IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION
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May 7, 2026

Abby Cate, Pharm.D.
Pharmacy Consultant
Iowa Medicaid
1305 East Walnut
Des Moines, Iowa 50309

Dear Abby:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, May 6, 2026. At this meeting, Commission members reviewed and discussed prior authorization (PA) criteria for Apolipoprotein C-III (ApoC-III) Inhibitors; Biologicals for Hidradenitis Suppurativa; Dupilumab (Dupixent); and Idiopathic Pulmonary Fibrosis and Related Lung Diseases. The following recommendations have been made by the DUR Commission:

Apolipoprotein C-III (ApoC-III) Inhibitors
(formerly Olezarsen [Tryngolza])

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

1. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient has a diagnosis of familial chylomicronemia syndrome (FCS) confirmed by genetic testing, (e.g., biallelic pathogenic variants in FCS-causing genes [*LPL, GPIHBP1, APOA5, APOC2, or LMF1*]) (attach genetic testing results); and
3. The patient has a current fasting triglyceride level of 880 mg/dL or greater (attach current lipid panel obtained within the past 30 days); and
4. The patient will use medication in combination with a low-fat diet (≤ 20 grams of total fat per day); and
5. Is prescribed by or in consultation with a cardiologist, an endocrinologist, or a provider who specializes in lipid management.

If the criteria for coverage are met, initial requests will be given for 6 months. Requests for continuation of therapy will be considered at 12-month intervals under the following conditions:

1. Documentation of a decrease in fasting triglyceride level from baseline (attach current lipid panel obtained within the past 30 days); and
2. Patient continues to use medication in combination with a low-fat diet (≤ 20 grams of total fat per day); and
3. Is prescribed by or in consultation with a cardiologist, an endocrinologist, or a provider who specializes in lipid management.

Proposed Clinical Prior Authorization Criteria (changes highlighted/italicized and/or stricken)
Prior authorization (PA) is required for *apoC-III inhibitors* ~~olezarsen (Tryngolza)~~. Requests for non-preferred agents may be considered when documented evidence is provided that the use of the preferred agent(s) would be medically contraindicated. Payment will be considered for an FDA approved or compendia indicated diagnosis for the requested drug when the following conditions are met:

1. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient has a diagnosis of familial chylomicronemia syndrome (FCS) confirmed by genetic testing, (e.g., biallelic pathogenic variants in FCS-causing genes [*LPL, GPIHBP1, APOA5, APOC2, or LMF1*]) (attach genetic testing results); and
3. The patient has a current fasting triglyceride level of 880 mg/dL or greater (attach current lipid panel obtained within the past 30 days); and
4. The patient will use medication in combination with a low-fat diet (≤ 20 grams of total fat per day); and
5. *Medication will not be used concomitantly with other apoC-III inhibitors; and*
6. Is prescribed by or in consultation with a cardiologist, an endocrinologist, or a provider who specializes in lipid management.

If the criteria for coverage are met, initial requests will be given for ~~6~~ *12* months. Requests for continuation of therapy will be considered at 12-month intervals under the following conditions:

1. Documentation of a decrease in fasting triglyceride level from baseline (attach current lipid panel obtained within the past 30 days); and
2. Patient continues to use medication in combination with a low-fat diet (≤ 20 grams of total fat per day); and
3. Is prescribed by or in consultation with a cardiologist, an endocrinologist, or a provider who specializes in lipid management.

Biologicals for Hidradenitis Suppurativa

Current Clinical Prior Authorization Criteria
Prior authorization (PA) is required for biologicals FDA approved or compendia indicated for the treatment of Hidradenitis Suppurativa (HS). Payment for non-preferred biologic agents will be considered only for cases in which there is documentation of a previous trial and

therapy failure with a preferred biologic agent. Payment will be considered under the following conditions:

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

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

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

Proposed Clinical Prior Authorization Criteria (changes highlighted/italicized and/or stricken)
Prior authorization (PA) is required for biologicals FDA approved or compendia indicated for the treatment of Hidradenitis Suppurativa (HS). Payment for non-preferred biologic agents will be considered only for cases in which there is documentation of a previous trial and therapy failure with a preferred biologic agent. Payment will be considered under the following conditions:

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

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

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

Dupilumab (Dupixent)

Current Clinical Prior Authorization Criteria

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

1. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient's current weight in kilograms (kg) is provided; and
3. Patient has a diagnosis of moderate-to-severe atopic dermatitis; and
    a. 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 ≥ 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) ≤ 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 $_2$ 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 ≥ 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 pruritus, as demonstrated by a current Worst Itch-Numeric Rating Scale (WI-NRS) ≥ 7; and
    b. Patient has ≥ 20 nodular lesions (attach documentation); and
    c. Documentation of a previous trial and therapy failure with a high or super high potency topical corticosteroid for at least 14 consecutive days; 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-2 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, 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.

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 ≥ 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) ≤ 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 $_2$ 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 ≥ 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 pruritus, as demonstrated by a current Worst Itch-Numeric Rating Scale (WI-NRS) ≥ 7; and
    b. Patient has ≥ 20 nodular lesions (attach documentation); and
    c. Documentation of a previous trial and therapy failure with a high or super high potency topical corticosteroid for at least 14 consecutive days; 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; or
10. Patient has a diagnosis of bullous pemphigoid (BP); and
    a. Is initiated with a tapering course of oral corticosteroids*; or*
11. *Patient has a diagnosis of allergic fungal rhinosinusitis (AFRS); and*
    a. *Patient has a history of sino-nasal surgery*.

If criteria for coverage are met, initial authorization will be given for 6 months for all the above indications, except for COPD, CSU, ~~and~~ BP*, and AFRS* 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.

Idiopathic Pulmonary Fibrosis and Related Lung Diseases
(formerly Pirfenidone [Esbriet]/Nintedanib [Ofev])

Current Clinical Prior Authorization Criteria
Prior authorization (PA) is required for pirfenidone (Esbriet) and nintedanib (Ofev). Dosing outside the FDA approved dosing will not be considered. Concomitant use of pirfenidone and nintedanib will not be considered. Payment will be considered for patients when the following criteria are met:

1. Patient meets the FDA approved age; and
2. Is prescribed by a pulmonologist; and
3. Patient does not have hepatic impairment as defined below:
    a. Nintedanib – Patient does not have moderate or severe hepatic impairment (Child Pugh B or C); or
    b. Pirfenidone – Patient does not have severe hepatic impairment (Child Pugh C); and
4. Patient does not have renal impairment as defined below:
    a. Nintedanib – Patient does not have severe renal impairment (CrCl <30 ml/min) or end-stage renal disease; or
    b. Pirfenidone – Patient does not have end-stage renal disease requiring dialysis; and
5. Patient does not utilize non-prescribed inhalants, such as vaping or other inhaled tobacco products, prior to initiating therapy and has been instructed to avoid tobacco products while using pirfenidone or nintedanib; and
6. Patient has a diagnosis of idiopathic pulmonary fibrosis (nintedanib or pirfenidone) as confirmed by one of the following (attach documentation):
    a. Findings on high-resolution computed tomography (HRCT) indicating usual interstitial pneumonia (UIP); or
    b. A surgical lung biopsy demonstrating usual interstitial pneumonia (UIP); and
    c. Prescriber has excluded other known causes of interstitial lung disease (ILD) such as domestic and occupational exposures, connective tissue disease, and drug toxicity; and
    d. Patient has documentation of pulmonary function tests within the prior 60 days with a forced vital capacity (FVC) ≥50% predicted; and
    e. Patient has a carbon monoxide diffusion capacity (%Dlco) of ≥30% predicted; or
7. Patient has a diagnosis of systemic sclerosis-associated interstitial lung disease (SSc-ILD) (nintedanib) as confirmed by the following (attach documentation):

a. Documentation of a chest high resolution computed tomography (HRCT) scan showing fibrosis affecting ≥ 10% of the lungs; and
b. Patient has documented pulmonary function tests within the prior 60 days showing FVC ≥ 40% predicted; and
c. Patient has a carbon monoxide diffusion capacity (%Dlco) of ≥ 30-89% predicted; or

8. Patient has a diagnosis of chronic fibrosing interstitial lung disease with a progressive phenotype (nintedanib) and confirmed by the following (attach documentation):
    a. Documentation of a chest high resolution computed tomography (HRCT) scan showing fibrosis affecting ≥ 10% of the lungs; and
    b. Patient has documented pulmonary function tests within the prior 60 days showing FVC ≥ 45% predicted; and
    c. Patient has a carbon monoxide diffusion capacity (%Dlco) of ≥ 30-79% predicted; and
    d. Patient has at least one sign of clinical progression for interstitial lung disease within the last 24 months despite standard treatment with an agent other than nintedanib or pirfenidone:
        i. A relative decline in the FVC of at least 10% predicted; or
        ii. A relative decline in the FVC of 5-9% predicted combined with at least one of the following:
            1. Worsening respiratory symptoms; or
            2. Increased extent of fibrosis on HRCT; or
        iii. Worsening respiratory symptoms and an increased extent of fibrotic changes on HRCT only.

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

1. Adherence to pirfenidone (Esbriet) or nintedanib (Ofev) is confirmed; and
2. Documentation of a positive response to therapy, defined as meeting at least one of the following:
    a. Rate of lung function decline slowed; or
    b. Improved or no worsening of symptoms of cough, shortness of breath; and
3. Documentation is provided that the patient has remained tobacco-free; and
4. ALT, AST, and bilirubin are assessed periodically during therapy.

Proposed Clinical Prior Authorization Criteria (changes italicized/highlighted, and/or stricken)
Prior authorization (PA) is required for *medications used to treat idiopathic pulmonary fibrosis and related lung diseases.* ~~pirfenidone (Esbriet) and nintedanib (Ofev). Dosing outside the FDA approved dosing will not be considered. Concomitant use of pirfenidone and nintedanib will not be considered.~~ *Payment for non-preferred agents will be authorized only for cases in which there is documentation of a previous trial and therapy failure with a preferred agent that is FDA approved or compendia indicated for the submitted diagnosis, when applicable.* Payment will be considered for patients when the following criteria are met:

1. *Request adheres to all FDA approved labeling including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations* ~~Patient meets the FDA approved age~~; and
2. Is prescribed by a pulmonologist; and
3. ~~Patient does not have hepatic impairment as defined below:~~

a. ~~Nintedanib – Patient does not have moderate or severe hepatic impairment (Child Pugh B or C); or~~
b. ~~Pirfenidone – Patient does not have severe hepatic impairment (Child Pugh C); and~~

4. ~~Patient does not have renal impairment as defined below:~~
   a. ~~Nintedanib – Patient does not have severe renal impairment (CrCl <30 ml/min) or end-stage renal disease; or~~
   b. ~~Pirfenidone – Patient does not have end-stage renal disease requiring dialysis; and~~
5. Patient does not utilize non-prescribed inhalants, ~~such as~~ *including but not limited to* vaping or other inhaled ~~tobacco~~ products, prior to initiating therapy and has been instructed to avoid ~~tobacco~~ *these* products while using *requested medication(s)* ~~pirfenidone or nintedanib~~; and
6. Concomitant use of nintedanib and pirfenidone will not be considered; and
7. Documentation of an inadequate response to monotherapy with nintedanib or pirfenidone, at up to maximally indicated doses, is required prior to combination therapy with nerandomilast; and
8. Patient has a diagnosis of idiopathic pulmonary fibrosis (*nerandomilast,* nintedanib*,* or pirfenidone) as confirmed by one of the following (attach documentation):
   a. Findings on high-resolution computed tomography (HRCT) indicating usual interstitial pneumonia (UIP); or
   b. A surgical lung biopsy demonstrating ~~usual interstitial pneumonia (~~UIP~~)~~; and
   c. Prescriber has excluded other known causes of interstitial lung disease (ILD) such as domestic and occupational exposures, connective tissue disease, and drug toxicity; and
   d. Patient has documentation of pulmonary function tests within the prior 60 days with a forced vital capacity (FVC):
      i. ≥ 50% predicted *for nintedanib or pirfenidone*; *or*
      ii. *≥ 45% predicted for nerandomilast;* and
   e. Patient has a carbon monoxide diffusion capacity (%Dlco):
   f. ~~of~~ ≥ 30% predicted *for nintedanib or pirfenidone; and*
   g. *≥ 25% predicted for nerandomilast; or*
9. Patient has a diagnosis of systemic sclerosis-associated interstitial lung disease (SSc-ILD) (nintedanib) as confirmed by the following (attach documentation):
   a. Documentation of a ~~chest high resolution computed tomography (~~HRCT~~)~~ scan showing fibrosis affecting ≥ 10% of the lungs; and
   b. Patient has documented pulmonary function tests within the prior 60 days showing FVC ≥ 40% predicted; and
   c. Patient has a ~~carbon monoxide diffusion capacity (~~%Dlco~~)~~ of ≥ 30-89% predicted; or
10. Patient has a diagnosis of chronic fibrosing interstitial lung disease with a progressive phenotype (*progressive pulmonary fibrosis [PPF])* (nintedanib *or nerandomilast*) and confirmed by the following (attach documentation):
    a. Documentation of a ~~chest high resolution computed tomography (~~HRCT~~)~~ scan showing fibrosis affecting ≥ 10% of the lungs; and

b. Patient has documented pulmonary function tests within the prior 60 days showing FVC ≥ 45% predicted; and
c. Patient has a ~~carbon monoxide diffusion capacity (~~%DIco~~)~~ of*:*
    i. ≥ 30-79% predicted *for nintedanib*; *or*
    ii. *≥ 25% predicted for nerandomilast;* and
d. Patient has at least one sign of clinical progression for interstitial lung disease within the last 24 months ~~despite standard treatment with an agent other than nintedanib or pirfenidone~~:
    i. A relative decline in the FVC of at least 10% predicted; or
    ii. A relative decline in the FVC of 5-9% predicted combined with at least one of the following:
        1. Worsening respiratory symptoms; or
        2. Increased extent of fibrosis on HRCT; or
    iii. Worsening respiratory symptoms and an increased extent of fibrotic changes on HRCT only.

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

1. Adherence to *medication* ~~pirfenidone (Esbriet) or nintedanib (Ofev)~~ is confirmed; and
2. Documentation of a positive response to therapy, defined as meeting at least one of the following:
    a. Rate of lung function decline slowed; or
    b. Improved or no worsening of symptoms of cough, shortness of breath; and
3. Documentation is provided that the patient has remained ~~tobacco-~~free *from use of non-prescribed inhalants, including but not limited to vaping and other inhaled products*.~~; and~~
4. ~~ALT, AST, and bilirubin are assessed periodically during therapy.~~

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendations regarding Apolipoprotein C-III (ApoC-III) Inhibitors; Biologicals for Hidradenitis Suppurativa; Dupilumab (Dupixent); and Idiopathic Pulmonary Fibrosis and Related Lung Diseases.

Sincerely,

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

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

IOWA MEDICAID PHARMACEUTICAL AND THERAPEUTICS COMMITTEE

IOWA MEDICAID – 1305 EAST WALNUT STREET - DES MOINES, IA 50319

April 16, 2026

Abby Cate, Pharm.D.
Pharmacy Consultant
Iowa Medicaid
1305 East Walnut Street
Des Moines, Iowa 50319

Dear Abby:

The Iowa Medicaid Pharmaceutical and Therapeutics (P&T) Committee met on Thursday, April 16, 2026. On behalf of the P&T Committee, I respectfully request the following recommendations:

The P&T Committee voted in favor for the Department to review coverage of Imcivree and refer to the Drug Utilization Review (DUR) Commission for development of specific prior authorization (PA) criteria.

The P&T Committee also would like the DUR Commission to review the previously received public comment regarding topical clindamycin and the various indications for use.

Lastly, the P&T Committee would like the DUR Commission to review removal of quantity limits associated with chewable lamotrigine tablets.

Thank you in advance for the Department's consideration of this recommendation.

Sincerely,

Erin Halverson, R.Ph.
Pharmacy Account Manager
Iowa Medicaid

cc: Pamela Smith, R.Ph., Iowa Medicaid
Gina Kuebler, R.Ph., Iowa Medicaid

Fee for Service Claims
Quarterly Statistics

	December through February 2026	March through May 2026	% CHANGE
TOTAL PAID AMOUNT	$3,113,234	$3,193,144	2.6%
UNIQUE USERS	3,579	3,338	-6.7%
COST PER USER	$869.86	$956.60	10.0%
TOTAL PRESCRIPTIONS	23,157	21,704	-6.3%
AVERAGE PRESCRIPTIONS PER USER	6.47	6.50	0.5%
AVERAGE COST PER PRESCRIPTION	$134.44	$147.12	9.4%
# GENERIC PRESCRIPTIONS	20,913	19,438	-7.1%
% GENERIC	90.3%	89.6%	-0.8%
$ GENERIC	$1,019,300	$952,751	-6.5%
AVERAGE GENERIC PRESCRIPTION COST	$48.74	$49.01	0.6%
AVERAGE GENERIC DAYS SUPPLY	28	29	3.6%
# BRAND PRESCRIPTIONS	2,244	2,266	1.0%
% BRAND	9.7%	10.4%	7.7%
$ BRAND	$2,093,933	$2,240,393	7.0%
AVERAGE BRAND PRESCRIPTION COST	$933.13	$988.70	6.0%
AVERAGE BRAND DAYS SUPPLY	28	28	0.0%

UTILIZATION BY AGE		
AGE	**December through February 2026**	**March through May 2026**
0-6	197	156
7-12	362	350
13-18	627	574
19-64	2,351	2,225
65+	42	33
	3,579	3,338

	UTILIZATION BY GENDER AND AGE		
GENDER	**AGE**	**December through February 2026**	**March through May 2026**
F			
	0-6	103	76
	7-12	164	152
	13-18	314	283
	19-64	1,476	1,405
	65+	21	17
		2,078	1,933
M			
	0-6	94	80
	7-12	198	198
	13-18	313	291
	19-64	875	820
	65+	21	16
		1,501	1,405

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TOP 100 PHARMACIES BY PRESCRIPTION COUNT
March through May 2026

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
1	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	948	$149,317.93	$157.51	1
2	MESKWAKI PHARMACY	TAMA	IA	749	$617,855.81	$824.91	2
3	SIOUXLAND COMMUNITY HEALTH CENTE	SIOUX CITY	IA	741	$54,342.47	$73.34	3
4	WALGREENS #15647	SIOUX CITY	IA	539	$49,530.23	$91.89	5
5	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	499	$35,106.86	$70.35	4
6	THOMPSON-DEAN DRUG	SIOUX CITY	IA	359	$19,723.22	$54.94	6
7	RIGHT DOSE PHARMACY	ANKENY	IA	272	$6,319.71	$23.23	7
8	WALGREEN #04405	COUNCIL BLUFFS	IA	214	$14,021.50	$65.52	9
9	GENOA HEALTHCARE LLC	SIOUX CITY	IA	185	$15,236.23	$82.36	10
10	BROADLAWNS MEDICAL CENTER	DES MOINES	IA	154	$4,017.37	$26.09	11
11	MAIN AT LOCUST PHARMACY	DAVENPORT	IA	149	$8,229.56	$55.23	16
12	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	147	$18,430.83	$125.38	19
13	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	136	$10,179.70	$74.85	23
14	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	127	$7,544.20	$59.40	14
15	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	124	$15,136.18	$122.07	41
16	CVS PHARMACY #17554	CEDAR FALLS	IA	123	$12,099.61	$98.37	18
17	COMMUNITY HEALTH CARE INC	DAVENPORT	IA	123	$14,693.49	$119.46	13
18	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	123	$6,990.64	$56.83	28
19	COVENANT FAMILY PHARMACY	WATERLOO	IA	119	$2,731.40	$22.95	8
20	UNITY POINT HEALTH PHARMACY	CEDAR RAPIDS	IA	118	$2,587.79	$21.93	20
21	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	116	$7,097.29	$61.18	34
22	WALGREEN #05239	DAVENPORT	IA	116	$10,111.66	$87.17	33
23	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	115	$2,362.88	$20.55	15
24	CHEROKEE MAIN STREET PHARMACY	CHEROKEE	IA	114	$5,858.08	$51.39	40
25	CVS PHARMACY #10282	FORT DODGE	IA	113	$4,072.07	$36.04	53
26	HY-VEE STORE CLINIC 1023-039	GRIMES	IA	112	$8,363.77	$74.68	12

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TOP 100 PHARMACIES BY PRESCRIPTION COUNT
March through May 2026

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
27	GREENVILLE PHARMACY INC	SIOUX CITY	IA	111	$5,947.11	$53.58	51
28	MEDICAP PHARMACY	INDIANOLA	IA	111	$2,014.55	$18.15	24
29	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	109	$19,514.05	$179.03	22
30	HY-VEE PHARMACY (1075)	CLINTON	IA	109	$13,918.23	$127.69	17
31	CVS PHARMACY #08658	DAVENPORT	IA	109	$17,045.41	$156.38	50
32	PEOPLES CLINIC PHARMACY	WATERLOO	IA	108	$1,471.69	$13.63	71
33	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	106	$2,932.28	$27.66	27
34	MEDICAP PHARMACY	OGEDEN	IA	105	$9,672.66	$92.12	65
35	WAL-MART PHARMACY #10-0646	ANAMOSA	IA	104	$8,409.03	$80.86	43
36	REUTZEL PHARMACY	CEDAR RAPIDS	IA	103	$12,519.61	$121.55	21
37	HY-VEE PHARMACY 1068	CHEROKEE	IA	98	$4,670.61	$47.66	37
38	EASTERN IOWA HEALTH CENTER PHARM	CEDAR RAPIDS	IA	95	$1,928.57	$20.30	25
39	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	95	$1,734.04	$18.25	38
40	WCHS PHARMACY	WINNEBAGO	NE	95	$78,470.00	$826.00	32
41	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	92	$5,619.15	$61.08	29
42	WALGREEN #05721	DES MOINES	IA	92	$7,478.71	$81.29	49
43	CVS PHARMACY #8544	WATERLOO	IA	91	$10,451.43	$114.85	45
44	HY-VEE PHARMACY 1382	LE MARS	IA	90	$2,849.42	$31.66	52
45	HY-VEE PHARMACY (1619)	SHENANDOAH	IA	90	$9,568.41	$106.32	73
46	ALL CARE HEALTH CENTER PHARMACY	COUNCIL BLUFFS	IA	89	$6,166.65	$69.29	36
47	NELSON FAMILY PHARMACY	FORT MADISON	IA	89	$12,120.86	$136.19	54
48	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	88	$8,655.25	$98.36	144
49	HY-VEE PHARMACY (1071)	CLARINDA	IA	88	$16,728.85	$190.10	31
50	WALGREEN COMPANY #05470	SIOUX CITY	IA	88	$6,473.75	$73.57	35
51	NUCARA LTC PHARMACY 4	WATERLOO	IA	84	$1,083.78	$12.90	61

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TOP 100 PHARMACIES BY PRESCRIPTION COUNT
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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
52	PRIMARY HEALTH CARE PHARMACY	DES MOINES	IA	84	$17,674.85	$210.41	26
53	HY-VEE PHARMACY (1192)	FORT DODGE	IA	81	$2,057.00	$25.40	269
54	KOERNER WHIPPLE PHARMACY	HAMPTON	IA	80	$4,358.73	$54.48	90
55	HY-VEE PHARMACY #2 (1614)	SIOUX CITY	IA	77	$8,621.55	$111.97	82
56	WALGREENS #12393	CEDAR RAPIDS	IA	77	$4,992.86	$64.84	88
57	WALGREENS #03876	MARION	IA	77	$14,349.31	$186.35	62
58	WAL-MART PHARMACY #10-1625	LE MARS	IA	76	$3,877.53	$51.02	138
59	HARTIG DRUG CO INC #3	DUBUQUE	IA	76	$643.67	$8.47	134
60	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	74	$1,203.29	$16.26	104
61	UI HEALTHCARE RIVER LANDING PHAR	CORALVILLE	IA	74	$4,872.33	$65.84	76
62	WAL-MART PHARMACY #10-3394	ATLANTIC	IA	74	$5,276.45	$71.30	118
63	NUCARA PHARMACY #27	PLEASANT HILL	IA	74	$2,682.63	$36.25	42
64	WAL-MART PHARMACY #10-0581	MARSHALLTOWN	IA	72	$2,567.75	$35.66	55
65	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	71	$2,497.09	$35.17	101
66	HERITAGE PARK PHARMACY INC D/B/A	WEST BURLINGTON	IA	70	$4,622.23	$66.03	64
67	WAL-MART PHARMACY #10-1787	CARROLL	IA	70	$1,885.17	$26.93	106
68	HY-VEE PHARMACY (1052)	CEDAR FALLS	IA	68	$568.11	$8.35	56
69	WALGREEN #7452	DES MOINES	IA	67	$3,878.64	$57.89	83
70	WALGREEN #06677	WEST DES MOINES	IA	67	$5,111.99	$76.30	151
71	PARAGON PARTNERS	OMAHA	NE	67	$30,831.91	$460.18	92
72	MERCY MEDICAL CENTER NORTH IA DB	MASON CITY	IA	66	$1,023.99	$15.52	58
73	MAIN STREET DRUG	CHARLES CITY	IA	66	$2,075.21	$31.44	69
74	WRIGHTWAY LTC PHARMACY	CLINTON	IA	66	$4,777.84	$72.39	77
75	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	65	$3,266.48	$50.25	74
76	HY-VEE PHARMACY (1396)	MARION	IA	65	$7,577.34	$116.57	84
77	WHITE DRUG ENTERPRISES INC	SPENCER	IA	65	$8,196.79	$126.10	59

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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
78	OSTERHAUS PHARMACY	MAQUOKETA	IA	64	$6,037.24	$94.33	60
79	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	64	$4,833.57	$75.52	48
80	MEDICAP PHARMACY	WAUKEE	IA	63	$1,468.31	$23.31	139
81	HY-VEE PHARMACY 1011	ALTOONA	IA	63	$1,523.43	$24.18	121
82	LEWIS FAMILY DRUG #28	ONAWA	IA	62	$16,350.92	$263.72	66
83	GENOA HEALTHCARE LLC	FORT DODGE	IA	61	$4,826.98	$79.13	109
84	WALGREEN CO DBA	ALTOONA	IA	61	$4,210.49	$69.02	114
85	LA GRANGE PHARMACY INC	VINTON	IA	60	$826.75	$13.78	191
86	WAL-MART PHARMACY 10-2889	CLINTON	IA	60	$888.84	$14.81	79
87	HARTIG PHARMACY SERVICES	DUBUQUE	IA	59	$1,940.44	$32.89	86
88	WALGREEN COMPANY #3700	COUNCIL BLUFFS	IA	59	$805.87	$13.66	81
89	WALGREEN #05362	DES MOINES	IA	59	$4,552.90	$77.17	89
90	WAL-MART PHARMACY #10-1415	SPIRIT LAKE	IA	59	$1,766.89	$29.95	91
91	HERITAGE PARTNERS PHARMACY	WEST BURLINGTON	IA	59	$633.16	$10.73	124
92	MEDICAP PHARMACY #7	GRINNELL	IA	59	$5,894.81	$99.91	68
93	HY VEE PHARMACY 1459	OELWEIN	IA	59	$3,436.37	$58.24	75
94	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	58	$7,939.07	$136.88	112
95	HY VEE DRUGSTORE 7007-039	AMES	IA	58	$1,275.22	$21.99	158
96	WALGREEN COMPANY #05512	BETTENDORF	IA	57	$1,237.26	$21.71	108
97	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	57	$12,158.80	$213.31	95
98	HY-VEE PHARMACY (1437)	MUSCATINE	IA	57	$754.23	$13.23	149
99	WAL-MART PHARMACY #10-1361	SIOUX CITY	IA	56	$777.10	$13.88	404
100	WALGREEN COMPANY 07455	WATERLOO	IA	56	$939.94	$16.78	192

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TOP 100 PHARMACIES BY PAID AMOUNT
March through May 2026

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	MESKWAKI PHARMACY	TAMA	IA	749	$617,855.81	$2,413.50	1
2	WALGREENS SPECIALTY PHARMACY #16	DES MOINES	IA	24	$164,768.08	$18,307.56	3
3	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	948	$149,317.93	$1,082.01	2
4	ACCREDO HEALTH GROUP INC	WHITESTOWN	IN	11	$122,622.57	$24,524.51	12
5	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	18	$115,984.07	$14,498.01	7
6	CAREMARK KANSAS SPEC PHARMACY LL	LENEXA	KS	31	$90,539.90	$9,053.99	8
7	WCHS PHARMACY	WINNEBAGO	NE	95	$78,470.00	$2,120.81	5
8	COMMUNITY A WALGREENS PHARMACY	IOWA CITY	IA	8	$64,898.48	$16,224.62	4
9	SIOUXLAND COMMUNITY HEALTH CENTE	SIOUX CITY	IA	741	$54,342.47	$507.87	10
10	WALGREENS #15647	SIOUX CITY	IA	539	$49,530.23	$361.53	9
11	HY-VEE PHARMACY #2 (1106)	DAVENPORT	IA	53	$47,485.42	$11,871.36	11
12	UNITY POINT AT HOME	URBANDALE	IA	28	$45,507.39	$4,137.04	13
13	OPTUM PHARMACY 702 LLC	JEFFERSONVILLE	IN	3	$37,962.84	$37,962.84	38
14	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	499	$35,106.86	$797.88	17
15	PARAGON PARTNERS	OMAHA	NE	67	$30,831.91	$6,166.38	20
16	ACCREDO HEALTH GROUP INC	WARRENDALE	PA	5	$30,679.19	$15,339.60	6
17	CVS PHARMACY #00102	AURORA	CO	4	$26,858.60	$13,429.30	76
18	CARL T CURTIS HEALTH ED CENTER P	MACY	NE	32	$26,432.00	$1,652.00	25
19	MEDICAP PHARMACY	NEWTON	IA	37	$25,852.65	$5,170.53	34
20	WAL-MART PHARMACY #10-0892	ANKENY	IA	23	$25,785.74	$5,157.15	15
21	WAL-MART PHARMACY #10-0985	FAIRFIELD	IA	41	$25,178.55	$3,147.32	18
22	ANOVORX GROUP INC	MEMPHIS	TN	12	$24,708.07	$4,941.61	19
23	CVS PHARMACY #17133	DES MOINES	IA	21	$22,397.24	$22,397.24	29
24	FRED LEROY HEALTH & WELLNESS	OMAHA	NE	27	$22,302.00	$4,460.40	22
25	ALLIANCERX WALGREENS PRIME #1628	PITTSBURGH	PA	3	$20,706.18	$20,706.18	50

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TOP 100 PHARMACIES BY PAID AMOUNT
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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
26	SENDERRA RX PHARMACY	PLANO	TX	2	$19,837.02	$9,918.51	24
27	THOMPSON-DEAN DRUG	SIOUX CITY	IA	359	$19,723.22	$428.77	14
28	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	109	$19,514.05	$2,439.26	23
29	SANFORD CANCER CTR ONC CLINIC PH	SIOUX FALLS	SD	2	$19,353.74	$19,353.74	
30	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	147	$18,430.83	$682.62	84
31	PRIMARY HEALTH CARE PHARMACY	DES MOINES	IA	84	$17,674.85	$453.20	30
32	CVS PHARMACY #08658	DAVENPORT	IA	109	$17,045.41	$1,549.58	32
33	HY-VEE PHARMACY (1071)	CLARINDA	IA	88	$16,728.85	$2,389.84	82
34	LEWIS FAMILY DRUG #28	ONAWA	IA	62	$16,350.92	$710.91	68
35	GENOA HEALTHCARE LLC	SIOUX CITY	IA	185	$15,236.23	$662.44	28
36	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	124	$15,136.18	$840.90	113
37	COMMUNITY HEALTH CARE INC	DAVENPORT	IA	123	$14,693.49	$734.67	26
38	WALGREENS #03876	MARION	IA	77	$14,349.31	$956.62	42
39	WALGREEN #04405	COUNCIL BLUFFS	IA	214	$14,021.50	$389.49	36
40	HY-VEE PHARMACY (1075)	CLINTON	IA	109	$13,918.23	$1,159.85	27
41	WALGREEN #03773	URBANDALE	IA	16	$12,663.84	$2,110.64	256
42	REUTZEL PHARMACY	CEDAR RAPIDS	IA	103	$12,519.61	$544.33	37
43	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	57	$12,158.80	$12,158.80	45
44	NELSON FAMILY PHARMACY	FORT MADISON	IA	89	$12,120.86	$1,010.07	43
45	CVS PHARMACY #17554	CEDAR FALLS	IA	123	$12,099.61	$1,728.52	33
46	WAL-MART PHARMACY 10-1732	DENISON	IA	46	$12,087.60	$1,726.80	127
47	INFOCUS PHARMACY SERVICE	DUBUQUE	IA	25	$11,415.84	$1,268.43	21
48	CVS PHARMACY #8544	WATERLOO	IA	91	$10,451.43	$614.79	54
49	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	136	$10,179.70	$442.60	65
50	WALGREEN #05239	DAVENPORT	IA	116	$10,111.66	$361.13	98
51	MEDICAP PHARMACY	OGEDEN	IA	105	$9,672.66	$1,612.11	51

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TOP 100 PHARMACIES BY PAID AMOUNT
March through May 2026

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
52	HY-VEE PHARMACY (1619)	SHENANDOAH	IA	90	$9,568.41	$1,594.74	101
53	PROCARE PHARMACY DIRECT LLC	MONROEVILLE	PA	2	$9,501.97	$4,750.99	16
54	HY-VEE PHARMACY (1080)	CORALVILLE	IA	52	$9,464.35	$946.44	116
55	WAL-MART PHARMACY 10-1546	IOWA FALLS	IA	54	$8,881.75	$986.86	47
56	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	88	$8,655.25	$961.69	124
57	HY-VEE PHARMACY #2 (1614)	SIOUX CITY	IA	77	$8,621.55	$507.15	99
58	HARTLEY HOMETOWN PHARMACY	HARTLEY	IA	54	$8,504.39	$2,834.80	61
59	WAL-MART PHARMACY #10-0646	ANAMOSA	IA	104	$8,409.03	$840.90	176
60	HY-VEE STORE CLINIC 1023-039	GRIMES	IA	112	$8,363.77	$696.98	53
61	MAIN AT LOCUST PHARMACY	DAVENPORT	IA	149	$8,229.56	$1,028.70	59
62	NELSON LONG TERM CARE PHARMACY	FORT MADISON	IA	3	$8,227.20	$8,227.20	58
63	WHITE DRUG ENTERPRISES INC	SPENCER	IA	65	$8,196.79	$1,170.97	56
64	ALLEN MEMORIAL HOSPITAL	WATERLOO	IA	56	$8,043.20	$618.71	44
65	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	58	$7,939.07	$721.73	153
66	HY-VEE PHARMACY (1396)	MARION	IA	65	$7,577.34	$1,082.48	71
67	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	127	$7,544.20	$754.42	72
68	HY-VEE PHARMACY #1872	WAVERLY	IA	30	$7,538.39	$1,884.60	417
69	WALGREEN #05721	DES MOINES	IA	92	$7,478.71	$534.19	128
70	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	116	$7,097.29	$197.15	69
71	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	123	$6,990.64	$218.46	48
72	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	11	$6,965.54	$6,965.54	35
73	GENESIS FIRST MED PHARMACY	DAVENPORT	IA	45	$6,852.45	$761.38	31
74	CARE RX MANASKA HEALTH	OSKALOOSA	IA	21	$6,673.81	$1,668.45	444
75	WAL-MART PHARMACY #10-0797	W. BURLINGTON	IA	41	$6,641.17	$553.43	90
76	WALGREEN COMPANY #05470	SIOUX CITY	IA	88	$6,473.75	$258.95	96
77	WAL-MART PHARMACY #10-1389	BOONE	IA	55	$6,464.95	$923.56	104

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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
78	HY-VEE PHARMACY #2 (1101)	COUNCIL BLUFFS	IA	19	$6,375.85	$6,375.85	81
79	WAL-MART PHARMACY #10-1332	SOUTH SIOUX CITY	NE	13	$6,367.48	$1,273.50	552
80	RIGHT DOSE PHARMACY	ANKENY	IA	272	$6,319.71	$421.31	64
81	BLOEMKE PHARMACY	BELMOND	IA	49	$6,312.73	$3,156.37	255
82	ALL CARE HEALTH CENTER PHARMACY	COUNCIL BLUFFS	IA	89	$6,166.65	$362.74	103
83	OSTERHAUS PHARMACY	MAQUOKETA	IA	64	$6,037.24	$2,012.41	94
84	GREENVILLE PHARMACY INC	SIOUX CITY	IA	111	$5,947.11	$396.47	89
85	WALGREEN #07454	ANKENY	IA	37	$5,936.71	$848.10	184
86	MEDICAP PHARMACY	ALTOONA	IA	44	$5,897.33	$1,179.47	109
87	MEDICAP PHARMACY #7	GRINNELL	IA	59	$5,894.81	$2,947.41	79
88	CHEROKEE MAIN STREET PHARMACY	CHEROKEE	IA	114	$5,858.08	$1,171.62	92
89	HY-VEE DRUGSTORE #7026	CEDAR RAPIDS	IA	47	$5,685.17	$947.53	93
90	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	92	$5,619.15	$468.26	62
91	HY VEE PHARMACY 7072	TOLEDO	IA	47	$5,426.90	$493.35	88
92	SOUTH SIDE DRUG	OTTUMWA	IA	36	$5,339.93	$667.49	197
93	WAL-MART PHARMACY #10-3394	ATLANTIC	IA	74	$5,276.45	$329.78	142
94	WALGREEN #06677	WEST DES MOINES	IA	67	$5,111.99	$730.28	117
95	WALGREENS #12393	CEDAR RAPIDS	IA	77	$4,992.86	$453.90	242
96	UI HEALTHCARE RIVER LANDING PHAR	CORALVILLE	IA	74	$4,872.33	$374.79	134
97	WAL-MART PHARMACY 10-1526	STORM LAKE	IA	20	$4,862.89	$810.48	147
98	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	64	$4,833.57	$483.36	214
99	WALGREEN #05886	KEOKUK	IA	15	$4,827.78	$1,609.26	111
100	GENOA HEALTHCARE LLC	FORT DODGE	IA	61	$4,826.98	$1,608.99	63

IOWA | Health and Human Services

TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
March through May 2026

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
1	1053340661	LEIGHTON FROST MD	$162,311.09	204	2.79	1
2	1043418809	MICHAEL CILIBERTO MD	$17,690.54	182	5.69	2
3	1194888024	ALICIA D WAGER NP	$103,565.61	144	2.25	4
4	1093141129	LARRY MARTIN NEWMAN ARNP	$89,329.43	111	1.98	5
5	1164481362	MELISSA PEARSON ARNP	$80,955.81	99	1.50	6
6	1902358443	MELISSA KONKEN ARNP	$12,538.07	97	12.13	8
7	1780820860	LAUREN GRAHAM MD	$75,459.48	95	2.79	7
8	1659358620	CARLOS CASTILLO MD	$1,521.17	89	9.89	13
9	1417214321	LEAH BRANDON DO	$2,013.83	79	7.18	11
10	1013355759	DYLAN C GREENE MD	$3,153.52	77	8.56	17
11	1144214248	KRISTI WALZ MD	$16,257.90	75	8.33	9
12	1811512064	ADRIANNA DENISE MITCHELL MD	$4,064.41	73	36.50	22
13	1215125216	REBECCA EVELYN WALDING	$6,565.65	72	6.55	29
14	1033890918	DINA IRWIN ARNP	$3,425.96	65	3.25	20
15	1760965032	MELISSA MILLER ARNP	$1,266.40	65	5.91	24
16	1891756128	PHILIP JOSEPH MULLER DO	$3,224.99	63	9.00	34
17	1619153137	JOADA JEAN BEST ARNP	$6,409.51	61	5.08	19
18	1912991183	MOLLY EARLEYWINE PA	$4,635.34	60	5.45	14
19	1053376475	DANIEL W GILLETTE MD	$2,973.82	60	15.00	18
20	1780877878	CHRISTOPHER JACOBS ARNP	$2,983.13	59	6.56	16
21	1093272668	RICARDO OSARIO ARNP	$2,413.68	59	4.92	32
22	1538671961	JAMIE WRIGHT ARNP	$2,242.76	58	6.44	15
23	1407836513	NATHAN R NOBLE DO	$1,730.76	58	3.41	27
24	1770933046	SHELBY BILLER APRN	$14,681.09	58	9.67	21
25	1639134034	ELIZABETH PRATT ARNP	$908.26	57	2.11	38
26	1548874688	HEIDI MARIE HASSLER PA	$682.02	56	5.60	42

