



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

September 29, 2015

Michael Marshall
Secretary of Senate
State Capitol Building
LOCAL

Carmine Boal
Chief Clerk of the House
State Capitol Building
LOCAL

Dear Mr. Marshall and Ms. Boal:

Enclosed please find copies of reports to the General Assembly relative to the Iowa Medicaid Annual Drug Utilization Review (DUR) Report.

This report was prepared pursuant to the directive contained in Iowa Code 249A.24, subpart 3.

The DUR Commission realized an overall direct cost savings of \$2.48 for every dollar spent on the program administratively. State money for this program is matched by the federal government at a 1 to 1 ratio (federal to state), so savings can also be stated as \$4.96 per state dollar spent. Total annualized cost savings estimates for SFY15 (\$669,337.04) were lower than SFY14 (\$2,004,498.47) by approximately 67 percent (a decrease of \$1,335,161.43). This is further explained below.

Savings from patient-focused reviews for SFY15 (\$129,145.36) were lower than SFY14 (\$166,220.30) by 22 percent (a decrease of \$37,074.94). This decrease in savings was, in part, due to the costs associated with the medications involved in the suggestions made by the DUR Commission versus those of the previous year.

Savings from problem-focused reviews for SFY15 (\$540,191.68) were lower than SFY14 (\$1,838,278.17) by 71 percent (a decrease of \$1,298,086.49). This decrease in savings was the result of the type of interventions selected and the size of the patient population in each intervention for SFY15. Additionally, in SFY14 one intervention alone, related to concurrent use of second generation antipsychotics where duplicate therapy was discontinued, realized a savings of over \$1.5 million.

Please feel free to contact me if you need additional information.

Sincerely,

Sally Titus
Deputy Director

ST/slp/ps

Iowa Department of Human Services



Iowa Medicaid Drug Utilization Review Commission Annual Report of Activities SFY15

September 30, 2015

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The Iowa Medicaid Drug Utilization Review Commission

Goold Health Systems, an Emdeon company, has developed the following report for the Iowa Department of Human Services. This report provides a summary description of the activities of the Iowa Medicaid Drug Utilization Review Commission, along with an evaluation of the Iowa Medicaid retrospective drug utilization review program. Information contained in this report covers projects completed and evaluated during the time period of July 2014 through June 2015.

Background Information

Established in 1984, the DUR Commission is charged with promoting the appropriate and cost-effective use of medications within the Iowa Medicaid member population. Acting as a professional advisory group, the Commission analyzes medication utilization by the members of Iowa Medicaid and performs educational initiatives to optimize member outcomes. The Commission performs retroDUR and educational outreach through patient-focused reviews and problem-focused reviews. The Commission supports the proDUR program through criteria review and acts as a resource to the DHS on other issues concerning appropriate medication use.

Patient-Focused Reviews

Patient-focused reviews are completed with the review of 300 member profiles at each meeting (six times annually). The DUR subcontractor generates these profiles through a complex screening process. The first step of the screening process subjects member profiles to a therapeutic criteria screen. If a profile is found to have failed one or more therapeutic criteria, the member profiles are then assigned a level of risk based on their medication history and potential for adverse events regarding medication. The profiles with the highest level of risk are then selected for the Commission to review. Six months of prescription claims data and medical claims data, if available, are assessed to determine this risk factor.

The member profiles selected from this process are manually reviewed by the Commission to minimize false positives generated by the computer selection process. The Commission identifies situations where educational intervention might be appropriate. Through these interventions, suggestions regarding medication therapy are communicated to the care providers. Templates are developed for suggestions that are frequently communicated to providers. The reviewer may also author an individualized suggestion if a template suggestion is not applicable. These template suggestions are located in the tab labeled Therapeutic Recommendations.

Educational interventions are generally done by letters to prescribers and pharmacists, but may also be done by telephone or in person. The suggestions made by the Commission are educational and informative in nature. Suggestions may be classified as either therapeutic or cost saving in nature. In addition, these suggestions are classified by problem identified for reporting purposes. The classifications are as follows:

- Not Optimal Drug
- Not Optimal Dose
- Not Optimal Duration
- Unnecessary Drug Use

- Therapeutic Duplication
- High Cost Drug
- Drug-Drug Interaction
- Drug-Disease Interaction
- Adverse Drug Reaction
- Patient Overuse
- Patient Underuse
- Therapeutic Alternative
- Missing Drug Therapy
- Not Optimal Dosage Form
- Potential Generic Use
- Inappropriate Billing

Suggestions are intended to promote appropriate and cost-effective use of medications. When suggestions result in cost savings, these savings are calculated based on decreased cost of medications. However, several of these classes of interventions are intended to increase the use of medications. Examples are member underuse and missing drug therapy. In these cases, the addition of medication therapy will increase medication expenditures, but will be beneficial to the member and should result in cost savings in medical services and/or improved quality of life. Cost savings in these situations cannot be calculated due to data limitations. Therefore, these suggestions are considered to have a positive impact on the program with no medication cost savings. Cost savings on medical services are assumed however not calculated.

Providers are invited to respond to the Commissions' suggestions and to request additional information from the Commission. Responses are voluntary and response rates are calculated for prescribers and pharmacists.

Once a member's profile is reviewed, it is excluded from the selection process for nine months to eliminate repeat selections. After this waiting period, the current profile for each member is generated and reviewed to determine if the Commission's suggestion was implemented. If so, fiscal considerations resulting from that change are also calculated. The policy regarding these calculations is included in Appendix B.

Problem-Focused Reviews

Problem-focused reviews narrow the emphasis of review to a specific issue that has been determined to be an area where a targeted educational effort to providers may be valuable. Topics for review are selected from findings of patient-focused reviews or from reviews of medical literature. Criteria are developed to identify the members who may benefit from intervention and educational materials are disseminated to their providers. Providers are encouraged to voluntarily respond. The member profile is generated again in an appropriate amount of time (typically 6 to 9 months) to determine the impact rate of the intervention, along with any fiscal considerations. The policy regarding these calculations is also included in Appendix B.

Administrative Review

The Commission will review utilization data and medical literature to make recommendations to the Department of Human Services (DHS) regarding policy issues. These recommendations are made to promote the appropriate use of medications and positive member outcomes. Recommendations are made at the request of the DHS or at the Commission's discretion. All authority to accept or reject DUR Commission recommendations lies with the DHS. The Commission may make recommendations but does not make policy. Primary areas for recommendations include proDUR, drug prior authorization (PA), coverage of medications, and administrative and billing procedures. The prospective drug utilization review (proDUR) system is currently administered by Goold Health Systems (GHS), an Emdeon company, and was implemented statewide in July 1997. The Commission reviews the criteria utilized by GHS and provides input regarding therapeutic validity. Special attention is given to eliminating false positive messaging.

The Commission recommends new or updated guidelines for use in the drug prior authorization program. This process is based on reviews of medical literature in addition to comparisons with other public and private sector programs. Input from providers outside the Commission, particularly specialists, is often sought when developing these guidelines. Once developed, the guidelines are sent to the medical and pharmacy associations in the state for comments. After considering these comments, a final recommendation is made to the Department. The Department may or may not accept the recommendation or may alter the recommendation. These guidelines are then subject to the administrative rules process prior to any policy implementation.

The Commission also makes recommendations regarding coverage of medication or devices. As most coverage requirements are defined by OBRA '90, these recommendations generally encourage coverage of optional services. An example would be the coverage of select over-the-counter medications. If the Department accepts the Commission's recommendation, the proposed coverage change is subject to the administrative rules process prior to implementation.

The Commission reviews pharmacy claims with respect to administrative procedures. Situations where funding for medication can be obtained from other sources are relayed to the Department for their action. For instance, Medicare will pay for immunosuppressive medications for transplant patients and nebulizer solution for dual eligible patients. The Commission also identifies situations where the Department may recover funds from inappropriate billing.

Overall Results

Activities of the DUR Commission were evaluated for SFY15 for interventions performed in the previous or the current fiscal year. The direct cost savings from all activities of the DUR Commission are calculated to be \$669,337.04* which equates to \$2.48* for every \$1.00 of combined federal and state dollars spent administratively. This calculation is based on estimates regarding two types of reviews: patient-focused reviews and problem-focused reviews. These results are also found in Appendix C.

Cost Savings Estimate	\$669,337.04*
Cost of the Program (state and federal dollars)	\$270,000.00
Net Cost Savings Estimate	\$399,337.04*
Savings per Total Dollar Spent (state and federal)	\$2.48*
Savings per State Dollar Spent	\$4.96*

Patient-focused reviews resulted in \$129,145.36* in direct cost savings, or \$105.77* per patient evaluated. This estimate is based on the 1,262 suggestions made by the DUR Commission identified from the review of the medication therapy of 1,221 patient profiles selected for intervention. Of these 1,262 suggestions, 71 suggestions were implemented by the providers, resulting in a 5.63 percent impact rate.

Patient-Focused Profile Review	
Suggestions Made	1,262
Therapy Changed	71
IMPACT RATE	5.63%
Cost Savings Estimates:	
Dollars Saved per Patient Evaluated	\$105.77*
Dollars Saved on Medication	\$129,145.36*

Problem-focused reviews resulted in an estimated cost savings of \$540,191.68* or \$192.65 saved per patient evaluated. This estimate is based on the review of profiles with 2,804 patients selected for interventions. Therapy was changed for 665 patients, resulting in an impact rate of 23.7 percent.

Problem-Focused Profile Review	
Patients Evaluated	2,804
Therapy Changed	665
IMPACT RATE	23.7%
Cost Savings Estimates:	
Dollars Saved on Patient Reviews	\$540,191.68*
Dollars Saved per Patient Evaluated	\$192.65*
Total Dollars Saved on Medication	\$540,191.68*

Comparison to Previous Reports

Cost savings estimates for SFY15 (\$669,337.04*) are lower than last year. This decrease is due in part to the type of problem-focused reviews the DUR members selected for intervention and the number of members in each intervention. One of the interventions involved the addition of medication. While there is an additional cost upfront, it is assumed cost savings will be realized due to improved patient outcomes and decreased spending on medical services. Another intervention involved overutilization of seizure medications without a seizure diagnosis. While there was a positive impact, changes in the status of medications on the PDL resulted in a higher pre-rebate cost, but post-rebate the state realized a cost savings.

The savings from SFY15 patient-focused reviews (\$129,145.36*) were lower than SFY14 (\$166,220.30*). The number of suggestions made (1,262) vs. (1,204) increased as well as the number of suggestions that were accepted (71) vs. (63) from SFY14. The small impact from patient-focused reviews can be contributed to the maturation of the Preferred Drug List (PDL) and Point of Sale edits (POS) that have been implemented over the years. It is difficult to determine the actual cause for the minimal number of suggestions made. One theory could be, due to the voluntary participation of the prescriber and lack of the ability to enforce the recommendations made by the DUR Commission, prescribers do not make the recommended change due to lack of time or they do not feel it is in the best interest of the patient.

The savings from problem-focused reviews for SFY15 (\$540,191.68*) were lower than SFY14 (\$1,838,278.17*). This again was due to the type of problem-focused review selected for intervention, the number of members in each intervention, and the fact that in SFY15, two problem-focused reviews did not incur a direct cost-savings due to the addition of a medication in one intervention and changes to the PDL that increased pre-rebate costs in the other intervention.

*Savings reported are pre-rebate, total dollars

Results by Review Type

Patient-Focused Review

During this evaluation period, 2,802 educational intervention letters were mailed to prescribers and pharmacies regarding medication therapy. Of this total, 1,495 letters (53.35 percent) were mailed to prescribers, and 1,307 (46.65 percent) letters were mailed to pharmacies. Providers are invited to voluntarily respond to DUR Commission letters. Providers returned 1,059 responses to these letters, resulting in an overall response rate by the providers of 37.79 percent. Of this total, 601 (56.75 percent) responses were from prescribers and 428 (43.25 percent) were from pharmacies. The response rate differed slightly between physicians and pharmacies; 40 percent for physicians and 35 percent for pharmacies.

In these 2,802 educational letters, the DUR Commission made 1,262 suggestions. Of these suggestions, 1,225 (97.07 percent) were therapeutic in nature while 37 (2.93 percent) were cost-saving in nature. The suggested change was implemented in 71 cases, resulting in an overall impact rate of 5.63 percent.

Of the 1,262 suggestions, four types of suggestions accounted for over 89 percent of the total. Those four suggestions were Drug-Drug Interaction (6.18 percent), Not Optimal Drug (7.61 percent), Therapeutic Duplication (68.86 percent), and Unnecessary Drug Therapy (6.5 percent). No other single category accounted for more than 3 percent of the total suggestions. Of the 71 changes, the most common reasons for the Commission's inquiry were Drug-Drug Interaction (7.04 percent), Therapeutic Duplication (60.56 percent), Unnecessary Drug Therapy (11.27 percent), and Not Optimal Drug (9.86 percent). No other single category accounted for more than 3 percent of the changes. Detailed information is found in Appendix D.

The suggestions that resulted in change the highest percentage of the time were Patient Underuse (11.76 percent), Inappropriate Billing (12.5 percent), Unnecessary Drug Therapy (9.76 percent), and Potential Generic Use (11.11 percent).

Implementation of therapeutic suggestions resulted in direct drug cost savings of \$116,915.46*. Implementation of the cost-saving suggestions resulted in direct drug cost savings of \$12,229.90*. The total amount saved on medication utilization was calculated to be \$129,145.36* for the 1,221 patients evaluated, or \$105.77* per patient. The complete details of the results of patient-focused studies reported monthly are also outlined in Appendix D.

Included in Appendix D are Intervention Case Summary examples presented to the Commission during the year. These summaries detail the process of specific patient-focused reviews including problem identification, intervention, provider response and outcome. The examples provide an easily understood method to demonstrate the value of retrospective patient-focused DUR.

*Savings reported are pre-rebate, total dollars

Problem-Focused Reviews

Fourteen problem-focused reviews were evaluated during SFY15. In conducting these studies, 2,804 patient profiles were reviewed and selected for intervention. Of these patients, 665 cases showed evidence of a positive outcome, resulting in an impact rate of 23.7 percent. These changes in therapy resulted in annualized cost savings of \$540,191.68* or \$191.68* per patient evaluated. Results of all focus studies are detailed in Appendix E. The purpose for each problem-focused review and a complete description of results are available in Appendix F.

Administrative Review

Prior Authorization

The DUR Commission annually reviews the prior authorization program for clinical appropriateness. Changes are recommended to the Department. During SFY15, the DUR Commission reviewed all therapeutic categories requiring prior authorization as well as therapeutic criteria to support operations of the Preferred Drug List. Recommendations for modifications to existing criteria were made for the following categories: Apixaban (Eliquis), Dabigatran (Pradaxa), Omalizumab (Xolair), Palivizumab (Synagis), Chronic Pain Syndromes, Thrombopoietin Receptor Agonists, Testosterone Products, Apremilast (Otezla), Hepatitis C Agents, CNS Stimulants and Atomoxetine, Dextromethorphan/Quinidine (Nuedexta), and Sedative/Hypnotics – Non-Benzodiazepines. The following is a list for which new categories of clinical prior authorization criteria were developed: Oral Immunotherapy, Methotrexate Injection, Apremilast (Otezla), Ceritinib (Zykadia), Deferasirox (Exjade), and Vorapaxar (Zontivity). No recommendations were made to remove criteria during this time period. These recommendations can be found in Appendix G.

Prospective Drug Review

The DUR Commission reviews and recommends prospective drug utilization review criteria to be utilized by the Department. The following prospective DUR edits were recommended to the Department by the Commission in SFY15:

- The DUR reviewed the recommendations they initially made in April 2012 to implement ProDUR edits on antipsychotics in members less than 18 years of age. After discussion, the Commission continues to support the implementation of the following ProDUR edits:
 - ProDUR age edit on risperidone for members less than 5 years of age and an age edit on all other antipsychotics for members less than 6 years of age.
 - Duplicate therapy edit on all antipsychotics.
- Quantity limit on all short-acting opioids of 120 units per 30 days.
- Quantity limit on Adderall IR 12.5mg and 20mg of 90 tablets per 30 days.
- Quantity limit on Concerta 18mg and 27mg of 30 tablets per 30 days.
- Quantity limit on Focalin IR (all strengths) of 60 tablets per 30 days.
- Quantity limit on Focalin XR (all strengths) of 30 capsules per 30 days.
- Quantity limit on Ritalin IR (all strengths) of 90 tablets per 30 days.

*Savings reported are pre-rebate, total dollars

- Quantity limit on all strengths of alprazolam, clonazepam, and lorazepam of 120 units per 30 days.

Information regarding the DUR Commission recommendations for prospective DUR can be found in Appendix H.

Other Activities

Three newsletters were written and posted to the website by the DUR Commission for the Medicaid provider community during this fiscal year. A copy of these newsletters is provided in Appendix I. Topics include:

- Long-Acting Opioid Use in Opioid-Naïve Patients
- Off-Label Pharmaceutical Marketing: How to Recognize and Report It
- How to Dispose of Unused Medications
- Complex Pharmaceutical Oversight Program (CPOP)
- Medicaid Modernization

The DUR Commission maintains a web site to improve communication with a variety of stakeholders. The web site is found at www.iadur.org. The site contains information regarding upcoming meeting dates, locations, agendas, minutes from the previous meeting, as well as past issues of the provider newsletter, the *DUR DIGEST*. In addition the web site provides meeting agendas and minutes for the Drug Utilization Review Mental Health Advisory Group. A copy of this web site is found in Appendix J.

Laurie Pestel, Pharm.D. was reappointed to serve a third, four-year term beginning in August 2015.

Gregory Barclay, M.D. served one, four-year term on the DUR which expired in June 2015.

Bimonthly prevalence reports were developed to allow the DUR Commission to analyze changes in medication use across the entire Medicaid patient population. Copies are found in Appendix K.

Complete meeting minutes for all DUR Commission meetings are available in Appendix L.

The Iowa Medicaid Drug Utilization Review Mental Health Advisory Group (MHAG) was established in SFY 2008. Descriptions of the program, as well as meeting minutes are found in Appendix M.

Periodically the DUR Commission will make recommendations to the Iowa Medicaid Pharmacy & Therapeutics Committee regarding the status of a medication on the Preferred Drug List (PDL). A copy of SFY15 recommendations can be found in Appendix N.

Appendix A

Commission Members

**Iowa Medicaid Drug Utilization Review
Commission Members
2014-2015**

Larry Ambrosion, R.Ph.

Larry Ambrosion currently owns and operates The Medicine Shoppe Pharmacy in Newton, Iowa. Mr. Ambrosion graduated from the University of Iowa in 1992. He worked for Columbia Regional Hospital in Columbia, MO from 1992 to 1998. Mr. Ambrosion returned to Iowa in 1998 and opened The Medicine Shoppe. Mr. Ambrosion was reappointed for a second term in 2013 which will expire in June 2017.

Gregory Barclay, M.D.

Dr. Barclay is the President and Medical Director of Barclay and Associates, P.C. in Ames, Iowa. Dr. Barclay received his medical degree from the University of Kentucky College of Medicine and completed his residency training in psychiatric medicine at the Naval Regional Medical Center in San Diego, California. He is certified by the American Board of Psychiatry & Neurology, is a Fellow in the American Psychiatric Association, is a Governing Board member of the American Society of Adolescent Psychiatry, and is a member of the Legislative Affairs Committee of the Iowa Psychiatric Society. Dr. Barclay was appointed to the Commission in 2011; his first term expired June 30, 2015 and he did not seek reappointment.

Brian Couse, M.D.

Dr. Couse graduated from the University of Nebraska College of Medicine in 1998. He then completed his Primary Care Rural Training Residency Program in 2001 and is board certified in Family Medicine. Dr. Couse currently sees patients at the Methodist Physicians Clinic in Red Oak, Iowa. He treats patients of all ages and has clinical areas of interest in obstetric care including deliveries and C-sections and upper and lower gastrointestinal endoscopy. Dr. Couse was appointed to the DUR Commission in 2013; His first term will expire in June 2017.

Brett Faine, Pharm.D.

Dr. Faine is a Clinical Pharmacy Specialist in Emergency Medicine at the University of Iowa Hospital. He serves as a preceptor to residents and Pharm.D. students in the Emergency Treatment Center. Dr. Faine received his Pharm.D. degree from University of Iowa and completed an ASHP-accredited PGY1 Pharmacy Residency at the University of Iowa Hospitals and Clinics. Dr. Faine was reappointed for a second term in 2014 which will expire in June 2018.

Mark Graber, M.D., FACEP, MSHCE

Dr. Graber is a Professor of Emergency Medicine and Family Medicine at the University of Iowa Carver College of Medicine. Dr. Graber graduated from Eastern Virginia Medical School and completed his Family Practice Residency at

the University of Iowa. In addition to his clinical duties, Dr. Graber serves as an advisor to medical students and residents, and has published numerous text books, reviews, and papers in publications such as *The Annals of Pharmacotherapy*, *Emergency Medicine*, and *American Family Physician*. Dr. Graber also serves as an associate Clinical Editor of the Prescribers Letter. Through his travels, Dr. Graber has presented throughout the United States as well as Ukraine, Russia, and China. In 2007, Dr. Graber was honored by appearing on the “Best Doctors in America” list. Dr. Graber was reappointed for a second term in 2012 which will expire in June 2016.

Kellen Ludvigson, Pharm.D.

Dr. Ludvigson graduated with distinction from the University of Iowa College of Pharmacy in 2007, and he is kept busy working full-time at three different independent pharmacies: both the Holstein and Cherokee branches of Main Street Pharmacy, and also the Cherokee Mental Health Institute in Cherokee. Additionally, he is employed as a relief pharmacist at the Sioux City Target. This diversity in employment allows him to encounter a variety of prescribers and patients in the Medicaid program, and has resulted in a great deal of experience with the Iowa Medicaid PDL. Dr. Ludvigson was appointed to the DUR Commission in 2012; his first term will expire in June 2016.

Susan Parker, Pharm.D.

Dr. Parker is the Pharmacy Director for the Department of Human Services at the Iowa Medicaid Enterprise and serves as liaison to the Commission. She graduated with a Doctor of Pharmacy degree from Mercer Southern School of Pharmacy in Atlanta, Georgia. She is also a graduate of Gannon University in Erie, Pennsylvania with a Bachelor of Science degree Physician Assistant. Dr. Parker brings to the Commission a variety of experience in health care as an Iowa Medicaid drug prior authorization pharmacist, community pharmacist, and physician assistant. She is a member of the American Medicaid Pharmacy Administrators Association and the Western Medicaid Pharmacy Administrators Association.

Laurie Pestel, Pharm,D

Dr. Pestel is the pharmacy manager at Hy-Vee in Red Oak, Iowa. She graduated with her Doctor of Pharmacy degree from Creighton University in 2000. She served on the Board of Professional Affairs as a member of the Iowa Pharmacy Association in 2006. Laurie has experience with both long-term care and retail pharmacy. Dr. Pestel was reappointed for a third term in 2015 which will expire in June 2019.

Jason Wilbur, M.D.

Dr. Wilbur graduated from the Saint Louis University School of Medicine in 1999. He then completed his Family Medicine Residency at the University of Iowa, where he was Chief Resident 2001-2002, followed by a Geriatric Medicine Fellowship 2002-2003. He is currently Associate Professor of Clinical Family

Medicine for the Roy J. & Lucille A. Carver College of Medicine at the University of Iowa. Prior to that, he was Medical Director of the Family Medicine Clinic in Iowa City from 2006 to 2011. The University of Iowa Hospitals and Clinics awarded him the Above and Beyond Reward in 2006 and again in 2007, along with the Teacher of the Year Award, presented by the University of Iowa Family Medicine residents, in 2008. Dr. Wilbur was appointed to the DUR Commission in 2012; his first term will expire in June 2016.

Appendix B

Evaluation Procedure

EVALUATION OF THE IMPACT OF PROSPECTIVE AND RETROSPECTIVE DRUG UTILIZATION REVIEW INTERVENTIONS

The goal of Drug Utilization Review (DUR) is to evaluate cost savings and provide quality assurance of medication use. The DUR Commission works in conjunction with the pharmacy medical program at the Iowa Medicaid Enterprise to contribute to the overall success of the program. The Drug Utilization program:

- Evaluates three areas of activity including Patient-focused Drug Utilization Reviews, Problem-focused Drug Utilization Reviews, and Administrative Activities.
- Examines only direct drug costs. DUR evaluation does not have the ability to quantify its impact on other health services such as hospitalizations, ER visits, and physician visits.
- Reports pre-rebate savings since access to supplemental rebates is not within the scope of the DUR program.
- Often provides recommendations that are qualitative, such as improved health outcomes, rather than quantitative in nature.

As a general principle, evaluations are based upon an observed change in the targeted prescribing or dispensing pattern, as well as changes seen in therapy of the individual patients. One evaluation approach is to observe and quantify changes in prescribing due to a given intervention compared to a control group of providers who do not receive the intervention. The intervention's impact on prescribing may be more readily detectable by this method and could be measured by comparing the two groups of patients or prescribers. However, it is very difficult to design a scientifically sound control group given the many variables surrounding patient care. Therefore, in most instances the DUR Commission has chosen to forego use of a control group to achieve the greatest impact. Although the evaluation of the intervention may be less scientific, intervention on behalf of all the patients is more desirable. In this instance, prescribing trends may not be available for comparison, but savings and benefit can still be quantified at the individual patient level.

Patient-focused DUR

Patient-focused DUR concentrates efforts on specific suggestions made about an individual patient. Each suggestion, or template, attempts to make a change in therapy. These changes are either therapeutic or cost-saving in nature; however, these situations are not necessarily mutually exclusive. A therapeutic change -- one that improves the patient's therapy in some way -- may also produce cost savings. Cost-saving changes are attempted when a patient is not receiving a medication in the most economical form. The intervention does not change the medication but points out that the same medication could be given in a more cost-effective manner. Each template and intervention is evaluated to determine if the proposed change was implemented and, if so, what economic implications can be calculated.

The calculation relating to therapeutic and cost saving interventions is tabulated by comparing a member's initial profile with the member's re-review profile. Each member profile is a six-month snapshot of medications covered by the Medicaid program. Pertinent information such as patient name and ID, date of service, drug name, strength, and quantity, RX number, day supply, prescriber and pharmacy ID, total price submitted, and amount paid appear on each profile. There are nine months in between the initial and re-review profiles to accommodate for provider review, response, and implementation for therapeutic and or cost changes. For each intervention, the total amount paid on the initial profile for any one intervention is noted. According to the intervention at hand, the re-review profile is evaluated for change. The amount paid on the re-review profile for the same intervention is also noted. A comparison between the profiles is calculated by subtracting the total amount paid from the initial profile with the total amount paid from the re-review profile. This calculation is then annualized multiplying the number by 2 to get the pre-rebate annualized savings. Consider this *cost saving* example:

Template sent to the provider:

According to the profile, this patient is receiving Lexapro 10mg tablets. Substantial cost savings can be realized by using one-half of a Lexapro 20mg tablet which is scored and easily broken. Would this patient be a good candidate for this cost-saving measure?

Information on initial profile sent to provider:

Lexapro 10 mg #30= \$83.04
Total Amount Paid \$498.24

Information on re-review profile used internally for evaluation:

Lexapro 20 mg #15 = \$45.92
Total Amount Paid \$275.52

Calculation of annualized savings

$\$498.24 - \$275.52 = \$222.72$ (savings for 6 months)
 $\$222.72 \times 2 = \445.44 (savings for 12 months)
Reported total pre-rebate annualized savings is \$445.44

All savings for patient-focused review are based on annualized savings for one year only. Reporting on patient-focused interventions will provide the following information:

- Total number of templates mentioned
- Number of templates that were therapeutic in nature
- Number of templates that were cost-saving in nature
- Total number of changes implemented
- Number of changes that were therapeutic in nature
- Number of changes with positive impact without savings
- Number of changes that were cost-saving in nature
- Total dollars saved from therapeutic changes
- Total dollars saved from cost-saving changes
- Total dollars saved
- Impact of interventions expressed as a percentage

All templates are described by one of sixteen classifications. These classifications indicate the general type of intervention addressed by the template. Reports will also include a breakdown by classification (therapeutic or cost-saving) of the templates used in the patient-focused letters. This data will show which templates are cited most often, result in change most often, and result in higher cost savings.

Templates that are therapeutic in nature include:

- Not Optimal Drug
- Not Optimal Dose
- Not Optimal Duration of Use
- Unnecessary Drug Use
- Therapeutic Duplication
- High Cost Drug
- Drug-Drug Interaction
- Drug-Disease Interaction
- Adverse Drug Reaction
- Patient Overuse
- Patient Underuse
- Therapeutic Alternative
- Missing Drug Therapy

Templates that are cost saving in nature include:

- Not Optimal Dosage Form
- Potential Generic Use
- Inappropriate Billing

Problem-focused DUR

Problem-focused DUR concentrates efforts on a specific problem or trend in prescribing. While patient-focused reviews may address a multitude of situations, a problem-focused review addresses only one concern. The DUR Commission uses guidelines, literature and peer-group prescribing to identify particular clinical situations that need addressed. This process ensures that each intervention is unique due to the subject matter and may differ in steps of evaluation.

Reporting for problem-focused interventions will include the types of intervention done and the resulting savings. Savings are always calculated based on one year of therapy only and are calculated in the same manner as explained in the patient-focused DUR section.

Administrative Review

The Drug Utilization Review (DUR) program is a component of the Pharmacy Medical Division of the Iowa Medicaid Enterprise (IME). DUR contributes expertise and information that leads to implementation in other programmatic areas including, but not limited to: Prospective Drug Utilization Review, Prior Authorization, Preferred Drug List, Disease Management, and Supplemental Rebates. Although the DUR program impacts all of the different pharmacy programs it is difficult to determine where its impact begins and ends. Therefore, the savings associated with DUR contribution in other pharmacy areas cannot be determined. IME pharmacy programs are listed below along with a DUR impact statement and example:

- Prospective DUR

Definition: A process in which a request for a drug product for a particular patient is screened for potential drug therapy problems before the product is dispensed.

Impact: The DUR Commission reviews scientific literature regarding specific medications and makes recommendations to DHS on appropriate utilization guidelines or parameters.

Example: The DUR Commission recommended that an age edit be placed on Provigil®, restricting its use in patients to those 16 years of age and older.

- Prior Authorization

Definition: A process for obtaining approval for a drug before the drug is provided to a member, as a precondition for provider reimbursement. Prior authorization is requested at the prescriber level and is a prescriber fax-only system using the forms provided by the Iowa Medicaid Enterprise.

Impact: The DUR Commission develops sound, cost-effective medication use guidelines by reviewing peer reviewed medical information from various sources. The Commission seeks outside expertise when necessary and considers public comments prior to

recommending step therapy for appropriate drug use.

Example: The DUR Commission developed the criteria for the Nicotine Replacement Therapy prior authorization.

Prior Authorization is required for over-the-counter nicotine replacement patches and nicotine gum. Requests for authorization must include:

- 1) Diagnosis of nicotine dependence and referral to the Quitline Iowa program for counseling.
- 2) Confirmation of enrollment in the Quitline Iowa counseling program is required for approval.
- 3) Approvals will only be granted for patients eighteen years of age and older.
- 4) The maximum allowed duration of therapy is twelve weeks within a twelve-month period.
- 5) A maximum quantity of 14 nicotine replacement patches and/or 110 pieces of nicotine gum may be dispensed with the initial prescription. Subsequent prescription refills will be allowed to be dispensed as a 4 week supply at one unit per day of nicotine replacement patches and/or 330 pieces of nicotine gum. Following the first 28 days of therapy, continuation is available only with documentation of ongoing participation in the Quitline Iowa program.

- Preferred Drug List (PDL)

Definition: A list comprised of drugs recommended to the Iowa Department of Human Services by the Iowa Medicaid Pharmaceutical and Therapeutics Committee that have been identified as being therapeutically equivalent within a drug class and that provide cost benefit to the Medicaid program.

Impact: The DUR Commission makes referrals to and considers requests from the Pharmacy and Therapeutics (P&T) Committee to improve drug therapy.

Example: The DUR Commission recommended that the Iowa Medicaid Pharmacy and Therapeutics Committee change the status of products containing carisoprodol on the PDL from preferred to nonpreferred.

- Disease management

Definition: A coordinated process by which Iowa Medicaid identifies and treats diseases within defined patient populations. This goal is achieved by identifying and delivering the most effective and efficient combination of available resources.

Impact: The Commission reviews disease state guidelines to determine appropriate drug use, shares drug utilization information, and makes recommendations to improve therapeutic outcomes.

Example: DUR exchanged patient specific information with case management regarding utilization patterns of Advair®.

- Supplemental rebates

Definition: A rebate given in addition to rebates received under the CMS Rebate Agreement, pursuant to Section 1927 of the Social Security Act (42 USC 1396r-8).

Impact: The existence of a supplemental rebate and how it may impact the price of a medication is taken into consideration when the DUR Commission makes recommendations.

Example: The DUR Commission requested that the Iowa Medicaid P&T Committee review the different dosage forms of nicotine replacement therapy and share information as to which products were the most cost effective.

Appendix C

Overall Programs Results

**Program Evaluation/Cost Savings Estimates
Iowa Medicaid Retrospective Drug Utilization Review
Annual Report
SFY15**

Patient Focused Profile Review

Suggestions Made	1,262
Therapy Changed	68
Impact Rate	5.39%
Cost Savings Estimates:	
Dollars Saved per Patient Evaluated*	\$105.77
Dollars Saved on Medication*	\$129,145.36

Problem-Focused Profile Review

Suggestions Made	2,804
Therapy Changed	665
Impact Rate	23.72%
Cost Savings Estimates:	
Dollars Saved per Patient Evaluated*	\$192.65
Dollars Saved on Medication*	\$540,191.68

Cost Savings Estimate*	\$669,337.04
Cost of the Program (State & Federal)	\$270,000.00
Net Cost Savings Estimate	\$399,337.04

Savings Per Dollar Spent (State and Federal)* **\$2.48**

Savings Per State Dollar Spent* **\$4.96**

*Savings reported are pre-rebate, total dollars

Appendix D

Results Patient-Focused

Patient - Focused Reviews

SFY15

Initial Review Date

October 2013 - September 2014

Re-review Date

July 2014 - June 2015

Patient Profiles Reviewed	1,800
Profiles Selected for Intervention	1,221

Intervention Letters Sent

Prescribers	1,495	53.35%
Pharmacists	1,307	46.65%
Total	2,802	100%

Responses Received

Prescribers	601	56.75%
Pharmacists	458	43.25%
Total	1,059	100.00%

Overall Response Rate	37.79%
Prescriber Response Rate	40.20%
Pharmacy Response Rate	35.04%

Total Number of Suggestions

Therapeutic	1,225	97.07%
Cost-Saving	37	2.93%
Total	1,262	100%

Total Number of Changes

Therapeutic	68	95.77%
Cost-Saving	2	2.82%
Positive Impact Only	1	1.41%
Total	71	100%

Impact Rate	5.63%
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Patient - Focused Review
Month by Month Breakdown
 SFY15

Initial Review Date	Oct-13	Dec-13	Feb-14	Apr-14	Jun-14	Aug-14	Total
Evaluation Date	Jul-14	Sep-14	Nov-14	Jan-15	Mar-15	May-15	
Profiles Reviewed	300	300	300	300	300	300	1,800
Profiles Available for Evaluation	197	198	199	203	210	214	1,221
Total Number of Suggstions Made	203	208	203	209	220	219	1,262
Therapeutic	197	201	201	200	215	211	1,225
Cost Saving	6	7	2	9	5	8	37
Total Number of Changes Made	11	12	10	11	14	13	71
Therapeutic	11	12	10	11	12	12	68
Cost Saving	0	0	0	0	1	1	2
Positive Impact Only	0	0	0	0	1	0	1
Total Dollars Saved - Therapeutic	\$12,880.33	\$4,614.78	\$50,724.89	\$37,955.63	\$5,212.75	\$5,527.08	\$116,915.46
Total Dollars Saved - Cost Saving	\$0.00	\$0.00	\$0.00	\$0.00	\$3,215.57	\$9,014.33	\$12,229.90
Total Dollars Saved on Medication*	\$12,880.33	\$4,614.78	\$50,724.89	\$37,955.63	\$8,428.32	\$14,541.41	\$129,145.36
Total Dollars Saved per Profile	\$65.38	\$23.31	\$254.90	\$186.97	\$40.13	\$67.95	\$105.77

*Savings reported are pre-rebate total dollars.

Medicaid DUR Impact Assessment

Report Patient-Focused Reviews SFY15

Initial Review Date Evaluation Date	Oct-13 Jul-14	Dec-13 Sep-14	Feb-14 Nov-14	Apr-14 Jan-15	Jun-14 Mar-15	Aug-14 May-15	Total	
Profiles Reviewed	300	300	300	300	300	300	1,800	
Profiles Evaluated	197	198	199	203	210	214	1,221	
<u>Letters Sent</u>	443	462	459	466	496	476	2,802	100.00%
Prescribers	236	243	248	245	271	252	1,495	53.35%
Pharmacy	207	219	211	221	225	224	1,307	46.65%
<u>Responses Received</u>	158	163	178	194	186	180	1,059	100.00%
Prescribers	94	86	107	104	107	103	601	56.75%
Pharmacy	64	77	71	90	79	77	458	43.25%
Total Number of Templates Mentioned	203	208	203	209	220	219	1,262	100.00%
Therapeutic	197	201	201	200	215	211	1,225	97.07%
Cost-Saving	6	7	2	9	5	8	37	2.93%
Total Number of Changes Made	11	12	10	11	14	13	71	100.00%
Therapeutic	11	12	10	11	12	12	68	95.77%
Cost-Saving	0	0	0	0	1	1	2	2.82%
Positive Impact Only	0	0	0	0	1	0	1	1.41%
Total Dollars Saved - Therapeutic Changes	\$12,880.33	\$4,614.78	\$50,724.89	\$37,955.63	\$5,212.75	\$5,527.08	\$116,915.46	90.53%
Total Dollars Saved - Cost Saving Changes	\$0.00	\$0.00	\$0.00	\$0.00	\$3,215.57	\$9,014.33	\$12,229.90	9.47%
Total Dollars Saved on Medication*	\$12,880.33	\$4,614.78	\$50,724.89	\$37,955.63	\$8,428.32	\$14,541.41	\$129,145.36	100.00%
Total Dollars Saved Per Profile Evaluated	\$65.38	\$23.31	\$254.90	\$186.97	\$40.13	\$67.95	\$105.77	

*Savings reported are pre-rebate, total dollars

Comment Type
Patient Focused Reviews
SFY15

Initial Review Date Evaluation Date	Oct-13 Jul-14	Dec-13 Sep-14	Feb-14 Nov-14	Apr-14 Jan-15	Jun-14 Mar-15	Aug-14 May-15	Total
<u>Template Classification</u>	<u>Suggestions</u> <u>Changes</u>	<u>Total Suggestions</u> <u>Total Changes</u>					
Adverse Drug Reaction	1 0	0 0	0 0	0 0	0 0	0 0	1 0
Drug-Disease Interaction	1 0	0 0	0 0	0 0	0 0	0 0	1 0
Drug-Drug Interaction	19 1	12 2	14 0	10 1	11 0	12 1	78 5
High Cost Drug	0 0	0 0	0 0	0 0	0 0	0 0	0 0
Innapropriate Billing	2 0	4 0	0 0	2 0	4 1	4 1	16 2
Missing Drug Therapy	0 0	0 0	1 0	2 0	1 1	0 0	4 1
Not Optimal Dosage Form	4 0	1 0	1 0	4 0	0 0	3 0	13 0
Not Optimal Dose	9 1	7 0	2 0	7 0	4 1	4 0	33 2
Not Optimal Drug	19 1	14 2	24 1	10 3	13 0	16 0	96 7
Not Optimal Duration	6 0	9 0	2 0	7 0	9 0	3 0	36 0
Patient Overuse	0 0	0 0	1 0	3 0	2 0	1 0	7 0
Patient Underuse	1 0	2 0	1 0	5 1	3 0	5 1	17 2
Potential Generic Use	0 0	2 0	2 0	3 0	1 0	1 1	9 1
Therapeutic Alternative	0 0	0 0	0 0	0 0	0 0	0 0	0 0
Therapeutic Duplication	138 7	138 6	148 9	150 6	143 7	152 8	869 43
Unnecessary Drug Therapy	3 1	19 2	7 0	6 0	29 4	18 1	82 8
Total	203 11	208 12	203 10	209 11	220 14	219 13	1,262 71

**Patient Focused Reviews
SFY15**

Template Classification	Total Suggestions	Total Changes	% of Total Suggestions	% of Total Changes	% of Suggestions Changed	% Dollars Saved
Adverse Drug Reaction	1	0	0.08%	0.00%	0.00%	0.00%
Drug-Disease Interaction	1	0	0.08%	0.00%	0.00%	0.00%
Drug-Drug Interaction	78	5	6.18%	7.04%	6.41%	0.29%
High Cost Drug	0	0	0.00%	0.00%	0.00%	0.00%
Inappropriate Billing	16	2	1.27%	2.82%	12.50%	0.07%
Missing Drug Therapy	4	1	0.32%	1.41%	0.00%	0.00%
Not Optimal Dosage Form	13	0	1.03%	0.00%	0.00%	0.00%
Not Optimal Dose	33	2	2.61%	2.82%	6.06%	0.26%
Not Optimal Drug	96	7	7.61%	9.86%	7.29%	2.09%
Not Optimal Duration	36	0	2.85%	0.00%	0.00%	0.00%
Patient Overuse	7	0	0.55%	0.00%	0.00%	0.00%
Patient Underuse	17	2	1.35%	2.82%	11.76%	0.00%
Potential Generic Use	9	1	0.71%	1.41%	11.11%	0.58%
Therapeutic Alternative	0	0	0.00%	0.00%	0.00%	0.00%
Therapeutic Duplication	869	43	68.86%	60.56%	4.95%	93.39%
Unnecessary Drug Therapy	82	8	6.50%	11.27%	9.76%	3.31%
Total	1,262	71	100.00%	100.00%	5.63%	100.00%

Savings By Template Class

SFY15

Initial Review Date	Oct-13	Dec-13	Feb-14	Apr-14	Jun-14	Aug-14	
Evaluation Dte	Jul-14	Sep-14	Nov-14	Jan-15	Mar-15	May-15	Total
<u>Template Classification</u>							
Adverse Drug Reaction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Drug-Disease Interaction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Drug-Drug Interaction	\$68.19	\$154.07	\$0.00	\$71.74	\$0.00	\$84.76	\$378.76
High Cost Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Inappropriate Billing	\$0.00	\$0.00	\$0.00	\$0.00	\$49.81	\$39.63	\$89.44
Missing Drug Therapy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Not Optimal Dosage Form	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Not Optimal Dose	\$107.68	\$0.00	\$0.00	\$0.00	\$231.17	\$0.00	\$338.85
Not Optimal Drug	\$704.68	\$914.19	\$471.26	\$609.13	\$0.00	\$0.00	\$2,699.26
Not Optimal Duration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Patient Overuse	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Patient Underuse	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Potential Generic Use	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$753.06	\$753.06
Therapeutic Alternative	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Therapeutic Duplication	\$11,856.37	\$1,841.16	\$50,253.63	\$37,274.76	\$6,350.93	\$13,030.15	\$120,607.00
Unnecessary Drug Therapy	\$143.41	\$1,705.36	\$0.00	\$0.00	\$1,796.41	\$633.81	\$4,278.99
Total	\$12,880.33	\$4,614.78	\$50,724.89	\$37,955.63	\$8,428.32	\$14,541.41	\$129,145.36

Intervention Case Summaries August 2014

The Commission reviewed the profile of a 53 year-old female using omeprazole and famotidine concurrently. The Commission asked if the patient could be adequately controlled on one or the other medications, pointing PPIs should be used at the lowest dose and shortest duration due to the increased risk osteoporosis-related fractures of the hip, wrist, and spine; increased risk of clostridium difficile-associated diarrhea; and increased risk of hypomagnesemia with the long-term use of PPIs. Upon re-review, omperazole and famotidine were discontinued and replaced with ranitidine.

Annualized pre-rebate savings (state and federal) = \$198.25 (taking into consideration the cost of ranitidine)

The Commission reviewed the profile of a 43 year-old female taking cetirizine and loratadine concurrently. The Commission asked what the clinical situation was for the combined use of the antihistamines and if one could be discontinued. Upon re-review, loratadine was discontinued.

Annualized pre-rebate savings (state and federal) = \$149.08

The Commission reviewed the profile of a 53 year-old male taking two anticonvulsants (gabapentin and topiramate) concurrently without a seizure diagnosis. The Commission asked what the clinical situation was that required the combined use of these medications and asked if one medication could be discontinued and the dose of the other be adjusted if needed. Upon re-review, gabapentin was discontinued and the dose of topiramate remained the same.

Annualized pre-rebate savings (state and federal) = \$165.15

The Commission reviewed the profile of a 54 year-old female taking Cymbalta and escitalopram concurrently. The Commission pointed out the increased risk of serotonin syndrome and asked if one of the antidepressants could be discontinued with a dose adjustment of the other, if needed. Upon re-review, Cymbalta was discontinued and the dose of escitalopram remained the same.

Annualized pre-rebate savings (state and federal) = \$2,678.62

Intervention Case Summaries October 2014

The Commission reviewed the profile of a 60 year-old female using haloperidol and quetiapine concurrently (both at sub-optimal doses). The Commission asked if the patient is in the process of having the medications cross-tapered and if a sequence of monotherapy trials with each of the antipsychotics at a maximally tolerated dose had been tried without success. Upon re-review, haloperidol was discontinued and the dose of quetiapine was increased.

Annualized pre-rebate savings (state and federal) = \$378.32 (taking into consideration the increased dose of quetiapine)

The Commission reviewed the profile of a 48 year-old female taking Fanapt and risperidone concurrently. The Commission asked if the patient is in the process of having the medications cross-tapered and if a sequence of monotherapy trials with each of the antipsychotics at a maximally tolerated dose had been tried without success. Upon re-review, risperidone was discontinued and the dose of Fanapt remained the same.

Annualized pre-rebate savings (state and federal) = \$185.74

The Commission reviewed the profile of a 13 year-old male taking ziprasidone and risperidone concurrently. The Commission asked if the patient is in the process of having the medications cross-tapered and if a sequence of monotherapy trials with each of the antipsychotics at a maximally tolerated dose had been tried without success. Upon re-review, ziprasidone was discontinued and the dose of risperidone remained the same.

Annualized pre-rebate savings (state and federal) = \$1,290.12

The Commission reviewed the profile of a 19 year-old male taking amoxicillin chewable tablets chronically. The Commission asked what the clinical situation was that required the use of amoxicillin chronically. Upon re-review, amoxicillin was discontinued.

Annualized pre-rebate savings (state and federal) = \$200.13

Intervention Case Summaries December 2014

The Commission reviewed the profile of a 10 year-old female using clonidine and guanfacine concurrently. The Commission asked what the clinical situation was that required the use of two alpha2-adrenergic agonists to treat the patient and if one medication could be discontinued with a dose adjustment of the other, if needed. Upon re-review, clonidine was discontinued.

Annualized pre-rebate savings (state and federal) = \$137.00

The Commission reviewed the profile of a 61 year-old male taking lisinopril and Diovan concurrently. The Commission pointed out the increased risk of significant adverse effects with combined use and asked if one of the medications could be discontinued. Upon re-review, lisinopril was discontinued.

Annualized pre-rebate savings (state and federal) = \$139.14

The Commission reviewed the profile of a 30 year-old female taking Abilify and risperidone concurrently. The Commission asked if the patient is in the process of having the medications cross-tapered and if a sequence of monotherapy trials with each of the antipsychotics at a maximally tolerated dose had been tried without success. Upon re-review, Abilify was discontinued and the dose of risperidone remained the same.

Annualized pre-rebate savings (state and federal) = \$6,547.00

The Commission reviewed the profile of a 55 year-old male taking Abilify and quetiapine concurrently. The Commission asked if the patient is in the process of having the medications cross-tapered and if a sequence of monotherapy trials with each of the antipsychotics at a maximally tolerated dose had been tried without success. Upon re-review, Abilify was discontinued and the dose of quetiapine remained the same.

Annualized pre-rebate savings (state and federal) = \$4,673.47

Intervention Case Summaries February 2015

The Commission reviewed the profile of a 47 year-old female taking zolpidem 15mg daily. The Commission asked what the clinical situation was that required the use of a dose exceeding the maximum recommended dose of 10mg daily and if the dose could be decreased to 10mg daily. Upon re-review, the dose was decreased to 10mg daily.

Annualized pre-rebate savings (state and federal) = \$152.02

The Commission reviewed the profile of a 48 year-old male taking carvedilol and Toprol XL concurrently. The Commission asked what the clinical situation was requiring two beta-blockers and asked if one of the medications could be discontinued. Upon re-review, Toprol XL was discontinued and the dose of carvedilol remained the same.

Annualized pre-rebate savings (state and federal) = \$561.45

The Commission reviewed the profile of a 63 year-old male taking low dose clozapine and Invega concurrently. The Commission asked if the patient is in the process of having the medications cross-tapered and if a sequence of monotherapy trials with each of the antipsychotics at a maximally tolerated dose had been tried without success. Upon re-review, clozapine was discontinued and the dose of Invega remained the same.

Annualized pre-rebate savings (state and federal) = \$456.15

The Commission reviewed the profile of a 21 year-old female taking two short-acting opioids concurrently (hydromorphone and hydrocodone/apap) and a sub-therapeutic dose of morphine sulfate ER. The Commission asked if the patient would be a candidate to optimize the long-acting opioid with a dose reduction or discontinuation of one or both of the short-acting opioids. Upon re-review, hydrocodone/apap and morphine sulfate ER were discontinued and the patient was switched to Avinza. The hydromorphone dose was unchanged.

Annualized pre-rebate savings (state and federal) = (\$1,324.70)

Intervention Case Summaries April 2015

The Commission reviewed the profile of a 59 year-old female taking methocarbamol and tizanidine concurrently. The Commission asked if it was possible to discontinue one of the muscle relaxants and adjust the dose of the other, if needed. Upon re-review, tizanidine was discontinued while the dose of methocarbamol remained unchanged.

Annualized pre-rebate savings (state and federal) = \$374.54

The Commission reviewed the profile of a 19 year-old female taking hydromorphone and oxycodone IR concurrently. The Commission asked if it was possible to discontinue one or both of the opioids and adjust the dose of the remaining short-acting opioid and/or add a long-acting opioid. Upon re-review, hydromorphone and oxycodone IR were discontinued and methadone was added.

Annualized pre-rebate savings (state and federal) = \$942.88

The Commission reviewed the profile of a 31 year-old female taking temazepam and zolpidem concurrently. The Commission asked what the clinical situation was that required the use of these medications and if one could be discontinued. Upon re-review, temazepam and zolpidem were discontinued and eszopiclone was added.

Annualized pre-rebate savings (state and federal) = \$49.27

The Commission reviewed the profile of a 28 year-old female taking gemfibrozil and Tricor concurrently. The Commission asked if the patient could be adequately controlled with one of the medications. Upon re-review, gemfibrozil was discontinued while the dose of Tricor remained unchanged.

Annualized pre-rebate savings (state and federal) = \$186.16

Intervention Case Summaries June 2015

The Commission reviewed the profile of a 49 year-old female in a nursing home receiving promethazine tablets every 4 days (7 times per month) over several months. The Commission pointed out the frequent billing and asked if a larger amount of medication could be billed less frequently. Upon re-review, promethazine tablets were being billed in a larger quantity twice per month. Annualized pre-rebate savings (state and federal) = \$755.42

The Commission reviewed the profile of a 55 year-old female taking three antipsychotics concurrently (thiothixene, quetiapine, and olanzapine). The Commission asked if it was possible to discontinue one or more of the antipsychotics. Upon re-review, quetiapine (low dose) was discontinued while the dose of the other antipsychotics remained the same. Annualized pre-rebate savings (state and federal) = \$170.16

The Commission reviewed the profile of a 39 year-old female taking four antidepressants concurrently (amitriptyline, escitalopram, trazodone, and venlafaxine er). The Commission pointed out there is no evidenced-based literature to support the use of four antidepressants and asked if one or more of the antidepressants could be discontinued. Upon re-review, amitriptyline and escitalopram were discontinued while the dose of the other antidepressants remained the same. Note: 2 prescribers were involved. Annualized pre-rebate savings (state and federal) = \$376.84

The Commission reviewed the profile of a 39 year-old female taking Advair and Dulera concurrently. The Commission asked what the clinical situation was that required the combined use of these medications and if one could be discontinued. Upon re-review, Advair was discontinued. Annualized pre-rebate savings (state and federal) = \$3,622.98

Appendix E

Results Problem-Focused

Problem Focused Studies SFY15

Focus Study	Review Period	Evaluation Period	Patients Reviewed	Total Cost Savings*
Opioid Overutilization	06/01/2013 - 07/31/2013	06/01/2014 - 07/31/2014	38	\$5,445.06
Opioid Utilization - Potential Drug Seeking Behavior	06/01/2013 - 07/31/2013	06/01/2014 - 07/31/2014	244	\$66,768.90
Three or More Antiepileptics with a Seizure Diagnosis	07/01/2013 - 09/30/2013	07/01/2014 - 09/30/2014	291	\$255,021.08
Three or More Antiepileptics without a Seizure Diagnosis	07/01/2013 - 09/30/2013	07/01/2014 - 09/30/2014	25	\$0.00 ^a
Memantine Utilization without a Valid Diagnosis	07/01/2013 - 09/30/2013	07/01/2014 - 09/30/2014	51	\$42,567.64
Duloxetine Dose Greater Than 120mg Per Day	07/01/2013 - 09/30/2013	07/01/2014 - 09/30/2014	2	\$0.00
Sublingual/Translingual Nitroglycerin Utilization	11/01/2013 - 01/31/2014	09/01/2014 - 11/30/2014	16	\$1,769.12
Chronic Transdermal Scopolamine Utilization	11/01/2013 - 01/31/2014	09/01/2014 - 11/30/2014	34	\$21,112.16
Naltrexone Utilization in the Pediatric Population	01/01/2014 - 03/31/2014	11/01/2014 - 01/31/2015	12	\$2,161.96
Adalimumab Use without Methotrexate	01/01/2014 - 03/31/2014	11/01/2014 - 01/31/2015	10	\$0.00 ^a
Prasugrel Contraindications	12/01/2013 - 05/31/2014	01/01/2015 - 03/31/2015	6	\$1,194.92
Eszopiclone Dosing	04/01/2014 - 06/30/2014	02/01/2015 - 03/31/2015	52	\$48,667.64
Short-Acting Opioid Overutilization - Concurrent Therapy	12/01/2013 - 05/31/2014	10/01/2014 - 03/31/2015	33	\$1,876.16
Short-Acting Opioid Overutilization - Four or More Doses Per Day	12/01/2013 - 05/31/2014	10/01/2014 - 03/31/2015	1,990	\$93,607.04
TOTAL			2,804	\$540,191.68

*Savings reported are pre-rebate, total dollars

^a Positive impact only

Problem Focused Studies Impact Rate SFY15

Focus Study	Review Period	Evaluation Period	Patients Reviewed	Positive Impact	Impact Rate
Opioid Overutilization	06/01/2013 - 07/31/2013	06/01/2014 - 07/31/2014	38	22	57.9%
Opioid Utilization - Potential Drug Seeking Behavior	06/01/2013 - 07/31/2013	06/01/2014 - 07/31/2014	244	120	49.2%
Three or More Antiepileptics with a Seizure Diagnosis	07/01/2013 - 09/30/2013	07/30/2014 - 09/30/2014	291	53	18.2%
Three or More Antiepileptics without a Seizure Diagnosis	07/01/2013 - 09/30/2013	07/30/2014 - 09/30/2014	25	10	40.0%
Memantine Utilization without a Valid Diagnosis	07/01/2013 - 09/30/2013	07/01/2014 - 09/30/2014	51	19	37.3%
Duloxetine Dose Greater Than 120mg Per Day	07/01/2013 - 09/30/2013	07/01/2014 - 09/30/2014	2	0	0.0%
Sublingual/Translingual Nitroglycerin Utilization	11/01/2013 - 01/31/2014	09/01/2014 - 11/30/2014	16	12	75.0%
Chronic Transdermal Scopolamine Utilization	11/01/2013 - 01/31/2014	09/01/2014 - 11/30/2014	34	13	38.2%
Naltrexone Utilization in the Pediatric Population	01/01/2014 - 03/31/2014	11/01/2014 - 01/31/2015	12	5	41.7%
Adalimumab Use without Methotrexate	01/01/2014 - 03/31/2014	11/01/2014 - 01/31/2015	10	2	20.0%
Prasugrel Contraindications	12/01/2013 - 05/31/2014	01/01/2015 - 03/31/2015	6	2	33.3%
Eszopiclone Dosing	04/01/2014 - 06/30/2014	02/01/2015 - 03/31/2015	52	31	59.6%
Short-Acting Opioid Overutilization - Concurrent Therapy	12/01/2013 - 05/31/2014	10/01/2014 - 03/31/2015	33	9	27.3%
Short-Acting Opioid Overutilization - Four or More Doses Per Day	12/01/2013 - 05/31/2014	10/01/2014 - 03/31/2015	1,990	367	18.4%
TOTAL			2,804	665	23.7%

Appendix F

Descriptions Problem-Focused



IOWA DUR FOCUS STUDY
 Based on Iowa Paid Non-Reversed Claims
 Opioid Overutilization

Follow-up on the unique members, without a cancer diagnosis, that had five or more claims for three or more different opioids in a 60-day period.

Number of unique members from original study	244				
Number of unique members that changed therapy	120				
Number of unique members that did not change therapy	74				
Number of members who lost Medicaid eligibility since 8/1/2013	50				
Number of surveys sent to prescribers	528	Number of surveys received from prescribers	245	Percent of surveys from prescribers	46.40%
Number of surveys sent to pharmacies	413	Number of surveys received from pharmacies	136	Percent of surveys from pharmacies	32.93%
Total number of surveys sent	941	Total number of surveys received	381	Percent of surveys received	40.49%

Costs (Pre-Rebate)	Original Costs (6/1/2013 - 7/31/2013)*	Costs After DUR Intervention (6/1/2014 - 7/31/2014)**	Cost Savings***	Annualized Cost Savings****
Total Dollars Federal	\$41,219.33	\$33,885.47	\$6,434.30	\$38,605.80
Total Dollars State	\$28,513.93	\$24,719.64	\$4,693.85	\$28,163.10
Total Dollars (State and Federal)	\$69,733.26	\$58,605.11	\$11,128.15	\$66,768.90

* Federal FMAP: 0.59110 State: 0.40890

** Federal FMAP: 0.57820 State: 0.42180

*** Some savings may be due to changes in reimbursement from the original time period to the follow-up time period.

**** Annualized Cost Savings is based on the reported interval. Some savings may be due to changes in reimbursement from the original time period to the follow-up period.



IOWA DUR FOCUS STUDY
 Based on Iowa Paid Non-Reversed Claims
 Opioid Overutilization

Follow-up on the unique members identified as having claims for opioids from four or more prescribers and three or more pharmacies in a 60-day period.

Number of unique members from original study	38				
Number of unique members that changed therapy	22				
Number of unique members that did not change therapy	2				
Number of members who lost Medicaid eligibility since 8/1/2013	14				
Number of surveys sent to prescribers	200	Number of surveys received from prescribers	69	Percent of surveys from prescribers	34.50%
Number of surveys sent to pharmacies	175	Number of surveys received from pharmacies	61	Percent of surveys from pharmacies	34.86%
Total number of surveys sent	375	Total number of surveys received	130	Percent of surveys received	34.67%

Costs (Pre-Rebate)	Original Costs (6/1/2013 - 7/31/2013)*	Costs After DUR Intervention (6/1/2014 - 7/31/2014)**	Cost Savings***	Annualized Cost Savings****
Total Dollars Federal	\$2,530.81	\$1,950.85	\$524.72	\$3,148.32
Total Dollars State	\$1,750.71	\$1,423.16	\$382.79	\$2,296.74
Total Dollars (State and Federal)	\$4,281.52	\$3,374.01	\$907.51	\$5,445.06

* Federal FMAP: 0.59110 State: 0.40890

** Federal FMAP: 0.57820 State: 0.42180

*** Some savings may be due to changes in reimbursement from the original time period to the follow-up time period.

**** Annualized Cost Savings is based on the reported interval. Some savings may be due to changes in reimbursement from the original time period to the follow-up period.



IOWA DUR FOCUS STUDY
 Based on Iowa Paid Non-Reversed Claims
 Use of Three or More Antiepileptic Medications

Follow-up on the unique members, with a seizure/epilepsy diagnosis, identified as taking three or more distinct antiepileptic drugs (AEDs) concurrently for more than 60 days

Number of unique members from original study	291
Number of unique members that changed therapy	53
Number of unique members that did not change therapy	218
Number of members who lost Medicaid eligibility since 10/1/2013	20

Number of surveys sent to prescribers	442	Number of surveys received from prescribers	215	Percent of surveys from prescribers	48.64%
Number of surveys sent to pharmacies	309	Number of surveys received from pharmacies	97	Percent of surveys from pharmacies	31.39%
Total number of surveys sent	751	Total number of surveys received	312	Percent of surveys received	41.54%

Costs (Pre-Rebate)	Original Costs (7/1/2013 - 9/30/2013)*	Costs After DUR Intervention (7/1/2014 - 9/30/2014)**	Cost Savings***	Annualized Cost Savings****
Total Dollars Federal	\$472,528.21	\$427,418.75	\$36,525.39	\$146,101.56
Total Dollars State	\$337,288.77	\$318,642.96	\$27,229.88	\$108,919.52
Total Dollars (State and Federal)	\$809,816.98	\$746,061.71	\$63,755.27	\$255,021.08

* Federal FMAP: 0.58350 State: 0.41650

** Federal FMAP: 0.57290 State: 0.42710

*** Some savings may be due to changes in reimbursement from the original time period to the follow-up time period.

**** Annualized Cost Savings is based on the reported interval. Some savings may be due to changes in reimbursement from the original time period to the follow-up period.



IOWA DUR FOCUS STUDY
 Based on Iowa Paid Non-Reversed Claims
 Use of Three or More Antiepileptic Medications

Follow-up on the unique members, without a seizure/epilepsy diagnosis, identified as taking three or more distinct antiepileptic drugs (AEDs) concurrently for more than 60 days

Number of unique members from original study	25				
Number of unique members that changed therapy	10				
Number of unique members that did not change therapy	13				
Number of members who lost Medicaid eligibility since 10/1/2013	2				
Number of surveys sent to prescribers	43	Number of surveys received from prescribers	19	Percent of surveys from prescribers	44.19%
Number of surveys sent to pharmacies	30	Number of surveys received from pharmacies	10	Percent of surveys from pharmacies	33.33%
Total number of surveys sent	73	Total number of surveys received	29	Percent of surveys received	39.73%

Costs (Pre-Rebate)	Original Costs (7/1/2013 - 9/30/2013)*	Costs After DUR Intervention (7/1/2014 - 9/30/2014)**	Cost Savings***	Annualized Cost Savings**** ^
Total Dollars Federal	\$8,431.09	\$8,826.91	(\$548.98)	(\$2,195.92)
Total Dollars State	\$6,018.08	\$6,580.50	(\$409.26)	(\$1,637.04)
Total Dollars (State and Federal)	\$14,449.17	\$15,407.41	(\$958.24)	(\$3,832.96)

* Federal FMAP: 0.58350 State: 0.41650

** Federal FMAP: 0.57290 State: 0.42710

*** Some savings may be due to changes in reimbursement from the original time period to the follow-up time period.

**** Annualized Cost Savings is based on the reported interval. Some savings may be due to changes in reimbursement from the original time period to the follow-up period.

^ Negative cost savings due to pre-rebate costs



IOWA DUR FOCUS STUDY
 Based on Iowa Paid Non-Reversed Claims
 Namenda (Memantine) Utilization

Follow-up on the unique members identified as taking memantine without a valid diagnosis for use in their medical claims history

Number of unique members from original study	51				
Number of unique members that changed therapy	19				
Number of unique members that did not change therapy	29				
Number of members who lost Medicaid eligibility since 10/1/2013	3				
Number of surveys sent to prescribers	55	Number of surveys received from prescribers	29	Percent of surveys from prescribers	52.73%
Number of surveys sent to pharmacies	53	Number of surveys received from pharmacies	19	Percent of surveys from pharmacies	35.85%
Total number of surveys sent	108	Total number of surveys received	48	Percent of surveys received	44.44%

Costs (Pre-Rebate)	Original Costs (7/1/2013 - 9/30/2013)*	Costs After DUR Intervention (7/1/2014 - 9/30/2014)**	Cost Savings***	Annualized Cost Savings****
Total Dollars Federal	\$18,248.63	\$11,820.37	\$6,096.75	\$24,387.00
Total Dollars State	\$13,025.80	\$8,812.15	\$4,545.16	\$18,180.64
Total Dollars (State and Federal)	\$31,274.43	\$20,632.52	\$10,641.91	\$42,567.64

* Federal FMAP: 0.58350 State: 0.41650

** Federal FMAP: 0.57290 State: 0.42710

*** Some savings may be due to changes in reimbursement from the original time period to the follow-up time period.

**** Annualized Cost Savings is based on the reported interval. Some savings may be due to changes in reimbursement from the original time period to the follow-up period.



IOWA DUR FOCUS STUDY
 Based on Iowa Paid Non-Reversed Claims
 Cymbalta Dose > 120mg/day

Follow-up on the unique members identified as taking duloxetine at a dose greater than 120mg per day

Number of unique members from original study	2				
Number of unique members that changed therapy	0				
Number of unique members that did not change therapy	0				
Number of members who lost Medicaid eligibility since 10/1/2013	2				
Number of surveys sent to prescribers	2	Number of surveys received from prescribers	1	Percent of surveys from prescribers	50.00%
Number of surveys sent to pharmacies	2	Number of surveys received from pharmacies	0	Percent of surveys from pharmacies	0.00%
Total number of surveys sent	4	Total number of surveys received	1	Percent of surveys received	25.00%

Costs (Pre-Rebate)	Original Costs (7/1/2013 - 9/30/2013)*	Costs After DUR Intervention (7/1/2014 - 9/30/2014)**	Cost Savings***	Annualized Cost Savings****
Total Dollars Federal	\$2,382.72	\$0.00	\$0.00	\$0.00
Total Dollars State	\$1,700.77	\$0.00	\$0.00	\$0.00
Total Dollars (State and Federal)	\$4,083.49	\$0.00	\$0.00	\$0.00

* Federal FMAP: 0.58350 State: 0.41650

** Federal FMAP: 0.57290 State: 0.42710

*** Some savings may be due to changes in reimbursement from the original time period to the follow-up time period.

**** Annualized Cost Savings is based on the reported interval. Some savings may be due to changes in reimbursement from the original time period to the follow-up period.



IOWA DUR FOCUS STUDY
 Based on Iowa Paid Non-Reversed Claims
 Nitroglycerin Sublingual/Translingual Over Utilization

Follow-up on the unique members identified as having claims for sublingual or translingual nitroglycerin for three consecutive months.

Number of unique members from original study	16				
Number of unique members that changed therapy	12				
Number of unique members that did not change therapy	3				
Number of members who lost Medicaid eligibility since 2/1/2014	1				
Number of surveys sent to prescribers	27	Number of surveys received from prescribers	12	Percent of surveys from prescribers	44.44%
Number of surveys sent to pharmacies	16	Number of surveys received from pharmacies	7	Percent of surveys from pharmacies	43.75%
Total number of surveys sent	43	Total number of surveys received	19	Percent of surveys received	44.19%

Costs (Pre-Rebate)	Original Costs (11/1/2013 - 1/31/2014)*	Costs After DUR Intervention (9/1/2014 - 11/30/2014)**	Cost Savings***	Annualized Cost Savings****
Total Dollars Federal	\$529.69	\$266.68	\$253.38	\$1,013.52
Total Dollars State	\$378.09	\$198.82	\$188.90	\$755.60
Total Dollars (State and Federal)	\$907.78	\$465.50	\$442.28	\$1,769.12

* Federal FMAP: 0.58350 State: 0.41650

** Federal FMAP: 0.57290 State: 0.42710

*** Some savings may be due to changes in reimbursement from the original time period to the follow-up time period.

**** Annualized Cost Savings is based on the reported interval. Some savings may be due to changes in reimbursement from the original time period to the follow-up period.



IOWA DUR FOCUS STUDY
 Based on Iowa Paid Non-Reversed Claims
 Chronic Use of Transdermal Scopolamine

Follow-up on the unique members identified as using transdermal scopolamine on a chronic basis.

Number of unique members from original study	34				
Number of unique members that changed therapy	13				
Number of unique members that did not change therapy	16				
Number of members who lost Medicaid eligibility since 2/1/2014	5				
Number of surveys sent to prescribers	37	Number of surveys received from prescribers	12	Percent of surveys from prescribers	32.43%
Number of surveys sent to pharmacies	34	Number of surveys received from pharmacies	17	Percent of surveys from pharmacies	50.00%
Total number of surveys sent	71	Total number of surveys received	29	Percent of surveys received	40.85%

Costs (Pre-Rebate)	Original Costs (11/1/2013 - 1/31/2014)*	Costs After DUR Intervention (9/1/2014 - 11/30/2014)**	Cost Savings***	Annualized Cost Savings****
Total Dollars Federal	\$7,799.18	\$4,633.71	\$3,023.79	\$12,095.16
Total Dollars State	\$5,567.02	\$3,454.45	\$2,254.25	\$9,017.00
Total Dollars (State and Federal)	\$13,366.20	\$8,088.16	\$5,278.04	\$21,112.16

* Federal FMAP: 0.58350 State: 0.41650

** Federal FMAP: 0.57290 State: 0.42710

*** Some savings may be due to changes in reimbursement from the original time period to the follow-up time period.

**** Annualized Cost Savings is based on the reported interval. Some savings may be due to changes in reimbursement from the original time period to the follow-up period.



IOWA DUR FOCUS STUDY
 Based on Iowa Paid Non-Reversed Claims
 Naltrexone Utilization in the Pediatric Population

Follow-up on the unique members identified as using Naltrexone for potential off-label use in the pediatric population.

Number of unique members from original study	12				
Number of unique members that changed therapy	5				
Number of unique members that did not change therapy	6				
Number of members who lost Medicaid eligibility since 4/1/2014	1				
Number of surveys sent to prescribers	12	Number of surveys received from prescribers	6	Percent of surveys from prescribers	50.00%
Number of surveys sent to pharmacies	14	Number of surveys received from pharmacies	8	Percent of surveys from pharmacies	57.14%
Total number of surveys sent	26	Total number of surveys received	14	Percent of surveys received	53.85%

Costs (Pre-Rebate)	Original Costs (1/1/2014 - 3/31/2014)*	Costs After DUR Intervention (11/1/2014 - 1/31/2015)**	Cost Savings***	Annualized Cost Savings****
Total Dollars Federal	\$657.82	\$330.49	\$300.19	\$1,200.76
Total Dollars State	\$477.72	\$264.56	\$240.30	\$961.20
Total Dollars (State and Federal)	\$1,135.54	\$595.05	\$540.49	\$2,161.96

* Federal FMAP: 0.57930 State: 0.42070

** Federal FMAP: 0.55540 State: 0.44460

*** Some savings may be due to changes in reimbursement from the original time period to the follow-up time period.

**** Annualized Cost Savings is based on the reported interval. Some savings may be due to changes in reimbursement from the original time period to the follow-up period.



IOWA DUR FOCUS STUDY
 Based on Iowa Paid Non-Reversed Claims
 Adalimumab use without Methotrexate

Follow-up on the unique members identified as using adalimumab without methotrexate (MTX).

Number of unique members from original study	10				
Number of unique members that added MTX therapy	2				
Number of unique members that did not add MTX therapy	6				
Number of members who lost Medicaid eligibility since 4/1/2014	2				
Number of surveys sent to prescribers	10	Number of surveys received from prescribers	7	Percent of surveys from prescribers	63.64%
Number of surveys sent to pharmacies	10	Number of surveys received from pharmacies	4	Percent of surveys from pharmacies	36.36%
Total number of surveys sent	20	Total number of surveys received	11	Percent of surveys received	55.00%

Costs (Pre-Rebate)	Original Costs (1/1/2014 - 3/31/2014)*	Costs After DUR Intervention (11/1/2014 - 1/31/2015)**	Cost Savings***	Annualized Cost Savings****
Total Dollars Federal	\$41,446.89	\$39,866.67	(\$129.74)	(\$518.96)
Total Dollars State	\$30,099.62	\$31,913.44	(\$103.86)	(\$415.44)
Total Dollars (State and Federal)	\$71,546.51	\$71,780.11	(\$233.60)	(\$934.40)

* Federal FMAP: 0.57930 State: 0.42070

** Federal FMAP: 0.55540 State: 0.44460

*** Some savings may be due to changes in reimbursement from the original time period to the follow-up time period.

**** Annualized Cost Savings is based on the reported interval. Some savings may be due to changes in reimbursement from the original time period to the follow-up period.



IOWA DUR FOCUS STUDY
Based on Iowa Paid Non-Reversed Claims
Prasugrel Contraindications

Follow-up on the unique members identified as having a contraindication to use of prasugrel.

Number of unique members from original study	6				
Number of unique members that changed therapy	2				
Number of unique members that did not change therapy	4				
Number of members who lost Medicaid eligibility since 6/1/2014	0				
Number of surveys sent to prescribers	7	Number of surveys received from prescribers	3	Percent of surveys from prescribers	42.86%
Number of surveys sent to pharmacies	7	Number of surveys received from pharmacies	3	Percent of surveys from pharmacies	42.86%
Total number of surveys sent	14	Total number of surveys received	6	Percent of surveys received	42.86%

Costs (Pre-Rebate)	Original Costs (12/1/2013 - 5/31/2014)*	Costs After DUR Intervention (1/1/2015 - 3/31/2015)**	Cost Savings***	Annualized Cost Savings****
Total Dollars Federal	\$4,119.53	\$3,783.66	\$165.91	\$663.64
Total Dollars State	\$2,991.69	\$3,028.83	\$132.82	\$531.28
Total Dollars (State and Federal)	\$7,111.22	\$6,812.49	\$298.73	\$1,194.92

* Federal FMAP: 0.57930 State: 0.42070

** Federal FMAP: 0.55540 State: 0.44460

*** Some savings may be due to changes in reimbursement from the original time period to the follow-up time period.

**** Annualized Cost Savings is based on the reported interval. Some savings may be due to changes in reimbursement from the original time period to the follow-up period.



IOWA DUR FOCUS STUDY
 Based on Iowa Paid Non-Reversed Claims
 Eszopiclone Dosing

Follow-up on the unique members identified as taking eszopiclone 3mg daily

Number of unique members from original study
 Number of unique members that changed therapy
 Number of unique members that did not change therapy
 Number of members who lost Medicaid eligibility since 7/1/2014

52
 31
 14
 7

Number of surveys sent to prescribers	52	Number of surveys received from prescribers	23	Percent of surveys from prescribers	44.23%
Number of surveys sent to pharmacies	53	Number of surveys received from pharmacies	14	Percent of surveys from pharmacies	26.42%
Total number of surveys sent	105	Total number of surveys received	37	Percent of surveys received	35.24%

Costs (Pre-Rebate)	Original Costs (4/1/2014 - 6/30/2014)*	Costs After DUR Intervention (2/1/2015 - 3/31/2015)**	Cost Savings***	Annualized Cost Savings****
Total Dollars Federal	\$23,412.65	\$15,689.23	\$6,757.50	\$27,030.00
Total Dollars State	\$17,002.77	\$12,559.29	\$5,409.41	\$21,637.64
Total Dollars (State and Federal)	\$40,415.42	\$28,248.52	\$12,166.91	\$48,667.64

* Federal FMAP: 0.57930 State: 0.42070

** Federal FMAP: 0.55540 State: 0.44460

*** Some savings may be due to changes in reimbursement from the original time period to the follow-up time period.

**** Annualized Cost Savings is based on the reported interval. Some savings may be due to changes in reimbursement from the original time period to the follow-up period.



IOWA DUR FOCUS STUDY
 Based on Iowa Paid Non-Reversed Claims
 Opioid Overuse – Concurrent Short-Acting Opioids

Follow-up on the unique members identified as taking two or more chemically distinct short-acting opioids concurrently for 90 or more days without using a long-acting opioid.

Number of unique members from original study	33				
Number of unique members that changed therapy	9				
Number of unique members that did not change therapy	21				
Number of members who lost Medicaid eligibility since 6/1/2014	3				
Number of surveys sent to prescribers	59	Number of surveys received from prescribers	17	Percent of surveys from prescribers	28.81%
Number of surveys sent to pharmacies	50	Number of surveys received from pharmacies	21	Percent of surveys from pharmacies	42.00%
Total number of surveys sent	109	Total number of surveys received	38	Percent of surveys received	34.86%

Costs (Pre-Rebate)	Original Costs (12/1/2013 - 5/31/2014)*	Costs After DUR Intervention (10/1/2014 - 3/31/2015)**	Additional Cost of Long-Acting Opioid	Cost Savings***	Annualized Cost Savings****
Total Dollars Federal	\$9,937.14	\$8,415.43	\$590.73	\$521.01	\$1,042.02
Total Dollars State	\$7,216.56	\$6,736.58	\$472.88	\$417.07	\$834.14
Total Dollars (State and Federal)	\$17,153.70	\$15,152.01	\$1,063.61	\$938.08	\$1,876.16

* Federal FMAP: 0.57930 State: 0.42070

** Federal FMAP: 0.55540 State: 0.44460

*** Some savings may be due to changes in reimbursement from the original time period to the follow-up time period.

**** Annualized Cost Savings is based on the reported interval. Some savings may be due to changes in reimbursement from the original time period to the follow-up period.



IOWA DUR FOCUS STUDY
Based on Iowa Paid Non-Reversed Claims
Opioid Overuse - Four or More Doses per day of a Short-Acting Opioid

Follow-up on the unique members identified as taking four or more doses per day of a short-acting opioid for 90 or more days without using a long-acting opioid.

Number of unique members from original study 1,990
 Number of unique members that changed therapy 367
 1) discontinued therapy 141
 2) decreased doses/day 188
 3) decreased doses/day added long-acting opioid 38
 Number of unique members that did not change therapy 1,327

Number of members who lost Medicaid eligibility since 6/1/2014 296

Number of surveys sent to prescribers	3,433	Number of surveys received from prescribers	1,495	Percent of surveys from prescribers	63.81%
Number of surveys sent to pharmacies	2,919	Number of surveys received from pharmacies	848	Percent of surveys from pharmacies	36.19%
Total number of surveys sent	6,352	Total number of surveys received	2,343	Percent of surveys received	36.89%

Costs (Pre-Rebate)	Original Costs (12/1/2013 - 5/31/2014)*	Costs After DUR Intervention (10/1/2014 - 3/31/2015)**	Additional Cost of Long Acting Opioid	Cost Savings***	Annualized Cost Savings****
Total Dollars Federal	\$300,822.88	\$259,154.52	\$3,262.73	\$25,994.67	\$51,989.35
Total Dollars State	\$218,463.98	\$207,454.27	\$2,611.82	\$20,808.85	\$41,617.69
Total Dollars (State and Federal)	\$519,286.86	\$466,608.79	\$5,874.55	\$46,803.52	\$93,607.04

* Federal FMAP: 0.57930 State: 0.42070

** Federal FMAP: 0.55540 State: 0.44460

*** Some savings may be due to changes in reimbursement from the original time period to the follow-up time period.

**** Annualized Cost Savings is based on the reported interval. Some savings may be due to changes in reimbursement from the original time period to the follow-up period.

Appendix G

Prior Auth Recommendations

2014-2015 Therapeutic Prior Authorization Criteria Review

During the fiscal year ending 2015, the Commission reviewed the following categories of medications covered under the prior authorization program.

The following criteria were reviewed with recommended changes:

- **Apixaban (Eliquis)** – Modifications were made to add criteria specific to DVT prophylaxis in addition to dosing requirements for afib, prophylaxis after hip/knee replacement, and treatment/prevention of DVT/PE.
- **Dabigatran (Pradaxa)** – Modifications were made to add criteria specific to the treatment and prevention of DVT or PE.
- **Omalizumab (Xolair)** – Modifications were made to add criteria specific to the treatment of chronic idiopathic urticaria.
- **Palivizumab (Synagis)** – Modifications were made based on the updated AAP Guidelines released 7/28/14.
- **Chronic Pain Syndromes** – Modifications were made to remove opioid trials for applicable diagnoses and require gabapentin plus one other medication applicable to diagnosis.
- **Thrombopoietin Receptor Agonists** - Modifications were made to add criteria for severe aplastic anemia and update criteria for use in chronic hepatitis C.
- **Testosterone Products** – Modifications were made to clarify criteria to eliminate requests for age-related hypogonadism.
- **Apremilast (Otezla)** – Modifications were made to add criteria for moderate to severe plaque psoriasis.
- **Hepatitis C Agents** – Modifications were made to allow for tests other than a liver biopsy for documentation of liver fibrosis. Removed criteria for Incivek and Victrelis (withdrawn from the market) and aligned criteria with AASLD Guidelines for treatment by genotype.
- **CNS Stimulants and Atomoxetine (f/k/a ADD/ADHD/Narcolepsy)** – Modifications were made to require PMP check and added criteria specific to Binge Eating Disorder (BED) for Vyvanse.
- **Dextromethorphan/Quinidine (Nuedexta)** – Modifications were made to allow for PBA secondary to a neurological condition and documentation of a current EKG.
- **Sedative/Hypnotics Non-Benzodiazepines** – Modifications were made to require trials and therapy failures with a minimum of 3 preferred agents. Added criteria specific to suvorexant (Belsomra).

The following are new classes for which clinical prior authorization criteria were developed and recommended:

Oral Immunotherapy – Prior authorization criteria was developed and accepted as follows:

Prior authorization is required for sublingual allergen immunotherapy.

Payment will be considered under the following conditions:

1. Medication is prescribed in consultation with an allergist; and
2. Patient is diagnosed with pollen-induced allergic rhinitis with or without conjunctivitis; and
3. Patient has documented trials and therapy failures with allergen avoidance and pharmacotherapy (intranasal corticosteroids and antihistamines); and
4. Patient has a documented intolerance to immunotherapy injections; and
5. The first dose has been administered under the supervision of a health care provider to observe for allergic reactions (date of administration and response required prior to consideration).
6. If patient receives other immunotherapy by subcutaneous allergen immunotherapy (SCIT), treatment of allergic rhinitis with sublingual allergen immunotherapy (SLIT) will not be approved.

Short Ragweed Pollen (Ragwitek[®]) In addition to the above criteria being met:

- Patient is 18 through 65 years of age; and
- Patient has a positive skin test or in vitro testing (pollen-specific IgE antibodies) to short ragweed pollen.
- If criteria for coverage are met, authorization will be considered at least 12 weeks before the expected onset of ragweed pollen season and continued throughout the season.

Grass Pollen (Grastek[®] and Oralair[®]) In addition to the above criteria being met:

Oralair[®]

- Patient is 10 through 65 years of age (Oralair[®]); and
- Patient has a positive skin test or in vitro testing (pollen-specific IgE antibodies) to sweet vernal, orchard/cockfoot, perennial rye, timothy, and Kentucky blue/June grass.
- If criteria for coverage are met, authorization will be considered at least 4 months prior to the expected onset of each grass pollen season and continued throughout the grass pollen season; or

Grastek[®]

- Patient is 5 through 65 year of age (Grastek[®]); and
- Patient has a positive skin test or in vitro testing (pollen-specific IgE antibodies) to timothy grass (or cross reactive grasses such as

sweet vernal, orchard/cocksfoot, perennial rye, Kentucky blue/June, meadow fescue, and redtop).

- If criteria for coverage are met, authorization will be considered at least 12 weeks before the expected onset of each grass pollen season.

Methotrexate Injection – Prior authorization criteria was developed and accepted as follows:

Prior authorization is required for non-preferred methotrexate injection.

Payment will be considered under the following conditions:

1. Diagnosis of severe, active rheumatoid arthritis (RA) or polyarticular juvenile idiopathic arthritis (pJIA) and ALL of the following:
 - a. Prescribed by a rheumatologist; and
 - b. Patient has a documented trial and intolerance with oral methotrexate; and
 - c. Patient has a documented trial and therapy failure or intolerance with at least one other non-biologic DMARD (hydroxychloroquine, leflunomide, minocycline or sulfasalazine); and
 - d. Patient's visual or motor skills are impaired to such that they cannot accurately draw up their own preferred generic methotrexate injection and there is no caregiver available to provide assistance; and
 - e. Patient does not reside in a long-term care facility.
2. Diagnosis of severe, recalcitrant, disabling psoriasis and ALL of the following:
 - a. Patient is 18 years of age or older; and
 - b. Prescribed by a dermatologist; and
 - c. Patient has documentation of an inadequate response to all other standard therapies (oral methotrexate, topical corticosteroids, vitamin D analogues, cyclosporine, systemic retinoids, tazarotene, and phototherapy).
 - d. Patient's visual or motor skills are impaired to such that they cannot accurately draw up their own preferred generic methotrexate injection and there is no caregiver available to provide assistance; and
 - e. Patient does not reside in a long-term care facility.

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

Tasimelteon (Hetlioz) – Prior authorization criteria was developed and accepted as follows:

Prior authorization is required for tasimelteon (Hetlioz). Requests for doses above the manufacturer recommended dose will not be considered. Payment will be considered under the following conditions:

1. Patient has a diagnosis of Non-24-Hour Sleep-Wake Disorder (Non-24), as confirmed by a sleep specialist; and
 2. Patient is 18 years of age or older; and
 3. Documentation the patient is totally blind with no perception of light is provided; and
 4. Patient has a documented trial and therapy failure with at least one preferred sedative/hypnotic – non-benzodiazepine agent; and
 5. Patient has a documented trial and therapy failure with ramelteon (Rozerem[®]).

If criteria for coverage are met, initial requests will be given for 3 months. Requests for continuation of therapy will be considered when the patient has received 3 months of continuous therapy and patient has achieved adequate results with tasimelteon (Hetlioz), such as entrainment, significant increases in nighttime sleep, and/or significant decreases in daytime sleep.

Apremilast (Otezla) – Prior authorization criteria was developed and accepted as follows:

Prior authorization is required for apremilast (Otezla[®]). Payment will be considered under the following conditions:

1. Patient is 18 years of age or older; and
2. Patient has a diagnosis of active psoriatic arthritis (≥ 3 swollen joints and ≥ 3 tender joints); and
3. Prescribed by a rheumatologist or a dermatologist; and
4. Patient does not have severe renal impairment ($\text{CrCl} < 30 \text{ mL/min}$); and
5. Patient has documentation of a trial and inadequate response to therapy with the preferred oral DMARD, methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); and
6. Patient has documentation of trials and therapy failures with two preferred biological agents used for psoriatic arthritis.

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

Ceritinib (Zykadia) – Prior authorization criteria was developed and accepted as follows:

Prior authorization is required for ceritinib (Zykadia[™]). Payment will be considered under the following conditions:

1. Patient has a diagnosis of metastatic non-small cell lung cancer (NSCLC) that is anaplastic lymphoma kinase (ALK)-positive as detected by an FDA-approved test (attach copy of results); and
2. Patient is 18 years of age or older; and
3. Prescribed by an oncologist; and

4. Patient has documentation of treatment with crizotinib and the disease has progressed while on treatment or is intolerant to treatment.
5. Liver function tests (ALT, AST, and total bilirubin) will be monitored at least monthly while on ceritinib.

If criteria for coverage are met, initial requests will be given for 3 months. Requests for continuation of therapy will be considered with documentation patient has not experienced disease progression or unacceptable toxicity.

Deferasirox (Exjade) – Prior authorization criteria was developed and accepted as follows:

Prior authorization is required for deferasirox. Payment will be considered under the following conditions:

1. Patient does not have a serum creatinine greater than 2 times the age-appropriate upper limit of normal or creatinine clearance <40mL/min; and
2. Patient does not have a poor performance status; and
3. Patient does not have a high-risk myelodysplastic syndrome; and
4. Patient does not have advanced malignancies; and
5. Patient does not have a platelet count <50 x 10⁹/L.

Transfusional Iron Overload

Initiation of Therapy

1. Patient is 2 years of age or older; and
2. Patient has documentation of iron overload related to anemia (attach documentation); and
3. Patient has documentation of a recent history of frequent blood transfusions that have resulted in chronic iron overload; and
4. Serum ferritin is consistently >1000 mcg/L (attach lab results dated within the past month); and
5. Starting dose does not exceed 20mg/kg/day. Calculate dose to the nearest whole tablet.
6. Initial requests will be considered for up to 3 months.

