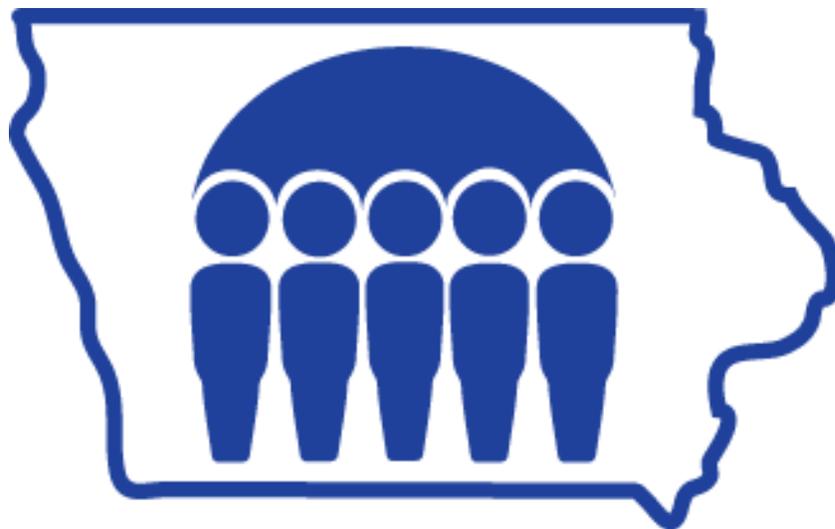


Iowa Department of Human Services



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. Responses are voluntary and response rates are calculated for prescribers and pharmacists.

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

Problem-Focused Reviews

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

Administrative Review

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

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

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

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

Overall Results

Activities of the DUR Commission were evaluated for 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*

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

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.

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.

Patient-focused DUR

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

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

Template sent to the provider:

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

Information on initial profile sent to provider:

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

Information on re-review profile used internally for evaluation:

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

Calculation of annualized savings

$\$498.24 - \$275.52 = \$222.72$ (savings for 6 months)

$\$222.72 \times 2 = \445.44 (savings for 12 months)

Reported total pre-rebate annualized savings is \$445.44

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

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

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

Templates that are therapeutic in nature include:

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

Templates that are cost saving in nature include:

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

Problem-focused DUR

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

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

Administrative Review

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

- Prospective DUR

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

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

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

- Prior Authorization

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

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

recommending step therapy for appropriate drug use.

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

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

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

- Preferred Drug List (PDL)

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

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

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

- Disease management

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

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

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

- Supplemental rebates

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

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

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

Appendix C

Overall Programs Results

**Program Evaluation/Cost Savings Estimates
Iowa Medicaid Retrospective Drug Utilization Review
Annual Report
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%
Pharmacists	427	43.17%
Total	989	100.00%

Overall Response Rate	35.90%
Prescriber Response Rate	38.02%
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%
Cost-Saving	4	6.35%
Positive Impact Only	0	0.00%
Total	63	100%

Impact Rate	5.08%
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Patient - Focused Review
Month by Month Breakdown
 SFY14

Initial Review Date Evaluation Date	Oct-12 Jul-13	Dec-12 Sep-13	Feb-13 Nov-13	Apr-13 Jan-14	Jun-13 Mar-14	Aug-13 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
Report Patient-Focused Reviews SFY14**

Initial Review Date Evaluation Date	Oct-12 Jul-13	Dec-12 Sep-13	Feb-13 Nov-13	Apr-13 Jan-14	Jun-13 Mar-14	Aug-13 May-14	Total	
Profiles Reviewed	300	300	300	300	300	300	1,800	
Profiles Evaluated	195	207	199	204	198	201	1,204	
<u>Letters Sent</u>	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%
<u>Responses Received</u>	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		Total	
Evaluation Date	Jul-13		Sep-13		Nov-13		Jan-14		Mar-14		May-14			
Template Classification	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 Evaluation Dte	Oct-12 Jul-13	Dec-12 Sep-13	Feb-13 Nov-13	Apr-13 Jan-14	Jun-13 Mar-14	Aug-13 May-14	Total
<u>Template Classification</u>							
Adverse Drug Reaction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Drug-Disease Interaction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Drug-Drug Interaction	\$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 Migraine 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 impact 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 Migraine 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

