National Medicaid Managed Care Organization (MCO) 2019 Drug Utilization Review (DUR) Annual Report

Executive Summary
National Medicaid Drug Utilization Review (DUR)
Federal Fiscal Year (FFY) 2020
Managed Care Organization (MCO) Annual Report
(FFY 2019 Data: October 2018-September 2019)

Consistent with 42 CFR §438.3(s)(4) and (5) the Centers for Medicare and Medicaid Services (CMS) requires any Medicaid Managed Care Organization (MCO) that includes covered outpatient drugs to operate a Drug Utilization Review (DUR) program that complies with section 1927(g)(3)(D) and 42 CFR 456, subpart K. MCOs are required to report on the nature and scope of the prospective and retrospective DUR programs. The reports should include a summary and assessment of the interventions used in retrospective DUR, educational programs, DUR Board activities, and the DUR program's overall impact on quality of care. A description of the cost savings generated from their DUR programs including adoption of new innovative DUR practices is required.[1]

Prospective DUR (ProDUR), is one component of the DUR process, and requires pharmacies under contract with the MCOs to electronically monitor prescription drug claims before they are dispensed to identify problems such as therapeutic duplication, drug-disease contraindications, incorrect dosage or duration of treatment, and clinical misuse or abuse prior to dispensing of the prescription to the patient. Retrospective DUR (RetroDUR) involves an ongoing periodic examination of claims data to identify patterns of fraud, abuse, gross overuse, medically unnecessary care and implementation of corrective action(s) when applicable after a prescription has been dispensed.

A high level comparison of state MCO DUR survey responses can be found in this aggregate report summary. Aggregate MCO responses can also be found on Medicaid.gov.

I. Demographic and Enrollee Information

Based on FFY 2019 reported responses, 35 states, including the District of Columbia, have submitted 233 Medicaid MCO DUR Annual Surveys.[2,3] The information in this report is focused on national Medicaid MCO DUR activities.

- MCO data includes 47,856,193 beneficiaries enrolled in state MCOs' DUR Medicaid programs which include pharmacy benefits. This represents a 0.1% increase from FFY 2018.

II. Prospective DUR (ProDUR)

ProDUR functions are performed at the point-of-sale (POS) when the prescription is being processed at the pharmacy.

- FFY 2019 reported responses show 203 MCOs (87%) contract with an outside vendor to process their POS claims. This represents a 2% increase from FFY 2018.
- Based on FFY 2019 reported responses, 103 MCOs (44%) allow the pharmacist to override ProDUR alert messages. This represents a 15% decrease from FFY 2018. Surveys indicate 26

[1] All data presented within these reports originate from MCO responses to the FFY 2019 DUR MCO Survey.
[2] The MCO DUR survey was not submitted by Arizona because of the states existing waiver of these DUR requirements included in their approved 1115 Demonstration valid until September 2021.
[3] Missouri, Tennessee, West Virginia, and Wisconsin carve out their drug benefit and submitted an abbreviated MCO survey for each of their programs. To access these surveys, contact the respective State Pharmacy Director or the State DUR Contact.

MCOs (11%) do not allow the pharmacist to override these alerts. This represents an 11% decrease from FFY 2018. Finally, 100 MCOs (43%) limit the pharmacists' ability to override the alert based on the type of alert identified. This represents a 22% increase from FFY 2018.

- FFY 2019 reported responses confirm all MCOs set early prescription refill thresholds as a way of preventing prescriptions from being overutilized:
    - Non-controlled substances: MCOs reported thresholds range from 73% to 90% of the prescription being used, with a national average of 80%. This is consistent with FFY 2018.
    - Controlled substances (CIII to CV): MCO reported thresholds range from 73% to 90% of the prescription being used, with a national average of 85%. This represents a 1% increase from FFY 2018.
    - Controlled substances (CII): MCO reported thresholds range from 75% to 90% of the prescription being used, with a national average of 85%. This represents a 1% increase from FFY 2018.
- FFY 2019 reported responses show 117 MCOs (50%) utilize a system-accumulation edit for preventing early prescription refills over an extended period of time. Additionally, 20 MCOs (17%) plan to implement these types edit in the future. This is a 20% increase of MCOs planning to implement this edit from FFY 2018.

III. Retrospective DUR (RetroDUR)

The RetroDUR process allows MCOs to screen literature, clinical data, existing guidelines, and evaluate collected data to identify patterns of clinical concerns. Based on FFY 2019 reported responses, 74 MCOs (32%) utilize either their MCO DUR Board or their Pharmacy Benefit Manager (PBM) to review/approve RetroDUR criteria. This represents a 23% increase from FFY 2018. Responses indicate12 MCOs (5%) utilize the state's Medicaid DUR Board. This represents a 25% increase from FFY 2018. Additionally, 147 MCOs (63%) utilize other internal and external resources for review/approval of RetroDUR criteria. This represents a 10% decrease from FFY 2018.

IV. DUR Board Activity

Each MCO either utilizes their own DUR board or employs their state or PBM board for application, review, evaluation, and re-evaluation of DUR standards, reviews and interventions on an ongoing basis. All MCOs submitted a summary of their DUR board activities for FFY 2019 describing prospective, retrospective and educational interventions. For additional information on MCO DUR board activity, contact the respective State Pharmacy Director or State DUR Contact.

V. Physician Administered Drugs

Physician-administered drugs are drugs, other than vaccines, that are covered outpatient drugs under section 1927(k)(2) of the Social Security Act, and are typically administered by a medical professional in a physician's office or other outpatient clinical setting. Based on FFY 2019 reported responses, 26 MCOs (11%) have incorporated physician administered drugs into DUR criteria for ProDUR. This represents a 23% increase from FFY 2018. Responses indicate 29 MCOs (14%) plan to incorporate physician administered drugs in the future. This represents a 28% increase from FFY 2018. Additionally, 36 MCOs (15%) have incorporated physician administered drugs into their DUR criteria for RetroDUR. This represents a 14% decrease from FFY 2018. Finally, 52 MCOs (26%) plan to incorporate these drugs in the future. This represents a 25% increase from FFY 2018.

VI. Generic Policy and Utilization Data

In an ongoing effort to reduce spending on prescription drugs, states continue to encourage the use of lower- cost generic drugs. The average generic percentage utilization rate across all MCOs was 86%, consistent with FFY 2018. FFY 2019 reported responses confirm many MCOs base decisions of "brand

versus generic" product preferred status on net price, taking into consideration federal and supplemental rebate dollars on brand and generic drugs.

VII. Fraud, Waste and Abuse Detection

A. Lock- In or Patient Review and Restriction Programs

Lock-In or Patient Review and Restriction Programs restrict beneficiaries whose utilization of medical services is documented as being potentially unsafe, excessive, or could benefit from increased coordination of care. In some instances, beneficiaries are restricted to specific provider(s) in order to monitor services being utilized and reduce unnecessary or inappropriate utilization. Based on FFY 2019 reported responses, 231 MCOs (99%) have a documented process in place in which identifies potential fraud or misuse of controlled drugs by a beneficiary. This represents a 2% increase from FFY 2018. This includes 209 MCOs (90%) have a Lock-In program for beneficiaries with potential abuse of controlled substances. This represents a 3% increase from FFY 2018. Additionally, 227 MCOs (97%) have processes in place to identify potential fraudulent practices by prescribers. This represents a 6% increase from FFY 2018. This includes 229 MCOs (98%) have processes in place to identify potential fraudulent practices by pharmacies. This represents a 6% increase from FFY 2018.

These reviews trigger actions such as denying claims written by that prescriber or claims submitted by that pharmacy, alerting the state Integrity or Compliance Unit to investigate, or referring to the appropriate licensing Board for additional follow-up.

B. Prescription Drug Monitoring Programs

Prescription Drug Monitoring Programs (PDMPs) are statewide electronic databases that collect designated data on controlled substances that are dispensed in the state. Depending on the state, prescribers and pharmacists have access to these databases to identify patients that are engaging in potential fraud or misuse of controlled substances. Consistent with FFY 2018 reported responses, currently, 49 states (98%) indicated having a PDMP in their state. Based on FFY 2019 reported responses:

- 98 MCOs (42%) have some ability to query the state's PDMP database or receive PDMP data from the state, a 4% increase from FFY 2018.
    - 49 MCOs (50%) indicated that they face a range of barriers that hinder their ability to fully access and utilize the PDMP database to curb abuse, consistent with FFY 2018.
    - 38 MCOs (39%) indicated access to border state(s) PDMP database(s), a 5% decrease from FFY 2018.
    - 84 MCOs (86%) require that prescribers access the patient history in the PDMP database prior to prescribing controlled substances, an 11% increase from FFY 2018.

C. Pain Management Control

To prevent unauthorized prescribing of controlled substances, MCOs have used numerous approaches for monitoring these claims. The DEA Active Controlled Substance Registrant's File is utilized by 213 MCOs (91%) to identify prescribers not authorized to prescribe controlled substances. This represents an 8% increase from FFY 2018. In sum, 207 of these MCOs (97%) apply the DEA Active Controlled Substance Registrant's File to their ProDUR edits. This represents a 9% increase from FFY 2018. Additionally, 18 of these MCOs (48%) also apply the DEA Active Controlled Substance Registrant's File to their RetroDUR reviews. This represents a 50% increase from FFY 2018. An additional pain management control employed by MCOs include measures in place to either monitor or manage the prescribing of methadone. That is, 216 MCOs (93%) have measures in place to either monitor or manage the prescribing of methadone. This represents a 4% increase from FFY 2018.

D. Opioids

Most MCOs have POS edits in place to limit the quantity dispensed of an initial opioid prescription. Based on FFY reported responses, 153 MCOs (66%) apply this POS edit to all opioid prescriptions. This represents a 14% increase from FFY 2018. Survey results indicate 58 MCOs (25%) apply this edit to most opioid prescriptions. MCOs also apply other limitations and restrictions to opioid prescription dispensing to include, prior authorization, documentation of drug screening, prescriber intervention letters, morphine milligram equivalent (MME) daily dose program, pain management contracts or patient-provider agreements, pharmacist overrides, prescriber treatment plan, and/or clinical criteria such as step therapy. Additionally:

- 167 MCOs (72%) have prospective edits and 136 MCOs (58%) have a retrospective claims review process in place to monitor opioids and benzodiazepines being used concurrently. This question has been modified in the FFY 2019 survey.
- 86 MCOs (37%) have prospective edits and 108 MCOs (46%) have a retrospective claims review process in place to monitor opioids and antipsychotics being used concurrently. This question has been modified in the FFY 2019 survey.
- 198 MCOs (85%) develop and/or provide prescribers with pain management or opioid prescribing guidelines. This represents a 26% increase from FFY 2018.
- 126 MCOs (54%) utilize abuse deterrent opioids to prevent opioid misuse and abuse. This represents a 14% increase from FFY 2018.

E. Morphine Milligram Equivalent (MME) Daily Dose

MME is the amount of morphine in milligrams equivalent to the strength of the opioid dose prescribed. Using an MME approach allows comparison between the strength of different types of opioids. Based on FFY 2019 reported responses, 218 MCOs (94%) limit the amount of products containing morphine or morphine derivatives that a patient may receive in a specific time frame in order to reduce potential abuse or diversion, a 12% increase from FFY 2018. Additionally:

- 107 MCOs (46%) provides information to their prescribers on how to calculate an MME or provides a calculator to determine a patient's specific MME daily dose. This represents a 17% increase from FFY 2018.
- 212 MCOs (91%) have an edit in their POS system that alerts the pharmacy provider that the MME daily dose prescribed has been exceeded. This represents a 14% increase from FFY 2018.
- 175 MCOs (75%) have an automated retrospective claim review process to monitor the total daily dose of MMEs for opioid prescriptions dispensed. This is an additional question added to the FFY 2019 survey.

F. Buprenorphine, Naloxone, Buprenorphine/Naloxone Combinations and Methadone for Opioid Use Disorder (OUD)

Buprenorphine and buprenorphine/naloxone combination drugs, in conjunction with behavioral health counselling, are used to treat OUD. Based on FFY 2019 reported responses, 153 MCOs (64%) set total milligrams per day limits on the use of buprenorphine and buprenorphine/naloxone combination drugs. This represents an 8% increase from FFY 2018. Additionally, 158 MCOs (68%) provide at least one buprenorphine and buprenorphine/naloxone combination drug without a prior authorization requirement. Moreover, 158 MCOs (68%) have system edits in place to monitor opioids being used concurrently with any buprenorphine drug or any form of medication-assisted treatment (MAT). This represents a 10% increase from FFY 2018. Finally, 72 MCOs (32%) require prior authorization for these products. This represents a 26% decrease from FFY 2018.

Methadone is a drug that is indicated for both chronic pain and/or as part of an Opioid Treatment Program (OTP) (formerly referred to as a methadone treatment center). Due to methadone's potential opioid-related harms, CMS, in conjunction with the CDC recommend states to remove methadone for pain (outside of end of life care) from their preferred drug lists and not be considered a drug of first choice by prescribers for chronic non-cancer pain. However, the FDA has approved methadone as one of three drugs for treatment of opioid use disorder within an OTP. Based on FFY 2019 reported responses, 144 MCOs (62%) provide coverage for methadone for OUD through an OTP while 89 MCOs (38%) indicated they provide no methadone coverage for OUD, consistent with FFY 2018.

Naloxone is a medication designed to rapidly reverse opioid overdose. It is an opioid antagonist and can reverse and block the effects of opioids. Naloxone is available without prior authorization in 203 MCOs (87%). This represents an 8% increase from FFY 2018. Additionally, 188 MCOs (81%) allow pharmacists to dispense naloxone prescribed independently or by collaborative practice agreements, standing orders, or other predetermined protocols. This represents a 5% increase from FFY 2018.

G. Antipsychotics/Stimulants

Antipsychotic Medication

Based on FFY 2019 reported responses, 166 MCOs (71%) have a program in place for managing or monitoring appropriate use of antipsychotic drugs in children. This represents a 19% increase from FFY 2018. Additionally, 140 of these 166 MCOs (84%) manage or monitor antipsychotic medication for all children, including children in foster care. This represents a 28% increase from FFY 2018.

Stimulant Medication

Based on FFY 2019 reported responses, 167 MCOs (72%) have a program in place for managing or monitoring appropriate use of stimulant drugs in children. This represents an 8% increase from FFY 2018. Additionally, 146 of these 167 MCOs (87%) manage or monitor stimulant medication for all children, including children in foster care. This represents a 29% increase from FFY 2018.

Note: Some states have legislation in place that prohibits any restriction being placed on the prescribing of medications used to treat mental or behavioral health conditions.

VIII. Innovative Practices

Sharing of new ideas and best practices is an invaluable resource to all states. FFY 2019 reported responses include 48 state (96%) submissions for DUR innovative practices. For more information, contact the respective State Pharmacy Director or State DUR Contact.

IX. E-Prescribing

Electronic (E)-prescribing helps to improve the quality of the prescribing process, provides the provider patient drug history, limitations to pharmacy coverage, and enables providers to identify more cost effective drugs. Based on FFY 2019 reported responses, 196 MCOs (84%) have the ability to electronically provide patient drug history and pharmacy coverage limitations to a prescriber prior to prescribing upon inquiry. This represents a 19% increase from FFY 2018. Of the 37 MCOs (16%) without this functionality, 26 MCOs (70%) plan to implement a system in the future.

X. Executive Summary

All MCOs have submitted Executive Summaries. For more information, contact the respective State Pharmacy Director or State DUR Contact.

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PLEASE NOTE:

This is an aggregate standalone report posted on Medicaid.gov. Individual state MCO reports, attachments, and responses throughout the report have not been posted due to potential proprietary issues and space considerations.

MCOs responses to survey questions throughout the report are identified as the representative state and total MCOs responding as follows: State (Count of MCOs), i.e. CA (13) represents 13 MCOs in the state of California responding to a particular question.

Additional information may be obtained by contacting the State Pharmacy Director or State DUR Contact.

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Managed Care Organization (MCO) Annual Report

Number of Managed Care Organizations by State

Table 1 - Number of MCOs per State

State*	Total Number of MCOs
Arkansas	3
California	26
Colorado	2
Delaware	2
District of Columbia	4
Florida	16
Georgia	4
Hawaii	6
Illinois	7
Indiana	4
Iowa	2
Kansas	3
Kentucky	5
Louisiana	5
Maryland	9
Massachusetts	5
Michigan	11
Minnesota	8
Mississippi	3
Nebraska	3
Nevada	3
New Hampshire	3
New Jersey	5
New Mexico	3
New York	18
North Dakota	1
Ohio	5
Oregon	18
Pennsylvania	8
Rhode Island	3

State*	Total Number of MCOs
South Carolina	5
Texas	18
Utah	4
Virginia	6
Washington	5
Totals	**233**

* Only states that have MCOs with pharmacy benefits are shown. Missouri, Tennessee, West Virginia and Wisconsin have pharmacy benefits carved out of their managed care program and covered through their FFS program.

Section 1 - Enrollees

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

Figure 1 - Number of Beneficiaries Enrolled in MCO with Pharmacy Benefit (Total by State)

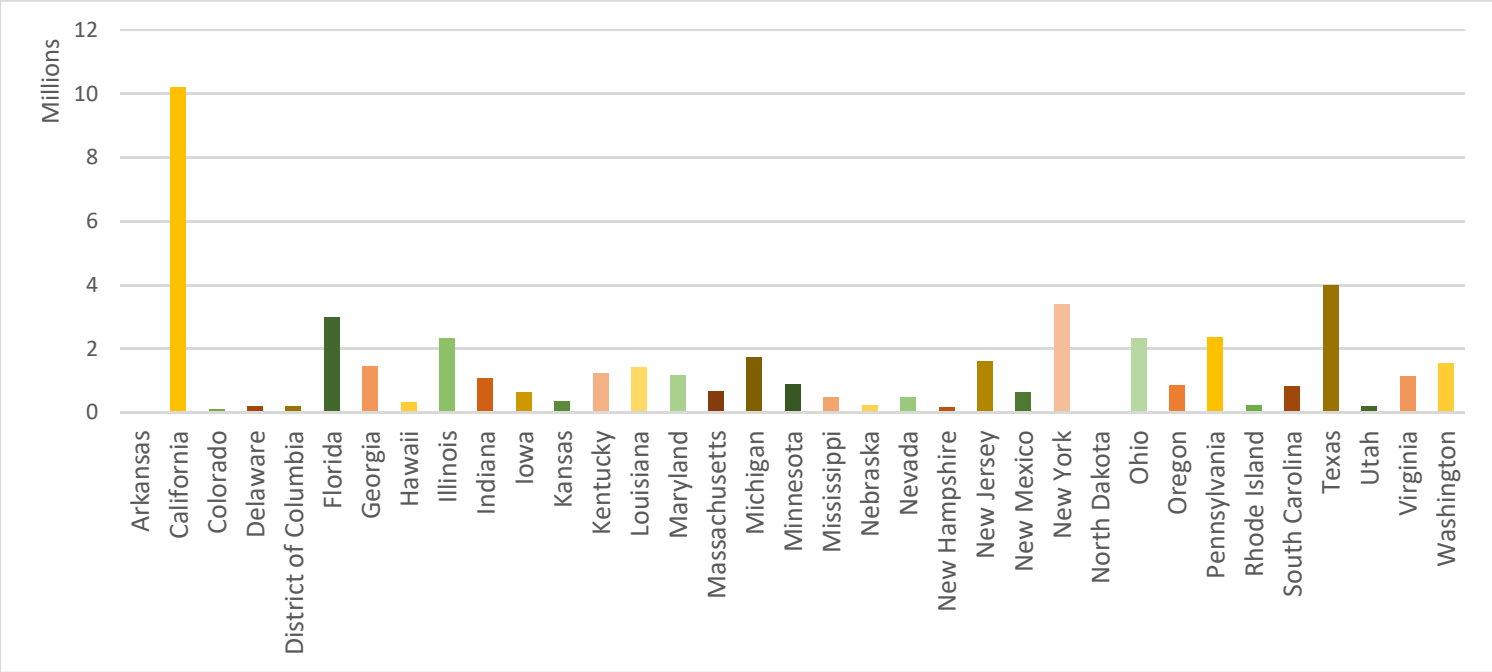

Table 2 - Number of Beneficiaries Enrolled in MCO with Pharmacy Benefit (Total by State)

State	Total Number of Beneficiaries Enrolled in MCO with Pharmacy Benefit by State
Arkansas	45,216
California	10,225,208
Colorado	112,688
Delaware	209,122
District of Columbia	202,112
Florida	2,995,589
Georgia	1,457,013
Hawaii	344,335
Illinois	2,345,539
Indiana	1,079,321
Iowa	637,980
Kansas	372,493
Kentucky	1,251,047
Louisiana	1,430,289
Maryland	1,160,990

State	Total Number of Beneficiaries Enrolled in MCO with Pharmacy Benefit by State
Massachusetts	678,429
Michigan	1,753,456
Minnesota	897,855
Mississippi	483,034
Nebraska	243,435
Nevada	495,711
New Hampshire	171,827
New Jersey	1,623,211
New Mexico	655,702
New York	3,390,880
North Dakota	20,079
Ohio	2,338,128
Oregon	873,412
Pennsylvania	2,378,611
Rhode Island	249,474
South Carolina	824,432
Texas	4,001,633
Utah	214,879
Virginia	1,150,316
Washington	1,542,747
National Totals	**47,856,193**

Section II - Prospective DUR

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

Figure 2 - Pharmacy POS Type of Vendor

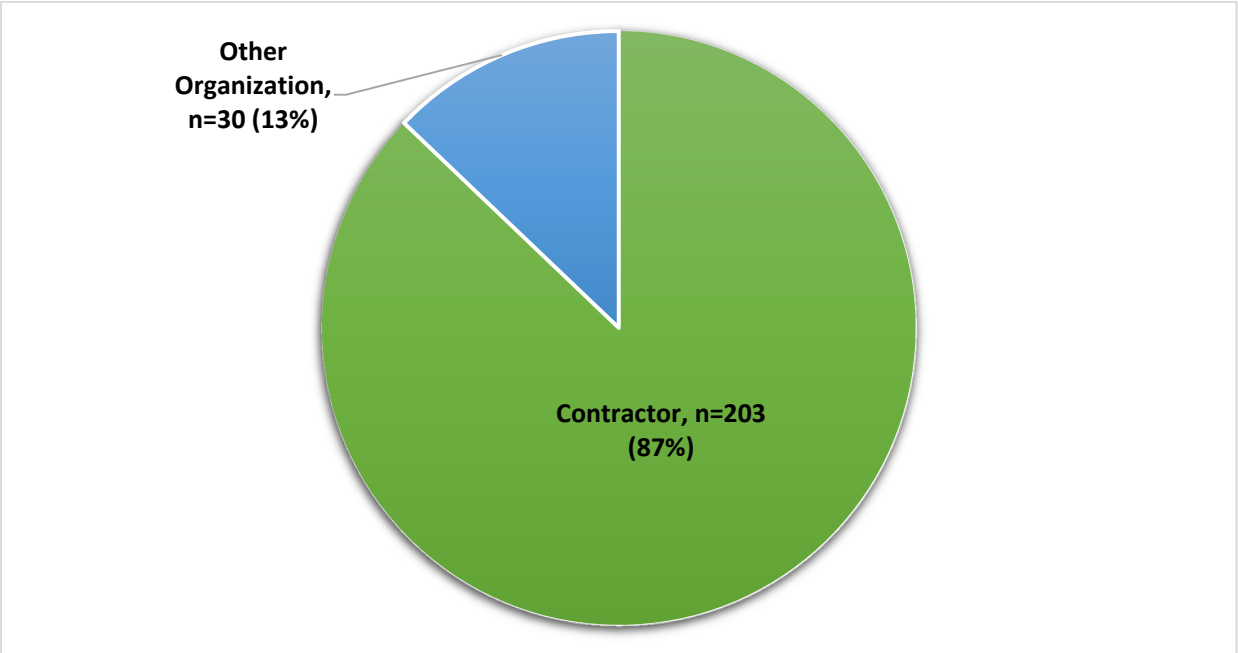

Table 3 - Pharmacy POS Type of Vendor

Response	States (Count of MCOs)	Total	Percent of Total
Contractor	Arkansas (2), California (25), Colorado (1), Delaware (2), District of Columbia (3), Florida (14), Georgia (3), Hawaii (6), Illinois (7), Indiana (3), Iowa (1), Kansas (3), Kentucky (4), Louisiana (3), Maryland (7), Massachusetts (5), Michigan (10), Minnesota (7), Mississippi (3), Nebraska (2), Nevada (2), New Hampshire (3), New Jersey (3), New Mexico (3), New York (15), North Dakota (1), Ohio (5), Oregon (16), Pennsylvania (7), Rhode Island (3), South Carolina (4), Texas (17), Utah (4), Virginia (5), Washington (4)	203	87.12%
Other organization	Arkansas (1), California (1), Colorado (1), District of Columbia (1), Florida (2), Georgia (1), Indiana (1), Iowa (1), Kentucky (1), Louisiana (2), Maryland (2), Michigan (1), Minnesota (1), Nebraska (1), Nevada (1), New Jersey (2), New York (3), Oregon (2), Pennsylvania (1), South Carolina (1), Texas (1), Virginia (1), Washington (1)	30	12.88%
National Totals		**233**	**100%**

Table 4 – Pharmacy POS Vendor Name

Response	State (Count of MCOs)	Total	Percent of Total
Abarca Health	District of Columbia (1)	1	0.43%
Contractor - SS&C Technologies (Formerly known as DST Pharmacy Solution)Inc	Florida (1)	1	0.43%
CVS from October 1, 2018 to May 31, 2019; RxAdvance June 1, 2019 to September 30, 2019	Pennsylvania (1)	1	0.43%
CVS/Caremark	Arkansas (2), California (5), Delaware (1), District of Columbia (1), Florida (8), Georgia (3), Hawaii (3), Illinois (3), Indiana (2), Kansas (1), Kentucky (4), Louisiana (2), Maryland (4), Massachusetts (3), Michigan (2), Minnesota (2), Mississippi (1), Nebraska (1), New Hampshire (1), New Jersey (2), New York (8), Ohio (3), Oregon (2), Pennsylvania (2), Rhode Island (2), South Carolina (3), Texas (3), Utah (1), Virginia (1), Washington (1)	77	33.05%
DST Pharmacy Solutions	California (4), Minnesota (1), Oregon (1), Pennsylvania (1)	7	3.00%
DST Pharmacy Solutions (10/1/18-4/30/19) Abarca Health (5/1/19-9/30/19)	Louisiana (1)	1	0.43%
EnvisionRx Options	Massachusetts (1), Michigan (1), New Hampshire (1), Virginia (1)	4	1.72%
Envolve Pharmacy Solutions	Florida (1), Illinois (1), Kansas (1), Nebraska (1), Nevada (1), New Mexico (1), Ohio (1), Oregon (1), Washington (1)	9	3.86%
Express Scripts	Arkansas (1), California (1), Florida (2), Hawaii (1), Indiana (1), Iowa (1), Kentucky (1), Maryland (1), Michigan (2), Minnesota (1), New Jersey (1), New York (4), Pennsylvania (1), South Carolina (1), Texas (1), Virginia (1), Washington (1)	22	9.44%
Express Scripts (10/1/18 - 4/30/19) and IngenioRx (5/1/19 to present)	Georgia (1)	1	0.43%
Express Scripts (10/1/18 - 4/30/19) IngenioRx (5/1/19 to present)	Nevada (1)	1	0.43%

Response	State (Count of MCOs)	Total	Percent of Total
Express Scripts (10/1/18 - 4/30/19) then IngenioRx (5/1/19 to present)	District of Columbia (1)	1	0.43%
Express Scripts (10/1/18 - 4/30/19), IngenioRx (5/1/19 - Present)	Louisiana (1)	1	0.43%
Express Scripts (10/1/18 - 4/30/19), IngenioRx (5/1/19 to present)	Maryland (1)	1	0.43%
Express Scripts (10/1/18 - 5/31/19), IngenioRx (6/1/19 to present)	New York (1)	1	0.43%
Express Scripts (10/1/2018 - 5/31/2019), IngenioRx (6/1/2019- Present)	New York (1)	1	0.43%
Express Scripts, Inc.(10/1/18-4/30/19), IngenioRx (5/1/19-Present)	Washington (1)	1	0.43%
Magellan Rx Management	Florida (2), Michigan (1), Virginia (1)	4	1.72%
MedImpact Healthcare Services, Inc.	California (9), Colorado (1), Hawaii (1), Illinois (1), Indiana (1), Maryland (1), Michigan (1), Minnesota (2), New York (1), Oregon (8), Pennsylvania (1)	27	11.59%
MeridianRx	Illinois (1), Michigan (1), Utah (1)	3	1.29%
MeridianRx Oct 2018-March 2019, Abarca Health April 2019-Dec 2019	Michigan (1)	1	0.43%
Navitus Health Solutions	California (1), Minnesota (1), Texas (11)	13	5.58%
October 1 - December 31 = Express Scripts. January 1 -	North Dakota (1)	1	0.43%

Response	State (Count of MCOs)	Total	Percent of Total
September 30 = OptumRx			
OptumRx	California (2), Colorado (1), Florida (1), Hawaii (1), Iowa (1), Kansas (1), Louisiana (1), Maryland (1), Massachusetts (1), Michigan (1), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (2), New Mexico (1), New York (3), Ohio (1), Oregon (4), Pennsylvania (1), Rhode Island (1), Texas (2), Utah (1), Virginia (2), Washington (1)	33	14.16%
PerformRx	California (3), Delaware (1), District of Columbia (1), Michigan (1), New Hampshire (1)	7	3.00%
PerformRx LLC (Claims processor: DST Pharmacy Solutions)	Pennsylvania (1)	1	0.43%
Prime Therapeutics, LLC	Illinois (1), Minnesota (1), New Mexico (1), Texas (1)	4	1.72%
ProcareRx	California (1), Maryland (1)	2	0.86%
Prospective Health Services (PHS) from RelayHealth	Utah (1)	1	0.43%
Providence Health Assurance Pharmacy Solutions	Oregon (2)	2	0.86%
RxAdvance	Mississippi (1)	1	0.43%
SS&C Technologies, Inc.	South Carolina (1)	1	0.43%
SS&C Technology Inc. (formerly known as DST)	Florida (1)	1	0.43%
National Totals		**233**	**100%**

2. Identify ProDUR criteria source.

Figure 3 - Prospective DUR Criteria Source

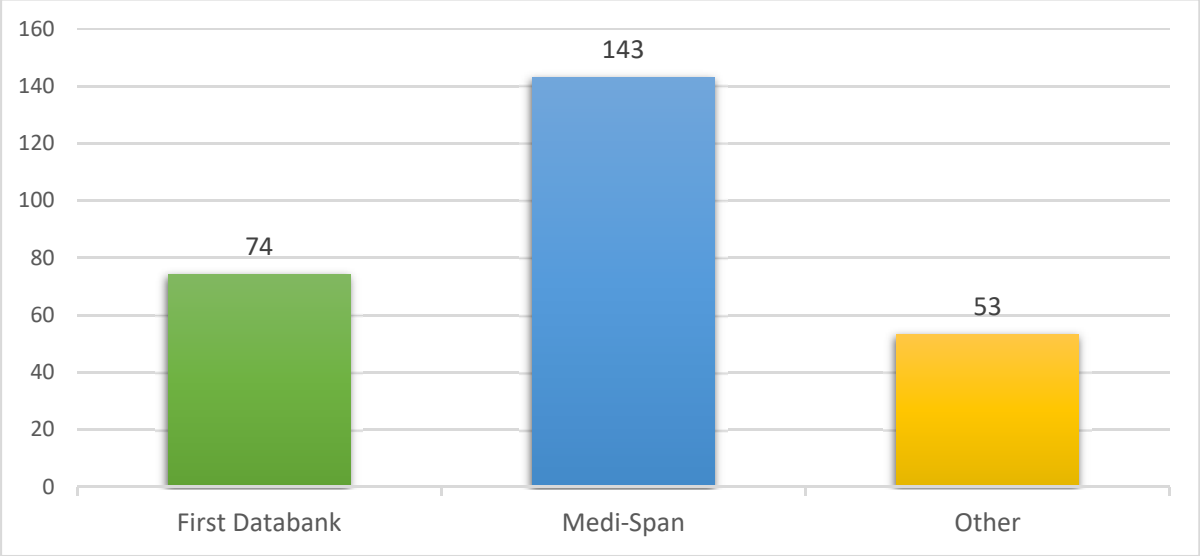

Table 5 - Prospective DUR Criteria Source

Response	States (Count of MCOs)	Total	Percent of Total
First Databank	Arkansas (1), California (18), Colorado (1), Delaware (1), Florida (6), Hawaii (2), Illinois (3), Indiana (2), Iowa (1), Kentucky (1), Maryland (2), Michigan (6), Minnesota (4), Mississippi (1), New Jersey (1), New York (1), Ohio (1), Oregon (11), Pennsylvania (4), South Carolina (2), Texas (1), Utah (1), Virginia (2), Washington (1)	74	27.41%
Medi-Span	Arkansas (2), California (8), Colorado (1), Delaware (1), District of Columbia (3), Florida (10), Georgia (3), Hawaii (4), Illinois (4), Indiana (2), Iowa (1), Kansas (3), Kentucky (4), Louisiana (3), Maryland (5), Massachusetts (5), Michigan (4), Minnesota (4), Mississippi (2), Nebraska (3), Nevada (2), New Hampshire (3), New Jersey (4), New Mexico (3), New York (11), Ohio (5), Oregon (7), Pennsylvania (3), Rhode Island (3), South Carolina (3), Texas (17), Utah (3), Virginia (4), Washington (3)	143	52.96%
Other	Arkansas (1), California (1), Delaware (1), District of Columbia (1), Florida (6), Georgia (2), Hawaii (2), Illinois (2), Kansas (1), Kentucky (2), Louisiana (3), Maryland (3), Michigan (3), Nebraska (1), Nevada (1), New Jersey (2), New York (8), North Dakota (1), Pennsylvania (5), South Carolina (2), Texas (2), Virginia (1), Washington (2)	53	19.63%
National Totals		**270**	**100%**

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

Figure 4 – ProDUR Criteria Approved by the DUR Board

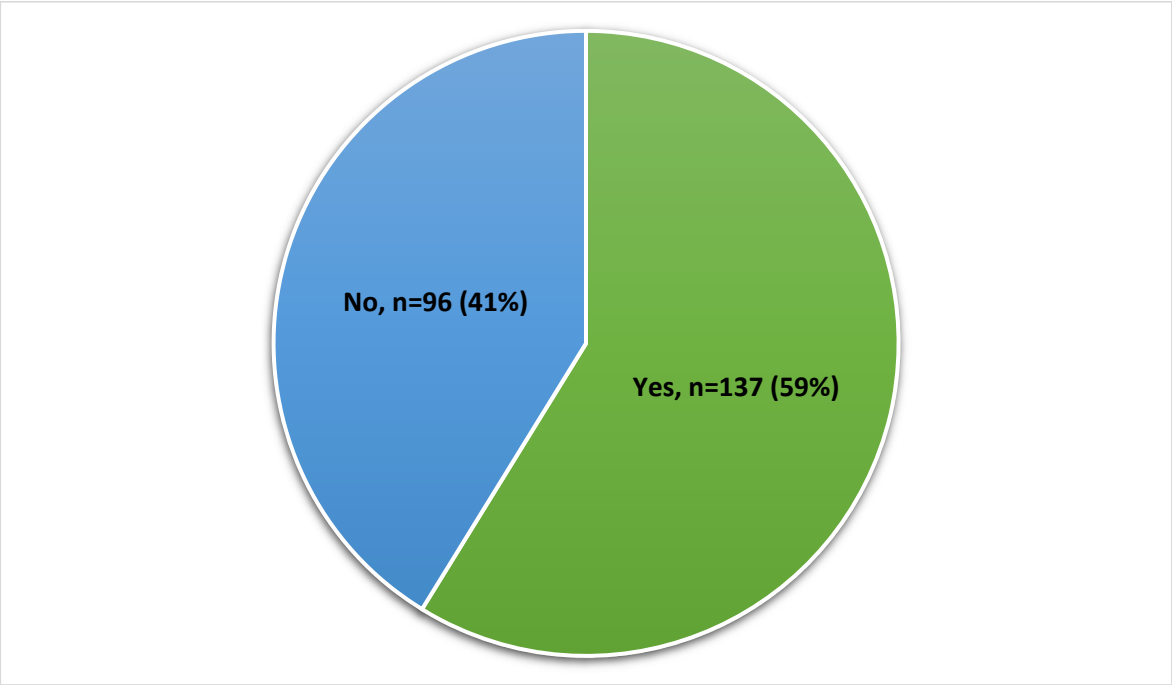

Table 6 – ProDUR Criteria Approved by the DUR Board

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (2), California (15), Colorado (1), Delaware (1), District of Columbia (1), Florida (12), Georgia (1), Hawaii (4), Illinois (5), Indiana (4), Iowa (2), Kansas (2), Kentucky (1), Louisiana (5), Maryland (4), Michigan (7), Minnesota (3), Mississippi (3), Nebraska (3), Nevada (2), New Hampshire (3), New Jersey (3), New York (9), North Dakota (1), Ohio (3), Oregon (13), Pennsylvania (7), Rhode Island (2), South Carolina (3), Texas (3), Utah (4), Virginia (4), Washington (4)	137	58.80%
No	Arkansas (1), California (11), Colorado (1), Delaware (1), District of Columbia (3), Florida (4), Georgia (3), Hawaii (2), Illinois (2), Kansas (1), Kentucky (4), Maryland (5), Massachusetts (5), Michigan (4), Minnesota (5), Nevada (1), New Jersey (2), New Mexico (3), New York (9), Ohio (2), Oregon (5), Pennsylvania (1), Rhode Island (1), South Carolina (2), Texas (15), Virginia (2), Washington (1)	96	41.20%
National Totals		**233**	**100%**

If "Yes," who reviews your new ProDUR criteria?

Figure 5 - Reviewer of New ProDUR Criteria

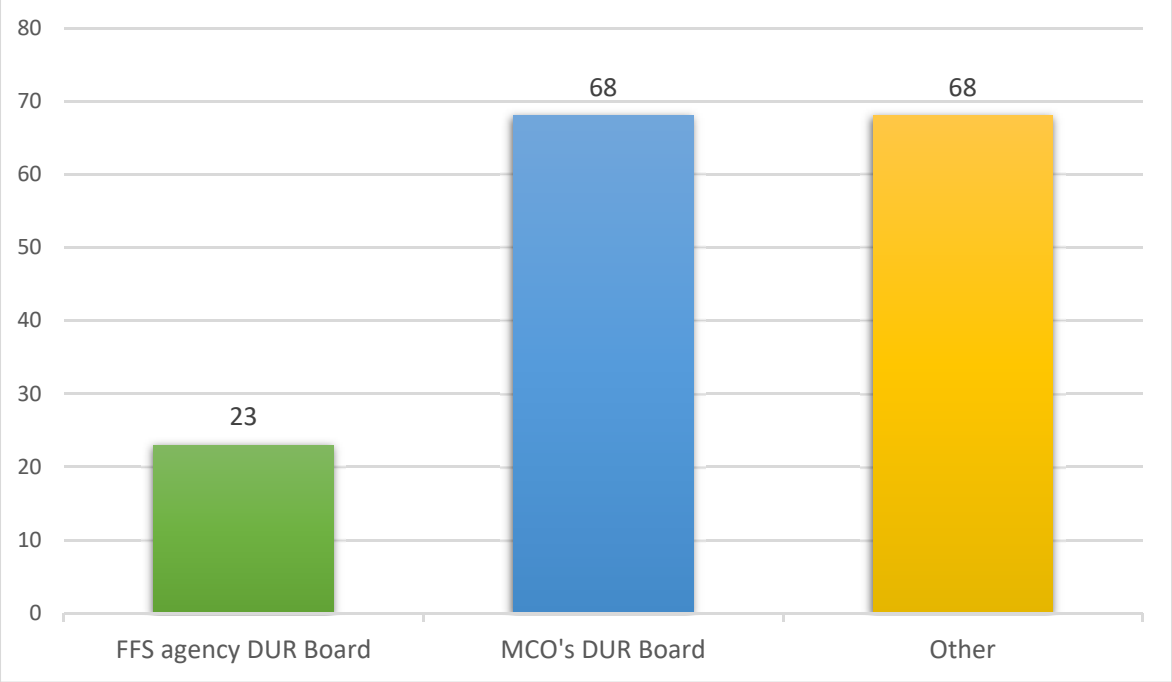

Table 7 - Reviewer of New ProDUR Criteria

Response	States (Count of MCOs)	Total	Percent of Total
FFS agency DUR Board	Delaware (1), Florida (8), Indiana (3), Iowa (2), Louisiana (5), Mississippi (1), Nebraska (2), Pennsylvania (1)	23	14.47%
MCO's DUR Board	Arkansas (2), California (8), Colorado (1), Delaware (1), District of Columbia (1), Florida (2), Hawaii (1), Illinois (3), Louisiana (1), Maryland (2), Michigan (4), Minnesota (1), Mississippi (2), Nebraska (2), Nevada (2), New Hampshire (1), New Jersey (1), New York (3), Ohio (1), Oregon (8), Pennsylvania (6), Rhode Island (1), South Carolina (2), Texas (2), Utah (4), Virginia (4), Washington (2)	68	42.77%
Other	California (7), Florida (4), Georgia (1), Hawaii (3), Illinois (3), Indiana (3), Kansas (2), Kentucky (1), Louisiana (3), Maryland (2), Michigan (3), Minnesota (2), Nebraska (2), New Hampshire (2), New Jersey (2), New York (7), North Dakota (1), Ohio (2), Oregon (8), Pennsylvania (2), Rhode Island (1), South Carolina (2), Texas (1), Virginia (1), Washington (3)	68	42.77%
National Totals		**159**	**100%**

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)?

