



IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

1305 East Walnut – Des Moines, IA 50309 □ (515) 974-3131 □ Fax 1-866-626-0216

Holly Randleman, Pharm.D.
Melissa Klotz, Pharm.D.
Jason Kruse, D.O

Rhea Hartley, M.D.
Susan Parker, R.Ph., Pharm.D.
Jason Wilbur, M.D.

Charles Wadle, D.O.
John Ellis, Pharm.D.
Lisa Todd, R.Ph.

Professional Staff:

Pam Smith, R.Ph.
DUR Project Coordinator

November 4, 2022

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

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, November 2, 2022. At this meeting, the DUR Commission members discussed the proposed prior authorization (PA) criteria for Sedative/Hypnotics, Non-Benzodiazepine; Vericiguat (Verquvo); Maralixibat (Livmarli); Alpelisib (Vijoice); Mavacamten (Camzyos); Dupilumab (Dupixent); Viloxazine (Qelbree); and CNS Stimulants and Atomoxetine. The DUR Commission members also discussed ProDUR quantity limits for select drugs (as detailed below). The following recommendations have been made by the DUR Commission:

No comments were received from the medical/pharmacy associations in response to an August 11, 2022 letter that was sent to them detailing the proposed criteria for Sedative/Hypnotics, Non-Benzodiazepine; Vericiguat (Verquvo); Maralixibat (Livmarli); Alpelisib (Vijoice); Mavacamten (Camzyos); Dupilumab (Dupixent); Viloxazine (Qelbree); and CNS Stimulants and Atomoxetine. Also included were details regarding proposed ProDUR quantity limits for select drugs (as detailed below).

Sedative/Hypnotics, Non-Benzodiazepine

Current Clinical Prior Authorization Criteria

Preferred agents are available without prior authorization (PA) when dosed within the established quantity limits. Requests for doses above the manufacturer recommended dose will not be considered.

PA is required for all non-preferred non-benzodiazepine sedative/hypnotics. Payment for non-preferred non-benzodiazepine sedative/hypnotics will be authorized only for cases in which there is documentation of previous trials and therapy failures with, at a minimum, three (3) preferred agents. Payment for non-preferred non-benzodiazepine sedative/hypnotics will be considered when the following criteria are met:

1. A diagnosis of insomnia; and

2. Medications with a side effect of insomnia (i.e., stimulants) are decreased in dose, changed to a short acting product, and/or discontinued; and
3. Enforcement of good sleep hygiene is documented; and
4. All medical, neurological, and psychiatric disease states causing chronic insomnia are being adequately treated with appropriate medication at therapeutic doses.
5. In addition to the above criteria, requests for suvorexant (Belsomra) will require documentation of a trial and therapy failure with at least one non-preferred agent, other than suvorexant, prior to consideration of coverage.
6. Non-preferred alternative delivery systems will only be considered for cases in which the use of the alternative delivery system is medically necessary and there is a previous trial and therapy failure with a preferred alternative delivery system if available.

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

Proposed Clinical Prior Authorization Criteria (changes italicized/highlighted and stricken)
 Preferred agents are available without prior authorization (PA) when dosed within the established quantity limits. ~~Requests for doses above the manufacturer recommended dose will not be considered.~~ PA is required for all non-preferred non-benzodiazepine sedative/hypnotics. Payment for ~~a non-preferred agent non-benzodiazepine sedative/hypnotics~~ will be authorized only for cases in which there is documentation of previous trials and therapy failures with, at a minimum, three (3) preferred agents. Payment for a non-preferred ~~agent non-benzodiazepine sedative/hypnotics~~ will be considered *for an FDA approved or compendia indicated diagnosis for the requested drug* when the following criteria are met:

1. *Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and*
2. A diagnosis of insomnia; and
3. Medications with a side effect of insomnia (i.e., stimulants) are decreased in dose, changed to a short acting product, and/or discontinued; and
4. Enforcement of good sleep hygiene is documented; and
5. All medical, neurological, and psychiatric disease states causing chronic insomnia are being adequately treated with appropriate medication at therapeutic doses; *and*
6. *Will not be used concurrently with a benzodiazepine sedative/hypnotic agent.*
7. In addition to the above criteria, requests for *an orexin receptor antagonist suvorexant (Belsomra)* will require documentation of a trial and therapy failure with at least one non-preferred agent, ~~other than suvorexant~~, prior to consideration of coverage.
8. Non-preferred alternative delivery systems will only be considered for cases in which the use of the alternative delivery system is medically necessary and there is a previous trial and therapy failure with a preferred alternative delivery system if available.

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

Vericiguat (Verquvo)

Current Clinical Prior Authorization Criteria

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

1. Patient has a diagnosis of symptomatic chronic heart failure (NYHF class II-IV) with a left ventricular ejection fraction (LVEF) \leq 45%; and
2. Patient meets one of the following:
 - a. Recent hospitalization for heart failure (within the last 6 months); or
 - b. Recent need for outpatient intravenous diuretics (within the last 3 months); and
3. Patient is within the FDA labeled age for indication; and
4. Female patients of reproductive potential have been advised to use effective contraception during treatment and for at least one month after the last dose; and
5. Will not be used concomitantly with other soluble guanylate cyclase (sGC) stimulators (e.g. riociguat) or phosphodiesterase type 5 (PDE-5) inhibitors (e.g. sildenafil, tadalafil, vardenafil); and
6. Documentation of prior or current therapy, at a maximally tolerated dose, with one drug from each category below:
 - a. Renin-angiotensin system inhibitor (angiotensin converting enzyme [ACEI], angiotensin receptor blocker [ARB], or angiotensin receptor-neprilysin inhibitor [ARNI]); and
 - b. Evidence-based beta-blocker (carvedilol, metoprolol succinate, or bisoprolol); and
7. Is dosed based on FDA approved dosing; and
8. Initial requests for Verquvo 2.5 mg and 5 mg tablets will be limited to one 14-day supply for each strength.

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 stricken/italicized and/or highlighted)
 Prior authorization is required for vericiguat (Verquvo). Payment will be considered *when patient has an FDA approved or compendia indication for the requested drug* under the following conditions:

1. *Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and*
2. Patient has a diagnosis of symptomatic chronic heart failure (NYHF class II-IV) with a left ventricular ejection fraction (LVEF) \leq 45%; and
3. Patient meets one of the following:
 - a. Recent hospitalization for heart failure (within the last 6 months); or
 - b. Recent need for outpatient intravenous diuretics (within the last 3 months); and
- ~~4. Patient is within the FDA labeled age for indication; and~~
5. Female patients of reproductive potential have been advised to use effective contraception during treatment and for at least one month after the last dose; and
6. Will not be used concomitantly with other soluble guanylate cyclase (sGC) stimulators (e.g. riociguat) or phosphodiesterase type 5 (PDE-5) inhibitors (e.g. sildenafil, tadalafil, vardenafil); and
7. Documentation of prior or current therapy, at a maximally tolerated dose, with one drug from each category below:
 - a. Renin-angiotensin system inhibitor (angiotensin converting enzyme [ACEI], angiotensin receptor blocker [ARB], or angiotensin receptor-neprilysin inhibitor [ARNI]); and

- b. Evidence-based beta-blocker (carvedilol, metoprolol succinate, or bisoprolol); and
 - c. *Mineralocorticoid receptor antagonist (MRA); and*
 - d. *Sodium-glucose cotransporter 2 inhibitor (SGLT2i) indicated for the treatment of heart failure (empagliflozin or dapagliflozin); and*
8. ~~Is dosed based on FDA approved dosing; and~~
9. Initial requests for *vericiguat (Verquvo)* 2.5 mg and 5 mg tablets will be limited to one 14-day supply for each strength.

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

Maralixibat (Livmarli)

Newly Proposed Clinical Prior Authorization Criteria

Prior authorization (PA) is required for maralixibat (Livmarli). 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 Alagille syndrome (ALGS) confirmed by genetic testing demonstrating a *JAG1* or *NOTCH2* mutation or deletion; and
3. Patient has cholestasis with moderate to severe pruritus; and
4. Is prescribed by or in consultation with a hepatologist, gastroenterologist, or a prescriber who specializes in ALGS; and
5. Documentation of previous trials and therapy failures, at a therapeutic dose, with at least two of the following agents:
 - a. Ursodeoxycholic acid (ursodiol)
 - b. Cholestyramine
 - c. Rifampin; and
6. Patient's current weight in kilograms (kg) is provided.

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

If criteria for coverage are met, initial authorization will be given for 6 months to assess the response to treatment. Request for continuation of therapy will require documentation of an improvement in pruritus symptoms and patient's current weight in kg.

PIK3CA-Related Overgrowth Spectrum (PROS) Treatments

Newly Proposed Clinical Prior Authorization Criteria

Prior authorization (PA) is required for alpelisib (Vijoice). 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 PIK3CA-Related Overgrowth Spectrum (PROS) confirmed by genetic testing demonstrating a *PIK3CA* mutation; and
3. Patient's condition is severe or life-threatening requiring systemic therapy as determined by treating prescriber; and
4. Patient has at least one target lesion identified on imaging.

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

If criteria for coverage are met, initial authorization will be given for 6 months to assess the response to treatment. Request for continuation of therapy will be considered with documentation of a positive response to therapy as evidenced by a reduction in sum of measurable lesion volume assessed across 1 to 3 target lesions.

Mavacamten (Camzyos)

Newly Proposed Clinical Prior Authorization Criteria

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) $\geq 55\%$; 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.

Dupilumab (Dupixent)

Current Prior Authorization Criteria

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

1. Patient is within the FDA labeled age for indication; and
2. Patient has a diagnosis of moderate-to-severe atopic dermatitis; and
 - a. Is prescribed by or in consultation with a dermatologist, allergist, or immunologist; and
 - b. Patient has failed to respond to good skin care and regular use of emollients; and
 - c. Patient has documentation of an adequate trial and therapy failure with one preferred medium to high potency topical corticosteroid for a minimum of 2 consecutive weeks; and
 - d. Patient has documentation of a previous trial and therapy failure with a topical immunomodulator for a minimum of 4 weeks; and
 - e. Patient has documentation of a previous trial and therapy failure with cyclosporine or azathioprine; and
 - f. Patient will continue with skin care regimen and regular use of emollients; or
3. Patient has a diagnosis of moderate to severe asthma with an eosinophilic phenotype (with a pretreatment eosinophil count ≥ 150 cells/mcL within the previous 6 weeks) OR with oral corticosteroid dependent asthma; and
 - a. Is prescribed by or in consultation with an allergist, immunologist, or pulmonologist; and
 - b. Has a pretreatment forced expiratory volume in 1 second (FEV₁) $\leq 80\%$ predicted; and
 - c. Symptoms are inadequately controlled with documentation of current treatment with a high-dose inhaled corticosteroid (ICS) given in combination with a controller medication (e.g. long acting beta₂ agonist [LABA], leukotriene receptor antagonist [LTRA], oral theophylline) for a minimum of 3 consecutive months. Patient must be compliant with therapy, based on pharmacy claims; and
 - d. Patient must have one of the following, in addition to the regular maintenance medications defined above:
 - i. Two (2) or more exacerbations in the previous year or
 - ii. Require daily oral corticosteroids for at least 3 days; ~~and~~ **or**
4. 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; and
5. Dose does not exceed the FDA approved dosing for indication.

If criteria for coverage are met, initial authorization will be given for 16 weeks to assess the response to treatment. Request for continuation of therapy will require documentation of a positive response to therapy.

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

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

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

1. *Request adheres to all FDA approved labeling for requested drug and indication including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations* Patient is within the FDA labeled age for indication; and
2. *Patient's current weight in kilograms (kg) is provided; and*
3. Patient has a diagnosis of moderate-to-severe atopic dermatitis; and
 - a. Is prescribed by or in consultation with a dermatologist, allergist, or immunologist; and
 - b. Patient has failed to respond to good skin care and regular use of emollients; and
 - c. Patient has documentation of an adequate trial and therapy failure with one preferred medium to high potency topical corticosteroid for a minimum of 2 consecutive weeks; and
 - d. Patient has documentation of a previous trial and therapy failure with a topical immunomodulator for a minimum of 4 weeks; and
 - e. Patient has documentation of a previous trial and therapy failure with cyclosporine or azathioprine; and
 - f. Patient will continue with skin care regimen and regular use of emollients; or
4. Patient has a diagnosis of moderate to severe asthma with an eosinophilic phenotype (with a pretreatment eosinophil count ≥ 150 cells/mcL within the previous 6 weeks) OR with oral corticosteroid dependent asthma; and
 - a. Is prescribed by or in consultation with an allergist, immunologist, or pulmonologist; and
 - b. Has a pretreatment forced expiratory volume in 1 second (FEV₁) $\leq 80\%$ predicted; and
 - c. Symptoms are inadequately controlled with documentation of current treatment with a high-dose inhaled corticosteroid (ICS) given in combination with a controller medication (e.g., long acting beta₂ agonist [LABA], leukotriene receptor antagonist [LTRA], oral theophylline) for a minimum of 3 consecutive months. Patient must be compliant with therapy, based on pharmacy claims; and
 - d. Patient must have one of the following, in addition to the regular maintenance medications defined above:
 - i. Two (2) or more exacerbations in the previous year or
 - ii. Require daily oral corticosteroids for at least 3 days; ~~and~~ *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; ~~and~~ *or*

6. Patient has a diagnosis of eosinophilic esophagitis (EoE); and
 - a. Is prescribed by, or in consultation with, an allergist, gastroenterologist, or immunologist; and
 - b. Patient has ≥ 15 intraepithelial eosinophils per high-power field (eos/hpf) as confirmed by endoscopic esophageal biopsy (attach results); and
 - c. Patient has signs and symptoms of esophageal dysfunction (e.g., dysphagia, food impaction, food refusal, abdominal pain, heartburn regurgitation, chest pain and/or, odynophagia); and
 - d. Documentation of previous trials and therapy failures with all of the following:
 - i. High dose proton pump inhibitor (PPI) for at least 8 weeks; and
 - ii. Swallowed topical corticosteroid (e.g., fluticasone propionate, oral budesonide suspension); and
 - iii. Dietary therapy; and
7. Dose does not exceed the FDA approved dosing for indication.

If criteria for coverage are met, initial authorization will be given for ~~16 weeks~~ **6 months** to assess the response to treatment. Request for continuation of therapy will require documentation of a positive response to therapy.

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

Viloxazine (Qelbree)

Current Clinical Prior Authorization Criteria

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

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

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

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

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

- 1. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and*
2. Patient has a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) meeting the DSM-5 criteria and confirmed by a standardized rating scale (such as Conners, Vanderbilt, Brown, SNAP-IV); and
- ~~3. Patient is between 6 and 17 years of age; and~~
4. Symptoms must have been present before twelve (12) years of age and there must be clear evidence of clinically significant impairment in two or more current environments (social, academic, or occupational) and
- ~~5. Documentation of a previous trial and therapy failure at a therapeutic dose with at least one preferred amphetamine stimulant; and~~
- ~~6. Documentation of a previous trial and therapy failure at a therapeutic dose with at least one preferred methylphenidate stimulant; and~~
7. Documentation of a previous trial and therapy failure at a therapeutic dose with atomoxetine; and
8. ~~Is dosed based on FDA approved dosing, and~~ *Dose does not exceed 400 mg per day for pediatric patients (< 18 years of age) and 600 mg per day for adult patients;* and
9. Documentation of a recent clinical visit that confirms improvement in symptoms from baseline will be required for renewals or patients newly eligible that are established on medication to treat ADHD.

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

CNS Stimulants and Atomoxetine

Current Clinical Prior Authorization Criteria for ADHD

Prior authorization (PA) is required for CNS stimulants and atomoxetine for patients 21 years of age or older. Prior to requesting PA for any covered diagnosis, the prescriber must review the patient's use of controlled substances on the Iowa Prescription Monitoring Program website. Requests will be considered for an FDA approved age for the submitted diagnosis. Payment for CNS stimulants and atomoxetine will be considered under the following conditions:

Attention Deficit Hyperactivity Disorder (ADHD) meeting the DSM-5 criteria and confirmed by a standardized rating scale (such as Conners, Vanderbilt, Brown, SNAP-IV). Symptoms must have been present before twelve (12) years of age and there must be clear evidence of clinically significant impairment in two or more current environments (social, academic, or occupational). Documentation of a recent clinical visit that confirms improvement in symptoms from baseline will be required for renewals or patients newly eligible that are established on medication to treat ADHD. Adults (≥ 21 years of age) are limited to the use of long-acting agents only. If a supplemental dose with a short-acting agent is needed for an adult in the mid to late afternoon, requests will be considered under the following circumstances: the dose of the long-acting agent has been optimized, documentation is provided a short-acting agent of the same chemical entity is medically necessary (e.g. employed during the day with school in the evening, and will be limited to one unit dose per

day. Children (< 21 years of age) are limited to the use of long-acting agents with one unit of a short acting agent per day.

Payment for a non-preferred agent will be authorized only for cases in which there is documentation of a previous trial and therapy failure with a preferred agent. *If a non-preferred long-acting medication is requested, a trial with the preferred extended release product of the same chemical entity (methylphenidate class) or chemically related agent (amphetamine class) is required.

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 for ADHD (changes highlighted/italicized and/or stricken)

Prior authorization (PA) is required for CNS stimulants and atomoxetine for patients 21 years of age or older. Prior to requesting PA for any covered diagnosis, the prescriber must review the patient's use of controlled substances on the Iowa Prescription Monitoring Program website. ~~Requests will be considered for an FDA approved age for the submitted diagnosis.~~

Request must adhere to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations. Payment for CNS stimulants and atomoxetine will be considered *when patient has an FDA approved or compendia indication for the requested drug* under the following conditions:

Attention Deficit Hyperactivity Disorder (ADHD) meeting the DSM-5 criteria and confirmed by a standardized rating scale (such as Conners, Vanderbilt, Brown, SNAP-IV). Symptoms must have been present before twelve (12) years of age and there must be clear evidence of clinically significant impairment in two or more current environments (social, academic, or occupational). Documentation of a recent clinical visit that confirms improvement in symptoms from baseline will be required for renewals or patients newly eligible that are established on medication to treat ADHD. Adults (\geq 21 years of age) are limited to the use of long-acting agents only. If a supplemental dose with a short-acting agent is needed for an adult in the mid to late afternoon, requests will be considered under the following circumstances: the dose of the long-acting agent has been optimized, documentation is provided a short-acting agent of the same chemical entity is medically necessary (e.g. employed during the day with school in the evening, and will be limited to one unit dose per day. Children (< 21 years of age) are limited to the use of long-acting agents with one unit of a short acting agent per day. *Use of an amphetamine agent plus a methylphenidate agent will not be considered for a diagnosis of ADHD.*

Payment for a non-preferred agent will be authorized only for cases in which there is documentation of a previous trial and therapy failure with a preferred agent. *If a non-preferred long-acting medication is requested, a trial with the preferred extended release product of the same chemical entity (methylphenidate class) or chemically related agent (amphetamine class) is required.

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

Proposed ProDUR Quantity Limits

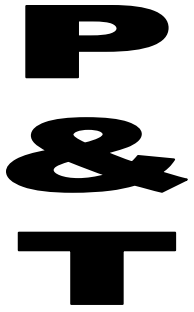
Drug	Proposed Quantity Limit per 30 Days (unless otherwise stated)
Livmarli 9.5 mg/mL (maralixibat)	90 mL
Vijoice 50 mg blister pack (alpelisib)	1 pack (28 tabs) per 28 days
Vijoice 125 mg blister pack (alpelisib)	1 pack (28 tabs) per 28 days
Vijoice 250 mg blister pack (alpelisib)	1 pack (56 tabs) per 28 days
Camzyos 2.5 mg, 5 mg, 10 mg, 15 mg (mavacamten)	30
Qelbree 200 mg (viloxazine)	90

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendations for Sedative/Hypnotics, Non-Benzodiazepine; Vericiguat (Verquvo); Maralixibat (Livmarli); Alpelisib (Vijoice); Mavacamten (Camzyos); Dupilumab (Dupixent); Viloxazine (Qelbree); CNS Stimulants and Atomoxetine; and the Proposed ProDUR quantity limits detailed above.

Sincerely,

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

Cc: Erin Halverson, R.Ph, IME
Gina Kuebler, R.Ph, IME



**IOWA MEDICAID PHARMACEUTICAL AND THERAPEUTICS
COMMITTEE**

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

Abby Cate, Pharm. D.
Charles Wadle, D.O.
Tricia White, R.N.

Jason Kessler, M.D.
Mark Graber, M.D.

Rachel Reinsvold, Pharm.D.
Mylo Wells, Pharm.D.

Professional Staff:
Laureen Biczak, D.O.
Erin Halverson, R.Ph.

Susan Parker, Pharm.D.
Gina Kuebler, R.Ph.

Ryan Fell, Pharm.D.

November 17, 2022

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid
1305 East Walnut Street
Des Moines, Iowa 50319

Dear Susan:

The Iowa Medicaid Pharmaceutical and Therapeutics (P&T) Committee met on Thursday, November 17, 2022. On behalf of the P&T Committee, I respectfully request the following recommendation:

The P&T Committee voted in favor for the Drug Utilization Review (DUR) Commission to develop specific prior authorization (PA) criteria for Winlevi®, due to the concern of hypothalamic-pituitary-adrenal (HPA) axis suppression and lack of long-term safety data. Thank you in advance for the Department's consideration of this recommendation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Erin Halverson R.Ph.', is written over a horizontal line.

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

	June through August 2022	September through November 2022	% CHANGE
TOTAL PAID AMOUNT	\$2,472,359	\$2,584,295	4.5%
UNIQUE USERS	3,522	3,850	9.3%
COST PER USER	\$701.98	\$671.25	-4.4%
TOTAL PRESCRIPTIONS	20,683	21,450	3.7%
AVERAGE PRESCRIPTIONS PER USER	5.87	5.57	-5.2%
AVERAGE COST PER PRESCRIPTION	\$119.54	\$120.48	0.8%
# GENERIC PRESCRIPTIONS	18,252	19,035	4.3%
% GENERIC	88.2%	88.7%	0.6%
\$ GENERIC	\$864,609	\$953,922	10.3%
AVERAGE GENERIC PRESCRIPTION COST	\$47.37	\$50.11	5.8%
AVERAGE GENERIC DAYS SUPPLY	29	29	0.0%
# BRAND PRESCRIPTIONS	2,431	2,415	-0.7%
% BRAND	11.8%	11.3%	-4.2%
\$ BRAND	\$1,607,750	\$1,630,373	1.4%
AVERAGE BRAND PRESCRIPTION COST	\$661.35	\$675.10	2.1%
AVERAGE BRAND DAYS SUPPLY	29	29	0.0%

UTILIZATION BY AGE		
AGE	June through August 2022	September through November 2022
0-6	202	272
7-12	488	573
13-18	705	787
19-64	2,101	2,199
65+	26	19
	3,522	3,850

UTILIZATION BY GENDER AND AGE			
GENDER	AGE	June through August 2022	September through November 2022
F	0-6	101	125
	7-12	198	251
	13-18	348	383
	19-64	1,306	1,350
	65+	15	11
		1,968	2,120
M	0-6	101	147
	7-12	290	322
	13-18	357	404
	19-64	795	849
	65+	11	8
		1,554	1,730

**TOP 100 PHARMACIES BY PRESCRIPTION COUNT
September through November 2022**

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
1	SIOUXLAND COMM HEALTH CTR PHARMA	SIOUX CITY	IA	834	\$44,511.36	\$53.37	1
2	MESKWAKI PHARMACY	TAMA	IA	815	\$521,600.00	\$640.00	2
3	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	671	\$24,915.31	\$37.13	3
4	WALGREENS #15647	SIOUX CITY	IA	620	\$31,275.03	\$50.44	4
5	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	593	\$142,021.07	\$239.50	5
6	THOMPSON-DEAN DRUG	SIOUX CITY	IA	413	\$25,259.65	\$61.16	6
7	WCHS PHARMACY	WINNEBAGO	NE	310	\$198,400.00	\$640.00	7
8	GENOA HEALTHCARE LLC	SIOUX CITY	IA	251	\$22,624.48	\$90.14	8
9	WALGREEN #04405	COUNCIL BLUFFS	IA	234	\$12,911.30	\$55.18	9
10	PRIMARY HEALTH CARE PHARMACY	DES MOINES	IA	180	\$28,787.23	\$159.93	18
11	WALGREEN #910	SIOUX CITY	IA	174	\$19,736.96	\$113.43	10
12	WALGREEN COMPANY #05470	SIOUX CITY	IA	168	\$6,860.96	\$40.84	14
13	ALL CARE HEALTH CENTER PHARMACY	COUNCIL BLUFFS	IA	164	\$10,414.42	\$63.50	36
14	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	161	\$41,714.40	\$259.10	20
15	WALGREEN #05239	DAVENPORT	IA	155	\$11,396.71	\$73.53	15
16	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	152	\$9,742.46	\$64.10	11
17	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	134	\$9,682.30	\$72.26	16
18	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	129	\$8,776.30	\$68.03	13
19	COVENANT FAMILY PHARMACY	WATERLOO	IA	121	\$4,332.34	\$35.80	37
20	RIGHT DOSE PHARMACY	ANKENY	IA	113	\$5,749.32	\$50.88	26
21	PHARMACY MATTERS LTC	IOWA CITY	IA	112	\$969.97	\$8.66	41
22	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	107	\$3,374.43	\$31.54	33
23	SMART SCRIPTS	WASHINGTON	IA	107	\$5,090.45	\$47.57	25
24	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	105	\$2,946.16	\$28.06	24
25	WALGREEN COMPANY 07455	WATERLOO	IA	100	\$2,816.32	\$28.16	55

**TOP 100 PHARMACIES BY PRESCRIPTION COUNT
September through November 2022**

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
26	WALGREEN COMPANY #05512	BETTENDORF	IA	100	\$2,039.48	\$20.39	22
27	MEDICAP PHARMACY	JEFFERSON	IA	100	\$8,873.41	\$88.73	27
28	HY-VEE MAINSTREET PHARMACY #7070	SIOUX CITY	IA	98	\$5,735.03	\$58.52	29
29	NELSON FAMILY PHARMACY	FORT MADISON	IA	95	\$4,700.92	\$49.48	17
30	WAL-MART PHARMACY #10-3394	ATLANTIC	IA	93	\$10,849.35	\$116.66	123
31	HY VEE PHARMACY #6 1155	DES MOINES	IA	89	\$5,869.65	\$65.95	137
32	IOWA VETERANS HOME	MARSHALLTOWN	IA	88	\$4,868.43	\$55.32	19
33	NUCARA PHARMACY #27	PLEASANT HILL	IA	87	\$4,496.45	\$51.68	28
34	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	87	\$4,812.84	\$55.32	53
35	EXACT CARE PHARMACY	VALLEY VIEW	OH	86	\$2,096.76	\$24.38	190
36	WALGREEN #07454	ANKENY	IA	86	\$2,497.89	\$29.05	30
37	MEDICAP PHARMACY	KNOXVILLE	IA	85	\$9,271.13	\$109.07	32
38	WALGREEN COMPANY #3700	COUNCIL BLUFFS	IA	83	\$9,302.12	\$112.07	12
39	HY-VEE PHARMACY (1271)	INDIANOLA	IA	83	\$2,844.23	\$34.27	38
40	WALGREENS #07453	DES MOINES	IA	81	\$8,984.04	\$110.91	61
41	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	80	\$10,941.80	\$136.77	45
42	MEDICAP PHARMACY	RED OAK	IA	80	\$1,916.78	\$23.96	110
43	WALGREEN #03196	MARSHALLTOWN	IA	80	\$2,568.58	\$32.11	62
44	BOOTH PHARMACY	HAWARDEN	IA	79	\$2,145.85	\$27.16	57
45	UNITY POINT HEALTH PHARMACY	CEDAR RAPIDS	IA	79	\$95.51	\$1.21	35
46	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	76	\$2,697.25	\$35.49	72
47	WALGREEN COMPANYYY #05060	CLIVE	IA	75	\$1,953.09	\$26.04	56
48	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	75	\$3,660.95	\$48.81	34
49	WALGREEN #04041	DAVENPORT	IA	74	\$2,410.18	\$32.57	105
50	HY-VEE DRUGSTORE #7026	CEDAR RAPIDS	IA	73	\$924.48	\$12.66	58
51	STANGEL PHARMACY	ONAWA	IA	73	\$4,020.97	\$55.08	59

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
September through November 2022

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
52	HY-VEE PHARMACY #2 (1023)	ANKENY	IA	72	\$9,074.68	\$126.04	39
53	HY-VEE PHARMACY 1382	LE MARS	IA	72	\$4,898.03	\$68.03	98
54	CORNERSTONE APOTHECARY	BELLE PLAINE	IA	72	\$4,391.19	\$60.99	23
55	HY-VEE PHARMACY (1396)	MARION	IA	70	\$4,513.93	\$64.48	73
56	MEDICAP PHARMACY	WAUKEE	IA	70	\$1,635.83	\$23.37	47
57	HARTIG PHARMACY SERVICES	DUBUQUE	IA	70	\$15,424.30	\$220.35	67
58	HY-VEE PHARMACY #3 (1889)	WEST DES MOINES	IA	69	\$973.27	\$14.11	49
59	CVS PHARMACY #4816	COUNCIL BLUFFS	IA	67	\$887.79	\$13.25	136
60	MEDICAP PHARMACY	ANKENY	IA	67	\$6,538.79	\$97.59	79
61	HY-VEE PHARMACY (1052)	CEDAR FALLS	IA	67	\$2,004.25	\$29.91	107
62	MERCY MEDICAL CENTER NORTH IA DB	MASON CITY	IA	66	\$2,850.29	\$43.19	40
63	CASH SAVER	DES MOINES	IA	66	\$7,301.79	\$110.63	66
64	DANIEL PHARMACY INC	FORT DODGE	IA	65	\$8,369.22	\$128.76	135
65	WALGREEN #7452	DES MOINES	IA	64	\$2,461.37	\$38.46	93
66	WALGREENS 11153	SPENCER	IA	64	\$2,448.08	\$38.25	138
67	MEDICAP PHARMACY	GRIMES	IA	63	\$1,400.83	\$22.24	52
68	BROADLAWNS MEDICAL CENTER	DES MOINES	IA	63	\$4,526.51	\$71.85	21
69	WALGREEN #09708	DUBUQUE	IA	63	\$3,355.70	\$53.27	85
70	COMMUNITY HEALTH CARE INC	DAVENPORT	IA	63	\$1,503.05	\$23.86	50
71	HY-VEE PHARMACY 1297	JEFFERSON	IA	63	\$7,426.57	\$117.88	134
72	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	62	\$7,970.09	\$128.55	113
73	WALGREEN #05721	DES MOINES	IA	62	\$4,126.58	\$66.56	42
74	HY VEE PHARMACY 7072	TOLEDO	IA	62	\$5,987.19	\$96.57	63
75	WAL MART PHARMACY 10 0559	MUSCATINE	IA	61	\$1,849.69	\$30.32	99
76	HY-VEE PHARMACY 1011	ALTOONA	IA	61	\$864.29	\$14.17	91
77	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	61	\$5,155.43	\$84.52	46

**TOP 100 PHARMACIES BY PRESCRIPTION COUNT
September through November 2022**

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
78	WAL-MART PHARMACY 10-1732	DENISON	IA	61	\$2,018.54	\$33.09	97
79	WALGREEN #06678	WEST DES MOINES	IA	60	\$3,770.61	\$62.84	71
80	HY-VEE STORE CLINIC 1023-039	GRIMES	IA	60	\$772.47	\$12.87	80
81	MEDICAP PHARMACY	INDIANOLA	IA	59	\$1,543.17	\$26.16	253
82	UI HEALTHCARE RIVER LANDING PHAR	CORALVILLE	IA	59	\$3,670.26	\$62.21	51
83	HY-VEE PHARMACY (1065)	CHARITON	IA	59	\$628.57	\$10.65	130
84	WALGREEN #05044	BURLINGTON	IA	59	\$2,982.66	\$50.55	188
85	HERITAGE PARK PHARMACY	WEST BURLINGTON	IA	58	\$9,412.43	\$162.28	83
86	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	58	\$2,709.33	\$46.71	127
87	HY-VEE PHARMACY #2 (1160)	DUBUQUE	IA	58	\$1,505.00	\$25.95	78
88	HY-VEE DRUGSTORE (7031)	DES MOINES	IA	58	\$8,728.91	\$150.50	162
89	SUMMIT PHARMACY	FAIRFIELD	IA	58	\$6,131.11	\$105.71	69
90	LEEDS PHARMACY INC	SIOUX CITY	IA	57	\$4,899.45	\$85.96	111
91	ALLEN MEMORIAL HOSPITAL	WATERLOO	IA	57	\$1,955.46	\$34.31	117
92	WALGREEN CO DBA	ALTOONA	IA	56	\$1,036.68	\$18.51	75
93	GENOA HEALTHCARE LLC	DAVENPORT	IA	56	\$2,168.95	\$38.73	149
94	WALGREEN COMPANY #07967	CLIVE	IA	54	\$758.00	\$14.04	103
95	MERCY HEALTH SERVICES IOWA CORP	MASON CITY	IA	54	\$1,684.54	\$31.20	390
96	PRAIRIE PARKWAY PHARMACY	CEDAR FALLS	IA	53	\$5,016.97	\$94.66	295
97	SERGEANT BLUFF PHARMACY	SERGEANT BLUFF	IA	53	\$1,287.50	\$24.29	94
98	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	53	\$1,203.93	\$22.72	109
99	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	53	\$8,404.33	\$158.57	89
100	WRIGHTWAY LTC PHARMACY	CLINTON	IA	53	\$3,986.40	\$75.22	87

