0.4%
\$ BRAND	\$2,320,148	\$1,911,389	-17.6%
AVERAGE BRAND PRESCRIPTION COST	\$1,114.92	\$919.82	-17.5%
AVERAGE BRAND DAYS SUPPLY	28	28	0.0%

UTILIZATION BY AGE		
AGE	June through August 2025	September through November 2025
0-6	164	197
7-12	330	367
13-18	562	623
19-64	2,177	2,228
65+	23	19
	3,256	3,434

UTILIZATION BY GENDER AND AGE			
GENDER	AGE	June through August 2025	September through November 2025
F	0-6	72	107
	7-12	132	159
	13-18	283	310
	19-64	1,384	1,399
	65+	12	11
		1,883	1,986
M	0-6	92	90
	7-12	198	208
	13-18	279	313
	19-64	793	829
	65+	11	8
		1,373	1,448

**TOP 100 PHARMACIES BY PRESCRIPTION COUNT**  
**September through November 2025**

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
1	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	849	\$96,087.41	\$113.18	1
2	MESKWAKI PHARMACY	TAMA	IA	785	\$627,994.82	\$799.99	2
3	SIOUXLAND COMMUNITY HEALTH CENTE	SIOUX CITY	IA	741	\$26,036.51	\$35.14	3
4	WALGREENS #15647	SIOUX CITY	IA	483	\$48,786.67	\$101.01	5
5	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	459	\$25,706.94	\$56.01	4
6	THOMPSON-DEAN DRUG	SIOUX CITY	IA	381	\$28,240.33	\$74.12	7
7	RIGHT DOSE PHARMACY	ANKENY	IA	345	\$6,318.52	\$18.31	6
8	WALGREEN #04405	COUNCIL BLUFFS	IA	215	\$12,592.48	\$58.57	8
9	GENOA HEALTHCARE LLC	SIOUX CITY	IA	198	\$22,668.54	\$114.49	9
10	COMMUNITY HEALTH CARE INC	DAVENPORT	IA	187	\$13,324.81	\$71.26	24
11	MAIN AT LOCUST PHARMACY	DAVENPORT	IA	184	\$8,448.18	\$45.91	12
12	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	170	\$7,252.91	\$42.66	13
13	CVS PHARMACY #17554	CEDAR FALLS	IA	167	\$16,116.41	\$96.51	11
14	COVENANT FAMILY PHARMACY	WATERLOO	IA	162	\$4,988.51	\$30.79	38
15	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	161	\$5,734.08	\$35.62	15
16	HY-VEE STORE CLINIC 1023-039	GRIMES	IA	160	\$12,206.52	\$76.29	22
17	UNITY POINT HEALTH PHARMACY	CEDAR RAPIDS	IA	156	\$1,648.80	\$10.57	17
18	REUTZEL PHARMACY	CEDAR RAPIDS	IA	152	\$23,970.52	\$157.70	31
19	WCHS PHARMACY	WINNEBAGO	NE	149	\$119,349.00	\$801.00	14
20	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	145	\$10,922.35	\$75.33	20
21	WALGREEN COMPANY #05470	SIOUX CITY	IA	141	\$7,889.53	\$55.95	19
22	BROADLAWNS MEDICAL CENTER	DES MOINES	IA	140	\$7,605.76	\$54.33	10
23	GREENVILLE PHARMACY INC	SIOUX CITY	IA	140	\$7,523.88	\$53.74	52
24	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	129	\$7,705.37	\$59.73	26
25	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	127	\$9,412.15	\$74.11	54

**TOP 100 PHARMACIES BY PRESCRIPTION COUNT**  
**September through November 2025**

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
26	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	125	\$8,174.51	\$65.40	28
27	PRIMARY HEALTH CARE PHARMACY	DES MOINES	IA	118	\$4,212.45	\$35.70	46
28	PHARMACY MATTERS LTC	IOWA CITY	IA	116	\$869.63	\$7.50	32
29	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	116	\$3,932.41	\$33.90	36
30	WALGREEN #05721	DES MOINES	IA	115	\$9,185.26	\$79.87	40
31	WAL-MART PHARMACY #10-0646	ANAMOSA	IA	113	\$4,051.48	\$35.85	18
32	ALL CARE HEALTH CENTER	COUNCIL BLUFFS	IA	112	\$3,885.70	\$34.69	34
33	HY-VEE PHARMACY 1068	CHEROKEE	IA	108	\$2,197.75	\$20.35	27
34	HY-VEE PHARMACY (1075)	CLINTON	IA	107	\$10,852.91	\$101.43	29
35	WALGREEN #05239	DAVENPORT	IA	106	\$5,987.79	\$56.49	21
36	HY-VEE PHARMACY (1071)	CLARINDA	IA	102	\$16,745.55	\$164.17	47
37	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	100	\$7,140.05	\$71.40	16
38	NUCARA PHARMACY #27	PLEASANT HILL	IA	99	\$3,117.97	\$31.49	25
39	TARRYTOWN EXPOCARE LLC	AUSTIN	TX	98	\$5,402.97	\$55.13	224
40	CVS PHARMACY #8544	WATERLOO	IA	97	\$7,133.31	\$73.54	69
41	WAL-MART PHARMACY #10-0581	MARSHALLTOWN	IA	97	\$2,147.00	\$22.13	60
42	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	96	\$4,303.79	\$44.83	39
43	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	94	\$7,957.03	\$84.65	30
44	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	93	\$18,661.39	\$200.66	59
45	NUCARA LTC PHARMACY 4	WATERLOO	IA	93	\$1,144.37	\$12.31	35
46	WAL-MART PHARMACY 10-1546	IOWA FALLS	IA	90	\$9,197.84	\$102.20	120
47	LEWIS FAMILY DRUG #28	ONAWA	IA	90	\$8,116.61	\$90.18	58
48	CVS PHARMACY #10282	FORT DODGE	IA	89	\$4,253.71	\$47.79	33
49	HARTLEY HOMETOWN PHARMACY	HARTLEY	IA	89	\$6,479.06	\$72.80	44
50	WALGREEN CO DBA	ALTOONA	IA	87	\$3,177.71	\$36.53	50
51	HERITAGE PARK PHARMACY	WEST BURLINGTON	IA	85	\$8,128.62	\$95.63	64

**TOP 100 PHARMACIES BY PRESCRIPTION COUNT**  
**September through November 2025**

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
52	WALGREEN COMPANY #3700	COUNCIL BLUFFS	IA	84	\$2,076.00	\$24.71	23
53	MERCY OUTPATIENT PHARMACY	DES MOINES	IA	84	\$1,481.90	\$17.64	48
54	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	83	\$2,341.05	\$28.21	141
55	KOERNER WHIPPLE PHARMACY	HAMPTON	IA	82	\$4,744.08	\$57.85	53
56	MEDICAP PHARMACY	INDIANOLA	IA	79	\$1,212.11	\$15.34	41
57	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	77	\$1,773.78	\$23.04	103
58	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	77	\$2,831.34	\$36.77	91
59	WALGREEN COMPANY 07455	WATERLOO	IA	77	\$1,281.08	\$16.64	109
60	WHITE DRUG ENTERPRISES INC	SPENCER	IA	74	\$8,199.66	\$110.81	90
61	WAL-MART PHARMACY #10-2935	KNOXVILLE	IA	73	\$5,478.92	\$75.05	78
62	CVS PHARMACY #08658	DAVENPORT	IA	73	\$14,044.47	\$192.39	51
63	WAL-MART PHARMACY #10-1625	LE MARS	IA	73	\$2,876.57	\$39.41	56
64	NELSON FAMILY PHARMACY	FORT MADISON	IA	72	\$6,914.92	\$96.04	45
65	MERCY MEDICAL CENTER NORTH IA DB	MASON CITY	IA	72	\$3,522.39	\$48.92	49
66	HY-VEE PHARMACY 1382	LE MARS	IA	72	\$3,370.05	\$46.81	130
67	CHEROKEE MAIN STREET PHARMACY	CHEROKEE	IA	71	\$9,436.89	\$132.91	92
68	MERCY HEALTH SERVICES IOWA CORP	MASON CITY	IA	71	\$8,370.01	\$117.89	105
69	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	70	\$7,107.10	\$101.53	76
70	NUCARA PHARMACY #20	WEST UNION	IA	69	\$4,854.69	\$70.36	93
71	WAL-MART PHARMACY #10-3394	ATLANTIC	IA	69	\$4,037.81	\$58.52	126
72	MEDICAP PHARMACY	BOONE	IA	69	\$7,856.64	\$113.86	62
73	MEDICAP PHARMACY	KNOXVILLE	IA	69	\$4,854.37	\$70.35	89
74	MAIN STREET DRUG	CHARLES CITY	IA	69	\$2,644.88	\$38.33	110
75	WALGREENS #03876	MARION	IA	68	\$17,497.19	\$257.31	61
76	WRIGHTWAY LTC PHARMACY	CLINTON	IA	67	\$4,096.65	\$61.14	83
77	WAL-MART PHARMACY #10-0886	FT DODGE	IA	64	\$6,227.60	\$97.31	171

**TOP 100 PHARMACIES BY PRESCRIPTION COUNT**  
**September through November 2025**

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
78	HY VEE PHARMACY #1449	NEWTON	IA	64	\$5,464.46	\$85.38	73
79	GENOA HEALTHCARE LLC	MASON CITY	IA	63	\$15,999.09	\$253.95	81
80	WALGREEN #7452	DES MOINES	IA	62	\$4,931.70	\$79.54	117
81	HY-VEE PHARMACY #2 (1614)	SIOUX CITY	IA	62	\$5,211.29	\$84.05	84
82	MEDICAP PHARMACY #7	GRINNELL	IA	61	\$6,268.55	\$102.76	86
83	OSTERHAUS PHARMACY	MAQUOKETA	IA	60	\$6,233.81	\$103.90	285
84	HY VEE PHARMACY 1459	OELWEIN	IA	60	\$3,341.18	\$55.69	112
85	SCOTT DRUG AN AFFILIATE OF GENES	DEWITT	IA	60	\$4,692.81	\$78.21	189
86	ALLEN MEMORIAL HOSPITAL	WATERLOO	IA	59	\$1,525.12	\$25.85	209
87	WAL-MART PHARMACY #10-1389	BOONE	IA	59	\$6,314.37	\$107.02	191
88	WAL-MART PHARMACY 10-1723	DES MOINES	IA	59	\$5,286.75	\$89.61	82
89	MEDICAP PHARMACY	CRESTON	IA	58	\$1,861.84	\$32.10	101
90	HY-VEE PHARMACY (1065)	CHARITON	IA	58	\$4,305.88	\$74.24	67
91	ELIZABETHS PHARMACY ON MAIN	BRITT	IA	58	\$4,849.02	\$83.60	74
92	HY-VEE PHARMACY (1052)	CEDAR FALLS	IA	58	\$400.77	\$6.91	98
93	HERITAGE PARTNERS PHARMACY	WEST BURLINGTON	IA	58	\$530.33	\$9.14	155
94	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	57	\$6,509.84	\$114.21	68
95	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	57	\$889.84	\$15.61	66
96	HY-VEE DRUGSTORE #7026	CEDAR RAPIDS	IA	57	\$6,228.82	\$109.28	42
97	HY-VEE PHARMACY (1037)	BETTENDORF	IA	57	\$1,095.42	\$19.22	114
98	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	56	\$15,490.91	\$276.62	94
99	HARTIG PHARMACY SERVICES	DUBUQUE	IA	55	\$1,644.25	\$29.90	116
100	HY-VEE PHARMACY (1396)	MARION	IA	55	\$16,285.91	\$296.11	85

TOP 100 PHARMACIES BY PAID AMOUNT September through November 2025							
RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	MESKWAKI PHARMACY	TAMA	IA	785	\$627,994.82	\$2,387.81	1
2	WALGREENS SPECIALTY PHARMACY #16	DES MOINES	IA	14	\$123,758.38	\$20,626.40	3
3	WCHS PHARMACY	WINNEBAGO	NE	149	\$119,349.00	\$2,169.98	5
4	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	849	\$96,087.41	\$608.15	7
5	CAREMARK KANSAS SPEC PHARMACY LL	LENEXA	KS	19	\$73,209.32	\$9,151.17	8
6	UNITY POINT AT HOME	URBANDALE	IA	26	\$67,962.86	\$6,796.29	16
7	COMMUNITY A WALGREENS PHARMACY	IOWA CITY	IA	9	\$67,666.71	\$16,916.68	4
8	ACCREDITO HEALTH GROUP INC	WARRENDAL	PA	3	\$54,466.14	\$27,233.07	2
9	CVS PHARMACY #00102	AURORA	CO	5	\$50,750.08	\$25,375.04	10
10	WALGREENS #15647	SIOUX CITY	IA	483	\$48,786.67	\$381.15	14
11	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	49	\$42,413.01	\$4,241.30	17
12	ACCREDITO HEALTH GROUP INC	MEMPHIS	TN	20	\$36,151.90	\$4,518.99	13
13	CR CARE PHARMACY	CEDAR RAPIDS	IA	44	\$30,177.64	\$3,353.07	40
14	SENDERRA RX PHARMACY	RICHARDSON	TX	5	\$29,965.31	\$14,982.66	22
15	FRED LEROY HEALTH & WELLNESS	OMAHA	NE	36	\$28,836.00	\$3,604.50	18
16	THOMPSON-DEAN DRUG	SIOUX CITY	IA	381	\$28,240.33	\$486.90	24
17	WAL-MART PHARMACY #10-0985	FAIRFIELD	IA	54	\$27,337.80	\$3,037.53	20
18	ACCREDITO HEALTH GROUP INC	WHITESTOWN	IN	5	\$27,322.07	\$9,107.36	12
19	SIOUXLAND COMMUNITY HEALTH CENTE	SIOUX CITY	IA	741	\$26,036.51	\$241.08	15
20	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	459	\$25,706.94	\$584.25	19
21	MEDICAP PHARMACY	NEWTON	IA	37	\$25,342.86	\$6,335.72	43
22	REUTZEL PHARMACY	CEDAR RAPIDS	IA	152	\$23,970.52	\$921.94	187
23	GENOA HEALTHCARE LLC	SIOUX CITY	IA	198	\$22,668.54	\$781.67	25
24	SANFORD CANCER CTR ONC CLINIC PH	SIOUX FALLS	SD	2	\$20,318.28	\$20,318.28	35
25	PARAGON PARTNERS	OMAHA	NE	52	\$20,150.38	\$10,075.19	26

TOP 100 PHARMACIES BY PAID AMOUNT September through November 2025							
RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
26	CARL T CURTIS HEALTH ED CENTER P	MACY	NE	25	\$20,025.00	\$1,251.56	29
27	MT VERNON PHARMACY	MT VERNON	IA	18	\$19,198.44	\$4,799.61	67
28	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	93	\$18,661.39	\$2,332.67	33
29	WALGREENS #03876	MARION	IA	68	\$17,497.19	\$2,499.60	27
30	HY-VEE PHARMACY (1071)	CLARINDA	IA	102	\$16,745.55	\$1,674.56	51
31	HY-VEE PHARMACY (1396)	MARION	IA	55	\$16,285.91	\$1,809.55	30
32	CVS PHARMACY #17554	CEDAR FALLS	IA	167	\$16,116.41	\$1,465.13	28
33	GENOA HEALTHCARE LLC	MASON CITY	IA	63	\$15,999.09	\$3,199.82	97
34	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	56	\$15,490.91	\$3,872.73	37
35	ANOVORX GROUP INC	MEMPHIS	TN	12	\$14,888.18	\$3,722.05	11
36	CVS PHARMACY #08658	DAVENPORT	IA	73	\$14,044.47	\$1,276.77	77
37	OPTUM PHARMACY 702 LLC	JEFFERSONVILLE	IN	4	\$13,461.22	\$6,730.61	310
38	WAL-MART PHARMACY #10-1415	SPIRIT LAKE	IA	47	\$13,346.39	\$1,668.30	55
39	COMMUNITY HEALTH CARE INC	DAVENPORT	IA	187	\$13,324.81	\$832.80	32
40	WALGREEN #04405	COUNCIL BLUFFS	IA	215	\$12,592.48	\$314.81	49
41	HY-VEE STORE CLINIC 1023-039	GRIMES	IA	160	\$12,206.52	\$718.03	59
42	WAL-MART PHARMACY 10-1732	DENISON	IA	37	\$11,658.79	\$1,457.35	31
43	WALGREEN #06623	WEST DES MOINES	IA	18	\$11,099.19	\$3,699.73	38
44	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	145	\$10,922.35	\$520.11	60
45	HY-VEE PHARMACY (1075)	CLINTON	IA	107	\$10,852.91	\$775.21	62
46	FLOYD VALLEY PHARMACY	LE MARS	IA	34	\$10,469.09	\$1,495.58	566
47	WAL-MART PHARMACY #10-1965	COUNCIL BLUFFS	IA	44	\$10,276.16	\$2,569.04	66
48	HY-VEE PHARMACY 1295	IOWA FALLS	IA	23	\$10,093.87	\$2,523.47	134
49	CHEROKEE MAIN STREET PHARMACY	CHEROKEE	IA	71	\$9,436.89	\$2,359.22	87
50	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	127	\$9,412.15	\$495.38	151
51	WAL-MART PHARMACY 10-1546	IOWA FALLS	IA	90	\$9,197.84	\$919.78	75

TOP 100 PHARMACIES BY PAID AMOUNT September through November 2025							
RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
52	WALGREEN #05721	DES MOINES	IA	115	\$9,185.26	\$483.43	58
53	MAIN AT LOCUST PHARMACY	DAVENPORT	IA	184	\$8,448.18	\$1,056.02	57
54	HY-VEE PHARMACY (1522)	PERRY	IA	15	\$8,430.11	\$1,686.02	41
55	MERCY HEALTH SERVICES IOWA CORP	MASON CITY	IA	71	\$8,370.01	\$930.00	138
56	WAL-MART PHARMACY #10-0892	ANKENY	IA	16	\$8,227.69	\$2,742.56	508
57	WHITE DRUG ENTERPRISES INC	SPENCER	IA	74	\$8,199.66	\$1,171.38	162
58	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	125	\$8,174.51	\$204.36	72
59	HERITAGE PARK PHARMACY	WEST BURLINGTON	IA	85	\$8,128.62	\$677.39	93
60	LEWIS FAMILY DRUG #28	ONAWA	IA	90	\$8,116.61	\$352.90	117
61	WORLD'S FAIR PHARMACY	OAKLAND GARDENS	NY	2	\$8,101.26	\$8,101.26	124
62	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	94	\$7,957.03	\$723.37	53
63	WALGREEN COMPANY #05470	SIOUX CITY	IA	141	\$7,889.53	\$272.05	34
64	MEDICAP PHARMACY	BOONE	IA	69	\$7,856.64	\$1,309.44	73
65	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	129	\$7,705.37	\$321.06	54
66	BROADLAWNS MEDICAL CENTER	DES MOINES	IA	140	\$7,605.76	\$217.31	52
67	GREENVILLE PHARMACY INC	SIOUX CITY	IA	140	\$7,523.88	\$417.99	86
68	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	170	\$7,252.91	\$659.36	101
69	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	100	\$7,140.05	\$595.00	204
70	CVS PHARMACY #8544	WATERLOO	IA	97	\$7,133.31	\$419.61	76
71	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	70	\$7,107.10	\$592.26	69
72	NELSON FAMILY PHARMACY	FORT MADISON	IA	72	\$6,914.92	\$864.37	42
73	LEWIS FAMILY DRUG #69	ROCK VALLEY	IA	34	\$6,726.40	\$1,121.07	71
74	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	57	\$6,509.84	\$591.80	106
75	HARTLEY HOMETOWN PHARMACY	HARTLEY	IA	89	\$6,479.06	\$3,239.53	108
76	RIGHT DOSE PHARMACY	ANKENY	IA	345	\$6,318.52	\$371.68	44
77	WAL-MART PHARMACY #10-1389	BOONE	IA	59	\$6,314.37	\$902.05	147