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

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

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 contraindication 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:

Oral Constipation Agents (Lubiprostone and Linaclotide) – 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 CHADS₂ 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 CHADS₂ 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 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 \geq 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 $75 \times 10^9/L$. Requests will not be considered under the following conditions:

1. *Patients taking direct acting antiviral agents for the treatment of chronic hepatitis C 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,

A handwritten signature in black ink that reads "Paula Smith R.Ph." The signature is written in a cursive style with a large initial 'P'.

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

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



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October 4, 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, 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).

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 CHADS₂ 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.

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,

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

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

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



IOWA MEDICAID DRUG UTILIZATION REVIEW COMMISSION

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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 CHADS₂ 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.
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

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.gov/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.
Drug Utilization Review Project Coordinator
Iowa Medicaid Enterprise

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



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April 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 Scop®). 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,



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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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/ μ L, a baseline platelet count below 90,000/ μ L, 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 abscessus.*

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



**The Bulletin of
Medicaid Drug
Utilization Review
in Iowa**

DUR Commission Members

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

* * *

DUR Professional Staff

Pamela Smith, R.Ph.
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), monoamine 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
TCA's (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. Papakostas 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

Average amount paid per claim: \$58.01

Total dollars paid: \$68,314,527.40

Average amount paid per claim, brand: \$247.33

Percent controlled substances: 18.23%

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

*All dollars reported are Pre-Rebate



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Kellen Ludvigson, Pharm.D.
Susan Parker, Pharm.D.
Laurie Pestel, Pharm.D.
Jason Wilbur, M.D.

* * *

DUR Professional Staff

Pamela Smith, R.Ph.
DUR Project Coordinator



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 CHADS₂ 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 $< 15\text{mL/min}$) 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

Average amount paid per claim: \$58.04

Total dollars paid: \$68,851,089

Average amount paid per claim, brand: \$254.99

Percent controlled substances: 14.98%

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 \$10.22/RX	Synagis 100mg/ml \$1,910,246 \$2,768.47/RX	Antipsychotics – Atypicals \$6.7 million
Ventolin HFA \$49.20/RX	Abilify 20mg \$1,386,235 \$537.51/RX	Stimulants – Amphetamines – Long Acting \$7.5 million
Albuterol Neb 0.083% \$12.01/RX	Methylphenidate ER 36mg \$1,285,532 \$191.30/RX	Stimulants- Methylphenidate- Long Acting \$3.3 million
Loratadine 10mg \$8.73/RX	Methylphenidate ER 54mg \$885,418 \$170.77/RX	Anticonvulsants \$3.0 million
Azithromycin 200mg/5ml \$20.68/RX	Abilify 30mg \$859,054 \$512.56/RX	Antidepressants – Selected SSRIs 2.3 million

*All dollars reported are pre-rebate



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Pamela Smith, R.Ph.

DUR Project Coordinator

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.

Hepatotoxicity – 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, coccidioidomycosis, 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 practitioners (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.