Continuation of Therapy

1. Serum ferritin has been measured within 30 days of continuation of therapy request (attach lab results); and
2. Ferritin levels are >500mcg/L; and
3. Dose does not exceed 40mg/kg/day.

Non-Transfusional Iron Overload

Initiation of Therapy

1. Patient is 10 years of age or older; and
2. Patient has documentation of iron overload related to anemia (attach documentation); and
3. Serum ferritin and liver iron concentration (LIC) has been measured within 30 days of initiation (attach lab results); and
4. Serum ferritin levels are >300mcg/L.
5. Liver iron concentration (LIC) are >3mg Fe/g dw; and
6. Dose does not exceed 10mg/kg/day (if LIC is <15mg Fe/g dw), or 20mg/kg/day (if LIC is >15mg Fe/g dw).
7. Initial authorization will be considered for up to 6 months.

Continuation of Therapy

1. Serum ferritin and LIC have been measured within 30 days of continuation of therapy request; and
2. Serum ferritin levels are >300mcg/L; and
3. Liver iron concentration (LIC) is >3mg Fe/g dw; and
4. Dose does not exceed 10mg/kg/day (if LIC is 3 to 7mg Fe/g dw) or 20mg/kg/day (if LIC is >7mg Fe/g dw).

Vorapaxar (Zontivity) – Prior authorization criteria was developed and accepted as follows:

Prior authorization is required for vorapaxar (Zontivity™). Payment will be considered under the following conditions:

1. Patient has a history of myocardial infarction (MI) or peripheral artery disease (PAD); and
2. Patient does not have a history of stroke, transient ischemic attack (TIA), intracranial bleeding, or active peptic ulcer; and
3. Patient has documentation of an adequate trial and therapy failure with aspirin plus clopidogrel; and
4. Patient will use vorapaxar concurrently with aspirin and/or clopidogrel.

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

No recommendations were made to remove criteria during the 2015 state fiscal year.



IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

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DUR Project Coordinator

August 7, 2014

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, August 6, 2014. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Omalizumab (Xolair[®]), Apixaban (Eliquis[®]), and Dabigatran (Pradaxa[®]) and coverage of Naloxone Auto-injector (Evzio) by Iowa Medicaid. The following recommendations have been made by the DUR Commission:

The DUR Commission reviewed comments received from the medical/pharmacy associations in response to a June 11, 2014 letter that was sent to them detailing the proposed criteria for Omalizumab (Xolair[®]), Apixaban (Eliquis[®]), and Dabigatran (Pradaxa[®]).

Omalizumab (Xolair[®])

Changes are italicized:

Prior authorization is required for Xolair[®]. Payment for Xolair[®] will be authorized when the following criteria are met:

Moderate to Severe Persistent Asthma

1. Patient has a diagnosis of moderate to severe persistent asthma for at least one year; and
2. Patient is 12 years of age or older; and
3. Pretreatment IgE level is between 30 IU/mL and 700 IU/mL; and
4. Patient's weight is between 30 kg and 150 kg; and
5. History of positive skin or RAST test to a perennial aeroallergen; and
6. Prescriber is an allergist, immunologist, or pulmonologist; and
7. Patient is currently using a high dose inhaled corticosteroid AND long-acting beta-agonist, is compliant with therapy and asthma symptoms are not adequately controlled after at least three (3) months of therapy.
8. Patient must have access to an EpiPen to treat allergic reactions that may occur

after administration of Xolair[®].

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 Xolair[®] therapy and for patients who do not continue concurrent use with a high dose corticosteroid and long-acting beta-agonist.

Chronic Idiopathic Urticaria

- 1. Patient has a diagnosis of moderate to severe chronic idiopathic urticaria; and*
- 2. Patient is 12 years of age or older; and*
- 3. Patient has documentation of a trial and therapy failure with at least one second-generation antihistamine, one of which must be cetirizine at a dose up to 20 mg per day; and*
- 4. Patient has documentation of a trial and therapy failure with at least one first-generation antihistamine; and*
- 5. Patient has documentation of a trial and therapy failure with at least one potent H1 receptor antagonist (hydroxyzine and/or doxepin); and*
- 6. 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.

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

Apixaban (Eliquis[®])

Changes are italicized:

Prior authorization is required for apixaban (Eliquis[®]). Payment will be considered under the following conditions:

- 1. Patient does not have a mechanical prosthetic heart valve; and*
- 2. Patient does not have active pathological bleeding; and*
- 3. Patient has a diagnosis of non-valvular atrial fibrillation; with*
- 4. Documentation of a previous trial and therapy failure with warfarin (TIA, stroke, or inability to maintain a therapeutic INR with a minimum 6 month trial); and*
- 5. Presence of at least one additional risk factor for stroke, with a CHADS₂ score ≥ 1; OR*
- 6. For patients requiring deep vein thrombosis (DVT) prophylaxis undergoing hip or knee replacement. Requests will be considered when the patient has contraindications to use of the preferred agent(s). If patient meets criteria for coverage, requests will be approved for the following doses:*
 - Hip replacement: 2.5 mg twice daily for up to 35 days following hip replacement; or*
 - Knee replacement: 2.5 mg twice daily for up to 12 days following knee replacement.*

Dabigatran (Pradaxa[®])

Changes are italicized:

Prior authorization is required for dabigatran (Pradaxa[®]). Payment will be considered for patients under the following conditions:

1. Patient does not have a mechanical prosthetic heart valve; and
2. Patient does not have active pathological bleeding; and
3. *Patient has* documentation of a previous trial and therapy failure with warfarin (TIA, stroke, *recurrence of DVT/PE*, or inability to maintain a therapeutic INR with a minimum 6 month trial).

Non-valvular atrial fibrillation (in addition to the above)

- Patient has the presence of at least one additional risk factor for stroke, with a CHADS₂ score ≥ 1; and
- Patient does not have severe renal impairment (CrCl < 15mL/min) or is not on dialysis.

Treatment and prevention of DVT or PE (in addition to the above)

- *Patient does not have a CrCl < 30mL/min or is not on dialysis.*
- *For patients with current DVT/PE, in addition to warfarin trial, patient must have documentation of 5 to 10 days of parenteral anticoagulation prior to initiation of dabigatran.*

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

The DUR Commission discussed coverage of Naloxone Auto-injector (Evzio). The DUR determined the delivery system used for administration of naloxone was a convenience for the patient or patient's caregiver. Additionally, the DUR determined that the use of intranasal naloxone would be the least costly service which would reasonably meet the medical need of the patient. Since the DUR determined Evzio is a convenience item and there are other cost-effective alternatives to Evzio, the DUR recommends not covering this product.

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendations for clinical prior authorization criteria Omalizumab (Xolair[®]), Apixaban (Eliquis[®]), and Dabigatran (Pradaxa[®]) and coverage of Naloxone Auto-injector (Evzio).

Sincerely,



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

Cc: Erin Halverson, R.Ph., IME
Megan Smith, R.Ph., Pharm.D., IME



IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

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October 2, 2014

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, October 1, 2014. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Chronic Pain Syndromes, Oral Immunotherapy, Methotrexate Injection, Tasimelteon (Hetlioz™), Apremilast (Otezla®), and Palivizumab (Synagis®). The Commission also made a recommendation for the Iowa Medicaid Pharmaceutical and Therapeutics (P&T) Committee to change the status of niacin products to non-preferred on the Preferred Drug List (PDL) and to implement a quantity limit across all short-acting opioids of 120 units per 30 days. The following recommendations have been made by the DUR Commission:

The DUR Commission reviewed comments received from the medical/pharmacy associations in response to an August 12, 2014 letter that was sent to them detailing the proposed criteria for Chronic Pain Syndromes, Oral Immunotherapy, Methotrexate Injection, Tasimelteon (Hetlioz™), Apremilast (Otezla®), and Palivizumab (Synagis®).

Chronic Pain Syndromes

Proposed Prior Authorization Criteria (*changes italicized*)

A prior authorization is required for duloxetine (Cymbalta®), pregabalin (Lyrica®), and milnacipran (Savella™). *For patients with a chronic pain diagnosis who are currently taking opioids, as seen in pharmacy claims, a plan to decrease and/or discontinue the opioid(s) must be provided with the initial request. Initial authorization will be given for three (3) months. There must be a significant decrease in opioid use or discontinuation of opioid(s) after the initial three (3) month authorization for further approval consideration. Additional prior authorizations will be considered with documentation of a continued decrease in opioid utilization.* Payment will be considered under the following conditions:

1. A diagnosis of **fibromyalgia** (Cymbalta®, Lyrica®, and Savella™)

- a. A trial and therapy failure at a therapeutic dose with *gabapentin plus one of the following*: tricyclic antidepressant, SSRI, or SNRI, **WITH**
 - b. Documented non-pharmacologic therapies (cognitive behavior therapies, exercise, etc.), **AND**
 - c. Documentation of a previous trial and therapy failure at a therapeutic dose with Savella™ when Cymbalta® and Lyrica® are requested.
2. A diagnosis of **postherpetic neuralgia** (Lyrica®)
A trial and therapy failure at a therapeutic dose with *gabapentin plus one of the following*: tricyclic antidepressant, topical lidocaine, valproate, or carbamazepine.
 3. A diagnosis of **diabetic peripheral neuropathy** (Cymbalta® and Lyrica®)
A trial and therapy failure at a therapeutic dose *with gabapentin plus one of the following*: tricyclic antidepressant or topical lidocaine.
 4. A diagnosis of **partial onset seizures**, as adjunct therapy (Lyrica®)
 5. A diagnosis of **major depressive disorder** or **generalized anxiety disorder** (Cymbalta®)
 6. A diagnosis of **chronic musculoskeletal pain** (Cymbalta®)
A trial and therapy failure at a therapeutic dose with at least *two* drugs from *two* distinct therapeutic classes from the following: NSAIDs, opioids, tramadol, or tricyclic antidepressants.

Requests for concomitant use of these agents for an indicated chronic pain diagnosis may only be considered once each agent has been tried at maximum tolerated dose separately. Duplicate use of drugs from the same therapeutic category will not be considered. *Requests for doses above the manufacturer recommended dose will not be considered.*

Oral Immunotherapy

Newly Proposed Prior Authorization Criteria

Prior authorization is required for sublingual allergen immunotherapy. Payment will be considered under the following conditions:

1. Medication is prescribed in consultation with an allergist; and
2. Patient is diagnosed with pollen-induced allergic rhinitis with or without conjunctivitis; and
3. Patient has documented trials and therapy failures with allergen avoidance and pharmacotherapy (intranasal corticosteroids and antihistamines); and
4. Patient has a documented intolerance to immunotherapy injections; and
5. The first dose has been administered under the supervision of a health care provider to observe for allergic reactions (date of administration and response required prior to consideration).
6. If patient receives other immunotherapy by subcutaneous allergen immunotherapy (SCIT), treatment of allergic rhinitis with sublingual allergen immunotherapy (SLIT) will not be approved.

Short Ragweed Pollen (Ragwitek®) In addition to the above criteria being met:

- Patient is 18 through 65 years of age; and

- Patient has a positive skin test or in vitro testing (pollen-specific IgE antibodies) to short ragweed pollen.
- If criteria for coverage are met, authorization will be considered at least 12 weeks before the expected onset of ragweed pollen season and continued throughout the season.

Grass Pollen (Grastek[®] and Oralair[®]) In addition to the above criteria being met:

Oralair[®]

- Patient is 10 through 65 years of age (Oralair[®]); and
- Patient has a positive skin test or in vitro testing (pollen-specific IgE antibodies) to sweet vernal, orchard/cockfoot, perennial rye, timothy, and Kentucky blue/June grass.
- If criteria for coverage are met, authorization will be considered at least 4 months prior to the expected onset of each grass pollen season and continued throughout the grass pollen season; or

Grastek[®]

- Patient is 5 through 65 year of age (Grastek[®]); and
- Patient has a positive skin test or in vitro testing (pollen-specific IgE antibodies) to timothy grass (or cross reactive grasses such as sweet vernal, orchard/cockfoot, perennial rye, Kentucky blue/June, meadow fescue, and redtop).
- If criteria for coverage are met, authorization will be considered at least 12 weeks before the expected onset of each grass pollen season.

Methotrexate Injection

Newly Proposed Prior Authorization Criteria

Prior authorization is required for non-preferred methotrexate injection. Payment will be considered under the following conditions:

1. Diagnosis of severe, active rheumatoid arthritis (RA) or polyarticular juvenile idiopathic arthritis (pJIA) and ALL of the following:
 - a. Prescribed by a rheumatologist; and
 - b. Patient has a documented trial and intolerance with oral methotrexate; and
 - c. Patient has a documented trial and therapy failure or intolerance with at least one other non-biologic DMARD (hydroxychloroquine, leflunomide, minocycline or sulfasalazine); and
 - d. Patient's visual or motor skills are impaired to such that they cannot accurately draw up their own preferred generic methotrexate injection and there is no caregiver available to provide assistance; and
 - e. Patient does not reside in a long-term care facility.
2. Diagnosis of severe, recalcitrant, disabling psoriasis and ALL of the following:
 - a. Patient is 18 years of age or older; and
 - b. Prescribed by a dermatologist; and
 - c. Patient has documentation of an inadequate response to all other standard therapies (oral methotrexate, topical corticosteroids, vitamin D analogues, cyclosporine, systemic retinoids, tazarotene, and phototherapy).
 - d. Patient's visual or motor skills are impaired to such that they cannot accurately draw up their own preferred generic methotrexate injection and there is no caregiver available to provide assistance; and
 - e. Patient does not reside in a long-term care facility.

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

Tasimelteon (Hetlioz®)

Newly Proposed Prior Authorization Criteria

Prior authorization is required for tasimelteon (Hetlioz). Requests for doses above the manufacturer recommended dose will not be considered. Payment will be considered under the following conditions:

1. Patient has a diagnosis of Non-24-Hour Sleep-Wake Disorder (Non-24), as confirmed by a sleep specialist; and
2. Patient is 18 years of age or older; and
3. Documentation the patient is totally blind with no perception of light is provided; and
4. Patient has a documented trial and therapy failure with at least one preferred sedative/hypnotic – non-benzodiazepine agent; and
5. Patient has a documented trial and therapy failure with ramelteon (Rozerem®).

If criteria for coverage are met, initial requests will be given for 3 months. Requests for continuation of therapy will be considered when the patient has received 3 months of continuous therapy and patient has achieved adequate results with tasimelteon (Hetlioz), such as entrainment, significant increases in nighttime sleep, and/or significant decreases in daytime sleep.

Apremilast (Otezla®)

Newly Proposed Prior Authorization Criteria

Prior authorization is required for apremilast (Otezla®). Payment will be considered under the following conditions:

1. Patient is 18 years of age or older; and
2. Patient has a diagnosis of active psoriatic arthritis (≥ 3 swollen joints and ≥ 3 tender joints); and
3. Prescribed by a rheumatologist or a dermatologist; and
4. Patient does not have severe renal impairment ($\text{CrCl} < 30 \text{ mL/min}$); and
5. Patient has documentation of a trial and inadequate response to therapy with the preferred oral DMARD, methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); and
6. Patient has documentation of trials and therapy failures with two preferred biological agents used for psoriatic arthritis.

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

Palivizumab (Synagis)

Proposed Prior Authorization Criteria (*changes italicized*)

Prior authorization is required for therapy with palivizumab. Prior authorizations will be approved *for administration during the RSV season* for a maximum of five doses per patient. No allowances will be made for a sixth dose. *Patients, who experience a breakthrough RSV hospitalization, should have their monthly prophylaxis discontinued,*

as there is an extremely low likelihood of a second RSV hospitalization in the same season. Payment for palivizumab will be considered for patients who meet one of the following criteria:

Chronic Lung Disease (CLD) of Prematurity

- Patient is less than 12 months of age at start of therapy and develops CLD of prematurity (defined as gestational age less than 32 weeks and required greater than 21% oxygen for at least the first 28 days after birth).
- Requests for patients during their second year of life (12 months to < 24 months) will be considered for patients meeting the CLD of prematurity definition above and continue to require medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) during the 6-month period before the start of the second RSV season.

Hemodynamically Significant Congenital Heart Disease (CHD)

- Patient is less than 12 months of age at start of therapy and has hemodynamically significant CHD further defined by any of the following:
 - Patient with acyanotic heart disease who is receiving medication to control congestive heart failure and will require cardiac surgical procedures or
 - Patient with moderate to severe pulmonary hypertension.
 - Requests for patients with cyanotic heart defects will be considered with documentation of consultation with a pediatric cardiologist that recommends patient receive palivizumab prophylaxis.

Premature Infants (without CLD of Prematurity or CHD)

- Patient is less than 12 months of age at start of therapy with a gestational age of less than 29 weeks.

Children with Anatomic Pulmonary Abnormalities or Neuromuscular Disorder

- Patient is 12 months of age or younger at the start of therapy and has either severe neuromuscular disease or congenital anomaly that impairs the ability to clear secretions from the upper airway due to an ineffective cough.

Immunocompromised Children

- Patient is less than 24 months of age at start of therapy and is profoundly immunocompromised during the RSV season (e.g., severe combined immunodeficiency, advanced acquired immunodeficiency syndrome, receiving chemotherapy).

The DUR Commission reviewed clinical information regarding niacin. Recent studies have found niacin, added to a statin, failed to improve outcomes in patients with cardiovascular disease. Based on this information, the Commission made the recommendation that the Iowa Medicaid P&T Committee consider changing the status of niacin products to non-preferred on the PDL, requiring documentation of an intolerance to, or failure with, a preferred statin at an optimized dose.

The DUR Commission also reviewed recommendations they initially made in April 2012 to implement ProDUR edits on antipsychotics in members less than 18 years of age. Specifically, the recommendation was to 1) implement an age edit on risperidone for members less than five (5) years of age and an age edit on all other antipsychotics for members less than six (6) years of age; and 2) apply a duplicate therapy edit to all antipsychotics. After discussion, the Commission continues to support implementation the aforementioned ProDUR edits.

Finally, the Commission reviewed utilization of short-acting opioids and made the recommendation to implement a quantity limit of 120 units per 30 days across all short-acting opioids.

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendations for clinical prior authorization criteria for Chronic Pain Syndromes, Oral Immunotherapy, Methotrexate Injection, Tasimelteon (Hetlioz™), Apremilast (Otezla®), and Palivizumab (Synagis®), in addition to the quantity limit on short-acting opioids.

Sincerely,

A handwritten signature in black ink that reads "Paula Smith R.Ph." The signature is written in a cursive, flowing style.

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

Cc: Erin Halverson, R.Ph., IME
Megan Smith, R.Ph., Pharm.D., IME



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December 4, 2014

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, December 3, 2014. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Ceritinib (Zykadia™). The Commission also received feedback from the Mental Health Advisory Group (MHAG) regarding the Prospective Drug Utilization Review (proDUR) edits on antipsychotic drugs for members less than 18 years of age. The following recommendations have been made by the DUR Commission:

No comments were received from the medical/pharmacy associations in response to an October 2, 2014 letter that was sent to them detailing the proposed criterion for Ceritinib (Zykadia™).

Ceritinib (Zykadia™)

Newly Proposed Prior Authorization Criteria

Prior authorization is required for ceritinib (Zykadia™). Payment will be considered under the following conditions:

1. Patient has a diagnosis of metastatic non-small cell lung cancer (NSCLC) that is anaplastic lymphoma kinase (ALK)-positive as detected by an FDA-approved test (attach copy of results); and
2. Patient is 18 years of age or older; and
3. Prescribed by a oncologist; and
4. Patient has documentation of treatment with crizotinib and the disease has progressed while on treatment or is intolerant to treatment.
5. Liver function tests (ALT, AST, and total bilirubin) will be monitored at least monthly while on ceritinib.

If criteria for coverage are met, initial requests will be given for 3 months. Requests for continuation of therapy will be considered with documentation patient has not experienced disease progression or unacceptable toxicity.

The DUR Commission received feedback from the MHAG regarding the proDUR edits on antipsychotic drugs for members less than 18 years of age. The MHAG met on October 17, 2014 to review the recommended proDUR edits that were initially made in April 2012. Specifically, the Commission recommendation was to 1) implement an age edit on risperidone for members less than five (5) years of age and an age edit on all other antipsychotics for members less than six (6) years of age; and 2) apply a duplicate therapy edit to all antipsychotics. The MHAG suggested the age edit for haloperidol and chlorpromazine be changed to the FDA approved ages of 3 years and 6 months respectively. The MHAG also suggested a 30 day grace period be considered, to allow members to taper off one antipsychotic while starting another, without requiring prior authorization. The Commission took this information under consideration, and determined the recommended age edits did not need to be changed at this time and a 30 day grace period would be beneficial to members and providers.

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendations for clinical prior authorization criterion for Ceritinib (Zykadia™).

Sincerely,

A handwritten signature in cursive script that reads "Paula Smith R.Ph.".

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

Cc: Erin Halverson, R.Ph., IME
Megan Smith, R.Ph., Pharm.D., IME



IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

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February 6, 2015

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, February 4, 2015. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Hepatitis C Agents – Oral; Deferasirox (Exjade[®]); and Vorapaxar (Zontivity[™]). The Commission also discussed proposed quantity limits for stimulant medications and select benzodiazepines. The following recommendations have been made by the DUR Commission:

No comments were received from the medical/pharmacy associations in response to a December 8, 2014 letter that was sent to them detailing the proposed criteria for Hepatitis C Agents – Oral; Deferasirox (Exjade[®]); and Vorapaxar (Zontivity[™]).

Hepatitis C Agents - Oral

Proposed Prior Authorization Criteria (changes italicized)

Prior authorization is required for direct-acting oral antiviral agents against the hepatitis C virus. Requests for non-preferred agents may be considered when documented evidence is provided that the use of the preferred agents would be medically contraindicated. Payment will be considered under the following conditions:

1. Patient is 18 years of age or older; and
2. Patient's prior treatment history is provided (treatment naïve, prior null responder, partial responder, or relapser); and
3. *Documentation of viral load taken within 6 months before beginning therapy; and*
4. *Viral load will be submitted by prescriber 12 weeks after completion of therapy; and*
5. If patient has a history of failed treatment due to non-compliance, documentation that steps have been taken to correct or address the causes of non-compliance are provided; and
6. *For patients on a regimen containing ribavirin, the following must be documented*

on the PA form:

- a) Patient is not a pregnant female or a male with a pregnant female partner; and
 - b) Women of childbearing potential and their male partners must use two forms of effective contraception (non-hormonal contraception for patients taking Sovaldi™) during treatment and for at least 6 months after treatment has concluded; and
 - c) Documentation that routine monthly pregnancy tests are performed during this time; and
7. Patient has abstained from the use of illicit drugs and alcohol for a minimum of three (3) months as evidenced by a negative urine confirmation test; and
 8. Prescriber is an infectious disease specialist, gastroenterologist, hepatologist or other hepatitis specialist.
 9. *Where applicable, requests for peg-interferon alfa free regimens will be considered on a case-by-case basis for patients with hepatitis C genotype 1 or 4 where peg-interferon alfa is contraindicated. Contraindications include: documented life-threatening side effects; decompensated hepatic disease; autoimmune hepatitis and other autoimmune disorders; a baseline neutrophil count below 1500/ μ L, a baseline platelet count below 90,000/ μ L, or a baseline hemoglobin below 10g/dL; or a history of preexisting unstable cardiac disease.*
 10. Non-FDA approved or non-compensated combination therapy regimens will not be approved.
 11. *If patient is recently eligible for Iowa Medicaid, and has been started and stabilized on therapy while covered under a different plan, documentation of how long the patient has been on medication will be required. Patient will be eligible for the remainder of therapy needed, based on established length of therapy for the particular treatment (defined below).*
 12. Lost or stolen medication replacement requests will not be authorized.
 13. The 72-hour emergency supply rule does not apply to oral hepatitis C antiviral agents.

Victrelis

- Patient has a documented diagnosis of hepatitis C genotype 1; and
- Administered in combination with peg-interferon alfa and ribavirin; and
- Patient does not have HIV co-infection; and
- Patient does not have decompensated cirrhosis; and
- *Patient has not previously tried or failed therapy with a hepatitis C protease inhibitor; and*
- HCV-RNA results are required at treatment week 8, 12, and 24 (including lead in period) for boceprevir (Victrelis™).
- Additional prior authorizations will be considered with documentation of response to treatment, measured by HCV-RNA levels.
- Prior authorizations will be approved for a maximum of 24, 32, or 44 weeks of therapy with boceprevir (Victrelis™) based on response.

Olysio

- Patient has a documented diagnosis of hepatitis C genotype 1; and
- Administered in combination with peg-interferon alfa and ribavirin; and
- Patient does not have HIV co-infection; and
- Patient does not have the NS3 Q80K polymorphism with hepatitis C genotype

- 1a; and
- The patient is not receiving dialysis or does not have a CrCl < 30 mL/min; and
- *Patient has not previously tried or failed therapy with a hepatitis C protease inhibitor; and*
- HCV-RNA results are required at treatment week 4 for simeprevir (Olysio™).
- Additional prior authorizations will be considered with documentation of response to treatment, measured by HCV-RNA levels.
- A maximum 12 weeks of therapy will be allowed.

Sovaldi

- The patient is not receiving dialysis or does not have a CrCl < 30 mL/min; and
- Patient does not have decompensated cirrhosis; and
- Documentation the patient has advanced liver disease *corresponding to a Metavir score 3 or greater fibrosis as confirmed by one of the following indicators related to staging of liver fibrosis (attach test results/documentation):*
 - *Liver biopsy confirming a Metavir score ≥ F3; or*
 - *Transient elastography (FibroScan) score ≥ 9.5kPa; or*
 - *FibroSURE (FibroTest) score ≥ 0.58; or*
 - *APRI score > 1.5; or*
 - *Radiological imaging consistent with cirrhosis (i.e. evidence of portal hypertension); and*
 - *Physical findings or clinical evidence consistent with cirrhosis.*
- *Dosing and length of therapy will be based on the following:*
 - **Genotype 1:** Patient has a documented diagnosis of hepatitis C genotype 1 (mono-infected or HCV/HIV co-infected) and used in combination with peg-interferon alfa and ribavirin. A maximum 12 weeks therapy will be allowed.
 - **Genotype 2:** Patient has a documented diagnosis of hepatitis C genotype 2 (mono-infected or HCV/HIV co-infected) and used in combination with ribavirin. A maximum 12 weeks of therapy will be allowed.
 - **Genotype 3:** Patient has a documented diagnosis of hepatitis C genotype 3 (mono-infected or HCV/HIV co-infected) and used in combination with ribavirin. A maximum 24 weeks of therapy will be allowed.
 - **Genotype 4:** Patient has a documented diagnosis of hepatitis C genotype 4 (mono-infected or HCV/HIV co-infected) and used in combination with peg-interferon alfa and ribavirin. A maximum 12 weeks of therapy will be allowed.
- **Hepatocellular carcinoma:** Patient has a documented diagnosis of hepatitis C genotype 1, 2, 3, 4 with a diagnosis of hepatocellular carcinoma meeting Milan criteria (awaiting liver transplantation) and in combination with ribavirin for up to 48 weeks or until liver transplantation, whichever comes first. Milan criteria are defined as:
 - One lesion smaller than 5 cm in diameter for subjects with a single lesion;
 - Up to 3 lesions smaller than 3 cm in diameter in subjects with multiple lesions;
 - No extrahepatic manifestations;
 - No vascular invasion.

Harvoni

- *Patient has documentation of hepatitis C genotype 1a or 1b; and*

- *The patient is not receiving dialysis or does not have a CrCl < 30 mL/min; and*
- *Patient is not co-infected with hepatitis B or HIV; and*
- *Patient does not have decompensated liver disease; and*
- *Patient has a contraindication to a preferred peg-interferon alfa plus ribavirin based regimen (e.g. sofosbuvir + peg-interferon + ribavirin); and*
- *Documentation the patient has advanced liver disease as confirmed by one of the following indicators related to staging of liver fibrosis (attach test results/documentation):*
 - *Liver biopsy confirming a Metavir score \geq F3; or*
 - *Transient elastography (FibroScan) score \geq 9.5kPa; or*
 - *FibroSURE (FibroTest) score \geq 0.58; or*
 - *APRI score > 1.5; or*
 - *Radiological imaging consistent with cirrhosis (i.e. evidence of portal hypertension); and*
 - *Physical findings or clinical evidence consistent with cirrhosis.*
- *Dosing and length of therapy will be based on the following:*
 - *Patient is treatment-naïve without cirrhosis and has a documented pre-treatment baseline HCV RNA less than 6 million IU/mL. A maximum 8 weeks of therapy will be allowed; or*
 - *Patient is treatment-naïve with or without cirrhosis and has a documented pre-treatment baseline HCV RNA greater than 6 million IU/mL. A maximum 12 weeks of therapy will be allowed; or*
 - *Patient is treatment-experienced without cirrhosis and experienced failure with a previous treatment regimen that included either peg-interferon alfa + ribavirin or an HCV protease inhibitor + peg-interferon alfa + ribavirin. A maximum 12 weeks of therapy will be allowed; or*
 - *Patient is treatment-experienced with cirrhosis and experienced failure with a previous treatment regimen that included either peg-interferon alfa + ribavirin or an HCV protease inhibitor + peg-interferon alfa + ribavirin. A maximum 24 weeks of therapy will be allowed.*

Deferasirox (Exjade[®])

Newly Proposed Prior Authorization Criteria

Prior authorization is required for deferasirox. Payment will be considered under the following conditions:

1. Patient does not have a serum creatinine greater than 2 times the age-appropriate upper limit of normal or creatinine clearance <40mL/min; and
2. Patient does not have a poor performance status; and
3. Patient does not have a high-risk myelodysplastic syndrome; and
4. Patient does not have advanced malignancies; and
5. Patient does not have a platelet count <50 x 10⁹/L.

Transfusional Iron Overload

Initiation of Therapy

1. Patient is 2 years of age or older; and

2. Patient has documentation of iron overload related to anemia (attach documentation); and
3. Patient has documentation of a recent history of frequent blood transfusions that has resulted in chronic iron overload; and
4. Serum ferritin is consistently >1000 mcg/L (attach lab results dated within the past month); and
5. Starting dose does not exceed 20mg/kg/day. Calculate dose to the nearest whole tablet.
6. Initial requests will be considered for up to 3 months.

Continuation of Therapy

1. Serum ferritin has been measured within 30 days of continuation of therapy request (attach lab results); and
2. Ferritin levels are >500mcg/L; and
3. Dose does not exceed 40mg/kg/day.

Non-Transfusional Iron Overload

Initiation of Therapy

1. Patient is 10 years of age or older; and
2. Patient has documentation of iron overload related to anemia (attach documentation); and
3. Serum ferritin and liver iron concentration (LIC) has been measured within 30 days of initiation (attach lab results); and
4. Serum ferritin levels are >300mcg/L.
5. Liver iron concentration (LIC) are >3mg Fe/g dw; and
6. Dose does not exceed 10mg/kg/day (if LIC is <15mg Fe/g dw), or 20mg/kg/day (if LIC is >15mg Fe/g dw).
7. Initial authorization will be considered for up to 6 months.

Continuation of Therapy

1. Serum ferritin and LIC have been measured within 30 days of continuation of therapy request; and
2. Serum ferritin levels are >300mcg/L; and
3. Liver iron concentration (LIC) is >3mg Fe/g dw; and
4. Dose does not exceed 10mg/kg/day (if LIC is 3 to 7mg Fe/g dw) or 20mg/kg/day (if LIC is >7mg Fe/g dw).

Vorapaxar (Zontivity™)

Newly Proposed Prior Authorization Criteria

Prior authorization is required for vorapaxar (Zontivity™). Payment will be considered under the following conditions:

1. Patient has a history of myocardial infarction (MI) or peripheral artery disease (PAD); and
2. Patient does not have a history of stroke, transient ischemic attack (TIA), intracranial bleeding, or active peptic ulcer; and
3. Patient has documentation of an adequate trial and therapy failure with aspirin plus clopidogrel; and
4. Patient will use vorapaxar concurrently with aspirin and/or clopidogrel.

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

Additionally, the DUR Commission discussed implementing quantity limits on select benzodiazepines (alprazolam, clonazepam, lorazepam) as well as quantity limits on multiple stimulant medications. The DUR Commission requested data to be brought back to the next meeting to determine the impact to prescribers and prior authorization department of implementing these quantity limits and to seek input from the medical and pharmacy associations regarding the proposed quantity limits.

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendations for clinical prior authorization criteria for Hepatitis C Agents – Oral; Deferasirox (Exjade[®]); and Vorapaxar (Zontivity[™]).

Sincerely,

A handwritten signature in cursive script that reads "Paula Smith R.Ph.".

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

Cc: Erin Halverson, R.Ph., IME
Megan Smith, R.Ph., Pharm.D., IME



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April 2, 2015

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, April 1, 2015. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Apixaban (Eliquis[®]); Thrombopoietin Receptor Agonists; Testosterone Products; and Apremilast (Otezla[®]). The Commission further discussed proposed quantity limits for stimulant medications. The following recommendations have been made by the DUR Commission:

The DUR Commission reviewed comments received from the medical/pharmacy associations in response to a February 10, 2015 letter that was sent to them detailing the proposed criteria for Apixaban (Eliquis[®]); Thrombopoietin Receptor Agonists; Testosterone Products; and Apremilast (Otezla[®]) in addition to quantity limits on select CNS stimulants and benzodiazepines.

Apixaban (Eliquis)

Proposed Prior Authorization Criteria (*changes italicized*)

Prior authorization is required for apixaban (Eliquis[®]). Payment will be considered under the following conditions:

1. Patient does not have a mechanical prosthetic heart valve; and
2. Patient does not have active pathological bleeding.

Atrial Fibrillation

- Patient has a diagnosis of non-valvular atrial fibrillation; with
- Documentation of a previous trial and therapy failure with warfarin (TIA, stroke, or inability to maintain a therapeutic INR with a minimum 6 month trial); and
- Presence of at least one additional risk factor for stroke, with a CHADS2 score \geq 1.
- *Requests will be considered for the following dosing:*
 - *5mg twice daily; or*

- 2.5mg twice daily in patients with any two (2) of the following:
 - Age ≥80 years
 - Body weight ≤60 kg
 - Serum creatinine ≥1.5 mg/dL.

Treatment and Prevention of DVT or PE

- Patient has documentation of a previous trial and therapy failure with warfarin (TIA, stroke, or inability to maintain a therapeutic INR with a minimum 6 month trial).
- Requests will be considered for the following dosing:
 - Initial Treatment of DVT or PE: 10mg twice daily for 7 days, followed by 5mg twice daily up to 12 months of treatment.
 - Prevention of DVT or PE following initial therapy with standard anticoagulation therapy for 6 to 12 months of treatment for DVT or PE: 2.5mg twice daily

Prophylaxis of DVT following hip or knee replacement surgery

- Requests will be considered when the patient has contraindications to use of the preferred agent(s).
- Requests will be considered for the following dosing:
 - Hip replacement: 2.5mg twice daily for up to 35 days following hip replacement; or
 - Knee replacement: 2.5mg twice daily for up to 12 days after knee replacement.

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

Thrombopoietin Receptor Agonists

Proposed Prior Authorization Criteria (*changes italicized*)

Payment for a preferred thrombopoietin receptor agonist will only be considered for cases in which there is a diagnosis of chronic immune thrombocytopenic purpura (ITP) including documentation of an insufficient response to a corticosteroid, an immunoglobulin, or the patient has undergone a splenectomy.

Payment for eltrombopag (Promacta®) for the treatment of chronic hepatitis C associated thrombocytopenia will only be considered to allow for initiation and/or maintenance of interferon-based therapy with ribavirin when the patient has a baseline platelet count less than $75 \times 10^9/L$. Requests will not be considered under the following conditions:

1. Patients taking direct acting antiviral agents for the treatment of chronic hepatitis C infection in addition to interferon based therapy with ribavirin.
2. *Patients taking direct acting antiviral agents used without interferon for treatment of chronic hepatitis C infection.*
3. Patients with decompensated liver disease with a Child-Pugh score > 6 (Class B & C).
4. Patients with a history of ascites.
5. Patients with hepatic encephalopathy.

Payment for eltrombopag (Promacta®) for the treatment of severe aplastic anemia will only be considered under the following conditions:

1. *Patient has documentation of an insufficient response or intolerance to at least one prior immunosuppressive therapy; and*
2. *Patient has a platelet count less than or equal $30 \times 10^9/L$.*
3. *If criteria for coverage are met, initial authorization will be given for 16 weeks. Documentation of hematologic response after 16 weeks of therapy will be required for further consideration.*

Payment for a non-preferred thrombopoietin receptor agonist will be considered following documentation of a recent trial and therapy failure with a preferred thrombopoietin receptor agonist unless such a trial would be medically contraindicated.

Testosterone Products

Proposed Prior Authorization Criteria (*changes italicized*)

Prior authorization is required for testosterone products. *Payment will be considered with documentation of a specific testicular or hypothalamic/pituitary disease (primary hypogonadism or hypogonadotropic hypogonadism) that results in classic hypogonadism. Requests for FDA approved indications other than hypogonadism will not be subject to prior authorization criteria with adequate documentation of diagnosis.* Payment for non-preferred testosterone products will be authorized only for cases in which there is documentation of previous trials and therapy failures with two preferred agents. Requests for erectile dysfunction, infertility, and *age-related hypogonadism* will not be considered. Payment will be considered under the following conditions:

1. Patient is male and 18 years of age or older (or 12 years of age and older for testosterone cypionate); and
2. Patient has two (2) morning pre-treatment testosterone levels below the lower limit of the normal testosterone reference range of the individual laboratory used (Please attach lab results); and
3. *Patient has primary hypogonadism or hypogonadotropic hypogonadism (further defined below):*
 - *Primary hypogonadism (congenital or acquired) caused by testicular failure due to one of the following:*
 - ⊖ *Cryptorchidism*
 - ⊖ *Bilateral torsion*
 - ⊖ *Orchitis*
 - ⊖ *Vanishing testes syndrome,*
 - ⊖ *Orchiectomy*
 - ⊖ *Klinefelter's syndrome,*
 - ⊖ *Chemotherapy*
 - ⊖ *Toxic damage from alcohol or heavy metals*
 - *Hypogonadotropic hypogonadism*
 - ⊖ *Idiopathic gonadotropin or luteinizing hormone-releasing (LHRH) deficiency*
 - ⊖ *Pituitary-hypothalamic injury from tumors, trauma, or radiation*
4. Patient does not have:
 - Breast or prostate cancer
 - Palpable prostate nodule or prostate-specific antigen (PSA) > 4ng/mL
 - Hematocrit > 50%
 - Untreated severe obstructive sleep apnea
 - Severe lower urinary tract symptoms
 - Uncontrolled or poorly controlled heart failure

Requests for continuation of therapy will require the following:

1. An updated testosterone level (Please attach lab result); and
2. Documentation the patient has not experienced a hematocrit > 54% or an increase in PSA > 1.4ng/mL in the past 12 months.

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

Apremilast (Otezla)

Proposed Prior Authorization Criteria (*changes italicized*)

Prior authorization is required for apremilast (Otezla®). Payment will be considered under the following conditions:

1. Patient is 18 years of age or older; and
2. Patient has a diagnosis of active psoriatic arthritis (≥ 3 swollen joints and ≥ 3 tender joints); *or*
3. *Patient has a diagnosis of moderate to severe plaque psoriasis; and*
4. Prescribed by a rheumatologist or a dermatologist; and
5. Patient does not have severe renal impairment (CrCl < 30mL/min).

Psoriatic Arthritis

- Patient has documentation of a trial and inadequate response to therapy with the preferred oral DMARD, methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); and
- Patient has documentation of trials and therapy failures with two preferred biological agents used for psoriatic arthritis.

Plaque Psoriasis

- *Patient has documentation of a trial and inadequate response to phototherapy, systemic retinoids, methotrexate, or cyclosporine; and*
- *Patient has documentation of trials and therapy failures with two preferred biological agents.*

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

Additionally, the DUR Commission discussed proposed quantity limits on the following stimulant medications (to be applied to brand and generic): Adderall 12.5mg, Adderall 20mg, Concerta, Focalin IR, Focalin XR, Ritalin IR. The DUR Commission recommended the proposed quantity limits be referred to the Mental Health Advisory Group for their input prior to making a formal recommendation.

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendations for clinical prior authorization criteria for Apixaban (Eliquis®); Thrombopoietin Receptor Agonists; Testosterone Products; and Apremilast (Otezla®).

Sincerely,

A handwritten signature in black ink that reads "Paula Smith R.Ph." in a cursive script.

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

Cc: Erin Halverson, R.Ph., IME
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DUR Project Coordinator

June 3, 2015

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, June 3, 2015. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Hepatitis C Agents; CNS Stimulants and Atomoxetine; Dextromethorphan/Quinidine (Nuedexta[®]); Chronic Pain Syndromes; and Sedative/Hypnotics – Non-Benzodiazepines. The Commission also received feedback from the Mental Health Advisory Group (MHAG) regarding proposed quantity limits for stimulant medications and the ProDUR edits on antipsychotics in children. The following recommendations have been made by the DUR Commission:

The DUR Commission reviewed comments received from the medical/pharmacy associations in response to an April 7, 2015 letter that was sent to them detailing the proposed criteria for Hepatitis C Agents; CNS Stimulants and Atomoxetine; Dextromethorphan/Quinidine (Nuedexta[®]); Chronic Pain Syndromes; and Sedative/Hypnotics – Non-Benzodiazepines.

Hepatitis C Agents

Proposed Prior Authorization Criteria (*changes italicized*)

Prior authorization is required for *hepatitis C treatments*. Requests for non-preferred agents may be considered when documented evidence is provided that the use of the preferred agents would be medically contraindicated. Payment will be considered under the following conditions:

1. Patient is 18 years of age or older *and has a diagnosis of chronic hepatitis C*; and
2. *Patient has had testing for hepatitis C virus (HCV) genotype; and*
3. *Patient has an active HCV infection verified by a detectable viral load within 12 months of starting treatment; and*
4. Viral load will be submitted by prescriber 12 weeks after the completion of therapy; and
5. Patient has advanced liver disease corresponding to a Metavir score of 3 or

greater fibrosis as confirmed by one of the following:

- Liver biopsy confirming a Metavir score \geq F3; or
 - Transient elastography (FibroScan) score \geq 9.5kPa; or
 - FibroSURE (FibroTest) score \geq 0.58; or
 - APRI score $>$ 1.5; or
 - Radiological imaging consistent with cirrhosis (i.e. evidence of portal hypertension); or
 - Physical findings or clinical evidence consistent with cirrhosis; or
 - *Patients at highest risk for severe complications: organ transplant, type 2 or 3 essential mixed cryoglobulinemia with end-organ manifestations (e.g. vasculitis), proteinuria, nephrotic syndrome, or membranoproliferative glomerulonephritis.*
6. Patient's prior treatment history is provided (treatment naïve or *treatment experienced*); and
 7. If patient has a history of non-compliance, documentation that steps have been taken to correct or address the causes of non-compliance are provided; and
 8. Patient has abstained from the use of illicit drugs and alcohol for a minimum of three (3) months as evidenced by a negative urine confirmation test; and
 9. *Patient does not have severe renal impairment (creatinine clearance $<$ 30ml/min) or end stage renal disease requiring hemodialysis; and*
 10. *HCV treatment is prescribed by a digestive disease, liver disease, or infectious disease provider practice; and.*
 11. For patients on a regimen containing ribavirin, the following must be documented on the PA form:
 - a) Patient is not a pregnant female or a male with a pregnant female partner; and
 - b) Women of childbearing potential and their male partners must use two forms of effective contraception during treatment and for at least 6 months after treatment has concluded; and
 - c) Monthly pregnancy tests *will be* performed during treatment; and
 12. *Prescriber has reviewed the patient's current medication list and acknowledged that there are no significant drug interactions with the HCV medication.*
 13. *Documentation is provided for patients who are ineligible to receive interferon or ribavirin.*
 14. Non-FDA approved or non-compensated combination therapy regimens will not be approved.
 15. If patient is recently eligible for Iowa Medicaid, and has been started and stabilized on therapy while covered under a different plan, documentation of how long the patient has been on medication will be required. Patient will be eligible for the remainder of therapy needed, based on established length of therapy for the particular treatment (defined below).
 16. Lost or stolen medication replacement requests will not be authorized.
 17. The 72-hour emergency supply rule does not apply to oral hepatitis C antiviral agents.

CNS Stimulants and Atomoxetine

Proposed Prior Authorization Criteria (*changes italicized*)

Prior authorization (PA) is required for *CNS stimulants and Atomoxetine* for patients 21 years of age or older. *Prior to requesting prior authorization for any covered diagnosis, the prescriber must review the patient's use of controlled substances on the Iowa*

Prescription Monitoring Program website at <https://pmp.iowa.gov/IAPMPWebCenter/>. Payment for CNS stimulants and Atomoxetine will be considered under the following conditions:

1. Attention Deficit Disorder (ADD) or 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 the patient continues to require medication to treat the symptoms of ADD/ADHD will be required for renewals or patients newly eligible that are established on medication to treat ADD/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.
4. *Binge Eating Disorder (Vyvanse only)*
 - *Patient is 18 to 55 years of age; and*
 - *Patient meets the DSM-5 criteria for Binge Eating Disorder; and*
 - *Patient has documentation of moderate to severe BED, as defined by the number of binge eating episodes per week (number of episodes must be reported); and*
 - *Patient has documentation of non-pharmacologic therapies tried, such as cognitive-behavioral therapy or interpersonal therapy, for a recent 3 month period, that did not significantly reduce the number of binge eating episodes; and*
 - *Patient has documentation of an adequate trial and therapy failure at a therapeutic dose with topiramate and fluvoxamine*
 - *Prescription is written by a psychiatrist or psychiatric nurse practitioner; and*
 - *Patient has a BMI of 25 to 45; and*
 - *Patient does not have personal history of cardiovascular disease; and*
 - *Patient has no history of substance abuse; and*
 - *Is not being prescribed for the treatment of obesity or weight loss; and*
 - *Doses above 70mg per day will not be considered.*
 - *Initial requests will be approved for 12 weeks.*
 - *Requests for renewal must include documentation of a change from baseline at week 12 in the number of binge days per week.*

DSM-5 Criteria

- i. *Recurrent episodes of binge eating, including eating an abnormally large amount of food in a discrete period of time and has a feeling of lack of control over eating; and*
- ii. *The binge eating episodes are marked by at least three of the following:*
 1. *Eating more rapidly than normal*
 2. *Eating until feeling uncomfortably full*

3. *Eating large amounts of food when not feeling physically hungry*
4. *Eating alone because of embarrassment by the amount of food consumed*
5. *Feeling disgusted with oneself, depressed, or guilty after overeating; and*
- iii. *Episodes occur at least 1 day a week for at least 3 months; and*
- iv. *No regular use of inappropriate compensatory behaviors (e.g. purging, fasting, or excessive exercise) as are seen in bulimia nervosa; and*
- v. *Does not occur solely during the course of bulimia nervosa or anorexia nervosa.*

Moderate to Severe BED

Based on the number of binge eating episodes per week:

Moderate - 4 to 7

Severe – 8 to 13

Extreme – 14 or more

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

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

Dextromethorphan/Quinidine (Nuedexta)

Proposed Prior Authorization Criteria (*changes italicized*)

Prior authorization is required for Nuedexta[®]. Payment will be considered under the following conditions:

1. Patients must have a diagnosis of pseudobulbar affect (PBA) secondary to a *neurological condition*.
2. A trial and therapy failure at a therapeutic dose with amitriptyline or an SSRI; *and*
3. *Patient has documentation of a current EKG (within the past 3 months) without QT prolongation.*
4. Initial authorizations will be approved for 12 weeks with a baseline Center for Neurologic Studies Liability Scale (CNS-LS) questionnaire.
5. Subsequent prior authorizations will be considered at 6 month intervals with documented efficacy as seen in an improvement in the CNS-LS questionnaire.

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

Chronic Pain Syndromes

Proposed Prior Authorization Criteria (*changes italicized*)

A prior authorization is required for pregabalin (Lyrica[®]) and milnacipran (Savella[™]).

These drugs will be considered for their FDA indication(s) and other conditions as listed

in the compendia. Requests for doses above the manufacturer recommended dose will not be considered. For patients with a chronic pain diagnosis who are currently taking opioids, as seen in pharmacy claims, a plan to decrease and/or discontinue the opioid(s) must be provided with the initial request. Initial authorization will be given for three (3) months. There must be a significant decrease in opioid use or discontinuation of opioid(s) after the initial three (3) month authorization for further approval consideration. Additional prior authorizations will be considered with documentation of a continued decrease in opioid utilization. Payment will be considered under the following conditions:

1. A diagnosis of **fibromyalgia** (Lyrica[®] and Savella[™])
 - a. A trial and therapy failure at a therapeutic dose with gabapentin plus one of the following *preferred generic agents*: tricyclic antidepressant or SNRI, **WITH**
 - b. Documented non-pharmacologic therapies (cognitive behavior therapies, exercise, etc.).
2. A diagnosis of **postherpetic neuralgia** (Lyrica[®])

A trial and therapy failure at a therapeutic dose with gabapentin plus one of the following: tricyclic antidepressant, topical lidocaine, or valproate.
3. A diagnosis of **diabetic peripheral neuropathy** (Lyrica[®])

A trial and therapy failure at a therapeutic dose with gabapentin plus one of the following: tricyclic antidepressant, *duloxetine* or topical lidocaine.
4. A diagnosis of **partial onset seizures**, as adjunct therapy (Lyrica[®])

Sedative/Hypnotics Non-Benzodiazepines

Proposed Prior Authorization Criteria (*changes italicized*)

Preferred agents are available without prior authorization (PA). *Requests for doses above the manufacturer recommended dose will not be considered.* Prior authorization is required for all non-preferred non-benzodiazepine sedative/hypnotics. Payment for non-preferred non-benzodiazepine sedative/hypnotics will be authorized only for cases in which there is documentation of previous trials and therapy failures with, *at a minimum, three (3) preferred agents.* Payment for non-preferred non-benzodiazepine sedative/hypnotics will be considered when the following criteria are met:

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

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

Additionally, the DUR Commission received feedback from the MHAG regarding the proposed quantity limits on select CNS stimulants and proposed prior authorization criteria for CNS stimulants and atomoxetine. The DUR took the recommendation of the MHAG to keep the quantity limit for Concerta 54mg (brand and generic) at the current quantity limit of 60 tablets per 30 days, as literature supports the use of this dose. The DUR also clarified the requirement for prescribers to check the Iowa PMP website, and recommended it should apply to quantity limit override requests as well. Below are the recommended quantity limits on select CNS stimulants:

Drug (applies to brand and generic)	Proposed Quantity Limit	Current Quantity Limit
Adderall IR 12.5mg	90	120
Adderall IR 20mg	90	120
Concerta 18mg	30	60
Concerta 27mg	30	60
Focalin IR 2.5mg	60	None
Focalin IR 5mg	60	None
Focalin IR 10mg	60	None
Focalin XR 5mg	30	60
Focalin XR 10mg	30	60
Focalin XR 15mg	30	90
Focalin XR 20mg	30	60
Focalin XR 25mg	30	60
Focalin XR 30mg	30	60
Ritalin IR 5mg	90	None
Ritalin IR 10mg	90	None
Ritalin IR 20mg	90	None

The DUR Commission also received feedback from the MHAG regarding the ProDUR edits on Antipsychotics in children. While they appreciate the comments from the MHAG, they feel no changes to the initial recommendations are needed.

Finally, the DUR Commission made the recommendation in February to implement a quantity limit of 120 units per 30 days for all strengths of alprazolam, clonazepam, and lorazepam after letters were mailed to prescribers of members identified as exceeding the recommended quantity limit. The data was refreshed to use current claims data and letters were mailed at the end of February.

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendations for clinical prior authorization criteria for Hepatitis C Agents; CNS Stimulants and Atomoxetine; Dextromethorphan/Quinidine (Nuedexta[®]); Chronic Pain Syndromes; and Sedative/Hypnotics – Non-Benzodiazepines and quantity limits for CNS stimulants and benzodiazepines

Sincerely,

A handwritten signature in black ink that reads "Paula Smith R.Ph." in a cursive script.

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

Cc: Erin Halverson, R.Ph., IME
Megan Smith, R.Ph., Pharm.D., IME
Gina Tiernan, R.Ph., IME

Appendix H

Prospective DUR

Prospective DUR SFY15

All recommendations are inclusive of brand and generic agents. The following prospective DUR (ProDUR) edits were recommended to the Department:

- The DUR reviewed the recommendations they initially made in April 2012 to implement ProDUR edits on antipsychotics in members less than 18 years of age. After discussion, the Commission continues to support the implementation of the following ProDUR edits:
 - ProDUR age edit on risperidone for members less than 5 years of age and an age edit on all other antipsychotics for members less than 6 years of age.
 - Duplicate therapy edit on all antipsychotics.
- Quantity limit on all short-acting opioids of 120 units per 30 days.
- Quantity limit on Adderall IR 12.5mg and 20mg of 90 tablets per 30 days.
- Quantity limit on Concerta 18mg and 27mg of 30 tablets per 30 days.
- Quantity limit on Focalin IR (all strengths) of 60 tablets per 30 days.
- Quantity limit on Focalin XR (all strengths) of 30 capsules per 30 days.
- Quantity limit on Ritalin IR (all strengths) of 90 tablets per 30 days.
- Quantity limit on all strengths of alprazolam, clonazepam, and lorazepam of 120 units per 30 days.

Appendix I

Newsletters



***The Bulletin of
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DUR Commission Members

Larry Ambroson, R.Ph.
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* * *

DUR Professional Staff

Pamela Smith, R.Ph.
DUR Project Coordinator

Long-acting opioids can be useful medications when trying to control a patient's pain allowing for better pain control due to their longer duration of action. Use of long-acting opioids in patients who are opioid naïve can be a cause for concern since it is a leading cause of death from respiratory depression in these patients. It is estimated, in 2010, that respiratory depression is the cause of death in about 16,000 opioid-related mortalities in the United States. While the use of any long-acting opioid in these patients can lead to death, fentanyl transdermal patch is the medication most likely to cause death from respiratory depression.

Several case reports have been published regarding use of fentanyl patch in opioid naïve patients. Use of fentanyl transdermal patch in opioid naïve patients often times results in death. Patients being treated for post-operative pain are those that seem to be the most susceptible. Death does not always occur when fentanyl transdermal patches are used improperly. Unfortunately, these deaths could have been avoided if proper prescribing practices were followed. Respiratory depression and risk of death seen in opioid naïve patients is increased when the patient has preexisting respiratory compromise, such as COPD and sleep apnea.

The FDA has issued multiple warnings and has taken several actions since 2005 to combat the use of long-acting opioids in opioid naïve patients. These actions include adding these medications to its risk evaluation and mitigation strategies (REMS) program in April 2011. A black box warning has been issued to be included on the packaging of all long-acting opioids about the risk of respiratory depression and death that can result from the misuse of these medications. Long-acting opioids are intended to be used in opioid tolerant patients. To be considered opioid tolerant, the patient must have been taking an opioid dose of 60mg morphine equivalents or more per day for a minimum of one week.

In September 2013, the FDA announced that they would require long-acting opioids to state that the use of these medications are indicated for severe pain management that is inadequately controlled with other treatment options and requires long-term, daily, around-the-clock opioid therapy. Very low doses of some long-acting opioids may be used successfully in opioid naïve patients without major adverse effects, but fentanyl transdermal patches and extended-release hydromorphone are contraindicated in these patients and should never be used due to the higher risk of respiratory depression associated with their use.

Prescribers should keep in mind a few simple guidelines when prescribing long-acting opioids for patients to protect themselves and adequately control the patients' pain.

- It is important to keep the whole picture of the patient in mind, as well as the adverse effects associated with these medications to avoid any unnecessary risk.
-

- When a patient is determined to be an appropriate candidate for opioid therapy, initiation of the medication should be done at the lowest dose and titrated upward to the lowest effective dose for each patient.
- Duration of use should be considered when reevaluating the patient's pain to ensure these medications are not used longer than necessary.

To obtain more guidance on safe prescribing of long-acting opioids the FDA has issued its Blueprint for Prescriber Education for Extended-Release and Long-Acting Opioid Analgesics which can be found at <http://www.fda.gov/downloads/drugs/drugsafety/informationbydrugclass/ucm277916.pdf>

Patient safety should be at the forefront of all prescribing practices, including when prescribing long-acting opioids. These medications can be valuable tools in controlling pain in patients who suffer from chronic pain issues. Prescribing and patient safety issues come into play when long-acting opioids are improperly used in patients whom the medications were not intended, including the opioid naïve and those with acute or post-operative pain. The main adverse effect of concern with use of these medications is respiratory depression that can lead to death. These outcomes could be avoided by following the warnings and guidance put in place by the FDA to maintain patient safety at all times.

Currently, non-preferred long-acting opioids are subject to prior authorization criteria as follows:

Prior authorization is required for all non-preferred long-acting narcotics. Payment will be considered under the following conditions:

1. There is documentation of previous trials and therapy failures with two (2) chemically distinct preferred long-acting narcotics (such as extended-release morphine sulfate, Opana ER and methadone) at therapeutic doses, and
2. A trial and therapy failure with fentanyl patch at maximum tolerated doses, and
3. A signed chronic opioid therapy management plan between the prescriber and patient must be included with the prior authorization, and
4. The prescriber must review the patient's use of controlled substances on the Iowa Prescription Monitoring Program website at <https://pmp.iowa.gov/IAPMPWebCenter/> prior to requesting prior authorization.
5. Requests for long-acting narcotics will only be considered for FDA approved dosing.

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

References

1. Jones CM, Mack KA, Paulozzi LJ. Pharmaceutical overdose deaths, United States, 2010. JAMA. 2013 Feb 20;309(7):657-9.
2. Grissinger M. Inappropriate prescribing of fentanyl patches is still causing alarming safety problems. P T. Dec 2010; 35(12): 653–654.
3. US Food and Drug Administration. FDA Blueprint for Prescriber Education for Extended-Release and Long-Acting Opioid Analgesics. US Food and Drug Administration Web site. Available at <http://www.fda.gov/downloads/drugs/drugsafety/informationbydrugclass/ucm277916.pdf>. Accessed February 14, 2014.
4. US Food and Drug Administration. FDA announces safety labeling changes and postmarket study requirements for extended-release and long-acting opioid analgesics. US Food and Drug Administration Web site. Available at <http://www.fda.gov/newsevents/newsroom/pressannouncements/ucm367726.htm>. Accessed February 14, 2014.
5. Gregory TB. How to safely prescribe long-acting opioids. J Fam Pract. 2013 Dec;62(12 Suppl 1):S12-8.

FDA Updates

The FDA is requiring a Boxed Warning for lidocaine topical 2% (viscous) solution alerting health care providers and caregivers against its use in treating teething pain in infants and children, which may cause serious harm, including death. When too much viscous lidocaine is given to infants and young children, or if they accidentally swallow too much, seizures, severe brain injury, and cardiac problems may result.

Reports of serious adverse events (including death) in infants and young children 5 months to 3.5 years of age given lidocaine 2% viscous solution for mouth pain (including pain due to teething and stomatitis), or with accidental ingestion, have been reviewed by the FDA.

The American Academy of Pediatrics recommends managing teething pain with a chilled (not frozen) teething ring or gently rubbing/massaging with the caregiver's finger. The FDA recommends against using topical OTC medications for teething pain as some products may cause harm.

Further information can be found at:

http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm402790.htm?source=govdelivery&utm_medium=email&utm_source=govdelivery

The FDA is warning that certain OTC topical acne products marketed under various brand names may cause rare but serious and potentially life-threatening allergic reactions or severe irritation. Consumers should seek immediate emergency medical attention if they experience hypersensitivity reactions such as throat tightness, difficulty breathing, faintness, or swelling of the eyes, face, lips, or tongue, and should also stop using topical acne products if they develop hives or itching. These serious reactions may occur within minutes to a day or longer after product use and differ from the local skin irritation (redness, burning, dryness, itching, peeling, or slight swelling) that may occur at the application site. It has not been determined if the serious hypersensitivity reactions are triggered by the products' active ingredients (benzoyl peroxide or salicylic acid), inactive ingredients, or by a combination of both. The FDA is monitoring and evaluating this safety issue. At first use, consumers should apply a small amount of any OTC topical acne product to 1 or 2 small affected areas for 3 days to make sure they do not develop hypersensitivity symptoms.

<http://www.fda.gov/Drugs/DrugSafety/ucm400923.htm>

New and Updated Drug Prior Authorization Criteria

Antidepressants (combines existing criteria for vilazodone (Viibryd) and desvenlafaxine (Pristiq) and applies to all non-preferred antidepressants subject to clinical criteria): Prior authorization is required for *non-preferred antidepressants subject to clinical criteria*. Requests for doses above the manufacturer recommended dose will not be considered. Payment will be considered for patients when the following criteria are met:

1. The patient has a diagnosis of Major Depressive Disorder (MDD) and is 18 years of age or older; and
2. Documentation of a previous trial and therapy failure at a therapeutic dose with *two* preferred generic SSRIs; and
3. Documentation of a previous trial and therapy failure at a therapeutic dose with one preferred generic SNRI; and
4. Documentation of a previous trial and therapy failure at a therapeutic dose with one *non-SSRI/SNRI* generic antidepressant.
5. *If the request is for an isomer, prodrug or metabolite of a medication indicated for MDD, one of the trials must be with the preferred parent drug of the same chemical entity that resulted in a partial response with a documented intolerance.*

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

Medicaid Statistics for Prescription Claims

from April 1, 2014 to June 31, 2014*

Number of claims paid: 1,066,054

Average amount paid per claim: \$63.51

Total dollars paid: \$67,703,983

Average amount paid per claim, brand: \$278.87

Percent generic prescriptions: 83%

Average Amount paid per claim, generic: \$19.51

Top Drugs by Number of Prescriptions	Top Drugs by Dollars Spent	Top Therapeutic Class by Dollars Spent
Hydrocodone/APAP 5-325mg \$14.42/RX	<i>Abilify</i> 20mg \$1,499,335 \$572.48/RX	Antipsychotics – Atypicals \$6.9 million
Loratadine 10mg \$9.24/RX	<i>Lantus</i> Injection 100/ml \$1,695,903 \$279.25/RX	Stimulants – Amphetamines – Long Acting \$4.7 million
Ventolin HFA \$53.17/RX	Methylphenidate ER 36mg \$1,085,296 \$171.10/RX	Anticonvulsants \$4.1 million
Tramadol 50mg \$10.71/RX	<i>Abilify</i> 30mg \$1,062,305 \$581.77/RX	Stimulants- Methylphenidate- Long Acting \$3.1 million
Amoxicillin 400mg/5ml \$11.01/RX	<i>Cymbalta</i> 60mg \$1,245,326 \$233.43/RX	Antidepressants – Selected SSRIs \$2.5 million

*All dollars reported are pre-rebate



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Off-Label Pharmaceutical Marketing: How to Recognize and Report It

The use of pharmaceuticals for unapproved symptoms or conditions, in unapproved patient groups, or in unapproved dosages, is referred to as “off-label” use. Promotion of such off-label use by pharmaceutical manufacturers is among the top four types of drug promotion problems identified by the U.S. Food and Drug Administration (FDA).

Off-Label Promotion and the False Claims Act

Unlawful off-label drug promotion has been the subject of significant health care fraud enforcement efforts by the United States Department of Justice (DOJ) and the State attorneys general using the Federal False Claims Act. The theory underlying these efforts is that, by promoting off-label uses that are not medically accepted, the manufacturers caused pharmacies to claim Medicaid payment for drugs used in ways that are not covered by Medicaid. Most, if not all, State Medicaid programs exclude coverage for drugs that are used in off-label indications that are not medically accepted. DOJ and State enforcement efforts have identified a wide range of deceptive practices that promoted off-label uses of many prescription drugs. These practices have resulted in large monetary settlements with a number of pharmaceutical manufacturers.

How to Recognize Unlawful Off-Label Promotion

Unlawful off-label promotion by pharmaceutical manufacturers can take a number of different forms. These forms include the following:

- Paying incentives to sales representatives based on sales for off-label use;
- Paying kickbacks to physicians to prescribe drugs for off-label use;
- Disseminating misleading posters promoting off-label use;
- Paying physicians:
 - To serve as authors of articles about off-label uses written by manufacturers’ agents;
 - To serve as members of “advisory boards” promoting off-label use;
 - To travel to resort locations to listen to promotions about off-label use; or
 - To give promotional lectures in favor of off-label use to fellow practitioners;
- Providing advice to prescribers on how to code their claims and document their medical records to support payment for off-label uses not covered by Medicaid;
- Publicizing studies showing efficacy of off-label uses while suppressing studies showing no efficacy; and
- Making false representations directly to Medicaid to influence decisions about payment for drugs used off-label.

How to Report Unlawful Off-Label Promotion

Because of the potential for patient harm that some off-label drug uses can cause, and because of the potential waste of taxpayer funds when

Medicaid pays for off-label uses that are not medically accepted, it is important for health care professionals, manufacturers, and pharmaceutical representatives to report unlawful off-label promotion in Medicaid.

Individuals that recognize off-label drug promotion should report it to:

- The FDA at BadAd@fda.gov or 855-RX-BadAd, 877-RX-DDMAC;
- The State Medicaid agency or Medicaid Fraud Control Unit at the contact numbers found on the list at http://www.cms.gov/medicare-medicare-coordination/fraud-prevention/fraudabuseforconsumers/report_fraud_and_suspected_fraud.html on the Centers for Medicare & Medicaid website; or
- The U.S. Department of Health and Human Services, Office of Inspector General, at HHSTips@oig.hhs.gov or 1-800-447-8477 (1-800-HHS-TIPS).

Obtained from the CMS website at: <http://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/off-label-marketing-factsheet.pdf>. Accessed 10/31/2014.

How to Dispose of Unused Medications

The Drug Enforcement Administration (DEA) has announced a new regulation permitting consumers to return unused medications to authorized collectors, including pharmacies, beginning in October 2014. The decision comes after increasing concern over the rise in abuse rates for prescription drugs. The new regulation covers drugs designated as controlled substances which previously could only be disposed of by patients themselves or surrendered to law enforcement. Patients and their relatives will now also be allowed to mail unused drugs to authorized collectors using packages available at pharmacies and other locations. The program will be voluntary, and pharmacies may choose to register with the DEA to take back controlled substances or to receive them through the mail. See the news release for more information at <http://www.justice.gov/dea/divisions/hq/2014/hq090814.shtml>.

FDA Updates

REVLIMID - Approval of updates to the Warnings and Boxed Warning sections of the prescribing information to include information on the risk of arterial thromboembolism. The Boxed Warning already included information on the risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism). The updated Boxed Warning also states that there is an increased risk of myocardial infarction and stroke in patients with multiple myeloma receiving REVLIMID with dexamethasone. Further, the prescribing information now states that anti-thrombotic prophylaxis is recommended; whereas it previously stated that the decision to take prophylactic measures should be made carefully after an assessment of an individual patient's underlying risk factors.

CHANTIX - Approval of updates to the prescribing information to provide two new warnings, seizures and an interaction with alcohol, and additional clinical trial data. Reports of new-onset or recurrence of seizures have occurred with CHANTIX, and these events occurred most commonly in the first month of the therapy. In addition, there have been post-marketing reports of patients experiencing increased intoxicating effects of alcohol while taking CHANTIX, with some patients experiencing unusual and sometimes aggressive behavior. Finally, revisions were made to the warning regarding neuropsychiatric symptoms and suicidality to include pooled data from clinical trials and data from observational trials. The results of a meta-analysis of five randomized, double-blind trials showed no increase in the incidence of suicidal ideation and/or behavior in patients treated with CHANTIX compared to those treated with placebo. A further pooled analysis of 18 double-blind randomized trials found a similar incidence of common psychiatric events in patients treated with CHANTIX and placebo. Observational studies generally supported the conclusions of the randomized trials (although limitations to the observational studies were noted).

New and Updated Drug Prior Authorization Criteria

Pharmacy Prior Authorization: The drug prior authorization unit will consider other conditions as listed in the compendia on an individual basis after reviewing documentation submitted regarding the medical necessity.

1. **Duplicate use** of drugs from the same therapeutic category or therapeutic duplication will not be considered.
2. **All required trials** must be of appropriate dose and duration for the indication and must be documented by the prescriber, on the request for prior authorization form, including dates, dose, and nature of failure.
3. **The use of pharmaceutical samples** (from the prescriber or manufacturer medication assistance program) will not be considered when evaluating the medical condition or prior prescription history for drugs that require prior authorization.

Omalizumab (Xolair) – Added Chronic Idiopathic Urticaria indication and criteria (only new criteria listed below)

Chronic Idiopathic Urticaria

1. Patient has a diagnosis of moderate to severe chronic idiopathic urticaria; and
2. Patient is 12 years of age or older; and
3. Patient has documentation of a trial and therapy failure with at least one second-generation antihistamine, one of which must be cetirizine at a dose of up to 20mg per day; and
4. Patient has documentation of a trial and therapy failure with at least one first-generation antihistamine; and
5. Patient has documentation of a trial and therapy failure with at least one potent H1 receptor antagonist (hydroxyzine and/or doxepin); and
6. 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 needed for continued therapy.

Coverage of Naloxone

Effective October 1, 2014, injectable naloxone will be a preferred drug on the Preferred Drug List (PDL) and may be prescribed as a rescue medication for a potentially life-threatening overdose. In addition, coverage of a mucosal atomization device (LMA MAD Nasal) will be available through the pharmacy Point of Sale (POS) system.

a) Stocking the Materials:

- 2mg/ml naloxone (NDC 76329-3369-01) is available from pharmacy wholesalers.
- The LMA MAD Nasal is available from some wholesalers or directly from the manufacturer, Teleflex.

b) Billing:

- Use NDC 76329-3369-01 to bill for 2mg/ml naloxone.
- Use NDC 99999-2718-02 to bill for the LMA MAD Nasal Mucosal Atomization Device without syringe. Reimbursement is \$5.75 per unit and no dispensing fee will be paid for claims for this item.
- The quantity limit for naloxone rescue prescriptions is two syringes (4mls) and two nasal mucosal atomization devices per 30 days.

Medicaid Statistics for Prescription Claims

from July 1, 2014 to September 30, 2014*

Number of claims paid: 1,063,606

Average amount paid per claim: \$64.26

Total dollars paid: \$68,350,517

Average amount paid per claim, brand: \$282.17

Percent generic prescriptions: 83%

Average Amount paid per claim, generic: \$19.57

Top Drugs by Number of Prescriptions	Top Drugs by Dollars Spent	Top Therapeutic Class by Dollars Spent
Hydrocodone/APAP 5-325mg \$14.16/RX	<i>Abilify</i> 20mg \$1,288,237 \$484.66/RX	Antipsychotics – Atypicals \$6.9 million
Ventolin HFA \$54.23/RX	<i>Lantus</i> Injection 100/ml \$1,275,288 \$192.35/RX	Stimulants – Amphetamines – Long Acting \$4.5 million
Loratadine 10mg \$9.03/RX	Methylphenidate ER 36mg \$1,128,249 \$178.29/RX	Anticonvulsants \$4.3 million
Cetirizine 10mg \$10.35/RX	<i>Abilify</i> 30mg \$1,011,284 \$498.17/RX	Stimulants- Methylphenidate- Long Acting \$3.1 million
Tramadol 50mg \$10.67/RX	<i>Ventolin HFA</i> \$969,476 \$54.23/RX	Antidepressants – Selected SSRIs \$2.5 million

*All dollars reported are pre-rebate



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* * *

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Complex Pharmaceutical Oversight Program (CPOP)

The Iowa Medicaid Enterprise (IME) is pleased to announce the availability of a new IME patient care initiative; the Complex Pharmaceutical Oversight Program (CPOP). This program provides oversight of clinically complex and high-cost drugs, and is designed to reduce waste, enhance medication adherence and improve clinical outcomes.

The CPOP is a patient-focused and pharmacist-driven program, which uses techniques that are not feasible for a traditional prior authorization (PA) program. Iowa Medicaid members receiving complex and high-cost drugs will be proactively identified through claims data by the IME. Once enrolled in the program, patients will speak directly with an IME pharmacist about their current medication regimen. The IME pharmacist will assess medication adherence and administration techniques, adverse events, indications, dosing, duration of therapy, and monitoring parameters. Providers (prescribers and pharmacists) may be contacted by a member of the CPOP team to discuss medication-related issues, or to request additional patient records. Evidence-based guidelines and clinical trials will be used to support program interventions.

Currently, the CPOP program is following members being treated for Hepatitis C.

The CPOP supports the provider/patient relationship, augments existing care management efforts, and is available free of charge to Iowa Medicaid members.

If you have questions, please contact the CPOP at 515-256-4874 (toll-free 877-776-1567), or by email at cpopinfo@dhs.state.ia.us.

Medicaid Modernization

Medicaid modernization is the movement to a comprehensive risk-based approach for the majority of current populations and services in the Medicaid population. The goals of Iowa's Medicaid Modernization are to: 1) improve quality and access, 2) promote accountability for outcomes, and 3) create a more predictable and sustainable Medicaid budget. DHS will contract for delivery of high quality healthcare services for the Iowa Medicaid, Iowa Health and Wellness Plan, and Healthy and Well Kids in Iowa (hawk-i) programs. Two to four managed care organizations (MCOs) will be selected to coordinate care on a statewide basis. Members will have the ability to select their own managed care entity. Services are set to begin January 1, 2016.

For more information visit:

<https://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization>

New Drug Prior Authorization Criteria

Tasimelteon (Hetlioz®)

Prior authorization is required for tasimelteon (Hetlioz®). Requests for doses above the manufacturer recommended dose will not be considered. Payment will be considered under the following conditions:

1. Patient has a diagnosis of Non-24-Hour Sleep-Wake Disorder (Non-24), as confirmed by a sleep specialist; and
2. Patient is 18 years of age or older; and
3. Documentation the patient is totally blind with no perception of light is provided; and
4. Patient has a documented trial and therapy failure with at least one preferred sedative/hypnotic-non-benzodiazepine agent; and
5. Patient has a documented trial and therapy failure with ramelteon (Rozerem®).

If criteria for coverage are met, initial requests will be given for 3 months. Requests for continuation therapy will be considered when the patient has received 3 months of continuous therapy and patient has achieved adequate results with tasimelteon (Hetlioz®), such as entrainment, significant increases in nighttime sleep, and/or significant decreases in daytime sleep.

Methotrexate Injection

Prior authorization is required for non-preferred methotrexate injection. Payment will be considered under the following conditions:

1. Diagnosis of severe, active rheumatoid arthritis (RA) or polyarticular juvenile idiopathic arthritis (PJIA) and ALL of the following:
 - a. Prescribed by a rheumatologist; and
 - b. Patient has a documented trial and intolerance with oral methotrexate; and
 - c. Patient has a documented trial and therapy failure or intolerance with at least one other non-biologic DMARD (hydroxychloroquine, leflunomide, minocycline or sulfasalazine); and
 - d. Patient's visual or motor skills are impaired to such that they cannot accurately draw up their own preferred generic methotrexate injection and there is no caregiver available to provide assistance; and
 - e. Patient does not reside in a long-term care facility.
2. Diagnosis of severe, recalcitrant disabling psoriasis and ALL of the following:
 - a. Patient is 18 years of age or older; and
 - b. Prescribed by a dermatologist; and
 - c. Patient has documentation of an inadequate response to all other standard therapies (oral methotrexate, topical corticosteroids, vitamin D analogues, cyclosporine, systemic retinoids, tazarotene, and phototherapy).

Apremilast (Otezla®):

Prior authorization is required for apremilast (Otezla®). Payment will be considered under the following conditions:

1. Patient is 18 years of age or older; and
2. Patient has a diagnosis of active psoriatic arthritis (≥ 3 swollen joints and ≥ 3 tender joints); and
3. Prescribed by a rheumatologist or a dermatologist; and
4. Patient does not have severe renal impairment ($\text{CrCl} < 30 \text{ mL/min}$); and
5. Patient has documentation of a trial and inadequate response to therapy with the preferred oral DMARD, methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); and
6. Patient has documentation of trials and therapy failures with two preferred biological agents used for psoriatic arthritis.

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

FDA Updates

Possible risks of pain medicine use during pregnancy - The FDA is aware of and understands the concerns arising from recent reports questioning the safety of prescription and over-the-counter (OTC) pain medicines when used during pregnancy. As a result, the FDA reviewed studies on the potential risks associated with the following medications during pregnancy: prescription non-steroidal anti-inflammatory drugs (NSAIDs) and the risk of miscarriage in the first half of pregnancy; opioids and the risk of birth defects of the brain, spine, or spinal cord in babies born to women who took these products during the first trimester of pregnancy; and acetaminophen and the risk of attention deficit hyperactivity disorder (ADHD) in children born to women who took this medicine at any time during pregnancy. FDA found all of the reviewed studies to have potential limitations in their designs; sometimes the accumulated studies on a topic contained conflicting results that prevented reliable conclusions from being drawn. As a result, FDA's recommendations on how pain medicines are used during pregnancy will remain the same at this time. It is important to carefully weigh the benefits and risks of using prescription and OTC pain medicines during pregnancy. Pregnant women should always consult with their health care professional before taking any prescription or OTC medicine. Women taking pain medicines who are considering becoming pregnant should also consult with their health care professionals to discuss the risks and benefits of pain medicine use. Health care professionals should continue to follow the recommendations in the drug labels when prescribing pain medicines to pregnant patients. See the FDA notice with additional information at: http://www.fda.gov/Drugs/DrugSafety/ucm429117.htm?source=govdelivery&utm_medium=email&utm_source=govdelivery

Outgoing Member of the DUR Commission



Gregory Barclay, M.D. recently completed a four year term of service with the Iowa Drug Utilization Review Commission. The Commission and the Department of Human Services would like to thank Dr. Barclay for his four years of service to the Commission and the members of Iowa Medicaid.

Medicaid Statistics for Prescription Claims

from October 1, 2014 to December 31, 2014*

Number of claims paid: 1,620,655

Average amount paid per claim: \$62.71

Total dollars paid: \$101,638,082

Average amount paid per claim, brand: \$290.41

Percent generic prescriptions: 84%

Average Amount paid per claim, generic: \$19.90

Top Drugs by Number of Prescriptions	Top Drugs by Dollars Spent	Top Therapeutic Class by Dollars Spent
Hydrocodone/APAP 5-325mg \$14.80/RX	<i>Lantus</i> Injection 100/ml \$2,346,452 \$363.68/RX	Antipsychotics – Atypicals \$8.7 million
Ventolin HFA \$54.45/RX	<i>Abilify</i> 20mg \$1,585,764 \$612.74/RX	Anticonvulsants \$5.6 million
Tramadol 50mg \$11.52/RX	<i>Cymbalta</i> 60mg \$1,571,985 \$258.25/RX	Stimulants – Amphetamines – Long Acting \$5.1 million
Loratadine 10mg \$8.80/RX	<i>Ventolin HFA</i> \$1,389,041 \$54.45/RX	Antidepressants – Selected SSRIs \$4.6 million
Azithromycin 250mg \$14.43/RX	Methylphenidate ER 36mg \$1,311,587 \$199.82/RX	Diabetic – Insulin \$4.6 million

*All dollars reported are pre-rebate

Appendix J

Web Site

DUR Information

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Mental Health Advisory Group

- >> [Advisory Group Meeting Information](#)
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Contact

- >> [DUR Commission](#)

Iowa Medicaid Drug Utilization Review Commission

Public Comment Policy

Individuals attending meetings of the DUR Commission shall have an opportunity to address the Commission. This opportunity will be granted twice during the open portion of the meeting. In order to accommodate all interested parties, all speakers are requested to limit their comments to 5 minutes or less. If you represent a drug manufacturer as an employee, as a contractor, as a member of the manufacturer's Speaker Bureau, or by any other means, we expect you to cover your individual product or entire product line in that five-minute time frame. Speakers who represent multiple manufacturers will share their 5 minutes with the other manufacturer representative(s) whose product they are speaking on. Multiple representatives from a single organization will also be required to share the 5 minutes.

Data that is to be referenced during the Public Comment period(s) should be limited to published, peer reviewed literature only. "Data on file" and "articles submitted for review" are not considered published, peer reviewed literature and should not be referenced during public testimony.

All referenced data that is to be presented should be submitted to the DUR professional staff electronically to info@iadur.org **AT LEAST ONE WEEK PRIOR TO THE MEETING DATE** for consideration and distribution to the Commission members. **The deadline is 4:30 P.M. CT Wednesday, before the scheduled meeting date.** Anything submitted to the DUR professional staff after this deadline will be distributed to the Commission members for the next scheduled DUR meeting.