TOP 100 PHARMACIES BY PAID AMOUNT September through November 2025							
RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
78	HY-VEE PHARMACY (1622)	SIOUX CENTER	IA	12	\$6,290.94	\$3,145.47	155
79	MEDICAP PHARMACY #7	GRINNELL	IA	61	\$6,268.55	\$3,134.28	80
80	OSTERHAUS PHARMACY	MAQUOKETA	IA	60	\$6,233.81	\$2,077.94	216
81	HY-VEE DRUGSTORE #7026	CEDAR RAPIDS	IA	57	\$6,228.82	\$1,038.14	56
82	WAL-MART PHARMACY #10-0886	FT DODGE	IA	64	\$6,227.60	\$566.15	178
83	HY-VEE PHARMACY #2 (1101)	COUNCIL BLUFFS	IA	26	\$6,196.54	\$1,549.14	211
84	HY-VEE PHARMACY (1009) DBA	ALBIA	IA	37	\$6,047.81	\$1,209.56	70
85	ALLIANCERX WALGREENS PRIME #1628	PITTSBURGH	PA	3	\$6,037.78	\$6,037.78	84
86	WALGREEN #05239	DAVENPORT	IA	106	\$5,987.79	\$285.13	82
87	NELSON LONG TERM CARE PHARMACY	FORT MADISON	IA	3	\$5,941.59	\$5,941.59	
88	HY-VEE PHARMACY 1297	JEFFERSON	IA	45	\$5,801.43	\$1,450.36	89
89	HY VEE PHARMACY 7072	TOLEDO	IA	52	\$5,760.16	\$640.02	65
90	WAL-MART PHARMACY 10-1526	STORM LAKE	IA	47	\$5,752.66	\$1,150.53	94
91	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	161	\$5,734.08	\$154.98	83
92	RIVER HILLS PHARMACY	OTTUMWA	IA	17	\$5,693.34	\$1,138.67	96
93	GENESIS FIRST MED PHARMACY	DAVENPORT	IA	16	\$5,544.73	\$1,386.18	39
94	CVS PHARMACY #17133	DES MOINES	IA	6	\$5,503.27	\$5,503.27	381
95	WAL-MART PHARMACY #10-2935	KNOXVILLE	IA	73	\$5,478.92	\$1,095.78	63
96	HY VEE PHARMACY #1449	NEWTON	IA	64	\$5,464.46	\$546.45	78
97	TARRYTOWN EXPOCARE LLC	AUSTIN	TX	98	\$5,402.97	\$2,701.49	183
98	HY-VEE PHARMACY #1 (1410)	MASON CITY	IA	23	\$5,359.15	\$1,786.38	202
99	WALGREEN #05852	DES MOINES	IA	40	\$5,287.43	\$587.49	135
100	WAL-MART PHARMACY 10-1723	DES MOINES	IA	59	\$5,286.75	\$587.42	120

**TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT**  
**September through November 2025**

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
1	1053340661	LEIGHTON FROST MD	\$158,629.62	201	2.45	1
2	1982605762	JEFFREY DEAN WILHARM MD	\$2,009.27	172	24.57	5
3	1194888024	ALICIA D WAGER NP	\$93,956.71	139	1.99	3
4	1043418809	MICHAEL CILIBERTO MD	\$33,632.25	134	4.47	2
5	1093141129	LARRY MARTIN NEWMAN ARNP	\$78,523.48	100	2.17	11
6	1144214248	KRISTI WALZ MD	\$5,836.77	95	10.56	9
7	1164481362	MELISSA PEARSON ARNP	\$72,110.41	92	1.37	14
8	1780820860	LAUREN GRAHAM MD	\$72,521.09	91	2.68	13
9	1013355759	DYLAN C GREENE MD	\$4,133.44	90	6.92	29
10	1912991183	MOLLY EARLEYWINE PA	\$6,499.57	86	7.17	4
11	1659358620	CARLOS CASTILLO MD	\$1,954.77	82	10.25	7
12	1083248256	ERIN LYNNE REWERTS ARNP	\$3,545.86	79	79.00	25
13	1417214321	LEAH BRANDON DO	\$2,727.95	78	7.80	10
14	1780877878	CHRISTOPHER JACOBS ARNP	\$4,833.81	77	7.00	12
15	1053376475	DANIEL W GILLETTE MD	\$2,958.42	75	15.00	33
16	1619153137	JOADA JEAN BEST ARNP	\$5,051.42	72	6.55	38
17	1215125216	REBECCA EVELYN WALDING	\$2,497.00	67	7.44	22
18	1538671961	JAMIE WRIGHT ARNP	\$766.22	65	5.42	15
19	1902358443	MELISSA KONKEN ARNP	\$12,024.53	65	7.22	6
20	1457584740	ERIC DENNIS MEYER ARNP	\$732.72	62	4.77	16
21	1033890918	DINA IRWIN ARNP	\$3,522.20	62	3.65	28
22	1093272668	RICARDO OSARIO ARNP	\$2,359.98	58	5.27	20
23	1760965032	MELISSA MILLER ARNP	\$1,797.70	55	5.00	35
24	1821268335	JACQUELINE MCINNIS PAC	\$1,110.27	54	13.50	32
25	1356337273	LISA JAYNE MENZIES MD	\$1,243.80	53	5.89	18
26	1528796430	RACHEL KLUG APRN	\$1,381.05	52	4.73	53

**TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT**  
**September through November 2025**

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
27	1811512064	ADRIANNA DENISE MITCHELL MD	\$267.33	52	52.00	
28	1104498039	BRENDA L CAIN ARNP	\$6,640.50	51	7.29	50
29	1962418640	BARCLAY MONASTER MD	\$6,196.54	51	10.20	46
30	1720698335	DANIKA LEIGH HANSEN ARNP	\$4,064.02	50	3.57	45
31	1013115369	BOBBITA NAG MD	\$1,278.91	50	4.55	39
32	1174840656	JOSEPHINE DUNN-JUNIES MD	\$734.32	49	16.33	31
33	1346557550	ROBERT BRYAN BOYLE ARNP	\$6,648.35	49	5.44	126
34	1770933046	SHELBY BILLER APRN	\$11,033.59	49	8.17	69
35	1578123915	BRIANNA E BROWNLIE DO	\$3,623.97	48	8.00	48
36	1487383501	KAITLYN S BRAVEK PA	\$3,897.39	48	16.00	173
37	1821481045	SHAWN T PLUNKETT PMHNP	\$521.81	46	7.67	21
38	1932652757	KELSIE JO SWISHER APRN	\$285.37	44	14.67	100
39	1326013426	PAUL DENNIS PETERSON DO	\$1,624.74	43	4.30	113
40	1407585623	COLETTE MARIE DEMOSS PA	\$1,258.43	43	6.14	37
41	1427617471	SUSAN GRAVES PA	\$5,307.53	42	8.40	85
42	1811123318	AARON KAUER MD	\$4,609.72	42	10.50	8
43	1326036062	JON AHRENDSEN MD	\$419.89	41	5.86	40
44	1215146055	REBECCA JEAN MARIE WOLFE MD	\$1,464.79	41	6.83	47
45	1225140809	SUNDARA R MUNAGALA VENKATA MD	\$26,052.32	41	4.56	23
46	1679920045	BREANNE VOGEL ARNP	\$435.78	41	13.67	59
47	1205249562	KELLY RYDER MD	\$2,197.20	40	3.64	43
48	1407836513	NATHAN R NOBLE DO	\$1,247.63	40	3.08	19
49	1881095503	KAROWESO CHIPENDO ARNP	\$460.25	40	5.00	51
50	1629265368	HANNAH LOKENVITZ PA	\$496.86	40	20.00	34
51	1124648696	SEAN KARL SUTPHEN DO	\$10,841.85	40	10.00	83
52	1639134034	ELIZABETH PRATT ARNP	\$584.88	40	2.50	115

**TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT**  
**September through November 2025**

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
53	1104251776	ANTHONY ERIK GLYDWELL	\$28,886.80	40	1.38	17
54	1528669660	PATRICK B KENT ARNP	\$2,927.10	39	39.00	
55	1912498981	KATHRYN SIENNA LINKENMEYER MD	\$2,435.49	39	19.50	63
56	1932493749	NICHOLAS CHARLES BECHTOLD DO	\$3,671.07	39	9.75	27
57	1043211493	VIKRANT SALARIA MD	\$5,536.08	39	9.75	64
58	1508846007	ANGELA TOWNSEND MD	\$2,145.71	38	4.75	87
59	1528051653	MARK GRANNER MD	\$371.28	38	19.00	1097
60	1336418425	DENA R NEIMAN ARNP	\$543.15	38	2.00	86
61	1992092167	ALLAN HU MD	\$1,512.04	38	38.00	195
62	1790986925	TAHUANTY PENA MD	\$16,547.54	38	19.00	71
63	1548874688	HEIDI MARIE HASSLER PA	\$511.38	37	4.63	95
64	1679545354	KATHERINE COLLEEN NICKELS MD	\$3,519.92	36	9.00	99
65	1598750432	CHRISTOPHER OKIISHI MD	\$1,095.01	36	7.20	67
66	1407479355	SPENCER J ALDRIDGE DO	\$590.99	36	36.00	82
67	1457346231	DAWN EBACH MD	\$672.91	35	3.89	60
68	1699109595	TONYA K FLAUGH ARNP	\$5,751.71	35	4.38	837
69	1982699260	SCOTT SHEETS DO	\$876.27	35	7.00	208
70	1932531316	BROOKE JOHNSON ARNP	\$2,846.32	35	17.50	81
71	1467502286	CHARLES R TILLEY PA	\$3,373.28	35	11.67	41
72	1144240805	DANIEL ROWLEY MD	\$4,427.05	34	17.00	109
73	1477199198	SAJO THOMAS ARNP	\$653.66	34	6.80	180
74	1437506342	KYLE MERRILL MD	\$526.18	34	6.80	141
75	1104804053	WINTHROP S RISK II MD	\$6,590.33	34	11.33	88
76	1932943206	ANDREW J KILGER DO	\$2,101.43	34	34.00	44
77	1982630703	JODI VANSICKLE MD	\$242.72	33	5.50	55
78	1700080538	EDUARDO CARLIN MD	\$5,230.99	33	2.75	90

**TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT**  
**September through November 2025**

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
79	1689077018	STACY ROTH ARNP	\$9,013.35	33	11.00	176
80	1194272930	EMILY FITZPATRICK ARNP	\$6,046.81	32	32.00	101
81	1306475413	AUTUMN SAGE ANDERSON APRN	\$458.58	32	10.67	121
82	1679324149	ASHLEE DAILEY ARNP	\$902.61	32	2.67	181
83	1154001402	LAURA J MEYER ARNP	\$1,873.37	32	5.33	366
84	1942896691	VIRIDIANA MUNOZ DE GONZALEZ ARNP	\$5,009.31	32	4.57	132
85	1932582988	DIANNE HUMPHREY ARNP	\$8,127.07	32	32.00	56
86	1255823506	NICOLE MARIE DELAGARDELLE	\$500.58	32	10.67	52
87	1154859452	DAVID KING PA	\$2,815.55	32	8.00	84
88	1619948023	KAREN J KROGSTAD MD	\$745.33	31	7.75	284
89	1558039495	SARAH HIETBRINK ARNP	\$9,872.88	31	15.50	91
90	1346349388	THOMAS BRENT HOEHNS MD	\$2,429.91	31	31.00	103
91	1427164789	MICHAEL J OURADA MD	\$524.94	31	15.50	102
92	1619380680	TARA BROCKMAN DO	\$1,852.89	31	10.33	136
93	1649922410	CASSANDRA MARIE ZIMMERMAN ARNP	\$380.05	31	31.00	76
94	1609131770	SREENATH THATI GANGANNA MBBS	\$4,498.40	31	7.75	116
95	1558147868	JAMIE KARSTENS ARNP	\$410.78	31	2.21	130
96	1942721584	SHAWNA FURY DNP	\$574.69	30	7.50	474
97	1588920151	AMANDA H CROXTON DO	\$7,336.97	30	7.50	66
98	1699769794	DAVE FALDMO PA	\$415.99	30	6.00	171
99	1518353671	REBECCA E PISTORIUS MD	\$2,213.11	30	7.50	146
100	1932196698	DEBORAH C LIN-DYKEN MD	\$394.12	30	10.00	667

**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT**  
**September through November 2025**

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
1	1053340661	LEIGHTON FROST MD	\$158,629.62	\$789.20	201	1
2	1194888024	ALICIA D WAGER NP	\$93,956.71	\$675.95	139	3
3	1669184511	CHANDRA MILLER ARNP	\$80,805.01	\$20,201.25	4	11
4	1093141129	LARRY MARTIN NEWMAN ARNP	\$78,523.48	\$785.23	100	8
5	1780820860	LAUREN GRAHAM MD	\$72,521.09	\$796.94	91	9
6	1164481362	MELISSA PEARSON ARNP	\$72,110.41	\$783.81	92	12
7	1578958542	HEIDI E CURTIS ARNP	\$47,680.77	\$11,920.19	4	18
8	1629719737	CLAIRE NIEVINSKI PA	\$40,474.44	\$8,094.89	5	10
9	1043418809	MICHAEL CILIBERTO MD	\$33,632.25	\$250.99	134	2
10	1871868984	HANA B NIEBUR MD	\$29,483.39	\$2,105.96	14	
11	1104251776	ANTHONY ERIK GLYDWELL	\$28,886.80	\$722.17	40	13
12	1891146999	BECKY L JOHNSON ANRP	\$28,763.93	\$991.86	29	24
13	1043441264	KATHERINE LEM PA-C	\$26,950.32	\$13,475.16	2	16
14	1194990945	SANDEEP S GUPTA MD	\$26,214.26	\$1,379.70	19	32
15	1225140809	SUNDARA R MUNAGALA VENKATA MD	\$26,052.32	\$635.42	41	262
16	1730293705	ROBERT JACKSON DO	\$23,810.55	\$4,762.11	5	26
17	1184056822	ABBY IRENE KOLTHOFF ARNP	\$23,011.85	\$821.85	28	21
18	1750648275	SARAH GROSS MD	\$21,586.77	\$4,317.35	5	30
19	1659722478	JORDAN ELIZABETH FRITCH-HANSON M	\$20,318.28	\$10,159.14	2	
20	1356752067	KELLY DELANEY-NELSON MD	\$20,265.24	\$2,251.69	9	15
21	1225143316	SUSAN MARIE JACOBI MD	\$20,233.11	\$2,529.14	8	80
22	1255319422	DAVID STAUB MD	\$20,168.52	\$6,722.84	3	34
23	1366402505	KUNAL KUMAR PATRA MD	\$19,259.47	\$713.31	27	39
24	1265048870	KELLY ALEXIS MERCHIE PA	\$18,784.28	\$2,348.04	8	23
25	1184044398	ERIC YU MOU MD	\$18,733.20	\$18,733.20	1	2051
26	1205504669	JENNIFER SWANSON ARNP	\$17,622.00	\$801.00	22	99
27	1790986925	TAHUANTY PENA MD	\$16,547.54	\$435.46	38	25

**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT**  
**September through November 2025**

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
28	1417307497	EMILY BOES DO	\$16,172.05	\$2,310.29	7	31
29	1114524378	ROSA M MARQUEZ PA-C	\$15,949.23	\$1,772.14	9	1169
30	1740953439	WILMAR GARCIA NP-C	\$15,489.99	\$1,721.11	9	60
31	1629415922	ALYSSA LAKIN PA	\$15,399.77	\$3,079.95	5	75
32	1427690387	KELSEY BIEGLER ARNP	\$15,290.78	\$15,290.78	1	19
33	1780327593	REBEKAH HAYDEN PA-C	\$15,290.78	\$15,290.78	1	
34	1114521721	TARRAH HOLLIDAY ARNP	\$14,922.02	\$514.55	29	48
35	1942937388	CARLY J TRAUSSCH ARNP	\$14,899.25	\$1,489.93	10	20
36	1104088202	PATRICK SAFO MD	\$14,577.07	\$14,577.07	1	44
37	1073852059	AMBER HANSEN MD	\$14,418.00	\$801.00	18	40
38	1720086523	MARK CLEVELAND MD	\$13,863.90	\$6,931.95	2	
39	1134402373	JULIE A SCHUCK ARNP	\$13,161.22	\$13,161.22	1	
40	1518257047	LAURA A WHITTINGTON DO	\$12,709.46	\$6,354.73	2	
41	1598113888	CRAIG CUNNINGHAM MD	\$12,400.62	\$3,100.16	4	69
42	1235976374	OLIVIA ANN HANSEN ARNP	\$12,344.67	\$4,114.89	3	71
43	1902358443	MELISSA KONKEN ARNP	\$12,024.53	\$184.99	65	91
44	1124216882	KELLY JESSICA PEARSON ARNP	\$11,930.98	\$852.21	14	37
45	1134249832	STEVEN MICHAEL CRAIG MD	\$11,712.33	\$1,064.76	11	227
46	1811493679	JUNE MYLER ARNP	\$11,241.14	\$702.57	16	45
47	1720846058	ABRAHAM WASSERMAN ARNP	\$11,223.19	\$748.21	15	190
48	1760675177	LORI SWANSON ARNP	\$11,214.00	\$801.00	14	46
49	1790874055	SHAILENDER SINGH MD	\$11,143.50	\$3,714.50	3	42
50	1770933046	SHELBY BILLER APRN	\$11,033.59	\$225.18	49	55
51	1124648696	SEAN KARL SUTPHEN DO	\$10,841.85	\$271.05	40	306
52	1043878705	DORTHEA WHEELER MD	\$10,346.96	\$2,069.39	5	58
53	1760849343	TIFFANY JEAN GRAMBLIN ARNP	\$9,964.70	\$415.20	24	158
54	1396724878	WHITNEY ELIZABETH MOLIS MD	\$9,936.70	\$828.06	12	61

**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT**  
**September through November 2025**

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
55	1558039495	SARAH HIETBRINK ARNP	\$9,872.88	\$318.48	31	64
56	1598967291	RADHIKA DHAMIJA MD	\$9,716.22	\$1,388.03	7	47
57	1639157373	CALVIN J HANSEN MD	\$9,357.70	\$9,357.70	1	65
58	1891955423	LEAH SIEGFRIED PA	\$9,114.67	\$379.78	24	49
59	1689077018	STACY ROTH ARNP	\$9,013.35	\$273.13	33	66
60	1265924138	MELINDA A STRUTHOFF ARNP	\$8,744.42	\$301.53	29	88
61	1619526076	KATHRYN C HUBER PA C	\$8,505.52	\$607.54	14	51
62	1437917085	DESSIE MARIE MYERS ARNP	\$8,504.21	\$1,063.03	8	106
63	1063792026	JILL NELLIE MILLER	\$8,307.48	\$923.05	9	107
64	1417931700	SUDHIR C KUMAR MD	\$8,259.64	\$4,129.82	2	50
65	1518285725	DOUGLAS M SMITH MD	\$8,202.46	\$1,640.49	5	144
66	1932582988	DIANNE HUMPHREY ARNP	\$8,127.07	\$253.97	32	74
67	1467449579	BRIAN P WAYSON ARNP	\$8,030.70	\$1,147.24	7	1120
68	1881251189	JENNIFER HARRISON APRN	\$8,010.00	\$801.00	10	96
69	1245468768	THOMAS SCHMIDT MD	\$7,968.79	\$1,593.76	5	2824
70	1295109478	EMILY KRUSE PA-C	\$7,721.14	\$3,860.57	2	52
71	1811621865	AMY COOPER	\$7,664.10	\$425.78	18	63
72	1609329754	KELLI BADKER ARNP	\$7,653.28	\$546.66	14	147
73	1649250390	NATHANIEL A MEYER MD	\$7,612.16	\$262.49	29	234
74	1154929230	CHELSEA JONES ARNP	\$7,340.94	\$431.82	17	35
75	1588920151	AMANDA H CROXTON DO	\$7,336.97	\$244.57	30	81
76	1346993763	TRISTA L GROSSNICKLE ARNP	\$7,241.17	\$658.29	11	180
77	1821076753	IRENA MARIA CHARYSZ-BIRSKI MD	\$7,108.94	\$1,777.24	4	79
78	1386938447	THERESA CZECH MD	\$6,870.50	\$286.27	24	85
79	1134981038	CASSIDY CHALUPA ARNP	\$6,739.40	\$1,123.23	6	92
80	1346557550	ROBERT BRYAN BOYLE ARNP	\$6,648.35	\$135.68	49	100
81	1104498039	BRENDA L CAIN ARNP	\$6,640.50	\$130.21	51	83

**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT**  
**September through November 2025**

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
82	1104804053	WINTHROP S RISK II MD	\$6,590.33	\$193.83	34	90
83	1013911692	JEFFREY S SARTIN MD	\$6,581.53	\$940.22	7	261
84	1285490896	KARISSA MARIE WEAVER APRN	\$6,524.58	\$434.97	15	57
85	1912991183	MOLLY EARLEYWINE PA	\$6,499.57	\$75.58	86	68
86	1629506829	MARIAH SKELLEY APRN	\$6,497.08	\$649.71	10	210
87	1306349956	KATIE LADEHOFF ARNP	\$6,408.00	\$801.00	8	62
88	1962418640	BARCLAY MONASTER MD	\$6,196.54	\$121.50	51	136
89	1972758126	REBECCA BOLLIN DO	\$6,100.61	\$358.86	17	140
90	1881044089	NATHAN THOMAS MD	\$6,093.80	\$304.69	20	309
91	1194272930	EMILY FITZPATRICK ARNP	\$6,046.81	\$188.96	32	137
92	1750348496	VANESSA ANN CURTIS MD	\$6,044.37	\$431.74	14	86
93	1144214248	KRISTI WALZ MD	\$5,836.77	\$61.44	95	28
94	1578777231	AMANDA L HECK ARNP	\$5,752.08	\$639.12	9	93
95	1699109595	TONYA K FLAUGH ARNP	\$5,751.71	\$164.33	35	1265
96	1285710764	JITENDRAKUMAR GUPTA MD	\$5,701.05	\$247.87	23	135
97	1922072305	PAUL TAYLOR DDS	\$5,635.44	\$626.16	9	490
98	1457745986	AMANDA LARSON APRN	\$5,607.00	\$801.00	7	149
99	1598326217	PETER SCHINDLER MD	\$5,607.00	\$801.00	7	98
100	1174970453	DANIEL HINDS MD	\$5,589.56	\$207.02	27	134

### TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

CATEGORY DESCRIPTION	June through August 2025	RANK	% BUDGET	September through November 2025	RANK	% BUDGET	% CHANGE
ANTIDIABETICS	\$360,368	1	10.8%	\$372,914	1	12.7%	3.5%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	\$242,159	4	7.3%	\$276,872	2	9.4%	14.3%
ANALGESICS - ANTI-INFLAMMATORY	\$226,135	6	6.8%	\$245,482	3	8.4%	8.6%
DERMATOLOGICALS	\$292,111	3	8.8%	\$243,192	4	8.3%	-16.7%
ANTICONVULSANTS	\$233,093	5	7.0%	\$164,870	5	5.6%	-29.3%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	\$136,512	9	4.1%	\$152,994	6	5.2%	12.1%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	\$169,671	8	5.1%	\$148,981	7	5.1%	-12.2%
ANTIVIRALS	\$180,654	7	5.4%	\$110,418	8	3.8%	-38.9%
ANTIDEPRESSANTS	\$108,789	10	3.3%	\$106,811	9	3.6%	-1.8%
NEUROMUSCULAR AGENTS	\$292,744	2	8.8%	\$81,849	10	2.8%	-72.0%
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	\$72,480	13	2.2%	\$69,368	11	2.4%	-4.3%
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	\$107,060	11	3.2%	\$65,740	12	2.2%	-38.6%
ANTIHYPERTENSIVES	\$53,322	14	1.6%	\$48,724	13	1.7%	-8.6%
MIGRAINE PRODUCTS	\$51,079	15	1.5%	\$45,640	14	1.6%	-10.6%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	\$50,714	16	1.5%	\$44,372	15	1.5%	-12.5%
ANTIHYPERLIPIDEMICS	\$37,489	17	1.1%	\$39,478	16	1.3%	5.3%
ANTIANKXIETY AGENTS	\$29,940	22	0.9%	\$38,266	17	1.3%	27.8%
ANALGESICS - OPIOID	\$33,556	18	1.0%	\$35,176	18	1.2%	4.8%
CORTICOSTEROIDS	\$16,671	32	0.5%	\$33,760	19	1.1%	102.5%
MISCELLANEOUS THERAPEUTIC CLASSES	\$3,575	58	0.1%	\$32,622	20	1.1%	812.5%

### TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

CATEGORY DESCRIPTION	June through August 2025	PREV RANK	September through November 2025	CURR RANK	PERC CHANGE
ANTIDEPRESSANTS	2,502	1	2,356	1	-5.8%
ANTICONVULSANTS	1,616	2	1,529	2	-5.4%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	1,399	3	1,429	3	2.1%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	1,070	6	1,174	4	9.7%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	1,113	4	1,083	5	-2.7%
ANTIDIABETICS	1,074	5	1,081	6	0.7%
ANTIHYPERTENSIVES	1,035	7	1,048	7	1.3%
ANTIANXIETY AGENTS	995	8	984	8	-1.1%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	964	9	919	9	-4.7%
ANTIHISTAMINES	605	10	603	10	-0.3%
ANALGESICS - OPIOID	562	12	563	11	0.2%
DERMATOLOGICALS	571	11	503	12	-11.9%
ANTIHYPERLIPIDEMICS	508	14	502	13	-1.2%
ANALGESICS - ANTI-INFLAMMATORY	510	13	494	14	-3.1%
PENICILLINS	307	22	442	15	44.0%
BETA BLOCKERS	390	16	383	16	-1.8%
MUSCULOSKELETAL THERAPY AGENTS	403	15	370	17	-8.2%
CORTICOSTEROIDS	304	23	361	18	18.8%
DIURETICS	346	18	358	19	3.5%
LAXATIVES	316	21	346	20	9.5%

### TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	June through August 2025	PREVIOUS RANK	September through November 2025	RANK	PERCENT CHANGE
OZEMPIC	\$156,679.05	2	\$154,969.87	1	-1.09%
HUMIRA PEN	\$106,330.30	3	\$131,323.12	2	23.50%
VRAYLAR	\$97,255.71	4	\$87,587.16	3	-9.94%
EVRYSDI	\$216,143.30	1	\$81,849.21	4	-62.13%
DUPIXENT	\$69,496.14	8	\$79,399.50	5	14.25%
BIKTARVY	\$96,409.84	5	\$68,367.97	6	-29.09%
JARDIANCE	\$65,695.44	9	\$63,435.54	7	-3.44%
COSENTYX UNOREADY	\$31,156.68	19	\$47,650.77	8	52.94%
ENBREL SURECLICK	\$47,538.42	13	\$47,551.38	9	0.03%
REXULTI	\$33,248.46	18	\$30,612.41	10	-7.93%
KISQALI	\$53,523.02	12	\$30,581.56	11	-42.86%
HIZENTRA		999	\$28,962.52	12	%
ARISTADA	\$26,531.91	23	\$28,146.69	13	6.09%
KESIMPTA	\$37,090.78	15	\$28,071.10	14	-24.32%
ALBUTEROL SULFATE HFA	\$25,898.26	24	\$27,495.73	15	6.17%
VYVANSE	\$33,946.10	16	\$27,439.27	16	-19.17%
INVEGA SUSTENNA	\$20,380.75	33	\$27,112.01	17	33.03%
MOUNJARO	\$14,587.31	49	\$24,660.48	18	69.05%
TRIKAFTA	\$23,567.89	25	\$24,186.67	19	2.63%
ELIQUIS	\$21,222.98	30	\$24,172.28	20	13.90%
JORNAY PM	\$17,123.15	43	\$21,581.50	21	26.04%
SKYRIZI PEN	\$64,449.36	10	\$21,483.12	22	-66.67%
INVEGA HAFYERA		999	\$21,424.53	23	%
CETIRIZINE HYDROCHLORIDE	\$18,515.56	40	\$21,036.31	24	13.61%
METHYLPHENIDATE HYDROCHLO	\$14,928.45	48	\$20,342.33	25	36.27%
ESCITALOPRAM OXALATE	\$23,494.41	26	\$20,341.51	26	-13.42%
KOSELUGO	\$14,508.50	51	\$20,318.28	27	40.04%

### TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	June through August 2025	PREVIOUS RANK	September through November 2025	RANK	PERCENT CHANGE
IBUPROFEN	\$19,347.23	36	\$20,045.82	28	3.61%
LISINAPRIL	\$22,859.04	28	\$19,732.49	29	-13.68%
TRULICITY	\$21,900.83	29	\$19,299.33	30	-11.88%
LANTUS SOLOSTAR	\$10,532.08	67	\$18,781.55	31	78.33%
REVLIMID		999	\$18,733.20	32	%
ENTRESTO	\$17,784.72	42	\$18,305.84	33	2.93%
CREON	\$17,902.38	41	\$18,020.45	34	0.66%
TRAZODONE HYDROCHLORIDE	\$12,690.37	56	\$17,381.58	35	36.97%
ONDANSETRON ODT	\$6,931.46	110	\$17,357.80	36	150.42%
LYBALVI	\$16,723.83	45	\$16,976.05	37	1.51%
INGREZZA	\$40,653.73	14	\$16,706.93	38	-58.90%
ROSUVASTATIN CALCIUM	\$20,219.11	34	\$16,181.08	39	-19.97%
ONFI	\$26,857.46	22	\$16,105.55	40	-40.03%
FARXIGA	\$13,585.36	53	\$15,940.10	41	17.33%
ATORVASTATIN CALCIUM	\$9,813.33	69	\$15,454.48	42	57.48%
FT LICE KILLING MAXIMUM S	\$4,806.00	139	\$15,219.00	43	216.67%
EPIDIOLEX	\$27,594.91	21	\$15,169.94	44	-45.03%
DESCOVY	\$7,413.61	102	\$15,124.08	45	104.00%
SYMBICORT	\$13,899.21	52	\$14,922.36	46	7.36%
OMEPRAZOLE	\$12,589.16	57	\$14,593.56	47	15.92%
TREMFYA	\$14,577.07	50	\$14,577.07	48	0.00%
APTIOX	\$16,866.30	44	\$14,518.95	49	-13.92%
LISDEXAMFETAMINE DIMESYLA	\$9,040.23	78	\$14,159.29	50	56.63%
TALTZ	\$21,105.19	31	\$14,088.42	51	-33.25%
WESTAB PLUS	\$12,470.76	58	\$13,881.03	52	11.31%
HUMIRA PEN-PS/UV STARTER		999	\$13,855.90	53	%
CEPHALEXIN	\$15,587.60	46	\$13,753.78	54	-11.76%

### TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	June through August 2025	PREVIOUS RANK	September through November 2025	RANK	PERCENT CHANGE
NURTEC	\$11,898.06	61	\$13,487.39	55	13.36%
PANTOPRAZOLE SODIUM	\$18,950.81	38	\$13,348.64	56	-29.56%
CABOMETYX		999	\$13,161.22	57	%
NORDITROPIN FLEXP	\$19,232.52	37	\$13,141.04	58	-31.67%
AMLODIPINE BESYLATE	\$18,566.74	39	\$13,002.94	59	-29.97%
AMOXICILLIN	\$15,172.87	47	\$12,959.51	60	-14.59%
GABAPENTIN	\$8,216.87	88	\$12,824.43	61	56.07%
AGAMREE		999	\$12,709.46	62	%
GENVOYA	\$8,229.78	87	\$12,344.67	63	50.00%
NUCALA	\$11,504.34	65	\$12,342.33	64	7.28%
AMPHETAMINE/DEXTROAMPHETA	\$11,879.18	62	\$12,311.43	65	3.64%
HYDROCODONE BITARTRATE/AC	\$7,440.91	101	\$12,306.46	66	65.39%
CAPLYTA	\$3,645.24	168	\$11,763.35	67	222.70%
ABILIFY MAINTENA	\$7,966.10	92	\$11,625.03	68	45.93%
BANZEL	\$3,693.70	166	\$11,424.33	69	209.29%
AMOXICILLIN/CLAVULANATE P	\$9,495.48	73	\$11,405.14	70	20.11%
NAYZILAM	\$7,565.44	97	\$10,898.98	71	44.06%
BUPROPION HYDROCHLORIDE E	\$8,691.53	80	\$10,848.48	72	24.82%
UZEDY	\$6,598.39	116	\$10,559.45	73	60.03%
LINZESS	\$7,374.65	105	\$10,427.17	74	41.39%
QELBREE	\$9,191.02	77	\$10,396.13	75	13.11%
MONTELUKAST SODIUM	\$11,799.86	64	\$10,373.60	76	-12.09%
AJOVY	\$11,836.50	63	\$10,353.30	77	-12.53%
INVEGA TRINZA	\$10,319.92	68	\$10,319.92	78	0.00%
BENLYSTA		999	\$9,996.82	79	%
EMGALITY	\$8,516.89	83	\$9,795.28	80	15.01%
ALPRAZOLAM	\$8,103.36	89	\$9,768.68	81	20.55%

### TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	June through August 2025	PREVIOUS RANK	September through November 2025	RANK	PERCENT CHANGE
ABILIFY ASIMTUFI	\$11,037.60	66	\$9,672.97	82	-12.36%
HYDROXYZINE HYDROCHLORIDE	\$8,231.51	86	\$9,517.02	83	15.62%
FLUTICASONE PROPIONATE	\$9,806.09	70	\$9,502.40	84	-3.10%
ACETAMINOPHEN	\$8,678.24	81	\$9,501.21	85	9.48%
TEZSPIRE	\$9,369.60	74	\$9,369.60	86	0.00%
TRAMADOL HYDROCHLORIDE	\$8,051.48	90	\$8,973.42	87	11.45%
CLONIDINE HYDROCHLORIDE	\$6,428.27	117	\$8,941.28	88	39.09%
TRELEGY ELLIPTA	\$6,811.03	111	\$8,430.62	89	23.78%
TRINTELLIX	\$12,052.58	60	\$8,416.18	90	-30.17%
PREDNISONE	\$9,699.55	72	\$8,377.55	91	-13.63%
HYFTOR	\$4,050.63	157	\$8,101.26	92	100.00%
CONCERTA	\$7,464.65	100	\$8,013.05	93	7.35%
FLUOXETINE HYDROCHLORIDE	\$7,406.38	103	\$7,927.14	94	7.03%
FASENRA PEN	\$3,924.09	160	\$7,849.71	95	100.04%
MUPIROCIN	\$3,144.46	194	\$7,801.95	96	148.12%
CYCLOBENZAPRINE HYDROCHLO	\$6,180.73	121	\$7,756.23	97	25.49%
PULMOZYME	\$100.00	580	\$7,751.61	98	7,651.61%
METOPROLOL SUCCINATE ER	\$5,284.10	130	\$7,677.32	99	45.29%
HYDROXYZINE PAMOATE	\$4,304.22	148	\$7,594.40	100	76.44%

### TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	June through August 2025	PREVIOUS RANK	September through November 2025	RANK	PERCENT CHANGE
ALBUTEROL SULFATE HFA	366	3	424	1	15.85%
TRAZODONE HYDROCHLORIDE	402	1	401	2	-0.25%
METHYLPHENIDATE HYDROCHLO	335	6	367	3	9.55%
GABAPENTIN	359	4	350	4	-2.51%
ESCITALOPRAM OXALATE	340	5	339	5	-0.29%
CLONIDINE HYDROCHLORIDE	306	10	325	6	6.21%
FLUOXETINE HYDROCHLORIDE	372	2	319	7	-14.25%
CETIRIZINE HYDROCHLORIDE	303	11	309	8	1.98%
ATORVASTATIN CALCIUM	291	13	304	9	4.47%
AMPHETAMINE/DEXTROAMPHETA	291	12	302	10	3.78%
LEVOTHYROXINE SODIUM	334	7	290	11	-13.17%
HYDROXYZINE HYDROCHLORIDE	277	14	284	12	2.53%
QUETIAPINE FUMARATE	241	16	260	13	7.88%
SERTRALINE HYDROCHLORIDE	318	9	259	14	-18.55%
BUPROPION HYDROCHLORIDE E	250	15	231	15	-7.60%
AMOXICILLIN	166	36	230	16	38.55%
MONTELUKAST SODIUM	223	18	227	17	1.79%
ARIPIRAZOLE	219	20	226	18	3.20%
LISINOPRIL	221	19	218	19	-1.36%
BUSPIRONE HYDROCHLORIDE	226	17	217	20	-3.98%
FLUTICASONE PROPIONATE	181	30	217	21	19.89%
PREDNISONE	186	26	211	22	13.44%
PANTOPRAZOLE SODIUM	203	23	209	23	2.96%
ONDANSETRON ODT	177	32	194	24	9.60%
AMLODIPINE BESYLATE	194	24	190	25	-2.06%
OZEMPIC	191	25	189	26	-1.05%
AMOXICILLIN/CLAVULANATE P	120	47	189	27	57.50%

### TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	June through August 2025	PREVIOUS RANK	September through November 2025	RANK	PERCENT CHANGE
HYDROCODONE BITARTRATE/AC	168	35	188	28	11.90%
RISPERIDONE	208	22	182	29	-12.50%
OMEPRAZOLE	214	21	177	30	-17.29%
OMEPRAZOLE DR	159	38	176	31	10.69%
LEVETIRACETAM	183	29	176	32	-3.83%
GUANFACINE HYDROCHLORIDE	333	8	175	33	-47.45%
DULOXETINE HYDROCHLORIDE	184	28	171	34	-7.07%
LAMOTRIGINE	185	27	168	35	-9.19%
IBUPROFEN	177	33	166	36	-6.21%
FAMOTIDINE	179	31	163	37	-8.94%
HYDROXYZINE PAMOATE	146	41	157	38	7.53%
CEPHALEXIN	177	34	157	39	-11.30%
CYCLOBENZAPRINE HYDROCHLO	162	37	155	40	-4.32%
TOPIRAMATE	140	42	155	41	10.71%
METFORMIN HYDROCHLORIDE	150	40	151	42	0.67%
AZITHROMYCIN	93	68	150	43	61.29%
LANTUS SOLOSTAR	111	53	139	44	25.23%
OXYCODONE HYDROCHLORIDE	159	39	132	45	-16.98%
LISDEXAMFETAMINE DIMESYLA	110	54	131	46	19.09%
GUANFACINE HYDROCHLORIDE	333	8	128	47	-61.56%
LOSARTAN POTASSIUM	124	44	127	48	2.42%
ASPIRIN LOW DOSE	122	45	123	49	0.82%
JARDIANCE	121	46	122	50	0.83%
FEROSUL	100	62	119	51	19.00%
SERTRALINE HCL	116	49	116	52	0.00%
VENLAFAXINE HYDROCHLORIDE	115	52	111	53	-3.48%
PROPRANOLOL HYDROCHLORIDE	116	50	109	54	-6.03%

### TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	June through August 2025	PREVIOUS RANK	September through November 2025	RANK	PERCENT CHANGE
PREGABALIN	96	66	109	55	13.54%
PRAZOSIN HYDROCHLORIDE	97	65	108	56	11.34%
METOPROLOL SUCCINATE ER	106	59	108	57	1.89%
METFORMIN HYDROCHLORIDE E	134	43	105	58	-21.64%
MIRTAZAPINE	95	67	104	59	9.47%
BACLOFEN	115	51	103	60	-10.43%
ROSUVASTATIN CALCIUM	109	55	102	61	-6.42%
FLUCONAZOLE	84	79	101	62	20.24%
TRAMADOL HYDROCHLORIDE	91	74	101	63	10.99%
LORATADINE	106	58	101	64	-4.72%
TRIAMCINOLONE ACETONIDE	107	57	100	65	-6.54%
ALPRAZOLAM	91	73	98	66	7.69%
SPIRONOLACTONE	91	72	98	67	7.69%
FUROSEMIDE	104	60	98	68	-5.77%
POLYETHYLENE GLYCOL 3350	84	78	97	69	15.48%
METRONIDAZOLE	109	56	96	70	-11.93%
MELOXICAM	102	61	95	71	-6.86%
SULFAMETHOXAZOLE/TRIMETHO	85	77	94	72	10.59%
LORAZEPAM	92	70	91	73	-1.09%
HYDROCHLOROTHIAZIDE	92	71	88	74	-4.35%
CLONAZEPAM	118	48	84	75	-28.81%
ALBUTEROL SULFATE	81	81	83	76	2.47%
DOXYCYCLINE MONOHYDRATE	93	69	80	77	-13.98%
SYMBICORT	77	82	78	78	1.30%
OLANZAPINE	97	64	77	79	-20.62%
DEXMETHYLPHENIDATE HYDROC	99	63	75	80	-24.24%
ALLERGY RELIEF	54	99	74	81	37.04%

### TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	June through August 2025	PREVIOUS RANK	September through November 2025	RANK	PERCENT CHANGE
ACETAMINOPHEN	72	85	74	82	2.78%
NALTREXONE HYDROCHLORIDE	72	84	74	83	2.78%
CEFDINIR	48	114	73	84	52.08%
ONDANSETRON HYDROCHLORIDE	63	88	71	85	12.70%
GLYCOPYRROLATE	76	83	71	86	-6.58%
ZOLPIDEM TARTRATE	83	80	71	87	-14.46%
ATOMOXETINE	50	110	69	88	38.00%
VYVANSE	90	75	68	89	-24.44%
DESVENLAFAXINE ER	55	95	66	90	20.00%
ACETAMINOPHEN EXTRA STREN	52	105	65	91	25.00%
CARVEDILOL	62	89	64	92	3.23%
AMITRIPTYLINE HYDROCHLORI	49	111	61	93	24.49%
NITROFURANTOIN MONOHYDRAT	53	103	60	94	13.21%
VRAYLAR	71	86	60	95	-15.49%
MUPIROCIN	66	87	57	96	-13.64%
JORNAY PM	48	113	57	97	18.75%
PEG 3350	48	115	55	98	14.58%
BENZTROPINE MESYLATE	53	101	55	99	3.77%
METOPROLOL TARTRATE	58	91	55	100	-5.17%



