IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION
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May 7, 2025

Abby Cate, Pharm.D.
Pharmacy Consultant
Iowa Medicaid
1305 East Walnut
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Dear Abby:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, May 7, 2025. At this meeting, the DUR Commission members discussed prior authorization (PA) criteria for Aprocitentan (Tryvio); CNS Stimulants; Letermovir (Prevymis); Peanut (*Arachis hypogaea*) Allergen Powder-DNFP (Palforzia); Oxybate Products; Tirzepatide (Zepbound) for OSA; and removal of PA criteria for Direct Oral Anticoagulants. Additionally, the DUR Commission discussed a ProDUR quantity limit for Eliquis. The following recommendations have been made by the DUR Commission:

No comments were received from the medical/pharmacy associations in response to a February 10, 2025 letter that was sent to them detailing PA criteria for Aprocitentan (Tryvio); CNS Stimulants and Atomoxetine; Letermovir (Prevymis); Peanut (*Arachis hypogaea*) Allergen Powder-DNFP (Palforzia); Oxybate Products; Tirzepatide (Zepbound) for OSA; removal of PA criteria for Direct Oral Anticoagulants; and a ProDUR quantity limit for Eliquis.

Aprocitentan (Tryvio)

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

1. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient has a diagnosis of resistant hypertension; and
3. Secondary causes of hypertension have been ruled out; and

4. Patient has been adherent with standard background antihypertensive therapy, which includes at least one agent from each of the following classes, taken concurrently at maximally tolerated doses:
    a. Angiotensin-converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARB);
    b. Calcium channel-blockers (CCB);
    c. Diuretics;
    d. Mineralocorticoid receptor antagonist (MRA); and
5. Patient's blood pressure remains above target goal despite adherence with the above agents; and
6. Will be used in combination with at least three other antihypertensive agents at maximally tolerated doses.

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

CNS Stimulants (formerly CNS Stimulants and Atomoxetine)

Current Clinical Prior Authorization Criteria

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

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

loss, position therapy, CPAP at maximum titration, BiPAP at maximum titration or surgery) and results from a recent sleep study (ESS, MSLT, PSG) with the diagnosis confirmed by a sleep specialist.

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

1. Attention Deficit Hyperactivity Disorder (ADHD) meeting the DSM-5 criteria and confirmed by a standardized rating scale (such as Conners, Vanderbilt, Brown, SNAP-IV). Symptoms must have been present before twelve (12) years of age and there must be clear evidence of clinically significant impairment in two or more current environments (social, academic, or occupational). Documentation of a recent clinical visit that confirms improvement in symptoms from baseline will be required for renewals or patients newly eligible that are established on medication to treat ADHD. Adults (≥ 21 years of age) are limited to the use of long-acting agents only. If a supplemental dose with a short-acting agent is needed for an adult in the mid to late afternoon, requests will be considered under the following circumstances: the dose of the long-acting agent has been optimized, documentation is provided a short-acting agent of the same chemical entity is medically necessary (e.g. employed during the day with school in the evening), and will be limited to one unit dose per day. Children (< 21 years of age) are limited to the use of long-acting agents with one unit of a short acting agent per day. Use of an amphetamine agent plus a methylphenidate agent will not be considered for a diagnosis of ADHD.
2. Narcolepsy with diagnosis confirmed with a recent sleep study (ESS, MSLT, PSG).
3. Excessive sleepiness from obstructive sleep apnea/hypopnea syndrome (OSAHS) with documentation of non-pharmacological therapies tried (weight loss, position therapy, CPAP at maximum titration, BiPAP at maximum titration or surgery) and results from a recent sleep study (ESS, MSLT, PSG) with the diagnosis confirmed by a sleep specialist.

The DUR Commission has reviewed the existing quantity limits for atomoxetine and determined that no adjustments are necessary. Furthermore, the Commission advises implementing the same age restriction for atomoxetine as is applied to other preferred CNS stimulants, requiring prior authorization for members under six years old.

Direct Oral Anticoagulants – Removal of Prior Authorization Criteria

Current Clinical Prior Authorization Criteria (*Recommendation: remove PA criteria*)
Prior authorization (PA) is not required for preferred direct oral anticoagulants (DOACs). PA is required for non-preferred DOACs. Requests will be considered for FDA approved

dosing and length of therapy for submitted diagnosis. Requests for doses outside of the manufacturer recommended dose will not be considered. Payment will be considered for FDA approved or compendia indications for the requested drug
under the following conditions:

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

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

Additionally, the DUR Commission recommends implementing the following ProDUR quantity limits:

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

Letermovir (Prevymis)

Current Clinical Prior Authorization

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

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

administered with cyclosporine; and
8. Patient does not have severe (Child-Pugh Class C) hepatic impairment (provide score); and
9. Therapy duration will not exceed 100 days post-transplantation.

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

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

Peanut Allergen Powder-dnfp (Palforzia)

Current Clinical Prior Authorization Criteria
Prior authorization (PA) is required for Peanut (*Arachis hypogaea*) Allergen Powder-

dnfp (Palforzia). Payment will be considered under the following conditions:

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

<u>Proposed Clinical Prior Authorization Criteria</u> (changes highlighted/italicized and/or stricken)
Prior authorization (PA) is required for Peanut (*Arachis hypogaea*) Allergen Powder-dnfp (Palforzia). Payment will be considered under the following conditions:

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

billed via the medical benefit and the first dose of all up-dosing levels is provided via the Office Dose Kit; and

~~9. Follows FDA approved dosing; and~~

10. PA is required for all up-dosing dose levels (dose 1 through 11); and
11. Maintenance dosing will be considered with documentation patient has successfully completed all dose levels of up-dosing.

Oxybate Products (formerly Sodium Oxybate Products)

Current Clinical Prior Authorization Criteria

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

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

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

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

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

1. *Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and*
2. A diagnosis of cataplexy associated with narcolepsy
    a. ~~verified~~ *Confirmed* by a ~~recent~~ sleep study (including PSG, MSLT, and ESS) *and verified by a sleep specialist (attach results);* and
    b. Previous trial and therapy failure with *dextroamphetamine* ~~one of the following tricyclic antidepressants: clomipramine, imipramine, or protriptyline~~; or

3. A diagnosis of excessive daytime sleepiness associated with narcolepsy
    a. ~~verified~~ *Confirmed* by a ~~recent~~ sleep study (including PSG, MSLT, and

ESS) *and verified by a sleep specialist (attach results);* and

b. Previous trials and therapy failures at a therapeutic dose with *modafinil* ~~a preferred amphetamine and non-amphetamine stimulant~~; *or*

4. A diagnosis of idiopathic hypersomnia

a. Confirmed by a sleep study (including PSG, MSLT, and ESS) and verified by a sleep specialist (attach results); and

b. Previous trial and therapy failure at a therapeutic dose with modafinil; and

5. Will not be used in combination with other oxybate products or with pitolisant and/or solriamfetol; and

~~6. Patient meets the FDA approved age; and~~

~~7. Is prescribed within the FDA approved dosing; and~~

~~8. Patient and prescriber are enrolled in the Xyrem® REMS Program; and~~

~~9. Patient has been instructed to not drink alcohol when using Xyrem; and~~

10. Patient has been counseled regarding the potential for abuse and dependence and will be closely monitored for signs of abuse and dependence; and

~~11. Requests for patients with concurrent use of a sedative hypnotic or a semialdehyde dehydrogenase deficiency will not be considered.~~

12. The prescriber must review the patient's use of controlled substances on the Iowa Prescription Monitoring Program website prior to requesting PA.

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

Incretin Mimetics for Non-Diabetes Indications (adding clinical criteria for OSA)

Proposed Clinical Prior Authorization Criteria

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

1. Request adheres to all FDA approved labeling for requested drug and indication, including dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient has been screened for and does not have type 1 or type 2 diabetes mellitus (attach current lab results, obtained within 6 months of request, documenting an A1C < 6.5% or a fasting plasma glucose < 126 mg/dL); and
3. The requested drug will be used to reduce the risk of major adverse cardiovascular events (MACE) (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in an adult with established cardiovascular disease (CVD) and either obesity or overweight; and
    a. Patient has established CVD with history of one of the following (attach chart notes documenting diagnosis):
        i. Prior myocardial infarction (MI);
        ii. Prior stroke (ischemic or hemorrhagic);
        iii. Symptomatic peripheral arterial disease (PAD), as evidenced by intermittent claudication with ankle-brachial index (ABI) less than 0.85

(at rest), peripheral arterial revascularization procedure, or amputation due to atherosclerotic disease; and

b. Patient has a baseline body mass index (BMI) ≥ 27 kg/m^2 (attach documentation), obtained within 6 months of request; and
c. Patient has been evaluated for cardiovascular standard of care treatment; and
d. For Wegovy:
    i. Patient is ≥ 45 years of age; and
    ii. Initiation and escalation dosages will be permitted for a maximum of 8 weeks for each dosage; and
    iii. Maintenance dosages other than 1.7 mg or 2.4 mg once weekly will not be approved for maintenance treatment; *or* ~~and~~

4. Patient has a diagnosis of moderate to severe obstructive sleep apnea (OSA); and
    a. Patient has a baseline BMI ≥ 30 kg/m^2; and
    b. Prescriber attests patient has a recent (within prior three years) apnea/hypopnea index (AHI) ≥ 15 events per hour, as documented by a polysomnography (PSG) or at-home sleep study (document AHI); and
    c. For Zepbound:
        i. Patient meets the FDA approved age for OSA; and
        ii. Initiation and escalation dosages will be permitted up to a maximum of 20 weeks prior to reaching the recommended maintenance dosage of 10 mg to 15 mg once weekly; and
        iii. Maintenance dosages other than 10 mg to 15 mg once weekly will not be approved for maintenance treatment; and

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

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

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

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

2. The requested drug will be used to treat moderate to severe OSA; and
    a. Documentation of a positive response to therapy is provided; and
    b. The maintenance dose is requested and maintained (Zepbound 10 mg to 15 mg once weekly); and

3. Patient does not have type 1 or type 2 diabetes; and
4. Patient continues to use medication in combination with a reduced calorie diet and increased physical activity; and
5. The requested agent will not be used in combination with other incretin mimetics.

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendations for Aprocitentan (Tryvio); CNS Stimulants and Atomoxetine; Letermovir (Prevymis); Peanut (Arachis hypogaea) Allergen Powder-DNFP (Palforzia); Oxybate Products; Tirzepatide (Zepbound) for OSA; removal of PA criteria for Direct Oral Anticoagulants; and a ProDUR quantity limit for Eliquis.

Sincerely,

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

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

IOWA MEDICAID PHARMACEUTICAL AND THERAPEUTICS COMMITTEE

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April 17, 2025

Abby Cate, Pharm.D.
Pharmacy Consultant
Iowa Medicaid
321 E. 12th Street
Des Moines, Iowa 50319

Dear Abby:

The Iowa Medicaid Pharmaceutical and Therapeutics (P&T) Committee met on Thursday, April 17, 2025. 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 review and consider development of specific prior authorization (PA) criteria for Yorvipath®.

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

Sincerely,

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

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

Formalized DUR Process Update
Effective with August 2025 Meeting

A revised **Drug Utilization Review (DUR) Process** will be implemented for new and updated prior authorization criteria, as well as other changes affecting the outpatient pharmacy program, including ProDUR edits.

Key Process Changes:

- Items will undergo review at **a single meeting** for discussion and voting. Previously, items were reviewed across **two meetings** before a recommendation was made.
- If **no significant modifications** are made during discussion, the **DUR Commission will proceed with a vote**, and the recommendation will be submitted to the Department for consideration.
- If **substantial changes** arise during discussion, **no vote will be taken** at that meeting. Instead, the item will be deferred to the subsequent meeting for further review and voting prior to the recommendation being made to the Department.

Public Comment Process:

- Meeting agendas will be distributed via the **listserv three weeks prior** to the scheduled meeting and will also be **posted on the DUR website, www.iadur.org**.
- **Anyone wishing to provide public comment must register by the deadline of one week prior to the meeting date.**
- The DUR Commission will consider all written and verbal comments before discussion.
- The current **public comment policy** is available on the DUR website.
- Public comment may be provided **regardless of whether a specific item is included on the meeting agenda**.

IOWA | Health and Human Services

Fee for Service Claims
Quarterly Statistics

	December through February 2025	March through May 2025	% CHANGE
TOTAL PAID AMOUNT	$2,824,895	$3,017,844	6.8%
UNIQUE USERS	3,773	3,565	-5.5%
COST PER USER	$748.71	$846.52	13.1%
TOTAL PRESCRIPTIONS	23,661	23,257	-1.7%
AVERAGE PRESCRIPTIONS PER USER	6.27	6.52	4.0%
AVERAGE COST PER PRESCRIPTION	$119.39	$129.76	8.7%
# GENERIC PRESCRIPTIONS	21,410	20,977	-2.0%
% GENERIC	90.5%	90.2%	-0.3%
$ GENERIC	$1,030,230	$1,078,583	4.7%
AVERAGE GENERIC PRESCRIPTION COST	$48.12	$51.42	6.9%
AVERAGE GENERIC DAYS SUPPLY	26	27	3.8%
# BRAND PRESCRIPTIONS	2,247	2,211	-1.6%
% BRAND	9.5%	9.5%	0.1%
$ BRAND	$1,794,497	$1,930,621	7.6%
AVERAGE BRAND PRESCRIPTION COST	$798.62	$873.19	9.3%
AVERAGE BRAND DAYS SUPPLY	28	29	3.6%

UTILIZATION BY AGE		
AGE	**December through February 2025**	**March through May 2025**
0-6	178	164
7-12	392	363
13-18	638	616
19-64	2,521	2,396
65+	44	26
	3,773	3,565

	UTILIZATION BY GENDER AND AGE		
GENDER	**AGE**	**December through February 2025**	**March through May 2025**
F			
	0-6	94	92
	7-12	184	155
	13-18	310	302
	19-64	1,577	1,483
	65+	25	16
		2,190	2,048
M			
	0-6	84	72
	7-12	208	208
	13-18	328	314
	19-64	944	913
	65+	19	10
		1,583	1,517

IOWA | Health and Human Services

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
March through May 2025

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
1	MESKWAKI PHARMACY	TAMA	IA	887	$710,486.56	$801.00	2
2	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	834	$102,524.70	$122.93	1
3	SIOUXLAND COMMUNITY HEALTH CENTE	SIOUX CITY	IA	777	$43,732.54	$56.28	3
4	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	527	$32,941.89	$62.51	5
5	WALGREENS #15647	SIOUX CITY	IA	501	$27,617.67	$55.13	4
6	THOMPSON-DEAN DRUG	SIOUX CITY	IA	352	$27,221.56	$77.33	6
7	RIGHT DOSE PHARMACY	ANKENY	IA	285	$10,613.12	$37.24	7
8	GENOA HEALTHCARE LLC	SIOUX CITY	IA	235	$20,588.77	$87.61	8
9	WALGREEN #04405	COUNCIL BLUFFS	IA	225	$7,560.25	$33.60	11
10	MAIN AT LOCUST PHARMACY	DAVENPORT	IA	178	$10,517.69	$59.09	9
11	BROADLAWNS MEDICAL CENTER	DES MOINES	IA	169	$5,035.83	$29.80	10
12	WCHS PHARMACY	WINNEBAGO	NE	164	$130,568.10	$796.15	13
13	UNITY POINT HEALTH PHARMACY	CEDAR RAPIDS	IA	161	$1,990.75	$12.36	14
14	COVENANT FAMILY PHARMACY	WATERLOO	IA	152	$3,492.97	$22.98	12
15	PRIMARY HEALTH CARE PHARMACY	DES MOINES	IA	144	$17,731.01	$123.13	22
16	CVS PHARMACY #17554	CEDAR FALLS	IA	144	$20,981.81	$145.71	24
17	MERCY MEDICAL CENTER NORTH IA DB	MASON CITY	IA	144	$3,893.25	$27.04	18
18	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	143	$7,433.17	$51.98	19
19	NUCARA PHARMACY #27	PLEASANT HILL	IA	138	$7,740.04	$56.09	30
20	WALGREEN COMPANY #3700	COUNCIL BLUFFS	IA	134	$2,131.33	$15.91	16
21	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	130	$2,400.97	$18.47	20
22	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	130	$8,098.89	$62.30	17
23	WALGREEN #05239	DAVENPORT	IA	129	$7,550.97	$58.53	46
24	HERITAGE PARK PHARMACY	WEST BURLINGTON	IA	126	$6,464.54	$51.31	23
25	WALGREEN COMPANY #05470	SIOUX CITY	IA	123	$27,181.71	$220.99	15

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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
26	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	121	$10,184.74	$84.17	42
27	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	121	$10,859.36	$89.75	75
28	REUTZEL PHARMACY	CEDAR RAPIDS	IA	115	$9,745.58	$84.74	109
29	HY-VEE STORE CLINIC 1023-039	GRIMES	IA	114	$9,274.13	$81.35	21
30	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	110	$6,843.95	$62.22	78
31	COMMUNITY HEALTH CARE INC	DAVENPORT	IA	109	$8,118.35	$74.48	67
32	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	107	$7,656.89	$71.56	27
33	HY-VEE PHARMACY 1068	CHEROKEE	IA	106	$1,769.53	$16.69	26
34	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	102	$2,281.47	$22.37	29
35	CHEROKEE MAIN STREET PHARMACY	CHEROKEE	IA	100	$2,682.96	$26.83	41
36	NELSON FAMILY PHARMACY	FORT MADISON	IA	100	$4,583.01	$45.83	32
37	WALGREENS #07453	DES MOINES	IA	99	$3,674.30	$37.11	33
38	MEDICAP PHARMACY	BOONE	IA	98	$1,849.06	$18.87	59
39	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	98	$1,969.09	$20.09	28
40	WAL-MART PHARMACY #10-0646	ANAMOSA	IA	98	$2,384.06	$24.33	100
41	WALGREEN #05721	DES MOINES	IA	96	$6,901.66	$71.89	39
42	HY-VEE PHARMACY (1071)	CLARINDA	IA	95	$10,125.51	$106.58	40
43	HY-VEE DRUGSTORE #7026	CEDAR RAPIDS	IA	95	$7,790.68	$82.01	86
44	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	94	$7,399.44	$78.72	87
45	PHARMACY MATTERS LTC	IOWA CITY	IA	94	$2,258.56	$24.03	106
46	ALLEN MEMORIAL HOSPITAL	WATERLOO	IA	94	$6,264.14	$66.64	53
47	CVS PHARMACY #10282	FORT DODGE	IA	92	$5,170.44	$56.20	25
48	HY-VEE PHARMACY (1075)	CLINTON	IA	92	$6,828.94	$74.23	47
49	ELIZABETHS PHARMACY ON MAIN	BRITT	IA	90	$8,007.83	$88.98	70
50	MEDICAP PHARMACY	DES MOINES	IA	89	$5,461.99	$61.37	79
51	NUCARA LTC PHARMACY 4	WATERLOO	IA	89	$1,157.39	$13.00	71

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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
52	WALGREENS #03876	MARION	IA	88	$16,374.12	$186.07	80
53	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	88	$13,448.10	$152.82	61
54	DOTZLER PHARMACIES INC	HARLAN	IA	88	$10,384.61	$118.01	64
55	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	87	$1,048.76	$12.05	56
56	HY-VEE PHARMACY 1011	ALTOONA	IA	87	$4,960.60	$57.02	44
57	MAHASKA DRUG INC	OSKALOOSA	IA	86	$4,520.93	$52.57	126
58	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	86	$18,760.96	$218.15	38
59	WALGREEN #05852	DES MOINES	IA	84	$7,176.42	$85.43	89
60	WALGREEN CO DBA	ALTOONA	IA	84	$3,944.78	$46.96	52
61	MEDICAP PHARMACY	KNOXVILLE	IA	84	$6,077.79	$72.35	55
62	MEDICAP	JEFFERSON	IA	84	$2,192.25	$26.10	77
63	WAL-MART PHARMACY #10-1965	COUNCIL BLUFFS	IA	82	$8,156.71	$99.47	111
64	MERCY FAMILY PHARMACY - REGENCY	MASON CITY	IA	81	$1,865.51	$23.03	58
65	WALGREEN #7452	DES MOINES	IA	80	$5,041.49	$63.02	60
66	HY-VEE PHARMACY (1009) DBA	ALBIA	IA	79	$6,938.22	$87.83	43
67	HY-VEE PHARMACY 1382	LE MARS	IA	79	$4,905.77	$62.10	65
68	CVS PHARMACY #08658	DAVENPORT	IA	78	$4,593.98	$58.90	63
69	GREENVILLE PHARMACY INC	SIOUX CITY	IA	77	$6,183.81	$80.31	49
70	MEDICAP PHARMACY	CRESTON	IA	77	$3,557.08	$46.20	131
71	HY-VEE PHARMACY #4 (1890)	WEST DES MOINES	IA	76	$1,380.83	$18.17	146
72	WALGREEN #359	DES MOINES	IA	76	$6,392.44	$84.11	104
73	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	75	$2,648.45	$35.31	128
74	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	75	$1,075.05	$14.33	143
75	LEWIS FAMILY DRUG #52	SHELDON	IA	75	$2,489.90	$33.20	34
76	HERITAGE PARK PHARMACY INC D/B/A	WEST BURLINGTON	IA	75	$1,809.87	$24.13	36
77	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	74	$2,465.57	$33.32	54

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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
78	WALGREEN #04041	DAVENPORT	IA	73	$4,132.44	$56.61	90
79	MEDICAP PHARMACY	CARLISLE	IA	73	$4,543.57	$62.24	103
80	ALL CARE HEALTH CENTER	COUNCIL BLUFFS	IA	73	$3,029.52	$41.50	37
81	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	72	$1,125.59	$15.63	132
82	WAL-MART PHARMACY #10-1625	LE MARS	IA	72	$3,457.77	$48.02	69
83	HY VEE PHARMACY #1449	NEWTON	IA	71	$6,453.94	$90.90	92
84	HY VEE PHARMACY 1459	OELWEIN	IA	71	$5,115.49	$72.05	81
85	HY VEE DRUGSTORE 7007-039	AMES	IA	70	$1,869.80	$26.71	154
86	WAL-MART PHARMACY 10-2889	CLINTON	IA	70	$3,763.14	$53.76	48
87	WAL-MART PHARMACY 10-1723	DES MOINES	IA	69	$1,034.53	$14.99	72
88	HY-VEE PHARMACY #2 (1888)	WEST DES MOINES	IA	68	$845.68	$12.44	113
89	HY-VEE PHARMACY (1065)	CHARITON	IA	68	$821.03	$12.07	108
90	PARKVIEW PHARMACY	NEVADA	IA	68	$960.65	$14.13	68
91	HY-VEE PHARMACY #1 (1860)	WATERLOO	IA	67	$4,369.62	$65.22	50
92	GENOA HEALTHCARE LLC	MASON CITY	IA	66	$773.63	$11.72	151
93	HY-VEE PHARMACY 1297	JEFFERSON	IA	66	$4,726.28	$71.61	97
94	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	65	$773.99	$11.91	91
95	WAL-MART PHARMACY #10-3394	ATLANTIC	IA	64	$5,760.48	$90.01	85
96	KOERNER WHIPPLE PHARMACY	HAMPTON	IA	64	$4,787.82	$74.81	88
97	BOOTH PHARMACY	HAWARDEN	IA	63	$1,871.00	$29.70	199
98	HY-VEE PHARMACY #1 (1054)	CEDAR RAPIDS	IA	63	$791.42	$12.56	215
99	HY VEE PHARMACY 7072	TOLEDO	IA	63	$963.76	$15.30	101
100	WAL-MART PHARMACY #10-0985	FAIRFIELD	IA	63	$27,349.03	$434.11	115

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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	MESKWAKI PHARMACY	TAMA	IA	887	$710,486.56	$2,408.43	1
2	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	13	$135,741.99	$27,148.40	5
3	WCHS PHARMACY	WINNEBAGO	NE	164	$130,568.10	$2,105.94	3
4	WALGREENS SPECIALTY PHARMACY #16	DES MOINES	IA	13	$115,301.52	$19,216.92	6
5	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	834	$102,524.70	$661.45	4
6	COMMUNITY A WALGREENS PHARMACY	IOWA CITY	IA	13	$101,971.09	$20,394.22	2
7	CAREMARK KANSAS SPEC PHARMACY LL	LENEXA	KS	37	$65,445.41	$5,453.78	8
8	CVS PHARMACY #00102	AURORA	CO	6	$56,516.44	$14,129.11	7
9	SIOUXLAND COMMUNITY HEALTH CENTE	SIOUX CITY	IA	777	$43,732.54	$344.35	13
10	SENDERRA RX PHARMACY	RICHARDSON	TX	5	$40,774.04	$20,387.02	12
11	ACCREDO HEALTH GROUP INC	WHITESTOWN	IN	11	$36,627.94	$9,156.99	548
12	UNITY POINT AT HOME	URBANDALE	IA	20	$33,365.69	$4,766.53	11
13	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	527	$32,941.89	$621.55	14
14	FRED LEROY HEALTH & WELLNESS	OMAHA	NE	40	$32,040.00	$2,670.00	20
15	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	32	$29,841.21	$4,973.54	10
16	WALGREENS #15647	SIOUX CITY	IA	501	$27,617.67	$217.46	22
17	WAL-MART PHARMACY #10-0985	FAIRFIELD	IA	63	$27,349.03	$2,734.90	125
18	THOMPSON-DEAN DRUG	SIOUX CITY	IA	352	$27,221.56	$604.92	16
19	WALGREEN COMPANY #05470	SIOUX CITY	IA	123	$27,181.71	$876.83	15
20	MEDICAP PHARMACY	NEWTON	IA	41	$26,578.95	$4,429.83	203
21	MT VERNON PHARMACY	MT VERNON	IA	26	$22,608.80	$4,521.76	27
22	CVS PHARMACY #17554	CEDAR FALLS	IA	144	$20,981.81	$2,622.73	21
23	GENOA HEALTHCARE LLC	SIOUX CITY	IA	235	$20,588.77	$664.15	18
24	CAREMARK LLC	REDLANDS	CA	1	$19,515.84	$19,515.84	
25	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	86	$18,760.96	$2,680.14	19

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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
26	PRIMARY HEALTH CARE PHARMACY	DES MOINES	IA	144	$17,731.01	$354.62	17
27	WALGREENS #03876	MARION	IA	88	$16,374.12	$963.18	24
28	PARAGON PARTNERS	OMAHA	NE	61	$15,946.59	$7,973.30	25
29	HY-VEE PHARMACY (1396)	MARION	IA	61	$14,848.30	$1,484.83	39
30	WAL-MART PHARMACY 10-1732	DENISON	IA	28	$14,023.52	$2,804.70	388
31	ALLIANCERX WALGREENS PRIME #1628	PITTSBURGH	PA	5	$13,853.64	$6,926.82	105
32	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	88	$13,448.10	$1,120.68	65
33	CR CARE PHARMACY	CEDAR RAPIDS	IA	19	$12,662.49	$6,331.25	33
34	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	52	$12,188.55	$6,094.28	32
35	WALGREEN #06623	WEST DES MOINES	IA	13	$11,311.89	$5,655.95	41
36	GENESIS FIRST MED PHARMACY	DAVENPORT	IA	20	$11,232.87	$5,616.44	121
37	WAL-MART PHARMACY #10-1415	SPIRIT LAKE	IA	47	$11,078.45	$1,384.81	40
38	CHI HEALTH PHARMACY 42ND AND L	OMAHA	NE	2	$11,003.96	$11,003.96	86
39	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	121	$10,859.36	$678.71	91
40	RIGHT DOSE PHARMACY	ANKENY	IA	285	$10,613.12	$558.59	29
41	MAIN AT LOCUST PHARMACY	DAVENPORT	IA	178	$10,517.69	$1,051.77	34
42	WALGREENS 07968	DES MOINES	IA	28	$10,451.96	$1,161.33	201
43	DOTZLER PHARMACIES INC	HARLAN	IA	88	$10,384.61	$3,461.54	43
44	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	121	$10,184.74	$328.54	165
45	HY-VEE PHARMACY (1071)	CLARINDA	IA	95	$10,125.51	$632.84	44
46	PROCARE PHARMACY DIRECT LLC	MONROEVILLE	PA	5	$9,863.03	$4,931.52	9
47	REUTZEL PHARMACY	CEDAR RAPIDS	IA	115	$9,745.58	$464.08	79
48	CHC PHARMACY	WEST BURLINGTON	IA	28	$9,741.45	$885.59	327
49	HY-VEE STORE CLINIC 1023-039	GRIMES	IA	114	$9,274.13	$545.54	31
50	WAL-MART PHARMACY #10-1285	OTTUMWA	IA	15	$8,841.36	$1,768.27	23
51	WAL-MART PHARMACY #10-2935	KNOXVILLE	IA	58	$8,712.96	$1,742.59	60

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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
52	WAL-MART PHARMACY 10-1546	IOWA FALLS	IA	53	$8,343.95	$1,191.99	63
53	WAL-MART PHARMACY #10-1965	COUNCIL BLUFFS	IA	82	$8,156.71	$1,631.34	116
54	COMMUNITY HEALTH CARE INC	DAVENPORT	IA	109	$8,118.35	$624.49	119
55	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	130	$8,098.89	$506.18	46
56	ELIZABETHS PHARMACY ON MAIN	BRITT	IA	90	$8,007.83	$1,601.57	64
57	REINBECK PHARMACY	REINBECK	IA	41	$7,879.52	$2,626.51	51
58	HY-VEE DRUGSTORE #7026	CEDAR RAPIDS	IA	95	$7,790.68	$649.22	128
59	NUCARA PHARMACY #27	PLEASANT HILL	IA	138	$7,740.04	$1,290.01	37
60	WAL-MART PHARMACY #10-1721	IOWA CITY	IA	34	$7,687.82	$1,281.30	35
61	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	107	$7,656.89	$283.59	94
62	WALGREEN #04405	COUNCIL BLUFFS	IA	225	$7,560.25	$216.01	78
63	WALGREEN #05239	DAVENPORT	IA	129	$7,550.97	$290.42	69
64	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	143	$7,433.17	$195.61	75
65	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	94	$7,399.44	$389.44	52
66	WAL-MART PHARMACY #10-1393	OSKALOOSA	IA	58	$7,273.41	$1,212.24	174
67	HY-VEE PHARMACY (1080)	CORALVILLE	IA	32	$7,187.18	$1,026.74	113
68	WALGREEN #05852	DES MOINES	IA	84	$7,176.42	$398.69	49
69	WAL-MART PHARMACIES #10-0753	CEDAR FALLS	IA	27	$7,053.20	$1,007.60	117
70	KROGER SPECIALTY PHARMACY LA LLC	HARVEY	LA	1	$7,016.77	$7,016.77	30
71	HY-VEE PHARMACY (1009) DBA	ALBIA	IA	79	$6,938.22	$991.17	70
72	WALGREEN #05721	DES MOINES	IA	96	$6,901.66	$265.45	106
73	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	110	$6,843.95	$622.18	92
74	HY-VEE PHARMACY (1075)	CLINTON	IA	92	$6,828.94	$455.26	109
75	LEWIS FAMILY DRUG #69	ROCK VALLEY	IA	44	$6,512.27	$1,628.07	88
76	HERITAGE PARK PHARMACY	WEST BURLINGTON	IA	126	$6,464.54	$587.69	66
77	HY VEE PHARMACY #1449	NEWTON	IA	71	$6,453.94	$717.10	72

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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
78	WALGREEN #359	DES MOINES	IA	76	$6,392.44	$319.62	206
79	ALLEN MEMORIAL HOSPITAL	WATERLOO	IA	94	$6,264.14	$223.72	96
80	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	57	$6,211.79	$887.40	100
81	MEDICAP PHARMACY #7	GRINNELL	IA	62	$6,187.89	$1,546.97	138
82	GREENVILLE PHARMACY INC	SIOUX CITY	IA	77	$6,183.81	$618.38	53
83	MEDICAP PHARMACY	KNOXVILLE	IA	84	$6,077.79	$2,025.93	67
84	GABECARE DIRECT RX INC	TROY	MI	2	$5,921.26	$5,921.26	
85	CVS CAREMARK	MOUNT PROSPECT	IL	11	$5,869.59	$1,467.40	50
86	WAL-MART PHARMACY #10-3394	ATLANTIC	IA	64	$5,760.48	$320.03	93
87	MEDICAP PHARMACY	DES MOINES	IA	89	$5,461.99	$2,731.00	47
88	WALGREEN #09708	DUBUQUE	IA	49	$5,441.33	$453.44	139
89	HY VEE PHARMACY #6 1155	DES MOINES	IA	42	$5,424.24	$361.62	59
90	HERITAGE PHARMACY FORT MADISON	FORT MADISON	IA	6	$5,352.40	$2,676.20	150
91	WALGREEN #05886	KEOKUK	IA	34	$5,342.44	$1,068.49	73
92	CVS PHARMACY #16254	MASON CITY	IA	55	$5,270.46	$878.41	84
93	CVS PHARMACY #10282	FORT DODGE	IA	92	$5,170.44	$287.25	115
94	MONTROSS PHARMACY INC	EARLHAM	IA	48	$5,144.91	$5,144.91	200
95	HY VEE PHARMACY 1459	OELWEIN	IA	71	$5,115.49	$393.50	55
96	WALGREEN #7452	DES MOINES	IA	80	$5,041.49	$420.12	83
97	BROADLAWNS MEDICAL CENTER	DES MOINES	IA	169	$5,035.83	$111.91	36
98	OSTERHAUS PHARMACY	MAQUOKETA	IA	45	$5,035.27	$1,258.82	97
99	SAMS PHARMACY 10-6344	DES MOINES	IA	26	$5,014.67	$1,253.67	255
100	HY-VEE PHARMACY 1011	ALTOONA	IA	87	$4,960.60	$413.38	48

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TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
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RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
1	1053340661	LEIGHTON E FROST MD	$185,863.62	235	2.94	1
2	1043418809	MICHAEL CILIBERTO	$35,709.17	223	6.19	2
3	1194888024	ALICIA D WAGER NP	$98,728.33	142	2.09	7
4	1982605762	JEFFREY DEAN WILHARM MD	$657.17	109	21.80	17
5	1659358620	CARLOS CASTILLO MD	$2,253.71	100	7.69	13
6	1902358443	MELISSA KONKEN ARNP	$4,112.91	99	9.90	5
7	1104251776	ANTHONY ERIK GLYDWELL	$77,709.55	98	1.63	8
8	1164481362	MELISSA PEARSON ARNP	$78,498.00	98	1.56	4
9	1144214248	KRISTI WALZ MD	$35,216.52	90	12.86	14
10	1780877878	CHRISTOPHER JACOBS ARNP	$5,065.19	89	6.85	6
11	1912991183	MOLLY EARLEYWINE PA	$4,628.94	86	6.62	3
12	1457584740	ERIC DENNIS MEYER ARNP	$922.64	82	6.31	10
13	1598733891	JERRY WILLE MD	$61,676.83	77	1.43	9
14	1215125216	REBECCA EVELYN WALDING	$2,676.29	77	5.92	11
15	1093141129	LARRY MARTIN NEWMAN ARNP	$60,904.67	77	2.03	39
16	1013355759	DYLAN C GREENE MD	$4,890.89	73	5.62	21
17	1760965032	MELISSA MILLER ARNP	$3,870.15	72	4.00	48
18	1417214321	LEAH BRANDON DO	$2,285.64	69	7.67	20
19	1407836513	NATHAN R NOBLE DO	$1,888.30	68	4.53	29
20	1073249306	MELISSA WATCHORN ARNP	$6,184.95	67	7.44	18
21	1891076386	SARA E FLEECS ARNP	$4,671.74	62	31.00	19
22	1033890918	DINA IRWIN ARNP	$4,405.11	61	3.81	64
23	1609218304	AMANDA GARR ARNP	$38,406.01	61	8.71	41
24	1538671961	JAMIE WRIGHT ARNP	$774.40	60	5.00	22
25	1356337273	LISA JAYNE MENZIES MD	$1,665.42	59	7.38	43
26	1821268335	JACQUELINE MCINNIS PAC	$4,356.32	58	11.60	33

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TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
March through May 2025

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
27	1407585623	COLETTE MARIE DEMOSS PA	$2,664.65	58	8.29	106
28	1528796430	RACHEL KLUG APRN	$2,005.92	57	4.07	24
29	1811123318	AARON KAUER MD	$5,010.89	56	14.00	44
30	1619153137	JOADA JEAN BEST ARNP	$5,300.15	55	6.88	27
31	1093272668	RICARDO OSARIO ARNP	$1,130.79	54	6.00	42
32	1982699260	SCOTT JAMES SHEETS DO	$2,551.18	52	4.00	36
33	1932493749	NICHOLAS CHARLES BECHTOLD DO	$3,773.56	52	13.00	54
34	1427617471	SUSAN GRAVES PA	$27,398.54	51	10.20	35
35	1104498039	BRENDA L CAIN ARNP	$5,979.65	50	7.14	32
36	1942896691	VIRIDIANA MUNOZ DE GONZALEZ ARNP	$2,278.26	48	6.00	93
37	1144240805	DANIEL ROWLEY MD	$5,664.13	48	24.00	111
38	1053376475	DANIEL GILLETTE MD	$2,842.74	47	11.75	45
39	1609131770	SREENATH THATI GANGANNA MBBS	$26,228.58	47	5.88	46
40	1700356334	BRIANNA J SCHAFFER ARNP	$4,146.11	47	15.67	31
41	1316356496	KIMBERLY NICHOLLE ROBERTS APRN	$627.82	47	6.71	53
42	1205249562	KELLY RYDER MD	$701.08	47	4.70	16
43	1578123915	BRIANNA BROWNLEE DO	$4,208.91	47	7.83	28
44	1326036062	JON AHRENDSEN MD	$772.74	46	7.67	56
45	1437506342	KYLE MERRILL MD	$594.06	46	7.67	47
46	1841220290	KENT E KUNZE MD	$2,781.75	46	11.50	82
47	1770933046	SHELBY BILLER	$10,763.55	45	9.00	174
48	1013115369	BOBBITA NAG MD	$2,199.26	45	4.09	23
49	1295217529	HEATHER STEHR APRN	$8,793.35	45	4.50	55
50	1306559786	ROY E HENRY ARNP	$1,969.95	44	5.50	61
51	1447519038	ERIN E RICHARDSON MD	$2,524.26	44	6.29	98
52	1912498981	KATHRYN SIENNA LINKENMEYER MD	$2,528.98	43	21.50	124

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TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
March through May 2025

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
53	1982630703	JODI VANSICKLE MD	$313.54	43	6.14	40
54	1477926434	JACKIE L BAILEY ARNP	$3,843.11	43	7.17	38
55	1336418425	DENA R NEIMAN ARNP	$698.20	42	2.63	34
56	1417679168	PAIGE REED ARNP	$1,578.41	42	21.00	73
57	1922455096	DEAN L GUERDET ARNP	$4,683.34	42	8.40	86
58	1053398800	STEVEN T SCURR DO	$4,390.76	42	21.00	37
59	1295115798	WEI FEN HSU MD	$418.74	42	42.00	87
60	1457346231	DAWN RENAE EBACH MD	$2,860.06	41	4.56	75
61	1477045797	CHANTAL J ROZMUS DO	$3,348.38	41	10.25	62
62	1629265368	HANNAH LOKENVITZ PA	$447.67	41	41.00	78
63	1043265176	SHARON K FEY PAC	$4,436.43	41	6.83	126
64	1528365277	MINA SALIB MD	$2,079.07	40	3.33	105
65	1649922410	CASSANDRA MARIE ZIMMERMAN ARNP	$472.43	40	40.00	59
66	1427164789	MICHAEL J OURADA MD	$647.02	40	20.00	114
67	1932582988	DIANNE HUMPHREY ARNP	$8,303.57	39	19.50	77
68	1033569223	AUDRA POTERUCHA DO	$555.57	39	39.00	113
69	1053600296	JESSICA MCCOOL MD	$5,825.23	39	39.00	63
70	1720698335	DANIKA LEIGH HANSEN ARNP	$2,951.62	39	3.00	52
71	1679920045	BREANNE VOGEL ARNP	$439.44	39	19.50	68
72	1528037082	RODNEY J DEAN MD	$736.73	38	7.60	15
73	1124006770	WOOK KIM	$514.85	38	19.00	83
74	1205393386	JESSICA HUDSPETH ARNP	$840.43	37	9.25	69
75	1083248256	ERIN LYNNE REWERTS ARNP	$1,489.83	37	37.00	99
76	1588746515	AMY BADBERG MD	$500.65	37	7.40	60
77	1295830115	ALAN RANDAL BOLLINGER	$873.68	36	9.00	115
78	1679545354	KATHERINE COLLEEN NICKELS MD	$2,375.14	36	12.00	205

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TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
March through May 2025

