MEDICAID DRUG UTILIZATION REVIEW

ANNUAL REVIEW REPORT CROSSWALK

Clarifications:

II. Prospective DUR- question 2- revised to provide another option from which states can pre-select, as it was most popular "other" option states reported; question 5- revised wording so that we can capture state's processing of report data and the frequency with which they do so in one question; and questions 7 and 8- based on consultation with representatives of the state Medicaid DUR committee, reworded the questions to provide clarity on what was being asked.

TABLE 1 – TOP 10 Prospective DUR Criteria Reviewed by DUR Board renamed Top Drug Claims Data Reviewed by the DUR Board – This Table was revised in consultation with the representatives of the state Medicaid DUR committee to capture more useful claims data on their DUR programs.

VI. Generic policy and Utilization Data – question 2c- replaced the word "preauthorization" with the words "prior authorization," as the latter is the common terminology utilized in state DUR programs and the statute.

VIII. Fraud, Waste and Abuse Detection

A. Lock-IN or Patient Review and Restrictive Program- question 1- replaced the word "preauthorization" with the words "prior authorization," as the latter is the most common terminology utilized in state DUR programs and the statute; question 2- reworded to specify the type of drugs on which the question is being asked.
D. Opioids- questions 1b and 2b revised words to provide clarity on what was being asked.
F. Buprenorphine section title renamed Buprenorphine and Buprenorphine/Naloxone Combinations- refined the section title and question 1to include the buprenorphine/naloxone combinations; questions 1-4 refined words to ensure clarity on what was being asked; and question 1 and 3a- preselected dose options were revised to reflect previous state responses which agrees with current medical literature.
G. Psychotropic Drugs/Stimulants section title renamed Antipsychotics/Stimulants- revised words to clarify the 2 types of psychotropic drugs on which states report in this section. The sections are clearly marked with each subtitle; and small word refinements in the question for grammatical accuracy and clarity on what is being asked.

IX. Innovative Practices- examples of innovative practices on which state Medicaid programs and CMS is looking to capture information is listed.

X. E-Prescribing- question 3- renumbered to be question 1 and wording revised in questions to provide clarity on what was being asked based on consultation with state Medicaid DUR committee.

Additions to the amended survey submission:

II. Prospective DUR- added questions 5a) and 5d) to clarify the state's processing of reports on claims data and added question 9 to capture the state's policy on auto-refill.

V. Physicians Administered Drugs- added a question in order to permit states to provide a response on each aspect of the DUR program individually, prospective as well as retrospective.

VIII. Fraud, Waste and Abuse Detection

A. Lock-IN or Patient Review and Restrictive Program- question 7- added to capture information on state's processes to identify fraud or abuse of non-controlled drugs.
B. Prescription Drug Monitoring Programs- question 3- added to capture improvement in state Medicaid agency's ability to access the prescription drug monitoring program data.
C. Pain Management Controls – question 4- added two utilization measures via checkbox options and a question to gain a better understanding of state monitoring of the prescribing of methadone for pain management.
D. Opioids – questions 1a, 2a and 3 added to gain a better understanding of state oversight of the prescribing of opioids.
E. Morphine Equivalent Daily Dose- question added to capture other monitoring programs a state may utilize as an alternative to the morphine equivalent daily dose measure.
F. Buprenorphine and Buprenorphine/Naloxone Combinations- question 5- added to elicit information on state monitoring of the prescribing of buprenorphine drugs.
G. Antipsychotics/Stimulants- added 2 questions in antipsychotic section to gain a better understanding of state oversight of the monitoring of antipsychotic drugs in children.

XI. Managed Care Organizations (MCOs) – Currently MCOs are not required to submit DUR report to CMS. With the movement of large portions of Medicaid populations into MCOs, CMS is interested in having a better understanding of state oversight of MCOs' DUR programs. Question 1- added to identify states that should complete this section; questions 3, 4 and 5 -added to capture information on the state's process on reviewing MCO DUR programs.

Deletion from the amended survey submission:

X. E-Prescribing- question 1 was deleted as it was duplicative of what is being asked in the former question 3. Former question 3 is current question 1.