ABOUT THE SURVEY

Section 1927(g)(3)(D) of the Social Security Act (the Act) requires each state to submit an annual report on the operation of its Medicaid Drug Utilization Review (DUR) program. 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 as well as any cost savings generated by the program.

Note: Covered Outpatient Drugs (COD) are referenced throughout this survey and refers to participating labelers in the Medicaid Drug Rebate Program (MDRP).

This report covers the period October 1, 2019 to September 30, 2020 and is due for submission to CMS Central Office by no later than July 1, 2021. Answering the attached questions and returning the requested materials as attachments to the report will constitute compliance with the above-mentioned statutory requirement.

If you have any questions regarding the DUR Annual Report, please contact CMS via email at: CMSDUR@cms.hhs.gov.

I. DEMOGRAPHIC INFORMATION

State Abbreviation: _____

Medicaid Program Information

Identify State person responsible for DUR Annual Report Preparation.

First Name: _____

Last Name: _____

Email Address: _____

Area Code/Phone Number: _____

1. On a monthly average, how many of your state's Medicaid beneficiaries are enrolled in your state's Medicaid Fee-for-Service (FFS) program that have a pharmacy benefit?
   _____Beneficiaries

2. On a monthly average, how many of your state's Medicaid beneficiaries are enrolled in managed care plan(s)?

   _____ Beneficiaries

II. PROSPECTIVE DUR (ProDUR)

1. Indicate the type of your pharmacy point of service (POS) vendor.

   ○ State-Operated
   ○ Contractor
   ○ Other

   a. Vendor Name

   _____

   b. Who process the state's National Council for Prescription Drug Programs (NCPDP) transactions?

      ○ POS vendor is the fiscal agent (FA)
      ○ POS vendor is a separate Pharmacy Benefits Manager (PBM)

- ○ None

2. Identify your ProDUR table driven criteria source. This would be initial ratings such as drug to drug interactions, dose limits based on age and pregnancy severity.

   - ○ First Data Bank
   - ○ Medi-Span
   - ○ MICROMEDEX
   - ○ Other, please specify _____

3. When the pharmacist receives a 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
   - ○ Varies by Alert Type
   - ○ No

   If "Yes" or "Varies by Alert Type, check **all** that apply.

   - ○ Alerts can be overridden ahead of time
   - ○ Alerts can be overridden with standard professional codes
   - ○ Alerts need prior authorization (PA) to be overridden.
   - ○ Other, please explain.

     _____

     _____

     _____

4. Do you receive periodic reports providing individual pharmacy provider DUR alert override activity in summary and/or in detail?

   - ○ Yes

     a. How often do you receive reports?

        - ○ Monthly
        - ○ Quarterly
        - ○ Annually

- ○ Ad hoc (on request)
- ○ Other, please explain.

_____

_____

_____

b. If you receive reports, do you follow up with those providers who routinely override with interventions?

- ○ Yes

  By what method do you follow up?

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

    _____

    _____

    _____

- ○ No

- ○ No, please explain.

_____

_____

_____

5. Early Refill:

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

i. Non-controlled drugs:

_____%

ii. Schedule II controlled drugs:

_____%

iii. Schedule III through V controlled drugs:

_____%

b. For non-controlled drugs:

When an early refill message occurs, do you require a PA?

- ○ Yes
- ○ No
- ○ Dependent on medication or situation

If "Yes" or "Dependent on medication or situation", who obtains authorization?

- ○ Pharmacist
- ○ Prescriber
- ○ Pharmacist or Prescriber

If "No", can the pharmacist override at the POS?

- ○ Yes
- ○ No

c. For controlled drugs:

When an early refill message occurs, does your state require a PA?

- ○ Yes
- ○ No

If "Yes", who obtains authorization?

- ○ Pharmacist
- ○ Prescriber
- ○ Pharmacist or Prescriber

If "No", can the pharmacist override at the POS?

- ○ Yes
- ○ No

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

   a. Lost/stolen Rx:

   - ○ Yes
   - ○ No
   - ○ Overrides are only allowed by a pharmacist through a PA

   b. Vacation:

   - ○ Yes
   - ○ No
   - ○ Overrides are only allowed by a pharmacist through a PA

   c. Other, please explain.

   _____

   _____

   _____

   _____

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

   - ○ Yes
   - ○ No

   If "Yes", please explain your edit.