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TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
March through May 2026

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
27	1699658245	AMY STRIM ANRP	$1,526.25	56	3.73	12
28	1871375543	MONICA NUCKOLLS ARNP	$830.19	54	10.80	76
29	1720698335	DANIKA LEIGH HANSEN ARNP	$5,193.96	53	4.08	88
30	1700080538	EDUARDO CARLIN MD	$4,863.17	53	4.42	60
31	1154929230	CHELSEA JONES ARNP	$1,478.01	51	4.64	23
32	1023542271	FLYNN MCCULLOUGH DO	$3,560.49	51	10.20	550
33	1073369070	NICHOLAS BLIEU ARNP	$2,277.39	48	5.33	35
34	1821268335	JACQUELINE MCINNIS PAC	$1,083.32	48	12.00	26
35	1457584740	ERIC MEYER ARNP	$724.03	48	9.60	28
36	1932652757	KELSIE JO SWISHER APRN	$829.86	48	16.00	33
37	1194272930	EMILY FITZPATRICK ARNP	$8,026.44	47	23.50	195
38	1205249562	KELLY RYDER MD	$2,920.68	46	4.60	53
39	1811123318	AARON KAUER MD	$4,322.28	46	6.57	190
40	1104498039	BRENDA CAIN ARNP	$5,750.52	46	5.11	61
41	1982605762	JEFFREY DEAN WILHARM MD	$968.60	46	9.20	3
42	1770044950	EREZ R NAGGAR DO	$499.52	43	43.00	336
43	1326798992	JENNA MULLINS MD	$2,815.18	43	5.38	178
44	1609131770	SREENATH THATI GANGANNA MBBS	$3,109.90	42	5.25	46
45	1932531316	BROOKE JOHNSON ARNP	$5,540.17	42	8.40	57
46	1356337273	LISA JAYNE MENZIES MD	$416.58	41	6.83	49
47	1215146055	REBECCA JEAN MARIE WOLFE MD	$669.04	40	8.00	47
48	1013115369	BOBBITA NAG MD	$1,165.25	40	6.67	39
49	1831731298	HEATHER J WILSON ARNP	$1,072.53	40	6.67	158
50	1407479355	SPENCER J ALDRIDGE DO	$2,542.54	40	20.00	111
51	1578123915	BRIANNA E BROWNLEE DO	$3,339.27	39	7.80	37
52	1407521164	JODI STILLE ARNP	$2,553.67	39	13.00	257

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TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
March through May 2026

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
53	1386336659	WYATT L LIMKE MD	$494.77	38	12.67	
54	1831307701	KRISTIN MARSH	$264.97	38	9.50	343
55	1902574361	LAURA L OWENS APRN	$667.51	38	9.50	349
56	1306475413	AUTUMN SAGE ANDERSON APRN	$545.71	38	9.50	67
57	1679545354	KATHERINE COLLEEN NICKELS MD	$5,904.24	37	7.40	78
58	1427617471	SUSAN GRAVES PA	$5,718.43	37	9.25	36
59	1326080409	JAMES OWENS MD	$6,802.05	37	6.17	84
60	1730473315	LYNDSAY HARTMAN, MD	$847.79	36	9.00	205
61	1386938447	THERESA CZECH MD	$2,060.38	36	6.00	41
62	1053600296	JESSICA MCCOOL MD	$4,994.02	36	18.00	30
63	1679991038	KATHLEEN MARIE VONDERHAAR MD	$372.67	36	3.60	151
64	1932582988	DIANNE HUMPHREY ARNP	$9,548.78	35	35.00	70
65	1932493749	NICHOLAS CHARLES BECHTOLD DO	$3,659.27	35	11.67	100
66	1528037082	RODNEY J DEAN MD	$787.26	35	11.67	44
67	1023213030	REBECCA JOY TIMMER BENSON MD	$5,894.48	34	4.25	232
68	1316782311	COURTNEY KRISTIN STUDER APRN	$3,572.72	34	5.67	339
69	1982699260	SCOTT SHEETS DO	$878.95	34	5.67	54
70	1699109595	TONYA K FLAUGH ARNP	$7,048.57	34	11.33	94
71	1467502286	CHARLES R TILLEY PA	$2,505.18	33	8.25	73
72	1588838841	LEENU MISHRA MD	$489.34	33	3.00	89
73	1346557550	ROBERT BRYAN BOYLE ARNP	$5,868.91	33	6.60	10
74	1518353671	REBECCA E PISTORIUS MD	$1,260.88	33	8.25	112
75	1104804053	WINTHROP S RISK II MD	$8,682.11	33	16.50	62
76	1679324149	ASHLEE DAILEY ARNP	$620.21	33	2.20	123
77	1427164789	MICHAEL J OURADA MD	$612.53	33	16.50	95
78	1568458354	MARSHA COLLINS PA-C	$4,474.93	33	16.50	154

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TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
March through May 2026

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
79	1841220290	KENT E KUNZE MD	$397.24	33	6.60	139
80	1184657603	SARA RYGOL	$3,041.33	32	8.00	168
81	1578535639	BRENDA OBERHELMAN ARNP	$561.52	32	32.00	152
82	1457346231	DAWN EBACH MD	$1,304.12	32	3.56	77
83	1629506829	MARIAH SKELLEY APRN	$29,034.50	32	16.00	85
84	1073795928	HEATHER A JOHNSON ARNP	$883.13	31	10.33	165
85	1598750432	CHRISTOPHER OKIISHI MD	$512.40	31	7.75	93
86	1619380680	TARA BROCKMAN DO	$2,155.54	31	7.75	83
87	1649611864	GEETANJALI SAHU	$1,682.16	31	10.33	117
88	1376183368	JENE BECK ARNP	$2,429.08	30	7.50	324
89	1679920045	BREANNE VOGEL ARNP	$284.76	30	15.00	68
90	1255823506	NICOLE MARIE DELAGARDELLE	$866.10	30	7.50	103
91	1982630703	JODI VANSICKLE MD	$242.20	30	4.29	48
92	1629265368	HANNAH LOKENVITZ PA	$2,365.59	30	30.00	51
93	1205393386	JESSICA HUDSPETH ARNP	$281.61	29	7.25	185
94	1801992532	KELLY RAGALLER M ARNP	$341.89	29	7.25	101
95	1295967255	MARY KATHERINE ROBINSON PA	$1,731.90	29	5.80	315
96	1174640528	AMY JO PAYNE PA	$12,608.48	29	3.63	110
97	1285710764	JITENDRAKUMAR GUPTA MD	$4,143.76	29	4.83	120
98	1962418640	BARCLAY MONASTER MD	$4,582.95	28	7.00	59
99	1831537810	THOMAS S WATERS DO	$833.56	28	7.00	279
100	1417679168	PAIGE REED ARNP	$2,514.01	28	14.00	679

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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
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RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
1	1326034984	KATHERINE MATHEWS MD	$169,677.59	$15,425.24	11	6
2	1053340661	LEIGHTON FROST MD	$162,311.09	$795.64	204	1
3	1194888024	ALICIA D WAGER NP	$103,565.61	$719.21	144	3
4	1093141129	LARRY MARTIN NEWMAN ARNP	$89,329.43	$804.77	111	2
5	1164481362	MELISSA PEARSON ARNP	$80,955.81	$817.74	99	4
6	1780820860	LAUREN GRAHAM MD	$75,459.48	$794.31	95	5
7	1619021144	CHRISTOPHER M GIBBS MD	$54,022.07	$4,501.84	12	18
8	1467449579	BRIAN P WAYSON ARNP	$49,284.17	$4,928.42	10	12
9	1225263833	LINDSAY J ORRIS DO	$46,245.96	$4,624.60	10	9
10	1629719737	CLAIRE O WILLIAMS PA	$40,363.20	$13,454.40	3	10
11	1578958542	HEIDI E CURTIS ARNP	$34,854.37	$6,970.87	5	8
12	1265048870	KELLY ALEXIS MERCHIE PA	$30,397.48	$2,763.41	11	14
13	1013126705	JANICE STABER MD	$29,554.70	$4,925.78	6	
14	1629506829	MARIAH SKELLEY APRN	$29,034.50	$907.33	32	25
15	1447373832	JOSHUA B WILSON MD	$26,743.89	$8,914.63	3	
16	1245468768	THOMAS SCHMIDT MD	$24,984.75	$4,164.13	6	13
17	1750648275	SARAH GROSS MD	$22,879.54	$5,719.89	4	26
18	1093120826	KATHRYN ROSE MOORE ARNP	$22,555.46	$3,222.21	7	2317
19	1518257047	LAURA A WHITTINGTON DO	$22,544.37	$7,514.79	3	27
20	1538664149	LAURIE JORGENSEN ARNP	$22,267.75	$1,855.65	12	33
21	1730293705	ROBERT JACKSON DO	$22,175.10	$3,695.85	6	21
22	1942923339	WILLY A GARCIA CNP	$20,806.62	$2,972.37	7	70
23	1356752067	KELLY DELANEY-NELSON MD	$20,245.19	$2,024.52	10	28
24	1639157373	CALVIN J HANSEN MD	$20,210.94	$10,105.47	2	53
25	1285765354	CORY B PITTMAN MD	$20,145.45	$6,715.15	3	
26	1942937388	CARLY J TRAUSCH ARNP	$19,864.13	$1,805.83	11	2044
27	1659722478	JORDAN ELIZABETH FRITCH-HANSON M	$19,353.74	$9,676.87	2	

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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
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RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
28	1043418809	MICHAEL CILIBERTO MD	$17,690.54	$97.20	182	17
29	1194990945	SANDEEP S GUPTA MD	$17,484.94	$1,589.54	11	40
30	1639565328	DEBRA HOAG APRN	$17,346.00	$826.00	21	54
31	1144214248	KRISTI WALZ MD	$16,257.90	$216.77	75	38
32	1043519499	ADDIE KETELSEN ARNP	$16,240.52	$8,120.26	2	2896
33	1295091510	REBECCA WEINER MD	$15,710.16	$1,208.47	13	19
34	1891146999	BECKY L JOHNSON ANRP	$15,516.25	$620.65	25	29
35	1104088202	PATRICK SAFO MD	$15,305.39	$15,305.39	1	34
36	1073852059	AMBER HANSEN MD	$14,868.00	$826.00	18	36
37	1396724878	WHITNEY ELIZABETH MOLIS MD	$14,755.68	$4,918.56	3	101
38	1770933046	SHELBY BILLER APRN	$14,681.09	$253.12	58	45
39	1811377989	LILIYA GANDRABUR MD	$13,513.14	$1,930.45	7	1886
40	1043441264	KATHERINE LEM PA-C	$13,472.71	$6,736.36	2	11
41	1942457981	MUDAPPA KALAIAH MD	$13,441.99	$4,480.66	3	
42	1255319422	DAVID STAUB MD	$13,428.30	$6,714.15	2	77
43	1790986925	TAHUANTY PENA MD	$13,112.43	$468.30	28	16
44	1598967291	RADHIKA DHAMIJA MD	$13,007.76	$1,625.97	8	35
45	1235976374	OLIVIA ANN HANSEN ARNP	$12,947.97	$4,315.99	3	41
46	1174640528	AMY JO PAYNE PA	$12,608.48	$434.78	29	102
47	1902358443	MELISSA KONKEN ARNP	$12,538.07	$129.26	97	50
48	1124216882	KELLY JESSICA PEARSON ARNP	$12,296.59	$1,024.72	12	63
49	1629415922	ALYSSA LAKIN PA	$12,202.81	$1,743.26	7	42
50	1720416563	CRYSTAL MARIE OBERLE	$12,184.56	$2,436.91	5	125
51	1790874055	SHAILENDER SINGH MD	$11,446.02	$3,815.34	3	158
52	1114521721	TARRAH HOLLIDAY ARNP	$11,115.48	$741.03	15	32
53	1992365894	EMILY A WEIG MD	$11,024.84	$5,512.42	2	24
54	1881128783	KRISTA R BEGALSKE ARNP	$10,603.76	$2,120.75	5	

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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
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RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
55	1972180792	ANGELA HUANG MD	$10,105.47	$10,105.47	1	
56	1811493679	JUNE MYLER ARNP	$9,925.65	$763.51	13	55
57	1760675177	LORI SWANSON ARNP	$9,912.00	$826.00	12	110
58	1205859170	MICHAEL WEI-CHIH CHEN DO	$9,676.07	$460.77	21	49
59	1932582988	DIANNE HUMPHREY ARNP	$9,548.78	$272.82	35	65
60	1063792026	JILL NELLIE MILLER	$9,331.30	$1,166.41	8	74
61	1699534842	JANET LUBOV MD	$9,283.30	$928.33	10	
62	1255658175	ASHLEY DESCHAMP MD	$9,259.84	$1,543.31	6	44
63	1780995506	QUANHATHAI KAEWPOOWAT MD	$9,201.12	$4,600.56	2	
64	1689077018	STACY ROTH ARNP	$9,094.83	$378.95	24	46
65	1619526076	KATHRYN C HUBER PA C	$9,030.51	$564.41	16	30
66	1104804053	WINTHROP S RISK II MD	$8,682.11	$263.09	33	66
67	1013911692	JEFFREY S SARTIN MD	$8,681.92	$1,736.38	5	126
68	1861442915	SARAH POWELL MD	$8,659.71	$1,082.46	8	597
69	1750348496	VANESSA ANN CURTIS MD	$8,513.67	$608.12	14	83
70	1942262688	LORI JANE SCHUMANN ARNP	$8,470.24	$4,235.12	2	
71	1114524378	ROSA M MARQUEZ PA-C	$8,361.49	$1,393.58	6	20
72	1366402505	KUNAL KUMAR PATRA MD	$8,295.43	$638.11	13	64
73	1497647937	WESTON BIETZ ARNP	$8,239.23	$2,059.81	4	61
74	1982828133	PAVAN CHEPYALA MD	$8,120.26	$8,120.26	1	2898
75	1194272930	EMILY FITZPATRICK ARNP	$8,026.44	$170.78	47	237
76	1588920151	AMANDA H CROXTON DO	$7,849.65	$413.14	19	62
77	1083169270	DAWN E TINGWALD ARNP	$7,579.37	$270.69	28	154
78	1518567056	KATIE K BARKMEIER ARNP	$7,574.67	$420.82	18	124
79	1417704800	JASMINE MCNEILL APRN	$7,549.61	$377.48	20	
80	1417307497	EMILY BOES DO	$7,465.29	$1,066.47	7	22
81	1457745986	AMANDA LARSON APRN	$7,434.00	$826.00	9	185

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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
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RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
82	1265954804	MARIUM JAMIL MD	$7,386.53	$1,055.22	7	75
83	1336904432	KATIE CLARK ARNP	$7,290.97	$291.64	25	316
84	1699109595	TONYA K FLAUGH ARNP	$7,048.57	$207.31	34	103
85	1265175566	ROB SHAVER MD	$6,840.69	$2,280.23	3	2936
86	1326080409	JAMES OWENS MD	$6,802.05	$183.84	37	615
87	1891955423	LEAH SIEGFRIED PA	$6,780.82	$484.34	14	134
88	1649250390	NATHANIEL A MEYER MD	$6,695.16	$393.83	17	78
89	1215125216	REBECCA EVELYN WALDING	$6,565.65	$91.19	72	91
90	1619153137	JOADA JEAN BEST ARNP	$6,409.51	$105.07	61	128
91	1881044089	NATHAN THOMAS MD	$6,364.89	$353.61	18	84
92	1255058640	SHELLI D BROWN ARNP	$6,263.36	$521.95	12	115
93	1073249306	MELISSA WATCHORN ARNP	$5,932.98	$988.83	6	
94	1679545354	KATHERINE COLLEEN NICKELS MD	$5,904.24	$159.57	37	72
95	1023213030	REBECCA JOY TIMMER BENSON MD	$5,894.48	$173.37	34	392
96	1346557550	ROBERT BRYAN BOYLE ARNP	$5,868.91	$177.85	33	99
97	1730185604	JENNIFER STODDEN PA	$5,866.82	$451.29	13	179
98	1003244674	BRIANNE K NEUBERGER PA	$5,836.94	$343.35	17	201
99	1902792856	TIMOTHY H HOFFMANN ARNP	$5,800.22	$1,450.06	4	90
100	1972638864	LIUSKA MARIA PESCE MD	$5,769.85	$339.40	17	130

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TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

CATEGORY DESCRIPTION	December through February 2026	RANK	% BUDGET	March through May 2026	RANK	% BUDGET	% CHANGE
ANTIDIABETICS	$381,167	1	12.2%	$376,825	1	11.8%	-1.1%
ANALGESICS - ANTI-INFLAMMATORY	$289,949	2	9.3%	$339,650	2	10.6%	17.1%
DERMATOLOGICALS	$279,425	3	9.0%	$323,872	3	10.1%	15.9%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	$246,946	4	7.9%	$279,691	4	8.8%	13.3%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	$175,423	5	5.6%	$182,007	5	5.7%	3.8%
NEUROMUSCULAR AGENTS	$126,078	9	4.0%	$172,445	6	5.4%	36.8%
ANTICONVULSANTS	$158,334	6	5.1%	$160,626	7	5.0%	1.4%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	$141,315	7	4.5%	$140,982	8	4.4%	-0.2%
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	$104,683	11	3.4%	$106,474	9	3.3%	1.7%
ANTIVIRALS	$136,761	8	4.4%	$101,167	10	3.2%	-26.0%
ANTIDEPRESSANTS	$116,327	10	3.7%	$83,941	11	2.6%	-27.8%
RESPIRATORY AGENTS - MISC.	$93,369	12	3.0%	$71,011	12	2.2%	-23.9%
MIGRAINE PRODUCTS	$66,920	13	2.1%	$67,462	13	2.1%	0.8%
ANTIHYPERTENSIVES	$51,915	14	1.7%	$53,455	14	1.7%	3.0%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	$44,024	16	1.4%	$42,435	15	1.3%	-3.6%
ANTIANXIETY AGENTS	$35,041	18	1.1%	$40,914	16	1.3%	16.8%
CORTICOSTEROIDS	$38,237	17	1.2%	$38,154	17	1.2%	-0.2%
ANTIHISTAMINES	$28,507	23	0.9%	$33,784	18	1.1%	18.5%
HEMATOLOGICAL AGENTS - MISC.	$15,170	33	0.5%	$33,053	19	1.0%	117.9%
ANALGESICS - NONNARCOTIC	$24,564	25	0.8%	$31,594	20	1.0%	28.6%

IOWA | Health and Human Services

TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

CATEGORY DESCRIPTION	December through February 2026	PREV RANK	March through May 2026	CURR RANK	PERC CHANGE
ANTIDEPRESSANTS	2,513	1	2,254	1	-10.3%
ANTICONVULSANTS	1,743	2	1,650	2	-5.3%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	1,534	3	1,554	3	1.3%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	1,187	5	1,187	4	0.0%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	1,189	4	1,097	5	-7.7%
ANTIDIABETICS	1,149	6	1,095	6	-4.7%
ANTIANXIETY AGENTS	1,012	8	1,022	7	1.0%
ANTIHYPERTENSIVES	1,070	7	885	8	-17.3%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	934	9	807	9	-13.6%
ANTIHISTAMINES	568	11	626	10	10.2%
ANALGESICS - OPIOID	603	10	551	11	-8.6%
DERMATOLOGICALS	553	12	549	12	-0.7%
ANALGESICS - ANTI-INFLAMMATORY	549	13	503	13	-8.4%
PENICILLINS	471	15	451	14	-4.2%
ANTIHYPERLIPIDEMICS	543	14	437	15	-19.5%
MUSCULOSKELETAL THERAPY AGENTS	402	17	403	16	0.2%
BETA BLOCKERS	422	16	392	17	-7.1%
ANALGESICS - NONNARCOTIC	325	23	360	18	10.8%
LAXATIVES	357	19	358	19	0.3%
CORTICOSTEROIDS	330	22	323	20	-2.1%

IOWA | Health and Human Services

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	December through February 2026	PREVIOUS RANK	March through May 2026	RANK	PERCENT CHANGE
HUMIRA PEN	$139,152.82	1	$218,559.38	1	57.06%
EVRYSDI	$126,077.60	3	$172,064.51	2	36.48%
OZEMPIC	$135,677.90	2	$131,541.08	3	-3.05%
DUPIXENT	$51,272.01	9	$113,670.05	4	121.70%
VRAYLAR	$93,592.02	4	$95,337.34	5	1.86%
SKYRIZI PEN	$88,800.72	5	$79,513.16	6	-10.46%
TRIKAFTA	$67,247.45	7	$70,952.57	7	5.51%
MOUNJARO	$45,810.77	12	$65,559.97	8	43.11%
KESIMPTA	$38,923.34	13	$60,629.82	9	55.77%
BIKTARVY	$62,030.54	8	$47,013.99	10	-24.21%
INVEGA SUSTENNA	$22,986.08	23	$44,534.27	11	93.74%
ENBREL SURECLICK	$80,866.02	6	$41,609.65	12	-48.54%
RINVOQ	$33,393.90	15	$41,412.36	13	24.01%
JARDIANCE	$50,181.31	10	$40,166.50	14	-19.96%
COSENTYX UNOREADY	$48,761.87	11	$33,989.38	15	-30.30%
ARISTADA	$35,906.73	14	$29,827.18	16	-16.93%
HEMLIBRA		999	$29,531.80	17	%
CETIRIZINE HCL	$21,610.07	26	$28,281.21	18	30.87%
VYVANSE	$26,413.92	19	$27,631.07	19	4.61%
NEMLUVIO		999	$26,743.89	20	%
NUCALA	$14,122.83	53	$26,483.66	21	87.52%
JORNAY PM	$26,715.76	18	$26,462.26	22	-0.95%
EPIDIOLEX	$23,233.98	22	$25,417.11	23	9.40%
ALBUTEROL SULFATE	$32,665.86	16	$24,385.17	24	-25.35%
IBUPROFEN	$21,694.12	25	$23,624.78	25	8.90%
REXULTI	$21,432.17	27	$23,518.54	26	9.73%
AGAMREE	$20,731.78	29	$22,544.37	27	8.74%

IOWA | Health and Human Services

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	December through February 2026	PREVIOUS RANK	March through May 2026	RANK	PERCENT CHANGE
AUSTEDO XR	$17,082.91	40	$22,541.35	28	31.95%
ZEPBOUND	$12,772.89	58	$22,407.92	29	75.43%
TRULICITY	$17,143.89	37	$21,363.47	30	24.61%
AMOXICILLIN	$11,573.49	68	$19,835.31	31	71.39%
KOSELUGO		999	$19,353.74	32	%
LISINOPRIL	$20,671.94	30	$19,063.37	33	-7.78%
SOFOSBUVIR-VELPATASVIR	$4,924.63	142	$19,050.38	34	286.84%
CAPLYTA	$12,717.33	59	$19,024.23	35	49.59%
METHYLPHENIDATE HCL	$28,191.23	17	$18,459.85	36	-34.52%
ESCITALOPRAM OXALATE	$16,513.99	43	$17,861.37	37	8.16%
NORDITROPIN FLEXPRO	$23,272.41	21	$17,662.47	38	-24.11%
APTIOM	$14,241.19	52	$16,475.14	39	15.69%
CREON	$11,235.70	70	$16,160.44	40	43.83%
ACETAMINOPHEN	$11,978.28	66	$15,689.84	41	30.99%
AJOVY	$12,156.44	65	$15,645.35	42	28.70%
LYBALVI	$14,994.64	49	$15,637.96	43	4.29%
GENVOYA	$17,321.31	36	$15,416.80	44	-11.00%
LANTUS SOLOSTAR	$17,124.45	38	$15,396.70	45	-10.09%
NURTEC	$19,483.03	31	$15,333.13	46	-21.30%
TREMFYA	$15,305.39	46	$15,305.39	47	0.00%
UBRELVY	$11,595.94	67	$15,191.39	48	31.01%
FARXIGA	$16,599.09	42	$15,078.49	49	-9.16%
TEZSPIRE	$4,918.56	143	$14,755.68	50	200.00%
ELIQUIS	$20,972.14	28	$14,706.78	51	-29.87%
ASPIRIN	$10,189.90	82	$14,665.93	52	43.93%
SYMBICORT	$18,076.15	35	$14,195.33	53	-21.47%
FELBATOL	$10,311.22	78	$14,124.66	54	36.98%

IOWA | Health and Human Services

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	December through February 2026	PREVIOUS RANK	March through May 2026	RANK	PERCENT CHANGE
SERTRALINE HCL	$13,130.31	55	$13,890.06	55	5.79%
ONDANSETRON	$16,788.38	41	$13,806.16	56	-17.76%
OMEPRAZOLE	$12,401.30	63	$13,745.57	57	10.84%
NOVOLOG	$10,069.65	84	$13,732.79	58	36.38%
WESTAB PLUS	$10,871.10	73	$13,676.00	59	25.80%
KEPPRA	$12,252.73	64	$13,596.32	60	10.97%
AMPHETAMINE-DEXTROAMPHETAMINE	$12,510.50	62	$13,365.11	61	6.83%
ONFI	$11,461.56	69	$13,044.96	62	13.81%
AMLODIPINE BESYLATE	$10,795.32	74	$12,923.37	63	19.71%
EMGALITY	$14,653.97	50	$11,959.33	64	-18.39%
ALPRAZOLAM	$12,961.38	56	$11,821.95	65	-8.79%
FERROUS SULFATE	$6,273.99	118	$11,340.75	66	80.76%
LISDEXAMFETAMINE DIMESYLATE	$12,704.69	60	$11,270.60	67	-11.29%
POLYETHYLENE GLYCOL 3350	$9,058.24	89	$11,043.02	68	21.91%
BUPROPION HCL	$15,197.28	48	$10,860.13	69	-28.54%
NOVOLOG FLEXPEN	$9,700.83	86	$10,813.70	70	11.47%
QELBREE	$9,009.24	90	$10,790.01	71	19.77%
METFORMIN HCL	$15,924.06	45	$10,735.36	72	-32.58%
TRAZODONE HCL	$14,502.29	51	$10,560.80	73	-27.18%
INVEGA TRINZA	$10,304.78	79	$10,551.86	74	2.40%
ATORVASTATIN CALCIUM	$12,697.91	61	$10,495.62	75	-17.34%
LOSARTAN POTASSIUM	$8,698.10	95	$10,319.25	76	18.64%
TRAMADOL HCL	$16,202.93	44	$10,028.14	77	-38.11%
ABILIFY MAINTENA	$19,140.28	33	$9,601.34	78	-49.84%
ROSUVASTATIN CALCIUM	$8,432.85	97	$9,370.27	79	11.12%
BUSPIRONE HCL	$8,354.63	100	$9,344.95	80	11.85%

IOWA | Health and Human Services

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	December through February 2026	PREVIOUS RANK	March through May 2026	RANK	PERCENT CHANGE
QUILLICHEW ER	$8,737.52	93	$9,179.93	81	5.06%
HYDROXYZINE HCL	$6,533.21	114	$9,113.90	82	39.50%
INSULIN LISPRO	$7,920.56	104	$9,099.96	83	14.89%
TRELEGY ELLIPTA	$8,423.42	99	$8,918.21	84	5.87%
CHOLECALCIFEROL	$7,846.82	105	$8,763.51	85	11.68%
PANTOPRAZOLE SODIUM	$15,205.74	47	$8,681.16	86	-42.91%
DESCOVY	$6,501.24	115	$8,668.32	87	33.33%
GUANFACINE HCL (ADHD)	$10,247.96	80	$8,640.55	88	-15.69%
ARIPIPRAZOLE	$3,890.23	158	$8,608.55	89	121.29%
GABAPENTIN	$8,207.97	101	$8,524.86	90	3.86%
WEGOVY	$5,018.10	140	$8,375.59	91	66.91%
CONCERTA	$7,817.13	106	$8,234.82	92	5.34%
UZEDY	$8,122.13	102	$8,227.20	93	1.29%
MONTELUKAST SODIUM	$9,631.72	87	$8,142.87	94	-15.46%
PREDNISONE	$10,361.19	77	$8,089.24	95	-21.93%
BRIVIACT	$6,234.94	119	$7,903.79	96	26.77%
CYCLOBENZAPRINE HCL	$6,177.82	120	$7,902.27	97	27.91%
FLUTICASONE PROPIONATE (NASAL)	$8,715.66	94	$7,843.97	98	-10.00%
HYDROCODONE-ACETAMINOPHEN	$10,953.96	72	$7,834.83	99	-28.47%
FAMOTIDINE	$4,471.48	149	$7,556.34	100	68.99%

IOWA | Health and Human Services

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	December through February 2026	PREVIOUS RANK	March through May 2026	RANK	PERCENT CHANGE
ALBUTEROL SULFATE	508	1	455	1	-10.43%
CETIRIZINE HCL	381	3	420	2	10.24%
TRAZODONE HCL	425	2	419	3	-1.41%
METHYLPHENIDATE HCL	376	4	359	4	-4.52%
AMPHETAMINE-DEXTROAMPHETAMINE	323	11	350	5	8.36%
HYDROXYZINE HCL	336	9	335	6	-0.30%
FLUOXETINE HCL	367	6	334	7	-8.99%
GABAPENTIN	371	5	331	8	-10.78%
SERTRALINE HCL	353	7	320	9	-9.35%
BUPROPION HCL	269	17	288	10	7.06%
QUETIAPINE FUMARATE	286	15	287	11	0.35%
OMEPRAZOLE	323	12	273	12	-15.48%
ARIPIPRAZOLE	258	18	273	13	5.81%
ESCITALOPRAM OXALATE	328	10	270	14	-17.68%
CLONIDINE HCL	320	13	266	15	-16.88%
ATORVASTATIN CALCIUM	338	8	258	16	-23.67%
AMOXICILLIN	243	20	245	17	0.82%
BUSPIRONE HCL	249	19	244	18	-2.01%
MONTELUKAST SODIUM	234	21	228	19	-2.56%
LEVOTHYROXINE SODIUM	303	14	221	20	-27.06%
METFORMIN HCL	274	16	218	21	-20.44%
IBUPROFEN	207	26	214	22	3.38%
LAMOTRIGINE	213	24	214	23	0.47%
POLYETHYLENE GLYCOL 3350	191	33	206	24	7.85%
LEVETIRACETAM	207	25	198	25	-4.35%
ONDANSETRON	203	31	198	26	-2.46%

IOWA | Health and Human Services

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	December through February 2026	PREVIOUS RANK	March through May 2026	RANK	PERCENT CHANGE
RISPERIDONE	200	32	194	27	-3.00%
FLUTICASONE PROPIONATE (NASAL)	207	27	194	28	-6.28%
HYDROCODONE-ACETAMINOPHEN	206	28	192	29	-6.80%
FERROUS SULFATE	180	37	192	30	6.67%
PANTOPRAZOLE SODIUM	224	22	185	31	-17.41%
GUANFACINE HCL (ADHD)	187	36	183	32	-2.14%
AMOXICILLIN & POT CLAVULANATE	204	30	181	33	-11.27%
ASPIRIN	160	44	179	34	11.88%
LISINOPRIL	218	23	179	35	-17.89%
ACETAMINOPHEN	153	46	170	36	11.11%
PREDNISONE	177	38	167	37	-5.65%
HYDROXYZINE PAMOATE	170	40	163	38	-4.12%
OZEMPIC	163	42	163	39	0.00%
AZITHROMYCIN	189	35	161	40	-14.81%
DULOXETINE HCL	206	29	161	41	-21.84%
TOPIRAMATE	158	45	160	42	1.27%
LISDEXAMFETAMINE DIMESYLATE	160	43	156	43	-2.50%
CYCLOBENZAPRINE HCL	148	47	154	44	4.05%
OXYCODONE HCL	167	41	147	45	-11.98%
AMLODIPINE BESYLATE	191	34	144	46	-24.61%
FAMOTIDINE	171	39	141	47	-17.54%
PROPRANOLOL HCL	141	49	140	48	-0.71%
LANTUS SOLOSTAR	143	48	140	49	-2.10%
JARDIANCE	130	51	135	50	3.85%
CEPHALEXIN	129	54	132	51	2.33%
BACLOFEN	129	53	124	52	-3.88%
LORATADINE	102	66	117	53	14.71%

IOWA | Health and Human Services

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	December through February 2026	PREVIOUS RANK	March through May 2026	RANK	PERCENT CHANGE
LOSARTAN POTASSIUM	138	50	116	54	-15.94%
ATOMOXETINE HCL	99	67	114	55	15.15%
ALPRAZOLAM	93	71	112	56	20.43%
METOPROLOL SUCCINATE	128	55	111	57	-13.28%
ROSUVASTATIN CALCIUM	111	62	101	58	-9.01%
MIRTAZAPINE	121	58	101	59	-16.53%
DEXMETHYLPHENIDATE HCL	104	65	98	60	-5.77%
LORAZEPAM	92	72	98	61	6.52%
CLONAZEPAM	107	63	98	62	-8.41%
METRONIDAZOLE	83	80	95	63	14.46%
SULFAMETHOXAZOLE-TRIMETHOPRIM	84	79	95	64	13.10%
TRAMADOL HCL	98	68	95	65	-3.06%
VENLAFAXINE HCL	130	52	95	66	-26.92%
CLOBAZAM	82	82	94	67	14.63%
SPIRONOLACTONE	116	60	94	68	-18.97%
GUANFACINE HCL	124	57	93	69	-25.00%
PRAZOSIN HCL	119	59	90	70	-24.37%
FUROSEMIDE	86	77	90	71	4.65%
TRIAMCINOLONE ACETONIDE (TOPICAL)	93	70	89	72	-4.30%
CEFDINIR	87	76	82	73	-5.75%
OLANZAPINE	96	69	81	74	-15.63%
MELOXICAM	125	56	80	75	-36.00%
TIZANIDINE HCL	72	92	80	76	11.11%
DIVALPROEX SODIUM	85	78	80	77	-5.88%
OXCARBAZEPINE	66	96	78	78	18.18%
PREGABALIN	105	64	78	79	-25.71%

IOWA | Health and Human Services

TOP 100 DRUGS BY PRESCRIPTION COUNT					
DRUG DESCRIPTION	December through February 2026	PREVIOUS RANK	March through May 2026	RANK	PERCENT CHANGE
SYMBICORT	90	73	77	80	-14.44%
FOLIC ACID	74	90	77	81	4.05%
ZOLPIDEM TARTRATE	82	84	77	82	-6.10%
VALACYCLOVIR HCL	82	83	74	83	-9.76%
OXYBUTYNIN CHLORIDE	81	85	72	84	-11.11%
JORNAY PM	73	91	72	85	-1.37%
FLUCONAZOLE	89	74	71	86	-20.22%
NAPROXEN	59	104	71	87	20.34%
INSULIN LISPRO	70	93	71	88	1.43%
ONDANSETRON HCL	87	75	71	89	-18.39%
NALTREXONE HCL	77	88	71	90	-7.79%
GLYCOPYRROLATE	82	81	70	91	-14.63%
MOUNJARO	47	114	67	92	42.55%
SENNOSIDES	78	86	67	93	-14.10%
HYDROCHLOROTHIAZIDE	75	89	66	94	-12.00%
DOXYCYCLINE HYCLATE	50	111	65	95	30.00%
VRAYLAR	65	98	63	96	-3.08%
DESVENLAFAXINE SUCCINATE	61	100	62	97	1.64%
CARVEDILOL	66	95	58	98	-12.12%
NITROFURANTOIN MONOHYD MACRO	53	109	58	99	9.43%
KETOCONAZOLE (TOPICAL)	67	94	58	100	-13.43%

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Iowa Total Care Claims
Quarterly Statistics

REPORT_DATE	Dec 2025 through Feb 2026	Mar 2026 through May 2026	% CHANGE
TOTAL PAID AMOUNT	$87,463,482.38	$93,244,421.80	6.61%
UNIQUE USERS	97,350	96,408	-0.97%
COST PER USER	$898.44	$967.19	7.65%
TOTAL PRESCRIPTIONS	645,479	634,729	-1.67%
AVERAGE PRESCRIPTION PER USER	6.63	6.58	-0.70%
AVERAGE COST PER PRESCRIPTION	$135.50	$146.90	8.42%
# GENERIC PRESCRIPTIONS	579,751	566,319	-2.32%
% GENERIC	90.00%	89.00%	-0.66%
$ GENERIC	$10,723,548.62	$11,270,889.72	5.10%
AVERAGE GENERIC PRESCRIPTION COST	$18.50	$19.90	7.60%
AVERAGE GENERIC DAYS SUPPLY	30	31	4.70%
# BRAND PRESCRIPTIONS	64,700	67,534	4.38%
% BRAND	10.00%	11.00%	6.16%
$ BRAND	$76,713,035.67	$81,956,117.72	6.83%
AVERAGE BRAND PRESCRIPTION COST	$1,185.67	$1,213.55	2.35%
AVERAGE BRAND DAYS SUPPLY	29	30	1.20%

UTILIZATION BY AGE

AGE		Dec 2025 through Feb 2026	Mar 2026 through May 2026
0-6		38,164	35,958
7-12		50,839	49,325
13-18		62,810	61,564
19-64		486,927	481,615
65+		5,725	5,884

UTILIZATION BY GENDER AND AGE

GENDER	AGE		Dec 2025 through Feb 2026	Mar 2026 through May 2026
F	0-6		16,836	15,671
	7-12		20,262	19,499
	13-18		33,091	32,787
	19-64		315,344	313,426
	65+		3,410	3,621
M	0-6		21,328	20,287
	7-12		30,577	29,826
	13-18		29,719	28,777
	19-64		171,583	168,189
	65+		2,315	2,263

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TOP 100 PHARMACIES BY PRESCRIPTION COUNT