Figure 6 - ProDUR Alert Message for Pharmacist Override using "NCPDP Drug Use Evaluation Codes"

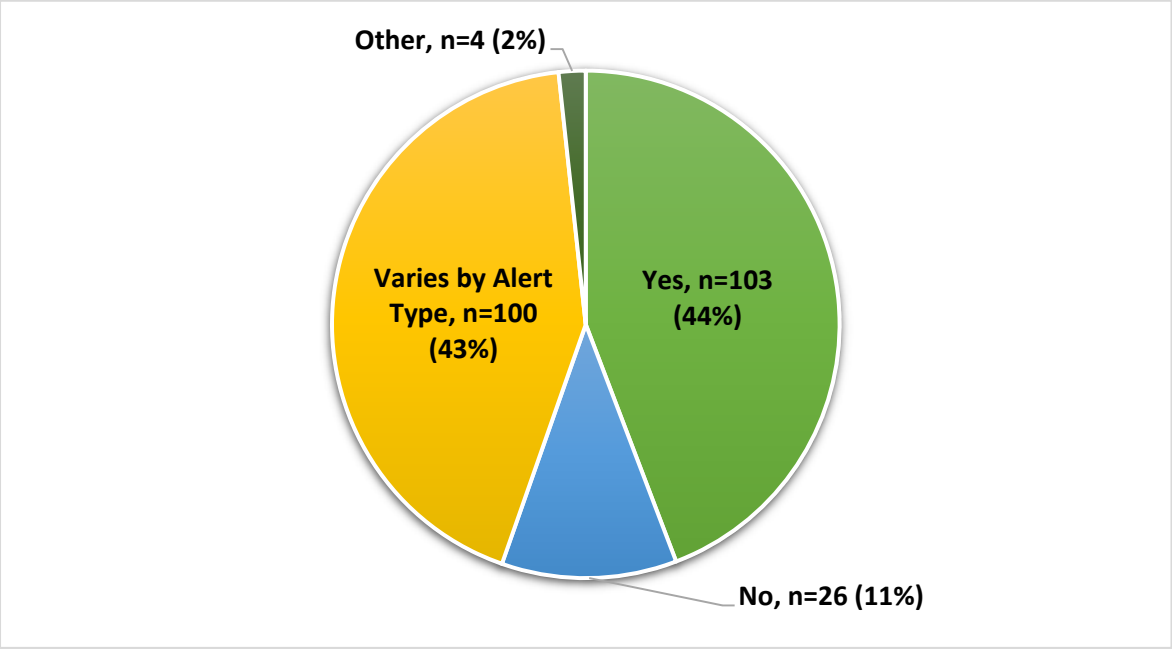

Table 8 – ProDUR Alert Message for Pharmacist Override using "NCPDP Drug Use Evaluation Codes"

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (2), California (10), District of Columbia (2), Florida (5), Georgia (2), Hawaii (2), Illinois (4), Indiana (3), Kansas (1), Kentucky (3), Louisiana (3), Maryland (5), Massachusetts (2), Michigan (7), Minnesota (4), Mississippi (1), Nebraska (1), Nevada (2), New Hampshire (2), New Jersey (3), New Mexico (2), New York (7), North Dakota (1), Ohio (1), Oregon (8), Pennsylvania (3), Rhode Island (1), South Carolina (3), Texas (4), Utah (2), Virginia (5), Washington (2)	103	44.21%
No	California (4), Colorado (1), Delaware (1), District of Columbia (2), Florida (1), Iowa (2), Minnesota (1), New Hampshire (1), Oregon (1), Pennsylvania (1), South Carolina (1), Texas (10)	26	11.16%
Varies by alert type	Arkansas (1), California (11), Colorado (1), Delaware (1), Florida (8), Georgia (2), Hawaii (4), Illinois (3), Indiana (1), Kansas (2), Kentucky (2), Louisiana (2), Maryland (4), Massachusetts (3), Michigan (4), Minnesota (3), Mississippi (2), Nebraska (2), Nevada (1), New Jersey (2), New Mexico (1), New York (11), Ohio (4), Oregon (9), Pennsylvania (4), Rhode Island (2), South	100	42.92%

Response	States (Count of MCOs)	Total	Percent of Total
	Carolina (1), Texas (4), Utah (1), Virginia (1), Washington (3)		
Other	California (1), Florida (2), Utah (1)	4	1.72%
National Totals		**233**	**100%**

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

Figure 7 – Receive/Review Follow-up Periodic Reports Providing Individual Pharmacy Provider Override Activity

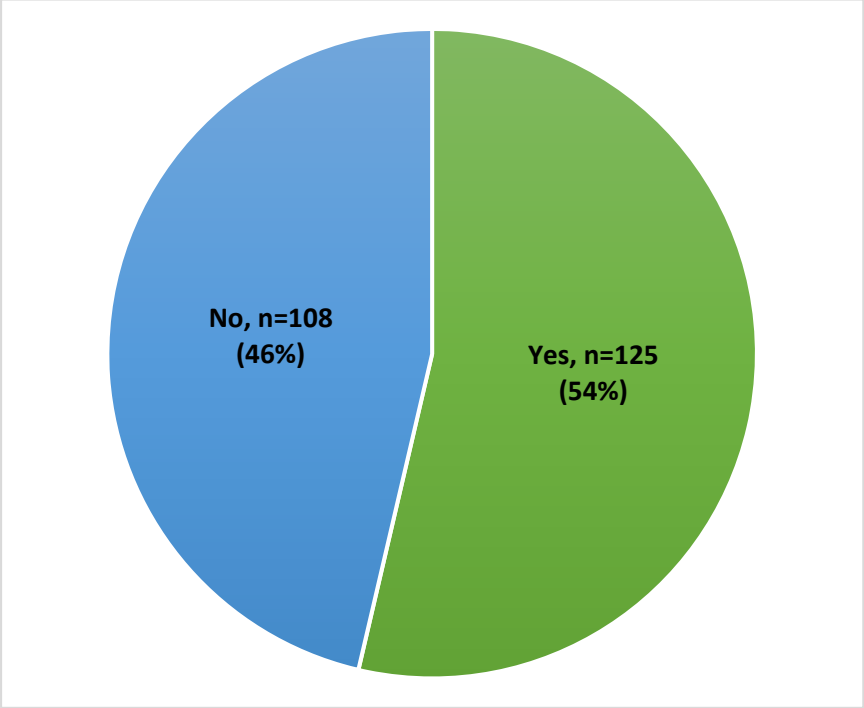

Table 9 – Receive/Review Follow-up Periodic Reports Providing Individual Pharmacy Provider Override Activity

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (2), California (15), Delaware (1), Florida (13), Georgia (2), Hawaii (4), Illinois (4), Indiana (4), Kansas (2), Kentucky (4), Louisiana (3), Maryland (5), Massachusetts (4), Michigan (7), Minnesota (3), Mississippi (2), Nebraska (3), Nevada (2), New Hampshire (1), New Jersey (4), New Mexico (1), New York (9), North Dakota (1), Ohio (4), Oregon (7), Pennsylvania (4), Rhode Island (2), South Carolina (1), Texas (3), Utah (1), Virginia (4), Washington (3)	125	53.65%
No	Arkansas (1), California (11), Colorado (2), Delaware (1), District of Columbia (4), Florida (3), Georgia (2), Hawaii (2), Illinois (3), Iowa (2),	108	46.35%

Response	States (Count of MCOs)	Total	Percent of Total
	Kansas (1), Kentucky (1), Louisiana (2), Maryland (4), Massachusetts (1), Michigan (4), Minnesota (5), Mississippi (1), Nevada (1), New Hampshire (2), New Jersey (1), New Mexico (2), New York (9), Ohio (1), Oregon (11), Pennsylvania (4), Rhode Island (1), South Carolina (4), Texas (15), Utah (3), Virginia (2), Washington (2)		
National Totals		**233**	**100%**

a. If "Yes," how often?

Figure 8 – Frequency of Reports Providing Individual Pharmacy Provider Override Activity

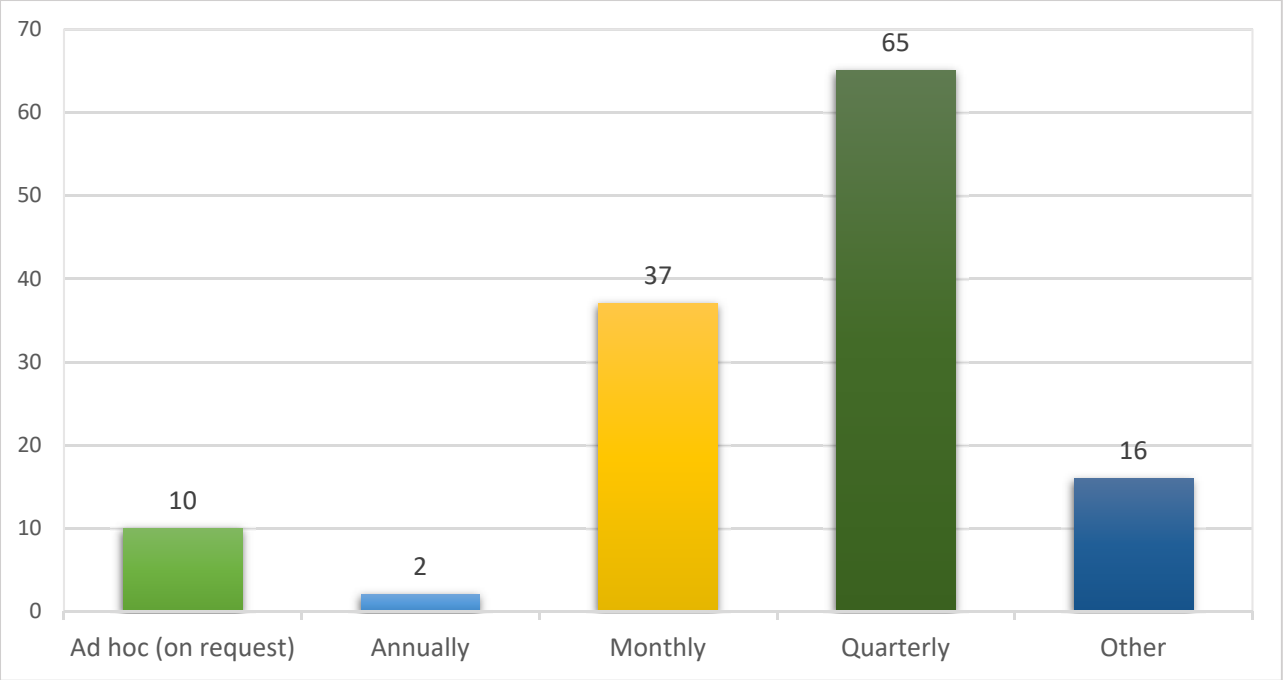

Table 10 - Frequency of Reports Providing Individual Pharmacy Provider Override Activity

Response	States (Count of MCOs)	Total	Percent of Total
Ad hoc (on request)	California (2), Florida (1), Kentucky (1), Massachusetts (1), Michigan (1), Minnesota (1), New York (2), Oregon (1)	10	7.69%
Annually	New York (1), Oregon (1)	2	1.54%
Monthly	Arkansas (1), California (3), Florida (2), Georgia (2), Hawaii (2), Illinois (3), Indiana (2), Kentucky (2), Louisiana (1), Maryland (1), Michigan (1), Minnesota (1), Nebraska (2), Nevada (1), New Jersey (1), New Mexico (1), New York (2), Ohio (2), Oregon (2), South Carolina (1), Texas (1), Utah (1), Virginia (1), Washington (1)	37	28.46%
Quarterly	Arkansas (1), California (6), Delaware (1), Florida (8), Hawaii (2), Illinois (1), Indiana (2), Kansas (2),	65	50.00%

Response	States (Count of MCOs)	Total	Percent of Total
	Kentucky (2), Louisiana (1), Maryland (4), Massachusetts (3), Michigan (6), Minnesota (1), Mississippi (2), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (3), New York (2), Ohio (2), Oregon (1), Pennsylvania (4), Rhode Island (2), Texas (2), Virginia (3), Washington (1)		
Other	California (4), Florida (2), Louisiana (1), Michigan (1), New York (2), North Dakota (1), Oregon (4), Washington (1)	16	12.31%
National Totals		**130**	**100%**

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

Figure 9 – Follow up with Providers who Routinely Override with Interventions

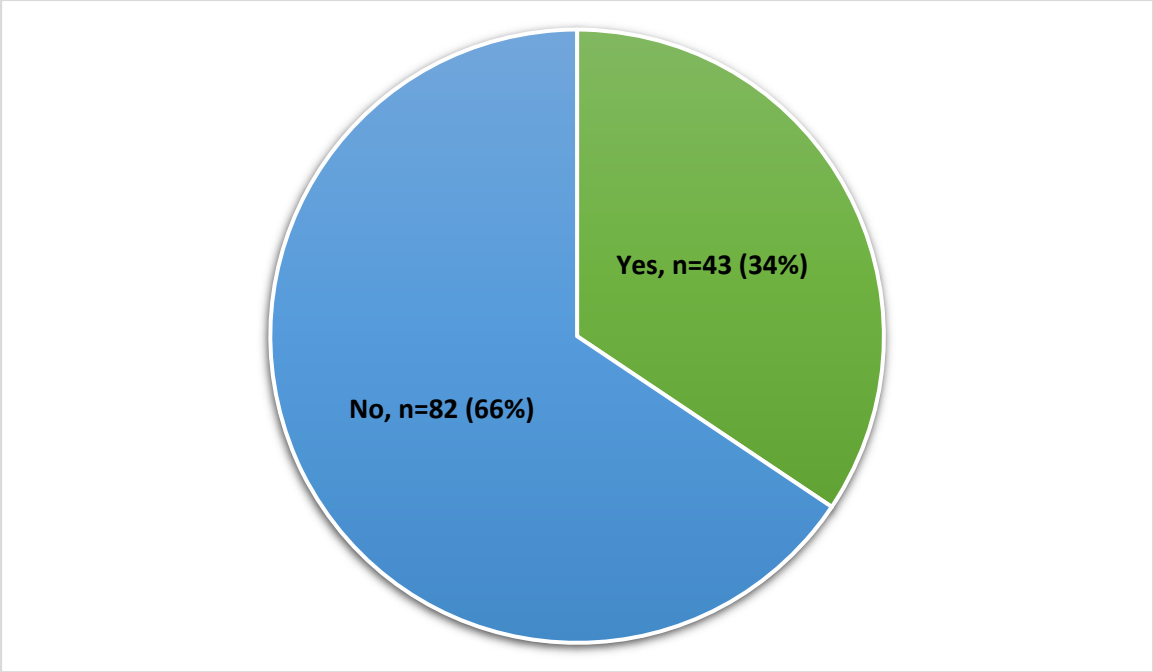

Table 11 - Follow up with Providers who Routinely Override with Interventions

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (1), California (5), Florida (5), Hawaii (1), Illinois (2), Indiana (2), Maryland (3), Massachusetts (2), Michigan (4), Minnesota (3), Nebraska (1), New Hampshire (1), New Jersey (1), New Mexico (1), New York (2), North Dakota (1), Ohio (1), Oregon (1), Pennsylvania (1), Rhode Island (1), Texas (1), Utah (1), Virginia (1), Washington (1)	43	34.40%
No	Arkansas (1), California (10), Delaware (1), Florida (8), Georgia (2), Hawaii (3), Illinois (2),	82	65.60%

Response	States (Count of MCOs)	Total	Percent of Total
	Indiana (2), Kansas (2), Kentucky (4), Louisiana (3), Maryland (2), Massachusetts (2), Michigan (3), Mississippi (2), Nebraska (2), Nevada (2), New Jersey (3), New York (7), Ohio (3), Oregon (6), Pennsylvania (3), Rhode Island (1), South Carolina (1), Texas (2), Virginia (3), Washington (2)		
National Totals		**125**	**100%**

If answer to #5b is "Yes," by what method do you follow up?

Figure 10 – Follow up Method with Providers who Routinely Override with Interventions

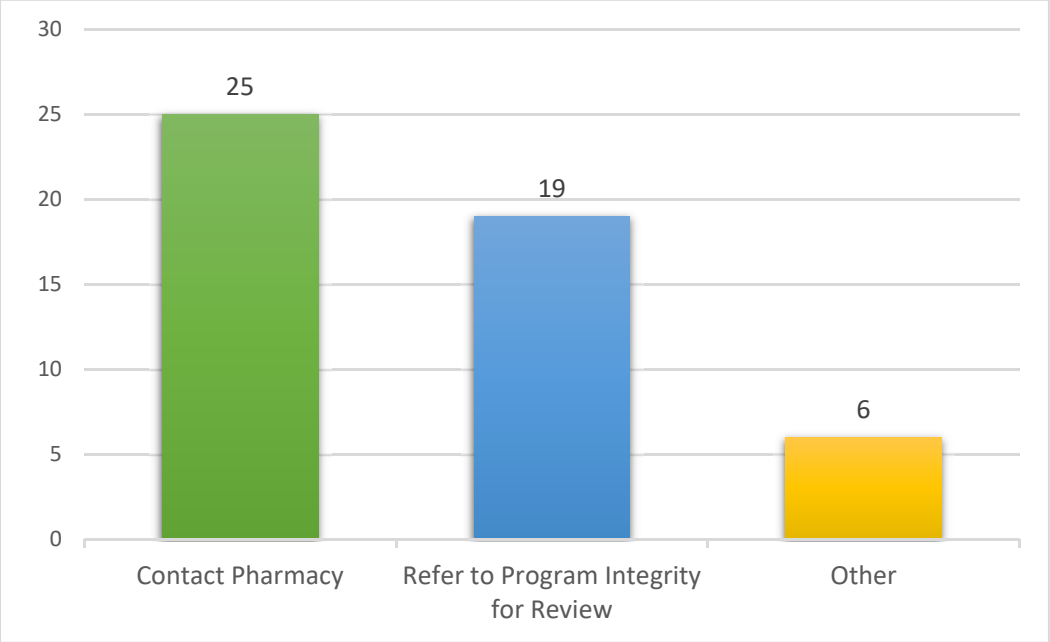

Table 12 - Follow up Method with Providers who Routinely Override with Interventions

Response	States (Count of MCOs)	Total	Percent of Total
Contact Pharmacy	California (5), Florida (5), Hawaii (1), Illinois (1), Maryland (2), Michigan (2), Minnesota (1), Nebraska (1), New Jersey (1), New York (2), North Dakota (1), Pennsylvania (1), Rhode Island (1), Utah (1)	25	50.00%
Refer to Program Integrity for Review	Arkansas (1), California (1), Florida (3), Indiana (2), Massachusetts (1), Michigan (3), Minnesota (1), New Hampshire (1), New York (1), Ohio (1), Oregon (1), Rhode Island (1), Virginia (1), Washington (1)	19	38.00%
Other	Illinois (1), Maryland (1), Massachusetts (1), Minnesota (1), New Mexico (1), Texas (1)	6	12.00%
National Totals		**50**	**100%**

6. Early Refill

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

Figure 11 - Non-Controlled Drugs Early Refill Percent Edit Threshold (Average by State)

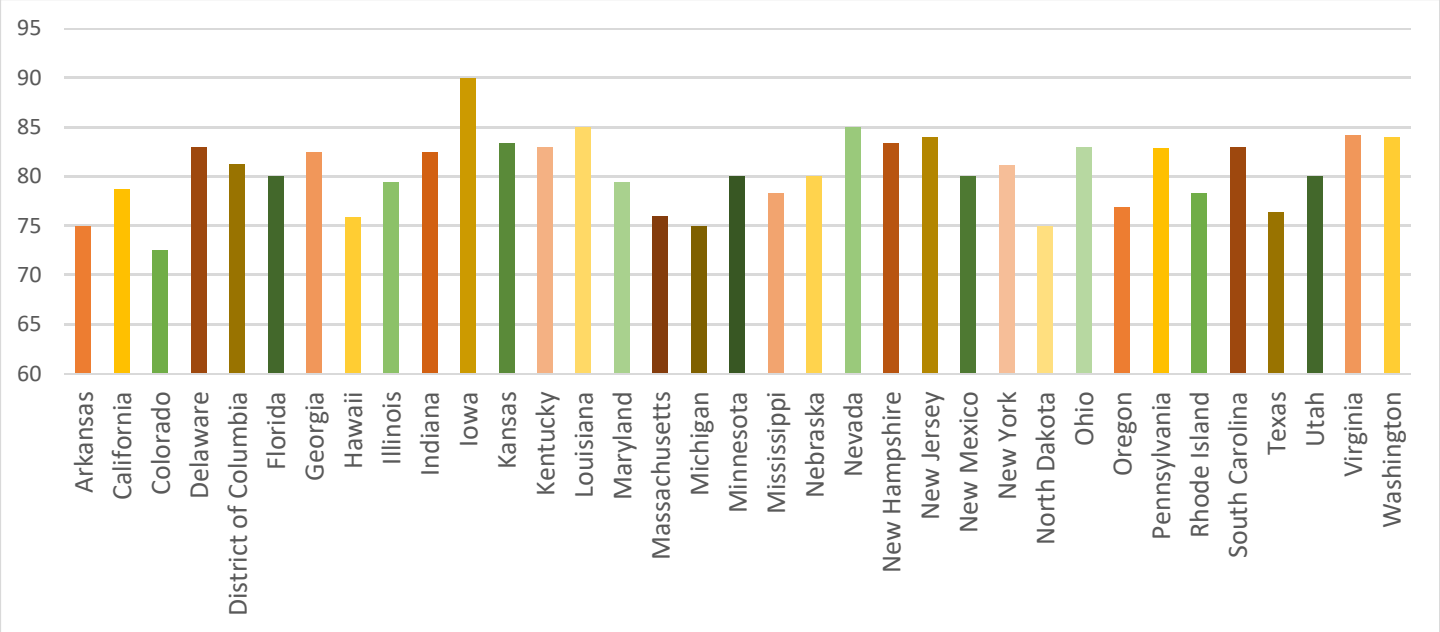

Figure 12 - Schedule II Controlled Drugs Early Refill Percent Edit Threshold (Average by State)

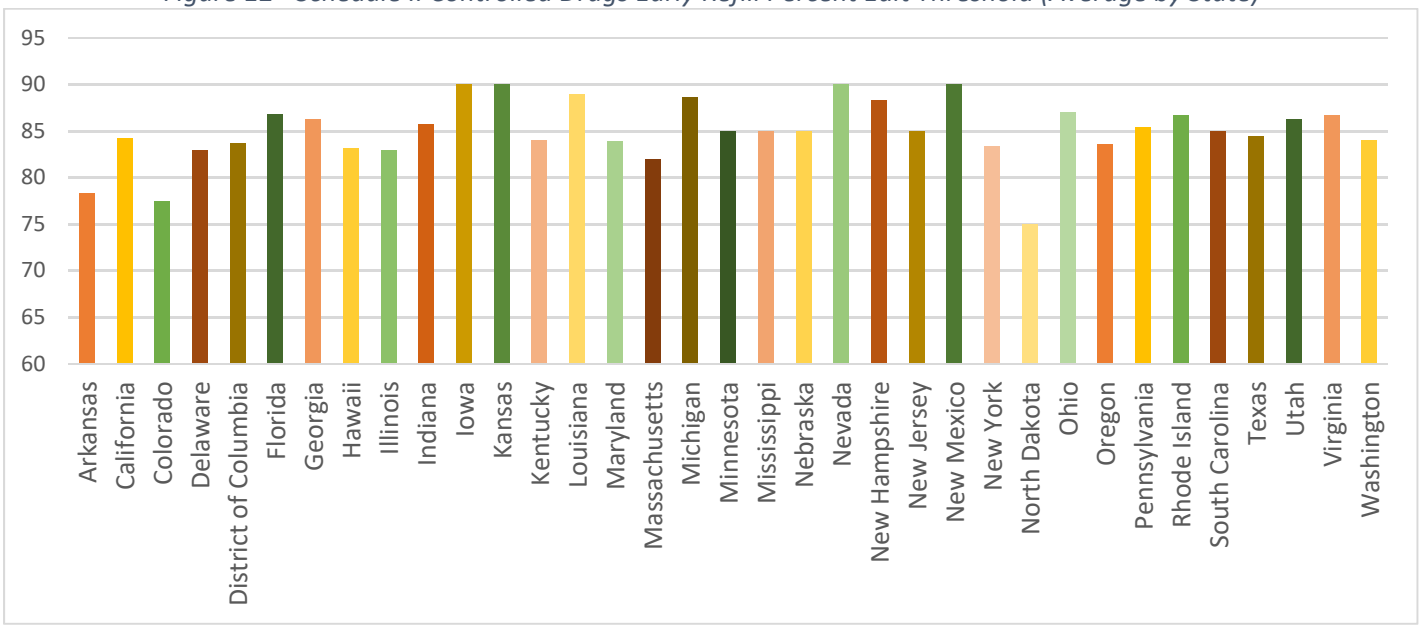

Figure 13 - Schedule III through V Controlled Drugs Early Refill Percent Edit Threshold (Average by State)

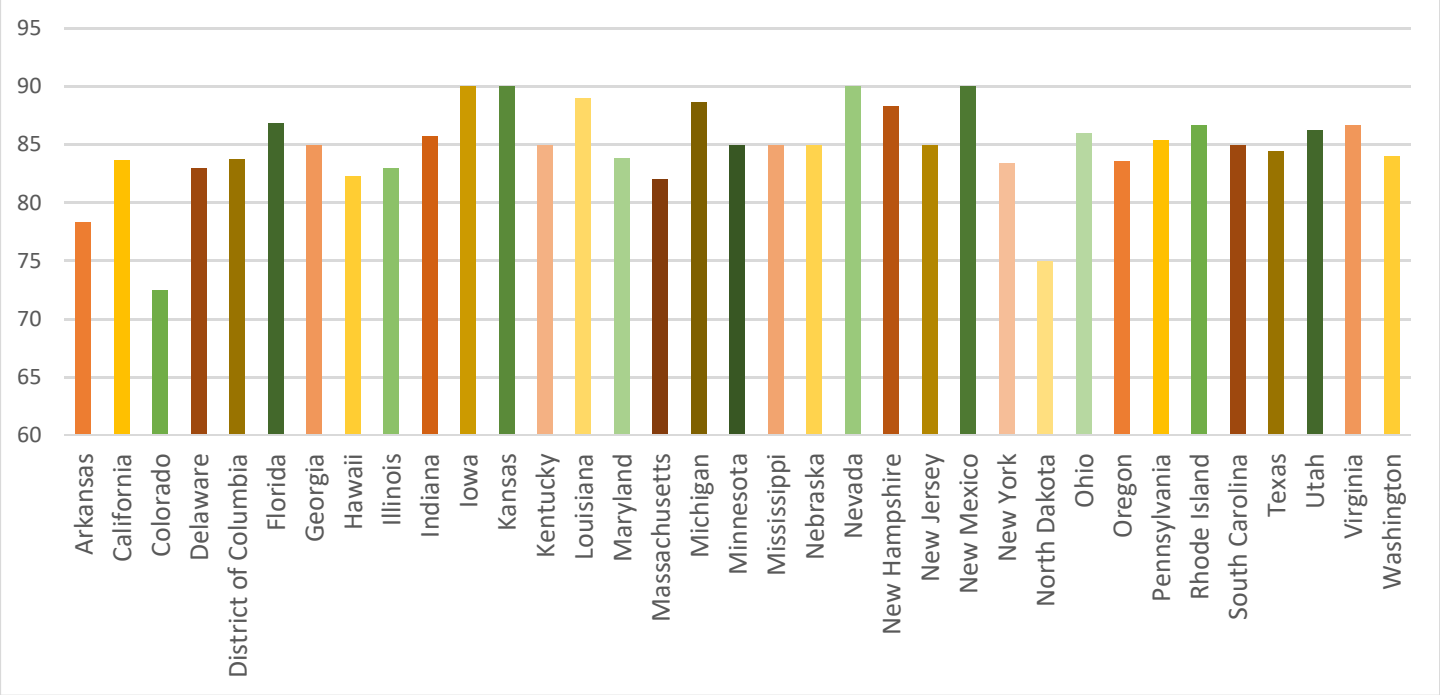

Table 13 - Early Refill Percent Threshold for Non-controlled and Controlled Drugs (Average by State)

State	Non-controlled Drugs	Schedule II Controlled Drugs	Schedule III through V Controlled Drugs
Arkansas	75%	78%	78%
California	79%	84%	84%
Colorado	73%	78%	73%
Delaware	83%	83%	83%
District of Columbia	81%	84%	84%
Florida	80%	87%	87%
Georgia	83%	86%	85%
Hawaii	76%	83%	82%
Illinois	79%	83%	83%
Indiana	83%	86%	86%
Iowa	90%	90%	90%
Kansas	83%	90%	90%
Kentucky	83%	84%	85%
Louisiana	85%	89%	89%
Maryland	79%	84%	84%
Massachusetts	76%	82%	82%
Michigan	75%	89%	89%
Minnesota	80%	85%	85%
Mississippi	78%	85%	85%
Nebraska	80%	85%	85%
Nevada	85%	90%	90%
New Hampshire	83%	88%	88%
New Jersey	84%	85%	85%

State	Non-controlled Drugs	Schedule II Controlled Drugs	Schedule III through V Controlled Drugs
New Mexico	80%	90%	90%
New York	81%	83%	83%
North Dakota	75%	75%	75%
Ohio	83%	87%	86%
Oregon	77%	84%	84%
Pennsylvania	83%	85%	85%
Rhode Island	78%	87%	87%
South Carolina	83%	85%	85%
Texas	76%	84%	84%
Utah	80%	86%	86%
Virginia	84%	87%	87%
Washington	84%	84%	84%
National Average	**80%**	**85%**	**85%**

b. For non-controlled drugs, when an early refill message occurs, does your MCO require prior authorization?

Figure 14 - For Non-Controlled Drugs, Early Refill State Requirements for Prior Authorization

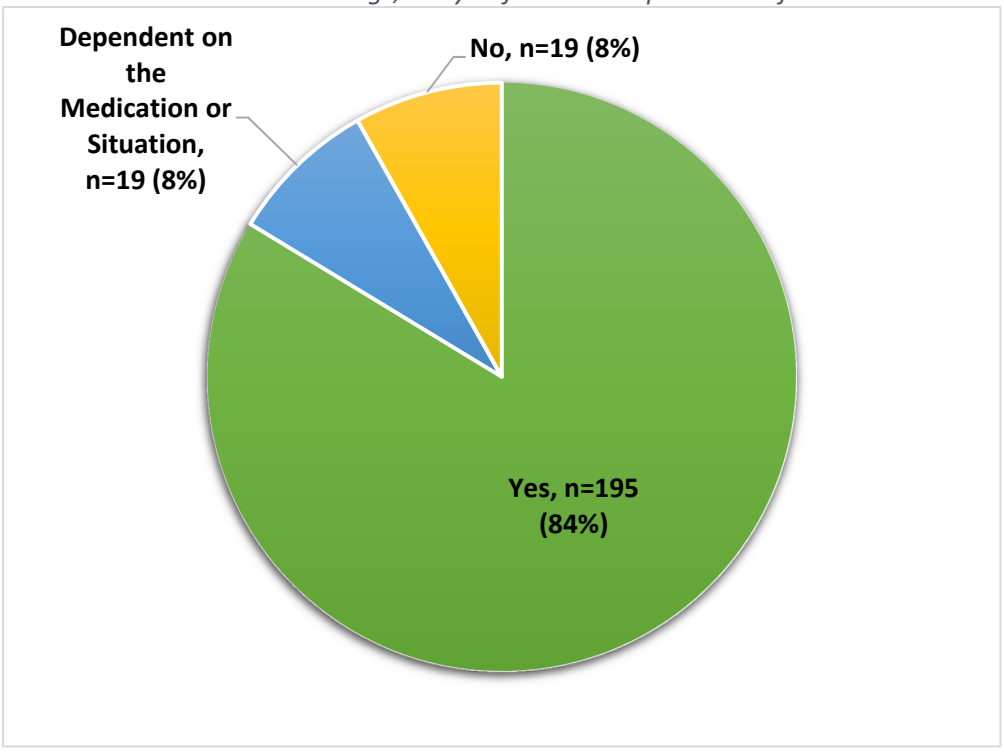

Table 14 - For Non-Controlled Drugs, Early Refill State Requirements for Prior Authorization

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (21), Colorado (2), Delaware (2), District of Columbia (3), Florida (13), Georgia (4), Hawaii (5), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (7), Massachusetts (4), Michigan (9), Minnesota (6), Mississippi (2), Nebraska (3), Nevada (2), New Hampshire (1), New Jersey (4), New Mexico (2), New York (15), North Dakota (1), Ohio (5), Oregon (14), Pennsylvania (7), Rhode Island (3), South Carolina (5), Texas (16), Utah (3), Virginia (4), Washington (4)	195	83.69%
Dependent on the medication or situation	California (1), Florida (2), Illinois (1), Maryland (1), Michigan (1), Minnesota (2), Mississippi (1), New Hampshire (1), New Jersey (1), New Mexico (1), New York (2), Oregon (1), Texas (1), Virginia (2), Washington (1)	19	8.15%
No	California (4), District of Columbia (1), Florida (1), Hawaii (1), Maryland (1), Massachusetts (1), Michigan (1), Nevada (1), New Hampshire (1), New York (1), Oregon (3), Pennsylvania (1), Texas (1), Utah (1)	19	8.15%
National Totals		**233**	**100%**

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

Figure 15 - Non-Controlled Drugs Early Refill Authorization Sources

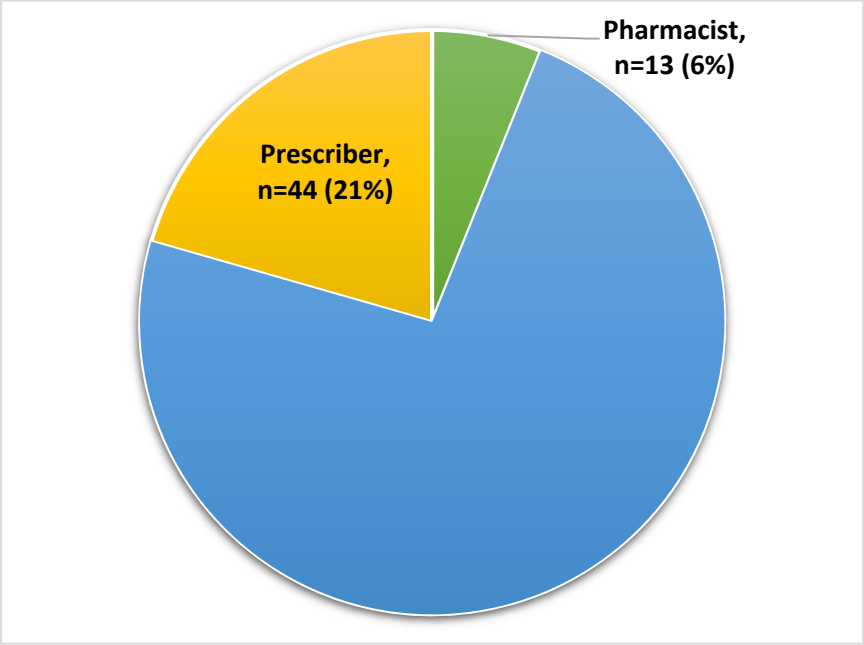

Table 15 - Non-Controlled Drugs Early Refill Authorization Sources

Response	States (Count of MCOs)	Total	Percent of Total
Pharmacist	Florida (1), Illinois (1), Iowa (1), Maryland (1), Michigan (1), Minnesota (2), Nebraska (1), New Mexico (1), New York (3), Utah (1)	13	6.07%
Pharmacist or Prescriber	Arkansas (3), California (18), Colorado (2), Delaware (1), District of Columbia (3), Florida (13), Georgia (3), Hawaii (5), Illinois (6), Indiana (2), Kansas (1), Kentucky (4), Louisiana (2), Maryland (5), Massachusetts (4), Michigan (5), Minnesota (4), Mississippi (2), Nebraska (1), Nevada (1), New Hampshire (2), New Jersey (4), New Mexico (2), New York (10), North Dakota (1), Ohio (3), Oregon (15), Pennsylvania (4), Rhode Island (2), South Carolina (5), Texas (15), Utah (1), Virginia (4), Washington (4)	157	73.36%
Prescriber	California (4), Delaware (1), Florida (1), Georgia (1), Indiana (2), Iowa (1), Kansas (2), Kentucky (1), Louisiana (3), Maryland (2), Michigan (4), Minnesota (2), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (1), New York (4), Ohio (2), Pennsylvania (3), Rhode Island (1), Texas (2), Utah (1), Virginia (2), Washington (1)	44	20.56%
National Totals		**214**	**100%**

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

Figure 16 - Non-Controlled Drugs: Pharmacist May Override at Point of Service

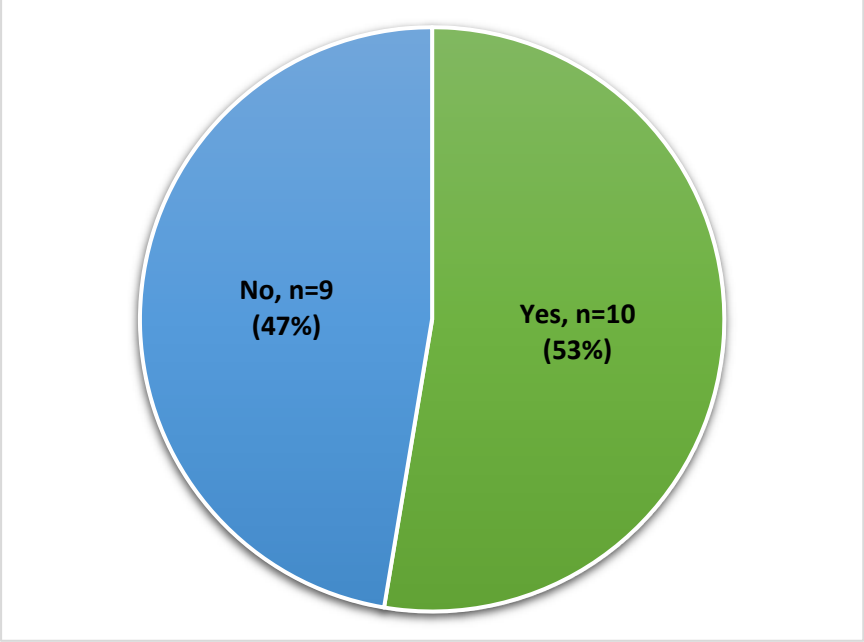

Table 16 - Non-Controlled Drugs: Pharmacist May Override at Point of Service

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (3), Hawaii (1), Massachusetts (1), Michigan (1), New York (1), Oregon (1), Pennsylvania (1), Texas (1)	10	52.63%
No	California (1), District of Columbia (1), Florida (1), Maryland (1), Nevada (1), New Hampshire (1), Oregon (2), Utah (1)	9	47.37%
National Totals		**19**	**100%**

c. For controlled drugs, when an early refill message occurs, does your MCO require prior authorization?

Figure 17 - For Controlled Drugs, Early Refill Message Requirement for MCO Prior Authorization

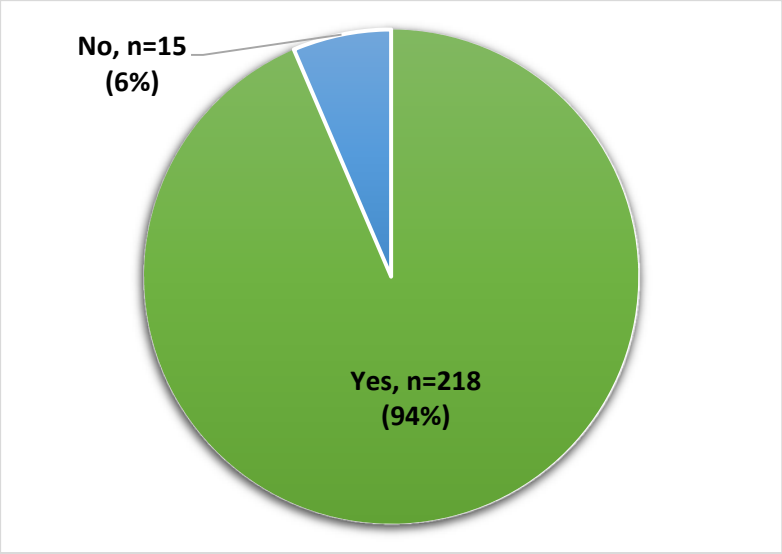

Table 17 - For Controlled Drugs, Early Refill Message Requirement for MCO Prior Authorization

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (25), Colorado (2), Delaware (2), District of Columbia (4), Florida (16), Georgia (4), Hawaii (5), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (8), Massachusetts (4), Michigan (10), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (2), New Hampshire (2), New Jersey (5), New Mexico (3), New York (16), North Dakota (1), Ohio (5), Oregon (15), Pennsylvania (7), Rhode Island (3), South Carolina (5), Texas (17), Utah (3), Virginia (6), Washington (5)	218	93.56%
No	California (1), Hawaii (1), Maryland (1), Massachusetts (1), Michigan (1), Nevada (1), New Hampshire (1), New York (2), Oregon (3), Pennsylvania (1), Texas (1), Utah (1)	15	6.44%
National Totals		**233**	**100%**

If the answer to c. is “Yes,” who obtains authorization?