**Iowa Total Care Claims  
Quarterly Statistics**



REPORT_DATE	Jun 2025 through Aug 2025	Sep 2025 through Nov 2025	% CHANGE
TOTAL PAID AMOUNT	\$83,584,286.24	\$84,792,385.56	1.45%
UNIQUE USERS	88,443	92,395	4.47%
COST PER USER	\$945.06	\$917.72	-2.89%
TOTAL PRESCRIPTIONS	632,243	634,340	0.33%
AVERAGE PRESCRIPTION PER USER	7.15	6.87	-3.96%
AVERAGE COST PER PRESCRIPTION	\$132.20	\$133.67	1.11%
# GENERIC PRESCRIPTIONS	565,982	568,639	0.47%
% GENERIC	90.00%	90.00%	0.14%
\$ GENERIC	\$10,560,732.06	\$10,641,144.73	0.76%
AVERAGE GENERIC PRESCRIPTION COST	\$18.66	\$18.71	0.29%
AVERAGE GENERIC DAYS SUPPLY	29	29	0.28%
# BRAND PRESCRIPTIONS	65,254	64,671	-0.89%
% BRAND	10.00%	10.00%	-1.26%
\$ BRAND	\$72,999,942.26	\$74,125,929.00	1.54%
AVERAGE BRAND PRESCRIPTION COST	\$1,118.70	\$1,146.20	2.46%
AVERAGE BRAND DAYS SUPPLY	29	29	0.32%

### UTILIZATION BY AGE

AGE		Jun 2025 through Aug 2025	Sep 2025 through Nov 2025
0-6		27,960	33,142
7-12		44,065	48,747
13-18		57,289	61,455
19-64		493,386	484,035
65+		6,063	6,048

### UTILIZATION BY GENDER AND AGE

GENDER	AGE		Jun 2025 through Aug 2025	Sep 2025 through Nov 2025
F	0-6		12,251	14,475
	7-12		17,223	19,163
	13-18		30,466	32,588
	19-64		316,918	312,783
	65+		3,763	3,724
M	0-6		15,709	18,667
	7-12		26,842	29,584
	13-18		26,823	28,867
	19-64		176,468	171,252
	65+		2,300	2,324

**TOP 100 PHARMACIES BY PRESCRIPTION COUNT**  
**202509 - 202511**

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
1	U OF I HOSPITALS & CLINICS AMBULATORY CARE PHARM	IOWA CITY	IA	10,377	\$6,456,426.93	\$622.19	1
2	RIGHT DOSE PHARMACY	ANKENY	IA	5,740	\$267,293.00	\$46.57	2
3	WALGREENS #4405	COUNCIL BLUFFS	IA	5,108	\$376,537.28	\$73.72	3
4	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	4,776	\$386,114.52	\$80.84	4
5	WALGREENS #5042	CEDAR RAPIDS	IA	4,243	\$287,745.48	\$67.82	5
6	DRILLING PHARMACY	SIOUX CITY	IA	4,103	\$260,227.56	\$63.42	6
7	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	3,949	\$371,561.13	\$94.09	9
8	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	3,789	\$294,636.88	\$77.76	8
9	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	3,752	\$376,728.13	\$100.41	13
10	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	3,722	\$173,464.71	\$46.61	10
11	WALGREENS #5239	DAVENPORT	IA	3,508	\$207,183.34	\$59.06	7
12	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	3,437	\$259,410.62	\$75.48	12
13	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	3,401	\$291,510.16	\$85.71	11
14	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	3,225	\$256,804.25	\$79.63	15
15	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	3,208	\$208,520.35	\$65.00	14
16	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,024	\$302,146.99	\$99.92	17
17	WALGREENS #15647	SIOUX CITY	IA	2,934	\$185,068.62	\$63.08	21
18	WAGNER PHARMACY	CLINTON	IA	2,849	\$223,078.35	\$78.30	22
19	HY-VEE PHARMACY (1192)	FT DODGE	IA	2,826	\$224,859.69	\$79.57	19
20	NUCARA LTC PHARMACY #3	IOWA CITY	IA	2,807	\$103,591.33	\$36.90	18
21	HY-VEE PHARMACY (1449)	NEWTON	IA	2,697	\$227,357.33	\$84.30	31
22	WALGREENS #7455	WATERLOO	IA	2,693	\$182,952.49	\$67.94	20
23	WALMART PHARMACY 10-0559	MUSCATINE	IA	2,675	\$271,761.82	\$101.59	23
24	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	2,658	\$192,785.77	\$72.53	24
25	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	2,607	\$220,654.08	\$84.64	36
26	NELSON FAMILY PHARMACY	FORT MADISON	IA	2,602	\$174,046.28	\$66.89	27
27	HY-VEE PHARMACY (1075)	CLINTON	IA	2,593	\$195,422.46	\$75.37	32
28	WALGREENS #5721	DES MOINES	IA	2,584	\$185,107.76	\$71.64	16
29	MAHASKA DRUGS INC	OSKALOOSA	IA	2,544	\$197,627.72	\$77.68	33
30	COMMUNITY HEALTH CARE PHARMACY	DAVENPORT	IA	2,520	\$125,956.45	\$49.98	26
31	CVS PHARMACY #10282	FORT DODGE	IA	2,494	\$116,250.81	\$46.61	37

**TOP 100 PHARMACIES BY PRESCRIPTION COUNT**  
**202509 - 202511**

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
32	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	2,484	\$223,862.87	\$90.12	28
33	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	2,472	\$113,724.14	\$46.00	55
34	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	2,462	\$287,760.54	\$116.88	38
35	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,424	\$214,096.54	\$88.32	34
36	SOUTH SIDE DRUG	OTTUMWA	IA	2,418	\$178,530.44	\$73.83	35
37	MEDICAP PHARMACY LTC	INDIANOLA	IA	2,414	\$83,958.27	\$34.78	29
38	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,411	\$171,713.97	\$71.22	41
39	WALGREENS #359	DES MOINES	IA	2,384	\$169,369.88	\$71.04	30
40	WALGREENS #7453	DES MOINES	IA	2,372	\$198,633.25	\$83.74	25
41	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	2,363	\$201,402.71	\$85.23	39
42	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,324	\$154,697.09	\$66.57	40
43	HY-VEE PHARMACY (1396)	MARION	IA	2,322	\$202,598.66	\$87.25	45
44	WALGREENS #3700	COUNCIL BLUFFS	IA	2,322	\$129,216.48	\$55.65	43
45	WALMART PHARMACY 10-2889	CLINTON	IA	2,297	\$175,658.87	\$76.47	47
46	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	2,288	\$133,572.05	\$58.38	72
47	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	2,284	\$199,848.99	\$87.50	57
48	CVS PHARMACY #08544	WATERLOO	IA	2,243	\$202,863.25	\$90.44	60
49	EXACTCARE	VALLEY VIEW	OH	2,234	\$197,282.63	\$88.31	62
50	HY-VEE PHARMACY (1530)	PLEASANT HILL	IA	2,215	\$170,242.94	\$76.86	48
51	UI HEALTHCARE - IOWA RIVER LANDING PHARMACY	CORALVILLE	IA	2,203	\$112,376.05	\$51.01	50
52	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,189	\$183,298.90	\$83.74	44
53	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,187	\$187,084.27	\$85.54	46
54	HY-VEE PHARMACY #5 (1061)	CEDAR RAPIDS	IA	2,171	\$162,631.19	\$74.91	52
55	WALMART PHARMACY 10-1509	MAQUOKETA	IA	2,168	\$145,687.69	\$67.20	49
56	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,158	\$235,998.28	\$109.36	64
57	WALGREENS #4041	DAVENPORT	IA	2,133	\$134,682.50	\$63.14	42
58	LEWIS FAMILY DRUG #28	ONAWA	IA	2,132	\$214,680.56	\$100.69	54
59	WALMART PHARMACY 10-0985	FAIRFIELD	IA	2,119	\$156,616.58	\$73.91	58
60	HY-VEE PHARMACY (1522)	PERRY	IA	2,099	\$157,790.65	\$75.17	65
61	TOWNCREST LTC	IOWA CITY	IA	2,058	\$110,666.22	\$53.77	56
62	WALMART PHARMACY 10-3590	SIOUX CITY	IA	2,028	\$181,053.38	\$89.28	67

**TOP 100 PHARMACIES BY PRESCRIPTION COUNT**  
**202509 - 202511**

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
63	CVS PHARMACY #08658	DAVENPORT	IA	2,016	\$154,298.72	\$76.54	61
64	SCOTT PHARMACY	FAYETTE	IA	2,000	\$154,022.03	\$77.01	51
65	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	1,997	\$130,906.78	\$65.55	53
66	UNION PHARMACY	COUNCIL BLUFFS	IA	1,980	\$138,321.27	\$69.86	69
67	WALMART PHARMACY 10-5115	DAVENPORT	IA	1,960	\$143,027.60	\$72.97	77
68	MAIN AT LOCUST PHARMACY AND MEDICAL SUPPLY	DAVENPORT	IA	1,932	\$169,534.19	\$87.75	82
69	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	1,916	\$147,865.25	\$77.17	81
70	PREFERRED CARE PHARMACY	CEDAR RAPIDS	IA	1,905	\$120,151.59	\$63.07	63
71	WALGREENS #4714	DES MOINES	IA	1,892	\$147,661.50	\$78.05	87
72	MEDICAP PHARMACY	CRESTON	IA	1,885	\$110,627.56	\$58.69	70
73	LAGRANGE PHARMACY	VINTON	IA	1,883	\$133,004.71	\$70.63	93
74	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	1,866	\$354,499.04	\$189.98	59
75	HY-VEE PHARMACY (1180)	FAIRFIELD	IA	1,866	\$178,375.91	\$95.59	66
76	WALMART PHARMACY 10-1393	OSKALOOSA	IA	1,856	\$177,044.71	\$95.39	88
77	DANIEL PHARMACY	FT DODGE	IA	1,841	\$131,421.38	\$71.39	75
78	WALMART PHARMACY 10-0646	ANAMOSA	IA	1,840	\$152,157.60	\$82.69	90
79	HY-VEE PHARMACY (1011)	ALTOONA	IA	1,833	\$131,791.44	\$71.90	85
80	HY-VEE PHARMACY (1241)	HARLAN	IA	1,829	\$197,607.29	\$108.04	76
81	WALGREENS #7454	ANKENY	IA	1,821	\$114,688.47	\$62.98	73
82	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	1,816	\$151,613.79	\$83.49	86
83	WALGREENS #5470	SIOUX CITY	IA	1,815	\$133,414.96	\$73.51	74
84	MERCYONE WATERLOO PHARMACY	WATERLOO	IA	1,813	\$186,211.98	\$102.71	102
85	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	1,810	\$114,993.56	\$63.53	80
86	INFOCUS PHARMACY SERVICES LLC	DUBUQUE	IA	1,805	\$100,986.85	\$55.95	83
87	WALMART PHARMACY 10-0797	WEST BURLINGTON	IA	1,791	\$115,443.03	\$64.46	103
88	HY-VEE PHARMACY (1382)	LEMARS	IA	1,787	\$148,676.39	\$83.20	78
89	HY-VEE PHARMACY (1895)	WINDSOR HEIGHTS	IA	1,765	\$112,519.89	\$63.75	101
90	THOMPSON DEAN DRUG	SIOUX CITY	IA	1,732	\$124,560.08	\$71.92	92
91	WALGREENS #3875	CEDAR RAPIDS	IA	1,727	\$147,043.67	\$85.14	97
92	HY-VEE PHARMACY (1324)	KEOKUK	IA	1,721	\$124,418.42	\$72.29	100
93	WALMART PHARMACY 10-1431	KEOKUK	IA	1,717	\$111,863.23	\$65.15	91

**TOP 100 PHARMACIES BY PRESCRIPTION COUNT**  
**202509 - 202511**

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
94	WALGREENS #10855	WATERLOO	IA	1,704	\$115,330.43	\$67.68	71
95	HY-VEE PHARMACY (1022)	ANKENY	IA	1,703	\$128,737.84	\$75.59	98
96	HY-VEE PHARMACY #1 (1013)	AMES	IA	1,699	\$112,449.54	\$66.19	107
97	CR CARE PHARMACY	CEDAR RAPIDS	IA	1,694	\$446,243.04	\$263.43	68
98	WALMART PHARMACY 10-3394	ATLANTIC	IA	1,690	\$112,425.51	\$66.52	99
99	WALMART PHARMACY 10-1723	DES MOINES	IA	1,681	\$139,417.94	\$82.94	89
100	WALGREENS #11942	DUBUQUE	IA	1,681	\$122,465.21	\$72.85	84

**TOP 100 PHARMACIES BY PAID AMOUNT**  
**202509 - 202511**

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	U OF I HOSPITALS & CLINICS AMBULATORY CARE PHARM	IOWA CITY	IA	10,377	\$6,456,426.93	\$3,096.61	1
2	WALGREENS SPECIALTY PHARMACY #16528	DES MOINES	IA	703	\$3,619,027.98	\$14,304.46	2
3	CAREMARK KANSAS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	LENEXA	KS	402	\$3,456,412.56	\$21,204.99	3
4	PANTHERX SPECIALTY PHARMACY	CORAOPOLIS	PA	76	\$2,407,881.99	\$92,610.85	6
5	UNITYPOINT AT HOME	URBANDALE	IA	612	\$2,152,435.30	\$9,609.09	4
6	ACCREDITO HEALTH GROUP INC	MEMPHIS	TN	172	\$1,982,120.51	\$27,529.45	5
7	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	1,147	\$1,241,154.34	\$8,929.17	7
8	ACARIAHEALTH PHARMACY #11	HOUSTON	TX	145	\$1,076,647.39	\$14,953.44	8
9	CVS/SPECIALTY	MONROEVILLE	PA	142	\$1,015,053.33	\$19,903.01	9
10	OPTUM PHARMACY 702, LLC	JEFFERSONVILLE	IN	97	\$821,862.98	\$20,546.57	14
11	WALGREENS SPECIALTY PHARMACY #21250	IOWA CITY	IA	209	\$795,852.65	\$7,879.73	11
12	AMBER PHARMACY	OMAHA	NE	125	\$728,622.29	\$14,572.45	10
13	CVS PHARMACY #00102	AURORA	CO	64	\$616,505.19	\$22,018.04	12
14	ACCREDITO HEALTH GROUP INC	WARRENDALE	PA	39	\$584,766.23	\$58,476.62	13
15	WALGREENS SPECIALTY PHARMACY #16270	OMAHA	NE	44	\$581,259.75	\$26,420.90	16
16	THE NEBRASKA MED CENTER CLINIC PHCY	OMAHA	NE	797	\$554,656.68	\$3,961.83	17
17	WALGREENS SPECIALTY PHARMACY #16280	FRISCO	TX	27	\$534,523.89	\$89,087.32	23
18	BIOLOGICS BY MCKESSON	FORT WORTH	TX	21	\$480,039.40	\$68,577.06	21
19	ANOVORX GROUP, LLC	MEMPHIS	TN	36	\$458,409.80	\$32,743.56	31
20	CR CARE PHARMACY	CEDAR RAPIDS	IA	1,694	\$446,243.04	\$2,789.02	18
21	PARAGON PARTNERS	OMAHA	NE	974	\$446,062.72	\$4,646.49	19
22	CHILDRENS HOME HEALTHCARE	OMAHA	NE	40	\$425,939.50	\$53,242.44	152
23	ALLEN CLINIC PHARMACY	WATERLOO	IA	966	\$416,627.94	\$1,285.89	24
24	EXPRESS SCRIPTS SPECIALTY DIST SVCS	SAINT LOUIS	MO	24	\$411,841.66	\$41,184.17	39
25	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	4,776	\$386,114.52	\$519.67	38
26	MERCYONE GENESIS FIRSTMED SPECIALTY PHARMACY	DAVENPORT	IA	475	\$381,623.17	\$2,668.69	15
27	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	3,752	\$376,728.13	\$1,121.21	28
28	WALGREENS #4405	COUNCIL BLUFFS	IA	5,108	\$376,537.28	\$350.27	29
29	EVERSANA LIFE SCIENCE SERVICES, LLC	CHESTERFIELD	MO	9	\$374,856.27	\$124,952.09	40
30	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	3,949	\$371,561.13	\$624.47	30
31	HY-VEE PHARMACY SOLUTIONS	OMAHA	NE	48	\$359,890.99	\$19,993.94	26
32	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	1,866	\$354,499.04	\$1,781.40	22
33	GENOA HEALTHCARE, LLC	DAVENPORT	IA	1,521	\$347,898.53	\$2,288.81	27

**TOP 100 PHARMACIES BY PAID AMOUNT**  
**202509 - 202511**

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
34	ORSINI PHARMACEUTICAL SERVICES INC	ELK GROVE VILLAGE	IL	22	\$341,257.73	\$37,917.53	53
35	UI HEALTH CARE DES MOINES PHARMACY	DES MOINES	IA	27	\$330,301.40	\$25,407.80	25
36	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,024	\$302,146.99	\$977.82	36
37	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	3,789	\$294,636.88	\$419.11	41
38	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	3,401	\$291,510.16	\$536.85	37
39	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	2,462	\$287,760.54	\$2,213.54	32
40	WALGREENS #5042	CEDAR RAPIDS	IA	4,243	\$287,745.48	\$293.62	33
41	WALMART PHARMACY 10-0559	MUSCATINE	IA	2,675	\$271,761.82	\$627.63	35
42	RIGHT DOSE PHARMACY	ANKENY	IA	5,740	\$267,293.00	\$637.93	42
43	ONCO360	LOUISVILLE	KY	19	\$266,315.87	\$29,590.65	62
44	DRILLING PHARMACY	SIOUX CITY	IA	4,103	\$260,227.56	\$739.28	44
45	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	3,437	\$259,410.62	\$519.86	43
46	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	3,225	\$256,804.25	\$529.49	47
47	AVERA SPECIALTY PHARMACY	SIOUX FALLS	SD	84	\$237,936.83	\$7,435.53	59
48	ACCREDITO HEALTH GROUP, INC.	WHITESTOWN	IN	37	\$236,586.17	\$13,143.68	46
49	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,158	\$235,998.28	\$883.89	67
50	CAREMARK ILLINOIS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	MT PROSPECT	IL	40	\$232,325.96	\$14,520.37	64
51	ARJ INFUSION SERVICES, LLC	CEDAR RAPIDS	IA	21	\$229,221.94	\$114,610.97	90
52	HY-VEE PHARMACY (1449)	NEWTON	IA	2,697	\$227,357.33	\$512.07	51
53	HY-VEE PHARMACY (1192)	FT DODGE	IA	2,826	\$224,859.69	\$575.09	56
54	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	2,484	\$223,862.87	\$606.67	54
55	WAGNER PHARMACY	CLINTON	IA	2,849	\$223,078.35	\$788.26	60
56	OPTUM INFUSION SERVICES 550, LLC.	URBANDALE	IA	74	\$222,665.73	\$20,242.34	66
57	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	2,607	\$220,654.08	\$473.51	52
58	LEWIS FAMILY DRUG #28	ONAWA	IA	2,132	\$214,680.56	\$848.54	85
59	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,424	\$214,096.54	\$584.96	80
60	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	3,208	\$208,520.35	\$459.30	63
61	GENOA HEALTHCARE, LLC	MARSHALLTOWN	IA	1,022	\$207,952.44	\$2,418.05	61
62	WALGREENS #5239	DAVENPORT	IA	3,508	\$207,183.34	\$242.04	58
63	CVS PHARMACY #08544	WATERLOO	IA	2,243	\$202,863.25	\$409.82	102
64	HY-VEE PHARMACY (1396)	MARION	IA	2,322	\$202,598.66	\$565.92	55
65	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	2,363	\$201,402.71	\$454.63	95
66	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	2,284	\$199,848.99	\$601.95	82