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
79	1932531316	BROOKE JOHNSON ARNP	$5,220.72	36	12.00	67
80	1588838841	LEENU MISHRA MD	$548.32	36	4.00	70
81	1184708687	KEVIN V DE REGNIER DO	$2,562.45	35	35.00	178
82	1508846007	ANGELA TOWNSEND MD	$1,691.28	35	8.75	118
83	1215146055	REBECCA JEAN MARIE WOLFE MD	$526.49	35	7.00	146
84	1346025954	ESTHER JEROP RONO APRN	$923.24	35	4.38	200
85	1639134034	ELIZABETH PRATT ARNP	$451.28	35	1.75	138
86	1073852059	AMBER HANSEN MD	$26,438.46	34	4.25	166
87	1134533599	NICOLE THOMAS ARNP	$1,357.49	34	5.67	96
88	1003884107	RANDALL ALLEN KAVALIER DO	$367.86	34	4.25	92
89	1346557550	ROBERT BRYAN BOYLE ARNP	$5,396.80	34	8.50	335
90	1558147868	JAMIE KARSTENS ARNP	$428.02	34	3.40	58
91	1639607757	MICHAEL D GERBER ARNP	$1,976.22	34	6.80	80
92	1205675444	MAGGIE MAY HULING ARNP	$997.14	34	6.80	1341
93	1154604536	ANNA C PRUESS ARNP	$4,918.14	34	17.00	125
94	1467502286	CHARLES R TILLEY PA	$3,391.17	34	6.80	25
95	1073795928	HEATHER A JOHNSON ARNP	$1,081.54	33	11.00	74
96	1487194791	STACY NICOLE HENNIGAR ARNP	$438.97	33	11.00	85
97	1801992532	KELLY BEAN ARNP	$389.19	33	8.25	162
98	1174583157	JOANNE STARR ARNP	$2,873.97	33	11.00	30
99	1356827968	MARIA A AZPEITIA NP-C	$3,367.55	33	8.25	116
100	1043211493	VIKRANT SALARIA MD	$3,850.97	33	8.25	233

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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
March through May 2025

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
1	1053340661	LEIGHTON E FROST MD	$185,863.62	$790.91	235	1
2	1033347521	DREW M THODESON MD	$109,069.06	$15,581.29	7	263
3	1194888024	ALICIA D WAGER NP	$98,728.33	$695.27	142	5
4	1164481362	MELISSA PEARSON ARNP	$78,498.00	$801.00	98	2
5	1104251776	ANTHONY ERIK GLYDWELL	$77,709.55	$792.95	98	4
6	1598733891	JERRY WILLE MD	$61,676.83	$801.00	77	6
7	1093141129	LARRY MARTIN NEWMAN ARNP	$60,904.67	$790.97	77	10
8	1629719737	CLAIRE NIEVINSKI PA	$40,589.17	$2,536.82	16	9
9	1609218304	AMANDA GARR ARNP	$38,406.01	$629.61	61	88
10	1043418809	MICHAEL CILIBERTO	$35,709.17	$160.13	223	12
11	1669184511	CHANDRA MILLER ARNP	$35,655.94	$17,827.97	2	3680
12	1144214248	KRISTI WALZ MD	$35,216.52	$391.29	90	11
13	1578958542	HEIDI E CURTIS ARNP	$30,624.96	$7,656.24	4	57
14	1447488325	ABDELAZIZ ELHADDAD MD	$30,624.01	$6,124.80	5	7
15	1184056822	ABBY IRENE KOLTHOFF ARNP	$29,712.80	$1,142.80	26	14
16	1265048870	KELLY ALEXIS MERCHIE PA	$29,248.63	$2,089.19	14	18
17	1104088202	PATRICK SAFO MD	$29,165.87	$9,721.96	3	17
18	1427617471	SUSAN GRAVES PA	$27,398.54	$537.23	51	68
19	1114214541	DIMAH NAYEF SAADE MD	$27,013.25	$3,859.04	7	29
20	1073852059	AMBER HANSEN MD	$26,438.46	$777.60	34	23
21	1609131770	SREENATH THATI GANGANNA MBBS	$26,228.58	$558.05	47	39
22	1194990945	SANDEEP GUPTA MD	$26,027.65	$1,183.08	22	16
23	1780820860	LAUREN GRAHAM MD	$25,632.00	$801.00	32	506
24	1730293705	ROBERT JACKSON DO	$23,818.40	$2,977.30	8	1851
25	1790986925	TAHUANTY PENA MD	$22,633.61	$730.12	31	13
26	1750648275	SARAH GROSS MD	$21,632.64	$5,408.16	4	8
27	1235792912	FARAAZ S ZAFAR MD	$21,630.80	$7,210.27	3	

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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
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RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
28	1356752067	KELLY DELANEY-NELSON MD	$21,425.11	$2,678.14	8	34
29	1134981038	CASSIDY CHALUPA ARNP	$20,135.79	$2,516.97	8	
30	1154929230	CHELSEA JONES ARNP	$19,295.42	$742.13	26	15
31	1891146999	BECKY L JOHNSON ARNP	$17,316.95	$1,236.93	14	38
32	1861927204	LAMA ABDEL WAHED MD	$16,032.49	$16,032.49	1	
33	1396724878	WHITNEY ELIZABETH MOLIS MD	$14,610.08	$1,217.51	12	31
34	1730128653	KRISTI ROBSON PA	$14,033.54	$7,016.77	2	20
35	1811493679	JUNE MYLER ARNP	$13,652.07	$682.60	20	22
36	1740953439	WILMAR GARCIA NP-C	$12,924.74	$861.65	15	522
37	1366402505	KUNAL KUMAR PATRA MD	$12,860.47	$643.02	20	26
38	1306349956	KATIE LADEHOFF ARNP	$12,015.00	$801.00	15	42
39	1629415922	ALYSSA LAKIN PA-C	$11,629.90	$2,325.98	5	28
40	1598967291	RADHIKA DHAMIJA MD	$11,179.85	$2,794.96	4	
41	1790874055	SHAILENDER SINGH MD	$11,151.32	$2,787.83	4	
42	1205817061	VIJAY DEWAN MD	$11,003.96	$5,501.98	2	85
43	1770933046	SHELBY BILLER	$10,763.55	$239.19	45	43
44	1043878705	DORTHEA WHEELER MD	$10,316.38	$2,579.10	4	66
45	1083102933	COLOMBIA PTACEK	$10,294.33	$571.91	18	1003
46	1356359871	RHEA ANNE HARTLEY MD	$9,872.22	$308.51	32	1233
47	1114521721	TARRAH HOLLIDAY ARNP	$9,730.06	$405.42	24	37
48	1255658175	ASHLEY DESCHAMP MD	$9,628.22	$962.82	10	19
49	1295217529	HEATHER STEHR APRN	$8,793.35	$195.41	45	30
50	1942937388	CARLY J TRAUSCH ARNP	$8,744.56	$1,249.22	7	48
51	1932582988	DIANNE HUMPHREY ARNP	$8,303.57	$212.91	39	49
52	1598113888	CRAIG CUNNINGHAM MD	$8,300.04	$2,766.68	3	53
53	1952488058	MELISSA LAMB NP	$8,105.27	$426.59	19	364
54	1750348496	VANESSA ANN CURTIS MD	$8,063.21	$537.55	15	89

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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
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RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
55	1568097244	ELIZABETH DASSOW PA	$7,918.88	$3,959.44	2	27
56	1225263833	LINDSAY J ORRIS DO	$7,482.61	$1,870.65	4	33
57	1013282953	DAVID A TERRERO SALCEDO MD	$7,334.07	$2,444.69	3	126
58	1508811258	VINAY KANTAMNENI MD	$7,233.55	$657.60	11	105
59	1760675177	LORI SWANSON ARNP	$7,209.00	$801.00	9	47
60	1275025603	BROOKE YOSSI DDS	$7,209.00	$801.00	9	101
61	1558039495	SARAH HIETBRINK ARNP	$7,190.03	$231.94	31	95
62	1821076753	IRENA MARIA CHARYSZ-BIRSKI MD	$7,030.91	$1,004.42	7	61
63	1023489382	NICOLE DEVOE CNP	$7,016.77	$7,016.77	1	36
64	1881320869	ELEANOR ANNE KURTH PA	$7,016.77	$7,016.77	1	
65	1497263008	TARA JO SMITH APRN	$6,974.95	$697.50	10	59
66	1619526076	KATHRYN C HUBER PA C	$6,957.50	$535.19	13	131
67	1124245899	DAVID JON ENSZ MD	$6,905.69	$493.26	14	140
68	1285490896	KARISSA MARIE WEAVER APRN	$6,904.37	$265.55	26	972
69	1114524378	ROSA M MARQUEZ PA-C	$6,854.11	$623.10	11	63
70	1326410499	TARA M EASTVOLD ARNP	$6,747.59	$562.30	12	58
71	1255058640	SHELLI BROWN ARNP	$6,725.88	$336.29	20	114
72	1255319422	DAVID STAUB MD	$6,719.34	$6,719.34	1	35
73	1295253557	ABBEY LYN MODLIN ARNP	$6,524.88	$543.74	12	473
74	1063792026	JILL NELLIE MILLER	$6,426.38	$214.21	30	98
75	1891193744	MARY MOODY APRN	$6,408.00	$801.00	8	
76	1316942212	JEFFREY GOLDMAN MD	$6,196.05	$774.51	8	25
77	1073249306	MELISSA WATCHORN ARNP	$6,184.95	$92.31	67	73
78	1689077018	STACY ROTH ARNP	$6,033.64	$215.49	28	209
79	1104498039	BRENDA L CAIN ARNP	$5,979.65	$119.59	50	159
80	1174970453	DANIEL HINDS MD	$5,956.97	$238.28	25	97
81	1336111855	LILY WONG-KISIEL	$5,904.51	$454.19	13	51

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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
March through May 2025

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
82	1992112411	KENDRA MARTIN DO	$5,860.19	$266.37	22	121
83	1609521202	NICOLE BANASIK ARNP	$5,857.68	$5,857.68	1	
84	1053600296	JESSICA MCCOOL MD	$5,825.23	$149.36	39	87
85	1386174217	KITTIKA POONSOMBUDLERT MD	$5,752.78	$719.10	8	125
86	1679573893	PATTY HILDRETH ARNP	$5,687.44	$315.97	18	86
87	1437917085	DESSIE MARIE MYERS ARNP	$5,666.01	$377.73	15	45
88	1144240805	DANIEL ROWLEY MD	$5,664.13	$118.00	48	112
89	1568758746	DANIEL BINKOWSKI DDS	$5,659.38	$514.49	11	463
90	1598326217	PETER SCHINDLER MD	$5,607.00	$801.00	7	50
91	1558357376	JACOB CHERUKARA ALEXANDER MD	$5,607.00	$801.00	7	157
92	1811582729	KRISTIN L PULLINS CNP	$5,556.41	$427.42	13	60
93	1306873948	DEBORAH J VAN DYKE ARNP	$5,496.30	$323.31	17	409
94	1346557550	ROBERT BRYAN BOYLE ARNP	$5,396.80	$158.73	34	170
95	1962418640	BARCLAY MONASTER MD	$5,312.67	$177.09	30	77
96	1619153137	JOADA JEAN BEST ARNP	$5,300.15	$96.37	55	94
97	1932531316	BROOKE JOHNSON ARNP	$5,220.72	$145.02	36	177
98	1508291717	JACOB J RIDDER PA	$5,200.69	$2,600.35	2	1675
99	1063903870	ADAM VERHOEF MD	$5,145.91	$270.84	19	122
100	1245606193	ALYSSA DONAHUE ARNP	$5,087.06	$299.24	17	76

TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

CATEGORY DESCRIPTION	December through February 2025	RANK	% BUDGET	March through May 2025	RANK	% BUDGET	% CHANGE
ANTIDIABETICS	$362,942	1	12.8%	$359,499	1	11.9%	-0.9%
DERMATOLOGICALS	$252,271	2	8.9%	$243,375	2	8.1%	-3.5%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	$222,855	3	7.9%	$218,665	3	7.2%	-1.9%
ANALGESICS - ANTI-INFLAMMATORY	$138,568	7	4.9%	$188,493	4	6.2%	36.0%
NEUROMUSCULAR AGENTS	$98,900	10	3.5%	$171,205	5	5.7%	73.1%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	$157,800	4	5.6%	$167,505	6	5.6%	6.2%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	$148,091	6	5.2%	$152,912	7	5.1%	3.3%
ANTICONVULSANTS	$153,663	5	5.4%	$150,710	8	5.0%	-1.9%
ANTIVIRALS	$137,427	8	4.9%	$139,743	9	4.6%	1.7%
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	$88,726	11	3.1%	$117,273	10	3.9%	32.2%
ANTIDEPRESSANTS	$111,695	9	4.0%	$116,372	11	3.9%	4.2%
ANTIHYPERTENSIVES	$67,973	12	2.4%	$61,474	12	2.0%	-9.6%
ANTI-INFECTIVE AGENTS - MISC.	$27,487	25	1.0%	$47,825	13	1.6%	74.0%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	$47,894	16	1.7%	$47,222	14	1.6%	-1.4%
ENDOCRINE AND METABOLIC AGENTS - MISC.	$29,788	24	1.1%	$46,127	15	1.5%	54.9%
ANTIHISTAMINES	$34,392	21	1.2%	$45,461	16	1.5%	32.2%
ANTICOAGULANTS	$49,006	15	1.7%	$41,287	17	1.4%	-15.8%
ANALGESICS - OPIOID	$39,513	17	1.4%	$39,016	18	1.3%	-1.3%
ANTIHYPERLIPIDEMICS	$35,634	19	1.3%	$38,805	19	1.3%	8.9%
CONTRACEPTIVES	$38,221	18	1.4%	$36,832	20	1.2%	-3.6%

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TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

CATEGORY DESCRIPTION	December through February 2025	PREV RANK	March through May 2025	CURR RANK	PERC CHANGE
ANTIDEPRESSANTS	2,741	1	2,747	1	0.2%
ANTICONVULSANTS	1,744	2	1,734	2	-0.6%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	1,436	3	1,513	3	5.4%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	1,211	4	1,160	4	-4.2%
ANTIHYPERTENSIVES	1,166	5	1,149	5	-1.5%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	1,114	7	1,133	6	1.7%
ANTIDIABETICS	1,149	6	1,121	7	-2.4%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	1,022	8	1,034	8	1.2%
ANTIANXIETY AGENTS	1,012	9	1,025	9	1.3%
ANTIHISTAMINES	602	10	670	10	11.3%
ANTIHYPERLIPIDEMICS	569	12	554	11	-2.6%
DERMATOLOGICALS	501	15	553	12	10.4%
ANALGESICS - OPIOID	601	11	551	13	-8.3%
ANALGESICS - ANTI-INFLAMMATORY	508	14	512	14	0.8%
BETA BLOCKERS	465	16	447	15	-3.9%
PENICILLINS	528	13	424	16	-19.7%
THYROID AGENTS	381	20	396	17	3.9%
MUSCULOSKELETAL THERAPY AGENTS	395	19	392	18	-0.8%
CORTICOSTEROIDS	441	17	369	19	-16.3%
DIURETICS	397	18	364	20	-8.3%

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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	December through February 2025	PREVIOUS RANK	March through May 2025	RANK	PERCENT CHANGE
EVRYSDI	$97,050.48	2	$171,055.03	1	76.25%
OZEMPIC	$153,123.10	1	$154,566.49	2	0.94%
VRAYLAR	$94,778.76	3	$93,515.65	3	-1.33%
HUMIRA PEN	$80,728.24	4	$88,973.69	4	10.21%
BIKTARVY	$64,562.99	8	$76,543.21	5	18.56%
JARDIANCE	$64,914.47	7	$70,410.06	6	8.47%
DUPIXENT	$65,455.08	6	$61,979.10	7	-5.31%
VYVANSE	$42,408.68	11	$46,556.50	8	9.78%
ALBUTEROL SULFATE	$38,051.39	13	$44,264.40	9	16.33%
ENBREL SURECLICK	$22,115.83	25	$44,201.39	10	99.86%
KESIMPTA	$26,847.12	20	$44,102.59	11	64.27%
SKYRIZI PEN	$40,554.74	12	$43,189.42	12	6.50%
TALTZ	$67,154.49	5	$35,083.85	13	-47.76%
CETIRIZINE HCL	$24,606.36	22	$33,469.56	14	36.02%
REXULTI	$32,700.96	14	$33,458.71	15	2.32%
ELIQUIS	$32,296.64	16	$30,991.51	16	-4.04%
KISQALI	$43,608.62	10	$30,581.56	17	-29.87%
TRIKAFTA	$54,113.85	9	$30,557.87	18	-43.53%
COSENTYX UNOREADY	$7,640.86	94	$30,544.18	19	299.75%
AUSTEDO XR		999	$30,056.52	20	%
TREMFYA	$28,460.50	18	$29,154.14	21	2.44%
TRULICITY	$32,440.90	15	$27,149.49	22	-16.31%
IBUPROFEN	$22,603.62	24	$27,031.42	23	19.59%
INGREZZA	$32,151.99	17	$24,666.42	24	-23.28%
ESCITALOPRAM OXALATE	$16,432.18	34	$23,875.40	25	45.30%
ONFI	$15,648.66	38	$21,984.99	26	40.49%
LISINOPRIL	$26,759.63	21	$21,594.32	27	-19.30%

IOWA | Health and Human Services

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	December through February 2025	PREVIOUS RANK	March through May 2025	RANK	PERCENT CHANGE
ENTRESTO	$20,843.97	28	$21,286.41	28	2.12%
INVEGA SUSTENNA	$13,877.61	48	$20,152.68	29	45.22%
RAVICTI		999	$19,515.84	30	%
METHYLPHENIDATE HCL	$22,979.89	23	$19,054.94	31	-17.08%
XIFAXAN	$6,452.85	115	$18,905.14	32	192.97%
JORNAY PM	$18,551.61	30	$18,765.87	33	1.15%
AMOXICILLIN	$21,346.00	27	$18,657.56	34	-12.59%
LANTUS SOLOSTAR	$14,411.42	46	$18,052.50	35	25.27%
NORDITROPIN FLEXPRO	$20,822.61	29	$17,730.84	36	-14.85%
CEPHALEXIN	$9,644.79	71	$17,670.65	37	83.21%
CREON	$1,785.05	236	$16,146.34	38	804.53%
OMEPRAZOLE	$14,704.93	45	$15,913.63	39	8.22%
ROSUVASTATIN CALCIUM	$13,056.68	51	$15,454.35	40	18.36%
PREDNISONE	$8,579.67	81	$15,454.18	41	80.13%
BUPROPION HCL	$10,723.01	59	$15,208.82	42	41.83%
PANTOPRAZOLE SODIUM	$15,245.37	40	$15,129.54	43	-0.76%
EPIDIOLEX	$21,623.80	26	$14,950.39	44	-30.86%
SERTRALINE HCL	$16,147.54	37	$14,823.65	45	-8.20%
TEZSPIRE	$13,609.14	49	$14,054.40	46	3.27%
METFORMIN HCL	$15,190.87	41	$14,044.25	47	-7.55%
AZITHROMYCIN	$15,304.67	39	$13,731.08	48	-10.28%
ATORVASTATIN CALCIUM	$15,165.31	42	$13,389.03	49	-11.71%
LYBALVI	$10,203.45	63	$13,327.00	50	30.61%
ARISTADA	$28,328.75	19	$13,181.62	51	-53.47%
NAYZILAM	$9,174.25	76	$13,135.62	52	43.18%
ONDANSETRON	$8,308.72	85	$13,121.54	53	57.92%
SYMBICORT	$11,369.39	58	$12,599.05	54	10.82%

IOWA | Health and Human Services

TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	December through February 2025	PREVIOUS RANK	March through May 2025	RANK	PERCENT CHANGE
ACETAMINOPHEN	$17,387.77	32	$12,525.81	55	-27.96%
ODEFSEY	$13,489.46	50	$12,052.18	56	-10.65%
LOSARTAN POTASSIUM	$16,373.57	36	$11,935.53	57	-27.10%
FLUTICASONE PROPIONATE (NASAL)	$7,131.52	104	$11,864.89	58	66.37%
TRINTELLIX	$12,164.09	54	$11,479.54	59	-5.63%
NUCALA	$15,019.16	43	$11,430.36	60	-23.89%
HYDROCODONE-ACETAMINOPHEN	$14,957.32	44	$11,429.08	61	-23.59%
TRAZODONE HCL	$9,567.40	72	$11,368.44	62	18.82%
ABILIFY ASIMTUFII	$5,342.04	124	$11,003.96	63	105.99%
BANZEL	$7,762.80	91	$10,948.60	64	41.04%
AMOXICILLIN & POT CLAVULANATE	$9,195.43	75	$10,704.80	65	16.41%
FARXIGA	$8,694.06	80	$10,638.76	66	22.37%
FLUOXETINE HCL	$6,527.28	110	$10,617.31	67	62.66%
TRAMADOL HCL	$9,784.35	68	$10,612.78	68	8.47%
INVEGA TRINZA	$10,058.37	66	$10,319.64	69	2.60%
AMLODIPINE BESYLATE	$12,508.40	53	$9,833.91	70	-21.38%
AMPHETAMINE-DEXTROAMPHETAMINE	$11,841.96	57	$9,785.48	71	-17.37%
QUILLICHEW ER	$7,190.73	102	$9,730.90	72	35.33%
FASENRA PEN	$7,744.29	92	$9,721.62	73	25.53%
MAVYRET		999	$9,364.68	74	%
WESTAB PLUS	$9,816.90	67	$9,245.42	75	-5.82%
GABAPENTIN	$8,112.57	87	$9,157.23	76	12.88%
NURTEC	$12,031.47	56	$8,787.99	77	-26.96%
TRELEGY ELLIPTA	$7,286.74	100	$8,755.68	78	20.16%
KEPPRA	$10,360.30	61	$8,727.17	79	-15.76%
POTASSIUM CHLORIDE MICROENCAPSULATED CRYSTALS ER	$7,674.96	93	$8,706.99	80	13.45%

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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	December through February 2025	PREVIOUS RANK	March through May 2025	RANK	PERCENT CHANGE
FERROUS SULFATE	$4,343.05	140	$8,599.73	81	98.01%
NORELGESTROMIN-ETHINYL ESTRADIOL	$8,873.91	79	$8,457.47	82	-4.69%
ABILIFY MAINTENA	$8,484.04	84	$8,434.90	83	-0.58%
LORATADINE	$6,341.88	117	$8,417.17	84	32.72%
GUANFACINE HCL (ADHD)	$4,338.68	141	$8,387.75	85	93.32%
GENVOYA	$10,457.04	60	$8,287.66	86	-20.75%
LEVONORGESTREL & ETH ESTRADIOL	$9,715.47	69	$8,250.65	87	-15.08%
LEVETIRACETAM	$3,356.89	164	$8,164.87	88	143.23%
LISDEXAMFETAMINE DIMESYLATE	$7,961.34	90	$8,154.97	89	2.43%
INSULIN LISPRO	$8,534.52	82	$8,115.24	90	-4.91%
DULOXETINE HCL	$6,479.25	113	$8,108.61	91	25.15%
CONCERTA	$9,058.49	78	$7,967.14	92	-12.05%
QELBREE	$5,065.41	131	$7,909.38	93	56.14%
VALACYCLOVIR HCL	$6,915.08	108	$7,904.62	94	14.31%
METOPROLOL SUCCINATE	$9,540.43	73	$7,797.16	95	-18.27%
CYCLOBENZAPRINE HCL	$2,229.86	201	$7,615.90	96	241.54%
CHOLECALCIFEROL	$10,162.69	64	$7,560.31	97	-25.61%
SYNTHROID	$5,147.86	130	$7,530.86	98	46.29%
CLONIDINE HCL	$6,209.88	119	$7,508.63	99	20.91%
ALPRAZOLAM	$8,005.38	89	$7,496.97	100	-6.35%

IOWA | Health and Human Services

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	December through February 2025	PREVIOUS RANK	March through May 2025	RANK	PERCENT CHANGE
ALBUTEROL SULFATE	539	1	491	1	-8.91%
TRAZODONE HCL	467	2	464	2	-0.64%
SERTRALINE HCL	462	3	444	3	-3.90%
FLUOXETINE HCL	399	4	431	4	8.02%
CETIRIZINE HCL	388	6	430	5	10.82%
OMEPRAZOLE	392	5	402	6	2.55%
ESCITALOPRAM OXALATE	357	8	374	7	4.76%
GABAPENTIN	382	7	369	8	-3.40%
METHYLPHENIDATE HCL	356	9	354	9	-0.56%
CLONIDINE HCL	317	14	347	10	9.46%
LEVOTHYROXINE SODIUM	329	12	341	11	3.65%
HYDROXYZINE HCL	338	10	341	12	0.89%
ATORVASTATIN CALCIUM	326	13	327	13	0.31%
AMPHETAMINE-DEXTROAMPHETAMINE	333	11	311	14	-6.61%
QUETIAPINE FUMARATE	294	15	293	15	-0.34%
METFORMIN HCL	284	17	284	16	0.00%
BUPROPION HCL	259	22	280	17	8.11%
BUSPIRONE HCL	261	21	272	18	4.21%
LISINOPRIL	280	18	252	19	-10.00%
AMOXICILLIN	290	16	248	20	-14.48%
MONTELUKAST SODIUM	225	27	235	21	4.44%
ARIPIPRAZOLE	221	29	234	22	5.88%
PANTOPRAZOLE SODIUM	225	28	232	23	3.11%
LAMOTRIGINE	226	26	224	24	-0.88%
IBUPROFEN	235	24	224	25	-4.68%
FLUTICASONE PROPIONATE (NASAL)	171	39	217	26	26.90%

IOWA | Health and Human Services

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	December through February 2025	PREVIOUS RANK	March through May 2025	RANK	PERCENT CHANGE
HYDROCODONE-ACETAMINOPHEN	237	23	205	27	-13.50%
PREDNISONE	269	20	205	28	-23.79%
DULOXETINE HCL	226	25	203	29	-10.18%
AMLODIPINE BESYLATE	184	34	194	30	5.43%
RISPERIDONE	181	36	192	31	6.08%
LEVETIRACETAM	198	31	191	32	-3.54%
OZEMPIC	193	32	191	33	-1.04%
FAMOTIDINE	187	33	183	34	-2.14%
ONDANSETRON	180	37	176	35	-2.22%
ASPIRIN	164	41	174	36	6.10%
GUANFACINE HCL (ADHD)	174	38	172	37	-1.15%
AZITHROMYCIN	276	19	171	38	-38.04%
POLYETHYLENE GLYCOL 3350	181	35	169	39	-6.63%
FERROUS SULFATE	144	50	161	40	11.81%
TOPIRAMATE	162	42	160	41	-1.23%
ACETAMINOPHEN	164	40	156	42	-4.88%
CEPHALEXIN	146	48	156	43	6.85%
LOSARTAN POTASSIUM	157	44	154	44	-1.91%
AMOXICILLIN & POT CLAVULANATE	216	30	149	45	-31.02%
DEXMETHYLPHENIDATE HCL	101	71	148	46	46.53%
CYCLOBENZAPRINE HCL	153	45	144	47	-5.88%
HYDROXYZINE PAMOATE	151	46	144	48	-4.64%
JARDIANCE	134	52	141	49	5.22%
BACLOFEN	145	49	140	50	-3.45%
GUANFACINE HCL	149	47	138	51	-7.38%
PROPRANOLOL HCL	109	67	138	52	26.61%
CLONAZEPAM	127	57	136	53	7.09%

IOWA | Health and Human Services

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	December through February 2025	PREVIOUS RANK	March through May 2025	RANK	PERCENT CHANGE
LANTUS SOLOSTAR	113	65	134	54	18.58%
VYVANSE	130	55	125	55	-3.85%
LORATADINE	113	64	125	56	10.62%
VENLAFAXINE HCL	144	51	121	57	-15.97%
METOPROLOL SUCCINATE	159	43	121	58	-23.90%
OXYCODONE HCL	130	54	117	59	-10.00%
MIRTAZAPINE	122	58	115	60	-5.74%
DOXYCYCLINE (MONOHYDRATE)	117	62	112	61	-4.27%
TRAMADOL HCL	118	61	110	62	-6.78%
ROSUVASTATIN CALCIUM	119	60	109	63	-8.40%
ALPRAZOLAM	105	68	107	64	1.90%
PRAZOSIN HCL	110	66	103	65	-6.36%
SULFAMETHOXAZOLE-TRIMETHOPRIM	96	75	103	66	7.29%
SPIRONOLACTONE	117	63	103	67	-11.97%
PREGABALIN	98	72	101	68	3.06%
FUROSEMIDE	105	69	98	69	-6.67%
METRONIDAZOLE	120	59	97	70	-19.17%
LORAZEPAM	97	74	97	71	0.00%
ATOMOXETINE HCL	95	76	94	72	-1.05%
HYDROCHLOROTHIAZIDE	98	73	94	73	-4.08%
VALACYCLOVIR HCL	89	78	93	74	4.49%
DIVALPROEX SODIUM	74	88	91	75	22.97%
LISDEXAMFETAMINE DIMESYLATE	59	97	90	76	52.54%
MELOXICAM	79	82	89	77	12.66%
TRIAMCINOLONE ACETONIDE (TOPICAL)	80	81	88	78	10.00%
OXYBUTYNIN CHLORIDE	94	77	84	79	-10.64%

IOWA | Health and Human Services

TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	December through February 2025	PREVIOUS RANK	March through May 2025	RANK	PERCENT CHANGE
OLANZAPINE	101	70	84	80	-16.83%
FLUCONAZOLE	83	80	77	81	-7.23%
ZOLPIDEM TARTRATE	71	89	75	82	5.63%
FOLIC ACID	76	84	72	83	-5.26%
ELIQUIS	74	87	72	84	-2.70%
NALTREXONE HCL	86	79	71	85	-17.44%
SYMBICORT	64	94	69	86	7.81%
GLYCOPYRROLATE	76	85	69	87	-9.21%
VRAYLAR	69	92	68	88	-1.45%
INSULIN LISPRO	75	86	68	89	-9.33%
CARVEDILOL	70	90	67	90	-4.29%
OXCARBAZEPINE	59	98	67	91	13.56%
CEFDINIR	128	56	67	92	-47.66%
ONDANSETRON HCL	67	93	64	93	-4.48%
DESVENLAFAXINE SUCCINATE	53	106	63	94	18.87%
NAPROXEN	54	105	62	95	14.81%
CLOPIDOGREL BISULFATE	55	100	60	96	9.09%
METOPROLOL TARTRATE	78	83	60	97	-23.08%
CYPROHEPTADINE HCL	51	110	60	98	17.65%
TIZANIDINE HCL	60	96	60	99	0.00%
POTASSIUM CHLORIDE MICROENCAPSULATED CRYSTALS ER	43	125	57	100	32.56%

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Iowa Total Care Claims
Quarterly Statistics

REPORT_DATE	Dec 2024 through Feb 2025	Mar 2025 through May 2025	% CHANGE
TOTAL PAID AMOUNT	$77,007,238.54	$81,632,091.04	6.01%
UNIQUE USERS	98,324	93,568	-4.84%
COST PER USER	$783.20	$872.44	11.39%
TOTAL PRESCRIPTIONS	665,696	660,847	-0.73%
AVERAGE PRESCRIPTION PER USER	6.77	7.06	4.32%
AVERAGE COST PER PRESCRIPTION	$115.68	$123.53	6.78%
# GENERIC PRESCRIPTIONS	600,219	593,607	-1.10%
% GENERIC	90.00%	90.00%	-0.38%
$ GENERIC	$10,701,727.70	$10,788,104.58	0.81%
AVERAGE GENERIC PRESCRIPTION COST	$17.83	$18.17	1.93%
AVERAGE GENERIC DAYS SUPPLY	26	28	4.17%
# BRAND PRESCRIPTIONS	64,449	66,175	2.68%
% BRAND	10.00%	10.00%	3.32%
$ BRAND	$66,268,675.92	$70,800,357.01	6.84%
AVERAGE BRAND PRESCRIPTION COST	$1,028.23	$1,069.90	4.05%
AVERAGE BRAND DAYS SUPPLY	29	29	0.68%

UTILIZATION BY AGE

AGE		Dec 2024 through Feb 2025	Mar 2025 through May 2025
0-6		42,241	35,142
7-12		50,192	49,202
13-18		62,510	61,497
19-64		498,005	507,019
65+		7,163	6,381

UTILIZATION BY GENDER AND AGE

GENDER	AGE		Dec 2024 through Feb 2025	Mar 2025 through May 2025
F	0-6		18,925	15,113
	7-12		19,967	19,164
	13-18		33,024	32,650
	19-64		319,157	324,699
	65+		4,430	3,898
M	0-6		23,316	20,029
	7-12		30,225	30,038
	13-18		29,486	28,847
	19-64		178,848	182,320
	65+		2,733	2,483

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TOP 100 PHARMACIES BY PRESCRIPTION COUNT
202503 - 202505

RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
1	U OF I HOSPITALS & CLINICS AMBULATORY CARE PHARM	IOWA CITY	IA	11,320	$6,942,284.63	$613.28	1
2	RIGHT DOSE PHARMACY	ANKENY	IA	5,720	$235,205.35	$41.12	2
3	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	5,492	$310,035.64	$56.45	4
4	WALGREENS #4405	COUNCIL BLUFFS	IA	5,166	$338,368.72	$65.50	3
5	WALGREENS #5042	CEDAR RAPIDS	IA	5,026	$327,981.13	$65.26	5
6	DRILLING PHARMACY	SIOUX CITY	IA	4,430	$299,431.71	$67.59	8
7	WALGREENS #5239	DAVENPORT	IA	4,358	$252,411.98	$57.92	6
8	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	4,068	$244,371.02	$60.07	9
9	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	3,979	$336,664.73	$84.61	7
10	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	3,752	$249,676.84	$66.55	16
11	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	3,691	$185,025.78	$50.13	10
12	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	3,690	$252,893.58	$68.53	11
13	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	3,483	$321,298.40	$92.25	15
14	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	3,391	$208,683.01	$61.54	14
15	WALGREENS #7455	WATERLOO	IA	3,302	$211,166.87	$63.95	17
16	WALGREENS #5721	DES MOINES	IA	3,300	$241,072.80	$73.05	13
17	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	3,241	$326,238.37	$100.66	24
18	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,231	$283,992.18	$87.90	22
19	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,194	$304,983.78	$95.49	18
20	WALGREENS #15647	SIOUX CITY	IA	3,114	$205,132.30	$65.87	19
21	WALGREENS #7453	DES MOINES	IA	2,872	$244,207.88	$85.03	23
22	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	2,855	$193,022.09	$67.61	20
23	WALGREENS #359	DES MOINES	IA	2,806	$181,932.85	$64.84	21
24	NELSON FAMILY PHARMACY	FORT MADISON	IA	2,789	$183,467.42	$65.78	12
25	NUCARA LTC PHARMACY #3	IOWA CITY	IA	2,751	$118,198.71	$42.97	36
26	SOUTH SIDE DRUG	OTTUMWA	IA	2,742	$154,159.67	$56.22	25
27	WAGNER PHARMACY	CLINTON	IA	2,708	$260,118.53	$96.06	29
28	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	2,654	$216,593.11	$81.61	30
29	CVS PHARMACY #10282	FORT DODGE	IA	2,618	$131,032.17	$50.05	27
30	UI HEALTHCARE - IOWA RIVER LANDING PHARMACY	CORALVILLE	IA	2,607	$97,764.55	$37.50	32
31	WALMART PHARMACY 10-0559	MUSCATINE	IA	2,598	$242,013.52	$93.15	31
32	MEDICAP PHARMACY LTC	INDIANOLA	IA	2,571	$95,009.25	$36.95	54
33	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,532	$234,997.26	$92.81	46
34	HY-VEE PHARMACY (1449)	NEWTON	IA	2,526	$222,674.11	$88.15	38
35	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,505	$180,831.79	$72.19	34
36	COMMUNITY HEALTH CARE PHARMACY	DAVENPORT	IA	2,502	$101,306.32	$40.49	52
37	HY-VEE PHARMACY (1075)	CLINTON	IA	2,468	$173,309.39	$70.22	42
38	HY-VEE PHARMACY (1396)	MARION	IA	2,448	$244,732.19	$99.97	44
39	WALGREENS #4041	DAVENPORT	IA	2,446	$139,015.22	$56.83	28
40	HY-VEE PHARMACY (1530)	PLEASANT HILL	IA	2,429	$162,741.53	$67.00	48
41	MAHASKA DRUGS INC	OSKALOOSA	IA	2,410	$204,631.10	$84.91	26
42	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,373	$177,222.80	$74.68	39
43	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	2,371	$159,425.91	$67.24	47
44	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	2,357	$121,238.62	$51.44	40
45	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	2,355	$99,167.03	$42.11	37
46	HY-VEE PHARMACY #5 (1061)	CEDAR RAPIDS	IA	2,354	$176,533.70	$74.99	43

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RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
47	WALGREENS #3700	COUNCIL BLUFFS	IA	2,343	$158,812.85	$67.78	33
48	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,333	$150,046.64	$64.31	55
49	TOWNCREST LTC	IOWA CITY	IA	2,318	$121,658.21	$52.48	49
50	WALMART PHARMACY 10-1509	MAQUOKETA	IA	2,301	$151,707.23	$65.93	35
51	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,284	$179,234.82	$78.47	45
52	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	2,263	$294,368.10	$130.08	41
53	CVS PHARMACY #08544	WATERLOO	IA	2,242	$175,266.44	$78.17	50
54	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	2,224	$202,171.37	$90.90	51
55	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	2,137	$450,114.96	$210.63	61
56	CVS PHARMACY #08658	DAVENPORT	IA	2,115	$151,278.06	$71.53	57
57	SCOTT PHARMACY	FAYETTE	IA	2,111	$155,244.84	$73.54	70
58	WALMART PHARMACY 10-3590	SIOUX CITY	IA	2,090	$139,279.11	$66.64	63
59	WALMART PHARMACY 10-2889	CLINTON	IA	2,082	$142,401.32	$68.40	68
60	UNION PHARMACY	COUNCIL BLUFFS	IA	2,072	$141,999.43	$68.53	59
61	WALGREENS #10855	WATERLOO	IA	2,069	$127,534.61	$61.64	66
62	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,062	$190,882.60	$92.57	56
63	WALGREENS #5470	SIOUX CITY	IA	2,057	$151,099.33	$73.46	53
64	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	2,049	$114,269.13	$55.77	58
65	LEWIS FAMILY DRUG #28	ONAWA	IA	2,042	$171,050.82	$83.77	234
66	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	2,027	$157,399.69	$77.65	62
67	HY-VEE PHARMACY (1522)	PERRY	IA	1,996	$130,545.56	$65.40	74
68	WALMART PHARMACY 10-1723	DES MOINES	IA	1,992	$132,280.81	$66.41	69
69	DANIEL PHARMACY	FT DODGE	IA	1,976	$165,708.65	$83.86	65
70	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	1,970	$156,367.53	$79.37	81
71	MEDICAP PHARMACY	CRESTON	IA	1,919	$108,765.84	$56.68	80
72	HY-VEE PHARMACY #6 (1155)	DES MOINES	IA	1,913	$183,303.51	$95.82	67
73	WALGREENS #11942	DUBUQUE	IA	1,906	$125,922.58	$66.07	60
74	PREFERRED CARE PHARMACY	CEDAR RAPIDS	IA	1,904	$115,186.80	$60.50	64
75	WALMART PHARMACY 10-0985	FAIRFIELD	IA	1,894	$139,839.63	$73.83	75
76	WALGREENS #7452	DES MOINES	IA	1,890	$139,063.73	$73.58	76
77	MAIN AT LOCUST PHARMACY AND MEDICAL SUPPLY	DAVENPORT	IA	1,869	$129,204.04	$69.13	82
78	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	1,860	$145,500.09	$78.23	73
79	CR CARE PHARMACY	CEDAR RAPIDS	IA	1,848	$475,139.26	$257.11	71
80	MEDICAP PHARMACY	NEWTON	IA	1,846	$189,169.63	$102.48	91
81	WALGREENS #4714	DES MOINES	IA	1,831	$112,616.19	$61.51	72
82	HY-VEE PHARMACY (1095)	CRESTON	IA	1,828	$114,573.26	$62.68	87
83	HY-VEE PHARMACY (1011)	ALTOONA	IA	1,822	$158,062.54	$86.75	95
84	LAGRANGE PHARMACY	VINTON	IA	1,822	$112,194.26	$61.58	77
85	HY-VEE PHARMACY (1180)	FAIRFIELD	IA	1,789	$179,047.34	$100.08	123
86	HY-VEE PHARMACY (1022)	ANKENY	IA	1,787	$110,126.06	$61.63	83
87	WALGREENS #5852	DES MOINES	IA	1,777	$120,036.98	$67.55	89
88	HY-VEE PHARMACY (1241)	HARLAN	IA	1,756	$169,589.58	$96.58	88
89	WALMART PHARMACY 10-1431	KEOKUK	IA	1,756	$110,006.20	$62.65	98
90	MERCYONE WATERLOO PHARMACY	WATERLOO	IA	1,752	$167,504.31	$95.61	106
91	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	1,751	$110,289.57	$62.99	96
92	INFOCUS PHARMACY SERVICES LLC	DUBUQUE	IA	1,743	$112,309.96	$64.43	128