   _____

   _____

   _____

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

- ○ Yes
- ○ No

8. Does the state Medicaid Program 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

9. For drugs not on your Preferred Drug List (PDL) does your Medicaid Program have a documented process (i.e. PA) in place, so that the Medicaid beneficiary or the Medicaid beneficiary's prescriber may access any covered outpatient drug when medically necessary?

   - ○ Yes

     Please check **all** that apply.
     - ○ Automatic PA based on diagnosis codes or systematic review
     - ○ Trial and failure of first or second line therapies
     - ○ Pharmacist or technician reviews
     - ○ Direct involvement with Pharmacy and/or Medical Director
     - ○ Other, please explain.

     _____

     _____

     _____

   - ○ No, please explain.

     _____

     _____

     _____

a. Does your program provide for the dispensing of at least a 72-hour supply of a covered outpatient drug (COD) in an emergency situation?

- ○ Yes
  Please check **all** that apply.
  - ○ Real time automated process
  - ○ Retrospective prior authorization
  - ○ Other process, please explain.

_____

_____

_____

- ○ No, please explain.

_____

_____

_____

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

Column 1 – Top 10 PA Requests by Drug Name, report at generic ingredient level

Column 2 – Top 10 PA Requests by Drug Class

Column 3 – Top 5 Claim Denial Reasons (i.e. Quantity Limits (QL), Early Refill (ER), PA, Therapeutic Duplications (TD), and Age Edits (AE))

Column 4 – Top 10 Drug Names by Amount Paid, report at generic ingredient level

Column 5 – From Data in column 4, determine the Percentage of Total Drug Spend

Column 6 – Top 10 Drug Names by Claim Count, report at generic ingredient level

Column 7 – From Data in Column 6, determine the Percentage of Total Claims

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

Column 1 **Top 10 Prior Authorization (PA) Requests by Drug Name, report at generic ingredient level**	Column 2 **Top 10 Prior Authorization (PA) Requests by Drug Class**	Column 3 **Top 5 Claim Denial Reasons Other Than Eligibility (i.e. Quantity Limits (QL), Early Refill (ER), PA, Therapeutic Duplications (TD) and Age Edits (AE))**	Column 4 **Top 10 Drug Names by Amount Paid, report at generic ingredient level**	Column 5 **% of Total Spent for Drugs by Amount Paid (From data in Column 4, Determine the % of total drug spend)**	Column 6 **Top 10 Drug Names by Claim Count, report at generic ingredient level**	Column 7 **Drugs by Claim Count % of Total Claims (From data in Column 6, Determine the % of total claims)**
				%		%
				%		%
				%		%
				%		%
				%		%
				%		%
				%		%
				%		%
				%		%
				%		%
				%		%
				%		%

11. Section 1927(g)(A) of the Social Security Act (the Act) requires that the pharmacist offer patient counseling at the time of dispensing. Who in your state has responsibility for monitoring compliance with the oral counseling requirement? Check **all** that apply.

    ○ Medicaid Program
    ○ State Board of Pharmacy
    ○ Other, please explain.

    _____

    _____

    _____

III. RETROSPECTIVE DUR (RetroDUR)

1. Indicate the type of vendor that performed your RetroDUR activities during the time period covered by this report.

    ○ Company
    ○ Academic Institution
    ○ Other Institution

    a. Identify, by name, your RetroDUR vendor.

    _____

    b. Is the RetroDUR vendor the Medicaid Management Information System (MMIS) FA?

    ○ Yes
    ○ No

    c. Is the RetroDUR vendor the developer/supplier of your RetroDUR criteria?

        i. Yes, please explain.

_____

_____

_____

ii. No, please explain.

_____

_____

_____

d. Do you customize your RetroDUR vender criteria?

- ○ Yes
- ○ No
- ○ Ad hoc based on state-specific needs

2. How often does your state perform retrospective practitioner based education?

- ○ Monthly
- ○ Bi-monthly
- ○ Quarterly
- ○ Other, please specify: _____

a. How often do you perform retrospective reviews that involves communication of client specific information to healthcare practitioner (through messaging, fax, or mail)? Check **all** that apply.

- ○ Monthly
- ○ Bi-monthly
- ○ Quarterly
- ○ Other, please specify: _____

b. What is the preferred mode of communication when performing RetroDUR initiatives? Check **all** that apply.