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

Average amount paid per claim: \$58.70

Total dollars paid: \$62,207,883

Average amount paid per claim, brand: \$249.16

Percent generic prescriptions: 83.2%

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

*All dollars reported are pre-rebate

Appendix J

Web Site

DUR Information

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- [» DUR 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 Ambrosion, 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

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	ACCREDITO 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	ACCREDITO 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	ACCREDITO 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

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

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-IDAHOUSA 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

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

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-IDAHOUSA 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

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%
ANTIHIAMINES - 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%
FLUTICASON 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 HANDHLR	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
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-IDAHOA 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 AHRENDSSEN 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-IDAHOUSA 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 AHRENSEN 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%



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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%
Senosides 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
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
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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
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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
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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
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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
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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
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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



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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-IDAHOA 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



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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



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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



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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 AHRENDSSEN 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-IDAHOA 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%



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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%



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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%
Senosides-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
MUIROCIIN 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%
PREDNISON 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%
BUPROPION 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
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	ACCREDITO 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	ACCREDITO 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'CONNOR 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-IDAHOA 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



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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



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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



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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-IDAHOUSA 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%
PREDNISON 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	ACCREDITO HEALTH GROUP INC	NASHVILLE	TN	18	\$437,038.37	11
9	ACCREDITO 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'CONNOR 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-IDAHOA 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 AHRENSEN 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-IDAHOA 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
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-IDAHOA 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-IDAHOA 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 AHRENSEN 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%



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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 FLEXPOR	\$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%
BUPROPION 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 HANDHLR	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 through 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 Ambrosion 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 ($\text{CrCl} < 15\text{mL/min}$).

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 CHADS₂ score ≥ 1 .
- For a $\text{CrCl} > 50\text{mL/min}$ 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 $\text{CrCl} < 30\text{mL/min}$; 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 $\text{CrCl} < 30\text{mL/min}$; 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 $75 \times 10^9/L$. Requests will not be considered under the following conditions:

- 1. Patients taking direct acting antiviral agents for the treatment of chronic hepatitis C 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 through 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	<i>Eliquis</i>
Luciano Kolodny	Merck	<i>Januvia</i> , DPP-4 Inhibitors
Lisa Willshaw	MedImmune	<i>Synagis</i>
Todd Houldsworth	Johnson & Johnson	<i>Xarelto</i>

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 Ambrosion 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 CHADS₂ 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).

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 CHADS₂ 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.

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 through 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.gov/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 CHADS₂ 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.

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.
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Staff

Pam Smith, R.Ph.

Guests

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 through 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*, *Synagis*, 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.gov/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 will 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 retreatment 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 will 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 Ambrosion).

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 through 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 methadone 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 through 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 Scop*), 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 abscessus.*

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 through 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 Weedon	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 breakthrough 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 \geq 1; OR*
- 6. For patients requiring deep vein thrombosis (DVT) prophylaxis undergoing hip or knee replacement. Requests will be considered when the patient has contraindications to use of the preferred agent(s). If patient meets criteria for coverage, requests will be approved for the following doses:*
 - Hip replacement: 2.5 mg twice daily for up to 35 days following hip replacement; or*
 - Knee replacement: 2.5 mg twice daily for up to 12 days following knee replacement.*

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

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 CHADS₂ score ≥ 1 ; and*
- *Patient does not have severe renal impairment (CrCl $< 15\text{mL/min}$) or is not on dialysis.*

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

- *Patient does not have a CrCl $< 30\text{mL/min}$ 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-compensated 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/ μ L, a baseline platelet count below 90,000/ μ L, 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 Ambrosion, 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 abscessus.*

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 known as the Mental Health Work Group, was established in SFY08. It is currently comprised of two members of the Drug Utilization Review Commission (psychiatrist and pharmacist), several pediatric and adolescent psychiatrists, an adult psychiatrist, a psychiatric pharmacist, a pediatrician and a psychiatrist from Magellan Health Services.

The Mental Health Advisory Group is a separate entity from the Iowa Medicaid Drug Utilization Review (DUR) Commission. All recommendations from the MHAG must be approved by the DUR Commission before they can be implemented.

The original goal of the MHWG was to address issues that developed specific to the pediatric and adolescent psychiatrists within the State of Iowa when mental health drug consolidation edits were implemented in October, 2007. Since then, the DUR Commission has made the decision to refer other mental health issues that impact the entire mental health population of Iowa Medicaid, regardless of the members' age.

The MHAG met 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.