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RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
93	HY-VEE PHARMACY (1324)	KEOKUK	IA	1,741	$136,597.85	$78.46	85
94	HERITAGE PARTNERS PHARMACY	WEST BURLINGTON	IA	1,740	$163,008.25	$93.68	97
95	HY-VEE PHARMACY (1382)	LEMARS	IA	1,739	$156,047.20	$89.73	84
96	WALMART PHARMACY 10-0646	ANAMOSA	IA	1,725	$126,352.79	$73.25	92
97	WALGREENS #7454	ANKENY	IA	1,725	$119,973.79	$69.55	79
98	HY-VEE PHARMACY #1 (1013)	AMES	IA	1,702	$105,525.48	$62.00	116
99	HY-VEE DRUGSTORE #5 (7026)	CEDAR RAPIDS	IA	1,692	$147,829.45	$87.37	100
100	EXACTCARE	VALLEY VIEW	OH	1,689	$158,950.97	$94.11	78

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TOP 100 PHARMACIES BY PAID AMOUNT
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RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	U OF I HOSPITALS & CLINICS AMBULATORY CARE PHARM	IOWA CITY	IA	11,320	$6,942,284.63	$3,238.01	1
2	WALGREENS SPECIALTY PHARMACY #16528	DES MOINES	IA	691	$3,683,016.37	$14,850.87	2
3	CAREMARK KANSAS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	LENEXA	KS	369	$3,093,783.64	$19,959.89	3
4	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	162	$2,020,534.48	$29,283.11	5
5	UNITYPOINT AT HOME	URBANDALE	IA	508	$1,909,633.16	$10,266.84	4
6	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	1,237	$1,281,507.83	$9,219.48	6
7	ACARIAHEALTH PHARMACY #11	HOUSTON	TX	166	$1,226,227.78	$15,327.85	7
8	CVS/SPECIALTY	MONROEVILLE	PA	154	$1,043,081.96	$18,965.13	10
9	PANTHERX SPECIALTY PHARMACY	CORAOPOLIS	PA	50	$1,009,473.71	$50,473.69	11
10	WALGREENS SPECIALTY PHARMACY #21250	IOWA CITY	IA	295	$920,260.42	$7,605.46	8
11	AMBER PHARMACY	OMAHA	NE	188	$812,115.29	$14,502.06	9
12	CVS PHARMACY #00102	AURORA	CO	78	$790,185.23	$22,576.72	12
13	OPTUM PHARMACY 702, LLC	JEFFERSONVILLE	IN	95	$726,560.80	$18,164.02	14
14	GENESIS FIRSTMED PHARMACY	DAVENPORT	IA	499	$549,484.23	$3,763.59	22
15	WALGREENS SPECIALTY PHARMACY #16270	OMAHA	NE	56	$504,866.67	$24,041.27	13
16	ACCREDO HEALTH GROUP INC	WARRENDALE	PA	40	$492,336.39	$49,233.64	27
17	THE NEBRASKA MED CENTER CLINIC PHCY	OMAHA	NE	719	$486,607.91	$3,772.15	16
18	CR CARE PHARMACY	CEDAR RAPIDS	IA	1,848	$475,139.26	$3,007.21	15
19	PARAGON PARTNERS	OMAHA	NE	1,036	$462,843.09	$4,722.89	20
20	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	2,137	$450,114.96	$2,113.22	17
21	BIOLOGICS BY MCKESSON	FORT WORTH	TX	19	$407,446.12	$50,930.77	21
22	MISSION CANCER + BLOOD	DES MOINES	IA	47	$338,759.41	$19,927.02	57
23	WALGREENS #4405	COUNCIL BLUFFS	IA	5,166	$338,368.72	$315.05	28
24	ALLEN CLINIC PHARMACY	WATERLOO	IA	909	$337,066.76	$1,162.30	24
25	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	3,979	$336,664.73	$617.73	25
26	GENOA HEALTHCARE, LLC	DAVENPORT	IA	1,387	$335,302.53	$2,122.17	23
27	ANOVORX GROUP LLC	MEMPHIS	TN	55	$333,960.43	$17,576.86	19
28	WALGREENS #5042	CEDAR RAPIDS	IA	5,026	$327,981.13	$309.12	26
29	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	3,241	$326,238.37	$1,069.63	30
30	HY-VEE PHARMACY SOLUTIONS	OMAHA	NE	41	$324,636.92	$20,289.81	46
31	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	3,483	$321,298.40	$587.38	18
32	WALGREENS SPECIALTY PHARMACY #16280	FRISCO	TX	12	$318,679.56	$79,669.89	90
33	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	5,492	$310,035.64	$389.49	40
34	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,194	$304,983.78	$932.67	35
35	EXPRESS SCRIPTS SPECIALTY DIST SVCS	SAINT LOUIS	MO	19	$302,745.52	$43,249.36	37
36	DRILLING PHARMACY	SIOUX CITY	IA	4,430	$299,431.71	$831.75	34
37	ONCO360	LOUISVILLE	KY	20	$296,689.86	$37,086.23	39
38	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	2,263	$294,368.10	$2,317.86	29
39	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,231	$283,992.18	$639.62	47
40	WAGNER PHARMACY	CLINTON	IA	2,708	$260,118.53	$996.62	33
41	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	3,690	$252,893.58	$459.81	48
42	WALGREENS #5239	DAVENPORT	IA	4,358	$252,411.98	$246.26	54
43	CAREMARK ILLINOIS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	MT PROSPECT	IL	50	$250,472.57	$12,523.63	32
44	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	3,752	$249,676.84	$459.81	45

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RANK	PHARMACY NAME	PHARMACY CITY	PHARMACY STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
45	HY-VEE PHARMACY (1396)	MARION	IA	2,448	$244,732.19	$715.59	51
46	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	4,068	$244,371.02	$317.78	49
47	WALGREENS #7453	DES MOINES	IA	2,872	$244,207.88	$373.98	61
48	WALMART PHARMACY 10-0559	MUSCATINE	IA	2,598	$242,013.52	$588.84	84
49	WALGREENS #5721	DES MOINES	IA	3,300	$241,072.80	$304.38	44
50	RIGHT DOSE PHARMACY	ANKENY	IA	5,720	$235,205.35	$583.64	36
51	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,532	$234,997.26	$827.46	72
52	PRIMARY HEALTHCARE PHARMACY	DES MOINES	IA	948	$234,640.48	$1,179.10	43
53	JUNE E. NYLEN CANCER CENTER	SIOUX CITY	IA	15	$226,707.06	$56,676.77	53
54	ORSINI PHARMACEUTICAL SERVICES INC	ELK GROVE VILLAGE	IL	16	$226,292.35	$37,715.39	56
55	HY-VEE PHARMACY (1449)	NEWTON	IA	2,526	$222,674.11	$562.31	62
56	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	2,654	$216,593.11	$586.97	50
57	WALGREENS #7455	WATERLOO	IA	3,302	$211,166.87	$242.44	59
58	CAREMARK LLC, DBA CVS/SPECIALTY	REDLANDS	CA	7	$210,325.67	$70,108.56	41
59	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	3,391	$208,683.01	$463.74	63
60	WALGREENS #15647	SIOUX CITY	IA	3,114	$205,132.30	$276.46	42
61	MAHASKA DRUGS INC	OSKALOOSA	IA	2,410	$204,631.10	$573.20	58
62	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	2,224	$202,171.37	$601.70	70
63	OPTUM PHARMACY 705, LLC	FRANKLIN	TN	23	$196,373.22	$16,364.44	347
64	OPTUM INFUSION SERVICES 550, LLC.	URBANDALE	IA	58	$193,742.13	$21,526.90	82
65	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	2,855	$193,022.09	$433.76	55
66	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,062	$190,882.60	$696.65	38
67	MEDICAP PHARMACY	NEWTON	IA	1,846	$189,169.63	$941.14	123
68	FIFIELD PHARMACY	DES MOINES	IA	1,003	$187,733.15	$1,706.67	144
69	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	3,691	$185,025.78	$300.85	83
70	WALGREENS SPECIALTY PHARMACY #15443	FRISCO	TX	22	$183,575.10	$22,946.89	64
71	NELSON FAMILY PHARMACY	FORT MADISON	IA	2,789	$183,467.42	$481.54	31
72	HY-VEE PHARMACY #6 (1155)	DES MOINES	IA	1,913	$183,303.51	$730.29	65
73	MEDICAP PHARMACY	AMES	IA	925	$182,281.22	$1,804.76	73
74	WALGREENS #359	DES MOINES	IA	2,806	$181,932.85	$271.14	93
75	MAYO CLINIC PHARMACY	ROCHESTER	MN	23	$180,984.64	$30,164.11	68
76	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,505	$180,831.79	$528.75	80
77	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,284	$179,234.82	$459.58	95
78	HY-VEE PHARMACY (1180)	FAIRFIELD	IA	1,789	$179,047.34	$733.80	115
79	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	2,373	$177,222.80	$513.69	77
80	HY-VEE PHARMACY #5 (1061)	CEDAR RAPIDS	IA	2,354	$176,533.70	$456.16	74
81	CVS PHARMACY #08544	WATERLOO	IA	2,242	$175,266.44	$404.77	79
82	HY-VEE PHARMACY (1075)	CLINTON	IA	2,468	$173,309.39	$445.53	89
83	LEWIS FAMILY DRUG #28	ONAWA	IA	2,042	$171,050.82	$760.23	249
84	HY-VEE PHARMACY (1241)	HARLAN	IA	1,756	$169,589.58	$565.30	78
85	MERCYONE WATERLOO PHARMACY	WATERLOO	IA	1,752	$167,504.31	$466.59	122
86	SENDERRA RX PHARMACY	PLANO	TX	19	$166,638.65	$18,515.41	105
87	GENOA HEALTHCARE, LLC	MASON CITY	IA	683	$166,461.44	$1,770.87	88
88	MAXOR SPECIALTY PHARMACY	LUBBOCK	TX	12	$165,921.96	$82,960.98	81

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89	DANIEL PHARMACY	FT DODGE	IA	1,976	$165,708.65	$679.13	97
90	HERITAGE PARTNERS PHARMACY	WEST BURLINGTON	IA	1,740	$163,008.25	$1,613.94	110
91	HY-VEE PHARMACY (1530)	PLEASANT HILL	IA	2,429	$162,741.53	$415.16	76
92	GENOA HEALTHCARE, LLC	FORT DODGE	IA	780	$161,507.83	$2,340.69	108
93	GENOA HEALTHCARE, LLC	MARSHALLTOWN	IA	992	$161,341.47	$1,698.33	66
94	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	2,371	$159,425.91	$370.76	119
95	EXACTCARE	VALLEY VIEW	OH	1,689	$158,950.97	$2,177.41	91
96	WALGREENS #3700	COUNCIL BLUFFS	IA	2,343	$158,812.85	$310.18	100
97	HY-VEE PHARMACY (1011)	ALTOONA	IA	1,822	$158,062.54	$518.24	94
98	HY-VEE PHARMACY #3 (1615)	SIOUX CITY	IA	2,027	$157,399.69	$517.76	86
99	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	1,970	$156,367.53	$434.35	107
100	HY-VEE PHARMACY (1382)	LEMARS	IA	1,739	$156,047.20	$719.11	121

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TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
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RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
1	1356359871	Rhea Hartley	$139,677.91	1,462	5.60	2
2	1982605762	Jeffrey Wilharm	$66,019.63	1,373	16.95	1
3	1013115369	Bobbita Nag	$41,259.93	1,030	5.99	4
4	1396289229	Jesse Becker	$64,894.25	990	7.02	3
5	1659358620	Carlos Castillo	$24,211.38	923	6.99	6
6	1477199198	Sajo Thomas	$180,931.50	883	7.18	24
7	1730849647	Melanie Rock	$28,431.44	882	6.26	15
8	1417941188	Debra Neuharth	$57,565.21	872	7.33	18
9	1619153137	Joada Best	$55,010.16	867	7.47	12
10	1528365277	Mina Salib	$430,642.21	863	4.36	11
11	1457584740	Eric Meyer	$74,510.20	862	5.86	7
12	1184056822	Abby Kolthoff	$461,704.13	830	7.16	8
13	1316356496	Kimberly Roberts	$38,710.29	829	7.90	10
14	1770933046	Shelby Biller	$84,344.16	822	7.75	5
15	1467907394	Cynthia Coenen	$114,752.53	821	10.80	14
16	1801998372	Wendy Hansen-Penman	$26,910.61	816	9.83	17
17	1467502286	Charles Tilley	$89,922.71	802	6.91	9
18	1275763047	Rebecca Bowman	$91,001.10	777	8.54	38
19	1922455096	Dean Guerdet	$90,827.66	774	7.17	20
20	1821268335	Jacqueline Mcinnis	$131,480.17	773	11.04	13
21	1538368170	Christopher Matson	$29,517.47	764	7.80	19
22	1043434525	Robert Kent	$47,436.30	759	8.53	30
23	1043703887	Tenaea Jeppeson	$119,750.62	737	9.21	29
24	1457914657	Seema Antony	$74,571.27	731	5.54	31
25	1538149042	Eric Petersen	$18,945.84	729	6.69	33
26	1902478811	Joan Anderson	$192,964.64	727	9.09	34
27	1215125216	Rebecca Walding	$54,296.31	723	7.61	25
28	1245960350	Mary Welborn	$40,499.08	717	6.83	59
29	1437238110	Genevieve Nelson	$100,472.03	711	9.74	16
30	1760965032	Melissa Miller	$27,739.76	710	7.24	63
31	1053630640	Jennifer Donovan	$74,046.61	700	7.61	27
32	1992332563	Stacy Overman	$18,756.01	688	22.93	21
33	1689077018	Stacy Roth	$87,297.26	683	5.51	22
34	1184395162	Danielle Van Oosbree	$140,971.57	681	15.13	26
35	1902358443	Melissa Konken	$137,329.73	679	8.49	28
36	1649248378	Kathleen Wild	$19,228.24	676	8.24	39
37	1992103386	Melissa Larsen	$70,514.73	673	8.31	32
38	1992402655	Shane Eberhardt	$164,121.36	667	5.51	40
39	1164538674	Joseph Wanzek	$77,324.98	667	10.42	23
40	1609532373	Erin Fox-Hammel	$55,235.56	664	9.10	36
41	1134854128	Dzevida Pandzic	$52,696.22	655	4.75	43
42	1528329398	Erin Rowan	$35,511.83	652	5.98	57
43	1902912538	Christian Jones	$47,666.00	646	6.59	49
44	1811419815	Gretchen Wenger	$53,755.37	632	4.65	131

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TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
202503 - 202505

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
45	1144214248	Kristi Walz	$86,415.37	629	9.39	46
46	1891422606	Emily Clawson	$57,458.27	626	6.26	75
47	1477926434	Jackie Shipley	$34,829.38	626	5.85	69
48	1114681889	Kelsey Bauer	$95,590.55	625	7.53	48
49	1205393386	Jessica Hudspeth	$54,750.16	612	7.95	35
50	1720698335	Danika Hansen	$81,094.43	609	7.16	62
51	1598183493	Jena Ellerhoff	$51,655.68	602	8.85	73
52	1982030946	Jacklyn Besch	$33,165.16	602	6.76	67
53	1316471154	Nicole Woolley	$26,660.68	599	7.13	61
54	1124006770	Wook Kim	$19,569.20	596	8.76	37
55	1841220290	Kent Kunze	$17,074.93	593	9.27	58
56	1891146999	Becky Johnson	$627,189.21	592	7.05	45
57	1053963900	Nicole Mcclavy	$75,288.87	587	6.31	83
58	1871105916	Lacie Theis	$47,969.95	581	6.84	50
59	1043211303	Ali Safdar	$73,449.16	577	6.20	41
60	1154815330	Bruce Pehl	$34,846.74	572	7.63	55
61	1417241621	Ashley Mathes	$27,223.23	572	5.78	65
62	1265841845	Mary Schwering	$33,259.26	571	7.32	74
63	1134191018	Dustin Smith	$24,472.15	565	5.71	44
64	1255823506	Nicole Delagardelle	$71,236.51	562	6.24	107
65	1538157383	David Wenger-Keller	$47,731.86	562	10.04	64
66	1972758126	Rebecca Bollin	$33,582.90	561	6.03	51
67	1649763079	Kate Jarvis	$72,422.74	559	6.28	76
68	1891306452	Jennifer Tomlin	$41,863.91	547	5.88	71
69	1144588476	Rachel Filzer	$55,302.52	546	6.83	108
70	1942721584	Shawna Fury	$21,631.54	546	5.41	101
71	1144900861	Lizabeth Sheets	$170,148.92	545	9.56	53
72	1215981758	Lisa Pisney	$116,746.79	541	7.03	263
73	1588746515	Amy Badberg	$33,470.30	536	7.24	85
74	1306559786	Roy Henry	$11,494.50	530	6.63	80
75	1215184726	Babuji Gandra	$29,324.85	525	5.71	66
76	1013355759	Dylan Greene	$20,239.22	522	5.87	116
77	1699740159	Frank Marino	$29,226.45	521	5.01	68
78	1609218304	Amanda Garr	$84,892.24	518	7.19	54
79	1871021543	Susan Wilson	$57,788.14	516	6.62	92
80	1821333774	Brittni Benda	$40,587.28	513	4.93	79
81	1619380680	Tara Brockman	$31,461.94	513	6.41	42
82	1043418809	Michael Ciliberto	$255,542.08	505	7.54	77
83	1558770974	Marc Baumert	$37,610.23	504	5.04	60
84	1750845954	Stephanie Giesler	$74,417.30	502	6.97	56
85	1902596828	Lindsay Harms	$39,078.21	501	10.44	52
86	1831710987	Margaret Fuller	$27,030.76	497	6.90	90
87	1679573893	Patty Hildreth	$114,200.75	496	7.19	95
88	1528060134	Julie Graeve	$30,559.33	496	6.44	105

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TOP PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
202503 - 202505

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS PER MEMBER	PREVIOUS RANK
89	1982654349	Barbara Harre	$27,518.59	496	6.53	97
90	1023542271	Flynn Mccullough	$32,280.99	493	7.83	124
91	1518569961	Christopher Beasley	$81,468.83	491	11.42	109
92	1942937388	Carly Trausch	$622,995.72	487	2.69	242
93	1851847883	Eileen Meier	$66,861.57	486	7.84	86
94	1831731298	Heather Wilson	$32,867.22	486	7.25	104
95	1649469826	Katherine Lutyens	$28,047.86	484	5.50	187
96	1184657603	Sara Rygol	$54,228.56	483	5.49	70
97	1093290165	Caitlyn Hicks	$26,841.07	481	5.59	147
98	1326013426	Paul Peterson	$14,509.63	481	5.40	81
99	1336252097	Thomas Baer	$19,706.67	476	7.93	72
100	1275742090	Ashar Luqman	$118,771.26	475	6.42	168

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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
202503 - 202505

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
1	1326410499	Tara Eastvold	341	$641,552.65	$1,881.39	4
2	1316934318	Steven Lentz	48	$638,694.75	$13,306.14	5
3	1891146999	Becky Johnson	592	$627,189.21	$1,059.44	3
4	1942937388	Carly Trausch	487	$622,995.72	$1,279.25	11
5	1295091510	Rebecca Weiner	387	$616,060.18	$1,591.89	1
6	1780788844	Tammy Wichman	58	$593,124.21	$10,226.28	7
7	1417443953	Rodney Clark	342	$570,494.72	$1,668.11	8
8	1285626390	Kathleen Gradoville	256	$480,457.56	$1,876.79	10
9	1326034984	Katherine Mathews	68	$478,275.65	$7,033.47	2
10	1184056822	Abby Kolthoff	830	$461,704.13	$556.27	9
11	1528365277	Mina Salib	863	$430,642.21	$499.01	13
12	1013126705	Janice Staber	42	$417,855.61	$9,948.94	6
13	1700417169	Courtney Reints	247	$321,969.25	$1,303.52	15
14	1700561826	Pedro Hsieh	48	$307,976.03	$6,416.17	17
15	1588616171	Heather Thomas	131	$303,014.76	$2,313.09	18
16	1043565328	Sara Moeller	94	$299,661.34	$3,187.89	20
17	1730406356	Christina Warren	131	$284,788.95	$2,173.96	47
18	1326211889	James Friedlander	52	$274,611.56	$5,280.99	50
19	1437121407	Linda Cadaret	122	$268,896.46	$2,204.07	12
20	1477761328	Amy Calhoun	35	$263,592.99	$7,531.23	14
21	1356577951	Christopher Mulder	55	$260,334.88	$4,733.36	99
22	1043418809	Michael Ciliberto	505	$255,542.08	$506.02	26
23	1578958542	Heidi Curtis	144	$249,908.43	$1,735.48	19
24	1093162075	Meghan Ryan	116	$247,547.68	$2,134.03	24
25	1659093292	Kathryn Foy	88	$220,672.14	$2,507.64	27
26	1619382942	Eirene Alexandrou	180	$214,133.62	$1,189.63	423
27	1467449579	Brian Wayson	82	$209,453.31	$2,554.31	16
28	1407065469	Christoph Randak	158	$205,150.38	$1,298.42	237
29	1679521728	Jill Fliege	42	$202,637.59	$4,824.70	111
30	1306071915	Thomas Pietras	57	$201,159.75	$3,529.12	21
31	1356753859	Katie Lutz	63	$201,049.44	$3,191.26	22
32	1609131770	Sreenath Ganganna	272	$199,909.50	$734.96	32
33	1558808501	Jessica Braksiek	32	$197,095.54	$6,159.24	33
34	1902478811	Joan Anderson	727	$192,964.64	$265.43	23
35	1649826140	Taylor Boldt	204	$192,440.05	$943.33	36
36	1023108701	Ronald Zolty	33	$187,758.36	$5,689.65	58
37	1568097244	Elizabeth Dassow	64	$185,263.02	$2,894.73	76
38	1477199198	Sajo Thomas	883	$180,931.50	$204.91	60
39	1477968303	Joseph Larson	251	$179,099.08	$713.54	239
40	1093382632	Gail Dooley	158	$173,904.13	$1,100.66	25
41	1649943689	Jessica Coffey	112	$171,427.33	$1,530.60	40
42	1144900861	Lizabeth Sheets	545	$170,148.92	$312.20	31
43	1861463275	Donald Wender	24	$170,011.56	$7,083.82	77
44	1114214541	Dimah Saade	55	$168,643.55	$3,066.25	83

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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
202503 - 202505

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
45	1386902682	Melissa Willis	83	$166,740.81	$2,008.93	28
46	1912208323	Lisa Meyer	351	$165,641.46	$471.91	38
47	1952539447	Anthony Fischer	117	$165,345.44	$1,413.21	51
48	1386084747	Jennifer Condon	136	$164,424.11	$1,209.00	44
49	1992402655	Shane Eberhardt	667	$164,121.36	$246.06	39
50	1699765826	Joseph Merchant	46	$162,359.34	$3,529.55	109
51	1417449570	Alex Sieg	23	$160,646.81	$6,984.64	53
52	1841548161	Crystal Meyer	49	$160,183.76	$3,269.06	43
53	1134249832	Steven Craig	68	$156,405.13	$2,300.08	71
54	1487648705	Karen Hunke	95	$155,647.33	$1,638.39	30
55	1366065047	Brittania Schoon	82	$152,939.65	$1,865.12	114
56	1619162435	Praveen Vikas	29	$152,566.45	$5,260.91	313
57	1134981038	Cassidy Chalupa	86	$152,136.52	$1,769.03	97
58	1225143316	Susan Jacobi	105	$149,081.79	$1,419.83	88
59	1851568703	Mathew Davey	49	$148,366.08	$3,027.88	2888
60	1780995506	Quanhathai Kaewpoowat	35	$146,182.29	$4,176.64	69
61	1265870950	Danita Velasco	3	$144,175.89	$48,058.63	29
62	1649419219	Heather Hunemuller	137	$142,595.75	$1,040.84	46
63	1912979261	David Visokey	145	$142,399.69	$982.07	81
64	1891955423	Leah Siegfried	264	$142,316.77	$539.08	35
65	1184395162	Danielle Van Oosbree	681	$140,971.57	$207.01	52
66	1356359871	Rhea Hartley	1,462	$139,677.91	$95.54	91
67	1336346352	Hanna Zembrzuska	59	$139,043.76	$2,356.67	138
68	1891158275	Andrew Groves	52	$138,833.92	$2,669.88	41
69	1902358443	Melissa Konken	679	$137,329.73	$202.25	66
70	1902100746	Ami Patel	48	$134,867.25	$2,809.73	72
71	1821268335	Jacqueline Mcinnis	773	$131,480.17	$170.09	92
72	1134440886	Melissa Wells	105	$128,637.39	$1,225.12	34
73	1841607900	Shayla Sanders	74	$124,747.67	$1,685.78	56
74	1871868984	Hana Niebur	57	$124,479.37	$2,183.85	68
75	1811666118	Jessiann Dryden-Parish	101	$124,234.87	$1,230.05	135
76	1740953439	Wilmar Garcia	85	$121,302.06	$1,427.08	103
77	1528051653	Mark Granner	358	$120,950.37	$337.85	86
78	1023489382	Nicole Devoe	100	$120,171.44	$1,201.71	156
79	1043703887	Tenaea Jeppeson	737	$119,750.62	$162.48	85
80	1275742090	Ashar Luqman	475	$118,771.26	$250.04	183
81	1821254863	Amy John	47	$118,723.56	$2,526.03	107
82	1174748180	Mohammad Alsharabati	134	$118,481.07	$884.19	42
83	1376044933	Gretchen Parris	61	$117,594.99	$1,927.79	106
84	1275836751	Holly Kramer	109	$116,770.02	$1,071.28	84
85	1457031817	Corinne Conley	84	$116,763.92	$1,390.05	110
86	1215981758	Lisa Pisney	541	$116,746.79	$215.80	180
87	1518567056	Katie Barkmeier	403	$116,466.98	$289.00	74
88	1972560597	Bernard Leman	29	$116,462.86	$4,015.96	212

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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
202503 - 202505

RANK	DOCTOR NUM	PRESCRIBER NAME	PRESCRIPTION COUNT	PAID AMOUNT	AVG COST RX	PREVIOUS RANK
89	1770324220	Casie Hale	438	$116,398.87	$265.75	302
90	1992037931	Christopher Rokes	86	$116,318.01	$1,352.54	208
91	1689942518	Patria Alba Aponte	252	$115,624.66	$458.83	82
92	1003315201	Abigail Behrens	78	$115,123.96	$1,475.95	61
93	1467907394	Cynthia Coenen	821	$114,752.53	$139.77	75
94	1598786097	Stephanie Gray	396	$114,615.69	$289.43	98
95	1134402373	Julie Schuck	56	$114,425.61	$2,043.31	293
96	1679573893	Patty Hildreth	496	$114,200.75	$230.24	64
97	1508281619	Kelly Marine	72	$113,873.02	$1,581.57	178
98	1164408548	Maxwell Cosmic	70	$113,869.32	$1,626.70	57
99	1629693247	Tyler Schmidt	17	$113,437.32	$6,672.78	154
100	1265420095	Elizabeth Cooper	101	$112,483.87	$1,113.70	73

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TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

	202412 - 202502			202503 - 202505			
CATEGORY DESCRIPTION	**PREVIOUS TOTAL COST**	**PREVIOUS RANK**	**PREVIOUS % BUDGET**	**CURRENT TOTAL COST**	**CURRENT RANK**	**CURRENT % BUDGET**	**% CHANGE**
ANTIDIABETICS	$10,477,342.54	1	13.61 %	$11,171,799.06	1	13.69 %	0.08 %
DERMATOLOGICALS	$8,129,469.01	3	10.56 %	$9,249,534.86	2	11.33 %	0.77 %
ANTIPSYCHOTICS/ANTIMANIC AGENTS	$8,596,193.00	2	11.16 %	$9,092,350.25	3	11.14 %	-0.03 %
ANALGESICS - ANTI-INFLAMMATORY	$6,677,650.91	4	8.67 %	$6,661,992.42	4	8.16 %	-0.51 %
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	$4,254,728.74	5	5.53 %	$4,337,499.18	5	5.31 %	-0.21 %
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	$3,803,766.94	6	4.94 %	$3,895,052.23	6	4.77 %	-0.17 %
RESPIRATORY AGENTS - MISC.	$3,403,867.44	7	4.42 %	$3,437,050.54	7	4.21 %	-0.21 %
ANTIVIRALS	$3,315,915.29	8	4.31 %	$3,280,424.14	8	4.02 %	-0.29 %
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	$2,416,863.45	10	3.14 %	$3,119,690.60	9	3.82 %	0.68 %
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC	$2,931,972.09	9	3.81 %	$3,014,357.19	10	3.69 %	-0.11 %
ANTICONVULSANTS	$2,096,657.57	11	2.72 %	$2,315,259.80	11	2.84 %	0.11 %
MIGRAINE PRODUCTS	$1,975,054.21	12	2.56 %	$2,197,505.03	12	2.69 %	0.13 %
HEMATOLOGICAL AGENTS - MISC.	$1,890,034.09	14	2.45 %	$2,155,387.16	13	2.64 %	0.19 %
CARDIOVASCULAR AGENTS - MISC.	$1,895,484.61	13	2.46 %	$2,099,553.61	14	2.57 %	0.11 %
ENDOCRINE AND METABOLIC AGENTS - MISC.	$1,647,634.22	16	2.14 %	$1,842,382.88	15	2.26 %	0.12 %
ANTIDEPRESSANTS	$1,680,421.95	15	2.18 %	$1,805,567.80	16	2.21 %	0.03 %
ANTICOAGULANTS	$1,327,468.80	17	1.72 %	$1,483,960.90	17	1.82 %	0.09 %
GASTROINTESTINAL AGENTS - MISC.	$894,870.27	18	1.16 %	$951,557.75	18	1.17 %	0.00 %
NEUROMUSCULAR AGENTS	$884,332.83	19	1.15 %	$819,622.65	19	1.00 %	-0.14 %
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	$569,338.28	21	0.74 %	$583,005.92	20	0.71 %	-0.03 %

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TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

	202412 - 202502		202503 - 202505		
CURRENT CATEGORY DESCRIPTION	PREVIOUS CLAIMS	PREVIOUS RANK	CURRENT CLAIMS	CURRENT RANK	% CHANGE
ANTIDEPRESSANTS	82,518	1	82,968	1	0.55 %
ANTICONVULSANTS	38,381	2	39,430	2	2.73 %
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	35,809	4	37,584	3	4.96 %
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	37,463	3	36,491	4	-2.59 %
ANTIDIABETICS	31,057	6	31,678	5	2.00 %
ANTIPSYCHOTICS/ANTIMANIC AGENTS	30,353	7	31,189	6	2.75 %
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	29,866	8	31,064	7	4.01 %
ANTIHYPERTENSIVES	31,822	5	30,888	8	-2.94 %
ANTIANXIETY AGENTS	27,122	9	28,146	9	3.78 %
ANTIHISTAMINES	17,483	12	19,330	10	10.56 %
ANTIHYPERLIPIDEMICS	19,655	11	18,989	11	-3.39 %
DERMATOLOGICALS	17,191	13	18,130	12	5.46 %
PENICILLINS	20,800	10	16,396	13	-21.17 %
ANALGESICS - ANTI-INFLAMMATORY	15,506	14	15,572	14	0.43 %
ANALGESICS - OPIOID	13,830	16	14,377	15	3.96 %
BETA BLOCKERS	14,919	15	14,370	16	-3.68 %
THYROID AGENTS	12,363	18	12,728	17	2.95 %
DIURETICS	11,109	19	10,923	18	-1.67 %
MUSCULOSKELETAL THERAPY AGENTS	9,996	21	10,516	19	5.20 %
CORTICOSTEROIDS	12,379	17	10,502	20	-15.16 %

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TOP 100 DRUGS BY PAID AMOUNT

	202412 - 202502		202503 - 202505		
DRUG DESCRIPTION	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	PERCENT CHANGE
Humira Pen	3721335.21	1	3917754.19	1	5.28 %
Ozempic	3536682.44	2	3723225.87	2	5.27 %
Trikafta	2628451.64	3	2898395.57	3	10.27 %
Dupixent	2517931.73	4	2859769.01	4	13.58 %
Vraylar	2504883.49	5	2649547.98	5	5.78 %
Jardiance	1790276.33	6	1838958.6	6	2.72 %
Invega Sust	1598339.1	7	1752278.5	7	9.63 %
Biktarvy	1449701.73	8	1490797.63	8	2.83 %
Taltz	1275541.27	9	1360708.29	9	6.68 %
Trulicity	1154172.84	10	1089463.31	10	-5.61 %
Skyrizi Pen	678898.65	19	1057115.2	11	55.71 %
Mounjaro	776154.6	16	981450.08	12	26.45 %
Stelara	933229.43	12	971342.21	13	4.08 %
Eliquis	933799.62	11	934358.71	14	0.06 %
Rexulti	861744.17	13	859875.62	15	-0.22 %
Ingrezza	765908.89	17	767388.12	16	0.19 %
Aristada	797163.04	15	741054.95	17	-7.04 %
Vyvanse	848548.53	14	677490.13	18	-20.16 %
Nurtec	611047.77	21	658278.12	19	7.73 %
Invega Trinz	614119.43	20	581081.56	20	-5.38 %
Enbrel Srclk	693780.7	18	556309.29	21	-19.81 %
Farxiga	571143.06	22	551348.94	22	-3.47 %
Caplyta	480109.91	23	540003.62	23	12.47 %
Abilify Main	467433.45	25	497119.66	24	6.35 %
Symbicort	467584.95	24	477929.74	25	2.21 %
Trintellix	467110.6	26	470581.66	26	0.74 %
Albuterol	462767.19	27	467805.47	27	1.09 %
Lisdexamfeta	367089.46	33	466197.83	28	27.00 %
Trelegy	444182.08	29	455262.21	29	2.49 %
Cosentyx Uno	355978.87	36	452128.59	30	27.01 %
Lybalvi	393313.5	31	439620.76	31	11.77 %
Entresto	444086.55	30	436277.52	32	-1.76 %
Winrevair	252084.29	61	428150.08	33	69.84 %
Spiriva	447200.24	28	398515.83	34	-10.89 %
Rinvoq	374270.57	32	390482.58	35	4.33 %
Jornay Pm	360876.86	34	387118.63	36	7.27 %

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TOP 100 DRUGS BY PAID AMOUNT

	202412 - 202502		202503 - 202505		
DRUG DESCRIPTION	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	PERCENT CHANGE
Norditropin	288662.64	49	370108.73	37	28.21 %
Skyrizi	269368.17	54	359188.87	38	33.34 %
Ilaris	306164.67	43	356390.23	39	16.40 %
Mavyret	353853.56	37	352074.85	40	-0.50 %
Xarelto	345007.12	39	350818.09	41	1.68 %
Hemlibra	303392.38	45	342054.38	42	12.74 %
Wakix	359384.62	35	336170.58	43	-6.46 %
Duvyzat	296053.15	47	333063.78	44	12.50 %
Kesimpta	251952.79	62	330203.71	45	31.06 %
Ajovy	323642.06	40	326427.76	46	0.86 %
Ubrelvy	287793.69	50	322250.1	47	11.97 %
Evrysdi	258953.64	56	312641.59	48	20.73 %
Epidiolex	255637.41	59	307466.65	49	20.27 %
Altuviiio	283679.97	51	297533.55	50	4.88 %
Humira	349233.25	38	292845.46	51	-16.15 %
Austedo	245382.16	65	287989.85	52	17.36 %
Qelbree	258224.85	57	282095.24	53	9.24 %
Hizentra	212108.75	75	279184.34	54	31.62 %
Tremfya	148018.18	109	278787.43	55	88.35 %
Austedo Xr	215989.85	74	270960.52	56	25.45 %
Rebinyn	294898.43	48	265143.37	57	-10.09 %
Xifaxan	267155.3	55	264394.03	58	-1.03 %
Methylphenid	269410.32	53	264115.5	59	-1.97 %
Ravicti	227743.28	70	255850.41	60	12.34 %
Alprolix	62954.39	215	255700.4	61	306.17 %
Advair Hfa	245905.73	64	254949.54	62	3.68 %
Opsumit	303468.92	44	244108.9	63	-19.56 %
Insulin Lisp	248227.23	63	242338.93	64	-2.37 %
Lantus Solos	224313.99	71	240214.95	65	7.09 %
Linzess	255843.42	58	238885.54	66	-6.63 %
Paxlovid	198636.83	80	233685.95	67	17.64 %
Tresiba Flex	231592.82	68	233451.56	68	0.80 %
Xywav	239244.8	67	230568.82	69	-3.63 %
Cosentyx Pen	218966.15	73	230165.88	70	5.11 %
Pulmozyme	146283.21	110	227214.2	71	55.32 %
Skyclarys	192473.61	83	224551.65	72	16.67 %

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TOP 100 DRUGS BY PAID AMOUNT

	202412 - 202502		202503 - 202505		
DRUG DESCRIPTION	PREVIOUS PAID AMOUNT	PREVIOUS RANK	CURRENT PAID AMOUNT	CURRENT RANK	PERCENT CHANGE
Adynovate	317834.59	41	220010.84	73	-30.78 %
Januvia	309746.76	42	215810.05	74	-30.33 %
Qulipta	222570.44	72	213374.89	75	-4.13 %
Amphet/dextr	194685.42	82	213027.61	76	9.42 %
Fintepla	196879.16	81	212518.61	77	7.94 %
Insulin Aspa	200364.07	78	212414.64	78	6.01 %
Quillichew	206212.15	77	209293.13	79	1.49 %
Abilify Asim	190799.59	84	203702.64	80	6.76 %
Otezla	210441.49	76	202171.81	81	-3.93 %
Orenitram	97567.45	158	193612.65	82	98.44 %
Strensiq	281466.27	52	192234.52	83	-31.70 %
Cabometyx	303162.09	46	191686.69	84	-36.77 %
Voxzogo	123438.27	127	189324.78	85	53.38 %
Concerta	253297.28	60	187164.82	86	-26.11 %
Amoxicillin	145277.95	111	185157.15	87	27.45 %
Azstarys	173832.36	89	183782.6	88	5.72 %
Emgality	153745.03	102	180572.83	89	17.45 %
Promacta	166650.17	94	179386.43	90	7.64 %
Creon	198860.52	79	176760.66	91	-11.11 %
Dovato	161331.44	97	176669.39	92	9.51 %
Xolair	152456.72	104	173533.02	93	13.82 %
Toujeo Max	172769.52	90	172165.16	94	-0.35 %
Aimovig	182378.41	85	171216.76	95	-6.12 %
Kisqali	110113.43	140	167595.8	96	52.20 %
Breztri Aero	136075.34	118	165208.3	97	21.41 %
Bupropion	164211.81	96	162941.99	98	-0.77 %
Briviact	142268.96	113	161495.89	99	13.51 %
Sofos/velpat	166164.98	95	159833.75	100	-3.81 %

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TOP 100 DRUGS BY PRESCRIPTION COUNT

	202412 - 202502		202503 - 202505		
DRUG DESCRIPTION	PREVIOUS PRESCRIPTION COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	PERCENT CHANGE
Albuterol	15,833	1	14,251	1	-9.99 %
Omeprazole	13,209	3	13,451	2	1.83 %
Sertraline	12,462	4	12,531	3	0.55 %
Trazodone	11,891	5	12,351	4	3.87 %
Bupropion	11,475	6	11,861	5	3.36 %
Levothyroxin	11,442	7	11,719	6	2.42 %
Amoxicillin	13,952	2	10,740	7	-23.02 %
Atorvastatin	11,148	8	10,562	8	-5.26 %
Fluoxetine	10,076	9	10,306	9	2.28 %
Amphet/dextr	9,045	12	9,524	10	5.30 %
Escitalopram	9,591	10	9,451	11	-1.46 %
Gabapentin	9,223	11	9,397	12	1.89 %
Cetirizine	8,154	18	9,144	13	12.14 %
Hydroxyz Hcl	8,196	17	8,730	14	6.52 %
Methylphenid	8,227	16	8,702	15	5.77 %
Metformin	8,505	14	8,194	16	-3.66 %
Lisinopril	8,785	13	8,111	17	-7.67 %
Buspirone	7,824	20	8,076	18	3.22 %
Montelukast	7,425	21	7,981	19	7.49 %
Pantoprazole	7,000	24	7,417	20	5.96 %
Quetiapine	7,231	22	7,408	21	2.45 %
Clonidine	6,907	25	7,091	22	2.66 %
Ondansetron	8,088	19	7,049	23	-12.85 %
Guanfacine	6,756	26	6,959	24	3.00 %
Aripiprazole	6,282	29	6,519	25	3.77 %
Duloxetine	6,621	27	6,504	26	-1.77 %
Amlodipine	6,612	28	6,134	27	-7.23 %
Prednisone	7,107	23	6,112	28	-14.00 %
Lamotrigine	5,870	31	6,038	29	2.86 %
Famotidine	5,561	32	5,964	30	7.25 %
Fluticasone	5,101	37	5,583	31	9.45 %
Hydroco/apap	5,262	35	5,479	32	4.12 %
Venlafaxine	5,457	34	5,321	33	-2.49 %
Topiramate	4,941	38	5,221	34	5.67 %
Metoprol Suc	5,514	33	5,187	35	-5.93 %
Amox/k Clav	6,271	30	5,039	36	-19.65 %
Ibuprofen	5,140	36	4,972	37	-3.27 %
Loratadine	4,512	42	4,949	38	9.69 %
Cyclobenzapr	4,669	40	4,939	39	5.78 %
Azithromycin	8,441	15	4,697	40	-44.35 %
Losartan Pot	4,808	39	4,609	41	-4.14 %
Ozempic	4,109	47	4,407	42	7.25 %
Lisdexamfeta	3,627	51	4,399	43	21.28 %

