MEDICAID MANAGED CARE ORGANIZATION

DRUG UTILIZATION REVIEW ANNUAL REPORT

FEDERAL FISCAL YEAR ___

42 CFR 438.3(s)(4) and (5) require that each Medicaid managed care organization (MCO) must operate a drug utilization review (DUR) program that complies with the requirements described in Section 1927 (g) of the Social Security Act (the Act) and submit an annual report on the operation of its DUR program activities. Such reports are to include: descriptions of the nature and scope of the prospective and retrospective DUR programs; a summary of the interventions used in retrospective DUR and an assessment of the education program; a description of DUR Board activities; and an assessment of the DUR program's impact on quality of care.

This report covers the period October 1, ____ to September 30, ____. **Answering the attached questions and returning the requested materials as attachments to the report will constitute compliance with the above-mentioned statutory and regulatory requirements.**

If you have any questions regarding the DUR Annual Report, please contact your state's Medicaid Pharmacy Program.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid O.M.B. control number. The valid O.M.B. control number for this information collection is 0938-0659. The time required to complete this information collection is estimated to average __hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

MEDICAID MANAGED CARE ORGANIZATION

DRUG UTILIZATION REVIEW ANNUAL REPORT

FEDERAL FISCAL YEAR ____

I. DEMOGRAPHIC INFORMATION

MCO Name: _____

Medicaid MCO Information

Identify your MCO person responsible for DUR Annual Report Preparation.

First Name: _____
Last Name: _____
Email Address: _____
Area Code/Phone Number: _____

1. On average, how many Medicaid beneficiaries are enrolled monthly in your MCO for this Federal Fiscal Year? _____ beneficiaries

II. PROSPECTIVE DUR (ProDUR)

1. Indicate the type of your pharmacy point of service (POS) vendor and identify it by name.

   ○ State-operated

   ○ Contractor, please identify by name.

   _____

   ○ Other organization, please identify by name.

   _____

2. Identify prospective DUR criteria source.

   ○ First Data Bank

   ○ Medi-Span

   ○ Other, please specify. Who reviews your new prospective-DUR criteria?

- ○ MCO's DUR Board
- ○ FFS agency DUR Board
- ○ Other, please explain.

_____

_____

_____

3. Are new ProDUR criteria approved by the DUR Board?

- ○ Yes
- ○ No, please explain.

_____

_____

_____

4. When the pharmacist receives a level-one ProDUR alert message that requires a pharmacist's review, does your system allow the pharmacist to override the alert using the "NCPDP drug use evaluation codes" (reason for service, professional service and resolution)?

   - ○ Yes
   - ○ No
   - ○ Partial, please explain.

   _____

   _____

   _____

5. Do you receive and review follow-up periodic reports providing individual pharmacy provider override activity in summary and/or in detail?

   ○ Yes

   ○ No, please explain.

   _____

   _____

   _____

   If the answer to question 6 is "No," skip to question 7 on page 7.

   If the answer to question 6 is "Yes," please continue below.

   a) How often do you receive reports?

      ○ Monthly

      ○ Quarterly

      ○ Annually

      ○ Other, please explain.

      _____

      _____

      _____

b) Do you follow up with those providers who routinely override with interventions?

- ○ Yes
- ○ No, please explain.

_____

_____

_____

If the answer to question 6b is "No," skip to question 7 on page 7.

If the answer to question 6b is "Yes," please continue below.

By what method do you follow up?

- ○ Contact Pharmacy
- ○ Refer to Program Integrity for Review
- ○ Other, please explain.

_____

_____

_____

6. **Early Refill**

a) At what percent threshold do you set your system to edit?

Non-controlled drugs:

_____ %

Schedule II controlled drugs:

_____ %

Schedule III through V controlled drugs:

_____ %

b) **For non-controlled drugs**

When an early refill message occurs, does your MCO require prior authorization?

- ○ Yes
- ○ No

If the answer to question 7b is "Yes," who obtains authorization?

- ○ Pharmacist
- ○ Prescriber
- ○ Both

If the answer to question 7b is "No," can the pharmacist override at the point of service?

- ○ Yes
- ○ No

c) **For controlled drugs**

When an early refill message occurs, does your MCO require prior authorization?