202603 - 202605

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	10,876	$6,957,101.85	$639.67	1
2	RIGHT DOSE PHARMACY	ANKENY	IA	5,616	$298,782.86	$53.20	2
3	WALGREENS #4405	COUNCIL BLUFFS	IA	5,285	$407,285.72	$77.06	3
4	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,307	$436,861.03	$101.43	6
5	WALGREENS #5042	CEDAR RAPIDS	IA	4,247	$292,855.42	$68.96	5
6	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	4,055	$368,101.05	$90.78	4
7	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	3,825	$423,418.84	$110.70	9
8	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	3,803	$329,856.99	$86.74	10
9	DRILLING PHARMACY	SIOUX CITY	IA	3,778	$244,628.94	$64.75	7
10	WALGREENS #5239	DAVENPORT	IA	3,599	$208,455.01	$57.92	11
11	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	3,585	$223,387.14	$62.31	8
12	NUCARA LTC PHARMACY #3	IOWA CITY	IA	3,281	$100,070.37	$30.50	33
13	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	3,273	$280,784.61	$85.79	15
14	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	3,272	$297,589.87	$90.95	12
15	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	3,243	$259,196.62	$79.92	13
16	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	2,963	$310,343.27	$104.74	17
17	WALGREENS #15647	SIOUX CITY	IA	2,913	$160,962.20	$55.26	20
18	HY-VEE PHARMACY (1075)	CLINTON	IA	2,831	$246,030.28	$86.91	23
19	WAGNER PHARMACY	CLINTON	IA	2,795	$226,686.51	$81.10	19
20	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	2,771	$209,277.97	$75.52	16
21	WALMART PHARMACY 10-0559	MUSCATINE	IA	2,769	$231,814.26	$83.72	18
22	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	2,731	$145,818.77	$53.39	14
23	HY-VEE PHARMACY (1449)	NEWTON	IA	2,715	$253,448.44	$93.35	27
24	WALGREENS #7455	WATERLOO	IA	2,673	$171,606.03	$64.20	29
25	HY-VEE PHARMACY (1192)	FT DODGE	IA	2,667	$265,385.68	$99.51	22
26	EXACTCARE	VALLEY VIEW	OH	2,610	$240,893.74	$92.30	36
27	MEDICAP PHARMACY LTC	INDIANOLA	IA	2,596	$83,561.91	$32.19	24
28	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	2,558	$202,323.51	$79.09	25
29	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	2,535	$244,334.22	$96.38	46
30	CVS PHARMACY #10282	FORT DODGE	IA	2,501	$126,900.49	$50.74	32
31	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	2,492	$280,869.88	$112.71	26

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RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
32	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	2,481	$218,149.99	$87.93	30
33	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	2,476	$319,350.76	$128.98	31
34	NELSON FAMILY PHARMACY	FORT MADISON	IA	2,472	$125,259.55	$50.67	21
35	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,457	$170,421.73	$69.36	38
36	WALGREENS #359	DES MOINES	IA	2,434	$174,550.79	$71.71	40
37	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	2,428	$216,486.96	$89.16	34
38	WALGREENS #5721	DES MOINES	IA	2,370	$147,972.61	$62.44	39
39	WALGREENS #3700	COUNCIL BLUFFS	IA	2,350	$156,056.73	$66.41	42
40	WALMART PHARMACY 10-1509	MAQUOKETA	IA	2,345	$167,146.97	$71.28	50
41	CVS PHARMACY #08544	WATERLOO	IA	2,326	$229,370.89	$98.61	43
42	WALMART PHARMACY 10-2889	CLINTON	IA	2,325	$175,056.56	$75.29	37
43	COMMUNITY HEALTH CARE PHARMACY	DAVENPORT	IA	2,317	$123,073.10	$53.12	35
44	HY-VEE PHARMACY (1530)	PLEASANT HILL	IA	2,292	$203,632.50	$88.84	48
45	SOUTH SIDE DRUG	OTTUMWA	IA	2,291	$147,952.01	$64.58	41
46	MAHASKA DRUGS INC	OSKALOOSA	IA	2,284	$227,783.36	$99.73	28
47	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	2,272	$151,628.22	$66.74	44
48	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,245	$191,587.11	$85.34	45
49	HY-VEE PHARMACY (1396)	MARION	IA	2,243	$190,734.74	$85.04	47
50	WALMART PHARMACY 10-3590	SIOUX CITY	IA	2,241	$187,946.34	$83.87	49
51	WALMART PHARMACY 10-0797	WEST BURLINGTON	IA	2,206	$162,434.60	$73.63	62
52	CVS PHARMACY #08658	DAVENPORT	IA	2,178	$212,986.65	$97.79	53
53	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,151	$217,660.73	$101.19	52
54	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,117	$207,083.70	$97.82	55
55	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,117	$180,330.71	$85.18	64
56	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,108	$156,818.48	$74.39	51
57	HY-VEE PHARMACY #5 (1061)	CEDAR RAPIDS	IA	2,102	$182,421.80	$86.78	56
58	WALGREENS #7453	DES MOINES	IA	2,099	$143,197.02	$68.22	59
59	WALGREENS #4714	DES MOINES	IA	2,080	$149,983.30	$72.11	61
60	PEOPLES CLINIC PHARMACY	WATERLOO	IA	2,077	$28,025.60	$13.49	143
61	MERCYONE WATERLOO PHARMACY	WATERLOO	IA	2,064	$217,831.30	$105.54	66
62	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,045	$131,180.28	$64.15	58

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63	TOWNCREST LTC	IOWA CITY	IA	2,016	$129,111.24	$64.04	63
64	WALMART PHARMACY 10-5115	DAVENPORT	IA	1,999	$132,969.29	$66.52	68
65	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	1,994	$407,130.78	$204.18	65
66	WALMART PHARMACY 10-0985	FAIRFIELD	IA	1,984	$142,938.89	$72.05	73
67	UNION PHARMACY	COUNCIL BLUFFS	IA	1,979	$167,345.41	$84.56	70
68	UI HEALTHCARE - IOWA RIVER LANDING PHARMACY	CORALVILLE	IA	1,973	$136,654.48	$69.26	54
69	HY-VEE PHARMACY (1522)	PERRY	IA	1,966	$132,480.48	$67.39	60
70	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	1,944	$185,863.93	$95.61	83
71	HY-VEE PHARMACY (1011)	ALTOONA	IA	1,943	$138,985.02	$71.53	87
72	WALMART PHARMACY 10-1723	DES MOINES	IA	1,877	$144,712.87	$77.10	77
73	WALGREENS #3875	CEDAR RAPIDS	IA	1,863	$154,711.95	$83.04	97
74	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	1,858	$112,005.04	$60.28	78
75	HY-VEE PHARMACY #3 (1107)	DAVENPORT	IA	1,851	$180,488.34	$97.51	99
76	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	1,849	$176,503.77	$95.46	79
77	WALMART PHARMACY 10-0646	ANAMOSA	IA	1,838	$150,415.14	$81.84	88
78	MAIN AT LOCUST PHARMACY AND MEDICAL SUPPLY	DAVENPORT	IA	1,836	$181,020.93	$98.60	71
79	WALGREENS #11942	DUBUQUE	IA	1,834	$137,157.56	$74.79	85
80	LEWIS FAMILY DRUG #28	ONAWA	IA	1,825	$212,293.24	$116.33	57
81	NEIGHBORHOOD LTC PHARMACY	URBANDALE	IA	1,820	$105,742.01	$58.10	122
82	SCOTT PHARMACY	FAYETTE	IA	1,817	$142,075.27	$78.19	72
83	WALGREENS #7454	ANKENY	IA	1,796	$110,478.79	$61.51	93
84	WALMART PHARMACY 10-1393	OSKALOOSA	IA	1,774	$187,660.45	$105.78	90
85	MEDICAP PHARMACY	CRESTON	IA	1,758	$134,252.99	$76.37	69
86	WALMART PHARMACY 10-3394	ATLANTIC	IA	1,752	$120,376.10	$68.71	95
87	WALMART PHARMACY 10-0886	FT DODGE	IA	1,751	$194,778.31	$111.24	108
88	HY-VEE PHARMACY (1241)	HARLAN	IA	1,747	$205,853.68	$117.83	82
89	PREFERRED CARE PHARMACY	CEDAR RAPIDS	IA	1,747	$108,329.55	$62.01	67
90	HY-VEE PHARMACY (1022)	ANKENY	IA	1,744	$131,771.13	$75.56	84
91	WALMART PHARMACY 10-0581	MARSHALLTOWN	IA	1,715	$166,861.43	$97.30	105
92	WALGREENS #7452	DES MOINES	IA	1,714	$146,325.92	$85.37	94
93	WALMART PHARMACY 10-1431	KEOKUK	IA	1,703	$88,802.76	$52.14	81

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94	HY-VEE PHARMACY (1895)	WINDSOR HEIGHTS	IA	1,691	$128,440.24	$75.96	80
95	GENOA HEALTHCARE, LLC	DAVENPORT	IA	1,685	$329,163.33	$195.35	130
96	HY-VEE PHARMACY (1052)	CEDAR FALLS	IA	1,681	$134,136.11	$79.80	106
97	HY-VEE DRUGSTORE (7031)	DES MOINES	IA	1,678	$121,138.74	$72.19	125
98	CR CARE PHARMACY	CEDAR RAPIDS	IA	1,659	$490,509.71	$295.67	103
99	HY-VEE PHARMACY (1224)	GRIMES	IA	1,647	$142,395.55	$86.46	101
100	HY-VEE PHARMACY #1 (1013)	AMES	IA	1,643	$140,058.02	$85.25	102

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1	U OF I HOSPITALS & CLINICS AMBULATORY CARE PHARM	IOWA CITY	IA	10,876	$6,957,101.85	$3,075.64	1
2	WALGREENS SPECIALTY PHARMACY #16528	DES MOINES	IA	694	$3,874,271.68	$15,253.04	3
3	CAREMARK KANSAS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	LENEXA	KS	473	$3,577,110.32	$17,033.86	2
4	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	247	$2,689,741.05	$25,862.89	5
5	UNITYPOINT AT HOME	URBANDALE	IA	649	$2,648,677.19	$10,469.08	4
6	PANTHERX SPECIALTY PHARMACY	CORAOPOLIS	PA	67	$2,080,514.43	$86,688.10	6
7	PANTHERX SPECIALTY PHARMACY	COLLIERVILLE	TN	31	$1,379,965.96	$125,451.45	33
8	ACARIAHEALTH PHARMACY #11	HOUSTON	TX	171	$1,288,098.59	$15,708.52	8
9	AMBER PHARMACY	OMAHA	NE	171	$1,159,538.19	$17,839.05	10
10	THE NEBRASKA MED CENTER CLINIC PHCY	OMAHA	NE	729	$1,001,217.65	$6,674.78	16
11	CVS/SPECIALTY	MONROEVILLE	PA	161	$977,387.10	$18,099.76	9
12	ANOVORX GROUP, LLC	MEMPHIS	TN	69	$811,182.19	$36,871.92	13
13	WALGREENS SPECIALTY PHARMACY #21250	IOWA CITY	IA	136	$779,415.34	$9,169.59	12
14	OPTUM PHARMACY 702, LLC	JEFFERSONVILLE	IN	88	$753,325.35	$18,833.13	11
15	ACCREDO HEALTH GROUP INC	WARRENDALE	PA	29	$651,284.63	$81,410.58	15
16	WALGREENS SPECIALTY PHARMACY #16270	OMAHA	NE	60	$630,434.07	$27,410.18	14
17	BIOLOGICS BY MCKESSON	FORT WORTH	TX	23	$585,839.83	$58,583.98	20
18	WALGREENS SPECIALTY PHARMACY #15443	FRISCO	TX	66	$543,532.65	$17,533.31	69
19	CAREMARK ILLINOIS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	MT PROSPECT	IL	57	$537,959.60	$23,389.55	46
20	ONCO360	LOUISVILLE	KY	42	$525,667.39	$40,435.95	18
21	CVS PHARMACY #00102	AURORA	CO	58	$503,769.71	$20,990.40	24
22	EXPRESS SCRIPTS SPECIALTY DIST SVCS	SAINT LOUIS	MO	31	$492,444.49	$44,767.68	22
23	WALGREENS SPECIALTY PHARMACY #16280	FRISCO	TX	24	$491,646.00	$81,941.00	17
24	CR CARE PHARMACY	CEDAR RAPIDS	IA	1,659	$490,509.71	$2,972.79	23
25	MEDICAP PHARMACY	URBANDALE	IA	532	$444,725.22	$5,358.14	598
26	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,307	$436,861.03	$657.92	27
27	ALLEN CLINIC PHARMACY	WATERLOO	IA	987	$430,213.27	$1,370.11	34
28	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	3,825	$423,418.84	$1,186.05	26
29	PARAGON PARTNERS	OMAHA	NE	999	$416,092.78	$5,013.17	21
30	WALGREENS #4405	COUNCIL BLUFFS	IA	5,285	$407,285.72	$355.71	30
31	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	1,994	$407,130.78	$2,109.49	31
32	EVERSANA LIFE SCIENCE SERVICES, LLC	CHESTERFIELD	MO	8	$406,680.61	$135,560.20	28
33	OPTUM FRONTIER THERAPIES, LLC	FLINT	MI	11	$369,695.78	$123,231.93	251

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34	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	4,055	$368,101.05	$472.53	32
35	SOLEO HEALTH INC.	WOODRIDGE	IL	6	$365,933.60	$365,933.60	51
36	OPTUM INFUSION SERVICES 550, LLC.	URBANDALE	IA	80	$345,145.06	$28,762.09	74
37	GENOA HEALTHCARE, LLC	MARSHALLTOWN	IA	1,166	$334,899.04	$3,044.54	38
38	MERCYONE GENESIS FIRSTMED SPECIALTY PHARMACY	DAVENPORT	IA	474	$332,752.20	$2,218.35	19
39	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	3,803	$329,856.99	$424.53	40
40	GENOA HEALTHCARE, LLC	DAVENPORT	IA	1,685	$329,163.33	$2,096.58	36
41	MERCYONE ANKENY PHARMACY	ANKENY	IA	460	$325,711.55	$2,760.27	287
42	ORSINI PHARMACEUTICAL SERVICES INC	ELK GROVE VILLAGE	IL	17	$323,906.80	$53,984.47	25
43	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	2,476	$319,350.76	$2,172.45	41
44	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	2,963	$310,343.27	$985.22	44
45	SENDERRA RX PHARMACY	PLANO	TX	37	$304,855.11	$21,775.37	35
46	RIGHT DOSE PHARMACY	ANKENY	IA	5,616	$298,782.86	$741.40	37
47	ACCREDO HEALTH GROUP, INC.	WHITESTOWN	IN	45	$297,716.90	$14,177.00	29
48	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	3,272	$297,589.87	$542.06	39
49	WALGREENS #5042	CEDAR RAPIDS	IA	4,247	$292,855.42	$293.44	47
50	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	2,492	$280,869.88	$739.13	43
51	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	3,273	$280,784.61	$543.10	48
52	HY-VEE PHARMACY (1192)	FT DODGE	IA	2,667	$265,385.68	$661.81	68
53	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	3,243	$259,196.62	$510.23	42
54	CAREMARK LLC, DBA CVS/SPECIALTY	REDLANDS	CA	12	$254,527.98	$50,905.60	261
55	HY-VEE PHARMACY (1449)	NEWTON	IA	2,715	$253,448.44	$553.38	55
56	HY-VEE PHARMACY (1075)	CLINTON	IA	2,831	$246,030.28	$504.16	67
57	DRILLING PHARMACY	SIOUX CITY	IA	3,778	$244,628.94	$764.47	50
58	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	2,535	$244,334.22	$651.56	76
59	EXACTCARE	VALLEY VIEW	OH	2,610	$240,893.74	$2,189.94	53
60	PRIMARY HEALTHCARE PHARMACY	DES MOINES	IA	1,018	$239,442.75	$1,073.73	60
61	VYTLONE SPECIALTY PHARMACY	LUBBOCK	TX	27	$236,722.21	$118,361.11	83
62	WALMART PHARMACY 10-0559	MUSCATINE	IA	2,769	$231,814.26	$484.97	49
63	AVERA SPECIALTY PHARMACY	SIOUX FALLS	SD	68	$230,083.11	$7,933.90	45
64	CVS PHARMACY #08544	WATERLOO	IA	2,326	$229,370.89	$470.99	57
65	MAHASKA DRUGS INC	OSKALOOSA	IA	2,284	$227,783.36	$664.09	65
66	WAGNER PHARMACY	CLINTON	IA	2,795	$226,686.51	$763.25	63

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67	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	3,585	$223,387.14	$309.40	66
68	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	2,481	$218,149.99	$494.67	77
69	MERCYONE WATERLOO PHARMACY	WATERLOO	IA	2,064	$217,831.30	$488.41	59
70	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,151	$217,660.73	$755.77	70
71	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	2,428	$216,486.96	$476.84	78
72	CVS PHARMACY #08658	DAVENPORT	IA	2,178	$212,986.65	$585.13	89
73	LEWIS FAMILY DRUG #28	ONAWA	IA	1,825	$212,293.24	$891.99	72
74	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	2,771	$209,277.97	$429.73	56
75	WALGREENS #5239	DAVENPORT	IA	3,599	$208,455.01	$232.39	79
76	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,117	$207,083.70	$796.48	61
77	HY-VEE PHARMACY (1241)	HARLAN	IA	1,747	$205,853.68	$674.93	64
78	HY-VEE PHARMACY (1530)	PLEASANT HILL	IA	2,292	$203,632.50	$527.55	86
79	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	2,558	$202,323.51	$476.06	75
80	MEDICAP PHARMACY	NEWTON	IA	1,624	$195,508.34	$963.10	62
81	WALMART PHARMACY 10-0886	FT DODGE	IA	1,751	$194,778.31	$708.28	137
82	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,245	$191,587.11	$474.23	73
83	MEDICAP PHARMACY	DES MOINES	IA	1,517	$190,769.19	$2,073.58	58
84	HY-VEE PHARMACY (1396)	MARION	IA	2,243	$190,734.74	$504.59	71
85	WALMART PHARMACY 10-3590	SIOUX CITY	IA	2,241	$187,946.34	$415.81	101
86	WALMART PHARMACY 10-1393	OSKALOOSA	IA	1,774	$187,660.45	$719.01	95
87	RIVER HILLS PHARMACY	OTTUMWA	IA	696	$186,817.25	$1,182.39	82
88	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	1,944	$185,863.93	$588.18	146
89	HY-VEE PHARMACY #5 (1061)	CEDAR RAPIDS	IA	2,102	$182,421.80	$478.80	97
90	MAIN AT LOCUST PHARMACY AND MEDICAL SUPPLY	DAVENPORT	IA	1,836	$181,020.93	$1,011.29	100
91	HY-VEE PHARMACY #3 (1107)	DAVENPORT	IA	1,851	$180,488.34	$635.52	117
92	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,117	$180,330.71	$426.31	88
93	CURANT HEALTH GEORGIA LLC	SMYRNA	GA	3	$179,575.89	$179,575.89	
94	ARJ INFUSION SERVICES, LLC	CEDAR RAPIDS	IA	17	$177,188.33	$59,062.78	87
95	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	1,849	$176,503.77	$584.45	107
96	HY-VEE PHARMACY #1 (1860)	WATERLOO	IA	1,284	$175,609.50	$801.87	136
97	WALMART PHARMACY 10-2889	CLINTON	IA	2,325	$175,056.56	$433.31	90
98	WALGREENS #359	DES MOINES	IA	2,434	$174,550.79	$242.10	96
99	UI HEALTH CARE DES MOINES PHARMACY	DES MOINES	IA	27	$172,453.02	$15,677.55	52

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TOP 100 PHARMACIES BY PAID AMOUNT
202603 - 202605

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
100	WALGREENS #7455	WATERLOO	IA	2,673	$171,606.03	$204.54	81

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TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
202603 - 202605

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
1	1982605762	Jeffrey Wilharm	$57,831.56	1,410	23.50	1
2	1013115369	Bobbita Nag	$38,374.97	1,133	5.90	3
3	1528365277	Mina Salib	$356,340.28	1,111	4.50	2
4	1659358620	Carlos Castillo	$25,549.29	910	7.11	5
5	1730849647	Melanie Parrish	$33,375.27	902	6.63	6
6	1356359871	Rhea Hartley	$72,669.96	846	4.78	4
7	1811419815	Gretchen Wenger	$74,140.15	837	5.81	7
8	1992402655	Shane Eberhardt	$172,420.29	825	6.20	11
9	1053630640	Jennifer Donovan	$119,207.36	805	8.66	10
10	1801463245	Ann Mojeiko	$69,306.37	805	6.39	35
11	1689325524	Brian Ayersman	$149,208.56	804	8.04	59
12	1306475413	Autumn Anderson	$38,425.65	801	9.00	51
13	1417941188	Debra Neuharth	$64,596.34	789	7.44	9
14	1184056822	Abby Kolthoff	$429,340.13	783	7.68	34
15	1902478811	Joan Anderson	$162,064.78	761	8.18	12
16	1306559786	Roy Henry	$31,670.87	748	8.31	8
17	1770933046	Shelby Biller	$113,855.80	743	7.14	13
18	1265841845	Mary Schwering	$70,128.74	737	7.76	32
19	1023542271	Flynn Mccullough	$123,613.22	723	8.12	41
20	1275763047	Rebecca Bowman	$116,637.75	721	9.24	18
21	1811960768	Angela Veenstra	$67,653.21	719	8.99	16
22	1215125216	Rebecca Walding	$96,506.19	718	7.25	14
23	1649248378	Kathleen Wild	$17,535.56	711	9.12	19
24	1619153137	Joada Best	$73,821.80	709	6.56	15
25	1598183493	Jena Ellerhoff	$48,776.74	704	9.39	25
26	1477199198	Sajo Thomas	$142,713.39	690	7.11	33
27	1205393386	Jessica Hudspeth	$59,346.02	688	8.39	30
28	1245960350	Mary Welborn	$51,970.37	684	5.43	29
29	1801998372	Wendy Hansen-Penman	$30,153.24	674	8.02	23
30	1992314108	Lynzee Makowski	$780,415.52	661	5.75	42
31	1457914657	Seema Antony	$86,885.00	654	6.11	28
32	1477926434	Jackie Shipley	$37,818.53	643	5.59	58
33	1992103386	Melissa Larsen	$75,770.74	640	7.53	36

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TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
202603 - 202605

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
34	1609532373	Erin Fox-Hammel	$32,594.95	635	9.92	21
35	1538149042	Eric Petersen	$21,377.43	627	6.60	22
36	1407415128	Sondra Philips	$45,143.94	626	8.03	47
37	1679573893	Patty Hildreth	$114,685.69	621	7.39	27
38	1821268335	Jacqueline Mcinnis	$85,236.85	621	11.94	24
39	1467092049	Heidi Pedersen	$86,968.90	619	8.36	49
40	1467907394	Cynthia Coenen	$66,855.10	614	8.77	20
41	1902912538	Christian Jones	$39,935.40	603	6.55	45
42	1053963900	Nicole Mcclavy	$107,885.56	601	6.26	43
43	1902358443	Melissa Konken	$127,113.40	597	7.65	39
44	1164538674	Joseph Wanzek	$96,093.40	596	10.46	40
45	1790135176	Emily Reiter	$53,153.81	595	6.33	100
46	1154815330	Bruce Pehl	$30,136.35	590	6.94	38
47	1437238110	Genevieve Nelson	$123,610.23	582	9.39	79
48	1043703887	Tenaea Jeppeson	$64,836.19	579	8.15	67
49	1073156295	Kasie Christensen	$48,742.46	578	6.72	56
50	1043434525	Robert Kent	$47,551.33	577	6.48	31
51	1144588476	Rachel Filzer	$91,946.07	576	6.62	76
52	1215981758	Lisa Pisney	$83,415.64	576	6.78	57
53	1326578725	Jacqueline Blackburn	$17,395.27	573	5.51	169
54	1528329398	Erin Rowan	$34,110.75	562	6.46	46
55	1114681889	Kelsey Bauer	$42,872.38	556	6.47	44
56	1255823506	Nicole Delagardelle	$79,741.65	546	6.13	48
57	1184657603	Sara Rygol	$58,834.42	546	6.13	71
58	1649763079	Kate Jarvis	$92,054.33	543	5.78	65
59	1750845954	Stephanie Giesler	$146,612.46	540	8.31	80
60	1720698335	Danika Hansen	$61,309.42	540	6.43	53
61	1689077018	Stacy Roth	$81,152.95	525	6.10	37
62	1326798992	Jenna Mullins	$59,639.35	525	4.41	217
63	1942721584	Shawna Fury	$35,761.07	521	4.61	64
64	1891306452	Jennifer Tomlin	$34,852.21	519	5.19	55
65	1891422606	Emily Clawson	$54,803.46	517	6.08	75
66	1467502286	Charles Tilley	$46,158.23	516	7.94	62

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TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
202603 - 202605

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
67	1215581251	Anna Throckmorton	$45,258.52	512	8.39	52
68	1538368170	Christopher Matson	$28,914.72	511	6.31	26
69	1245227099	Donna Dobson Tobin	$66,623.93	505	8.86	81
70	1831710987	Margaret White	$40,230.36	505	7.43	66
71	1609946243	Sina Linman	$24,225.48	505	5.87	89
72	1881095503	Karoweso Chipendo	$32,170.64	500	6.25	78
73	1841220290	Kent Kunze	$10,767.06	500	6.67	61
74	1184125262	Jenifer Edstrom	$13,937.84	498	5.03	108
75	1891146999	Becky Johnson	$513,051.67	489	6.70	69
76	1821600594	Carrie Goodwin	$93,763.10	488	9.04	96
77	1215184726	Babuji Gandra	$31,687.33	488	6.02	119
78	1760965032	Melissa Miller	$14,695.43	487	7.27	50
79	1891707832	Lisa Klock	$33,282.59	486	4.42	88
80	1619380680	Tara Brockman	$48,146.60	484	5.26	77
81	1477534279	Edmund Piasecki	$32,121.12	484	6.05	90
82	1487194791	Stacy Hennigar	$38,470.48	483	5.31	131
83	1417241621	Ashley Mathes	$32,011.34	483	5.14	72
84	1922144088	Thomas Hopkins	$18,409.78	481	4.58	93
85	1942937388	Carly Trausch	$582,779.26	480	2.67	123
86	1427766559	Korie Eischeid	$25,577.86	479	5.44	95
87	1336853415	Katherine Lowary	$27,805.83	476	15.35	86
88	1316471154	Nicole Woolley	$27,275.73	475	6.01	118
89	1841182052	Aksana Tharp	$107,954.87	471	10.95	140
90	1962418640	Barclay Monaster	$42,592.81	471	3.99	162
91	1811621865	Amy Cooper	$31,317.06	470	5.66	128
92	1477045797	Chantal Rozmus	$80,694.75	469	6.42	70
93	1831731298	Heather Wilson	$34,331.33	468	6.32	99
94	1881266914	Alicia Knox	$61,455.83	467	5.31	155
95	1043418809	Michael Ciliberto	$300,542.05	463	7.59	83
96	1598786097	Stephanie Gray	$171,289.18	463	8.74	114
97	1871021543	Susan Wilson	$39,738.13	460	7.19	85
98	1992573786	Lashelle Goode	$33,557.43	460	4.84	63
99	1316782311	Courtney Studer	$52,487.24	457	6.35	216

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TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
202603 - 202605

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
100	1992562458	Alison Fauble	$32,807.82	455	5.99	170

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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT

202603 - 202605

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
1	1326034984	Katherine Mathews	49	$1,157,684.94	$23,626.22	2
2	1477761328	Amy Calhoun	70	$863,037.30	$12,329.10	5
3	1992314108	Lynzee Makowski	661	$780,415.52	$1,180.66	1
4	1295091510	Rebecca Weiner	323	$624,594.78	$1,933.73	6
5	1780788844	Tammy Wichman	47	$594,597.25	$12,651.01	4
6	1942937388	Carly Trausch	480	$582,779.26	$1,214.12	7
7	1316934318	Steven Lentz	32	$562,423.81	$17,575.74	3
8	1013126705	Janice Staber	31	$559,815.85	$18,058.58	11
9	1669184511	Chandra Miller	32	$542,526.66	$16,953.96	22
10	1285626390	Kathleen Gradoville	168	$515,223.23	$3,066.80	9
11	1891146999	Becky Johnson	489	$513,051.67	$1,049.19	8
12	1417443953	Rodney Clark	358	$487,840.78	$1,362.68	10
13	1114214541	Dimah Saade	48	$478,851.72	$9,976.08	13
14	1184056822	Abby Kolthoff	783	$429,340.13	$548.33	17
15	1437121407	Linda Cadaret	89	$414,314.34	$4,655.22	12
16	1700561826	Pedro Hsieh	46	$376,632.04	$8,187.65	14
17	1033221916	Adrian Letz	97	$362,772.65	$3,739.92	15
18	1356445886	Megan Eisel	190	$358,593.98	$1,887.34	50
19	1356753859	Katie Lutz	107	$357,763.67	$3,343.59	23
20	1528365277	Mina Salib	1,111	$356,340.28	$320.74	18
21	1215333091	Nadia Naz	175	$351,828.31	$2,010.45	19
22	1235792912	Faraaz Zafar	107	$346,229.72	$3,235.79	38
23	1649826140	Taylor Myers	193	$341,956.15	$1,771.79	52
24	1376777383	Jonathon Hennings	80	$314,093.88	$3,926.17	21
25	1043418809	Michael Ciliberto	463	$300,542.05	$649.12	26
26	1467449579	Brian Wayson	94	$295,956.25	$3,148.47	27
27	1407065469	Christoph Randak	228	$294,067.04	$1,289.77	34
28	1326410499	Tara Eastvold	320	$283,345.28	$885.45	35
29	1588616171	Heather Thomas	142	$273,517.33	$1,926.18	33
30	1952539447	Anthony Fischer	138	$272,177.85	$1,972.30	16
31	1891158275	Andrew Groves	30	$257,951.70	$8,598.39	51
32	1023108701	Ronald Zolty	43	$252,958.56	$5,882.76	91
33	1568097244	Elizabeth Dassow	105	$246,476.08	$2,347.39	31

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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT

202603 - 202605

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
34	1477968303	Joseph Larson	218	$243,111.41	$1,115.19	67
35	1861277980	Kathryn Ewoldt	298	$240,849.20	$808.22	25
36	1558808501	Jessica Braksiek	43	$235,544.34	$5,477.78	30
37	1700417169	Courtney Reints	172	$229,148.37	$1,332.26	20
38	1043565328	Sara Moeller	64	$225,064.60	$3,516.63	40
39	1275836751	Holly Kramer	110	$223,289.47	$2,029.90	29
40	1437533130	Katie Broshuis	110	$222,161.48	$2,019.65	122
41	1093162075	Meghan Ryan	99	$220,465.27	$2,226.92	55
42	1093382632	Gail Dooley	150	$216,071.75	$1,440.48	78
43	1609131770	Sreenath Ganganna	280	$212,494.67	$758.91	28
44	1366065047	Brittania Schoon	101	$204,722.12	$2,026.95	41
45	1356577951	Christopher Mulder	53	$203,136.49	$3,832.76	62
46	1285748004	Bruce Hughes	47	$200,697.33	$4,270.16	690
47	1841548161	Crystal Meyer	68	$195,874.80	$2,880.51	58
48	1124096698	Sookyong Koh	120	$195,379.17	$1,628.16	621
49	1649419219	Heather Hunemuller	154	$187,824.04	$1,219.64	45
50	1932831971	Kristen Emodi	52	$187,189.66	$3,599.80	278
51	1578958542	Heidi Curtis	168	$184,692.67	$1,099.36	47
52	1912208323	Lisa Meyer	428	$184,598.63	$431.31	69
53	1144110909	Julia Baray Alvarado	339	$183,612.54	$541.63	63
54	1134249832	Steven Craig	91	$183,540.20	$2,016.93	39
55	1336346352	Hanna Zembrzuska	70	$183,367.06	$2,619.53	70
56	1447519038	Erin Richardson	146	$180,166.25	$1,234.02	46
57	1992402655	Shane Eberhardt	825	$172,420.29	$208.99	56
58	1689942518	Patria Alba Aponte	235	$171,605.99	$730.24	184
59	1679521728	Jill Fliege	25	$171,535.39	$6,861.42	447
60	1598786097	Stephanie Gray	463	$171,289.18	$369.96	54
61	1386084747	Jennifer Condon	136	$170,191.73	$1,251.41	68
62	1770324220	Casie Hale	410	$167,924.53	$409.57	281
63	1992921779	Radha Andukuri	46	$163,701.54	$3,558.73	93
64	1235518507	Adekunle Ajisebutu	24	$162,937.18	$6,789.05	53
65	1356752067	Kelly Delaney-Nelson	50	$162,684.33	$3,253.69	59
66	1902478811	Joan Anderson	761	$162,064.78	$212.96	72

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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT

202603 - 202605

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
67	1326211889	James Friedlander	45	$161,603.18	$3,591.18	24
68	1992810956	Christopher Ronkar	38	$160,964.40	$4,235.91	124
69	1821254863	Amy John	65	$160,235.96	$2,465.17	112
70	1134981038	Cassidy Chalupa	79	$159,288.02	$2,016.30	36
71	1366809923	Kelly Hoover	450	$158,123.48	$351.39	79
72	1306071915	Thomas Pietras	76	$156,114.27	$2,054.14	48
73	1811666118	Jessiann Dryden-Parish	122	$155,354.95	$1,273.40	143
74	1013026798	Stephen Grant	31	$153,786.57	$4,960.86	185
75	1780029090	Divya Pati	161	$152,666.41	$948.24	61
76	1730406356	Christina Warren	76	$151,883.41	$1,998.47	49
77	1659108090	Teresa Hanson	345	$150,727.61	$436.89	103
78	1689325524	Brian Ayersman	804	$149,208.56	$185.58	216
79	1437147386	Douglas Hornick	67	$146,840.93	$2,191.66	44
80	1750845954	Stephanie Giesler	540	$146,612.46	$271.50	121
81	1851568703	Mathew Davey	35	$146,123.45	$4,174.96	64
82	1376525196	Randolph Rough	62	$146,064.61	$2,355.88	60
83	1477199198	Sajo Thomas	690	$142,713.39	$206.83	87
84	1902792856	Timothy Hoffmann	178	$141,665.80	$795.88	196
85	1912979261	David Visokey	109	$139,281.18	$1,277.81	84
86	1851556120	Sheryl Mckim	22	$138,953.34	$6,316.06	589
87	1649943689	Jessica Wolfe	82	$137,856.24	$1,681.17	37
88	1104132554	Piyush Poddar	68	$137,450.69	$2,021.33	177
89	1427258367	Ali Jabbari	50	$137,240.85	$2,744.82	784
90	1255658175	Ashley Deschamp	73	$137,231.57	$1,879.88	57
91	1225263833	Lindsay Orris	61	$137,039.06	$2,246.54	32
92	1245353242	Sandy Hong	85	$136,348.99	$1,604.11	80
93	1932693157	Thapat Wannarong	5	$133,928.18	$26,785.64	10378
94	1376512244	Raymond Kuwahara	95	$129,128.97	$1,359.25	144
95	1508281619	Kelly Marine	62	$128,088.33	$2,065.94	127
96	1003315201	Abigail Behrens	46	$127,954.03	$2,781.61	74
97	1902358443	Melissa Konken	597	$127,113.40	$212.92	100
98	1609041235	Adam Reinhardt	19	$126,337.05	$6,649.32	126
99	1437513520	Sussette Gonzalez	158	$126,226.99	$798.91	543

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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
202603 - 202605

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
100	1891754404	David Spector	27	$125,508.78	$4,648.47	194

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TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

	202512 - 202602			202603 - 202605			
CATEGORY DESCRIPTION	PREVIOUS TOTAL COST	PREVIOUS RANK	PREVIOUS % BUDGET	CURRENT TOTAL COST	CURRENT RANK	CURRENT % BUDGET	% CHANGE
DERMATOLOGICALS	$10,011,603.59	2	11.45 %	$11,551,014.69	1	12.39 %	0.94 %
ANTIDIABETICS	$11,091,943.50	1	12.68 %	$11,055,087.59	2	11.86 %	-0.83 %
ANTIPSYCHOTICS/ANTIMANIC AGENTS	$9,636,887.86	3	11.02 %	$10,400,033.74	3	11.15 %	0.14 %
ANALGESICS - ANTI-INFLAMMATORY	$6,446,441.44	4	7.37 %	$6,571,382.73	4	7.05 %	-0.32 %
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	$4,532,867.43	5	5.18 %	$5,483,112.56	5	5.88 %	0.70 %
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	$4,517,272.89	6	5.16 %	$4,869,320.51	6	5.22 %	0.06 %
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC	$3,427,122.14	9	3.92 %	$4,113,463.68	7	4.41 %	0.49 %
RESPIRATORY AGENTS - MISC.	$3,718,759.17	7	4.25 %	$3,890,036.70	8	4.17 %	-0.08 %
ENDOCRINE AND METABOLIC AGENTS - MISC.	$2,747,152.53	10	3.14 %	$3,327,670.86	9	3.57 %	0.43 %
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	$2,707,543.08	11	3.10 %	$2,879,442.16	10	3.09 %	-0.01 %
ANTIVIRALS	$3,570,005.82	8	4.08 %	$2,875,218.19	11	3.08 %	-1.00 %
ANTICONVULSANTS	$2,570,241.65	13	2.94 %	$2,668,193.78	12	2.86 %	-0.08 %
MIGRAINE PRODUCTS	$2,363,368.93	14	2.70 %	$2,647,771.94	13	2.84 %	0.14 %
NEUROMUSCULAR AGENTS	$1,831,109.93	16	2.09 %	$2,627,095.85	14	2.82 %	0.72 %
HEMATOLOGICAL AGENTS - MISC.	$2,573,699.14	12	2.94 %	$2,468,777.88	15	2.65 %	-0.30 %
CARDIOVASCULAR AGENTS - MISC.	$2,137,952.21	15	2.44 %	$1,951,742.90	16	2.09 %	-0.35 %
GASTROINTESTINAL AGENTS - MISC.	$1,677,429.28	17	1.92 %	$1,859,840.70	17	1.99 %	0.08 %
ANTIDEPRESSANTS	$1,669,310.24	18	1.91 %	$1,712,089.88	18	1.84 %	-0.07 %
ANTICOAGULANTS	$1,265,374.38	19	1.45 %	$1,096,267.98	19	1.18 %	-0.27 %
MISCELLANEOUS THERAPEUTIC CLASSES	$540,031.47	21	0.62 %	$808,831.33	20	0.87 %	0.25 %

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TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

	202512 - 202602		202603 - 202605		
CURRENT CATEGORY DESCRIPTION	PREVIOUS CLAIMS	PREVIOUS RANK	CURRENT CLAIMS	CURRENT RANK	% CHANGE
ANTIDEPRESSANTS	78,636	1	74,828	1	-4.84 %
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	40,319	2	43,752	2	8.51 %
ANTICONVULSANTS	38,631	3	39,896	3	3.27 %
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	36,049	4	36,167	4	0.33 %
ANTIPSYCHOTICS/ANTIMANIC AGENTS	31,188	5	32,136	5	3.04 %
ANTIDIABETICS	30,570	6	30,106	6	-1.52 %
ANTIANXIETY AGENTS	28,832	7	29,931	7	3.81 %
ANTIHYPERTENSIVES	28,096	8	24,572	8	-12.54 %
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	24,541	9	21,246	9	-13.43 %
DERMATOLOGICALS	18,381	11	20,436	10	11.18 %
ANTIHISTAMINES	17,624	12	19,375	11	9.94 %
PENICILLINS	19,285	10	16,772	12	-13.03 %
ANALGESICS - OPIOID	14,071	15	14,920	13	6.03 %
ANTIHYPERLIPIDEMICS	16,324	13	14,170	14	-13.20 %
ANALGESICS - ANTI-INFLAMMATORY	14,705	14	14,040	15	-4.52 %
BETA BLOCKERS	12,975	16	11,371	16	-12.36 %
MUSCULOSKELETAL THERAPY AGENTS	10,824	18	11,252	17	3.95 %
CORTICOSTEROIDS	11,100	17	10,381	18	-6.48 %
ANALGESICS - NonNarcotic	10,065	19	10,197	19	1.31 %
HEMATOPOIETIC AGENTS	8,641	23	9,078	20	5.06 %