- ○ Mailed letters
- ○ Provider phone calls

- ○ Near real time fax
- ○ Near real time messaging
- ○ Other new technologies such as apps or Quick Response (QR) codes
- ○ Focused workshops, case management or WebEx training
- ○ Newsletters or other non-direct provider communications
- ○ Other, please specify: _____

3. **Summary 1: RetroDUR Educational Outreach**

Summary 1: RetroDUR Educational Outreach is a year-end summary report on RetroDUR screening and educational interventions. The year-end summary should be limited to the most prominent problems with the largest number of exceptions. The results of RetroDUR screening and interventions should be included and detailed below.

_____

_____

_____

_____

_____

_____

IV. DUR BOARD ACTIVITY

1. **Summary 2: DUR Board Activities Report**

Summary 2: DUR Board Activities Report should be a brief descriptive on DUR activities during the fiscal year reported. Please provide a detailed summary below:

- Indicate the number of DUR Board meetings held.
- List additions/deletions to DUR Board approved criteria:
  - For ProDUR, list problem type/drug combinations added or deleted.
  - For RetroDUR, 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.
- Describe policies that establish whether and how results of RetroDUR screening are used to adjust prospective DUR screens.

- Describe DUR Board involvement in the DUR education program (i.e. newsletters, continuing education, etc.).
- Describe policies adopted to determine mix of patient or provider specific intervention types (i.e. letters, face-to-face visits, increased monitoring).

_____

_____

_____

_____

_____

_____

2. Does your state have an approved Medication Therapy Management (MTM) Program?

   ○ Yes
   ○ No

V. PHYSICIAN ADMINISTERED DRUGS (PAD)

The Deficit Reduction Act required collection of National Drug Code (NDC) numbers for covered outpatient physician administered drugs. These drugs are paid through the physician and hospital programs. Has your MMIS 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. **Summary 3: Generic Drug Substitution Policies**

   Summary 3: Generic Drug Substitution Policies summarizes should summarize factors that could affect your generic utilization percentage. In describing these factors, please explain any formulary management or cost containment measures, PDL policies, educational initiatives, technology or promotional factors, or other state specific factors that affects your generic utilization rate.

   _____

   _____

   _____

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 state 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 to accompany the prescription(s)
   - ○ PA is required
   - ○ Other, please explain.

     _____

     _____

     _____

Table 2: **Generic Drug Utilization Data**

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.

1. **Generic Utilization Percentage:** To determine the generic utilization percentage of all covered outpatient drugs paid during this reporting period, use the following formula:

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

2. **Generic Expenditures Percentage of Total Drug Expenditures:** To determine the generic expenditure percentage (rounded to the nearest $1000) for all covered outpatient drugs for this reporting period use the following formula:

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

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, which can be found at Medicaid.gov (Click on the link "an NDC and Drug Category file [ZIP]," then open the Medicaid Drug Product File 4th Qtr. 2020 Excel file).

Please provide the following utilization data for this DUR reporting period for all covered outpatient drugs paid. Exclude Third Party Liability (TPL).

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

	Single Source (S) Drugs	Non-Innovator (N) Drugs	Innovator Multi-Source (I) Drugs
Total Reimbursement Amount Less Co-Pay			

3. Indicate the generic utilization percentage for all CODs 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 _____%

4. How many multi source drugs have the innovator as the preferred drug product based on net pricing?

   _____

5. Indicate the percentage dollars paid for generic covered outpatient drugs in relation to all covered outpatient drug claims paid during this reporting period using the computation instructions in **Table 2: Generic Utilization Data**

   Generic Dollars: $_____

   Total Dollars: $_____

   Generic Expenditure Percentage: _____%

6. Does your state have any policies related to Biosimilars? Please explain.

   _____

   _____

   _____

VII. PROGRAM EVALUATION/ COST SAVINGS/ COST AVOIDANCE

1. Did your state conduct a DUR program evaluation of the estimated cost savings/cost avoidance?

   ○ Yes
   ○ No

   If "Yes", identify, by name and type, the institution that conducted the program evaluation.

   Institution Type
   - ○ Company
   - ○ Academic Institution
   - ○ Other Institution

   Institution Name

   _____

2. Please provide your ProDUR and RetroDUR program cost savings/cost avoidance in the chart below.

	Data
ProDUR Total Estimated Avoided Costs	
RetroDUR Total Estimated Avoided Costs	
Other Cost Avoidance	
Grand Total Estimated Avoided Costs	

3. The Estimated Percent Impact was generated by dividing the Grand Total Estimated Avoided Costs from Question 2 above by the Total Dollar Amount provided in Section VI, Question 4, then multiplying this value by 100.