TOP 100 PHARMACIES BY PAID AMOUNT
September through November 2022

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	MESKWAKI PHARMACY	TAMA	IA	815	\$521,600.00	\$1,830.18	1
2	WCHS PHARMACY	WINNEBAGO	NE	310	\$198,400.00	\$1,600.00	2
3	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	593	\$142,021.07	\$1,279.47	4
4	ACCREDITO HEALTH GROUP INC	MEMPHIS	TN	19	\$137,963.73	\$22,993.96	3
5	CVS PHARMACY #00102	AURORA	CO	5	\$63,993.54	\$31,996.77	5
6	UNITYPOINT AT HOME	URBANDALE	IA	17	\$63,093.50	\$10,515.58	113
7	ACARIAHEALTH PHARMACY #11 INC	HOUSTON	TX	2	\$51,299.52	\$51,299.52	6
8	SIOUXLAND COMM HEALTH CTR PHARMA	SIOUX CITY	IA	834	\$44,511.36	\$255.81	8
9	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	161	\$41,714.40	\$1,191.84	9
10	COMM A WALGREENS PHARMACY #16528	DES MOINES	IA	7	\$38,422.04	\$12,807.35	21
11	WALGREENS #15647	SIOUX CITY	IA	620	\$31,275.03	\$182.89	11
12	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	37	\$30,895.64	\$7,723.91	7
13	PRIMARY HEALTH CARE PHARMACY	DES MOINES	IA	180	\$28,787.23	\$471.92	18
14	CAREMARK KANSAS SPEC PHARMACY LL	LENEXA	KS	30	\$26,061.33	\$2,171.78	28
15	MEYER HEALTHMART PHARMACY	WAVERLY	IA	21	\$25,810.62	\$8,603.54	13
16	THOMPSON-DEAN DRUG	SIOUX CITY	IA	413	\$25,259.65	\$451.07	12
17	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	671	\$24,915.31	\$389.30	14
18	GENOA HEALTHCARE LLC	SIOUX CITY	IA	251	\$22,624.48	\$665.43	19
19	OPTUM INFUSION SERVICES 550 LLC	URBANDALE	IA	3	\$20,857.17	\$20,857.17	17
20	CR CARE PHARMACY	CEDAR RAPIDS	IA	30	\$20,104.64	\$3,350.77	10
21	WALGREEN #910	SIOUX CITY	IA	174	\$19,736.96	\$372.40	15
22	WAL-MART PHARMACY #10-0985	FAIRFIELD	IA	28	\$19,676.99	\$2,186.33	22
23	FRED LEROY HEALTH & WELLNESS	OMAHA	NE	28	\$17,920.00	\$1,629.09	26
24	COMMUNITY A WALGREENS PHARMACY	IOWA CITY	IA	8	\$17,739.67	\$5,913.22	16
25	HARTIG PHARMACY SERVICES	DUBUQUE	IA	70	\$15,424.30	\$5,141.43	32

TOP 100 PHARMACIES BY PAID AMOUNT
September through November 2022

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
26	OSTERHAUS PHARMACY	MAQUOKETA	IA	39	\$14,839.01	\$2,967.80	20
27	WALGREEN #04405	COUNCIL BLUFFS	IA	234	\$12,911.30	\$263.50	25
28	CVS PHARMACY #17133	DES MOINES	IA	28	\$12,657.57	\$4,219.19	48
29	WALGREEN #05239	DAVENPORT	IA	155	\$11,396.71	\$284.92	29
30	PARKVIEW PHARMACY	NEVADA	IA	26	\$11,308.53	\$3,769.51	71
31	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	80	\$10,941.80	\$994.71	31
32	WAL-MART PHARMACY #10-3394	ATLANTIC	IA	93	\$10,849.35	\$602.74	36
33	ALL CARE HEALTH CENTER PHARMACY	COUNCIL BLUFFS	IA	164	\$10,414.42	\$371.94	56
34	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	152	\$9,742.46	\$573.09	33
35	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	134	\$9,682.30	\$312.33	74
36	HERITAGE PARK PHARMACY	WEST BURLINGTON	IA	58	\$9,412.43	\$784.37	291
37	WALGREEN COMPANY #3700	COUNCIL BLUFFS	IA	83	\$9,302.12	\$516.78	27
38	MEDICAP PHARMACY	KNOXVILLE	IA	85	\$9,271.13	\$1,854.23	39
39	HY-VEE PHARMACY #2 (1023)	ANKENY	IA	72	\$9,074.68	\$907.47	61
40	OPTUM PHARMACY 702, LLC	JEFFERSONVILLE	IN	2	\$9,059.72	\$4,529.86	23
41	WALGREENS #07453	DES MOINES	IA	81	\$8,984.04	\$528.47	45
42	MEDICAP PHARMACY	JEFFERSON	IA	100	\$8,873.41	\$1,478.90	70
43	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	129	\$8,776.30	\$292.54	34
44	COMMUNITY A WALGREENS PHARMACY	MINNEAPOLIS	MN	11	\$8,763.59	\$8,763.59	
45	HY-VEE DRUGSTORE (7031)	DES MOINES	IA	58	\$8,728.91	\$1,246.99	188
46	HY-VEE PHARMACY (1634)	STORM LAKE	IA	48	\$8,700.03	\$2,175.01	38
47	KROGER SPECIALTY PHARMACY LA LLC	HARVEY	LA	2	\$8,590.74	\$8,590.74	
48	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	53	\$8,404.33	\$4,202.17	43
49	DANIEL PHARMACY INC	FORT DODGE	IA	65	\$8,369.22	\$697.44	57
50	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	62	\$7,970.09	\$1,328.35	55

**TOP 100 PHARMACIES BY PAID AMOUNT
September through November 2022**

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
51	CHI HEALTH PHARMACY WEST BROADWA	COUNCIL BLUFFS	IA	19	\$7,620.35	\$1,270.06	69
52	HY-VEE PHARMACY 1297	JEFFERSON	IA	63	\$7,426.57	\$1,060.94	64
53	CASH SAVER	DES MOINES	IA	66	\$7,301.79	\$2,433.93	52
54	WALGREEN COMPANY #05470	SIOUX CITY	IA	168	\$6,860.96	\$175.92	51
55	HY-VEE PHARMACY 1071	CLARINDA	IA	39	\$6,757.69	\$750.85	198
56	SOUTH SIDE DRUG	OTTUMWA	IA	24	\$6,615.58	\$1,323.12	122
57	MEDICAP PHARMACY	ANKENY	IA	67	\$6,538.79	\$1,634.70	59
58	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	49	\$6,482.31	\$810.29	101
59	THE NEBRASKA MED CENTER CLIN PHA	OMAHA	NE	30	\$6,450.62	\$1,290.12	62
60	NUCARA PHARMACY #100	GREENFIELD	IA	44	\$6,351.99	\$3,176.00	66
61	SUMMIT PHARMACY	FAIRFIELD	IA	58	\$6,131.11	\$2,043.70	79
62	HY VEE PHARMACY 7072	TOLEDO	IA	62	\$5,987.19	\$315.12	30
63	HY VEE PHARMACY #6 1155	DES MOINES	IA	89	\$5,869.65	\$326.09	106
64	VALUMED PHARMACY	CORALVILLE	IA	46	\$5,775.44	\$2,887.72	49
65	RIGHT DOSE PHARMACY	ANKENY	IA	113	\$5,749.32	\$638.81	116
66	HY-VEE MAINSTREET PHARMACY #7070	SIOUX CITY	IA	98	\$5,735.03	\$147.05	91
67	LEWIS FAMILY DRUG #59	SIOUX CENTER	IA	33	\$5,639.18	\$1,879.73	58
68	WAGNER PHARMACY	CLINTON	IA	40	\$5,506.21	\$1,376.55	235
69	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	61	\$5,155.43	\$515.54	80
70	HYVEE PHARMACY SOLUTIONS	OMAHA	NE	5	\$5,130.47	\$2,565.24	424
71	SMART SCRIPTS	WASHINGTON	IA	107	\$5,090.45	\$1,696.82	73
72	PRAIRIE PARKWAY PHARMACY	CEDAR FALLS	IA	53	\$5,016.97	\$836.16	439
73	WALGREENS #11759	FORT MADISON	IA	34	\$4,948.95	\$549.88	78
74	GENOA HEALTH LLC	MARSHALLTOWN	IA	3	\$4,902.31	\$2,451.16	
75	LEEDS PHARMACY INC	SIOUX CITY	IA	57	\$4,899.45	\$612.43	102
76	HY-VEE PHARMACY 1382	LE MARS	IA	72	\$4,898.03	\$376.77	137

**TOP 100 PHARMACIES BY PAID AMOUNT
September through November 2022**

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
77	IOWA VETERANS HOME	MARSHALLTOWN	IA	88	\$4,868.43	\$973.69	40
78	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	87	\$4,812.84	\$165.96	133
79	NELSON FAMILY PHARMACY	FORT MADISON	IA	95	\$4,700.92	\$940.18	65
80	WAL-MART PHARMACY #10-1389	BOONE	IA	30	\$4,686.36	\$1,171.59	85
81	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	42	\$4,646.28	\$774.38	47
82	BETTER HEALTH INC DBA	MISSOURI VALLEY	IA	28	\$4,589.89	\$1,529.96	84
83	CVS PHARMACY #16893	ANKENY	IA	43	\$4,538.86	\$2,269.43	82
84	BROADLAWNS MEDICAL CENTER	DES MOINES	IA	63	\$4,526.51	\$251.47	46
85	HY-VEE PHARMACY (1075)	CLINTON	IA	52	\$4,525.76	\$565.72	173
86	CVS PHARMACY #17554	CEDAR FALLS	IA	31	\$4,517.36	\$4,517.36	60
87	HY-VEE PHARMACY (1396)	MARION	IA	70	\$4,513.93	\$347.23	258
88	NUCARA PHARMACY #27	PLEASANT HILL	IA	87	\$4,496.45	\$642.35	67
89	MEDICAP PHARMACY	DES MOINES	IA	17	\$4,442.37	\$2,221.19	443
90	CORNERSTONE APOTHECARY	BELLE PLAINE	IA	72	\$4,391.19	\$2,195.60	41
91	PARAGON PARTNERS	OMAHA	NE	31	\$4,373.19	\$4,373.19	50
92	COVENANT FAMILY PHARMACY	WATERLOO	IA	121	\$4,332.34	\$131.28	216
93	MAYO CLINIC PHARMACY MARY BRIGH	ROCHESTER	MN	6	\$4,241.61	\$2,120.81	86
94	HY VEE PHARMACY 1060	CEDAR RAPIDS	IA	28	\$4,234.08	\$604.87	63
95	WALGREEN #05721	DES MOINES	IA	62	\$4,126.58	\$217.19	37
96	STANGEL PHARMACY	ONAWA	IA	73	\$4,020.97	\$201.05	111
97	HY-VEE PHARMACY #1 (1054)	CEDAR RAPIDS	IA	43	\$4,014.81	\$1,003.70	76
98	WRIGHTWAY LTC PHARMACY	CLINTON	IA	53	\$3,986.40	\$3,986.40	92
99	WALGREEN #11709	DAVENPORT	IA	48	\$3,899.99	\$487.50	53
100	WALGREEN #03773	URBANDALE	IA	45	\$3,847.38	\$320.62	108

TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
September through November 2022

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
1	1053340661	LEIGHTON E FROST MD	\$108,218.86	174	2.35	1
2	1194888024	ALICIA D WAGER NP	\$91,789.54	166	2.18	3
3	1043418809	MICHAEL CILIBERTO	\$19,155.48	141	4.70	2
4	1912991183	MOLLY EARLEYWINE PA	\$4,484.11	121	5.50	5
5	1104251776	ANTHONY GLYDWELL DNP	\$75,520.00	118	1.71	10
6	1982605762	JEFFREY DEAN WILHARM MD	\$898.29	114	19.00	8
7	1902358443	MELISSA KONKEN ARNP	\$10,018.49	111	8.54	4
8	1619153137	JOADA JEAN BEST ARNP	\$6,133.12	110	6.47	12
9	1215125216	REBECCA E WALDING	\$7,109.02	107	5.35	6
10	1780877878	CHRISTOPHER JACOBS ARNP	\$3,724.46	106	4.61	7
11	1699109595	TONYA K FLAUGH ARNP	\$3,682.84	103	5.42	13
12	1316389497	SHANNON STEWART ARNP	\$17,887.59	94	6.71	24
13	1003884107	RANDALL ALLEN KAVALIER DO	\$1,814.92	87	5.44	14
14	1164481362	MELISSA PEARSON ARNP	\$53,798.86	87	1.43	31
15	1194722413	AIMEE LORENZ MD	\$6,636.57	86	3.91	19
16	1457584740	ERIC D MEYER ARNP	\$3,006.30	83	6.38	9
17	1659358620	CARLOS CASTILLO MD	\$1,713.57	79	7.18	44
18	1396289229	JESSE BECKER ARNP	\$4,242.66	77	4.28	68
19	1154929230	CHELSEA JONES ARNP	\$45,498.88	76	2.62	18
20	1871052472	CASSIDY ALANA CARR ARNP	\$3,133.06	72	4.50	11
21	1407836513	NATHAN R NOBLE DO	\$998.63	70	3.33	17
22	1053376475	DANIEL GILLETTE MD	\$3,678.01	70	23.33	47
23	1093141129	LARRY MARTIN NEWMAN ARNP	\$42,880.00	67	2.39	30
24	1578174975	BRITTANY VONDRAK ARNP	\$2,423.31	66	4.40	32
25	1841220290	KENT E KUNZE MD	\$2,482.11	65	8.13	15
26	1609218304	AMANDA GARR ARNP	\$13,404.24	64	9.14	28

TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
September through November 2022

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
27	1205169273	TERESA DOWLING ARNP	\$774.70	60	7.50	78
28	1538671961	JAMIE WRIGHT ARNP	\$6,628.31	60	4.00	27
29	1013516566	ERIN HODGSON ARNP	\$1,560.49	60	8.57	38
30	1336418425	DENA NEIMAN ARNP	\$6,549.58	60	3.33	26
31	1639134034	ELIZABETH PRATT ARNP	\$683.73	59	1.84	75
32	1447744362	YMMA JOHNSON PA-C	\$4,055.04	59	19.67	20
33	1932547718	SEBASTIAN HARRIS MD	\$6,135.63	59	14.75	23
34	1699740159	FRANK SAM MARINO JR DO	\$1,617.76	57	4.07	51
35	1821268335	JACQUELINE J MCINNIS	\$7,753.64	56	9.33	39
36	1285602649	DAVID WELCH PA	\$6,358.53	55	9.17	25
37	1023555638	CYNTHIA JEAN JOHNSON ARNP	\$7,325.23	54	6.75	37
38	1023641172	CHRISTA WIGGINS ARNP	\$4,433.41	54	27.00	36
39	1326036062	JON AHRENDSSEN MD	\$1,589.68	53	10.60	35
40	1073500690	KATHLEEN S ADAMS ARNP	\$1,504.17	52	5.78	21
41	1326080433	CLIFFORD WILKINSON PA	\$639.43	51	1.59	176
42	1811493679	JUNE MYLER ARNP	\$32,640.00	51	2.43	77
43	1851795033	PETER ROSEN ARNP	\$758.64	50	16.67	59
44	1669475422	MICHAEL JOSEPH KNIGHT MD	\$673.55	49	4.45	343
45	1942562129	MELISSA AUSTREIMMD	\$1,468.18	49	12.25	125
46	1891146999	BECKY L JOHNSON ARNP	\$26,112.06	49	4.08	76
47	1407141336	TERRA ANN GOLDBERRY	\$1,388.15	48	48.00	702
48	1861678997	ELIZABETH WESSLING PA	\$602.38	48	2.18	73
49	1093272668	RICARDO OSARIO ARNP	\$2,344.45	48	6.00	42
50	1417214321	LEAH BRANDON DO	\$3,293.00	48	6.00	137
51	1629430293	ALICE MENG MD	\$1,824.92	48	2.53	79
52	1275742090	ASHAR LUQMAN MD	\$914.37	47	5.88	33

TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
September through November 2022

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
53	1144214248	KRISTI WALZ MD	\$13,481.22	47	3.62	34
54	1144240805	DANIEL ROWLEY MD	\$7,117.86	47	15.67	56
55	1205249562	KELLY RYDER MD	\$987.67	47	4.27	65
56	1285047951	BRIAN VOLD ARNP	\$1,148.97	46	11.50	66
57	1801145776	ANDREA LYNN HARRIS ARNP	\$1,775.42	46	3.54	67
58	1821568858	LEAH M HAUBRICH ARNP	\$586.77	46	11.50	16
59	1760821680	TYLER WENDEL DO	\$1,489.41	45	2.14	136
60	1922305143	OLIVIA WOITAARNP	\$942.08	45	9.00	111
61	1528037082	RODNEY JULIUS DEAN MD	\$1,078.70	44	8.80	29
62	1881972412	RACHEL JEAN WURTH ARNP	\$894.02	44	3.67	196
63	1093034266	ERIC BOYUM MD	\$1,743.69	43	7.17	48
64	1073852059	AMBER HANSEN MD	\$26,880.00	42	2.10	71
65	1912208323	LISA MARIE MEYER ARNP	\$6,166.42	42	3.23	22
66	1730173766	FRANK BABCOCK MD	\$5,714.99	41	41.00	49
67	1619380680	TARA BROCKMAN DO	\$1,497.02	40	10.00	46
68	1225022809	FRANCES M JACKSON MD	\$796.39	39	4.88	57
69	1831307701	KRISTIN MARSH	\$1,140.51	39	13.00	61
70	1730197476	MICHAEL BLAESS DO	\$4,129.88	39	19.50	94
71	1891792206	ANN E REHAN MD	\$1,538.21	39	2.44	52
72	1700356334	BRIANNA SCHAFFER ARNP	\$2,223.50	38	12.67	72
73	1811123318	AARON KAUER MD	\$5,682.23	38	9.50	41
74	1578777231	AMANDA LEIGH HECK ARNP	\$12,261.01	38	1.90	177
75	1881267706	ANDREW ROBERT GOODRICH ARNP	\$455.58	37	5.29	161
76	1548484165	CARRIE L GRADY MD	\$4,681.64	36	12.00	197
77	1679669832	ERIN HATCHER ARNP	\$4,229.62	36	5.14	53
78	1063497840	KAYE CLEVELAND ARNP	\$801.01	36	9.00	60

TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
September through November 2022

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
79	1891076386	SARA E FLEECs ARNP	\$2,331.42	36	36.00	64
80	1881088342	MEGAN LEHR DO	\$698.66	36	9.00	62
81	1376272070	DORCIE ANN PORTER GILLETTE	\$1,158.90	36	36.00	
82	1801992532	KELLY M BEAN ARNP	\$1,350.76	35	7.00	148
83	1528055639	TRUDY ANN PIERICK ARNP	\$1,002.14	35	8.75	234
84	1609946243	SINA LINMAN ARNP	\$621.62	35	7.00	96
85	1316550072	MAUREEN GATERE ARNP	\$5,213.63	34	4.25	259
86	1841293354	KEITH GUESS PA	\$551.96	34	6.80	74
87	1588838841	LEENU MISHRA MD	\$468.87	34	4.86	58
88	1013115369	BOBBITA NAG MD	\$1,073.19	34	5.67	139
89	1417549932	AMANDA MCCORMICK ARNP	\$1,897.88	34	2.83	273
90	1568431880	POMILLA CHHABRA KUMAR MD	\$1,195.47	34	11.33	170
91	1457346231	DAWN RENAE EBACH MD	\$1,019.01	34	3.40	84
92	1316356496	KIMBERLY N ROBERTS ARNP	\$343.15	33	6.60	105
93	1821423799	DOROTHY METZ ARNP	\$4,337.32	33	16.50	80
94	1003399916	GLORIA KOKES ARNP	\$2,349.33	33	33.00	120
95	1982124103	SABRINA MARTINEZ	\$8,458.94	33	33.00	109
96	1427711563	MEGAN L MEYER ARNP	\$454.46	33	1.50	235
97	1356337273	LISA JAYNE MENZIES MD	\$605.07	32	2.67	54
98	1295091510	REBECCA WEINER MD	\$9,234.09	32	4.57	106
99	1932652757	KELSIE SWISHER ARNP	\$1,082.59	32	8.00	127
100	1598733891	JERRY WILLE MD	\$20,480.00	32	1.07	

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
September through November 2022

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
1	1326034984	KATHERINE MATHEWS MD	\$137,923.39	\$7,662.41	18	1
2	1053340661	LEIGHTON E FROST MD	\$108,218.86	\$621.95	174	2
3	1194888024	ALICIA D WAGER NP	\$91,789.54	\$552.95	166	3
4	1104251776	ANTHONY GLYDWELL DNP	\$75,520.00	\$640.00	118	4
5	1194945691	ANJALI SHARATHKUMAR MBBS	\$70,529.30	\$17,632.33	4	6
6	1164481362	MELISSA PEARSON ARNP	\$53,798.86	\$618.38	87	12
7	1730477407	SALIM HOMMEIDA MD	\$51,546.10	\$3,965.08	13	768
8	1619021144	CHRISTOPHER M GIBBS MD	\$51,299.52	\$25,649.76	2	5
9	1154929230	CHELSEA JONES ARNP	\$45,498.88	\$598.67	76	7
10	1093141129	LARRY MARTIN NEWMAN ARNP	\$42,880.00	\$640.00	67	10
11	1952326530	LISA HEDRICK PA	\$38,112.04	\$12,704.01	3	23
12	1366826109	ALYSSA D MRSNY PA-C	\$37,639.94	\$1,981.05	19	11
13	1447488325	ABDELAZIZ ELHADDAD MD	\$36,462.18	\$6,077.03	6	14
14	1811493679	JUNE MYLER ARNP	\$32,640.00	\$640.00	51	17
15	1003079997	SARAH ANNE TOFILON MD	\$27,730.07	\$2,310.84	12	8
16	1073852059	AMBER HANSEN MD	\$26,880.00	\$640.00	42	16
17	1891146999	BECKY L JOHNSON ARNP	\$26,112.06	\$532.90	49	18
18	1861629578	HEIDI M CURRIER MD	\$25,323.05	\$2,813.67	9	13
19	1174817134	VUONG A NAYIMA DO	\$23,006.22	\$1,917.19	12	21
20	1598733891	JERRY WILLE MD	\$20,480.00	\$640.00	32	
21	1447506217	THEODOSIA THOMA MD	\$20,347.25	\$847.80	24	9
22	1043418809	MICHAEL CILIBERTO	\$19,155.48	\$135.85	141	20
23	1841607900	SHAYLA SANDERS ARNP	\$18,745.89	\$2,677.98	7	26
24	1316389497	SHANNON STEWART ARNP	\$17,887.59	\$190.29	94	30
25	1366402505	KUNAL K PATRA MD	\$15,459.40	\$515.31	30	42
26	1760675177	LORI SWANSON ARNP	\$14,740.14	\$614.17	24	28
27	1639148810	MARK E HERMANN MD	\$13,837.48	\$2,767.50	5	2129

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
September through November 2022

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
28	1144214248	KRISTI WALZ MD	\$13,481.22	\$286.83	47	29
29	1609218304	AMANDA GARR ARNP	\$13,404.24	\$209.44	64	78
30	1356752067	KELLY L DELANEY-NELSON MD	\$12,899.62	\$1,074.97	12	34
31	1275585259	MARK W NIEMER MD	\$12,764.98	\$3,191.25	4	24
32	1417307497	EMILY BOES DO	\$12,566.36	\$6,283.18	2	25
33	1578777231	AMANDA LEIGH HECK ARNP	\$12,261.01	\$322.66	38	47
34	1538664149	LAURIE JORGENSEN ARNP	\$11,911.49	\$1,323.50	9	59
35	1245349182	MARK ANTHONY BURDT DO	\$11,054.46	\$2,210.89	5	77
36	1528485471	CHRISTINA GONZALEZ APRN	\$10,630.29	\$559.49	19	37
37	1609003433	DANIEL PAUL FULTON MD	\$10,553.35	\$1,758.89	6	36
38	1770933046	SHELBY BILLER	\$10,513.94	\$955.81	11	19
39	1124518030	ANDREW JOSEPH SIMMS MD	\$10,463.01	\$3,487.67	3	31
40	1902358443	MELISSA KONKEN ARNP	\$10,018.49	\$90.26	111	39
41	1043573025	NEVERMAN, ERIC M DO	\$9,929.22	\$3,309.74	3	1541
42	1295091510	REBECCA WEINER MD	\$9,234.09	\$288.57	32	58
43	1679545354	KATHERINE COLLEEN NICKELS MD	\$9,123.42	\$414.70	22	102
44	1831685023	JACLYN HULETT ARNP	\$9,021.15	\$3,007.05	3	15
45	1619570769	TIFFANY YOWELL ARNP	\$8,960.00	\$640.00	14	137
46	1174512859	REBECCA SUE TUETEKEN	\$8,823.72	\$2,205.93	4	71
47	1609041235	ADAM REINHARDT MD	\$8,763.59	\$796.69	11	
48	1104088202	PATRICK SAFO MD	\$8,590.74	\$4,295.37	2	2331
49	1982124103	SABRINA MARTINEZ	\$8,458.94	\$256.33	33	53
50	1144588476	RACHEL D FILZER ARNP	\$7,809.69	\$339.55	23	108
51	1821268335	JACQUELINE J MCINNIS	\$7,753.64	\$138.46	56	275
52	1427464379	AKHILA RAMAKRISHNA MD	\$7,724.06	\$1,103.44	7	82
53	1356357149	THOMAS FENNESSY MD	\$7,680.00	\$640.00	12	43
54	1023555638	CYNTHIA JEAN JOHNSON ARNP	\$7,325.23	\$135.65	54	50

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
September through November 2022

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
55	1144240805	DANIEL ROWLEY MD	\$7,117.86	\$151.44	47	81
56	1215125216	REBECCA E WALDING	\$7,109.02	\$66.44	107	69
57	1922455096	DEAN L GUERDET ARNP	\$7,094.71	\$244.65	29	54
58	1952784662	MARIA V ROMERO ALVAREZ MD	\$6,863.95	\$1,143.99	6	67
59	1417435462	ALLISON OWINGS ARNP	\$6,786.73	\$242.38	28	268
60	1194722413	AIMEE LORENZ MD	\$6,636.57	\$77.17	86	98
61	1538671961	JAMIE WRIGHT ARNP	\$6,628.31	\$110.47	60	369
62	1336418425	DENA NEIMAN ARNP	\$6,549.58	\$109.16	60	46
63	1730473315	LYNDSAY ANNE HARSHMAN MD	\$6,535.07	\$272.29	24	32
64	1275763047	REBECCA ELIZABETH BOWMAN ARNP	\$6,493.47	\$295.16	22	168
65	1053630640	JENNIFER A DONOVAN MD	\$6,421.42	\$321.07	20	97
66	1467705640	ELIZABETH HATZ DO	\$6,400.00	\$640.00	10	135
67	1104804822	MARY I HORN ARNP	\$6,400.00	\$640.00	10	83
68	1780998559	JASON GILLESPIE ARNP	\$6,400.00	\$640.00	10	38
69	1285602649	DAVID WELCH PA	\$6,358.53	\$115.61	55	60
70	1174780944	GERRY SERTLE ARNP	\$6,287.79	\$369.87	17	
71	1518285725	DOUGLAS M SMITH MD	\$6,263.00	\$447.36	14	106
72	1336150713	ZAID S AL-KADHIMI MD	\$6,180.36	\$772.55	8	72
73	1912208323	LISA MARIE MEYER ARNP	\$6,166.42	\$146.82	42	33
74	1932547718	SEBASTIAN HARRIS MD	\$6,135.63	\$103.99	59	86
75	1619153137	JOADA JEAN BEST ARNP	\$6,133.12	\$55.76	110	87
76	1013911692	JEFFREY SCOTT SARTIN MD	\$5,957.07	\$1,985.69	3	52
77	1194990945	SANDEEP GUPTA MD	\$5,948.81	\$212.46	28	75
78	1730173766	FRANK BABCOCK MD	\$5,714.99	\$139.39	41	55
79	1811123318	AARON KAUER MD	\$5,682.23	\$149.53	38	94
80	1558346015	DELWYN LASSEN MD	\$5,588.47	\$206.98	27	51
81	1134499783	HEATHER A NAYLOR CNP	\$5,434.04	\$543.40	10	

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
September through November 2022

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
82	1063903870	ADAM VERHOEF MD	\$5,402.22	\$207.78	26	
83	1497060776	USHA PEREPU MBBS	\$5,401.99	\$5,401.99	1	
84	1972879625	LAUREN KANNER MD	\$5,273.04	\$1,054.61	5	68
85	1790135176	EMILY REITER ARNP	\$5,233.76	\$348.92	15	66
86	1316550072	MAUREEN GATERE ARNP	\$5,213.63	\$153.34	34	111
87	1700808185	JENNIFER GOERBIG-CAMPBELL MD	\$5,136.53	\$285.36	18	84
88	1902326499	MOHAMED HUMAD MD	\$5,120.00	\$640.00	8	300
89	1558357376	JACOB CHERUKARA ALEXANDER MD	\$5,120.00	\$640.00	8	114
90	1689102998	ROBIN CHIRACKAL MD	\$5,120.00	\$640.00	8	
91	1902478811	JOAN M ANDERSON ARNP	\$4,946.81	\$164.89	30	316
92	1629064324	KATHERINE S RUPPENKAMP ARNP	\$4,927.21	\$821.20	6	
93	1013978089	JENNIFER BRADLEY ARNP	\$4,922.68	\$196.91	25	90
94	1629036546	ANITA T SIMINSON MD	\$4,775.13	\$154.04	31	64
95	1609131770	SREENATH THATI GANGANNA MBBS	\$4,753.46	\$153.34	31	48
96	1548484165	CARRIE L GRADY MD	\$4,681.64	\$130.05	36	100
97	1063837102	JODY LYNN ZOLONDEK ARNP	\$4,523.93	\$753.99	6	91
98	1255823506	NICOLE MARIE DELAGARDELLE	\$4,511.35	\$140.98	32	213
99	1912991183	MOLLY EARLEYWINE PA	\$4,484.11	\$37.06	121	118
100	1922072305	PAUL TAYLOR DDS	\$4,480.00	\$640.00	7	203

TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

CATEGORY DESCRIPTION	June through August 2022	RANK	% BUDGET	September through November 2022	RANK	% BUDGET	% CHANGE
ANTI-INFLAMMATORIES, NON-NSAID	\$211,356	1	8.5%	\$270,137	1	10.5%	27.8%
ANTIPSYCHOTICS - ATYPICALS	\$183,654	2	7.4%	\$188,336	2	7.3%	2.5%
ANTICONVULSANTS	\$154,336	3	6.2%	\$143,238	3	5.5%	-7.2%
ANTINEOPLASTICS - PROTEIN-TYROSINE KINASE INHIBITORS	\$118,111	4	4.8%	\$98,734	4	3.8%	-16.4%
MUSCULAR DYSTROPHY AGENTS	\$92,924	7	3.8%	\$94,056	5	3.6%	1.2%
ANTIDEPRESSANTS - SELECTED SSRI'S	\$102,780	6	4.2%	\$91,865	6	3.6%	-10.6%
ANTIRETROVIRAL COMBINATIONS	\$113,688	5	4.6%	\$91,662	7	3.5%	-19.4%
DIABETIC - INSULIN PENFILLS	\$81,047	8	3.3%	\$73,905	8	2.9%	-8.8%
ANTIASTHMATIC - ADRENERGIC COMBOS	\$78,130	10	3.2%	\$73,137	9	2.8%	-6.4%
ENDOCRINE METABOLIC AGENTS	\$47,513	15	1.9%	\$70,524	10	2.7%	48.4%
ANTIASTHMATIC - BETA - ADRENERGICS	\$52,312	14	2.1%	\$68,766	11	2.7%	31.5%
DIABETIC - NON-INSULIN INJECTABLES	\$80,110	9	3.2%	\$67,216	12	2.6%	-16.1%
GLUCOCORTICOIDS - MINERALOCORTICOIDS	\$72,150	11	2.9%	\$65,225	13	2.5%	-9.6%
STIMULANTS - AMPHETAMINES - LONG ACTING	\$61,931	12	2.5%	\$64,904	14	2.5%	4.8%
DIABETIC - OTHER	\$57,434	13	2.3%	\$59,246	15	2.3%	3.2%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	\$26,719	18	1.1%	\$36,586	16	1.4%	36.9%
NSAIDS	\$25,726	20	1.0%	\$33,887	17	1.3%	31.7%
ANTICOAGULANTS	\$26,165	19	1.1%	\$31,665	18	1.2%	21.0%
ANTIHISTAMINES - NON-SEDATING	\$28,521	17	1.2%	\$31,124	19	1.2%	9.1%
CEPHALOSPORINS	\$15,412	37	0.6%	\$30,679	20	1.2%	99.1%

TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

CATEGORY DESCRIPTION	June through August 2022	PREV RANK	September through November 2022	CURR RANK	PERC CHANGE
ANTIDEPRESSANTS - SELECTED SSRI'S	2,369	1	2,397	1	1.2%
ANTICONVULSANTS	1,614	2	1,576	2	-2.4%
ANTIPSYCHOTICS - ATYPICALS	961	3	969	3	0.8%
ANTIHYPERTENSIVES - CENTRAL	746	4	717	4	-3.9%
ANTIASTHMATIC - BETA - ADRENERGICS	560	6	700	5	25.0%
GI - PROTON PUMP INHIBITOR	565	5	548	6	-3.0%
BETA-LACTAMS / CLAVULANATE COMBO'S	366	14	548	7	49.7%
ANTIHISTAMINES - NON-SEDATING	516	7	536	8	3.9%
NARCOTICS - MISC.	432	9	493	9	14.1%
STIMULANTS - AMPHETAMINES - LONG ACTING	443	8	447	10	0.9%
ANTIHISTAMINES - OTHER	430	10	435	11	1.2%
GLUCOCORTICOIDS - MINERALOCORTICOIDS	312	17	426	12	36.5%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	386	11	406	13	5.2%
NSAIDS	368	12	377	14	2.4%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	323	15	344	15	6.5%
DIURETICS	301	19	312	16	3.7%
ACE INHIBITORS	320	16	312	17	-2.5%
CEPHALOSPORINS	232	26	304	18	31.0%
THYROID HORMONES	297	20	293	19	-1.3%
MUSCLE RELAXANTS	366	13	293	20	-19.9%