- ○ Yes
- ○ No

If the answer to question 7c is "Yes," who obtains authorization?

- ○ Pharmacist
- ○ Prescriber
- ○ Both

If the answer to question 7c is "No," can the pharmacist override at the point of service?

- ○ Yes
- ○ No

7. When the pharmacist receives an early refill DUR alert message that requires the pharmacist's review, does your MCO's policy allow the pharmacist to override for situations such as:

- ☐ Lost/stolen Rx
- ☐ Vacation
- ☐ Other, please explain.

_____

_____

_____

8. Does your system have an accumulation edit to prevent patients from continuously filling prescriptions early?

   ○ Yes

   ○ No

   If "Yes," please explain your edits.

   _____

   _____

   _____

   If "No," do you plan to implement this edit?

   ○ Yes

   ○ No

9. Does the MCO have any policy prohibiting the auto-refill process that occurs at the POS (i.e. must obtain beneficiary's consent prior to enrolling in the auto-refill program)?

   ○ Yes

   ○ No

10. Does your MCO have 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, your MCO would allow this to occur to prevent the beneficiary from making multiple trips to the pharmacy within the same month)?

    ○ Yes

    ○ No

11. For drugs not on your MCO's formulary, does your MCO have a documented process (i.e. prior authorization) in place, so that the Medicaid beneficiary or the Medicaid beneficiary's prescriber may access any covered outpatient drug when medically necessary?

- ○ Yes
- ○ No

If "Yes," what is the preauthorization process?

_____

_____

_____

If "No," please explain why there is not a process for the beneficiary to access a covered outpatient drug when it is medically necessary.

_____

_____

_____

12. Please list the requested data in each category in *Table 1 – Top Drug Claims Data Reviewed by the DUR Board* below.

Table 1: Top Drug Claims Data Reviewed by the DUR Board

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6	COLUMN 7
TOP 10 PRIOR AUTHORIZATION (PA) REQUESTS BY DRUG NAME	**TOP 10 PRIOR AUTHORIZATION (PA) REQUESTS BY DRUG CLASS**	**TOP 5 CLAIM DENIAL REASONS OTHER THAN ELIGIBILITY** **(I.E. QUANTITY LIMITS, EARLY REFILL, PA, THERAPEUTIC DUPLICATIONS, AGE EDITS)**	**TOP 10 DRUG NAMES BY AMOUNT PAID**	**% OF TOTAL SPENT FOR DRUGS BY AMOUNT PAID** **FROM DATA IN COLUMN 4, DETERMINE THE % OF TOTAL DRUG SPEND.**	**TOP 10 DRUG NAMES BY CLAIM COUNT**	**DRUGS BY CLAIM COUNT % OF TOTAL CLAIMS** **FROM DATA IN COLUMN 6, DETERMINE THE % OF TOTAL CLAIMS.**
				%		%
				%		%
				%		%
				%		%
				%		%
				%		%
				%		%
				%		%
				%		%
				%		%

III. RETROSPECTIVE DUR (RetroDUR)

1. Does your MCO utilize the same DUR Board as the state Fee-For-Service (FFS) agency or does your MCO have its own DUR Board?

   - ○ Same DUR Board as FFS agency
   - ○ MCO has its own DUR Board
   - ○ Other, please explain.

   _____

   _____

   _____

2. Identify the entity, by name and type, that performed your RetroDUR activities during the time period covered by this report (company, academic institution, other organization, or indicate if your MCO executed its own RetroDUR activities).

   _____

   _____

   _____

3. Who reviews and approves the RetroDUR criteria?

   - ○ State DUR Board
   - ○ MCO DUR Board
   - ○ Other, please explain.

   _____

   _____

   _____

4. Has your MCO included **Attachment 1 – Retrospective DUR Educational Outreach Summary**, a year end summary of the Top 10 problem types for which educational interventions were taken?

   ○ Yes

   ○ No

   See attachment naming instructions.

IV. DUR BOARD ACTIVITY

1. Has your MCO included a brief summary of DUR Board activities during the time period covered by this report as **Attachment 2 - Summary of DUR Board Activities**?