Submit written comments to info@iadur.org

Appendix K

Prevalence Reports



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Bi-Monthly Statistics

	May/June 2014	July/August 2014	% CHANGE
TOTAL PAID AMOUNT	\$51,563,948	\$54,971,588	6.6%
UNIQUE USERS	180,122	183,702	2.0%
COST PER USER	\$286.27	\$299.24	4.5%
TOTAL PRESCRIPTIONS	874,032	908,943	4.0%
AVERAGE PRESCRIPTIONS PER USER	4.85	4.95	2.0%
AVERAGE COST PER PRESCRIPTION	\$59.00	\$60.48	2.5%
# GENERIC PRESCRIPTIONS	732,795	760,002	3.7%
% GENERIC	83.8%	83.6%	-0.3%
\$ GENERIC	\$13,469,535	\$13,905,235	3.2%
AVERAGE GENERIC PRESCRIPTION COST	\$18.38	\$18.30	-0.4%
AVERAGE GENERIC DAYS SUPPLY	23	23	0.0%
# BRAND PRESCRIPTIONS	137,826	145,239	3.7%
% BRAND	15.8%	16.0%	-0.3%
\$ BRAND	\$37,896,610	\$40,838,291	3.2%
AVERAGE BRAND PRESCRIPTION COST	\$274.96	\$281.18	-0.4%
AVERAGE BRAND DAYS SUPPLY	26	26	0.0%



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UTILIZATION BY AGE		
AGE	May/June 2014	July/August 2014
0-6	31,405	30,511
7-12	25,904	26,125
13-18	22,385	23,132
19-64	90,618	94,175
65+	9,810	9,759
	180,122	183,702

UTILIZATION BY GENDER AND AGE			
GENDER	AGE	May/June 2014	July/August 2014
F	0-6	14,818	14,269
	7-12	11,054	11,454
	13-18	11,668	12,152
	19-64	58,387	60,545
	65+	7,024	6,987
		102,951	105,407
	M	0-6	16,587
7-12		14,850	14,671
13-18		10,717	10,980
19-64		32,231	33,630
65+		2,786	2,772
		77,171	78,295



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**TOP 100 PHARMACIES BY PRESCRIPTION COUNT
July/August 2014**

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
1	BROADLAWNS MEDICAL CENTER	DES MOINES	IA	19,308	\$372,472.50	\$19.29	1
2	WALGREEN #05239	DAVENPORT	IA	11,151	\$594,581.97	\$53.32	2
3	WALGREEN #05721	DES MOINES	IA	9,066	\$501,626.17	\$55.33	5
4	WALGREEN #04405	COUNCIL BLUFFS	IA	8,941	\$483,743.61	\$54.10	4
5	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	8,843	\$422,794.64	\$47.81	3
6	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	7,270	\$326,317.76	\$44.89	6
7	MARTIN HEALTH SERVICES INC	DENVER	IA	6,759	\$199,022.52	\$29.45	7
8	WALGREEN #359	DES MOINES	IA	6,468	\$325,274.53	\$50.29	8
9	MERCY FAMILY PHARMACY	DUBUQUE	IA	6,253	\$372,071.02	\$59.50	12
10	WALGREEN #05362	DES MOINES	IA	6,226	\$291,112.80	\$46.76	13
11	WALGREEN COMPANY 07455	WATERLOO	IA	6,201	\$301,230.48	\$48.58	10
12	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	6,022	\$309,435.52	\$51.38	11
13	WALGREEN CO.#3700	COUNCIL BLUFFS	IA	5,936	\$309,629.22	\$52.16	9
14	SIOUXLAND COMM HEALTH CTR PHARMA	SIOUX CITY	IA	5,872	\$108,228.05	\$18.43	16
15	WALGREENS #07453	DES MOINES	IA	5,850	\$306,837.13	\$52.45	14
16	WALGREEN #910	SIOUX CITY	IA	5,644	\$291,698.55	\$51.68	15
17	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	5,155	\$209,455.27	\$40.63	17
18	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	5,041	\$247,574.11	\$49.11	19
19	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	4,915	\$290,805.17	\$59.17	18
20	WALGREEN COMPANY 05777	DES MOINES	IA	4,790	\$243,801.22	\$50.90	21
21	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	4,789	\$212,950.76	\$44.47	22
22	WALGREEN #04041	DAVENPORT	IA	4,601	\$229,106.31	\$49.79	24
23	WALGREEN #05852	DES MOINES	IA	4,556	\$245,024.78	\$53.78	20
24	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	4,544	\$235,554.93	\$51.84	23
25	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	4,430	\$220,944.00	\$49.87	25



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TOP 100 PHARMACIES BY PRESCRIPTION COUNT
July/August 2014

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
26	RASHID PHARMACY PLC	FORT MADISON	IA	4,340	\$231,140.06	\$53.26	28
27	WALGREEN #11709	DAVENPORT	IA	4,301	\$236,533.80	\$55.00	27
28	DANIEL PHARMACY INC	FORT DODGE	IA	4,217	\$206,787.97	\$49.04	26
29	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	4,031	\$300,481.40	\$74.54	29
30	PHARMACY MATTERS LTC	IOWA CITY	IA	3,958	\$162,869.40	\$41.15	30
31	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	3,876	\$210,804.41	\$54.39	32
32	SOUTH SIDE DRUG INCOPORATED	OTTUMWA	IA	3,866	\$199,934.62	\$51.72	35
33	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	3,851	\$192,514.30	\$49.99	33
34	MAHASKA DRUG INC	OSKALOOSA	IA	3,695	\$201,506.99	\$54.54	38
35	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	3,616	\$181,157.44	\$50.10	34
36	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	3,559	\$217,949.15	\$61.24	39
37	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	3,545	\$206,245.80	\$58.18	41
38	MEDICAP PHARMACY	INDIANOLA	IA	3,536	\$174,200.73	\$49.26	40
39	WALGREEN #7452	DES MOINES	IA	3,465	\$176,280.22	\$50.87	36
40	WALGREEN #03595	DAVENPORT	IA	3,456	\$185,251.53	\$53.60	37
41	IOWA CVS PHARMACY LLC DBA	WATERLOO	IA	3,438	\$151,584.84	\$44.09	42
42	WALGREEN #05044	BURLINGTON	IA	3,398	\$167,241.91	\$49.22	45
43	STERLING LTC PHARMACY #31	ANKENY	IA	3,346	\$208,339.07	\$62.27	31
44	WAL-MART PHARMACY #10-1496	WATERLOO	IA	3,307	\$129,348.56	\$39.11	50
45	WALGREENS #05119	CLINTON	IA	3,295	\$171,823.13	\$52.15	44
46	A AVENUE PHARMACY	CEDAR RAPIDS	IA	3,256	\$264,176.59	\$81.14	43
47	WAL-MART PHARMACY #10-5115	DAVENPORT	IA	3,202	\$124,243.53	\$38.80	48
48	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	3,188	\$174,331.80	\$54.68	51
49	WALGREENS #10855	WATERLOO	IA	3,176	\$169,184.98	\$53.27	46
50	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	3,158	\$175,668.57	\$55.63	47
51	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	3,080	\$143,049.07	\$46.44	49



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TOP 100 PHARMACIES BY PRESCRIPTION COUNT
July/August 2014

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
52	WALGREEN #05886	KEOKUK	IA	3,045	\$148,165.33	\$48.66	55
53	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	3,037	\$179,997.63	\$59.27	52
54	WALGREENS #11942	DUBUQUE	IA	3,029	\$167,917.37	\$55.44	58
55	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,022	\$172,560.51	\$57.10	53
56	THOMPSON-DEAN DRUG	SIOUX CITY	IA	3,011	\$217,526.19	\$72.24	63
57	HY VEE PHARMACY #1449	NEWTON	IA	2,995	\$154,273.53	\$51.51	54
58	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	2,869	\$137,763.86	\$48.02	56
59	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	2,866	\$154,872.29	\$54.04	59
60	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,847	\$154,618.68	\$54.31	61
61	WAL-MART PHARMACY 10-2889	CLINTON	IA	2,760	\$143,181.57	\$51.88	60
62	WALGREENS 07968	DES MOINES	IA	2,714	\$164,686.44	\$60.68	62
63	HY-VEE PHARMACY (1075)	CLINTON	IA	2,707	\$157,034.30	\$58.01	67
64	WALGREEN #4714	DES MOINES	IA	2,701	\$127,604.71	\$47.24	68
65	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	2,693	\$128,181.85	\$47.60	66
66	RASHID LONG TERM CARE PHARMACY	FORT MADISON	IA	2,669	\$80,995.12	\$30.35	173
67	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	2,628	\$134,389.09	\$51.14	57
68	HY-VEE DRUGSTORE # 7035	FT DODGE	IA	2,613	\$126,333.31	\$48.35	64
69	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	2,604	\$124,237.64	\$47.71	65
70	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,603	\$166,239.06	\$63.86	71
71	WAL-MART PHARMACY #10-0985	FAIRFIELD	IA	2,601	\$109,355.62	\$42.04	73
72	HY-VEE PHARMACY (1875)	WEBSTER CITY	IA	2,591	\$118,259.40	\$45.64	69
73	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	2,587	\$152,655.81	\$59.01	77
74	WAL-MART PHARMACY #10-1393	OSKALOOSA	IA	2,553	\$118,009.16	\$46.22	83
75	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,553	\$123,152.90	\$48.24	72
76	HY-VEE PHARMACY 1504	OTTUMWA	IA	2,543	\$151,270.35	\$59.48	70
77	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	2,511	\$123,268.07	\$49.09	76



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TOP 100 PHARMACIES BY PRESCRIPTION COUNT
July/August 2014

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
78	WAL-MART PHARMACY #10-1965	COUNCIL BLUFFS	IA	2,484	\$103,807.93	\$41.79	89
79	WALGREEN #09708	DUBUQUE	IA	2,464	\$115,722.52	\$46.97	87
80	LA GRANGE PHARMACY INC	VINTON	IA	2,443	\$139,362.22	\$57.05	75
81	WALGREEN #05942	NEWTON	IA	2,435	\$111,389.04	\$45.74	96
82	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	2,430	\$139,346.36	\$57.34	90
83	HY-VEE PHARMACY (1353)	KNOXVILLE	IA	2,399	\$111,952.79	\$46.67	92
84	HY-VEE PHARMACY 1071	CLARINDA	IA	2,396	\$129,938.41	\$54.23	84
85	WAL-MART PHARMACY #10-0646	ANAMOSA	IA	2,395	\$102,411.31	\$42.76	80
86	HY-VEE PHARMACY (1522)	PERRY	IA	2,387	\$104,010.25	\$43.57	74
87	WALGREEN #05077	IOWA CITY	IA	2,386	\$133,763.46	\$56.06	98
88	WALGREENS #03876	MARION	IA	2,378	\$124,748.68	\$52.46	94
89	WAGNER PHARMACY	CLINTON	IA	2,375	\$168,096.61	\$70.78	79
90	SCOTT PHARMACY	FAYETTE	IA	2,358	\$113,687.82	\$48.21	97
91	HY-VEE PHARMACY (1009) DBA	ALBIA	IA	2,339	\$117,609.24	\$50.28	91
92	HY-VEE FOOD STORE	WATERLOO	IA	2,338	\$162,570.23	\$69.53	81
93	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,335	\$108,173.84	\$46.33	103
94	HY-VEE PHARMACY (1065)	CHARITON	IA	2,306	\$138,300.82	\$59.97	102
95	WAL-MART PHARMACY 10-0784	MT PLEASANT	IA	2,285	\$135,667.95	\$59.37	85
96	WALGREENS #09476	BURLINGTON	IA	2,280	\$108,922.95	\$47.77	93
97	MAIN HEALTHCARE SERVICES	BETTENDORF	IA	2,260	\$70,722.31	\$31.29	99
98	STANGEL PHARMACY	ONAWA	IA	2,258	\$132,256.69	\$58.57	100
99	PHARMERICA MIDWEST INC DBA	URBANDALE	IA	2,246	\$88,833.79	\$39.55	86
100	HY-VEE DRUGSTORE #7031	DES MOINES	IA	2,243	\$142,632.58	\$63.59	88



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**TOP 100 PHARMACIES BY PAID AMOUNT
July/August 2014**

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	NUCARA PHARMACY #27	PLEASANT HILL	IA	2,100	\$1,063,797.77	\$2,659.49	1
2	ARJ INFUSION SERVICES INC	LENEXA	KS	23	\$925,410.35	\$185,082.07	2
3	CAREMARK KANSAS SPEC PHARMACY LL	LENEXA	KS	170	\$631,877.84	\$6,722.10	6
4	WALGREEN #05239	DAVENPORT	IA	11,151	\$594,581.97	\$191.62	5
5	ACCREDITO HEALTH GROUP INC	NASHVILLE	TN	17	\$503,909.06	\$62,988.63	4
6	WALGREEN #05721	DES MOINES	IA	9,066	\$501,626.17	\$185.44	7
7	WALGREEN #04405	COUNCIL BLUFFS	IA	8,941	\$483,743.61	\$202.66	8
8	ACCREDITO HEALTH GROUP INC	MEMPHIS	TN	68	\$427,754.03	\$11,560.92	3
9	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	8,843	\$422,794.64	\$199.71	9
10	BROADLAWNS MEDICAL CENTER	DES MOINES	IA	19,308	\$372,472.50	\$140.13	10
11	MERCY FAMILY PHARMACY	DUBUQUE	IA	6,253	\$372,071.02	\$352.01	11
12	COMMUNITY HEALTHCARE SERVICES	LOMA LINDA	CA	9	\$345,686.52	\$172,843.26	78
13	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	7,270	\$326,317.76	\$200.07	16
14	WALGREEN #359	DES MOINES	IA	6,468	\$325,274.53	\$160.95	12
15	WALGREEN CO.#3700	COUNCIL BLUFFS	IA	5,936	\$309,629.22	\$179.50	13
16	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	6,022	\$309,435.52	\$169.46	17
17	WALGREENS #07453	DES MOINES	IA	5,850	\$306,837.13	\$193.47	14
18	WALGREEN COMPANY 07455	WATERLOO	IA	6,201	\$301,230.48	\$147.95	19
19	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	4,031	\$300,481.40	\$512.77	18
20	WALGREEN #910	SIOUX CITY	IA	5,644	\$291,698.55	\$160.72	21
21	WALGREEN #05362	DES MOINES	IA	6,226	\$291,112.80	\$144.26	20
22	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	4,915	\$290,805.17	\$393.51	15
23	CYSTIC FIBROSIS SERVICES INC	CENTENNIAL	CO	60	\$267,347.27	\$13,367.36	31
24	A AVENUE PHARMACY	CEDAR RAPIDS	IA	3,256	\$264,176.59	\$693.38	23
25	AMBER PHARMACY	OMAHA	NE	128	\$249,135.43	\$9,227.24	57



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**TOP 100 PHARMACIES BY PAID AMOUNT
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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
26	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	5,041	\$247,574.11	\$209.10	22
27	WALGREEN #05852	DES MOINES	IA	4,556	\$245,024.78	\$170.99	26
28	WALGREEN COMPANY 05777	DES MOINES	IA	4,790	\$243,801.22	\$193.19	33
29	WALGREEN #11709	DAVENPORT	IA	4,301	\$236,533.80	\$212.71	32
30	HY-VEE PHARMACY #4 (1060)	CEDAR RAPIDS	IA	4,544	\$235,554.93	\$233.92	25
31	RASHID PHARMACY PLC	FORT MADISON	IA	4,340	\$231,140.06	\$281.53	24
32	WALGREEN #04041	DAVENPORT	IA	4,601	\$229,106.31	\$161.12	27
33	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	4,430	\$220,944.00	\$185.20	29
34	ACCREDITO HEALTH GROUP INC	WARRENDALE	PA	44	\$219,561.08	\$14,637.41	38
35	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	3,559	\$217,949.15	\$222.40	37
36	THOMPSON-DEAN DRUG	SIOUX CITY	IA	3,011	\$217,526.19	\$358.36	36
37	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	4,789	\$212,950.76	\$184.85	35
38	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	3,876	\$210,804.41	\$281.82	40
39	DIPLOMAT SPECIALTY PHARMACY	FLINT	MI	45	\$210,544.03	\$10,025.91	49
40	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	5,155	\$209,455.27	\$205.15	43
41	HY-VEE PHARMACY SOLUTIONS	OMAHA	NE	102	\$208,678.74	\$3,420.96	30
42	STERLING LTC PHARMACY #31	ANKENY	IA	3,346	\$208,339.07	\$588.53	28
43	DANIEL PHARMACY INC	FORT DODGE	IA	4,217	\$206,787.97	\$258.16	39
44	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	3,545	\$206,245.80	\$312.97	46
45	MAHASKA DRUG INC	OSKALOOSA	IA	3,695	\$201,506.99	\$242.49	50
46	SOUTH SIDE DRUG INCORPORATED	OTTUMWA	IA	3,866	\$199,934.62	\$325.63	47
47	MARTIN HEALTH SERVICES INC	DENVER	IA	6,759	\$199,022.52	\$169.38	42
48	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	3,851	\$192,514.30	\$259.10	48
49	US BIOSERVICE CORPORATION	FRISCO	TX	33	\$188,384.09	\$12,558.94	44
50	WALGREENS SPECIALTY PHARMACY #12	ANN ARBOR	MI	51	\$186,773.80	\$7,470.95	72
51	WALGREEN #03595	DAVENPORT	IA	3,456	\$185,251.53	\$167.50	41



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**TOP 100 PHARMACIES BY PAID AMOUNT
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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
52	DOHMEN LIFE SCIENCE SERVICES LLC	CHESTERFIELD	MO	20	\$181,474.69	\$20,163.85	55
53	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	3,616	\$181,157.44	\$234.96	54
54	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	3,037	\$179,997.63	\$266.66	60
55	MEDFUSIONRX LLC	FRANKLIN	TN	55	\$176,551.45	\$5,695.21	51
56	WALGREEN #7452	DES MOINES	IA	3,465	\$176,280.22	\$150.67	52
57	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	3,158	\$175,668.57	\$267.79	53
58	WALGREENS INFUSION SERVICES	OMAHA	NE	54	\$174,685.69	\$9,704.76	363
59	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	3,188	\$174,331.80	\$234.32	59
60	MEDICAP PHARMACY	INDIANOLA	IA	3,536	\$174,200.73	\$386.25	77
61	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,022	\$172,560.51	\$303.27	58
62	WALGREENS #05119	CLINTON	IA	3,295	\$171,823.13	\$187.99	61
63	WALGREENS #10855	WATERLOO	IA	3,176	\$169,184.98	\$181.72	56
64	WAGNER PHARMACY	CLINTON	IA	2,375	\$168,096.61	\$421.29	64
65	WALGREENS #11942	DUBUQUE	IA	3,029	\$167,917.37	\$204.03	68
66	WALGREEN #05044	BURLINGTON	IA	3,398	\$167,241.91	\$157.33	65
67	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,603	\$166,239.06	\$451.74	62
68	WALGREENS 07968	DES MOINES	IA	2,714	\$164,686.44	\$191.27	73
69	PHARMACY MATTERS LTC	IOWA CITY	IA	3,958	\$162,869.40	\$464.02	70
70	HY-VEE FOOD STORE	WATERLOO	IA	2,338	\$162,570.23	\$310.25	81
71	HY-VEE PHARMACY (1075)	CLINTON	IA	2,707	\$157,034.30	\$292.97	88
72	ACARIAHEALTH PHARMACY #11 INC	HOUSTON	TX	32	\$155,555.47	\$7,777.77	34
73	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	2,866	\$154,872.29	\$260.73	67
74	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,847	\$154,618.68	\$570.55	63
75	HY VEE PHARMACY #1449	NEWTON	IA	2,995	\$154,273.53	\$228.22	79
76	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	2,587	\$152,655.81	\$276.55	74
77	IOWA CVS PHARMACY LLC DBA	WATERLOO	IA	3,438	\$151,584.84	\$176.26	66



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**TOP 100 PHARMACIES BY PAID AMOUNT
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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
78	HY-VEE PHARMACY 1504	OTTUMWA	IA	2,543	\$151,270.35	\$291.47	75
79	EXPRESS SCRIPTS SPECIALTY	ST LOUIS	MO	21	\$151,083.69	\$12,590.31	127
80	WALGREEN #05886	KEOKUK	IA	3,045	\$148,165.33	\$207.81	82
81	GREENVILLE PHARMACY INC	SIOUX CITY	IA	2,047	\$146,243.49	\$407.36	89
82	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,082	\$145,854.76	\$309.67	91
83	WAL-MART PHARMACY 10-2889	CLINTON	IA	2,760	\$143,181.57	\$216.94	103
84	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	3,080	\$143,049.07	\$222.13	45
85	HY-VEE DRUGSTORE #7031	DES MOINES	IA	2,243	\$142,632.58	\$361.10	80
86	WAL-MART PHARMACY 10-5315	LAKE MARY	FL	34	\$141,478.31	\$8,322.25	90
87	LA GRANGE PHARMACY INC	VINTON	IA	2,443	\$139,362.22	\$286.16	92
88	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	2,430	\$139,346.36	\$284.38	104
89	HY-VEE PHARMACY (1065)	CHARITON	IA	2,306	\$138,300.82	\$246.53	95
90	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	2,869	\$137,763.86	\$248.22	85
91	MEDICAP PHARMACY	MARSHALLTOWN	IA	2,031	\$136,162.37	\$244.46	105
92	L & M PHARMACY CARE	LE MARS	IA	1,345	\$135,859.14	\$1,257.96	71
93	WAL-MART PHARMACY 10-0784	MT PLEASANT	IA	2,285	\$135,667.95	\$246.22	84
94	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	2,628	\$134,389.09	\$201.79	69
95	WALGREEN #05077	IOWA CITY	IA	2,386	\$133,763.46	\$208.68	125
96	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	2,055	\$133,516.83	\$219.24	107
97	STANGEL PHARMACY	ONAWA	IA	2,258	\$132,256.69	\$321.79	83
98	PROCARE PHARMACY DIRECT LLC	MONROEVILLE	PA	30	\$130,974.73	\$8,731.65	112
99	HY-VEE PHARMACY 1071	CLARINDA	IA	2,396	\$129,938.41	\$283.09	97
100	WAL-MART PHARMACY #10-1496	WATERLOO	IA	3,307	\$129,348.56	\$139.53	94



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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	1780766659	CHESTER ROBERT BADGER	\$197,640.81	3,662	5.92	1
2	1538368170	CHRISTOPHER ROBERT MATSON	\$74,208.54	2,384	5.52	4
3	1467682351	NICOLE GILG	\$69,170.65	2,265	5.28	3
4	1063622637	HUSSAIN BANU	\$63,685.35	2,216	5.49	5
5	1841407160	RAHUL BANSAL MD	\$201,392.93	2,194	4.62	8
6	1861562555	LARRY RICHARDS	\$133,921.48	2,062	5.34	2
7	1215192224	SHALINA SHAIK	\$43,322.78	1,850	5.01	9
8	1316922545	MABRA G ABERNATHY	\$68,793.97	1,816	4.87	6
9	1164414520	KAREN FULWOOD	\$136,126.02	1,777	4.40	7
10	1649248378	KATHLEEN L WILD ARNP	\$170,695.04	1,775	3.64	15
11	1982605762	JEFFREY D WILHARM	\$131,956.33	1,771	5.15	12
12	1013115369	BOBBITA NAG	\$198,265.48	1,741	3.80	14
13	1295830115	ALAN BOLLINGER DO	\$147,205.43	1,715	6.57	10
14	1083784797	CAROL AUNAN	\$144,839.51	1,714	3.48	17
15	1043211303	ALI SAFDAR	\$114,750.57	1,680	3.68	16
16	1619153137	JODI BEST ARNP	\$160,686.60	1,643	4.99	18
17	1972758126	REBECCA BOLLIN	\$42,240.64	1,641	5.13	13
18	1245318393	JEAN TOBIN PA	\$113,409.62	1,628	4.53	26
19	1073509436	MICHAEL KARL MAHARRY MD	\$60,880.10	1,573	5.66	11
20	1467502286	CHARLES TILLEY PA	\$169,328.02	1,532	4.32	20
21	1023053972	BRYANT MUTCHLER DO	\$62,462.55	1,526	5.67	21
22	1801998372	WENDY MICHELE HANSEN-PENMAN DO	\$37,560.73	1,524	5.75	23
23	1932415403	MITZI M REGALARD	\$70,661.30	1,506	4.05	32
24	1073594768	JERROLD V FLATT DO	\$53,108.95	1,502	5.60	24
25	1245388743	TIMOTHY WAYNE SWINTON	\$52,024.80	1,496	5.62	25
26	1073667606	ELIZABETH MCCURDY DO	\$44,435.29	1,443	4.27	39



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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
27	1912991340	GHADA HAMDAN-ALLEN MD	\$127,858.05	1,358	4.18	19
28	1205015906	DAVID F WIDITZ	\$106,652.92	1,356	5.10	27
29	1477633188	CYD Q. GRAFFT	\$106,704.49	1,350	3.78	31
30	1962558957	ALBERT N OKINE PA	\$155,834.84	1,341	6.51	29
31	1730239732	SRIRAMAMURTHY RAVIPATI MD	\$104,486.71	1,312	3.68	34
32	1528144383	RAMONCITO AMURAO O'CAMPO	\$54,222.43	1,284	4.35	28
33	1043434525	ROBERT MARVIN KENT MD	\$60,799.95	1,268	4.56	45
34	1285681528	MARVIN FRANKLIN PIBURN	\$109,663.65	1,266	5.60	35
35	1255322996	MARK WILLIAM MITTAUER	\$131,285.33	1,265	5.62	37
36	1841220290	KENT ELDON KUNZE MD	\$107,667.07	1,252	4.57	33
37	1902809536	KIRAN KHANOLKAR	\$60,380.13	1,249	4.96	40
38	1225097843	WILLIAM M NISSEN	\$66,031.56	1,235	4.32	55
39	1164538674	JOSEPH M WANZEK	\$56,319.69	1,227	5.03	42
40	1033389226	ANTHONY G ZAMUDIO ARNP	\$153,044.23	1,212	3.73	53
41	1497736326	RANDY R ROBINSON	\$55,272.08	1,207	5.34	43
42	1467437806	GEORGIA LAUER PAC	\$65,939.95	1,201	4.73	36
43	1184945321	DEANNE REMER	\$64,944.17	1,198	6.37	41
44	1982766705	MALHAR GORE	\$34,981.56	1,192	4.15	22
45	1598750432	CHRISTOPHER GENE OKIISHI MD	\$75,635.29	1,152	7.84	72
46	1063491645	ALLYSON L WHEATON MD	\$115,393.68	1,140	4.35	64
47	1598962870	CHRISTY QUILLEN ARNP	\$31,532.71	1,138	4.76	75
48	1952459463	DAVID LAWRENCE YURDIN PA	\$505,828.57	1,129	4.34	48
49	1003004391	DAVID BERMAN WALKER MD	\$87,691.00	1,111	4.08	51
50	1205821337	MANMOHAN SINGH	\$58,418.45	1,107	4.77	47
51	1861559486	JOSPEH PATRICK BERTROCHE	\$117,938.03	1,084	4.30	44
52	1073500690	KATHLEEN S ADAMS	\$131,852.95	1,082	3.68	50



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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
53	1316269871	REGINA ROBISON ARNP	\$84,332.28	1,062	4.92	213
54	1205169273	TERESA ANN DOWLING	\$28,254.74	1,055	4.04	80
55	1871586271	PATRICIA BLACKLEDGE ARNP	\$45,217.03	1,054	6.27	57
56	1073945499	JENNIFER LEE ZALAZNIK ARNP	\$45,972.60	1,051	3.37	265
57	1104089390	EJIRO AGBORO-IDAHOUSA MD	\$92,675.45	1,050	5.00	49
58	1215080759	JUANITA M O'BRIEN	\$39,289.08	1,050	5.25	71
59	1306133095	DEBRA LEE ANDERSON	\$38,419.84	1,049	3.77	74
60	1033198908	DANIEL J ARNOLD	\$49,345.53	1,039	4.12	70
61	1710941000	LAURIE WARREN PA	\$98,024.92	1,036	3.92	46
62	1558348284	STEVEN G PAULSRUD	\$61,405.99	1,030	4.86	78
63	1033436480	AMBER J EDWARDS	\$64,993.81	1,024	4.39	58
64	1215146055	REBECCA J WOLFE	\$79,379.61	1,020	3.64	59
65	1841293354	KEITH GUESS PA	\$89,869.87	1,018	4.17	97
66	1013960566	PETER JOSEPH SZEIBEL	\$94,237.91	1,017	4.77	60
67	1538157383	DAVID WENGER-KELLER MD	\$48,099.35	1,011	5.08	77
68	1508946088	E RICHARD NIGHTINGALE MD	\$105,639.98	1,009	4.71	52
69	1902115652	SARAH LYNN BEATTIE ARNP	\$107,096.41	996	3.62	66
70	1144214248	KRISTIE DEE ANN WALZ MD	\$58,209.86	993	4.71	62
71	1285697722	DOUGLAS JONES	\$88,332.56	988	3.80	86
72	1275844649	KATIE M HANSON ARNP	\$71,481.45	978	3.64	167
73	1871595207	DALE M GRUNEWALD	\$39,294.95	972	6.80	179
74	1396724167	MICHAEL O'CONNER MD	\$31,556.93	970	5.00	61
75	1619186475	STEPHEN PALLONE MD	\$34,486.78	964	5.10	94
76	1326013426	PAUL DENNIS PETERSON DO	\$40,376.53	962	2.74	95
77	1669570404	CASIE RINEY PA	\$106,966.94	954	5.02	69
78	1699075929	HIEDI CHRISTINE LANE	\$70,477.43	953	4.45	76



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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
79	1346210184	JAMES BROOKS MD	\$98,068.37	951	4.95	87
80	1588629414	THOMAS EARWOOD MD	\$65,386.86	947	4.83	115
81	1356520431	KAY A MARTTILA	\$108,355.20	938	3.03	109
82	1922144088	THOMAS SCOTT HOPKINS DO	\$83,585.94	934	3.47	67
83	1629042288	MARTIN J FIALKOV MD	\$78,327.48	930	4.49	73
84	1124399522	JOYCE E PROUCH ARNP	\$76,219.68	928	4.71	89
85	1598733891	JERRY LEE WILLE MD	\$31,444.44	920	4.00	93
86	1942252895	KIMBERLY A THOMPSON	\$31,649.17	919	3.08	118
87	1730143397	MARK JOSEPH DEARDEN DO	\$27,934.51	914	5.05	1518
88	1720293087	RAJNI BATRA MD	\$38,340.61	908	3.01	54
89	1437373073	MOHSEN ABOU SEIF	\$25,321.89	908	3.97	88
90	1437238110	GENEVIEVE NELSON	\$58,078.73	906	3.65	85
91	1407953979	CECELIA M NASSIF ARNP	\$76,634.54	902	4.77	92
92	1134191018	DUSTIN R SMITH	\$52,191.69	897	4.75	103
93	1013964634	CARL A AAGESEN	\$37,735.46	892	4.44	68
94	1386638484	THOR SWANSON MD	\$64,626.57	889	5.29	83
95	1164530358	DAVID M CRAVEN	\$42,115.40	886	2.54	65
96	1083681944	MARY CHRISTINE SEGRETO	\$123,914.49	874	3.47	101
97	1104998251	JIMMY MASCARO DO	\$65,823.96	870	3.90	98
98	1912991183	MOLLY EARLEYWINE PA	\$24,593.99	869	4.02	81
99	1235281494	MICHAEL STEVEN BARGER PA	\$21,873.66	856	3.80	102
100	1306812490	MERRILEE RAMSEY ARNP	\$44,819.46	848	4.46	127



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**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
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RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
1	1013126705	JANICE M. R. STABER	\$1,680,270.59	\$26,254.23	64	1
2	1952459463	DAVID LAWRENCE YURDIN PA	\$505,828.57	\$448.03	1,129	2
3	1548247406	VILMARIE RODRIGUEZ-PADUA MD	\$345,751.69	\$21,609.48	16	17
4	1841407160	RAHUL BANSAL MD	\$201,392.93	\$91.79	2,194	5
5	1285748004	BRUCE L HUGHES MD	\$199,287.63	\$1,294.08	154	11
6	1013115369	BOBBITA NAG	\$198,265.48	\$113.88	1,741	6
7	1780766659	CHESTER ROBERT BADGER	\$197,640.81	\$53.97	3,662	7
8	1013905181	DONALD MACFARLANE MD	\$187,603.19	\$15,633.60	12	163
9	1649248378	KATHLEEN L WILD ARNP	\$170,695.04	\$96.17	1,775	18
10	1467502286	CHARLES TILLEY PA	\$169,328.02	\$110.53	1,532	13
11	1609055771	CHARUTA NARAYAN JOSHI	\$165,823.05	\$388.34	427	3
12	1083609358	JENNIFER S COOK	\$163,408.56	\$242.81	673	16
13	1619153137	JODI BEST ARNP	\$160,686.60	\$97.80	1,643	15
14	1376777524	ALLADDIN MOH ELHADI ABOSAIDA	\$156,822.15	\$514.17	305	8
15	1962558957	ALBERT N OKINE PA	\$155,834.84	\$116.21	1,341	12
16	1356337273	LISA J MENZIES	\$153,710.77	\$272.05	565	9
17	1033389226	ANTHONY G ZAMUDIO ARNP	\$153,044.23	\$126.27	1,212	26
18	1083603773	JACK T STAPLETON	\$151,192.42	\$622.19	243	19
19	1295830115	ALAN BOLLINGER DO	\$147,205.43	\$85.83	1,715	10
20	1083784797	CAROL AUNAN	\$144,839.51	\$84.50	1,714	31
21	1548256191	JUDITH A MILLER	\$143,719.76	\$3,992.22	36	23
22	1194703074	WENDY ANNE WALDMAN	\$143,635.70	\$211.85	678	25
23	1164414520	KAREN FULWOOD	\$136,126.02	\$76.60	1,777	14
24	1972638864	LIUSKA MARIA PESCE	\$135,624.22	\$479.24	283	21
25	1861562555	LARRY RICHARDS	\$133,921.48	\$64.95	2,062	4
26	1982605762	JEFFREY D WILHARM	\$131,956.33	\$74.51	1,771	43
27	1073500690	KATHLEEN S ADAMS	\$131,852.95	\$121.86	1,082	22



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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	1255322996	MARK WILLIAM MITTAUER	\$131,285.33	\$103.78	1,265	29
29	1912991340	GHADA HAMDAN-ALLEN MD	\$127,858.05	\$94.15	1,358	20
30	1083681944	MARY CHRISTINE SEGRETO	\$123,914.49	\$141.78	874	27
31	1770561946	DONALD HILLEBRAND MD	\$118,806.34	\$1,697.23	70	103
32	1861559486	JOSPEH PATRICK BERTROCHE	\$117,938.03	\$108.80	1,084	28
33	1790708451	MICHAEL M MCCUBBIN	\$117,292.64	\$342.96	342	66
34	1063491645	ALLYSON L WHEATON MD	\$115,393.68	\$101.22	1,140	41
35	1043211303	ALI SAFDAR	\$114,750.57	\$68.30	1,680	53
36	1245318393	JEAN TOBIN PA	\$113,409.62	\$69.66	1,628	49
37	1285681528	MARVIN FRANKLIN PIBURN	\$109,663.65	\$86.62	1,266	50
38	1356520431	KAY A MARTTILA	\$108,355.20	\$115.52	938	59
39	1841220290	KENT ELDON KUNZE MD	\$107,667.07	\$86.00	1,252	32
40	1902115652	SARAH LYNN BEATTIE ARNP	\$107,096.41	\$107.53	996	39
41	1669570404	CASIE RINEY PA	\$106,966.94	\$112.12	954	40
42	1477633188	CYD Q. GRAFFT	\$106,704.49	\$79.04	1,350	42
43	1205015906	DAVID F WIDITZ	\$106,652.92	\$78.65	1,356	36
44	1508946088	E RICHARD NIGHTINGALE MD	\$105,639.98	\$104.70	1,009	37
45	1730239732	SRIRAMAMURTHY RAVIPATI MD	\$104,486.71	\$79.64	1,312	47
46	1235124942	JULIE KATHRYN OSTERHAUS	\$100,050.08	\$358.60	279	44
47	1205992724	LOUISE W SMITH	\$98,144.09	\$440.11	223	33
48	1346210184	JAMES BROOKS MD	\$98,068.37	\$103.12	951	45
49	1710941000	LAURIE WARREN PA	\$98,024.92	\$94.62	1,036	30
50	1528247368	MISHELLE L PAULLUS	\$97,805.32	\$998.01	98	51
51	1245203223	MARY BETH HUTCHINSON ARNP	\$97,317.01	\$116.69	834	81
52	1013960566	PETER JOSEPH SZEIBEL	\$94,237.91	\$92.66	1,017	55
53	1104089390	EJIRO AGBORO-IDAHOUSA MD	\$92,675.45	\$88.26	1,050	58
54	1285626390	KATHLEEN GRADOVILLE	\$92,398.27	\$299.99	308	61



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**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
July/August 2014**

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
55	1578548376	DANIEL ALBERTO VAENA MD	\$91,467.12	\$1,793.47	51	71
56	1215025309	DEBORAH LYNNE GARRELTS	\$91,243.96	\$126.38	722	52
57	1841293354	KEITH GUESS PA	\$89,869.87	\$88.28	1,018	75
58	1285697722	DOUGLAS JONES	\$88,332.56	\$89.41	988	74
59	1003004391	DAVID BERMAN WALKER MD	\$87,691.00	\$78.93	1,111	62
60	1679669832	ERIN VOYLES HATCHER ARNP	\$86,224.57	\$112.42	767	73
61	1316269871	REGINA ROBISON ARNP	\$84,332.28	\$79.41	1,062	186
62	1922144088	THOMAS SCOTT HOPKINS DO	\$83,585.94	\$89.49	934	54
63	1356564371	CARLA K ABEL ZIEG ARNP	\$83,510.61	\$110.76	754	68
64	1083671309	JOHN LOUIS COLOMBO MD	\$83,099.01	\$1,204.33	69	76
65	1104034552	DEANNA BOOK BOESEN	\$82,389.86	\$109.85	750	60
66	1194817247	MARIA J STEELE ARNP	\$80,161.80	\$616.63	130	24
67	1215146055	REBECCA J WOLFE	\$79,379.61	\$77.82	1,020	64
68	1629042288	MARTIN J FIALKOV MD	\$78,327.48	\$84.22	930	86
69	1326045808	RAY C STURDEVANT MD	\$78,197.54	\$92.43	846	67
70	1366435125	DANIEL EDWARD WESEMANN ARNP	\$77,443.53	\$111.91	692	77
71	1609867688	DAVID B MOORE, M.D.	\$77,156.58	\$322.83	239	72
72	1487908380	LISA ANN BECHTEL ARNP	\$77,152.99	\$95.60	807	70
73	1407953979	CECELIA M NASSIF ARNP	\$76,634.54	\$84.96	902	92
74	1124399522	JOYCE E PROUCH ARNP	\$76,219.68	\$82.13	928	105
75	1447242359	DANIEL M SLEITER ARNP	\$76,140.32	\$475.88	160	57
76	1215125216	REBECCA WALDING	\$75,818.00	\$102.87	737	78
77	1619963949	EVA TSALIKIAN	\$75,805.88	\$476.77	159	38
78	1598750432	CHRISTOPHER GENE OKIISHI MD	\$75,635.29	\$65.66	1,152	112
79	1134171937	KATHRYN LEE FLANDERS ARNP	\$74,313.79	\$816.64	91	146
80	1538368170	CHRISTOPHER ROBERT MATSON	\$74,208.54	\$31.13	2,384	82
81	1790922441	MARIA CONSUELO LOZANO-CELIS	\$73,990.17	\$102.48	722	104



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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
July/August 2014

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
82	1699767525	EZZATOLLAH SHIVAPOUR, M.D.	\$73,644.98	\$1,841.12	40	69
83	1053361972	MATTHEW LARRY HILL DO	\$73,074.66	\$902.16	81	115
84	1184722910	LAURA VANCLEVE DO	\$71,868.14	\$142.03	506	111
85	1972812097	MICHELLE L SCHNACK	\$71,821.58	\$86.43	831	126
86	1780793976	MATTHEW D EGGERS MD	\$71,720.82	\$100.03	717	90
87	1275844649	KATIE M HANSON ARNP	\$71,481.45	\$73.09	978	202
88	1750376034	DUANGCHAI NARAWONG MD	\$71,407.39	\$118.81	601	46
89	1245436765	RENE M DUREGGER MD	\$70,842.66	\$99.64	711	84
90	1932415403	MITZI M REGALARD	\$70,661.30	\$46.92	1,506	130
91	1891788485	JOYCE VISTA WAYNE MD	\$70,493.62	\$88.56	796	79
92	1699075929	HIEDI CHRISTINE LANE	\$70,477.43	\$73.95	953	83
93	1891705968	ANITA HANDEVIDT ARNP	\$70,476.23	\$87.66	804	80
94	1821084468	MARY WAGNER NIXON	\$70,267.30	\$108.10	650	95
95	1467682351	NICOLE GILG	\$69,170.65	\$30.54	2,265	63
96	1316922545	MABRA G ABERNATHY	\$68,793.97	\$37.88	1,816	93
97	1477765584	SANGEETA SHAH MD	\$68,784.35	\$198.23	347	98
98	1710972591	ELIZABETH L DOWD	\$67,802.71	\$517.58	131	89
99	1255662276	PATEL R REDDY	\$67,376.40	\$94.36	714	117
100	1639423544	PAMELA S BROWN ARNP	\$66,689.88	\$90.86	734	88



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TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

CATEGORY DESCRIPTION	May/June 2014	RANK	% BUDGET	July/August 2014	RANK	% BUDGET	% CHANGE
ANTIPSYCHOTICS - ATYPICALS	\$4,842,778	1	9.4%	\$5,127,183	1	9.3%	5.9%
STIMULANTS - AMPHETAMINES - LONG ACTING	\$3,007,418	2	5.8%	\$3,042,126	2	5.5%	1.2%
ANTICONVULSANTS	\$2,752,176	3	5.3%	\$2,947,512	3	5.4%	7.1%
DIABETIC - INSULIN	\$2,166,218	5	4.2%	\$2,488,336	4	4.5%	14.9%
ANTIDEPRESSANTS - SELECTED SSRI's	\$2,210,817	4	4.3%	\$2,365,779	5	4.3%	7.0%
ANTIHEMOPHILIC AGENTS	\$1,776,489	7	3.4%	\$2,261,885	6	4.1%	27.3%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	\$1,935,113	6	3.8%	\$2,004,108	7	3.6%	3.6%
ANTIASTHMATIC - ADRENERGIC COMBOS	\$1,653,807	8	3.2%	\$1,748,496	8	3.2%	5.7%
STIMULANTS - METHYLPHENIDATE	\$1,403,825	9	2.7%	\$1,411,339	9	2.6%	0.5%
ANTIASTHMATIC - BETA - ADRENERGICS	\$1,093,960	10	2.1%	\$1,250,838	10	2.3%	14.3%
BIOLOGIC IMMUNOMODULATORS	\$1,076,768	11	2.1%	\$1,219,970	11	2.2%	13.3%
MULTIPLE SCLEROSIS AGENTS	\$1,018,801	12	2.0%	\$1,164,352	12	2.1%	14.3%
STIMULANTS - OTHER STIMULANTS / LIKE STIMULANTS	\$994,527	13	1.9%	\$1,114,065	13	2.0%	12.0%
DIABETIC - INSULIN PENFILLS	\$909,373	16	1.8%	\$1,091,527	14	2.0%	20.0%
STIMULANTS - AMPHETAMINES - SHORT ACTING	\$963,789	14	1.9%	\$1,062,985	15	1.9%	10.3%
ANTIRETROVIRALS	\$957,343	15	1.9%	\$1,034,220	16	1.9%	8.0%
ANTIASTHMATIC - STEROID INHALANTS	\$880,576	18	1.7%	\$903,782	17	1.6%	2.6%
NARCOTICS - MISC.	\$881,202	17	1.7%	\$864,424	18	1.6%	-1.9%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	\$770,967	19	1.5%	\$824,317	19	1.5%	6.9%
ANTIASTHMATIC - ANTI-CHOLINERGICS	\$708,570	20	1.4%	\$732,713	20	1.3%	3.4%



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TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

CATEGORY DESCRIPTION	May/June 2014	PREV RANK	July/August 2014	CURR RANK	PERC CHANGE
ANTIDEPRESSANTS - SELECTED SSRI's	79,914	1	83,750	1	4.8%
ANTICONVULSANTS	42,604	2	44,847	2	5.3%
NARCOTICS - MISC.	40,599	3	42,438	3	4.5%
ANTIPSYCHOTICS - ATYPICALS	29,218	4	30,285	4	3.7%
ANALGESICS - MISC.	26,798	5	27,014	5	0.8%
ANTIASTHMATIC - BETA - ADRENERGICS	24,326	7	26,926	6	10.7%
ANTIHISTAMINES - NON-SEDATING	26,432	6	25,718	7	-2.7%
BETA-LACTAMS / CLAVULANATE COMBO'S	24,079	8	22,258	8	-7.6%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	20,292	9	21,549	9	6.2%
GI - PROTON PUMP INHIBITOR	19,226	10	20,880	10	8.6%
ANXIOLYTICS - BENZODIAZEPINES	19,108	11	20,023	11	4.8%
NSAIDS	17,642	12	18,192	12	3.1%
ACE INHIBITORS	17,221	13	18,027	13	4.7%
ANTIHYPERTENSIVES - CENTRAL	16,907	14	17,492	14	3.5%
DIURETICS	15,832	15	16,496	15	4.2%
STIMULANTS - AMPHETAMINES - LONG ACTING	15,123	16	15,254	16	0.9%
MUSCLE RELAXANTS	13,946	17	14,658	17	5.1%
GLUCOCORTICOIDS - MINERALOCORTICOIDS	13,688	18	14,531	18	6.2%
THYROID HORMONES	13,047	20	13,781	19	5.6%
NARCOTICS - SELECTED	13,185	19	13,628	20	3.4%



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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	May/June 2014	PREVIOUS RANK	July/August 2014	RANK	PERCENT CHANGE
ABILIFY	\$2,489,201.42	1	\$2,540,658.80	1	2.07%
VYVANSE	\$2,265,268.73	2	\$2,280,790.67	2	0.69%
METHYLPHENIDATE HCL ER	\$1,631,809.26	3	\$1,684,966.95	3	3.26%
LANTUS	\$1,118,522.75	5	\$1,300,276.78	4	16.25%
ADVATE	\$1,223,051.68	4	\$1,235,174.73	5	0.99%
CYMBALTA	\$1,057,487.01	7	\$1,160,305.36	6	9.72%
FOCALIN XR	\$1,070,807.97	6	\$1,094,303.88	7	2.19%
ADDERALL	\$903,250.22	8	\$1,007,983.38	8	11.60%
ADVAIR DISKUS	\$783,267.92	9	\$831,356.22	9	6.14%
STRATTERA	\$676,126.23	10	\$772,707.35	10	14.28%
VENTOLIN HFA	\$655,766.31	11	\$763,108.59	11	16.37%
SPIRIVA HANDIHALER	\$646,039.45	12	\$671,280.98	12	3.91%
ADDERALL XR	\$628,848.99	13	\$656,952.65	13	4.47%
DEPAKOTE ER	\$566,753.38	14	\$615,011.50	14	8.51%
LATUDA	\$515,803.48	15	\$581,421.56	15	12.72%
NOVOLOG	\$461,967.59	17	\$529,774.11	16	14.68%
INVEGA SUSTENNA	\$422,992.87	19	\$514,146.34	17	21.55%
HYDROCODONE/ACETAMINOPHEN	\$464,450.03	16	\$473,723.10	18	2.00%
CRESTOR	\$416,231.96	20	\$459,500.02	19	10.40%
ATRIPLA	\$409,757.28	21	\$446,416.42	20	8.95%
SYMBICORT	\$429,546.38	18	\$446,413.20	21	3.93%
HUMALOG	\$392,084.46	22	\$437,283.60	22	11.53%
HUMIRA PEN	\$337,373.98	24	\$415,881.45	23	23.27%
NOVOSEVEN RT	\$289,376.56	30	\$399,121.32	24	37.92%
LOVENOX	\$341,886.07	23	\$375,534.77	25	9.84%
COPAXONE	\$312,332.49	25	\$340,292.26	26	8.95%
DEXILANT	\$300,320.32	27	\$322,967.27	27	7.54%



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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	May/June 2014	PREVIOUS RANK	July/August 2014	RANK	PERCENT CHANGE
PROVENTIL HFA	\$282,192.66	32	\$320,781.60	28	13.67%
LANTUS SOLOSTAR	\$290,268.46	29	\$320,183.74	29	10.31%
TRICOR	\$295,311.61	28	\$317,721.66	30	7.59%
QVAR	\$287,292.13	31	\$305,256.68	31	6.25%
LEVEMIR	\$220,986.10	43	\$303,165.08	32	37.19%
RISPERDAL CONSTA	\$270,714.74	33	\$301,585.64	33	11.40%
GENOTROPIN	\$300,469.34	26	\$295,688.38	34	-1.59%
LYRICA	\$227,948.26	42	\$290,524.87	35	27.45%
NASONEX	\$267,315.04	34	\$272,617.14	36	1.98%
NOVOLOG FLEXPEN	\$230,332.55	40	\$266,203.17	37	15.57%
TRUVADA	\$248,209.51	37	\$262,018.99	38	5.56%
EPIPEN 2-PAK	\$202,060.08	49	\$257,407.67	39	27.39%
TECFIDERA	\$206,989.04	48	\$254,071.36	40	22.75%
INVEGA	\$216,398.67	46	\$241,581.06	41	11.64%
PULMICORT	\$258,833.92	35	\$235,577.01	42	-8.99%
RECOMBINATE	\$60,069.68	177	\$231,972.62	43	286.17%
MONTELUKAST SODIUM	\$237,453.84	39	\$229,213.47	44	-3.47%
ENBREL	\$141,188.56	71	\$224,018.80	45	58.67%
AZITHROMYCIN	\$209,310.18	47	\$223,728.71	46	6.89%
ENBREL SURECLICK	\$229,433.44	41	\$220,031.55	47	-4.10%
FLOVENT HFA	\$201,630.88	50	\$214,706.78	48	6.49%
HUMIRA	\$162,738.61	62	\$207,094.61	49	27.26%
OMEPRAZOLE	\$216,844.83	45	\$206,808.54	50	-4.63%
KALYDECO	\$179,338.84	54	\$204,948.96	51	14.28%
VIMPAT	\$186,234.23	52	\$200,070.10	52	7.43%
LEVOTHYROXINE SODIUM	\$170,334.28	58	\$195,403.88	53	14.72%
EXJADE	\$147,260.40	67	\$195,274.93	54	32.61%



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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	May/June 2014	PREVIOUS RANK	July/August 2014	RANK	PERCENT CHANGE
COMBIVENT RESPIMAT	\$173,285.47	56	\$189,492.42	55	9.35%
SOVALDI	\$198,220.09	51	\$187,241.84	56	-5.54%
HELIXATE FS	\$46,621.92	210	\$186,178.84	57	299.34%
GABAPENTIN	\$179,687.72	53	\$181,995.75	58	1.28%
CEFDINIR	\$220,054.03	44	\$181,349.89	59	-17.59%
EPIPEN-JR 2-PAK	\$88,981.76	124	\$173,625.30	60	95.12%
VESICARE	\$167,603.35	59	\$171,939.27	61	2.59%
GLEEVEC	\$145,702.91	69	\$171,464.30	62	17.68%
OPANA ER (CRUSH RESISTANT	\$162,043.18	63	\$169,906.94	63	4.85%
PROVIGIL	\$162,971.81	61	\$168,405.73	64	3.33%
INDERAL LA	\$239,636.57	38	\$162,566.08	65	-32.16%
XIFAXAN	\$139,254.84	72	\$159,940.10	66	14.85%
AMOXICILLIN	\$171,257.01	57	\$158,503.55	67	-7.45%
PULMOZYME	\$175,908.24	55	\$158,381.79	68	-9.96%
ZIPRASIDONE HCL	\$165,235.88	60	\$157,104.71	69	-4.92%
SEROQUEL XR	\$149,825.84	65	\$157,000.01	70	4.79%
QUETIAPINE FUMARATE	\$148,936.99	66	\$152,766.92	71	2.57%
RISPERIDONE	\$159,281.31	64	\$151,476.78	72	-4.90%
XYREM	\$106,714.44	97	\$151,083.69	73	41.58%
METHYLPHENIDATE HCL	\$124,851.87	77	\$150,647.26	74	20.66%
TOPROL XL	\$135,280.57	73	\$146,085.18	75	7.99%
TRAMADOL HCL	\$142,455.17	70	\$144,467.37	76	1.41%
INTUNIV	\$129,173.85	75	\$144,047.48	77	11.51%
CREON	\$90,673.34	121	\$128,861.14	78	42.12%
LISINAPRIL	\$123,270.30	80	\$128,221.64	79	4.02%
NORDITROPIN FLEXPRO	\$107,793.22	95	\$128,213.17	80	18.94%
BUPROPION HCL XL	\$125,616.98	76	\$127,065.09	81	1.15%



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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	May/June 2014	PREVIOUS RANK	July/August 2014	RANK	PERCENT CHANGE
SERTRALINE HCL	\$121,902.30	82	\$126,228.14	82	3.55%
BANZEL	\$113,831.94	86	\$124,986.91	83	9.80%
SAPHRIS	\$116,079.90	83	\$124,804.96	84	7.52%
NAGLAZYME	\$124,528.48	78	\$124,528.48	85	0.00%
GILENYA	\$111,063.06	90	\$124,003.58	86	11.65%
DULERA	\$112,361.78	88	\$123,891.38	87	10.26%
COMPLERA	\$107,813.66	94	\$122,897.14	88	13.99%
ESCITALOPRAM OXALATE	\$115,303.26	84	\$121,698.79	89	5.55%
TOBI	\$146,486.67	68	\$119,667.08	90	-18.31%
CEPHALEXIN	\$103,111.37	103	\$117,405.13	91	13.86%
RANITIDINE HCL	\$113,254.56	87	\$117,200.72	92	3.48%
ISENTRESS	\$109,875.65	91	\$116,803.08	93	6.30%
JANUVIA	\$95,246.10	114	\$116,668.52	94	22.49%
ANAFRANIL	\$122,300.96	81	\$115,664.05	95	-5.43%
AMOXICILLIN/CLAVULANATE P	\$131,831.34	74	\$115,435.34	96	-12.44%
ALPRAZOLAM	\$109,642.44	92	\$114,344.60	97	4.29%
PROLASTIN-C	\$97,524.32	110	\$113,646.72	98	16.53%
ADVAIR HFA	\$106,489.58	99	\$113,038.18	99	6.15%
FEIBA NF	\$81,365.96	140	\$113,030.00	100	38.92%



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TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	May/June 2014	PREVIOUS RANK	July/August 2014	RANK	PERCENT CHANGE
HYDROCO/APAP TAB 5-325MG	19,185	1	20,316	1	5.90%
VENTOLIN HFA AER	12,327	3	14,183	2	15.06%
TRAMADOL HCL TAB 50MG	13,165	2	13,607	3	3.36%
Loratadine Tab 10 MG	11,954	4	11,937	4	-0.14%
Cetirizine HCl Tab 10 MG	8,248	5	8,583	5	4.06%
ESCITALOPRAM TAB 20MG	8,171	6	8,399	6	2.79%
OMEPRAZOLE CAP 20MG	7,562	8	8,253	7	9.14%
FLUOXETINE CAP 20MG	7,840	7	8,201	8	4.60%
CYCLOBENZAPR TAB 10MG	7,456	10	7,957	9	6.72%
GABAPENTIN CAP 300MG	7,512	9	7,902	10	5.19%
RANITIDINE TAB 150MG	7,163	11	7,183	11	0.28%
CLONIDINE TAB 0.1MG	6,499	13	6,717	12	3.35%
Aspirin Tab Delayed Release 81 MG	6,392	15	6,688	13	4.63%
OMEPRAZOLE CAP 40MG	5,978	18	6,480	14	8.40%
ALBUTEROL NEB 0.083%	6,155	17	6,439	15	4.61%
Acetaminophen Tab 325 MG	6,483	14	6,364	16	-1.84%
FLUTICASONE SPR 50MCG	6,246	16	6,153	17	-1.49%
AMOXICILLIN SUS 400/5ML	7,050	12	6,145	18	-12.84%
IBUPROFEN TAB 800MG	5,727	21	6,081	19	6.18%
SERTRALINE TAB 100MG	5,797	20	6,066	20	4.64%
GUANFACINE TAB 1MG	5,827	19	6,028	21	3.45%
MONTELUKAST TAB 10MG	5,545	23	5,867	22	5.81%
Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)	5,635	22	5,793	23	2.80%
AZITHROMYCIN TAB 250MG	5,274	25	5,651	24	7.15%
TRAZODONE TAB 50MG	5,229	26	5,611	25	7.31%
TRAZODONE TAB 100MG	5,310	24	5,504	26	3.65%



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TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	May/June 2014	PREVIOUS RANK	July/August 2014	RANK	PERCENT CHANGE
PROVENTIL AER HFA	4,871	28	5,339	27	9.61%
METFORMIN TAB 500MG	4,820	29	5,118	28	6.18%
LISINOPRIL TAB 10MG	4,934	27	5,099	29	3.34%
HYDROCO/APAP TAB 7.5-325	4,802	30	4,964	30	3.37%
HYDROCHLOROT TAB 25MG	4,753	31	4,949	31	4.12%
LISINOPRIL TAB 20MG	4,611	34	4,842	32	5.01%
Sennosides-Docusate Sodium Tab 8.6-50 MG	4,632	32	4,736	33	2.25%
Aspirin Chew Tab 81 MG	4,631	33	4,582	34	-1.06%
CLONAZEPAM TAB 1MG	4,285	35	4,581	35	6.91%
OXYCOD/APAP TAB 5-325MG	4,241	36	4,576	36	7.90%
SMZ/TMP DS TAB 800-160	4,049	40	4,546	37	12.27%
CEPHALEXIN CAP 500MG	4,163	37	4,444	38	6.75%
HYDROCO/APAP TAB 10-325MG	4,153	38	4,313	39	3.85%
MELOXICAM TAB 15MG	3,995	45	4,258	40	6.58%
METFORMIN TAB 1000MG	4,043	41	4,240	41	4.87%
CITALOPRAM TAB 20MG	4,038	42	4,192	42	3.81%
PREDNISONE TAB 20MG	3,646	57	4,172	43	14.43%
ALPRAZOLAM TAB 1MG	3,894	48	4,137	44	6.24%
LANTUS INJ 100/ML	3,883	49	4,098	45	5.54%
METHYLPHENID TAB 36MG ER	3,971	46	4,042	46	1.79%
MONTELUKAST CHW 5MG	3,830	51	4,019	47	4.93%
AMOXICILLIN CAP 500MG	4,151	39	3,985	48	-4.00%
NAPROXEN TAB 500MG	4,018	44	3,927	49	-2.26%
AZITHROMYCIN SUS 200/5ML	3,900	47	3,903	50	0.08%
VENLAFAXINE CAP 150MG ER	3,651	56	3,890	51	6.55%
POLYETH GLYC POW 3350 NF	3,776	52	3,887	52	2.94%



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TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	May/June 2014	PREVIOUS RANK	July/August 2014	RANK	PERCENT CHANGE
CLONAZEPAM TAB 0.5MG	3,749	53	3,870	53	3.23%
CITALOPRAM TAB 40MG	3,831	50	3,853	54	0.57%
SERTRALINE TAB 50MG	3,740	54	3,813	55	1.95%
ALPRAZOLAM TAB 0.5MG	3,577	58	3,695	56	3.30%
Acetaminophen Tab 500 MG	3,717	55	3,667	57	-1.35%
ZOLPIDEM TAB 10MG	3,412	62	3,604	58	5.63%
AMLODIPINE TAB 10MG	3,474	59	3,568	59	2.71%
FOLIC ACID TAB 1MG	3,455	60	3,561	60	3.07%
CYMBALTA CAP 60MG	3,272	63	3,538	61	8.13%
PANTOPRAZOLE TAB 40MG	3,057	66	3,292	62	7.69%
HYDROXYZ PAM CAP 25MG	2,936	68	3,182	63	8.38%
METHYLPHENID TAB 54MG ER	3,081	64	3,155	64	2.40%
LORAZEPAM TAB 1MG	3,059	65	3,150	65	2.97%
AMLODIPINE TAB 5MG	2,972	67	3,063	66	3.06%
METOPROL TAR TAB 25MG	2,901	70	3,062	67	5.55%
SIMVASTATIN TAB 20MG	2,907	69	3,055	68	5.09%
Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML)	3,421	61	2,949	69	-13.80%
BUPROPION HCL TAB 300MG XL	2,683	75	2,912	70	8.54%
RISPERIDONE TAB 1MG	2,875	71	2,854	71	-0.73%
LORAZEPAM TAB 0.5MG	2,615	78	2,846	72	8.83%
AMOX/K CLAV TAB 875MG	2,672	76	2,770	73	3.67%
ATORVASTATIN TAB 40MG	2,410	88	2,751	74	14.15%
SIMVASTATIN TAB 40MG	2,650	77	2,742	75	3.47%
BUPROPION HCL TAB 150MG XL	2,501	83	2,711	76	8.40%
FUROSEMIDE TAB 40MG	2,581	79	2,692	77	4.30%
PREDNISOLONE SOL 15MG/5ML	4,032	43	2,680	78	-33.53%



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TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	May/June 2014	PREVIOUS RANK	July/August 2014	RANK	PERCENT CHANGE
VYVANSE CAP 30MG	2,694	74	2,660	79	-1.26%
LEVOTHYROXIN TAB 50MCG	2,515	82	2,616	80	4.02%
AMOXICILLIN SUS 250/5ML	2,846	72	2,601	81	-8.61%
VYVANSE CAP 40MG	2,558	80	2,588	82	1.17%
FLUCONAZOLE TAB 150MG	2,402	89	2,578	83	7.33%
PREDNISONE TAB 10MG	2,432	86	2,576	84	5.92%
VENLAFAXINE CAP 75MG ER	2,458	84	2,564	85	4.31%
TRIAMCINOLON CRE 0.1%	2,359	91	2,550	86	8.10%
MONTELUKAST CHW 4MG	2,703	73	2,547	87	-5.77%
MUPIROCIN OIN 2%	2,211	97	2,537	88	14.74%
SPIRIVA CAP HANDIHLR	2,443	85	2,536	89	3.81%
LISINOPRIL TAB 40MG	2,396	90	2,506	90	4.59%
ONDANSETRON TAB 4MG ODT	2,414	87	2,480	91	2.73%
RISPERIDONE TAB 0.5MG	2,535	81	2,478	92	-2.25%
METRONIDAZOL TAB 500MG	2,254	95	2,395	93	6.26%
LISINOPRIL TAB 5MG	2,238	96	2,378	94	6.26%
QUETIAPINE TAB 100MG	2,268	93	2,365	95	4.28%
CEPHALEXIN SUS 250/5ML	2,050	105	2,360	96	15.12%
ATORVASTATIN TAB 20MG	2,143	99	2,307	97	7.65%
Sennosides Tab 8.6 MG	2,262	94	2,284	98	0.97%
Permethrin Lotion 1%	1,497	147	2,267	99	51.44%
FUROSEMIDE TAB 20MG	2,066	104	2,244	100	8.62%



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Bi-Monthly Statistics

	July/August 2014	September/October 2014	% CHANGE
TOTAL PAID AMOUNT	\$54,583,235	\$59,154,437	8.4%
UNIQUE USERS	182,771	198,167	8.4%
COST PER USER	\$298.64	\$298.51	0.0%
TOTAL PRESCRIPTIONS	897,086	981,523	9.4%
AVERAGE PRESCRIPTIONS PER USER	4.91	4.95	0.8%
AVERAGE COST PER PRESCRIPTION	\$60.85	\$60.27	-0.9%
# GENERIC PRESCRIPTIONS	750,269	821,083	9.4%
% GENERIC	83.6%	83.7%	0.0%
\$ GENERIC	\$13,768,187	\$16,065,533	16.7%
AVERAGE GENERIC PRESCRIPTION COST	\$18.35	\$19.57	6.6%
AVERAGE GENERIC DAYS SUPPLY	23	23	0.0%
# BRAND PRESCRIPTIONS	143,171	156,831	9.4%
% BRAND	16.0%	16.0%	0.0%
\$ BRAND	\$40,588,550	\$42,868,046	16.7%
AVERAGE BRAND PRESCRIPTION COST	\$283.50	\$273.34	6.6%
AVERAGE BRAND DAYS SUPPLY	26	25	0.0%



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UTILIZATION BY AGE		
AGE	July/August 2014	September/October 2014
0-6	30,428	37,548
7-12	26,076	28,659
13-18	23,083	25,256
19-64	93,477	97,002
65+	9,707	9,702
	182,771	198,167

UTILIZATION BY GENDER AND AGE			
GENDER	AGE	July/August 2014	September/October 2014
F	0-6	14,240	17,468
	7-12	11,431	12,407
	13-18	12,128	13,364
	19-64	60,145	62,258
	65+	6,952	6,953
		104,896	112,450
	M	0-6	16,188
7-12		14,645	16,252
13-18		10,955	11,892
19-64		33,332	34,744
65+		2,755	2,749
		77,875	85,717



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**TOP 100 PHARMACIES BY PRESCRIPTION COUNT
September/October 2014**

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
1	BROADLAWNS MEDICAL CENTER	DES MOINES	IA	24,831	\$571,427.37	\$23.01	1
2	WALGREEN #05239	DAVENPORT	IA	11,826	\$635,210.92	\$53.71	2
3	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	10,353	\$546,685.80	\$52.80	5
4	WALGREEN #04405	COUNCIL BLUFFS	IA	9,732	\$533,265.31	\$54.80	4
5	WALGREEN #05721	DES MOINES	IA	9,038	\$518,471.90	\$57.37	3
6	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	7,543	\$353,117.00	\$46.81	6
7	WALGREEN #359	DES MOINES	IA	6,924	\$354,268.46	\$51.17	8
8	WALGREEN #05362	DES MOINES	IA	6,819	\$327,441.74	\$48.02	10
9	WALGREEN COMPANY 07455	WATERLOO	IA	6,804	\$332,414.19	\$48.86	11
10	WALGREEN CO.#3700	COUNCIL BLUFFS	IA	6,779	\$340,126.12	\$50.17	13
11	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	6,562	\$331,061.75	\$50.45	12
12	MARTIN HEALTH SERVICES INC	DENVER	IA	6,507	\$194,475.20	\$29.89	7
13	SIOUXLAND COMM HEALTH CTR PHARMA	SIOUX CITY	IA	6,459	\$114,116.00	\$17.67	15
14	MERCY FAMILY PHARMACY	DUBUQUE	IA	6,425	\$377,769.01	\$58.80	9
15	WALGREENS #07453	DES MOINES	IA	6,043	\$332,257.05	\$54.98	14
16	WALGREEN #910	SIOUX CITY	IA	5,918	\$306,638.45	\$51.81	16
17	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	5,382	\$268,213.10	\$49.84	18
18	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	5,278	\$318,082.57	\$60.27	19
19	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	5,229	\$222,524.49	\$42.56	17
20	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	5,101	\$248,849.76	\$48.78	21
21	WALGREEN COMPANY 05777	DES MOINES	IA	5,098	\$249,463.60	\$48.93	20
22	WALGREEN #05852	DES MOINES	IA	5,025	\$259,313.95	\$51.60	23
23	WALGREEN #04041	DAVENPORT	IA	4,914	\$238,529.87	\$48.54	22
24	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	4,827	\$239,090.36	\$49.53	25
25	RASHID PHARMACY PLC	FORT MADISON	IA	4,744	\$259,463.91	\$54.69	26



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TOP 100 PHARMACIES BY PRESCRIPTION COUNT
September/October 2014

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
26	WALGREEN #11709	DAVENPORT	IA	4,719	\$272,943.60	\$57.84	27
27	HY VEE PHARMACY 1060	CEDAR RAPIDS	IA	4,633	\$250,412.85	\$54.05	24
28	DANIEL PHARMACY INC	FORT DODGE	IA	4,464	\$220,046.18	\$49.29	28
29	PHARMACY MATTERS LTC	IOWA CITY	IA	4,234	\$176,580.70	\$41.71	30
30	MAHASKA DRUG INC	OSKALOOSA	IA	4,066	\$234,407.33	\$57.65	34
31	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	4,066	\$200,249.05	\$49.25	35
32	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	4,037	\$197,446.40	\$48.91	33
33	SOUTH SIDE DRUG INCOPORATED	OTTUMWA	IA	3,955	\$210,721.88	\$53.28	31
34	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	3,848	\$278,324.98	\$72.33	29
35	MEDICAP PHARMACY	INDIANOLA	IA	3,827	\$176,928.13	\$46.23	38
36	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	3,790	\$206,197.38	\$54.41	32
37	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	3,734	\$217,882.24	\$58.35	37
38	WALGREEN #03595	DAVENPORT	IA	3,732	\$213,446.98	\$57.19	40
39	IOWA CVS PHARMACY LLC DBA	WATERLOO	IA	3,717	\$178,078.97	\$47.91	41
40	WALGREEN #7452	DES MOINES	IA	3,713	\$198,297.27	\$53.41	39
41	WAL-MART PHARMACY #10-1496	WATERLOO	IA	3,655	\$138,066.99	\$37.77	43
42	WALGREENS #05119	CLINTON	IA	3,622	\$176,964.86	\$48.86	45
43	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	3,606	\$243,097.44	\$67.41	36
44	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	3,591	\$203,773.39	\$56.75	48
45	A AVENUE PHARMACY	CEDAR RAPIDS	IA	3,548	\$288,628.39	\$81.35	46
46	STERLING LTC PHARMACY #31	ANKENY	IA	3,520	\$231,335.73	\$65.72	44
47	WAL-MART PHARMACY #10-5115	DAVENPORT	IA	3,431	\$133,214.43	\$38.83	47
48	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	3,427	\$181,556.56	\$52.98	50
49	WALGREENS #10855	WATERLOO	IA	3,382	\$173,614.05	\$51.33	49
50	WALGREEN #05044	BURLINGTON	IA	3,351	\$170,660.61	\$50.93	42
51	WALGREENS #11942	DUBUQUE	IA	3,287	\$181,024.85	\$55.07	53



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TOP 100 PHARMACIES BY PRESCRIPTION COUNT
September/October 2014

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
52	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	3,249	\$191,612.88	\$58.98	54
53	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	3,219	\$139,245.70	\$43.26	58
54	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	3,212	\$142,797.99	\$44.46	51
55	THOMPSON-DEAN DRUG	SIOUX CITY	IA	3,208	\$267,539.87	\$83.40	56
56	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,206	\$180,973.03	\$56.45	55
57	HY VEE PHARMACY #1449	NEWTON	IA	3,141	\$157,421.13	\$50.12	57
58	WALGREENS 07968	DES MOINES	IA	3,111	\$178,216.17	\$57.29	62
59	WALGREEN #05886	KEOKUK	IA	3,106	\$147,854.92	\$47.60	52
60	WAL-MART PHARMACY #10-0985	FAIRFIELD	IA	3,104	\$127,784.03	\$41.17	71
61	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	3,013	\$146,786.14	\$48.72	75
62	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	3,005	\$156,875.00	\$52.20	59
63	WAL-MART PHARMACY 10-2889	CLINTON	IA	2,989	\$135,843.14	\$45.45	61
64	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	2,976	\$145,816.10	\$49.00	65
65	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,938	\$168,927.41	\$57.50	60
66	HY-VEE PHARMACY (1875)	WEBSTER CITY	IA	2,881	\$124,985.23	\$43.38	70
67	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	2,873	\$139,759.75	\$48.65	77
68	WALGREEN #4714	DES MOINES	IA	2,839	\$136,561.13	\$48.10	64
69	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	2,826	\$134,193.09	\$47.49	69
70	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	2,819	\$152,046.51	\$53.94	66
71	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,808	\$193,100.11	\$68.77	68
72	WAL-MART PHARMACY #10-1393	OSKALOOSA	IA	2,789	\$116,573.22	\$41.80	74
73	HY-VEE PHARMACY (1075)	CLINTON	IA	2,777	\$169,184.28	\$60.92	63
74	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	2,773	\$156,998.65	\$56.62	72
75	HY-VEE DRUGSTORE # 7035	FT DODGE	IA	2,737	\$129,924.29	\$47.47	73
76	HY-VEE PHARMACY (1522)	PERRY	IA	2,685	\$119,596.46	\$44.54	89
77	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	2,680	\$143,777.81	\$53.65	81



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TOP 100 PHARMACIES BY PRESCRIPTION COUNT
September/October 2014

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
78	HY-VEE PHARMACY 1504	OTTUMWA	IA	2,654	\$153,331.46	\$57.77	76
79	WALGREEN #09708	DUBUQUE	IA	2,626	\$148,176.47	\$56.43	79
80	HY-VEE PHARMACY (1009) DBA	ALBIA	IA	2,624	\$125,547.55	\$47.85	91
81	HY-VEE DRUGSTORE #7031	DES MOINES	IA	2,618	\$148,093.91	\$56.57	100
82	WALGREEN #05361	FORT DODGE	IA	2,615	\$126,513.43	\$48.38	106
83	WAL-MART PHARMACY #10-1965	COUNCIL BLUFFS	IA	2,601	\$116,857.17	\$44.93	78
84	LA GRANGE PHARMACY INC	VINTON	IA	2,599	\$140,598.89	\$54.10	80
85	WAL-MART PHARMACY #10-0646	ANAMOSA	IA	2,574	\$102,854.16	\$39.96	85
86	SCOTT PHARMACY	FAYETTE	IA	2,569	\$131,250.95	\$51.09	90
87	HY-VEE FOOD STORE	WATERLOO	IA	2,535	\$181,213.88	\$71.48	93
88	WALGREEN #05077	IOWA CITY	IA	2,526	\$139,016.44	\$55.03	88
89	WALGREEN #05942	NEWTON	IA	2,519	\$131,295.47	\$52.12	82
90	WAL-MART PHARMACY 10-0784	MT PLEASANT	IA	2,506	\$140,057.92	\$55.89	96
91	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,497	\$118,370.27	\$47.40	92
92	WAGNER PHARMACY	CLINTON	IA	2,487	\$164,071.52	\$65.97	87
93	HY-VEE PHARMACY (1065)	CHARITON	IA	2,452	\$139,389.20	\$56.85	94
94	STANGEL PHARMACY	ONAWA	IA	2,449	\$138,608.38	\$56.60	97
95	HY-VEE PHARMACY (1353)	KNOXVILLE	IA	2,445	\$124,834.17	\$51.06	83
96	WALGREEN COMPANY DBA	OTTUMWA	IA	2,423	\$117,740.05	\$48.59	119
97	HY-VEE PHARMACY 1068	CHEROKEE	IA	2,393	\$131,021.30	\$54.75	114
98	WAL-MART PHARMACY #10-1285	OTTUMWA	IA	2,392	\$107,010.32	\$44.74	110
99	HY-VEE PHARMACY #1 (1054)	CEDAR RAPIDS	IA	2,381	\$135,270.40	\$56.81	103
100	MEDICAP PHARMACY	MARSHALLTOWN	IA	2,378	\$136,522.93	\$57.41	127



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**TOP 100 PHARMACIES BY PAID AMOUNT
September/October 2014**

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	NUCARA PHARMACY #27	PLEASANT HILL	IA	2,305	\$1,130,931.48	\$2,673.60	1
2	ARJ INFUSION SERVICES INC	LENEXA	KS	36	\$951,196.88	\$158,532.81	2
3	WALGREEN #05239	DAVENPORT	IA	11,826	\$635,210.92	\$193.07	4
4	CAREMARK KANSAS SPEC PHARMACY LL	LENEXA	KS	162	\$573,744.88	\$6,594.77	3
5	BROADLAWNS MEDICAL CENTER	DES MOINES	IA	24,831	\$571,427.37	\$206.74	26
6	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	10,353	\$546,685.80	\$237.48	9
7	ACCREDITO HEALTH GROUP INC	MEMPHIS	TN	76	\$538,941.36	\$13,144.91	8
8	WALGREEN #04405	COUNCIL BLUFFS	IA	9,732	\$533,265.31	\$198.98	7
9	WALGREEN #05721	DES MOINES	IA	9,038	\$518,471.90	\$186.77	6
10	ACCREDITO HEALTH GROUP INC	NASHVILLE	TN	16	\$498,454.57	\$83,075.76	5
11	MERCY FAMILY PHARMACY	DUBUQUE	IA	6,425	\$377,769.01	\$358.41	10
12	WALGREEN #359	DES MOINES	IA	6,924	\$354,268.46	\$168.38	13
13	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	7,543	\$353,117.00	\$204.82	12
14	US BIOSERVICE CORPORATION	FRISCO	TX	42	\$352,752.99	\$20,750.18	49
15	WALGREEN CO.#3700	COUNCIL BLUFFS	IA	6,779	\$340,126.12	\$179.77	15
16	WALGREEN COMPANY 07455	WATERLOO	IA	6,804	\$332,414.19	\$153.05	17
17	WALGREENS #07453	DES MOINES	IA	6,043	\$332,257.05	\$190.62	16
18	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	6,562	\$331,061.75	\$170.21	14
19	WALGREEN #05362	DES MOINES	IA	6,819	\$327,441.74	\$148.70	20
20	COMMUNITY HEALTHCARE SERVICES	LOMA LINDA	CA	4	\$324,599.82	\$162,299.91	11
21	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	5,278	\$318,082.57	\$431.59	21
22	WALGREEN #910	SIOUX CITY	IA	5,918	\$306,638.45	\$156.61	19
23	A AVENUE PHARMACY	CEDAR RAPIDS	IA	3,548	\$288,628.39	\$728.86	23
24	MEDFUSIONRX LLC	FRANKLIN	TN	69	\$286,247.95	\$7,951.33	55
25	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	3,848	\$278,324.98	\$485.73	18



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**TOP 100 PHARMACIES BY PAID AMOUNT
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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
26	AMBER PHARMACY	OMAHA	NE	127	\$276,168.83	\$7,890.54	24
27	WALGREEN #11709	DAVENPORT	IA	4,719	\$272,943.60	\$216.97	29
28	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	5,382	\$268,213.10	\$216.83	25
29	THOMPSON-DEAN DRUG	SIOUX CITY	IA	3,208	\$267,539.87	\$440.03	36
30	RASHID PHARMACY PLC	FORT MADISON	IA	4,744	\$259,463.91	\$292.85	31
31	WALGREEN #05852	DES MOINES	IA	5,025	\$259,313.95	\$162.68	27
32	HY VEE PHARMACY 1060	CEDAR RAPIDS	IA	4,633	\$250,412.85	\$233.16	30
33	WALGREEN COMPANY 05777	DES MOINES	IA	5,098	\$249,463.60	\$175.31	28
34	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	5,101	\$248,849.76	\$204.31	37
35	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	3,606	\$243,097.44	\$242.61	35
36	CYSTIC FIBROSIS SERVICES INC	CENTENNIAL	CO	78	\$239,870.84	\$10,903.22	22
37	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	4,827	\$239,090.36	\$192.19	33
38	WALGREEN #04041	DAVENPORT	IA	4,914	\$238,529.87	\$154.39	32
39	MAHASKA DRUG INC	OSKALOOSA	IA	4,066	\$234,407.33	\$275.13	47
40	STERLING LTC PHARMACY #31	ANKENY	IA	3,520	\$231,335.73	\$635.54	43
41	WALGREENS SPECIALTY PHARMACY #12	ANN ARBOR	MI	57	\$229,505.57	\$6,750.16	50
42	HY-VEE PHARMACY SOLUTIONS	OMAHA	NE	119	\$224,257.60	\$3,800.98	39
43	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	5,229	\$222,524.49	\$217.31	40
44	DANIEL PHARMACY INC	FORT DODGE	IA	4,464	\$220,046.18	\$265.76	42
45	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	3,734	\$217,882.24	\$326.17	41
46	WALGREEN #03595	DAVENPORT	IA	3,732	\$213,446.98	\$174.53	51
47	DOHMEN LIFE SCIENCE SERVICES LLC	CHESTERFIELD	MO	22	\$212,219.58	\$23,579.95	52
48	SOUTH SIDE DRUG INCORPORATED	OTTUMWA	IA	3,955	\$210,721.88	\$325.19	46
49	DIPLOMAT SPECIALTY PHARMACY	FLINT	MI	57	\$209,545.98	\$8,381.84	44
50	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	3,790	\$206,197.38	\$255.51	38
51	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	3,591	\$203,773.39	\$241.15	59



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**TOP 100 PHARMACIES BY PAID AMOUNT
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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
52	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	4,066	\$200,249.05	\$230.17	53
53	WALGREEN #7452	DES MOINES	IA	3,713	\$198,297.27	\$164.15	56
54	ACCREDO HEALTH GROUP INC	WARRENDALE	PA	45	\$198,283.75	\$14,163.13	34
55	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	4,037	\$197,446.40	\$260.14	48
56	MARTIN HEALTH SERVICES INC	DENVER	IA	6,507	\$194,475.20	\$166.50	45
57	EXPRESS SCRIPTS SPECIALTY	ST LOUIS	MO	27	\$193,168.38	\$12,877.89	77
58	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,808	\$193,100.11	\$533.43	67
59	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	3,249	\$191,612.88	\$253.46	54
60	ORSINI PHARMACEUTICAL SERVICES I	ELK GROVE VILLAGE	IL	13	\$187,434.69	\$62,478.23	106
61	PROCARE PHARMACY DIRECT LLC	MONROEVILLE	PA	40	\$186,119.23	\$8,092.14	98
62	ACARIAHEALTH PHARMACY #11 INC	HOUSTON	TX	38	\$186,115.41	\$9,305.77	72
63	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	3,427	\$181,556.56	\$241.43	57
64	HY-VEE FOOD STORE	WATERLOO	IA	2,535	\$181,213.88	\$312.98	69
65	WALGREENS #11942	DUBUQUE	IA	3,287	\$181,024.85	\$202.49	64
66	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,206	\$180,973.03	\$295.71	60
67	WALGREENS 07968	DES MOINES	IA	3,111	\$178,216.17	\$167.34	68
68	IOWA CVS PHARMACY LLC DBA	WATERLOO	IA	3,717	\$178,078.97	\$189.24	78
69	WALGREENS #05119	CLINTON	IA	3,622	\$176,964.86	\$180.39	62
70	MEDICAP PHARMACY	INDIANOLA	IA	3,827	\$176,928.13	\$375.64	61
71	PHARMACY MATTERS LTC	IOWA CITY	IA	4,234	\$176,580.70	\$516.32	70
72	WALGREENS #10855	WATERLOO	IA	3,382	\$173,614.05	\$173.09	63
73	WALGREEN #05044	BURLINGTON	IA	3,351	\$170,660.61	\$167.81	66
74	HY-VEE PHARMACY (1075)	CLINTON	IA	2,777	\$169,184.28	\$302.66	71
75	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,938	\$168,927.41	\$630.33	76
76	WAGNER PHARMACY	CLINTON	IA	2,487	\$164,071.52	\$379.80	65
77	HY VEE PHARMACY #1449	NEWTON	IA	3,141	\$157,421.13	\$217.43	74



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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
78	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	2,773	\$156,998.65	\$263.42	75
79	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	3,005	\$156,875.00	\$249.01	73
80	HY-VEE PHARMACY 1504	OTTUMWA	IA	2,654	\$153,331.46	\$276.27	79
81	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	2,819	\$152,046.51	\$208.00	94
82	WALGREEN #09708	DUBUQUE	IA	2,626	\$148,176.47	\$158.65	121
83	HY-VEE DRUGSTORE #7031	DES MOINES	IA	2,618	\$148,093.91	\$329.83	84
84	WALGREEN #05886	KEOKUK	IA	3,106	\$147,854.92	\$196.88	80
85	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,295	\$147,471.43	\$270.59	81
86	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	3,013	\$146,786.14	\$260.26	111
87	MERCY HEALTH SERVICES IOWA CORP	MASON CITY	IA	2,314	\$146,442.63	\$291.14	129
88	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	2,976	\$145,816.10	\$178.04	101
89	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	2,680	\$143,777.81	\$259.06	87
90	GREENVILLE PHARMACY INC	SIOUX CITY	IA	2,015	\$143,004.52	\$423.09	82
91	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	3,212	\$142,797.99	\$211.55	85
92	L & M PHARMACY CARE	LE MARS	IA	1,436	\$141,971.34	\$1,223.89	91
93	LA GRANGE PHARMACY INC	VINTON	IA	2,599	\$140,598.89	\$274.07	88
94	WAL-MART PHARMACY 10-0784	MT PLEASANT	IA	2,506	\$140,057.92	\$242.73	92
95	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	2,873	\$139,759.75	\$188.61	110
96	HY-VEE PHARMACY (1065)	CHARITON	IA	2,452	\$139,389.20	\$245.84	90
97	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	3,219	\$139,245.70	\$215.22	89
98	WALGREEN #05077	IOWA CITY	IA	2,526	\$139,016.44	\$184.37	95
99	STANGEL PHARMACY	ONAWA	IA	2,449	\$138,608.38	\$303.97	97
100	WAL-MART PHARMACY #10-1496	WATERLOO	IA	3,655	\$138,066.99	\$137.52	100



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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	1780766659	CHESTER ROBERT BADGER	\$189,590.15	3,636	5.90	1
2	1538368170	CHRISTOPHER ROBERT MATSON	\$85,841.80	2,775	6.50	5
3	1467682351	NICOLE GILG	\$74,190.06	2,539	5.96	6
4	1841407160	RAHUL BANSAL MD	\$219,584.91	2,400	5.04	2
5	1063622637	HUSSAIN BANU	\$65,528.20	2,348	6.29	3
6	1982605762	JEFFREY D WILHARM	\$143,687.27	2,227	5.75	11
7	1215192224	SHALINA SHAIK	\$52,203.20	2,074	5.89	7
8	1083784797	CAROL AUNAN	\$182,124.57	1,980	3.20	13
9	1205015906	DAVID F WIDITZ	\$151,398.18	1,909	5.91	27
10	1649248378	KATHLEEN L WILD ARNP	\$180,856.05	1,905	3.57	10
11	1245318393	JEAN TOBIN PA	\$134,519.32	1,905	4.67	16
12	1073667606	ELIZABETH MCCURDY DO	\$58,886.85	1,865	5.45	37
13	1316922545	MABRA G ABERNATHY	\$64,431.44	1,825	5.11	8
14	1972758126	REBECCA BOLLIN	\$51,909.78	1,824	6.18	29
15	1013115369	BOBBITA NAG	\$206,467.22	1,817	3.82	12
16	1043211303	ALI SAFDAR	\$119,503.92	1,758	3.80	14
17	1619153137	JODI BEST ARNP	\$173,739.12	1,744	5.21	15
18	1073509436	MICHAEL KARL MAHARRY MD	\$70,025.90	1,675	5.90	17
19	1801998372	WENDY MICHELE HANSEN-PENMAN DO	\$38,505.88	1,661	6.64	30
20	1023053972	BRYANT MUTCHLER DO	\$67,132.69	1,627	5.30	20
21	1467502286	CHARLES TILLEY PA	\$184,122.06	1,615	4.56	19
22	1386758613	ROY WILLIAM OVERTON III DO	\$38,489.71	1,585	1.03	1677
23	1073594768	JERROLD V FLATT DO	\$60,494.62	1,531	5.24	22
24	1245388743	TIMOTHY SWINTON MD	\$61,367.79	1,522	5.68	23
25	1477633188	CYD Q. GRAFFT	\$120,682.03	1,485	3.97	25
26	1962558957	ALBERT N OKINE PA	\$149,009.25	1,476	6.74	26



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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
27	1043434525	ROBERT MARVIN KENT MD	\$66,854.02	1,410	4.58	31
28	1861562555	LARRY RICHARDS	\$69,108.41	1,410	5.51	4
29	1982766705	MALHAR GORE	\$37,168.89	1,399	4.93	69
30	1255399812	MICHAEL D HURT MD	\$38,950.90	1,390	1.06	2639
31	1730239732	SRIRAMAMURTHY RAVIPATI MD	\$107,504.08	1,369	3.71	28
32	1720293087	RAJNI BATRA MD	\$60,576.81	1,367	3.70	88
33	1528144383	RAMONCITO AMURAO O'CAMPO	\$58,686.39	1,366	4.84	47
34	1467437806	GEORGIA LAUER PAC	\$77,071.10	1,363	5.73	39
35	1841220290	KENT ELDON KUNZE MD	\$111,792.77	1,342	4.29	34
36	1073945499	JENNIFER LEE ZALAZNIK ARNP	\$57,441.71	1,336	3.71	57
37	1164538674	JOSEPH M WANZEK	\$66,200.88	1,319	5.02	36
38	1902809536	KIRAN BHASKAR KHANOLKAR MD	\$62,865.20	1,281	4.73	33
39	1255322996	MARK WILLIAM MITTAUER	\$121,934.73	1,277	5.58	32
40	1023377827	LISA KAY CHASE	\$49,996.28	1,273	4.65	105
41	1225097843	WILLIAM M NISSEN	\$68,056.09	1,272	4.59	35
42	1295830115	ALAN BOLLINGER DO	\$140,838.65	1,270	6.26	18
43	1497736326	RANDY R ROBINSON	\$50,709.34	1,269	5.45	38
44	1598962870	CHRISTY QUILLEN ARNP	\$36,448.03	1,258	4.99	43
45	1184945321	DEANNE REMER	\$71,365.10	1,242	6.79	51
46	1275844649	KATIE M HANSON ARNP	\$95,954.00	1,238	3.94	72
47	1073500690	KATHLEEN S ADAMS	\$149,030.64	1,227	4.09	48
48	1508289620	GLORIA A MILLER	\$97,613.50	1,206	5.27	159
49	1144214248	KRISTIE DEE ANN WALZ MD	\$68,054.26	1,206	4.71	67
50	1205821337	MANMOHAN SINGH	\$54,831.11	1,206	4.64	70
51	1033198908	DANIEL J ARNOLD	\$58,076.54	1,205	4.35	59
52	1013960566	PETER JOSEPH SZEIBEL	\$106,760.70	1,203	4.83	64



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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
53	1912991340	GHADA HAMDAN-ALLEN MD	\$109,173.26	1,202	4.32	24
54	1215146055	REBECCA J WOLFE	\$91,910.96	1,152	3.84	61
55	1205169273	TERESA ANN DOWLING	\$32,262.30	1,133	4.68	54
56	1508946088	E RICHARD NIGHTINGALE MD	\$104,799.14	1,123	5.15	65
57	1952459463	DAVID LAWRENCE YURDIN PA	\$534,611.33	1,122	4.25	44
58	1356520431	KAY A MARTTILA	\$124,126.29	1,110	3.47	81
59	1841293354	KEITH GUESS PA C	\$98,931.04	1,105	4.35	63
60	1003004391	DAVID BERMAN WALKER MD	\$85,061.77	1,097	4.03	46
61	1306133095	DEBRA LEE ANDERSON ARNP	\$39,137.31	1,097	3.64	55
62	1558348284	STEVEN G PAULSRUD	\$58,832.69	1,093	4.25	60
63	1134191018	DUSTIN RALPH SMITH MD	\$68,016.12	1,088	5.04	94
64	1871586271	PATRICIA BLACKLEDGE ARNP	\$43,988.11	1,087	5.78	52
65	1346210184	JAMES BROOKS MD	\$108,445.31	1,082	4.79	79
66	1861559486	JOSPEH PATRICK BERTROCHE	\$125,031.28	1,077	4.24	49
67	1215080759	JUANITA M O'BRIEN	\$38,802.77	1,060	4.95	53
68	1104089390	EJIRO AGBORO-IDAHOUSA MD	\$94,834.91	1,058	4.72	56
69	1538157383	DAVID WENGER-KELLER MD	\$46,079.17	1,056	5.23	66
70	1437373073	MOHSEN ABOU SEIF	\$38,194.05	1,047	4.44	87
71	1902115652	SARAH LYNN BEATTIE ARNP	\$110,064.58	1,032	3.71	68
72	1922144088	THOMAS SCOTT HOPKINS DO	\$94,659.06	1,021	3.69	82
73	1588629414	THOMAS EARWOOD MD	\$79,416.09	1,021	5.08	80
74	1306812490	MERRILEE RAMSEY ARNP	\$50,635.77	1,020	4.36	98
75	1730143397	MARK JOSEPH DEARDEN DO	\$30,835.78	1,020	5.15	89
76	1710941000	LAURIE WARREN PA	\$107,711.60	1,011	4.28	58
77	1326045808	RAY C STURDEVANT MD	\$93,207.52	1,007	3.23	100
78	1619186475	STEPHEN PALLONE MD	\$33,744.96	1,000	4.81	76



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RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
79	1063491645	ALLYSON L WHEATON MD	\$93,042.41	996	3.88	45
80	1629042288	MARTIN J FIALKOV MD	\$84,764.80	992	4.79	83
81	1912991183	MOLLY EARLEYWINE PA	\$26,111.83	984	3.89	97
82	1396724167	MICHAEL O'CONNOR MD	\$30,695.54	983	5.07	74
83	1164414520	KAREN JACKSON FULWOOD ARNP	\$66,136.95	975	3.37	9
84	1902912538	CHRISTIAN W JONES MD	\$43,620.56	970	3.29	118
85	1386977387	MARYANN KAPACINSKAS	\$61,981.64	966	4.16	104
86	1871595207	DALE M GRUNEWALD	\$36,730.56	964	5.91	73
87	1033389226	ANTHONY G ZAMUDIO ARNP	\$110,761.05	960	3.47	41
88	1942252895	KIMBERLY A THOMPSON	\$35,441.16	957	2.70	85
89	1780877878	CHRISTOPHER JACOBS ARNP	\$36,233.10	955	3.72	111
90	1164530358	DAVID M CRAVEN	\$47,050.85	946	2.70	93
91	1285697722	DOUGLAS JONES	\$82,070.47	946	3.91	71
92	1437238110	GENEVIEVE NELSON	\$64,938.96	946	3.67	91
93	1124399522	JOYCE E PROUCH ARNP	\$81,282.65	935	4.70	84
94	1891705968	ANITA HANDEVIDT ARNP	\$94,637.06	935	3.06	109
95	1407953979	CECELIA M NASSIF ARNP	\$71,216.84	933	4.81	90
96	1699075929	HIEDI CHRISTINE LANE	\$73,663.49	932	4.29	77
97	1285681528	MARVIN F PIBURN JR MD	\$85,365.92	932	5.65	40
98	1699769794	DAVE FALDMO PA	\$28,950.68	917	5.12	110
99	1164416269	ANN M PICK ARNP	\$28,919.23	909	4.29	114
100	1609218304	AMANDA O'TOOL ARNP	\$75,807.24	908	5.37	108



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RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
1	1013126705	JANICE M. R. STABER	\$1,549,353.71	\$20,386.23	76	1
2	1952459463	DAVID LAWRENCE YURDIN PA	\$534,611.33	\$476.48	1,122	2
3	1548247406	VILMARIE RODRIGUEZ-PADUA MD	\$324,822.67	\$36,091.41	9	3
4	1356337273	LISA J MENZIES	\$225,390.79	\$351.08	642	16
5	1841407160	RAHUL BANSAL MD	\$219,584.91	\$91.49	2,400	4
6	1013115369	BOBBITA NAG	\$206,467.22	\$113.63	1,817	6
7	1285748004	BRUCE L HAYES MD	\$206,420.82	\$1,193.18	173	5
8	1780766659	CHESTER ROBERT BADGER	\$189,590.15	\$52.14	3,636	7
9	1467502286	CHARLES TILLEY PA	\$184,122.06	\$114.01	1,615	10
10	1083784797	CAROL AUNAN	\$182,124.57	\$91.98	1,980	19
11	1649248378	KATHLEEN L WILD ARNP	\$180,856.05	\$94.94	1,905	9
12	1376777524	ALLADDIN MOH ELHADI ABOSAIDA	\$180,276.78	\$533.36	338	14
13	1619153137	JODI BEST ARNP	\$173,739.12	\$99.62	1,744	13
14	1083603773	JACK T STAPLETON	\$170,929.51	\$647.46	264	18
15	1194703074	WENDY ANNE WALDMAN	\$154,374.78	\$219.91	702	21
16	1548256191	JUDITH A MILLER	\$151,934.03	\$4,604.06	33	20
17	1205015906	DAVID F WIDITZ	\$151,398.18	\$79.31	1,909	43
18	1790708451	MICHAEL M MCCUBBIN	\$151,020.06	\$402.72	375	33
19	1073500690	KATHLEEN S ADAMS	\$149,030.64	\$121.46	1,227	27
20	1962558957	ALBERT N OKINE PA	\$149,009.25	\$100.95	1,476	15
21	1497060776	USHA PEREPU MBBS	\$148,230.85	\$2,117.58	70	448
22	1174584072	BRADLEY SCOTT LAIR MD	\$147,919.53	\$1,309.02	113	102
23	1982605762	JEFFREY D WILHARM	\$143,687.27	\$64.52	2,227	26
24	1083609358	JENNIFER S COOK	\$142,880.48	\$228.98	624	12
25	1194817247	MARIA J STEELE ARNP	\$141,725.12	\$998.06	142	65
26	1295830115	ALAN BOLLINGER DO	\$140,838.65	\$110.90	1,270	22
27	1770561946	DONALD HILLEBRAND MD	\$140,082.25	\$1,285.16	109	31