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	June through August 2022	PREVIOUS RANK	September through November 2022	RANK	PERCENT CHANGE
HUMIRA PEN	\$122,553.89	1	\$202,391.01	1	65.14%
EVRYSDI	\$92,923.72	2	\$94,055.96	2	1.22%
BIKTARVY	\$80,284.94	3	\$71,844.26	3	-10.51%
VIJOICE	\$47,513.37	6	\$70,523.92	4	48.43%
VYVANSE	\$44,646.82	8	\$48,179.39	5	7.91%
EMFLAZA	\$55,773.12	4	\$43,706.19	6	-21.64%
VERZENIO	\$41,359.14	10	\$41,359.14	7	0.00%
TRULICITY	\$50,053.10	5	\$38,793.49	8	-22.50%
INVEGA SUSTENNA	\$45,195.43	7	\$38,313.06	9	-15.23%
KISQALI	\$27,312.99	17	\$36,420.78	10	33.35%
LANTUS SOLOSTAR	\$28,294.22	15	\$29,210.53	11	3.24%
SYMBICORT	\$30,769.54	14	\$28,733.83	12	-6.62%
JARDIANCE	\$20,891.56	26	\$28,088.84	13	34.45%
LATUDA	\$25,889.29	18	\$27,155.85	14	4.89%
OZEMPIC	\$23,787.59	20	\$26,681.42	15	12.17%
ALBUTEROL SULFATE AEROSOL SOLN	\$5,510.09	104	\$26,209.33	16	375.66%
VRAYLAR	\$23,702.23	21	\$25,988.64	17	9.65%
ENBREL SURECLICK	\$31,565.64	13	\$25,486.56	18	-19.26%
LAMICTAL CHEWABLE DISPERS	\$27,660.78	16	\$25,207.91	19	-8.87%
IBUPROFEN TABLET	\$16,036.94	33	\$24,300.65	20	51.53%
TRIKAFTA	\$41,775.56	9	\$22,051.11	21	-47.22%
LISINOPRIL TABLET	\$21,770.33	24	\$21,807.70	22	0.17%
ESCITALOPRAM OXALATE TABLET	\$22,777.25	22	\$21,733.02	23	-4.58%
ARISTADA	\$16,960.85	31	\$21,687.09	24	27.87%
TALTZ	\$24,851.42	19	\$21,379.41	25	-13.97%
GAMMAGARD LIQUID	\$22,057.17	23	\$20,951.68	26	-5.01%
REXULTI	\$19,427.09	28	\$18,292.15	27	-5.84%

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	June through August 2022	PREVIOUS RANK	September through November 2022	RANK	PERCENT CHANGE
VENTOLIN HFA	\$7,412.66	79	\$18,081.52	28	143.93%
ELIQUIS	\$21,318.60	25	\$17,546.12	29	-17.70%
CETIRIZINE HCL TABLET	\$14,805.71	38	\$16,774.53	30	13.30%
NORDITROPIN FLEXPPO	\$15,496.10	34	\$16,248.94	31	4.86%
FLOVENT HFA	\$14,176.40	39	\$15,794.33	32	11.41%
VALTOCO	\$3,895.44	143	\$15,154.22	33	289.02%
SERTRALINE HCL TABLET	\$15,436.69	36	\$15,052.19	34	-2.49%
AMLODIPINE BESYLATE TABLET	\$11,011.94	51	\$15,039.61	35	36.58%
VIMPAT	\$16,158.32	32	\$14,457.91	36	-10.52%
AMPHETAMINE- DEXTROAMPHETAMINE CAPSULE ER 24HR	\$15,486.29	35	\$13,821.06	37	-10.75%
CHOLECALCIFEROL TABLET	\$10,926.73	53	\$13,508.64	38	23.63%
JORNAY PM	\$10,464.44	55	\$13,433.03	39	28.37%
SPIRIVA HANDIHALER	\$12,121.12	44	\$13,232.31	40	9.17%
RISPERDAL CONSTA	\$10,178.94	57	\$12,969.09	41	27.41%
TRESIBA FLEXTOUCH	\$13,640.92	40	\$12,930.01	42	-5.21%
HYDROCODONE-ACETAMINOPHEN TABLET	\$9,457.24	60	\$12,831.87	43	35.68%
PROAIR HFA	\$35,565.08	12	\$12,535.36	44	-64.75%
ADVAIR DISKUS	\$15,050.73	37	\$12,522.16	45	-16.80%
AZITHROMYCIN TABLET	\$4,172.36	135	\$12,469.21	46	198.85%
SPIRIVA RESPIMAT	\$9,290.77	62	\$11,688.95	47	25.81%
XARELTO	\$3,703.43	150	\$11,379.14	48	207.26%
ABILIFY MAINTENA	\$10,006.79	58	\$11,319.80	49	13.12%
FELBATOL	\$150.00	555	\$11,261.49	50	7,407.66%
RINVOQ	\$5,504.41	105	\$11,008.82	51	100.00%
CEPHALEXIN CAPSULE	\$5,157.61	113	\$10,980.58	52	112.90%

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	June through August 2022	PREVIOUS RANK	September through November 2022	RANK	PERCENT CHANGE
ADVAIR HFA	\$9,348.54	61	\$10,868.23	53	16.26%
PANTOPRAZOLE SODIUM TABLET DR	\$8,293.38	71	\$10,829.41	54	30.58%
ONDANSETRON TABLET DISINT	\$7,817.05	77	\$10,824.72	55	38.48%
TRINTELLIX	\$12,030.00	45	\$10,775.72	56	-10.43%
PREDNISON TABLET	\$8,982.30	63	\$10,738.49	57	19.55%
BANZEL	\$13,286.15	43	\$10,323.52	58	-22.30%
ALBUTEROL SULFATE NEBULIZED SOLN	\$3,624.18	152	\$10,140.24	59	179.79%
FARXIGA	\$13,309.97	42	\$10,134.69	60	-23.86%
METFORMIN HCL TABLET	\$8,960.51	64	\$10,084.95	61	12.55%
LUPRON DEPOT-PED (3-MONTH		999	\$9,876.76	62	%
GUANFACINE HCL TABLET	\$10,267.71	56	\$9,405.97	63	-8.39%
METHYLPHENIDATE HCL TABLET ER	\$6,903.61	85	\$9,399.74	64	36.16%
LEVEMIR FLEXTOUCH	\$11,883.87	47	\$9,392.84	65	-20.96%
AMOXICILLIN CAPSULE	\$3,302.13	163	\$9,371.94	66	183.81%
INSULIN ASPART SOLN PEN-INJ	\$11,568.84	48	\$9,297.79	67	-19.63%
ENTRESTO	\$8,335.75	70	\$9,235.82	68	10.80%
INVEGA TRINZA	\$8,919.26	65	\$9,186.53	69	3.00%
AJOVY	\$6,764.34	89	\$8,980.79	70	32.77%
SUTENT	\$35,860.84	11	\$8,965.21	71	-75.00%
ROSUVASTATIN CALCIUM TABLET	\$5,116.33	114	\$8,947.21	72	74.88%
OMEPRAZOLE CAPSULE DR	\$11,351.85	49	\$8,813.82	73	-22.36%
SYNTHROID	\$7,233.35	82	\$8,709.07	74	20.40%
OTEZLA		999	\$8,590.74	75	%
BENLYSTA		999	\$8,585.10	76	%
QUILLICHEW ER	\$5,833.69	100	\$8,559.76	77	46.73%
AMOXICILLIN & POT CLAVULANATE TABLET	\$5,739.87	103	\$8,392.63	78	46.22%

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	June through August 2022	PREVIOUS RANK	September through November 2022	RANK	PERCENT CHANGE
JANUVIA	\$7,812.68	78	\$7,989.63	79	2.26%
ATOMOXETINE HCL CAPSULE	\$3,881.36	145	\$7,882.77	80	103.09%
TRAZODONE HCL TABLET	\$6,993.87	84	\$7,744.44	81	10.73%
EPINEPHRINE (ANAPHYLAXIS) SOLN AUTO-INJ	\$6,062.03	95	\$7,654.48	82	26.27%
FLUOXETINE HCL CAPSULE	\$6,839.69	87	\$7,505.11	83	9.73%
BUSPIRONE HCL TABLET	\$8,603.49	69	\$7,358.79	84	-14.47%
FLUTICASONE PROPIONATE (NASAL) SUSPENSION	\$11,024.87	50	\$7,247.17	85	-34.27%
ODEFSEY	\$9,720.45	59	\$7,230.39	86	-25.62%
CEPHALEXIN FOR SUSPENSION	\$3,114.28	169	\$7,081.40	87	127.38%
AMOXICILLIN FOR SUSPENSION	\$2,955.51	178	\$7,061.64	88	138.93%
CEFDINIR CAPSULE	\$3,077.40	171	\$6,944.17	89	125.65%
DESCOVY	\$8,798.28	68	\$6,918.04	90	-21.37%
PREZCOBIX	\$7,830.41	76	\$6,787.03	91	-13.32%
ATORVASTATIN CALCIUM TABLET	\$10,947.60	52	\$6,657.19	92	-39.19%
BUPROPION HCL TABLET ER 24HR	\$8,003.72	74	\$6,564.96	93	-17.98%
CONCERTA	\$5,193.41	112	\$6,531.56	94	25.77%
KEPPRA	\$6,832.64	88	\$6,507.11	95	-4.76%
MUPIROCIN OINTMENT	\$3,793.25	147	\$6,474.94	96	70.70%
HYDROCHLOROTHIAZIDE TABLET	\$4,453.55	129	\$6,448.48	97	44.79%
DOXYCYCLINE HYCLATE TABLET	\$3,200.00	164	\$6,416.13	98	100.50%
QUETIAPINE FUMARATE TABLET	\$5,305.13	109	\$6,354.03	99	19.77%
AFINITOR	\$13,382.20	41	\$6,343.19	100	-52.60%

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	June through August 2022	PREVIOUS RANK	September through November 2022	RANK	PERCENT CHANGE
TRAZODONE HCL TABLET	392	1	410	1	4.59%
CLONIDINE HCL TABLET	391	2	394	2	0.77%
SERTRALINE HCL TABLET	366	3	374	3	2.19%
ESCITALOPRAM OXALATE TABLET	361	4	367	4	1.66%
OMEPRAZOLE CAPSULE DR	347	5	337	5	-2.88%
FLUOXETINE HCL CAPSULE	300	7	309	6	3.00%
LISINOPRIL TABLET	285	8	281	7	-1.40%
VENTOLIN HFA	113	47	278	8	146.02%
ATORVASTATIN CALCIUM TABLET	276	9	278	9	0.72%
CETIRIZINE HCL TABLET	260	11	266	10	2.31%
GABAPENTIN CAPSULE	247	14	257	11	4.05%
LEVOTHYROXINE SODIUM TABLET	268	10	257	12	-4.10%
PREDNISONE TABLET	195	24	248	13	27.18%
ARIPIPRAZOLE TABLET	248	13	245	14	-1.21%
QUETIAPINE FUMARATE TABLET	248	12	233	15	-6.05%
AMPHETAMINE- DEXTROAMPHETAMINE CAPSULE ER 24HR	219	16	229	16	4.57%
HYDROXYZINE HCL TABLET	209	19	229	17	9.57%
HYDROCODONE-ACETAMINOPHEN TABLET	185	28	219	18	18.38%
LAMOTRIGINE TABLET	191	27	219	19	14.66%
METHYLPHENIDATE HCL TABLET ER	227	15	218	20	-3.96%
IBUPROFEN TABLET	198	23	208	21	5.05%
FLUTICASONE PROPIONATE (NASAL) SUSPENSION	216	17	207	22	-4.17%
BUSPIRONE HCL TABLET	209	20	207	23	-0.96%
BUPROPION HCL TABLET ER 24HR	212	18	204	24	-3.77%

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	June through August 2022	PREVIOUS RANK	September through November 2022	RANK	PERCENT CHANGE
VYVANSE	209	21	200	25	-4.31%
RISPERIDONE TABLET	176	30	198	26	12.50%
AMLODIPINE BESYLATE TABLET	160	34	185	27	15.63%
POLYETHYLENE GLYCOL 3350 POWDER	205	22	183	28	-10.73%
VENLAFAXINE HCL CAPSULE ER 24HR	181	29	180	29	-0.55%
METFORMIN HCL TABLET	194	25	174	30	-10.31%
MONTELUKAST SODIUM TABLET	161	33	172	31	6.83%
ONDANSETRON TABLET DISINT	130	37	171	32	31.54%
PANTOPRAZOLE SODIUM TABLET DR	172	31	170	33	-1.16%
GUANFACINE HCL TABLET	193	26	168	34	-12.95%
DULOXETINE HCL CAPSULE DR PART	170	32	167	35	-1.76%
ALBUTEROL SULFATE NEBULIZED SOLN	89	65	165	36	85.39%
AMOXICILLIN FOR SUSPENSION	95	59	164	37	72.63%
AZITHROMYCIN TABLET	92	63	162	38	76.09%
PROAIR HFA	304	6	146	39	-51.97%
CEPHALEXIN CAPSULE	114	44	136	40	19.30%
HYDROXYZINE PAMOATE CAPSULE	130	36	135	41	3.85%
LORATADINE TABLET	111	49	132	42	18.92%
CLONAZEPAM TABLET	125	38	125	43	0.00%
FERROUS SULFATE TABLET	109	51	123	44	12.84%
PRAZOSIN HCL CAPSULE	122	41	123	45	0.82%
AMOXICILLIN CAPSULE	76	76	118	46	55.26%
MIRTAZAPINE TABLET	105	53	117	47	11.43%
FAMOTIDINE TABLET	125	39	116	48	-7.20%
METFORMIN HCL TABLET ER 24HR	112	48	116	49	3.57%
TOPIRAMATE TABLET	114	45	115	50	0.88%

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	June through August 2022	PREVIOUS RANK	September through November 2022	RANK	PERCENT CHANGE
CYCLOBENZAPRINE HCL TABLET	144	35	115	51	-20.14%
ATOMOXETINE HCL CAPSULE	85	67	113	52	32.94%
TRAMADOL HCL TABLET	114	46	109	53	-4.39%
AMOXICILLIN & POT CLAVULANATE TABLET	101	56	108	54	6.93%
FUROSEMIDE TABLET	106	52	106	55	0.00%
DEXMETHYLPHENIDATE HCL CAPSULE ER 24HR	124	40	105	56	-15.32%
AMPHETAMINE-DEXTROAMPHETAMINE TABLET	90	64	104	57	15.56%
BACLOFEN TABLET	119	42	98	58	-17.65%
MELOXICAM TABLET	103	54	97	59	-5.83%
CETIRIZINE HCL SOLUTION	103	55	96	60	-6.80%
METOPROLOL SUCCINATE TABLET ER 24HR	97	58	95	61	-2.06%
SYMBICORT	92	62	95	62	3.26%
LEVETIRACETAM TABLET	116	43	93	63	-19.83%
METRONIDAZOLE TABLET	93	61	93	64	0.00%
MONTELUKAST SODIUM TABLET CHEWABLE	94	60	92	65	-2.13%
OLANZAPINE TABLET	85	68	91	66	7.06%
DOXYCYCLINE (MONOHYDRATE) CAPSULE	71	81	89	67	25.35%
OXYCODONE HCL TABLET	110	50	84	68	-23.64%
AZITHROMYCIN FOR SUSPENSION	36	124	83	69	130.56%
ALBUTEROL SULFATE AEROSOL SOLN	39	116	82	70	110.26%
SULFAMETHOXAZOLE-TRIMETHOPRIM TABLET	99	57	80	71	-19.19%
LEVETIRACETAM SOLUTION	77	75	80	72	3.90%

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	June through August 2022	PREVIOUS RANK	September through November 2022	RANK	PERCENT CHANGE
FLOVENT HFA	65	86	80	73	23.08%
ONDANSETRON HCL TABLET	85	66	78	74	-8.24%
HYDROCHLOROTHIAZIDE TABLET	67	83	76	75	13.43%
ALPRAZOLAM TABLET	81	70	76	76	-6.17%
LORAZEPAM TABLET	79	73	75	77	-5.06%
LANTUS SOLOSTAR	80	71	74	78	-7.50%
METHYLPHENIDATE HCL TABLET	45	110	73	79	62.22%
GUANFACINE HCL (ADHD) TABLET ER 24HR	67	84	73	80	8.96%
PROPRANOLOL HCL TABLET	74	78	73	81	-1.35%
BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE TAB SUBLINGUAL	47	107	72	82	53.19%
ACETAMINOPHEN TABLET	71	80	72	83	1.41%
ASPIRIN TABLET DR	83	69	72	84	-13.25%
FLUCONAZOLE TABLET	57	92	71	85	24.56%
SPIRONOLACTONE TABLET	62	88	70	86	12.90%
AMITRIPTYLINE HCL TABLET	51	97	70	87	37.25%
MUPIROCIN OINTMENT	57	90	70	88	22.81%
NAPROXEN TABLET	80	72	69	89	-13.75%
CARVEDILOL TABLET	63	87	67	90	6.35%
OXCARBAZEPINE TABLET	54	94	64	91	18.52%
METOPROLOL TARTRATE TABLET	71	82	64	92	-9.86%
DIVALPROEX SODIUM TABLET ER 24HR	50	100	62	93	24.00%
AMOXICILLIN TABLET	39	115	62	94	58.97%
ROSUVASTATIN CALCIUM TABLET	55	93	61	95	10.91%
LOSARTAN POTASSIUM TABLET	74	77	59	96	-20.27%
TRULICITY	66	85	58	97	-12.12%

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	June through August 2022	PREVIOUS RANK	September through November 2022	RANK	PERCENT CHANGE
GABAPENTIN TABLET	59	89	56	98	-5.08%
NALTREXONE HCL TABLET	46	108	56	99	21.74%
CITALOPRAM HYDROBROMIDE TABLET	53	95	54	100	1.89%



Quarterly Monthly Statistics			
CATEGORY	June 2022 / August 2022	September 2022 / November 2022	% CHANGE
TOTAL PAID AMOUNT	\$129,158,406	\$121,126,342	-6.2%
UNIQUE USERS	171,124	180,883	5.7%
COST PER USER	\$754.76	\$669.64	-11.3%
TOTAL PRESCRIPTIONS	1,127,792	1,083,320	-3.9%
AVERAGE PRESCRIPTIONS PER USER	6.59	5.99	-9.1%
AVERAGE COST PER PRESCRIPTION	\$114.52	\$111.81	-2.4%
# GENERIC PRESCRIPTIONS	1,005,804	967,346	-3.8%
% GENERIC	89.18%	89.29%	0.1%
\$ GENERIC	\$21,368,860	\$20,095,069	-6.0%
AVERAGE GENERIC PRESCRIPTION COST	\$21.25	\$20.77	-2.2%
AVERAGE GENERIC DAYS SUPPLY	32.07	31.32	-2.3%
# BRAND PRESCRIPTIONS	121,988	115,974	-4.9%
% BRAND	10.82%	10.71%	-1.0%
\$ BRAND	\$107,789,545	\$101,031,272	-6.3%
AVERAGE BRAND PRESCRIPTION COST	\$883.61	\$871.15	-1.4%
AVERAGE BRAND DAYS SUPPLY	31.18	31.23	0.2%

UTILIZATION BY AGE		
AGE	June 2022 / August 2022	September 2022 / November 2022
0-6	47,424	65,924
7-12	72,867	78,334
13-18	103,676	103,482
19-64	903,671	835,450
65+	10,033	8,998
TOTAL	1,137,671	1,092,188

UTILIZATION BY GENDER AND AGE			
GENDER	AGE	June 2022 / August 2022	September 2022 / November 2022
F	0-6	20,834	29,411
	7-12	27,735	30,178
	13-18	54,951	54,711
	19-64	604,041	561,287
	65+	6,346	5,573
	Gender Total	713,907	681,160
M	0-6	26,590	36,513
	7-12	45,132	48,156
	13-18	48,725	48,771
	19-64	299,630	274,163
	65+	3,687	3,425
	Gender Total	423,764	411,028
Grand Total		1,137,671	1,092,188



TOP 100 PHARMACIES BY PRESCRIPTION COUNT
September 2022 / November 2022

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
1	AMBULATORY CARE PHARMACY	IOWA CITY	IA	13,946	\$6,091,062.54	\$436.76	1
2	WALGREENS #4405	COUNCIL BLUFFS	IA	12,838	\$1,040,469.43	\$81.05	2
3	WALGREENS #5239	DAVENPORT	IA	11,858	\$797,794.47	\$67.28	3
4	WALGREENS #5042	CEDAR RAPIDS	IA	9,022	\$650,642.22	\$72.12	4
5	WALGREENS #7455	WATERLOO	IA	7,011	\$421,274.78	\$60.09	7
6	WALGREENS #359	DES MOINES	IA	6,769	\$493,375.94	\$72.89	5
7	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	6,668	\$552,361.38	\$82.84	9
8	WALGREENS #5721	DES MOINES	IA	6,535	\$476,114.55	\$72.86	6
9	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	6,374	\$299,709.21	\$47.02	8
10	WALGREENS #3700	COUNCIL BLUFFS	IA	6,349	\$464,985.16	\$73.24	10
11	DRILLING PHARMACY	SIOUX CITY	IA	6,071	\$478,314.22	\$78.79	11
12	WALGREENS #15647	SIOUX CITY	IA	5,878	\$385,261.98	\$65.54	13
13	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	5,666	\$407,569.30	\$71.93	14
14	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	5,453	\$604,739.59	\$110.90	12
15	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	5,332	\$518,277.01	\$97.20	15
16	WALGREENS #7453	DES MOINES	IA	5,163	\$345,737.49	\$66.96	16
17	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,917	\$338,991.41	\$68.94	17
18	HY-VEE PHARMACY (1075)	CLINTON	IA	4,869	\$456,530.92	\$93.76	20
19	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	4,809	\$372,349.51	\$77.43	18
20	WALGREENS #4041	DAVENPORT	IA	4,784	\$285,839.21	\$59.75	25
21	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	4,730	\$367,957.62	\$77.79	19
22	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	4,676	\$345,572.71	\$73.90	21



23	MAHASKA DRUGS INC	OSKALOOSA	IA	4,608	\$385,393.26	\$83.64	24
24	WALMART PHARMACY 10-1509	MAQUOKETA	IA	4,534	\$344,201.26	\$75.92	26
25	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	4,493	\$168,134.42	\$37.42	28
26	WALGREENS #5044	BURLINGTON	IA	4,452	\$294,318.55	\$66.11	27
27	WALGREENS #9708	DUBUQUE	IA	4,343	\$250,917.53	\$57.78	30
28	MERCYONE DUBUQUE ELM PHARMACY	DUBUQUE	IA	4,323	\$336,385.89	\$77.81	23
29	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	4,173	\$346,622.91	\$83.06	29
30	WALGREENS #3595	DAVENPORT	IA	4,148	\$241,472.62	\$58.21	22
31	HY-VEE PHARMACY (1449)	NEWTON	IA	4,128	\$296,392.45	\$71.80	31
32	HY-VEE PHARMACY (1396)	MARION	IA	4,073	\$315,771.97	\$77.53	34
33	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	4,034	\$295,487.77	\$73.25	33
34	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	3,948	\$322,040.58	\$81.57	38
35	HY-VEE PHARMACY (1850)	WASHINGTON	IA	3,896	\$218,022.33	\$55.96	32
36	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	3,842	\$331,968.08	\$86.41	37
37	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	3,803	\$388,664.45	\$102.20	43
38	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,720	\$273,010.68	\$73.39	47
39	SOUTH SIDE DRUG	OTTUMWA	IA	3,708	\$338,864.84	\$91.39	39
40	STANGEL PHARMACY	ONAWA	IA	3,693	\$277,495.66	\$75.14	45
41	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,689	\$288,847.92	\$78.30	46
42	WALGREENS #3875	CEDAR RAPIDS	IA	3,662	\$315,133.05	\$86.05	54
43	REUTZEL PHARMACY	CEDAR RAPIDS	IA	3,652	\$308,430.70	\$84.46	35
44	HY-VEE PHARMACY (1433)	MT PLEASANT	IA	3,638	\$254,927.22	\$70.07	51
45	WALGREENS #5470	SIOUX CITY	IA	3,617	\$252,447.26	\$69.79	49
46	WALGREENS #7454	ANKENY	IA	3,607	\$217,666.85	\$60.35	42
47	HY-VEE PHARMACY (1459)	OELWEIN	IA	3,598	\$253,911.95	\$70.57	40
48	WALGREENS #5886	KEOKUK	IA	3,568	\$272,563.40	\$76.39	56



49	CVS PHARMACY #10282	FORT DODGE	IA	3,564	\$253,538.32	\$71.14	57
50	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	3,562	\$223,007.06	\$62.61	48
51	WALGREENS #11942	DUBUQUE	IA	3,509	\$254,531.53	\$72.54	41
52	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	3,491	\$255,556.59	\$73.20	50
53	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	3,491	\$244,606.90	\$70.07	44
54	WALGREENS #7452	DES MOINES	IA	3,456	\$249,480.98	\$72.19	59
55	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	3,427	\$273,066.66	\$79.68	60
56	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	3,415	\$308,646.62	\$90.38	53
57	CVS PHARMACY #08546	WATERLOO	IA	3,412	\$244,164.80	\$71.56	62
58	WALGREENS #5119	CLINTON	IA	3,411	\$242,627.64	\$71.13	55
59	UI HEALTHCARE - IOWA RIVER LANDING PHARMACY	CORALVILLE	IA	3,345	\$113,727.97	\$34.00	70
60	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	3,334	\$232,961.76	\$69.87	67
61	WALMART PHARMACY 10-0985	FAIRFIELD	IA	3,314	\$222,993.35	\$67.29	69
62	WALMART PHARMACY 10-2889	CLINTON	IA	3,313	\$248,422.11	\$74.98	75
63	WALMART PHARMACY 10-0784	MT PLEASANT	IA	3,303	\$215,931.19	\$65.37	68
64	NUCARA LTC PHARMACY #3	IOWA CITY	IA	3,297	\$115,836.22	\$35.13	58
65	WAGNER PHARMACY	CLINTON	IA	3,242	\$241,466.56	\$74.48	66
66	RIGHT DOSE PHARMACY	ANKENY	IA	3,221	\$208,357.92	\$64.69	36
67	SCOTT PHARMACY	FAYETTE	IA	3,175	\$241,234.88	\$75.98	64
68	WALMART PHARMACY 10-3394	ATLANTIC	IA	3,149	\$231,151.20	\$73.40	72
69	LAGRANGE PHARMACY	VINTON	IA	3,146	\$304,613.55	\$96.83	74
70	HY-VEE PHARMACY (1065)	CHARITON	IA	3,137	\$260,126.23	\$82.92	65
71	DANIEL PHARMACY	FT DODGE	IA	3,100	\$238,048.88	\$76.79	71
72	HY-VEE PHARMACY (1522)	PERRY	IA	3,053	\$236,721.79	\$77.54	83
73	HARTIG PHARMACY SERVICES	DUBUQUE	IA	3,039	\$241,555.76	\$79.49	52
74	WALMART PHARMACY 10-5115	DAVENPORT	IA	3,038	\$278,516.89	\$91.68	90



75	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	3,025	\$256,400.29	\$84.76	63
76	WALMART PHARMACY 10-3590	SIOUX CITY	IA	3,005	\$226,764.16	\$75.46	76
77	HY-VEE PHARMACY (1530)	PLEASANT HILL	IA	3,001	\$185,562.60	\$61.83	78
78	WALGREENS #4714	DES MOINES	IA	2,956	\$207,733.60	\$70.28	100
79	WALMART PHARMACY 10-0646	ANAMOSA	IA	2,936	\$218,292.82	\$74.35	87
80	HY-VEE PHARMACY (1180)	FAIRFIELD	IA	2,930	\$209,041.64	\$71.35	77
81	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,905	\$247,583.10	\$85.23	88
82	WALGREENS #5852	DES MOINES	IA	2,897	\$205,611.77	\$70.97	81
83	MERCYONE FOREST PARK PHARMACY	MASON CITY	IA	2,882	\$221,192.11	\$76.75	73
84	MEDICAP PHARMACY	KNOXVILLE	IA	2,879	\$263,168.12	\$91.41	86
85	WALGREENS #5362	DES MOINES	IA	2,840	\$197,680.64	\$69.61	79
86	HY-VEE PHARMACY (1382)	LEMARS	IA	2,816	\$247,189.70	\$87.78	89
87	WALMART PHARMACY 10-1723	DES MOINES	IA	2,807	\$206,957.20	\$73.73	85
88	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	2,793	\$161,017.61	\$57.65	82
89	HY-VEE PHARMACY #1 (1054)	CEDAR RAPIDS	IA	2,789	\$287,552.31	\$103.10	99
90	WALMART PHARMACY 10-1732	DENISON	IA	2,775	\$204,428.43	\$73.67	105
91	WALMART PHARMACY 10-0559	MUSCATINE	IA	2,768	\$175,605.01	\$63.44	91
92	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	2,745	\$230,513.68	\$83.98	101
93	HY-VEE PHARMACY (1009)	ALBIA	IA	2,736	\$139,031.88	\$50.82	96
94	HY-VEE PHARMACY #2 (1018)	AMES	IA	2,729	\$228,108.86	\$83.59	97
95	THOMPSON DEAN DRUG	SIOUX CITY	IA	2,702	\$251,017.57	\$92.90	94
96	WALGREENS #11759	FORT MADISON	IA	2,699	\$252,393.80	\$93.51	114
97	HY-VEE PHARMACY (1481)	OSKALOOSA	IA	2,669	\$228,105.80	\$85.46	98
98	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	2,663	\$192,516.92	\$72.29	103
99	WALGREENS #7968	DES MOINES	IA	2,644	\$173,240.03	\$65.52	109
100	MEDICAP LTC	INDIANOLA	IA	2,644	\$111,319.09	\$42.10	80



TOP 100 PHARMACIES BY PAID AMOUNT
September 2022 / November 2022

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	AMBULATORY CARE PHARMACY	IOWA CITY	IA	13,946	\$6,091,062.54	\$2,090.99	1
2	CAREMARK KANSAS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	LENEXA	KS	908	\$5,930,967.69	\$14,608.29	2
3	COMMUNITY, A WALGREENS PHARMACY #16528	DES MOINES	IA	577	\$2,726,110.47	\$12,062.44	4
4	CVS/SPECIALTY	MONROEVILLE	PA	332	\$2,554,829.95	\$17,379.80	6
5	UNITYPOINT AT HOME	URBANDALE	IA	878	\$2,166,324.86	\$7,548.17	5
6	CAREMARK ILLINOIS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	MT PROSPECT	IL	246	\$2,061,813.00	\$23,699.00	3
7	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	1,877	\$1,781,308.22	\$8,362.95	7
8	COMMUNITY, A WALGREENS PHARMACY #21250	IOWA CITY	IA	456	\$1,729,687.65	\$6,783.09	9
9	HY-VEE PHARMACY SOLUTIONS	OMAHA	NE	292	\$1,717,044.79	\$12,264.61	10
10	CVS PHARMACY #00102	AURORA	CO	185	\$1,412,688.32	\$19,090.38	8
11	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	76	\$1,043,286.02	\$37,260.22	14
12	WALGREENS #4405	COUNCIL BLUFFS	IA	12,838	\$1,040,469.43	\$391.15	11
13	EXPRESS SCRIPTS SPECIALTY DIST SVCS	SAINT LOUIS	MO	72	\$949,080.08	\$32,726.90	13
14	WALGREENS #5239	DAVENPORT	IA	11,858	\$797,794.47	\$286.67	16
15	ALLIANCERX WALGREENS PHARMACY #16280	FRISCO	TX	41	\$762,654.88	\$69,332.26	12
16	CAREMARK LLC, DBA CVS/SPECIALTY	REDLANDS	CA	28	\$735,186.12	\$56,552.78	17
17	AMBER SPECIALTY PHARMACY	OMAHA	NE	162	\$725,251.19	\$15,109.40	18
18	KROGER SPECIALTY PHARMACY LA	HARVEY	LA	100	\$707,399.36	\$14,737.49	15
19	WALGREENS #5042	CEDAR RAPIDS	IA	9,022	\$650,642.22	\$283.13	22
20	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	5,453	\$604,739.59	\$754.04	20
21	EVERSANA LIFE SCIENCE SERVICES, LLC	CHESTERFIELD	MO	20	\$567,183.66	\$70,897.96	33
22	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	6,668	\$552,361.38	\$330.36	21



23	PANTHERX SPECIALTY PHARMACY	PITTSBURGH	PA	22	\$541,339.40	\$67,667.43	19
24	OPTUM PHARMACY 702, LLC	JEFFERSONVILLE	IN	60	\$533,121.53	\$14,029.51	23
25	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	5,332	\$518,277.01	\$516.21	29
26	ORSINI PHARMACEUTICAL SERVICES LLC	ELK GROVE VILLAGE	IL	23	\$499,162.60	\$71,308.94	26
27	WALGREENS #359	DES MOINES	IA	6,769	\$493,375.94	\$280.81	25
28	CR CARE PHARMACY	CEDAR RAPIDS	IA	1,946	\$486,755.15	\$2,362.89	30
29	WALGREENS #16270	OMAHA	NE	157	\$485,374.31	\$10,551.62	28
30	DRILLING PHARMACY	SIOUX CITY	IA	6,071	\$478,314.22	\$820.44	32
31	WALGREENS #5721	DES MOINES	IA	6,535	\$476,114.55	\$253.25	31
32	WALGREENS #3700	COUNCIL BLUFFS	IA	6,349	\$464,985.16	\$367.58	27
33	HY-VEE PHARMACY (1075)	CLINTON	IA	4,869	\$456,530.92	\$542.20	40
34	THE NEBRASKA MEDICAL CENTER CLINIC PHARMACY	OMAHA	NE	800	\$431,536.02	\$2,508.93	37
35	WALGREENS #7455	WATERLOO	IA	7,011	\$421,274.78	\$223.49	35
36	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	5,666	\$407,569.30	\$371.87	38
37	GENOA HEALTHCARE, LLC	DAVENPORT	IA	2,011	\$395,796.87	\$1,858.20	36
38	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	3,803	\$388,664.45	\$582.71	43
39	MAHASKA DRUGS INC	OSKALOOSA	IA	4,608	\$385,393.26	\$564.27	53
40	WALGREENS #15647	SIOUX CITY	IA	5,878	\$385,261.98	\$261.90	34
41	ANOVORX GROUP LLC	MEMPHIS	TN	34	\$377,154.16	\$31,429.51	41
42	ALLEN CLINIC PHARMACY	WATERLOO	IA	1,101	\$373,212.01	\$1,060.26	67
43	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	4,809	\$372,349.51	\$451.33	48
44	ARJ INFUSION SERVICES, LLC	CEDAR RAPIDS	IA	44	\$368,651.82	\$36,865.18	114
45	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	4,730	\$367,957.62	\$409.75	44
46	SUPERIOR PHARMACY SOLUTIONS, INC	SCHAUMBURG	IL	11	\$353,563.45	\$176,781.73	223
47	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	4,173	\$346,622.91	\$388.16	56
48	WALGREENS #7453	DES MOINES	IA	5,163	\$345,737.49	\$279.05	58