   ○ Yes

   ○ No

   Attachment 2 – Summary of DUR Board Activities

   This summary should be a brief descriptive report on DUR Board activities during the fiscal year reported. This summary should:

   - Indicate the number of DUR Board meetings held.
   - List additions/deletions to DUR Board approved criteria
     a) For prospective DUR, list problem type/drug combinations added or deleted.
     b) For retrospective DUR, list therapeutic categories added or deleted
   - Describe Board policies that establish whether and how results of prospective DUR screening are used to adjust retrospective DUR screens. Also, describe policies that establish whether and how results of retrospective DUR screening are used to adjust prospective DUR screens.
   - Describe DUR Board involvement in the DUR education program (i.e. newsletters, continuing education, etc.) Also, describe policies adopted to determine mix of patient or provider specific intervention types (i.e. letters, face-to-face visits, increased monitoring).

   See attachment naming instructions.

2. Does your MCO have a Medication Therapy Management Program?

- ○ Yes
- ○ No

If the answer to question 2 is "Yes," please continue with questions a) and b) below.

a) Have you performed an analysis of the program's effectiveness?

- ○ Yes, please provide a brief summary of your findings.

_____

_____

_____

- ○ No

b) Is your DUR Board involved with this program?

- ○ Yes
- ○ No

If the answer to question 2 is "No," are you planning to develop and implement a program?

- ○ Yes
- ○ No

V. PHYSICIAN ADMINISTERED DRUGS

The Deficit Reduction Act required collection of NDC numbers for covered outpatient physician administered drugs. These drugs are paid through the physician and hospital programs. Has your pharmacy system been designed to incorporate this data into your DUR criteria for:

1. ProDUR?

   ○ Yes

   ○ No

   If "No," do you have a plan to include this information in your DUR criteria in the future?

   ○ Yes
   ○ No

2. RetroDUR?

   ○ Yes

   ○ No

   If "No," do you have a plan to include this information in your DUR criteria in the future?

   ○ Yes
   ○ No

VI. GENERIC POLICY AND UTILIZATION DATA

1. Has your MCO included a brief description of policies that may affect generic utilization percentage as **Attachment 3 – Generic Drug Substitution Policies**?

   ○ Yes

   ○ No

   See attachment naming instructions.

2. In addition to the requirement that the prescriber write in his own handwriting "Brand Medically Necessary" for a brand name drug to be dispensed in lieu of the generic equivalent, does your MCO have a more restrictive requirement?

   ○ Yes

   ○ No

   If "Yes," check all that apply:

   ☐ Require that a MedWatch Form be submitted

   ☐ Require the medical reason(s) for override accompany the prescription

   ☐ Prior authorization is required

   ☐ Prescriber must indicate "Brand Medically Necessary" on the prescription

   ☐ Other, please explain.

   _____

   _____

   _____

Complete Table 2 – Generic Drug Utilization Data using the following Computation Instructions.

Computation Instructions

Key

Single Source (S) – Drugs having an FDA New Drug Application (NDA), and there are no generic alternatives available on the market.

Non-Innovator Multiple-Source (N) – Drugs that have an FDA Abbreviated New Drug Application (ANDA), and generic alternatives exist on the market

Innovator Multiple-Source (I) – Drugs which have an NDA and no longer have patent exclusivity.

Generic Utilization Percentage

To determine the generic utilization percentage of all covered outpatient drugs paid during this reporting period, use the following formula

$$N \div (S + N + I) \times 100 = \text{Generic Utilization Percentage}$$

Table 2: Generic Drug Utilization Data

	Single Source (S) Drugs	Non-Innovator (N) Drugs	Innovator Multi-Source (I) Drugs
Total Number of Claims			

CMS has developed an extract file from the Medicaid Drug Rebate Program Drug Product Data File identifying each NDC along with sourcing status of each drug: S, N, or I. This file will be made available from CMS to facilitate consistent reporting across States with this data request.

3. Indicate the generic utilization percentage for all covered outpatient drugs paid during this reporting period, using the computation instructions in *Table 2 – Generic Utilization Data*.