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TOP 100 DRUGS BY PRESCRIPTION COUNT

	202412 - 202502		202503 - 202505		
DRUG DESCRIPTION	PREVIOUS PRESCRIPTION COUNT	PREVIOUS RANK	CURRENT PRESCRIPTION COUNT	CURRENT RANK	PERCENT CHANGE
Aspirin Low	4,320	43	4,308	44	-0.28 %
Risperidone	4,166	46	4,280	45	2.74 %
Clonazepam	4,286	44	4,227	46	-1.38 %
Alprazolam	4,174	45	4,218	47	1.05 %
Propranolol	4,019	48	4,144	48	3.11 %
Meloxicam	3,663	50	3,722	49	1.61 %
Rosuvastatin	3,792	49	3,686	50	-2.80 %
Cephalexin	3,586	52	3,681	51	2.65 %
Jardiance	3,351	53	3,613	52	7.82 %
Levetiraceta	3,283	54	3,374	53	2.77 %
Cefdinir	4,653	41	3,338	54	-28.26 %
Prazosin Hcl	3,265	55	3,315	55	1.53 %
Triamcinolon	3,036	63	3,292	56	8.43 %
Mirtazapine	3,241	57	3,234	57	-0.22 %
Lorazepam	3,167	58	3,193	58	0.82 %
Furosemide	3,080	60	3,059	59	-0.68 %
Spironolact	3,044	62	3,008	60	-1.18 %
Folic Acid	2,889	65	2,983	61	3.25 %
Hydrochlorot	2,901	64	2,777	62	-4.27 %
Pregabalin	2,630	69	2,775	63	5.51 %
Hydroxyz Pam	2,673	67	2,775	64	3.82 %
Tramadol Hcl	2,751	66	2,734	65	-0.62 %
Lantus Solos	2,631	68	2,716	66	3.23 %
Ferosul	2,626	70	2,696	67	2.67 %
Doxycyc Mono	3,116	59	2,659	68	-14.67 %
Oxycodone	2,489	73	2,658	69	6.79 %
Allergy Reli	2,234	80	2,600	70	16.38 %
Fluconazole	2,499	72	2,587	71	3.52 %
Metronidazol	2,392	76	2,502	72	4.60 %
Divalproex	2,434	75	2,476	73	1.73 %
Prednisolone	3,066	61	2,447	74	-20.19 %
Symbicort	2,206	81	2,368	75	7.34 %
Valacyclovir	2,383	77	2,363	76	-0.84 %
Olanzapine	2,311	78	2,324	77	0.56 %
Tizanidine	2,132	83	2,300	78	7.88 %
Amitriptylin	2,473	74	2,296	79	-7.16 %
Pot Chloride	2,242	79	2,285	80	1.92 %
Atomoxetine	2,195	82	2,283	81	4.01 %
Acetamin	2,618	71	2,207	82	-15.70 %
Baclofen	2,060	84	2,153	83	4.51 %
Eliquis	1,845	93	2,069	84	12.14 %
Insulin Lisp	1,904	91	2,061	85	8.25 %
Tamsulosin	1,934	90	1,990	86	2.90 %

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TOP 100 DRUGS BY PRESCRIPTION COUNT

	202412 - 202502		202503 - 202505		
DRUG DESCRIPTION	**PREVIOUS PRESCRIPTION COUNT**	**PREVIOUS RANK**	**CURRENT PRESCRIPTION COUNT**	**CURRENT RANK**	**PERCENT CHANGE**
Vraylar	1,950	88	1,990	87	2.05 %
Polyeth Glyc	1,659	100	1,945	88	17.24 %
Citalopram	2,059	85	1,843	89	-10.49 %
Ventolin Hfa	2,058	86	1,818	90	-11.66 %
Naltrexone	1,588	101	1,818	91	14.48 %
Clindamycin	1,848	92	1,818	92	-1.62 %
Sumatriptan	1,739	97	1,818	93	4.54 %
Naproxen	1,735	98	1,813	94	4.50 %
Mupirocin	1,773	94	1,813	95	2.26 %
Zolpidem	1,747	95	1,741	96	-0.34 %
Oxcarbazepin	1,739	96	1,740	97	0.06 %
Metoprol Tar	1,942	89	1,733	98	-10.76 %
Desvenlafax	1,575	102	1,681	99	6.73 %
Dexmethylph	1,562	103	1,632	100	4.48 %

MOLINA HEALTHCARE OF IOWA CLAIMS QUARTERLY STATISTICS			
Category	Dec 2024 to Feb 2025	March 2025 to May 2025	% Change
Total paid Amount	$54,764,342.95	$57,684,601.03	5.33%
Unique users	81,400	76,692	-5.78%
Cost Per user	$672.78	$752.16	11.80%
Total prescriptions	487,530	479,338	-1.68%
Average Prescriptions per user	5.99	6.25	4.36%
Average cost per prescription	$112.33	$120.34	7.13%
# Generic Prescriptions	443,467	433,917	-2.15%
% Generic	91.0%	90.5%	-0.48%
$ Generic	$7,959,104.13	$7,959,104.13	0.00%
Average Generic Prescription Cost	$17.95	$18.34	2.20%
Average Generic Days' Supply	26.07	27.15	4.14%
# Brand Prescriptions	44,063	45,421	3.08%
% Brand	9.04%	9.48%	4.84%
$ Brand	$46,805,239	$49,743,201	6.28%
Average Brand Prescription cost	$1,062.23	$1,095.16	3.10%
Average Brand Days' Supply	28.15	28.27	0.44%

UTILIZATION BY AGE		
Age	Dec 2024 to Feb 2025	March 2025 to May 2025
0 to 6	14,832	12,246
7 to 12	10,950	9,904
13 to 18	10,674	9,968
19 to 64	44,485	44,096
65+	899	854
Total	81,840	76,692

UTILIZATION BY GENDER AND AGE			
Gender	Age	Dec 2024 to Feb 2025	March 2025 to May 2025
F	0 to 6	6,928	5,641
	7 to 12	4,861	4,449
	13 to 18	5,924	5,647
	19 to 64	28,411	28,067
	65+	551	520
	Gender Total	46,675	44,324
M	0 to 6	7,902	6,598
	7 to 12	6,088	5,454
	13 to 18	4,750	4,320
	19 to 64	16,072	16,024
	65+	349	333
	Gender Total	35,161	32,729
Grand Total		81,836	77,053

Top 100 Pharmacies by Prescription Count March 2025 to May 2025							
RANK	Pharmacy NAME	Pharmacy City	State	Prescription Count	Paid Amount	Average Cost RX	Previous RANK
1	UIHC AMBULATORY CARE PHC	IOWA CITY	IA	7,405	$4,270,297.99	$576.68	1
2	BROADLAWNS MED CTR OP PH	DES MOINES	IA	4,712	$229,676.49	$48.74	3
3	WALGREENS 04405	COUNCIL BLUFFS	IA	4,651	$336,186.87	$72.28	2
4	WALGREENS 05042	CEDAR RAPIDS	IA	4,225	$191,493.72	$45.32	4
5	HY-VEE PHARMACY 1403	MARSHALLTOWN	IA	3,349	$239,290.48	$71.45	6
6	RIGHT DOSE PHARMACY	ANKENY	IA	3,332	$168,246.45	$50.49	7
7	WALGREENS 05239	DAVENPORT	IA	3,324	$169,712.02	$51.06	5
8	WALGREENS 05721	DES MOINES	IA	3,005	$159,909.90	$53.21	8
9	SIOUXLAND COMM HLTH CTR	SIOUX CITY	IA	2,943	$158,624.84	$53.90	10
10	HY-VEE DRUGSTORE 7060	MUSCATINE	IA	2,839	$197,846.48	$69.69	9
11	WALGREENS 07455	WATERLOO	IA	2,821	$174,682.45	$61.92	12
12	HY-VEE PHARMACY 1138	DES MOINES	IA	2,734	$230,496.78	$84.31	11
13	WALGREENS 03700	COUNCIL BLUFFS	IA	2,676	$163,728.58	$61.18	13
14	HY-VEE PHARMACY 1109	DAVENPORT	IA	2,582	$194,684.72	$75.40	18
15	HY-VEE PHARMACY 1092	COUNCIL BLUFFS	IA	2,550	$238,082.17	$93.37	15
16	HY-VEE DRUGSTORE 7020	CEDAR RAPIDS	IA	2,517	$192,911.00	$76.64	21
17	WALGREENS 15647	SIOUX CITY	IA	2,504	$194,846.68	$77.81	16
18	WALGREENS 07453	DES MOINES	IA	2,485	$160,463.84	$64.57	14
19	HY-VEE PHARMACY 1075	CLINTON	IA	2,403	$172,206.71	$71.66	20
20	HY-VEE PHARMACY 1056	CEDAR RAPIDS	IA	2,370	$121,130.88	$51.11	22
21	COMMUNITY HEALTH CARE PH	DAVENPORT	IA	2,353	$91,633.43	$38.94	26
22	DRILLING PHARMACY 67	SIOUX CITY	IA	2,323	$144,990.44	$62.42	19
23	HY-VEE PHARMACY 1151	DES MOINES	IA	2,227	$123,903.45	$55.64	32

24	HY-VEE PHARMACY 1192	FORT DODGE	IA	2,224	$130,956.19	$58.88	17
25	HY-VEE DRUGSTORE 7065	OTTUMWA	IA	2,168	$162,569.33	$74.99	29
26	WALMART PHARMACY 10-2889	CLINTON	IA	2,164	$169,880.01	$78.50	24
27	CVS PHARMACY 08544	WATERLOO	IA	2,122	$136,396.60	$64.28	33
28	WALGREENS 00359	DES MOINES	IA	2,083	$130,349.20	$62.58	25
29	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	2,054	$112,060.07	$54.56	28
30	HY-VEE PHARMACY 1142	DES MOINES	IA	2,046	$135,784.82	$66.37	30
31	WALGREENS 04041	DAVENPORT	IA	2,026	$139,246.26	$68.73	27
32	HY-VEE PHARMACY 1061	CEDAR RAPIDS	IA	1,918	$99,641.52	$51.95	31
33	CVS PHARMACY 10282	FORT DODGE	IA	1,878	$89,765.15	$47.80	34
34	HY-VEE PHARMACY 1044	BURLINGTON	IA	1,835	$102,360.05	$55.78	41
35	GREENWOOD DRUG ON KIMBAL	WATERLOO	IA	1,824	$132,287.01	$72.53	35
36	NELSON FAMILY PHARMACY	FORT MADISON	IA	1,795	$109,132.58	$60.80	23
37	MAHASKA DRUGS	OSKALOOSA	IA	1,773	$164,148.52	$92.58	36
38	WALMART PHARMACY 10-3394	ATLANTIC	IA	1,739	$140,219.45	$80.63	37
39	HY VEE PHARMACY 1459	OELWEIN	IA	1,723	$96,825.59	$56.20	56
40	WALGREENS 10855	WATERLOO	IA	1,721	$127,388.72	$74.02	38
41	HY-VEE PHARMACY 1281	IOWA CITY	IA	1,719	$84,768.33	$49.31	45
42	HY-VEE PHARMACY 1522	PERRY	IA	1,714	$122,726.44	$71.60	44
43	HY-VEE PHARMACY 1530	PLEASANT HILL	IA	1,681	$111,952.84	$66.60	47
44	HY-VEE PHARMACY 1615	SIOUX CITY	IA	1,667	$146,921.28	$88.14	46
45	WALMART PHARMACY 10-5115	DAVENPORT	IA	1,636	$127,795.64	$78.11	42
46	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	1,627	$189,181.48	$116.28	48
47	WALMART PHARMACY 10-3590	SIOUX CITY	IA	1,627	$119,628.15	$73.53	40
48	HY-VEE PHARMACY 1180	FAIRFIELD	IA	1,627	$112,187.30	$68.95	59
49	HY-VEE PHARMACY 1074	CHARLES CITY	IA	1,599	$105,294.02	$65.85	51
50	WALGREENS 05852	DES MOINES	IA	1,596	$98,295.24	$61.59	54

51	UI HEALTHCARE	CORALVILLE	IA	1,590	$49,055.07	$30.85	57
52	HY-VEE PHARMACY 1396	MARION	IA	1,584	$104,222.05	$65.80	39
53	CVS PHARMACY 08658	DAVENPORT	IA	1,575	$94,040.41	$59.71	52
54	NUCARA LTC PHARMACY 3	IOWA CITY	IA	1,570	$36,874.99	$23.49	80
55	WALGREENS 03875	CEDAR RAPIDS	IA	1,567	$81,311.97	$51.89	71
56	SCOTT PHARMACY INC	FAYETTE	IA	1,549	$109,145.43	$70.46	69
57	WALMART PHARMACY 10-0646	ANAMOSA	IA	1,547	$106,362.42	$68.75	50
58	WALGREENS 05470	SIOUX CITY	IA	1,541	$93,319.20	$60.56	43
59	HY-VEE PHARMACY 1504	OTTUMWA	IA	1,535	$71,987.34	$46.90	55
60	HY-VEE DRUGSTORE 7056	MASON CITY	IA	1,534	$121,547.23	$79.24	63
61	WALGREENS 07452	DES MOINES	IA	1,522	$92,826.22	$60.99	62
62	WALGREENS 07454	ANKENY	IA	1,520	$71,277.30	$46.89	53
63	LEWIS FAMILY DRUG 28	ONAWA	IA	1,503	$129,081.86	$85.88	95
64	HY-VEE PHARMACY 1610	SIOUX CITY	IA	1,482	$118,451.64	$79.93	68
65	WALGREENS 05362	DES MOINES	IA	1,478	$105,728.74	$71.54	66
66	HY-VEE PHARMACY 1148	DES MOINES	IA	1,453	$91,053.37	$62.67	72
67	HY-VEE PHARMACY 1058	CENTERVILLE	IA	1,436	$200,848.98	$139.87	60
68	WALMART PHARMACY 10-1496	WATERLOO	IA	1,416	$100,743.01	$71.15	64
69	INFOCUS PHARMACY SERVICE	DUBUQUE	IA	1,414	$73,533.35	$52.00	110
70	WALMART PHARMACY 10-0559	MUSCATINE	IA	1,408	$94,426.41	$67.06	49
71	WALMART PHARMACY 10-0581	MARSHALLTOWN	IA	1,405	$126,024.74	$89.70	74
72	ALL CARE HEALTH CENTER	COUNCIL BLUFFS	IA	1,401	$49,508.94	$35.34	58
73	HY-VEE PHARMACY 1866	WATERLOO	IA	1,398	$130,616.36	$93.43	61
74	WAGNER PHARMACY	CLINTON	IA	1,395	$89,637.33	$64.26	84
75	HY-VEE PHARMACY 1241	HARLAN	IA	1,382	$93,810.64	$67.88	73
76	WALMART PHARMACY 10-0797	WEST BURLINGTON	IA	1,377	$61,880.29	$44.94	82

77	WALMART PHARMACY 10-0985	FAIRFIELD	IA	1,371	$66,731.30	$48.67	70
78	MEDICAP PHARMACY 8405	INDIANOLA	IA	1,347	$43,083.85	$31.99	101
79	HY-VEE PHARMACY 1042	BURLINGTON	IA	1,342	$110,901.04	$82.64	78
80	HY-VEE DRUGSTORE 7026	CEDAR RAPIDS	IA	1,341	$94,702.36	$70.62	86
81	SOUTH SIDE DRUG, INC.	OTTUMWA	IA	1,334	$88,951.61	$66.68	67
82	HY-VEE PHARMACY 1449	NEWTON	IA	1,334	$119,760.23	$89.78	65
83	CVS PHARMACY 10329	DES MOINES	IA	1,331	$141,242.45	$106.12	121
84	HY-VEE PHARMACY 1054	CEDAR RAPIDS	IA	1,320	$108,928.18	$82.52	88
85	OMNICARE OF URBANDA 48236	URBANDALE	IA	1,294	$56,610.09	$43.75	197
86	WALMART PHARMACY 10-1393	OSKALOOSA	IA	1,288	$102,139.48	$79.30	107
87	MEDICAP PHARMACY 8095	ELDORA	IA	1,280	$76,286.39	$59.60	102
88	MAIN AT LOCUST PHARMACY	DAVENPORT	IA	1,280	$101,910.66	$79.62	98
89	HY-VEE PHARMACY 1107	DAVENPORT	IA	1,276	$99,449.45	$77.94	119
90	WALMART PHARMACY 10-1723	DES MOINES	IA	1,275	$55,950.83	$43.88	76
91	HY-VEE PHARMACY 1013	AMES	IA	1,270	$73,347.56	$57.75	77
92	HY-VEE PHARMACY 1065	CHARITON	IA	1,265	$66,775.50	$52.79	87
93	COVENANT FAMILY PHARMACY	WATERLOO	IA	1,258	$104,477.29	$83.05	75
94	WALGREENS 05777	DES MOINES	IA	1,255	$74,268.98	$59.18	106
95	WALMART PHARMACY 10-0810	MASON CITY	IA	1,255	$118,879.67	$94.72	79
96	FOREST PARK CLINIC PHCY	MASON CITY	IA	1,255	$76,783.58	$61.18	91
97	WALMART PHARMACY 10-1621	CENTERVILLE	IA	1,240	$126,157.22	$101.74	81
98	WALMART PHARMACY 10-1431	KEOKUK	IA	1,233	$84,794.31	$68.77	116
99	HY-VEE PHARMACY 1009	ALBIA	IA	1,226	$70,988.30	$57.90	85
100	HY-VEE PHARMACY 1052	CEDAR FALLS	IA	1,224	$93,474.14	$76.37	111

Top 100 Pharmacies by Paid Amount March 2025 to May 2025							
RANK	Pharmacy NAME	Pharmacy City	State	Prescription Count	Paid Amount	Average Cost Member	Previous RANK
1	CAREMARK SPECIALTY P 1702	LENEXA	KS	628	$4,717,115.95	$7,511.33	2
2	UIHC AMBULATORY CARE PHC	IOWA CITY	IA	7,405	$4,270,297.99	$576.68	1
3	COMMUNITY, A WALGRE 16528	DES MOINES	IA	517	$3,015,886.43	$5,833.44	3
4	CVS SPECIALTY 02921	MONROEVILLE	PA	185	$1,330,912.40	$7,194.12	4
5	UNITYPOINT AT HOME	URBANDALE	IA	352	$1,249,415.36	$3,549.48	5
6	NUCARA SPECIALTY PHARMAC	PLEASANT HILL	IA	998	$1,087,603.50	$1,089.78	6
7	PANTHERX SPECIALTY PHARM	CORAOPOLIS	PA	30	$887,208.55	$29,573.62	9
8	CAREMARK SPECIALTY 48031	MOUNT PROSPECT	IL	84	$777,246.80	$9,252.94	7
9	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	42	$660,483.84	$15,725.81	8
10	COMMUNITY A WALGREE 21250	IOWA CITY	IA	160	$634,851.96	$3,967.82	10
11	CARE PLUS CVS/PHARM 00102	AURORA	CO	55	$547,825.14	$9,960.46	12
12	OPTUM PHARMACY	JEFFERSONVILLE	IN	56	$498,367.32	$8,899.42	11
13	ANOVORX GROUP LLC	MEMPHIS	TN	27	$428,121.22	$15,856.34	14
14	CVS/SPECIALTY 1703	REDLANDS	CA	18	$363,528.87	$20,196.05	17
15	EXPRESS SCRIPTS SPECIALT	ST. LOUIS	MO	20	$351,762.60	$17,588.13	16
16	WALGREENS 04405	COUNCIL BLUFFS	IA	4,651	$336,186.87	$72.28	15
17	AMBER PHARMACY	OMAHA	NE	61	$331,338.38	$5,431.78	13
18	EVERSANA LIFE SCIENCE SE	CHESTERFIELD	MO	9	$321,102.48	$35,678.05	25
19	ACARIAHEALTH PHARMACY 11	HOUSTON	TX	24	$292,848.04	$12,202.00	20
20	PRIMARY HEALTHCARE PHARM	DES MOINES	IA	1,088	$275,848.22	$253.54	18
21	AVERA SPECIALTY PHARMACY	SIOUX FALLS	SD	60	$270,165.56	$4,502.76	22
22	ARJ INFUSION SERVICES LL	CEDAR RAPIDS	IA	42	$260,982.47	$6,213.87	21
23	CR CARE PHARMACY	CEDAR RAPIDS	IA	1,017	$251,586.09	$247.38	28

24	HY-VEE PHARMACY 1403	MARSHALLTOWN	IA	3,349	$239,290.48	$71.45	27
25	HY-VEE PHARMACY 1092	COUNCIL BLUFFS	IA	2,550	$238,082.17	$93.37	26
26	HY-VEE PHARMACY 1138	DES MOINES	IA	2,734	$230,496.78	$84.31	30
27	BROADLAWNS MED CTR OP PH	DES MOINES	IA	4,712	$229,676.49	$48.74	35
28	GENOA HEALTHCARE LL 20171	DAVENPORT	IA	1,084	$211,370.94	$194.99	32
29	SIOUXLAND REGIONAL CANCE	SIOUX CITY	IA	14	$207,065.59	$14,790.40	61
30	MEDICAL ONCOLOGY & HEMAT	DES MOINES	IA	23	$205,926.34	$8,953.32	24
31	GENOA HEALTHCARE LL 20304	SIOUX CITY	IA	1,127	$201,767.41	$179.03	36
32	HY-VEE PHARMACY 1058	CENTERVILLE	IA	1,436	$200,848.98	$139.87	23
33	HY-VEE DRUGSTORE 7060	MUSCATINE	IA	2,839	$197,846.48	$69.69	31
34	WALGREENS 15647	SIOUX CITY	IA	2,504	$194,846.68	$77.81	37
35	HY-VEE PHARMACY 1109	DAVENPORT	IA	2,582	$194,684.72	$75.40	44
36	S-S PHARMACY	COUNCIL BLUFFS	IA	640	$194,010.83	$303.14	41
37	HY-VEE DRUGSTORE 7020	CEDAR RAPIDS	IA	2,517	$192,911.00	$76.64	46
38	WALGREENS 05042	CEDAR RAPIDS	IA	4,225	$191,493.72	$45.32	34
39	ALLEN CLINIC PHARMACY	WATERLOO	IA	742	$190,061.47	$256.15	50
40	BIOLOGICS BY MCKESSON	CARY	NC	13	$189,353.08	$14,565.62	114
41	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	1,627	$189,181.48	$116.28	33
42	CHILDRENS HOME HEALTHCAR	OMAHA	NE	12	$185,723.68	$15,476.97	148
43	FIRST MED EAST PHARMACY	DAVENPORT	IA	364	$176,421.48	$484.67	19
44	WALGREENS 07455	WATERLOO	IA	2,821	$174,682.45	$61.92	40
45	HY-VEE PHARMACY 1075	CLINTON	IA	2,403	$172,206.71	$71.66	42
46	WALMART PHARMACY 10-2889	CLINTON	IA	2,164	$169,880.01	$78.50	45
47	WALGREENS 05239	DAVENPORT	IA	3,324	$169,712.02	$51.06	38
48	RIGHT DOSE PHARMACY	ANKENY	IA	3,332	$168,246.45	$50.49	47
49	SOLEO HEALTH INC	DUBLIN	OH	4	$165,902.36	$41,475.59	#N/A
50	MAHASKA DRUGS	OSKALOOSA	IA	1,773	$164,148.52	$92.58	73

51	WALGREENS 03700	COUNCIL BLUFFS	IA	2,676	$163,728.58	$61.18	56
52	HY-VEE DRUGSTORE 7065	OTTUMWA	IA	2,168	$162,569.33	$74.99	39
53	WALGREENS 07453	DES MOINES	IA	2,485	$160,463.84	$64.57	53
54	WALGREENS 05721	DES MOINES	IA	3,005	$159,909.90	$53.21	49
55	SIOUXLAND COMM HLTH CTR	SIOUX CITY	IA	2,943	$158,624.84	$53.90	60
56	PARAGON PARTNERS	OMAHA	NE	147	$152,689.49	$1,038.70	48
57	HY-VEE PHARMACY 1615	SIOUX CITY	IA	1,667	$146,921.28	$88.14	62
58	HARTIG PHARMACY SERVICES	DUBUQUE	IA	760	$146,080.39	$192.21	131
59	DRILLING PHARMACY 67	SIOUX CITY	IA	2,323	$144,990.44	$62.42	63
60	HY-VEE PHCY SOLUTIONS	OMAHA	NE	23	$142,817.81	$6,209.47	#N/A
61	CVS PHARMACY 10329	DES MOINES	IA	1,331	$141,242.45	$106.12	155
62	AON PHARMACY	FORT MYERS	FL	9	$140,550.85	$15,616.76	163
63	WALMART PHARMACY 10-3394	ATLANTIC	IA	1,739	$140,219.45	$80.63	98
64	WALGREENS 04041	DAVENPORT	IA	2,026	$139,246.26	$68.73	67
65	CVS PHARMACY 08544	WATERLOO	IA	2,122	$136,396.60	$64.28	91
66	HY-VEE PHARMACY 1142	DES MOINES	IA	2,046	$135,784.82	$66.37	66
67	GREENWOOD DRUG ON KIMBAL	WATERLOO	IA	1,824	$132,287.01	$72.53	59
68	MEDICAP PHARMACY 8052	DES MOINES	IA	999	$131,100.25	$131.23	55
69	HY-VEE PHARMACY 1192	FORT DODGE	IA	2,224	$130,956.19	$58.88	52
70	HY-VEE PHARMACY 1866	WATERLOO	IA	1,398	$130,616.36	$93.43	74
71	WALGREENS 00359	DES MOINES	IA	2,083	$130,349.20	$62.58	54
72	LEWIS FAMILY DRUG 28	ONAWA	IA	1,503	$129,081.86	$85.88	106
73	WALMART PHARMACY 10-5115	DAVENPORT	IA	1,636	$127,795.64	$78.11	87
74	ONCO360	LOUISVILLE	KY	14	$127,532.72	$9,109.48	57
75	WALGREENS 10855	WATERLOO	IA	1,721	$127,388.72	$74.02	93
76	WALMART PHARMACY 10-1621	CENTERVILLE	IA	1,240	$126,157.22	$101.74	96
77	WALMART PHARMACY 10-0581	MARSHALLTOWN	IA	1,405	$126,024.74	$89.70	69

78	HY-VEE PHARMACY 1151	DES MOINES	IA	2,227	$123,903.45	$55.64	100
79	GENOA HEALTHCARE LL 20459	MARSHALLTOWN	IA	443	$123,540.45	$278.87	85
80	GENOA HEALTHCARE LL 20523	SIOUX CITY	IA	365	$122,826.08	$336.51	65
81	HY-VEE PHARMACY 1522	PERRY	IA	1,714	$122,726.44	$71.60	127
82	HY-VEE DRUGSTORE 7056	MASON CITY	IA	1,534	$121,547.23	$79.24	101
83	HY-VEE PHARMACY 1056	CEDAR RAPIDS	IA	2,370	$121,130.88	$51.11	64
84	FIFIELD DRUG STORE	DES MOINES	IA	858	$120,466.84	$140.40	75
85	HY-VEE PHARMACY 1449	NEWTON	IA	1,334	$119,760.23	$89.78	58
86	WALMART PHARMACY 10-3590	SIOUX CITY	IA	1,627	$119,628.15	$73.53	72
87	WALMART PHARMACY 10-0810	MASON CITY	IA	1,255	$118,879.67	$94.72	82
88	HY-VEE PHARMACY 1610	SIOUX CITY	IA	1,482	$118,451.64	$79.93	88
89	WALGREENS 16270	OMAHA	NE	20	$116,498.65	$5,824.93	71
90	CHCSI PHARMACY	LEON	IA	930	$116,221.22	$124.97	78
91	HY-VEE PHARMACY 1180	FAIRFIELD	IA	1,627	$112,187.30	$68.95	95
92	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	2,054	$112,060.07	$54.56	68
93	HY-VEE PHARMACY 1530	PLEASANT HILL	IA	1,681	$111,952.84	$66.60	104
94	HY-VEE PHARMACY 1042	BURLINGTON	IA	1,342	$110,901.04	$82.64	90
95	SCOTT PHARMACY INC	FAYETTE	IA	1,549	$109,145.43	$70.46	115
96	NELSON FAMILY PHARMACY	FORT MADISON	IA	1,795	$109,132.58	$60.80	51
97	HY-VEE PHARMACY 1054	CEDAR RAPIDS	IA	1,320	$108,928.18	$82.52	112
98	MAYO CLINIC PHARMACY	ROCHESTER	MN	140	$106,861.28	$763.29	441
99	WALMART PHARMACY 10-0646	ANAMOSA	IA	1,547	$106,362.42	$68.75	109
100	WALGREENS 05362	DES MOINES	IA	1,478	$105,728.74	$71.54	94

Top 100 Prescribing Providers by Prescription Count Mach 2025 to May 2025						
RANK	NPI Num	Prescriber Name	Paid Amount	Prescription Count	Average Scripts Member	Previous Rank
1	1982605762	JEFFREY WILHARM	$40,955.21	1,195	15.9	1
2	1356359871	RHEA HARTLEY	$91,195.48	1021	4.8	2
3	1013115369	BOBBITA NAG	$32,768.32	802	5.0	3
4	1982030946	JACKLYN BESCH	$28,525.56	661	8.4	7
5	1477199198	SAJO THOMAS	$99,961.65	659	6.9	18
6	1811419815	GRETCHEN WENGER	$43,755.69	633	5.0	4
7	1689077018	STACY ROTH	$46,226.58	620	5.8	9
8	1639780414	NICOLETTE WELCH	$20,552.33	616	8.6	344
9	1659358620	CARLOS CASTILLO	$16,812.78	614	7.1	#N/A
10	1598183493	JENA ELLERHOFF	$30,577.33	605	9.0	6
11	1730849647	MELANIE ROCK	$16,420.78	602	7.0	19
12	1205540804	SAKETA POLK	$31,529.17	590	8.8	22
13	1770933046	SHELBY BILLER	$69,747.43	573	6.7	24
14	1164823092	JAMEY GREGERSEN	$25,809.52	570	8.5	37
15	1417941188	DEBRA NEUHARTH	$38,602.86	561	5.9	8
16	1992402655	SHANE EBERHARDT	$106,709.46	551	5.2	15
17	1164538674	JOSEPH WANZEK	$29,737.50	551	7.9	13
18	1043434525	ROBERT KENT	$24,886.36	540	7.1	5
19	1134854128	DZEVIDA PANDZIC	$34,907.26	535	4.4	46
20	1144588476	RACHEL FILZER	$97,315.23	532	7.6	14
21	1477926434	JACKIE SHIPLEY	$21,835.66	531	4.8	21
22	1528365277	MINA SALIB	$402,389.88	528	4.2	11
23	1467502286	CHARLES TILLEY	$103,961.40	521	7.0	31
24	1649763079	KATE JARVIS	$69,095.23	517	7.0	10

25	1306559786	ROY HENRY	$25,151.55	497	8.3	49
26	1437238110	GENEVIEVE NELSON	$48,314.50	493	8.6	39
27	1811960768	ANGELA VEENSTRA	$34,021.43	486	9.2	20
28	1942721584	SHAWNA FURY	$24,662.88	478	6.0	56
29	1891146999	BECKY JOHNSON	$496,015.21	477	6.1	35
30	1902912538	CHRISTIAN JONES	$37,372.49	474	5.7	16
31	1437209434	JON THOMAS	$36,472.45	474	6.3	30
32	1053963900	NICOLE MCCLAVY	$55,813.12	460	7.0	26
33	1245227099	DONNA DOBSON TOBIN	$45,147.82	455	9.9	44
34	1588746515	AMY BADBERG	$16,040.04	449	6.4	29
35	1154815330	BRUCE PEHL	$30,520.27	447	6.8	45
36	1831731298	HEATHER WILSON	$30,239.57	440	7.0	25
37	1457914657	SEEMA ANTONY	$39,402.21	438	4.6	32
38	1114681889	KELSEY BAUER	$43,083.82	436	6.9	84
39	1538368170	CHRISTOPHER MATSON	$19,661.53	435	6.1	60
40	1538157383	DAVID WENGER-KELLER	$36,543.14	431	11.6	33
41	1679986350	JENNIFER SPOERL	$64,658.92	427	7.8	47
42	1760965032	MELISSA MILLER	$23,351.42	426	7.1	23
43	1346621059	MARK ZACHARJASZ	$27,582.35	425	10.1	12
44	1316510324	SANDY MARCUS	$29,009.19	420	5.9	53
45	1407141336	TERRA GOLDSBERRY	$5,356.39	418	38.0	70
46	1619153137	JOADA BEST	$33,275.60	416	6.0	34
47	1245960350	MARY WELBORN	$22,176.65	414	5.3	51
48	1871021543	SUSAN WILSON	$25,586.24	408	7.7	137
49	1205393386	JESSICA HUDSPETH	$56,338.05	407	6.4	96
50	1427766559	KORIE EISCHEID	$20,841.85	406	7.4	38
51	1275763047	REBECCA BOWMAN	$53,016.18	406	7.4	67

52	1689139669	BENJAMIN BOLMEIER	$14,043.49	405	7.1	57
53	1437692803	CASSANDRA DUNLAVY	$24,590.27	405	5.5	69
54	1467907394	CYNTHIA COENEN	$48,283.28	399	9.3	42
55	1225140809	SUNDARA MUNAGALA VENKATA	$48,056.45	396	5.6	65
56	1821333774	BRITTNI BENDA	$26,552.11	394	5.9	108
57	1053630640	JENNIFER DONOVAN	$48,362.92	394	7.7	40
58	1609218304	AMANDA GARR	$63,574.35	392	7.7	55
59	1922455096	DEAN GUERDET	$51,076.12	390	6.4	48
60	1013355759	DYLAN GREENE	$20,785.31	390	5.0	36
61	1902596828	LINDSAY HARMS	$31,281.51	389	9.0	81
62	1215184726	BABUJI GANDRA	$10,842.71	389	4.9	78
63	1780877878	CHRISTOPHER JACOBS	$42,014.83	388	6.3	41
64	1013639749	ROBERT HUSEMANN	$21,069.79	384	6.5	50
65	1891707832	LISA KLOCK	$19,448.40	382	5.0	141
66	1558770974	MARC BAUMERT	$19,583.55	381	5.1	72
67	1407415128	SONDRA PHILIPS	$16,155.36	381	6.5	52
68	1316471154	NICOLE WOOLLEY	$25,045.46	381	5.4	86
69	1265841845	MARY SCHWERING	$20,012.23	381	5.6	59
70	1902358443	MELISSA KONKEN	$68,713.85	380	7.6	58
71	1063277671	AMANDA FRY	$40,261.31	377	7.1	79
72	1184657603	SARA RYGOL	$39,362.68	376	5.4	151
73	1003053653	STANLEY MATHEW	$22,788.72	374	14.4	66
74	1417241621	ASHLEY MATHES	$19,053.36	373	5.1	77
75	1144240805	DANIEL ROWLEY	$22,893.54	372	10.1	95
76	1962418640	BARCLAY MONASTER	$22,999.06	371	4.8	93
77	1053398800	STEVEN SCURR	$35,101.95	370	7.3	74

78	1891422606	EMILY CLAWSON	$42,660.18	369	6.5	61
79	1912345992	AMY WINGERT	$12,942.43	365	4.9	122
80	1093034266	ERIC BOYUM	$48,537.62	361	4.9	62
81	1649469826	KATHERINE LUTYENS	$45,116.39	360	4.4	116
82	1649209933	RICHARD BLUNK	$29,864.52	360	4.2	103
83	1508846007	ANGELA TOWNSEND	$21,740.21	360	4.2	83
84	1619380680	TARA BROCKMAN	$16,453.17	359	5.1	75
85	1417214321	LEAH BRANDON	$11,766.12	359	11.6	28
86	1215981758	LISA PISNEY	$44,981.26	359	6.6	68
87	1306124557	STACY STEWART	$25,532.83	358	5.3	111
88	1144214248	KRISTI WALZ	$115,184.00	358	6.9	154
89	1477112688	FELICIA HOERNER	$25,981.45	357	6.5	82
90	1710548581	LEEANN BERG	$14,675.85	354	6.8	90
91	1184056822	ABBY KOLTHOFF	$200,432.14	353	6.4	200
92	1932531316	BROOKE JOHNSON	$35,245.79	352	5.4	73
93	1902478811	JOAN ANDERSON	$38,257.32	350	8.1	43
94	1134819600	SHELBY SHEEHAN	$36,591.29	349	6.5	119
95	1184125262	JENIFER EDSTROM	$13,171.42	348	4.4	218
96	1467465716	JEFFREY BRADY	$18,762.48	347	5.3	64
97	1992573786	LASHELLE GOODE	$31,181.50	346	4.8	99
98	1275067696	OLAITAN IJITIMEHIN	$17,517.69	342	4.9	142
99	1992103386	MELISSA LARSEN	$43,549.99	340	6.7	132
100	1972758126	REBECCA BOLLIN	$14,362.06	339	5.1	101

Top 100 Prescribing Providers by Paid Amount March 2025 to May 2025						
RANK	NPI Num	Prescriber Name	Paid Amount	Avg cost RX	Prescription Count	Previous Rank
1	1114214541	DIMAH SAADE	$781,758.89	$18,180.44	43	1
2	1891146999	BECKY JOHNSON	$496,015.21	$1,039.86	477	3
3	1316934318	STEVEN LENTZ	$482,678.38	$17,238.51	28	2
4	1942937388	CARLY TRAUSCH	$443,767.29	$1,436.14	309	7
5	1417443953	RODNEY CLARK	$421,428.60	$1,510.50	279	5
6	1528365277	MINA SALIB	$402,389.88	$762.10	528	6
7	1437533130	KATIE BROSHUIS	$386,423.35	$3,825.97	101	14
8	1295091510	REBECCA WEINER	$384,575.14	$2,235.90	172	4
9	1952423071	SAKEER HUSSAIN	$328,859.04	$10,608.36	31	12
10	1194945691	ANJALI SHARATHKUMAR	$326,170.32	$5,722.29	57	9
11	1013126705	JANICE STABER	$320,265.74	$11,043.65	29	10
12	1760562466	ARTHUR BEISANG	$319,503.78	$53,250.63	6	8
13	1073722112	RIAD RAHHAL	$312,977.22	$2,464.39	127	19
14	1700561826	PEDRO HSIEH	$301,633.77	$21,545.27	14	13
15	1649943689	JESSICA COFFEY	$292,668.41	$1,876.08	156	18
16	1437121407	LINDA CADARET	$274,754.54	$4,737.15	58	23
17	1588616171	HEATHER THOMAS	$256,345.63	$2,848.28	90	17
18	1245353242	SANDY HONG	$230,639.57	$5,363.71	43	20
19	1861277980	KATHRYN EWOLDT	$229,055.58	$1,027.16	223	828
20	1649826140	TAYLOR BOLDT	$223,568.92	$1,574.43	142	37
21	1477761328	AMY CALHOUN	$220,269.86	$6,293.42	35	67
22	1003315201	ABIGAIL BEHRENS	$213,855.20	$2,970.21	72	15
23	1700417169	COURTNEY REINTS	$209,337.21	$1,238.68	169	21
24	1821046087	ARCHANA VERMA	$203,779.25	$2,612.55	78	32