49	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	4,676	\$345,572.71	\$474.69	47
50	WALMART PHARMACY 10-1509	MAQUOKETA	IA	4,534	\$344,201.26	\$423.89	42
51	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,917	\$338,991.41	\$402.13	46
52	SOUTH SIDE DRUG	OTTUMWA	IA	3,708	\$338,864.84	\$599.76	45
53	MERCYONE DUBUQUE ELM PHARMACY	DUBUQUE	IA	4,323	\$336,385.89	\$703.74	54
54	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	3,842	\$331,968.08	\$637.17	50
55	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	1,804	\$324,728.13	\$1,503.37	52
56	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	3,948	\$322,040.58	\$363.89	64
57	HY-VEE PHARMACY (1396)	MARION	IA	4,073	\$315,771.97	\$406.40	55
58	WALGREENS #3875	CEDAR RAPIDS	IA	3,662	\$315,133.05	\$372.06	66
59	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	3,415	\$308,646.62	\$621.02	51
60	REUTZEL PHARMACY	CEDAR RAPIDS	IA	3,652	\$308,430.70	\$1,038.49	57
61	FAIRVIEW SPECIALTY SERVICES PHARMACY	MINNEAPOLIS	MN	33	\$305,029.34	\$33,892.15	143
62	LAGRANGE PHARMACY	VINTON	IA	3,146	\$304,613.55	\$621.66	71
63	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	6,374	\$299,709.21	\$336.37	49
64	HY-VEE PHARMACY (1449)	NEWTON	IA	4,128	\$296,392.45	\$420.41	63
65	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	4,034	\$295,487.77	\$389.31	60
66	INFOCUS PHARMACY SERVICES	DUBUQUE	IA	2,280	\$295,025.14	\$1,156.96	61
67	WALGREENS #5044	BURLINGTON	IA	4,452	\$294,318.55	\$296.99	84
68	MISSION CANCER + BLOOD	DES MOINES	IA	24	\$294,084.50	\$24,507.04	153
69	BIOLOGICS BY MCKESSON	CARY	NC	22	\$292,974.06	\$36,621.76	95
70	MEDICAP PHARMACY	DES MOINES	IA	2,316	\$292,165.76	\$1,340.21	65
71	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	1,928	\$290,310.63	\$2,268.05	39
72	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,689	\$288,847.92	\$442.34	62
73	HY-VEE PHARMACY #1 (1054)	CEDAR RAPIDS	IA	2,789	\$287,552.31	\$535.48	72
74	WALGREENS #4041	DAVENPORT	IA	4,784	\$285,839.21	\$229.59	79



75	WALMART PHARMACY 10-5115	DAVENPORT	IA	3,038	\$278,516.89	\$432.48	81
76	STANGEL PHARMACY	ONAWA	IA	3,693	\$277,495.66	\$565.16	77
77	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	3,427	\$273,066.66	\$465.19	86
78	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,720	\$273,010.68	\$433.35	76
79	WALGREENS #5886	KEOKUK	IA	3,568	\$272,563.40	\$445.37	102
80	PANTHERX SPECIALTY PHARMACY	PITTSBURGH	PA	29	\$271,299.00	\$22,608.25	168
81	WALMART PHARMACY 10-1621	CENTERVILLE	IA	2,255	\$269,268.22	\$550.65	59
82	PRIMARY HEALTHCARE PHARMACY	DES MOINES	IA	1,564	\$263,596.92	\$853.06	91
83	MEDICAP PHARMACY	KNOXVILLE	IA	2,879	\$263,168.12	\$758.41	70
84	HY-VEE PHARMACY (1065)	CHARITON	IA	3,137	\$260,126.23	\$446.95	99
85	MAIN AT LOCUST PHARMACY AND MEDICAL SUPPLY	DAVENPORT	IA	2,642	\$257,679.81	\$1,204.11	106
86	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	3,025	\$256,400.29	\$399.38	69
87	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	3,491	\$255,556.59	\$382.00	82
88	HY-VEE PHARMACY (1433)	MT PLEASANT	IA	3,638	\$254,927.22	\$388.02	104
89	WALGREENS #11942	DUBUQUE	IA	3,509	\$254,531.53	\$327.16	68
90	HY-VEE PHARMACY (1459)	OELWEIN	IA	3,598	\$253,911.95	\$367.99	92
91	CVS PHARMACY #10282	FORT DODGE	IA	3,564	\$253,538.32	\$376.73	116
92	WALGREENS #5470	SIOUX CITY	IA	3,617	\$252,447.26	\$308.99	75
93	WALGREENS #11759	FORT MADISON	IA	2,699	\$252,393.80	\$470.01	78
94	ALLIANCERX WALGREENS PHARMACY #15438	CANTON	MI	30	\$251,696.53	\$19,361.27	190
95	ALLIANCERX WALGREENS PHARMACY #15443	FRISCO	TX	24	\$251,283.86	\$25,128.39	152
96	THOMPSON DEAN DRUG	SIOUX CITY	IA	2,702	\$251,017.57	\$738.29	101
97	WALGREENS #9708	DUBUQUE	IA	4,343	\$250,917.53	\$222.84	88
98	WALGREENS #7452	DES MOINES	IA	3,456	\$249,480.98	\$294.55	98
99	WALMART PHARMACY 10-2889	CLINTON	IA	3,313	\$248,422.11	\$356.42	123
100	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,905	\$247,583.10	\$533.58	85

TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
September 2022 / November 2022

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
1	1982605762	Jeffrey Wilharm	\$163,849.57	2,719	5.94	1
2	1437238110	Genevieve Nelson	\$198,880.57	1,983	2.82	11
3	1073945499	Jennifer Zalaznik	\$156,541.84	1,981	3.84	2
4	1215146055	Rebecca Wolfe	\$128,759.17	1,914	2.45	5
5	1922455096	Dean Guerdet	\$234,082.23	1,910	2.99	3
6	1013115369	Bobbita Nag	\$81,479.46	1,863	2.11	6
7	1790013209	Tracy Tschudi	\$230,044.10	1,826	2.80	7
8	1356096572	Natasha Lash	\$181,844.26	1,767	3.15	90
9	1467502286	Charles Tilley	\$187,296.07	1,756	3.49	4
10	1215125216	Rebecca Walding	\$200,748.87	1,685	3.69	8
11	1467907394	Cynthia Coenen	\$183,825.25	1,684	3.30	9
12	1043434525	Robert Kent	\$92,027.20	1,643	2.95	19
13	1164538674	Joseph Wanzek	\$122,685.06	1,613	3.58	24
14	1841293354	Keith Guess	\$66,363.35	1,580	2.54	21
15	1447680848	Mindy Roberts	\$167,031.58	1,537	2.48	16
16	1659358620	Carlos Castillo	\$80,058.72	1,527	2.94	12
17	1902912538	Christian Jones	\$86,302.28	1,467	2.54	13
18	1982030946	Jacklyn Besch	\$67,528.91	1,446	2.79	15
19	1609218304	Amanda Garr	\$221,182.24	1,438	2.96	17
20	1043211303	Ali Safdar	\$278,650.15	1,400	2.30	25
21	1457584740	Eric Meyer	\$129,114.74	1,397	2.42	18
22	1316356496	Kimberly Roberts	\$76,413.58	1,381	2.96	19
23	1437209434	Jon Thomas	\$81,356.06	1,381	2.30	14



24	1902478811	Joan Anderson	\$283,727.50	1,367	3.05	28
25	1477199198	Sajo Thomas	\$160,651.94	1,363	2.79	26
26	1538157383	David Wenger-Keller	\$72,551.70	1,356	4.04	32
27	1770933046	Shelby Biller	\$286,396.87	1,342	2.24	27
28	1902850845	Deborah Bahe	\$113,326.14	1,323	3.62	23
29	1063491645	Allyson Wheaton	\$91,838.87	1,306	2.20	22
30	1275763047	Rebecca Bowman	\$222,165.16	1,288	2.42	33
31	1588193643	Kathleen McGuire	\$96,081.43	1,274	2.42	43
32	1215184726	Babuji Gandra	\$65,582.36	1,268	2.48	38
33	1073500690	Kathleen Adams	\$76,240.46	1,260	2.64	35
34	1902358443	Melissa Konken	\$226,795.92	1,246	3.05	30
35	1174176093	Carol Chukwuka	\$131,370.96	1,242	2.21	47
36	1124006770	Wook Kim	\$72,218.55	1,213	2.97	37
37	1134191018	Dustin Smith	\$68,023.30	1,211	3.06	40
38	1801998372	Wendy Hansen-Penman	\$37,123.52	1,206	3.40	34
39	1558770974	Marc Baumert	\$57,635.80	1,173	2.49	36
40	1538368170	Christopher Matson	\$32,881.75	1,136	3.17	41
41	1619380680	Tara Brockman	\$38,149.62	1,130	2.43	42
42	1568431880	Pomilla Kumar	\$60,166.58	1,123	3.94	48
43	1285697722	Douglas Jones	\$121,217.45	1,122	2.46	39
44	1669088654	Jinxia Peng	\$79,149.50	1,099	1.79	134
45	1689077018	Stacy Roth	\$94,572.15	1,092	2.81	54
46	1821423799	Dorothy Metz	\$68,685.68	1,081	2.64	29
47	1649248378	Kathleen Wild	\$49,593.70	1,064	2.67	52
48	1063497840	Kaye Cleveland	\$117,854.14	1,060	3.63	44
49	1043418809	Michael Ciliberto	\$436,149.91	1,046	2.46	46



50	1649209933	Richard Blunk	\$72,642.17	1,043	2.23	76
51	1730173766	Frank Babcock	\$80,446.56	1,042	3.31	60
52	1205393386	Jessica Hudspeth	\$102,391.07	1,041	3.05	59
53	1053630640	Jennifer Donovan	\$140,997.75	1,020	2.83	73
54	1316471154	Nicole Woolley	\$83,366.58	1,018	2.13	51
55	1619153137	Joada Best	\$71,984.54	1,007	2.60	53
56	1720698335	Danika Hansen	\$89,361.02	1,003	3.01	45
57	1255405338	Bryan Netolicky	\$122,638.62	983	2.45	78
58	1871598557	Christopher Vandelune	\$64,738.03	983	2.90	88
59	1730434069	Larissa Biscoe	\$76,200.05	977	2.35	10
60	1205169273	Teresa Dowling	\$65,699.57	968	4.17	49
61	1679573893	Patty Hildreth	\$163,541.94	966	2.76	89
62	1932652757	Kelsie Swisher	\$293,241.96	966	2.98	55
63	1215434691	Dorcas Kamau	\$46,485.24	963	3.58	238
64	1710941000	Laurie Warren	\$100,385.12	959	3.60	57
65	1891146999	Becky Johnson	\$846,009.63	958	2.72	61
66	1013499029	Spencer Kissel	\$111,701.90	952	2.98	31
67	1063408870	Paul McGee	\$143,318.40	950	3.55	50
68	1164823092	Jamey Gregersen	\$81,266.13	943	2.74	57
69	1831751908	Kelsey Frame	\$83,165.16	941	2.60	81
70	1679669832	Erin Hatcher	\$126,639.15	938	2.39	62
71	1144214248	Kristi Walz	\$112,074.50	937	3.18	85
72	1689139669	Benjamin Bolmeier	\$67,113.79	930	2.51	82
73	1609946243	Sina Linman	\$57,242.62	928	2.20	79
74	1255823506	Nicole Delagardelle	\$166,639.33	927	2.55	65
75	1871105916	Lacie Theis	\$68,758.37	914	2.81	73



76	1528329398	Erin Rowan	\$40,340.58	909	2.23	66
77	1538149042	Eric Petersen	\$19,392.21	905	4.30	93
78	1275844649	Katie Campbell	\$128,023.11	902	2.72	68
79	1417549932	Amanda McCormick	\$69,538.60	898	2.44	94
80	1114521721	Tarrah Holliday	\$172,435.98	896	3.00	69
81	1871934851	Benjamin Kolner	\$79,371.28	896	2.77	98
82	1932582988	Dianne Humphrey	\$58,314.10	896	2.78	94
83	1437692803	Cassandra Dunlavy	\$57,346.90	893	2.92	71
84	1588746515	Amy Badberg	\$45,672.98	893	2.37	138
85	1356754337	Cyndi McCormick	\$116,782.40	891	3.01	56
86	1831710987	Margaret Fuller	\$69,641.80	889	2.44	115
87	1912991340	Ghada Hamdan-Allen	\$59,768.23	882	2.59	67
88	1477926434	Jackie Shipley	\$40,469.88	874	2.41	125
89	1841220290	Kent Kunze	\$56,797.41	873	2.48	83
90	1669056123	Kama Ausborn	\$189,429.95	870	2.89	86
91	1821268335	Jacqueline McInnis	\$117,016.82	867	3.55	96
92	1396083531	Joni Hanshaw	\$38,558.30	866	3.12	91
93	1821333774	Brittini Benda	\$69,074.46	863	2.20	100
94	1699740159	Frank Marino	\$45,118.31	861	1.97	103
95	1912971425	Sherry Adams	\$128,445.72	856	2.55	72
96	1114544681	Rachael Ploessl	\$49,723.12	852	2.66	108
97	1053963900	Nicole McClavy	\$128,969.32	850	2.31	84
98	1154779460	Molly Eichenberger	\$53,631.72	850	3.22	97
99	1255096251	Kayla Herren	\$38,498.72	847	2.92	248
100	1225414576	Sara Kuhn	\$85,608.36	843	3.31	125



TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
September 2022 / November 2022

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
1	1376777524	Alladdin Abosaida	\$981,560.99	\$2,315.00	424	1
2	1891146999	Becky Johnson	\$846,009.63	\$883.10	958	2
3	1326034984	Katherine Mathews	\$740,341.60	\$10,004.62	74	3
4	1295091510	Rebecca Weiner	\$685,877.47	\$1,369.02	501	6
5	1477761328	Amy Calhoun	\$633,009.12	\$10,913.95	58	4
6	1417443953	Rodney Clark	\$617,046.99	\$1,162.05	531	5
7	1285748004	Bruce Hughes	\$492,879.74	\$2,969.16	166	7
8	1437121407	Linda Cadaret	\$452,896.55	\$4,043.72	112	13
9	1013126705	Janice Staber	\$451,888.87	\$11,891.81	38	8
10	1043418809	Michael Ciliberto	\$436,149.91	\$416.97	1046	12
11	1093382632	Gail Dooley	\$375,505.15	\$1,796.68	209	14
12	1356337273	Lisa Menzies	\$372,192.07	\$679.18	548	17
13	1841632965	Ahmad Al-Huniti	\$353,648.27	\$27,203.71	13	207
14	1952420705	Eric Rush	\$346,715.04	\$43,339.38	8	22
15	1497060776	Usha Perepu	\$340,427.49	\$4,052.71	84	11
16	1578958542	Heidi Curtis	\$332,424.69	\$1,445.32	230	23
17	1588616171	Heather Thomas	\$316,632.82	\$2,311.19	137	73
18	1386084747	Jennifer Condon	\$296,795.98	\$857.79	346	15
19	1720086523	Mark Cleveland	\$296,539.18	\$1,230.45	241	43
20	1932652757	Kelsie Swisher	\$293,241.96	\$303.56	966	25
21	1649419219	Heather Hunemuller	\$287,829.24	\$1,119.96	257	24
22	1770933046	Shelby Biller	\$286,396.87	\$213.41	1342	32
23	1841607900	Shayla Sanders	\$285,485.31	\$1,878.19	152	9



24	1902478811	Joan Anderson	\$283,727.50	\$207.55	1367	33
25	1043211303	Ali Safdar	\$278,650.15	\$199.04	1400	35
26	1760480289	Michael Brooks	\$278,288.61	\$2,076.78	134	30
27	1174748180	Mohammad Alsharabati	\$269,884.07	\$1,083.87	249	27
28	1023108701	Ronald Zolty	\$263,920.67	\$4,256.79	62	18
29	1306071915	Thomas Pietras	\$259,726.55	\$1,325.14	196	20
30	1316934318	Steven Lentz	\$259,303.68	\$7,008.21	37	48
31	1558357806	Robin Hayward	\$255,176.00	\$1,862.60	137	34
32	1366858334	Alicia Duyvejonck	\$254,668.19	\$497.40	512	28
33	1376525196	Randolph Rough	\$252,003.14	\$2,377.39	106	57
34	1033554498	Matthew Landherr	\$249,402.71	\$1,362.86	183	60
35	1134249832	Steven Craig	\$248,098.03	\$1,550.61	160	31
36	1447242359	Daniel Sleiter	\$246,189.69	\$882.40	279	37
37	1821046087	Archana Verma	\$242,301.41	\$2,472.46	98	103
38	1104804053	Winthrop Risk	\$240,059.16	\$479.16	501	62
39	1922455096	Dean Guerdet	\$234,082.23	\$122.56	1910	42
40	1790013209	Tracy Tschudi	\$230,044.10	\$125.98	1826	50
41	1366826109	Alyssa Mrsny	\$227,160.45	\$954.46	238	19
42	1902358443	Melissa Konken	\$226,795.92	\$182.02	1246	38
43	1285626390	Kathleen Gradoville	\$225,708.53	\$892.13	253	86
44	1487648705	Karen Hunke	\$222,889.88	\$1,675.86	133	138
45	1275763047	Rebecca Bowman	\$222,165.16	\$172.49	1288	41
46	1538676150	Megan Dietzel	\$221,448.01	\$2,636.29	84	136
47	1609218304	Amanda Garr	\$221,182.24	\$153.81	1438	52
48	1225263833	Lindsay Orris	\$220,029.25	\$1,042.79	211	21
49	1871039917	Elizabeth Allen	\$219,869.38	\$3,140.99	70	63



50	1447373832	Joshua Wilson	\$215,624.81	\$3,036.97	71	66
51	1124216676	Wendy Sanders	\$212,344.09	\$729.70	291	49
52	1356445886	Megan Eisel	\$212,298.34	\$1,179.44	180	71
53	1285765354	Cory Pittman	\$212,151.54	\$1,753.32	121	87
54	1326211889	James Friedlander	\$211,932.05	\$2,616.45	81	10
55	1730406356	Christina Warren	\$211,701.80	\$1,156.84	183	55
56	1174817134	Vuong Nayima	\$208,269.91	\$570.60	365	404
57	1730135070	James Wallace	\$208,183.92	\$2,021.20	103	82
58	1356834113	Susan Deo	\$206,516.51	\$1,626.11	127	67
59	1700417169	Courtney Reints	\$203,573.57	\$605.87	336	47
60	1942262688	Lori Schumann	\$203,296.82	\$376.48	540	45
61	1215125216	Rebecca Walding	\$200,748.87	\$119.14	1685	59
62	1467449579	Brian Wayson	\$200,158.15	\$3,335.97	60	16
63	1740700632	Jessica Dunne	\$198,961.93	\$310.39	641	58
64	1104891704	Akshay Mahadevia	\$198,926.09	\$975.13	204	51
65	1437238110	Genevieve Nelson	\$198,880.57	\$100.29	1983	93
66	1972989721	Jayson Gesulga	\$195,329.66	\$327.73	596	46
67	1699765826	Joseph Merchant	\$190,883.00	\$2,511.62	76	65
68	1669056123	Kama Ausborn	\$189,429.95	\$217.74	870	74
69	1447519038	Erin Richardson	\$187,836.50	\$730.88	257	61
70	1467502286	Charles Tilley	\$187,296.07	\$106.66	1756	40
71	1467907394	Cynthia Coenen	\$183,825.25	\$109.16	1684	69
72	1689942518	Patria Alba Aponte	\$183,624.53	\$946.52	194	81
73	1356096572	Natasha Lash	\$181,844.26	\$102.91	1767	163
74	1477968303	Joseph Larson	\$181,735.01	\$472.04	385	119
75	1487226833	Lily Gullickson	\$181,079.40	\$30,179.90	6	80



76	1720416563	Crystal Oberle	\$180,848.59	\$1,096.05	165	97
77	1043565328	Sara Moeller	\$180,433.91	\$1,106.96	163	94
78	1174584072	Bradley Lair	\$179,587.31	\$1,710.36	105	83
79	1750913406	Carrissa Riggs	\$179,038.14	\$1,377.22	130	187
80	1275061459	Jason Cascio	\$176,686.29	\$5,699.56	31	79
81	1225266364	Sarah Bligh	\$176,546.00	\$663.71	266	70
82	1457986671	Paiton Calvert	\$174,698.22	\$1,468.05	119	78
83	1245353242	Sandy Hong	\$173,882.05	\$1,022.84	170	75
84	1114521721	Tarrah Holliday	\$172,435.98	\$192.45	896	39
85	1013923127	Mark Johnson	\$167,468.13	\$416.59	402	100
86	1447680848	Mindy Roberts	\$167,031.58	\$108.67	1537	90
87	1255823506	Nicole Delagardelle	\$166,639.33	\$179.76	927	88
88	1730293705	Robert Jackson	\$165,903.89	\$1,783.91	93	114
89	1982605762	Jeffrey Wilharm	\$163,849.57	\$60.26	2719	95
90	1679573893	Patty Hildreth	\$163,541.94	\$169.30	966	123
91	1043703887	Tenaea Jeppeson	\$163,233.04	\$226.40	721	109
92	1477199198	Sajo Thomas	\$160,651.94	\$117.87	1363	76
93	1265420095	Elizabeth Cooper	\$159,581.86	\$853.38	187	135
94	1083011613	Bassel Mohammad Nijres	\$157,567.53	\$2,764.34	57	127
95	1942469960	Karen Luken	\$156,639.31	\$2,270.13	69	258
96	1073945499	Jennifer Zalaznik	\$156,541.84	\$79.02	1981	101
97	1720039126	Rodrigo Erlich	\$155,364.54	\$1,508.39	103	56
98	1013978089	Jennifer Bradley	\$154,927.46	\$221.64	699	84
99	1508091109	Melissa Muff-Luett	\$154,833.26	\$3,870.83	40	129
100	1477765584	Sangeeta Shah	\$154,696.10	\$252.36	613	77



TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

CATEGORY DESCRIPTION	June 2022 / August 2022	RANK	% BUDGET	September 2022 / November 2022	RANK	% BUDGET	% CHANGE
ANTIDIABETICS	\$17,217,482	1	13.3%	\$16,109,884	1	13.3%	-6.4%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	\$14,884,893	2	11.5%	\$13,970,818	2	11.5%	-6.1%
ANALGESICS - ANTI-INFLAMMATORY	\$11,650,767	3	9.0%	\$10,714,157	3	8.8%	-8.0%
DERMATOLOGICALS	\$10,155,322	5	7.9%	\$9,790,469	4	8.1%	-3.6%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	\$10,230,159	4	7.9%	\$9,590,134	5	7.9%	-6.3%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	\$6,962,860	6	5.4%	\$7,076,801	6	5.8%	1.6%
ANTIVIRALS	\$5,006,729	7	3.9%	\$4,687,364	7	3.9%	-6.4%
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	\$4,662,854	8	3.6%	\$4,286,324	8	3.5%	-8.1%
ANTICONVULSANTS	\$4,529,028	9	3.5%	\$4,002,357	9	3.3%	-11.6%
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	\$4,290,079	10	3.3%	\$3,865,121	10	3.2%	-9.9%
RESPIRATORY AGENTS - MISC.	\$4,028,281	11	3.1%	\$3,511,427	11	2.9%	-12.8%
ENDOCRINE AND METABOLIC AGENTS - MISC.	\$3,770,186	12	2.9%	\$3,301,488	12	2.7%	-12.4%
MIGRAINE PRODUCTS	\$3,537,462	14	2.7%	\$3,300,745	13	2.7%	-6.7%
ANTIDEPRESSANTS	\$3,574,188	13	2.8%	\$3,231,109	14	2.7%	-9.6%
HEMATOLOGICAL AGENTS - MISC.	\$2,709,744	15	2.1%	\$2,476,024	15	2.0%	-8.6%
ANTICOAGULANTS	\$2,350,251	16	1.8%	\$2,219,908	16	1.8%	-5.5%
CARDIOVASCULAR AGENTS - MISC.	\$2,094,076	17	1.6%	\$1,988,892	17	1.6%	-5.0%
GASTROINTESTINAL AGENTS - MISC.	\$1,469,111	18	1.1%	\$1,518,138	18	1.3%	3.3%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	\$1,251,389	19	1.0%	\$1,185,232	19	1.0%	-5.3%
CONTRACEPTIVES	\$889,076	20	0.7%	\$811,875	20	0.7%	-8.7%

TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

CATEGORY DESCRIPTION	June 2022 / August 2022	PREV RANK	September 2022 / November 2022	CURR RANK	% CHANGE
ANTIDEPRESSANTS	151,952	1	140,819	1	-7.3%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	64,761	3	66,844	2	3.2%
ANTICONVULSANTS	67,790	2	62,903	3	-7.2%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	61,110	4	61,069	4	-0.1%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	52,933	5	49,061	5	-7.3%
ANTIHYPERTENSIVES	52,420	6	47,866	6	-8.7%
ANTIANSXIETY AGENTS	50,910	7	47,257	7	-7.2%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	46,936	8	43,240	8	-7.9%
ANTIDIABETICS	46,729	9	42,744	9	-8.5%
PENICILLINS	21,456	16	32,656	10	52.2%
DERMATOLOGICALS	33,263	10	29,573	11	-11.1%
ANALGESICS - OPIOID	32,346	11	29,139	12	-9.9%
ANALGESICS - ANTI-INFLAMMATORY	30,682	12	28,823	13	-6.1%
ANTIHISTAMINES	29,724	14	28,156	14	-5.3%
ANTIHYPERLIPIDEMICS	30,528	13	27,931	15	-8.5%
CORTICOSTEROIDS	18,266	20	22,820	16	24.9%
BETA BLOCKERS	24,060	15	22,155	17	-7.9%
MUSCULOSKELETAL THERAPY AGENTS	20,899	17	19,248	18	-7.9%
DIURETICS	19,973	18	17,773	19	-11.0%
CEPHALOSPORINS	13,042	24	16,878	20	29.4%

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	June 2022 / August 2022	RANK	September 2022 / November 2022	RANK	% CHANGE
HUMIRA(CF) PEN	\$6,793,438	1	\$6,122,541	1	-9.9%
TRULICITY	\$3,977,876	2	\$3,896,286	2	-2.1%
VYVANSE	\$3,867,319	3	\$3,742,428	3	-3.2%
VRAYLAR	\$3,617,486	4	\$3,410,706	4	-5.7%
LATUDA	\$2,874,070	6	\$2,667,262	5	-7.2%
TRIKAFTA	\$3,016,285	5	\$2,640,630	6	-12.5%
STELARA	\$2,688,365	7	\$2,564,826	7	-4.6%
INVEGA SUSTENNA	\$2,514,403	8	\$2,372,264	8	-5.7%
JARDIANCE	\$2,163,591	9	\$2,110,056	9	-2.5%
BIKTARVY	\$2,147,354	10	\$1,924,852	10	-10.4%
LANTUS SOLOSTAR	\$1,679,472	11	\$1,509,932	11	-10.1%
REXULTI	\$1,494,972	13	\$1,468,479	12	-1.8%
OZEMPIC	\$1,643,395	12	\$1,424,623	13	-13.3%
ELIQUIS	\$1,478,341	14	\$1,388,339	14	-6.1%
SYMBICORT	\$1,414,214	15	\$1,297,312	15	-8.3%
TALTZ AUTOINJECTOR	\$1,182,532	18	\$1,291,774	16	9.2%
DUPIXENT PEN	\$979,501	21	\$1,167,215	17	19.2%
ARISTADA	\$1,243,011	17	\$1,163,274	18	-6.4%
TRINTELLIX	\$1,071,207	20	\$1,010,580	19	-5.7%
ADVAIR DISKUS	\$1,083,201	19	\$992,633	20	-8.4%
VENTOLIN HFA	\$488,995	51	\$992,144	21	102.9%
COSENTYX PEN (2 PENS)	\$965,809	22	\$902,994	22	-6.5%
NURTEC ODT	\$951,164	23	\$869,603	23	-8.6%
ENBREL SURECLICK	\$860,274	26	\$832,171	24	-3.3%



ABILIFY MAINTENA	\$877,480	25	\$813,797	25	-7.3%
DUPIXENT SYRINGE	\$777,277	29	\$781,844	26	0.6%
INGREZZA	\$855,051	27	\$755,452	27	-11.6%
NORDITROPIN FLEXPPO	\$829,074	28	\$740,489	28	-10.7%
FLOVENT HFA	\$749,284	31	\$739,835	29	-1.3%
XARELTO	\$764,006	30	\$738,387	30	-3.4%
MAVYRET	\$620,181	40	\$727,311	31	17.3%
AJOVY AUTOINJECTOR	\$748,677	32	\$698,958	32	-6.6%
XYWAV	\$707,903	35	\$687,458	33	-2.9%
JANUVIA	\$747,571	33	\$675,397	34	-9.7%
SPIRIVA	\$726,570	34	\$637,628	35	-12.2%
PROAIR HFA	\$1,308,570	16	\$629,499	36	-51.9%
EVRYSDI	\$604,430	41	\$598,857	37	-0.9%
INVEGA TRINZA	\$672,405	36	\$597,649	38	-11.1%
TREMFYA	\$523,028	49	\$580,019	39	10.9%
SKYRIZI PEN	\$879,430	24	\$575,446	40	-34.6%
FARXIGA	\$573,364	45	\$568,983	41	-0.8%
TRELEGY ELLIPTA	\$590,767	42	\$566,344	42	-4.1%
EPIDIOLEX	\$553,987	46	\$523,208	43	-5.6%
LANTUS	\$586,528	44	\$510,598	44	-12.9%
LINZESS	\$523,163	48	\$506,028	45	-3.3%
UPTRAVI	\$644,689	38	\$494,574	46	-23.3%
VICTOZA 3-PAK	\$589,795	43	\$493,140	47	-16.4%
INSULIN ASPART FLEXPEN	\$546,999	47	\$489,941	48	-10.4%
STRENSIQ	\$621,285	39	\$484,016	49	-22.1%
TRESIBA FLEXTOUCH U-200	\$510,280	50	\$467,979	50	-8.3%



XIFAXAN	\$436,740	58	\$461,286	51	5.6%
HEMLIBRA	\$477,288	53	\$452,899	52	-5.1%
UBRELVY	\$464,648	55	\$449,868	53	-3.2%
HUMIRA(CF)	\$430,944	59	\$440,246	54	2.2%
VIMPAT	\$671,419	37	\$437,722	55	-34.8%
AUSTEDO	\$368,224	67	\$433,627	56	17.8%
ENTRESTO	\$444,468	56	\$431,668	57	-2.9%
LEVEMIR FLEXTOUCH	\$474,995	54	\$426,903	58	-10.1%
SPIRIVA RESPIMAT	\$444,333	57	\$418,185	59	-5.9%
HUMIRA PEN	\$484,935	52	\$416,565	60	-14.1%
ADVAIR HFA	\$409,764	63	\$395,323	61	-3.5%
WAKIX	\$402,707	64	\$375,194	62	-6.8%
ORFADIN	\$351,719	73	\$374,290	63	6.4%
OTEZLA	\$413,734	61	\$369,715	64	-10.6%
CAPLYTA	\$342,014	76	\$366,962	65	7.3%
JORNAY PM	\$361,744	70	\$364,817	66	0.8%
METHYLPHENIDATE ER	\$354,710	72	\$361,763	67	2.0%
PULMOZYME	\$411,502	62	\$361,383	68	-12.2%
NAGLAZYME	\$351,518	74	\$351,518	69	0.0%
KALYDECO	\$324,163	82	\$350,656	70	8.2%
AIMOVIG AUTOINJECTOR	\$356,546	71	\$349,296	71	-2.0%
CREON	\$337,044	79	\$342,473	72	1.6%
FASENRA PEN	\$365,220	68	\$342,289	73	-6.3%
ADVATE	\$275,634	98	\$327,280	74	18.7%
LYBALVI	\$269,624	101	\$324,972	75	20.5%
SPRYCEL	\$303,846	85	\$317,293	76	4.4%



VERZENIO	\$301,718	86	\$316,345	77	4.8%
ENBREL MINI	\$251,766	111	\$313,871	78	24.7%
CONCERTA	\$124,965	197	\$295,894	79	136.8%
INSULIN LISPRO	\$324,748	81	\$288,728	80	-11.1%
ENBREL	\$296,008	87	\$286,027	81	-3.4%
RAVICTI	\$363,865	69	\$285,485	82	-21.5%
QUILLICHEW ER	\$274,017	99	\$283,386	83	3.4%
DEXILANT	\$341,352	77	\$282,252	84	-17.3%
HUMIRA(CF) PEN CROHN'S-UC-HS	\$235,484	118	\$280,194	85	19.0%
AMOXICILLIN	\$165,162	165	\$275,554	86	66.8%
MOUNJARO	\$38,681	413	\$275,375	87	611.9%
ILARIS	\$347,931	75	\$271,507	88	-22.0%
HAEGARDA	\$419,195	60	\$271,253	89	-35.3%
DESCOVY	\$268,904	102	\$268,982	90	0.0%
OPSUMIT	\$279,125	96	\$268,686	91	-3.7%
GENVOYA	\$277,660	97	\$268,008	92	-3.5%
EMGALITY PEN	\$289,345	90	\$267,187	93	-7.7%
ELOCTATE	\$313,083	83	\$262,960	94	-16.0%
XYREM	\$378,900	65	\$261,622	95	-31.0%
MYRBETRIQ	\$285,235	91	\$257,227	96	-9.8%
EPINEPHRINE	\$375,087	66	\$254,881	97	-32.0%
TYVASO REFILL KIT	\$190,070	149	\$254,565	98	33.9%
INSULIN LISPRO KWIKPEN U-100	\$260,316	105	\$254,150	99	-2.4%
SERTRALINE HCL	\$270,149	100	\$253,794	100	-6.1%