Number of Generic Claims: _____

Total Number of Claims: _____

Generic Utilization Percentage: _____

VII. **FRAUD, WASTE, AND ABUSE DETECTION**

A. LOCK-IN or PATIENT REVIEW AND RESTRICTION PROGRAMS

1. Do you have a documented process in place that identifies potential fraud or abuse of controlled drugs by **beneficiaries**?

   ○ Yes

   ○ No

   If "Yes," what actions does this process initiate? Check all that apply:

   ☐ Deny claims and require prior authorization

   ☐ Refer to Lock-In Program

   ☐ Refer to Program Integrity Unit

   ☐ Other (i.e. SURS, Office of Inspector General), please explain.

   _____

   _____

   _____

2. Do you have a Lock-In program for beneficiaries with potential misuse or abuse of controlled substances?

   ○ Yes

   ○ No

   If the answer to question 2 is "No," skip to question 3 on page 21.

   If the answer to question 2 is "Yes," please continue with questions a), b), c) and d) below.

   a) What criteria does your MCO use to identify candidates for Lock-In? Check all that apply:

      ☐ Number of controlled substances (CS)

      ☐ Different prescribers of CS

      ☐ Multiple pharmacies

      ☐ Number days' supply of CS

      ☐ Exclusivity of short acting opioids

      ☐ Multiple ER visits

      ☐ PDMP data

      ☐ Same FFS state criteria is applied

      ☐ Other, please explain.

      _____

      _____

      _____

b) Do you have the capability to restrict the beneficiary to:

i) prescriber only

- ○ Yes
- ○ No

ii) pharmacy only

- ○ Yes
- ○ No

iii) prescriber and pharmacy only

- ○ Yes
- ○ No

c) What is the usual Lock-In time period?

- ○ 12 months
- ○ 18 months
- ○ 24 months
- ○ Other, please explain.

_____

_____

_____

d) On average, what percentage of your Medicaid MCO population is in Lock-In status annually?

_____ %

3. Do you have a documented process in place that identifies possible fraud or abuse of controlled drugs by **prescribers**?

   ○ Yes

   ○ No

   If "Yes," what actions does this process initiate? Check all that apply:

   - ☐ Deny claims written by this prescriber
   - ☐ Refer to Program Integrity Unit
   - ☐ Refer to the appropriate Medical Board
   - ☐ Other, please explain.

   _____

   _____

   _____

4. Do you have a documented process in place that identifies potential fraud or abuse of controlled drugs by **pharmacy providers**?

   ○ Yes

   ○ No

   If "Yes," what actions does this process initiate? Check all that apply:

   - ☐ Deny claims
   - ☐ Refer to Program Integrity Unit
   - ☐ Refer to Board of Pharmacy
   - ☐ Other, please explain.

   _____

   _____

   _____

5. Do you have a documented process in place that identifies and/or prevents potential fraud or abuse of non-controlled drugs by **beneficiaries**?

   ○ Yes, please explain your program for fraud, waste or abuse of non-controlled substances.

   _____

   _____

   _____

   ○ No

B. PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)

1. Do you require prescribers (in your provider agreement with your MCO) to access the PDMP patient history before prescribing controlled substances?

   ○ Yes, please explain how the MCO applies this information to control fraud and abuse.

   _____

   _____

   _____

   ○ No

   ○ No, the state does not have a PDMP

2. Does your MCO have the ability to query the state's PDMP database?

   ○ Yes

   ○ No

   If "Yes," are there barriers that hinder your MCO from fully accessing the PDMP that prevent the program from being utilized the way it was intended to be to curb abuse?

   ○ Yes, please explain the barriers that exist.

   _____

   _____

   _____

   ○ No

3. Does your MCO have access to border states' PDMP information?

   ○ Yes

   ○ No

C. PAIN MANAGEMENT CONTROLS

1. Does your MCO obtain the DEA Active Controlled Substance Registrant's File in order to identify prescribers not authorized to prescribe controlled drugs?

   ○ Yes

   ○ No

   If the answer to question 1 is "No," skip to question 2 below.

   If the answer to question 1 is "Yes," please continue.

   Do you apply this DEA file to your ProDUR POS edits to prevent unauthorized prescribing?

   ○ Yes

   ○ No

   If "Yes," please explain how information is applied.