   Estimated Percent Impact: _____%

4. **Summary 4: Cost Savings/Cost Avoidance Methodology**

   Summary 4 Cost Savings/Cost Avoidance Methodology includes program evaluations/cost savings estimates prepared by state or contractor. Please provide detailed summary below.

   _____

   _____

   _____

VIII. FRAUD, WASTE, AND ABUSE (FWA) 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 PA
   ○ Refer to Lock-In Program
   ○ Refer to Program Integrity Unit (PIU)/Surveillance Utilization Review (SUR) Unit
   ○ Refer to Office of Inspector General (OIG)
   ○ Other, please explain.

   _____

   _____

   _____

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

   ○ Yes
   ○ No

   If Yes, please continue.

   a. What criteria does your state 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
- ○ 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

- ○ Yes
- ○ No

c. On average, what percentage of the FFS population is in Lock-In status annually?

_____%

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

○ 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.

_____

_____

_____

○ No, please explain.

_____

_____

_____

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

○ Yes

What actions does this process initiate? Check **all** that apply.

- ○ Deny claim
- ○ Refer to Program Integrity Unit
- ○ Refer to Board of Pharmacy
- ○ Other, please explain.

_____

_____

_____

○ No, please explain.

_____

_____

_____

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

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

   _____

   _____

   _____

   ○ No, please explain.

   _____

   _____

   _____

B. PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)

Note: *Section 5042 of the SUPPORT for Patients and Communities Act requires states to report metrics in reference to their state's PDMP. CMS has included questions to reference these metrics to help your state establish processes to be in compliance with provisions outlined in Section 5042 and CMS reporting, beginning in FFY 2023. Please complete applicable questions below in this section of the survey.*

1. Does your Medicaid Program have the ability to query the state's PDMP database?

   ○ Yes, receive PDMP data
      ○ Daily
      ○ Weekly
      ○ Monthly
      ○ Other _____

   ○ Yes, have direct access to the database
      ○ Can query by client
      ○ Can query by prescriber
      ○ Can query by dispensing entity

   ○ No

If "Yes", please continue.

a. Please explain how the state applies this information to control FWA of controlled substances.

_____

_____

_____

b. Do you also have access to Border States' PDMP information?

- ○ Yes
- ○ No

c. Do you also have PDMP data integrated into your POS edits?

- ○ Yes
- ○ No

2. Do you or your professional board require prescribers to access the PDMP patient history before prescribing controlled substances?

- ○ Yes
- ○ No

If "Yes", please continue.

a. Are there protocols involved in checking the PDMP?

- ○ Yes, please explain.

_____

_____

_____

- ○ No

b. Are providers required to have protocols for responses to information from the PDMP that is contradictory to the direction that the practitioner expects from the client?

- ○ Yes
- ○ No

c. If a provider is not able to conduct PDMP check, do you require the prescriber to document a good faith effort, including the reasons why the provider was not able to conduct the check?

- ○ Yes
- ○ No, please explain.

_____

_____

_____

If "Yes", do you require the provider to submit, upon request, documentation to the State?

- ○ Yes
- ○ No, please explain.

_____

_____

_____

3. Does the State require pharmacists to check the PDMP prior to dispensing?

- ○ Yes
- ○ No, please explain.

_____

_____

_____

If "Yes", are there protocols involved in checking the PDMP?

- ○ Yes, please explain.

_____

_____

_____

○ No

4. In the State's PDMP system, which of the following pieces of information with respect to a beneficiary, is available to prescribers as close to real-time as possible? Check **all** that apply.

   ○ PDMP drug history
   ○ The number and type of controlled substances prescribed to and dispensed to the beneficiary during at least the most recent 12-month period.
   ○ The name, location, and contact information, or other identifying number, such as a national provider identifier, for previous beneficiary fills
   ○ Other, please explain.

   _____

   _____

   _____

   a. Are there barriers that hinder the Medicaid Program from fully accessing the PDMP that prevent the program from being utilized the way it was intended to be to curb fraud and abuse?

      ○ Yes, please explain the barriers (i.e. lag time in prescription data being submitted, prescribers not accessing, pharmacists unable to view prescription history before filling script).