25	1932831971	KRISTEN EMODI	$203,474.61	$4,844.63	42	867
26	1184056822	ABBY KOLTHOFF	$200,432.14	$567.80	353	26
27	1467449579	BRIAN WAYSON	$197,583.65	$3,592.43	55	11
28	1669740957	COURTNEY KREMER	$187,432.11	$1,993.96	94	25
29	1265420095	ELIZABETH COOPER	$179,379.33	$5,125.12	35	85
30	1578958542	HEIDI CURTIS	$176,707.89	$1,289.84	137	153
31	1710463708	MARY MILLS	$174,288.95	$24,898.42	7	138
32	1144455502	JENNIFER PETTS	$169,028.00	$1,341.49	126	28
33	1356752067	KELLY DELANEY-NELSON	$165,906.47	$1,746.38	95	33
34	1871039917	ELIZABETH ALLEN	$161,819.20	$2,022.74	80	43
35	1861876526	NIBASH BUDHATHOKI	$154,552.55	$4,177.10	37	47
36	1285626390	KATHLEEN GRADOVILLE	$153,689.80	$925.84	166	27
37	1093382632	GAIL DOOLEY	$152,221.84	$1,436.06	106	16
38	1134981038	CASSIDY CHALUPA	$144,904.42	$1,725.05	84	92
39	1841607900	SHAYLA SANDERS	$140,310.68	$3,507.77	40	35
40	1376525196	RANDOLPH ROUGH	$136,225.25	$2,270.42	60	69
41	1972560597	BERNARD LEMAN	$134,261.03	$3,274.66	41	121
42	1215333091	NADIA NAZ	$133,196.37	$1,752.58	76	49
43	1588618359	BARBARA BURKLE	$131,485.07	$3,206.95	41	42
44	1306071915	THOMAS PIETRAS	$130,988.05	$4,851.41	27	72
45	1407065469	CHRISTOPH RANDAK	$127,680.86	$2,455.40	52	39
46	1699887133	DANIEL DIMEO	$123,323.85	$3,853.87	32	41
47	1598438095	LALAURA LOGAN	$122,417.96	$408.06	300	51
48	1437147386	DOUGLAS HORNICK	$120,660.08	$9,281.54	13	90
49	1972616316	JEFFREY BRANNEN	$120,106.93	$1,319.86	91	174
50	1386084747	JENNIFER CONDON	$115,696.50	$1,033.00	112	76
51	1669137832	TIFFANY NAVRKAL	$115,254.61	$1,266.53	91	24

52	1144214248	KRISTI WALZ	$115,184.00	$321.74	358	34
53	1134440886	MELISSA WELLS	$114,264.13	$1,904.40	60	36
54	1790986925	TAHUANTY PENA	$111,797.95	$3,021.57	37	135
55	1780905729	JONATHAN FAHLER	$111,550.92	$8,580.84	13	40
56	1730406356	CHRISTINA WARREN	$111,201.73	$975.45	114	123
57	1669443230	KENNETH ADAMS	$110,232.20	$2,505.28	44	468
58	1558808501	JESSICA BRAKSIEK	$109,661.24	$6,092.29	18	29
59	1992402655	SHANE EBERHARDT	$106,709.46	$193.67	551	57
60	1720036353	ERIK SWENSON	$106,086.92	$2,306.24	46	71
61	1063792026	JILL MILLER	$105,628.00	$382.71	276	75
62	1700080538	EDUARDO CARLIN	$105,601.21	$1,160.45	91	58
63	1851568703	MATHEW DAVEY	$104,614.61	$4,548.46	23	297
64	1194797449	DIANNA PROKUPEK	$104,552.72	$1,432.23	73	59
65	1225263833	LINDSAY ORRIS	$104,038.63	$2,667.66	39	22
66	1467502286	CHARLES TILLEY	$103,961.40	$199.54	521	38
67	1295217529	HEATHER STEHR	$102,825.96	$338.24	304	84
68	1902100746	AMI PATEL	$100,883.46	$2,882.38	35	54
69	1962663674	NIDHI MISHRA	$100,547.49	$11,171.94	9	97
70	1477199198	SAJO THOMAS	$99,961.65	$151.69	659	73
71	1801405832	SARAH HIEMER	$99,116.58	$1,238.96	80	44
72	1245468768	THOMAS SCHMIDT	$98,731.29	$1,316.42	75	68
73	1891955423	LEAH SIEGFRIED	$98,021.31	$305.36	321	64
74	1144588476	RACHEL FILZER	$97,315.23	$182.92	532	129
75	1902191059	AMBER TIERNEY	$96,800.82	$4,400.04	22	50
76	1811666118	JESSIANN DRYDEN-PARISH	$96,535.23	$1,608.92	60	100
77	1831200542	RANEEN SCHULTE	$96,090.82	$4,003.78	24	1,485
78	1225266364	SARAH BLIGH	$94,576.62	$2,306.75	41	45

79	1427685791	DELANEY SCHARA	$93,738.08	$1,768.64	53	120
80	1003470923	EARLENE ANGELL	$92,934.22	$277.42	335	63
81	1629417191	SUSAN SLYCORD	$92,315.80	$2,715.17	34	101
82	1609003011	JOHN BERNAT	$92,221.89	$30,740.63	3	65
83	1356359871	RHEA HARTLEY	$91,195.48	$89.32	1021	94
84	1780995506	QUANHATHAI KAEWPOOWAT	$89,027.68	$1,203.08	74	30
85	1366850711	FAISAL RADWI	$86,488.70	$4,804.93	18	126
86	1386938447	THERESA CZECH	$85,777.14	$801.66	107	118
87	1144900861	LIZABETH SHEETS	$85,344.32	$338.67	252	91
88	1073811352	KYLE ROSE	$85,093.55	$12,156.22	7	52
89	1720414006	JILL JOHNSON	$84,665.03	$395.63	214	141
90	1750376034	DUANGCHAI NARAWONG	$84,602.88	$1,031.74	82	215
91	1326410499	TARA EASTVOLD	$82,729.92	$336.30	246	46
92	1174970453	DANIEL HINDS	$82,089.86	$943.56	87	128
93	1295054542	ANGELA DELECARIS	$81,909.22	$3,723.15	22	3,482
94	1538111356	THANAI PONGDEE	$81,695.26	$40,847.63	2	#N/A
95	1730135070	JAMES WALLACE	$81,627.60	$8,162.76	10	55
96	1598501330	AMY HUYNH	$80,279.10	$1,130.69	71	99
97	1609268762	JORDAN MEEKER	$79,055.36	$3,952.77	20	289
98	1467716027	AMIR ORANDI	$78,443.68	$11,206.24	7	143
99	1528000940	SHELBY DAMES	$77,138.63	$3,353.85	23	70
100	1457986671	PAITON CALVERT	$76,986.79	$1,115.75	69	112

Top 20 Therapeutic Class by Paid Amount							
Category Description	Dec 2024 to Feb 2025 Total Cost	Previous Rank	Previous % Budget	March 2025 to May 2025 Total Cost	Current Rank	Current % Budget	% Change
ANTIDIABETICS	$7,266,516.24	1	13.27%	$7,694,269.91	1	13.34%	5.89%
DERMATOLOGICALS	$6,479,604.37	2	11.83%	$7,324,052.13	2	12.70%	13.03%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	$5,300,897.98	3	9.68%	$5,736,936.67	3	9.95%	8.23%
ANALGESICS - ANTI-INFLAMMATORY	$4,776,789.15	4	8.72%	$4,783,525.17	4	8.29%	0.14%
ANTIVIRALS	$3,098,227.30	5	5.66%	$3,042,068.57	5	5.27%	-1.81%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	$2,947,149.78	6	5.38%	$2,929,199.68	6	5.08%	-0.61%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	$2,586,514.43	7	4.72%	$2,594,192.67	7	4.50%	0.30%
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	$1,915,654.74	10	3.50%	$2,122,503.08	8	3.68%	10.80%
RESPIRATORY AGENTS - MISC.	$1,983,272.43	9	3.62%	$1,861,926.81	9	3.23%	-6.12%
HEMATOLOGICAL AGENTS - MISC.	$2,021,660.80	8	3.69%	$1,845,074.15	10	3.20%	-8.73%
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	$1,454,833.98	11	2.66%	$1,527,624.09	11	2.65%	5.00%
GASTROINTESTINAL AGENTS - MISC.	$1,094,685.68	16	2.00%	$1,483,370.52	12	2.57%	35.51%
MIGRAINE PRODUCTS	$1,290,876.23	13	2.36%	$1,378,880.78	13	2.39%	6.82%
NEUROMUSCULAR AGENTS	$938,544.77	18	1.71%	$1,251,263.98	14	2.17%	33.32%
ANTIDEPRESSANTS	$1,214,444.62	14	2.22%	$1,236,506.78	15	2.14%	1.82%
ANTICONVULSANTS	$1,010,214.33	17	1.84%	$1,203,891.71	16	2.09%	19.17%
ENDOCRINE AND METABOLIC AGENTS - MISC.	$1,295,126.83	12	2.36%	$1,198,254.38	17	2.08%	-7.48%
ANTICOAGULANTS	$1,104,744.61	15	2.02%	$1,158,390.67	18	2.01%	4.86%
CARDIOVASCULAR AGENTS - MISC.	$902,032.54	19	1.65%	$1,020,517.42	19	1.77%	13.14%
MISCELLANEOUS THERAPEUTIC CLASSES	$478,339.18	20	0.87%	$530,418.36	20	0.92%	10.89%

Top 20 Therapeutic Class by Prescription Count					
Category Description	Dec 2024 to Feb 2025 Total Claims	Previous Rank	March 2025 to May 2025 Total Claims	Current Rank	% Change
ANTIDEPRESSANTS	60,947	1	60,884	1	-0.10%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	26,308	3	27,613	2	4.96%
ANTICONVULSANTS	25,890	4	26,542	3	2.52%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	27,369	2	25,989	4	-5.04%
ANTIDIABETICS	23,375	5	23,757	5	1.63%
ANTIHYPERTENSIVES	23,118	6	22,082	6	-4.48%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	21,319	7	21,848	7	2.48%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	19,846	9	20,625	8	3.93%
ANTIANXIETY AGENTS	20,230	8	20,615	9	1.90%
PENICILLINS	17,690	10	14,252	10	-19.43%
DERMATOLOGICALS	13,569	12	14,111	11	3.99%
ANTIHYPERLIPIDEMICS	14,113	11	13,295	12	-5.80%
ANALGESICS - ANTI-INFLAMMATORY	11,668	13	11,805	13	1.17%
ANALGESICS - OPIOID	11,087	14	11,543	14	4.11%
ANTIHISTAMINES	9,980	17	11,401	15	14.24%
BETA BLOCKERS	10,921	15	10,411	16	-4.67%
THYROID AGENTS	8,699	18	9,015	17	3.63%
CORTICOSTEROIDS	10,258	16	8,727	18	-14.92%
DIURETICS	8,493	19	8,133	19	-4.24%
MUSCULOSKELETAL THERAPY AGENTS	7,222	21	7,557	20	4.64%

Top 100 Drugs by Paid Amount					
Drug Description	Dec 2024 to Feb 2025 Total Cost	Previous Rank	March 2025 to May 2025 Total cost	Current Rank	% Change
Ozempic	$2,757,772.17	1	$2,986,980.22	1	8.31%
Dupixent	$2,230,306.70	3	$2,262,477.45	2	1.44%
Humira (2 Pen)	$2,310,342.33	2	$2,099,044.26	3	-9.15%
Vraylar	$1,631,700.06	6	$1,807,252.34	4	10.76%
Biktarvy	$1,643,414.54	5	$1,622,821.86	5	-1.25%
Skyrizi Pen	$770,507.14	11	$1,462,021.66	6	89.75%
Trikafta	$1,655,504.32	4	$1,428,459.03	7	-13.71%
Jardiance	$1,299,636.43	7	$1,421,476.98	8	9.37%
Stelara	$1,230,966.21	8	$1,119,789.29	9	-9.03%
Invega Sustenna	$1,096,930.79	9	$1,047,003.43	10	-4.55%
Duvyzat	$487,933.77	18	$837,448.19	11	71.63%
Eliquis	$762,452.62	12	$822,722.44	12	7.90%
Taltz	$971,993.93	10	$717,844.02	13	-26.15%
Trulicity	$733,123.28	14	$695,063.56	14	-5.19%
Mounjaro	$558,029.44	16	$684,561.41	15	22.67%
Hemlibra	$761,767.62	13	$670,622.74	16	-11.96%
Rinvoq	$419,537.56	24	$659,450.80	17	57.19%
Altuviiio	$470,536.66	20	$603,534.90	18	28.27%
Enbrel SureClick	$470,975.65	19	$562,859.35	19	19.51%
Abilify Maintena	$424,553.24	22	$484,234.09	20	14.06%
Rexulti	$462,915.02	21	$463,344.27	21	0.09%
Aristada	$408,836.12	26	$459,854.16	22	12.48%

Skyrizi	$298,271.74	40	$453,800.62	23	52.14%
Cosentyx UnoReady	$308,009.48	38	$450,500.99	24	46.26%
Farxiga	$419,481.37	25	$447,621.47	25	6.71%
Ilaris	$588,667.95	15	$443,030.87	26	-24.74%
Nurtec	$420,091.21	23	$434,393.67	27	3.40%
Mavyret	$368,149.33	29	$423,842.45	28	15.13%
Vyvanse	$539,737.93	17	$417,196.46	29	-22.70%
Lisdexamfetamine Dimesylate	$352,831.99	31	$415,322.61	30	17.71%
Symbicort	$380,928.82	27	$406,964.14	31	6.83%
Ingrezza	$370,313.24	28	$397,246.14	32	7.27%
Entresto	$354,570.86	30	$386,881.06	33	9.11%
Norditropin FlexPro	$348,154.12	32	$369,512.55	34	6.13%
Invega Trinza	$318,466.02	34	$357,293.91	35	12.19%
Caplyta	$343,005.29	33	$350,373.38	36	2.15%
Daybue	$316,903.76	35	$319,503.78	37	0.82%
Trintellix	$310,911.94	37	$313,093.62	38	0.70%
Trelegy Ellipta	$273,115.53	42	$310,748.00	39	13.78%
Xywav	$279,085.08	41	$309,910.71	40	11.05%
Xarelto	$311,076.79	36	$295,346.77	41	-5.06%
Albuterol Sulfate HFA	$305,197.16	39	$277,703.77	42	-9.01%
Ubrelvy	$183,623.29	55	$247,688.35	43	34.89%
Ajovy	$242,846.19	43	$246,673.93	44	1.58%
Jornay PM	$214,057.55	45	$239,011.73	45	11.66%
Xifaxan	$238,251.11	44	$238,206.55	46	-0.02%
Gattex	$153,713.96	66	$234,516.60	47	52.57%
Lybalvi	$196,490.99	51	$227,459.44	48	15.76%
Lenalidomide	$200,693.00	49	$220,405.76	49	9.82%

Livmarli	$203,838.18	48	$209,498.58	50	2.78%
Humira (2 Syringe)	$208,850.46	47	$209,350.68	51	0.24%
Tremfya One-Press	#N/A	#N/A	$208,410.52	52	#N/A
Alyftrek	$68,191.36	161	$202,823.70	53	197.43%
Lantus SoloStar	$185,200.46	53	$198,476.45	54	7.17%
Sofosbuvir-Velpatasvir	$138,952.73	75	$197,355.88	55	42.03%
Cosentyx Sensoready (300 MG)	$109,747.64	96	$190,190.06	56	73.30%
Linzess	$141,367.72	72	$177,775.95	57	25.75%
Hizentra	$187,566.26	52	$177,240.47	58	-5.51%
Qelbree	$166,619.28	60	$176,767.07	59	6.09%
Advair HFA	$175,527.51	56	$172,746.08	60	-1.58%
Fasenra Pen	$164,465.94	61	$169,566.24	61	3.10%
Emgality	$138,152.41	77	$166,945.28	62	20.84%
Eloctate	$169,849.60	57	$165,902.36	63	-2.32%
Epidiolex	$119,528.25	87	$160,422.45	64	34.21%
Bimzelx	$31,702.17	254	$158,542.74	65	400.10%
Spiriva Respimat	$163,251.76	62	$157,790.98	66	-3.35%
Opsumit	$166,954.58	59	$155,587.32	67	-6.81%
Abilify Asimtufii	$123,686.02	84	$153,368.44	68	24.00%
Winrevair	$99,722.52	107	$144,253.15	69	44.65%
Erleada	$151,573.19	67	$142,843.82	70	-5.76%
Alprolix	$184,663.20	54	$142,218.58	71	-22.98%
EPINEPHrine	$114,810.17	91	$139,030.83	72	21.10%
Qulipta	$142,096.05	71	$138,267.41	73	-2.69%
Vijoice	$136,542.51	78	$136,542.51	74	0.00%
Hetlioz LQ	$78,197.05	135	$136,240.48	75	74.23%
Otezla	$102,544.60	104	$135,595.42	76	32.23%

Jakafi	$143,493.15	68	$132,085.04	77	-7.95%
Methylphenidate HCl ER (OSM)	$119,337.37	88	$131,466.03	78	10.16%
Skytrofa	$210,765.52	46	$131,107.21	79	-37.79%
Verzenio	$199,212.10	50	$130,725.68	80	-34.38%
Jynarque	$169,830.12	58	$130,489.36	81	-23.16%
Ebglyss	$140,170.08	74	$127,904.10	82	-8.75%
Insulin Lispro (1 Unit Dial)	$116,622.83	90	$126,816.94	83	8.74%
QuilliChew ER	$121,320.41	85	$126,469.10	84	4.24%
Xolair	$118,126.67	89	$125,294.46	85	6.07%
Tresiba FlexTouch	$130,229.40	82	$124,199.80	86	-4.63%
Creon	$120,330.48	86	$123,454.51	87	2.60%
Kisqali (400 MG Dose)	$75,322.04	140	$123,257.52	88	63.64%
Amoxicillin	$161,856.04	63	$122,521.01	89	-24.30%
Uzedy	$80,625.38	130	$121,417.64	90	50.59%
Januvia	$138,706.85	76	$121,399.77	91	-12.48%
Zepbound	$6,138.24	571	$121,280.80	92	1875.82%
Xtandi	$142,499.73	70	$119,363.12	93	-16.24%
buPROPion HCl ER (XL)	$109,535.26	97	$116,062.65	94	5.96%
Azstarys	$104,467.05	102	$114,395.77	95	9.50%
Austedo XR	$56,941.01	177	$113,720.99	96	99.72%
Sprycel	$103,957.68	103	$113,552.60	97	9.23%
Amphetamine-Dextroamphet ER	$107,646.10	100	$112,624.91	98	4.63%
Descovy	$94,602.29	112	$111,934.33	99	18.32%
Scemblix	$88,200.14	122	$111,878.70	100	26.85%

Top 100 Drugs by Prescription Count					
Drug Description	Dec 2024 to Feb 2025 Total Claims	Previous Rank	March 2025 to May 2025 Total Claims	Current Rank	% Change
Omeprazole	9,597	2	9,814	1	2.26%
Amoxicillin	12,154	1	9,380	2	-22.82%
Sertraline HCl	9,543	4	9,282	3	-2.73%
Albuterol Sulfate HFA	9,562	3	9,000	4	-5.88%
traZODone HCl	8,168	6	8,646	5	5.85%
Levothyroxine Sodium	8,025	7	8,326	6	3.75%
buPROPion HCl ER (XL)	7,981	8	8,293	7	3.91%
Atorvastatin Calcium	8,376	5	7,673	8	-8.39%
FLUoxetine HCl	7,422	10	7,475	9	0.71%
Escitalopram Oxalate	7,647	9	7,291	10	-4.66%
Gabapentin	6,881	11	6,787	11	-1.37%
hydrOXYzine HCl	6,241	14	6,481	12	3.85%
busPIRone HCl	5,937	15	6,010	13	1.23%
Lisinopril	6,694	13	5,998	14	-10.40%
Pantoprazole Sodium	5,106	19	5,246	15	2.74%
QUEtiapine Fumarate	4,919	21	5,051	16	2.68%
Montelukast Sodium	4,777	22	4,986	17	4.38%
predniSONE	5,819	16	4,961	18	-14.74%
Amphetamine-Dextroamphet ER	4,466	25	4,737	19	6.07%
DULoxetine HCl	4,674	23	4,673	20	-0.02%
amLODIPine Besylate	5,109	18	4,638	21	-9.22%
cloNIDine HCl	4,628	24	4,580	22	-1.04%
ARIPiprazole	4,362	26	4,544	23	4.17%

HYDROcodone-Acetaminophen	4,352	27	4,385	24	0.76%
Amoxicillin-Pot Clavulanate	5,017	20	4,378	25	-12.74%
Ondansetron	5,358	17	4,177	26	-22.04%
lamoTRIgine	3,996	29	4,160	27	4.10%
Cetirizine HCl	3,752	33	4,089	28	8.98%
Fluticasone Propionate	3,477	36	3,998	29	14.98%
Venlafaxine HCl ER	3,898	30	3,867	30	-0.80%
Cyclobenzaprine HCl	3,666	34	3,817	31	4.12%
Metoprolol Succinate ER	4,003	28	3,812	32	-4.77%
Famotidine	3,617	35	3,760	33	3.95%
Azithromycin	6,865	12	3,713	34	-45.91%
Losartan Potassium	3,777	32	3,614	35	-4.32%
Methylphenidate HCl ER (OSM)	3,262	38	3,529	36	8.19%
Amphetamine-Dextroamphetamine	3,162	41	3,398	37	7.46%
Ibuprofen	3,235	39	3,323	38	2.72%
Topiramate	3,230	40	3,286	39	1.73%
Ozempic	3,027	43	3,272	40	8.09%
Lisdexamfetamine Dimesylate	2,726	49	3,201	41	17.42%
Cephalexin	3,043	42	3,176	42	4.37%
clonazePAM	2,947	47	3,131	43	6.24%
metFORMIN HCl	3,377	37	3,106	44	-8.02%
ALPRAZolam	3,017	44	2,978	45	-1.29%
Cefdinir	3,818	31	2,911	46	-23.76%
metFORMIN HCl ER	3,016	45	2,854	47	-5.37%
Meloxicam	2,661	50	2,794	48	5.00%
Jardiance	2,434	55	2,648	49	8.79%
Lantus SoloStar	2,420	56	2,634	50	8.84%

Triamcinolone Acetonide	2,540	53	2,627	51	3.43%
risperiDONE	2,474	54	2,569	52	3.84%
Rosuvastatin Calcium	2,646	51	2,548	53	-3.70%
Aspirin Low Dose	2,295	59	2,361	54	2.88%
Doxycycline Monohydrate	2,593	52	2,334	55	-9.99%
Propranolol HCl	2,225	61	2,320	56	4.27%
oxyCODONE HCl	2,091	66	2,283	57	9.18%
Spironolactone	2,381	58	2,278	58	-4.33%
hydroCHLOROthiazide	2,399	57	2,239	59	-6.67%
Prazosin HCl	2,243	60	2,232	60	-0.49%
Albuterol Sulfate	3,012	46	2,221	61	-26.26%
Mirtazapine	2,127	63	2,208	62	3.81%
hydrOXYzine Pamoate	2,122	64	2,168	63	2.17%
Furosemide	2,212	62	2,164	64	-2.17%
metroNIDAZOLE	2,080	68	2,155	65	3.61%
Fluconazole	2,101	65	2,155	66	2.57%
LORazepam	2,083	67	2,140	67	2.74%
levETIRAcetam	2,031	71	2,132	68	4.97%
guanFACINE HCl ER	2,039	70	2,115	69	3.73%
Loratadine	1,839	78	2,085	70	13.38%
traMADol HCl	2,048	69	2,076	71	1.37%
guanFACINE HCl	1,971	72	1,984	72	0.66%
Methylphenidate HCl	1,946	74	1,976	73	1.54%
Folic Acid	1,962	73	1,970	74	0.41%
valACYclovir HCl	1,884	76	1,887	75	0.16%
Symbicort	1,750	80	1,880	76	7.43%
Pregabalin	1,689	81	1,775	77	5.09%

Amitriptyline HCl	1,867	77	1,739	78	-6.86%
Allergy Relief Cetirizine	1,437	92	1,634	79	13.71%
OLANZapine	1,616	82	1,629	80	0.80%
Eliquis	1,485	89	1,597	81	7.54%
tiZANidine HCl	1,493	88	1,565	82	4.82%
Atomoxetine HCl	1,499	86	1,561	83	4.14%
Ondansetron HCl	1,813	79	1,529	84	-15.66%
Sulfamethoxazole-Trimethoprim	1,513	84	1,497	85	-1.06%
Naproxen	1,385	94	1,464	86	5.70%
FeroSul	1,506	85	1,463	87	-2.86%
prednisoLONE Sodium Phosphate	1,931	75	1,462	88	-24.29%
Mupirocin	1,484	90	1,447	89	-2.49%
Dexmethylphenidate HCl ER	1,300	96	1,395	90	7.31%
Citalopram Hydrobromide	1,460	91	1,362	91	-6.71%
Tamsulosin HCl	1,280	97	1,342	92	4.84%
Baclofen	1,303	95	1,320	93	1.30%
Vraylar	1,184	104	1,308	94	10.47%
SUMAtriptan Succinate	1,221	100	1,299	95	6.39%
Desvenlafaxine Succinate ER	1,232	98	1,289	96	4.63%
Nystatin	1,230	99	1,279	97	3.98%
Naltrexone HCl	1,087	108	1,260	98	15.92%
Metoprolol Tartrate	1,399	93	1,234	99	-11.79%
Vyvanse	1,557	83	1,228	100	-21.13%

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Quarterly Monthly Statistics

CATEGORY	December 2024 / February 2025	March 2025 / May 2025	% CHANGE
TOTAL PAID AMOUNT	$101,130,175	$104,898,653	3.7%
UNIQUE USERS	106,150	101,950	-4.0%
COST PER USER	$952.71	$1,028.92	8.0%
TOTAL PRESCRIPTIONS	817,168	807,765	-1.2%
AVERAGE PRESCRIPTIONS PER USER	7.70	7.92	2.9%
AVERAGE COST PER PRESCRIPTION	$123.76	$129.86	4.9%
# GENERIC PRESCRIPTIONS	732,646	722,306	-1.4%
% GENERIC	89.66%	89.42%	-0.3%
$ GENERIC	$13,861,944	$13,827,053	-0.3%
AVERAGE GENERIC PRESCRIPTION COST	$18.92	$19.14	1.2%
AVERAGE GENERIC DAYS SUPPLY	26.76	27.67	3.4%
# BRAND PRESCRIPTIONS	84,522	85,459	1.1%
% BRAND	10.34%	10.58%	2.3%
$ BRAND	$87,268,231	$91,071,600	4.4%
AVERAGE BRAND PRESCRIPTION COST	$1,032.49	$1,065.68	3.2%
AVERAGE BRAND DAYS SUPPLY	27.66	27.77	0.4%

UTILIZATION BY AGE		
AGE	December 2024 / February 2025	March 2025 / May 2025
0-6	39,618	32,915
7-12	59,989	57,947
13-18	78,670	77,140
19-64	638,855	639,716
65+	8,496	8,299
TOTAL	825,628	816,017

UTILIZATION BY GENDER AND AGE			
GENDER	AGE	December 2024 / February 2025	March 2025 / May 2025
F			
	0-6	17,568	14,249
	7-12	23,824	22,804
	13-18	40,811	39,763
	19-64	424,986	425,241
	65+	5,347	5,272
	Gender Total	512,536	507,329
M			
	0-6	22,050	18,666
	7-12	36,165	35,143
	13-18	37,859	37,377
	19-64	213,869	214,475

M	65+	3,149	3,027
	Gender Total	313,092	308,688
Grand Total		825,628	816,017

TOP 100 PHARMACIES BY PRESCRIPTION COUNT
March 2025 / May 2025

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
1	U OF I HOSPITALS & CLINICS AMBULATORY CARE PHARM	IOWA CITY	IA	12,557	$5,576,095.39	$444.06	1
2	RIGHT DOSE PHARMACY	ANKENY	IA	7,517	$310,411.42	$41.29	3
3	WALGREENS #4405	COUNCIL BLUFFS	IA	7,076	$563,379.94	$79.62	2
4	WALGREENS #5042	CEDAR RAPIDS	IA	6,401	$456,723.27	$71.35	4
5	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	5,704	$499,506.57	$87.57	6
6	WALGREENS #5239	DAVENPORT	IA	5,694	$302,049.59	$53.05	5
7	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	4,744	$416,401.68	$87.77	7
8	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	4,653	$265,842.15	$57.13	9
9	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,579	$361,383.07	$78.92	8
10	HARTIG PHARMACY SERVICES	DUBUQUE	IA	4,526	$342,851.90	$75.75	10
11	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	4,370	$319,698.69	$73.16	11
12	HY-VEE PHARMACY (1075)	CLINTON	IA	4,337	$332,781.99	$76.73	12
13	WALGREENS #5721	DES MOINES	IA	4,023	$291,428.45	$72.44	14
14	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	3,984	$295,506.45	$74.17	13
15	NUCARA LTC PHARMACY #3	IOWA CITY	IA	3,947	$171,485.21	$43.45	33
16	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	3,917	$284,400.01	$72.61	18
17	DRILLING PHARMACY	SIOUX CITY	IA	3,913	$280,737.83	$71.74	15
18	WALGREENS #7453	DES MOINES	IA	3,859	$222,318.55	$57.61	16
19	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	3,748	$259,396.62	$69.21	23
20	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	3,670	$351,683.17	$95.83	20

21	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,662	$269,033.37	$73.47	21
22	HY-VEE PHARMACY #5 (1061)	CEDAR RAPIDS	IA	3,597	$346,274.63	$96.27	25
23	WALGREENS #15647	SIOUX CITY	IA	3,523	$283,100.16	$80.36	24
24	WALGREENS #4041	DAVENPORT	IA	3,408	$204,913.30	$60.13	19
25	WALGREENS #7455	WATERLOO	IA	3,396	$223,544.38	$65.83	29
26	UI HEALTHCARE - IOWA RIVER LANDING PHARMACY	CORALVILLE	IA	3,391	$139,087.44	$41.02	28
27	CVS PHARMACY #08658	DAVENPORT	IA	3,366	$225,366.87	$66.95	35
28	WALGREENS #359	DES MOINES	IA	3,348	$221,148.02	$66.05	22
29	WALMART PHARMACY 10-1509	MAQUOKETA	IA	3,287	$259,369.33	$78.91	26
30	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	3,211	$332,258.37	$103.48	32
31	WAGNER PHARMACY	CLINTON	IA	3,211	$255,115.45	$79.45	31
32	MAIN AT LOCUST PHARMACY AND MEDICAL SUPPLY	DAVENPORT	IA	3,194	$235,966.54	$73.88	37
33	WALGREENS #3700	COUNCIL BLUFFS	IA	3,191	$222,774.56	$69.81	27
34	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	3,179	$205,656.21	$64.69	30
35	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	3,163	$262,292.00	$82.93	40
36	SIOUXLAND COMMUNITY HEALTH CENTER	SIOUX CITY	IA	3,139	$149,821.90	$47.73	34
37	HY-VEE PHARMACY (1449)	NEWTON	IA	3,122	$229,744.15	$73.59	41
38	WALGREENS #11942	DUBUQUE	IA	3,060	$209,222.35	$68.37	36
39	NELSON FAMILY PHARMACY	FORT MADISON	IA	2,996	$203,799.23	$68.02	17
40	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	2,989	$218,803.96	$73.20	39
41	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,961	$239,535.79	$80.90	48
42	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	2,957	$192,378.64	$65.06	38
43	MEDICAP PHARMACY LTC	INDIANOLA	IA	2,876	$85,383.30	$29.69	50
44	WALMART PHARMACY 10-5115	DAVENPORT	IA	2,873	$242,393.40	$84.37	45

45	MAHASKA DRUGS INC	OSKALOOSA	IA	2,832	$228,857.08	$80.81	43
46	WALGREENS #9708	DUBUQUE	IA	2,811	$175,558.11	$62.45	44
47	HY-VEE PHARMACY (1396)	MARION	IA	2,807	$213,964.25	$76.23	47
48	CVS PHARMACY #10282	FORT DODGE	IA	2,775	$180,737.60	$65.13	46
49	WALMART PHARMACY 10-2889	CLINTON	IA	2,713	$168,201.91	$62.00	51
50	COMMUNITY HEALTH CARE PHARMACY	DAVENPORT	IA	2,687	$125,586.04	$46.74	57
51	HY-VEE PHARMACY (1065)	CHARITON	IA	2,679	$186,612.14	$69.66	62
52	SCOTT PHARMACY	FAYETTE	IA	2,668	$198,728.05	$74.49	56
53	MEDICAP PHARMACY	KNOXVILLE	IA	2,661	$306,408.22	$115.15	52
54	PREFERRED CARE PHARMACY	CEDAR RAPIDS	IA	2,661	$150,830.49	$56.68	42
55	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,629	$227,908.84	$86.69	49
56	LAGRANGE PHARMACY	VINTON	IA	2,601	$204,891.89	$78.77	54
57	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,569	$237,944.30	$92.62	60
58	WALMART PHARMACY 10-0985	FAIRFIELD	IA	2,564	$189,624.63	$73.96	67
59	WALGREENS #3875	CEDAR RAPIDS	IA	2,554	$168,595.73	$66.01	63
60	IMMC OUTPATIENT PHARMACY	DES MOINES	IA	2,531	$127,905.37	$50.54	59
61	OSTERHAUS PHARMACY	MAQUOKETA	IA	2,529	$143,751.26	$56.84	53
62	HY-VEE PHARMACY (1459)	OELWEIN	IA	2,520	$198,139.03	$78.63	58
63	HY-VEE PHARMACY (1071)	CLARINDA	IA	2,475	$175,505.27	$70.91	70
64	CVS PHARMACY #08544	WATERLOO	IA	2,456	$170,984.12	$69.62	64
65	UNION PHARMACY	COUNCIL BLUFFS	IA	2,450	$216,827.12	$88.50	55
66	WALMART PHARMACY 10-0559	MUSCATINE	IA	2,443	$170,435.74	$69.76	68
67	HY-VEE PHARMACY (1433)	MT PLEASANT	IA	2,382	$174,179.69	$73.12	72
68	SOUTH SIDE DRUG	OTTUMWA	IA	2,373	$189,676.26	$79.93	66

69	CVS PHARMACY #10032	MARION	IA	2,361	$155,425.22	$65.83	86
70	LEWIS FAMILY DRUG #28	ONAWA	IA	2,355	$200,328.04	$85.06	103
71	MEDICAP PHARMACY	DES MOINES	IA	2,319	$165,463.89	$71.35	77
72	HY-VEE PHARMACY #1 (1504)	OTTUMWA	IA	2,300	$164,908.76	$71.70	74
73	INFOCUS PHARMACY SERVICES LLC	DUBUQUE	IA	2,274	$181,955.00	$80.02	73
74	WALGREENS #4714	DES MOINES	IA	2,240	$151,677.01	$67.71	83
75	HY-VEE PHARMACY (1241)	HARLAN	IA	2,234	$210,783.04	$94.35	82
76	HY-VEE PHARMACY (1522)	PERRY	IA	2,223	$234,458.76	$105.47	93
77	HY-VEE PHARMACY (1530)	PLEASANT HILL	IA	2,221	$159,274.27	$71.71	80
78	HY-VEE PHARMACY (1895)	WINDSOR HEIGHTS	IA	2,216	$143,164.67	$64.60	71
79	HY-VEE PHARMACY (1180)	FAIRFIELD	IA	2,215	$209,245.03	$94.47	97
80	MERCYONE FOREST PARK PHARMACY	MASON CITY	IA	2,214	$163,651.91	$73.92	61
81	HERITAGE PARTNERS PHARMACY	WEST BURLINGTON	IA	2,208	$168,169.67	$76.16	88
82	HY-VEE PHARMACY (1850)	WASHINGTON	IA	2,201	$210,114.60	$95.46	76
83	HARTIG DRUG CO	DUBUQUE	IA	2,179	$162,024.03	$74.36	113
84	HY-VEE PHARMACY #1 (1054)	CEDAR RAPIDS	IA	2,165	$185,366.22	$85.62	91
85	HY-VEE PHARMACY #6 (1155)	DES MOINES	IA	2,157	$195,637.46	$90.70	78
86	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	2,150	$215,489.41	$100.23	84
87	WALMART PHARMACY 10-3394	ATLANTIC	IA	2,144	$195,808.00	$91.33	85
88	WALGREENS #7452	DES MOINES	IA	2,141	$148,272.70	$69.25	69
89	WALGREENS #10855	WATERLOO	IA	2,136	$169,063.01	$79.15	87
90	MEDICAP PHARMACY	NEWTON	IA	2,130	$197,019.95	$92.50	94
91	HY-VEE PHARMACY (1437)	MUSCATINE	IA	2,105	$141,338.59	$67.14	114
92	HY-VEE PHARMACY #3 (1107)	DAVENPORT	IA	2,097	$225,921.09	$107.74	109

93	WALGREENS #7454	ANKENY	IA	2,096	$133,619.82	$63.75	79
94	WALGREENS #7968	DES MOINES	IA	2,088	$158,787.07	$76.05	81
95	CAPSTONE PHARMACY	MOUNT PLEASANT	IA	2,078	$133,847.78	$64.41	100
96	WALMART PHARMACY 10-0784	MT PLEASANT	IA	2,075	$130,686.36	$62.98	96
97	MCMH PHARMACY	RED OAK	IA	2,059	$191,121.26	$92.82	101
98	HY-VEE DRUGSTORE #5 (7026)	CEDAR RAPIDS	IA	2,059	$133,788.92	$64.98	116
99	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	2,053	$163,199.69	$79.49	117
100	HY-VEE PHARMACY (1052)	CEDAR FALLS	IA	2,043	$105,480.41	$51.63	107

TOP 100 PHARMACIES BY PAID AMOUNT
March 2025 / May 2025

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	U OF I HOSPITALS & CLINICS AMBULATORY CARE PHARM	IOWA CITY	IA	12,557	$5,576,095.39	$2,381.93	1
2	CVS/SPECIALTY	MONROEVILLE	PA	561	$4,507,313.86	$19,597.02	2
3	WALGREENS SPECIALTY PHARMACY #16528	DES MOINES	IA	796	$3,678,645.68	$13,328.43	4
4	CAREMARK KANSAS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	LENEXA	KS	407	$3,423,431.93	$17,923.73	3
5	CAREMARK ILLINOIS SPECIALTY PHARMACY, LLC DBA CVS/SPECIALTY	MT PROSPECT	IL	272	$3,062,927.01	$33,658.54	6
6	UNITYPOINT AT HOME	URBANDALE	IA	785	$2,961,672.28	$11,569.03	5
7	PANTHERX SPECIALTY PHARMACY	CORAOPOLIS	PA	89	$2,178,568.56	$64,075.55	8
8	WALGREENS SPECIALTY PHARMACY #21250	IOWA CITY	IA	484	$2,134,906.65	$11,540.04	7
9	SOLEO HEALTH INC.	WOODRIDGE	IL	11	$1,503,486.93	$751,743.47	11
10	BIOPLUS SPECIALTY PHARMACY SERVICES, LLC	ALTAMONTE SPRINGS	FL	174	$1,321,383.37	$17,618.44	14
11	NUCARA SPECIALTY PHARMACY	PLEASANT HILL	IA	1,179	$1,276,468.01	$9,670.21	9
12	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	72	$1,137,879.50	$49,473.02	12
13	AMBER SPECIALTY PHARMACY	OMAHA	NE	190	$1,025,960.72	$16,030.64	10
14	CAREMARK LLC, DBA CVS/SPECIALTY	REDLANDS	CA	50	$977,811.18	$46,562.44	15
15	WALGREENS SPECIALTY PHARMACY #16280	FRISCO	TX	39	$825,776.82	$75,070.62	18
16	ORSINI PHARMACEUTICAL SERVICES LLC	ELK GROVE VILLAGE	IL	40	$728,996.42	$60,749.70	17
17	BIOLOGICS BY MCKESSON	CARY	NC	39	$692,772.10	$53,290.16	19
18	ANOVORX GROUP LLC	MEMPHIS	TN	76	$676,254.46	$27,050.18	16
19	CVS PHARMACY #00102	AURORA	CO	78	$667,429.97	$19,630.29	13

20	OPTUM PHARMACY 702, LLC	JEFFERSONVILLE	IN	76	$627,194.38	$16,505.12	23
21	WALGREENS SPECIALTY PHARMACY #16270	OMAHA	NE	97	$593,514.07	$24,729.75	26
22	THE NEBRASKA MEDICAL CENTER CLINIC PHARMACY	OMAHA	NE	604	$566,115.76	$5,009.87	21
23	WALGREENS #4405	COUNCIL BLUFFS	IA	7,076	$563,379.94	$442.56	20
24	EXPRESS SCRIPTS SPECIALTY DIST SVCS	SAINT LOUIS	MO	38	$560,541.15	$37,369.41	22
25	CR CARE PHARMACY	CEDAR RAPIDS	IA	2,018	$507,417.54	$2,629.11	24
26	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	5,704	$499,506.57	$767.29	28
27	AVERA SPECIALTY PHARMACY	SIOUX FALLS	SD	93	$491,434.99	$18,201.30	27
28	EVERSANA LIFE SCIENCE SERVICES, LLC	CHESTERFIELD	MO	13	$489,807.29	$97,961.46	25
29	WALGREENS #5042	CEDAR RAPIDS	IA	6,401	$456,723.27	$346.79	29
30	MERCYONE GENESIS FIRSTMED SPECIALTY PHARMACY	DAVENPORT	IA	816	$426,392.92	$2,382.08	36
31	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	4,744	$416,401.68	$885.96	31
32	MISSION CANCER + BLOOD, UNIVERSITY OF IOWA HEALTH CARE	DES MOINES	IA	45	$362,053.02	$24,136.87	33
33	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,579	$361,383.07	$624.15	37
34	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	3,670	$351,683.17	$632.52	48
35	HY-VEE PHARMACY #5 (1061)	CEDAR RAPIDS	IA	3,597	$346,274.63	$783.43	40
36	HARTIG PHARMACY SERVICES	DUBUQUE	IA	4,526	$342,851.90	$1,051.69	46
37	GENOA HEALTHCARE, LLC	DAVENPORT	IA	1,908	$335,413.97	$1,746.95	35
38	ONCO360	LOUISVILLE	KY	32	$334,783.31	$37,198.15	50
39	HY-VEE PHARMACY (1075)	CLINTON	IA	4,337	$332,781.99	$540.23	43
40	HY-VEE DRUGSTORE (7065)	OTTUMWA	IA	3,211	$332,258.37	$661.87	32
41	GENOA HEALTHCARE, LLC	SIOUX CITY	IA	2,004	$327,247.00	$1,628.09	34
42	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	4,370	$319,698.69	$462.66	42

