# Iowa Department of Human Services

## *Iowa Medicaid Drug Utilization Review Commission Annual Report of Activities SFY14*

**September 30, 2014**

# Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

September 17, 2014

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 $7.42 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 $14.85 per state dollar spent. Total annualized cost savings estimates for SFY14 ($2,004,498.47) were higher than SFY13 ($1,250,825.21) by approximately 60 percent (an increase of $753,673.26).

Savings from patient-focused reviews for SFY14 ($166,220.30) were lower than SFY13 ($342,928.20) by 52 percent (a decrease of $176,707.90). This decrease in savings was, in part, due to a smaller number of members making a therapy change on the suggestions made by the DUR Commission versus the previous year.

Savings from problem-focused reviews for SFY14 ($1,838,278.17) were higher than SFY13 ($907,897.01) by 102 percent (an increase of $930,381.16). This increase in savings is mainly the result of one intervention related to concurrent use of second generation antipsychotics where duplicate therapy was discontinued.

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

Sincerely,

Jennifer Davis Harbison
Policy Advisor

JDH/slp/ps

Enclosure

cc: Terry E. Branstad, Governor
Senator Jack Hatch
Senator David Johnson
Representative David Heaton
Representative Lisa Heddens
Legislative Service Agency
Aaron Todd, Senate Majority Caucus
Josh Bronsink, Senate Minority Caucus
Brad Trow, House Majority Caucus
Zeke Furlong, House Minority Caucus

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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 2013 through June 2014.

## 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. Reponses 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 SFY14 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 $2,004,498.47* which equates to $7.42* 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 | $2,004,498.47* |
| Cost of the Program (state and federal dollars) | $270,000.00 |
| Net cost Savings Estimate | $1,734,498.47* |
| Savings per Total Dollar Spent (state and federal) | $7.42* |
| Savings per State Dollar Spent | $14.85* |

Patient-focused reviews resulted in $166,220.30* in direct cost savings, or $138.06* per patient evaluated. This estimate is based on the 1,240 suggestions made by the DUR Commission identified from the review of the medication therapy of 1,204 patient profiles selected for intervention. Of these 1,240 suggestions, 63 suggestions were implemented by the providers, resulting in a 5.08 percent impact rate.

| Patient-Focused Profile Review | |
|---|---|
| Suggestions Made | 1,240 |
| Therapy Changed | 63 |
| IMPACT RATE | 5.08% |
| Cost Savings Estimates: | |
| Dollars Saved per Patient Evaluated | $138.06* |
| Dollars Saved on Medication | $166,220.30* |

*Savings reported are pre-rebate, total dollars

Problem-focused reviews resulted in an estimated cost savings of $1,838,278.17* or $448.47 saved per patient evaluated. This estimate is based on the review of profiles with 4,099 patients selected for interventions. Therapy was changed for 1,661 patients, resulting in an impact rate of 40.5 percent.

Problem-Focused Profile Review

| | |
|---|---|
| Patients Evaluated | 4,099 |
| Therapy Changed | 1,661 |
| IMPACT RATE | 40.5% |
| Cost Savings Estimates: | |
| Dollars Saved on Patient Reviews | $1,838,278.17* |
| Dollars Saved per Patient Evaluated | $448.47* |
| Total Dollars Saved on Medication | $1,838,278.17* |

**Comparison to Previous Reports**

Cost savings estimates for SFY14 ($2,004,498.47*) are higher than last year. This increase is due in part to the type of problem-focused profile reviews the DUR members selected for intervention. Three of the interventions involved mental health drugs which are typically more costly to the program compared to other drug categories. One intervention involved overutilization of a rescue inhaler resulting in decreased utilization of the inhaler and a decreased overall cost. As a result, these interventions generated a higher amount of savings.

The savings from SFY14 patient-focused reviews ($166,220.30*) were lower than SFY13 ($342,928.20*). The number of suggestions made (1,204) vs. (1,443) decreased as well as the number of suggestions that were accepted (63) vs. (115) from SFY13. This decrease in the number of suggestions made 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 cause for the decrease in the number of suggestions accepted. 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 SFY14 ($1,838,278.17*) were higher than SFY13 ($907.897.01*). This again was due to the fact that in SFY14, three problem-focused reviews involved mental health drugs which typically carry a higher total cost to the program, in addition to a problem-focused study that focused on overutilization of an albuterol inhaler, and subsequently resulted in decreased utilization.

*Savings reported are pre-rebate, total dollars

# Results by Review Type

## Patient-Focused Review

During this evaluation period, 2,755 educational intervention letters were mailed to prescribers and pharmacies regarding medication therapy. Of this total, 1,478 letters (53.65 percent) were mailed to prescribers, and 1,277 (46.35 percent) letters were mailed to pharmacies. Providers are invited to voluntarily respond to DUR Commission letters. Providers returned 989 responses to these letters, resulting in an overall response rate by the providers of 35.90 percent. Of this total, 562 (56.83 percent) responses were from prescribers and 427 (43.17 percent) were from pharmacies. The response rate differed slightly between physicians and pharmacies; 38 percent for physicians and 33.4 percent for pharmacies.

In these 2,755 educational letters, the DUR Commission made 1,240 suggestions. Of these suggestions, 1,185 (95.56 percent) were therapeutic in nature while 55 (4.44 percent) were cost-saving in nature. The suggested change was implemented in 63 cases, resulting in an overall impact rate of 5.08 percent.

Of the 1,240 suggestions, four types of suggestions accounted for over 87 percent of the total. Those four suggestions were Drug-Drug Interaction (4.03 percent), Not Optimal Drug (8.47 percent), Therapeutic Duplication (70.40 percent), and Unnecessary Drug Therapy (4.52 percent). No other single category accounted for more than 4 percent of the total suggestions. Of the 63 changes, the most common reasons for the Commission's inquiry were Patient Underuse (9.52 percent), Therapeutic Duplication (55.56 percent), Unnecessary Drug Therapy (3.48 percent), and Not Optimal Drug (9.52 percent). No other single category accounted for more than 5 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 Overuse (50.00 percent), Patient Underuse (31.58 percent), Unnecessary Drug Therapy (8.93 percent), and Not Optimal Dosage Form (8.00 percent).

Implementation of therapeutic suggestions resulted in direct drug cost savings of $152,752.07*. Implementation of the cost-saving suggestions resulted in direct drug cost savings of $13,468.23*. The total amount saved on medication utilization was calculated to be $166,220.30* for the 1,204 patients evaluated, or $138.06* 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

*Savings reported are pre-rebate, total dollars

response and outcome. The examples provide an easily understood method to demonstrate the value of retrospective patient-focused DUR.

## Problem-Focused Reviews

Twenty problem-focused reviews were evaluated during SFY14. In conducting these studies, 4,099 patient profiles were reviewed and selected for intervention. Of these patients, 1,661 cases showed evidence of a positive outcome, resulting in an impact rate of 40.5 percent. These changes in therapy resulted in annualized cost savings of $1,838,278.17* or $448.47* 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 SFY14, 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: Oral Multiple Sclerosis Agents, Thrombopoietin Receptor Agonists, Long-Acting Narcotics, Janus Kinase (JAK) Inhibitors, Pre-Filled Insulin Pens, Proton Pump Inhibitors, Sodium Oxybate (*Xyrem*), Non-Insulin Anti-Diabetic Agents, Oral Hepatitis C Antiviral Agents, Antidepressants, Ivacaftor (*Kalydeco*). The following is a list for which new categories of clinical prior authorization criteria were developed: Oral Constipation Agents (Lubiprostone and Linaclotide), Testosterone Products, Rivaroxaban (*Xarelto*), Apixaban (*Eliquis*), and Trametinib (*Mekinist*). 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 SFY14:

- Quantity limits on glipizide er 2.5mg and 5mg of 30 tablets per 30 days.
- Quantity limit on glipizide er 10mg of 60 tablets per 30 days.
- Quantity limit on Latuda 60mg of 30 tablets per 30 days.
- Quantity limit on Vimpat of 60 tablets per 30 days.
- Quantity limit on Albenza of 4 tablets per 30 days.
- Quantity limit on butalbital containing products of 60 units per 30 days.
- Quantity limit on fluocinolone otic of 20ml per 30 days.
- Quantity limit on Stromectol of 15 tablets per 30 days.

*Savings reported are pre-rebate, total dollars

- Quantity limit on Transderm Scop of 8 patches 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:

- The use of Benzodiazepines and Opioids with Sleep Apnea
- Duplicate Antidepressants
- Uncontrolled Hypertension Among Adults in the United States, 2003 - 2010
- Ketoconazole Drug Safety Announcement
- Iowa Prescription Drug Monitoring Program

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.

Brett Faine, Pharm.D. was reappointed to serve a second, four-year term beginning in August 2014.

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 SFY14 recommendations can be found in Appendix N.

*Savings reported are pre-rebate, total dollars

# Appendix A
# Commission Members

**Iowa Medicaid Drug Utilization Review**
**Commission Members**
**2013-2014**

**Larry Ambroson, R.Ph.**
Larry Ambroson currently owns and operates The Medicine Shoppe Pharmacy in Newton, Iowa. Before returning to Iowa, Larry worked as a staff pharmacist for Columbia Regional Hospital in Columbia, Missouri. In addition to running his business, Larry also sits on a review board with Capstone Health in Newton. Larry 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 will expire in June 2015.

**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**
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 second term in 2011 which will expire in June 2015.

**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.

<u>Patient-focused DUR</u>

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
Lexapro 10 mg #30= $83.04
Lexapro 10 mg #30= $83.04
Lexapro 10 mg #30= $83.04
Lexapro 10 mg #30= $83.04
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
Lexapro 20 mg #15 = $45.92
Lexapro 20 mg #15 = $45.92
Lexapro 20 mg #15 = $45.92
Lexapro 20 mg #15 = $45.92
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 x 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 form 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
# SFY14

## Patient Focused Profile Review

| | |
|---|---|
| Suggestions Made | 1,240 |
| Therapy Changed | 63 |
| Impact Rate | 5.08% |
| Cost Savings Estimates: | |
| Dollars Saved per Patient Evaluated* | $138.06 |
| Dollars Saved on Medication* | $166,220.30 |

## Problem-Focused Profile Review

| | |
|---|---|
| Suggestions Made | 4,099 |
| Therapy Changed | 1,661 |
| Impact Rate | 40.52% |
| Cost Savings Estimates: | |
| Dollars Saved per Patient Evaluated* | $448.47 |
| Dollars Saved on Medication* | $1,838,278.17 |

| | |
|---|---|
| **Cost Savings Estimate*** | **$2,004,498.47** |
| Cost of the Program (State & Federal) | $270,000.00 |
| Net Cost Savings Estimate | $1,734,498.47 |

| | |
|---|---|
| **Savings Per Dollar Spent (State and Federal)*** | **$7.42** |
| **Savings Per State Dollar Spent*** | **$14.85** |

*Savings reported are pre-rebate, total dollars

# Appendix D
# Results Patient-Focused

## Patient - Focused Reviews

SFY14

| | | | | |
|---|---|---|---|---|
| Initial Review Date | **October 2012 - September 2013** | | | |
| Re-review Date | **July 2013 - June 2014** | | | |
| Patient Profiles Reviewed | 1,800 | | | |
| Profiles Selected for Intervention | 1,204 | | | |
| **Intervention Letters Sent** | | | | |
| Prescribers | 1,478 | 53.65% | | |
| Pharmacists | 1,277 | 46.35% | | |
| Total | **2,755** | 100% | | |
| **Responses Received** | | | | |
| Prescribers | 562 | 56.83% | **Overall Response Rate** | **35.90%** |
| Pharmacists | 427 | 43.17% | Prescriber Response Rate | 38.02% |
| Total | **989** | 100.00% | Pharmacy Response Rate | 33.44% |
| **Total Number of Suggestions** | | | | |
| Therapeutic | 1,185 | 95.56% | | |
| Cost-Saving | 55 | 4.44% | | |
| Total | **1,240** | 100% | | |
| **Total Number of Changes** | | | | |
| Therapeutic | 59 | 93.65% | **Impact Rate** | **5.08%** |
| Cost-Saving | 4 | 6.35% | | |
| Positive Impact Only | 0 | 0.00% | | |
| Total | **63** | 100% | | |

**Patient - Focused Review**
**Month by Month Breakdown**
SFY14

| **Initial Review Date**<br>**Evaluation Date** | **Oct-12**<br>**Jul-13** | **Dec-12**<br>**Sep-13** | **Feb-13**<br>**Nov-13** | **Apr-13**<br>**Jan-14** | **Jun-13**<br>**Mar-14** | **Aug-13**<br>**May-14** | **Total** |
|---|---|---|---|---|---|---|---|
| **Profiles Reviewed** | 300 | 300 | 300 | 300 | 300 | 300 | **1,800** |
| **Profiles Available for Evaluation** | 195 | 207 | 199 | 204 | 198 | 201 | **1,204** |
| **Total Number of Suggstions Made** | 200 | 208 | 204 | 212 | 204 | 212 | **1,240** |
| Therapeutic | 193 | 199 | 194 | 207 | 197 | 195 | **1,185** |
| Cost Saving | 7 | 9 | 10 | 5 | 7 | 17 | **55** |
| **Total Number of Changes Made** | 12 | 13 | 5 | 14 | 8 | 11 | **63** |
| Therapeutic | 11 | 12 | 5 | 14 | 6 | 11 | **59** |
| Cost Saving | 1 | 1 | 0 | 0 | 2 | 0 | **4** |
| Positive Impact Only | 0 | 0 | 0 | 0 | 0 | 0 | **0** |
| **Total Dollars Saved - Therapeutic** | $23,873.48 | $14,706.90 | $39,163.09 | $30,946.14 | $31,614.15 | $12,448.31 | **$152,752.07** |
| **Total Dollars Saved - Cost Saving** | $5,764.83 | $516.55 | $0.00 | $0.00 | $3,215.57 | $3,971.28 | **$13,468.23** |
| **Total Dollars Saved on Medication*** | $29,638.31 | $15,223.45 | $39,163.09 | $30,946.14 | $34,829.72 | $16,419.59 | **$166,220.30** |
| **Total Dollars Saved per Profile** | $151.99 | $73.54 | $196.80 | $151.70 | $175.91 | $81.69 | $138.06 |

*Savings reported are pre-rebate total dollars.

**Medicaid DUR Impact Assessment**
**ReportPatient-Focused Reviews SFY14**

| Initial Review Date<br>Evaluation Date | Oct-12<br>Jul-13 | Dec-12<br>Sep-13 | Feb-13<br>Nov-13 | Apr-13<br>Jan-14 | Jun-13<br>Mar-14 | Aug-13<br>May-14 | **Total** | |
|---|---|---|---|---|---|---|---|---|
| Profiles Reviewed | 300 | 300 | 300 | 300 | 300 | 300 | **1,800** | |
| Profiles Evaluated | 195 | 207 | 199 | 204 | 198 | 201 | **1,204** | |
| **Letters Sent** | 451 | 458 | 437 | 471 | 469 | 469 | **2,755** | 100.00% |
| Prescribers | 242 | 245 | 230 | 256 | 257 | 248 | 1,478 | 53.65% |
| Pharmacy | 209 | 213 | 207 | 215 | 212 | 221 | 1,277 | 46.35% |
| **Responses Received** | 182 | 180 | 141 | 171 | 173 | 142 | **989** | 100.00% |
| Prescribers | 96 | 98 | 80 | 94 | 112 | 82 | 562 | 56.83% |
| Pharmacy | 86 | 82 | 61 | 77 | 61 | 60 | 427 | 43.17% |
| Total Number of Templates Mentioned | 200 | 208 | 204 | 212 | 204 | 212 | **1,240** | 100.00% |
| Therapeutic | 193 | 199 | 194 | 207 | 197 | 195 | 1,185 | 95.56% |
| Cost-Saving | 7 | 9 | 10 | 5 | 7 | 17 | 55 | 4.44% |
| Total Number of Changes Made | 12 | 13 | 5 | 14 | 8 | 11 | **63** | 100.00% |
| Therapeutic | 11 | 12 | 5 | 14 | 6 | 11 | 59 | 93.65% |
| Cost-Saving | 1 | 1 | 0 | 0 | 2 | 0 | 4 | 6.35% |
| Positive Impact Only | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.00% |
| **Total Dollars Saved - Therapeutic Changes** | $23,873.48 | $14,706.90 | $39,163.09 | $30,946.14 | $31,614.15 | $12,448.31 | **$152,752.07** | 91.90% |
| **Total Dollars Saved - Cost Saving Changes** | $5,764.83 | $516.55 | $0.00 | $0.00 | $3,215.57 | $3,971.28 | **$13,468.23** | 8.10% |
| **Total Dollars Saved on Medication*** | $29,638.31 | $15,223.45 | $39,163.09 | $30,946.14 | $34,829.72 | $16,419.59 | **$166,220.30** | 100.00% |
| **Total Dollars Saved Per Profile Evaluated** | $151.99 | $73.54 | $196.80 | $151.70 | $175.91 | $81.69 | **$138.06** | |

***Savings reported are pre-rebate, total dollars**

**Comment Type**
**Patient Focused Reviews**
**SFY14**

| Initial Review Date | Oct-12 | | Dec-12 | | Feb-13 | | Apr-13 | | Jun-13 | | Aug-13 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Evaluation Date** | **Jul-13** | | **Sep-13** | | **Nov-13** | | **Jan-14** | | **Mar-14** | | **May-14** | | **Total** | |
| **Template Classification** | **Suggestions** | **Changes** | **Suggestions** | **Changes** | **Suggestions** | **Changes** | **Suggestions** | **Changes** | **Suggestions** | **Changes** | **Suggestions** | **Changes** | **Total Suggestions** | **Total Changes** |
| Adverse Drug Reaction | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| Drug-Disease Interaction | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 2 | 0 |
| Drug-Drug Interaction | 5 | 0 | 17 | 1 | 7 | 0 | 8 | 1 | 4 | 0 | 9 | 0 | 50 | 2 |
| High Cost Drug | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| Innapropriate Billing | 2 | 0 | 0 | 0 | 5 | 0 | 1 | 0 | 3 | 0 | 7 | 0 | 18 | 0 |
| Missing Drug Therapy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Not Optimal Dosage Form | 2 | 1 | 8 | 1 | 3 | 0 | 3 | 0 | 3 | 0 | 6 | 0 | 25 | 2 |
| Not Optimal Dose | 2 | 0 | 6 | 1 | 7 | 0 | 9 | 0 | 6 | 0 | 2 | 1 | 32 | 2 |
| Not Optimal Drug | 21 | 1 | 17 | 1 | 18 | 1 | 21 | 3 | 19 | 0 | 9 | 0 | 105 | 6 |
| Not Optimal Duration | 4 | 0 | 12 | 1 | 14 | 0 | 7 | 1 | 2 | 0 | 1 | 0 | 40 | 2 |
| Patient Overuse | 5 | 3 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 3 |
| Patient Underuse | 4 | 1 | 3 | 1 | 4 | 1 | 1 | 0 | 2 | 0 | 5 | 3 | 19 | 6 |
| Potential Generic Use | 3 | 0 | 1 | 0 | 2 | 0 | 1 | 0 | 1 | 0 | 4 | 0 | 12 | 0 |
| Therapeutic Alternative | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Therapeutic Duplication | 152 | 6 | 134 | 5 | 139 | 3 | 155 | 9 | 148 | 6 | 145 | 6 | 873 | 35 |
| Unnecessary Drug Therapy | 0 | 0 | 10 | 2 | 2 | 0 | 5 | 0 | 16 | 2 | 23 | 1 | 56 | 5 |
| **Total** | **200** | **12** | **208** | **13** | **204** | **5** | **212** | **14** | **204** | **8** | **212** | **11** | **1,240** | **63** |

## Patient Focused Reviews
## SFY14

| Template Classification | Total Suggestions | Total Changes | % of Total Suggstions | % of Total Changes | % of Suggestions Changed | % Dollars Saved |
|---|---|---|---|---|---|---|
| Adverse Drug Reaction | 1 | 0 | 0.08% | 0.00% | 0.00% | 0.00% |
| Drug-Disease Interaction | 2 | 0 | 0.16% | 0.00% | 0.00% | 0.00% |
| Drug-Drug Interaction | 50 | 2 | 4.03% | 3.17% | 4.00% | 0.22% |
| High Cost Drug | 1 | 0 | 0.08% | 0.00% | 0.00% | 0.00% |
| Inappropriate Billing | 18 | 0 | 1.45% | 0.00% | 0.00% | 0.00% |
| Missing Drug Therapy | 0 | 0 | 0.00% | 0.00% | 0.00% | 0.00% |
| Not Optimal Dosage Form | 25 | 2 | 2.02% | 3.17% | 8.00% | 3.64% |
| Not Optimal Dose | 32 | 2 | 2.58% | 3.17% | 6.25% | 0.53% |
| Not Optimal Drug | 105 | 6 | 8.47% | 9.52% | 5.71% | 2.79% |
| Not Optimal Duration | 40 | 2 | 3.23% | 3.17% | 5.00% | 0.10% |
| Patient Overuse | 6 | 3 | 0.48% | 4.76% | 50.00% | 0.08% |
| Patient Underuse | 19 | 6 | 1.53% | 9.52% | 31.58% | 0.00% |
| Potential Generic Use | 12 | 0 | 0.97% | 0.00% | 0.00% | 0.00% |
| Therapeutic Alternative | 0 | 0 | 0.00% | 0.00% | 0.00% | 0.00% |
| Therapeutic Duplication | 873 | 35 | 70.40% | 55.56% | 4.01% | 84.70% |
| Unnecessary Drug Therapy | 56 | 5 | 4.52% | 7.94% | 8.93% | 7.94% |
| **Total** | **1,240** | **63** | 100.00% | 100.00% | **5.08%** | 100.00% |

## Savings By Template Class

SFY14

| Initial Review Date<br>Evaluation Dte | Oct-12<br>Jul-13 | Dec-12<br>Sep-13 | Feb-13<br>Nov-13 | Apr-13<br>Jan-14 | Jun-13<br>Mar-14 | Aug-13<br>May-14 | **Total** |
|---|---|---|---|---|---|---|---|
| **Template Classification** | | | | | | | |
| 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 | $0.00 | $274.70 | $0.00 | $84.55 | $0.00 | $0.00 | $359.25 |
| 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 | $0.00 | $0.00 | $0.00 |
| Missing Drug Therapy | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| Not Optimal Dosage Form | $5,815.95 | $241.85 | $0.00 | $0.00 | $0.00 | $0.00 | $6,057.80 |
| Not Optimal Dose | $0.00 | $390.90 | $0.00 | $124.41 | $0.00 | $369.82 | $885.13 |
| Not Optimal Drug | $2,465.39 | $1,730.76 | $322.77 | $112.57 | $0.00 | $0.00 | $4,631.49 |
| Not Optimal Duration | $0.00 | $162.67 | $0.00 | $0.00 | $0.00 | $0.00 | $162.67 |
| Patient Overuse | $140.83 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $140.83 |
| 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 | $0.00 | $0.00 |
| Therapeutic Alternative | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| Therapeutic Duplication | $21,216.14 | $6,410.18 | $38,840.32 | $30,624.61 | $31,614.15 | $12,078.49 | $140,783.89 |
| Unnecessary Drug Therapy | $0.00 | $6,012.39 | $0.00 | $0.00 | $3,215.57 | $3,971.28 | $13,199.24 |
| **Total** | **$29,638.31** | **$15,223.45** | **$39,163.09** | **$30,946.14** | **$34,829.72** | **$16,419.59** | **$166,220.30** |

# Intervention Case Summaries
# August 2013

The Commission reviewed the profile of a 64 year-old male taking hyoscyamine and dicyclomine concurrently. The Commission pointed out both medications would generally be considered to produce similar therapeutic effects and asked if one of the medications could be discontinued with the dose of the other adjusted, if needed. Upon re-review, the dose of hyoscyamine was discontinued.
Annualized pre-rebate savings (state and federal) = $616.77

The Commission reviewed the profile of a 56 year-old male taking three benzodiazepines (clonazepam, alprazolam, lorazepam). The Commission asked if one or more of the benzodiazepines could be discontinued and the dose of the other(s) be adjusted. Upon re-review, alprazolam and lorazepam were discontinued. No dose adjustment was made on the clonazepam.
Annualized pre-rebate savings (state and federal) = $265.96

The Commission reviewed the profile of a 45 year-old female taking *Spiriva* and *Combivent* concurrently. The Commission asked if one of the inhaled anticholinergics could be discontinued since the combination of tiotropium and ipratropium is not supported in current GOLD guidelines or in the package insert of tiotropium. Upon re-review, *Spiriva* was discontinued.
Annualized pre-rebate savings (state and federal) = $3,178.29

The Commission reviewed the profile of a 9 year-old male taking benztropine with low dose risperidone. The Commission asked if the benztropine was necessary given the low dose of risperidone and asked if it could be discontinued. Upon re-review, benztropine was discontinued.
Annualized pre-rebate savings (state and federal) = $150.90

# Intervention Case Summaries
# October 2013

The Commission reviewed the profile of a 42 year-old female taking two different formulations of bupropion (XL and SR). The Commission asked if the patient should be taking one of the two different formulations. Upon re-review, both formulations of bupropion were discontinued and venlafaxine er was started.
Annualized pre-rebate savings (state and federal) = $421.68 (taking into account the cost of venlafaxine er)

The Commission reviewed the profile of a 13 year-old male taking low dose quetiapine in combination with low dose risperidone. The Commission asked the rationale for use of two second generation antipsychotics at low doses and if one could be discontinued with a dose adjustment of the other, if needed. Upon re-review, quetiapine was discontinued and the dose of risperidone was increased.
Annualized pre-rebate savings (state and federal) = $233.48 (taking into account the cost of the risperidone dose increase)

The Commission reviewed the profile of a 55 year-old female taking *Vesicare* and *Sanctura* concurrently. The Commission asked for the clinical situation for the combined use of the medications and if one of the medications could be discontinued. Upon re-review, *Vesicare* was discontinued.
Annualized pre-rebate savings (state and federal) = $4,865.03

The Commission reviewed the profile of a 53 year-old male taking *Potiga*, *Topamax*, and *Vimpat* concurrently. The Commission asked if the patient requires the use of three anti-seizure medications or if one should have been tapered down and discontinued with the addition of the third medication. Upon re-review, *Potiga* was discontinued. No dose adjustments were made to the other medications.
Annualized pre-rebate savings (state and federal) = $11,539.72

# Intervention Case Summaries
# December 2013

The Commission reviewed the profile of a 39 year-old female taking 150mg of sertraline daily, using sertraline 50mg and 100mg tablets. The Commission asked if the dose could be consolidated by using one and one-half sertraline 100mg tablet. Upon re-review the 150mg per day dose was obtained using sertraline 100mg tablets.
Annualized pre-rebate savings (state and federal) = $130.60

The Commission reviewed the profile of a 54 year-old female taking *Cymbalta* and venlafaxine er concurrently. The Commission pointed out the increased risk of serotonin syndrome and asked if one of the SNRIs could be discontinued. Upon re-review, venlafaxine er was discontinued.
Annualized pre-rebate savings (state and federal) = $372.73

The Commission reviewed the profile of a 24 year-old male taking five anticonvulsants (phenytoin, lamotrigine, levetiracetam, *Vimpat*, and zonisamide) concurrently. The Commission asked if the use of five anticonvulsants was necessary or if the patient's condition could be adequately controlled with four or less medications. Upon re-review, zonisamide was discontinued with no change in dose of the other anticonvulsants.
Annualized pre-rebate savings (state and federal) = $201.34

The Commission reviewed the profile of a 48 year-old male taking two short-acting opioids (hydrocodone/apap and morphine sulfate) in addition to extended-release morphine. The Commission asked if the patient requires continuous, around the clock pain relief if the extended release morphine dose could be increased with discontinuation of one or both short-acting opioids. Upon re-review, morphine sulfate immediate-release tablets were discontinued. No dose adjustments were made to the other medications.
Annualized pre-rebate savings (state and federal) = $396.05

# Intervention Case Summaries
# February 2014

The Commission reviewed the profile of a 55 year-old female taking quetiapine (250mg/day) and risperidone (2mg/day) concurrently. The Commission asked if the dose of one antipsychotic could be optimized with the discontinuation of the other. Upon re-review risperidone was discontinued and the dose of quetiapine was increased (350mg/day).
Annualized pre-rebate savings (state and federal) = $163.04

The Commission reviewed the profile of a 44 year-old female taking a sub-therapeutic dose of quetiapine (25mg/day). The Commission asked if the low dose of quetiapine was being used as a sedative, and if so, if there was another drug that could be used that does not carry the potential for adverse metabolic effects. Upon re-review, quetiapine was discontinued and trazodone (100mg/day) was added.
Annualized pre-rebate savings (state and federal) = $124.41 (taking into account the cost of trazodone)

The Commission reviewed the profile of a 48 year-old male taking gemfibrozil and simvastatin. The Commission pointed out the recent update to the simvastatin drug label where the combination of simvastatin and gemfibrozil is now contraindicated due to the increased risk of myopathy. Upon re-review, gemfibrozil was discontinued with no change in dose of simvastatin.
Annualized pre-rebate savings (state and federal) = $211.95

The Commission reviewed the profile of a 63 year-old male on high dose PPI therapy (pantoprazole 40mg BID). The Commission asked if a trial dose reduction to once daily dosing could be attempted. Upon re-review, the PPI dose was decreased to once daily dosing.
Annualized pre-rebate savings (state and federal) = $35.40

# Intervention Case Summaries
# April 2014

The Commission reviewed the profile of a 64 year-old female using *Spiriva* in combination with *Atrovent HFA*. The Commission asked if one of the anticholinergics could be discontinued. Upon re-review, *Spiriva* was discontinued.
Annualized pre-rebate savings (state and federal) = $3,107.14

The Commission reviewed the profile of a 52 year-old male taking cyclobenzaprine and baclofen. The Commission asked what the clinical situation was for the combined use of the muscle relaxants and if one could be discontinued and the dose of the other adjusted if needed. Upon re-review, cyclobenzaprine was discontinued and the dose of baclofen remained the same.
Annualized pre-rebate savings (state and federal) = $36.00

The Commission reviewed the profile of a 64 year-old female taking clonazepam and diazepam concurrently. 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, diazepam was discontinued and the dose of clonazepam remained the same.
Annualized pre-rebate savings (state and federal) = $92.12

The Commission reviewed the profile of a 33 year-old female receiving benztropine concurrently with low dose *Abilify*. The Commission asked if the benztropine was necessary. Upon re-review, benztropine was discontinued.
Annualized pre-rebate savings (state and federal) = $36.00

# Intervention Case Summaries
# June 2014

The Commission reviewed the profile of a 44 year-old female using *Spiriva* in combination with ipratropium/albuterol solution. The Commission asked if one of the anticholinergics could be discontinued. Upon re-review, ipratropium/albuterol solution was discontinued.
Annualized pre-rebate savings (state and federal) = $491.23

The Commission reviewed the profile of an 8 year-old male taking guanfacine and clonidine. The Commission asked what the clinical situation was for the combined use of the alpha2-adrenergic agonists and if one could be discontinued and the dose of the other adjusted if needed. Upon re-review, clonidine was discontinued and the dose of guanfacine remained the same.
Annualized pre-rebate savings (state and federal) = $137.99

The Commission reviewed the profile of a 56 year-old female taking temazepam and diazepam concurrently. 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, diazepam was discontinued and the dose of temazepam remained the same.
Annualized pre-rebate savings (state and federal) = $143.25

The Commission reviewed the profile of a 44 year-old female taking citalopram and fluoxetine concurrently. The Commission asked if one of the SSRIs could be discontinued with a dose adjustment of the other, if needed. Upon re-review, citalopram was discontinued and the dose of fluoxetine remained the same.
Annualized pre-rebate savings (state and federal) = $133.57

# Appendix E
# Results Problem-Focused

## Problem Focused Studies SFY14

| Focus Study | Review Period | Evaluation Period | Patients Reviewed | Total Cost Savings* |
|---|---|---|---|---|
| Second Generation Antipsychotic Use without Mental Health Diagnosis | 02/01/2012 - 07/31/2012 | 02/01/2013 - 07/31/2013 | 208 | $54,408.72 |
| Concurrent Second Generation Antipsychotics | 02/01/2012 - 07/31/2012 | 02/01/2013 - 07/31/2013 | 735 | $1,587,793.42 |
| Duplicate Anxiolytics | 08/01/2012 - 09/30/2013 | 08/01/2013 - 09/30/2013 | 468 | $2,002.38 |
| Duplicate Sedative /Hypnotics | 08/01/2012 - 09/30/2013 | 08/01/2013 - 09/30/2013 | 61 | $4,389.66 |
| Butalbital Utilization | 08/01/2012 - 09/30/2013 | 08/01/2013 - 09/30/2013 | 30 | $1,176.90 |
| Duplicate SSRIs | 09/01/2012 - 11/30/2012 | 09/01/2013 - 11/30/2013 | 50 | $10,549.96 |
| Duplicate TCAs | 09/01/2012 - 11/30/2012 | 09/01/2013 - 11/30/2013 | 13 | $2,079.72 |
| Zolpidem 10mg Dose in Females | 03/01/2013 - 03/31/2013 | 01/01/2014 - 01/31/2014 | 851 | $48,639.24 |
| Zolpidem 12.5mg Dose in Females | 03/01/2013 - 03/31/2013 | 01/01/2014 - 01/31/2014 | 25 | $9,415.68 |
| Duplicate SSRIs | 11/01/2012 - 01/31/2013 | 11/01/2013 - 01/31/2014 | 57 | $3,193.00 |
| Duplicate TCAs | 11/01/2012 - 01/31/2013 | 11/01/2013 - 01/31/2014 | 13 | $459.40 |
| Duplicate Antidepressants - Two or More Concurrently | 11/01/2012 - 01/31/2013 | 11/01/2013 - 01/13/2014 | 135 | $34,650.24 |
| Duplicate Antidepressants - MAO Inhibitor plus SSRI or TCA | 11/01/2012 - 01/31/2013 | 11/01/2013 - 01/31/2014 | 2 | $172.92 |
| Emergency Contraception | 04/01/2012 - 03/31/2013 | 04/01/2013 - 03/31/2014 | 227 | $461.58 |
| Albuterol MDI Overutilization | 06/01/2012 - 05/31/2013 | 06/01/2013 - 05/31/2014 | 522 | $52,346.55 |
| Albuterol MDI Overutilization without an Inhaled Corticosteroid | 06/01/2012 - 05/31/2013 | 06/01/2013 - 05/31/2014 | 257 | $0.00 [a] |
| Valproate Use for Migriane in Females | 04/01/2013 - 05/31/2013 | 04/01/2014 - 05/31/2014 | 39 | $2,998.62 |
| Ketoconazole Utilization | 05/01/2013 - 06/30/2013 | 11/01/2013 - 12/31/2013 | 66 | $3,764.10 |
| Valproate in Women of Childbearing Age w/o Seizure or Bipolar Disorder | 04/01/2013 - 06/30/2013 | 04/01/2014 - 06/30/2014 | 70 | $4,856.64 |
| Valproate in Women of Childbearing Age w/ Seizure or Bipolar Disorder | 04/01/2013 - 06/30/2013 | 04/01/2014 - 06/30/2014 | 270 | $14,919.44 |
| **TOTAL** | | | **4,099** | **$1,838,278.17** |

*Savings reported are pre-rebate, total dollars

[a] Positive imact only

## Problem Focused Studies Impact Rate SFY14

| Focus Study | Review Period | Evaluation Period | Patients Reviewed | Postive Impact | Impact Rate |
|---|---|---|---|---|---|
| Second Generation Antipsychotic Use without Mental Health Diagnosis | 02/01/2012 - 07/31/2012 | 02/01/2013 - 07/31/2013 | 208 | 44 | 21.2% |
| Concurrent Second Generation Antipsychotics | 02/01/2012 - 07/31/2012 | 02/01/2013 - 07/31/2013 | 735 | 470 | 63.9% |
| Duplicate Anxiolytics | 08/01/2012 - 09/30/2013 | 08/01/2013 - 09/30/2013 | 468 | 96 | 20.5% |
| Duplicate Sedative /Hypnotics | 08/01/2012 - 09/30/2013 | 08/01/2013 - 09/30/2013 | 61 | 18 | 29.5% |
| Butalbital Utilization | 08/01/2012 - 09/30/2013 | 08/01/2013 - 09/30/2013 | 30 | 5 | 16.7% |
| Duplicate SSRIs | 09/01/2012 - 11/30/2012 | 09/01/2013 - 11/30/2013 | 50 | 23 | 46.0% |
| Duplicate TCAs | 09/01/2012 - 11/30/2012 | 09/01/2013 - 11/30/2013 | 13 | 8 | 61.5% |
| Zolpidem 10mg Dose in Females | 03/01/2013 - 03/31/2013 | 01/01/2014 - 01/31/2014 | 851 | 372 | 43.7% |
| Zolpidem 12.5mg Dose in Females | 03/01/2013 - 03/31/2013 | 01/01/2014 - 01/31/2014 | 25 | 9 | 36.0% |
| Duplicate SSRIs | 11/01/2012 - 01/31/2013 | 11/01/2013 - 01/31/2014 | 57 | 28 | 49.1% |
| Duplicate TCAs | 11/01/2012 - 01/31/2013 | 11/01/2013 - 01/31/2014 | 13 | 3 | 23.1% |
| Duplicate Antidepressants - Two or More Concurrently | 11/01/2012 - 01/31/2013 | 11/01/2013 - 01/13/2014 | 135 | 53 | 39.3% |
| Duplicate Antidepressants - MAO Inhibitor plus SSRI or TCA | 11/01/2012 - 01/31/2013 | 11/01/2013 - 01/31/2014 | 2 | 1 | 50.0% |
| Emergency Contraception | 04/01/2012 - 03/31/2013 | 04/01/2013 - 03/31/2014 | 227 | 132 | 58.1% |
| Albuterol MDI Overutilization | 06/01/2012 - 05/31/2013 | 06/01/2013 - 05/31/2014 | 522 | 200 | 38.3% |
| Albuterol MDI Overutilization without an Inhaled Corticosteroid | 06/01/2012 - 05/31/2013 | 06/01/2013 - 05/31/2014 | 257 | 25 | 9.7% |
| Valproate Use for Migriane in Females | 04/01/2013 - 05/31/2013 | 04/01/2014 - 05/31/2014 | 39 | 19 | 48.7% |
| Ketoconazole Utilization | 05/01/2013 - 06/30/2013 | 11/01/2013 - 12/31/2013 | 66 | 54 | 81.8% |
| Valproate in Women of Childbearing Age w/o Seizure or Bipolar Disorder | 04/01/2013 - 06/30/2013 | 04/01/2014 - 06/30/2014 | 70 | 26 | 37.1% |
| Valproate in Women of Childbearing Age w/ Seizure or Bipolar Disorder | 04/01/2013 - 06/30/2013 | 04/01/2014 - 06/30/2014 | 270 | 75 | 27.8% |
| **TOTAL** | | | 4,099 | 1,661 | 40.5% |

# Appendix F
# Descriptions Problem-Focused

# IOWA DUR FOCUS STUDY
## Based on Iowa Paid Non-Reversed Claims
## Second Generation Antipsychotic Use without a Mental Health Diagnosis

**Purpose: Follow-up on the unique members that were identified as having a claim for a second generation antipsychotic that did not have any mental health diagnosis in their medical claims history.**

| | |
|---|---|
| Number of unique members from original study | 208 |
| Number of unique members that changed therapy | 44 |
| Number of unique members that did not change therapy | 136 |
| Number of members who lost Medicaid eligibility since 7/1/2012 | 28 |

| | | | | | |
|---|---|---|---|---|---|
| Number of surveys sent to prescribers | 229 | Number of surveys received from prescribers | 118 | Percent of surveys from prescribers | 51.53% |
| Number of surveys sent to pharmacies | 222 | Number of surveys received from pharmacies | 71 | Percent of surveys from pharmacies | 31.98% |
| Total number of surveys sent | 451 | Total number of surveys received | 189 | Percent of surveys received | 41.91% |

| Costs (pre-rebate) | Original Costs (02/01/2012-07/31/2012) * | Costs After DUR Intervention (02/01/2013 -07/31/2013) ** | Cost Savings*** | Annualized Cost Savings **** |
|---|---|---|---|---|
| Total Dollars Federal | $88,654.94 | $70,494.65 | $16,080.50 | $32,160.99 |
| Total Dollars State | $57,809.52 | $48,765.45 | $11,123.86 | $22,247.73 |
| Total Dollars (State and Federal) | $146,464.46 | $119,260.10 | $27,204.36 | $54,408.72 |

* Federal FMAP: 0.6053 State FMAP: 0.3947

** Federal FMAP: 0.5911 State FMAP: 0.4089

*** 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
## Concurrent Second Generation Antipsychotics

**Purpose: Follow-up on the unique members that were identified as having claims for two or more second generation antipsychotics concurrently (concurrent use for greater than 60 days).**

| | |
|---|---|
| Number of unique members from original study | 735 |
| Number of unique members that changed therapy | 470 |
| Number of unique members that did not change therapy | 195 |
| Number of members who lost Medicaid eligibility since 8/1/2012 | 70 |

| | | | | | |
|---|---|---|---|---|---|
| Number of surveys sent to prescribers | 902 | Number of surveys received from prescribers | 426 | Percent of surveys from prescribers | 47.23% |
| Number of surveys sent to pharmacies | 812 | Number of surveys received from pharmacies | 307 | Percent of surveys from pharmacies | 37.81% |
| Total number of surveys sent | 1,714 | Total number of surveys received | 733 | Percent of surveys received | 42.77% |

| Costs (pre-rebate) | Original Costs (02/01/2012-07/31/2012) * | Costs After DUR Intervention (02/01/2013 -07/31/2013) ** | Cost Savings*** | Annualized Cost Savings **** |
|---|---|---|---|---|
| Total Dollars Federal | $1,565,294.09 | $1,059,300.82 | $469,272.35 | $938,544.69 |
| Total Dollars State | $1,020,686.57 | $732,783.13 | $324,624.36 | $649,248.73 |
| Total Dollars (State and Federal) | $2,585,980.66 | $1,792,083.95 | $793,896.71 | $1,587,793.42 |

* Federal FMAP: 0.6053 State FMAP: 0.3947

** Federal FMAP: 0.5911 State FMAP: 0.4089

*** 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**

**Duplicate Anxiolytics**

Iowa Department of Human Services

## Follow-up on the unique members taking more than one anxiolytic concurrently.

| | |
|---|---|
| **Number of unique members from original study** | 468 |
| **Number of unique members that changed therapy** | 96 |
| **Number of unique members that did not change therapy** | 284 |
| **Number of members who lost Medicaid eligibility since 10/1/2012** | 88 |

| | | | | | |
|---|---|---|---|---|---|
| **Number of surveys sent to prescribers** | 740 | **Number of surveys received from prescribers** | 302 | **Percent of surveys from prescribers** | 59.92% |
| **Number of surveys sent to pharmacies** | 556 | **Number of surveys received from pharmacies** | 202 | **Percent of surveys from pharmacies** | 40.08% |
| **Total number of surveys sent** | 1296 | **Total number of surveys received** | 504 | **Percent of surveys received** | 38.89% |

| Costs (Pre-Rebate) | Original Costs (8/1/2012 - 9/30/2012)* | Costs After DUR Intervention (8/1/2013 - 9/30/2013)** | Cost Savings*** | Annualized Cost Savings**** |
|---|---|---|---|---|
| **Total Dollars Federal** | $7,891.79 | $7,496.70 | $194.73 | $1,168.38 |
| **Total Dollars State** | $5,289.76 | $5,351.12 | $139.00 | $834.00 |
| **Total Dollars (State and Federal)** | $13,181.55 | $12,847.82 | $333.73 | $2,002.38 |

*** Federal FMAP: 0.59870 State: 0.40130**

**** Federal FMAP: 0.58350 State: 0.41650**

***** 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**
**Duplicate Sedative/Hypnotics**

Iowa Department of Human Services

## Follow-up on the unique members taking more than one sedative/hypnotic concurrently.

| | |
|---|---|
| **Number of unique members from original study** | 61 |
| **Number of unique members that changed therapy** | 18 |
| **Number of unique members that did not change therapy** | 32 |
| **Number of members who lost Medicaid eligibility since 10/1/2012** | 11 |

| | | | | | |
|---|---|---|---|---|---|
| **Number of surveys sent to prescribers** | 84 | **Number of surveys received from prescribers** | 29 | **Percent of surveys from prescribers** | 60.42% |
| **Number of surveys sent to pharmacies** | 68 | **Number of surveys received from pharmacies** | 19 | **Percent of surveys from pharmacies** | 39.58% |
| **Total number of surveys sent** | 152 | **Total number of surveys received** | 48 | **Percent of surveys received** | 31.58% |

| Costs (Pre-Rebate) | Original Costs (8/1/2012 - 9/30/2012)* | Costs After DUR Intervention (8/1/2013 - 9/30/2013)** | Cost Savings*** | Annualized Cost Savings**** |
|---|---|---|---|---|
| **Total Dollars Federal** | $2,397.23 | $1,909.47 | $426.89 | $2,561.34 |
| **Total Dollars State** | $1,606.83 | $1,362.98 | $304.72 | $1,828.32 |
| **Total Dollars (State and Federal)** | $4,004.06 | $3,272.45 | $731.61 | $4,389.66 |

*** Federal FMAP: 0.59870 State: 0.40130**
**** Federal FMAP: 0.58350 State: 0.41650**
***** 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

## Butalbital Utilization

Iowa Department of Human Services

**Follow-up on the unique members identified as overutilizing butalbital (using more than 120 units in a 30 day period).**

| | |
|---|---|
| **Number of unique members from original study** | 30 |
| **Number of unique members that changed therapy** | 5 |
| **Number of unique members that did not change therapy** | 21 |
| **Number of members who lost Medicaid eligibility since 10/1/2012** | 4 |

| | | | | | |
|---|---|---|---|---|---|
| **Number of surveys sent to prescribers** | 41 | **Number of surveys received from prescribers** | 14 | **Percent of surveys from prescribers** | 60.87% |
| **Number of surveys sent to pharmacies** | 35 | **Number of surveys received from pharmacies** | 9 | **Percent of surveys from pharmacies** | 39.13% |
| **Total number of surveys sent** | 76 | **Total number of surveys received** | 23 | **Percent of surveys received** | 30.26% |

| Costs (Pre-Rebate) | Original Costs (8/1/2012 - 9/30/2012)* | Costs After DUR Intervention (8/1/2013 - 9/30/2013)** | Cost Savings*** | Annualized Cost Savings**** |
|---|---|---|---|---|
| **Total Dollars Federal** | $1,485.75 | $1,333.57 | $114.45 | $686.70 |
| **Total Dollars State** | $995.87 | $951.90 | $81.70 | $490.20 |
| **Total Dollars (State and Federal)** | $2,481.62 | $2,285.47 | $196.15 | $1,176.90 |

*** Federal FMAP: 0.59870 State: 0.40130**

**** Federal FMAP: 0.58350 State: 0.41650**

***** 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

## Duplicate SSRIs

### Follow-up on the unique members identified as using two or more SSRIs concurrently

| | |
|---|---|
| **Number of unique members from original study** | 50 |
| **Number of unique members that changed therapy** | 23 |
| **Number of unique members that did not change therapy** | 16 |
| **Number of members who lost Medicaid eligibility since 12/1/2012** | 11 |

| | | | | | |
|---|---|---|---|---|---|
| **Number of surveys sent to prescribers** | 69 | **Number of surveys received from prescribers** | 38 | **Percent of surveys from prescribers** | 55.07% |
| **Number of surveys sent to pharmacies** | 57 | **Number of surveys received from pharmacies** | 22 | **Percent of surveys from pharmacies** | 38.60% |
| **Total number of surveys sent** | 126 | **Total number of surveys received** | 60 | **Percent of surveys received** | 47.62% |

| Costs (Pre-Rebate) | Original Costs (9/1/2012 - 11/30/2012)* | Costs After DUR Intervention (9/1/2013 - 11/30/2013)** | Cost Savings*** | Annualized Cost Savings**** |
|---|---|---|---|---|
| **Total Dollars Federal** | $4,308.86 | $2,660.49 | $1,538.98 | $6,155.92 |
| **Total Dollars State** | $2,888.16 | $1,899.04 | $1,098.51 | $4,394.04 |
| **Total Dollars (State and Federal)** | $7,197.02 | $4,559.53 | $2,637.49 | $10,549.96 |

*** Federal FMAP: 0.59870 State: 0.40130**

**** Federal FMAP: 0.58350 State: 0.41650**

***** 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

## Duplicate TCAs

### Follow-up on the unique members identified as using two or more TCAs concurrently

| | |
|---|---|
| **Number of unique members from original study** | 13 |
| **Number of unique members that changed therapy** | 8 |
| **Number of unique members that did not change therapy** | 4 |
| **Number of members who lost Medicaid eligibility since 12/1/2012** | 1 |

| | | | | | |
|---|---|---|---|---|---|
| **Number of surveys sent to prescribers** | 18 | **Number of surveys received from prescribers** | 9 | **Percent of surveys from prescribers** | 50.00% |
| **Number of surveys sent to pharmacies** | 16 | **Number of surveys received from pharmacies** | 11 | **Percent of surveys from pharmacies** | 68.75% |
| **Total number of surveys sent** | 34 | **Total number of surveys received** | 20 | **Percent of surveys received** | 58.82% |

| Costs (Pre-Rebate) | Original Costs (9/1/2012 - 11/30/2012)* | Costs After DUR Intervention (9/1/2013 - 11/30/2013)** | Cost Savings*** | Annualized Cost Savings**** |
|---|---|---|---|---|
| **Total Dollars Federal** | $593.30 | $274.86 | $303.38 | $1,213.52 |
| **Total Dollars State** | $397.68 | $196.19 | $216.55 | $866.20 |
| **Total Dollars (State and Federal)** | $990.98 | $471.05 | $519.93 | $2,079.72 |

*** Federal FMAP: 0.59870 State: 0.40130**

**** Federal FMAP: 0.58350 State: 0.41650**

***** 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

## Zolpidem 10mg Dose in Females

**Purpose: Follow-up on the unique female members identified as taking immediate-release zolpidem at a dose greater than the FDA recommended dose of zolpidem 5mg at bedtime**

| | |
|---|---|
| **Number of unique members from original study** | 851 |
| **Number of unique members that changed therapy** | 372 |
| **Number of unique members that did not change therapy** | 331 |
| **Number of members who lost Medicaid eligibility since 4/1/2013** | 148 |

| | | | | | |
|---|---|---|---|---|---|
| **Number of surveys sent to prescribers** | 1203 | **Number of surveys received from prescribers** | 470 | **Percent of surveys from prescribers** | 39.07% |
| **Number of surveys sent to pharmacies** | 1069 | **Number of surveys received from pharmacies** | 338 | **Percent of surveys from pharmacies** | 31.62% |
| **Total number of surveys sent** | 2272 | **Total number of surveys received** | 808 | **Percent of surveys received** | 35.56% |

| Costs (Pre-Rebate) | Original Costs (3/1/2013 - 3/31/2013)* | Costs After DUR Intervention (1/1/2014 - 1/31/2014)** | Cost Savings*** | Annualized Cost Savings**** |
|---|---|---|---|---|
| **Total Dollars Federal** | $5,340.63 | $2,839.95 | $2,365.08 | $28,380.96 |
| **Total Dollars State** | $3,579.74 | $2,027.15 | $1,688.19 | $20,258.28 |
| **Total Dollars (State and Federal)** | $8,920.37 | $4,867.10 | $4,053.27 | $48,639.24 |

*** Federal FMAP: 0.59870 State: 0.40130**
**** Federal FMAP: 0.58350 State: 0.41650**
***** 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**
**Zolpidem 12.5mg Dose in Females**

**Purpose: Follow-up on the unique female members identified as taking extended-release zolpidem at a dose greater than the FDA recommended dose of zolpidem 6.25mg at bedtime**

| | |
|---|---|
| **Number of unique members from original study** | 25 |
| **Number of unique members that changed therapy** | 9 |
| **Number of unique members that did not change therapy** | 13 |
| **Number of members who lost Medicaid eligibility since 4/1/2013** | 3 |

| | | | | | |
|---|---|---|---|---|---|
| **Number of surveys sent to prescribers** | 36 | **Number of surveys received from prescribers** | 10 | **Percent of surveys from prescribers** | 27.78% |
| **Number of surveys sent to pharmacies** | 31 | **Number of surveys received from pharmacies** | 5 | **Percent of surveys from pharmacies** | 16.13% |
| **Total number of surveys sent** | 67 | **Total number of surveys received** | 15 | **Percent of surveys received** | 22.39% |

| **Costs (Pre-Rebate)** | **Original Costs (3/1/2013 - 3/31/2013)*** | **Costs After DUR Intervention (1/1/2014 - 1/31/2014)**** | **Cost Savings***** | **Annualized Cost Savings****** |
|---|---|---|---|---|
| **Total Dollars Federal** | $1,206.75 | $718.27 | $457.84 | $5,494.08 |
| **Total Dollars State** | $808.86 | $512.70 | $326.80 | $3,921.60 |
| **Total Dollars (State and Federal)** | $2,015.61 | $1,230.97 | $784.64 | $9,415.68 |

*** Federal FMAP: 0.59870 State: 0.40130**
**** Federal FMAP: 0.58350 State: 0.41650**
***** 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

## Duplicate SSRIs

**Purpose: Follow-up on the unique members identified as using two or more SSRIs concurrently**

| | |
|---|---|
| **Number of unique members from original study** | 57 |
| **Number of unique members that changed therapy** | 28 |
| **Number of unique members that did not change therapy** | 18 |
| **Number of members who lost Medicaid eligibility since 2/1/2013** | 11 |

| | | | | | |
|---|---|---|---|---|---|
| **Number of surveys sent to prescribers** | 85 | **Number of surveys received from prescribers** | 40 | **Percent of surveys from prescribers** | 47.06% |
| **Number of surveys sent to pharmacies** | 66 | **Number of surveys received from pharmacies** | 29 | **Percent of surveys from pharmacies** | 43.94% |
| **Total number of surveys sent** | 151 | **Total number of surveys received** | 69 | **Percent of surveys received** | 45.70% |

| **Costs (Pre-Rebate)** | **Original Costs (11/1/2012 - 1/31/2013)*** | **Costs After DUR Intervention (11/1/2013 - 1/31/2014)**** | **Cost Savings***** | **Annualized Cost Savings****** |
|---|---|---|---|---|
| **Total Dollars Federal** | $2,996.37 | $2,454.52 | $465.78 | $1,863.12 |
| **Total Dollars State** | $2,008.43 | $1,752.03 | $332.47 | $1,329.88 |
| **Total Dollars (State and Federal)** | $5,004.80 | $4,206.55 | $798.25 | $3,193.00 |

*** Federal FMAP: 0.59870 State: 0.40130**

**** Federal FMAP: 0.58350 State: 0.41650**

***** 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

## Duplicate Tri-Cyclic Antidepressants

**Purpose: Follow-up on the unique members identified as using two or more TCAs concurrently**

| | |
|---|---|
| **Number of unique members from original study** | 13 |
| **Number of unique members that changed therapy** | 3 |
| **Number of unique members that did not change therapy** | 9 |
| **Number of members who lost Medicaid eligibility since 2/1/2013** | 1 |

| | | | | | |
|---|---|---|---|---|---|
| **Number of surveys sent to prescribers** | 17 | **Number of surveys received from prescribers** | 13 | **Percent of surveys from prescribers** | 76.47% |
| **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** | 31 | **Total number of surveys received** | 21 | **Percent of surveys received** | 67.74% |

| **Costs (Pre-Rebate)** | **Original Costs (11/1/2012 - 1/31/2013)*** | **Costs After DUR Intervention (11/1/2013 - 1/31/2014)**** | **Cost Savings***** | **Annualized Cost Savings****** |
|---|---|---|---|---|
| **Total Dollars Federal** | $574.24 | $492.65 | $67.01 | $268.04 |
| **Total Dollars State** | $384.91 | $351.65 | $47.84 | $191.36 |
| **Total Dollars (State and Federal)** | $959.15 | $844.30 | $114.85 | $459.40 |

*** Federal FMAP: 0.59870 State: 0.40130**

**** Federal FMAP: 0.58350 State: 0.41650**

***** 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

## Duplicate Antidepressants - Two or More Concurrently

**Purpose: Follow-up on the unique members identified as using two or more Antidepressants concurrently**

| | |
|---|---|
| **Number of unique members from original study** | 135 |
| **Number of unique members that changed therapy** | 53 |
| **Number of unique members that did not change therapy** | 68 |
| **Number of members who lost Medicaid eligibility since 2/1/2013** | 14 |

| | | | | | |
|---|---|---|---|---|---|
| **Number of surveys sent to prescribers** | 212 | **Number of surveys received from prescribers** | 98 | **Percent of surveys from prescribers** | 46.23% |
| **Number of surveys sent to pharmacies** | 145 | **Number of surveys received from pharmacies** | 57 | **Percent of surveys from pharmacies** | 39.31% |
| **Total number of surveys sent** | 357 | **Total number of surveys received** | 155 | **Percent of surveys received** | 43.42% |

| **Costs (Pre-Rebate)** | **Original Costs (11/1/2012 - 1/31/2013)*** | **Costs After DUR Intervention (11/1/2013 - 1/31/2014)**** | **Cost Savings***** | **Annualized Cost Savings****** |
|---|---|---|---|---|
| **Total Dollars Federal** | $33,537.96 | $27,631.88 | $5,054.60 | $20,218.40 |
| **Total Dollars State** | $22,480.01 | $19,723.53 | $3,607.96 | $14,431.84 |
| **Total Dollars (State and Federal)** | $56,017.97 | $47,355.41 | $8,662.56 | $34,650.24 |

*** Federal FMAP: 0.59870 State: 0.40130**

**** Federal FMAP: 0.58350 State: 0.41650**

***** 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

## Duplicate Antidepressants - MAO Inhibitor plus SSRI or TCA

**Purpose: Follow-up on the unique members identified as using an MAO Inhibitor with an SSRI or TCA**

| | |
|---|---|
| **Number of unique members from original study** | 2 |
| **Number of unique members that changed therapy** | 1 |
| **Number of unique members that did not change therapy** | 1 |
| **Number of members who lost Medicaid eligibility since 2/1/2013** | 0 |

| | | | | | |
|---|---|---|---|---|---|
| **Number of surveys sent to prescribers** | 3 | **Number of surveys received from prescribers** | 1 | **Percent of surveys from prescribers** | 33.33% |
| **Number of surveys sent to pharmacies** | 2 | **Number of surveys received from pharmacies** | 1 | **Percent of surveys from pharmacies** | 50.00% |
| **Total number of surveys sent** | 5 | **Total number of surveys received** | 2 | **Percent of surveys received** | 40.00% |

| **Costs (Pre-Rebate)** | **Original Costs (11/1/2012 - 1/31/2013)*** | **Costs After DUR Intervention (11/1/2013 - 1/31/2014)**** | **Cost Savings***** | **Annualized Cost Savings****** |
|---|---|---|---|---|
| **Total Dollars Federal** | $3,277.92 | $3,169.48 | $25.22 | $100.88 |
| **Total Dollars State** | $2,197.15 | $2,262.36 | $18.01 | $72.04 |
| **Total Dollars (State and Federal)** | $5,475.07 | $5,431.84 | $43.23 | $172.92 |

*** Federal FMAP: 0.59870 State: 0.40130**

**** Federal FMAP: 0.58350 State: 0.41650**

***** 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

## Emergency Contraception

**Follow-up on the unique female members identified as having two or more claims for emergency contraception that were not using a reliable form of contraception.**

| | |
|---|---|
| **Number of unique members from original study** | 227 |
| **Number of unique members that changed therapy** | 132 |
| **Number of unique members that did not change therapy** | 10 |
| **Number of members who lost Medicaid eligibility since 4/1/2013** | 85 |

| | | | | | |
|---|---|---|---|---|---|
| **Number of surveys sent to prescribers** | 305 | **Number of surveys received from prescribers** | 147 | **Percent of surveys from prescribers** | 48.20% |
| **Number of surveys sent to pharmacies** | 282 | **Number of surveys received from pharmacies** | 92 | **Percent of surveys from pharmacies** | 32.62% |
| **Total number of surveys sent** | 587 | **Total number of surveys received** | 239 | **Percent of surveys received** | 40.72% |

| **Costs (Pre-Rebate)** | **Original Costs (4/1/2012 - 3/31/2013)*** | **Costs After DUR Intervention (4/1/2013 - 3/31/2014)**** | **Cost Savings***** | **Annualized Cost Savings****** |
|---|---|---|---|---|
| **Total Dollars Federal** | $5,800.80 | $5,391.87 | $272.84 | $272.84 |
| **Total Dollars State** | $3,782.54 | $3,729.89 | $188.74 | $188.74 |
| **Total Dollars (State and Federal)** | $9,583.34 | $9,121.76 | $461.58 | $461.58 |

*** Federal FMAP: 0.60530 State: 0.39470**
**** Federal FMAP: 0.59110 State: 0.40890**
***** 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**
**Albuterol MDI Overutilization**

**Follow-up on the unique members identified with an asthma diagnosis that were over utilizing their albuterol MDI.**

| | |
|---|---|
| **Number of unique members from original study** | 522 |
| **Number of unique members that changed therapy** | 200 |
| **Number of unique members that did not change therapy** | 242 |
| **Number of members who lost Medicaid eligibility since 6/1/2013** | 80 |

| | | | | | |
|---|---|---|---|---|---|
| **Number of surveys sent to prescribers** | 1254 | **Number of surveys received from prescribers** | 511 | **Percent of surveys from prescribers** | 40.75% |
| **Number of surveys sent to pharmacies** | 726 | **Number of surveys received from pharmacies** | 223 | **Percent of surveys from pharmacies** | 30.72% |
| **Total number of surveys sent** | 1980 | **Total number of surveys received** | 734 | **Percent of surveys received** | 37.07% |

| **Costs (Pre-Rebate)** | **Original Costs (6/1/2012 - 5/31/2013)*** | **Costs After DUR Intervention (6/1/2013 - 5/31/2014)**** | **Annualized Cost Savings***** |
|---|---|---|---|
| **Total Dollars Federal** | $191,922.67 | $156,478.23 | $30,942.05 |
| **Total Dollars State** | $125,147.66 | $108,245.55 | $21,404.50 |
| **Total Dollars (State and Federal)** | $317,070.33 | $264,723.78 | $52,346.55 |

*** Federal FMAP: 0.60530 State: 0.39470**
**** Federal FMAP: 0.59110 State: 0.40890**
***** 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

## Albuterol MDI Overutilization without an Inhaled Corticosteroid

**Follow-up on the unique members identified with an asthma diagnosis that did not have a claim for an inhaled corticosteroid who were over utilizing their albuterol MDI.**

| | |
|---|---|
| **Number of unique members from original study** | 257 |
| **Number of unique members that changed therapy** | 25 |
| **Number of unique members that did not change therapy** | 181 |
| **Number of members who lost Medicaid eligibility since 6/1/2013** | 51 |

| | | | | | |
|---|---|---|---|---|---|
| **Number of surveys sent to prescribers** | 449 | **Number of surveys received from prescribers** | 195 | **Percent of surveys from prescribers** | 43.43% |
| **Number of surveys sent to pharmacies** | 334 | **Number of surveys received from pharmacies** | 102 | **Percent of surveys from pharmacies** | 30.54% |
| **Total number of surveys sent** | 783 | **Total number of surveys received** | 297 | **Percent of surveys received** | 37.93% |

| Costs (Pre-Rebate) | Original Costs (6/1/2012 - 5/31/2013)* | Costs After DUR Intervention (6/1/2013 - 5/31/2014)** | Cost Savings*** | Annualized Cost Savings**** |
|---|---|---|---|---|
| **Total Dollars Federal** | $86,970.65 | $88,811.72 | ($3,881.35) | ($3,881.35) |
| **Total Dollars State** | $56,711.24 | $61,436.49 | ($2,684.97) | ($2,684.97) |
| **Total Dollars (State and Federal)** | $143,681.89 | $150,248.21 | ($6,566.32) | ($6,566.32) |

*** Federal FMAP: 0.60530 State: 0.39470**
**** Federal FMAP: 0.59110 State: 0.40890**
***** 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**

**Valproate Use for Migraine in Females**

**Follow-up on the unique female members identified as taking a valproate product for migraine, as a result of the label being updated with a new conrtaindication stating valproate products are contraindicated for prevention of migraine in women of childbearing age.**

| | |
|---|---|
| **Number of unique members from original study** | 39 |
| **Number of unique members that changed therapy** | 19 |
| **Number of unique members that did not change therapy** | 11 |
| **Number of members who lost Medicaid eligibility since 6/1/2013** | 9 |

| | | | | | |
|---|---|---|---|---|---|
| **Number of surveys sent to prescribers** | 52 | **Number of surveys received from prescribers** | 27 | **Percent of surveys from prescribers** | 55.91% |
| **Number of surveys sent to pharmacies** | 41 | **Number of surveys received from pharmacies** | 15 | **Percent of surveys from pharmacies** | 36.59% |
| **Total number of surveys sent** | 93 | **Total number of surveys received** | 42 | **Percent of surveys received** | 45.16% |

| **Costs (Pre-Rebate)** | **Original Costs (4/1/2013 - 5/31/2013)*** | **Costs After DUR Intervention (4/1/2014 - 5/31/2014)**** | **Cost Savings***** | **Annualized Cost Savings****** |
|---|---|---|---|---|
| **Total Dollars Federal** | $926.34 | $611.20 | $291.62 | $1,749.72 |
| **Total Dollars State** | $620.91 | $436.28 | $208.15 | $1,248.90 |
| **Total Dollars (State and Federal)** | $1,547.25 | $1,047.48 | $499.77 | $2,998.62 |

*** Federal FMAP: 0.59870 State: 0.40130**

**** Federal FMAP: 0.58350 State: 0.41650**

***** 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

## Ketoconazole Utilization

**Follow-up on the unique members identified as taking oral ketoconazole for a diagnosis that ketoconazole is no longer recommended to treat.**

| | |
|---|---|
| **Number of unique members from original study** | 66 |
| **Number of unique members that changed therapy** | 54 |
| **Number of unique members that did not change therapy** | 4 |
| **Number of members who lost Medicaid eligibility since 7/1/2013** | 8 |

| | | | | | |
|---|---|---|---|---|---|
| **Number of surveys sent to prescribers** | 66 | **Number of surveys received from prescribers** | 35 | **Percent of surveys from prescribers** | 53.03% |
| **Number of surveys sent to pharmacies** | 66 | **Number of surveys received from pharmacies** | 31 | **Percent of surveys from pharmacies** | 46.97% |
| **Total number of surveys sent** | 132 | **Total number of surveys received** | 66 | **Percent of surveys received** | 50.00% |

| **Costs (Pre-Rebate)** | **Original Costs (5/1/2013 - 6/30/2013)*** | **Costs After DUR Intervention (11/1/2013 - 12/31/2013)**** | **Cost Savings***** | **Annualized Cost Savings****** |
|---|---|---|---|---|
| **Total Dollars Federal** | $464.97 | $87.11 | $366.06 | $2,196.36 |
| **Total Dollars State** | $311.67 | $62.18 | $261.29 | $1,567.74 |
| **Total Dollars (State and Federal)** | $776.64 | $149.29 | $627.35 | $3,764.10 |

*** Federal FMAP: 0.59870 State: 0.40130**
**** Federal FMAP: 0.58350 State: 0.41650**
***** 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**
**Valproate Use in Women of Childbearing Age**

**Follow-up on the unique female members of childbearing age identified as taking a valproate product, without a diagnosis of seizure or bipolar disorder, that were not using an effective form of birth control.**

| | |
|---|---|
| **Number of unique members from original study** | 70 |
| **Number of unique members that changed therapy** | 26 |
| **Number of unique members that did not change therapy** | 33 |
| **Number of members who lost Medicaid eligibility since 7/1/2013** | 11 |

| | | | | | |
|---|---|---|---|---|---|
| **Number of surveys sent to prescribers** | 77 | **Number of surveys received from prescribers** | 34 | **Percent of surveys from prescribers** | 44.16% |
| **Number of surveys sent to pharmacies** | 77 | **Number of surveys received from pharmacies** | 30 | **Percent of surveys from pharmacies** | 38.96% |
| **Total number of surveys sent** | 154 | **Total number of surveys received** | 64 | **Percent of surveys received** | 41.56% |

| **Costs (Pre-Rebate)** | **Original Costs (4/1/2013 - 6/30/2013)*** | **Costs After DUR Intervention (4/1/2014 - 6/30/2014)**** | **Cost Savings***** | **Annualized Cost Savings****** |
|---|---|---|---|---|
| **Total Dollars Federal** | $3,265.06 | $2,473.70 | $708.46 | $2,833.84 |
| **Total Dollars State** | $2,188.52 | $1,765.72 | $505.70 | $2,022.80 |
| **Total Dollars (State and Federal)** | $5,453.58 | $4,239.42 | $1,214.16 | $4,856.64 |

*** Federal FMAP: 0.59870 State: 0.40130**
**** Federal FMAP: 0.58350 State: 0.41650**
***** 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**

**Valproate Use in Women of Childbearing Age**

**Follow-up on the unique female members of childbearing age, with a diagnosis of seizure or bipolar disorder, identified as taking a valproate product that were not using an effective form of birth control.**

| | |
|---|---|
| **Number of unique members from original study** | 270 |
| **Number of unique members that changed therapy** | 75 |
| **Number of unique members that did not change therapy** | 167 |
| **Number of members who lost Medicaid eligibility since 7/1/2013** | 28 |

| | | | | | |
|---|---|---|---|---|---|
| **Number of surveys sent to prescribers** | 301 | **Number of surveys received from prescribers** | 165 | **Percent of surveys from prescribers** | 54.82% |
| **Number of surveys sent to pharmacies** | 291 | **Number of surveys received from pharmacies** | 91 | **Percent of surveys from pharmacies** | 31.27% |
| **Total number of surveys sent** | 592 | **Total number of surveys received** | 256 | **Percent of surveys received** | 43.24% |

| **Costs (Pre-Rebate)** | **Original Costs (4/1/2013 - 6/30/2013)*** | **Costs After DUR Intervention (4/1/2014 - 6/30/2014)**** | **Cost Savings***** | **Annualized Cost Savings****** |
|---|---|---|---|---|
| **Total Dollars Federal** | $28,114.35 | $25,224.20 | $2,176.37 | $8,705.48 |
| **Total Dollars State** | $18,844.65 | $18,004.94 | $1,553.49 | $6,213.96 |
| **Total Dollars (State and Federal)** | $46,959.00 | $43,229.14 | $3,729.86 | $14,919.44 |

*** Federal FMAP: 0.59870 State: 0.40130**

**** Federal FMAP: 0.58350 State: 0.41650**

***** 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

## 2013-2014 Therapeutic Prior Authorization Criteria Review

During the fiscal year ending 2014, the Commission reviewed the following categories of medications covered under the prior authorization program.

**The following criteria were reviewed with recommended changes:**

- **Oral Multiple Sclerosis Agents** – Modifications were made to add criteria specific to use of dimethyl fumarate (Tecfidera).
- **Thrombopoietin Receptor Agonists** – Modifications were made to add criteria specific to the treatment of chronic hepatitis C associated thrombocytopenia.
- **Long-Acting Narcotics** – Removed criteria specific to Oxycodone CR/ER and applied criteria to all non-preferred long-acting narcotics.
- **Janus Kinase (JAK) Inhibitors** – Modifications were made require use of two preferred biological agents.
- **Insulin, Pre-Filled Pens** - Modifications were made to exclude patients that reside in a long-term care facility from being eligible for coverage.
- **Proton Pump Inhibitors** – Modifications were made to remove the requirement for the full dose h2 blocker trial after 60 days of therapy with a preferred PPI. Also added criteria allowing requests for twice daily dosing for a diagnosis of *h.pylori* for up to 14 days of treatment.
- **Sodium Oxybate (Xyrem)** – Modifications were made to remove exclusion of patients with a prior history of substance abuse. Modifications were also made to: add requirement patients with and without a history of substance abuse be counseled regarding the potential for abuse and dependence; require close monitoring for signs and symptoms of abuse and dependence; and require a PMP check prior to PA request.
- **Anti-Diabetics, Non-Insulin Agents** – Replaced criteria for DPP-4 Inhibitors and Incretin Mimetics. Modifications were made to require use of metformin at a maximally tolerated dose prior to the consideration of a preferred Non-Insulin Anti-Diabetic agent. Non-preferred agents require (in addition to above) previous trials and therapy failures with a preferred DPP-4 and preferred Incretin Mimetic at maximally tolerated doses.
- **Hepatitis C Antiviral Agents, Oral** – Modifications were made to the Hepatitis C Protease Inhibitors, adding criteria for Sovaldi and Olysio.
- **Antidepressants** – Modifications were made, combining existing criteria for Viibryd and Pristiq, and applying criteria to all non-preferred antidepressants subject to clinical criteria.
- **Ivacaftor (Kalydeco)** – Modifications were made to include additional CFTR gene mutations, as indicated by the label.

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

**<u>Oral Constipation Agents (Lubiprostone and Linaclotide)</u>** – Prior authorization criteria was developed and accepted as follows:

1. Patient is 18 years of age or older; and
2. Patient must have documentation of adequate trials and therapy failures with at least one medication from each of the following categories:
    a. Saline laxative (milk of magnesia); and
    b. Osmotic laxative (polyethylene glycol or lactulose); and
    c. Stimulant laxative (senna); and
3. Patient does not have a known or suspected mechanical gastrointestinal obstruction; and
4. Patient has one of the following diagnoses:
    a. A diagnosis of **chronic idiopathic constipation** (Amitiza® or Linzess™)
        i. Patient has less than 3 spontaneous bowel movements (SBMs) per week; and
        ii. Patient has two or more of the following symptoms within the last 3 months:
            1. Straining during at least 25% of the bowel movements;
            2. Lumpy or hard stools for at least 25% of bowel movements; and/or
            3. Sensation of incomplete evacuation for at least 25% of bowel movements; and
        iii. Documentation the patient is not currently taking constipation-causing therapies
    b. A diagnosis of **irritable bowel syndrome with constipation** (Amitiza® or Linzess™)
        i. Patient is female (Amitiza® only); and
        ii. Patient has abdominal pain or discomfort at least 3 days per month in last 3 months associated with two (2) or more of the following:
            1. Improvement with defecation;
            2. Onset associated with a change in stool frequency; and/or
            3. Onset associated with a change in stool form
    c. A diagnosis of **opioid-induced constipation** with chronic, non-cancer pain (Amitiza®)
        i. Patient has been receiving stable opioid therapy for at least 30 days as seen in the patient's pharmacy claims; and

ii. Patient has less than 3 spontaneous bowel movements (SBMs) per week, with at least 25% associated with one or more of the following:
    1. Hard to very hard stool consistency;
    2. Moderate to very severe straining; and/or
    3. Having a sensation of incomplete evacuation

If the criteria for coverage are met, initial authorization will be given for 12 weeks to assess the response to treatment. Requests for continuation of therapy may be provided if prescriber documents adequate response to treatment.

**Testosterone Products** – Prior authorization criteria was developed and accepted as follows: Prior authorization is required for testosterone products. 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 symptoms of sexual dysfunction, erectile dysfunction and infertility will not be considered. Payment for a diagnosis of hypogonadism (testosterone deficiency) 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 at least one of the signs and symptoms specific to androgen deficiency
    a. Incomplete or delayed sexual development
    b. Breast discomfort, gynecomastia
    c. Loss of body hair, reduction in shaving frequency
    d. Very small (<5mL) or shrinking testes
    e. Hot flushes, sweats
    f. Height loss, low trauma fracture, low bone mineral density; and
4. Patient does not have:
    a. Breast or prostate cancer
    b. Palpable prostate nodule or prostate-specific antigen (PSA) > 4ng/mL
    c. Hematocrit > 50%
    d. Untreated severe obstructive sleep apnea
    e. Severe lower urinary tract symptoms
    f. Uncontrolled or poorly controlled heart failure

If criteria for coverage are met, initial authorization will be given for 3 months. Requests for continuation of therapy will require the following:

1. An updated testosterone level (Please attach lab result); and
2. Documentation of how the patient's specific symptoms have responded to therapy; and

3. Documentation the patient has not experienced a hematocrit > 54% or an increase in PSA > 1.4ng/mL in the past 12 months.

Requests for FDA approved indications other than hypogonadism will not be subject to prior authorization criteria with adequate documentation of diagnosis. The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

**Rivaroxaban (Xarelto)** – Prior authorization criteria was developed and accepted to require:

1. Patient is 18 years of age or older; and
2. Patient does not have a mechanical prosthetic heart valve; and
3. Patient does not have active bleeding; and
4. Patient is not pregnant; and
5. Patient does not have severe renal impairment (CrCl < 15mL/min).

Atrial Fibrillation

- Patient has a diagnosis of non-valvular atrial fibrillation; and
- 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 $CHADS_2$ score ≥ 1.
- For a CrCl > 50mL/min a dose of 20mg once daily will be considered; or
- For a CrCl 15 to 50mL/min a dose of 15mg once daily will be considered.

Treatment and Prevention of DVT or PE

- Documentation of a previous trial and therapy failure with warfarin (recurrent DVT, recurrent PE, TIA, stroke, or inability to maintain a therapeutic INR with a minimum 6 month trial); and
- Patient does not have a CrCl < 30mL/min; and
- Patient does not have significant liver disease (hepatitis or cirrhosis).
- For treatment of acute DVT or PE a dose of 15mg twice daily for 21 days followed by 20mg once daily for remaining treatment will be considered; or
- For prevention of DVT or PE a dose of 20mg once daily will be considered.

Prophylaxis of DVT following Hip or Knee Replacement

- Patient does not have a CrCl < 30mL/min; and
- Patient does not have significant liver disease (hepatitis or cirrhosis); and
- For patients undergoing hip replacement, patient is not undergoing staged bilateral total hip replacement.
- Requests will be approved for the following dosing:
    - Hip replacement: 10mg daily for up to 35 days following hip replacement; or

- Knee replacement: 10mg 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.

**Exetimibe and Ezetimibe Containing Products** – Prior authorization criteria was developed but not implemented by the department. Refer to October 4, 2013 recommendation letter for recommended prior authorization criteria.

**Apixaban (Eliquis)** – Prior authorization criteria was developed and accepted to require: 1) Patient has a diagnosis of non-valvular atrial fibrillation; and 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 $CHADS_2$ score ≥ 1; and 4) Patient does not have a mechanical prosthetic heart valve; and 5) Patient does not have active bleeding; and 6) Patient does not have severe renal impairment (CrCl < 15mL/min) or is not on dialysis. The required trials may be overridden when documented evidence is provided that the use of these agents would be medically contraindicated. In addition to the above criteria, documentation of the patient's current weight and a recent serum creatinine will be required to verify appropriate dosing.

**Trametinib (Mekinist)** – Prior authorization criteria was developed and accepted to require: 1) Patient is 18 years of age or older; and 2) Patient has a documented diagnosis of unresectable or metastatic melanoma with BRAF V600E or BRAF V600K mutation as detected by an FDA-approved test; and 3) Patient has not received prior therapy with a BRAF-inhibitor; and 4) Prescriber is an oncologist. If the 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.

**No recommendations were made to remove criteria during the 2014 state fiscal year.**

**IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION**
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August 8, 2013

Susan L. Parker, R.Ph., Pharm.D.
Pharmacy Director
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Dear Susan:

The Iowa Medicaid Drug Utilization Review (DUR) Commission met on Wednesday, August 7, 2013. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Janus Kinase (JAK) Inhibitors, Oral Constipation Agents, Long-Acting Opioids, Oral Multiple Sclerosis Agents, and Thrombopoietin Receptor Agonists. 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, 2013 letter that was sent to them detailing the proposed Oral Constipation Agents, Long-Acting Opioids, Oral Multiple Sclerosis Agents, and Thrombopoietin Receptor Agonists criteria. Criteria for the Janus Kinase (JAK) Inhibitors was finalized in June, but reviewed again in August to update the language to mirror the criteria for the Biologicals for Arthritis, regarding the number of trials with a preferred biological DMARD prior to the consideration of a JAK inhibitor.

**Janus Kinase (JAK) Inhibitors**

*Prior authorization is required for Janus kinase (JAK) inhibitors. Payment will be considered when the following conditions are met:*

1. *The patient is 18 years of age or older; and*
2. *Has a diagnosis of moderate to severe rheumatoid arthritis; and*
3. *Has a documented trial and inadequate response to two preferred oral disease modifying antirheumatic drugs (DMARD) used concurrently. The combination must include methotrexate plus another preferred oral DMARD (hydroxychloroquine, sulfasalazine, leflunomide, or minocycline) ; and*
4. *Has a documented trial and inadequate response to two preferred biological DMARDs; and*

5. *The patient is not using or planning to use tofacitinib in combination with biologic DMARDs or potent immunosuppressants (azathioprine or cyclosporine); and*
6. *Has been tested for latent tuberculosis prior to initiating therapy and will be monitored for active tuberculosis during treatment; and*
7. *Recommended laboratory monitoring of lymphocytes, neutrophils, hemoglobin, liver enzymes and lipids are being conducted according to manufacturer labeling; and*
8. *Patient does not have a history of malignancy, except for those successfully treated for non-melanoma skin cancer (NMSC); and*
9. *Patient is not at an increased risk of gastrointestinal perforation.*

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

**Oral Constipation Agents (Lubiprostone and Linaclotide)**

*Prior authorization is required for lubiprostone (Amitiza®) and linaclotide (Linzess™). Payment will be considered under the following conditions:*

1. *Patient is 18 years of age or older; and*
2. *Patient must have documentation of adequate trials and therapy failures with at least one medication from each of the following categories:*
    a. *Saline laxative (milk of magnesia); and*
    b. *Osmotic laxative (polyethylene glycol or lactulose); and*
    c. *Stimulant laxative (senna); and*
3. *Patient does not have a known or suspected mechanical gastrointestinal obstruction; and*
4. *Patient has one of the following diagnoses:*
    a. *A diagnosis of **chronic idiopathic constipation** (Amitiza® or Linzess™)*
        i. *Patient has less than 3 spontaneous bowel movements (SBMs) per week; and*
        ii. *Patient has two or more of the following symptoms within the last 3 months:*
            1. *Straining during at least 25% of the bowel movements;*
            2. *Lumpy or hard stools for at least 25% of bowel movements; and/or*
            3. *Sensation of incomplete evacuation for at least 25% of bowel movements; and*
        iii. *Documentation the patient is not currently taking constipation-causing therapies*
    b. *A diagnosis of **irritable bowel syndrome with constipation** (Amitiza® or Linzess™)*
        i. *Patient is female (Amitiza® only); and*
        ii. *Patient has abdominal pain or discomfort at least 3 days per month in last 3 months associated with two (2) or more of the following:*
            1. *Improvement with defecation;*
            2. *Onset associated with a change in stool frequency; and/or*
            3. *Onset associated with a change in stool form*
    c. *A diagnosis of **opioid-induced constipation** with chronic, non-cancer pain (Amitiza®)*
        i. *Patient has been receiving stable opioid therapy for at least 30 days as seen in the patient's pharmacy claims; and*

*ii. Patient has less than 3 spontaneous bowel movements (SBMs) per week, with at least 25% associated with one or more of the following:*
    *1. Hard to very hard stool consistency;*
    *2. Moderate to very severe straining; and/or*
    *3. Having a sensation of incomplete evacuation*

If the criteria for coverage are met, initial authorization will be given for 12 weeks to assess the response to treatment. Requests for continuation of therapy may be provided if prescriber documents adequate response to treatment.