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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT September/October 2014

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
28	1245318393	JEAN TOBIN PA	\$134,519.32	\$70.61	1,905	36
29	1013905181	DONALD MACFARLANE MD	\$126,612.41	\$12,661.24	10	8
30	1861559486	JOSPEH PATRICK BERTROCHE	\$125,031.28	\$116.09	1,077	32
31	1356520431	KAY A MARTTILA	\$124,126.29	\$111.83	1,110	37
32	1255322996	MARK WILLIAM MITTAUER	\$121,934.73	\$95.49	1,277	28
33	1477633188	CYD Q. GRAFFT	\$120,682.03	\$81.27	1,485	40
34	1043211303	ALI SAFDAR	\$119,503.92	\$67.98	1,758	35
35	1972638864	LIUSKA MARIA PESCE	\$111,967.14	\$442.56	253	24
36	1841220290	KENT ELDON KUNZE MD	\$111,792.77	\$83.30	1,342	38
37	1033389226	ANTHONY G ZAMUDIO ARNP	\$110,761.05	\$115.38	960	17
38	1902115652	SARAH LYNN BEATTIE ARNP	\$110,064.58	\$106.65	1,032	39
39	1912991340	GHADA HAMDAN-ALLEN MD	\$109,173.26	\$90.83	1,202	29
40	1346210184	JAMES BROOKS MD	\$108,445.31	\$100.23	1,082	49
41	1710941000	LAURIE WARREN PA	\$107,711.60	\$106.54	1,011	48
42	1730239732	SRIRAMAMURTHY RAVIPATI MD	\$107,504.08	\$78.53	1,369	44
43	1013960566	PETER JOSEPH SZEIBEL	\$106,760.70	\$88.75	1,203	52
44	1164569737	PAULA STULTZ	\$105,650.92	\$528.25	200	189
45	1508946088	E RICHARD NIGHTINGALE MD	\$104,799.14	\$93.32	1,123	42
46	1083681944	MARY CHRISTINE SEGRETO	\$104,630.02	\$131.78	794	30
47	1619963949	EVA TSALIKIAN	\$104,514.75	\$710.98	147	75
48	1235124942	JULIE KATHRYN OSTERHAUS	\$100,050.25	\$378.98	264	46
49	1841293354	KEITH GUESS PA C	\$98,931.04	\$89.53	1,105	55
50	1639483407	LEAH ZHORNE MD	\$98,308.32	\$2,808.81	35	4862
51	1508289620	GLORIA A MILLER	\$97,613.50	\$80.94	1,206	115
52	1669570404	CASIE RINEY PA	\$96,959.31	\$107.14	905	41
53	1609055771	CHARUTA NARAYAN JOSHI	\$96,488.63	\$210.67	458	11
54	1275844649	KATIE M HANSON ARNP	\$95,954.00	\$77.51	1,238	86



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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
September/October 2014

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
55	1104089390	EJIRO AGBORO-IDAHOUSA MD	\$94,834.91	\$89.64	1,058	53
56	1922144088	THOMAS SCOTT HOPKINS DO	\$94,659.06	\$92.71	1,021	61
57	1891705968	ANITA HANDEVIDT ARNP	\$94,637.06	\$101.22	935	90
58	1528247368	MISHELLE L PAULLUS	\$93,983.69	\$1,044.26	90	50
59	1215025309	DEBORAH LYNNE GARRELTS	\$93,296.20	\$127.63	731	56
60	1326045808	RAY C STURDEVANT MD	\$93,207.52	\$92.56	1,007	68
61	1063491645	ALLYSON L WHEATON MD	\$93,042.41	\$93.42	996	34
62	1356564371	CARLA K ABEL ZIEG ARNP	\$92,444.74	\$118.06	783	63
63	1215146055	REBECCA J WOLFE	\$91,910.96	\$79.78	1,152	66
64	1821082850	JOHN F STECKER	\$91,841.76	\$119.59	768	130
65	1679669832	ERIN VOYLES HATCHER ARNP	\$91,571.01	\$113.75	805	59
66	1043418809	MICHAEL ANTHONY CILIBERTO MD	\$86,234.20	\$433.34	199	685
67	1083671309	JOHN LOUIS COLOMBO MD	\$85,862.53	\$1,160.30	74	62
68	1538368170	CHRISTOPHER ROBERT MATSON	\$85,841.80	\$30.93	2,775	97
69	1366435125	DANIEL EDWARD WESEMANN ARNP	\$85,520.34	\$111.65	766	72
70	1285681528	MARVIN F PIBURN JR MD	\$85,365.92	\$91.59	932	45
71	1316269871	REGINA ROBISON ARNP	\$85,357.67	\$102.84	830	60
72	1003004391	DAVID BERMAN WALKER MD	\$85,061.77	\$77.54	1,097	58
73	1629042288	MARTIN J FIALKOV MD	\$84,764.80	\$85.45	992	67
74	1104034552	DEANNA BOOK BOESEN	\$84,335.34	\$107.30	786	64
75	1104029008	KATIE MARIE ULRING LARSON ODE MD	\$82,230.76	\$348.44	236	128
76	1285697722	DOUGLAS JONES	\$82,070.47	\$86.76	946	57
77	1609867688	DAVID B MOORE, M.D.	\$81,563.17	\$345.61	236	79
78	1124399522	JOYCE E PROUCH ARNP	\$81,282.65	\$86.93	935	76
79	1750376034	DUANGCHAI NARAWONG MD	\$80,851.70	\$126.13	641	87
80	1487908380	LISA ANN BECHTEL ARNP	\$80,327.07	\$100.91	796	69
81	1588629414	THOMAS EARWOOD MD	\$79,416.09	\$77.78	1,021	105



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TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
September/October 2014

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
82	1780793976	MATTHEW D EGGERS MD	\$78,841.01	\$110.89	711	85
83	1205992724	LOUISE W SMITH	\$78,820.71	\$324.37	243	47
84	1841443025	LISA K WATKINS	\$78,597.11	\$142.39	552	112
85	1053361972	MATTHEW LARRY HILL DO	\$78,310.79	\$1,044.14	75	82
86	1003869108	BORIANA KAMENOVA MD	\$78,271.22	\$1,630.65	48	442
87	1245436765	RENE M DUREGGER MD	\$77,380.21	\$105.28	735	88
88	1467437806	GEORGIA LAUER PAC	\$77,071.10	\$56.55	1,363	101
89	1043441264	KATHERINE BLOMGREN PA	\$76,245.26	\$1,622.24	47	464
90	1609218304	AMANDA O'TOOL ARNP	\$75,807.24	\$83.49	908	124
91	1285626390	KATHLEEN GRADOVILLE	\$75,694.17	\$270.34	280	54
92	1134171937	KATHRYN LEE FLANDERS ARNP	\$75,343.05	\$655.16	115	78
93	1215125216	REBECCA WALDING	\$74,649.76	\$103.54	721	74
94	1467682351	NICOLE GILG	\$74,190.06	\$29.22	2,539	107
95	1255662276	PATEL R REDDY	\$74,187.31	\$107.83	688	98
96	1699075929	HIEDI CHRISTINE LANE	\$73,663.49	\$79.04	932	91
97	1184945321	DEANNE REMER	\$71,365.10	\$57.46	1,242	116
98	1407953979	CECELIA M NASSIF ARNP	\$71,216.84	\$76.33	933	71
99	1073509436	MICHAEL KARL MAHARRY MD	\$70,025.90	\$41.81	1,675	119
100	1760470678	JEFFERY L MEIER	\$70,021.95	\$466.81	150	109



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TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

CATEGORY DESCRIPTION	July/August 2014	RANK	% BUDGET	September/October 2014	RANK	% BUDGET	% CHANGE
ANTIPSYCHOTICS - ATYPICALS	\$5,095,517	1	9.3%	\$5,214,062	1	8.8%	2.3%
STIMULANTS - AMPHETAMINES - LONG ACTING	\$3,034,590	2	5.6%	\$3,201,195	2	5.4%	5.5%
ANTICONVULSANTS	\$2,923,520	3	5.4%	\$3,165,011	3	5.4%	8.3%
ANTIDEPRESSANTS - SELECTED SSRI's	\$2,346,827	5	4.3%	\$2,544,876	4	4.3%	8.4%
DIABETIC - INSULIN	\$2,473,057	4	4.5%	\$2,531,237	5	4.3%	2.4%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	\$2,002,359	7	3.7%	\$2,276,981	6	3.8%	13.7%
ANTIHEMOPHILIC AGENTS	\$2,261,885	6	4.1%	\$2,059,123	7	3.5%	-9.0%
ANTIASTHMATIC - ADRENERGIC COMBOS	\$1,732,149	8	3.2%	\$1,869,336	8	3.2%	7.9%
STIMULANTS - METHYLPHENIDATE	\$1,408,589	9	2.6%	\$1,551,639	9	2.6%	10.2%
ANTIASTHMATIC - BETA - ADRENERGICS	\$1,240,694	10	2.3%	\$1,495,947	10	2.5%	20.6%
BIOLOGIC IMMUNOMODULATORS	\$1,217,789	11	2.2%	\$1,316,787	11	2.2%	8.1%
MULTIPLE SCLEROSIS AGENTS	\$1,159,375	12	2.1%	\$1,230,250	12	2.1%	6.1%
STIMULANTS - OTHER STIMULANTS / LIKE STIMULANTS	\$1,108,336	13	2.0%	\$1,197,553	13	2.0%	8.0%
DIABETIC - INSULIN PENFILLS	\$1,088,116	14	2.0%	\$1,144,583	14	1.9%	5.2%
ANTIASTHMATIC - STEROID INHALANTS	\$896,763	17	1.6%	\$1,112,646	15	1.9%	24.1%
ANTIRETROVIRALS	\$1,031,892	16	1.9%	\$1,109,189	16	1.9%	7.5%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	\$815,366	19	1.5%	\$882,494	17	1.5%	8.2%
STIMULANTS - AMPHETAMINES - SHORT ACTING	\$1,056,273	15	1.9%	\$876,500	18	1.5%	-17.0%
NARCOTICS - MISC.	\$854,098	18	1.6%	\$870,926	19	1.5%	2.0%
ANTIASTHMATIC - ANTI-CHOLINERGICS	\$727,697	20	1.3%	\$851,885	20	1.4%	17.1%



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TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

CATEGORY DESCRIPTION	July/August 2014	PREV RANK	September/October 2014	CURR RANK	PERC CHANGE
ANTIDEPRESSANTS - SELECTED SSRI's	82,668	1	88,670	1	7.3%
ANTICONVULSANTS	44,208	2	46,880	2	6.0%
NARCOTICS - MISC.	41,849	3	40,825	3	-2.4%
ANTIASTHMATIC - BETA - ADRENERGICS	26,533	6	33,906	4	27.8%
ANTIPSYCHOTICS - ATYPICALS	29,929	4	30,838	5	3.0%
BETA-LACTAMS / CLAVULANATE COMBO'S	22,129	8	30,656	6	38.5%
ANALGESICS - MISC.	26,661	5	28,448	7	6.7%
ANTIHISTAMINES - NON-SEDATING	25,498	7	28,048	8	10.0%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	21,183	9	22,814	9	7.7%
GI - PROTON PUMP INHIBITOR	20,569	10	22,345	10	8.6%
ANXIOLYTICS - BENZODIAZEPINES	19,866	11	20,200	11	1.7%
MACROLIDES / ERYTHROMYCIN'S / KETOLIDES	12,082	25	19,821	12	64.1%
NSAIDS	17,859	12	19,670	13	10.1%
GLUCOCORTICOIDS - MINERALOCORTICOIDS	14,364	18	19,313	14	34.5%
ACE INHIBITORS	17,665	13	18,876	15	6.9%
ANTIHYPERTENSIVES - CENTRAL	17,373	14	18,196	16	4.7%
DIURETICS	16,160	15	16,823	17	4.1%
STIMULANTS - AMPHETAMINES - LONG ACTING	15,209	16	16,250	18	6.8%
MUSCLE RELAXANTS	14,374	17	15,387	19	7.0%
CEPHALOSPORINS	12,249	24	14,530	20	18.6%



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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	July/August 2014	PREVIOUS RANK	September/October 2014	RANK	PERCENT CHANGE
ABILIFY	\$2,523,907.38	1	\$2,506,068.44	1	-0.71%
VYVANSE	\$2,275,714.32	2	\$2,461,511.44	2	8.16%
METHYLPHENIDATE HCL ER	\$1,683,217.66	3	\$1,905,726.18	3	13.22%
LANTUS	\$1,293,225.66	4	\$1,304,368.14	4	0.86%
FOCALIN XR	\$1,091,950.72	7	\$1,207,020.65	5	10.54%
CYMBALTA	\$1,155,380.63	6	\$1,186,638.74	6	2.71%
ADVATE	\$1,235,174.73	5	\$1,084,931.63	7	-12.16%
VENTOLIN HFA	\$757,898.49	11	\$908,399.95	8	19.86%
ADVAIR DISKUS	\$829,054.19	9	\$834,865.41	9	0.70%
STRATTERA	\$767,664.65	10	\$820,180.15	10	6.84%
SPIRIVA HANDIHALER	\$666,265.33	12	\$788,628.28	11	18.37%
ADDERALL	\$1,001,637.81	8	\$740,986.35	12	-26.02%
LATUDA	\$577,819.66	15	\$648,671.30	13	12.26%
ADDERALL XR	\$654,508.75	13	\$640,855.62	14	-2.09%
DEPAKOTE ER	\$609,899.62	14	\$638,587.77	15	4.70%
INVEGA SUSTENNA	\$514,146.34	17	\$547,407.30	16	6.47%
NOVOLOG	\$527,962.51	16	\$531,704.56	17	0.71%
SYMBICORT	\$440,298.28	21	\$498,004.24	18	13.11%
CRESTOR	\$453,116.50	19	\$482,099.18	19	6.40%
HYDROCODONE/ACETAMINOPHEN	\$469,299.67	18	\$472,248.88	20	0.63%
ATRIPLA	\$446,416.42	20	\$457,785.72	21	2.55%
HUMALOG	\$432,094.79	22	\$456,741.74	22	5.70%
LOVENOX	\$371,700.82	25	\$448,699.40	23	20.72%
NOVOSEVEN RT	\$399,121.32	24	\$440,995.35	24	10.49%
HUMIRA PEN	\$415,881.45	23	\$437,102.60	25	5.10%
AZITHROMYCIN	\$222,533.99	46	\$390,496.69	26	75.48%
PROVENTIL HFA	\$317,359.61	29	\$361,224.54	27	13.82%



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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	July/August 2014	PREVIOUS RANK	September/October 2014	RANK	PERCENT CHANGE
TECFIDERA	\$254,071.36	40	\$353,924.09	28	39.30%
QVAR	\$303,898.72	31	\$348,383.67	29	14.64%
SOVALDI	\$187,241.84	55	\$341,625.99	30	82.45%
PULMICORT	\$232,982.36	42	\$341,575.86	31	46.61%
DEXILANT	\$322,610.15	27	\$338,630.13	32	4.97%
LEVEMIR	\$302,456.17	32	\$334,999.68	33	10.76%
TRICOR	\$316,871.30	30	\$328,085.39	34	3.54%
GENOTROPIN	\$295,688.38	34	\$320,853.36	35	8.51%
NASONEX	\$270,666.95	36	\$319,183.75	36	17.92%
LANTUS SOLOSTAR	\$319,532.52	28	\$314,489.29	37	-1.58%
RISPERDAL CONSTA	\$301,260.67	33	\$303,355.61	38	0.70%
COPAXONE	\$335,315.20	26	\$303,213.06	39	-9.57%
TRUVADA	\$261,500.48	38	\$298,606.35	40	14.19%
LYRICA	\$287,377.90	35	\$289,453.42	41	0.72%
NOVOLOG FLEXPEN	\$264,973.29	37	\$284,665.79	42	7.43%
CEFDINIR	\$181,076.74	58	\$275,706.59	43	52.26%
MONTELUKAST SODIUM	\$227,975.49	44	\$254,604.58	44	11.68%
FLOVENT HFA	\$213,978.61	48	\$251,015.80	45	17.31%
AMOXICILLIN	\$157,849.66	68	\$237,021.74	46	50.16%
ENBREL SURECLICK	\$220,031.55	47	\$236,903.75	47	7.67%
OMEPRAZOLE	\$203,880.36	51	\$236,852.40	48	16.17%
INVEGA	\$240,501.25	41	\$228,174.49	49	-5.13%
HUMIRA	\$204,913.87	50	\$222,691.84	50	8.68%
FEIBA NF	\$113,030.00	99	\$220,101.61	51	94.73%
LEVOTHYROXINE SODIUM	\$192,926.43	54	\$218,901.58	52	13.46%
GLEEVEC	\$170,564.10	62	\$215,206.64	53	26.17%
COMBIVENT RESPIMAT	\$184,489.25	57	\$214,633.86	54	16.34%



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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	July/August 2014	PREVIOUS RANK	September/October 2014	RANK	PERCENT CHANGE
PULMOZYME	\$158,381.79	67	\$211,278.07	55	33.40%
VIMPAT	\$199,418.43	52	\$207,660.42	56	4.13%
EPIPEN 2-PAK	\$257,307.67	39	\$204,566.98	57	-20.50%
GABAPENTIN	\$179,486.89	59	\$204,374.45	58	13.87%
PROVIGIL	\$168,373.63	63	\$203,240.18	59	20.71%
OPANA ER (CRUSH RESISTANT	\$163,357.06	64	\$200,414.37	60	22.68%
XYREM	\$151,083.69	72	\$193,168.38	61	27.86%
NAGLAZYME	\$124,528.48	83	\$186,799.16	62	50.01%
ENBREL	\$224,018.80	45	\$180,024.51	63	-19.64%
EXJADE	\$195,274.93	53	\$179,982.45	64	-7.83%
VESICARE	\$170,901.71	61	\$179,837.00	65	5.23%
KALYDECO	\$204,948.96	49	\$179,346.89	66	-12.49%
METHYLPHENIDATE HCL	\$150,509.93	73	\$178,756.98	67	18.77%
AMOXICILLIN/CLAVULANATE P	\$114,667.42	95	\$167,848.37	68	46.38%
HELIXATE FS	\$186,178.84	56	\$165,037.17	69	-11.36%
SEROQUEL XR	\$156,866.64	69	\$163,943.73	70	4.51%
QUETIAPINE FUMARATE	\$151,293.67	71	\$160,174.84	71	5.87%
RISPERIDONE	\$150,445.57	74	\$158,940.52	72	5.65%
H.P. ACTHAR	\$94,898.24	120	\$158,153.46	73	66.66%
XIFAXAN	\$158,481.94	66	\$157,772.57	74	-0.45%
ZIPRASIDONE HCL	\$155,508.00	70	\$157,376.03	75	1.20%
TOPROL XL	\$144,604.16	75	\$153,837.50	76	6.39%
DULERA	\$123,092.30	85	\$152,784.33	77	24.12%
TRAMADOL HCL	\$142,051.19	77	\$148,305.32	78	4.40%
BUPROPION HCL XL	\$126,175.13	80	\$148,185.63	79	17.44%
ALBUTEROL SULFATE	\$93,600.87	123	\$146,755.84	80	56.79%
SERTRALINE HCL	\$125,039.24	81	\$145,971.37	81	16.74%



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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	July/August 2014	PREVIOUS RANK	September/October 2014	RANK	PERCENT CHANGE
LISINOPRIL	\$124,723.85	82	\$145,595.65	82	16.73%
BANZEL	\$122,040.57	88	\$144,243.87	83	18.19%
GILENYA	\$124,003.58	84	\$143,113.49	84	15.41%
INTUNIV	\$143,488.12	76	\$141,688.33	85	-1.25%
JANUVIA	\$114,774.69	94	\$140,701.98	86	22.59%
SAPHRIS	\$122,990.76	86	\$140,155.71	87	13.96%
SPRYCEL	\$93,101.30	124	\$139,905.56	88	50.27%
ESCITALOPRAM OXALATE	\$120,284.02	89	\$138,630.27	89	15.25%
CEPHALEXIN	\$117,046.43	91	\$137,589.43	90	17.55%
FLUTICASONE PROPIONATE	\$105,779.17	107	\$135,475.03	91	28.07%
CREON	\$126,331.47	79	\$133,888.07	92	5.98%
NORDITROPIN FLEXPRO	\$128,213.17	78	\$131,195.77	93	2.33%
VENLAFAXINE HCL ER	\$110,341.36	102	\$128,226.45	94	16.21%
COMPLERA	\$122,897.14	87	\$127,240.95	95	3.53%
RANITIDINE HCL	\$115,590.24	92	\$127,195.73	96	10.04%
TRAZODONE HCL	\$111,044.96	101	\$126,798.12	97	14.19%
ATORVASTATIN CALCIUM	\$105,589.66	108	\$126,578.67	98	19.88%
SABRIL	\$107,412.28	105	\$126,258.89	99	17.55%
QUILLIVANT XR	\$81,641.47	141	\$126,040.17	100	54.38%



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TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	July/August 2014	PREVIOUS RANK	September/October 2014	RANK	PERCENT CHANGE
HYDROCO/APAP TAB 5-325MG	20,066	1	18,887	1	-5.88%
VENTOLIN HFA AER	14,060	2	16,704	2	18.81%
TRAMADOL HCL TAB 50MG	13,379	3	12,778	3	-4.49%
Loratadine Tab 10 MG	11,817	4	12,546	4	6.17%
ALBUTEROL NEB 0.083%	6,353	15	9,991	5	57.26%
AZITHROMYCIN TAB 250MG	5,603	24	9,473	6	69.07%
AMOXICILLIN SUS 400/5ML	6,136	17	9,369	7	52.69%
Cetirizine HCl Tab 10 MG	8,506	5	9,305	8	9.39%
ESCITALOPRAM TAB 20MG	8,274	6	8,960	9	8.29%
FLUOXETINE CAP 20MG	8,103	8	8,760	10	8.11%
OMEPRAZOLE CAP 20MG	8,118	7	8,686	11	7.00%
GABAPENTIN CAP 300MG	7,774	10	8,410	12	8.18%
CYCLOBENZAPR TAB 10MG	7,800	9	8,150	13	4.49%
FLUTICASONE SPR 50MCG	6,064	18	7,483	14	23.40%
RANITIDINE TAB 150MG	7,061	11	7,203	15	2.01%
OMEPRAZOLE CAP 40MG	6,363	14	7,097	16	11.54%
CLONIDINE TAB 0.1MG	6,692	12	6,982	17	4.33%
Aspirin Tab Delayed Release 81 MG	6,594	13	6,894	18	4.55%
Acetaminophen Tab 325 MG	6,297	16	6,801	19	8.00%
AZITHROMYCIN SUS 200/5ML	3,885	50	6,581	20	69.40%
SERTRALINE TAB 100MG	5,998	20	6,458	21	7.67%
IBUPROFEN TAB 800MG	5,977	21	6,401	22	7.09%
MONTELUKAST TAB 10MG	5,805	22	6,290	23	8.35%
GUANFACINE TAB 1MG	6,005	19	6,188	24	3.05%
Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)	5,722	23	5,996	25	4.79%
PROVENTIL AER HFA	5,162	27	5,957	26	15.40%



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TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	July/August 2014	PREVIOUS RANK	September/October 2014	RANK	PERCENT CHANGE
TRAZODONE TAB 50MG	5,529	25	5,895	27	6.62%
TRAZODONE TAB 100MG	5,438	26	5,840	28	7.39%
PREDNISONE TAB 20MG	4,125	43	5,511	29	33.60%
LISINOPRIL TAB 10MG	4,974	29	5,447	30	9.51%
METFORMIN TAB 500MG	5,043	28	5,228	31	3.67%
HYDROCHLOROTAB TAB 25MG	4,790	31	5,142	32	7.35%
LISINOPRIL TAB 20MG	4,749	32	5,047	33	6.28%
Sennosides-Docusate Sodium Tab 8.6-50 MG	4,707	33	4,890	34	3.89%
AMOXICILLIN CAP 500MG	3,941	49	4,875	35	23.70%
Aspirin Chew Tab 81 MG	4,525	34	4,785	36	5.75%
CLONAZEPAM TAB 1MG	4,499	35	4,779	37	6.22%
SMZ/TMP DS TAB 800-160	4,496	36	4,663	38	3.71%
HYDROCO/APAP TAB 7.5-325	4,932	30	4,640	39	-5.92%
CEPHALEXIN CAP 500MG	4,415	38	4,627	40	4.80%
OXYCOD/APAP TAB 5-325MG	4,489	37	4,573	41	1.87%
PREDNISOLONE SOL 15MG/5ML	3,968	48	4,503	42	13.48%
METFORMIN TAB 1000MG	4,145	41	4,484	43	8.18%
MELOXICAM TAB 15MG	4,181	40	4,470	44	6.91%
METHYLPHENID TAB 36MG ER	4,034	45	4,388	45	8.78%
CITALOPRAM TAB 20MG	4,137	42	4,367	46	5.56%
NAPROXEN TAB 500MG	3,813	53	4,236	47	11.09%
LANTUS INJ 100/ML	3,982	47	4,194	48	5.32%
MONTELUKAST CHW 5MG	4,005	46	4,193	49	4.69%
POLYETH GLYC POW 3350 NF	3,842	51	4,193	50	9.14%
ALPRAZOLAM TAB 1MG	4,121	44	4,156	51	0.85%
HYDROCO/APAP TAB 10-325MG	4,251	39	4,144	52	-2.52%



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TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	July/August 2014	PREVIOUS RANK	September/October 2014	RANK	PERCENT CHANGE
VENLAFAXINE CAP 150MG ER	3,813	52	4,137	53	8.50%
CLONAZEPAM TAB 0.5MG	3,797	55	4,112	54	8.30%
SERTRALINE TAB 50MG	3,781	56	4,048	55	7.06%
CITALOPRAM TAB 40MG	3,799	54	3,916	56	3.08%
Acetaminophen Tab 500 MG	3,633	58	3,864	57	6.36%
AMLODIPINE TAB 10MG	3,479	62	3,814	58	9.63%
ZOLPIDEM TAB 10MG	3,566	59	3,787	59	6.20%
ALPRAZOLAM TAB 0.5MG	3,659	57	3,784	60	3.42%
AMOX/K CLAV TAB 875MG	2,732	74	3,754	61	37.41%
AMOXICILLIN SUS 250/5ML	2,591	80	3,690	62	42.42%
CYMBALTA CAP 60MG	3,491	61	3,649	63	4.53%
Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML)	2,939	70	3,636	64	23.72%
PANTOPRAZOLE TAB 40MG	3,260	63	3,609	65	10.71%
FOLIC ACID TAB 1MG	3,527	60	3,581	66	1.53%
METHYLPHENID TAB 54MG ER	3,152	64	3,333	67	5.74%
AMLODIPINE TAB 5MG	3,009	69	3,323	68	10.44%
PREDNISONE TAB 10MG	2,538	85	3,232	69	27.34%
LORAZEPAM TAB 1MG	3,123	65	3,212	70	2.85%
HYDROXYZ PAM CAP 25MG	3,094	66	3,193	71	3.20%
METOPROL TAR TAB 25MG	3,013	68	3,181	72	5.58%
SIMVASTATIN TAB 20MG	3,026	67	3,143	73	3.87%
BUPROPN HCL TAB 300MG XL	2,886	71	3,087	74	6.96%
ATORVASTATIN TAB 40MG	2,731	75	3,070	75	12.41%
VYVANSE CAP 30MG	2,652	79	2,920	76	10.11%
RISPERIDONE TAB 1MG	2,834	72	2,913	77	2.79%
BUPROPN HCL TAB 150MG XL	2,691	77	2,906	78	7.99%



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TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	July/August 2014	PREVIOUS RANK	September/October 2014	RANK	PERCENT CHANGE
SPIRIVA CAP HANDIHLR	2,483	89	2,899	79	16.75%
ONDANSETRON TAB 4MG ODT	2,461	91	2,846	80	15.64%
VYVANSE CAP 40MG	2,580	81	2,797	81	8.41%
SIMVASTATIN TAB 40MG	2,730	76	2,794	82	2.34%
VENLAFAXINE CAP 75MG ER	2,515	88	2,778	83	10.46%
LORAZEPAM TAB 0.5MG	2,824	73	2,777	84	-1.66%
MONTELUKAST CHW 4MG	2,543	84	2,721	85	7.00%
LEVOTHYROXIN TAB 50MCG	2,576	82	2,698	86	4.74%
FUROSEMIDE TAB 40MG	2,654	78	2,683	87	1.09%
CEFDINIR SUS 250/5ML	1,804	122	2,673	88	48.17%
LISINOPRIL TAB 40MG	2,435	92	2,651	89	8.87%
METRONIDAZOL TAB 500MG	2,355	94	2,590	90	9.98%
QUETIAPINE TAB 100MG	2,335	95	2,535	91	8.57%
FLUCONAZOLE TAB 150MG	2,559	83	2,531	92	-1.09%
ATORVASTATIN TAB 20MG	2,290	97	2,525	93	10.26%
MUPIROCIN OIN 2%	2,521	87	2,478	94	-1.71%
LISINOPRIL TAB 5MG	2,330	96	2,466	95	5.84%
RISPERIDONE TAB 0.5MG	2,465	90	2,456	96	-0.37%
Permethrin Lotion 1%	2,248	98	2,422	97	7.74%
TRIAMCINOLON CRE 0.1%	2,536	86	2,362	98	-6.86%
APAP/CODEINE TAB 300-30MG	1,987	107	2,327	99	17.11%
METOPROL TAR TAB 50MG	2,165	102	2,309	100	6.65%



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Bi-Monthly Statistics

	September/October 2014	November/December 2014	% CHANGE
TOTAL PAID AMOUNT	\$58,642,098	\$61,413,451	4.7%
UNIQUE USERS	195,870	199,594	1.9%
COST PER USER	\$299.39	\$307.69	2.8%
TOTAL PRESCRIPTIONS	969,483	955,505	-1.4%
AVERAGE PRESCRIPTIONS PER USER	4.95	4.79	-3.2%
AVERAGE COST PER PRESCRIPTION	\$60.49	\$64.27	6.3%
# GENERIC PRESCRIPTIONS	810,416	799,280	-1.4%
% GENERIC	83.6%	83.7%	0.1%
\$ GENERIC	\$15,888,856	\$16,248,228	2.3%
AVERAGE GENERIC PRESCRIPTION COST	\$19.61	\$20.33	3.7%
AVERAGE GENERIC DAYS SUPPLY	23	23	0.0%
# BRAND PRESCRIPTIONS	155,494	152,620	-1.4%
% BRAND	16.0%	16.0%	0.1%
\$ BRAND	\$42,534,189	\$44,942,116	2.3%
AVERAGE BRAND PRESCRIPTION COST	\$273.54	\$294.47	3.7%
AVERAGE BRAND DAYS SUPPLY	25	25	0.0%



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UTILIZATION BY AGE		
AGE	September/October 2014	November/December 2014
0-6	37,433	39,862
7-12	28,579	29,365
13-18	25,187	24,451
19-64	96,172	97,584
65+	8,499	8,332
	195,870	199,594

UTILIZATION BY GENDER AND AGE			
GENDER	AGE	September/October 2014	November/December 2014
F	0-6	17,406	18,590
	7-12	12,375	12,898
	13-18	13,331	13,019
	19-64	61,709	62,414
	65+	6,033	5,925
		110,854	112,846
	M	0-6	20,027
7-12		16,204	16,467
13-18		11,856	11,432
19-64		34,463	35,170
65+		2,466	2,407
		85,016	86,748



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**TOP 100 PHARMACIES BY PRESCRIPTION COUNT
November/December 2014**

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
1	BROADLAWNS MEDICAL CENTER	DES MOINES	IA	16,350	\$413,507.90	\$25.29	1
2	WALGREEN #05239	DAVENPORT	IA	12,019	\$672,945.34	\$55.99	2
3	WALGREEN #04405	COUNCIL BLUFFS	IA	9,492	\$530,221.99	\$55.86	4
4	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	9,391	\$636,938.16	\$67.82	3
5	WALGREEN #05721	DES MOINES	IA	8,964	\$524,322.43	\$58.49	5
6	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	7,151	\$345,939.83	\$48.38	6
7	WALGREEN COMPANY 07455	WATERLOO	IA	6,726	\$338,251.81	\$50.29	9
8	WALGREEN #359	DES MOINES	IA	6,722	\$374,273.07	\$55.68	7
9	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	6,537	\$359,521.57	\$55.00	11
10	WALGREEN #05362	DES MOINES	IA	6,533	\$322,001.65	\$49.29	8
11	WALGREEN COMPANY #3700	COUNCIL BLUFFS	IA	6,364	\$339,615.81	\$53.37	10
12	MERCY FAMILY PHARMACY	DUBUQUE	IA	6,038	\$372,290.66	\$61.66	13
13	SIOUXLAND COMM HEALTH CTR PHARMA	SIOUX CITY	IA	6,019	\$106,548.93	\$17.70	12
14	WALGREENS #07453	DES MOINES	IA	5,797	\$328,089.32	\$56.60	14
15	MARTIN HEALTH SERVICES INC	DENVER	IA	5,667	\$179,252.19	\$31.63	15
16	WALGREEN #910	SIOUX CITY	IA	5,652	\$299,383.36	\$52.97	16
17	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	5,449	\$329,791.71	\$60.52	18
18	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	5,154	\$261,064.18	\$50.65	17
19	WALGREEN #04041	DAVENPORT	IA	5,128	\$264,419.38	\$51.56	22
20	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	5,092	\$251,774.14	\$49.45	20
21	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	4,962	\$197,179.73	\$39.74	25
22	WALGREEN COMPANY 05777	DES MOINES	IA	4,957	\$267,733.34	\$54.01	19
23	WALGREEN #05852	DES MOINES	IA	4,941	\$260,704.28	\$52.76	21
24	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	4,750	\$269,873.69	\$56.82	23
25	RASHID PHARMACY PLC	FORT MADISON	IA	4,596	\$258,959.93	\$56.34	24



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**TOP 100 PHARMACIES BY PRESCRIPTION COUNT
November/December 2014**

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
26	HY VEE PHARMACY 1060	CEDAR RAPIDS	IA	4,550	\$257,213.79	\$56.53	27
27	WALGREEN #11709	DAVENPORT	IA	4,513	\$236,783.77	\$52.47	26
28	DANIEL PHARMACY INC	FORT DODGE	IA	4,305	\$216,027.05	\$50.18	28
29	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	4,108	\$215,311.55	\$52.41	30
30	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	3,997	\$207,507.30	\$51.92	31
31	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	3,937	\$221,951.56	\$56.38	35
32	MAHASKA DRUG INC	OSKALOOSA	IA	3,879	\$219,659.13	\$56.63	32
33	MEDICAP PHARMACY	INDIANOLA	IA	3,866	\$182,628.61	\$47.24	40
34	WALGREEN #7452	DES MOINES	IA	3,831	\$205,989.26	\$53.77	38
35	WALGREENS #05119	CLINTON	IA	3,765	\$205,634.68	\$54.62	42
36	PHARMACY MATTERS LTC	IOWA CITY	IA	3,753	\$156,002.85	\$41.57	29
37	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	3,736	\$266,518.45	\$71.34	34
38	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	3,721	\$218,930.05	\$58.84	37
39	WALGREEN #03595	DAVENPORT	IA	3,688	\$209,037.98	\$56.68	36
40	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	3,684	\$212,189.12	\$57.60	44
41	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	3,589	\$191,375.56	\$53.32	47
42	SOUTH SIDE DRUG INCOPORATED	OTTUMWA	IA	3,565	\$205,607.71	\$57.67	33
43	IOWA CVS PHARMACY LLC DBA	WATERLOO	IA	3,528	\$182,163.28	\$51.63	39
44	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	3,506	\$243,908.88	\$69.57	43
45	WALGREEN #05044	BURLINGTON	IA	3,470	\$177,566.23	\$51.17	50
46	WAL-MART PHARMACY #10-1496	WATERLOO	IA	3,442	\$145,591.91	\$42.30	41
47	WAL-MART PHARMACY #10-5115	DAVENPORT	IA	3,395	\$130,373.07	\$38.40	48
48	A AVENUE PHARMACY	CEDAR RAPIDS	IA	3,267	\$233,918.29	\$71.60	45
49	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,237	\$180,202.25	\$55.67	56
50	WALGREEN #05886	KEOKUK	IA	3,236	\$176,734.28	\$54.62	60
51	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	3,231	\$152,058.87	\$47.06	53



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**TOP 100 PHARMACIES BY PRESCRIPTION COUNT
November/December 2014**

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
52	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	3,209	\$181,766.21	\$56.64	52
53	WALGREENS #10855	WATERLOO	IA	3,088	\$167,570.43	\$54.27	49
54	STERLING LTC PHARMACY #31	ANKENY	IA	3,075	\$229,768.31	\$74.72	46
55	WAL-MART PHARMACY 10-2889	CLINTON	IA	3,069	\$149,365.83	\$48.67	63
56	HY VEE PHARMACY #1449	NEWTON	IA	3,044	\$160,007.41	\$52.56	59
57	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	3,028	\$150,493.85	\$49.70	61
58	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	3,007	\$158,534.25	\$52.72	64
59	WAL-MART PHARMACY #10-0985	FAIRFIELD	IA	2,996	\$129,148.95	\$43.11	58
60	THOMPSON-DEAN DRUG	SIOUX CITY	IA	2,994	\$253,349.99	\$84.62	54
61	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	2,946	\$146,820.99	\$49.84	55
62	HY-VEE PHARMACY (1075)	CLINTON	IA	2,918	\$170,159.30	\$58.31	72
63	WALGREENS #11942	DUBUQUE	IA	2,871	\$166,931.39	\$58.14	51
64	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,864	\$167,473.86	\$58.48	74
65	WALGREENS 07968	DES MOINES	IA	2,863	\$154,290.43	\$53.89	57
66	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,841	\$142,151.03	\$50.04	62
67	WALGREEN #4714	DES MOINES	IA	2,822	\$142,275.51	\$50.42	67
68	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	2,815	\$169,814.11	\$60.32	73
69	HY-VEE PHARMACY (1522)	PERRY	IA	2,815	\$138,449.71	\$49.18	77
70	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	2,800	\$137,943.21	\$49.27	65
71	WAL-MART PHARMACY #10-1393	OSKALOOSA	IA	2,786	\$130,696.61	\$46.91	71
72	HY-VEE PHARMACY (1875)	WEBSTER CITY	IA	2,744	\$122,685.85	\$44.71	66
73	WALGREEN #09708	DUBUQUE	IA	2,741	\$148,638.98	\$54.23	78
74	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	2,688	\$148,661.11	\$55.31	68
75	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,672	\$212,802.57	\$79.64	69
76	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	2,656	\$157,034.10	\$59.12	75
77	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,644	\$127,591.09	\$48.26	90



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TOP 100 PHARMACIES BY PRESCRIPTION COUNT
November/December 2014

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
78	WALGREEN #05942	NEWTON	IA	2,644	\$147,090.24	\$55.63	87
79	HY-VEE PHARMACY (1009) DBA	ALBIA	IA	2,635	\$125,480.22	\$47.62	80
80	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	2,626	\$132,558.42	\$50.48	70
81	HY-VEE DRUGSTORE #7031	DES MOINES	IA	2,595	\$141,376.61	\$54.48	79
82	HY-VEE PHARMACY 1504	OTTUMWA	IA	2,559	\$153,319.35	\$59.91	76
83	WALGREEN #05077	IOWA CITY	IA	2,546	\$133,747.46	\$52.53	86
84	WAL-MART PHARMACY #10-0646	ANAMOSA	IA	2,525	\$104,416.31	\$41.35	85
85	WAL-MART PHARMACY #10-3394	ATLANTIC	IA	2,518	\$131,953.31	\$52.40	101
86	HY-VEE PHARMACY (1065)	CHARITON	IA	2,508	\$151,944.27	\$60.58	94
87	WAL-MART PHARMACY 10-0784	MT PLEASANT	IA	2,498	\$147,633.24	\$59.10	92
88	LA GRANGE PHARMACY INC	VINTON	IA	2,467	\$134,332.40	\$54.45	82
89	WAGNER PHARMACY	CLINTON	IA	2,450	\$152,097.19	\$62.08	91
90	HY-VEE FOOD STORE	WATERLOO	IA	2,438	\$180,433.02	\$74.01	88
91	HY-VEE DRUGSTORE # 7035	FT DODGE	IA	2,423	\$124,922.52	\$51.56	83
92	HY-VEE PHARMACY (1353)	KNOXVILLE	IA	2,392	\$110,230.52	\$46.08	96
93	NUCARA PHARMACY #27	PLEASANT HILL	IA	2,391	\$1,239,034.10	\$518.21	106
94	SCOTT PHARMACY	FAYETTE	IA	2,389	\$120,313.54	\$50.36	89
95	WALGREEN #05361	FORT DODGE	IA	2,380	\$122,837.28	\$51.61	81
96	HY-VEE PHARMACY 1071	CLARINDA	IA	2,378	\$137,503.10	\$57.82	103
97	WALGREENS #03876	MARION	IA	2,337	\$121,977.63	\$52.19	102
98	WAL-MART PHARMACY 10-1723	DES MOINES	IA	2,319	\$86,336.96	\$37.23	118
99	MEDICAP PHARMACY	MARSHALLTOWN	IA	2,316	\$136,551.75	\$58.96	100
100	WAL-MART PHARMACY #10-1285	OTTUMWA	IA	2,309	\$115,650.68	\$50.09	97



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**TOP 100 PHARMACIES BY PAID AMOUNT
November/December 2014**

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	ARJ INFUSION SERVICES INC	LENEXA	KS	24	\$1,319,192.90	\$329,798.23	2
2	NUCARA PHARMACY #27	PLEASANT HILL	IA	2,391	\$1,239,034.10	\$2,699.42	1
3	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	79	\$724,341.97	\$17,666.88	7
4	WALGREEN #05239	DAVENPORT	IA	12,019	\$672,945.34	\$190.64	3
5	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	9,391	\$636,938.16	\$294.06	6
6	CAREMARK KANSAS SPEC PHARMACY LL	LENEXA	KS	159	\$581,051.69	\$6,678.76	4
7	WALGREEN #04405	COUNCIL BLUFFS	IA	9,492	\$530,221.99	\$204.48	8
8	WALGREEN #05721	DES MOINES	IA	8,964	\$524,322.43	\$185.54	9
9	ACCREDO HEALTH GROUP INC	NASHVILLE	TN	13	\$484,256.54	\$80,709.42	10
10	UNITYPOINT AT HOME	URBANDALE	IA	460	\$448,443.85	\$4,114.16	386
11	BROADLAWNS MEDICAL CENTER	DES MOINES	IA	16,350	\$413,507.90	\$178.31	5
12	WALGREEN #359	DES MOINES	IA	6,722	\$374,273.07	\$176.54	12
13	MERCY FAMILY PHARMACY	DUBUQUE	IA	6,038	\$372,290.66	\$359.70	11
14	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	6,537	\$359,521.57	\$183.52	18
15	AMBER PHARMACY	OMAHA	NE	138	\$351,071.08	\$9,751.97	27
16	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	7,151	\$345,939.83	\$203.73	14
17	WALGREEN COMPANY #3700	COUNCIL BLUFFS	IA	6,364	\$339,615.81	\$178.75	15
18	WALGREEN COMPANY 07455	WATERLOO	IA	6,726	\$338,251.81	\$150.94	17
19	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	5,449	\$329,791.71	\$424.99	21
20	WALGREENS #07453	DES MOINES	IA	5,797	\$328,089.32	\$196.81	16
21	HY-VEE PHARMACY SOLUTIONS	OMAHA	NE	162	\$327,538.87	\$3,946.25	41
22	WALGREEN #05362	DES MOINES	IA	6,533	\$322,001.65	\$146.76	19
23	UNIV OF IOWA COMMUNITY HOMECARE	IOWA CITY	IA	303	\$317,347.83	\$4,017.06	709
24	WALGREEN #910	SIOUX CITY	IA	5,652	\$299,383.36	\$152.90	22
25	DIPLOMAT SPECIALTY PHARMACY	FLINT	MI	76	\$287,716.53	\$9,281.18	47



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**TOP 100 PHARMACIES BY PAID AMOUNT
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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
26	WALGREENS SPECIALTY PHARMACY #12	ANN ARBOR	MI	55	\$274,252.57	\$8,570.39	40
27	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	4,750	\$269,873.69	\$217.29	37
28	WALGREEN COMPANY 05777	DES MOINES	IA	4,957	\$267,733.34	\$205.79	32
29	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	3,736	\$266,518.45	\$487.24	25
30	WALGREEN #04041	DAVENPORT	IA	5,128	\$264,419.38	\$158.24	38
31	PROCARE PHARMACY DIRECT LLC	MONROEVILLE	PA	55	\$262,300.33	\$7,286.12	61
32	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	5,154	\$261,064.18	\$208.85	29
33	WALGREEN #05852	DES MOINES	IA	4,941	\$260,704.28	\$165.53	31
34	RASHID PHARMACY PLC	FORT MADISON	IA	4,596	\$258,959.93	\$280.26	30
35	HY VEE PHARMACY 1060	CEDAR RAPIDS	IA	4,550	\$257,213.79	\$244.04	33
36	THOMPSON-DEAN DRUG	SIOUX CITY	IA	2,994	\$253,349.99	\$423.66	28
37	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	5,092	\$251,774.14	\$194.87	34
38	MEDFUSIONRX LLC	FRANKLIN	TN	52	\$248,915.20	\$7,542.88	24
39	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	3,506	\$243,908.88	\$239.83	35
40	DOHMEN LIFE SCIENCE SERVICES LLC	CHESTERFIELD	MO	22	\$236,971.56	\$23,697.16	46
41	WALGREEN #11709	DAVENPORT	IA	4,513	\$236,783.77	\$194.40	26
42	A AVENUE PHARMACY	CEDAR RAPIDS	IA	3,267	\$233,918.29	\$601.33	23
43	STERLING LTC PHARMACY #31	ANKENY	IA	3,075	\$229,768.31	\$698.38	42
44	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	3,937	\$221,951.56	\$265.49	50
45	MAHASKA DRUG INC	OSKALOOSA	IA	3,879	\$219,659.13	\$255.42	39
46	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	3,721	\$218,930.05	\$322.91	44
47	DANIEL PHARMACY INC	FORT DODGE	IA	4,305	\$216,027.05	\$261.85	43
48	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	4,108	\$215,311.55	\$233.53	52
49	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,672	\$212,802.57	\$589.48	57
50	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	3,684	\$212,189.12	\$248.47	51



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**TOP 100 PHARMACIES BY PAID AMOUNT
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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
51	WALGREEN #03595	DAVENPORT	IA	3,688	\$209,037.98	\$169.40	45
52	ACARIAHEALTH PHARMACY #11 INC	HOUSTON	TX	41	\$208,430.78	\$10,421.54	84
53	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	3,997	\$207,507.30	\$263.33	55
54	ACCREDITO HEALTH GROUP INC	WARRENDALE	PA	37	\$206,262.71	\$15,866.36	53
55	WALGREEN #7452	DES MOINES	IA	3,831	\$205,989.26	\$159.07	54
56	WALGREENS #05119	CLINTON	IA	3,765	\$205,634.68	\$212.87	67
57	SOUTH SIDE DRUG INCORPORATED	OTTUMWA	IA	3,565	\$205,607.71	\$338.73	48
58	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	4,962	\$197,179.73	\$221.05	49
59	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	3,589	\$191,375.56	\$257.57	65
60	MEDICAP PHARMACY	INDIANOLA	IA	3,866	\$182,628.61	\$394.45	71
61	IOWA CVS PHARMACY LLC DBA	WATERLOO	IA	3,528	\$182,163.28	\$202.18	68
62	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	3,209	\$181,766.21	\$248.31	58
63	HY-VEE FOOD STORE	WATERLOO	IA	2,438	\$180,433.02	\$325.69	64
64	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,237	\$180,202.25	\$296.39	63
65	MARTIN HEALTH SERVICES INC	DENVER	IA	5,667	\$179,252.19	\$174.20	59
66	MERCY HOME INFUSION	URBANDALE	IA	146	\$178,075.85	\$4,686.21	489
67	WALGREEN #05044	BURLINGTON	IA	3,470	\$177,566.23	\$167.52	72
68	CYSTIC FIBROSIS SERVICES INC	CENTENNIAL	CO	60	\$177,203.60	\$8,860.18	36
69	WALGREEN #05886	KEOKUK	IA	3,236	\$176,734.28	\$223.43	81
70	EXPRESS SCRIPTS SPECIALTY	ST LOUIS	MO	24	\$176,039.19	\$10,355.25	56
71	WALGREENS INFUSION SERVICES	OMAHA	NE	42	\$175,712.89	\$11,714.19	152
72	HY-VEE PHARMACY (1075)	CLINTON	IA	2,918	\$170,159.30	\$292.37	73
73	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	2,815	\$169,814.11	\$261.25	78
74	WALGREENS #10855	WATERLOO	IA	3,088	\$167,570.43	\$176.20	70
75	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,864	\$167,473.86	\$675.30	75
76	WALGREENS #11942	DUBUQUE	IA	2,871	\$166,931.39	\$197.09	62



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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
77	L & M PHARMACY CARE	LE MARS	IA	1,557	\$162,320.79	\$1,411.49	91
78	COMMUNITY HEALTHCARE SERVICES	LOMA LINDA	CA	5	\$160,186.92	\$80,093.46	20
79	HY VEE PHARMACY #1449	NEWTON	IA	3,044	\$160,007.41	\$222.54	76
80	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	3,007	\$158,534.25	\$177.73	88
81	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	2,656	\$157,034.10	\$277.94	89
82	PHARMACY MATTERS LTC	IOWA CITY	IA	3,753	\$156,002.85	\$500.01	69
83	WALGREENS 07968	DES MOINES	IA	2,863	\$154,290.43	\$152.76	66
84	HY-VEE PHARMACY 1504	OTTUMWA	IA	2,559	\$153,319.35	\$278.76	79
85	WAGNER PHARMACY	CLINTON	IA	2,450	\$152,097.19	\$353.71	74
86	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	3,231	\$152,058.87	\$234.30	95
87	HY-VEE PHARMACY (1065)	CHARITON	IA	2,508	\$151,944.27	\$258.41	94
88	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	3,028	\$150,493.85	\$243.12	77
89	WAL-MART PHARMACY 10-2889	CLINTON	IA	3,069	\$149,365.83	\$191.74	103
90	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	2,688	\$148,661.11	\$212.68	80
91	WALGREEN #09708	DUBUQUE	IA	2,741	\$148,638.98	\$144.59	83
92	GREENVILLE PHARMACY INC	SIOUX CITY	IA	2,091	\$147,741.29	\$395.03	98
93	WAL-MART PHARMACY 10-0784	MT PLEASANT	IA	2,498	\$147,633.24	\$237.73	93
94	WALGREEN #05942	NEWTON	IA	2,644	\$147,090.24	\$214.11	111
95	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	2,946	\$146,820.99	\$233.05	90
96	WAL-MART PHARMACY #10-1496	WATERLOO	IA	3,442	\$145,591.91	\$153.09	99
97	WALGREEN #4714	DES MOINES	IA	2,822	\$142,275.51	\$166.79	100
98	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,841	\$142,151.03	\$256.59	85
99	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,288	\$141,831.62	\$260.24	86
100	MERCY HEALTH SERVICES IOWA CORP	MASON CITY	IA	2,247	\$141,442.63	\$277.34	87



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RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
1	1780766659	CHESTER ROBERT BADGER	\$177,999.37	3,357	5.40	1
2	1841407160	RAHUL BANSAL MD	\$219,957.32	2,436	4.86	4
3	1982605762	JEFFREY D WILHARM	\$149,289.02	2,312	5.82	6
4	1467682351	NICOLE GILG	\$71,181.55	2,076	5.20	3
5	1538368170	CHRISTOPHER ROBERT MATSON	\$76,473.41	2,045	5.53	2
6	1083784797	CAROL AUNAN ARNP	\$163,782.88	2,021	3.46	8
7	1649248378	KATHLEEN L WILD ARNP	\$181,160.56	1,994	3.82	10
8	1215192224	SHALINA SHAIK	\$48,686.95	1,987	5.91	7
9	1063622637	HUSSAIN BANU	\$56,233.58	1,970	5.92	5
10	1013115369	BOBBITA NAG MD	\$216,685.85	1,896	3.93	15
11	1205015906	DAVID F WIDITZ	\$149,520.25	1,891	5.36	12
12	1245318393	JEAN TOBIN PA	\$131,930.01	1,843	4.53	9
13	1043211303	ALI SAFDAR	\$121,008.56	1,787	3.81	16
14	1619153137	JODI BEST ARNP	\$184,118.24	1,738	5.27	17
15	1316922545	MABRA G ABERNATHY	\$50,991.55	1,613	4.99	14
16	1073667606	ELIZABETH MCCURDY DO	\$55,689.62	1,612	5.01	11
17	1073509436	MICHAEL KARL MAHARRY MD	\$73,120.65	1,591	5.76	19
18	1841220290	KENT ELDON KUNZE MD	\$133,168.17	1,539	4.90	36
19	1245388743	TIMOTHY SWINTON MD	\$62,934.60	1,490	5.98	24
20	1467502286	CHARLES TILLEY PA	\$163,849.28	1,488	4.33	20
21	1801998372	WENDY MICHELE HANSEN-PENMAN DO	\$40,056.90	1,477	6.18	18
22	1023053972	BRYANT MUTCHLER DO	\$64,282.91	1,440	5.07	21
23	1962558957	ALBERT N OKINE PA	\$152,275.04	1,440	6.55	26
24	1477633188	CYD Q. GRAFFT	\$107,970.65	1,389	4.16	25
25	1912991340	GHADA HAMDAN-ALLEN MD	\$132,461.59	1,382	4.73	50
26	1073594768	JERROLD V FLATT DO	\$55,595.44	1,352	4.90	23



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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
27	1023377827	LISA KAY CHASE	\$57,825.21	1,337	4.99	40
28	1275844649	KATIE M HANSON ARNP	\$100,947.68	1,329	3.97	46
29	1720293087	RAJNI BATRA MD	\$63,550.14	1,326	3.51	31
30	1073945499	JENNIFER LEE ZALAZNIK ARNP	\$63,266.60	1,312	3.70	35
31	1508289620	GLORIA A MILLER	\$128,541.28	1,297	6.03	53
32	1467437806	GEORGIA LAUER PAC	\$72,245.19	1,280	5.82	32
33	1003004391	DAVID BERMAN WALKER MD	\$108,625.00	1,272	3.47	61
34	1598962870	CHRISTY QUILLEN ARNP	\$40,710.36	1,269	5.10	43
35	1043434525	ROBERT MARVIN KENT MD	\$59,426.71	1,266	4.34	30
36	1497736326	RANDY R ROBINSON	\$55,899.60	1,260	5.55	44
37	1952459463	DAVID LAWRENCE YURDIN PA	\$601,546.71	1,256	4.35	56
38	1144214248	KRISTIE DEE ANN WALZ MD	\$74,009.04	1,239	4.59	49
39	1255322996	MARK WILLIAM MITTAUER MD	\$114,371.40	1,231	5.47	41
40	1508946088	E RICHARD NIGHTINGALE MD	\$98,690.35	1,207	5.59	62
41	1225097843	WILLIAM M NISSEN	\$66,881.89	1,188	4.29	39
42	1902809536	KIRAN BHASKAR KHANOLKAR MD	\$60,058.38	1,169	5.00	38
43	1730143397	MARK JOSEPH DEARDEN DO	\$36,763.52	1,158	5.76	81
44	1346210184	JAMES BROOKS MD	\$122,580.18	1,158	4.91	64
45	1184945321	DEANNE REMER	\$73,568.27	1,154	6.17	45
46	1013960566	PETER JOSEPH SZEIBEL	\$100,054.11	1,145	4.98	52
47	1306133095	DEBRA LEE ANDERSON ARNP	\$44,147.89	1,133	3.84	59
48	1558348284	STEVEN G PAULSRUD	\$58,214.75	1,127	4.47	60
49	1205169273	TERESA ANN DOWLING	\$32,269.62	1,124	5.04	55
50	1073500690	KATHLEEN S ADAMS	\$139,169.93	1,121	3.63	47
51	1033198908	DANIEL J ARNOLD	\$52,973.38	1,120	4.00	51
52	1164538674	JOSEPH M WANZEK	\$54,751.99	1,119	4.80	37



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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
53	1528144383	RAMONCITO AMURAO O'CAMPO	\$51,004.29	1,113	4.17	34
54	1861559486	JOSPEH PATRICK BERTROCHE	\$122,737.78	1,113	4.38	65
55	1134191018	DUSTIN RALPH SMITH MD	\$68,137.20	1,104	4.68	66
56	1215146055	REBECCA J WOLFE	\$88,455.01	1,103	4.12	54
57	1598750432	CHRISTOPHER GENE OKIISHI MD	\$83,216.17	1,103	7.99	104
58	1841293354	KEITH GUESS PA C	\$96,626.55	1,100	4.31	58
59	1982766705	MALHAR GORE	\$34,626.10	1,088	4.12	28
60	1922144088	THOMAS S HOPKINS DO	\$101,665.32	1,083	3.80	73
61	1730239732	SRIRAMAMURTHY RAVIPATI MD	\$76,844.41	1,070	3.20	33
62	1609218304	AMANDA O'TOOL ARNP	\$90,305.05	1,064	5.51	102
63	1205821337	MANMOHAN SINGH	\$52,288.44	1,050	4.27	48
64	1063491645	ALLYSON L WHEATON MD	\$96,540.39	1,039	4.17	78
65	1871595207	DALE M GRUNEWALD	\$43,169.45	1,038	6.97	86
66	1588629414	THOMAS EARWOOD MD	\$64,721.24	1,032	5.32	72
67	1972758126	REBECCA BOLLIN	\$29,296.03	1,027	4.56	13
68	1669570404	CASIE RINEY PA	\$108,147.43	1,020	4.15	100
69	1538157383	DAVID WENGER-KELLER MD	\$43,293.54	1,014	4.88	70
70	1902115652	SARAH LYNN BEATTIE ARNP	\$111,076.21	1,009	3.57	71
71	1124399522	JOYCE E PROUCH ARNP	\$82,097.79	998	4.44	94
72	1871586271	PATRICIA BLACKLEDGE ARNP	\$43,064.76	997	5.48	63
73	1902912538	CHRISTIAN W JONES MD	\$40,049.10	995	3.44	83
74	1598733891	JERRY LEE WILLE MD	\$38,719.60	990	4.32	106
75	1356760011	CHARISSA S ELLIOTT ARNP	\$51,830.55	975	5.30	152
76	1306812490	MERRILEE RAMSEY ARNP	\$47,733.01	973	4.19	74
77	1437373073	MOHSEN ABOU SEIF	\$36,304.50	970	4.53	67
78	1780877878	CHRISTOPHER JACOBS ARNP	\$37,096.89	970	3.44	87



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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
79	1912991183	MOLLY EARLEYWINE PA	\$24,558.80	966	3.76	80
80	1164530358	DAVID M CRAVEN	\$52,557.31	966	2.48	91
81	1215080759	JUANITA M O'BRIEN	\$39,956.35	962	5.53	69
82	1629042288	MARTIN J FIALKOV MD	\$76,711.99	952	4.93	79
83	1326045808	RAY C STURDEVANT MD	\$89,020.71	950	2.97	77
84	1619186475	STEPHEN PALLONE MD	\$32,461.39	947	4.81	76
85	1306954391	WILLIAM E HOWARD IV	\$76,013.70	946	2.89	105
86	1710941000	LAURIE WARREN PA	\$97,117.32	943	3.88	75
87	1104976109	ISAM ELIAS MARAR MD	\$59,211.58	939	5.13	120
88	1386977387	MARYANN KAPACINSKAS	\$51,725.22	928	4.24	85
89	1669623583	ANNE MIREILLE METUGE AHONE	\$46,093.36	924	4.30	173
90	1356520431	KAY A MARTTILA	\$92,112.67	923	3.28	57
91	1073550836	SONJA LUCILLE GREINER ARNP	\$47,502.69	923	4.44	159
92	1437238110	GENEVIEVE NELSON	\$58,429.40	916	3.65	90
93	1396731287	VICKI L BOLING ARNP	\$48,854.59	913	4.19	143
94	1295830115	ALAN BOLLINGER DO	\$97,745.50	911	4.67	42
95	1487908380	LISA ANN BECHTEL ARNP	\$90,697.02	902	3.79	140
96	1285697722	DOUGLAS JONES	\$78,127.49	900	3.57	89
97	1205808664	DAVID M CRIPPIN MD	\$40,222.38	899	3.15	112
98	1891705968	ANITA HANDEVIDT ARNP	\$80,780.68	895	3.23	92
99	1407953979	CECELIA M NASSIF ARNP	\$69,451.68	892	4.57	95
100	1225168511	FREDERICK C. ALDRICH	\$39,431.45	885	2.15	98



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**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
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RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
1	1013126705	JANICE M. R. STABER	\$2,047,304.22	\$29,247.20	70	1
2	1952459463	DAVID LAWRENCE YURDIN PA	\$601,546.71	\$478.94	1,256	2
3	1841407160	RAHUL BANSAL MD	\$219,957.32	\$90.29	2,436	5
4	1013115369	BOBBITA NAG MD	\$216,685.85	\$114.29	1,896	6
5	1619153137	JODI BEST ARNP	\$184,118.24	\$105.94	1,738	13
6	1609055771	CHARUTA NARAYAN JOSHI	\$183,599.55	\$377.78	486	52
7	1649248378	KATHLEEN L WILD ARNP	\$181,160.56	\$90.85	1,994	11
8	1285748004	BRUCE L HAYES MD	\$178,981.01	\$1,296.96	138	7
9	1780766659	CHESTER ROBERT BADGER	\$177,999.37	\$53.02	3,357	8
10	1548256191	JUDITH A MILLER	\$165,651.59	\$5,176.61	32	15
11	1467502286	CHARLES TILLEY PA	\$163,849.28	\$110.11	1,488	9
12	1083784797	CAROL AUNAN ARNP	\$163,782.88	\$81.04	2,021	10
13	1083603773	JACK T STAPLETON	\$160,928.86	\$648.91	248	14
14	1548247406	VILMARIE RODRIGUEZ-PADUA MD	\$160,229.22	\$20,028.65	8	3
15	1194703074	WENDY ANNE WALDMAN	\$159,596.04	\$249.76	639	21
16	1962558957	ALBERT N OKINE PA	\$152,275.04	\$105.75	1,440	17
17	1083609358	JENNIFER S COOK	\$150,315.57	\$228.10	659	22
18	1205015906	DAVID F WIDITZ	\$149,520.25	\$79.07	1,891	20
19	1043418809	MICHAEL ANTHONY CILIBERTO MD	\$149,426.77	\$739.74	202	65
20	1982605762	JEFFREY D WILHARM	\$149,289.02	\$64.57	2,312	23
21	1356337273	LISA J MENZIES	\$147,569.42	\$250.97	588	4
22	1790708451	MICHAEL M MCCUBBIN	\$146,435.75	\$439.75	333	16
23	1770561946	DONALD HILLEBRAND MD	\$144,072.24	\$1,242.00	116	25
24	1073500690	KATHLEEN S ADAMS	\$139,169.93	\$124.15	1,121	18
25	1376777524	ALLADDIN MOH ELHADI ABOSAIDA	\$136,422.94	\$324.04	421	12
26	1841220290	KENT ELDON KUNZE MD	\$133,168.17	\$86.53	1,539	36
27	1497060776	USHA PEREPU MBBS	\$133,046.95	\$3,326.17	40	19



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**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
November/December 2014**

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
28	1912991340	GHADA HAMDAN-ALLEN MD	\$132,461.59	\$95.85	1,382	39
29	1245318393	JEAN TOBIN PA	\$131,930.01	\$71.58	1,843	28
30	1508289620	GLORIA A MILLER	\$128,541.28	\$99.11	1,297	56
31	1194880328	Kristen Park, M.D.	\$127,457.74	\$18,208.25	7	7140
32	1861559486	JOSPEH PATRICK BERTROCHE	\$122,737.78	\$110.28	1,113	30
33	1346210184	JAMES BROOKS MD	\$122,580.18	\$105.86	1,158	40
34	1649255431	STEPHANIE DEE PA	\$122,305.83	\$1,747.23	70	293
35	1699767525	EZZATOLLAH SHIVAPOUR, M.D.	\$121,803.43	\$1,933.39	63	161
36	1043211303	ALI SAFDAR	\$121,008.56	\$67.72	1,787	34
37	1972638864	LIUSKA MARIA PESCE	\$115,442.38	\$471.19	245	35
38	1255322996	MARK WILLIAM MITTAUER MD	\$114,371.40	\$92.91	1,231	32
39	1174584072	BRADLEY SCOTT LAIR MD	\$112,726.62	\$880.68	128	27
40	1902115652	SARAH LYNN BEATTIE ARNP	\$111,076.21	\$110.09	1,009	38
41	1003004391	DAVID BERMAN WALKER MD	\$108,625.00	\$85.40	1,272	72
42	1669570404	CASIE RINEY PA	\$108,147.43	\$106.03	1,020	51
43	1477633188	CYD Q. GRAFFT	\$107,970.65	\$77.73	1,389	33
44	1922144088	THOMAS S HOPKINS DO	\$101,665.32	\$93.87	1,083	54
45	1275844649	KATIE M HANSON ARNP	\$100,947.68	\$75.96	1,329	53
46	1013960566	PETER JOSEPH SZEIBEL	\$100,054.11	\$87.38	1,145	42
47	1508946088	E RICHARD NIGHTINGALE MD	\$98,690.35	\$81.76	1,207	47
48	1295830115	ALAN BOLLINGER DO	\$97,745.50	\$107.29	911	26
49	1710941000	LAURIE WARREN PA	\$97,117.32	\$102.99	943	44
50	1841293354	KEITH GUESS PA C	\$96,626.55	\$87.84	1,100	50
51	1063491645	ALLYSON L WHEATON MD	\$96,540.39	\$92.92	1,039	61
52	1245436765	RENE M DUREGGER MD	\$96,417.55	\$132.08	730	93
53	1215025309	DEBORAH LYNNE GARRELTS	\$95,624.36	\$126.32	757	58
54	1356520431	KAY A MARTTILA	\$92,112.67	\$99.80	923	31



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**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
November/December 2014**

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
55	1487908380	LISA ANN BECHTEL ARNP	\$90,697.02	\$100.55	902	78
56	1609218304	AMANDA O'TOOL ARNP	\$90,305.05	\$84.87	1,064	90
57	1841285772	KATHRYN CAROLE BREITBACH	\$90,039.51	\$1,343.87	67	10134
58	1285626390	KATHLEEN GRADOVILLE	\$89,962.93	\$310.22	290	88
59	1326045808	RAY C STURDEVANT MD	\$89,020.71	\$93.71	950	59
60	1215146055	REBECCA J WOLFE	\$88,455.01	\$80.19	1,103	64
61	1215964796	DONNER DEWDNEY MD	\$87,962.57	\$120.99	727	122
62	1134171937	KATHRYN LEE FLANDERS ARNP	\$87,921.03	\$656.13	134	89
63	1104034552	DEANNA BOOK BOESEN	\$87,703.46	\$99.44	882	73
64	1528247368	MISHELLE L PAULLUS	\$86,831.38	\$1,240.45	70	71
65	1619963949	EVA TSALIKIAN	\$85,750.96	\$669.93	128	46
66	1104029008	KATIE MARIE ULRING LARSON ODE MD	\$85,733.30	\$351.37	244	74
67	1356564371	CARLA K ABEL ZIEG ARNP	\$85,180.05	\$119.30	714	60
68	1750376034	DUANGCHAI NARAWONG MD	\$84,816.93	\$143.27	592	79
69	1780793976	MATTHEW D EGGERS MD	\$84,678.63	\$111.27	761	81
70	1215125216	REBECCA WALDING	\$84,478.20	\$114.01	741	91
71	1841443025	LISA K WATKINS	\$84,332.19	\$141.26	597	84
72	1598750432	CHRISTOPHER GENE OKIISHI MD	\$83,216.17	\$75.45	1,103	126
73	1104089390	EJIRO AGBORO-IDAHOA MD	\$82,204.39	\$97.51	843	57
74	1124399522	JOYCE E PROUCH ARNP	\$82,097.79	\$82.26	998	77
75	1083671309	JOHN LOUIS COLOMBO MD	\$81,051.02	\$988.43	82	66
76	1891705968	ANITA HANDEVIDT ARNP	\$80,780.68	\$90.26	895	55
77	1053361972	MATTHEW LARRY HILL DO	\$80,286.68	\$944.55	85	82
78	1447242359	DANIEL M SLEITER ARNP	\$79,549.19	\$526.82	151	148
79	1366435125	DANIEL EDWARD WESEMANN ARNP	\$78,960.85	\$101.49	778	68
80	1285697722	DOUGLAS JONES	\$78,127.49	\$86.81	900	75
81	1285681528	MARVIN F PIBURN JR MD	\$77,787.41	\$88.50	879	96



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**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
November/December 2014**

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
82	1235124942	JULIE KATHRYN OSTERHAUS	\$77,564.78	\$316.59	245	48
83	1629064324	KATHY RUPPENKAMP	\$77,487.83	\$1,210.75	64	6801
84	1083681944	MARY CHRISTINE SEGRETO DO	\$77,348.54	\$127.85	605	45
85	1164569737	PAULA STULTZ	\$77,153.00	\$408.22	189	43
86	1760470678	JEFFERY L MEIER	\$76,995.34	\$647.02	119	99
87	1730239732	SRIRAMAMURTHY RAVIPATI MD	\$76,844.41	\$71.82	1,070	41
88	1619195534	AMANDEEP KAUR MD	\$76,774.45	\$872.44	88	172
89	1629042288	MARTIN J FIALKOV MD	\$76,711.99	\$80.58	952	70
90	1538368170	CHRISTOPHER ROBERT MATSON	\$76,473.41	\$37.40	2,045	67
91	1306954391	WILLIAM E HOWARD IV	\$76,013.70	\$80.35	946	169
92	1033361563	ERMEI YAO PA	\$75,775.40	\$369.64	205	123
93	1679669832	ERIN VOYLES HATCHER ARNP	\$74,383.49	\$102.03	729	63
94	1144214248	KRISTIE DEE ANN WALZ MD	\$74,009.04	\$59.73	1,239	103
95	1184602013	RODNEY A SHORT MD	\$73,896.32	\$401.61	184	176
96	1184945321	DEANNE REMER	\$73,568.27	\$63.75	1,154	97
97	1578548376	DANIEL ALBERTO VAENA MD	\$73,538.17	\$2,101.09	35	223
98	1073509436	MICHAEL KARL MAHARRY MD	\$73,120.65	\$45.96	1,591	100
99	1639423544	PAMELA S BROWN ARNP	\$73,103.23	\$95.56	765	107
100	1134402373	JULIE A SCHUCK ARNP	\$72,504.95	\$703.93	103	113



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TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

CATEGORY DESCRIPTION	September/October 2014	RANK	% BUDGET	November/December 2014	RANK	% BUDGET	% CHANGE
ANTIPSYCHOTICS - ATYPICALS	\$5,163,479	1	8.8%	\$5,223,302	1	8.5%	1.2%
STIMULANTS - AMPHETAMINES - LONG ACTING	\$3,175,240	2	5.4%	\$3,204,453	2	5.2%	0.9%
ANTICONVULSANTS	\$3,137,133	3	5.3%	\$3,158,909	3	5.1%	0.7%
DIABETIC - INSULIN	\$2,520,968	5	4.3%	\$2,735,939	4	4.5%	8.5%
ANTIDEPRESSANTS - SELECTED SSRI's	\$2,528,648	4	4.3%	\$2,604,442	5	4.2%	3.0%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	\$2,258,816	6	3.9%	\$2,404,535	6	3.9%	6.5%
ANTIHEMOPHILIC AGENTS	\$2,059,123	7	3.5%	\$2,280,085	7	3.7%	10.7%
ANTIASTHMATIC - ADRENERGIC COMBOS	\$1,857,471	8	3.2%	\$1,847,327	8	3.0%	-0.5%
STIMULANTS - METHYLPHENIDATE	\$1,541,460	9	2.6%	\$1,587,535	9	2.6%	3.0%
BIOLOGIC IMMUNOMODULATORS	\$1,316,787	11	2.2%	\$1,366,737	10	2.2%	3.8%
ANTIASTHMATIC - BETA - ADRENERGICS	\$1,483,245	10	2.5%	\$1,337,465	11	2.2%	-9.8%
DIABETIC - INSULIN PENFILLS	\$1,128,742	14	1.9%	\$1,270,871	12	2.1%	12.6%
MULTIPLE SCLEROSIS AGENTS	\$1,181,152	13	2.0%	\$1,268,070	13	2.1%	7.4%
STIMULANTS - OTHER STIMULANTS / LIKE STIMULANTS	\$1,185,570	12	2.0%	\$1,255,061	14	2.0%	5.9%
ANTIRETROVIRALS	\$1,105,116	15	1.9%	\$1,177,651	15	1.9%	6.6%
ANTIASTHMATIC - STEROID INHALANTS	\$1,102,984	16	1.9%	\$1,049,722	16	1.7%	-4.8%
RSV PROPHYLAXIS	\$8,374	211	0.0%	\$1,016,861	17	1.7%	12,042.9%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	\$877,909	17	1.5%	\$890,003	18	1.4%	1.4%
INFLUENZA AGENTS	\$108,130	88	0.2%	\$877,110	19	1.4%	711.2%
ANTIASTHMATIC - ANTI-CHOLINERGICS	\$848,927	20	1.4%	\$845,674	20	1.4%	-0.4%



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TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

CATEGORY DESCRIPTION	September/October 2014	PREV RANK	November/December 2014	CURR RANK	PERC CHANGE
ANTIDEPRESSANTS - SELECTED SSRI's	87,931	1	88,712	1	0.9%
ANTICONVULSANTS	46,531	2	46,787	2	0.6%
NARCOTICS - MISC.	40,591	3	36,937	3	-9.0%
BETA-LACTAMS / CLAVULANATE COMBO'S	30,471	6	32,439	4	6.5%
ANTIPSYCHOTICS - ATYPICALS	30,518	5	30,796	5	0.9%
ANTIASTHMATIC - BETA - ADRENERGICS	33,612	4	29,936	6	-10.9%
ANALGESICS - MISC.	25,789	8	25,536	7	-1.0%
ANTIHISTAMINES - NON-SEDATING	27,547	7	23,583	8	-14.4%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	22,664	9	23,036	9	1.6%
GI - PROTON PUMP INHIBITOR	22,174	10	22,894	10	3.2%
MACROLIDES / ERYTHROMYCIN'S / KETOLIDES	19,668	12	20,688	11	5.2%
ANXIOLYTICS - BENZODIAZEPINES	20,060	11	19,764	12	-1.5%
ACE INHIBITORS	18,761	15	18,870	13	0.6%
NSAIDS	19,476	13	18,507	14	-5.0%
ANTIHYPERTENSIVES - CENTRAL	18,063	16	18,450	15	2.1%
DIURETICS	16,708	17	16,789	16	0.5%
GLUCOCORTICOIDS - MINERALOCORTICOIDS	19,169	14	16,508	17	-13.9%
STIMULANTS - AMPHETAMINES - LONG ACTING	16,110	18	16,290	18	1.1%
MUSCLE RELAXANTS	15,272	19	14,880	19	-2.6%
CEPHALOSPORINS	14,405	20	14,659	20	1.8%



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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	September/October 2014	PREVIOUS RANK	November/December 2014	RANK	PERCENT CHANGE
ABILIFY	\$2,481,715.97	1	\$2,582,834.62	1	4.07%
VYVANSE	\$2,440,802.71	2	\$2,479,625.95	2	1.59%
METHYLPHENIDATE HCL ER	\$1,890,688.07	3	\$2,006,207.60	3	6.11%
ADVATE	\$1,084,931.63	7	\$1,455,851.80	4	34.19%
LANTUS	\$1,300,442.39	4	\$1,407,126.36	5	8.20%
FOCALIN XR	\$1,197,492.68	5	\$1,248,816.61	6	4.29%
CYMBALTA	\$1,181,112.92	6	\$1,201,689.52	7	1.74%
SYNAGIS	\$8,374.10	606	\$1,016,861.46	8	12,042.93%
STRATTERA	\$813,902.90	10	\$892,047.59	9	9.60%
TAMIFLU	\$12,271.42	516	\$842,575.08	10	6,766.16%
ADVAIR DISKUS	\$831,050.06	9	\$825,000.71	11	-0.73%
VENTOLIN HFA	\$899,373.10	8	\$818,269.89	12	-9.02%
SPIRIVA HANDIHALER	\$785,934.23	11	\$784,956.99	13	-0.12%
DEPAKOTE ER	\$633,738.80	15	\$644,606.61	14	1.71%
LATUDA	\$639,862.99	13	\$637,387.33	15	-0.39%
ADDERALL XR	\$635,677.27	14	\$634,055.94	16	-0.26%
NOVOLOG	\$528,159.29	17	\$577,890.08	17	9.42%
INVEGA SUSTENNA	\$541,863.29	16	\$522,803.53	18	-3.52%
NOVOSEVEN RT	\$440,995.35	24	\$507,202.49	19	15.01%
ATRIPLA	\$453,712.77	22	\$502,316.09	20	10.71%
HUMALOG	\$455,775.53	21	\$498,702.23	21	9.42%
SYMBICORT	\$494,955.73	18	\$490,759.36	22	-0.85%
HUMIRA PEN	\$437,102.60	25	\$484,458.02	23	10.83%
CRESTOR	\$480,396.17	19	\$473,308.32	24	-1.48%
LOVENOX	\$448,699.40	23	\$470,373.01	25	4.83%
AZITHROMYCIN	\$387,616.17	26	\$440,783.41	26	13.72%
HYDROCODONE/ACETAMINOPHEN	\$470,091.74	20	\$428,129.74	27	-8.93%



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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	September/October 2014	PREVIOUS RANK	November/December 2014	RANK	PERCENT CHANGE
LEVEMIR	\$331,467.32	32	\$382,063.89	28	15.26%
H.P. ACTHAR	\$158,153.46	72	\$380,862.11	29	140.82%
LANTUS SOLOSTAR	\$312,016.40	37	\$360,506.04	30	15.54%
TECFIDERA	\$314,418.25	36	\$352,586.64	31	12.14%
DEXILANT	\$337,056.86	31	\$349,927.83	32	3.82%
QVAR	\$345,667.93	28	\$337,981.68	33	-2.22%
COPAXONE	\$302,819.94	39	\$333,240.17	34	10.05%
PULMICORT	\$337,606.13	30	\$326,484.29	35	-3.29%
TRICOR	\$326,261.94	33	\$318,177.34	36	-2.48%
CEFDINIR	\$273,655.02	43	\$317,391.18	37	15.98%
PROVENTIL HFA	\$359,173.91	27	\$315,389.79	38	-12.19%
NOVOLOG FLEXPEN	\$278,858.34	42	\$311,221.38	39	11.61%
SOVALDI	\$341,625.99	29	\$311,154.23	40	-8.92%
TRUVADA	\$298,606.35	40	\$310,248.66	41	3.90%
ADDERALL	\$734,710.76	12	\$300,932.14	42	-59.04%
LYRICA	\$288,919.76	41	\$293,908.78	43	1.73%
RISPERDAL CONSTA	\$303,355.61	38	\$287,586.45	44	-5.20%
AMOXICILLIN	\$235,861.64	47	\$274,175.22	45	16.24%
GENOTROPIN	\$320,853.36	34	\$273,194.61	46	-14.85%
NASONEX	\$316,428.51	35	\$265,689.54	47	-16.03%
ENBREL SURECLICK	\$236,903.75	46	\$252,385.35	48	6.53%
INVEGA	\$228,174.49	49	\$250,095.90	49	9.61%
HUMIRA	\$222,691.84	50	\$234,074.52	50	5.11%
OMEPRAZOLE	\$235,360.62	48	\$232,913.24	51	-1.04%
MONTELUKAST SODIUM	\$252,669.15	44	\$223,964.91	52	-11.36%
LEVOTHYROXINE SODIUM	\$217,243.54	52	\$222,487.23	53	2.41%
FLOVENT HFA	\$249,071.75	45	\$220,403.80	54	-11.51%



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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	September/October 2014	PREVIOUS RANK	November/December 2014	RANK	PERCENT CHANGE
AMPHETAMINE/DEXTROAMPHETA	\$119,530.22	105	\$219,710.51	55	83.81%
ENBREL	\$180,024.51	63	\$216,006.03	56	19.99%
VIMPAT	\$204,671.49	56	\$209,414.60	57	2.32%
COMBIVENT RESPIMAT	\$214,083.64	54	\$208,005.01	58	-2.84%
PULMOZYME	\$211,278.07	55	\$205,682.48	59	-2.65%
OPANA ER (CRUSH RESISTANT	\$196,480.44	60	\$202,690.48	60	3.16%
GABAPENTIN	\$203,081.34	57	\$200,947.78	61	-1.05%
NORDITROPIN FLEXPOR	\$131,195.77	92	\$198,546.97	62	51.34%
PROVIGIL	\$199,747.34	59	\$190,168.79	63	-4.80%
SPRYCEL	\$130,965.65	93	\$184,498.22	64	40.88%
METHYLPHENIDATE HCL	\$177,582.09	67	\$184,175.21	65	3.71%
VESICARE	\$178,981.81	66	\$183,096.33	66	2.30%
AMOXICILLIN/CLAVULANATE P	\$166,607.97	68	\$180,291.64	67	8.21%
XYREM	\$193,168.38	61	\$176,039.19	68	-8.87%
BUPROPION HCL XL	\$147,078.53	79	\$169,687.52	69	15.37%
TOPROL XL	\$152,703.15	76	\$165,208.89	70	8.19%
GLEEVEC	\$215,206.64	53	\$162,529.32	71	-24.48%
QUETIAPINE FUMARATE	\$158,967.56	71	\$161,441.79	72	1.56%
RISPERIDONE	\$156,990.43	73	\$158,078.05	73	0.69%
JANUVIA	\$139,713.70	86	\$154,979.30	74	10.93%
CREON	\$133,888.07	91	\$154,143.40	75	15.13%
KALYDECO	\$179,346.89	65	\$153,732.38	76	-14.28%
SERTRALINE HCL	\$144,512.76	82	\$153,072.57	77	5.92%
GILENYA	\$143,113.49	84	\$152,198.22	78	6.35%
SEROQUEL XR	\$163,943.73	70	\$151,780.86	79	-7.42%
DULERA	\$151,118.26	77	\$151,585.29	80	0.31%
LISINOPRIL	\$144,729.76	81	\$150,938.97	81	4.29%



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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	September/October 2014	PREVIOUS RANK	November/December 2014	RANK	PERCENT CHANGE
TRAMADOL HCL	\$147,429.32	78	\$148,168.67	82	0.50%
QUILLIVANT XR	\$125,263.08	100	\$144,621.37	83	15.45%
SAPHRIS	\$139,013.38	87	\$142,979.42	84	2.85%
XIFAXAN	\$156,503.19	74	\$142,607.38	85	-8.88%
ESCITALOPRAM OXALATE	\$137,492.96	88	\$140,112.85	86	1.91%
HARVONI	\$23,198.22	380	\$139,678.09	87	502.11%
BANZEL	\$144,243.87	83	\$139,644.37	88	-3.19%
INTUNIV	\$140,502.60	85	\$139,623.24	89	-0.63%
VENLAFAXINE HCL ER	\$127,456.31	94	\$137,117.26	90	7.58%
STRIBILD	\$116,186.81	107	\$135,936.12	91	17.00%
ATORVASTATIN CALCIUM	\$125,716.31	99	\$134,957.08	92	7.35%
COMPLERA	\$127,240.95	95	\$133,405.28	93	4.84%
METADATE CD	\$121,398.11	104	\$131,689.71	94	8.48%
ZIPRASIDONE HCL	\$156,276.12	75	\$131,528.53	95	-15.84%
KUVAN	\$84,352.36	144	\$130,902.45	96	55.19%
ALBUTEROL SULFATE	\$145,563.40	80	\$130,420.97	97	-10.40%
CEPHALEXIN	\$136,617.86	89	\$128,258.63	98	-6.12%
TRAZODONE HCL	\$125,853.06	98	\$127,340.59	99	1.18%
RANITIDINE HCL	\$126,353.75	96	\$127,317.53	100	0.76%



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TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	September/October 2014	PREVIOUS RANK	November/December 2014	RANK	PERCENT CHANGE
HYDROCO/APAP TAB 5-325MG	18,785	1	16,180	1	-13.87%
VENTOLIN HFA AER	16,538	2	14,978	2	-9.43%
TRAMADOL HCL TAB 50MG	12,700	3	11,954	3	-5.87%
Loratadine Tab 10 MG	12,231	4	10,914	4	-10.77%
AMOXICILLIN SUS 400/5ML	9,335	7	10,585	5	13.39%
AZITHROMYCIN TAB 250MG	9,399	6	9,079	6	-3.40%
ESCITALOPRAM TAB 20MG	8,880	9	9,009	7	1.45%
FLUOXETINE CAP 20MG	8,666	10	8,757	8	1.05%
ALBUTEROL NEB 0.083%	9,919	5	8,741	9	-11.88%
OMEPRAZOLE CAP 20MG	8,620	11	8,728	10	1.25%
GABAPENTIN CAP 300MG	8,360	12	8,576	11	2.58%
Cetirizine HCl Tab 10 MG	9,168	8	8,122	12	-11.41%
CYCLOBENZAPR TAB 10MG	8,083	13	7,728	13	-4.39%
AZITHROMYCIN SUS 200/5ML	6,530	18	7,610	14	16.54%
OMEPRAZOLE CAP 40MG	7,055	16	7,347	15	4.14%
CLONIDINE TAB 0.1MG	6,942	17	7,040	16	1.41%
RANITIDINE TAB 150MG	7,158	15	6,840	17	-4.44%
FLUTICASONE SPR 50MCG	7,410	14	6,634	18	-10.47%
SERTRALINE TAB 100MG	6,383	20	6,546	19	2.55%
GUANFACINE TAB 1MG	6,131	23	6,434	20	4.94%
Aspirin Tab Delayed Release 81 MG	6,455	19	6,322	21	-2.06%
MONTELUKAST TAB 10MG	6,235	22	5,951	22	-4.55%
IBUPROFEN TAB 800MG	6,331	21	5,908	23	-6.68%
Acetaminophen Tab 325 MG	5,977	25	5,890	24	-1.46%
TRAZODONE TAB 50MG	5,854	27	5,796	25	-0.99%
TRAZODONE TAB 100MG	5,797	28	5,725	26	-1.24%



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TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	September/October 2014	PREVIOUS RANK	November/December 2014	RANK	PERCENT CHANGE
Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)	5,598	29	5,547	27	-0.91%
LISINOPRIL TAB 10MG	5,419	31	5,389	28	-0.55%
METFORMIN TAB 500MG	5,198	32	5,178	29	-0.38%
HYDROCHLOROTAB 25MG	5,112	33	5,125	30	0.25%
PROVENTIL AER HFA	5,917	26	5,098	31	-13.84%
LISINOPRIL TAB 20MG	5,018	34	5,064	32	0.92%
AMOXICILLIN CAP 500MG	4,836	35	4,958	33	2.52%
CLONAZEPAM TAB 1MG	4,760	36	4,596	34	-3.45%
OXYCOD/APAP TAB 5-325MG	4,542	40	4,469	35	-1.61%
METHYLPHENID TAB 36MG ER	4,350	44	4,432	36	1.89%
METFORMIN TAB 1000MG	4,459	41	4,424	37	-0.78%
MELOXICAM TAB 15MG	4,441	42	4,418	38	-0.52%
Sennosides-Docusate Sodium Tab 8.6-50 MG	4,371	43	4,372	39	0.02%
PREDNISON TAB 20MG	5,468	30	4,311	40	-21.16%
CITALOPRAM TAB 20MG	4,329	45	4,273	41	-1.29%
POLYETH GLYC POW 3350 NF	4,156	50	4,232	42	1.83%
Aspirin Chew Tab 81 MG	4,174	48	4,166	43	-0.19%
ALPRAZOLAM TAB 1MG	4,139	51	4,146	44	0.17%
VENLAFAXINE CAP 150MG ER	4,112	53	4,145	45	0.80%
HYDROCO/APAP TAB 7.5-325	4,614	38	4,124	46	-10.62%
SERTRALINE TAB 50MG	4,014	55	4,090	47	1.89%
LANTUS INJ 100/ML	4,176	47	4,041	48	-3.23%
SMZ/TMP DS TAB 800-160	4,626	37	4,011	49	-13.29%
AMOXICILLIN SUS 250/5ML	3,677	61	3,991	50	8.54%
CLONAZEPAM TAB 0.5MG	4,093	54	3,989	51	-2.54%
CEPHALEXIN CAP 500MG	4,578	39	3,987	52	-12.91%