43	MAYO CLINIC PHARMACY	ROCHESTER	MN	78	$314,655.98	$19,666.00	39
44	BIOPLUS SPECIALTY PHARMACY LA, LLC	HARVEY	LA	38	$310,595.11	$17,255.28	30
45	RIGHT DOSE PHARMACY	ANKENY	IA	7,517	$310,411.42	$806.26	52
46	MEDICAP PHARMACY	KNOXVILLE	IA	2,661	$306,408.22	$1,320.73	54
47	ALLEN CLINIC PHARMACY	WATERLOO	IA	995	$303,071.71	$971.38	57
48	WALGREENS #5239	DAVENPORT	IA	5,694	$302,049.59	$255.11	41
49	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	3,984	$295,506.45	$542.21	44
50	WALGREENS #5721	DES MOINES	IA	4,023	$291,428.45	$321.31	47
51	HY-VEE DRUGSTORE (7060)	MUSCATINE	IA	3,917	$284,400.01	$501.59	59
52	WALGREENS #15647	SIOUX CITY	IA	3,523	$283,100.16	$364.82	53
53	DRILLING PHARMACY	SIOUX CITY	IA	3,913	$280,737.83	$793.04	49
54	HARTIG DRUG CO	DUBUQUE	IA	1,900	$272,777.88	$1,025.48	64
55	HY-VEE PHARMACY (1192)	FT DODGE	IA	3,662	$269,033.37	$581.07	58
56	BROADLAWNS MEDICAL CENTER OUTPATIENT PHARMACY	DES MOINES	IA	4,653	$265,842.15	$376.55	75
57	GREENWOOD COMPLIANCE PHARMACY	WATERLOO	IA	1,628	$262,416.79	$2,429.79	56
58	HY-VEE DRUGSTORE #1 (7020)	CEDAR RAPIDS	IA	3,163	$262,292.00	$686.63	78
59	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	3,748	$259,396.62	$526.16	76
60	WALMART PHARMACY 10-1509	MAQUOKETA	IA	3,287	$259,369.33	$566.31	67
61	WALGREENS SPECIALTY PHARMACY #15443	FRISCO	TX	26	$257,645.89	$23,422.35	55
62	WAGNER PHARMACY	CLINTON	IA	3,211	$255,115.45	$737.33	63
63	PARAGON PARTNERS	OMAHA	NE	899	$244,172.13	$2,977.71	69
64	WALMART PHARMACY 10-5115	DAVENPORT	IA	2,873	$242,393.40	$582.68	88
65	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,961	$239,535.79	$598.84	71
66	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,569	$237,944.30	$723.23	74

67	WALMART PHARMACY 10-3150	COUNCIL BLUFFS	IA	2,029	$236,880.66	$925.32	101
68	MAIN AT LOCUST PHARMACY AND MEDICAL SUPPLY	DAVENPORT	IA	3,194	$235,966.54	$955.33	70
69	HY-VEE PHARMACY (1522)	PERRY	IA	2,223	$234,458.76	$756.32	93
70	HY-VEE PHARMACY (1449)	NEWTON	IA	3,122	$229,744.15	$528.15	90
71	MAHASKA DRUGS INC	OSKALOOSA	IA	2,832	$228,857.08	$616.87	62
72	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,629	$227,908.84	$495.45	60
73	HY-VEE PHARMACY #3 (1107)	DAVENPORT	IA	2,097	$225,921.09	$833.66	116
74	CVS PHARMACY #08658	DAVENPORT	IA	3,366	$225,366.87	$537.87	85
75	WALGREENS #7455	WATERLOO	IA	3,396	$223,544.38	$285.50	100
76	WALGREENS #3700	COUNCIL BLUFFS	IA	3,191	$222,774.56	$359.89	80
77	WALGREENS #7453	DES MOINES	IA	3,859	$222,318.55	$295.24	61
78	WALGREENS #359	DES MOINES	IA	3,348	$221,148.02	$284.98	81
79	HY-VEE PHARMACY #2 (1018)	AMES	IA	2,001	$220,783.59	$745.89	84
80	GREENWOOD DRUG ON KIMBALL AVE.	WATERLOO	IA	2,989	$218,803.96	$746.77	68
81	PRIMARY HEALTHCARE PHARMACY	DES MOINES	IA	813	$218,374.88	$1,382.12	97
82	UNION PHARMACY	COUNCIL BLUFFS	IA	2,450	$216,827.12	$1,073.40	104
83	WALGREENS SPECIALTY PHARMACY #15438	CANTON	MI	24	$215,534.08	$21,553.41	118
84	HY-VEE PHARMACY #3 (1866)	WATERLOO	IA	2,150	$215,489.41	$725.55	79
85	L & M PHARMACY CARE	LE MARS	IA	1,698	$214,290.57	$4,373.28	113
86	HY-VEE PHARMACY (1396)	MARION	IA	2,807	$213,964.25	$515.58	82
87	HY-VEE PHARMACY (1241)	HARLAN	IA	2,234	$210,783.04	$616.32	91
88	HY-VEE PHARMACY (1850)	WASHINGTON	IA	2,201	$210,114.60	$886.56	86
89	SANFORD CANCER CENTER ONCOLOGY CLINIC PHARMACY	SIOUX FALLS	SD	64	$209,978.54	$9,129.50	38

90	HY-VEE PHARMACY (1180)	FAIRFIELD	IA	2,215	$209,245.03	$729.08	109
91	WALGREENS #11942	DUBUQUE	IA	3,060	$209,222.35	$383.19	96
92	FIFIELD PHARMACY	DES MOINES	IA	1,595	$209,037.30	$1,306.48	102
93	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	3,179	$205,656.21	$447.08	77
94	WALGREENS #4041	DAVENPORT	IA	3,408	$204,913.30	$297.41	73
95	LAGRANGE PHARMACY	VINTON	IA	2,601	$204,891.89	$716.41	106
96	NELSON FAMILY PHARMACY	FORT MADISON	IA	2,996	$203,799.23	$552.30	51
97	EXACTCARE	VALLEY VIEW	OH	2,011	$202,350.96	$2,467.69	99
98	LEWIS FAMILY DRUG #28	ONAWA	IA	2,355	$200,328.04	$827.80	129
99	SCOTT PHARMACY	FAYETTE	IA	2,668	$198,728.05	$811.13	98
100	HY-VEE PHARMACY SOLUTIONS	OMAHA	NE	43	$198,722.94	$10,459.10	128

TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
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RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
1	1982605762	Jeffrey Wilharm	$133,069.43	2,458	7.57	1
2	1356359871	Rhea Hartley	$134,696.16	1,520	2.48	2
3	1063491645	Allyson Wheaton	$119,160.11	1,456	2.73	4
4	1902850845	Deborah Bahe	$115,865.57	1,402	4.84	3
5	1467502286	Charles Tilley	$175,634.73	1,376	3.51	7
6	1215146055	Rebecca Wolfe	$82,698.09	1,289	2.80	5
7	1316356496	Kimberly Roberts	$49,184.49	1,232	4.15	8
8	1730434069	Larissa Biscoe	$89,785.39	1,225	2.75	6
9	1467907394	Cynthia Coenen	$153,283.32	1,168	4.19	9
10	1437238110	Genevieve Nelson	$180,304.36	1,130	3.28	11
11	1922455096	Dean Guerdet	$102,849.51	1,117	3.69	12
12	1043434525	Robert Kent	$55,991.03	1,114	3.86	17
13	1457584740	Eric Meyer	$72,223.04	1,044	2.69	13
14	1790163848	Hesper Nowatzki	$166,431.38	1,043	3.43	16
15	1730849647	Melanie Rock	$29,589.99	1,021	2.99	26
16	1013115369	Bobbita Nag	$53,599.57	1,017	2.43	15
17	1902912538	Christian Jones	$96,118.79	1,015	3.30	20
18	1477199198	Sajo Thomas	$161,932.75	1,011	3.18	32
19	1770933046	Shelby Biller	$175,214.49	993	2.93	14
20	1043418809	Michael Ciliberto	$477,380.26	989	2.76	18

21	1164538674	Joseph Wanzek	$80,153.69	984	4.32	19
22	1902478811	Joan Anderson	$227,437.48	984	3.37	23
23	1659358620	Carlos Castillo	$29,501.98	982	3.16	21
24	1982030946	Jacklyn Besch	$55,875.14	921	3.40	22
25	1457914657	Seema Antony	$110,544.01	898	2.92	46
26	1003470923	Earlene Angell	$82,990.10	885	3.30	10
27	1992103386	Melissa Larsen	$100,035.57	885	3.28	30
28	1528365277	Mina Salib	$537,054.33	876	2.10	39
29	1215125216	Rebecca Walding	$62,862.65	869	4.00	27
30	1043211303	Ali Safdar	$140,981.55	863	2.92	24
31	1902358443	Melissa Konken	$152,632.02	851	3.49	36
32	1154815330	Bruce Pehl	$54,714.23	836	3.57	37
33	1215184726	Babuji Gandra	$25,408.45	825	2.70	31
34	1538368170	Christopher Matson	$25,124.68	825	3.18	35
35	1649248378	Kathleen Wild	$39,134.49	821	3.13	53
36	1902574361	Laura Owens	$80,247.88	820	3.36	102
37	1053963900	Nicole Mcclavy	$136,710.89	805	3.18	50
38	1679573893	Patty Hildreth	$210,416.46	802	3.45	44
39	1184657603	Sara Rygol	$115,227.18	800	3.09	57
40	1275763047	Rebecca Bowman	$159,409.98	800	3.48	54
41	1609532373	Erin Fox-Hammel	$69,527.96	800	3.48	28
42	1306559786	Roy Henry	$73,256.97	789	3.43	42
43	1609218304	Amanda Garr	$132,362.00	787	3.13	25
44	1205393386	Jessica Hudspeth	$133,451.83	779	4.38	37

45	1013639749	Robert Husemann	$55,912.64	769	3.32	69
46	1801998372	Wendy Hansen-Penman	$34,508.64	767	3.53	29
47	1013978089	Jennifer Bradley	$186,605.62	760	5.46	41
48	1124006770	Wook Kim	$29,175.48	756	3.15	48
49	1134191018	Dustin Smith	$48,636.19	749	3.64	43
50	1588746515	Amy Badberg	$36,455.21	749	2.61	40
51	1598183493	Jena Ellerhoff	$22,864.62	748	4.33	83
52	1144214248	Kristi Walz	$108,154.12	743	3.87	63
53	1528329398	Erin Rowan	$37,990.58	740	2.99	47
54	1871105916	Lacie Theis	$36,868.41	732	2.57	56
55	1255405338	Bryan Netolicky	$99,802.65	729	2.92	59
56	1689077018	Stacy Roth	$92,608.98	726	2.83	33
57	1649209933	Richard Blunk	$48,755.25	721	2.25	60
58	1922144088	Thomas Hopkins	$22,627.13	721	2.43	45
59	1528037082	Rodney Dean	$64,555.67	719	3.45	34
60	1619153137	Joada Best	$43,152.92	716	3.26	55
61	1417941188	Debra Neuharth	$30,727.83	712	3.13	62
62	1144588476	Rachel Filzer	$52,428.05	708	2.82	86
63	1790754695	Joel Vander Meide	$33,064.33	700	4.83	72
64	1609946243	Sina Linman	$36,201.94	693	2.38	51
65	1043703887	Tenaea Jeppeson	$119,407.54	692	3.41	90
66	1295967255	Mary Robinson	$49,108.24	688	3.72	102
67	1417214321	Leah Brandon	$21,279.20	684	4.47	76
68	1457667610	Leah Schupp	$38,721.46	684	2.93	118

69	1417549932	Amanda McCormick	$74,465.76	680	3.21	49
70	1205437951	Jennifer Manternach	$19,498.54	678	2.47	71
71	1477926434	Jackie Shipley	$35,131.81	678	2.93	78
72	1134854128	Dzevida Pandzic	$61,414.13	674	2.40	95
73	1639607757	Michael Gerber	$75,984.67	671	3.37	73
74	1215981758	Lisa Pisney	$86,841.00	668	3.15	120
75	1073156295	Kasie Christensen	$78,664.93	658	2.65	104
76	1538149042	Eric Petersen	$28,423.34	658	2.83	88
77	1255058640	Shelli Brown	$100,941.26	656	3.40	100
78	1992402655	Shane Eberhardt	$112,071.48	655	2.89	105
79	1437209434	Jon Thomas	$37,468.36	653	2.85	60
80	1053630640	Jennifer Donovan	$81,903.08	647	3.05	52
81	1265841845	Mary Schwering	$63,708.22	645	3.05	239
82	1356724405	Beth Colon	$78,125.28	641	2.41	97
83	1316471154	Nicole Woolley	$41,185.10	640	2.77	74
84	1891707832	Lisa Klock	$30,437.81	638	2.75	132
85	1114544681	Rachael Ploessl	$29,028.86	634	3.17	96
86	1649763079	Kate Jarvis	$66,154.45	634	2.99	67
87	1053398800	Steven Scurr	$42,166.71	633	3.43	83
88	1558770974	Marc Baumert	$47,001.18	632	2.77	65
89	1942721584	Shawna Fury	$30,338.88	630	2.77	93
90	1245227099	Donna Dobson Tobin	$88,463.11	627	3.82	89
91	1710941000	Laurie Warren	$63,884.55	626	3.54	69
92	1588662050	Jason Davis	$31,130.30	623	2.72	68

93	1972758126	Rebecca Bollin	$39,259.05	623	2.88	120
94	1538157383	David Wenger-Keller	$36,745.91	619	4.07	99
95	1760455083	Thomas Schmadeke	$66,322.64	619	3.56	58
96	1215581251	Anna Throckmorton	$25,378.49	618	4.51	126
97	1316510324	Sandy Marcus	$32,223.94	618	2.96	86
98	1275067696	Olaitan Ijitimehin	$25,177.69	616	3.02	82
99	1396181012	Heather Kruse	$66,360.35	613	4.71	76
100	1023469798	Shipeng Wei	$45,877.37	612	8.15	85

TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
March 2025 / May 2025

RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
1	1841632965	Ahmad Al-Huniti	$1,666,797.79	$87,726.20	19	1
2	1326034984	Katherine Mathews	$1,155,374.98	$12,423.39	93	2
3	1477761328	Amy Calhoun	$831,432.93	$12,409.45	67	5
4	1326211889	James Friedlander	$675,908.10	$9,795.77	69	6
5	1023108701	Ronald Zolty	$675,662.53	$12,993.51	52	9
6	1285626390	Kathleen Gradoville	$673,215.65	$2,123.71	317	12
7	1437121407	Linda Cadaret	$583,794.31	$4,989.69	117	13
8	1700417169	Courtney Reints	$566,958.25	$1,744.49	325	10
9	1528365277	Mina Salib	$537,054.33	$613.08	876	11
10	1952420705	Eric Rush	$521,791.56	$43,482.63	12	3
11	1043418809	Michael Ciliberto	$477,380.26	$482.69	989	15
12	1891146999	Becky Johnson	$473,404.63	$1,213.86	390	14
13	1942937388	Carly Trausch	$457,948.87	$993.38	461	17
14	1417443953	Rodney Clark	$446,085.71	$1,598.87	279	8
15	1295091510	Rebecca Weiner	$344,322.19	$1,234.13	279	7
16	1609820240	James Harper	$328,486.43	$9,124.62	36	19
17	1932153830	Michael Stephens	$296,730.12	$29,673.01	10	18
18	1013126705	Janice Staber	$296,425.58	$12,888.07	23	24
19	1386084747	Jennifer Condon	$295,567.26	$1,394.19	212	22
20	1649943689	Jessica Coffey	$293,657.23	$1,578.80	186	25

21	1043565328	Sara Moeller	$292,930.43	$2,169.86	135	23
22	1295054542	Angela Delecaris	$282,777.53	$4,220.56	67	56
23	1003103383	Grerk Sutamtewagul	$276,635.47	$7,903.87	35	63
24	1376525196	Randolph Rough	$264,458.88	$1,528.66	173	37
25	1184056822	Abby Kolthoff	$246,996.79	$508.22	486	26
26	1821046087	Archana Verma	$239,502.82	$3,471.06	69	16
27	1326410499	Tara Eastvold	$233,634.91	$721.10	324	21
28	1174584072	Bradley Lair	$230,174.44	$4,697.44	49	20
29	1306071915	Thomas Pietras	$229,364.88	$2,029.78	113	27
30	1174970453	Daniel Hinds	$227,729.64	$793.48	287	66
31	1902478811	Joan Anderson	$227,437.48	$231.14	984	41
32	1871868984	Hana Niebur	$226,591.94	$3,906.76	58	33
33	1861277980	Kathryn Ewoldt	$224,125.97	$739.69	303	970
34	1285620583	Michael Tansey	$219,118.56	$1,974.04	111	44
35	1629415922	Alyssa Lakin	$218,936.13	$990.66	221	58
36	1518300995	Veronica Taylor	$214,662.33	$10,733.12	20	7993
37	1679573893	Patty Hildreth	$210,416.46	$262.36	802	31
38	1245468768	Thomas Schmidt	$210,341.31	$2,237.67	94	43
39	1427178284	Darcy Krueger	$209,303.28	$13,953.55	15	273
40	1730318205	Diana Bayer-Bowstead	$207,973.29	$2,079.73	100	394
41	1356753859	Katie Lutz	$207,406.56	$1,583.26	131	156
42	1134249832	Steven Craig	$206,786.23	$2,047.39	101	47
43	1649419219	Heather Hunemuller	$205,084.49	$1,507.97	136	54
44	1649826140	Taylor Boldt	$204,559.56	$1,372.88	149	86

45	1285331058	Natalie Reitz	$203,982.16	$3,457.32	59	39
46	1316934318	Steven Lentz	$202,114.65	$10,637.61	19	4
47	1407065469	Christoph Randak	$201,366.66	$1,623.92	124	115
48	1730293705	Robert Jackson	$199,403.53	$2,492.54	80	45
49	1073722112	Riad Rahhal	$199,250.46	$626.57	318	50
50	1659093292	Kathryn Foy	$191,445.83	$1,895.50	101	40
51	1013978089	Jennifer Bradley	$186,605.62	$245.53	760	60
52	1558673095	Amanda Van Wyk	$186,050.15	$1,378.15	135	35
53	1669184511	Chandra Miller	$185,242.59	$8,821.08	21	233
54	1114214541	Dimah Saade	$181,679.79	$5,505.45	33	173
55	1558543595	Gordon Buchanan	$180,768.30	$836.89	216	122
56	1437238110	Genevieve Nelson	$180,304.36	$159.56	1130	64
57	1053520759	Alicia Gerke	$178,999.29	$3,729.15	48	51
58	1902191059	Amber Tierney	$178,478.69	$4,823.75	37	159
59	1891955423	Leah Siegfried	$178,293.52	$575.14	310	52
60	1215979539	Vijay Aluri	$176,648.79	$6,308.89	28	70
61	1386938447	Theresa Czech	$176,464.75	$476.93	370	109
62	1467502286	Charles Tilley	$175,634.73	$127.64	1376	71
63	1770933046	Shelby Biller	$175,214.49	$176.45	993	57
64	1841607900	Shayla Sanders	$173,111.75	$2,438.19	71	61
65	1447373832	Joshua Wilson	$171,152.87	$4,890.08	35	30
66	1558808501	Jessica Braksiek	$166,435.25	$3,263.44	51	123
67	1790163848	Hesper Nowatzki	$166,431.38	$159.57	1043	68
68	1629537576	Jordan Evans	$165,070.36	$1,162.47	142	111

69	1477199198	Sajo Thomas	$161,932.75	$160.17	1011	130
70	1285710764	Jitendrakumar Gupta	$161,364.76	$645.46	250	49
71	1780995506	Quanhathai Kaewpoowat	$159,926.97	$2,621.75	61	46
72	1275763047	Rebecca Bowman	$159,409.98	$199.26	800	73
73	1225263833	Lindsay Orris	$158,944.01	$1,431.93	111	84
74	1194176586	Paul Fenton	$158,388.65	$2,169.71	73	29
75	1609003011	John Bernat	$158,078.22	$19,759.78	8	76
76	1992365894	Emily Weig	$156,454.71	$1,819.24	86	34
77	1578132940	Alec Steils	$156,066.12	$497.03	314	81
78	1285748004	Bruce Hughes	$155,401.56	$1,967.11	79	62
79	1144900861	Lizabeth Sheets	$153,645.50	$320.09	480	48
80	1467907394	Cynthia Coenen	$153,283.32	$131.24	1168	85
81	1902358443	Melissa Konken	$152,632.02	$179.36	851	90
82	1104804053	Winthrop Risk	$152,483.75	$388.99	392	108
83	1063792026	Jill Miller	$150,380.77	$254.02	592	82
84	1548611841	Adnan Kiani	$147,736.23	$2,841.08	52	95
85	1588616171	Heather Thomas	$147,500.54	$1,735.30	85	28
86	1578958542	Heidi Curtis	$147,085.91	$778.23	189	94
87	1528051653	Mark Granner	$143,139.63	$278.48	514	89
88	1902880966	Rasa Buntinas	$141,555.73	$1,705.49	83	72
89	1972638864	Liuska Pesce	$141,346.31	$710.28	199	237
90	1043211303	Ali Safdar	$140,981.55	$163.36	863	107
91	1801405832	Sarah Hiemer	$139,904.54	$813.40	172	75
92	1275836751	Holly Kramer	$139,626.28	$1,099.42	127	77

93	1811666118	Jessiann Dryden-Parish	$139,039.94	$1,149.09	121	222
94	1639226731	Meriner Pereira	$139,016.59	$1,094.62	127	53
95	1750470118	Laura Graeff-Armas	$137,302.63	$34,325.66	4	0
96	1053963900	Nicole Mcclavy	$136,710.89	$169.83	805	91
97	1770324220	Casie Hale	$136,215.20	$437.99	311	442
98	1124216676	Wendy Sanders	$134,716.34	$453.59	297	100
99	1356359871	Rhea Hartley	$134,696.16	$88.62	1520	69
100	1285946566	Hazim Zaghloul	$134,516.77	$2,241.95	60	142

TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

CATEGORY DESCRIPTION	December 2024 / February 2025	PREV Rank	% BUDGET	March 2025 / May 2025	CURR RANK	% BUDGET	% CHANGE
ANTIDIABETICS	$12,978,631	1	12.8%	$13,800,269	1	13.2%	6.3%
DERMATOLOGICALS	$11,127,366	2	11.0%	$11,223,313	2	10.7%	0.9%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	$10,425,695	3	10.3%	$10,783,347	3	10.3%	3.4%
ANALGESICS - ANTI-INFLAMMATORY	$7,754,817	4	7.7%	$7,681,452	4	7.3%	-0.9%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	$5,532,864	5	5.5%	$5,712,487	5	5.4%	3.2%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	$5,416,413	6	5.4%	$5,685,686	6	5.4%	5.0%
ENDOCRINE AND METABOLIC AGENTS - MISC.	$3,773,705	7	3.7%	$4,149,360	7	4.0%	10.0%
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	$3,759,668	8	3.7%	$3,850,067	8	3.7%	2.4%
ANTICONVULSANTS	$3,475,183	12	3.4%	$3,766,047	9	3.6%	8.4%
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	$3,558,103	11	3.5%	$3,743,323	10	3.6%	5.2%
HEMATOLOGICAL AGENTS - MISC.	$3,647,198	9	3.6%	$3,640,515	11	3.5%	-0.2%
ANTIVIRALS	$3,630,614	10	3.6%	$3,439,737	12	3.3%	-5.3%
MIGRAINE PRODUCTS	$3,045,267	13	3.0%	$3,338,958	13	3.2%	9.6%
CARDIOVASCULAR AGENTS - MISC.	$2,492,448	15	2.5%	$2,991,417	14	2.9%	20.0%
RESPIRATORY AGENTS - MISC.	$2,691,134	14	2.7%	$2,766,679	15	2.6%	2.8%
ANTIDEPRESSANTS	$2,150,619	16	2.1%	$2,215,983	16	2.1%	3.0%
GASTROINTESTINAL AGENTS - MISC.	$2,026,564	17	2.0%	$2,018,501	17	1.9%	-0.4%
ANTICOAGULANTS	$1,668,813	18	1.7%	$1,759,148	18	1.7%	5.4%
NEUROMUSCULAR AGENTS	$1,411,379	19	1.4%	$1,509,273	19	1.4%	6.9%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	$807,405	20	0.8%	$831,444	20	0.8%	3.0%

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TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

CATEGORY DESCRIPTION	December 2024 / February 2025	PREV RANK	March 2025 / May 2025	CURR RANK	% CHANGE
ANTIDEPRESSANTS	102,459	1	101,522	1	-0.9%
ANTICONVULSANTS	49,215	2	49,674	2	0.9%
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	45,722	3	48,229	3	5.5%
ANTIASTHMATIC AND BRONCHODILATOR AGENTS	45,234	4	44,141	4	-2.4%
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS	39,199	5	40,122	5	2.4%
ANTIPSYCHOTICS/ANTIMANIC AGENTS	38,142	8	38,779	6	1.7%
ANTIDIABETICS	38,310	7	38,413	7	0.3%
ANTIHYPERTENSIVES	38,513	6	37,042	8	-3.8%
ANTIANXIETY AGENTS	33,599	9	34,855	9	3.7%
ANTIHISTAMINES	22,903	11	24,877	10	8.6%
ANTIHYPERLIPIDEMICS	24,665	10	23,198	11	-5.9%
DERMATOLOGICALS	20,785	13	21,697	12	4.4%
ANALGESICS - ANTI-INFLAMMATORY	18,486	14	18,716	13	1.2%
BETA BLOCKERS	17,858	15	17,440	14	-2.3%
ANALGESICS - OPIOID	16,496	16	16,940	15	2.7%
PENICILLINS	21,026	12	16,731	16	-20.4%
THYROID AGENTS	15,511	17	16,080	17	3.7%
MUSCULOSKELETAL THERAPY AGENTS	12,669	20	13,253	18	4.6%
DIURETICS	13,568	19	13,244	19	-2.4%
CORTICOSTEROIDS	14,339	18	11,911	20	-16.9%

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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	December 2024 / February 2025	PREV RANK	March 2025 / May 2025	CURR RANK	% CHANGE
OZEMPIC	$4,890,761	1	$5,221,709	1	6.8%
HUMIRA(CF) PEN	$3,829,665	2	$3,924,708	2	2.5%
VRAYLAR	$3,512,343	3	$3,602,361	3	2.6%
DUPIXENT PEN	$2,229,316	6	$2,410,011	4	8.1%
JARDIANCE	$2,112,728	7	$2,226,232	5	5.4%
TRIKAFTA	$2,326,514	4	$2,208,807	6	-5.1%
STELARA	$2,279,418	5	$2,130,766	7	-6.5%
MOUNJARO	$1,526,460	9	$1,957,154	8	28.2%
INVEGA SUSTENNA	$1,858,454	8	$1,867,466	9	0.5%
SKYRIZI PEN	$1,161,274	15	$1,621,206	10	39.6%
BIKTARVY	$1,403,459	10	$1,540,738	11	9.8%
REXULTI	$1,211,081	12	$1,381,751	12	14.1%
ELIQUIS	$1,192,173	13	$1,255,820	13	5.3%
TALTZ AUTOINJECTOR	$1,382,299	11	$1,249,228	14	-9.6%
TRULICITY	$1,189,319	14	$1,167,904	15	-1.8%
NURTEC ODT	$938,863	17	$1,083,728	16	15.4%
ALTUVIIIO	$897,692	18	$963,861	17	7.4%
ENBREL SURECLICK	$782,790	24	$852,635	18	8.9%
INGREZZA	$861,274	19	$829,843	19	-3.6%
NOVOSEVEN RT	$580,216	39	$815,226	20	40.5%
EVRYSDI	$763,043	25	$787,769	21	3.2%

ABILIFY MAINTENA	$711,194	26	$738,638	22	3.9%
STRENSIQ	$835,883	21	$727,733	23	-12.9%
TRELEGY ELLIPTA	$672,080	27	$722,264	24	7.5%
VYVANSE	$944,231	16	$710,392	25	-24.8%
WAKIX	$838,440	20	$700,091	26	-16.5%
DUPIXENT SYRINGE	$822,095	22	$696,215	27	-15.3%
ARISTADA	$784,122	23	$691,145	28	-11.9%
EPIDIOLEX	$656,221	29	$682,468	29	4.0%
CAPLYTA	$636,902	30	$675,390	30	6.0%
FARXIGA	$658,536	28	$658,219	31	0.0%
LISDEXAMFETAMINE DIMESYLATE	$586,410	37	$636,231	32	8.5%
RINVOQ	$533,455	42	$628,419	33	17.8%
TRINTELLIX	$617,705	33	$618,405	34	0.1%
AJOVY AUTOINJECTOR	$582,826	38	$600,276	35	3.0%
NORDITROPIN FLEXPRO	$633,231	32	$570,180	36	-10.0%
AUSTEDO XR	$461,812	46	$567,259	37	22.8%
COSENTYX UNOREADY PEN	$587,232	35	$567,111	38	-3.4%
UBRELVY	$526,841	43	$560,440	39	6.4%
JORNAY PM	$507,177	44	$556,290	40	9.7%
LYBALVI	$456,947	49	$548,469	41	20.0%
FINTEPLA	$399,643	54	$544,717	42	36.3%
INVEGA TRINZA	$544,476	41	$539,545	43	-0.9%
JYNARQUE	$339,671	66	$539,539	44	58.8%
CRYSVITA	$453,553	50	$536,604	45	18.3%

SYMBICORT	$490,083	45	$531,058	46	8.4%
SKYRIZI ON-BODY	$587,592	34	$530,812	47	-9.7%
UPTRAVI	$373,709	60	$518,738	48	38.8%
HEMLIBRA	$414,969	53	$506,083	49	22.0%
RAVICTI	$364,425	64	$496,819	50	36.3%
DUVYZAT	$333,053	67	$494,035	51	48.3%
ENTRESTO	$457,071	48	$492,709	52	7.8%
LINZESS	$459,305	47	$487,475	53	6.1%
ORENITRAM ER	$372,009	61	$486,465	54	30.8%
TREMFYA	$633,684	31	$466,203	55	-26.4%
MAVYRET	$565,103	40	$460,940	56	-18.4%
XARELTO	$435,975	51	$457,604	57	5.0%
AUSTEDO	$395,004	57	$445,007	58	12.7%
OPSUMIT	$380,100	59	$440,831	59	16.0%
ZEPBOUND	$67,895	245	$416,730	60	513.8%
QELBREE	$367,342	62	$401,865	61	9.4%
ALBUTEROL SULFATE HFA	$424,750	52	$400,279	62	-5.8%
OTEZLA	$356,637	65	$397,760	63	11.5%
TAKHZYRO	$391,538	58	$395,387	64	1.0%
KESIMPTA PEN	$398,173	56	$378,685	65	-4.9%
XIFAXAN	$399,617	55	$366,469	66	-8.3%
TYVASO DPI	$241,015	88	$365,574	67	51.7%
VERZENIO	$365,104	63	$360,891	68	-1.2%
FASENRA PEN	$263,308	83	$353,994	69	34.4%

COSENTYX SENSOREADY (2 PENS)	$587,086	36	$344,740	70	-41.3%
XYWAV	$306,861	71	$342,914	71	11.7%
BIMZELX AUTOINJECTOR	$46,818	310	$324,966	72	594.1%
KISQALI	$310,134	69	$320,275	73	3.3%
QULIPTA	$289,444	76	$320,062	74	10.6%
ORFADIN	$303,729	73	$316,559	75	4.2%
LANTUS SOLOSTAR	$272,591	80	$283,285	76	3.9%
SPIRIVA RESPIMAT	$274,236	79	$277,907	77	1.3%
BREZTRI AEROSPHERE	$250,894	87	$276,039	78	10.0%
ILARIS	$266,996	82	$274,906	79	3.0%
AIMOVIG AUTOINJECTOR	$251,904	86	$269,626	80	7.0%
XOLAIR	$194,537	108	$262,237	81	34.8%
ALYFTREK		-	$249,893	82	0.0%
TAGRISSO	$148,951	138	$247,001	83	65.8%
ADVAIR HFA	$227,730	93	$240,567	84	5.6%
ENBREL	$253,419	84	$238,035	85	-6.1%
CONCERTA	$299,258	74	$237,990	86	-20.5%
JANUVIA	$290,150	75	$235,258	87	-18.9%
AZSTARYS	$235,694	91	$234,719	88	-0.4%
GATTEX	$278,688	78	$234,517	89	-15.8%
LENVIMA	$147,050	139	$231,060	90	57.1%
METHYLPHENIDATE ER	$210,486	97	$226,566	91	7.6%
ALPROLIX	$285,253	77	$225,502	92	-20.9%
HUMIRA(CF)	$326,496	68	$225,067	93	-31.1%

CREON	$221,422	94	$223,148	94	0.8%
EMGALITY PEN	$177,803	118	$221,304	95	24.5%
ABILIFY ASIMTUFII	$184,235	113	$220,335	96	19.6%
NAYZILAM	$188,519	110	$220,270	97	16.8%
NUCALA	$180,838	116	$220,163	98	21.7%
QUILLICHEW ER	$220,888	95	$218,655	99	-1.0%
BRIVIACT	$252,560	85	$217,801	100	-13.8%

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TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	December 2024 / February 2025	PREV RANK	March 2025 / May 2025	CURR RANK	% CHANGE
OMEPRAZOLE	17,118	1	17,224	1	0.6%
TRAZODONE HCL	14,731	3	14,885	2	1.0%
SERTRALINE HCL	15,066	2	14,872	3	-1.3%
LEVOTHYROXINE SODIUM	14,262	4	14,838	4	4.0%
BUPROPION XL	12,444	8	12,916	5	3.8%
ATORVASTATIN CALCIUM	13,840	5	12,641	6	-8.7%
ALBUTEROL SULFATE HFA	13,003	7	12,536	7	-3.6%
FLUOXETINE HCL	12,281	9	12,153	8	-1.0%
GABAPENTIN	11,221	11	11,211	9	-0.1%
ESCITALOPRAM OXALATE	11,710	10	11,165	10	-4.7%
AMOXICILLIN	13,804	6	10,690	11	-22.6%
HYDROXYZINE HCL	10,188	13	10,607	12	4.1%
CETIRIZINE HCL	9,824	14	10,462	13	6.5%
MONTELUKAST SODIUM	9,590	16	9,977	14	4.0%
BUSPIRONE HCL	9,606	15	9,921	15	3.3%
LISINOPRIL	10,193	12	9,374	16	-8.0%
PANTOPRAZOLE SODIUM	9,026	18	9,137	17	1.2%
CLONIDINE HCL	8,543	19	8,620	18	0.9%
QUETIAPINE FUMARATE	7,795	23	7,966	19	2.2%
DULOXETINE HCL	8,195	21	7,919	20	-3.4%

ARIPIPRAZOLE	7,861	22	7,890	21	0.4%
LAMOTRIGINE	7,702	24	7,748	22	0.6%
DEXTROAMPHETAMINE-AMPHET ER	6,857	27	7,593	23	10.7%
FAMOTIDINE	7,017	26	7,331	24	4.5%
PREDNISONE	8,533	20	7,005	25	-17.9%
AMLODIPINE BESYLATE	7,564	25	6,914	26	-8.6%
FLUTICASONE PROPIONATE	6,543	30	6,912	27	5.6%
HYDROCODONE-ACETAMINOPHEN	6,260	34	6,421	28	2.6%
TOPIRAMATE	6,432	33	6,412	29	-0.3%
VENLAFAXINE HCL ER	6,479	31	6,202	30	-4.3%
METOPROLOL SUCCINATE	6,465	32	6,161	31	-4.7%
METHYLPHENIDATE ER	5,559	37	6,068	32	9.2%
CYCLOBENZAPRINE HCL	5,705	36	5,938	33	4.1%
ONDANSETRON ODT	6,839	28	5,803	34	-15.1%
LORATADINE	5,318	40	5,699	35	7.2%
OZEMPIC	5,323	39	5,644	36	6.0%
AMOXICILLIN-CLAVULANATE POTASS	6,671	29	5,473	37	-18.0%
LOSARTAN POTASSIUM	5,894	35	5,467	38	-7.2%
RISPERIDONE	5,535	38	5,461	39	-1.3%
DEXTROAMPHETAMINE-AMPHETAMINE	5,025	44	5,312	40	5.7%
AZITHROMYCIN	9,566	17	5,253	41	-45.1%
ALPRAZOLAM	5,155	42	5,244	42	1.7%
CLONAZEPAM	5,193	41	5,216	43	0.4%
METFORMIN HCL ER	5,130	43	4,979	44	-2.9%

LISDEXAMFETAMINE DIMESYLATE	4,519	47	4,928	45	9.1%
IBUPROFEN	4,668	46	4,759	46	1.9%
MELOXICAM	4,482	48	4,702	47	4.9%
METFORMIN HCL	4,283	51	4,554	48	6.3%
ASPIRIN EC	4,253	52	4,389	49	3.2%
GUANFACINE HCL ER	4,001	56	4,265	50	6.6%
ROSUVASTATIN CALCIUM	4,475	49	4,260	51	-4.8%
CEPHALEXIN	4,061	54	4,127	52	1.6%
MIRTAZAPINE	4,036	55	4,117	53	2.0%
PROPRANOLOL HCL	3,881	60	4,097	54	5.6%
GUANFACINE HCL	4,171	53	4,089	55	-2.0%
ALLERGY RELIEF	3,503	67	4,047	56	15.5%
JARDIANCE	3,829	61	4,038	57	5.5%
PRAZOSIN HCL	3,931	57	3,970	58	1.0%
LORAZEPAM	3,779	64	3,953	59	4.6%
FUROSEMIDE	3,912	58	3,926	60	0.4%
ACETAMINOPHEN	3,884	59	3,800	61	-2.2%
SPIRONOLACTONE	3,788	62	3,795	62	0.2%
LEVETIRACETAM	3,690	65	3,667	63	-0.6%
CEFDINIR	4,748	45	3,593	64	-24.3%
POLYETHYLENE GLYCOL 3350	3,456	68	3,592	65	3.9%
FOLIC ACID	3,451	69	3,559	66	3.1%
TRIAMCINOLONE ACETONIDE	3,320	74	3,522	67	6.1%
PREGABALIN	3,420	71	3,506	68	2.5%

LANTUS SOLOSTAR	3,331	73	3,492	69	4.8%
METHYLPHENIDATE HCL	3,389	72	3,476	70	2.6%
HYDROXYZINE PAMOATE	3,291	77	3,471	71	5.5%
ALBUTEROL SULFATE	4,381	50	3,421	72	-21.9%
HYDROCHLOROTHIAZIDE	3,538	66	3,368	73	-4.8%
DOXYCYCLINE MONOHYDRATE	3,779	63	3,345	74	-11.5%
FEROSUL	3,307	75	3,277	75	-0.9%
FLUCONAZOLE	3,146	78	3,143	76	-0.1%
VALACYCLOVIR	3,091	79	3,077	77	-0.5%
OXYCODONE HCL	2,868	82	3,055	78	6.5%
BACLOFEN	2,954	80	3,003	79	1.7%
OLANZAPINE	2,922	81	2,996	80	2.5%
METRONIDAZOLE	2,751	87	2,890	81	5.1%
ATOMOXETINE HCL	2,865	83	2,877	82	0.4%
TRAMADOL HCL	2,843	84	2,870	83	0.9%
POTASSIUM CHLORIDE	2,775	86	2,833	84	2.1%
TIZANIDINE HCL	2,593	88	2,754	85	6.2%
VENTOLIN HFA	3,299	76	2,719	86	-17.6%
VRAYLAR	2,564	89	2,601	87	1.4%
DEXMETHYLPHENIDATE HCL ER	2,472	91	2,565	88	3.8%
SYMBICORT	2,272	95	2,449	89	7.8%
ELIQUIS	2,288	93	2,393	90	4.6%
CITALOPRAM HBR	2,458	92	2,345	91	-4.6%
ZOLPIDEM TARTRATE	2,287	94	2,319	92	1.4%

ONDANSETRON HCL	2,529	90	2,301	93	-9.0%
SUMATRIPTAN SUCCINATE	2,196	96	2,271	94	3.4%
NAPROXEN	2,057	101	2,251	95	9.4%
OXCARBAZEPINE	2,162	97	2,209	96	2.2%
SULFAMETHOXAZOLE-TRIMETHOPRIM	2,035	103	2,164	97	6.3%
TAMSULOSIN HCL	2,058	100	2,130	98	3.5%
VYVANSE	2,776	85	2,099	99	-24.4%
MUPIROCIN	1,975	105	2,094	100	6.0%

Medicaid Statistics for Prescription Claims
March through May 2025

Tri-Monthly Statistics

	FFS	Wellpoint	Iowa Total Care	Molina Healthcare	Total**
Total Dollars Paid	$3,017,844	$104,898,653	$81,632,091	$57,684,601	$247,233,189
Users	3,565	101,950	93,568	76,692	275,775
Cost Per User	$846.52	$1,028.92	$872.44	$752.16	
Total Prescriptions	23,257	807,765	660,847	479,338	1,971,207
Average Rx/User	6.52	7.92	7.06	6.25	
Average Cost/Rx	$129.76	$129.86	$123.53	$120.34	
# Generic Prescriptions	20,977	722,306	593,607	433,917	
% Generic	90.2%	89.4%	90.0%	90.5%	
$ Generic	$1,078,583	$13,827,053	$10,788,105	$7,959,104	
Average Generic Rx Cost	$51.42	$19.14	$18.17	$18.34	
Average Generic Days Supply	27	27.67	28	27.15	
# Brand Prescriptions	2,211	85,459	66,175	45,421	
% Brand	9.5%	10.6%	10.0%	9.5%	
$ Brand	$1,930,621	$91,071,600	$70,800,357	$49,743,201	
Average Brand Rx Cost	$873.19	$1,065.68	$1,069.90	$1,095.16	
Average Brand Days Supply	29	27.8	29	28.3	

**All reported dollars are pre-rebate

Top 20 Therapeutic Class by Paid Amount*

March through May 2025

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

* Pre-rebate

Top 20 Therapeutic Class by Prescription Count

March through May 2025

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

Top 25 Drugs by Paid Amount**

March through May 2025

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

** Pre-rebate

Top 25 Drugs by Prescription Count

March through May 2025

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

Opioid Reversal Agent Frequency in Members with MME ≥90

Purpose

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

Background

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

RDUR Criteria

- Pharmacy claim lookback: November 1, 2024 through April 30, 2025
- Members of all ages that have an opioid utilization with MME ≥90
    - Removing any members with primary insurance
- Report number of members with opioid antagonists and without opioid antagonists, and broken out by members <18 and members 18+
- Include any trends within the rejection reasons if available

Data

Iowa Total Care (ITC)

- Total number of members with MME ≥90: 459
- Most common rejection:
    - NDC not covered
    - Prior authorization required
    - Prescriber not enrolled in State Medicaid program

Member Type	Total Members	With Reversal Agent	Without Reversal Agent	Percentage with Reversal Agent
<18	6	3	3	50
18+	453	119	334	26
Totals:	459	122	337	27

Molina (MHC)

- Total number of members with MME ≥90: 316
- Most common rejection:
    - Prior authorization required
    - Prescriber not enrolled in State Medicaid program
    - Product not on formulary

Member Type	Total Members	With Reversal Agent	Without Reversal Agent	Percentage with Reversal Agent
<18	1	0	1	0
18	315	103	212	33
Totals:	316	103	213	33

Wellpoint (WLP)

- Total number of members with MME ≥90: 342
- Most common rejection:
    - Prior authorization required
    - Plan limitations exceeded
    - Prescriber not enrolled in State Medicaid program

Member Type	Total Members	With Reversal Agent	Without Reversal Agent	Percentage with Reversal Agent
<18	3	1	2	33
18+	339	152	187	45
Totals:	342	153	189	45

Fee-for-Service (FFS)

- Total number of members with MME ≥90: 9
- Most common rejection: N/A

Member Type	Total Members	With Reversal Agent	Without Reversal Agent	Percentage with Reversal Agent
<18	0	0	0	0
18+	9	2	7	22
Totals:	9	2	7	22

Proposed Recommendations

- Custom letters directed at pharmacies / pharmacists regarding statewide protocol vs standing order.
    - For all in-network pharmacies? Only those with members ≥ 90MME?
    - Include general education on opioid antagonist? How they are covered, no prior authorization is needed with correct NDC, options available, etc.
- Custom letters directed at providers of members with ≥90MME with no opioid antagonist.