**TOP 100 PHARMACIES BY PAID AMOUNT**  
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RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
67	WALGREENS #7453	DES MOINES	IA	2,372	\$198,633.25	\$334.40	79
68	MAHASKA DRUGS INC	OSKALOOSA	IA	2,544	\$197,627.72	\$537.03	78
69	HY-VEE PHARMACY (1241)	HARLAN	IA	1,829	\$197,607.29	\$586.37	74
70	MEDICAP PHARMACY	NEWTON	IA	1,672	\$197,533.87	\$1,079.42	77
71	EXACTCARE	VALLEY VIEW	OH	2,234	\$197,282.63	\$2,216.66	89
72	HY-VEE PHARMACY (1075)	CLINTON	IA	2,593	\$195,422.46	\$432.35	76
73	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	2,658	\$192,785.77	\$428.41	84
74	GENOA HEALTHCARE, LLC	MASON CITY	IA	846	\$191,476.83	\$1,756.67	110
75	PRIMARY HEALTHCARE PHARMACY	DES MOINES	IA	1,001	\$187,990.78	\$969.02	50
76	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,187	\$187,084.27	\$663.42	68
77	MERCYONE WATERLOO PHARMACY	WATERLOO	IA	1,813	\$186,211.98	\$472.62	73
78	WALGREENS #5721	DES MOINES	IA	2,584	\$185,107.76	\$277.11	48
79	WALGREENS #15647	SIOUX CITY	IA	2,934	\$185,068.62	\$240.04	65
80	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,189	\$183,298.90	\$481.10	75
81	MEDICAP PHARMACY	DES MOINES	IA	1,557	\$183,201.43	\$1,888.67	94
82	WALGREENS #7455	WATERLOO	IA	2,693	\$182,952.49	\$229.84	69
83	WALMART PHARMACY 10-3590	SIOUX CITY	IA	2,028	\$181,053.38	\$449.26	98
84	SOUTH SIDE DRUG	OTTUMWA	IA	2,418	\$178,530.44	\$577.77	97
85	HY-VEE PHARMACY (1180)	FAIRFIELD	IA	1,866	\$178,375.91	\$728.06	72
86	SENDERRA RX PHARMACY	PLANO	TX	27	\$178,248.20	\$12,732.01	49
87	MAXOR SPECIALTY PHARMACY	LUBBOCK	TX	24	\$177,427.32	\$88,713.66	57
88	WALMART PHARMACY 10-1393	OSKALOOSA	IA	1,856	\$177,044.71	\$655.72	101
89	WALMART PHARMACY 10-2889	CLINTON	IA	2,297	\$175,658.87	\$467.18	113
90	NELSON FAMILY PHARMACY	FORT MADISON	IA	2,602	\$174,046.28	\$478.15	93
91	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	3,722	\$173,464.71	\$256.60	88
92	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,411	\$171,713.97	\$511.05	107
93	HY-VEE PHARMACY (1530)	PLEASANT HILL	IA	2,215	\$170,242.94	\$474.21	83
94	MAIN AT LOCUST PHARMACY AND MEDICAL SUPPLY	DAVENPORT	IA	1,932	\$169,534.19	\$1,040.09	139
95	WALGREENS #359	DES MOINES	IA	2,384	\$169,369.88	\$252.79	81
96	CAREMARK LLC, DBA CVS/SPECIALTY	REDLANDS	CA	6	\$167,410.15	\$55,803.38	45
97	HY-VEE PHARMACY #5 (1061)	CEDAR RAPIDS	IA	2,171	\$162,631.19	\$451.75	91
98	JUNE E. NYLEN CANCER CENTER	SIOUX CITY	IA	10	\$162,074.76	\$40,518.69	34
99	WALMART PHARMACY 10-0581	MARSHALLTOWN	IA	1,490	\$160,947.11	\$498.29	136

TOP 100 PHARMACIES BY PAID AMOUNT  
202509 - 202511

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
100	WALMART PHARMACY 10-1496	WATERLOO	IA	1,432	\$159,869.92	\$520.75	87

**TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT**  
**202509 - 202511**

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
1	1982605762	Jeffrey Wilharm	\$73,365.49	1,408	18.77	2
2	1356359871	Rhea Hartley	\$74,172.52	1,126	5.31	1
3	1528365277	Mina Salib	\$224,783.78	1,050	4.95	5
4	1013115369	Bobbita Nag	\$35,858.43	1,001	5.79	3
5	1184056822	Abby Kolthoff	\$434,715.06	957	7.78	8
6	1811419815	Gretchen Wenger	\$81,689.38	941	6.32	6
7	1457584740	Eric Meyer	\$73,870.79	905	5.99	9
8	1730849647	Melanie Parrish	\$30,269.52	889	6.79	7
9	1659358620	Carlos Castillo	\$19,933.88	851	6.86	4
10	1992402655	Shane Eberhardt	\$190,089.57	828	5.91	12
11	1770933046	Shelby Biller	\$61,015.77	781	7.10	10
12	1467907394	Cynthia Coenen	\$109,560.22	769	10.83	13
13	1619153137	Joada Best	\$62,538.69	763	7.48	11
14	1821268335	Jacqueline Mcinnis	\$107,215.79	747	11.67	15
15	1417941188	Debra Neuharth	\$54,028.12	743	6.94	14
16	1801998372	Wendy Hansen-Penman	\$27,890.14	727	8.36	20
17	1538368170	Christopher Matson	\$42,999.60	721	7.92	21
18	1215125216	Rebecca Walding	\$62,780.48	719	7.34	35
19	1306559786	Roy Henry	\$30,513.38	715	7.53	34
20	1902478811	Joan Anderson	\$146,723.18	700	7.53	33
21	1275763047	Rebecca Bowman	\$90,193.34	695	8.69	22
22	1992103386	Melissa Larsen	\$86,038.21	687	7.63	27
23	1477199198	Sajo Thomas	\$118,250.43	684	7.52	17
24	1043434525	Robert Kent	\$39,602.26	675	7.34	19
25	1164538674	Joseph Wanzek	\$86,048.20	671	9.87	29
26	1598183493	Jena Ellerhoff	\$35,387.86	669	9.84	41
27	1609532373	Erin Fox-Hammel	\$42,853.70	661	10.17	18
28	1053630640	Jennifer Donovan	\$102,236.71	654	7.19	28
29	1538149042	Eric Petersen	\$16,312.74	647	6.34	25
30	1649248378	Kathleen Wild	\$17,896.24	643	8.24	40
31	1154815330	Bruce Pehl	\$39,047.59	642	7.21	38
32	1902358443	Melissa Konken	\$106,237.14	634	7.93	42
33	1649763079	Kate Jarvis	\$73,805.20	631	7.70	51

**TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT**  
**202509 - 202511**

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
34	1811960768	Angela Veenstra	\$38,255.34	631	9.71	53
35	1922455096	Dean Guerdet	\$73,452.90	630	6.56	24
36	1689077018	Stacy Roth	\$68,595.70	630	6.12	46
37	1215981758	Lisa Pisney	\$90,259.96	627	6.74	60
38	1467502286	Charles Tilley	\$69,022.98	625	6.94	23
39	1528329398	Erin Rowan	\$44,461.98	625	6.31	36
40	1902912538	Christian Jones	\$36,959.44	616	6.35	48
41	1184395162	Danielle Van Oosbree	\$192,692.69	613	9.29	26
42	1457914657	Seema Antony	\$48,813.12	613	6.59	31
43	1255823506	Nicole Delagardelle	\$106,764.23	610	6.10	54
44	1114681889	Kelsey Bauer	\$54,279.85	598	7.97	47
45	1205393386	Jessica Hudspeth	\$50,705.35	595	8.15	45
46	1720698335	Danika Hansen	\$85,727.06	593	6.24	56
47	1679573893	Patty Hildreth	\$111,098.58	592	7.22	76
48	1265841845	Mary Schwering	\$49,397.18	591	6.35	32
49	1992314108	Lynzee Makowski	\$694,802.37	586	5.58	163
50	1023542271	Flynn Mccullough	\$69,212.85	585	8.13	52
51	1437238110	Genevieve Nelson	\$108,196.45	584	9.27	43
52	1053963900	Nicole McClavy	\$77,475.23	581	6.76	57
53	1245960350	Mary Welborn	\$41,267.00	579	5.17	37
54	1043703887	Tenaea Jeppeson	\$85,161.54	575	7.77	16
55	1477926434	Jackie Shipley	\$31,404.57	572	5.45	44
56	1417241621	Ashley Mathes	\$26,517.74	569	6.12	55
57	1134854128	Dzevida Pandzic	\$49,962.70	557	5.21	30
58	1841220290	Kent Kunze	\$11,194.98	552	7.67	50
59	1801463245	Ann Mojeiko	\$56,805.79	550	5.79	100
60	1942721584	Shawna Fury	\$30,791.23	548	5.27	63
61	1760965032	Melissa Miller	\$20,831.29	545	6.34	78
62	1518569961	Christopher Beasley	\$86,397.71	542	12.32	139
63	1588746515	Amy Badberg	\$30,284.25	541	7.31	66
64	1891306452	Jennifer Tomlin	\$38,894.12	540	6.21	67
65	1821333774	Brittni Benda	\$50,634.99	539	4.65	127
66	1891422606	Emily Clawson	\$43,399.46	538	6.99	39

**TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT**  
**202509 - 202511**

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
67	1992573786	Lashelle Goode	\$26,966.79	533	6.42	71
68	1184657603	Sara Rygol	\$69,614.60	530	6.24	68
69	1750845954	Stephanie Giesler	\$113,591.66	529	8.14	62
70	1851161228	Kala Clark	\$81,257.22	529	8.82	90
71	1144214248	Kristi Walz	\$87,735.69	526	7.74	58
72	1619380680	Tara Brockman	\$34,839.70	524	5.63	158
73	1215581251	Anna Throckmorton	\$33,119.47	522	10.88	84
74	1144588476	Rachel Filzer	\$81,699.53	519	6.25	64
75	1699361949	Nicholas Jensen	\$57,759.96	519	7.52	170
76	1295830115	Alan Bollinger	\$12,223.11	511	8.38	49
77	1356724405	Beth Colon	\$42,068.50	510	4.64	103
78	1871105916	Lacie Theis	\$34,893.64	506	6.93	65
79	1245227099	Donna Dobson Tobin	\$65,375.62	503	8.38	102
80	1942252895	Kimberly Thompson	\$24,764.83	501	3.17	176
81	1043418809	Michael Ciliberto	\$298,514.70	499	8.05	79
82	1154790517	Jamie Schumacher	\$23,326.18	498	8.03	95
83	1306475413	Autumn Anderson	\$38,537.72	487	7.27	433
84	1477045797	Chantal Rozmus	\$65,378.81	484	5.90	98
85	1982030946	Jacklyn Besch	\$33,572.92	482	5.60	59
86	1891146999	Becky Johnson	\$502,495.72	480	6.15	93
87	1902384118	Nichole O'brien	\$58,224.37	479	5.38	74
88	1609946243	Sina Linman	\$20,176.09	478	5.83	135
89	1053398800	Steven Scurr	\$26,632.81	475	6.51	83
90	1831731298	Heather Wilson	\$34,746.87	473	6.76	91
91	1407415128	Sondra Philips	\$22,807.88	473	6.31	92
92	1457667610	Leah Schupp	\$26,598.72	471	7.85	196
93	1922144088	Thomas Hopkins	\$12,766.65	471	5.01	119
94	1467092049	Heidi Pedersen	\$81,177.75	470	8.39	161
95	1336853415	Katherine Lowary	\$31,955.99	469	16.17	109
96	1891707832	Lisa Klock	\$27,154.73	468	4.73	73
97	1134191018	Dustin Smith	\$25,392.58	468	5.51	82
98	1326443342	Sharon Pitt	\$18,055.72	468	7.09	108
99	1912971425	Sherry Adams	\$41,186.03	465	5.74	113

TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT  
202509 - 202511

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
100	1326013426	Paul Peterson	\$18,362.31	465	4.47	118

**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT**  
**202509 - 202511**

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
1	1326034984	Katherine Mathews	69	\$768,482.22	\$11,137.42	1
2	1992314108	Lynzee Makowski	586	\$694,802.37	\$1,185.67	34
3	1780788844	Tammy Wichman	49	\$610,644.80	\$12,462.14	7
4	1316934318	Steven Lentz	39	\$561,463.94	\$14,396.51	5
5	1295091510	Rebecca Weiner	295	\$554,752.03	\$1,880.52	10
6	1326410499	Tara Eastvold	345	\$528,188.42	\$1,530.98	3
7	1942937388	Carly Trausch	422	\$506,048.65	\$1,199.17	8
8	1891146999	Becky Johnson	480	\$502,495.72	\$1,046.87	4
9	1417443953	Rodney Clark	346	\$493,529.34	\$1,426.39	9
10	1184056822	Abby Kolthoff	957	\$434,715.06	\$454.25	11
11	1114214541	Dimah Saade	26	\$409,891.39	\$15,765.05	95
12	1285626390	Kathleen Gradoville	186	\$386,761.44	\$2,079.36	6
13	1013126705	Janice Staber	27	\$375,343.89	\$13,901.63	2
14	1437121407	Linda Cadaret	101	\$344,254.32	\$3,408.46	16
15	1700417169	Courtney Reints	239	\$343,293.72	\$1,436.38	15
16	1215333091	Nadia Naz	206	\$327,982.83	\$1,592.15	35
17	1477761328	Amy Calhoun	45	\$317,333.30	\$7,051.85	12
18	1376777383	Jonathon Hennings	29	\$309,662.55	\$10,678.02	3813
19	1043418809	Michael Ciliberto	499	\$298,514.70	\$598.23	30
20	1033221916	Adrian Letz	74	\$296,129.57	\$4,001.75	52
21	1619382942	Eirene Alexandrou	139	\$294,214.20	\$2,116.65	54
22	1356753859	Katie Lutz	93	\$282,101.40	\$3,033.35	18
23	1861277980	Kathryn Ewoldt	317	\$273,369.35	\$862.36	26
24	1588616171	Heather Thomas	131	\$264,954.55	\$2,022.55	23
25	1477968303	Joseph Larson	219	\$255,033.16	\$1,164.53	19
26	1952539447	Anthony Fischer	135	\$251,328.75	\$1,861.69	21
27	1356577951	Christopher Mulder	43	\$248,926.17	\$5,788.98	29
28	1093162075	Meghan Ryan	105	\$236,716.19	\$2,254.44	36
29	1508281619	Kelly Marine	81	\$231,908.68	\$2,863.07	69
30	1558808501	Jessica Braksiek	32	\$230,250.82	\$7,195.34	32
31	1225263833	Lindsay Orris	63	\$229,898.86	\$3,649.19	74
32	1568097244	Elizabeth Dassow	103	\$229,367.26	\$2,226.87	38
33	1649943689	Jessica Wolfe	132	\$225,966.25	\$1,711.87	33

**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT**  
**202509 - 202511**

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
34	1528365277	Mina Salib	1,050	\$224,783.78	\$214.08	13
35	1609131770	Sreenath Ganganna	252	\$218,793.49	\$868.23	39
36	1861463275	Donald Wender	25	\$210,596.59	\$8,423.86	24
37	1134249832	Steven Craig	80	\$207,103.89	\$2,588.80	51
38	1255658175	Ashley Deschamp	79	\$203,356.72	\$2,574.14	163
39	1730406356	Christina Warren	158	\$199,126.86	\$1,260.30	22
40	1235518507	Adekunle Ajisebutu	18	\$195,438.47	\$10,857.69	339
41	1700561826	Pedro Hsieh	51	\$194,623.63	\$3,816.15	14
42	1780029090	Divya Pati	175	\$194,617.11	\$1,112.10	105
43	1184395162	Danielle Van Oosbree	613	\$192,692.69	\$314.34	46
44	1992402655	Shane Eberhardt	828	\$190,089.57	\$229.58	42
45	1407065469	Christoph Randak	179	\$185,820.16	\$1,038.10	17
46	1417449570	Alex Sieg	26	\$183,055.12	\$7,040.58	55
47	1467449579	Brian Wayson	81	\$182,649.44	\$2,254.93	59
48	1366065047	Brittania Schoon	102	\$178,548.68	\$1,750.48	37
49	1447519038	Erin Richardson	139	\$173,947.54	\$1,251.42	87
50	1437147386	Douglas Hornick	65	\$173,946.60	\$2,676.10	82
51	1134981038	Cassidy Chalupa	92	\$173,549.98	\$1,886.41	50
52	1235792912	Faraaz Zafar	71	\$170,665.69	\$2,403.74	83
53	1043565328	Sara Moeller	72	\$170,352.73	\$2,366.01	25
54	1578958542	Heidi Curtis	137	\$169,606.80	\$1,238.01	60
55	1649419219	Heather Hunemuller	143	\$169,018.18	\$1,181.95	66
56	1003315201	Abigail Behrens	58	\$161,232.53	\$2,779.87	108
57	1356445886	Megan Eisel	113	\$158,585.77	\$1,403.41	247
58	1376525196	Randolph Rough	65	\$156,565.32	\$2,408.70	27
59	1275836751	Holly Kramer	116	\$155,133.01	\$1,337.35	67
60	1598501330	Amy Huynh	70	\$151,564.85	\$2,165.21	393
61	1912208323	Lisa Meyer	296	\$151,107.97	\$510.50	58
62	1902478811	Joan Anderson	700	\$146,723.18	\$209.60	48
63	1356752067	Kelly Delaney-Nelson	59	\$146,242.62	\$2,478.69	128
64	1326211889	James Friedlander	46	\$144,878.17	\$3,149.53	20
65	1376044933	Gretchen Parris	76	\$144,404.41	\$1,900.06	120
66	1386084747	Jennifer Condon	151	\$143,303.54	\$949.03	41

**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT**  
**202509 - 202511**

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
67	1992037931	Christopher Rokes	53	\$142,449.76	\$2,687.73	199
68	1841548161	Crystal Meyer	65	\$142,316.77	\$2,189.49	43
69	1851568703	Mathew Davey	38	\$142,150.98	\$3,740.82	84
70	1336346352	Hanna Zembrzuska	53	\$141,350.32	\$2,666.99	123
71	1952194680	Lauren Bales	22	\$141,295.28	\$6,422.51	
72	1649826140	Taylor Myers	178	\$139,182.18	\$781.92	44
73	1265870950	Danita Velasco	2	\$137,301.26	\$68,650.63	53
74	1477765584	Sangeeta Shah	338	\$136,878.51	\$404.97	152
75	1437533130	Katie Broshuis	96	\$136,026.41	\$1,416.94	86
76	1093382632	Gail Dooley	150	\$130,292.35	\$868.62	62
77	1306071915	Thomas Pietras	57	\$129,523.65	\$2,272.34	57
78	1881688679	Alice Wood	37	\$129,340.05	\$3,495.68	7170
79	1912979261	David Visokey	117	\$127,971.88	\$1,093.78	88
80	1710510987	Nyshia Garcia	184	\$126,562.06	\$687.84	76
81	1457031817	Corinne Conley	75	\$125,871.99	\$1,678.29	61
82	1629342662	Rosa Stocker	69	\$124,740.59	\$1,807.83	40
83	1598786097	Stephanie Gray	395	\$123,146.55	\$311.76	90
84	1578132940	Alec Steils	307	\$121,898.50	\$397.06	71
85	1114521721	Tarrah Holliday	427	\$121,615.99	\$284.81	115
86	1851965875	Jessica Ogden	53	\$120,075.84	\$2,265.58	77
87	1104804053	Winthrop Risk	230	\$118,430.65	\$514.92	192
88	1477199198	Sajo Thomas	684	\$118,250.43	\$172.88	91
89	1811666118	Jessiann Dryden-Parish	113	\$117,409.44	\$1,039.02	96
90	1285048256	Prasanth Ravipati	6	\$117,162.00	\$19,527.00	10811
91	1386902682	Melissa Willis	54	\$115,674.12	\$2,142.11	75
92	1134402373	Julie Schuck	37	\$114,895.60	\$3,105.29	126
93	1245353242	Sandy Hong	91	\$114,243.22	\$1,255.42	70
94	1750845954	Stephanie Giesler	529	\$113,591.66	\$214.73	104
95	1245349182	Mark Burdt	65	\$113,542.00	\$1,746.80	99
96	1992810956	Christopher Ronkar	39	\$113,343.03	\$2,906.23	185
97	1891955423	Leah Siegfried	249	\$111,965.22	\$449.66	73
98	1679573893	Patty Hildreth	592	\$111,098.58	\$187.67	121
99	1336809375	Zoe Schult	22	\$110,861.47	\$5,039.16	338

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT  
202509 - 202511

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
100	1609041235	Adam Reinhardt	11	\$110,583.56	\$10,053.05	176

TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

CATEGORY DESCRIPTION	202506 - 202508			202509 - 202511			% CHANGE
	PREVIOUS TOTAL COST	PREVIOUS RANK	PREVIOUS % BUDGET	CURRENT TOTAL COST	CURRENT RANK	CURRENT % BUDGET	
ANTIDIABETICS	\$11,575,602.21	1	13.85 %	\$11,542,169.26	1	13.61 %	-0.24 %
DERMATOLOGICALS	\$9,595,729.86	2	11.48 %	\$9,953,857.77	2	11.74 %	0.26 %
ANTIPSYCHOTICS/ANTIMANIC AGENTS	\$9,151,562.30	3	10.95 %	\$9,293,832.01	3	10.96 %	0.01 %
ANALGESICS - ANTI-INFLAMMATORY	\$6,678,652.48	4	7.99 %	\$6,536,831.65	4	7.71 %	-0.28 %
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	\$4,326,250.03	5	5.18 %	\$4,348,981.58	5	5.13 %	-0.05 %
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	\$3,716,328.56	7	4.45 %	\$4,187,740.52	6	4.94 %	0.49 %
RESPIRATORY AGENTS - MISC.	\$3,735,370.06	6	4.47 %	\$3,704,905.80	7	4.37 %	-0.10 %
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC	\$3,222,917.43	8	3.86 %	\$3,164,949.66	8	3.73 %	-0.12 %
ANTIVIRALS	\$3,165,190.65	9	3.79 %	\$3,071,259.95	9	3.62 %	-0.17 %
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	\$2,903,209.78	10	3.47 %	\$2,760,804.41	10	3.26 %	-0.22 %
ENDOCRINE AND METABOLIC AGENTS - MISC.	\$2,027,973.92	15	2.43 %	\$2,580,939.86	11	3.04 %	0.62 %
ANTICONVULSANTS	\$2,361,959.35	12	2.83 %	\$2,477,762.69	12	2.92 %	0.10 %
MIGRAINE PRODUCTS	\$2,293,897.40	13	2.74 %	\$2,292,013.02	13	2.70 %	-0.04 %
HEMATOLOGICAL AGENTS - MISC.	\$2,552,754.44	11	3.05 %	\$2,144,722.13	14	2.53 %	-0.53 %
CARDIOVASCULAR AGENTS - MISC.	\$2,204,570.06	14	2.64 %	\$1,999,005.99	15	2.36 %	-0.28 %
ANTIDEPRESSANTS	\$1,752,997.30	16	2.10 %	\$1,733,803.08	16	2.04 %	-0.05 %
GASTROINTESTINAL AGENTS - MISC.	\$1,332,602.62	18	1.59 %	\$1,550,106.19	17	1.83 %	0.23 %
ANTICOAGULANTS	\$1,470,289.40	17	1.76 %	\$1,518,188.12	18	1.79 %	0.03 %
NEUROMUSCULAR AGENTS	\$1,001,496.74	19	1.20 %	\$1,497,260.88	19	1.77 %	0.57 %
CORTICOSTEROIDS	\$394,596.26	25	0.47 %	\$542,115.66	20	0.64 %	0.17 %

**TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT**

CURRENT CATEGORY DESCRIPTION	202506 - 202508		202509 - 202511		% CHANGE
	PREVIOUS CLAIMS	PREVIOUS RANK	CURRENT CLAIMS	CURRENT RANK	
ANTIDEPRESSANTS	79,878	1	78,085	1	-2.24 %
ANTICONVULSANTS	38,992	2	38,489	2	-1.29 %
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	35,569	3	38,209	3	7.42 %
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	33,916	4	36,388	4	7.29 %
ANTIDIABETICS	31,280	5	30,445	5	-2.67 %
ANTIPSYCHOTICS/ANTIMANIC AGENTS	30,144	6	30,435	6	0.97 %
ANTIHYPERTENSIVES	28,948	8	28,120	7	-2.86 %
ANTIANXIETY AGENTS	28,134	9	28,061	8	-0.26 %
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	29,725	7	26,195	9	-11.88 %
ANTIHISTAMINES	18,648	11	18,926	10	1.49 %
DERMATOLOGICALS	19,518	10	18,869	11	-3.33 %
ANTHYPERLIPIDEMICS	17,552	12	16,653	12	-5.12 %
PENICILLINS	10,952	17	15,475	13	41.30 %
ANALGESICS - ANTI-INFLAMMATORY	15,421	13	14,788	14	-4.10 %
ANALGESICS - OPIOID	14,255	14	13,951	15	-2.13 %
BETA BLOCKERS	13,730	15	13,328	16	-2.93 %
CORTICOSTEROIDS	8,865	21	11,027	17	24.39 %
MUSCULOSKELETAL THERAPY AGENTS	10,456	18	10,661	18	1.96 %
THYROID AGENTS	12,389	16	10,224	19	-17.48 %
ANALGESICS - NonNarcotic	9,639	20	9,658	20	0.20 %

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	202506 - 202508		202509 - 202511		PERCENT CHANGE
	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	
Ozempic	4337479.37	1	4323671.87	1	-0.32 %
Dupixent	3323362.24	3	3546659.72	2	6.72 %
Humira Pen	3558001.02	2	3227376.48	3	-9.29 %
Vraylar	2779882.48	5	2829265.3	4	1.78 %
Trikafta	2849844.37	4	2740516.27	5	-3.84 %
Jardiance	2043647.27	6	2045183.93	6	0.08 %
Invega Sust	1688617.07	7	1764874.61	7	4.52 %
Skyrizi Pen	1539366.12	8	1560845.13	8	1.40 %
Biktarvy	1527544.46	9	1557382.55	9	1.95 %
Mounjaro	1397580.34	10	1540211.57	10	10.21 %
Eliquis	1061710.85	13	1095949.76	11	3.22 %
Taltz	1101925.82	12	1049690.3	12	-4.74 %
Stelara	1154182.09	11	1035974.98	13	-10.24 %
Rexulti	972381.95	15	994821.21	14	2.31 %
Trulicity	1042534.18	14	947109.75	15	-9.15 %
Duvyzat	421330.04	41	842649.45	16	100.00 %
Ingrezza	866473.93	16	832338.04	17	-3.94 %
Strensiq	302058.52	56	720826.3	18	138.64 %
Aristada	784644.68	17	711788.98	19	-9.29 %
Tremfya	531458.93	26	702335.57	20	32.15 %
Altuviiiio	668440.54	19	702005.79	21	5.02 %
Nurtec	704846.38	18	691074.72	22	-1.95 %
Cosentyx Uno	485877.34	29	670513.72	23	38.00 %
Caplyta	616505.54	22	670498.33	24	8.76 %
Ilaris	424691.59	39	640885.9	25	50.91 %
Rinvoq	472577.91	32	631798.5	26	33.69 %
Lisdexamfeta	633615.93	21	628926.22	27	-0.74 %

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	202506 - 202508		202509 - 202511		PERCENT CHANGE
	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	
Symbicort	529828.24	27	579397.08	28	9.36 %
Farxiga	553997.56	24	568851.6	29	2.68 %
Enbrel Srelk	650005.05	20	555097.86	30	-14.60 %
Abilify Main	540766.81	25	548827.87	31	1.49 %
Invega Trinz	597547.17	23	539391.04	32	-9.73 %
Zepbound	303110	55	539359.51	33	77.94 %
Winrevair	420576.86	42	505254.15	34	20.13 %
Jornay Pm	431742.91	38	471184.98	35	9.14 %
Austedo Xr	475092.37	31	469079.88	36	-1.27 %
Trelegy	475478.48	30	454881.03	37	-4.33 %
Trintellix	445570.2	35	446564.48	38	0.22 %
Lybalvi	454226.6	34	444780.54	39	-2.08 %
Albuterol	376901.29	46	432128.11	40	14.65 %
Ajovy	434028.26	37	423761.49	41	-2.37 %
Wakix	284315.84	61	396642.61	42	39.51 %
Skyrizi	491779.7	28	390335.65	43	-20.63 %
Ubrelyv	385354.87	44	381673.38	44	-0.96 %
Xarelto	373654.71	47	380701.83	45	1.89 %
Opsumit	414899.52	43	376002.69	46	-9.38 %
Epidiolex	363253.7	49	373315.82	47	2.77 %
Takhzyro	210864.36	82	369012.63	48	75.00 %
Qelbree	331070.47	51	364502.35	49	10.10 %
Entresto	463620.77	33	359052.64	50	-22.55 %
Kesimpta	359337.58	50	358057.97	51	-0.36 %
Crenessity	153374.52	116	351992.67	52	129.50 %
Kisqali	380387.02	45	351615.77	53	-7.56 %
Xywav	187942.56	92	349482.6	54	85.95 %

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	202506 - 202508		202509 - 202511		PERCENT CHANGE
	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	
Norditropin	368594.07	48	343129.55	55	-6.91 %
Skyclarys	297364.15	57	341412.98	56	14.81 %
Qulipta	283937.3	64	333464.71	57	17.44 %
Fintepla	210926.25	81	306237.22	58	45.19 %
Rebinyln	310339.53	52	302602.74	59	-2.49 %
Mavyret	437148.26	36	294299.52	60	-32.68 %
Methylphenid	254846.37	71	279676.1	61	9.74 %
Linzess	255967	69	272988.91	62	6.65 %
Abilify Asim	288830.51	59	272001.7	63	-5.83 %
Livmarli	177391.09	98	271731.09	64	53.18 %
Bimzelx	221957.72	78	269526.93	65	21.43 %
Evrysdi	282802.55	65	269330.7	66	-4.76 %
Spiriva Resp	259876.17	67	262886.53	67	1.16 %
Insulin Lisp	265334.77	66	259537.07	68	-2.19 %
Alyftrek	284148.5	62	255733.65	69	-10.00 %
Advair Hfa	247057.05	73	254876.1	70	3.16 %
Lantus Solos	254595.44	72	250205.59	71	-1.72 %
Enbrel Mini	198267.58	86	246140.1	72	24.15 %
Cosentyx Pen	291044.02	58	244928.56	73	-15.84 %
Amphet/dextr	225989.95	76	239560.85	74	6.01 %
Valtoco	232992.55	75	236131.61	75	1.35 %
Skytrofa	188734.81	91	234194.89	76	24.09 %
Xolair	246922.35	74	231373.7	77	-6.30 %
Voxzogo	197343.78	87	230234.41	78	16.67 %
Orkambi	92998.44	169	223777.76	79	140.63 %
Humira	287842.19	60	219129.06	80	-23.87 %
Insulin Aspa	210691.16	83	208342.81	81	-1.11 %

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	202506 - 202508		202509 - 202511		PERCENT CHANGE
	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	
Quillichew	177851.53	97	205387.64	82	15.48 %
Lenvima	149961.78	117	199949.04	83	33.33 %
Emgality	216618.5	80	198080.87	84	-8.56 %
Promacta	176525.13	99	197447.08	85	11.85 %
Pulmozyme	190099.82	90	195197.05	86	2.68 %
Verzenio	198708.16	85	190279.9	87	-4.24 %
Dovato	169025.4	104	189999.7	88	12.41 %
Vyvanse	255494.95	70	189444.42	89	-25.85 %
Uzedly	172808.99	100	188281.75	90	8.95 %
Tresiba Flex	209416.44	84	185148.31	91	-11.59 %
Creon	220583.61	79	181548.77	92	-17.70 %
Briviact	186288.43	93	178925.38	93	-3.95 %
Otezla	158384.38	114	178877.05	94	12.94 %
Tezspire	161085.01	112	177168.52	95	9.98 %
Epinephrine	225630.16	77	176127.39	96	-21.94 %
Austedo	193112.98	88	173940.71	97	-9.93 %
Kalydeco	140361.94	121	173708.09	98	23.76 %
Fasenra Pen	169178.82	103	173370.51	99	2.48 %
Azstarys	157473.49	115	172079.43	100	9.28 %

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	202506 - 202508		202509 - 202511		PERCENT CHANGE
	PREVIOUS PRESCRIPTION COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	
Albuterol	12,668	2	15,082	1	19.06 %
Trazodone	11,965	3	11,859	2	-0.89 %
Bupropion	11,797	4	11,719	3	-0.66 %
Sertraline	11,638	5	11,351	4	-2.47 %
Omeprazole	12,704	1	10,868	5	-14.45 %
Amoxicillin	6,648	22	9,918	6	49.19 %
Amphet/dextr	9,327	9	9,818	7	5.26 %
Fluoxetine	9,719	7	9,657	8	-0.64 %
Levothyroxin	11,356	6	9,259	9	-18.47 %
Cetirizine	8,865	12	9,150	10	3.21 %
Atorvastatin	9,664	8	9,103	11	-5.81 %
Gabapentin	9,235	10	9,000	12	-2.54 %
Hydroxyz Hcl	8,851	13	8,989	13	1.56 %
Escitalopram	9,082	11	8,949	14	-1.46 %
Methylphenid	7,858	15	8,718	15	10.94 %
Buspirone	8,133	14	7,999	16	-1.65 %
Montelukast	7,755	16	7,761	17	0.08 %
Metformin	7,632	17	7,306	18	-4.27 %
Quetiapine	7,154	20	7,259	19	1.47 %
Clonidine	6,966	21	6,947	20	-0.27 %
Lisinopril	7,373	18	6,841	21	-7.22 %
Ondansetron	6,096	27	6,739	22	10.55 %
Guanfacine	6,445	23	6,599	23	2.39 %
Prednisone	5,417	30	6,310	24	16.49 %
Aripiprazole	6,233	25	6,277	25	0.71 %
Pantoprazole	7,155	19	6,145	26	-14.12 %
Lamotrigine	6,151	26	6,139	27	-0.20 %
Duloxetine	6,351	24	5,875	28	-7.49 %
Fluticasone	4,842	38	5,333	29	10.14 %
Famotidine	5,743	28	5,300	30	-7.71 %
Lisdexamfeta	4,928	35	5,286	31	7.26 %
Amlodipine	5,485	29	5,171	32	-5.72 %

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	202506 - 202508		202509 - 202511		PERCENT CHANGE
	PREVIOUS PRESCRIPTION COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	
Hydroco/apap	5,407	31	5,129	33	-5.14 %
Azithromycin	2,956	59	5,068	34	71.45 %
Amox/k Clav	3,821	48	5,057	35	32.35 %
Topiramate	5,068	33	4,955	36	-2.23 %
Cyclobenzapr	4,887	36	4,949	37	1.27 %
Venlafaxine	5,093	32	4,863	38	-4.52 %
Metoprol Suc	5,060	34	4,799	39	-5.16 %
Loratadine	4,782	39	4,794	40	0.25 %
Ibuprofen	4,878	37	4,703	41	-3.59 %
Ozempic	4,674	40	4,638	42	-0.77 %
Aspirin Low	4,285	41	4,376	43	2.12 %
Clonazepam	4,220	44	4,236	44	0.38 %
Propranolol	4,069	46	4,202	45	3.27 %
Alprazolam	4,108	45	4,108	46	0.00 %
Risperidone	4,025	47	4,103	47	1.94 %
Losartan Pot	4,229	43	4,050	48	-4.23 %
Cephalexin	4,257	42	4,031	49	-5.31 %
Jardiance	3,795	49	3,742	50	-1.40 %
Meloxicam	3,672	51	3,464	51	-5.66 %
Rosuvastatin	3,443	52	3,384	52	-1.71 %
Mirtazapine	3,197	55	3,268	53	2.22 %
Levetiraceta	3,315	53	3,253	54	-1.87 %
Prazosin Hcl	3,132	56	3,189	55	1.82 %
Triamcinolon	3,694	50	3,179	56	-13.94 %
Lorazepam	3,233	54	3,147	57	-2.66 %
Folic Acid	3,099	57	3,058	58	-1.32 %
Cefdinir	2,022	83	2,897	59	43.27 %
Allergy Relf	2,741	63	2,858	60	4.27 %
Lantus Solos	2,792	60	2,775	61	-0.61 %
Pregabalin	2,781	61	2,772	62	-0.32 %
Furosemide	2,988	58	2,740	63	-8.30 %
Fluconazole	2,675	66	2,730	64	2.06 %

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	202506 - 202508		202509 - 202511		PERCENT CHANGE
	PREVIOUS PRESCRIPTION COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	
Tramadol Hcl	2,748	62	2,720	65	-1.02 %
Oxycodone	2,733	65	2,695	66	-1.39 %
Hydroxyz Pam	2,665	67	2,685	67	0.75 %
Prednisolone	1,633	100	2,655	68	62.58 %
Metronidazol	2,443	72	2,654	69	8.64 %
Symbicort	2,415	73	2,620	70	8.49 %
Ferosul	2,613	68	2,585	71	-1.07 %
Spironolact	2,737	64	2,571	72	-6.07 %
Atomoxetine	2,273	75	2,416	73	6.29 %
Divalproex	2,448	71	2,412	74	-1.47 %
Tizanidine	2,264	76	2,342	75	3.45 %
Valacyclovir	2,263	77	2,327	76	2.83 %
Hydrochlorot	2,564	69	2,290	77	-10.69 %
Olanzapine	2,336	74	2,276	78	-2.57 %
Acetamin	2,255	78	2,259	79	0.18 %
Dexmethylphe	1,968	86	2,188	80	11.18 %
Doxycyc Mono	2,475	70	2,157	81	-12.85 %
Baclofen	2,078	81	2,151	82	3.51 %
Mupirocin	2,163	80	2,128	83	-1.62 %
Eliquis	2,037	82	2,083	84	2.26 %
Amitriptylin	2,227	79	2,077	85	-6.74 %
Vraylar	2,008	85	2,034	86	1.29 %
Insulin Lisp	2,020	84	1,990	87	-1.49 %
Polyeth Glyc	1,809	90	1,913	88	5.75 %
Nystatin	1,911	89	1,905	89	-0.31 %
Clindamycin	1,911	88	1,855	90	-2.93 %
Tamsulosin	1,922	87	1,738	91	-9.57 %
Oxcarbazepin	1,738	94	1,735	92	-0.17 %
Naltrexone	1,742	93	1,718	93	-1.38 %
Sumatriptan	1,721	95	1,708	94	-0.76 %
Zolpidem	1,762	92	1,702	95	-3.41 %
Desvenlafax	1,685	97	1,689	96	0.24 %

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	202506 - 202508		202509 - 202511		PERCENT CHANGE
	PREVIOUS PRESCRIPTION COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	
Naproxen	1,707	96	1,655	97	-3.05 %
Ketoconazole	1,541	105	1,650	98	7.07 %
Citalopram	1,778	91	1,636	99	-7.99 %
Mounjaro	1,492	106	1,597	100	7.04 %

**Medicaid Statistics for Prescription Claims  
September through November 2025**

**Tri-Monthly Statistics**

	<b>FFS</b>	<b>Wellpoint</b>	<b>Iowa Total Care</b>	<b>Molina Healthcare</b>	<b>Total**</b>
<b>Total Dollars Paid</b>	\$2,936,348	\$107,989,842	\$84,792,386	\$61,634,913	\$257,353,489
<b>Users</b>	3,434	100,759	92,395	76,623	273,211
<b>Cost Per User</b>	\$855.08	\$1,071.76	\$917.72	\$804.39	
<b>Total Prescriptions</b>	21,741	772,016	634,340	473,689	1,901,786
<b>Average Rx/User</b>	6.33	7.66	6.87	6.18	
<b>Average Cost/Rx</b>	\$135.06	\$139.88	\$133.67	\$130.12	
<b># Generic Prescriptions</b>	19,663	687,554	568,639	427,724	
<b>% Generic</b>	90.4%	89.1%	90.0%	90.3%	
<b>\$ Generic</b>	\$1,024,959	\$13,921,289	\$10,641,145	\$8,057,244	
<b>Average Generic Rx Cost</b>	\$52.13	\$20.25	\$18.71	\$18.84	
<b>Average Generic Days Supply</b>	27	28.84	29	28.3	
<b># Brand Prescriptions</b>	2,078	84,462	64,671	45,965	
<b>% Brand</b>	9.6%	10.9%	10.0%	9.7%	
<b>\$ Brand</b>	\$1,911,389	\$94,068,553	\$74,125,929	\$53,577,669	
<b>Average Brand Rx Cost</b>	\$919.82	\$1,113.74	\$1,146.20	\$1,165.62	
<b>Average Brand Days Supply</b>	28	27.8	29	28.3	

\*\*All reported dollars are pre-rebate

# Top 20 Therapeutic Class by Paid Amount\*

September through November 2025

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

\* Pre-rebate

## Top 20 Therapeutic Class by Prescription Count

September through November 2025

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

## Top 25 Drugs by Paid Amount\*\*

September through November 2025

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

\*\* Pre-rebate

## Top 25 Drugs by Prescription Count

September through November 2025

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

## Duplicate Short-Acting Opioids RetroDUR Data

### Purpose

Identify members who have overlapping claims for two or more chemically distinct short-acting opioids.

### Background

- Concurrent use of short-acting opioids may increase the risk of overdose, sedation, and misuse.
- The [Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities \(SUPPORT\) Act](#) required states to implement minimum opioid standards within their Medicaid programs.
- One of the provisions of the SUPPORT Act requires states to monitor duplicate therapy with opioids.
- Review of these claims consistently finds chronic use of two or more short-acting opioids.
- The [CDC's 2022 Clinical Practice Guideline](#) does not recommend routine use of multiple opioids.
- Current Iowa Medicaid opioid restrictions include:
  - PA for MME > 90
  - Short-acting opioids limited to 6 units per day, unless otherwise indicated on the quantity limit list

### RDUR Criteria

- Time Period: August 1, 2025 through October 31, 2025
- Identify members with  $\geq 2$  chemically distinct short-acting opioids with  $\geq 60$  days overlap in the 90-day period
  - Break out by members < 18 years of age and 18+ years of age
- Report number of member and number of prescribers
- Exclude members with sickle cell disease (D57) and cancer (C00-C97)

### Data

	ITC		MHC		WLP		FFS	
Age	# Mbr	# Presc	# Mbr	# Presc	# Mbr	# Presc	# Mbr	# Presc
18+	12	12	3	4	2	3	0	0
< 18	0	0	0	0	0	0	0	0

FFS: Fee-for-Service; ITC: Iowa Total Care; Mbr: member; MHC: Molina Healthcare; Presc: prescriber; WLP: Wellpoint

**Next Steps**

1. Send letters to prescribers identified as having members with two distinct short-acting opioids?
2. DUR Digest Article?
3. Nothing?
4. Other?