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TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	September/October 2014	PREVIOUS RANK	November/December 2014	RANK	PERCENT CHANGE
AMLODIPINE TAB 10MG	3,794	57	3,926	53	3.48%
CITALOPRAM TAB 40MG	3,886	56	3,843	54	-1.11%
PANTOPRAZOLE TAB 40MG	3,574	64	3,833	55	7.25%
ONDANSETRON TAB 4MG ODT	2,822	80	3,789	56	34.27%
MONTELUKAST CHW 5MG	4,167	49	3,786	57	-9.14%
NAPROXEN TAB 500MG	4,200	46	3,740	58	-10.95%
ALPRAZOLAM TAB 0.5MG	3,749	59	3,738	59	-0.29%
ZOLPIDEM TAB 10MG	3,756	58	3,710	60	-1.22%
HYDROCO/APAP TAB 10-325MG	4,133	52	3,690	61	-10.72%
PREDNISOLONE SOL 15MG/5ML	6,115	24	3,674	62	-39.92%
AMOX/K CLAV TAB 875MG	3,723	60	3,635	63	-2.36%
CYMBALTA CAP 60MG	3,634	62	3,625	64	-0.25%
Acetaminophen Tab 500 MG	3,396	66	3,413	65	0.50%
METHYLPHENID TAB 54MG ER	3,306	67	3,378	66	2.18%
FOLIC ACID TAB 1MG	3,468	65	3,355	67	-3.26%
AMLODIPINE TAB 5MG	3,298	68	3,340	68	1.27%
ATORVASTATIN TAB 40MG	3,053	75	3,268	69	7.04%
BUPROPN HCL TAB 300MG XL	3,064	74	3,236	70	5.61%
SIMVASTATIN TAB 20MG	3,127	73	3,168	71	1.31%
METOPROL TAR TAB 25MG	3,166	71	3,167	72	0.03%
CEFDINIR SUS 250/5ML	2,656	88	3,131	73	17.88%
LORAZEPAM TAB 1MG	3,182	70	3,108	74	-2.33%
HYDROXYZ PAM CAP 25MG	3,165	72	3,096	75	-2.18%
BUPROPN HCL TAB 150MG XL	2,882	78	3,057	76	6.07%
TAMIFLU SUS 6MG/ML	47	1212	2,999	77	6,280.85%
VYVANSE CAP 30MG	2,896	76	2,874	78	-0.76%
VENLAFAXINE CAP 75MG ER	2,756	83	2,868	79	4.06%



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TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	September/October 2014	PREVIOUS RANK	November/December 2014	RANK	PERCENT CHANGE
RISPERIDONE TAB 1MG	2,880	79	2,843	80	-1.28%
SPIRIVA CAP HANDHLR	2,888	77	2,815	81	-2.53%
LORAZEPAM TAB 0.5MG	2,750	84	2,812	82	2.25%
VYVANSE CAP 40MG	2,767	81	2,744	83	-0.83%
SIMVASTATIN TAB 40MG	2,767	82	2,719	84	-1.73%
ATORVASTATIN TAB 20MG	2,498	93	2,714	85	8.65%
LEVOTHYROXIN TAB 50MCG	2,681	86	2,692	86	0.41%
FUROSEMIDE TAB 40MG	2,667	87	2,687	87	0.75%
LISINOPRIL TAB 40MG	2,636	89	2,671	88	1.33%
Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML)	3,613	63	2,654	89	-26.54%
PREDNISON TAB 10MG	3,205	69	2,653	90	-17.22%
QUETIAPINE TAB 100MG	2,513	91	2,569	91	2.23%
RISPERIDONE TAB 0.5MG	2,429	96	2,475	92	1.89%
FLUCONAZOLE TAB 150MG	2,507	92	2,434	93	-2.91%
LISINOPRIL TAB 5MG	2,445	95	2,391	94	-2.21%
METRONIDAZOL TAB 500MG	2,566	90	2,381	95	-7.21%
MONTELUKAST CHW 4MG	2,699	85	2,380	96	-11.82%
VYVANSE CAP 50MG	2,244	103	2,359	97	5.12%
Ibuprofen Susp 100 MG/5ML	1,964	118	2,353	98	19.81%
CLOPIDOGREL TAB 75MG	2,282	101	2,341	99	2.59%
APAP/CODEINE TAB 300-30MG	2,312	99	2,328	100	0.69%



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Bi-Monthly Statistics

	November/December 2014	January/February 2015	% CHANGE
TOTAL PAID AMOUNT	\$60,821,416	\$63,528,498	4.5%
UNIQUE USERS	198,531	204,409	3.0%
COST PER USER	\$306.36	\$310.79	1.4%
TOTAL PRESCRIPTIONS	947,453	968,276	2.2%
AVERAGE PRESCRIPTIONS PER USER	4.77	4.74	-0.7%
AVERAGE COST PER PRESCRIPTION	\$64.19	\$65.61	2.2%
# GENERIC PRESCRIPTIONS	792,657	817,357	3.1%
% GENERIC	83.7%	84.4%	0.9%
\$ GENERIC	\$16,088,524	\$17,295,624	7.5%
AVERAGE GENERIC PRESCRIPTION COST	\$20.30	\$21.16	4.3%
AVERAGE GENERIC DAYS SUPPLY	23	23	0.0%
# BRAND PRESCRIPTIONS	151,227	147,552	3.1%
% BRAND	16.0%	15.2%	0.9%
\$ BRAND	\$44,511,655	\$46,048,852	7.5%
AVERAGE BRAND PRESCRIPTION COST	\$294.34	\$312.09	4.3%
AVERAGE BRAND DAYS SUPPLY	25	25	0.0%



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UTILIZATION BY AGE		
AGE	November/December 2014	January/February 2015
0-6	39,742	37,589
7-12	29,303	30,605
13-18	24,390	25,146
19-64	96,889	101,614
65+	8,207	9,455
	198,531	204,409

UTILIZATION BY GENDER AND AGE			
GENDER	AGE	November/December 2014	January/February 2015
F	0-6	18,532	17,794
	7-12	12,867	13,385
	13-18	12,988	12,797
	19-64	61,949	64,925
	65+	5,830	6,580
		112,166	115,481
	M	0-6	21,210
7-12		16,436	17,220
13-18		11,402	12,349
19-64		34,940	36,689
65+		2,377	2,875
		86,365	88,928



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**TOP 100 PHARMACIES BY PRESCRIPTION COUNT
January/February 2015**

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
1	BROADLAWNS MEDICAL CENTER	DES MOINES	IA	18,706	\$466,639.55	\$24.95	1
2	WALGREEN #05239	DAVENPORT	IA	11,635	\$648,837.52	\$55.77	2
3	WALGREEN #04405	COUNCIL BLUFFS	IA	10,041	\$586,676.43	\$58.43	3
4	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	9,242	\$605,929.74	\$65.56	4
5	WALGREEN #05721	DES MOINES	IA	9,055	\$519,291.20	\$57.35	5
6	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	7,054	\$340,978.17	\$48.34	6
7	WALGREEN #359	DES MOINES	IA	6,863	\$370,903.05	\$54.04	7
8	WALGREEN COMPANY 07455	WATERLOO	IA	6,801	\$340,192.98	\$50.02	8
9	MERCY FAMILY PHARMACY	DUBUQUE	IA	6,789	\$404,658.18	\$59.60	13
10	WALGREEN COMPANY #3700	COUNCIL BLUFFS	IA	6,560	\$341,805.30	\$52.10	11
11	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	6,506	\$350,926.87	\$53.94	10
12	WALGREEN #05362	DES MOINES	IA	6,367	\$338,682.13	\$53.19	9
13	SIOUXLAND COMM HEALTH CTR PHARMA	SIOUX CITY	IA	6,151	\$105,681.01	\$17.18	12
14	MARTIN HEALTH SERVICES INC	DENVER	IA	5,912	\$181,380.12	\$30.68	16
15	WALGREENS #07453	DES MOINES	IA	5,748	\$321,506.59	\$55.93	14
16	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	5,362	\$296,609.85	\$55.32	19
17	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	5,211	\$315,004.66	\$60.45	17
18	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	5,185	\$275,598.30	\$53.15	20
19	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	5,062	\$255,740.55	\$50.52	23
20	WALGREEN #04041	DAVENPORT	IA	5,002	\$250,286.52	\$50.04	18
21	WALGREEN COMPANY 05777	DES MOINES	IA	4,997	\$287,421.29	\$57.52	22
22	HY VEE PHARMACY 1060	CEDAR RAPIDS	IA	4,853	\$274,405.88	\$56.54	26
23	WALGREEN #05852	DES MOINES	IA	4,764	\$256,894.65	\$53.92	21
24	WALGREEN #910	SIOUX CITY	IA	4,672	\$259,052.63	\$55.45	15
25	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	4,657	\$264,450.39	\$56.79	24



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TOP 100 PHARMACIES BY PRESCRIPTION COUNT
January/February 2015

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
26	RASHID PHARMACY PLC	FORT MADISON	IA	4,508	\$261,676.38	\$58.05	25
27	WALGREEN #11709	DAVENPORT	IA	4,494	\$262,561.17	\$58.42	27
28	DANIEL PHARMACY INC	FORT DODGE	IA	4,314	\$238,968.31	\$55.39	28
29	WALGREEN #05886	KEOKUK	IA	4,270	\$244,531.57	\$57.27	49
30	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	4,261	\$226,414.47	\$53.14	29
31	MAHASKA DRUG INC	OSKALOOSA	IA	4,040	\$245,372.35	\$60.74	32
32	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	3,975	\$277,666.66	\$69.85	38
33	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	3,897	\$214,787.10	\$55.12	30
34	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	3,832	\$217,094.82	\$56.65	31
35	PHARMACY MATTERS LTC	IOWA CITY	IA	3,817	\$165,966.82	\$43.48	36
36	MEDICAP PHARMACY	INDIANOLA	IA	3,746	\$195,632.17	\$52.22	34
37	WALGREEN #03595	DAVENPORT	IA	3,740	\$210,243.44	\$56.21	39
38	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	3,729	\$219,811.07	\$58.95	37
39	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	3,659	\$237,633.92	\$64.95	41
40	WALGREEN #7452	DES MOINES	IA	3,580	\$178,816.95	\$49.95	33
41	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	3,550	\$255,338.88	\$71.93	43
42	IOWA CVS PHARMACY LLC DBA	WATERLOO	IA	3,545	\$191,266.49	\$53.95	44
43	SOUTH SIDE DRUG INCOPORATED	OTTUMWA	IA	3,535	\$205,915.61	\$58.25	42
44	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	3,526	\$206,451.49	\$58.55	40
45	WALGREENS #05119	CLINTON	IA	3,464	\$191,816.18	\$55.37	35
46	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	3,431	\$206,986.09	\$60.33	52
47	WAL-MART PHARMACY #10-1496	WATERLOO	IA	3,413	\$150,957.30	\$44.23	46
48	WAL-MART PHARMACY #10-0985	FAIRFIELD	IA	3,375	\$139,428.93	\$41.31	60
49	WALGREEN #05044	BURLINGTON	IA	3,288	\$188,533.27	\$57.34	45
50	WALGREENS #10855	WATERLOO	IA	3,226	\$165,798.65	\$51.39	53
51	WAL-MART PHARMACY 10-2889	CLINTON	IA	3,206	\$148,407.34	\$46.29	56



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TOP 100 PHARMACIES BY PRESCRIPTION COUNT
January/February 2015

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
52	WAL-MART PHARMACY #10-5115	DAVENPORT	IA	3,200	\$130,377.03	\$40.74	47
53	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	3,160	\$145,653.04	\$46.09	61
54	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	3,155	\$159,657.24	\$50.60	51
55	HY VEE PHARMACY #1449	NEWTON	IA	3,153	\$160,146.67	\$50.79	54
56	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,151	\$200,009.07	\$63.47	50
57	THOMPSON-DEAN DRUG	SIOUX CITY	IA	3,130	\$271,294.70	\$86.68	59
58	A AVENUE PHARMACY	CEDAR RAPIDS	IA	3,079	\$223,352.35	\$72.54	48
59	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	3,062	\$162,286.88	\$53.00	58
60	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	3,049	\$153,944.79	\$50.49	66
61	RIGHT DOSE PHARMACY	ANKENY	IA	3,040	\$209,592.97	\$68.95	425
62	WALGREENS #11942	DUBUQUE	IA	3,012	\$173,012.36	\$57.44	63
63	WALGREENS 07968	DES MOINES	IA	3,000	\$162,646.71	\$54.22	64
64	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	2,981	\$150,777.83	\$50.58	57
65	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	2,892	\$167,503.09	\$57.92	75
66	WAL-MART PHARMACY #10-1393	OSKALOOSA	IA	2,891	\$132,525.17	\$45.84	68
67	HY-VEE PHARMACY (1075)	CLINTON	IA	2,869	\$172,942.62	\$60.28	62
68	WAL-MART PHARMACY #10-0646	ANAMOSA	IA	2,853	\$120,341.87	\$42.18	85
69	WAGNER PHARMACY	CLINTON	IA	2,838	\$177,756.59	\$62.63	89
70	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	2,810	\$163,066.24	\$58.03	67
71	WALGREENS #15647	SIOUX CITY	IA	2,783	\$145,495.15	\$52.28	138
72	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	2,776	\$145,783.73	\$52.52	69
73	HY-VEE PHARMACY (1522)	PERRY	IA	2,768	\$148,001.35	\$53.47	70
74	WALGREEN #4714	DES MOINES	IA	2,756	\$154,251.05	\$55.97	65
75	WALGREEN #09708	DUBUQUE	IA	2,746	\$152,253.10	\$55.45	71
76	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,731	\$174,351.38	\$63.84	72
77	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	2,718	\$142,987.13	\$52.61	79



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TOP 100 PHARMACIES BY PRESCRIPTION COUNT
January/February 2015

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
78	HY-VEE PHARMACY (1875)	WEBSTER CITY	IA	2,671	\$134,190.14	\$50.24	73
79	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	2,668	\$164,641.40	\$61.71	76
80	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,667	\$127,800.04	\$47.92	78
81	HY-VEE DRUGSTORE #7031	DES MOINES	IA	2,627	\$144,684.73	\$55.08	81
82	HY-VEE PHARMACY (1009) DBA	ALBIA	IA	2,618	\$127,068.29	\$48.54	80
83	WALGREEN #05942	NEWTON	IA	2,608	\$152,019.22	\$58.29	77
84	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,596	\$202,259.16	\$77.91	74
85	HY-VEE PHARMACY 1504	OTTUMWA	IA	2,584	\$165,600.03	\$64.09	82
86	WALGREEN #05077	IOWA CITY	IA	2,577	\$153,280.30	\$59.48	83
87	WAL-MART PHARMACY #10-3394	ATLANTIC	IA	2,555	\$135,345.03	\$52.97	84
88	HY-VEE PHARMACY 1071	CLARINDA	IA	2,549	\$154,889.52	\$60.76	94
89	LA GRANGE PHARMACY INC	VINTON	IA	2,547	\$146,407.56	\$57.48	88
90	SCOTT PHARMACY	FAYETTE	IA	2,540	\$132,279.70	\$52.08	95
91	HY-VEE PHARMACY (1065)	CHARITON	IA	2,490	\$140,643.04	\$56.48	86
92	STANGEL PHARMACY	ONAWA	IA	2,475	\$152,471.64	\$61.60	110
93	WAL-MART PHARMACY 10-0784	MT PLEASANT	IA	2,472	\$147,209.89	\$59.55	87
94	HY-VEE DRUGSTORE # 7035	FT DODGE	IA	2,447	\$133,272.31	\$54.46	91
95	HY-VEE FOOD STORE	WATERLOO	IA	2,441	\$182,434.99	\$74.74	90
96	UI HEALTHCARE RIVER LANDING PHAR	CORALVILLE	IA	2,420	\$48,979.67	\$20.24	104
97	WALGREENS #03876	MARION	IA	2,418	\$140,007.02	\$57.90	97
98	WALGREEN COMPANY DBA	OTTUMWA	IA	2,411	\$143,319.28	\$59.44	102
99	WALGREEN #05361	FORT DODGE	IA	2,390	\$131,480.39	\$55.01	93
100	WAL-MART PHARMACY 10-1723	DES MOINES	IA	2,371	\$88,975.76	\$37.53	98



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**TOP 100 PHARMACIES BY PAID AMOUNT
January/February 2015**

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	NUCARA PHARMACY #27	PLEASANT HILL	IA	2,200	\$1,118,888.44	\$2,638.89	2
2	ARJ INFUSION SERVICES INC	LENEXA	KS	27	\$1,106,266.68	\$276,566.67	1
3	CAREMARK KANSAS SPEC PHARMACY LL	LENEXA	KS	141	\$656,177.05	\$7,372.78	6
4	WALGREEN #05239	DAVENPORT	IA	11,635	\$648,837.52	\$199.27	4
5	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	9,242	\$605,929.74	\$277.69	5
6	WALGREEN #04405	COUNCIL BLUFFS	IA	10,041	\$586,676.43	\$223.84	7
7	WALGREEN #05721	DES MOINES	IA	9,055	\$519,291.20	\$183.24	8
8	ACCREDO HEALTH GROUP INC	MEMPHIS	TN	62	\$495,052.77	\$12,693.66	3
9	HY-VEE PHARMACY SOLUTIONS	OMAHA	NE	225	\$481,582.69	\$3,541.05	19
10	UNITYPOINT AT HOME	URBANDALE	IA	381	\$477,766.53	\$4,304.20	10
11	AMBER PHARMACY	OMAHA	NE	133	\$467,466.93	\$11,986.33	15
12	BROADLAWNS MEDICAL CENTER	DES MOINES	IA	18,706	\$466,639.55	\$187.10	11
13	MERCY FAMILY PHARMACY	DUBUQUE	IA	6,789	\$404,658.18	\$359.70	13
14	UNIV OF IOWA COMMUNITY HOMECARE	IOWA CITY	IA	266	\$398,364.92	\$4,742.44	24
15	ACCREDO HEALTH GROUP INC	NASHVILLE	TN	10	\$372,037.75	\$74,407.55	9
16	WALGREEN #359	DES MOINES	IA	6,863	\$370,903.05	\$181.11	12
17	COMMUNITY HEALTHCARE SERVICES	LOMA LINDA	CA	7	\$362,762.58	\$181,381.29	76
18	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	6,506	\$350,926.87	\$170.60	14
19	WALGREEN COMPANY #3700	COUNCIL BLUFFS	IA	6,560	\$341,805.30	\$182.30	17
20	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	7,054	\$340,978.17	\$210.87	16
21	WALGREEN COMPANY 07455	WATERLOO	IA	6,801	\$340,192.98	\$151.94	18
22	WALGREEN #05362	DES MOINES	IA	6,367	\$338,682.13	\$163.85	22
23	WALGREENS #07453	DES MOINES	IA	5,748	\$321,506.59	\$195.80	20
24	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	5,211	\$315,004.66	\$421.69	21
25	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	5,362	\$296,609.85	\$220.04	35



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**TOP 100 PHARMACIES BY PAID AMOUNT
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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
26	WALGREENS SPECIALTY PHARMACY #12	ANN ARBOR	MI	60	\$290,351.82	\$8,295.77	26
27	WALGREEN COMPANY 05777	DES MOINES	IA	4,997	\$287,421.29	\$211.81	29
28	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	3,975	\$277,666.66	\$480.39	28
29	DIPLOMAT SPECIALTY PHARMACY	FLINT	MI	64	\$275,814.40	\$9,193.81	25
30	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	5,185	\$275,598.30	\$227.20	38
31	MEDFUSIONRX LLC	FRANKLIN	TN	51	\$274,436.28	\$9,147.88	37
32	HY VEE PHARMACY 1060	CEDAR RAPIDS	IA	4,853	\$274,405.88	\$249.23	34
33	US BIOSERVICE CORPORATION	FRISCO	TX	28	\$273,195.45	\$21,015.03	111
34	THOMPSON-DEAN DRUG	SIOUX CITY	IA	3,130	\$271,294.70	\$419.96	36
35	PROCARE PHARMACY DIRECT LLC	MONROEVILLE	PA	61	\$265,671.08	\$8,050.64	31
36	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	4,657	\$264,450.39	\$216.94	27
37	WALGREEN #11709	DAVENPORT	IA	4,494	\$262,561.17	\$222.32	41
38	RASHID PHARMACY PLC	FORT MADISON	IA	4,508	\$261,676.38	\$291.72	33
39	ACCREDITO HEALTH GROUP INC	WARRENDALE	PA	45	\$260,729.41	\$15,337.02	54
40	WALGREEN #910	SIOUX CITY	IA	4,672	\$259,052.63	\$154.20	23
41	WALGREEN #05852	DES MOINES	IA	4,764	\$256,894.65	\$170.58	32
42	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	5,062	\$255,740.55	\$292.94	77
43	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	3,550	\$255,338.88	\$240.89	39
44	WALGREEN #04041	DAVENPORT	IA	5,002	\$250,286.52	\$159.42	30
45	MAHASKA DRUG INC	OSKALOOSA	IA	4,040	\$245,372.35	\$258.83	46
46	WALGREEN #05886	KEOKUK	IA	4,270	\$244,531.57	\$256.59	67
47	DANIEL PHARMACY INC	FORT DODGE	IA	4,314	\$238,968.31	\$283.14	47
48	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	3,659	\$237,633.92	\$316.42	58
49	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	4,261	\$226,414.47	\$242.93	49
50	A AVENUE PHARMACY	CEDAR RAPIDS	IA	3,079	\$223,352.35	\$606.94	42



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**TOP 100 PHARMACIES BY PAID AMOUNT
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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
51	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	3,729	\$219,811.07	\$319.49	45
52	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	3,832	\$217,094.82	\$260.31	44
53	WALGREENS INFUSION SERVICES	OMAHA	NE	47	\$215,887.60	\$11,362.51	69
54	ACARIAHEALTH PHARMACY #11 INC	HOUSTON	TX	43	\$215,273.44	\$10,251.12	51
55	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	3,897	\$214,787.10	\$281.50	52
56	WALGREEN #03595	DAVENPORT	IA	3,740	\$210,243.44	\$172.33	53
57	RIGHT DOSE PHARMACY	ANKENY	IA	3,040	\$209,592.97	\$598.84	416
58	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	3,431	\$206,986.09	\$265.37	60
59	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	3,526	\$206,451.49	\$227.62	50
60	SOUTH SIDE DRUG INCOPORATED	OTTUMWA	IA	3,535	\$205,915.61	\$319.74	57
61	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,596	\$202,259.16	\$591.40	48
62	DOHMEN LIFE SCIENCE SERVICES LLC	CHESTERFIELD	MO	20	\$201,085.95	\$20,108.60	40
63	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,151	\$200,009.07	\$321.04	64
64	MEDICAP PHARMACY	INDIANOLA	IA	3,746	\$195,632.17	\$406.72	62
65	WALGREENS #05119	CLINTON	IA	3,464	\$191,816.18	\$202.77	56
66	IOWA CVS PHARMACY LLC DBA	WATERLOO	IA	3,545	\$191,266.49	\$207.00	59
67	EXPRESS SCRIPTS SPECIALTY	ST LOUIS	MO	26	\$189,468.86	\$14,574.53	68
68	WALGREEN #05044	BURLINGTON	IA	3,288	\$188,533.27	\$183.22	66
69	HY-VEE FOOD STORE	WATERLOO	IA	2,441	\$182,434.99	\$319.50	61
70	MARTIN HEALTH SERVICES INC	DENVER	IA	5,912	\$181,380.12	\$176.10	65
71	WALGREEN #7452	DES MOINES	IA	3,580	\$178,816.95	\$148.64	55
72	MERCY HOME INFUSION	URBANDALE	IA	117	\$178,199.13	\$4,346.32	63
73	WAGNER PHARMACY	CLINTON	IA	2,838	\$177,756.59	\$356.94	87
74	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,731	\$174,351.38	\$645.75	79
75	WALGREENS #11942	DUBUQUE	IA	3,012	\$173,012.36	\$198.86	74
76	HY-VEE PHARMACY (1075)	CLINTON	IA	2,869	\$172,942.62	\$291.15	72



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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
77	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	2,892	\$167,503.09	\$233.94	96
78	PHARMACY MATTERS LTC	IOWA CITY	IA	3,817	\$165,966.82	\$493.95	82
79	WALGREENS #10855	WATERLOO	IA	3,226	\$165,798.65	\$169.88	73
80	HY-VEE PHARMACY 1504	OTTUMWA	IA	2,584	\$165,600.03	\$294.14	84
81	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	2,668	\$164,641.40	\$304.89	81
82	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	2,810	\$163,066.24	\$263.86	71
83	WALGREENS 07968	DES MOINES	IA	3,000	\$162,646.71	\$163.46	83
84	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	3,062	\$162,286.88	\$187.40	80
85	HY VEE PHARMACY #1449	NEWTON	IA	3,153	\$160,146.67	\$214.96	78
86	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	3,155	\$159,657.24	\$243.75	86
87	HY-VEE PHARMACY 1071	CLARINDA	IA	2,549	\$154,889.52	\$291.69	103
88	WALGREEN #4714	DES MOINES	IA	2,756	\$154,251.05	\$183.63	97
89	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	3,049	\$153,944.79	\$258.73	100
90	WALGREEN #05077	IOWA CITY	IA	2,577	\$153,280.30	\$203.02	108
91	STANGEL PHARMACY	ONAWA	IA	2,475	\$152,471.64	\$316.99	107
92	WALGREEN #09708	DUBUQUE	IA	2,746	\$152,253.10	\$147.96	90
93	WALGREEN #05942	NEWTON	IA	2,608	\$152,019.22	\$217.79	93
94	WAL-MART PHARMACY #10-1496	WATERLOO	IA	3,413	\$150,957.30	\$159.24	95
95	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	2,981	\$150,777.83	\$251.72	88
96	GREENVILLE PHARMACY INC	SIOUX CITY	IA	2,010	\$150,040.24	\$387.70	92
97	WAL-MART PHARMACY 10-2889	CLINTON	IA	3,206	\$148,407.34	\$183.22	89
98	HY-VEE PHARMACY (1522)	PERRY	IA	2,768	\$148,001.35	\$199.73	106
99	WAL-MART PHARMACY 10-0784	MT PLEASANT	IA	2,472	\$147,209.89	\$246.17	91
100	LA GRANGE PHARMACY INC	VINTON	IA	2,547	\$146,407.56	\$283.74	109



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RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
1	1780766659	CHESTER ROBERT BADGER	\$212,275.22	4,146	5.68	1
2	1982605762	JEFFREY D WILHARM	\$164,925.40	2,420	5.65	3
3	1841407160	RAHUL BANSAL MD	\$232,782.81	2,332	4.82	2
4	1538368170	CHRISTOPHER ROBERT MATSON	\$78,737.21	2,209	6.02	5
5	1467682351	NICOLE GILG	\$72,557.04	2,150	5.50	4
6	1063622637	HUSSAIN BANU	\$58,744.49	2,080	6.27	9
7	1649248378	KATHLEEN L WILD ARNP	\$194,058.80	2,053	3.66	7
8	1083784797	CAROL AUNAN ARNP	\$170,033.37	1,997	3.64	6
9	1013115369	BOBBITA NAG MD	\$253,308.24	1,980	4.07	10
10	1205015906	DAVID F WIDITZ	\$171,510.61	1,938	4.58	11
11	1043211303	ALI SAFDAR	\$141,144.43	1,887	3.46	13
12	1215192224	SHALINA SHAIK	\$47,451.25	1,821	6.19	8
13	1073667606	ELIZABETH MCCURDY DO	\$63,256.59	1,788	5.64	15
14	1619153137	JODI BEST ARNP	\$184,987.06	1,647	5.08	14
15	1316922545	MABRA G ABERNATHY	\$46,502.02	1,550	4.60	16
16	1801998372	WENDY MICHELE HANSEN-PENMAN DO	\$40,784.40	1,530	6.95	21
17	1023053972	BRYANT MUTCHLER DO	\$66,377.25	1,524	6.00	23
18	1245388743	TIMOTHY SWINTON MD	\$61,540.18	1,447	6.35	19
19	1043434525	ROBERT MARVIN KENT MD	\$65,962.25	1,426	4.47	34
20	1073509436	MICHAEL KARL MAHARRY MD	\$69,037.53	1,410	5.38	17
21	1720293087	RAJNI BATRA MD	\$70,667.14	1,390	3.65	29
22	1841220290	KENT ELDON KUNZE MD	\$138,031.61	1,389	4.35	18
23	1023377827	LISA KAY CHASE	\$64,364.88	1,388	5.10	27
24	1467437806	GEORGIA LAUER PAC	\$77,654.54	1,384	6.21	32
25	1275844649	KATIE M HANSON	\$111,906.05	1,374	3.95	28
26	1073594768	JERROLD V FLATT DO	\$60,864.01	1,352	4.63	26



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RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
27	1477633188	CYD Q. GRAFFT	\$114,592.40	1,348	3.92	25
28	1255322996	MARK WILLIAM MITTAUER MD	\$109,239.83	1,312	3.62	39
29	1730239732	SRIRAMAMURTHY RAVIPATI MD	\$111,660.54	1,308	3.73	61
30	1972758126	REBECCA BOLLIN	\$36,134.41	1,290	4.87	66
31	1073500690	KATHLEEN S ADAMS	\$156,523.85	1,254	3.86	49
32	1508946088	RICHARD E NIGHTINGALE	\$109,116.86	1,254	5.81	40
33	1912991340	GHADA HAMDAN-ALLEN MD	\$130,226.51	1,250	4.27	24
34	1962558957	ALBERT N OKINE PA	\$138,151.55	1,234	6.08	22
35	1144214248	KRISTIE DEE ANN WALZ MD	\$60,570.90	1,232	4.50	38
36	1003004391	DAVID B WALKER MD	\$109,514.25	1,224	4.19	33
37	1598962870	CHRISTY QUILLEN ARNP	\$42,851.93	1,221	5.07	35
38	1346210184	JAMES BROOKS MD	\$134,743.82	1,218	5.18	43
39	1497736326	RANDY R ROBINSON	\$56,520.10	1,211	5.38	36
40	1508289620	GLORIA A MILLER	\$109,151.51	1,189	6.61	31
41	1205169273	TERESA ANN DOWLING	\$34,784.13	1,184	5.26	48
42	1528144383	RAMONCITO AMURAO O'CAMPO	\$54,005.30	1,169	4.35	54
43	1033198908	DANIEL J ARNOLD	\$54,988.99	1,167	4.35	50
44	1164538674	JOSEPH M WANZEK	\$62,946.19	1,165	4.81	51
45	1982766705	MALHAR GORE	\$36,615.37	1,157	4.54	59
46	1538157383	DAVID WENGER-KELLER MD	\$51,595.68	1,141	5.59	69
47	1952459463	DAVID LAWRENCE YURDIN PA	\$543,138.83	1,132	4.26	37
48	1073550836	SONJA LUCILLE GREINER ARNP	\$52,530.11	1,119	4.76	90
49	1245318393	JEAN TOBIN PA	\$76,998.34	1,111	2.63	12
50	1902809536	KIRAN BHASKAR KHANOLKAR MD	\$55,649.39	1,108	4.88	42
51	1841293354	KEITH GUESS PA C	\$105,894.20	1,098	4.56	58
52	1588629414	THOMAS EARWOOD MD	\$76,012.33	1,097	4.77	67



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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
53	1306133095	DEBRA LEE ANDERSON ARNP	\$55,003.19	1,090	3.76	46
54	1215080759	JUANITA M O'BRIEN	\$41,430.95	1,090	4.80	81
55	1225097843	WILLIAM M NISSEN	\$61,012.90	1,079	3.87	41
56	1184945321	DEANNE REMER	\$72,632.18	1,077	5.95	44
57	1104976109	ISAM ELIAS MARAR MD	\$74,279.89	1,071	5.30	85
58	1902912538	CHRISTIAN W JONES MD	\$48,410.50	1,065	3.47	71
59	1013960566	PETER JOSEPH SZEIBEL	\$100,434.56	1,048	5.09	45
60	1205821337	MANMOHAN SINGH	\$50,386.15	1,046	4.51	63
61	1306954391	WILLIAM E HOWARD IV	\$90,388.97	1,043	2.79	87
62	1356760011	CHARISSA S ELLIOTT ARNP	\$55,055.12	1,040	5.68	77
63	1134425127	MELANIE HOWARD ARPN	\$89,243.16	1,038	3.49	122
64	1467502286	CHARLES TILLEY PA	\$120,521.09	1,031	3.88	20
65	1134191018	DUSTIN RALPH SMITH MD	\$58,956.04	1,028	4.53	57
66	1306812490	MERRILEE RAMSEY ARNP	\$49,895.90	1,027	4.14	75
67	1558348284	STEVEN G PAULSRUD	\$50,876.47	1,024	4.38	47
68	1396731287	VICKI L BOLING ARNP	\$54,459.61	1,022	4.29	94
69	1922144088	THOMAS S HOPKINS DO	\$103,557.48	1,019	3.68	60
70	1780877878	CHRISTOPHER JACOBS ARNP	\$37,525.95	1,009	3.60	76
71	1063491645	ALLYSON L WHEATON MD	\$96,027.60	1,002	3.88	64
72	1215146055	REBECCA J WOLFE	\$86,166.97	1,001	3.82	56
73	1669570404	CASIE RINEY PA	\$115,852.06	998	4.19	68
74	1326045808	RAY C STURDEVANT MD	\$96,431.59	994	3.20	82
75	1871586271	PATRICIA BLACKLEDGE ARNP	\$45,292.68	994	5.15	70
76	1285697722	DOUGLAS JONES	\$90,093.53	989	3.40	97
77	1861559486	JOSPEH PATRICK BERTROCHE	\$126,323.20	984	3.92	52
78	1619186475	STEPHEN PALLONE MD	\$38,856.52	969	5.51	83



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RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
79	1356520431	KAY A MARTTILA	\$95,658.81	964	3.49	91
80	1609218304	AMANDA O'TOOL ARNP	\$86,770.42	963	4.96	62
81	1801131461	MEREDITH DALLAS OLSON	\$52,687.25	955	4.53	129
82	1295830115	ALAN BOLLINGER DO	\$94,207.06	954	5.68	93
83	1780793976	MATTHEW D EGGERS MD	\$115,249.85	950	4.52	141
84	1124399522	JOYCE E PROUCH ARNP	\$88,914.68	947	4.51	72
85	1629042288	MARTIN J FIALKOV MD	\$82,199.20	942	4.81	84
86	1437373073	MOHSEN ABOU SEIF	\$30,598.82	938	4.32	78
87	1437238110	GENEVIEVE NELSON	\$61,001.32	933	3.76	92
88	1669623583	ANNE MIREILLE METUGE AHONE	\$42,091.69	933	4.83	89
89	1942252895	KIMBERLY A THOMPSON	\$33,282.90	927	2.53	116
90	1710941000	LAURIE WARREN PA	\$108,749.82	925	3.46	86
91	1417241621	ASHLEY M MATHES	\$29,706.40	917	4.23	131
92	1225168511	FREDERICK C. ALDRICH	\$35,601.94	911	2.21	99
93	1902115652	SARAH LYNN BEATTIE ARNP	\$109,574.49	909	3.48	73
94	1104974658	UMA PALAKURTHY MD	\$38,009.39	909	4.25	107
95	1598733891	JERRY LEE WILLE MD	\$34,110.08	904	3.98	74
96	1598750432	CHRISTOPHER GENE OKIISHI MD	\$75,404.94	892	5.91	55
97	1891705968	ANITA HANDEVIDT ARNP	\$93,960.08	891	2.91	96
98	1164416269	ANN M PICK ARNP	\$30,348.76	882	4.18	126
99	1639423544	PAMELA S BROWN ARNP	\$88,954.98	880	3.74	138
100	1326013426	PAUL DENNIS PETERSON DO	\$43,382.19	875	2.92	102



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RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
1	1013126705	JANICE M. R. STABER	\$1,709,589.58	\$34,191.79	50	1
2	1952459463	DAVID LAWRENCE YURDIN PA	\$543,138.83	\$479.80	1,132	2
3	1548247406	VILMARIE RODRIGUEZ-PADUA MD	\$362,838.46	\$32,985.31	11	14
4	1770561946	DONALD HILLEBRAND MD	\$268,647.63	\$1,865.61	144	22
5	1013115369	BOBBITA NAG MD	\$253,308.24	\$127.93	1,980	4
6	1841407160	RAHUL BANSAL MD	\$232,782.81	\$99.82	2,332	3
7	1780766659	CHESTER ROBERT BADGER	\$212,275.22	\$51.20	4,146	9
8	1194817247	MARIA J STEELE ARNP	\$200,569.58	\$1,269.43	158	976
9	1497060776	USHA PEREPU MBBS	\$196,870.23	\$4,801.71	41	63
10	1649248378	KATHLEEN L WILD ARNP	\$194,058.80	\$94.52	2,053	7
11	1285748004	BRUCE L HAYES MD	\$189,831.31	\$1,291.37	147	8
12	1619153137	JODI BEST ARNP	\$184,987.06	\$112.32	1,647	6
13	1205015906	DAVID F WIDITZ	\$171,510.61	\$88.50	1,938	23
14	1083609358	JENNIFER S COOK	\$171,177.53	\$268.72	637	17
15	1083784797	CAROL AUNAN ARNP	\$170,033.37	\$85.14	1,997	11
16	1356337273	LISA J MENZIES	\$169,966.72	\$305.70	556	19
17	1548256191	JUDITH A MILLER	\$168,662.59	\$5,440.73	31	10
18	1982605762	JEFFREY D WILHARM	\$164,925.40	\$68.15	2,420	20
19	1083603773	JACK T STAPLETON	\$158,501.06	\$713.97	222	13
20	1073500690	KATHLEEN S ADAMS	\$156,523.85	\$124.82	1,254	24
21	1194703074	WENDY ANNE WALDMAN	\$151,244.81	\$243.94	620	15
22	1376777524	ALLADDIN MOH ELHADI ABOSAIDA	\$148,253.82	\$387.09	383	25
23	1699767525	EZZATOLLAH SHIVAPOUR	\$144,443.81	\$2,407.40	60	33
24	1841285772	KATHRYN CAROLE BREITBACH	\$142,954.37	\$1,606.23	89	75
25	1043211303	ALI SAFDAR	\$141,144.43	\$74.80	1,887	35
26	1962558957	ALBERT N OKINE PA	\$138,151.55	\$111.95	1,234	16
27	1841220290	KENT ELDON KUNZE MD	\$138,031.61	\$99.37	1,389	28



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**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
January/February 2015**

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
28	1346210184	JAMES BROOKS MD	\$134,743.82	\$110.63	1,218	34
29	1972638864	LIUSKA MARIA PESCE	\$134,127.04	\$428.52	313	36
30	1912991340	GHADA HAMDAN-ALLEN MD	\$130,226.51	\$104.18	1,250	26
31	1861559486	JOSPEH PATRICK BERTROCHE	\$126,323.20	\$128.38	984	32
32	1790708451	MICHAEL M MCCUBBIN	\$124,483.72	\$333.74	373	21
33	1467502286	CHARLES TILLEY PA	\$120,521.09	\$116.90	1,031	12
34	1609055771	CHARUTA NARAYAN JOSHI	\$119,034.87	\$239.03	498	5
35	1669570404	CASIE RINEY PA	\$115,852.06	\$116.08	998	40
36	1780793976	MATTHEW D EGGERS MD	\$115,249.85	\$121.32	950	66
37	1477633188	CYD Q. GRAFFT	\$114,592.40	\$85.01	1,348	42
38	1275844649	KATIE M HANSON	\$111,906.05	\$81.45	1,374	43
39	1730239732	SRIRAMAMURTHY RAVIPATI MD	\$111,660.54	\$85.37	1,308	88
40	1902115652	SARAH LYNN BEATTIE ARNP	\$109,574.49	\$120.54	909	39
41	1003004391	DAVID B WALKER MD	\$109,514.25	\$89.47	1,224	41
42	1255322996	MARK WILLIAM MITTAUER MD	\$109,239.83	\$83.26	1,312	37
43	1508289620	GLORIA A MILLER	\$109,151.51	\$91.80	1,189	29
44	1508946088	RICHARD E NIGHTINGALE	\$109,116.86	\$87.02	1,254	47
45	1710941000	LAURIE WARREN PA	\$108,749.82	\$117.57	925	49
46	1841293354	KEITH GUESS PA C	\$105,894.20	\$96.44	1,098	51
47	1699760314	DIANE L EASTMAN	\$104,950.82	\$1,153.31	91	119
48	1174584072	BRADLEY SCOTT LAIR MD	\$103,968.79	\$805.96	129	38
49	1487908380	LISA ANN BECHTEL ARNP	\$103,776.45	\$120.67	860	54
50	1922144088	THOMAS S HOPKINS DO	\$103,557.48	\$101.63	1,019	44
51	1447242359	DANIEL M SLEITER ARNP	\$102,451.84	\$602.66	170	78
52	1013960566	PETER JOSEPH SZEIBEL	\$100,434.56	\$95.83	1,048	45
53	1649255431	STEPHANIE DEE PA	\$100,054.55	\$1,563.35	64	31
54	1184602013	RODNEY A SHORT MD	\$99,348.19	\$520.15	191	91



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**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
January/February 2015**

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
55	1104034552	DEANNA BOOK BOESEN	\$97,930.98	\$113.48	863	61
56	1871725705	PAUL E YOUSSEF DO	\$97,583.51	\$32,527.84	3	
57	1326045808	RAY C STURDEVANT MD	\$96,431.59	\$97.01	994	57
58	1063491645	ALLYSON L WHEATON MD	\$96,027.60	\$95.84	1,002	48
59	1356520431	KAY A MARTTILA	\$95,658.81	\$99.23	964	52
60	1295830115	ALAN BOLLINGER DO	\$94,207.06	\$98.75	954	46
61	1891705968	ANITA HANDEVIDT ARNP	\$93,960.08	\$105.45	891	76
62	1033361563	ERMEI YAO PA	\$93,844.80	\$507.27	185	86
63	1740246008	DANIEL LAMPTEY MD	\$92,766.65	\$2,157.36	43	145
64	1215125216	REBECCA WALDING	\$92,142.41	\$115.32	799	65
65	1629064324	KATHY RUPPENKAMP	\$92,001.21	\$1,642.88	56	99
66	1215025309	DEBORAH LYNNE GARRELTS	\$91,043.42	\$113.38	803	50
67	1306954391	WILLIAM E HOWARD IV	\$90,388.97	\$86.66	1,043	87
68	1285697722	DOUGLAS JONES	\$90,093.53	\$91.10	989	84
69	1134425127	MELANIE HOWARD ARPN	\$89,243.16	\$85.98	1,038	139
70	1639423544	PAMELA S BROWN ARNP	\$88,954.98	\$101.09	880	96
71	1124399522	JOYCE E PROUCH ARNP	\$88,914.68	\$93.89	947	74
72	1750376034	DUANGCHAI NARAWONG MD	\$88,428.59	\$146.65	603	68
73	1619963949	EVA TSALIKIAN	\$87,786.33	\$655.12	134	69
74	1609218304	AMANDA O'TOOL ARNP	\$86,770.42	\$90.10	963	56
75	1356564371	CARLA K ABEL ZIEG ARNP	\$86,674.61	\$125.98	688	67
76	1134402373	JULIE A SCHUCK	\$86,433.21	\$664.87	130	106
77	1679669832	ERIN VOYLES HATCHER ARNP	\$86,364.82	\$109.88	786	92
78	1215146055	REBECCA J WOLFE	\$86,166.97	\$86.08	1,001	60
79	1841443025	LISA K WATKINS	\$84,933.44	\$153.59	553	70
80	1902885445	BHARAT ASHOK MOTWANI MD	\$82,765.37	\$909.51	91	295
81	1144475146	GAEL YONNET MD	\$82,362.43	\$1,211.21	68	290



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**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
January/February 2015**

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
82	1629042288	MARTIN J FIALKOV MD	\$82,199.20	\$87.26	942	89
83	1104998251	JIMMY MASCARO DO	\$81,699.78	\$94.12	868	101
84	1134171937	KATHRYN LEE FLANDERS ARNP	\$81,105.46	\$750.98	108	59
85	1699075929	HIEDI CHRISTINE LANE ARNP	\$80,623.86	\$96.10	839	114
86	1104029008	KATIE MARIE ULRING LARSON ODE MD	\$79,469.27	\$333.90	238	64
87	1013905181	DONALD MACFARLANE MD	\$79,185.90	\$5,656.14	14	4147
88	1538368170	CHRISTOPHER ROBERT MATSON	\$78,737.21	\$35.64	2,209	85
89	1366435125	DANIEL EDWARD WESEMANN ARNP	\$78,698.38	\$106.49	739	79
90	1467437806	GEORGIA LAUER PAC	\$77,654.54	\$56.11	1,384	97
91	1245318393	JEAN TOBIN PA	\$76,998.34	\$69.31	1,111	27
92	1053361972	MATTHEW LARRY HILL DO	\$76,017.93	\$915.88	83	77
93	1588629414	THOMAS EARWOOD MD	\$76,012.33	\$69.29	1,097	118
94	1891756128	PHILIP JOSEPH MULLER DO	\$75,690.31	\$102.98	735	186
95	1598750432	CHRISTOPHER GENE OKIISHI MD	\$75,404.94	\$84.53	892	71
96	1891788485	JOYCE VISTA WAYNE MD	\$75,356.05	\$94.91	794	116
97	1821082850	JOHN F STECKER	\$74,626.39	\$109.10	684	104
98	1588838841	LEENU MISHRA MD	\$74,412.69	\$113.09	658	153
99	1104976109	ISAM ELIAS MARAR MD	\$74,279.89	\$69.36	1,071	138
100	1285681528	MARVIN F PIBURN JR MD	\$74,053.01	\$103.57	715	107



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TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

CATEGORY DESCRIPTION	November/December 2014	RANK	% BUDGET	January/February 2015	RANK	% BUDGET	% CHANGE
ANTIPSYCHOTICS - ATYPICALS	\$5,163,394	1	8.5%	\$5,405,049	1	8.5%	4.7%
STIMULANTS - AMPHETAMINES - LONG ACTING	\$3,181,937	2	5.2%	\$3,369,455	2	5.3%	5.9%
ANTICONVULSANTS	\$3,134,689	3	5.2%	\$3,290,753	3	5.2%	5.0%
DIABETIC - INSULIN	\$2,715,454	4	4.5%	\$2,880,974	4	4.5%	6.1%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	\$2,354,682	6	3.9%	\$2,812,385	5	4.4%	19.4%
ANTIDEPRESSANTS - SELECTED SSRI's	\$2,581,682	5	4.2%	\$2,331,556	6	3.7%	-9.7%
ANTIHEMOPHILIC AGENTS	\$2,231,942	7	3.7%	\$2,293,580	7	3.6%	2.8%
ANTIASTHMATIC - ADRENERGIC COMBOS	\$1,835,113	8	3.0%	\$1,931,796	8	3.0%	5.3%
STIMULANTS - METHYLPHENIDATE	\$1,574,694	9	2.6%	\$1,717,017	9	2.7%	9.0%
BIOLOGIC IMMUNOMODULATORS	\$1,360,956	10	2.2%	\$1,523,704	10	2.4%	12.0%
MULTIPLE SCLEROSIS AGENTS	\$1,234,931	14	2.0%	\$1,441,729	11	2.3%	16.7%
ANTIASTHMATIC - BETA - ADRENERGICS	\$1,327,751	11	2.2%	\$1,388,705	12	2.2%	4.6%
DIABETIC - INSULIN PENFILLS	\$1,258,601	12	2.1%	\$1,374,517	13	2.2%	9.2%
STIMULANTS - OTHER STIMULANTS / LIKE STIMULANTS	\$1,243,376	13	2.0%	\$1,329,350	14	2.1%	6.9%
RSV PROPHYLAXIS	\$987,314	17	1.6%	\$1,255,546	15	2.0%	27.2%
ANTIASTHMATIC - STEROID INHALANTS	\$1,037,724	16	1.7%	\$1,128,466	16	1.8%	8.7%
ANTIRETROVIRALS	\$1,156,934	15	1.9%	\$1,052,116	17	1.7%	-9.1%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	\$885,217	18	1.5%	\$927,355	18	1.5%	4.8%
ANTIASTHMATIC - ANTI-CHOLINERGICS	\$843,616	20	1.4%	\$889,285	19	1.4%	5.4%
INFLUENZA AGENTS	\$872,967	19	1.4%	\$851,159	20	1.3%	-2.5%



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TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

CATEGORY DESCRIPTION	November/December 2014	PREV RANK	January/February 2015	CURR RANK	PERC CHANGE
ANTIDEPRESSANTS - SELECTED SSRI's	87,975	1	88,415	1	0.5%
ANTICONVULSANTS	46,402	2	47,044	2	1.4%
NARCOTICS - MISC.	36,654	3	36,886	3	0.6%
BETA-LACTAMS / CLAVULANATE COMBO'S	32,250	4	36,575	4	13.4%
ANTIASTHMATIC - BETA - ADRENERGICS	29,700	6	30,897	5	4.0%
ANTIPSYCHOTICS - ATYPICALS	30,470	5	29,654	6	-2.7%
ANALGESICS - MISC.	25,163	7	25,481	7	1.3%
GI - PROTON PUMP INHIBITOR	22,701	10	23,935	8	5.4%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	22,890	9	23,350	9	2.0%
ANTIHISTAMINES - NON-SEDATING	23,434	8	22,729	10	-3.0%
MACROLIDES / ERYTHROMYCIN'S / KETOLIDES	20,533	11	21,465	11	4.5%
ANXIOLYTICS - BENZODIAZEPINES	19,616	12	19,884	12	1.4%
ACE INHIBITORS	18,751	13	19,151	13	2.1%
NSAIDS	18,325	15	18,952	14	3.4%
ANTIHYPERTENSIVES - CENTRAL	18,336	14	18,533	15	1.1%
GLUCOCORTICOIDS - MINERALOCORTICOIDS	16,395	17	17,278	16	5.4%
DIURETICS	16,672	16	16,987	17	1.9%
CEPHALOSPORINS	14,557	20	16,606	18	14.1%
STIMULANTS - AMPHETAMINES - LONG ACTING	16,180	18	16,273	19	0.6%
MUSCLE RELAXANTS	14,785	19	14,939	20	1.0%



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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	November/December 2014	PREVIOUS RANK	January/February 2015	RANK	PERCENT CHANGE
ABILIFY	\$2,545,221.06	1	\$2,771,075.89	1	8.87%
VYVANSE	\$2,462,607.35	2	\$2,643,020.83	2	7.33%
METHYLPHENIDATE HCL ER	\$1,958,102.33	3	\$2,382,299.96	3	21.66%
LANTUS	\$1,399,440.66	5	\$1,467,202.25	4	4.84%
FOCALIN XR	\$1,237,797.14	6	\$1,372,741.83	5	10.90%
ADVATE	\$1,455,851.80	4	\$1,274,913.58	6	-12.43%
SYNAGIS	\$987,314.37	8	\$1,255,545.75	7	27.17%
STRATTERA	\$882,150.59	9	\$984,326.73	8	11.58%
CYMBALTA	\$1,189,198.06	7	\$869,175.73	9	-26.91%
TAMIFLU	\$838,946.01	10	\$844,107.16	10	0.62%
ADVAIR DISKUS	\$820,325.28	11	\$842,364.19	11	2.69%
SPIRIVA HANDIHALER	\$782,898.89	13	\$825,633.97	12	5.46%
NOVOSEVEN RT	\$507,202.49	19	\$784,932.14	13	54.76%
VENTOLIN HFA	\$811,195.98	12	\$723,709.64	14	-10.78%
LATUDA	\$632,203.03	15	\$658,857.84	15	4.22%
DEPAKOTE ER	\$638,246.66	14	\$658,302.42	16	3.14%
ADDERALL XR	\$628,735.47	16	\$640,727.25	17	1.91%
NOVOLOG	\$572,726.15	17	\$608,061.30	18	6.17%
HUMALOG	\$493,046.56	21	\$550,257.53	19	11.60%
SYMBICORT	\$487,863.50	22	\$540,371.40	20	10.76%
INVEGA SUSTENNA	\$516,971.99	18	\$510,638.90	21	-1.23%
CRESTOR	\$470,975.02	24	\$503,203.48	22	6.84%
HUMIRA PEN	\$484,458.02	23	\$490,658.31	23	1.28%
AZITHROMYCIN	\$437,503.74	26	\$464,472.63	24	6.16%
ATRIPLA	\$494,145.40	20	\$463,949.01	25	-6.11%
COPAXONE	\$332,848.05	34	\$452,362.31	26	35.91%
HYDROCODONE/ACETAMINOPHEN	\$425,484.70	27	\$433,333.80	27	1.84%



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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	November/December 2014	PREVIOUS RANK	January/February 2015	RANK	PERCENT CHANGE
LEVEMIR	\$380,873.93	28	\$412,848.47	28	8.40%
HARVONI	\$139,678.09	86	\$401,499.98	29	187.45%
DEXILANT	\$346,192.58	32	\$388,680.79	30	12.27%
SOVALDI	\$311,154.23	39	\$380,743.65	31	22.36%
CEFDINIR	\$315,054.77	37	\$370,584.98	32	17.63%
LANTUS SOLOSTAR	\$355,107.52	30	\$370,393.06	33	4.30%
PULMICORT	\$322,664.65	35	\$358,733.28	34	11.18%
QVAR	\$336,900.50	33	\$358,550.54	35	6.43%
NOVOLOG FLEXPEN	\$308,751.91	40	\$347,986.42	36	12.71%
NORDITROPIN FLEXPRO	\$198,546.97	62	\$340,484.63	37	71.49%
TECFIDERA	\$352,586.64	31	\$331,830.72	38	-5.89%
LYRICA	\$291,483.83	43	\$327,581.06	39	12.38%
AMOXICILLIN	\$272,907.58	46	\$316,222.90	40	15.87%
PROVENTIL HFA	\$313,828.77	38	\$300,434.19	41	-4.27%
ENBREL SURECLICK	\$252,385.35	48	\$296,918.10	42	17.64%
NASONEX	\$263,500.89	47	\$292,720.95	43	11.09%
RISPERDAL CONSTA	\$286,311.83	44	\$285,373.16	44	-0.33%
HUMIRA	\$231,169.54	50	\$269,287.26	45	16.49%
TRUVADA	\$301,304.80	41	\$263,680.52	46	-12.49%
INVEGA	\$249,299.44	49	\$252,182.64	47	1.16%
AMPHETAMINE/DEXTROAMPHETA	\$218,612.86	55	\$249,907.86	48	14.32%
ENBREL	\$213,129.70	56	\$245,049.39	49	14.98%
FLOVENT HFA	\$219,019.71	54	\$236,934.51	50	8.18%
OMEPRAZOLE	\$231,014.10	51	\$233,835.01	51	1.22%
VIMPAT	\$209,414.60	57	\$228,506.70	52	9.12%
LEVOTHYROXINE SODIUM	\$220,769.54	53	\$226,421.84	53	2.56%
ADDERALL	\$299,133.20	42	\$214,634.61	54	-28.25%



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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	November/December 2014	PREVIOUS RANK	January/February 2015	RANK	PERCENT CHANGE
COMBIVENT RESPIMAT	\$207,403.17	58	\$212,826.07	55	2.61%
MONTELUKAST SODIUM	\$221,885.83	52	\$211,863.46	56	-4.52%
PULMOZYME	\$205,604.48	59	\$209,762.86	57	2.02%
GABAPENTIN	\$199,330.17	61	\$204,873.45	58	2.78%
AMOXICILLIN/CLAVULANATE P	\$178,899.10	67	\$204,586.03	59	14.36%
ENOXAPARIN SODIUM	\$5,118.96	720	\$193,827.53	60	3,686.46%
H.P. ACTHAR	\$380,862.11	29	\$193,603.92	61	-49.17%
JANUVIA	\$154,068.01	75	\$193,124.88	62	25.35%
XYREM	\$176,039.19	68	\$189,468.86	63	7.63%
METHYLPHENIDATE HCL	\$182,947.16	64	\$187,624.67	64	2.56%
XIFAXAN	\$141,784.60	84	\$182,382.33	65	28.63%
VESICARE	\$181,858.48	66	\$174,815.79	66	-3.87%
HELIXATE FS	\$39,816.17	263	\$173,954.95	67	336.90%
BUPROPION HCL XL	\$167,913.11	69	\$173,948.22	68	3.59%
TOPROL XL	\$164,032.94	70	\$173,611.03	69	5.84%
OPANA ER (CRUSH RESISTANT)	\$202,690.48	60	\$171,525.43	70	-15.38%
DULERA	\$150,302.49	80	\$170,140.19	71	13.20%
QUILLIVANT XR	\$143,851.18	83	\$168,351.81	72	17.03%
PROVIGIL	\$190,168.79	63	\$166,936.27	73	-12.22%
ANAFRANIL	\$108,775.97	118	\$161,754.53	74	48.70%
GILENYA	\$152,198.22	77	\$158,143.17	75	3.91%
QUETIAPINE FUMARATE	\$160,367.84	72	\$157,812.00	76	-1.59%
SEROQUEL XR	\$151,780.86	79	\$155,508.90	77	2.46%
LISINOPRIL	\$149,904.24	81	\$154,150.17	78	2.83%
SERTRALINE HCL	\$151,966.93	78	\$154,117.44	79	1.42%
PROAIR HFA	\$7,517.54	625	\$151,437.74	80	1,914.46%
RISPERIDONE	\$155,816.33	73	\$148,673.50	81	-4.58%



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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	November/December 2014	PREVIOUS RANK	January/February 2015	RANK	PERCENT CHANGE
ALBUTEROL SULFATE	\$129,490.50	97	\$148,534.84	82	14.71%
METADATE CD	\$131,063.15	94	\$148,089.54	83	12.99%
SPRYCEL	\$181,884.54	65	\$147,542.56	84	-18.88%
GENOTROPIN	\$273,194.61	45	\$145,445.75	85	-46.76%
TRAMADOL HCL	\$147,431.47	82	\$145,248.87	86	-1.48%
GLEEVEC	\$162,529.32	71	\$143,853.51	87	-11.49%
CEPHALEXIN	\$127,349.24	98	\$142,012.08	88	11.51%
SAPHRIS	\$141,484.87	85	\$141,319.15	89	-0.12%
ATORVASTATIN CALCIUM	\$134,158.20	92	\$141,226.45	90	5.27%
NAGLAZYME	\$110,611.92	117	\$140,446.92	91	26.97%
SABRIL	\$111,560.34	115	\$139,294.26	92	24.86%
LEVEMIR FLEXTOUCH	\$104,031.44	123	\$139,287.98	93	33.89%
VENLAFAXINE HCL ER	\$136,268.72	90	\$138,184.19	94	1.41%
INTUNIV	\$137,835.17	88	\$137,297.89	95	-0.39%
ESCITALOPRAM OXALATE	\$138,911.72	87	\$136,219.84	96	-1.94%
EPIPEN 2-PAK	\$123,280.20	103	\$136,093.98	97	10.39%
BANZEL	\$136,631.63	89	\$135,111.89	98	-1.11%
KUVAN	\$130,902.45	95	\$133,901.45	99	2.29%
TRAZODONE HCL	\$126,317.45	101	\$131,691.48	100	4.25%



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TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	November/December 2014	PREVIOUS RANK	January/February 2015	RANK	PERCENT CHANGE
HYDROCO/APAP TAB 5-325MG	16,050	1	16,289	1	1.49%
VENTOLIN HFA AER	14,843	2	12,780	2	-13.90%
AMOXICILLIN SUS 400/5ML	10,552	5	12,534	3	18.78%
TRAMADOL HCL TAB 50MG	11,888	3	11,680	4	-1.75%
Loratadine Tab 10 MG	10,850	4	10,675	5	-1.61%
ALBUTEROL NEB 0.083%	8,681	9	9,921	6	14.28%
AZITHROMYCIN TAB 250MG	9,015	6	9,266	7	2.78%
OMEPRAZOLE CAP 20MG	8,643	10	8,982	8	3.92%
FLUOXETINE CAP 20MG	8,694	8	8,954	9	2.99%
ESCITALOPRAM TAB 20MG	8,937	7	8,761	10	-1.97%
GABAPENTIN CAP 300MG	8,511	11	8,481	11	-0.35%
OMEPRAZOLE CAP 40MG	7,292	15	7,828	12	7.35%
AZITHROMYCIN SUS 200/5ML	7,548	14	7,768	13	2.91%
Cetirizine HCl Tab 10 MG	8,061	12	7,747	14	-3.90%
CYCLOBENZAPR TAB 10MG	7,683	13	7,720	15	0.48%
FLUTICASONE SPR 50MCG	6,567	18	7,204	16	9.70%
CLONIDINE TAB 0.1MG	7,006	16	7,031	17	0.36%
RANITIDINE TAB 150MG	6,798	17	6,798	18	0.00%
SERTRALINE TAB 100MG	6,489	19	6,514	19	0.39%
GUANFACINE TAB 1MG	6,384	20	6,361	20	-0.36%
Aspirin Tab Delayed Release 81 MG	6,250	21	6,356	21	1.70%
TRAZODONE TAB 50MG	5,744	25	6,155	22	7.16%
IBUPROFEN TAB 800MG	5,841	23	6,132	23	4.98%
Acetaminophen Tab 325 MG	5,777	24	5,858	24	1.40%
TRAZODONE TAB 100MG	5,680	26	5,855	25	3.08%
MONTELUKAST TAB 10MG	5,893	22	5,824	26	-1.17%



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TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	November/December 2014	PREVIOUS RANK	January/February 2015	RANK	PERCENT CHANGE
Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)	5,477	28	5,581	27	1.90%
LISINOPRIL TAB 10MG	5,354	29	5,434	28	1.49%
AMOXICILLIN CAP 500MG	4,918	34	5,359	29	8.97%
METFORMIN TAB 500MG	5,133	30	5,204	30	1.38%
LISINOPRIL TAB 20MG	5,044	33	5,180	31	2.70%
HYDROCHLOROTAB 25MG	5,079	31	5,178	32	1.95%
POLYETH GLYC POW 3350 NF	4,185	43	4,621	33	10.42%
CLONAZEPAM TAB 1MG	4,557	35	4,596	34	0.86%
PROVENTIL AER HFA	5,066	32	4,567	35	-9.85%
METFORMIN TAB 1000MG	4,396	37	4,501	36	2.39%
PREDNISONE TAB 20MG	4,274	41	4,497	37	5.22%
MELOXICAM TAB 15MG	4,394	38	4,494	38	2.28%
METHYLPHENID TAB 36MG ER	4,328	39	4,385	39	1.32%
Sennosides-Docusate Sodium Tab 8.6-50 MG	4,300	40	4,358	40	1.35%
AMOXICILLIN SUS 250/5ML	3,977	51	4,319	41	8.60%
CITALOPRAM TAB 20MG	4,243	42	4,302	42	1.39%
CEPHALEXIN CAP 500MG	3,956	53	4,270	43	7.94%
OXYCOD/APAP TAB 5-325MG	4,436	36	4,267	44	-3.81%
SERTRALINE TAB 50MG	4,057	48	4,203	45	3.60%
HYDROCO/APAP TAB 7.5-325	4,104	46	4,162	46	1.41%
LANTUS INJ 100/ML	4,004	49	4,133	47	3.22%
ALPRAZOLAM TAB 1MG	4,117	45	4,114	48	-0.07%
VENLAFAXINE CAP 150MG ER	4,118	44	4,085	49	-0.80%
AMLODIPINE TAB 10MG	3,890	54	4,078	50	4.83%
Aspirin Chew Tab 81 MG	4,101	47	4,028	51	-1.78%
PANTOPRAZOLE TAB 40MG	3,806	56	4,025	52	5.75%



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TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	November/December 2014	PREVIOUS RANK	January/February 2015	RANK	PERCENT CHANGE
ONDANSETRON TAB 4MG ODT	3,750	58	4,016	53	7.09%
AMOX/K CLAV TAB 875MG	3,599	63	3,996	54	11.03%
NAPROXEN TAB 500MG	3,709	59	3,926	55	5.85%
CLONAZEPAM TAB 0.5MG	3,970	52	3,924	56	-1.16%
CEFDINIR SUS 250/5ML	3,104	73	3,897	57	25.55%
PREDNISOLONE SOL 15MG/5ML	5,478	27	3,878	58	-29.21%
CITALOPRAM TAB 40MG	3,814	55	3,869	59	1.44%
ALPRAZOLAM TAB 0.5MG	3,697	60	3,779	60	2.22%
ZOLPIDEM TAB 10MG	3,678	61	3,735	61	1.55%
SMZ/TMP DS TAB 800-160	3,987	50	3,735	62	-6.32%
MONTELUKAST CHW 5MG	3,751	57	3,683	63	-1.81%
HYDROCO/APAP TAB 10-325MG	3,655	62	3,667	64	0.33%
AMLODIPINE TAB 5MG	3,314	67	3,490	65	5.31%
ATORVASTATIN TAB 40MG	3,247	69	3,476	66	7.05%
FOLIC ACID TAB 1MG	3,321	66	3,446	67	3.76%
Acetaminophen Tab 500 MG	3,364	65	3,411	68	1.40%
METHYLPHENID TAB 54MG ER	3,305	68	3,388	69	2.51%
METOPROL TAR TAB 25MG	3,144	72	3,263	70	3.78%
HYDROXYZ PAM CAP 25MG	3,074	75	3,177	71	3.35%
LORAZEPAM TAB 1MG	3,089	74	3,149	72	1.94%
SIMVASTATIN TAB 20MG	3,152	71	3,105	73	-1.49%
BUPROPN HCL TAB 300MG XL	3,199	70	3,096	74	-3.22%
TAMIFLU SUS 6MG/ML	2,990	77	2,957	75	-1.10%
SPIRIVA CAP HANDIHLR	2,803	81	2,937	76	4.78%
BUPROPN HCL TAB 150MG XL	3,027	76	2,917	77	-3.63%
VYVANSE CAP 30MG	2,862	78	2,907	78	1.57%
ATORVASTATIN TAB 20MG	2,693	85	2,858	79	6.13%



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TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	November/December 2014	PREVIOUS RANK	January/February 2015	RANK	PERCENT CHANGE
LORAZEPAM TAB 0.5MG	2,791	82	2,854	80	2.26%
RISPERIDONE TAB 1MG	2,805	80	2,811	81	0.21%
VENLAFAXINE CAP 75MG ER	2,847	79	2,786	82	-2.14%
LISINOPRIL TAB 40MG	2,650	88	2,743	83	3.51%
FUROSEMIDE TAB 40MG	2,673	86	2,725	84	1.95%
LEVOTHYROXIN TAB 50MCG	2,673	87	2,722	85	1.83%
VYVANSE CAP 40MG	2,721	83	2,695	86	-0.96%
SIMVASTATIN TAB 40MG	2,707	84	2,658	87	-1.81%
CYMBALTA CAP 60MG	3,584	64	2,637	88	-26.42%
PROAIR HFA AER	253	548	2,609	89	931.23%
FLUCONAZOLE TAB 150MG	2,410	93	2,601	90	7.93%
PREDNISONE TAB 10MG	2,636	90	2,593	91	-1.63%
Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML)	2,644	89	2,517	92	-4.80%
QUETIAPINE TAB 100MG	2,549	91	2,498	93	-2.00%
AZITHROMYCIN SUS 100/5ML	2,156	105	2,469	94	14.52%
METRONIDAZOL TAB 500MG	2,354	96	2,441	95	3.70%
APAP/CODEINE TAB 300-30MG	2,302	100	2,404	96	4.43%
LISINOPRIL TAB 5MG	2,371	94	2,399	97	1.18%
AMOXICILLIN TAB 875MG	2,006	113	2,396	98	19.44%
CLOPIDOGREL TAB 75MG	2,331	98	2,343	99	0.51%
DOXYCYC MONO CAP 100MG	2,189	102	2,321	100	6.03%



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Bi-Monthly Statistics

	January/February 2015	March/April 2015	% CHANGE
TOTAL PAID AMOUNT	\$61,999,062	\$70,236,272	13.3%
UNIQUE USERS	202,807	211,678	4.4%
COST PER USER	\$305.70	\$331.81	8.5%
TOTAL PRESCRIPTIONS	954,672	1,049,882	10.0%
AVERAGE PRESCRIPTIONS PER USER	4.71	4.96	5.4%
AVERAGE COST PER PRESCRIPTION	\$64.94	\$66.90	3.0%
# GENERIC PRESCRIPTIONS	807,283	890,546	10.3%
% GENERIC	84.6%	84.8%	0.3%
\$ GENERIC	\$16,867,982	\$19,677,756	16.7%
AVERAGE GENERIC PRESCRIPTION COST	\$20.89	\$22.10	5.8%
AVERAGE GENERIC DAYS SUPPLY	23	23	0.0%
# BRAND PRESCRIPTIONS	144,063	155,670	10.3%
% BRAND	15.1%	14.8%	0.3%
\$ BRAND	\$44,948,150	\$50,237,678	16.7%
AVERAGE BRAND PRESCRIPTION COST	\$312.00	\$322.72	5.8%
AVERAGE BRAND DAYS SUPPLY	25	26	0.0%



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UTILIZATION BY AGE		
AGE	January/February 2015	March/April 2015
0-6	37,410	38,259
7-12	30,396	31,614
13-18	24,995	26,120
19-64	100,659	106,462
65+	9,347	9,223
	202,807	211,678

UTILIZATION BY GENDER AND AGE			
GENDER	AGE	January/February 2015	March/April 2015
F	0-6	17,711	17,976
	7-12	13,310	13,790
	13-18	12,723	13,401
	19-64	64,304	67,764
	65+	6,506	6,425
		114,554	119,356
	M	0-6	19,699
7-12		17,086	17,824
13-18		12,272	12,719
19-64		36,355	38,698
65+		2,841	2,798
		88,253	92,322



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**TOP 100 PHARMACIES BY PRESCRIPTION COUNT
March/April 2015**

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
1	BROADLAWNS MEDICAL CENTER	DES MOINES	IA	19,124	\$485,581.44	\$25.39	1
2	WALGREEN #05239	DAVENPORT	IA	12,869	\$724,464.20	\$56.30	2
3	WALGREEN #04405	COUNCIL BLUFFS	IA	10,622	\$613,450.68	\$57.75	3
4	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	10,031	\$745,799.51	\$74.35	4
5	WALGREEN #05721	DES MOINES	IA	9,528	\$553,286.67	\$58.07	5
6	WALGREEN #359	DES MOINES	IA	7,592	\$424,810.01	\$55.95	7
7	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	7,588	\$410,290.86	\$54.07	6
8	MERCY FAMILY PHARMACY	DUBUQUE	IA	7,521	\$436,551.60	\$58.04	9
9	WALGREEN COMPANY #3700	COUNCIL BLUFFS	IA	7,302	\$375,193.59	\$51.38	10
10	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	7,252	\$396,485.70	\$54.67	11
11	WALGREEN COMPANY 07455	WATERLOO	IA	7,179	\$353,667.03	\$49.26	8
12	WALGREEN #05362	DES MOINES	IA	6,922	\$375,044.07	\$54.18	12
13	SIOUXLAND COMM HEALTH CTR PHARMA	SIOUX CITY	IA	6,790	\$125,193.26	\$18.44	13
14	WALGREENS #07453	DES MOINES	IA	6,226	\$343,440.51	\$55.16	15
15	MARTIN HEALTH SERVICES INC	DENVER	IA	5,973	\$184,635.94	\$30.91	14
16	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	5,824	\$325,992.62	\$55.97	18
17	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	5,715	\$330,482.47	\$57.83	16
18	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	5,619	\$336,742.03	\$59.93	17
19	WALGREEN #04041	DAVENPORT	IA	5,432	\$301,198.53	\$55.45	21
20	WALGREEN COMPANY 05777	DES MOINES	IA	5,330	\$311,020.86	\$58.35	20
21	WALGREEN #05852	DES MOINES	IA	5,279	\$285,235.34	\$54.03	23
22	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	5,235	\$287,811.08	\$54.98	25
23	HY VEE PHARMACY 1060	CEDAR RAPIDS	IA	5,190	\$331,828.89	\$63.94	22
24	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	5,088	\$187,224.93	\$36.80	19
25	WALGREEN #11709	DAVENPORT	IA	5,032	\$286,433.71	\$56.92	27



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TOP 100 PHARMACIES BY PRESCRIPTION COUNT
March/April 2015

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
26	RASHID PHARMACY PLC	FORT MADISON	IA	5,016	\$295,030.25	\$58.82	26
27	PHARMACY MATTERS LTC	IOWA CITY	IA	4,843	\$213,749.05	\$44.14	35
28	WALGREEN #05886	KEOKUK	IA	4,758	\$271,190.85	\$57.00	29
29	DANIEL PHARMACY INC	FORT DODGE	IA	4,642	\$261,266.00	\$56.28	28
30	WALGREEN #910	SIOUX CITY	IA	4,378	\$238,757.60	\$54.54	24
31	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	4,338	\$243,115.27	\$56.04	30
32	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	4,256	\$291,077.16	\$68.39	32
33	WALGREEN #7452	DES MOINES	IA	4,236	\$214,516.65	\$50.64	40
34	MAHASKA DRUG INC	OSKALOOSA	IA	4,120	\$253,626.03	\$61.56	31
35	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	4,119	\$236,089.65	\$57.32	33
36	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	4,096	\$255,144.09	\$62.29	34
37	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,087	\$263,907.48	\$64.57	39
38	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	4,049	\$269,148.15	\$66.47	37
39	WALGREEN #03595	DAVENPORT	IA	4,006	\$220,903.24	\$55.14	36
40	WALGREENS #15647	SIOUX CITY	IA	3,892	\$216,922.24	\$55.74	71
41	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	3,851	\$236,305.22	\$61.36	44
42	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	3,799	\$265,319.11	\$69.84	48
43	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	3,764	\$256,489.17	\$68.14	42
44	MEDICAP PHARMACY	INDIANOLA	IA	3,727	\$175,535.89	\$47.10	38
45	SOUTH SIDE DRUG INCORPORATED	OTTUMWA	IA	3,707	\$193,065.43	\$52.08	43
46	IOWA CVS PHARMACY LLC DBA	WATERLOO	IA	3,702	\$196,165.26	\$52.99	41
47	WALGREENS #10855	WATERLOO	IA	3,643	\$191,360.43	\$52.53	50
48	THOMPSON-DEAN DRUG	SIOUX CITY	IA	3,643	\$308,641.39	\$84.72	56
49	WALGREENS #05119	CLINTON	IA	3,617	\$199,432.11	\$55.14	46
50	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,572	\$225,195.43	\$63.04	55
51	WAL-MART PHARMACY #10-1496	WATERLOO	IA	3,559	\$152,945.51	\$42.97	45



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TOP 100 PHARMACIES BY PRESCRIPTION COUNT
March/April 2015

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
52	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	3,542	\$178,389.38	\$50.36	54
53	WAL-MART PHARMACY #10-5115	DAVENPORT	IA	3,531	\$152,013.40	\$43.05	51
54	HY VEE PHARMACY #1449	NEWTON	IA	3,490	\$199,665.17	\$57.21	57
55	WALGREENS #11942	DUBUQUE	IA	3,476	\$201,748.24	\$58.04	61
56	WALGREEN #05044	BURLINGTON	IA	3,475	\$194,456.79	\$55.96	49
57	RIGHT DOSE PHARMACY	ANKENY	IA	3,462	\$241,828.59	\$69.85	62
58	WAL-MART PHARMACY 10-2889	CLINTON	IA	3,436	\$154,560.92	\$44.98	52
59	WAL-MART PHARMACY #10-0985	FAIRFIELD	IA	3,429	\$143,942.03	\$41.98	47
60	WALGREENS 07968	DES MOINES	IA	3,336	\$169,145.62	\$50.70	63
61	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	3,298	\$159,759.87	\$48.44	53
62	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	3,284	\$184,480.37	\$56.18	64
63	A AVENUE PHARMACY	CEDAR RAPIDS	IA	3,254	\$223,533.24	\$68.69	58
64	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	3,253	\$184,277.17	\$56.65	60
65	HY-VEE PHARMACY (1075)	CLINTON	IA	3,190	\$225,988.12	\$70.84	69
66	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	3,153	\$167,295.79	\$53.06	59
67	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	3,094	\$189,994.45	\$61.41	75
68	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	3,088	\$210,208.49	\$68.07	80
69	WAL-MART PHARMACY #10-1393	OSKALOOSA	IA	3,055	\$142,711.29	\$46.71	65
70	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	3,045	\$186,232.88	\$61.16	67
71	HY-VEE DRUGSTORE #7031	DES MOINES	IA	3,042	\$175,801.53	\$57.79	81
72	WALGREEN #4714	DES MOINES	IA	3,017	\$173,405.40	\$57.48	73
73	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,006	\$177,708.19	\$59.12	76
74	HY-VEE PHARMACY (1875)	WEBSTER CITY	IA	3,003	\$173,884.76	\$57.90	77
75	WALGREEN #05077	IOWA CITY	IA	2,935	\$174,805.30	\$59.56	86
76	HY-VEE PHARMACY 1504	OTTUMWA	IA	2,925	\$185,007.28	\$63.25	84
77	WAL-MART PHARMACY #10-0646	ANAMOSA	IA	2,925	\$121,991.64	\$41.71	66



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TOP 100 PHARMACIES BY PRESCRIPTION COUNT
March/April 2015

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
78	HY-VEE PHARMACY (1522)	PERRY	IA	2,920	\$145,360.55	\$49.78	74
79	WAGNER PHARMACY	CLINTON	IA	2,915	\$185,784.15	\$63.73	68
80	WALGREEN #09708	DUBUQUE	IA	2,898	\$172,066.26	\$59.37	72
81	WALGREEN #05942	NEWTON	IA	2,898	\$168,284.82	\$58.07	85
82	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	2,886	\$180,852.75	\$62.67	70
83	STANGEL PHARMACY	ONAWA	IA	2,875	\$173,551.78	\$60.37	93
84	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,854	\$147,038.74	\$51.52	79
85	HY-VEE PHARMACY (1065)	CHARITON	IA	2,825	\$159,287.87	\$56.39	92
86	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,726	\$167,302.96	\$61.37	78
87	HY-VEE PHARMACY (1009) DBA	ALBIA	IA	2,723	\$137,354.89	\$50.44	83
88	HY-VEE DRUGSTORE # 7035	FT DODGE	IA	2,701	\$145,950.71	\$54.04	96
89	HY-VEE FOOD STORE	WATERLOO	IA	2,695	\$252,505.53	\$93.69	100
90	LA GRANGE PHARMACY INC	VINTON	IA	2,693	\$154,138.32	\$57.24	88
91	WALGREEN #05361	FORT DODGE	IA	2,666	\$140,479.47	\$52.69	98
92	WAL-MART PHARMACY #10-3394	ATLANTIC	IA	2,661	\$127,340.65	\$47.85	87
93	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,639	\$157,711.17	\$59.76	102
94	WAL-MART PHARMACY 10-0784	MT PLEASANT	IA	2,633	\$160,698.82	\$61.03	91
95	HY VEE PHARMACY (1170)	ESTHERVILLE	IA	2,625	\$149,522.30	\$56.96	113
96	SCOTT PHARMACY	FAYETTE	IA	2,625	\$131,439.18	\$50.07	89
97	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	2,602	\$168,664.09	\$64.82	105
98	ALL CARE HEALTH CENTER	COUNCIL BLUFFS	IA	2,602	\$51,021.12	\$19.61	108
99	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,599	\$204,825.41	\$78.81	82
100	WALGREEN #07454	ANKENY	IA	2,598	\$167,509.05	\$64.48	116



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**TOP 100 PHARMACIES BY PAID AMOUNT
March/April 2015**

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	NUCARA PHARMACY #27	PLEASANT HILL	IA	2,547	\$1,352,798.88	\$3,012.92	2
2	ARJ INFUSION SERVICES INC	LENEXA	KS	42	\$1,298,946.71	\$216,491.12	1
3	MEDFUSIONRX LLC	FRANKLIN	TN	99	\$868,131.14	\$19,730.25	28
4	CAREMARK KANSAS SPEC PHARMACY LL	LENEXA	KS	158	\$752,407.80	\$8,550.09	3
5	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	10,031	\$745,799.51	\$318.72	5
6	WALGREEN #05239	DAVENPORT	IA	12,869	\$724,464.20	\$204.71	4
7	WALGREEN #04405	COUNCIL BLUFFS	IA	10,622	\$613,450.68	\$221.30	6
8	HY-VEE PHARMACY SOLUTIONS	OMAHA	NE	279	\$565,896.69	\$3,929.84	9
9	WALGREEN #05721	DES MOINES	IA	9,528	\$553,286.67	\$188.00	7
10	ACCREDITO HEALTH GROUP INC	NASHVILLE	TN	12	\$508,376.57	\$72,625.22	14
11	BROADLAWNS MEDICAL CENTER	DES MOINES	IA	19,124	\$485,581.44	\$195.33	12
12	AMBER PHARMACY	OMAHA	NE	132	\$483,961.93	\$14,665.51	11
13	MERCY FAMILY PHARMACY	DUBUQUE	IA	7,521	\$436,551.60	\$365.32	13
14	WALGREEN #359	DES MOINES	IA	7,592	\$424,810.01	\$192.05	15
15	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	7,588	\$410,290.86	\$239.52	24
16	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	7,252	\$396,485.70	\$185.36	18
17	ACCREDITO HEALTH GROUP INC	MEMPHIS	TN	77	\$395,394.38	\$10,405.12	8
18	WALGREEN COMPANY #3700	COUNCIL BLUFFS	IA	7,302	\$375,193.59	\$181.60	19
19	WALGREEN #05362	DES MOINES	IA	6,922	\$375,044.07	\$170.24	21
20	WALGREEN COMPANY 07455	WATERLOO	IA	7,179	\$353,667.03	\$152.51	20
21	WALGREENS #07453	DES MOINES	IA	6,226	\$343,440.51	\$198.06	22
22	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	5,619	\$336,742.03	\$454.44	23
23	HY VEE PHARMACY 1060	CEDAR RAPIDS	IA	5,190	\$331,828.89	\$286.55	43
24	DIPLOMAT SPECIALTY PHARMACY	FLINT	MI	79	\$331,468.44	\$9,470.53	29
25	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	5,715	\$330,482.47	\$258.39	31
26	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	5,824	\$325,992.62	\$247.53	46



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**TOP 100 PHARMACIES BY PAID AMOUNT
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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
27	ACCREDITO HEALTH GROUP INC	WARRENDALE	PA	53	\$315,868.28	\$17,548.24	34
28	WALGREEN COMPANY 05777	DES MOINES	IA	5,330	\$311,020.86	\$218.57	26
29	THOMPSON-DEAN DRUG	SIOUX CITY	IA	3,643	\$308,641.39	\$442.81	32
30	UNIV OF IOWA COMMUNITY HOMECARE	IOWA CITY	IA	271	\$305,242.81	\$2,631.40	16
31	PROCARE PHARMACY DIRECT LLC	MONROEVILLE	PA	75	\$304,373.21	\$7,423.74	33
32	WALGREENS SPECIALTY PHARMACY #12	ANN ARBOR	MI	64	\$303,117.35	\$8,915.22	25
33	WALGREEN #04041	DAVENPORT	IA	5,432	\$301,198.53	\$185.70	42
34	RASHID PHARMACY PLC	FORT MADISON	IA	5,016	\$295,030.25	\$303.22	36
35	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	4,256	\$291,077.16	\$485.13	27
36	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	5,235	\$287,811.08	\$220.88	41
37	WALGREEN #11709	DAVENPORT	IA	5,032	\$286,433.71	\$220.00	35
38	WALGREEN #05852	DES MOINES	IA	5,279	\$285,235.34	\$172.24	38
39	DOHMEN LIFE SCIENCE SERVICES LLC	CHESTERFIELD	MO	22	\$278,349.81	\$23,195.82	59
40	WALGREEN #05886	KEOKUK	IA	4,758	\$271,190.85	\$269.31	44
41	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	4,049	\$269,148.15	\$366.69	56
42	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	3,799	\$265,319.11	\$324.35	73
43	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	4,087	\$263,907.48	\$316.06	48
44	DANIEL PHARMACY INC	FORT DODGE	IA	4,642	\$261,266.00	\$305.22	47
45	UNITYPOINT AT HOME	URBANDALE	IA	264	\$256,584.39	\$2,618.21	10
46	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	3,764	\$256,489.17	\$242.66	40
47	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	4,096	\$255,144.09	\$302.30	55
48	MAHASKA DRUG INC	OSKALOOSA	IA	4,120	\$253,626.03	\$281.81	45
49	HY-VEE FOOD STORE	WATERLOO	IA	2,695	\$252,505.53	\$433.86	94
50	WALGREENS INFUSION SERVICES	OMAHA	NE	47	\$246,061.38	\$11,184.61	51
51	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	4,338	\$243,115.27	\$264.54	49



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**TOP 100 PHARMACIES BY PAID AMOUNT
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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
52	RIGHT DOSE PHARMACY	ANKENY	IA	3,462	\$241,828.59	\$655.36	54
53	WALGREEN #910	SIOUX CITY	IA	4,378	\$238,757.60	\$155.14	37
54	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	3,851	\$236,305.22	\$257.13	61
55	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	4,119	\$236,089.65	\$302.29	58
56	US BIOSERVICE CORPORATION	FRISCO	TX	19	\$227,385.65	\$17,491.20	30
57	HY-VEE PHARMACY (1075)	CLINTON	IA	3,190	\$225,988.12	\$387.63	96
58	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,572	\$225,195.43	\$360.31	62
59	A AVENUE PHARMACY	CEDAR RAPIDS	IA	3,254	\$223,533.24	\$596.09	50
60	WALGREEN #03595	DAVENPORT	IA	4,006	\$220,903.24	\$175.32	53
61	WALGREENS #15647	SIOUX CITY	IA	3,892	\$216,922.24	\$158.34	97
62	WALGREEN #7452	DES MOINES	IA	4,236	\$214,516.65	\$158.31	70
63	PHARMACY MATTERS LTC	IOWA CITY	IA	4,843	\$213,749.05	\$593.75	76
64	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	3,088	\$210,208.49	\$364.95	91
65	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,599	\$204,825.41	\$576.97	60
66	WALGREENS #11942	DUBUQUE	IA	3,476	\$201,748.24	\$201.95	72
67	HY VEE PHARMACY #1449	NEWTON	IA	3,490	\$199,665.17	\$254.03	99
68	WALGREENS #05119	CLINTON	IA	3,617	\$199,432.11	\$208.61	66
69	ACARIAHEALTH PHARMACY #11 INC	HOUSTON	TX	38	\$196,873.45	\$8,559.72	52
70	IOWA CVS PHARMACY LLC DBA	WATERLOO	IA	3,702	\$196,165.26	\$212.99	64
71	WALGREEN #05044	BURLINGTON	IA	3,475	\$194,456.79	\$180.39	67
72	SOUTH SIDE DRUG INCOPORATED	OTTUMWA	IA	3,707	\$193,065.43	\$292.08	57
73	WALGREENS #10855	WATERLOO	IA	3,643	\$191,360.43	\$187.06	75
74	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	3,094	\$189,994.45	\$244.52	134
75	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	5,088	\$187,224.93	\$203.28	39
76	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	3,045	\$186,232.88	\$246.34	80
77	WAGNER PHARMACY	CLINTON	IA	2,915	\$185,784.15	\$370.09	71