      _____

      _____

      _____

      ○ No

5. Please specify below the following information for the 12-month reporting period for this survey. Note: Mandatory reporting will be required in FFY2023 under section 1927(g)(3)(D) of the Act.

a. The percentage of covered providers who checked the prescription drug history of a beneficiary through a PDMP before prescribing a controlled substance to such an individual:

   _____%.

b. Average daily MME prescribed for controlled substances per covered individuals: _____MMEs

c. Average daily MME prescribed for controlled substances per covered individuals who are receiving opioids.

   _____MMEs

d. Please complete Tables 3, 4, 5 and 6 below. Specify the controlled substances prescribed based on claim count (by generic ingredient(s)) and within each population during this FFY reporting period.

Table 3: Opioid Controlled Substances by Population

Population	Top 3 Opioid Controlled Substances Prescribed Based On Claim Count (Generic Ingredient) within Each Population	Total Number of Beneficiaries Within Each Population	Number of Beneficiaries in Each Population/ Month Receiving Controlled Substances	Percentage of Population Receiving Controlled Substances (Auto Calculate)
0-18 yrs.				
19-29 yrs.				
30-39 yrs.				
40-49 yrs.				
50-59 yrs.				
60-69 yrs.				
70-79 yrs.				
80+ yrs.				
Individuals with Disabilities Utilizing State Eligibility Categories				

Table 4: Top Sedative/Benzodiazepines Controlled Substances by Population

- When listing the controlled substances in different drug categories, for the purpose of Table 4 below, please consider long and short acting benzodiazepines to be in the same category.

Population	Top 3 Sedative/ Benzodiazepine Controlled Substances Prescribed Based On Claim Count (Generic Ingredient) within Each Population	Total Number of Beneficiaries within Each Population	Number of Beneficiaries in Each Population/ Month Receiving Sedative/ Benzodiazepine Controlled Substances	Percentage of Population Receiving Sedative/ Benzodiazepine Controlled Substances (Auto Calculate)
0-18 yrs.				
19-29 yrs.				
30-39 yrs.				
40-49 yrs.				
50-59 yrs.				
60-69 yrs.				
70-79 yrs.				
80+ yrs.				
Individuals with Disabilities Utilizing State Eligibility Categories				

Table 5: Top Stimulant/ADHD Controlled Substances by Population

- When listing the controlled substances in different drug categories, for the purpose of Table 5 below, please consider long and short acting ADHD medications to be in the same category.

Population	Top 3 Stimulant/ADHD Controlled Substances Prescribed Based On Claim Count (Generic Ingredient) within Each Population	Total Number of Beneficiaries within Each Population	Number of Beneficiaries In Each Population/ Month Receiving Stimulant/ADHD Controlled Substances	Percentage of Population Receiving Stimulant/ADHD Controlled Prescriptions (Auto Calculate)
0-18 yrs.				
19-29 yrs.				
30-39 yrs.				
40-49 yrs.				
50-59 yrs.				
60-69 yrs.				
70-79 yrs.				
80+ yrs.				
Individuals with Disabilities Utilizing State Eligibility Categories				

Table 6: Populations on 2 or more Controlled Substances in Different Drug Categories

- When listing the controlled substances in different drug categories, for the purpose of Table 6 below, please consider long and short acting opioids to be in the same category. Please follow this approach for long and short acting ADHD medications and benzodiazepines in this table as well.

Population	Total Number of Beneficiaries within Each Population	Number of Beneficiaries in Each Population/ Month Receiving 2 or more Controlled Substances in Different Drug Categories	Number of Beneficiaries in Each Population/ Month Receiving 3 or more Controlled Substances in Different Drug Categories	Percentage of Population Receiving 2 or more Controlled Substances (Auto Calculate)
0-18 yrs.				
19-29 yrs.				
30-39 yrs.				
40-49 yrs.				
50-59 yrs.				
60-69 yrs.				
70-79 yrs.				
80+ yrs.				
Individuals with Disabilities Utilizing State Eligibility Categories				

i. If there is additional information you want to provide for the previous 12-month reporting period, please explain below.

_____

_____

_____

ii. If any of the information requested is not being reported above, please explain below.

_____

_____

_____

5. Have you had any changes to your state's PDMP during this reporting period that have improved the Medicaid Program's ability to access PDMP data?

○ Yes, please explain.

_____

_____

○ No

6. In this reporting period, have there been any data or privacy breaches of the PDMP or PDMP data?

○ Yes
○ No

If "Yes", please summarize the breach, the number of individuals impacted, a description of the steps the State has taken to address each such breach, and if law enforcement or the affected individuals were notified of the breach.

_____

_____

_____

C. 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

   Please explain responses above.