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TOP 100 DRUGS BY PAID AMOUNT

	202512 - 202602		202603 - 202605		
DRUG DESCRIPTION	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	PERCENT CHANGE
Ozempic	4572696.16	1	4728892.28	1	3.42 %
Dupixent	3861976.17	2	4265367.03	2	10.45 %
Vraylar	2977720.09	4	3197708.45	3	7.39 %
Humira Pen	3280086.35	3	3189366.61	4	-2.77 %
Trikafta	2712965.37	5	2810350.46	5	3.59 %
Duvyzat	1067724.39	11	1922880.86	6	80.09 %
Skyrizi Pen	1633258.16	8	1916425.94	7	17.34 %
Mounjaro	1687703.25	6	1860747.87	8	10.25 %
Invega Sust	1633917.67	7	1712420.23	9	4.80 %
Biktarvy	1616719.64	9	1590491.03	10	-1.62 %
Tremfya	953676.07	14	1270797.31	11	33.25 %
Jardiance	1535337	10	1258401.38	12	-18.04 %
Zepbound	766341.81	19	1187017.16	13	54.89 %
Rexulti	1013985.36	12	1088136.89	14	7.31 %
Taltz	946330.09	15	1031874.04	15	9.04 %
Caplyta	811724.1	18	1020592.89	16	25.73 %
Ingrezza	998572.06	13	1001812.63	17	0.32 %
Trulicity	908908.58	16	934014.25	18	2.76 %
Aristada	733074.97	21	824347.71	19	12.45 %
Rinvoq	710522.94	22	821837.95	20	15.67 %
Nurtec	677924.07	23	779570.11	21	14.99 %
Austedo Xr	521316.29	34	720305.88	22	38.17 %
Stelara	743685.12	20	695376.33	23	-6.50 %
Eliquis	866644.28	17	692861.28	24	-20.05 %
Cosentyx Uno	635047.35	24	670364.86	25	5.56 %
Winrevair	543892.21	30	642863.72	26	18.20 %
Wakix	485931.91	38	636407.45	27	30.97 %

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TOP 100 DRUGS BY PAID AMOUNT

	202512 - 202602		202603 - 202605		
DRUG DESCRIPTION	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	PERCENT CHANGE
Trelegy	523977.57	32	631920.53	28	20.60 %
Symbicort	588003.38	27	626591.14	29	6.56 %
Abilify Main	593266.29	26	599472.22	30	1.05 %
Enbrel Srclk	504995.47	35	591038.42	31	17.04 %
Skyrizi	566003.12	28	587780.21	32	3.85 %
Altuviiio	622593.62	25	566193.64	33	-9.06 %
Sephience	180031.89	92	543877.56	34	202.10 %
Jornay Pm	495542.41	36	538344.73	35	8.64 %
Lisdexamfeta	522822.08	33	530108.43	36	1.39 %
Lybalvi	487962.25	37	527937.05	37	8.19 %
Ilaris	525137.04	31	524625.4	38	-0.10 %
Bimzelx	327822.45	60	498944.48	39	52.20 %
Ubrelvy	451179.08	41	497178.58	40	10.20 %
Ajovy	425804.47	45	492153.11	41	15.58 %
Invega Trinz	550740.16	29	488095.54	42	-11.37 %
Trintellix	454327.38	40	487174.67	43	7.23 %
Epidiolex	444638.46	42	468702.73	44	5.41 %
Xywav	403389.49	49	455033.27	45	12.80 %
Qelbree	380707.27	51	445374.46	46	16.99 %
Norditropin	425488.44	46	441735.15	47	3.82 %
Albuterol	416154.62	48	401454.27	48	-3.53 %
Xolair	333681.44	58	396768.31	49	18.91 %
Crenessity	355442.67	55	394936.3	50	11.11 %
Kisqali	435670.86	44	387147.97	51	-11.14 %
Farxiga	441036.9	43	383017.03	52	-13.16 %
Strensiq	421098.15	47	375390.65	53	-10.85 %
Xarelto	361444.95	54	368830.43	54	2.04 %

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TOP 100 DRUGS BY PAID AMOUNT

	202512 - 202602		202603 - 202605		
DRUG DESCRIPTION	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	PERCENT CHANGE
Adynovate	237283.66	77	365933.6	55	54.22 %
Fintepla	369370.54	53	365101.15	56	-1.16 %
Alyftrek	255733.65	73	355396.59	57	38.97 %
Skyclarys	302648.73	62	351651.86	58	16.19 %
Qulipta	330774.88	59	349233.1	59	5.58 %
Abilify Asim	289863.98	65	327281.79	60	12.91 %
Takhzyro	346612.82	56	324202.38	61	-6.47 %
Insulin Lisp	301214.14	63	322474.41	62	7.06 %
Livmarli	288825.5	66	314863.35	63	9.02 %
Methylphenid	292997.11	64	311657.33	64	6.37 %
Uzedy	242734.28	75	307134.13	65	26.53 %
Opsumit	339450.12	57	293949	66	-13.40 %
Otezla	225456.15	80	291940.79	67	29.49 %
Wegovy	125067.69	130	291300.47	68	132.91 %
Tezspire	264366.36	69	281079.37	69	6.32 %
Kesimpta	370455.35	52	275570.93	70	-25.61 %
Agamree	194458.69	87	273869.48	71	40.84 %
Emgality	223262.92	81	271278.69	72	21.51 %
Skytrofa	287914.88	68	265004.37	73	-7.96 %
Amphet/dextr	241860.52	76	264207.78	74	9.24 %
Spiriva Resp	264279.64	70	262539.76	75	-0.66 %
Lantus Solos	255439.28	74	260459.06	76	1.97 %
Mavyret	483073.21	39	246260.34	77	-49.02 %
Advair Hfa	256282.81	72	245918.84	78	-4.04 %
Ebglyss	83756.3	187	242858.27	79	189.96 %
Voxzogo	202275.78	83	238865.41	80	18.09 %
Hemlibra	380963.34	50	234125.03	81	-38.54 %

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TOP 100 DRUGS BY PAID AMOUNT

	202512 - 202602		202603 - 202605		
DRUG DESCRIPTION	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	PERCENT CHANGE
Valtoco	237180.59	78	225409.64	82	-4.96 %
Briviact	196206.23	84	223695.22	83	14.01 %
Austedo	155144.9	112	222504.47	84	43.42 %
Zenpep	165480.87	103	222253.16	85	34.31 %
Creon	172858.27	96	213929.79	86	23.76 %
Kalydeco	190737.14	89	213554.15	87	11.96 %
Lenalidomide	46523.83	280	204306.11	88	339.14 %
Quillichew	202940.69	82	204175.14	89	0.61 %
Evrysdi	315072.14	61	197954.33	90	-37.17 %
Pulmozyme	232656.06	79	194402.53	91	-16.44 %
Descovy	169022.55	100	193833.39	92	14.68 %
Breztri Aero	169322.38	99	183985.31	93	8.66 %
Promacta	191278.15	88	183159.41	94	-4.24 %
Epinephrine	150837.11	118	180376.63	95	19.58 %
Hizentra	179453.27	93	179669.45	96	0.12 %
Aqneursa	0	0	179575.89	97	
Sofos/velpat	152216.68	117	178784.53	98	17.45 %
Aimovig	162118.44	109	174700.22	99	7.76 %
Azstarys	171880.32	98	174644.55	100	1.61 %

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TOP 100 DRUGS BY PRESCRIPTION COUNT

	202512 - 202602		202603 - 202605		
DRUG DESCRIPTION	PREVIOUS PRESCRIPTION COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	PERCENT CHANGE
Albuterol	15,106	1	14,507	1	-3.97 %
Bupropion	12,176	3	13,039	2	7.09 %
Trazodone	12,121	4	12,566	3	3.67 %
Amphet/dextr	10,326	6	11,285	4	9.29 %
Amoxicillin	12,984	2	10,990	5	-15.36 %
Sertraline	11,204	5	10,099	6	-9.86 %
Methylphenid	9,078	10	9,532	7	5.00 %
Hydroxyz Hcl	9,082	9	9,513	8	4.75 %
Cetirizine	8,380	15	9,361	9	11.71 %
Gabapentin	8,719	13	8,799	10	0.92 %
Fluoxetine	9,872	7	8,711	11	-11.76 %
Buspirone	8,255	17	8,653	12	4.82 %
Ondansetron	8,521	14	8,260	13	-3.06 %
Omeprazole	9,860	8	8,075	14	-18.10 %
Escitalopram	8,888	11	8,006	15	-9.92 %
Montelukast	7,413	18	7,892	16	6.46 %
Quetiapine	7,345	19	7,586	17	3.28 %
Atorvastatin	8,817	12	7,400	18	-16.07 %
Aripiprazole	6,634	23	6,874	19	3.62 %
Levothyroxin	8,294	16	6,788	20	-18.16 %
Lamotrigine	6,389	26	6,757	21	5.76 %
Guanfacine	6,884	22	6,727	22	-2.28 %
Metformin	7,236	20	6,240	23	-13.76 %
Clonidine	7,112	21	6,160	24	-13.39 %
Lisdexamfeta	5,659	30	6,123	25	8.20 %
Prednisone	6,409	25	5,969	26	-6.87 %
Hydroco/apap	5,069	34	5,478	27	8.07 %
Fluticasone	4,937	37	5,472	28	10.84 %
Lisinopril	6,497	24	5,404	29	-16.82 %
Cyclobenzapr	4,994	36	5,305	30	6.23 %
Amox/k Clav	5,809	27	5,296	31	-8.83 %
Duloxetine	5,800	28	5,251	32	-9.47 %

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TOP 100 DRUGS BY PRESCRIPTION COUNT

	202512 - 202602		202603 - 202605		
DRUG DESCRIPTION	PREVIOUS PRESCRIPTION COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	PERCENT CHANGE
Topiramate	4,925	38	5,164	33	4.85 %
Ibuprofen	5,137	32	4,989	34	-2.88 %
Ozempic	4,799	39	4,909	35	2.29 %
Loratadine	4,379	42	4,733	36	8.08 %
Pantoprazole	5,797	29	4,729	37	-18.42 %
Famotidine	5,037	35	4,577	38	-9.13 %
Amlodipine	5,115	33	4,406	39	-13.86 %
Clonazepam	4,145	46	4,214	40	1.66 %
Alprazolam	4,196	43	4,170	41	-0.62 %
Risperidone	4,169	45	4,161	42	-0.19 %
Cephalexin	3,832	51	4,104	43	7.10 %
Venlafaxine	4,621	40	4,085	44	-11.60 %
Jardiance	3,865	50	4,066	45	5.20 %
Propranolol	4,174	44	3,990	46	-4.41 %
Azithromycin	5,419	31	3,978	47	-26.59 %
Metoprol Suc	4,497	41	3,703	48	-17.66 %
Losartan Pot	4,078	47	3,615	49	-11.35 %
Aspirin Low	4,077	48	3,571	50	-12.41 %
Mirtazapine	3,382	54	3,553	51	5.06 %
Triamcinolon	3,074	59	3,511	52	14.22 %
Levetiraceta	3,348	55	3,400	53	1.55 %
Lorazepam	3,175	58	3,219	54	1.39 %
Cefdinir	3,737	52	3,150	55	-15.71 %
Oxycodone	2,919	62	3,122	56	6.95 %
Hydroxyz Pam	2,931	61	3,101	57	5.80 %
Rosuvastatin	3,389	53	3,060	58	-9.71 %
Allergy Relf	2,766	65	3,039	59	9.87 %
Pregabalin	2,807	63	3,024	60	7.73 %
Folic Acid	2,970	60	3,015	61	1.52 %
Prazosin Hcl	3,225	57	3,002	62	-6.91 %
Meloxicam	3,243	56	2,876	63	-11.32 %
Lantus Solos	2,796	64	2,854	64	2.07 %

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TOP 100 DRUGS BY PRESCRIPTION COUNT

	202512 - 202602		202603 - 202605		
DRUG DESCRIPTION	PREVIOUS PRESCRIPTION COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	PERCENT CHANGE
Symbicort	2,654	68	2,799	65	5.46 %
Tramadol Hcl	2,622	69	2,758	66	5.19 %
Valacyclovir	2,579	73	2,717	67	5.35 %
Fluconazole	2,606	71	2,706	68	3.84 %
Metronidazol	2,618	70	2,699	69	3.09 %
Ferosul	2,603	72	2,685	70	3.15 %
Atomoxetine	2,479	75	2,676	71	7.95 %
Divalproex	2,416	76	2,511	72	3.93 %
Olanzapine	2,375	77	2,480	73	4.42 %
Insulin Lisp	2,267	82	2,453	74	8.20 %
Spironolact	2,673	67	2,424	75	-9.32 %
Furosemide	2,703	66	2,383	76	-11.84 %
Dexmethylphe	2,274	81	2,360	77	3.78 %
Tizanidine	2,301	79	2,348	78	2.04 %
Baclofen	2,290	80	2,345	79	2.40 %
Prednisolone	2,511	74	2,305	80	-8.20 %
Eliquis	2,180	84	2,297	81	5.37 %
Acetamin	2,331	78	2,210	82	-5.19 %
Vraylar	2,095	86	2,171	83	3.63 %
Mupirocin	1,884	89	2,043	84	8.44 %
Nystatin	1,722	95	2,021	85	17.36 %
Clindamycin	1,941	88	2,009	86	3.50 %
Naltrexone	1,759	92	1,902	87	8.13 %
Polyeth Glyc	2,164	85	1,896	88	-12.38 %
Sumatriptan	1,759	93	1,886	89	7.22 %
Mounjaro	1,723	94	1,886	90	9.46 %
Hydrochlorot	2,263	83	1,869	91	-17.41 %
Amitriptylin	2,061	87	1,804	92	-12.47 %
Zolpidem	1,648	97	1,787	93	8.43 %
Oxcarbazepin	1,693	96	1,703	94	0.59 %
Ketoconazole	1,529	102	1,694	95	10.79 %
Doxycycl Hyc	1,511	103	1,625	96	7.54 %

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TOP 100 DRUGS BY PRESCRIPTION COUNT

	202512 - 202602		202603 - 202605		
DRUG DESCRIPTION	PREVIOUS PRESCRIPTION COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	PERCENT CHANGE
Clopidogrel	1,631	98	1,609	97	-1.35 %
Naproxen	1,532	101	1,581	98	3.20 %
Doxycyc Mono	1,777	91	1,576	99	-11.31 %
Desvenlafax	1,806	90	1,566	100	-13.29 %

MOLINA HEALTHCARE OF IOWA CLAIMS QUARTERLY STATISTICS			
Category	Dec 2025 to Feb 2026	March 2026 to May 2026	% Change
Total paid Amount	$63,230,774.23	$69,394,209.07	9.75%
Unique users	81,854	81,232	-0.76%
Cost Per user	$772.48	$854.27	10.59%
Total prescriptions	489,860	490,728	0.18%
Average Prescriptions per user	5.98	6.04	0.94%
Average cost per prescription	$129.08	$141.41	9.55%
# Generic Prescriptions	442,453	438,984	-0.78%
% Generic	90.3%	89.5%	-0.96%
$ Generic	$8,319,688.47	$8,484,035.71	1.98%
Average Generic Prescription Cost	$18.80	$19.33	2.78%
Average Generic Days' Supply	29.75	31.13	4.62%
# Brand Prescriptions	47,407	51,744	9.15%
% Brand	9.68%	10.54%	8.96%
$ Brand	$54,911,086	$60,910,173	10.93%
Average Brand Prescription cost	$1,158.29	$1,177.14	1.63%
Average Brand Days' Supply	28.28	28.55	0.95%

UTILIZATION BY AGE		
Age	Dec 2025 to Feb 2026	March 2026 to May 2026
0 to 6	13,712	12,385
7 to 12	10,922	10,316
13 to 18	10,625	10,261
19 to 64	45,851	47,325
65+	1,152	1,344
Total	82,262	81,631

UTILIZATION BY GENDER AND AGE			
Gender	Age	Dec 2025 to Feb 2026	March 2026 to May 2026
F	0 to 6	6,473	5,855
	7 to 12	4,906	4,581
	13 to 18	5,957	5,785
	19 to 64	29,410	30,320
	65+	698	861
	Gender Total	47,444	47,402
M	0 to 6	7,235	6,530
	7 to 12	6,015	5,735
	13 to 18	4,664	4,477
	19 to 64	16,439	17,001
	65+	454	483
	Gender Total	34,807	34,226
Grand Total		82,251	81,628

Top 100 Pharmacies by Prescription Count March 2026 to May 2026							
RANK	Pharmacy NAME	Pharmacy City	State	Prescription Count	Paid Amount	Average Cost RX	Previous RANK
1	UIHC AMBULATORY CARE PHC	IOWA CITY	IA	7,853	$5,249,176.83	$668.43	1
2	WALGREENS 04405	COUNCIL BLUFFS	IA	4,549	$323,204.56	$71.05	3
3	BROADLAWNS MED CTR OP PH	DES MOINES	IA	4,433	$397,817.64	$89.74	2
4	WALGREENS 05042	CEDAR RAPIDS	IA	4,040	$285,942.35	$70.78	4
5	SIOUXLAND COMM HLTH CTR	SIOUX CITY	IA	3,386	$216,875.76	$64.05	7
6	RIGHT DOSE PHARMACY	ANKENY	IA	3,385	$182,996.65	$54.06	6
7	HY-VEE PHARMACY 1403	MARSHALLTOWN	IA	3,350	$304,867.22	$91.01	5
8	HY-VEE PHARMACY 1138	DES MOINES	IA	3,292	$298,162.14	$90.57	8
9	WALGREENS 05239	DAVENPORT	IA	2,968	$173,438.06	$58.44	9
10	HY-VEE PHARMACY 1109	DAVENPORT	IA	2,880	$268,561.57	$93.25	12
11	NUCARA LTC PHARMACY 3	IOWA CITY	IA	2,827	$84,593.06	$29.92	40
12	HY-VEE PHARMACY 1075	CLINTON	IA	2,709	$253,263.69	$93.49	10
13	HY-VEE PHARMACY 1092	COUNCIL BLUFFS	IA	2,680	$269,248.48	$100.47	18
14	WALGREENS 15647	SIOUX CITY	IA	2,664	$174,710.99	$65.58	15
15	WALGREENS 05721	DES MOINES	IA	2,640	$129,080.84	$48.89	20
16	HY-VEE PHARMACY 1056	CEDAR RAPIDS	IA	2,488	$164,484.93	$66.11	13
17	COMMUNITY HEALTH CARE PH	DAVENPORT	IA	2,473	$128,585.27	$52.00	11
18	WALGREENS 07455	WATERLOO	IA	2,471	$159,224.44	$64.44	23
19	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	2,461	$135,962.32	$55.25	14
20	WALGREENS 03700	COUNCIL BLUFFS	IA	2,458	$224,100.89	$91.17	17
21	HY-VEE PHARMACY 1142	DES MOINES	IA	2,384	$196,280.63	$82.33	30
22	HY-VEE DRUGSTORE 7060	MUSCATINE	IA	2,358	$173,319.63	$73.50	16
23	CVS PHARMACY 08544	WATERLOO	IA	2,336	$176,812.23	$75.69	27

24	HY-VEE DRUGSTORE 7020	CEDAR RAPIDS	IA	2,334	$182,270.05	$78.09	19
25	GREENWOOD DRUG ON KIMBAL	WATERLOO	IA	2,256	$232,191.43	$102.92	24
26	WALGREENS 00359	DES MOINES	IA	2,247	$177,270.17	$78.89	25
27	HY-VEE DRUGSTORE 7065	OTTUMWA	IA	2,244	$153,862.17	$68.57	21
28	CVS PHARMACY 10282	FORT DODGE	IA	2,187	$149,193.18	$68.22	34
29	MEDICAP PHARMACY LTC 8405	INDIANOLA	IA	2,176	$73,240.29	$33.66	47
30	HY-VEE PHARMACY 1151	DES MOINES	IA	2,116	$132,489.02	$62.61	22
31	WALGREENS 07453	DES MOINES	IA	2,051	$179,681.86	$87.61	29
32	HY-VEE PHARMACY 1192	FORT DODGE	IA	2,012	$139,547.99	$69.36	26
33	DRILLING PHARMACY 67	SIOUX CITY	IA	1,989	$191,941.67	$96.50	32
34	HY-VEE PHARMACY 1044	BURLINGTON	IA	1,971	$134,036.03	$68.00	31
35	HY-VEE PHARMACY 1061	CEDAR RAPIDS	IA	1,929	$132,341.10	$68.61	36
36	HY-VEE PHARMACY 1610	SIOUX CITY	IA	1,909	$186,132.94	$97.50	33
37	HY-VEE PHARMACY 1530	PLEASANT HILL	IA	1,896	$133,272.39	$70.29	39
38	WALMART PHARMACY 10-5115	DAVENPORT	IA	1,893	$178,039.81	$94.05	35
39	CVS PHARMACY 08658	DAVENPORT	IA	1,890	$123,733.21	$65.47	37
40	NELSON FAMILY PHARMACY	FORT MADISON	IA	1,823	$108,461.43	$59.50	28
41	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	1,791	$203,494.98	$113.62	45
42	WALMART PHARMACY 10-3590	SIOUX CITY	IA	1,791	$123,629.14	$69.03	51
43	HY-VEE PHARMACY 1074	CHARLES CITY	IA	1,778	$118,827.75	$66.83	42
44	PEOPLES CLINIC PHARMACY	WATERLOO	IA	1,770	$23,783.86	$13.44	93
45	WALMART PHARMACY 10-0559	MUSCATINE	IA	1,753	$113,897.26	$64.97	50
46	WALMART PHARMACY 10-2889	CLINTON	IA	1,750	$146,702.41	$83.83	38
47	HY-VEE PHARMACY 1148	DES MOINES	IA	1,712	$179,823.27	$105.04	56
48	HY-VEE PHARMACY 1281	IOWA CITY	IA	1,701	$92,502.81	$54.38	49
49	HY-VEE PHARMACY 1522	PERRY	IA	1,681	$135,484.84	$80.60	41
50	HY-VEE PHARMACY 1396	MARION	IA	1,674	$113,803.54	$67.98	44

51	WALMART PHARMACY 10-0797	WEST BURLINGTON	IA	1,648	$87,345.35	$53.00	43
52	MAHASKA DRUGS	OSKALOOSA	IA	1,647	$161,898.02	$98.30	46
53	HY-VEE PHARMACY 1241	HARLAN	IA	1,646	$117,120.49	$71.15	62
54	HY VEE PHARMACY 1459	OELWEIN	IA	1,630	$124,242.77	$76.22	52
55	WALMART PHARMACY 10-1723	DES MOINES	IA	1,626	$126,660.10	$77.90	64
56	HY-VEE PHARMACY 1615	SIOUX CITY	IA	1,618	$142,119.83	$87.84	68
57	WALMART PHARMACY 10-0581	MARSHALLTOWN	IA	1,564	$179,410.55	$114.71	66
58	SCOTT PHARMACY INC	FAYETTE	IA	1,561	$110,072.11	$70.51	55
59	HY-VEE PHARMACY 1866	WATERLOO	IA	1,560	$142,731.67	$91.49	59
60	MAIN AT LOCUST PHARMACY	DAVENPORT	IA	1,559	$121,737.73	$78.09	95
61	HY-VEE PHARMACY 1873	WAUKEE	IA	1,555	$131,208.54	$84.38	65
62	WALMART PHARMACY 10-3394	ATLANTIC	IA	1,553	$146,671.73	$94.44	53
63	HY-VEE PHARMACY 1058	CENTERVILLE	IA	1,529	$186,851.21	$122.20	61
64	UI HEALTHCARE	CORALVILLE	IA	1,513	$74,976.34	$49.55	60
65	WALGREENS 07454	ANKENY	IA	1,509	$106,881.25	$70.83	72
66	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	1,502	$111,724.10	$74.38	76
67	HY-VEE PHARMACY 1759	URBANDALE	IA	1,489	$114,884.67	$77.16	79
68	COVENANT FAMILY PHARMACY	WATERLOO	IA	1,486	$207,160.55	$139.41	74
69	WAGNER PHARMACY	CLINTON	IA	1,473	$74,305.12	$50.44	71
70	LEWIS FAMILY DRUG 28	ONAWA	IA	1,470	$146,952.87	$99.97	63
71	OMNICARE OF URBANDA 48236	URBANDALE	IA	1,466	$59,613.84	$40.66	82
72	HY-VEE PHARMACY 1107	DAVENPORT	IA	1,446	$172,580.94	$119.35	80
73	WALGREENS 05852	DES MOINES	IA	1,441	$104,187.96	$72.30	57
74	WALGREENS 03875	CEDAR RAPIDS	IA	1,415	$81,256.62	$57.43	67
75	HY-VEE PHARMACY 1202	FORT MADISON	IA	1,409	$114,315.59	$81.13	70
76	HY-VEE PHARMACY 1504	OTTUMWA	IA	1,403	$95,911.78	$68.36	54
77	FOREST PARK CLINIC PHCY	MASON CITY	IA	1,401	$92,969.49	$66.36	84

78	HY-VEE PHARMACY 1180	FAIRFIELD	IA	1,397	$94,721.13	$67.80	48
79	HY-VEE DRUGSTORE 7056	MASON CITY	IA	1,393	$136,323.23	$97.86	85
80	WALMART PHARMACY 10-2716	CEDAR RAPIDS	IA	1,392	$116,578.36	$83.75	99
81	WALMART PHARMACY 10-0985	FAIRFIELD	IA	1,385	$109,267.10	$78.89	69
82	WALMART PHARMACY 10-1496	WATERLOO	IA	1,383	$162,912.28	$117.80	98
83	WALMART PHARMACY 10-1431	KEOKUK	IA	1,382	$101,033.10	$73.11	77
84	HY-VEE PHARMACY 1065	CHARITON	IA	1,361	$79,794.97	$58.63	73
85	WALMART PHARMACY 10-0646	ANAMOSA	IA	1,360	$136,209.45	$100.15	75
86	HY-VEE PHARMACY 1013	AMES	IA	1,359	$79,598.85	$58.57	88
87	WELLS HOMETOWN DRUG KEOS	KEOSAUQUA	IA	1,342	$97,812.31	$72.89	83
88	EASTERN IOWA HEALTH CENT	CEDAR RAPIDS	IA	1,342	$84,507.87	$62.97	102
89	HY-VEE PHARMACY 1052	CEDAR FALLS	IA	1,339	$119,297.72	$89.09	92
90	CVS PHARMACY 10329	DES MOINES	IA	1,339	$114,010.62	$85.15	103
91	WALGREENS 07452	DES MOINES	IA	1,337	$95,519.20	$71.44	81
92	CVS PHARMACY 10032	MARION	IA	1,337	$104,947.56	$78.49	89
93	CR CARE PHARMACY	CEDAR RAPIDS	IA	1,333	$421,722.80	$316.37	140
94	HARTIG DRUG CO 12	WAUKON	IA	1,298	$97,309.83	$74.97	124
95	WALGREENS 04714	DES MOINES	IA	1,295	$101,859.24	$78.66	126
96	WALGREENS 04041	DAVENPORT	IA	1,294	$111,311.04	$86.02	58
97	WALMART PHARMACY 10-2764	ALTOONA	IA	1,289	$101,343.29	$78.62	136
98	MEDICAP PHARMACY 8095	ELDORA	IA	1,286	$91,501.47	$71.15	128
99	HY-VEE PHARMACY 1018	AMES	IA	1,282	$109,405.23	$85.34	121
100	EXACT CARE PHARMACY LLC	VALLEY VIEW	OH	1,248	$96,967.49	$77.70	123

Top 100 Pharmacies by Paid Amount March 2026 to May 2026							
RANK	Pharmacy NAME	Pharmacy City	State	Prescription Count	Paid Amount	Average Cost Member	Previous RANK
1	CAREMARK SPECIALTY P 1702	LENEXA	KS	917	$7,209,724.57	$7,862.30	1
2	UIHC AMBULATORY CARE PHC	IOWA CITY	IA	7,853	$5,249,176.83	$668.43	2
3	COMMUNITY, A WALGRE 16528	DES MOINES	IA	538	$3,526,008.17	$6,553.92	3
4	UNITYPOINT AT HOME	URBANDALE	IA	562	$1,698,181.65	$3,021.68	4
5	CVS SPECIALTY 02921	MONROEVILLE	PA	209	$1,510,781.16	$7,228.62	5
6	PANTHERX SPECIALTY PHARM	CORAOPOLIS	PA	36	$922,512.86	$25,625.36	7
7	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	50	$729,877.02	$14,597.54	8
8	CAREMARK SPECIALTY 48031	MOUNT PROSPECT	IL	78	$677,250.85	$8,682.70	9
9	COMMUNITY A WALGREE 21250	IOWA CITY	IA	113	$667,435.86	$5,906.51	10
10	CVS/SPECIALTY 1703	REDLANDS	CA	28	$561,509.60	$20,053.91	37
11	MEDICAP PHARMACY 8008	URBANDALE	IA	519	$498,070.33	$959.67	553
12	OPTUM PHARMACY	JEFFERSONVILLE	IN	63	$459,576.65	$7,294.87	11
13	CARE PLUS CVS/PHARM 00102	AURORA	CO	51	$437,829.18	$8,584.89	17
14	CR CARE PHARMACY	CEDAR RAPIDS	IA	1,333	$421,722.80	$316.37	18
15	BROADLAWNS MED CTR OP PH	DES MOINES	IA	4,433	$397,817.64	$89.74	20
16	BIOLOGICS BY MCKESSON	CARY	NC	21	$396,796.81	$18,895.09	15
17	AVERA SPECIALTY PHARMACY	SIOUX FALLS	SD	90	$375,697.35	$4,174.42	14
18	AMBER PHARMACY	OMAHA	NE	67	$336,541.41	$5,023.01	19
19	NEBRASKA MED CTR CLINIC	OMAHA	NE	452	$327,164.32	$723.81	31
20	WALGREENS 04405	COUNCIL BLUFFS	IA	4,549	$323,204.56	$71.05	21
21	PRIMARY HEALTHCARE PHARM	DES MOINES	IA	1,062	$313,500.90	$295.20	34
22	EXPRESS SCRIPTS SPECIALT	ST. LOUIS	MO	17	$307,358.99	$18,079.94	23
23	HY-VEE PHARMACY 1403	MARSHALLTOWN	IA	3,350	$304,867.22	$91.01	24

24	GENOA HEALTHCARE LL 20171	DAVENPORT	IA	1,055	$304,694.15	$288.81	22
25	HY-VEE PHARMACY 1138	DES MOINES	IA	3,292	$298,162.14	$90.57	25
26	BIOLOGICS BY MCKESSON	FORT WORTH	TX	11	$294,658.14	$26,787.10	160
27	ALLEN CLINIC PHARMACY	WATERLOO	IA	898	$291,977.82	$325.14	26
28	EVERSANA LIFE SCIENCE SE	CHESTERFIELD	MO	7	$286,399.67	$40,914.24	12
29	WALGREENS 05042	CEDAR RAPIDS	IA	4,040	$285,942.35	$70.78	30
30	ANOVORX GROUP LLC	MEMPHIS	TN	32	$284,029.67	$8,875.93	13
31	MAYO CLINIC PHARMACY	ROCHESTER	MN	141	$273,623.57	$1,940.59	49
32	HY-VEE PHARMACY 1092	COUNCIL BLUFFS	IA	2,680	$269,248.48	$100.47	28
33	HY-VEE PHARMACY 1109	DAVENPORT	IA	2,880	$268,561.57	$93.25	36
34	FIRST MED EAST PHARMACY	DAVENPORT	IA	500	$255,566.77	$511.13	52
35	HY-VEE PHARMACY 1075	CLINTON	IA	2,709	$253,263.69	$93.49	33
36	ARJ INFUSION SERVICES LL	CEDAR RAPIDS	IA	36	$252,460.64	$7,012.80	16
37	ORSINI PHARMACEUTICAL SE	ELK GROVE VILLAGE	IL	13	$250,348.87	$19,257.61	42
38	GENOA HEALTHCARE LL 20459	MARSHALLTOWN	IA	639	$245,180.45	$383.69	29
39	GREENWOOD DRUG ON KIMBAL	WATERLOO	IA	2,256	$232,191.43	$102.92	46
40	GENOA HEALTHCARE LL 20304	SIOUX CITY	IA	1,083	$227,083.51	$209.68	27
41	WALGREENS 03700	COUNCIL BLUFFS	IA	2,458	$224,100.89	$91.17	39
42	SENDERRA SPECIALTY PHARM	PLANO	TX	21	$221,615.83	$10,553.13	146
43	SIOUXLAND COMM HLTH CTR	SIOUX CITY	IA	3,386	$216,875.76	$64.05	44
44	COVENANT FAMILY PHARMACY	WATERLOO	IA	1,486	$207,160.55	$139.41	32
45	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	1,791	$203,494.98	$113.62	41
46	S-S PHARMACY	COUNCIL BLUFFS	IA	642	$197,532.81	$307.68	35
47	HY-VEE PHARMACY 1142	DES MOINES	IA	2,384	$196,280.63	$82.33	55
48	OPTIME CARE INC	EARTH CITY	MO	4	$193,994.20	$48,498.55	76
49	DRILLING PHARMACY 67	SIOUX CITY	IA	1,989	$191,941.67	$96.50	69
50	WALGREENS 16270	OMAHA	NE	26	$191,792.90	$7,376.65	85

51	PARAGON PARTNERS	OMAHA	NE	153	$191,714.95	$1,253.04	38
52	HY-VEE PHARMACY 1058	CENTERVILLE	IA	1,529	$186,851.21	$122.20	48
53	HY-VEE PHARMACY 1610	SIOUX CITY	IA	1,909	$186,132.94	$97.50	40
54	ACARIAHEALTH PHARMACY 11	HOUSTON	TX	13	$185,445.79	$14,265.06	68
55	RIGHT DOSE PHARMACY	ANKENY	IA	3,385	$182,996.65	$54.06	53
56	HY-VEE DRUGSTORE 7020	CEDAR RAPIDS	IA	2,334	$182,270.05	$78.09	60
57	GREENWOOD COMPLIANCE PHA	WATERLOO	IA	990	$180,244.42	$182.07	71
58	HY-VEE PHARMACY 1148	DES MOINES	IA	1,712	$179,823.27	$105.04	67
59	WALGREENS 07453	DES MOINES	IA	2,051	$179,681.86	$87.61	56
60	WALMART PHARMACY 10-0581	MARSHALLTOWN	IA	1,564	$179,410.55	$114.71	63
61	WALMART PHARMACY 10-5115	DAVENPORT	IA	1,893	$178,039.81	$94.05	64
62	WALGREENS 00359	DES MOINES	IA	2,247	$177,270.17	$78.89	72
63	CVS PHARMACY 08544	WATERLOO	IA	2,336	$176,812.23	$75.69	66
64	WALGREENS 15647	SIOUX CITY	IA	2,664	$174,710.99	$65.58	51
65	WALGREENS 05239	DAVENPORT	IA	2,968	$173,438.06	$58.44	61
66	HY-VEE DRUGSTORE 7060	MUSCATINE	IA	2,358	$173,319.63	$73.50	50
67	HY-VEE PHARMACY 1107	DAVENPORT	IA	1,446	$172,580.94	$119.35	121
68	SANFORD PHARMACY BROADWA	FARGO	ND	15	$165,115.07	$11,007.67	86
69	HY-VEE PHARMACY 1056	CEDAR RAPIDS	IA	2,488	$164,484.93	$66.11	47
70	WALMART PHARMACY 10-1496	WATERLOO	IA	1,383	$162,912.28	$117.80	43
71	HY-VEE PHARMACY 1042	BURLINGTON	IA	1,217	$162,279.24	$133.34	91
72	MAHASKA DRUGS	OSKALOOSA	IA	1,647	$161,898.02	$98.30	54
73	FIFIELD DRUG STORE	DES MOINES	IA	866	$160,977.40	$185.89	45
74	WALGREENS 07455	WATERLOO	IA	2,471	$159,224.44	$64.44	100
75	ONCO360	LOUISVILLE	KY	12	$157,998.75	$13,166.56	124
76	HY-VEE DRUGSTORE 7065	OTTUMWA	IA	2,244	$153,862.17	$68.57	62
77	CVS PHARMACY 10282	FORT DODGE	IA	2,187	$149,193.18	$68.22	58

78	HY-VEE PHARMACY 1875	WEBSTER CITY	IA	1,106	$149,031.75	$134.75	200
79	LEWIS FAMILY DRUG 28	ONAWA	IA	1,470	$146,952.87	$99.97	59
80	WALMART PHARMACY 10-2889	CLINTON	IA	1,750	$146,702.41	$83.83	96
81	WALMART PHARMACY 10-3394	ATLANTIC	IA	1,553	$146,671.73	$94.44	75
82	HY-VEE PHARMACY 1866	WATERLOO	IA	1,560	$142,731.67	$91.49	78
83	HY-VEE PHARMACY 1615	SIOUX CITY	IA	1,618	$142,119.83	$87.84	97
84	WALMART PHARMACY 10-1621	CENTERVILLE	IA	1,196	$139,842.52	$116.93	87
85	HY-VEE PHARMACY 1192	FORT DODGE	IA	2,012	$139,547.99	$69.36	73
86	NUCARA LTC PHARMACY 4	WATERLOO	IA	1,074	$136,654.56	$127.24	177
87	HY-VEE DRUGSTORE 7056	MASON CITY	IA	1,393	$136,323.23	$97.86	99
88	WALMART PHARMACY 10-0646	ANAMOSA	IA	1,360	$136,209.45	$100.15	95
89	HY-VEE PHARMACY 1071	CLARINDA	IA	1,218	$136,098.31	$111.74	151
90	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	2,461	$135,962.32	$55.25	79
91	HY-VEE PHARMACY 1522	PERRY	IA	1,681	$135,484.84	$80.60	83
92	HY-VEE PHARMACY 1044	BURLINGTON	IA	1,971	$134,036.03	$68.00	77
93	CHCSI PHARMACY	LEON	IA	911	$133,891.86	$146.97	102
94	HY-VEE PHARMACY 1530	PLEASANT HILL	IA	1,896	$133,272.39	$70.29	82
95	HY-VEE PHARMACY 1151	DES MOINES	IA	2,116	$132,489.02	$62.61	74
96	HY-VEE PHARMACY 1061	CEDAR RAPIDS	IA	1,929	$132,341.10	$68.61	103
97	HY-VEE PHARMACY 1873	WAUKEE	IA	1,555	$131,208.54	$84.38	116
98	WALGREENS 05721	DES MOINES	IA	2,640	$129,080.84	$48.89	65
99	COMMUNITY HEALTH CARE PH	DAVENPORT	IA	2,473	$128,585.27	$52.00	144
100	HY-VEE PHARMACY 1009	ALBIA	IA	1,029	$128,186.13	$124.57	101