Figure 18 - Controlled Drugs Early Refill Authorization Source

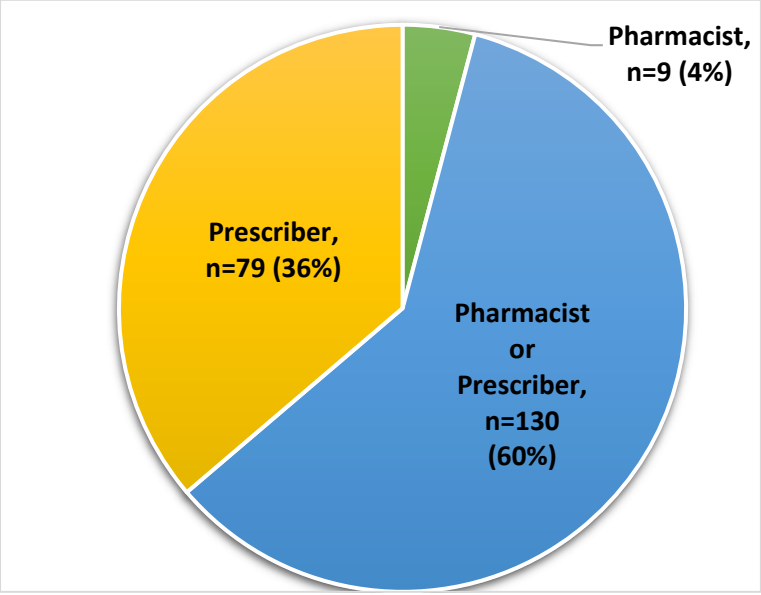

Table 18 - Controlled Drugs Early Refill Authorization Source

Response	States (Count of MCOs)	Total	Percent of Total
Pharmacist	Maryland (1), Michigan (1), Minnesota (2), Nebraska (1), New York (3), Utah (1)	9	4.13%
Pharmacist or Prescriber	Arkansas (3), California (17), Colorado (2), Delaware (1), District of Columbia (3), Florida (8), Georgia (2), Hawaii (5), Illinois (5), Indiana (1), Iowa (1), Kansas (1), Kentucky (3), Louisiana (1), Maryland (2), Massachusetts (4), Michigan (3), Minnesota (3), Mississippi (2), Nebraska (1), New Hampshire (2), New Jersey (2), New Mexico (3), New York (7), North Dakota (1), Ohio (2), Oregon (13), Pennsylvania (3), Rhode Island (1), South Carolina (5), Texas (15), Utah (1), Virginia (3), Washington (4)	130	59.63%
Prescriber	California (8), Delaware (1), District of Columbia (1), Florida (8), Georgia (2), Illinois (2), Indiana (3), Iowa (1), Kansas (2), Kentucky (2), Louisiana (4), Maryland (5), Michigan (6), Minnesota (3), Mississippi (1), Nebraska (1), Nevada (2), New Jersey (3), New York (6), Ohio (3), Oregon (2), Pennsylvania (4), Rhode Island (2), Texas (2), Utah (1), Virginia (3), Washington (1)	79	36.24%
National Totals		**218**	**100%**

If the answer to c. is “No,” can the pharmacist override at the point of service?

Figure 19 - Controlled Drugs: Pharmacist May Override at Point of Service

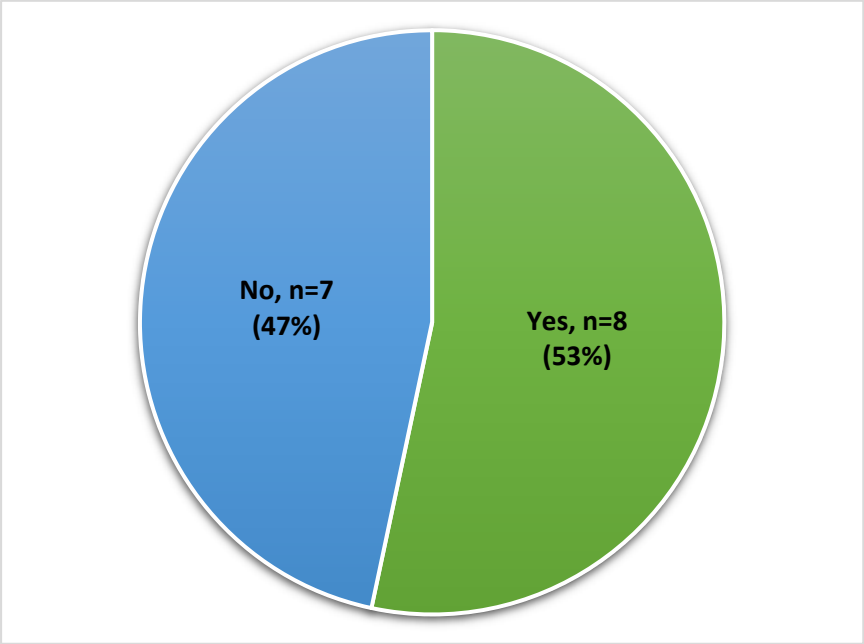

Table 19 - Controlled Drugs: Pharmacist May Override at Point of Service

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (1), Hawaii (1), Massachusetts (1), Michigan (1), New York (1), Oregon (1), Pennsylvania (1), Texas (1)	8	53.33%
No	Maryland (1), Nevada (1), New Hampshire (1), New York (1), Oregon (2), Utah (1)	7	46.67%
National Totals		**15**	**100%**

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

a) Lost/Stolen Rx

Figure 20 - Allows for Pharmacist Overrides for an Early Refill for Lost/Stolen Rx

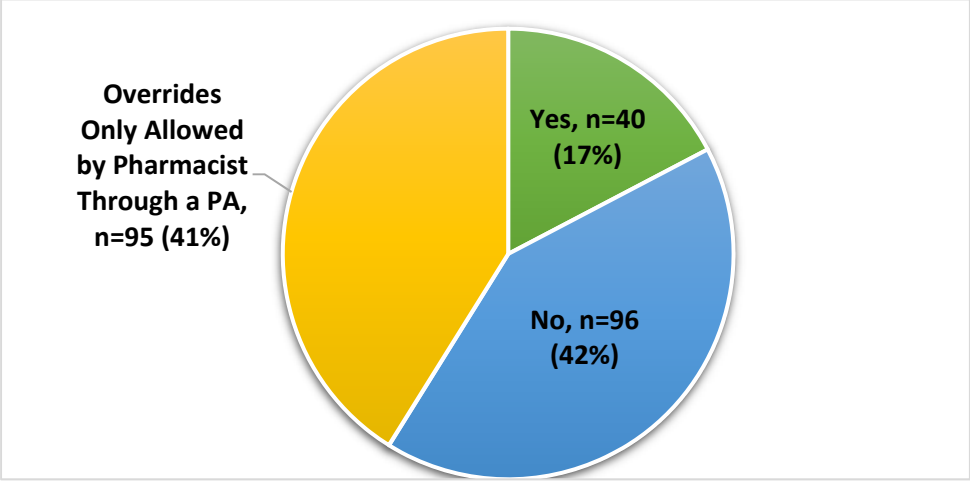

Table 20 - Allows for Pharmacist Overrides for an Early Refill for Lost/Stolen Rx

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (1), California (10), Delaware (1), Florida (1), Hawaii (1), Illinois (2), Indiana (1), Iowa (1), Maryland (1), Massachusetts (2), Michigan (3), Minnesota (1), Mississippi (1), New Jersey (2), New York (2), Oregon (4), Pennsylvania (1), South Carolina (1), Texas (2), Virginia (1), Washington (1)	40	17.32%
No	California (8), District of Columbia (1), Florida (8), Georgia (1), Hawaii (2), Illinois (2), Indiana (1), Kansas (1), Kentucky (3), Louisiana (3), Maryland (5), Massachusetts (2), Michigan (4), Minnesota (4), Nebraska (1), Nevada (2), New Jersey (1), New Mexico (3), New York (13), North Dakota (1), Oregon (5), Pennsylvania (2), Rhode Island (2), South Carolina (3), Texas (13), Utah (4), Washington (1)	96	41.56%
Overrides Only Allowed by Pharmacist through a PA	Arkansas (2), California (8), Colorado (2), Delaware (1), District of Columbia (3), Florida (7), Georgia (3), Hawaii (3), Illinois (3), Indiana (2), Iowa (1), Kansas (2), Kentucky (2), Louisiana (2), Maryland (3), Massachusetts (1), Michigan (4), Minnesota (3), Mississippi (2), Nebraska (2), Nevada (1), New Hampshire (1), New Jersey (2), New York (3), Ohio (5), Oregon (9), Pennsylvania (5), Rhode Island (1), South Carolina (1), Texas (3), Virginia (5), Washington (3)	95	41.13%
National Totals		**231**	**100%**

b) Vacation

Figure 21 - Allows for Pharmacist Overrides for an Early Refill for Vacation

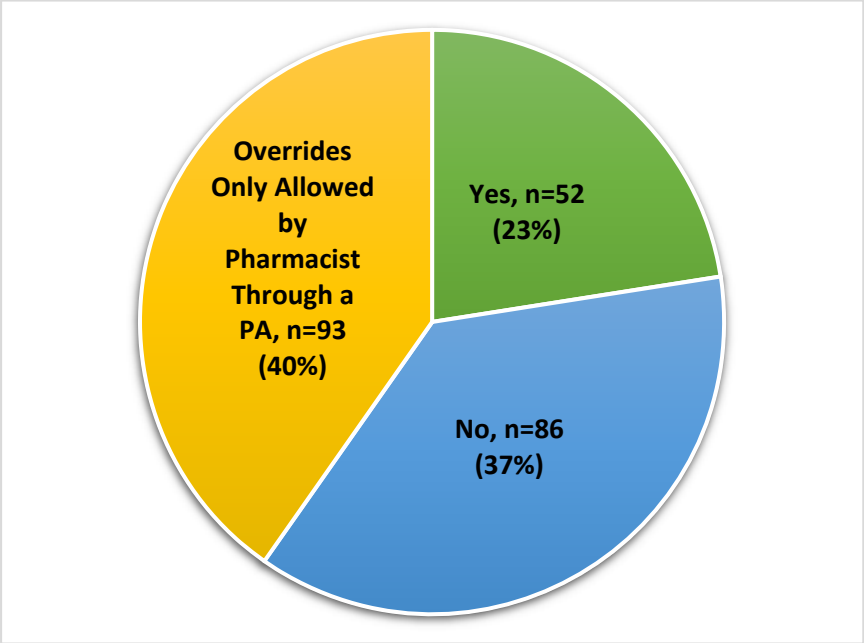

Table 21 - Allows for Pharmacist Overrides for an Early Refill for Vacation

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (1), California (10), Delaware (1), Florida (2), Georgia (1), Hawaii (1), Illinois (3), Indiana (1), Iowa (1), Kansas (1), Kentucky (1), Maryland (2), Massachusetts (3), Michigan (4), Minnesota (1), Mississippi (1), Nebraska (1), New Jersey (2), New York (1), North Dakota (1), Oregon (4), Pennsylvania (2), South Carolina (1), Texas (2), Utah (1), Virginia (1), Washington (2)	52	22.51%
No	California (7), District of Columbia (1), Florida (7), Georgia (2), Hawaii (2), Illinois (2), Indiana (1), Kentucky (2), Louisiana (3), Maryland (4), Massachusetts (1), Michigan (3), Minnesota (4), Mississippi (1), Nebraska (1), Nevada (2), New Jersey (1), New Mexico (3), New York (13), Oregon (3), Pennsylvania (2), Rhode Island (2), South Carolina (3), Texas (13), Utah (3)	86	37.23%
Overrides Only Allowed by Pharmacist through a PA	Arkansas (2), California (9), Colorado (2), Delaware (1), District of Columbia (3), Florida (7), Georgia (1), Hawaii (3), Illinois (2), Indiana (2), Iowa (1), Kansas (2), Kentucky (2), Louisiana (2), Maryland (3), Massachusetts (1), Michigan (4), Minnesota (3), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (2), New York (4), Ohio (5), Oregon (11), Pennsylvania (4), Rhode Island (1), South Carolina (1), Texas (3), Virginia (5), Washington (3)	93	40.26%
National Totals		**231**	**100%**

c) Other, please explain

Please contact the State Pharmacy Director or State DUR Contact for more information.

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

Figure 22 - System Accumulation Edit for Prevention of Early Prescription Filling

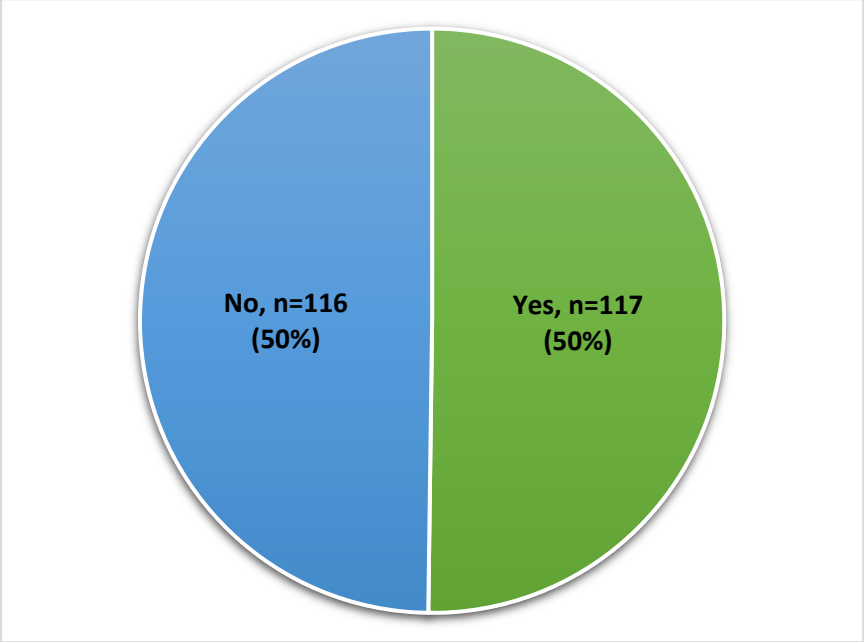

Table 22 - System Accumulation Edit for Prevention of Early Prescription Filling

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (2), California (7), District of Columbia (4), Florida (11), Georgia (3), Hawaii (4), Illinois (5), Indiana (3), Kansas (1), Kentucky (4), Louisiana (2), Maryland (6), Massachusetts (2), Michigan (5), Minnesota (3), Mississippi (2), Nebraska (2), Nevada (2), New Hampshire (1), New Jersey (3), New Mexico (1), New York (14), North Dakota (1), Ohio (3), Oregon (8), Pennsylvania (3), Rhode Island (1), South Carolina (3), Texas (3), Utah (1), Virginia (3), Washington (4)	117	50.21%
No	Arkansas (1), California (19), Colorado (2), Delaware (2), Florida (5), Georgia (1), Hawaii (2), Illinois (2), Indiana (1), Iowa (2), Kansas (2), Kentucky (1), Louisiana (3), Maryland (3), Massachusetts (3), Michigan (6), Minnesota (5), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (2), New Jersey (2), New Mexico (2), New York (4), Ohio (2), Oregon (10),	116	49.79%

Response	States (Count of MCOs)	Total	Percent of Total
	Pennsylvania (5), Rhode Island (2), South Carolina (2), Texas (15), Utah (3), Virginia (3), Washington (1)		
National Totals		**233**	**100%**

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

Figure 23 - Plans to Implement a System Accumulation Edit

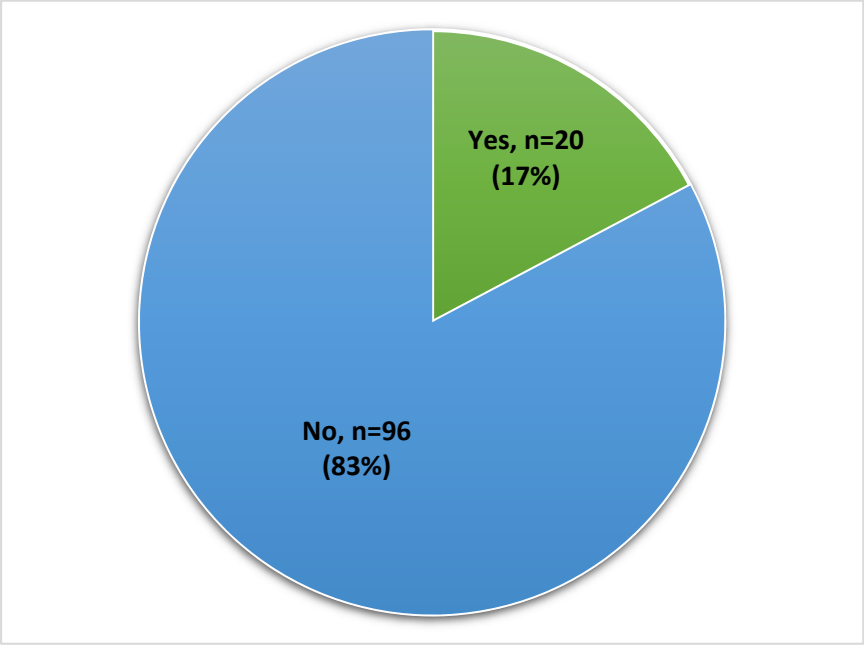

Table 23 - Plans to Implement a System Accumulation Edit

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (1), Florida (1), Georgia (1), Hawaii (1), Illinois (1), Kansas (1), Kentucky (1), Massachusetts (1), Michigan (1), New Hampshire (1), New Jersey (1), New York (1), Ohio (1), Oregon (2), South Carolina (1), Texas (1), Utah (1), Virginia (2)	20	17.24%
No	Arkansas (1), California (18), Colorado (2), Delaware (2), Florida (4), Hawaii (1), Illinois (1), Indiana (1), Iowa (2), Kansas (1), Louisiana (3), Maryland (3), Massachusetts (2), Michigan (5), Minnesota (5), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (1), New Mexico (2), New York (3), Ohio (1), Oregon (8), Pennsylvania (5), Rhode Island (2), South Carolina (1), Texas (14), Utah (2), Virginia (1), Washington (1)	96	82.76%
National Totals		**116**	**100%**

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)?

Figure 24 - MCO Policy Prohibiting Auto Refill

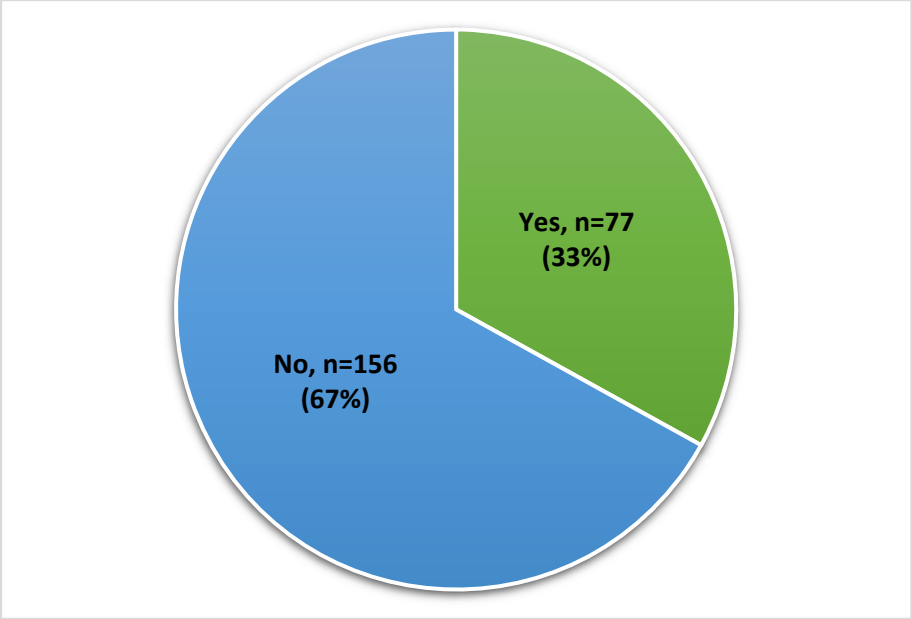

Table 24 - MCO Policy for Prohibiting Auto Refill

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (1), California (10), Colorado (1), Delaware (1), District of Columbia (1), Florida (1), Illinois (2), Indiana (1), Louisiana (1), Maryland (1), Massachusetts (1), Michigan (4), Minnesota (6), Mississippi (1), New Hampshire (1), New Jersey (1), New Mexico (1), New York (11), Ohio (3), Oregon (10), Pennsylvania (1), South Carolina (1), Texas (13), Virginia (3)	77	33.05%
No	Arkansas (2), California (16), Colorado (1), Delaware (1), District of Columbia (3), Florida (15), Georgia (4), Hawaii (6), Illinois (5), Indiana (3), Iowa (2), Kansas (3), Kentucky (5), Louisiana (4), Maryland (8), Massachusetts (4), Michigan (7), Minnesota (2), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (4), New Mexico (2), New York (7), North Dakota (1), Ohio (2), Oregon (8), Pennsylvania (7), Rhode Island (3), South Carolina (4), Texas (5), Utah (4), Virginia (3), Washington (5)	156	66.95%
National Totals		**233**	**100%**

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, would your policy allow this to occur to prevent the beneficiary from making multiple trips to the pharmacy within the same month)?

Figure 25 - MCO Policy for Synchronization of Prescription Refills

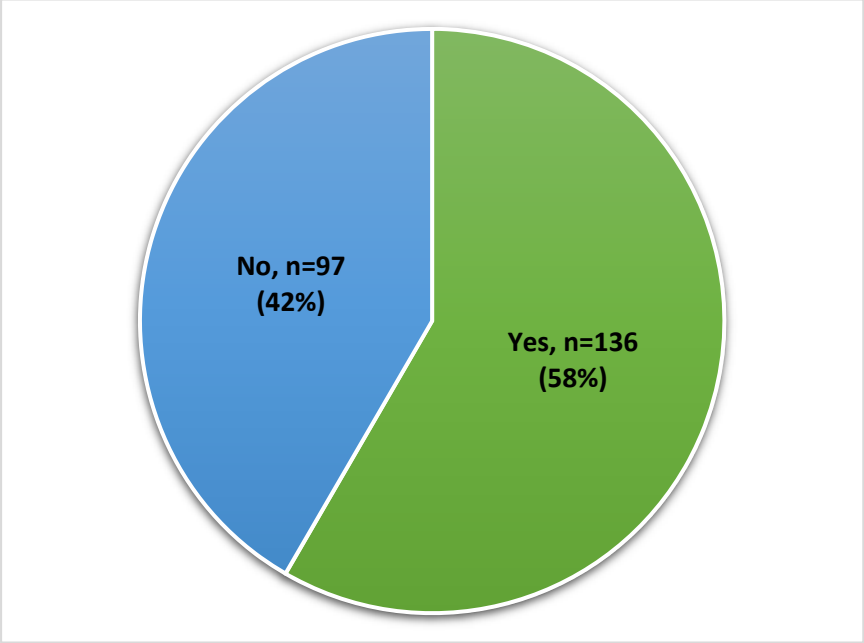

Table 25 - MCO Policy for Synchronization of Prescription Refills

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (2), California (6), Colorado (2), District of Columbia (3), Florida (9), Georgia (4), Hawaii (3), Illinois (6), Indiana (3), Kansas (1), Kentucky (5), Louisiana (2), Maryland (2), Massachusetts (2), Michigan (3), Minnesota (3), Mississippi (1), Nebraska (2), Nevada (2), New Hampshire (2), New Jersey (3), New Mexico (3), New York (11), North Dakota (1), Ohio (5), Oregon (18), Pennsylvania (2), Rhode Island (1), South Carolina (3), Texas (18), Utah (3), Virginia (3), Washington (2)	136	58.37%
No	Arkansas (1), California (20), Delaware (2), District of Columbia (1), Florida (7), Hawaii (3), Illinois (1), Indiana (1), Iowa (2), Kansas (2), Louisiana (3), Maryland (7), Massachusetts (3), Michigan (8), Minnesota (5), Mississippi (2), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (2), New York (7), Pennsylvania (6), Rhode Island (2), South Carolina (2), Utah (1), Virginia (3), Washington (3)	97	41.63%
National Totals		**233**	**100%**

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?

Figure 26 - Documented Process to Access Any Covered Outpatient Drug (COD) when Medically Necessary

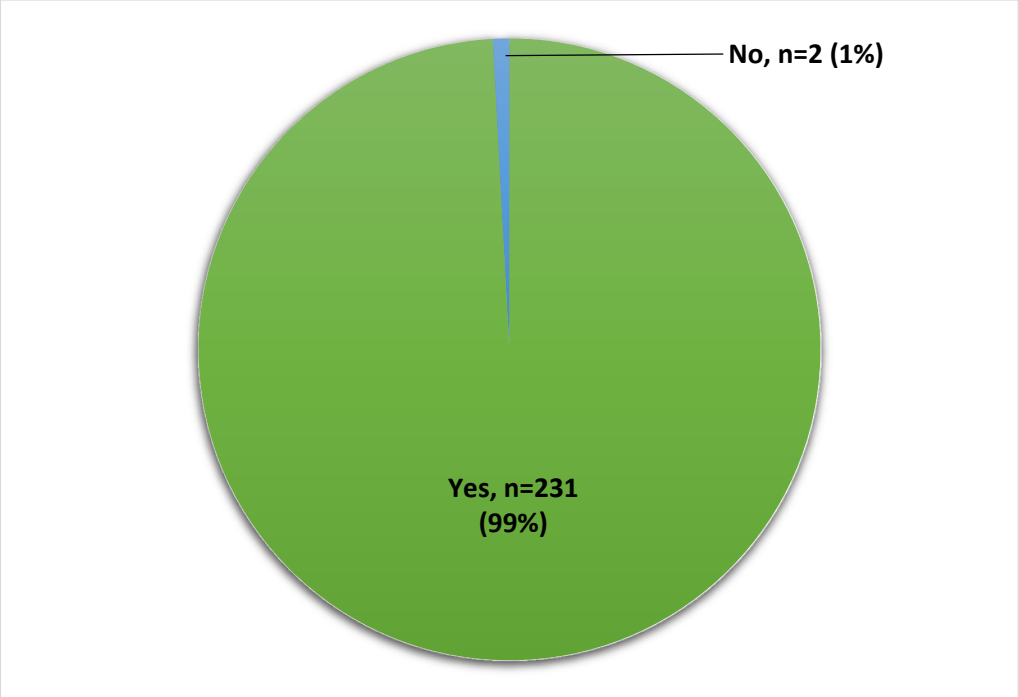

Table 26 - Documented Process to Access Any Covered Outpatient Drug (COD) when Medically Necessary

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (26), Colorado (2), Delaware (2), District of Columbia (3), Florida (16), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (18), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	231	99.14%
No	District of Columbia (1), Texas (1)	2	0.86%
National Totals		**233**	**100%**

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

Figure 27 – Program Provides for Dispensing a 72-hour Supply of a Covered Outpatient Prescription in an Emergency

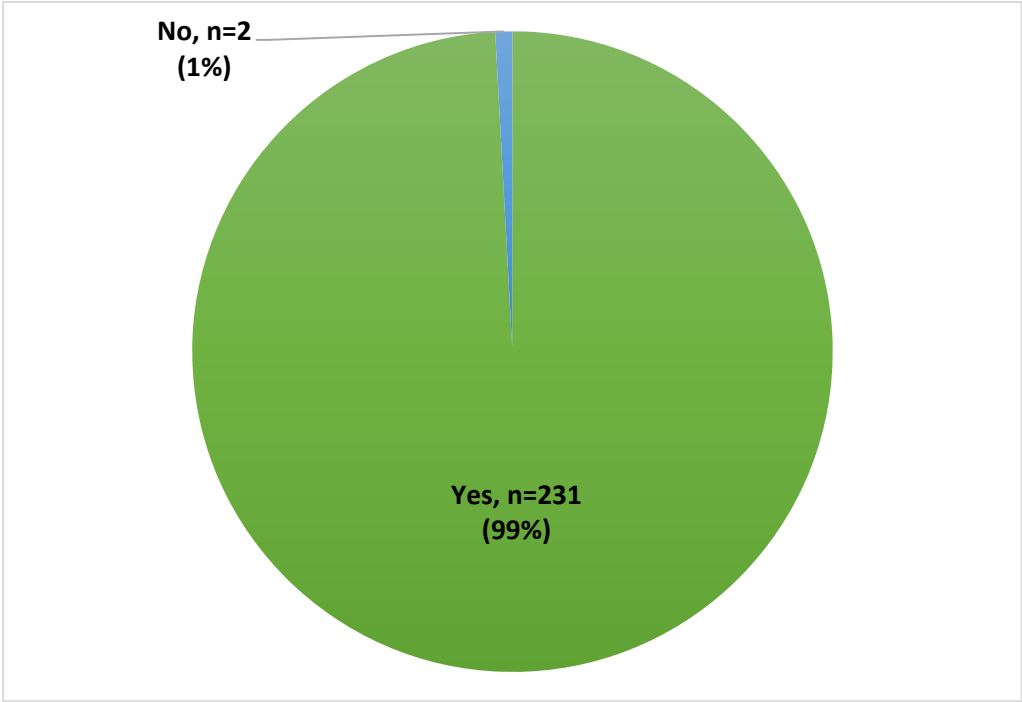

Table 27 - Program Provides for Dispensing a 72-hour Supply of a Covered Outpatient Prescription in an Emergency

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (26), Colorado (2), Delaware (2), District of Columbia (4), Florida (16), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (17), North Dakota (1), Ohio (5), Oregon (18), Pennsylvania (8), Rhode Island (2), South Carolina (5), Texas (18), Utah (4), Virginia (6), Washington (5)	231	99.14%
No	New York (1), Rhode Island (1)	2	0.86%
National Totals		**233**	**100%**

12. Top Drug Claims Data Reviewed by the DUR Board

*Table 28 - Top Drug Claims Data Reviewed by the DUR Board**

Top 10 Prior Authorization (PA) Requests by Drug Name	Top 10 Prior Authorization (PA) Request by Drug Class	Top 5 Claim Denial Reasons Other than Eligibility	Top 10 Drug Names by Amount Paid	Top 10 Drug Names by Claim Count
Oxycodone - Acetaminophen	Anticonvulsants	Refill Too Soon	Adalimumab	Albuterol
Pregabalin	Adhd Agents/stimulants	Plan Limitations Exceeded	Insulin Glargine	Ibuprofen
Hydrocodone /apap	Opioids	Prior Authorization Required	Glecaprevir/pibrentasvir	Atorvastatin
Methylphenidate	Analgesics And Antipyretics	Ndc Not Covered	Insulin Lispro	Amoxicillin
Dextroamphetamine/ amphetamine	Antidiabetic Agents	Dur Reject Error	Albuterol	Lisinopril
Lisdexamfetamine	Antipsychotics		Lisdexamfetamine	Gabapentin
Buprenorphine/naloxone	Dermatologicals		Sitagliptin	Metformin
Tramadol	Anti-inflammatories		Lurasidone	Cetirizine
Diclofenac	Antidepressants		Etanercept	Omeprazole
Omeprazole	Bronchodilators		Methylphenidate	Fluticasone

* This table has been developed and formulated using weighted averages to reflect the relative beneficiary size of each reporting MCO.

Section 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?

Figure 28 – DUR Board Utilized by MCOs

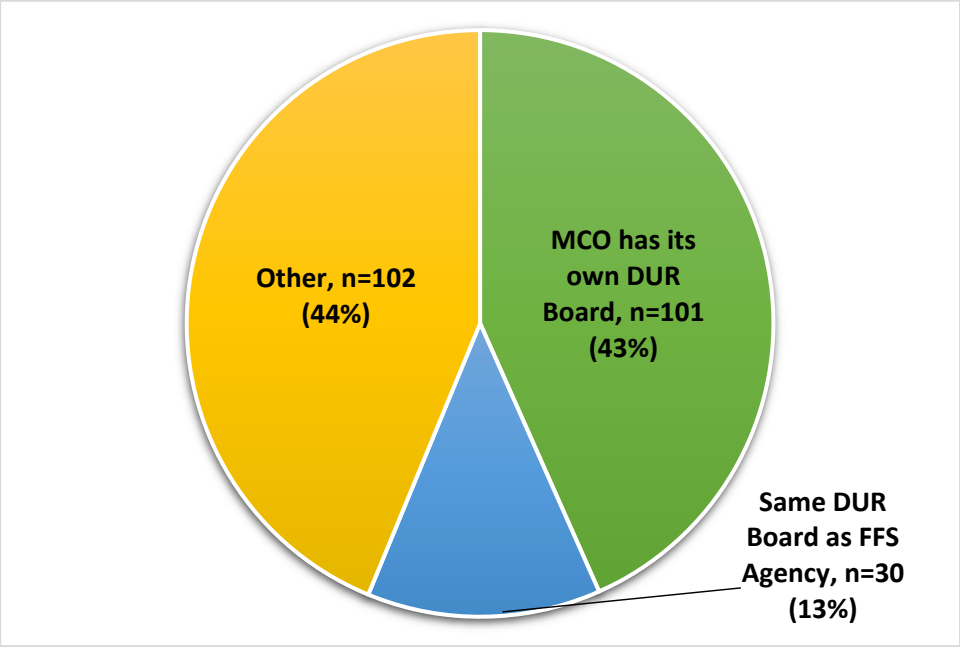

Table 29 – DUR Board Utilized by MCOs

Response	States (Count of MCOs)	Total	Percent of Total
MCO has its own DUR Board	Arkansas (3), California (8), Colorado (2), District of Columbia (2), Florida (5), Georgia (2), Hawaii (4), Illinois (3), Kentucky (2), Maryland (2), Michigan (7), Minnesota (7), Mississippi (1), Nebraska (2), Nevada (1), New Hampshire (1), New Jersey (3), New York (8), Ohio (1), Oregon (15), Pennsylvania (6), Rhode Island (2), South Carolina (3), Texas (2), Utah (4), Virginia (5)	101	43.35%
Same DUR Board as FFS agency	California (4), Florida (8), Illinois (1), Indiana (3), Iowa (1), Kansas (2), Louisiana (2), Massachusetts (1), Michigan (1), Mississippi (1), Nebraska (1), Nevada (1), New Mexico (1), Texas (3)	30	12.88%
Other	California (14), Delaware (2), District of Columbia (2), Florida (3), Georgia (2), Hawaii (2), Illinois (3), Indiana (1), Iowa (1), Kansas (1), Kentucky (3), Louisiana (3), Maryland (7), Massachusetts (4), Michigan (3), Minnesota (1), Mississippi (1), Nevada (1), New Hampshire (2), New Jersey (2), New Mexico (2), New York (10), North Dakota (1), Ohio (4), Oregon (3), Pennsylvania (2), Rhode Island (1), South Carolina (2), Texas (13), Virginia (1), Washington (5)	102	43.78%
National Totals		**233**	**100%**

a. Please indicate how your program operates and oversees RetroDUR reviews. Is the RetroDUR program operated by the state or by the managed care plan? Does your state use a combination of state interventions as well as individual MCO interventions?

Figure 29 - Program Operation for the Oversight of RetroDUR Reviews

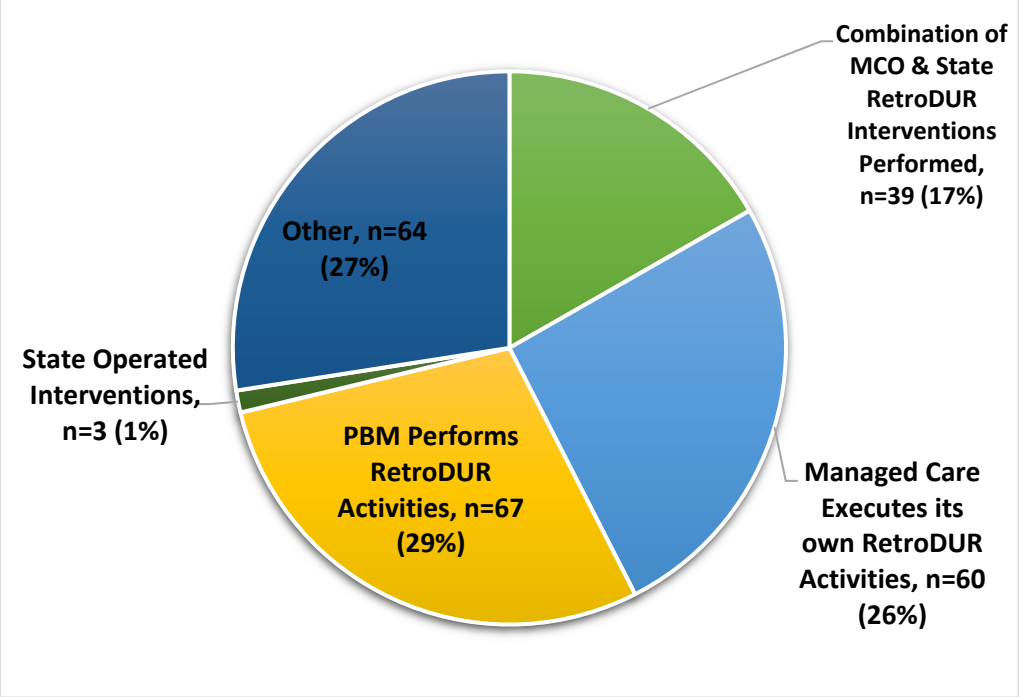

Table 30 - Program Operation for the Oversight of RetroDUR Reviews

Response	States (Count of MCOs)	Total	Percent of Total
Combination of MCO & state RetroDUR interventions performed	California (5), Delaware (2), Florida (6), Indiana (1), Kansas (2), Kentucky (1), Louisiana (2), Maryland (2), Michigan (3), Minnesota (1), Mississippi (1), Nebraska (1), New Jersey (1), New York (3), Pennsylvania (2), Rhode Island (1), Texas (1), Virginia (2), Washington (2)	39	16.74%
Managed Care executes its own RetroDUR activities	Arkansas (1), California (9), Colorado (2), District of Columbia (1), Georgia (2), Hawaii (4), Illinois (1), Indiana (1), Kentucky (2), Maryland (1), Massachusetts (1), Michigan (2), Minnesota (1), Nebraska (1), Nevada (1), New Hampshire (2), New Jersey (2), New Mexico (2), New York (3), Oregon (12), Pennsylvania (3), South Carolina (2), Texas (1), Utah (2), Virginia (1)	60	25.75%
PBM performs RetroDUR activities	California (4), District of Columbia (2), Florida (4), Hawaii (2), Illinois (1), Iowa (1), Kansas (1), Kentucky (1), Maryland (4), Massachusetts (3), Michigan (4), Minnesota (4), Mississippi (2), Nebraska (1), Nevada (1), New Jersey (2), New York (7), North Dakota (1),	67	28.76%

Response	States (Count of MCOs)	Total	Percent of Total
	Ohio (2), Oregon (1), Pennsylvania (1), Rhode Island (2), South Carolina (1), Texas (13), Virginia (1), Washington (1)		
State operated interventions	Indiana (1), Louisiana (2)	3	1.29%
Other	Arkansas (2), California (8), District of Columbia (1), Florida (6), Georgia (2), Illinois (5), Indiana (1), Iowa (1), Kentucky (1), Louisiana (1), Maryland (2), Massachusetts (1), Michigan (2), Minnesota (2), Nevada (1), New Hampshire (1), New Mexico (1), New York (5), Ohio (3), Oregon (5), Pennsylvania (2), South Carolina (2), Texas (3), Utah (2), Virginia (2), Washington (2)	64	27.47%
National Totals		**233**	**100%**

b. Identify the entity, by name and type that performed your RetroDUR activities during the time period covered by this report.