   _____

   _____

   _____

   If the answer to question 1 is "Yes, for **all** opioids" or "Yes, for some opioids," please continue.

   a. Is there more than one quantity limit for various opioids? Additionally, please explain ramifications when addressing COVID-19 if applicable.

      ○ Yes, please explain.

      _____

      _____

      _____

      ○ No

   b. What is the maximum number of days allowed for an initial opioid prescription for an opioid naïve patient?

      _____ # of days

   c. Does this days' supply limit apply to **all** opioid prescriptions?

      ○ Yes, for **all** opioids
      ○ Yes, for some opioids
      ○ No

      Please explain above response.

_____

_____

_____

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

   ○ Yes

   What is your maximum days' supply per prescription limitation?

   ○ 30-day supply
   ○ 34-day supply
   ○ 90-day supply
   ○ Other, please explain.

   _____

   _____

   _____

   ○ No, please explain

   _____

   _____

   _____

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

   ○ Yes

   What is your maximum days' supply per prescription limitation?

   ○ 30-day supply
   ○ 34-day supply
   ○ 90-day supply
   ○ Other, please explain.

   _____

_____

_____

○ No, 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 Milligram Equivalent (MME) daily dose 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
   ○ Require diagnosis
   ○ Require PDMP checks
   ○ Workgroups to address opioids
   ○ Other, please specify

   _____

   _____

   _____

   Please provide details on these opioid prescribing controls 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 have POS edits to monitor duplicate therapy of opioid prescriptions? This excludes regimens that include a single extended release product and a breakthrough short acting agent.

   ○ Yes
   ○ No

   Please explain above response.

6. Do you have POS edits and automated claim retrospective reviews to monitor duplicate therapy of opioid prescriptions dispensed?

   ○ Yes, POS edits
   ○ Yes, automated retrospective claim reviews
   ○ Yes, both POS edits and automated retrospective claim reviews
   ○ No

   If any response is "Yes", please explain scope and nature.

   If "No", please explain.

7. Do you have POS edits and automated claim retrospective reviews to monitor early refills of opioid prescriptions dispensed?

   - ○ Yes, POS edits
   - ○ Yes, automated retrospective claim reviews
   - ○ Yes, both POS edits and automated retrospective claim reviews
   - ○ No

   If any response is "Yes", please explain scope and nature of reviews and edits in place.

   If "No", please explain.

8. Do you have a comprehensive automated retrospective claims review process to monitor opioid prescriptions exceeding these state limitations?

   - ○ Yes, please explain in detail scope and nature of these retrospective reviews.

- ○ No, please explain.

_____

_____

_____

9. Do you currently have POS edits in place or a retrospective claims review to monitor opioids and benzodiazepines being used concurrently?

   - ○ Yes, POS edits
   - ○ Yes, retrospective claim reviews
   - ○ Yes, both POS edits and retrospective claim reviews

   Please explain above response and detail the scope and nature of these reviews and edits. Additionally, please explain any potential titration processes utilized for those patients chronically on benzodiazepines and how the state justifies pain medications, i.e. Oxycodone/APAP, for breakthrough pain without jeopardizing patient care (i.e. quantity limits/practitioner education titration programs).

   _____

   _____

   _____

   - ○ No, please explain.

   _____

   _____

   _____

10. Do you currently have POS edits in place or a retrospective claims review to monitor opioids and sedatives being used concurrently?

    - ○ Yes, POS edits
    - ○ Yes, retrospective reviews
    - ○ Yes, both POS edits and retrospective claim reviews

    Please explain response above and detail scope and nature of reviews and edits.

    _____

    _____

    _____

- ○ No, please explain.

_____

_____

_____

11. Do you currently have POS edits in place or a retrospective claims review to monitor opioids and antipsychotics being used concurrently?

- ○ Yes, POS edits
- ○ Yes, retrospective claim reviews
- ○ Yes, both POS edits and retrospective claim reviews

Please explain above response and detail scope and nature of reviews and edits.

_____

_____

_____

- ○ No, please explain.

_____

_____

_____

12. Do you have POS safety edits or perform retrospective DUR activity and/or provider education in regard to beneficiaries with a diagnosis history of opioid use disorder (OUD) or opioid poisoning diagnosis?

- ○ Yes, POS edits
- ○ Yes, RetroDUR activity and/or provider education
- ○ Yes, both POS edits and RetroDUR activity and/or provider education
- ○ No

If "Yes, RetroDUR activity and/or provider education", please indicate how often.