**Long-Acting Narcotics**
(Replaces OxycodoneCR/ER prior authorization)

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 a maximum tolerated dose, 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 contraindicated.

**Multiple Sclerosis – Oral Agents**

*Changes are italicized:*
Prior authorization is required for fingolimod (Gilenya™), teriflunomide (Aubagio®), or *dimethyl fumarate (Tecfidera™)*. Payment will be considered for patients 18 years of age and older under the following conditions:

- A diagnosis of relapsing forms of multiple sclerosis, and
- A previous trial and therapy failure with a preferred interferon or non-interferon used to treat multiple sclerosis.

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

For patients initiating therapy with **fingolimod (Gilenya™)**, documentation of the following must be provided:

- Patient does not have a recent (within the past 6 months) occurrence of myocardial infarction, unstable angina, stroke, transient ischemic attack, decompensated heart failure requiring hospitalization or Class III/IV heart failure.
- Patient does not have a history or presence of Mobitz Type II 2$^{nd}$ degree or 3$^{rd}$ degree AV block or sick sinus syndrome, unless the patient has a pacemaker.

- Patient does not have a baseline QTc interval ≥ 500 ms.
- Patient is not being treated with Class Ia or Class III anti-arrhythmic drugs.

For patients initiating therapy with **teriflunomide (Aubagio®)**, documentation of the following must be provided:

- Patient does not have severe hepatic impairment.
- A negative pregnancy test for females of childbearing age.
- Use of a reliable form of contraception for females of childbearing age.
- Patient is not taking leflunomide.

*For patients initiating therapy with **dimethyl fumarate (Tecfidera™)**, documentation of the following must be provided:*

- *Patient does not have a low lymphocyte count as documented by a recent (within 6 months) CBC prior to initiating therapy.*
- *Upon renewal, documentation of an updated CBC.*

**Thrombopoietin Receptor Agonists**

*Changes are 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 x $10^9$/L. Requests will not be considered under the following conditions:*

1. *Patients taking direct acting antiviral agents for the treatment of chronic hepatitis C genotype 1 infection in addition to interferon-based therapy with ribavirin.*
2. *Patients with decompensated liver disease with a Child-Pugh score > 6 (Class B & C).*
3. *Patients with a history of ascities.*
4. *Patients with hepatic encephalopathy.*

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.

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendation for clinical prior authorization criteria for Janus Kinase (JAK) Inhibitors, Oral Constipation Agents, Long-Acting Opioids, Oral Multiple Sclerosis Agents, and Thrombopoietin Receptor Agonists.

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

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Professional Staff: Pam Smith, R.Ph.
DUR Project Coordinator

October 4, 2013

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 2, 2013. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Testosterone Products; Rivaroxaban (Xarelto®); Ezetimibe and Ezetimibe Containing Products; and Insulin, Pre-filled Pens. 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 13, 2013 letter that was sent to them detailing the proposed criteria for Testosterone Products; Rivaroxaban (Xarelto®); Ezetimibe and Ezetimibe Containing Products; and Insulin, Pre-filled Pens.

**Testosterone Products**

*Prior authorization is required for testosterone products. 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 symptoms of sexual dysfunction, erectile dysfunction and infertility will not be considered. Payment for a diagnosis of hypogonadism (testosterone deficiency) 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 at least one of the signs and symptoms specific to androgen deficiency*
    a. *Incomplete or delayed sexual development*
    b. *Breast discomfort, gynecomastia*

   c. *Loss of body hair, reduction in shaving frequency*
   d. *Very small (<5mL) or shrinking testes*
   e. *Hot flushes, sweats*
   f. *Height loss, low trauma fracture, low bone mineral density; and*
4. *Patient does not have:*
   a. *Breast or prostate cancer*
   b. *Palpable prostate nodule or prostate-specific antigen (PSA) > 4ng/mL*
   c. *Hematocrit > 50%*
   d. *Untreated severe obstructive sleep apnea*
   e. *Severe lower urinary tract symptoms*
   f. *Uncontrolled or poorly controlled heart failure*

*If criteria for coverage are met, initial authorization will be given for 3 months. Requests for continuation of therapy will require the following:*

1. *An updated testosterone level (Please attach lab result); and*
2. *Documentation of how the patient's specific symptoms have responded to therapy; and*
3. *Documentation the patient has not experienced a hematocrit > 54% or an increase in PSA > 1.4ng/mL in the past 12 months.*

*Requests for FDA approved indications other than hypogonadism will not be subject to prior authorization criteria with adequate documentation of diagnosis.*

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

**Rivaroxaban (Xarelto®)**

*Prior authorization is required for rivaroxaban (Xarelto®). Payment will be considered under the following conditions:*

1. *Patient is 18 years of age or older; and*
2. *Patient does not have a mechanical prosthetic heart valve; and*
3. *Patient does not have active bleeding; and*
4. *Patient is not pregnant; and*
5. *Patient does not have severe renal impairment (CrCl < 15mL/min).*

*<u>Atrial Fibrillation</u>*

- *Patient has a diagnosis of non-valvular atrial fibrillation; and*
- *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 $CHADS_2$ score ≥ 1.*
- *For a CrCl > 50mL/min a dose of 20mg once daily will be considered; or*
- *For a CrCl 15 to 50mL/min a dose of 15mg once daily will be considered.*

*<u>Treatment and Prevention of DVT or PE</u>*

- *Documentation of a previous trial and therapy failure with warfarin (recurrent DVT, recurrent PE, TIA, stroke, or inability to maintain a therapeutic INR with a minimum 6 month trial); and*
- *Patient does not have a CrCl < 30mL/min; and*
- *Patient does not have significant liver disease (hepatitis or cirrhosis).*

- *For treatment of acute DVT or PE a dose of 15mg twice daily for 21 days followed by 20mg once daily for remaining treatment will be considered; or*
- *For prevention of DVT or PE a dose of 20mg once daily will be considered.*

*<u>Prophylaxis of DVT following Hip or Knee Replacement</u>*

- *Patient does not have a CrCl < 30mL/min; and*
- *Patient does not have significant liver disease (hepatitis or cirrhosis); and*
- *For patients undergoing hip replacement, patient is not undergoing staged bilateral total hip replacement.*
- *Requests will be approved for the following dosing:*
    - *Hip replacement: 10mg daily for up to 35 days following hip replacement; or*
    - *Knee replacement: 10mg 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.*

**Ezetimibe and Ezetimibe Containing Products**

*Prior authorization is required for ezetimibe and ezetimibe containing products. Requests for non-preferred ezetimibe combination products may only be considered after documented separate trials and therapy failures with the individual ingredients. Payment will be considered under the following conditions:*

1. *Patient is being treated for an elevated total cholesterol level; and/or*
2. *Patient is being treated for an elevated LDL-C level; and*
3. *Patient has not achieved goal with the use of two or more preferred HMG-CoA reductase inhibitors at a maximally tolerated dose for a minimum of three (3) consecutive months.*

*Initial authorizations will be approved for six months; additional prior authorizations will be considered on an individual basis after review of medical necessity and documented improvement in total cholesterol and/or LDL-C levels since the beginning of the initial prior authorization period.*

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

The DUR Commission also recommended grandfathering members currently established on ezetimibe or ezetimibe containing products.

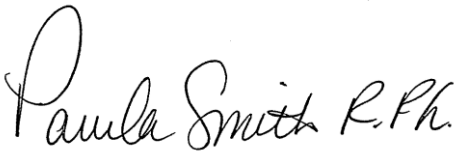
**Insulin, Pre-filled Pens**

*Changes are italicized:*
Prior authorization is required for pre-filled insulin pens. Prior authorization for non-preferred insulin pens will be authorized only for cases in which there is documentation of previous trial and therapy failure with a preferred agent.
Prior authorization is granted when documentation indicates:

1. The patient's visual or motor skills are impaired to such that they cannot accurately draw up their own insulin, and
2. There is no caregiver available to provide assistance, *and*
3. *Patient does not reside in a long-term care facility.*

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendation for clinical prior authorization criteria for Testosterone Products; Rivaroxaban (Xarelto®); Ezetimibe and Ezetimibe Containing Products; and Insulin, Pre-filled Pens.

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

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DUR Project Coordinator

December 5, 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 4, 2013. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Hepatitis C Protease Inhibitors and Apixaban (Eliquis®). The following recommendations have been made by the DUR Commission:

No comments were received from the medical/pharmacy associations in response to an October 8, 2013 letter that was sent to them detailing the proposed criteria for Hepatitis C Protease Inhibitors and Apixaban (Eliquis®).

**Hepatitis C Protease Inhibitors**

*Changes are italicized:*
Prior authorization is required for all oral hepatitis C protease inhibitors. Payment will be considered under the following conditions:

1. A diagnosis of hepatitis C genotype 1, and
2. Patient is 18 years of age or older, and
3. Administered in combination with peg-interferon alfa and ribavirin.
4. HCV-RNA results are required at treatment week 4 for telaprevir (Incivek™). Additional prior authorization will be considered with documentation of response to treatment, measured by HCV-RNA levels. A maximum 12 weeks of therapy will be allowed for telaprevir (Incivek™).
5. 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.

**Apixaban (Eliquis®)**

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

1. *Patient has a diagnosis of non-valvular atrial fibrillation; and*
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 $CHADS_2$ score ≥ 1; and*
4. *Patient does not have a mechanical prosthetic heart valve; and*
5. *Patient does not have active bleeding; and*
6. *Patient does not have severe renal impairment (CrCl < 15mL/min) or is not on dialysis.*

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

In addition to the above criteria, documentation of the patient's current weight and a recent serum creatinine will be required to verify appropriate dosing.

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendation for clinical prior authorization criteria for Hepatitis C Protease Inhibitors and Apixaban (Eliquis®).

Sincerely,

Pamela 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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Professional Staff: Pam Smith, R.Ph.
DUR Project Coordinator

February 6, 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, February 5, 2014. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Sodium Oxybate (Xyrem®) and Proton Pump Inhibitors. 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 December 5, 2013 letter that was sent to them detailing the proposed criteria for Sodium Oxybate (Xyrem®) and Proton Pump Inhibitors.

**Sodium Oxybate (Xyrem®)**

*Changes are italicized:*
Prior authorization is required for sodium oxybate (Xyrem®). Payment will be considered for patients 16 years of age or older under the following conditions:

1. A diagnosis of cataplexy associated with narcolepsy verified by a recent sleep study (including PSG, MSLT, and ESS) and previous trial and therapy failure with one of the following tricyclic antidepressants: clomipramine, imipramine, or protriptyline.
2. Patient is enrolled in the Xyrem® Success Program.
3. A diagnosis of excessive daytime sleepiness associated with narcolepsy verified by a recent sleep study (including PSG, MSLT, and ESS) and previous trials and therapy failures at a therapeutic dose with a preferred amphetamine and non-amphetamine stimulant.
4. Patient has been instructed to not drink alcohol when using Xyrem®.
5. *Patients with and without a history of substance abuse have been counseled regarding the potential for abuse and dependence and will be closely monitored for signs of abuse and dependence.*

6. Requests for patients with concurrent use of a sedative hypnotic or a semialdehyde dehydrogenase deficiency will not be considered.
7. *The prescriber must review the patient's use of controlled substances on the Iowa Prescription Monitoring Program website at https://pmp.iowa.gove/IAPMPWebCenter/ prior to requesting prior authorization.*

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

**Proton Pump Inhibitors**

Prior authorization is not required for preferred proton pump inhibitors (PPI) for *doses within the established quantity limits of one unit per day*. Requests for PPIs exceeding one unit per day for a diagnosis of gastroesophageal reflux disease will be considered after documentation of a therapeutic trial and therapy failure with concomitant use of once daily PPI dosing and a bedtime dose of a histamine H2-receptor antagonist. Upon failure of the combination therapy, subsequent requests for PPIs exceeding one unit per day will be considered on a short term basis (up to 3 months). After the three month period, a retrial of the recommended once daily dosing will be required. A trial of the recommended once daily dosing will be required on an annual basis for those patients continuing to need doses beyond one unit per day.

*Requests for twice daily dosing for a diagnosis of Helicobacter pylori will be considered for up to 14 days of treatment with documentation of an active infection.*

Payment for a non-preferred proton pump inhibitor will be authorized only for cases in which there is documentation of previous trials and therapy failures with three preferred products.

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendation for clinical prior authorization criteria for Sodium Oxybate (Xyrem®) and Proton Pump Inhibitors.

Sincerely,

Pamela 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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Gregory Barclay, M.D.
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Professional Staff: Pam Smith, R.Ph.
DUR Project Coordinator

April 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, April 2, 2014. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Anti-Diabetics, Non-Insulin Agents and Trametinib (Mekinist™); the medical necessity of brimonidine (Mirvaso®) and ospemifene (Osphena®);and quantity limits for butalbital containing products and transdermal scopolamine (Transderm Scōp®). 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 6, 2014 letter that was sent to them detailing the proposed criteria for Trametinib (Mekinist™). Comments received from the medical/pharmacy associations regarding the criteria for Anti-Diabetics, Non-Insulin Agents were reviewed at the February 5, 2014 DUR meeting.

**Anti-Diabetics, Non-Insulin Agents** (replacing DPP-4 Inhibitors and Incretin Mimetics)

*Changes are italicized:*
*Prior authorization is required for preferred anti-diabetic, non-insulin agents subject to clinical criteria. Payment will be considered under the following conditions:*

1. *A diagnosis of Type 2 Diabetes Mellitus, and*
2. *Patient is 18 years of age or older, and*
3. *The patient has not achieved HgbA1C goals after a minimum three month trial with metformin at a maximally tolerated dose, unless evidence is provided that use of this agent would be medically contraindicated.*

*Payment for a non-preferred anti-diabetic, non-insulin agent subject to clinical criteria will be authorized only for cases in which there is documentation of previous trials and therapy failures with metformin, a preferred DPP-4 Inhibitor* ***and*** *a preferred Incretin*

*Mimetic at maximally tolerated doses, unless evidence is provided that use of these agents would be medically contraindicated.*

*Initial authorizations will be approved for six months. Additional prior authorizations will be considered on an individual basis after review of medical necessity and documented continued improvement in HgbA1C.*

**Trametinib (Mekinist™)**

Newly Proposed Prior Authorization Criteria

Prior authorization is required for trametinib (Mekinist™). Payment will be considered for patients when the following criteria are met:

1. Patient is 18 years of age or older; and
2. Patient has a documented diagnosis of unresectable or metastatic melanoma with BRAF V600E or BRAF V600K mutation as detected by an FDA-approved test; and
3. Patient has not received prior therapy with a BRAF-inhibitor; and
4. Prescriber is an oncologist.

If the 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.

The DUR Commission members reviewed information on brimonidine (Mirvaso®) and ospemifene (Osphena®). Section 1927(d)(2) of the Social Security Act states Medicaid programs may exclude from coverage agents when used for the treatment of sexual or erectile dysfunction and agents when used for cosmetic use. Iowa Medicaid rules currently exclude coverage of drugs used for sexual or erectile dysfunction, as well as drugs used for cosmetic purposes. Based on the indications for both medications, the DUR Commission determined they are not medically necessary and voted in favor of excluding brimonidine (Mirvaso®) and ospemifene (Osphena®) from coverage.

The DUR Commission members also reviewed utilization of butalbital containing products and transdermal scopolamine (Transderm Scōp®) and made the recommendation to implement the following quantity limits:

Butalbital containing products – 60 units per 30 days
Transdermal scopolamine (Transderm Scōp®) – 8 patches per 30 days

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendations for clinical prior authorization criteria for Anti-Diabetics, Non-Insulin Agents and Trametinib (Mekinist™); excluding brimonidine (Mirvaso®) and ospemifene (Osphena®) from coverage; and implementing quantity limits on butalbital containing products and transdermal scopolamine (Transderm Scōp®).

Sincerely,

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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DUR Project Coordinator

June 5, 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, June 4, 2014. At this meeting, the DUR Commission members discussed the proposed prior authorization criteria for Oral Hepatitis C Antiviral Agents, Antidepressants, and Ivacaftor (Kalydeco™). 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 14, 2014 letter that was sent to them detailing the proposed criteria for Oral Hepatitis C Antiviral Agents, Antidepressants, and Ivacaftor (Kalydeco™).

**Hepatitis C Antiviral Agents, oral** (replacing Hepatitis C Protease Inhibitors)

*Changes are 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. *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*
4. *Patient has not previously tried or failed therapy with a hepatitis C protease inhibitor; and*
5. *Patient is not a pregnant female or a male with a pregnant female partner; and*
6. *Women of childbearing potential and their male partners must use two forms of effective contraception (non-hormonal contraception for patients taking Incivek™ and Sovaldi™) during treatment and for at least 6 months after treatment has*

*concluded; and*

7. *Documentation that routine monthly pregnancy tests are performed during this time; 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. *Prescriber is an infectious disease specialist, gastroenterologist, hepatologist or other hepatitis specialist.*
10. *Non-FDA approved or non-compendia indicated combination therapy regimens will not be approved.*
11. *Lost or stolen medication replacement requests will not be authorized.*
12. *The 72-hour emergency supply rule does not apply to oral hepatitis C antiviral agents.*

**Incivek**

- *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 is not receiving dialysis or does not have a CrCl < 50 mL/min.*
- HCV-RNA results are required at treatment week 4 for telaprevir (Incivek™).
- Additional prior authorization will be considered with documentation of response to treatment, measured by HCV-RNA levels.
- A maximum 12 weeks of therapy will be allowed for telaprevir (Incivek™).

**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.*
- 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.*
- *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 stage 3 or greater fibrosis as confirmed by a liver biopsy.*
- ***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.*
- *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/µL, a baseline platelet count below 90,000/ µL, or a baseline hemoglobin below 10g/dL; and a history of preexisting unstable cardiac disease.*

**Antidepressants** (combining existing criteria for Vilazodone (Viibryd™) and Desvenlafaxine (Pristiq®) and applying to all non-preferred antidepressants subject to clinical criteria)

*Changes are italicized:*
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.

**Ivacaftor (Kalydeco™)**

*Changes are italicized:*
Prior authorization is required for Kalydeco™ (ivacaftor). Payment will be considered for patients when the following criteria are met:

1. Patient is 6 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, and S549R* as detected by a FDA-cleared CF mutation test; and
3. Prescriber is a CF specialist or pulmonologist; and
4. Patient does not have one of the following infections: Burkholderia cenocepacia, *Burkholderia* dolosa, or Mycobacterium abcessus.

Thank you in advance for the Department's consideration of accepting the DUR Commission's recommendations for clinical prior authorization criteria for Oral Hepatitis C Antiviral Agents, Antidepressants, and Ivacaftor (Kalydeco™).

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

# Appendix H
# Prospective DUR

**Prospective DUR**
**SFY14**

The following prospective DUR edits were recommended to the Department:

- Quantity limits on glipizide er 2.5mg and 5mg of 30 tablets per 30 days.
- Quantity limit on glipizide er 10mg of 60 tablets per 30 days.
- Quantity limit on Latuda 60mg of 30 tablets per 30 days.
- Quantity limit on Vimpat of 60 tablets per 30 days.
- Quantity limit on Albenza of 4 tablets per 30 days.
- Quantity limit on butalbital containing products of 60 units per 30 days.
- Quantity limit on fluocinolone otic of 20ml per 30 days.
- Quantity limit on Stromectol of 15 tablets per 30 days.
- Quantity limit on Transderm Scop of 8 patches per 30 days.

# Appendix I
# Newsletters

2013
Vol. 25, No. 3

DUR DIGEST

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***DUR Commission Members***

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DUR Project Coordinator

# The use of Benzodiazepines and Opioids with Sleep Apnea

Obstructive sleep apnea (OSA) is a chronic disorder that affects at least 2% to 4% of the adult population.[1] OSA is defined by the occurrence of daytime sleepiness, loud snoring, witnessed breathing interruptions, or awakenings due to gasping or choking in the presence of at least five obstructive respiratory events per hour of sleep.[1] The signs and symptoms of OSA are a result of the derangements that occur due to repetitive collapse of the upper airway.[1] Benzodiazepines are contraindicated in sleep apnea or significant respiratory disease since they can cause respiratory depression. In addition, the risk of sleep apnea increases with the use of opioids. Prescribers should weigh the benefit versus risk of using the combination of benzodiazepines and opioids in a patient with sleep apnea, given the synergistic risk of respiratory depression.

Given the increased risk of using a benzodiazepine in OSA the DUR Commission looked at the data more closely to see if members are at an increased risk of an adverse event.

**Analysis:** A review of medical claims was conducted to identify Iowa Medicaid members with a diagnosis of sleep apnea. Once identified, three months of non-reversed, paid pharmacy claims data from November 2012 through January 2013 were reviewed to identify members taking a benzodiazepine with a diagnosis of sleep apnea. The following observations were made:

| | **Number of Members** |
|---|---|
| Unique Members with Sleep Apnea Diagnosis | 12,935 |
| Unique members using a Benzodiazepine | 2,886 |
| Unique members combining a benzodiazepine and opioid | 518 |

This discussion prompted the DUR Commission to make the recommendation to look at members with a diagnosis of anxiety combining an SSRI or SNRI with a benzodiazepine. If members with an anxiety diagnosis are combining an SSRI or SNRI with a benzodiazepine, letters could be sent to prescribers asking if the benzodiazepine is needed and if the dose of the SSRI or SNRI could be optimized thus eliminating the need for the benzodiazepine. This topic will be discussed at a future DUR meeting.

References

1. Epstein LJ; Kristo D; Strollo PJ; Friedman N; Malhotra A; Patil SP; Ramar K; Rogers R; Schwab RJ; Weaver EM; Weinstein MD. Clinical guideline for the evaluation, management and long-term care of obstructive sleep apnea in adults. *J Clin Sleep Med 2009*;5(3):263-276.

## Duplicate Antidepressants

In the United States, 9% of adults meet the criteria for current depression and 3.4% meet the criteria for major depression based on a survey conducted by the CDC from 2006 through 2008.[1] The major classes of drugs to treat depression are selective serotonin reuptake inhibitors (SSRIs), serotonin-norepinephrine reuptake inhibitors (SNRIs), Tricyclic antidepressants (TCAs), monamne oxidase inhibitors (MAOIs) and a few drugs with unique modes of action (bupropion, mirtazapine, nefazodone, trazodone).

The goal of treatment of depression should be remission of symptoms. Response to an antidepressant is defined as a 50% reduction in symptoms. In eight-week clinical trials, response rates are typically 50% to 55%, while remission rates are only 35% to 40%[2]. Therefore, more than half the patients treated with an antidepressant continue to have symptoms. Approaches to achieve response or remission include increasing the dose of the antidepressant, combining antidepressants, or augmentation with a nonantidepressant. Generally, one antidepressant is prescribed initially. If after four weeks there is no response or after six weeks there is a partial response to an antidepressant despite adherence, treatment should be re-evaluated.[3,4] For those patients showing a partial response, dose optimization should be attempted.[5] Patients that have shown no response four to eight weeks after dose optimization should be switched to a different antidepressant.[6]

The effectiveness of antidepressant medications is comparable.[6] Choice of medication should be based on the following: 1) patient preference; 2) nature of prior response to medication; 3) safety, tolerability and anticipated side effects; 4) co-occurring psychiatric or general medical conditions; 5) pharmacological properties of medication (e.g. half-life, drug interactions); and 6) cost.[6] Advantages of switching antidepressants versus adding a second medication are that switching costs less, and minimizes risk of adverse effects, drug interactions, and nonadherence.[1] Disadvantages of switching antidepressants include possible loss of any partial response from the first drug, occurrence of withdrawal symptoms, and delay in onset of the second drug.[3]

The DUR commonly observes multiple antidepressant use through profile reviews. Given the increased cost, risk of adverse effects, and drug interactions the DUR Commission looked at this more closely. This topic was initially reviewed at the February 2013 DUR meeting. The DUR recommended sending letters to prescribers of patients combining two or more SSRIs or two or more TCAs. In addition, the DUR requested trazodone be removed from the list of antidepressants as it was thought it was being used for sleep.

Antidepressants used in Data Analysis

| SSRI | SNRI | TCA | MAOI | Other |
|---|---|---|---|---|
| Citalopram | Venlafaxine | Amitriptyline | Phenelzine | Bupropion |
| Escitalopram | Desvenlafaxine | Amoxapine | Selegiline | Mirtazapine |
| Fluoxetine | Duloxetine | Clomipramine | Tranylcypromine | Nefazodone |
| Fluvoxamine | Milnacipran | Desipramine | | |
| Paroxetine | | Doxepin | | |
| Sertraline | | Imipramine | | |
| Vilazidone | | Maprotiline | | |
| | | Nortriptyline | | |
| | | Protriptyline | | |
| | | Trimipramine | | |

Three months of non-reversed, paid pharmacy claims data from November 2012 through January 2013 were reviewed to identify: 1) the number of unique members combining antidepressants from the same class (MAO Inhibitors, SSRIs, TCAs, SNRIs) for ≥ 60 days, and 2) the number of unique members that were taking three or more antidepressants concurrently from the Antidepressant List (above) for ≥ 60 days. The following observations were made:

| Drug Combination | Number of Members | Number of Prescribers |
|---|---|---|
| SSRIs (2 or more) | 57 | 76 |
| TCAs (2 or more) | 13 | 15 |
| MAOIs (2 or more) | 0 | 2 |
| MAOI plus SSRI/SNRI or TCA | 2 | 3 |
| SNRIs (2 or more) | 17 | 25 |
| SSRI plus SNRI | 169 | 157 |
| Three or more antidepressants (any mechanism of action) | 135 | 184 |

References


1. MMWR Morb Mortal Wkly Rep 2010 Oct 1;59(38):1229.
2. Rush AJ, Trivedi MH, Wisniewski SR, et al. Bupropion-SR, sertraline, or venlafaxine-XR after failure of SSRIs for depression. *N Engl J Med* 2006;354:1231-42.
3. Mann JJ. The medical management of depression. *N Engl J Med* 2005;353:1819-34.
4. Marangell LB. Switching antidepressants for treatment-resistant major depression. *J Clin Psychiatry* 2001;62 Suppl 18:12-7.
5. Papakostat GI, Petersen TJ, Green C, et al. A description of next-step switching versus augmentation practices for outpatients with treatment-resistant major depressive disorder enrolled in an academic specialty clinic. *Ann Clin Psychiatry* 2005;17:161-5.
6. American Psychiatric Association. Practice guideline for the treatment of patients with major depressive disorder (3rd Edition). October 2010. http://www.psych.org/guidelines/mdd2010. Accessed December 28, 2012.


## Updated Drug PA Criteria

### ADHD/ADD/Narcolepsy

*Changes are italicized:*
Prior authorization (PA) is required for ADD/ADHD/Narcolepsy agents for patients 21 years of age or older *under the following conditions:*

1. *Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) meeting the DSM-IV 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 environments (social, academic, or occupational).*
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.*

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

*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 October 1, 2012 to December 31, 2012***

Number of claims paid: 1,177,662

Total dollars paid: $68,314,527.40

Percent controlled substances: 18.23%

Average amount paid per claim: $58.01

Average amount paid per claim, brand: $247.33

Average Amount paid per claim, generic: $13.74

| Top Drugs by Number of Prescriptions | Top Drugs by Dollars Spent | Top Therapeutic Class by Dollars Spent |
|---|---|---|
| *ProAir HFA*<br>$52.46/RX | *Abilify* 5mg<br>$1,468,317<br>$473.50/RX | Antipsychotics – Atypicals<br>$9.0 million |
| APAP 325mg<br>$6.97/RX | Methylphenidate ER 36mg<br>$1,292,231<br>$200.25/RX | Stimulants – Amphetamines – Long Acting<br>$4.8 million |
| Loratadine 10mg<br>$9.42/RX | *Novoseven RT Inj* 2mg<br>$952,780<br>$105,864/RX | Antihemophilic Agents<br>$3.9 million |
| Methylphenidate ER 36mg<br>$200.25/RX | *Abilify* 10mg<br>$1,007,618<br>$484.43/RX | Stimulants – Methylphenidate-Long Acting<br>$3.5 million |
| Ventolin HFA<br>$46.37/RX | Methylphenidate ER 54mg<br>$878,804<br>$182.51/RX | Anticonvulsants<br>$3.1 million |

*All dollars reported are Pre-Rebate

2013
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DUR DIGEST

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Pamela Smith, R.Ph.
DUR Project Coordinator

## Commission Welcomes New Member

The DUR Commission welcomes the addition of 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.

## DUR Annual Federal Report, Federal Fiscal Year 2012

The Drug Utilization Review Commission (DUR) had a successful year with overall direct total cost savings of $3.77 for every dollar spent on the program administratively. Overall, the program produced a net cost savings of $747,654.95 versus a net cost savings of $615,600.07 in FFYE 2011.

Patient-focused review saw a savings of $328,419.35 versus a savings of $275,771.01 in FFYE 2011. Total dollars saved per patient evaluated was $238.16.

Total cost savings for the problem-focused studies for FFYE 2012 was $689,235.60 versus $609,829.00 in FFYE 2011. This increase is due to a larger number of members evaluated this past federal fiscal year resulting in an increased number of members with a positive impact versus the prior year. Thirteen focused studies were evaluated in FFYE 2012 compared to fourteen in FFYE 2011. Eleven of the focused studies were designed to promote appropriate therapy and optimize patient outcomes and two of the focused studies addressed inappropriate use of medication.

# Uncontrolled Hypertension Among Adults in the United States, 2003 - 2010

Hypertension costs $131 billion annually in health-care expenditures, is the leading risk factor for cardiovascular disease, and a major cause of morbidity and mortality. With adequate treatment and control of hypertension, the incidence of first and recurrent heart attacks and stroke, heart failure, and chronic kidney disease can be reduced.

Recently, the Centers for Disease Control and Prevention analyzed data from the National Health and Nutrition Examination Survey (NHANES) examining the awareness and pharmacologic treatment of uncontrolled hypertension among U.S. adults with hypertension. Three groups were focused on: those who are unaware of their hypertension, those who are aware but not treated with medication, and those who are aware and pharmacologically treated with medication but still have uncontrolled hypertension.

Subjects included in the analysis (N = 20,811) were aged ≥ 18 years. Hypertension was defined as an average systolic blood pressure (SBP) ≥ 140 mmHg or an average diastolic blood pressure (DBP) ≥ 90 mmHg, based on the average of up to three blood pressure (BP) measurements, or currently using BP-lowering medication. Uncontrolled hypertension was defined as an average SBP ≥ 90 mmHg, among those with hypertension. Subjects were considered unaware of hypertension if they responded ”no” when asked whether a healthcare provider had ever told them that they had hypertension. Subjects were considered untreated if they answered “no” to either of these questions and considered treated if they answered yes to both questions:

- Because of your high blood pressure/hypertension, have you ever been told to take prescribed medicine?
- Are you currently taking BP-lowering medication?

Results:

Prevalence of hypertension among U.S> adults aged ≥ 18 years:

- Hypertension: 66.9 million (30.4%)
- Controlled hypertension: 31.1 million (46.5%)
- Uncontrolled hypertension: 35.8 million (53.3%)

Among those with uncontrolled hypertension:

- Aware; treated: 16.0 million (44.8%)
- Aware; untreated: 5.7 million (15.8%)
- Unaware: 14.1 million (39.4%)

Overall prevalence of uncontrolled hypertension among U.S. adults aged ≥ 18 years with hypertension was 53.3%. Subgroups of subjects with uncontrolled hypertension were identified with the most prevalent being:

- Aged 18-44 years (61.6%)
- Men (55.0%)
- Hispanic (63.1%)
- No medical care in previous 12 months (93.3%)
- Uninsured (71.8%)

Overall prevalence of awareness and pharmacologic treatment of uncontrolled hypertension among U.S. adults aged ≥ 18 years with hypertension, by group:

- Aware and treated: 44.8%; highest prevalence among adults aged ≥ 65 years (59.9%) and those who received health care ≥ 2 times in the previous 12 months (55.3%).
- Aware and untreated: 15.8%; highest prevalence among adults aged 18-44 years (25.4%); those with no usual source of care (25.6%); those with no health insurance (23.5%).
- Unaware: 39.4%; highest prevalence among adults aged 18-44 years (56.6%); those who did not receive health care in previous 12 months (71.5%); those with no usual source of care (64.3%) those with no health insurance (51.9%).

Reference

1. MMWR Morb Mortal Wkly Rep. 2012; 61(35);703-709.

**Repository Corticotropin Injection (H.P. Acthar Gel)**

Prior authorization is required for repository corticotropin injection. Payment will be considered under the following conditions:

1. Patient is under two years of age and
2. Patient has a diagnosis of infantile spasms.

Treatment of compendia indicated steroid-response conditions will only be considered upon documented contraindications or intolerance to corticosteroids not expected to occur with the use of repository corticotropin injection.

If criteria for coverage are met, authorization will be provided for up to 30 days of treatment for all indications.

**Dabigatran (Pradaxa®)**

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

1. Patient has a diagnosis of non-valvular atrial fibrillation; and
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 $CHADS_2$ score ≥ 1; and
4. Patient does not have a mechanical prosthetic heart valve; and
5. Patient does not have active pathological bleeding; and
6. Patient does not have severe renal impairment (CrCl < 15mL/min) or is not on dialysis.

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 January 1, 2013 to March 31, 2013***

Number of claims paid: 1,100,062

Total dollars paid: $68,851,089

Percent controlled substances: 14.98%

Average amount paid per claim: $58.04

Average amount paid per claim, brand: $254.99

Average Amount paid per claim, generic: $18.69

| Top Drugs by Number of Prescriptions | Top Drugs by Dollars Spent | Top Therapeutic Class by Dollars Spent |
|---|---|---|
| Amoxicillin 400mg/5ml<br>$10.22/RX | Synagis 100mg/ml<br>$1,910,246<br>$2,768.47/RX | Antipsychotics – Atypicals<br>$6.7 million |
| Ventolin HFA<br>$49.20/RX | Abilify 20mg<br>$1,386,235<br>$537.51/RX | Stimulants – Amphetamines – Long Acting<br>$7.5 million |
| Albuterol Neb 0.083%<br>$12.01/RX | Methylphenidate ER *36*mg<br>$1,285,532<br>$191.30/RX | Stimulants- Methylphenidate-Long Acting<br>$3.3 million |
| Loratadine 10mg<br>$8.73/RX | Methylphenidate ER 54mg<br>$885,418<br>$170.77/RX | Anticonvulsants<br>$3.0 million |
| Azithromycin 200mg/5ml<br>$20.68/RX | *Abilify 30*mg<br>$859,054<br>$512.56/RX | Antidepressants – Selected SSRIs<br>2.3 million |

*All dollars reported are pre-rebate

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# Ketoconazole Drug Safety Announcement

In July 2013, the U.S. Food and Drug Administration (FDA) issued a safety announcement regarding ketoconazole oral tablets. Specifically, the FDA is taking several actions including limiting the drug's use, warning that it can cause severe hepatic injuries and adrenal gland problems and advising that it can lead to harmful drug interactions with other medications. Oral ketoconazole should not be used as a first-line treatment for any fungal infection and should be used for the treatment of endemic mycoses only when alternative antifungal therapies are not available or tolerated. Topical ketoconazole products (creams, shampoos, foams, and gels) are not included in this safety announcement.

Hepatoxicity – Ketoconazole can cause liver damage, which may potentially result in liver transplantation or death. The FDA revised the Boxed Warning adding a contraindication for use in patients with liver disease and included recommendations for assessing and monitoring patients for liver toxicity. Serious liver damage has occurred in patients receiving low doses of ketoconazole for long periods of time as well as those receiving high doses over a short period of time.

Adrenal Insufficiency – Ketoconazole can block production of adrenal steroids through its inhibition of the cytochrome P450 isoenzyme system. This can be attributed to endocrinologic abnormalities seen in some patients, particularly when the drug is administered at high doses, including gynecomastia in men and menstrual irregularities in women. Adrenal function should be monitored in patients with adrenal insufficiency or those with borderline adrenal function should be monitored as well as in patients under prolonged periods of stress (major surgery, intensive care, etc.).

Drug Interactions – Serious and potentially life-threatening outcomes may occur. Ketoconazole is a potent inhibitor of CYP3A4, thus causing decreased clearance of other co-administered drugs that are metabolized by CYP3A4 resulting in increased drug concentrations predisposing patients to serious adverse reactions.

Ketoconazole oral tablets are indicated only for the treatment of the following fungal infections: blastomycosis, coccidiodomycosis, histoplasmosis, chromomycosis, and paracoccidioidomycosis in patients in whom other treatments have failed or who are intolerant to other therapies.

Ketoconazole oral tablets should no longer be used for the treatment of any type of candidiasis or any superficial fungal infection.

The complete FDA Drug Safety Communication can be found at the following link:

http://www.fda.gov/downloads/Drugs/DrugSafety/UCM362444.pdf

# Iowa Prescription Drug Monitoring Program

The Iowa Prescription Monitoring Program (PMP) is administered by the Iowa Board of Pharmacy. The PMP provides authorized practioners (prescribers and pharmacists) with information regarding their patients' use of controlled substances that can be used as a tool in determining appropriate prescribing and treatment of patients. The PMP allows practitioners to improve patient health care by facilitating early identification of patients who may be at risk for addiction, or who may be using, abusing, or diverting drugs for unlawful or otherwise unauthorized purposes, or may be appropriately using controlled substances lawfully prescribed for them but unknown to the practitioner.

Prescription Data

Each licensed pharmacy that dispenses controlled substances to patients in the state of Iowa is required to submit prescription data electronically to the PMP. This includes nonresident pharmacies. There are a few instances where a pharmacy is exempt from reporting, such as a licensed hospital pharmacy; a licensed pharmacy dispensing a controlled substance for a patient residing in a long-term care facility or for a patient residing in an inpatient hospice facility; and a prescriber or other authorized person who administers or dispenses a controlled substance, including samples of a controlled substance, for the purposes of outpatient care. Prescription data is required to be submitted at least weekly for schedule II, III, and IV controlled substances and records are maintained for four years following the date of dispensing. All information contained in the PMP database is privileged and strictly confidential and is not subject to public or open records laws. The Iowa Prescription Monitoring Program Data Collection Manual can be found at the following link: http://www.state.ia.us/ibpe/pdf/IowaDataCollectionManual_2012.pdf.

Registered Practitioners

Registered practitioners may authorize up to three health care professionals (such as RN, LPN, CMA, or certified pharmacy technician) to act as the practitioner's agents for the purpose of requesting PMP information for their patients.

To register for access to the Iowa PMP go to the following website: https://pmp.iowa.gov/IAPMPWebCenter/.

Click the "Register" link and follow the on-screen instructions, complete the registration form, and submit your registration. You will receive a Username and Password via email following approval of your registration. Once registered for access to the PMP you may request a patient's prescription history, which only takes a few seconds to process. The PMP also has the ability to issue alerts. This function helps disseminate information to other health care professionals regarding particular patients, such as a patient you identify as being involved in diversion activities.

Authorized health care practitioners are not required by law to access PMP information regarding their patient's use of controlled substances. The PMP provides practitioners with another health care tool to assist them in identifying potential diversion, misuse, or abuse of controlled substances.

Additional information regarding the Iowa PMP program can be found on the Board of Pharmacy website at http://www.state.ia.us/ibpe/pmp_info.html

A user guide is available on the PMP website at the following link: http://www.state.ia.us/ibpe/pmp/webcenter_user_guide.pdf

Any questions regarding the Iowa PMP should be directed to the Iowa Board of Pharmacy at (515) 281-5944 or in writing at 400 S.W. Eighth Street, Suite E, Des Moines, IA 50309.

# New and Updated Drug PA Criteria

## Testosterone Products

Prior authorization is required for testosterone products. 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 symptoms of sexual dysfunction, erectile dysfunction and infertility will not be considered. Payment for a diagnosis of hypogonadism (testosterone deficiency) 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 at least one of the signs and symptoms specific to androgen deficiency
    a. Incomplete or delayed sexual development
    b. Breast discomfort, gynecomastia
    c. Loss of body hair, reduction in shaving frequency
    d. Very small (<5mL) or shrinking testes
    e. Hot flushes, sweats
    f. Height loss, low trauma fracture, low bone mineral density; and
4. Patient does not have:
    a. Breast or prostate cancer
    b. Palpable prostate nodule or prostate-specific antigen (PSA) > 4ng/mL
    c. Hematocrit > 50%
    d. Untreated severe obstructive sleep apnea
    e. Severe lower urinary tract symptoms
    f. Uncontrolled or poorly controlled heart failure

If criteria for coverage are met, initial authorization will be given for 3 months. Requests for continuation of therapy will require the following:

1. An updated testosterone level (Please attach lab result); and
2. Documentation of how the patient's specific symptoms have responded to therapy; and
3. Documentation the patient has not experienced a hematocrit > 54% or an increase in PSA > 1.4ng/mL in the past 12 months.

Requests for FDA approved indications other than hypogonadism will not be subject to prior authorization criteria with adequate documentation of diagnosis.

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

## Insulin, Pre-filled Pens

*Changes are italicized:*
Prior authorization is required for pre-filled insulin pens. Prior authorization for non-preferred insulin pens will be authorized only for cases in which there is documentation of previous trial and therapy failure with a preferred agent.
Prior authorization is granted when documentation indicates:

1. The patient's visual or motor skills are impaired to such that they cannot accurately draw up their own insulin, and
2. There is no caregiver available to provide assistance, *and*
3. *Patient does not reside in a long-term care facility.*

**Medicaid Statistics for Prescription Claims**

**from July 1, 2013 to September 31, 2013***

Number of claims paid: 1,059,690

Total dollars paid: $62,207,883

Percent generic prescriptions: 83.2%

Average amount paid per claim: $58.70

Average amount paid per claim, brand: $249.16

Average Amount paid per claim, generic: $20.11

| Top Drugs by Number of Prescriptions | Top Drugs by Dollars Spent | Top Therapeutic Class by Dollars Spent |
|---|---|---|
| Loratadine 10mg<br>$8.45/RX | *Abilify* 20mg<br>$1,326,484<br>$550.41/RX | Antipsychotics – Atypicals<br>$6.4 million |
| Ventolin HFA<br>$50.32/RX | Methylphenidate ER 36mg<br>$1,153,426<br>$187.85/RX | Stimulants – Amphetamines – Long Acting<br>$4.6 million |
| Hydrocodone/APAP 5-325mg<br>$13.74/RX | *Lantus* Injection 100/ml<br>$990,313<br>$271.47/RX | Anticonvulsants<br>$3.7 million |
| Tramadol 50mg<br>$10.00/RX | *Abilify 30*mg<br>$936,896<br>$567.47/RX | Stimulants- Methylphenidate- Long Acting<br>$3.0 million |
| Cetirizine 10mg<br>$9.92/RX | *Cymbalta* 60mg<br>$856,159<br>$253.15/RX | Antidepressants – Selected SSRIs<br>2.5 million |

*All dollars reported are pre-rebate

# Appendix J
# Web Site

DUR Iowa Medicaid Drug Utilization Review Commission



# Iowa Medicaid Drug Utilization Review Commission

## New Public Comment Policy

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.

## Recent Site Updates

New meeting information has been added.
A new DUR Digest has been added.

## DUR Commission Members

- Mark Graber, M.D., FACEP, Chairperson
- Laurie Pestel, Pharm.D., Vice Chairperson
- Larry Ambroson, R.Ph.
- Gregory Barclay, M.D.
- Brian Couse, M.D.
- Brett Faine, Pharm.D.
- Kellen Ludvigson, Pharm.D.
- Susan Parker, Pharm.D.
- Jason Wilbur, M.D.

More information

## Professional Staff

- Pam Smith, R.Ph. - DUR Project Coordinator

Start

# Appendix K
# Prevalence Reports

# Bi-Monthly Statistics

| | May/June 2013 | July/August 2013 | % CHANGE |
|---|---|---|---|
| Total Paid Amount | $35,440,038 | $37,088,252 | 4.7% |
| Unique Users | 144,011 | 140,317 | -2.6% |
| Cost Per User | $246.09 | $264.32 | 7.4% |
| Total Prescriptions | 617,471.0 | 623,517.0 | 1.0% |
| Average Prescriptions Per User | 4.29 | 4.44 | 3.5% |
| Average Cost Per Prescription | $57.40 | $59.48 | 3.6% |
| # Generic Prescriptions | 518,324 | 520,676 | 0.5% |
| % Generic | 83.9% | 83.5% | -0.5% |
| $ Generic | $10,185,069 | $10,547,479 | 3.6% |
| Average Generic Prescription Cost | $19.65 | $20.26 | 3.1% |
| Average Days Supply | 22 | 22 | 0.0% |
| # Brand Prescriptions | 99,147 | 102,841 | 3.7% |
| % Brand | 16.1% | 16.5% | 2.7% |
| $ Brand | $25,254,969 | $26,540,773 | 5.1% |
| Average Brand Prescription Cost | $254.72 | $258.08 | 1.3% |
| Average Days Supply | 26 | 26 | 0.0% |

**Note: All dollar amounts reported are pre-rebate**

# Utilization by Age

| Age | May/June 2013 | July/August 2013 |
|---|---|---|
| 0-6 | 32,229 | 29,477 |
| 7-12 | 24,823 | 24,276 |
| 13-18 | 21,543 | 21,601 |
| 19-64 | 55,848 | 55,559 |
| 65+ | 9,568 | 9,404 |
| | **144,011** | **140,317** |

# Utilization by Gender and Age

| Gender | Age | May/June 2013 | July/August 2013 |
|---|---|---|---|
| **F** | | | |
| | 0-6 | 15,071 | 13,757 |
| | 7-12 | 10,600 | 10,429 |
| | 13-18 | 11,172 | 11,435 |
| | 19-64 | 39,680 | 39,577 |
| | 65+ | 6,959 | 6,843 |
| | | **83,482** | **82,041** |
| **M** | | | |
| | 0-6 | 17,158 | 15,720 |
| | 7-12 | 14,223 | 13,847 |
| | 13-18 | 10,371 | 10,166 |
| | 19-64 | 16,168 | 15,982 |
| | 65+ | 2,609 | 2,561 |
| | | **60,529** | **58,276** |

# Top 100 Pharmacies by Prescription Count
## July/August 2013

| Rank | Pharmacy Name | Pharmacy City | State | Prescription Count | Paid Amount | Previous Rank |
|---|---|---|---|---|---|---|
| 1 | WALGREEN #05239 | DAVENPORT | IA | 8,547 | $429,894.93 | 1 |
| 2 | WALGREEN #04405 | COUNCIL BLUFFS | IA | 7,586 | $392,679.28 | 2 |
| 3 | WALGREEN #05721 | DES MOINES | IA | 7,245 | $351,203.77 | 3 |
| 4 | MARTIN HEALTH SERVICES INC | DENVER | IA | 5,939 | $148,155.82 | 4 |
| 5 | WALGREEN #910 | SIOUX CITY | IA | 5,438 | $267,012.12 | 5 |
| 6 | WALGREEN #359 | DES MOINES | IA | 5,274 | $261,644.90 | 6 |
| 7 | HY-VEE DRUGSTORE #7060 | MUSCATINE | IA | 5,003 | $211,834.31 | 7 |
| 8 | MARTIN HEALTH SERVICES INC | JOHNSTON | IA | 4,893 | $143,717.34 | 10 |
| 9 | WALGREEN #05362 | DES MOINES | IA | 4,769 | $217,783.74 | 11 |
| 10 | WALGREENS #07453 | DES MOINES | IA | 4,655 | $252,545.11 | 8 |
| 11 | WALGREEN CO.#3700 | COUNCIL BLUFFS | IA | 4,639 | $229,663.42 | 9 |
| 12 | WALGREEN COMPANY 07455 | WATERLOO | IA | 4,487 | $202,149.36 | 13 |
| 13 | WALGREEN COMPANY #05042 | CEDAR RAPIDS | IA | 4,469 | $223,920.86 | 12 |
| 14 | WALGREEN #05852 | DES MOINES | IA | 3,831 | $193,048.13 | 15 |
| 15 | HY-VEE DRUGSTORE #7065 | OTTUMWA | IA | 3,793 | $190,473.85 | 14 |
| 16 | DRILLING MORNINGSIDE PHARMACY IN | SIOUX CITY | IA | 3,668 | $191,057.59 | 16 |
| 17 | WALGREEN #11709 | DAVENPORT | IA | 3,623 | $192,734.12 | 19 |
| 18 | WALGREEN #04041 | DAVENPORT | IA | 3,610 | $181,428.45 | 18 |
| 19 | HY-VEE PHARMACY #1 (1136) | DES MOINES | IA | 3,482 | $185,220.29 | 17 |
| 20 | GREENWOOD DRUG ON KIMBALL AVENUE | WATERLOO | IA | 3,355 | $225,543.74 | 20 |
| 21 | HY-VEE DRUGSTORE #7030 | COUNCIL BLUFFS | IA | 3,323 | $173,651.55 | 21 |
| 22 | PHARMACY MATTERS LTC | IOWA CITY | IA | 3,310 | $147,399.52 | 300 |
| 23 | HY-VEE PHARMACY #4 (1060) | CEDAR RAPIDS | IA | 3,206 | $170,384.85 | 22 |
| 24 | RASHID PHARMACY PLC | FORT MADISON | IA | 3,153 | $159,897.48 | 24 |
| 25 | WALGREEN COMPANY 05777 | DES MOINES | IA | 3,115 | $142,203.49 | 23 |
| 26 | MERWIN LTC PHARMACY | ANKENY | IA | 3,090 | $197,308.54 | 40 |
| 27 | SOUTH SIDE DRUG, INC. | OTTUMWA | IA | 3,070 | $154,818.68 | 25 |
| 28 | MAHASKA DRUG INC | OSKALOOSA | IA | 3,003 | $155,925.98 | 27 |
| 29 | WALGREEN #05044 | BURLINGTON | IA | 2,791 | $133,491.65 | 26 |
| 30 | WALGREENS #05119 | CLINTON | IA | 2,789 | $152,158.33 | 31 |
| 31 | WALGREEN #03595 | DAVENPORT | IA | 2,721 | $147,014.67 | 28 |
| 32 | WALGREEN #7452 | DES MOINES | IA | 2,688 | $121,883.58 | 29 |
| 33 | THOMPSON-DEAN DRUG | SIOUX CITY | IA | 2,680 | $186,143.91 | 37 |
| 34 | S - S PHARMACY INC | COUNCIL BLUFFS | IA | 2,677 | $149,240.46 | 38 |
| 35 | WALGREENS #10855 | WATERLOO | IA | 2,653 | $123,740.61 | 32 |
| 36 | HY-VEE PHARMACY #3 (1142) | DES MOINES | IA | 2,640 | $132,830.05 | 39 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 37 | HY-VEE PHARMACY (1403) | MARSHALLTOWN | IA | 2,606 | $122,974.01 | 33 |
| 38 | HY VEE PHARMACY #1180 | FAIRFIELD | IA | 2,580 | $137,497.49 | 35 |
| 39 | RASHID LONG TERM CARE PHARMACY | FORT MADISON | IA | 2,516 | $97,967.75 | 34 |
| 40 | WAL-MART PHARMACY #10-1509 | MAQUOKETA | IA | 2,516 | $118,391.60 | 36 |
| 41 | MEDICAP PHARMACY | INDIANOLA | IA | 2,446 | $102,998.84 | 30 |
| 42 | HARTIG PHARMACY SERVICES | DUBUQUE | IA | 2,357 | $123,945.05 | 41 |
| 43 | HY-VEE PHARMACY #1 (1042) | BURLINGTON | IA | 2,352 | $130,225.21 | 45 |
| 44 | UIHC AMBULATORY CARE PHARMACY | IOWA CITY | IA | 2,283 | $132,027.13 | 43 |
| 45 | MAIN HEALTHCARE SERVICES | BETTENDORF | IA | 2,272 | $58,449.77 | 42 |
| 46 | MERCY FAMILY PHARMACY | DUBUQUE | IA | 2,198 | $110,670.91 | 46 |
| 47 | WALGREEN CO.# (03875) | CEDAR RAPIDS | IA | 2,190 | $130,817.15 | 44 |
| 48 | PHARMERICA MIDWEST INC DBA | URBANDALE | IA | 2,115 | $66,156.67 | 59 |
| 49 | WALGREENS #11942 | DUBUQUE | IA | 2,106 | $104,480.83 | 50 |
| 50 | WALGREEN #05886 | KEOKUK | IA | 2,105 | $95,395.12 | 54 |
| 51 | WALGREENS 07968 | DES MOINES | IA | 2,096 | $111,536.87 | 48 |
| 53 | IOWA CVS PHARMACY LLC DBA | WATERLOO | IA | 2,086 | $94,186.60 | 53 |
| 52 | WALGREEN #05361 | FORT DODGE | IA | 2,086 | $102,379.42 | 47 |
| 54 | HY-VEE PHARMACY (1074) | CHARLES CITY | IA | 2,066 | $110,868.06 | 56 |
| 55 | A AVENUE PHARMACY | CEDAR RAPIDS | IA | 2,047 | $126,538.08 | 65 |
| 56 | DANIEL PHARMACY INC | FORT DODGE | IA | 2,045 | $108,846.49 | 51 |
| 57 | HY-VEE PHARMACY (1058) | CENTERVILLE | IA | 1,993 | $92,214.18 | 55 |
| 58 | WALGREEN #4714 | DES MOINES | IA | 1,965 | $97,735.08 | 61 |
| 59 | HY-VEE PHARMACY #2 (1863) | WATERLOO | IA | 1,924 | $124,249.45 | 62 |
| 60 | WALGREENS #09476 | BURLINGTON | IA | 1,915 | $96,474.63 | 49 |
| 61 | HY-VEE PHARMACY #1 (1105) | DAVENPORT | IA | 1,888 | $94,444.66 | 70 |
| 62 | WALGREEN #09708 | DUBUQUE | IA | 1,857 | $86,192.34 | 52 |
| 63 | HY-VEE PHARMACY #1 (1092) | COUNCIL BLUFFS | IA | 1,841 | $109,875.97 | 67 |
| 64 | WALGREENS #03876 | MARION | IA | 1,840 | $113,188.41 | 68 |
| 65 | HY VEE PHARMACY #1449 | NEWTON | IA | 1,831 | $88,595.07 | 66 |
| 66 | WAL-MART PHARMACY #10-1496 | WATERLOO | IA | 1,827 | $78,800.80 | 57 |
| 67 | REDLERS LONG TERM CARE PHARMACY | DAKOTA DUNES | SD | 1,823 | $61,900.26 | 64 |
| 68 | WAL MART PHARMACY 10-3590 | SIOUX CITY | IA | 1,818 | $87,743.06 | 69 |
| 69 | MERCY CAREMOR | DUBUQUE | IA | 1,801 | $54,429.25 | 60 |
| 70 | WAGNER PHARMACY | CLINTON | IA | 1,784 | $109,452.96 | 77 |
| 71 | HY-VEE PHARMACY #2 (1138) | DES MOINES | IA | 1,783 | $99,005.04 | 85 |
| 72 | NCS HEALTHCARE OF IOWA LLC DBA | URBANDALE | IA | 1,768 | $87,411.90 | 93 |
| 73 | HY-VEE PHARMACY 1071 | CLARINDA | IA | 1,767 | $106,470.88 | 78 |
| 74 | WALGREEN #05942 | NEWTON | IA | 1,766 | $80,071.60 | 58 |
| 75 | FIFIELD PHARMACY | DES MOINES | IA | 1,756 | $78,993.65 | 83 |
| 76 | DRUGTOWN PHARMACY #1 (7020) | CEDAR RAPIDS | IA | 1,743 | $86,291.14 | 71 |
| 77 | HY-VEE PHARMACY 1068 | CHEROKEE | IA | 1,730 | $105,723.69 | 91 |
| 78 | WALGREEN #05077 | IOWA CITY | IA | 1,717 | $88,911.17 | 72 |
| 79 | HY-VEE PHARMACY #3 (1056) | CEDAR RAPIDS | IA | 1,701 | $77,220.95 | 73 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 80 | LA GRANGE PHARMACY INC | VINTON | IA | 1,695 | $83,063.50 | 79 |
| 81 | HY VEE PHARMACY (1170) | ESTHERVILLE | IA | 1,685 | $74,959.15 | 75 |
| 82 | HY-VEE DRUGSTORE #7031 | DES MOINES | IA | 1,677 | $87,601.93 | 80 |
| 83 | HY-VEE DRUGSTORE # 7035 | FT DODGE | IA | 1,667 | $75,884.94 | 76 |
| 85 | HY-VEE PHARMACY (1875) | WEBSTER CITY | IA | 1,626 | $70,193.64 | 98 |
| 84 | HARTIG DRUG CO #4 | DUBUQUE | IA | 1,626 | $80,411.47 | 95 |
| 86 | MERCY HEALTH SERVICES IOWA CORP | MASON CITY | IA | 1,620 | $94,340.99 | 90 |
| 87 | HY-VEE PHARMACY (1065) | CHARITON | IA | 1,616 | $84,322.83 | 89 |
| 88 | WAL-MART PHARMACY #10-5115 | DAVENPORT | IA | 1,598 | $56,063.47 | 82 |
| 89 | HY-VEE PHARMACY (1075) | CLINTON | IA | 1,596 | $95,157.35 | 104 |
| 90 | HY-VEE PHARMACY #1 (1281) | IOWA CITY | IA | 1,588 | $95,174.01 | 92 |
| 91 | HY-VEE PHARMACY (1634) | STORM LAKE | IA | 1,587 | $89,173.66 | 94 |
| 92 | WAL MART PHARMACY 10-1621 | CENTERVILLE | IA | 1,586 | $72,889.95 | 81 |
| 93 | SCOTT PHARMACY INC | FAYETTE | IA | 1,583 | $67,375.99 | 107 |
| 94 | HY-VEE PHARMACY (1522) | PERRY | IA | 1,583 | $65,824.83 | 74 |
| 95 | STANGEL PHARMACY | ONAWA | IA | 1,577 | $81,594.80 | 115 |
| 96 | HY-VEE PHARMACY #1 (1610) | SIOUX CITY | IA | 1,575 | $94,747.64 | 116 |
| 97 | HY-VEE PHARMACY #5 (1151) | DES MOINES | IA | 1,569 | $97,847.21 | 97 |
| 98 | HY-VEE DRUGSTORE #7070 | SIOUX CITY | IA | 1,564 | $91,036.87 | 114 |
| 99 | MEDICAP PHARMACY | MARSHALLTOWN | IA | 1,558 | $85,018.75 | 86 |
| 100 | WALGREENS #5885 | MUSCATINE | IA | 1,544 | $65,123.20 | 118 |

# Top 100 Pharmacies by Paid Amount
## July/August 2013

| Rank | Pharmacy Name | Pharmacy City | State | Prescription Count | Paid Amount | Previous Rank |
|---|---|---|---|---|---|---|
| 1 | ARJ INFUSION SERVICES INC | LENEXA | KS | 16 | $663,540.18 | 1 |
| 2 | ACCREDO HEALTH GROUP INC | MEMPHIS | TN | 89 | $573,382.10 | 8 |
| 3 | CAREMARK KANSAS SPEC PHARMACY LL | LENEXA | KS | 169 | $504,174.75 | 2 |
| 4 | WALGREEN #05239 | DAVENPORT | IA | 8,547 | $429,894.93 | 3 |
| 5 | WALGREEN #04405 | COUNCIL BLUFFS | IA | 7,586 | $392,679.28 | 5 |
| 6 | WALGREEN #05721 | DES MOINES | IA | 7,245 | $351,203.77 | 7 |
| 7 | ACCREDO HEALTH GROUP INC | NASHVILLE | TN | 15 | $340,563.90 | 6 |
| 8 | WALGREEN #910 | SIOUX CITY | IA | 5,438 | $267,012.12 | 9 |
| 9 | MEDFUSIONRX LLC | FRANKLIN | TN | 81 | $262,308.44 | 12 |
| 10 | WALGREEN #359 | DES MOINES | IA | 5,274 | $261,644.90 | 10 |
| 11 | WALGREENS #07453 | DES MOINES | IA | 4,655 | $252,545.11 | 11 |
| 12 | PLEASANT HILL PHARMACY | PLEASANT HILL | IA | 926 | $237,128.42 | 13 |
| 13 | WALGREEN CO.#3700 | COUNCIL BLUFFS | IA | 4,639 | $229,663.42 | 14 |
| 14 | GREENWOOD DRUG ON KIMBALL AVENUE | WATERLOO | IA | 3,355 | $225,543.74 | 17 |
| 15 | WALGREEN COMPANY #05042 | CEDAR RAPIDS | IA | 4,469 | $223,920.86 | 15 |
| 16 | PROCARE PHARMACY DIRECT LLC | MONROEVILLE | PA | 46 | $222,451.33 | 36 |
| 17 | WALGREEN #05362 | DES MOINES | IA | 4,769 | $217,783.74 | 16 |
| 18 | HY-VEE DRUGSTORE #7060 | MUSCATINE | IA | 5,003 | $211,834.31 | 20 |
| 19 | WALGREEN COMPANY 07455 | WATERLOO | IA | 4,487 | $202,149.36 | 21 |
| 20 | MERWIN LTC PHARMACY | ANKENY | IA | 3,090 | $197,308.54 | 32 |
| 21 | WALGREEN #05852 | DES MOINES | IA | 3,831 | $193,048.13 | 24 |
| 22 | WALGREEN #11709 | DAVENPORT | IA | 3,623 | $192,734.12 | 26 |
| 23 | ACCREDO HEALTH GROUP INC | WARRENDALE | PA | 44 | $192,690.99 | 27 |
| 24 | DRILLING MORNINGSIDE PHARMACY IN | SIOUX CITY | IA | 3,668 | $191,057.59 | 19 |
| 25 | HY-VEE DRUGSTORE #7065 | OTTUMWA | IA | 3,793 | $190,473.85 | 23 |
| 26 | THOMPSON-DEAN DRUG | SIOUX CITY | IA | 2,680 | $186,143.91 | 31 |
| 27 | HY-VEE PHARMACY #1 (1136) | DES MOINES | IA | 3,482 | $185,220.29 | 22 |
| 28 | WALGREEN #04041 | DAVENPORT | IA | 3,610 | $181,428.45 | 29 |
| 29 | HY-VEE DRUGSTORE #7030 | COUNCIL BLUFFS | IA | 3,323 | $173,651.55 | 25 |
| 30 | HY-VEE PHARMACY #4 (1060) | CEDAR RAPIDS | IA | 3,206 | $170,384.85 | 30 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 31 | RASHID PHARMACY PLC | FORT MADISON | IA | 3,153 | $159,897.48 | 28 |
| 32 | MAHASKA DRUG INC | OSKALOOSA | IA | 3,003 | $155,925.98 | 34 |
| 33 | SOUTH SIDE DRUG, INC. | OTTUMWA | IA | 3,070 | $154,818.68 | 39 |
| 34 | OPTION CARE ENTERPRISES INC | ANN ARBOR | MI | 42 | $152,581.29 | 42 |
| 35 | WALGREENS #05119 | CLINTON | IA | 2,789 | $152,158.33 | 40 |
| 36 | CYSTIC FIBROSIS SERVICES INC | CENTENNIAL | CO | 58 | $149,568.48 | 64 |
| 37 | S - S PHARMACY INC | COUNCIL BLUFFS | IA | 2,677 | $149,240.46 | 41 |
| 38 | MARTIN HEALTH SERVICES INC | DENVER | IA | 5,939 | $148,155.82 | 38 |
| 39 | PHARMACY MATTERS LTC | IOWA CITY | IA | 3,310 | $147,399.52 | 411 |
| 40 | WALGREEN #03595 | DAVENPORT | IA | 2,721 | $147,014.67 | 37 |
| 41 | MARTIN HEALTH SERVICES INC | JOHNSTON | IA | 4,893 | $143,717.34 | 35 |
| 42 | WALGREEN COMPANY 05777 | DES MOINES | IA | 3,115 | $142,203.49 | 43 |
| 43 | HY VEE PHARMACY #1180 | FAIRFIELD | IA | 2,580 | $137,497.49 | 48 |
| 44 | WALGREEN #05044 | BURLINGTON | IA | 2,791 | $133,491.65 | 47 |
| 45 | HY-VEE PHARMACY #3 (1142) | DES MOINES | IA | 2,640 | $132,830.05 | 52 |
| 46 | UIHC AMBULATORY CARE PHARMACY | IOWA CITY | IA | 2,283 | $132,027.13 | 44 |
| 47 | WALGREEN CO.# (03875) | CEDAR RAPIDS | IA | 2,190 | $130,817.15 | 45 |
| 48 | HY-VEE PHARMACY #1 (1042) | BURLINGTON | IA | 2,352 | $130,225.21 | 56 |
| 49 | COMMUNITY HEALTHCARE SERVICES | LOMA LINDA | CA | 4 | $128,479.12 | 4 |
| 50 | AMBER PHARMACY | OMAHA | NE | 123 | $127,497.12 | 60 |
| 51 | DIPLOMAT SPECIALTY PHARMACY | FLINT | MI | 42 | $127,249.14 | 46 |
| 52 | A AVENUE PHARMACY | CEDAR RAPIDS | IA | 2,047 | $126,538.08 | 58 |
| 53 | ORSINI PHARMACEUTICAL SERVICES I | ELK GROVE VILLAGE | IL | 12 | $124,669.48 | 49 |
| 54 | HY-VEE PHARMACY #2 (1863) | WATERLOO | IA | 1,924 | $124,249.45 | 59 |
| 55 | HARTIG PHARMACY SERVICES | DUBUQUE | IA | 2,357 | $123,945.05 | 62 |
| 56 | WALGREENS #10855 | WATERLOO | IA | 2,653 | $123,740.61 | 54 |
| 57 | HY-VEE PHARMACY (1403) | MARSHALLTOWN | IA | 2,606 | $122,974.01 | 51 |
| 58 | WALGREEN #7452 | DES MOINES | IA | 2,688 | $121,883.58 | 50 |
| 59 | WAL-MART PHARMACY #10-1509 | MAQUOKETA | IA | 2,516 | $118,391.60 | 57 |
| 60 | WALGREENS #03876 | MARION | IA | 1,840 | $113,188.41 | 71 |
| 61 | WALGREENS 07968 | DES MOINES | IA | 2,096 | $111,536.87 | 66 |
| 62 | HY-VEE PHARMACY (1074) | CHARLES CITY | IA | 2,066 | $110,868.06 | 70 |
| 63 | MERCY FAMILY PHARMACY | DUBUQUE | IA | 2,198 | $110,670.91 | 65 |
| 64 | HY-VEE PHARMACY 1382 | LE MARS | IA | 1,476 | $110,006.67 | 55 |
| 65 | HY-VEE PHARMACY #1 (1092) | COUNCIL BLUFFS | IA | 1,841 | $109,875.97 | 74 |
| 66 | WAGNER PHARMACY | CLINTON | IA | 1,784 | $109,452.96 | 73 |

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|---|---|---|---|---|---|---|
| 67 | DANIEL PHARMACY INC | FORT DODGE | IA | 2,045 | $108,846.49 | 76 |
| 68 | HY-VEE PHARMACY 1071 | CLARINDA | IA | 1,767 | $106,470.88 | 72 |
| 69 | HY-VEE PHARMACY 1068 | CHEROKEE | IA | 1,730 | $105,723.69 | 83 |
| 70 | WALGREENS #11942 | DUBUQUE | IA | 2,106 | $104,480.83 | 69 |
| 71 | MEDICAP PHARMACY | INDIANOLA | IA | 2,446 | $102,998.84 | 61 |
| 72 | AXELACARE HEALTH SOLUTIONS LLC | LENEXA | KS | 6 | $102,525.12 | 33 |
| 73 | GREENVILLE PHARMACY INC | SIOUX CITY | IA | 1,515 | $102,518.61 | 82 |
| 74 | WALGREEN #05361 | FORT DODGE | IA | 2,086 | $102,379.42 | 63 |
| 75 | WALGREENS 11153 | SPENCER | IA | 1,420 | $99,122.68 | 89 |
| 76 | HY-VEE PHARMACY #2 (1138) | DES MOINES | IA | 1,783 | $99,005.04 | 96 |
| 77 | RASHID LONG TERM CARE PHARMACY | FORT MADISON | IA | 2,516 | $97,967.75 | 90 |
| 78 | HY-VEE PHARMACY #5 (1151) | DES MOINES | IA | 1,569 | $97,847.21 | 93 |
| 79 | WALGREEN #4714 | DES MOINES | IA | 1,965 | $97,735.08 | 86 |
| 80 | HY-VEE PHARMACY 1504 | OTTUMWA | IA | 1,522 | $96,920.13 | 79 |
| 81 | WALGREENS #09476 | BURLINGTON | IA | 1,915 | $96,474.63 | 67 |
| 82 | WALGREEN #05886 | KEOKUK | IA | 2,105 | $95,395.12 | 101 |
| 83 | HY-VEE PHARMACY #1 (1281) | IOWA CITY | IA | 1,588 | $95,174.01 | 105 |
| 84 | HY-VEE PHARMACY (1075) | CLINTON | IA | 1,596 | $95,157.35 | 77 |
| 85 | HY-VEE PHARMACY #1 (1610) | SIOUX CITY | IA | 1,575 | $94,747.64 | 106 |
| 86 | HY-VEE PHARMACY #1 (1105) | DAVENPORT | IA | 1,888 | $94,444.66 | 107 |
| 87 | MERCY HEALTH SERVICES IOWA CORP | MASON CITY | IA | 1,620 | $94,340.99 | 81 |
| 88 | IOWA CVS PHARMACY LLC DBA | WATERLOO | IA | 2,086 | $94,186.60 | 95 |
| 89 | HAMMER PHARMACY | DES MOINES | IA | 1,487 | $94,108.85 | 100 |
| 90 | HY-VEE PHARMACY SOLUTIONS | OMAHA | NE | 55 | $94,001.04 | 236 |
| 91 | HY-VEE PHARMACY #4 (1148) | DES MOINES | IA | 1,450 | $92,679.43 | 119 |
| 92 | HY-VEE PHARMACY (1058) | CENTERVILLE | IA | 1,993 | $92,214.18 | 84 |
| 93 | HY-VEE PHARMACY #5 (1109) | DAVENPORT | IA | 1,268 | $91,052.50 | 117 |
| 94 | HY-VEE DRUGSTORE #7070 | SIOUX CITY | IA | 1,564 | $91,036.87 | 87 |
| 95 | HY-VEE PHARMACY #1 (1054) | CEDAR RAPIDS | IA | 1,336 | $89,709.49 | 94 |
| 96 | HY-VEE PHARMACY (1634) | STORM LAKE | IA | 1,587 | $89,173.66 | 104 |
| 97 | WALGREEN #05077 | IOWA CITY | IA | 1,717 | $88,911.17 | 110 |
| 98 | HY VEE PHARMACY #1449 | NEWTON | IA | 1,831 | $88,595.07 | 125 |
| 99 | HY-VEE PHARMACY (1628) | SPIRIT LAKE | IA | 1,037 | $88,497.34 | 113 |
| 100 | WAL MART PHARMACY 10-3590 | SIOUX CITY | IA | 1,818 | $87,743.06 | 92 |

# Top 100 Prescribing Providers by Prescription Count
## July/August 2013

| Rank | Prescriber Name | Paid Amount | Prescription Count | Previous Rank |
|---|---|---|---|---|
| 1 | LARRY LEONARD RICHARDS DO | $168,901.34 | 2,787 | 1 |
| 2 | GHADA HAMDAN ALLEN MD | $188,689.58 | 2,031 | 2 |
| 3 | RAHUL BANSAL MD | $164,287.30 | 1,747 | 3 |
| 4 | BOBBITA NAG | $134,171.91 | 1,517 | 6 |
| 5 | KATHLEEN L WILD ARNP | $122,332.70 | 1,504 | 4 |
| 6 | MARVIN F PIBURN JR | $108,446.29 | 1,374 | 7 |
| 7 | QAZI UMAR JAVED MD | $95,145.25 | 1,357 | 5 |
| 8 | DENNIS MILLER DO | $62,435.41 | 1,333 | 11 |
| 9 | SRIRAMAMURTHY RAVIPATI MD | $90,866.20 | 1,257 | 8 |
| 10 | JOADA BEST ARNP | $113,194.02 | 1,212 | 12 |
| 11 | ROBERT D CONNER | $40,254.29 | 1,211 | 10 |
| 12 | KAREN J FULLWOOD NP | $82,515.17 | 1,209 | 9 |
| 13 | JERROLD V FLATT DO | $40,069.18 | 1,177 | 27 |
| 14 | CAROL D AUNAN ARNP | $91,938.18 | 1,148 | 13 |
| 15 | JEFFREY D WILHARM MD | $65,285.62 | 1,115 | 22 |
| 16 | E RICHARD NIGHTINGALE MD | $94,723.06 | 1,044 | 25 |
| 17 | PETER SZEIBEL MD | $86,554.42 | 1,042 | 18 |
| 18 | JAMES BROOKS MD | $104,241.02 | 1,011 | 29 |
| 19 | RONALD WILLIAM BRINCK | $110,168.16 | 1,001 | 23 |
| 20 | KENT ELDON KUNZE MD | $85,411.97 | 998 | 15 |
| 21 | STEVEN PAULSRUD DO | $49,627.57 | 994 | 43 |
| 22 | ALI SAFDAR MD | $60,411.97 | 981 | 17 |
| 23 | BRYANT MUTCHLER DO | $34,718.04 | 972 | 19 |
| 24 | DAVID M CRAVEN MD | $40,809.13 | 971 | 14 |
| 25 | REBECCA JEAN MARIE WOLF MD | $75,379.06 | 969 | 16 |
| 26 | J PATRICK BERTROCHE DO | $94,597.01 | 941 | 21 |
| 27 | ALLYSON L WHEATON MD | $88,122.58 | 934 | 26 |
| 28 | ALBERT OKINE PA | $86,431.62 | 894 | 34 |
| 29 | CASIE RINEY PA | $84,844.44 | 888 | 36 |
| 30 | RAY C STURDEVANT MD | $79,320.08 | 881 | 24 |
| 31 | WILLIAM M NISSEN MD | $45,295.70 | 874 | 41 |
| 32 | DAVID BERMAN WALKER MD | $72,372.26 | 863 | 48 |

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|---|---|---|---|---|
| 33 | KIMBERLY A THOMPSON DO | $24,732.08 | 859 | 88 |
| 34 | ROBERT MARVIN KENT MD | $39,219.72 | 857 | 37 |
| 35 | THOMAS SCOTT HOPKINS DO | $80,154.35 | 856 | 33 |
| 36 | RAJNI BATRA MD | $32,191.63 | 846 | 32 |
| 37 | MICHAEL O'CONNER MD | $29,994.36 | 840 | 42 |
| 38 | FRANK L BABCOCK, MD | $54,844.18 | 837 | 46 |
| 39 | FREDERICK C ALDRICH MD | $26,777.13 | 834 | 50 |
| 40 | MAEN HADDADIN MD | $27,820.12 | 832 | 51 |
| 41 | MARTIN J FIALKOV MD | $54,359.22 | 831 | 28 |
| 42 | CHRISTOPHER GENE OKIISHI MD | $44,199.68 | 826 | 31 |
| 43 | KEITH GUESS PA | $69,200.04 | 820 | 62 |
| 44 | EJIRO V AGBORO-IDAHOSA MD | $58,056.31 | 815 | 40 |
| 45 | HIEDI STJARNA LANE ARNP | $62,779.71 | 798 | 30 |
| 47 | KATHLEEN S ADAMS ARNP | $90,627.27 | 786 | 44 |
| 46 | CARLA K ABEL-ZIEG ARNP | $73,827.04 | 786 | 63 |
| 48 | DEBRA ANN STUDER DO | $15,445.00 | 776 | 54 |
| 49 | ANDREA HEMESATH ARNP | $50,619.07 | 770 | 45 |
| 50 | CHRISTIAN W JONES MD | $35,320.27 | 770 | 58 |
| 51 | CECELIA M NASSIF ARNP | $57,208.44 | 766 | 66 |
| 52 | MARY C SEGRETO DO | $115,594.22 | 764 | 59 |
| 53 | JON S AHRENDSEN MD | $55,621.56 | 762 | 64 |
| 54 | JOSEPH M WANZEK | $34,164.73 | 760 | 49 |
| 55 | DANIEL W GILLETTE | $63,144.32 | 751 | 82 |
| 56 | DEANNA BOOK BOESEN MD | $70,919.78 | 748 | 55 |
| 58 | KRISHNA POOJAPPA MURTHY MD | $46,669.56 | 742 | 53 |
| 57 | WILLI MARTENS MD | $26,914.41 | 742 | 73 |
| 59 | PAUL DENNIS PETERSON DO | $32,954.54 | 733 | 71 |
| 60 | WILLIAM EARL HOWARD DO | $39,960.98 | 727 | 57 |
| 61 | RANDY R ROBINSON MD | $38,998.07 | 723 | 56 |
| 62 | PAULA JEAN CURRAN ARNP | $41,804.28 | 722 | 75 |
| 63 | ANITA HANDEVIDT ARNP | $60,582.45 | 717 | 81 |
| 64 | POMILLA CHHABRA KUMAR MD | $45,494.67 | 714 | 47 |
| 65 | KRISTIE DEE ANN WALZ MD | $33,017.48 | 712 | 77 |
| 66 | ROBERT K FRYZEK MD | $25,414.78 | 708 | 80 |
| 67 | THOMAS PIEKENBROCK MD | $42,142.45 | 704 | 39 |
| 68 | MARK WILLIAM MITTAUER MD | $48,697.56 | 699 | 87 |
| 69 | KIRAN KHANOLKAR | $25,133.07 | 699 | 69 |

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|---|---|---|---|---|
| 70 | CYD Q GRAFFT ARNP | $41,794.52 | 697 | 20 |
| 71 | SHAWN DENNIS JONES MD | $40,468.73 | 696 | 742 |
| 72 | LISA JAYNE MENZIES MD | $179,697.81 | 691 | 65 |
| 73 | JERRY LEE WILLE MD | $24,894.43 | 689 | 108 |
| 74 | ISAM ELIAS MARAR MD | $37,405.62 | 686 | 105 |
| 75 | RENE M DUREGGER MD | $60,668.56 | 685 | 93 |
| 76 | DONNER DEWDNEY MD | $36,306.97 | 682 | 38 |
| 77 | DANIEL T VANDENBOSCH, M.D. | $27,337.86 | 679 | 107 |
| 78 | DEANNE REMER NP | $47,092.55 | 678 | 76 |
| 79 | STEFANIE RENEE YEARIAN ARNP | $51,484.15 | 665 | 74 |
| 80 | KEVIN WILLIAM BLECHLE DO | $21,276.76 | 664 | 96 |
| 81 | MELISSA LAMB NP | $29,576.90 | 664 | 97 |
| 82 | PAMELA S BROWN ARNP | $59,318.80 | 662 | 84 |
| 83 | LISA ANN BECHTEL ARNP | $61,677.11 | 657 | 101 |
| 84 | LEENU MISHRA MD | $63,558.73 | 653 | 60 |
| 85 | MATT D EGGERS MD | $49,741.96 | 653 | 94 |
| 86 | DAVID WENGER-KELLER MD | $31,413.15 | 648 | 98 |
| 88 | RANDALL KAVALIER DO | $47,000.29 | 643 | 72 |
| 87 | DANIEL JOSEPH ARNOLD DO | $29,063.75 | 643 | 83 |
| 89 | TONYA LYNN PUSKI ARNP | $57,023.19 | 642 | 68 |
| 90 | ERIN VOYLES HATCHER ARNP | $63,203.13 | 636 | 61 |
| 91 | JASON G DAVIS DO | $27,835.82 | 632 | 78 |
| 92 | DAVID WIDITZ MD | $40,514.41 | 630 | 113 |
| 93 | DAVID M CRIPPIN MD | $25,157.94 | 630 | 109 |
| 94 | DUSTIN RALPH SMITH MD | $30,308.75 | 629 | 139 |
| 95 | WILSON L DAVIS MD | $28,734.33 | 626 | 124 |
| 96 | SARAH LYNN BEATTIE ARNP | $63,096.79 | 626 | 133 |
| 97 | MARY W NIXON ARNP | $61,346.25 | 623 | 114 |
| 98 | DANIEL EDWARD WESEMANN ARNP | $60,813.30 | 619 | 95 |
| 99 | MARY PAT ROSMAN DO | $26,207.13 | 617 | 142 |
| 100 | MICHAEL LEE EGGER MD | $55,503.69 | 611 | 134 |