Figure 30 – Entity that Performed your RetroDUR Activities During Reporting Period

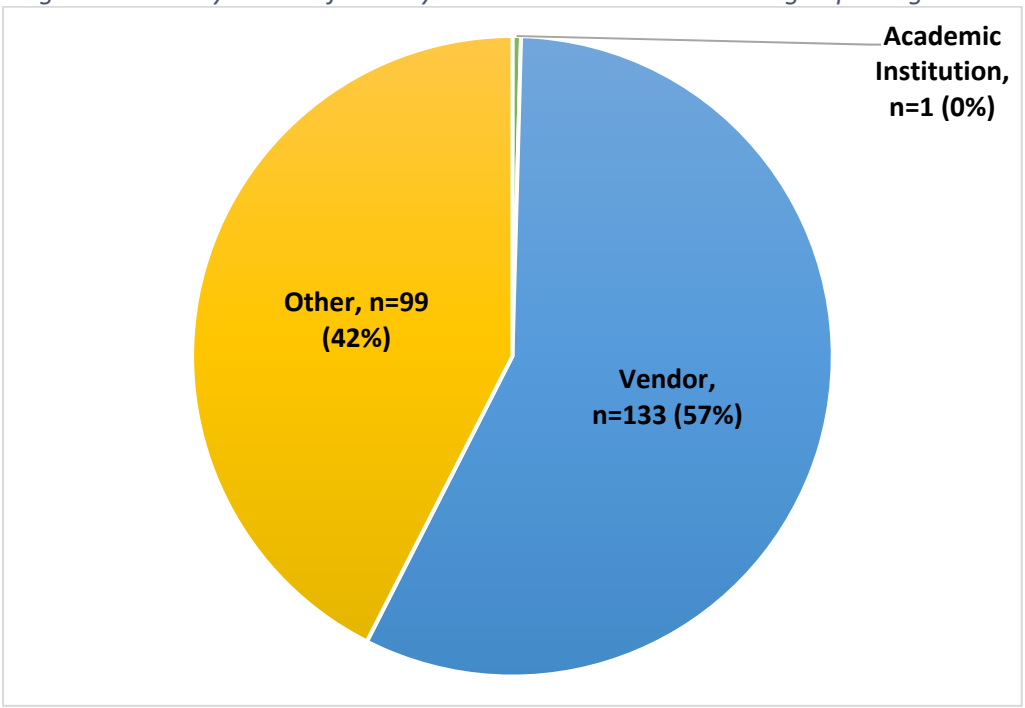

Table 31 - Entity that Performed your RetroDUR Activities During Reporting Period

Response	States (Count of MCOs)	Total	Percent of Total
Academic institution	Mississippi (1)	1	0.43%
Vendor	Arkansas (1), California (15), Colorado (2), District of Columbia (3), Florida (8), Georgia (1), Hawaii (6), Illinois (5), Indiana (3), Iowa (1), Kansas (2), Kentucky (3), Louisiana (2), Maryland (5), Massachusetts (2), Michigan (7), Minnesota (5), Mississippi (1), Nebraska (3), Nevada (2), New Jersey (2), New Mexico (2), New York (5), North Dakota (1), Ohio (5), Oregon (10), Pennsylvania (3), Rhode Island (2), South Carolina (3), Texas (14), Utah (3), Virginia (3), Washington (3)	133	57.08%
Other	Arkansas (2), California (11), Delaware (2), District of Columbia (1), Florida (8), Georgia (3), Illinois (2), Indiana (1), Iowa (1), Kansas (1), Kentucky (2), Louisiana (3), Maryland (4), Massachusetts (3), Michigan (4), Minnesota (3), Mississippi (1), Nevada (1), New Hampshire (3), New Jersey (3), New Mexico (1), New York (13), Oregon (8), Pennsylvania (5), Rhode Island (1), South Carolina (2), Texas (4), Utah (1), Virginia (3), Washington (2)	99	42.49%
National Totals		**233**	**100%**

2. Who reviews and approves the RetroDUR criteria?

Figure 31 - RetroDUR Criteria Approval/Review Sources

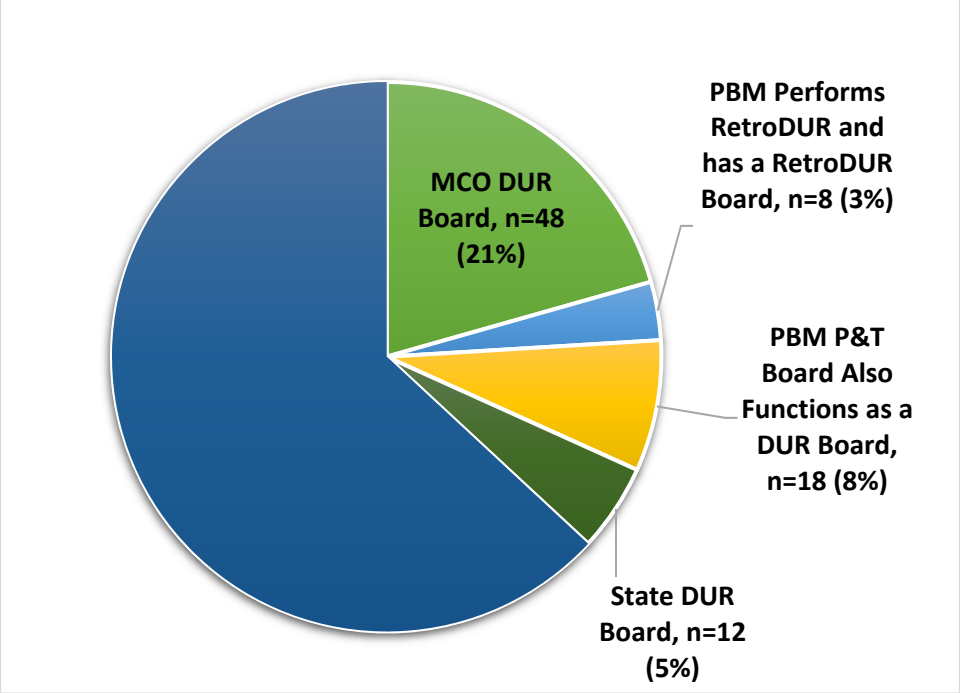

Table 32 - RetroDUR Criteria Approval/Review Sources

Response	States (Count of MCOs)	Total	Percent of Total
MCO DUR Board	Arkansas (1), California (8), Colorado (2), District of Columbia (1), Florida (2), Hawaii (1), Illinois (1), Maryland (1), Michigan (2), Minnesota (3), Nevada (1), New York (5), Oregon (8), Pennsylvania (2), Rhode Island (1), South Carolina (1), Texas (1), Utah (3), Virginia (3), Washington (1)	48	20.60%
PBM P&T Board also functions as a DUR Board	District of Columbia (1), Georgia (1), Hawaii (2), Illinois (3), Kansas (1), Kentucky (1), Maryland (1), Michigan (2), Minnesota (2), Nebraska (1), New York (1), Oregon (1), South Carolina (1)	18	7.73%
PBM performs RetroDUR and has a RetroDUR Board	Arkansas (1), California (1), Indiana (1), Michigan (1), Minnesota (2), North Dakota (1), Washington (1)	8	3.43%
State DUR Board	California (1), Florida (4), Indiana (1), Iowa (1), Kansas (1), Louisiana (2), Mississippi (1), Nebraska (1)	12	5.15%
Other	Arkansas (1), California (16), Delaware (2), District of Columbia (2), Florida (10), Georgia (3), Hawaii (3), Illinois (3), Indiana (2), Iowa (1), Kansas (1), Kentucky (4), Louisiana (3), Maryland (7), Massachusetts (5), Michigan (6), Minnesota (1), Mississippi (2), Nebraska (1), Nevada (2), New Hampshire (3), New Jersey (5), New Mexico (3), New York (12), Ohio (5), Oregon (9), Pennsylvania (6), Rhode Island (2), South Carolina (3), Texas (17), Utah (1), Virginia (3), Washington (3)	147	63.09%
National Totals		**233**	**100%**

3. Summary 1 – Retrospective DUR Educational Outreach is a summary report on RetroDUR screening and educational interventions during the fiscal year reported. The summary should be limited to the most prominent 10 problems with the largest number of exceptions. The results of RetroDUR screening and interventions should be included and detailed below.

Please contact the State Pharmacy Director or State DUR Contact for more information.

Section IV - DUR Board Activity

1. Summary 2 – DUR Board Activities Report should be a brief descriptive report on DUR Board activities during the fiscal year reported.

Please contact the State Pharmacy Director or State DUR Contact for more information.

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

Figure 32 - MCO has Medication Therapy Management Program

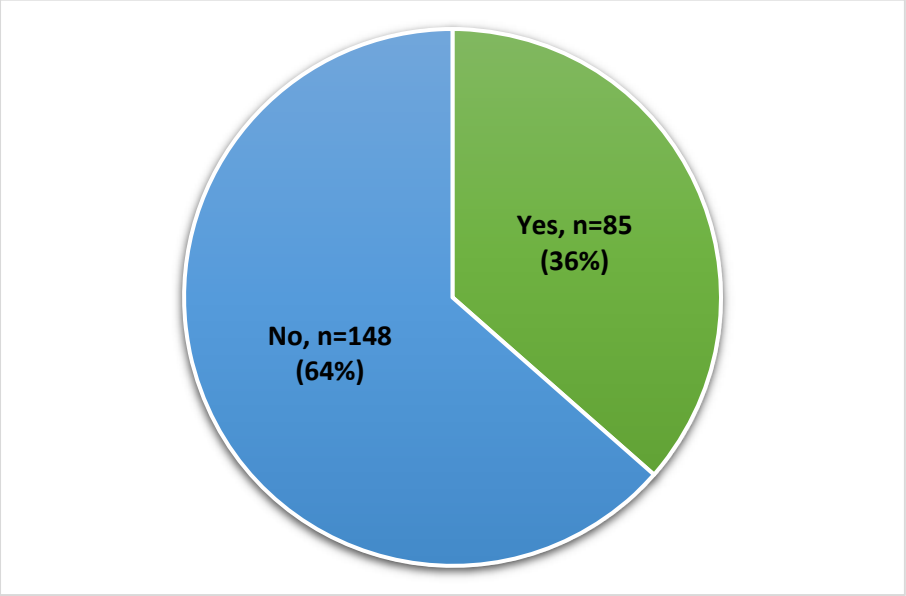

Table 33 - MCO has Medication Therapy Management Program

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (5), Colorado (1), Delaware (2), District of Columbia (2), Florida (4), Georgia (2), Hawaii (1), Indiana (4), Kansas (2), Kentucky (1), Louisiana (5), Maryland (1), Massachusetts (1), Michigan (3), Minnesota (8), Mississippi (2), Nebraska (2), New Hampshire (3), New Mexico (1), New York (5), Ohio (5), Oregon (6), Pennsylvania (4), Rhode Island (1), South Carolina (1), Texas (3), Utah (1), Virginia (6), Washington (3)	85	36.48%
No	Arkansas (3), California (21), Colorado (1), District of Columbia (2), Florida (12), Georgia (2), Hawaii (5), Illinois (7), Iowa (2), Kansas (1), Kentucky (4), Maryland (8), Massachusetts (4), Michigan (8), Mississippi (1), Nebraska (1), Nevada (3), New Jersey (5), New Mexico (2), New York (13), North Dakota (1), Oregon (12), Pennsylvania (4), Rhode Island (2), South Carolina (4), Texas (15), Utah (3), Washington (2)	148	63.52%
National Totals		**233**	**100%**

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

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

Figure 33 - Analysis Performed for Effectiveness of a Medication Therapy Management Program

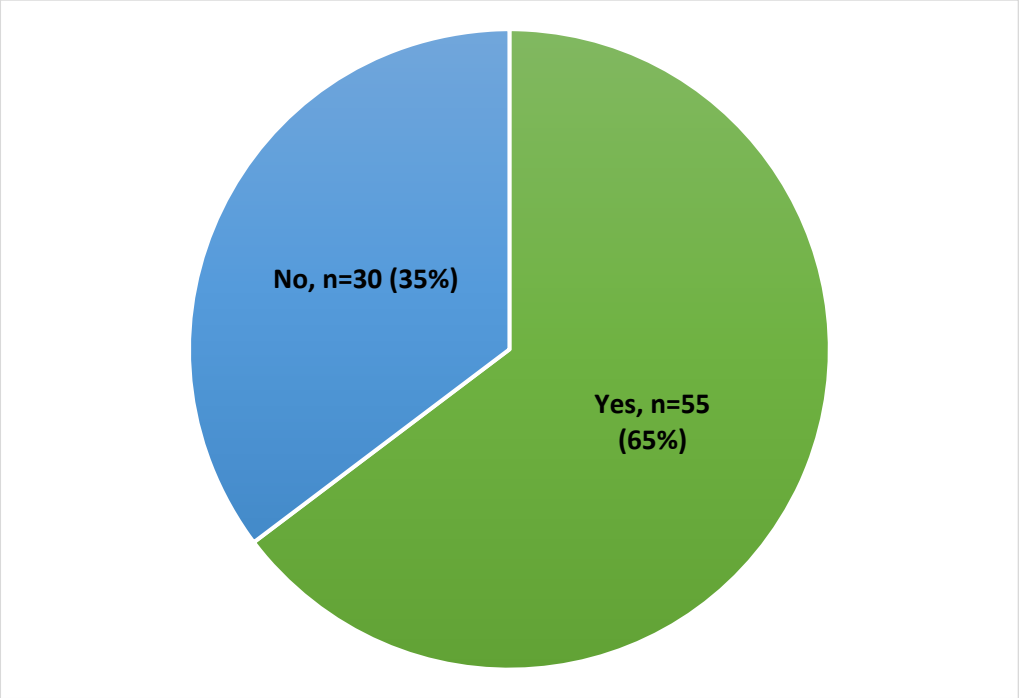

Table 34 - Analysis Performed for Effectiveness of a Medication Therapy Management Program

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (3), Delaware (1), District of Columbia (1), Florida (4), Georgia (2), Hawaii (1), Indiana (4), Kansas (2), Kentucky (1), Louisiana (4), Maryland (1), Massachusetts (1), Michigan (3), Minnesota (2), Mississippi (2), Nebraska (2), New York (2), Ohio (4), Oregon (1), Pennsylvania (2), South Carolina (1), Texas (3), Virginia (6), Washington (2)	55	64.71%
No	California (2), Colorado (1), Delaware (1), District of Columbia (1), Louisiana (1), Minnesota (6), New Hampshire (3), New Mexico (1), New York (3), Ohio (1), Oregon (5), Pennsylvania (2), Rhode Island (1), Utah (1), Washington (1)	30	35.29%
National Totals		**85**	**100%**

b. Is your DUR Board involved with this program?

Figure 34 - DUR Board Involved with the Medication Therapy Management Program

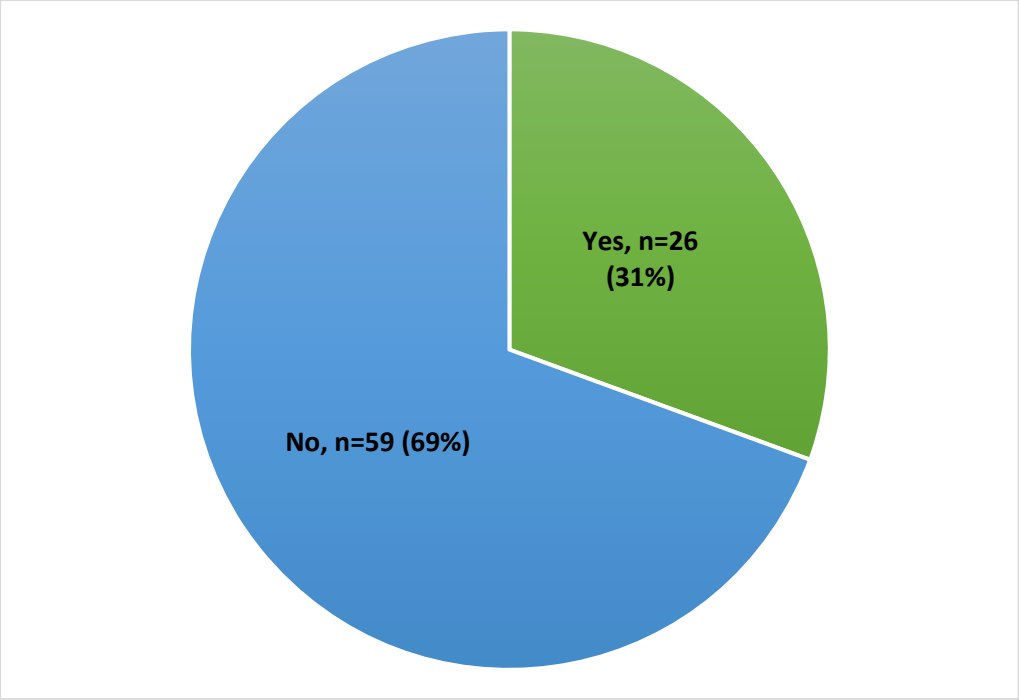

Table 35 - DUR Board Involved with the Medication Therapy Management Program

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (1), Colorado (1), District of Columbia (1), Louisiana (2), Minnesota (2), New York (1), Ohio (1), Oregon (6), Pennsylvania (3), South Carolina (1), Texas (1), Virginia (5), Washington (1)	26	30.59%
No	California (4), Delaware (2), District of Columbia (1), Florida (4), Georgia (2), Hawaii (1), Indiana (4), Kansas (2), Kentucky (1), Louisiana (3), Maryland (1), Massachusetts (1), Michigan (3), Minnesota (6), Mississippi (2), Nebraska (2), New Hampshire (3), New Mexico (1), New York (4), Ohio (4), Pennsylvania (1), Rhode Island (1), Texas (2), Utah (1), Virginia (1), Washington (2)	59	69.41%
National Totals		**85**	**100%**

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

Figure 35 - Plans to Implement a Medication Therapy Management Program

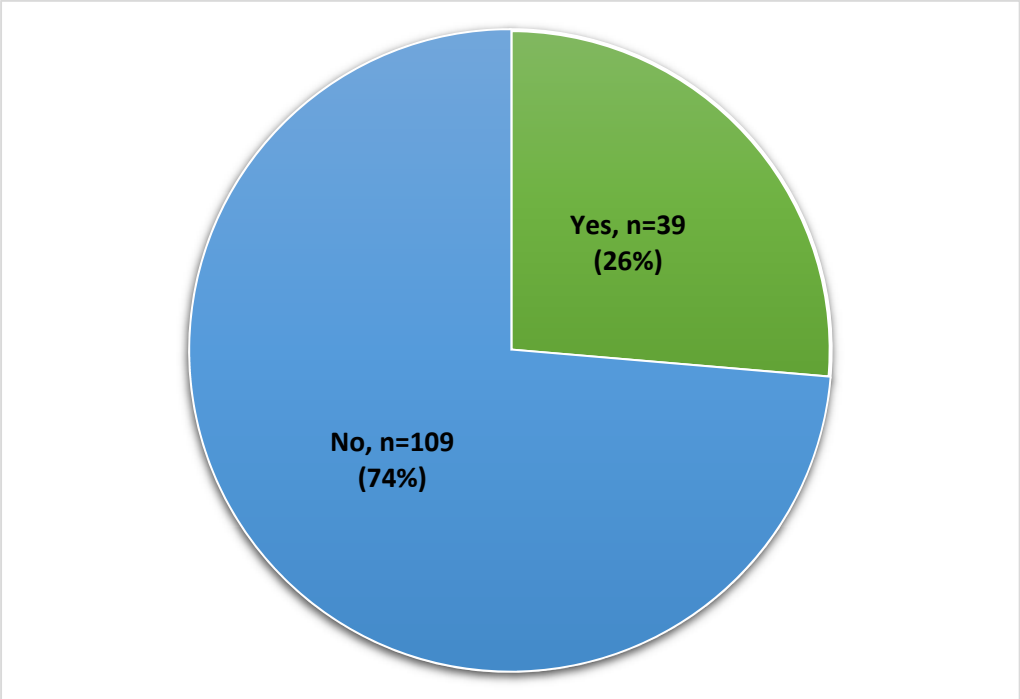

Table 36 - Plans to Implement a Medication Therapy Management Program

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (5), District of Columbia (1), Florida (3), Hawaii (1), Illinois (3), Kansas (1), Massachusetts (1), Michigan (2), Mississippi (1), Nevada (1), New Jersey (2), New Mexico (1), New York (3), Oregon (7), South Carolina (1), Texas (4), Utah (1), Washington (1)	39	26.35%
No	Arkansas (3), California (16), Colorado (1), District of Columbia (1), Florida (9), Georgia (2), Hawaii (4), Illinois (4), Iowa (2), Kentucky (4), Maryland (8), Massachusetts (3), Michigan (6), Nebraska (1), Nevada (2), New Jersey (3), New Mexico (1), New York (10), North Dakota (1), Oregon (5), Pennsylvania (4), Rhode Island (2), South Carolina (3), Texas (11), Utah (2), Washington (1)	109	73.65%
National Totals		**148**	**100%**

Section V - Physician Administered Drugs

The Deficit Reduction Act requires 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?

Figure 36 - Incorporation of NDCs for Covered Outpatient Physician Administered Drugs into DUR criteria for ProDUR

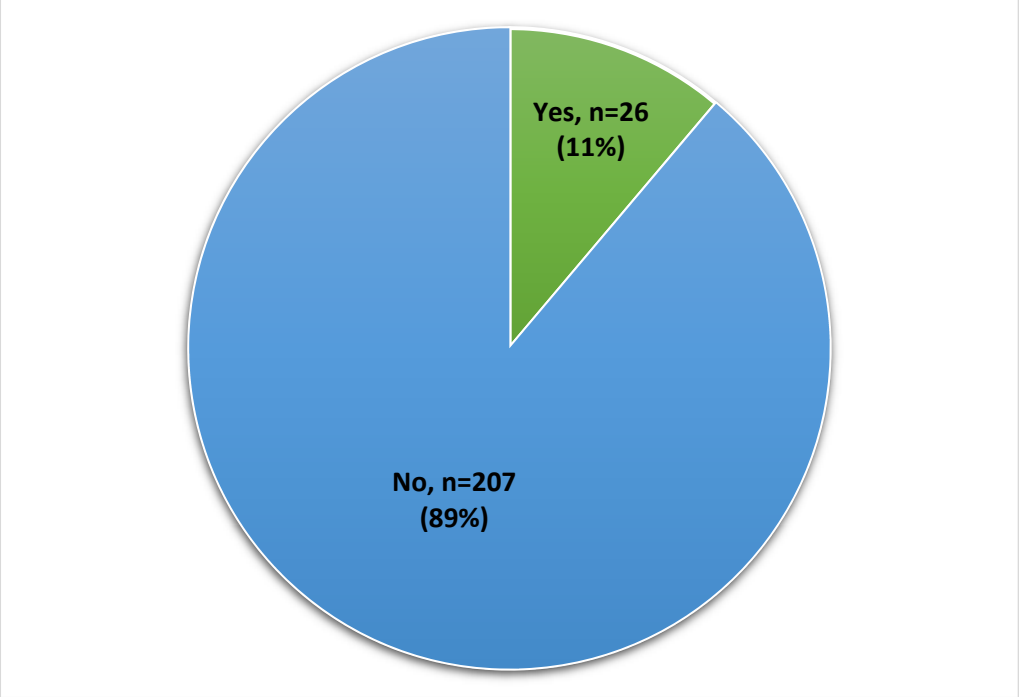

Table 37 - Incorporation of NDCs for Covered Outpatient Physician Administered Drugs into DUR criteria for ProDUR

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (3), Delaware (1), Florida (1), Illinois (2), Michigan (2), Minnesota (1), Mississippi (1), New Jersey (1), New York (4), Oregon (5), Pennsylvania (1), South Carolina (1), Utah (2), Washington (1)	26	11.16%
No	Arkansas (3), California (23), Colorado (2), Delaware (1), District of Columbia (4), Florida (15), Georgia (4), Hawaii (6), Illinois (5), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (9), Minnesota (7), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (4), New Mexico (3), New York (14), North Dakota (1), Ohio (5), Oregon (13), Pennsylvania (7), Rhode Island (3), South Carolina (4), Texas (18), Utah (2), Virginia (6), Washington (4)	207	88.84%
National Totals		**233**	**100%**

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

Figure 37 - Future Plans to Incorporate NDCs for Covered Outpatient Physician Administered Drugs into DUR criteria for ProDUR

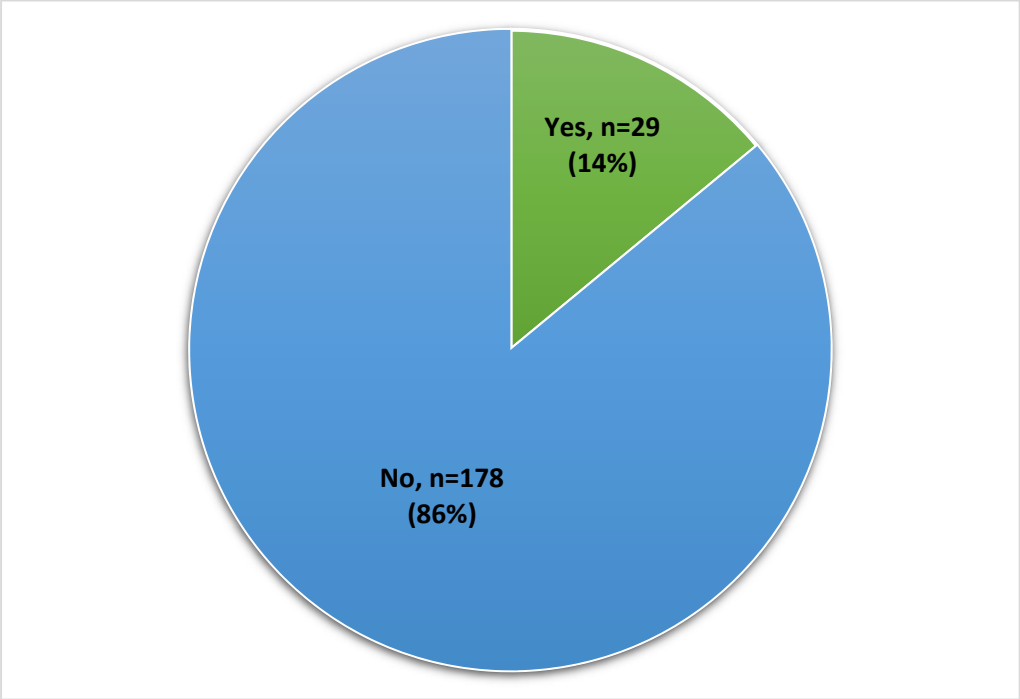

Table 38 - Future Plans to Incorporate NDCs for Covered Outpatient Physician Administered Drugs into DUR criteria for ProDUR

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (5), Colorado (1), Florida (1), Hawaii (2), Iowa (1), Kansas (1), Louisiana (1), Maryland (1), Michigan (2), Minnesota (1), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (1), New York (2), North Dakota (1), Ohio (1), Pennsylvania (1), Rhode Island (1), Texas (1), Virginia (1), Washington (1)	29	14.01%
No	Arkansas (3), California (18), Colorado (1), Delaware (1), District of Columbia (4), Florida (14), Georgia (4), Hawaii (4), Illinois (5), Indiana (4), Iowa (1), Kansas (2), Kentucky (5), Louisiana (4), Maryland (8), Massachusetts (5), Michigan (7), Minnesota (6), Mississippi (1), Nebraska (2), Nevada (2), New Hampshire (3), New Jersey (3), New Mexico (3), New York (12), Ohio (4), Oregon (13), Pennsylvania (6), Rhode Island (2), South Carolina (4), Texas (17), Utah (2), Virginia (5), Washington (3)	178	85.99%
National Totals		**207**	**100%**

2. RetroDUR?

Figure 38 - Incorporation of NDCs for Covered Outpatient Physician Administered Drugs into DUR criteria for RetroDUR

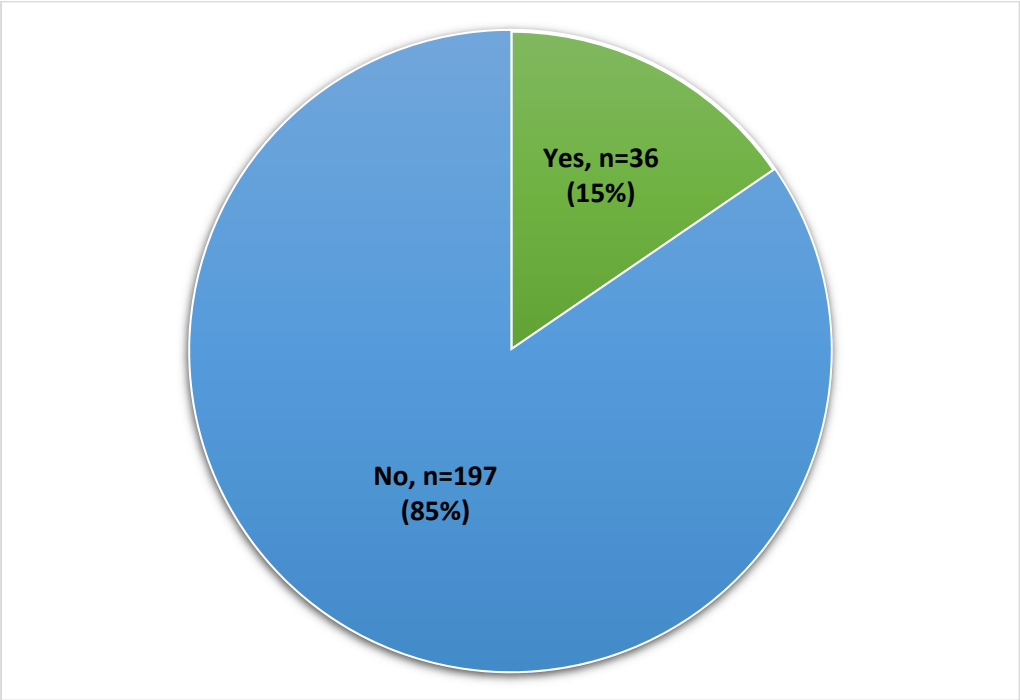

Table 39 - Incorporation of NDCs for Covered Outpatient Physician Administered Drugs into DUR criteria for RetroDUR

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (3), Colorado (1), Delaware (1), Florida (1), Hawaii (1), Illinois (1), Michigan (3), Minnesota (2), Mississippi (1), New Jersey (1), New Mexico (2), New York (6), Oregon (5), Pennsylvania (1), Rhode Island (1), Texas (1), Utah (2), Virginia (2), Washington (1)	36	15.45%
No	Arkansas (3), California (23), Colorado (1), Delaware (1), District of Columbia (4), Florida (15), Georgia (4), Hawaii (5), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (8), Minnesota (6), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (4), New Mexico (1), New York (12), North Dakota (1), Ohio (5), Oregon (13), Pennsylvania (7), Rhode Island (2), South Carolina (5), Texas (17), Utah (2), Virginia (4), Washington (4)	197	84.55%
National Totals		**233**	**100%**

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

Figure 39 - Future Plans to Incorporate NDCs for Covered Outpatient Physician Administered Drugs into DUR criteria for RetroDUR

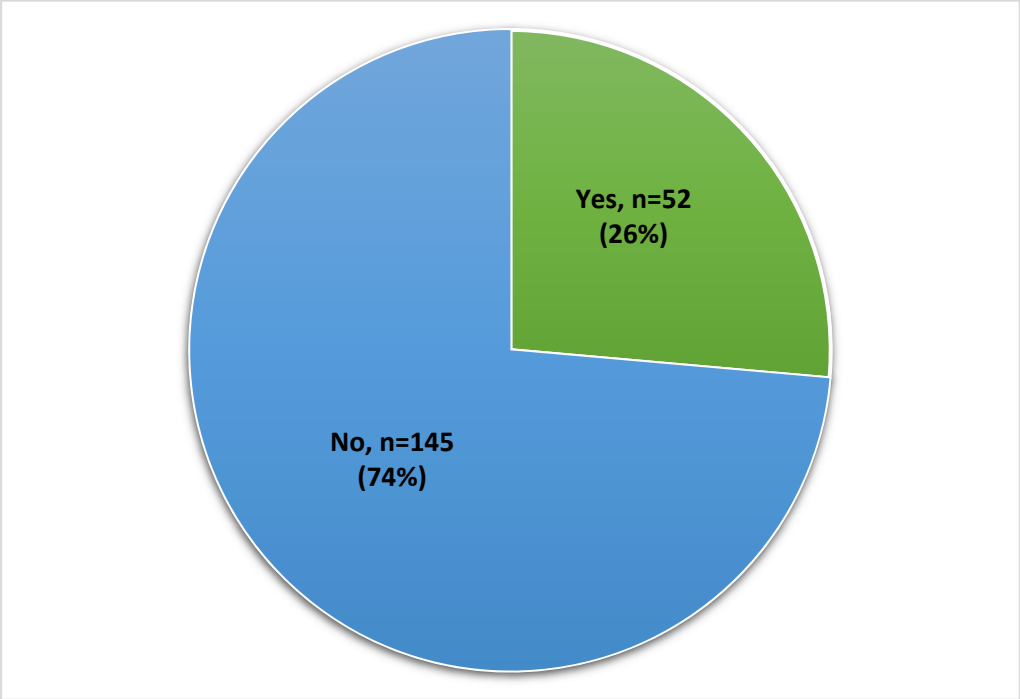

Table 40 - Future Plans to Incorporate NDCs for Covered Outpatient Physician Administered Drugs into DUR criteria for RetroDUR

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (7), Colorado (1), District of Columbia (1), Florida (3), Georgia (1), Hawaii (2), Illinois (2), Iowa (1), Kansas (2), Kentucky (1), Louisiana (1), Maryland (2), Massachusetts (1), Michigan (3), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (2), New York (3), Ohio (1), Oregon (3), Pennsylvania (2), Rhode Island (1), South Carolina (2), Texas (2), Virginia (2), Washington (2)	52	26.40%
No	Arkansas (3), California (16), Delaware (1), District of Columbia (3), Florida (12), Georgia (3), Hawaii (3), Illinois (4), Indiana (4), Iowa (1), Kansas (1), Kentucky (4), Louisiana (4), Maryland (7), Massachusetts (4), Michigan (5), Minnesota (6), Mississippi (1), Nebraska (2), Nevada (2), New Hampshire (2), New Jersey (2), New Mexico (1), New York (9), North Dakota (1), Ohio (4), Oregon (10), Pennsylvania (5), Rhode Island (1), South Carolina (3), Texas (15), Utah (2), Virginia (2), Washington (2)	145	73.60%
National Totals		**197**	**100%**

Section VI - Generic Policy and Utilization Data

1. Summary 3 – Generic Drug Substitution Policies

Summary 3 – Generic Drug Substitution Policies summarizes factors that could affect your generic utilization percentage. Please explain and provide details.

Please contact the State Pharmacy Director or State DUR Contact for more information.

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?

Figure 40 - More Restrictive MCO Requirements than the Prescriber Writing in His Own Handwriting "Brand Medically Necessary" for a Brand Name Drug

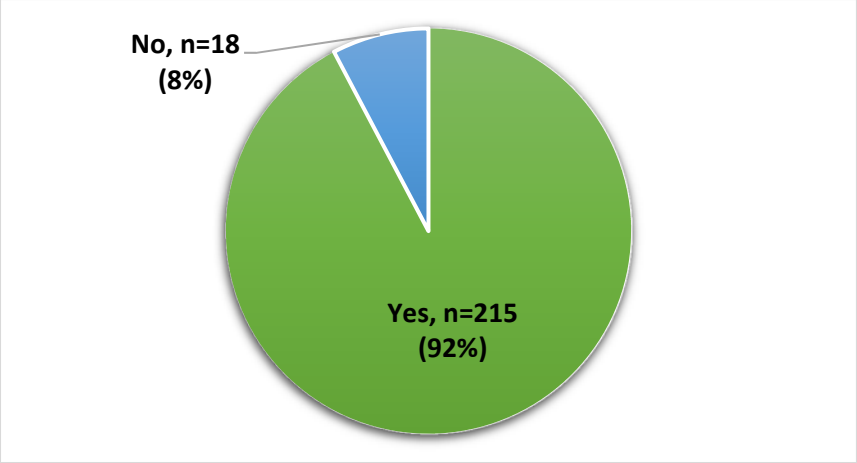

Table 41 - More Restrictive MCO Requirements than the Prescriber Writing in His Own Handwriting "Brand Medically Necessary" for a Brand Name Drug

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (24), Colorado (1), Delaware (2), District of Columbia (4), Florida (15), Georgia (4), Hawaii (5), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (4), Maryland (8), Massachusetts (4), Michigan (11), Minnesota (8), Mississippi (1), Nebraska (2), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (2), New York (18), North Dakota (1), Ohio (5), Oregon (17), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (14), Utah (4), Virginia (5), Washington (5)	215	92.27%
No	California (2), Colorado (1), Florida (1), Hawaii (1), Louisiana (1), Maryland (1), Massachusetts (1), Mississippi (2), Nebraska (1), New Mexico (1), Oregon (1), Texas (4), Virginia (1)	18	7.73%
National Totals		**233**	**100%**

If “Yes,” check all that apply:

Figure 41 - Additional Restrictive MCO Requirements than the Prescriber Writing in His Own Handwriting “Brand Medically Necessary” for a Brand Name Drug

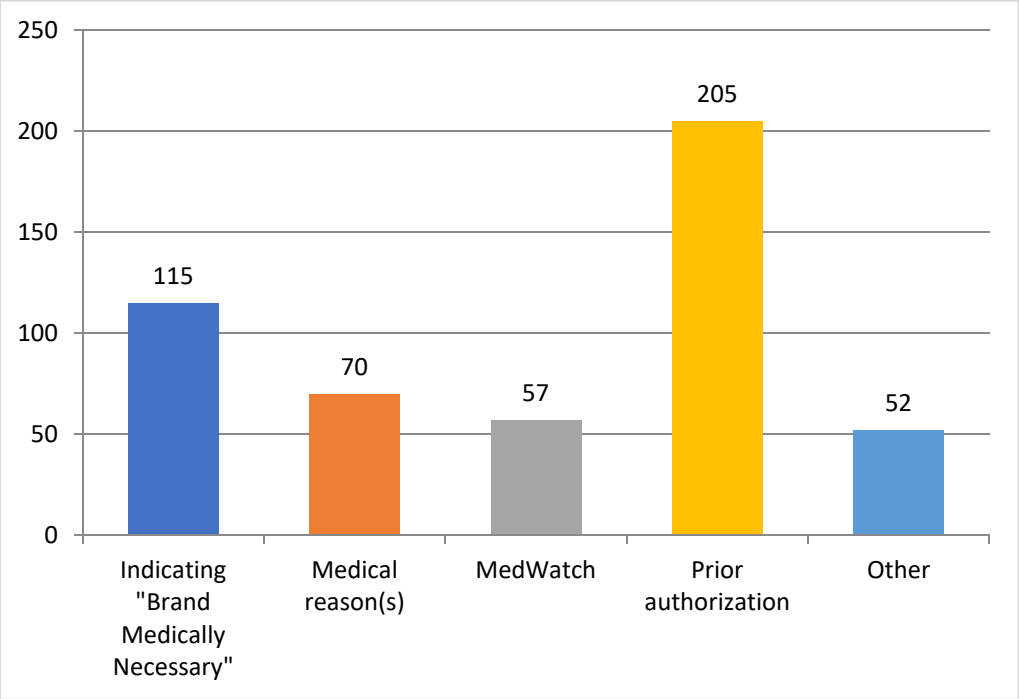

Table 42 - Additional Restrictive MCO Requirements than the Prescriber Writing in His Own Handwriting “Brand Medically Necessary” for a Brand Name Drug

Response	States (Count of MCOs)	Total	Percent of Total
Indicating "Brand Medically Necessary"	Arkansas (1), California (7), Delaware (1), District of Columbia (4), Florida (13), Georgia (4), Hawaii (4), Illinois (4), Indiana (4), Iowa (2), Kansas (2), Kentucky (4), Louisiana (3), Maryland (6), Massachusetts (2), Michigan (9), Minnesota (3), Nebraska (2), Nevada (1), New Hampshire (1), New Jersey (4), New Mexico (2), New York (7), Ohio (2), Oregon (6), Pennsylvania (3), Rhode Island (2), South Carolina (3), Texas (4), Utah (1), Virginia (4)	115	23.05%
Medical reason(s)	California (6), Colorado (1), Delaware (1), District of Columbia (2), Florida (4), Georgia (2), Illinois (2), Indiana (4), Kansas (1), Louisiana (2), Maryland (1), Massachusetts (1), Michigan (4), Minnesota (1), Nebraska (1), Nevada (1), New Hampshire (2), New York (5), Ohio (2), Oregon (7), Pennsylvania (1), South Carolina (4), Texas (11), Utah (2), Virginia (2)	70	14.03%
MedWatch	Arkansas (1), California (9), Colorado (1), Delaware (1), District of Columbia (2), Florida (2), Georgia (2), Hawaii (1), Illinois (1), Indiana (2), Iowa (2), Kansas (3), Kentucky (2), Maryland (2), Michigan (4), Minnesota (1), New Hampshire (1), New Jersey (1),	57	11.42%

Response	States (Count of MCOs)	Total	Percent of Total
	Ohio (2), Pennsylvania (2), South Carolina (3), Texas (10), Virginia (2)		
Prior authorization	Arkansas (2), California (23), Colorado (1), Delaware (2), District of Columbia (4), Florida (14), Georgia (4), Hawaii (5), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (4), Maryland (8), Massachusetts (4), Michigan (10), Minnesota (8), Mississippi (1), Nebraska (2), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (2), New York (15), North Dakota (1), Ohio (5), Oregon (17), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (12), Utah (4), Virginia (5), Washington (4)	205	41.08%
Other	Arkansas (1), California (5), District of Columbia (1), Florida (4), Georgia (1), Hawaii (1), Illinois (3), Indiana (1), Kentucky (2), Louisiana (2), Maryland (1), Michigan (3), New Hampshire (1), New Mexico (1), New York (4), Ohio (2), Oregon (1), South Carolina (2), Texas (12), Washington (4)	52	10.42%
National Totals		**499**	**100%**

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.

Generic Utilization Percentage

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

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

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.