Top 100 Prescribing Providers by Prescription Count March 2026 to May 2026						
RANK	NPI Num	Prescriber Name	Paid Amount	Prescription Count	Average Scripts Member	Previous Rank
1	1982605762	JEFFREY WILHARM	$34,083.20	1,591	23.1	1
2	1528365277	MINA SALIB	$314,820.82	847	4.5	4
3	1013115369	BOBBITA NAG	$39,456.21	798	5.4	3
4	1811419815	GRETCHEN WENGER	$65,278.97	662	5.3	2
5	1942555172	DELECIA CRANNELL	$19,232.37	659	8.9	213
6	1992402655	SHANE EBERHARDT	$88,750.43	603	4.9	6
7	1306559786	ROY HENRY	$132,144.18	599	7.6	10
8	1326798992	JENNA MULLINS	$53,688.50	595	5.1	68
9	1356359871	RHEA HARTLEY	$55,097.79	592	4.5	5
10	1477199198	SAJO THOMAS	$78,411.68	591	8.1	7
11	1689077018	STACY ROTH	$29,948.86	571	7.4	18
12	1609218304	AMANDA GARR	$107,235.58	569	6.4	17
13	1811960768	ANGELA VEENSTRA	$52,967.01	563	9.1	13
14	1942721584	SHAWNA FURY	$39,223.97	558	4.7	20
15	1730849647	MELANIE PARRISH	$20,764.29	556	6.5	8
16	1477926434	JACKIE SHIPLEY	$32,130.09	552	4.7	12
17	1023542271	FLYNN MCCULLOUGH	$33,217.68	525	9.1	89
18	1245960350	MARY WELBORN	$35,277.89	523	5.4	16
19	1649763079	KATE JARVIS	$60,937.67	515	6.1	32
20	1265841845	MARY SCHWERING	$39,463.24	510	6.1	22
21	1164823092	JAMEY GREGERSEN	$36,425.30	500	6.8	23
22	1801463245	ANN MOJEIKO	$40,553.22	497	6.2	25
23	1770933046	SHELBY BILLER	$77,897.02	496	5.5	15

24	1598183493	JENA ELLERHOFF	$17,862.28	494	8.8	14
25	1144588476	RACHEL FILZER	$91,267.47	493	7.0	28
26	1306124557	STACY STEWART	$28,783.55	482	6.2	56
27	1164538674	JOSEPH WANZEK	$33,928.81	477	7.2	11
28	1992562458	ALISON FAUBLE	$37,994.79	476	5.9	39
29	1326578725	JACQUELINE BLACKBURN	$12,134.81	476	5.2	212
30	1679573893	PATTY HILDRETH	$80,992.72	475	6.9	30
31	1851916837	AMANDA HARVEY FOLSOM	$69,382.34	472	8.4	204
32	1871021543	SUSAN WILSON	$32,746.75	470	7.7	53
33	1437209434	JON THOMAS	$39,794.35	467	6.8	46
34	1417941188	DEBRA NEUHARTH	$44,051.81	466	5.6	24
35	1114681889	KELSEY BAUER	$68,984.74	466	6.3	41
36	1619380680	TARA BROCKMAN	$19,253.77	458	4.4	58
37	1962418640	BARCLAY MONASTER	$44,389.15	456	5.2	141
38	1831731298	HEATHER WILSON	$37,465.14	456	6.5	26
39	1437238110	GENEVIEVE NELSON	$40,125.04	452	9.0	40
40	1902912538	CHRISTIAN JONES	$34,498.51	447	5.3	27
41	1689325524	BRIAN AYERSMAN	$87,628.53	444	6.4	50
42	1306475413	AUTUMN ANDERSON	$75,319.09	440	8.0	72
43	1427766559	KORIE EISCHEID	$27,046.25	438	6.5	116
44	1275763047	REBECCA BOWMAN	$72,938.27	437	6.8	29
45	1053963900	NICOLE MCCLAVY	$69,120.03	437	6.8	33
46	1467092049	HEIDI PEDERSEN	$57,798.10	435	6.7	35
47	1992573786	LASHELLE GOODE	$30,133.06	434	5.1	19
48	1508846007	ANGELA TOWNSEND	$35,526.40	434	4.8	130
49	1760965032	MELISSA MILLER	$28,287.54	433	6.3	81
50	1982030946	JACKLYN BESCH	$21,054.31	430	5.1	9

51	1659358620	CARLOS CASTILLO	$15,361.92	424	6.3	21
52	1134191018	DUSTIN SMITH	$38,378.18	424	6.1	61
53	1336904432	KATIE CLARK	$32,756.54	421	6.1	131
54	1891306452	JENNIFER TOMLIN	$35,192.67	420	5.8	60
55	1184657603	SARA RYGOL	$64,045.47	420	5.9	38
56	1043434525	ROBERT KENT	$42,809.46	415	5.8	43
57	1891707832	LISA KLOCK	$31,698.08	414	4.8	55
58	1801998372	WENDY HANSEN-PENMAN	$16,750.15	414	6.3	75
59	1467431445	SUSAN CASADY	$22,477.65	414	17.3	31
60	1053630640	JENNIFER DONOVAN	$68,691.03	414	7.3	34
61	1093272668	RICARDO OSORIO	$34,247.79	411	5.1	54
62	1437692803	CASSANDRA DUNLAVY	$34,119.15	410	5.5	92
63	1588746515	AMY BADBERG	$16,947.97	405	5.6	78
64	1891955423	LEAH SIEGFRIED	$178,646.49	401	9.3	85
65	1013355759	DYLAN GREENE	$30,251.64	401	5.0	48
66	1891422606	EMILY CLAWSON	$74,261.06	398	5.3	66
67	1205393386	JESSICA HUDSPETH	$39,645.94	398	6.1	37
68	1881095503	KAROWESO CHIPENDO	$35,658.38	395	6.9	65
69	1619153137	JOADA BEST	$36,650.24	393	6.0	45
70	1679986350	JENNIFER SPOERL	$56,642.18	385	7.0	67
71	1255823506	NICOLE DELAGARDELLE	$62,916.37	383	5.5	63
72	1154815330	BRUCE PEHL	$20,713.25	383	7.1	137
73	1215981758	LISA PISNEY	$50,496.50	382	7.2	42
74	1861634008	NATHANIEL ALVIS	$29,916.56	380	6.3	52
75	1699658245	AMY STRIM	$21,791.21	380	5.3	268
76	1275874273	AMY MCCORMICK	$50,607.24	379	5.9	88
77	1992497614	CATHERINE JURGENS	$11,377.82	372	5.2	233

78	1679669832	ERIN HATCHER	$67,346.29	371	5.4	77
79	1215184726	BABUJI GANDRA	$9,043.81	371	5.3	84
80	1487194791	STACY HENNIGAR	$20,870.31	369	4.6	128
81	1003053653	STANLEY MATHEW	$12,962.31	369	11.2	51
82	1891146999	BECKY JOHNSON	$444,629.10	367	5.3	90
83	1891215190	THI NGUYEN CHAU	$67,374.54	367	5.2	104
84	1912345992	AMY WINGERT	$16,628.54	364	4.8	76
85	1881266914	ALICIA KNOX	$45,487.61	363	5.7	215
86	1538368170	CHRISTOPHER MATSON	$20,288.65	362	5.5	57
87	1578327094	NICKETA BURCHELL	$21,055.06	362	3.3	613
88	1053982769	JOSEPH BRADDOCK	$50,830.98	362	5.7	132
89	1184125262	JENIFER EDSTROM	$15,591.54	360	4.1	108
90	1780877878	CHRISTOPHER JACOBS	$52,011.24	359	5.7	73
91	1063277671	AMANDA FRY	$47,473.28	359	5.8	83
92	1104812783	TRACY KAHL	$35,703.84	358	6.6	103
93	1013639749	ROBERT HUSEMANN	$11,204.75	357	7.6	113
94	1104498039	BRENDA CAIN	$60,021.82	356	6.8	98
95	1477534279	EDMUND PIASECKI	$30,357.24	354	5.7	157
96	1902358443	MELISSA KONKEN	$81,059.91	350	6.9	143
97	1245227099	DONNA DOBSON TOBIN	$52,995.99	350	9.0	100
98	1942937388	CARLY TRAUSCH	$524,247.24	349	2.5	105
99	1629003272	JOAN KITTEN	$60,140.13	349	11.6	126
100	1467502286	CHARLES TILLEY	$103,303.69	349	6.8	59

Top 100 Prescribing Providers by Paid Amount March 2026 to May 2026						
RANK	NPI Num	Prescriber Name	Paid Amount	Avg cost RX	Prescription Count	Previous Rank
1	1114214541	DIMAH SAADE	$660,009.14	$16,923.31	39	1
2	1295091510	REBECCA WEINER	$576,309.78	$2,718.44	212	3
3	1942937388	CARLY TRAUSCH	$524,247.24	$1,502.14	349	8
4	1861277980	KATHRYN EWOLDT	$503,057.21	$2,044.95	246	2
5	1700561826	PEDRO HSIEH	$453,623.56	$16,200.84	28	5
6	1477761328	AMY CALHOUN	$446,874.35	$9,119.88	49	7
7	1891146999	BECKY JOHNSON	$444,629.10	$1,211.52	367	6
8	1578958542	HEIDI CURTIS	$388,733.15	$2,159.63	180	25
9	1821046087	ARCHANA VERMA	$376,145.28	$6,166.32	61	15
10	1669137832	TIFFANY NAVRKAL	$319,709.29	$2,076.03	154	17
11	1528365277	MINA SALIB	$314,820.82	$371.69	847	13
12	1952423071	SAKEER HUSSAIN	$310,753.24	$16,355.43	19	20
13	1013126705	JANICE STABER	$308,017.19	$12,320.69	25	4
14	1467449579	BRIAN WAYSON	$298,786.68	$4,979.78	60	14
15	1417443953	RODNEY CLARK	$294,654.81	$944.41	312	9
16	1437513520	SUSSETTE GONZALEZ	$243,665.54	$2,677.64	91	34
17	1245353242	SANDY HONG	$234,544.27	$4,786.62	49	19
18	1821866856	LAUREN CRAWFORD	$228,864.94	$1,378.70	166	29
19	1801405832	SARAH HIEMER	$223,184.67	$1,859.87	120	30
20	1033221916	ADRIAN LETZ	$216,476.27	$30,925.18	7	7,033
21	1902191059	AMBER TIERNEY	$216,262.20	$7,723.65	28	45
22	1649943689	JESSICA WOLFE	$211,388.56	$2,225.14	95	16
23	1285626390	KATHLEEN GRADOVILLE	$207,388.71	$1,920.27	108	24
24	1437121407	LINDA CADARET	$203,625.47	$3,841.99	53	22

25	1932468576	MEREDITH SCHAFFNER	$198,468.65	$16,539.05	12	137
26	1952539447	ANTHONY FISCHER	$191,756.74	$2,338.50	82	348
27	1235894122	KRISHNA HUGHES	$189,050.43	$2,908.47	65	73
28	1437533130	KATIE BROSHUIS	$184,790.60	$2,076.30	89	23
29	1336602846	DRAKE BOUZEK	$183,530.54	$1,994.90	92	80
30	1992314108	LYNZEE MAKOWSKI	$182,748.39	$609.16	300	27
31	1710463708	MARY MILLS	$182,025.97	$26,003.71	7	53
32	1003315201	ABIGAIL BEHRENS	$180,426.31	$3,404.27	53	33
33	1891955423	LEAH SIEGFRIED	$178,646.49	$445.50	401	36
34	1427579853	FREDERIQUE ST-PIERRE	$178,520.04	$8,114.55	22	124
35	1235792912	FARAAZ ZAFAR	$172,262.13	$2,003.05	86	130
36	1184056822	ABBY KOLTHOFF	$171,734.80	$500.68	343	26
37	1932831971	KRISTEN EMODI	$170,106.30	$4,476.48	38	11
38	1457986671	PAITON CALVERT	$169,546.10	$2,291.16	74	418
39	1275607608	RHONDA WRIGHT	$166,069.59	$4,488.37	37	2,268
40	1760562466	ARTHUR BEISANG	$165,346.89	$55,115.63	3	12
41	1588616171	HEATHER THOMAS	$164,260.25	$1,579.43	104	21
42	1700417169	COURTNEY REINTS	$163,931.91	$1,389.25	118	18
43	1649826140	TAYLOR MYERS	$159,193.79	$988.78	161	57
44	1184989428	SANTIAGO ENCALADA	$158,941.98	$3,784.33	42	35
45	1841607900	SHAYLA SANDERS	$156,726.18	$3,198.49	49	32
46	1063792026	JILL MILLER	$153,227.98	$535.76	286	31
47	1215333091	NADIA NAZ	$149,179.34	$1,320.17	113	38
48	1093382632	GAIL DOOLEY	$148,336.06	$1,246.52	119	37
49	1366065047	BRITTANIA SCHOON	$146,588.05	$1,832.35	80	28
50	1598438095	LALAURA LOGAN	$143,700.05	$500.70	287	42
51	1285748004	BRUCE HUGHES	$142,666.74	$6,484.85	22	110

52	1356752067	KELLY DELANEY-NELSON	$140,434.56	$2,987.97	47	40
53	1649419219	HEATHER HUNEMULLER	$139,954.25	$1,646.52	85	41
54	1144829300	KATIE SHANNON	$139,368.66	$2,844.26	49	74
55	1134440886	MELISSA CHISTON	$136,076.94	$2,429.95	56	63
56	1194945691	ANJALI SHARATHKUMAR	$133,878.84	$3,187.59	42	49
57	1306559786	ROY HENRY	$132,144.18	$220.61	599	89
58	1780995506	QUANHATHAI KAEWPOOWAT	$129,880.98	$2,094.85	62	64
59	1538111356	THANAI PONGDEE	$128,577.78	$21,429.63	6	50
60	1811666118	JESSIANN DRYDEN-PARISH	$128,569.70	$1,512.58	85	381
61	1245468768	THOMAS SCHMIDT	$127,835.67	$1,704.48	75	171
62	1306071915	THOMAS PIETRAS	$127,188.14	$4,710.67	27	46
63	1972914844	UGUR SENER	$124,888.53	$31,222.13	4	303
64	1316942212	JEFFREY GOLDMAN	$123,444.12	$3,086.10	40	59
65	1144214248	KRISTI WALZ	$121,989.15	$393.51	310	51
66	1871039917	ELIZABETH ALLEN	$121,649.44	$1,930.94	63	178
67	1164408548	MAXWELL COSMIC	$119,655.23	$2,545.86	47	326
68	1831855485	AARON MARTIN	$119,582.71	$506.71	236	65
69	1659108090	TERESA HANSON	$118,771.64	$412.40	288	79
70	1194797449	DIANNA PROKUPEK	$114,866.97	$1,714.43	67	55
71	1174047781	ALISON BERGER	$113,209.26	$2,979.19	38	1,996
72	1427685791	DELANEY SCHARA	$111,707.07	$1,893.34	59	68
73	1386084747	JENNIFER CONDON	$111,600.22	$1,174.74	95	81
74	1427697069	KYLA INGRAM	$110,175.62	$841.04	131	281
75	1497101919	ALEXANDER STALLER	$110,057.86	$11,005.79	10	91
76	1982738795	ROBERT STRUTHERS	$109,520.76	$1,352.11	81	187
77	1558028852	CARRIE O'CONNELL	$109,321.48	$322.48	339	70
78	1962118778	JOSHUA ANGLE	$108,898.86	$1,088.99	100	889

79	1558820084	ABBEY CHRISTENSEN	$108,634.96	$2,172.70	50	151
80	1356655336	AASIYA MATIN	$108,163.56	$21,632.71	5	62
81	1265420095	ELIZABETH COOPER	$107,738.89	$4,143.80	26	97
82	1073811352	KYLE ROSE	$107,257.84	$17,876.31	6	43
83	1609218304	AMANDA GARR	$107,235.58	$188.46	569	111
84	1528000940	SHELBY DAMES	$104,685.98	$4,758.45	22	86
85	1730318205	DIANA BAYER-BOWSTEAD	$103,405.55	$915.09	113	61
86	1245643519	JOSHUA BIES	$103,399.99	$17,233.33	6	72
87	1467502286	CHARLES TILLEY	$103,303.69	$296.00	349	75
88	1851568703	MATHEW DAVEY	$102,100.87	$2,490.27	41	98
89	1376525196	RANDOLPH ROUGH	$100,728.35	$1,798.72	56	52
90	1255658175	ASHLEY DESCHAMP	$99,326.74	$2,546.84	39	1,353
91	1699161919	ALEJANDRA JIMENEZ	$97,809.03	$1,996.10	49	105
92	1609003011	JOHN BERNAT	$96,751.03	$16,125.17	6	152
93	1104933878	DAVID MERCER	$96,739.14	$3,120.62	31	8,035
94	1508281619	KELLY MARINE	$95,355.14	$1,238.38	77	117
95	1720430184	AMANDEEP RAKHRA	$95,163.95	$3,281.52	29	48
96	1285946566	HAZIM ZAGHLOUL	$95,162.28	$2,504.27	38	139
97	1750913406	CARRISSA RIGGS	$95,097.80	$2,881.75	33	113
98	1073046009	DANIEL REIFF	$94,700.37	$3,945.85	24	242
99	1275836751	HOLLY KRAMER	$94,088.77	$840.08	112	122
100	1043060460	MANAL HASSAN	$93,737.72	$2,678.22	35	334

Top 20 Therapeutic Class by Paid Amount							
Category Description	Dec 2025 to Feb 2026 Total Cost	Previous Rank	Previous % Budget	March 2026 to May 2026 Total Cost	Current Rank	Current % Budget	% Change
DERMATOLOGICALS	$8,311,108.05	1	11.98%	$10,216,039.54	1	14.72%	22.92%
ANTIDIABETICS	$8,142,884.50	2	11.73%	$8,665,990.91	2	12.49%	6.42%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	$6,854,673.18	3	9.88%	$7,701,512.36	3	11.10%	12.35%
ANALGESICS - ANTI-INFLAMMATORY	$4,157,129.46	4	5.99%	$4,412,252.27	4	6.36%	6.14%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	$3,408,955.35	5	4.91%	$4,071,991.23	5	5.87%	19.45%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	$3,326,512.79	6	4.79%	$3,692,988.00	6	5.32%	11.02%
ANTIVIRALS	$3,069,368.78	7	4.42%	$2,961,651.57	7	4.27%	-3.51%
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	$2,372,152.93	8	3.42%	$2,786,300.13	8	4.02%	17.46%
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	$2,106,535.98	10	3.04%	$2,383,842.68	9	3.44%	13.16%
GASTROINTESTINAL AGENTS - MISC.	$1,637,787.64	13	2.36%	$2,346,901.03	10	3.38%	43.30%
HEMATOLOGICAL AGENTS - MISC.	$2,194,132.74	9	3.16%	$2,138,246.85	11	3.08%	-2.55%
RESPIRATORY AGENTS - MISC.	$1,927,330.69	11	2.78%	$2,125,326.08	12	3.06%	10.27%
MIGRAINE PRODUCTS	$1,667,227.12	12	2.40%	$1,905,719.65	13	2.75%	14.30%
ENDOCRINE AND METABOLIC AGENTS - MISC.	$1,612,233.15	14	2.32%	$1,600,305.69	14	2.31%	-0.74%
ANTICONVULSANTS	$1,294,246.13	17	1.87%	$1,415,423.07	15	2.04%	9.36%
ANTIDEPRESSANTS	$1,347,162.97	16	1.94%	$1,253,022.75	16	1.81%	-6.99%
NEUROMUSCULAR AGENTS	$1,448,695.90	15	2.09%	$1,192,464.60	17	1.72%	-17.69%
ANTICOAGULANTS	$1,007,735.03	18	1.45%	$944,367.19	18	1.36%	-6.29%
CARDIOVASCULAR AGENTS - MISC.	$822,749.91	19	1.19%	$886,119.23	19	1.28%	7.70%
MISCELLANEOUS THERAPEUTIC CLASSES	$601,323.40	20	0.87%	$580,122.37	20	0.84%	-3.53%

Top 20 Therapeutic Class by Prescription Count					
Category Description	Dec 2025 to Feb 2026 Total Claims	Previous Rank	March 2026 to May 2026 Total Claims	Current Rank	% Change
ANTIDEPRESSANTS	60,345	1	57,180	1	-5.24%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	30,670	2	33,163	2	8.13%
ANTICONVULSANTS	28,033	3	29,747	3	6.11%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	27,406	4	28,171	4	2.79%
ANTIDIABETICS	24,084	5	24,723	5	2.65%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	21,764	6	23,186	6	6.53%
ANTIANXIETY AGENTS	21,575	7	22,940	7	6.33%
ANTIHYPERTENSIVES	21,157	8	18,673	8	-11.74%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	17,822	9	16,002	9	-10.21%
DERMATOLOGICALS	14,824	11	15,988	10	7.85%
PENICILLINS	16,762	10	14,688	11	-12.37%
ANALGESICS - OPIOID	11,654	13	12,726	12	9.20%
ANTIHISTAMINES	10,306	15	11,628	13	12.83%
ANTIHYPERLIPIDEMICS	12,109	12	11,195	14	-7.55%
ANALGESICS - ANTI-INFLAMMATORY	11,636	14	11,122	15	-4.42%
BETA BLOCKERS	9,870	16	8,936	16	-9.46%
MUSCULOSKELETAL THERAPY AGENTS	8,099	18	8,763	17	8.20%
CORTICOSTEROIDS	9,216	17	8,707	18	-5.52%
ANTIEMETICS	7,679	19	7,797	19	1.54%
ANALGESICS - NONNARCOTIC	6,749	22	6,832	20	1.23%

Top 100 Drugs by Paid Amount					
Drug Description	Dec 2025 to Feb 2026 Total Cost	Previous Rank	March 2026 to May 2026 Total cost	Current Rank	% Change
Ozempic	$3,403,724.32	1	$3,652,703.38	1	7.31%
Dupixent	$2,863,429.58	2	$3,453,428.42	2	20.60%
Vraylar	$2,132,180.87	3	$2,348,318.39	3	10.14%
Skyrizi Pen	$1,413,973.26	6	$1,836,047.53	4	29.85%
Humira (2 Pen)	$1,728,554.10	4	$1,672,397.24	5	-3.25%
Trikafta	$1,383,137.31	7	$1,565,405.10	6	13.18%
Mounjaro	$1,160,178.89	9	$1,529,100.83	7	31.80%
Biktarvy	$1,577,791.07	5	$1,506,092.80	8	-4.54%
Invega Sustenna	$1,217,948.58	8	$1,249,471.95	9	2.59%
Zepbound	$866,632.06	12	$1,223,003.54	10	41.12%
Cosentyx UnoReady	$891,605.31	11	$1,009,797.84	11	13.26%
Jardiance	$1,145,868.96	10	$971,094.61	12	-15.25%
Skyrizi	$586,754.63	22	$845,720.94	13	44.14%
Taltz	$802,033.86	14	$843,626.96	14	5.19%
Caplyta	$621,858.35	20	$796,024.70	15	28.01%
Hemlibra	$726,613.59	15	$763,458.83	16	5.07%
Duvyzat	$849,832.46	13	$756,826.13	17	-10.94%
Rinvoq	$552,236.92	23	$712,145.53	18	28.96%
Trulicity	$662,086.78	19	$688,709.35	19	4.02%
Rexulti	$593,406.34	21	$643,001.62	20	8.36%
Abilify Maintena	$490,594.20	25	$629,677.76	21	28.35%
Aristada	$486,858.45	26	$599,226.84	22	23.08%

Bimzelx	$238,949.45	52	$592,466.35	23	147.95%
Stelara	$711,565.15	16	$580,199.64	24	-18.46%
Eliquis	$669,094.81	18	$573,744.13	25	-14.25%
Altuviiio	$700,234.94	17	$564,964.26	26	-19.32%
Nurtec	$520,961.84	24	$551,197.50	27	5.80%
Trelegy Ellipta	$406,954.79	34	$527,697.15	28	29.67%
Symbicort	$470,184.76	27	$497,261.24	29	5.76%
Enbrel SureClick	$407,078.88	33	$495,571.70	30	21.74%
Invega Trinza	$411,039.02	31	$439,481.97	31	6.92%
Ingrezza	$450,379.45	29	$439,417.85	32	-2.43%
Gattex	$143,054.60	86	$432,680.76	33	202.46%
Norditropin FlexPro	$461,187.82	28	$426,898.32	34	-7.44%
Lisdexamfetamine Dimesylate	$413,451.14	30	$416,622.43	35	0.77%
Mavyret	$297,363.97	43	$409,573.03	36	37.73%
Ubrelvy	$333,256.64	36	$384,055.27	37	15.24%
Austedo XR	$274,431.01	46	$371,678.82	38	35.44%
Jornay PM	$319,907.25	39	$369,821.98	39	15.60%
Tremfya One-Press	$221,569.33	54	$367,329.36	40	65.79%
Ilaris	$330,655.50	37	$361,552.87	41	9.34%
Lybalvi	$313,338.28	41	$344,130.76	42	9.83%
Farxiga	$409,151.40	32	$343,217.51	43	-16.11%
Kesimpta	$261,595.01	48	$339,682.19	44	29.85%
Humira (2 Syringe)	$334,767.32	35	$339,245.43	45	1.34%
Ajovy	$282,468.44	45	$338,033.38	46	19.67%
Xarelto	$301,590.73	42	$326,360.44	47	8.21%
Trintellix	$316,178.06	40	$316,985.10	48	0.26%
Tremfya Pen	$171,693.95	68	$309,502.22	49	80.26%

Voranigo	$124,058.61	98	$291,374.02	50	134.87%
Albuterol Sulfate HFA	$284,610.09	44	$281,455.53	51	-1.11%
Xywav	$245,888.19	50	$257,463.19	52	4.71%
Evrysdi	$242,376.36	51	$249,180.23	53	2.81%
Qelbree	$224,074.08	53	$247,812.58	54	10.59%
Alyftrek	$267,405.20	47	$242,527.91	55	-9.30%
Wegovy	$129,775.14	93	$241,128.21	56	85.80%
Wakix	$199,499.77	59	$240,997.01	57	20.80%
Opsumit	$160,287.00	77	$237,246.75	58	48.01%
Austedo	$162,752.96	75	$228,716.38	59	40.53%
Creon	$207,557.49	55	$224,467.89	60	8.15%
Uzedy	$201,407.63	57	$223,869.71	61	11.15%
Nemluvio	$180,981.99	64	$219,216.40	62	21.13%
Takhzyro	#N/A	#N/A	$216,134.92	63	#N/A
Emgality	$175,364.33	65	$215,982.10	64	23.16%
Lantus SoloStar	$201,023.83	58	$214,926.07	65	6.92%
Fasenra Pen	$206,987.06	56	$214,391.62	66	3.58%
Jakafi	$131,382.17	90	$211,553.23	67	61.02%
Xolair	$169,444.31	69	$208,528.33	68	23.07%
Qulipta	$168,538.98	70	$207,274.99	69	22.98%
Abilify Asimtufii	$192,078.98	61	$205,209.06	70	6.84%
Ebglyss	$164,038.78	74	$201,180.27	71	22.64%
Advair HFA	$188,777.29	63	$198,024.30	72	4.90%
Orladeyo	$137,488.47	88	$193,994.20	73	41.10%
Insulin Lispro (1 Unit Dial)	$153,989.36	80	$183,901.57	74	19.42%
Tezspire	$149,896.94	84	$171,234.54	75	14.23%
Kisqali (400 MG Dose)	$191,637.24	62	$168,198.58	76	-12.23%

Spiriva Respimat	$168,480.78	71	$166,935.35	77	-0.92%
Epidiolex	$150,196.43	83	$165,417.83	78	10.13%
Daybue	$325,098.78	38	$165,346.89	79	-49.14%
Welireg	$99,400.07	122	$163,460.13	80	64.45%
Verzenio	$93,329.78	130	$161,906.97	81	73.48%
Livmarli	$259,207.51	49	$157,458.23	82	-39.25%
Zenpep	$154,752.24	79	$156,348.79	83	1.03%
Breztri Aerosphere	$129,493.42	94	$155,205.23	84	19.86%
EPINEPHrine	$114,614.73	110	$153,447.19	85	33.88%
Otezla	$119,078.55	103	$152,517.03	86	28.08%
Dovato	$168,475.04	72	$148,600.00	87	-11.80%
Alprolix	$192,228.52	60	$141,792.10	88	-26.24%
Nubeqa	$101,555.38	119	$140,203.33	89	38.06%
Briviact	$134,307.75	89	$139,622.28	90	3.96%
Skytrofa	$108,684.02	114	$134,511.19	91	23.76%
Adempas	$161,598.53	76	$133,356.87	92	-17.48%
Glycerol Phenylbutyrate	$113,580.69	112	$132,505.49	93	16.66%
Vyvanse	$131,307.75	91	$131,208.37	94	-0.08%
Aimovig	$113,961.08	111	$131,017.37	95	14.97%
Amphetamine-Dextroamphet ER	$123,436.45	99	$130,462.73	96	5.69%
Auvelity	$116,622.13	109	$130,355.98	97	11.78%
Amoxicillin	$152,479.71	82	$129,586.12	98	-15.01%
Linzess	$140,134.20	87	$129,449.63	99	-7.62%
Methylphenidate HCl ER (OSM)	$130,254.23	92	$129,141.12	100	-0.85%

Top 100 Drugs by Prescription Count					
Drug Description	Dec 2025 to Feb 2026 Total Claims	Previous Rank	March 2026 to May 2026 Total Claims	Current Rank	% Change
Albuterol Sulfate HFA	10,002	2	10,041	1	0.39%
Amoxicillin	11,427	1	9,777	2	-14.44%
traZODone HCl	8,935	3	9,624	3	7.71%
buPROPion HCl ER (XL)	8,808	4	9,319	4	5.80%
Sertraline HCl	8,732	5	7,764	5	-11.09%
Gabapentin	7,039	8	7,508	6	6.66%
hydrOXYzine HCl	6,924	10	7,365	7	6.37%
busPIRone HCl	6,316	12	6,711	8	6.25%
FLUoxetine HCl	7,435	6	6,355	9	-14.53%
Omeprazole	7,229	7	6,195	10	-14.30%
Escitalopram Oxalate	6,925	9	6,078	11	-12.23%
Atorvastatin Calcium	6,639	11	5,935	12	-10.60%
QUEtiapine Fumarate	5,136	16	5,372	13	4.60%
Montelukast Sodium	4,820	20	5,353	14	11.06%
Amphetamine-Dextroamphet ER	5,047	18	5,334	15	5.69%
Ondansetron	5,234	15	5,262	16	0.53%
Levothyroxine Sodium	5,966	13	5,105	17	-14.43%
predniSONE	5,344	14	5,081	18	-4.92%
ARIPiprazole	4,782	22	5,019	19	4.96%
Lisdexamfetamine Dimesylate	4,475	23	4,796	20	7.17%
lamoTRIgine	4,440	25	4,772	21	7.48%
Amoxicillin-Pot Clavulanate	4,940	19	4,539	22	-8.12%
HYDROcodone-Acetaminophen	4,129	29	4,484	23	8.60%

Lisinopril	5,062	17	4,368	24	-13.71%
Cyclobenzaprine HCl	3,920	30	4,276	25	9.08%
Cetirizine HCl	3,870	31	4,267	26	10.26%
cloNIDine HCl	4,801	21	4,180	27	-12.93%
Amphetamine-Dextroamphetamine	3,837	32	4,131	28	7.66%
DULoxetine HCl	4,456	24	4,033	29	-9.49%
Fluticasone Propionate	3,495	37	3,999	30	14.42%
Ozempic	3,628	34	3,851	31	6.15%
amLODIPine Besylate	4,225	27	3,776	32	-10.63%
Methylphenidate HCl ER (OSM)	3,655	33	3,671	33	0.44%
Topiramate	3,371	41	3,664	34	8.69%
Pantoprazole Sodium	4,207	28	3,608	35	-14.24%
Cephalexin	3,187	43	3,484	36	9.32%
Ibuprofen	3,323	42	3,270	37	-1.59%
Famotidine	3,501	36	3,244	38	-7.34%
Jardiance	2,964	47	3,215	39	8.47%
Azithromycin	4,240	26	3,209	40	-24.32%
clonazePAM	3,180	44	3,202	41	0.69%
Losartan Potassium	3,547	35	3,092	42	-12.83%
ALPRAZolam	3,052	46	3,075	43	0.75%
Venlafaxine HCl ER	3,487	38	3,056	44	-12.36%
Metoprolol Succinate ER	3,408	40	2,975	45	-12.71%
Lantus SoloStar	2,663	51	2,874	46	7.92%
Triamcinolone Acetonide	2,572	52	2,818	47	9.56%
risperiDONE	2,663	50	2,742	48	2.97%
Cefdinir	3,089	45	2,719	49	-11.98%
oxyCODONE HCl	2,467	57	2,658	50	7.74%

guanFACINE HCl ER	2,370	59	2,594	51	9.45%
Mirtazapine	2,407	58	2,582	52	7.27%
hydrOXYzine Pamoate	2,281	63	2,542	53	11.44%
metFORMIN HCl ER	2,781	48	2,453	54	-11.79%
Propranolol HCl	2,489	55	2,406	55	-3.33%
Pregabalin	2,169	65	2,396	56	10.47%
metroNIDAZOLE	2,284	62	2,377	57	4.07%
Meloxicam	2,534	53	2,368	58	-6.55%
Rosuvastatin Calcium	2,495	54	2,309	59	-7.45%
levETIRAcetam	2,222	64	2,307	60	3.83%
LORazepam	2,123	67	2,301	61	8.38%
metFORMIN HCl	2,670	49	2,298	62	-13.93%
traMADol HCl	2,083	69	2,266	63	8.79%
Symbicort	2,155	66	2,264	64	5.06%
Folic Acid	2,078	70	2,255	65	8.52%
Aspirin Low Dose	2,351	60	2,235	66	-4.93%
Albuterol Sulfate	2,472	56	2,191	67	-11.37%
valACYclovir HCl	2,062	71	2,148	68	4.17%
Fluconazole	2,037	72	2,147	69	5.40%
Loratadine	1,912	77	2,130	70	11.40%
Methylphenidate HCl	1,996	75	2,119	71	6.16%
Prazosin HCl	2,299	61	2,115	72	-8.00%
Spironolactone	2,112	68	2,006	73	-5.02%
Ondansetron HCl	1,971	76	1,945	74	-1.32%
Eliquis	1,726	80	1,905	75	10.37%
Furosemide	2,004	74	1,880	76	-6.19%
Atomoxetine HCl	1,745	79	1,863	77	6.76%

tiZANidine HCl	1,660	83	1,827	78	10.06%
Allergy Relief Cetirizine	1,590	84	1,827	79	14.91%
OLANZapine	1,665	81	1,801	80	8.17%
Sulfamethoxazole-Trimethoprim	1,501	89	1,661	81	10.66%
FeroSul	1,557	85	1,642	82	5.46%
guanFACINE HCl	2,011	73	1,641	83	-18.40%
hydroCHLOROthiazide	1,818	78	1,621	84	-10.84%
Vraylar	1,478	91	1,605	85	8.59%
Dexmethylphenidate HCl ER	1,490	90	1,553	86	4.23%
Nystatin	1,432	94	1,545	87	7.89%
Baclofen	1,512	88	1,541	88	1.92%
Mupirocin	1,522	86	1,540	89	1.18%
Mounjaro	1,203	107	1,538	90	27.85%
Naltrexone HCl	1,398	95	1,529	91	9.37%
SUMAtriptan Succinate	1,334	96	1,489	92	11.62%
Amitriptyline HCl	1,662	82	1,403	93	-15.58%
Naproxen	1,318	98	1,402	94	6.37%
Doxycycline Hyclate	1,243	101	1,382	95	11.18%
Buprenorphine HCl-Naloxone HCl	1,229	102	1,374	96	11.80%
Doxycycline Monohydrate	1,470	92	1,365	97	-7.14%
Vitamin D (Ergocalciferol)	1,107	110	1,361	98	22.94%
Acetaminophen Extra Strength	1,323	97	1,357	99	2.57%
Clopidogrel Bisulfate	1,222	103	1,343	100	9.90%

Quarterly Monthly Statistics

CATEGORY	December 2025 / February 2026	March 2026 / May 2026	% CHANGE
TOTAL PAID AMOUNT	$108,708,332	$113,237,275	4.2%
UNIQUE USERS	103,920	103,102	-0.8%
COST PER USER	$1,046.08	$1,098.30	5.0%
TOTAL PRESCRIPTIONS	772,863	752,415	-2.6%
AVERAGE PRESCRIPTIONS PER USER	7.44	7.30	-1.9%
AVERAGE COST PER PRESCRIPTION	$140.66	$150.50	7.0%
# GENERIC PRESCRIPTIONS	687,293	663,126	-3.5%
% GENERIC	88.93%	88.13%	-0.9%
$ GENERIC	$13,876,495	$13,775,913	-0.7%
AVERAGE GENERIC PRESCRIPTION COST	$20.19	$20.77	2.9%
AVERAGE GENERIC DAYS SUPPLY	29.81	31.49	5.7%
# BRAND PRESCRIPTIONS	85,570	89,289	4.3%
% BRAND	11.07%	11.87%	7.2%
$ BRAND	$94,831,837	$99,461,361	4.9%
AVERAGE BRAND PRESCRIPTION COST	$1,108.24	$1,113.93	0.5%
AVERAGE BRAND DAYS SUPPLY	27.74	27.86	0.4%

UTILIZATION BY AGE		
AGE	**December 2025 / February 2026**	**March 2026 / May 2026**
0-6	34,083	31,490
7-12	59,074	56,695
13-18	75,980	73,843
19-64	603,647	590,333
65+	7,602	7,853
TOTAL	780,386	760,214

	UTILIZATION BY GENDER AND AGE		
GENDER	**AGE**	**December 2025 / February 2026**	**March 2026 / May 2026**
F			
	0-6	14,881	13,817
	7-12	22,939	21,931
	13-18	38,858	37,935
	19-64	400,715	392,830
	65+	4,812	4,847
	Gender Total	482,205	471,360
M			
	0-6	19,202	17,673
	7-12	36,135	34,764
	13-18	37,122	35,908
	19-64	202,932	197,503
	65+	2,790	3,006
	Gender Total	298,181	288,854
Grand Total		780,386	760,214

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
March 2026 / May 2026

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	12,057	$5,777,619.56	$479.19	1
2	RIGHT DOSE PHARMACY	ANKENY	IA	6,984	$237,235.84	$33.97	2
3	WALGREENS #4405	COUNCIL BLUFFS	IA	6,391	$562,113.82	$87.95	3
4	WALGREENS #5042	CEDAR RAPIDS	IA	5,623	$455,481.91	$81.00	4
5	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	5,216	$475,065.84	$91.08	5
6	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,758	$445,610.40	$93.65	6
7	MEDICAP PHARMACY LTC IOWA CITY	IOWA CITY	IA	4,535	$207,460.46	$45.75	21
8	HY-VEE PHARMACY (1075)	CLINTON	IA	4,491	$402,755.13	$89.68	9
9	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	4,484	$509,938.47	$113.72	8
10	WALGREENS #5239	DAVENPORT	IA	4,381	$295,819.10	$67.52	7
11	HARTIG PHARMACY SERVICES	DUBUQUE	IA	4,277	$392,237.19	$91.71	10
12	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	4,117	$334,106.93	$81.15	13
13	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	3,928	$296,501.27	$75.48	17
14	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	3,927	$351,756.94	$89.57	14
15	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	3,890	$329,205.77	$84.63	12
16	DRILLING PHARMACY	SIOUX CITY	IA	3,817	$286,394.92	$75.03	11
17	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	3,628	$243,030.40	$66.99	15
18	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	3,508	$333,445.61	$95.05	16
19	WAGNER PHARMACY	CLINTON	IA	3,443	$321,897.70	$93.49	18
20	HY-VEE PHARMACY #5 (1061)	CEDAR RAPIDS	IA	3,291	$318,218.34	$96.69	20
21	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	3,285	$230,276.88	$70.10	19
22	WALGREENS #359	DES MOINES	IA	3,207	$256,888.00	$80.10	36
23	WALGREENS #15647	SIOUX CITY	IA	3,164	$246,662.46	$77.96	24
24	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	3,157	$246,219.96	$77.99	22
25	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,115	$264,200.94	$84.82	28
26	HY-VEE PHARMACY (1449)	NEWTON	IA	3,036	$251,626.44	$82.88	30
27	CVS PHARMACY #08658	DAVENPORT	IA	3,032	$235,805.93	$77.77	26