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	June 2022 / August 2022	PREVIOUS RANK	September 2022 / November 2022	RANK	% CHANGE
AMOXICILLIN	13,157	14	21,393	1	62.6%
SERTRALINE HCL	22,545	1	21,127	2	-6.3%
OMEPRAZOLE	21,668	2	19,671	3	-9.2%
TRAZODONE HCL	20,174	3	18,427	4	-8.7%
ESCITALOPRAM OXALATE	18,128	4	16,901	5	-6.8%
ATORVASTATIN CALCIUM	17,837	5	16,291	6	-8.7%
GABAPENTIN	17,590	7	15,727	7	-10.6%
LEVOTHYROXINE SODIUM	15,624	10	14,823	8	-5.1%
VENTOLIN HFA	7,094	45	14,702	9	107.2%
LISINOPRIL	15,686	9	13,959	10	-11.0%
FLUOXETINE HCL	17,767	6	13,689	11	-23.0%
MONTELUKAST SODIUM	13,911	12	13,005	12	-6.5%
CETIRIZINE HCL	15,857	8	12,689	13	-20.0%
BUSPIRONE HCL	13,319	13	12,541	14	-5.8%
PREDNISONE	11,392	21	12,400	15	8.8%
HYDROXYZINE HCL	12,786	16	12,166	16	-4.8%
VYVANSE	12,431	18	12,090	17	-2.7%
BUPROPION XL	11,254	22	12,062	18	7.2%
HYDROCODONE-ACETAMINOPHEN	12,948	15	11,695	19	-9.7%
DULOXETINE HCL	12,639	17	11,503	20	-9.0%
QUETIAPINE FUMARATE	12,345	19	11,197	21	-9.3%
AZITHROMYCIN	6,152	51	10,898	22	77.1%
FLUTICASONE PROPIONATE	10,434	25	10,594	23	1.5%



VENLAFAXINE HCL ER	11,421	20	10,342	24	-9.4%
ARIPIPRAZOLE	10,950	23	10,329	25	-5.7%
CLONIDINE HCL	10,642	24	10,007	26	-6.0%
AMOXICILLIN-CLAVULANATE POTASS	6,930	47	9,817	27	41.7%
LAMOTRIGINE	9,899	29	9,720	28	-1.8%
PANTOPRAZOLE SODIUM	10,285	26	9,495	29	-7.7%
AMLODIPINE BESYLATE	10,200	27	9,266	30	-9.2%
ALPRAZOLAM	10,059	28	9,172	31	-8.8%
METHYLPHENIDATE ER	9,166	32	8,806	32	-3.9%
DEXTROAMPHETAMINE-AMPHET ER	8,621	35	8,546	33	-0.9%
CLONAZEPAM	9,372	30	8,466	34	-9.7%
CEFDINIR	4,453	69	8,308	35	86.6%
CYCLOBENZAPRINE HCL	9,027	33	8,260	36	-8.5%
METFORMIN HCL	9,224	31	8,195	37	-11.2%
IBUPROFEN	8,633	34	8,017	38	-7.1%
CEPHALEXIN	8,061	37	7,922	39	-1.7%
ONDANSETRON ODT	7,716	39	7,850	40	1.7%
TOPIRAMATE	8,300	36	7,658	41	-7.7%
ALBUTEROL SULFATE	4,336	74	7,631	42	76.0%
PROAIR HFA	15,338	11	7,340	43	-52.1%
FAMOTIDINE	7,654	40	7,099	44	-7.3%
DEXTROAMPHETAMINE-AMPHETAMINE	7,112	44	6,986	45	-1.8%
RISPERIDONE	7,313	42	6,771	46	-7.4%
METOPROLOL SUCCINATE	7,872	38	6,614	47	-16.0%
MELOXICAM	7,149	43	6,613	48	-7.5%
LORATADINE	7,418	41	6,219	49	-16.2%

TRAMADOL HCL	6,994	46	6,155	50	-12.0%
LORAZEPAM	6,838	48	6,111	51	-10.6%
LOSARTAN POTASSIUM	6,526	49	5,998	52	-8.1%
MIRTAZAPINE	6,039	53	5,544	53	-8.2%
HYDROCHLOROTHIAZIDE	6,128	52	5,402	54	-11.8%
FUROSEMIDE	6,005	54	5,211	55	-13.2%
METFORMIN HCL ER	5,562	55	5,096	56	-8.4%
FLUCONAZOLE	5,271	59	5,089	57	-3.5%
TRIAMCINOLONE ACETONIDE	6,316	50	5,084	58	-19.5%
DOXYCYCLINE MONOHYDRATE	4,581	66	5,041	59	10.0%
ASPIRIN EC	5,465	56	4,865	60	-11.0%
METRONIDAZOLE	5,102	61	4,825	61	-5.4%
HYDROXYZINE PAMOATE	5,280	58	4,817	62	-8.8%
CITALOPRAM HBR	4,967	62	4,479	63	-9.8%
ROSUVASTATIN CALCIUM	4,675	65	4,383	64	-6.2%
SULFAMETHOXAZOLE-TRIMETHOPRIM	4,717	63	4,352	65	-7.7%
DICLOFENAC SODIUM	4,716	64	4,347	66	-7.8%
LEVETIRACETAM	4,241	79	4,218	67	-0.5%
ACETAMINOPHEN	4,329	75	4,197	68	-3.0%
POLYETHYLENE GLYCOL 3350	4,470	68	4,129	69	-7.6%
TRULICITY	4,153	80	4,110	70	-1.0%
VALACYCLOVIR	4,128	82	4,072	71	-1.4%
SPIRONOLACTONE	4,420	71	4,071	72	-7.9%
PREDNISOLONE SODIUM PHOSPHATE	1,714	141	4,068	73	137.3%
GUANFACINE HCL	5,397	57	4,064	74	-24.7%
METHYLPHENIDATE HCL	3,840	89	4,053	75	5.5%



PRAZOSIN HCL	4,493	67	4,009	76	-10.8%
AMITRIPTYLINE HCL	4,421	70	3,984	77	-9.9%
TIZANIDINE HCL	4,338	73	3,981	78	-8.2%
BACLOFEN	4,243	77	3,933	79	-7.3%
OXYCODONE HCL	4,084	83	3,909	80	-4.3%
NAPROXEN	4,243	78	3,855	81	-9.1%
ZOLPIDEM TARTRATE	4,271	76	3,849	82	-9.9%
SYMBICORT	4,149	81	3,830	83	-7.7%
ATOMOXETINE HCL	3,966	85	3,829	84	-3.5%
GUANFACINE HCL ER	3,926	86	3,795	85	-3.3%
PREGABALIN	3,926	87	3,670	86	-6.5%
DEXMETHYLPHENIDATE HCL ER	3,609	92	3,655	87	1.3%
POTASSIUM CHLORIDE	4,355	72	3,588	88	-17.6%
FOLIC ACID	4,068	84	3,586	89	-11.8%
METOPROLOL TARTRATE	3,908	88	3,493	90	-10.6%
SUMATRIPTAN SUCCINATE	3,742	90	3,472	91	-7.2%
OLANZAPINE	3,649	91	3,371	92	-7.6%
BUPROPION HYDROCHLORIDE E	5,161	60	3,332	93	-35.4%
ONDANSETRON HCL	3,602	93	3,318	94	-7.9%
FEROSUL	3,463	95	3,242	95	-6.4%
JARDIANCE	3,321	97	3,203	96	-3.6%
MUPIROCIN	3,354	96	3,128	97	-6.7%
LANTUS SOLOSTAR	3,500	94	3,113	98	-11.1%
FLUOXETINE HYDROCHLORIDE	3	1719	3,068	99	102166.7%
NYSTATIN	3,015	99	2,948	100	-2.2%



**Iowa Total Care Claims
Quarterly Statistics**

REPORT_DATE	Jun 2022 through Aug 2022	Sep 2022 through Nov 2022	% CHANGE
TOTAL PAID AMOUNT	\$88,362,307.05	\$91,554,504.95	3.61%
UNIQUE USERS	128,631	143,112	11.26%
COST PER USER	\$686.94	\$639.74	-6.87%
TOTAL PRESCRIPTIONS	796,745	835,803	4.90%
AVERAGE PRESCRIPTION PER USER	6.19	5.84	-5.71%
AVERAGE COST PER PRESCRIPTION	\$110.90	\$109.54	-1.23%
# GENERIC PRESCRIPTIONS	704,227	741,353	5.27%
% GENERIC	88.39%	88.70%	0.31%
\$ GENERIC	\$12,688,396.05	\$13,403,885.76	5.64%
AVERAGE GENERIC PRESCRIPTION COST	\$18.02	\$18.08	0.35%
AVERAGE GENERIC DAYS SUPPLY	32	31	-2.72%
# BRAND PRESCRIPTIONS	92,518	94,450	2.09%
% BRAND	11.61%	11.30%	0.31%
\$ BRAND	\$75,673,911.00	\$78,150,619.19	3.27%
AVERAGE BRAND PRESCRIPTION COST	\$817.94	\$827.43	1.16%
AVERAGE BRAND DAYS SUPPLY	31	31	0.21%

UTILIZATION BY AGE

AGE		Jun 2022 through Aug 2022	Sep 2022 through Nov 2022
0-6		35,831	54,991
7-12		42,533	50,557
13-18		58,803	63,325
19-64		647,706	655,197
65+		11,872	11,733

UTILIZATION BY GENDER AND AGE

GENDER	AGE		Jun 2022 through Aug 2022	Sep 2022 through Nov 2022
F	0-6		15,559	24,398
	7-12		16,356	19,529
	13-18		32,624	34,783
	19-64		420,861	427,023
	65+		7,781	7,827
M	0-6		20,272	30,593
	7-12		26,177	31,028
	13-18		26,179	28,542
	19-64		226,845	228,174
	65+		4,091	3,906



TOP 100 PHARMACIES BY PRESCRIPTION COUNT
202209 - 202211

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
1	AMBULATORY CARE PHARMACY	IOWA CITY	IA	11,427	\$6,149,181.71	\$538.13	1
2	WALGREENS #4405	COUNCIL BLUFFS	IA	8,319	\$561,023.77	\$67.44	2
3	WALGREENS #5239	DAVENPORT	IA	7,554	\$433,613.59	\$57.40	3
4	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	6,984	\$303,784.29	\$43.50	4
5	WALGREENS #5042	CEDAR RAPIDS	IA	6,763	\$540,962.30	\$79.99	5
6	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	6,466	\$475,959.02	\$73.61	6
7	WALGREENS #7455	WATERLOO	IA	5,751	\$385,370.50	\$67.01	7
8	WALGREENS #359	DES MOINES	IA	5,729	\$405,185.86	\$70.73	8
9	WALGREENS #5721	DES MOINES	IA	5,325	\$329,412.23	\$61.86	9
10	DRILLING PHARMACY	SIOUX CITY	IA	5,107	\$300,597.15	\$58.86	10
11	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	4,911	\$368,415.75	\$75.02	11
12	WALGREENS #15647	SIOUX CITY	IA	4,723	\$348,907.06	\$73.87	13
13	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,680	\$331,431.67	\$70.82	12
14	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	4,416	\$203,855.41	\$46.16	17
15	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	4,260	\$463,622.38	\$108.83	19
16	WALGREENS #7453	DES MOINES	IA	4,208	\$300,058.54	\$71.31	18
17	WALGREENS #3700	COUNCIL BLUFFS	IA	4,191	\$269,936.10	\$64.41	16
18	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	4,171	\$331,142.72	\$79.39	15
19	STANGEL PHARMACY	ONAWA	IA	3,851	\$343,721.02	\$89.26	20
20	RIGHT DOSE PHARMACY	ANKENY	IA	3,832	\$197,374.08	\$51.51	14
21	MAHASKA DRUGS INC	OSKALOOSA	IA	3,755	\$230,881.62	\$61.49	21
22	WALGREENS #5044	BURLINGTON	IA	3,653	\$231,333.86	\$63.33	26
23	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,590	\$273,157.84	\$76.09	27
24	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,497	\$393,605.40	\$112.56	22
25	HY-VEE PHARMACY (1449)	NEWTON	IA	3,459	\$281,668.59	\$81.43	23
26	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	3,387	\$261,883.78	\$77.32	24
27	WALGREENS #7452	DES MOINES	IA	3,280	\$232,841.10	\$70.99	31
28	WALGREENS #4041	DAVENPORT	IA	3,255	\$193,152.30	\$59.34	35
29	WALGREENS #5470	SIOUX CITY	IA	3,241	\$223,682.88	\$69.02	29
30	SOUTH SIDE DRUG	OTTUMWA	IA	3,224	\$321,947.97	\$99.86	25
31	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	3,174	\$401,991.72	\$126.65	28
32	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	3,031	\$271,841.32	\$89.69	30
33	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,023	\$235,819.18	\$78.01	46
34	HY-VEE PHARMACY (1075)	CLINTON	IA	3,000	\$246,853.46	\$82.28	32
35	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,990	\$243,951.58	\$81.59	36
36	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,943	\$188,782.52	\$64.15	39
37	WALGREENS #5886	KEOKUK	IA	2,941	\$166,422.92	\$56.59	38
38	HY-VEE PHARMACY (1530)	PLEASANT HILL	IA	2,903	\$169,739.23	\$58.47	49
39	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,857	\$206,258.37	\$72.19	37
40	REUTZEL PHARMACY	CEDAR RAPIDS	IA	2,856	\$202,070.80	\$70.75	33
41	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	2,856	\$157,684.97	\$55.21	41
42	WALGREENS #7454	ANKENY	IA	2,824	\$190,633.07	\$67.50	44
43	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	2,818	\$175,030.92	\$62.11	34
44	NUCARA LTC PHARMACY #3	IOWA CITY	IA	2,809	\$49,657.44	\$17.68	64
45	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,765	\$204,736.17	\$74.05	48
46	DANIEL PHARMACY	FT DODGE	IA	2,755	\$248,627.37	\$90.25	47

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
202209 - 202211

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
47	WALMART PHARMACY 10-2889	CLINTON	IA	2,728	\$179,266.05	\$65.71	55
48	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,674	\$202,789.62	\$75.84	53
49	UI HEALTHCARE - IOWA RIVER LANDING PHARMACY	CORALVILLE	IA	2,640	\$78,923.12	\$29.90	51
50	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,633	\$253,914.90	\$96.44	42
51	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	2,627	\$207,897.08	\$79.14	56
52	MEDICAP LTC	INDIANOLA	IA	2,623	\$111,835.42	\$42.64	57
53	HY-VEE PHARMACY (1522)	PERRY	IA	2,618	\$161,824.36	\$61.81	61
54	WALGREENS #3595	DAVENPORT	IA	2,556	\$164,832.70	\$64.49	43
55	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	2,546	\$255,303.67	\$100.28	70
56	WALMART PHARMACY 10-0559	MUSCATINE	IA	2,544	\$168,112.12	\$66.08	65
57	THOMPSON DEAN DRUG	SIOUX CITY	IA	2,536	\$213,704.35	\$84.27	54
58	CVS PHARMACY #10282	FORT DODGE	IA	2,529	\$176,994.91	\$69.99	68
59	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,526	\$195,382.48	\$77.35	60
60	WALGREENS #5777	DES MOINES	IA	2,523	\$207,938.58	\$82.42	45
61	CVS PHARMACY #08546	WATERLOO	IA	2,520	\$204,180.91	\$81.02	59
62	WALGREENS #3875	CEDAR RAPIDS	IA	2,490	\$168,269.67	\$67.58	67
63	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	2,446	\$199,405.29	\$81.52	50
64	HY-VEE PHARMACY (1396)	MARION	IA	2,442	\$226,263.21	\$92.65	58
65	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	2,396	\$162,157.10	\$67.68	73
66	WALMART PHARMACY 10-0985	FAIRFIELD	IA	2,366	\$151,543.15	\$64.05	63
67	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	2,361	\$146,139.84	\$61.90	84
68	WALMART PHARMACY 10-3394	ATLANTIC	IA	2,361	\$125,791.10	\$53.28	77
69	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	2,346	\$231,722.00	\$98.77	69
70	MARTIN HEALTH URBANDALE	URBANDALE	IA	2,346	\$139,467.59	\$59.45	52
71	WALMART PHARMACY 10-1496	WATERLOO	IA	2,327	\$178,788.22	\$76.83	76
72	WALMART PHARMACY 10-3590	SIOUX CITY	IA	2,317	\$200,119.23	\$86.37	87
73	HY-VEE PHARMACY (1009)	ALBIA	IA	2,299	\$136,596.86	\$59.42	79
74	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	2,293	\$188,898.80	\$82.38	72
75	WALMART PHARMACY 10-1732	DENISON	IA	2,292	\$156,187.04	\$68.14	114
76	MEDICAP PHARMACY	ELDORA	IA	2,282	\$133,551.60	\$58.52	99
77	WALMART PHARMACY 10-0646	ANAMOSA	IA	2,273	\$151,331.49	\$66.58	80
78	WALGREENS #11759	FORT MADISON	IA	2,261	\$228,433.17	\$101.03	125
79	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	2,248	\$95,128.73	\$42.32	126
80	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	2,245	\$212,387.66	\$94.60	71
81	WALGREENS #4714	DES MOINES	IA	2,241	\$138,073.78	\$61.61	78
82	WAGNER PHARMACY	CLINTON	IA	2,232	\$167,440.28	\$75.02	92
83	WALMART PHARMACY 10-1509	MAQUOKETA	IA	2,212	\$121,781.50	\$55.05	83
84	LAGRANGE PHARMACY	VINTON	IA	2,210	\$148,844.32	\$67.35	75
85	WALMART PHARMACY 10-1723	DES MOINES	IA	2,206	\$155,805.34	\$70.63	85
86	WALGREENS #9708	DUBUQUE	IA	2,205	\$159,269.76	\$72.23	89
87	HY-VEE PHARMACY (1180)	FAIRFIELD	IA	2,205	\$150,335.34	\$68.18	96
88	WALMART PHARMACY 10-2716	CEDAR RAPIDS	IA	2,199	\$138,540.79	\$63.00	116
89	WALMART PHARMACY 10-1621	CENTERVILLE	IA	2,193	\$212,413.76	\$96.86	90
90	EXACTCARE	VALLEY VIEW	OH	2,189	\$182,974.87	\$83.59	66
91	HY-VEE PHARMACY (1095)	CRESTON	IA	2,186	\$154,048.25	\$70.47	62
92	WALGREENS #5852	DES MOINES	IA	2,186	\$136,757.57	\$62.56	74

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RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
93	WALMART PHARMACY 10-1285	OTTUMWA	IA	2,151	\$123,118.72	\$57.24	86
94	HY-VEE PHARMACY (1382)	LEMARS	IA	2,144	\$193,707.04	\$90.35	100
95	HY-VEE PHARMACY (1065)	CHARITON	IA	2,136	\$139,757.74	\$65.43	98
96	HY-VEE DRUGSTORE #5 (7026)	CEDAR RAPIDS	IA	2,133	\$177,318.88	\$83.13	94
97	WALGREENS #7968	DES MOINES	IA	2,132	\$127,409.30	\$59.76	82
98	WALMART PHARMACY 10-1393	OSKALOOSA	IA	2,105	\$187,843.34	\$89.24	108
99	WALGREENS #5119	CLINTON	IA	2,105	\$116,950.42	\$55.56	88
100	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	2,103	\$207,006.55	\$98.43	95

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RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	AMBULATORY CARE PHARMACY	IOWA CITY	IA	11,427	\$6,149,181.71	\$2,490.56	1
2	CAREMARK KANSAS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	LENEXA	KS	438	\$2,564,776.92	\$13,152.70	2
3	COMMUNITY, A WALGREENS PHARMACY #16528	DES MOINES	IA	394	\$2,078,868.52	\$12,599.20	5
4	UNITYPOINT AT HOME	URBANDALE	IA	624	\$1,921,600.25	\$8,282.76	3
5	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	1,650	\$1,705,844.33	\$8,361.98	4
6	CVS PHARMACY #00102	AURORA	CO	160	\$1,354,358.13	\$20,520.58	6
7	ACARIAHEALTH PHARMACY #11	HOUSTON	TX	170	\$1,211,418.28	\$16,594.77	7
8	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	112	\$1,071,646.44	\$22,325.97	8
9	HY-VEE PHARMACY SOLUTIONS	OMAHA	NE	231	\$948,008.48	\$8,943.48	16
10	COMMUNITY, A WALGREENS PHARMACY #21250	IOWA CITY	IA	234	\$943,234.05	\$7,606.73	9
11	PANTHERX SPECIALTY PHARMACY	PITTSBURGH	PA	24	\$908,396.66	\$113,549.58	12
12	OPTUM PHARMACY 702, LLC	JEFFERSONVILLE	IN	112	\$905,485.55	\$14,604.61	11
13	ACCREDO HEALTH GROUP INC	WARRENDALE	PA	61	\$705,814.85	\$37,148.15	10
14	CAREMARK ILLINOIS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	MT PROSPECT	IL	84	\$665,524.59	\$23,768.74	13
15	WALGREENS #4405	COUNCIL BLUFFS	IA	8,319	\$561,023.77	\$314.30	14
16	WALGREENS #5042	CEDAR RAPIDS	IA	6,763	\$540,962.30	\$320.10	17
17	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	6,466	\$475,959.02	\$325.11	18
18	CVS/SPECIALTY	MONROEVILLE	PA	88	\$475,645.22	\$11,601.10	30
19	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	4,260	\$463,622.38	\$588.35	20
20	THE NEBRASKA MED CENTER CLINIC PHCY	OMAHA	NE	560	\$447,393.02	\$3,728.28	29
21	KROGER SPECIALTY PHARMACY LA	HARVEY	LA	48	\$434,156.13	\$21,707.81	35
22	WALGREENS #5239	DAVENPORT	IA	7,554	\$433,613.59	\$216.48	21
23	FOUNDATION CARE LLC	EARTH CITY	MO	37	\$422,820.88	\$35,235.07	22
24	WALGREENS #359	DES MOINES	IA	5,729	\$405,185.86	\$282.95	28
25	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	3,174	\$401,991.72	\$2,093.71	19
26	CR CARE PHARMACY	CEDAR RAPIDS	IA	1,893	\$395,010.91	\$2,365.33	26
27	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,497	\$393,605.40	\$741.25	25
28	AMBER PHARMACY	OMAHA	NE	74	\$388,090.62	\$14,926.56	15
29	CAREMARK LLC, DBA CVS/SPECIALTY	REDLANDS	CA	13	\$386,985.08	\$77,397.02	37
30	WALGREENS #16270	OMAHA	NE	78	\$386,045.24	\$14,297.97	33
31	WALGREENS #7455	WATERLOO	IA	5,751	\$385,370.50	\$246.09	23
32	ALLEN CLINIC PHARMACY	WATERLOO	IA	1,278	\$379,802.51	\$1,015.51	43
33	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	4,911	\$368,415.75	\$398.72	31
34	ALLIANCERX WALGREENS PHARMACY #15443	FRISCO	TX	29	\$360,379.14	\$30,031.60	45
35	PRIMARY HEALTHCARE PHARMACY	DES MOINES	IA	1,865	\$355,908.11	\$1,013.98	44
36	EXPRESS SCRIPTS SPECIALTY DIST SVCS	SAINT LOUIS	MO	27	\$350,760.26	\$31,887.30	46
37	WALGREENS #15647	SIOUX CITY	IA	4,723	\$348,907.06	\$286.22	27
38	STANGEL PHARMACY	ONAWA	IA	3,851	\$343,721.02	\$797.50	41
39	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,680	\$331,431.67	\$454.64	40
40	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	4,171	\$331,142.72	\$475.10	32
41	WALGREENS #5721	DES MOINES	IA	5,325	\$329,412.23	\$215.30	34
42	SOUTH SIDE DRUG	OTTUMWA	IA	3,224	\$321,947.97	\$653.04	42
43	OPTUM INFUSION SERVICES 305, LLC	LENEXA	KS	8	\$316,231.13	\$79,057.78	55
44	HY-VEE PHARMACY SOLUTIONS	DES MOINES	IA	101	\$311,467.48	\$5,663.05	24



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RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
45	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	6,984	\$303,784.29	\$299.59	39
46	DRILLING PHARMACY	SIOUX CITY	IA	5,107	\$300,597.15	\$592.89	50
47	WALGREENS #7453	DES MOINES	IA	4,208	\$300,058.54	\$277.06	58
48	HY-VEE PHARMACY (1449)	NEWTON	IA	3,459	\$281,668.59	\$460.24	53
49	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,590	\$273,157.84	\$519.31	56
50	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	3,031	\$271,841.32	\$636.63	51
51	WALGREENS #3700	COUNCIL BLUFFS	IA	4,191	\$269,936.10	\$275.73	49
52	AVERA SPECIALTY PHARMACY	SIOUX FALLS	SD	61	\$262,254.67	\$9,043.26	48
53	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	3,387	\$261,883.78	\$793.59	47
54	GENOA HEALTHCARE, LLC	DAVENPORT	IA	1,283	\$259,401.97	\$1,866.20	52
55	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	2,546	\$255,303.67	\$545.52	77
56	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,633	\$253,914.90	\$423.90	54
57	DANIEL PHARMACY	FT DODGE	IA	2,755	\$248,627.37	\$542.85	76
58	HY-VEE PHARMACY (1075)	CLINTON	IA	3,000	\$246,853.46	\$489.79	38
59	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,990	\$243,951.58	\$455.13	61
60	PANTHERX SPECIALTY PHARMACY	PITTSBURGH	PA	23	\$242,429.93	\$20,202.49	36
61	PARAGON PARTNERS	OMAHA	NE	712	\$237,187.67	\$3,953.13	86
62	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,023	\$235,819.18	\$418.86	92
63	WALGREENS #7452	DES MOINES	IA	3,280	\$232,841.10	\$293.99	64
64	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	2,346	\$231,722.00	\$598.76	75
65	WALGREENS #5044	BURLINGTON	IA	3,653	\$231,333.86	\$264.08	73
66	MAHASKA DRUGS INC	OSKALOOSA	IA	3,755	\$230,881.62	\$390.00	69
67	WALGREENS #11759	FORT MADISON	IA	2,261	\$228,433.17	\$514.49	111
68	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	1,880	\$227,297.57	\$1,119.69	59
69	HY-VEE PHARMACY (1396)	MARION	IA	2,442	\$226,263.21	\$430.16	63
70	ORSINI PHARMACEUTICAL SERVICES INC	ELK GROVE VILLAGE	IL	24	\$225,498.03	\$32,214.00	74
71	WALGREENS #5470	SIOUX CITY	IA	3,241	\$223,682.88	\$318.18	84
72	THOMPSON DEAN DRUG	SIOUX CITY	IA	2,536	\$213,704.35	\$747.22	68
73	WALMART PHARMACY 10-1621	CENTERVILLE	IA	2,193	\$212,413.76	\$508.17	67
74	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	2,245	\$212,387.66	\$585.09	81
75	ARJ INFUSION SERVICES, LLC	CEDAR RAPIDS	IA	46	\$211,769.69	\$30,252.81	66
76	WALGREENS #5777	DES MOINES	IA	2,523	\$207,938.58	\$339.21	62
77	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	2,627	\$207,897.08	\$416.63	78
78	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	2,103	\$207,006.55	\$509.87	87
79	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,857	\$206,258.37	\$338.13	71
80	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,765	\$204,736.17	\$455.98	82
81	CVS PHARMACY #08546	WATERLOO	IA	2,520	\$204,180.91	\$352.64	70
82	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	4,416	\$203,855.41	\$206.54	102
83	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,674	\$202,789.62	\$368.04	89
84	REUTZEL PHARMACY	CEDAR RAPIDS	IA	2,856	\$202,070.80	\$874.77	88
85	WALMART PHARMACY 10-3590	SIOUX CITY	IA	2,317	\$200,119.23	\$366.52	95
86	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	2,446	\$199,405.29	\$399.61	72
87	RIGHT DOSE PHARMACY	ANKENY	IA	3,832	\$197,374.08	\$494.67	65
88	WALMART PHARMACY 10-1005	WAVERLY	IA	1,355	\$197,041.33	\$663.44	124

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						MEMBER	PREVIOUS RANK
89	HY-VEE PHARMACY #2 (1018)	AMES	IA	2,072	\$196,445.69	\$436.55	103
90	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,526	\$195,382.48	\$462.99	101
91	FIFIELD PHARMACY	DES MOINES	IA	1,365	\$194,074.89	\$1,197.99	106
92	HY-VEE PHARMACY (1382)	LEMARS	IA	2,144	\$193,707.04	\$594.19	85
93	WALGREENS #4041	DAVENPORT	IA	3,255	\$193,152.30	\$217.76	97
94	WALMART PHARMACY 10-5315	ORLANDO	FL	17	\$192,074.89	\$21,341.65	93
95	ALLIANCERX WALGREENS PHARMACY #15438	CANTON	MI	18	\$190,752.91	\$21,194.77	57
96	WALGREENS #7454	ANKENY	IA	2,824	\$190,633.07	\$274.29	90
97	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	2,293	\$188,898.80	\$329.09	94
98	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,943	\$188,782.52	\$327.75	79
99	WALMART PHARMACY 10-1393	OSKALOOSA	IA	2,105	\$187,843.34	\$432.82	98
100	WALMART PHARMACY 10-0581	MARSHALLTOWN	IA	1,771	\$184,085.31	\$355.38	172



**TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
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RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
1	1982605762	Jeffrey Wilharm	\$105,047.02	1,828	16.62	1
2	1013115369	Bobbita Nag	\$72,104.50	1,367	4.90	2
3	1053630640	Jennifer Donovan	\$144,562.59	1,145	6.82	12
4	1801998372	Wendy Hansen-Penman	\$43,258.20	1,133	8.33	3
5	1902478811	Joan Anderson	\$171,394.25	1,117	8.53	26
6	1124006770	Wook Kim	\$59,681.60	1,109	7.87	5
7	1619380680	Tara Brockman	\$44,707.56	1,101	6.08	6
8	1215125216	Rebecca Walding	\$87,903.70	1,099	8.45	13
9	1609218304	Amanda Garr	\$164,971.60	1,096	6.60	4
10	1467907394	Cynthia Coenen	\$89,426.03	1,069	8.62	11
11	1437238110	Genevieve Nelson	\$99,679.05	1,068	6.51	22
12	1770933046	Shelby Biller	\$189,652.68	1,066	5.79	15
13	1558770974	Marc Baumert	\$72,719.43	1,051	5.42	9
14	1659358620	Carlos Castillo	\$29,673.91	1,044	6.48	20
15	1043211303	Ali Safdar	\$162,337.51	1,038	4.78	7
16	1922455096	Dean Guerdet	\$104,147.97	1,026	6.07	17
17	1477199198	Sajo Thomas	\$150,415.10	1,011	6.70	8
18	1467502286	Charles Tilley	\$200,268.22	1,004	7.07	16
19	1538157383	David Wenger-Keller	\$55,468.83	1,002	9.73	19
20	1902912538	Christian Jones	\$55,416.78	1,000	5.35	18
21	1275763047	Rebecca Bowman	\$203,979.32	980	4.92	24
22	1902358443	Melissa Konken	\$132,925.52	967	8.56	21
23	1417241621	Ashley Mathes	\$38,776.16	962	5.94	29
24	1821268335	Jacqueline Mcinnis	\$70,377.00	959	10.54	27
25	1982030946	Jacklyn Besch	\$57,351.50	939	5.87	32
26	1538368170	Christopher Matson	\$41,835.15	936	6.93	14
27	1164538674	Joseph Wanzek	\$65,775.00	934	7.85	30
28	1891146999	Becky Johnson	\$816,695.73	926	6.43	31
29	1437209434	Jon Thomas	\$66,294.71	888	5.02	23
30	1043434525	Robert Kent	\$59,761.57	881	6.57	28
31	1144214248	Kristi Walz	\$129,943.24	873	8.31	25
32	1245227099	Donna Dobson Tobin	\$123,079.07	873	9.09	39
33	1689979460	Timothy Doyle	\$46,564.62	857	6.97	134
34	1588193643	Kathleen Mcguire	\$113,712.08	852	5.53	33
35	1689077018	Stacy Roth	\$62,884.74	851	7.27	42
36	1316356496	Kimberly Roberts	\$55,943.98	849	7.26	41



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37	1114521721	Tarah Holliday	\$153,906.06	842	6.79	37
38	1255823506	Nicole Delagardelle	\$121,158.96	839	6.71	34
39	1568431880	Pomilla Kumar	\$48,582.77	828	7.96	105
40	1669056123	Kama Ausborn	\$192,131.63	823	6.80	49
41	1992103386	Melissa Larsen	\$75,935.00	811	6.93	35
42	1285697722	Douglas Jones	\$116,626.16	808	6.03	36
43	1073945499	Jennifer Zalaznik	\$76,791.26	808	7.62	38
44	1134191018	Dustin Smith	\$37,274.46	801	4.74	65
45	1174176093	Carol Chukwuka	\$78,417.52	786	4.91	94
46	1467465716	Jeffrey Brady	\$41,655.65	783	5.89	52
47	1073500690	Kathleen Adams	\$31,066.72	781	6.05	45
48	1396289229	Jesse Becker	\$19,593.17	781	8.05	304
49	1043703887	Tenaea Jeppeson	\$135,772.04	777	6.76	55
50	1932652757	Kelsie Swisher	\$341,406.83	771	6.17	46
51	1780979666	Lindsey Christianson	\$34,208.68	760	6.13	40
52	1780877878	Christopher Jacobs	\$49,802.83	757	4.14	122
53	1477534279	Edmund Piasecki	\$42,576.02	753	6.22	50
54	1972758126	Rebecca Bollin	\$26,822.70	752	5.30	47
55	1699740159	Frank Marino	\$36,956.45	750	4.08	82
56	1518567056	Katie Mogensen	\$65,763.00	745	6.54	58
57	1356788129	Rachael Parker	\$81,353.80	744	6.70	53
58	1275844649	Katie Campbell	\$66,900.05	743	6.82	51
59	1457584740	Eric Meyer	\$47,835.38	743	5.46	48
60	1467449710	Michelle Malloy	\$41,722.78	742	6.13	66
61	1326013426	Paul Peterson	\$41,200.60	735	4.43	76
62	1821423799	Dorothy Metz	\$60,973.44	732	6.54	44
63	1356754337	Cyndi McCormick	\$148,385.34	731	6.59	69
64	1831710987	Margaret Fuller	\$55,805.88	729	5.17	61
65	1356359871	Rhea Hartley	\$111,878.12	726	5.04	56
66	1841220290	Kent Kunze	\$27,140.31	726	6.91	72
67	1801430731	Harold Horn	\$46,429.72	725	6.71	79
68	1477926434	Jackie Shipley	\$43,893.04	722	4.38	91
69	1972989721	Jayson Gesulga	\$223,793.80	715	9.53	43
70	1316471154	Nicole Woolley	\$36,636.58	708	4.19	84
71	1679573893	Patty Hildreth	\$86,294.05	705	6.78	77
72	1871598557	Christopher Vandelune	\$26,956.79	705	4.33	93