   _____

   _____

   _____

   If "No," do you plan to obtain the DEA Active Controlled Substance Registrant's file and apply it to your POS edits?

   ○ Yes

   ○ No

2. Do you apply this DEA file to your RetroDUR reviews?

   ○ Yes, please explain how it is applied.

_____

_____

_____

○ No

3. Do you have a measure (i.e. prior authorization, quantity limits) in place to either monitor or manage the prescribing of methadone for pain management?

   ○ Yes

   ○ No, please explain why you do not have a measure in place to either manage or monitor the prescribing of methadone for pain management.

   _____

   _____

   _____

D. OPIOIDS

1. Do you currently have a POS edit in place to limit the quantity dispensed of an initial opioid prescription?

   ○ Yes for all opioids

   ○ Yes for some opioids

   ○ No for all opioids

   If the answer to question 1 is "No," skip to question 2 on page 26.

   If the answer to question 1 is "Yes for all opioids" or "Yes for some opioids," please continue with questions a), b) and c) below.

   a) Is there more than one quantity limit for the various opioids?

      ○ Yes, please explain.

      _____

      _____

      _____

      ○ No

b) What is your maximum number of days allowed for an initial opioid prescription?

_____ days

c) Does the above initial day limit apply to all opioid prescriptions?

- ○ Yes
- ○ No, please explain.

_____

_____

_____

2. For subsequent prescriptions, do you have POS edits in place to limit the quantity dispensed of short-acting opioids?

   ○ Yes

   ○ No

   If "Yes," what is your maximum days supply per prescription limitation?

   ○ 30 day supply

   ○ 90 day supply

   ○ Other, please explain.

   _____

   _____

   _____

3. Do you currently have POS edits in place to limit the quantity dispensed of long-acting opioids?

   ○ Yes

   ○ No

   If "Yes," what is your maximum days supply per prescription limitation?

   ○ 30 day supply

   ○ 90 day supply

   ○ Other, please explain.

   _____

   _____

   _____

4. Do you have measures other than restricted quantities and days supply in place to either monitor or manage the prescribing of opioids?

   ○ Yes

   ○ No

   If "Yes," please check all that apply:

   - ☐ Pharmacist override
   - ☐ Deny claim and require PA
   - ☐ Intervention letters
   - ☐ Morphine equivalent daily dose (MEDD) program
   - ☐ Step therapy or clinical criteria
   - ☐ Requirement that patient has a pain management contract or Patient-Provider agreement
   - ☐ Requirement that prescriber has an opioid treatment plan for patients
   - ☐ Require documentation of urine drug screening results
   - ☐ Other, please explain what additional opioid prescribing controls are in place.

     _____

     _____

     _____

   If "No," please explain what you do in lieu of the above or why you do not have measures in place to either manage or monitor the prescribing of opioids.

   _____

   _____

   _____

5. Do you currently have edits in place to monitor opioids and benzodiazepines being used concurrently?

   ○ Yes, please explain.

   _____

   _____

   _____

   ○ No

6. Do you perform any RetroDUR activity and/or provider education in regard to beneficiaries with a diagnosis or history of opioid use disorder (OUD) or opioid poisoning diagnosis?

   ○ Yes

   ○ No

   If the answer to question 6 is "Yes," please indicate how often:

   ○ Monthly

   ○ Quarterly

   ○ Semi-Annually

   ○ Annually

   ○ Other, please explain.

   _____

   _____

   _____

   If the answer to question 6 is "No," do you plan on implementing a RetroDUR activity and/or provider education in regard to beneficiaries with a diagnosis or history of OUD or opioid poisoning in the future?

   ○ Yes

   ○ No

7. Does your state Medicaid agency develop and provide prescribers with pain management or opioid prescribing guidelines?

○ Yes

○ No

For either "Yes" or "No," please check all that apply:

☐ Your MCO refers prescribers to the CDC's Guideline for Prescribing Opioids for Chronic Pain. Please identify the "referred" guidelines.

_____

_____

_____

☐ Other guidelines, please identify.

_____

_____

_____

☐ No guidelines are offered.

8. Do you have a drug utilization management strategy that supports abuse deterrent opioid use to prevent opioid misuse and abuse (i.e. presence of an abuse deterrent opioid with preferred status on your preferred drug list)?