28	WALMART PHARMACY 10-5115	DAVENPORT	IA	3,017	$261,866.31	$86.80	29
29	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	3,010	$187,846.08	$62.41	23
30	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	2,997	$272,077.90	$90.78	25
31	WALMART PHARMACY 10-1509	MAQUOKETA	IA	2,968	$278,581.33	$93.86	27
32	HY-VEE PHARMACY (1396)	MARION	IA	2,951	$250,303.50	$84.82	31
33	WALGREENS #5721	DES MOINES	IA	2,919	$184,644.70	$63.26	38
34	MAIN AT LOCUST PHARMACY AND MEDICAL SUPPLY	DAVENPORT	IA	2,908	$239,900.05	$82.50	33
35	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	2,873	$220,858.68	$76.87	34
36	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	2,873	$196,362.95	$68.35	40
37	UI HEALTHCARE - IOWA RIVER LANDING PHARMACY	CORALVILLE	IA	2,869	$171,637.10	$59.82	35
38	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,801	$255,709.07	$91.29	32
39	NELSON FAMILY PHARMACY	FORT MADISON	IA	2,779	$165,395.86	$59.52	37
40	WALGREENS #11942	DUBUQUE	IA	2,778	$215,046.01	$77.41	44
41	WALGREENS #7455	WATERLOO	IA	2,777	$189,845.67	$68.36	49
42	WALGREENS #3700	COUNCIL BLUFFS	IA	2,758	$221,824.98	$80.43	39
43	WALMART PHARMACY 10-0797	WEST BURLINGTON	IA	2,696	$218,280.70	$80.96	54
44	CVS PHARMACY #10282	FORT DODGE	IA	2,691	$222,713.16	$82.76	48
45	MEDICAP PHARMACY LTC	INDIANOLA	IA	2,676	$86,083.31	$32.17	63
46	COMMUNITY HEALTH CARE PHARMACY	DAVENPORT	IA	2,645	$207,823.18	$78.57	42
47	WALMART PHARMACY 10-0559	MUSCATINE	IA	2,638	$247,243.38	$93.72	62
48	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	2,620	$220,913.71	$84.32	41
49	MERCYONE FOREST PARK PHARMACY	MASON CITY	IA	2,601	$281,548.98	$108.25	56
50	CVS PHARMACY #08544	WATERLOO	IA	2,559	$183,235.08	$71.60	53
51	SCOTT PHARMACY	FAYETTE	IA	2,541	$158,739.23	$62.47	59
52	WALMART PHARMACY 10-2889	CLINTON	IA	2,536	$221,112.84	$87.19	43
53	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	2,513	$217,293.91	$86.47	57
54	WALGREENS #7453	DES MOINES	IA	2,506	$209,493.97	$83.60	47
55	UNION PHARMACY	COUNCIL BLUFFS	IA	2,492	$253,012.85	$101.53	58
56	SOUTH SIDE DRUG	OTTUMWA	IA	2,447	$260,425.16	$106.43	45
57	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,444	$189,462.03	$77.52	51
58	HERITAGE PARTNERS PHARMACY	WEST BURLINGTON	IA	2,389	$180,746.82	$75.66	66
59	WALGREENS #9708	DUBUQUE	IA	2,355	$185,491.96	$78.77	74
60	GENOA HEALTHCARE, LLC	DAVENPORT	IA	2,350	$410,321.77	$174.61	80
61	WALGREENS #4714	DES MOINES	IA	2,347	$183,028.59	$77.98	78
62	HY-VEE PHARMACY (1530)	PLEASANT HILL	IA	2,338	$184,654.14	$78.98	86
63	MEDICAP PHARMACY	KNOXVILLE	IA	2,325	$260,945.14	$112.23	50
64	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,311	$244,749.51	$105.91	46

65	HY-VEE PHARMACY (1065)	CHARITON	IA	2,309	$163,045.50	$70.61	65
66	MAHASKA DRUGS INC	OSKALOOSA	IA	2,300	$215,330.72	$93.62	52
67	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	2,294	$257,301.34	$112.16	79
68	HY-VEE PHARMACY #3 (1107)	DAVENPORT	IA	2,288	$201,067.37	$87.88	95
69	CVS PHARMACY #10032	MARION	IA	2,269	$181,398.85	$79.95	70
70	WALGREENS #7454	ANKENY	IA	2,268	$149,647.63	$65.98	90
71	WALMART PHARMACY 10-0985	FAIRFIELD	IA	2,267	$204,903.84	$90.39	55
72	HY-VEE PHARMACY (1873)	WAUKEE	IA	2,246	$191,925.80	$85.45	71
73	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,228	$284,966.27	$127.90	87
74	LAGRANGE PHARMACY	VINTON	IA	2,216	$213,291.84	$96.25	72
75	HY-VEE PHARMACY #6 (1155)	DES MOINES	IA	2,182	$215,160.49	$98.61	96
76	HY-VEE PHARMACY (1241)	HARLAN	IA	2,179	$225,770.54	$103.61	85
77	HY-VEE PHARMACY (1522)	PERRY	IA	2,176	$233,420.54	$107.27	64
78	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,163	$193,928.18	$89.66	67
79	LEWIS FAMILY DRUG #28	ONAWA	IA	2,154	$198,901.47	$92.34	73
80	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	2,146	$151,507.82	$70.60	92
81	HARTIG DRUG CO	DUBUQUE	IA	2,138	$161,525.96	$75.55	82
82	WALMART PHARMACY 10-3394	ATLANTIC	IA	2,117	$212,684.17	$100.46	81
83	PREFERRED CARE PHARMACY	CEDAR RAPIDS	IA	2,116	$123,080.96	$58.17	60
84	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	2,112	$189,101.10	$89.54	100
85	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	2,105	$279,702.55	$132.88	77
86	HY-VEE PHARMACY (1895)	WINDSOR HEIGHTS	IA	2,097	$166,309.47	$79.31	83
87	WALGREENS #7452	DES MOINES	IA	2,096	$143,956.93	$68.68	91
88	HY-VEE PHARMACY #1 (1054)	CEDAR RAPIDS	IA	2,065	$210,983.84	$102.17	97
89	CRESCENT COMMUNITY HEALTH CENTER PHARMACY	DUBUQUE	IA	2,063	$140,910.80	$68.30	75
90	WALMART PHARMACY 10-1723	DES MOINES	IA	2,058	$182,476.10	$88.67	98
91	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	2,053	$382,742.43	$186.43	123
92	HY-VEE PHARMACY (1224)	GRIMES	IA	2,050	$154,117.53	$75.18	99
93	HY-VEE PHARMACY #2 (1018)	AMES	IA	2,028	$235,158.36	$115.96	105
94	HY-VEE PHARMACY (1433)	MT PLEASANT	IA	2,012	$178,909.67	$88.92	102
95	HY-VEE PHARMACY (1180)	FAIRFIELD	IA	2,011	$160,939.60	$80.03	68
96	MEDICAP PHARMACY	DES MOINES	IA	2,008	$149,842.92	$74.62	107
97	HY-VEE PHARMACY (1052)	CEDAR FALLS	IA	2,000	$153,797.82	$76.90	128
98	MEDICAP PHARMACY	NEWTON	IA	1,999	$146,546.06	$73.31	69
99	MCMH PHARMACY	RED OAK	IA	1,994	$230,458.21	$115.58	89
100	THOMPSON DEAN DRUG	SIOUX CITY	IA	1,994	$200,963.79	$100.78	94

TOP 100 PHARMACIES BY PAID AMOUNT
March 2026 / May 2026

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	CVS/SPECIALTY	MONROEVILLE	PA	609	$5,952,228.32	$25,767.22	2
2	U OF I HOSPITALS & CLINICS AMBULATORY CARE PHARM	IOWA CITY	IA	12,057	$5,777,619.56	$2,517.48	1
3	WALGREENS SPECIALTY PHARMACY #16528	DES MOINES	IA	760	$4,194,403.32	$15,308.04	4
4	UNITYPOINT AT HOME	URBANDALE	IA	1,077	$4,154,282.33	$12,363.94	3
5	CAREMARK ILLINOIS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	MT PROSPECT	IL	289	$3,305,833.45	$39,355.16	5
6	BIOPLUS SPECIALTY PHARMACY SERVICES, LLC	ALTAMONTE SPRINGS	FL	420	$2,914,417.00	$17,451.60	7
7	CAREMARK KANSAS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	LENEXA	KS	340	$2,549,454.42	$16,135.79	9
8	WALGREENS SPECIALTY PHARMACY #21250	IOWA CITY	IA	310	$2,350,049.45	$16,433.91	8
9	PANTHERX SPECIALTY PHARMACY	CORAOPOLIS	PA	85	$2,026,285.24	$53,323.30	6
10	SOLEO HEALTH INC.	WOODRIDGE	IL	12	$1,208,448.40	$402,816.13	14
11	AMBER SPECIALTY PHARMACY	OMAHA	NE	191	$1,177,214.29	$15,696.19	11
12	CAREMARK LLC, DBA CVS/SPECIALTY	REDLANDS	CA	87	$858,491.96	$26,827.87	12
13	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	65	$814,683.63	$33,945.15	15
14	CVS PHARMACY #00102	AURORA	CO	94	$793,274.76	$20,875.65	16
15	WALGREENS SPECIALTY PHARMACY #16280	FRISCO	TX	40	$785,302.53	$65,441.88	13
16	EVERSANA LIFE SCIENCE SERVICES, LLC	CHESTERFIELD	MO	14	$646,457.36	$161,614.34	21
17	ACCREDO HEALTH GROUP INC	WARRENDALE	PA	28	$643,905.00	$71,545.00	19
18	CR CARE PHARMACY	CEDAR RAPIDS	IA	1,902	$629,640.09	$3,212.45	18
19	MERCYONE GENESIS FIRSTMED SPECIALTY PHARMACY	DAVENPORT	IA	836	$620,616.51	$3,391.35	25
20	THE NEBRASKA MEDICAL CENTER CLINIC PHARMACY	OMAHA	NE	719	$613,211.11	$4,508.91	22
21	EXPRESS SCRIPTS SPECIALTY DIST SVCS	SAINT LOUIS	MO	36	$607,783.35	$50,648.61	27
22	WALGREENS #4405	COUNCIL BLUFFS	IA	6,391	$562,113.82	$450.41	26
23	ORSINI PHARMACEUTICAL SERVICES LLC	ELK GROVE VILLAGE	IL	25	$553,762.96	$55,376.30	30
24	ANOVORX GROUP, LLC	MEMPHIS	TN	50	$539,191.98	$28,378.53	23
25	BIOLOGICS BY MCKESSON	CARY	NC	21	$524,427.58	$65,553.45	17

26	OPTUM PHARMACY 702, LLC	JEFFERSONVILLE	IN	80	$513,076.18	$13,155.80	20
27	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	4,484	$509,938.47	$1,125.69	28
28	WALGREENS SPECIALTY PHARMACY #16270	OMAHA	NE	63	$483,377.50	$25,440.92	24
29	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	5,216	$475,065.84	$683.55	29
30	MEDICAP PHARMACY	URBANDALE	IA	849	$469,395.39	$3,911.63	525
31	WALGREENS #5042	CEDAR RAPIDS	IA	5,623	$455,481.91	$377.37	31
32	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,758	$445,610.40	$660.16	32
33	GENOA HEALTHCARE, LLC	DAVENPORT	IA	2,350	$410,321.77	$1,917.39	34
34	HY-VEE PHARMACY (1075)	CLINTON	IA	4,491	$402,755.13	$602.03	33
35	HARTIG PHARMACY SERVICES	DUBUQUE	IA	4,277	$392,237.19	$1,237.34	35
36	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	2,053	$382,742.43	$1,952.77	42
37	PANTHERX SPECIALTY PHARMACY	COLLIERVILLE	TN	16	$365,598.58	$36,559.86	0
38	ALLEN CLINIC PHARMACY	WATERLOO	IA	1,041	$352,041.34	$1,050.87	65
39	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	3,927	$351,756.94	$474.71	40
40	MERCYONE WATERLOO PHARMACY	WATERLOO	IA	1,950	$348,027.02	$861.45	55
41	AVERA SPECIALTY PHARMACY	SIOUX FALLS	SD	84	$347,311.69	$9,139.78	39
42	PARAGON PARTNERS	OMAHA	NE	935	$334,893.99	$4,084.07	44
43	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	4,117	$334,106.93	$533.72	48
44	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	3,508	$333,445.61	$629.14	38
45	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	3,890	$329,205.77	$528.42	41
46	WAGNER PHARMACY	CLINTON	IA	3,443	$321,897.70	$836.10	47
47	HY-VEE PHARMACY #5 (1061)	CEDAR RAPIDS	IA	3,291	$318,218.34	$664.34	43
48	PRIMARY HEALTHCARE PHARMACY	DES MOINES	IA	926	$311,590.87	$1,702.68	87
49	HARTIG DRUG CO	DUBUQUE	IA	1,822	$305,754.62	$1,180.52	59
50	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	3,928	$296,501.27	$842.33	50
51	WALGREENS #5239	DAVENPORT	IA	4,381	$295,819.10	$285.26	53
52	DRILLING PHARMACY	SIOUX CITY	IA	3,817	$286,394.92	$813.62	36
53	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,228	$284,966.27	$925.22	77
54	ONCO360	LOUISVILLE	KY	28	$284,208.06	$25,837.10	37
55	MERCYONE FOREST PARK PHARMACY	MASON CITY	IA	2,601	$281,548.98	$718.24	72
56	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	2,105	$279,702.55	$923.11	45
57	WALMART PHARMACY 10-1509	MAQUOKETA	IA	2,968	$278,581.33	$579.17	54
58	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	2,997	$272,077.90	$577.66	56
59	WALGREENS SPECIALTY PHARMACY #15438	CANTON	MI	24	$269,124.53	$29,902.73	139
60	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	1,625	$268,475.71	$2,485.89	84
61	OPTUM INFUSION SERVICES 550, LLC.	URBANDALE	IA	5	$267,897.80	$133,948.90	94

62	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,115	$264,200.94	$593.71	64
63	WALMART PHARMACY 10-5115	DAVENPORT	IA	3,017	$261,866.31	$578.07	67
64	MEDICAP PHARMACY	KNOXVILLE	IA	2,325	$260,945.14	$1,230.87	49
65	SOUTH SIDE DRUG	OTTUMWA	IA	2,447	$260,425.16	$848.29	90
66	GENOA HEALTHCARE, LLC	MARSHALLTOWN	IA	843	$258,490.34	$3,077.27	106
67	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	2,294	$257,301.34	$724.79	68
68	WALGREENS #359	DES MOINES	IA	3,207	$256,888.00	$329.34	83
69	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,801	$255,709.07	$626.74	76
70	UNION PHARMACY	COUNCIL BLUFFS	IA	2,492	$253,012.85	$1,228.22	57
71	HY-VEE PHARMACY (1449)	NEWTON	IA	3,036	$251,626.44	$550.60	60
72	HY-VEE PHARMACY (1396)	MARION	IA	2,951	$250,303.50	$587.57	63
73	FIFIELD PHARMACY	DES MOINES	IA	1,436	$250,031.02	$1,497.19	46
74	RIVER HILLS PHARMACY	OTTUMWA	IA	716	$249,762.87	$1,643.18	74
75	WALMART PHARMACY 10-0559	MUSCATINE	IA	2,638	$247,243.38	$549.43	104
76	WALGREENS #15647	SIOUX CITY	IA	3,164	$246,662.46	$311.44	52
77	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	3,157	$246,219.96	$467.21	71
78	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,311	$244,749.51	$797.23	58
79	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	3,628	$243,030.40	$361.65	51
80	MAIN AT LOCUST PHARMACY AND MEDICAL SUPPLY	DAVENPORT	IA	2,908	$239,900.05	$940.78	82
81	RIGHT DOSE PHARMACY	ANKENY	IA	6,984	$237,235.84	$616.20	61
82	CVS PHARMACY #08658	DAVENPORT	IA	3,032	$235,805.93	$496.43	73
83	HY-VEE PHARMACY #2 (1018)	AMES	IA	2,028	$235,158.36	$786.48	62
84	HY-VEE PHARMACY (1522)	PERRY	IA	2,176	$233,420.54	$734.03	70
85	FAIRVIEW SPECIALTY SERVICES PHARMACY	SHOREVIEW	MN	28	$231,327.99	$25,703.11	272
86	MCMH PHARMACY	RED OAK	IA	1,994	$230,458.21	$1,024.26	93
87	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	3,285	$230,276.88	$459.63	80
88	HY-VEE PHARMACY (1241)	HARLAN	IA	2,179	$225,770.54	$635.97	96
89	CVS PHARMACY #10282	FORT DODGE	IA	2,691	$222,713.16	$434.14	119
90	WALGREENS #3700	COUNCIL BLUFFS	IA	2,758	$221,824.98	$375.97	75
91	WALMART PHARMACY 10-2889	CLINTON	IA	2,536	$221,112.84	$483.84	88
92	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	2,620	$220,913.71	$478.17	109
93	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	2,873	$220,858.68	$537.37	78
94	BIOPLUS SPECIALTY PHARMACY, INC	LAKE MARY	FL	23	$218,290.67	$15,592.19	92
95	WALMART PHARMACY 10-0797	WEST BURLINGTON	IA	2,696	$218,280.70	$454.75	86
96	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	2,513	$217,293.91	$464.30	81

97	L & M PHARMACY CARE	LE MARS	IA	1,622	$216,125.49	$4,698.38	85
98	MAHASKA DRUGS INC	OSKALOOSA	IA	2,300	$215,330.72	$618.77	66
99	HY-VEE PHARMACY #6 (1155)	DES MOINES	IA	2,182	$215,160.49	$892.78	91
100	WALGREENS #11942	DUBUQUE	IA	2,778	$215,046.01	$372.70	108

TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
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RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
1	1982605762	Jeffrey Wilharm	$131,382.94	2,810	10.01	1
2	1215146055	Rebecca Wolfe	$79,803.05	1,134	2.71	3
3	1063491645	Allyson Wheaton	$122,557.62	1,122	2.54	2
4	1013115369	Bobbita Nag	$64,002.67	1,121	2.58	8
5	1730849647	Melanie Parrish	$38,822.07	1,121	2.84	4
6	1528365277	Mina Salib	$385,714.71	1,074	2.18	6
7	1306559786	Roy Henry	$76,154.35	1,041	3.55	16
8	1902478811	Joan Anderson	$295,139.86	1,038	3.51	9
9	1043434525	Robert Kent	$89,308.32	1,029	3.91	7
10	1356359871	Rhea Hartley	$81,740.15	1,000	2.33	5
11	1043418809	Michael Ciliberto	$508,297.19	993	2.67	12
12	1902850845	Deborah Bahe	$95,384.88	974	4.13	11
13	1790163848	Hesper Nowatzki	$185,643.74	972	2.97	14
14	1467907394	Cynthia Coenen	$124,594.09	964	3.67	15
15	1902574361	Laura Owens	$90,556.43	945	3.33	18
16	1467502286	Charles Tilley	$195,726.41	913	3.67	10
17	1992402655	Shane Eberhardt	$152,441.88	895	3.13	21
18	1437238110	Genevieve Nelson	$208,430.26	894	3.25	13
19	1184657603	Sara Rygol	$183,556.04	887	3.11	22
20	1770933046	Shelby Biller	$163,279.33	816	2.85	17
21	1609532373	Erin Fox-Hammel	$93,950.69	804	3.81	27
22	1659358620	Carlos Castillo	$22,916.57	798	2.75	20
23	1023542271	Flynn McCullough	$84,749.20	794	3.58	47
24	1801463245	Ann Mojeiko	$124,327.83	791	3.09	35
25	1679573893	Patty Hildreth	$229,474.16	788	3.36	25
26	1245960350	Mary Welborn	$49,412.27	786	3.03	23
27	1053963900	Nicole Mcclavy	$127,787.21	781	3.18	36
28	1902912538	Christian Jones	$86,082.84	771	2.89	19

29	1215981758	Lisa Pisney	$66,731.89	767	3.33	45
30	1306475413	Autumn Anderson	$39,601.80	757	3.57	61
31	1205393386	Jessica Hudspeth	$93,847.49	752	3.51	43
32	1275763047	Rebecca Bowman	$102,426.80	744	3.48	32
33	1477199198	Sajo Thomas	$136,398.55	743	3.25	41
34	1164538674	Joseph Wanzek	$82,807.12	742	3.73	26
35	1649248378	Kathleen Wild	$29,252.79	734	2.97	30
36	1922144088	Thomas Hopkins	$19,999.39	725	2.33	44
37	1053630640	Jennifer Donovan	$112,237.19	706	3.52	31
38	1609946243	Sina Linman	$33,832.02	705	2.46	56
39	1215184726	Babuji Gandra	$25,455.02	704	2.52	38
40	1265841845	Mary Schwering	$76,953.23	702	3.12	53
41	1215125216	Rebecca Walding	$50,176.06	700	3.08	34
42	1689077018	Stacy Roth	$119,930.46	699	2.80	55
43	1639607757	Michael Gerber	$134,400.16	693	3.06	89
44	1982030946	Jacklyn Besch	$44,351.13	691	2.71	46
45	1811419815	Gretchen Wenger	$87,638.68	689	2.53	49
46	1144588476	Rachel Filzer	$73,713.25	688	2.80	58
47	1457914657	Seema Antony	$79,012.83	688	2.70	40
48	1023469798	Shipeng Wei	$46,088.27	687	7.52	85
49	1649763079	Kate Jarvis	$102,635.75	687	3.29	53
50	1477142289	Andrea Johnson	$151,691.47	679	3.29	62
51	1154815330	Bruce Pehl	$51,751.48	678	3.26	28
52	1134191018	Dustin Smith	$55,010.78	672	3.91	33
53	1417214321	Leah Brandon	$16,832.34	665	3.99	24
54	1467092049	Heidi Pedersen	$86,692.68	660	3.76	119
55	1639844889	Angela Pembroke	$54,459.27	660	2.44	101
56	1790499648	Maria Brickner	$105,571.86	660	5.05	80
57	1992103386	Melissa Larsen	$81,657.35	654	2.58	37
58	1942721584	Shawna Fury	$39,969.26	644	2.41	119
59	1417941188	Debra Neuharth	$37,670.97	643	3.27	99
60	1619153137	Joada Best	$55,014.94	641	2.93	87
61	1053398800	Steven Scurr	$39,956.25	639	3.92	42
62	1801998372	Wendy Hansen-Penman	$32,816.07	638	3.13	50
63	1891707832	Lisa Klock	$33,008.61	637	2.83	97
64	1942555172	Delecia Crannell	$15,274.97	636	5.98	505

65	1326798992	Jenna Mullins	$65,542.22	632	2.31	235
66	1376244954	Cory Slusher	$70,492.84	632	2.24	66
67	1457007270	Lindsay Schock	$76,362.76	629	3.25	125
68	1043211303	Ali Safdar	$109,531.32	626	2.57	92
69	1295967255	Mary Robinson	$34,855.26	623	4.18	71
70	1043703887	Tenaea Jeppeson	$44,504.77	622	3.27	70
71	1811960768	Angela Veenstra	$38,032.03	617	2.94	57
72	1902358443	Melissa Konken	$134,637.78	615	2.98	52
73	1598183493	Jena Ellerhoff	$40,496.78	613	3.99	59
74	1720698335	Danika Hansen	$74,826.89	612	3.00	184
75	1194425223	Mary Boksa	$65,156.67	609	2.75	96
76	1093272668	Ricardo Osorio	$81,761.66	607	2.83	119
77	1942857529	Amanda Renne	$29,857.77	605	2.72	75
78	1538368170	Christopher Matson	$33,211.16	590	2.72	47
79	1710941000	Laurie Warren	$77,792.55	590	3.23	123
80	1881095503	Karoweso Chipendo	$81,764.41	589	2.72	86
81	1346621059	Mark Zacharjasz	$50,695.37	587	3.65	116
82	1528329398	Erin Rowan	$41,102.97	586	2.77	63
83	1629003272	Joan Kitten	$77,521.61	586	4.82	204
84	1790013209	Tracy Tschudi	$71,477.29	586	3.05	127
85	1073156295	Kasie Christensen	$43,769.92	582	2.50	72
86	1588746515	Amy Badberg	$26,582.12	579	2.45	69
87	1447680848	Mindy Roberts	$51,180.17	578	2.51	102
88	1821481045	Shawn Plunkett	$67,929.63	576	3.33	103
89	1205334570	Trisha Kress	$41,535.54	574	4.46	99
90	1588838841	Leenu Mishra	$24,541.83	571	2.37	108
91	1144214248	Kristi Walz	$89,877.87	569	3.18	118
92	1285490896	Karissa Weaver	$96,756.24	568	3.18	107
93	1063792026	Jill Miller	$157,104.64	565	2.21	88
94	1992314108	Lynzee Makowski	$378,013.71	565	2.27	90
95	1417549932	Amanda McCormick	$66,650.43	561	2.88	139
96	1992573786	Lashelle Goode	$31,526.35	561	2.61	74
97	1316356496	Kimberly Roberts	$33,900.42	559	3.83	94
98	1083439145	Amanda Monroe	$24,420.27	555	2.84	137
99	1356724405	Beth Colon	$62,565.03	555	2.27	64
100	1750867248	Mikhail Shkiryak	$96,616.02	555	2.55	92

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
March 2026 / May 2026

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
1	1841632965	Ahmad Al-Huniti	$1,365,571.52	$65,027.22	21	1
2	1437121407	Linda Cadaret	$1,131,366.09	$8,318.87	136	2
3	1326211889	James Friedlander	$683,433.54	$7,270.57	94	5
4	1942937388	Carly Trausch	$681,095.84	$1,338.11	509	6
5	1023108701	Ronald Zolty	$649,210.73	$9,836.53	66	4
6	1295091510	Rebecca Weiner	$594,710.93	$1,723.80	345	20
7	1417443953	Rodney Clark	$586,683.80	$1,783.23	329	21
8	1285626390	Kathleen Gradoville	$584,342.45	$2,180.38	268	7
9	1477761328	Amy Calhoun	$530,634.41	$5,831.15	91	3
10	1043418809	Michael Ciliberto	$508,297.19	$511.88	993	14
11	1891146999	Becky Johnson	$505,439.42	$1,326.61	381	10
12	1376525196	Randolph Rough	$448,604.88	$4,192.57	107	18
13	1326034984	Katherine Mathews	$440,105.84	$9,567.52	46	8
14	1356753859	Katie Lutz	$436,906.85	$3,900.95	112	15
15	1629415922	Alyssa Lakin	$434,007.01	$2,538.05	171	23
16	1528365277	Mina Salib	$385,714.71	$359.14	1074	11
17	1992314108	Lynzee Makowski	$378,013.71	$669.05	565	9
18	1700417169	Courtney Reints	$375,828.80	$1,655.63	227	17
19	1285620583	Michael Tansey	$367,841.73	$3,642.00	101	31
20	1861277980	Kathryn Ewoldt	$366,761.58	$1,056.95	347	13
21	1477765584	Sangeeta Shah	$356,631.67	$971.75	367	28
22	1609003011	John Bernat	$355,555.90	$35,555.59	10	68
23	1043565328	Sara Moeller	$348,758.79	$3,290.18	106	19
24	1093162075	Meghan Ryan	$337,379.34	$2,555.90	132	91
25	1750913406	Carrissa Riggs	$334,380.46	$3,519.79	95	60
26	1700561826	Pedro Hsieh	$313,395.46	$4,821.47	65	12
27	1649826140	Taylor Myers	$297,902.77	$1,432.22	208	29
28	1871868984	Hana Niebur	$296,001.55	$6,434.82	46	44

29	1902478811	Joan Anderson	$295,139.86	$284.34	1038	27
30	1508091109	Melissa Muff-Luett	$291,433.27	$5,498.74	53	30
31	1386084747	Jennifer Condon	$283,415.37	$1,548.72	183	32
32	1053456426	Karen Agricola	$282,457.18	$16,615.13	17	46
33	1750470118	Laura Graeff-Armas	$275,994.78	$68,998.70	4	16
34	1932153830	Michael Stephens	$271,410.39	$19,386.46	14	35
35	1114214541	Dimah Saade	$270,855.58	$6,298.97	43	49
36	1952420705	Eric Rush	$263,572.74	$43,928.79	6	34
37	1821046087	Archana Verma	$257,778.40	$3,105.76	83	37
38	1306071915	Thomas Pietras	$255,281.66	$2,408.32	106	67
39	1326410499	Tara Eastvold	$253,292.17	$747.17	339	22
40	1528334406	Chittalsinh Raulji	$252,903.96	$31,613.00	8	25
41	1770324220	Casie Hale	$244,072.37	$735.16	332	199
42	1053520759	Alicia Gerke	$234,150.88	$7,317.22	32	39
43	1891952552	Nicholas Fustino	$231,481.29	$2,489.05	93	56
44	1679573893	Patty Hildreth	$229,474.16	$291.21	788	50
45	1801463302	Alexa Smith	$223,592.66	$1,944.28	115	341
46	1558673095	Amanda Van Wyk	$218,825.18	$1,585.69	138	38
47	1245468768	Thomas Schmidt	$218,562.24	$2,350.13	93	52
48	1629537576	Jordan Evans	$218,216.47	$1,107.70	197	61
49	1649943689	Jessica Wolfe	$216,795.39	$2,852.57	76	26
50	1558808501	Jessica Braksiek	$215,747.96	$4,494.75	48	133
51	1730318205	Diana Bayer-Bowstead	$210,332.32	$1,450.57	145	42
52	1437238110	Genevieve Nelson	$208,430.26	$233.14	894	33
53	1164408548	Maxwell Cosmic	$205,320.03	$6,623.23	31	163
54	1104804053	Winthrop Risk	$200,392.88	$386.11	519	82
55	1295054542	Angela Delecaris	$197,532.63	$5,487.02	36	36
56	1467502286	Charles Tilley	$195,726.41	$214.38	913	55
57	1639226731	Meriner Pereira	$195,547.30	$1,777.70	110	155
58	1699018721	Shilpi Relan	$194,570.35	$1,040.48	187	70
59	1275836751	Holly Kramer	$193,056.97	$1,622.33	119	74
60	1306823281	Molly Franke	$192,650.86	$1,852.41	104	43
61	1811666118	Jessiann Dryden-Parish	$191,651.68	$1,183.04	162	78
62	1609131770	Sreenath Thati Ganganna	$190,678.35	$387.56	492	41
63	1801405832	Sarah Hiemer	$189,391.82	$1,169.09	162	120
64	1447373832	Joshua Wilson	$187,970.47	$3,759.41	50	63

65	1467616326	Benjamin Davis	$185,718.97	$2,813.92	66	302
66	1790163848	Hesper Nowatzki	$185,643.74	$190.99	972	107
67	1144455502	Jennifer Petts	$185,530.64	$757.27	245	73
68	1134981038	Cassidy Chalupa	$184,918.96	$2,604.49	71	83
69	1184657603	Sara Rygol	$183,556.04	$206.94	887	77
70	1447519038	Erin Richardson	$183,147.72	$735.53	249	53
71	1578958542	Heidi Curtis	$182,442.67	$965.31	189	69
72	1669184511	Chandra Miller	$181,981.31	$6,999.28	26	59
73	1649419219	Heather Hunemuller	$181,933.73	$1,956.28	93	80
74	1851568703	Mathew Davey	$177,325.05	$2,860.08	62	45
75	1184056822	Abby Kolthoff	$174,575.02	$478.29	365	81
76	1851161228	Kala Clark	$170,735.65	$315.59	541	62
77	1932464971	Kari Ernst	$170,436.71	$2,543.83	67	72
78	1437533130	Katie Broshuis	$169,610.22	$1,600.10	106	104
79	1437513520	Sussette Szachowicz	$168,907.24	$724.92	233	64
80	1730293705	Robert Jackson	$166,348.68	$4,057.28	41	57
81	1285331058	Natalie Reitz	$164,416.15	$3,425.34	48	40
82	1770933046	Shelby Biller	$163,279.33	$200.10	816	71
83	1285946566	Hazim Zaghloul	$162,264.84	$1,690.26	96	99
84	1235894122	Krishna Hughes	$161,807.80	$2,415.04	67	316
85	1093120263	Andrew Fondell	$161,041.95	$521.17	309	167
86	1902191059	Amber Tierney	$159,902.83	$4,845.54	33	58
87	1467893065	Lakshman Arcot Jayagopal	$159,714.38	$2,457.14	65	484
88	1598354912	Lindsay Dail	$158,586.34	$1,116.81	142	152
89	1245349182	Mark Burdt	$158,161.84	$1,738.04	91	296
90	1063792026	Jill Miller	$157,104.64	$278.06	565	75
91	1376926535	Rebecca Devine	$156,631.92	$308.33	508	47
92	1669443230	Kenneth Adams	$155,478.04	$3,455.07	45	97
93	1568097244	Elizabeth Dassow	$155,143.63	$2,873.03	54	135
94	1578132940	Alec Steils	$153,378.85	$578.79	265	65
95	1558543595	Gordon Buchanan	$152,697.22	$985.14	155	76
96	1992402655	Shane Eberhardt	$152,441.88	$170.33	895	86
97	1477142289	Andrea Johnson	$151,691.47	$223.40	679	102
98	1316942212	Jeffrey Goldman	$151,637.52	$2,229.96	68	136
99	1194176586	Paul Fenton	$151,179.19	$1,821.44	83	113
100	1366014698	Debbie Ohrt	$147,225.21	$561.93	262	115

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TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

CATEGORY DESCRIPTION	December 2025 / February 2026	PREVIOUS RANK	% BUDGET	March 2026 / May 2026	CURRENT RANK	% BUDGET	% CHANGE
DERMATOLOGICALS	$14,046,892	2	12.9%	$15,348,254	1	13.6%	9.3%
ANTIDIABETICS	$14,062,794	1	12.9%	$13,921,131	2	12.3%	-1.0%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	$11,312,318	3	10.4%	$12,253,678	3	10.8%	8.3%
ANALGESICS - ANTI-INFLAMMATORY	$6,814,049	4	6.3%	$7,247,075	4	6.4%	6.4%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	$6,480,102	5	6.0%	$7,200,626	5	6.4%	11.1%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	$6,024,162	6	5.5%	$6,253,530	6	5.5%	3.8%
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	$4,042,233	8	3.7%	$4,543,680	7	4.0%	12.4%
ENDOCRINE AND METABOLIC AGENTS - MISC.	$4,519,035	7	4.2%	$4,296,113	8	3.8%	-4.9%
MIGRAINE PRODUCTS	$3,820,798	9	3.5%	$4,095,125	9	3.6%	7.2%
ANTICONVULSANTS	$3,700,799	10	3.4%	$3,748,124	10	3.3%	1.3%
CARDIOVASCULAR AGENTS - MISC.	$3,256,566	13	3.0%	$3,428,138	11	3.0%	5.3%
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	$3,257,012	12	3.0%	$3,357,002	12	3.0%	3.1%
ANTIVIRALS	$3,406,721	11	3.1%	$3,176,023	13	2.8%	-6.8%
HEMATOLOGICAL AGENTS - MISC.	$3,182,590	14	2.9%	$2,905,916	14	2.6%	-8.7%
GASTROINTESTINAL AGENTS - MISC.	$2,342,700	16	2.2%	$2,853,495	15	2.5%	21.8%
RESPIRATORY AGENTS - MISC.	$2,862,347	15	2.6%	$2,808,858	16	2.5%	-1.9%
ANTIDEPRESSANTS	$2,160,838	17	2.0%	$2,130,130	17	1.9%	-1.4%
NEUROMUSCULAR AGENTS	$1,480,136	18	1.4%	$1,512,486	18	1.3%	2.2%
ANTICOAGULANTS	$1,454,558	19	1.3%	$1,296,536	19	1.1%	-10.9%
MISCELLANEOUS THERAPEUTIC CLASSES	$928,710	20	0.9%	$1,073,640	20	0.9%	15.6%

TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT					
CATEGORY DESCRIPTION	December 2025 / February 2026	PREVIOUS RANK	March 2026 / May 2026	CURRENT RANK	% CHANGE
ANTIDEPRESSANTS	95,037	1	88,001	1	-7.4%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	50,515	2	53,516	2	5.9%
ANTICONVULSANTS	48,437	3	49,813	3	2.8%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	43,648	4	43,390	4	-0.6%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	38,032	5	39,233	5	3.2%
ANTIDIABETICS	36,789	6	36,280	6	-1.4%
ANTIANXIETY AGENTS	34,337	7	35,479	7	3.3%
ANTIHYPERTENSIVES	32,992	8	28,054	8	-15.0%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	31,592	9	26,676	9	-15.6%
ANTIHISTAMINES	22,893	10	24,420	10	6.7%
DERMATOLOGICALS	22,022	11	23,472	11	6.6%
ANALGESICS - OPIOID	16,282	15	17,017	12	4.5%
ANTIHYPERLIPIDEMICS	19,315	12	16,797	13	-13.0%
PENICILLINS	19,181	13	16,552	14	-13.7%
ANALGESICS - ANTI-INFLAMMATORY	16,587	14	15,593	15	-6.0%
MUSCULOSKELETAL THERAPY AGENTS	12,989	17	13,621	16	4.9%
BETA BLOCKERS	15,070	16	13,048	17	-13.4%
ANALGESICS - NonNarcotic	11,404	20	11,668	18	2.3%
CORTICOSTEROIDS	12,285	18	11,392	19	-7.3%
HEMATOPOIETIC AGENTS	10,147	23	10,775	20	6.2%

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TOP 100 DRUGS BY PAID AMOUNT					
DRUG DESCRIPTION	December 2025 / February 2026	PREVIOUS RANK	March 2026 / May 2026	CURRENT RANK	% CHANGE
OZEMPIC	$5,569,991	1	$5,600,603	1	0.5%
VRAYLAR	$3,577,608	2	$4,011,492	2	12.1%
DUPIXENT PEN	$3,442,846	3	$3,914,601	3	13.7%
MOUNJARO	$2,870,346	5	$3,274,611	4	14.1%
HUMIRA(CF) PEN	$3,193,268	4	$3,125,155	5	-2.1%
SKYRIZI PEN	$2,076,783	6	$2,295,946	6	10.6%
ZEPBOUND	$1,387,864	12	$1,887,292	7	36.0%
INVEGA SUSTENNA	$1,948,168	7	$1,871,899	8	-3.9%
BIKTARVY	$1,579,540	11	$1,527,123	9	-3.3%
STELARA	$1,605,717	10	$1,518,930	10	-5.4%
TRIKAFTA	$1,867,251	8	$1,498,822	11	-19.7%
JARDIANCE	$1,689,821	9	$1,399,107	12	-17.2%
REXULTI	$1,385,894	13	$1,386,356	13	0.0%
TALTZ AUTOINJECTOR	$1,130,602	15	$1,254,402	14	10.9%
NURTEC ODT	$1,100,619	16	$1,202,485	15	9.3%
RINVOQ	$968,561	20	$1,180,275	16	21.9%
SKYRIZI ON-BODY	$840,019	24	$1,127,525	17	34.2%
CAPLYTA	$920,166	22	$1,097,858	18	19.3%
TRULICITY	$1,159,537	14	$1,036,802	19	-10.6%
COSENTYX UNOREADY PEN	$856,428	23	$1,034,623	20	20.8%
DUPIXENT SYRINGE	$972,817	19	$951,689	21	-2.2%
BIMZELX AUTOINJECTOR	$839,186	25	$932,643	22	11.1%
ALTUVIIIO	$997,219	17	$895,881	23	-10.2%
WAKIX	$930,104	21	$892,575	24	-4.0%
TRELEGY ELLIPTA	$802,989	27	$861,411	25	7.3%
ARISTADA	$714,147	34	$857,018	26	20.0%
EVRYSDI	$821,305	26	$855,395	27	4.2%
ABILIFY MAINTENA	$690,217	35	$833,734	28	20.8%