Risk of Hyperthermia with Scopolamine Patch
RetroDUR
Proposal

Purpose
Identify prescribers of scopolamine patch to educate them on the recent U.S. Food and Drug Administration (FDA) safety warning about the risk of hyperthermia. This outreach will help ensure that critical safety information reaches prescribers of this medication.

Background
- The FDA recently issued a Drug Safety Communication warning about Transderm Scōp (scopolamine transdermal system) due to reports of hyperthermia linked to its use, which have resulted in hospitalizations or deaths.
- Most instances occurred within 72 hours of patch application.
- Children under 18 and adults over 60 appear to be at greater risk, with hyperthermia occurring within 72 hours of application.
- Transderm Scōp (scopolamine transdermal system) is an anticholinergic indicated in adults for the prevention of:
    - Nausea and vomiting associated with motion sickness.
    - Post-operative nausea and vomiting associated with recovery from anesthesia and/or opiate analgesia and surgery.
- Transderm Scōp (scopolamine transdermal system) is not FDA-approved for pediatric use, though it may be prescribed in children to manage excessive drooling in children with cerebral palsy or other neurological disorders.
    - Transderm Scōp is preferred on the preferred drug list (PDL) while the generic scopolamine patch is non-preferred.
- The FDA has required the prescribing information be revised to include a warning and other information about the risk of hyperthermia.

Proposed RDUR Criteria
- Time Period: April 1, 2025 through June 30, 2025
- Identify members with one or more claims for scopolamine transdermal patch
    - Break out by members < 18 years of age, 10 to 59 years of age, and 60+ years of age.
    - Identify the number of unique prescribers
- Other suggestions?

Utilization of SGLT2 Inhibitors in Members with Chronic Kidney Disease
RetroDUR
Proposal

Purpose

To identify members with chronic kidney disease (CKD) without a sodium-glucose co-transporter 2 (SGLT2) inhibitor in pharmacy claims.

Background

- SGLT2 inhibitors have been proven to reduce the progression of CKD and lower cardiovascular risk in patients with or without diabetes.
- Clinical guidelines from KDIGO and ADA recommend SGLT2 inhibitors as first-line therapy in eligible patients.
- Despite this, evidence suggests that uptake remains low.
- Preferred SGLT2 inhibitors do not require prior authorization (PA).
- Single agent SGLT2 inhibitors vary in indications.
- Combination agent SGLT2 inhibitors are FDA approved only for the treatment of type 2 diabetes.

SGLT2 Inhibitors (Preferred agents as of 7/1/2025 PDL italicized)

Single Agent SGLT2 Inhibitors	Combination Agent SGLT2 Inhibitors
Dapagliflozin* (*Farxiga*)	Empagliflozin + linagliptin (Glyxambi)
Empagliflozin* (*Jardiance*)	Empagliflozin + metformin (*Synjardy*)
Canagliflozin† (Invokana)	Empagliflozin + linagliptin + metformin XR (Trijardy XR)
Etrugliflozin (Steglatro)	Dapagliflozin + saxagliptin (Qtern)
	Dapagliflozin + metformin (*Xigduo XR*)
	Canagliflozin + metformin (Invokamet XR)
	Ertugliflozin + sitagliptin (Steglujan)
	Ertugliflozin + metformin (Segluromet)

Single Agent SGLT2 Inhibitor Indications

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

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

Proposed RDUR Criteria

- Members ≥ 18 years of age with a diagnosis of CKD (ICD-10 N18.xxx)
    - With continuous eligibility during the 6-month pharmacy claim period
    - Medical claims: January 1, 2024 through June 30, 2025
- Pharmacy claims: January 1, 2025 through June 30, 2025
    - Exclude members where Medicaid is the secondary payor
- Identify members with and without a pharmacy claim for a SGLT2 inhibitor (single and combination agent); report total for each
    - Break those members out by those with and without diabetes (ICD-10 E11.xxx)
- Exclude members with end stage renal disease (ESRD) or dialysis (ICD-10 N18.6, Z99.2, Z91.15)

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

Background

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

Proposed ProDUR Edit

- Receive claim for a GLP-1 RA (including a dual GIP and GLP-1 RA agent, e.g. tirzepatide) or DPP-4i agent
- Lookback 90 days for overlapping therapy
- Reject claim at pharmacy point-of-sale (POS) if found
- Prior authorization will be required if member is switching from one agent to the other

Anti-Diabetic Non-Insulin Agents

Background
The DUR Commission has recommended the state implement a ProDUR edit to prevent the concurrent use of a DPP-4 inhibitor with a GLP-1 receptor agonist. As a result, prior authorization (PA) criteria are being revised to incorporate this requirement.

Current Clinical Prior Authorization Criteria
Prior authorization (PA) is required for select preferred anti-diabetic, non-insulin agents subject to clinical criteria. Payment will be considered under the following conditions:

1. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. For the treatment of Type 2 Diabetes Mellitus, a current A1C is provided; and
3. Requests for non-preferred antidiabetic, non-insulin agents subject to clinical criteria, will be authorized only for cases in which there is documentation of previous trials and therapy failures with a preferred drug in the same class. Additionally, requests for a non-preferred agent for the treatment of Type 2 Diabetes Mellitus must document previous trials and therapy failures with at least 3 preferred agents from 3 different drug classes at maximally tolerated doses.

The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated. Requests for weight loss are not a covered diagnosis of use and will be denied.

Proposed Clinical Prior Authorization Criteria (changes highlighted/italicized and/or stricken)
Prior authorization (PA) is required for select preferred anti-diabetic, non-insulin agents subject to clinical criteria. Payment will be considered under the following conditions:

1. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. For the treatment of Type 2 Diabetes Mellitus, a current A1C is provided; and
3. *Requests for combination therapy with a DPP-4 inhibitor containing agent with a GLP-1 receptor agonist containing agent will not be considered; and*
4. Requests for non-preferred antidiabetic, non-insulin agents subject to clinical criteria, will be authorized only for cases in which there is documentation of previous trials and therapy failures with a preferred drug in the same class. Additionally, requests for a non-preferred agent for the treatment of Type 2 Diabetes Mellitus must document previous trials and

therapy failures with at least 3 preferred agents from 3 different drug classes at maximally tolerated doses.

The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated. Requests for weight loss, *which is* ~~are~~ not a covered diagnosis of use, ~~and~~ will be denied.

Dupilumab (Dupixent)

Background
Dupilumab (Dupixent) received approval for a new indication of chronic spontaneous urticaria (CSU) in adult and pediatric patients aged 12 years and older who remain symptomatic despite H1 antihistamine treatment. Omalizumab (Xolair) was the first biologic to receive this indication.

Prior authorization (PA) criteria are being updated to add criteria for the new indication. Additionally, PA criteria are being updated for asthma to remove trials with theophylline since it is rarely used and not a first line option. Refer to the Dupixent drug label for complete information.

The approval of Dupixent for chronic spontaneous urticaria was based on CUPID, three randomized, double-blind, placebo-controlled studies in adult and pediatric patients aged 12 years and older with CSU. CUPID Study A and Study C included patients who remained symptomatic despite H1 antihistamine treatment and were anti-IgE treatment naïve, while CUPID Study B included patients who remained symptomatic despite H1 antihistamine and anti-IgE treatments. The efficacy of Dupixent was based only on CUPID Study A and Study C; Study B did not meet the primary endpoint.

CUPID Studies A and C included a total of 284 adult and pediatric patients. The primary endpoint was change from baseline in itch severity score over 7 days (ISS7) at week 24. The ISS7 score was defined as the sum of the daily itch severity scores (ISS), from 0 to 3, recorded at the same time of the day for a 7-day period, ranging from 0 to 21.

- In CUPID Study A, the change from baseline in ISS7 at week 24 was -10.44 in the Dupixent group vs. -6.02 in the placebo group (least-squares mean difference -4.42, 95% CI: -6.84, -2.01).
- In CUPID Study C, the change from baseline in ISS7 at week 24 was -8.50 in the Dupixent group vs. -6.13 in the placebo group (least-squares mean difference -2.37, 95% CI: -4.48, -0.27).

Second generation H1-antihistamines taken regularly are the recommended first-line treatment for all types of urticaria following elimination of possible underlying causes. If standard doses do not eliminate urticaria signs and symptoms, the dose of the antihistamine should be increased up to 4-fold. Guidelines have not been updated since the approval of Dupixent.

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

1. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient's current weight in kilograms (kg) is provided; and
3. Patient has a diagnosis of moderate-to-severe atopic dermatitis; and
    a. Patient has failed to respond to good skin care and regular use of emollients; and
    b. Patient has documentation of an adequate trial and therapy failure with one preferred medium to high potency topical corticosteroid for a minimum of 2 consecutive weeks; and
    c. Patient has documentation of a previous trial and therapy failure with a topical immunomodulator for a minimum of 4 weeks; and
    d. Patient will continue with skin care regimen and regular use of emollients; or
4. Patient has a diagnosis of moderate to severe asthma with an eosinophilic phenotype (with a pretreatment eosinophil count ≥ 150 cells/mcL within the previous 6 weeks) or with oral corticosteroid dependent asthma; and
    a. Has a pretreatment forced expiratory volume in 1 second (FEV_1) ≤ 80% predicted in adults; < 90% predicted in adolescents 12 to 17 years of age; and < 95% predicted in children 6 to 11 years of age; and
    b. Symptoms are inadequately controlled with documentation of current treatment with a high-dose inhaled corticosteroid (ICS) given in combination with a controller medication (e.g. long-acting beta $_2$ agonist [LABA], leukotriene receptor antagonist [LTRA], oral theophylline) for a minimum of 3 consecutive months. Patient must be compliant with therapy, based on pharmacy claims; and
    c. Patient must have one of the following, in addition to the regular maintenance medications defined above:
        i. One (1) or more exacerbations in the previous year or
        ii. Require daily oral corticosteroids for at least 3 days; or
5. Patient has a diagnosis of inadequately controlled chronic rhinosinusitis with nasal polyposis (CRSwNP); and
    a. Documentation dupilumab will be used as an add-on maintenance treatment; and
    b. Documentation of an adequate trial and therapy failure with at least one preferred medication from each of the following categories:
        i. Nasal corticosteroid spray; and
        ii. Oral corticosteroid; or
6. Patient has a diagnosis of eosinophilic esophagitis (EoE); and
    a. Patient has ≥ 15 intraepithelial eosinophils per high-power field (eos/hpf) as confirmed by endoscopic esophageal biopsy (attach results); and
    b. Patient has signs and symptoms of esophageal dysfunction (e.g., dysphagia, food impaction, food refusal, abdominal pain, heartburn regurgitation, chest pain and/or, odynophagia); and

c. Documentation of previous trials and therapy failures with all of the following:
    i. High dose proton pump inhibitor (PPI) for at least 8 weeks; and
    ii. Swallowed topical corticosteroid (e.g., fluticasone propionate, oral budesonide suspension): and
    iii. Dietary therapy; or

7. Patient has a diagnosis of moderate to severe prurigo nodularis (PN); and
    a. Patient has experienced severe to very severe pruritits, as demonstrated by a current Worst Itch-Numeric Rating Scale (WI-NRS) ≥ 7; and
    b. Patient has ≥ 20 nodular lesions (attach documentation); and
    c. Documentation of a previous trial and therapy failure with a high or super high potency topical corticosteroid for at least 14 consecutive days; ~~and~~ *or*
8. Patient has a diagnosis of chronic obstructive pulmonary disease (COPD) and an eosinophilic phenotype; and
    a. Patient has moderate to severe airflow limitation, measured within the past 12 months, as evidenced by both of the following:
        i. FEV1/FVC ratio < 0.7, and
        ii. FEV1 % predicted between 30% to 79%; and
    b. Patient has a minimum blood eosinophil count of 300 cells/mcL, measured within the past 12 months; and
    c. Patient has documentation of maximal inhaled therapy for 3 or more months and an inadequate response to:
        i. Triple therapy with all of the following treatments:
            1. Long-acting muscarinic antagonist/anticholinergic (LAMA); and
            2. Long-acting beta agonist (LABA); and
            3. Inhaled corticosteroid (ICS); or
        ii. Double therapy with all of the following if ICS is contraindicated
            1. LABA; and
            2. LAMA; and
    d. Patient has history of at least 2 moderate or 1 severe exacerbation(s) in the previous 12 months despite receiving maximal triple therapy or double therapy (defined above). Moderate exacerbation is defined as patient required treatment with systemic corticosteroids and/or antibiotics and severe exacerbation is defined as hospitalization or observation for over 24 hours in an emergency department or urgent care facility; and
    e. Patient will continue to receive maintenance therapy (as documented above) concomitantly with dupilumab; and
9. Dose does not exceed the FDA approved dosing for indication.

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

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

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

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

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

e. Patient will continue to receive maintenance therapy (as documented above) concomitantly with dupilumab; ~~and~~ *or*

9. *Patient has a diagnosis of chronic spontaneous urticaria (CSU) with no known cause; and*
    a. *Patient has documentation of an adequate trial and therapy failure with a preferred second generation H1 receptor antihistamine for at least 2 weeks.*
10. ~~Dose does not exceed the FDA approved dosing for indication.~~

If criteria for coverage are met, initial authorization will be given for 6 months for all the above indications, except for COPD *and CSU*, which will receive an initial authorization of 12 months to assess the response to treatment. Request for continuation of therapy will require documentation of a positive response to therapy *and continued use of add-on maintenance therapy, where indicated*.

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

References

Dupixent subcutaneous injection [prescribing information]. Tarrytown, NY: Regeneron/sanofi-aventis; April 2025.

Zuberbier T, Abdul Latiff AH, Abuzakouk M, et al. The international AACI/GA2LEN/EuroGuiDerm/APAAACI guideline for the definition, classification, diagnosis, and management of urticaria. Allergy. 2022;73:734-766.

Janus Kinase (JAK) Inhibitors

Background

Rinvoq (upadacitinib) received US Food and Drug Administration (FDA) approval for the treatment of adults with giant cell arteritis. This is the first JAK inhibitor indicated for this condition.

Giant cell arteritis (GCA) is the most common systemic vasculitis in North America and Europe. GCA affects only older adults over 50 years, with a peak incidence between ages 70 and 79. GCA mainly involves the large- and medium-sized arteries and can present with a multitude of symptoms. If left untreated, GCA can lead to a medical emergency where sudden blindness occurs without early detection and treatment. Signs and symptoms when the temporal or other cranial arteries are involved include arm pain, pulsing headaches on one side or on the back of the head, jaw pain, scalp tenderness, double vision or other visual disturbances, and bulging temporal artery that is tender with skin edema and redness. It can also present with constitutional symptoms such as polymyalgia, fevers, anorexia, and weight loss. The cause of GCA is still unknown but is thought to be an autoimmune disorder. High dose glucocorticoids are the mainstay of therapy. Glucocorticoid sparing agents are used in patients who are at an increased risk of glucocorticoid-related adverse effects. Symptoms and signs of GCA usually respond quickly to glucocorticoids and a taper can generally be started after one to two weeks. Currently, tocilizumab and upadacitinib are the only glucocorticoid-sparing agents FDA approved for the treatment of GCA.

Dosage and Administration

- 15 mg once daily in combination with a tapering course of corticosteroids.
- 15 mg once daily can be used as monotherapy following discontinuation of corticosteroids.

Clinical Studies

The approval of Rinvoq for the new indication was based on a randomized, double-blind, placebo-controlled study in 428 patients 50 years of age and older with new-onset or relapsing giant cell arteritis. Patients were randomized to Rinvoq 15 mg, upadacitinib 7.5 mg, or placebo. All patients received background corticosteroid therapy. The primary endpoint was the proportion of patients achieving sustained remission at week 52 as defined by the absence of giant cell arteritis signs and symptoms from week 12 through week 52 and adherence to the protocol-defined corticosteroid taper regimen.

- Sustained remission at week 52 was achieved in 46.4% and 29.0% of patients in the Rinvoq and placebo groups, respectively (difference of 17.1, 95% CI: 6.3, 27.8; $p \leq 0.01$).

Current Clinical Prior Authorization

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

requested drug, excluding requests for the FDA approved indication of alopecia areata or other excluded medical use(s), as defined in Section 1927 (d)(2) of the Social Security Act, State Plan, and Rules when the following conditions are met:

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

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

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

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

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

precautions, drug interactions, and use in specific populations; and

3. Patient has a diagnosis of:
    a. Moderate to severe rheumatoid arthritis; with
        i. A documented trial and inadequate response, at a maximally tolerated dose, with methotrexate; and
        ii. A documented trial and inadequate response to one preferred TNF inhibitor; OR
    b. Psoriatic arthritis; with
        i. A documented trial and inadequate response, at a maximally tolerated dose, with methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); and
        ii. Documented trial and therapy failure with one preferred TNF inhibitor used for psoriatic arthritis; OR
    c. Moderately to severely active ulcerative colitis; with
        ~~i.~~ A documented trial and inadequate response with a preferred TNF inhibitor; ~~and~~
        ii. ~~If requested dose is for tofacitinib 10mg twice daily, an initial 16 weeks of therapy will be allowed. Continued requests at this dose will need to document an adequate therapeutic benefit;~~ OR
    d. Moderately to severely active Crohn's disease; with
        i. A documented trial and inadequate response with a preferred TNF inhibitor; OR
    e. Polyarticular Course Juvenile Idiopathic Arthritis; with
        i. A documented trial and inadequate response to the preferred oral DMARD, methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); and
        ii. A documented trial and inadequate response with a preferred TNF inhibitor; OR
    f. Axial spondyloarthritis conditions (e.g., ankylosing spondylitis or nonradiographic axial spondyloarthritis); with
        i. A documented trial and inadequate response to at least two preferred non-steroidal anti-inflammatories (NSAIDs) at a maximally tolerated dose for a minimum of at least one month; and
        ii. A documented trial and inadequate response with at least one preferred TNF inhibitor; OR
    g. Atopic dermatitis; with
        i. Documentation patient has failed to respond to good skin care and regular use of emollients; and
        ii. A documented adequate trial and therapy failure with one preferred medium to high potency topical corticosteroid for a minimum of 2 consecutive weeks; or
        iii. A documented trial and therapy failure with a topical immunomodulator for a minimum of 4 weeks; and

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

h. Nonsegmental vitiligo; with
    i. A documented trial and inadequate response with a potent topical corticosteroid; or
    ii. A documented trial and inadequate response with a topical calcineurin inhibitor; and
    iii. The patient's body surface area (BSA) is less than or equal to the affected BSA per FDA approved label, if applicable*; or*

i. Giant Cell Arteritis; with
    i. Documentation patient is currently taking a glucocorticoid, with a tapering dose, or has discontinued use of glucocorticoids.

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

References

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

Salvarani, C, et.al. Treatment of giant cell arteritis. In UpToDate, Seo P (Ed), Wolters Kluwer. (Accessed on July 1, 2025.)

IL-5 Antagonists

Background
Mepolizumab (Nucala), an interleukin-5 (IL-5) antagonist, received a new indication for the add-on maintenance treatment of adult patients with inadequately controlled chronic obstructive pulmonary disease (COPD) and an eosinophilic phenotype. Limitation of use, Nucala is not indicated for the relief of acute bronchospasm. Nucala is also approved for the treatment of severe asthma, chronic rhinosinusitis with nasal polyps, eosinophilic granulomatosis with polyangiitis, and hypereosinophilic syndrome. Dupilumab (Dupixent) was the first biologic approved for COPD.

Clinical Trials
The approval of Nucala for the new indication was based on MATINEE and METREX, two randomized, double-blind, placebo-controlled studies in adult patients with inadequately controlled COPD and an eosinophilic phenotype. Both trials enrolled patients with a diagnosis of COPD with moderate to very severe airflow limitation (post-bronchodilator FEV_1/FVC ratio < 0.7 and post-bronchodilator FEV_1 of 20% to 80% of predicted) and at least 2 moderate or 1 severe COPD exacerbation in the previous year despite receiving triple inhaled therapy. Triple therapy included inhaled corticosteroids (ICS) plus 2 additional COPD medications, a long-acting beta2-agonist (LABA) and a long-acting muscarinic antagonist (LAMA). Patients were randomized to receive Nucala 100 mg administered subcutaneously every four weeks for a treatment duration of 52 to 104 weeks in MATINEE or 52 weeks in METREX or placebo. While 1,640 adults were enrolled in the trials, the efficacy population consisted of 1,266 adults (due to insufficient data from METREX to support the efficacy of Nucala in patients with COPD without an eosinophilic phenotype, therefore the population consisted of patients with a blood eosinophil count of ≥ 150 cells/mcL at screening or ≥ 300 cells/mcL in the previous 12 months). The primary endpoint for the MATINEE and METREX trials was the annualized rate of moderate or severe exacerbations during the 52 to 104-week and 52-week treatment periods, respectively.

- In MATINEE, the annualized rate of exacerbations was 0.80 with Nucala vs. 1.01 with placebo (rate ratio 0.79, 95% CI: 0.66, 0.94).
- In METREX, the annualized rate of exacerbations was 1.40 with Nucala vs. 1.71 with placebo (rate ratio 0.82, 95% CI: 0.68, 0.98).

Dosage and Administration (COPD)

- Adults: 100 mg subcutaneously every 4 weeks.

Current Clinical Prior Authorization Criteria
Prior authorization is required for IL-5 antagonists. Requests will not be considered with concurrent use with another monoclonal antibody. Payment for a non-preferred agent will be authorized only for cases in which there is documentation of a previous trial and therapy failure with a preferred agent. Payment will be considered 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 severe asthma with an eosinophilic phenotype, and
    a. Patient has a pretreatment blood eosinophil count of ≥ 150 cells/mcL within the previous 6 weeks or blood eosinophils ≥ 300 cells/ mcL within 12 months prior to initiation of therapy; and
    b. Symptoms are inadequately controlled with documentation of current treatment with a high-dose inhaled corticosteroid (ICS) given in combination with a controller medication (long-acting beta2-agonist [LABA] and leukotriene receptor antagonist [LTRA]) for a minimum of 3 consecutive months, with or without oral corticosteroids. Patient must be compliant with therapy, based on pharmacy claims; and
    c. Patient has a history of two (2) or more exacerbations in the previous year despite regular use of high-dose ICS plus a LABA and LTRA; and
    d. A pretreatment forced expiratory volume in 1 second (FEV_1) < 80% predicted in adults and < 90% in adolescents; or
3. Patient has a diagnosis of eosinophilic granulomatosis with polyangiitis, and
    a. Patient has documentation of an adequate trial and therapy failure with systemic glucocorticoids; and
    b. One of the following:
        i. Eosinophil count > 1000 cells/mcL; or
        ii. Eosinophil count > 10% of the total leukocyte count; and
4. Patient has a diagnosis of hypereosinophilic syndrome (HES); and
    a. Patient has been diagnosed with HES for ≥ 6 months prior to starting treatment; and
    b. Documentation that non-hematologic secondary causes of HES have been ruled out; and
    c. Documentation patient does not have FIP1L1-PDGFRα kinase-positive HES: and
    d. Documentation of ≥ 2 HES flares within the previous 12 months while on stable HES therapy (e.g., chronic or episodic oral corticosteroids, immunosuppressive, or cytotoxic therapy); and
    e. Patient has a blood eosinophil count ≥ 1,000 cells/mcL; and
    f. Medication will be used in combination with stable doses of at least one other HES therapy; and
5. Patient has a diagnosis of chronic rhinosinusitis with nasal polyps (CRSwNP); and
    a. Documentation mepolizumab will be used as an add-on maintenance treatment with a nasal corticosteroid spray; and
    b. Documentation of an adequate trial and therapy failure with at least one preferred medication from each of the following categories:
        i. Nasal corticosteroid; and
        ii. Oral corticosteroid; and
6. Prescribed by or in consultation with an allergist, hematologist, immunologist, otolaryngologist, pulmonologist, or rheumatologist.

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

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

Eosinophilic Granulomatosis with Polyangiitis

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

Hypereosinophilic Syndrome:

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

Chronic Rhinosinusitis with Nasal Polyps (CRSwNP)

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

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 IL-5 antagonists. Requests will not be considered with concurrent use with another monoclonal antibody. Payment for a non-preferred agent will be authorized only for cases in which there is documentation of a previous trial and therapy failure with a preferred agent. Payment will be considered when patient has an FDA approved or compendia indication for the requested drug under the following conditions:

1. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient has a diagnosis of severe asthma with an eosinophilic phenotype, and

a. Patient has a pretreatment blood eosinophil count of ≥ 150 cells/mcL within the previous 6 weeks or blood eosinophils ≥ 300 cells/ mcL within 12 months prior to initiation of therapy; and
b. Symptoms are inadequately controlled with documentation of current treatment with a high-dose inhaled corticosteroid (ICS) given in combination with a controller medication (long-acting beta2-agonist [LABA] and leukotriene receptor antagonist [LTRA]) for a minimum of 3 consecutive months, with or without oral corticosteroids. Patient must be compliant with therapy, based on pharmacy claims; and
c. Patient has a history of two (2) or more exacerbations in the previous year despite regular use of high-dose ICS plus a LABA and LTRA; and
d. A pretreatment forced expiratory volume in 1 second (FEV_1) < 80% predicted in adults and < 90% in adolescents; or

3. Patient has a diagnosis of eosinophilic granulomatosis with polyangiitis, and
   a. Patient has documentation of an adequate trial and therapy failure with systemic glucocorticoids; and
   b. One of the following:
      i. Eosinophil count > 1000 cells/mcL; or
      ii. Eosinophil count > 10% of the total leukocyte count; ~~and~~ *or*
4. Patient has a diagnosis of hypereosinophilic syndrome (HES); and
   a. Patient has been diagnosed with HES for ≥ 6 months prior to starting treatment; and
   b. Documentation that non-hematologic secondary causes of HES have been ruled out; and
   c. Documentation patient does not have FIP1L1-PDGFRα kinase-positive HES: and
   d. Documentation of ≥ 2 HES flares within the previous 12 months while on stable HES therapy (e.g., chronic or episodic oral corticosteroids, immunosuppressive, or cytotoxic therapy); and
   e. Patient has a blood eosinophil count ≥ 1,000 cells/mcL; and
   f. Medication will be used in combination with stable doses of at least one other HES therapy; ~~and~~ *or*
5. Patient has a diagnosis of chronic rhinosinusitis with nasal polyps (CRSwNP); and
   a. Documentation mepolizumab will be used as an add-on maintenance treatment with a nasal corticosteroid spray; and
   b. Documentation of an adequate trial and therapy failure with at least one preferred medication from each of the following categories:
      i. Nasal corticosteroid; and
      ii. Oral corticosteroid; ~~and~~ *or*
6. *Patient has a diagnosis of chronic obstructive pulmonary disease (COPD) with an eosinophilic phenotype; and*
   a. *Patient has moderate to very severe airflow limitation, measured within the past 12 months, as evidenced by both of the following:*
      i. *FEV_1/FVC ratio < 0.7, and*
      ii. *FEV_1% predicted of 20% and 80%; and*

b. *Patient has a minimum blood eosinophil count of 150 cells/mcL, measured with in the past 12 months; and*
c. *Patient has documentation of maximal inhaled therapy for 3 or more months and an inadequate response to therapy with:*
    i. *Triple therapy with all of the following treatments:*
        1. *Long-acting muscarinic antagonist/anticholinergic (LAMA); and*
        2. *Long-acting beta2-agonist (LABA); and*
        3. *Inhaled corticosteroid (ICS); or*
    ii. Double therapy with all of the following if ICS is contraindicated:
        1. LABA; and
        2. LAMA; and
d. *Patient has a history of at least 2 moderate or 1 severe exacerbation(s) in the previous 12 months despite receiving maximal triple therapy or double therapy (defined above). Moderate exacerbation is defined as patient required treatment with systemic corticosteroids and/or antibiotics and severe exacerbation is defined as hospitalization or observation for over 24 hours in an emergency department or urgent care facility; and*
e. *Documentation meprolizumab will be used as an add-on maintenance treatment with triple or double therapy (as defined above); and*

7. Medication will be administered in the patient's home; and

8. Prescribed by or in consultation with an allergist, hematologist, immunologist, otolaryngologist, pulmonologist, or rheumatologist.

If criteria for coverage are met, an initial authorization will be given for 3 months for a diagnosis of severe asthma with an eosinophilic phenotype and eosinophilic granulomatosis with polyangiitis*,* ~~or~~ 6 months for a diagnosis of hypereosinophilic syndrome or CRSwNP*, or 12 months for a diagnosis of COPD* to assess the need for continued therapy. Requests for continuation of therapy will be based on continued medical necessity and will be considered if one or more of the following criteria are met:

Severe Asthma with an Eosinophilic Phenotype:

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

Eosinophilic Granulomatosis with Polyangiitis

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

Hypereosinophilic Syndrome:

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

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

Chronic Rhinosinusitis with Nasal Polyps (CRSwNP)

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

Chronic Obstructive Pulmonary Disease (COPD)

1. *Patient has demonstrated positive clinical response to therapy; and*
2. *Continues to receive add-on maintenance therapy with triple or double therapy (as defined above).*

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

References

Nucala subcutaneous injection [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; May 2025

Olezarsen (Tryngolza)

Background
Olezarsen (Tryngolza) is an apolipoprotein C-III (apoC-III)-directed antisense oligonucleotide (ASO) indicated as an adjunct to diet to reduce triglycerides in adults with familial chylomicronemia syndrome (FCS). It is recommended to maintain a low-fat diet (≤ 20 grams of fat per day) in conjunction with Tryngolza.

See the attached new drug review for additional clinical information.

FCS is a rare, genetic form of severe hypertriglyceridemia that impacts 1 to 10 per 1,000,000 people in the US. Patients with FCS may have triglyceride levels in the thousands. Patients with FCS do not have adequate responses to triglyceride-lowering therapies (e.g., fibrates, omega-3 fatty acids). The high triglyceride levels lead to symptoms such as severe abdominal pain, acute pancreatitis, and fatty deposits in the skin. Lipemia retinalis may occur, a condition in which the retinal veins of the eyes appear milky. Patients may develop symptoms of FCS in infancy but may not have the disease be known until adulthood. FCS is caused by biallelic pathogenic variants in five known genes (i.e., lipoprotein lipase [*LPL*], glycosylphosphatidylinositol-anchored high-density lipoprotein [HDL]-binding protein 1 [*GPIHBP1*], apolipoprotein A-V [*APOA5*], apolipoprotein C-II [*APOC2*], or lipase maturation factor 1 [*LMF1*]).

Cost
- WAC $49,584 per autoinjector; $595,008 per year (12 doses)

Newly Proposed Clinical Prior Authorization Criteria
Prior authorization (PA) is required for olezarsen (Tryngolza). Requests for non-preferred agents may be considered when documented evidence is provided that the use of the preferred agent(s) would be medically contraindicated. Payment will be considered for an FDA approved or compendia indicated diagnosis for the requested drug when the following conditions are met:
1. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and precautions, drug interactions, and use in specific populations; and
2. Patient has a diagnosis of familial chylomicronemia syndrome (FCS) confirmed by genetic testing, (i.e., biallelic pathogenic variants in FCS-causing genes [*LPL, GPIHBP1, APOA5, APOC2, or LMF1*]) (attach genetic testing results); and
3. Diagnosis is confirmed by a pathogenic gene mutation
4. The patient has a current fasting triglyceride level of 880 mg/dL or greater (attach current lipid panel obtained within the past 30 days); and
5. The patient will use medication in combination with a low-fat diet (≤ 20 grams of total fat per day); and

6. Is prescribed by or in consultation with a cardiologist, an endocrinologist, or a provider who specializes in lipid management.

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

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

References

Tryngolza subcutaneous injection [prescribing information]. Carlsbad, CA: Ionis; December 2024.

Moulin P, Dufour R, Averna M, et al. Identification and diagnosis of patients with familial chylomicronaemia syndrome (FCS): Expert panel recommendations and proposal of an "FCS score". Atherosclerosis. 2018;275:265-272. doi:10.1016/j.atherosclerosis.2018.06.814

Iowa PDL New Drug Review

Proprietary Name: Tryngolza®
Common Name: olezarsen
PDL Category: Endocrine Metabolic Agents

Pharmacology/Usage: Olezarsen, the active ingredient of Tryngolza®, is an antisense oligonucleotide (ASO) directed inhibitor of apolipoprotein C-III (apoC-III) mRNA, conjugated to a ligand containing three N-acetyl galactosamine (GalNAc) residues to enable delivery of the ASO to hepatocytes. It is an ASO-$GalNAc_3$ conjugate that binds to apoC-III mRNA leading to mRNA degradation and resulting in a reduction of serum apoC-III protein. Reduction of apoC-III protein leads to increased clearance of plasma triglycerides (TG) and very-low-density lipoprotein (VLDL).

Indication: As an adjunct to diet to reduce triglycerides in adults with familial chylomicronemia syndrome (FCS).

There is no pregnancy category for this medication; however, the risk summary indicates that there are no available data on use in pregnant women to inform a drug-associated risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes. Patients with FCS are at risk for pancreatitis during pregnancy because of defects in lipid metabolism and increased triglyceride levels. The safety and efficacy of use have not been established in the pediatric population.

Dosage Form: Solution in a single-dose autoinjector for Injection: 80mg/0.8ml. Preservative-free.

Remove the autoinjector from the refrigerator 30 minutes prior to the injection and allow to warm to room temperature. Do not use other warming methods.

Recommended Dosage: Prior to initiation, train patients and/or caregivers on proper preparation and administration of Tryngolza®.

Inject 80mg administered subcutaneously (SC) once monthly. Inject SC into the abdomen or front of the thigh. The back of the upper arm can also be used as an injection site if a healthcare provider or caregiver administers the injection.

Maintain a low-fat diet (≤20g fat per day) in conjunction with Tryngolza®.

Administer Tryngolza® as soon as possible after a missed dose. Resume dosing at monthly intervals from the date of the most recently administered dose.

Dose adjustments are not required with mild to moderate renal impairment; however, Tryngolza® has not been studied in patients with severe renal impairment or end-stage renal disease. Dose adjustments are not recommended in patients with mild hepatic impairment; however, Tryngolza® has not been studied with moderate or severe hepatic impairment.

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 (Tryngolza®) minus reported % incidence for placebo. Please note that an incidence of 0% means the incidence was the same as or less than placebo.* The most frequently reported adverse events included injection site reactions (10%), decreased platelet count (8%), and arthralgia (9%).

Hypersensitivity reactions have been reported in patients treated with Tryngolza®. Advise patients on the signs and symptoms of hypersensitivity reactions and instruct patients to seek medical attention and discontinue Tryngolza® use if hypersensitivity reactions occur.

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

Manufacturer: Ionis Pharmaceuticals

Analysis: The efficacy of Tryngolza® was assessed in a randomized, placebo-controlled, double-blind clinical trial that included adults with genetically identified FCS and fasting TG levels ≥880mg/dL. After a ≥4-week run-in period where patients continued to follow a low-fat diet with ≤20 grams fat per day, patients were randomly assigned to receive doses every 4 weeks of Tryngolza® 80mg (N=22) or matching volume of placebo (N=23) via SC injection over a 53 week treatment period.

Patient baseline characteristics were generally similar across the treatment groups. The proportion of patients with diabetes at enrollment was 32% in the Tryngolza® group as compared with 26% in the placebo group. Patients in the Tryngolza® and placebo groups were treated with statins (27%), omega-3 fatty acids (42%), fibrates (49%), or other lipid lowering therapies (13%) at study entry. In addition, 71% of patients in the Tryngolza® and placebo groups combined had a history of documented acute pancreatitis in the prior 10 years. The mean and median fasting TG levels at baseline were 2,604mg/dL and 2,303mg/dL, respectively.

The primary endpoint of the study was the percent change in fasting triglycerides from baseline to month 6 (average of weeks 23, 25, and 27) compared to placebo. Results suggested that the difference between the Tryngolza® 80mg group and the placebo group in percent change in fasting TG from baseline to month 6 was -42.5% (p=0.0084). This and additional results are presented in the table below, which was adapted from the prescribing information.

Parameter	Tryngolza® (N=22)		Placebo (N=23)		Tryngolza® vs placebo
	Baseline	% change mth 6	Baseline	% change mth 6	Treatment difference % change at mth 6
TG	2613.1	-30	2595.7	+12	-42.5 (p<0.05)
Non-HDL-C	262.9	-18	271.3	+5.7	-23.4
LDL-C	22.8	+64	16.7	+9	+55.0[1]
Total ApoB	58.4	+20	59.7	+9	+11.7
ApoB-48	11.6	-51	14.2	+25	-75.9

[1] Mean LDL-C levels increased but remained within normal range (i.e., <70mg/dL for 74% of patients treated with Tryngolza®)

Median percent change from baseline and median absolute TG values over time demonstrated a consistent lowering effect during the 12-month treatment period.