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**TOP 100 PHARMACIES BY PAID AMOUNT
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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
78	HY-VEE PHARMACY 1504	OTTUMWA	IA	2,925	\$185,007.28	\$343.24	81
79	MARTIN HEALTH SERVICES INC	DENVER	IA	5,973	\$184,635.94	\$180.31	68
80	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	3,284	\$184,480.37	\$295.64	111
81	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	3,253	\$184,277.17	\$314.47	98
82	COMMUNITY HEALTHCARE SERVICES	LOMA LINDA	CA	3	\$182,891.43	\$91,445.72	17
83	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	2,886	\$180,852.75	\$291.23	82
84	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	3,542	\$178,389.38	\$243.37	108
85	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,006	\$177,708.19	\$322.52	113
86	HY-VEE PHARMACY 1071	CLARINDA	IA	2,575	\$176,296.71	\$337.09	93
87	HY-VEE DRUGSTORE #7031	DES MOINES	IA	3,042	\$175,801.53	\$353.02	105
88	MEDICAP PHARMACY	INDIANOLA	IA	3,727	\$175,535.89	\$375.08	63
89	WALGREEN #05077	IOWA CITY	IA	2,935	\$174,805.30	\$199.78	85
90	HY-VEE PHARMACY (1875)	WEBSTER CITY	IA	3,003	\$173,884.76	\$262.27	126
91	STANGEL PHARMACY	ONAWA	IA	2,875	\$173,551.78	\$335.04	86
92	WALGREEN #4714	DES MOINES	IA	3,017	\$173,405.40	\$194.84	83
93	WALGREEN #09708	DUBUQUE	IA	2,898	\$172,066.26	\$165.77	84
94	FIFIELD PHARMACY	DES MOINES	IA	1,902	\$170,548.15	\$472.43	115
95	HY-VEE MAINSTREET PHARMACY #7070	SIOUX CITY	IA	2,570	\$170,543.66	\$278.21	136
96	WALGREENS 07968	DES MOINES	IA	3,336	\$169,145.62	\$154.19	77
97	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	2,602	\$168,664.09	\$241.99	112
98	WALGREEN #05942	NEWTON	IA	2,898	\$168,284.82	\$241.44	88
99	WALGREEN #07454	ANKENY	IA	2,598	\$167,509.05	\$237.60	110
100	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,726	\$167,302.96	\$643.47	74



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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	1780766659	CHESTER ROBERT BADGER	\$237,162.23	4,541	6.01	1
2	1982605762	JEFFREY D WILHARM	\$196,957.21	2,980	7.04	2
3	1013115369	BOBBITA NAG MD	\$294,818.25	2,259	4.38	9
4	1043211303	ALI SAFDAR	\$197,856.26	2,250	3.93	11
5	1649248378	KATHLEEN L WILD ARNP	\$232,846.49	2,218	3.89	7
6	1538368170	CHRISTOPHER ROBERT MATSON	\$82,246.78	2,176	5.90	4
7	1467682351	NICOLE GILG	\$78,030.74	2,144	5.78	5
8	1205015906	DAVID F WIDITZ	\$190,045.70	2,140	5.06	10
9	1063622637	HUSSAIN BANU	\$60,594.42	2,086	6.58	6
10	1841407160	RAHUL BANSAL MD	\$231,251.28	2,036	4.52	3
11	1083784797	CAROL AUNAN ARNP	\$157,539.74	1,998	3.80	8
12	1215192224	SHALINA SHAIK	\$52,827.58	1,990	6.40	12
13	1073667606	ELIZABETH MCCURDY DO	\$67,291.69	1,828	5.95	13
14	1801998372	WENDY MICHELE HANSEN-PENMAN DO	\$49,152.01	1,770	7.38	16
15	1316922545	MABRA G ABERNATHY	\$59,926.36	1,733	5.38	15
16	1841220290	KENT ELDON KUNZE MD	\$146,658.32	1,700	5.06	25
17	1255322996	MARK WILLIAM MITTAUER MD	\$112,737.02	1,656	4.56	28
18	1467502286	CHARLES TILLEY PA	\$184,255.36	1,606	3.84	65
19	1245388743	TIMOTHY SWINTON MD	\$74,060.51	1,551	6.83	18
20	1023053972	BRYANT MUTCHLER DO	\$71,394.93	1,542	5.55	17
21	1023377827	LISA KAY CHASE	\$68,029.81	1,505	5.47	21
22	1275844649	KATIE M HANSON	\$127,596.55	1,504	4.57	24
23	1912991340	GHADA HAMDAN-ALLEN MD	\$152,837.81	1,487	4.94	39
24	1972758126	REBECCA BOLLIN	\$40,269.26	1,471	5.31	29
25	1477633188	CYD Q. GRAFFT	\$124,951.83	1,457	4.25	27
26	1043434525	ROBERT MARVIN KENT MD	\$73,319.61	1,444	4.47	19



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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
27	1598962870	CHRISTY QUILLEN ARNP	\$47,975.79	1,409	5.28	34
28	1720293087	RAJNI BATRA MD	\$74,277.23	1,405	3.72	23
29	1205169273	TERESA ANN DOWLING	\$41,182.63	1,395	5.74	41
30	1144214248	KRISTI WALZ MD	\$99,437.57	1,382	4.83	32
31	1073500690	KATHLEEN S ADAMS	\$186,287.06	1,378	4.03	33
32	1073594768	JERROLD V FLATT DO	\$57,645.28	1,354	4.57	26
33	1497736326	RANDY R ROBINSON	\$65,844.67	1,309	6.00	35
34	1952459463	DAVID LAWRENCE YURDIN PA	\$652,069.44	1,303	4.59	48
35	1679669832	ERIN VOYLES HATCHER ARNP	\$147,707.79	1,298	3.90	138
36	1184722910	LAURA M VAN CLEVE DO	\$150,000.46	1,290	3.65	229
37	1508946088	RICHARD E NIGHTINGALE	\$97,147.49	1,287	6.57	31
38	1891705968	ANITA HANDEVIDT ARNP	\$130,930.58	1,281	3.49	96
39	1003004391	DAVID B WALKER MD	\$122,563.84	1,278	4.44	37
40	1467437806	GEORGIA LAUER PAC	\$72,286.81	1,267	5.53	22
41	1164538674	JOSEPH M WANZEK	\$66,198.61	1,258	4.80	44
42	1588629414	THOMAS EARWOOD	\$79,682.30	1,257	5.26	51
43	1538157383	DAVID WENGER-KELLER MD	\$53,673.58	1,241	5.37	46
44	1780877878	CHRISTOPHER JACOBS ARNP	\$56,091.14	1,237	4.31	68
45	1215146055	REBECCA J WOLFE	\$102,881.49	1,223	4.22	73
46	1619153137	JODI BEST ARNP	\$145,601.73	1,212	4.19	14
47	1841293354	KEITH GUESS PA C	\$129,435.57	1,211	4.81	58
48	1346210184	JAMES BROOKS MD	\$139,684.75	1,203	5.35	38
49	1982766705	MALHAR GORE	\$37,179.16	1,200	4.88	45
50	1962558957	ALBERT N OKINE PA	\$139,886.95	1,197	6.47	36
51	1215080759	JUANITA M O'BRIEN	\$43,270.52	1,197	5.73	54
52	1508289620	GLORIA A MILLER	\$108,976.40	1,188	6.99	40



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RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
53	1306133095	DEBRA LEE ANDERSON ARNP	\$55,992.26	1,180	4.31	52
54	1902809536	KIRAN BHASKAR KHANOLKAR MD	\$65,689.31	1,179	5.22	50
55	1104976109	ISAM ELIAS MARAR MD	\$81,658.60	1,176	5.16	55
56	1184945321	DEANNE REMER	\$79,512.58	1,168	6.25	53
57	1730239732	SRIRAMAMURTHY RAVIPATI MD	\$104,322.92	1,160	3.36	30
58	1417241621	ASHLEY M MATHES	\$34,260.91	1,160	4.66	91
59	1134425127	MELANIE HOWARD ARPN	\$95,550.08	1,156	3.74	63
60	1285697722	DOUGLAS JONES	\$117,417.78	1,151	3.80	75
61	1295830115	ALAN BOLLINGER DO	\$99,118.86	1,139	5.99	80
62	1528144383	RAMONCITO AMURAO O'CAMPO	\$57,405.09	1,135	4.35	43
63	1396731287	VICKI L BOLING ARNP	\$61,767.07	1,128	4.36	66
64	1922144088	THOMAS S HOPKINS DO	\$123,247.94	1,126	4.09	69
65	1730143397	MARK JOSEPH DEARDEN DO	\$30,315.74	1,123	5.50	141
66	1780793976	MATTHEW D EGGERS MD	\$139,077.20	1,120	4.96	84
67	1225097843	WILLIAM M NISSEN	\$57,123.70	1,114	4.10	57
68	1699075929	HIEDI CHRISTINE LANE ARNP	\$112,968.17	1,114	4.14	118
69	1871586271	PATRICIA BLACKLEDGE ARNP	\$46,792.95	1,106	5.59	70
70	1013960566	PETER JOSEPH SZEIBEL	\$102,977.28	1,103	5.23	62
71	1306812490	MERRILEE RAMSEY ARNP	\$60,787.14	1,096	4.18	67
72	1225168511	FREDERICK C. ALDRICH	\$43,858.86	1,092	2.52	92
73	1205821337	MANMOHAN SINGH	\$53,962.14	1,091	4.60	59
74	1861559486	JOSPEH PATRICK BERTROCHE	\$138,619.95	1,089	4.36	77
75	1063491645	ALLYSON L WHEATON MD	\$110,084.30	1,086	4.23	74
76	1609218304	AMANDA O'TOOL ARNP	\$103,952.93	1,085	5.19	81
77	1104974658	UMA PALAKURTHY MD	\$37,325.06	1,079	4.65	93
78	1134191018	DUSTIN RALPH SMITH MD	\$64,283.51	1,077	4.43	64



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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
79	1558348284	STEVEN G PAULSRUD DO	\$60,504.55	1,073	4.83	71
80	1124399522	JOYCE E PROUCH ARNP	\$100,793.20	1,063	4.97	86
81	1356760011	CHARISSA S ELLIOTT ARNP	\$47,159.55	1,059	5.52	60
82	1356520431	KAY A MARTTILA	\$120,264.61	1,058	3.67	82
83	1073509436	MICHAEL KARL MAHARRY MD	\$53,147.11	1,048	4.64	20
84	1326013426	PAUL DENNIS PETERSON DO	\$50,899.84	1,047	3.03	98
85	1669623583	ANNE MIREILLE METUGE AHONE	\$62,199.59	1,042	4.69	85
86	1033198908	DANIEL J ARNOLD	\$50,531.12	1,038	4.22	42
87	1619186475	STEPHEN PALLONE MD	\$44,486.37	1,035	5.75	78
88	1902115652	SARAH LYNN BEATTIE ARNP	\$129,669.81	1,033	3.91	95
89	1417234899	REBECCA BRIANNA JONES PA	\$44,454.06	1,024	4.90	101
90	1326045808	RAY C STURDEVANT MD	\$102,313.61	1,023	3.18	76
91	1790046548	LAURIE L CLAIR PA	\$48,207.92	1,017	4.84	102
92	1629042288	MARTIN J FIALKOV MD	\$98,890.52	1,017	5.14	89
93	1558770974	MARC BAUMERT PA C	\$25,163.54	1,014	3.69	152
94	1902912538	CHRISTIAN W JONES MD	\$42,343.17	1,013	3.64	56
95	1912991183	MOLLY EARLEYWINE PA	\$25,909.91	1,002	3.78	106
96	1073949236	KATE ANN TRIPP PA	\$40,079.78	1,000	4.42	165
97	1780979666	LINDSEY ANN CHRISTIANSON	\$32,835.17	995	5.21	128
98	1710187406	SHAYLA TOOMBS-WITHERS	\$32,782.00	994	5.62	108
99	1871789982	RANAE MICHELLE ROBERTS	\$32,851.94	993	5.31	117
100	1801131461	MEREDITH DALLAS OLSON	\$56,946.81	990	4.44	79



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**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
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RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
1	1013126705	JANICE M. R. STABER	\$2,016,081.98	\$27,244.35	74	1
2	1952459463	DAVID LAWRENCE YURDIN PA	\$652,069.44	\$500.44	1,303	2
3	1770561946	DONALD HILLEBRAND MD	\$628,612.25	\$4,055.56	155	4
4	1013115369	BOBBITA NAG MD	\$294,818.25	\$130.51	2,259	5
5	1780766659	CHESTER ROBERT BADGER	\$237,162.23	\$52.23	4,541	7
6	1649248378	KATHLEEN L WILD ARNP	\$232,846.49	\$104.98	2,218	11
7	1841407160	RAHUL BANSAL MD	\$231,251.28	\$113.58	2,036	6
8	1043211303	ALI SAFDAR	\$197,856.26	\$87.94	2,250	29
9	1982605762	JEFFREY D WILHARM	\$196,957.21	\$66.09	2,980	18
10	1205015906	DAVID F WIDITZ	\$190,045.70	\$88.81	2,140	16
11	1285748004	BRUCE L HUGHES MD	\$189,541.58	\$1,215.01	156	10
12	1073500690	KATHLEEN S ADAMS	\$186,287.06	\$135.19	1,378	20
13	1083609358	JENNIFER S COOK	\$185,898.50	\$260.73	713	13
14	1467502286	CHARLES TILLEY PA	\$184,255.36	\$114.73	1,606	34
15	1548247406	VILMARIE RODRIGUEZ-PADUA MD	\$182,937.14	\$26,133.88	7	3
16	1083603773	JACK T STAPLETON	\$179,559.44	\$726.96	247	19
17	1194817247	MARIA J STEELE ARNP	\$171,561.52	\$1,072.26	160	9
18	1356337273	LISA J MENZIES	\$168,012.30	\$302.72	555	14
19	1548256191	JUDITH A MILLER	\$167,326.24	\$5,228.95	32	15
20	1083784797	CAROL AUNAN ARNP	\$157,539.74	\$78.85	1,998	17
21	1699767525	EZZATOLLAH SHIVAPOUR	\$157,168.62	\$2,455.76	64	23
22	1194703074	WENDY ANNE WALDMAN	\$155,152.64	\$228.17	680	22
23	1912991340	GHADA HAMDAN-ALLEN MD	\$152,837.81	\$102.78	1,487	31
24	1184722910	LAURA M VAN CLEVE DO	\$150,000.46	\$116.28	1,290	114
25	1679669832	ERIN VOYLES HATCHER ARNP	\$147,707.79	\$113.80	1,298	73
26	1841220290	KENT ELDON KUNZE MD	\$146,658.32	\$86.27	1,700	25
27	1619153137	JODI BEST ARNP	\$145,601.73	\$120.13	1,212	12



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**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
March/April 2015**

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
28	1972638864	LIUSKA MARIA PESCE	\$141,172.02	\$399.92	353	24
29	1962558957	ALBERT N OKINE PA	\$139,886.95	\$116.86	1,197	26
30	1346210184	JAMES BROOKS MD	\$139,684.75	\$116.11	1,203	28
31	1780793976	MATTHEW D EGGERS MD	\$139,077.20	\$124.18	1,120	36
32	1861559486	JOSPEH PATRICK BERTROCHE	\$138,619.95	\$127.29	1,089	30
33	1891705968	ANITA HANDEVIDT ARNP	\$130,930.58	\$102.21	1,281	63
34	1902115652	SARAH LYNN BEATTIE ARNP	\$129,669.81	\$125.53	1,033	48
35	1841293354	KEITH GUESS PA C	\$129,435.57	\$106.88	1,211	47
36	1841285772	KATHRYN CAROLE BREITBACH	\$128,013.03	\$1,684.38	76	27
37	1275844649	KATIE M HANSON	\$127,596.55	\$84.84	1,504	37
38	1740246008	DANIEL LAMPTEY MD	\$126,517.48	\$3,419.39	37	58
39	1619963949	EVA TSALIKIAN	\$125,620.61	\$770.68	163	66
40	1477633188	CYD Q. GRAFFT	\$124,951.83	\$85.76	1,457	39
41	1922144088	THOMAS S HOPKINS DO	\$123,247.94	\$109.46	1,126	54
42	1003004391	DAVID B WALKER MD	\$122,563.84	\$95.90	1,278	41
43	1487908380	LISA ANN BECHTEL ARNP	\$121,129.26	\$124.36	974	46
44	1356520431	KAY A MARTTILA	\$120,264.61	\$113.67	1,058	62
45	1285697722	DOUGLAS JONES	\$117,417.78	\$102.01	1,151	69
46	1104034552	DEANNA BOOK BOESEN	\$117,240.23	\$124.20	944	60
47	1376777524	ALLADDIN MOH ELHADI ABOSAIDA	\$116,408.79	\$309.60	376	21
48	1346255809	JEFFREY DUNKELBERG	\$116,262.82	\$1,592.64	73	1077
49	1568647303	CHERYL ANGELINE CONRAD ARNP	\$115,856.57	\$394.07	294	153
50	1760477483	WARREN P BISHOP, MD	\$115,269.88	\$480.29	240	183
51	1033418843	RANDHIR JESUDOSS MD	\$115,080.43	\$1,826.67	63	530
52	1790708451	MICHAEL M MCCUBBIN	\$114,563.71	\$269.56	425	32
53	1699075929	HIEDI CHRISTINE LANE ARNP	\$112,968.17	\$101.41	1,114	87
54	1255322996	MARK WILLIAM MITTAUER MD	\$112,737.02	\$68.08	1,656	44



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**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
March/April 2015**

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
55	1972616316	JEFFREY ALAN BRANNEN DO	\$111,046.12	\$555.23	200	456
56	1821082850	JOHN F STECKER	\$110,930.50	\$123.12	901	100
57	1063491645	ALLYSON L WHEATON MD	\$110,084.30	\$101.37	1,086	67
58	1508289620	GLORIA A MILLER	\$108,976.40	\$91.73	1,188	38
59	1134402373	JULIE A SCHUCK	\$107,108.17	\$723.70	148	71
60	1124342217	JORGE ANTONIO ZAPATIER-VIDAL MD	\$106,498.19	\$2,878.33	37	221
61	1003957903	JORGE LUIS ALVAREZ MD	\$105,087.95	\$767.07	137	94
62	1447242359	DANIEL M SLEITER ARNP	\$104,860.95	\$582.56	180	52
63	1730239732	SRIRAMAMURTHY RAVIPATI MD	\$104,322.92	\$89.93	1,160	43
64	1184602013	RODNEY A SHORT MD	\$104,240.72	\$461.24	226	51
65	1609218304	AMANDA O'TOOL ARNP	\$103,952.93	\$95.81	1,085	78
66	1710941000	LAURIE WARREN PA	\$103,700.25	\$110.67	937	40
67	1316356496	KIMBERLY NICHOLLE WOOD ARNP	\$103,185.58	\$109.31	944	123
68	1750376034	DUANGCHAI NARAWONG MD	\$103,080.71	\$160.31	643	68
69	1013960566	PETER JOSEPH SZEIBEL	\$102,977.28	\$93.36	1,103	53
70	1215146055	REBECCA J WOLFE	\$102,881.49	\$84.12	1,223	77
71	1326045808	RAY C STURDEVANT MD	\$102,313.61	\$100.01	1,023	59
72	1639423544	PAMELA S BROWN ARNP	\$101,091.96	\$114.36	884	70
73	1124399522	JOYCE E PROUCH ARNP	\$100,793.20	\$94.82	1,063	74
74	1215125216	REBECCA WALDING	\$100,355.43	\$118.20	849	72
75	1609055771	CHARUTA NARAYAN JOSHI	\$99,567.60	\$190.38	523	33
76	1144214248	KRISTI WALZ MD	\$99,437.57	\$71.95	1,382	136
77	1295830115	ALAN BOLLINGER DO	\$99,118.86	\$87.02	1,139	56
78	1629042288	MARTIN J FIALKOV MD	\$98,890.52	\$97.24	1,017	83
79	1902885445	BHARAT ASHOK MOTWANI MD	\$97,787.28	\$769.98	127	75
80	1508946088	RICHARD E NIGHTINGALE	\$97,147.49	\$75.48	1,287	42
81	1033361563	ERMEI YAO PA	\$96,864.14	\$452.64	214	57



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**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
March/April 2015**

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
82	1356564371	CARLA K ABEL ZIEG ARNP	\$96,359.23	\$142.54	676	81
83	1891756128	PHILIP JOSEPH MULLER DO	\$96,272.37	\$98.64	976	98
84	1285681528	MARVIN F PIBURN JR MD	\$96,057.05	\$122.21	786	119
85	1134425127	MELANIE HOWARD ARPN	\$95,550.08	\$82.66	1,156	65
86	1801890611	DEBORAH A HUBER ARNP	\$95,305.83	\$1,013.89	94	297
87	1215025309	DEBORAH LYNNE GARRELTS	\$93,290.35	\$107.73	866	61
88	1215964796	DONNER DEWDNEY MD	\$91,498.34	\$102.81	890	130
89	1083681944	MARY CHRISTINE SEGRETO DO	\$91,190.65	\$115.14	792	147
90	1134533599	NICOLE THOMAS ARNP	\$90,523.80	\$118.64	763	210
91	1104029008	KATIE MARIE ULRING LARSON ODE	\$89,316.87	\$369.08	242	84
92	1366435125	DANIEL EDWARD WESEMANN ARNP	\$86,367.53	\$107.56	803	88
93	1891788485	JOYCE VISTA WAYNE MD	\$86,091.03	\$95.13	905	102
94	1760470678	JEFFERY L MEIER	\$84,752.94	\$839.14	101	139
95	1306954391	WILLIAM E HOWARD DO	\$83,032.18	\$88.52	938	64
96	1538368170	CHRISTOPHER ROBERT MATSON	\$82,246.78	\$37.80	2,176	85
97	1861474710	CAROLYN JOHNSON PA	\$82,132.80	\$285.18	288	110
98	1104976109	ISAM ELIAS MARAR MD	\$81,658.60	\$69.44	1,176	93
99	1821084468	MARY WAGNER NIXON	\$80,975.00	\$121.77	665	128
100	1053361972	MATTHEW LARRY HILL DO	\$80,248.59	\$1,003.11	80	91



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TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

CATEGORY DESCRIPTION	January/February 2015	RANK	% BUDGET	March/April 2015	RANK	% BUDGET	% CHANGE
ANTIPSYCHOTICS - ATYPICALS	\$5,102,842	1	8.2%	\$6,170,282	1	8.8%	20.9%
STIMULANTS - AMPHETAMINES - LONG ACTING	\$3,190,931	3	5.1%	\$3,755,434	2	5.3%	17.7%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	\$2,560,283	5	4.1%	\$3,611,157	3	5.1%	41.0%
ANTICONVULSANTS	\$3,235,295	2	5.2%	\$3,583,828	4	5.1%	10.8%
DIABETIC - INSULIN	\$2,852,962	4	4.6%	\$3,139,448	5	4.5%	10.0%
ANTIHEMOPHILIC AGENTS	\$2,293,157	7	3.7%	\$2,248,322	6	3.2%	-2.0%
ANTIASTHMATIC - ADRENERGIC COMBOS	\$1,875,806	8	3.0%	\$2,231,591	7	3.2%	19.0%
ANTIDEPRESSANTS - SELECTED SSRI's	\$2,310,268	6	3.7%	\$2,208,478	8	3.1%	-4.4%
STIMULANTS - METHYLPHENIDATE	\$1,673,802	9	2.7%	\$1,858,539	9	2.6%	11.0%
ANTI-INFLAMMATORIES, NON-NSAID	\$1,530,559	10	2.5%	\$1,834,239	10	2.6%	19.8%
HEPATITIS C AGENTS	\$844,112	20	1.4%	\$1,761,823	11	2.5%	108.7%
DIABETIC - INSULIN PENFILLS	\$1,334,313	13	2.2%	\$1,559,636	12	2.2%	16.9%
ANTIASTHMATIC - BETA - ADRENERGICS	\$1,372,115	12	2.2%	\$1,525,575	13	2.2%	11.2%
STIMULANTS - OTHER STIMULANTS / LIKE STIMULANTS	\$1,295,599	14	2.1%	\$1,480,729	14	2.1%	14.3%
MULTIPLE SCLEROSIS AGENTS	\$1,412,630	11	2.3%	\$1,462,558	15	2.1%	3.5%
ANTIRETROVIRALS	\$1,035,835	17	1.7%	\$1,243,790	16	1.8%	20.1%
ANTIASTHMATIC - STEROID INHALANTS	\$1,105,203	16	1.8%	\$1,165,357	17	1.7%	5.4%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	\$916,356	18	1.5%	\$1,040,880	18	1.5%	13.6%
NARCOTICS - MISC.	\$792,501	23	1.3%	\$966,925	19	1.4%	22.0%
ANTIASTHMATIC - ANTI-CHOLINERGICS	\$883,117	19	1.4%	\$951,540	20	1.4%	7.7%



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TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

CATEGORY DESCRIPTION	January/February 2015	PREV RANK	March/April 2015	CURR RANK	PERC CHANGE
ANTIDEPRESSANTS - SELECTED SSRI's	87,482	1	96,195	1	10.0%
ANTICONVULSANTS	46,540	2	50,717	2	9.0%
NARCOTICS - MISC.	36,409	3	40,529	3	11.3%
BETA-LACTAMS / CLAVULANATE COMBO'S	36,236	4	37,543	4	3.6%
ANTIPSYCHOTICS - ATYPICALS	28,874	6	32,117	5	11.2%
ANTIASTHMATIC - BETA - ADRENERGICS	30,542	5	32,055	6	5.0%
ANTIHISTAMINES - NON-SEDATING	22,630	10	28,640	7	26.6%
ANALGESICS - MISC.	25,069	7	26,701	8	6.5%
GI - PROTON PUMP INHIBITOR	23,697	8	26,609	9	12.3%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	23,141	9	25,698	10	11.0%
ANXIOLYTICS - BENZODIAZEPINES	19,720	12	21,284	11	7.9%
ACE INHIBITORS	19,007	13	20,880	12	9.9%
NSAIDS	18,755	14	20,423	13	8.9%
ANTIHYPERTENSIVES - CENTRAL	18,376	15	20,110	14	9.4%
MACROLIDES / ERYTHROMYCIN'S / KETOLIDES	21,152	11	19,598	15	-7.3%
DIURETICS	16,763	17	18,596	16	10.9%
GLUCOCORTICOIDS - MINERALOCORTICOIDS	17,087	16	18,007	17	5.4%
STIMULANTS - AMPHETAMINES - LONG ACTING	15,409	19	17,986	18	16.7%
CEPHALOSPORINS	16,392	18	17,356	19	5.9%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	13,090	23	17,297	20	32.1%



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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	January/February 2015	PREVIOUS RANK	March/April 2015	RANK	PERCENT CHANGE
ABILIFY	\$2,561,234.71	1	\$3,216,816.06	1	25.60%
METHYLPHENIDATE HCL ER	\$2,141,695.76	3	\$3,088,678.96	2	44.22%
VYVANSE	\$2,479,333.76	2	\$3,038,675.22	3	22.56%
LANTUS	\$1,456,441.73	4	\$1,586,192.95	4	8.91%
FOCALIN XR	\$1,334,688.29	5	\$1,482,417.31	5	11.07%
ADVATE	\$1,274,490.67	6	\$1,460,609.41	6	14.60%
STRATTERA	\$964,852.19	8	\$1,078,274.45	7	11.76%
HARVONI	\$401,499.98	29	\$1,047,180.59	8	160.82%
ADVAIR DISKUS	\$806,661.51	12	\$977,279.33	9	21.15%
SPIRIVA HANDIHALER	\$820,012.95	11	\$879,221.53	10	7.22%
LATUDA	\$610,385.95	17	\$817,034.90	11	33.86%
VENTOLIN HFA	\$713,501.43	14	\$769,766.92	12	7.89%
SYNAGIS	\$1,222,238.63	7	\$756,335.10	13	-38.12%
DEPAKOTE ER	\$649,557.79	15	\$684,560.96	14	5.39%
NOVOLOG	\$600,269.80	18	\$675,986.62	15	12.61%
SOVALDI	\$380,743.65	31	\$671,285.21	16	76.31%
NOVOSEVEN RT	\$784,932.14	13	\$664,879.41	17	-15.29%
ADDERALL XR	\$626,648.87	16	\$626,186.21	18	-0.07%
SYMBICORT	\$530,516.34	20	\$624,181.89	19	17.66%
HUMIRA PEN	\$487,793.69	23	\$622,447.91	20	27.60%
HUMALOG	\$543,298.34	19	\$591,871.51	21	8.94%
INVEGA SUSTENNA	\$503,462.01	21	\$576,321.13	22	14.47%
CRESTOR	\$496,630.56	22	\$566,819.24	23	14.13%
ATRIPLA	\$451,450.75	26	\$551,144.34	24	22.08%
HYDROCODONE/ACETAMINOPHEN	\$426,991.55	27	\$544,041.03	25	27.41%
CYMBALTA	\$864,745.82	9	\$539,982.59	26	-37.56%
LEVEMIR	\$402,773.46	28	\$503,281.88	27	24.95%



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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	January/February 2015	PREVIOUS RANK	March/April 2015	RANK	PERCENT CHANGE
NORDITROPIN FLEXPRO	\$336,899.29	37	\$451,928.20	28	34.14%
DEXILANT	\$385,048.84	30	\$444,906.64	29	15.55%
COPAXONE	\$452,362.31	25	\$439,201.17	30	-2.91%
AZITHROMYCIN	\$457,689.51	24	\$420,297.22	31	-8.17%
LANTUS SOLOSTAR	\$365,155.59	33	\$401,919.68	32	10.07%
QVAR	\$353,707.02	34	\$388,161.86	33	9.74%
CEFDINIR	\$365,247.31	32	\$382,567.09	34	4.74%
TECFIDERA	\$326,643.99	38	\$375,779.10	35	15.04%
NASONEX	\$281,753.51	44	\$374,155.37	36	32.80%
NOVOLOG FLEXPEN	\$342,686.65	36	\$354,931.11	37	3.57%
LYRICA	\$322,804.27	39	\$352,200.13	38	9.11%
TAMIFLU	\$833,476.37	10	\$348,743.36	39	-58.16%
PULMICORT	\$352,296.54	35	\$337,297.53	40	-4.26%
TRUVADA	\$262,403.14	46	\$325,524.39	41	24.06%
PROVENTIL HFA	\$297,928.88	41	\$322,127.69	42	8.12%
AMOXICILLIN	\$314,148.20	40	\$319,399.95	43	1.67%
ENBREL SURECLICK	\$296,918.10	42	\$313,544.60	44	5.60%
AMPHETAMINE/DEXTROAMPHETA	\$247,868.44	48	\$290,985.84	45	17.40%
RISPERDAL CONSTA	\$282,064.83	43	\$289,183.28	46	2.52%
HUMIRA	\$263,584.16	45	\$281,888.32	47	6.94%
ENBREL	\$245,049.39	49	\$275,930.89	48	12.60%
FLOVENT HFA	\$231,645.43	51	\$265,224.43	49	14.50%
INVEGA	\$248,619.07	47	\$257,904.24	50	3.73%
EPIPEN 2-PAK	\$132,747.76	95	\$256,888.87	51	93.52%
VIMPAT	\$226,046.67	52	\$256,736.32	52	13.58%
ANAFRANIL	\$156,437.39	74	\$256,457.27	53	63.94%
MONTELUKAST SODIUM	\$208,651.17	56	\$253,763.42	54	21.62%



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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	January/February 2015	PREVIOUS RANK	March/April 2015	RANK	PERCENT CHANGE
OMEPRAZOLE	\$231,683.07	50	\$251,718.80	55	8.65%
LEVOTHYROXINE SODIUM	\$224,116.72	53	\$251,087.49	56	12.03%
COMBIVENT RESPIMAT	\$209,166.47	55	\$234,961.41	57	12.33%
JANUVIA	\$188,278.38	63	\$229,016.43	58	21.64%
GABAPENTIN	\$203,181.68	58	\$228,717.43	59	12.57%
PROAIR HFA	\$149,781.21	80	\$223,229.55	60	49.04%
PROVIGIL	\$155,704.57	76	\$221,842.71	61	42.48%
PULMOZYME	\$209,762.86	54	\$221,502.92	62	5.60%
AMOXICILLIN/CLAVULANATE P	\$201,704.32	59	\$216,638.06	63	7.40%
XIFAXAN	\$162,854.19	72	\$216,199.62	64	32.76%
VESICARE	\$167,981.44	69	\$214,946.63	65	27.96%
METHYLPHENIDATE HCL	\$185,103.51	64	\$214,118.60	66	15.68%
QUILLIVANT XR	\$165,441.44	71	\$212,356.88	67	28.36%
ENOXAPARIN SODIUM	\$188,903.48	62	\$205,880.32	68	8.99%
DULERA	\$166,132.06	70	\$197,305.15	69	18.76%
BUPROPION HCL XL	\$171,731.45	67	\$194,707.02	70	13.38%
TOPROL XL	\$171,794.93	66	\$193,905.48	71	12.87%
GLEEVEC	\$127,507.94	101	\$190,180.55	72	49.15%
LEVEMIR FLEXTOUCH	\$121,529.47	106	\$188,108.28	73	54.78%
GILENYA	\$158,143.17	73	\$181,491.93	74	14.76%
SAPHRIS	\$131,092.74	97	\$177,312.93	75	35.26%
METADATE CD	\$144,397.38	84	\$175,937.98	76	21.84%
OPANA ER (CRUSH RESISTANT	\$170,318.00	68	\$174,390.70	77	2.39%
SERTRALINE HCL	\$152,363.32	79	\$172,124.86	78	12.97%
QUETIAPINE FUMARATE	\$156,188.96	75	\$169,530.03	79	8.54%
LISINOPRIL	\$153,002.39	77	\$167,482.98	80	9.46%
STRIBILD	\$128,017.36	100	\$164,001.23	81	28.11%



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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	January/February 2015	PREVIOUS RANK	March/April 2015	RANK	PERCENT CHANGE
XYREM	\$189,468.86	61	\$163,017.15	82	-13.96%
ATORVASTATIN CALCIUM	\$140,257.02	89	\$161,016.83	83	14.80%
FLUTICASONE PROPIONATE	\$127,436.55	102	\$159,576.35	84	25.22%
RISPERIDONE	\$146,612.26	83	\$157,724.82	85	7.58%
BANZEL	\$131,152.38	96	\$156,227.59	86	19.12%
TRAMADOL HCL	\$144,374.47	85	\$155,916.73	87	7.99%
SEROQUEL XR	\$152,586.21	78	\$152,642.89	88	0.04%
ADVAIR HFA	\$121,513.79	107	\$152,464.72	89	25.47%
VENLAFAXINE HCL ER	\$136,624.67	90	\$152,061.02	90	11.30%
CEPHALEXIN	\$140,323.94	88	\$150,071.46	91	6.95%
SABRIL	\$133,217.38	94	\$149,742.36	92	12.40%
CREON	\$108,538.38	116	\$149,507.21	93	37.75%
ESCITALOPRAM OXALATE	\$134,561.11	92	\$148,394.35	94	10.28%
ONFI	\$119,754.59	111	\$144,017.96	95	20.26%
TRAZODONE HCL	\$130,666.93	98	\$143,774.70	96	10.03%
KALYDECO	\$75,134.32	166	\$143,456.16	97	90.93%
INTUNIV	\$134,775.49	91	\$142,415.29	98	5.67%
FENOFIBRATE	\$128,494.61	99	\$140,622.38	99	9.44%
COMPLERA	\$104,112.90	125	\$140,612.13	100	35.06%



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TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	January/February 2015	PREVIOUS RANK	March/April 2015	RANK	PERCENT CHANGE
HYDROCO/APAP TAB 5-325MG	16,102	1	18,080	1	12.28%
VENTOLIN HFA AER	12,603	2	13,478	2	6.94%
AMOXICILLIN SUS 400/5ML	12,467	3	12,904	3	3.51%
TRAMADOL HCL TAB 50MG	11,603	4	12,610	4	8.68%
Loratadine Tab 10 MG	10,624	5	12,523	5	17.87%
OMEPRAZOLE CAP 20MG	8,896	8	9,810	6	10.27%
Cetirizine HCl Tab 10 MG	7,711	13	9,633	7	24.93%
ESCITALOPRAM TAB 20MG	8,660	10	9,627	8	11.17%
FLUOXETINE CAP 20MG	8,863	9	9,582	9	8.11%
ALBUTEROL NEB 0.083%	9,836	6	9,157	10	-6.90%
FLUTICASONE SPR 50MCG	7,111	16	9,001	11	26.58%
GABAPENTIN CAP 300MG	8,417	11	8,956	12	6.40%
OMEPRAZOLE CAP 40MG	7,756	12	8,851	13	14.12%
AZITHROMYCIN TAB 250MG	9,145	7	8,770	14	-4.10%
CYCLOBENZAPR TAB 10MG	7,624	15	8,532	15	11.91%
CLONIDINE TAB 0.1MG	6,987	17	7,630	16	9.20%
SERTRALINE TAB 100MG	6,438	19	7,248	17	12.58%
RANITIDINE TAB 150MG	6,760	18	7,197	18	6.46%
Aspirin Tab Delayed Release 81 MG	6,267	21	6,998	19	11.66%
MONTELUKAST TAB 10MG	5,759	26	6,858	20	19.08%
GUANFACINE TAB 1MG	6,303	20	6,811	21	8.06%
IBUPROFEN TAB 800MG	6,065	23	6,672	22	10.01%
TRAZODONE TAB 50MG	6,114	22	6,634	23	8.51%
AZITHROMYCIN SUS 200/5ML	7,636	14	6,603	24	-13.53%
TRAZODONE TAB 100MG	5,803	25	6,278	25	8.19%
Acetaminophen Tab 325 MG	5,737	27	6,163	26	7.43%



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TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	January/February 2015	PREVIOUS RANK	March/April 2015	RANK	PERCENT CHANGE
Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)	5,503	28	6,029	27	9.56%
LISINOPRIL TAB 10MG	5,392	29	5,893	28	9.29%
METFORMIN TAB 500MG	5,158	31	5,670	29	9.93%
HYDROCHLOROTAB 25MG	5,112	33	5,641	30	10.35%
LISINOPRIL TAB 20MG	5,147	32	5,605	31	8.90%
AMOXICILLIN CAP 500MG	5,311	30	5,574	32	4.95%
METHYLPHENID TAB 36MG ER	3,921	55	5,381	33	37.24%
PREDNISON TAB 20MG	4,448	39	5,072	34	14.03%
POLYETH GLYC POW 3350 NF	4,547	35	5,028	35	10.58%
METFORMIN TAB 1000MG	4,469	37	4,997	36	11.81%
MELOXICAM TAB 15MG	4,461	38	4,989	37	11.84%
CLONAZEPAM TAB 1MG	4,563	34	4,920	38	7.82%
OXYCOD/APAP TAB 5-325MG	4,227	43	4,766	39	12.75%
PROVENTIL AER HFA	4,519	36	4,711	40	4.25%
SERTRALINE TAB 50MG	4,153	45	4,630	41	11.49%
CITALOPRAM TAB 20MG	4,263	42	4,604	42	8.00%
ONDANSETRON TAB 4MG ODT	3,958	52	4,599	43	16.20%
CEPHALEXIN CAP 500MG	4,221	44	4,537	44	7.49%
VENLAFAXINE CAP 150MG ER	4,041	49	4,522	45	11.90%
AMLODIPINE TAB 10MG	4,037	50	4,480	46	10.97%
PANTOPRAZOLE TAB 40MG	3,986	51	4,469	47	12.12%
Sennosides-Docusate Sodium Tab 8.6-50 MG	4,308	40	4,455	48	3.41%
MONTELUKAST CHW 5MG	3,613	63	4,412	49	22.11%
HYDROCO/APAP TAB 7.5-325	4,104	46	4,409	50	7.43%
ALPRAZOLAM TAB 1MG	4,091	48	4,367	51	6.75%
LANTUS INJ 100/ML	4,098	47	4,363	52	6.47%



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TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	January/February 2015	PREVIOUS RANK	March/April 2015	RANK	PERCENT CHANGE
SMZ/TMP DS TAB 800-160	3,690	62	4,316	53	16.96%
NAPROXEN TAB 500MG	3,883	57	4,281	54	10.25%
Aspirin Chew Tab 81 MG	3,951	53	4,229	55	7.04%
CLONAZEPAM TAB 0.5MG	3,890	56	4,153	56	6.76%
AMOXICILLIN SUS 250/5ML	4,299	41	4,149	57	-3.49%
AMOX/K CLAV TAB 875MG	3,944	54	4,115	58	4.34%
METHYLPHENID TAB 54MG ER	3,068	73	4,089	59	33.28%
CITALOPRAM TAB 40MG	3,824	59	4,067	60	6.35%
ALPRAZOLAM TAB 0.5MG	3,741	60	4,044	61	8.10%
ZOLPIDEM TAB 10MG	3,704	61	4,036	62	8.96%
HYDROCO/APAP TAB 10-325MG	3,571	64	3,990	63	11.73%
CEFDINIR SUS 250/5ML	3,843	58	3,987	64	3.75%
ATORVASTATIN TAB 40MG	3,456	66	3,954	65	14.41%
AMLODIPINE TAB 5MG	3,464	65	3,791	66	9.44%
Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML)	2,509	92	3,783	67	50.78%
PREDNISOLONE SOL 15MG/5ML	6,002	24	3,758	68	-37.39%
PROAIR HFA AER	2,576	88	3,704	69	43.79%
FOLIC ACID TAB 1MG	3,409	67	3,703	70	8.62%
METOPROL TAR TAB 25MG	3,240	69	3,551	71	9.60%
HYDROXYZ PAM CAP 25MG	3,148	70	3,549	72	12.74%
Acetaminophen Tab 500 MG	3,353	68	3,531	73	5.31%
BUPROPN HCL TAB 300MG XL	3,052	74	3,449	74	13.01%
VYVANSE CAP 30MG	2,741	82	3,381	75	23.35%
LORAZEPAM TAB 1MG	3,121	71	3,331	76	6.73%
SIMVASTATIN TAB 20MG	3,085	72	3,313	77	7.39%
ATORVASTATIN TAB 20MG	2,839	78	3,220	78	13.42%



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TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	January/February 2015	PREVIOUS RANK	March/April 2015	RANK	PERCENT CHANGE
BUPROPN HCL TAB 150MG XL	2,879	77	3,189	79	10.77%
SPIRIVA CAP HANDHLR	2,915	76	3,100	80	6.35%
LORAZEPAM TAB 0.5MG	2,829	79	3,095	81	9.40%
VYVANSE CAP 40MG	2,525	91	3,012	82	19.29%
VENLAFAXINE CAP 75MG ER	2,753	81	2,989	83	8.57%
LISINOPRIL TAB 40MG	2,727	83	2,960	84	8.54%
LEVOTHYROXIN TAB 50MCG	2,695	84	2,945	85	9.28%
FUROSEMIDE TAB 40MG	2,692	85	2,932	86	8.92%
RISPERIDONE TAB 1MG	2,779	80	2,918	87	5.00%
FLUCONAZOLE TAB 150MG	2,565	89	2,902	88	13.14%
SIMVASTATIN TAB 40MG	2,634	86	2,867	89	8.85%
PREDNISON TAB 10MG	2,555	90	2,779	90	8.77%
MONTELUKAST CHW 4MG	2,216	103	2,779	91	25.41%
METRONIDAZOL TAB 500MG	2,400	95	2,746	92	14.42%
LISINOPRIL TAB 5MG	2,379	96	2,698	93	13.41%
QUETIAPINE TAB 100MG	2,471	93	2,650	94	7.24%
METHYLPHENID TAB 27MG ER	2,097	114	2,641	95	25.94%
CLOPIDOGREL TAB 75MG	2,321	99	2,579	96	11.12%
VYVANSE CAP 50MG	2,159	109	2,577	97	19.36%
APAP/CODEINE TAB 300-30MG	2,374	97	2,511	98	5.77%
FUROSEMIDE TAB 20MG	2,172	108	2,485	99	14.41%
RISPERIDONE TAB 0.5MG	2,281	101	2,448	100	7.32%



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Bi-Monthly Statistics

	March/April 2015	May/June 2015	% CHANGE
TOTAL PAID AMOUNT	\$69,642,277	\$67,683,048	-2.8%
UNIQUE USERS	210,268	197,276	-6.2%
COST PER USER	\$331.21	\$343.09	3.6%
TOTAL PRESCRIPTIONS	1,040,931	989,259	-5.0%
AVERAGE PRESCRIPTIONS PER USER	4.95	5.01	1.2%
AVERAGE COST PER PRESCRIPTION	\$66.90	\$68.42	2.3%
# GENERIC PRESCRIPTIONS	882,980	842,823	-4.5%
% GENERIC	84.8%	85.2%	0.4%
\$ GENERIC	\$19,512,470	\$18,108,169	-7.2%
AVERAGE GENERIC PRESCRIPTION COST	\$22.10	\$21.49	-2.8%
AVERAGE GENERIC DAYS SUPPLY	23	24	4.3%
# BRAND PRESCRIPTIONS	154,326	142,944	-4.5%
% BRAND	14.8%	14.4%	0.4%
\$ BRAND	\$49,810,474	\$49,286,333	-7.2%
AVERAGE BRAND PRESCRIPTION COST	\$322.76	\$344.79	-2.8%
AVERAGE BRAND DAYS SUPPLY	26	26	4.3%



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UTILIZATION BY AGE		
AGE	March/April 2015	May/June 2015
0-6	38,197	31,392
7-12	31,566	27,340
13-18	26,081	23,331
19-64	105,255	106,204
65+	9,169	9,009
	210,268	197,276

UTILIZATION BY GENDER AND AGE			
GENDER	AGE	March/April 2015	May/June 2015
F	0-6	17,947	14,711
	7-12	13,762	11,748
	13-18	13,375	12,231
	19-64	66,950	67,454
	65+	6,386	6,276
		118,420	112,420
M	0-6	20,250	16,681
	7-12	17,804	15,592
	13-18	12,706	11,100
	19-64	38,305	38,750
	65+	2,783	2,733
		91,848	84,856



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TOP 100 PHARMACIES BY PRESCRIPTION COUNT
May/June 2015

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
1	BROADLAWNS MEDICAL CENTER	DES MOINES	IA	19,172	\$481,293.27	\$25.10	1
2	WALGREEN #05239	DAVENPORT	IA	12,160	\$678,980.76	\$55.84	2
3	WALGREEN #04405	COUNCIL BLUFFS	IA	10,431	\$608,530.71	\$58.34	3
4	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	9,396	\$1,333,571.04	\$141.93	4
5	WALGREEN #05721	DES MOINES	IA	9,025	\$546,015.58	\$60.50	5
6	WALGREEN COMPANY #3700	COUNCIL BLUFFS	IA	7,285	\$394,481.88	\$54.15	9
7	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	7,178	\$402,489.85	\$56.07	10
8	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	7,023	\$333,611.84	\$47.50	6
9	WALGREEN #359	DES MOINES	IA	6,824	\$373,605.28	\$54.75	7
10	WALGREEN COMPANY 07455	WATERLOO	IA	6,762	\$356,782.95	\$52.76	11
11	MERCY FAMILY PHARMACY	DUBUQUE	IA	6,604	\$410,677.73	\$62.19	8
12	SIOUXLAND COMM HEALTH CTR PHARMA	SIOUX CITY	IA	6,594	\$126,794.17	\$19.23	13
13	WALGREEN #05362	DES MOINES	IA	6,226	\$375,084.18	\$60.24	12
14	WALGREENS #07453	DES MOINES	IA	5,818	\$324,688.32	\$55.81	14
15	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	5,787	\$357,278.84	\$61.74	18
16	MARTIN HEALTH SERVICES INC	DENVER	IA	5,599	\$179,341.72	\$32.03	15
17	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	5,442	\$334,698.80	\$61.50	16
18	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	5,270	\$203,528.16	\$38.62	25
19	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	5,154	\$300,797.55	\$58.36	17
20	WALGREEN COMPANY 05777	DES MOINES	IA	5,154	\$305,788.29	\$59.33	20
21	WALGREEN #04041	DAVENPORT	IA	5,067	\$293,955.40	\$58.01	19
22	HY VEE PHARMACY 1060	CEDAR RAPIDS	IA	5,015	\$280,140.66	\$55.86	23
23	WALGREEN #05852	DES MOINES	IA	4,938	\$279,916.79	\$56.69	21
24	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	4,744	\$255,086.88	\$53.77	22
25	RASHID PHARMACY PLC	FORT MADISON	IA	4,724	\$269,335.36	\$57.01	26



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TOP 100 PHARMACIES BY PRESCRIPTION COUNT
May/June 2015

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
26	WALGREEN #11709	DAVENPORT	IA	4,700	\$264,656.93	\$56.31	24
27	WALGREEN #05886	KEOKUK	IA	4,448	\$262,239.07	\$58.96	28
28	DANIEL PHARMACY INC	FORT DODGE	IA	4,356	\$259,998.56	\$59.69	29
29	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	4,231	\$293,742.95	\$69.43	32
30	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	4,016	\$237,183.73	\$59.06	31
31	MAHASKA DRUG INC	OSKALOOSA	IA	4,011	\$251,731.16	\$62.76	37
32	PHARMACY MATTERS LTC	IOWA CITY	IA	3,994	\$181,044.85	\$45.33	27
33	WALGREENS #15647	SIOUX CITY	IA	3,982	\$231,834.50	\$58.22	40
34	WALGREEN #7452	DES MOINES	IA	3,959	\$204,988.65	\$51.78	33
35	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	3,954	\$217,118.81	\$54.91	34
36	WALGREEN #03595	DAVENPORT	IA	3,935	\$205,569.70	\$52.24	39
37	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	3,929	\$231,876.33	\$59.02	35
38	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	3,890	\$251,229.40	\$64.58	38
39	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	3,803	\$245,625.36	\$64.59	36
40	WALGREEN #910	SIOUX CITY	IA	3,712	\$193,490.65	\$52.13	30
41	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	3,700	\$232,765.46	\$62.91	42
42	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	3,669	\$243,043.95	\$66.24	43
43	RIGHT DOSE PHARMACY	ANKENY	IA	3,573	\$239,793.05	\$67.11	59
44	SOUTH SIDE DRUG INCOPORATED	OTTUMWA	IA	3,565	\$184,202.81	\$51.67	45
45	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	3,523	\$227,556.33	\$64.59	41
46	THOMPSON-DEAN DRUG	SIOUX CITY	IA	3,478	\$314,077.45	\$90.30	47
47	IOWA CVS PHARMACY LLC DBA	WATERLOO	IA	3,451	\$183,423.10	\$53.15	46
48	WAL-MART PHARMACY #10-5115	DAVENPORT	IA	3,423	\$151,224.99	\$44.18	53
49	WAL-MART PHARMACY #10-0985	FAIRFIELD	IA	3,422	\$135,376.19	\$39.56	58
50	WALGREENS #05119	CLINTON	IA	3,416	\$195,058.20	\$57.10	49
51	WALGREEN #05044	BURLINGTON	IA	3,383	\$210,841.15	\$62.32	56



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TOP 100 PHARMACIES BY PRESCRIPTION COUNT
May/June 2015

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
52	WALGREENS #10855	WATERLOO	IA	3,332	\$169,202.49	\$50.78	48
53	HY VEE PHARMACY #1449	NEWTON	IA	3,303	\$171,436.11	\$51.90	54
54	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	3,295	\$157,648.02	\$47.84	52
55	WAL-MART PHARMACY #10-1496	WATERLOO	IA	3,286	\$146,760.39	\$44.66	51
56	WALGREENS #11942	DUBUQUE	IA	3,285	\$186,379.65	\$56.74	55
57	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,281	\$182,541.41	\$55.64	50
58	WAL-MART PHARMACY 10-2889	CLINTON	IA	3,234	\$134,625.48	\$41.63	57
59	A AVENUE PHARMACY	CEDAR RAPIDS	IA	3,227	\$221,931.57	\$68.77	64
60	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	3,163	\$183,650.83	\$58.06	66
61	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	3,078	\$161,678.95	\$52.53	61
62	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,071	\$161,648.46	\$52.64	72
63	WAL-MART PHARMACY #10-1393	OSKALOOSA	IA	3,062	\$141,953.95	\$46.36	71
64	HY-VEE PHARMACY (1075)	CLINTON	IA	3,021	\$198,965.03	\$65.86	65
65	HY-VEE PHARMACY (1875)	WEBSTER CITY	IA	2,995	\$178,626.03	\$59.64	74
66	MEDICAP PHARMACY	INDIANOLA	IA	2,983	\$151,120.61	\$50.66	44
67	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	2,965	\$153,483.36	\$51.77	62
68	WALGREENS 07968	DES MOINES	IA	2,956	\$146,032.00	\$49.40	60
69	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	2,944	\$161,021.02	\$54.69	67
70	HY-VEE PHARMACY 1504	OTTUMWA	IA	2,930	\$182,273.65	\$62.21	76
71	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,919	\$162,628.70	\$55.71	63
72	HY-VEE DRUGSTORE #7031	DES MOINES	IA	2,901	\$175,849.37	\$60.62	69
73	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	2,893	\$183,744.88	\$63.51	68
74	WALGREEN #05077	IOWA CITY	IA	2,787	\$153,541.61	\$55.09	79
75	WAGNER PHARMACY	CLINTON	IA	2,778	\$177,699.74	\$63.97	78
76	HY-VEE PHARMACY (1065)	CHARITON	IA	2,777	\$166,648.11	\$60.01	85
77	WALGREEN #09708	DUBUQUE	IA	2,755	\$153,847.17	\$55.84	80



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TOP 100 PHARMACIES BY PRESCRIPTION COUNT
May/June 2015

RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST RX	PREVIOUS RANK
78	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	2,748	\$159,072.33	\$57.89	81
79	STANGEL PHARMACY	ONAWA	IA	2,743	\$164,135.35	\$59.84	83
80	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	2,738	\$156,422.13	\$57.13	70
81	WAL-MART PHARMACY #10-0646	ANAMOSA	IA	2,704	\$109,744.57	\$40.59	75
82	HY-VEE PHARMACY (1522)	PERRY	IA	2,691	\$126,534.12	\$47.02	77
83	HY-VEE DRUGSTORE (7056)	MASON CITY	IA	2,663	\$129,482.57	\$48.62	84
84	WALGREEN #05942	NEWTON	IA	2,652	\$135,726.79	\$51.18	82
85	WALGREEN #4714	DES MOINES	IA	2,638	\$162,086.98	\$61.44	73
86	HY-VEE DRUGSTORE # 7035	FT DODGE	IA	2,595	\$143,666.41	\$55.36	89
87	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,589	\$190,072.01	\$73.42	97
88	HARTIG PHARMACY SERVICES	DUBUQUE	IA	2,575	\$150,892.00	\$58.60	90
89	LA GRANGE PHARMACY INC	VINTON	IA	2,548	\$143,820.38	\$56.44	87
90	WAL-MART PHARMACY #10-3394	ATLANTIC	IA	2,537	\$124,765.03	\$49.18	93
91	ALL CARE HEALTH CENTER	COUNCIL BLUFFS	IA	2,533	\$51,481.62	\$20.32	99
92	HY-VEE PHARMACY #1 (1054)	CEDAR RAPIDS	IA	2,519	\$148,099.09	\$58.79	114
93	HY-VEE FOOD STORE	WATERLOO	IA	2,482	\$213,174.63	\$85.89	88
94	WALGREEN #05361	FORT DODGE	IA	2,468	\$139,427.84	\$56.49	91
95	HY-VEE PHARMACY #4 (1148)	DES MOINES	IA	2,437	\$141,027.30	\$57.87	92
96	HY-VEE PHARMACY (1009) DBA	ALBIA	IA	2,427	\$130,796.98	\$53.89	86
97	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	2,415	\$160,413.21	\$66.42	96
98	WAL-MART PHARMACY 10-1723	DES MOINES	IA	2,404	\$98,651.92	\$41.04	109
99	HY-VEE PHARMACY 1481	OSKALOOSA	IA	2,400	\$146,339.91	\$60.97	117
100	WALGREENS #5885	MUSCATINE	IA	2,380	\$113,343.16	\$47.62	108



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**TOP 100 PHARMACIES BY PAID AMOUNT
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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
1	ARJ INFUSION SERVICES INC	LENEXA	KS	47	\$1,745,932.00	\$249,418.86	2
2	UIHC AMBULATORY CARE PHARMACY	IOWA CITY	IA	9,396	\$1,333,571.04	\$590.08	5
3	NUCARA PHARMACY #27	PLEASANT HILL	IA	2,362	\$1,283,051.84	\$3,004.81	1
4	MEDFUSIONRX LLC	FRANKLIN	TN	92	\$1,011,595.87	\$21,074.91	3
5	CAREMARK KANSAS SPEC PHARMACY LL	LENEXA	KS	180	\$751,119.46	\$7,743.50	4
6	WALGREEN #05239	DAVENPORT	IA	12,160	\$678,980.76	\$206.25	6
7	WALGREEN #04405	COUNCIL BLUFFS	IA	10,431	\$608,530.71	\$221.53	7
8	HY-VEE PHARMACY SOLUTIONS	OMAHA	NE	212	\$607,041.39	\$5,372.05	8
9	WALGREEN #05721	DES MOINES	IA	9,025	\$546,015.58	\$198.55	9
10	BROADLAWNS MEDICAL CENTER	DES MOINES	IA	19,172	\$481,293.27	\$189.34	12
11	DIPLOMAT SPECIALTY PHARMACY	FLINT	MI	86	\$434,909.30	\$9,664.65	23
12	US BIOSERVICE CORPORATION	FRISCO	TX	35	\$417,438.14	\$24,555.18	56
13	MERCY FAMILY PHARMACY	DUBUQUE	IA	6,604	\$410,677.73	\$382.38	13
14	COMMUNITY HEALTHCARE SERVICES	LOMA LINDA	CA	4	\$402,989.40	\$201,494.70	79
15	ACCREDITO HEALTH GROUP INC	MEMPHIS	TN	72	\$402,911.67	\$10,072.79	16
16	WALGREEN COMPANY #05042	CEDAR RAPIDS	IA	7,178	\$402,489.85	\$198.66	17
17	AMBER PHARMACY	OMAHA	NE	133	\$400,454.56	\$10,538.28	11
18	WALGREEN COMPANY #3700	COUNCIL BLUFFS	IA	7,285	\$394,481.88	\$202.71	19
19	ACCREDITO HEALTH GROUP INC	NASHVILLE	TN	10	\$385,660.42	\$64,276.74	10
20	WALGREEN #05362	DES MOINES	IA	6,226	\$375,084.18	\$189.34	18
21	WALGREEN #359	DES MOINES	IA	6,824	\$373,605.28	\$180.22	14
22	ACCREDITO HEALTH GROUP INC	WARRENDALE	PA	69	\$372,371.65	\$17,731.98	26
23	DRILLING MORNINGSIDE PHARMACY IN	SIOUX CITY	IA	5,787	\$357,278.84	\$470.10	22
24	WALGREEN COMPANY 07455	WATERLOO	IA	6,762	\$356,782.95	\$171.53	20
25	DOHMEN LIFE SCIENCE SERVICES LLC	CHESTERFIELD	MO	21	\$338,473.06	\$33,847.31	39
26	HY-VEE PHARMACY (1403)	MARSHALLTOWN	IA	5,442	\$334,698.80	\$288.28	30



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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
27	HY-VEE DRUGSTORE #7060	MUSCATINE	IA	7,023	\$333,611.84	\$215.79	15
28	WALGREENS #07453	DES MOINES	IA	5,818	\$324,688.32	\$204.85	21
29	THOMPSON-DEAN DRUG	SIOUX CITY	IA	3,478	\$314,077.45	\$478.78	28
30	PROCARE PHARMACY DIRECT LLC	MONROEVILLE	PA	75	\$313,177.33	\$7,829.43	34
31	WALGREEN COMPANY 05777	DES MOINES	IA	5,154	\$305,788.29	\$230.78	27
32	HY-VEE DRUGSTORE #7065	OTTUMWA	IA	5,154	\$300,797.55	\$257.97	25
33	WALGREEN #04041	DAVENPORT	IA	5,067	\$293,955.40	\$196.49	32
34	GREENWOOD DRUG ON KIMBALL AVENUE	WATERLOO	IA	4,231	\$293,742.95	\$510.86	35
35	WALGREENS SPECIALTY PHARMACY #12	ANN ARBOR	MI	54	\$280,502.18	\$8,765.69	31
36	HY VEE PHARMACY 1060	CEDAR RAPIDS	IA	5,015	\$280,140.66	\$252.61	24
37	WALGREEN #05852	DES MOINES	IA	4,938	\$279,916.79	\$187.74	38
38	RASHID PHARMACY PLC	FORT MADISON	IA	4,724	\$269,335.36	\$298.27	33
39	WALGREEN #11709	DAVENPORT	IA	4,700	\$264,656.93	\$214.12	37
40	WALGREEN #05886	KEOKUK	IA	4,448	\$262,239.07	\$283.81	40
41	DANIEL PHARMACY INC	FORT DODGE	IA	4,356	\$259,998.56	\$314.77	44
42	HY-VEE PHARMACY #1 (1136)	DES MOINES	IA	4,744	\$255,086.88	\$200.07	36
43	MAHASKA DRUG INC	OSKALOOSA	IA	4,011	\$251,731.16	\$287.36	49
44	HY-VEE PHARMACY #1 (1042)	BURLINGTON	IA	3,890	\$251,229.40	\$352.36	41
45	HY-VEE PHARMACY #2 (1138)	DES MOINES	IA	3,803	\$245,625.36	\$324.47	43
46	WALGREEN CO.# (03875)	CEDAR RAPIDS	IA	3,669	\$243,043.95	\$236.42	46
47	RIGHT DOSE PHARMACY	ANKENY	IA	3,573	\$239,793.05	\$664.25	52
48	WAL-MART PHARMACY #10-1509	MAQUOKETA	IA	4,016	\$237,183.73	\$281.69	51
49	DRUGTOWN PHARMACY #1 (7020)	CEDAR RAPIDS	IA	3,700	\$232,765.46	\$297.65	42
50	HY-VEE PHARMACY #3 (1142)	DES MOINES	IA	3,929	\$231,876.33	\$305.91	47
51	WALGREENS #15647	SIOUX CITY	IA	3,982	\$231,834.50	\$176.57	60



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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
52	HY-VEE PHARMACY (1074)	CHARLES CITY	IA	3,523	\$227,556.33	\$280.93	54
53	A AVENUE PHARMACY	CEDAR RAPIDS	IA	3,227	\$221,931.57	\$588.68	58
54	HY-VEE DRUGSTORE #7030	COUNCIL BLUFFS	IA	3,954	\$217,118.81	\$298.65	55
55	HY-VEE FOOD STORE	WATERLOO	IA	2,482	\$213,174.63	\$400.70	48
56	CYSTIC FIBROSIS SERVICES INC	FRISCO	TX	57	\$211,637.59	\$8,465.50	160
57	ORSINI PHARMACEUTICAL SERVICES I	ELK GROVE VILLAGE	IL	14	\$210,842.62	\$105,421.31	132
58	WALGREEN #05044	BURLINGTON	IA	3,383	\$210,841.15	\$211.48	71
59	WALGREEN #03595	DAVENPORT	IA	3,935	\$205,569.70	\$168.92	59
60	EXPRESS SCRIPTS SPECIALTY	ST LOUIS	MO	28	\$205,465.40	\$14,676.10	103
61	WALGREEN #7452	DES MOINES	IA	3,959	\$204,988.65	\$165.45	62
62	MARTIN HEALTH SERVICES INC	JOHNSTON	IA	5,270	\$203,528.16	\$227.92	81
63	HY-VEE PHARMACY (1075)	CLINTON	IA	3,021	\$198,965.03	\$370.51	64
64	WALGREENS #05119	CLINTON	IA	3,416	\$195,058.20	\$217.94	68
65	WALGREEN #910	SIOUX CITY	IA	3,712	\$193,490.65	\$154.55	53
66	S - S PHARMACY INC	COUNCIL BLUFFS	IA	2,589	\$190,072.01	\$510.95	65
67	WALGREENS #11942	DUBUQUE	IA	3,285	\$186,379.65	\$210.84	66
68	SOUTH SIDE DRUG INCORPORATED	OTTUMWA	IA	3,565	\$184,202.81	\$302.97	72
69	HY-VEE PHARMACY #5 (1109)	DAVENPORT	IA	2,893	\$183,744.88	\$340.90	63
70	WAL MART PHARMACY 10-3590	SIOUX CITY	IA	3,163	\$183,650.83	\$226.45	99
71	IOWA CVS PHARMACY LLC DBA	WATERLOO	IA	3,451	\$183,423.10	\$212.30	70
72	HY-VEE PHARMACY #1 (1092)	COUNCIL BLUFFS	IA	3,281	\$182,541.41	\$310.97	57
73	HY-VEE PHARMACY 1504	OTTUMWA	IA	2,930	\$182,273.65	\$330.21	77
74	PHARMACY MATTERS LTC	IOWA CITY	IA	3,994	\$181,044.85	\$463.03	61
75	MARTIN HEALTH SERVICES INC	DENVER	IA	5,599	\$179,341.72	\$179.52	78
76	HY-VEE PHARMACY (1875)	WEBSTER CITY	IA	2,995	\$178,626.03	\$273.97	90
77	WAGNER PHARMACY	CLINTON	IA	2,778	\$177,699.74	\$392.27	75



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RANK	PHARMACY NAME	PHARMACY CITY	STATE	PRESCRIPTION COUNT	PAID AMT	AVG COST MEMBER	PREVIOUS RANK
78	HY-VEE DRUGSTORE #7031	DES MOINES	IA	2,901	\$175,849.37	\$355.25	86
79	COMMUNITY A WALGREEN PHARMACY	MILWAUKEE	WI	35	\$172,496.52	\$9,078.76	140
80	HY VEE PHARMACY #1449	NEWTON	IA	3,303	\$171,436.11	\$230.12	67
81	WALGREENS #10855	WATERLOO	IA	3,332	\$169,202.49	\$182.92	73
82	HY-VEE PHARMACY (1065)	CHARITON	IA	2,777	\$166,648.11	\$275.00	108
83	FIFIELD PHARMACY	DES MOINES	IA	1,805	\$166,194.72	\$484.53	95
84	STANGEL PHARMACY	ONAWA	IA	2,743	\$164,135.35	\$340.53	89
85	HY-VEE PHARMACY (1058)	CENTERVILLE	IA	2,919	\$162,628.70	\$291.97	82
86	WALGREEN #4714	DES MOINES	IA	2,638	\$162,086.98	\$205.96	91
87	HY-VEE PHARMACY #1 (1105)	DAVENPORT	IA	3,078	\$161,678.95	\$274.50	80
88	HY-VEE PHARMACY #2 (1044)	BURLINGTON	IA	3,071	\$161,648.46	\$292.84	85
89	HY-VEE PHARMACY #3 (1056)	CEDAR RAPIDS	IA	2,944	\$161,021.02	\$212.71	74
90	HY-VEE PHARMACY #1 (1610)	SIOUX CITY	IA	2,415	\$160,413.21	\$259.57	97
91	HY-VEE PHARMACY #5 (1151)	DES MOINES	IA	2,748	\$159,072.33	\$261.20	83
92	HY-VEE DRUGSTORE # 1180	FAIRFIELD	IA	3,295	\$157,648.02	\$235.30	84
93	HY-VEE PHARMACY #1 (1281)	IOWA CITY	IA	2,738	\$156,422.13	\$225.39	76
94	GREENVILLE PHARMACY INC	SIOUX CITY	IA	2,018	\$156,218.72	\$463.56	107
95	ACARIAHEALTH PHARMACY #11 INC	HOUSTON	TX	30	\$155,503.82	\$8,184.41	69
96	WALGREEN #07454	ANKENY	IA	2,313	\$154,389.04	\$230.43	98
97	WALGREEN #09708	DUBUQUE	IA	2,755	\$153,847.17	\$157.63	92
98	WALGREEN #05077	IOWA CITY	IA	2,787	\$153,541.61	\$183.44	94
99	WAL MART PHARMACY 10-1621	CENTERVILLE	IA	2,965	\$153,483.36	\$270.22	111
100	HY-VEE PHARMACY 1071	CLARINDA	IA	2,349	\$151,820.20	\$325.10	88



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RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
1	1780766659	CHESTER ROBERT BADGER	\$201,109.66	3,668	5.78	1
2	1982605762	JEFFREY D WILHARM	\$171,682.99	2,768	6.47	2
3	1043211303	ALI SAFDAR	\$167,485.27	2,166	3.62	4
4	1467682351	NICOLE GILG	\$72,245.21	2,144	5.70	7
5	1538368170	CHRISTOPHER ROBERT MATSON	\$83,451.03	2,123	5.88	6
6	1063622637	HUSSAIN BANU	\$50,534.65	2,101	6.48	9
7	1649248378	KATHLEEN L WILD ARNP	\$185,317.61	2,009	3.71	5
8	1205015906	DAVID F WIDITZ	\$165,293.83	1,952	4.84	8
9	1073667606	ELIZABETH MCCURDY DO	\$70,235.99	1,914	6.23	13
10	1083784797	CAROL AUNAN ARNP	\$133,425.04	1,896	3.70	11
11	1013115369	BOBBITA NAG MD	\$234,225.48	1,860	4.03	3
12	1215192224	SHALINA SHAIK	\$48,447.71	1,850	6.54	12
13	1467502286	CHARLES TILLEY PA	\$215,343.45	1,828	4.19	18
14	1801998372	WENDY MICHELE HANSEN-PENMAN DO	\$52,662.00	1,746	6.96	14
15	1255322996	MARK WILLIAM MITTAUER MD	\$106,756.39	1,644	4.54	17
16	1316922545	MABRA G ABERNATHY	\$48,462.85	1,608	5.49	15
17	1245388743	TIMOTHY SWINTON MD	\$77,465.04	1,577	7.27	19
18	1023053972	BRYANT MUTCHLER DO	\$76,227.94	1,541	5.45	20
19	1972758126	REBECCA BOLLIN	\$42,089.45	1,514	5.11	24
20	1144214248	KRISTI WALZ MD	\$109,044.78	1,489	5.66	29
21	1275844649	KATIE M HANSON	\$107,876.82	1,403	4.34	21
22	1023377827	LISA KAY CHASE	\$63,730.48	1,389	5.34	22
23	1205169273	TERESA ANN DOWLING	\$41,112.60	1,384	5.56	30
24	1598962870	CHRISTY QUILLEN	\$47,165.99	1,351	5.63	28
25	1497736326	RANDY R ROBINSON	\$63,468.64	1,347	6.27	33
26	1891705968	ANITA HANDEVITD	\$136,054.31	1,314	3.84	39



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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
27	1841220290	KENT ELDON KUNZE MD	\$117,775.23	1,311	4.27	16
28	1043434525	ROBERT MARVIN KENT MD	\$62,355.76	1,308	4.62	26
29	1912991340	GHADA HAMDAN-ALLEN MD	\$128,579.09	1,286	4.37	23
30	1164538674	JOSEPH M WANZEK	\$63,979.43	1,280	5.29	42
31	1679669832	ERIN VOYLES HATCHER ARNP	\$129,646.75	1,278	3.90	35
32	1780979666	LINDSEY ANN CHRISTIANSON	\$47,215.01	1,274	5.38	97
33	1073945499	JENNIFER LEE ZALAZNIK ARNP	\$51,307.14	1,271	3.59	101
34	1952459463	DAVID LAWRENCE YURDIN PA	\$603,284.69	1,267	4.64	34
35	1467437806	GEORGIA LAUER PAC	\$70,280.43	1,260	5.89	41
36	1073500690	KATHLEEN S ADAMS	\$155,663.59	1,258	3.65	31
37	1902809536	KIRAN BHASKAR KHANOLKAR MD	\$55,406.52	1,253	5.54	52
38	1073594768	JERROLD VERLIN FLATT DO	\$57,228.87	1,233	4.82	32
39	1417241621	ASHLEY M MATHES	\$36,726.05	1,229	4.62	58
40	1528144383	RAMONCITO AMURAO O'CAMPO	\$56,420.27	1,229	4.64	64
41	1558770974	MARC BAUMERT PA C	\$31,198.90	1,220	3.79	94
42	1780877878	CHRISTOPHER JACOBS ARNP	\$62,352.78	1,216	4.27	43
43	1508946088	RICHARD E NIGHTINGALE	\$88,079.41	1,204	5.57	37
44	1588629414	THOMAS EARWOOD	\$74,384.71	1,204	5.21	40
45	1477633188	CYD Q. GRAFFT	\$103,010.17	1,199	3.82	25
46	1346210184	JAMES BROOKS MD	\$125,579.27	1,192	5.84	48
47	1073949236	KATE ANN TRIPP PA	\$34,186.69	1,176	4.86	95
48	1134425127	MELANIE HOWARD ARPN	\$84,866.02	1,174	3.81	59
49	1184722910	LAURA M VAN CLEVE DO	\$124,568.22	1,166	3.55	36
50	1003004391	DAVID B WALKER MD	\$107,826.13	1,160	4.22	38
51	1730239732	SRIRAMAMURTHY RAVIPATI MD	\$105,001.07	1,149	3.57	57
52	1508289620	GLORIA A MILLER	\$107,040.09	1,144	7.24	53



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RANK	NPI NUM	PRESCRIBER NAME	PAID AMOUNT	PRESCRIPTION COUNT	AVG SCRIPTS MEMBER	PREVIOUS RANK
53	1285697722	DOUGLAS JONES	\$101,093.99	1,138	3.62	60
54	1295830115	ALAN BOLLINGER DO	\$112,379.06	1,132	6.32	61
55	1245203223	MARY BETH HUTCHINSON ARNP	\$80,560.59	1,131	5.71	114
56	1962558957	ALBERT N OKINE PA	\$138,267.48	1,125	6.43	50
57	1730143397	MARK JOSEPH DEARDEN DO	\$27,312.83	1,117	5.48	76
58	1184945321	DEANNE REMER	\$72,861.52	1,114	6.09	56
59	1871586271	PATRICIA BLACKLEDGE ARNP	\$49,907.69	1,101	5.34	69
60	1891756128	PHILIP JOSEPH MULLER DO	\$106,206.56	1,098	5.57	103
61	1306812490	MERRILEE RAMSEY ARNP	\$63,184.06	1,095	4.09	74
62	1225097843	WILLIAM M NISSEN	\$58,568.24	1,095	3.86	66
63	1306133095	DEBRA LEE ANDERSON ARNP	\$49,711.22	1,093	4.06	55
64	1538157383	DAVID WENGER-KELLER MD	\$45,438.73	1,091	5.37	44
65	1871789982	RANAE MICHELLE ROBERTS	\$33,121.94	1,086	5.51	98
66	1215080759	JUANITA M O'BRIEN	\$41,224.17	1,075	5.48	51
67	1205821337	MANMOHAN SINGH	\$48,102.86	1,075	4.69	73
68	1396731287	VICKI L BOLING ARNP	\$59,719.10	1,073	4.65	63
69	1801131461	MEREDITH DALLAS OLSON	\$62,784.83	1,042	4.65	99
70	1356760011	CHARISSA S ELLIOTT	\$51,226.65	1,041	5.88	80
71	1790046548	LAURIE L CLAIR PA	\$45,779.98	1,039	4.48	92
72	1326013426	PAUL DENNIS PETERSON DO	\$53,511.38	1,035	3.38	85
73	1912991183	MOLLY EARLEYWINE PA	\$25,555.70	1,032	4.25	96
74	1437209434	J GREGORY THOMAS MD	\$45,417.22	1,031	3.88	135
75	1841407160	RAHUL BANSAL MD	\$105,739.30	1,026	3.48	10
76	1104976109	ISAM ELIAS MARAR MD	\$76,758.97	1,025	6.10	54
77	1013960566	PETER JOSEPH SZEIBEL	\$104,777.16	1,024	5.07	68
78	1215146055	REBECCA J WOLFE	\$83,848.85	1,023	3.82	45



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79	1609218304	AMANDA O'TOOL ARNP	\$87,343.59	1,019	5.23	71
80	1780793976	MATTHEW D EGGERS MD	\$129,819.98	1,016	5.03	65
81	1558348284	STEVEN G PAULSRUD DO	\$46,060.75	1,010	4.57	79
82	1669623583	ANNE MIREILLE METUGE AHONE	\$56,611.78	1,009	4.74	84
83	1861559486	JOSPEH PATRICK BERTROCHE	\$123,899.18	1,008	4.11	72
84	1841293354	KEITH GUESS PA C	\$104,079.77	1,008	4.29	46
85	1720293087	RAJNI BATRA MD	\$57,523.03	1,007	3.48	27
86	1922144088	THOMAS S HOPKINS DO	\$103,726.90	995	3.47	62
87	1073509436	MICHAEL KARL MAHARRY MD	\$45,101.31	989	4.52	83
88	1437238110	GENEVIEVE NELSON	\$59,667.10	989	3.97	104
89	1699075929	HIEDI CHRISTINE LANE ARNP	\$90,049.95	984	3.87	67
90	1902912538	CHRISTIAN W JONES MD	\$45,763.20	978	3.64	93
91	1437373073	MOHSEN ABOU SEIF MD	\$30,423.63	978	4.51	138
92	1487908380	LISA ANN BECHTEL ARNP	\$130,405.25	975	3.14	102
93	1326045808	RAY C STURDEVANT MD	\$101,230.40	975	3.46	90
94	1316356496	KIMBERLY NICHOLLE WOOD ARNP	\$102,718.33	971	4.06	107
95	1104034552	DEANNA BOOK BOESEN	\$112,542.72	968	4.12	109
96	1134191018	DUSTIN RALPH SMITH MD	\$59,005.56	960	4.30	78
97	1356520431	KAY A MARTTILA	\$94,794.70	960	3.37	81
98	1598750432	CHRISTOPHER G OKIISHI	\$71,645.60	950	6.93	108
99	1104877281	LORI KRAUSE PA	\$24,463.46	937	4.36	118
100	1164416269	ANN PICK ARNP	\$29,765.25	931	4.17	122



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**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
May/June 2015**

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
1	1013126705	JANICE M. R. STABER	\$2,332,275.67	\$31,097.01	75	1
2	1952459463	DAVID LAWRENCE YURDIN PA	\$603,284.69	\$476.15	1,267	2
3	1548247406	VILMARIE RODRIGUEZ-PADUA MD	\$403,100.57	\$40,310.06	10	14
4	1770561946	DONALD HILLEBRAND MD	\$355,978.43	\$2,506.89	142	3
5	1194817247	MARIA J STEELE ARNP	\$322,527.71	\$1,908.45	169	17
6	1346255809	JEFFREY DUNKELBERG	\$258,181.29	\$3,536.73	73	52
7	1013115369	BOBBITA NAG MD	\$234,225.48	\$125.93	1,860	4
8	1356337273	LISA J MENZIES	\$232,672.76	\$496.10	469	18
9	1467502286	CHARLES TILLEY PA	\$215,343.45	\$117.80	1,828	15
10	1780766659	CHESTER ROBERT BADGER	\$201,109.66	\$54.83	3,668	5
11	1548256191	JUDITH A MILLER	\$194,904.10	\$6,960.86	28	19
12	1649255431	STEPHANIE DEE PA	\$188,236.13	\$1,981.43	95	1222
13	1902885445	BHARAT ASHOK MOTWANI MD	\$186,785.21	\$1,297.12	144	79
14	1649248378	KATHLEEN L WILD ARNP	\$185,317.61	\$92.24	2,009	6
15	1497060776	USHA PEREPU MBBS	\$181,071.29	\$5,487.01	33	404
16	1982605762	JEFFREY D WILHARM	\$171,682.99	\$62.02	2,768	9
17	1043211303	ALI SAFDAR	\$167,485.27	\$77.32	2,166	8
18	1083609358	JENNIFER S COOK	\$165,620.19	\$262.47	631	12
19	1376777524	ALLADDIN MOH ELHADI ABOSAIDA	\$165,468.96	\$413.67	400	47
20	1205015906	DAVID F WIDITZ	\$165,293.83	\$84.68	1,952	11
21	1760477483	WARREN P BISHOP, MD	\$165,161.49	\$922.69	179	50
22	1033418843	RANDHIR JESUDOSS MD	\$162,659.45	\$2,464.54	66	49
23	1285748004	BRUCE L HUGHES MD	\$162,366.12	\$1,143.42	142	10
24	1194703074	WENDY ANNE WALDMAN	\$157,794.81	\$233.42	676	21
25	1073500690	KATHLEEN S ADAMS	\$155,663.59	\$123.74	1,258	13
26	1699767525	EZZATOLLAH SHIVAPOUR	\$154,709.96	\$2,148.75	72	22
27	1083603773	JACK T STAPLETON	\$151,373.46	\$818.23	185	16



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**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
May/June 2015**

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
28	1962558957	ALBERT N OKINE PA	\$138,267.48	\$122.90	1,125	29
29	1891705968	ANITA HANDEVIDT	\$136,054.31	\$103.54	1,314	33
30	1619963949	EVA TSALIKIAN	\$133,986.04	\$778.99	172	39
31	1083784797	CAROL AUNAN ARNP	\$133,425.04	\$70.37	1,896	20
32	1487908380	LISA ANN BECHTEL ARNP	\$130,405.25	\$133.75	975	43
33	1780793976	MATTHEW D EGGERS MD	\$129,819.98	\$127.78	1,016	32
34	1679669832	ERIN VOYLES HATCHER ARNP	\$129,646.75	\$101.45	1,278	26
35	1912991340	GHADA HAMDAN-ALLEN MD	\$128,579.09	\$99.98	1,286	23
36	1801890611	DEBORAH A HUBER ARNP	\$128,373.03	\$937.03	137	84
37	1134402373	JULIE A SCHUCK	\$127,531.04	\$728.75	175	59
38	1447242359	DANIEL M SLEITER ARNP	\$126,008.79	\$703.96	179	71
39	1346210184	JAMES BROOKS MD	\$125,579.27	\$105.35	1,192	30
40	1740246008	DANIEL LAMPTEY MD	\$125,162.65	\$7,362.51	17	38
41	1184722910	LAURA M VAN CLEVE DO	\$124,568.22	\$106.83	1,166	24
42	1790708451	MICHAEL M MCCUBBIN	\$124,167.81	\$307.35	404	51
43	1861559486	JOSPEH PATRICK BERTROCHE	\$123,899.18	\$122.92	1,008	31
44	1245624626	BLAKE WILLIAMS	\$123,762.77	\$20,627.13	6	
45	1841220290	KENT ELDON KUNZE MD	\$117,775.23	\$89.84	1,311	25
46	1104034552	DEANNA BOOK BOESEN	\$112,542.72	\$116.26	968	46
47	1497737878	MICHAEL D VOIGT	\$112,464.31	\$1,183.83	95	346
48	1295830115	ALAN BOLLINGER DO	\$112,379.06	\$99.27	1,132	78
49	1053520759	ALICIA GERKE	\$110,389.65	\$2,759.74	40	108
50	1144214248	KRISTI WALZ MD	\$109,044.78	\$73.23	1,489	75
51	1275844649	KATIE M HANSON	\$107,876.82	\$76.89	1,403	35
52	1003004391	DAVID B WALKER MD	\$107,826.13	\$92.95	1,160	42
53	1609055771	CHARUTA NARAYAN JOSHI	\$107,281.67	\$203.96	526	74
54	1508289620	GLORIA A MILLER	\$107,040.09	\$93.57	1,144	58



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**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
May/June 2015**

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
55	1255322996	MARK WILLIAM MITTAUER MD	\$106,756.39	\$64.94	1,644	54
56	1891756128	PHILIP JOSEPH MULLER DO	\$106,206.56	\$96.73	1,098	82
57	1841407160	RAHUL BANSAL MD	\$105,739.30	\$103.06	1,026	7
58	1730239732	SRIRAMAMURTHY RAVIPATI MD	\$105,001.07	\$91.38	1,149	64
59	1013960566	PETER JOSEPH SZEIBEL	\$104,777.16	\$102.32	1,024	68
60	1841293354	KEITH GUESS PA C	\$104,079.77	\$103.25	1,008	34
61	1184602013	RODNEY A SHORT MD	\$103,962.71	\$479.09	217	62
62	1972638864	LIUSKA MARIA PESCE	\$103,882.62	\$332.96	312	28
63	1922144088	THOMAS S HOPKINS DO	\$103,726.90	\$104.25	995	41
64	1477633188	CYD Q. GRAFFT	\$103,010.17	\$85.91	1,199	40
65	1316356496	KIMBERLY NICHOLLE WOOD ARNP	\$102,718.33	\$105.79	971	66
66	1902115652	SARAH L BEATTIE ARNP	\$102,211.14	\$117.21	872	36
67	1326045808	RAY C STURDEVANT MD	\$101,230.40	\$103.83	975	69
68	1285697722	DOUGLAS JONES	\$101,093.99	\$88.83	1,138	45
69	1609867688	DAVID BRIAN MOORE MD	\$99,166.47	\$411.48	241	124
70	1104029008	KATIE MARIE ULRING LARSON ODE	\$98,531.78	\$421.08	234	90
71	1568647303	CHERYL ANGELINE CONRAD ARNP	\$97,998.32	\$296.96	330	48
72	1083681944	MARY CHRISTINE SEGRETO DO	\$97,059.69	\$110.93	875	88
73	1760470678	JEFFERY L MEIER	\$95,435.66	\$900.34	106	99
74	1356520431	KAY A MARTTILA	\$94,794.70	\$98.74	960	44
75	1255393997	LAURA RAMSEY ARNP	\$92,975.30	\$893.99	104	128
76	1033361563	ERMEI YAO PA	\$92,652.39	\$443.31	209	91
77	1215125216	REBECCA WALDING	\$92,044.16	\$112.52	818	76
78	1710941000	LAURIE WARREN PA	\$91,832.94	\$106.29	864	65
79	1215025309	DEBORAH LYNNE GARRELTS	\$90,840.33	\$100.15	907	86
80	1699075929	HIEDI CHRISTINE LANE ARNP	\$90,049.95	\$91.51	984	53
81	1003957903	JORGE LUIS ALVAREZ MD	\$89,826.48	\$646.23	139	61



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**TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
May/June 2015**

RANK	DOCTOR NUM	PRESCRIBER NAME	PAID AMOUNT	AVG COST RX	PRESCRIPTION COUNT	PREVIOUS RANK
82	1942379557	JANNE L JOHNSON ARNP	\$89,345.78	\$124.26	719	106
83	1174584072	BRADLEY SCOTT LAIR	\$88,998.49	\$574.18	155	214
84	1508946088	RICHARD E NIGHTINGALE	\$88,079.41	\$73.16	1,204	80
85	1134533599	NICOLE THOMAS ARNP	\$87,683.14	\$109.47	801	89
86	1477765584	SANGEETA SHAH MD	\$87,560.89	\$189.94	461	136
87	1609218304	AMANDA O'TOOL ARNP	\$87,343.59	\$85.72	1,019	63
88	1235124942	JULIE KATHRYN OSTERHAUS	\$86,135.50	\$345.93	249	116
89	1134171937	KATHRYN LEE FLANDERS ARNP	\$85,929.13	\$698.61	123	104
90	1750376034	DUANGCHAI NARAWONG MD	\$85,864.96	\$160.80	534	67
91	1285681528	MARVIN F PIBURN JR MD	\$85,379.07	\$111.90	763	85
92	1134425127	MELANIE HOWARD ARPN	\$84,866.02	\$72.29	1,174	83
93	1629042288	MARTIN J FIALKOV MD	\$84,185.17	\$96.65	871	77
94	1215146055	REBECCA J WOLFE	\$83,848.85	\$81.96	1,023	70
95	1538368170	CHRISTOPHER ROBERT MATSON	\$83,451.03	\$39.31	2,123	95
96	1861474710	CAROLYN JOHNSON PA	\$83,202.36	\$290.92	286	96
97	1063491645	ALLYSON L WHEATON MD	\$81,314.00	\$92.09	883	57
98	1245203223	MARY BETH HUTCHINSON ARNP	\$80,560.59	\$71.23	1,131	207
99	1417110404	CASEY M RICE	\$79,507.99	\$1,347.59	59	3188
100	1053372029	STEFANIE RENEE YEARIAN ARNP	\$79,489.53	\$87.64	907	125



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TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