## Drug Holiday in Long-term Bisphosphonate Utilizers RetroDUR Data

### Purpose

- Identify members with long-term bisphosphonate utilization of greater than three years who may be candidates for a drug holiday.

### Background

- A drug holiday from bisphosphonates may be considered on a case-by-case basis for members with low/moderate risk of fracture that have been taking the medication for three to five years.<sup>1</sup>
- Risk of atypical femoral fractures increase with duration of use.
- Package inserts for Fosamax and Boniva include an optimal duration Limitation of Use.
- Alendronate is preferred on the PDL without PA.

### RDUR Criteria

- Pharmacy claim lookback: October 1, 2022, through October 1, 2025.
- Members with utilization of an oral bisphosphonate for ≥3 years.
  - Members must have continuous eligibility during the pharmacy claim lookback period.
  - Member data from Molina will be effective starting July 1, 2023.
  - Report members with proportion of days covered ≥80%
- Report on unique members and unique providers.
- Medications:
  - Alendronate (Fosamax)
  - Ibandronate (Boniva)
  - Risedronate (Actonel)

### Data

	ITC	MHC*	WLP	FFS
<b>Unique Members</b>	43	12	35	0
<b>Unique Providers</b>	42	20	48	0

FFS – Fee-for-Service; ITC - Iowa Total Care; MHC – Molina Healthcare; WLP – Wellpoint

\*Molina data starting July 1, 2023

### Next Steps

- 1) Send letters to all identified prescribers reminding them of bisphosphonate drug holidays. Calling out that this is case-by-case for members with low/moderate risk of fracture.
- 2) DUR Digest reminder?
- 3) Other opportunities?

#### References

1. Eastell R., Rosen C.J., Black D.M., Cheung A.M., Murad M.H., Shoback D. Pharmacological Management of Osteoporosis in Postmenopausal Women: An Endocrine Society\* Clinical Practice Guideline. J. Clin. Endocrinol. Metab. 2019;104:1595–1622. doi: 10.1210/jc.2019-00221

## **Adherence to Antipsychotic Medications in Patients with Schizophrenia RetroDUR Proposal**

### **Purpose**

- Evaluate the adherence of antipsychotic medications among members diagnosed with schizophrenia or schizoaffective disorder.

### **Background**

- Schizophrenia and schizoaffective disorder require long-term antipsychotic therapy.
- Non-adherence is common among these patients and is associated with relapse, hospitalization, functional decline, and increased mortality.
- This proposal aligns with the HEDIS measure: *Adherence to Antipsychotic Medications for Individuals with Schizophrenia*.
- Medications include oral and injectable first- and second-generation antipsychotics.

### **RDUR Criteria**

- Members  $\geq 18$  years of age
- Diagnosis of schizophrenia (F20.\*) or schizoaffective disorder (F25.\*)
- At least 2 claims for an antipsychotic during the time period
- Time period
  - Pharmacy claims: August 2025 – January 2026
  - Medical Claims: February 2024 – January 2026
- Report
  - Total number of members meeting the above criteria
  - Number of members with a proportion of days covered (PDC)  $\geq 80\%$  during the time period.

## **Evaluation of the Use of Duplicate Therapy For Autoimmune Disorders RetroDUR Proposal**

### **Purpose**

- Identify those members who are taking more than one immunomodulatory agent, such as a biological, a Janus Kinase (JAK) inhibitor, an interleukin-1 receptor antagonist, or a phosphodiesterase 4 inhibitor agent, to determine whether concurrent therapy is occurring and if it is clinically appropriate.

### **Background**

- Recent literature suggests that some patients may benefit from more than one therapy with conditions such as inflammatory bowel disease, atopic dermatitis, psoriasis, or psoriatic arthritis. However, there is no definitive guidance about how and when to initiate additional agents.
- Current Iowa Medicaid criteria is directed at the use of single agents only. The JAK inhibitor criteria specify that patients should not use or plan to use a JAK inhibitor in combination with other JAK inhibitors, biologics, or potent immunosuppressants (azathioprine or cyclosporine).
- Risk of infection exists with immunomodulatory agents in general, including risk of activation of latent infections of Hepatitis B or C, or Tuberculosis.
- Pre-treatment testing for latent infections, and pretreatment administration of vaccinations, is one way to mitigate this risk.
- Fabisiak et al propose that dual biologic therapy for inflammatory bowel disease can lead to clinical improvements without significant negative impacts on safety and tolerability.
- Hren et al state that with respect to complex patients with atopic dermatitis and psoriasis/psoriatic arthritis, and/or inflammatory bowel disease their research demonstrated that “dual biologic therapy can be prescribed, leading to a positive response, with only minor adverse events”, in a small retrospective study.

### **Potential RDUR Criteria**

- Time period: August 1, 2025 to January 31, 2026
- Identify members with more than one systemic medication (listed below), that overlap for 60 days or more.
- Report number of members, number of unique prescribers, and number of pharmacies.
  - Iowa Total Care did do some initial review of this topic for dates of service from February 1, 2025 to July 31, 2025. There were a total of 10 members

identified that some combination of immunomodulatory agents. Specifically, for 6 members, the prescriber of both agents was the same, for 3 members, the prescribers were different but were in the same clinic, and for 1 member the prescribers were different and also had different practice sites.

- There were two members taking Humira (adalimumab) and Otezla (apremilast). The following combinations each had one member: Xolair (omalizumab) and Dupixent (dupilumab), Taltz (ixekizumab) and Xeljanz (tofacitinib), Actemra (tocilizumab) and Xeljanz (tofacitinib), Skyrizi (risankizumab) and Otezla (apremilast), Orencia (abatacept) and Otezla (apremilast), Olumiant (baricitinib) and Dupixent (dupilumab), Rinvoq (upadacitinib) and Dupixent (dupilumab), Rinvoq (upadacitinib) and Otezla (apremilast).
- Drugs to include:
  - Janus Kinase inhibitors: abrocitinib, ritlecitinib, baricitinib, upadacitinib, tofacitinib, deucravacitinib
  - Biologics (include biosimilars): adalimumab, golimumab, sarilumab, tocilizumab, etanercept, abatacept, rilonacept, brodalumab, guselkumab, ixekizumab, risankizumab, secukinumab, spesolimab, tildrakizumab, ustekinumab, dupilumab, lebrikizumab, tralokinumab, nemolizumab, mirikizumab, vedolizumab, infliximab, mepolizumab, benralizumab, tezepelumab, omalizumab
  - Phosphodiesterase-4 inhibitor: apremilast
  - Interleukin 1 antagonists: anakinra, canakinumab

## References

- Advancements in dual biologic therapy for inflammatory bowel diseases: efficacy, safety, and future directions. Adam Fabisiak, Mitosz Caban, Patrycja Dudek, Aleksandra Strigac, Ewa Matecka-Wojcieszko, Renata Talar-Wojnarowska. Published January of 2025 in Therapeutic Advances in Gastroenterology, DOI <https://journals.sagepub.com/doi/10.1177/17562848241309871>.
- Efficacy and Safety of Omalizumab and Dupilumab in Pediatric Patients with Skin Diseases: An Observational Study. F Galletta, L Rizzuti, S Passanisi, E Rosa, L Caminiti, S Manti. Published February of 2025 in Journal of Personalized Medicine, DOI <https://www.mdpi.com/2075-4426/15/2/64>.
- Use of dual biologic therapy targeting the Th2 and Th17 axes simultaneously to treat patients with atopic dermatitis and concomitant psoriasis, psoriatic arthritis, or inflammatory bowel disease. Mary Grace Hren, Sophie Guenin, Saakshi Khattri. Published July of 2024 in Journal of the American Academy of Dermatology, DOI [https://www.jaad.org/article/S0190-9622\(24\)00492-4/fulltext](https://www.jaad.org/article/S0190-9622(24)00492-4/fulltext).

- Dual Therapy in Inflammatory Bowel Disease, G Altieri, A Zilli, TL Parigi, M Allocca, F Furfaro, G Fiorino, C Cicerone, L Peyrin-Biroulet, S Danese, F D'Amico. Published February of 2025 in Biomolecules, DOI <https://www.mdpi.com/2218-273X/15/2/222>.

## **Dupilumab (Dupixent) Prior Authorization Review**

### **Background**

Dupilumab (Dupixent) received approval for a new indication for the treatment of adult patients with bullous pemphigoid. This is the first FDA-approved biologic approved for this indication.

- Bullous pemphigoid (BP) is a rare, chronic, autoimmune disease primarily affecting older adults. The disorder is characterized by blistering, urticarial lesions, and itching.
- Treatment
  - Topical corticosteroids and systemic corticosteroids are the mainstays of initial treatment.
  - Corticosteroid-sparing agents are used due to the chronic nature of the disorder and the risk of serious adverse effects with prolonged treatment with corticosteroids, particularly oral corticosteroids. Treatment is typically initiated as soon as possible. Corticosteroid-sparing therapies include immunosuppressants (e.g., mycophenolate mofetil, azathioprine or methotrexate) and nonimmunosuppressive agents (doxycycline, dapsone, and dupilumab).

### **Clinical Studies**

The approval of Dupixent for the new indication was based on ADEPT, a randomized, double blind, placebo-controlled study in 106 adult patients with BP. Patients were randomized to receive either Dupixent 600 mg day 1, followed by 300 mg every other week, or placebo for 52 weeks. All patients were also initiated on a standard regimen of oral corticosteroids on day 1. After achieving control of disease activity for 2 weeks, oral corticosteroids were tapered with the objective of tapering them off no later than week 16 as long as the control of disease activity was maintained. Patients who experienced a loss of control of disease activity during oral corticosteroid taper, or who relapsed post-taper, or who used rescue medications were considered treatment failures. The primary endpoint was the proportion of subjects achieving sustained remission at week 36. Sustained remission was defined as the achievement of complete remission and off oral corticosteroids no later than week 16, absence of disease relapse from the time of completion of the corticosteroid taper to week 36, and absence of rescue therapy during the 36-week double-blind treatment period.

- The proportion of patients achieving sustained remission was 18.3% and 6.1% in the Dupixent and placebo arms, respectively (difference 12.2, 95% CI: -0.8, 26.1).

### **Dose and Administration for BP**

- 600 mg (two 300 mg injections) initially, followed by 300 mg every other week.

- Use in combination with a tapering course of oral corticosteroids. Once disease control has occurred, gradually taper corticosteroids after which continue Dupixent as monotherapy. In case of relapse, corticosteroids may be added if medically advisable.

### **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. 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; or
4. Patient has a diagnosis of moderate to severe asthma with an eosinophilic phenotype (with a pretreatment eosinophil count  $\geq 150$  cells/mcL within the previous 6 weeks) or with oral corticosteroid dependent asthma; and
  - a. Has a pretreatment forced expiratory volume in 1 second ( $FEV_1$ )  $\leq 80\%$  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
  - b. 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<sub>2</sub> agonist [LABA], or leukotriene receptor antagonist [LTRA]) for a minimum of 3 consecutive months. Patient must be compliant with therapy, based on pharmacy claims; and
  - c. 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. Patient has  $\geq 15$  intraepithelial eosinophils per high-power field (eos/hpf) as confirmed by endoscopic esophageal biopsy (attach results); and
  - b. 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
  - c. 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. Patient has experienced severe to very severe pruritis, as demonstrated by a current Worst Itch-Numeric Rating Scale (WI-NRS)  $\geq 7$ ; and
  - b. Patient has  $\geq 20$  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; 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 both 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; or
9. Patient has a diagnosis of chronic spontaneous urticaria (CSU) with no known cause; and
- a. Patient has documentation of an adequate trial and therapy failure with a preferred second generation H1 receptor antihistamine for at least 2 weeks.

If criteria for coverage are met, initial authorization will be given for 6 months for all the above indications, except for COPD and CSU, 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 and continued use of add-on maintenance therapy, where indicated.

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 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. 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; or
4. Patient has a diagnosis of moderate to severe asthma with an eosinophilic phenotype (with a pretreatment eosinophil count  $\geq 150$  cells/mcL within the previous 6 weeks) or with oral corticosteroid dependent asthma; and
  - a. Has a pretreatment forced expiratory volume in 1 second (FEV<sub>1</sub>)  $\leq 80\%$  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
- b. 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<sub>2</sub> agonist [LABA], or leukotriene receptor antagonist [LTRA]) for a minimum of 3 consecutive months. Patient must be compliant with therapy, based on pharmacy claims; and
- c. 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. Patient has  $\geq 15$  intraepithelial eosinophils per high-power field (eos/hpf) as confirmed by endoscopic esophageal biopsy (attach results); and
  - b. 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
  - c. 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. Patient has experienced severe to very severe pruritis, as demonstrated by a current Worst Itch-Numeric Rating Scale (WI-NRS)  $\geq 7$ ; and
  - b. Patient has  $\geq 20$  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; 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. FEV<sub>1</sub>/FVC ratio < 0.7, and
    - ii. FEV<sub>1</sub> % 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 both 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; or
- 9. Patient has a diagnosis of chronic spontaneous urticaria (CSU) with no known cause; and
  - a. Patient has documentation of an adequate trial and therapy failure with a preferred second generation H1 receptor antihistamine for at least 2 weeks; or
- 10. *Patient has a diagnosis of bullous pemphigoid (BP); and*
  - a. *Is initiated with a tapering course of oral corticosteroids.*

If criteria for coverage are met, initial authorization will be given for 6 months for all the above indications, except for COPD, and CSU, and BP 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 and continued use of add-on maintenance therapy, where indicated.

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

## References

Dupixent subcutaneous injection [prescribing information]. Tarrytown, NY: Regeneron/Sanofi-Aventis; June 2025.

UpToDate: Murrell DF. Treatment and prognosis of bullous pemphigoid. UpToDate. Last updated November 2025.

## Finerenone (Kerendia) Prior Authorization Review

### Background

Finerenone (Kerendia) received approval for a new indication to reduce the risk of cardiovascular death, hospitalization for heart failure, and urgent heart failure visits in adult patients with heart failure with left ventricular ejection fraction (LVEF)  $\geq 40\%$ . Sodium-glucose cotransporter-2 (SGLT2) inhibitors dapagliflozin (Farxiga) and empagliflozin (Jardiance) are also indicated to reduce the risk of cardiovascular death and hospitalizations for heart failure in adults with heart failure. Kerendia is also approved to reduce the risk of sustained estimated glomerular filtration rate (eGFR) decline, end-stage kidney disease, cardiovascular death, nonfatal myocardial infarction, and hospitalization for heart failure in adult patients with chronic kidney disease (CKD) associated with type 2 diabetes (T2D). Kerendia is the only non-steroidal mineralocorticoid receptor antagonist (MRA) approved for CKD associated T2D and for heart failure with LVEF  $\geq 40\%$ .

[The American College of Cardiology/American Heart Association/Heart Failure Society of America \(ACC/AHA/HFSA\) Guidelines for the Management of Heart Failure \(2022\)](#) recommend MRAs (class 2b recommendation, weak) in patients with HF with mildly reduced ejection fraction (HFmrEF) or HF with preserved ejection fraction (HFpEF). Additional treatment recommendations for HFmrEF and HFpEF include diuretics for edema and/or congestion symptoms (class 1 recommendation, strong), SGLT2 inhibitors (class 2a recommendation, moderate), angiotensin receptor-neprilysin inhibitors (ARNi) (class 2b recommendation, weak), and angiotensin (II) receptor blockers (ARBs) (class 2b recommendation, weak). Guidelines have not been updated to specifically include finerenone in HF.

**Dose and Administration** for heart failure (see [prescribing information](#) for complete dosing information)

- Prior to initiation, measure serum potassium levels and eGFR. Do not initiate treatment if serum potassium is  $> 5$  mEq/L.
- Dosing is dependent on eGFR. The initial dosing range is 10 mg or 20 mg once daily with a target dose of 20 mg to 40 mg once daily.
- Dose adjustments are required based on serum potassium after initiating treatment. Withhold treatment if serum potassium is  $\geq 6$  mEq/L.

### Clinical Studies

The approval of Kerendia for the new indication was based on FINEARTS-HF, a randomized, double-blind, placebo-controlled study in 6,001 adult patients with heart failure (New York Heart Association [NYHA] class II–IV) with left ventricular ejection fraction (LVEF)  $\geq 40\%$ . Patients were required to have an eGFR  $\geq 25$  mL/min/1.73m<sup>2</sup> and serum potassium  $\leq 5$  mEq/L at screening and randomization and were receiving background heart failure medical treatment, including diuretics. Patients were randomized to Kerendia or placebo and were followed for a median of 2.7 years. The primary endpoint was the composite of cardiovascular (CV) death and total (first and

recurrent) heart failure events comprised of hospitalization for heart failure and urgent heart failure visits.

- The event rate (per 100 patient-years) for the primary composite endpoint was 14.9 with Kerendia vs. 17.7 with placebo (relative risk [RR] 0.84, 95% CI: 0.74, 0.95;  $p = 0.007$ ).
- The treatment effect for the primary endpoint was consistent across all pre-specified subgroups, including sex, LVEF, NYHA class, eGFR, time since latest heart failure event, SGLT2 inhibitor therapy, and diabetes mellitus status.

### **Current Clinical Prior Authorization Criteria**

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

1. Request adheres to all FDA approved labeling, including age, dosing, contraindications, warnings and precautions, and drug interactions; and
2. Patient has a diagnosis of chronic kidney disease (CKD) associated with Type 2 Diabetes (T2D); and
3. Patient is currently receiving a maximally tolerated dose of an angiotensin converting enzyme inhibitor (ACEi) or angiotensin receptor blocker (ARB); and
4. Patient is currently receiving a maximally tolerated dose of a sodium-glucose co-transporter 2 (SGLT2) inhibitor indicated to reduce the risk of sustained eGFR decline, end-stage kidney disease, cardiovascular death, and hospitalization for heart failure in adults with chronic kidney disease [i.e., dapagliflozin (Farxiga)]; and
5. Patient has the following baseline tests prior to initiation of treatment with finerenone:
  - a. Serum potassium is  $\leq 5.0$  mEq/L; and
  - b. Estimated glomerular filtration rate (eGFR) is  $\geq 25$  mL/min/1.73m<sup>2</sup>; and
  - c. Urine albumin to creatinine ratio (UACR) is  $\geq 30$  mg/g.

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

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

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

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

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

1. Request adheres to all FDA approved labeling, including age, dosing, contraindications, warnings and precautions, and drug interactions; and

2. Patient has a diagnosis of chronic kidney disease (CKD) associated with Type 2 Diabetes (T2D); and
  - a. Patient is currently receiving a maximally tolerated dose of an angiotensin converting enzyme inhibitor (ACEi) or angiotensin receptor blocker (ARB); and
  - b. Patient is currently receiving a maximally tolerated dose of a sodium-glucose co-transporter 2 (SGLT2) inhibitor indicated to reduce the risk of sustained eGFR decline, end-stage kidney disease, cardiovascular death, and hospitalization for heart failure in adults with chronic kidney disease (i.e., dapagliflozin [Farxiga], empagliflozin [Jardiance]); or and
3. Patient has a diagnosis of heart failure; and
  - a. Patient has a left ventricular ejection fraction  $\geq 40\%$ ; and
  - b. Patient is currently receiving a maximally tolerated dose of a SGLT2 inhibitor indicated for use in patients with heart failure (i.e., dapagliflozin [Farxiga], empagliflozin [Jardiance]); and
4. Patient has the following baseline tests prior to initiation of treatment with finerenone:
  - a. Serum potassium is  $\leq 5.0$  mEq/L; and
  - b. Estimated glomerular filtration rate (eGFR) is  $\geq 25$  mL/min/1.73m<sup>2</sup>; and
  - c. Urine albumin to creatinine ratio (UACR) is  $\geq 30$  mg/g.

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

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

1. Patient's eGFR is  $\geq 25$  mL/min/1.73m<sup>2</sup>; and
2. **For a diagnosis of CKD associated with T2D:**
  - a. Patient's serum potassium is  $< 5.5$  mEq/L; and
  - b. Patient remains on a maximally tolerated dose of an ACEi or ARB; and
  - c. Patient remains on a maximally tolerated dose of an SGLT2 inhibitor;or
3. **For a diagnosis of heart failure:**
  - a. Patient's serum potassium is  $< 6$  mEq/L; and
  - b. Patient remains on a maximally tolerated dose of an SGLT2 inhibitor.

## References

Kerendia tablets [prescribing information]. Whippany, NJ: Bayer; August 2025.

Heidenreich PA, Bozkurt B, Aguilar D, et al. 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Circulation*. 2022;145(18):e895-e1032.