○ Yes, please explain.

_____

_____

_____

○ No

E. MORPHINE EQUIVALENT DAILY DOSE (MEDD)

1. Have you set recommended maximum morphine equivalent daily dose measures?

   ○ Yes

   ○ No

   If the answer to question 1 is "Yes," please continue with questions a) and b) below.

   a) What is your maximum morphine equivalent daily dose limit in milligrams?

      _____ mg per day

   b) Please explain (i.e. are you in the process of tapering patients to achieve this limit?).

      _____

      _____

      _____

   If the answer to question 1 is "No," please explain the measure or program you utilize.

   _____

   _____

   _____

2. Do you provide information to your prescribers on how to calculate the morphine equivalent daily dosage or do you provide a calculator developed elsewhere?

   ○ Yes

   ○ No

   If the answer to question 2 is "No," skip to question 3 on page 32.

   If the answer to question 2 is "Yes," please continue with questions a) and b) below.

   a) Please name the developer of the calculator.

   _____

   b) How is the information disseminated? Check all that apply:

      ☐ Website

      ☐ Provider notice

      ☐ Educational seminar

      ☐ Other, please explain.

      _____

      _____

      _____

3. Do you have an edit in your POS system that alerts the pharmacy provider that the morphine equivalent daily dose prescribed has been exceeded?

   ○ Yes

   ○ No

   If "Yes," do you require prior authorization if the MEDD limit is exceeded?

   ○ Yes

   ○ No

F. BUPRENORPHINE, NALOXONE, BUPRENORPHINE/NALOXONE COMBINATIONS and METHADONE for OPIOID USE DISORDER (OUD)

1. Does your MCO set total mg per day limits on the use of buprenorphine and buprenorphine/naloxone combination drugs?

   ○ Yes

   ○ No

   If "Yes," please specify the total mg/day:

   ○ 12 mg

   ○ 16 mg

   ○ 24 mg

   ○ Other, please explain.

   _____

   _____

   _____

2. What are your limitations on the allowable length of this treatment?

   - ○ 6 months
   - ○ 12 months
   - ○ No limit
   - ○ Other, please explain.

   _____

   _____

   _____

3. Do you require that the maximum mg per day allowable be reduced after a set period of time?

   - ○ Yes
   - ○ No

   If "Yes," please continue with questions a) and b) below.

   a) What is your reduced (maintenance) dosage?

      - ○ 8 mg
      - ○ 12 mg
      - ○ 16 mg
      - ○ Other, please explain.

      _____

      _____

      _____

b) What are your limitations on the allowable length of the reduced dosage treatment?

- ○ 6 months
- ○ 12 months
- ○ No limit
- ○ Other, please explain.

_____

_____

_____

4. Do you have at least one buprenorphine/naloxone combination product available without prior authorization?

- ○ Yes
- ○ No

5. Do you currently have edits in place to monitor opioids being used concurrently with any buprenorphine drug?

- ○ Yes
- ○ No
- ○ Other, please explain.

_____

_____

_____

If "Yes," can the POS pharmacist override the edit?

- ○ Yes
- ○ No

6. Do you have at least one naloxone opioid overdose product available without prior authorization?

   ○ Yes

   ○ No

7. Does your MCO allow pharmacists to dispense naloxone prescribed independently, or by collaborative practice agreements, or standing orders, or other predetermined protocols?

   ○ Yes

   ○ No

8. Does your MCO cover methadone for OUD (i.e. Methadone Treatment Center)?

   ○ Yes

   ○ No

G. ANTIPSYCHOTICS /STIMULANTS

ANTIPSYCHOTICS

1. Do you currently have restrictions in place to limit the quantity of antipsychotics?

   ○ Yes

   ○ No, please explain.

   _____

   _____

   _____

2. Do you have a documented program in place to either manage or monitor the appropriate use of antipsychotic drugs in children?

   ○ Yes

   ○ No

   If "Yes," please continue with questions a), b) and c) below.

   a) Do you either manage or monitor:

      ○ Only children in foster care

      ○ All children

      ○ Other, please explain.