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202209 - 202211**

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
73	1205393386	Jessica Hudspeth	\$58,193.14	700	7.22	63
74	1932582988	Dianne Humphrey	\$61,356.95	699	5.87	75
75	1477112688	Felicia Hoerner	\$38,446.88	691	5.86	59
76	1699109595	Tonya Flaugh	\$26,866.14	689	4.39	119
77	1033295308	Takashi Kawamitsu	\$42,401.19	688	6.68	74
78	1023555638	Cynthia Johnson	\$111,273.46	683	7.04	73
79	1124389697	Kevin Furness	\$32,802.60	682	6.26	54
80	1376579706	Tze Chan	\$40,692.44	679	6.35	57
81	1679669832	Erin Hatcher	\$71,249.24	676	5.41	95
82	1871052472	Cassidy Carr	\$54,042.15	673	6.12	81
83	1932531316	Brooke Johnson	\$48,593.97	672	4.87	71
84	1528329398	Erin Rowan	\$37,239.73	671	4.79	67
85	1750845954	Stephanie Giesler	\$70,598.15	667	7.25	97
86	1205169273	Teresa Dowling	\$49,059.06	667	7.76	68
87	1962558957	Albert Okine	\$106,674.41	665	8.42	86
88	1225414576	Sara Kuhn	\$91,961.55	665	7.64	90
89	1811938616	Alejandro Curiel	\$47,191.52	665	6.52	108
90	1467437806	Georgia Lauer	\$55,005.27	664	7.38	64
91	1841293354	Keith Guess	\$31,185.83	659	5.40	89
92	1609496033	Angela Dossett	\$60,274.18	658	11.96	124
93	1649438383	Qadnana Anwar	\$61,034.32	657	4.80	98
94	1720698335	Danika Hansen	\$53,430.11	654	6.29	87
95	1912991183	Molly Earleywine	\$32,568.61	654	6.41	109
96	1174107643	Megan Heise	\$86,324.83	653	6.95	116
97	1831751908	Kelsey Frame	\$87,346.00	648	6.35	111
98	1184666539	Penumetsa Raju	\$41,600.67	645	5.38	80
99	1871021543	Susan Wilson	\$40,202.77	645	6.79	127
100	1790013209	Tracy Tschudi	\$65,695.28	643	6.30	106

**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
202209 - 202211**

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
1	1316934318	Steven Lentz	49	\$949,982.05	\$19,387.39	4
2	1497060776	Usha Perepu	83	\$881,165.79	\$10,616.46	3
3	1891146999	Becky Johnson	926	\$816,695.73	\$881.96	1
4	1376777524	Alladdin Abosaida	415	\$765,277.07	\$1,844.04	2
5	1619382942	Eirene Alexandrou	163	\$466,830.61	\$2,863.99	9
6	1295091510	Rebecca Weiner	329	\$464,396.69	\$1,411.54	5
7	1326034984	Katherine Mathews	92	\$453,662.05	\$4,931.11	6
8	1588288385	Jenifer Jones	303	\$394,018.02	\$1,300.39	25
9	1417443953	Rodney Clark	351	\$387,649.95	\$1,104.42	7
10	1932652757	Kelsie Swisher	771	\$341,406.83	\$442.81	11
11	1437121407	Linda Cadaret	160	\$325,358.42	\$2,033.49	22
12	1558357806	Robin Hayward	179	\$311,781.77	\$1,741.80	12
13	1447242359	Daniel Sleiter	245	\$307,636.85	\$1,255.66	17
14	1841607900	Shayla Sanders	153	\$286,302.03	\$1,871.26	20
15	1013126705	Janice Staber	23	\$284,202.84	\$12,356.65	10
16	1245353242	Sandy Hong	157	\$280,172.44	\$1,784.54	43
17	1760596357	Amal Shibli-Rahhal	5	\$274,613.04	\$54,922.61	8
18	1225263833	Lindsay Orris	129	\$272,657.70	\$2,113.63	14
19	1285748004	Bruce Hughes	93	\$272,190.10	\$2,926.78	47
20	1649419219	Heather Hunemuller	262	\$249,728.39	\$953.16	13
21	1679521728	Jill Fliege	38	\$249,173.68	\$6,557.20	37
22	1588616171	Heather Thomas	115	\$232,331.45	\$2,020.27	30
23	1326211889	James Friedlander	42	\$227,474.50	\$5,416.06	99
24	1972989721	Jayson Gesulga	715	\$223,793.80	\$313.00	18
25	1376525196	Randolph Rough	106	\$219,476.00	\$2,070.53	38
26	1043565328	Sara Moeller	121	\$219,350.75	\$1,812.82	36
27	1447506217	Theodosia Thoma	166	\$211,688.09	\$1,275.23	15
28	1164408548	Maxwell Cosmic	80	\$210,553.30	\$2,631.92	31
29	1245624626	Blake Williams	93	\$210,197.50	\$2,260.19	242
30	1275763047	Rebecca Bowman	980	\$203,979.32	\$208.14	34
31	1467502286	Charles Tilley	1,004	\$200,268.22	\$199.47	27
32	1356752067	Kelly Delaney-Nelson	147	\$199,715.18	\$1,358.61	80
33	1972560597	Bernard Leman	58	\$199,030.75	\$3,431.56	19
34	1558808501	Jessica Braksiek	57	\$195,299.99	\$3,426.32	326
35	1669056123	Kama Ausborn	823	\$192,131.63	\$233.45	33



**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
202209 - 202211**

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
36	1770933046	Shelby Biller	1,066	\$189,652.68	\$177.91	39
37	1245468768	Thomas Schmidt	115	\$189,279.37	\$1,645.91	26
38	1033554498	Matthew Landherr	111	\$188,908.71	\$1,701.88	32
39	1194945691	Anjali Sharathkumar	59	\$184,429.39	\$3,125.92	261
40	1679688626	Lawrence Rettenmaier	83	\$179,766.57	\$2,165.86	28
41	1487648705	Karen Hunke	110	\$178,628.87	\$1,623.90	54
42	1871039917	Elizabeth Allen	58	\$177,667.91	\$3,063.24	42
43	1295078533	Christopher Strouse	20	\$175,196.14	\$8,759.81	49
44	1891955423	Leah Siegfried	436	\$173,797.47	\$398.62	23
45	1902478811	Joan Anderson	1,117	\$171,394.25	\$153.44	50
46	1043418809	Michael Ciliberto	446	\$171,259.36	\$383.99	46
47	1134440886	Melissa Wells	104	\$169,796.73	\$1,632.66	62
48	1902191059	Amber Tierney	51	\$169,712.54	\$3,327.70	86
49	1033221916	Adrian Letz	96	\$169,318.93	\$1,763.74	306
50	1225143316	Susan Jacobi	123	\$168,568.64	\$1,370.48	68
51	1477761328	Amy Calhoun	47	\$165,787.30	\$3,527.39	29
52	1689942518	Patria Alba Aponte	193	\$165,404.58	\$857.02	44
53	1609218304	Amanda Garr	1,096	\$164,971.60	\$150.52	35
54	1972583573	Sherry Kolacia-Tighe	165	\$163,600.52	\$991.52	48
55	1043211303	Ali Safdar	1,038	\$162,337.51	\$156.39	55
56	1841673738	Rachel Person	74	\$161,943.54	\$2,188.43	130
57	1093382632	Gail Dooley	142	\$161,532.00	\$1,137.55	181
58	1437147386	Douglas Hornick	47	\$159,298.93	\$3,389.34	24
59	1255538344	Sarah Feddersen	27	\$155,922.46	\$5,774.91	83
60	1700417169	Courtney Reints	241	\$155,378.87	\$644.73	64
61	1134402373	Julie Schuck	127	\$154,621.57	\$1,217.49	59
62	1114521721	Tarrah Holliday	842	\$153,906.06	\$182.79	40
63	1477199198	Sajo Thomas	1,011	\$150,415.10	\$148.78	75
64	1265420095	Elizabeth Cooper	140	\$150,064.09	\$1,071.89	81
65	1356754337	Cyndi Mccormick	731	\$148,385.34	\$202.99	76
66	1174116529	Jessica Bailey	289	\$146,625.33	\$507.35	725
67	1053630640	Jennifer Donovan	1,145	\$144,562.59	\$126.26	61
68	1134249832	Steven Craig	113	\$143,076.40	\$1,266.16	71
69	1386902682	Melissa Willis	74	\$138,971.14	\$1,877.99	45
70	1851568703	Mathew Davey	49	\$138,693.56	\$2,830.48	146



**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
202209 - 202211**

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
71	1720086523	Mark Cleveland	145	\$137,484.60	\$948.17	78
72	1720036353	Erik Swenson	114	\$137,092.70	\$1,202.57	73
73	1043703887	Tenaea Jeppeson	777	\$135,772.04	\$174.74	67
74	1952423071	Sakeer Hussain	52	\$133,978.97	\$2,576.52	52
75	1306071915	Thomas Pietras	113	\$133,540.85	\$1,181.78	131
76	1043312432	Charles Love	69	\$133,369.75	\$1,932.89	113
77	1225266364	Sarah Bligh	205	\$132,962.20	\$648.60	53
78	1902358443	Melissa Konken	967	\$132,925.52	\$137.46	65
79	1669740957	Courtney Kremer	135	\$132,246.30	\$979.60	16
80	1508291717	Jacob Ridder	85	\$131,033.32	\$1,541.57	96
81	1386084747	Jennifer Condon	203	\$130,865.29	\$644.66	74
82	1558356642	Randy Maigaard	198	\$130,268.45	\$657.92	188
83	1144214248	Kristi Walz	873	\$129,943.24	\$148.85	66
84	1821254863	Amy John	136	\$129,903.39	\$955.17	152
85	1407180094	Tulsi Sharma	374	\$128,681.81	\$344.07	56
86	1023523412	Katelin Hartmann	47	\$128,498.93	\$2,734.02	142
87	1104804053	Winthrop Risk	230	\$123,380.38	\$536.44	106
88	1245227099	Donna Dobson Tobin	873	\$123,079.07	\$140.98	70
89	1366858334	Alicia Duyvejonck	294	\$122,906.15	\$418.05	143
90	1952694309	Bharat Kumar	37	\$122,596.43	\$3,313.42	128
91	1255823506	Nicole Delagardelle	839	\$121,158.96	\$144.41	84
92	1366826109	Alyssa Mrsny	138	\$120,818.29	\$875.49	408
93	1205941416	Joseph Gilg	163	\$119,386.39	\$732.43	129
94	1992790778	Myrl Holida	14	\$118,327.70	\$8,451.98	105
95	1124078100	Paul Sammut	30	\$118,157.27	\$3,938.58	87
96	1588618359	Barbara Burkle	139	\$117,199.26	\$843.16	60
97	1730406356	Christina Warren	170	\$117,145.99	\$689.09	82
98	1285697722	Douglas Jones	808	\$116,626.16	\$144.34	154
99	1578958542	Heidi Curtis	131	\$116,591.80	\$890.01	69
100	1518970748	Costas Constantinou	32	\$115,873.69	\$3,621.05	102

TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

CATEGORY DESCRIPTION	202206 - 202208			202209 - 202211			% CHANGE
	PREVIOUS TOTAL COST	PREVIOUS RANK	PREVIOUS % BUDGET	CURRENT TOTAL COST	CURRENT RANK	CURRENT % BUDGET	
ANTI-DIABETICS	\$12,760,132.48	1	14.44 %	\$12,823,546.72	1	14.00 %	-0.44 %
ANTI-PSYCHOTICS/ANTI-MANIC AGENTS	\$9,878,657.57	2	11.18 %	\$10,081,954.53	2	11.01 %	-0.17 %
ANALGESICS - ANTI-INFLAMMATORY	\$8,657,498.53	3	9.80 %	\$9,105,363.25	3	9.94 %	0.14 %
ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS	\$7,393,620.12	4	8.37 %	\$7,525,649.27	4	8.22 %	-0.15 %
DERMATOLOGICALS	\$6,326,295.50	5	7.16 %	\$6,673,506.57	5	7.29 %	0.13 %
ANTIVIRALS	\$4,566,233.92	6	5.17 %	\$4,733,836.76	6	5.17 %	0.00 %
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXICANTS	\$3,804,162.35	7	4.31 %	\$4,149,948.83	7	4.53 %	0.23 %
HEMATOLOGICAL AGENTS - MISC.	\$2,114,166.96	14	2.39 %	\$2,981,220.99	8	3.25 %	0.86 %
ANTI-NEOPLASTICS AND ADJUNCTIVE THERAPIES	\$2,947,296.19	8	3.34 %	\$2,742,364.39	9	2.99 %	-0.34 %
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	\$2,672,856.01	9	3.02 %	\$2,724,965.06	10	2.97 %	-0.05 %
RESPIRATORY AGENTS - MISC.	\$2,535,508.44	10	2.87 %	\$2,454,295.79	11	2.68 %	-0.19 %
ANTI-CONVULSANTS	\$2,411,874.01	11	2.73 %	\$2,360,327.25	12	2.58 %	-0.15 %
ENDOCRINE AND METABOLIC AGENTS - MISC.	\$2,144,711.61	13	2.43 %	\$2,343,355.68	13	2.56 %	0.13 %
ANTI-DEPRESSANTS	\$2,337,868.09	12	2.65 %	\$2,231,487.40	14	2.44 %	-0.21 %
MIGRAINE PRODUCTS	\$1,891,688.76	15	2.14 %	\$1,940,719.84	15	2.12 %	-0.02 %
ANTI-COAGULANTS	\$1,730,110.81	16	1.96 %	\$1,771,989.63	16	1.93 %	-0.02 %
CARDIOVASCULAR AGENTS - MISC.	\$1,437,962.46	17	1.63 %	\$1,614,623.05	17	1.76 %	0.14 %
MISCELLANEOUS THERAPEUTIC CLASSES	\$721,141.11	21	0.82 %	\$791,500.71	18	0.86 %	0.05 %
GASTROINTESTINAL AGENTS - MISC.	\$786,032.14	19	0.89 %	\$783,433.04	19	0.86 %	-0.04 %
ANTI-INFECTION AGENTS - MISC.	\$798,080.37	18	0.90 %	\$766,917.44	20	0.84 %	-0.07 %

TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

CURRENT CATEGORY DESCRIPTION	202206 - 202208		202209 - 202211		% CHANGE
	PREVIOUS CLAIMS	PREVIOUS RANK	CURRENT CLAIMS	CURRENT RANK	
ANTIDEPRESSANTS	104,887	1	106,043	1	1.10 %
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	45,568	2	51,186	2	12.33 %
ANTICONVULSANTS	45,498	3	46,851	3	2.97 %
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	36,477	4	39,987	4	9.62 %
ANTIHYPERTENSIVES	36,196	5	36,780	5	1.61 %
ANTIPSYCHOTICS/ANTIMANIC AGENTS	35,406	6	35,659	6	0.71 %
ANTIANSXIETY AGENTS	34,854	8	35,373	7	1.49 %
ANTIDIABETICS	35,310	7	35,308	8	-0.01 %
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	32,699	9	32,838	9	0.43 %
PENICILLINS	16,558	16	26,733	10	61.45 %
ANALGESICS - OPIOID	24,889	10	24,604	11	-1.15 %
ANALGESICS - ANTI-INFLAMMATORY	22,881	12	23,328	12	1.95 %
DERMATOLOGICALS	23,666	11	22,831	13	-3.53 %
ANTIHYPERLIPIDEMICS	22,396	13	22,420	14	0.11 %
ANTIHISTAMINES	20,042	14	20,706	15	3.31 %
CORTICOSTEROIDS	13,802	19	18,837	16	36.48 %
BETA BLOCKERS	17,886	15	18,012	17	0.70 %
MUSCULOSKELETAL THERAPY AGENTS	14,581	18	14,956	18	2.57 %
DIURETICS	14,707	17	14,493	19	-1.46 %
CEPHALOSPORINS	9,539	25	13,276	20	39.18 %

TOP 100 DRUGS BY PAID AMOUNT



202206 - 202208

202209 - 202211

DRUG DESCRIPTION	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	PERCENT CHANGE
Humira Pen	\$5,477,163.63	1	\$5,869,203.52	1	7.16 %
Trulicity	\$2,655,965.38	2	\$2,832,967.43	2	6.66 %
Vraylar	\$2,450,817.65	3	\$2,457,672.32	3	0.28 %
Vyvanse	\$2,002,695.14	4	\$2,066,325.62	4	3.18 %
Biktarvy	\$1,893,194.97	5	\$1,976,696.24	5	4.41 %
Invega Sust	\$1,791,859.98	6	\$1,775,872.78	6	-0.89 %
Jardiance	\$1,636,386.69	9	\$1,712,471.27	7	4.65 %
Trikafta	\$1,785,141.41	7	\$1,698,415.79	8	-4.86 %
Stelara	\$1,684,620.18	8	\$1,694,634.45	9	0.59 %
Latuda	\$1,594,546.80	10	\$1,599,527.16	10	0.31 %
Dupixent	\$1,250,663.90	13	\$1,405,122.35	11	12.35 %
Taltz	\$1,406,612.69	11	\$1,383,473.97	12	-1.64 %
Lantus Solos	\$1,392,580.46	12	\$1,314,019.51	13	-5.64 %
Ozempic	\$1,216,983.72	14	\$1,150,621.57	14	-5.45 %
Symbicort	\$1,143,048.51	15	\$1,119,199.82	15	-2.09 %
Eliquis	\$1,055,688.67	16	\$1,086,961.15	16	2.96 %
Aristada	\$986,084.64	17	\$1,047,960.66	17	6.27 %
Mavyret	\$699,043.94	23	\$932,468.32	18	33.39 %
Spiriva	\$979,159.00	18	\$926,436.09	19	-5.38 %
Advair Disku	\$923,948.94	20	\$914,027.36	20	-1.07 %
Rexulti	\$856,836.56	21	\$895,398.15	21	4.50 %
Ventolin Hfa	\$351,162.13	50	\$779,343.81	22	121.93 %
Enbrel Srcl	\$785,670.48	22	\$688,784.77	23	-12.33 %
Strensiq	\$617,832.66	28	\$686,451.90	24	11.11 %
Trintellix	\$689,831.50	25	\$649,633.70	25	-5.83 %
Abilify Main	\$597,035.53	32	\$637,201.05	26	6.73 %
Adynovate	\$609,852.66	29	\$636,348.30	27	4.34 %
Insulin Aspa	\$618,547.82	27	\$618,992.28	28	0.07 %
Xarelto	\$599,109.48	31	\$602,342.43	29	0.54 %
Invega Trinz	\$603,037.01	30	\$580,787.69	30	-3.69 %
Cosentyx Pen	\$695,777.03	24	\$576,773.11	31	-17.10 %
Victoza	\$580,204.17	33	\$574,828.75	32	-0.93 %
Nurtec	\$573,326.91	34	\$557,896.76	33	-2.69 %
Flovent Hfa	\$477,649.03	43	\$554,291.28	34	16.05 %
Januvia	\$564,654.95	35	\$546,297.69	35	-3.25 %
Farxiga	\$499,643.58	39	\$540,097.55	36	8.10 %
Humira	\$480,396.92	42	\$533,131.34	37	10.98 %
Levemir	\$512,215.34	38	\$509,007.38	38	-0.63 %
Tresiba Flex	\$522,884.14	37	\$490,855.24	39	-6.13 %

TOP 100 DRUGS BY PAID AMOUNT



202206 - 202208

202209 - 202211

DRUG DESCRIPTION	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	PERCENT CHANGE
Xifaxan	\$539,030.71	36	\$479,189.96	40	-11.10 %
Ingrezza	\$633,038.97	26	\$469,903.67	41	-25.77 %
Insulin Lisp	\$491,176.46	41	\$467,394.03	42	-4.84 %
Skyrizi Pen	\$165,110.91	108	\$464,891.86	43	181.56 %
Proair Hfa	\$966,086.74	19	\$463,950.46	44	-51.98 %
Entresto	\$413,508.41	47	\$444,998.92	45	7.62 %
Ilaris	\$462,774.44	44	\$437,668.20	46	-5.43 %
Trelegy	\$407,306.53	48	\$412,800.21	47	1.35 %
Jynarque	\$361,120.62	49	\$412,371.89	48	14.19 %
Ajovy	\$424,507.24	45	\$406,716.68	49	-4.19 %
Vimpat	\$496,257.04	40	\$399,242.28	50	-19.55 %
Lantus	\$422,979.98	46	\$398,908.26	51	-5.69 %
Orkambi	\$345,313.57	51	\$396,896.19	52	14.94 %
Synagis	\$0.00	0	\$365,301.37	53	
Revlimid	\$327,365.11	54	\$361,848.00	54	10.53 %
Advair Hfa	\$295,298.63	59	\$359,408.56	55	21.71 %
Norditropin	\$342,892.62	52	\$358,980.82	56	4.69 %
Austedo	\$310,998.36	57	\$353,895.07	57	13.79 %
Novoseven Rt	\$29,082.00	370	\$340,632.76	58	1071.28 %
Methylphenid	\$284,602.04	60	\$324,701.78	59	14.09 %
Eloctate	\$277,011.28	62	\$321,018.48	60	15.89 %
Linzees	\$312,892.37	56	\$316,879.88	61	1.27 %
Hemlibra	\$322,206.96	55	\$312,391.34	62	-3.05 %
Evrysdi	\$302,496.22	58	\$305,230.70	63	0.90 %
Xywav	\$202,355.32	85	\$296,618.36	64	46.58 %
Aimovig	\$247,542.72	67	\$286,253.96	65	15.64 %
Adempas	\$265,336.38	64	\$283,414.74	66	6.81 %
Varenicline	\$240,190.03	71	\$279,725.01	67	16.46 %
Caplyta	\$271,038.76	63	\$272,187.72	68	0.42 %
Sprycel	\$230,167.68	76	\$270,903.57	69	17.70 %
Cabometyx	\$331,986.38	53	\$261,493.31	70	-21.23 %
Opsumit	\$279,870.62	61	\$257,490.52	71	-8.00 %
Sofos/velpat	\$238,904.51	72	\$255,761.84	72	7.06 %
Ubrelvy	\$230,202.94	75	\$252,830.83	73	9.83 %
Advate	\$179,456.33	96	\$252,703.35	74	40.82 %
Genvoya	\$245,637.38	68	\$250,792.09	75	2.10 %
Ibrance	\$179,054.69	97	\$247,335.29	76	38.13 %
Pulmozyme	\$262,219.15	66	\$244,868.18	77	-6.62 %
Wakix	\$230,706.71	74	\$239,958.29	78	4.01 %

TOP 100 DRUGS BY PAID AMOUNT



202206 - 202208

202209 - 202211

DRUG DESCRIPTION	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	PERCENT CHANGE
Tremfya	\$203,606.70	82	\$235,431.14	79	15.63 %
Amphet/dextr	\$219,491.89	78	\$234,220.15	80	6.71 %
Creon	\$263,540.88	65	\$229,766.71	81	-12.82 %
Amoxicillin	\$127,611.41	133	\$222,906.83	82	74.68 %
Ruconest	\$109,770.38	146	\$219,540.76	83	100.00 %
Concerta	\$106,830.06	155	\$211,027.67	84	97.54 %
Quillichew	\$174,666.05	99	\$206,256.15	85	18.09 %
Odefsey	\$224,461.83	77	\$204,192.85	86	-9.03 %
Anoro Ellipt	\$208,136.15	80	\$200,751.66	87	-3.55 %
Sertraline	\$193,146.22	88	\$196,914.73	88	1.95 %
Epinephrine	\$240,645.65	70	\$194,483.88	89	-19.18 %
Gabapentin	\$194,405.91	87	\$190,652.85	90	-1.93 %
Aubagio	\$141,746.52	121	\$190,434.46	91	34.35 %
Otezla	\$162,438.61	110	\$189,802.04	92	16.85 %
Emflaza	\$199,717.76	86	\$188,501.24	93	-5.62 %
Jornay Pm	\$174,088.89	102	\$183,968.94	94	5.68 %
Tivicay	\$182,880.89	92	\$182,586.23	95	-0.16 %
Lybalvi	\$152,833.58	114	\$182,275.73	96	19.26 %
Omeprazole	\$180,342.19	95	\$181,547.60	97	0.67 %
Enbrel Mini	\$171,424.09	103	\$180,283.48	98	5.17 %
Benlysta	\$163,254.72	109	\$176,724.98	99	8.25 %
Atorvastatin	\$174,374.65	100	\$176,537.35	100	1.24 %

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	202206 - 202208		202209 - 202211		ID CHANGE
	PREVIOUS PRESCRIPTION COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	
Amoxicillin	10,229	15	17,331	1	69.43 %
Sertraline	15,965	1	16,216	2	1.57 %
Omeprazole	15,340	2	15,427	3	0.57 %
Trazodone	13,522	3	13,718	4	1.45 %
Atorvastatin	13,450	4	13,460	5	0.07 %
Escitalopram	12,704	6	13,149	6	3.50 %
Gabapentin	12,734	5	12,522	7	-1.66 %
Fluoxetine	12,353	7	12,482	8	1.04 %
Lisinopril	12,022	8	11,907	9	-0.96 %
Bupropn Hcl	11,606	9	11,730	10	1.07 %
Levothyroxin	10,919	13	11,567	11	5.93 %
Ventolin Hfa	5,156	45	11,534	12	123.70 %
Amphet/dextr	10,626	14	11,505	13	8.27 %
Cetirizine	10,919	12	11,117	14	1.81 %
Metformin	10,978	11	11,058	15	0.73 %
Prednisone	8,547	22	10,393	16	21.60 %
Hydroco/apap	10,020	16	9,928	17	-0.92 %
Methylphenid	8,411	23	9,326	18	10.88 %
Bupirone	9,222	17	9,298	19	0.82 %
Quetiapine	8,954	18	9,204	20	2.79 %
Ondansetron	8,376	24	9,153	21	9.28 %
Hydroxyz Hcl	8,626	21	9,027	22	4.65 %
Duloxetine	8,937	19	8,863	23	-0.83 %
Montelukast	8,660	20	8,833	24	2.00 %
Azithromycin	4,353	55	8,683	25	99.47 %
Amox/k Clav	5,213	44	8,168	26	56.69 %
Venlafaxine	8,155	25	8,163	27	0.10 %
Amlodipine	7,953	26	7,933	28	-0.25 %
Ibuprofen	7,362	30	7,737	29	5.09 %
Aripiprazole	7,561	27	7,623	30	0.82 %
Albuterol	4,227	56	7,587	31	79.49 %
Pantoprazole	7,535	28	7,550	32	0.20 %
Cyclobenzapr	7,444	29	7,536	33	1.24 %
Lamotrigine	6,866	33	7,404	34	7.84 %
Fluticasone	6,710	34	7,295	35	8.72 %
Clonidine	6,883	32	7,047	36	2.38 %
Alprazolam	7,087	31	7,020	37	-0.95 %
Vyvanse	6,611	35	6,860	38	3.77 %

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	202206 - 202208		202209 - 202211		ID CHANGE
	PREVIOUS PRESCRIPTION COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	
Cefdinir	3,216	69	6,599	39	105.19 %
Clonazepam	6,200	36	6,235	40	0.56 %
Guanfacine	5,788	40	6,151	41	6.27 %
Cephalexin	5,900	38	6,132	42	3.93 %
Metoprol Suc	5,939	37	6,047	43	1.82 %
Loratadine	5,878	39	5,572	44	-5.21 %
Proair Hfa	11,377	10	5,446	45	-52.13 %
Meloxicam	5,317	42	5,367	46	0.94 %
Tramadol Hcl	5,414	41	5,301	47	-2.09 %
Topiramate	5,303	43	5,288	48	-0.28 %
Famotidine	5,139	46	5,235	49	1.87 %
Prednisolone	2,382	91	5,057	50	112.30 %
Losartan Pot	4,749	48	4,956	51	4.36 %
Aspirin Low	4,996	47	4,931	52	-1.30 %
Propranolol	4,736	49	4,795	53	1.25 %
Lorazepam	4,707	50	4,676	54	-0.66 %
Hydrochlorot	4,508	52	4,546	55	0.84 %
Risperidone	4,379	54	4,522	56	3.27 %
Mirtazapine	4,103	57	4,229	57	3.07 %
Furosemide	4,440	53	4,189	58	-5.65 %
Doxycyc Mono	3,313	66	4,138	59	24.90 %
Triamcinolon	4,594	51	4,017	60	-12.56 %
Metronidazol	3,918	58	4,011	61	2.37 %
Fluconazole	3,806	59	3,951	62	3.81 %
Prazosin Hcl	3,595	61	3,745	63	4.17 %
Hydroxyz Pam	3,614	60	3,724	64	3.04 %
Levetiraceta	3,181	70	3,621	65	13.83 %
Diclofenac	3,569	62	3,517	66	-1.46 %
Amitriptylin	3,422	63	3,451	67	0.85 %
Oxycodone	3,324	65	3,363	68	1.17 %
Acetamin	3,031	74	3,361	69	10.89 %
Rosuvastatin	3,302	67	3,356	70	1.64 %
Citalopram	3,410	64	3,317	71	-2.73 %
Spirolact	3,284	68	3,241	72	-1.31 %
Folic Acid	3,150	72	3,143	73	-0.22 %
Valacyclovir	3,002	75	3,129	74	4.23 %
Symbicort	3,164	71	3,096	75	-2.15 %
Trulicity	2,869	81	3,094	76	7.84 %

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	202206 - 202208		202209 - 202211		ID CHANGE
	PREVIOUS PRESCRIPTION COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	
Tizanidine	2,981	76	3,086	77	3.52 %
Naproxen	3,063	73	2,997	78	-2.15 %
Zolpidem	2,958	77	2,981	79	0.78 %
Polyeth Glyc	2,954	78	2,968	80	0.47 %
Clindamycin	2,815	83	2,963	81	5.26 %
Pregabalin	2,757	85	2,927	82	6.17 %
Ferosul	2,862	82	2,881	83	0.66 %
Metoprol Tar	2,941	80	2,877	84	-2.18 %
Lantus Solos	2,952	79	2,841	85	-3.76 %
Divalproex	2,739	86	2,806	86	2.45 %
Baclofen	2,714	87	2,793	87	2.91 %
Sumatriptan	2,566	88	2,708	88	5.53 %
Olanzapine	2,759	84	2,703	89	-2.03 %
Atomoxetine	2,248	94	2,398	90	6.67 %
Mupirocin	2,366	92	2,393	91	1.14 %
Nystatin	2,266	93	2,354	92	3.88 %
Insulin Lisp	2,407	90	2,298	93	-4.53 %
Jardiance	2,183	96	2,278	94	4.35 %
Pot Chloride	2,049	99	2,243	95	9.47 %
Bupropion	2,171	97	2,208	96	1.70 %
Advair Disku	2,218	95	2,202	97	-0.72 %
Flovent Hfa	1,866	108	2,174	98	16.51 %
Smz/tmp Ds	2,424	89	2,082	99	-14.11 %
Oxcarbazepin	1,881	107	2,048	100	8.88 %

**Medicaid Statistics for Prescription Claims
September through November 2022**

Tri-Monthly Statistics

	FFS	Amerigroup	Iowa Total Care	Total**
Total Dollars Paid	\$2,584,295	\$121,126,342	\$91,554,505	\$215,265,142
Unique Users	3,850	180,883	143,112	327,845
Cost Per User	\$671.25	\$669.64	\$639.74	
Total Prescriptions	21,450	1,083,320	835,803	1,940,573
Average Rx/User	5.57	5.99	5.84	
Average Cost/Rx	\$120.48	\$111.81	\$109.54	
# Generic Prescriptions	19,035	967,346	741,353	
% Generic	88.7%	89.3%	88.7%	
\$ Generic	\$953,922	\$20,095,069	\$13,403,886	
Average Generic Rx Cost	\$50.11	\$20.77	\$18.08	
Average Generic Days Supply	29	31.32	31	
# Brand Prescriptions	2,415	115,974	94,450	
% Brand	11.3%	10.7%	11.3%	
\$ Brand	\$1,630,373	\$101,031,272	\$78,150,619	
Average Brand Rx Cost	\$675.10	\$871.15	\$827.43	
Average Brand Days Supply	29	31.23	31	

**All reported dollars are pre-rebate

Top 20 Therapeutic Class by Paid Amount*

September through November 2022

	FFS	Amerigroup	Iowa Total Care
1	ANTI-INFLAMMATORIES, NON-NSAID	ANTIDIABETICS	ANTIDIABETICS
2	ANTIPSYCHOTICS - ATYPICALS	ANTIPSYCHOTICS/ANTIMANIC AGENTS	ANTIPSYCHOTICS/ANTIMANIC AGENTS
3	ANTICONVULSANTS	ANALGESICS - ANTI-INFLAMMATORY	ANALGESICS - ANTI-INFLAMMATORY
4	ANTINEOPLASTICS - PROTEIN-TYROSINE KINASE INHIBITORS	DERMATOLOGICALS	ANTIASTHMATIC AND BROCHODILATOR AGENTS
5	MUSCULAR DYSTROPHY AGENTS	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	DERMATOLOGICALS
6	ANTIDEPRESSANTS - SELECTED SSRIs	ADHD/ANTI-NARCOLEPSY	ANTIVIRALS
7	ANTIRETROVIRAL COMBINATIONS	ANTIVIRALS	ADHD/ANTI-NARCOLEPSY
8	DIABETIC - INSULIN PENFILLS	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	HEMATOLOGICAL AGENTS - MISC.
9	ANTIASTHMATIC - ADRENERGIC COMBOS	ANTICONVULSANTS	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES
10	ENDOCRINE METABOLIC AGENTS	ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.
11	ANTIASTHMATIC - BETA ADRENERGICS	RESPIRATORY AGENTS - MISC.	RESPIRATORY AGENTS - MISC.
12	DIABETIC - NON-INSULIN INJECTABLES	ENDOCRINE AND METABOLIC AGENTS - MISC.	ANTICONVULSANTS
13	GLUCOCORTICOIDS - MINERALOCORTICOIDS	MIGRAINE PRODUCTS	ENDOCRINE AND METOBOLIC AGENTS - MISC.
14	STIMULANTS - AMPHETAMINES - LONG ACTING	ANTIDEPRESSANTS	ANTIDEPRESSANTS
15	DIABETIC - OTHER	HEMATOLOGIC AGENTS - MISC.	MIGRAINE PRODUCTS
16	STIMULANTS - METHYLPHENIDATE - LONG ACTING	ANTICOAGULANTS	ANTIGOAGULANTS
17	NSAIDS	CARDIOVASCULAR AGENTS - MISC.	CARDIOVASCULAR AGENTS - MISC.
18	ANTICOAGULANTS	GASTROINTESTINAL AGENTS - MISC.	MISCELLANEOUS THERAPEUTIC CLASSES
19	ANTIHISTAMINES - NON-SEDATING	ULCER DRUGS/ ANTISPASMODICS/ ANTICHOLINERGICS	GASTROINTESTINAL AGENTS - MISC.
20	CEPHALOSPORINS	CONTRACEPTIVES	ANTI-INFECTIVE AGENTS - MISC.

