2015 (old version)	2018 (new version)	Type of Change	Reason for Change	Burden Change
Medicaid Drug Utilization Review Annual Report	Medicaid Drug Utilization Review Annual Report	Rev	To update questions for the Medicaid Fee-for-Service (FFS) programs, and include questions for Medicaid managed care organizations.	Yes. Unlike the previous survey, in addition to questions for FFS, this survey also requires responses from Medicaid Managed Care Organizations (MCO). The burden is on the state to collect the submissions from the MCOs, and submit those responses to CMS.
Time-period October 1, 2016 - September 30, 2019	Time-period October 1, 2017 - September 30, 2020	Rev	Regulatory change	No.
Estimated time per response: 32 hours	Estimated time per response: 64 hours	Rev	Regulatory change	Yes. The revised survey requires responses from Medicaid Managed Care Organizations (MCO) in addition to only the Fee-for-service responses
Required states alone to enter their responses to the survey using a SurveyGizmo weblink.	Requires states *and* MCOs to enter their responses using either a CMS-hosted online information technology system called Medicaid Drug Program (MDP), *or* a SurveyGizmo weblink.	Rev	Medicaid technology system updates and a backup plan in the event there are issues with transitioning to the new system.	No

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Includes a question concerning edits and alerts on early refills/ fills of controlled substances	Modifies the question concerning edits and alerts on early refills/fills of controlled substances by including responses by controlled substance schedule. (i.e. Schedule II, and Schedule III - V)	Rev	This may be an important tool in controlling the amounts of opioids a beneficiary may have access to at any given time.	No
Did not include any question on prescription refill synchronization.	Includes a question on whether the state Medicaid agency has any policy that provides for the synchronization of prescription refills (i.e. if the patient wants and pharmacy provider permits the patient to obtain non-controlled, chronic medication refills at the same time, the state	Rev	This question may speak to waste. Specifically, a synchronized refill schedule for a patient may encourage adherence and compliance to the regiment, therefore improving clinical outcomes, while safeguarding against waste.	No
Includes a question asking whether the state has a CMS-approved disease management program, and another that asks whether the state has a Medication Therapy Management (MTM) program.	Removes the question about disease management, and only asks whether the state has a CMS-approved Medication Therapy Management (MTM) program.	Rev	This question speaks to the provision of services (in addition to the drug) that may improve clinical outcomes for beneficiaries, which in theory saves Medicaid programs money.	No
In Section VIII (FRAUD, WASTE, and ABUSE DETECTION), it includes two options for states to select "lock-In" time periods (6 and 12 months only)	In Section VIII (FRAUD, WASTE, and ABUSE DETECTION), it includes more options for states to select "lock-In" time periods (12, 18, 24, Other months). It also includes Prescription Drug Monitoring Programs (PDMP) as one of the options states may select as criteria used to	Rev	This level of granularity broadens options, and will allow states to indicate which selection best describes their "lock-in" program.	No
It asks whether there are barriers that hinder the Medicaid agency from fully accessing the Prescription Drug Monitoring Program (PDMP), and prevent the program from being utilized the way it was intended to be to curb abuse.	It modifies the question by asking whether the state has PDMP data (i.e. outside of a Medicaid Management Information System -MMIS, such as a controlled substance that was paid for by using cash) integrated into your POS edits	Rev	Indirectly encourages states to implement seamless access to the PDMP in its program.	No
Regarding Pain Management Controls: It asks two questions: 1. Does your state or your agency require that Pain Management providers be certified? 2 Does your program obtain the DEA Active Controlled Substance Registrant's File in order to	This version simply asks the second question alone: Does your program obtain the DEA Active Controlled Substance Registrant's File in order to identify prescribers not authorized to prescribe controlled drugs?	Rev	This second question is sufficient to capture information sought after in both questions of the prior version.	No
Regarding the use of methadone for pain, it asks whether states have measures (i.e. prior authorization, quantity limits) in place to either monitor or manage the prescribing of methadone for pain management	This version goes further by asking those states that attest to not having any measure in place to explain why they do not.	Rev	This will provide some qualitative data beyond a yes or no response, while indirectly encouraging the states to implement such measures.	No
Includes questions about opioid prescribing in terms on quantity limits, drug formulation (short-acting versus long-acting), etc.	Modified this section by asking detailed questions and providing a more granular set of responses to allow states to better indicate how their programs operate. It also includes four additional options for states to describe measures to either monitor or manage the	Rev	More qualitative findings that may lend insight to the use of opioids in Medicaid, the opioid epidemic, as well as possible solutions to address it.	No

Did not include any question on RetroDUR activity and/or provider education regarding beneficiaries with a diagnosis history of opioid use disorder (OUD) or opioid poisoning	Includes questions that ask states if they perform any RetroDUR activity and/or provider education in regards to beneficiaries with a diagnosis history of opioid use disorder (OUD) or opioid poisoning diagnosis, the frequency with which they conduct such activity, and if not, why not.	Rev	This question indirectly encourages states to implement education programs for providers who may be likely to treat beneficiaries with histories of OUD.	No
This version does not ask whether states develop their own opioid prescribing guidelines, or refer providers to other established guidelines.	Includes a question that asks states if their Medicaid agency develops and provides prescribers with pain management or opioid prescribing guidelines, or refers providers to other established guidelines.	Rev	Indirectly implies that states should encourage their providers to use a standard set of opioid prescribing guidelines.	No
No questions regarding utilization of abuse-deterrent opioid formulation were asked.	It asks whether states have drug utilization management strategies that support the use of abuse deterrent opioid formulations to prevent opioid misuse and abuse (e.g. placement on preferred drug lists).	Rev	Indirectly encourages the removal of any barriers to accessing abuse-deterrent opioid formulations.	No
Subsection VIII F. was titled F. BUPRENORPHINE and BUPRENORPHINE/NALOXONE COMBINATIONS	Subsection VIII F. is titled BUPRENORPHINE, NALOXONE, BUPRENORPHINE/NALOXONE COMBINATIONS and METHADONE for OPIOID USE DISORDER (OUD)	Rev	Modified to be more inclusive of the various types of pharmacologic therapies and medication assisted treatment for opioid dependency, addiction, or overdose.	No
No questions aimed at increased access for naloxone were asked.	Asks the following questions: Do you have at least one naloxone opioid overdose product available without prior authorization? Does your state board of pharmacy and/or state Medicaid agency allow pharmacists to dispense	Rev	These questions speak to increased access for naloxone, the opioid overdose rescue drug.	No
Did not ask whether Methadone was covered for a substance use disorder (i.e. Methadone Treatment Center)	Asks whether the state agencies cover Methadone for a substance use disorder (i.e. Methadone Treatment Center)	Rev	Speaks to access to Methadone in addition to the other drugs used for medication assisted treatment.	No
Subsection VIII G. ANTIPSYCHOTICS/STIMULANTS did not include questions on restrictions that limit the quantity of antipsychotics or stimulants	Subsection VIII G. ANTIPSYCHOTICS/STIMULANTS includes questions on having restrictions that limit the quantity of antipsychotics and stimulants, and specifically includes a question regarding programs that monitor the use of stimulants in	Rev	This question points to controls regarding excessive use of antipsychotics and stimulants, and particularly in children	No
This version did not have any questions related to DUR activity in Medicaid managed care organizations (MCO)	This version has questions related to DUR activity in Medicaid managed care organizations (MCO). It includes section I through X. These sections include several questions that address the following topics:	Rev	Regulatory change.	Yes. Unlike the previous survey, in addition to questions for FFS, this survey also requires responses from Medicaid Managed Care

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