# Top 100 Prescribing Providers by Paid Amount
## July/August 2013

| Rank | Prescriber Name | Paid Amount | Prescription Count | Previous Rank |
|---|---|---|---|---|
| 1 | JANICE MARIE ROSE STABER MD | $821,297.19 | 43 | 1 |
| 2 | DONALD EDWARD MACFARLANE MD | $295,708.91 | 10 | 5 |
| 3 | GHADA HAMDAN ALLEN MD | $188,689.58 | 2,031 | 4 |
| 4 | ALEXANDER GABRIEL BASSUK MD | $185,260.90 | 66 | 3,357 |
| 5 | LISA JAYNE MENZIES MD | $179,697.81 | 691 | 3 |
| 6 | LARRY LEONARD RICHARDS DO | $168,901.34 | 2,787 | 8 |
| 7 | RAHUL BANSAL MD | $164,287.30 | 1,747 | 7 |
| 8 | LIUSKA MARIA PESCE | $136,754.09 | 244 | 6 |
| 9 | BOBBITA NAG | $134,171.91 | 1,517 | 10 |
| 10 | JENNIFER S COOK MD | $131,892.38 | 557 | 12 |
| 11 | BRUCE L HUGHES MD | $126,668.69 | 118 | 13 |
| 12 | KATHLEEN L WILD ARNP | $122,332.70 | 1,504 | 9 |
| 13 | DANIEL LAMPTEY MD | $119,531.94 | 23 | 65 |
| 14 | MARY C SEGRETO DO | $115,594.22 | 764 | 16 |
| 15 | JOADA BEST ARNP | $113,194.02 | 1,212 | 15 |
| 16 | JULIE K OSTERHAUS ARNP | $111,473.24 | 281 | 18 |
| 17 | ELIZABETH LUCILLE DOWD ARNP | $110,913.00 | 257 | 11 |
| 18 | RONALD WILLIAM BRINCK | $110,168.16 | 1,001 | 14 |
| 19 | MARVIN F PIBURN JR | $108,446.29 | 1,374 | 23 |
| 20 | JAMES BROOKS MD | $104,241.02 | 1,011 | 22 |
| 21 | VILMARIE RODRIGUEZ-PADUA MD | $101,892.63 | 12 | 2 |
| 22 | QAZI UMAR JAVED MD | $95,145.25 | 1,357 | 17 |
| 23 | E RICHARD NIGHTINGALE MD | $94,723.06 | 1,044 | 25 |
| 24 | J PATRICK BERTROCHE DO | $94,597.01 | 941 | 20 |
| 25 | CAROL D AUNAN ARNP | $91,938.18 | 1,148 | 30 |
| 26 | SRIRAMAMURTHY RAVIPATI MD | $90,866.20 | 1,257 | 19 |
| 27 | KATHLEEN S ADAMS ARNP | $90,627.27 | 786 | 21 |
| 28 | ALLYSON L WHEATON MD | $88,122.58 | 934 | 26 |
| 29 | PETER SZEIBEL MD | $86,554.42 | 1,042 | 33 |
| 30 | ALBERT OKINE PA | $86,431.62 | 894 | 27 |
| 31 | KENT ELDON KUNZE MD | $85,411.97 | 998 | 24 |
| 32 | MARC C PATTERSON MD | $85,268.63 | 29 | 31 |
| 33 | CASIE RINEY PA | $84,844.44 | 888 | 28 |
| 34 | ALLADDIN ABOSAIDA MD | $84,534.05 | 203 | 35 |
| 35 | EVA TSALIKIAN MD | $84,533.08 | 154 | 36 |
| 36 | JONATHAN MORAVEK MD | $82,854.92 | 156 | 54 |
| 37 | KAREN J FULLWOOD NP | $82,515.17 | 1,209 | 32 |
| 38 | THOMAS SCOTT HOPKINS DO | $80,154.35 | 856 | 37 |
| 39 | RAY C STURDEVANT MD | $79,320.08 | 881 | 29 |
| 40 | KELLY JEAN SEILER MD | $79,149.33 | 153 | 58 |
| 41 | JOHN LOUIS COLOMBO MD | $75,750.55 | 44 | 44 |

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|---|---|---|---|---|
| 42 | REBECCA JEAN MARIE WOLF MD | $75,379.06 | 969 | 34 |
| 43 | CARLA K ABEL-ZIEG ARNP | $73,827.04 | 786 | 45 |
| 44 | KATHLEEN M GRADOVILLE ARNP | $73,309.65 | 249 | 160 |
| 45 | DAVID BERMAN WALKER MD | $72,372.26 | 863 | 50 |
| 46 | DEANNA BOOK BOESEN MD | $70,919.78 | 748 | 38 |
| 47 | KEITH GUESS PA | $69,200.04 | 820 | 51 |
| 48 | CHARUTA NARAYAN JOSHI MD | $65,741.92 | 367 | 92 |
| 49 | UMA PALAKURTHY MD | $65,313.01 | 523 | 116 |
| 50 | JEFFREY D WILHARM MD | $65,285.62 | 1,115 | 66 |
| 51 | JENNIFER WEIS PA | $64,355.71 | 16 | 62 |
| 52 | LEENU MISHRA MD | $63,558.73 | 653 | 42 |
| 53 | ERIN VOYLES HATCHER ARNP | $63,203.13 | 636 | 46 |
| 54 | DANIEL W GILLETTE | $63,144.32 | 751 | 61 |
| 55 | SARAH LYNN BEATTIE ARNP | $63,096.79 | 626 | 77 |
| 56 | HIEDI STJARNA LANE ARNP | $62,779.71 | 798 | 43 |
| 57 | DENNIS MILLER DO | $62,435.41 | 1,333 | 82 |
| 58 | LISA ANN BECHTEL ARNP | $61,677.11 | 657 | 67 |
| 59 | MARY W NIXON ARNP | $61,346.25 | 623 | 63 |
| 60 | DANIEL EDWARD WESEMANN ARNP | $60,813.30 | 619 | 57 |
| 61 | JUDITH A MILLER ARNP | $60,812.95 | 20 | 48 |
| 62 | RENE M DUREGGER MD | $60,668.56 | 685 | 69 |
| 63 | ANITA HANDEVIDT ARNP | $60,582.45 | 717 | 64 |
| 64 | ALI SAFDAR MD | $60,411.97 | 981 | 40 |
| 65 | LAURIE  WARREN | $60,024.96 | 486 | 78 |
| 66 | SANGEETA SHAH MD | $59,631.42 | 216 | 184 |
| 67 | PAMELA S BROWN ARNP | $59,318.80 | 662 | 56 |
| 68 | WENDY ANNE WALDMAN MD | $58,351.24 | 278 | 74 |
| 69 | EJIRO V AGBORO-IDAHOSA MD | $58,056.31 | 815 | 59 |
| 70 | MARK WILLIAM KARWAL MD | $57,643.39 | 24 | 97 |
| 71 | KATHRYN E GRIFFITH | $57,555.87 | 605 | 55 |
| 72 | CECELIA M NASSIF ARNP | $57,208.44 | 766 | 70 |
| 73 | KRISTINE ANN DAVIS ARNP | $57,163.11 | 99 | 114 |
| 74 | TONYA LYNN PUSKI ARNP | $57,023.19 | 642 | 52 |
| 75 | JON S AHRENDSEN MD | $55,621.56 | 762 | 89 |
| 76 | MICHAEL LEE EGGER MD | $55,503.69 | 611 | 100 |
| 77 | FRANK L BABCOCK, MD | $54,844.18 | 837 | 123 |
| 78 | DANIEL M SLEITER ARNP | $54,605.55 | 117 | 76 |
| 79 | MARTIN J FIALKOV MD | $54,359.22 | 831 | 72 |
| 80 | ANTHONY G ZAMUDIO ARNP | $53,562.03 | 364 | 53 |
| 81 | DEBORAH L GARRELTS MD | $53,178.23 | 478 | 90 |
| 82 | DUANGCHAI NARAWONG MD | $52,895.97 | 609 | 60 |
| 83 | DAVID L YURDIN PA | $52,568.85 | 369 | 87 |
| 84 | STEFANIE RENEE YEARIAN ARNP | $51,484.15 | 665 | 79 |
| 85 | CAROLYN JOHNSON PA | $51,021.04 | 210 | 81 |
| 86 | CHARLES TILLEY PA | $50,625.36 | 516 | 122 |
| 87 | ANDREA HEMESATH ARNP | $50,619.07 | 770 | 86 |

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|---|---|---|---|---|
| 88 | CINDY GOSHORN ARNP | $50,304.16 | 574 | 93 |
| 89 | DAVID B MOORE, M.D. | $50,131.60 | 233 | 68 |
| 90 | JANNE L JOHNSON ARNP | $50,065.23 | 464 | 96 |
| 91 | MATT D EGGERS MD | $49,741.96 | 653 | 73 |
| 92 | STEVEN PAULSRUD DO | $49,627.57 | 994 | 117 |
| 93 | DOUGLAS HOWARD JONES MD | $48,849.70 | 582 | 88 |
| 94 | MARK WILLIAM MITTAUER MD | $48,697.56 | 699 | 94 |
| 95 | MARK WILLIAM WESTBERG MD | $48,090.15 | 22 | 166 |
| 96 | RODNEY DEAN MD | $47,765.44 | 479 | 91 |
| 97 | MISHELLE LYN PAULLUS ARNP | $47,473.23 | 72 | 154 |
| 98 | MONTE BERNHAGEN MD | $47,100.00 | 444 | 49 |
| 99 | DEANNE REMER NP | $47,092.55 | 678 | 105 |
| 100 | MATTHEW LARRY HILL DO | $47,052.72 | 122 | 139 |

# Top 20 Therapeutic Class by Paid Amount

| Category Description | May/June 2013 | Rank | % Budget | July/August 2013 | Rank | % Budget | % Change |
|---|---|---|---|---|---|---|---|
| ANTIPSYCHOTICS - ATYPICALS | $3,830,073 | 1 | 10.8% | $3,834,687 | 1 | 10.3% | 0.1% |
| STIMULANTS - AMPHETAMINES - LONG ACTING | $2,623,737 | 2 | 7.4% | $2,753,989 | 2 | 7.4% | 5.0% |
| ANTICONVULSANTS | $1,722,258 | 4 | 4.9% | $2,082,065 | 3 | 5.6% | 20.9% |
| STIMULANTS - METHYLPHENIDATE - LONG ACTING | $1,812,567 | 3 | 5.1% | $1,804,152 | 4 | 4.9% | -0.5% |
| ANTIDEPRESSANTS - SELECTED SSRI's | $1,336,114 | 6 | 3.8% | $1,429,747 | 5 | 3.9% | 7.0% |
| STIMULANTS - METHYLPHENIDATE | $1,188,036 | 7 | 3.4% | $1,299,204 | 6 | 3.5% | 9.4% |
| ANTIHEMOPHILIC AGENTS | $1,638,208 | 5 | 4.6% | $1,258,481 | 7 | 3.4% | -23.2% |
| DIABETIC - INSULIN | $1,123,454 | 8 | 3.2% | $1,203,899 | 8 | 3.2% | 7.2% |
| ANTIASTHMATIC - ADRENERGIC COMBOS | $1,023,434 | 9 | 2.9% | $1,004,713 | 9 | 2.7% | -1.8% |
| ANTIASTHMATIC - BETA - ADRENERGICS | $780,993 | 10 | 2.2% | $862,793 | 10 | 2.3% | 10.5% |
| STIMULANTS - OTHER STIMULANTS / LIKE STIMULANTS | $761,128 | 11 | 2.1% | $825,399 | 11 | 2.2% | 8.4% |
| ANTIASTHMATIC - STEROID INHALANTS | $724,441 | 12 | 2.0% | $693,267 | 12 | 1.9% | -4.3% |
| BIOLOGIC IMMUNOMODULATORS | $583,849 | 15 | 1.6% | $674,946 | 13 | 1.8% | 15.6% |
| MULTIPLE SCLEROSIS AGENTS | $597,884 | 14 | 1.7% | $664,386 | 14 | 1.8% | 11.1% |
| GROWTH HORMONE | $631,634 | 13 | 1.8% | $647,549 | 15 | 1.7% | 2.5% |
| NARCOTICS - MISC. | $494,421 | 16 | 1.4% | $516,006 | 16 | 1.4% | 4.4% |
| ANTIASTHMATIC - ANTI-CHOLINERGICS | $397,113 | 19 | 1.1% | $469,887 | 17 | 1.3% | 18.3% |
| DIABETIC - INSULIN PENFILLS | $448,594 | 17 | 1.3% | $465,032 | 18 | 1.3% | 3.7% |
| ANTINEOPLASTICS - PROTEIN-TYROSINE KINASE INHIBITORS | $353,906 | 22 | 1.0% | $456,295 | 19 | 1.2% | 28.9% |
| CHOLESTEROL - HMG COA + ABSORB INHIBITORS | $419,859 | 18 | 1.2% | $448,461 | 20 | 1.2% | 6.8% |

# Top 20 Therapeutic Class by Prescription Count

| Category Description | May/June 2013 | Prev Rank | July/August 2013 | Curr Rank | % Change |
|---|---|---|---|---|---|
| ANTIDEPRESSANTS - SELECTED SSRI's | 50,695 | 1 | 52,050 | 1 | 2.67% |
| ANTICONVULSANTS | 28,671 | 2 | 29,613 | 2 | 3.29% |
| NARCOTICS - MISC. | 26,451 | 3 | 27,624 | 3 | 4.43% |
| ANTIPSYCHOTICS - ATYPICALS | 24,323 | 5 | 24,492 | 4 | 0.69% |
| ANALGESICS - MISC. | 24,542 | 4 | 24,349 | 5 | -0.79% |
| ANTIHISTAMINES - NON-SEDATING | 22,569 | 6 | 21,763 | 6 | -3.57% |
| ANTIASTHMATIC - BETA - ADRENERGICS | 18,117 | 8 | 18,619 | 7 | 2.77% |
| BETA-LACTAMS / CLAVULANATE COMBO'S | 20,141 | 7 | 16,767 | 8 | -16.75% |
| ANTIHYPERTENSIVES - CENTRAL | 14,446 | 10 | 15,083 | 9 | 4.41% |
| STIMULANTS - AMPHETAMINES - LONG ACTING | 14,869 | 9 | 14,613 | 10 | -1.72% |
| ANXIOLYTICS - BENZODIAZEPINES | 12,183 | 11 | 12,676 | 11 | 4.05% |
| NSAIDS | 11,347 | 12 | 11,878 | 12 | 4.68% |
| STIMULANTS - METHYLPHENIDATE - LONG ACTING | 11,268 | 13 | 11,228 | 13 | -0.35% |
| CHOLESTEROL - HMG COA + ABSORB INHIBITORS | 10,475 | 17 | 10,936 | 14 | 4.40% |
| ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS | 10,709 | 15 | 10,362 | 15 | -3.24% |
| GI - H2-ANTAGONISTS | 9,845 | 20 | 10,052 | 16 | 2.10% |
| STIMULANTS - METHYLPHENIDATE | 10,017 | 19 | 10,035 | 17 | 0.18% |
| CEPHALOSPORINS | 11,119 | 14 | 10,024 | 18 | -9.85% |
| GI - PROTON PUMP INHIBITOR | 9,433 | 21 | 9,760 | 19 | 3.47% |
| GLUCOCORTICOIDS - MINERALOCORTICOIDS | 10,228 | 18 | 9,347 | 20 | -8.61% |

# Top 100 Drugs by Paid Amount

| Drug Description | Paid Amount May/June 2013 | Paid Amount July/August 2013 | Percent Change |
|---|---|---|---|
| ABILIFY | $2,183,880.85 | $2,153,158.67 | -1.41% |
| VYVANSE | $1,744,887.93 | $1,889,563.86 | 8.29% |
| METHYLPHENIDATE HCL ER | $1,621,339.55 | $1,613,459.44 | -0.49% |
| FOCALIN XR | $916,335.76 | $976,964.96 | 6.62% |
| ADDERALL XR | $724,893.60 | $719,010.09 | -0.81% |
| CYMBALTA | $630,732.63 | $703,927.91 | 11.60% |
| ADVATE | $1,033,372.74 | $657,469.22 | -36.38% |
| ADVAIR DISKUS | $560,236.42 | $596,376.89 | 6.45% |
| LANTUS | $553,834.74 | $590,915.62 | 6.70% |
| STRATTERA | $547,070.43 | $579,703.04 | 5.96% |
| VENTOLIN HFA | $448,345.49 | $508,318.53 | 13.38% |
| SPIRIVA HANDIHALER | $358,591.83 | $412,559.29 | 15.05% |
| GENOTROPIN | $335,215.80 | $355,915.55 | 6.18% |
| DIVALPROEX SODIUM ER | $66,723.54 | $333,654.37 | 400.05% |
| NOVOLOG | $290,042.06 | $308,431.42 | 6.34% |
| HYDROCODONE/ACETAMINOPHEN | $286,838.84 | $302,339.09 | 5.40% |
| INVEGA SUSTENNA | $267,509.48 | $282,245.37 | 5.51% |
| HEMOFIL M | $134,110.97 | $277,271.56 | 106.75% |
| RISPERDAL CONSTA | $253,932.58 | $256,468.36 | 1.00% |
| COPAXONE | $222,429.70 | $240,586.90 | 8.16% |
| CRESTOR | $217,563.86 | $238,976.40 | 9.84% |
| PULMICORT | $272,060.56 | $226,019.68 | -16.92% |
| SYMBICORT | $210,704.50 | $216,559.52 | 2.78% |
| ACTHAR HP | $57,382.02 | $210,867.06 | 267.48% |
| PROVENTIL HFA | $179,950.89 | $208,024.64 | 15.60% |
| TRICOR | $196,579.64 | $204,769.08 | 4.17% |
| MONTELUKAST SODIUM | $224,842.53 | $204,204.22 | -9.18% |
| NASONEX | $197,082.36 | $197,876.67 | 0.40% |
| FLOVENT HFA | $187,387.02 | $190,752.30 | 1.80% |
| RITALIN | $84,335.56 | $187,363.58 | 122.16% |
| CEFDINIR | $244,024.70 | $181,859.50 | -25.47% |
| DEXILANT | $166,180.16 | $177,352.72 | 6.72% |
| INVEGA | $179,081.27 | $175,476.57 | -2.01% |
| AMPHETAMINE/DEXTROAMPHETA | $195,228.44 | $175,035.73 | -10.34% |
| HUMIRA PEN | $157,784.58 | $174,218.52 | 10.42% |

| | | | |
|---|---|---|---|
| ZIPRASIDONE HCL | $196,004.38 | $172,781.20 | -11.85% |
| QVAR | $170,730.82 | $170,989.08 | 0.15% |
| HUMALOG | $155,534.97 | $168,189.76 | 8.14% |
| LATUDA | $156,749.90 | $166,138.24 | 5.99% |
| PULMOZYME | $133,636.86 | $165,615.60 | 23.93% |
| RISPERIDONE | $143,468.62 | $158,367.51 | 10.38% |
| VESICARE | $135,747.47 | $156,669.71 | 15.41% |
| ENOXAPARIN SODIUM | $142,992.61 | $152,364.52 | 6.55% |
| TOBI | $118,047.86 | $151,829.69 | 28.62% |
| ENBREL | $121,160.61 | $151,029.00 | 24.65% |
| AZITHROMYCIN | $191,518.09 | $150,381.80 | -21.48% |
| LANTUS SOLOSTAR | $140,426.98 | $147,342.01 | 4.92% |
| EXJADE | $185,995.79 | $146,229.50 | -21.38% |
| PERMETHRIN | $111,742.68 | $138,139.42 | 23.62% |
| EPIPEN 2-PAK | $81,427.19 | $134,802.65 | 65.55% |
| DEXEDRINE | $140,741.23 | $133,197.40 | -5.36% |
| NOVOLOG FLEXPEN | $122,643.58 | $131,424.75 | 7.16% |
| LYRICA | $112,348.09 | $130,538.17 | 16.19% |
| ENBREL SURECLICK | $111,815.60 | $129,264.75 | 15.61% |
| VIMPAT | $118,483.29 | $127,003.86 | 7.19% |
| NAGLAZYME | $124,528.08 | $124,528.08 | 0.00% |
| SEROQUEL XR | $120,629.88 | $122,678.17 | 1.70% |
| INCIVEK | $39,053.96 | $120,856.24 | 209.46% |
| AMOXICILLIN | $146,554.96 | $119,721.84 | -18.31% |
| ATRIPLA | $113,159.51 | $118,774.28 | 4.96% |
| QUETIAPINE FUMARATE | $102,429.89 | $115,405.52 | 12.67% |
| PROVIGIL | $97,124.09 | $112,874.58 | 16.22% |
| EPIPEN-JR 2-PAK | $47,464.65 | $110,323.85 | 132.43% |
| LUPRON DEPOT-PED | $91,061.24 | $109,144.24 | 19.86% |
| INTUNIV | $94,674.17 | $108,151.25 | 14.24% |
| GENOTROPIN MINIQUICK | $105,586.80 | $106,950.21 | 1.29% |
| HUMIRA | $88,268.70 | $106,244.79 | 20.37% |
| CREON | $97,037.46 | $102,159.49 | 5.28% |
| OXYCONTIN | $96,427.95 | $100,929.67 | 4.67% |
| GABAPENTIN | $96,463.56 | $99,259.96 | 2.90% |
| AFINITOR | $98,951.42 | $99,226.04 | 0.28% |
| XIFAXAN | $96,047.31 | $98,393.97 | 2.44% |
| DAYTRANA | $96,180.87 | $97,764.06 | 1.65% |
| TOPAMAX | $85,062.27 | $94,099.59 | 10.62% |

| | | | |
|---|---|---|---|
| REVLIMID | $82,978.71 | $93,973.16 | 13.25% |
| TRUVADA | $95,936.66 | $93,756.40 | -2.27% |
| SAPHRIS | $92,271.53 | $92,105.75 | -0.18% |
| SABRIL | $67,192.65 | $90,919.33 | 35.31% |
| SERTRALINE HCL | $85,976.99 | $90,575.36 | 5.35% |
| CIPRODEX | $74,889.24 | $89,759.47 | 19.86% |
| NEUPOGEN | $67,786.46 | $89,335.73 | 31.79% |
| BANZEL | $90,593.75 | $87,473.02 | -3.44% |
| ADVAIR HFA | $82,152.88 | $87,252.31 | 6.21% |
| PROLASTIN-C | $88,319.06 | $87,030.02 | -1.46% |
| OMEPRAZOLE | $81,448.04 | $86,447.05 | 6.14% |
| KEPPRA | $82,071.02 | $84,938.27 | 3.49% |
| LORATADINE | $85,740.52 | $84,142.95 | -1.86% |
| ZETIA | $75,526.96 | $82,537.77 | 9.28% |
| GLEEVEC | $68,607.14 | $81,577.76 | 18.91% |
| GAMUNEX-C | $49,411.58 | $80,744.82 | 63.41% |
| REBIF | $87,028.42 | $80,240.67 | -7.80% |
| DEPAKOTE SPRINKLES | $86,421.16 | $80,209.24 | -7.19% |
| ORTHO EVRA | $78,032.67 | $79,430.15 | 1.79% |
| RANITIDINE HCL | $74,225.85 | $78,194.56 | 5.35% |
| FOCALIN | $72,080.52 | $77,941.17 | 8.13% |
| NUVARING | $75,561.12 | $77,900.86 | 3.10% |
| CLONIDINE HCL | $73,576.19 | $77,794.84 | 5.73% |
| BUPROPION HCL XL | $77,535.23 | $77,347.79 | -0.24% |
| KALYDECO | $102,502.08 | $76,864.06 | -25.01% |
| FLUTICASONE PROPIONATE | $90,833.07 | $76,571.45 | -15.70% |

# Top 100 Drugs by Prescription Count

| Product Description | Prescription Count May/June 2013 | Prescription Count July/August 2013 | Percent Change |
|---|---|---|---|
| Loratadine Tab 10 MG | 10,603 | 10,495 | -1.02% |
| VENTOLIN HFA AER | 8,893 | 9,883 | 11.13% |
| HYDROCO/APAP TAB 5-325MG | 7,129 | 7,874 | 10.45% |
| TRAMADOL HCL TAB 50MG | 6,555 | 6,775 | 3.36% |
| Cetirizine HCl Tab 10 MG | 6,269 | 6,407 | 2.20% |
| CLONIDINE TAB 0.1MG | 5,990 | 6,214 | 3.74% |
| Acetaminophen Tab 325 MG | 5,928 | 5,880 | -0.81% |
| RANITIDINE TAB 150MG | 5,680 | 5,774 | 1.65% |
| ESCITALOPRAM TAB 20MG | 5,413 | 5,452 | 0.72% |
| GUANFACINE TAB 1MG | 5,149 | 5,391 | 4.70% |
| Aspirin Tab Delayed Release 81 MG | 5,439 | 5,389 | -0.92% |
| FLUOXETINE CAP 20MG | 5,204 | 5,285 | 1.56% |
| AMOXICILLIN SUS 400/5ML | 6,206 | 4,797 | -22.70% |
| Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe) | 4,533 | 4,682 | 3.29% |
| ALBUTEROL NEB 0.083% | 5,354 | 4,558 | -14.87% |
| CYCLOBENZAPR TAB 10MG | 4,385 | 4,406 | 0.48% |
| Sennosides-Docusate Sodium Tab 8.6-50 MG | 4,304 | 4,251 | -1.23% |
| MONTELUKAST TAB 10MG | 4,152 | 4,204 | 1.25% |
| Aspirin Chew Tab 81 MG | 4,122 | 4,093 | -0.70% |
| HYDROCO/APAP TAB 5-500MG | 4,079 | 4,018 | -1.50% |
| GABAPENTIN CAP 300MG | 3,821 | 3,996 | 4.58% |
| IBUPROFEN TAB 800MG | 3,639 | 3,912 | 7.50% |
| SERTRALINE TAB 100MG | 3,786 | 3,876 | 2.38% |
| FLUTICASONE SPR 50MCG | 3,925 | 3,802 | -3.13% |
| TRAZODONE TAB 50MG | 3,455 | 3,684 | 6.63% |
| METHYLPHENID TAB 36MG ER | 3,696 | 3,667 | -0.78% |
| Acetaminophen Tab 500 MG | 3,755 | 3,639 | -3.09% |
| MONTELUKAST CHW 5MG | 3,698 | 3,597 | -2.73% |
| OMEPRAZOLE CAP 20MG | 3,502 | 3,548 | 1.31% |
| TRAZODONE TAB 100MG | 3,281 | 3,417 | 4.15% |
| CEPHALEXIN CAP 500MG | 3,187 | 3,368 | 5.68% |
| AZITHROMYCIN TAB 250MG | 3,934 | 3,258 | -17.18% |

| | | | |
|---|---|---|---|
| PROVENTIL AER HFA | 2,874 | 3,230 | 12.39% |
| SMZ/TMP DS TAB 800-160 | 2,882 | 3,211 | 11.42% |
| FOLIC ACID TAB 1MG | 2,944 | 2,995 | 1.73% |
| AZITHROMYCIN SUS 200/5ML | 3,998 | 2,936 | -26.56% |
| RISPERIDONE TAB 1MG | 2,849 | 2,907 | 2.04% |
| POLYETH GLYC POW 3350 NF | 2,655 | 2,877 | 8.36% |
| METHYLPHENID TAB 54MG ER | 2,898 | 2,856 | -1.45% |
| AMOXICILLIN CAP 500MG | 2,799 | 2,741 | -2.07% |
| OXYCOD/APAP TAB 5-325MG | 2,685 | 2,725 | 1.49% |
| CITALOPRAM TAB 20MG | 2,656 | 2,666 | 0.38% |
| SERTRALINE TAB 50MG | 2,568 | 2,653 | 3.31% |
| OMEPRAZOLE CAP 40MG | 2,464 | 2,629 | 6.70% |
| CLONAZEPAM TAB 1MG | 2,612 | 2,624 | 0.46% |
| Cetirizine HCl Syrup 1 MG/ML (5 MG/5ML) | 2,968 | 2,612 | -11.99% |
| METFORMIN TAB 500MG | 2,481 | 2,588 | 4.31% |
| ALPRAZOLAM TAB 1MG | 2,540 | 2,574 | 1.34% |
| VYVANSE CAP 30MG | 2,576 | 2,548 | -1.09% |
| RISPERIDONE TAB 0.5MG | 2,553 | 2,524 | -1.14% |
| AMOXICILLIN SUS 250/5ML | 3,223 | 2,376 | -26.28% |
| ALPRAZOLAM TAB 0.5MG | 2,225 | 2,344 | 5.35% |
| VYVANSE CAP 40MG | 2,394 | 2,321 | -3.05% |
| LANTUS INJ 100/ML | 2,200 | 2,316 | 5.27% |
| MONTELUKAST CHW 4MG | 2,540 | 2,311 | -9.02% |
| ZOLPIDEM TAB 10MG | 2,325 | 2,303 | -0.95% |
| CLONAZEPAM TAB 0.5MG | 2,175 | 2,238 | 2.90% |
| SMZ-TMP SUS 200-40/5 | 2,094 | 2,216 | 5.83% |
| Sennosides Tab 8.6 MG | 2,193 | 2,176 | -0.78% |
| HYDROCO/APAP TAB 10-325MG | 2,066 | 2,165 | 4.79% |
| CITALOPRAM TAB 40MG | 2,102 | 2,153 | 2.43% |
| MUPIROCIN OIN 2% | 1,856 | 2,152 | 15.95% |
| HYDROCO/APAP TAB 7.5-325 | 1,958 | 2,139 | 9.24% |
| LISINOPRIL TAB 10MG | 2,047 | 2,125 | 3.81% |
| NAPROXEN TAB 500MG | 2,057 | 2,093 | 1.75% |
| HYDROCHLOROT TAB 25MG | 2,054 | 2,061 | 0.34% |
| VENLAFAXINE CAP 150MG ER | 1,921 | 2,058 | 7.13% |
| CEPHALEXIN SUS 250/5ML | 2,136 | 2,044 | -4.31% |
| CYMBALTA CAP 60MG | 1,967 | 2,018 | 2.59% |
| LORAZEPAM TAB 1MG | 1,921 | 2,012 | 4.74% |

| | | | |
|---|---|---|---|
| PREDNISONE TAB 20MG | 2,374 | 1,986 | -16.34% |
| VYVANSE CAP 50MG | 1,958 | 1,961 | 0.15% |
| LISINOPRIL TAB 20MG | 1,896 | 1,944 | 2.53% |
| PREDNISOLONE SOL 15MG/5ML | 3,870 | 1,935 | -50.00% |
| METFORMIN TAB 1000MG | 1,799 | 1,916 | 6.50% |
| TRIAMCINOLON CRE 0.1% | 1,971 | 1,906 | -3.30% |
| PREDNISONE TAB 10MG | 1,663 | 1,892 | 13.77% |
| METRONIDAZOL TAB 500MG | 1,802 | 1,881 | 4.38% |
| ONDANSETRON TAB 4MG ODT | 1,496 | 1,866 | 24.73% |
| SIMVASTATIN TAB 20MG | 1,874 | 1,866 | -0.43% |
| Loratadine Syrup 5 MG/5ML | 2,322 | 1,842 | -20.67% |
| METHYLPHENID TAB 27MG ER | 1,786 | 1,831 | 2.52% |
| MELOXICAM TAB 15MG | 1,735 | 1,805 | 4.03% |
| Aspirin Tab Delayed Release 325 MG | 1,818 | 1,798 | -1.10% |
| Permethrin Lotion 1% | 1,422 | 1,789 | 25.81% |
| SIMVASTATIN TAB 40MG | 1,666 | 1,753 | 5.22% |
| BUPROPN HCL TAB 300MG XL | 1,627 | 1,726 | 6.08% |
| PRENATAL TAB PLUS | 1,672 | 1,725 | 3.17% |
| HYDROXYZ PAM CAP 25MG | 1,619 | 1,678 | 3.64% |
| LORAZEPAM TAB 0.5MG | 1,623 | 1,678 | 3.39% |
| FUROSEMIDE TAB 40MG | 1,614 | 1,671 | 3.53% |
| AMLODIPINE TAB 10MG | 1,583 | 1,646 | 3.98% |
| QUETIAPINE TAB 100MG | 1,579 | 1,646 | 4.24% |
| APAP/CODEINE TAB 300-30MG | 1,531 | 1,635 | 6.79% |
| PANTOPRAZOLE TAB 40MG | 1,587 | 1,628 | 2.58% |
| Diphenhydramine HCl Cap 25 MG | 1,635 | 1,615 | -1.22% |
| FLUCONAZOLE TAB 150MG | 1,673 | 1,598 | -4.48% |
| SPIRIVA CAP HANDIHLR | 1,376 | 1,581 | 14.90% |
| AMOX/K CLAV TAB 875MG | 1,605 | 1,569 | -2.24% |
| CLONIDINE TAB 0.2MG | 1,476 | 1,554 | 5.28% |

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# Bi-Monthly Statistics

| | July/August 2013 | September/October 2013 | % CHANGE |
|---|---|---|---|
| TOTAL PAID AMOUNT | $37,354,721 | $38,617,925 | 3.4% |
| UNIQUE USERS | 140,698 | 153,444 | 9.1% |
| COST PER USER | $265.50 | $251.67 | -5.2% |
| TOTAL PRESCRIPTIONS | 628,854 | 659,816 | 4.9% |
| AVERAGE PRESCRIPTIONS PER USER | 4.47 | 4.30 | -3.8% |
| AVERAGE COST PER PRESCRIPTION | $59.40 | $58.53 | -1.5% |
| # GENERIC PRESCRIPTIONS | 523,056 | 549,779 | 5.1% |
| % GENERIC | 83.2% | 83.3% | 0.2% |
| $ GENERIC | $10,594,841 | $11,310,554 | 6.8% |
| AVERAGE GENERIC PRESCRIPTION COST | $20.26 | $20.57 | 1.6% |
| AVERAGE GENERIC DAYS SUPPLY | 22 | 22 | 0.0% |
| # BRAND PRESCRIPTIONS | 102,864 | 107,049 | 5.1% |
| % BRAND | 16.4% | 16.2% | 0.2% |
| $ BRAND | $26,576,216 | $27,134,463 | 6.8% |
| AVERAGE BRAND PRESCRIPTION COST | $258.36 | $253.48 | 1.6% |
| AVERAGE BRAND DAYS SUPPLY | 26 | 26 | 0.0% |

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## UTILIZATION BY AGE

| AGE | July/August 2013 | September/October 2013 |
|---|---|---|
| 0-6 | 29,746 | 37,924 |
| 7-12 | 24,295 | 26,871 |
| 13-18 | 21,645 | 23,651 |
| 19-64 | 55,373 | 55,573 |
| 65+ | 9,639 | 9,425 |
| | 140,698 | 153,444 |

## UTILIZATION BY GENDER AND AGE

| GENDER | AGE | July/August 2013 | September/October 2013 |
|---|---|---|---|
| F | | | |
| | 0-6 | 13,895 | 17,838 |
| | 7-12 | 10,438 | 11,614 |
| | 13-18 | 11,447 | 12,436 |
| | 19-64 | 39,373 | 39,609 |
| | 65+ | 6,935 | 6,793 |
| | | 82,088 | 88,290 |
| M | | | |
| | 0-6 | 15,851 | 20,086 |
| | 7-12 | 13,857 | 15,257 |
| | 13-18 | 10,198 | 11,215 |
| | 19-64 | 16,000 | 15,964 |
| | 65+ | 2,704 | 2,632 |
| | | 58,610 | 65,154 |

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## TOP 100 PHARMACIES BY PRESCRIPTION COUNT
## September/October 2013

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 1 | WALGREEN #05239 | DAVENPORT | IA | 9,294 | $457,841.37 | 1 |
| 2 | WALGREEN #05721 | DES MOINES | IA | 7,811 | $385,457.39 | 3 |
| 3 | WALGREEN #04405 | COUNCIL BLUFFS | IA | 7,718 | $401,238.08 | 2 |
| 4 | MARTIN HEALTH SERVICES INC | DENVER | IA | 6,128 | $156,212.11 | 4 |
| 5 | WALGREEN #910 | SIOUX CITY | IA | 5,926 | $306,741.01 | 5 |
| 6 | WALGREEN #359 | DES MOINES | IA | 5,410 | $263,984.50 | 6 |
| 7 | WALGREEN #05362 | DES MOINES | IA | 5,358 | $248,543.64 | 9 |
| 8 | HY-VEE DRUGSTORE #7060 | MUSCATINE | IA | 5,331 | $213,230.06 | 8 |
| 9 | WALGREEN CO.#3700 | COUNCIL BLUFFS | IA | 5,237 | $252,727.94 | 10 |
| 10 | WALGREENS #07453 | DES MOINES | IA | 5,035 | $258,406.05 | 11 |
| 11 | WALGREEN COMPANY 07455 | WATERLOO | IA | 4,941 | $216,074.07 | 12 |
| 12 | WALGREEN COMPANY #05042 | CEDAR RAPIDS | IA | 4,928 | $249,724.52 | 13 |
| 13 | MARTIN HEALTH SERVICES INC | JOHNSTON | IA | 4,906 | $160,622.69 | 7 |
| 14 | WALGREEN #05852 | DES MOINES | IA | 4,179 | $199,279.76 | 15 |
| 15 | HY-VEE DRUGSTORE #7065 | OTTUMWA | IA | 4,121 | $192,981.80 | 16 |
| 16 | WALGREEN #04041 | DAVENPORT | IA | 3,719 | $182,345.24 | 18 |
| 17 | DRILLING MORNINGSIDE PHARMACY IN | SIOUX CITY | IA | 3,659 | $199,580.66 | 17 |
| 18 | WALGREEN #11709 | DAVENPORT | IA | 3,599 | $187,553.14 | 19 |
| 19 | WALGREEN COMPANY 05777 | DES MOINES | IA | 3,557 | $144,576.38 | 26 |
| 20 | HY-VEE PHARMACY #1 (1136) | DES MOINES | IA | 3,520 | $183,895.89 | 20 |
| 21 | GREENWOOD DRUG ON KIMBALL AVENUE | WATERLOO | IA | 3,422 | $244,960.62 | 22 |
| 22 | STERLING LTC PHARMACY #31 | ANKENY | IA | 3,405 | $219,678.15 | 14 |
| 23 | MAHASKA DRUG INC | OSKALOOSA | IA | 3,264 | $168,500.74 | 28 |
| 24 | RASHID PHARMACY PLC | FORT MADISON | IA | 3,244 | $161,278.35 | 25 |
| 25 | HY-VEE PHARMACY #4 (1060) | CEDAR RAPIDS | IA | 3,214 | $168,666.68 | 24 |
| 26 | HY-VEE DRUGSTORE #7030 | COUNCIL BLUFFS | IA | 3,202 | $177,069.19 | 23 |

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## TOP 100 PHARMACIES BY PRESCRIPTION COUNT
## September/October 2013

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 27 | PHARMACY MATTERS LTC | IOWA CITY | IA | 3,136 | $127,163.73 | 21 |
| 28 | SOUTH SIDE DRUG, INC. | OTTUMWA | IA | 3,110 | $158,680.19 | 27 |
| 29 | WALGREEN #03595 | DAVENPORT | IA | 3,012 | $153,428.20 | 31 |
| 30 | WALGREEN #05044 | BURLINGTON | IA | 2,977 | $141,498.85 | 29 |
| 31 | WALGREENS #05119 | CLINTON | IA | 2,968 | $155,646.72 | 30 |
| 32 | HY-VEE DRUGSTORE # 1180 | FAIRFIELD | IA | 2,844 | $139,837.41 | 39 |
| 33 | WALGREEN #7452 | DES MOINES | IA | 2,767 | $123,143.32 | 33 |
| 34 | HY-VEE PHARMACY (1403) | MARSHALLTOWN | IA | 2,753 | $121,464.53 | 38 |
| 35 | WALGREENS #10855 | WATERLOO | IA | 2,752 | $116,087.93 | 36 |
| 36 | MAIN HEALTHCARE SERVICES | BETTENDORF | IA | 2,705 | $74,775.27 | 45 |
| 37 | THOMPSON-DEAN DRUG | SIOUX CITY | IA | 2,637 | $179,156.60 | 34 |
| 38 | HY-VEE PHARMACY #3 (1142) | DES MOINES | IA | 2,634 | $130,434.18 | 37 |
| 39 | UIHC AMBULATORY CARE PHARMACY | IOWA CITY | IA | 2,633 | $280,191.19 | 42 |
| 40 | WAL-MART PHARMACY #10-1509 | MAQUOKETA | IA | 2,629 | $114,260.22 | 41 |
| 41 | MEDICAP PHARMACY | INDIANOLA | IA | 2,538 | $109,960.48 | 32 |
| 42 | S - S PHARMACY INC | COUNCIL BLUFFS | IA | 2,533 | $150,278.51 | 35 |
| 43 | WALGREENS 07968 | DES MOINES | IA | 2,413 | $115,700.50 | 51 |
| 44 | WALGREEN CO.# (03875) | CEDAR RAPIDS | IA | 2,408 | $134,407.74 | 46 |
| 45 | WALGREEN #05361 | FORT DODGE | IA | 2,385 | $114,816.37 | 52 |
| 46 | HARTIG PHARMACY SERVICES | DUBUQUE | IA | 2,341 | $117,275.17 | 43 |
| 47 | WALGREENS #11942 | DUBUQUE | IA | 2,332 | $125,151.42 | 50 |
| 48 | DANIEL PHARMACY INC | FORT DODGE | IA | 2,282 | $117,108.57 | 56 |
| 49 | HY-VEE PHARMACY #1 (1042) | BURLINGTON | IA | 2,276 | $137,256.74 | 44 |
| 50 | IOWA CVS PHARMACY LLC DBA | WATERLOO | IA | 2,208 | $99,166.78 | 54 |
| 51 | A AVENUE PHARMACY | CEDAR RAPIDS | IA | 2,203 | $147,925.61 | 57 |
| 52 | MERCY FAMILY PHARMACY | DUBUQUE | IA | 2,184 | $112,508.65 | 47 |
| 53 | HY-VEE PHARMACY (1058) | CENTERVILLE | IA | 2,178 | $98,344.08 | 58 |

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## TOP 100 PHARMACIES BY PRESCRIPTION COUNT
## September/October 2013

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 54 | HY-VEE PHARMACY (1074) | CHARLES CITY | IA | 2,173 | $114,201.52 | 55 |
| 55 | WALGREEN #05886 | KEOKUK | IA | 2,147 | $94,400.24 | 49 |
| 56 | MERCY CAREMOR | DUBUQUE | IA | 2,136 | $61,944.97 | 48 |
| 57 | HY VEE PHARMACY #1449 | NEWTON | IA | 2,097 | $96,691.53 | 68 |
| 58 | WALGREENS #09476 | BURLINGTON | IA | 2,061 | $97,125.58 | 60 |
| 59 | PHARMERICA MIDWEST INC DBA | URBANDALE | IA | 2,040 | $64,879.87 | 53 |
| 60 | WALGREEN #4714 | DES MOINES | IA | 2,031 | $108,235.70 | 59 |
| 61 | DRUGTOWN PHARMACY #1 (7020) | CEDAR RAPIDS | IA | 2,031 | $97,892.22 | 76 |
| 62 | HY-VEE PHARMACY #1 (1092) | COUNCIL BLUFFS | IA | 1,995 | $118,416.00 | 64 |
| 63 | HY-VEE PHARMACY #2 (1138) | DES MOINES | IA | 1,969 | $109,771.15 | 72 |
| 64 | WAL MART PHARMACY 10-3590 | SIOUX CITY | IA | 1,964 | $100,871.91 | 69 |
| 65 | HY-VEE PHARMACY #1 (1105) | DAVENPORT | IA | 1,951 | $98,712.63 | 62 |
| 66 | HY-VEE PHARMACY 1068 | CHEROKEE | IA | 1,951 | $109,765.32 | 77 |
| 67 | WALGREENS #03876 | MARION | IA | 1,927 | $95,921.68 | 65 |
| 68 | HY-VEE PHARMACY #3 (1056) | CEDAR RAPIDS | IA | 1,920 | $89,747.55 | 82 |
| 69 | WALGREEN #05942 | NEWTON | IA | 1,919 | $88,238.81 | 74 |
| 70 | WAL-MART PHARMACY #10-1496 | WATERLOO | IA | 1,916 | $80,386.32 | 67 |
| 71 | HY-VEE PHARMACY (1522) | PERRY | IA | 1,915 | $78,657.33 | 96 |
| 72 | HY-VEE FOOD STORE | WATERLOO | IA | 1,913 | $127,673.84 | 61 |
| 73 | WALGREEN #09708 | DUBUQUE | IA | 1,891 | $80,059.20 | 63 |
| 74 | HY VEE PHARMACY (1170) | ESTHERVILLE | IA | 1,883 | $79,178.65 | 79 |
| 75 | HY-VEE PHARMACY 1071 | CLARINDA | IA | 1,877 | $108,727.05 | 70 |
| 76 | WALGREEN #05077 | IOWA CITY | IA | 1,842 | $92,716.34 | 78 |
| 77 | REDLERS LONG TERM CARE PHARMACY | DAKOTA DUNES | SD | 1,825 | $65,158.03 | 66 |
| 78 | HY-VEE DRUGSTORE # 7035 | FT DODGE | IA | 1,798 | $83,761.69 | 83 |
| 79 | HY-VEE PHARMACY (1075) | CLINTON | IA | 1,789 | $102,880.38 | 92 |
| 80 | WAGNER PHARMACY | CLINTON | IA | 1,774 | $116,769.44 | 71 |

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## TOP 100 PHARMACIES BY PRESCRIPTION COUNT
## September/October 2013

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 81 | RASHID LONG TERM CARE PHARMACY | FORT MADISON | IA | 1,773 | $59,434.71 | 40 |
| 82 | WAL MART PHARMACY 10-1621 | CENTERVILLE | IA | 1,760 | $122,193.36 | 93 |
| 83 | WAL-MART PHARMACY #10-5115 | DAVENPORT | IA | 1,742 | $57,390.40 | 90 |
| 84 | LA GRANGE PHARMACY INC | VINTON | IA | 1,735 | $83,590.03 | 80 |
| 85 | HY-VEE PHARMACY 1382 | LE MARS | IA | 1,713 | $129,581.43 | 105 |
| 86 | FIFIELD PHARMACY | DES MOINES | IA | 1,710 | $85,484.87 | 75 |
| 87 | MEDICAP PHARMACY | MARSHALLTOWN | IA | 1,704 | $99,004.87 | 97 |
| 88 | HY-VEE PHARMACY (1634) | STORM LAKE | IA | 1,698 | $93,637.38 | 89 |
| 89 | WAL-MART PHARMACY #10-0646 | ANAMOSA | IA | 1,691 | $67,666.56 | 104 |
| 90 | HY-VEE PHARMACY (1875) | WEBSTER CITY | IA | 1,677 | $78,183.10 | 86 |
| 91 | HY-VEE DRUGSTORE #7031 | DES MOINES | IA | 1,674 | $81,646.84 | 84 |
| 92 | HY-VEE PHARMACY #1 (1610) | SIOUX CITY | IA | 1,659 | $96,595.58 | 94 |
| 93 | MERCY HEALTH SERVICES IOWA CORP | MASON CITY | IA | 1,656 | $95,141.48 | 81 |
| 94 | WALGREENS 11153 | SPENCER | IA | 1,654 | $104,955.22 | 117 |
| 95 | STANGEL PHARMACY | ONAWA | IA | 1,636 | $90,306.76 | 95 |
| 96 | WALGREENS #05977 | CORALVILLE | IA | 1,635 | $75,950.03 | 102 |
| 97 | OSTERHAUS PHARMACY | MAQUOKETA | IA | 1,632 | $89,252.84 | 113 |
| 98 | GREENVILLE PHARMACY INC | SIOUX CITY | IA | 1,628 | $105,810.64 | 106 |
| 99 | NCS HEALTHCARE OF IOWA LLC DBA | URBANDALE | IA | 1,626 | $77,187.59 | 73 |
| 100 | HY-VEE PHARMACY #5 (1151) | DES MOINES | IA | 1,623 | $96,472.18 | 98 |

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## TOP 100 PHARMACIES BY PAID AMOUNT
## September/October 2013

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 1 | ARJ INFUSION SERVICES INC | LENEXA | KS | 14 | $601,775.98 | 1 |
| 2 | CAREMARK KANSAS SPEC PHARMACY LL | LENEXA | KS | 163 | $468,821.20 | 3 |
| 3 | WALGREEN #05239 | DAVENPORT | IA | 9,294 | $457,841.37 | 4 |
| 4 | WALGREEN #04405 | COUNCIL BLUFFS | IA | 7,718 | $401,238.08 | 5 |
| 5 | ACCREDO HEALTH GROUP INC | MEMPHIS | TN | 85 | $392,691.13 | 2 |
| 6 | WALGREEN #05721 | DES MOINES | IA | 7,811 | $385,457.39 | 6 |
| 7 | ACCREDO HEALTH GROUP INC | NASHVILLE | TN | 12 | $345,026.50 | 7 |
| 8 | WALGREEN #910 | SIOUX CITY | IA | 5,926 | $306,741.01 | 8 |
| 9 | UIHC AMBULATORY CARE PHARMACY | IOWA CITY | IA | 2,633 | $280,191.19 | 31 |
| 10 | WALGREEN #359 | DES MOINES | IA | 5,410 | $263,984.50 | 9 |
| 11 | NUCARA PHARMACY #27 | PLEASANT HILL | IA | 998 | $261,301.55 | 13 |
| 12 | WALGREENS #07453 | DES MOINES | IA | 5,035 | $258,406.05 | 11 |
| 13 | COMMUNITY HEALTHCARE SERVICES | LOMA LINDA | CA | 9 | $253,636.30 | 48 |
| 14 | WALGREEN CO.#3700 | COUNCIL BLUFFS | IA | 5,237 | $252,727.94 | 14 |
| 15 | WALGREEN COMPANY #05042 | CEDAR RAPIDS | IA | 4,928 | $249,724.52 | 16 |
| 16 | WALGREEN #05362 | DES MOINES | IA | 5,358 | $248,543.64 | 18 |
| 17 | GREENWOOD DRUG ON KIMBALL AVENUE | WATERLOO | IA | 3,422 | $244,960.62 | 15 |
| 18 | STERLING LTC PHARMACY #31 | ANKENY | IA | 3,405 | $219,678.15 | 12 |
| 19 | WALGREEN COMPANY 07455 | WATERLOO | IA | 4,941 | $216,074.07 | 20 |
| 20 | MEDFUSIONRX LLC | FRANKLIN | TN | 65 | $213,423.55 | 10 |
| 21 | HY-VEE DRUGSTORE #7060 | MUSCATINE | IA | 5,331 | $213,230.06 | 19 |
| 22 | WALGREENS INFUSION SERVICES | OMAHA | NE | 84 | $210,989.52 | 167 |
| 23 | DRILLING MORNINGSIDE PHARMACY IN | SIOUX CITY | IA | 3,659 | $199,580.66 | 24 |
| 24 | WALGREEN #05852 | DES MOINES | IA | 4,179 | $199,279.76 | 21 |
| 25 | HY-VEE DRUGSTORE #7065 | OTTUMWA | IA | 4,121 | $192,981.80 | 25 |
| 26 | WALGREEN #11709 | DAVENPORT | IA | 3,599 | $187,553.14 | 22 |

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## TOP 100 PHARMACIES BY PAID AMOUNT
## September/October 2013

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 27 | ORSINI PHARMACEUTICAL SERVICES I | ELK GROVE VILLAGE | IL | 16 | $186,956.72 | 53 |
| 28 | ACCREDO HEALTH GROUP INC | WARRENDALE | PA | 35 | $186,686.37 | 23 |
| 29 | HY-VEE PHARMACY #1 (1136) | DES MOINES | IA | 3,520 | $183,895.89 | 27 |
| 30 | PROCARE PHARMACY DIRECT LLC | MONROEVILLE | PA | 36 | $183,143.57 | 17 |
| 31 | WALGREEN #04041 | DAVENPORT | IA | 3,719 | $182,345.24 | 28 |
| 32 | THOMPSON-DEAN DRUG | SIOUX CITY | IA | 2,637 | $179,156.60 | 26 |
| 33 | HY-VEE DRUGSTORE #7030 | COUNCIL BLUFFS | IA | 3,202 | $177,069.19 | 29 |
| 34 | HY-VEE PHARMACY #4 (1060) | CEDAR RAPIDS | IA | 3,214 | $168,666.68 | 30 |
| 35 | MAHASKA DRUG INC | OSKALOOSA | IA | 3,264 | $168,500.74 | 33 |
| 36 | RASHID PHARMACY PLC | FORT MADISON | IA | 3,244 | $161,278.35 | 32 |
| 37 | MARTIN HEALTH SERVICES INC | JOHNSTON | IA | 4,906 | $160,622.69 | 40 |
| 38 | SOUTH SIDE DRUG, INC. | OTTUMWA | IA | 3,110 | $158,680.19 | 34 |
| 39 | MARTIN HEALTH SERVICES INC | DENVER | IA | 6,128 | $156,212.11 | 38 |
| 40 | WALGREENS #05119 | CLINTON | IA | 2,968 | $155,646.72 | 36 |
| 41 | WALGREEN #03595 | DAVENPORT | IA | 3,012 | $153,428.20 | 42 |
| 42 | S - S PHARMACY INC | COUNCIL BLUFFS | IA | 2,533 | $150,278.51 | 39 |
| 43 | A AVENUE PHARMACY | CEDAR RAPIDS | IA | 2,203 | $147,925.61 | 52 |
| 44 | WALGREEN COMPANY 05777 | DES MOINES | IA | 3,557 | $144,576.38 | 43 |
| 45 | WALGREEN #05044 | BURLINGTON | IA | 2,977 | $141,498.85 | 45 |
| 46 | HY-VEE DRUGSTORE # 1180 | FAIRFIELD | IA | 2,844 | $139,837.41 | 44 |
| 47 | WALGREENS SPECIALTY PHARMACY #12 | ANN ARBOR | MI | 36 | $137,716.87 | 35 |
| 48 | HY-VEE PHARMACY #1 (1042) | BURLINGTON | IA | 2,276 | $137,256.74 | 47 |
| 49 | WALGREEN CO.# (03875) | CEDAR RAPIDS | IA | 2,408 | $134,407.74 | 46 |
| 50 | CYSTIC FIBROSIS SERVICES INC | CENTENNIAL | CO | 60 | $132,323.13 | 41 |
| 51 | HY-VEE PHARMACY #3 (1142) | DES MOINES | IA | 2,634 | $130,434.18 | 50 |
| 52 | HY-VEE PHARMACY 1382 | LE MARS | IA | 1,713 | $129,581.43 | 60 |

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## TOP 100 PHARMACIES BY PAID AMOUNT
## September/October 2013

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 53 | HY-VEE FOOD STORE | WATERLOO | IA | 1,913 | $127,673.84 | 55 |
| 54 | PHARMACY MATTERS LTC | IOWA CITY | IA | 3,136 | $127,163.73 | 37 |
| 55 | WALGREENS #11942 | DUBUQUE | IA | 2,332 | $125,151.42 | 71 |
| 56 | WALGREEN #7452 | DES MOINES | IA | 2,767 | $123,143.32 | 58 |
| 57 | WAL MART PHARMACY 10-1621 | CENTERVILLE | IA | 1,760 | $122,193.36 | 133 |
| 58 | HY-VEE PHARMACY (1403) | MARSHALLTOWN | IA | 2,753 | $121,464.53 | 57 |
| 59 | AMBER PHARMACY | OMAHA | NE | 174 | $121,336.96 | 49 |
| 60 | HY-VEE PHARMACY #1 (1092) | COUNCIL BLUFFS | IA | 1,995 | $118,416.00 | 64 |
| 61 | HARTIG PHARMACY SERVICES | DUBUQUE | IA | 2,341 | $117,275.17 | 54 |
| 62 | DANIEL PHARMACY INC | FORT DODGE | IA | 2,282 | $117,108.57 | 66 |
| 63 | WAGNER PHARMACY | CLINTON | IA | 1,774 | $116,769.44 | 65 |
| 64 | WALGREENS #10855 | WATERLOO | IA | 2,752 | $116,087.93 | 56 |
| 65 | WALGREENS 07968 | DES MOINES | IA | 2,413 | $115,700.50 | 62 |
| 66 | WALGREEN #05361 | FORT DODGE | IA | 2,385 | $114,816.37 | 74 |
| 67 | WAL-MART PHARMACY #10-1509 | MAQUOKETA | IA | 2,629 | $114,260.22 | 59 |
| 68 | HY-VEE PHARMACY (1074) | CHARLES CITY | IA | 2,173 | $114,201.52 | 63 |
| 69 | MERCY FAMILY PHARMACY | DUBUQUE | IA | 2,184 | $112,508.65 | 69 |
| 70 | MEDICAP PHARMACY | INDIANOLA | IA | 2,538 | $109,960.48 | 67 |
| 71 | HY-VEE PHARMACY #2 (1138) | DES MOINES | IA | 1,969 | $109,771.15 | 77 |
| 72 | HY-VEE PHARMACY 1068 | CHEROKEE | IA | 1,951 | $109,765.32 | 70 |
| 73 | HY-VEE PHARMACY 1071 | CLARINDA | IA | 1,877 | $108,727.05 | 68 |
| 74 | WALGREEN #4714 | DES MOINES | IA | 2,031 | $108,235.70 | 79 |
| 75 | GREENVILLE PHARMACY INC | SIOUX CITY | IA | 1,628 | $105,810.64 | 75 |
| 76 | WALGREENS 11153 | SPENCER | IA | 1,654 | $104,955.22 | 76 |
| 77 | HY-VEE PHARMACY (1075) | CLINTON | IA | 1,789 | $102,880.38 | 85 |
| 78 | WAL-MART PHARMACY 10-5315 | LAKE MARY | FL | 18 | $101,810.56 | 158 |
| 79 | FOUNDATION CARE LLC | EARTH CITY | MO | 76 | $101,430.74 | 104 |

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## TOP 100 PHARMACIES BY PAID AMOUNT
## September/October 2013

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 80 | WAL MART PHARMACY 10-3590 | SIOUX CITY | IA | 1,964 | $100,871.91 | 103 |
| 81 | IOWA CVS PHARMACY LLC DBA | WATERLOO | IA | 2,208 | $99,166.78 | 89 |
| 82 | MEDICAP PHARMACY | MARSHALLTOWN | IA | 1,704 | $99,004.87 | 108 |
| 83 | HY-VEE PHARMACY #1 (1105) | DAVENPORT | IA | 1,951 | $98,712.63 | 88 |
| 84 | HY-VEE PHARMACY (1058) | CENTERVILLE | IA | 2,178 | $98,344.08 | 92 |
| 85 | CENTRIC HEALTH RESOURCES INC | CHESTERFIELD | MO | 12 | $98,237.16 | 102 |
| 86 | DRUGTOWN PHARMACY #1 (7020) | CEDAR RAPIDS | IA | 2,031 | $97,892.22 | 107 |
| 87 | WALGREENS #09476 | BURLINGTON | IA | 2,061 | $97,125.58 | 82 |
| 88 | HY VEE PHARMACY #1449 | NEWTON | IA | 2,097 | $96,691.53 | 100 |
| 89 | HY-VEE PHARMACY #1 (1610) | SIOUX CITY | IA | 1,659 | $96,595.58 | 87 |
| 90 | HY-VEE PHARMACY #5 (1151) | DES MOINES | IA | 1,623 | $96,472.18 | 78 |
| 91 | WALGREENS #03876 | MARION | IA | 1,927 | $95,921.68 | 61 |
| 92 | HY-VEE DRUGSTORE #7070 | SIOUX CITY | IA | 1,606 | $95,340.51 | 93 |
| 93 | MERCY HEALTH SERVICES IOWA CORP | MASON CITY | IA | 1,656 | $95,141.48 | 81 |
| 94 | WALGREEN #05886 | KEOKUK | IA | 2,147 | $94,400.24 | 83 |
| 95 | HY-VEE PHARMACY (1634) | STORM LAKE | IA | 1,698 | $93,637.38 | 97 |
| 96 | WALGREEN #05077 | IOWA CITY | IA | 1,842 | $92,716.34 | 98 |
| 97 | HY-VEE PHARMACY #5 (1109) | DAVENPORT | IA | 1,332 | $91,637.74 | 94 |
| 98 | STANGEL PHARMACY | ONAWA | IA | 1,636 | $90,306.76 | 114 |
| 99 | HY-VEE PHARMACY #3 (1056) | CEDAR RAPIDS | IA | 1,920 | $89,747.55 | 124 |
| 100 | HY-VEE PHARMACY #1 (1281) | IOWA CITY | IA | 1,618 | $89,470.66 | 84 |

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## TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT

| RANK | PRESCRIBER NAME | PAID AMOUNT | PRESCRIPTION COUNT | PREVIOUS RANK |
|---|---|---|---|---|
| 1 | LARRY RICHARDS | $156,030.33 | 2,563 | 1 |
| 2 | RAHUL BANSAL MD | $179,313.35 | 2,063 | 3 |
| 3 | GHADA HAMDAN-ALLEN | $181,985.09 | 2,025 | 2 |
| 4 | BOBBITA NAG | $157,744.26 | 1,626 | 4 |
| 5 | KATHLEEN L WILD ARNP | $130,836.03 | 1,564 | 5 |
| 6 | JERROLD V FLATT DO | $45,786.98 | 1,308 | 13 |
| 7 | JOADA JEAN BEST | $120,228.67 | 1,286 | 10 |
| 8 | MARVIN FRANKLIN PIBURN | $108,236.54 | 1,284 | 6 |
| 9 | RAJNI BATRA MD | $44,678.54 | 1,280 | 33 |
| 10 | KAREN FULWOOD | $96,575.32 | 1,277 | 11 |
| 11 | JEFFREY D WILHARM | $76,142.61 | 1,226 | 15 |
| 12 | SRIRAMAMURTHY RAVIPATI MD | $94,092.00 | 1,221 | 9 |
| 13 | CAROL AUNAN | $94,554.88 | 1,154 | 14 |
| 14 | PETER JOSEPH SZEIBEL | $96,844.82 | 1,114 | 17 |
| 15 | ROBERT D CONNER | $36,646.75 | 1,100 | 12 |
| 16 | KENT ELDON KUNZE MD | $90,226.56 | 1,043 | 20 |
| 17 | DAVID M CRAVEN | $51,700.61 | 1,029 | 18 |
| 18 | REBECCA J WOLFE | $78,410.74 | 1,025 | 26 |
| 19 | ALLYSON L WHEATON MD | $89,687.63 | 1,021 | 27 |
| 20 | BRYANT MUTCHLER DO | $39,357.94 | 1,012 | 25 |
| 21 | JOSPEH PATRICK BERTROCHE | $96,698.03 | 990 | 24 |
| 22 | E RICHARD NIGHTINGALE MD | $86,694.47 | 989 | 16 |
| 23 | SHAWN DENNIS JONES MD | $56,773.97 | 978 | 70 |
| 24 | ALI SAFDAR | $60,833.23 | 968 | 23 |
| 25 | JAMES BROOKS MD | $92,991.10 | 966 | 19 |
| 26 | RONALD WILLIAM BRINCK | $105,873.07 | 952 | 21 |
| 27 | FREDERICK C. ALDRICH | $24,757.54 | 933 | 40 |
| 28 | EJIRO V AGBORO-IDAHOSA MD | $70,084.92 | 931 | 44 |
| 29 | STEVEN G PAULSRUD | $45,859.73 | 928 | 22 |
| 30 | ROBERT MARVIN KENT MD | $42,237.69 | 920 | 37 |
| 31 | WILLIAM E HOWARD IV | $53,978.77 | 912 | 51 |
| 32 | ALBERT OKINE PA | $89,573.04 | 883 | 28 |
| 33 | KIMBERLY A THOMPSON | $23,559.57 | 883 | 36 |

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|---|---|---|---|---|
| 34 | MICHAEL O'CONNER MD | $29,582.71 | 876 | 42 |
| 35 | RAY C STURDEVANT MD | $75,777.72 | 874 | 31 |
| 36 | CECELIA M NASSIF ARNP | $70,019.85 | 863 | 54 |
| 37 | DAVID BERMAN WALKER MD | $66,235.50 | 853 | 34 |
| 38 | KATHLEEN S ADAMS | $94,863.33 | 848 | 46 |
| 39 | WILLIAM M NISSEN | $43,270.90 | 848 | 32 |
| 40 | KEITH GUESS PA | $71,490.55 | 845 | 43 |
| 41 | DAVID F WIDITZ | $50,638.25 | 844 | 88 |
| 42 | THOMAS SCOTT HOPKINS DO | $81,448.60 | 842 | 35 |
| 43 | JOSEPH M WANZEK | $39,259.33 | 839 | 56 |
| 44 | MARTIN J FIALKOV MD | $55,816.61 | 830 | 39 |
| 45 | POMILLA KUMAR | $43,830.54 | 829 | 65 |
| 46 | CASIE RINEY PA | $78,784.94 | 825 | 30 |
| 47 | MAEN MUSA HADDADIN MD | $27,636.99 | 812 | 38 |
| 48 | CHRISTOPHER GENE OKIISHI MD | $44,913.88 | 810 | 41 |
| 49 | DENNIS GEORGE MILLER | $46,868.42 | 801 | 8 |
| 50 | CYD Q. GRAFFT | $53,459.71 | 799 | 73 |
| 51 | ANITA HANDEVIDT ARNP | $74,475.28 | 797 | 66 |
| 52 | QAZI UMAR JAVED MD | $69,531.16 | 786 | 7 |
| 53 | DANIEL W GILLETTE | $71,466.22 | 773 | 57 |
| 54 | JON S AHRENDSEN MD | $58,558.35 | 772 | 49 |
| 55 | LINGZIANG ZHOU | $22,862.79 | 770 | 150 |
| 56 | CARLA K ABEL-ZIEG ARNP | $77,968.46 | 769 | 47 |
| 57 | FRANK L BABCOCK, MD | $45,778.76 | 768 | 29 |
| 58 | PAUL DENNIS PETERSON DO | $32,647.89 | 763 | 61 |
| 59 | CHRISTIAN W JONES MD | $36,018.22 | 760 | 50 |
| 60 | DEANNA BOOK BOESEN | $74,470.15 | 758 | 59 |
| 61 | WILLI EUGEN MARTENS | $27,810.25 | 748 | 60 |
| 62 | PAULA JEAN CURRAN ARNP | $43,288.70 | 740 | 64 |
| 63 | HIEDI CHRISTINE LANE | $60,614.26 | 734 | 45 |
| 64 | DEBRA ANN STUDER DO | $15,973.13 | 730 | 52 |
| 65 | KRISHNA P MURTHY | $47,211.33 | 724 | 48 |
| 66 | RENE M DUREGGER MD | $60,969.42 | 720 | 76 |
| 67 | ISAM ELIAS MARAR MD | $38,925.20 | 713 | 75 |
| 68 | LISA ANN BECHTEL ARNP | $67,048.33 | 713 | 82 |

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|---|---|---|---|---|
| 69 | KEVIN W BLECHLE DO | $21,947.90 | 709 | 85 |
| 70 | MICHAEL PIPLANI MD | $28,213.03 | 701 | 105 |
| 71 | JEAN TOBIN PA | $49,696.19 | 697 | 153 |
| 72 | ROBERT K FRYZEK MD | $23,542.25 | 694 | 77 |
| 73 | MELISSA LAMB NP | $27,270.85 | 693 | 80 |
| 74 | JAFFAR ALI SHAIKH MD | $40,992.47 | 692 | 107 |
| 75 | SARAH LYNN BEATTIE ARNP | $71,623.74 | 687 | 97 |
| 76 | ALAN R BOLLINGER | $51,242.58 | 687 | 103 |
| 77 | ERIN VOYLES HATCHER ARNP | $69,255.52 | 686 | 92 |
| 78 | DONNER DEWDNEY MD | $32,747.80 | 685 | 58 |
| 79 | NEELAM KHADKE | $35,988.42 | 682 | 106 |
| 80 | KIRAN KHANOLKAR | $28,287.22 | 682 | 68 |
| 81 | PAMELA S BROWN ARNP | $58,868.55 | 679 | 79 |
| 82 | VIRGILIO D CORPUZ | $34,484.76 | 672 | 237 |
| 83 | RANDY R ROBINSON | $36,109.68 | 671 | 63 |
| 84 | MOLLY EARLEYWINE PA | $18,587.00 | 668 | 123 |
| 85 | JERRY LEE WILLE MD | $25,030.59 | 665 | 74 |
| 86 | MARK WILLIAM MITTAUER | $53,036.25 | 665 | 71 |
| 87 | DAVID M CRIPPIN MD | $26,523.41 | 665 | 95 |
| 88 | DEANNE REMER | $43,849.39 | 661 | 72 |
| 89 | KRISTIE DEE ANN WALZ MD | $33,457.07 | 657 | 67 |
| 90 | CHARLES TILLEY PA | $61,731.96 | 650 | 144 |
| 91 | TIMOTHY WAYNE SWINTON | $21,141.83 | 647 | 112 |
| 92 | DANIEL J ARNOLD | $30,586.30 | 646 | 87 |
| 93 | LEENU MISHRA MD | $57,480.59 | 645 | 83 |
| 94 | DUSTIN R SMITH | $35,753.18 | 645 | 96 |
| 95 | MICHAEL LEE EGGER MD | $62,423.59 | 644 | 104 |
| 96 | MATT D EGGERS MD | $60,694.10 | 643 | 84 |
| 97 | JOYCE A VISTA-WAYNE MD | $54,202.26 | 642 | 114 |
| 98 | ERIC SCOTT PETERSEN | $18,849.32 | 638 | 99 |
| 99 | RONALD WILLIAM GRAEFF MD | $25,257.68 | 634 | 146 |
| 100 | ROBERT WILLIAM DETLEFSEN ARNP | $39,255.86 | 628 | 351 |

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## TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT

| RANK | PRESCRIBER NAME | PAID AMOUNT | PRESCRIPTION COUNT | PREVIOUS RANK |
|---|---|---|---|---|
| 1 | JANICE M. R. STABER | $1,003,708.87 | 54 | 1 |
| 2 | VILMARIE RODRIGUEZ-PADUA MD | $255,052.34 | 14 | 21 |
| 3 | LISA J MENZIES | $240,342.15 | 616 | 5 |
| 4 | DONALD MACFARLANE MD | $189,750.86 | 13 | 2 |
| 5 | GHADA HAMDAN-ALLEN | $181,985.09 | 2,025 | 3 |
| 6 | RAHUL BANSAL MD | $179,313.35 | 2,063 | 7 |
| 7 | BOBBITA NAG | $157,744.26 | 1,626 | 9 |
| 8 | LARRY RICHARDS | $156,030.33 | 2,563 | 6 |
| 9 | ALLADDIN ABOSAIDA MD | $152,298.14 | 278 | 35 |
| 10 | ELIZABETH L DOWD | $139,082.58 | 192 | 17 |
| 11 | LIUSKA MARIA PESCE | $133,186.47 | 216 | 8 |
| 12 | KATHLEEN L WILD ARNP | $130,836.03 | 1,564 | 13 |
| 13 | BRUCE L HUGHES MD | $123,124.34 | 111 | 12 |
| 14 | JENNIFER S COOK | $122,349.28 | 561 | 10 |
| 15 | JOADA JEAN BEST | $120,228.67 | 1,286 | 15 |
| 16 | MARVIN FRANKLIN PIBURN | $108,236.54 | 1,284 | 19 |
| 17 | RONALD WILLIAM BRINCK | $105,873.07 | 952 | 18 |
| 18 | JULIE KATHRYN OSTERHAUS | $98,867.91 | 246 | 16 |
| 19 | PETER JOSEPH SZEIBEL | $96,844.82 | 1,114 | 30 |
| 20 | JOSPEH PATRICK BERTROCHE | $96,698.03 | 990 | 22 |
| 21 | KAREN FULWOOD | $96,575.32 | 1,277 | 37 |
| 22 | KATHLEEN S ADAMS | $94,863.33 | 848 | 27 |
| 23 | CAROL AUNAN | $94,554.88 | 1,154 | 25 |
| 24 | SRIRAMAMURTHY RAVIPATI MD | $94,092.00 | 1,221 | 26 |
| 25 | JAMES BROOKS MD | $92,991.10 | 966 | 20 |
| 26 | MARC C PATTERSON MD | $90,631.44 | 30 | 32 |
| 27 | KENT ELDON KUNZE MD | $90,226.56 | 1,043 | 31 |
| 28 | ALLYSON L WHEATON MD | $89,687.63 | 1,021 | 28 |
| 29 | ALBERT OKINE PA | $89,573.04 | 883 | 29 |
| 30 | MARY CHRISTINE SEGRETO | $86,761.28 | 626 | 14 |
| 31 | E RICHARD NIGHTINGALE MD | $86,694.47 | 989 | 23 |
| 32 | STEVEN LENTZ MD | $85,750.28 | 14 | 199 |
| 33 | JUDITH A MILLER | $82,447.73 | 27 | 62 |

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|---|---|---|---|---|
| 34 | THOMAS SCOTT HOPKINS DO | $81,448.60 | 842 | 38 |
| 35 | UMA RAO PALAKURTHY | $80,046.69 | 534 | 48 |
| 36 | CASIE RINEY PA | $78,784.94 | 825 | 34 |
| 37 | REBECCA J WOLFE | $78,410.74 | 1,025 | 44 |
| 38 | DANIEL LAMPTEY MD | $78,222.93 | 34 | 11 |
| 39 | CARLA K ABEL-ZIEG ARNP | $77,968.46 | 769 | 42 |
| 40 | JEFFREY D WILHARM | $76,142.61 | 1,226 | 50 |
| 41 | RAY C STURDEVANT MD | $75,777.72 | 874 | 40 |
| 42 | ANITA HANDEVIDT ARNP | $74,475.28 | 797 | 63 |
| 43 | DEANNA BOOK BOESEN | $74,470.15 | 758 | 46 |
| 44 | SARAH LYNN BEATTIE ARNP | $71,623.74 | 687 | 55 |
| 45 | KEITH GUESS PA | $71,490.55 | 845 | 47 |
| 46 | DANIEL W GILLETTE | $71,466.22 | 773 | 54 |
| 47 | EVA TSALIKIAN | $71,068.14 | 141 | 33 |
| 48 | EJIRO V AGBORO-IDAHOSA MD | $70,084.92 | 931 | 68 |
| 49 | CECELIA M NASSIF ARNP | $70,019.85 | 863 | 73 |
| 50 | KELLY J SEILER | $69,639.06 | 145 | 39 |
| 51 | KATHLEEN GRADOVILLE | $69,547.50 | 228 | 43 |
| 52 | QAZI UMAR JAVED MD | $69,531.16 | 786 | 24 |
| 53 | ERIN VOYLES HATCHER ARNP | $69,255.52 | 686 | 53 |
| 54 | DAVID B MOORE, M.D. | $67,296.24 | 244 | 87 |
| 55 | LISA ANN BECHTEL ARNP | $67,048.33 | 713 | 58 |
| 56 | DAVID BERMAN WALKER MD | $66,235.50 | 853 | 45 |
| 57 | LAURIE WARREN | $64,957.20 | 538 | 66 |
| 58 | KRISTINE A DAVIS | $64,285.29 | 103 | 72 |
| 59 | JONATHAN MORAVEK MD | $64,030.58 | 129 | 36 |
| 60 | MICHAEL LEE EGGER MD | $62,423.59 | 644 | 76 |
| 61 | CHARLES TILLEY PA | $61,731.96 | 650 | 88 |
| 62 | DAVID LAWRENCE YURDIN PA | $61,663.36 | 408 | 83 |
| 63 | RENE M DUREGGER MD | $60,969.42 | 720 | 61 |
| 64 | JOHN F STECKER | $60,960.43 | 576 | 126 |
| 65 | ALI SAFDAR | $60,833.23 | 968 | 64 |
| 66 | MATT D EGGERS MD | $60,694.10 | 643 | 91 |
| 67 | HIEDI CHRISTINE LANE | $60,614.26 | 734 | 56 |
| 68 | DANIEL EDWARD WESEMANN ARNP | $60,442.46 | 626 | 60 |

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|---|---|---|---|---|
| 69 | JENNIFER WEIS PA | $59,149.44 | 24 | 51 |
| 70 | MARY WAGNER NIXON | $58,875.37 | 603 | 59 |
| 71 | PAMELA S BROWN ARNP | $58,868.55 | 679 | 65 |
| 72 | JON S AHRENDSEN MD | $58,558.35 | 772 | 75 |
| 73 | MARLENE R STURDEVANT ARNP | $58,544.77 | 213 | 134 |
| 74 | CAROLYN JOHNSON PA | $58,067.08 | 213 | 86 |
| 75 | MARK WILLIAM KARWAL MD | $57,585.15 | 10 | 70 |
| 76 | LEENU MISHRA MD | $57,480.59 | 645 | 52 |
| 77 | MONTE BERNHAGEN | $57,391.21 | 600 | 98 |
| 78 | MISHELLE L PAULLUS | $57,361.66 | 78 | 101 |
| 79 | SHAWN DENNIS JONES MD | $56,773.97 | 978 | 130 |
| 80 | DEBORAH LYNNE GARRELTS | $56,052.91 | 503 | 84 |
| 81 | MARTIN J FIALKOV MD | $55,816.61 | 830 | 79 |
| 82 | DANIEL M SLEITER ARNP | $55,815.21 | 122 | 78 |
| 83 | KATHRYN E GRIFFITH | $55,616.11 | 564 | 71 |
| 84 | JOYCE A VISTA-WAYNE MD | $54,202.26 | 642 | 113 |
| 85 | WILLIAM E HOWARD IV | $53,978.77 | 912 | 127 |
| 86 | JOHN LOUIS COLOMBO MD | $53,556.96 | 51 | 41 |
| 87 | CYD Q. GRAFFT | $53,459.71 | 799 | 125 |
| 88 | WENDY ANNE WALDMAN | $53,154.58 | 284 | 69 |
| 89 | MARK WILLIAM MITTAUER | $53,036.25 | 665 | 96 |
| 90 | RAMON PLA JR MD | $52,696.66 | 271 | 146 |
| 91 | MARYANN KAPACINSKAS | $52,237.23 | 594 | 118 |
| 92 | DAVID M CRAVEN | $51,700.61 | 1,029 | 122 |
| 93 | DUANGCHAI NARAWONG MD | $51,548.16 | 580 | 82 |
| 94 | ALAN R BOLLINGER | $51,242.58 | 687 | 103 |
| 95 | DAVID F WIDITZ | $50,638.25 | 844 | 142 |
| 96 | DOUGLAS JONES | $50,276.67 | 569 | 95 |
| 97 | JEAN TOBIN PA | $49,696.19 | 697 | 145 |
| 98 | TONYA LYNN PUSKI ARNP | $49,154.63 | 578 | 74 |
| 99 | CHARUTA NARAYAN JOSHI | $48,974.01 | 371 | 49 |
| 100 | LAURA M VAN CLEVE DO | $48,499.02 | 566 | 111 |

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## TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

| CATEGORY DESCRIPTION | July/August 2013 | RANK | % BUDGET | September/October 2013 | RANK | % BUDGET | % CHANGE |
|---|---|---|---|---|---|---|---|
| ANTIPSYCHOTICS - ATYPICALS | $3,862,079 | 1 | 10.3% | $3,784,777 | 1 | 9.8% | -2.0% |
| STIMULANTS - AMPHETAMINES - LONG ACTING | $2,753,294 | 2 | 7.4% | $2,918,900 | 2 | 7.6% | 6.0% |
| ANTICONVULSANTS | $2,094,215 | 3 | 5.6% | $2,138,078 | 3 | 5.5% | 2.1% |
| STIMULANTS - METHYLPHENIDATE - LONG ACTING | $1,806,985 | 4 | 4.8% | $1,950,743 | 4 | 5.1% | 8.0% |
| ANTIHEMOPHILIC AGENTS | $1,280,490 | 7 | 3.4% | $1,522,640 | 5 | 3.9% | 18.9% |
| ANTIDEPRESSANTS - SELECTED SSRI's | $1,431,885 | 5 | 3.8% | $1,434,034 | 6 | 3.7% | 0.2% |
| STIMULANTS - METHYLPHENIDATE | $1,300,453 | 6 | 3.5% | $1,429,455 | 7 | 3.7% | 9.9% |
| DIABETIC - INSULIN | $1,207,707 | 8 | 3.2% | $1,259,622 | 8 | 3.3% | 4.3% |
| ANTIASTHMATIC - ADRENERGIC COMBOS | $1,004,114 | 9 | 2.7% | $1,030,965 | 9 | 2.7% | 2.7% |
| ANTIASTHMATIC - BETA - ADRENERGICS | $861,519 | 10 | 2.3% | $983,148 | 10 | 2.5% | 14.1% |
| ANTIASTHMATIC - STEROID INHALANTS | $691,572 | 12 | 1.9% | $837,855 | 11 | 2.2% | 21.2% |
| STIMULANTS - OTHER STIMULANTS / LIKE STIMULANTS | $826,545 | 11 | 2.2% | $823,856 | 12 | 2.1% | -0.3% |
| BIOLOGIC IMMUNOMODULATORS | $668,305 | 13 | 1.8% | $698,853 | 13 | 1.8% | 4.6% |
| MULTIPLE SCLEROSIS AGENTS | $664,354 | 14 | 1.8% | $639,710 | 14 | 1.7% | -3.7% |
| GROWTH HORMONE | $637,928 | 15 | 1.7% | $627,029 | 15 | 1.6% | -1.7% |
| NARCOTICS - MISC. | $515,835 | 16 | 1.4% | $525,032 | 16 | 1.4% | 1.8% |
| DIABETIC - INSULIN PENFILLS | $464,800 | 18 | 1.2% | $486,419 | 17 | 1.3% | 4.7% |
| ANTIASTHMATIC - ANTI-CHOLINERGICS | $469,124 | 17 | 1.3% | $475,475 | 18 | 1.2% | 1.4% |
| CHOLESTEROL - HMG COA + ABSORB INHIBITORS | $448,779 | 20 | 1.2% | $435,337 | 19 | 1.1% | -3.0% |
| ANTINEOPLASTICS - PROTEIN-TYROSINE KINASE INHIBITORS | $456,295 | 19 | 1.2% | $430,654 | 20 | 1.1% | -5.6% |