Figure 42 - State MCO Average Single Source (S) Drug Claims

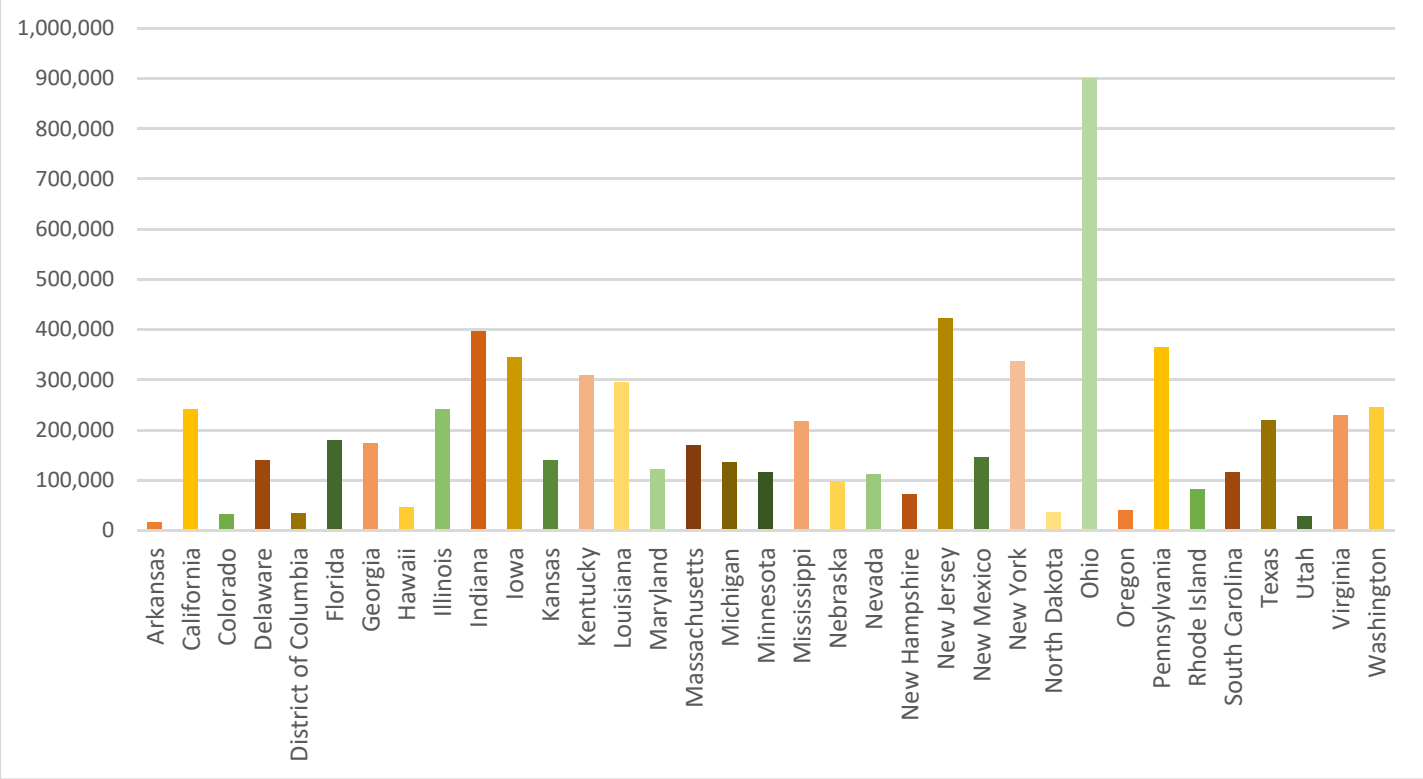

Figure 43 - State MCO Average Non-Innovator Multiple-Source (N) Drug Claims

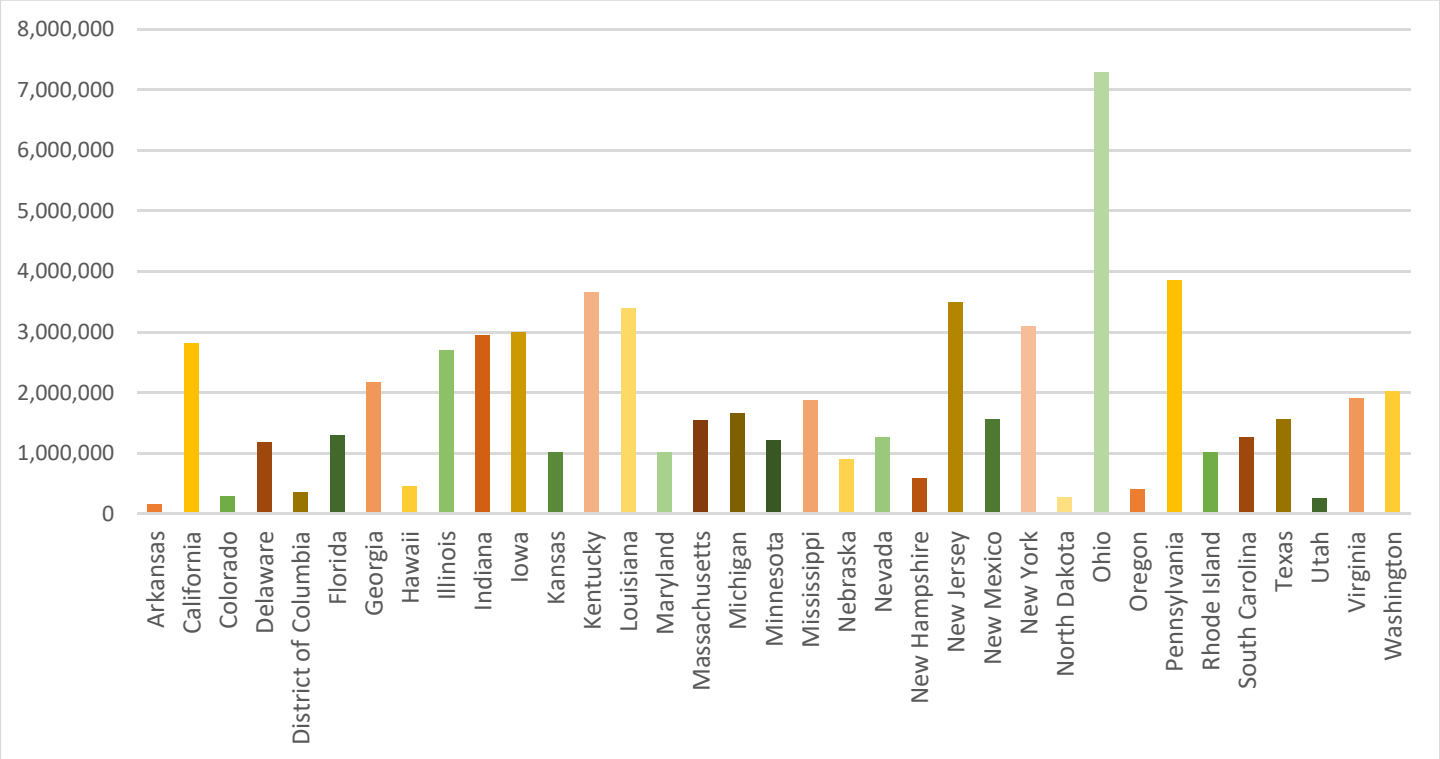

Figure 44 – State MCO Average Innovator Multiple-Source (I) Drug Claims

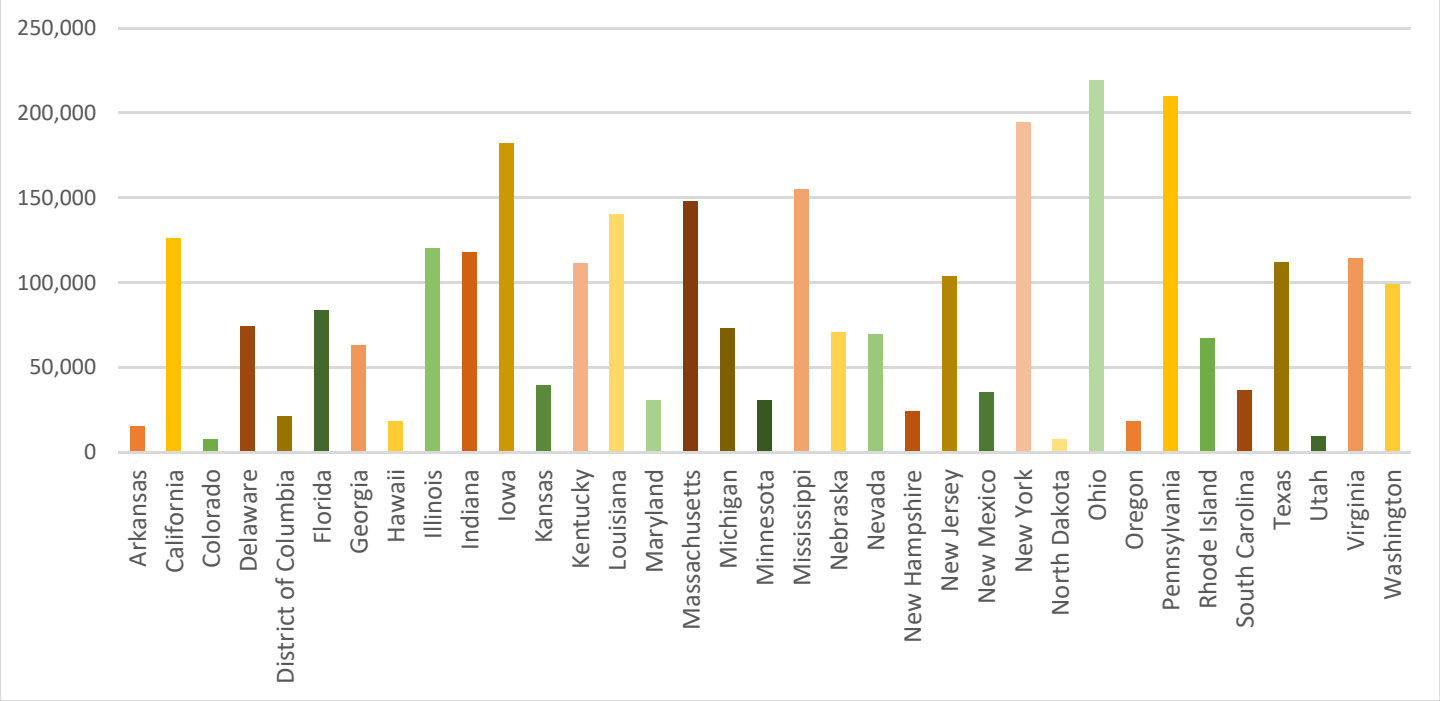

Table 43 - State MCO Average Drug Claims: Single Source Innovator (S), Innovator Multiple-Source (I), Non-Innovator Multiple-Source (N)

State	State Average Single Source "S" Number of Drug Claims	State Average Non-Innovator Multiple Source "N" Number Drug Claims	State Average Innovator Multiple Source "I" Drug Claims
Arkansas	17,071	163,791	15,204
California	241,348	2,805,339	126,182
Colorado	33,185	288,693	7,669
Delaware	139,743	1,174,130	74,278
District of Columbia	34,559	355,111	21,144
Florida	179,549	1,294,948	83,863
Georgia	174,985	2,167,972	63,093
Hawaii	45,779	453,717	18,637
Illinois	240,901	2,690,916	120,673
Indiana	396,855	2,948,706	117,890
Iowa	345,318	2,996,780	182,293
Kansas	140,743	1,017,921	39,939
Kentucky	309,732	3,657,864	111,773
Louisiana	295,426	3,393,128	140,362
Maryland	122,440	1,006,467	30,982
Massachusetts	169,455	1,549,143	148,207
Michigan	136,945	1,662,674	73,240
Minnesota	117,140	1,216,220	30,628
Mississippi	216,949	1,868,652	155,499

State	State Average Single Source "S" Number of Drug Claims	State Average Non-Innovator Multiple Source "N" Number Drug Claims	State Average Innovator Multiple Source "I" Drug Claims
Nebraska	98,633	903,113	71,121
Nevada	112,708	1,269,832	69,869
New Hampshire	72,231	576,565	24,265
New Jersey	423,613	3,496,442	103,691
New Mexico	146,398	1,553,328	35,660
New York	337,892	3,085,107	194,932
North Dakota	36,184	274,502	7,781
Ohio	899,783	7,281,318	219,494
Oregon	41,326	399,901	18,673
Pennsylvania	364,878	3,849,290	210,075
Rhode Island	83,325	1,013,094	67,064
South Carolina	115,912	1,264,263	36,528
Texas	220,522	1,558,927	112,413
Utah	29,009	258,175	9,804
Virginia	229,395	1,909,880	114,245
Washington	245,696	2,017,046	99,123
National Average	**194,732**	**1,812,084**	**84,466**

3. Indicate the generic utilization percentage for all covered outpatient drugs paid during this reporting period.

Figure 45 - Average State Generic Utilization Percentage Across all MCOs

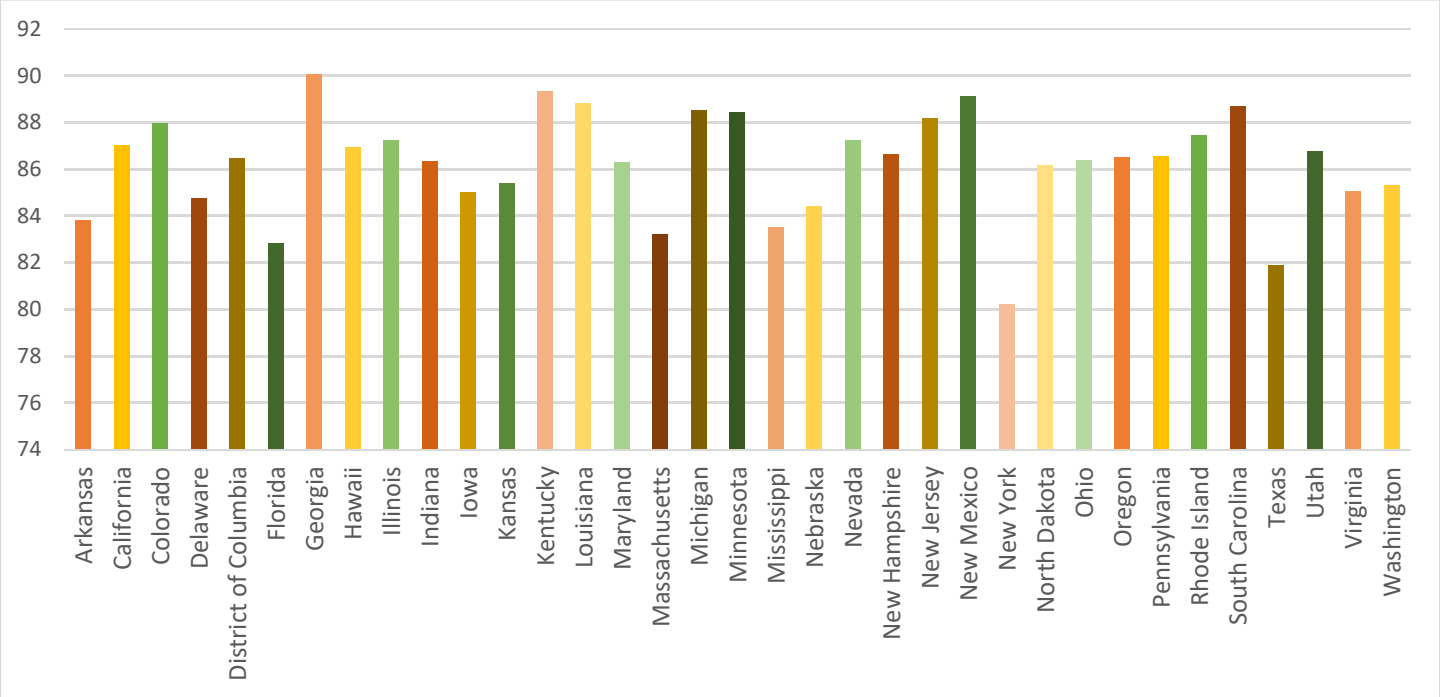

Table 44 - Average State Generic Utilization Percentage Across all MCOs

State	State Average Generic Utilization Percentage
Arkansas	83.80%
California	87.01%
Colorado	87.95%
Delaware	84.77%
District of Columbia	86.46%
Florida	82.82%
Georgia	90.08%
Hawaii	86.96%
Illinois	87.26%
Indiana	86.36%
Iowa	85.03%
Kansas	85.42%
Kentucky	89.34%
Louisiana	88.83%
Maryland	86.32%
Massachusetts	83.24%
Michigan	88.53%
Minnesota	88.45%
Mississippi	83.52%
Nebraska	84.41%
Nevada	87.24%
New Hampshire	86.66%
New Jersey	88.21%
New Mexico	89.12%
New York	80.22%
North Dakota	86.19%
Ohio	86.37%
Oregon	86.53%
Pennsylvania	86.55%
Rhode Island	87.46%
South Carolina	88.70%
Texas	81.89%
Utah	86.76%
Virginia	85.05%
Washington	85.33%
National Average	**86.25%**

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?

Figure 46 - Documented Process in Place by MCO to Identify Potential Fraud or Abuse of Controlled Drugs by Beneficiaries

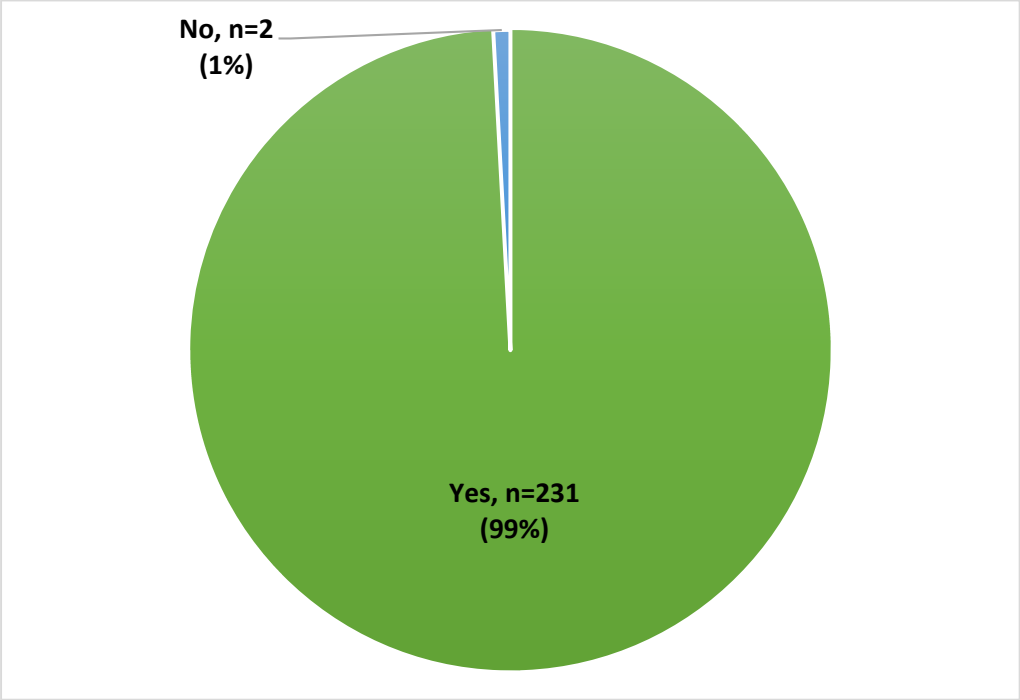

Table 45 - Documented Process in Place by MCO to Identify Potential Fraud or Abuse of Controlled Drugs by Beneficiaries

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (24), Colorado (2), Delaware (2), District of Columbia (4), Florida (16), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (18), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (18), Utah (4), Virginia (6), Washington (5)	231	99.14%
No	California (2)	2	0.86%
National Totals		**233**	**100%**

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

Figure 47 - Action Process Initiates when Potential Fraud or Abuse of Controlled Drugs by Beneficiaries is Detected

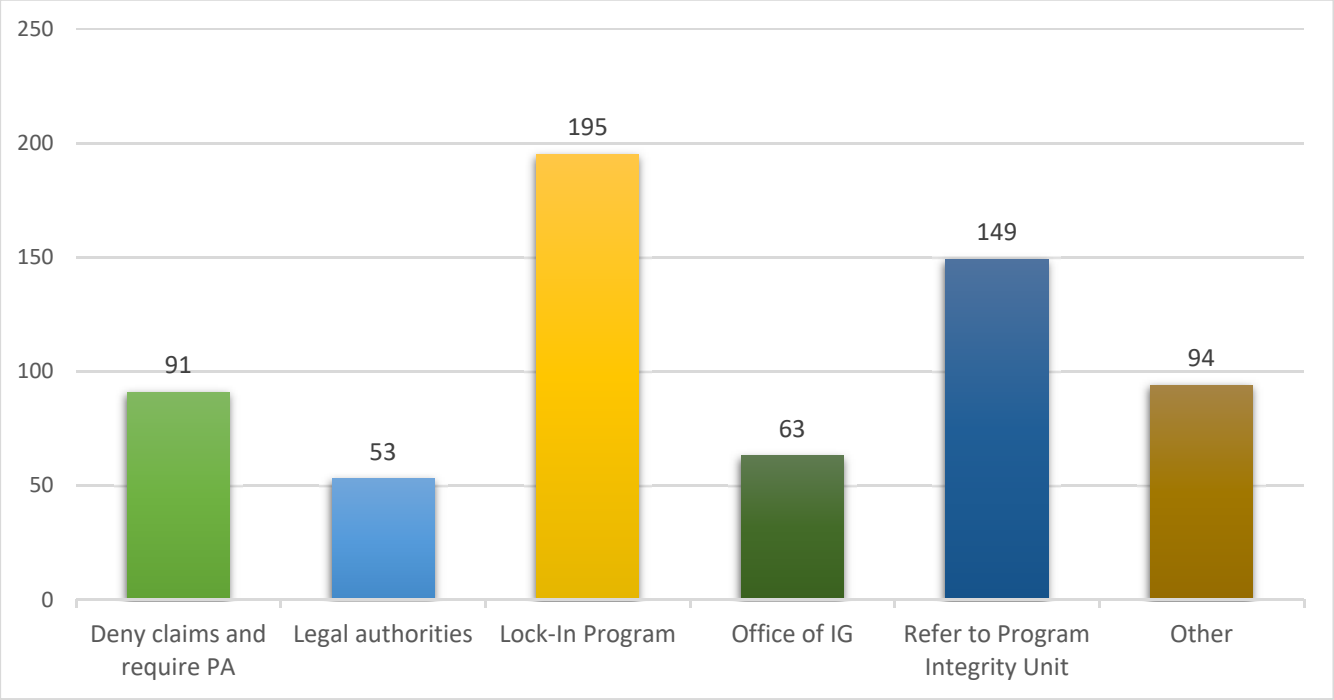

Table 46 - Action Process Initiates when Potential Fraud or Abuse of Controlled Drugs by Beneficiaries is Detected

Response	States (Count of MCOs)	Total	Percent of Total
Deny claims and require PA	Arkansas (2), California (9), Colorado (1), District of Columbia (3), Florida (5), Georgia (1), Hawaii (2), Illinois (4), Indiana (2), Kentucky (2), Maryland (4), Massachusetts (2), Michigan (5), Minnesota (3), Mississippi (1), New Hampshire (1), New Jersey (1), New Mexico (3), New York (4), North Dakota (1), Ohio (3), Oregon (6), Pennsylvania (2), South Carolina (2), Texas (15), Utah (3), Virginia (3), Washington (1)	91	14.11%
Legal authorities	Arkansas (1), California (4), Florida (7), Hawaii (3), Indiana (1), Iowa (1), Kansas (2), Kentucky (2), Louisiana (2), Maryland (3), Michigan (3), Minnesota (2), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (2), New York (2), North Dakota (1), Ohio (1), Oregon (3), Pennsylvania (3), Rhode Island (1), Texas (2), Virginia (3), Washington (1)	53	8.22%
Lock-In Program	Arkansas (3), California (11), Colorado (1), Delaware (2), District of Columbia (4), Florida (14), Georgia (4), Hawaii (5), Illinois (7), Indiana (4), Iowa (1), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New	195	30.23%

Response	States (Count of MCOs)	Total	Percent of Total
	Hampshire (3), New Jersey (5), New Mexico (3), New York (16), North Dakota (1), Ohio (5), Oregon (2), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (18), Utah (4), Virginia (6), Washington (5)		
Office of IG	Arkansas (2), California (2), Florida (6), Hawaii (2), Illinois (4), Indiana (1), Iowa (1), Kansas (2), Kentucky (2), Louisiana (1), Maryland (5), Michigan (6), Minnesota (1), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (2), New York (5), North Dakota (1), Ohio (1), Oregon (1), Pennsylvania (3), Rhode Island (1), Texas (4), Utah (2), Virginia (3), Washington (2)	63	9.77%
Refer to Program Integrity Unit	Arkansas (2), California (16), Delaware (2), District of Columbia (3), Florida (13), Georgia (3), Hawaii (6), Illinois (6), Indiana (3), Kansas (3), Kentucky (4), Louisiana (3), Maryland (6), Massachusetts (3), Michigan (9), Minnesota (4), Mississippi (1), Nebraska (3), Nevada (1), New Hampshire (2), New Jersey (4), New Mexico (3), New York (11), North Dakota (1), Ohio (4), Oregon (8), Pennsylvania (6), Rhode Island (2), South Carolina (3), Texas (3), Utah (4), Virginia (5), Washington (2)	149	23.10%
Other*	Arkansas (1), California (9), Colorado (1), Delaware (2), Florida (6), Georgia (1), Hawaii (5), Illinois (3), Iowa (1), Kansas (1), Kentucky (3), Louisiana (3), Maryland (4), Massachusetts (2), Michigan (3), Minnesota (3), Mississippi (1), Nebraska (2), Nevada (1), New Jersey (3), New Mexico (1), New York (4), North Dakota (1), Ohio (2), Oregon (5), Pennsylvania (3), Rhode Island (2), South Carolina (2), Texas (15), Virginia (3), Washington (1)	94	14.57%
National Totals		**645**	**100%**

* Please contact the State Pharmacy Director or State DUR Contact for more information.

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

Figure 48 - Lock-In Program

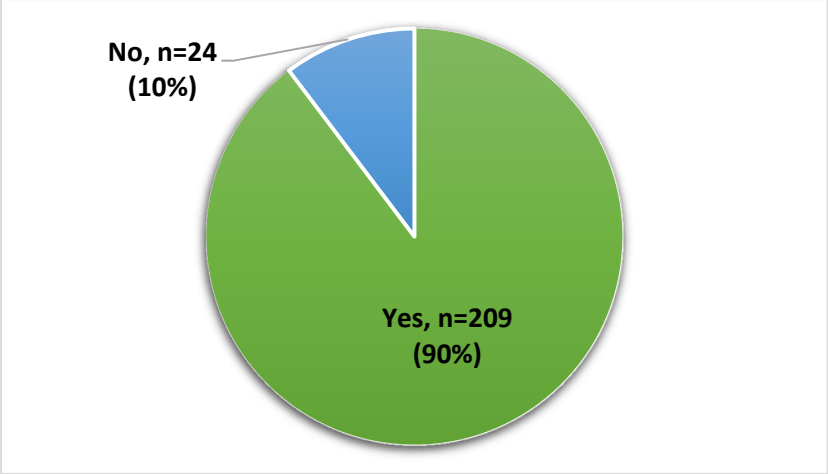

Table 47 - Lock-In Program

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (12), Colorado (2), Delaware (2), District of Columbia (4), Florida (14), Georgia (4), Hawaii (5), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (11), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (18), Utah (4), Virginia (6), Washington (5)	209	89.70%
No	California (14), Florida (2), Hawaii (1), Oregon (7)	24	10.30%
National Totals		**233**	**100%**

If the answer to question 2 is “No”, skip to question 3.

If the answer to question 2 is “Yes”, please continue.

a. What criteria does your MCO use to identify candidates for Lock-In?

Figure 49 - Lock-In Program Candidate Identification Criteria

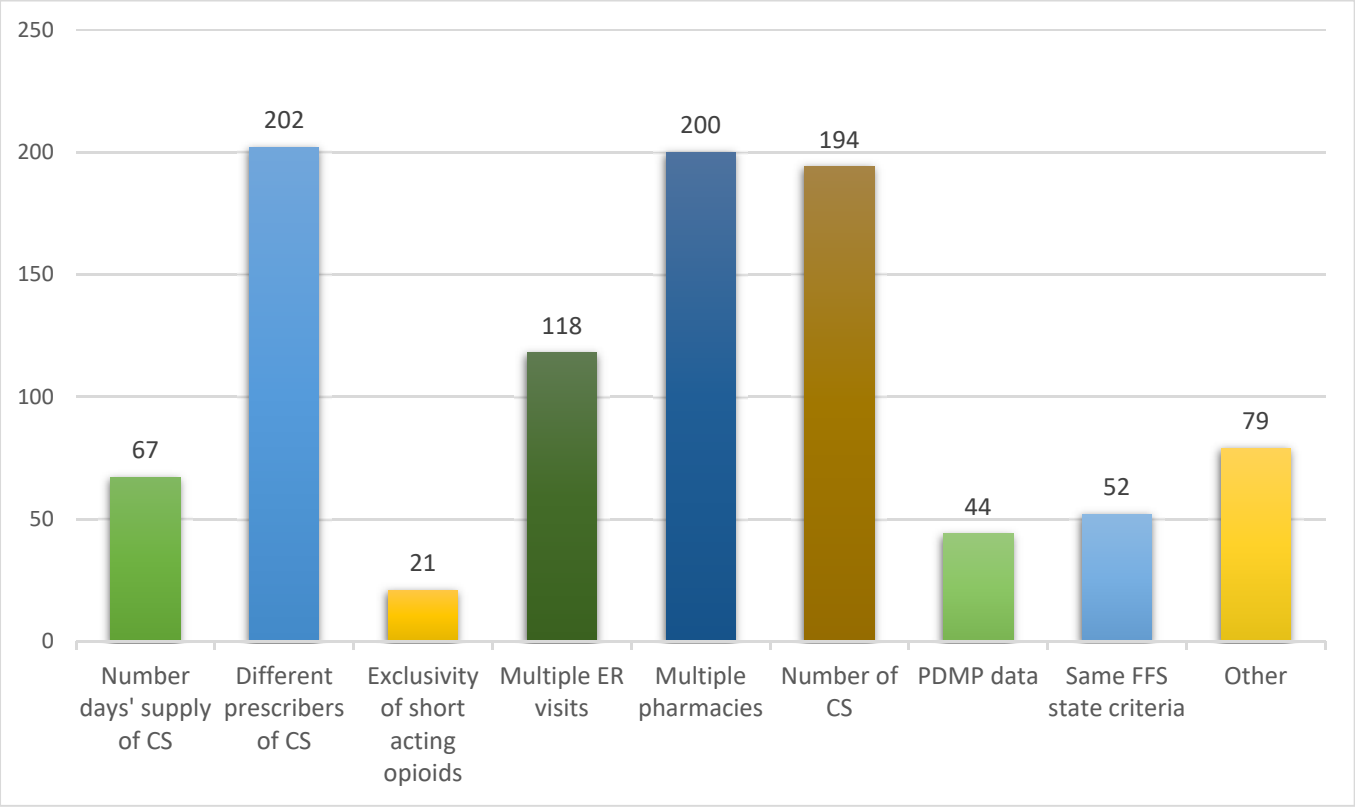

Table 48 - Lock-In Program Candidate Identification Criteria

Response	States (Count of MCOs)	Total	Percent of Total
Different prescribers of CS	Arkansas (3), California (11), Colorado (2), Delaware (2), District of Columbia (4), Florida (14), Georgia (4), Hawaii (5), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (8), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (9), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (16), Utah (4), Virginia (6), Washington (4)	202	20.68%
Exclusivity of short acting opioids	California (1), Colorado (1), Delaware (1), Illinois (1), Maryland (1), Massachusetts (1), Michigan (1), Minnesota (2), Nebraska (1), New Jersey (2), New York (3), Oregon (1), Pennsylvania (2), Utah (1), Virginia (1), Washington (1)	21	2.15%
Multiple ER visits	California (4), Colorado (1), Delaware (1), District of Columbia (2), Florida (1), Georgia (3), Hawaii (4), Illinois (4), Indiana (4), Kansas (2), Kentucky (5), Louisiana (2), Maryland (1), Massachusetts (3), Michigan (9), Minnesota (8), Mississippi (1), Nebraska (2), Nevada (1), New Hampshire (2), New Jersey (3),	118	12.08%

Response	States (Count of MCOs)	Total	Percent of Total
	New Mexico (3), New York (14), North Dakota (1), Ohio (1), Pennsylvania (7), Rhode Island (1), South Carolina (2), Texas (14), Utah (4), Virginia (5), Washington (3)		
Multiple pharmacies	Arkansas (3), California (10), Colorado (2), Delaware (2), District of Columbia (4), Florida (14), Georgia (4), Hawaii (5), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (8), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (17), North Dakota (1), Ohio (5), Oregon (9), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (16), Utah (4), Virginia (6), Washington (4)	200	20.47%
Number days' supply of CS	Arkansas (1), California (3), Colorado (1), Delaware (1), District of Columbia (2), Florida (1), Georgia (1), Hawaii (2), Illinois (2), Indiana (1), Maryland (2), Massachusetts (2), Michigan (4), Minnesota (2), Nevada (1), New Hampshire (1), New Jersey (1), New Mexico (2), New York (6), North Dakota (1), Ohio (1), Oregon (4), Pennsylvania (4), South Carolina (3), Texas (13), Utah (2), Virginia (2), Washington (1)	67	6.86%
Number of CS	Arkansas (3), California (8), Colorado (2), Delaware (2), District of Columbia (4), Florida (14), Georgia (4), Hawaii (5), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (7), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (4), Oregon (7), Pennsylvania (7), Rhode Island (3), South Carolina (5), Texas (16), Utah (4), Virginia (6), Washington (4)	194	19.86%
PDMP data	California (4), Hawaii (1), Illinois (4), Indiana (2), Kansas (1), Kentucky (2), Maryland (2), Michigan (6), Minnesota (7), Mississippi (1), New Mexico (3), New York (2), Texas (1), Utah (2), Virginia (4), Washington (2)	44	4.50%
Same FFS state criteria	District of Columbia (3), Florida (7), Georgia (1), Hawaii (1), Illinois (1), Indiana (1), Kentucky (1), Maryland (5), Massachusetts (1), Michigan (2), Minnesota (3), Mississippi (1), New York (5), Pennsylvania (4), South Carolina (1), Texas (5), Utah (4), Virginia (4), Washington (2)	52	5.32%
Other	Arkansas (1), California (4), Delaware (2), Florida (3), Georgia (1), Hawaii (2), Illinois (3), Indiana (1), Iowa (1), Kansas (1), Kentucky (1), Louisiana (3), Massachusetts (4), Michigan (1), Mississippi (2), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (2), New York (6), North Dakota (1), Ohio (3),	79	8.09%

Response	States (Count of MCOs)	Total	Percent of Total
	Oregon (9), Pennsylvania (4), Rhode Island (3), South Carolina (3), Texas (13), Washington (2)		
National Totals		**977**	**100%**

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

i) Prescriber only

Figure 50 - Prescriber Only Restriction Capability

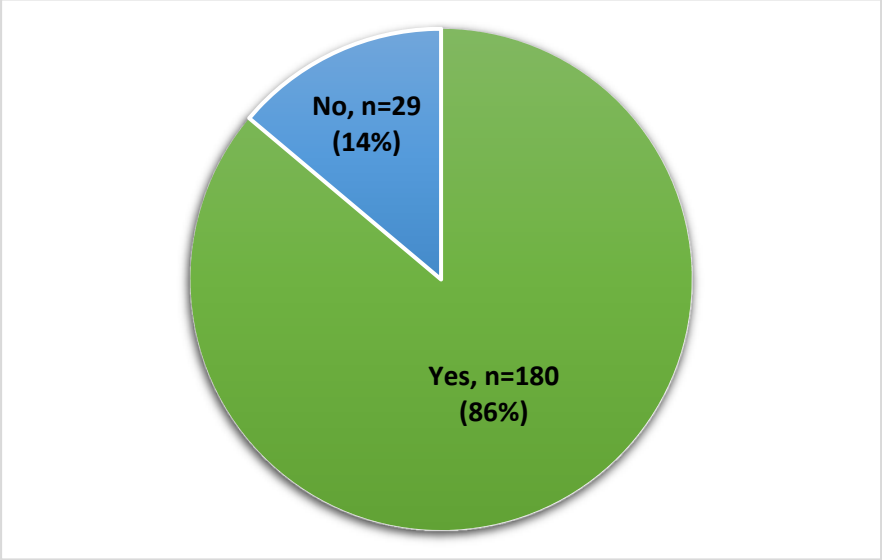

Table 49 - Prescriber Only Restriction Capability

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (1), California (10), Colorado (2), Delaware (2), District of Columbia (4), Florida (7), Georgia (4), Hawaii (5), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (4), Louisiana (5), Maryland (6), Massachusetts (5), Michigan (11), Minnesota (5), Mississippi (2), Nebraska (2), Nevada (3), New Hampshire (1), New Jersey (5), New Mexico (3), New York (17), North Dakota (1), Ohio (5), Oregon (11), Pennsylvania (8), Rhode Island (3), South Carolina (4), Texas (14), Utah (4), Virginia (6), Washington (5)	180	86.12%
No	Arkansas (2), California (2), Florida (7), Illinois (1), Kentucky (1), Maryland (3), Minnesota (3), Mississippi (1), Nebraska (1), New Hampshire (2), New York (1), South Carolina (1), Texas (4)	29	13.88%
National Totals		**209**	**100%**

ii) Pharmacy only

Figure 51 - Pharmacy Only Restriction Capability

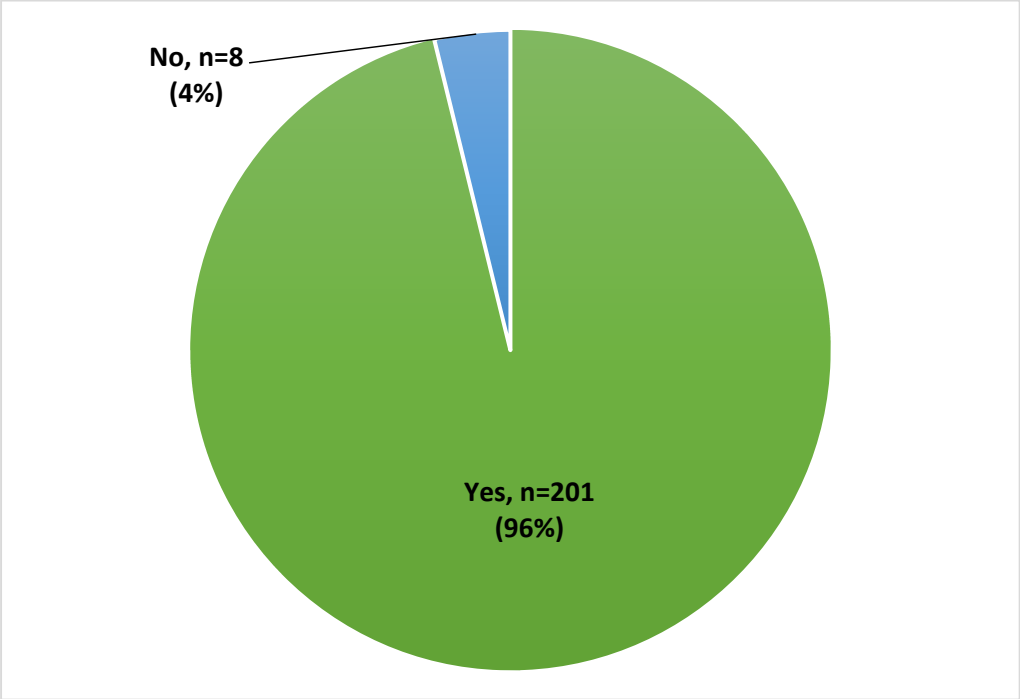

Table 50 - Pharmacy Only Restriction Capability

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (12), Colorado (2), Delaware (2), District of Columbia (4), Florida (13), Georgia (4), Hawaii (5), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (4), Louisiana (5), Maryland (7), Massachusetts (5), Michigan (11), Minnesota (6), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (17), North Dakota (1), Ohio (5), Oregon (11), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	201	96.17%
No	Florida (1), Kentucky (1), Maryland (2), Minnesota (2), New York (1), Texas (1)	8	3.83%
National Totals		**209**	**100%**

iii) Prescriber and Pharmacy

Figure 52 - Prescriber and Pharmacy Restriction Capability

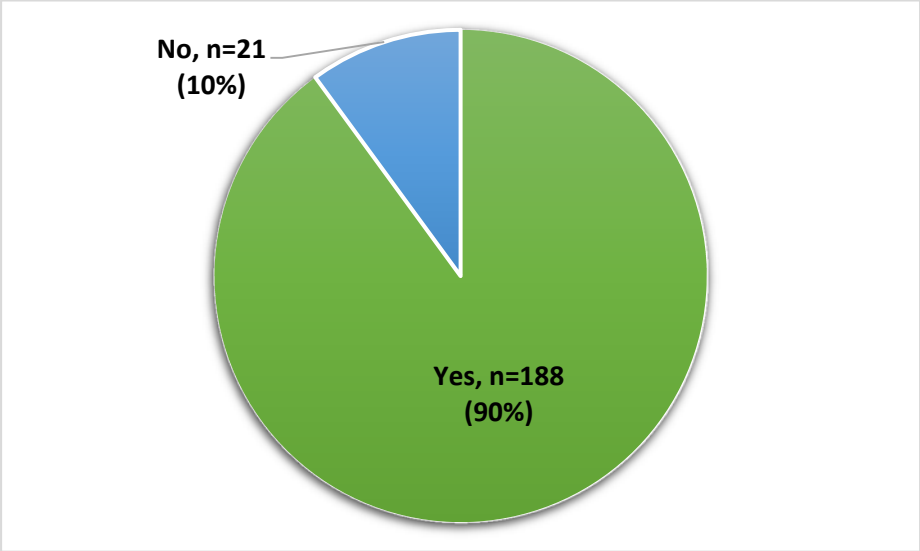

Table 51 - Prescriber and Pharmacy Restriction Capability

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (1), California (10), Colorado (2), Delaware (2), District of Columbia (4), Florida (8), Georgia (4), Hawaii (5), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (7), Massachusetts (5), Michigan (11), Minnesota (7), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (3), New York (17), North Dakota (1), Ohio (5), Oregon (11), Pennsylvania (8), Rhode Island (3), South Carolina (4), Texas (15), Utah (4), Virginia (6), Washington (5)	188	89.95%
No	Arkansas (2), California (2), Florida (6), Illinois (1), Maryland (2), Minnesota (1), Mississippi (1), New Hampshire (1), New York (1), South Carolina (1), Texas (3)	21	10.05%
National Totals		**209**	**100%**

c. *What is the usual Lock-In time period?*

Figure 53 - Lock-in Time Period

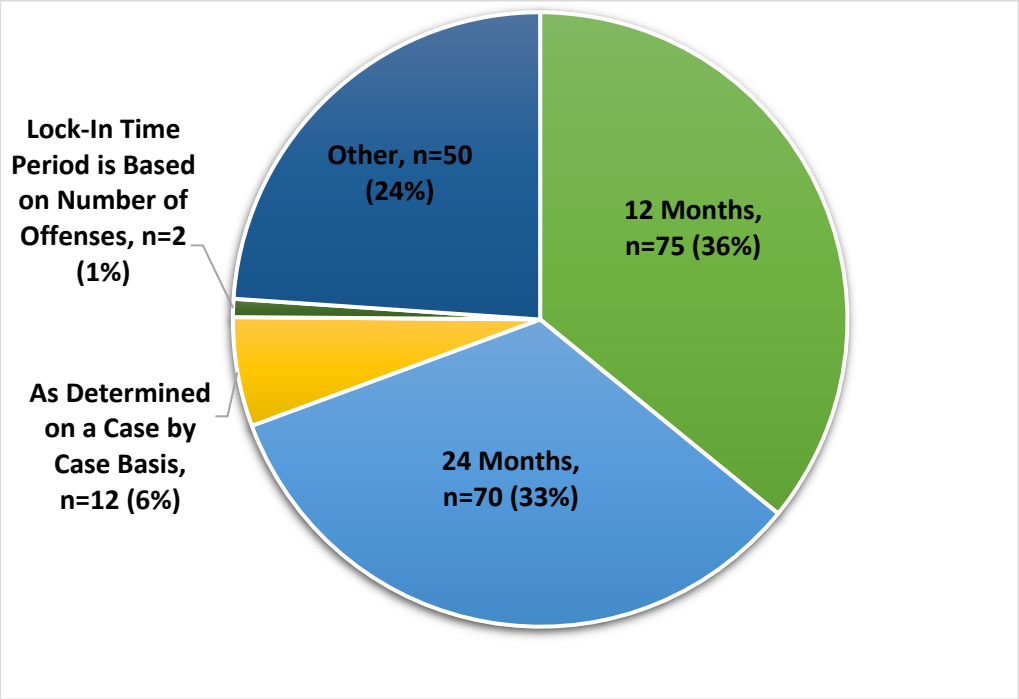

Table 52 - Lock-in Time Period

Response	States (Count of MCOs)	Total	Percent of Total
12 months	Arkansas (2), California (8), Delaware (1), District of Columbia (4), Florida (13), Georgia (2), Hawaii (1), Illinois (6), Louisiana (4), Massachusetts (4), Michigan (1), Mississippi (3), Nevada (3), New Hampshire (3), New Mexico (2), New York (1), North Dakota (1), Oregon (5), Rhode Island (1), Utah (4), Virginia (6)	75	35.89%
24 months	California (1), Georgia (2), Hawaii (2), Illinois (1), Indiana (4), Iowa (2), Kansas (3), Kentucky (4), Louisiana (1), Maryland (9), Michigan (9), Minnesota (3), Nebraska (3), New Jersey (5), New York (7), Ohio (5), Rhode Island (1), South Carolina (5), Washington (3)	70	33.49%
As determined on a case by case basis	California (3), Colorado (2), Hawaii (2), Michigan (1), Oregon (4)	12	5.74%
Lock-In time period is based on number of offenses	New York (2)	2	0.96%
Other	Arkansas (1), Delaware (1), Florida (1), Kentucky (1), Massachusetts (1), Minnesota (5), New Mexico (1), New York (8), Oregon (2), Pennsylvania (8), Rhode Island (1), Texas (18), Washington (2)	50	23.92%
National Totals		**209**	**100%**