* Pre-rebate

Top 20 Therapeutic Class by Prescription Count

September through November 2022

	FFS	Amerigroup	Iowa Total Care
1	ANTIDEPRESSANTS - SELECTED SSRIs	ANTIDEPRESSANTS	ANTIDEPRESSANTS
2	ANTICONVULSANTS	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
3	ANTIPSYCHOTICS - ATYPICALS	ANTICONVULSANTS	ANTICONVULSANTS
4	ANTIHYPERTENSIVES - CENTRAL	ADHD/ANTI-NARCOLEPSY	ADHD/ANTI-NARCOLEPSY
5	ANTIASTHMATIC - BETA-ADRENERGICS	ANTIPSYCHOTICS/ANTIMANIC AGENTS	ANTIHYPERTENSIVES
6	PPIs	ANTIHYPERTENSIVES	ANTIPSYCHOTICS/ANTIMANIC AGENTS
7	BETA-LACTAMS/CLAVULANATE COMBOS	ANTIANKXIETY AGENTS	ANTIANKXIETY AGENTS
8	ANTIHISTAMINES - NON-SEDATING	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	ANTIDIABETICS
9	NARCOTICS-MISC.	ANTIDIABETICS	ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS
10	STIMULANTS - AMPHETAMINES - LONG ACTING	PENICILLINS	PENICILLINS
11	ANTIHISTAMINES - OTHER	DERMATOLOGICALS	ANALGESICS - OPIOID
12	GLUCOCORTICOIDS - MINERALOCORTICOIDS	ANALGESICS - OPIOID	ANALGESICS - ANTI-INFLAMMATORY
13	CHOLESTEROL - HMG COA + ABSORB INHIBITORS	ANALGESICS - ANTI-INFLAMMATORY	DERMATOLOGICALS
14	NSAIDS	ANTIHISTAMINES	ANTIHISTAMINES
15	STIMULANTS - METHYLPHENIDATE - LONG ACTING	ANTIHYPERLIPIDEMIS	ANTIHISTAMINES
16	DIURETICS	CORTICOSTEROIDS	CORTICOSTEROIDS
17	ACE INHIBITORS	BETA BLOCKERS	BETA BLOCKERS
18	CEPHALOSPORINS	MUSCULOSKELETAL THERAPY AGENTS	MUSCULOSKELETAL THERAPY AGENTS
19	THYROID HORMONES	DIURETICS	DIURETICS
20	MUSCLE RELAXANTS	CEPHALOSPORINS	CEPHALOSPORINS

Top 25 Drugs by Paid Amount**

September through November 2022

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

** Pre-rebate

Top 25 Drugs by Prescription Count

September through November 2022

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

Top Prescribers by Prescription Count*

PRESCRIBER	Number of Rx Claims			
	FFS	AGP	ITC	Total
Jeffrey Wilharm	114	2,719	1,828	4,661
Bobbita Nag	34	1,863	1,367	3,264
Genevieve Nelson	0	1,983	1,068	3,051
Dean Guerdet	29	1,910	1,026	2,965
Rebecca Walding	107	1,685	1,099	2,891
Jennifer Zalaznik	0	1,981	808	2,789
Charles Tilley	0	1,756	1,004	2,760
Cynthia Coenen	0	1,684	1,069	2,753
Amanda Garr	64	1,438	1,096	2,598
Joan Anderson	30	1,367	1,117	2,514
Tracy Tschudi	0	1,826	643	2,469
Wendy Hansen-Penman	0	1,206	1,133	2,339
Melissa Konken	111	1,246	967	2,324
Wook Kim	0	1,213	1,109	2,322
Tara Brockman	40	1,130	1,101	2,271
Jennifer Donovan	20	1,020	1,145	2,185
Rebecca Wolfe	0	1,914	0	1,914
Natasha Lash	0	1,767	0	1,767
Michael Ciliberto	141	1,046	446	1,633
Joada Best	110	1,007	0	1,117
Christopher Jacobs	106	0	757	863
Molly Earleywine	121	0	654	775
Leighton Frost	174	0	0	174
Alicia Wager	166	0	0	166
Anthony Glydwell	118	0	0	118

FFS = Fee-for-Service

AGP = Amerigroup

ITC = Iowa Total Care

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

Concurrent Use of Opioids and Sedatives RetroDUR Data

Purpose

- To identify members with concurrent use of sedatives and an opioid in pharmacy claims.

Background

- Opioids carry an FDA boxed warning of increased risk of respiratory and CNS depression with concurrent use of opioid and CNS depressants such as antipsychotics or sedatives.
 - In an [August 2016 FDA Drug Safety Communication](#), the FDA warned about serious risks and death when combining opioid pain or cough medicines with benzodiazepines, and required the addition of *Boxed Warnings* to prescription opioid pain and prescription opioid cough medicines, and benzodiazepines.
 - Within this Drug Safety Communication, the FDA listed other CNS depressants:
 - Other sleep drugs and tranquilizers
 - Muscle relaxants
 - Antipsychotics
- Questions related to this issue appeared in the FFY20 and FFY21 CMS DUR Survey. *Does your state currently have POS edits in place or automated retrospective claims review to monitor opioids and sedatives being used concurrently?*
 - Based on the FFS FFY20 CMS DUR Survey Report (most current data available):
 - 13 states (26%) have an automated retrospective claim review
 - 11 states (22%) have a POS edit
 - 10 states (20%) have a POS edit and an automated retrospective claims review
 - 16 states (32%) have neither
- Currently, there are no hard POS edits to stop this combination or an automated retrospective claims review process (i.e., retrospective review) for concurrent use of an opioid and sedative.
- In researching drug interactions between opioids and the sedatives listed below in a drug data base, the interaction rating is considered major severity with a documentation level of possible. This indicates the interaction is potentially severe or life-threatening, supported by primary literature that includes multiple case reports and/or controlled studies. Data supporting the interaction includes the following:
 - A cohort study found that the risk of opioid-related overdose death was 10-fold higher in patients who also received benzodiazepines (7.0 per 10,000 person-years) compared with patients who received opioids alone (0.7 per 10,000 person years).
 - In another analysis of opioid-treated patients in the Veterans Health Administration database, the risk of death from drug overdose was significantly

higher among those prescribed concomitant benzodiazepines compared with those receiving opioids alone (HR 3.86).

- A cohort study of 4501 patients prescribed buprenorphine or methadone for treatment of opioid dependence reported an increased risk of both overdose-related deaths (adjusted HR 1.49 to 2.02) and all-cause mortality (adjusted HR 1.28 to 2.01) for patients receiving concurrent benzodiazepines, z-drugs (zopiclone, zolpidem, or zaleplon), or pregabalin. Not all of these increases were statistically significant, but the overall picture of a general increased risk with these combinations is consistent with other data.
- The odds of opioid-related death were also significantly increased in opioid-treated patients who were exposed to gabapentin within 120 days (adjusted OR 1.5) as compared with those taking an opioid prescription alone, according to a case-control study of 1,256 cases (individuals who died of an opioid-related cause) and 4,619 matched controls (opioid users).
- Similarly, another case-control study by the same group found that concomitant exposure to opioids and pregabalin within 120 days was associated with increased odds of opioid-related death compared to opioids alone (adjusted OR 1.7) in an analysis of 1,417 cases and 5,097 matched controls.
- Additional analyses have concluded that other CNS depressants (e.g. antipsychotics, antidepressants, antiepileptics) and alcohol are often implicated in opioid-related overdose and death.

RDUR Criteria

- Members with claims for a sedative and an opioid with at least one day overlap
- Time period: August through October 2022
 - Sedatives: chloral hydrate, daridorexant, eszopiclone, lemborexant, phenobarbital, ramelteon, suvorexant, tasimelteon, zaleplon, and zolpidem

Data

Members with Concurrent Opioid and Sedative, Broken Out by MME

AGP	Sedative	# Members		# Prescribers
		1-89 MME/d	≥ 90 MME/d	
670 Members	Chloral Hydrate	0	0	0
	Daridorexant	1	1	3
742 Prescribers	Eszopiclone	99	4	96
	Lemborexant	9	0	11
	Phenobarbital	8	0	11
	Ramelteon	23	1	23
	Suvorexant	17	2	18
	Tasimelteon	0	0	0
	Zaleplon	33	0	35
	Zolpidem	484	23	449

ITC	Sedative	# Members		# Prescribers
		1-89 MME/d	≥ 90 MME/d	
382 Members	Chloral Hydrate	0	0	0
	Daridorexant	2	0	1
374 Prescribers	Eszopiclone	53	1	20
	Lemborexant	4	0	1
	Phenobarbital	2	0	0
	Ramelteon	6	1	2
	Suvorexant	10	0	0
	Tasimelteon	0	0	0
	Zaleplon	14	0	1
	Zolpidem	266	23	143

FFS	Sedative	# Members		# Prescribers
		1-89 MME/d	≥ 90 MME/d	
10 Members	Chloral Hydrate	0	0	0
	Daridorexant	0	0	0
21 Prescribers	Eszopiclone	1	0	2
	Lemborexant	0	0	0
	Phenobarbital	1	0	2
	Ramelteon	0	0	0
	Suvorexant	0	0	0
	Tasimelteon	0	0	0
	Zaleplon	0	0	0
	Zolpidem	7	1	17

Next Steps

- Send letters to prescribers of members with concurrent use of a sedative and opioid, warning of the increased risk of respiratory and CNS depression with concurrent use and recommend one of the medications be discontinued.
- Send letters to prescribers of members with concurrent use of a sedative and high dose opioid (≥ 90 MME per day) and recommend one of the medications be discontinued or the opioid dose gradually reduced.
- Other?

Underutilization of Beta Blockers in Heart Failure RetroDUR Data

Purpose

- To Identify members with a diagnosis of heart failure (HF) that are not receiving guideline-directed medical therapy (GDMT) with a beta-blocker proven to reduce mortality.

Background

- Evidence based beta-blocker therapy in patients with heart failure with reduced ejection fraction (HFrEF) can reduce all-cause and cardiovascular mortality, sudden cardiac death, and heart failure hospitalizations.
- Use of a beta-blocker proven to reduce mortality in patients with chronic HFrEF is recommended for all adult patients with current or prior symptoms of HFrEF, unless contraindicated or not tolerated.
- Beta-blockers proven to reduce mortality in patients with HFrEF include bisoprolol, carvedilol, or sustained-release metoprolol succinate.

RDUR Criteria

- Identify adult members with a diagnosis of HFrEF in the last 2 years and from that review pharmacy claims data to identify members that meet the following criteria:
 - Members taking a proven beta blocker
 - Members without a proven beta blocker
 - Members without a proven beta blocker but taking Entresto
 - Members without a proven beta blocker and without Entresto
 - Members taking metoprolol tartrate
- Pharmacy claims data date range: May 2022 through October 2022

Data**Amerigroup**

Total Member Count with HFrEF Diagnosis	1547
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	May 1, 2022 - October 31, 2022 Paid Pharmacy Claims		
	Member Count	Member %	Prescriber Count
HFrEF Diagnosis + Beta Blocker	1045	68%	764
HFrEF Diagnosis + No Beta Blocker			
HFrEF Diagnosis + No Beta Blocker	502	32%	n/a
HFrEF Diagnosis + No Beta Blocker + Entresto	24	2%	28
HFrEF Diagnosis + No Beta Blocker + No Entresto	478	31%	n/a
HFrEF Diagnosis + Metoprolol Tartrate			
HFrEF Diagnosis + Metoprolol Tartrate	120	8%	140

Iowa Total Care

Total Member Count with HFrEF Diagnosis	1695
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	May 1, 2022 - October 31, 2022 Paid Pharmacy Claims		
	Member Count	Member %	Prescriber Count
HFrEF Diagnosis + Beta Blocker	515	30%	440
HFrEF Diagnosis + No Beta Blocker			
HFrEF Diagnosis + No Beta Blocker	1180	70%	n/a
HFrEF Diagnosis + No Beta Blocker + Entresto	285	17%	192
HFrEF Diagnosis + No Beta Blocker + No Entresto	895	53%	n/a
HFrEF Diagnosis + Metoprolol Tartrate			
HFrEF Diagnosis + Metoprolol Tartrate	92	5%	112

Fee-for-Service

Total Member Count with HFrEF Diagnosis	22
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	May 1, 2022 - October 31, 2022 Paid Pharmacy Claims		
	Member Count	Member %	Prescriber Count
HFrEF Diagnosis + Beta Blocker	15	68%	19
HFrEF Diagnosis + No Beta Blocker	7	32%	n/a
HFrEF Diagnosis + No Beta Blocker + Entresto	0	0%	0
HFrEF Diagnosis + No Beta Blocker + No Entresto	7	32%	n/a
HFrEF Diagnosis + Metoprolol Tartrate	1	5%	1

Next Steps

- Send letters to prescribers of members with heart failure without a beta blocker, recommending the addition of a proven beta blocker for heart failure, if not contraindicated.
- Send letters to prescribers of members with heart failure, without a beta blocker and Entresto recommending the addition of a proven beta blocker and Entresto, if not contraindicated.
- Send letters to prescribers of members using metoprolol tartrate and recommend a change to metoprolol succinate.
- Other?

References

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

Contraindications to Metformin RetroDUR Proposal

Purpose

- To identify members taking metformin with contraindications to use.

Background

- Metformin use is contraindicated in patients with the following:
 - Acute or chronic metabolic acidosis including diabetic ketoacidosis with or without coma
 - Severe renal impairment (eGFR below 30 mL/min/1.73 m²)
 - Hypersensitivity to metformin

RDUR Criteria

- Identify members with acute or chronic metabolic acidosis or severe renal impairment
- Medical claim lookback for diagnosis: 2 years
- Pharmacy claim lookback for metformin: 4 months
- Other?

Underutilization of SGLT2 Inhibitors in Patients with Type 2 Diabetes and Chronic Kidney Disease

RetroDUR Proposal

Purpose

- To identify adult members with type 2 diabetes (T2D) and chronic kidney disease (CKD) without a sodium-glucose cotransporter 2 inhibitor (SGLT2i) in pharmacy claims.

Background

- Patients with T2D and CKD are at increased risk of cardiovascular events and progression to kidney failure. Preventative treatment strategies that reduce the risk of both kidney and cardiovascular outcomes are vital.
- Current guidelines recommend use of a SGLT2i with proven kidney or cardiovascular benefit for patients with T2D, CKD, and eGFR ≥ 20 mL/min/1.73 m².
- SGLT2i with proven cardiorenal benefit include canagliflozin, dapagliflozin, and empagliflozin.
- The safety and efficacy of initiating SGLT2i for people with an eGFR < 20 mL/min/1.73 m², in kidney transplant patients, or in individuals with Type I Diabetes are not established at this time.
- Chronic Kidney Disease Staging and GFR Values

Stage	Severity	GFR Value (mL/min/1.73 ²)
Stage 1	Mild Kidney Damage	≥ 90
Stage 2	Mild	60-89
Stage 3a	Mild to Moderate	45-59
Stage 3b	Moderate to Severe	30-44
Stage 3	Unspecified Stage 3	
Stage 4	Severe	15-29
Stage 5	Kidney Failure	< 15
ESRD	Requires Dialysis or Transplant	< 15
Unspecified	Unspecified CKD	

RDUR Criteria

- Identify adult members (≥ 18 years of age) with T2D and CKD without a SGLT2i with proven benefit.
- Medical claim lookback for diagnosis: 2 years
- Pharmacy claim lookback for SGLT2i: 4 months
- Other?

References

Nuha A. ElSayed, Grazia Aleppo, et. al., on behalf of the American Diabetes Association, 9. Pharmacologic Approaches to Glycemic Treatment: *Standards of Care in Diabetes—2023*. *Diabetes Care* | January 2023; 46 (Supplement_1): S140–S157. <https://doi.org/10.2337/dc23-S009>

KDIGO 2022 Clinical Practice Guideline for Diabetes Management in Chronic Kidney Disease <https://kdigo.org/wp-content/uploads/2022/10/KDIGO-2022-Clinical-Practice-Guideline-for-Diabetes-Management-in-CKD.pdf> (Accessed January 3, 2023).

90-Day Drug Supply Allowance Initial Review

Recommended New Policy

Allow “optional” 90-day supply of select, cost-effective, generic maintenance medications.

Current Policy

441 IAC 78.2(6) Quantity prescribed.

a. Quantity prescribed. When it is not therapeutically contraindicated, the legally qualified practitioner shall prescribe not less than a one-month supply of covered prescription and nonprescription medication. Contraceptives may be prescribed in three-month quantities.

Rationale

Potential for increased patient compliance and persistence, resulting in better health outcomes for chronic medical conditions accompanied by Medicaid program savings while minimizing waste, and not compromising patient safety.

Collateral Policy

1) Established:

- a) Dispensing Fee – Pharmacy gets one dispensing fee per 90-day supply.
- b) Copayment – Member gets charged one copay (if applicable) per 90-day supply.
- c) Member Exclusions – None.

2) NEW Considerations for DUR Commission Discussion

- a) Member Initial Fill – Should member be required to first establish compliance and tolerability? If yes then:
 - i) Number of monthly fills? (0, 1, or 2)
 - ii) Same strength and dose?
 - iii) Within previous X number of days?
- b) Lost/Stolen/Destroyed Policy
 - i) Current policy language (reviewed/recommended June 2012):
 - (1) Non-controlled medications that are lost, stolen, or destroyed are limited to a one-time override allowance per 12 month period. Overrides for the first occurrence of a lost, stolen, or destroyed medication can be obtained by contacting the appropriate helpdesk.
 - (2) Replacement of lost, stolen, or destroyed controlled substances and tramadol containing products will not be approved. In addition, no allowances will be provided for patients residing in a long-term care (LTC) facility.
 - (3) Requests exceeding the one-time override allowance for non-controlled lost, stolen and destroyed medications may be considered with additional documentation. Requests for stolen medications must include a copy of a police report.
 - ii) Should we update the current policy or maintain this policy and allow payer flexibility on case-by-case basis for replacements of 90-day supply?
- c) 90-day Drug Selection Process – Review will include MediSpan Maintenance Drug Categories – select generic products. Exclusion Criteria
 - (1) Safety – e.g., risks associated with a particular class
 - (2) Controlled Substances

- (3) Narrow Therapeutic Index (NTI) Drugs
 - (4) Drugs subject to frequent dose adjustments
 - (5) OTC Drugs
 - (6) Brand Drugs
 - (7) PA Drug Categories (Clinical PA)
 - (8) Nonpreferred or Nonrecommended Drugs
 - (9) Other Therapeutic Categories – Antibiotics, Ophthalmic, Otic, and Topical Products
 - (10) Other exclusions?
- ii) Categories to Start – Initially start with those categories associated with Quality Measures – such as for Blood Pressure; Cholesterol Lowering Agents; Antidepressants; Diabetes Mellitus. Other recommendations?
 - iii) Review on an annual basis

3). Change to the Days' Supply Policy would also require:

- a) Education of Members and Providers
- b) Rule change

Viloxazine (Qelbree) Initial Review

Background

In November 2022, a recommendation was made to update prior authorization (PA) criteria for viloxazine (Qelbree) to include the expanded indication for the treatment of attention deficit hyperactivity disorder (ADHD) in adults and pediatric patients 6 years and older. Previously, it was only approved for this indication in pediatric patients 6 to 17 years of age. Additionally, a recommendation was made to simplify the requirements for trial and therapy failure prior to viloxazine, requiring only atomoxetine. PA criteria is being brought back with a recommendation to modify the trial and therapy failure requirement to allow for atomoxetine or a preferred stimulant.

Original Clinical Prior Authorization Criteria

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

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

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

Recommended Clinical Prior Authorization Criteria – November 2022 (changes from original PA criteria highlighted/italicized and/or stricken)

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

1. *Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and*
2. Patient has a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) meeting the DSM-5 criteria and confirmed by a standardized rating scale (such as Conners, Vanderbilt, Brown, SNAP-IV); and

- ~~3. Patient is between 6 and 17 years of age; and~~
4. Symptoms must have been present before twelve (12) years of age and there must be clear evidence of clinically significant impairment in two or more current environments (social, academic, or occupational) and
- ~~5. Documentation of a previous trial and therapy failure at a therapeutic dose with at least one preferred amphetamine stimulant; and~~
- ~~6. Documentation of a previous trial and therapy failure at a therapeutic dose with at least one preferred methylphenidate stimulant; and~~
7. Documentation of a previous trial and therapy failure at a therapeutic dose with atomoxetine; and
8. **Is dosed based on FDA approved dosing, and dDose does not exceed 400 mg per day for pediatric patients (< 18 years of age) and 600 mg per day for adult patients;** and
9. Documentation of a recent clinical visit that confirms improvement in symptoms from baseline will be required for renewals or patients newly eligible that are established on medication to treat ADHD.

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

Newly Proposed Clinical Prior Authorization Criteria (changes to November 2022 PA recommendation highlighted/italicized and/or stricken)

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

1. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient has a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) meeting the DSM-5 criteria and confirmed by a standardized rating scale (such as Conners, Vanderbilt, Brown, SNAP-IV); and
3. Symptoms must have been present before twelve (12) years of age and there must be clear evidence of clinically significant impairment in two or more current environments (social, academic, or occupational) and
4. **Documentation of a previous trial and therapy failure at a therapeutic dose with atomoxetine** *or a preferred stimulant;* and
5. Dose does not exceed 400 mg per day for pediatric patients (< 18 years of age) and 600 mg per day for adult patients; and
6. Documentation of a recent clinical visit that confirms improvement in symptoms from baseline will be required for renewals or patients newly eligible that are established on medication to treat ADHD.

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

References

Qelbree[package insert]. Rockville, MD; Supernus Pharmaceuticals, Inc.; April 2022.

Dupilumab (Dupixent) Initial Review

Background

In September 2022 dupilumab (Dupixent), an interleukin-4 (IL-4) receptor alpha antagonist, received a fifth indication for the treatment of adults with prurigo nodularis (PN). Dupixent is the first approved treatment for PN.

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

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

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

Clinical Trials

The efficacy and safety of dupilumab in PN was evaluated in two randomized, double-blind, placebo-controlled studies (PRIME and PRIME 2) in 311 adult patients with pruritus (Worst Itch-Numeric Rating Scale [WI-NRS] ≥ 7 on a scale of 0 to 10) and ≥ 20 nodular lesions. Patients received Dupixent or placebo. At baseline, the mean WI-NRS was 8.5, 66% had 20 to 100 nodules (moderate), and 34% had > 100 nodules (severe). Efficacy was assessed with the proportion of patients with improvement (reduction) in WI-NRS by ≥ 4 points, the proportion of patients with Investigator's Global Assessment for Prurigo Nodularis-Stage (IGA PNS) 0 or 1 (the equivalent of 0 to 5 nodules), and the proportion of patients who achieved a response in both WI-NRS and IGA PN-S.

- In PRIME, the proportion of patients who met both the W-INRS and IGA PN-S endpoints at week 24 was 38.7% with Dupixent vs. 9.2% with placebo (treatment difference 29.6, 95% CI: 16.4, 42.8).
- In PRIME 2, the proportion of patients who met both the W-INRS and IGA PN-S endpoints at week 24 was 32.1% with Dupixent vs. 8.5% with placebo (treatment difference 25.5, 95% CI: 13.1, 37.9).

Dosing

- PN: Initial dose of 600 mg (two 300 mg subcutaneous injections) followed by 300 mg given every other week.

Cost

- AAC \$812.36/mL; \$4874.16 first 4 weeks; \$3,249.44/4 weeks (maintenance); \$42,242.72/year

Current Clinical Prior Authorization Criteria

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

1. Request adheres to all FDA approved labeling for requested drug and indication including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient's current weight in kilograms (kg) is provided; and
3. Patient has a diagnosis of moderate-to-severe atopic dermatitis; and
 - a. Is prescribed by or in consultation with a dermatologist, allergist, or immunologist; and
 - b. Patient has failed to respond to good skin care and regular use of emollients; and
 - c. Patient has documentation of an adequate trial and therapy failure with one preferred medium to high potency topical corticosteroid for a minimum of 2 consecutive weeks; and
 - d. Patient has documentation of a previous trial and therapy failure with a topical immunomodulator for a minimum of 4 weeks; and
 - e. Patient has documentation of a previous trial and therapy failure with cyclosporine or azathioprine; and
 - f. Patient will continue with skin care regimen and regular use of emollients; or
4. Patient has a diagnosis of moderate to severe asthma with an eosinophilic phenotype (with a pretreatment eosinophil count ≥ 150 cells/mcL within the previous 6 weeks) OR with oral corticosteroid dependent asthma; and
 - a. Is prescribed by or in consultation with an allergist, immunologist, or pulmonologist; and
 - b. Has a pretreatment forced expiratory volume in 1 second (FEV₁) $\leq 80\%$ predicted; and
 - c. Symptoms are inadequately controlled with documentation of current treatment with a high-dose inhaled corticosteroid (ICS) given in combination with a controller medication (e.g., long acting beta₂ agonist [LABA], leukotriene receptor antagonist [LTRA], oral theophylline) for a minimum of 3 consecutive months. Patient must be compliant with therapy, based on pharmacy claims; and
 - d. Patient must have one of the following, in addition to the regular maintenance medications defined above:
 - i. Two (2) or more exacerbations in the previous year or
 - ii. Require daily oral corticosteroids for at least 3 days; or
5. Patient has a diagnosis of inadequately controlled chronic rhinosinusitis with nasal polyposis (CRSwNP); and
 - a. Documentation dupilumab will be used as an add-on maintenance treatment; and
 - b. Documentation of an adequate trial and therapy failure with at least one preferred medication from each of the following categories:
 - i. Nasal corticosteroid spray; and
 - ii. Oral corticosteroid; or
6. Patient has a diagnosis of eosinophilic esophagitis (EoE); and
 - a. Is prescribed by, or in consultation with, an allergist, gastroenterologist, or immunologist; and
 - b. Patient has ≥ 15 intraepithelial eosinophils per high-power field (eos/hpf) as confirmed by endoscopic esophageal biopsy (attach results); and

- c. Patient has signs and symptoms of esophageal dysfunction (e.g., dysphagia, food impaction, food refusal, abdominal pain, heartburn regurgitation, chest pain and/or, odynophagia); and
 - d. Documentation of previous trials and therapy failures with all of the following:
 - i. High dose proton pump inhibitor (PPI) for at least 8 weeks; and
 - ii. Swallowed topical corticosteroid (e.g., fluticasone propionate, oral budesonide suspension); and
 - iii. Dietary therapy; and
7. Dose does not exceed the FDA approved dosing for indication.

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

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

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

1. Request adheres to all FDA approved labeling for requested drug and indication including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient's current weight in kilograms (kg) is provided; and
3. Patient has a diagnosis of moderate-to-severe atopic dermatitis; and
 - a. Is prescribed by or in consultation with a dermatologist, allergist, or immunologist; and
 - b. Patient has failed to respond to good skin care and regular use of emollients; and
 - c. Patient has documentation of an adequate trial and therapy failure with one preferred medium to high potency topical corticosteroid for a minimum of 2 consecutive weeks; and
 - d. Patient has documentation of a previous trial and therapy failure with a topical immunomodulator for a minimum of 4 weeks; and
 - e. Patient has documentation of a previous trial and therapy failure with cyclosporine or azathioprine; and
 - f. Patient will continue with skin care regimen and regular use of emollients; or
4. Patient has a diagnosis of moderate to severe asthma with an eosinophilic phenotype (with a pretreatment eosinophil count ≥ 150 cells/mcL within the previous 6 weeks) OR with oral corticosteroid dependent asthma; and
 - a. Is prescribed by or in consultation with an allergist, immunologist, or pulmonologist; and
 - b. Has a pretreatment forced expiratory volume in 1 second (FEV₁) $\leq 80\%$ predicted; and
 - c. Symptoms are inadequately controlled with documentation of current treatment with a high-dose inhaled corticosteroid (ICS) given in combination with a controller medication (e.g., long acting beta₂ agonist [LABA], leukotriene receptor antagonist [LTRA], oral

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

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

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

References

Dupixent [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.; October 2022

Watsky, K. Prurigo nodularis. In UpToDate, Fowler J (Ed), UpToDate, Waltham, MA. (Accessed December 9, 2022.)

Gonadotropin-Releasing Hormone (GnRH) Receptor Antagonist, Oral Initial Review

Background

Relugolix, estradiol, and norethindrone acetate (Myfembree) recently received a second indication for the management of moderate-to-severe pain associated with endometriosis.

Prior authorization criteria are being updated to include the new Myfembree indication and dosing.

Clinical Trials

The approval of Myfembree for the new indication was based on a two randomized, double-blind, placebo-controlled studies in pre-menopausal women with moderate to severe pain associated with endometriosis. A total of 829 patients received 24 weeks of once daily Myfembree or placebo. The first co-primary endpoint was a responder analysis where a responder was defined as a woman who achieved a reduction from baseline in dysmenorrhea (DYS) numerical rating scale (NRS) of at least 2.8 points over the last 35 days of treatment, without an increase in analgesic use (nonsteroidal anti-inflammatory drug [NSAID] or opioid). The second co-primary endpoint was a responder analysis where a responder was defined as a woman who achieved a reduction from baseline in non-menstrual pelvic pain (NMPP) NRS score of at least 2.1 points over the last 35 days of treatment, without an increase in analgesic use (NSAID or opioid) for pain associated with endometriosis.

- In study 1, 74.5% of Myfembree vs. 26.9% of placebo patients were DYS responders (difference from placebo 47.6%; 95% CI: 39.3, 56.0; $p \leq 0.0001$). NMPP responders were seen for 58.5% of Myfembree vs. 39.6% of placebo patients (difference from placebo 18.9%; 95% CI: 9.5, 28.2; $p \leq 0.0001$).
- In study 2, 75.1% of Myfembree vs. 30.5% of placebo patients were DYS responders (difference from placebo 44.6%; 95% CI: 35.9, 53.3; $p \leq 0.0001$). NMPP responders were seen for 65.9% of Myfembree vs. 42.5% of placebo patients (difference from placebo 23.4%; 95% CI: 13.9, 32.8; $p \leq 0.0001$).

Current Clinical Prior Authorization Criteria

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

1. Pregnancy has been ruled out; and
2. Patient does not have osteoporosis; and
3. Request adheres to all FDA approved labeling for requested drug, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
4. Requests for elagolix (Orilissa) will be considered under the following conditions:

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

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

Proposed Clinical Prior Authorization Criteria

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

1. Pregnancy has been ruled out; and
2. Patient does not have osteoporosis; and
3. Request adheres to all FDA approved labeling for requested drug, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
4. Requests for elagolix (Orilissa) *or relugolix, estradiol, norethindrone acetate (Myfembree)* will be considered under the following conditions:
 - a. Patient has a diagnosis of moderate to severe pain associated with endometriosis; and
 - b. Patient has documentation of a previous trial and therapy failure with at least one preferred oral NSAID and at least one preferred 3-month course of a continuous hormonal contraceptive taken concurrently; and

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

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

References

Myfembree [package insert]. Brisbane, CA: Myovant Sciences, Inc.; September 2022

Janus Kinase Inhibitors Initial Review

Background

Upadacitinib (Rinvoq) recently received a sixth indication for adults with active non-radiographic axial spondyloarthritis (nr-axSpA) with objective signs of inflammation who have had an inadequate response to TNF blocker therapy. The nr-axSpA indication is the first for a JAK inhibitor.

Axial spondyloarthritis (SpA), that includes ankylosing spondylitis (AS) and nr-axSpA, is a chronic inflammatory condition manifested by back pain and progressive spinal stiffness. Patients with AS have significant abnormalities of affected sacroiliac joints observed by conventional radiography which are not observed in those with nr-axSpA.

[The 2019 Update of the American College of Rheumatology/Spondylitis Association of America/Spondyloarthritis Research and Treatment Network Recommendations for the Treatment of Ankylosing Spondyloarthritis and Nonradiographic Axial Spondyloarthritis](#)

provide the following recommendations:

- NSAIDs are the recommended first line treatment.
- TNF inhibitors are recommended over secukinumab or ixekizumab as the first biologic to be used.
- TNF inhibitors, secukinumab and ixekizumab are favored over tofacitinib.