Iowa Department of Human Services

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## TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

| CATEGORY DESCRIPTION | July/August 2013 | PREV RANK | September/October 2013 | CURR RANK | PERC CHANGE |
|---|---|---|---|---|---|
| ANTIDEPRESSANTS - SELECTED SSRI's | 52,194 | 1 | 52,217 | 1 | 0.0% |
| ANTICONVULSANTS | 29,744 | 2 | 29,307 | 2 | -1.5% |
| NARCOTICS - MISC. | 27,576 | 3 | 26,989 | 3 | -2.1% |
| BETA-LACTAMS / CLAVULANATE COMBO'S | 16,764 | 8 | 25,012 | 4 | 49.2% |
| ANALGESICS - MISC. | 25,177 | 4 | 24,748 | 5 | -1.7% |
| ANTIPSYCHOTICS - ATYPICALS | 24,711 | 5 | 23,817 | 6 | -3.6% |
| ANTIHISTAMINES - NON-SEDATING | 21,931 | 6 | 23,657 | 7 | 7.9% |
| ANTIASTHMATIC - BETA - ADRENERGICS | 18,595 | 7 | 23,449 | 8 | 26.1% |
| MACROLIDES / ERYTHROMYCIN'S / KETOLIDES | 8,485 | 23 | 16,377 | 9 | 93.0% |
| STIMULANTS - AMPHETAMINES - LONG ACTING | 14,608 | 10 | 15,489 | 10 | 6.0% |
| ANTIHYPERTENSIVES - CENTRAL | 15,142 | 9 | 15,374 | 11 | 1.5% |
| GLUCOCORTICOIDS - MINERALOCORTICOIDS | 9,340 | 20 | 13,381 | 12 | 43.3% |
| CEPHALOSPORINS | 10,008 | 18 | 12,396 | 13 | 23.9% |
| STIMULANTS - METHYLPHENIDATE - LONG ACTING | 11,243 | 13 | 12,382 | 14 | 10.1% |
| NSAIDS | 11,851 | 12 | 12,221 | 15 | 3.1% |
| ANXIOLYTICS - BENZODIAZEPINES | 12,691 | 11 | 12,212 | 16 | -3.8% |
| STIMULANTS - METHYLPHENIDATE | 10,039 | 17 | 11,210 | 17 | 11.7% |
| ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS | 10,348 | 15 | 11,198 | 18 | 8.2% |
| CHOLESTEROL - HMG COA + ABSORB INHIBITORS | 10,981 | 14 | 10,666 | 19 | -2.9% |
| GI - H2-ANTAGONISTS | 10,072 | 16 | 10,224 | 20 | 1.5% |

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## TOP 100 DRUGS BY PAID AMOUNT

| DRUG DESCRIPTION | July/August 2013 | PREVIOUS RANK | September/October 2013 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| ABILIFY | $2,177,766.66 | 1 | $2,065,604.44 | 1 | -5.15% |
| VYVANSE | $1,889,959.01 | 2 | $2,051,797.68 | 2 | 8.56% |
| METHYLPHENIDATE HCL ER | $1,616,571.47 | 3 | $1,721,291.18 | 3 | 6.48% |
| FOCALIN XR | $977,919.02 | 4 | $1,064,105.22 | 4 | 8.81% |
| ADVATE | $657,469.22 | 7 | $970,645.52 | 5 | 47.63% |
| ADDERALL XR | $718,359.38 | 5 | $723,259.04 | 6 | 0.68% |
| CYMBALTA | $704,676.84 | 6 | $700,358.64 | 7 | -0.61% |
| LANTUS | $593,226.20 | 9 | $629,611.38 | 8 | 6.13% |
| ADVAIR DISKUS | $595,400.43 | 8 | $593,908.62 | 9 | -0.25% |
| STRATTERA | $580,745.65 | 10 | $591,215.61 | 10 | 1.80% |
| VENTOLIN HFA | $507,033.87 | 11 | $556,671.00 | 11 | 9.79% |
| SPIRIVA HANDIHALER | $411,827.95 | 12 | $417,730.59 | 12 | 1.43% |
| DIVALPROEX SODIUM ER | $343,274.37 | 14 | $380,799.80 | 13 | 10.93% |
| PULMICORT | $225,717.18 | 22 | $322,054.14 | 14 | 42.68% |
| GENOTROPIN | $352,003.62 | 13 | $322,027.58 | 15 | -8.52% |
| NOVOLOG | $308,851.66 | 15 | $319,724.56 | 16 | 3.52% |
| AZITHROMYCIN | $150,268.16 | 47 | $297,075.28 | 17 | 97.70% |
| CEFDINIR | $182,156.82 | 32 | $294,678.94 | 18 | 61.77% |
| HYDROCODONE/ACETAMINOPHEN | $302,075.88 | 16 | $294,612.70 | 19 | -2.47% |
| INVEGA SUSTENNA | $279,034.21 | 17 | $293,488.50 | 20 | 5.18% |
| RISPERDAL CONSTA | $255,279.03 | 19 | $253,586.85 | 21 | -0.66% |
| CRESTOR | $238,728.68 | 20 | $231,551.37 | 22 | -3.01% |
| SYMBICORT | $217,078.59 | 23 | $224,568.53 | 23 | 3.45% |
| MONTELUKAST SODIUM | $203,923.11 | 27 | $221,827.62 | 24 | 8.78% |
| PROVENTIL HFA | $207,746.34 | 25 | $219,868.45 | 25 | 5.84% |
| NASONEX | $196,984.11 | 28 | $218,527.54 | 26 | 10.94% |
| COPAXONE | $236,047.60 | 21 | $213,353.30 | 27 | -9.61% |

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## TOP 100 DRUGS BY PAID AMOUNT

| DRUG DESCRIPTION | July/August 2013 | PREVIOUS RANK | September/October 2013 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| LATUDA | $167,248.99 | 40 | $210,063.63 | 28 | 25.60% |
| RITALIN | $187,163.63 | 31 | $209,762.23 | 29 | 12.07% |
| QVAR | $170,887.89 | 38 | $205,627.36 | 30 | 20.33% |
| FLOVENT HFA | $189,946.85 | 29 | $202,151.11 | 31 | 6.43% |
| PULMOZYME | $165,765.60 | 41 | $197,599.23 | 32 | 19.20% |
| TRICOR | $204,746.30 | 26 | $196,448.41 | 33 | -4.05% |
| AMPHETAMINE/DEXTROAMPHETA | $173,975.81 | 35 | $195,777.03 | 34 | 12.53% |
| AMOXICILLIN | $119,735.00 | 60 | $190,348.10 | 35 | 58.97% |
| NAGLAZYME | $124,528.08 | 58 | $186,792.32 | 36 | 50.00% |
| DEXILANT | $177,035.00 | 33 | $182,947.24 | 37 | 3.34% |
| HUMALOG | $169,428.59 | 39 | $181,729.44 | 38 | 7.26% |
| HUMIRA PEN | $171,902.50 | 37 | $180,800.02 | 39 | 5.18% |
| TOBI | $151,829.69 | 45 | $179,060.50 | 40 | 17.94% |
| INVEGA | $175,820.53 | 34 | $174,318.94 | 41 | -0.85% |
| LANTUS SOLOSTAR | $147,320.73 | 48 | $167,626.64 | 42 | 13.78% |
| PERMETHRIN | $137,422.67 | 50 | $167,571.55 | 43 | 21.94% |
| ZIPRASIDONE HCL | $173,756.46 | 36 | $166,789.63 | 44 | -4.01% |
| EXJADE | $146,229.50 | 49 | $157,738.55 | 45 | 7.87% |
| RISPERIDONE | $159,575.97 | 42 | $156,767.07 | 46 | -1.76% |
| HEMOFIL M | $277,271.56 | 18 | $152,554.72 | 47 | -44.98% |
| LYRICA | $130,571.23 | 54 | $135,861.63 | 48 | 4.05% |
| VESICARE | $157,473.67 | 43 | $132,401.07 | 49 | -15.92% |
| FEIBA NF | $36,398.14 | 203 | $132,336.32 | 50 | 263.58% |
| ATRIPLA | $118,774.28 | 61 | $130,617.00 | 51 | 9.97% |
| DEXEDRINE | $133,197.40 | 52 | $130,497.67 | 52 | -2.03% |
| VIMPAT | $128,795.60 | 56 | $129,821.76 | 53 | 0.80% |
| ENBREL | $151,029.00 | 46 | $129,400.08 | 54 | -14.32% |

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## TOP 100 DRUGS BY PAID AMOUNT

| DRUG DESCRIPTION | July/August 2013 | PREVIOUS RANK | September/October 2013 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| INCIVEK | $120,856.24 | 59 | $128,195.26 | 55 | 6.07% |
| KALYDECO | $76,864.06 | 100 | $128,115.30 | 56 | 66.68% |
| RECOMBINATE | $55,608.68 | 141 | $124,595.00 | 57 | 124.06% |
| ENOXAPARIN SODIUM | $152,408.82 | 44 | $124,395.31 | 58 | -18.38% |
| NOVOLOG FLEXPEN | $131,418.83 | 53 | $122,287.24 | 59 | -6.95% |
| SEROQUEL XR | $124,610.07 | 57 | $118,597.85 | 60 | -4.82% |
| ALBUTEROL SULFATE | $68,157.35 | 120 | $115,914.06 | 61 | 70.07% |
| ENBREL SURECLICK | $129,264.75 | 55 | $115,599.69 | 62 | -10.57% |
| QUETIAPINE FUMARATE | $116,239.66 | 62 | $112,913.15 | 63 | -2.86% |
| HUMIRA | $106,244.79 | 67 | $112,891.77 | 64 | 6.26% |
| DAYTRANA | $98,410.41 | 75 | $111,303.71 | 65 | 13.10% |
| INTUNIV | $108,254.64 | 66 | $104,477.19 | 66 | -3.49% |
| PROVIGIL | $112,874.58 | 63 | $103,161.72 | 67 | -8.61% |
| BANZEL | $87,473.02 | 83 | $101,474.56 | 68 | 16.01% |
| NOVOSEVEN RT | $189,698.26 | 30 | $100,999.56 | 69 | -46.76% |
| GABAPENTIN | $99,421.76 | 72 | $99,135.57 | 70 | -0.29% |
| PROLASTIN-C | $87,030.02 | 85 | $98,237.16 | 71 | 12.88% |
| CREON | $102,159.49 | 68 | $94,624.28 | 72 | -7.38% |
| TRUVADA | $92,368.93 | 79 | $93,509.99 | 73 | 1.24% |
| ADVAIR HFA | $87,252.31 | 84 | $92,699.79 | 74 | 6.24% |
| EPIPEN 2-PAK | $133,994.58 | 51 | $92,475.84 | 75 | -30.99% |
| FLUTICASONE PROPIONATE | $76,178.33 | 103 | $92,421.50 | 76 | 21.32% |
| OXYCONTIN | $101,552.74 | 70 | $92,329.27 | 77 | -9.08% |
| NEUPOGEN | $102,093.27 | 69 | $92,170.55 | 78 | -9.72% |
| SERTRALINE HCL | $90,716.14 | 81 | $91,923.56 | 79 | 1.33% |
| FOCALIN | $77,941.17 | 98 | $90,311.17 | 80 | 15.87% |
| LUPRON DEPOT-PED | $109,733.66 | 65 | $90,218.16 | 81 | -17.78% |

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## TOP 100 DRUGS BY PAID AMOUNT

| DRUG DESCRIPTION | July/August 2013 | PREVIOUS RANK | September/October 2013 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| GLEEVEC | $81,577.76 | 91 | $90,028.68 | 82 | 10.36% |
| SAPHRIS | $92,755.49 | 78 | $89,056.96 | 83 | -3.99% |
| TOPAMAX | $94,109.15 | 76 | $87,864.92 | 84 | -6.64% |
| LORATADINE | $85,441.62 | 87 | $87,248.20 | 85 | 2.11% |
| LEVOTHYROXINE SODIUM | $70,618.41 | 114 | $87,094.06 | 86 | 23.33% |
| OMEPRAZOLE | $86,784.58 | 86 | $86,827.99 | 87 | 0.05% |
| GENOTROPIN MINIQUICK | $100,998.99 | 71 | $85,898.22 | 88 | -14.95% |
| XIFAXAN | $98,639.48 | 74 | $85,282.98 | 89 | -13.54% |
| DEPAKOTE SPRINKLES | $82,716.51 | 89 | $83,991.75 | 90 | 1.54% |
| KEPPRA | $82,894.95 | 88 | $82,197.66 | 91 | -0.84% |
| ORTHO EVRA | $79,134.63 | 94 | $81,509.85 | 92 | 3.00% |
| TECFIDERA | $58,591.26 | 138 | $80,827.56 | 93 | 37.95% |
| ZETIA | $82,566.56 | 90 | $80,403.02 | 94 | -2.62% |
| RANITIDINE HCL | $78,308.42 | 96 | $80,348.28 | 95 | 2.60% |
| CEPHALEXIN | $74,926.75 | 108 | $78,998.07 | 96 | 5.43% |
| MAPAP | $78,671.02 | 95 | $78,904.98 | 97 | 0.30% |
| POLYETHYLENE GLYCOL 3350 | $74,472.68 | 109 | $78,882.45 | 98 | 5.92% |
| CLONIDINE HCL | $78,081.22 | 97 | $77,756.67 | 99 | -0.42% |
| ESCITALOPRAM OXALATE | $76,087.63 | 104 | $76,673.47 | 100 | 0.77% |

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## TOP 100 DRUGS BY PRESCRIPTION COUNT

| DRUG DESCRIPTION | July/August 2013 | PREVIOUS RANK | September/October 2013 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| VENTOLIN HFA AER | 9,854 | 2 | 10,812 | 1 | 9.72% |
| Loratadine Tab 10 MG | 10,620 | 1 | 10,752 | 2 | 1.24% |
| HYDROCO/APAP TAB 5-325MG | 7,856 | 3 | 8,204 | 3 | 4.43% |
| AMOXICILLIN SUS 400/5ML | 4,797 | 14 | 8,203 | 4 | 71.00% |
| ALBUTEROL NEB 0.083% | 4,548 | 15 | 7,994 | 5 | 75.77% |
| Cetirizine HCl Tab 10 MG | 6,449 | 5 | 6,770 | 6 | 4.98% |
| TRAMADOL HCL TAB 50MG | 6,783 | 4 | 6,677 | 7 | -1.56% |
| AZITHROMYCIN SUS 200/5ML | 2,941 | 38 | 6,633 | 8 | 125.54% |
| CLONIDINE TAB 0.1MG | 6,244 | 6 | 6,235 | 9 | -0.14% |
| AZITHROMYCIN TAB 250MG | 3,243 | 32 | 6,222 | 10 | 91.86% |
| Acetaminophen Tab 325 MG | 6,184 | 7 | 5,970 | 11 | -3.46% |
| RANITIDINE TAB 150MG | 5,786 | 8 | 5,906 | 12 | 2.07% |
| GUANFACINE TAB 1MG | 5,412 | 11 | 5,634 | 13 | 4.10% |
| ESCITALOPRAM TAB 20MG | 5,467 | 10 | 5,481 | 14 | 0.26% |
| Aspirin Tab Delayed Release 81 MG | 5,472 | 9 | 5,423 | 15 | -0.90% |
| FLUOXETINE CAP 20MG | 5,292 | 12 | 5,218 | 16 | -1.40% |
| Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe) | 4,804 | 13 | 4,820 | 17 | 0.33% |
| FLUTICASONE SPR 50MCG | 3,782 | 25 | 4,569 | 18 | 20.81% |
| MONTELUKAST TAB 10MG | 4,202 | 19 | 4,356 | 19 | 3.66% |
| CYCLOBENZAPR TAB 10MG | 4,409 | 17 | 4,323 | 20 | -1.95% |
| Sennosides-Docusate Sodium Tab 8.6-50 MG | 4,501 | 16 | 4,202 | 21 | -6.64% |
| Aspirin Chew Tab 81 MG | 4,295 | 18 | 4,125 | 22 | -3.96% |
| GABAPENTIN CAP 300MG | 3,997 | 21 | 4,014 | 23 | 0.43% |
| METHYLPHENID TAB 36MG ER | 3,679 | 27 | 3,992 | 24 | 8.51% |
| MONTELUKAST CHW 5MG | 3,593 | 28 | 3,923 | 25 | 9.18% |

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## TOP 100 DRUGS BY PRESCRIPTION COUNT

| DRUG DESCRIPTION | July/August 2013 | PREVIOUS RANK | September/October 2013 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| SERTRALINE TAB 100MG | 3,896 | 22 | 3,863 | 26 | -0.85% |
| TRAZODONE TAB 50MG | 3,701 | 26 | 3,838 | 27 | 3.70% |
| AMOXICILLIN SUS 250/5ML | 2,380 | 52 | 3,753 | 28 | 57.69% |
| IBUPROFEN TAB 800MG | 3,895 | 23 | 3,739 | 29 | -4.01% |
| Acetaminophen Tab 500 MG | 3,801 | 24 | 3,730 | 30 | -1.87% |
| OMEPRAZOLE CAP 20MG | 3,567 | 29 | 3,698 | 31 | 3.67% |
| PREDNISOLONE SOL 15MG/5ML | 3,091 | 35 | 3,678 | 32 | 18.99% |
| HYDROCO/APAP TAB 5-500MG | 4,004 | 20 | 3,472 | 33 | -13.29% |
| CEPHALEXIN CAP 500MG | 3,349 | 31 | 3,451 | 34 | 3.05% |
| AMOXICILLIN CAP 500MG | 2,736 | 41 | 3,448 | 35 | 26.02% |
| PROVENTIL AER HFA | 3,234 | 33 | 3,438 | 36 | 6.31% |
| TRAZODONE TAB 100MG | 3,448 | 30 | 3,386 | 37 | -1.80% |
| Cetirizine HCl Syrup 1 MG/ML (5 MG/5ML) | 2,611 | 47 | 3,315 | 38 | 26.96% |
| SMZ/TMP DS TAB 800-160 | 3,207 | 34 | 3,216 | 39 | 0.28% |
| POLYETH GLYC POW 3350 NF | 2,872 | 39 | 3,047 | 40 | 6.09% |
| METHYLPHENID TAB 54MG ER | 2,862 | 40 | 2,973 | 41 | 3.88% |
| FOLIC ACID TAB 1MG | 2,995 | 36 | 2,921 | 42 | -2.47% |
| VYVANSE CAP 30MG | 2,549 | 50 | 2,851 | 43 | 11.85% |
| RISPERIDONE TAB 1MG | 2,946 | 37 | 2,762 | 44 | -6.25% |
| SERTRALINE TAB 50MG | 2,641 | 44 | 2,743 | 45 | 3.86% |
| MONTELUKAST CHW 4MG | 2,306 | 57 | 2,677 | 46 | 16.09% |
| OXYCOD/APAP TAB 5-325MG | 2,729 | 42 | 2,605 | 47 | -4.54% |
| OMEPRAZOLE CAP 40MG | 2,636 | 45 | 2,593 | 48 | -1.63% |
| PREDNISONE TAB 20MG | 1,979 | 72 | 2,592 | 49 | 30.98% |
| CITALOPRAM TAB 20MG | 2,663 | 43 | 2,582 | 50 | -3.04% |
| METFORMIN TAB 500MG | 2,593 | 48 | 2,553 | 51 | -1.54% |

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## TOP 100 DRUGS BY PRESCRIPTION COUNT

| DRUG DESCRIPTION | July/August 2013 | PREVIOUS RANK | September/October 2013 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| CEFDINIR SUS 250/5ML | 1,488 | 108 | 2,526 | 52 | 69.76% |
| CLONAZEPAM TAB 1MG | 2,623 | 46 | 2,500 | 53 | -4.69% |
| ALPRAZOLAM TAB 1MG | 2,574 | 49 | 2,494 | 54 | -3.11% |
| RISPERIDONE TAB 0.5MG | 2,535 | 51 | 2,488 | 55 | -1.85% |
| VYVANSE CAP 40MG | 2,324 | 55 | 2,433 | 56 | 4.69% |
| Loratadine Syrup 5 MG/5ML | 1,840 | 81 | 2,388 | 57 | 29.78% |
| PREDNISONE TAB 10MG | 1,891 | 77 | 2,348 | 58 | 24.17% |
| NAPROXEN TAB 500MG | 2,090 | 66 | 2,238 | 59 | 7.08% |
| ALPRAZOLAM TAB 0.5MG | 2,341 | 53 | 2,238 | 60 | -4.40% |
| SMZ-TMP SUS 200-40/5 | 2,214 | 60 | 2,224 | 61 | 0.45% |
| LANTUS INJ 100/ML | 2,325 | 54 | 2,218 | 62 | -4.60% |
| ZOLPIDEM TAB 10MG | 2,310 | 56 | 2,198 | 63 | -4.85% |
| CLONAZEPAM TAB 0.5MG | 2,239 | 59 | 2,188 | 64 | -2.28% |
| AMOX/K CLAV TAB 875MG | 1,571 | 99 | 2,177 | 65 | 38.57% |
| HYDROCO/APAP TAB 7.5-325 | 2,131 | 64 | 2,177 | 66 | 2.16% |
| CEPHALEXIN SUS 250/5ML | 2,042 | 69 | 2,175 | 67 | 6.51% |
| MUPIROCIN OIN 2% | 2,150 | 63 | 2,174 | 68 | 1.12% |
| AZITHROMYCIN SUS 100/5ML | 1,220 | 133 | 2,164 | 69 | 77.38% |
| Sennosides Tab 8.6 MG | 2,264 | 58 | 2,158 | 70 | -4.68% |
| LISINOPRIL TAB 10MG | 2,131 | 65 | 2,151 | 71 | 0.94% |
| HYDROCO/APAP TAB 10-325MG | 2,162 | 61 | 2,128 | 72 | -1.57% |
| CITALOPRAM TAB 40MG | 2,160 | 62 | 2,060 | 73 | -4.63% |
| VYVANSE CAP 50MG | 1,960 | 73 | 2,032 | 74 | 3.67% |
| PREDNISOLONE SOL 15MG/5ML | 3,091 | 35 | 2,029 | 75 | -34.36% |
| VENLAFAXINE CAP 150MG ER | 2,065 | 67 | 2,027 | 76 | -1.84% |
| HYDROCHLOROT TAB 25MG | 2,063 | 68 | 2,017 | 77 | -2.23% |
| ONDANSETRON TAB 4MG ODT | 1,856 | 80 | 2,015 | 78 | 8.57% |

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## TOP 100 DRUGS BY PRESCRIPTION COUNT

| DRUG DESCRIPTION | July/August 2013 | PREVIOUS RANK | September/October 2013 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| METHYLPHENID TAB 27MG ER | 1,832 | 82 | 2,012 | 79 | 9.83% |
| CYMBALTA CAP 60MG | 2,022 | 70 | 1,958 | 80 | -3.17% |
| METFORMIN TAB 1000MG | 1,918 | 75 | 1,905 | 81 | -0.68% |
| LORAZEPAM TAB 1MG | 2,021 | 71 | 1,900 | 82 | -5.99% |
| METRONIDAZOL TAB 500MG | 1,869 | 78 | 1,897 | 83 | 1.50% |
| PRENATAL TAB PLUS | 1,701 | 88 | 1,869 | 84 | 9.88% |
| MELOXICAM TAB 15MG | 1,807 | 84 | 1,860 | 85 | 2.93% |
| LISINOPRIL TAB 20MG | 1,954 | 74 | 1,850 | 86 | -5.32% |
| SIMVASTATIN TAB 20MG | 1,867 | 79 | 1,786 | 87 | -4.34% |
| VYVANSE CAP 20MG | 1,530 | 104 | 1,762 | 88 | 15.16% |
| TRIAMCINOLON CRE 0.1% | 1,903 | 76 | 1,753 | 89 | -7.88% |
| Aspirin Tab Delayed Release 325 MG | 1,832 | 83 | 1,750 | 90 | -4.48% |
| Ibuprofen Susp 100 MG/5ML | 1,457 | 110 | 1,735 | 91 | 19.08% |
| PERMETHRIN CRE 5% | 1,347 | 117 | 1,725 | 92 | 28.06% |
| APAP/CODEINE TAB 300-30MG | 1,624 | 95 | 1,705 | 93 | 4.99% |
| Permethrin Lotion 1% | 1,779 | 85 | 1,700 | 94 | -4.44% |
| FLUCONAZOLE TAB 150MG | 1,596 | 97 | 1,694 | 95 | 6.14% |
| SIMVASTATIN TAB 40MG | 1,761 | 86 | 1,691 | 96 | -3.98% |
| BUPROPN HCL TAB 300MG XL | 1,724 | 87 | 1,678 | 97 | -2.67% |
| LORAZEPAM TAB 0.5MG | 1,679 | 91 | 1,663 | 98 | -0.95% |
| HYDROXYZ PAM CAP 25MG | 1,685 | 89 | 1,661 | 99 | -1.42% |
| AMLODIPINE TAB 10MG | 1,657 | 92 | 1,635 | 100 | -1.33% |

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# Bi-Monthly Statistics

| | September/October 2013 | November/December 2013 | % CHANGE |
|---|---|---|---|
| TOTAL PAID AMOUNT | $38,897,836 | $38,720,298 | -0.5% |
| UNIQUE USERS | 153,599 | 148,507 | -3.3% |
| COST PER USER | $253.24 | $260.73 | 3.0% |
| TOTAL PRESCRIPTIONS | 662,037 | 634,774 | -4.1% |
| AVERAGE PRESCRIPTIONS PER USER | 4.31 | 4.27 | -0.9% |
| AVERAGE COST PER PRESCRIPTION | $58.75 | $61.00 | 3.8% |
| # GENERIC PRESCRIPTIONS | 551,838 | 528,966 | -4.1% |
| % GENERIC | 83.4% | 83.3% | 0.0% |
| $ GENERIC | $11,354,057 | $11,005,576 | -3.1% |
| AVERAGE GENERIC PRESCRIPTION COST | $20.57 | $20.81 | 1.1% |
| AVERAGE GENERIC DAYS SUPPLY | 22 | 22 | 0.0% |
| # BRAND PRESCRIPTIONS | 107,184 | 102,826 | -4.1% |
| % BRAND | 16.2% | 16.2% | 0.0% |
| $ BRAND | $27,362,951 | $27,443,824 | -3.1% |
| AVERAGE BRAND PRESCRIPTION COST | $255.29 | $266.90 | 1.1% |
| AVERAGE BRAND DAYS SUPPLY | 26 | 26 | 0.0% |

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## UTILIZATION BY AGE

| AGE | September/October 2013 | November/December 2013 |
|---|---|---|
| 0-6 | 37,961 | 38,417 |
| 7-12 | 26,885 | 25,415 |
| 13-18 | 23,684 | 22,142 |
| 19-64 | 55,479 | 53,267 |
| 65+ | 9,590 | 9,266 |
| | 153,599 | 148,507 |

## UTILIZATION BY GENDER AND AGE

| GENDER | AGE | September/October 2013 | November/December 2013 |
|---|---|---|---|
| F | | | |
| | 0-6 | 17,858 | 18,072 |
| | 7-12 | 11,620 | 10,904 |
| | 13-18 | 12,445 | 11,753 |
| | 19-64 | 39,500 | 37,788 |
| | 65+ | 6,907 | 6,708 |
| | | 88,330 | 85,225 |
| M | | | |
| | 0-6 | 20,103 | 20,345 |
| | 7-12 | 15,265 | 14,511 |
| | 13-18 | 11,239 | 10,389 |
| | 19-64 | 15,979 | 15,479 |
| | 65+ | 2,683 | 2,558 |
| | | 65,269 | 63,282 |

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## TOP 100 PHARMACIES BY PRESCRIPTION COUNT
## November/December 2013

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 1 | WALGREEN #05239 | DAVENPORT | IA | 8,772 | $438,553.07 | 1 |
| 2 | WALGREEN #04405 | COUNCIL BLUFFS | IA | 7,510 | $373,870.98 | 3 |
| 3 | WALGREEN #05721 | DES MOINES | IA | 7,223 | $353,395.01 | 2 |
| 4 | MARTIN HEALTH SERVICES INC | DENVER | IA | 6,589 | $168,189.25 | 4 |
| 5 | WALGREEN #910 | SIOUX CITY | IA | 5,924 | $289,063.13 | 5 |
| 6 | WALGREEN #359 | DES MOINES | IA | 5,247 | $259,112.65 | 6 |
| 7 | WALGREEN CO.#3700 | COUNCIL BLUFFS | IA | 5,029 | $241,196.50 | 9 |
| 8 | HY-VEE DRUGSTORE #7060 | MUSCATINE | IA | 4,979 | $209,860.12 | 8 |
| 9 | WALGREEN #05362 | DES MOINES | IA | 4,979 | $229,096.84 | 7 |
| 10 | MARTIN HEALTH SERVICES INC | JOHNSTON | IA | 4,704 | $151,858.03 | 11 |
| 11 | WALGREEN COMPANY 07455 | WATERLOO | IA | 4,618 | $227,947.91 | 13 |
| 12 | WALGREEN COMPANY #05042 | CEDAR RAPIDS | IA | 4,606 | $258,123.07 | 12 |
| 13 | WALGREENS #07453 | DES MOINES | IA | 4,595 | $238,876.25 | 10 |
| 14 | HY-VEE DRUGSTORE #7065 | OTTUMWA | IA | 4,050 | $207,514.08 | 15 |
| 15 | DRILLING MORNINGSIDE PHARMACY IN | SIOUX CITY | IA | 3,706 | $199,657.10 | 18 |
| 16 | WALGREEN #05852 | DES MOINES | IA | 3,699 | $167,338.10 | 14 |
| 17 | WALGREEN #04041 | DAVENPORT | IA | 3,668 | $197,177.53 | 17 |
| 18 | WALGREEN COMPANY 05777 | DES MOINES | IA | 3,335 | $148,820.54 | 20 |
| 19 | STERLING LTC PHARMACY #31 | ANKENY | IA | 3,324 | $199,170.22 | 16 |
| 20 | GREENWOOD DRUG ON KIMBALL AVENUE | WATERLOO | IA | 3,274 | $236,692.39 | 22 |
| 21 | RASHID PHARMACY PLC | FORT MADISON | IA | 3,273 | $199,740.07 | 24 |
| 22 | HY-VEE PHARMACY #1 (1136) | DES MOINES | IA | 3,230 | $182,879.36 | 21 |
| 23 | WALGREEN #11709 | DAVENPORT | IA | 3,209 | $168,756.70 | 19 |
| 24 | PHARMACY MATTERS LTC | IOWA CITY | IA | 3,156 | $115,951.50 | 28 |
| 25 | MAHASKA DRUG INC | OSKALOOSA | IA | 3,095 | $158,530.34 | 23 |
| 26 | SOUTH SIDE DRUG, INC. | OTTUMWA | IA | 3,042 | $164,963.68 | 27 |

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## TOP 100 PHARMACIES BY PRESCRIPTION COUNT
## November/December 2013

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 27 | HY-VEE DRUGSTORE #7030 | COUNCIL BLUFFS | IA | 2,970 | $159,434.25 | 26 |
| 28 | WALGREEN #05044 | BURLINGTON | IA | 2,914 | $130,218.59 | 30 |
| 29 | HY-VEE PHARMACY #4 (1060) | CEDAR RAPIDS | IA | 2,844 | $150,568.90 | 25 |
| 30 | MEDICAP PHARMACY | INDIANOLA | IA | 2,759 | $120,658.39 | 41 |
| 31 | WALGREENS #05119 | CLINTON | IA | 2,727 | $136,647.24 | 31 |
| 32 | WALGREEN #03595 | DAVENPORT | IA | 2,698 | $135,433.97 | 29 |
| 33 | WALGREEN #7452 | DES MOINES | IA | 2,666 | $122,712.36 | 33 |
| 34 | HY-VEE PHARMACY #3 (1142) | DES MOINES | IA | 2,622 | $136,883.22 | 40 |
| 35 | HY-VEE DRUGSTORE # 1180 | FAIRFIELD | IA | 2,609 | $138,835.28 | 32 |
| 36 | THOMPSON-DEAN DRUG | SIOUX CITY | IA | 2,595 | $164,413.64 | 38 |
| 37 | HY-VEE PHARMACY (1403) | MARSHALLTOWN | IA | 2,550 | $121,641.60 | 37 |
| 38 | WAL-MART PHARMACY #10-1509 | MAQUOKETA | IA | 2,502 | $103,370.23 | 39 |
| 39 | S - S PHARMACY INC | COUNCIL BLUFFS | IA | 2,469 | $152,650.28 | 42 |
| 40 | WALGREENS #10855 | WATERLOO | IA | 2,440 | $116,912.25 | 35 |
| 41 | UIHC AMBULATORY CARE PHARMACY | IOWA CITY | IA | 2,435 | $190,990.76 | 34 |
| 42 | HARTIG PHARMACY SERVICES | DUBUQUE | IA | 2,385 | $119,817.39 | 43 |
| 43 | MAIN HEALTHCARE SERVICES | BETTENDORF | IA | 2,362 | $74,131.78 | 36 |
| 44 | HY-VEE PHARMACY #1 (1042) | BURLINGTON | IA | 2,360 | $137,700.29 | 49 |
| 45 | WALGREEN CO.# (03875) | CEDAR RAPIDS | IA | 2,321 | $130,588.68 | 45 |
| 46 | WALGREENS 07968 | DES MOINES | IA | 2,223 | $111,625.08 | 44 |
| 47 | WALGREEN #05361 | FORT DODGE | IA | 2,213 | $113,504.40 | 46 |
| 48 | DANIEL PHARMACY INC | FORT DODGE | IA | 2,139 | $116,118.97 | 48 |
| 49 | HY-VEE PHARMACY (1074) | CHARLES CITY | IA | 2,136 | $118,392.85 | 52 |
| 50 | WALGREENS #11942 | DUBUQUE | IA | 2,131 | $112,408.31 | 47 |
| 51 | IOWA CVS PHARMACY LLC DBA | WATERLOO | IA | 2,125 | $96,605.91 | 51 |
| 52 | MERCY CAREMOR | DUBUQUE | IA | 2,090 | $62,005.00 | 55 |
| 53 | A AVENUE PHARMACY | CEDAR RAPIDS | IA | 2,089 | $144,225.70 | 50 |

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## TOP 100 PHARMACIES BY PRESCRIPTION COUNT
## November/December 2013

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 54 | HY-VEE PHARMACY #2 (1138) | DES MOINES | IA | 2,084 | $114,704.39 | 63 |
| 55 | MERCY FAMILY PHARMACY | DUBUQUE | IA | 2,069 | $104,691.29 | 53 |
| 56 | HY VEE PHARMACY #1449 | NEWTON | IA | 2,058 | $101,556.92 | 57 |
| 57 | WALGREEN #4714 | DES MOINES | IA | 2,018 | $88,518.66 | 60 |
| 58 | PHARMERICA MIDWEST INC DBA | URBANDALE | IA | 1,999 | $68,004.67 | 59 |
| 59 | WALGREENS #09476 | BURLINGTON | IA | 1,993 | $92,282.49 | 58 |
| 60 | WALGREEN #05886 | KEOKUK | IA | 1,977 | $90,113.44 | 56 |
| 61 | HY-VEE PHARMACY #1 (1092) | COUNCIL BLUFFS | IA | 1,938 | $121,526.18 | 62 |
| 62 | WAL MART PHARMACY 10-3590 | SIOUX CITY | IA | 1,912 | $85,865.15 | 65 |
| 63 | DRUGTOWN PHARMACY #1 (7020) | CEDAR RAPIDS | IA | 1,906 | $103,287.16 | 61 |
| 64 | LA GRANGE PHARMACY INC | VINTON | IA | 1,887 | $90,861.62 | 84 |
| 65 | HY-VEE PHARMACY (1058) | CENTERVILLE | IA | 1,882 | $84,961.19 | 54 |
| 66 | HY-VEE PHARMACY #1 (1105) | DAVENPORT | IA | 1,831 | $91,724.74 | 66 |
| 67 | HY-VEE PHARMACY #3 (1056) | CEDAR RAPIDS | IA | 1,813 | $81,864.19 | 68 |
| 68 | WALGREEN #09708 | DUBUQUE | IA | 1,812 | $87,131.93 | 74 |
| 69 | HY-VEE DRUGSTORE # 7035 | FT DODGE | IA | 1,804 | $89,627.70 | 79 |
| 70 | MAIN HEALTHCARE PHARMACY | NORTH LIBERTY | IA | 1,782 | $50,474.26 | 172 |
| 71 | HY-VEE FOOD STORE | WATERLOO | IA | 1,761 | $120,711.62 | 73 |
| 72 | WAGNER PHARMACY | CLINTON | IA | 1,755 | $119,887.87 | 81 |
| 73 | HY VEE PHARMACY (1170) | ESTHERVILLE | IA | 1,752 | $91,740.91 | 70 |
| 74 | WAL-MART PHARMACY #10-1496 | WATERLOO | IA | 1,749 | $76,017.71 | 69 |
| 75 | WAL MART PHARMACY 10-1621 | CENTERVILLE | IA | 1,742 | $113,009.71 | 82 |
| 76 | HY-VEE PHARMACY (1522) | PERRY | IA | 1,738 | $66,091.05 | 71 |
| 77 | RASHID LONG TERM CARE PHARMACY | FORT MADISON | IA | 1,735 | $53,028.56 | 78 |
| 78 | WALGREENS #03876 | MARION | IA | 1,734 | $140,905.24 | 67 |
| 79 | WALGREEN #05942 | NEWTON | IA | 1,734 | $76,520.08 | 72 |
| 80 | HY-VEE PHARMACY (1875) | WEBSTER CITY | IA | 1,724 | $75,425.47 | 90 |

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## TOP 100 PHARMACIES BY PRESCRIPTION COUNT
## November/December 2013

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 81 | HY-VEE PHARMACY #1 (1281) | IOWA CITY | IA | 1,722 | $104,869.39 | 103 |
| 82 | HY-VEE DRUGSTORE #7031 | DES MOINES | IA | 1,715 | $90,356.53 | 91 |
| 83 | HY-VEE PHARMACY (1065) | CHARITON | IA | 1,710 | $85,987.34 | 105 |
| 84 | HY-VEE PHARMACY (1009) DBA | ALBIA | IA | 1,695 | $76,686.51 | 99 |
| 85 | HY-VEE PHARMACY #1 (1610) | SIOUX CITY | IA | 1,681 | $102,036.54 | 92 |
| 86 | REDLERS LONG TERM CARE PHARMACY | DAKOTA DUNES | SD | 1,681 | $58,063.68 | 77 |
| 87 | HY-VEE PHARMACY 1071 | CLARINDA | IA | 1,680 | $108,787.90 | 75 |
| 88 | HY-VEE PHARMACY 1068 | CHEROKEE | IA | 1,673 | $94,275.35 | 64 |
| 89 | MERCY HEALTH SERVICES IOWA CORP | MASON CITY | IA | 1,667 | $83,877.58 | 94 |
| 90 | MEDICAP PHARMACY | MARSHALLTOWN | IA | 1,659 | $89,225.32 | 88 |
| 91 | WAL-MART PHARMACY #10-5115 | DAVENPORT | IA | 1,657 | $61,585.72 | 83 |
| 92 | NCS HEALTHCARE OF IOWA LLC DBA | URBANDALE | IA | 1,654 | $80,871.03 | 104 |
| 93 | HY-VEE PHARMACY 1504 | OTTUMWA | IA | 1,647 | $99,367.77 | 107 |
| 94 | GREENVILLE PHARMACY INC | SIOUX CITY | IA | 1,628 | $105,436.44 | 101 |
| 95 | FIFIELD PHARMACY | DES MOINES | IA | 1,619 | $82,354.11 | 86 |
| 96 | HY-VEE PHARMACY #5 (1151) | DES MOINES | IA | 1,601 | $97,574.82 | 100 |
| 97 | HY-VEE PHARMACY (1075) | CLINTON | IA | 1,597 | $99,001.75 | 80 |
| 98 | WALGREENS 11153 | SPENCER | IA | 1,573 | $103,106.02 | 93 |
| 99 | HY-VEE PHARMACY (1634) | STORM LAKE | IA | 1,571 | $81,261.47 | 89 |
| 100 | WALGREEN #05077 | IOWA CITY | IA | 1,556 | $78,904.91 | 76 |

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## TOP 100 PHARMACIES BY PAID AMOUNT
## November/December 2013

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 1 | UNITYPOINT AT HOME | URBANDALE | IA | 565 | $750,107.94 | 407 |
| 2 | ARJ INFUSION SERVICES INC | LENEXA | KS | 12 | $547,918.61 | 1 |
| 3 | CAREMARK KANSAS SPEC PHARMACY LL | LENEXA | KS | 149 | $455,895.74 | 2 |
| 4 | WALGREEN #05239 | DAVENPORT | IA | 8,772 | $438,553.07 | 3 |
| 5 | HY-VEE PHARMACY SOLUTIONS | OMAHA | NE | 183 | $388,743.25 | 129 |
| 6 | WALGREEN #04405 | COUNCIL BLUFFS | IA | 7,510 | $373,870.98 | 4 |
| 7 | ACCREDO HEALTH GROUP INC | MEMPHIS | TN | 68 | $357,377.83 | 5 |
| 8 | WALGREEN #05721 | DES MOINES | IA | 7,223 | $353,395.01 | 6 |
| 9 | UNIV OF IOWA COMMUNITY HOMECARE | IOWA CITY | IA | 252 | $325,046.35 | 437 |
| 10 | WALGREEN #910 | SIOUX CITY | IA | 5,924 | $289,063.13 | 8 |
| 11 | NUCARA PHARMACY #27 | PLEASANT HILL | IA | 1,030 | $282,507.24 | 11 |
| 12 | MERCY HOME INFUSION | URBANDALE | IA | 220 | $276,947.92 | 654 |
| 13 | WALGREEN #359 | DES MOINES | IA | 5,247 | $259,112.65 | 10 |
| 14 | WALGREEN COMPANY #05042 | CEDAR RAPIDS | IA | 4,606 | $258,123.07 | 15 |
| 15 | WALGREEN CO.#3700 | COUNCIL BLUFFS | IA | 5,029 | $241,196.50 | 14 |
| 16 | WALGREENS #07453 | DES MOINES | IA | 4,595 | $238,876.25 | 12 |
| 17 | GREENWOOD DRUG ON KIMBALL AVENUE | WATERLOO | IA | 3,274 | $236,692.39 | 17 |
| 18 | ACCREDO HEALTH GROUP INC | WARRENDALE | PA | 31 | $229,912.00 | 25 |
| 19 | WALGREEN #05362 | DES MOINES | IA | 4,979 | $229,096.84 | 16 |
| 20 | WALGREEN COMPANY 07455 | WATERLOO | IA | 4,618 | $227,947.91 | 19 |
| 21 | HY-VEE DRUGSTORE #7060 | MUSCATINE | IA | 4,979 | $209,860.12 | 22 |
| 22 | HY-VEE DRUGSTORE #7065 | OTTUMWA | IA | 4,050 | $207,514.08 | 26 |
| 23 | RASHID PHARMACY PLC | FORT MADISON | IA | 3,273 | $199,740.07 | 37 |
| 24 | DRILLING MORNINGSIDE PHARMACY IN | SIOUX CITY | IA | 3,706 | $199,657.10 | 23 |
| 25 | STERLING LTC PHARMACY #31 | ANKENY | IA | 3,324 | $199,170.22 | 18 |
| 26 | WALGREEN #04041 | DAVENPORT | IA | 3,668 | $197,177.53 | 31 |

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## TOP 100 PHARMACIES BY PAID AMOUNT
## November/December 2013

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 27 | ACCREDO HEALTH GROUP INC | NASHVILLE | TN | 9 | $193,380.96 | 7 |
| 28 | UIHC AMBULATORY CARE PHARMACY | IOWA CITY | IA | 2,435 | $190,990.76 | 9 |
| 29 | HY-VEE PHARMACY #1 (1136) | DES MOINES | IA | 3,230 | $182,879.36 | 29 |
| 30 | MEDFUSIONRX LLC | FRANKLIN | TN | 52 | $171,691.37 | 20 |
| 31 | WALGREEN #11709 | DAVENPORT | IA | 3,209 | $168,756.70 | 27 |
| 32 | MARTIN HEALTH SERVICES INC | DENVER | IA | 6,589 | $168,189.25 | 39 |
| 33 | WALGREEN #05852 | DES MOINES | IA | 3,699 | $167,338.10 | 24 |
| 34 | SOUTH SIDE DRUG, INC. | OTTUMWA | IA | 3,042 | $164,963.68 | 38 |
| 35 | THOMPSON-DEAN DRUG | SIOUX CITY | IA | 2,595 | $164,413.64 | 32 |
| 36 | HY-VEE DRUGSTORE #7030 | COUNCIL BLUFFS | IA | 2,970 | $159,434.25 | 33 |
| 37 | MAHASKA DRUG INC | OSKALOOSA | IA | 3,095 | $158,530.34 | 34 |
| 38 | S - S PHARMACY INC | COUNCIL BLUFFS | IA | 2,469 | $152,650.28 | 42 |
| 39 | MARTIN HEALTH SERVICES INC | JOHNSTON | IA | 4,704 | $151,858.03 | 36 |
| 40 | HY-VEE PHARMACY #4 (1060) | CEDAR RAPIDS | IA | 2,844 | $150,568.90 | 35 |
| 41 | WALGREEN COMPANY 05777 | DES MOINES | IA | 3,335 | $148,820.54 | 44 |
| 42 | DIPLOMAT SPECIALTY PHARMACY | FLINT | MI | 56 | $144,759.27 | 128 |
| 43 | A AVENUE PHARMACY | CEDAR RAPIDS | IA | 2,089 | $144,225.70 | 43 |
| 44 | WALGREENS #03876 | MARION | IA | 1,734 | $140,905.24 | 91 |
| 45 | HY-VEE DRUGSTORE # 1180 | FAIRFIELD | IA | 2,609 | $138,835.28 | 46 |
| 46 | HY-VEE PHARMACY #1 (1042) | BURLINGTON | IA | 2,360 | $137,700.29 | 48 |
| 47 | HY-VEE PHARMACY #3 (1142) | DES MOINES | IA | 2,622 | $136,883.22 | 51 |
| 48 | WALGREENS #05119 | CLINTON | IA | 2,727 | $136,647.24 | 40 |
| 49 | WALGREEN #03595 | DAVENPORT | IA | 2,698 | $135,433.97 | 41 |
| 50 | WALGREEN CO.# (03875) | CEDAR RAPIDS | IA | 2,321 | $130,588.68 | 49 |
| 51 | WALGREEN #05044 | BURLINGTON | IA | 2,914 | $130,218.59 | 45 |
| 52 | CYSTIC FIBROSIS SERVICES INC | CENTENNIAL | CO | 60 | $129,258.16 | 50 |
| 53 | COMMUNITY HEALTHCARE SERVICES | LOMA LINDA | CA | 4 | $125,607.88 | 13 |

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## TOP 100 PHARMACIES BY PAID AMOUNT
## November/December 2013

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 54 | ORSINI PHARMACEUTICAL SERVICES I | ELK GROVE VILLAGE | IL | 16 | $125,287.30 | 28 |
| 55 | WALGREENS INFUSION SERVICES | OMAHA | NE | 35 | $123,924.56 | 21 |
| 56 | WALGREEN #7452 | DES MOINES | IA | 2,666 | $122,712.36 | 56 |
| 57 | HY-VEE PHARMACY (1403) | MARSHALLTOWN | IA | 2,550 | $121,641.60 | 58 |
| 58 | HY-VEE PHARMACY #1 (1092) | COUNCIL BLUFFS | IA | 1,938 | $121,526.18 | 60 |
| 59 | HY-VEE FOOD STORE | WATERLOO | IA | 1,761 | $120,711.62 | 54 |
| 60 | MEDICAP PHARMACY | INDIANOLA | IA | 2,759 | $120,658.39 | 69 |
| 61 | WAGNER PHARMACY | CLINTON | IA | 1,755 | $119,887.87 | 63 |
| 62 | HARTIG PHARMACY SERVICES | DUBUQUE | IA | 2,385 | $119,817.39 | 61 |
| 63 | HY-VEE PHARMACY (1074) | CHARLES CITY | IA | 2,136 | $118,392.85 | 67 |
| 64 | WALGREENS #10855 | WATERLOO | IA | 2,440 | $116,912.25 | 64 |
| 65 | DANIEL PHARMACY INC | FORT DODGE | IA | 2,139 | $116,118.97 | 62 |
| 66 | PHARMACY MATTERS LTC | IOWA CITY | IA | 3,156 | $115,951.50 | 53 |
| 67 | HY-VEE PHARMACY #2 (1138) | DES MOINES | IA | 2,084 | $114,704.39 | 72 |
| 68 | WALGREEN #05361 | FORT DODGE | IA | 2,213 | $113,504.40 | 66 |
| 69 | WAL MART PHARMACY 10-1621 | CENTERVILLE | IA | 1,742 | $113,009.71 | 57 |
| 70 | WALGREENS #11942 | DUBUQUE | IA | 2,131 | $112,408.31 | 55 |
| 71 | WALGREENS 07968 | DES MOINES | IA | 2,223 | $111,625.08 | 65 |
| 72 | PROCARE PHARMACY DIRECT LLC | MONROEVILLE | PA | 44 | $110,771.70 | 30 |
| 73 | WALGREENS SPECIALTY PHARMACY #12 | ANN ARBOR | MI | 36 | $110,252.42 | 47 |
| 74 | HY-VEE PHARMACY 1071 | CLARINDA | IA | 1,680 | $108,787.90 | 74 |
| 75 | US BIOSERVICE CORPORATION | FRISCO | TX | 23 | $107,967.18 | 130 |
| 76 | GREENVILLE PHARMACY INC | SIOUX CITY | IA | 1,628 | $105,436.44 | 75 |
| 77 | HY-VEE PHARMACY #1 (1281) | IOWA CITY | IA | 1,722 | $104,869.39 | 97 |
| 78 | MERCY FAMILY PHARMACY | DUBUQUE | IA | 2,069 | $104,691.29 | 70 |
| 79 | HY-VEE PHARMACY #5 (1109) | DAVENPORT | IA | 1,422 | $103,722.01 | 96 |

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## TOP 100 PHARMACIES BY PAID AMOUNT
## November/December 2013

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 80 | WAL-MART PHARMACY #10-1509 | MAQUOKETA | IA | 2,502 | $103,370.23 | 68 |
| 81 | DRUGTOWN PHARMACY #1 (7020) | CEDAR RAPIDS | IA | 1,906 | $103,287.16 | 85 |
| 82 | WALGREENS 11153 | SPENCER | IA | 1,573 | $103,106.02 | 76 |
| 83 | AMBER PHARMACY | OMAHA | NE | 108 | $102,813.87 | 59 |
| 84 | HY-VEE PHARMACY #1 (1610) | SIOUX CITY | IA | 1,681 | $102,036.54 | 89 |
| 85 | HY VEE PHARMACY #1449 | NEWTON | IA | 2,058 | $101,556.92 | 88 |
| 86 | HY-VEE PHARMACY 1504 | OTTUMWA | IA | 1,647 | $99,367.77 | 105 |
| 87 | HY-VEE PHARMACY (1075) | CLINTON | IA | 1,597 | $99,001.75 | 77 |
| 88 | HY-VEE PHARMACY #5 (1151) | DES MOINES | IA | 1,601 | $97,574.82 | 90 |
| 89 | AXELACARE HEALTH SOLUTIONS LLC | LENEXA | KS | 7 | $97,273.28 | 217 |
| 90 | HAMMER PHARMACY | DES MOINES | IA | 1,376 | $97,230.80 | 102 |
| 91 | IOWA CVS PHARMACY LLC DBA | WATERLOO | IA | 2,125 | $96,605.91 | 81 |
| 92 | HY-VEE PHARMACY 1382 | LE MARS | IA | 1,321 | $94,844.46 | 52 |
| 93 | HY-VEE PHARMACY 1068 | CHEROKEE | IA | 1,673 | $94,275.35 | 71 |
| 94 | WAL-MART PHARMACY 10-5315 | LAKE MARY | FL | 17 | $93,814.85 | 78 |
| 95 | WALGREEN #07454 | ANKENY | IA | 1,512 | $92,945.94 | 106 |
| 96 | FIRST MED PHARMACY | DAVENPORT | IA | 194 | $92,794.54 | 634 |
| 97 | WALGREENS #09476 | BURLINGTON | IA | 1,993 | $92,282.49 | 86 |
| 98 | HY VEE PHARMACY (1170) | ESTHERVILLE | IA | 1,752 | $91,740.91 | 122 |
| 99 | HY-VEE PHARMACY #1 (1105) | DAVENPORT | IA | 1,831 | $91,724.74 | 82 |
| 100 | LA GRANGE PHARMACY INC | VINTON | IA | 1,887 | $90,861.62 | 113 |

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## TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT

| RANK | PRESCRIBER NAME | PAID AMOUNT | PRESCRIPTION COUNT | PREVIOUS RANK |
|---|---|---|---|---|
| 1 | LARRY RICHARDS | $157,074.66 | 2,472 | 1 |
| 2 | GHADA HAMDAN-ALLEN | $182,127.40 | 1,915 | 3 |
| 3 | BOBBITA NAG | $175,794.02 | 1,759 | 4 |
| 4 | RAHUL BANSAL MD | $154,796.05 | 1,755 | 2 |
| 5 | KATHLEEN L WILD ARNP | $129,539.35 | 1,684 | 5 |
| 6 | MARVIN FRANKLIN PIBURN | $115,938.34 | 1,422 | 7 |
| 7 | KAREN FULWOOD | $94,987.41 | 1,267 | 9 |
| 8 | JEFFREY D WILHARM | $78,157.88 | 1,221 | 12 |
| 9 | JOADA JEAN BEST | $112,514.73 | 1,190 | 8 |
| 10 | SRIRAMAMURTHY RAVIPATI MD | $90,631.31 | 1,186 | 11 |
| 11 | JERROLD V FLATT DO | $47,890.26 | 1,171 | 6 |
| 12 | ROBERT D CONNER | $31,602.91 | 1,111 | 15 |
| 13 | DAVID M CRAVEN | $54,355.93 | 1,081 | 17 |
| 14 | CAROL AUNAN | $87,938.13 | 1,066 | 13 |
| 15 | KENT ELDON KUNZE MD | $95,011.08 | 1,051 | 16 |
| 16 | PETER JOSEPH SZEIBEL | $85,761.67 | 1,047 | 14 |
| 17 | REBECCA J WOLFE | $76,025.60 | 1,026 | 18 |
| 18 | CHRISTOPHER GENE OKIISHI MD | $45,655.01 | 1,025 | 47 |
| 19 | RAJNI BATRA MD | $46,645.11 | 1,015 | 10 |
| 20 | JOSPEH PATRICK BERTROCHE | $102,722.04 | 999 | 21 |
| 21 | ALLYSON L WHEATON MD | $86,895.17 | 995 | 19 |
| 22 | BRYANT MUTCHLER DO | $37,801.48 | 993 | 20 |
| 23 | DAVID BERMAN WALKER MD | $74,385.01 | 965 | 37 |
| 24 | ALI SAFDAR | $59,326.35 | 942 | 24 |
| 25 | FRANK L BABCOCK, MD | $50,025.92 | 938 | 56 |
| 26 | KATHLEEN S ADAMS | $98,450.09 | 909 | 40 |
| 27 | DAVID F WIDITZ | $55,699.10 | 900 | 38 |
| 28 | JAMES BROOKS MD | $86,423.87 | 892 | 25 |
| 29 | E RICHARD NIGHTINGALE MD | $75,483.72 | 870 | 22 |
| 30 | RAY C STURDEVANT MD | $75,205.80 | 866 | 34 |
| 31 | AMBER J EDWARDS | $48,736.38 | 865 | 98 |
| 32 | JOSEPH M WANZEK | $38,629.61 | 851 | 43 |
| 33 | THOMAS SCOTT HOPKINS DO | $73,840.32 | 841 | 41 |

| | | | | |
|---|---|---|---|---|
| 34 | POMILLA KUMAR | $46,327.39 | 840 | 44 |
| 35 | SHAWN DENNIS JONES MD | $43,518.53 | 830 | 23 |
| 36 | CYD Q. GRAFFT | $53,787.30 | 829 | 51 |
| 37 | MICHAEL O'CONNER MD | $24,935.51 | 828 | 35 |
| 38 | ROBERT WILLIAM DETLEFSEN ARNP | $58,428.22 | 824 | 101 |
| 39 | EJIRO V AGBORO-IDAHOSA MD | $53,769.45 | 815 | 28 |
| 40 | CHARLES TILLEY PA | $71,645.84 | 809 | 90 |
| 41 | KIMBERLY A THOMPSON | $22,463.52 | 806 | 33 |
| 42 | ALAN R BOLLINGER | $72,714.36 | 790 | 76 |
| 43 | MARTIN J FIALKOV MD | $53,184.48 | 783 | 45 |
| 44 | MAEN MUSA HADDADIN MD | $26,375.34 | 781 | 48 |
| 45 | WILLIAM M NISSEN | $43,133.29 | 776 | 39 |
| 46 | PAUL DENNIS PETERSON DO | $39,026.95 | 773 | 61 |
| 47 | RENE M DUREGGER MD | $65,934.43 | 763 | 66 |
| 48 | JON S AHRENDSEN MD | $54,641.84 | 760 | 53 |
| 49 | JOYCE A VISTA-WAYNE MD | $59,742.94 | 759 | 96 |
| 50 | CECELIA M NASSIF ARNP | $58,270.87 | 755 | 36 |
| 51 | PAULA JEAN CURRAN ARNP | $46,057.36 | 749 | 63 |
| 52 | SARAH LYNN BEATTIE ARNP | $82,040.44 | 748 | 78 |
| 53 | JEAN TOBIN PA | $50,492.67 | 748 | 71 |
| 54 | DEBRA ANN STUDER DO | $19,512.29 | 748 | 58 |
| 55 | WILLIAM E HOWARD IV | $78,460.01 | 747 | 31 |
| 56 | PAMELA S BROWN ARNP | $64,933.17 | 742 | 79 |
| 57 | ALBERT OKINE PA-C | $74,440.40 | 740 | 32 |
| 58 | CHRISTIAN W JONES MD | $35,222.17 | 731 | 60 |
| 59 | FREDERICK C. ALDRICH | $20,425.28 | 730 | 27 |
| 60 | ERIN VOYLES HATCHER ARNP | $70,282.17 | 725 | 81 |
| 61 | WILLI EUGEN MARTENS | $29,221.77 | 724 | 62 |
| 62 | KIRAN KHANOLKAR | $30,386.08 | 723 | 70 |
| 63 | LISA ANN BECHTEL ARNP | $69,299.48 | 722 | 69 |
| 64 | CARLA K ABEL-ZIEG ARNP | $68,827.16 | 712 | 57 |
| 65 | DEANNA BOOK BOESEN | $67,623.70 | 705 | 59 |
| 66 | DANIEL W GILLETTE | $65,757.16 | 699 | 54 |
| 67 | NEELAM KHADKE | $36,911.26 | 698 | 80 |
| 68 | ANITA HANDEVIDT ARNP | $65,552.22 | 694 | 49 |

| | | | | |
|---|---|---|---|---|
| 69 | CASIE RINEY PA | $70,789.63 | 690 | 46 |
| 70 | MOLLY EARLEYWINE PA | $23,585.35 | 685 | 86 |
| 71 | STEVEN G PAULSRUD | $33,714.47 | 682 | 29 |
| 72 | DANIEL J ARNOLD | $29,936.20 | 677 | 91 |
| 73 | LEENU MISHRA MD | $57,473.50 | 671 | 92 |
| 74 | ISAM ELIAS MARAR MD | $36,658.16 | 668 | 68 |
| 75 | MELISSA LAMB NP | $27,637.35 | 668 | 74 |
| 76 | DAVID M CRIPPIN MD | $23,778.32 | 665 | 84 |
| 77 | JOYCE E PROUCH ARNP | $58,170.79 | 665 | 136 |
| 78 | JASON CHINWE NKEM EKWENA | $12,938.66 | 663 | 107 |
| 79 | MARY WAGNER NIXON | $65,845.04 | 653 | 111 |
| 80 | MARK WILLIAM MITTAUER | $50,012.84 | 649 | 87 |
| 81 | MATT D EGGERS MD | $57,688.44 | 647 | 97 |
| 82 | TIMOTHY WAYNE SWINTON | $18,250.30 | 644 | 99 |
| 83 | MICHAEL LEE EGGER MD | $60,461.75 | 642 | 95 |
| 84 | KRISTIE DEE ANN WALZ MD | $30,938.54 | 639 | 89 |
| 85 | LINGZIANG ZHOU | $23,223.26 | 638 | 55 |
| 86 | DEANNE REMER | $47,554.74 | 634 | 88 |
| 87 | ROBERT K FRYZEK MD | $21,867.61 | 631 | 77 |
| 88 | MARY CHRISTINE SEGRETO | $91,067.33 | 630 | 104 |
| 89 | RANDY R ROBINSON | $30,677.36 | 629 | 83 |
| 90 | DANIEL EDWARD WESEMANN ARNP | $58,645.03 | 626 | 103 |
| 91 | DUSTIN R SMITH | $33,857.15 | 626 | 94 |
| 92 | ROBERT MARVIN KENT MD | $29,229.06 | 624 | 30 |
| 93 | MARK JEROME COLLINS | $29,067.67 | 620 | 105 |
| 94 | DONNER DEWDNEY MD | $35,682.65 | 619 | 73 |
| 95 | KEVIN W BLECHLE DO | $21,238.41 | 617 | 67 |
| 96 | DANIEL T VANDENBOSCH MD | $24,590.30 | 616 | 106 |
| 97 | KEITH GUESS PA | $56,750.00 | 614 | 42 |
| 98 | KRISHNA P MURTHY | $35,785.50 | 613 | 64 |
| 99 | CHESTER ROBERT BADGER | $24,276.44 | 602 | 148 |
| 100 | MICHAEL PIPLANI MD | $26,209.05 | 601 | 72 |

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## TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT

| RANK | PRESCRIBER NAME | PAID AMOUNT | PRESCRIPTION COUNT | PREVIOUS RANK |
|---|---|---|---|---|
| 1 | JANICE M. R. STABER | $772,716.34 | 44 | 1 |
| 2 | DONALD MACFARLANE MD | $212,015.22 | 12 | 2 |
| 3 | ALLADDIN ABOSAIDA MD | $204,585.62 | 330 | 9 |
| 4 | LISA J MENZIES | $196,567.09 | 593 | 4 |
| 5 | GHADA HAMDAN-ALLEN | $182,127.40 | 1,915 | 5 |
| 6 | BOBBITA NAG | $175,794.02 | 1,759 | 7 |
| 7 | LARRY RICHARDS | $157,074.66 | 2,472 | 8 |
| 8 | RAHUL BANSAL MD | $154,796.05 | 1,755 | 6 |
| 9 | KATHLEEN L WILD ARNP | $129,539.35 | 1,684 | 12 |
| 10 | VILMARIE RODRIGUEZ-PADUA MD | $125,903.81 | 8 | 3 |
| 11 | ELIZABETH L DOWD | $124,511.74 | 190 | 10 |
| 12 | KATHRYN CAROLE BREITBACH | $118,266.11 | 82 | 2318 |
| 13 | LIUSKA MARIA PESCE | $118,125.98 | 239 | 11 |
| 14 | MARVIN FRANKLIN PIBURN | $115,938.34 | 1,422 | 16 |
| 15 | JULIE KATHRYN OSTERHAUS | $114,287.77 | 263 | 18 |
| 16 | JOADA JEAN BEST | $112,514.73 | 1,190 | 15 |
| 17 | BRUCE L HUGHES MD | $110,689.99 | 84 | 13 |
| 18 | JENNIFER S COOK | $110,335.82 | 545 | 14 |
| 19 | JOSPEH PATRICK BERTROCHE | $102,722.04 | 999 | 19 |
| 20 | KATHLEEN S ADAMS | $98,450.09 | 909 | 22 |
| 21 | UMA RAO PALAKURTHY | $97,337.24 | 519 | 35 |
| 22 | KENT ELDON KUNZE MD | $95,011.08 | 1,051 | 26 |
| 23 | KAREN FULWOOD | $94,987.41 | 1,267 | 21 |
| 24 | MARC C PATTERSON MD | $91,154.11 | 32 | 27 |
| 25 | MARY CHRISTINE SEGRETO | $91,067.33 | 630 | 31 |
| 26 | SRIRAMAMURTHY RAVIPATI MD | $90,631.31 | 1,186 | 24 |
| 27 | DIANE L EASTMAN | $88,142.92 | 57 | 2616 |
| 28 | CAROL AUNAN | $87,938.13 | 1,066 | 23 |
| 29 | ALLYSON L WHEATON MD | $86,895.17 | 995 | 29 |
| 30 | JAMES BROOKS MD | $86,423.87 | 892 | 25 |
| 31 | PETER JOSEPH SZEIBEL | $85,761.67 | 1,047 | 20 |
| 32 | SARAH LYNN BEATTIE ARNP | $82,040.44 | 748 | 45 |
| 33 | WILLIAM E HOWARD IV | $78,460.01 | 747 | 85 |

| | | | | |
|---|---|---|---|---|
| 34 | JEFFREY D WILHARM | $78,157.88 | 1,221 | 41 |
| 35 | JONATHAN FISHER MORAVEK MD | $76,653.36 | 120 | 59 |
| 36 | REBECCA J WOLFE | $76,025.60 | 1,026 | 38 |
| 37 | E RICHARD NIGHTINGALE MD | $75,483.72 | 870 | 30 |
| 38 | JUDITH A MILLER | $75,334.24 | 25 | 34 |
| 39 | RAY C STURDEVANT MD | $75,205.80 | 866 | 40 |
| 40 | SAMIR CHANDRA | $74,648.43 | 202 | 2109 |
| 41 | ALBERT OKINE PA-C | $74,440.40 | 740 | 28 |
| 42 | DAVID BERMAN WALKER MD | $74,385.01 | 965 | 56 |
| 43 | THOMAS SCOTT HOPKINS DO | $73,840.32 | 841 | 33 |
| 44 | ALAN R BOLLINGER | $72,714.36 | 790 | 95 |
| 45 | LAURIE WARREN | $71,754.33 | 595 | 58 |
| 46 | EVA TSALIKIAN | $71,678.59 | 127 | 47 |
| 47 | CHARLES TILLEY PA | $71,645.84 | 809 | 61 |
| 48 | MARIA J STEELE ARNP | $70,958.72 | 93 | 165 |
| 49 | CASIE RINEY PA | $70,789.63 | 690 | 37 |
| 50 | ERIN VOYLES HATCHER ARNP | $70,282.17 | 725 | 53 |
| 51 | LISA ANN BECHTEL ARNP | $69,299.48 | 722 | 55 |
| 52 | CARLA K ABEL-ZIEG ARNP | $68,827.16 | 712 | 39 |
| 53 | MICHAEL D VOIGT | $68,467.33 | 73 | 714 |
| 54 | DEANNA BOOK BOESEN | $67,623.70 | 705 | 42 |
| 55 | KAREN SUE HOSPODAR SCOTT MD | $66,604.28 | 283 | 425 |
| 56 | LILY WONG-KISIEL | $66,076.74 | 50 | 2428 |
| 57 | RENE M DUREGGER MD | $65,934.43 | 763 | 62 |
| 58 | MARY WAGNER NIXON | $65,845.04 | 653 | 72 |
| 59 | DANIEL W GILLETTE | $65,757.16 | 699 | 44 |
| 60 | ANITA HANDEVIDT ARNP | $65,552.22 | 694 | 43 |
| 61 | KATHY RUPPENKAMP | $65,033.52 | 41 | 8603 |
| 62 | PAMELA S BROWN ARNP | $64,933.17 | 742 | 69 |
| 63 | RICHARD VOTTA | $64,240.37 | 315 | 169 |
| 64 | DAVID B MOORE, M.D. | $63,506.64 | 229 | 54 |
| 65 | KAY A MARTTILA | $63,243.25 | 567 | 158 |
| 66 | AHMED MUSTAFA ABU AL-FOUL MD | $62,517.98 | 26 | 132 |
| 67 | DEBORAH LYNNE GARRELTS | $62,387.61 | 542 | 80 |
| 68 | MICHAEL LEE EGGER MD | $60,461.75 | 642 | 60 |

| | | | | |
|---|---|---|---|---|
| 69 | JOYCE A VISTA-WAYNE MD | $59,742.94 | 759 | 84 |
| 70 | ALI SAFDAR | $59,326.35 | 942 | 65 |
| 71 | JOHN F STECKER | $59,017.46 | 559 | 64 |
| 72 | DANIEL EDWARD WESEMANN ARNP | $58,645.03 | 626 | 67 |
| 73 | ROBERT WILLIAM DETLEFSEN ARNP | $58,428.22 | 824 | 148 |
| 74 | CECELIA M NASSIF ARNP | $58,270.87 | 755 | 49 |
| 75 | JOYCE E PROUCH ARNP | $58,170.79 | 665 | 141 |
| 76 | RONALD WILLIAM BRINCK | $57,893.79 | 579 | 17 |
| 77 | MATT D EGGERS MD | $57,688.44 | 647 | 68 |
| 78 | LEENU MISHRA MD | $57,473.50 | 671 | 77 |
| 79 | HASHIM ELDADAH MD | $57,334.74 | 494 | 391 |
| 80 | DAVID LAWRENCE YURDIN PA | $57,104.08 | 398 | 63 |
| 81 | KEITH GUESS PA | $56,750.00 | 614 | 46 |
| 82 | ARA ROBINSON DO | $55,932.12 | 297 | 138 |
| 83 | DAVID F WIDITZ | $55,699.10 | 900 | 99 |
| 84 | JON S AHRENDSEN MD | $54,641.84 | 760 | 71 |
| 85 | DAVID M CRAVEN | $54,355.93 | 1,081 | 92 |
| 86 | DANIEL M SLEITER ARNP | $53,899.41 | 118 | 82 |
| 87 | CYD Q. GRAFFT | $53,787.30 | 829 | 87 |
| 88 | EJIRO V AGBORO-IDAHOSA MD | $53,769.45 | 815 | 48 |
| 89 | IVAN DELGADO-RAMOS MD | $53,458.34 | 473 | 102 |
| 90 | MARTIN J FIALKOV MD | $53,184.48 | 783 | 81 |
| 91 | CINDY GOSHORN ARNP | $52,466.52 | 588 | 112 |
| 92 | MISHELLE L PAULLUS | $52,085.12 | 71 | 78 |
| 93 | CHARUTA NARAYAN JOSHI | $51,712.23 | 343 | 100 |
| 94 | LAURA M VAN CLEVE DO | $50,899.76 | 563 | 101 |
| 95 | DUANGCHAI NARAWONG MD | $50,562.34 | 569 | 93 |
| 96 | JEAN TOBIN PA | $50,492.67 | 748 | 97 |
| 97 | JENNIFER WEIS PA | $50,349.21 | 17 | 70 |
| 98 | CAROLYN JOHNSON PA | $50,348.54 | 195 | 74 |
| 99 | KELLY J SEILER | $50,292.49 | 141 | 50 |
| 100 | BRIAN E SIMS | $50,175.38 | 389 | 285 |

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## TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

| CATEGORY DESCRIPTION | September/October 2013 | PREV RANK | November/December 2013 | CURR RANK | PERC CHANGE |
|---|---|---|---|---|---|
| ANTIDEPRESSANTS - SELECTED SSRI's | 52,326 | 1 | 50,634 | 1 | -3.2% |
| ANTICONVULSANTS | 29,433 | 2 | 29,028 | 2 | -1.4% |
| BETA-LACTAMS / CLAVULANATE COMBO'S | 25,044 | 5 | 25,437 | 3 | 1.6% |
| NARCOTICS - MISC. | 27,052 | 3 | 25,185 | 4 | -6.9% |
| ANALGESICS - MISC. | 25,312 | 4 | 24,738 | 5 | -2.3% |
| ANTIPSYCHOTICS - ATYPICALS | 23,968 | 6 | 23,562 | 6 | -1.7% |
| ANTIASTHMATIC - BETA - ADRENERGICS | 23,420 | 8 | 21,094 | 7 | -9.9% |
| ANTIHISTAMINES - NON-SEDATING | 23,793 | 7 | 19,800 | 8 | -16.8% |
| MACROLIDES / ERYTHROMYCIN'S / KETOLIDES | 16,378 | 9 | 16,307 | 9 | -0.4% |
| ANTIHYPERTENSIVES - CENTRAL | 15,413 | 11 | 15,283 | 10 | -0.8% |
| STIMULANTS - AMPHETAMINES - LONG ACTING | 15,494 | 10 | 14,860 | 11 | -4.1% |
| STIMULANTS - METHYLPHENIDATE - LONG ACTING | 12,383 | 14 | 12,238 | 12 | -1.2% |
| ANXIOLYTICS - BENZODIAZEPINES | 12,254 | 15 | 11,843 | 13 | -3.4% |
| CEPHALOSPORINS | 12,407 | 13 | 11,675 | 14 | -5.9% |
| GLUCOCORTICOIDS - MINERALOCORTICOIDS | 13,370 | 12 | 11,391 | 15 | -14.8% |
| NSAIDS | 12,212 | 16 | 11,363 | 16 | -7.0% |
| STIMULANTS - METHYLPHENIDATE | 11,217 | 17 | 10,942 | 17 | -2.5% |
| CHOLESTEROL - HMG COA + ABSORB INHIBITORS | 10,695 | 19 | 10,727 | 18 | 0.3% |
| GI - H2-ANTAGONISTS | 10,239 | 20 | 10,053 | 19 | -1.8% |
| ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS | 11,190 | 18 | 9,754 | 20 | -12.8% |

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## TOP 100 DRUGS BY PAID AMOUNT

| DRUG DESCRIPTION | September/October 2013 | PREVIOUS RANK | November/December 2013 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| VYVANSE | $2,053,764.58 | 2 | $2,002,661.82 | 1 | -2.49% |
| ABILIFY | $2,070,655.69 | 1 | $1,988,466.94 | 2 | -3.97% |
| SYNAGIS | $16,026.89 | 366 | $1,624,668.80 | 3 | 10,037.14% |
| METHYLPHENIDATE HCL ER | $1,720,924.43 | 3 | $1,624,100.03 | 4 | -5.63% |
| FOCALIN XR | $1,064,771.72 | 4 | $1,069,244.63 | 5 | 0.42% |
| ADVATE | $970,647.72 | 5 | $695,095.92 | 6 | -28.39% |
| CYMBALTA | $701,174.21 | 7 | $667,805.71 | 7 | -4.76% |
| ADDERALL XR | $721,401.61 | 6 | $662,998.56 | 8 | -8.10% |
| LANTUS | $629,769.23 | 8 | $614,872.50 | 9 | -2.37% |
| STRATTERA | $592,246.33 | 9 | $588,302.10 | 10 | -0.67% |
| ADVAIR DISKUS | $592,040.72 | 10 | $559,293.31 | 11 | -5.53% |
| VENTOLIN HFA | $556,399.56 | 11 | $489,954.47 | 12 | -11.94% |
| SPIRIVA HANDIHALER | $417,434.58 | 12 | $413,850.45 | 13 | -0.86% |
| DIVALPROEX SODIUM ER | $381,633.20 | 13 | $349,187.03 | 14 | -8.50% |
| PULMICORT | $320,213.84 | 15 | $331,505.07 | 15 | 3.53% |
| NOVOLOG | $319,937.42 | 16 | $318,666.76 | 16 | -0.40% |
| GENOTROPIN | $322,033.38 | 14 | $301,971.15 | 17 | -6.23% |
| AZITHROMYCIN | $297,755.37 | 17 | $296,325.73 | 18 | -0.48% |
| INVEGA SUSTENNA | $293,424.10 | 20 | $285,167.03 | 19 | -2.81% |
| CEFDINIR | $295,099.72 | 19 | $280,718.37 | 20 | -4.87% |
| HYDROCODONE/ACETAMINOPHEN | $296,327.07 | 18 | $277,159.48 | 21 | -6.47% |
| LATUDA | $216,314.05 | 28 | $265,204.15 | 22 | 22.60% |
| RISPERDAL CONSTA | $254,047.40 | 22 | $258,264.76 | 23 | 1.66% |
| CRESTOR | $231,601.98 | 23 | $226,927.38 | 24 | -2.02% |
| SYMBICORT | $224,521.98 | 24 | $223,748.15 | 25 | -0.34% |
| RITALIN | $209,802.07 | 30 | $210,265.99 | 26 | 0.22% |
| HUMIRA PEN | $180,803.52 | 40 | $204,625.95 | 27 | 13.18% |

## TOP 100 DRUGS BY PAID AMOUNT

| DRUG DESCRIPTION | September/October 2013 | PREVIOUS RANK | November/December 2013 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| COPAXONE | $213,355.80 | 29 | $204,275.00 | 28 | -4.26% |
| INVEGA | $178,768.56 | 42 | $198,671.17 | 29 | 11.13% |
| QVAR | $204,907.37 | 31 | $197,080.03 | 30 | -3.82% |
| FLOVENT HFA | $202,138.56 | 32 | $196,700.70 | 31 | -2.69% |
| TRICOR | $196,514.84 | 34 | $196,312.99 | 32 | -0.10% |
| MONTELUKAST SODIUM | $222,137.25 | 25 | $194,104.50 | 33 | -12.62% |
| AMOXICILLIN | $191,138.54 | 36 | $193,926.16 | 34 | 1.46% |
| DEXILANT | $183,692.60 | 38 | $192,632.44 | 35 | 4.87% |
| PROVENTIL HFA | $219,715.16 | 26 | $191,255.28 | 36 | -12.95% |
| HUMALOG | $181,095.66 | 39 | $189,755.87 | 37 | 4.78% |
| AMPHETAMINE/DEXTROAMPHETA | $195,924.46 | 35 | $186,306.97 | 38 | -4.91% |
| NASONEX | $217,809.45 | 27 | $180,737.22 | 39 | -17.02% |
| PULMOZYME | $197,602.53 | 33 | $161,698.90 | 40 | -18.17% |
| LANTUS SOLOSTAR | $167,988.08 | 43 | $161,198.73 | 41 | -4.04% |
| RISPERIDONE | $158,223.76 | 46 | $151,632.33 | 42 | -4.17% |
| INCIVEK | $128,195.56 | 55 | $149,557.32 | 43 | 16.66% |
| ZIPRASIDONE HCL | $167,595.55 | 44 | $143,784.35 | 44 | -14.21% |
| VESICARE | $133,074.17 | 49 | $140,156.61 | 45 | 5.32% |
| PERMETHRIN | $166,901.10 | 45 | $139,694.72 | 46 | -16.30% |
| AMOXICILLIN/CLAVULANATE P | $124,491.11 | 59 | $138,996.06 | 47 | 11.65% |
| LYRICA | $136,462.54 | 48 | $138,840.97 | 48 | 1.74% |
| ATRIPLA | $131,292.16 | 52 | $138,469.01 | 49 | 5.47% |
| HEMOFIL M | $287,033.59 | 21 | $137,950.12 | 50 | -51.94% |
| VIMPAT | $131,431.57 | 51 | $132,866.77 | 51 | 1.09% |
| NOVOLOG FLEXPEN | $122,601.75 | 60 | $132,087.24 | 52 | 7.74% |
| HUMIRA | $112,893.67 | 65 | $129,676.97 | 53 | 14.87% |
| NAGLAZYME | $186,792.72 | 37 | $124,528.48 | 54 | -33.33% |

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## TOP 100 DRUGS BY PAID AMOUNT

| DRUG DESCRIPTION | September/October 2013 | PREVIOUS RANK | November/December 2013 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| ENBREL | $129,402.28 | 54 | $121,528.16 | 55 | -6.08% |
| ENOXAPARIN SODIUM | $124,819.68 | 57 | $119,650.24 | 56 | -4.14% |
| GLEEVEC | $90,029.18 | 83 | $119,489.78 | 57 | 32.72% |
| TOBI | $179,061.80 | 41 | $119,401.83 | 58 | -33.32% |
| SEROQUEL XR | $119,395.01 | 61 | $118,756.71 | 59 | -0.53% |
| ALBUTEROL SULFATE | $115,879.85 | 62 | $115,326.07 | 60 | -0.48% |
| TAMIFLU | $4,452.80 | 663 | $114,073.32 | 61 | 2,461.83% |
| EXJADE | $157,740.15 | 47 | $111,579.55 | 62 | -29.26% |
| INTUNIV | $104,314.88 | 67 | $110,397.59 | 63 | 5.83% |
| DEXEDRINE | $130,510.27 | 53 | $109,718.84 | 64 | -15.93% |
| QUETIAPINE FUMARATE | $113,798.07 | 64 | $104,963.87 | 65 | -7.76% |
| KALYDECO | $128,115.60 | 56 | $102,502.48 | 66 | -19.99% |
| ENBREL SURECLICK | $115,601.89 | 63 | $101,926.91 | 67 | -11.83% |
| OMEPRAZOLE | $87,347.10 | 88 | $101,576.45 | 68 | 16.29% |
| DAYTRANA | $111,973.83 | 66 | $101,558.95 | 69 | -9.30% |
| BANZEL | $101,846.74 | 69 | $101,243.86 | 70 | -0.59% |
| GABAPENTIN | $99,541.40 | 71 | $100,628.43 | 71 | 1.09% |
| ADVAIR HFA | $92,362.08 | 78 | $97,503.01 | 72 | 5.57% |
| TRUVADA | $95,838.46 | 73 | $97,250.63 | 73 | 1.47% |
| OXYCONTIN | $92,359.34 | 79 | $95,692.43 | 74 | 3.61% |
| XIFAXAN | $85,285.98 | 91 | $93,855.20 | 75 | 10.05% |
| LEVOTHYROXINE SODIUM | $87,566.38 | 87 | $88,846.86 | 76 | 1.46% |
| RECOMBINATE | $124,595.20 | 58 | $88,035.96 | 77 | -29.34% |
| DEPAKOTE SPRINKLES | $86,358.94 | 89 | $87,791.20 | 78 | 1.66% |
| PROVIGIL | $103,165.22 | 68 | $87,345.69 | 79 | -15.33% |
| KEPPRA | $83,636.34 | 92 | $87,228.12 | 80 | 4.29% |
| FOCALIN | $90,397.04 | 81 | $86,379.39 | 81 | -4.44% |