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

Figure 54 - Percentage of Medicaid MCO Population in Lock-In Status Annually (State Average)

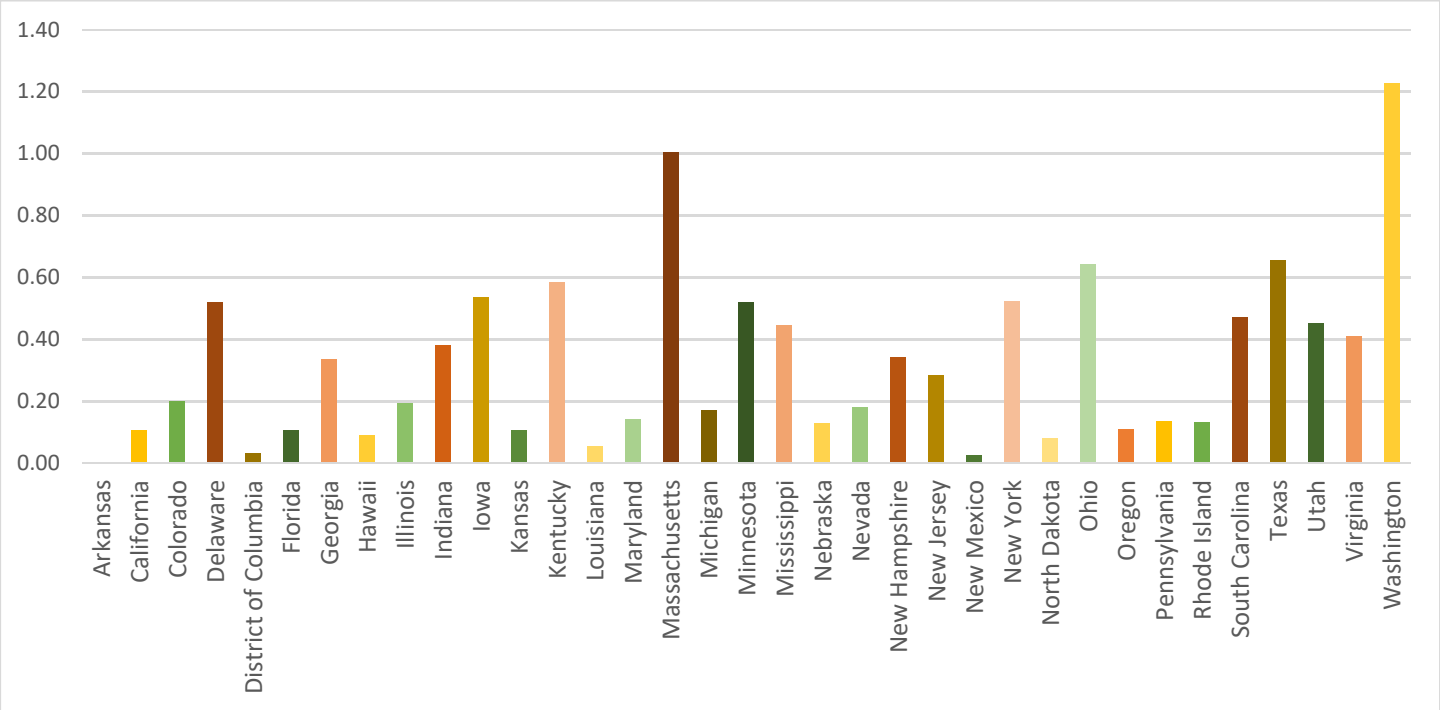

Table 53 - Percentage of Medicaid MCO Population in Lock-In Status Annually (State Average)

State	Percent
Arkansas	0.0033%
California	0.1042%
Colorado	0.2000%
Delaware	0.5200%
District of	0.0300%
Florida	0.1043%
Georgia	0.3350%
Hawaii	0.0900%
Illinois	0.1929%
Indiana	0.3800%
Iowa	0.5350%
Kansas	0.1067%
Kentucky	0.5840%
Louisiana	0.0540%
Maryland	0.1400%
Massachusetts	1.0040%
Michigan	0.1700%
Minnesota	0.5175%

State	Percent
Mississippi	0.4433%
Nebraska	0.1267%
Nevada	0.1800%
New Hampshire	0.3400%
New Jersey	0.2820%
New Mexico	0.0233%
New York	0.5206%
North Dakota	0.0800%
Ohio	0.6420%
Oregon	0.1073%
Pennsylvania	0.1338%
Rhode Island	0.1300%
South Carolina	0.4700%
Texas	0.6556%
Utah	0.4500%
Virginia	0.4083%
Washington	1.2260%
National Average	**0.3226%**

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

Figure 55 - Documented Process to Identify Possible Fraud or Abuse of Controlled Drugs by Prescribers

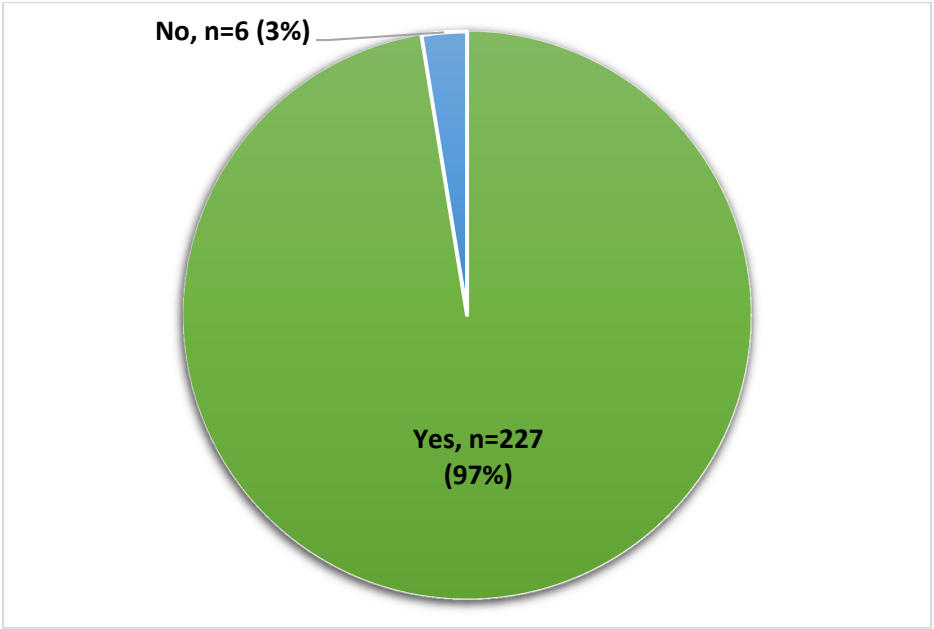

Table 54 - Documented Process to Identify Possible Fraud or Abuse of Controlled Drugs by Prescribers

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (25), Colorado (2), Delaware (1), District of Columbia (4), Florida (16), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (4), Michigan (11), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (18), Pennsylvania (8), Rhode Island (2), South Carolina (5), Texas (18), Utah (4), Virginia (6), Washington (5)	227	97.42%
No	California (1), Delaware (1), Massachusetts (1), Minnesota (1), New Hampshire (1), Rhode Island (1)	6	2.58%
National Totals		**233**	**100%**

If "Yes," what actions does this process initiate?

Figure 56 - Actions Process Initiates when Possible Fraud or Abuse of Controlled Drugs by Prescribers is Detected

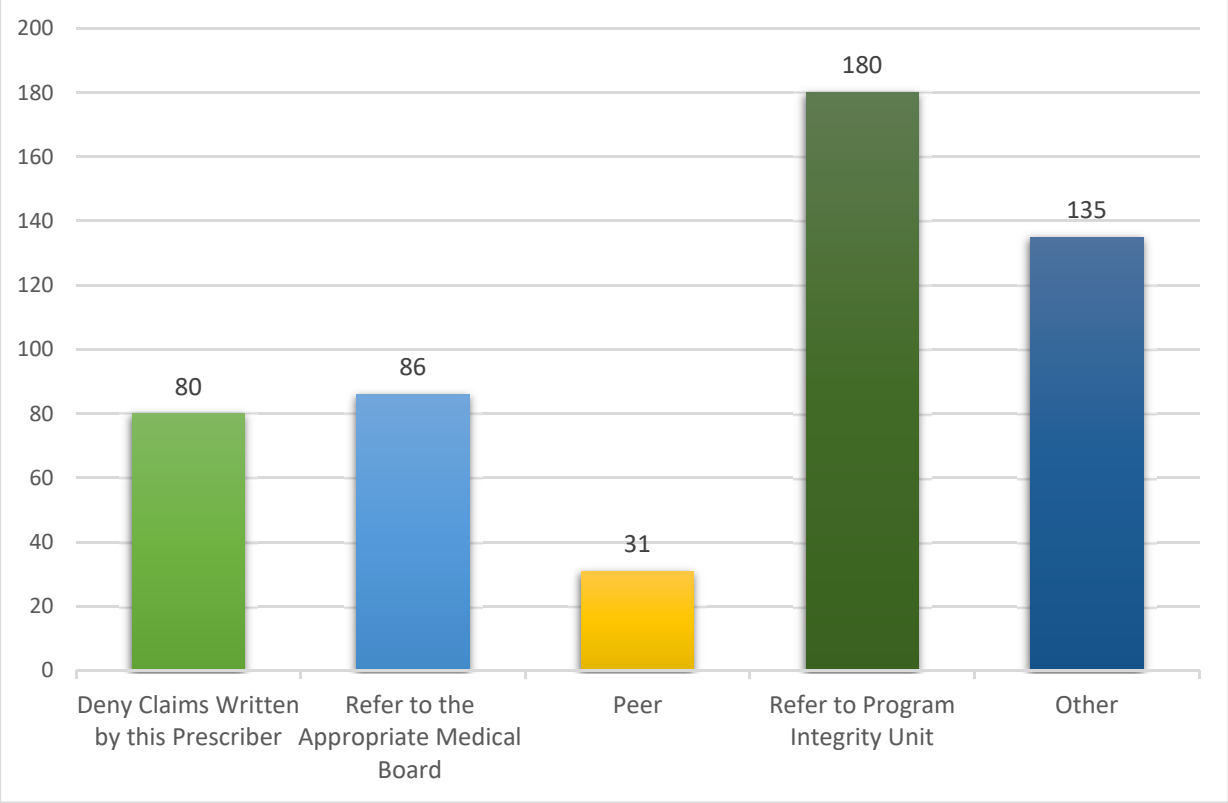

Table 55 - Actions Process Initiates when Possible Fraud or Abuse of Controlled Drugs by Prescribers is Detected

Response	States (Count of MCOs)	Total	Percent of Total
Deny Claims Written by this Prescriber	Arkansas (1), California (8), Colorado (1), District of Columbia (2), Florida (3), Georgia (2), Hawaii (4), Illinois (3), Indiana (3), Kansas (1), Kentucky (2), Louisiana (1), Maryland (3), Massachusetts (1), Michigan (8), Minnesota (3), Nebraska (1), New Jersey (3), New Mexico (2), New York (6), North Dakota (1), Oregon (7), Pennsylvania (3), South Carolina (2), Texas (2), Utah (2), Virginia (3), Washington (2)	80	15.62%
Peer	Arkansas (2), California (5), Colorado (1), District of Columbia (1), Florida (3), Hawaii (2), Illinois (1), Indiana (2), Kentucky (1), Maryland (1), Michigan (2), Minnesota (3), Mississippi (1), New Jersey (1), North Dakota (1), Texas (2), Utah (1), Virginia (1)	31	6.05%
Refer to Program Integrity Unit	Arkansas (3), California (19), Delaware (1), District of Columbia (4), Florida (13), Georgia (3), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (7), Massachusetts (2), Michigan (9), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (3), New York (15), North Dakota (1), Ohio (3), Oregon (10), Pennsylvania (6), Rhode Island (2), South Carolina (4), Texas (7), Utah (3), Virginia (6), Washington (4)	180	35.16%
Refer to the Appropriate Medical Board	Arkansas (1), California (8), Colorado (1), Delaware (1), District of Columbia (1), Florida (3), Georgia (1), Hawaii (3), Illinois (1), Indiana (3), Iowa (1), Kansas (2), Kentucky (2), Louisiana (3), Maryland (3), Massachusetts (2), Michigan (4), Minnesota (4), Mississippi (1), Nebraska (2), Nevada (2), New Hampshire (1), New Jersey (3), New Mexico (1), New York (7), North Dakota (1), Ohio (2), Oregon (3), Pennsylvania (4), Rhode Island (2), South Carolina (2), Texas (3), Utah (1), Virginia (5), Washington (2)	86	16.80%
Other*	Arkansas (2), California (12), Colorado (1), Delaware (1), District of Columbia (2), Florida (12), Georgia (2), Hawaii (3), Illinois (3), Indiana (2), Iowa (1), Kansas (2), Kentucky (3), Louisiana (3), Maryland (8), Massachusetts (3), Michigan (7), Minnesota (4), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (3), New Mexico (2), New York (13), Ohio (2), Oregon (8), Pennsylvania (4), Rhode Island (1), South Carolina (5), Texas (15), Utah (1), Virginia (3), Washington (3)	135	26.37%
National Totals		**512**	**100%**

* Please contact the State Pharmacy Director or State DUR Contact for more information.

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

Figure 57 - Documented Process to Identify Possible Fraud or Abuse of Controlled Drugs by Pharmacy Providers

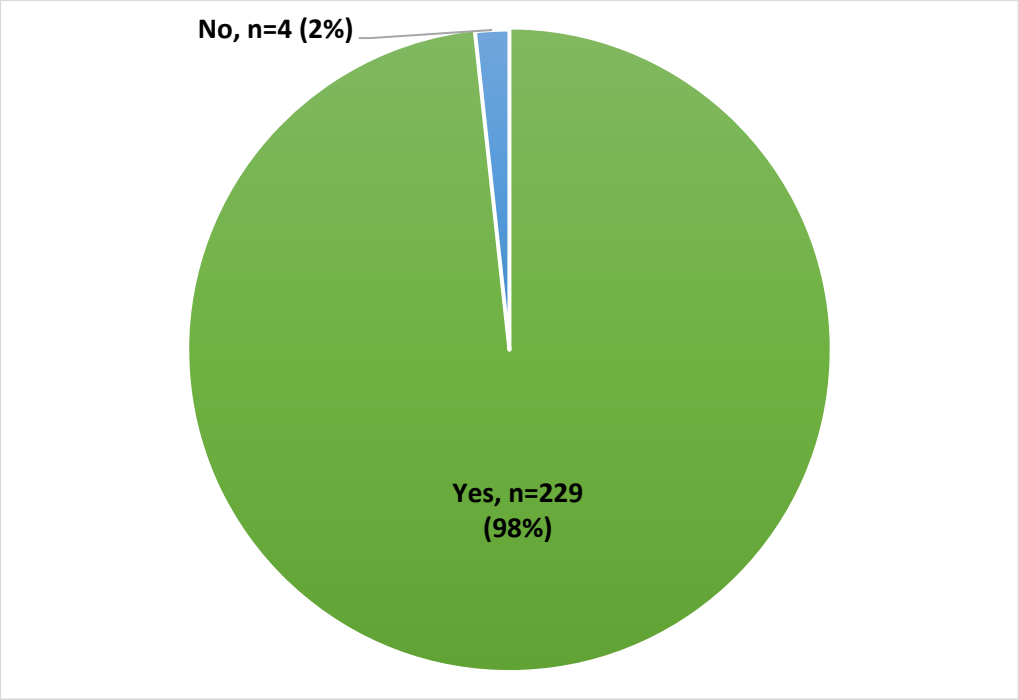

Table 56 - Documented Process to Identify Possible Fraud or Abuse of Controlled Drugs by Pharmacy Providers

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (25), Colorado (2), Delaware (2), District of Columbia (4), Florida (16), Georgia (4), Hawaii (5), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (18), Pennsylvania (7), Rhode Island (2), South Carolina (5), Texas (18), Utah (4), Virginia (6), Washington (5)	229	98.28%
No	California (1), Hawaii (1), Pennsylvania (1), Rhode Island (1)	4	1.72%
National Totals		**233**	**100%**

If “Yes,” what actions does this process initiate?

Figure 58 - Actions Process Initiates when Possible Fraud or Abuse of Controlled Drugs by Pharmacy Providers is Detected

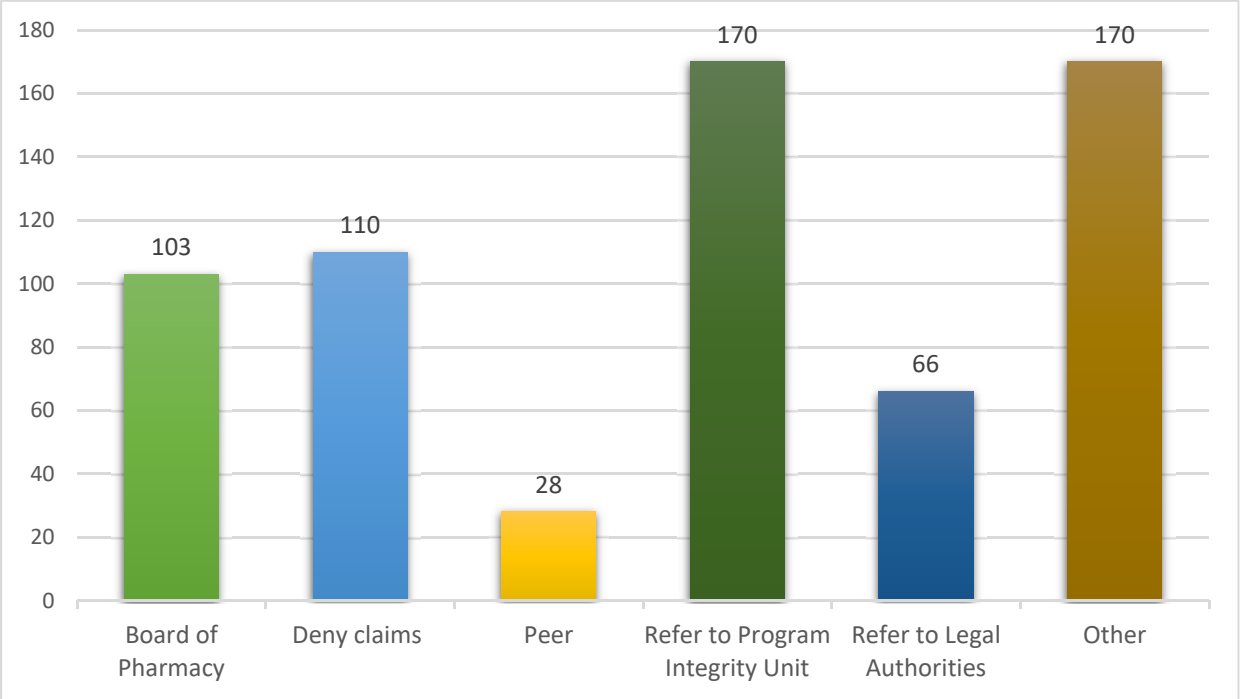

Table 57 - Actions Process Initiates when Possible Fraud or Abuse of Controlled Drugs by Pharmacy Providers is Detected

Response	States (Count of MCOs)	Total	Percent of Total
Board of Pharmacy	California (12), Colorado (1), Delaware (1), District of Columbia (2), Florida (5), Georgia (2), Hawaii (3), Illinois (3), Indiana (2), Iowa (1), Kansas (2), Kentucky (3), Louisiana (2), Maryland (2), Massachusetts (1), Michigan (3), Minnesota (4), Mississippi (1), Nebraska (3), Nevada (1), New Jersey (4), New Mexico (3), New York (4), North Dakota (1), Ohio (2), Oregon (13), Pennsylvania (6), Rhode Island (2), South Carolina (3), Texas (4), Utah (1), Virginia (5), Washington (1)	103	15.92%
Deny claims	Arkansas (1), California (13), Colorado (1), District of Columbia (2), Florida (5), Georgia (1), Hawaii (3), Illinois (5), Indiana (3), Kansas (1), Kentucky (3), Louisiana (1), Maryland (3), Massachusetts (3), Michigan (7), Minnesota (5), Nebraska (1), New Hampshire (1), New Jersey (3), New Mexico (2), New York (6), North Dakota (1), Ohio (1), Oregon (12), Pennsylvania (3), Rhode Island (1), South Carolina (2), Texas (14), Utah (1), Virginia (3), Washington (2)	110	17.00%
Peer	California (4), District of Columbia (1), Hawaii (1), Illinois (3), Indiana (2), Michigan (1), Minnesota (2), New Jersey (1), New Mexico (1), New York (1), North Dakota (1), Oregon (6), Pennsylvania (1), Texas (2), Utah (1)	28	4.33%

Response	States (Count of MCOs)	Total	Percent of Total
Refer to Legal Authorities	California (9), Florida (3), Hawaii (2), Illinois (2), Indiana (1), Kansas (2), Kentucky (2), Louisiana (2), Maryland (1), Michigan (3), Minnesota (4), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (2), New Mexico (1), New York (5), North Dakota (1), Ohio (1), Oregon (9), Pennsylvania (3), Rhode Island (1), South Carolina (1), Texas (3), Virginia (3), Washington (2)	66	10.20%
Refer to Program Integrity Unit	Arkansas (1), California (20), Delaware (2), District of Columbia (4), Florida (10), Georgia (4), Hawaii (5), Illinois (7), Indiana (4), Iowa (2), Kansas (2), Kentucky (4), Louisiana (5), Maryland (6), Massachusetts (2), Michigan (9), Minnesota (6), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (11), North Dakota (1), Ohio (3), Oregon (15), Pennsylvania (7), Rhode Island (2), South Carolina (3), Texas (6), Utah (3), Virginia (5), Washington (2)	170	26.28%
Other	Arkansas (3), California (15), Colorado (1), Delaware (2), District of Columbia (3), Florida (15), Georgia (3), Hawaii (5), Illinois (6), Indiana (2), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (8), Massachusetts (3), Michigan (7), Minnesota (6), Mississippi (3), Nebraska (2), Nevada (2), New Jersey (5), New Mexico (2), New York (17), Ohio (4), Oregon (6), Pennsylvania (4), Rhode Island (2), South Carolina (4), Texas (15), Utah (1), Virginia (5), Washington (4)	170	26.28%
National Totals		**647**	**100%**

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

Figure 59 - Documented Process to Identify Possible Fraud or Abuse of Non-Controlled Drugs by Beneficiaries

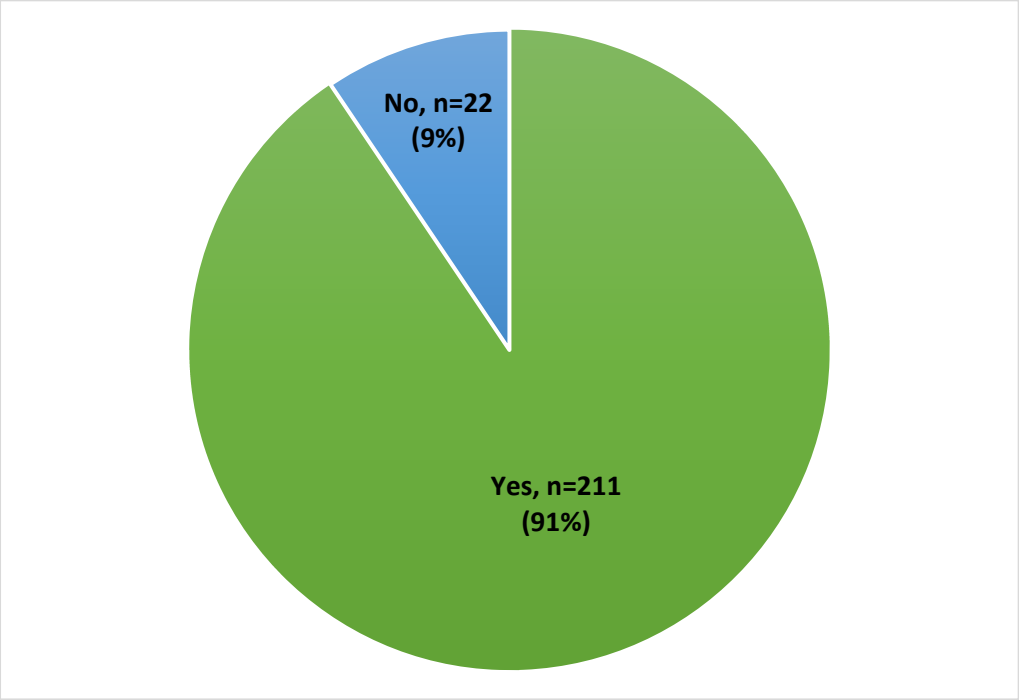

Table 58 - Documented Process to Identify Possible Fraud or Abuse of Non-Controlled Drugs by Beneficiaries

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (23), Colorado (1), Delaware (2), District of Columbia (3), Florida (12), Georgia (4), Hawaii (6), Illinois (5), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (4), Michigan (9), Minnesota (5), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (3), New York (17), North Dakota (1), Ohio (5), Oregon (18), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (4)	211	90.56%
No	California (3), Colorado (1), District of Columbia (1), Florida (4), Illinois (2), Massachusetts (1), Michigan (2), Minnesota (3), Mississippi (1), New Hampshire (1), New York (1), Texas (1), Washington (1)	22	9.44%
National Totals		**233**	**100%**

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?

Figure 60 - Prescribers Requirement to Access the PDMP Patient History Before Prescribing Controlled Substances

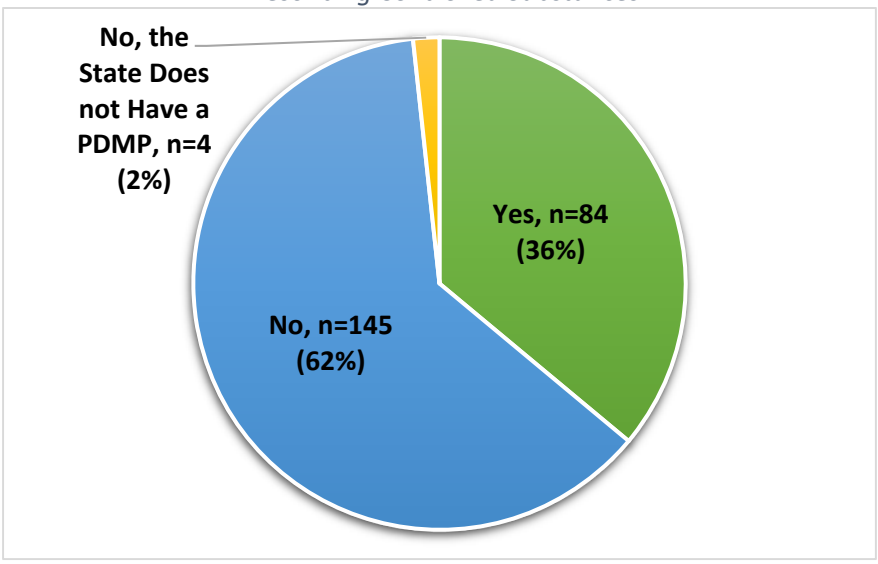

Table 59 - Prescribers Requirement to Access the PDMP Patient History Before Prescribing Controlled Substances

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (1), California (10), Colorado (1), Delaware (1), District of Columbia (1), Florida (5), Hawaii (3), Illinois (4), Indiana (1), Kansas (2), Kentucky (1), Louisiana (1), Maryland (7), Massachusetts (2), Michigan (3), Minnesota (2), New Hampshire (2), New Jersey (2), New Mexico (1), New York (10), North Dakota (1), Ohio (3), Oregon (2), Pennsylvania (5), Rhode Island (2), South Carolina (2), Texas (2), Utah (2), Virginia (5)	84	36.05%
No	Arkansas (2), California (16), Colorado (1), Delaware (1), District of Columbia (3), Florida (10), Georgia (4), Hawaii (3), Illinois (3), Indiana (3), Iowa (2), Kansas (1), Kentucky (4), Louisiana (4), Maryland (2), Massachusetts (3), Michigan (8), Minnesota (6), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (1), New Jersey (3), New Mexico (2), New York (8), Ohio (2), Oregon (16), Pennsylvania (3), Rhode Island (1), South Carolina (3), Texas (13), Utah (2), Virginia (1), Washington (5)	145	62.23%
No, the state does not have a PDMP	Florida (1), Texas (3)	4	1.72%
National Totals		**233**	**100%**

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

Figure 61 - Ability to Query State's PDMP Database

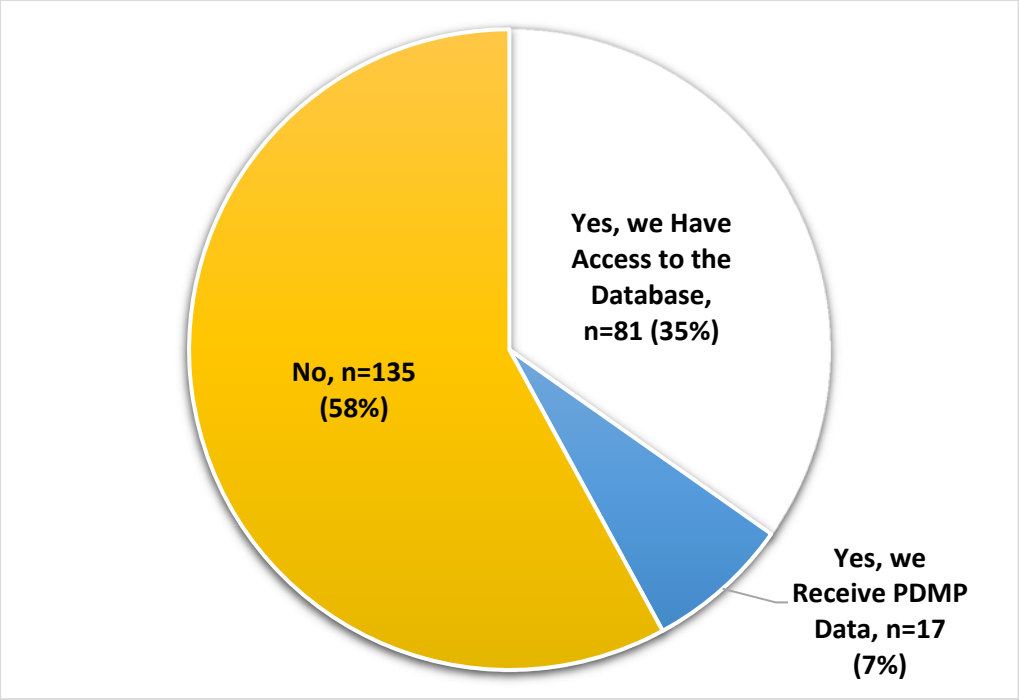

Table 60 - Ability to Query State's PDMP Database

Response	States (Count of MCOs)	Total	Percent of Total
Yes, we have access to the database	California (19), Colorado (1), District of Columbia (2), Georgia (1), Hawaii (1), Illinois (3), Indiana (2), Kansas (1), Kentucky (4), Louisiana (4), Maryland (3), Michigan (8), Minnesota (5), Mississippi (2), Nebraska (1), New Mexico (2), New York (1), Ohio (5), Oregon (1), Texas (3), Utah (4), Virginia (5), Washington (3)	81	34.76%
Yes, we receive PDMP data	California (5), District of Columbia (1), Florida (1), Illinois (1), Indiana (1), Louisiana (1), Michigan (1), Minnesota (2), New Mexico (1), Texas (1), Virginia (1), Washington (1)	17	7.30%
No	Arkansas (3), California (2), Colorado (1), Delaware (2), District of Columbia (1), Florida (15), Georgia (3), Hawaii (5), Illinois (3), Indiana (1), Iowa (2), Kansas (2), Kentucky (1), Maryland (6), Massachusetts (5), Michigan (2), Minnesota (1), Mississippi (1), Nebraska (2), Nevada (3), New Hampshire (3), New Jersey (5), New York (17), North Dakota (1), Oregon (17), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (14), Washington (1)	135	57.94%
National Totals		**233**	**100%**

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?

Figure 62 - Barriers That Hinder the MCO from Fully Accessing the PDMP

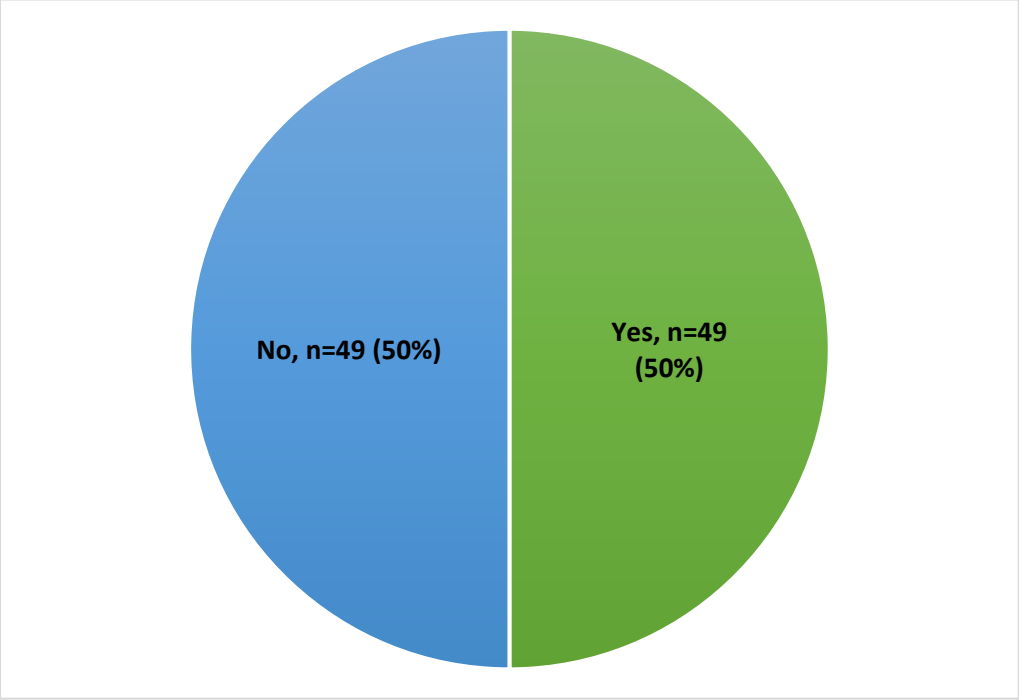

Table 61 - Barriers That Hinder the MCO from Fully Accessing the PDMP

Response	States (Count of MCOs)	Total	Percent of Total
Yes*	California (13), District of Columbia (2), Georgia (1), Illinois (3), Indiana (2), Kansas (1), Kentucky (1), Louisiana (5), Michigan (3), Minnesota (4), Nebraska (1), Ohio (3), Oregon (1), Texas (2), Utah (2), Virginia (3), Washington (2)	49	50.00%
No	California (11), Colorado (1), District of Columbia (1), Florida (1), Hawaii (1), Illinois (1), Indiana (1), Kentucky (3), Maryland (3), Michigan (6), Minnesota (3), Mississippi (2), New Mexico (3), New York (1), Ohio (2), Texas (2), Utah (2), Virginia (3), Washington (2)	49	50.00%
National Totals		**98**	**100%**

* Please contact the State Pharmacy Director or State DUR Contact for more information.

3. Does your MCO have access to Border States' PDMP information?

Figure 63 - Access to Border States' PDMP Information

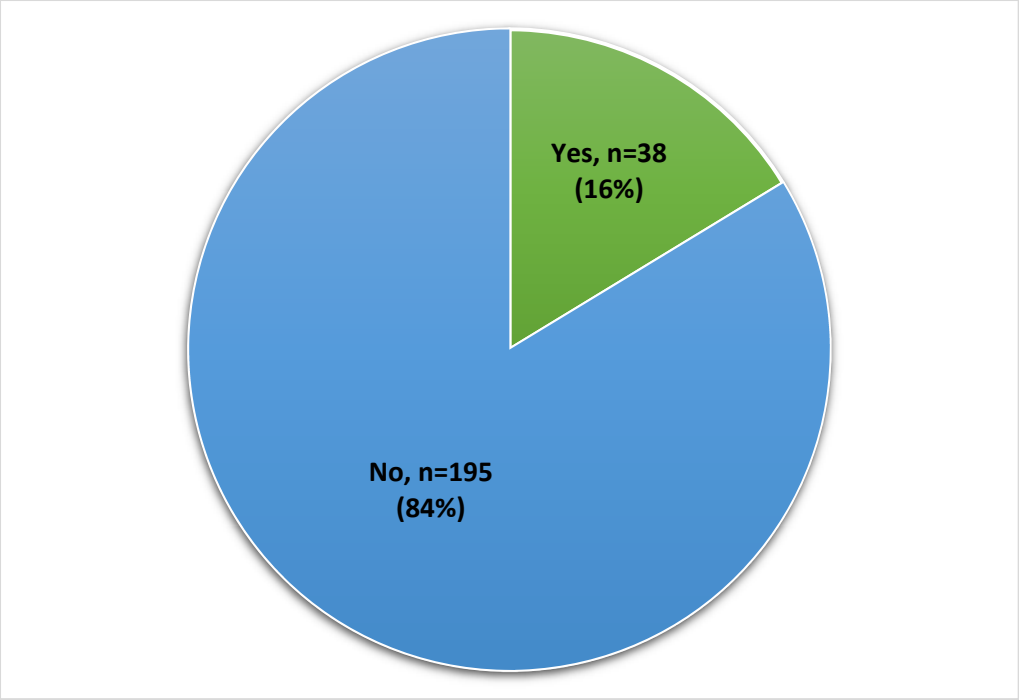

Table 62 - Access to Border States' PDMP Information

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (2), Colorado (1), District of Columbia (2), Florida (1), Georgia (1), Illinois (2), Indiana (3), Kansas (1), Kentucky (1), Maryland (1), Michigan (2), Minnesota (1), Mississippi (3), New Mexico (3), New York (1), North Dakota (1), Ohio (4), Texas (3), Utah (1), Virginia (2), Washington (2)	38	16.31%
No	Arkansas (3), California (24), Colorado (1), Delaware (2), District of Columbia (2), Florida (15), Georgia (3), Hawaii (6), Illinois (5), Indiana (1), Iowa (2), Kansas (2), Kentucky (4), Louisiana (5), Maryland (8), Massachusetts (5), Michigan (9), Minnesota (7), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New York (17), Ohio (1), Oregon (18), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (15), Utah (3), Virginia (4), Washington (3)	195	83.69%
National Totals		**233**	**100%**

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?