Current guidelines do not address other JAK inhibitors, such as upadacitinib.

Prior authorization (PA) criteria are being updated to add this new indication and mirror the Biologicals for Axial Spondyloarthritis criteria. Additionally, language is being added to clearly delineate excluded medical uses, as defined in Section 1927(d)(2) of the Social Security Act (the Act) and codified in Rules and State Plan. Specifically, Section 1927(d)(2) of the Act states “agents when used for cosmetic purposes or hair growth” may be excluded from coverage or otherwise restricted.

Current Prior Authorization Criteria

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

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

3. Patient has a diagnosis of:
 - a. Moderate to severe rheumatoid arthritis (baricitinib, tofacitinib, upadacitinib); with
 - i. A documented trial and inadequate response, at a maximally tolerated dose, with methotrexate; and
 - ii. A documented trial and inadequate response to one preferred TNF inhibitor; OR
 - b. Psoriatic arthritis (tofacitinib, upadacitinib); with
 - i. A documented trial and inadequate response, at a maximally tolerated dose, with methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); and
 - ii. Documented trial and therapy failure with one preferred TNF inhibitor used for psoriatic arthritis; OR
 - c. Moderately to severely active ulcerative colitis (tofacitinib, upadacitinib); with
 - i. A documented trial and inadequate response to two preferred conventional therapies including amino salicylates and azathioprine/6-mercaptopurine; and
 - ii. A documented trial and inadequate response with a preferred TNF inhibitor; and
 - iii. If requested dose is for tofacitinib 10mg twice daily, an initial 16 weeks of therapy will be allowed. Continued requests at this dose will need to document an adequate therapeutic benefit; OR
 - d. Polyarticular Course Juvenile Idiopathic Arthritis (tofacitinib); with
 - i. A documented trial and inadequate response to intraarticular glucocorticoid injections; and
 - ii. A documented trial and inadequate response to the preferred oral DMARD, methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); and
 - iii. A documented trial and inadequate response with a preferred TNF inhibitor; OR
 - e. Ankylosing spondylitis (tofacitinib); with
 - i. A documented trial and inadequate response to at least two preferred non-steroidal anti-inflammatories (NSAIDs) at a maximally tolerated dose for a minimum of at least one month; and
 - ii. A documented trial and inadequate response with at least one preferred TNF inhibitor; OR
 - f. Atopic dermatitis; with
 - i. Documentation patient has failed to respond to good skin care and regular use of emollients; and
 - ii. A documented adequate trial and therapy failure with one preferred medium to high potency topical corticosteroid for a minimum of 2 consecutive weeks; and
 - iii. A documented trial and therapy failure with a topical immunomodulator for a minimum of 4 weeks; and
 - iv. For mild to moderate atopic dermatitis (ruxolitinib)
 - a. A documented trial and therapy failure with crisaborole; and

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

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

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

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

1. Patient is not using or planning to use a JAK inhibitor in combination with other JAK inhibitors, biological therapies, or potent immunosuppressants (azathioprine or cyclosporine); and
2. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
3. Patient has a diagnosis of:
 - a. Moderate to severe rheumatoid arthritis (baricitinib, tofacitinib, upadacitinib); with
 - i. A documented trial and inadequate response, at a maximally tolerated dose, with methotrexate; and
 - ii. A documented trial and inadequate response to one preferred TNF inhibitor; OR
 - b. Psoriatic arthritis (tofacitinib, upadacitinib); with
 - i. A documented trial and inadequate response, at a maximally tolerated dose, with methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); and
 - ii. Documented trial and therapy failure with one preferred TNF inhibitor used for psoriatic arthritis; OR
 - c. Moderately to severely active ulcerative colitis (tofacitinib, upadacitinib); with
 - i. A documented trial and inadequate response to two preferred conventional therapies including amino salicylates and azathioprine/6-mercaptopurine; and
 - ii. A documented trial and inadequate response with a preferred TNF inhibitor; and

- iii. If requested dose is for tofacitinib 10mg twice daily, an initial 16 weeks of therapy will be allowed. Continued requests at this dose will need to document an adequate therapeutic benefit; OR
 - d. Polyarticular Course Juvenile Idiopathic Arthritis (tofacitinib); with
 - i. A documented trial and inadequate response to intraarticular glucocorticoid injections; and
 - ii. A documented trial and inadequate response to the preferred oral DMARD, methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); and
 - iii. A documented trial and inadequate response with a preferred TNF inhibitor; OR
 - g. *Axial spondyloarthritis conditions (e.g., ankylosing spondylitis or nonradiographic axial spondyloarthritis)* (tofacitinib, upadacitinib); with
 - i. A documented trial and inadequate response to at least two preferred non-steroidal anti-inflammatories (NSAIDs) at a maximally tolerated dose for a minimum of at least one month; and
 - ii. A documented trial and inadequate response with at least one preferred TNF inhibitor; OR
 - h. Atopic dermatitis; with
 - i. Documentation patient has failed to respond to good skin care and regular use of emollients; and
 - ii. A documented adequate trial and therapy failure with one preferred medium to high potency topical corticosteroid for a minimum of 2 consecutive weeks; and
 - iii. A documented trial and therapy failure with a topical immunomodulator for a minimum of 4 weeks; and
 - iv. For mild to moderate atopic dermatitis (ruxolitinib)
 - a. A documented trial and therapy failure with crisaborole; and
 - b. Affected area is less than 20% of body surface area (BSA); and
 - c. Patient has been instructed to use no more than 60 grams of topical ruxolitinib per week; or
 - v. For moderate to severe atopic dermatitis (abrocitinib, upadacitinib):
 - a. A documented trial and therapy failure with cyclosporine or azathioprine; and
 - b. Requests for upadacitinib for pediatric patients 12 to less than 18 years of age must include the patient's weight in kg.

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

Nebivolol (Bystolic) Removal of Criteria Second Review

Background

The P&T Committee made a recommendation to make generic nebivolol preferred at the November 17, 2022 meeting, with the change effective January 1, 2022. Removal of prior authorization (PA) criteria is being recommended with generic nebivolol becoming a cost effective option.

Current Prior Authorization Criteria – Recommendation to Remove PA Criteria

Prior authorization is required for Bystolic. Payment will be considered in cases where there are documented trials and therapy failures with two preferred cardio-selective beta-blockers of a different chemical entity at a therapeutic dose. The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Proposed Quantity Limit

- 2.5 mg, 5 mg, 10 mg tablets – 30 tablets per 30 days
- 20 mg tablet – 60 tablets per 30 days
 - Recommended starting dose for most patients is 5 mg once daily; dose can be increased at 2-week intervals up to 40 mg. A more frequent dosing regimen is unlikely to be beneficial.
 - Recommended starting dose in patients with severe renal impairment or moderate hepatic impairment is 2.5 mg once daily.

Potassium Binders Removal of Criteria Second Review

Background

Current prior authorization (PA) criteria for the preferred potassium binders Lokelma (sodium zirconium cyclosilicate) and Veltassa (patiromer) requires a recent trial and therapy failure with sodium polystyrene sulfonate (SPS). There has been a history of reported adverse gastrointestinal events associated with SPS including bleeding, ischemic colitis, perforation, and intestinal necrosis. Additionally doses must be separated from other orally administered medications.

UpToDate currently indicates SPS should be used only in a patient who meets all the following:

- Potentially life-threatening hyperkalemia
- Dialysis not readily available
- New cation exchangers (patiromer, sodium zirconium cyclosilicate) are not available
- Other therapies to remove potassium (e.g., diuretics, rapid restoration of kidney function) have failed or are not possible

Due to the availability of safer, effective products, it is recommended the clinical PA criteria requiring SPS be used initially be removed to allow access to the preferred potassium binders.

Current Prior Authorization Criteria – Recommendation to Remove PA Criteria

Prior authorization (PA) is required for potassium binders subject to clinical criteria. Payment will be considered under the following conditions:

1. Patient is 18 years of age or older; and
2. Patient has a diagnosis of chronic hyperkalemia; and
3. Patient has documentation of a recent trial and therapy failure with sodium polystyrene sulfonate.

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

Other Recommendations

- Proposed Age Edit for Lokelma (sodium zirconium cyclosilicate) and Veltassa (patiromer)
 - 18 years of age and older
- Proposed Quantity limit
 - Veltassa (patiromer) – 30 packets per 30 days
 - Recommended starting dose is 8.4 g once daily; monitor serum potassium and adjust dose, up to a maximum dose of 25.2 g once daily.

- Available in 8.4 g, 16.8 g, or 25.2 g single use packets
- Lokelma (sodium zirconium cyclosilicate) – 34 packets per 30 days (6 packets x 2 days plus 28 packets for 28 days)
 - Recommended initial treatment is 10 g three times a day for up to 48 hours. Recommended continued treatment dose is 10 g once daily; monitor serum potassium and adjust dose to recommended maintenance dose range of 5 g every other day to 15 g daily.
 - Available in 5 g or 10 g single use packets

Select Topical Psoriasis Agents Second Review

Background

In May 2022, the U.S. Food and Drug Administration (FDA) approved Vtama (tapinarof) cream 1%, indicated for the topical treatment of plaque psoriasis in adults.

See attached new drug review for additional clinical information.

The mainstay of treatment of plaque psoriasis is topical therapy, including corticosteroids, vitamin D analogs, calcineurin inhibitors, keratolytics (e.g. tazarotene), and combination therapies (e.g., a corticosteroid with a vitamin D analog). Joint guidelines from the American Academy of Dermatology (AAD) and the Medical Board of the National Psoriasis Foundation (NPF) were released in 2021 for the management of psoriasis with topical therapies. Tapinarof is not addressed in the guidelines. Recommendations for treatment of plaque psoriasis not involving intertriginous areas include use of topical corticosteroids for up to 4 weeks (strength of recommendation, A). Topical vitamin D analogs can be used long-term, up to 52 weeks (strength of recommendation, A). Guidelines also address use of topical calcineurin inhibitors (strength of recommendation, B), topical tazarotene (strength of recommendation, B), and topical salicylic acid (strength of recommendation, B). The use of combination treatments with vitamin D analogues and potent topical corticosteroids from 3 to 52 weeks is more effective than either agent alone for the treatment of psoriasis (strength of recommendation, A).

Cost

- WAC \$22.08/g; \$1,325/60 g tube

Newly Proposed Clinical Prior Authorization Criteria

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

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

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

Other Items

- Proposed Quantity limit – one 60 g tube per 30 days

References

Vtama cream [prescribing information]. Long Beach, CA: Dermavant; May 2022

Elmets C, Korman NJ, Farley Prater E, et al. Joint AAD-NPF guidelines of care for the management and treatment of psoriasis with topical therapy and alternative medicine modalities for psoriasis severity measures. *J Am Acad Dermatol.* 2021;84:432-470.



PDL DRUG REVIEW

Proprietary Name: Vtama®

Common Name: tapinarof cream

PDL Category: Antipsoriatic

<u>Comparable Products</u>	<u>Preferred Drug List Status</u>
Calcipotriene	Preferred
Tazarotene	Preferred with Conditions
Topical Corticosteroids	Preferred

Summary

Pharmacology/Usage: Tapinarof, the active ingredient of Vtama®, is an aryl hydrocarbon receptor (AhR) agonist. The specific mechanisms by which this cream exerts its therapeutic action in psoriasis patients are not known.

Indication: For the topical treatment of plaque psoriasis in adults.

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

Dosage Form: Cream, 1% (each gram of cream contains 10mg of tapinarof).

Recommended Dosage: Apply a thin layer of cream to affected areas once daily. Wash hands after application unless the cream is for treatment of the hands.

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

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

Common Adverse Drug Reactions: *Listed % incidence for adverse drug reactions= reported % incidence for drug (Vtama® cream) minus reported % incidence for vehicle cream. Please note that an incidence of 0% means the incidence was the same as or less than vehicle.* The most frequently reported adverse events included folliculitis (19%), nasopharyngitis (2%), contact dermatitis (6%), headache (3%), pruritus (2%), and influenza (1%). Two subjects (0.3%) using Vtama® cream developed urticaria. Adverse reactions leading to treatment discontinuation in >1% of subjects who received Vtama® cream were contact dermatitis (2.9%) and folliculitis (2.8%).

Contraindications: There are no contraindications listed with this product.

Manufacturer: Dermavant Sciences, Inc.

Analysis: The safety and efficacy of Vtama® cream were assessed in two multicenter, randomized, double-blind, vehicle-controlled trials that included adults (N=1025) with plaque psoriasis (PSOARING 1 and PSOARING 2) who were randomized to Vtama® cream or vehicle cream once daily for 12 weeks to any lesion regardless of anatomic location.

Baseline disease severity was graded using the 5-point Physician’s Global Assessment (PGA). Most included subjects had ‘moderate’ disease (82%), while 10% had ‘mild’ disease and 8% had ‘severe’ disease at baseline. The extent of disease involvement assessed by mean body surface area (BSA), excluding the scalp, palms, and soles, was 8% (range 3 to 20%). In addition, subjects included in the studies ranged in age from 18 to 75 years (with a median age of 51 years), while 57% of subjects were male and 85% were white.

The primary efficacy endpoint in both trials was the proportion of subjects who achieved treatment success, defined as a PGA score of “clear” (0) or “almost clear” (1) and at least a 2-grade improvement from baseline. Efficacy results are presented in the table below, which was adapted from the prescribing information.

	Study 1 (PSOARING 1)		Study 2 (PSOARING 2)	
	Vtama® cream (N=340)	Vehicle cream (N=170)	Vtama® cream (N=343)	Vehicle cream (N=172)
PGA Treatment Success	36%	6%	40%	6%
Difference	29%		34%	
NNT <i>calculated by CHC</i>	4		3	

Following 12 weeks of treatment, 73 subjects randomized to Vtama® achieved complete disease clearance (PGA 0) and had Vtama® withdrawn. These subjects were followed for up to 40 additional weeks with a median time to first worsening (PGA ≥2 (‘mild’) of 114 days.

Place in Therapy: Vtama® cream is an aryl hydrocarbon receptor agonist indicated for the topical treatment of plaque psoriasis in adults. Its efficacy was assessed in two randomized, double-blind, vehicle-controlled studies that included adults with plaque psoriasis. The primary efficacy endpoint in both studies was the proportion of subjects who achieved treatment success, defined as a PGA score of ‘clear’ or ‘almost clear’ and at least a 2-grade improvement from baseline. Per the full-text study by Lebwohl et al², the differences between the tapinarof group and vehicle group were statistically significantly different (p<0.001 for both comparisons) and the authors concluded that tapinarof 1% cream was superior to vehicle in reducing the severity of plaque psoriasis over a period of 12 weeks. Vtama® cream was, however, associated with local adverse events and headache. Longer studies are needed. Vtama® cream is a first-in-class topical treatment that provides another treatment option for plaque psoriasis.

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

PDL Placement: Preferred
 Non-Preferred

References

¹ Vtama [package insert]. Long Beach, CA: Dermavant Sciences Inc; 2022.
² Lebwohl MG, Gold LS, Strober B, et al. Phase 3 trials of tapinarof cream for plaque psoriasis. *NEJM*. 2021; 385(24): 2219-2229.

Initial Days' Supply Limit Override Benzodiazepines Second Review

Background

At the August 2022 DUR meeting, the Commission made a recommendation to implement an initial seven (7) days' supply limit on all benzodiazepines for new users, with a 90 day lookback for the requested benzodiazepine. Excluded from the edit are nasal and rectal diazepam, nasal midazolam, and clobazam. Prior to the ProDUR edit going into place, prior authorization (PA) criteria are needed for allowances greater than an initial 7 day supply. Criteria is being added to the Initial Days' Supply Limit Override PA.

Current Prior Authorization Criteria

Requests for medications exceeding the initial days' supply limit require prior authorization. Payment will be considered under the following conditions:

1. Diagnosis is provided; and
2. Medical rationale for exceeding the initial days' supply limit is provided; and
3. Requests for opioids exceeding the 7 day initial supply limit will be considered:
 - a. For patients with active cancer, patients experiencing acute sickle cell crises, end-of-life/palliative care, or on an individual case-by-case basis based on medical necessity documentation provided; and
 - b. Request must meet all other opioid requirements (quantity limits, morphine milligram equivalents (MME), and the preferred drug list (PDL). If requests do not comply with these requirements, separate, additional, prior authorization is required. Please reference and use the following prior authorization (PA) forms at www.iowamedicaidpdl.com where appropriate:
 - i. Quantity Limit Override Form (exceeds established quantity limit)
 - ii. High Dose Opioid PA Form (exceeds established MME limit)
 - iii. Short-Acting Opioids PA Form (non-preferred short-acting opioids)
 - iv. Long-Acting Opioids PA Form (non-preferred long-acting opioids); or
4. Requests for non-opioid drugs subject to the initial days' supply limit will be considered on an individual case-by-case basis, based on medical necessity documentation provided.

Proposed Prior Authorization Criteria

Requests for medications exceeding the initial days' supply limit require prior authorization. Payment will be considered under the following conditions:

1. *Patient has an FDA approved or compendia indication for the requested drug* ~~Diagnosis is provided; and~~
2. *Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and*
3. Medical rationale for exceeding the initial days' supply limit is provided; and

4. Requests for opioids exceeding the 7 day initial supply limit will be considered:
 - a. For patients with active cancer, patients experiencing acute sickle cell crises, end-of-life/palliative care, or on an individual case-by-case basis based on medical necessity documentation provided; and
 - b. Request must meet all other opioid requirements (quantity limits, morphine milligram equivalents (MME), and the preferred drug list (PDL). If requests do not comply with these requirements, separate, additional, prior authorization is required. Please reference and use the following prior authorization (PA) forms at www.iowamedicaidpdl.com where appropriate:
 - i. Quantity Limit Override Form (exceeds established quantity limit)
 - ii. High Dose Opioid PA Form (exceeds established MME limit)
 - iii. Short-Acting Opioids PA Form (non-preferred short-acting opioids)
 - iv. Long-Acting Opioids PA Form (non-preferred long-acting opioids); or
5. Requests for benzodiazepines exceeding the 7 day initial supply limit will be considered:
 - a. For patients with active cancer; end-of-life/palliative care, seizure disorder, or on an individual case-by-case basis based on medical necessity documentation provided; and
 - b. For patients taking concurrent opioids, the prescriber must document the following:
 - i. The risks of using an opioid and benzodiazepine concurrently have been discussed with the patient; and
 - ii. Documentation is provided as to why concurrent use is medically necessary; and
 - iii. A plan to taper the opioid is provided, if appropriate; and
 - c. Request must meet all other benzodiazepine requirements (quantity limit, PDL, etc.). If requests do not comply with these requirements, separate, additional prior authorization is required. Please use the following PA forms at www.iowamedicaidpdl.com where appropriate:
 - i. Benzodiazepines (non-preferred benzodiazepine)
 - ii. Quantity Limit Override (as posted at www.iowamedicaidpdl.com under Billing/Quantity Limits); and
6. Requests for ~~non-opioid~~ drugs or drug classes subject to the initial days' supply limit *not listed above*, will be considered on an individual case-by-case basis, based on medical necessity documentation provided.

High Dose Opioids Second Review

Background

Prior authorization (PA) criteria are being updated based on review of members on high dose opioids (≥ 90 MME per day) without an opioid reversal agent. Review of data during the August DUR meeting found almost half of the members identified as receiving high dose opioid therapy did not have an opioid reversal agent paid by Medicaid within 24 months of the opioid claim. Language is being updated to require documentation patient has received an opioid reversal agent versus patient receiving a prescription for an opioid reversal agent.

Current Prior Authorization Criteria

Prior authorization (PA) is required for use of high-dose opioids ≥ 90 morphine milligram equivalents (MME) per day (See CDC Guideline for Prescribing Opioids for Chronic Pain at <https://www.cdc.gov/drugoverdose/prescribing/guideline.html>). Patients undergoing active cancer treatment or end-of-life care will not be subject to the criteria below. Payment will be considered when the following is met:

1. Requests for non-preferred opioids meet criteria for coverage (see criteria for Long-Acting Opioids and/or Short-Acting Opioids); and
2. Patient has a diagnosis of severe, chronic pain with a supporting ICD-10 code. Requests for a diagnosis of fibromyalgia or migraine will not be considered; and
3. Patient has tried and failed at least two nonpharmacologic therapies (physical therapy; weight loss; alternative therapies such as manipulation, massage, and acupuncture; or psychological therapies such as cognitive behavior therapy [CBT]); and
4. Patient has tried and failed at least two nonopioid pharmacologic therapies (acetaminophen, NSAIDs, or selected antidepressants and anticonvulsants); and
5. There is documentation demonstrating an appropriate upward titration or an appropriate conversion from other opioid medications; and
6. Pain was inadequately controlled at the maximum allowed dose without prior authorization for the requested opioid(s); and
7. Pain was inadequately controlled by 2 other chemically distinct preferred long-acting opioids at the maximum allowed dose without prior authorization; and
8. Chart notes from a recent office visit for pain management is included documenting the following:
 - a. Treatment plan – including all therapies to be used concurrently (pharmacologic and non-pharmacologic); and
 - b. Treatment goals; and
9. Patient has been informed of the risks of high-dose opioid therapy; and
10. The prescriber has reviewed the patient's use of controlled substances on the Iowa Prescription Monitoring Program website and determined that use of high-dose opioid therapy is appropriate for this patient; and
11. The patient's risk for opioid addiction, abuse and misuse has been reviewed and prescriber has determined the patient is a candidate for high-dose opioid therapy; and

12. A signed chronic opioid therapy management plan between the prescriber and patient dated within 12 months of this request is included; and
13. The requested dosing interval is no more frequent than the maximum FDA-approved dosing interval; and
14. Patient has been provided a prescription for a preferred naloxone product for the emergency treatment of an opioid overdose; and
15. Patient has been educated on opioid overdose prevention; and
16. Patient's household members have been educated on the signs of opioid overdose and how to administer naloxone; and
17. Patient will not be using opioids and benzodiazepines concurrently or a taper plan to discontinue the benzodiazepine must be submitted with initial and subsequent requests; and
18. A documented dose reduction is attempted at least annually.

If criteria for coverage are met, initial requests will be given for 3 months. Requests for continuation of high-dose opioid therapy will be considered every 6 months with the following:

1. High-dose opioid therapy continues to meet treatment goals, including sustained improvement in pain and function; and
2. Patient has not experienced an overdose or other serious adverse event; and
3. Patient is not exhibiting warning signs of opioid use disorder; and
4. The benefits of opioids continue to outweigh the risks; and
5. A documented dose reduction has been attempted at least annually, and the prescriber has determined the dose cannot be reduced at this time; and
6. The prescriber has reviewed the patient's use of controlled substances on the Iowa Prescription Monitoring Program website and determined that continued use of high-dose opioid therapy is appropriate for this patient; and
7. Patient will not be using opioids and benzodiazepines concurrently or a taper plan to discontinue the benzodiazepine must be submitted with subsequent requests.
8. Patient has been provided a prescription for a preferred naloxone product for the emergency treatment of an opioid overdose; and
9. Patient has been reeducated on opioid overdose prevention; and
10. Patient's household members have been reeducated on the signs of opioid overdose and how to administer naloxone.

Proposed Prior Authorization Criteria

Prior authorization (PA) is required for use of high-dose opioids ≥ 90 morphine milligram equivalents (MME) per day (See CDC Guideline for Prescribing Opioids for Chronic Pain at <https://www.cdc.gov/drugoverdose/prescribing/guideline.html>). Patients undergoing active cancer treatment or end-of-life care will not be subject to the criteria below. Payment will be considered when the following is met:

1. Requests for non-preferred opioids meet criteria for coverage (see criteria for Long-Acting Opioids and/or Short-Acting Opioids); and
2. Patient has a diagnosis of severe, chronic pain with a supporting ICD-10 code. Requests for a diagnosis of fibromyalgia or migraine will not be considered; and

3. Patient has tried and failed at least two nonpharmacologic therapies (physical therapy; weight loss; alternative therapies such as manipulation, massage, and acupuncture; or psychological therapies such as cognitive behavior therapy [CBT]); and
 4. Patient has tried and failed at least two nonopioid pharmacologic therapies (acetaminophen, NSAIDs, or selected antidepressants and anticonvulsants); and
 5. There is documentation demonstrating an appropriate upward titration or an appropriate conversion from other opioid medications; and
 6. Pain was inadequately controlled at the maximum allowed dose without prior authorization for the requested opioid(s); and
 7. Pain was inadequately controlled by 2 other chemically distinct preferred long-acting opioids at the maximum allowed dose without prior authorization; and
 8. Chart notes from a recent office visit *or telehealth visit* for pain management *are* included documenting the following:
 - a. Treatment plan – including all therapies to be used concurrently (pharmacologic and non-pharmacologic); and
 - b. Treatment goals; and
 9. Patient has been informed of the risks of high-dose opioid therapy; and
 10. The prescriber has reviewed the patient’s use of controlled substances on the Iowa Prescription Monitoring Program website and determined that use of high-dose opioid therapy is appropriate for this patient; and
 11. The patient’s risk for opioid addiction, abuse and misuse has been reviewed and prescriber has determined the patient is a candidate for high-dose opioid therapy; and
 12. A signed chronic opioid therapy management plan between the prescriber and patient dated within 12 months of this request is included; and
 13. The requested dosing interval is no more frequent than the maximum FDA-approved dosing interval; and
 14. Patient has *documentation of receipt of an* ~~been provided a prescription for a preferred opioid reversal agent (e.g. as seen in pharmacy claims or documentation from the Iowa PMP of dispensation [attach documentation]) within the prior 24 months of high dose opioid request~~ *naloxone product* for the emergency treatment of an opioid overdose; and
 15. Patient has been educated on opioid overdose prevention; and
 16. Patient’s household members have been educated on the signs of opioid overdose and how to administer *an opioid reversal agent naloxone*; and
 17. Patient will not be using opioids and benzodiazepines concurrently or a taper plan to discontinue the benzodiazepine must be submitted with initial and subsequent requests; and
 18. A documented dose reduction is attempted at least annually.
- If criteria for coverage are met, initial requests will be given for 3 months. Requests for continuation of high-dose opioid therapy will be considered every 6 months with the following:
1. High-dose opioid therapy continues to meet treatment goals, including sustained improvement in pain and function; and
 2. Patient has not experienced an overdose or other serious adverse event; and
 3. Patient is not exhibiting warning signs of opioid use disorder; and
 4. The benefits of opioids continue to outweigh the risks; and

5. A documented dose reduction has been attempted at least annually, and the prescriber has determined the dose cannot be reduced at this time; and
6. The prescriber has reviewed the patient's use of controlled substances on the Iowa Prescription Monitoring Program website and determined that continued use of high-dose opioid therapy is appropriate for this patient; and
7. Patient will not be using opioids and benzodiazepines concurrently or a taper plan to discontinue the benzodiazepine must be submitted with subsequent requests.
8. Patient has *documentation of receipt of an* ~~been provided a prescription for a preferred opioid reversal agent (e.g. as seen in pharmacy claims or documentation from the Iowa PMP of dispensation [attach documentation]) within 24 months of high dose opioid request~~ *naloxone* product for the emergency treatment of an opioid overdose; and
9. Patient has been reeducated on opioid overdose prevention; and
10. Patient's household members have been reeducated on the signs of opioid overdose and how to administer *an opioid reversal agent* ~~naloxone~~.

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*The Bulletin of
Medicaid Drug
Utilization Review
in Iowa*

DUR Commission Members

Melissa Klotz, PharmD, Chairperson ♦ Jason Kruse, DO, Vice-Chairperson
Rhea Hartley, MD ♦ John Ellis, PharmD ♦ Holly Randleman, PharmD
Charles Wadle, DO ♦ Jason Wilbur, MD ♦ Susan Parker, PharmD ♦ Lisa Todd, RPh

DUR Professional Staff

Pamela Smith, RPh, DUR Project Coordinator

Benzodiazepine ProDUR Edits - Coming Soon

Initial Days' Supply Limit for Benzodiazepines

Section 1004 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act requires State Medicaid Programs to have in place prospective safety edits (as specified by the state) and a claims review automated process (i.e., retrospective review) for concurrent use of opioids and benzodiazepines. Iowa Medicaid satisfies this requirement by having safety edits at the point of sale (POS), in the form of a soft edit, in place to notify the pharmacy of opioids and benzodiazepines prescribed concurrently, as well as conducting a retrospective claims review for concurrent opioid plus benzodiazepines. The DUR Commission discussed the concurrent use of opioids and benzodiazepines over the course of several meetings and made a recommendation to implement a 7-day initial limit on all benzodiazepines for new users. The ProDUR point-of-sale (POS) edit would limit to an initial 7 days' supply for a benzodiazepine if the requested benzodiazepine is not found in the member's pharmacy claims in the preceding 90 days. Benzodiazepines excluded from this edit include nasal and rectal diazepam, nasal midazolam and clobazam. Prior authorization would be required for an initial days' supply greater than the 7-day allowance. The Commission will develop PA criteria for requests exceeding the initial limit.

ProDUR Cumulative Quantity Limit for Oral Benzodiazepines

In September 2020, the U.S. Food and Drug Administration (FDA) required a *Boxed Warning* to be added to the label for benzodiazepines, describing the potential for abuse, addiction, physical dependence, and withdrawal reactions. The DUR reviewed utilization data for select benzodiazepines (alprazolam, clonazepam, diazepam, and lorazepam) and also reviewed the Iowa Medicaid benzodiazepine quantity limits. The DUR Commission made a recommendation to implement a cumulative quantity limit of 4 units per day across the benzodiazepine class for solid oral dosage forms. The quantity limit chart will be updated to include the following statement: *Benzodiazepines are subject to a cumulative quantity limit of 4 units per day, unless otherwise indicated on the chart.* Quantity limits can be found at www.iowamediaidpdl.com under the Billing/Quantity Limits link.

Outgoing Members of the DUR Commission

Brett Faine, Pharm.D recently completed a twelve-year term of service with the Iowa Drug Utilization Review Commission. Dr. Faine served on the Commission from July 2010 through June of 2022.

Kellen Ludvigson, Pharm.D. recently completed ten years of service with the Iowa Drug Utilization Review Commission. Dr. Ludvigson served on the Commission from July 2012 through June 2022.

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

Incoming Members of the DUR Commission

The Iowa Medicaid Drug Utilization Review Commission recently welcomed two new members.

Rhea Hartley, M.D. is the Chief Medical Officer at Community Health Centers of Southeast Iowa in West Burlington, Iowa. She received her Doctor of Medicine degree from the University of Kansas School of Medicine in 2003 and has a Master of Science in Health Care Administration from Oklahoma State University. Dr. Hartley was appointed to the DUR Commission in July 2022; her first term will expire in June 2026.

Holly Randleman, Pharm.D. is currently an Emergency Medicine Clinical Staff Pharmacist at Iowa Methodist Medical Center in Des Moines, Iowa. She received her Doctor of Pharmacy degree from Drake University in 2007. She served on the Iowa Medicaid Pharmaceuticals and Therapeutics Committee from 2013 to 2020. Dr. Randleman was appointed to the DUR Commission in July 2022; her first term will expire in June 2026.

DUR Public Comment

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

Parties interested in the activities of the Iowa Medicaid DUR Commission can request to receive notification emails regarding the posting of the agenda and meeting materials on the website. To receive notification emails, please send an email with your contact information to info@iadur.org with subscribe to DUR meeting notifications in the subject line.

**Medicaid Statistics for Prescription Claims
September 2022 through November 2022**

	FFS	Amerigroup	Iowa Total Care
# Paid Claims	21,450	1,083,320	835,803
Total \$ Paid	\$2,584,295	\$121,126,342	\$91,554,504.95
Unique Users	3,850	180,883	143,112
Avg Cost/Rx	\$120.48	\$111.81	\$109.54
Top 5 Therapeutic Class by Prescription Count Therapeutic class taxonomy differs among each plan	ANTIDEPRESSANTS - SELECTED SSRI'S	ANTIDEPRESSANTS	ANTIDEPRESSANTS
	ANTICONVULSANTS	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
	ANTIPSYCHOTICS - ATYPICALS	ANTICONVULSANTS	ANTICONVULSANTS
	ANTIHYPERTENSIVES - CENTRAL	ADHD/ANTI-NARCOLEPSY	ADHD/ANTI-NARCOLEPSY
	ANTIASTHMATIC - BETA - ADRENERGICS	ANTIPSYCHOTICS/ANTI MANIC AGENTS	ANTIHYPERTENSIVES
Top 5 Therapeutic Class by Paid Amount (pre-rebate) Therapeutic class taxonomy differs among each plan	ANTI-INFLAMMATORIES, NON-NSAID	ANTIDIABETICS	ANTIDIABETICS
	ANTIPSYCHOTICS - ATYPICALS	ANTIPSYCHOTICS/ANTI MANIC AGENTS	ANTIPSYCHOTICS/ANTIMANIC AGENTS
	ANTICONVULSANTS	ANALGESICS - ANTI-INFLAMMATORY	ANALGESICS - ANTI-INFLAMMATORY
	ANTINEOPLASTICS - PROTEIN-TYROSINE KINASE INHIBITORS	DERMATOLOGICALS	ANTIASTHMATIC AND BRONCHODILATOR AGENTS
	MUSCULAR DYSTROPHY AGENTS	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	DERMATOLOGICALS
Top 5 Drugs by Prescription Count	TRAZODONE	AMOXICILLIN	AMOXICILLIN
	CLONIDINE	SERTRALINE	SERTRALINE
	SERTRALINE	OMEPRAZOLE	OMEPRAZOLE
	ESCITALOPRAM	TRAZODONE	TRAZODONE
	OMEPRAZOLE	ESCITALOPRAM	ATORVASTATIN
Top 5 Drugs by Paid Amount (pre-rebate)	HUMIRA PEN	HUMIRA(CF) PEN	HUMIRA PEN
	EVRYSDI	TRULICITY	TRULICITY
	BIKTARVY	VYVANSE	VRAYLAR
	VIJOICE	VRAYLAR	VYVANSE
	VYVANSE	LATUDA	BIKTARVY