Iowa Department of Human Services

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## TOP 100 DRUGS BY PAID AMOUNT

| DRUG DESCRIPTION | September/October 2013 | PREVIOUS RANK | November/December 2013 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| SABRIL | $75,807.74 | 106 | $84,062.01 | 82 | 10.89% |
| SAPHRIS | $89,066.36 | 84 | $83,659.57 | 83 | -6.07% |
| FEIBA NF | $132,416.72 | 50 | $83,560.74 | 84 | -36.90% |
| SERTRALINE HCL | $92,460.11 | 77 | $83,202.34 | 85 | -10.01% |
| POLYETHYLENE GLYCOL 3350 | $78,957.89 | 99 | $80,429.19 | 86 | 1.86% |
| MAPAP | $81,432.22 | 93 | $79,752.65 | 87 | -2.06% |
| METADATE CD | $76,425.46 | 103 | $79,479.19 | 88 | 4.00% |
| RANITIDINE HCL | $80,743.47 | 96 | $79,476.02 | 89 | -1.57% |
| LORATADINE | $88,468.16 | 85 | $79,305.00 | 90 | -10.36% |
| DESONIDE | $66,791.49 | 122 | $78,283.03 | 91 | 17.21% |
| CLOMIPRAMINE HCL | $69,759.82 | 118 | $77,802.88 | 92 | 11.53% |
| ZETIA | $80,426.42 | 97 | $77,722.88 | 93 | -3.36% |
| BUPROPION HCL XL | $76,445.98 | 102 | $77,238.73 | 94 | 1.04% |
| CREON | $92,892.43 | 75 | $76,699.10 | 95 | -17.43% |
| ESCITALOPRAM OXALATE | $77,140.34 | 101 | $76,573.06 | 96 | -0.74% |
| ZAVESCA | $76,420.24 | 104 | $76,420.24 | 97 | 0.00% |
| CLONIDINE HCL | $78,186.10 | 100 | $76,301.53 | 98 | -2.41% |
| LUPRON DEPOT-PED | $90,219.66 | 82 | $76,254.03 | 99 | -15.48% |
| TOPAMAX | $87,870.52 | 86 | $75,236.55 | 100 | -14.38% |

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## TOP 100 DRUGS BY PRESCRIPTION COUNT

| DRUG DESCRIPTION | September/October 2013 | PREVIOUS RANK | November/December 2013 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| Loratadine Tab 10 MG | 10,846 | 1 | 9,553 | 1 | -11.92% |
| VENTOLIN HFA AER | 10,801 | 2 | 9,552 | 2 | -11.56% |
| AMOXICILLIN SUS 400/5ML | 8,219 | 4 | 8,688 | 3 | 5.71% |
| HYDROCO/APAP TAB 5-325MG | 8,223 | 3 | 8,166 | 4 | -0.69% |
| ALBUTEROL NEB 0.083% | 7,977 | 5 | 7,311 | 5 | -8.35% |
| AZITHROMYCIN SUS 200/5ML | 6,647 | 8 | 6,900 | 6 | 3.81% |
| TRAMADOL HCL TAB 50MG | 6,690 | 7 | 6,661 | 7 | -0.43% |
| CLONIDINE TAB 0.1MG | 6,247 | 9 | 6,142 | 8 | -1.68% |
| Acetaminophen Tab 325 MG | 6,134 | 11 | 6,003 | 9 | -2.14% |
| Cetirizine HCl Tab 10 MG | 6,819 | 6 | 5,972 | 10 | -12.42% |
| AZITHROMYCIN TAB 250MG | 6,214 | 10 | 5,926 | 11 | -4.63% |
| RANITIDINE TAB 150MG | 5,920 | 12 | 5,832 | 12 | -1.49% |
| GUANFACINE TAB 1MG | 5,652 | 14 | 5,604 | 13 | -0.85% |
| ESCITALOPRAM TAB 20MG | 5,494 | 16 | 5,438 | 14 | -1.02% |
| Aspirin Tab Delayed Release 81 MG | 5,557 | 15 | 5,406 | 15 | -2.72% |
| FLUOXETINE CAP 20MG | 5,211 | 17 | 5,054 | 16 | -3.01% |
| Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe) | 4,908 | 18 | 4,835 | 17 | -1.49% |
| Sennosides-Docusate Sodium Tab 8.6-50 MG | 4,331 | 21 | 4,237 | 18 | -2.17% |
| CYCLOBENZAPR TAB 10MG | 4,325 | 22 | 4,235 | 19 | -2.08% |
| Aspirin Chew Tab 81 MG | 4,245 | 23 | 4,161 | 20 | -1.98% |
| GABAPENTIN CAP 300MG | 4,025 | 24 | 4,007 | 21 | -0.45% |
| MONTELUKAST TAB 10MG | 4,347 | 20 | 3,932 | 22 | -9.55% |
| METHYLPHENID TAB 36MG ER | 3,990 | 25 | 3,926 | 23 | -1.60% |
| AMOXICILLIN SUS 250/5ML | 3,770 | 30 | 3,810 | 24 | 1.06% |
| SERTRALINE TAB 100MG | 3,878 | 27 | 3,735 | 25 | -3.69% |

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## TOP 100 DRUGS BY PRESCRIPTION COUNT

| DRUG DESCRIPTION | September/October 2013 | PREVIOUS RANK | November/December 2013 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| Acetaminophen Tab 500 MG | 3,837 | 29 | 3,733 | 26 | -2.71% |
| TRAZODONE TAB 50MG | 3,852 | 28 | 3,715 | 27 | -3.56% |
| OMEPRAZOLE CAP 20MG | 3,717 | 32 | 3,618 | 28 | -2.66% |
| FLUTICASONE SPR 50MCG | 4,563 | 19 | 3,579 | 29 | -21.56% |
| IBUPROFEN TAB 800MG | 3,728 | 31 | 3,450 | 30 | -7.46% |
| TRAZODONE TAB 100MG | 3,407 | 37 | 3,430 | 31 | 0.68% |
| MONTELUKAST CHW 5MG | 3,926 | 26 | 3,369 | 32 | -14.19% |
| AMOXICILLIN CAP 500MG | 3,442 | 35 | 3,304 | 33 | -4.01% |
| PREDNISOLONE SOL 15MG/5ML | 5,707 | 13 | 3,123 | 34 | -45.28% |
| POLYETH GLYC POW 3350 NF | 3,046 | 40 | 3,110 | 35 | 2.10% |
| PROVENTIL AER HFA | 3,438 | 36 | 3,014 | 36 | -12.33% |
| METHYLPHENID TAB 54MG ER | 2,974 | 41 | 2,977 | 37 | 0.10% |
| FOLIC ACID TAB 1MG | 2,949 | 42 | 2,902 | 38 | -1.59% |
| CEPHALEXIN CAP 500MG | 3,447 | 34 | 2,769 | 39 | -19.67% |
| RISPERIDONE TAB 1MG | 2,779 | 44 | 2,746 | 40 | -1.19% |
| VYVANSE CAP 30MG | 2,851 | 43 | 2,739 | 41 | -3.93% |
| CEFDINIR SUS 250/5ML | 2,530 | 52 | 2,727 | 42 | 7.79% |
| OMEPRAZOLE CAP 40MG | 2,599 | 47 | 2,660 | 43 | 2.35% |
| HYDROCO/APAP TAB 5-500MG | 3,468 | 33 | 2,650 | 44 | -23.59% |
| SERTRALINE TAB 50MG | 2,745 | 45 | 2,643 | 45 | -3.72% |
| SMZ/TMP DS TAB 800-160 | 3,216 | 39 | 2,634 | 46 | -18.10% |
| ONDANSETRON TAB 4MG ODT | 2,010 | 77 | 2,518 | 47 | 25.27% |
| METFORMIN TAB 500MG | 2,549 | 51 | 2,479 | 48 | -2.75% |
| ALPRAZOLAM TAB 1MG | 2,498 | 54 | 2,463 | 49 | -1.40% |
| CITALOPRAM TAB 20MG | 2,579 | 50 | 2,426 | 50 | -5.93% |
| RISPERIDONE TAB 0.5MG | 2,498 | 55 | 2,421 | 51 | -3.08% |
| CLONAZEPAM TAB 1MG | 2,516 | 53 | 2,412 | 52 | -4.13% |

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## TOP 100 DRUGS BY PRESCRIPTION COUNT

| DRUG DESCRIPTION | September/October 2013 | PREVIOUS RANK | November/December 2013 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| OXYCOD/APAP TAB 5-325MG | 2,596 | 48 | 2,410 | 53 | -7.16% |
| VYVANSE CAP 40MG | 2,433 | 56 | 2,347 | 54 | -3.53% |
| PREDNISONE TAB 20MG | 2,586 | 49 | 2,289 | 55 | -11.48% |
| HYDROCO/APAP TAB 7.5-325 | 2,182 | 66 | 2,264 | 56 | 3.76% |
| Cetirizine HCl Syrup 1 MG/ML (5 MG/5ML) | 3,310 | 38 | 2,253 | 57 | -31.93% |
| MONTELUKAST CHW 4MG | 2,676 | 46 | 2,251 | 58 | -15.88% |
| HYDROCO/APAP TAB 10-325MG | 2,144 | 72 | 2,206 | 59 | 2.89% |
| AZITHROMYCIN SUS 100/5ML | 2,164 | 70 | 2,204 | 60 | 1.85% |
| Sennosides Tab 8.6 MG | 2,203 | 63 | 2,199 | 61 | -0.18% |
| CLONAZEPAM TAB 0.5MG | 2,200 | 64 | 2,180 | 62 | -0.91% |
| ALPRAZOLAM TAB 0.5MG | 2,238 | 60 | 2,167 | 63 | -3.17% |
| LANTUS INJ 100/ML | 2,222 | 62 | 2,164 | 64 | -2.61% |
| LISINOPRIL TAB 10MG | 2,159 | 71 | 2,138 | 65 | -0.97% |
| PRENATAL TAB PLUS | 1,849 | 85 | 2,135 | 66 | 15.47% |
| ZOLPIDEM TAB 10MG | 2,197 | 65 | 2,107 | 67 | -4.10% |
| AMOX/K CLAV TAB 875MG | 2,174 | 68 | 2,095 | 68 | -3.63% |
| VENLAFAXINE CAP 150MG ER | 2,021 | 75 | 2,041 | 69 | 0.99% |
| NAPROXEN TAB 500MG | 2,241 | 59 | 2,024 | 70 | -9.68% |
| CITALOPRAM TAB 40MG | 2,065 | 73 | 2,009 | 71 | -2.71% |
| METHYLPHENID TAB 27MG ER | 2,010 | 78 | 1,993 | 72 | -0.85% |
| HYDROCHLOROT TAB 25MG | 2,013 | 76 | 1,985 | 73 | -1.39% |
| VYVANSE CAP 50MG | 2,038 | 74 | 1,942 | 74 | -4.71% |
| LISINOPRIL TAB 20MG | 1,855 | 84 | 1,937 | 75 | 4.42% |
| LORAZEPAM TAB 1MG | 1,926 | 80 | 1,910 | 76 | -0.83% |
| METFORMIN TAB 1000MG | 1,919 | 81 | 1,868 | 77 | -2.66% |
| CYMBALTA CAP 60MG | 1,959 | 79 | 1,852 | 78 | -5.46% |

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## TOP 100 DRUGS BY PRESCRIPTION COUNT

| DRUG DESCRIPTION | September/October 2013 | PREVIOUS RANK | November/December 2013 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| MUPIROCIN OIN 2% | 2,174 | 69 | 1,810 | 79 | -16.74% |
| SMZ-TMP SUS 200-40/5 | 2,227 | 61 | 1,808 | 80 | -18.81% |
| CEPHALEXIN SUS 250/5ML | 2,178 | 67 | 1,800 | 81 | -17.36% |
| Aspirin Tab Delayed Release 325 MG | 1,774 | 87 | 1,790 | 82 | 0.90% |
| AMOX/K CLAV SUS 600/5ML | 1,455 | 118 | 1,776 | 83 | 22.06% |
| MELOXICAM TAB 15MG | 1,862 | 83 | 1,767 | 84 | -5.10% |
| METRONIDAZOL TAB 500MG | 1,892 | 82 | 1,749 | 85 | -7.56% |
| SIMVASTATIN TAB 20MG | 1,787 | 86 | 1,743 | 86 | -2.46% |
| PREDNISOLONE SOL 15MG/5ML | 5,707 | 13 | 1,741 | 87 | -69.49% |
| PREDNISONE TAB 10MG | 2,341 | 58 | 1,729 | 88 | -26.14% |
| CEFDINIR SUS 125/5ML | 1,482 | 114 | 1,696 | 89 | 14.44% |
| VYVANSE CAP 20MG | 1,764 | 88 | 1,694 | 90 | -3.97% |
| Ibuprofen Susp 100 MG/5ML | 1,730 | 90 | 1,668 | 91 | -3.58% |
| SIMVASTATIN TAB 40MG | 1,694 | 93 | 1,662 | 92 | -1.89% |
| AMLODIPINE TAB 10MG | 1,632 | 99 | 1,627 | 93 | -0.31% |
| Loratadine Syrup 5 MG/5ML | 2,386 | 57 | 1,624 | 94 | -31.94% |
| BUPROPN HCL TAB 300MG XL | 1,674 | 96 | 1,616 | 95 | -3.46% |
| FLUCONAZOLE TAB 150MG | 1,685 | 95 | 1,607 | 96 | -4.63% |
| FUROSEMIDE TAB 40MG | 1,610 | 102 | 1,602 | 97 | -0.50% |
| VYVANSE CAP 70MG | 1,624 | 100 | 1,602 | 98 | -1.35% |
| LORAZEPAM TAB 0.5MG | 1,671 | 97 | 1,586 | 99 | -5.09% |
| HYDROXYZ PAM CAP 25MG | 1,659 | 98 | 1,577 | 100 | -4.94% |

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# Bi-Monthly Statistics

| | November/December 2013 | January/February 2014 | % CHANGE |
|---|---|---|---|
| TOTAL PAID AMOUNT | $38,903,370 | $46,669,588 | 20.0% |
| UNIQUE USERS | 148,824 | 173,253 | 16.4% |
| COST PER USER | $261.41 | $269.37 | 3.0% |
| TOTAL PRESCRIPTIONS | 637,703 | 769,175 | 20.6% |
| AVERAGE PRESCRIPTIONS PER USER | 4.28 | 4.44 | 3.6% |
| AVERAGE COST PER PRESCRIPTION | $61.01 | $60.67 | -0.5% |
| # GENERIC PRESCRIPTIONS | 531,591 | 639,330 | 20.3% |
| % GENERIC | 83.4% | 83.1% | -0.3% |
| $ GENERIC | $11,060,266 | $12,018,431 | 8.7% |
| AVERAGE GENERIC PRESCRIPTION COST | $20.81 | $18.80 | -9.6% |
| AVERAGE GENERIC DAYS SUPPLY | 22 | 22 | 0.0% |
| # BRAND PRESCRIPTIONS | 103,112 | 126,420 | 20.3% |
| % BRAND | 16.2% | 16.4% | -0.3% |
| $ BRAND | $27,559,425 | $34,261,905 | 8.7% |
| AVERAGE BRAND PRESCRIPTION COST | $267.28 | $271.02 | -9.6% |
| AVERAGE BRAND DAYS SUPPLY | 26 | 26 | 0.0% |

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## UTILIZATION BY AGE

| AGE | November/December 2013 | January/February 2014 |
|---|---|---|
| 0-6 | 38,513 | 35,606 |
| 7-12 | 25,453 | 27,571 |
| 13-18 | 22,205 | 22,776 |
| 19-64 | 53,240 | 77,264 |
| 65+ | 9,413 | 10,036 |
| | 148,824 | 173,253 |

## UTILIZATION BY GENDER AND AGE

| GENDER | AGE | November/December 2013 | January/February 2014 |
|---|---|---|---|
| F | | | |
| | 0-6 | 18,125 | 16,702 |
| | 7-12 | 10,912 | 12,099 |
| | 13-18 | 11,782 | 11,474 |
| | 19-64 | 37,732 | 51,484 |
| | 65+ | 6,798 | 7,165 |
| | | 85,349 | 98,924 |
| M | | | |
| | 0-6 | 20,388 | 18,904 |
| | 7-12 | 14,541 | 15,472 |
| | 13-18 | 10,423 | 11,302 |
| | 19-64 | 15,508 | 25,780 |
| | 65+ | 2,615 | 2,871 |
| | | 63,475 | 74,329 |

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## TOP 100 PHARMACIES BY PRESCRIPTION COUNT
### January/February 2014

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 1 | BROADLAWNS MEDICAL CENTER | DES MOINES | IA | 22,235 | $390,247.19 | 474 |
| 2 | UIHC AMBULATORY CARE PHARMACY | IOWA CITY | IA | 10,870 | $439,502.68 | 40 |
| 3 | WALGREEN #05239 | DAVENPORT | IA | 9,140 | $471,300.28 | 1 |
| 4 | WALGREEN #04405 | COUNCIL BLUFFS | IA | 7,891 | $418,488.21 | 2 |
| 5 | WALGREEN #05721 | DES MOINES | IA | 7,615 | $388,278.34 | 3 |
| 6 | MARTIN HEALTH SERVICES INC | DENVER | IA | 6,537 | $170,155.20 | 4 |
| 7 | HY-VEE DRUGSTORE #7060 | MUSCATINE | IA | 6,089 | $268,393.84 | 9 |
| 8 | WALGREEN #359 | DES MOINES | IA | 5,947 | $296,521.36 | 6 |
| 9 | WALGREEN #910 | SIOUX CITY | IA | 5,899 | $296,162.01 | 5 |
| 10 | WALGREEN #05362 | DES MOINES | IA | 5,607 | $256,349.06 | 8 |
| 11 | WALGREEN CO.#3700 | COUNCIL BLUFFS | IA | 5,311 | $276,451.51 | 7 |
| 12 | WALGREEN COMPANY #05042 | CEDAR RAPIDS | IA | 5,262 | $306,591.48 | 12 |
| 13 | WALGREEN COMPANY 07455 | WATERLOO | IA | 5,186 | $269,569.01 | 11 |
| 14 | WALGREENS #07453 | DES MOINES | IA | 4,933 | $264,063.44 | 13 |
| 15 | MARTIN HEALTH SERVICES INC | JOHNSTON | IA | 4,707 | $159,774.95 | 10 |
| 16 | DRILLING MORNINGSIDE PHARMACY IN | SIOUX CITY | IA | 4,605 | $253,323.84 | 15 |
| 17 | MERCY FAMILY PHARMACY | DUBUQUE | IA | 4,386 | $222,538.16 | 55 |
| 18 | HY-VEE DRUGSTORE #7065 | OTTUMWA | IA | 4,293 | $224,909.99 | 14 |
| 19 | WALGREEN #05852 | DES MOINES | IA | 4,145 | $207,054.40 | 16 |
| 20 | HY-VEE PHARMACY (1403) | MARSHALLTOWN | IA | 3,981 | $185,544.81 | 37 |
| 21 | HY-VEE PHARMACY #1 (1136) | DES MOINES | IA | 3,888 | $223,472.97 | 22 |
| 22 | WALGREEN COMPANY 05777 | DES MOINES | IA | 3,817 | $173,730.94 | 19 |
| 23 | HY-VEE PHARMACY #4 (1060) | CEDAR RAPIDS | IA | 3,725 | $202,278.38 | 29 |
| 24 | WALGREEN #04041 | DAVENPORT | IA | 3,657 | $190,949.97 | 17 |
| 25 | GREENWOOD DRUG ON KIMBALL AVENUE | WATERLOO | IA | 3,608 | $246,763.05 | 21 |
| 26 | RASHID PHARMACY PLC | FORT MADISON | IA | 3,595 | $211,825.56 | 20 |

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## TOP 100 PHARMACIES BY PRESCRIPTION COUNT
## January/February 2014

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 27 | WALGREEN #11709 | DAVENPORT | IA | 3,545 | $189,666.78 | 23 |
| 28 | MAHASKA DRUG INC | OSKALOOSA | IA | 3,532 | $185,124.57 | 25 |
| 29 | PHARMACY MATTERS LTC | IOWA CITY | IA | 3,507 | $136,009.89 | 24 |
| 30 | DANIEL PHARMACY INC | FORT DODGE | IA | 3,406 | $163,594.41 | 48 |
| 31 | SOUTH SIDE DRUG, INC. | OTTUMWA | IA | 3,367 | $186,793.40 | 26 |
| 32 | HY-VEE DRUGSTORE #7030 | COUNCIL BLUFFS | IA | 3,345 | $175,678.82 | 27 |
| 33 | SIOUXLAND COMM HEALTH CTR PHARMA | SIOUX CITY | IA | 3,344 | $61,141.50 | 143 |
| 34 | HY-VEE PHARMACY #3 (1142) | DES MOINES | IA | 3,229 | $166,527.59 | 34 |
| 35 | WALGREEN #05044 | BURLINGTON | IA | 3,073 | $141,677.47 | 28 |
| 36 | HY-VEE DRUGSTORE # 1180 | FAIRFIELD | IA | 3,069 | $167,137.36 | 35 |
| 37 | STERLING LTC PHARMACY #31 | ANKENY | IA | 3,031 | $194,258.83 | 18 |
| 38 | WAL-MART PHARMACY #10-1509 | MAQUOKETA | IA | 3,005 | $135,010.31 | 38 |
| 39 | WALGREEN #03595 | DAVENPORT | IA | 2,984 | $163,778.65 | 32 |
| 40 | WALGREEN #7452 | DES MOINES | IA | 2,966 | $133,953.98 | 33 |
| 41 | WALGREENS #05119 | CLINTON | IA | 2,948 | $153,206.29 | 31 |
| 42 | MEDICAP PHARMACY | INDIANOLA | IA | 2,896 | $134,922.70 | 30 |
| 43 | WALGREENS #10855 | WATERLOO | IA | 2,826 | $140,673.30 | 41 |
| 44 | WALGREEN CO.# (03875) | CEDAR RAPIDS | IA | 2,707 | $163,664.07 | 45 |
| 45 | THOMPSON-DEAN DRUG | SIOUX CITY | IA | 2,704 | $200,086.35 | 36 |
| 46 | HY-VEE PHARMACY #1 (1042) | BURLINGTON | IA | 2,673 | $161,194.43 | 44 |
| 47 | A AVENUE PHARMACY | CEDAR RAPIDS | IA | 2,629 | $189,238.78 | 52 |
| 48 | HY-VEE PHARMACY #2 (1138) | DES MOINES | IA | 2,589 | $140,152.42 | 53 |
| 49 | HY-VEE PHARMACY (1074) | CHARLES CITY | IA | 2,545 | $153,297.50 | 50 |
| 50 | WAL-MART PHARMACY #10-1496 | WATERLOO | IA | 2,493 | $97,988.46 | 75 |
| 51 | S - S PHARMACY INC | COUNCIL BLUFFS | IA | 2,457 | $160,271.89 | 39 |
| 52 | WAL-MART PHARMACY #10-5115 | DAVENPORT | IA | 2,450 | $85,580.68 | 91 |

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## TOP 100 PHARMACIES BY PRESCRIPTION COUNT
## January/February 2014

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 53 | HY-VEE PHARMACY #1 (1092) | COUNCIL BLUFFS | IA | 2,440 | $143,015.55 | 61 |
| 54 | WALGREENS #11942 | DUBUQUE | IA | 2,419 | $120,803.88 | 49 |
| 55 | HY VEE PHARMACY #1449 | NEWTON | IA | 2,399 | $111,021.98 | 56 |
| 56 | WALGREEN #4714 | DES MOINES | IA | 2,397 | $117,827.53 | 57 |
| 57 | DRUGTOWN PHARMACY #1 (7020) | CEDAR RAPIDS | IA | 2,375 | $127,862.67 | 63 |
| 58 | WALGREEN #05361 | FORT DODGE | IA | 2,366 | $115,289.39 | 47 |
| 59 | HARTIG PHARMACY SERVICES | DUBUQUE | IA | 2,364 | $136,330.32 | 42 |
| 60 | WALGREENS 07968 | DES MOINES | IA | 2,342 | $112,086.65 | 46 |
| 61 | WALGREEN #05886 | KEOKUK | IA | 2,329 | $108,337.22 | 59 |
| 62 | IOWA CVS PHARMACY LLC DBA | WATERLOO | IA | 2,289 | $103,788.33 | 51 |
| 63 | HY-VEE PHARMACY #1 (1105) | DAVENPORT | IA | 2,274 | $120,393.33 | 67 |
| 64 | HY-VEE PHARMACY 1504 | OTTUMWA | IA | 2,271 | $125,053.44 | 92 |
| 65 | HY-VEE PHARMACY (1058) | CENTERVILLE | IA | 2,257 | $104,137.61 | 65 |
| 66 | WAL-MART PHARMACY #10-0985 | FAIRFIELD | IA | 2,254 | $89,946.95 | 112 |
| 67 | WAL MART PHARMACY 10-3590 | SIOUX CITY | IA | 2,232 | $113,500.53 | 62 |
| 68 | HY-VEE PHARMACY #1 (1281) | IOWA CITY | IA | 2,181 | $118,114.24 | 81 |
| 69 | HY-VEE PHARMACY #2 (1044) | BURLINGTON | IA | 2,154 | $82,880.78 | 140 |
| 70 | HY-VEE PHARMACY (1875) | WEBSTER CITY | IA | 2,141 | $94,882.91 | 80 |
| 71 | WAL-MART PHARMACY #10-1393 | OSKALOOSA | IA | 2,139 | $90,251.29 | 123 |
| 72 | HY-VEE DRUGSTORE # 7035 | FT DODGE | IA | 2,136 | $111,039.16 | 69 |
| 73 | WALGREENS #09476 | BURLINGTON | IA | 2,124 | $106,815.42 | 58 |
| 74 | LA GRANGE PHARMACY INC | VINTON | IA | 2,114 | $116,011.72 | 64 |
| 75 | WALGREENS #03876 | MARION | IA | 2,088 | $108,841.97 | 78 |
| 76 | HY-VEE PHARMACY (1075) | CLINTON | IA | 2,088 | $118,699.61 | 97 |
| 77 | PHARMERICA MIDWEST INC DBA | URBANDALE | IA | 2,077 | $71,452.51 | 60 |
| 78 | WALGREEN #05942 | NEWTON | IA | 2,067 | $91,133.30 | 77 |
| 79 | HY-VEE PHARMACY (1522) | PERRY | IA | 2,036 | $92,014.96 | 79 |

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## TOP 100 PHARMACIES BY PRESCRIPTION COUNT
## January/February 2014

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 80 | WAL-MART PHARMACY 10-2889 | CLINTON | IA | 2,020 | $95,290.43 | 129 |
| 81 | MAIN HEALTHCARE SERVICES | BETTENDORF | IA | 2,019 | $55,963.10 | 43 |
| 82 | WAL MART PHARMACY 10-1621 | CENTERVILLE | IA | 2,011 | $105,037.09 | 76 |
| 83 | WALGREEN #09708 | DUBUQUE | IA | 2,005 | $92,662.93 | 68 |
| 84 | WAGNER PHARMACY | CLINTON | IA | 2,004 | $133,253.48 | 74 |
| 85 | HY-VEE PHARMACY 1068 | CHEROKEE | IA | 1,997 | $103,753.54 | 88 |
| 86 | MERCY CAREMOR | DUBUQUE | IA | 1,978 | $57,785.30 | 54 |
| 87 | HY VEE PHARMACY (1170) | ESTHERVILLE | IA | 1,963 | $96,962.19 | 73 |
| 88 | HY-VEE PHARMACY 1071 | CLARINDA | IA | 1,959 | $115,888.02 | 87 |
| 89 | MEDICAP PHARMACY | MARSHALLTOWN | IA | 1,954 | $112,700.49 | 93 |
| 90 | HY-VEE DRUGSTORE #7031 | DES MOINES | IA | 1,945 | $100,222.65 | 83 |
| 91 | HY-VEE PHARMACY (1009) DBA | ALBIA | IA | 1,940 | $91,104.89 | 84 |
| 92 | HY-VEE PHARMACY #3 (1056) | CEDAR RAPIDS | IA | 1,940 | $95,513.61 | 70 |
| 93 | HY-VEE FOOD STORE | WATERLOO | IA | 1,912 | $128,454.97 | 72 |
| 94 | HY-VEE PHARMACY #5 (1151) | DES MOINES | IA | 1,911 | $123,938.95 | 96 |
| 95 | MERCY MEDICAL CENTER NORTH IA DB | MASON CITY | IA | 1,901 | $99,406.35 | 149 |
| 96 | HY-VEE PHARMACY 1481 | OSKALOOSA | IA | 1,878 | $96,067.26 | 115 |
| 97 | HY-VEE PHARMACY #1 (1610) | SIOUX CITY | IA | 1,869 | $109,191.90 | 86 |
| 98 | SCOTT PHARMACY | FAYETTE | IA | 1,858 | $79,984.29 | 102 |
| 99 | HY-VEE PHARMACY (1065) | CHARITON | IA | 1,853 | $112,011.50 | 82 |
| 100 | HY-VEE PHARMACY (1353) | KNOXVILLE | IA | 1,843 | $89,281.91 | 118 |

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## TOP 100 PHARMACIES BY PAID AMOUNT
## January/February 2014

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 1 | NUCARA PHARMACY #27 | PLEASANT HILL | IA | 1,659 | $816,786.04 | 11 |
| 2 | UNITYPOINT AT HOME | URBANDALE | IA | 506 | $798,113.89 | 1 |
| 3 | ARJ INFUSION SERVICES INC | LENEXA | KS | 18 | $534,963.69 | 2 |
| 4 | HY-VEE PHARMACY SOLUTIONS | OMAHA | NE | 294 | $512,483.26 | 5 |
| 5 | CAREMARK KANSAS SPEC PHARMACY LL | LENEXA | KS | 146 | $509,728.44 | 3 |
| 6 | ACCREDO HEALTH GROUP INC | MEMPHIS | TN | 76 | $499,494.20 | 7 |
| 7 | WALGREEN #05239 | DAVENPORT | IA | 9,140 | $471,300.28 | 4 |
| 8 | UIHC AMBULATORY CARE PHARMACY | IOWA CITY | IA | 10,870 | $439,502.68 | 28 |
| 9 | UNIV OF IOWA COMMUNITY HOMECARE | IOWA CITY | IA | 258 | $422,170.39 | 9 |
| 10 | WALGREEN #04405 | COUNCIL BLUFFS | IA | 7,891 | $418,488.21 | 6 |
| 11 | ACCREDO HEALTH GROUP INC | NASHVILLE | TN | 20 | $415,825.39 | 27 |
| 12 | BROADLAWNS MEDICAL CENTER | DES MOINES | IA | 22,235 | $390,247.19 | 615 |
| 13 | WALGREEN #05721 | DES MOINES | IA | 7,615 | $388,278.34 | 8 |
| 14 | MERCY HOME INFUSION | URBANDALE | IA | 270 | $367,766.31 | 12 |
| 15 | WALGREEN COMPANY #05042 | CEDAR RAPIDS | IA | 5,262 | $306,591.48 | 14 |
| 16 | WALGREEN #359 | DES MOINES | IA | 5,947 | $296,521.36 | 13 |
| 17 | WALGREEN #910 | SIOUX CITY | IA | 5,899 | $296,162.01 | 10 |
| 18 | WALGREEN CO.#3700 | COUNCIL BLUFFS | IA | 5,311 | $276,451.51 | 15 |
| 19 | WALGREEN COMPANY 07455 | WATERLOO | IA | 5,186 | $269,569.01 | 20 |
| 20 | HY-VEE DRUGSTORE #7060 | MUSCATINE | IA | 6,089 | $268,393.84 | 21 |
| 21 | WALGREENS #07453 | DES MOINES | IA | 4,933 | $264,063.44 | 16 |
| 22 | WALGREEN #05362 | DES MOINES | IA | 5,607 | $256,349.06 | 19 |
| 23 | COMMUNITY HEALTHCARE SERVICES | LOMA LINDA | CA | 8 | $256,231.52 | 53 |
| 24 | DRILLING MORNINGSIDE PHARMACY IN | SIOUX CITY | IA | 4,605 | $253,323.84 | 25 |
| 25 | GREENWOOD DRUG ON KIMBALL AVENUE | WATERLOO | IA | 3,608 | $246,763.05 | 17 |
| 26 | HY-VEE DRUGSTORE #7065 | OTTUMWA | IA | 4,293 | $224,909.99 | 22 |

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## TOP 100 PHARMACIES BY PAID AMOUNT
## January/February 2014

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 27 | HY-VEE PHARMACY #1 (1136) | DES MOINES | IA | 3,888 | $223,472.97 | 29 |
| 28 | MERCY FAMILY PHARMACY | DUBUQUE | IA | 4,386 | $222,538.16 | 78 |
| 29 | RASHID PHARMACY PLC | FORT MADISON | IA | 3,595 | $211,825.56 | 24 |
| 30 | WALGREEN #05852 | DES MOINES | IA | 4,145 | $207,054.40 | 33 |
| 31 | WALGREENS INFUSION SERVICES | OMAHA | NE | 52 | $206,637.50 | 55 |
| 32 | HY-VEE PHARMACY #4 (1060) | CEDAR RAPIDS | IA | 3,725 | $202,278.38 | 40 |
| 33 | THOMPSON-DEAN DRUG | SIOUX CITY | IA | 2,704 | $200,086.35 | 35 |
| 34 | STERLING LTC PHARMACY #31 | ANKENY | IA | 3,031 | $194,258.83 | 23 |
| 35 | WALGREEN #04041 | DAVENPORT | IA | 3,657 | $190,949.97 | 26 |
| 36 | WALGREEN #11709 | DAVENPORT | IA | 3,545 | $189,666.78 | 32 |
| 37 | A AVENUE PHARMACY | CEDAR RAPIDS | IA | 2,629 | $189,238.78 | 43 |
| 38 | SOUTH SIDE DRUG, INC. | OTTUMWA | IA | 3,367 | $186,793.40 | 34 |
| 39 | ACCREDO HEALTH GROUP INC | WARRENDALE | PA | 37 | $186,176.80 | 18 |
| 40 | HY-VEE PHARMACY (1403) | MARSHALLTOWN | IA | 3,981 | $185,544.81 | 57 |
| 41 | MAHASKA DRUG INC | OSKALOOSA | IA | 3,532 | $185,124.57 | 37 |
| 42 | HY-VEE DRUGSTORE #7030 | COUNCIL BLUFFS | IA | 3,345 | $175,678.82 | 36 |
| 43 | WALGREEN COMPANY 05777 | DES MOINES | IA | 3,817 | $173,730.94 | 41 |
| 44 | MARTIN HEALTH SERVICES INC | DENVER | IA | 6,537 | $170,155.20 | 31 |
| 45 | MEDFUSIONRX LLC | FRANKLIN | TN | 49 | $168,887.83 | 30 |
| 46 | HY-VEE DRUGSTORE # 1180 | FAIRFIELD | IA | 3,069 | $167,137.36 | 45 |
| 47 | HY-VEE PHARMACY #3 (1142) | DES MOINES | IA | 3,229 | $166,527.59 | 47 |
| 48 | WALGREEN #03595 | DAVENPORT | IA | 2,984 | $163,778.65 | 49 |
| 49 | WALGREEN CO.# (03875) | CEDAR RAPIDS | IA | 2,707 | $163,664.07 | 50 |
| 50 | DANIEL PHARMACY INC | FORT DODGE | IA | 3,406 | $163,594.41 | 66 |
| 51 | HY-VEE PHARMACY #1 (1042) | BURLINGTON | IA | 2,673 | $161,194.43 | 46 |
| 52 | S - S PHARMACY INC | COUNCIL BLUFFS | IA | 2,457 | $160,271.89 | 39 |
| 53 | MARTIN HEALTH SERVICES INC | JOHNSTON | IA | 4,707 | $159,774.95 | 38 |

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## TOP 100 PHARMACIES BY PAID AMOUNT
## January/February 2014

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 54 | HY-VEE PHARMACY (1074) | CHARLES CITY | IA | 2,545 | $153,297.50 | 62 |
| 55 | WALGREENS #05119 | CLINTON | IA | 2,948 | $153,206.29 | 48 |
| 56 | DIPLOMAT SPECIALTY PHARMACY | FLINT | MI | 54 | $152,999.62 | 42 |
| 57 | HY-VEE PHARMACY #1 (1092) | COUNCIL BLUFFS | IA | 2,440 | $143,015.55 | 58 |
| 58 | WALGREEN #05044 | BURLINGTON | IA | 3,073 | $141,677.47 | 51 |
| 59 | CYSTIC FIBROSIS SERVICES INC | CENTENNIAL | CO | 57 | $140,956.26 | 52 |
| 60 | WALGREENS #10855 | WATERLOO | IA | 2,826 | $140,673.30 | 64 |
| 61 | HY-VEE PHARMACY #2 (1138) | DES MOINES | IA | 2,589 | $140,152.42 | 67 |
| 62 | HARTIG PHARMACY SERVICES | DUBUQUE | IA | 2,364 | $136,330.32 | 63 |
| 63 | PHARMACY MATTERS LTC | IOWA CITY | IA | 3,507 | $136,009.89 | 65 |
| 64 | AXELACARE HEALTH SOLUTIONS LLC | LENEXA | KS | 7 | $135,148.76 | 89 |
| 65 | WAL-MART PHARMACY #10-1509 | MAQUOKETA | IA | 3,005 | $135,010.31 | 80 |
| 66 | MEDICAP PHARMACY | INDIANOLA | IA | 2,896 | $134,922.70 | 60 |
| 67 | WALGREEN #7452 | DES MOINES | IA | 2,966 | $133,953.98 | 56 |
| 68 | PROCARE PHARMACY DIRECT LLC | MONROEVILLE | PA | 58 | $133,804.70 | 72 |
| 69 | WAGNER PHARMACY | CLINTON | IA | 2,004 | $133,253.48 | 61 |
| 70 | WALGREENS SPECIALTY PHARMACY #12 | ANN ARBOR | MI | 40 | $131,295.73 | 73 |
| 71 | HY-VEE FOOD STORE | WATERLOO | IA | 1,912 | $128,454.97 | 59 |
| 72 | DRUGTOWN PHARMACY #1 (7020) | CEDAR RAPIDS | IA | 2,375 | $127,862.67 | 82 |
| 73 | WALGREENS #07833 | DES MOINES | IA | 1,536 | $126,283.55 | 106 |
| 74 | HY-VEE PHARMACY #5 (1109) | DAVENPORT | IA | 1,841 | $125,873.85 | 79 |
| 75 | HY-VEE PHARMACY 1504 | OTTUMWA | IA | 2,271 | $125,053.44 | 86 |
| 76 | ORSINI PHARMACEUTICAL SERVICES I | ELK GROVE VILLAGE | IL | 8 | $124,571.44 | 54 |
| 77 | HY-VEE PHARMACY #5 (1151) | DES MOINES | IA | 1,911 | $123,938.95 | 88 |
| 78 | WALGREENS #11942 | DUBUQUE | IA | 2,419 | $120,803.88 | 70 |
| 79 | HY-VEE PHARMACY #1 (1105) | DAVENPORT | IA | 2,274 | $120,393.33 | 99 |

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## TOP 100 PHARMACIES BY PAID AMOUNT
## January/February 2014

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 80 | HY-VEE PHARMACY (1075) | CLINTON | IA | 2,088 | $118,699.61 | 87 |
| 81 | HY-VEE PHARMACY #1 (1281) | IOWA CITY | IA | 2,181 | $118,114.24 | 77 |
| 82 | WALGREEN #4714 | DES MOINES | IA | 2,397 | $117,827.53 | 105 |
| 83 | LA GRANGE PHARMACY INC | VINTON | IA | 2,114 | $116,011.72 | 100 |
| 84 | HY-VEE PHARMACY 1071 | CLARINDA | IA | 1,959 | $115,888.02 | 74 |
| 85 | WALGREEN #05361 | FORT DODGE | IA | 2,366 | $115,289.39 | 68 |
| 86 | WAL MART PHARMACY 10-3590 | SIOUX CITY | IA | 2,232 | $113,500.53 | 108 |
| 87 | GREENVILLE PHARMACY INC | SIOUX CITY | IA | 1,650 | $112,948.15 | 76 |
| 88 | MEDICAP PHARMACY | MARSHALLTOWN | IA | 1,954 | $112,700.49 | 104 |
| 89 | WALGREENS 07968 | DES MOINES | IA | 2,342 | $112,086.65 | 71 |
| 90 | HY-VEE PHARMACY (1065) | CHARITON | IA | 1,853 | $112,011.50 | 109 |
| 91 | HY-VEE DRUGSTORE # 7035 | FT DODGE | IA | 2,136 | $111,039.16 | 103 |
| 92 | HY VEE PHARMACY #1449 | NEWTON | IA | 2,399 | $111,021.98 | 85 |
| 93 | L & M PHARMACY CARE | LE MARS | IA | 1,335 | $109,769.72 | 226 |
| 94 | HY-VEE PHARMACY #1 (1610) | SIOUX CITY | IA | 1,869 | $109,191.90 | 84 |
| 95 | WALGREENS #03876 | MARION | IA | 2,088 | $108,841.97 | 44 |
| 96 | WALGREEN #05886 | KEOKUK | IA | 2,329 | $108,337.22 | 102 |
| 97 | VALUMED PHARMACY | CORALVILLE | IA | 1,815 | $107,625.59 | 200 |
| 98 | WALGREENS #09476 | BURLINGTON | IA | 2,124 | $106,815.42 | 97 |
| 99 | CENTRIC HEALTH RESOURCES INC | CHESTERFIELD | MO | 13 | $105,618.46 | 140 |
| 100 | WAL-MART PHARMACY 10-0784 | MT PLEASANT | IA | 1,746 | $105,377.48 | 172 |

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## TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT

| RANK | NPI NUM | PRESCRIBER NAME | PAID AMOUNT | PRESCRIPTION COUNT | PREVIOUS RANK |
|---|---|---|---|---|---|
| 1 | 1295830115 | ALAN R BOLLINGER | $178,707.33 | 2,558 | 45 |
| 2 | 1467682351 | NICOLE GILG | $59,285.68 | 2,454 | 385 |
| 3 | 1780766659 | CHESTER ROBERT BADGER | $107,487.31 | 2,388 | 101 |
| 4 | 1538368170 | CHRISTOPHER ROBERT MATSON | $60,452.20 | 2,285 | 362 |
| 5 | 1861562555 | LARRY RICHARDS | $155,231.55 | 2,267 | 1 |
| 6 | 1841407160 | RAHUL BANSAL MD | $207,048.72 | 2,182 | 4 |
| 7 | 1063622637 | HUSSAIN BANU | $43,679.29 | 2,082 | 2823 |
| 8 | 1912991340 | GHADA HAMDAN-ALLEN MD | $160,367.84 | 1,752 | 2 |
| 9 | 1437182706 | YULIA JOHNSON MD | $38,971.27 | 1,696 | 700 |
| 10 | 1013115369 | BOBBITA NAG | $185,377.46 | 1,683 | 3 |
| 11 | 1316922545 | MABRA G ABERNATHY | $39,015.35 | 1,632 | 2286 |
| 12 | 1649248378 | KATHLEEN L WILD ARNP | $142,747.45 | 1,625 | 5 |
| 13 | 1164414520 | KAREN FULWOOD | $108,895.90 | 1,548 | 7 |
| 14 | 1215192224 | SHALINA SHAIK | $26,923.66 | 1,491 | 4404 |
| 15 | 1982605762 | JEFFREY D WILHARM | $101,584.41 | 1,449 | 9 |
| 16 | 1285681528 | MARVIN FRANKLIN PIBURN | $110,757.12 | 1,413 | 6 |
| 17 | 1073509436 | MICHAEL KARL MAHARRY MD | $54,391.61 | 1,381 | 143 |
| 18 | 1073594768 | JERROLD V FLATT DO | $60,962.55 | 1,366 | 12 |
| 19 | 1083784797 | CAROL AUNAN | $111,003.38 | 1,359 | 15 |
| 20 | 1720202732 | SHANNON REMINGTON | $34,762.10 | 1,325 | 1144 |
| 21 | 1245388743 | TIMOTHY WAYNE SWINTON | $39,342.00 | 1,317 | 87 |
| 22 | 1972758126 | REBECCA BOLLIN | $35,116.47 | 1,286 | 1060 |
| 23 | 1801998372 | WENDY MICHELE HANSEN-PENMAN DO | $25,378.65 | 1,270 | 1539 |
| 24 | 1619153137 | JODI BEST ARNP | $127,175.27 | 1,240 | 11 |
| 25 | 1962558957 | ALBERT OKINE PA | $132,322.51 | 1,214 | 10 |
| 26 | 1982766705 | MALHAR GORE | $30,564.25 | 1,207 | 666 |
| 27 | 1013960566 | PETER JOSEPH SZEIBEL | $95,165.55 | 1,191 | 16 |
| 28 | 1043211303 | ALI SAFDAR | $66,736.31 | 1,190 | 26 |
| 29 | 1184945321 | DEANNE REMER | $59,429.28 | 1,177 | 89 |
| 30 | 1730239732 | SRIRAMAMURTHY RAVIPATI MD | $92,981.44 | 1,160 | 8 |
| 31 | 1023053972 | BRYANT MUTCHLER DO | $50,655.40 | 1,157 | 22 |
| 32 | 1720293087 | RAJNI BATRA MD | $54,053.61 | 1,136 | 20 |
| 33 | 1528144383 | RAMONCITO AMURAO O'CAMPO | $38,586.25 | 1,136 | 350 |
| 34 | 1467502286 | CHARLES TILLEY PA | $110,955.28 | 1,134 | 42 |

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|---|---|---|---|---|---|
| 35 | 1043434525 | ROBERT MARVIN KENT MD | $48,736.25 | 1,108 | 33 |
| 36 | 1740269745 | PAULA JEAN CURRAN ARNP | $53,985.42 | 1,093 | 56 |
| 37 | 1205015906 | DAVID F WIDITZ | $74,588.24 | 1,087 | 28 |
| 38 | 1073500690 | KATHLEEN S ADAMS | $125,232.75 | 1,085 | 27 |
| 39 | 1447363700 | ROBERT D CONNER | $32,894.79 | 1,076 | 13 |
| 40 | 1164530358 | DAVID M CRAVEN | $60,417.06 | 1,062 | 14 |
| 41 | 1598750432 | CHRISTOPHER GENE OKIISHI MD | $73,321.53 | 1,049 | 18 |
| 42 | 1134206873 | ROBERT W DETLEFSEN ARNP | $74,416.93 | 1,040 | 39 |
| 43 | 1003004391 | DAVID BERMAN WALKER MD | $89,310.02 | 1,032 | 24 |
| 44 | 1215146055 | REBECCA J WOLFE | $86,472.01 | 1,024 | 19 |
| 45 | 1730173766 | FRANK L BABCOCK, MD | $57,367.68 | 1,024 | 25 |
| 46 | 1164538674 | JOSEPH M WANZEK | $51,345.18 | 1,019 | 34 |
| 47 | 1841220290 | KENT ELDON KUNZE MD | $93,085.98 | 1,016 | 17 |
| 48 | 1205821337 | MANMOHAN SINGH | $43,962.28 | 1,014 | 219 |
| 49 | 1902809536 | KIRAN KHANOLKAR | $37,203.41 | 1,003 | 62 |
| 50 | 1063491645 | ALLYSON L WHEATON MD | $98,836.94 | 997 | 23 |
| 51 | 1033436480 | AMBER J EDWARDS | $57,837.77 | 993 | 32 |
| 52 | 1396724167 | MICHAEL O'CONNER MD | $31,867.99 | 983 | 40 |
| 53 | 1861559486 | JOSPEH PATRICK BERTROCHE | $108,364.02 | 981 | 21 |
| 54 | 1477633188 | CYD Q. GRAFFT | $66,879.56 | 958 | 38 |
| 55 | 1467437806 | GEORGIA LAUER PAC | $44,444.01 | 957 | 154 |
| 56 | 1023377827 | LISA KAY CHASE | $34,554.66 | 947 | 258 |
| 57 | 1255322996 | MARK WILLIAM MITTAUER | $87,825.47 | 944 | 84 |
| 58 | 1922144088 | THOMAS SCOTT HOPKINS DO | $84,235.65 | 944 | 35 |
| 59 | 1245318393 | JEAN TOBIN PA | $61,894.09 | 940 | 57 |
| 60 | 1508946088 | E RICHARD NIGHTINGALE MD | $90,509.98 | 938 | 30 |
| 61 | 1083681944 | MARY CHRISTINE SEGRETO | $127,660.95 | 925 | 52 |
| 62 | 1225097843 | WILLIAM M NISSEN | $42,064.59 | 918 | 47 |
| 63 | 1629042288 | MARTIN J FIALKOV MD | $62,736.36 | 916 | 46 |
| 64 | 1326045808 | RAY C STURDEVANT MD | $88,428.67 | 915 | 31 |
| 65 | 1306954391 | WILLIAM E HOWARD IV | $93,945.78 | 908 | 54 |
| 66 | 1104089390 | EJIRO AGBORO-IDAHOSA MD | $65,769.57 | 882 | 43 |
| 67 | 1942252895 | KIMBERLY A THOMPSON | $31,566.94 | 875 | 44 |
| 68 | 1407953979 | CECELIA M NASSIF ARNP | $67,425.57 | 872 | 53 |
| 69 | 1669570404 | CASIE RINEY PA | $77,707.44 | 866 | 72 |
| 70 | 1952418592 | SHAWN DENNIS JONES | $54,208.62 | 862 | 37 |

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|---|---|---|---|---|---|
| 71 | 1568431880 | POMILLA KUMAR | $52,482.09 | 860 | 36 |
| 72 | 1558348284 | STEVEN G PAULSRUD | $48,523.13 | 860 | 73 |
| 73 | 1902115652 | SARAH LYNN BEATTIE ARNP | $92,784.02 | 851 | 55 |
| 74 | 1932415403 | MITZI M REGALARD | $32,594.76 | 844 | 206 |
| 75 | 1710941000 | LAURIE WARREN PA | $97,573.88 | 837 | 103 |
| 76 | 1144214248 | KRISTIE DEE ANN WALZ MD | $38,817.88 | 835 | 90 |
| 77 | 1306133095 | DEBRA LEE ANDERSON | $25,125.03 | 830 | 229 |
| 78 | 1124399522 | JOYCE E PROUCH ARNP | $73,958.35 | 830 | 77 |
| 79 | 1780793976 | MATTHEW D EGGERS MD | $84,440.23 | 819 | 86 |
| 80 | 1396798450 | JASON CHINWE NKEM EKWENA | $14,636.12 | 819 | 78 |
| 81 | 1225168511 | FREDERICK C. ALDRICH | $23,408.18 | 812 | 59 |
| 82 | 1497736326 | RANDY R ROBINSON | $32,057.24 | 811 | 92 |
| 83 | 1013964634 | CARL A AAGESEN | $27,097.35 | 803 | 342 |
| 84 | 1326013426 | PAUL DENNIS PETERSON DO | $39,026.62 | 800 | 48 |
| 85 | 1326036062 | JON S AHRENDSEN MD | $59,458.94 | 796 | 50 |
| 86 | 1902912538 | CHRISTIAN W JONES MD | $34,006.94 | 788 | 61 |
| 87 | 1346210184 | JAMES BROOKS MD | $88,902.77 | 787 | 29 |
| 88 | 1033198908 | DANIEL J ARNOLD | $36,933.12 | 787 | 75 |
| 89 | 1205808664 | DAVID M CRIPPIN MD | $29,669.10 | 786 | 81 |
| 90 | 1053376475 | DANIEL W GILLETTE | $78,568.97 | 784 | 67 |
| 91 | 1245436765 | RENE M DUREGGER MD | $71,062.86 | 764 | 49 |
| 92 | 1699075929 | HIEDI CHRISTINE LANE | $61,944.42 | 763 | 85 |
| 93 | 1952459463 | DAVID LAWRENCE YURDIN PA | $298,773.45 | 755 | 246 |
| 94 | 1316097314 | MAEN M HADDADIN MD | $30,526.17 | 751 | 41 |
| 95 | 1215080759 | JUANITA M O'BRIEN | $24,201.67 | 751 | 330 |
| 96 | 1699744045 | JENNIFER JOHNSON MD | $14,691.03 | 751 | 6843 |
| 97 | 1538157383 | DAVID WENGER-KELLER MD | $37,879.48 | 748 | 115 |
| 98 | 1356520431 | KAY A MARTTILA | $79,006.55 | 746 | 120 |
| 99 | 1679669832 | ERIN VOYLES HATCHER ARNP | $76,283.02 | 744 | 63 |
| 100 | 1871586271 | PATRICIA BLACKLEDGE ARNP | $24,858.60 | 742 | 211 |

Iowa Department of Human Services

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## TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT

| RANK | DOCTOR NUM | PRESCRIBER NAME | PAID AMOUNT | PRESCRIPTION COUNT | PREVIOUS RANK |
|---|---|---|---|---|---|
| 1 | 1013126705 | JANICE M. R. STABER | $1,076,213.43 | 62 | 1 |
| 2 | 1952459463 | DAVID LAWRENCE YURDIN PA | $298,773.45 | 755 | 80 |
| 3 | 1548247406 | VILMARIE RODRIGUEZ-PADUA MD | $263,315.55 | 18 | 10 |
| 4 | 1013905181 | DONALD MACFARLANE MD | $225,959.32 | 18 | 2 |
| 5 | 1376777524 | ALLADDIN MOH ELHADI ABOSAIDA | $214,897.55 | 266 | 3 |
| 6 | 1841407160 | RAHUL BANSAL MD | $207,048.72 | 2,182 | 8 |
| 7 | 1356337273 | LISA J MENZIES | $206,663.37 | 655 | 4 |
| 8 | 1013115369 | BOBBITA NAG | $185,377.46 | 1,683 | 6 |
| 9 | 1295830115 | ALAN R BOLLINGER | $178,707.33 | 2,558 | 44 |
| 10 | 1912991340 | GHADA HAMDAN-ALLEN MD | $160,367.84 | 1,752 | 5 |
| 11 | 1861562555 | LARRY RICHARDS | $155,231.55 | 2,267 | 7 |
| 12 | 1841285772 | KATHRYN CAROLE BREITBACH | $150,605.37 | 88 | 14 |
| 13 | 1649248378 | KATHLEEN L WILD ARNP | $142,747.45 | 1,625 | 9 |
| 14 | 1699760314 | DIANE L EASTMAN | $138,444.03 | 86 | 28 |
| 15 | 1972638864 | LIUSKA MARIA PESCE | $135,706.59 | 275 | 12 |
| 16 | 1083609358 | JENNIFER S COOK | $135,037.60 | 570 | 19 |
| 17 | 1962558957 | ALBERT OKINE PA | $132,322.51 | 1,214 | 18 |
| 18 | 1992879324 | YOUNG PINCKNEY OLIVER MD | $129,583.32 | 116 | 977 |
| 19 | 1083681944 | MARY CHRISTINE SEGRETO | $127,660.95 | 925 | 21 |
| 20 | 1619153137 | JODI BEST ARNP | $127,175.27 | 1,240 | 16 |
| 21 | 1073500690 | KATHLEEN S ADAMS | $125,232.75 | 1,085 | 22 |
| 22 | 1235124942 | JULIE KATHRYN OSTERHAUS | $124,993.98 | 254 | 15 |
| 23 | 1285748004 | BRUCE L HUGHES MD | $115,781.55 | 125 | 17 |
| 24 | 1083784797 | CAROL AUNAN | $111,003.38 | 1,359 | 29 |
| 25 | 1467502286 | CHARLES TILLEY PA | $110,955.28 | 1,134 | 46 |
| 26 | 1285681528 | MARVIN FRANKLIN PIBURN | $110,757.12 | 1,413 | 13 |
| 27 | 1164414520 | KAREN FULWOOD | $108,895.90 | 1,548 | 25 |
| 28 | 1861559486 | JOSPEH PATRICK BERTROCHE | $108,364.02 | 981 | 20 |
| 29 | 1780766659 | CHESTER ROBERT BADGER | $107,487.31 | 2,388 | 309 |
| 30 | 1982605762 | JEFFREY D WILHARM | $101,584.41 | 1,449 | 35 |
| 31 | 1629064324 | KATHY RUPPENKAMP | $101,194.28 | 52 | 61 |
| 32 | 1063491645 | ALLYSON L WHEATON MD | $98,836.94 | 997 | 30 |
| 33 | 1710941000 | LAURIE WARREN PA | $97,573.88 | 837 | 47 |
| 34 | 1013960566 | PETER JOSEPH SZEIBEL | $95,165.55 | 1,191 | 32 |

| | | | | | |
|---|---|---|---|---|---|
| 35 | 1306954391 | WILLIAM E HOWARD IV | $93,945.78 | 908 | 34 |
| 36 | 1841220290 | KENT ELDON KUNZE MD | $93,085.98 | 1,016 | 24 |
| 37 | 1730239732 | SRIRAMAMURTHY RAVIPATI MD | $92,981.44 | 1,160 | 26 |
| 38 | 1902115652 | SARAH LYNN BEATTIE ARNP | $92,784.02 | 851 | 33 |
| 39 | 1619963949 | EVA TSALIKIAN | $91,284.77 | 140 | 45 |
| 40 | 1508946088 | E RICHARD NIGHTINGALE MD | $90,509.98 | 938 | 38 |
| 41 | 1003004391 | DAVID BERMAN WALKER MD | $89,310.02 | 1,032 | 42 |
| 42 | 1346210184 | JAMES BROOKS MD | $88,902.77 | 787 | 31 |
| 43 | 1205992724 | LOUISE W SMITH | $88,453.73 | 243 | 364 |
| 44 | 1326045808 | RAY C STURDEVANT MD | $88,428.67 | 915 | 39 |
| 45 | 1497737878 | MICHAEL D VOIGT | $88,031.92 | 73 | 53 |
| 46 | 1255322996 | MARK WILLIAM MITTAUER | $87,825.47 | 944 | 102 |
| 47 | 1528247368 | MISHELLE L PAULLUS | $86,652.76 | 90 | 92 |
| 48 | 1215146055 | REBECCA J WOLFE | $86,472.01 | 1,024 | 37 |
| 49 | 1780793976 | MATTHEW D EGGERS MD | $84,440.23 | 819 | 77 |
| 50 | 1922144088 | THOMAS SCOTT HOPKINS DO | $84,235.65 | 944 | 43 |
| 51 | 1710972591 | ELIZABETH L DOWD | $81,325.98 | 174 | 11 |
| 52 | 1548256191 | JUDITH A MILLER | $79,791.66 | 27 | 40 |
| 53 | 1356520431 | KAY A MARTTILA | $79,006.55 | 746 | 66 |
| 54 | 1053376475 | DANIEL W GILLETTE | $78,568.97 | 784 | 57 |
| 55 | 1669570404 | CASIE RINEY PA | $77,707.44 | 866 | 49 |
| 56 | 1821082850 | JOHN F STECKER | $77,255.44 | 654 | 74 |
| 57 | 1861480394 | KRISTINE A DAVIS | $77,243.69 | 108 | 109 |
| 58 | 1679669832 | ERIN VOYLES HATCHER ARNP | $76,283.02 | 744 | 50 |
| 59 | 1356564371 | CARLA K ABEL-ZIEG ARNP | $75,691.58 | 734 | 51 |
| 60 | 1083603773 | JACK T STAPLETON | $74,673.86 | 129 | 224 |
| 61 | 1205015906 | DAVID F WIDITZ | $74,588.24 | 1,087 | 85 |
| 62 | 1134206873 | ROBERT W DETLEFSEN ARNP | $74,416.93 | 1,040 | 73 |
| 63 | 1104974658 | UMA RAO PALAKURTHY | $74,374.89 | 569 | 23 |
| 64 | 1447242359 | DANIEL M SLEITER ARNP | $74,081.15 | 151 | 86 |
| 65 | 1124399522 | JOYCE E PROUCH ARNP | $73,958.35 | 830 | 75 |
| 66 | 1609055771 | CHARUTA NARAYAN JOSHI | $73,849.92 | 386 | 93 |
| 67 | 1598750432 | CHRISTOPHER GENE OKIISHI MD | $73,321.53 | 1,049 | 117 |
| 68 | 1487908380 | LISA ANN BECHTEL ARNP | $71,452.34 | 729 | 52 |
| 69 | 1245436765 | RENE M DUREGGER MD | $71,062.86 | 764 | 55 |
| 70 | 1447210562 | KAREN SUE HOSPODAR SCOTT MD | $69,848.14 | 364 | 56 |

| | | | | | |
|---|---|---|---|---|---|
| 71 | 1619054335 | ARA ROBINSON DO | $69,629.07 | 588 | 82 |
| 72 | 1104034552 | DEANNA BOOK BOESEN | $67,862.17 | 711 | 54 |
| 73 | 1407953979 | CECELIA M NASSIF ARNP | $67,425.57 | 872 | 78 |
| 74 | 1821084468 | MARY WAGNER NIXON | $66,987.25 | 671 | 59 |
| 75 | 1477633188 | CYD Q. GRAFFT | $66,879.56 | 958 | 87 |
| 76 | 1043211303 | ALI SAFDAR | $66,736.31 | 1,190 | 71 |
| 77 | 1104089390 | EJIRO AGBORO-IDAHOSA MD | $65,769.57 | 882 | 89 |
| 78 | 1588838841 | LEENU MISHRA MD | $64,838.99 | 676 | 76 |
| 79 | 1144370131 | MICHAEL LEE EGGER MD | $64,234.98 | 628 | 67 |
| 80 | 1609867688 | DAVID B MOORE, M.D. | $64,108.90 | 232 | 65 |
| 81 | 1639423544 | PAMELA S BROWN ARNP | $64,078.77 | 738 | 62 |
| 82 | 1366435125 | DANIEL EDWARD WESEMANN ARNP | $63,882.38 | 612 | 72 |
| 83 | 1255365631 | CINDY GOSHORN ARNP | $63,768.04 | 671 | 91 |
| 84 | 1669504270 | JENNIFER WEIS PA | $63,696.48 | 26 | 98 |
| 85 | 1750376034 | DUANGCHAI NARAWONG MD | $63,111.04 | 567 | 95 |
| 86 | 1629042288 | MARTIN J FIALKOV MD | $62,736.36 | 916 | 90 |
| 87 | 1215025309 | DEBORAH LYNNE GARRELTS | $62,343.78 | 554 | 69 |
| 88 | 1578672523 | JONATHAN F MORAVEK MD | $62,299.29 | 87 | 36 |
| 89 | 1699075929 | HIEDI CHRISTINE LANE | $61,944.42 | 763 | 106 |
| 90 | 1245318393 | JEAN TOBIN PA | $61,894.09 | 940 | 101 |
| 91 | 1073594768 | JERROLD V FLATT DO | $60,962.55 | 1,366 | 111 |
| 92 | 1538368170 | CHRISTOPHER ROBERT MATSON | $60,452.20 | 2,285 | 706 |
| 93 | 1164530358 | DAVID M CRAVEN | $60,417.06 | 1,062 | 84 |
| 94 | 1790922441 | MARIA CONSUELO LOZANO-CELIS | $60,402.31 | 683 | 188 |
| 95 | 1215125216 | REBECCA WALDING | $59,922.68 | 572 | 104 |
| 96 | 1326036062 | JON S AHRENDSEN MD | $59,458.94 | 796 | 83 |
| 97 | 1184945321 | DEANNE REMER | $59,429.28 | 1,177 | 112 |
| 98 | 1467682351 | NICOLE GILG | $59,285.68 | 2,454 | 754 |
| 99 | 1194703074 | WENDY ANNE WALDMAN | $58,655.38 | 679 | 121 |
| 100 | 1033436480 | AMBER J EDWARDS | $57,837.77 | 993 | 110 |

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## TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

| CATEGORY DESCRIPTION | November/December 2013 | RANK | % BUDGET | January/February 2014 | RANK | % BUDGET | % CHANGE |
|---|---|---|---|---|---|---|---|
| ANTIPSYCHOTICS - ATYPICALS | $3,765,178 | 1 | 9.7% | $4,280,993 | 1 | 9.2% | 13.7% |
| STIMULANTS - AMPHETAMINES - LONG ACTING | $2,796,311 | 2 | 7.2% | $2,975,673 | 2 | 6.4% | 6.4% |
| ANTICONVULSANTS | $2,084,659 | 3 | 5.4% | $2,465,080 | 3 | 5.3% | 18.2% |
| STIMULANTS - METHYLPHENIDATE - LONG ACTING | $1,890,460 | 4 | 4.9% | $1,915,311 | 4 | 4.1% | 1.3% |
| RSV PROPHYLAXIS | $1,634,749 | 5 | 4.2% | $1,910,566 | 5 | 4.1% | 16.9% |
| DIABETIC - INSULIN | $1,252,870 | 8 | 3.2% | $1,732,154 | 6 | 3.7% | 38.3% |
| ANTIDEPRESSANTS - SELECTED SSRI's | $1,382,025 | 7 | 3.6% | $1,655,796 | 7 | 3.5% | 19.8% |
| ANTIHEMOPHILIC AGENTS | $1,125,733 | 9 | 2.9% | $1,594,457 | 8 | 3.4% | 41.6% |
| STIMULANTS - METHYLPHENIDATE | $1,421,359 | 6 | 3.7% | $1,429,059 | 9 | 3.1% | 0.5% |
| ANTIASTHMATIC - ADRENERGIC COMBOS | $1,017,170 | 10 | 2.6% | $1,347,983 | 10 | 2.9% | 32.5% |
| ANTIASTHMATIC - BETA - ADRENERGICS | $885,242 | 11 | 2.3% | $1,047,720 | 11 | 2.2% | 18.4% |
| STIMULANTS - OTHER STIMULANTS / LIKE STIMULANTS | $814,773 | 13 | 2.1% | $927,751 | 12 | 2.0% | 13.9% |
| ANTIASTHMATIC - STEROID INHALANTS | $828,059 | 12 | 2.1% | $835,836 | 13 | 1.8% | 0.9% |
| ANTIRETROVIRALS | $341,303 | 26 | 0.9% | $821,180 | 14 | 1.8% | 140.6% |
| BIOLOGIC IMMUNOMODULATORS | $694,246 | 14 | 1.8% | $743,959 | 15 | 1.6% | 7.2% |
| NARCOTICS - MISC. | $541,594 | 17 | 1.4% | $710,333 | 16 | 1.5% | 31.2% |
| MULTIPLE SCLEROSIS AGENTS | $604,757 | 15 | 1.6% | $701,869 | 17 | 1.5% | 16.1% |
| STIMULANTS - AMPHETAMINES - SHORT ACTING | $260,669 | 31 | 0.7% | $684,931 | 18 | 1.5% | 162.8% |
| DIABETIC - INSULIN PENFILLS | $483,840 | 18 | 1.2% | $666,572 | 19 | 1.4% | 37.8% |
| GROWTH HORMONE | $571,859 | 16 | 1.5% | $654,377 | 20 | 1.4% | 14.4% |

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## TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

| CATEGORY DESCRIPTION | November/December 2013 | PREV RANK | January/February 2014 | CURR RANK | PERC CHANGE |
|---|---|---|---|---|---|
| ANTIDEPRESSANTS - SELECTED SSRI's | 50,778 | 1 | 64,988 | 1 | 28.0% |
| ANTICONVULSANTS | 29,204 | 2 | 36,018 | 2 | 23.3% |
| NARCOTICS - MISC. | 25,263 | 4 | 32,107 | 3 | 27.1% |
| BETA-LACTAMS / CLAVULANATE COMBO'S | 25,512 | 3 | 29,942 | 4 | 17.4% |
| ANTIPSYCHOTICS - ATYPICALS | 23,767 | 6 | 26,193 | 5 | 10.2% |
| ANTIASTHMATIC - BETA - ADRENERGICS | 21,097 | 7 | 25,567 | 6 | 21.2% |
| ANALGESICS - MISC. | 25,169 | 5 | 25,406 | 7 | 0.9% |
| ANTIHISTAMINES - NON-SEDATING | 19,915 | 8 | 19,316 | 8 | -3.0% |
| MACROLIDES / ERYTHROMYCIN'S / KETOLIDES | 16,356 | 9 | 17,820 | 9 | 9.0% |
| ANTIHYPERTENSIVES - CENTRAL | 15,325 | 10 | 16,238 | 10 | 6.0% |
| CHOLESTEROL - HMG COA + ABSORB INHIBITORS | 10,814 | 18 | 15,694 | 11 | 45.1% |
| ANXIOLYTICS - BENZODIAZEPINES | 11,905 | 13 | 15,502 | 12 | 30.2% |
| STIMULANTS - AMPHETAMINES - LONG ACTING | 14,900 | 11 | 14,920 | 13 | 0.1% |
| NSAIDS | 11,382 | 16 | 14,754 | 14 | 29.6% |
| CEPHALOSPORINS | 11,722 | 14 | 13,722 | 15 | 17.1% |
| GI - PROTON PUMP INHIBITOR | 9,791 | 20 | 13,611 | 16 | 39.0% |
| GLUCOCORTICOIDS - MINERALOCORTICOIDS | 11,403 | 15 | 13,209 | 17 | 15.8% |
| ACE INHIBITORS | 7,946 | 26 | 12,822 | 18 | 61.4% |
| STIMULANTS - METHYLPHENIDATE - LONG ACTING | 12,280 | 12 | 12,450 | 19 | 1.4% |
| DIURETICS | 8,470 | 23 | 12,283 | 20 | 45.0% |

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## TOP 100 DRUGS BY PAID AMOUNT

| DRUG DESCRIPTION | November/December 2013 | PREVIOUS RANK | January/February 2014 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| ABILIFY | $1,994,348.11 | 2 | $2,322,945.99 | 1 | 16.48% |
| VYVANSE | $2,007,569.28 | 1 | $2,201,827.99 | 2 | 9.68% |
| SYNAGIS | $1,634,749.44 | 3 | $1,910,565.96 | 3 | 16.87% |
| METHYLPHENIDATE HCL ER | $1,627,337.40 | 4 | $1,614,724.27 | 4 | -0.78% |
| FOCALIN XR | $1,071,597.72 | 5 | $1,070,876.92 | 5 | -0.07% |
| ADVATE | $695,095.92 | 6 | $917,397.32 | 6 | 31.98% |
| LANTUS | $615,295.69 | 9 | $880,843.23 | 7 | 43.16% |
| CYMBALTA | $668,228.35 | 7 | $758,853.65 | 8 | 13.56% |
| ADVAIR DISKUS | $559,992.61 | 11 | $666,377.56 | 9 | 19.00% |
| STRATTERA | $588,505.42 | 10 | $665,257.22 | 10 | 13.04% |
| ADDERALL XR | $663,757.45 | 8 | $638,912.96 | 11 | -3.74% |
| ADDERALL | $57,679.06 | 131 | $604,326.31 | 12 | 947.74% |
| VENTOLIN HFA | $490,655.18 | 12 | $580,665.13 | 13 | 18.34% |
| SPIRIVA HANDIHALER | $415,777.06 | 13 | $510,546.71 | 14 | 22.79% |
| TAMIFLU | $114,221.55 | 61 | $488,309.81 | 15 | 327.51% |
| DEPAKOTE ER | $40,377.04 | 187 | $484,995.90 | 16 | 1,101.17% |
| NOVOLOG | $319,129.41 | 16 | $390,853.83 | 17 | 22.48% |
| ATRIPLA | $138,469.01 | 49 | $377,445.33 | 18 | 172.58% |
| HYDROCODONE/ACETAMINOPHEN | $277,792.15 | 21 | $359,376.39 | 19 | 29.37% |
| LATUDA | $267,830.36 | 22 | $353,203.31 | 20 | 31.88% |
| INVEGA SUSTENNA | $287,946.32 | 19 | $350,293.72 | 21 | 21.65% |
| CRESTOR | $228,658.69 | 24 | $341,088.07 | 22 | 49.17% |
| SYMBICORT | $224,240.69 | 25 | $335,872.78 | 23 | 49.78% |
| AZITHROMYCIN | $297,176.67 | 18 | $319,620.22 | 24 | 7.55% |
| CEFDINIR | $281,396.66 | 20 | $307,304.38 | 25 | 9.21% |
| GENOTROPIN | $301,971.15 | 17 | $304,396.61 | 26 | 0.80% |
| HUMALOG | $188,706.16 | 37 | $300,595.32 | 27 | 59.29% |

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## TOP 100 DRUGS BY PAID AMOUNT

| DRUG DESCRIPTION | November/December 2013 | PREVIOUS RANK | January/February 2014 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| PULMICORT | $331,437.52 | 15 | $289,691.15 | 28 | -12.60% |
| PROVENTIL HFA | $190,833.46 | 36 | $247,422.85 | 29 | 29.65% |
| RISPERDAL CONSTA | $262,936.73 | 23 | $244,631.04 | 30 | -6.96% |
| TRICOR | $197,265.43 | 31 | $238,995.95 | 31 | 21.15% |
| HUMIRA PEN | $209,258.19 | 27 | $237,333.18 | 32 | 13.42% |
| QVAR | $196,512.33 | 32 | $236,638.77 | 33 | 20.42% |
| LOVENOX | $2,544.81 | 796 | $236,211.68 | 34 | 9,182.09% |
| COPAXONE | $204,275.00 | 29 | $231,293.40 | 35 | 13.23% |
| AMOXICILLIN | $194,320.98 | 35 | $231,050.30 | 36 | 18.90% |
| DEXILANT | $194,359.32 | 34 | $209,329.56 | 37 | 7.70% |
| LANTUS SOLOSTAR | $161,737.17 | 40 | $209,127.50 | 38 | 29.30% |
| INVEGA | $204,817.12 | 28 | $208,828.46 | 39 | 1.96% |
| TRUVADA | $97,250.63 | 72 | $208,409.29 | 40 | 114.30% |
| NASONEX | $180,245.23 | 39 | $196,697.55 | 41 | 9.13% |
| MONTELUKAST SODIUM | $194,635.14 | 33 | $195,017.03 | 42 | 0.20% |
| FLOVENT HFA | $197,336.52 | 30 | $188,702.42 | 43 | -4.38% |
| PULMOZYME | $161,698.90 | 41 | $180,497.47 | 44 | 11.63% |
| LYRICA | $139,724.08 | 47 | $171,674.96 | 45 | 22.87% |
| NOVOLOG FLEXPEN | $132,665.80 | 52 | $168,674.87 | 46 | 27.14% |
| AMOXICILLIN/CLAVULANATE P | $139,434.76 | 48 | $162,081.92 | 47 | 16.24% |
| OMEPRAZOLE | $101,784.72 | 69 | $156,598.72 | 48 | 53.85% |
| RISPERIDONE | $152,602.16 | 42 | $156,326.86 | 49 | 2.44% |
| ZIPRASIDONE HCL | $145,073.44 | 44 | $150,264.25 | 51 | 3.58% |
| VIMPAT | $133,947.91 | 51 | $144,352.74 | 52 | 7.77% |
| GABAPENTIN | $101,087.44 | 71 | $143,623.90 | 53 | 42.08% |
| LEVEMIR | $73,078.99 | 106 | $143,217.74 | 54 | 95.98% |
| ALBUTEROL SULFATE | $115,297.91 | 60 | $142,562.22 | 55 | 23.65% |

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## TOP 100 DRUGS BY PAID AMOUNT

| DRUG DESCRIPTION | November/December 2013 | PREVIOUS RANK | January/February 2014 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| SEROQUEL XR | $120,711.79 | 57 | $140,181.21 | 56 | 16.13% |
| GLEEVEC | $119,489.78 | 58 | $136,740.30 | 57 | 14.44% |
| HEMOFIL M | $137,950.12 | 50 | $134,933.06 | 58 | -2.19% |
| HUMIRA | $129,676.97 | 53 | $134,841.92 | 59 | 3.98% |
| VESICARE | $141,286.07 | 45 | $132,826.21 | 60 | -5.99% |
| RITALIN | $210,393.90 | 26 | $132,205.06 | 61 | -37.16% |
| SABRIL | $84,062.01 | 83 | $131,238.28 | 62 | 56.12% |
| ENBREL | $121,528.16 | 55 | $128,973.36 | 63 | 6.13% |
| EXJADE | $111,579.55 | 62 | $128,140.35 | 64 | 14.84% |
| QUETIAPINE FUMARATE | $105,947.35 | 65 | $126,007.72 | 65 | 18.93% |
| NAGLAZYME | $124,528.48 | 54 | $124,528.48 | 66 | 0.00% |
| RECOMBINATE | $88,035.96 | 79 | $123,305.44 | 67 | 40.06% |
| INTUNIV | $110,537.59 | 63 | $123,053.28 | 68 | 11.32% |
| COMBIVENT RESPIMAT | $36,187.86 | 211 | $122,824.54 | 69 | 239.41% |
| ENBREL SURECLICK | $101,926.91 | 68 | $121,648.09 | 70 | 19.35% |
| ACTHAR HP | $60,260.24 | 129 | $120,500.24 | 71 | 99.97% |
| LEVOTHYROXINE SODIUM | $89,382.70 | 77 | $119,743.54 | 72 | 33.97% |
| TOBI | $119,401.83 | 59 | $118,869.33 | 73 | -0.45% |
| XIFAXAN | $94,886.90 | 75 | $118,732.76 | 74 | 25.13% |
| OPANA ER (CRUSH RESISTANT | $40,001.48 | 190 | $114,569.24 | 75 | 186.41% |
| LUPRON DEPOT-PED | $76,254.03 | 99 | $114,555.96 | 76 | 50.23% |
| DEXEDRINE | $109,718.84 | 64 | $113,501.94 | 77 | 3.45% |
| PROVIGIL | $88,991.77 | 78 | $112,647.13 | 78 | 26.58% |
| TRAMADOL HCL | $70,575.45 | 115 | $110,441.88 | 79 | 56.49% |
| BANZEL | $101,243.86 | 70 | $105,890.94 | 80 | 4.59% |
| DAYTRANA | $102,206.20 | 67 | $105,867.73 | 81 | 3.58% |
| PROLASTIN-C | $74,703.12 | 101 | $105,618.46 | 82 | 41.38% |

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## TOP 100 DRUGS BY PAID AMOUNT

| DRUG DESCRIPTION | November/December 2013 | PREVIOUS RANK | January/February 2014 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| KALYDECO | $102,502.48 | 66 | $102,502.48 | 83 | 0.00% |
| SERTRALINE HCL | $83,382.18 | 85 | $101,741.95 | 84 | 22.02% |
| BUPROPION HCL XL | $77,360.78 | 94 | $99,450.54 | 85 | 28.55% |
| FEIBA NF | $83,640.74 | 84 | $98,945.56 | 86 | 18.30% |
| ADVAIR HFA | $97,231.73 | 73 | $96,328.76 | 87 | -0.93% |
| OXYCODONE HCL | $65,553.27 | 120 | $95,757.03 | 88 | 46.08% |
| ESCITALOPRAM OXALATE | $76,832.67 | 95 | $95,316.14 | 89 | 24.06% |
| FLUTICASONE PROPIONATE | $72,940.58 | 107 | $95,315.51 | 90 | 30.68% |
| POLYETHYLENE GLYCOL 3350 | $80,613.08 | 87 | $94,779.21 | 91 | 17.57% |
| TOPROL XL | $72,003.72 | 111 | $94,452.25 | 92 | 31.18% |
| EPIPEN 2-PAK | $57,526.07 | 132 | $94,216.55 | 93 | 63.78% |
| KOATE-DVI | $46,703.24 | 159 | $94,108.48 | 94 | 101.50% |
| RANITIDINE HCL | $79,815.65 | 89 | $93,342.94 | 95 | 16.95% |
| FOCALIN | $86,521.94 | 81 | $93,122.03 | 96 | 7.63% |
| TRAZODONE HCL | $72,169.60 | 110 | $92,889.85 | 97 | 28.71% |
| ISENTRESS | $43,231.11 | 172 | $92,798.77 | 98 | 114.66% |
| DEPAKOTE SPRINKLES | $89,653.59 | 76 | $90,367.43 | 100 | 0.80% |
| OXYCONTIN | $95,830.89 | 74 | $89,116.91 | 103 | -7.01% |
| METADATE CD | $79,630.32 | 90 | $89,062.12 | 104 | 11.84% |

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## TOP 100 DRUGS BY PRESCRIPTION COUNT

| DRUG DESCRIPTION | November/December 2013 | PREVIOUS RANK | January/February 2014 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| HYDROCO/APAP TAB 5-325MG | 8,184 | 4 | 13,686 | 1 | 67.23% |
| VENTOLIN HFA AER | 9,562 | 2 | 10,920 | 2 | 14.20% |
| TRAMADOL HCL TAB 50MG | 6,688 | 7 | 10,268 | 3 | 53.53% |
| AMOXICILLIN SUS 400/5ML | 8,711 | 3 | 10,092 | 4 | 15.85% |
| Loratadine Tab 10 MG | 9,626 | 1 | 9,537 | 5 | -0.92% |
| ALBUTEROL NEB 0.083% | 7,308 | 5 | 8,809 | 6 | 20.54% |
| AZITHROMYCIN TAB 250MG | 5,937 | 11 | 7,184 | 7 | 21.00% |
| RANITIDINE TAB 150MG | 5,856 | 12 | 7,017 | 8 | 19.83% |
| AZITHROMYCIN SUS 200/5ML | 6,934 | 6 | 6,808 | 9 | -1.82% |
| ESCITALOPRAM TAB 20MG | 5,456 | 15 | 6,664 | 10 | 22.14% |
| CLONIDINE TAB 0.1MG | 6,165 | 8 | 6,451 | 11 | 4.64% |
| CYCLOBENZAPR TAB 10MG | 4,253 | 20 | 6,384 | 12 | 50.11% |
| FLUOXETINE CAP 20MG | 5,056 | 16 | 6,310 | 13 | 24.80% |
| Acetaminophen Tab 325 MG | 6,139 | 9 | 6,176 | 14 | 0.60% |
| Cetirizine HCl Tab 10 MG | 6,007 | 10 | 5,999 | 15 | -0.13% |
| GABAPENTIN CAP 300MG | 4,027 | 22 | 5,966 | 16 | 48.15% |
| GUANFACINE TAB 1MG | 5,611 | 13 | 5,779 | 17 | 2.99% |
| Aspirin Tab Delayed Release 81 MG | 5,518 | 14 | 5,662 | 18 | 2.61% |
| OMEPRAZOLE CAP 20MG | 3,626 | 29 | 5,397 | 19 | 48.84% |
| Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe) | 4,878 | 17 | 5,048 | 20 | 3.49% |
| SERTRALINE TAB 100MG | 3,743 | 27 | 4,815 | 21 | 28.64% |
| FLUTICASONE SPR 50MCG | 3,593 | 30 | 4,717 | 22 | 31.28% |
| TRAZODONE TAB 50MG | 3,729 | 28 | 4,691 | 23 | 25.80% |
| TRAZODONE TAB 100MG | 3,440 | 32 | 4,549 | 24 | 32.24% |
| IBUPROFEN TAB 800MG | 3,453 | 31 | 4,509 | 25 | 30.58% |
| PROVENTIL AER HFA | 3,012 | 36 | 4,478 | 26 | 48.67% |