ELIQUIS	$973,586	18	$805,867	29	-17.2%
INGREZZA	$785,816	28	$790,377	30	0.6%
UBRELVY	$763,603	29	$786,907	31	3.1%
AJOVY AUTOINJECTOR	$688,699	36	$766,366	32	11.3%
ENBREL SURECLICK	$673,156	38	$765,874	33	13.8%
LYBALVI	$732,564	31	$747,006	34	2.0%
EPIDIOLEX	$723,832	32	$742,403	35	2.6%
AUSTEDO XR	$721,840	33	$735,404	36	1.9%
TREMFYA ONE-PRESS	$617,065	41	$726,974	37	17.8%
ALYFTREK	$557,836	44	$716,601	38	28.5%
UPTRAVI	$554,791	45	$714,236	39	28.7%
NORDITROPIN FLEXPRO	$750,467	30	$710,258	40	-5.4%
STRENSIQ	$676,817	37	$693,432	41	2.5%
SYMBICORT	$620,220	39	$667,241	42	7.6%
JORNAY PM	$597,422	42	$626,588	43	4.9%
LISDEXAMFETAMINE DIMESYLATE	$618,824	40	$605,451	44	-2.2%
CRYSVITA	$436,427	55	$604,215	45	38.4%
INVEGA TRINZA	$532,272	49	$594,868	46	11.8%
TYVASO DPI	$550,426	46	$582,400	47	5.8%
TRINTELLIX	$543,619	47	$581,120	48	6.9%
XOLAIR	$536,144	48	$562,572	49	4.9%
KESIMPTA PEN	$456,247	53	$499,935	50	9.6%
TREMFYA PEN	$289,745	80	$482,510	51	66.5%
OPSUMIT	$435,401	57	$479,821	52	10.2%
ORFADIN	$372,154	63	$470,535	53	26.4%
QELBREE	$447,750	54	$468,826	54	4.7%
QULIPTA	$420,010	59	$464,695	55	10.6%
XYWAV	$336,912	71	$454,991	56	35.0%
XARELTO	$435,954	56	$442,439	57	1.5%
ORENITRAM ER	$559,795	43	$424,995	58	-24.1%
OTEZLA	$370,901	64	$422,360	59	13.9%
VERZENIO	$336,747	72	$415,745	60	23.5%
TAKHZYRO	$398,681	60	$405,258	61	1.6%
HEMLIBRA	$518,862	50	$402,725	62	-22.4%
FARXIGA	$499,924	51	$399,446	63	-20.1%
UZEDY	$354,430	67	$394,770	64	11.4%

FINTEPLA	$427,204	58	$377,614	65	-11.6%
ALBUTEROL SULFATE HFA	$391,038	62	$376,718	66	-3.7%
AUSTEDO	$365,744	66	$372,743	67	1.9%
COSENTYX SENSOREADY (2 PENS)	$314,317	75	$372,446	68	18.5%
MAVYRET	$274,595	84	$372,333	69	35.6%
NOVOSEVEN RT	$236,061	93	$371,743	70	57.5%
ILARIS	$203,626	109	$351,924	71	72.8%
EMGALITY PEN	$296,532	78	$340,999	72	15.0%
WINREVAIR (2 PACK)	$393,435	61	$336,677	73	-14.4%
WEGOVY	$181,886	115	$332,343	74	82.7%
FASENRA PEN	$317,576	74	$327,151	75	3.0%
NUCALA	$346,184	68	$326,992	76	-5.5%
TOLVAPTAN	$270,110	86	$320,756	77	18.8%
ABILIFY ASIMTUFII	$307,761	76	$318,979	78	3.6%
DUVYZAT	$344,719	69	$318,678	79	-7.6%
BREZTRI AEROSPHERE	$270,968	85	$309,454	80	14.2%
HIZENTRA	$231,260	97	$304,128	81	31.5%
PROCYSBI	$285,985	81	$289,608	82	1.3%
GATTEX	$143,055	142	$288,454	83	101.6%
CREON	$240,381	92	$287,097	84	19.4%
KISQALI	$341,727	70	$286,388	85	-16.2%
LINZESS	$368,280	65	$285,067	86	-22.6%
TEZSPIRE	$258,746	90	$283,974	87	9.8%
LANTUS SOLOSTAR	$282,125	82	$283,047	88	0.3%
ACTIMMUNE	$205,703	107	$281,298	89	36.7%
SPIRIVA RESPIMAT	$267,006	87	$274,635	90	2.9%
VALTOCO	$241,183	91	$270,558	91	12.2%
VYVGART HYTRULO	$200,816	112	$267,755	92	33.3%
SOGROYA	$295,799	79	$267,305	93	-9.6%
AIMOVIG AUTOINJECTOR	$261,840	89	$265,623	94	1.4%
ALPROLIX	$322,257	73	$252,871	95	-21.5%
BRIVIACT	$276,400	83	$249,402	96	-9.8%
PULMOZYME	$262,219	88	$243,243	97	-7.2%
INSULIN LISPRO KWIKPEN U-100	$218,301	101	$243,020	98	11.3%
DEXTROAMPHETAMINE-AMPHET ER	$230,948	98	$242,939	99	5.2%
ADVAIR HFA	$227,427	100	$242,078	100	6.4%

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	December 2025 / February 2026	PREVIOUS RANK	March 2026 / May 2026	CURRENT RANK	% CHANGE
TRAZODONE HCL	14,547	1	14,954	1	2.8%
BUPROPION XL	12,951	4	13,503	2	4.3%
ALBUTEROL SULFATE HFA	13,438	3	13,307	3	-1.0%
SERTRALINE HCL	13,572	2	11,620	4	-14.4%
HYDROXYZINE HCL	10,705	8	11,036	5	3.1%
GABAPENTIN	10,531	9	10,655	6	1.2%
AMOXICILLIN	12,665	5	10,577	7	-16.5%
CETIRIZINE HCL	9,942	13	10,493	8	5.5%
BUSPIRONE HCL	9,740	14	10,119	9	3.9%
FLUOXETINE HCL	11,639	7	10,049	10	-13.7%
OMEPRAZOLE	12,570	6	9,958	11	-20.8%
MONTELUKAST SODIUM	9,364	15	9,652	12	3.1%
ESCITALOPRAM OXALATE	10,144	12	8,954	13	-11.7%
ATORVASTATIN CALCIUM	10,173	11	8,625	14	-15.2%
DEXTROAMPHETAMINE-AMPHET ER	7,941	17	8,398	15	5.8%
LEVOTHYROXINE SODIUM	10,373	10	8,339	16	-19.6%
QUETIAPINE FUMARATE	7,940	18	8,175	17	3.0%
LAMOTRIGINE	7,515	20	8,053	18	7.2%
ARIPIPRAZOLE	7,784	19	8,034	19	3.2%
LISDEXAMFETAMINE DIMESYLATE	6,730	26	6,993	20	3.9%
ONDANSETRON ODT	6,869	25	6,809	21	-0.9%
CLONIDINE HCL	8,264	16	6,756	22	-18.2%
PREDNISONE	7,224	22	6,699	23	-7.3%
TOPIRAMATE	6,408	27	6,596	24	2.9%
FLUTICASONE PROPIONATE	6,195	28	6,576	25	6.2%
METHYLPHENIDATE ER	6,065	30	6,302	26	3.9%
HYDROCODONE-ACETAMINOPHEN	5,886	33	6,249	27	6.2%
CYCLOBENZAPRINE HCL	5,721	35	6,075	28	6.2%

LISINOPRIL	7,379	21	6,031	29	-18.3%
DULOXETINE HCL	7,000	24	5,942	30	-15.1%
OZEMPIC	5,864	34	5,878	31	0.2%
DEXTROAMPHETAMINE-AMPHETAMINE	5,554	37	5,843	32	5.2%
PANTOPRAZOLE SODIUM	7,176	23	5,711	33	-20.4%
LORATADINE	5,237	40	5,648	34	7.8%
AMOXICILLIN-CLAVULANATE POTASS	6,069	29	5,535	35	-8.8%
RISPERIDONE	5,315	39	5,427	36	2.1%
FAMOTIDINE	6,011	32	5,358	37	-10.9%
CLONAZEPAM	5,042	42	5,154	38	2.2%
ALPRAZOLAM	4,972	43	5,115	39	2.9%
AMLODIPINE BESYLATE	5,672	36	4,715	40	-16.9%
VENLAFAXINE HCL ER	5,492	38	4,508	41	-17.9%
AZITHROMYCIN	6,049	31	4,487	42	-25.8%
JARDIANCE	4,218	47	4,485	43	6.3%
ASPIRIN EC	4,285	46	4,475	44	4.4%
GUANFACINE HCL ER	4,123	49	4,428	45	7.4%
CEPHALEXIN	4,063	50	4,348	46	7.0%
IBUPROFEN	4,419	45	4,333	47	-1.9%
MIRTAZAPINE	4,045	51	4,321	48	6.8%
METOPROLOL SUCCINATE	5,078	41	4,175	49	-17.8%
ALLERGY RELIEF	3,747	62	4,081	50	8.9%
ACETAMINOPHEN	3,862	57	4,032	51	4.4%
POLYETHYLENE GLYCOL 3350	3,781	58	3,943	52	4.3%
LORAZEPAM	3,754	61	3,931	53	4.7%
LOSARTAN POTASSIUM	4,543	44	3,902	54	-14.1%
PROPRANOLOL HCL	3,974	53	3,769	55	-5.2%
LEVETIRACETAM	3,769	60	3,759	56	-0.3%
TRIAMCINOLONE ACETONIDE	3,341	71	3,717	57	11.3%
LANTUS SOLOSTAR	3,484	67	3,630	58	4.2%
METFORMIN HCL ER	4,194	48	3,615	59	-13.8%
METHYLPHENIDATE HCL	3,456	68	3,579	60	3.6%
PREGABALIN	3,420	69	3,577	61	4.6%
HYDROXYZINE PAMOATE	3,504	66	3,544	62	1.1%
PRAZOSIN HCL	3,922	54	3,534	63	-9.9%
FOLIC ACID	3,387	70	3,503	64	3.4%

FEROSUL	3,214	74	3,354	65	4.4%
METFORMIN HCL	4,014	52	3,349	66	-16.6%
VALACYCLOVIR	3,323	72	3,333	67	0.3%
OXYCODONE HCL	2,968	78	3,320	68	11.9%
ROSUVASTATIN CALCIUM	3,771	59	3,230	69	-14.3%
MOUNJARO	2,856	83	3,226	70	13.0%
FLUCONAZOLE	3,157	76	3,212	71	1.7%
ATOMOXETINE HCL	2,921	81	3,210	72	9.9%
MELOXICAM	3,673	64	3,207	73	-12.7%
GUANFACINE HCL	3,898	56	3,204	74	-17.8%
ALBUTEROL SULFATE	3,671	65	3,125	75	-14.9%
CEFDINIR	3,721	63	3,101	76	-16.7%
METRONIDAZOLE	2,905	82	3,063	77	5.4%
SYMBICORT	2,824	84	3,025	78	7.1%
OLANZAPINE	2,946	80	2,996	79	1.7%
TRAMADOL HCL	3,012	77	2,951	80	-2.0%
BACLOFEN	2,966	79	2,933	81	-1.1%
TIZANIDINE HCL	2,688	87	2,851	82	6.1%
POTASSIUM CHLORIDE	2,765	85	2,847	83	3.0%
DEXMETHYLPHENIDATE HCL ER	2,716	86	2,827	84	4.1%
FUROSEMIDE	3,209	75	2,822	85	-12.1%
SPIRONOLACTONE	3,238	73	2,821	86	-12.9%
VRAYLAR	2,502	90	2,750	87	9.9%
ELIQUIS	2,406	91	2,600	88	8.1%
ONDANSETRON HCL	2,530	89	2,532	89	0.1%
ZOLPIDEM TARTRATE	2,264	92	2,327	90	2.8%
SUMATRIPTAN SUCCINATE	2,138	93	2,212	91	3.5%
MUPIROCIN	2,044	97	2,205	92	7.9%
KETOCONAZOLE	2,011	98	2,202	93	9.5%
HYDROCHLOROTHIAZIDE	2,669	88	2,182	94	-18.2%
OXCARBAZEPINE	2,100	94	2,124	95	1.1%
NYSTATIN	1,997	99	2,076	96	4.0%
NALTREXONE HCL	1,804	105	2,058	97	14.1%
SULFAMETHOXAZOLE-TRIMETHOPRIM	1,966	100	2,010	98	2.2%
ZEPBOUND	1,414	128	1,944	99	37.5%
SENNA	1,753	109	1,863	100	6.3%

Medicaid Statistics for Prescription Claims
March 2026 through May 2026

Tri-Monthly Statistics

	FFS	Wellpoint	Iowa Total Care	Molina Healthcare	Total**
Total Dollars Paid	$3,193,144	$113,237,275	$93,244,422	$69,394,209	$279,069,050
Users	3,338	103,102	96,408	81,232	284,080
Cost Per User	$956.60	$1,098.30	$967.19	$854.27	
Total Prescriptions	21,704	752,415	634,729	490,728	1,899,576
Average Rx/User	6.50	7.30	6.58	6.04	
Average Cost/Rx	$147.12	$150.50	$146.90	$141.41	
# Generic Prescriptions	19,438	663,126	566,319	438,984	
% Generic	89.6%	88.1%	89.0%	89.5%	
$ Generic	$952,751	$13,775,913	$11,270,890	$8,484,036	
Average Generic Rx Cost	$49.01	$20.77	$19.90	$19.33	
Average Generic Days Supply	29	31.49	31	31.13	
# Brand Prescriptions	2,266	89,289	67,534	51,744	
% Brand	10.4%	11.9%	11.0%	10.5%	
$ Brand	$2,240,393	$99,461,361	$81,956,118	$60,910,173	
Average Brand Rx Cost	$988.70	$1,113.93	$1,213.55	$1,177.14	
Average Brand Days Supply	28	27.9	30	28.6	

**All reported dollars are pre-rebate

Top 20 Therapeutic Class by Paid Amount*

March 2026 through May 2026

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

* Pre-rebate

Top 20 Therapeutic Class by Prescription Count

March 2026 through May 2026

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

Top 25 Drugs by Paid Amount**

March 2026 through May 2026

	FFS	Wellpoint	Iowa Total Care	Molina Healthcare
1	HUMIRA PEN	OZEMPIC	OZEMPIC	OZEMPIC
2	EVRYSDI	VRAYLAR	DUPIXENT	DUPIXENT
3	OZEMPIC	DUPIXENT PEN	VRAYLAR	VRAYLAR
4	DUPIXENT	MOUNJARO	HUMIRA PEN	SKYRIZI PEN
5	VRAYLAR	HUMIRA (CF) PEN	TRIKAFTA	HUMIRA (2 PEN)
6	SKYRIZI PEN	SKYRIZI PEN	DUVYZAT	TRIKAFTA
7	TRIKAFTA	ZEPBOUND	SKYRIZI PEN	MOUNJARO
8	MOUNJARO	INVEGA SUSTENNA	MOUNJARO	BIKTARVY
9	KESIMPTA	BIKTARVY	INVEGA SUSTENNA	INVEGA SUSTENNA
10	BIKTARVY	STELARA	BIKTARVY	ZEPBOUND
11	INVEGA SUSTENNA	TRIKAFTA	TREMFYA	COSENTYX UNOREADY
12	ENBREL SURECLICK	JARDIANCE	JARDIANCE	JARDIANCE
13	RINVOQ	REXULTI	ZEPBOUND	SKYRIZI
14	JARDIANCE	TALTZ AUTOINJECTOR	REXULTI	TALTZ
15	COSENTYX UNOREADY	NURTEC ODT	TALTZ	CAPLYTA
16	ARISTADA	RINVOQ	CAPLYTA	HEMLIBRA
17	HEMLIBRA	SKYRIZI ON-BODY	INGREZZA	DUVYZAT
18	CETIRIZINE	CAPLYTA	TRULICITY	RINVOQ
19	VYVANSE	TRULICITY	ARISTADA	TRULICITY
20	NEMLUVIO	COSENTYX UNOREADY	RINVOQ	REXULTI
21	NUCALA	DUPIXENT SYRINGE	NURTEC	ABILIFY MAINTENA
22	JORNAY PM	BIMZELX AUTOINJECTOR	AUSTEDO XR	ARISTADA
23	EPIDIOLEX	ALTUVIIIO	STELARA	BIMZELEX
24	ALBUTEROL SULFATE	WAKIX	ELIQUIS	STELARA
25	IBUPROFEN	TRELEGY ELLIPTA	COSENTYX UNO	ELIQUIS

** Pre-rebate

Top 25 Drugs by Prescription Count

March 2026 through May 2026

	FFS	Wellpoint	Iowa Total Care	Molina Healthcare
1	ALBUTEROL	TRAZODONE	ALBUTEROL	ALBUTEROL HFA
2	CETIRIZINE	BUPROPION XL	BUPROPION	AMOXICILLIN
3	TRAZODONE	ALBUTEROL HFA	TRAZODONE	TRAZODONE
4	METHYLPHENIDATE	SERTRALINE	AMPHET/DEXTROAMPHET	BUPROPION XL
5	AMPHETAMINE/DEXTROAMPHET	HYDROXYZINE HCL	AMOXICILLIN	SERTRALINE
6	HYDROXYZINE HCL	GABAPENTIN	SERTRALINE	GABAPENTIN
7	FLUOXETINE	AMOXICILLIN	METHYLPHENIDATE	HYDROXYZINE HCL
8	GABAPENTIN	CETIRIZINE	HYDROXYZINE HCL	BUSPIRONE
9	SERTRALINE	BUSPIRONE	CETIRIZINE	FLUOXETINE
10	BUPROPION	FLUOXETINE	GABAPENTIN	OMEPRAZOLE
11	QUETIAPINE	OMEPRAZOLE	FLUOXETINE	ESCITALOPRAM
12	OMEPRAZOLE	MONTELUKAST	BUSPIRONE	ATORVASTATIN
13	ARIPIPRAZOLE	ESCITALOPRAM	ONDANSETRON	QUETIAPINE
14	ESCITALOPRAM	ATORVASTATIN	OMEPRAZOLE	MONTELUKAST
15	CLONIDINE	AMPHET/DEXTROAMPHET ER	ESCITALOPRAM	AMPHET/DEXTROAMPHET ER
16	ATORVASTATIN	LEVOTHYROXINE	MONTELUKAST	ONDANSETRON
17	AMOXICILLIN	QUETIAPINE	QUETIAPINE	LEVOTHYROXINE
18	BUSPIRONE	LAMOTRIGINE	ATORVASTATIN	PREDNISONE
19	MONTELUKAST	ARIPIPRAZOLE	ARIPIPRAZOLE	ARIPIPRAZOLE
20	LEVOTHYROXINE	LISDEXAMFETAMINE	LEVOTHYROXINE	LISDEXAMFETAMINE
21	METFORMIN	ONDANSETRON ODT	LAMOTRIGINE	LAMOTRIGINE
22	IBUPROFEN	CLONIDINE	GUANFACINE	AMOXICILLIN/CLAVULANATE
23	LAMOTRIGINE	PREDNISONE	METFORMIN	HYDROCODONE-APAP
24	POLYETHYLENE GLYCOL 3350	TOPIRAMATE	CLONIDINE	LISINOPRIL
25	LEVETIRACETAM	FLUTICASONE PROPIONATE	LISDEXAMFETAMINE	CYCLOBENZAPRINE

Extended-Release & Immediate-Release ADHD Stimulants in Children Younger than 6 Years
RetroDUR
Data

Purpose
Identify and evaluate the use of extended-release (ER) and immediate-release (IR) stimulant medications for attention deficit/hyperactivity disorder (ADHD) in children younger than 6 years of age.

Background
- In June 2025, the U.S. Food and Drug Administration (FDA) issued a Drug Safety Communication announcing required labeling updates for all ER stimulant formulations indicated for ADHD, including amphetamine and methylphenidate products.
- The labeling updates warn of an increased risk of clinically significant weight loss, ≥ 10% decrease in the Centers for Disease Control and Prevention (CDC) weight percentile, and other adverse reactions in patients younger than 6 years of age receiving these medications.
- The FDA reviewed data from clinical trials of ER formulations and determined that patients younger than 6 years of age have higher plasma exposures and higher rates of adverse effects compared to older children receiving the same dosages.
- For patients younger than 6 years experiencing weight loss or other adverse reactions while taking ER stimulants, consideration should be given to discontinuing the medication and/or switching to an alternative treatment (e.g. immediate-release stimulant).
- At the May 2026 meeting, the Commission asked to review the use of both ER and IR stimulant medications for ADHD in children under 6 years of age.
- Excerpt from current prior authorization (PA) criteria: “Children (< 21 years of age) are limited to the use of long-acting agents with one unit of a short-acting agent per day.” Please refer to the full CNS Stimulants PA criteria for complete criteria.
- Current quantity limits permit up to one unit per day of short-acting stimulants for ADHD treatment for members under 21 years of age.

RDUR Criteria
- Time period: February 1, 2026 through April 30, 2026
- Members < 6 years at the time of the pharmacy claim
- At least one claim for an ER stimulant
- Total number of members and total number of prescribers:
    - Break out into age bands (0-2, 3, 4, and 5 years old)

    - Break out by amphetamine-based and methylphenidate-based product
- Repeat for ER only stimulant use (no concurrent IR stimulant)
- Repeat for IR only stimulant use (no concurrent ER stimulant)
- Repeat for ER + IR stimulant use (≥ 1 day overlap)

Data

ER Stimulant Use and Prescriber Count by Age (regardless of IR use)

Age Band	Total	Amphetamine	Methylphenidate	Prescribers
Iowa Total Care				
0-2	0	0	0	0
3	0	0	0	0
4	0	0	0	0
5	13	4	9	15
Total	**13**	**4**	**9**	**15**
Molina Healthcare				
0-2	0	0	0	0
3	0	0	0	0
4	0	0	0	0
5	6	3	4	7
Total	**6**	**3**	**4**	**7**
Wellpoint				
0-2	0	0	0	0
3	0	0	0	0
4	0	0	0	0
5	18	9	9	12
Total	**18**	**9**	**9**	**12**
Fee-for-Service				
0-2	0	0	0	0
3	0	0	0	0
4	0	0	0	0
5	0	0	0	0
Total	**0**	**0**	**0**	**0**

ER *Only* Stimulant Use and Prescriber Count by Age

Age Band	Total	Amphetamine	Methylphenidate	Prescribers
Iowa Total Care				
0-2	0	0	0	0
3	0	0	0	0
4	0	0	0	0
5	10	2	8	12
Total	**10**	**2**	**8**	**12**
Molina Healthcare				
0-2	0	0	0	0
3	0	0	0	0
4	0	0	0	0
5	5	2	3	5
Total	**5**	**2**	**3**	**5**
Wellpoint				
0-2	0	0	0	0
3	0	0	0	0
4	0	0	0	0
5	11	5	6	13
Total	**11**	**5**	**6**	**13**
Fee-for-Service				
0-2	0	0	0	0
3	0	0	0	0
4	0	0	0	0
5	0	0	0	0
Total	**0**	**0**	**0**	**0**

IR *Only* stimulant Use and Prescriber Count by Age

Age Band	Total	Amphetamine	Methylphenidate	Prescribers
Iowa Total Care				
0-2	0	0	0	0
3	2	0	2	1
4	24	18	7	20
5	90	69	25	77
Total	**116**	**87**	**34**	**91**
Molina Healthcare				
0-2	0	0	0	0
3	0	0	0	0
4	16	12	4	18
5	64	42	23	63
Total	**80**	**54**	**27**	**75**
Wellpoint				
0-2	0	0	0	0
3	2	1	1	2
4	19	15	4	16
5	73	59	16	64
Total	**94**	**75**	**21**	**82**
*Two members switched between amphetamine to methylphenidate during time period.				
Fee-for-Service				
0-2	0	0	0	0
3	0	0	0	0
4	1	1	0	1
5	2	2	0	2
Total	**3**	**3**	**0**	**3**

***Concurrent* ER plus IR Stimulant Use and Prescriber Count by Age**

Age Band	Total ER + IR	Amphetamine ER + IR	Methylphenidate ER + IR	ER/IR Amphetamine + ER/IR Methylphenidate (class overlap)	Prescribers
Iowa Total Care					
0-2	0	0	0	0	0
3	0	0	0	0	0
4	0	0	0	0	0
5	2	1	1	0	2
Total	**2**	**1**	**1**	**0**	**2**
Molina Healthcare					
0-2	0	0	0	0	0
3	0	0	0	0	0
4	0	0	0	0	0
5	1	0	1	1	2
Total	**1**	**0**	**1**	**1**	**2**
Wellpoint					
0-2	0	0	0	0	0
3	0	0	0	0	0
4	0	0	0	0	0
5	7	4	1	2	8
Total	**7**	**4**	**1**	**2**	**8**
Fee-for-Service					
0-2	0	0	0	0	0
3	0	0	0	0	0
4	0	0	0	0	0
5	0	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**

Next Steps

1. Send letters to prescribers of members less than 6 years old with an ER stimulant with information from the FDA Drug Safety Communication to inquire about patients experiencing weight loss or other adverse reactions while taking ER stimulants and recommend the prescriber consider discontinuing the medication and/or switching to an alternative treatment (e.g. immediate-release stimulant).
2. Send letters to prescribers less than 6 years old in the other cohorts based on feedback from the Commission.
3. Review prior authorization criteria at a future meeting to make updates to criteria requiring use of an ER stimulant.
4. Review quantity limits for IR stimulants.
5. Other?
6. Nothing?

CGRP Inhibitor Therapeutic Duplication
RetroDUR
Data

Purpose

- Identify members with duplicate calcitonin gene-related peptide (CGRP) inhibitor treatment for migraines that overlap more than 60 days to determine if clinically appropriate.

Background

- Target calcitonin gene-related peptide (CGRP) for acute treatment or preventative treatment (PPX).
- The most recent advances in migraine treatment involve two new subclasses of drugs. “Gepants” and “Monoclonal antibodies” (MAB).
- Iowa Medicaid has two prior authorization (PA) forms for migraine treatment (Acute and Preventative).

PA title	Preferred	Non-Preferred
Acute Migraine Treatment	Nurtec (Gepant) Ubrelvy (Gepant)	Zavzpret (Gepant)
Selective Preventative Migraine Treatment	Aimovig (MAB) Ajovy (MAB) Emgality (MAB)	Nurtec ODT (Gepant) Qulipta (Gepant)

- Vyepti (MAB) is only administered intravenously and requires coverage and reimbursement on the medical benefit, so there is no PA associated with this drug on the pharmacy benefit.
- According to Shah, et al:
    - Both “Gepants” and “MABs” have been shown to be effective for migraine when used individually. There have been no robust clinical trials studying use of both.
    - The use of multiple “Gepants” or multiple “MABs” at the same time is not supported, and this represents duplication of therapy or utilization beyond what is supported by FDA labeling and recommendations.
    - Combining a “Gepant” for acute treatment with a “MAB” for migraine prevention is slowing gaining support.
    - **Reference:** Tulsi Shah, Kate Bedrin, Amanda Tinsley. Calcitonin gene relating peptide inhibitors in combination for migraine treatment: A mini review. Front Pain Research (Lausanne). 2023 Mar 17;4:1130239. Link : Calcitonin gene relating peptide inhibitors in combination for migraine treatment: A mini-review.

- The table below lists the available products, the subclass they belong to, the mechanism of action, type of migraine treatment, Iowa Medicaid preferred drug list formulary designation and administration details.

Table 1. CGRP Antagonist Table

Brand name	Subclass	MOA	Type of Migraine	PDL status	Administration
Nurtec (Rimegepant)	Gepant	Blocks CGRP receptor	Acute and PPX	Preferred – acute Non-preferred - PPX	75mg PO once PRN (NMT 18 doses/30 days)
Ubrelvy (Ubrogepant)	Gepant	Blocks CGRP receptor	Acute	Preferred	50-100mg PO once. Second dose may be taken 2 hours later. Max 200mg/day (NMT 1600mg/30 days).
Qulipta (Atogepant)	Gepant	Blocks CGRP receptor	PPX	Nonpreferred	60mg po once daily.
Zavzpret (Zavegepant)	Gepant	Blocks CGRP receptor	Acute	Nonpreferred	10mg into one nostril as single dose. Max 10mg/day (NMT 80mg/30 day)
Aimovig (Erenumab)	MAB	Blocks CGRP receptor	PPX	Preferred	70mg SQ once monthly, up to 140mg SQ once monthly.
Ajovy (Fremenezumab)	MAB	Binds CGRP ligand	PPX	Preferred	225mg SQ once monthly or 675mg every 3 months.
Emgality (Galcanezumab)	MAB	Binds CGRP ligand	PPX	Preferred	240mg SQ once loading dose then 120mg SQ once monthly; cluster HD 300mg SQ once monthly.
Vyepti (Eptinezumab)	MAB	Binds CRGP ligand	PPX	Not on PDL—must be covered through medical benefit	100mg IV q 3 months * Note: Vyepti is covered on medical benefit (J3032)

RDUR Criteria

- Member continuously eligible from November 1, 2025, to April 30, 2026
    - Exclude TPL (where Medicaid is secondary payor)
- Time Period:
    - Pharmacy claim lookback: November 1, 2025, to April 30, 2026
    - Medical claim lookback: November 1, 2025, to April 30, 2026
- Report:

- Review pharmacy claims and report out # of members on 2 distinct “GEPANT” agents overlapping ≥60 days. (List above). List the combinations found with each.
- Review medical claims and pharmacy claims and report out # of members on 2 distinct “MAB” agents overlapping ≥60 days. List the combinations found with each.

Data

Member Count

Overlap Category	ITC	MHC	WLP	FFS
Gepants Only	23	5	61	1
MAB only	3	0	9	0

Prescriber Count

Overlap Category	ITC	MHC	WLP	FFS
Gepants Only	25	6	54	1
MAB only	3	0	10	0

Drug Combinations by MCO or FFS

Entity	Total	Drug 1	Drug 2	Drug 3
ITC	11	Nurtec (Gepant)(Acute/PPX)	Qulipta (Gepant) (PPX)	
ITC	8	Ubrelvy (Gepant) (Acute)	Qulipta (Gepant) (PPX)	
ITC	2	Nurtec (Gepant) (Acute/PPX)	Ubrelvy (Gepant) (Acute)	
ITC	1	Zavzpret (Gepant) (Acute)	Qulipta (Gepant) (PPX)	
ITC	1	Zavzpret (Gepant) (Acute)	Qulipta (Gepant) (PPX)	Nurtec(Gepant) (Acute/PPX)
ITC	1	Vyepti (MAB) (PPX)	Aimovig (MAB) (PPX)	
ITC	1	Vyepti (MAB) (PPX)	Emgality (MAB) (PPX)	
ITC	1	Vyepti (MAB) (PPX)	Ajovy (MAB) (PPX)	
FFS	1	Nurtec (Gepant) (Acute/PPX)	Qulipta (Gepant) (PPX)	
WLP	30	Ubrelvy (Gepant) (Acute)	Qulipta (Gepant) (PPX)	
WLP	15	Nurtec (Gepant) (Acute/PPX)	Qulipta (Gepant) (PPX)	
WLP	13	Nurtec (Gepant) (Acute/PPX)	Ubrelvy (Gepant) (Acute)	
WLP	2	Nurtec (Gepant) (Acute/PPX)	Qulipta (Gepant) (PPX)	Ubrelvy (Gepant) (Acute)
WLP	1	Nurtec (Gepant) (Acute/PPX)	Zavzpret (Gepant) (Acute)	
WLP	2	Ajovy (MAB) (PPX)	Aimovig (MAB) (PPX)	
WLP	6	Ajovy (MAB) (PPX)	Emgality (MAB) (PPX)	
WLP	1	Ajovy (MAB) (PPX)	Vyepti (MAB) (PPX)	
MOL	2	Nurtec (Gepant) (Acute/PPX)	Qulipta (Gepant) (PPX)	
MOL	3	Ubrelvy (Gepant) (Acute)	Qulipta (Gepant) (PPX)	

Drug Combinations Inclusive of All Plans, Ranked from Most to Least Frequently Combined

Total	Drug 1	Drug 2	Drug 3
41	Ubrelvy(Gepant) (Acute)	Qulipta(Gepant) (PPX)	
29	Nurtec(Gepant)(Acute/PPX)	Qulipta(Gepant) (PPX)	
15	Nurtec(Gepant) (Acute/PPX)	Ubrelvy(Gepant) (Acute)	
6	Ajovy (MAB) (PPX)	Emgality (MAB) (PPX)	
2	Vyepti (MAB) (PPX)	Ajovy (MAB) (PPX)	
2	Nurtec (Gepant) (Acute/PPX)	Qulipta (Gepant) (PPX)	Ubrelvy (Gepant) (Acute)
2	Ajovy (MAB) (PPX)	Aimovig (MAB) (PPX)	
1	Zavzpret (Gepant) (Acute)	Qulipta(Gepant) (PPX)	
1	Zavzpret(Gepant) (Acute)	Qulipta(Gepant) (PPX)	Nurtec(Gepant) (Acute/PPX)
1	Vyepti (MAB) (PPX)	Aimovig (MAB) (PPX)	
1	Vyepti (MAB) (PPX)	Emgality (MAB) (PPX)	
1	Nurtec (Gepant) (Acute/PPX	Zavzpret (Gepant) (Acute)	

Next Steps

1. Send letters to prescribers for patients on drug duplication therapy combinations with two gepants or two MABs and request the prescriber assess the continued use of both agents?
2. Recommend updating PA language for Acute Migraine Treatments by adding language to prevent the duplicative use of acute treatments.
    - Potential options:
        - The requested agent will not be used in combination with another CGRP inhibitor for the acute treatment of migraine OR
        - The use of two (2) gepants will only be considered when one is used for acute treatment and the other is used for preventative treatment.
    - Note: The Select Preventative Migraine Treatments PA criteria includes the following statement: “The requested agent will not be used in combination with another CGRP inhibitor for the preventative treatment of migraine.”
3. DUR Digest Article?
4. Other?
5. None?

Adherence to Disease Modifying Therapy for Multiple Sclerosis
RetroDUR
Proposal

Purpose

- Evaluate the adherence of disease modifying therapies among members diagnosed with multiple sclerosis.

Background

- Multiple sclerosis (MS), a chronic, immune-mediated disease of the central nervous system (CNS), is among the most common causes of neurological disability in young adults.
- MS is characterized by inflammation, demyelination, and degenerative changes in the CNS. Most patients with MS experience relapses and remissions of neurological symptoms, usually early in the disease process, with clinical events that are generally associated with CNS inflammation. There are 4 clinical subtypes of MS:
    - Relapsing-remitting MS (RRMS), which is characterized by acute attacks followed by partial or full recovery. This is the most common form of MS, accounting for an estimated 85% to 90% of cases.
    - Secondary progressive MS (SPMS) begins as RRMS, followed by gradual worsening, which may be accompanied by occasional relapses, remissions, and plateaus. Transition to SPMS from RRMS usually occurs after 10 to 20 years.
    - Primary progressive MS (PPMS) occurs in approximately 10% of patients with MS. Patients have a continuous and gradual decline in function without evidence of acute attacks.
    - Clinically isolated syndrome (CIS) refers to the first episode of neurologic symptoms that lasts at least 24 hours and is caused by inflammation or demyelination in the CNS. Patients who experience CIS may or may not develop MS.
- The approach to treating MS includes the management of symptoms, treatment of acute relapses, and utilization of disease-modifying therapies (DMTs) to reduce the frequency and severity of relapses, reduce lesions on MRI scans, and possibly delay disease and disability progression.
- The American Academy of Neurology (AAN), the European Committee for Treatment and Research of Multiple Sclerosis (ECTRIMS) and the European Academy of Neurology (EAN) guidelines recommend initiation of DMTs early in the patient's disease course.
- Maintaining high adherence to DMTs is essential for optimizing clinical outcomes. Evidence suggests that patients who remain adherent to treatment experience

better disease control, fewer relapses, slower accumulation of disability, and reduced rates of hospitalization.
- Adherence would be measured using the proportion of days covered (PDC) methodology. Patients with a PDC of ≥ 80% during the study period would be considered adherent.

Disease Modifying Therapies
Aubagio (teriflunomide)
Avonex (interferon β-1a)
Bafiertam (monomethyl fumarate)
Betaseron (interferon β-1b)
Copaxone, Glatopa (glatiramer acetate)
Gilenya (fingolimod)
Kesimpta (ofatumumab)
Mavenclad (cladribine)
Mayzent (siponimod)
Plegridy (peginterferon β-1a)
Ponvory (ponesimod)
Rebif (interferon β-1a)
Tascenso ODT (fingolimod)
Tecfidera (dimethyl fumarate)
Vumerity (diroximel fumarate)
Zeposia (ozanimod)

Potential RDUR Criteria

- Diagnosis of multiple sclerosis.
- At least 2 claims for a disease modifying therapy covered under the outpatient pharmacy program during the time period.
- Members must have continuous eligibility during the pharmacy claim lookback period.
- Time Period
    - Pharmacy Claims: February 1, 2026 – July 31, 2026
    - Medical Claims: June 1, 2024 – July 31, 2026
- Report
    - Total number of members with a PDC ≥ 80% and < 80%

References

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National Multiple Sclerosis Society, 2025[a]. Types of MS. Accessed July 2, 2026. https://www.nationalmssociety.org/What-is-MS/Types-of-MS

Rae-Grant A, Day GS, Marrie RA et al. Practice guideline recommendations summary: disease-modifying therapies for adults with multiple sclerosis: report of the guideline development, dissemination, and implementation subcommittee of the American Academy of Neurology. Neurology. 2018;90(17):777-788.

Montalban X, Gold R, Thompson AJ, et al. ECTRIMS/EAN guideline on the pharmacological treatment of people with multiple sclerosis. Mult Scler. 2018;24(2):96-120.

Drug-Disease Interaction:
Thiazide Diuretic Use in Members with Gout
RetroDUR
Proposal

Purpose

- Identify members with a diagnosis of gout who are receiving a thiazide or thiazide-like diuretic.

Background

- Gout is a common inflammatory arthritis caused by the deposition of monosodium urate crystals resulting from elevated serum uric acid concentrations.
- Acute gout flare can cause significant pain, reduced quality of life, and increased healthcare utilization.
- Effective management includes both treatment of acute flares and a reduction of modifiable risk factors for hyperuricemia.
- Thiazide and thiazide-like diuretics (hydrochlorothiazide, chlorothiazide, chlorthalidone, indapamide, and metolazone) are commonly used for the treatment of hypertension and edema, which can increase serum uric acid concentrations and have been associated with an increased risk of a gout flare.
- Clinical guidelines recommend considering comorbid conditions, including gout, when selecting antihypertensive therapy.