## **Janus Kinase (JAK) Inhibitors Prior Authorization Criteria Review**

### **Background**

Rinvoq (upadacitinib) received U.S. FDA approval for updated indications for adult patients with moderately to severely active ulcerative colitis (UC) and moderately to severely active Crohn's disease (CD) who have had an inadequate response or intolerance to one or more TNF blockers. If TNF blockers are clinically inadvisable, patients should have received at least one approved systemic therapy prior to use of Rinvoq. Previously, Rinvoq was approved in adults with moderately to severely active UC or CD who had an inadequate response or intolerance to one or more TNF blockers.

Prior authorization criteria are being updated to reflect the updated indications.

### **Current Clinical Prior Authorization Criteria**

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

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

- i. A documented trial and inadequate response with a preferred TNF inhibitor; OR
- e. Polyarticular Course Juvenile Idiopathic Arthritis; with
  - i. A documented trial and inadequate response to the preferred oral DMARD, methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); and
  - ii. A documented trial and inadequate response with a preferred TNF inhibitor; OR
- f. Axial spondyloarthritis conditions (e.g., ankylosing spondylitis or nonradiographic axial spondyloarthritis); with
  - i. A documented trial and inadequate response to at least two preferred non-steroidal anti-inflammatories (NSAIDs) at a maximally tolerated dose for a minimum of at least one month; and
  - ii. A documented trial and inadequate response with at least one preferred TNF inhibitor; OR
- g. Atopic dermatitis; with
  - i. Documentation patient has failed to respond to good skin care and regular use of emollients; and
  - ii. A documented adequate trial and therapy failure with one preferred medium to high potency topical corticosteroid for a minimum of 2 consecutive weeks; or
  - iii. A documented trial and therapy failure with a topical immunomodulator for a minimum of 4 weeks; and
  - iv. For mild to moderate atopic dermatitis (topical treatments):
    - 1. Affected area is less than 20% of body surface area (BSA); and
    - 2. Patient has been instructed to use no more than 60 grams of topical ruxolitinib per week; or
  - v. For moderate to severe chronic hand eczema (topical treatments):
    - 1. Chronic hand eczema has persisted for more than 3 months or recurred two or more times within a 12-month time frame after the initial occurrence with complete clearances between relapses; and
    - 2. Patient has been instructed to use no more than 30 grams per 2 weeks or 60 grams per month of topical delgocitinib; or
  - v. For moderate to severe atopic dermatitis (oral treatments):
    - 1. A documented trial and therapy failure with a systemic drug product for the treatment of moderate to severe atopic dermatitis, including biologics; and
    - 2. Requests for upadacitinib for pediatric patients 12 to less than 18 years of age must include the patient's weight in kg; or
- h. Nonsegmental vitiligo; with
  - i. A documented trial and inadequate response with a potent topical

- corticosteroid; or
  - ii. A documented trial and inadequate response with a topical calcineurin inhibitor; and
  - iii. The patient's body surface area (BSA) is less than or equal to the affected BSA per FDA approved label, if applicable; or
- i. Giant Cell Arteritis; with
  - i. Documentation patient is currently taking a glucocorticoid, with a tapering dose, or has discontinued use of glucocorticoids.

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

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

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

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

- d. Moderately to severely active Crohn's disease; with
  - i. A documented trial and inadequate response with a preferred TNF inhibitor; or
  - ii. *If TNF inhibitors are clinically inadvisable, documentation of at least one approved systemic therapy*; OR
- e. Polyarticular Course Juvenile Idiopathic Arthritis; with
  - i. A documented trial and inadequate response to the preferred oral DMARD, methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); and
  - ii. A documented trial and inadequate response with a preferred TNF inhibitor; OR
- f. Axial spondyloarthritis conditions (e.g., ankylosing spondylitis or nonradiographic axial spondyloarthritis); with
  - i. A documented trial and inadequate response to at least two preferred non-steroidal anti-inflammatories (NSAIDs) at a maximally tolerated dose for a minimum of at least one month; and
  - ii. A documented trial and inadequate response with at least one preferred TNF inhibitor; OR
- g. Atopic dermatitis; with
  - i. Documentation patient has failed to respond to good skin care and regular use of emollients; and
  - ii. A documented adequate trial and therapy failure with one preferred medium to high potency topical corticosteroid for a minimum of 2 consecutive weeks; or
  - iii. A documented trial and therapy failure with a topical immunomodulator for a minimum of 4 weeks; and
  - iv. For mild to moderate atopic dermatitis (topical treatments):
    - 1. Affected area is less than 20% of body surface area (BSA); and
    - 2. Patient has been instructed to use no more than 60 grams of topical ruxolitinib per week; or
  - v. For moderate to severe chronic hand eczema (topical treatments):
    - 1. Chronic hand eczema has persisted for more than 3 months or recurred two or more times within a 12-month time frame after the initial occurrence with complete clearances between relapses; and
    - 2. Patient has been instructed to use no more than 30 grams per 2 weeks or 60 grams per month of topical delgocitinib; or
  - vi. For moderate to severe atopic dermatitis (oral treatments):
    - 1. A documented trial and therapy failure with a systemic drug product for the treatment of moderate to severe atopic dermatitis, including biologics; and
    - 2. Requests for upadacitinib for pediatric patients 12 to less than 18 years of age must include the patient's weight in

kg; or

- h. Nonsegmental vitiligo; with
  - i. A documented trial and inadequate response with a potent topical corticosteroid; or
  - ii. A documented trial and inadequate response with a topical calcineurin inhibitor; and
  - iii. The patient's body surface area (BSA) is less than or equal to the affected BSA per FDA approved label, if applicable; or
- i. Giant Cell Arteritis; with
  - i. Documentation patient is currently taking a glucocorticoid, with a tapering dose, or has discontinued use of glucocorticoids.

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

#### **References**

Rinvoq [prescribing information]. North Chicago, IL: AbbVie Inc.; October 2025.

## **Remibrutinib (Rhapsido)**

### **Prior Authorization Criteria Review**

#### **Background**

Remibrutinib (Rhapsido) is a Bruton's tyrosine kinase (BTK) inhibitor indicated for the treatment of chronic spontaneous urticaria (CSU) in adult patients who remain symptomatic despite H1 antihistamine treatment. It is the first BTK inhibitor to receive approval for CSU. Dupilumab and omalizumab are also approved treatment options for this condition. The proposed criteria are modeled after the established criteria for dupilumab and omalizumab.

Limitation of use: Rhapsido is not indicated for other forms of urticaria.

#### **Dosage and Administration**

- 25 mg orally twice daily (do not split, crush, or chew)

#### **Dosage Forms and Strengths**

- Tablet: 25 mg

#### **Contraindications**

- None

#### **Warnings and Precautions**

- Risk of bleeding: Monitor for signs and symptoms. Interrupt treatment if bleeding is observed or pre- and post-surgery. Concomitant use of antithrombotic agents may further increase risk.
- Live attenuated vaccines: Avoid use

#### **Adverse Reactions**

- Most common ( $\geq 3\%$ ): nasopharyngitis, bleeding, headache, nausea and abdominal pain

#### **Clinical Studies**

The efficacy of Rhapsido was established in two identical, randomized, double-blind, placebo-controlled studies (REMIX-1 and REMIX-2) in a total of 925 adult patients with CSU inadequately controlled despite treatment with H1 antihistamines. Continued symptomatic disease was defined as itch and hives for 6 or more consecutive weeks prior to screening. Patients were randomized in a 2:1 ratio to receive oral Rhapsido 25 mg twice daily or placebo. The co-primary endpoints were absolute change from baseline in the weekly itch severity score (ISS7) and the weekly hives severity score (HSS7) at week 12. The ISS7 (range 0 to 21) was defined as the sum of the daily itch severity scores (range 0 to 3) recorded over a 7-day period. The HSS7 (range 0 to 21)

was defined as the sum of the daily hive severity scores (range 0 to 3) recorded over a 7-day period.

- In REMIX-1, the least squares (LS) mean change in ISS7 was -9.52 with Rhapsido vs. -6.89 with placebo (difference -2.63, 95% CI: -3.70, -1.56). The LS mean change in HSS7 was -10.47 and -6.86, respectively (difference -3.61, 95% CI: -4.85, -2.36).
- In REMIX-2, the LS mean change in ISS7 was -8.95 with Rhapsido vs. -5.72 with placebo (difference -3.23, 95% CI: -4.29, -2.16). The LS mean change in HSS7 was -10.47 and -6.00, respectively (difference -4.47, 95% CI: -5.71, -3.23).

### **Manufacturer**

- Novartis

### **Cost**

- WAC: \$75.35 per tablet; \$4,521 per 30 days; \$54,252 per 12 months

### **Newly Proposed Clinical Prior Authorization Criteria**

Prior authorization (PA) is required for remibrutinib (Rhapsido). 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 has a diagnosis of chronic spontaneous urticaria (CSU) with no known cause; and
3. Patient has documentation of an adequate trial and therapy failure with a preferred second generation H1 receptor antihistamine for at least 2 weeks.

If criteria for coverage are met, initial authorization will be given for 12 months to assess the response to treatment. Requests for continuation of therapy will require documentation of a positive response to therapy and continued use of add-on maintenance therapy.

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

### **References**

Rhapsido tablets [prescribing information]. East Hanover, NJ: Novartis; September 2025.

## **Tezepelumab-ekko (Tezspire) Prior Authorization Criteria Review**

### **Background**

Tezepelumab-ekko (Tezspire) has received a second indication for the add-on maintenance treatment of adult and pediatric patients aged 12 years and older with inadequately controlled chronic rhinosinusitis with nasal polyps (CRSwNP). Other biologics including dupilumab, mepolizumab, and omalizumab are also indicated for CRSwNP.

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

### **Clinical Studies** (for CRSwNP indication)

The approval of Tezspire for the new indication was based on WAYPOINT, a randomized, double blind, placebo-controlled study in 408 patients aged 18 years and older on standard of care treatment for CRSwNP. Patients received Tezspire or placebo every 4 weeks for 52 weeks in addition to nasal corticosteroid treatment for CRSwNP. This study included patients with symptomatic CRSwNP despite treatment with nasal corticosteroids, and who had systemic corticosteroids within the past 12 months and/or any history of sino-nasal surgery, or with contraindications and/or intolerance to either. The co-primary endpoints were change from baseline in total nasal polyp score (NPS) evaluated by nasal endoscopy at week 52 and change from baseline in bi-weekly mean nasal congestion score (NCS) evaluated at week 52.

- The least squared (LS) mean change from baseline in NPS was -2.47 with Tezspire vs. -0.47 with placebo (difference -2.01, 95% CI: -2.33, -1.68).
- The LS mean change from baseline in NCS was -1.76 with Tezspire vs. -0.81 with placebo (difference -0.95, 95% CI: -1.12, -0.78).

### **Current Clinical Prior Authorization Criteria**

Prior authorization (PA) is required for tezepelumab-ekko (Tezspire) prefilled pen. Requests for tezepelumab-ekko (Tezspire) single dose vial or prefilled syringe will not be considered through the pharmacy benefit. Payment will be considered for an FDA approved or compendia indicated diagnosis for the requested drug when the following conditions are met:

1. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient has a diagnosis of severe asthma; and
  - a. Symptoms are inadequately controlled with documentation of current treatment with a high-dose inhaled corticosteroid (ICS) given in combination with a controller medication (e.g., long-acting beta2 agonist [LABA], leukotriene receptor antagonist [LTRA], oral theophylline) for a minimum of 3 consecutive months. Patient must be compliant with therapy, based on pharmacy claims; and

- b. Patient must have one of the following, in addition to the regular maintenance medications defined above:
  - i. Two or more asthma exacerbations requiring oral or injectable corticosteroid treatment in the previous 12 months, or
  - ii. One or more asthma exacerbations resulting in hospitalization in the previous 12 months; and
- c. This medication will be used as an add-on maintenance treatment; and
- d. Patient/caregiver will administer medication in patient's home; and
- e. Is not prescribed in combination with other biologics indicated for asthma.

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

The required trials may be overridden when documented evidence is provided that 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 tezepelumab-ekko (Tezspire) prefilled pen. Requests for tezepelumab-ekko (Tezspire) single dose vial or prefilled syringe will not be considered through the pharmacy benefit. Payment will be considered for an FDA approved or compendia indicated diagnosis for the requested drug when the following conditions are met:

1. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient has a diagnosis of severe asthma; and
  - a. Symptoms are inadequately controlled with documentation of current treatment with a high-dose inhaled corticosteroid (ICS) given in combination with a controller medication (e.g., long-acting beta2 agonist [LABA], leukotriene receptor antagonist [LTRA], oral theophylline) for a minimum of 3 consecutive months. Patient must be compliant with therapy, based on pharmacy claims; and
  - b. Patient must have one of the following, in addition to the regular maintenance medications defined above:
    - i. Two or more asthma exacerbations requiring oral or injectable corticosteroid treatment in the previous 12 months, or
    - ii. One or more asthma exacerbations resulting in hospitalization in the previous 12 months; and
  - c. This medication will be used as an add-on maintenance treatment; and
  - d. Patient/caregiver will administer medication in patient's home; and
  - e. Is not prescribed in combination with other biologics indicated for

asthma; or

3. *Patient has a diagnosis of inadequately controlled chronic rhinosinusitis with nasal polyps (CRSwNP); and*
  - a. *Documentation that tezepelumab 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.*

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

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

#### **References**

Tezspire [prescribing information]. Thousand Oaks, CA: Amgen Inc.; October 2025.

<p><b>2026</b> <b>Vol. 38</b> <b>No. 1</b></p>		<p><i>The Bulletin of Medicaid Drug Utilization Review in Iowa</i></p>
<p align="center"><b><i>DUR Commission Members</i></b>          Melissa Klotz, PharmD, Chairperson ♦ Jason Kruse, DO, Vice-Chairperson          Rhea Hartley, MD ♦ Holly Randleman, PharmD ♦ Jennifer Johnson, PharmD ♦ Bryon Schaeffer, MD          Charles Wadle, DO ♦ Caitlin Reinking, PharmD ♦ Jordan Thoman, PharmD ♦ Abby Cate, PharmD  <b><i>DUR Professional Staff</i></b>          Pamela Smith, RPh, DUR Project Coordinator</p>		

### New FDA Warning on Cetirizine and Levocetirizine

The U.S. Food & Drug Administration (FDA) issued a warning about rare, but severe, pruritus that may occur after discontinuing long-term use of cetirizine (Zyrtec) and levocetirizine (Xyzal). Additional warnings have been added to the labeling about this risk.

Between April 25, 2017, and July 6, 2023, the FDA identified 209 cases of pruritus following discontinuation of cetirizine or levocetirizine, with 197 reported domestically through the FDA Adverse Event Reporting System (FAERS). In all cases, itching began shortly after stopping the medication, typically within two days, and was often widespread and severe, significantly impacting quality of life. Most affected individuals had used the medication for over three months, with a median duration of 33 months, suggesting that long-term use may increase the risk of this reaction. Serious outcomes included disability (48 cases), hospitalization (3 cases), and reports of suicidal thoughts or self-harm (2 cases). Notably, 99% of patients who restarted and then stopped the medication again experienced a recurrence of symptoms. Restarting cetirizine or levocetirizine resolved pruritus in 90% of cases, and tapering after restarting helped in 38% of those who tried it. These findings highlight the importance of provider awareness and consideration of tapering strategies when discontinuing long-term antihistamine therapy.

[Guidelines](#) published by the American Academy of Allergy, Asthma and Immunology recommend inhaled corticosteroids as a first-line agent for allergic rhinitis. If antihistamines are warranted, second-generation, non-sedating agents are recommended over the older first-generation agents. There are several other second-generation agents available other than cetirizine and levocetirizine, such as loratadine, desloratadine, and fexofenadine. Antihistamine nasal sprays are also an option.

The Iowa Medicaid [Preferred Drug List \(PDL\)](#) contains several preferred agents that do not require prior authorization (PA). Providers are encouraged to review preferred options prior to prescribing medication(s).

## New FDA Warning for Extended-Release Stimulants for ADHD

The U.S. Food & Drug Administration (FDA) now requires expanded labeling for extended-release stimulants used to treat attention-deficit/hyperactivity disorder (ADHD) to include a warning about the increased risks of weight loss and other adverse effects associated with their use in children under 6 years of age. Although extended-release stimulants are not approved for children younger than 6 years, they can be prescribed off label to treat ADHD. The labels of all stimulants used for the treatment of ADHD already contain a boxed warning about the high risk of abuse and dependence associated with their use.

The FDA's analysis of clinical trial data revealed that children under 6 years old being treated with extended-release formulations of amphetamine or methylphenidate experience higher plasma drug levels and greater rates of adverse reactions compared to older children receiving the same dosage. One of the most concerning findings was clinically significant weight loss, defined as a  $\geq 10\%$  drop in CDC weight percentile, observed in both short- and long-term studies.

Children under 6 years old who are taking an extended-release stimulant and have weight loss or other adverse effects should be switched to an immediate-release stimulant.

[Guidelines](#) published by the American Academy of Pediatrics recommend first line treatment, for preschool-aged children (age 4 to 5 years) with ADHD, evidence-based PTBM and/or behavioral classroom interventions, if available. Methylphenidate may be considered if behavioral interventions do not provide significant improvement and there is moderate-to-severe continued disturbance in the 4- through 5-year-old child's functioning. In areas in which evidence-based behavioral treatments are not available, the clinician needs to weigh the risks of starting medication before the age of 6 years against the harm of delaying treatment.

## FDA MedWatch Online Voluntary Reporting

Health professionals, consumers, and patients are encouraged to report observed or suspected adverse events with human medical products to the FDA. Voluntary reporting can assist the FDA in identifying an unknown risk for approved medical products. Reporting can be done through the [FDA online reporting portal](#) or by downloading, completing and submitting the FDA form 3500 (Health Professional) or 3500B (Consumer/patient) to MedWatch: The Safety Information and Adverse Event Reporting Program.

Information to report to MedWatch includes unexpected side effects or adverse events, product quality problems, product use/medication errors that can be prevented, and therapeutic failures.

## Medicaid Statistics for Prescription Claims September through November 2025

	FFS	Wellpoint	Iowa Total Care	Molina Healthcare
<b>Total \$ Paid</b>	\$2,936,348	\$107,989,842	\$84,792,386	\$61,634,913
<b># Paid Claims</b>	21,741	772,016	634,340	473,689
<b>Unique Users</b>	3,343	100,759	92,395	76,623
<b>Avg Cost/Rx</b>	\$135.06	\$139.88	\$133.67	\$130.12
<b>Top 5 Therapeutic Class by RX Count</b> <small>Therapeutic class taxonomy may differ among each plan</small>	Antidepressants	Antidepressants	Antidepressants	Antidepressants
	Anticonvulsants	ADHD/Anti-Narcolepsy/Anti-Obesity/Anorexiant	Anticonvulsants	ADHD/Anti-Narcolepsy/Anti-Obesity/Anorexiant
	ADHD/Anti-Narcolepsy/Anti-Obesity/Anorexiant	Anticonvulsants	ADHD/Anti-Narcolepsy/Anti-Obesity/Anorexiant	Anticonvulsants
	Antiasthmatic and Bronchodilator Agents	Antiasthmatic and Bronchodilator Agents	Antiasthmatic and Bronchodilator Agents	Antiasthmatic and Bronchodilator Agents
	Antipsychotics/Antimanic Agents	Antipsychotics/Antimanic Agents	Antidiabetics	Antidiabetics
<b>Top 5 Therapeutic Class by \$ Amount</b> <small>(pre-rebate) Therapeutic class taxonomy may differ among each plan</small>	Antidiabetics	Antidiabetics	Antidiabetics	Dermatologicals
	Antipsychotics/Antimanic Agents	Dermatologicals	Dermatologicals	Antidiabetics
	Analgesics – Anti-Inflammatory	Antipsychotics/Antimanic Agents	Antipsychotics/Antimanic Agents	Antipsychotics/Antimanic Agents
	Dermatologicals	Analgesics – Anti-Inflammatory	Analgesics – Anti-Inflammatory	Analgesics – Anti-Inflammatory
	Anticonvulsants	ADHD/Anti-Narcolepsy/Anti-Obesity/Anorexiant	Antiasthmatic and Bronchodilator Agents	Antiasthmatic and Bronchodilator Agents
<b>Top 5 Drugs by Prescription Count</b>	Albuterol Sulfate HFA	Trazodone	Albuterol	Albuterol Sulfate HFA
	Trazodone	Omeprazole	Trazodone	Sertraline
	Methylphenidate	Sertraline	Bupropion	Trazodone
	Gabapentin	Albuterol Sulfate HFA	Sertraline	Amoxicillin
	Escitalopram	Bupropion XL	Omeprazole	Bupropion XL
<b>Top 5 Drugs by Paid Amount</b> <small>(pre-rebate)</small>	Ozempic	Ozempic	Ozempic	Ozempic
	Humira Pen	Humira Pen	Dupixent	Dupixent
	Vraylar	Vraylar	Humira Pen	Vraylar
	Evrysdi	Dupixent	Vraylar	Humira Pen
	Dupixent	Mounjaro	Trikafta	Skyrizi Pen