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## TOP 100 DRUGS BY PRESCRIPTION COUNT

| DRUG DESCRIPTION | November/December 2013 | PREVIOUS RANK | January/February 2014 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| MONTELUKAST TAB 10MG | 3,957 | 23 | 4,391 | 27 | 10.97% |
| AMOXICILLIN CAP 500MG | 3,322 | 34 | 4,325 | 28 | 30.19% |
| Aspirin Chew Tab 81 MG | 4,252 | 21 | 4,282 | 29 | 0.71% |
| AMOXICILLIN SUS 250/5ML | 3,817 | 25 | 4,184 | 30 | 9.61% |
| Sennosides-Docusate Sodium Tab 8.6-50 MG | 4,352 | 19 | 4,162 | 31 | -4.37% |
| OMEPRAZOLE CAP 40MG | 2,662 | 43 | 4,042 | 32 | 51.84% |
| METHYLPHENID TAB 36MG ER | 3,939 | 24 | 3,989 | 33 | 1.27% |
| HYDROCHLOROT TAB 25MG | 1,994 | 73 | 3,706 | 34 | 85.86% |
| Acetaminophen Tab 500 MG | 3,779 | 26 | 3,652 | 35 | -3.36% |
| LISINOPRIL TAB 10MG | 2,150 | 65 | 3,646 | 36 | 69.58% |
| POLYETH GLYC POW 3350 NF | 3,116 | 35 | 3,644 | 37 | 16.94% |
| METFORMIN TAB 500MG | 2,488 | 48 | 3,635 | 38 | 46.10% |
| CLONAZEPAM TAB 1MG | 2,433 | 51 | 3,539 | 39 | 45.46% |
| HYDROCO/APAP TAB 7.5-325 | 2,265 | 56 | 3,536 | 40 | 56.11% |
| CEPHALEXIN CAP 500MG | 2,772 | 39 | 3,484 | 41 | 25.69% |
| SMZ/TMP DS TAB 800-160 | 2,627 | 46 | 3,430 | 42 | 30.57% |
| OXYCOD/APAP TAB 5-325MG | 2,408 | 53 | 3,410 | 43 | 41.61% |
| CITALOPRAM TAB 20MG | 2,438 | 50 | 3,394 | 44 | 39.21% |
| LISINOPRIL TAB 20MG | 1,936 | 75 | 3,353 | 45 | 73.19% |
| LANTUS INJ 100/ML | 2,165 | 64 | 3,282 | 46 | 51.59% |
| SERTRALINE TAB 50MG | 2,646 | 45 | 3,210 | 47 | 21.32% |
| HYDROCO/APAP TAB 10-325MG | 2,211 | 60 | 3,210 | 48 | 45.18% |
| ALPRAZOLAM TAB 1MG | 2,479 | 49 | 3,208 | 49 | 29.41% |
| PREDNISOLONE SOL 15MG/5ML | 4,871 | 18 | 3,191 | 50 | -34.49% |
| MONTELUKAST CHW 5MG | 3,369 | 33 | 3,155 | 51 | -6.35% |
| FOLIC ACID TAB 1MG | 2,930 | 38 | 3,134 | 52 | 6.96% |

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## TOP 100 DRUGS BY PRESCRIPTION COUNT

| DRUG DESCRIPTION | November/December 2013 | PREVIOUS RANK | January/February 2014 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| NAPROXEN TAB 500MG | 2,027 | 70 | 3,127 | 53 | 54.27% |
| CEFDINIR SUS 250/5ML | 2,734 | 42 | 3,124 | 54 | 14.26% |
| PREDNISONE TAB 20MG | 2,295 | 55 | 3,079 | 55 | 34.16% |
| CLONAZEPAM TAB 0.5MG | 2,195 | 62 | 3,072 | 56 | 39.95% |
| CITALOPRAM TAB 40MG | 2,015 | 71 | 3,020 | 57 | 49.88% |
| METHYLPHENID TAB 54MG ER | 2,980 | 37 | 2,966 | 58 | -0.47% |
| MELOXICAM TAB 15MG | 1,770 | 84 | 2,928 | 59 | 65.42% |
| METFORMIN TAB 1000MG | 1,884 | 77 | 2,920 | 60 | 54.99% |
| AMOX/K CLAV TAB 875MG | 2,104 | 68 | 2,888 | 61 | 37.26% |
| ZOLPIDEM TAB 10MG | 2,114 | 67 | 2,883 | 62 | 36.38% |
| ALPRAZOLAM TAB 0.5MG | 2,172 | 63 | 2,862 | 63 | 31.77% |
| RISPERIDONE TAB 1MG | 2,766 | 40 | 2,857 | 64 | 3.29% |
| VENLAFAXINE CAP 150MG ER | 2,046 | 69 | 2,751 | 65 | 34.46% |
| VYVANSE CAP 30MG | 2,748 | 41 | 2,700 | 66 | -1.75% |
| ONDANSETRON TAB 4MG ODT | 2,507 | 47 | 2,692 | 67 | 7.38% |
| AMLODIPINE TAB 10MG | 1,628 | 93 | 2,544 | 68 | 56.27% |
| LORAZEPAM TAB 1MG | 1,926 | 76 | 2,466 | 69 | 28.04% |
| RISPERIDONE TAB 0.5MG | 2,431 | 52 | 2,438 | 70 | 0.29% |
| VYVANSE CAP 40MG | 2,352 | 54 | 2,430 | 71 | 3.32% |
| SIMVASTATIN TAB 20MG | 1,752 | 85 | 2,397 | 72 | 36.82% |
| AZITHROMYCIN SUS 100/5ML | 2,204 | 61 | 2,332 | 73 | 5.81% |
| CYMBALTA CAP 60MG | 1,850 | 78 | 2,318 | 74 | 25.30% |
| PRENATAL TAB PLUS | 2,133 | 66 | 2,307 | 75 | 8.16% |
| HYDROXYZ PAM CAP 25MG | 1,583 | 99 | 2,304 | 76 | 45.55% |
| METOPROL TAR TAB 25MG | 1,433 | 113 | 2,230 | 77 | 55.62% |
| Sennosides Tab 8.6 MG | 2,235 | 59 | 2,211 | 78 | -1.07% |
| AMLODIPINE TAB 5MG | 1,396 | 117 | 2,132 | 79 | 52.72% |

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## TOP 100 DRUGS BY PRESCRIPTION COUNT

| DRUG DESCRIPTION | November/December 2013 | PREVIOUS RANK | January/February 2014 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| SIMVASTATIN TAB 40MG | 1,680 | 90 | 2,110 | 80 | 25.60% |
| MONTELUKAST CHW 4MG | 2,254 | 58 | 2,109 | 81 | -6.43% |
| METRONIDAZOL TAB 500MG | 1,743 | 86 | 2,107 | 82 | 20.88% |
| PANTOPRAZOLE TAB 40MG | 1,567 | 103 | 2,077 | 83 | 32.55% |
| LORAZEPAM TAB 0.5MG | 1,595 | 98 | 2,073 | 84 | 29.97% |
| CEPHALEXIN SUS 250/5ML | 1,802 | 82 | 2,056 | 85 | 14.10% |
| Cetirizine HCl Syrup 1 MG/ML (5 MG/5ML) | 2,259 | 57 | 2,054 | 86 | -9.07% |
| BUPROPN HCL TAB 300MG XL | 1,623 | 94 | 2,031 | 87 | 25.14% |
| FUROSEMIDE TAB 40MG | 1,606 | 95 | 2,028 | 88 | 26.28% |
| FLUCONAZOLE TAB 150MG | 1,605 | 96 | 2,026 | 89 | 26.23% |
| PREDNISONE TAB 10MG | 1,730 | 87 | 2,005 | 90 | 15.90% |
| VYVANSE CAP 50MG | 1,953 | 74 | 1,998 | 91 | 2.30% |
| LEVOTHYROXIN TAB 50MCG | 1,522 | 106 | 1,994 | 92 | 31.01% |
| SPIRIVA CAP HANDIHLR | 1,482 | 108 | 1,975 | 93 | 33.27% |
| QUETIAPINE TAB 100MG | 1,575 | 100 | 1,964 | 94 | 24.70% |
| BUPROPN HCL TAB 150MG XL | 1,416 | 115 | 1,945 | 95 | 37.36% |
| METHYLPHENID TAB 27MG ER | 2,001 | 72 | 1,944 | 96 | -2.85% |
| TAMIFLU SUS 6MG/ML | 478 | 292 | 1,933 | 97 | 304.39% |
| Ibuprofen Susp 100 MG/5ML | 1,669 | 91 | 1,918 | 98 | 14.92% |
| TRIAMCINOLON CRE 0.1% | 1,531 | 105 | 1,886 | 99 | 23.19% |
| MUPIROCIN OIN 2% | 1,808 | 81 | 1,877 | 100 | 3.82% |

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# Bi-Monthly Statistics

| | January/February 2014 | March/April 2014 | % CHANGE |
|---|---|---|---|
| TOTAL PAID AMOUNT | $46,801,578 | $50,911,583 | 8.8% |
| UNIQUE USERS | 173,793 | 184,340 | 6.1% |
| COST PER USER | $269.29 | $276.18 | 2.6% |
| TOTAL PRESCRIPTIONS | 772,565 | 864,780 | 11.9% |
| AVERAGE PRESCRIPTIONS PER USER | 4.45 | 4.69 | 5.5% |
| AVERAGE COST PER PRESCRIPTION | $60.58 | $58.87 | -2.8% |
| # GENERIC PRESCRIPTIONS | 642,514 | 723,903 | 12.7% |
| % GENERIC | 83.2% | 83.7% | 0.7% |
| $ GENERIC | $12,064,449 | $13,465,934 | 11.6% |
| AVERAGE GENERIC PRESCRIPTION COST | $18.78 | $18.60 | -0.9% |
| AVERAGE GENERIC DAYS SUPPLY | 22 | 22 | 0.0% |
| # BRAND PRESCRIPTIONS | 126,597 | 137,590 | 12.7% |
| % BRAND | 16.4% | 15.9% | 0.7% |
| $ BRAND | $34,346,219 | $37,100,652 | 11.6% |
| AVERAGE BRAND PRESCRIPTION COST | $271.30 | $269.65 | -0.9% |
| AVERAGE BRAND DAYS SUPPLY | 26 | 26 | 0.0% |

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## UTILIZATION BY AGE

| AGE | January/February 2014 | March/April 2014 |
|---|---|---|
| 0-6 | 35,675 | 35,508 |
| 7-12 | 27,609 | 27,746 |
| 13-18 | 22,824 | 23,680 |
| 19-64 | 77,479 | 87,375 |
| 65+ | 10,206 | 10,031 |
| | 173,793 | 184,340 |

## UTILIZATION BY GENDER AND AGE

| GENDER | AGE | January/February 2014 | March/April 2014 |
|---|---|---|---|
| F | | | |
| | 0-6 | 16,730 | 16,629 |
| | 7-12 | 12,108 | 12,042 |
| | 13-18 | 11,509 | 12,302 |
| | 19-64 | 51,493 | 57,027 |
| | 65+ | 7,282 | 7,185 |
| | | 99,122 | 105,185 |
| M | | | |
| | 0-6 | 18,945 | 18,879 |
| | 7-12 | 15,501 | 15,704 |
| | 13-18 | 11,315 | 11,378 |
| | 19-64 | 25,986 | 30,348 |
| | 65+ | 2,924 | 2,846 |
| | | 74,671 | 79,155 |

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## TOP 100 PHARMACIES BY PRESCRIPTION COUNT
## March/April 2014

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 1 | BROADLAWNS MEDICAL CENTER | DES MOINES | IA | 22,027 | $404,202.48 | 1 |
| 2 | UIHC AMBULATORY CARE PHARMACY | IOWA CITY | IA | 10,710 | $708,828.31 | 2 |
| 3 | WALGREEN #05239 | DAVENPORT | IA | 10,463 | $564,551.54 | 3 |
| 4 | WALGREEN #05721 | DES MOINES | IA | 8,673 | $447,978.14 | 5 |
| 5 | WALGREEN #04405 | COUNCIL BLUFFS | IA | 8,635 | $450,421.39 | 4 |
| 6 | HY-VEE DRUGSTORE #7060 | MUSCATINE | IA | 6,764 | $299,948.42 | 7 |
| 7 | MARTIN HEALTH SERVICES INC | DENVER | IA | 6,584 | $171,914.42 | 6 |
| 8 | WALGREEN #359 | DES MOINES | IA | 6,497 | $320,290.16 | 8 |
| 9 | WALGREEN CO.#3700 | COUNCIL BLUFFS | IA | 6,101 | $332,416.52 | 11 |
| 10 | WALGREEN #05362 | DES MOINES | IA | 5,942 | $281,590.51 | 10 |
| 11 | WALGREEN #910 | SIOUX CITY | IA | 5,878 | $305,353.06 | 9 |
| 12 | WALGREEN COMPANY 07455 | WATERLOO | IA | 5,832 | $278,970.11 | 13 |
| 13 | WALGREEN COMPANY #05042 | CEDAR RAPIDS | IA | 5,774 | $295,590.46 | 12 |
| 14 | MERCY FAMILY PHARMACY | DUBUQUE | IA | 5,548 | $301,720.31 | 17 |
| 15 | WALGREENS #07453 | DES MOINES | IA | 5,494 | $302,735.23 | 14 |
| 16 | DRILLING MORNINGSIDE PHARMACY IN | SIOUX CITY | IA | 5,103 | $291,998.33 | 16 |
| 17 | MARTIN HEALTH SERVICES INC | JOHNSTON | IA | 5,039 | $181,034.78 | 15 |
| 18 | WALGREEN #05852 | DES MOINES | IA | 4,720 | $231,597.96 | 19 |
| 19 | SIOUXLAND COMM HEALTH CTR PHARMA | SIOUX CITY | IA | 4,713 | $82,145.33 | 32 |
| 20 | HY-VEE DRUGSTORE #7065 | OTTUMWA | IA | 4,690 | $231,352.33 | 18 |
| 21 | HY-VEE PHARMACY (1403) | MARSHALLTOWN | IA | 4,582 | $197,059.88 | 20 |
| 22 | HY-VEE PHARMACY #4 (1060) | CEDAR RAPIDS | IA | 4,458 | $250,448.75 | 23 |
| 23 | HY-VEE PHARMACY #1 (1136) | DES MOINES | IA | 4,336 | $240,380.76 | 21 |
| 24 | WALGREEN COMPANY 05777 | DES MOINES | IA | 4,322 | $194,912.39 | 22 |
| 25 | RASHID PHARMACY PLC | FORT MADISON | IA | 4,283 | $230,713.86 | 26 |
| 26 | WALGREEN #04041 | DAVENPORT | IA | 4,238 | $219,111.30 | 24 |

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## TOP 100 PHARMACIES BY PRESCRIPTION COUNT
## March/April 2014

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 27 | PHARMACY MATTERS LTC | IOWA CITY | IA | 4,126 | $155,145.70 | 27 |
| 28 | GREENWOOD DRUG ON KIMBALL AVENUE | WATERLOO | IA | 4,052 | $269,317.84 | 25 |
| 29 | DANIEL PHARMACY INC | FORT DODGE | IA | 4,049 | $183,556.90 | 30 |
| 30 | WALGREEN #11709 | DAVENPORT | IA | 3,847 | $216,279.34 | 29 |
| 31 | MAHASKA DRUG INC | OSKALOOSA | IA | 3,777 | $190,307.57 | 28 |
| 32 | HY-VEE DRUGSTORE #7030 | COUNCIL BLUFFS | IA | 3,739 | $182,550.88 | 33 |
| 33 | WAL-MART PHARMACY #10-1509 | MAQUOKETA | IA | 3,645 | $160,771.74 | 38 |
| 34 | HY-VEE PHARMACY #3 (1142) | DES MOINES | IA | 3,546 | $181,930.86 | 34 |
| 35 | WALGREEN #03595 | DAVENPORT | IA | 3,512 | $193,051.54 | 39 |
| 36 | SOUTH SIDE DRUG, INC. | OTTUMWA | IA | 3,491 | $184,200.49 | 31 |
| 37 | STERLING LTC PHARMACY #31 | ANKENY | IA | 3,441 | $235,373.47 | 35 |
| 38 | WALGREEN CO.# (03875) | CEDAR RAPIDS | IA | 3,369 | $202,459.56 | 44 |
| 39 | WALGREEN #7452 | DES MOINES | IA | 3,328 | $157,090.52 | 41 |
| 40 | HY-VEE DRUGSTORE # 1180 | FAIRFIELD | IA | 3,272 | $168,357.69 | 36 |
| 41 | WALGREEN #05044 | BURLINGTON | IA | 3,212 | $154,299.76 | 37 |
| 42 | WALGREENS #05119 | CLINTON | IA | 3,207 | $163,181.53 | 42 |
| 43 | A AVENUE PHARMACY | CEDAR RAPIDS | IA | 3,200 | $229,612.15 | 47 |
| 44 | HY-VEE PHARMACY #1 (1042) | BURLINGTON | IA | 3,150 | $193,008.64 | 46 |
| 45 | WAL-MART PHARMACY #10-1496 | WATERLOO | IA | 3,110 | $130,320.52 | 50 |
| 46 | HY-VEE PHARMACY #2 (1138) | DES MOINES | IA | 3,067 | $170,506.52 | 48 |
| 47 | WAL-MART PHARMACY #10-5115 | DAVENPORT | IA | 3,055 | $114,974.18 | 52 |
| 48 | WALGREENS #10855 | WATERLOO | IA | 2,966 | $147,595.74 | 43 |
| 49 | MEDICAP PHARMACY | INDIANOLA | IA | 2,908 | $128,380.49 | 40 |
| 50 | WALGREEN #05886 | KEOKUK | IA | 2,890 | $142,365.83 | 61 |
| 51 | IOWA CVS PHARMACY LLC DBA | WATERLOO | IA | 2,860 | $142,548.68 | 62 |
| 52 | HY-VEE PHARMACY (1074) | CHARLES CITY | IA | 2,849 | $166,935.62 | 49 |

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## TOP 100 PHARMACIES BY PRESCRIPTION COUNT
## March/April 2014

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 53 | DRUGTOWN PHARMACY #1 (7020) | CEDAR RAPIDS | IA | 2,844 | $162,896.99 | 58 |
| 54 | THOMPSON-DEAN DRUG | SIOUX CITY | IA | 2,839 | $203,294.78 | 45 |
| 55 | HY-VEE PHARMACY #1 (1092) | COUNCIL BLUFFS | IA | 2,825 | $170,706.98 | 53 |
| 56 | WALGREENS 07968 | DES MOINES | IA | 2,756 | $132,152.10 | 60 |
| 57 | HY-VEE PHARMACY #2 (1044) | BURLINGTON | IA | 2,709 | $123,752.09 | 69 |
| 58 | HY VEE PHARMACY #1449 | NEWTON | IA | 2,706 | $125,319.04 | 56 |
| 59 | WALGREEN #4714 | DES MOINES | IA | 2,683 | $126,665.00 | 55 |
| 60 | WALGREENS #11942 | DUBUQUE | IA | 2,625 | $144,889.61 | 54 |
| 61 | WAL-MART PHARMACY 10-2889 | CLINTON | IA | 2,619 | $122,506.04 | 81 |
| 62 | HY-VEE PHARMACY #1 (1105) | DAVENPORT | IA | 2,613 | $141,138.92 | 64 |
| 63 | S - S PHARMACY INC | COUNCIL BLUFFS | IA | 2,603 | $163,435.42 | 51 |
| 64 | HARTIG PHARMACY SERVICES | DUBUQUE | IA | 2,596 | $151,743.34 | 57 |
| 65 | WAL MART PHARMACY 10-1621 | CENTERVILLE | IA | 2,559 | $121,974.98 | 83 |
| 66 | HY-VEE PHARMACY (1875) | WEBSTER CITY | IA | 2,550 | $109,256.54 | 70 |
| 67 | HY-VEE PHARMACY 1504 | OTTUMWA | IA | 2,532 | $150,255.22 | 63 |
| 68 | HY-VEE PHARMACY (1075) | CLINTON | IA | 2,527 | $138,298.42 | 78 |
| 69 | WAL MART PHARMACY 10-3590 | SIOUX CITY | IA | 2,523 | $129,600.62 | 67 |
| 70 | HY-VEE DRUGSTORE # 7035 | FT DODGE | IA | 2,520 | $127,670.38 | 72 |
| 71 | HY-VEE PHARMACY (1058) | CENTERVILLE | IA | 2,506 | $138,648.62 | 65 |
| 72 | WALGREEN #05361 | FORT DODGE | IA | 2,468 | $117,707.21 | 59 |
| 73 | HY-VEE PHARMACY #1 (1281) | IOWA CITY | IA | 2,464 | $128,026.16 | 68 |
| 74 | LA GRANGE PHARMACY INC | VINTON | IA | 2,456 | $131,881.51 | 73 |
| 75 | HY-VEE PHARMACY (1522) | PERRY | IA | 2,421 | $104,304.76 | 80 |
| 76 | WALGREENS #09476 | BURLINGTON | IA | 2,420 | $124,337.36 | 74 |
| 77 | WAL-MART PHARMACY #10-1393 | OSKALOOSA | IA | 2,406 | $96,741.23 | 71 |
| 78 | PHARMERICA MIDWEST INC DBA | URBANDALE | IA | 2,391 | $83,916.72 | 75 |
| 79 | WAL-MART PHARMACY #10-0985 | FAIRFIELD | IA | 2,354 | $104,878.14 | 66 |

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## TOP 100 PHARMACIES BY PRESCRIPTION COUNT
## March/April 2014

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 80 | WALGREENS #03876 | MARION | IA | 2,350 | $126,069.09 | 76 |
| 81 | HY-VEE PHARMACY 1071 | CLARINDA | IA | 2,347 | $128,713.26 | 91 |
| 82 | HY-VEE PHARMACY #5 (1151) | DES MOINES | IA | 2,343 | $141,886.76 | 95 |
| 83 | HY-VEE PHARMACY #3 (1056) | CEDAR RAPIDS | IA | 2,327 | $119,193.47 | 92 |
| 84 | WALGREEN #05942 | NEWTON | IA | 2,326 | $115,001.97 | 77 |
| 85 | WAL-MART PHARMACY #10-0646 | ANAMOSA | IA | 2,303 | $93,778.40 | 109 |
| 86 | HY-VEE FOOD STORE | WATERLOO | IA | 2,291 | $152,198.94 | 94 |
| 87 | HY-VEE PHARMACY (1009) DBA | ALBIA | IA | 2,278 | $104,283.60 | 88 |
| 88 | HY-VEE PHARMACY (1353) | KNOXVILLE | IA | 2,271 | $114,426.53 | 101 |
| 89 | WAGNER PHARMACY | CLINTON | IA | 2,259 | $151,335.09 | 85 |
| 90 | HY VEE PHARMACY (1170) | ESTHERVILLE | IA | 2,247 | $108,005.58 | 87 |
| 91 | HY-VEE PHARMACY (1065) | CHARITON | IA | 2,242 | $115,936.80 | 99 |
| 92 | WALGREEN #09708 | DUBUQUE | IA | 2,217 | $103,113.62 | 86 |
| 93 | ALL CARE HEALTH CENTER | COUNCIL BLUFFS | IA | 2,199 | $41,331.18 | 126 |
| 94 | HY-VEE PHARMACY #5 (1109) | DAVENPORT | IA | 2,199 | $114,399.80 | 102 |
| 95 | WAL-MART PHARMACY 10-0784 | MT PLEASANT | IA | 2,176 | $121,988.75 | 112 |
| 96 | SCOTT PHARMACY | FAYETTE | IA | 2,163 | $109,675.24 | 97 |
| 97 | HY-VEE PHARMACY #1 (1054) | CEDAR RAPIDS | IA | 2,146 | $104,498.95 | 111 |
| 98 | UI HEALTHCARE RIVER LANDING PHAR | CORALVILLE | IA | 2,141 | $48,546.84 | 117 |
| 99 | MERCY CAREMOR | DUBUQUE | IA | 2,123 | $61,009.66 | 79 |
| 100 | MERCY HEALTH SERVICES IOWA CORP | MASON CITY | IA | 2,118 | $115,369.35 | 105 |

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## TOP 100 PHARMACIES BY PAID AMOUNT
## March/April 2014

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 1 | NUCARA PHARMACY #27 | PLEASANT HILL | IA | 2,069 | $1,055,396.81 | 1 |
| 2 | UIHC AMBULATORY CARE PHARMACY | IOWA CITY | IA | 10,710 | $708,828.31 | 8 |
| 3 | WALGREEN #05239 | DAVENPORT | IA | 10,463 | $564,551.54 | 7 |
| 4 | CAREMARK KANSAS SPEC PHARMACY LL | LENEXA | KS | 152 | $509,803.12 | 5 |
| 5 | ARJ INFUSION SERVICES INC | LENEXA | KS | 18 | $502,305.12 | 3 |
| 6 | WALGREEN #04405 | COUNCIL BLUFFS | IA | 8,635 | $450,421.39 | 10 |
| 7 | WALGREEN #05721 | DES MOINES | IA | 8,673 | $447,978.14 | 13 |
| 8 | ACCREDO HEALTH GROUP INC | NASHVILLE | TN | 18 | $437,038.37 | 11 |
| 9 | ACCREDO HEALTH GROUP INC | MEMPHIS | TN | 76 | $431,671.44 | 6 |
| 10 | BROADLAWNS MEDICAL CENTER | DES MOINES | IA | 22,027 | $404,202.48 | 12 |
| 11 | UNITYPOINT AT HOME | URBANDALE | IA | 283 | $341,986.55 | 2 |
| 12 | WALGREEN CO.#3700 | COUNCIL BLUFFS | IA | 6,101 | $332,416.52 | 18 |
| 13 | UNIV OF IOWA COMMUNITY HOMECARE | IOWA CITY | IA | 252 | $328,794.53 | 9 |
| 14 | WALGREEN #359 | DES MOINES | IA | 6,497 | $320,290.16 | 16 |
| 15 | WALGREEN #910 | SIOUX CITY | IA | 5,878 | $305,353.06 | 17 |
| 16 | WALGREENS #07453 | DES MOINES | IA | 5,494 | $302,735.23 | 21 |
| 17 | MERCY FAMILY PHARMACY | DUBUQUE | IA | 5,548 | $301,720.31 | 28 |
| 18 | HY-VEE DRUGSTORE #7060 | MUSCATINE | IA | 6,764 | $299,948.42 | 20 |
| 19 | WALGREEN COMPANY #05042 | CEDAR RAPIDS | IA | 5,774 | $295,590.46 | 15 |
| 20 | DRILLING MORNINGSIDE PHARMACY IN | SIOUX CITY | IA | 5,103 | $291,998.33 | 24 |
| 21 | WALGREEN #05362 | DES MOINES | IA | 5,942 | $281,590.51 | 22 |
| 22 | WALGREEN COMPANY 07455 | WATERLOO | IA | 5,832 | $278,970.11 | 19 |
| 23 | HY-VEE PHARMACY SOLUTIONS | OMAHA | NE | 153 | $278,361.82 | 4 |
| 24 | GREENWOOD DRUG ON KIMBALL AVENUE | WATERLOO | IA | 4,052 | $269,317.84 | 25 |
| 25 | HY-VEE PHARMACY #4 (1060) | CEDAR RAPIDS | IA | 4,458 | $250,448.75 | 33 |
| 26 | HY-VEE PHARMACY #1 (1136) | DES MOINES | IA | 4,336 | $240,380.76 | 27 |

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## TOP 100 PHARMACIES BY PAID AMOUNT
## March/April 2014

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 27 | STERLING LTC PHARMACY #31 | ANKENY | IA | 3,441 | $235,373.47 | 35 |
| 28 | WALGREEN #05852 | DES MOINES | IA | 4,720 | $231,597.96 | 30 |
| 29 | HY-VEE DRUGSTORE #7065 | OTTUMWA | IA | 4,690 | $231,352.33 | 26 |
| 30 | RASHID PHARMACY PLC | FORT MADISON | IA | 4,283 | $230,713.86 | 29 |
| 31 | A AVENUE PHARMACY | CEDAR RAPIDS | IA | 3,200 | $229,612.15 | 38 |
| 32 | WALGREEN #04041 | DAVENPORT | IA | 4,238 | $219,111.30 | 36 |
| 33 | WALGREEN #11709 | DAVENPORT | IA | 3,847 | $216,279.34 | 37 |
| 34 | THOMPSON-DEAN DRUG | SIOUX CITY | IA | 2,839 | $203,294.78 | 34 |
| 35 | WALGREEN CO.# (03875) | CEDAR RAPIDS | IA | 3,369 | $202,459.56 | 48 |
| 36 | HY-VEE PHARMACY (1403) | MARSHALLTOWN | IA | 4,582 | $197,059.88 | 40 |
| 37 | WALGREEN COMPANY 05777 | DES MOINES | IA | 4,322 | $194,912.39 | 43 |
| 38 | CYSTIC FIBROSIS SERVICES INC | CENTENNIAL | CO | 52 | $194,440.92 | 58 |
| 39 | WALGREEN #03595 | DAVENPORT | IA | 3,512 | $193,051.54 | 49 |
| 40 | HY-VEE PHARMACY #1 (1042) | BURLINGTON | IA | 3,150 | $193,008.64 | 52 |
| 41 | PROCARE PHARMACY DIRECT LLC | MONROEVILLE | PA | 54 | $192,937.92 | 68 |
| 42 | MAHASKA DRUG INC | OSKALOOSA | IA | 3,777 | $190,307.57 | 41 |
| 43 | SOUTH SIDE DRUG, INC. | OTTUMWA | IA | 3,491 | $184,200.49 | 39 |
| 44 | DANIEL PHARMACY INC | FORT DODGE | IA | 4,049 | $183,556.90 | 50 |
| 45 | ACCREDO HEALTH GROUP INC | WARRENDALE | PA | 38 | $183,267.91 | 32 |
| 46 | HY-VEE DRUGSTORE #7030 | COUNCIL BLUFFS | IA | 3,739 | $182,550.88 | 42 |
| 47 | HY-VEE PHARMACY #3 (1142) | DES MOINES | IA | 3,546 | $181,930.86 | 47 |
| 48 | MARTIN HEALTH SERVICES INC | JOHNSTON | IA | 5,039 | $181,034.78 | 51 |
| 49 | CENTRIC HEALTH RESOURCES INC | CHESTERFIELD | MO | 18 | $177,697.16 | 113 |
| 50 | MARTIN HEALTH SERVICES INC | DENVER | IA | 6,584 | $171,914.42 | 44 |
| 51 | MERCY HOME INFUSION | URBANDALE | IA | 133 | $171,049.65 | 14 |
| 52 | HY-VEE PHARMACY #1 (1092) | COUNCIL BLUFFS | IA | 2,825 | $170,706.98 | 60 |
| 53 | HY-VEE PHARMACY #2 (1138) | DES MOINES | IA | 3,067 | $170,506.52 | 61 |

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## TOP 100 PHARMACIES BY PAID AMOUNT
## March/April 2014

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 54 | HY-VEE DRUGSTORE # 1180 | FAIRFIELD | IA | 3,272 | $168,357.69 | 46 |
| 55 | HY-VEE PHARMACY (1074) | CHARLES CITY | IA | 2,849 | $166,935.62 | 55 |
| 56 | MEDFUSIONRX LLC | FRANKLIN | TN | 48 | $165,781.46 | 45 |
| 57 | S - S PHARMACY INC | COUNCIL BLUFFS | IA | 2,603 | $163,435.42 | 53 |
| 58 | WALGREENS #05119 | CLINTON | IA | 3,207 | $163,181.53 | 54 |
| 59 | DRUGTOWN PHARMACY #1 (7020) | CEDAR RAPIDS | IA | 2,844 | $162,896.99 | 72 |
| 60 | WAL-MART PHARMACY #10-1509 | MAQUOKETA | IA | 3,645 | $160,771.74 | 66 |
| 61 | WALGREEN #7452 | DES MOINES | IA | 3,328 | $157,090.52 | 67 |
| 62 | PHARMACY MATTERS LTC | IOWA CITY | IA | 4,126 | $155,145.70 | 63 |
| 63 | WALGREEN #05044 | BURLINGTON | IA | 3,212 | $154,299.76 | 57 |
| 64 | HY-VEE FOOD STORE | WATERLOO | IA | 2,291 | $152,198.94 | 71 |
| 65 | HARTIG PHARMACY SERVICES | DUBUQUE | IA | 2,596 | $151,743.34 | 64 |
| 66 | WAGNER PHARMACY | CLINTON | IA | 2,259 | $151,335.09 | 69 |
| 67 | WALGREENS SPECIALTY PHARMACY #12 | ANN ARBOR | MI | 42 | $151,254.61 | 70 |
| 68 | DIPLOMAT SPECIALTY PHARMACY | FLINT | MI | 52 | $150,823.39 | 56 |
| 69 | HY-VEE PHARMACY 1504 | OTTUMWA | IA | 2,532 | $150,255.22 | 75 |
| 70 | WALGREENS #10855 | WATERLOO | IA | 2,966 | $147,595.74 | 59 |
| 71 | WALGREENS #11942 | DUBUQUE | IA | 2,625 | $144,889.61 | 78 |
| 72 | IOWA CVS PHARMACY LLC DBA | WATERLOO | IA | 2,860 | $142,548.68 | 105 |
| 73 | WALGREEN #05886 | KEOKUK | IA | 2,890 | $142,365.83 | 95 |
| 74 | HY-VEE PHARMACY #5 (1151) | DES MOINES | IA | 2,343 | $141,886.76 | 77 |
| 75 | HY-VEE PHARMACY #1 (1105) | DAVENPORT | IA | 2,613 | $141,138.92 | 79 |
| 76 | L & M PHARMACY CARE | LE MARS | IA | 1,503 | $140,090.73 | 86 |
| 77 | HY-VEE PHARMACY (1058) | CENTERVILLE | IA | 2,506 | $138,648.62 | 99 |
| 78 | HY-VEE PHARMACY (1075) | CLINTON | IA | 2,527 | $138,298.42 | 81 |
| 79 | WAL-MART PHARMACY 10-5315 | LAKE MARY | FL | 32 | $138,129.15 | 116 |

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## TOP 100 PHARMACIES BY PAID AMOUNT
## March/April 2014

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 80 | WALGREENS 07968 | DES MOINES | IA | 2,756 | $132,152.10 | 90 |
| 81 | LA GRANGE PHARMACY INC | VINTON | IA | 2,456 | $131,881.51 | 83 |
| 82 | WAL-MART PHARMACY #10-1496 | WATERLOO | IA | 3,110 | $130,320.52 | 118 |
| 83 | GREENVILLE PHARMACY INC | SIOUX CITY | IA | 1,925 | $130,049.88 | 91 |
| 84 | WAL MART PHARMACY 10-3590 | SIOUX CITY | IA | 2,523 | $129,600.62 | 87 |
| 85 | HY-VEE PHARMACY 1071 | CLARINDA | IA | 2,347 | $128,713.26 | 84 |
| 86 | MEDICAP PHARMACY | INDIANOLA | IA | 2,908 | $128,380.49 | 62 |
| 87 | HY-VEE PHARMACY #1 (1281) | IOWA CITY | IA | 2,464 | $128,026.16 | 82 |
| 88 | HY-VEE DRUGSTORE # 7035 | FT DODGE | IA | 2,520 | $127,670.38 | 93 |
| 89 | WALGREEN #4714 | DES MOINES | IA | 2,683 | $126,665.00 | 80 |
| 90 | WALGREENS #03876 | MARION | IA | 2,350 | $126,069.09 | 96 |
| 91 | HY VEE PHARMACY #1449 | NEWTON | IA | 2,706 | $125,319.04 | 92 |
| 92 | ORSINI PHARMACEUTICAL SERVICES I | ELK GROVE VILLAGE | IL | 10 | $124,621.70 | 76 |
| 93 | WALGREENS #09476 | BURLINGTON | IA | 2,420 | $124,337.36 | 98 |
| 94 | HY-VEE PHARMACY #2 (1044) | BURLINGTON | IA | 2,709 | $123,752.09 | 147 |
| 95 | WALGREENS INFUSION SERVICES | OMAHA | NE | 37 | $123,559.41 | 31 |
| 96 | HY-VEE DRUGSTORE #7031 | DES MOINES | IA | 2,059 | $123,275.18 | 111 |
| 97 | WAL-MART PHARMACY 10-2889 | CLINTON | IA | 2,619 | $122,506.04 | 123 |
| 98 | WAL-MART PHARMACY 10-0784 | MT PLEASANT | IA | 2,176 | $121,988.75 | 100 |
| 99 | WAL MART PHARMACY 10-1621 | CENTERVILLE | IA | 2,559 | $121,974.98 | 101 |
| 100 | EXPRESS SCRIPTS SPECIALTY | ST LOUIS | MO | 18 | $119,705.04 | 264 |

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## TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
## March/April 2014

| RANK | NPI NUM | PRESCRIBER NAME | PAID AMOUNT | PRESCRIPTION COUNT | PREVIOUS RANK |
|---|---|---|---|---|---|
| 1 | 1780766659 | CHESTER ROBERT BADGER | $160,728.35 | 3,280 | 3 |
| 2 | 1861562555 | LARRY RICHARDS | $206,817.80 | 2,896 | 5 |
| 3 | 1467682351 | NICOLE GILG | $81,921.34 | 2,735 | 2 |
| 4 | 1063622637 | HUSSAIN BANU | $62,114.71 | 2,580 | 7 |
| 5 | 1538368170 | CHRISTOPHER ROBERT MATSON | $68,733.05 | 2,349 | 4 |
| 6 | 1841407160 | RAHUL BANSAL MD | $212,517.81 | 2,295 | 6 |
| 7 | 1295830115 | ALAN R BOLLINGER | $157,940.44 | 2,046 | 1 |
| 8 | 1316922545 | MABRA G ABERNATHY | $54,951.71 | 2,043 | 11 |
| 9 | 1215192224 | SHALINA SHAIK | $42,548.01 | 1,913 | 14 |
| 10 | 1164414520 | KAREN FULWOOD | $142,450.42 | 1,880 | 13 |
| 11 | 1013115369 | BOBBITA NAG | $203,121.64 | 1,746 | 10 |
| 12 | 1982605762 | JEFFREY D WILHARM | $107,277.92 | 1,658 | 15 |
| 13 | 1649248378 | KATHLEEN L WILD ARNP | $148,746.82 | 1,652 | 12 |
| 14 | 1073509436 | MICHAEL KARL MAHARRY MD | $60,830.50 | 1,567 | 17 |
| 15 | 1043211303 | ALI SAFDAR | $96,241.23 | 1,533 | 27 |
| 16 | 1912991340 | GHADA HAMDAN-ALLEN MD | $138,971.23 | 1,509 | 8 |
| 17 | 1023053972 | BRYANT MUTCHLER DO | $62,013.17 | 1,498 | 31 |
| 18 | 1720202732 | SHANNON REMINGTON | $43,938.23 | 1,488 | 20 |
| 19 | 1972758126 | REBECCA BOLLIN | $40,946.13 | 1,486 | 22 |
| 20 | 1619153137 | JODI BEST ARNP | $149,979.22 | 1,481 | 24 |
| 21 | 1285681528 | MARVIN FRANKLIN PIBURN | $109,172.90 | 1,481 | 16 |
| 22 | 1801998372 | WENDY MICHELE HANSEN-PENMAN DO | $35,103.31 | 1,477 | 23 |
| 23 | 1740269745 | PAULA JEAN CURRAN ARNP | $76,223.41 | 1,474 | 36 |
| 24 | 1245388743 | TIMOTHY WAYNE SWINTON | $45,295.01 | 1,430 | 21 |
| 25 | 1073594768 | JERROLD V FLATT DO | $48,501.89 | 1,418 | 18 |
| 26 | 1467502286 | CHARLES TILLEY PA | $139,639.10 | 1,404 | 33 |
| 27 | 1083784797 | CAROL AUNAN | $108,407.62 | 1,394 | 19 |

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## TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
## March/April 2014

| RANK | NPI NUM | PRESCRIBER NAME | PAID AMOUNT | PRESCRIPTION COUNT | PREVIOUS RANK |
|---|---|---|---|---|---|
| 28 | 1245318393 | JEAN TOBIN PA | $84,774.85 | 1,329 | 58 |
| 29 | 1437182706 | YULIA JOHNSON MD | $32,030.64 | 1,295 | 9 |
| 30 | 1982766705 | MALHAR GORE | $35,091.20 | 1,288 | 26 |
| 31 | 1962558957 | ALBERT N OKINE PA | $149,286.33 | 1,269 | 25 |
| 32 | 1528144383 | RAMONCITO AMURAO O'CAMPO | $42,246.62 | 1,256 | 32 |
| 33 | 1205015906 | DAVID F WIDITZ | $92,080.29 | 1,244 | 38 |
| 34 | 1730239732 | SRIRAMAMURTHY RAVIPATI MD | $95,735.59 | 1,241 | 30 |
| 35 | 1720293087 | RAJNI BATRA MD | $47,885.33 | 1,214 | 34 |
| 36 | 1184945321 | DEANNE REMER | $64,228.10 | 1,196 | 29 |
| 37 | 1477633188 | CYD Q. GRAFFT | $91,266.13 | 1,172 | 55 |
| 38 | 1396724167 | MICHAEL O'CONNER MD | $35,987.63 | 1,164 | 50 |
| 39 | 1043434525 | ROBERT MARVIN KENT MD | $52,969.76 | 1,161 | 35 |
| 40 | 1134206873 | ROBERT W DETLEFSEN ARNP | $73,413.20 | 1,144 | 43 |
| 41 | 1023377827 | LISA KAY CHASE | $39,797.41 | 1,139 | 56 |
| 42 | 1073500690 | KATHLEEN S ADAMS | $130,160.76 | 1,134 | 39 |
| 43 | 1841220290 | KENT ELDON KUNZE MD | $97,074.64 | 1,134 | 37 |
| 44 | 1932415403 | MITZI M REGALARD | $50,182.54 | 1,130 | 75 |
| 45 | 1902809536 | KIRAN KHANOLKAR | $56,950.15 | 1,116 | 49 |
| 46 | 1215146055 | REBECCA J WOLFE | $94,983.25 | 1,116 | 46 |
| 47 | 1861559486 | JOSPEH PATRICK BERTROCHE | $121,861.45 | 1,113 | 53 |
| 48 | 1255322996 | MARK WILLIAM MITTAUER | $93,606.97 | 1,113 | 57 |
| 49 | 1063491645 | ALLYSON L WHEATON MD | $117,978.39 | 1,108 | 51 |
| 50 | 1013960566 | PETER JOSEPH SZEIBEL | $88,988.76 | 1,095 | 28 |
| 51 | 1467437806 | GEORGIA LAUER PAC | $58,738.58 | 1,094 | 54 |
| 52 | 1164530358 | DAVID M CRAVEN | $55,410.35 | 1,067 | 41 |
| 53 | 1205821337 | MANMOHAN SINGH | $53,957.62 | 1,066 | 48 |
| 54 | 1447363700 | ROBERT D CONNER | $33,571.11 | 1,065 | 40 |

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## TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
## March/April 2014

| RANK | NPI NUM | PRESCRIBER NAME | PAID AMOUNT | PRESCRIPTION COUNT | PREVIOUS RANK |
|---|---|---|---|---|---|
| 55 | 1033198908 | DANIEL J ARNOLD | $46,932.35 | 1,064 | 91 |
| 56 | 1164538674 | JOSEPH M WANZEK | $51,474.51 | 1,060 | 47 |
| 57 | 1902115652 | SARAH LYNN BEATTIE ARNP | $112,403.72 | 1,049 | 66 |
| 58 | 1952459463 | DAVID LAWRENCE YURDIN PA | $485,109.00 | 1,030 | 94 |
| 59 | 1003004391 | DAVID BERMAN WALKER MD | $80,841.25 | 1,022 | 44 |
| 60 | 1497736326 | RANDY R ROBINSON | $42,048.48 | 1,019 | 80 |
| 61 | 1710941000 | LAURIE WARREN PA | $109,938.86 | 1,016 | 74 |
| 62 | 1083681944 | MARY CHRISTINE SEGRETO | $136,342.66 | 999 | 61 |
| 63 | 1538157383 | DAVID WENGER-KELLER MD | $45,474.46 | 993 | 98 |
| 64 | 1871586271 | PATRICIA BLACKLEDGE ARNP | $36,604.58 | 991 | 101 |
| 65 | 1104089390 | EJIRO AGBORO-IDAHOSA MD | $77,886.07 | 989 | 70 |
| 66 | 1225097843 | WILLIAM M NISSEN | $52,066.61 | 942 | 65 |
| 67 | 1922144088 | THOMAS SCOTT HOPKINS DO | $85,706.74 | 937 | 59 |
| 68 | 1306133095 | DEBRA LEE ANDERSON | $25,734.73 | 931 | 78 |
| 69 | 1669570404 | CASIE RINEY PA | $95,300.10 | 931 | 68 |
| 70 | 1942252895 | KIMBERLY A THOMPSON | $35,209.77 | 930 | 67 |
| 71 | 1144214248 | KRISTIE DEE ANN WALZ MD | $49,853.85 | 930 | 76 |
| 72 | 1407953979 | CECELIA M NASSIF ARNP | $73,853.84 | 925 | 69 |
| 73 | 1013964634 | CARL A AAGESEN | $35,981.51 | 923 | 83 |
| 74 | 1326045808 | RAY C STURDEVANT MD | $88,528.43 | 922 | 63 |
| 75 | 1508946088 | E RICHARD NIGHTINGALE MD | $90,935.29 | 921 | 60 |
| 76 | 1124399522 | JOYCE E PROUCH ARNP | $67,871.23 | 915 | 77 |
| 77 | 1629042288 | MARTIN J FIALKOV MD | $70,207.64 | 913 | 64 |
| 78 | 1033389226 | ANTHONY G ZAMUDIO ARNP | $105,917.89 | 910 | 172 |
| 79 | 1598750432 | CHRISTOPHER GENE OKIISHI MD | $60,888.63 | 908 | 42 |
| 80 | 1215080759 | JUANITA M O'BRIEN | $32,585.88 | 882 | 95 |
| 81 | 1053376475 | DANIEL W GILLETTE | $85,593.21 | 877 | 90 |

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## TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
## March/April 2014

| RANK | NPI NUM | PRESCRIBER NAME | PAID AMOUNT | PRESCRIPTION COUNT | PREVIOUS RANK |
|---|---|---|---|---|---|
| 82 | 1699075929 | HIEDI CHRISTINE LANE | $71,272.34 | 875 | 88 |
| 83 | 1952418592 | SHAWN DENNIS JONES | $61,807.06 | 872 | 71 |
| 84 | 1346210184 | JAMES BROOKS MD | $89,762.93 | 872 | 86 |
| 85 | 1386638484 | THOR SWANSON MD | $55,678.33 | 871 | 129 |
| 86 | 1225168511 | FREDERICK C. ALDRICH | $25,823.62 | 868 | 82 |
| 87 | 1306954391 | WILLIAM E HOWARD IV | $57,204.05 | 862 | 62 |
| 88 | 1326013426 | PAUL DENNIS PETERSON DO | $39,131.63 | 861 | 84 |
| 89 | 1730173766 | FRANK L BABCOCK, MD | $45,314.65 | 858 | 45 |
| 90 | 1285697722 | DOUGLAS JONES | $72,652.65 | 846 | 116 |
| 91 | 1437373073 | MOHSEN ABOU SEIF | $22,808.03 | 846 | 113 |
| 92 | 1326036062 | JON S AHRENDSEN MD | $67,766.81 | 845 | 85 |
| 93 | 1205808664 | DAVID M CRIPPIN MD | $29,970.07 | 842 | 92 |
| 94 | 1558348284 | STEVEN G PAULSRUD | $48,932.59 | 838 | 72 |
| 95 | 1033436480 | AMBER J EDWARDS | $55,526.93 | 830 | 52 |
| 96 | 1104034552 | DEANNA BOOK BOESEN | $86,565.47 | 828 | 106 |
| 97 | 1619186475 | STEPHEN PALLONE MD | $25,330.42 | 827 | 117 |
| 98 | 1902912538 | CHRISTIAN W JONES MD | $36,495.27 | 827 | 87 |
| 99 | 1659375921 | MICHAEL MANKARIOUS | $31,023.53 | 823 | 103 |
| 100 | 1134191018 | DUSTIN R SMITH | $43,390.42 | 821 | 110 |

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## TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
## March/April 2014

| RANK | DOCTOR NUM | PRESCRIBER NAME | PAID AMOUNT | PRESCRIPTION COUNT | PREVIOUS RANK |
|---|---|---|---|---|---|
| 1 | 1013126705 | JANICE M. R. STABER | $1,107,238.36 | 58 | 1 |
| 2 | 1952459463 | DAVID LAWRENCE YURDIN PA | $485,109.00 | 1,030 | 2 |
| 3 | 1316934318 | STEVEN LENTZ MD | $276,852.08 | 24 | 176 |
| 4 | 1841407160 | RAHUL BANSAL MD | $212,517.81 | 2,295 | 6 |
| 5 | 1861562555 | LARRY RICHARDS | $206,817.80 | 2,896 | 11 |
| 6 | 1013115369 | BOBBITA NAG | $203,121.64 | 1,746 | 8 |
| 7 | 1356337273 | LISA J MENZIES | $196,559.27 | 566 | 7 |
| 8 | 1376777524 | ALLADDIN MOH ELHADI ABOSAIDA | $179,842.46 | 305 | 5 |
| 9 | 1285748004 | BRUCE L HUGHES MD | $163,482.51 | 133 | 23 |
| 10 | 1780766659 | CHESTER ROBERT BADGER | $160,728.35 | 3,280 | 29 |
| 11 | 1295830115 | ALAN R BOLLINGER | $157,940.44 | 2,046 | 9 |
| 12 | 1619153137 | JODI BEST ARNP | $149,979.22 | 1,481 | 20 |
| 13 | 1962558957 | ALBERT N OKINE PA | $149,286.33 | 1,269 | 17 |
| 14 | 1649248378 | KATHLEEN L WILD ARNP | $148,746.82 | 1,652 | 13 |
| 15 | 1164414520 | KAREN FULWOOD | $142,450.42 | 1,880 | 28 |
| 16 | 1467502286 | CHARLES TILLEY PA | $139,639.10 | 1,404 | 24 |
| 17 | 1548256191 | JUDITH A MILLER | $139,604.60 | 32 | 52 |
| 18 | 1912991340 | GHADA HAMDAN-ALLEN MD | $138,971.23 | 1,509 | 10 |
| 19 | 1083681944 | MARY CHRISTINE SEGRETO | $136,342.66 | 999 | 19 |
| 20 | 1083609358 | JENNIFER S COOK | $131,866.90 | 611 | 16 |
| 21 | 1073500690 | KATHLEEN S ADAMS | $130,160.76 | 1,134 | 22 |
| 22 | 1972638864 | LIUSKA MARIA PESCE | $129,808.75 | 277 | 15 |
| 23 | 1235124942 | JULIE KATHRYN OSTERHAUS | $125,450.03 | 267 | 21 |
| 24 | 1841285772 | KATHRYN CAROLE BREITBACH | $123,580.69 | 74 | 12 |
| 25 | 1861559486 | JOSPEH PATRICK BERTROCHE | $121,861.45 | 1,113 | 27 |
| 26 | 1083603773 | JACK T STAPLETON | $119,655.22 | 179 | 58 |
| 27 | 1063491645 | ALLYSON L WHEATON MD | $117,978.39 | 1,108 | 32 |

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## TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
## March/April 2014

| RANK | DOCTOR NUM | PRESCRIBER NAME | PAID AMOUNT | PRESCRIPTION COUNT | PREVIOUS RANK |
|---|---|---|---|---|---|
| 28 | 1902115652 | SARAH LYNN BEATTIE ARNP | $112,403.72 | 1,049 | 35 |
| 29 | 1710941000 | LAURIE WARREN PA | $109,938.86 | 1,016 | 34 |
| 30 | 1285681528 | MARVIN FRANKLIN PIBURN | $109,172.90 | 1,481 | 26 |
| 31 | 1083784797 | CAROL AUNAN | $108,407.62 | 1,394 | 25 |
| 32 | 1982605762 | JEFFREY D WILHARM | $107,277.92 | 1,658 | 30 |
| 33 | 1033389226 | ANTHONY G ZAMUDIO ARNP | $105,917.89 | 910 | 101 |
| 34 | 1841220290 | KENT ELDON KUNZE MD | $97,074.64 | 1,134 | 33 |
| 35 | 1821082850 | JOHN F STECKER | $96,966.99 | 812 | 56 |
| 36 | 1043211303 | ALI SAFDAR | $96,241.23 | 1,533 | 76 |
| 37 | 1730239732 | SRIRAMAMURTHY RAVIPATI MD | $95,735.59 | 1,241 | 38 |
| 38 | 1669570404 | CASIE RINEY PA | $95,300.10 | 931 | 55 |
| 39 | 1215146055 | REBECCA J WOLFE | $94,983.25 | 1,116 | 48 |
| 40 | 1255322996 | MARK WILLIAM MITTAUER | $93,606.97 | 1,113 | 46 |
| 41 | 1205015906 | DAVID F WIDITZ | $92,080.29 | 1,244 | 61 |
| 42 | 1477633188 | CYD Q. GRAFFT | $91,266.13 | 1,172 | 75 |
| 43 | 1508946088 | E RICHARD NIGHTINGALE MD | $90,935.29 | 921 | 40 |
| 44 | 1346210184 | JAMES BROOKS MD | $89,762.93 | 872 | 42 |
| 45 | 1013960566 | PETER JOSEPH SZEIBEL | $88,988.76 | 1,095 | 36 |
| 46 | 1326045808 | RAY C STURDEVANT MD | $88,528.43 | 922 | 43 |
| 47 | 1083671309 | JOHN LOUIS COLOMBO MD | $87,968.65 | 69 | 902 |
| 48 | 1699760314 | DIANE L EASTMAN | $87,951.21 | 65 | 14 |
| 49 | 1104034552 | DEANNA BOOK BOESEN | $86,565.47 | 828 | 72 |
| 50 | 1922144088 | THOMAS SCOTT HOPKINS DO | $85,706.74 | 937 | 50 |
| 51 | 1053376475 | DANIEL W GILLETTE | $85,593.21 | 877 | 54 |
| 52 | 1194703074 | WENDY ANNE WALDMAN | $84,969.54 | 708 | 100 |
| 53 | 1245318393 | JEAN TOBIN PA | $84,774.85 | 1,329 | 91 |
| 54 | 1356520431 | KAY A MARTTILA | $84,644.59 | 809 | 53 |

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## TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
## March/April 2014

| RANK | DOCTOR NUM | PRESCRIBER NAME | PAID AMOUNT | PRESCRIPTION COUNT | PREVIOUS RANK |
|---|---|---|---|---|---|
| 55 | 1356564371 | CARLA K ABEL-ZIEG ARNP | $83,662.76 | 760 | 60 |
| 56 | 1528247368 | MISHELLE L PAULLUS | $83,277.40 | 95 | 47 |
| 57 | 1467682351 | NICOLE GILG | $81,921.34 | 2,735 | 99 |
| 58 | 1548247406 | VILMARIE RODRIGUEZ-PADUA MD | $81,111.94 | 12 | 3 |
| 59 | 1003004391 | DAVID BERMAN WALKER MD | $80,841.25 | 1,022 | 41 |
| 60 | 1891705968 | ANITA HANDEVIDT ARNP | $80,723.40 | 819 | 108 |
| 61 | 1215025309 | DEBORAH LYNNE GARRELTS | $80,162.07 | 711 | 89 |
| 62 | 1679669832 | ERIN VOYLES HATCHER ARNP | $78,216.83 | 780 | 59 |
| 63 | 1104089390 | EJIRO AGBORO-IDAHOSA MD | $77,886.07 | 989 | 80 |
| 64 | 1487908380 | LISA ANN BECHTEL ARNP | $77,814.70 | 798 | 68 |
| 65 | 1609867688 | DAVID B MOORE, M.D. | $77,644.18 | 228 | 82 |
| 66 | 1780793976 | MATTHEW D EGGERS MD | $77,534.28 | 782 | 49 |
| 67 | 1205992724 | LOUISE W SMITH | $76,425.14 | 229 | 44 |
| 68 | 1740269745 | PAULA JEAN CURRAN ARNP | $76,223.41 | 1,474 | 114 |
| 69 | 1790708451 | MICHAEL M MCCUBBIN | $76,211.08 | 269 | 334 |
| 70 | 1245436765 | RENE M DUREGGER MD | $76,084.02 | 783 | 67 |
| 71 | 1619963949 | EVA TSALIKIAN | $75,329.59 | 140 | 39 |
| 72 | 1710972591 | ELIZABETH L DOWD | $73,932.65 | 145 | 51 |
| 73 | 1407953979 | CECELIA M NASSIF ARNP | $73,853.84 | 925 | 73 |
| 74 | 1215125216 | REBECCA WALDING | $73,573.58 | 658 | 95 |
| 75 | 1134206873 | ROBERT W DETLEFSEN ARNP | $73,413.20 | 1,144 | 62 |
| 76 | 1285697722 | DOUGLAS JONES | $72,652.65 | 846 | 104 |
| 77 | 1245203223 | MARY BETH HUTCHINSON ARNP | $72,338.59 | 567 | 167 |
| 78 | 1609055771 | CHARUTA NARAYAN JOSHI | $71,892.53 | 414 | 65 |
| 79 | 1639423544 | PAMELA S BROWN ARNP | $71,794.11 | 759 | 81 |
| 80 | 1366435125 | DANIEL EDWARD WESEMANN ARNP | $71,648.34 | 627 | 83 |
| 81 | 1699075929 | HIEDI CHRISTINE LANE | $71,272.34 | 875 | 86 |

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## TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
## March/April 2014

| RANK | DOCTOR NUM | PRESCRIBER NAME | PAID AMOUNT | PRESCRIPTION COUNT | PREVIOUS RANK |
|---|---|---|---|---|---|
| 82 | 1629042288 | MARTIN J FIALKOV MD | $70,207.64 | 913 | 87 |
| 83 | 1144370131 | MICHAEL LEE EGGER MD | $70,202.38 | 819 | 79 |
| 84 | 1841293354 | KEITH GUESS PA | $68,951.87 | 758 | 111 |
| 85 | 1538368170 | CHRISTOPHER ROBERT MATSON | $68,733.05 | 2,349 | 92 |
| 86 | 1255365631 | CINDY GOSHORN ARNP | $68,057.91 | 730 | 84 |
| 87 | 1124399522 | JOYCE E PROUCH ARNP | $67,871.23 | 915 | 66 |
| 88 | 1326036062 | JON S AHRENDSEN MD | $67,766.81 | 845 | 98 |
| 89 | 1821084468 | MARY WAGNER NIXON | $66,875.43 | 650 | 74 |
| 90 | 1104029008 | KATIE MARIE ULRING LARSON ODE MD | $66,683.12 | 226 | 126 |
| 91 | 1588838841 | LEENU MISHRA MD | $66,034.94 | 716 | 78 |
| 92 | 1750376034 | DUANGCHAI NARAWONG MD | $64,280.84 | 573 | 88 |
| 93 | 1184945321 | DEANNE REMER | $64,228.10 | 1,196 | 97 |
| 94 | 1891788485 | JOYCE VISTA WAYNE MD | $62,915.61 | 738 | 117 |
| 95 | 1790922441 | MARIA CONSUELO LOZANO-CELIS | $62,416.22 | 711 | 94 |
| 96 | 1063622637 | HUSSAIN BANU | $62,114.71 | 2,580 | 163 |
| 97 | 1023053972 | BRYANT MUTCHLER DO | $62,013.17 | 1,498 | 135 |
| 98 | 1952418592 | SHAWN DENNIS JONES | $61,807.06 | 872 | 116 |
| 99 | 1184722910 | LAURA VANCLEVE DO | $61,573.61 | 567 | 102 |
| 100 | 1962458182 | JUDITH JOHNSON | $61,488.99 | 692 | 145 |

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## TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

| CATEGORY DESCRIPTION | January/February 2014 | RANK | % BUDGET | March/April 2014 | RANK | % BUDGET | % CHANGE |
|---|---|---|---|---|---|---|---|
| ANTIPSYCHOTICS - ATYPICALS | $4,287,715 | 1 | 9.2% | $4,778,556 | 1 | 9.4% | 11.4% |
| STIMULANTS - AMPHETAMINES - LONG ACTING | $2,974,439 | 2 | 6.4% | $3,178,539 | 2 | 6.2% | 6.9% |
| ANTICONVULSANTS | $2,469,447 | 3 | 5.3% | $2,673,014 | 3 | 5.3% | 8.2% |
| ANTIDEPRESSANTS - SELECTED SSRI's | $1,658,573 | 7 | 3.5% | $2,052,123 | 4 | 4.0% | 23.7% |
| STIMULANTS - METHYLPHENIDATE - LONG ACTING | $1,918,121 | 5 | 4.1% | $2,034,259 | 5 | 4.0% | 6.1% |
| DIABETIC - INSULIN | $1,732,958 | 6 | 3.7% | $1,956,071 | 6 | 3.8% | 12.9% |
| STIMULANTS - METHYLPHENIDATE | $1,430,296 | 9 | 3.1% | $1,555,871 | 7 | 3.1% | 8.8% |
| ANTIASTHMATIC - ADRENERGIC COMBOS | $1,346,415 | 10 | 2.9% | $1,541,285 | 8 | 3.0% | 14.5% |
| ANTIHEMOPHILIC AGENTS | $1,594,492 | 8 | 3.4% | $1,472,301 | 9 | 2.9% | -7.7% |
| ANTIASTHMATIC - BETA - ADRENERGICS | $1,048,207 | 11 | 2.2% | $1,142,882 | 10 | 2.2% | 9.0% |
| STIMULANTS - OTHER STIMULANTS / LIKE STIMULANTS | $928,385 | 12 | 2.0% | $1,008,417 | 11 | 2.0% | 8.6% |
| ANTIASTHMATIC - STEROID INHALANTS | $835,658 | 13 | 1.8% | $975,855 | 12 | 1.9% | 16.8% |
| BIOLOGIC IMMUNOMODULATORS | $743,959 | 15 | 1.6% | $962,022 | 13 | 1.9% | 29.3% |
| ANTIRETROVIRALS | $832,073 | 14 | 1.8% | $955,421 | 14 | 1.9% | 14.8% |
| STIMULANTS - AMPHETAMINES - SHORT ACTING | $685,163 | 18 | 1.5% | $949,395 | 15 | 1.9% | 38.6% |
| RSV PROPHYLAXIS | $1,946,980 | 4 | 4.2% | $869,649 | 16 | 1.7% | -55.3% |
| DIABETIC - INSULIN PENFILLS | $662,494 | 19 | 1.4% | $842,559 | 17 | 1.7% | 27.2% |
| MULTIPLE SCLEROSIS AGENTS | $701,869 | 17 | 1.5% | $832,847 | 18 | 1.6% | 18.7% |
| NARCOTICS - MISC. | $713,704 | 16 | 1.5% | $829,592 | 19 | 1.6% | 16.2% |
| CHOLESTEROL - HMG COA + ABSORB INHIBITORS | $611,553 | 21 | 1.3% | $732,393 | 20 | 1.4% | 19.8% |

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## TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

| CATEGORY DESCRIPTION | January/February 2014 | PREV RANK | March/April 2014 | CURR RANK | PERC CHANGE |
|---|---|---|---|---|---|
| ANTIDEPRESSANTS - SELECTED SSRI's | 65,134 | 1 | 76,804 | 1 | 17.9% |
| ANTICONVULSANTS | 36,201 | 2 | 41,098 | 2 | 13.5% |
| NARCOTICS - MISC. | 32,260 | 3 | 37,451 | 3 | 16.1% |
| BETA-LACTAMS / CLAVULANATE COMBO'S | 30,017 | 4 | 30,967 | 4 | 3.2% |
| ANTIPSYCHOTICS - ATYPICALS | 26,289 | 5 | 28,960 | 5 | 10.2% |
| ANTIASTHMATIC - BETA - ADRENERGICS | 25,608 | 7 | 27,221 | 6 | 6.3% |
| ANALGESICS - MISC. | 26,009 | 6 | 26,060 | 7 | 0.2% |
| ANTIHISTAMINES - NON-SEDATING | 19,430 | 8 | 23,961 | 8 | 23.3% |
| CHOLESTEROL - HMG COA + ABSORB INHIBITORS | 15,768 | 11 | 19,157 | 9 | 21.5% |
| ANXIOLYTICS - BENZODIAZEPINES | 15,562 | 12 | 17,917 | 10 | 15.1% |
| ANTIHYPERTENSIVES - CENTRAL | 16,313 | 10 | 17,375 | 11 | 6.5% |
| NSAIDS | 14,789 | 14 | 16,996 | 12 | 14.9% |
| GI - PROTON PUMP INHIBITOR | 13,609 | 16 | 16,962 | 13 | 24.6% |
| MACROLIDES / ERYTHROMYCIN'S / KETOLIDES | 17,851 | 9 | 16,759 | 14 | -6.1% |
| ACE INHIBITORS | 12,925 | 18 | 16,036 | 15 | 24.1% |
| STIMULANTS - AMPHETAMINES - LONG ACTING | 14,917 | 13 | 16,000 | 16 | 7.3% |
| DIURETICS | 12,400 | 20 | 14,724 | 17 | 18.7% |
| GLUCOCORTICOIDS - MINERALOCORTICOIDS | 13,229 | 17 | 14,325 | 18 | 8.3% |
| CEPHALOSPORINS | 13,758 | 15 | 14,226 | 19 | 3.4% |
| MUSCLE RELAXANTS | 11,891 | 21 | 13,710 | 20 | 15.3% |

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## TOP 100 DRUGS BY PAID AMOUNT

| DRUG DESCRIPTION | January/February 2014 | PREVIOUS RANK | March/April 2014 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| ABILIFY | $2,325,731.05 | 1 | $2,506,340.52 | 1 | 7.77% |
| VYVANSE | $2,200,965.15 | 2 | $2,379,985.79 | 2 | 8.13% |
| METHYLPHENIDATE HCL ER | $1,616,835.03 | 4 | $1,702,530.03 | 3 | 5.30% |
| FOCALIN XR | $1,072,358.94 | 5 | $1,178,274.80 | 4 | 9.88% |
| LANTUS | $881,887.97 | 7 | $999,000.62 | 5 | 13.28% |
| CYMBALTA | $760,739.15 | 8 | $965,980.56 | 6 | 26.98% |
| ADVATE | $917,397.32 | 6 | $904,844.28 | 7 | -1.37% |
| ADDERALL | $604,269.99 | 12 | $890,853.46 | 8 | 47.43% |
| SYNAGIS | $1,946,979.84 | 3 | $869,648.70 | 9 | -55.33% |
| ADVAIR DISKUS | $665,175.21 | 10 | $743,968.30 | 10 | 11.85% |
| STRATTERA | $665,858.88 | 9 | $686,541.75 | 11 | 3.11% |
| ADDERALL XR | $639,545.38 | 11 | $664,361.49 | 12 | 3.88% |
| VENTOLIN HFA | $580,201.12 | 13 | $657,133.36 | 13 | 13.26% |
| SPIRIVA HANDIHALER | $509,719.22 | 14 | $582,731.04 | 14 | 14.32% |
| DEPAKOTE ER | $484,370.80 | 16 | $559,953.36 | 15 | 15.60% |
| LATUDA | $355,555.98 | 20 | $471,918.38 | 16 | 32.73% |
| ATRIPLA | $383,128.24 | 18 | $454,850.26 | 17 | 18.72% |
| HYDROCODONE/ACETAMINOPHEN | $361,697.67 | 19 | $430,789.09 | 18 | 19.10% |
| NOVOLOG | $391,024.94 | 17 | $418,539.54 | 19 | 7.04% |
| CRESTOR | $340,549.05 | 22 | $401,804.13 | 20 | 17.99% |
| SYMBICORT | $337,070.47 | 23 | $398,042.86 | 21 | 18.09% |
| INVEGA SUSTENNA | $349,706.73 | 21 | $396,252.60 | 22 | 13.31% |
| HUMALOG | $299,715.72 | 27 | $359,855.74 | 23 | 20.07% |
| LOVENOX | $240,392.34 | 31 | $351,283.80 | 24 | 46.13% |
| PULMICORT | $289,815.74 | 28 | $333,400.28 | 25 | 15.04% |
| HUMIRA PEN | $237,333.18 | 33 | $312,236.47 | 26 | 31.56% |
| GENOTROPIN | $304,516.61 | 26 | $306,457.08 | 27 | 0.64% |

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## TOP 100 DRUGS BY PAID AMOUNT

| DRUG DESCRIPTION | January/February 2014 | PREVIOUS RANK | March/April 2014 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| CEFDINIR | $308,318.56 | 25 | $305,087.68 | 28 | -1.05% |
| AZITHROMYCIN | $320,290.94 | 24 | $297,691.49 | 29 | -7.06% |
| QVAR | $236,012.40 | 34 | $287,638.59 | 30 | 21.87% |
| TRICOR | $239,142.15 | 32 | $282,825.84 | 31 | 18.27% |
| PROVENTIL HFA | $248,051.22 | 29 | $278,650.16 | 32 | 12.34% |
| RISPERDAL CONSTA | $245,242.48 | 30 | $274,316.52 | 33 | 11.86% |
| LANTUS SOLOSTAR | $208,596.54 | 40 | $264,831.39 | 34 | 26.96% |
| DEXILANT | $208,809.85 | 39 | $257,346.43 | 35 | 23.24% |
| NASONEX | $196,409.10 | 41 | $251,251.53 | 36 | 27.92% |
| COPAXONE | $231,293.40 | 36 | $247,638.79 | 37 | 7.07% |
| TRUVADA | $211,671.64 | 37 | $235,414.73 | 38 | 11.22% |
| AMOXICILLIN | $231,482.06 | 35 | $233,107.90 | 39 | 0.70% |
| INDERAL LA | $153,952.83 | 50 | $229,663.29 | 40 | 49.18% |
| MONTELUKAST SODIUM | $194,965.97 | 42 | $226,973.14 | 41 | 16.42% |
| INVEGA | $210,016.85 | 38 | $226,488.85 | 42 | 7.84% |
| NOVOSEVEN RT | $70,920.02 | 138 | $222,555.72 | 43 | 213.81% |
| NOVOLOG FLEXPEN | $168,809.29 | 46 | $219,195.02 | 44 | 29.85% |
| FLOVENT HFA | $188,713.45 | 43 | $217,166.96 | 45 | 15.08% |
| LYRICA | $172,164.25 | 45 | $212,277.13 | 46 | 23.30% |
| OMEPRAZOLE | $156,736.63 | 49 | $199,836.77 | 47 | 27.50% |
| PULMOZYME | $180,537.47 | 44 | $197,591.00 | 48 | 9.45% |
| LEVEMIR | $142,763.19 | 54 | $189,718.52 | 49 | 32.89% |
| HUMIRA | $134,841.92 | 59 | $183,438.60 | 50 | 36.04% |
| FEIBA NF | $98,945.56 | 86 | $183,174.88 | 51 | 85.13% |
| GABAPENTIN | $143,971.35 | 53 | $170,222.85 | 52 | 18.23% |
| AMOXICILLIN/CLAVULANATE P | $162,990.40 | 47 | $168,584.31 | 53 | 3.43% |
| ENBREL SURECLICK | $121,648.09 | 70 | $168,350.27 | 54 | 38.39% |

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## TOP 100 DRUGS BY PAID AMOUNT

| DRUG DESCRIPTION | January/February 2014 | PREVIOUS RANK | March/April 2014 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| RISPERIDONE | $157,162.54 | 48 | $167,624.29 | 55 | 6.66% |
| PROVIGIL | $112,647.13 | 77 | $167,374.31 | 56 | 48.58% |
| ZIPRASIDONE HCL | $150,027.94 | 51 | $166,764.98 | 57 | 11.16% |
| VIMPAT | $144,879.44 | 52 | $165,573.52 | 58 | 14.28% |
| SEROQUEL XR | $138,977.18 | 56 | $162,857.75 | 59 | 17.18% |
| EPIPEN 2-PAK | $94,216.55 | 94 | $157,483.83 | 60 | 67.15% |
| GLEEVEC | $136,740.30 | 57 | $156,114.85 | 61 | 14.17% |
| VESICARE | $133,023.01 | 60 | $155,367.19 | 62 | 16.80% |
| EXJADE | $128,140.35 | 64 | $154,609.31 | 63 | 20.66% |
| KALYDECO | $102,502.48 | 82 | $153,728.72 | 64 | 49.98% |
| COMBIVENT RESPIMAT | $122,027.95 | 69 | $152,485.47 | 65 | 24.96% |
| LEVOTHYROXINE SODIUM | $120,242.53 | 73 | $146,909.47 | 66 | 22.18% |
| QUETIAPINE FUMARATE | $126,397.42 | 65 | $143,367.83 | 67 | 13.43% |
| ALBUTEROL SULFATE | $142,736.52 | 55 | $142,121.62 | 68 | -0.43% |
| ENBREL | $128,973.36 | 63 | $141,994.07 | 69 | 10.10% |
| XIFAXAN | $121,624.89 | 71 | $138,525.18 | 70 | 13.90% |
| TRAMADOL HCL | $111,047.78 | 79 | $132,320.92 | 71 | 19.16% |
| OPANA ER (CRUSH RESISTANT | $115,027.00 | 76 | $131,297.24 | 72 | 14.14% |
| FLUTICASONE PROPIONATE | $95,485.07 | 89 | $125,861.30 | 73 | 31.81% |
| PROLASTIN-C | $100,208.46 | 84 | $125,535.80 | 74 | 25.27% |
| TOBI | $118,869.33 | 74 | $124,942.21 | 75 | 5.11% |
| NAGLAZYME | $124,528.48 | 66 | $124,528.48 | 76 | 0.00% |
| INTUNIV | $123,086.22 | 68 | $123,579.75 | 77 | 0.40% |
| ANAFRANIL | $92,243.49 | 99 | $121,670.67 | 78 | 31.90% |
| BUPROPION HCL XL | $99,583.29 | 85 | $120,946.49 | 79 | 21.45% |
| XYREM | $56,360.11 | 169 | $119,705.04 | 80 | 112.39% |
| TOPROL XL | $94,435.13 | 92 | $118,648.07 | 81 | 25.64% |

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## TOP 100 DRUGS BY PAID AMOUNT

| DRUG DESCRIPTION | January/February 2014 | PREVIOUS RANK | March/April 2014 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| RANITIDINE HCL | $93,646.65 | 96 | $117,591.27 | 82 | 25.57% |
| SERTRALINE HCL | $101,955.76 | 83 | $117,065.01 | 83 | 14.82% |
| RITALIN | $132,002.37 | 61 | $114,889.47 | 84 | -12.96% |
| BANZEL | $105,890.94 | 80 | $114,858.66 | 85 | 8.47% |
| LISINOPRIL | $91,311.19 | 101 | $113,940.68 | 86 | 24.78% |
| DAYTRANA | $105,750.28 | 81 | $113,804.36 | 87 | 7.62% |
| TECFIDERA | $88,835.16 | 106 | $113,522.76 | 88 | 27.79% |
| OXYCODONE HCL | $96,398.45 | 87 | $111,903.26 | 89 | 16.08% |
| ESCITALOPRAM OXALATE | $95,376.66 | 90 | $110,565.32 | 90 | 15.92% |
| DEXEDRINE | $112,341.68 | 78 | $109,699.16 | 91 | -2.35% |
| CREON | $79,978.90 | 120 | $109,472.31 | 92 | 36.88% |
| VENLAFAXINE HCL ER | $86,699.83 | 109 | $108,273.67 | 93 | 24.88% |
| METHYLPHENIDATE HCL | $76,522.14 | 127 | $107,426.02 | 94 | 40.39% |
| TRAZODONE HCL | $93,263.40 | 97 | $105,423.23 | 95 | 13.04% |
| SABRIL | $131,338.28 | 62 | $103,130.32 | 96 | -21.48% |
| ALPRAZOLAM | $89,010.38 | 105 | $102,922.29 | 97 | 15.63% |
| COMPLERA | $81,020.22 | 116 | $102,232.29 | 98 | 26.18% |
| STRIBILD | $53,933.11 | 175 | $101,393.15 | 99 | 88.00% |
| OXYCONTIN | $89,116.91 | 104 | $101,331.93 | 100 | 13.71% |

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## TOP 100 DRUGS BY PRESCRIPTION COUNT

| DRUG DESCRIPTION | January/February 2014 | PREVIOUS RANK | March/April 2014 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| HYDROCO/APAP TAB 5-325MG | 13,741 | 1 | 17,454 | 1 | 27.02% |
| VENTOLIN HFA AER | 10,917 | 2 | 12,288 | 2 | 12.56% |
| TRAMADOL HCL TAB 50MG | 10,320 | 3 | 12,222 | 3 | 18.43% |
| Loratadine Tab 10 MG | 9,598 | 5 | 11,191 | 4 | 16.60% |
| AMOXICILLIN SUS 400/5ML | 10,105 | 4 | 10,325 | 5 | 2.18% |
| ALBUTEROL NEB 0.083% | 8,817 | 6 | 8,752 | 6 | -0.74% |
| ESCITALOPRAM TAB 20MG | 6,664 | 10 | 7,935 | 7 | 19.07% |
| RANITIDINE TAB 150MG | 7,026 | 8 | 7,713 | 8 | 9.78% |
| FLUOXETINE CAP 20MG | 6,316 | 14 | 7,503 | 9 | 18.79% |
| Cetirizine HCl Tab 10 MG | 6,052 | 15 | 7,409 | 10 | 22.42% |
| CYCLOBENZAPR TAB 10MG | 6,418 | 12 | 7,330 | 11 | 14.21% |
| GABAPENTIN CAP 300MG | 5,978 | 16 | 7,027 | 12 | 17.55% |
| AZITHROMYCIN TAB 250MG | 7,187 | 7 | 6,923 | 13 | -3.67% |
| CLONIDINE TAB 0.1MG | 6,470 | 11 | 6,771 | 14 | 4.65% |
| OMEPRAZOLE CAP 20MG | 5,399 | 19 | 6,744 | 15 | 24.91% |
| Acetaminophen Tab 325 MG | 6,356 | 13 | 6,325 | 16 | -0.49% |
| FLUTICASONE SPR 50MCG | 4,728 | 23 | 6,188 | 17 | 30.88% |
| AZITHROMYCIN SUS 200/5ML | 6,828 | 9 | 6,056 | 18 | -11.31% |
| GUANFACINE TAB 1MG | 5,806 | 17 | 6,038 | 19 | 4.00% |
| Aspirin Tab Delayed Release 81 MG | 5,779 | 18 | 5,982 | 20 | 3.51% |
| SERTRALINE TAB 100MG | 4,821 | 22 | 5,532 | 21 | 14.75% |
| Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe) | 5,143 | 20 | 5,455 | 22 | 6.07% |
| TRAZODONE TAB 50MG | 4,706 | 24 | 5,292 | 23 | 12.45% |
| IBUPROFEN TAB 800MG | 4,502 | 27 | 5,218 | 24 | 15.90% |
| TRAZODONE TAB 100MG | 4,565 | 25 | 5,190 | 25 | 13.69% |
| OMEPRAZOLE CAP 40MG | 4,039 | 33 | 5,166 | 26 | 27.90% |

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## TOP 100 DRUGS BY PRESCRIPTION COUNT

| DRUG DESCRIPTION | January/February 2014 | PREVIOUS RANK | March/April 2014 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| MONTELUKAST TAB 10MG | 4,395 | 29 | 5,093 | 27 | 15.88% |
| PROVENTIL AER HFA | 4,508 | 26 | 4,852 | 28 | 7.63% |
| LISINOPRIL TAB 10MG | 3,669 | 37 | 4,642 | 29 | 26.52% |
| AMOXICILLIN CAP 500MG | 4,339 | 30 | 4,543 | 30 | 4.70% |
| Aspirin Chew Tab 81 MG | 4,422 | 28 | 4,531 | 31 | 2.46% |
| HYDROCHLOROT TAB 25MG | 3,752 | 35 | 4,493 | 32 | 19.75% |
| Sennosides-Docusate Sodium Tab 8.6-50 MG | 4,314 | 31 | 4,438 | 33 | 2.87% |
| METFORMIN TAB 500MG | 3,639 | 39 | 4,420 | 34 | 21.46% |
| HYDROCO/APAP TAB 7.5-325 | 3,566 | 41 | 4,399 | 35 | 23.36% |
| LISINOPRIL TAB 20MG | 3,390 | 46 | 4,257 | 36 | 25.58% |
| METHYLPHENID TAB 36MG ER | 3,995 | 34 | 4,185 | 37 | 4.76% |
| CLONAZEPAM TAB 1MG | 3,574 | 40 | 4,185 | 38 | 17.10% |
| CEPHALEXIN CAP 500MG | 3,484 | 42 | 4,063 | 39 | 16.62% |
| AMOXICILLIN SUS 250/5ML | 4,196 | 32 | 3,972 | 40 | -5.34% |
| CITALOPRAM TAB 20MG | 3,405 | 45 | 3,965 | 41 | 16.45% |
| OXYCOD/APAP TAB 5-325MG | 3,418 | 44 | 3,926 | 42 | 14.86% |
| NAPROXEN TAB 500MG | 3,146 | 53 | 3,885 | 43 | 23.49% |
| HYDROCO/APAP TAB 10-325MG | 3,237 | 48 | 3,867 | 44 | 19.46% |
| SMZ/TMP DS TAB 800-160 | 3,441 | 43 | 3,786 | 45 | 10.03% |
| POLYETH GLYC POW 3350 NF | 3,647 | 38 | 3,742 | 46 | 2.60% |
| Acetaminophen Tab 500 MG | 3,736 | 36 | 3,721 | 47 | -0.40% |
| MONTELUKAST CHW 5MG | 3,156 | 52 | 3,691 | 48 | 16.95% |
| METFORMIN TAB 1000MG | 2,949 | 59 | 3,670 | 49 | 24.45% |
| SERTRALINE TAB 50MG | 3,223 | 49 | 3,665 | 50 | 13.71% |
| ALPRAZOLAM TAB 1MG | 3,217 | 50 | 3,664 | 51 | 13.89% |
| LANTUS INJ 100/ML | 3,294 | 47 | 3,654 | 52 | 10.93% |