Figure 64 - Possession of DEA Active Controlled Substance Registrant's File to Identify Prescribers Not Authorized to Prescribe Controlled Drugs

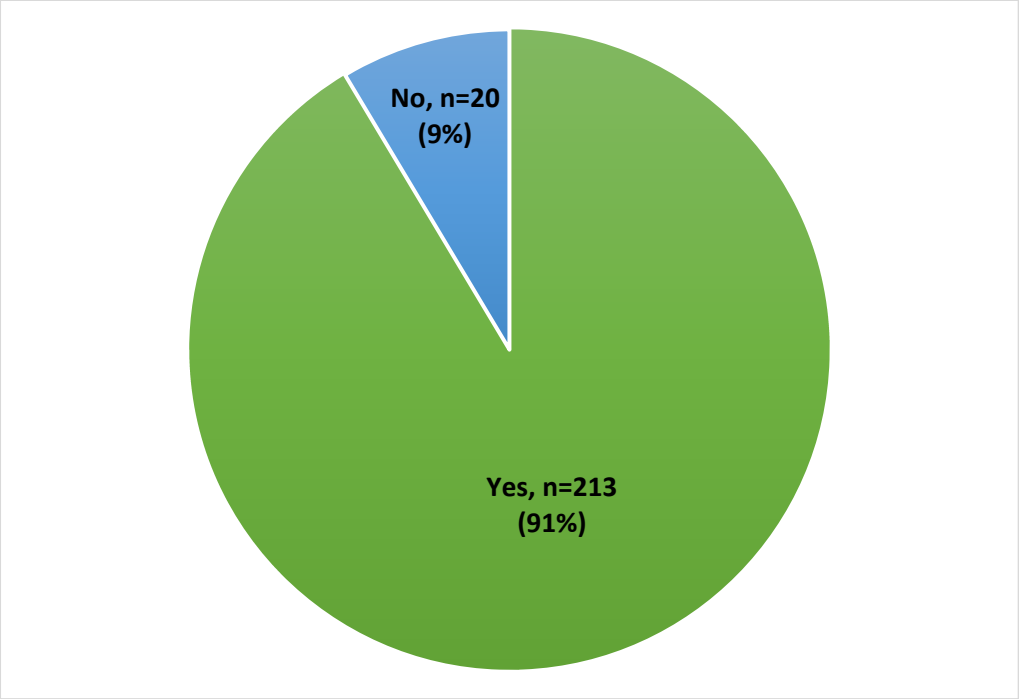

Table 63 - Possession of DEA Active Controlled Substance Registrant's File to Identify Prescribers Not Authorized to Prescribe Controlled Drugs

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (22), Colorado (2), Delaware (1), District of Columbia (4), Florida (13), Georgia (3), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (6), Massachusetts (5), Michigan (10), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (4), New Mexico (3), New York (16), North Dakota (1), Ohio (5), Oregon (18), Pennsylvania (7), Rhode Island (2), South Carolina (5), Texas (18), Utah (4), Virginia (5), Washington (5)	213	91.42%
No	California (4), Delaware (1), Florida (3), Georgia (1), Maryland (3), Michigan (1), Minnesota (1), New Jersey (1), New York (2), Pennsylvania (1), Rhode Island (1), Virginia (1)	20	8.58%
National Totals		**233**	**100%**

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

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

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

Figure 65 - Application of the DEA Active Controlled Substance Registrant's File to your ProDUR POS Edits to Prevent Unauthorized Prescribing

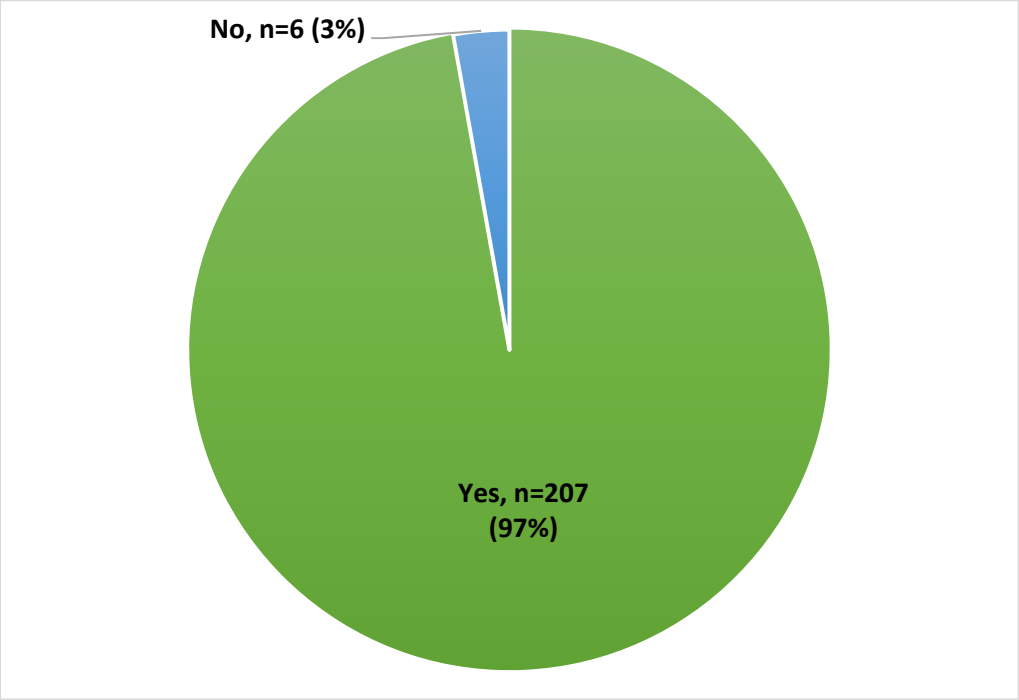

Table 64 - Application of the DEA Active Controlled Substance Registrant's File to your ProDUR POS Edits to Prevent Unauthorized Prescribing

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (20), Colorado (2), Delaware (1), District of Columbia (4), Florida (13), Georgia (3), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (6), Massachusetts (5), Michigan (9), Minnesota (6), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (4), New Mexico (3), New York (16), North Dakota (1), Ohio (4), Oregon (18), Pennsylvania (7), Rhode Island (2), South Carolina (5), Texas (18), Utah (3), Virginia (5), Washington (5)	207	97.18%
No	California (2), Michigan (1), Minnesota (1), Ohio (1), Utah (1)	6	2.82%
National Totals		**213**	**100%**

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

Figure 66 – Plans to Obtain the DEA Active Controlled Substance Registrant's File and Apply It to Your POS Edits

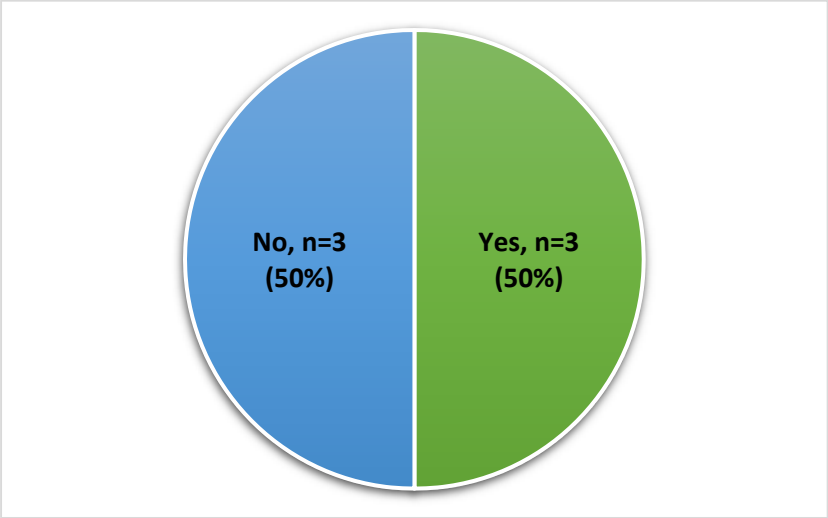

Table 65 – Plans to Obtain the DEA Active Controlled Substance Registrant's File and Apply It to Your POS Edits

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (2), Ohio (1)	3	50.00%
No	Michigan (1), Minnesota (1), Utah (1)	3	50.00%
National Totals		**6**	**100%**

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

Figure 67 - Apply DEA File to RetroDUR Reviews

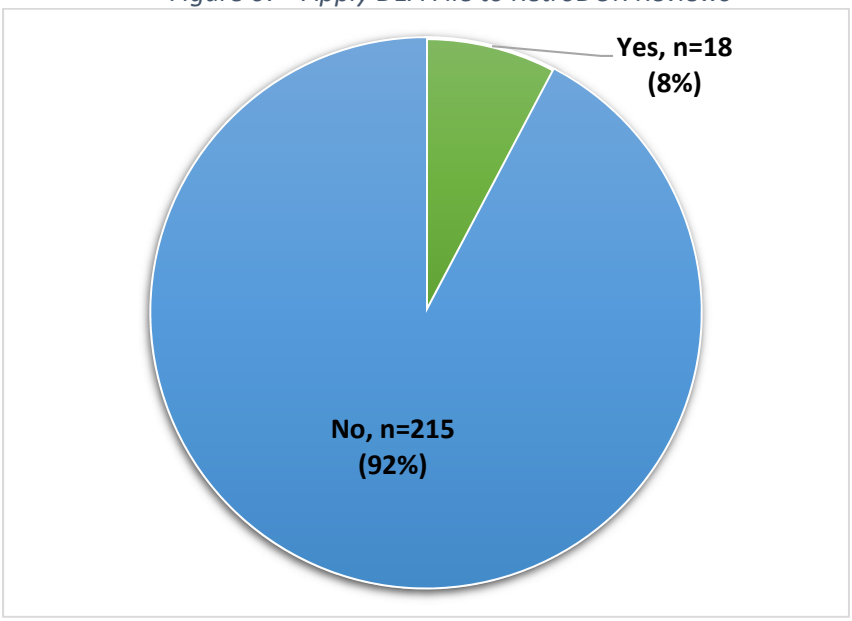

Table 66 - Apply DEA File to RetroDUR Reviews

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (3), District of Columbia (1), Florida (1), Georgia (1), Indiana (1), Maryland (1), Michigan (3), New York (1), North Dakota (1), Oregon (3), Texas (1), Washington (1)	18	7.73%
No	Arkansas (3), California (23), Colorado (2), Delaware (2), District of Columbia (3), Florida (15), Georgia (3), Hawaii (6), Illinois (7), Indiana (3), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (8), Massachusetts (5), Michigan (8), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (17), Ohio (5), Oregon (15), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (4)	215	92.27%
National Totals		**233**	**100%**

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?

Figure 68 - Measure in Place to Either Monitor or Manage the Prescribing of Methadone for Pain Management

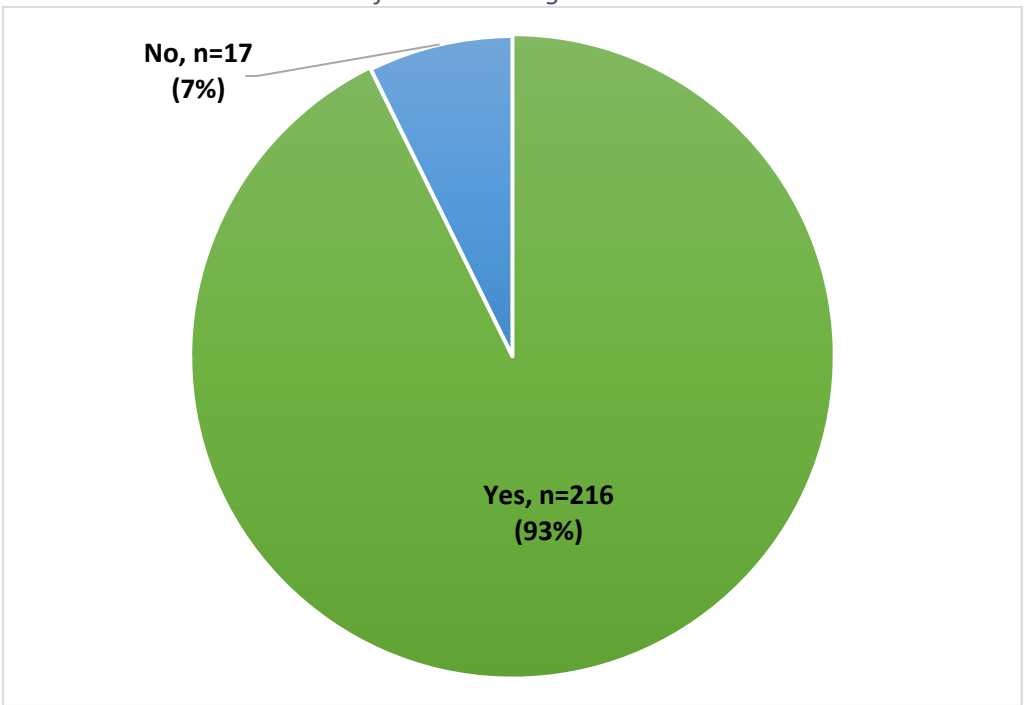

Table 67 - Measure in Place to Either Monitor or Manage the Prescribing of Methadone for Pain Management

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (25), Colorado (2), Delaware (2), District of Columbia (4), Florida (16), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (10), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (16), North Dakota (1), Ohio (5), Oregon (16), Pennsylvania (7), Rhode Island (2), South Carolina (5), Texas (9), Utah (4), Virginia (6), Washington (5)	216	92.70%
No	California (1), Michigan (1), New York (2), Oregon (2), Pennsylvania (1), Rhode Island (1), Texas (9)	17	7.30%
National Totals		**233**	**100%**

D. Opioids

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

Figure 69 - POS Edits in Place to Limit the Quantity Dispensed of an Initial Opioid Prescription

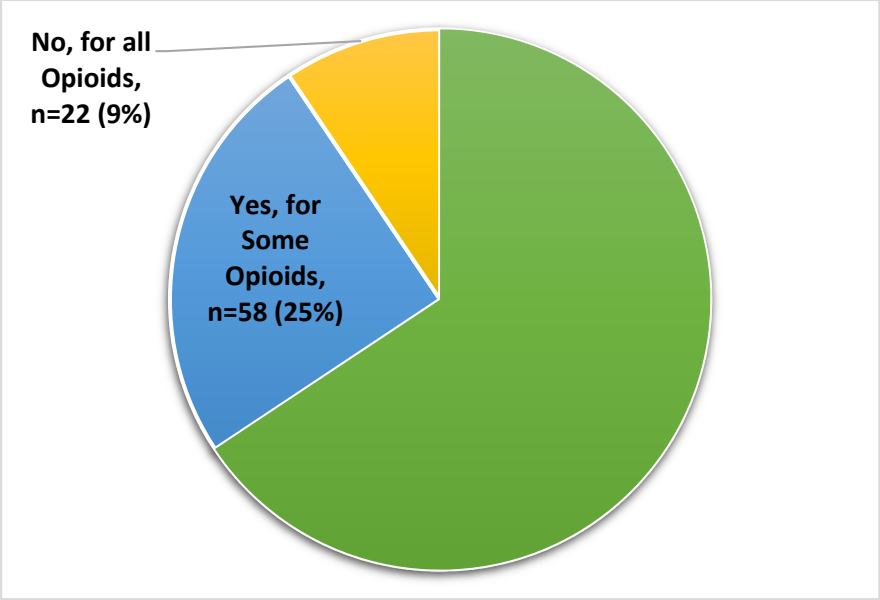

Table 68 - POS Edits in Place to Limit the Quantity Dispensed of An Initial Opioid Prescription

Response	States (Count of MCOs)	Total	Percent of Total
Yes, for all opioids	Arkansas (3), California (15), Colorado (2), Delaware (1), District of Columbia (4), Florida (12), Georgia (3), Hawaii (3), Illinois (4), Indiana (4), Kentucky (5), Louisiana (4), Maryland (7), Massachusetts (3), Michigan (6), Minnesota (5), Mississippi (2), Nebraska (2), Nevada (2), New Hampshire (1), New Jersey (4), New Mexico (3), New York (10), Ohio (5), Oregon (18), Pennsylvania (6), Rhode Island (1), South Carolina (5), Texas (2), Utah (4), Virginia (4), Washington (3)	153	65.67%
Yes, for some opioids	California (5), Delaware (1), Florida (3), Georgia (1), Hawaii (2), Illinois (2), Kansas (3), Louisiana (1), Maryland (1), Massachusetts (1), Michigan (2), Minnesota (3), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (1), New York (8), North Dakota (1), Pennsylvania (2), Rhode Island (2), Texas (13), Virginia (1), Washington (2)	58	24.89%
No, for all opioids	California (6), Florida (1), Hawaii (1), Illinois (1), Iowa (2), Maryland (1), Massachusetts (1), Michigan (3), Mississippi (1), New Hampshire (1), Texas (3), Virginia (1)	22	9.44%
National Totals		**233**	**100%**

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

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 the various opioids?

Figure 70 - More Than One Quantity Limit for Various Opioids

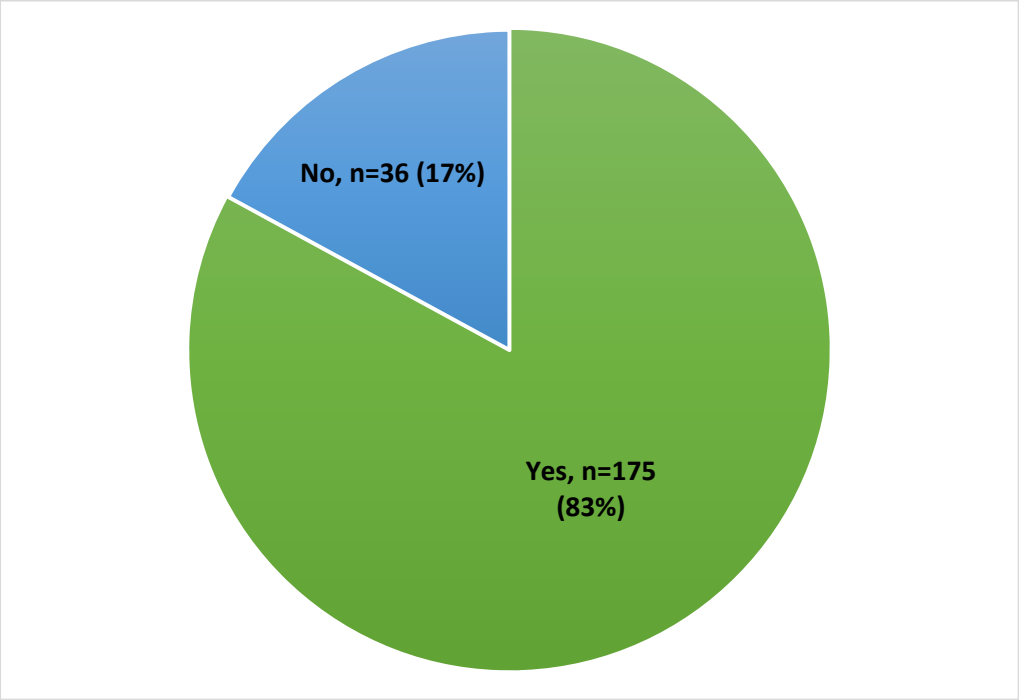

Table 69 - More Than One Quantity Limit for Various Opioids

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (2), California (18), Colorado (1), Delaware (2), District of Columbia (2), Florida (15), Georgia (2), Hawaii (2), Illinois (5), Indiana (3), Kansas (3), Kentucky (4), Louisiana (5), Maryland (7), Massachusetts (4), Michigan (7), Minnesota (7), Mississippi (2), Nebraska (2), Nevada (2), New Hampshire (2), New Jersey (4), New Mexico (3), New York (11), North Dakota (1), Ohio (4), Oregon (13), Pennsylvania (7), Rhode Island (3), South Carolina (4), Texas (15), Utah (4), Virginia (5), Washington (4)	175	82.94%
No	Arkansas (1), California (2), Colorado (1), District of Columbia (2), Georgia (2), Hawaii (3), Illinois (1), Indiana (1), Kentucky (1), Maryland (1), Michigan (1), Minnesota (1), Nebraska (1), Nevada (1), New Jersey (1), New York (7), Ohio (1), Oregon (5), Pennsylvania (1), South Carolina (1), Washington (1)	36	17.06%
National Totals		**211**	**100%**

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

Figure 71 - Maximum Number of Days Allowed for an Initial Opioid Prescription

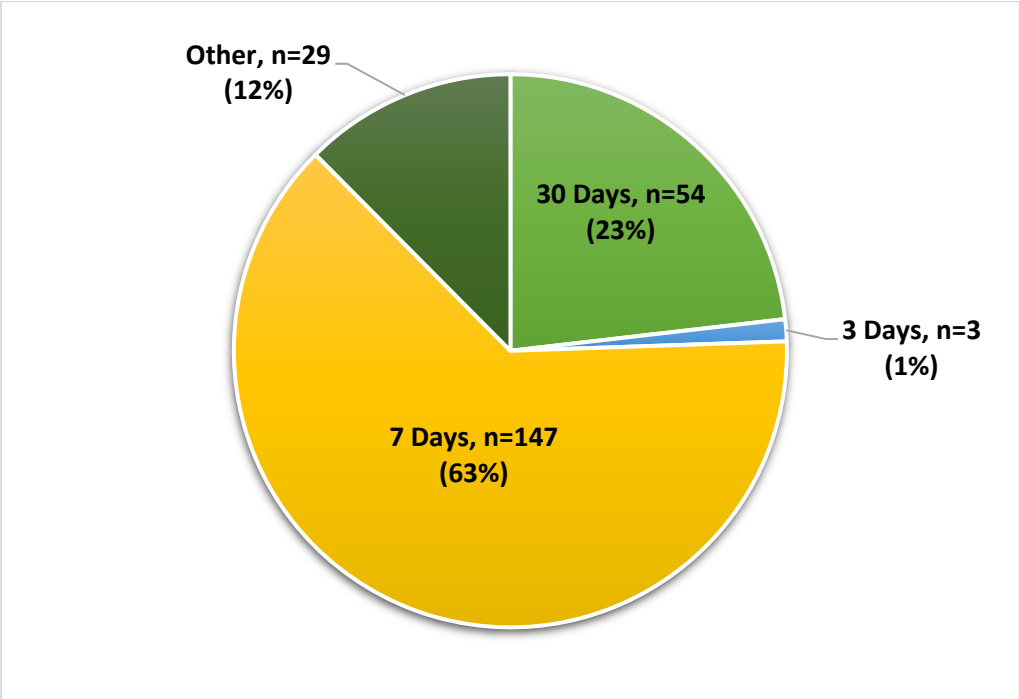

Table 70 - Maximum Number of Days Allowed for An Initial Opioid Prescription

Response	States (Count of MCOs)	Total	Percent of Total
3 days	Florida (3)	3	1.29%
30 days	California (15), Florida (1), Hawaii (3), Illinois (1), Iowa (1), Maryland (3), Massachusetts (1), Michigan (5), New Hampshire (2), Oregon (4), Rhode Island (3), Texas (12), Washington (3)	54	23.18%
7 days	Arkansas (3), California (9), Colorado (2), Delaware (1), District of Columbia (4), Florida (7), Georgia (4), Hawaii (3), Illinois (6), Indiana (4), Kansas (3), Kentucky (5), Louisiana (5), Maryland (6), Massachusetts (4), Michigan (6), Minnesota (8), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (1), New Jersey (2), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (14), South Carolina (3), Texas (2), Utah (4), Virginia (5), Washington (1)	147	63.09%
Other*	California (2), Delaware (1), Florida (5), Iowa (1), Mississippi (1), New Jersey (3), Pennsylvania (8), South Carolina (2), Texas (4), Virginia (1), Washington (1)	29	12.45%
National Totals		**233**	**100%**

* Please contact the State Pharmacy Director or State DUR Contact for more information.

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

Figure 72 - Initial Day Limit Applies to All Opioid Prescriptions

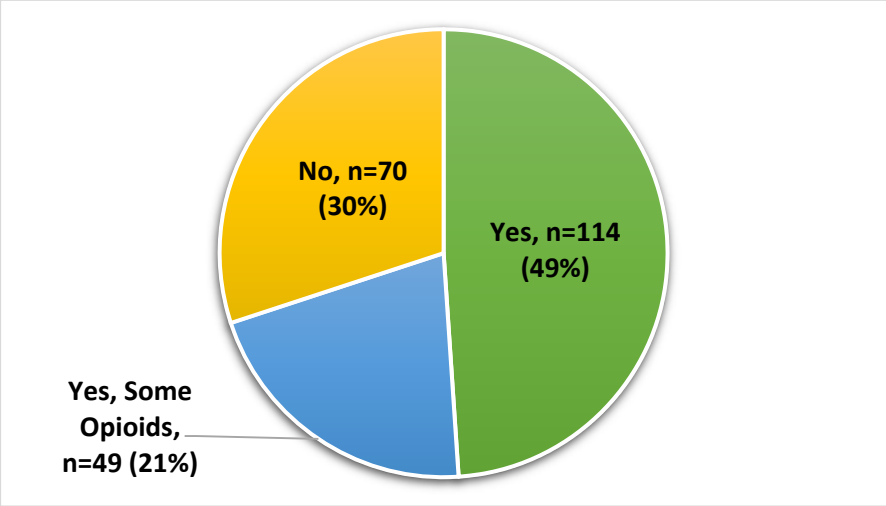

Table 71 - Initial Day Limit Applies to All Opioid Prescriptions

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (1), California (19), Colorado (2), Delaware (1), District of Columbia (1), Florida (6), Georgia (2), Hawaii (5), Illinois (3), Iowa (2), Kentucky (2), Maryland (4), Massachusetts (2), Michigan (7), Minnesota (6), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (3), New Jersey (2), New Mexico (1), New York (6), Oregon (14), Pennsylvania (1), Rhode Island (1), South Carolina (1), Texas (16), Utah (1), Virginia (1), Washington (1)	114	48.93%
Yes, some opioids*	California (3), Delaware (1), District of Columbia (1), Florida (2), Hawaii (1), Illinois (2), Indiana (1), Kansas (3), Louisiana (1), Maryland (1), Massachusetts (1), Michigan (1), Minnesota (1), Mississippi (2), Nebraska (2), Nevada (1), New Jersey (1), New Mexico (1), New York (5), Ohio (3), Oregon (3), Pennsylvania (3), Rhode Island (1), Texas (1), Utah (2), Virginia (2), Washington (3)	49	21.03%
No*	Arkansas (2), California (4), District of Columbia (2), Florida (8), Georgia (2), Illinois (2), Indiana (3), Kentucky (3), Louisiana (4), Maryland (4), Massachusetts (2), Michigan (3), Minnesota (1), Nevada (1), New Jersey (2), New Mexico (1), New York (7), North Dakota (1), Ohio (2), Oregon (1), Pennsylvania (4), Rhode Island (1), South Carolina (4), Texas (1), Utah (1), Virginia (3), Washington (1)	70	30.04%
National Totals		**233**	**100%**

* Please contact the State Pharmacy Director or State DUR Contact for more information.

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

Figure 73 - POS Edits in Place to Limit the Quantity Dispensed of Short-Acting Opioids

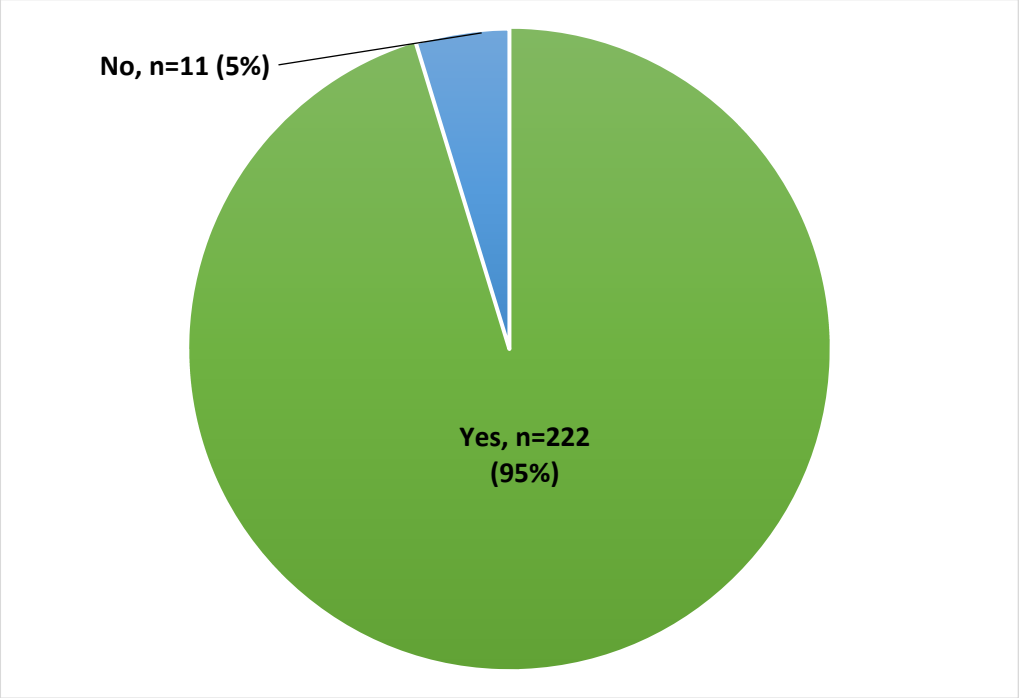

Table 72 - POS Edits in Place to Limit the Quantity Dispensed of Short-Acting Opioids

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (26), Colorado (2), Delaware (2), District of Columbia (4), Florida (16), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (18), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (8), Utah (4), Virginia (6), Washington (5)	222	95.28%
No	Minnesota (1), Texas (10)	11	4.72%
National Totals		**233**	**100%**

If “Yes”, what is your maximum days’ supply per prescription limitation?

Figure 74 - Short-Acting Opioid Maximum Days’ Supply per Prescription Limitation

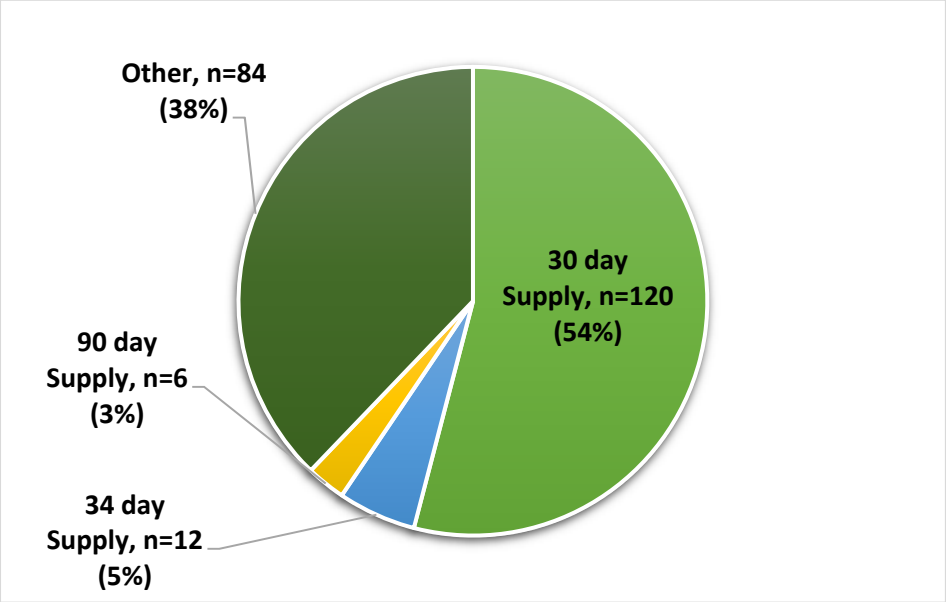

Table 73 - Short-Acting Opioid Maximum Days’ Supply per Prescription Limitation

Response	States (Count of MCOs)	Total	Percent of Total
30 day supply	California (20), Delaware (1), District of Columbia (1), Florida (7), Georgia (2), Hawaii (6), Illinois (4), Indiana (1), Iowa (1), Kentucky (2), Louisiana (5), Maryland (6), Massachusetts (4), Michigan (9), Minnesota (3), Nebraska (3), Nevada (1), New Hampshire (3), New Jersey (4), New Mexico (1), New York (11), Ohio (3), Oregon (8), Pennsylvania (3), Rhode Island (3), South Carolina (2), Utah (4), Washington (2)	120	54.05%
34 day supply	Minnesota (2), Mississippi (1), New Mexico (1), Pennsylvania (2), Texas (3), Virginia (2), Washington (1)	12	5.41%
90 day supply	California (1), Colorado (1), Illinois (1), New York (2), Texas (1)	6	2.70%
Other*	Arkansas (3), California (5), Colorado (1), Delaware (1), District of Columbia (3), Florida (9), Georgia (2), Illinois (2), Indiana (3), Iowa (1), Kansas (3), Kentucky (3), Maryland (3), Massachusetts (1), Michigan (2), Minnesota (2), Mississippi (2), Nevada (2), New Jersey (1), New Mexico (1), New York (5), North Dakota (1), Ohio (2), Oregon (10), Pennsylvania (3), South Carolina (3), Texas (4), Virginia (4), Washington (2)	84	37.84%
National Totals		**222**	**100%**

* For explanations when there are other POS edits in place to limit the quantity dispensed of short-acting opioids, please contact the State Pharmacy Director or State DUR Contact for more information.

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

Figure 75 - POS Edits in Place to Limit the Quantity Dispensed of Long-Acting Opioids

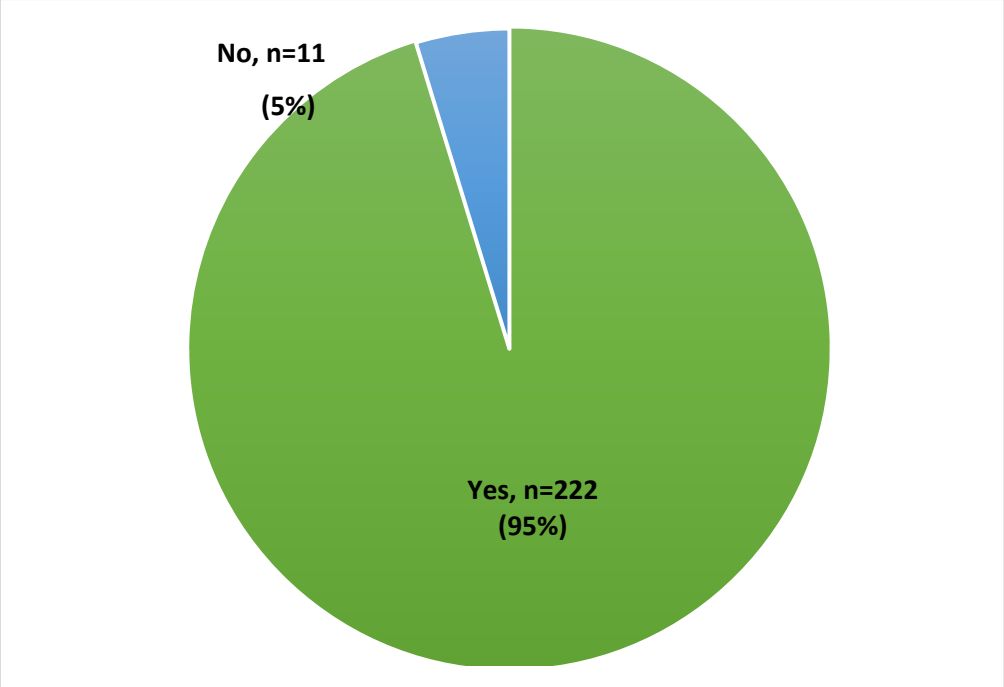

Table 74 - POS Edits in Place to Limit the Quantity Dispensed of Long-Acting Opioids

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (26), Colorado (2), Delaware (2), District of Columbia (4), Florida (16), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (18), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (8), Utah (4), Virginia (6), Washington (5)	222	95.28%
No	Minnesota (1), Texas (10)	11	4.72%
National Totals		**233**	**100%**

If “Yes,” what is your maximum days’ supply per prescription limitation?

Figure 76 - Long-Acting Opioid Maximum Days Supply per Prescription Limitation

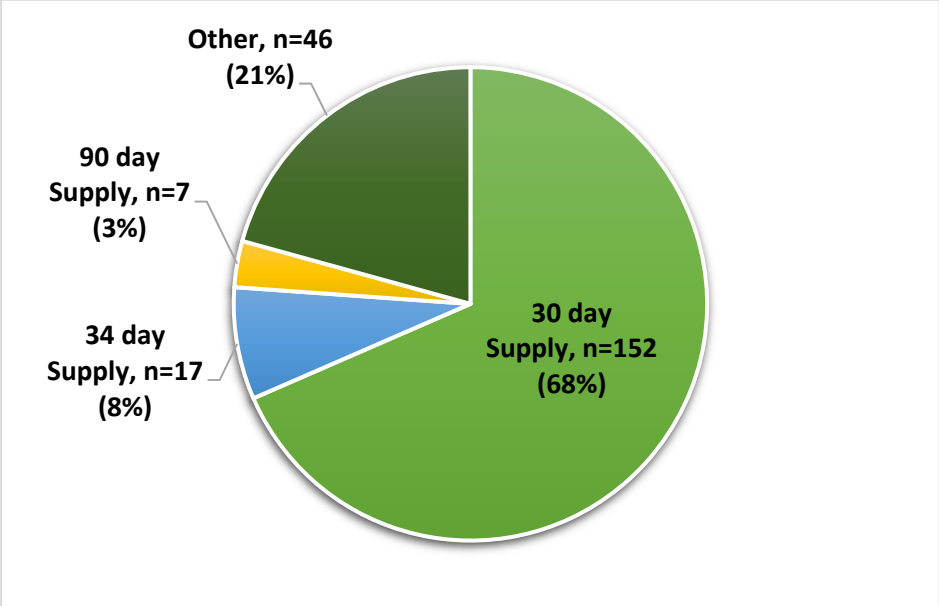

Table 75 - Long-Acting Opioid Maximum Days Supply per Prescription Limitation

Response	States (Count of MCOs)	Total	Percent of Total
30 day supply	California (22), Delaware (1), District of Columbia (2), Florida (13), Georgia (4), Hawaii (6), Illinois (4), Indiana (3), Iowa (1), Kansas (3), Kentucky (5), Louisiana (5), Maryland (8), Massachusetts (4), Michigan (10), Minnesota (2), Nebraska (3), Nevada (2), New Hampshire (3), New Jersey (5), New Mexico (1), New York (12), Ohio (4), Oregon (10), Pennsylvania (3), Rhode Island (3), South Carolina (3), Texas (1), Utah (4), Virginia (2), Washington (3)	152	68.47%
34 day supply	Florida (1), Maryland (1), Minnesota (2), Mississippi (1), New Mexico (1), Oregon (1), Pennsylvania (3), Texas (4), Virginia (2), Washington (1)	17	7.66%
90 day supply	California (1), Colorado (1), Illinois (1), Minnesota (1), New York (2), Texas (1)	7	3.15%
Other*	Arkansas (3), California (3), Colorado (1), Delaware (1), District of Columbia (2), Florida (2), Illinois (2), Indiana (1), Iowa (1), Massachusetts (1), Michigan (1), Minnesota (2), Mississippi (2), Nevada (1), New Mexico (1), New York (4), North Dakota (1), Ohio (1), Oregon (7), Pennsylvania (2), South Carolina (2), Texas (2), Virginia (2), Washington (1)	46	20.72%
National Totals		**222**	**100%**

*For explanations when there are other POS edits in place to limit the quantity dispensed of short-acting opioids, please contact the State Pharmacy Director or State DUR Contact for more information.