- ○ Monthly
- ○ Quarterly
- ○ Semi-Annually

- ○ Annually
- ○ Ad hoc
- ○ Other, please specify.

_____

_____

_____

Please explain the nature and scope of edits, reviews and/or provider education reviews performed.

_____

_____

_____

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

- ○ Yes, when do you plan on implementing?

_____

_____

_____

- ○ No, please explain.

_____

_____

_____

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

- ○ Yes
- ○ No

If "Yes", please check **all** that apply.

- ○ Your state Medicaid Program refers prescribers to the Center for Disease Control (CDC) Guideline for Prescribing Opioids for Chronic Pain.
- ○ Other guidelines, please identify.

_____

_____

If "No", please explain why no guidelines are offered.

_____

_____

14. 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

D. MORPHINE MILLIGRAM EQUIVALENT (MME) DAILY DOSE

1. Have you set recommended maximum MME daily dose measures?

- ○ Yes
- ○ No

If "Yes", please continue.

a. What is your maximum MME daily dose limit in milligrams?

- ○ Less than 50 MME, please specify: _____ mg per day
- ○ 50 MME
- ○ 70 MME
- ○ 80 MME

- ○ 90 MME
- ○ 100 MME
- ○ 120 MME
- ○ 200 MME
- ○ Greater than 200 MME, please specify. _____ mg per day
- ○ Other: Please specify: _____ mg per day

b. Please explain nature and scope of dose limit (i.e. who does the edit apply to? Does the limit apply to **all** opioids? Are you in the process of tapering patients to achieve this limit)?

_____

_____

_____

If "No," please explain the measure or program you utilize.

_____

_____

_____

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

   ○ Yes
   ○ No

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

   ○ Yes
   ○ No

3. Do you have automated retrospective claim reviews to monitor the MME total daily dose of opioid prescriptions dispensed?

   ○ Yes, please explain.

_____

_____

_____

○ No, please explain.

_____

_____

_____

E. OPIOID USE DISORDER (OUD) TREATMENT

1. Do you have utilization controls (i.e. PDL, PA, QL) to either monitor or manage the prescribing of Medication Assisted Treatment (MAT) drugs for OUD?

   ○ Yes, please explain.

   _____

   _____

   _____

   ○ No

2. Does your Medicaid Program 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
   ○ 32 mg
   ○ Other, please explain.

   _____

   _____

   _____

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

   ○ No limit
   ○ 3 months or less

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

_____

_____

_____

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

   - ○ Yes
   - ○ No

   If "Yes", please continue.

   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.

      _____

      _____

      _____

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

   ○ Yes
   ○ No

6. Do you currently have edits in place to monitor opioids being used concurrently with any buprenorphine drug or any form of MAT?

   ○ Yes
   ○ No
   ○ Other, please explain.

   _____

   _____

   _____

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

   ○ Yes
   ○ No

7. Is there at least one formulation of naltrexone for OUD available without PA?

   ○ Yes
   ○ No

8. Do you have at least one naloxone opioid overdose product available without PA?

   ○ Yes
   ○ No

9. Do you retrospectively monitor and manage appropriate use of naloxone to persons at risk of overdose?

   ○ Yes
   ○ No, please explain.

   _____

   _____

   _____

10. Does your State Board of Professional Regulations/Board of Pharmacy/Board of Medicine and/or state Medicaid Program allow pharmacists to dispense naloxone

prescribed independently or by collaborative practice agreements, standing orders, or other predetermined protocols?

- ○ Yes, State Board of Professional Regulations/Board of Pharmacy/Board of Medicine and/or State Medicaid Program under protocol
- ○ Yes, prescribed independently
- ○ No

F. OUTPATIENT TREATMENT PROGRAMS (OTP)

1. Do your state cover outpatient treatment programs that provide both services, Behavioral Health (BH) and MAT through OTPs?

   - ○ Yes
   - ○ No, please explain.

   _____

   _____

   _____

   If "Yes", is a referral needed for OUD treatment through OTPs?

   - ○ Yes, please explain.

     _____

     _____

     _____

   - ○ No, please explain.

     _____

     _____

     _____

2. Does your state Medicaid Program cover buprenorphine or buprenorphine/naloxone for diagnoses of OUD as part of a comprehensive MAT treatment plan through OTPs?

   - ○ Yes

- ○ No, please explain.