CATEGORY DESCRIPTION	March/April 2015	RANK	% BUDGET	May/June 2015	RANK	% BUDGET	% CHANGE
ANTIPSYCHOTICS - ATYPICALS	\$6,132,593	1	8.8%	\$5,647,387	1	8.3%	-7.9%
ANTICONVULSANTS	\$3,556,465	4	5.1%	\$3,516,045	2	5.2%	-1.1%
STIMULANTS - AMPHETAMINES - LONG ACTING	\$3,743,650	2	5.4%	\$3,226,436	3	4.8%	-13.8%
DIABETIC - INSULIN	\$3,105,028	5	4.5%	\$3,114,399	4	4.6%	0.3%
ANTIHEMOPHILIC AGENTS	\$2,248,322	6	3.2%	\$2,860,026	5	4.2%	27.2%
STIMULANTS - METHYLPHENIDATE - LONG ACTING	\$3,596,243	3	5.2%	\$2,766,312	6	4.1%	-23.1%
HEPATITIS C AGENTS	\$1,761,715	10	2.5%	\$2,567,268	7	3.8%	45.7%
ANTIASTHMATIC - ADRENERGIC COMBOS	\$2,213,171	7	3.2%	\$2,175,182	8	3.2%	-1.7%
ANTI-INFLAMMATORIES, NON-NSAID	\$1,761,199	11	2.5%	\$2,124,205	9	3.1%	20.6%
ANTIDEPRESSANTS - SELECTED SSRI's	\$2,189,059	8	3.1%	\$1,936,271	10	2.9%	-11.5%
STIMULANTS - METHYLPHENIDATE	\$1,852,604	9	2.7%	\$1,617,109	11	2.4%	-12.7%
DIABETIC - INSULIN PENFILLS	\$1,544,028	12	2.2%	\$1,605,261	12	2.4%	4.0%
MULTIPLE SCLEROSIS AGENTS	\$1,453,521	15	2.1%	\$1,417,796	13	2.1%	-2.5%
STIMULANTS - OTHER STIMULANTS / LIKE STIMULANTS	\$1,470,746	14	2.1%	\$1,403,881	14	2.1%	-4.5%
ANTIASTHMATIC - BETA - ADRENERGICS	\$1,514,107	13	2.2%	\$1,386,465	15	2.0%	-8.4%
ANTIRETROVIRALS	\$1,232,178	16	1.8%	\$1,204,377	16	1.8%	-2.3%
ANTIASTHMATIC - STEROID INHALANTS	\$1,157,334	17	1.7%	\$1,071,646	17	1.6%	-7.4%
ANTIASTHMATIC - ANTI-CHOLINERGICS	\$939,787	20	1.3%	\$1,069,601	18	1.6%	13.8%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	\$1,033,941	18	1.5%	\$1,060,297	19	1.6%	2.5%
NARCOTICS - MISC.	\$958,650	19	1.4%	\$1,016,586	20	1.5%	6.0%



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TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

CATEGORY DESCRIPTION	March/April 2015	PREV RANK	May/June 2015	CURR RANK	PERC CHANGE
ANTIDEPRESSANTS - SELECTED SSRI's	95,290	1	94,330	1	-1.0%
ANTICONVULSANTS	50,300	2	49,630	2	-1.3%
NARCOTICS - MISC.	40,124	3	41,351	3	3.1%
ANTIPSYCHOTICS - ATYPICALS	31,897	5	30,207	4	-5.3%
ANTIHISTAMINES - NON-SEDATING	28,477	7	29,339	5	3.0%
ANTIASTHMATIC - BETA - ADRENERGICS	31,809	6	27,432	6	-13.8%
GI - PROTON PUMP INHIBITOR	26,349	9	26,634	7	1.1%
BETA-LACTAMS / CLAVULANATE COMBO'S	37,338	4	25,857	8	-30.7%
CHOLESTEROL - HMG COA + ABSORB INHIBITORS	25,482	10	25,842	9	1.4%
ANALGESICS - MISC.	26,530	8	25,289	10	-4.7%
ACE INHIBITORS	20,688	12	21,131	11	2.1%
ANXIOLYTICS - BENZODIAZEPINES	21,087	11	21,023	12	-0.3%
NSAIDS	20,222	13	19,554	13	-3.3%
DIURETICS	18,440	16	18,684	14	1.3%
ANTIHYPERTENSIVES - CENTRAL	20,020	14	18,597	15	-7.1%
MUSCLE RELAXANTS	16,501	21	16,519	16	0.1%
THYROID HORMONES	15,925	22	16,267	17	2.1%
GLUCOCORTICOIDS - MINERALOCORTICOIDS	17,877	18	15,335	18	-14.2%
STIMULANTS - AMPHETAMINES - LONG ACTING	17,923	17	15,301	19	-14.6%
BETA BLOCKERS - CARDIO SELECTIVE	14,916	23	15,080	20	1.1%



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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	March/April 2015	PREVIOUS RANK	May/June 2015	RANK	PERCENT CHANGE
ABILIFY	\$3,199,250.59	1	\$2,670,363.86	1	-16.53%
VYVANSE	\$3,031,178.10	3	\$2,594,393.24	2	-14.41%
METHYLPHENIDATE HCL ER	\$3,075,348.72	2	\$2,300,048.95	3	-25.21%
HARVONI	\$1,047,180.59	8	\$1,718,889.61	4	64.14%
LANTUS	\$1,571,068.50	4	\$1,579,010.32	5	0.51%
FOCALIN XR	\$1,477,551.58	5	\$1,314,232.97	6	-11.05%
ADVATE	\$1,460,609.41	6	\$1,300,874.72	7	-10.94%
NOVOSEVEN RT	\$664,879.41	17	\$1,253,376.98	8	88.51%
STRATTERA	\$1,069,431.02	7	\$1,026,710.84	9	-3.99%
SPIRIVA HANDIHALER	\$868,100.88	10	\$996,290.38	10	14.77%
ADVAIR DISKUS	\$970,588.88	9	\$922,283.74	11	-4.98%
HUMALOG	\$585,706.07	20	\$906,297.95	12	54.74%
SOVALDI	\$671,285.21	15	\$834,531.59	13	24.32%
LATUDA	\$811,266.69	11	\$756,139.92	14	-6.80%
HUMIRA PEN	\$575,715.48	21	\$746,584.64	15	29.68%
VENTOLIN HFA	\$763,593.33	12	\$684,848.11	16	-10.31%
DEPAKOTE ER	\$675,838.70	14	\$662,544.82	17	-1.97%
SYMBICORT	\$619,746.81	19	\$633,693.98	18	2.25%
CRESTOR	\$563,367.27	23	\$580,569.90	19	3.05%
HYDROCODONE/ACETAMINOPHEN	\$539,458.25	25	\$577,688.72	20	7.09%
ADDERALL XR	\$623,102.71	18	\$557,113.59	21	-10.59%
INVEGA SUSTENNA	\$573,789.69	22	\$536,846.53	22	-6.44%
ATRIPLA	\$542,640.58	24	\$528,014.66	23	-2.70%
NORDITROPIN FLEXPPO	\$448,342.86	28	\$519,495.58	24	15.87%
LEVEMIR	\$493,127.93	27	\$507,074.79	25	2.83%
DEXILANT	\$441,819.22	29	\$451,260.95	26	2.14%
LANTUS SOLOSTAR	\$400,908.42	32	\$423,497.77	27	5.63%



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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	March/April 2015	PREVIOUS RANK	May/June 2015	RANK	PERCENT CHANGE
TECFIDERA	\$375,779.10	35	\$420,883.40	28	12.00%
NOVOLOG FLEXPEN	\$352,192.23	37	\$388,553.57	29	10.32%
COPAXONE	\$439,201.17	30	\$384,525.31	30	-12.45%
QVAR	\$386,011.82	33	\$378,094.66	31	-2.05%
LYRICA	\$349,262.10	38	\$371,044.36	32	6.24%
ENBREL SURECLICK	\$307,513.69	44	\$363,674.09	33	18.26%
NASONEX	\$370,148.31	36	\$351,394.83	34	-5.07%
NOVOLOG	\$669,207.88	16	\$341,924.29	35	-48.91%
TRUVADA	\$322,415.87	41	\$324,597.47	36	0.68%
ENBREL	\$273,054.56	48	\$324,277.77	37	18.76%
PROVENTIL HFA	\$319,735.93	42	\$318,435.04	38	-0.41%
EPIPEN 2-PAK	\$252,844.33	53	\$285,297.91	39	12.84%
AMPHETAMINE/DEXTROAMPHETA	\$288,939.84	46	\$277,475.41	40	-3.97%
INVEGA	\$254,435.84	52	\$277,262.51	41	8.97%
PULMICORT	\$335,598.10	40	\$277,139.01	42	-17.42%
HUMIRA	\$279,031.91	47	\$275,607.60	43	-1.23%
RISPERDAL CONSTA	\$289,183.28	45	\$274,687.19	44	-5.01%
EURAX	\$112,716.13	126	\$272,106.31	45	141.41%
VIMPAT	\$255,661.18	51	\$258,840.49	46	1.24%
OMEPRAZOLE	\$249,392.79	55	\$258,613.48	47	3.70%
JANUVIA	\$227,546.06	58	\$256,991.57	48	12.94%
LEVOTHYROXINE SODIUM	\$247,784.07	56	\$255,444.88	49	3.09%
AZITHROMYCIN	\$418,312.68	31	\$249,190.00	50	-40.43%
MONTELUKAST SODIUM	\$252,157.78	54	\$245,134.54	51	-2.79%
FLOVENT HFA	\$263,210.94	49	\$241,221.54	52	-8.35%
PULMOZYME	\$221,477.92	62	\$239,253.58	53	8.03%
ALPHANATE/VON WILLEBRAND		999	\$238,104.45	54	%



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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	March/April 2015	PREVIOUS RANK	May/June 2015	RANK	PERCENT CHANGE
COMBIVENT RESPIMAT	\$233,924.08	57	\$233,499.74	55	-0.18%
CEFDINIR	\$381,420.95	34	\$230,511.60	56	-39.57%
GABAPENTIN	\$225,722.77	59	\$229,201.21	57	1.54%
PROAIR HFA	\$221,762.87	61	\$228,582.05	58	3.07%
GILENYA	\$181,491.93	74	\$220,741.38	59	21.63%
PROVIGIL	\$221,842.71	60	\$214,743.02	60	-3.20%
CYMBALTA	\$536,139.72	26	\$213,378.40	61	-60.20%
XIFAXAN	\$209,241.43	67	\$213,312.34	62	1.95%
QUILLIVANT XR	\$211,959.27	65	\$210,803.59	63	-0.55%
NAGLAZYME	\$140,446.92	99	\$210,670.38	64	50.00%
VESICARE	\$210,351.60	66	\$209,951.39	65	-0.19%
AMOXICILLIN	\$318,073.25	43	\$208,182.55	66	-34.55%
XYREM	\$163,017.15	82	\$205,465.40	67	26.04%
SAPHRIS	\$174,042.36	76	\$204,966.30	68	17.77%
DULOXETINE HCL	\$123,660.07	117	\$201,429.77	69	62.89%
TOPROL XL	\$192,345.32	70	\$199,112.23	70	3.52%
DULERA	\$194,177.28	68	\$197,054.11	71	1.48%
BUPROPION HCL XL	\$192,845.61	69	\$190,806.01	72	-1.06%
METHYLPHENIDATE HCL	\$212,688.74	64	\$181,900.93	73	-14.48%
LEVEMIR FLEXTOUCH	\$187,243.71	73	\$178,202.61	74	-4.83%
BANZEL	\$156,227.59	86	\$174,513.23	75	11.70%
OPANA ER (CRUSH RESISTANT	\$173,561.85	77	\$174,283.90	76	0.42%
GLEEVEC	\$190,180.55	72	\$170,882.75	77	-10.15%
LISINOPRIL	\$165,945.01	80	\$170,573.35	78	2.79%
ATORVASTATIN CALCIUM	\$159,598.35	83	\$169,528.09	79	6.22%
SERTRALINE HCL	\$170,729.61	78	\$168,845.35	80	-1.10%
QUETIAPINE FUMARATE	\$168,480.91	79	\$168,363.12	81	-0.07%



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TOP 100 DRUGS BY PAID AMOUNT

DRUG DESCRIPTION	March/April 2015	PREVIOUS RANK	May/June 2015	RANK	PERCENT CHANGE
STRIBILD	\$164,001.23	81	\$168,145.07	82	2.53%
KALYDECO	\$143,456.16	95	\$167,364.02	83	16.67%
ENOXAPARIN SODIUM	\$192,087.52	71	\$167,138.66	84	-12.99%
KUVAN	\$132,866.95	111	\$165,332.14	85	24.43%
PATANOL	\$132,867.38	110	\$158,369.93	86	19.19%
TRAMADOL HCL	\$154,652.97	87	\$153,236.01	87	-0.92%
VENLAFAXINE HCL ER	\$150,853.88	89	\$153,212.38	88	1.56%
SEROQUEL XR	\$152,642.89	88	\$151,503.59	89	-0.75%
RISPERIDONE	\$156,494.83	85	\$147,514.85	90	-5.74%
FLUTICASONE PROPIONATE	\$158,369.35	84	\$146,944.76	91	-7.21%
ONFI	\$143,329.97	96	\$146,507.20	92	2.22%
AMOXICILLIN/CLAVULANATE P	\$215,123.88	63	\$143,213.04	93	-33.43%
CEPHALEXIN	\$149,499.04	92	\$142,546.00	94	-4.65%
COMPLERA	\$134,340.92	107	\$142,102.70	95	5.78%
ESCITALOPRAM OXALATE	\$146,841.46	94	\$141,561.64	96	-3.60%
ADVAIR HFA	\$149,711.00	91	\$139,348.20	97	-6.92%
PATADAY	\$118,312.97	119	\$137,509.58	98	16.23%
TRAZODONE HCL	\$142,719.17	97	\$136,366.33	99	-4.45%
ALPRAZOLAM	\$134,882.85	105	\$136,356.04	100	1.09%



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TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	March/April 2015	PREVIOUS RANK	May/June 2015	RANK	PERCENT CHANGE
HYDROCO/APAP TAB 5-325MG	17,880	1	18,308	1	2.39%
Loratadine Tab 10 MG	12,450	5	12,760	2	2.49%
TRAMADOL HCL TAB 50MG	12,500	4	12,456	3	-0.35%
VENTOLIN HFA AER	13,367	2	12,057	4	-9.80%
Cetirizine HCl Tab 10 MG	9,578	7	10,036	5	4.78%
OMEPRAZOLE CAP 20MG	9,719	6	9,678	6	-0.42%
FLUOXETINE CAP 20MG	9,504	9	9,584	7	0.84%
ESCITALOPRAM TAB 20MG	9,519	8	9,364	8	-1.63%
OMEPRAZOLE CAP 40MG	8,764	13	9,060	9	3.38%
GABAPENTIN CAP 300MG	8,868	12	8,826	10	-0.47%
CYCLOBENZAPR TAB 10MG	8,465	15	8,475	11	0.12%
FLUTICASONE SPR 50MCG	8,924	11	8,117	12	-9.04%
AMOXICILLIN SUS 400/5ML	12,891	3	7,778	13	-39.66%
SERTRALINE TAB 100MG	7,179	17	7,169	14	-0.14%
CLONIDINE TAB 0.1MG	7,601	16	7,080	15	-6.85%
MONTELUKAST TAB 10MG	6,791	20	6,922	16	1.93%
Aspirin Tab Delayed Release 81 MG	6,979	19	6,818	17	-2.31%
RANITIDINE TAB 150MG	7,152	18	6,790	18	-5.06%
IBUPROFEN TAB 800MG	6,597	22	6,576	19	-0.32%
ALBUTEROL NEB 0.083%	9,105	10	6,354	20	-30.21%
TRAZODONE TAB 50MG	6,587	24	6,270	21	-4.81%
GUANFACINE TAB 1MG	6,790	21	6,112	22	-9.99%
TRAZODONE TAB 100MG	6,227	25	6,026	23	-3.23%
LISINOPRIL TAB 10MG	5,848	28	5,946	24	1.68%
Acetaminophen Tab 325 MG	6,114	26	5,862	25	-4.12%
Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe)	5,971	27	5,850	26	-2.03%



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TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	March/April 2015	PREVIOUS RANK	May/June 2015	RANK	PERCENT CHANGE
AZITHROMYCIN TAB 250MG	8,686	14	5,768	27	-33.59%
LISINAPRIL TAB 20MG	5,564	32	5,696	28	2.37%
METFORMIN TAB 500MG	5,619	29	5,680	29	1.09%
HYDROCHLOROTAB 25MG	5,601	30	5,534	30	-1.20%
MELOXICAM TAB 15MG	4,933	38	5,339	31	8.23%
OXYCOD/APAP TAB 5-325MG	4,716	40	5,146	32	9.12%
METFORMIN TAB 1000MG	4,946	37	5,054	33	2.18%
CLONAZEPAM TAB 1MG	4,893	39	4,895	34	0.04%
CEPHALEXIN CAP 500MG	4,492	45	4,781	35	6.43%
PROVENTIL AER HFA	4,668	41	4,614	36	-1.16%
PREDNISONE TAB 20MG	5,022	35	4,579	37	-8.82%
AMLODIPINE TAB 10MG	4,447	47	4,524	38	1.73%
VENLAFAXINE CAP 150MG ER	4,485	46	4,516	39	0.69%
PANTOPRAZOLE TAB 40MG	4,424	49	4,504	40	1.81%
CITALOPRAM TAB 20MG	4,554	44	4,478	41	-1.67%
SERTRALINE TAB 50MG	4,595	42	4,465	42	-2.83%
HYDROCO/APAP TAB 7.5-325	4,372	51	4,449	43	1.76%
Sennosides-Docusate Sodium Tab 8.6-50 MG	4,428	48	4,424	44	-0.09%
POLYETH GLYC POW 3350 NF	4,996	36	4,423	45	-11.47%
ALPRAZOLAM TAB 1MG	4,340	52	4,416	46	1.75%
LANTUS INJ 100/ML	4,316	53	4,382	47	1.53%
AMOXICILLIN CAP 500MG	5,516	33	4,367	48	-20.83%
SMZ/TMP DS TAB 800-160	4,270	54	4,297	49	0.63%
HYDROCO/APAP TAB 10-325MG	3,962	65	4,276	50	7.93%
NAPROXEN TAB 500MG	4,244	55	4,271	51	0.64%
ATORVASTATIN TAB 40MG	3,918	66	4,192	52	6.99%



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TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	March/April 2015	PREVIOUS RANK	May/June 2015	RANK	PERCENT CHANGE
MONTELUKAST CHW 5MG	4,391	50	4,164	53	-5.17%
METHYLPHENID TAB 36MG ER	5,359	34	4,074	54	-23.98%
Aspirin Chew Tab 81 MG	4,186	56	4,072	55	-2.72%
CLONAZEPAM TAB 0.5MG	4,120	58	4,036	56	-2.04%
ALPRAZOLAM TAB 0.5MG	3,997	62	4,014	57	0.43%
CITALOPRAM TAB 40MG	4,019	61	4,006	58	-0.32%
ZOLPIDEM TAB 10MG	3,980	63	3,892	59	-2.21%
AMLODIPINE TAB 5MG	3,760	68	3,851	60	2.42%
Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML)	3,763	67	3,849	61	2.29%
PROAIR HFA AER	3,673	69	3,795	62	3.32%
FOLIC ACID TAB 1MG	3,665	70	3,747	63	2.24%
METOPROL TAR TAB 25MG	3,508	72	3,602	64	2.68%
DULOXETINE CAP 60MG	2,327	107	3,520	65	51.27%
HYDROXYZ PAM CAP 25MG	3,524	71	3,460	66	-1.82%
AZITHROMYCIN SUS 200/5ML	6,588	23	3,444	67	-47.72%
BUPROPN HCL TAB 300MG XL	3,419	74	3,390	68	-0.85%
LORAZEPAM TAB 1MG	3,302	76	3,345	69	1.30%
ATORVASTATIN TAB 20MG	3,190	78	3,334	70	4.51%
SPIRIVA CAP HANDIHLR	3,060	81	3,331	71	8.86%
Acetaminophen Tab 500 MG	3,508	73	3,289	72	-6.24%
SIMVASTATIN TAB 20MG	3,280	77	3,203	73	-2.35%
AMOX/K CLAV TAB 875MG	4,061	60	3,171	74	-21.92%
METHYLPHENID TAB 54MG ER	4,070	59	3,100	75	-23.83%
BUPROPN HCL TAB 150MG XL	3,149	79	3,094	76	-1.75%
LISINOPRIL TAB 40MG	2,930	84	3,038	77	3.69%
LEVOTHYROXIN TAB 50MCG	2,925	85	3,001	78	2.60%



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TOP 100 DRUGS BY PRESCRIPTION COUNT

DRUG DESCRIPTION	March/April 2015	PREVIOUS RANK	May/June 2015	RANK	PERCENT CHANGE
VENLAFAXINE CAP 75MG ER	2,961	83	2,998	79	1.25%
ONDANSETRON TAB 4MG ODT	4,573	43	2,982	80	-34.79%
FUROSEMIDE TAB 40MG	2,906	86	2,942	81	1.24%
LORAZEPAM TAB 0.5MG	3,066	80	2,934	82	-4.31%
FLUCONAZOLE TAB 150MG	2,866	88	2,781	83	-2.97%
SIMVASTATIN TAB 40MG	2,850	89	2,771	84	-2.77%
AMOXICILLIN SUS 250/5ML	4,134	57	2,731	85	-33.94%
HUMALOG INJ 100/ML	1,921	142	2,729	86	42.06%
RISPERIDONE TAB 1MG	2,890	87	2,708	87	-6.30%
VYVANSE CAP 30MG	3,375	75	2,695	88	-20.15%
PREDNISONE TAB 10MG	2,756	91	2,652	89	-3.77%
LISINAPRIL TAB 5MG	2,666	93	2,652	90	-0.53%
METRONIDAZOL TAB 500MG	2,707	92	2,651	91	-2.07%
MONTELUKAST CHW 4MG	2,770	90	2,645	92	-4.51%
QUETIAPINE TAB 100MG	2,637	94	2,592	93	-1.71%
VYVANSE CAP 40MG	3,005	82	2,551	94	-15.11%
FUROSEMIDE TAB 20MG	2,466	99	2,531	95	2.64%
CLOPIDOGREL TAB 75MG	2,541	97	2,527	96	-0.55%
TRIAMCINOLON CRE 0.1%	2,424	101	2,525	97	4.17%
PREDNISOLONE SOL 15MG/5ML	5,565	31	2,512	98	-54.86%
METOPROLOL TAR TAB 50MG	2,400	104	2,424	99	1.00%
APAP/CODEINE TAB 300-30MG	2,490	98	2,416	100	-2.97%

Appendix L
Meeting Minutes

Iowa Medicaid Drug Utilization Review Commission

Meeting Minutes August 6, 2014

Attendees:

Commission Members
Mark Graber, M.D., FACEP; Laurie Pestel, Pharm.D.; Gregory Barclay, M.D.; Kellen Ludvigson, Pharm.D.; Larry Ambroson, R.Ph.; Brett Faine, Pharm.D.; Brian Couse, M.D.; and Susan Parker, Pharm.D.
Staff
Pam Smith, R.Ph.
Guests
Jason Kessler, M.D., IME; Erin Halverson, R.Ph., IME; Megan Smith, Pharm.D., IME; and Melissa Biddle, IME.

Welcome & Introductions

Mark Graber, M.D. called the meeting to order at 9:32 a.m. at the Learning Resource Center in West Des Moines. The minutes from the June 4, 2014 meeting were reviewed. Gregory Barclay, M.D. motioned to accept them, and Brian Couse, M.D. and Brett Faine, Pharm.D. seconded simultaneously. All members were in favor. Annual conflict of interest disclosures were collected in closed session. Brett Faine, Pharm.D. nominated Mark Graber, M.D. to remain Chairperson. Laurie Pestel, Pharm.D. seconded, and all members were in favor. Kellen Ludvigson, Pharm.D. then nominated Laurie Pestel, Pharm.D. to remain Vice-Chairperson, which was seconded by Larry Ambroson, R.Ph. and agreed upon by all members. The recommendation letter sent to DHS after the June 2014 meeting, in addition to an article about the variation among states in the prescribing of opioids and benzodiazepines, were also reviewed.

IME Updates

Medicaid Director Jennifer Vermeer will be leaving Iowa Medicaid for a position at the University of Iowa effective August 21, 2014. Julie Lovelady will be interim director while a national search is conducted. Over 100,000 members are now enrolled in the Iowa Health and Wellness Plan (IHAWP). A new DHS website was launched in June, along with a new website featuring the latest information on IHAWP: <http://www.iahealthlink.gov>. A recent informational letter notified providers of a change to the dispensing fee effective August 1, 2014, increasing it to \$11.73 once CMS approves the State Plan Amendment. Claims will be adjusted retroactively once approval is obtained.

Prevalence Report Summary

Statistics from May through June 2014 were discussed, including: cost per user (\$287.06), number of total prescriptions dispensed (an increase of 1.2% compared to the previous reporting period), average cost per prescription (\$59.02), and generic

utilization (83.8%). The total paid amount increased by 1.6% from the previous reporting period. There were 180,950 unique users, which is 1.5% less than the total for March and April. Lists of the top 20 therapeutic classes were provided. SSRIs had the highest prescription count, and Anticonvulsants came in second. The top 100 drugs were also reviewed. The ten most expensive medications were: *Abilify*, *Vyvanse*, methylphenidate hcl er, *Advate*, *Lantus*, *Focalin XR*, *Cymbalta*, *Adderall*, *Advair Diskus*, and *Strattera*.

Case Studies

Pam Smith, R.Ph. presented 4 case studies. Recommendations by Commissioners from these four examples resulted in annualized total savings of \$3,191.10 pre-rebate (state and federal).

Public Comment

Name	Representing	Drug/Topic
Nancy Bell	Pfizer	Chronic Pain Syndromes PA Criteria and Lyrica
Amy Shertzer	Kaleo	Evzio
Neetha Molakala	Primary Health Care	Prior Authorization Issues (Inhalers and Insulin Pens)
Lorraine Dansie	Vanda Pharma	Hetlioz
Teresa Wakefield	Vanda Pharma (Ambassador)	Hetlioz

Focus Studies

Emergency Contraception: This was a follow-up discussion. One-hundred thirty-two (132) of the 227 members identified changed therapy, for an annualized cost savings of \$461.58 (state and federal, pre-rebate) as a result of the 587 surveys sent out to prescribers and pharmacies. Responses were received for 239 (40.72%) of those surveys.

Albuterol MDI Over-Utilization: This was a follow-up discussion. Two-hundred (200) of the 522 members identified changed therapy, for an annualized cost savings of \$52,346.55 (state and federal, pre-rebate) as a result of the 1,980 surveys sent out to prescribers and pharmacies. Responses were received for 734 (37.07%) of those surveys.

Albuterol MDI Over-Utilization without Inhaled Corticosteroid: This was a follow-up discussion. Twenty-five (25) of the 257 members identified changed therapy, increasing annual costs by \$6,566.32 (state and federal, pre-rebate) as a result of the 783 surveys sent out to prescribers and pharmacies. Responses were received for 297 (37.93%) of those surveys.

Long Term Use of Short-Acting Opioids: The Commission wants to lower the existing quantity limits to a quantity of 120 per 30 days, or 4 per day. Kellen Ludvigson, Pharm.D. suggested using morphine equivalents to allow for titration without additional prior authorization. Erin Halverson will get more information about programming an accumulator in POS for the category, and if a “max 4 per day”

reject message could be added to rejected claims for the convenience of the pharmacies. Susan Parker, Pharm.D. suggested doing this in stages, with soft POS edits notifying providers of the changes prior to implementation of the quantity limits. Providers could be forewarned via letter before the limits are put into place. This will be brought back to the next meeting.

Prasugrel Contraindications: Letters will be sent to the prescribers of the six members identified as having a contraindication for use of prasugrel, and this topic will be revisited in 6 months to see if the numbers increase.

Duplicate Antipsychotics: Pam Smith, R.Ph. will rerun the numbers to include Typical Antipsychotics as well. This will be brought back to the next meeting.

Eszopiclone Dose: Letters will be sent to the providers of the members identified as taking eszopiclone 3mg to inquire if a dose reduction could be attempted based on the new FDA warning, and if not, if the patient has been warned of the risk of next-day impairment and was instructed not to drive or engage in other activities that require complete mental alertness the day after use.

Public Comment

Name	Representing	Drug/Topic
John Strezewski	Bristol-Myers Squibb	Eliquis
Lisa Willshaw	MedImmune	Synagis
Rachel Anhorn	Boehringer-Ingelheim	Pradaxa
Christina Reimers	Merck	Zontivity
Paul James	Genentech	Xolair

Prior Authorization

Chronic Pain Syndromes: The Commission reviewed the prior authorization criteria as follows:

A prior authorization is required for duloxetine (Cymbalta[®]), pregabalin (Lyrica[®]), and milnacipran (Savella[™]). For patients with a chronic pain diagnosis who are currently taking opioids, as seen in pharmacy claims, a plan to decrease and/or discontinue the opioid(s) must be provided with the initial request. Initial authorization will be given for three (3) months. There must be a significant decrease in opioid use or discontinuation of opioid(s) after the initial three (3) month authorization for further consideration. Additional prior authorizations will be considered with documentation of a continued decrease in opioid utilization. Payment will be considered under the following conditions:

1. A diagnosis of **fibromyalgia** (Cymbalta[®], Lyrica[®], and Savella[™])
 - a. A trial and therapy failure at a therapeutic dose with gabapentin plus one of the following: tricyclic antidepressant, SSRI, or SNRI, **WITH**

- b. Documented non-pharmacologic therapies (cognitive behavior therapies, exercise, etc.), **AND**
 - c. Documentation of a previous trial and therapy failure at a therapeutic dose with Savella™ when Cymbalta® and Lyrica® are requested.
2. A diagnosis of **post-herpetic neuralgia** (Lyrica®)
A trial and therapy failure at a therapeutic dose with gabapentin plus one of the following: tricyclic antidepressant, topical lidocaine, valproate, or carbamazepine.
 3. A diagnosis of **diabetic peripheral neuropathy** (Cymbalta® and Lyrica®)
A trial and therapy failure at a therapeutic dose with gabapentin plus one of the following: tricyclic antidepressant or topical lidocaine.
 4. A diagnosis of **partial onset seizures**, as adjunct therapy (Lyrica®)
 5. A diagnosis of **major depressive disorder or generalized anxiety disorder** (Cymbalta®)
 6. A diagnosis of **chronic musculoskeletal pain** (Cymbalta®)
A trial and therapy failure at a therapeutic dose with at least three drugs from three distinct therapeutic classes from the following: NSAIDs, opioids, tramadol, or tricyclic antidepressants.

Requests for concomitant use of these agents for an indicated chronic pain diagnosis may only be considered once each agent has been tried at maximum tolerated dose separately. Duplicate use of drugs from the same therapeutic category will not be considered. Requests for doses above the manufacturer recommended dose will not be considered.

Brett Faine, Pharm.D. motioned to accept the criteria, and Brian Couse, M.D. seconded. All members were in favor. The criteria will be sent out for public comment and brought back to the next meeting for further discussion.

Naloxone (Evzio): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for naloxone auto-injector (Evzio). Payment will be considered for patients when the following criteria are met:

1. Patient is currently being treated with a long-acting opioid for a chronic pain condition; and
2. Evidence of use of a long-acting opioid is found in the patient's current pharmacy claims history (must be billed to and paid for by Iowa Medicaid); and
3. Documentation patient has a caregiver that will be able to administer Evzio should the patient be found unresponsive and an opioid overdose is suspected; and
4. Patient has a contraindication to use of intranasal naloxone; and
5. The prescriber must review the patient's use of controlled substances on the Iowa Prescription Monitoring Program website at

<https://pmp.iowa.gov/IAPMPWebCenter/Login.aspx?ReturnUrl=%2fIAPMPWebCenter%2fdefault.aspx> prior to requesting prior authorization.

6. Lost, stolen, or destroyed medication replacement requests will not be authorized.
7. The 72-hour emergency supply rule does not apply to naloxone auto-injector products.

The commission determined the delivery system used for administration of naloxone was a convenience for the patient or patient's caregiver. Additionally, the commission determined that the use of intranasal naloxone would be the least costly service which would reasonably meet the medical need of the patient. Since the DUR determined Evzio is a convenience item and there are other cost-effective alternatives to Evzio, the DUR recommends not covering this product. Kellen Ludvigson, Pharm.D. made the motion to refer this recommendation to the P&T Committee, and Brian Couse, M.D. seconded. All members were in favor. The P&T Committee will discuss this at their November meeting.

Oral Immunotherapy: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for sublingual allergen immunotherapy. Payment will be considered under the following conditions:

1. Medication is prescribed by an allergist; and
2. Patient is diagnosed with pollen-induced allergic rhinitis with or without conjunctivitis; and
3. Patient has documented trials and therapy failures with allergen avoidance and pharmacotherapy (intranasal corticosteroids and antihistamines); and
4. Patient has a documented intolerance to immunotherapy injections; and
5. The first dose has been administered under the supervision of a health care provider to observe for allergic reactions (date of administration and response required prior to consideration).
6. If patient receives other immunotherapy by subcutaneous allergen immunotherapy (SCIT), treatment of allergic rhinitis with sublingual allergen immunotherapy (SLIT) will not be approved.

Short Ragweed Pollen (Ragwitek[®]) In addition to the above criteria being met:

- Patient is 18 through 65 years of age; and
- Patient has a positive skin test or in vitro testing (pollen-specific IgE antibodies) to short ragweed pollen.
- If criteria for coverage are met, authorization will be considered at least 12 weeks before the expected onset of ragweed pollen season and continued throughout the season.

*Grass Pollen (Grastek[®] and Oralair[®]) In addition to the above criteria being met:
Grastek[®]*

- Patient is 10 through 65 years of age (Oralair[®]); and

- *Patient has a positive skin test or in vitro testing (pollen-specific IgE antibodies) to sweet vernal, orchard/cocksfoot, perennial rye, timothy, and Kentucky blue/June grass.*
- *If criteria for coverage are met, authorization will be considered at least 4 months prior to the expected onset of each grass pollen season and continued throughout the grass pollen season; or*
Oralair[®]
- *Patient is 5 through 65 year of age (Grastek[®]); and*
- *Patient has a positive skin test or in vitro testing (pollen-specific IgE antibodies) to timothy grass (or cross reactive grasses such as sweet vernal, orchard/cocksfoot, perennial rye, Kentucky blue/June, meadow fescue, and redtop).*
- *If criteria for coverage are met, authorization will be considered at least 12 weeks before the expected onset of each grass pollen season.*

Brian Couse, M.D. motioned to accept the criteria as amended, and Larry Ambroson, R.Ph. seconded. All members were in favor. The criteria will be sent out for public comment and brought back to the next meeting for further discussion.

Methotrexate Injection: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for non-preferred methotrexate injection. Payment will be considered under the following conditions:

1. *Diagnosis of severe, active rheumatoid arthritis (RA) or polyarticular juvenile idiopathic arthritis (pJIA) and ALL of the following:*
 - a. *Prescribed by a rheumatologist; and*
 - b. *Patient has a documented trial and intolerance with oral methotrexate; and*
 - c. *Patient has a documented trial and therapy failure or intolerance with at least one other non-biologic DMARD (hydroxychloroquine, leflunomide, minocycline or sulfasalazine); and*
 - d. *Patient's visual or motor skills are impaired to such that they cannot accurately draw up their own preferred generic methotrexate injection and there is no caregiver available to provide assistance; and*
 - e. *Patient does not reside in a long-term care facility.*
2. *Diagnosis of severe, recalcitrant, disabling psoriasis and ALL of the following:*
 - a. *Patient is 18 years of age or older; and*
 - b. *Prescribed by a dermatologist; and*
 - c. *Patient has documentation of an inadequate response to all other standard therapies (oral methotrexate, topical corticosteroids, vitamin D analogues, cyclosporine, systemic retinoids, tazarotene, and phototherapy).*
 - d. *Patient's visual or motor skills are impaired to such that they cannot accurately draw up their own preferred generic methotrexate injection and there is no caregiver available to provide assistance; and*
 - e. *Patient does not reside in a long-term care facility.*

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

Kellen Ludvigson, Pharm.D. motioned to accept the criteria, and Brett Faine, Pharm.D. seconded. All members were in favor. The criteria will be sent out for public comment and brought back to the next meeting for further discussion.

Tasimelteon (Helioz): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for tasimelteon (Hetlio^z) Requests for doses above the manufacturer recommended dose will not be considered. Payment will be considered under the following conditions:

- 1. Patient has a diagnosis of Non-24-Hour Sleep-Wake Disorder (Non-24) as confirmed by a sleep specialist; and*
- 2. Patient is 18 years of age or older; and*
- 3. Documentation the patient is totally blind with no perception of light is provided; and*
- 4. Patient has a documented trial and therapy failure with at least one preferred sedative/hypnotic – non-benzodiazepine agent; and*
- 5. Patient has a documented trial and therapy failure with ramelteon (Rozerem).*

If criteria for coverage are met, initial requests will be given for 3 months. Requests for continuation of therapy will be considered when the patient has received 3 months of continuous therapy and patient has achieved adequate results with tasimelteon (Hetlio^z), such as entrainment, significant increases in nighttime sleep, and/or significant decreases in daytime sleep.

Brett Faine, Pharm.D. motioned to accept the criteria as amended, and Larry Ambroson, R.Ph. seconded. All members were in favor. The criteria will be sent out for public comment and brought back to the next meeting for further discussion.

Apremilast (Otezla): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for apremilast (Otezla[®]). Payment will be considered under the following conditions:

- 1. Patient is 18 years of age or older; and*
- 2. Patient has a diagnosis of active psoriatic arthritis (≥ 3 swollen joints and ≥ 3 tender joints); and*
- 3. Prescribed by a rheumatologist or a dermatologist; and*
- 4. Patient does not have severe renal impairment ($\text{CrCl} < 30 \text{ mL/min}$); and*
- 5. Patient has documentation of a trial and inadequate response to therapy with the preferred oral DMARD, methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); and*
- 6. Patient has documentation of trials and therapy failures with two preferred biological agents used for psoriatic arthritis.*

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

Larry Ambroson, R.Ph. motioned to accept the criteria, and Gregory Barclay, M.D. seconded. All members were in favor. The criteria will be sent out for public comment and brought back to the next meeting for further discussion.

Palivizumab (Synagis): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for therapy with palivizumab. Prior authorizations will be approved for administration during the RSV season for a maximum of five doses per patient. No allowances will be made for a sixth dose. Patients, who experience a breakthrough RSV hospitalization, should have their monthly prophylaxis discontinued, as there is an extremely low likelihood of a second RSV hospitalization in the same season. Payment for palivizumab will be considered for patients who meet one of the following criteria:

Chronic Lung Disease (CLD) of Prematurity

- *Patient is less than 12 months of age at start of therapy and develops CLD of prematurity (defined as gestational age less than 32 weeks and required greater than 21% oxygen for at least the first 28 days after birth).*
- *Requests for patients during their second year of life (12 months to < 24 months) will be considered for patients meeting the CLD of prematurity definition above and continue to require medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) during the 6-month period before the start of the second RSV season.*

Hemodynamically Significant Congenital Heart Disease (CHD)

- *Patient is less than 12 months of age at start of therapy and has hemodynamically significant CHD further defined by any of the following:*
 - *Patient with acyanotic heart disease who is receiving medication to control congestive heart failure and will require cardiac surgical procedures or*
 - *Patient with moderate to severe pulmonary hypertension.*
 - *Requests for patients with cyanotic heart defects will be considered with documentation of consultation with a pediatric cardiologist that recommends patient receive palivizumab prophylaxis.*

Premature Infants (without CLD of Prematurity or CHD)

- *Patient is less than 12 months of age at start of therapy with a gestational age of less than 29 weeks.*

Children with Anatomic Pulmonary Abnormalities or Neuromuscular Disorder

- *Patient is 12 months of age or younger at the start of therapy and has either severe neuromuscular disease or congenital anomaly that impairs the ability to clear secretions from the upper airway due to an ineffective cough.*

Immunocompromised Children

- *Patient is less than 24 months of age at start of therapy and is profoundly immunocompromised during the RSV season (e.g., severe combined immunodeficiency, advanced acquired immunodeficiency syndrome, receiving chemotherapy).*

Larry Ambroson, R.Ph. motioned to accept the criteria as amended, and Brian Couse, M.D. seconded. All members were in favor. The criteria will be sent out for public comment and brought back to the next meeting for further discussion.

Vorapaxar (Zontivity): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for vorapaxar (Zontivity™). Payment will be considered under the following conditions:

1. *Patient has a history of myocardial infarction (MI) or peripheral artery disease; and*
2. *Patient does not have a history of stroke, transient ischemic attack (TIA), intracranial bleeding, or active peptic ulcer; and*
3. *Patient has documentation of an adequate trial and therapy failure with clopidogrel; and*
4. *Patient will use concurrently with aspirin and/or clopidogrel.*

The required trial may be overridden when documented evidence is provided that the use of this agent would be medically contraindicated.

The Commission wondered if a trial and therapy failure on aspirin should be added. This will be revised and brought back to the next meeting.

Omalizumab (Xolair): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for Xolair®. Payment for Xolair® will be authorized when the following criteria are met:

Moderate to Severe Persistent Asthma

1. *Patient has a diagnosis of moderate to severe persistent asthma for at least one year; and*
2. *Patient is 12 years of age or older; and*
3. *Pretreatment IgE level is between 30 IU/mL and 700 IU/mL; and*
4. *Patient's weight is between 30 kg and 150 kg; and*
5. *History of positive skin or RAST test to a perennial aeroallergen; and*
6. *Prescriber is an allergist, immunologist, or pulmonologist; and*
7. *Patient is currently using a high dose inhaled corticosteroid AND long-acting beta-agonist, is compliant with therapy and asthma symptoms are not adequately controlled after at least three (3) months of therapy.*
8. *Patient must have access to an EpiPen to treat allergic reactions that may occur after administration of Xolair®.*

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 Xolair® therapy and for patients who do not continue concurrent use with a high dose corticosteroid and long-acting beta-agonist.

Chronic Idiopathic Urticaria

- 1. Patient has a diagnosis of moderate to severe chronic idiopathic urticaria; and*
- 2. Patient is 12 years of age or older; and*
- 3. Patient has documentation of a trial and therapy failure with at least one second-generation antihistamine, one of which must be cetirizine at a dose up to 20 mg per day; and*
- 4. Patient has documentation of a trial and therapy failure with at least one first-generation antihistamine; and*
- 5. Patient has documentation of a trial and therapy failure with at least one potent H1 receptor antagonist (hydroxyzine and/or doxepin); and*
- 6. 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.

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

As this was the second review of these criteria, no motion was necessary. The recommendation will be forwarded to the Department for consideration.

Apixaban (Eliquis): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for apixaban (Eliquis®). Payment will be considered under the following conditions:

- 1. Patient does not have a mechanical prosthetic heart valve; and*
- 2. Patient does not have active pathological bleeding; and*
- 3. Patient has a diagnosis of non-valvular atrial fibrillation; with*
- 4. Documentation of a previous trial and therapy failure with warfarin (TIA, stroke, or inability to maintain a therapeutic INR with a minimum 6 month trial); and*
- 5. Presence of at least one additional risk factor for stroke, with a CHADS2 score \geq 1; OR*
- 6. For patients requiring deep vein thrombosis (DVT) prophylaxis undergoing hip or knee replacement. Requests will be considered when the patient has contraindications to use of the preferred agent(s). If patient meets criteria for coverage, requests will be approved for the following doses:*
 - Hip replacement: 2.5 mg twice daily for up to 35 days following hip replacement; or*
 - Knee replacement: 2.5 mg twice daily for up to 12 days following knee replacement.*

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

As this was the second review of these criteria, no motion was necessary. The recommendation will be forwarded to the Department for consideration.

Dabigatran (Pradaxa): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for dabigatran (Pradaxa®). Payment will be considered for patients under the following conditions:

- 1. Patient does not have a mechanical prosthetic heart valve; and*
- 2. Patient does not have active pathological bleeding; and*
- 3. Patient has documentation of a previous trial and therapy failure with warfarin (TIA, stroke, recurrence of DVT/PE, or inability to maintain a therapeutic INR with a minimum 6 month trial).*

Non-valvular atrial fibrillation (in addition to the above)

- Patient has the presence of at least one additional risk factor for stroke, with a CHADS₂ score ≥ 1 ; and*
- Patient does not have severe renal impairment (CrCl < 15mL/min) or is not on dialysis.*

Treatment and prevention of DVT or PE (in addition to the above)

- Patient does not have a CrCl < 30mL/min or is not on dialysis.*
- For patients with current DVT/PE, patient must have documentation of 5 to 10 days of parenteral anticoagulation prior to initiation of dabigatran.*

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

As this was the second review of these criteria, no motion was necessary. The recommendation will be forwarded to the Department for consideration.

Neuraminidase Inhibitor Utilization

The Commission is interested in developing prior authorization criteria, as studies have shown these only reduce symptoms by half a day. Additionally, to be effective, these have to be used within a very limited time frame that would be further reduced by a prior authorization process. Brett Faine, Pharm.D. and Mark Graber, M.D. offered to create some criteria. Pam Smith, R.Ph. will work with them and bring this to the next meeting. Erin Halverson, R.Ph. also suggested the three day emergency override option be removed for this drug class. Susan Parker, Pharm.D. said that was a possibility, as DHS has the right to determine what constitutes an emergency.

Miscellaneous

DUR Digest: The Commission members reviewed the draft for DUR Digest Volume 27, Number 1. Mark Graber, M.D. requested the wording for the first bullet on page 1 be updated. This was the first review and will be brought back to the next meeting for a second and final review.

MedWatch: The Commission members received FDA announcements concerning new Black Box Warnings.

A unanimous roll call vote was made at 12:38 to adjourn the meeting and move to closed session (motion by Larry Ambrosion, R.Ph., second by Brian Couse, M.D. and Kellen Ludvigson, Pharm.D.).

The next meeting will be held at 9:30 a.m. on Wednesday, October 1, 2014, at the Learning Resource Center in West Des Moines.

Iowa Medicaid Drug Utilization Review Commission

Meeting Minutes October 1, 2014

Attendees:

Commission Members

Mark Graber, M.D., FACEP; Laurie Pestel, Pharm.D.; Gregory Barclay, M.D.; Kellen Ludvigson, Pharm.D.; Larry Ambroson, R.Ph.; Brett Faine, Pharm.D.; Brian Couse, M.D.; Jason Wilbur, M.D.; and Susan Parker, Pharm.D.

Staff

Pam Smith, R.Ph.

Guests

Jason Kessler, M.D., IME; Erin Halverson, R.Ph., IME; Megan Smith, Pharm.D., IME; and Melissa Biddle, IME.

Welcome & Introductions

Mark Graber called the meeting to order at 9:33 a.m. at the Learning Resource Center in West Des Moines. The minutes from the August 6, 2014 meeting were reviewed. Gregory Barclay motioned to accept them, and Kellen Ludvigson seconded simultaneously. All members were in favor. The recommendation letter sent to DHS after the last meeting, in addition to a letter sent to the DUR Commission from the P&T Committee requesting development of PA criteria for Hetlioz, Otezla, and Zykadia, were also reviewed.

IME Updates

Medicaid Director Jennifer Vermeer left Iowa Medicaid for a position at the University of Iowa on August 21, 2014. Julie Lovelady is the interim director while a national search is conducted. Over 115,000 members are now enrolled in the Iowa Health and Wellness Plan (IHAWP). A new DHS website was launched in June, along with a new website featuring the latest information on IHAWP: <http://www.iahealthlink.gov>. Magellan and the IME are working together on the health homes for chronic conditions project. CMS approved the State Plan Amendment to increase the dispensing fee to \$11.73 on September 24, 2014. Claims will be adjusted retroactively back to August 1, 2014. Providers will be notified of this change via informational letter. Pam Smith will bring results from the annual Federal and State DUR reports to the next meeting.

Prevalence Report Summary

Statistics from July through August 2014 were discussed, including: cost per user (\$299.24), number of total prescriptions dispensed (an increase of 4% compared to the previous reporting period), average cost per prescription (\$60.48), and generic utilization (83.6%). The total paid amount increased by 6.6% from the previous reporting period. There were 183,702 unique users, which is 2% more than the total for May and June. Lists of the top 20 therapeutic classes were provided. SSRIs had

the highest prescription count, and Anticonvulsants came in second. The top 100 drugs were also reviewed. The ten most expensive medications were: Abilify, Vyvanse, methylphenidate hcl er, Lantus, Advate, Cymbalta, Focalin XR, Adderall, Advair Diskus, and Strattera.

Case Studies

Pam Smith presented 4 case studies. Recommendations by commissioners from these four examples resulted in annualized total savings of \$2,054.31 pre-rebate (state and federal).

Public Comment

There were none, as both speakers chose to defer to the second public comment section.

ProDUR Edit

Antipsychotics – Age Edit and Duplicate Therapy Edit: The DUR Commission reviewed recommendations they initially made in April 2012 to implement ProDUR edits on antipsychotics in members less than 18 years of age. Specifically, the recommendation was to: 1) implement an age edit on risperidone for members less than five (5) years of age and an age edit on all other antipsychotics for members less than six (6) years of age; and 2) apply a duplicate therapy edit to all antipsychotics. After discussion, the Commission continues to support implementation of the aforementioned ProDUR edits, tentatively scheduled for implementation in the summer of 2015. Prior to initiation of these edits, an informational letter will be sent to all providers, to encourage changes to drug regimen or submission of a PA prior to implementation of the edits and prior to discharge. Soft edits will also be programmed into the Point of Sale (POS) system indicating the claim(s) will deny for a PA at the specific date indicated, which should prompt the pharmacy to notify the prescriber.

Focus Studies

Valproate Use for Migraine in Females: This was a follow-up discussion. Nineteen (19) of the 39 members identified changed therapy, for an annualized cost savings of \$2,998.62 (state and federal, pre-rebate) as a result of the 93 surveys sent out to prescribers and pharmacies. Forty-two (42), or 45%, of those surveys were returned.

Ketoconazole Utilization: This was a follow-up discussion. Fifty-four (54) of the 66 members identified changed therapy, for an annualized cost savings of \$3,764.10 (state and federal, pre-rebate) as a result of the 132 surveys sent out to prescribers and pharmacies. Sixty-six (66), or 50%, of those surveys were returned.

Overutilization of Opioids: This was a follow-up discussion. One-hundred twenty (120) of the 244 members identified changed therapy, for an annualized cost

savings of \$66,768.90 (state and federal, pre-rebate) as a result of the 941 surveys sent out to prescribers and pharmacies. Three-hundred eighty-one (381), or 40% of those surveys were returned.

Opioid Utilization Potential Drug Seeking Behavior: This was a follow-up discussion. Twenty-two (22) of the 38 members identified changed therapy, for an annualized cost savings of \$5,445.06 (state and federal, pre-rebate) as a result of the 375 surveys sent out to prescribers and pharmacies. One-hundred thirty (130), or 35%, of those surveys were returned. The Commission was curious as to the algorithm used by the lock-in department to identify potential members, and Pam Smith will look into that.

Valproate Use in Women of Childbearing Age without Seizure or Bipolar Diagnosis: This was a follow-up discussion. Twenty-six (26) of the 70 members identified changed therapy, for an annualized cost savings of \$4,856.64 (state and federal, pre-rebate) as a result of the 154 surveys sent out to prescribers and pharmacies. Sixty-four (64), or 42%, of those surveys were returned.

Valproate Use in Women of Childbearing Age with Seizure or Bipolar Diagnosis: This was a follow-up discussion. Seventy-five (75) of the 270 members identified changed therapy, for an annualized cost savings of \$14,919.44 (state and federal, pre-rebate) as a result of the 592 surveys sent out to prescribers and pharmacies. Two-hundred fifty-six (256), or 43% of those surveys were returned.

Long Term Use of Short-Acting Opioids: The Commission wants to lower the existing quantity limits to a quantity of 120 per 30 days, or 4 per day, across the entire drug class. Jason Wilbur motioned to implement this quantity limit, and Brett Faine seconded. All members were in favor. Soft POS edits will be put into place to notify providers of the changes prior to implementation of the quantity limits, and an information letter will also be sent out to prescribers and pharmacies.

Duplicate Antipsychotics: Letters will be sent to those who will be affected by the ProDUR edits that were agreed upon at previous meetings for members 17 years of age and younger, as documented above. The Commission also wants to send letters to the prescribers of adults on 2 or more second generation antipsychotics concurrently for greater than 90 days to ask: 1) if the patient would be a candidate to taper to one agent, 2) if the patient is a candidate for clozapine therapy, and 3) if the patient has had three failed trials of monotherapy prior to using two or more antipsychotics.

Duplicate Benzodiazepines: The Commission wants to review the quantity limits on all benzodiazepines, and also look at the numbers on combination therapy. This information will be brought to the December meeting. Additionally, letters will be sent to the prescribers of the members identified to ask if the patient could be adequately controlled on one agent.

Niacin Utilization: Letters will be sent to the prescribers of the members taking niacin with a statin to suggest dose optimization of the statin and discontinuation of niacin. Additionally, the DUR Commission made a recommendation that the P&T Committee make niacin non-preferred on the PDL, requiring use of a statin prior to use.

Public Comment

Name	Representing	Drug/Topic
Lisa Willshaw	MedImmune	Synagis
Christina Reimers	Merck	Zontivity, Grastek, and Ragwitek

Prior Authorization

Annual Review of the PA Criteria: Changes were suggested for the following categories, to be discussed at upcoming meetings:

PA Category	Recommend Changes
Alpha2 Agonists, Extended-Release	Define length of trial.
Amylino Mimetic (Symlin®)	Add requirement of 0.5% improvement in A1C
Anti-Acne	Waiting for American Academy of Dermatology to update guidelines, anticipated in November, 2014.
Apixaban (Eliquis)	Update criteria based on new FDA approved indications
Benzodiazepines	Require SSRI failure for GAD.
Biologic Immunomodulators	Add TB screening across all biologic immunomodulator PA forms.
Erythropoiesis Stimulating Agents	Require response to treatment.
Hepatitis C Antiviral Agents	Possibly allow other tests in addition to biopsy, as there have already been 33 appeals. Remove Incivek criteria.
Pulmonary Arterial Hypertension Agents	Limit access to responsive types, not smokers.
Testosterone Products	Update diagnosis for coverage based on recent FDA review.
Thrombopoietin Receptor Agonists	Update Promacta criteria for new indications.
Antiemetics	Look at increasing the number of ondansetron units allowed with out PA.
Topical corticosteroids (new)	Require multiple trials with preferred agents prior to a non-preferred agent.
Antineoplastics (new)	Universal PA form for oral agents - Check for diagnosis and dosing.
Immunoglobulin serums (new)	Look at utilization and determine if PA criteria is required.

Vorapaxar (Zontivity): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for vorapaxar (Zontivity™). Payment will be considered under the following conditions:

- 1. Patient has a history of myocardial infarction (MI) or peripheral artery disease; and*
- 2. Patient does not have a history of stroke, transient ischemic attack (TIA), intracranial bleeding, or active peptic ulcer; and*
- 3. Patient has documentation of an adequate trial and therapy failure with aspirin plus clopidogrel; and*
- 4. Patient will use vorapaxar concurrently with aspirin and/or clopidogrel.*

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

Mark Graber commented that there is no active coagulation for stints, and suggested requiring a second trial with Brillinta. An age limit was also suggested as this is not effective over age 75. This will be brought back to the next meeting.

Ceritinib (Zykadia): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for ceritinib (Zykadia™). Payment will be considered under the following conditions:

- 1. Patient has a diagnosis of metastatic non-small cell lung cancer (NSCLC) that is anaplastic lymphoma kinase (ALK)-positive as detected by an FDA-approved test (attach copy of results); and*
- 2. Patient is 18 years of age or older; and*
- 3. Prescribed by a oncologist; and*
- 4. Patient has documentation of treatment with crizotinib and the disease has progressed while on treatment or is intolerant to treatment.*
- 5. Liver function tests (ALT, AST, and total bilirubin) will be monitored at least monthly while on ceritinib.*

If criteria for coverage are met, initial requests will be given for 3 months. Requests for continuation of therapy will be considered with documentation patient has not experienced disease progression or unacceptable toxicity.

Brett Faine motioned to accept the criteria, and Jason Wilbur seconded. All members were in favor.

Chronic Pain Syndromes: The Commission reviewed the prior authorization criteria as follows:

A prior authorization is required for duloxetine (Cymbalta®), pregabalin (Lyrica®), and milnacipran (Savella™). For patients with a chronic pain diagnosis who are currently taking opioids, as seen in pharmacy claims, a plan to decrease and/or discontinue the opioid(s) must be provided with the initial request. Initial

authorization will be given for three (3) months. There must be a significant decrease in opioid use or discontinuation of opioid(s) after the initial three (3) month authorization for further consideration. Additional prior authorizations will be considered with documentation of a continued decrease in opioid utilization. Payment will be considered under the following conditions:

1. A diagnosis of **fibromyalgia** (Cymbalta[®], Lyrica[®], and Savella[™])
 - a. A trial and therapy failure at a therapeutic dose with gabapentin plus one of the following: tricyclic antidepressant, SSRI, or SNRI, **WITH**
 - b. Documented non-pharmacologic therapies (cognitive behavior therapies, exercise, etc.), **AND**
 - c. Documentation of a previous trial and therapy failure at a therapeutic dose with Savella[™] when Cymbalta[®] and Lyrica[®] are requested.
2. A diagnosis of **post-herpetic neuralgia** (Lyrica[®])

A trial and therapy failure at a therapeutic dose with gabapentin plus one of the following: tricyclic antidepressant, topical lidocaine, valproate, or carbamazepine.
3. A diagnosis of **diabetic peripheral neuropathy** (Cymbalta[®] and Lyrica[®])

A trial and therapy failure at a therapeutic dose with gabapentin plus one of the following: tricyclic antidepressant or topical lidocaine.
4. A diagnosis of **partial onset seizures**, as adjunct therapy (Lyrica[®])
5. A diagnosis of **major depressive disorder or generalized anxiety disorder** (Cymbalta[®])
6. A diagnosis of **chronic musculoskeletal pain** (Cymbalta[®])

A trial and therapy failure at a therapeutic dose with at least two drugs from two distinct therapeutic classes from the following: NSAIDs, opioids, tramadol, or tricyclic antidepressants.

Requests for concomitant use of these agents for an indicated chronic pain diagnosis may only be considered once each agent has been tried at maximum tolerated dose separately. Duplicate use of drugs from the same therapeutic category will not be considered. Requests for doses above the manufacturer recommended dose will not be considered.

Kellen Ludvigson motioned to accept the criteria as amended (chronic musculoskeletal pain), and Brian Couse seconded. All members were in favor. The recommendation will be sent to the Department for consideration.

Oral Immunotherapy: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for sublingual allergen immunotherapy. Payment will be considered under the following conditions:

1. Medication is prescribed in consultation with an allergist; and

2. *Patient is diagnosed with pollen-induced allergic rhinitis with or without conjunctivitis; and*
3. *Patient has documented trials and therapy failures with allergen avoidance and pharmacotherapy (intranasal corticosteroids and antihistamines); and*
4. *Patient has a documented intolerance to immunotherapy injections; and*
5. *The first dose has been administered under the supervision of a health care provider to observe for allergic reactions (date of administration and response required prior to consideration).*
6. *If patient receives other immunotherapy by subcutaneous allergen immunotherapy (SCIT), treatment of allergic rhinitis with sublingual allergen immunotherapy (SLIT) will not be approved.*

Short Ragweed Pollen (Ragwitek[®]) In addition to the above criteria being met:

- *Patient is 18 through 65 years of age; and*
- *Patient has a positive skin test or in vitro testing (pollen-specific IgE antibodies) to short ragweed pollen.*
- *If criteria for coverage are met, authorization will be considered at least 12 weeks before the expected onset of ragweed pollen season and continued throughout the season.*

Grass Pollen (Grastek[®] and Oralair[®]) In addition to the above criteria being met:

Grastek[®]

- *Patient is 10 through 65 years of age (Oralair[®]); and*
- *Patient has a positive skin test or in vitro testing (pollen-specific IgE antibodies) to sweet vernal, orchard/cocksfoot, perennial rye, timothy, and Kentucky blue/June grass.*
- *If criteria for coverage are met, authorization will be considered at least 4 months prior to the expected onset of each grass pollen season and continued throughout the grass pollen season; or*

Oralair[®]

- *Patient is 5 through 65 year of age (Grastek[®]); and*
- *Patient has a positive skin test or in vitro testing (pollen-specific IgE antibodies) to timothy grass (or cross reactive grasses such as sweet vernal, orchard/cocksfoot, perennial rye, Kentucky blue/June, meadow fescue, and redtop).*
- *If criteria for coverage are met, authorization will be considered at least 12 weeks before the expected onset of each grass pollen season.*

Jason Wilbur motioned to accept the criteria as amended, and Larry Ambroson and Brian Couse seconded simultaneously. All members were in favor. The recommendation will be sent to the Department for consideration.

Methotrexate Injection: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for non-preferred methotrexate injection. Payment will be considered under the following conditions:

1. *Diagnosis of severe, active rheumatoid arthritis (RA) or polyarticular juvenile idiopathic arthritis (pJIA) and ALL of the following:*
 - a. *Prescribed by a rheumatologist; and*
 - b. *Patient has a documented trial and intolerance with oral methotrexate; and*
 - c. *Patient has a documented trial and therapy failure or intolerance with at least one other non-biologic DMARD (hydroxychloroquine, leflunomide, minocycline or sulfasalazine); and*
 - d. *Patient's visual or motor skills are impaired to such that they cannot accurately draw up their own preferred generic methotrexate injection and there is no caregiver available to provide assistance; and*
 - e. *Patient does not reside in a long-term care facility.*
2. *Diagnosis of severe, recalcitrant, disabling psoriasis and ALL of the following:*
 - a. *Patient is 18 years of age or older; and*
 - b. *Prescribed by a dermatologist; and*
 - c. *Patient has documentation of an inadequate response to all other standard therapies (oral methotrexate, topical corticosteroids, vitamin D analogues, cyclosporine, systemic retinoids, tazarotene, and phototherapy).*
 - d. *Patient's visual or motor skills are impaired to such that they cannot accurately draw up their own preferred generic methotrexate injection and there is no caregiver available to provide assistance; and*
 - e. *Patient does not reside in a long-term care facility.*

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

As this was the second review of these criteria, no motion was necessary. The recommendation will be sent to the Department for consideration.

Tasimelteon (Hetlioz): The Commission reviewed the prior authorization criteria as follows:

- Prior authorization is required for tasimelteon (Hetlioz) Requests for doses above the manufacturer recommended dose will not be considered. Payment will be considered under the following conditions:*
1. *Patient has a diagnosis of Non-24-Hour Sleep-Wake Disorder (Non-24) as confirmed by a sleep specialist; and*
 2. *Patient is 18 years of age or older; and*
 3. *Documentation the patient is totally blind with no perception of light is provided; and*
 4. *Patient has a documented trial and therapy failure with at least one preferred sedative/hypnotic – non-benzodiazepine agent; and*
 5. *Patient has a documented trial and therapy failure with ramelteon (Rozerem).*
- If criteria for coverage are met, initial requests will be given for 3 months. Requests for continuation of therapy will be considered when the patient has received 3 months of continuous therapy and patient has achieved adequate results with tasimelteon (Hetlioz), such as entrainment, significant increases in nighttime sleep, and/or significant decreases in daytime sleep.*

As this was the second review of these criteria, no motion was necessary. The recommendation will be sent to the Department for consideration.

Apremilast (Otezla): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for apremilast (Otezla®). Payment will be considered under the following conditions:

- 1. Patient is 18 years of age or older; and*
- 2. Patient has a diagnosis of active psoriatic arthritis (≥ 3 swollen joints and ≥ 3 tender joints); and*
- 3. Prescribed by a rheumatologist or a dermatologist; and*
- 4. Patient does not have severe renal impairment ($\text{CrCl} < 30 \text{ mL/min}$); and*
- 5. Patient has documentation of a trial and inadequate response to therapy with the preferred oral DMARD, methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); and*
- 6. Patient has documentation of trials and therapy failures with two preferred biological agents used for psoriatic arthritis.*

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

As this was the second review of these criteria, no motion was necessary. The recommendation will be sent to the Department for consideration.

Palivizumab (Synagis): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for therapy with palivizumab. Prior authorizations will be approved for administration during the RSV season for a maximum of five doses per patient. No allowances will be made for a sixth dose. Patients, who experience a breakthrough RSV hospitalization, should have their monthly prophylaxis discontinued, as there is an extremely low likelihood of a second RSV hospitalization in the same season. Payment for palivizumab will be considered for patients who meet one of the following criteria:

Chronic Lung Disease (CLD) of Prematurity

- Patient is less than 12 months of age at start of therapy and develops CLD of prematurity (defined as gestational age less than 32 weeks and required greater than 21% oxygen for at least the first 28 days after birth).*
- Requests for patients during their second year of life (12 months to < 24 months) will be considered for patients meeting the CLD of prematurity definition above and continue to require medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) during the 6-month period before the start of the second RSV season.*

Hemodynamically Significant Congenital Heart Disease (CHD)

- Patient is less than 12 months of age at start of therapy and has hemodynamically significant CHD further defined by any of the following:*

- *Patient with acyanotic heart disease who is receiving medication to control congestive heart failure and will require cardiac surgical procedures or*
- *Patient with moderate to severe pulmonary hypertension.*
- *Requests for patients with cyanotic heart defects will be considered with documentation of consultation with a pediatric cardiologist that recommends patient receive palivizumab prophylaxis.*

Premature Infants (without CLD of Prematurity or CHD)

- *Patient is less than 12 months of age at start of therapy with a gestational age of less than 29 weeks.*

Children with Anatomic Pulmonary Abnormalities or Neuromuscular Disorder

- *Patient is 12 months of age or younger at the start of therapy and has either severe neuromuscular disease or congenital anomaly that impairs the ability to clear secretions from the upper airway due to an ineffective cough.*

Immunocompromised Children

- *Patient is less than 24 months of age at start of therapy and is profoundly immunocompromised during the RSV season (e.g., severe combined immunodeficiency, advanced acquired immunodeficiency syndrome, receiving chemotherapy).*

Pam Smith consulted other states on their criteria for the upcoming RSV season; only a few who accepted the supplemental rebate offer, contingent upon not updating their criteria, would not be adopting the new AAP guidelines. Wellmark will also be adopting the new guidelines, and the Iowa AAP is also supports the new AAP guidelines. As this was the second review of these criteria, no motion was necessary. The recommendation will be sent to the Department for consideration.

Miscellaneous

DUR Digest: The Commission members reviewed the draft for DUR Digest Volume 27, Number 1.

MedWatch: The Commission members received FDA announcements concerning new Black Box Warnings.

Off-label Pharmaceutical Marketing: The Commission members received copies of the information provided by CMS on this topic.

A unanimous roll call vote was made at 11:50 to adjourn the meeting and move to closed session (motion by Brian Couse, second by Jason Wilbur).

The next meeting will be held at 9:30 a.m. on Wednesday, December 3, 2014, at the Learning Resource Center in West Des Moines.

Iowa Medicaid Drug Utilization Review Commission

Meeting Minutes December 3, 2014

Attendees:

Commission Members

Mark Graber, M.D., FACEP, MSHCE; Laurie Pestel, Pharm.D.; Gregory Barclay, M.D.; Kellen Ludvigson, Pharm.D.; Larry Ambroson, R.Ph.; Brett Faine, Pharm.D.; Brian Couse, M.D.; Jason Wilbur, M.D.; and Susan Parker, Pharm.D.

Staff

Pam Smith, R.Ph.

Guests

Erin Halverson, R.Ph., IME; Megan Smith, Pharm.D., IME; and Melissa Biddle, IME.

Welcome & Introductions

Mark Graber called the meeting to order at 9:32 a.m. at the Learning Resource Center in West Des Moines. The minutes from the October 1, 2014 meeting were reviewed. Brian Couse motioned to accept them, and Kellen Ludvigson and Gregory Barclay seconded simultaneously. All members were in favor. The recommendation letter sent to DHS after the last meeting, the letter sent to the P&T Committee by the DUR Commission recommending niacin products be made non-preferred on the PDL, and the annual Federal and State DUR reports were also reviewed.

IME Updates

As of December 1, 2014, Iowa Medicaid is now covering an additional 9,700 members previously enrolled in CoOpportunity under the Iowa Health and Wellness Plan (IHAWP), as CoOpportunity has withdrawn participation in the Marketplace. The State is currently working with CMS to establish ongoing options for these individuals that had been enrolled in the Marketplace Choice Plan, but these members will remain in the Wellness Plan until options are explored with CMS. Prescribers and members have received notification. DHS is working on budget issues, and the legislative session starts in mid-January. As requested at the last meeting, Pam Smith provided more information as to how the IME Lock-in department identifies members for their program. Parameters include: the number of controlled substances, different prescribers of controlled substances, multiple pharmacies, number and days supply of the controlled substances, exclusivity of short-acting opioids, multiple ER visits, along with other things such as diagnosis of poisoning by a prescribed controlled substance or if the member is seeing multiple providers for the same diagnosis. Diagnoses and eligibility are also incorporated into the score algorithm, and members are locked in for 24 months once they have been identified. Members with a malignancy or tumor are excluded. There are currently about 1800 members in the lock-in program.

Prevalence Report Summary

Statistics from September through October 2014 were discussed, including: cost per user (\$298.51), number of total prescriptions dispensed (an increase of 9.4% compared to the previous reporting period), average cost per prescription (\$60.27), and generic utilization (83.7%). The total paid amount increased by 8.4% from the previous reporting period. There were 198,167 unique users, which is 8.4% more than the total for July and August. Lists of the top 20 therapeutic classes were provided. SSRIs had the highest prescription count, and Anticonvulsants came in second. The top 100 drugs were also reviewed. The ten most expensive medications were: Abilify, Vyvanse, methylphenidate hcl er, Lantus, Focalin XR, Cymbalta, Advate, Ventolin HFA, Advair Diskus, and Strattera.

Case Studies

Pam Smith presented 4 case studies. Recommendations by Commissioners from these four examples resulted in annualized total savings of \$11,496.61 pre-rebate (state and federal).

Public Comment

Name	Representing	Drug/Topic
Paul Miner	Gilead	Sovaldi and Harvoni
Kendig Bergstresser	Celgene	Otezla
Michael Voight	Patient Representative	Hepatitis C PA Criteria
Antonio Sanchez	University of Iowa Liver Transplant Center	Harvoni
Donald Hildebrand	UnityPoint (Gilead and Abbvie Speaker Bureaus)	Harvoni
Jennifer Stoffel	Janssen	Olysio
Tyler Whisman	Novartis	Zykadia and Exjade

Focus Studies

Three or More Antiepileptics with a Seizure Diagnosis: This was a follow-up discussion. Fifty-three (53) of the 291 members identified changed therapy, for an annualized cost savings of \$255,021.08 (state and federal, pre-rebate) as a result of the 751 surveys sent out to prescribers and pharmacies. A total of 312 (41.54%) surveys were returned.

Three or More Antiepileptics without a Seizure Diagnosis: This was a follow-up discussion. Ten (10) of the 25 members identified changed therapy, increasing the annual cost by \$3,832.96 (state and federal, pre-rebate) due to pre-rebate costs being reported, as a result of the 73 surveys sent out to prescribers and pharmacies. A total of 29 (39.73%) surveys were returned.

Memantine Utilization without a Valid Diagnosis: This was a follow-up discussion. Nineteen (19) of the 51 members identified changed therapy, for an annualized cost savings of \$42,567.64 (state and federal, pre-rebate) as a result of the 108 surveys sent out to prescribers and pharmacies. A total of 48 (44.44%) surveys were returned.

Duloxetine Dose Greater than 120mg per Day: This was a follow-up discussion. Both of the members identified lost Medicaid eligibility since October 1, 2013. Four surveys had been sent out to prescribers and pharmacies, but only 1 (25%) of the surveys was returned.

High Dose Stimulants in Children: The providers of members exceeding 40mg per day of immediate-release amphetamine salt combo tablets will be contacted to ask if the dose could be decreased to a maximum of 40mg per day. Additionally, the providers of members exceeding 60mg per day of immediate-release methylphenidate tablets will be contacted to ask if the dose could be decreased to a maximum of 60mg per day. The Commission suggested looking into all stimulants, including long-acting, or those on combinations of long and short acting. Pam Smith agreed that the quantity limits on the long-acting stimulants needed to be adjusted, and will bring recommendations back to the next meeting.

Benzodiazepine Dosing: Letters will be sent to the prescribers of members combining two or more benzodiazepines concomitantly, and also those prescribing benzodiazepines without an SSRI or SNRI in patients that have an anxiety diagnosis. Pam Smith will break down the claims data to help determine appropriate quantity limits. She will also look at alprazolam usage to determine the impact of these limits. Erin Halverson suggested lowering the quantity limits slowly prior to adding a duplicate edit to control access to multiple strengths.

Public Comment

There were no additional public speakers.

Prior Authorization

Hepatitis C Agents: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for direct-acting oral antiviral agents against the hepatitis C virus. Requests for non-preferred agents may be considered when documented evidence is provided that the use of the preferred agents would be medically contraindicated. Payment will be considered under the following conditions:

1. *Patient is 18 years of age or older; and*
2. *Patient's prior treatment history is provided (treatment naïve, prior null responder, partial responder, or relapser); and*
3. *Documentation of viral load taken within 6 months before beginning therapy; and*
4. *Viral load will be submitted by prescriber 12 weeks after completion of therapy; and*
5. *If patient has a history of failed treatment due to non-compliance, documentation that steps have been taken to correct or address the causes of non-compliance are provided; and*
6. *For patients on a regimen containing ribavirin, the following must be documented on the PA form:*
 - a) *Patient is not a pregnant female or a male with a pregnant female partner;*

- and*
- b) Women of childbearing potential and their male partners must use two forms of effective contraception (non-hormonal contraception for patients taking Sovaldi™) during treatment and for at least 6 months after treatment has concluded; and*
 - c) Documentation that routine monthly pregnancy tests are performed during this time; and*
- 7. Patient has abstained from the use of illicit drugs and alcohol for a minimum of three (3) months as evidenced by a negative urine confirmation test; and*
 - 8. Prescriber is an infectious disease specialist, gastroenterologist, hepatologist or other hepatitis specialist.*
 - 9. Where applicable, requests for peg-interferon alfa free regimens will be considered on a case-by-case basis for patients with hepatitis C genotype 1 or 4 where peg-interferon alfa is contraindicated. Contraindications include: documented life-threatening side effects; decompensated hepatic disease; autoimmune hepatitis and other autoimmune disorders; a baseline neutrophil count below 1500/ μ L, a baseline platelet count below 90,000/ μ L, or a baseline hemoglobin below 10g/dL; or a history of preexisting unstable cardiac disease.*
 - 10. Non-FDA approved or non-compensated combination therapy regimens will not be approved.*
 - 11. If patient is recently eligible for Iowa Medicaid, and has been started and stabilized on therapy while covered under a different plan, documentation of how long the patient has been on medication will be required. Patient will be eligible for the remainder of therapy needed, based on established length of therapy for the particular treatment (defined below).*
 - 12. Lost or stolen medication replacement requests will not be authorized.*
 - 13. The 72-hour emergency supply rule does not apply to oral hepatitis C antiviral agents.*

Victrelis

- Patient has a documented diagnosis of hepatitis C genotype 1; and*
- Administered in combination with peg-interferon alfa and ribavirin; and*
- Patient does not have HIV co-infection; and*
- Patient does not have decompensated cirrhosis; and*
- Patient has not previously tried or failed therapy with a hepatitis C protease inhibitor; and*
- HCV-RNA results are required at treatment week 8, 12, and 24 (including lead in period) for boceprevir (Victrelis™).*
- Additional prior authorizations will be considered with documentation of response to treatment, measured by HCV-RNA levels.*
- Prior authorizations will be approved for a maximum of 24, 32, or 44 weeks of therapy with boceprevir (Victrelis™) based on response.*

Olysio

- Patient has a documented diagnosis of hepatitis C genotype 1; and*

- Administered in combination with peg-interferon alfa and ribavirin; and
- Patient does not have HIV co-infection; and
- Patient does not have the NS3 Q80K polymorphism with hepatitis C genotype 1a; and
- The patient is not receiving dialysis or does not have a CrCl < 30 mL/min; and
- Patient has not previously tried or failed therapy with a hepatitis C protease inhibitor; and
- HCV-RNA results are required at treatment week 4 for simeprevir (Olysio™).
- Additional prior authorizations will be considered with documentation of response to treatment, measured by HCV-RNA levels.
- A maximum 12 weeks of therapy will be allowed.

Sovaldi

- The patient is not receiving dialysis or does not have a CrCl < 30 mL/min; and
- Patient does not have decompensated cirrhosis; and
- Documentation the patient has advanced liver disease stage 3 or greater fibrosis as confirmed by one of the following indicators related to staging of liver fibrosis (attach test results/documentation):
 - Liver biopsy confirming a Metavir score \geq F3; or
 - Transient elastography (FibroScan) score \geq 9.5kPa; or
 - FibroSURE (FibroTest) score \geq 0.58; or
 - APRI score > 1.5; or
 - Radiological imaging consistent with cirrhosis (i.e. evidence of portal hypertension); and
 - Physical findings or clinical evidence consistent with cirrhosis.
- Dosing and length of therapy will be based on the following:
 - **Genotype 1:** Patient has a documented diagnosis of hepatitis C genotype 1 (mono-infected or HCV/HIV co-infected) and used in combination with peg-interferon alfa and ribavirin. A maximum 12 weeks therapy will be allowed.
 - **Genotype 2:** Patient has a documented diagnosis of hepatitis C genotype 2 (mono-infected or HCV/HIV co-infected) and used in combination with ribavirin. A maximum 12 weeks of therapy will be allowed.
 - **Genotype 3:** Patient has a documented diagnosis of hepatitis C genotype 3 (mono-infected or HCV/HIV co-infected) and used in combination with ribavirin. A maximum 24 weeks of therapy will be allowed.
 - **Genotype 4:** Patient has a documented diagnosis of hepatitis C genotype 4 (mono-infected or HCV/HIV co-infected) and used in combination with peg-interferon alfa and ribavirin. A maximum 12 weeks of therapy will be allowed.
- **Hepatocellular carcinoma:** Patient has a documented diagnosis of hepatitis C genotype 1, 2, 3, 4 with a diagnosis of hepatocellular carcinoma meeting Milan criteria (awaiting liver transplantation) and in combination with ribavirin for up to 48 weeks or until liver transplantation, whichever comes first. Milan criteria are defined as:
 - One lesion smaller than 5 cm in diameter for subjects with a single lesion;
 - Up to 3 lesions smaller than 3 cm in diameter in subjects with multiple lesions;

- *No extrahepatic manifestations;*
- *No vascular invasion.*

Harvoni

- *Patient has documentation of hepatitis C genotype 1a or 1b; and*
- *The patient is not receiving dialysis or does not have a CrCl < 30 mL/min; and*
- *Patient is not co-infected with hepatitis B or HIV; and*
- *Patient does not have decompensated liver disease; and*
- *Patient has a contraindication to a preferred peg-interferon alfa plus ribavirin based regimen (e.g. sofosbuvir + peg-interferon + ribavirin); and*
- *Documentation the patient has advanced liver disease as confirmed by one of the following indicators related to staging of liver fibrosis (attach test results/documentation):*
 - *Liver biopsy confirming a Metavir score \geq F3; or*
 - *Transient elastography (FibroScan) score \geq 9.5kPa; or*
 - *FibroSURE (FibroTest) score \geq 0.58; or*
 - *APRI score > 1.5; or*
 - *Radiological imaging consistent with cirrhosis (i.e. evidence of portal hypertension); and*
 - *Physical findings or clinical evidence consistent with cirrhosis.*
- *Dosing and length of therapy will be based on the following:*
 - *Patient is treatment-naïve without cirrhosis and has a documented pre-treatment baseline HCV RNA less than 6 million IU/mL. A maximum 8 weeks of therapy will be allowed; or*
 - *Patient is treatment-naïve with or without cirrhosis and has a documented pre-treatment baseline HCV RNA greater than 6 million IU/mL. A maximum 12 weeks of therapy will be allowed; or*
 - *Patient is treatment-experienced without cirrhosis and experienced failure with a previous treatment regimen that included either peg-interferon alfa + ribavirin or an HCV protease inhibitor + peg-interferon alfa + ribavirin. A maximum 12 weeks of therapy will be allowed; or*
 - *Patient is treatment-experienced with cirrhosis and experienced failure with a previous treatment regimen that included either peg-interferon alfa + ribavirin or an HCV protease inhibitor + peg-interferon alfa + ribavirin. A maximum 24 weeks of therapy will be allowed.*

Jason Wilbur motioned to accept the criteria as modified, and Brian Couse seconded. All members were in favor. Criteria will be sent to the medical and pharmacy associations for comment.

Deferasirox (Exjade): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for deferasirox. Payment will be considered under the following conditions:

1. Patient does not have a serum creatinine greater than 2 times the age-appropriate upper limit of normal or creatinine clearance $<40\text{mL}/\text{min}$; and
2. Patient does not have a poor performance status; and
3. Patient does not have a high-risk myelodysplastic syndrome; and
4. Patient does not have advanced malignancies; and
5. Patient does not have a platelet count $<50 \times 10^9/\text{L}$.

Transfusional Iron Overload

Initiation of Therapy

1. Patient is 2 years of age or older; and
2. Patient has documentation of iron overload related to anemia (attach documentation); and
3. Patient has documentation of a recent history of frequent blood transfusions that has resulted in chronic iron overload; and
4. Serum ferritin is consistently $>1000\text{ mcg}/\text{L}$ (attach lab results dated within the past month); and
5. Starting dose does not exceed $20\text{mg}/\text{kg}/\text{day}$. Calculate dose to the nearest whole tablet.
6. Initial requests will be considered for up to 3 months.

Continuation of Therapy

1. Serum ferritin has been measured within 30 days of continuation of therapy request (attach lab results); and
2. Ferritin levels are $>500\text{mcg}/\text{L}$; and
3. Dose does not exceed $40\text{mg}/\text{kg}/\text{day}$.

Non-Transfusional Iron Overload

Initiation of Therapy

1. Patient is 10 years of age or older; and
2. Patient has documentation of iron overload related to anemia (attach documentation); and
3. Serum ferritin and liver iron concentration (LIC) has been measured within 30 days of initiation (attach lab results); and
4. Serum ferritin levels are $>300\text{mcg}/\text{L}$.
5. Liver iron concentration (LIC) are $>3\text{mg Fe}/\text{g dw}$; and
6. Dose does not exceed $10\text{mg}/\text{kg}/\text{day}$ (if LIC is $<15\text{mg Fe}/\text{g dw}$), or $20\text{mg}/\text{kg}/\text{day}$ (if LIC is $>15\text{mg Fe}/\text{g dw}$).
7. Initial authorization will be considered for up to 6 months.

Continuation of Therapy

1. Serum ferritin and LIC have been measured within 30 days of continuation of therapy request; and
2. Serum ferritin levels are $>300\text{mcg}/\text{L}$; and
3. Liver iron concentration (LIC) is $>3\text{mg Fe}/\text{g dw}$; and

4. Dose does not exceed 10mg/kg/day (if LIC is 3 to 7mg Fe/g dw) or 20mg/kg/day (if LIC is >7mg Fe/g dw).

Kellen Ludvigson motioned to accept the criteria as modified, and Brian Couse seconded. All members were in favor. Criteria will be sent to the medical and pharmacy associations for comment.

Vorapaxar (Zontivity): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for vorapaxar (Zontivity™). Payment will be considered under the following conditions:

1. Patient has a history of myocardial infarction (MI) or peripheral artery disease; and
2. Patient does not have a history of stroke, transient ischemic attack (TIA), intracranial bleeding, or active peptic ulcer; and
3. Patient has documentation of an adequate trial and therapy failure with aspirin plus clopidogrel; and
4. Patient will use vorapaxar concurrently with aspirin and/or clopidogrel.

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

Brett Faine and Kellen Ludvigson simultaneously motioned to accept the criteria as modified, and Brian Couse seconded. All members were in favor. Criteria will be sent to the medical and pharmacy associations for comment.

Ceritinib (Zykadia): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for ceritinib (Zykadia™). Payment will be considered under the following conditions:

1. Patient has a diagnosis of metastatic non-small cell lung cancer (NSCLC) that is anaplastic lymphoma kinase (ALK)-positive as detected by an FDA-approved test (attach copy of results); and
2. Patient is 18 years of age or older; and
3. Prescribed by a oncologist; and
4. Patient has documentation of treatment with crizotinib and the disease has progressed while on treatment or is intolerant to treatment.
5. Liver function tests (ALT, AST, and total bilirubin) will be monitored at least monthly while on ceritinib.

If criteria for coverage are met, initial requests will be given for 3 months. Requests for continuation of therapy will be considered with documentation patient has not experienced disease progression or unacceptable toxicity.

As this was the second review of these criteria, no motion was necessary. The recommendation will be sent to the Department for consideration.

ProDUR Edit

Antipsychotics – Age Edit and Duplicate Therapy Edit: The DUR Commission also discussed the Mental Health Advisory Group's (MHAG) comments on the recommendations the DUR Commission initially made in April 2012 to implement ProDUR edits on antipsychotics in members less than 18 years of age. Specifically, the recommendation was to: 1) implement an age edit on risperidone for members less than five (5) years of age and an age edit on all other antipsychotics for members less than six (6) years of age; and 2) apply a duplicate therapy edit to all antipsychotics. The MHAG wondered if the age edits on haloperidol and chlorpromazine should be lowered to 3 years of age and six months of age respectively, to match the FDA standards. After discussion, the Commission continues to support implementation of the aforementioned ProDUR edits, tentatively scheduled for implementation in the summer of 2015. The members feel the age edits should not be lowered for haloperidol and chlorpromazine, and that requiring prior authorization for cases in which the prescribers want to use these medications for young children would be a good idea to confirm appropriate use. Prior to initiation of these edits, an informational letter will be sent to all providers, to encourage changes to drug regimen or submission of a PA prior to implementation of the edits and prior to discharge. Soft edits will also be programmed into the Point of Sale (POS) system indicating the claim(s) will deny for a PA at the specific date indicated, which should prompt the pharmacy to notify the prescriber. A draft of a FAQ document, which will likely be attached to the upcoming informational letter, was also provided. It covered topics such as how the ProDUR edits work in the POS system, the prior authorization process, and which antipsychotic medications would require prior authorization due to the new ProDUR edits. Chronic concurrent use will be considered on a case by case basis, but should be avoided if possible. A POS edit for a 30 day grace period to allow for tapering is being explored to decrease the need for PA when transitioning from one agent to another.

Miscellaneous

DUR Digest: The Commission members reviewed the draft for DUR Digest Volume 27, Number 2. No changes were recommended. It will be brought back to the next meeting for final review.

MedWatch: The Commission members received FDA announcements regarding: methylphenidate hcl er tablets made by Mallinckrodt and Kudco; FDA approval of extended-release, single-entity hydrocodone product with abuse-deterrent properties; warning of case of rare brain infection PML with Tecfidera; and FDA approval of first combination pill to treat hepatitis C.

New York Times Article – Cystic Fibrosis Foundation: The Commission members received copies of this recent article detailing the Cystic Fibrosis Foundation deal that allows for the foundation to receive 3.3 billion from selling the rights to royalties of drugs developed for the lung disease.
<http://www.nytimes.com/2014/11/19/business/for-cystic-fibrosis-foundation-venture->

[yields-windfall-in-hope-and-cash.html](#)

A unanimous roll call vote was made at 11:50 to adjourn the meeting and move to closed session (motion by Brian Couse, second by Jason Wilbur).

The next meeting will be held at 9:30 a.m. on Wednesday, February 4, 2015, at the Learning Resource Center in West Des Moines.

Iowa Medicaid Drug Utilization Review Commission

Meeting Minutes February 4, 2015

Attendees:

Commission Members

Brian Couse, M.D.; Kellen Ludvigson, Pharm.D.; Mark Graber, M.D., FACEP (via phone); Laurie Pestel, Pharm.D. (via phone); Larry Ambrosion, R.Ph. (via phone); Brett Faine, Pharm.D. (via phone); Jason Wilbur, M.D. (via phone); and Susan Parker, Pharm.D.

Staff

Pam Smith, R.Ph.

Guests

Chuck Wadle, D.O., Magellan; Jason Kessler, M.D., IME; Erin Halverson, R.Ph., IME; and Melissa Biddle, IME.

Welcome & Introductions

Pam Smith called the meeting to order at 9:32 a.m. at the Learning Resource Center in West Des Moines, as both the chairperson and vice-chairperson were attending via phone. In total, five Commission members attended via phone, because attending in person was impractical due to inclement weather. The minutes from the December 3, 2014 meeting were reviewed. Mark Graber motioned to accept them, and Brian Couse seconded. All members were in favor. The recommendation letter sent to DHS after the last meeting was also reviewed.