Over the 12-month treatment period, the numerical incidence of acute pancreatitis in patients treated with Tryngolza® 80mg was lower compared with placebo (1 patient [5%] in the Tryngolza® 80mg group compared with 7 patients [30%] in the placebo group); all of these patients had a prior history of pancreatitis within 10 years prior to screening.

Place in Therapy: Tryngolza® is an apoC-III-directed antisense oligonucleotide indicated as an adjunct to diet to reduce triglycerides in adults with familial chylomicronemia syndrome (FCS). Patients with FCS have very high triglyceride levels, which leads to an increased risk of potentially fatal pancreatitis as well as increased risk of cardiovascular disease (CVD).[2] Because of impairment in the clearance of postprandial lipids, patients with FCS respond poorly to standard TG-lowering medications including fibrates or omega-3 fatty acids and require a lifelong very low-fat diet, which prevents the formation of chylomicrons.[3,4] Patients with FCS typically have TG concentrations >20 mmol/L (1770 mg/dL) and continue to experience symptoms despite good dietary compliance and adherence to available medications.[5,6] Tryngolza® is for once monthly subcutaneous injection. The efficacy of Tryngolza® was demonstrated in a randomized, double-blind, placebo-controlled study that included adults with genetically identified FCS and fasting TG levels ≥880mg/dL. The primary endpoint was the percent change in fasting TG from baseline to month 6 (average of weeks 23, 25, and 27) compared to placebo. Results suggested that the difference between Tryngolza® and placebo was statistically significant in favor of Tryngolza® (-42.5%, p=0.0084). Tryngolza® is the first FDA-approved treatment for adults with FCS.

Summary

It is recommended that Tryngolza® should be non-preferred in order to confirm the appropriate diagnosis and clinical parameters for use.

PDL Placement:

☐ **Preferred**

☒ **Non-Preferred**

References

[1] Tryngolza® [package insert]. Carlsbad, CA: Ionis Pharmaceuticals Inc; 2025.

[2] Mach F, Baigent C, Catapano AL, et al. 2019 ESC/EAS guidelines for the management of dyslipidemias: lipid modification to reduce cardiovascular risk. Atherosclerosis 2019; 290: 140-205.

[3] Falko JM. Familial chylomicronemia syndrome: A clinical guide for endocrinologists. *Endocr Pract*. 2018;24(8):756-763. doi: 10.4158/EP-2018-0157.

[4] Baass A, Paquette M, Bernard S, Hegele RA. Familial chylomicronemia syndrome: an under-recognized cause of severe hypertriglyceridemia. *J Intern Med*. 2020;287(4):340-348. doi: 10.1111/joim.13016. Epub 2020 Jan 8.

[5] Tryngolza. Dossier. Ionis Pharmaceuticals; January 2025.

[6] Hegele RA, Ahmad Z, Ashraf A, et al. Development and validation of clinical criteria to identify familial chylomicronemia syndrome (FCS) in North America. *J Clin Lipidol*. 2024:S1933-2874(24)00251-4. doi: 10.1016/j.jacl.2024.09.008.

Omalizumab (Xolair)

Background
Prior authorization (PA) criteria for omalizumab are being revised to align with those currently in place and currently proposed for dupilumab, as both medications share several of the same indications.

Current Clinical Prior Authorization Criteria
Prior authorization (PA) is required for omalizumab (Xolair) prefilled syringe and autoinjector. Requests for omalizumab (Xolair) lyophilized powder for reconstitution will not be considered through the pharmacy benefit. 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 omalizumab (Xolair) prefilled syringe and autoinjector will be considered under the following conditions:

1. Therapy will be initiated in a healthcare setting, under the guidance of a healthcare provider, where the patient can be closely observed for anaphylaxis and safety of therapy has been established after a minimum of 3 doses of omalizumab; and
2. The healthcare provider has determined self-administration with omalizumab is appropriate based on careful assessment of risk for anaphylaxis and mitigation strategies, as outlined in the label; and
3. Prescriber is an allergist, dermatologist, immunologist, otolaryngologist, or pulmonologist; and
4. For a diagnosis of asthma, chronic rhinosinusitis with nasal polyps, IgE-mediated food allergy, and any other FDA approved diagnosis where dosing is dependent on serum IgE level and body weight, the pretreatment IgE level and body weight in kilograms (kg), is provided. Note: according to the label, there is insufficient data to recommend a dose for certain pretreatment IgE levels and body weight. PA requests will be denied in these instances; and
5. Patient has access to an epinephrine injection to treat allergic reactions that may occur after administration of omalizumab (Xolair); and
6. Prescriber and dispensing pharmacy will educate patient on proper storage and administration. Improperly stored medications will not be replaced.

<u>Moderate to Severe Persistent Asthma</u>

1. Patient has a diagnosis of moderate to severe persistent asthma for at least one year; and
2. Patient has a history of positive skin or RAST test to a perennial aeroallergen; and
3. Patient is currently using a high dose inhaled corticosteroid, long-acting beta-agonist, AND a leukotriene receptor antagonist, and is compliant with therapy and asthma symptoms are not adequately controlled after at least three (3) months of therapy.

If the criteria for coverage are met, the initial authorization will be given for 16 weeks to assess the need for continued therapy. Requests for continuation of therapy will not be granted for patients who have not shown adequate response to omalizumab (Xolair) therapy and for patients who do not continue concurrent use with a high dose corticosteroid, long-acting beta-agonist, and leukotriene receptor antagonist.

Chronic Idiopathic Urticaria

1. Patient has a diagnosis of moderate to severe chronic idiopathic urticaria; and
2. Patient has documentation of a trial and therapy failure with at least one preferred second-generation antihistamine, one of which must be cetirizine at a dose up to 20 mg per day; and
3. Patient has documentation of a trial and therapy failure with at least one preferred first-generation antihistamine; and
4. Patient has documentation of a trial and therapy failure with at least one preferred potent H1 receptor antagonist (hydroxyzine and/or doxepin); and
5. Patient has documentation of a trial and therapy failure with a preferred leukotriene receptor antagonist in combination with a first- or second-generation antihistamine.

If criteria for coverage are met, the initial authorization will be given for 12 weeks to assess the need for continued therapy. Requests for continuation of therapy will not be granted for patients who have not shown adequate response to omalizumab (Xolair) therapy.

Nasal Polyps

1. Patient has a diagnosis of nasal polyps; and
2. Patient has documentation of an adequate trial and inadequate response with at least two nasal corticosteroids at a maximally tolerated dose; and
3. Will be used concurrently with a nasal corticosteroid.

If criteria for coverage are met, the initial authorization will be given for 24 weeks to assess the need for continued therapy. Requests for continuation of therapy will not be granted for patients who have not shown adequate response to omalizumab (Xolair) therapy and for patients who do not continue concurrent use with a nasal corticosteroid.

IgE Mediated Food Allergy

1. Medication is being prescribed for the reduction of allergic reactions (Type 1) that may occur with accidental exposure to one or more foods in a patient that has an IgE-mediated food allergy; and
2. Diagnosis is confirmed by a skin prick test or in vitro test (attach results); and
3. Will be used in conjunction with food allergen avoidance.

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

Proposed Clinical Prior Authorization Criteria (changed italicized/highlighted and/or stricken)
Prior authorization (PA) is required for omalizumab (Xolair) prefilled syringe and autoinjector. Requests for omalizumab (Xolair) lyophilized powder for reconstitution will not be considered through the pharmacy benefit. 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 omalizumab (Xolair) prefilled syringe and autoinjector will be considered *when patient has an FDA approved or compendia indication* under the following conditions:

1. Therapy will be initiated in a healthcare setting, under the guidance of a healthcare provider, where the patient can be closely observed for anaphylaxis and safety of therapy has been established after a minimum of 3 doses of omalizumab; and
2. The healthcare provider has determined self-administration with omalizumab is appropriate based on careful assessment of risk for anaphylaxis and mitigation strategies, as outlined in the label; and
3. Prescriber is an allergist, dermatologist, immunologist, otolaryngologist, or pulmonologist; and
4. For a diagnosis of asthma, chronic rhinosinusitis with nasal polyps, IgE-mediated food allergy, and any other FDA approved diagnosis where dosing is dependent on serum IgE level and body weight, the pretreatment IgE level and body weight in kilograms (kg), is provided. Note: according to the label, there is insufficient data to recommend a dose for certain pretreatment IgE levels and body weight. PA requests will be denied in these instances; and
5. Patient has access to an epinephrine injection to treat allergic reactions that may occur after administration of omalizumab (Xolair); and
6. Prescriber and dispensing pharmacy will educate patient on proper storage and administration. Improperly stored medications will not be replaced.

<u>Moderate to Severe Persistent Asthma</u>

1. Patient has a diagnosis of moderate to severe persistent asthma for at least one year; and
2. Patient has a history of positive skin or RAST test to a perennial aeroallergen; and
3. *Symptoms are inadequately controlled with documentation of current treatment with* ~~Patient is currently using~~ a high-dose inhaled corticosteroid *(ICS)*~~,~~ *given in combination with a controller medication (e.g.* long-acting beta$_2$-agonist [LABA], ~~AND~~ *or* a leukotriene receptor antagonist *[LTRA])*, ~~and is compliant with therapy and asthma symptoms are not adequately controlled after at least~~ *for a minimum of* three (3) *consecutive* months of

therapy. *Patient must be compliant with therapy, based on pharmacy claims.*

If the criteria for coverage are met, the initial authorization will be given for 16 weeks to assess the need for continued therapy. Requests for continuation of therapy will not be granted for patients who have not shown adequate response to omalizumab (Xolair) therapy and for patients who do not continue concurrent use with a high dose corticosteroid *and controller medication (as defined above)*~~, long-acting beta-agonist, and leukotriene receptor antagonist~~.

Chronic *Spontaneous* ~~Idiopathic~~ Urticaria

1. Patient has a diagnosis of moderate to severe chronic *spontaneous* ~~idiopathic~~ urticaria; and
2. ~~2.~~ Patient has documentation of a*n adequate* trial and therapy failure with ~~at least one~~ *a* preferred second generation *H1 receptor* antihistamine *for at least two weeks.* ~~, one of which must be cetirizine at a dose up to 20 mg per day; and~~
3. ~~Patient has documentation of a trial and therapy failure with at least one preferred first-generation antihistamine; and~~
4. ~~Patient has documentation of a trial and therapy failure with at least one preferred potent H1 receptor antagonist (hydroxyzine and/or doxepin); and~~
5. ~~Patient has documentation of a trial and therapy failure with a preferred leukotriene receptor antagonist in combination with a first- or second-generation antihistamine.~~

If criteria for coverage are met, the initial authorization will be given for 12 weeks to assess the need for continued therapy. Requests for continuation of therapy will not be granted for patients who have not shown adequate response to omalizumab (Xolair) therapy.

Chronic Rhinosinusitis with Nasal Polyps *(CRSwNP)*

1. Patient has a diagnosis of *chronic rhinosinusitis with* nasal polyps; and
2. Patient has documentation of an adequate trial and *therapy failure* ~~inadequate response~~ with at least *one* ~~two~~ *preferred medication from each of the following categories:*
    a. Nasal corticosteroid~~s~~ *spray* ~~at a maximally tolerated dose~~; and
    b. Oral corticosteroid; and
3. Will be used *as an add on maintenance treatment* ~~concurrently with a nasal corticosteroid~~.

If criteria for coverage are met, the initial authorization will be given for 24 weeks to assess the need for continued therapy. Requests for continuation of therapy will not be granted for patients who have not shown adequate response to omalizumab (Xolair) therapy and for patients who do not continue concurrent use with a nasal corticosteroid.

IgE Mediated Food Allergy

1. Medication is being prescribed for the reduction of allergic reactions (Type 1) that may occur with accidental exposure to one or more foods in a patient that has an IgE-mediated food allergy; and
2. Diagnosis is confirmed by a skin prick test or in vitro test (attach results); and
3. Will be used in conjunction with food allergen avoidance.

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

References

Xolair subcutaneous injection [prescribing information]. South San Francisco, CA: Genentech, Inc.; February 2024.

Palopegteriparatide (Yorvipath)

Background
The U.S. Food and Drug Administration (FDA) approved palopegteriparatide (Yorvipath) subcutaneous injection for the treatment of hypoparathyroidism in adults. Yorvipath is a prodrug of parathyroid hormone (PTH[1-34]), with the following limitations of use:

- It has not been studied in acute post-surgical hypoparathyroidism.
- The titration scheme was only evaluated in adults who first achieved an albumin-corrected serum calcium of at least 7.8 ,g/dL using calcium and active vitamin D treatment.

Refer to the attached new drug review for additional clinical information and the full prescribing information for complete information.

Hypoparathyroidism (HP) is a rare endocrine condition caused by low or absent parathyroid hormone (PTH), which results in hypocalcemia and serum phosphate levels in the upper normal or elevated range. HP is most often caused by damage to the parathyroid gland from surgery or autoimmune disease. Diagnosis of hypoparathyroidism is established by both:

- hypocalcemia (assessed by either total calcium, corrected for albumin) or ionized calcium (optimally measured on ≥ 2 occasions separated by at least 2 weeks)
- parathyroid hormone level that is undetectable or low (≤ 20 pg/mL) or inappropriately normal (for degree of hypocalcemia).

Management of chronic HP includes oral calcium supplementation (calcium carbonate or calcium citrate) and vitamin D analogs (calcitriol). For patients managed with vitamin D analog, add vitamin D3 (cholecolciferol) or vitamin D2 (ergocalciferol) to ensure adequate 25-hydroxyvitamin D levels. In patients not adequately controlled on calcium supplementation and vitamin D analog, PTH replacement therapy should be considered.

Newly Proposed Clinical Prior Authorization Criteria
Prior authorization (PA) is required for palopegteriparatide (Yorvipath). Payment will be considered when patient has an FDA approved or compendia indication 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 chronic hypoparathyroidism; and
3. Patient has had an inadequate response to maximally tolerated oral calcium and vitamin D analog (e.g., calcitriol) therapy; and
4. Documentation of baseline lab results (attach results obtained within 2 weeks prior to starting therapy) for:

   a. Serum 25 hydroxyvitamin vitamin D (25(OH)D) level within the normal range (20 to 80 ng/mL); and
   b. Albumin-corrected serum calcium level ≥ 7.8 g/dL; and
5. Is prescribed by or in consultation with an endocrinologist or nephrologist.

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

1. Documentation of a positive response to therapy, as evidenced by normalized albumin-corrected serum calcium level of 8.3 to 10.6 g/dL (attach lab results).

References

Yorvipath (palopegteriparatide) [package insert]. Princeton, NJ: Ascendis Pharma Endocrinology, Inc.; August 2024.

DynaMed [database online]. Ipswich, MA: EBSCO Information Services.; 2024. URL http://www.dynamed.com. Accessed 7/2/2025.

PDL DRUG REVIEW

Proprietary Name: Yorvipath®
Common Name: palopegteriparatide
PDL Category: Endocrine Metabolic Agents

Comparable Products	Preferred Drug List Status
Calcium/Vit D	Preferred with Conditions
Calcitriol	Preferred

Pharmacology/Usage: Palopegteriparatide, the active ingredient of Yorvipath®, is a parathyroid hormone analog (PTH(1-34)). Palopegteriparatide is a prodrug of teriparatide (PTH(1-34)), consisting of PTH(1-34) transiently conjugated to an inert carrier via a proprietary TransCon Linker. PTH(1-34) is identical to the 34 N-terminal amino acids (the biologically active region) of the 84-amino acid human parathyroid hormone. The carrier is a branched 40 kDa methoxy polyethylene glycol (mPEG) moiety.

At physiological conditions, palopegteriparatide releases PTH(1-34) to maintain a continuous systemic exposure. Endogenous PTH maintains extracellular calcium and phosphate homeostasis by increasing serum calcium and decreasing serum phosphate. These effects are mediated by stimulating bone turnover to mobilize calcium and phosphate from bone, promoting renal calcium reabsorption and phosphate excretion, and facilitating active vitamin D synthesis, in turn increasing intestinal absorption of calcium and phosphate. Similar to endogenous PTH, PTH(1-34) released from palopegteriparatide exerts these effects through its main receptor, parathyroid hormone 1 receptor (PTH1R), which is highly expressed on osteoblasts, osteocytes, renal tubular cells, and in several other tissues.

Indication: For the treatment of hypoparathyroidism in adults.

Limitations of use include that Yorvipath® was not studied for acute post-surgical hypoparathyroidism. In addition, Yorvipath's® titration scheme was only evaluated in adults who first achieved an albumin-corrected serum calcium of at least 7.8mg/dL using calcium and active vitamin D treatment.

There is no pregnancy category for this medication; however, the risk summary indicates that available data from reports of pregnancies in the clinical trials from drug development are not sufficient to identify a drug-associated risk of major birth defects, miscarriage, or other adverse maternal or fetal outcomes. There are disease-associated risks to the mother and fetus related to hypocalcemia in pregnancy. If Yorvipath® is administered during pregnancy, or if a patient becomes pregnant while receiving Yorvipath®, healthcare providers should report Yorvipath® exposure by calling 1-844-442-7236. The safety and efficacy of use in the pediatric population have not been established.

Dosage Form: Solution in single-patient-use prefilled pens for injection, in three presentations. Refer to the table below, which was adapted from the prescribing information. Refrigerate until the first use.

Pen type and strength	Labeled dose (mcg)	Range of deliverable dose (minimum-maximum) (mcg)
Prefilled pen with blue push button (168mcg/0.56ml)	6	4.5 - 7.5
	9	7.5 - 10.5

Pen type and strength	Labeled dose (mcg)	Range of deliverable dose (minimum-maximum) (mcg)
	12	10.5 – 13.5
Prefilled pen with orange push button (294mcg/0.98ml)	15	13.1 – 16.5
	18	16.1 – 19.5
	21	19.1 – 22.5
Prefilled pen with burgundy push button (420mcg/1.4ml)	24	21.6 – 25.5
	27	24.6 – 28.5
	30	27.6 – 31.5

Recommended Dosage: The following includes an overview of dosage and monitoring:

- Use only one injection to achieve the once daily recommended dosage. (Using two Yorvipath® injections to achieve the recommended once daily dosage increases the variability of the total delivered dose, which can cause unintended changes in serum calcium levels, including hypercalcemia and hypocalcemia.)
- The maximum recommended dosage is 30mcg SC QD. If an adequate response is not achieved with a maximum Yorvipath® dosage, consider adding or restarting calcium and/or active vitamin D therapy and/or seek other treatment options.
- Yorvipath's® once daily SC dosage is individualized. The recommended starting dosage is 18mcg QD and is titrated in 3mcg increments or decrements with the goal of maintaining serum calcium within the normal range without the need for active vitamin D (e.g., calcitriol) or therapeutic calcium doses (elemental calcium >600mg/day). Calcium supplementation sufficient to meet daily dietary requirements may be continued.
- Do not increase the Yorvipath® dosage more often than every 7 days. Do not decrease the Yorvipath® dosage more often than every 3 days. The recommended dosage range of Yorvipath® is 6 to 30mcg QD.
- Advise patients to monitor daily for clinical signs and symptoms of hypocalcemia or hypercalcemia.
- Measure serum calcium 7 to 10 days after the first Yorvipath® dose and after any dose change in Yorvipath®, active vitamin D, or calcium supplements, and monitor for clinical signs and symptoms of hypocalcemia or hypercalcemia. Once the Yorvipath® maintenance dosage is achieved, measure serum calcium levels at a minimum every 4 to 6 weeks or as indicated for symptoms of hypocalcemia or hypercalcemia.
- Adjust Yorvipath®, active vitamin D, and/or calcium supplements. Some patients may require an increase in the Yorvipath® dose over time to maintain the same therapeutic effect.

Within two weeks before the first dose of Yorvipath®, confirm serum 25(OH) vitamin D is within the normal range and albumin-corrected serum calcium is ≥7.8mg/dL.

On the day of initiation or up-titration of Yorvipath®, adjust the dose of active vitamin D and calcium supplements based on albumin-corrected serum calcium and current active vitamin D intake. Refer to the prescribing information for the dosage adjustments to active vitamin D (calcitriol) and calcium supplements with initiation or up-titration of Yorvipath®.

The maintenance dosage is individualized and should be the Yorvipath® dose that achieves serum calcium within the normal range, without the need for active vitamin D or therapeutic doses of calcium. Calcium supplementation sufficient to meet daily dietary requirements may be continued. Once the maintenance dosage is achieved, monitor for clinical signs and symptoms of hypocalcemia or hypercalcemia and measure serum calcium levels as indicated, and at a minimum every 4 to 6 weeks, as some patients may need further dose titration. If calcium levels remain low with the maximum recommended dosage of 30mcg QD, consider adding or restarting calcium and/or active vitamin D therapy and/or seek other treatment.

Refer to the prescribing information for information on titration recommendations for albumin-corrected serum calcium less than 12mg/dL and for titration recommendations for albumin-corrected serum calcium 12mg/dL or greater.

Take Yorvipath® as soon as possible if a dose is missed by less than 12 hours. Skip the missed dose if the dose has been missed by more than 12 hours. Take the next dose as scheduled. If Yorvipath® treatment is delayed or interrupted for 3 days or more, assess patients for signs and symptoms of hypocalcemia and consider measuring serum calcium. If indicated, resume treatment with, or increase the dose of, calcium supplements and active vitamin D. Resume Yorvipath® at the previously prescribed dose as soon as possible after an interruption then measure serum calcium within 7 to 10 days and adjust doses of Yorvipath®, active vitamin D, and/or calcium supplements per the prescribing information.

Patients and caregivers who will administer Yorvipath® should receive appropriate training by a healthcare professional prior to the first use. Administer Yorvipath® subcutaneously to the abdomen or front of the thigh, with rotating the injection site daily. In addition, Yorvipath® should be administered initially when the patient can sit or lie down due to the potential of orthostatic hypotension.

Dose adjustments are not required with mild, moderate, or severe renal impairment. In a dedicated renal impairment study, patients with severe renal impairment (eGFR 15 to 30 ml/min/1.73m^2) had no clinically significant difference in total PTH compared to subjects with normal renal function upon treatment with Yorvipath®.

Drug Interactions: Yorvipath® increases serum calcium, thus concomitant use with digoxin (which has a narrow therapeutic index) may predispose patients to digitalis toxicity if hypercalcemia develops. Digoxin efficacy may be reduced if hypocalcemia is present. When Yorvipath® is used concomitantly with digoxin, measure serum calcium and digoxin levels, and monitor for signs and symptoms of digoxin toxicity. Adjustment of the digoxin and/or Yorvipath® dose may be needed.

Drugs that affect serum calcium may alter the therapeutic response to Yorvipath®. Measure serum calcium more frequently when Yorvipath® is used concomitantly with these drugs, especially after these drugs are initiated, discontinued, or dose-adjusted.

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 (Yorvipath®) minus reported % incidence for placebo. Please note that an incidence of 0% means the incidence was the same as or less than placebo.* The most frequently reported adverse events included injection site reactions (34%), vasodilatory signs and symptoms (28%), headache (11%), diarrhea (5%), back pain (8%), hypercalcemia (8%), and oropharyngeal pain (7%).

Serious events of hypercalcemia requiring hospitalization have been reported with Yorvipath®. The risk is greatest when starting or increasing the dose of Yorvipath® but may occur at any time. Measure serum calcium 7 to 10 days after any dose change or if there are signs or symptoms of hypercalcemia, and at a minimum of every 4 to 6 weeks once the maintenance dose is achieved. Treat hypercalcemia if needed. If albumin-corrected serum calcium is greater than 12mg/dL, withhold Yorvipath® for at least 2-3 days. For less serious hypercalcemia, adjust the dose of Yorvipath®, active vitamin D, and/or calcium supplements.

Serious events of hypocalcemia have been observed with PTH products, including Yorvipath®. The risk is highest when Yorvipath® is abruptly discontinued, but may occur at any time, even in patients who have been on stable doses of Yorvipath®. Measure serum calcium 7 to 10 days after any dose change or if there are signs or symptoms of hypocalcemia, and at a minimum of every 4 to 6 weeks once the maintenance dosage is achieved. Treat

hypocalcemia if needed, and adjust the dose of Yorvipath®, active vitamin D, and/or calcium supplements if hypocalcemia occurs.

Yorvipath® is a PTH analog. An increased incidence of osteosarcoma has been reported in male and female rats treated with PTH analogs, including teriparatide. Osteosarcoma occurrence in rats is dependent on teriparatide or PTH dose and treatment duration. Osteosarcoma has been reported in patients treated with teriparatide in the post marketing setting; however, an increased risk of osteosarcoma has not been observed in observational studies in humans. There are limited data assessing the risk of osteosarcoma beyond 2 years of teriparatide use. Yorvipath® is not recommended in patients who are at increased risk of osteosarcoma, such as patients with:

- Open epiphyses. Yorvipath® is not approved in pediatric patients.
- Metabolic bone diseases other than hypoparathyroidism, including Paget's disease of bone.
- Unexplained elevations of alkaline phosphatase.
- Bone metastases or a history of skeletal malignancies.
- History of external beam or implant radiation therapy involving the skeleton.
- Hereditary disorders predisposing to osteosarcoma.

Instruct patients to promptly report clinical symptoms (e.g., persistent localized pain) and signs (e.g., soft tissue mass tender to palpation) that could be consistent with osteosarcoma.

Orthostatic hypotension has been reported with Yorvipath®. Associated signs and symptoms may include decreased blood pressure, dizziness, palpitations, tachycardia, presyncope, or syncope. Such symptoms can be managed by dosing at bedtime, while reclining. Yorvipath® should be administered initially when the patient can sit or lie down due to the potential of orthostatic hypotension.

Contraindications: In patients with severe hypersensitivity to palopegteriparatide or to any of its excipients. Hypersensitivity reactions, including anaphylaxis, angioedema, and urticaria, have been observed with parathyroid hormone (PTH) analogs.

Manufacturer: Ascendis Pharma

Analysis: The safety and efficacy of Yorvipath® was assessed in a randomized, double-blind, placebo-controlled, phase 3 study of 26 weeks duration that included adults (N=82) with hypoparathyroidism. Before randomization, all patients underwent about a 4-week screening period in which calcium and active vitamin D supplements were adjusted to achieve an albumin-corrected serum calcium concentration between 7.8 and 10.6mg/dL, a magnesium concentration ≥1.3mg/dL and below the upper limit of the reference range, and a 25(OH) vitamin D concentration between 20 to 80ng/mL. During the double-blind period, subjects were randomized to either Yorvipath® (N=61) or placebo (N=21), at a starting dose of 18mcg/day, co-administered with conventional therapy (calcium & active vitamin D). Study drug and conventional therapy were subsequently titrated per albumin-corrected serum calcium levels.

The mean age at enrollment into the study was 49 years (range 19 to 78 years), while 78% were female and 93% were Caucasian. In addition, 85% of subjects had hypoparathyroidism acquired from neck surgery. Of the subjects with other etiologies of hypoparathyroidism, 7 patients (8.5%) had idiopathic disease, 2 had autoimmune polyglandular syndrome type 1 (APS-1), 1 had autosomal dominant hypocalcemia type 1 (ADH1, CaSR mutation), 1 had DiGeorge Syndrome, and 1 had hypoparathyroidism, sensorineural deafness and renal dysplasia (HDR) syndrome (*GATA3* mutation). At baseline, the median duration of hypoparathyroidism was 8.5 years (range 1 to 56 years), while the baseline mean albumin-corrected serum calcium was 8.8mg/dL for Yorvipath® and 8.6mg/dL for the placebo group. In addition, the mean 24-hour urine calcium was 392mg/day for Yorvipath® and 329mg/day for placebo. The mean baseline dose of elemental calcium was 1,839mg/day, while the mean baseline doses of active vitamin D were 0.75mcg/day in calcitriol-treated subjects (N=70) and 2.3mcg/day in alfacalcidol-treated subjects (N=12).

Efficacy was assessed per the proportion of subjects who achieved all of the following at week 26, including:

- Albumin-corrected serum calcium in the normal range (8.3 to 10.6mg/dL),
- Independence from conventional therapy (defined as requiring no active vitamin D and ≤600mg/day of calcium supplementation, including no use of pro re nata [PRN] doses) since week 22,
- No increase in the study drug dose since week 22,
- No missing active vitamin D and calcium data since week 22, and
- Study drug dose of 30mcg or less once daily during the 26-week treatment period.

In the Yorvipath® group, 68.9% met the efficacy endpoint at week 26 compared with 4.8% in the placebo group. The treatment difference was 64.2%. Results are provided in the table below, which was adapted from the prescribing information.

	Yorvipath® (N=61)	Placebo (N=21)	Response rate difference
Overall Response at week 26, n (%)	42 (68.9%)	1 (4.8%)	64.2%
NNT *calculated by Optum Rx*	2		
Response for each component:			
Normal albumin-corrected serum calcium	49 (80.3%)	10 (47.6%)	32.7%
Independence from active vitamin D	58 (95.1%)	5 (23.8%)	71.3%
Independence from therapeutic dose of calcium	53 (86.9%)	1 (4.8%)	82.2%
No increase in study drug dose since week 22	57 (93.4%)	12 (57.1%)	36.4%
Study drug dose ≤30mcg/day up to week 26	56 (91.8%)	Not applicable	Not applicable

The proportion of subjects randomized to Yorvipath® who met the efficacy endpoint decreased over time as follows: 68.9% (42/61) at week 26 and 39.3% (24/61) at both week 52 and week 78 during the open-label extension period. Allowing for dose up-titration, the proportion of subjects who were able to maintain normocalcemia and independence from active vitamin D and therapeutic dose of calcium was 64% (39/61) at week 52 and 66% (40/61) at week 78.

Place in Therapy: Yorvipath® is a parathyroid hormone analog (PTH(1-34)) indicated for the treatment of hypoparathyroidism in adults. Limitations of use include that it was not studied for acute post-surgical hypoparathyroidism. In addition, Yorvipath's® titration scheme was only evaluated in adults who first achieved an albumin-corrected serum calcium of at least 7.8mg/dL using calcium and active vitamin D treatment. First line therapy for patients with hypoparathyroidism is a combination of active vitamin D and oral calcium, rather than PTH. For persistent symptoms despite first line therapy or intolerance to first line therapy, Yorvipath® would be recommended.[2] Within two weeks before the first dose of Yorvipath®, confirm serum 25(OH) vitamin D is within the normal range and albumin-corrected serum calcium is ≥7.8mg/dL. The efficacy of Yorvipath® was assessed in a randomized, double-blind, placebo-controlled, phase 3 study that included adults with hypoparathyroidism (N=82). Results suggested that at week 26, 68.9% of the Yorvipath® group met the efficacy endpoint as compared with 4.8% of the placebo group (*CHC calculated* NNT = 2). Yorvipath® is the only FDA-approved agent for the treatment of adults with hypoparathyroidism and may be a good agent to be used for patients with persistent hypocalcemia, hypercalciuria, or intolerance to conventional therapy.

Summary

It is recommended that Yorvipath® should be non-preferred in order to confirm the appropriate diagnosis and clinical parameters for use.

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

References

[1] Yorvipath [package insert]. Princeton, NJ: Ascendis Pharma Endocrinology, Inc; 2024.
[2] UpToDate online. Hypoparathyroidism. Accessed February 2025.

Prepared By: Iowa Medicaid Date: 02/17/2025

Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors
Second Review

Background

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

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

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

Current Clinical Prior Authorization Criteria

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

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

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

a. Patient continues therapy with a maximally tolerated statin dose and remains at goal; and
b. Patient continues to follow an appropriate low-fat diet; and
c. Documentation of LDL reduction is provided.

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

Proposed Clinical Prior Authorization Criteria (changes italicized/highlighted and/or stricken)
Prior authorization (PA) is required for adenosine triphosphate-citrate lyase (ACL) inhibitors. Payment will be considered under the following conditions:

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

6. Goal is defined as a 50% reduction in untreated baseline LDL-C.
~~7. Documentation is provided that medication will be used in combination with a maximally tolerated statin; and~~
~~8. Is prescribed by or in consultation with a lipidologist, cardiologist, or endocrinologist; and~~
~~9. If patient is taking in combination with:~~
    ~~a. Simvastatin, dose does not exceed 20mg per day; or~~
    ~~b. Pravastatin, dose does not exceed 40mg per day; and~~
10. Concurrent use with a PCSK9 inhibitor will not be considered.~~;~~ ~~and~~
~~11. Is prescribed for one of the following diagnoses:~~
    ~~a. Heterozygous Familial Hypercholesterolemia (HeFH):~~
        ~~i. Documentation is provided verifying diagnosis (attach documentation/results), as evidenced by:~~
            ~~1. Clinical manifestations of HeFH (e.g. tendon xanthomas, cutaneous xanthomas, arcus cornea, tuberous xanthomas, or xanthelasma) or:~~
            ~~2. Confirmation of diagnosis by gene or receptor testing; and~~
        ~~ii. Documentation of untreated LDL-C ≥ 190 mg-dL; and~~
        ~~iii. Patient is unable to reach LDL-C goal with a minimum of two separate, chemically distinct statin trials used in combination with other lipid lowering medications. Trials are defined as: concurrent use of a maximally tolerated dose of a statin (must include atorvastatin and rosuvastatin), PLUS ezetimibe 10mg daily; or~~
    ~~b. Clinical Atherosclerotic Cardiovascular Disease (ASCVD):~~
        ~~i. History of MI, angina, coronary or other arterial revascularization, stroke, TIA, or PVD of atherosclerotic origin; and~~
        ~~ii. Patient is unable to reach LDL-C goal with a minimum of two separate, chemically distinct statin trials used in combination with other lipid lowering medications. Trials are defined as: concurrent use of a maximally tolerated dose of a statin (must include atorvastatin and rosuvastatin), PLUS ezetimibe 10mg daily,~~

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

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

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

References

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

Givinostat (Duvyzat)
Second Review

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

See the attached new drug review for additional information.

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

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

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

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

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

References

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

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

PDL DRUG REVIEW

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

Comparable Products	Preferred Drug List Status
Emflaza	Preferred with Conditions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Common Adverse Drug Reactions: *Listed % incidence for adverse drug reactions= reported % incidence for drug (Duvyzat®) minus reported % incidence for placebo. Please note that an incidence of 0% means the incidence was the same as or less than placebo.* The most frequently reported adverse events included diarrhea (17%), abdominal pain (9%), thrombocytopenia (33%), nausea/vomiting (14%), hypertriglyceridemia (16%), pyrexia (5%), myalgia (6%), rash (7%), arthralgia (6%), fatigue (8%), constipation (5%), and decreased appetite (7%). Adverse reactions of hypothyroidism and/or thyroid stimulating hormone (TSH) increased occurred in 5% of patients treated with Duvyzat® compared to 2% of patients who received placebo.

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

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

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

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

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

Contraindications: There are no contraindications listed with this product.

Manufacturer: Italfarmaco SA; Distributed by ITF Therapeutics, LLC

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

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

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

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

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

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

Summary

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

PDL Placement:

- ☐ **Preferred**
- ☒ **Non-Preferred with Conditions (DUR to develop PA criteria)**

References

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

Lebrikizumab-lbkz (Ebglyss)
Second Review

Background

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

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

Dosage and Administration

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

Dosage Forms and Strengths

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

Contraindications

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

Warnings and Precautions

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

Adverse Reactions

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

Clinical Trials

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

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

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

Cost

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

Manufacturer

- Eli Lilly and Company

Newly Proposed Clinical Prior Authorization Criteria

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

1. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and

precautions, drug interactions, and use in specific populations; and
2. Patient's current weight in kilograms (kg) is provided; and
3. Patient has a diagnosis of moderate-to-severe atopic dermatitis; and
    a. Patient has failed to respond to good skin care and regular use of emollients; and
    b. Patient has documentation of an adequate trial and therapy failure with one preferred medium to high potency topical corticosteroid for a minimum of 2 consecutive weeks; and
    c. Patient has documentation of a previous trial and therapy failure with a topical immunomodulator for a minimum of 4 weeks; and
    d. Patient will continue with skin care regimen and regular use of emollients.

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

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

References

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

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

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

Nemolizumab-ilto (Nemluvio)
Second Review

Background

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

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

Prurigo Nodularis

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

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

Atopic Dermatitis

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

Dosage and Administration

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

Dosage Forms and Strengths

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

Contraindications

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

Warnings and Precautions

- Hypersensitivity and vaccinations

Adverse Reactions

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

Clinical Trials

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

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

ARCADIA 1 Results

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

ARCADIA 2 Results

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

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

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

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

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

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

Olympia 1 Results

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

Olympia 2 Results

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

Cost

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

Manufacturer

- Galderma Laboratories

Newly Proposed Clinical Prior Authorization Criteria

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

1. Request adheres to all FDA approved labeling for requested drug and indication, including age, dosing, contraindications, warnings and

precautions, drug interactions, and use in specific populations; and
2. Patient's current weight in kilograms (kg) is provided; and
3. Patient has a diagnosis of moderate-to-severe atopic dermatitis; and
    a. Patient has failed to respond to good skin care and regular use of emollients; and
    b. Patient has documentation of an adequate trial and therapy failure with one preferred medium to high potency topical corticosteroid for a minimum of 2 consecutive weeks; and
    c. Patient has documentation of a previous trial and therapy failure with a topical immunomodulator for a minimum of 4 weeks; and
    d. For initial therapy, will be used in combination with a topical corticosteroid and/or a topical immunomodulator; and
    e. Patient will continue with skin care regimen and regular use of emollients; or
4. Patient has a diagnosis of moderate to severe prurigo nodularis (PN); and
    a. Patient has experienced severe to very severe pruritits, as demonstrated by a current Worst Itch-Numeric Rating Scale (WI-NRS) ≥ 7; and
    b. Patient has ≥ 20 nodular lesions (attach documentation); and
    c. Documentation of a previous trial and therapy failure with a high or super high potency topical corticosteroid for at least 14 consecutive days.

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

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

References

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

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

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

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DUR DIGEST

The Bulletin of Medicaid Drug Utilization Review in Iowa

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

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

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

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

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

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

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

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

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

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

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

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

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

Medicaid Statistics for Prescription Claims
March through May 2025

	FFS	Wellpoint	Iowa Total Care	Molina Healthcare
Total $ Paid	$3,017,844	$104,898,653	$81,632,091	$57,684,601
# Paid Claims	23,257	807,765	660,847	479,338
Unique Users	3,565	101,950	93,568	76,692
Avg Cost/Rx	$129.76	$129.86	$123.53	$120.34
Top 5 Therapeutic Class by RX Count Therapeutic class taxonomy may differ among each plan	Antidepressants	Antidepressants	Antidepressants	Antidepressants
	Anticonvulsants	Anticonvulsants	Anticonvulsants	ADHD/Anti-Narcolepsy
	ADHD/Anti-Narcolepsy	ADHD/Anti-Narcolepsy	ADHD/Anti-Narcolepsy	Anticonvulsants
	Antiasthmatic and Bronchodilator Agents	Antiasthmatic and Bronchodilator Agents	Antiasthmatic and Bronchodilator Agents	Antiasthmatic and Bronchodilator Agents
	Antihypertensives	Ulcer Drugs / Antispasmodics / Anticholinergics	Antidiabetics	Antidiabetics
Top 5 Therapeutic Class by $ Amount (pre-rebate) Therapeutic class taxonomy may differ among each plan	Antidiabetics	Antidiabetics	Antidiabetics	Antidiabetics
	Dermatologicals	Dermatologicals	Dermatologicals	Dermatologicals
	Antipsychotics/Antimanic Agents	Antipsychotics/Antimanic Agents	Antipsychotic/Antimanic Agents	Antipsychotic/Antimanic Agents
	Analgesics – Anti-Inflammatory	Analgesics – Anti-Inflammatory	Analgesics – Anti-Inflammatory	Analgesics – Anti-Inflammatory
	Neuromuscular Agents	ADHD / Anti-Narcolepsy	Antiasthmatic and Bronchodilator Agents	Antivirals
Top 5 Drugs by Prescription Count	Albuterol	Omeprazole	Albuterol	Omeprazole
	Trazodone	Trazodone	Omeprazole	Amoxicillin
	Sertraline	Sertraline	Sertraline	Sertraline
	Fluoxetine	Levothyroxine	Trazodone	Albuterol HFA
	Cetirizine	Bupropion XL	Bupropion	Trazodone
Top 5 Drugs by Paid Amount (pre-rebate)	Evrysdi	Ozempic	Humira Pen	Ozempic
	Ozempic	Humira (CF) Pen	Ozempic	Dupixent
	Vraylar	Vraylar	Trikafta	Humira (2 pen)
	Humira Pen	Dupixent Pen	Dupixent	Vraylar
	Biktarvy	Jardiance	Vraylar	Biktarvy