_____

_____

_____

3. Does your state Medicaid Program cover naltrexone for diagnoses of OUD as part of a comprehensive MAT treatment plan?

   - ○ Yes
   - ○ No, please explain.

_____

_____

_____

4. Does your state Medicaid Program cover Methadone for a substance use disorder (i.e. OTPs, Methadone Clinics)?

   - ○ Yes
   - ○ No

G. ANTIPSYCHOTICS /STIMULANTS

ANTIPSYCHOTICS

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

   - ○ Yes
   - ○ No

   Enter restrictions other than quantity limits below, or N/A.

_____

_____

_____

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.

   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
      ○ Indication
      ○ Polypharmacy
      ○ Other, please explain.

      _____

      _____

      _____

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

      _____

      _____

      _____

   If "No", please continue.

d. Do you plan on implementing a program in the future?

- ○ Yes, please specify when.

  _____

- ○ 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 "Yes", please continue.

   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
      - ○ Indication

- ○ Polypharmacy
- ○ Other, please explain.

_____

_____

_____

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

_____

_____

_____

If "No", please continue.

d. Do you plan on implementing a program in the future?

- ○ Yes, please specify when.

_____

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

_____

_____

_____

IX. INNOVATIVE PRACTICES

1. Does your state participate in any demonstrations or have any waivers to allow importation of certain drugs from Canada or other countries that are versions of FDA-approved drugs for dispensing to Medicaid Beneficiaries?

   ○ Yes, please explain.

_____

_____

_____

○ No

2. **Summary 5: Innovative Practices**

Summary 5: Innovative Practices should discuss development of innovative practices during the past year (i.e. Substance Use Disorder, Hepatitis C, Cystic Fibrosis, MME, and Value Based Purchasing). Please describe in detailed narrative below 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).

_____

_____

_____

_____

_____

_____

_____

X. MANAGED CARE ORGANIZATIONS (MCOs)

1. How many MCOs are enrolled in your state Medicaid program?

_____MCO(s) (Insert the number of MCOs in the space provided including 0 if none)

If "Zero" or "None", please skip the rest of this section.

2. Is your pharmacy program included in the capitation rate (carved in)?

○ Yes
○ No
○ Partial

Please specify the drug categories that are carved out.

_____

_____

_____

3. Contract updates between state and MCOs addressing DUR provisions in Section 1004 Support for Patients and Communities Act are required based on 1902(oo). If covered outpatient drugs are included in an MCO's covered benefit package, has the State updated their MCOs' contracts for compliance with Section 1004 of the SUPPORT for Patients and Communities Act?

   ○ Yes, contracts are updated to address each provision. Please specify effective date:

   _____

   ○ No, contracts are not updated, please explain:

   _____

   _____

   _____

   a. Is the state complying with Federal law and monitoring MCO compliance on SUPPORT for Patients and Communities Act provisions?

      ○ Yes, state is complying with Federal law and monitoring MCO compliance on SUPPORT for Patients and Communities Act provisions. Please explain monitoring activities.

      _____

      _____

      _____

      ○ No, please explain.

      _____

      _____

      _____

4. Does the state set requirements for the MCO's pharmacy benefit (i.e. same PDL, same ProDUR/RetroDUR)?

   ○ Yes
   ○ No

   If "Yes", please continue.

   a) Please check **all** requirements that apply below.

      ○ Formulary Reviews
      ○ Same PDL
      ○ Same ProDUR
      ○ Same RetroDUR
      ○ No State PDL

   b) Please briefly explain your policy.

      _____

      _____

      _____

   If "No", do you plan to set standards in the future?

      ○ Yes
      ○ No, please explain.

      _____

      _____

      _____

5. Is the RetroDUR program operated by the state or by the MCOs or does your state use a combination of state interventions as well as individual MCO interventions?

   ○ State operated
   ○ MCO operated
   ○ State uses a combination of state interventions as well as individual MCO interventions

6. Indicate how the State oversees the FFS and MCO RetroDUR programs? Please explain oversight process.

7. How does the state ensure MCO compliance with DUR requirements described in Section 1927(g) of the Act and 42 CFR part 456, subpart K?

8. Did **all** of your managed care plans submit their DUR reports?

   ○ Yes
   ○ No, please explain.

XI. EXECUTIVE SUMMARY

Summary 6: Executive Report should provide a brief overview of your program. It should describe 2019 highlights of the program, FFS initiatives, improvements, program oversight of managed care partners when applicable, and statewide (FFS and MCO) initiatives.