IME Updates

More than 115,000 members are now enrolled in the Iowa Health and Wellness Plan (IHAWP). As of December 1, 2014, Iowa Medicaid is now covering an additional 9,700 members previously enrolled in CoOpportunity under IHAWP, as CoOpportunity has withdrawn participation in the marketplace. Governor Brandstad has announced plans to modernize Medicaid and bring some budget predictability to the program. More details will be provided in the coming weeks. Public meetings will be scheduled once information is available. The Complex Pharmaceutical Oversight Program (CPOP), which provides oversight of clinically complex and high-cost drugs, went into effect on January 1, 2015. The pharmacist who provides oversight for this program will hopefully be able to provide an overview at the next meeting. During closed session profile reviews at the last meeting, it was suggested a maximum dose on Vimpat be implemented, as well as a duplicate therapy edit on beta-blockers, splitting out the propranolol. The Commission would like to address these issues at a future meeting.

Prevalence Report Summary

Statistics from November through December 2014 were discussed, including: cost per user (\$307.69), number of total prescriptions dispensed (a decrease of 1.4%

compared to the previous reporting period), average cost per prescription (\$64.27), and generic utilization (83.7%). The total paid amount increased by 4.7% from the previous reporting period. There were 199,594 unique users, which is 1.9% more than the total for September and October. Lists of the top 20 therapeutic classes were provided. SSRIs had the highest prescription count, and Anticonvulsants came in second. The top 100 drugs were also reviewed. The ten most expensive medications were: Abilify, Vyvanse, methylphenidate hcl er, Advate, Lantus, Focalin XR, Cymbalta, Synagis, Strattera, and Tamiflu.

Case Studies

Pam Smith presented 4 case studies. Recommendations by Commissioners from these four examples resulted in annualized total savings of \$2,494.32 pre-rebate (state and federal).

Public Comment

Name	Representing	Drug/Topic
Alan Koslow	Heartland Vascular	apixiban
Nancy Bell	Pfizer	apixiban
Diane Hannah	Celgene	Otezla

ProDUR Edits

ADD/ADHD/Narcolepsy Agents: The DUR Commission discussed implementing quantity limits on multiple stimulant medications. The members requested data to be brought back to the next meeting to determine the impact to prescribers and prior authorization department of implementing these quantity limits and to seek input from the medical and pharmacy associations regarding the proposed quantity limits. Blocking multiple strengths was also suggested, and IME staff will look into this possibility. Current recommendations (applies to both brand and generic agents) are as follows:

Drug	Proposed Quantity Limit Per 30 Days	Current Quantity Limit Per 30 Days
Adderall 12.5mg tablet	90	120
Adderall 20mg tablet	90	120
Concerta 18mg tablet	30	60
Concerta 27mg tablet	30	60
Concerta 54mg tablet	30	60
Focalin IR tablet (all strengths)	60	None
Focalin XR 5mg	30	60
Focalin XR 10mg	30	60
Focalin XR 15mg	30	90
Focalin XR 20mg	30	60
Focalin XR 25mg	30	60
Focalin XR 30mg	30	60
Ritalin IR (all strengths)	90	None

Focus Studies

Sublingual/Translingual Nitroglycerin Utilization: This was a follow-up discussion. Twelve of the 16 members identified changed therapy, for an annualized cost savings of \$1,769.12 (state and federal, pre-rebate) as a result of the 43 surveys sent out to prescribers and pharmacies. There were 19 (44.19%) surveys returned.

Chronic Transdermal Scopolamine Utilization: This was a follow-up discussion. Thirteen of the 34 members identified changed therapy, for an annualized cost savings of \$21,112.16 (state and federal, pre-rebate) as a result of the 71 surveys sent out to prescribers and pharmacies. There were 29 (40.85%) surveys returned.

Benzodiazepine Dosing: At the October 2014 meeting, the Commission expressed and interest in reviewing the quantity limits on all benzodiazepines, and also looking at the numbers on combination therapy. Letters were sent to the prescribers of the members identified as using duplicate benzodiazepines to ask if the patient could be adequately controlled on one agent. The Commission had also requested to update the data on number of units by dosage form and that maximum dose data be refined, to exclude those patients that may have received two fills of the benzodiazepine in the same month. After reviewing the updated data, the DUR Commission discussed lowering the quantity limits on select benzodiazepines (alprazolam, clonazepam, lorazepam) to 120 units per 30 days. Duplicate therapy edits may be discussed at a later date. Letters will be sent to prescribers of members exceeding the proposed limits. Current recommendations are as follows:

Drug	Proposed Quantity Limit Per 30 Days	Current Quantity Limit Per 30 Days
Alprazolam IR tablet (all strengths)	120	150
Clonazepam tablet (all strengths)	120	150
Lorazepam tablet (all strengths)	120	150

Long-Acting Plus Short-Acting Stimulants in Children: The Commission would like to begin by implementing the new quantity limits mentioned above, then revisit this topic again in at least six months to see if there has been improvement.

Medication Adherence for Antidiabetics, Antihypertensives, and Statins: IME Member Services will be contacted to see if they already do member outreach and discuss the possibility of sending letters if not. Laurie Pestel mentioned that Hy-Vee now has a compliance report in their system. The Commission also wondered if a message could be added to the POS system, potentially even blocking the claim from payment. Erin will look into this, and evaluate its impact to IME staff and pharmacies.

Public Comment

There were no additional public speakers.

Prior Authorization

Apixaban (Eliquis): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for apixaban (Eliquis®). Payment will be considered under the following conditions:

- 1. Patient does not have a mechanical prosthetic heart valve; and*
- 2. Patient does not have active pathological bleeding.*

Atrial Fibrillation

- *Patient has a diagnosis of non-valvular atrial fibrillation; with*
- *Documentation of a previous trial and therapy failure with warfarin (TIA, stroke, or inability to maintain a therapeutic INR with a minimum 6 month trial); and*
- *Presence of at least one additional risk factor for stroke, with a CHADS2 score ≥ 1 .*
- *Requests will be considered for the following dosing:*
 - *5mg twice daily; or*
 - *2.5mg twice daily in patients with any two (2) of the following:*
 - *Age ≥ 80 years*
 - *Body weight ≤ 60 kg*
 - *Serum creatinine ≥ 1.5 mg/dL.*

Treatment and Prevention of DVT or PE

- *Patient has documentation of a previous trial and therapy failure with warfarin (TIA, stroke, or inability to maintain a therapeutic INR with a minimum 6 month trial).*
- *Requests will be considered for the following dosing:*
 - *Initial Treatment of DVT or PE: 10mg twice daily for 7 days, followed by 5mg twice daily up to 12 months of treatment.*
 - *Prevention of DVT or PE following initial therapy with standard anticoagulation therapy for 6 to 12 months of treatment for DVT or PE: 2.5mg twice daily*

Prophylaxis of DVT following hip or knee replacement surgery

- *Requests will be considered when the patient has contraindications to use of the preferred agent(s).*
- *Requests will be considered for the following dosing:*
 - *Hip replacement: 2.5mg twice daily for up to 35 days following hip replacement; or*
 - *Knee replacement: 2.5mg twice daily for up to 12 days after knee replacement.*

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

Jason Wilbur motioned to accept the criteria, and Brett Faine seconded. All members were in favor. The recommended PA criteria will be sent to the medical/pharmacy associations for comment and brought back to the next DUR meeting. The DUR Commission also made a recommendation that the P&T Committee conduct an overall cost comparison of the Novel Oral Anticoagulants (NOACs) versus warfarin to determine if one or more of these agents could be available to members without requiring a warfarin trial. When looking at costs for warfarin, the DUR Commission would like the following factors to be taken into account: the costs for INR monitoring, frequent office visits to stabilize INR, and bridging therapy while patient is being stabilized on warfarin.

Thrombopoietin Receptor Agonists: The Commission reviewed the prior authorization criteria as follows:

Payment for a preferred thrombopoietin receptor agonist will only be considered for cases in which there is a diagnosis of chronic immune thrombocytopenic purpura (ITP) including documentation of an insufficient response to a corticosteroid, an immunoglobulin, or the patient has undergone a splenectomy.

Payment for eltrombopag (Promacta®) for the treatment of chronic hepatitis C associated thrombocytopenia will only be considered to allow for initiation and/or maintenance of interferon-based therapy with ribavirin when the patient has a baseline platelet count less than $75 \times 10^9/L$. Requests will not be considered under the following conditions:

- 1. Patients taking direct acting antiviral agents for the treatment of chronic hepatitis C infection in addition to interferon based therapy with ribavirin.*
- 2. Patients taking direct acting antiviral agents used without interferon for treatment of chronic hepatitis C infection.*
- 3. Patients with decompensated liver disease with a Child-Pugh score > 6 (Class B & C).*
- 4. Patients with a history of ascites.*
- 5. Patients with hepatic encephalopathy.*

Payment for eltrombopag (Promacta®) for the treatment of severe aplastic anemia will only be considered under the following conditions:

- 1. Patient has documentation of an insufficient response or intolerance to at least one prior immunosuppressive therapy; and*
- 2. Patient has a platelet count less than or equal $30 \times 10^9/L$.*
- 3. If criteria for coverage are met, initial authorization will be given for 16 weeks. Documentation of hematologic response after 16 weeks of therapy will be required for further consideration.*

Payment for a non-preferred thrombopoietin receptor agonist will be considered following documentation of a recent trial and therapy failure with a preferred thrombopoietin receptor agonist unless such a trial would be medically contraindicated.

Brian Couse motioned to accept the criteria, and Larry Ambrosion seconded. All members were in favor. The recommended PA criteria will be sent to the medical/pharmacy associations for comment and brought back to the next DUR meeting.

Testosterone Products: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for testosterone products. Payment will be considered with documentation of a specific testicular or hypothalamic/pituitary disease (primary hypogonadism or hypogonadotropic hypogonadism) that results in classic hypogonadism. Requests for FDA approved indications other than hypogonadism will not be subject to prior authorization criteria with adequate documentation of diagnosis. Payment for non-preferred testosterone products will be authorized only for cases in which there is documentation of previous trials and therapy failures with two preferred agents. Requests for erectile dysfunction, infertility, and age-related hypogonadism will not be considered. Payment will be considered under the following conditions:

1. *Patient is male and 18 years of age or older (or 12 years of age and older for testosterone cypionate); and*
2. *Patient has two (2) morning pre-treatment testosterone levels below the lower limit of the normal testosterone reference range of the individual laboratory used (Please attach lab results); and*
3. *Patient has primary hypogonadism or hypogonadotropic hypogonadism (further defined below):*
 - *Primary hypogonadism (congenital or acquired) caused by testicular failure due to one of the following:*
 - ⊖ *Cryptorchidism*
 - ⊖ *Bilateral torsion*
 - ⊖ *Orchitis*
 - ⊖ *Vanishing testes syndrome,*
 - ⊖ *Orchiectomy*
 - ⊖ *Klinefelter's syndrome,*
 - ⊖ *Chemotherapy*
 - ⊖ *Toxic damage from alcohol or heavy metals*
 - *Hypogonadotropic hypogonadism*
 - ⊖ *Idiopathic gonadotropin or lutenizing hormone-releasing (LHRH) deficiency*
 - ⊖ *Pituitary-hypothalamic injury from tumors, trauma, or radiation*
4. *Patient does not have:*
 - *Breast or prostate cancer*

- *Palpable prostate nodule or prostate-specific antigen (PSA) > 4ng/mL*
- *Hematocrit > 50%*
- *Untreated severe obstructive sleep apnea*
- *Severe lower urinary tract symptoms*
- *Uncontrolled or poorly controlled heart failure*

Requests for continuation of therapy will require the following:

1. *An updated testosterone level (Please attach lab result); and*
2. *Documentation the patient has not experienced a hematocrit > 54% or an increase in PSA > 1.4ng/mL in the past 12 months.*

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

Brian Couse motioned to accept the criteria, and Mark Graber seconded. All members were in favor. The recommended PA criteria will be sent to the medical/pharmacy associations for comment and brought back to the next DUR meeting.

Apremilast (Otezla): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for apremilast (Otezla®). Payment will be considered under the following conditions:

1. *Patient is 18 years of age or older; and*
2. *Patient has a diagnosis of active psoriatic arthritis (≥ 3 swollen joints and ≥ 3 tender joints) or*
3. *Patient has a diagnosis of moderate to severe plaque psoriasis; and*
4. *Prescribed by a rheumatologist or a dermatologist; and*
5. *Patient does not have severe renal impairment (CrCl < 30mL/min).*

Psoriatic Arthritis

- *Patient has documentation of a trial and inadequate response to therapy with the preferred oral DMARD, methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); and*
- *Patient has documentation of trials and therapy failures with two preferred biological agents used for psoriatic arthritis.*

Plaque Psoriasis

- *Patient has documentation of a trial and inadequate response to phototherapy, systemic retinoids, methotrexate, or cyclosporine; and*
- *Patient has documentation of trials and therapy failures with two preferred biological agents.*

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

Mark Graber motioned to accept the criteria, and Jason Wilbur seconded. All members were in favor. The recommended PA criteria will be sent to the medical/pharmacy associations for comment and brought back to the next DUR meeting.

Hepatitis C Agents: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for direct-acting oral antiviral agents against the hepatitis C virus. Requests for non-preferred agents may be considered when documented evidence is provided that the use of the preferred agents would be medically contraindicated. Payment will be considered under the following conditions:

- 1. Patient is 18 years of age or older; and*
- 2. Patient's prior treatment history is provided (treatment naïve, prior null responder, partial responder, or relapser); and*
- 3. Documentation of viral load taken within 6 months before beginning therapy; and*
- 4. Viral load will be submitted by prescriber 12 weeks after completion of therapy; and*
- 5. If patient has a history of failed treatment due to non-compliance, documentation that steps have been taken to correct or address the causes of non-compliance are provided; and*
- 6. For patients on a regimen containing ribavirin, the following must be documented on the PA form:*
 - a) Patient is not a pregnant female or a male with a pregnant female partner; and*
 - b) Women of childbearing potential and their male partners must use two forms of effective contraception (non-hormonal contraception for patients taking Sovaldi™) during treatment and for at least 6 months after treatment has concluded; and*
 - c) Documentation that routine monthly pregnancy tests are performed during this time; and*
- 7. Patient has abstained from the use of illicit drugs and alcohol for a minimum of three (3) months as evidenced by a negative urine confirmation test; and*
- 8. Prescriber is an infectious disease specialist, gastroenterologist, hepatologist or other hepatitis specialist.*
- 9. Where applicable, requests for peg-interferon alfa free regimens will be considered on a case-by-case basis for patients with hepatitis C genotype 1 or 4 where peg-interferon alfa is contraindicated. Contraindications include: documented life-threatening side effects; decompensated hepatic disease; autoimmune hepatitis and other autoimmune disorders; a baseline neutrophil count below 1500/ μ L, a baseline platelet count below 90,000/ μ L, or a baseline hemoglobin below 10g/dL; or a history of preexisting unstable cardiac disease.*
- 10. Non-FDA approved or non-compensated indicated combination therapy*

regimens will not be approved.

11. *If patient is recently eligible for Iowa Medicaid, and has been started and stabilized on therapy while covered under a different plan, documentation of how long the patient has been on medication will be required. Patient will be eligible for the remainder of therapy needed, based on established length of therapy for the particular treatment (defined below).*
12. *Lost or stolen medication replacement requests will not be authorized.*
13. *The 72-hour emergency supply rule does not apply to oral hepatitis C antiviral agents.*

Victrelis

- *Patient has a documented diagnosis of hepatitis C genotype 1; and*
- *Administered in combination with peg-interferon alfa and ribavirin; and*
- *Patient does not have HIV co-infection; and*
- *Patient does not have decompensated cirrhosis; and*
- *Patient has not previously tried or failed therapy with a hepatitis C protease inhibitor; and*
- *HCV-RNA results are required at treatment week 8, 12, and 24 (including lead in period) for boceprevir (Victrelis™).*
- *Additional prior authorizations will be considered with documentation of response to treatment, measured by HCV-RNA levels.*
- *Prior authorizations will be approved for a maximum of 24, 32, or 44 weeks of therapy with boceprevir (Victrelis™) based on response.*

Olysio

- *Patient has a documented diagnosis of hepatitis C genotype 1; and*
- *Administered in combination with peg-interferon alfa and ribavirin; and*
- *Patient does not have HIV co-infection; and*
- *Patient does not have the NS3 Q80K polymorphism with hepatitis C genotype 1a; and*
- *The patient is not receiving dialysis or does not have a CrCl < 30 mL/min; and*
- *Patient has not previously tried or failed therapy with a hepatitis C protease inhibitor; and*
- *HCV-RNA results are required at treatment week 4 for simeprevir (Olysio™).*
- *Additional prior authorizations will be considered with documentation of response to treatment, measured by HCV-RNA levels.*
- *A maximum 12 weeks of therapy will be allowed.*

Sovaldi

- *The patient is not receiving dialysis or does not have a CrCl < 30 mL/min; and*
- *Patient does not have decompensated cirrhosis; and*
- *Documentation the patient has advanced liver disease corresponding to a*

Metavir score of 3 or greater fibrosis as confirmed by one of the following indicators related to staging of liver fibrosis (attach test results/documentation):

- *Liver biopsy confirming a Metavir score \geq F3; or*
- *Transient elastography (FibroScan) score \geq 9.5kPa; or*
- *FibroSURE (FibroTest) score \geq 0.58; or*
- *APRI score $>$ 1.5; or*
- *Radiological imaging consistent with cirrhosis (i.e. evidence of portal hypertension); and*
- *Physical findings or clinical evidence consistent with cirrhosis.*
- *Dosing and length of therapy will be based on the following:*
 - **Genotype 1:** *Patient has a documented diagnosis of hepatitis C genotype 1 (mono-infected or HCV/HIV co-infected) and used in combination with peg-interferon alfa and ribavirin. A maximum 12 weeks therapy will be allowed.*
 - **Genotype 2:** *Patient has a documented diagnosis of hepatitis C genotype 2 (mono-infected or HCV/HIV co-infected) and used in combination with ribavirin. A maximum 12 weeks of therapy will be allowed.*
 - **Genotype 3:** *Patient has a documented diagnosis of hepatitis C genotype 3 (mono-infected or HCV/HIV co-infected) and used in combination with ribavirin. A maximum 24 weeks of therapy will be allowed.*
 - **Genotype 4:** *Patient has a documented diagnosis of hepatitis C genotype 4 (mono-infected or HCV/HIV co-infected) and used in combination with peg-interferon alfa and ribavirin. A maximum 12 weeks of therapy will be allowed.*
- **Hepatocellular carcinoma:** *Patient has a documented diagnosis of hepatitis C genotype 1, 2, 3, 4 with a diagnosis of hepatocellular carcinoma meeting Milan criteria (awaiting liver transplantation) and in combination with ribavirin for up to 48 weeks or until liver transplantation, whichever comes first. Milan criteria are defined as:*
 - *One lesion smaller than 5 cm in diameter for subjects with a single lesion;*
 - *Up to 3 lesions smaller than 3 cm in diameter in subjects with multiple lesions;*
 - *No extrahepatic manifestations;*
 - *No vascular invasion.*

Harvoni

- *Patient has documentation of hepatitis C genotype 1a or 1b; and*
- *The patient is not receiving dialysis or does not have a CrCl $<$ 30 mL/min; and*
- *Patient is not co-infected with hepatitis B or HIV; and*
- *Patient does not have decompensated liver disease; and*
- *Patient has a contraindication to a preferred peg-interferon alfa plus*

- *ribavirin based regimen (e.g. sofosbuvir + peg-interferon + ribavirin); and*
- *Documentation the patient has advanced liver disease as confirmed by one of the following indicators related to staging of liver fibrosis (attach test results/documentation):*
 - *Liver biopsy confirming a Metavir score \geq F3; or*
 - *Transient elastography (FibroScan) score \geq 9.5kPa; or*
 - *FibroSURE (FibroTest) score \geq 0.58; or*
 - *APRI score $>$ 1.5; or*
 - *Radiological imaging consistent with cirrhosis (i.e. evidence of portal hypertension); and*
 - *Physical findings or clinical evidence consistent with cirrhosis.*
- *Dosing and length of therapy will be based on the following:*
 - *Patient is treatment-naïve without cirrhosis and has a documented pre-treatment baseline HCV RNA less than 6 million IU/mL. A maximum 8 weeks of therapy will be allowed; or*
 - *Patient is treatment-naïve with or without cirrhosis and has a documented pre-treatment baseline HCV RNA greater than 6 million IU/mL. A maximum 12 weeks of therapy will be allowed; or*
 - *Patient is treatment-experienced without cirrhosis and experienced failure with a previous treatment regimen that included either peg-interferon alfa + ribavirin or an HCV protease inhibitor + peg-interferon alfa + ribavirin. A maximum 12 weeks of therapy will be allowed; or*
 - *Patient is treatment-experienced with cirrhosis and experienced failure with a previous treatment regimen that included either peg-interferon alfa + ribavirin or an HCV protease inhibitor + peg-interferon alfa + ribavirin. A maximum 24 weeks of therapy will be allowed.*

As this was the second review of these criteria, no motion was necessary. The recommendation will be sent to the Department for consideration.

Deferasirox (Exjade): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for deferasirox. Payment will be considered under the following conditions:

1. *Patient does not have a serum creatinine greater than 2 times the age-appropriate upper limit of normal or creatinine clearance $<$ 40mL/min; and*
2. *Patient does not have a poor performance status; and*
3. *Patient does not have a high-risk myelodysplastic syndrome; and*
4. *Patient does not have advanced malignancies; and*
5. *Patient does not have a platelet count $<$ 50 x 10⁹/L.*

Transfusional Iron Overload

Initiation of Therapy

1. Patient is 2 years of age or older; and
2. Patient has documentation of iron overload related to anemia (attach documentation); and
3. Patient has documentation of a recent history of frequent blood transfusions that has resulted in chronic iron overload; and
4. Serum ferritin is consistently >1000 mcg/L (attach lab results dated within the past month); and
5. Starting dose does not exceed 20mg/kg/day. Calculate dose to the nearest whole tablet.
6. Initial requests will be considered for up to 3 months.

Continuation of Therapy

1. Serum ferritin has been measured within 30 days of continuation of therapy request (attach lab results); and
2. Ferritin levels are >500mcg/L; and
3. Dose does not exceed 40mg/kg/day.

Non-Transfusional Iron Overload

Initiation of Therapy

1. Patient is 10 years of age or older; and
2. Patient has documentation of iron overload related to anemia (attach documentation); and
3. Serum ferritin and liver iron concentration (LIC) has been measured within 30 days of initiation (attach lab results); and
4. Serum ferritin levels are >300mcg/L.
5. Liver iron concentration (LIC) are >3mg Fe/g dw; and
6. Dose does not exceed 10mg/kg/day (if LIC is <15mg Fe/g dw), or 20mg/kg/day (if LIC is >15mg Fe/g dw).
7. Initial authorization will be considered for up to 6 months.

Continuation of Therapy

1. Serum ferritin and LIC have been measured within 30 days of continuation of therapy request; and
2. Serum ferritin levels are >300mcg/L; and
3. Liver iron concentration (LIC) is >3mg Fe/g dw; and
4. Dose does not exceed 10mg/kg/day (if LIC is 3 to 7mg Fe/g dw) or 20mg/kg/day (if LIC is >7mg Fe/g dw).

As this was the second review of these criteria, no motion was necessary. The recommendation will be sent to the Department for consideration.

Vorapaxar (Zontivity): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for vorapaxar (Zontivity™). Payment will be considered under the following conditions:

- 1. Patient has a history of myocardial infarction (MI) or peripheral artery disease; and*
 - 2. Patient does not have a history of stroke, transient ischemic attack (TIA), intracranial bleeding, or active peptic ulcer; and*
 - 3. Patient has documentation of an adequate trial and therapy failure with aspirin plus clopidogrel; and*
 - 4. Patient will use vorapaxar concurrently with aspirin and/or clopidogrel.*
- The required trials may be overridden when documented evidence is provided that the use of this agent would be medically contraindicated.*

As this was the second review of these criteria, no motion was necessary. The recommendation will be sent to the Department for consideration.

Miscellaneous

DUR Digest: The Commission members reviewed the draft for DUR Digest Volume 27, Number 2. As this was the second review and no changes were recommended, the DUR Digest will be posted to the website.

MedWatch: The Commission members received FDA announcements concerning new Black Box Warnings.

A unanimous roll call vote was made at 11:47 a.m. to adjourn the meeting and move to closed session (motion by Kellen Ludvigson, second by Brian Couse and Mark Graber simultaneously).

The next meeting will be held at 9:30 a.m. on Wednesday, April 1, 2015, at the Fred Maytag II Scout Center in Des Moines.

Iowa Medicaid Drug Utilization Review Commission

Meeting Minutes April 1, 2015

Attendees:

Commission Members

Mark Graber, M.D., FACEP; Laurie Pestel, Pharm.D.; Gregory Barclay, M.D.; Kellen Ludvigson, Pharm.D.; Larry Ambroson, R.Ph.; Brett Faine, Pharm.D.; Brian Couse, M.D.; and Susan Parker, Pharm.D.

Staff

Pam Smith, R.Ph.

Guests

Chuck Wadle, D.O., Magellan; Jason Kessler, M.D., IME; Erin Halverson, R.Ph., IME; Megan Smith, Pharm.D., IME; Tina Valentino, Pharm.D., IME; Andria Seip, IME; Elizabeth Matney, IME; and Melissa Biddle, IME.

Welcome & Introductions

Mark Graber called the meeting to order at 9:37 a.m. at the Fred Maytag II Scout Center in Des Moines. The minutes from the February 4, 2015 meeting were reviewed. Kellen Ludvigson motioned to accept them, and Brian Couse seconded. All members were in favor. Andria Seip and Elizabeth Matney gave a presentation regarding Medicaid Modernization and its projected impact to providers and members. This initiative aims to improve the coordination and quality of care while providing predictability and sustainability for taxpayers in Medicaid spending. There will still be a preferred drug list (PDL) that all of the chosen managed care organizations will have to follow. Questions and comments may be emailed to MedicaidModernization@dhs.state.ia.us, and a new site has been created focusing on Iowa Medicaid's change to managed care organizations effective January 1, 2016:

<https://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization>. The full presentation can be accessed at the following link:

https://dhs.iowa.gov/sites/default/files/IME_ModernizationPresentation_031815.pdf.

Tina Valentino spoke about the new Complex Pharmaceutical Oversight Program (CPOP) started in January 2015, which focuses on complex high-cost medications, and reaches out to patients and prescribers to review medical records and maintain outcomes, as well as finding problem patterns for certain medications. The goal of the program is to reduce waste and improve clinical outcomes. There have been 270 members processed through CPOP since January. The resulting cost avoidance savings will be reported in quarterly reports. The DUR recommendation letter sent to DHS after the last meeting was also reviewed.

IME Updates

There was nothing additional to those listed above.

Prevalence Report Summary

Statistics from January through February 2015 were discussed, including: cost per user (\$310.79), number of total prescriptions dispensed (an increase of 2.2% compared to the previous reporting period), average cost per prescription (\$65.61), and generic utilization (84.4%). The total paid amount increased by 4.5% from the previous reporting period. There were 204,409 unique users, which is 3.0% more than the total for November and December. Lists of the top 20 therapeutic classes were provided. SSRIs had the highest prescription count, and Anticonvulsants came in second. The top 100 drugs were also reviewed. The ten most expensive medications were: Abilify, Vyvanse, methylphenidate hcl er, Lantus, Focalin XR, Advate, Synagis, Strattera, Cymbalta, and Tamiflu.

Case Studies

Pam Smith presented 4 case studies. Recommendations by commissioners from these four examples resulted in annualized total savings of \$1,552.85 pre-rebate (state and federal).

Public Comment

Name	Representing	Drug/Topic
Alan Koslow	Heartland Vascular	apixiban
Elizabeth Potente	Avanir	Nuedexta
Nancy Bell	Pfizer	Apixiban and Lyrica
Karen Loihl	Iowa Psychiatric Society	ProDUR edit on stimulants
Andrew Ko	Shire	Vyvanse
Tami Sova	UCB	Vimpat
Deepak Patel	Novo Nordisk	Victoza
Diane Hanna	Celgene	Otezla
Randy Maigaard	Broadlawns	Hepatitis C PA criteria
Doug Hanson	Broadlawns	Hepatitis C PA criteria
Gary Riley	Abbvie	Viekira Pak

ProDUR Edits

Impact of Select CNS Stimulant Quantity Limits: The DUR Commission discussed implementing quantity limits on multiple stimulant medications at the February meeting. The members had requested data be brought back to the next meeting to determine the impact to prescribers and the prior authorization department of implementing these quantity limits and to seek input from the medical and pharmacy associations regarding the proposed quantity limits. Blocking multiple strengths was also suggested, and IME staff will look into this possibility. After further discussion and feedback from the Iowa Psychiatric Society, the Commission decided to refer this to the Mental Health Advisory Group (MHAG) again prior to implementation. Current recommendations are as follows:

Drug	Proposed Quantity Limit Per 30 Days	Current Quantity Limit Per 30 Days
Adderall 12.5mg tablet	90	120
Adderall 20mg tablet	90	120
Concerta 18mg tablet	30	60
Concerta 27mg tablet	30	60
Concerta 54mg tablet	30	60
Focalin IR tablet (all strengths)	60	None
Focalin XR 5mg	30	60
Focalin XR 10mg	30	60
Focalin XR 15mg	30	90
Focalin XR 20mg	30	60
Focalin XR 25mg	30	60
Focalin XR 30mg	30	60
Ritalin IR (all strengths)	90	None

Focus Studies

Naltrexone Utilization in the Pediatric Population: This was a follow-up discussion. Five (5) of the 12 members identified changed therapy, for an annualized cost savings of \$2,161.96 (state and federal, pre-rebate) as a result of the 26 surveys sent out to prescribers and pharmacies. Fourteen (53.85%) of those surveys were returned.

Adalimumab Use without Methotrexate: This was a follow-up discussion. Two of the 10 members identified changed therapy, increasing annual costs by \$934.40 (state and federal, pre-rebate) as a result of the 20 surveys sent out to prescribers and pharmacies with 11 (55.00%) of those surveys returned.

Duplicate Beta-Blockers: Letters will be sent to the providers of the members identified as using more than one beta-blocker concurrently in January 2015 to ask if the patient could be adequately controlled with one beta-blocker.

Vimpat Dosing: Letters will be sent to the providers of the members exceeding 400mg per day of Vimpat to ask if the dose could be slowly decreased to 400mg per day. Depending on the responses received, a ProDUR edit limiting the maximum dose to 400mg daily across all strengths and dosage forms might also be implemented in the future.

Public Comment

Name	Representing	Drug/Topic
Kevin Nelson	Merck	Belsomra

Prior Authorization

Hepatitis C Agents: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for hepatitis C treatments. Requests for non-preferred agents may be considered when documented evidence is provided that the use of the preferred agents would be medically contraindicated. Payment will be considered under the following conditions:

1. *Patient is 18 years of age or older and has a diagnosis of chronic hepatitis C; and*
2. *Patient has had testing for hepatitis C virus (HCV) genotype; and*
3. *Patient has an active HCV infection verified by a detectable viral load within 12 months of starting treatment; and*
4. *Viral load will be submitted by prescriber 12 weeks after completion of therapy; and*
5. *Patient has advanced liver disease corresponding to a Metavir score of 3 or greater fibrosis as confirmed by one of the following:*
 - *Liver biopsy confirming a Metavir score \geq F3; or*
 - *Transient elastography (FibroScan) score \geq 9.5kPa; or*
 - *FibroSURE (FibroTest) score \geq 0.58; or*
 - *APRI score $>$ 1.5; or*
 - *Radiological imaging consistent with cirrhosis (i.e. evidence of portal hypertension); or*
 - *Physical findings or clinical evidence consistent with cirrhosis; or*
 - *Patients at highest risk for severe complications: organ transplant, type 2 or 3 essential mixed cryoglobulinemia with end-organ manifestations (e.g. vasculitis), proteinuria, nephrotic syndrome, or membranoproliferative glomerulonephritis.*
6. *Patient's prior treatment history is provided (treatment naïve or treatment experienced); and*
7. *If patient has a history of non-compliance, documentation that steps have been taken to correct or address the causes of non-compliance are provided; and*
8. *Patient has abstained from the use of illicit drugs and alcohol for a minimum of three (3) months as evidenced by a negative urine confirmation test; and*
9. *Patient does not have severe renal impairment (creatinine clearance $<$ 30ml/min) or end stage renal disease requiring hemodialysis; and*
10. *HCV treatment is prescribed by a digestive disease, liver disease, or infectious disease provider practice; and*
11. *For patients on a regimen containing ribavirin, the following must be documented on the PA form:*
 - a) *Patient is not a pregnant female or a male with a pregnant female partner; and*
 - b) *Women of childbearing potential and their male partners must use two forms of effective contraception during treatment and for at least 6 months after treatment has concluded; and*

- c) Monthly pregnancy tests will be performed during treatment; and*
- 12. Prescriber has reviewed the patient's current medication list and acknowledged that there are no significant drug interactions with the HCV medication.*
 - 13. Documentation is provided for patients who are ineligible to receive interferon or ribavirin.*
 - 14. Non-FDA approved or non-compendia indicated combination therapy regimens will not be approved.*
 - 15. If patient is recently eligible for Iowa Medicaid, and has been started and stabilized on therapy while covered under a different plan, documentation of how long the patient has been on medication will be required. Patient will be eligible for the remainder of therapy needed, based on established length of therapy for the particular treatment (defined below).*
 - 16. Lost or stolen medication replacement requests will not be authorized.*
 - 17. The 72-hour emergency supply rule does not apply to oral hepatitis C antiviral agents.*

Brett Faine motioned to accept the criteria as amended, and Larry Ambrosion seconded. All members were in favor. The recommended PA criteria will be sent to the medical/pharmacy associations for comment and brought back to the next DUR meeting.

CNS Stimulants and Atomoxetine: The Commission reviewed the prior authorization criteria as follows:

Prior authorization (PA) is required for CNS stimulants and Atomoxetine for patients 21 years of age or older. Prior to requesting prior authorization for any covered diagnosis, the prescriber must review the patient's use of controlled substances on the Iowa Prescription Monitoring Program website at <https://pmp.iowa.gov/IAPMPWebCenter/>. Payment for CNS stimulants and Atomoxetine will be considered under the following conditions:

- 1. Attention Deficit Disorder (ADD) or 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 the patient continues to require medication to treat the symptoms of ADD/ADHD will be required for renewals or patients newly eligible that are established on medication to treat ADD/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.

4. *Binge Eating Disorder (Vyvanse only)*
- *Patient is 18 to 55 years of age; and*
 - *Patient meets the DSM-5 criteria for Binge Eating Disorder; and*
 - *Patient has documentation of moderate to severe BED, as defined by the number of binge eating episodes per week (number of episodes must be reported); and*
 - *Patient has documentation of non-pharmacologic therapies tried, such as cognitive-behavioral therapy or interpersonal therapy, for a recent 3 month period, that did not significantly reduce the number of binge eating episodes; and*
 - *Patient has documentation of an adequate trial and therapy failure at a therapeutic dose with topiramate and fluvoxamine*
 - *Prescription is written by a psychiatrist or psychiatric nurse practitioner; and*
 - *Patient has a BMI of 25 to 45; and*
 - *Patient does not have personal or family history of cardiovascular disease; and*
 - *Patient has no history of substance abuse; and*
 - *Is not being prescribed for the treatment of obesity or weight loss; and*
 - *Doses above 70mg per day will not be considered.*
 - *Initial requests will be approved for 12 weeks.*
 - *Requests for renewal must include documentation of a change from baseline at week 12 in the number of binge days per week.*

DSM-5 Criteria

- i. *Recurrent episodes of binge eating, including eating an abnormally large amount of food in a discrete period of time and has a feeling of lack of control over eating; and*
- ii. *The binge eating episodes are marked by at least three of the following:*
 1. *Eating more rapidly than normal*
 2. *Eating until feeling uncomfortably full*
 3. *Eating large amounts of food when not feeling physically hungry*
 4. *Eating alone because of embarrassment by the amount of food consumed*
 5. *Feeling disgusted with oneself, depressed, or guilty after overeating; and*
- iii. *Episodes occur at least 1 day a week for at least 3 months; and*
- iv. *No regular use of inappropriate compensatory behaviors (e.g. purging, fasting, or excessive exercise) as are seen in bulimia nervosa; and*
- v. *Does not occur solely during the course of bulimia nervosa or anorexia nervosa.*

Moderate to Severe BED

Based on the number of binge eating episodes per week:

Moderate - 4 to 7

Severe – 8 to 13

Extreme – 14 or more

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

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

Larry Ambrosion motioned to accept the criteria, and Brian Couse seconded. All members were in favor. The recommended PA criteria will be sent to the medical/pharmacy associations for comment and brought back to the next DUR meeting.

Dextromethorphan/Quinidine (Nuedexta): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for Nuedexta[®]. Payment will be considered under the following conditions:

- 1. Patients must have a diagnosis of pseudobulbar affect (PBA) secondary to a neurological condition.*
- 2. A trial and therapy failure at a therapeutic dose with amitriptyline or an SSRI; and*
- 3. Patient has documentation of a current EKG (within the past 3 months) without QT prolongation.*
- 4. Initial authorizations will be approved for 12 weeks with a baseline Center for Neurologic Studies Lability Scale (CNS-LS) questionnaire.*
- 5. Subsequent prior authorizations will be considered at 6 month intervals with documented efficacy as seen in an improvement in the CNS-LS questionnaire.*

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

Brett Faine motioned to accept the criteria, and Kellen Ludvigson seconded. All members were in favor. The recommended PA criteria will be sent to the medical/pharmacy associations for comment and brought back to the next DUR meeting.

Chronic Pain Syndromes: The Commission reviewed the prior authorization criteria as follows:

A prior authorization is required for pregabalin (Lyrica®) and milnacipran (Savella™). These drugs will be considered for their FDA indication(s) and other conditions as listed in the compendia. Requests for doses above the manufacturer recommended dose will not be considered. For patients with a chronic pain diagnosis who are currently taking opioids, as seen in pharmacy claims, a plan to decrease and/or discontinue the opioid(s) must be provided with the initial request. Initial authorization will be given for three (3) months. There must be a significant decrease in opioid use or discontinuation of opioid(s) after the initial three (3) month authorization for further approval consideration. Additional prior authorizations will be considered with documentation of a continued decrease in opioid utilization. Payment will be considered under the following conditions:

1. A diagnosis of **fibromyalgia** (Lyrica® and Savella™)
 - a. A trial and therapy failure at a therapeutic dose with gabapentin plus one of the following preferred generic agents: tricyclic antidepressant, SSRI, or SNRI, **WITH**
 - b. Documented non-pharmacologic therapies (cognitive behavior therapies, exercise, etc.).
2. A diagnosis of **postherpetic neuralgia** (Lyrica®)

A trial and therapy failure at a therapeutic dose with gabapentin plus one of the following: tricyclic antidepressant, topical lidocaine, or valproate.
3. A diagnosis of **diabetic peripheral neuropathy** (Lyrica®)

A trial and therapy failure at a therapeutic dose with gabapentin plus one of the following: tricyclic antidepressant, duloxetine or topical lidocaine.
4. A diagnosis of **partial onset seizures, as adjunct therapy** (Lyrica®)

Kellen Ludvigson motioned to accept the criteria, and Brett Faine seconded. All members were in favor. The recommended PA criteria will be sent to the medical/pharmacy associations for comment and brought back to the next DUR meeting.

Sedative/Hypnotics – Non-Benzodiazepines: The Commission reviewed the prior authorization criteria as follows:

Preferred agents are available without prior authorization (PA). Requests for doses above the manufacturer recommended dose will not be considered. Prior authorization is required for all non-preferred non-benzodiazepine sedative/hypnotics. Payment for non-preferred non-benzodiazepine sedative/hypnotics will be authorized only for cases in which there is documentation of previous trials and therapy failures with, at a minimum, three (3) preferred agents. Payment for non-preferred non-benzodiazepine sedative/hypnotics will be considered when the following criteria are met:

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

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

Brett Faine motioned to accept the criteria, and Larry Ambrosion seconded. All members were in favor. The recommended PA criteria will be sent to the medical/pharmacy associations for comment and brought back to the next DUR meeting.

Apixaban (Eliquis): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for apixaban (Eliquis®). Payment will be considered under the following conditions:

1. Patient does not have a mechanical prosthetic heart valve; and
2. Patient does not have active pathological bleeding.

Atrial Fibrillation

- Patient has a diagnosis of non-valvular atrial fibrillation; with
- Documentation of a previous trial and therapy failure with warfarin (TIA, stroke, or inability to maintain a therapeutic INR with a minimum 6 month trial); and
- Presence of at least one additional risk factor for stroke, with a CHADS2 score ≥ 1 .
- Requests will be considered for the following dosing:
 - 5mg twice daily; or
 - 2.5mg twice daily in patients with any two (2) of the following:
 - Age ≥ 80 years
 - Body weight ≤ 60 kg
 - Serum creatinine ≥ 1.5 mg/dL.

Treatment and Prevention of DVT or PE

- *Patient has documentation of a previous trial and therapy failure with warfarin (TIA, stroke, or inability to maintain a therapeutic INR with a minimum 6 month trial).*
- *Requests will be considered for the following dosing:*
 - *Initial Treatment of DVT or PE: 10mg twice daily for 7 days, followed by 5mg twice daily up to 12 months of treatment.*
 - *Prevention of DVT or PE following initial therapy with standard anticoagulation therapy for 6 to 12 months of treatment for DVT or PE: 2.5mg twice daily*

Prophylaxis of DVT following hip or knee replacement surgery

- *Requests will be considered when the patient has contraindications to use of the preferred agent(s).*
- *Requests will be considered for the following dosing:*
 - *Hip replacement: 2.5mg twice daily for up to 35 days following hip replacement; or*
 - *Knee replacement: 2.5mg twice daily for up to 12 days after knee replacement.*

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

As this was the second review of these criteria, no motion was necessary. The recommendation will be sent to the Department for consideration.

In February, the DUR Commission also made a recommendation that the P&T Committee conduct an overall cost comparison of the Novel Oral Anticoagulants (NOACs) versus warfarin to determine if one or more of these agents could be available to members without requiring a warfarin trial. When looking at costs for warfarin, the DUR Commission would like the following factors to be taken into account: the costs for INR monitoring, frequent office visits to stabilize INR, and bridging therapy while the patient is being stabilized on warfarin. Erin Halverson said the P&T Committee will review this issue at their August meeting.

Thrombopoietin Receptor Agonists: The Commission reviewed the prior authorization criteria as follows:

Payment for a preferred thrombopoietin receptor agonist will only be considered for cases in which there is a diagnosis of chronic immune thrombocytopenic purpura (ITP) including documentation of an insufficient response to a corticosteroid, an immunoglobulin, or the patient has undergone a splenectomy.

Payment for eltrombopag (Promacta®) for the treatment of chronic hepatitis C associated thrombocytopenia will only be considered to allow for initiation and/or maintenance of interferon-based therapy with ribavirin when the patient has a baseline platelet count less than $75 \times 10^9/L$. Requests will not be considered under the following conditions:

1. Patients taking direct acting antiviral agents for the treatment of chronic hepatitis C infection in addition to interferon based therapy with ribavirin.
2. Patients taking direct acting antiviral agents used without interferon for treatment of chronic hepatitis C infection.
3. Patients with decompensated liver disease with a Child-Pugh score > 6 (Class B & C).
4. Patients with a history of ascites.
5. Patients with hepatic encephalopathy.

Payment for eltrombopag (Promacta®) for the treatment of severe aplastic anemia will only be considered under the following conditions:

1. Patient has documentation of an insufficient response or intolerance to at least one prior immunosuppressive therapy; and
2. Patient has a platelet count less than or equal $30 \times 10^9/L$.
3. If criteria for coverage are met, initial authorization will be given for 16 weeks. Documentation of hematologic response after 16 weeks of therapy will be required for further consideration.

Payment for a non-preferred thrombopoietin receptor agonist will be considered following documentation of a recent trial and therapy failure with a preferred thrombopoietin receptor agonist unless such a trial would be medically contraindicated.

As this was the second review of these criteria, no motion was necessary. The recommendation will be sent to the Department for consideration.

Testosterone Products: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for testosterone products. Payment will be considered with documentation of a specific testicular or hypothalamic/pituitary disease (primary hypogonadism or hypogonadotropic hypogonadism) that results in classic hypogonadism. Requests for FDA approved indications other than hypogonadism will not be subject to prior authorization criteria with adequate documentation of diagnosis. Payment for non-preferred testosterone products will be authorized only for cases in which there is documentation of previous trials and therapy failures with two preferred agents. Requests for erectile dysfunction, infertility, and age-related hypogonadism will not be considered. Payment will be considered under the following conditions:

1. Patient is male and 18 years of age or older (or 12 years of age and older for testosterone cypionate); and
2. Patient has two (2) morning pre-treatment testosterone levels below the lower limit of the normal testosterone reference range of the individual laboratory used (Please attach lab results); and
3. Patient has primary hypogonadism or hypogonadotropic hypogonadism (further defined below):

- *Primary hypogonadism (congenital or acquired) caused by testicular failure due to one of the following:*
 - ⊖ *Cryptorchidism*
 - ⊖ *Bilateral torsion*
 - ⊖ *Orchitis*
 - ⊖ *Vanishing testes syndrome,*
 - ⊖ *Orchiectomy*
 - ⊖ *Klinefelter's syndrome,*
 - ⊖ *Chemotherapy*
 - ⊖ *Toxic damage from alcohol or heavy metals*
 - *Hypogonadotropic hypogonadism*
 - ⊖ *Idiopathic gonadotropin or lutenizing hormone-releasing (LHRH) deficiency*
 - ⊖ *Pituitary-hypothalamic injury from tumors, trauma, or radiation*
4. *Patient does not have:*
- *Breast or prostate cancer*
 - *Palpable prostate nodule or prostate-specific antigen (PSA) > 4ng/mL*
 - *Hematocrit > 50%*
 - *Untreated severe obstructive sleep apnea*
 - *Severe lower urinary tract symptoms*
 - *Uncontrolled or poorly controlled heart failure*

Requests for continuation of therapy will require the following:

1. *An updated testosterone level (Please attach lab result); and*
2. *Documentation the patient has not experienced a hematocrit > 54% or an increase in PSA > 1.4ng/mL in the past 12 months.*

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

As this was the second review of these criteria, no motion was necessary. The recommendation will be sent to the Department for consideration.

Apremilast (Otezla): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for apremilast (Otezla®). Payment will be considered under the following conditions:

1. *Patient is 18 years of age or older; and*
2. *Patient has a diagnosis of active psoriatic arthritis (≥ 3 swollen joints and ≥ 3 tender joints) or*
3. *Patient has a diagnosis of moderate to severe plaque psoriasis; and*
4. *Prescribed by a rheumatologist or a dermatologist; and*
5. *Patient does not have severe renal impairment ($CrCl < 30mL/min$).*

Psoriatic Arthritis

- *Patient has documentation of a trial and inadequate response to therapy with the preferred oral DMARD, methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated); and*
- *Patient has documentation of trials and therapy failures with two preferred biological agents used for psoriatic arthritis.*

Plaque Psoriasis

- *Patient has documentation of a trial and inadequate response to phototherapy, systemic retinoids, methotrexate, or cyclosporine; and*
- *Patient has documentation of trials and therapy failures with two preferred biological agents.*

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

As this was the second review of these criteria, no motion was necessary. The recommendation will be sent to the Department for consideration.

Miscellaneous

DUR Digest: The Commission members reviewed the draft for DUR Digest Volume 27, Number 3.

MedWatch: The Commission members received FDA announcements concerning new Black Box Warnings.

A unanimous roll call vote was made at 12:46 to adjourn the meeting and move to closed session (motion by Kellen Ludvigson, second by Brian Couse and Larry Ambroson simultaneously).

The next meeting will be held at 9:30 a.m. on Wednesday, June 3, 2015, at the Learning Resource Center in West Des Moines.

Iowa Medicaid Drug Utilization Review Commission

Meeting Minutes June 3, 2015

Attendees:

Commission Members
Mark Graber, M.D., FACEP; Laurie Pestel, Pharm.D.; Gregory Barclay, M.D.; Jason Wilbur, M.D.; Kellen Ludvigson, Pharm.D.; Brett Faine, Pharm.D.; Brian Couse, M.D.; and Susan Parker, Pharm.D.
Staff
Pam Smith, R.Ph.
Guests
Jason Kessler, M.D., IME; Erin Halverson, R.Ph., IME; Megan Smith, Pharm.D., IME; Tina Valentino, Pharm.D., IME; and Melissa Biddle, IME.

Welcome & Introductions

Mark Graber called the meeting to order at 9:34 a.m. at the Learning Resource Center in West Des Moines. The minutes from the April 1, 2015 meeting were reviewed. Jason Wilbur motioned to accept them, and Gregory Barclay seconded. All members were in favor. The recommendation letter sent to DHS after the last meeting was also reviewed, along with a recommendation from the P&T Committee requesting that the DUR Commission develop prior authorization criteria for Esbriet, Ofev, Lynparza, and Savaysa. The results of an OIG study conducted for second-generation antipsychotic use among Medicaid-enrolled children were also provided, available at <http://oig.hhs.gov/oei/reports/oei-07-12-00320.asp>.

IME Updates

There have been some changes to the wellness exam portion of the Iowa Health and Wellness Plan (IHAWP). Eleven (11) bids were submitted in response to the Medicaid Modernization managed care Request for Proposal (RFP). Awards are expected to be announced on or around August 7, 2015, with implementation still slated for January 1, 2016. Mikki Stier, formerly the Vice President of Government and External Relations at Broadlawns Medical Center, is the new Iowa Medicaid Director. CMS just released a 201-page document with proposed changes for managed care guidelines as relating to Medicaid; comments can be submitted online and must be received no later than July 27, 2015. Megan Smith has resigned her position as Clinical Pharmacy Manager, and this will be her last meeting. Tina Valentino provided a quarterly report on the new Complex Pharmaceutical Oversight Program (CPOP), which brought \$287,747 in direct cost avoidance savings (State and Federal dollars extrapolated to the end of the state fiscal year) from 12 interventions in its first quarter of operation. There have already been an additional 30 interventions in the second quarter. Members on Hepatitis C treatments are being closely monitored by CPOP, and

there are currently 55 of them, with 14 having completed therapy since January. Pam Smith presented Dr. Barclay with a letter and certificate signed by the Medicaid Director in thanks for his four years service, and this will be his last meeting.

Prevalence Report Summary

Statistics from March through April 2015 were discussed, including: cost per user (\$331.81), number of total prescriptions dispensed (an increase of 10.0% compared to the previous reporting period), average cost per prescription (\$66.90), and generic utilization (84.8%). The total paid amount increased by 13.3% from the previous reporting period. There were 211,678 unique users, which is 4.4% more than the total for January and February. Lists of the top 20 therapeutic classes were provided. SSRIs had the highest prescription count, and Anticonvulsants came in second. The Hepatitis C category is quickly rising up the top therapeutic classes by paid amount report, currently in eleventh place with \$1,781,823 in expenditures, an increase of 108.7% from the previous reporting period. The top 100 drugs were also reviewed. The ten most expensive medications were: Abilify, methylphenidate hcl er, Vyvanse, Lantus, Focalin XR, Advate, Strattera, Harvoni, Advair Diskus, and Spiriva Handihaler. Kellen Ludvigson asked about the top drugs for a non-Medicaid population, and Pam Smith will look for information prior to the next meeting.

Case Studies

Pam Smith presented four case studies. Recommendations by Commissioners from these four examples resulted in annualized total savings of \$4,925.40 pre-rebate (state and federal).

Public Comment

Name	Representing	Drug/Topic
Elizabeth Potente	Avanir	Nuedexta
Paul McCray	University of Iowa Pediatrics, Pulmonary Division	ivacaftor

Mental Health Advisory Group Update

ProDUR Edits on Antipsychotics in Children: At their May 8, 2015 meeting, the MHAG re-reviewed the recommendations originally made in 2012 and recently approved for implementation by DHS. Pam Smith shared the concerns of the MHAG, which included: 1.) Dr. Augspurger wanted his objection noted again that chlorpromazine is FDA approved to be dosed down to six months of age and haloperidol is FDA approved to be dosed down to three years of age, which are outside of the proposed ProDUR age edits. The DUR Commission was made aware of his objection, but decided to proceed with the edits as initially recommended as they felt it is important to track members that young on antipsychotics. 2.) The MHAG is concerned the ProDUR edits will delay discharge of admitted patients due to PA requirements. Everyone was reminded there is a 24 hour turnaround time for PA once received and pharmacies have

the option to process a three day emergency supply. The DUR recommended proceeding with the original recommendations. An age edit will be applied on risperidone for members less than five years of age and an age edit on all other antipsychotics for members less than six years of age. Additionally, edits will be put into place to prevent duplicate therapy for members less than 18 years of age initially, with the same edit to be applied to members 18 and older in the second phase of implementation, at a time to be determined at a later date.

Proposed ProDUR Edits on CNS Stimulants: After discussion and feedback from the Iowa Psychiatric Society at the April DUR meeting, the DUR Commission decided to refer this topic to the Mental Health Advisory Group (MHAG) again prior to implementation. The MHAG met in May and felt that the quantity limit for Concerta 54mg should remain at 60 for 30 days as literature exists to support dosing at 108mg per day, and there are children weighing 80-90 kilograms that require a higher dose. The DUR Commission agreed unanimously with this change (motion by Kellen Ludvigson, second by Brian Couse.) Current recommendations are as follows:

Drug	Proposed Quantity Limit Per 30 Days	Current Quantity Limit Per 30 Days
Adderall 12.5mg tablet	90	120
Adderall 20mg tablet	90	120
Concerta 18mg tablet	30	60
Concerta 27mg tablet	30	60
Concerta 54mg tablet	60	60
Focalin IR tablet (all strengths)	60	None
Focalin XR 5mg	30	60
Focalin XR 10mg	30	60
Focalin XR 15mg	30	90
Focalin XR 20mg	30	60
Focalin XR 25mg	30	60
Focalin XR 30mg	30	60
Ritalin IR (all strengths)	90	None

Focus Studies

Prasugrel Contraindications: This was a follow-up discussion. Two of the six members identified changed therapy, for an annualized cost savings of \$1,194.92 (state and federal, pre-rebate) as a result of the 14 surveys sent out to prescribers and pharmacies. Six (42.86%) of those surveys were returned.

Eszopiclone Dose: This was a follow-up discussion. Thirty-one of the 52 members identified changed therapy, for an annualized cost savings of \$48,667.64 (state and federal, pre-rebate) as a result of the 105 surveys sent out

to prescribers and pharmacies. Thirty-seven (35.24%) of those surveys were returned.

Second Generation Antipsychotics with Anticholinergics: One letter will be sent, asking if the member has experienced EPS, pointing out being on more than one Second Generation Antipsychotic (SGA) increases the risk of EPS. Providers will be asked the following: if the SGA could be discontinued (if multiple SGAs) or the dose decreased; and/or if the anticholinergic could be discontinued if patient has not experience EPS in the past. Dr. Graber asked that members on multiple anticholinergics also be evaluated in the future.

Metoclopramide Utilization Greater than 12 Weeks: Gastroparesis and chemotherapy regimens will be removed from the results. Data will be rerun and brought back to the Commission at the next meeting prior to further action.

Public Comment

Name	Representing	Drug/Topic
Nancy Bell	Pfizer	Chronic Pain PA Criteria
Ketul Patel	Vertex	Kalydeco

Prior Authorization

Topical Antifungals for Onychomycosis: The Commission reviewed the prior authorization criteria as follows:

Jublia (efinaconazole) and Kerydin (tavaborole) will be considered for up to 48-weeks treatment in patients when the following criteria are met:

1. *Patient has a diagnosis of onychomycosis of the toenail(s) confirmed by a positive potassium hydroxide (KOH) preparation, fungal culture, or nail biopsy (attach results) without dermatophytomas or lunula (matrix) involvement; and*
2. *Patient is 18 years of age or older; and*
3. *Patient has documentation of a trial and therapy failure or intolerance to oral terbinafine; and*
4. *Patient has documentation of a trial and therapy failure or intolerance to ciclopirox 8% topical solution.*

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

The Commission would like to add language clarifying that this must be used for medical purposes, such as pain, diabetes, or other certain comorbidities, rather than aesthetics, and only allow 1 course of treatment with recurrence not covered. Pam Smith will revise the wording and bring it back to the next meeting.

Topical Corticosteroids: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for non-preferred topical corticosteroids. Payment will be considered for patients when there is documentation of adequate trials and therapy failures with at least two preferred, chemically distinct, topical corticosteroid agents within the same potency class or a higher potency class in the past 12 months. The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated.

Agents will be separated by potency on the PDL as requested. Jason Wilbur motioned to accept the criteria, and Brett Faine seconded. All members were in favor. The recommended PA criteria will be sent to the medical/pharmacy associations for comment and brought back to the next DUR meeting.

Ivacaftor (Kalydeco): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for Kalydeco™ (ivacaftor). Payment will be considered for patients when the following criteria are met:

- 1. Patient is 2 years of age or older; and*
- 2. Has a diagnosis of cystic fibrosis with one of the following mutations in the CFTR gene: G551D, G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N, S549R, and R117H as detected by a FDA-cleared CF mutation test; and*
- 3. Prescriber is a CF specialist or pulmonologist; and*
- 4. Baseline liver function tests (AST/ALT) and FEV1, if age appropriate, are provided; and*
- 5. Patient does not have one of the following infections: Burkholderia cenocepacia, Burkholderia dolosa, or Mycobacterium abscessus.*

If the criteria for coverage are met, an initial authorization will be given for 3 months. Additional approvals will be granted for 6 months at a time if the following criteria are met:

- 1. Adherence to ivacaftor therapy is confirmed; and*
- 2. Response to therapy is documented by prescriber (e.g., improved FEV1 from baseline, weight increased from baseline, decreased exacerbations and/or improved quality of life or rationale for continued care); and*
- 3. Liver function tests (AST/ALT) are assessed every 3 months during the first year of treatment and annually thereafter.*

Jason Wilbur motioned to accept the criteria as modified, and Brett Faine seconded. All members were in favor. The recommended PA criteria will be sent to the medical/pharmacy associations for comment and brought back to the next DUR meeting.

Olaparib (Lynparza): This topic was put aside as it will be included on the Oncology Agents PA form that is currently in progress.

Idiopathic Pulmonary Fibrosis: The Commission reviewed the prior authorization criteria as follows:

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

1. *Patient is 40 years of age or older; and*
2. *Is prescribed by a pulmonologist; and*
3. *Patient has a diagnosis of idiopathic pulmonary fibrosis as confirmed by one of the following (attach documentation):*
 - a) *Findings on high-resolution computed tomography (HRCT) indicating usual interstitial pneumonia (UIP); or*
 - b) *A surgical lung biopsy demonstrating usual interstitial pneumonia (UIP); and*
4. *Prescriber has excluded other known causes of interstitial lung disease (ILD) such as domestic and occupational environmental exposures, connective tissue disease, and drug toxicity; and*
5. *Patient has documentation of pulmonary function tests within the prior 60 days with a forced vital capacity (FVC) \geq 50% predicted; and*
6. *Patient has a carbon monoxide diffusion capacity (%DLco) of \geq 30% predicted; and*
7. *Patient does not have hepatic impairment as defined below:*
 - a) *Nintedanib - Patient does not have moderate or severe hepatic impairment (Child Pugh B or C) or*
 - b) *Pirfenidone - Patient does not have severe hepatic impairment (Child Pugh C); and*
8. *Patient does not have renal impairment as defined below:*
 - a) *Nintedanib - Patient does not have severe renal impairment (CrCl $<$ 30ml/min) or end-stage renal disease or*
 - b) *Pirfenidone – Patient does not have end-stage renal disease requiring dialysis; and*
9. *Patient is a nonsmoker or has been abstinent from smoking for at least six weeks.*

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

- a) *Adherence to pirfenidone (Esbriet®) and nintedanib (Ofev®) is confirmed; and*
- b) *Patient is tolerating treatment defined as improvement or maintenance of disease ($<$ 10% decline in percent predicted FVC or $<$ 200 mL decrease in FVC); and*

- c) *Documentation is provided that the patient has remained tobacco-free; and*
- d) *Patient is tolerating treatment; and ALT, AST, and bilirubin are assessed periodically during therapy.*

Brett Faine motioned to accept the criteria as modified, and Kellen Ludvigson seconded. All members were in favor. The recommended PA criteria will be sent to the medical/pharmacy associations for comment and brought back to the next DUR meeting.

Edoxaban (Savaysa): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for edoxaban (Savaysa®). Payment will be considered for patients when the following criteria are met:

1. *Patient does not have a mechanical heart valve; and*
2. *Patient does not have moderate to severe mitral stenosis; and*
3. *Patient does not have active pathological bleeding; and*
4. *A recent creatinine clearance (CrCl) is provided and is within specified range listed below; and*
5. *Patient does not have moderate or severe hepatic impairment (Child-Pugh B or C).*
6. *Patient has documentation of a previous trial and therapy failure with apixaban or rivaroxaban, where applicable.*

Atrial Fibrillation

1. *Patient has documentation of a diagnosis of non-valvular atrial fibrillation; with*
2. *Documentation of a previous trial and therapy failure with warfarin (TIA, stroke, or inability to maintain a therapeutic INR with a minimum 6 month trial); and*
3. *Presence of at least one additional risk factor for stroke, with a CHADS₂ score ≥ 1 ; and*
4. *Patient does not have a creatinine clearance (CrCl) > 95 mL/min.*
5. *Requests will be considered for the following dosing:*
 - a) *60mg once daily in patients with a CrCl of > 50 mL/min to ≤ 95 mL/min; or*
 - b) *30mg once daily in patients with a CrCl of 15 to 50 mL/min*

Treatment of Deep Vein Thrombosis or Pulmonary Embolism

1. *Patient has documentation of a current deep vein thrombosis or pulmonary embolism; with*
2. *Documentation of a previous trial and therapy failure with warfarin (TIA, stroke, or inability to maintain a therapeutic INR with a minimum 6 month trial); with*

3. *Documentation patient has had 5 to 10 days of initial therapy with a parenteral anticoagulant (low molecular weight heparin or unfractionated heparin).*
4. *Requests will be considered for the following dosing:*
 - a. *60mg once daily; or*
 - b. *30mg once daily in patients with any of the following:*
 - i. *CrCl 15 mL/min to 50 mL/min*
 - ii. *Body weight ≤60 kg*

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

Brett Faine motioned to accept the criteria as modified, and Jason Wilbur seconded. All members were in favor. The recommended PA criteria will be sent to the medical/pharmacy associations for comment and brought back to the next DUR meeting. The P&T Committee will also be reviewing the NOACs at a future meeting, so there may be additional recommended changes in the upcoming months.

Oral Oncology Agents: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for oral oncology agents. FDA approved labeling will be followed. The following must be submitted with the prior authorization request: copies of medical records (i.e. diagnostic evaluations and recent chart notes), the original prescription, and the most recent copies of related laboratory results. If criteria for coverage are met, authorizations will be given at three (3) month intervals. Updates on disease progression must be provided with each renewal request. If disease progression is noted, therapy will not be continued.

Brian Couse motioned to accept the criteria, and Brett Faine seconded. All members were in favor. The recommended PA criteria will be sent to the medical/pharmacy associations for comment and brought back to the next DUR meeting.

Hepatitis C Agents: The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for hepatitis C treatments. Requests for non-preferred agents may be considered when documented evidence is provided that the use of the preferred agents would be medically contraindicated. Payment will be considered under the following conditions:

1. *Patient is 18 years of age or older and has a diagnosis of chronic hepatitis C; and*
2. *Patient has had testing for hepatitis C virus (HCV) genotype; and*
3. *Patient has an active HCV infection verified by a detectable viral load within 12 months of starting treatment; and*
4. *Viral load will be submitted by prescriber 12 weeks after completion of*

- therapy; and*
5. *Patient has advanced liver disease corresponding to a Metavir score of 3 or greater fibrosis as confirmed by one of the following:*
 - *Liver biopsy confirming a Metavir score \geq F3; or*
 - *Transient elastography (FibroScan) score \geq 9.5kPa; or*
 - *FibroSURE (FibroTest) score \geq 0.58; or*
 - *APRI score $>$ 1.5; or*
 - *Radiological imaging consistent with cirrhosis (i.e. evidence of portal hypertension); or*
 - *Physical findings or clinical evidence consistent with cirrhosis; or*
 - *Patients at highest risk for severe complications: organ transplant, type 2 or 3 essential mixed cryoglobulinemia with end-organ manifestations (e.g. vasculitis), proteinuria, nephrotic syndrome, or membranoproliferative glomerulonephritis.*
 6. *Patient's prior treatment history is provided (treatment naïve or treatment experienced); and*
 7. *If patient has a history of non-compliance, documentation that steps have been taken to correct or address the causes of non-compliance are provided; and*
 8. *Patient has abstained from the use of illicit drugs and alcohol for a minimum of three (3) months as evidenced by a negative urine confirmation test; and*
 9. *Patient does not have severe renal impairment (creatinine clearance $<$ 30ml/min) or end stage renal disease requiring hemodialysis; and*
 10. *HCV treatment is prescribed by a digestive disease, liver disease, or infectious disease provider practice; and*
 11. *For patients on a regimen containing ribavirin, the following must be documented on the PA form:*
 - a) *Patient is not a pregnant female or a male with a pregnant female partner; and*
 - b) *Women of childbearing potential and their male partners must use two forms of effective contraception during treatment and for at least 6 months after treatment has concluded; and*
 - c) *Monthly pregnancy tests will be performed during treatment; and*
 12. *Prescriber has reviewed the patient's current medication list and acknowledged that there are no significant drug interactions with the HCV medication.*
 13. *Documentation is provided for patients who are ineligible to receive interferon or ribavirin.*
 14. *Non-FDA approved or non-compensated indicated combination therapy regimens will not be approved.*
 15. *If patient is recently eligible for Iowa Medicaid, and has been started and stabilized on therapy while covered under a different plan, documentation of how long the patient has been on medication will be required. Patient will be eligible for the remainder of therapy needed, based on established length of therapy for the particular treatment (defined below).*
 16. *Lost or stolen medication replacement requests will not be authorized.*

17. *The 72-hour emergency supply rule does not apply to oral hepatitis C antiviral agents.*

As this was the second review of these criteria, no motion was necessary. The recommendation will be sent to the Department for consideration.

CNS Stimulants and Atomoxetine: The Commission reviewed the prior authorization criteria as follows:

Prior authorization (PA) is required for CNS stimulants and Atomoxetine for patients 21 years of age or older. Prior to requesting prior authorization for any covered diagnosis, the prescriber must review the patient's use of controlled substances on the Iowa Prescription Monitoring Program website at <https://pmp.iowa.gov/IAPMPWebCenter/>. Payment for CNS stimulants and Atomoxetine will be considered under the following conditions:

1. *Attention Deficit Disorder (ADD) or 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 the patient continues to require medication to treat the symptoms of ADD/ADHD will be required for renewals or patients newly eligible that are established on medication to treat ADD/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.*
4. *Binge Eating Disorder (Vyvanse only)*
 - *Patient is 18 to 55 years of age; and*
 - *Patient meets the DSM-5 criteria for Binge Eating Disorder; and*
 - *Patient has documentation of moderate to severe BED, as defined by the number of binge eating episodes per week (number of episodes must be reported); and*
 - *Patient has documentation of non-pharmacologic therapies tried, such as cognitive-behavioral therapy or interpersonal therapy, for a recent 3 month period, that did not significantly reduce the number of binge eating episodes; and*
 - *Patient has documentation of an adequate trial and therapy failure at a therapeutic dose with topiramate and fluvoxamine*
 - *Prescription is written by a psychiatrist or psychiatric nurse practitioner; and*
 - *Patient has a BMI of 25 to 45; and*

- *Patient does not have a personal history of cardiovascular disease; and*
- *Patient has no history of substance abuse; and*
- *Is not being prescribed for the treatment of obesity or weight loss; and*
- *Doses above 70mg per day will not be considered.*
- *Initial requests will be approved for 12 weeks.*
- *Requests for renewal must include documentation of a change from baseline at week 12 in the number of binge days per week.*

DSM-5 Criteria

- i. *Recurrent episodes of binge eating, including eating an abnormally large amount of food in a discrete period of time and has a feeling of lack of control over eating; and*
- ii. *The binge eating episodes are marked by at least three of the following:*
 1. *Eating more rapidly than normal*
 2. *Eating until feeling uncomfortably full*
 3. *Eating large amounts of food when not feeling physically hungry*
 4. *Eating alone because of embarrassment by the amount of food consumed*
 5. *Feeling disgusted with oneself, depressed, or guilty after overeating; and*
- iii. *Episodes occur at least 1 day a week for at least 3 months; and*
- iv. *No regular use of inappropriate compensatory behaviors (e.g. purging, fasting, or excessive exercise) as are seen in bulimia nervosa; and*
- v. *Does not occur solely during the course of bulimia nervosa or anorexia nervosa.*

Moderate to Severe BED

Based on the number of binge eating episodes per week:

Moderate - 4 to 7

Severe – 8 to 13

Extreme – 14 or more

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

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

As this was the second review of these criteria, no motion was necessary. The recommendation will be sent to the Department for consideration.

Dextromethorphan/Quinidine (Nuedexta): The Commission reviewed the prior authorization criteria as follows:

Prior authorization is required for Nuedexta[®]. Payment will be considered under the following conditions:

1. *Patients must have a diagnosis of pseudobulbar affect (PBA) secondary to a neurological condition.*
2. *A trial and therapy failure at a therapeutic dose with amitriptyline or an SSRI; and*
3. *Patient has documentation of a current EKG (within the past 3 months) without QT prolongation.*
4. *Initial authorizations will be approved for 12 weeks with a baseline Center for Neurologic Studies Lability Scale (CNS-LS) questionnaire.*
5. *Subsequent prior authorizations will be considered at 6 month intervals with documented efficacy as seen in an improvement in the CNS-LS questionnaire.*

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

As this was the second review of these criteria, no motion was necessary. The recommendation will be sent to the Department for consideration.

Chronic Pain Syndromes: The Commission reviewed the prior authorization criteria as follows:

A prior authorization is required for pregabalin (Lyrica[®]) and milnacipran (Savella[™]). These drugs will be considered for their FDA indication(s) and other conditions as listed in the compendia. For patients with a chronic pain diagnosis who are currently taking opioids, as seen in pharmacy claims, a plan to decrease and/or discontinue the opioid(s) must be provided with the initial request. Initial authorization will be given for three (3) months. There must be a significant decrease in opioid use or discontinuation of opioid(s) after the initial three (3) month authorization for further approval consideration. Additional prior authorizations will be considered with documentation of a continued decrease in opioid utilization. Payment will be considered under the following conditions:

1. *A diagnosis of **fibromyalgia** (Lyrica[®] and Savella[™])*
 - a. *A trial and therapy failure at a therapeutic dose with gabapentin plus one of the following preferred generic agents: tricyclic antidepressant or SNRI, **WITH***
 - b. *Documented non-pharmacologic therapies (cognitive behavior therapies, exercise, etc.).*
2. *A diagnosis of **postherpetic neuralgia** (Lyrica[®])*

A trial and therapy failure at a therapeutic dose with gabapentin plus one of the following: tricyclic antidepressant, topical lidocaine, or valproate.

3. A diagnosis of **diabetic peripheral neuropathy** (Lyrica®)

A trial and therapy failure at a therapeutic dose with gabapentin plus one of the following: tricyclic antidepressant, duloxetine or topical lidocaine.

4. A diagnosis of **partial onset seizures**, as adjunct therapy (Lyrica®)

Requests for doses above the manufacturer recommended dose will not be considered.

As this was the second review of these criteria, no motion was necessary. However, the Commission wanted to remove the SSRI trial for a fibromyalgia diagnosis. Brett Faine motioned to accept this modification, and Brian Couse seconded. All members were in favor. The recommendation will be sent to the Department for consideration.

Sedative/Hypnotics – Non-Benzodiazepines: The Commission reviewed the prior authorization criteria as follows:

Preferred agents are available without prior authorization (PA). Requests for doses above the manufacturer recommended dose will not be considered. Prior authorization is required for all non-preferred non-benzodiazepine sedative/hypnotics. Payment for non-preferred non-benzodiazepine sedative/hypnotics will be authorized only for cases in which there is documentation of previous trials and therapy failures with, at a minimum, three (3) preferred agents. Payment for non-preferred non-benzodiazepine sedative/hypnotics will be considered when the following criteria are met:

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

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

As this was the second review of these criteria, no motion was necessary. The recommendation will be sent to the Department for consideration.

Miscellaneous

DUR Digest: The Commission members reviewed the draft for DUR Digest Volume 27, Number 3. This was the second review of the DUR Digest and will be posted to the website.

MedWatch: The Commission members received FDA announcements concerning new Black Box Warnings.

A unanimous roll call vote was made at 11:42 to adjourn the meeting and move to closed session (motion by Jason Wilbur).

The next meeting will be held at 9:30 a.m. on Wednesday, August 5, 2015, at the Learning Resource Center in West Des Moines.

Appendix M
Mental Health Advisory Group

Mental Health Advisory Group

The Iowa Medicaid Drug Utilization Review Mental Health Advisory Group (MHAG), formerly known as the Mental Health Work Group, was established in SFY08. It is currently comprised of two members of the Drug Utilization Review Commission (psychiatrist and pharmacist), several pediatric and adolescent psychiatrists, an adult psychiatrist, a psychiatric pharmacist, a pediatrician and a psychiatrist from Magellan Health Services.

The Mental Health Advisory Group is a separate entity from the Iowa Medicaid Drug Utilization Review (DUR) Commission. All recommendations from the MHAG must be approved by the DUR Commission before they can be implemented.

The original goal of the MHWG was to address issues that developed specific to the pediatric and adolescent psychiatrists within the State of Iowa when mental health drug consolidation edits were implemented in October, 2007. Since then, the DUR Commission has made the decision to refer other mental health issues that impact the entire mental health population of Iowa Medicaid, regardless of the members' age.

The MHAG met twice in SFY15. The minutes from the October 2014 and May 2015 meetings have been included.

Iowa Medicaid DUR Mental Health Advisory Group **Meeting Minutes October 10, 2014**

Attendees:

Commission Members
Terry Augspurger, M.D.; Charles Wadle, D.O.; Samuel Kuperman, M.D.; Kellen Ludvigson, Pharm.D.; and Gregory Barclay, M.D.

Staff
Pam Smith, R.Ph.

Guests
Susan Parker, Pharm.D., DHS; Erin Halverson, R.Ph., IME, and Melissa Biddle, IME.

Welcome & Introductions

Pam Smith called the meeting to order at 8:05 a.m. at the Iowa Medicaid Enterprise. All members joined via telephone, except for Dr. Wadle, who attended the meeting in person.

The minutes from the October 18, 2013 meeting were approved. (Motion by Dr. Wadle, second by Dr. Barclay, unanimous approval by voice vote.)

ProDUR Edits on Antipsychotics

Background, Edits, Implementation: The DUR Commission, in consultation with the Medicaid Mental Health Advisory Group (MHAG), recommended the Department implement edits on antipsychotic medications in April 2012. They recommended an age edit be applied on risperidone for members less than five years of age and an age edit on all other antipsychotics for members less than six years of age. Additionally, edits would be put into place to prevent duplicate therapy for members less than 18 years of age initially, with the same edit to be applied to members 18 and older in the second phase of implementation, four to six months after the first. If a claim denies for these edits, a prior authorization (PA) request would need to be submitted and approved in order for the claim to pay. Prior to initiation of these edits, an informational letter will be sent to all providers, including discharge planners, to encourage changes to current drug regimen or submission of a PA prior to implementation of the edits and prior to discharge. Soft edits will also be programmed into the Point of Sale (POS) system indicating the claim(s) will deny for a PA at the specific date indicated, which should prompt the pharmacy to notify the prescriber. Additionally, the Iowa Medicaid Enterprise (IME) will produce a report of members impacted and notify those prescribers that their patients will be impacted by the change, along with specifics about the change and the proposed effective date. Dr. Kuperman commented that chlorpromazine is FDA approved to be dosed down to 6 months of age and haloperidol is FDA approved to be dosed down to 3 years of age, which are outside of the proposed ProDUR age edits. He also noted that it could take 3 to 6 months to taper a dose. Dr. Kuperman also asked if requests would be excluded based on diagnosis. When a claim

denies for one of the ProDUR edits, a PA would be required, which will be subject to review of diagnosis.

A suggestion was made to allow a one time 30 day grace period for tapering as there was concern prescribers may not submit a PA for cross tapering of medications due to time constraints. The IME will research options for providing this allowance to providers. There was concern that IME PA pharmacists might not have psychotropic expertise; however, they do have resources to contact if necessary, and thorough documentation will help lessen the need for resubmissions. Ultimately, staff are required to observe the Iowa rules. Information regarding provider portal enrollment will be included in the informational letter, as prior authorizations can be submitted electronically through the provider portal now, and may help ease the burden of additional paperwork in submitting prior authorizations. The MHAG members requested a copy of the informational letter regarding portal enrollment be emailed to them. Dr. Kuperman said he hadn't received any mail from the DUR Commission, and wondered if those items were getting lost along the way or how he should be receiving them. Pam Smith will consult with Provider Services. Dr. Wadle asked the committee members if they knew of any available information that would be helpful for PA staff to have when reviewing prior authorization requests. A readable synopsis in a textbook called *Green* was suggested; Pam Smith will look into this after Dr. Kuperman sends her more specifics about it, and potentially get a copy for the IME to use as a reference. Dr. Kuperman mentioned that Iowa ranks 48th among the States, based on percentage of population, in regards to the number of child psychiatric practitioners. Dr. Ludvigson noted this is exactly why edits like this need to be implemented. Due to the low number of specialty providers, family practitioners bare the responsibility of prescribing psychotropics and may lack the necessary training to do so. The MHAG members wondered how many family practice doctors, nurse practitioners, and physician assistants were writing prescriptions for antipsychotics, and if some educational outreach should be done. They also thought it would be a good idea to ask an ARNP to sit on the Mental Health Advisory Group; they will send suggestions to Pam Smith. Magellan, as well as the University of Iowa offer hotlines for practitioners prescribing psychotropic medications. Dr. Wadle and Dr. Kuperman indicated it is not a widely used tool at this point in time.

Frequently Asked Questions Document: A draft of a FAQ document, which will be attached to the upcoming informational letter, was provided. It covered topics such as how the ProDUR edits work in the POS system, the prior authorization process, and which antipsychotic medications would require prior authorization due to the new ProDUR edits. Chronic, concurrent use will be considered on a case by case basis, but should be avoided if possible.

The meeting adjourned at 8:57 a.m. by unanimous decision. The next meeting is tentatively scheduled for May 8, 2015 at the Iowa Medicaid Enterprise in Des Moines, IA, with another one tentatively scheduled for October 9, 2015.

Iowa Medicaid DUR Mental Health Advisory Group **Meeting Minutes May 8, 2015**

Attendees:

Commission Members
Terry Augspurger, M.D.; Charles Wadle, D.O.; Samuel Kuperman, M.D.; Tami Argo, Pharm.D.; and Gregory Barclay.

Staff
Pam Smith, R.Ph.

Guests
Susan Parker, Pharm.D., DHS; Jeffrey Barkin, M.D., IME; Erin Halverson, R.Ph., IME, and Melissa Biddle, IME.

Welcome & Introductions

Pam Smith called the meeting to order at 8:05 a.m. at the Iowa Medicaid Enterprise.

The minutes from the October 10, 2014 meeting were approved. (Motion by Gregory Barclay, second by Charles Wadle, unanimous approval by voice vote.)

ProDUR Edits on Antipsychotics

Background, Edits, Implementation: At the October 10, 2014 Mental Health Advisory Group (MHAG) Meeting, the committee members re-reviewed the edits that the DUR Commission, in consultation with MHAG, had recommended be implemented on antipsychotic medications back in April 2012. They recommended an age edit be applied on risperidone for members less than five years of age and an age edit on all other antipsychotics for members less than six years of age. Additionally, edits would be put into place to prevent duplicate therapy for members less than 18 years of age initially, with the same edit to be applied to members 18 and older in the second phase of implementation. If a claim denies for these edits, a prior authorization (PA) request would need to be submitted and approved in order for the claim to pay. At the October MHAG Meeting, Dr. Augspurger had commented that chlorpromazine is FDA approved to be dosed down to 6 months of age and haloperidol is FDA approved to be dosed down to 3 years of age, which are outside of the proposed ProDUR age edits. The DUR Commission was made aware of these concerns, but decided to proceed with the edits as initially recommended. A one-time 30 day grace period for tapering will be provided through POS programming when these edits are implemented. Prior to initiation of these edits, an informational letter will be sent to all providers, including discharge planners, to encourage changes to current drug regimens or submission of a PA prior to implementation of the edits and prior to discharge if needed. IME is currently in the process of identifying providers that may be affected, with no set implementation date as of yet. Dr. Kuperman was worried that the prior authorization process would delay discharge of admitted patients. Dr. Augspurger asked that his objection to not allowing claims for chlorpromazine and haloperidol for their FDA

approved age to pay without PA be put on record again (see above). In response, Dr. Wadle commented that it appeared only 20 cases over 4 years would have been affected by the new edits. Pam Smith mentioned that other states had also implemented edits for antipsychotic use in children, with many states being more restrictive than what has been recommended by the DUR.

ProDUR Edits on Select CNS Stimulants

The DUR Commission reviewed quantity limits for stimulants used in the treatment of Attention Deficit Hyperactivity Disorder (ADHD) and Narcolepsy at the February 2015 meeting, and they made recommendations to change or add quantity limits on select CNS stimulants. Additionally, the DUR requested claims exceeding the proposed quantity limits be identified to determine the impact to members, providers, and the prior authorization department, which was reviewed at the April 2015 DUR meeting (see chart below reflecting claims from January 2015). The DUR made the recommendation to refer the proposed quantity limits to the MHAG for their comment. Several MHAG members felt that the limit of 30 tablets for 30 days on Concerta 54mg was too low as there are children weighing 80-90 kilograms that require a higher dose, and literature exists to support dosing at 108mg per day. Dr. Kuperman shared a recent experience in obtaining a quantity limit override for amphetamine salt combo tablets. It was stressed that providing ample information for the reviewing pharmacist is important when submitting quantity limit override requests. These concerns will be taken back to the DUR Commission for consideration.

Drug (applies to brand and generic)	Proposed QL	N of Claims (age 0-20 years)	N of Claims (age 21+ years)	Current QL
Adderall IR 12.5mg	90	2	0	120
Adderall IR 20mg	90	10	22	120
Concerta 18mg	30	21	0	60
Concerta 27mg	30	12	0	60
Concerta 54mg	30	115	7	60
Focalin IR 2.5mg	60	6	1	None
Focalin IR 5mg	60	50	1	None
Focalin IR 10mg	60	75	2	None
Focalin XR 5mg	30	16	0	60
Focalin XR 10mg	30	35	0	60
Focalin XR 15mg	30	34	0	90
Focalin XR 20mg	30	63	0	60
Focalin XR 25mg	30	30	0	60
Focalin XR 30mg	30	79	0	60
Ritalin IR 5mg	90	44	0	None
Ritalin IR 10mg	90	62	20	None
Ritalin IR 20mg	90	24	19	None

CNS Stimulants and Atomoxetine Prior Authorization Criteria

In January 2015, Vyvanse received FDA approval for the treatment of moderate to severe Binge Eating Disorder (BED), so the prior authorization criteria are being

updated. Changes include a requirement that the prescriber check the Iowa Prescription Monitoring website (PMP) for the patient's use of controlled substances prior to requesting a prior authorization for any CNS stimulant or atomoxetine, which Dr. Kuperman felt might require significant time on the part of the prescriber for the more troubled patients. He says PMP does send out email alerts that he's already receiving. Dr. Barkin also suggested requiring a consult with someone who specializes in eating disorders, but there was concern that there aren't enough inpatient programs in Iowa, and that all members would be referred to the University of Iowa and have to sit on a waitlist for a long period of time. These concerns will also be relayed back to the DUR Commission.

The meeting adjourned at 8:53 a.m. by unanimous decision. The next meeting is tentatively scheduled for October 9, 2015 at the Iowa Medicaid Enterprise in Des Moines, IA.

Appendix N
Recommendations to the P&T

P & T Recommendations SFY15

The DUR Commission makes recommendations to the Iowa Medicaid Pharmaceutical & Therapeutics (P&T) Committee regarding the status of a medication on the Preferred Drug List (PDL) as issues arise. During the time period for this report there were two recommendations made to the P&T Committee.



IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

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Jason Wilbur, M. D.

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DUR Project Coordinator

October 2, 2014

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

At the request of the DUR Commission members, I am forwarding the following referral to the Pharmaceutical and Therapeutics (P&T) Committee members for further consideration.

The DUR Commission reviewed clinical information regarding niacin at their October 1, 2014 meeting.

In 2011, the AIM-HIGH (Atherothrombosis Intervention in Metabolic Syndrome with Low HDL/High Triglycerides: Impact on Global Health Outcomes) trial found niacin, added to a statin, failed to improve outcomes in patients with cardiovascular disease. Recently, the results from another niacin trial, HPS2-THRIVE (Heart Protection Study 2-Treatment of HDL to Reduce the Incidence of Vascular Events), were released. This study involved roughly 26,000 patients with known vascular disease whose mean LDL and HDL cholesterol levels were 64mg/dL and 44mg/dL, respectively, while taking simvastatin (40mg daily; some participants were also taking ezetimibe). Patients received either 2g of extended-release niacin daily or placebo. It should be noted, niacin was combined with laropiprant, a drug that reduces the incidence of niacin-related flushing. Laropiprant does not have a cholesterol lowering effect. The results of this study found that niacin had lowered LDL cholesterol levels by a mean of 10mg/dL and raised HDL cholesterol levels by a mean of 6mg/dL as compared to placebo. Yet, there was no difference between groups in incidence of major adverse cardiovascular events (13.2% vs. 13.7% respectively). Niacin was associated with a slight increase in overall mortality (6.2% vs. 5.7%) and a greater risk for serious adverse events typically associated with this drug (e.g., gastrointestinal, musculoskeletal, and diabetes-related), as well as for infection and bleeding.

According to the prescribing information for *Niaspan*, the following limitations of use are listed:

- No incremental benefit of Niaspan coadministered with simvastatin or lovastatin on cardiovascular morbidity and mortality over and above that demonstrated for niacin, simvastatin and lovastatin monotherapy, has been established.
- Niaspan, at doses of 1,500-2,000 mg/day, in combination with simvastatin, did not reduce the incidence of cardiovascular events more than simvastatin in a randomized controlled trial of patients with cardiovascular disease and mean baseline LDL-C levels of 74mg/dL.

Based on the findings from the aforementioned studies and limitations to use listed in the *Niaspan* label, the DUR Commission requests the P&T Committee consider making niacin products non-preferred on the Preferred Drug List (PDL), requiring documentation of an intolerance to, or failure with, a preferred statin at an optimized dose.

Thank you in advance for consideration of moving niacin products to non-preferred status on the PDL.

Sincerely,

A handwritten signature in black ink that reads "Paula Smith R.Ph." The signature is written in a cursive, flowing style.

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

Cc: Erin Halverson, R.Ph., IME
Megan Smith, R.Ph., Pharm.D., IME



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February 16, 2015

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, Iowa 50315

Dear Susan:

At the request of the DUR Commission members, I am forwarding the following referral to the Pharmaceutical and Therapeutics (P&T) Committee members for further consideration.

The DUR Commission reviewed proposed Prior Authorization (PA) criteria for apixiban (Eliquis) at their February 4, 2015 meeting. Currently, for the diagnosis of non-valvular atrial fibrillation or treatment and prevention of deep vein thrombosis (DVT) and pulmonary embolism (PE), criteria for apixiban and other Novel Oral Anticoagulants (NOACs) require documentation of a previous trial and therapy failure with warfarin (failure is defined as a previous TIA, stroke, or inability to maintain a therapeutic INR with a minimum 6 month trial). Several written comments from prescribers have been reviewed by the DUR Commission members, requesting the NOACs be available without requiring a failure on warfarin for treatment of non-valvular atrial fibrillation or treatment and prevention of DVT and PE.

The DUR Commission respectfully requests the P&T Committee conduct an overall cost comparison of the NOACs versus warfarin to determine if one or more of these agents could be available to members without requiring a warfarin trial. When looking at costs for warfarin, the DUR Commission would like the following factors to be taken into account: the costs for INR monitoring, frequent office visits to stabilize INR, and bridging therapy while patient is being stabilized on warfarin.

Thank you in advance for conducting this cost comparison between warfarin and the NOACs to determine if one or more of these agents could be available to members without requiring a warfarin trial.

Sincerely,

A handwritten signature in black ink that reads "Paula Smith R.Ph." The signature is written in a cursive style with a large initial 'P'.

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

Cc: Erin Halverson, R.Ph., IME
Megan Smith, R.Ph., Pharm.D., IME