      _____

      _____

      _____

   b) Do you have edits in place to monitor (check all that apply):

      ☐ Child's Age

      ☐ Dosage

      ☐ Polypharmacy

      ☐ Other, please explain.

      _____

      _____

      _____

   c) Please briefly explain the specifics of your antipsychotic monitoring program(s).

      _____

      _____

      _____

If you do not have an antipsychotic monitoring program in place, do you plan on implementing a program in the future?

- ○ Yes
- ○ No, please explain why you will not be implementing a program to monitor the appropriate use of antipsychotic drugs in children.

_____

_____

_____

STIMULANTS

3. Do you currently have restrictions in place to limit the quantity of stimulants?
   - ○ Yes
   - ○ No

4. Do you have a documented program in place to either manage or monitor the appropriate use of stimulant drugs in children?
   - ○ Yes
   - ○ No

   If the answer to question 4 is "Yes," please continue with questions a), b) and c) below.

   a) Do you either manage or monitor:
      - ○ Only children in foster care
      - ○ All children
      - ○ Other, please explain.

      _____

      _____

      _____

b) Do you have edits in place to monitor (check all that apply):

- ☐ Child's Age
- ☐ Dosage
- ☐ Polypharmacy

c) Please briefly explain the specifics of your documented stimulant monitoring program(s).

_____

_____

_____

If the answer to question 4 is "No," that is you do not have a documented stimulant monitoring program in place, do you plan on implementing a program in the future?

- ○ Yes
- ○ No, please explain why you will not be implementing a program to monitor the appropriate use of stimulant drugs in children.

_____

_____

_____

VIII. INNOVATIVE PRACTICES

Attachment 4 – Innovative Practices

Have you developed any innovative practices during the past year (i.e. Substance Use Disorder, Hepatitis C, Cystic Fibrosis, MEDD, Value Based Purchasing)? Please describe in detailed narrative form any innovative practices that you believe have improved the administration of your DUR program, the appropriateness of prescription drug use and/or have helped to control costs (i.e. disease management, academic detailing, automated prior authorizations, continuing education programs).

*Please include **Attachment 4** described above when submitting this survey. (See naming instructions.)*

IX. E-PRESCRIBING

1. Does your pharmacy system or vendor have a portal to electronically provide patient drug history data and pharmacy coverage limitations to a prescriber prior to prescribing upon inquiry?

   - ○ Yes
   - ○ No

   If the answer to question *1 is "Yes,"* do you have a methodology to evaluate the effectiveness of providing drug information and medication history prior to prescribing?

   - ○ Yes, please explain the evaluation methodology in **Attachment 5 – E-Prescribing Activity Summary**. Describe all development and implementation plans/accomplishments in the area of e-prescribing. Include any evaluation of the effectiveness of this technology (i.e., number of prescribers e-prescribing, percent e-prescriptions to total prescriptions, relative cost savings).

     *Please include **Attachment 5** described above when submitting this survey. (See naming instructions.)*

   - ○ No

   If the answer *to question 1 is "No,"* are you planning to develop this capability?

   - ○ Yes
   - ○ No

2. Does your system use the NCPDP Origin Code that indicates the prescription source?

   - ○ Yes
   - ○ No

X. EXECUTIVE SUMMARY

Attachment 6 – Executive Summary

*Please include **Attachment 6** when submitting this survey. (See naming instructions.)*

APPENDIX

INSTRUCTIONS: Nomenclature Format for Attachments

MCO: Please use this standardized format for naming attachments:

ATT#-FFY-State Abbrev-MCO name-Abbreviated Report name (NO SPACES!)

Example for Arizona: (each MCO should insert its 2 letter state code and its first name)

Attachments:

ATT1-20_ _-AZ-Amerigroup-REOS	(RetroDUR Educational Outreach Summary)
ATT2-20_ _-AZ-Amerigroup-SDBA	(Summary of DUR Board Activities)
ATT3-20_ _-AZ-Amerigroup-GDSP	(Generic Drug Substitution Policies)
ATT4-20_ _-AZ-Amerigroup-IPN	(Innovative Practices Narrative)
ATT5-20_ _-AZ-Amerigroup-EAS	(E-Prescribing Activity Summary)
ATT6-20_ _-AZ-Amerigroup-ES	(Executive Summary)