Potential RDUR Criteria

- Identify members with a diagnosis of gout also receiving a thiazide or thiazide like diuretic.
- Time Period
    - Pharmacy Claims: February 1, 2026 – July 31, 2026
- Report
    - Total number of members and total number of prescribers

References

Stamp LK, Sterns RH. Diuretic-induced hyperuricemia and gout. UpToDate Website. Updated June 5, 2025. Accessed July 2, 2026. www.uptodate.com.

FitzGerald JD, Dalbeth N, Mikuls T, Brignardello-Petersen R, Guyatt G, Abeles AM, et al. 2020 American College of Rheumatology Guideline for the Management of Gout. *Arthritis Care Res (Hoboken).* 2020;72(6):744-760. doi:10.1002/acr.24180.

Chewable Lamotrigine
Quantity Limit Review

Background

- November 2025: DUR Commission receives written public comment as part of meeting materials requesting "…the removal of the quantity limit for 25mg lamotrigine chewable tablets." Highlights of this written comment include:
    - Quantities greater than 120 tablets for a 30-day supply (doses greater than 50mg twice per day) are almost universally necessary.
    - Prior authorization (PA) causes additional administrative burden, increasing overall healthcare expenditures and delays access to care.
    - Requests removal of the quantity limit, but if a quantity limit must be put in place, recommends a limit of 600 tablets per 30 days to account for the FDA approved dose of 500mg per day, noting that doses larger than this can and are used in clinical practice.
- April 2026: P&T Committee reviews Subvenite (lamotrigine) oral suspension as a new drug dosage form and makes a recommendation to place it on the Preferred Drug List (PDL) as non-preferred.
    - P&T requests DUR to consider removal of quantity limits associated with chewable lamotrigine tablets.
- Current Quantity Limit
    - Lamotrigine chewable tablet (preferred)
        - 25mg – 120 tablets per 30 days
        - 5mg – 240 tablets per 30 days

Discussion

- Option 1: Remove quantity limits for lamotrigine 25mg and/or 5mg chewable tablets
- Option 2: Recommend increasing quantity limits:
    - Lamotrigine 25mg chewable tablet - 600 tablets per 30 days to allow up to 500mg per day dosing
    - Lamotrigine 5 mg chewable tablet – 600 tablets per 30 days or other suggestion

Antiemetic-5HT3 Receptor Antagonists/ Substance P Neurokinin Products Prior Authorization Review

Indication

Tradipitant (Nereus) is a substance P/neurokinin-1 (NK-1) receptor antagonist indicated for the prevention of vomiting induced by motion in adults.

Background

Motion sickness is thought to result from incongruent vestibular, visual, and somatosensory sensory cues. Nausea is the most common symptom of motion sickness. Other common symptoms of motion sickness include vomiting, headache, sweating, and malaise. Treatment of motion sickness focuses on prevention, since acute treatment is typically ineffective. Environmental modifications, such as looking at the horizon or a distant object, avoidance of reading or looking at a screen while in a moving environment and selecting a seat where motion is the least are useful interventions to help prevent motion sickness. Complementary and alternative treatments, such as use of ginger and acupressure bands may be beneficial.

Medications can be used for patients that have recurrent motion sickness despite the use of environmental modifications and complementary and alternative treatments. Scopolamine patch, meclizine, promethazine, and diphenhydramine are all indicated for the treatment of motion sickness.

Dosage and Administration

- 85 mg or 170 mg as a single oral dose approximately 60 minutes before an event expected to cause vomiting induced by motion.
- Maximum dose in a 24-hour period: single dose of 85 mg or 170 mg.
- The safety of tradipitant (Nereus) for the prevention of vomiting induced by motion in adults for more than 90 doses has not been established in clinical trials.

Dosage Forms and Strengths

- Capsule: 85 mg

Contraindications

- None

Warnings and Precautions

- Effects on the ability to drive or operate machinery – may impair mental and/or physical abilities

Adverse Reactions

- Most common (≥ 5%): somnolence, headache, and fatigue

Clinical Studies

The efficacy of tradipitant for motion sickness was evaluated in 2 randomized, double-blind, placebo-controlled studies: Study 1 (n=365) and Study 2 (n=316). Subjects were randomized 1:1:1 to receive a single dose of tradipitant 85 mg, 170 mg, or placebo approximately 60 minutes before a boat trip scheduled to last approximately 2 to 5 hours. Use of anti-nausea or anti-emetic medications was not allowed. The primary endpoint in both studies was the percentage of subjects with vomiting during the boat trip.

- Study 1: The primary outcome (incidence of vomiting) was lower in patients who received tradipitant (85 mg or 170 mg) than placebo (20%, 18%, and 44%, respectively)
- Study 2: The primary outcome (incidence of vomiting) was lower in patients who received tradipitant (85 mg or 170 mg) than placebo (18%, 10%, and 38%, respectively)

Cost

- Nereus (WAC): $255 to $510/dose; $2,040 to $4,080 for 8 doses/30 days (95% of subjects did not take more than 8 doses in any 30-day period)
- Comparison (pricing based on AAC and recommended dose for 8 days, unless otherwise indicated)
    - Diphenhydramine (WAC): $1.10/8 days
    - Meclizine: $1.16/8 days
    - Promethazine: $0.72/8 days
    - Scopolamine patch: $11.95/9 days

Current Clinical Prior Authorization Criteria

Prior authorization (PA) is required for preferred Antiemetic-5HT3 Receptor Antagonists/Substance P Neurokinin medications for quantities exceeding the established dosage limits per month. Payment for Antiemetic-5HT3 Receptor Antagonists/Substance P Neurokinin Agents beyond this limit will be considered on an individual basis after review of submitted documentation.

PA will be required for all non-preferred Antiemetic-5HT3 Receptor Antagonists/Substance P Neurokinin medications beginning the first day of therapy. Payment for non-preferred medications will be authorized only for cases in which there is documentation of previous trials and therapy failure with a preferred agent in this class. Note Aprepitant (Emend) will only be payable when used in combination with other antiemetic agents (5-HT3 medication and dexamethasone) for patients receiving highly emetogenic cancer chemotherapy.

Proposed Clinical Prior Authorization Criteria

~~Prior authorization (PA) is required for preferred Antiemetic-5HT3 Receptor Antagonists/Substance P Neurokinin medications for quantities exceeding the established dosage limits per month. Payment for Antiemetic-5HT3 Receptor Antagonists/Substance P Neurokinin Agents beyond this limit will be considered on an individual basis after review of submitted documentation.~~

~~PA will be required for all non-preferred Antiemetic-5HT3 Receptor Antagonists/Substance P Neurokinin medications beginning the first day of therapy. Payment for non-preferred medications will be authorized only for cases in which there is documentation of previous trials and therapy failure with a preferred agent in this class. Note Aprepitant (Emend) will only be payable when used in combination with other antiemetic agents (5-HT3 medication and dexamethasone) for patients receiving highly emetogenic cancer chemotherapy.~~

Prior authorization (PA) is required for Antiemetic-5HT3 Receptor Antagonists/Substance P Neurokinin agents under the following conditions:

1. *Request adheres to all FDA approved labeling for requested drug and indication(s), including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations.*
2. *Requests for a non-preferred Antiemetic-5HT3 Receptor Antagonist/Substance P Neurokinin agent must document a previous trial and therapy failure with a preferred agent in this class, unless otherwise stated in criteria.*
3. *Requests for Aprepitant (Emend) will only be considered when used in combination with other antiemetic agents (5-HT3 agent and dexamethasone) for patients receiving highly emetogenic cancer chemotherapy.*
4. *Requests for tradipitant (Nereus) will be considered under the following conditions:*
    a. *Is prescribed for the prevention of motion-induced vomiting; and*
    b. *Member has a planned event expected to cause vomiting induced by motion; and*
    c. *Documentation of a previous trial and therapy failure with transdermal scopolamine; and*
    d. *Documentation of previous trials and therapy failures with 2 antihistamines used for motion sickness (e.g., diphenhydramine, meclizine, promethazine); and*
    e. *Request is for the maximum number of days of the planned event expected to cause vomiting induced by motion.*
    f. *Requests for more than 90 doses per 365-day period will not be considered.*

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

References

Nereus [package insert]. Washington, DC; Vanda Pharmaceuticals, Inc.; March 2026.

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Cardiac Myosin Inhibitors
(formerly Mavacamten (Camzyos))
Prior Authorization Review

Indication

Aficamten (Myqorzo) is a cardiac myosin inhibitor indicated for the treatment of adults with symptomatic obstructive hypertrophic cardiomyopathy (HCM) to improve functional capacity and symptoms. It is the second cardiac myosin inhibitor approved for obstructive HCM. The first drug approved in this class is mavacamten (Camzyos).

Aficamten (Myqorzo) carries a boxed warning for risk of heart failure due to systolic dysfunction. Due to this, aficamten (Myqorzo) is available through a restricted Risk Evaluation and Mitigation Strategy (REMS) program.

Background

HCM is characterized by left ventricular hypertrophy (LVH) of various configurations, hyperdynamic contraction, and impaired relaxation, all leading to a variety of clinical manifestations and hemodynamic abnormalities. As the heart muscle thickens, blood flow is obstructed from the heart to the rest of the body. As a result, left ventricular outflow tract (LVOT) obstruction is a major hallmark of HCM. HCM may be categorized as two subtypes: obstructive HCM, the most common subtype, and non-obstructive HCM. Obstruction is defined by a peak LVOT gradient ≥ 30 mmHg. Resting or provoked gradients ≥ 50 mmHg are generally considered hemodynamically significant, are associated with symptoms, and represent the threshold for contemplating advanced pharmacological or invasive therapies in patients who remain symptomatic despite standard management.

HCM may be inherited as an autosomal dominant genetic mutation, but a family history of HCM is not required for diagnosis. Many patients with HCM are asymptomatic, while others develop symptoms including exertional intolerance, dyspnea, chest pain, palpitations, and syncope.

The diagnosis of HCM may be suspected based on the following: family history of HCM, unexplained symptoms (i.e., dyspnea, chest pain, fatigue, palpitations), systolic ejection murmur, and abnormal electrocardiogram or syncope (or presyncope). The presence of one or more of these clinical findings should prompt further testing with echocardiography and/or cardiac magnetic resonance imaging to confirm diagnosis. The presence of unexplained increased left ventricular (LV) wall thickening ≥15 mm anywhere in the LV wall is consistent with a diagnosis of HCM. A wall thickness ≥13 mm may also be considered diagnostic of HCM, when identified in a patient with a family member who also has HCM.

The American Heart Association and American College of Cardiology released updated guidelines in 2024 for the diagnosis and treatment of patients with HCM. At the time of publication, mavacamten (Camzyos) was the only myosin inhibitor available.

- In patients with obstructive HCM and symptoms attributable to LVOT obstruction, non-vasodilating beta-blockers are typically recommended as the first-line agent, titrated to symptom effectiveness or maximally tolerated dose.
- In patients with obstructive HCM and symptoms attributable to LVOT obstruction, for whom beta-blockers are ineffective or not tolerated, use of non-dihydropyridine calcium channel blockers (verapamil, diltiazem) is recommended.
- In patients with obstructive HCM who have persistent symptoms attributable to LVOT obstruction despite beta-blockers or non-dihydropyridine calcium channel blockers, adding a myosin inhibitor (in adults only), or disopyramide in combination with an atrioventricular nodal blocking agent (e.g., beta-blocker, verapamil, or diltiazem), or septal reduction performed at experienced centers is recommended.
- Note: the use of calcium channel blockers in combination with beta-blockers for treatment of HCM is unsupported by evidence (but may have a role in the management of concomitant hypertension).

Dosage and Administration

Dosage is individualized based on clinical status and echocardiographic assessments. Refer to full prescribing information for instructions on dosage modification.

- Initiation or up-titration in patients with left ventricular ejection fraction (LVEF) < 55% is not recommended.
- Starting dose: 5 mg once daily
- Dose range: 5 to 20 mg
- Dose titration: increase dose every 2 to 8 weeks by 5 mg until a maintenance dose or the maximum recommended dose of 20 mg once daily is achieved.
- Maintenance dose: individualized based on the patients LVEF and LVOT gradient.

Dosage Forms and Strengths

- Tablet: 5 mg, 10 mg, 15mg, 20 mg

Contraindications

- Concomitant use with rifampin

Warnings and Precautions

- Heart failure
- Cytochrome P450 interactions leading to heart failure or loss of effectiveness

Adverse Reactions

- Occurring in > 5%: hypertension

Pharmacology

- Aficamten (Myqorzo) is an allosteric and reversible inhibitor of cardiac myosin motor activity. It reduces the force generated by myosin at the cardiac sarcomere, which contributes to the pathophysiology of HCM. In patients with HCM, myosin inhibition with aficamten reduces cardiac contractility and LVOT obstruction.

Clinical Studies

The efficacy of aficamten (Myqorzo) was established in SEQUOIA-HCM, a randomized, double-blind, placebo-controlled study in 282 adults with symptomatic New York Heart Association (NYHA) class II and III obstructive HCM, LVEF ≥ 60%, and an LVOT gradient ≥ 30 mmHg resting and ≥ 50 mmHg post-Valsalva at screening. Patients were randomized to receive either aficamten (Myqorzo) or placebo. At baseline, 61% of patients were on beta blockers, 29% were on non-dihydropyridine calcium channel blockers, 13% were on disopyramide, and 15% were not taking any background medication. The primary endpoint was the change from baseline in peak oxygen uptake (pVO_2) to week 24.

- The least square mean change from baseline in pVO_2 was 1.7 and 0.0 with aficamten (Myqorzo) and placebo, respectively (difference 1.7, 95% CI: 1.0, 2.4; $p < 0.0001$).

Cost

- Myqorzo (WAC): $8,909.59/month; $106,915.08/year
- Comparison (pricing based on AAC at recommended maximum dose, unless otherwise indicated)
    - Metoprolol succinate: $3.81/month; $45.72/year
    - Verapamil (WAC): $18.75/month; $222.84/year
    - Disopyramide: $161.93/month; $1,943.16/year
    - Camzyos (WAC): $8,732.15/month; $104,785.80/year

Current Clinical Prior Authorization Criteria (mavacamten)

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

1. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient has a diagnosis of obstructive hypertrophic cardiomyopathy (HCM); and

3. Patient exhibits symptoms of New York Heart Association (NYHA) class II or III symptoms; and
4. Is prescribed by or in consultation with a cardiologist; and
5. Patient has a left ventricular ejection fraction (LVEF) ≥ 55%; and
6. Patient has a peak left ventricular outflow tract (LVOT) gradient ≥ 50 mmHg at rest or with provocation; and
7. Documentation of a previous trial and therapy failure, at a maximally tolerated dose, with all of the following:
    a. Non-vasodilating beta-blocker (atenolol, metoprolol, bisoprolol, propranolol); and
    b. Non-dihydropyridine calcium channel blocker (verapamil, diltiazem); and
    c. Combination therapy with disopyramide plus beta-blocker or disopyramide plus a non-dihydropyridine calcium channel blocker.

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

Request for continuation of therapy will be considered with documentation of a positive response to therapy as evidenced by improvement in obstructive HCM symptoms.

Proposed Clinical Prior Authorization Criteria (changed highlighted, italicized, and/or stricken)
Prior authorization (PA) is required for *cardiac myocin inhibitors* ~~mavacamten (Camzyos)~~. Requests for non-preferred agents may be considered when documented evidence is provided that the use of the preferred agent(s) would be medically contraindicated. Payment will be considered for an FDA approved or compendia indicated diagnosis for the requested drug when the following conditions are met:

1. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient has a diagnosis of obstructive hypertrophic cardiomyopathy (HCM); and
3. Patient exhibits symptoms of New York Heart Association (NYHA) class II or III symptoms; and
4. Is prescribed by or in consultation with a cardiologist; and
5. Patient has a left ventricular ejection fraction (LVEF) ≥ 55%; and
6. Patient has a peak left ventricular outflow tract (LVOT) gradient ≥ 50 mmHg at rest or with provocation; and
7. Documentation of a previous trial and therapy failure, at a maximally tolerated dose, with all of the following:
    a. Non-vasodilating beta-blocker (atenolol, metoprolol, bisoprolol, propranolol); and
    b. Non-dihydropyridine calcium channel blocker (verapamil, diltiazem); and
    c. Combination therapy with disopyramide plus beta-blocker or disopyramide plus a non-dihydropyridine calcium channel blocker*; and*

8. *Will not be used in combination with another cardiac myosin inhibitor*.

The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.
Request for continuation of therapy will be considered with documentation of a positive response to therapy as evidenced by improvement in obstructive HCM symptoms.

References

Myqorzo [package insert]. South San Francisco, CA; Cytokinetics Incorporated; May 2026.

Maron MS. Hypertrophic cardiomyopathy: Clinical manifestations, diagnosis and evaluation. In UpToDate, McKenna WJ (Ed), UpToDate, Waltham, MA. (Accessed June 25, 2026.)

SR Ommen et al. 2024 AHA/ACC/AMSSM/HRS/PACES/SCMR Guideline for the management of hypertrophic cardiomyopathy: A report of the American Heart Association/American College of Cardiology joint committee on clinical practice guidelines. Circulation 2024; 149(23):e1239-e1311.

Incretin Mimetics for Non-Diabetes Indications
Prior Authorization Review

Background
The U.S. Food and Drug Administration approved semaglutide (Wegovy) tablets, a new formulation, indicated in combination with a reduced calorie diet and increased physical activity:

- To reduce the risk of major adverse cardiovascular (CV) events (CV death, non-fatal myocardial infarction, or non-fatal stroke) in adults with established CV disease and whether obesity or overweight.
- To reduce excess body weight and maintain weight reduction long term in adults with obesity, or in adults with overweight in the presence of at least one weight-related comorbid condition (non-covered indication).

Limitation of use: Concomitant use of Wegovy tablets or Wegovy injection with other semaglutide-containing products or with any other GLP-1 receptor agonist is not recommended.

Support for the MACE indication was based on data from the subcutaneous formulation of Wegovy. No additional studies were conducted to support the use of Wegovy tablets for the MACE indication. Prior authorization criteria are being updated to include Wegovy tablets. Currently, Wegovy tablets are not indicated for the same uses as the Wegovy injection.

Dosing and Administration (Wegovy tablets)

- Once daily, in the morning on an empty stomach, with up to 4 oz. of water
  - Starting dose: 1.5 mg
  - Dosage escalation: 4 mg or 9 mg
  - Maintenance dose: 25 mg
- Consider delaying dose escalation if patient does not tolerate a dose during escalation.
- If patients do not tolerate the 25 mg once daily maintenance dosage, consider switching to Wegovy injection.

Dosage Form and Strengths

- Tablet: 1.5 mg, 4 mg, 9 mg, 25 mg

Cost

- WAC $44.97 per tablet (all strengths); $1,349.10 per 30 days; $16,189.20 per 12 months (same monthly and yearly cost for Wegovy injection at maintenance dose)

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; 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
    b. Patient has a baseline body mass index (BMI) ≥ 27 kg/m^2 (attach documentation), obtained within 6 months of request; and
    c. Patient has been evaluated for cardiovascular standard of care treatment; and
    d. For Wegovy:
        i. Patient is ≥ 18 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 ≥ 30 kg/m^2; and
    b. Prescriber attests patient has a recent (within prior three years) apnea/hypopnea index (AHI) ≥ 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
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) ≥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
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 retrial 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.

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; 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
    b. Patient has a baseline body mass index (BMI) ≥ 27 kg/m^2 (attach documentation), obtained within 6 months of request; and
    c. Patient has been evaluated for cardiovascular standard of care treatment; and
    d. For Wegovy *(injection or tablet)*:
        i. Patient is ≥ 18 years of age; and
        ii. Initiation and escalation dosages will be permitted for a maximum of 8 weeks for each dosage; and

iii. *For Wegovy injection:* Maintenance dosages other than 1.7 mg or 2.4 mg once weekly will not be approved for maintenance treatment; or
iv. *For Wegovy tablets: Maintenance dosages other than 25 mg once daily will not be approved for maintenance treatment (if patient does not tolerate the 25 mg once daily maintenance dosage, consider switching to Wegovy injection 1.7 mg once weekly); or*

4. Patient has a diagnosis of moderate to severe obstructive sleep apnea (OSA); and
    a. Patient has a baseline BMI ≥ 30 kg/m^2; and
    b. Prescriber attests patient has a recent (within prior three years) apnea/hypopnea index (AHI) ≥ 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
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) ≥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 *injection*:
        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 *injection*, a maintenance dose of 1.7 mg or 2.4 mg once weekly is requested; or
    c. *For Wegovy tablets, a maintenance dose of 25 mg once daily 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
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 *injection*, 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 retrial 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.

References

Wegovy® (semaglutide) injection, Wegovy® (semaglutide) tablets [prescribing information]. Novo Nordisk.; May 2026.

Setmelanotide (Imcivree)
Prior Authorization Review

Background
At its April 16, 2026 meeting, the P&T Committee reviewed and discussed written public comments regarding setmelanotide (Imcivree). Imcivree is not currently covered by Iowa Medicaid. The Committee requested that the Department evaluate potential coverage of the medication and that the DUR Commission develop specific prior authorization criteria to ensure appropriate use. Following formal review and the development of clinical prior authorization criteria, the Department determined that Imcivree may be considered for coverage under the Iowa Medicaid program.

Imcivree is a melanocortin 4 (MC4) receptor agonist indicated to reduce excess body weight and maintain reduction long term in adults and pediatric patients aged:

- 4 years and older with acquired hypothalamic obesity (HO).
- 2 years and older with Bardet-Biedl syndrome (BBS).
- 2 years and older with pro-opiomelanocortin (POMC), proprotein convertase subtilisin/kexin type 1 (PCSK1), or leptin receptor (LEPR) deficiency confirmed by genetic testing demonstrating variants in *POMC*, *PCSK1*, or *LEPR* genes that are interpreted as pathogenic, likely pathogenic, or of uncertain significance (VUS).

Limitations of use: Imcivree is not indicated for the treatment of patients with the following conditions as Imcivree would not be expected to be effective:

- Obesity due to suspected POMC, PCSK1, or LEPR deficiency with *POMC*, *PCSK1*, or *LEPR* variants classified as benign or likely benign.
- Other types of obesity not related to acquired HO, BBS, or POMC, PCSK1 or LEPR deficiency, including obesity associated with other genetic syndromes and general (polygenic) obesity.

MC4 receptors in the brain are involved in regulation of hunger, satiety, and energy expenditure. Based on nonclinical evidence, Imcivree may re-establish MC4 receptor pathway activity to reduce food intake and promote weight loss through decreased caloric intake and increased energy expenditure in patients with obesity due to acquired HO, BBS, or POMC, PCSK1, LEPR deficiency associated with insufficient activation of the MC4 receptor.

Dosage and Administration (see prescribing information for complete dosing instructions)

- Subcutaneous injection once daily
- Dose is titrated over 2-week periods and increased to a maintenance dose
- Dose adjustments for tolerability

- Acquired Hypothalamic Obesity
    - ≥4 years
        - Starting dose (2 weeks): 0.5 mg once daily
        - Maintenance dose: up to 3 mg daily
        - Children 4 to 5 years: maintenance dose is weight-based
- BBS, POMC, PCSK1 LEPR Deficiency
    - ≥ 12 years and adults
        - Starting dose (2 weeks): 2 mg daily
        - Maintenance dose: up to 3 mg daily
    - 6 to < 12 years
        - Starting dose (2 weeks): 1 mg daily
        - Maintenance dose: up to 3 mg daily
    - 2 to < 6 years
        - Starting dose (2 weeks): 0.5 mg daily
        - Maintenance dose: weight-based

Dosage Forms and Strengths

- Injection: 10 mg/mL in a 1-mL multiple-dose-vial

Contraindications

- Prior serious hypersensitivity reaction to setmelanotide or any of the excipients.

Warnings and Precautions

- Disturbance in sexual arousal
- Depression and suicidal ideation
- Hypersensitivity reactions
- Skin hyperpigmentation, darkening of pre-existing nevi, and development of new melanocytic nevi
- Acute renal insufficiency in patients with acquired HO
- Sodium imbalance in patients with acquired HO and central diabetes insipidus

Adverse Reactions

- Most common (incidence ≥ % in at least 1 indication): skin hyperpigmentation, injection site reactions, nausea, headache, diarrhea, abdominal pain, vomiting, depression, and spontaneous penile erection.

Clinical Trials

- Acquired Hypothalamic Obesity
  The approval of Imcivree was based on a randomized, double-blinded, placebo-controlled study in adults and pediatric patients aged 4 years and older with acquired HO. Patients were randomized to either Imcivree or placebo and the efficacy analyses included 142 patients. Adult patients had a body mass index

(BMI) of ≥ 30 kg/m^2 and pediatric patients had a BMI ≥ 95th percentile for age and sex. The primary endpoint was the mean percent change in body mass index (BMI) from baseline after 52 weeks.

- The percent change in BMI was -15.84% with Imcivree vs. 2.55% with placebo (difference of -18.40%, 95% CI: -21.94, -14.85; p < 0.0001).

- Bardet-Biedl Syndrome (adults and pediatric patients aged 6 years and older)
  The efficacy of Imcivree was based on a 66-week clinical study, which included a 14-week randomized, double-blind, placebo-controlled period and a 52-week open label period. The trial enrolled patients with obesity and a clinical diagnosis of BBS. Adult patients had a body mass index (BMI) of ≥ 30 kg/m^2 and pediatric patients had a BMI ≥ 97th percentile for age and sex. Efficacy analyses were conducted in 44 patients at the end of period 1 (week 14, placebo-controlled data) and in 31 patients during the active-treatment period, defined as the period from randomization to week 52 in patients initially randomized to Imcivree, and from week 14 to week 66 in patients initially randomized to placebo.
  - The mean percent change in body mass index (BMI) after 52 weeks of Imcivree treatment was -7.9% (95% CI: -10.4, -5.5). Additionally, 61.3% (95% CI: 42.2, 78.2) of patients achieved a ≥ 5% BMI decrease from baseline, and 38.7% (95% CI: 21.8, 57.8) had a ≥ 10% decrease in BMI.
  - During the 14-week double-blind, placebo-controlled portion of the study, there was a statistically significant difference in BMI reduction between the Imcivree-treated group and the placebo-treated group (placebo-adjusted difference -4.5, 95% CI: -6.5, -2.5).

- POMC, PCSK1, and LEPR Deficiency (Adults and pediatric patients 6 years of age and older)
  The efficacy of Imcivree was established in two identically designed, 1-year, open-label studies, each with an 8-week, double-blind withdrawal period. Study 1 included 10 patients aged 6 years and above with obesity and genetically confirmed or suspected POMC or PCSK1 deficiency and study 2 included 11 patients aged 6 years and above with obesity and genetically confirmed or suspected LEPR deficiency. The trials enrolled patients with homozygous or presumed compound heterozygous pathogenic, likely pathogenic variants, or VUS for either the *POMC* or *PCSK1* genes (study 1) or the *LEPR* gene (study 2). Patients with double heterozygous variants in 2 different genes were not eligible for treatment. In both studies, adult patients had a BMI of ≥ 30 kg/m^2 and pediatric patients had a BMI ≥ 95th percentile for age and sex.

  The primary endpoint was achieving ≥ 10% weight loss after 1 year of treatment with Imcivree.

    - In study 1, 8 of 10 patients (80%, 95% CI: 44.4, 97.5; p < 0.0001) achieved the primary endpoint. In study 2, 5 of 11 patients (45.5%, 95% CI: 16.8, 76.6; p = 0.0002) achieved the primary endpoint.
    - When treatment with Imcivree was withdrawn in the 16 patients who had lost at least 5 kg (or 5% of body weight if baseline body weight was < 100 kg) during the 10-week open-label period, these patients gained an average of 5.5 kg in study 1 and 5.0 kg in study 2 over 4 weeks. Re-initiation of treatment resulted in subsequent weight loss.
- <u>POMC, PCSK1, and LEPR Deficiency and BBS</u> (expanded indication for pediatric patients aged 2 to < 6 years)
  The approval of Imcivree for the expanded indication was based on a study in 12 pediatric patients aged 2 to less than 6 years with obesity due to POMC, PCSK1, or LEPR deficiency or BBS. Imcivree dose titration occurred over an 8-week period, followed by a 44-week open-label treatment period with Imcivree.
    - The mean percent change in body mass index (BMI) after 52 weeks of Imcivree treatment was -33.8%, -13.1%, and -9.7% in patients with POMC deficiency, LEPR deficiency, and BBS, respectively. Note: patients with PCSK1 deficiency were eligible but none enrolled.

Manufacturer

- Rhythm Pharmaceuticals

Cost

- WAC $3,786.29/mL
- Lowest maintenance dose (0.5 mg once daily): $7,573 per 30 days; $90,876 per 12 months
- Maximum maintenance dose (3mg once daily): $34,076 per 30 days; $408,916 per 12 months

Newly Proposed Clinical Prior Authorization Criteria

Prior authorization (PA) is required for setmelanotide (Imcivree). 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. Documentation of the patient's baseline weight (kg) and body mass index (BMI) obtained within the past 60 days is provided; and
3. Patient must have a diagnosis of obesity (BMI > 30 kg/m^2 for adults or 95th percentile using growth chart assessments for pediatric patients) (attach growth chart assessments for pediatric patients); and
4. Patient has a diagnosis of obesity due to one of the following:

a. Proopiomelanocortin (POMC), proprotein convertase subtilisin/kexin type 1 (PCSK1), or leptin receptor (LEPR) deficiency, and
    i. Genetic testing demonstrates that variants in POMC, PCSK1, or LEPR genes are interpreted as pathogenic, likely pathogenic, or of uncertain significance (attach results); or
b. Bardet-Biedl syndrome (BBS) as evidenced by documentation in the patient's chart notes (attach documentation); or
c. Acquired hypothalamic obesity (HO) as evidenced by documentation in the patient's chart notes (attach documentation) of having or had a hypothalamic tumor, hypothalamic lesion, or hypothalamic damage or injury; and

5. Is prescribed by or in consultation with an endocrinologist, a geneticist, or an expert in rare genetic disorders of obesity.

If criteria for coverage is met, initial requests will be approved for 1 year. Additional approvals will be considered under the following conditions:

1. Patient's current weight (kg) and BMI document a decrease of at least 5% of baseline body weight (or at least 5% baseline BMI for patients with continued growth potential, attach growth chart assessment) since initiating treatment.

References

Imcivree® (setmelanotide) [prescribing information]. Rhythm Pharmaceuticals, Inc.; March 2026.

Topical Acne and Rosacea Products - Topical Clindamycin Prior Authorization Review

Background

- February 2026: DUR Commission received written public comment as part of meeting materials regarding topical clindamycin requesting the Commission to "…remove the prior authorization requirement for topical clindamycin, allowing it to pe prescribed for its full range of evidence-based indications without unnecessary administrative barriers."
- April 2026: P&T Committee received same written public comment as part of meeting materials.
    - P&T requests DUR Commission re-review the public comment and various indications for use.
- Topical clindamycin products for treatment of acne are subject to the Topical Acne and Rosacea Products prior authorization (PA). See below for criteria.
- PA stats were reviewed internally for approved and denied requests over a 3-month period
    - A majority of PAs were approved.

Discussion

- Option 1: Remove PA criteria for preferred topical clindamycin products for all members (currently no PA required for members under 21 years of age).
    - Add quantity limits to promote appropriate use and minimize overuse.
- Option 2: Maintain PA criteria with updates/clarifications
    - Update criteria to clarify covered indications (e.g. acne vulgaris, folliculitis, hidradenitis suppurativa, etc.). This would be brought to future meeting for review and discussion.

Proposed Quantity Limits (with PA removal)

Drug Product	**Package Size**	**Maximum Quantity Per 30 Days**
Clindamycin 1% gel (generic to Cleocin T gel)	30 g tube	60 g (2 tubes)
	60 g tube	120 g (2 tubes)
Clindamycin 1% gel (generic to Clindagel)	75 mL bottle	150 mL (2 bottles)
Clindamycin 1% lotion (generic to Cleocin T lotion)	60 mL bottle	120 mL (2 bottles)
Clindamycin 1% solution (generic to Cleocin T solution)	30 mL bottle	60 mL (2 bottles)
	60 mL bottle	120 mL (2 bottles)
Clindamycin 1% foam (generic to Evoclin)	50 g aerosol can	100 grams (2 cans)
	100 g aerosol can	200 grams (2 cans)
Clindamycin 1% pledget (generic to Cleocin T pledget)	60 applicators	120 applicators (2 packages)

Note: Availability of branded products may vary; they are included as reference points.

Current Prior Authorization Criteria

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

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

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

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The Bulletin of Medicaid Drug Utilization Review in Iowa

Optimizing SGLT2 Inhibitor Use in Chronic Kidney Disease

Chronic kidney disease (CKD) affects millions of adults and is associated with risks of kidney failure, cardiovascular disease, and hospitalization. Sodium glucose cotransporter-2 (SGLT2) inhibitors have emerged as foundational therapy in CKD management, with strong evidence demonstrating renal and cardiovascular protection independent of glycemic control. Current guidelines now recommend SGLT2 inhibitors as first-line therapy in eligible patients with CKD at risk of progression, with or without diabetes.

Guideline Recommendations at a Glance

Kidney Disease: Improving Global Outcomes (KDIGO) 2024 Clinical Practice Guideline

- Recommend initiating an SGLT2 inhibitor in adults with CKD and albuminuria, with or without diabetes
- Initiate with an estimated glomerular filtration rate (eGFR) ≥ 20 mL/min/1.73 m^2
- Continue even if eGFR falls below 20 mL/min/1.73 m^2

American Diabetes Association (ADA) Standards of Care in Diabetes – 2026 Chronic Kidney Disease and Risk Management

- Recommend initiating an SGLT2 inhibitor with demonstrated benefit in adults with type 2 diabetes (T2D) with CKD and albuminuria (irrespective of A1C)
- Initiate at an eGFR ≥ 20 mL/min/1.73 m^2
- Continue until dialysis or transplant

SGLT2 Inhibitors with Kidney Outcome Data (preferred drugs are bolded and italicized)

- Canagliflozin (Invokana)
- Dapagliflozin (***Farxiga***)
- Empagliflozin (***Jardiance***)

Notes

- Glucose-lowering effect is minimal at an eGFR < 45 mL/min/1.73 m^2
- SGLT2 inhibitors should not be used in type 1 diabetes (T1D)
- Preferred agents (as of January 1, 2026 PDL) are shown in bold and italicized text
- No prior authorization is required for preferred agents

The DUR Commission recently identified members with a diagnosis of CKD without an SGLT2 inhibitor in their pharmacy claims. Despite robust evidence demonstrating renal protection and guideline directed recommendations for use, data suggests that uptake with these agents in the Iowa Medicaid population has been slow. In an effort to share this information with prescribers, DUR letters were sent recommending the addition of an SGLT2 inhibitor when appropriate and outlining the Preferred Drug List (PDL) status of SGLT2 agents.

Below is a list of all single agent SGLT2 inhibitors and their FDA-approved indications.

Single Agent SGLT2 Inhibitors and their FDA-Approved Indications
(Preferred drugs, as of January 1, 2026, are bolded and italicized)

Medication	FDA-Approved Indications
Dapagliflozin (***Farxiga***)	• Type 2 diabetes (adults and children ≥ age 10) • Heart failure (regardless of ejection fraction) • CKD with or without diabetes
Empagliflozin (***Jardiance***)	• Type 2 diabetes (adults and children ≥ age 10) • Cardiovascular death risk reduction in T2D + CVD • CKD risk reduction
Canagliflozin (Invokana)	• Type 2 diabetes (adults) • Cardiovascular death risk reduction in T2D + CVD • Diabetic kidney disease with albuminuria: delay CKD progression and reduce heart failure
Ertugliflozin (Steglatro)	• Type 2 diabetes (adults)

CKD – chronic kidney disease; CVD – cardiovascular disease; T2D – type 2 diabetes

FDA Warning about Vitamin B6 Deficiency and Associated Seizures for Carbidopa/Levodopa Drug Containing Products

The U.S. Food and Drug Administration (FDA) is requiring the addition of a warning to the prescribing information for carbidopa/levodopa agents to inform clinicians that these agents may cause vitamin B6 deficiency and vitamin B6 deficiency-associated seizures.

Clinicians should evaluate vitamin B6 levels before starting treatment with these agents, and if symptoms of vitamin B6 deficiency appear during treatment. Higher doses of carbidopa/levodopa have been associated with an increased risk of vitamin B6 deficiency. Seizures associated with the use of these products do not respond to traditional anti-seizure medications but are resolved after administration of vitamin B6.

Drug Safety Communication

Medicaid Statistics for Prescription Claims
March through May 2026

	FFS	Wellpoint	Iowa Total Care	Molina Healthcare
Total $ Paid	$3,193,144	$113,237,275	$93,244,422	$69,394,209
# Paid Claims	21,704	752,415	634,729	490,728
Unique Users	3,338	103,102	96,408	81,232
Avg Cost/Rx	$147.12	$150.50	$146.90	$141.41
Top 5 Therapeutic Class by RX Count Therapeutic class taxonomy may differ among each plan	Antidepressants	Antidepressants	Antidepressants	Antidepressants
	Anticonvulsants	ADHD/Anti-Narcolepsy/Anti-Obesity	ADHD/Anti-Narcolepsy/Anti-Obesity	ADHD/Anti-Narcolepsy/Anti-Obesity
	ADHD/Anti-Narcolepsy/Anti-Obesity	Anticonvulsants	Anticonvulsants	Anticonvulsants
	Antipsychotics/Antimanic Agents	Antiasthmatic and Bronchodilator Agents	Antiasthmatic and Bronchodilator Agents	Antiasthmatic and Bronchodilator Agents
	Antiasthmatic and Bronchodilator Agents	Antipsychotics/Antimanic Agents	Antipsychotics/Antimanic Agents	Antidiabetics
Top 5 Therapeutic Class by $ Amount (pre-rebate) Therapeutic class taxonomy may differ among each plan	Antidiabetics	Dermatologicals	Dermatologicals	Dermatologicals
	Analgesics – Anti-Inflammatory	Antidiabetics	Antidiabetics	Antidiabetics
	Dermatologicals	Antipsychotics/Antimanic Agents	Antipsychotics/Antimanic Agents	Antipsychotics/Antimanic Agents
	Antipsychotics/Antimanic Agents	Analgesics – Anti-Inflammatory	Analgesics – Anti-Inflammatory	Analgesics – Anti-Inflammatory
	ADHD/Anti-Narcolepsy/Anti-Obesity	ADHD/Anti-Narcolepsy/Anti-Obesity	ADHD/Anti-Narcolepsy/Anti-Obesity	ADHD/Anti-Narcolepsy/Anti-Obesity
Top 5 Drugs by Prescription Count	Albuterol	Trazodone	Albuterol	
	Cetirizine	Bupropion XL	Bupropion	
	Trazodone	Albuterol HFA	Trazodone	
	Methylphenidate	Sertraline	Amphetamine/ Dextroamphetamine	
	Amphetamine/ Dextroamphetamine	Hydroxyzine HCl	Amoxicillin	
Top 5 Drugs by Paid Amount (pre-rebate)	Humira Pen	Ozempic	Ozempic	Ozempic
	Evrysdi	Vraylar	Dupixent	Dupixent
	Ozempic	Dupixent Pen	Vraylar	Vraylar
	Dupixent	Mounjaro	Humira Pen	Skyrizi Pen
	Vraylar	Humira (CF) Pen	Trikafta	Humira