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## TOP 100 DRUGS BY PRESCRIPTION COUNT

| DRUG DESCRIPTION | January/February 2014 | PREVIOUS RANK | March/April 2014 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| MELOXICAM TAB 15MG | 2,933 | 60 | 3,637 | 53 | 24.00% |
| CLONAZEPAM TAB 0.5MG | 3,100 | 55 | 3,614 | 54 | 16.58% |
| CITALOPRAM TAB 40MG | 3,035 | 57 | 3,545 | 55 | 16.80% |
| PREDNISONE TAB 20MG | 3,074 | 56 | 3,512 | 56 | 14.25% |
| VENLAFAXINE CAP 150MG ER | 2,750 | 65 | 3,370 | 57 | 22.55% |
| ALPRAZOLAM TAB 0.5MG | 2,866 | 64 | 3,366 | 58 | 17.45% |
| ZOLPIDEM TAB 10MG | 2,899 | 61 | 3,338 | 59 | 15.14% |
| PREDNISOLONE SOL 15MG/5ML | 4,959 | 21 | 3,336 | 60 | -32.73% |
| FOLIC ACID TAB 1MG | 3,184 | 51 | 3,329 | 61 | 4.55% |
| AMLODIPINE TAB 10MG | 2,566 | 68 | 3,263 | 62 | 27.16% |
| METHYLPHENID TAB 54MG ER | 2,969 | 58 | 3,176 | 63 | 6.97% |
| AMOX/K CLAV TAB 875MG | 2,888 | 62 | 3,080 | 64 | 6.65% |
| CEFDINIR SUS 250/5ML | 3,133 | 54 | 3,031 | 65 | -3.26% |
| CYMBALTA CAP 60MG | 2,321 | 74 | 3,000 | 66 | 29.25% |
| RISPERIDONE TAB 1MG | 2,876 | 63 | 2,998 | 67 | 4.24% |
| VYVANSE CAP 30MG | 2,700 | 66 | 2,960 | 68 | 9.63% |
| LORAZEPAM TAB 1MG | 2,486 | 69 | 2,930 | 69 | 17.86% |
| ONDANSETRON TAB 4MG ODT | 2,690 | 67 | 2,841 | 70 | 5.61% |
| Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML) | 2,051 | 86 | 2,824 | 71 | 37.69% |
| SIMVASTATIN TAB 20MG | 2,405 | 72 | 2,787 | 72 | 15.88% |
| HYDROXYZ PAM CAP 25MG | 2,316 | 75 | 2,785 | 73 | 20.25% |
| AMLODIPINE TAB 5MG | 2,144 | 79 | 2,720 | 74 | 26.87% |
| METOPROL TAR TAB 25MG | 2,243 | 77 | 2,719 | 75 | 21.22% |
| VYVANSE CAP 40MG | 2,428 | 71 | 2,688 | 76 | 10.71% |
| PANTOPRAZOLE TAB 40MG | 2,077 | 84 | 2,647 | 77 | 27.44% |
| SIMVASTATIN TAB 40MG | 2,117 | 80 | 2,586 | 78 | 22.15% |

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## TOP 100 DRUGS BY PRESCRIPTION COUNT

| DRUG DESCRIPTION | January/February 2014 | PREVIOUS RANK | March/April 2014 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| RISPERIDONE TAB 0.5MG | 2,455 | 70 | 2,576 | 79 | 4.93% |
| MONTELUKAST CHW 4MG | 2,108 | 81 | 2,465 | 80 | 16.94% |
| FLUCONAZOLE TAB 150MG | 2,021 | 89 | 2,442 | 81 | 20.83% |
| BUPROPN HCL TAB 300MG XL | 2,034 | 88 | 2,436 | 82 | 19.76% |
| LORAZEPAM TAB 0.5MG | 2,083 | 83 | 2,434 | 83 | 16.85% |
| LEVOTHYROXIN TAB 50MCG | 1,999 | 91 | 2,432 | 84 | 21.66% |
| FUROSEMIDE TAB 40MG | 2,048 | 87 | 2,411 | 85 | 17.72% |
| BUPROPN HCL TAB 150MG XL | 1,943 | 96 | 2,381 | 86 | 22.54% |
| METRONIDAZOL TAB 500MG | 2,103 | 82 | 2,279 | 87 | 8.37% |
| QUETIAPINE TAB 100MG | 1,976 | 93 | 2,277 | 88 | 15.23% |
| LISINOPRIL TAB 40MG | 1,790 | 104 | 2,257 | 89 | 26.09% |
| VENLAFAXINE CAP 75MG ER | 1,813 | 103 | 2,244 | 90 | 23.77% |
| PREDNISONE TAB 10MG | 2,006 | 90 | 2,242 | 91 | 11.76% |
| SPIRIVA CAP HANDIHLR | 1,973 | 94 | 2,238 | 92 | 13.43% |
| Sennosides Tab 8.6 MG | 2,235 | 78 | 2,236 | 93 | 0.04% |
| AZITHROMYCIN SUS 100/5ML | 2,337 | 73 | 2,207 | 94 | -5.56% |
| ATORVASTATIN TAB 40MG | 1,576 | 122 | 2,178 | 95 | 38.20% |
| MUPIROCIN OIN 2% | 1,889 | 100 | 2,150 | 96 | 13.82% |
| METHYLPHENID TAB 27MG ER | 1,949 | 95 | 2,150 | 97 | 10.31% |
| VYVANSE CAP 50MG | 1,997 | 92 | 2,135 | 98 | 6.91% |
| TRIAMCINOLON CRE 0.1% | 1,897 | 99 | 2,100 | 99 | 10.70% |
| Loratadine Syrup 5 MG/5ML | 1,362 | 144 | 2,090 | 100 | 53.45% |

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# Bi-Monthly Statistics

| | March/April 2014 | May/June 2014 | % CHANGE |
|---|---|---|---|
| TOTAL PAID AMOUNT | $51,148,253 | $51,942,655 | 1.6% |
| UNIQUE USERS | 183,658 | 180,950 | -1.5% |
| COST PER USER | $278.50 | $287.06 | 3.1% |
| TOTAL PRESCRIPTIONS | 869,529 | 880,061 | 1.2% |
| AVERAGE PRESCRIPTIONS PER USER | 4.73 | 4.86 | 2.7% |
| AVERAGE COST PER PRESCRIPTION | $58.82 | $59.02 | 0.3% |
| # GENERIC PRESCRIPTIONS | 728,090 | 737,686 | 1.3% |
| % GENERIC | 83.7% | 83.8% | 0.1% |
| $ GENERIC | $13,530,670 | $13,555,078 | 0.2% |
| AVERAGE GENERIC PRESCRIPTION COST | $18.58 | $18.38 | -1.1% |
| AVERAGE GENERIC DAYS SUPPLY | 22 | 23 | 4.5% |
| # BRAND PRESCRIPTIONS | 138,085 | 138,948 | 1.3% |
| % BRAND | 15.9% | 15.8% | 0.1% |
| $ BRAND | $37,249,991 | $38,189,361 | 0.2% |
| AVERAGE BRAND PRESCRIPTION COST | $269.76 | $274.85 | -1.1% |
| AVERAGE BRAND DAYS SUPPLY | 26 | 26 | 4.5% |

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## UTILIZATION BY AGE

| AGE | March/April 2014 | May/June 2014 |
|---|---|---|
| 0-6 | 35,579 | 31,467 |
| 7-12 | 27,764 | 25,949 |
| 13-18 | 23,700 | 22,422 |
| 19-64 | 86,643 | 91,258 |
| 65+ | 9,972 | 9,854 |
| | 183,658 | 180,950 |

## UTILIZATION BY GENDER AND AGE

| GENDER | AGE | March/April 2014 | May/June 2014 |
|---|---|---|---|
| F | | | |
| | 0-6 | 16,665 | 14,850 |
| | 7-12 | 12,049 | 11,079 |
| | 13-18 | 12,314 | 11,690 |
| | 19-64 | 56,445 | 58,824 |
| | 65+ | 7,133 | 7,055 |
| | | 104,606 | 103,498 |
| M | | | |
| | 0-6 | 18,914 | 16,617 |
| | 7-12 | 15,715 | 14,870 |
| | 13-18 | 11,386 | 10,732 |
| | 19-64 | 30,198 | 32,434 |
| | 65+ | 2,839 | 2,799 |
| | | 79,052 | 77,452 |

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## TOP 100 PHARMACIES BY PRESCRIPTION COUNT
## May/June 2014

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 1 | BROADLAWNS MEDICAL CENTER | DES MOINES | IA | 21,046 | $411,951.72 | 1 |
| 2 | WALGREEN #05239 | DAVENPORT | IA | 10,653 | $561,980.03 | 3 |
| 3 | UIHC AMBULATORY CARE PHARMACY | IOWA CITY | IA | 10,145 | $452,933.32 | 2 |
| 4 | WALGREEN #04405 | COUNCIL BLUFFS | IA | 8,635 | $457,700.30 | 5 |
| 5 | WALGREEN #05721 | DES MOINES | IA | 8,443 | $475,705.30 | 4 |
| 6 | HY-VEE DRUGSTORE #7060 | MUSCATINE | IA | 6,999 | $298,815.71 | 6 |
| 7 | MARTIN HEALTH SERVICES INC | DENVER | IA | 6,897 | $195,318.26 | 7 |
| 8 | WALGREEN #359 | DES MOINES | IA | 6,441 | $328,897.66 | 8 |
| 9 | WALGREEN CO.#3700 | COUNCIL BLUFFS | IA | 6,295 | $319,083.09 | 9 |
| 10 | WALGREEN COMPANY 07455 | WATERLOO | IA | 6,106 | $281,575.60 | 12 |
| 11 | WALGREEN COMPANY #05042 | CEDAR RAPIDS | IA | 6,041 | $290,811.42 | 13 |
| 12 | MERCY FAMILY PHARMACY | DUBUQUE | IA | 5,979 | $340,711.87 | 14 |
| 13 | WALGREEN #05362 | DES MOINES | IA | 5,871 | $276,883.70 | 10 |
| 14 | WALGREENS #07453 | DES MOINES | IA | 5,731 | $312,194.25 | 15 |
| 15 | SIOUXLAND COMM HEALTH CTR PHARMA | SIOUX CITY | IA | 5,538 | $101,234.85 | 18 |
| 16 | WALGREEN #910 | SIOUX CITY | IA | 5,530 | $269,724.64 | 11 |
| 17 | MARTIN HEALTH SERVICES INC | JOHNSTON | IA | 5,505 | $192,788.75 | 17 |
| 18 | DRILLING MORNINGSIDE PHARMACY IN | SIOUX CITY | IA | 5,260 | $298,372.82 | 16 |
| 19 | HY-VEE DRUGSTORE #7065 | OTTUMWA | IA | 4,871 | $250,758.58 | 20 |
| 20 | WALGREEN #05852 | DES MOINES | IA | 4,702 | $235,693.27 | 19 |
| 21 | HY-VEE PHARMACY (1403) | MARSHALLTOWN | IA | 4,657 | $209,562.26 | 21 |
| 22 | WALGREEN COMPANY 05777 | DES MOINES | IA | 4,623 | $214,592.98 | 24 |
| 23 | HY-VEE PHARMACY #4 (1060) | CEDAR RAPIDS | IA | 4,610 | $235,684.67 | 22 |
| 24 | WALGREEN #04041 | DAVENPORT | IA | 4,398 | $231,898.57 | 26 |
| 25 | HY-VEE PHARMACY #1 (1136) | DES MOINES | IA | 4,354 | $227,947.15 | 23 |
| 26 | DANIEL PHARMACY INC | FORT DODGE | IA | 4,339 | $203,515.63 | 29 |

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## TOP 100 PHARMACIES BY PRESCRIPTION COUNT
### May/June 2014

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 27 | WALGREEN #11709 | DAVENPORT | IA | 4,185 | $217,323.59 | 30 |
| 28 | RASHID PHARMACY PLC | FORT MADISON | IA | 4,174 | $243,089.38 | 25 |
| 29 | GREENWOOD DRUG ON KIMBALL AVENUE | WATERLOO | IA | 4,055 | $292,135.68 | 28 |
| 30 | STERLING LTC PHARMACY #31 | ANKENY | IA | 3,909 | $234,939.96 | 33 |
| 31 | PHARMACY MATTERS LTC | IOWA CITY | IA | 3,906 | $145,566.55 | 27 |
| 32 | HY-VEE PHARMACY #3 (1142) | DES MOINES | IA | 3,675 | $193,107.47 | 36 |
| 33 | HY-VEE DRUGSTORE #7030 | COUNCIL BLUFFS | IA | 3,652 | $180,554.97 | 32 |
| 34 | WAL-MART PHARMACY #10-1509 | MAQUOKETA | IA | 3,569 | $171,298.87 | 34 |
| 35 | SOUTH SIDE DRUG INCOPORATED | OTTUMWA | IA | 3,566 | $184,560.07 | 35 |
| 36 | WALGREEN #7452 | DES MOINES | IA | 3,510 | $173,456.28 | 39 |
| 37 | WALGREEN #03595 | DAVENPORT | IA | 3,412 | $189,226.63 | 37 |
| 38 | MAHASKA DRUG INC | OSKALOOSA | IA | 3,405 | $180,521.69 | 31 |
| 39 | MEDICAP PHARMACY | INDIANOLA | IA | 3,340 | $141,488.35 | 45 |
| 40 | WALGREEN CO.# (03875) | CEDAR RAPIDS | IA | 3,317 | $200,747.27 | 38 |
| 41 | HY-VEE PHARMACY #1 (1042) | BURLINGTON | IA | 3,303 | $183,874.51 | 44 |
| 42 | IOWA CVS PHARMACY LLC DBA | WATERLOO | IA | 3,254 | $153,470.83 | 51 |
| 43 | A AVENUE PHARMACY | CEDAR RAPIDS | IA | 3,242 | $246,183.89 | 42 |
| 44 | WALGREENS #05119 | CLINTON | IA | 3,178 | $159,726.49 | 43 |
| 45 | WALGREENS #10855 | WATERLOO | IA | 3,155 | $165,411.04 | 49 |
| 46 | WALGREEN #05044 | BURLINGTON | IA | 3,144 | $152,713.55 | 41 |
| 47 | HY-VEE PHARMACY #2 (1138) | DES MOINES | IA | 3,140 | $174,020.70 | 46 |
| 48 | WAL-MART PHARMACY #10-5115 | DAVENPORT | IA | 3,116 | $117,339.46 | 48 |
| 49 | HY-VEE DRUGSTORE # 1180 | FAIRFIELD | IA | 3,082 | $184,010.05 | 40 |
| 50 | WAL-MART PHARMACY #10-1496 | WATERLOO | IA | 3,026 | $123,034.18 | 47 |
| 51 | HY-VEE PHARMACY (1074) | CHARLES CITY | IA | 2,984 | $163,192.21 | 54 |
| 52 | DRUGTOWN PHARMACY #1 (7020) | CEDAR RAPIDS | IA | 2,924 | $162,172.56 | 55 |

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## TOP 100 PHARMACIES BY PRESCRIPTION COUNT
### May/June 2014

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 53 | HY-VEE PHARMACY #1 (1092) | COUNCIL BLUFFS | IA | 2,867 | $164,590.05 | 53 |
| 54 | HY VEE PHARMACY #1449 | NEWTON | IA | 2,840 | $137,926.89 | 58 |
| 55 | WALGREEN #05886 | KEOKUK | IA | 2,826 | $133,482.20 | 50 |
| 56 | WAL MART PHARMACY 10-1621 | CENTERVILLE | IA | 2,810 | $128,802.88 | 65 |
| 57 | HY-VEE PHARMACY #1 (1281) | IOWA CITY | IA | 2,803 | $145,455.15 | 73 |
| 58 | HARTIG PHARMACY SERVICES | DUBUQUE | IA | 2,782 | $159,115.57 | 63 |
| 59 | WALGREENS #11942 | DUBUQUE | IA | 2,745 | $151,050.99 | 61 |
| 60 | HY-VEE PHARMACY #1 (1105) | DAVENPORT | IA | 2,742 | $152,510.79 | 64 |
| 61 | WAL-MART PHARMACY 10-2889 | CLINTON | IA | 2,705 | $118,114.49 | 60 |
| 62 | THOMPSON-DEAN DRUG | SIOUX CITY | IA | 2,656 | $201,629.02 | 52 |
| 63 | WALGREENS 07968 | DES MOINES | IA | 2,652 | $143,652.41 | 56 |
| 64 | HY-VEE DRUGSTORE # 7035 | FT DODGE | IA | 2,576 | $127,590.69 | 71 |
| 65 | HY-VEE PHARMACY #2 (1044) | BURLINGTON | IA | 2,570 | $112,388.33 | 57 |
| 66 | HY-VEE PHARMACY (1075) | CLINTON | IA | 2,568 | $130,141.67 | 68 |
| 67 | WAL MART PHARMACY 10-3590 | SIOUX CITY | IA | 2,564 | $141,123.91 | 69 |
| 68 | WALGREEN #4714 | DES MOINES | IA | 2,554 | $120,839.52 | 59 |
| 69 | HY-VEE PHARMACY (1875) | WEBSTER CITY | IA | 2,534 | $106,251.97 | 67 |
| 70 | HY-VEE PHARMACY 1504 | OTTUMWA | IA | 2,523 | $142,000.17 | 66 |
| 71 | S - S PHARMACY INC | COUNCIL BLUFFS | IA | 2,512 | $156,451.42 | 62 |
| 72 | HY-VEE PHARMACY (1058) | CENTERVILLE | IA | 2,476 | $129,149.46 | 70 |
| 73 | WAL-MART PHARMACY #10-0985 | FAIRFIELD | IA | 2,448 | $100,050.00 | 79 |
| 74 | HY-VEE PHARMACY (1522) | PERRY | IA | 2,389 | $104,465.68 | 76 |
| 75 | PHARMERICA MIDWEST INC DBA | URBANDALE | IA | 2,379 | $83,026.18 | 78 |
| 76 | HY-VEE PHARMACY #3 (1056) | CEDAR RAPIDS | IA | 2,358 | $118,647.39 | 83 |
| 77 | HY-VEE PHARMACY #5 (1151) | DES MOINES | IA | 2,356 | $143,227.85 | 81 |
| 78 | LA GRANGE PHARMACY INC | VINTON | IA | 2,355 | $124,677.19 | 74 |
| 79 | WAGNER PHARMACY | CLINTON | IA | 2,344 | $153,699.46 | 89 |

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## TOP 100 PHARMACIES BY PRESCRIPTION COUNT
## May/June 2014

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 80 | UI HEALTHCARE RIVER LANDING PHAR | CORALVILLE | IA | 2,344 | $72,175.70 | 100 |
| 81 | WAL-MART PHARMACY #10-1393 | OSKALOOSA | IA | 2,330 | $106,047.28 | 77 |
| 82 | WAL-MART PHARMACY #10-0646 | ANAMOSA | IA | 2,327 | $98,586.54 | 88 |
| 83 | HY-VEE FOOD STORE | WATERLOO | IA | 2,322 | $133,648.64 | 85 |
| 84 | WALGREEN #05361 | FORT DODGE | IA | 2,320 | $110,077.61 | 72 |
| 85 | HY-VEE PHARMACY 1071 | CLARINDA | IA | 2,320 | $122,089.78 | 84 |
| 86 | WAL-MART PHARMACY 10-0784 | MT PLEASANT | IA | 2,289 | $129,374.08 | 99 |
| 87 | HY-VEE DRUGSTORE #7031 | DES MOINES | IA | 2,278 | $136,586.53 | 106 |
| 88 | WAL-MART PHARMACY #10-1965 | COUNCIL BLUFFS | IA | 2,266 | $101,151.59 | 105 |
| 89 | WALGREEN #09708 | DUBUQUE | IA | 2,261 | $110,115.18 | 94 |
| 90 | HY-VEE PHARMACY #5 (1109) | DAVENPORT | IA | 2,261 | $119,800.51 | 93 |
| 91 | HY-VEE PHARMACY (1353) | KNOXVILLE | IA | 2,251 | $105,857.53 | 87 |
| 92 | HY-VEE PHARMACY (1009) DBA | ALBIA | IA | 2,243 | $100,002.32 | 86 |
| 93 | WALGREENS #09476 | BURLINGTON | IA | 2,238 | $110,317.75 | 75 |
| 94 | WALGREENS #03876 | MARION | IA | 2,237 | $110,319.43 | 80 |
| 95 | ALL CARE HEALTH CENTER | COUNCIL BLUFFS | IA | 2,231 | $42,065.68 | 97 |
| 96 | HY-VEE PHARMACY #1 (1054) | CEDAR RAPIDS | IA | 2,201 | $108,639.53 | 101 |
| 97 | WALGREEN #05942 | NEWTON | IA | 2,199 | $106,863.49 | 82 |
| 98 | SCOTT PHARMACY | FAYETTE | IA | 2,196 | $106,256.33 | 98 |
| 99 | WALGREEN #05077 | IOWA CITY | IA | 2,185 | $109,193.77 | 123 |
| 100 | MAIN HEALTHCARE SERVICES | BETTENDORF | IA | 2,178 | $68,305.87 | 115 |

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## TOP 100 PHARMACIES BY PAID AMOUNT
## May/June 2014

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 1 | NUCARA PHARMACY #27 | PLEASANT HILL | IA | 2,095 | $1,037,841.04 | 1 |
| 2 | ARJ INFUSION SERVICES INC | LENEXA | KS | 31 | $963,020.06 | 5 |
| 3 | ACCREDO HEALTH GROUP INC | MEMPHIS | TN | 75 | $711,254.84 | 9 |
| 4 | ACCREDO HEALTH GROUP INC | NASHVILLE | TN | 42 | $573,539.64 | 8 |
| 5 | WALGREEN #05239 | DAVENPORT | IA | 10,653 | $561,980.03 | 3 |
| 6 | CAREMARK KANSAS SPEC PHARMACY LL | LENEXA | KS | 155 | $500,711.26 | 4 |
| 7 | WALGREEN #05721 | DES MOINES | IA | 8,443 | $475,705.30 | 7 |
| 8 | WALGREEN #04405 | COUNCIL BLUFFS | IA | 8,635 | $457,700.30 | 6 |
| 9 | UIHC AMBULATORY CARE PHARMACY | IOWA CITY | IA | 10,145 | $452,933.32 | 2 |
| 10 | BROADLAWNS MEDICAL CENTER | DES MOINES | IA | 21,046 | $411,951.72 | 10 |
| 11 | MERCY FAMILY PHARMACY | DUBUQUE | IA | 5,979 | $340,711.87 | 16 |
| 12 | WALGREEN #359 | DES MOINES | IA | 6,441 | $328,897.66 | 15 |
| 13 | WALGREEN CO.#3700 | COUNCIL BLUFFS | IA | 6,295 | $319,083.09 | 14 |
| 14 | WALGREENS #07453 | DES MOINES | IA | 5,731 | $312,194.25 | 18 |
| 15 | HY-VEE DRUGSTORE #7060 | MUSCATINE | IA | 6,999 | $298,815.71 | 19 |
| 16 | DRILLING MORNINGSIDE PHARMACY IN | SIOUX CITY | IA | 5,260 | $298,372.82 | 21 |
| 17 | GREENWOOD DRUG ON KIMBALL AVENUE | WATERLOO | IA | 4,055 | $292,135.68 | 24 |
| 18 | WALGREEN COMPANY #05042 | CEDAR RAPIDS | IA | 6,041 | $290,811.42 | 20 |
| 19 | WALGREEN COMPANY 07455 | WATERLOO | IA | 6,106 | $281,575.60 | 23 |
| 20 | WALGREEN #05362 | DES MOINES | IA | 5,871 | $276,883.70 | 22 |
| 21 | WALGREEN #910 | SIOUX CITY | IA | 5,530 | $269,724.64 | 17 |
| 22 | HY-VEE DRUGSTORE #7065 | OTTUMWA | IA | 4,871 | $250,758.58 | 27 |
| 23 | A AVENUE PHARMACY | CEDAR RAPIDS | IA | 3,242 | $246,183.89 | 31 |
| 24 | RASHID PHARMACY PLC | FORT MADISON | IA | 4,174 | $243,089.38 | 29 |
| 25 | WALGREEN #05852 | DES MOINES | IA | 4,702 | $235,693.27 | 30 |
| 26 | HY-VEE PHARMACY #4 (1060) | CEDAR RAPIDS | IA | 4,610 | $235,684.67 | 25 |

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## TOP 100 PHARMACIES BY PAID AMOUNT
## May/June 2014

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 27 | STERLING LTC PHARMACY #31 | ANKENY | IA | 3,909 | $234,939.96 | 28 |
| 28 | WALGREEN #04041 | DAVENPORT | IA | 4,398 | $231,898.57 | 32 |
| 29 | HY-VEE PHARMACY #1 (1136) | DES MOINES | IA | 4,354 | $227,947.15 | 26 |
| 30 | HY-VEE PHARMACY SOLUTIONS | OMAHA | NE | 103 | $223,699.05 | 11 |
| 31 | CYSTIC FIBROSIS SERVICES INC | CENTENNIAL | CO | 55 | $220,057.41 | 38 |
| 32 | WALGREEN #11709 | DAVENPORT | IA | 4,185 | $217,323.59 | 33 |
| 33 | WALGREEN COMPANY 05777 | DES MOINES | IA | 4,623 | $214,592.98 | 37 |
| 34 | HY-VEE PHARMACY (1403) | MARSHALLTOWN | IA | 4,657 | $209,562.26 | 39 |
| 35 | ACARIAHEALTH PHARMACY #11 INC | HOUSTON | TX | 43 | $208,883.59 | 136 |
| 36 | DANIEL PHARMACY INC | FORT DODGE | IA | 4,339 | $203,515.63 | 46 |
| 37 | THOMPSON-DEAN DRUG | SIOUX CITY | IA | 2,656 | $201,629.02 | 36 |
| 38 | WALGREEN CO.# (03875) | CEDAR RAPIDS | IA | 3,317 | $200,747.27 | 34 |
| 39 | ACCREDO HEALTH GROUP INC | WARRENDALE | PA | 36 | $200,052.95 | 35 |
| 40 | MARTIN HEALTH SERVICES INC | DENVER | IA | 6,897 | $195,318.26 | 52 |
| 41 | HY-VEE PHARMACY #3 (1142) | DES MOINES | IA | 3,675 | $193,107.47 | 47 |
| 42 | MARTIN HEALTH SERVICES INC | JOHNSTON | IA | 5,505 | $192,788.75 | 49 |
| 43 | WALGREEN #03595 | DAVENPORT | IA | 3,412 | $189,226.63 | 42 |
| 44 | SOUTH SIDE DRUG INCOPORATED | OTTUMWA | IA | 3,566 | $184,560.07 | 44 |
| 45 | HY-VEE DRUGSTORE # 1180 | FAIRFIELD | IA | 3,082 | $184,010.05 | 55 |
| 46 | HY-VEE PHARMACY #1 (1042) | BURLINGTON | IA | 3,303 | $183,874.51 | 40 |
| 47 | US BIOSERVICE CORPORATION | FRISCO | TX | 37 | $183,783.33 | 184 |
| 48 | HY-VEE DRUGSTORE #7030 | COUNCIL BLUFFS | IA | 3,652 | $180,554.97 | 45 |
| 49 | MAHASKA DRUG INC | OSKALOOSA | IA | 3,405 | $180,521.69 | 43 |
| 50 | DIPLOMAT SPECIALTY PHARMACY | FLINT | MI | 52 | $177,127.33 | 67 |
| 51 | HY-VEE PHARMACY #2 (1138) | DES MOINES | IA | 3,140 | $174,020.70 | 50 |
| 52 | MEDFUSIONRX LLC | FRANKLIN | TN | 49 | $173,546.47 | 56 |
| 53 | WALGREEN #7452 | DES MOINES | IA | 3,510 | $173,456.28 | 61 |

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## TOP 100 PHARMACIES BY PAID AMOUNT
## May/June 2014

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 54 | WAL-MART PHARMACY #10-1509 | MAQUOKETA | IA | 3,569 | $171,298.87 | 60 |
| 55 | CENTRIC HEALTH RESOURCES INC | CHESTERFIELD | MO | 17 | $166,384.61 | 48 |
| 56 | WALGREENS #10855 | WATERLOO | IA | 3,155 | $165,411.04 | 71 |
| 57 | HY-VEE PHARMACY #1 (1092) | COUNCIL BLUFFS | IA | 2,867 | $164,590.05 | 51 |
| 58 | AMBER PHARMACY | OMAHA | NE | 139 | $164,269.02 | 117 |
| 59 | HY-VEE PHARMACY (1074) | CHARLES CITY | IA | 2,984 | $163,192.21 | 53 |
| 60 | DRUGTOWN PHARMACY #1 (7020) | CEDAR RAPIDS | IA | 2,924 | $162,172.56 | 59 |
| 61 | WALGREENS #05119 | CLINTON | IA | 3,178 | $159,726.49 | 58 |
| 62 | HARTIG PHARMACY SERVICES | DUBUQUE | IA | 2,782 | $159,115.57 | 69 |
| 63 | S - S PHARMACY INC | COUNCIL BLUFFS | IA | 2,512 | $156,451.42 | 57 |
| 64 | WAGNER PHARMACY | CLINTON | IA | 2,344 | $153,699.46 | 65 |
| 65 | IOWA CVS PHARMACY LLC DBA | WATERLOO | IA | 3,254 | $153,470.83 | 73 |
| 66 | WALGREEN #05044 | BURLINGTON | IA | 3,144 | $152,713.55 | 63 |
| 67 | HY-VEE PHARMACY #1 (1105) | DAVENPORT | IA | 2,742 | $152,510.79 | 77 |
| 68 | WALGREENS #11942 | DUBUQUE | IA | 2,745 | $151,050.99 | 72 |
| 69 | PHARMACY MATTERS LTC | IOWA CITY | IA | 3,906 | $145,566.55 | 62 |
| 70 | HY-VEE PHARMACY #1 (1281) | IOWA CITY | IA | 2,803 | $145,455.15 | 94 |
| 71 | L & M PHARMACY CARE | LE MARS | IA | 1,378 | $144,410.69 | 70 |
| 72 | WALGREENS SPECIALTY PHARMACY #12 | ANN ARBOR | MI | 41 | $143,853.57 | 66 |
| 73 | WALGREENS 07968 | DES MOINES | IA | 2,652 | $143,652.41 | 80 |
| 74 | HY-VEE PHARMACY #5 (1151) | DES MOINES | IA | 2,356 | $143,227.85 | 76 |
| 75 | HY-VEE PHARMACY 1504 | OTTUMWA | IA | 2,523 | $142,000.17 | 68 |
| 76 | MEDICAP PHARMACY | INDIANOLA | IA | 3,340 | $141,488.35 | 79 |
| 77 | WAL MART PHARMACY 10-3590 | SIOUX CITY | IA | 2,564 | $141,123.91 | 84 |
| 78 | STANGEL PHARMACY | ONAWA | IA | 2,177 | $140,628.10 | 112 |
| 79 | COMMUNITY HEALTHCARE SERVICES | LOMA LINDA | CA | 5 | $137,945.84 | 275 |

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## TOP 100 PHARMACIES BY PAID AMOUNT
## May/June 2014

| RANK | PHARMACY NAME | PHARMACY CITY | STATE | PRESCRIPTION COUNT | PAID AMT | PREVIOUS RANK |
|---|---|---|---|---|---|---|
| 80 | HY VEE PHARMACY #1449 | NEWTON | IA | 2,840 | $137,926.89 | 93 |
| 81 | HY-VEE DRUGSTORE #7031 | DES MOINES | IA | 2,278 | $136,586.53 | 96 |
| 82 | HY-VEE FOOD STORE | WATERLOO | IA | 2,322 | $133,648.64 | 64 |
| 83 | WALGREEN #05886 | KEOKUK | IA | 2,826 | $133,482.20 | 74 |
| 84 | HY-VEE PHARMACY (1075) | CLINTON | IA | 2,568 | $130,141.67 | 75 |
| 85 | WAL-MART PHARMACY 10-5315 | LAKE MARY | FL | 28 | $129,552.28 | 78 |
| 86 | WAL-MART PHARMACY 10-0784 | MT PLEASANT | IA | 2,289 | $129,374.08 | 99 |
| 87 | GREENVILLE PHARMACY INC | SIOUX CITY | IA | 1,858 | $129,243.68 | 83 |
| 88 | HY-VEE PHARMACY (1058) | CENTERVILLE | IA | 2,476 | $129,149.46 | 82 |
| 89 | WAL MART PHARMACY 10-1621 | CENTERVILLE | IA | 2,810 | $128,802.88 | 98 |
| 90 | HY-VEE DRUGSTORE # 7035 | FT DODGE | IA | 2,576 | $127,590.69 | 89 |
| 91 | HY-VEE PHARMACY #4 (1148) | DES MOINES | IA | 2,004 | $126,801.71 | 126 |
| 92 | LA GRANGE PHARMACY INC | VINTON | IA | 2,355 | $124,677.19 | 81 |
| 93 | ORSINI PHARMACEUTICAL SERVICES I | ELK GROVE VILLAGE | IL | 8 | $124,573.38 | 91 |
| 94 | WAL-MART PHARMACY #10-1496 | WATERLOO | IA | 3,026 | $123,034.18 | 85 |
| 95 | HY-VEE PHARMACY (1065) | CHARITON | IA | 2,169 | $122,532.27 | 105 |
| 96 | HY-VEE PHARMACY 1071 | CLARINDA | IA | 2,320 | $122,089.78 | 86 |
| 97 | VALUMED PHARMACY | CORALVILLE | IA | 1,936 | $121,324.05 | 101 |
| 98 | WALGREENS 11153 | SPENCER | IA | 1,811 | $120,895.46 | 109 |
| 99 | WALGREEN #4714 | DES MOINES | IA | 2,554 | $120,839.52 | 87 |
| 100 | WALGREENS #07833 | DES MOINES | IA | 1,835 | $120,502.70 | 108 |

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## TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
## May/June 2014

| RANK | NPI NUM | PRESCRIBER NAME | PAID AMOUNT | PRESCRIPTION COUNT | PREVIOUS RANK |
|---|---|---|---|---|---|
| 1 | 1780766659 | CHESTER ROBERT BADGER | $181,121.84 | 3,494 | 1 |
| 2 | 1861562555 | LARRY RICHARDS | $188,843.16 | 2,702 | 2 |
| 3 | 1467682351 | NICOLE GILG | $80,826.82 | 2,658 | 3 |
| 4 | 1538368170 | CHRISTOPHER ROBERT MATSON | $69,736.80 | 2,457 | 5 |
| 5 | 1063622637 | HUSSAIN BANU | $59,806.76 | 2,445 | 4 |
| 6 | 1316922545 | MABRA G ABERNATHY | $65,328.52 | 2,047 | 8 |
| 7 | 1164414520 | KAREN FULWOOD | $154,738.77 | 2,018 | 10 |
| 8 | 1841407160 | RAHUL BANSAL MD | $183,483.38 | 1,974 | 6 |
| 9 | 1215192224 | SHALINA SHAIK | $43,980.71 | 1,893 | 9 |
| 10 | 1295830115 | ALAN BOLLINGER DO | $163,195.61 | 1,821 | 7 |
| 11 | 1073509436 | MICHAEL KARL MAHARRY MD | $68,647.54 | 1,732 | 14 |
| 12 | 1982605762 | JEFFREY D WILHARM | $96,807.01 | 1,600 | 13 |
| 13 | 1013115369 | BOBBITA NAG | $178,318.04 | 1,590 | 11 |
| 14 | 1972758126 | REBECCA BOLLIN | $44,380.13 | 1,588 | 22 |
| 15 | 1043211303 | ALI SAFDAR | $89,111.27 | 1,553 | 15 |
| 16 | 1649248378 | KATHLEEN L WILD ARNP | $137,399.79 | 1,545 | 12 |
| 17 | 1083784797 | CAROL AUNAN | $110,437.37 | 1,507 | 27 |
| 18 | 1619153137 | JODI BEST ARNP | $150,122.31 | 1,496 | 19 |
| 19 | 1912991340 | GHADA HAMDAN-ALLEN MD | $133,287.20 | 1,453 | 17 |
| 20 | 1467502286 | CHARLES TILLEY PA | $156,270.82 | 1,451 | 26 |
| 21 | 1023053972 | BRYANT MUTCHLER DO | $60,702.39 | 1,451 | 23 |
| 22 | 1801998372 | WENDY MICHELE HANSEN-PENMAN DO | $33,995.62 | 1,405 | 20 |
| 23 | 1982766705 | MALHAR GORE | $38,022.83 | 1,405 | 32 |
| 24 | 1205015906 | DAVID F WIDITZ | $104,954.94 | 1,392 | 31 |
| 25 | 1073594768 | JERROLD V FLATT DO | $49,004.98 | 1,382 | 25 |
| 26 | 1245318393 | JEAN TOBIN PA | $91,115.54 | 1,381 | 29 |
| 27 | 1245388743 | TIMOTHY WAYNE SWINTON | $46,579.73 | 1,372 | 24 |

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## TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
## May/June 2014

| RANK | NPI NUM | PRESCRIBER NAME | PAID AMOUNT | PRESCRIPTION COUNT | PREVIOUS RANK |
|---|---|---|---|---|---|
| 28 | 1528144383 | RAMONCITO AMURAO O'CAMPO | $52,496.13 | 1,329 | 33 |
| 29 | 1962558957 | ALBERT N OKINE PA | $159,048.54 | 1,323 | 30 |
| 30 | 1720202732 | SHANNON REMINGTON | $41,518.41 | 1,306 | 16 |
| 31 | 1477633188 | CYD Q. GRAFFT | $97,986.33 | 1,293 | 39 |
| 32 | 1932415403 | MITZI M REGALARD | $55,232.57 | 1,267 | 46 |
| 33 | 1285681528 | MARVIN FRANKLIN PIBURN | $94,817.33 | 1,237 | 21 |
| 34 | 1841220290 | KENT ELDON KUNZE MD | $109,396.15 | 1,229 | 35 |
| 35 | 1730239732 | SRIRAMAMURTHY RAVIPATI MD | $92,692.40 | 1,202 | 34 |
| 36 | 1255322996 | MARK WILLIAM MITTAUER | $112,598.28 | 1,173 | 48 |
| 37 | 1467437806 | GEORGIA LAUER PAC | $64,118.93 | 1,166 | 53 |
| 38 | 1740269745 | PAULA JEAN CURRAN ARNP | $60,473.47 | 1,123 | 18 |
| 39 | 1902809536 | KIRAN KHANOLKAR | $51,029.21 | 1,119 | 49 |
| 40 | 1073667606 | ELIZABETH MCCURDY DO | $32,104.54 | 1,118 | 402 |
| 41 | 1164538674 | JOSEPH M WANZEK | $53,823.15 | 1,115 | 55 |
| 42 | 1043434525 | ROBERT MARVIN KENT MD | $48,979.96 | 1,113 | 38 |
| 43 | 1184945321 | DEANNE REMER | $61,994.05 | 1,113 | 37 |
| 44 | 1497736326 | RANDY R ROBINSON | $45,222.94 | 1,107 | 61 |
| 45 | 1861559486 | JOSPEH PATRICK BERTROCHE | $116,158.84 | 1,107 | 45 |
| 46 | 1033436480 | AMBER J EDWARDS | $73,277.88 | 1,091 | 95 |
| 47 | 1205821337 | MANMOHAN SINGH | $56,262.74 | 1,088 | 54 |
| 48 | 1952459463 | DAVID LAWRENCE YURDIN PA | $459,911.98 | 1,087 | 58 |
| 49 | 1710941000 | LAURIE WARREN PA | $112,038.94 | 1,087 | 60 |
| 50 | 1104089390 | EJIRO AGBORO-IDAHOSA MD | $84,142.23 | 1,082 | 64 |
| 51 | 1073500690 | KATHLEEN S ADAMS | $126,803.88 | 1,078 | 44 |
| 52 | 1003004391 | DAVID BERMAN WALKER MD | $82,930.09 | 1,056 | 59 |
| 53 | 1508946088 | E RICHARD NIGHTINGALE MD | $102,289.07 | 1,048 | 80 |
| 54 | 1033389226 | ANTHONY G ZAMUDIO ARNP | $118,774.18 | 1,035 | 81 |

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## TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
## May/June 2014

| RANK | NPI NUM | PRESCRIBER NAME | PAID AMOUNT | PRESCRIPTION COUNT | PREVIOUS RANK |
|---|---|---|---|---|---|
| 55 | 1720293087 | RAJNI BATRA MD | $46,963.82 | 1,033 | 36 |
| 56 | 1225097843 | WILLIAM M NISSEN | $52,507.07 | 1,026 | 68 |
| 57 | 1023377827 | LISA KAY CHASE | $38,911.00 | 1,022 | 43 |
| 58 | 1871586271 | PATRICIA BLACKLEDGE ARNP | $39,578.95 | 1,011 | 63 |
| 59 | 1396724167 | MICHAEL O'CONNER MD | $32,255.23 | 1,007 | 41 |
| 60 | 1215146055 | REBECCA J WOLFE | $80,320.94 | 1,001 | 47 |
| 61 | 1144214248 | KRISTIE DEE ANN WALZ MD | $50,802.75 | 1,000 | 69 |
| 62 | 1013960566 | PETER JOSEPH SZEIBEL | $85,030.16 | 999 | 52 |
| 63 | 1447363700 | ROBERT D CONNER DO | $29,718.30 | 987 | 40 |
| 64 | 1063491645 | ALLYSON L WHEATON MD | $98,786.99 | 972 | 50 |
| 65 | 1164530358 | DAVID M CRAVEN | $45,494.69 | 972 | 51 |
| 66 | 1902115652 | SARAH LYNN BEATTIE ARNP | $100,793.32 | 967 | 56 |
| 67 | 1922144088 | THOMAS SCOTT HOPKINS DO | $85,732.95 | 960 | 70 |
| 68 | 1013964634 | CARL A AAGESEN | $42,591.62 | 948 | 71 |
| 69 | 1669570404 | CASIE RINEY PA | $99,300.12 | 942 | 72 |
| 70 | 1033198908 | DANIEL J ARNOLD | $42,053.54 | 940 | 57 |
| 71 | 1598750432 | CHRISTOPHER GENE OKIISHI MD | $60,024.47 | 932 | 66 |
| 72 | 1215080759 | JUANITA M O'BRIEN | $32,825.37 | 927 | 82 |
| 73 | 1629042288 | MARTIN J FIALKOV MD | $68,646.26 | 927 | 78 |
| 74 | 1699075929 | HIEDI CHRISTINE LANE | $70,755.16 | 926 | 73 |
| 75 | 1306133095 | DEBRA LEE ANDERSON | $30,963.87 | 924 | 67 |
| 76 | 1598962870 | CHRISTY QUILLEN ARNP | $25,850.23 | 919 | 120 |
| 77 | 1205169273 | TERESA ANN DOWLING | $24,564.15 | 914 | 110 |
| 78 | 1538157383 | DAVID WENGER-KELLER MD | $40,756.67 | 910 | 65 |
| 79 | 1053376475 | DANIEL W GILLETTE | $90,844.18 | 906 | 83 |
| 80 | 1306954391 | WILLIAM E HOWARD IV | $41,156.85 | 906 | 86 |
| 81 | 1558348284 | STEVEN G PAULSRUD | $52,390.20 | 902 | 97 |

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## TOP 100 PRESCRIBING PROVIDERS BY PRESCRIPTION COUNT
## May/June 2014

| RANK | NPI NUM | PRESCRIBER NAME | PAID AMOUNT | PRESCRIPTION COUNT | PREVIOUS RANK |
|---|---|---|---|---|---|
| 82 | 1912991183 | MOLLY EARLEYWINE PA | $25,438.29 | 901 | 115 |
| 83 | 1750439238 | DEBRA D PARKER | $43,983.58 | 893 | 137 |
| 84 | 1386638484 | THOR SWANSON MD | $54,477.28 | 888 | 84 |
| 85 | 1285697722 | DOUGLAS JONES | $76,838.04 | 887 | 92 |
| 86 | 1437238110 | GENEVIEVE NELSON | $55,388.00 | 882 | 132 |
| 87 | 1346210184 | JAMES BROOKS MD | $93,995.94 | 879 | 85 |
| 88 | 1437373073 | MOHSEN ABOU SEIF | $24,615.55 | 879 | 93 |
| 89 | 1124399522 | JOYCE E PROUCH ARNP | $63,668.13 | 873 | 79 |
| 90 | 1598733891 | JERRY LEE WILLE MD | $34,388.85 | 860 | 125 |
| 91 | 1659375921 | MICHAEL MANKARIOUS | $34,702.73 | 859 | 101 |
| 92 | 1407953979 | CECELIA M NASSIF ARNP | $67,091.75 | 853 | 77 |
| 93 | 1326045808 | RAY C STURDEVANT MD | $78,534.07 | 852 | 76 |
| 94 | 1104877281 | LORI KRAUSE PA | $22,900.93 | 849 | 121 |
| 95 | 1326013426 | PAUL DENNIS PETERSON DO | $36,640.86 | 841 | 89 |
| 96 | 1619186475 | STEPHEN PALLONE MD | $28,688.29 | 839 | 98 |
| 97 | 1104998251 | JIMMY MASCARO DO | $63,939.23 | 837 | 105 |
| 98 | 1841293354 | KEITH GUESS PA | $74,653.36 | 834 | 124 |
| 99 | 1730173766 | FRANK L BABCOCK, MD | $54,392.89 | 827 | 74 |
| 100 | 1902912538 | CHRISTIAN W JONES MD | $38,751.95 | 821 | 100 |

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## TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
## May/June 2014

| RANK | DOCTOR NUM | PRESCRIBER NAME | PAID AMOUNT | PRESCRIPTION COUNT | PREVIOUS RANK |
|---|---|---|---|---|---|
| 1 | 1013126705 | JANICE M. R. STABER | $1,628,297.94 | 84 | 1 |
| 2 | 1952459463 | DAVID LAWRENCE YURDIN PA | $459,911.98 | 1,087 | 2 |
| 3 | 1609055771 | CHARUTA NARAYAN JOSHI | $207,741.63 | 413 | 78 |
| 4 | 1861562555 | LARRY RICHARDS | $188,843.16 | 2,702 | 5 |
| 5 | 1841407160 | RAHUL BANSAL MD | $183,483.38 | 1,974 | 4 |
| 6 | 1780766659 | CHESTER ROBERT BADGER | $181,121.84 | 3,494 | 10 |
| 7 | 1013115369 | BOBBITA NAG | $178,318.04 | 1,590 | 6 |
| 8 | 1376777524 | ALLADDIN MOH ELHADI ABOSAIDA | $167,164.71 | 311 | 8 |
| 9 | 1356337273 | LISA J MENZIES | $165,502.00 | 688 | 7 |
| 10 | 1295830115 | ALAN BOLLINGER DO | $163,195.61 | 1,821 | 11 |
| 11 | 1285748004 | BRUCE L HUGHES MD | $162,088.12 | 141 | 9 |
| 12 | 1962558957 | ALBERT N OKINE PA | $159,048.54 | 1,323 | 12 |
| 13 | 1467502286 | CHARLES TILLEY PA | $156,270.82 | 1,451 | 18 |
| 14 | 1164414520 | KAREN FULWOOD | $154,738.77 | 2,018 | 16 |
| 15 | 1619153137 | JODI BEST ARNP | $150,122.31 | 1,496 | 14 |
| 16 | 1083609358 | JENNIFER S COOK | $141,356.21 | 612 | 20 |
| 17 | 1548247406 | VILMARIE RODRIGUEZ-PADUA MD | $138,034.60 | 8 | 58 |
| 18 | 1649248378 | KATHLEEN L WILD ARNP | $137,399.79 | 1,545 | 13 |
| 19 | 1083603773 | JACK T STAPLETON | $137,237.93 | 239 | 26 |
| 20 | 1912991340 | GHADA HAMDAN-ALLEN MD | $133,287.20 | 1,453 | 17 |
| 21 | 1548256191 | JUDITH A MILLER | $132,978.89 | 30 | 15 |
| 22 | 1972638864 | LIUSKA MARIA PESCE | $128,104.06 | 272 | 24 |
| 23 | 1073500690 | KATHLEEN S ADAMS | $126,803.88 | 1,078 | 22 |
| 24 | 1194703074 | WENDY ANNE WALDMAN | $124,314.43 | 712 | 51 |
| 25 | 1194817247 | MARIA J STEELE ARNP | $123,795.64 | 114 | 146 |
| 26 | 1033389226 | ANTHONY G ZAMUDIO ARNP | $118,774.18 | 1,035 | 33 |
| 27 | 1083681944 | MARY CHRISTINE SEGRETO | $117,300.97 | 817 | 19 |

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## TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
## May/June 2014

| RANK | DOCTOR NUM | PRESCRIBER NAME | PAID AMOUNT | PRESCRIPTION COUNT | PREVIOUS RANK |
|---|---|---|---|---|---|
| 28 | 1861559486 | JOSPEH PATRICK BERTROCHE | $116,158.84 | 1,107 | 25 |
| 29 | 1255322996 | MARK WILLIAM MITTAUER | $112,598.28 | 1,173 | 41 |
| 30 | 1710941000 | LAURIE WARREN PA | $112,038.94 | 1,087 | 29 |
| 31 | 1083784797 | CAROL AUNAN | $110,437.37 | 1,507 | 30 |
| 32 | 1841220290 | KENT ELDON KUNZE MD | $109,396.15 | 1,229 | 35 |
| 33 | 1205992724 | LOUISE W SMITH | $106,240.31 | 247 | 69 |
| 34 | 1023205002 | DAVID R SOSNOFF DO | $105,643.99 | 39 | 127 |
| 35 | 1205015906 | DAVID F WIDITZ | $104,954.94 | 1,392 | 42 |
| 36 | 1336111855 | LILY WONG-KISIEL | $103,634.08 | 53 | 1089 |
| 37 | 1508946088 | E RICHARD NIGHTINGALE MD | $102,289.07 | 1,048 | 45 |
| 38 | 1619963949 | EVA TSALIKIAN | $101,173.93 | 128 | 70 |
| 39 | 1902115652 | SARAH LYNN BEATTIE ARNP | $100,793.32 | 967 | 28 |
| 40 | 1669570404 | CASIE RINEY PA | $99,300.12 | 942 | 38 |
| 41 | 1063491645 | ALLYSON L WHEATON MD | $98,786.99 | 972 | 27 |
| 42 | 1477633188 | CYD Q. GRAFFT | $97,986.33 | 1,293 | 43 |
| 43 | 1982605762 | JEFFREY D WILHARM | $96,807.01 | 1,600 | 34 |
| 44 | 1235124942 | JULIE KATHRYN OSTERHAUS | $96,614.21 | 256 | 23 |
| 45 | 1285681528 | MARVIN FRANKLIN PIBURN | $94,817.33 | 1,237 | 31 |
| 46 | 1750376034 | DUANGCHAI NARAWONG MD | $94,111.18 | 580 | 92 |
| 47 | 1346210184 | JAMES BROOKS MD | $93,995.94 | 879 | 44 |
| 48 | 1730239732 | SRIRAMAMURTHY RAVIPATI MD | $92,692.40 | 1,202 | 37 |
| 49 | 1245318393 | JEAN TOBIN PA | $91,115.54 | 1,381 | 54 |
| 50 | 1053376475 | DANIEL W GILLETTE | $90,844.18 | 906 | 52 |
| 51 | 1215025309 | DEBORAH LYNNE GARRELTS | $89,269.28 | 729 | 60 |
| 52 | 1043211303 | ALI SAFDAR | $89,111.27 | 1,553 | 39 |
| 53 | 1528247368 | MISHELLE L PAULLUS | $88,993.90 | 104 | 62 |
| 54 | 1922144088 | THOMAS SCOTT HOPKINS DO | $85,732.95 | 960 | 50 |

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## TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
## May/June 2014

| RANK | DOCTOR NUM | PRESCRIBER NAME | PAID AMOUNT | PRESCRIPTION COUNT | PREVIOUS RANK |
|---|---|---|---|---|---|
| 55 | 1013960566 | PETER JOSEPH SZEIBEL | $85,030.16 | 999 | 49 |
| 56 | 1497737878 | MICHAEL D VOIGT | $84,843.65 | 83 | 110 |
| 57 | 1447242359 | DANIEL M SLEITER ARNP | $84,374.17 | 164 | 113 |
| 58 | 1104089390 | EJIRO AGBORO-IDAHOSA MD | $84,142.23 | 1,082 | 66 |
| 59 | 1104034552 | DEANNA BOOK BOESEN | $82,959.06 | 786 | 48 |
| 60 | 1003004391 | DAVID BERMAN WALKER MD | $82,930.09 | 1,056 | 57 |
| 61 | 1356520431 | KAY A MARTTILA | $82,718.88 | 786 | 53 |
| 62 | 1285626390 | KATHLEEN GRADOVILLE | $82,143.24 | 262 | 246 |
| 63 | 1467682351 | NICOLE GILG | $80,826.82 | 2,658 | 56 |
| 64 | 1821082850 | JOHN F STECKER | $80,621.18 | 729 | 36 |
| 65 | 1215146055 | REBECCA J WOLFE | $80,320.94 | 1,001 | 40 |
| 66 | 1790708451 | MICHAEL M MCCUBBIN | $79,620.98 | 301 | 88 |
| 67 | 1326045808 | RAY C STURDEVANT MD | $78,534.07 | 852 | 46 |
| 68 | 1356564371 | CARLA K ABEL-ZIEG ARNP | $77,420.35 | 713 | 55 |
| 69 | 1699767525 | EZZATOLLAH SHIVAPOUR, M.D. | $77,173.79 | 46 | 223 |
| 70 | 1487908380 | LISA ANN BECHTEL ARNP | $76,938.42 | 772 | 65 |
| 71 | 1578548376 | DANIEL ALBERTO VAENA MD | $76,877.36 | 55 | 111 |
| 72 | 1609867688 | DAVID B MOORE, M.D. | $76,856.17 | 234 | 63 |
| 73 | 1285697722 | DOUGLAS JONES | $76,838.04 | 887 | 76 |
| 74 | 1679669832 | ERIN VOYLES HATCHER ARNP | $76,156.38 | 730 | 64 |
| 75 | 1841293354 | KEITH GUESS PA | $74,653.36 | 834 | 84 |
| 76 | 1366435125 | DANIEL EDWARD WESEMANN ARNP | $73,811.90 | 690 | 81 |
| 77 | 1083671309 | JOHN LOUIS COLOMBO MD | $73,631.07 | 64 | 47 |
| 78 | 1033436480 | AMBER J EDWARDS | $73,277.88 | 1,091 | 130 |
| 79 | 1215125216 | REBECCA WALDING | $71,900.53 | 693 | 80 |
| 80 | 1891788485 | JOYCE VISTA WAYNE MD | $71,617.02 | 740 | 95 |
| 81 | 1699075929 | HIEDI CHRISTINE LANE | $70,755.16 | 926 | 71 |

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## TOP 100 PRESCRIBING PROVIDERS BY PAID AMOUNT
## May/June 2014

| RANK | DOCTOR NUM | PRESCRIBER NAME | PAID AMOUNT | PRESCRIPTION COUNT | PREVIOUS RANK |
|---|---|---|---|---|---|
| 82 | 1245203223 | MARY BETH HUTCHINSON ARNP | $70,714.44 | 709 | 77 |
| 83 | 1891705968 | ANITA HANDEVIDT ARNP | $70,299.75 | 780 | 59 |
| 84 | 1538368170 | CHRISTOPHER ROBERT MATSON | $69,736.80 | 2,457 | 83 |
| 85 | 1245436765 | RENE M DUREGGER MD | $69,493.77 | 726 | 61 |
| 86 | 1073509436 | MICHAEL KARL MAHARRY MD | $68,647.54 | 1,732 | 107 |
| 87 | 1629042288 | MARTIN J FIALKOV MD | $68,646.26 | 927 | 82 |
| 88 | 1184602013 | RODNEY A SHORT MD | $68,389.97 | 172 | 243 |
| 89 | 1639423544 | PAMELA S BROWN ARNP | $68,252.12 | 754 | 79 |
| 90 | 1710972591 | ELIZABETH L DOWD | $68,093.63 | 156 | 73 |
| 91 | 1407953979 | CECELIA M NASSIF ARNP | $67,091.75 | 853 | 72 |
| 92 | 1780793976 | MATTHEW D EGGERS MD | $67,044.87 | 713 | 67 |
| 93 | 1841443025 | LISA K WATKINS | $66,821.81 | 584 | 106 |
| 94 | 1316922545 | MABRA G ABERNATHY | $65,328.52 | 2,047 | 125 |
| 95 | 1821084468 | MARY WAGNER NIXON | $65,173.09 | 613 | 89 |
| 96 | 1760470678 | JEFFERY L MEIER | $64,828.54 | 121 | 123 |
| 97 | 1861474710 | CAROLYN JOHNSON PA | $64,587.73 | 288 | 114 |
| 98 | 1790770881 | BRET ALAN MCFARLIN | $64,586.93 | 783 | 101 |
| 99 | 1326036062 | JON S AHRENDSEN MD | $64,476.71 | 809 | 85 |
| 100 | 1477765584 | SANGEETA SHAH MD | $64,429.24 | 315 | 163 |

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## TOP 20 THERAPEUTIC CLASS BY PAID AMOUNT

| CATEGORY DESCRIPTION | March/April 2014 | RANK | % BUDGET | May/June 2014 | RANK | % BUDGET | % CHANGE |
|---|---|---|---|---|---|---|---|
| ANTIPSYCHOTICS - ATYPICALS | $4,778,801 | 1 | 9.3% | $4,881,942 | 1 | 9.4% | 2.2% |
| STIMULANTS - AMPHETAMINES - LONG ACTING | $3,182,426 | 2 | 6.2% | $3,011,659 | 2 | 5.8% | -5.4% |
| ANTICONVULSANTS | $2,675,913 | 3 | 5.2% | $2,775,609 | 3 | 5.3% | 3.7% |
| ANTIDEPRESSANTS - SELECTED SSRI's | $2,051,849 | 4 | 4.0% | $2,228,613 | 4 | 4.3% | 8.6% |
| DIABETIC - INSULIN | $1,954,917 | 6 | 3.8% | $2,186,758 | 5 | 4.2% | 11.9% |
| STIMULANTS - METHYLPHENIDATE - LONG ACTING | $2,039,350 | 5 | 4.0% | $1,938,955 | 6 | 3.7% | -4.9% |
| ANTIHEMOPHILIC AGENTS | $1,473,275 | 9 | 2.9% | $1,776,489 | 7 | 3.4% | 20.6% |
| ANTIASTHMATIC - ADRENERGIC COMBOS | $1,542,895 | 8 | 3.0% | $1,665,978 | 8 | 3.2% | 8.0% |
| STIMULANTS - METHYLPHENIDATE | $1,561,927 | 7 | 3.1% | $1,406,152 | 9 | 2.7% | -10.0% |
| ANTIASTHMATIC - BETA - ADRENERGICS | $1,146,140 | 10 | 2.2% | $1,102,106 | 10 | 2.1% | -3.8% |
| BIOLOGIC IMMUNOMODULATORS | $949,407 | 15 | 1.9% | $1,097,127 | 11 | 2.1% | 15.6% |
| MULTIPLE SCLEROSIS AGENTS | $827,912 | 19 | 1.6% | $1,023,288 | 12 | 2.0% | 23.6% |
| STIMULANTS - OTHER STIMULANTS / LIKE STIMULANTS | $1,008,185 | 11 | 2.0% | $1,008,382 | 13 | 1.9% | 0.0% |
| ANTIRETROVIRALS | $974,166 | 12 | 1.9% | $971,104 | 14 | 1.9% | -0.3% |
| STIMULANTS - AMPHETAMINES - SHORT ACTING | $947,418 | 16 | 1.9% | $968,577 | 15 | 1.9% | 2.2% |
| DIABETIC - INSULIN PENFILLS | $840,069 | 17 | 1.6% | $920,951 | 16 | 1.8% | 9.6% |
| ANTIASTHMATIC - STEROID INHALANTS | $972,957 | 13 | 1.9% | $886,397 | 17 | 1.7% | -8.9% |
| NARCOTICS - MISC. | $832,789 | 18 | 1.6% | $885,218 | 18 | 1.7% | 6.3% |
| CHOLESTEROL - HMG COA + ABSORB INHIBITORS | $733,940 | 20 | 1.4% | $773,967 | 19 | 1.5% | 5.5% |
| ANTIASTHMATIC - ANTI-CHOLINERGICS | $641,303 | 21 | 1.3% | $712,683 | 20 | 1.4% | 11.1% |

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## TOP 20 THERAPEUTIC CLASS BY PRESCRIPTION COUNT

| CATEGORY DESCRIPTION | March/April 2014 | PREV RANK | May/June 2014 | CURR RANK | PERC CHANGE |
|---|---|---|---|---|---|
| ANTIDEPRESSANTS - SELECTED SSRI's | 76,914 | 1 | 80,555 | 1 | 4.7% |
| ANTICONVULSANTS | 41,296 | 2 | 42,954 | 2 | 4.0% |
| NARCOTICS - MISC. | 37,695 | 3 | 40,848 | 3 | 8.4% |
| ANTIPSYCHOTICS - ATYPICALS | 29,194 | 5 | 29,433 | 4 | 0.8% |
| ANALGESICS - MISC. | 26,830 | 7 | 26,978 | 5 | 0.6% |
| ANTIHISTAMINES - NON-SEDATING | 24,177 | 8 | 26,560 | 6 | 9.9% |
| ANTIASTHMATIC - BETA - ADRENERGICS | 27,346 | 6 | 24,487 | 7 | -10.5% |
| BETA-LACTAMS / CLAVULANATE COMBO'S | 31,110 | 4 | 24,165 | 8 | -22.3% |
| CHOLESTEROL - HMG COA + ABSORB INHIBITORS | 19,219 | 9 | 20,418 | 9 | 6.2% |
| GI - PROTON PUMP INHIBITOR | 16,945 | 13 | 19,365 | 10 | 14.3% |
| ANXIOLYTICS - BENZODIAZEPINES | 17,996 | 10 | 19,192 | 11 | 6.6% |
| NSAIDS | 17,050 | 12 | 17,784 | 12 | 4.3% |
| ACE INHIBITORS | 16,154 | 15 | 17,324 | 13 | 7.2% |
| ANTIHYPERTENSIVES - CENTRAL | 17,491 | 11 | 17,010 | 14 | -2.7% |
| DIURETICS | 14,769 | 17 | 15,941 | 15 | 7.9% |
| STIMULANTS - AMPHETAMINES - LONG ACTING | 16,018 | 16 | 15,157 | 16 | -5.4% |
| MUSCLE RELAXANTS | 13,796 | 20 | 14,036 | 17 | 1.7% |
| GLUCOCORTICOIDS - MINERALOCORTICOIDS | 14,372 | 18 | 13,756 | 18 | -4.3% |
| NARCOTICS - SELECTED | 12,256 | 24 | 13,259 | 19 | 8.2% |
| THYROID HORMONES | 12,302 | 23 | 13,125 | 20 | 6.7% |

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## TOP 100 DRUGS BY PAID AMOUNT

| DRUG DESCRIPTION | March/April 2014 | PREVIOUS RANK | May/June 2014 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| ABILIFY | $2,505,625.38 | 1 | $2,512,167.77 | 1 | 0.26% |
| VYVANSE | $2,382,963.16 | 2 | $2,267,872.44 | 2 | -4.83% |
| METHYLPHENIDATE HCL ER | $1,706,961.44 | 3 | $1,635,070.69 | 3 | -4.21% |
| ADVATE | $905,844.28 | 8 | $1,223,051.68 | 4 | 35.02% |
| LANTUS | $1,000,596.02 | 5 | $1,129,932.26 | 5 | 12.93% |
| FOCALIN XR | $1,184,575.18 | 4 | $1,072,601.97 | 6 | -9.45% |
| CYMBALTA | $967,343.95 | 6 | $1,063,994.83 | 7 | 9.99% |
| ADDERALL | $888,156.73 | 9 | $907,480.87 | 8 | 2.18% |
| ADVAIR DISKUS | $745,886.63 | 10 | $788,554.14 | 9 | 5.72% |
| STRATTERA | $688,714.42 | 11 | $687,731.53 | 10 | -0.14% |
| VENTOLIN HFA | $658,121.03 | 13 | $660,798.22 | 11 | 0.41% |
| SPIRIVA HANDIHALER | $581,069.24 | 14 | $649,413.47 | 12 | 11.76% |
| ADDERALL XR | $665,728.41 | 12 | $630,401.95 | 13 | -5.31% |
| DEPAKOTE ER | $557,977.89 | 15 | $571,327.35 | 14 | 2.39% |
| LATUDA | $471,165.18 | 16 | $519,741.57 | 15 | 10.31% |
| HYDROCODONE/ACETAMINOPHEN | $433,394.04 | 18 | $466,769.81 | 16 | 7.70% |
| NOVOLOG | $421,068.86 | 19 | $464,581.56 | 17 | 10.33% |
| SYMBICORT | $399,308.89 | 21 | $430,808.21 | 18 | 7.89% |
| INVEGA SUSTENNA | $397,457.01 | 22 | $426,281.98 | 19 | 7.25% |
| CRESTOR | $402,676.71 | 20 | $417,572.10 | 20 | 3.70% |
| ATRIPLA | $461,234.41 | 17 | $413,794.16 | 21 | -10.29% |
| HUMALOG | $354,788.70 | 23 | $395,352.12 | 22 | 11.43% |
| LOVENOX | $345,805.24 | 24 | $357,077.14 | 23 | 3.26% |
| HUMIRA PEN | $309,760.17 | 26 | $338,614.63 | 24 | 9.32% |
| COPAXONE | $247,638.79 | 37 | $312,332.49 | 25 | 26.12% |
| DEXILANT | $255,788.07 | 35 | $302,079.46 | 26 | 18.10% |
| GENOTROPIN | $306,577.08 | 28 | $300,469.34 | 27 | -1.99% |

## TOP 100 DRUGS BY PAID AMOUNT

| DRUG DESCRIPTION | March/April 2014 | PREVIOUS RANK | May/June 2014 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| TRICOR | $284,045.11 | 31 | $295,989.41 | 28 | 4.21% |
| LANTUS SOLOSTAR | $265,765.71 | 34 | $291,639.82 | 29 | 9.74% |
| QVAR | $287,629.38 | 30 | $289,548.63 | 30 | 0.67% |
| NOVOSEVEN RT | $222,530.26 | 43 | $289,376.56 | 31 | 30.04% |
| PROVENTIL HFA | $279,974.72 | 32 | $283,500.32 | 32 | 1.26% |
| RISPERDAL CONSTA | $275,220.63 | 33 | $271,614.88 | 33 | -1.31% |
| NASONEX | $251,240.96 | 36 | $269,319.29 | 34 | 7.20% |
| PULMICORT | $329,757.21 | 25 | $260,857.67 | 35 | -20.89% |
| TRUVADA | $238,360.89 | 38 | $254,575.94 | 36 | 6.80% |
| ACTHAR HP | | 999 | $253,058.60 | 37 | % |
| INDERAL LA | $227,498.28 | 40 | $240,837.53 | 38 | 5.86% |
| LYRICA | $213,220.30 | 46 | $238,924.33 | 39 | 12.06% |
| MONTELUKAST SODIUM | $226,946.77 | 41 | $238,557.26 | 40 | 5.12% |
| ENBREL SURECLICK | $158,223.60 | 59 | $234,827.24 | 41 | 48.41% |
| NOVOLOG FLEXPEN | $217,084.77 | 45 | $232,413.52 | 42 | 7.06% |
| LEVEMIR | $188,892.76 | 49 | $227,215.38 | 43 | 20.29% |
| CEFDINIR | $306,861.12 | 27 | $220,816.76 | 44 | -28.04% |
| INVEGA | $226,235.81 | 42 | $218,926.81 | 45 | -3.23% |
| OMEPRAZOLE | $199,608.36 | 47 | $218,179.73 | 46 | 9.30% |
| AZITHROMYCIN | $299,036.23 | 29 | $209,864.75 | 47 | -29.82% |
| TECFIDERA | $108,587.64 | 92 | $206,989.04 | 48 | 90.62% |
| EPIPEN 2-PAK | $156,536.49 | 60 | $205,454.48 | 49 | 31.25% |
| FLOVENT HFA | $217,515.62 | 44 | $202,704.62 | 50 | -6.81% |
| SOVALDI | $28,007.12 | 311 | $198,220.09 | 51 | 607.75% |
| VIMPAT | $167,287.26 | 55 | $186,849.12 | 52 | 11.69% |
| GABAPENTIN | $170,619.98 | 52 | $181,157.71 | 53 | 6.18% |
| KALYDECO | $153,728.72 | 64 | $179,338.84 | 54 | 16.66% |

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## TOP 100 DRUGS BY PAID AMOUNT

| DRUG DESCRIPTION | March/April 2014 | PREVIOUS RANK | May/June 2014 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| COMBIVENT RESPIMAT | $152,640.81 | 65 | $176,221.14 | 55 | 15.45% |
| PULMOZYME | $199,181.98 | 48 | $175,908.24 | 56 | -11.68% |
| AMOXICILLIN | $234,143.08 | 39 | $171,629.41 | 57 | -26.70% |
| LEVOTHYROXINE SODIUM | $147,291.20 | 66 | $171,437.49 | 58 | 16.39% |
| VESICARE | $154,571.87 | 63 | $168,508.76 | 59 | 9.02% |
| ZIPRASIDONE HCL | $166,453.84 | 56 | $166,693.38 | 60 | 0.14% |
| PROVIGIL | $165,717.11 | 57 | $165,161.23 | 61 | -0.34% |
| OPANA ER (CRUSH RESISTANT | $132,228.31 | 72 | $162,929.67 | 62 | 23.22% |
| HUMIRA | $180,965.44 | 51 | $162,738.61 | 63 | -10.07% |
| RISPERIDONE | $169,037.50 | 54 | $160,183.23 | 64 | -5.24% |
| SEROQUEL XR | $159,779.55 | 58 | $150,461.37 | 65 | -5.83% |
| QUETIAPINE FUMARATE | $144,490.74 | 68 | $149,703.21 | 66 | 3.61% |
| ENBREL | $144,523.14 | 67 | $147,514.75 | 67 | 2.07% |
| EXJADE | $154,609.31 | 62 | $147,260.40 | 68 | -4.75% |
| TOBI | $118,494.20 | 79 | $146,486.67 | 69 | 23.62% |
| GLEEVEC | $156,015.85 | 61 | $145,702.91 | 70 | -6.61% |
| TRAMADOL HCL | $132,584.95 | 71 | $143,165.82 | 71 | 7.98% |
| XIFAXAN | $141,546.32 | 70 | $139,254.84 | 72 | -1.62% |
| TOPROL XL | $118,272.32 | 81 | $135,867.48 | 73 | 14.88% |
| AMOXICILLIN/CLAVULANATE P | $169,750.75 | 53 | $132,445.49 | 74 | -21.98% |
| INTUNIV | $123,480.22 | 76 | $129,233.92 | 75 | 4.66% |
| BUPROPION HCL XL | $120,507.39 | 77 | $126,567.08 | 76 | 5.03% |
| METHYLPHENIDATE HCL | $106,941.23 | 95 | $125,092.35 | 77 | 16.97% |
| NAGLAZYME | $124,528.48 | 75 | $124,528.48 | 78 | 0.00% |
| FLUTICASONE PROPIONATE | $125,732.05 | 73 | $124,289.63 | 79 | -1.15% |
| LISINOPRIL | $115,182.24 | 83 | $124,026.90 | 80 | 7.68% |
| SERTRALINE HCL | $117,338.53 | 82 | $123,019.10 | 81 | 4.84% |

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## TOP 100 DRUGS BY PAID AMOUNT

| DRUG DESCRIPTION | March/April 2014 | PREVIOUS RANK | May/June 2014 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| ANAFRANIL | $118,939.33 | 78 | $122,300.96 | 82 | 2.83% |
| ESCITALOPRAM OXALATE | $110,342.95 | 90 | $116,494.30 | 83 | 5.57% |
| SAPHRIS | $94,645.45 | 113 | $116,079.90 | 84 | 22.65% |
| VENLAFAXINE HCL ER | $108,002.94 | 93 | $115,158.39 | 85 | 6.63% |
| DULERA | $92,845.46 | 114 | $114,067.99 | 86 | 22.86% |
| RANITIDINE HCL | $118,355.24 | 80 | $113,939.97 | 87 | -3.73% |
| BANZEL | $115,057.86 | 84 | $113,933.66 | 88 | -0.98% |
| ISENTRESS | $96,898.69 | 109 | $113,233.13 | 89 | 16.86% |
| OXYCODONE HCL | $112,884.23 | 87 | $112,273.23 | 90 | -0.54% |
| GILENYA | $100,155.93 | 103 | $111,063.06 | 91 | 10.89% |
| ALPRAZOLAM | $103,413.08 | 98 | $110,022.27 | 92 | 6.39% |
| COMPLERA | $104,810.11 | 97 | $109,855.37 | 93 | 4.81% |
| SABRIL | $103,330.32 | 99 | $109,581.04 | 94 | 6.05% |
| NORDITROPIN FLEXPRO | $77,384.00 | 143 | $109,451.32 | 95 | 41.44% |
| TRAZODONE HCL | $105,844.48 | 96 | $108,060.15 | 96 | 2.09% |
| ADVAIR HFA | $101,116.02 | 101 | $107,063.48 | 97 | 5.88% |
| XYREM | $111,052.76 | 88 | $106,714.44 | 98 | -3.91% |
| DAYTRANA | $114,568.14 | 86 | $106,535.65 | 99 | -7.01% |
| ATORVASTATIN CALCIUM | $95,498.40 | 112 | $106,100.67 | 100 | 11.10% |

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## TOP 100 DRUGS BY PRESCRIPTION COUNT

| DRUG DESCRIPTION | March/April 2014 | PREVIOUS RANK | May/June 2014 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| HYDROCO/APAP TAB 5-325MG | 17,522 | 1 | 19,284 | 1 | 10.06% |
| TRAMADOL HCL TAB 50MG | 12,237 | 3 | 13,239 | 2 | 8.19% |
| VENTOLIN HFA AER | 12,318 | 2 | 12,420 | 3 | 0.83% |
| Loratadine Tab 10 MG | 11,338 | 4 | 12,020 | 4 | 6.02% |
| Cetirizine HCl Tab 10 MG | 7,481 | 10 | 8,284 | 5 | 10.73% |
| ESCITALOPRAM TAB 20MG | 7,923 | 7 | 8,239 | 6 | 3.99% |
| FLUOXETINE CAP 20MG | 7,517 | 9 | 7,905 | 7 | 5.16% |
| OMEPRAZOLE CAP 20MG | 6,753 | 15 | 7,605 | 8 | 12.62% |
| GABAPENTIN CAP 300MG | 7,033 | 12 | 7,579 | 9 | 7.76% |
| CYCLOBENZAPR TAB 10MG | 7,381 | 11 | 7,503 | 10 | 1.65% |
| RANITIDINE TAB 150MG | 7,769 | 8 | 7,212 | 11 | -7.17% |
| AMOXICILLIN SUS 400/5ML | 10,363 | 5 | 7,051 | 12 | -31.96% |
| CLONIDINE TAB 0.1MG | 6,811 | 14 | 6,537 | 13 | -4.02% |
| Acetaminophen Tab 325 MG | 6,522 | 16 | 6,526 | 14 | 0.06% |
| Aspirin Tab Delayed Release 81 MG | 6,147 | 18 | 6,415 | 15 | 4.36% |
| FLUTICASONE SPR 50MCG | 6,181 | 17 | 6,284 | 16 | 1.67% |
| ALBUTEROL NEB 0.083% | 8,772 | 6 | 6,186 | 17 | -29.48% |
| OMEPRAZOLE CAP 40MG | 5,145 | 26 | 6,026 | 18 | 17.12% |
| GUANFACINE TAB 1MG | 6,082 | 20 | 5,847 | 19 | -3.86% |
| SERTRALINE TAB 100MG | 5,554 | 22 | 5,845 | 20 | 5.24% |
| IBUPROFEN TAB 800MG | 5,208 | 25 | 5,777 | 21 | 10.93% |
| Ferrous Sulfate Tab 325 MG (65 MG Elemental Fe) | 5,568 | 21 | 5,691 | 22 | 2.21% |
| MONTELUKAST TAB 10MG | 5,091 | 27 | 5,583 | 23 | 9.66% |
| TRAZODONE TAB 100MG | 5,221 | 24 | 5,338 | 24 | 2.24% |
| AZITHROMYCIN TAB 250MG | 6,939 | 13 | 5,296 | 25 | -23.68% |
| TRAZODONE TAB 50MG | 5,300 | 23 | 5,262 | 26 | -0.72% |

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## TOP 100 DRUGS BY PRESCRIPTION COUNT

| DRUG DESCRIPTION | March/April 2014 | PREVIOUS RANK | May/June 2014 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| LISINOPRIL TAB 10MG | 4,683 | 31 | 4,954 | 27 | 5.79% |
| PROVENTIL AER HFA | 4,918 | 29 | 4,894 | 28 | -0.49% |
| METFORMIN TAB 500MG | 4,418 | 36 | 4,861 | 29 | 10.03% |
| HYDROCO/APAP TAB 7.5-325 | 4,448 | 35 | 4,843 | 30 | 8.88% |
| HYDROCHLOROT TAB 25MG | 4,530 | 34 | 4,775 | 31 | 5.41% |
| Aspirin Chew Tab 81 MG | 4,695 | 30 | 4,675 | 32 | -0.43% |
| Sennosides-Docusate Sodium Tab 8.6-50 MG | 4,571 | 33 | 4,667 | 33 | 2.10% |
| LISINOPRIL TAB 20MG | 4,305 | 37 | 4,645 | 34 | 7.90% |
| CLONAZEPAM TAB 1MG | 4,220 | 38 | 4,302 | 35 | 1.94% |
| OXYCOD/APAP TAB 5-325MG | 3,949 | 43 | 4,269 | 36 | 8.10% |
| CEPHALEXIN CAP 500MG | 4,074 | 40 | 4,195 | 37 | 2.97% |
| AMOXICILLIN CAP 500MG | 4,585 | 32 | 4,181 | 38 | -8.81% |
| HYDROCO/APAP TAB 10-325MG | 3,884 | 45 | 4,172 | 39 | 7.42% |
| CITALOPRAM TAB 20MG | 3,990 | 41 | 4,080 | 40 | 2.26% |
| SMZ/TMP DS TAB 800-160 | 3,816 | 47 | 4,079 | 41 | 6.89% |
| METFORMIN TAB 1000MG | 3,704 | 50 | 4,065 | 42 | 9.75% |
| NAPROXEN TAB 500MG | 3,897 | 44 | 4,054 | 43 | 4.03% |
| MELOXICAM TAB 15MG | 3,644 | 54 | 4,016 | 44 | 10.21% |
| METHYLPHENID TAB 36MG ER | 4,201 | 39 | 3,981 | 45 | -5.24% |
| LANTUS INJ 100/ML | 3,681 | 52 | 3,929 | 46 | 6.74% |
| ALPRAZOLAM TAB 1MG | 3,690 | 51 | 3,912 | 47 | 6.02% |
| AZITHROMYCIN SUS 200/5ML | 6,099 | 19 | 3,906 | 48 | -35.96% |
| CITALOPRAM TAB 40MG | 3,549 | 56 | 3,853 | 49 | 8.57% |
| MONTELUKAST CHW 5MG | 3,705 | 49 | 3,846 | 50 | 3.81% |
| POLYETH GLYC POW 3350 NF | 3,754 | 48 | 3,794 | 51 | 1.07% |
| SERTRALINE TAB 50MG | 3,656 | 53 | 3,787 | 52 | 3.58% |

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## TOP 100 DRUGS BY PRESCRIPTION COUNT

| DRUG DESCRIPTION | March/April 2014 | PREVIOUS RANK | May/June 2014 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| CLONAZEPAM TAB 0.5MG | 3,639 | 55 | 3,764 | 53 | 3.44% |
| Acetaminophen Tab 500 MG | 3,838 | 46 | 3,745 | 54 | -2.42% |
| VENLAFAXINE CAP 150MG ER | 3,369 | 60 | 3,674 | 55 | 9.05% |
| PREDNISONE TAB 20MG | 3,540 | 57 | 3,667 | 56 | 3.59% |
| ALPRAZOLAM TAB 0.5MG | 3,373 | 59 | 3,591 | 57 | 6.46% |
| AMLODIPINE TAB 10MG | 3,255 | 62 | 3,494 | 58 | 7.34% |
| FOLIC ACID TAB 1MG | 3,374 | 58 | 3,478 | 59 | 3.08% |
| Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML) | 2,828 | 71 | 3,436 | 60 | 21.50% |
| ZOLPIDEM TAB 10MG | 3,355 | 61 | 3,429 | 61 | 2.21% |
| CYMBALTA CAP 60MG | 3,011 | 67 | 3,295 | 62 | 9.43% |
| METHYLPHENID TAB 54MG ER | 3,189 | 63 | 3,085 | 63 | -3.26% |
| PANTOPRAZOLE TAB 40MG | 2,650 | 77 | 3,081 | 64 | 16.26% |
| LORAZEPAM TAB 1MG | 2,945 | 69 | 3,074 | 65 | 4.38% |
| AMLODIPINE TAB 5MG | 2,728 | 75 | 2,984 | 66 | 9.38% |
| HYDROXYZ PAM CAP 25MG | 2,788 | 73 | 2,952 | 67 | 5.88% |
| METOPROL TAR TAB 25MG | 2,737 | 74 | 2,921 | 68 | 6.72% |
| SIMVASTATIN TAB 20MG | 2,794 | 72 | 2,920 | 69 | 4.51% |
| RISPERIDONE TAB 1MG | 3,027 | 66 | 2,892 | 70 | -4.46% |
| AMOXICILLIN SUS 250/5ML | 3,988 | 42 | 2,848 | 71 | -28.59% |
| MONTELUKAST CHW 4MG | 2,459 | 80 | 2,708 | 72 | 10.13% |
| BUPROPN HCL TAB 300MG XL | 2,429 | 82 | 2,699 | 73 | 11.12% |
| VYVANSE CAP 30MG | 2,964 | 68 | 2,696 | 74 | -9.04% |
| AMOX/K CLAV TAB 875MG | 3,096 | 64 | 2,695 | 75 | -12.95% |
| SIMVASTATIN TAB 40MG | 2,593 | 79 | 2,661 | 76 | 2.62% |
| LORAZEPAM TAB 0.5MG | 2,441 | 81 | 2,628 | 77 | 7.66% |
| PREDNISOLONE SOL 15MG/5ML | 5,034 | 28 | 2,625 | 78 | -47.85% |

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## TOP 100 DRUGS BY PRESCRIPTION COUNT

| DRUG DESCRIPTION | March/April 2014 | PREVIOUS RANK | May/June 2014 | RANK | PERCENT CHANGE |
|---|---|---|---|---|---|
| FUROSEMIDE TAB 40MG | 2,426 | 83 | 2,604 | 79 | 7.34% |
| VYVANSE CAP 40MG | 2,694 | 76 | 2,562 | 80 | -4.90% |
| RISPERIDONE TAB 0.5MG | 2,605 | 78 | 2,549 | 81 | -2.15% |
| LEVOTHYROXIN TAB 50MCG | 2,425 | 84 | 2,536 | 82 | 4.58% |
| BUPROPN HCL TAB 150MG XL | 2,371 | 86 | 2,530 | 83 | 6.71% |
| VENLAFAXINE CAP 75MG ER | 2,241 | 92 | 2,473 | 84 | 10.35% |
| SPIRIVA CAP HANDIHLR | 2,239 | 93 | 2,458 | 85 | 9.78% |
| PREDNISONE TAB 10MG | 2,242 | 91 | 2,445 | 86 | 9.05% |
| ONDANSETRON TAB 4MG ODT | 2,836 | 70 | 2,435 | 87 | -14.14% |
| FLUCONAZOLE TAB 150MG | 2,423 | 85 | 2,426 | 88 | 0.12% |
| ATORVASTATIN TAB 40MG | 2,176 | 95 | 2,425 | 89 | 11.44% |
| LISINOPRIL TAB 40MG | 2,268 | 89 | 2,415 | 90 | 6.48% |
| TRIAMCINOLON CRE 0.1% | 2,111 | 99 | 2,371 | 91 | 12.32% |
| Loratadine Syrup 5 MG/5ML | 2,083 | 100 | 2,288 | 92 | 9.84% |
| Sennosides Tab 8.6 MG | 2,291 | 88 | 2,284 | 93 | -0.31% |
| QUETIAPINE TAB 100MG | 2,292 | 87 | 2,283 | 94 | -0.39% |
| METRONIDAZOL TAB 500MG | 2,261 | 90 | 2,274 | 95 | 0.57% |
| LISINOPRIL TAB 5MG | 2,034 | 102 | 2,253 | 96 | 10.77% |
| MUPIROCIN OIN 2% | 2,162 | 96 | 2,225 | 97 | 2.91% |
| METOPROL TAR TAB 50MG | 2,054 | 101 | 2,168 | 98 | 5.55% |
| ATORVASTATIN TAB 20MG | 1,934 | 109 | 2,166 | 99 | 12.00% |
| VYVANSE CAP 50MG | 2,137 | 98 | 2,124 | 100 | -0.61% |

# Appendix L
# Meeting Minutes

# Iowa Medicaid Drug Utilization Review Commission
# Meeting Minutes August 7, 2013

**Attendees:**

| Commission Members |
| --- |
| Mark Graber, M.D., FACEP; Laurie Pestel, Pharm.D.; Jason Wilbur, M.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; and Melissa Biddle, IME. |

## Welcome & Introductions

Dr. Graber called the meeting to order at 9:34 a.m. at the Iowa State Capitol, Room 116, in Des Moines. The minutes from the June 5, 2013 meeting were reviewed. Dr. Wilbur motioned to accept them, and Dr. Barclay seconded. The vote was unanimous. Annual conflict of interest disclosures were collected in closed session. Laurie Pestel nominated Dr. Graber to remain Chairperson. Kellen Ludvigson and Dr. Wilbur both seconded simultaneously, and all members were in favor. Dr. Graber then nominated Laurie Pestel to remain Vice-Chairperson, which was seconded by Dr. Wilbur and agreed upon by all members.

## Annual Federal DUR Report

Pam Smith reviewed the DUR program report for the last federal fiscal year. Overall, the program produced a net cost savings of $747,654.95 for federal fiscal year ending (FFYE) 2012, versus $615,600.07 saved in FFYE 2011. Patient-focused reviews brought a savings of $328,419.35, while problem-focused studies resulted in $689,235.60 in savings.

## IME Updates

The health homes for people with serious and persistent mental illness and serious emotional disturbances project began in five counties on July 1, 2013, and will be phased out state-wide over the next 12 to 18 months. The IME successfully applied for a grant to assist in implementing the core adult quality measures, and is working on two quality improvement projects associated with that, the first targeting a reduction in admissions for short-term complications of diabetes, and the second aiming to reduce emergency department use for patients with asthma. IME has applied for a CMS innovation model design grant to develop a multi-payer ACO model based on existing private payer and Medicare efforts already forming in the state. There are currently four major work groups focusing on tasks associated with this model. The State Plan Amendment to increase the dispensing fee from $10.02 to $10.12 effective July 1, 2013,

was submitted to CMS for approval on July 31st, after which they have 90 days to finalize or comment on it. Additionally, CMS has had the pharmacy portion of the CFR out for pending rule changes since February of 2012, which speaks to specific parts of the Medicaid pharmacy reimbursement for outpatient drugs, including the actual acquisition cost reimbursement, drug rebate changes and other pharmacy issues. DHS has heard that the final rule may be implemented in January of 2014, so the department will be watching for final rules. There are not any real issues, since Iowa Medicaid already reimburses at the actual acquisition cost, as these rules recommend. The Affordable Care Act also implements a change to calculation of the Federal Upper Limits that are now based on Average Manufacturer Price (AMP), which is different than the current calculation. There are some potential issues with some FUL reimbursements being below cost, so a work group has been looking into these and hopes to resolve the issues before the rules become final. The National Drug Acquisition Cost (NADAC) will also be finalized by CMS.

**Prevalence Report Summary**

Statistics from May though June 2013 were discussed, including: cost per user ($245.86), number of total prescriptions dispensed (a decrease of 4.9% compared to the previous reporting period), average cost per prescription ($57.51), and generic utilization (83.9%). The total paid amount decreased by 4.4% from the previous reporting period. There were 144,343 unique users, which is 4.9% less than the total for March and April. Lists of the top 20 therapeutic classes were provided. Atypical Antipsychotics were the most expensive (though the percentage of the budget is decreasing due to release of multiple generics), and Stimulants-Amphetamines-Long-Acting came in second. 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*, *Focalin XR*, *Adderall XR*, *Cymbalta*, *Advair Diskus*, *Lantus*, and *Strattera*.

**Case Studies**

Pam Smith presented 4 case studies. Recommendations by commissioners from these four examples resulted in annualized total savings of $4,211.92 pre-rebate (state and federal).

**Public Comment**

Matthew Stafford from Merck spoke about Zetia, and Ben Skoog from Biogen Idec spoke about Tecfidera.

**Prior Authorizations**

***Janus Kinase (JAK) Inhibitors:*** The Commission reviewed the prior authorization criteria as follows:

*Prior authorization is required for Janus kinase (JAK) inhibitors. Payment will be considered when the following conditions are met:*

1. *The patient is 18 years of age or older; and*
2. *Has a diagnosis of moderate to severe rheumatoid arthritis; and*

3. *Has a documented trial and inadequate response to two preferred oral disease modifying antirheumatic drugs (DMARD) used concurrently. The combination must include methotrexate plus another preferred oral DMARD (hydroxychloroquine, sulfasalazine, leflunomide, or minocycline) ; and*
4. *Has a documented trial and inadequate response to two preferred biological DMARDs; and*
5. *The patient is not using or planning to use tofacitinib in combination with biologic DMARDs or potent immunosuppressants (azathioprine or cyclosporine); and*
6. *Has been tested for latent tuberculosis prior to initiating therapy and will be monitored for active tuberculosis during treatment; and*
7. *Recommended laboratory monitoring of lymphocytes, neutrophils, hemoglobin, liver enzymes and lipids are being conducted according to manufacturer labeling; and*
8. *Patient does not have a history of malignancy, except for those successfully treated for non-melanoma skin cancer (NMSC); and*
9. *Patient is not at an increased risk of gastrointestinal perforation.*

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

Kellen Ludvigson motioned to accept the criteria, and Larry Ambroson seconded. The decision was unanimous.

***Sodium Oxybate (Xyrem):*** The Commission reviewed the prior authorization criteria as follows:

*Prior authorization is required for sodium oxybate (Xyrem®). Payment will be considered for patients 16 years of age or older under the following conditions:*

1. *A diagnosis of cataplexy associated with narcolepsy verified by a recent sleep study (including PSG, MSLT, and ESS) and previous trial and therapy failure with one of the following tricyclic antidepressants: clomipramine, imipramine, or protriptyline.*
2. *Patient is enrolled in the Xyrem® Success Program.*
3. *A diagnosis of excessive daytime sleepiness associated with narcolepsy verified by a recent sleep study (including PSG, MSLT, and ESS) and previous trials and therapy failures at a therapeutic dose with a preferred amphetamine and non-amphetamine stimulant.*
4. *Patient has been instructed to not drink alcohol when using Xyrem®.*
5. *Requests for patients with a prior history of substance abuse, concurrent use a sedative hypnotic, or a semialdehyde dehydrogenase deficiency will not be considered.*

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

This was deferred to the next meeting so more information could be obtained in regards to a prior history of substance abuse.

***Testosterone:*** The Commission reviewed the prior authorization criteria as follows:

*Prior authorization is required for testosterone products. 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 symptoms of sexual dysfunction, erectile dysfunction and infertility will not be considered. Payment for a diagnosis of hypogonadism (testosterone deficiency) 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 at least one of the signs and symptoms specific to androgen deficiency*
    a. *Incomplete or delayed sexual development*
    b. *Breast discomfort, gynecomastia*
    c. *Loss of body hair, reduction in shaving frequency*
    d. *Very small (<5mL) or shrinking testes*
    e. *Hot flushes, sweats*
    f. *Height loss, low trauma fracture, low bone mineral density; and*
4. *Patient does not have:*
    a. *Breast or prostate cancer*
    b. *Palpable prostate nodule or prostate-specific antigen (PSA) > 4ng/mL*
    c. *Hematocrit > 50%*
    d. *Untreated severe obstructive sleep apnea*
    e. *Severe lower urinary tract symptoms*
    f. *Uncontrolled or poorly controlled heart failure*

*If criteria for coverage are met, initial authorization will be given for 3 months. Requests for continuation of therapy will require the following:*

1. *An updated testosterone level (Please attach lab result); and*
2. *Documentation of how the patient's specific symptoms have responded to therapy; and*
3. *Documentation the patient has not experienced a hematocrit > 54% or an increase in PSA > 1.4ng/mL in the past 12 months.*

*Requests for FDA approved indications other than hypogonadism will not be subject to prior authorization criteria with adequate documentation of diagnosis.*

*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 as amended, and Dr. Wilbur seconded. The decision was unanimous.

***Rivaroxaban (Xarelto):*** The Commission reviewed the prior authorization criteria as follows:

*Prior authorization is required for rivaroxaban (Xarelto®). Payment will be considered under the following conditions:*

1. *Patient is 18 years of age or older; and*
2. *Patient does not have a mechanical prosthetic heart valve; and*
3. *Patient does not have active bleeding; and*
4. *Patient is not pregnant; and*
5. *Patient does not have severe renal impairment (CrCl < 15mL/min).*

*Atrial Fibrillation*

- *Patient has a diagnosis of non-valvular atrial fibrillation; and*
- *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 $CHADS_2$ score ≥ 1.*
- *For a CrCl > 50mL/min a dose of 20mg once daily will be considered; or*
- *For a CrCl 15 to 50mL/min a dose of 15mg once daily will be considered.*

*Treatment and Prevention of DVT or PE*

- *Documentation of a previous trial and therapy failure with warfarin (recurrent DVT, recurrent PE, TIA, stroke, or inability to maintain a therapeutic INR with a minimum 6 month trial); and*
- *Patient does not have a CrCl < 30mL/min; and*
- *Patient does not have significant liver disease (hepatitis or cirrhosis).*
- *For treatment of acute DVT or PE a dose of 15mg twice daily for 21 days followed by 20mg once daily for remaining treatment will be considered; or*
- *For prevention of DVT or PE a dose of 20mg once daily will be considered.*

*Prophylaxis of DVT following Hip or Knee Replacement*

- *Patient does not have a CrCl < 30mL/min; and*
- *Patient does not have significant liver disease (hepatitis or cirrhosis); and*
- *For patients undergoing hip replacement, patient is not undergoing staged bilateral total hip replacement.*
- *Requests will be approved for the following dosing:*
    - *Hip replacement: 10mg daily for up to 35 days following hip replacement; or*
    - *Knee replacement: 10mg 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.*

Dr, Wilbur motioned to accept the criteria as amended, and Brett Faine seconded. The decision was unanimous.

***Ezetimibe (Zetia):*** The Commission reviewed the prior authorization criteria as follows:

*Prior authorization is required for ezetimibe and ezetimibe containing products. Requests for non-preferred ezetimibe combination products may only be considered after documented separate trials and therapy failures with the individual ingredients. Payment will be considered under the following conditions:*

1. *Patient is being treated for an elevated total cholesterol level; and/or*
2. *Patient is being treated for an elevated LDL-C level; and*

3. *Patient has not achieved goal with the use of two or more preferred HMG-CoA reductase inhibitors at a maximally tolerated dose for a minimum of three (3) consecutive months.*

*Initial authorizations will be approved for six months; additional prior authorizations will be considered on an individual basis after review of medical necessity and documented improvement in total cholesterol and/or LDL-C levels since the beginning of the initial prior authorization period.*

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

Dr. Wilbur motioned to accept the criteria as amended, and Brett Faine seconded. The decision was unanimous. There was discussion around programming the POS system to do a look-back for preferred trials to remove the need for prior authorization. Existing users would be grandfathered.

***Insulin, Pre-Filled Pens:*** The Commission reviewed the prior authorization criteria as follows:

*Prior authorization is required for pre-filled insulin pens. Prior authorization for non-preferred insulin pens will be authorized only for cases in which there is documentation of previous trial and therapy failure with a preferred agent.*
*Prior authorization is granted when documentation indicates:*

1. *The patient's visual or motor skills are impaired to such that they cannot accurately draw up their own insulin, and*
2. *There is no caregiver available to provide assistance, and*
3. *Patient does not reside in a long-term care facility.*

Dr. Wilbur motioned to accept the criteria as amended, and Brett Faine seconded. The decision was unanimous.

***Oral Constipation Agents:*** The Commission reviewed the prior authorization criteria as follows:

*Prior authorization is required for oral constipation agents. Payment will be considered under the following conditions:*

1. *Patient is 18 years of age or older; and*
2. *Patient must have documentation of adequate trials and therapy failures with three (3) different laxatives from each of the following:*
    a. *Saline laxative (milk of magnesia); and*
    b. *Osmotic laxative (polyethylene glycol or lactulose); and*
    c. *Stimulant laxative (senna); and*
3. *Patient does not have a known or suspected mechanical gastrointestinal obstruction; and*
4. *Patient has one of the following diagnoses:*
    a. *A diagnosis of* ***chronic idiopathic constipation*** *(Amitiza or Linzess)*

i. *Patient has less than 3 spontaneous bowel movements (SBMs) per week; and*
ii. *Patient has two or more of the following symptoms within the last 3 months:*
    1. *Straining during at least 25% of the bowel movements;*
    2. *Lumpy or hard stools for at least 25% of bowel movements; and/or*
    3. *Sensation of incomplete evacuation for at least 25% of bowel movements; and*
iii. *Documentation the patient is not currently taking constipation-causing therapies*

b. *A diagnosis of* ***irritable bowel syndrome with constipation*** *(Amitiza or Linzess)*
    i. *Patient is female (Amitiza only); and*
    ii. *Patient has abdominal pain or discomfort at least 3 days per month in last 3 months associated with two (2) or more of the following:*
        1. *Improvement with defecation;*
        2. *Onset associated with a change in stool frequency; and/or*
        3. *Onset associated with a change in stool form*

c. *A diagnosis of* ***opioid-induced constipation*** *with chronic, non-cancer pain (Amitiza)*
    i. *Patient has been receiving stable opioid therapy for at least 30 days as seen in the patient's pharmacy claims; and*
    ii. *Patient has less than 3 spontaneous bowel movements (SBMs) per week, with at least 25% associated with one or more of the following:*
        1. *Hard to very hard stool consistency;*
        2. *Moderate to very severe straining; and/or*
        3. *Having a sensation of incomplete evacuation*

*If the criteria for coverage are met, initial authorization will be given for 12 weeks to assess the response to treatment. Requests for continuation of therapy may be provided if prescriber documents adequate response to treatment.*

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

***Long-Acting Opioids:*** The Commission reviewed the 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 a maximum tolerated dose, 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 contraindicated.*

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

***Oral Multiple Sclerosis Agents:*** The Commission reviewed the prior authorization criteria as follows:

*Prior authorization is required for fingolimod (Gilenya™) or teriflunomide (Aubagio®). Payment will be considered for patients 18 years of age and older under the following conditions:*

1. *A diagnosis of relapsing forms of multiple sclerosis, and*
2. *A previous trial and therapy failure with a preferred interferon or non-interferon used to treat multiple sclerosis.*

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

*For patients initiating therapy with fingolimod (Gilenya™), documentation of the following must be provided:*

- *Patient does not have a recent (within the past 6 months) occurrence of myocardial infarction, unstable angina, stroke, transient ischemic attack, decompensated heart failure requiring hospitalization or Class III/IV heart failure.*
- *Patient does not have a history or presence of Mobitz Type II 2nd degree or 3rd degree AV block or sick sinus syndrome, unless the patient has a pacemaker.*
- *Patient does not have a baseline QTc interval ≥ 500 ms.*
- *Patient is not being treated with Class Ia or Class III anti-arrhythmic drugs.*

*For patients initiating therapy with teriflunomide (Aubagio®), documentation of the following must be provided:*

- *Patient does not have severe hepatic impairment.*
- *A negative pregnancy test for females of childbearing age.*
- *Use of a reliable form of contraception for females of childbearing age.*
- *Patient is not taking leflunomide.*

*For patients initiating therapy with dimethyl fumarate (Tecfidera™), documentation of the following must be provided:*

- *Patient does not have a low lymphocyte count as documented by a recent (within 6 months) CBC prior to initiating therapy.*
- *Upon renewal, documentation of an updated CBC.*

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

***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 x $10^9$/L. Requests will not be considered under the following conditions:*

1. *Patients taking direct acting antiviral agents for the treatment of chronic hepatitis C genotype 1 infection in addition to interferon-based therapy with ribavirin.*
2. *Patients with decompensated liver disease with a Child-Pugh score > 6 (Class B & C).*
3. *Patients with a history of ascities.*
4. *Patients with hepatic encephalopathy.*

*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.

**Public Comment**

There were no additional public comments.

**Focus Studies**

***Drospirenone Containing Oral Contraceptive and Risk of Blood Clot:*** This was a follow-up discussion. Nineteen of the 39 members identified changed therapy, for an annualized cost savings of $20,766.24 (state and federal, pre-rebate) as a result of the 101 surveys sent out to prescribers and pharmacies. Forty-six (45.54%) of those surveys were returned.

***Overutilization of Albuterol Inhaler:*** Letters will be sent to providers of members over-utilizing their albuterol MDI pointing out the over-reliance and asking if the patient's asthma is being adequately controlled. Letters will also be sent to providers of members over-utilizing their albuterol MDI that are not using an inhaled corticosteroid. Both versions of the letter will mention that spacers are covered by Iowa Medicaid as DME items.

***Valproate for the Treatment of Migraine in Females:*** Letters will be sent to providers

of female members taking valproate products for migraine, pointing out the recent change to the drug label, and suggesting the use of a different preventative medication now that valproate products are contraindicated for prevention of migraine in women of childbearing age. The Commission also wants to look closer at the members with a diagnosis of seizure or bipolar disorder to identify those members that are using an effective form of birth control while taking a valproate product.

***Diabetes Diagnosis without Prescription Treatment:*** Results will be broken out by provider, and identify patients with claims for the preferred test strips but no diabetic prescriptions in their claim histories, and also patients with claims for diabetes complications with no diabetic medications in their histories.

**Miscellaneous**

***DUR Digest:*** The Commission member reviewed the draft for DUR Digest Volume 26, Number 1. Dr. Couse's appointment date will be corrected.

***MedWatch:*** There were no MedWatch announcements to review.

A unanimous vote was made at 11:37 to adjourn the meeting and move to closed session (motion by Dr. Wilbur, second by Brett Faine).

**The next meeting will be held at 9:30 a.m. on Wednesday, October 2, 2013, at the Iowa State Capitol, Room 116, in Des Moines.**

# Iowa Medicaid Drug Utilization Review Commission
# Meeting Minutes October 2, 2013

**Attendees:**

| Commission Members |
| --- |
| Mark Graber, M.D., FACEP; Laurie Pestel, Pharm.D.; Jason Wilbur, M.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; and Melissa Biddle, IME. |

## Welcome & Introductions

Dr. Graber called the meeting to order at 9:31 a.m. at the Iowa State Capitol, Room 116, in Des Moines. The minutes from the August 7, 2013 meeting were reviewed. Dr. Wilbur motioned to accept them, and Larry Ambroson seconded. The vote was unanimous.

## IME Updates

The IME successfully applied for a grant to assist in implementing the core adult quality measures, and is working on two quality improvement projects associated with that, the first targeting a reduction in admissions for short-term complications of diabetes, and the second aiming to reduce emergency department use for patients with asthma. A separate quality improvement project aims to improve birth outcomes through decreases in tobacco use in pregnant mothers. IME has applied for a CMS innovation model design grant to develop a multi-payer ACO model based on existing private payer and Medicare efforts already forming in the state. There are currently four major work groups focusing on tasks associated with this model, with results to be presented soon. IME is working to get the Iowa Health and Wellness Initiative implemented. CMS approved the State Plan Amendment to increase the dispensing fee from $10.02 to $10.12 retroactively effective to July 1, 2013. An informational letter announcing this decision is in process. The new POS system went live on September 23, 2013, and things are going well, with no major issues thus far.

## Prevalence Report Summary

Statistics from July though August 2013 were discussed, including: cost per user ($264.32), number of total prescriptions dispensed (an increase of 1.0% compared to the previous reporting period), average cost per prescription ($59.48), and generic utilization (83.5%). The total paid amount increased by 4.7% from the previous reporting period. There were 140,317 unique users, which is 2.6% less than the total for May and June. Lists of the top 20 therapeutic classes were provided. Atypical

Antipsychotics were the most expensive (though the percentage of the budget is decreasing due to release of multiple generics), and Stimulants-Amphetamines-Long-Acting came in second. 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, *Focalin XR, Adderall XR, Cymbalta, Advate, Advair Diskus, Lantus,* and *Strattera*.

**Case Studies**

Pam Smith presented 4 case studies. Recommendations by Commissioners from these four examples resulted in annualized total savings of $17,059.91 pre-rebate (state and federal).

**Public Comment**

| Name | Representing | Drug/Topic |
|---|---|---|
| Nancy Bell | Pfizer | *Eliquis* |
| Luciano Kolodny | Merck | *Januvia*, DPP-4 Inhibitors |
| Lisa Willshaw | MedImmune | *Synagis* |
| Todd Houldsworth | Johnson & Johnson | *Xarelto* |

**Injectable Medications Reimbursed through Pharmacy POS**

With the expansion of home health care, more medications are being provided in the home. With the increase in home health care services, the Preferred Drug List (PDL) was expanded to allow for administration of injectable medications in the patient's home. A report detailing injectable drugs from the August 2013 paid claims report was reviewed. Pam Smith will run a report to identify how many injectable drugs are for Plan 300 members, and look into the possibility of auto-allowing these claims to pay since the pharmacies would deliver the medications to the nursing homes or care facilities for those members. When members pick up and transport their own medications, there have been issues with them getting lost along the way to being administered. Contacting providers to ask what medications they keep in stock and to educate them on correct billing of injectables is another possibility. A search will be done on medical claims to identify any providers billing for medications that were already paid through POS. Pam Smith will look into how other states are handling this issue.

**Prior Authorization**

***Annual Review of PA Criteria:*** The Commission members would like to discuss changes to the following categories: Antifungals, Antithrombotics, Incretin Mimetics (recommend to combine with DPP-4 Inhibitors), Proton Pump Inhibitors, ARBs, and Anti-Acne.

***Sodium Oxybate (Xyrem):*** The Commission reviewed the prior authorization criteria as follows:

> *Prior authorization is required for sodium oxybate (Xyrem®). Payment will be considered for patients 16 years of age or older under the following conditions:*

1. *A diagnosis of cataplexy associated with narcolepsy verified by a recent sleep study (including PSG, MSLT, and ESS) and previous trial and therapy failure with one of the following tricyclic antidepressants: clomipramine, imipramine, or protriptyline.*
2. *Patient is enrolled in the Xyrem® Success Program.*
3. *A diagnosis of excessive daytime sleepiness associated with narcolepsy verified by a recent sleep study (including PSG, MSLT, and ESS) and previous trials and therapy failures at a therapeutic dose with a preferred amphetamine and non-amphetamine stimulant.*
4. *Patient has been instructed to not drink alcohol when using Xyrem®.*
5. *Requests for patients with a prior history of substance abuse, concurrent use a sedative hypnotic, or a semialdehyde dehydrogenase deficiency will not be considered.*

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

Pam Smith will change the wording for the fifth bullet point to include something about patient counseling, history of prior abuse, and the PMP, and bring the revised criteria back to the next meeting.

***Hepatitis C Protease Inhibitors:*** The Commission reviewed the prior authorization criteria as follows:

*Prior authorization is required for all oral hepatitis C protease inhibitors. Payment will be considered under the following conditions:*

1. *A diagnosis of hepatitis C genotype 1, and*
2. *Patient is 18 years of age or older, and*
3. *Administered in combination with peg-interferon alfa and ribavirin.*
4. *HCV-RNA results are required at treatment week 4 for telaprevir (Incivek™). Additional prior authorization will be considered with documentation of response to treatment, measured by HCV-RNA levels. A maximum 12 weeks of therapy will be allowed for telaprevir (Incivek™).*

*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.*

Brett Faine motioned to accept the criteria, and Larry Ambroson seconded. All members were in favor with none abstaining.

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

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

1. *Patient has a diagnosis of non-valvular atrial fibrillation; and*

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 $CHADS_2$ score ≥ 1; and*
4. *Patient does not have a mechanical prosthetic heart valve; and*
5. *Patient does not have active bleeding; and*
6. *Patient does not have severe renal impairment (CrCl < 15mL/min) or is not on dialysis.*

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

The provider will also need to provide the member's weight and recent serum creatinine on the PA form. Dr. Wilbur motioned to accept the criteria, and Brett Faine seconded. All members were in favor with none abstaining.

***Testosterone:*** The Commission reviewed the prior authorization criteria as follows:

*Prior authorization is required for testosterone products. 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 symptoms of sexual dysfunction, erectile dysfunction and infertility will not be considered. Payment for a diagnosis of hypogonadism (testosterone deficiency) 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 at least one of the signs and symptoms specific to androgen deficiency*
    a. *Incomplete or delayed sexual development*
    b. *Breast discomfort, gynecomastia*
    c. *Loss of body hair, reduction in shaving frequency*
    d. *Very small (<5mL) or shrinking testes*
    e. *Hot flushes, sweats*
    f. *Height loss, low trauma fracture, low bone mineral density; and*
4. *Patient does not have:*
    a. *Breast or prostate cancer*
    b. *Palpable prostate nodule or prostate-specific antigen (PSA) > 4ng/mL*
    c. *Hematocrit > 50%*
    d. *Untreated severe obstructive sleep apnea*
    e. *Severe lower urinary tract symptoms*
    f. *Uncontrolled or poorly controlled heart failure*

*If criteria for coverage are met, initial authorization will be given for 3 months. Requests for continuation of therapy will require the following:*

1. *An updated testosterone level (Please attach lab result); and*
2. *Documentation of how the patient's specific symptoms have responded to therapy; and*
3. *Documentation the patient has not experienced a hematocrit > 54% or an increase in PSA > 1.4ng/mL in the past 12 months.*

*Requests for FDA approved indications other than hypogonadism will not be subject to prior authorization criteria with adequate documentation of diagnosis.*

*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.

***Rivaroxaban (Xarelto):*** The Commission reviewed the prior authorization criteria as follows:

*Prior authorization is required for rivaroxaban (Xarelto®). Payment will be considered under the following conditions:*

1. *Patient is 18 years of age or older; and*
2. *Patient does not have a mechanical prosthetic heart valve; and*
3. *Patient does not have active bleeding; and*
4. *Patient is not pregnant; and*
5. *Patient does not have severe renal impairment (CrCl < 15mL/min).*

*<u>Atrial Fibrillation</u>*

- *Patient has a diagnosis of non-valvular atrial fibrillation; and*
- *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 $CHADS_2$ score ≥ 1.*
- *For a CrCl > 50mL/min a dose of 20mg once daily will be considered; or*
- *For a CrCl 15 to 50mL/min a dose of 15mg once daily will be considered.*

*<u>Treatment and Prevention of DVT or PE</u>*

- *Documentation of a previous trial and therapy failure with warfarin (recurrent DVT, recurrent PE, TIA, stroke, or inability to maintain a therapeutic INR with a minimum 6 month trial); and*
- *Patient does not have a CrCl < 30mL/min; and*
- *Patient does not have significant liver disease (hepatitis or cirrhosis).*
- *For treatment of acute DVT or PE a dose of 15mg twice daily for 21 days followed by 20mg once daily for remaining treatment will be considered; or*
- *For prevention of DVT or PE a dose of 20mg once daily will be considered.*

*<u>Prophylaxis of DVT following Hip or Knee Replacement</u>*

- *Patient does not have a CrCl < 30mL/min; and*
- *Patient does not have significant liver disease (hepatitis or cirrhosis); and*
- *For patients undergoing hip replacement, patient is not undergoing staged bilateral total hip replacement.*
- *Requests will be approved for the following dosing:*
    - *Hip replacement: 10mg daily for up to 35 days following hip replacement; or*
    - *Knee replacement: 10mg 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 sent to the Department for consideration.

***Ezetimibe (Zetia):*** The Commission reviewed the prior authorization criteria as follows:

*Prior authorization is required for ezetimibe and ezetimibe containing products. Requests for non-preferred ezetimibe combination products may only be considered after documented separate trials and therapy failures with the individual ingredients. Payment will be considered under the following conditions:*

1. *Patient is being treated for an elevated total cholesterol level; and/or*
2. *Patient is being treated for an elevated LDL-C level; and*
3. *Patient has not achieved goal with the use of two or more preferred HMG-CoA reductase inhibitors at a maximally tolerated dose for a minimum of three (3) consecutive months.*

*Initial authorizations will be approved for six months; additional prior authorizations will be considered on an individual basis after review of medical necessity and documented improvement in total cholesterol and/or LDL-C levels since the beginning of the initial prior authorization period.*

*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.

***Insulin, Pre-Filled Pens:*** The Commission reviewed the prior authorization criteria as follows:

*Prior authorization is required for pre-filled insulin pens. Prior authorization for non-preferred insulin pens will be authorized only for cases in which there is documentation of previous trial and therapy failure with a preferred agent.*
*Prior authorization is granted when documentation indicates:*

1. *The patient's visual or motor skills are impaired to such that they cannot accurately draw up their own insulin, and*
2. *There is no caregiver available to provide assistance, and*
3. *Patient does not reside in a long-term care facility.*

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

**Public Comment**

Dr. Tim Starner from the University of Iowa spoke about Tobi Podhaler.

**Focus Studies**

***Stimulant Use in Adults:*** This was a follow-up discussion. One-hundred and sixty-three (163) of the 456 members identified changed therapy, for an annualized cost savings of $200,412.75 (state and federal, pre-rebate) as a result of the 1,948 surveys sent out to prescribers and pharmacies. Six-hundred and ninety-two (692) (35.52%) of those surveys were returned.

***Second Generation Antipsychotic Use without Mental Health Diagnosis:*** This was a follow-up discussion. Forty-four (44) of the 208 members identified changed therapy, for an annualized cost savings of $54,408.72 (state and federal, pre-rebate) as a result of the 451 surveys sent out to prescribers and pharmacies. There were 189 (41.91%) surveys returned.

***Concurrent Second Generation Antipsychotics:*** This was a follow-up discussion. Four-hundred and seventy (470) of the 735 members identified changed therapy, for an annualized cost savings of $1,587,793.42 (state and federal, pre-rebate) as a result of the 1,714 surveys sent out to prescribers and pharmacies. There were 733 (42.77%) surveys returned.

***Ketoconazole Oral Tablets:*** The Commission would like to make a recommendation to the P&T Committee to change the status of ketoconazole tablets to non-preferred on the PDL. Letters will be sent to the providers of the 68 members taking ketoconazole tablets outlining the details from the recent FDA Drug Safety Communication and asking if the patient would be a candidate to switch to a different oral antifungal medication. There will also be a DUR Digest article.

***Overutilization of Opiates and/or Tramadol:*** Letters will be sent to the providers of the 38 members potentially exhibiting drug seeking behavior, suggesting they reference the PMP. These members will also be referred to the lock-in department, and an article about the PMP will appear in a future DUR Digest. Additionally, letters will be sent to the providers of the 245 members without cancer that appear to be overutilizing opioids and/or tramadol to ask if the patient could be better controlled with one opioid.

***Valproate Sodium & Related Products in Women of Childbearing Age:*** Letters will

be sent to the providers of the female members with a seizure and/or bipolar diagnosis taking a valproate product that are not using an effective form of birth control to ask if the patient is a candidate for use of an effective form of birth control. Letters will also be sent to the providers of the female members without a seizure and/or bipolar diagnosis taking a valproate product that are not using an effective form of birth control to suggest use of a different medication or the addition of an effective form of birth control. The Commission thought both topics could be merged into one letter.

## Miscellaneous

***DUR Digest:*** The Commission member reviewed the final draft for DUR Digest Volume 26, Number 1. There were no recommended changes. The DUR Digest will be posted to the DUR website.

***MedWatch:*** The Commission members received FDA announcements concerning new Black Box Warnings.

A unanimous vote was made at 11:44 a.m. to adjourn the meeting and move to closed session (motion by Brett Faine, second by Dr. Wilbur).

**The next meeting will be held at 9:30 a.m. on Wednesday, December 4, 2013, at the Learning Resource Center in West Des Moines.**

# Iowa Medicaid Drug Utilization Review Commission
# Meeting Minutes December 4, 2013

**Attendees:**

| Commission Members |
| --- |
| Mark Graber, M.D., FACEP; Laurie Pestel, Pharm.D.; Jason Wilbur, M.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; and Melissa Biddle, IME. |

**Welcome & Introductions**

Dr. Graber called the meeting to order at 9:31 a.m. at the Learning Resource Center in West Des Moines. The minutes from the October 2, 2013 meeting were reviewed. Dr. Couse motioned to accept them, and Dr. Wilbur seconded. The vote was unanimous.

**IME Updates**

There has been a steady increase in enrollment of both providers and members for the health homes for people with chronic diseases initiative. However, growth of the program had not been as anticipated, so Medical Services has been conducting on-site visits to identify what practices need and how IME can support them. A health home version two will be rolling out in the spring which hopefully will address some of the barriers that may have slowed the progression of the provider and member participation. The second phase of the integrated health homes for members with serious and persistent mental illness and serious emotional disorders will begin in April 2014. The IME successfully applied for a grant to assist in implementing the core adult quality measures, and is working on two quality improvement projects associated with that, the first targeting a reduction in admissions for short-term complications of diabetes, and the second aiming to reduce emergency department use for patients with asthma. A separate quality improvement project aims to improve birth outcomes through decreases in tobacco use in pregnant mothers. IME has applied for a CMS innovation model design grant to develop a multi-payer ACO model based on existing private payer and Medicare efforts already forming in the state. IME is working to get the Iowa Health and Wellness Initiative implemented. Erin Halverson also provided an explanation of the Pharmacy Provider Portal. Informational Letter 1309 explained the tools available within the new system, and listed the requirements for provider access to it. A POS edit will be implemented requiring a statin medication in a member's claim history prior to payment for *Zetia*.

**Prevalence Report Summary**

Statistics from September though October 2013 were discussed, including: cost per user ($251.67), number of total prescriptions dispensed (an increase of 4.9% compared to the previous reporting period), average cost per prescription ($58.53), and generic utilization (83.3%). The total paid amount increased by 3.4% from the previous reporting period. There were 153,444 unique users, which is 9.1% more than the total for July and August. Lists of the top 20 therapeutic classes were provided. Atypical Antipsychotics were the most expensive (though the percentage of the budget is decreasing due to release of multiple generics), and Stimulants-Amphetamines-Long-Acting came in second. 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, *Focalin XR*, *Advate, Adderall XR, Cymbalta, Lantus, 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 $1,100.72 pre-rebate (state and federal).

## Public Comment

| Name | Representing | Drug/Topic |
|---|---|---|
| Nancy Bell | Pfizer | Lyrica, opiate utilization |
| Dr. Nick Burnett | Himself (family practitioner) | Prior authorization criteria and process |
| Rachel Anhorn | Boehringer-Ingelheim | Tradjenta |
| Rebecca Blair | Herself (ARNP at pain management clinic) | Opiates and non-opiates prior auth criteria |
| Luciano Kolodny | Merck | Januvia |

## Injectable Medications Reimbursed through Pharmacy POS

With the expansion of home health care, more medications are being provided in the home. With the increase in home health care services, the Preferred Drug List (PDL) was expanded to allow for administration of injectable medications in the patient's home. A report detailing injectable drugs from the August 2013 paid claims report was reviewed at the October DUR Meeting. Afterward, Pam Smith ran a report to identify how many injectable drugs are for Plan 300 members, and a search was done on medical claims to identify any providers billing for medications that were already paid through pharmacy POS. Pam Smith also looked into how other states are handling this issue. The April claims data did not reflect double billing, and pharmacies were contacted to inquire how members had been receiving their injectable medications. There was one instance where *Zostavax* was picked up by a member, and some were shipped to the members' homes where they were most likely administered by a home health professional. The Commission was unable to offer a solution that would be fair to both providers and members, and ultimately decided to allow IME to establish solutions internally for now, with no formal criteria change or additional restrictions.

## Opiate Utilization in Iowa

Between January and March of this year, 13,633 unique members over the age of 18 were found to have more than 30 days of utilization of narcotic and non-narcotic pain

medications. A PowerPoint presentation was provided to the P&T Committee at the August meeting showing state-wide narcotic usage and growth by county. The P&T Committee referred this information to the DUR Commission for further review. Specifically they suggested analysis of outlier narcotic prescribers and review of prior authorization criteria associated with narcotic and non-narcotic medications, such as the medications within the chronic pain syndromes category. After reviewing the information that had been provided, the DUR Commission agreed that the claims data needs to be analyzed. The re-run data will identify outlying prescribers, and break down medications by those that are long-acting, short-acting, or non-opioids. Number of prescriptions and number of tablets will also be evaluated. The Commission also wants to look at utilization data for tricyclics, gabapentin, nortriptyline, *Cymbalta*, *Lyrica*, and NSAIDs, and pull the efficacy stats for *Cymbalta* and *Lyrica*. They were curious if heroin use has increased in other states that have increased opioid restrictions.

## Prior Authorization

***Sodium Oxybate (Xyrem):*** The Commission reviewed the prior authorization criteria as follows:

*Prior authorization is required for sodium oxybate (Xyrem®). Payment will be considered for patients 16 years of age or older under the following conditions:*

1. *A diagnosis of cataplexy associated with narcolepsy verified by a recent sleep study (including PSG, MSLT, and ESS) and previous trial and therapy failure with one of the following tricyclic antidepressants: clomipramine, imipramine, or protriptyline.*
2. *Patient is enrolled in the Xyrem® Success Program.*
3. *A diagnosis of excessive daytime sleepiness associated with narcolepsy verified by a recent sleep study (including PSG, MSLT, and ESS) and previous trials and therapy failures at a therapeutic dose with a preferred amphetamine and non-amphetamine stimulant.*
4. *Patient has been instructed to not drink alcohol when using Xyrem®.*
5. *Patients with and without a history of substance abuse have been counseled regarding the potential for abuse and dependence and will be closely monitored for signs of abuse and dependence.*
6. *Requests for patients with concurrent use a sedative hypnotic, or a semialdehyde dehydrogenase deficiency will not be considered.*
7. *The prescriber must review the patient's use of controlled substances on the Iowa Prescription Monitoring Program website at https://pmp.iowa.gove/IAPMPWebCenter/ prior to requesting prior authorization.*

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

Dr. Wilbur motioned to accept the criteria, and Brett Faine seconded. All members were in favor.

***Anti-Diabetics, Non-Insulin Agents:*** The Commission reviewed the prior authorization criteria as follows:

*Prior authorization is required for anti-diabetic, non-insulin agents. Payment for*

*preferred agents will be considered under the following conditions:*

1. *A diagnosis of Type 2 Diabetes Mellitus, and*
2. *Patient is 18 years of age or older, and*
3. *The patient has not achieved HgbA1C goals after a minimum three month trial with metformin at a maximally tolerated dose, unless evidence is provided that use of this agent would be medically contraindicated.*

*Payment for a non-preferred agent will be authorized only for cases in which there is documentation of previous trials and therapy failures with metformin, a preferred DPP-4 Inhibitor* ***and*** *a preferred Incretin Mimetic at maximally tolerated doses, unless evidence is provided that use of these agents would be medically contraindicated.*

*Initial authorizations will be approved for six months. Additional prior authorizations will be considered on an individual basis after review of medical necessity and documented continued improvement in HgbA1C.*

Dr. Couse motioned to accept the criteria, and Kellen Ludvigson seconded. All members were in favor.

***Proton Pump Inhibitors:*** The Commission reviewed the prior authorization criteria as follows:

*Prior authorization is not required for preferred proton pump inhibitors (PPI) for doses within the established quantity limits of one unit per day. Requests for PPIs exceeding one unit per day for a diagnosis of gastroesophageal reflux disease will be considered after documentation of a therapeutic trial and therapy failure with concomitant use of once daily PPI dosing and a bedtime dose of a histamine H2-receptor antagonist. Upon failure of the combination therapy, subsequent requests for PPIs exceeding one unit per day will be considered on a short term basis (up to 3 months). After the three month period, a retrial of the recommended once daily dosing will be required. A trial of the recommended once daily dosing will be required on an annual basis for those patients continuing to need doses beyond one unit per day.*

*Requests for twice daily dosing for a diagnosis of Helicobacter pylori will be considered for up to 14 days of treatment with documentation of an active infection.*

*Payment for a non-preferred proton pump inhibitor will be authorized only for cases in which there is documentation of previous trials and therapy failures with three preferred products.*

Kellen Ludvigson motioned to accept the criteria, and Dr. Wilbur seconded. All members were in favor.

***Hepatitis C Protease Inhibitors:*** The Commission reviewed the prior authorization criteria as follows:

*Prior authorization is required for all oral hepatitis C protease inhibitors. Payment will be considered under the following conditions:*

1. *A diagnosis of hepatitis C genotype 1, and*
2. *Patient is 18 years of age or older, and*
3. *Administered in combination with peg-interferon alfa and ribavirin.*
4. *HCV-RNA results are required at treatment week 4 for telaprevir (Incivek™). Additional prior authorization will be considered with documentation of response to treatment, measured by HCV-RNA levels. A maximum 12 weeks of therapy will be allowed for telaprevir (Incivek™).*

*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.*

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

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

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

1. *Patient has a diagnosis of non-valvular atrial fibrillation; and*
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 $CHADS_2$ score $\geq 1$; and*
4. *Patient does not have a mechanical prosthetic heart valve; and*
5. *Patient does not have active bleeding; and*
6. *Patient does not have severe renal impairment (CrCl < 15mL/min) or is not on dialysis.*

*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.

**Public Comment**

There were no public comments.

**Focus Studies**

***Duplicate Anxiolytics:*** This was a follow-up discussion. Ninety-six (96) of the 468 members identified changed therapy, for an annualized cost savings of $2,002.38 (state and federal, pre-rebate) as a result of the 1,296 surveys sent out to prescribers and pharmacies. A total of 504 (38.89%) surveys were returned.

***Duplicate Sedative/Hypnotics:*** This was a follow-up discussion. Eighteen (18) of the

61 members identified changed therapy, for an annualized cost savings of $4,389.66 (state and federal, pre-rebate) as a result of the 152 surveys sent out to prescribers and pharmacies. A total of 48 (31.58%) surveys were returned.

***Butalbital Utilization:*** This was a follow-up discussion. Five (5) of the 30 members identified changed therapy, for an annualized cost savings of $1,176.90 (state and federal, pre-rebate) as a result of the 76 surveys sent out to prescribers and pharmacies. A total of 23 (30.26%) surveys were returned. Data will be re-run to re-evaluate utilization, with results brought to the next meeting.

***Three or More Anticonvulsants:*** Letters will be sent to the providers of the 27 members without a seizure/epilepsy diagnosis, and also the providers of the 296 members with a diagnosis, taking three or more AEDs to ask the rationale for use of multiple AEDs and if one or more of the AEDs could be discontinued.

***Namenda Utilization:*** Letters will be sent to all the providers of members using memantine for a potential off-label diagnosis.

***Cymbalta Daily Dose above 60mg without Depression Diagnosis:*** Letters will be sent to the providers of the members taking more than 120mg per day.

**Miscellaneous**

***DUR Digest:*** The Commission member reviewed the draft for DUR Digest Volume 26, Number 2.

***MedWatch:*** The Commission members received FDA announcements concerning new Black Box Warnings.

A unanimous vote was made at 11:25 to adjourn the meeting and move to closed session (motion by Larry Ambroson, second by Dr. Barclay).

**The next meeting will be held at 9:30 a.m. on Wednesday, February 5, 2014, at the Learning Resource Center in West Des Moines.**

# Iowa Medicaid Drug Utilization Review Commission
# Meeting Minutes February 5, 2014

**Attendees:**

| Commission Members |
| --- |
| Laurie Pestel, Pharm.D.; Mark Graber, M.D., FACEP (via phone); Jason Wilbur, M.D. (via phone); Kellen Ludvigson, Pharm.D. (via phone); Larry Ambroson, R.Ph. (via phone); Brett Faine, Pharm.D. (via phone); Brian Couse, M.D. (via phone); and Susan Parker, Pharm.D. |

| Staff |
| --- |
| Pam Smith, R.Ph. |

| Guests |
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| Chuck Wadle, D.O., Magellan; Jason Kessler, M.D., IME; Megan Smith, Pharm.D., IME; and Melissa Biddle, IME. |

## Welcome & Introductions

Laurie Pestel called the meeting to order at 9:33 a.m. at the Learning Resource Center in West Des Moines. Six Commission members attended via phone, allowable as attending in person was impractical due to inclement weather. The minutes from the December 4, 2013 meeting were reviewed. Dr. Wilbur motioned to accept them, and Larry Ambroson seconded. A roll call vote was done since most of the Commission members were on the phone. All members were in favor.

## IME Updates

In the spring of 2014, IME is planning to update the chronic condition health home program, addressing some of the barriers that may have slowed the progression of the provider and member participation. The IME successfully applied for a grant to assist in implementing the core adult quality measures, and is working on two quality improvement projects associated with that. The Iowa Health and Wellness Plan was implemented on January 1, 2014, providing coverage to many members who were previously enrolled in the IowaCare program, which ended on December 31, 2013. Those that fell between 0% and 100% of the federal poverty level were enrolled in the Wellness Plan, and those between 101% and 133% were enrolled in the Iowa Marketplace Choice Plan or instructed to visit the Health Insurance Marketplace to find coverage if IME could not verify their income.

## Prevalence Report Summary

Statistics from November though December 2013 were discussed, including: cost per user ($260.73), number of total prescriptions dispensed (a decrease of 4.1% compared to the previous reporting period), average cost per prescription ($61.00), and generic utilization (83.3%). The total paid amount decreased by 0.5% from the previous reporting period. There were 148,507 unique users, which is 3.3% less 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: *Vyvanse, Abilify, Synagi*s, methylphenidate hcl er, *Focalin XR, Advate, Cymbalta, Adderall XR, Lantus*, and *Strattera*.

**Case Studies**

Pam Smith presented 4 case studies. Recommendations by Commissioners from these four examples resulted in annualized total savings of $534.80 pre-rebate (state and federal).

**Public Comment**

| Name | Representing | Drug/Topic |
|---|---|---|
| Nancy Bell | Pfizer | Lyrica, Chronic Pain Syndromes PA |
| Rebecca Blair | Herself (NP at pain management clinic) | Opiates and non-opiates prior auth criteria |
| Steven Lukan | Director, Iowa Office of Drug Control Policy | Chronic Pain Syndromes PA criteria |

**Focus Studies**

***Duplicate SSRI:*** This was a follow-up discussion. Twenty-three of the 50 members identified changed therapy, for an annualized cost savings of $10,549.96 (state and federal, pre-rebate) as a result of the 126 surveys sent out to prescribers and pharmacies. Sixty (47.62%) of those surveys were returned.

***Duplicate TCA:*** This was a follow-up discussion. Eight of the 13 members identified changed therapy, for an annualized cost savings of $2,079.72 (state and federal, pre-rebate) as a result of the 34 surveys sent out to prescribers and pharmacies. Twenty (58.82%) of those surveys were returned.

***Prescriber Trends in Opiate Prescribing:*** Findings will be plotted on a graph to illustrate opioid units per day and morphine sulfate equivalents per day, along with provider types to identify outliers. Pam Smith will make the graphs and send them to the Commission members for feedback.

***Chronic Short-Acting Opioid Use without a Long-Acting Opioid:*** Data will be re-run to look at TCAs (amitriptyline), gabapentin, and tramadol used in combination with short-acting opioids, short-acting opioids by percent of opioid utilization and if there are multiple prescribers. Results will be broken out by type and drug, and include all required trials on the Chronic Pain Syndromes prior authorization form. Pam Smith will also look into what other states are doing.

***Butalbital Utilization:*** Data will be run to see how many members would be impacted if a quantity limit of 30 or 60 per 30 days was implemented, if the limit could be applied to the GPI, and if an accumulator edit could restrict limits for 6 months or a year as well.

Those on high does could be allowed time to taper though the prior authorization process. This will be re-evaluated at the April meeting.

**Public Comment**

There were no public comments.

**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™). 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 three drugs from three distinct therapeutic classes from the following: tricyclic antidepressant, muscle relaxant, SSRI/SNRI, tramadol, or gabapentin, 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 at least two drugs from two distinct therapeutic classes from the following: tricyclic antidepressant, topical lidocaine, valproate, carbamazepine, or gabapentin.*
3. *A diagnosis of diabetic peripheral neuropathy (Cymbalta® and Lyrica®)*

   *A trial and therapy failure at a therapeutic dose with at least two drugs from two distinct therapeutic classes from the following: tricyclic antidepressant, topical lidocaine, tramadol, or gabapentin.*
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.*

Pam Smith will send out the electronic version of the comparison studies she spoke about. Mark Graber suggested reducing the musculoskeletal pain trials to two. This topic will be tabled until April to see if generic *Cymbalta* becomes less expensive.

***Hepatitis C Protease Inhibitors:*** 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. *Patient has not previously tried or failed therapy with a hepatitis C protease inhibitor; and*
4. *Patient is not a pregnant female or a male with a pregnant female partner; and*
5. *Women of childbearing potential and their male partners must use two forms of effective contraception (non-hormonal contraception for patients taking Incivek™ and Sovaldi™) during treatment and for at least 6 months after treatment has concluded; and*
6. *Documentation that routine monthly pregnancy tests are performed during this time; and*
7. *Medication is prescribed by an infectious disease specialist, gastroenterologist, or hematologist.*

*Incivek*

- *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 is not receiving dialysis or does not have a CrCl < 50 mL/min.*
- *HCV-RNA results are required at treatment week 4 for telaprevir (Incivek™).*
- *Additional prior authorization will be considered with documentation of response to treatment, measured by HCV-RNA levels.*
- *A maximum 12 weeks of therapy will be allowed for telaprevir (Incivek™).*

*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.*
- *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.*
- *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.*
- *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.*
- *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.*
- *Patient has a documented diagnosis of hepatitis C genotype 4 and used in combination with peg-interferon alfa and ribavirin. A maximum 12 weeks of therapy will be allowed.*
- *Patient has a documented diagnosis of hepatitis C genotype 1 with HIV co-infection and used in combination with peg-interferon alfa and ribavirin. A maximum 12 weeks of therapy will be allowed.*
- *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.*
- *Patient has a documented diagnosis of hepatitis C genotype 1 who is peg-interferon ineligible and is used in combination with ribavirin. A maximum 24 weeks of therapy will be allowed. Requests for patients with a documented diagnosis of hepatitis C genotype 1 without HIV co-infection and are peg-interferon eligible will not be considered.*

Dr. Graber suggested splitting out criteria by genotype since drugs did not have equal effectiveness on all of them, and he pointed out that the older regimens have more side effects that might not merit the cost of the medications. Information regarding educating the patient about alcohol abuse will be added to the PA form. Pam Smith will research, and bring her findings back to the April meeting. The P&T Committee will have created

a draft PDL for its own April meeting by then which should assist the DUR in developing criteria for the newer agents.

***Trametinib (Mekinist):*** The Commission reviewed the prior authorization criteria as follows:

*Prior authorization is required for trametinib (Mekinist™). Payment will be considered for patients when the following criteria are met:*

1. *Patient is 18 years of age or older; and*
2. *Patient has a documented diagnosis of unresectable or metastatic melanoma with BRAF V600E or BRAF V600K mutation as detected by an FDA-approved test; and*
3. *Patient has not received prior therapy with a BRAF-inhibitor; and*
4. *Prescriber is an oncologist.*

*If the 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.*

Dr. Graber motioned to accept the criteria, and Dr, Wilbur seconded. A roll call vote was done since most of the Commission members were on the phone. All members were in favor.

***Sodium Oxybate (Xyrem):*** The Commission reviewed the prior authorization criteria as follows:

*Prior authorization is required for sodium oxybate (Xyrem®). Payment will be considered for patients 16 years of age or older under the following conditions:*

1. *A diagnosis of cataplexy associated with narcolepsy verified by a recent sleep study (including PSG, MSLT, and ESS) and previous trial and therapy failure with one of the following tricyclic antidepressants: clomipramine, imipramine, or protriptyline.*
2. *Patient is enrolled in the Xyrem® Success Program.*
3. *A diagnosis of excessive daytime sleepiness associated with narcolepsy verified by a recent sleep study (including PSG, MSLT, and ESS) and previous trials and therapy failures at a therapeutic dose with a preferred amphetamine and non-amphetamine stimulant.*
4. *Patient has been instructed to not drink alcohol when using Xyrem®.*
5. *Patients with and without a history of substance abuse have been counseled regarding the potential for abuse and dependence and will be closely monitored for signs of abuse and dependence.*
6. *Requests for patients with concurrent use a sedative hypnotic or a semialdehyde dehydrogenase deficiency will not be considered.*
7. *The prescriber must review the patient's use of controlled substances on the Iowa Prescription Monitoring Program website at https://pmp.iowa.gove/IAPMPWebCenter/ prior to requesting prior authorization.*

*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 with be sent to the Department for consideration.

***Anti-Diabetics, Non-Insulin Agents:*** The Commission reviewed the prior authorization criteria as follows:

*Prior authorization is required for anti-diabetic, non-insulin agents. Payment for preferred agents will be considered under the following conditions:*

1. *A diagnosis of Type 2 Diabetes Mellitus, and*
2. *Patient is 18 years of age or older, and*
3. *The patient has not achieved HgbA1C goals after a minimum three month trial with metformin at a maximally tolerated dose, unless evidence is provided that use of this agent would be medically contraindicated.*

*Payment for a non-preferred agent will be authorized only for cases in which there is documentation of previous trials and therapy failures with metformin, a preferred DPP-4 Inhibitor and a preferred Incretin Mimetic at maximally tolerated doses, unless evidence is provided that use of these agents would be medically contraindicated.*

*Initial authorizations will be approved for six months. Additional prior authorizations will be considered on an individual basis after review of medical necessity and documented continued improvement in HgbA1C.*

The first two lines will be revised to clarify that the statement is not intended for all agents, even those that wouldn't require prior authorization, and then this will be brought back to the next meeting.

***Proton Pump Inhibitors:*** The Commission reviewed the prior authorization criteria as follows:

*Prior authorization is not required for preferred proton pump inhibitors (PPI) for doses within the established quantity limits of one unit per day. Requests for PPIs exceeding one unit per day for a diagnosis of gastroesophageal reflux disease will be considered after documentation of a therapeutic trial and therapy failure with concomitant use of once daily PPI dosing and a bedtime dose of a histamine H2-receptor antagonist. Upon failure of the combination therapy, subsequent requests for PPIs exceeding one unit per day will be considered on a short term basis (up to 3 months). After the three month period, a retrial of the recommended once daily dosing will be required. A trial of the recommended once daily dosing will be required on an annual basis for those patients continuing to need doses beyond one unit per day.*

*Requests for twice daily dosing for a diagnosis of Helicobacter pylori will be considered for up to 14 days of treatment with documentation of an active*

*infection.*

*Payment for a non-preferred proton pump inhibitor will be authorized only for cases in which there is documentation of previous trials and therapy failures with three preferred products.*

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

**Miscellaneous**

***DUR Digest:*** The Commission member reviewed the draft for DUR Digest Volume 26, Number 2 for a second time. No changes were recommended. The DUR Digest will be posted to the DUR website.

***MedWatch:*** The Commission members received FDA announcements concerning new Black Box Warnings.

A unanimous roll call vote was made at 11:54 to adjourn the meeting and move to closed session (motion by Dr. Graber, second by Larry Ambroson).

**The next meeting will be held at 9:30 a.m. on Wednesday, April 2, 2014, at the Learning Resource Center in West Des Moines.**

# Iowa Medicaid Drug Utilization Review Commission
# Meeting Minutes April 2, 2014

**Attendees:**

| Commission Members |
| --- |
| Laurie Pestel, Pharm.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; and Melissa Biddle, IME. |

## Welcome & Introductions

Laurie Pestel, Pharm.D. called the meeting to order at 9:35 a.m. at the Learning Resource Center in West Des Moines. The minutes from the February 5, 2014 meeting were reviewed. Kellen Ludvigson, Pharm.D motioned to accept them, and Brian Couse, M.D. seconded. All members were in favor.

## IME Updates

Dr. Kessler provided an update on the chronic condition health home program, along with the current quality improvement projects that aim to: reduce admissions for short-term complications of diabetes; reduce emergency department use for patients with asthma; and improve birth outcomes through decreases in tobacco use in pregnant mothers. The Iowa Health and Wellness Dental Plan will go into effect on May 1, 2014.

## Prevalence Report Summary

Statistics from January though February 2014 were discussed, including: cost per user ($269.37), number of total prescriptions dispensed (an increase of 20.6% compared to the previous reporting period due to IHAWP going into effect January 1st), average cost per prescription ($60.67), and generic utilization (83.1%). The total paid amount increased by 20.0% from the previous reporting period. There were 173,253 unique users, which is 16.4% 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, Synagis*, methylphenidate hcl er, *Focalin XR, Advate, Lantus, Cymbalta, 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 $3,271.26 pre-rebate (state and federal).

## Public Comment

| Name | Representing | Drug/Topic |
|---|---|---|
| Donald Hillebrand | Unity Point Center for Liver Disease | Hepatitis C Agents, specifically Sovaldi |
| Michelle Mattox | Vertex | Kalydeco |
| Carolyn Savini | Gilead | Sovaldi |
| Anthony Pudlo | Iowa Pharmacy Association | IPA's efforts targeting substance abuse |
| Jennifer Stoffel | Janssen | Olysio |

## Focus Studies

***Prescriber Trends in Opiate Prescribing:*** After the February meeting, findings were plotted on provider-type-specific graphs to illustrate opioid units per day, morphine sulfate equivalents per day, and number of prescriptions. The Commission pointed out statistical outliers and other lines that didn't make sense with common prescribing practices. Pam Smith will check to make sure methodone was considered a long-acting agent in the study results. The members feel it would be beneficial to share these findings with the IME Lock-in and Program Integrity units in addition to working with the Medical Board to share the data. Pam Smith, R.Ph. will also look at claim level detail for the outlying prescribers.

***Butalbital Utilization:*** All members were in favor of a quantity limit of 60 units per 30 days being implemented. Members on high doses will be allowed time to taper though the prior authorization process.

***Long Term Use of Short-Acting Opioids:*** The Commission wants to lower the existing quantity limits, and limit use to one short-acting at a time. It was suggested that short-acting opioids be limited to a quantity of 120 per 30 days, while long-acting could be allowed 30 to 60 per 30 days. Susan Parker suggested doing this in stages, with soft POS edits notifying providers of the changes prior to implementation of the quantity limits. Erin Halverson also suggested just tackling the short-acting opioids for now, since the hope is to increase use of the long-acting medications. Arkansas' limits will be used for comparison. Pam Smith, R.Ph. will bring her findings back to the June meeting.

***Overutilization of Nitroglycerin for Acute Angina Pectoris:*** Letters will be sent to the prescribers of members identified as filling nitroglycerin monthly to ask if the patient's therapy has been recently evaluated to decrease the need for regular use of nitroglycerin (optimize dose of beta-blocker, calcium-channel blocker, or ranolazine and/or add an additional agent if needed) and provide information on the proper storage of product and when to replace product.

***Chronic Use of Transdermal Scopolamine:*** A quantity limit of 8 patches per 30 days will be implemented. Additionally, the prescribers of the 34 members identified will be sent letters inquiring what the medical necessity is for continued use of transdermal scopolamine (*Transderm Scōp*), also suggesting other alternative agents and informing

them of the new quantity limit.

## Public Comment

| Name | Representing | Drug/Topic |
|---|---|---|
| Jennifer Pudenz | Herself (ARNP at Trinity in Fort Dodge) | Better access to neuropathic meds |
| Jim Baumann | Pfizer | Chronic Pain Syndromes PA criteria |
| Tom Yelle | GlaxoSmithKline | Mekinist – updated FDA indication |

## Review of Medical Necessity

***Mirvaso:*** Medicaid programs pursuant to Sec. 1927(d)(2) of the Social Security Act, may exclude from coverage agents when used for cosmetic use [441IAC 78.2(4)]. Iowa Medicaid Rules currently exclude drugs used for "cosmetic purposes or hair growth." The Commission members unanimously agreed that *Mirvaso* was not medically necessary, as it was for the treatment of erythema of rosacea only, so it will not be covered by Iowa Medicaid.

***Osphena:*** Medicaid programs pursuant to Sec. 1927(d)(2) of the Social Security Act, may exclude from coverage agents when used for the treatment of sexual or erectile dysfunction, unless such agents are used to treat a condition other than sexual or erectile dysfunction, for which the agents have been approved by the FDA. Iowa Medicaid Rules currently exclude coverage of drugs used for sexual or erectile dysfunction. The Commission members unanimously agreed that *Osphena* was not medically necessary, as treatment of dyspareunia due to menopause fell into the sexual dysfunction category, so it will not be covered by Iowa Medicaid.

## Prior Authorization

***Chronic Pain Syndromes:*** The Commission reviewed the prior authorization criteria and made the changes as follows:

*A prior authorization is required for duloxetine (Cymbalta®), pregabalin (Lyrica®), and milnacipran (Savella™). 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.*

*Opioid use must be decreased and/or discontinued upon approval of these agents. A plan to decrease opioid use must be provided prior to consideration for patients with current opioid use as seen in pharmacy claims.*

*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.*

Pam Smith, R.Ph. will finalize revisions to the criteria as requested by the Commission, removing tramadol as a trial option for fibromyalgia and diabetic peripheral neuropathy and muscle relaxants as a trial for fibromyalgia and bring the revised criteria back to the June meeting.

***Hepatitis C Protease Inhibitors:*** 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. *Patient has not previously tried or failed therapy with a hepatitis C protease inhibitor; and*
4. *Patient is not a pregnant female or a male with a pregnant female partner; and*
5. *Women of childbearing potential and their male partners must use two forms of effective contraception (non-hormonal contraception for patients taking Incivek™ and Sovaldi™) during treatment and for at least 6 months after treatment has concluded; and*
6. *Documentation that routine monthly pregnancy tests are performed during*

*this time; and*

7. *Documentation is provided that patient has been educated on how to prevent further liver damage and patient will abstain from alcohol use; and*
8. *Medication is prescribed by an infectious disease specialist, gastroenterologist, or hematologist.*
9. *Non-FDA approved combination therapy regimens will not be approved.*

*Incivek*

- *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 is not receiving dialysis or does not have a CrCl < 50 mL/min.*
- *HCV-RNA results are required at treatment week 4 for telaprevir (Incivek™).*
- *Additional prior authorization will be considered with documentation of response to treatment, measured by HCV-RNA levels.*
- *A maximum 12 weeks of therapy will be allowed for telaprevir (Incivek™).*

*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.*
- *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.*
- *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 patient has stage 3 or greater fibrosis as confirmed by a liver*

*biopsy.*

- ***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 peg-interferon alfa and ribavirin. A maximum 12 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.*
- *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.*

The criteria will be sent to specialists for their input, and Pam Smith will look at what other states and common insurers have been doing. Given the high costs and addiction issues involved, the Commission agreed access to these medications, especially Sovaldi, should be restricted as much as possible. Larry Ambroson, R.Ph. motioned to accept the criteria as amended, and Kellen Ludvigson, Pharm.D. seconded. All members were in favor.

***Antidepressants:*** The Commission reviewed the prior authorization criteria as follows:

*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.*

Larry Ambroson, R.Ph. motioned to accept the criteria, and Brian Couse, M.D. seconded. The decision was unanimous. Additionally, quantity limits of 30 units per 30 days will be put in place for both levomilnacipran and voritoxetine.

***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 6 years of age or older; and*
2. *Has a diagnosis of cystic fibrosis with one of the following mutations in the CFTR gene: 551D, G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N, and S549R as detected by a FDA-cleared CF mutation test; and*
3. *Prescriber is a CF specialist or pulmonologist; and*
4. *Patient does not have one of the following infections: Burkholderia cenocepacia, Burkholderia dolosa, or Mycobacterium abcessus.*

Larry Ambroson, R.Ph. motioned to accept the criteria, and Kellen Ludvigson, Pharm.D. seconded. All members were in favor.

***Anti-Diabetics, Non-Insulin Agents:*** The Commission reviewed the prior authorization criteria as follows:

*Prior authorization is required for preferred anti-diabetic, non-insulin agents subject to clinical criteria. Payment will be considered under the following conditions:*

1. *A diagnosis of Type 2 Diabetes Mellitus, and*
2. *Patient is 18 years of age or older, and*
3. *The patient has not achieved HgbA1C goals after a minimum three month trial with metformin at a maximally tolerated dose, unless evidence is provided that use of this agent would be medically contraindicated.*

*Payment for a non-preferred anti-diabetic, non-insulin agent subject to clinical criteria will be authorized only for cases in which there is documentation of previous trials and therapy failures with metformin, a preferred DPP-4 Inhibitor and a preferred Incretin Mimetic at maximally tolerated doses, unless evidence is provided that use of these agents would be medically contraindicated.*

*Initial authorizations will be approved for six months. Additional prior authorizations will be considered on an individual basis after review of medical necessity and documented continued improvement in HgbA1C.*

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

***Trametinib (Mekinist):*** The Commission reviewed the prior authorization criteria as follows:

*Prior authorization is required for trametinib (Mekinist™). Payment will be considered for patients when the following criteria are met:*

1. *Patient is 18 years of age or older; and*
2. *Patient has a documented diagnosis of unresectable or metastatic melanoma with BRAF V600E or BRAF V600K mutation as detected by an FDA-approved test; and*
3. *Patient has not received prior therapy with a BRAF-inhibitor; and*
4. *Prescriber is an oncologist.*

*If the 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.*

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 26, Number 3. No changes were recommended. As this was the initial review, it will be brought back to the June meeting for a second review.

***MedWatch:*** The Commission members received FDA announcements concerning new Black Box Warnings.

A unanimous roll call vote was made at 12:35 to adjourn the meeting and move to closed session (motion by Larry Ambroson, R.Ph. second by Kellen Ludvigson, Pharm.D.).

**The next meeting will be held at 9:30 a.m. on Wednesday, June 4, 2014, at the Learning Resource Center in West Des Moines.**

# Iowa Medicaid Drug Utilization Review Commission
# Meeting Minutes June 4, 2014

**Attendees:**

| Commission Members |
| --- |
| Mark Graber, M.D., FACEP; Laurie Pestel, Pharm.D.; Jason Wilbur, M.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; 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 9:35 a.m. at the Learning Resource Center in West Des Moines. The minutes from the April 2, 2014 meeting were reviewed. Kellen Ludvigson, Pharm.D. motioned to accept them, and Jason Wilbur, M.D. seconded. All members were in favor.

**IME Updates**

The legislature did provide new language to allow the switch from Average Acquisition Cost (AAC) to the National Average Drug Acquisition Cost (NADAC) if the new Federal Upper Limits (FUL) went into place, as DHS was concerned about the FULs not reimbursing adequately. The new FULs were originally scheduled to be put in place in July 2014, but CMS has delayed that. In addition, a cost of dispensing survey was recently completed; once responses are evaluated, any change to the dispensing fee would be effective August 1, 2014. Mark Graber, M.D., has been re-appointed to the P&T Committee, and will attend his first meeting in August.

**Prevalence Report Summary**

Statistics from March though April 2014 were discussed, including: cost per user ($276.18), number of total prescriptions dispensed (an increase of 11.9% compared to the previous reporting period), average cost per prescription ($58.87), and generic utilization (83.7%). The total paid amount increased by 8.8% from the previous reporting period. There were 184,340 unique users, which is 6.1% 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 top 100 drugs were also reviewed. The ten most expensive medications were: Abilify, Vyvanse, methylphenidate hcl er, Focalin XR, Lantus, Cymbalta, Advate, Adderall, Synagis, and Advair Diskus.

## Case Studies

Pam Smith presented 4 case studies. Recommendations by commissioners from these four examples resulted in annualized total savings of $906.04 pre-rebate (state and federal).

## Public Comment

| Name | Representing | Drug/Topic |
|---|---|---|
| Parris Pope | Jazz Pharmaceuticals | Narcolepsy and Xyrem |
| Seonyoung Ryu | Genentech | Xolair |
| Joe Llewellyn | Gilead | Sovaldi |
| Luke Weedin | Forrest Pharmaceuticals | Fetzima |
| Mike Asmus | Pfizer | Chronic Pain Syndromes PA criteria and Lyrica |

## Review of Medical Necessity

***Naloxone Rescue:*** In April 2014, the U.S. Food and Drug Administration approved the first naloxone treatment to be given by family members or caregivers to treat a person known or suspected to have had an opioid overdose. Evzio (naloxone hydrochloride injection) is a hand-held auto-injector that delivers a single dose of naloxone, using voice commands to assist in administration of the drug. As this drug will most likely be rebatable, and thus required to be covered by Iowa Medicaid, it was recommended that the DUR Commission develop prior authorization criteria. Pam Smith will check to see if naloxone prescriptions have been written in the past, and try to find out how many opioid overdoses have resulted in death. The members were worried that providing the rescue medication would enable people to overdose on purpose to experience the high.

## Focus Studies

***Zolpidem 10mg Dose in Females:*** This was a follow-up discussion. Three-hundred seventy-two (372) of the 851 members identified changed therapy, for an annualized cost savings of $4,053.27 (state and federal, pre-rebate) as a result of the 2,272 surveys sent out to prescribers and pharmacies. Eight-hundred and eight (808) or 35.56% of those surveys were returned.

***Zolpidem 12.5mg Dose in Females:*** This was a follow-up discussion. Nine of the 25 members identified changed therapy, for an annualized cost savings of $784.64 (state and federal, pre-rebate) as a result of the 67 surveys sent out to prescribers and pharmacies. Sixty (60) or 22.39% of those surveys were returned.

***Duplicate SSRIs:*** This was a follow-up discussion. Twenty-eight (28) of the 57 members identified changed therapy, for an annualized cost savings of $798.25 (state and federal, pre-rebate) as a result of the 151 surveys sent out to prescribers and pharmacies. Sixty-nine (69) or 45.70% of those surveys were returned.

***Duplicate TCAs:*** This was a follow-up discussion. Three of the 13 members identified changed therapy, for an annualized cost savings of $114.85 (state and federal, pre-rebate) as a result of the 31 surveys sent out to prescribers and pharmacies. Twenty-one (21) or 67.74% of those surveys were returned.

***Duplicate Antidepressants (Two or More Concurrently):*** This was a follow-up discussion. Fifty-three (53) of the 135 members identified changed therapy, for an annualized cost savings of $8,662.56 (state and federal, pre-rebate) as a result of the 357 surveys sent out to prescribers and pharmacies. One-hundred fifty-five (155) or 43.42% of those surveys were returned.

***Duplicate Antidepressants (MAO Inhibitor plus SSRI or TCA):*** This was a follow-up discussion. One of the 2 members identified changed therapy, for an increase of $773.88 in annual expenditures (state and federal, pre-rebate) as a result of the 5 surveys sent out to prescribers and pharmacies. Two (40.00%) of those surveys were returned.

***Prescriber Trends in Opiate Prescribing:*** After the February meeting, findings were plotted on provider-type-specific graphs to illustrate opioid units per day, morphine sulfate equivalents per day, and number of prescriptions. At the April meeting, the Commission pointed out statistical outliers and other lines that didn't make sense with common prescribing practices. Pam Smith looked at claim level detail for the outlying prescribers, and brought her findings back to the June meeting. Dentists that appeared to be using long-acting opiates had been a concern, but Pam Smith discovered that tramadol had been included in the report parameters.

***Long Term Use of Short-Acting Opioids:*** The Commission wants to lower the existing quantity limits, and limit use to one short-acting at a time. At the April meeting, it was suggested that short-acting opioids be limited to a quantity of 120 per 30 days, while long-acting could be allowed 30 to 60 per 30 days. Susan Parker suggested doing this in stages, with soft POS edits notifying providers of the changes prior to implementation of the quantity limits. Erin Halverson also suggested just tackling the short-acting opioids for now, since the hope is to increase use of the long-acting medications. At the June meeting, quantity limits on breakthough medications and cumulative quantity limits on all short-acting opioids were suggested. Erin Halverson would like to know how many members would exceed the proposed limits prior to implementation. Pam Smith will refresh the data, and letters will be sent to the prescribers of members identified as taking 4 or more doses per day of a short-acting opioid, or two or more short-acting opioids concurrently, to inquire if they would be a candidate for use of a long-acting opioid with use of a short-acting opioid for breakthrough pain. Pam Smith will also run the numbers as Erin Halverson requested, and provide morphine sulfate equivalents. Providers will be forewarned via letter before the limits are put into place.

***Naltrexone Use in Children:*** Letters will be sent to inquire about the reasoning for

use.

***Adalimumab Use without Methotrexate:*** Letters will be sent to the prescribers of the 10 members not combining adalimumab with methotrexate or other non-biologic DMARD to ask if the patient would be a candidate for the combined use.

## Public Comment

| Name | Representing | Drug/Topic |
|---|---|---|
| Rachel Anhorn | Boehringer-Ingelheim | Pradaxa |

## 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. Decreased utilization of opioids must be maintained while taking a drug for the treatment of a chronic pain diagnosis. 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.*

Pam Smith modified the first paragraph with the changes requested, and will bring the revised criteria back to the August 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 for 6 or more weeks; 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.*

Jason Wilbur, M.D. motioned to accept the criteria as amended, and Brian Couse, M.D. seconded. All members were in favor.

***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 ≥ 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.*

Brian Couse, M.D. motioned to accept the criteria, and Jason Wilbur, M.D. seconded. All members were in favor.

***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 $CHADS_2$ 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.*

Brett Faine, Pharm.D. motioned to accept the criteria, and Brian Couse, M.D. seconded. All members were in favor.

***Hepatitis C Protease Inhibitors:*** 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. *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*
4. *Patient has not previously tried or failed therapy with a hepatitis C protease inhibitor; and*
5. *Patient is not a pregnant female or a male with a pregnant female partner; and*
6. *Women of childbearing potential and their male partners must use two forms of effective contraception (non-hormonal contraception for patients taking Incivek™ and Sovaldi™) during treatment and for at least 6 months after treatment has concluded; and*
7. *Documentation that routine monthly pregnancy tests are performed during this time; 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. *Prescriber is an infectious disease specialist, gastroenterologist, hepatologist, or other hepatitis specialist.*
10. *Non-FDA approved or non-compendia indicated combination therapy regimens will not be approved.*
11. *Lost or stolen medication replacement requests will not be authorized.*
12. *The 72-hour emergency supply rule does not apply to oral hepatitis C antiviral agents.*

*Incivek*

- *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 is not receiving dialysis or does not have a CrCl < 50 mL/min.*
- *HCV-RNA results are required at treatment week 4 for telaprevir (Incivek™).*
- *Additional prior authorization will be considered with documentation of response to treatment, measured by HCV-RNA levels.*
- *A maximum 12 weeks of therapy will be allowed for telaprevir (Incivek™).*

*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.*
- *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.*
- *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 stage 3 or greater fibrosis as confirmed by a liver biopsy.*
- ***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.*
- *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/µL, a baseline platelet count below 90,000/ µL, or a baseline hemoglobin below 10g/dL; and a history of preexisting unstable cardiac disease.*

Susan Parker, Pharm.D. will bring cost projections to the next meeting, to compare including Stage 2 Fibrosis coverage for Sovaldi and excluding it. Jason Wilbur, M.D. motioned to accept the criteria as amended, and Larry Ambroson, R.Ph. seconded. All members were in favor.

***Antidepressants:*** The Commission reviewed the prior authorization criteria as follows:

*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 two preferred generic SNRIs; 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.*

As this was the second review of these criteria, no motion was necessary.

***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 6 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, and S549R as detected by a FDA-cleared CF mutation test; and*
3. *Prescriber is a CF specialist or pulmonologist; and*
4. *Patient does not have one of the following infections: Burkholderia cenocepacia, Burkholderia dolosa, or Mycobacterium abcessus.*

As this was the second review of these criteria, no motion was necessary.

## Miscellaneous

***DUR Digest:*** The Commission members reviewed the draft for DUR Digest Volume 26, Number 3. This was the second review of the DUR Digest and will be posted to the DUR website.

***MedWatch:*** The Commission members received FDA announcements concerning new Black Box Warnings.

A unanimous roll call vote was made at 11:57 to adjourn the meeting and move to closed session (motion by Jason Wilbur, M.D., second by Larry Ambroson, R.Ph.).

**The next meeting will be held at 9:30 a.m. on Wednesday, August 6, 2014, 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 know 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 once in SFY14. The minutes from the October 2013 meeting have been included.

# Iowa Medicaid DUR Mental Health Advisory Group
# Meeting Minutes October 18, 2013

**Attendees:**

| Commission Members |
| --- |
| Terry Augspurger, M.D.; Charles Wadle, D.O.; Samuel Kuperman, M.D.; Tami Argo, Pharm.D.; and Kellen Ludvigson, Pharm.D. |

| Staff |
| --- |
| Pam Smith, R.Ph. |

| Guests |
| --- |
| Gregory Barkin, M.D., IME; Jason Kessler, M.D., IME; Susan Parker, Pharm.D., DHS; Erin Halverson, R.Ph., IME, and Melissa Biddle, IME. |

## Welcome & Introductions

Pam Smith called the meeting to order at 8:04 a.m. at the Iowa Medicaid Enterprise. Commission members and guests were welcomed and introduced.

The minutes from the October 19, 2012 meeting were approved. (Motion by Kellen Ludvigson, second by Terry Augspurger, unanimous approval by voice vote among the members who had been present for that meeting.)

## Abilify Tablet Splitting Intervention Assessment

Abilify is the most expensive drug for Iowa Medicaid in terms of overall expenditures per drug. Since the tablet splitting intervention went into effect on January 1, 2013, the net cost of Ability dropped by 35%, reducing cost per user from $600 to $470 (pre-rebate), and the provided charts illustrated that it did not significantly impact compliance. Maine will be studying readmission rates, but that is not being done in Iowa yet as a large sample size is needed.

## Injectable Medications Reimbursed through Pharmacy POS

With the expansion of home health care, more medications are being provided in the home. With the increase in home health care services, the Preferred Drug List (PDL) was expanded to allow for administration of injectable medications in the patient's home. At the October 2, 2013 DUR meeting, a report detailing injectable drugs from the August 2013 paid claims report was reviewed. Pam Smith will be running a report to identify how many injectable drugs are for Plan 300 members, and looking into the possibility of auto-allowing these claims to pay since the pharmacies would deliver the medications to the nursing homes or care facilities for those members. When members pick up and transport their own medications, there have been issues with them getting lost along the way to being administered. Contacting providers to ask what medications they keep in stock and to educate them on correct billing of injectables is another possibility. A search will be done on medical claims to identify any providers billing for medications that were already paid through POS. Pam Smith will look into how other states are handling this issue. If the DUR Commission decides to change the

processes for injectable medications after reviewing findings from the actions above, the Mental Health Advisory Group will be notified.

**Choosing Wisely Campaign**

This campaign was developed by the American Psychiatric Association, and can be found posted online at the following link: www.choosingwisely.org/doctor-patient-lists/american-psychiatric-association/. The five basic principles are as follows: 1) Do not prescribe antipsychotic medications to patients for any indication without appropriate initial evaluation and appropriate ongoing monitoring, 2) Do not routinely prescribe two or more antipsychotic medications concurrently, 3) Do not use antipsychotics as first choice to treat behavioral and psychological symptoms of dementia, 4) Do not routinely prescribe antipsychotic medications as a first-line intervention for insomnia in adults, and 5) Do not routinely prescribe antipsychotic medications as a first-line intervention for children and adolescents for any diagnosis other than psychotic disorders. DUR member profiles frequently show members on two or more antipsychotics concurrently, or reflect use for diagnoses other than psychotic disorders. Often, labs are not done as often as they should be done. With the goal of increasing monitoring rates, Maine now requires prior authorization for antipsychotics, including a look-back into the member's claims for lab tests, and has a new state law restricting psychiatric medication use in those 17 years of age or younger.

**The meeting adjourned at 8:42 a.m. (motion by Samuel Kuperman, second by both Terry Augspurger and Charles Wadle). The next meeting is tentatively scheduled for May 9, 2014 at the Iowa Medicaid Enterprise in Des Moines, IA, with another one tentatively scheduled for October 17, 2014.**

# Appendix N
# Recommendations to the P&T

## P & T Recommendations
## SFY14

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 no recommendations made to the P&T Committee.