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

Figure 77 – Have Measures Other Than Restricted Quantities and Days' Supply in Place to either Monitor or Manage the Prescribing of Opioids

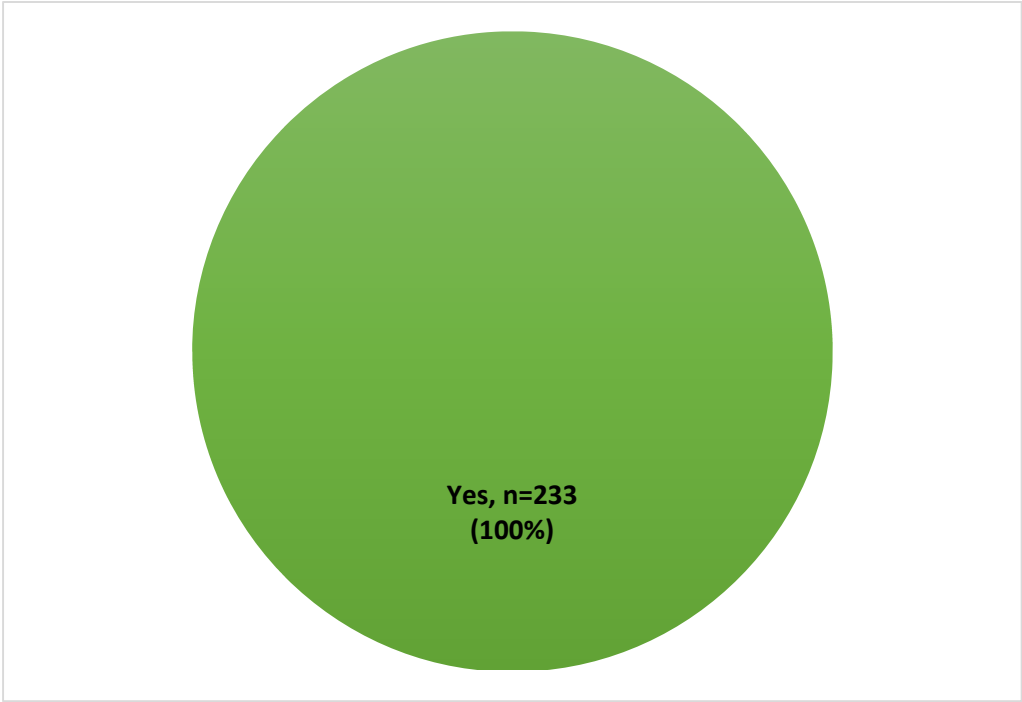

Table 76 – Have Measures Other Than Restricted Quantities and Days' Supply in Place to either Monitor or Manage the Prescribing of Opioids

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (26), Colorado (2), Delaware (2), District of Columbia (4), Florida (16), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (18), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (18), Utah (4), Virginia (6), Washington (5)	233	100.00%
National Totals		**233**	**100%**

If “Yes,” please check all that apply:

Figure 78 – Measures Other Than Restricted Quantities and Days’ Supply in Place to either Monitor or Manage the Prescribing of Opioids

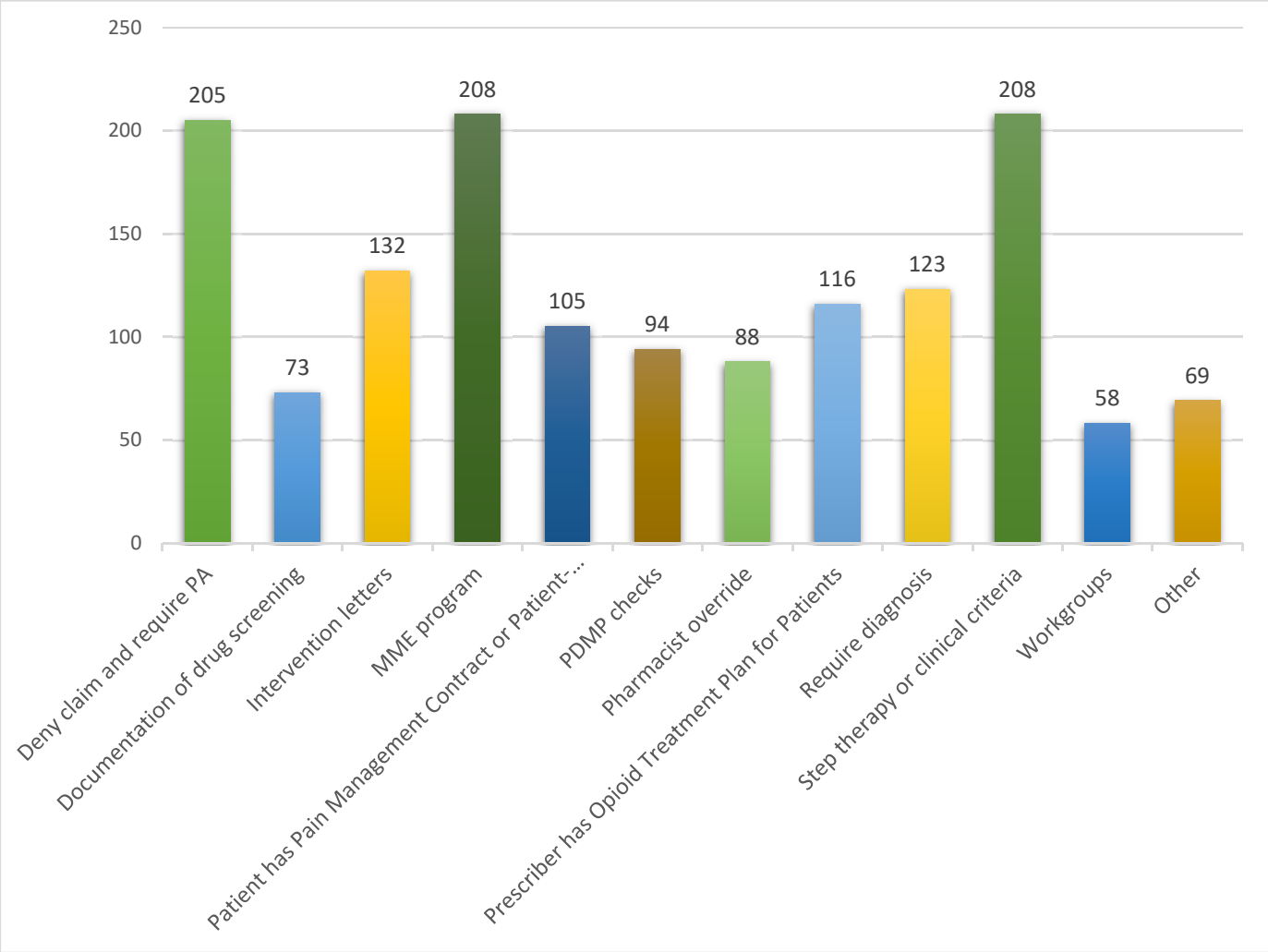

Table 77 - Measures Other Than Restricted Quantities and Days’ Supply in Place to either Monitor or Manage the Prescribing of Opioids

Response	States (Count of MCOs)	Total	Percent of Total
Deny claim and require PA	Arkansas (3), California (21), Colorado (2), Delaware (2), District of Columbia (3), Florida (15), Georgia (3), Hawaii (4), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (4), Louisiana (5), Maryland (7), Massachusetts (5), Michigan (9), Minnesota (6), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (4), New Mexico (3), New York (12), North Dakota (1), Ohio (5), Oregon (16), Pennsylvania (8), Rhode Island (3), South Carolina (4), Texas (18), Utah (4), Virginia (6), Washington (5)	205	13.86%

Response	States (Count of MCOs)	Total	Percent of Total
Documentation of drug screening	California (7), Colorado (1), Delaware (2), District of Columbia (1), Florida (9), Hawaii (1), Illinois (2), Indiana (1), Kansas (3), Kentucky (1), Louisiana (1), Maryland (6), Massachusetts (1), Michigan (4), Minnesota (1), Nebraska (1), New Hampshire (2), New York (2), North Dakota (1), Ohio (1), Oregon (5), Pennsylvania (8), Texas (1), Utah (3), Virginia (6), Washington (2)	73	4.94%
Intervention letters	Arkansas (1), California (16), Delaware (1), District of Columbia (2), Florida (6), Georgia (3), Hawaii (2), Illinois (3), Indiana (2), Iowa (1), Kansas (2), Kentucky (3), Louisiana (4), Maryland (5), Massachusetts (2), Michigan (8), Minnesota (2), Mississippi (2), Nebraska (2), Nevada (2), New Hampshire (2), New Jersey (3), New Mexico (2), New York (10), North Dakota (1), Ohio (3), Oregon (8), Pennsylvania (5), Rhode Island (1), South Carolina (1), Texas (17), Utah (2), Virginia (5), Washington (3)	132	8.92%
MME program	Arkansas (3), California (21), Colorado (2), Delaware (1), District of Columbia (4), Florida (13), Georgia (4), Hawaii (5), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (4), Louisiana (5), Maryland (9), Massachusetts (4), Michigan (8), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (16), North Dakota (1), Ohio (4), Oregon (16), Pennsylvania (8), Rhode Island (2), South Carolina (5), Texas (18), Utah (4), Virginia (6), Washington (2)	208	14.06%
Patient has Pain Management Contract or Patient-Provider Agreement	California (10), Colorado (1), Delaware (2), District of Columbia (1), Florida (7), Georgia (2), Hawaii (3), Illinois (3), Indiana (2), Iowa (2), Kansas (3), Kentucky (4), Louisiana (3), Maryland (9), Massachusetts (3), Michigan (5), Minnesota (4), Nebraska (1), Nevada (1), New Hampshire (3), New Jersey (2), New York (6), North Dakota (1), Ohio (2), Oregon (5), Pennsylvania (5), Rhode Island (2), South Carolina (3), Utah (3), Virginia (5), Washington (2)	105	7.10%
PDMP checks	Arkansas (1), California (8), Colorado (1), Delaware (2), District of Columbia (1), Florida (6), Hawaii (3), Illinois (4), Indiana (2), Iowa (1), Kansas (3), Kentucky (2), Louisiana (4), Maryland (7), Michigan (4), Minnesota (3), Mississippi (2), Nebraska (1), Nevada (1), New Hampshire (2), New Jersey (1), New Mexico (1), New York (3), North Dakota (1), Ohio (3), Oregon (3), Pennsylvania (8), Rhode Island (1), South Carolina (2), Texas (1), Utah (3), Virginia (6), Washington (3)	94	6.36%
Pharmacist override	Arkansas (1), California (8), Delaware (1), Florida (7), Georgia (1), Hawaii (4), Illinois (2), Kentucky (1), Louisiana (1), Maryland (2), Massachusetts (2), Michigan (3), Minnesota (4), Mississippi (2), Nebraska (2), Nevada (1), New Jersey (3), New Mexico (1), New	88	5.95%

Response	States (Count of MCOs)	Total	Percent of Total
	York (5), Ohio (1), Oregon (10), Pennsylvania (1), Rhode Island (1), South Carolina (1), Texas (13), Utah (2), Virginia (3), Washington (5)		
Prescriber has Opioid Treatment Plan for Patients	California (11), Colorado (1), Delaware (2), District of Columbia (2), Florida (4), Georgia (2), Hawaii (4), Illinois (3), Indiana (3), Iowa (2), Kansas (3), Kentucky (4), Louisiana (3), Maryland (5), Massachusetts (2), Michigan (5), Minnesota (3), Mississippi (2), Nebraska (2), Nevada (2), New Hampshire (2), New Jersey (3), New Mexico (1), New York (9), North Dakota (1), Ohio (3), Oregon (8), Pennsylvania (7), Rhode Island (1), South Carolina (3), Texas (3), Utah (3), Virginia (5), Washington (2)	116	7.84%
Require diagnosis	Arkansas (1), California (14), Delaware (2), District of Columbia (3), Florida (11), Georgia (1), Hawaii (3), Illinois (4), Indiana (2), Iowa (1), Kansas (2), Kentucky (3), Louisiana (3), Maryland (4), Massachusetts (2), Michigan (5), Minnesota (3), Mississippi (3), Nebraska (2), Nevada (3), New Hampshire (3), New Jersey (3), New Mexico (1), New York (6), Ohio (2), Oregon (11), Pennsylvania (7), Rhode Island (2), South Carolina (2), Texas (3), Utah (3), Virginia (6), Washington (2)	123	8.32%
Step therapy or clinical criteria	Arkansas (2), California (22), Colorado (2), Delaware (2), District of Columbia (3), Florida (16), Georgia (4), Hawaii (5), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (4), Maryland (6), Massachusetts (5), Michigan (9), Minnesota (5), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (17), Ohio (4), Oregon (16), Pennsylvania (6), Rhode Island (3), South Carolina (5), Texas (18), Utah (3), Virginia (6), Washington (5)	208	14.06%
Workgroups	California (11), Delaware (1), Florida (2), Georgia (1), Hawaii (3), Illinois (2), Indiana (1), Kansas (1), Kentucky (1), Louisiana (3), Maryland (4), Michigan (2), Minnesota (1), New Jersey (2), New Mexico (2), New York (2), Ohio (2), Oregon (6), Pennsylvania (3), Texas (3), Utah (1), Virginia (3), Washington (1)	58	3.92%
Other	Arkansas (1), California (12), Florida (4), Georgia (1), Indiana (2), Kansas (1), Kentucky (3), Louisiana (1), Maryland (1), Massachusetts (2), Michigan (2), Minnesota (3), Mississippi (1), Nevada (2), New Hampshire (1), New Mexico (1), New York (5), Ohio (1), Oregon (3), Pennsylvania (3), South Carolina (3), Texas (13), Utah (1), Virginia (1), Washington (1)	69	4.67%
National Totals		**1,479**	**100%**

5. Do you have POS edits to monitor duplicate therapy of opioid prescriptions?

Figure 79 – POS Edits in Place to Monitor Duplicate Therapy of Opioids Prescriptions

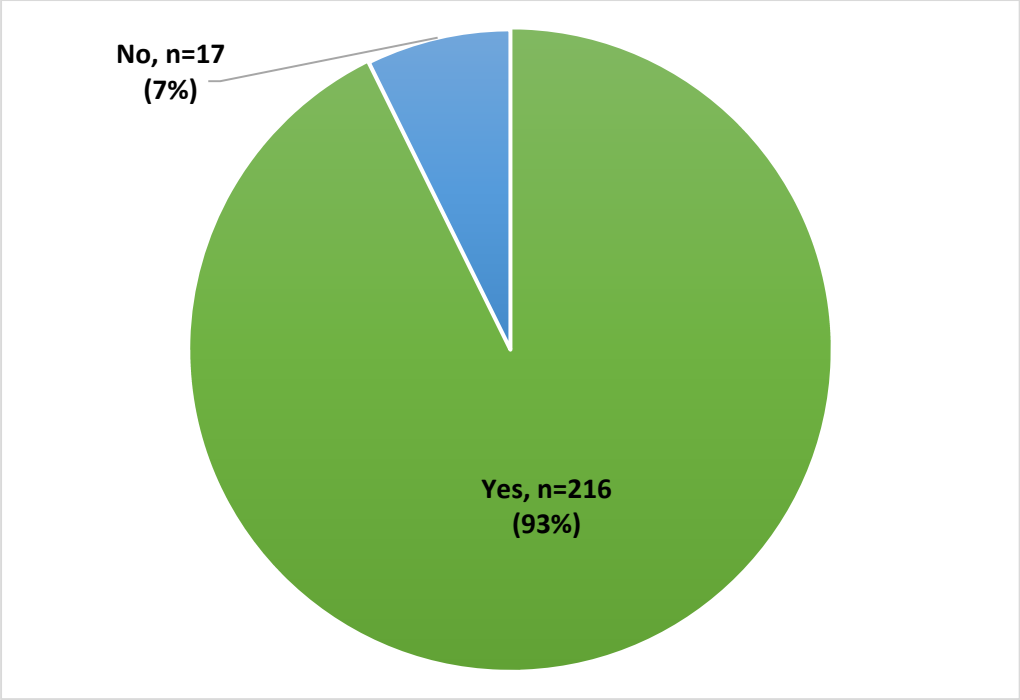

Table 78 - POS Edits in Place to Monitor Duplicate Therapy of Opioids Prescriptions

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (2), California (18), Colorado (2), Delaware (2), District of Columbia (4), Florida (13), Georgia (4), Hawaii (6), Illinois (5), Indiana (4), Iowa (1), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), Ohio (5), Oregon (18), Pennsylvania (7), Rhode Island (3), South Carolina (5), Texas (18), Utah (4), Virginia (6), Washington (5)	216	92.70%
No	Arkansas (1), California (8), Florida (3), Illinois (2), Iowa (1), North Dakota (1), Pennsylvania (1)	17	7.30%
National Totals		**233**	**100%**

6. Do you have POS edits to monitor early refills of opioid prescriptions dispensed?

Figure 80 – POS Edits to Monitor Early Refills of Opioid Prescriptions Dispensed

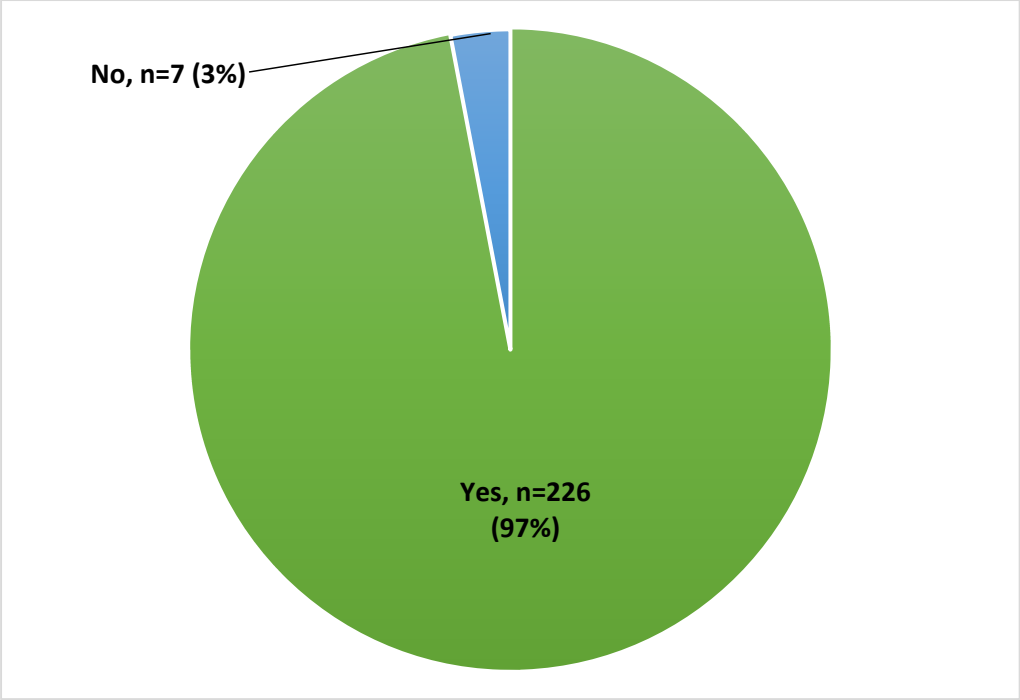

Table 79 - POS Edits to Monitor Early Refills of Opioid Prescriptions Dispensed

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (24), Colorado (2), Delaware (1), District of Columbia (4), Florida (16), Georgia (4), Hawaii (6), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (18), Pennsylvania (7), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	226	97.00%
No	California (2), Delaware (1), Illinois (1), Minnesota (1), Pennsylvania (1), Texas (1)	7	3.00%
National Totals		**233**	**100%**

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

Figure 81 – Comprehensive Claims Review Automated Retrospective Process to Monitor Opioid Prescriptions in Excess of State Limitations

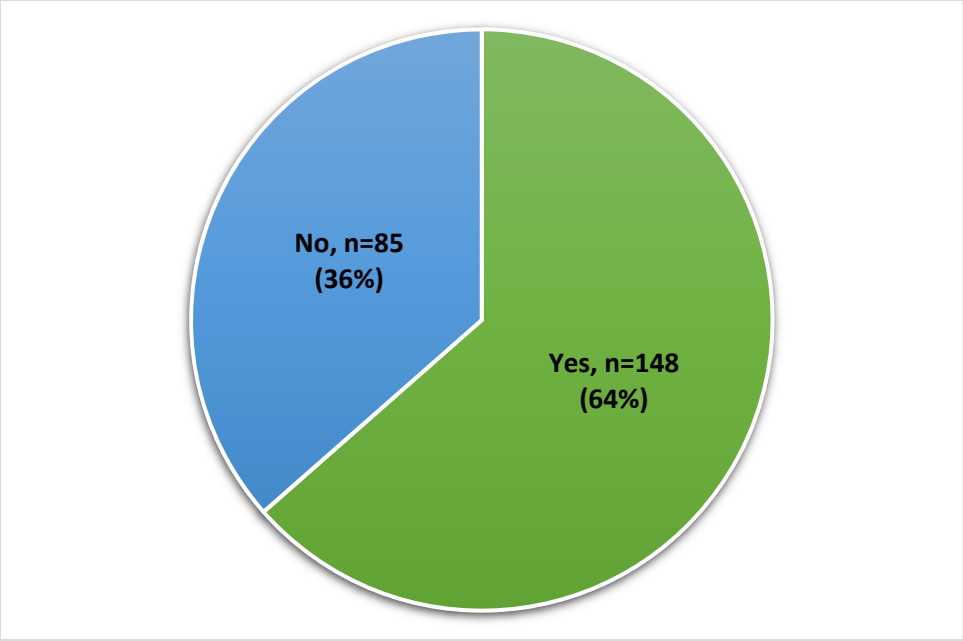

Table 80 - Comprehensive Claims Review Automated Retrospective Process to Monitor Opioid Prescriptions in Excess of State Limitations

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (2), California (16), Colorado (1), Delaware (1), District of Columbia (3), Florida (9), Georgia (3), Hawaii (5), Illinois (5), Indiana (1), Iowa (1), Kansas (1), Kentucky (2), Louisiana (1), Maryland (5), Massachusetts (5), Michigan (3), Minnesota (6), Mississippi (2), Nebraska (2), Nevada (2), New Hampshire (3), New Jersey (3), New Mexico (3), New York (14), Ohio (3), Oregon (14), Pennsylvania (3), Rhode Island (2), South Carolina (5), Texas (15), Utah (2), Virginia (2), Washington (3)	148	63.52%
No	Arkansas (1), California (10), Colorado (1), Delaware (1), District of Columbia (1), Florida (7), Georgia (1), Hawaii (1), Illinois (2), Indiana (3), Iowa (1), Kansas (2), Kentucky (3), Louisiana (4), Maryland (4), Michigan (8), Minnesota (2), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (2), New York (4), North Dakota (1), Ohio (2), Oregon (4), Pennsylvania (5), Rhode Island (1), Texas (3), Utah (2), Virginia (4), Washington (2)	85	36.48%
National Totals		**233**	**100%**

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

Figure 82 – POS Edits or Retrospective Claims Review to Monitor Opioids and Benzodiazepines Used Concurrently

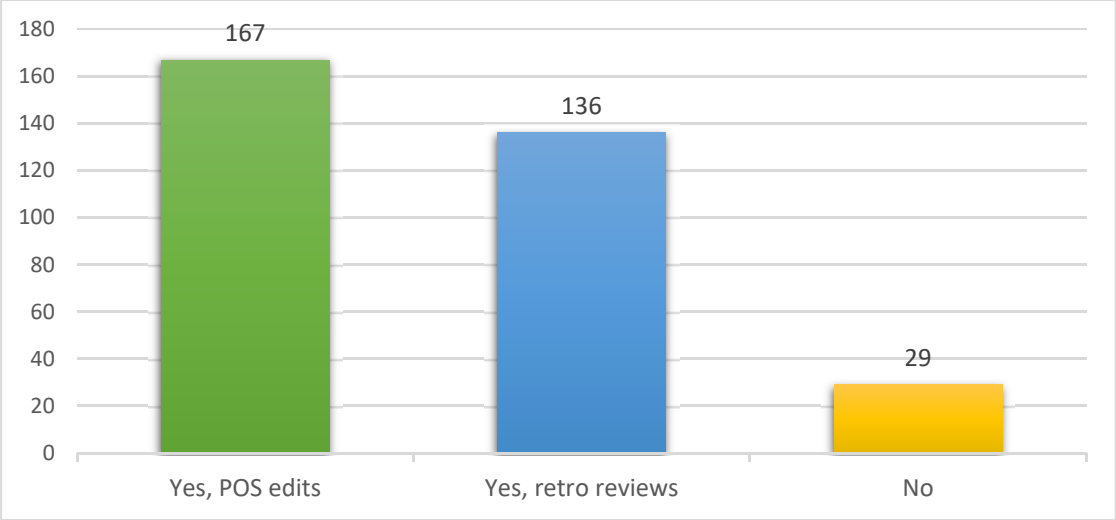

Table 81 - POS Edits or Retrospective Claims Review to Monitor Opioids and Benzodiazepines Used Concurrently

Response	States (Count of MCOs)	Total	Percent of Total
Yes, POS edits	Arkansas (2), California (17), Colorado (2), Delaware (2), District of Columbia (3), Florida (12), Georgia (2), Hawaii (4), Illinois (6), Indiana (4), Iowa (1), Kansas (3), Kentucky (4), Louisiana (5), Maryland (1), Massachusetts (4), Michigan (3), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (16), Ohio (4), Oregon (11), Pennsylvania (5), Rhode Island (2), South Carolina (5), Texas (12), Virginia (6), Washington (4)	167	50.30%
Yes, retro reviews	Arkansas (1), California (17), Colorado (1), Delaware (2), District of Columbia (2), Florida (6), Georgia (3), Hawaii (3), Illinois (4), Kansas (1), Kentucky (2), Louisiana (4), Maryland (2), Massachusetts (4), Michigan (7), Minnesota (7), Mississippi (1), Nebraska (1), Nevada (2), New Hampshire (2), New Jersey (4), New Mexico (3), New York (13), North Dakota (1), Ohio (1), Oregon (13), Pennsylvania (2), Rhode Island (2), South Carolina (2), Texas (15), Utah (1), Virginia (4), Washington (3)	136	40.96%
No	Arkansas (1), California (1), District of Columbia (1), Florida (4), Georgia (1), Hawaii (2), Illinois (1), Iowa (1), Kentucky (1), Maryland (6), Michigan (4), Ohio (1), Pennsylvania (2), Utah (3)	29	8.73%
National Totals		**332**	**100%**

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

Figure 83 – POS Edits or Retrospective Claims Review to Monitor Opioids and Sedatives Being Used Concurrently

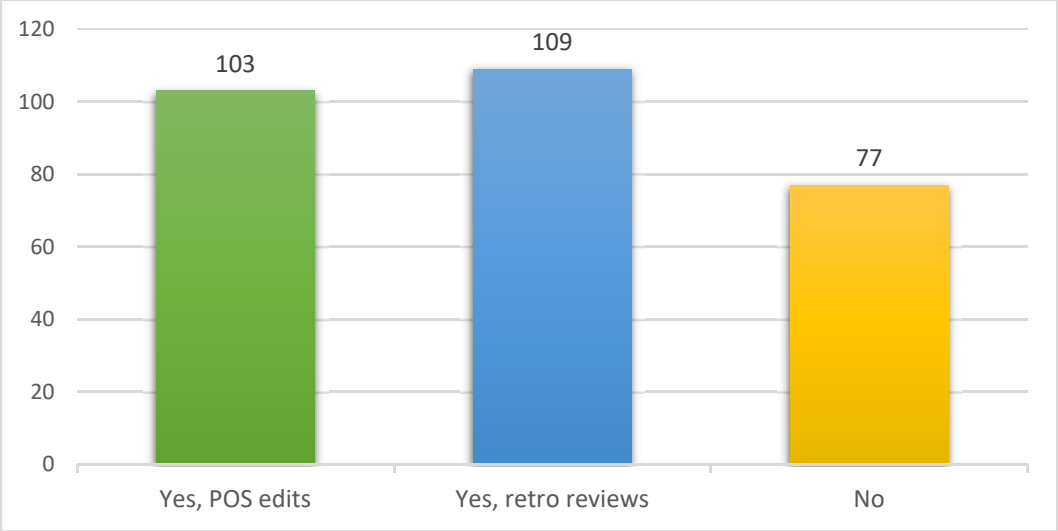

Table 82 - POS Edits or Retrospective Claims Review to Monitor Opioids and Sedatives Being Used Concurrently

Response	States (Count of MCOs)	Total	Percent of Total
Yes, POS edits	Arkansas (2), California (8), Delaware (1), District of Columbia (2), Florida (8), Georgia (1), Hawaii (5), Illinois (4), Indiana (2), Iowa (1), Kansas (1), Kentucky (1), Louisiana (1), Maryland (1), Massachusetts (3), Michigan (1), Minnesota (6), Mississippi (2), Nebraska (2), Nevada (1), New Hampshire (3), New Jersey (3), New Mexico (3), New York (11), Ohio (2), Oregon (6), Pennsylvania (4), Rhode Island (1), South Carolina (2), Texas (7), Utah (1), Virginia (4), Washington (3)	103	35.64%
Yes, retro reviews	Arkansas (1), California (12), Delaware (2), District of Columbia (2), Florida (6), Georgia (2), Hawaii (3), Illinois (3), Indiana (1), Kansas (1), Kentucky (2), Louisiana (5), Maryland (1), Massachusetts (2), Michigan (4), Minnesota (6), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (2), New Mexico (3), New York (9), North Dakota (1), Ohio (1), Oregon (8), Pennsylvania (2), Rhode Island (1), South Carolina (3), Texas (14), Utah (2), Virginia (3), Washington (3)	109	37.72%
No	Arkansas (1), California (10), Colorado (2), District of Columbia (2), Florida (6), Georgia (2), Hawaii (1), Illinois (3), Indiana (1), Iowa (1), Kansas (1), Kentucky (3), Maryland (7), Massachusetts (1), Michigan (7), Minnesota (2), Nebraska (1), Nevada (1), New Jersey (2), New York (4), Ohio (2), Oregon (6), Pennsylvania (3), Rhode Island (1), South Carolina (2), Texas (2), Utah (1), Virginia (2)	77	26.64%
National Totals		**289**	**100%**

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

Figure 84 – POS Edits or Retrospective Claims Review to Monitor Opioids and Antipsychotics Being Used Concurrently

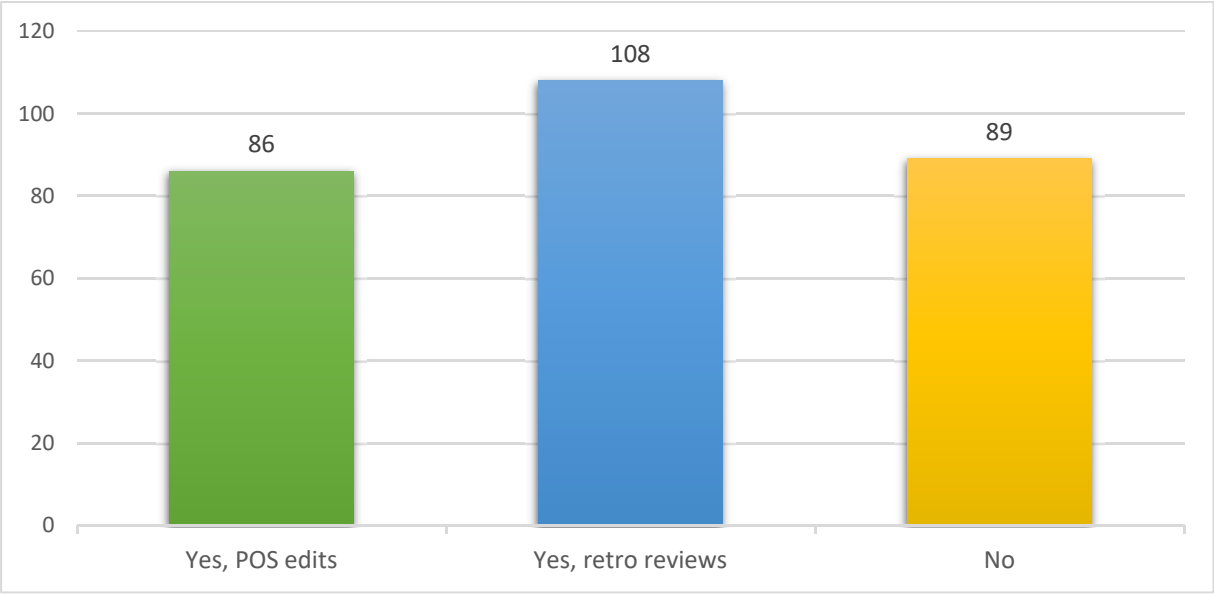

Table 83 - POS Edits or Retrospective Claims Review to Monitor Opioids and Antipsychotics Being Used Concurrently

Response	States (Count of MCOs)	Total	Percent of Total
Yes, POS edits	Arkansas (2), California (3), Colorado (2), Delaware (2), District of Columbia (4), Florida (8), Georgia (2), Hawaii (3), Illinois (3), Indiana (3), Iowa (1), Kentucky (2), Massachusetts (5), Michigan (2), Minnesota (4), Mississippi (1), Nebraska (2), Nevada (2), New Hampshire (3), New Jersey (3), New Mexico (1), New York (10), Ohio (3), Oregon (2), Pennsylvania (2), Rhode Island (2), South Carolina (4), Virginia (3), Washington (2)	86	30.39%
Yes, retro reviews	Arkansas (1), California (12), Colorado (1), Delaware (1), District of Columbia (2), Florida (4), Georgia (3), Hawaii (3), Illinois (3), Indiana (1), Kansas (1), Kentucky (3), Louisiana (4), Maryland (2), Massachusetts (4), Michigan (6), Minnesota (7), Mississippi (1), Nebraska (1), Nevada (2), New Hampshire (1), New Jersey (3), New Mexico (2), New York (9), North Dakota (1), Ohio (1), Oregon (10), Pennsylvania (4), Rhode Island (2), South Carolina (3), Texas (4), Utah (1), Virginia (4), Washington (1)	108	38.16%
No	Arkansas (1), California (13), Florida (8), Georgia (1), Hawaii (2), Illinois (3), Indiana (1), Iowa (1), Kansas (2), Kentucky (2), Louisiana (1), Maryland (7), Michigan (4), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (1), New Mexico (1), New York (3), Ohio (2), Oregon (7), Pennsylvania (3), Rhode Island (1), Texas (14), Utah (3), Virginia (2), Washington (3)	89	31.45%
National Totals		**283**	**100%**

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

Figure 85 – POS Safety Edits or RetroDUR Activity and/or Provider Education for OUD/Opioid Poisoning Diagnosis

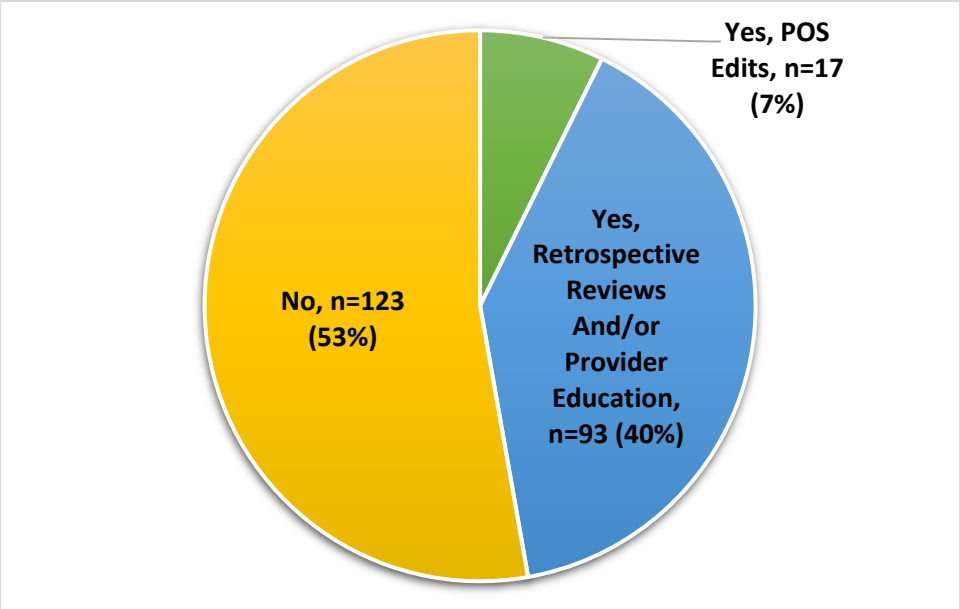

Table 84 - POS Safety Edits or RetroDUR Activity and/or Provider Education for OUD/Opioid Poisoning Diagnosis

Response	States (Count of MCOs)	Total	Percent of Total
Yes, POS edits	Arkansas (1), California (1), District of Columbia (1), Florida (2), Illinois (1), Indiana (1), Iowa (1), Nevada (2), New Hampshire (1), New Mexico (1), New York (3), Virginia (1), Washington (1)	17	7.30%
Yes, retrospective reviews and/or provider education	Arkansas (1), California (11), Colorado (1), Delaware (1), District of Columbia (1), Florida (5), Georgia (3), Hawaii (1), Illinois (2), Indiana (3), Kentucky (2), Louisiana (2), Maryland (2), Massachusetts (1), Michigan (3), Minnesota (1), Mississippi (3), New Hampshire (1), New Jersey (3), New Mexico (1), New York (11), North Dakota (1), Ohio (3), Oregon (9), Pennsylvania (3), Rhode Island (1), South Carolina (2), Texas (7), Utah (2), Virginia (4), Washington (2)	93	39.91%
No	Arkansas (1), California (14), Colorado (1), Delaware (1), District of Columbia (2), Florida (9), Georgia (1), Hawaii (5), Illinois (4), Iowa (1), Kansas (3), Kentucky (3), Louisiana (3), Maryland (7), Massachusetts (4), Michigan (8), Minnesota (7), Nebraska (3), Nevada (1), New Hampshire (1), New Jersey (2), New Mexico (1), New York (4), Ohio (2), Oregon (9), Pennsylvania (5), Rhode Island (2), South Carolina (3), Texas (11), Utah (2), Virginia (1), Washington (2)	123	52.79%
National Totals		**233**	**100%**

If the answer to question 11 is "Yes, retrospective reviews and/or provider education," please continue.

a. Please indicate how often

Figure 86 - Frequency of Retrospective Reviews and/or Provider Education

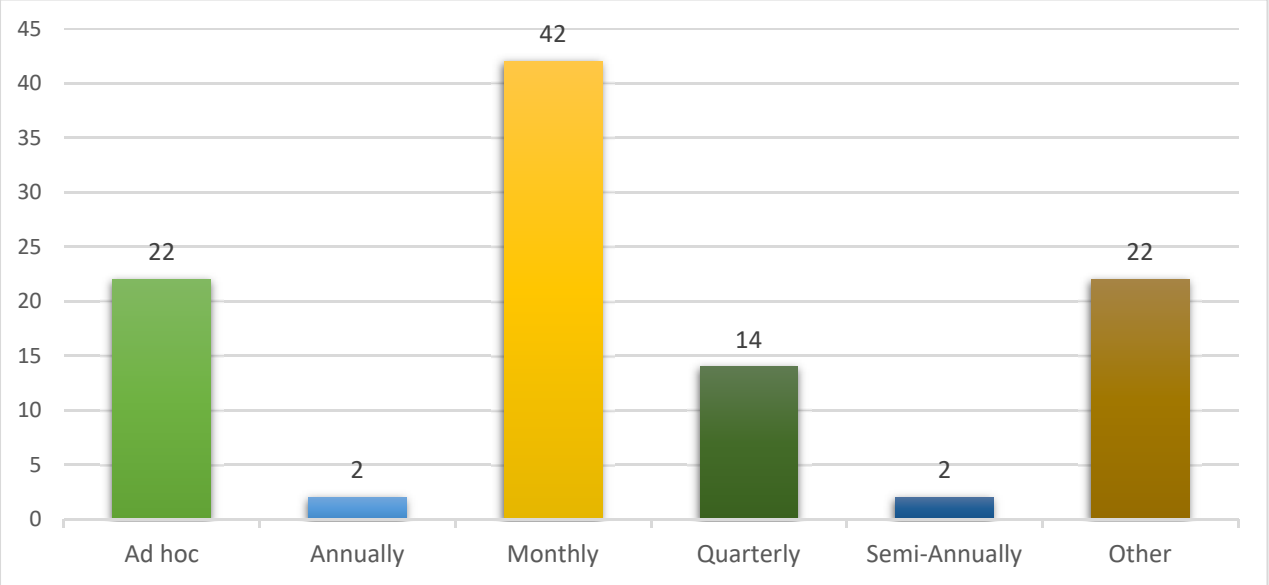

Table 85 - Frequency of Retrospective Reviews and/or Provider Education

Response	States (Count of MCOs)	Total	Percent of Total
Ad hoc	California (2), Colorado (1), Georgia (1), Indiana (2), Kentucky (1), Louisiana (1), Michigan (1), New York (6), Ohio (1), Oregon (1), Pennsylvania (2), Texas (1), Utah (1), Washington (1)	22	21.15%
Annually	Oregon (2)	2	1.92%
Monthly	Arkansas (2), California (1), Delaware (1), District of Columbia (2), Florida (3), Georgia (2), Illinois (1), Indiana (1), Iowa (1), Kentucky (1), Louisiana (1), Maryland (1), Massachusetts (1), Michigan (1), Mississippi (3), Nevada (2), New Hampshire (1), New Jersey (2), New Mexico (1), New York (5), South Carolina (1), Texas (4), Virginia (3), Washington (1)	42	40.38%
Quarterly	California (3), Florida (1), Illinois (1), Indiana (1), Michigan (1), Minnesota (1), New Jersey (1), New York (1), Ohio (1), Oregon (1), Rhode Island (1), Texas (1)	14	13.46%
Semi-Annually	Hawaii (1), Maryland (1)	2	1.92%
Other	California (6), Florida (3), North Dakota (1), Ohio (1), Oregon (5), Pennsylvania (1), South Carolina (1), Texas (1), Utah (1), Virginia (1), Washington (1)	22	21.15%
National Totals		**104**	**100%**

b. Please explain the nature and scope of RetroDUR reviews and/or provider education reviews performed.

Please contact the State Pharmacy Director or State DUR Contact for more information.

If the answer to question 11 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?

Figure 87 – Plan to Implement a RetroDUR Activity and/or Provider Education for Beneficiaries with OUD/Opioid Poisoning Diagnosis

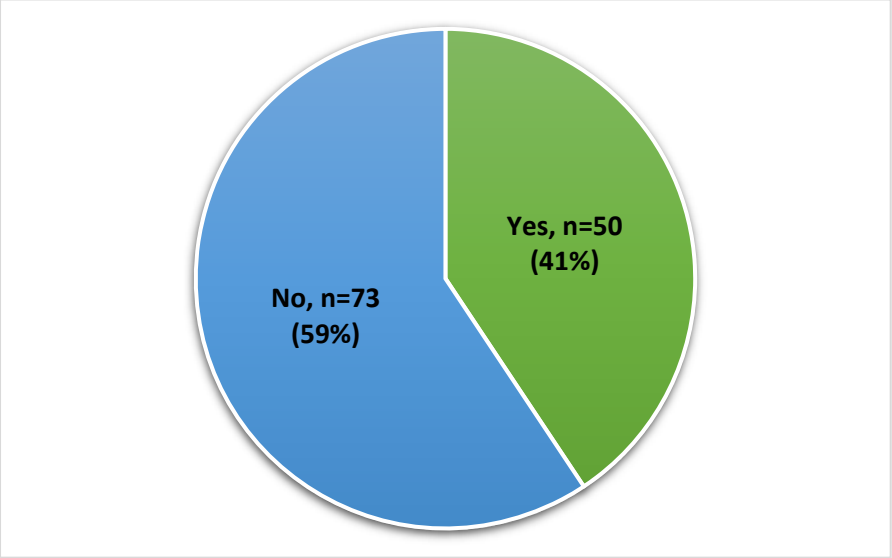

Table 86 - Plan to Implement a RetroDUR Activity and/or Provider Education for Beneficiaries with OUD/Opioid Poisoning Diagnosis

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (1), California (7), Colorado (1), District of Columbia (2), Florida (3), Hawaii (2), Illinois (2), Kansas (1), Kentucky (1), Louisiana (2), Maryland (2), Michigan (4), Minnesota (1), Nebraska (2), Nevada (1), New Hampshire (1), New Jersey (1), New Mexico (1), New York (2), Ohio (1), Oregon (3), Pennsylvania (1), Rhode Island (1), Texas (3), Utah (1), Virginia (1), Washington (2)	50	40.65%
No	California (7), Delaware (1), Florida (6), Georgia (1), Hawaii (3), Illinois (2), Iowa (1), Kansas (2), Kentucky (2), Louisiana (1), Maryland (5), Massachusetts (4), Michigan (4), Minnesota (6), Nebraska (1), New Jersey (1), New York (2), Ohio (1), Oregon (6), Pennsylvania (4), Rhode Island (1), South Carolina (3), Texas (8), Utah (1)	73	59.35%
National Totals		**123**	**100%**

12. Does your program develop and provide prescribers with pain management or opioid prescribing guidelines?

Figure 88 – Provide Prescribers with Pain Management or Opioid Prescribing Guidelines

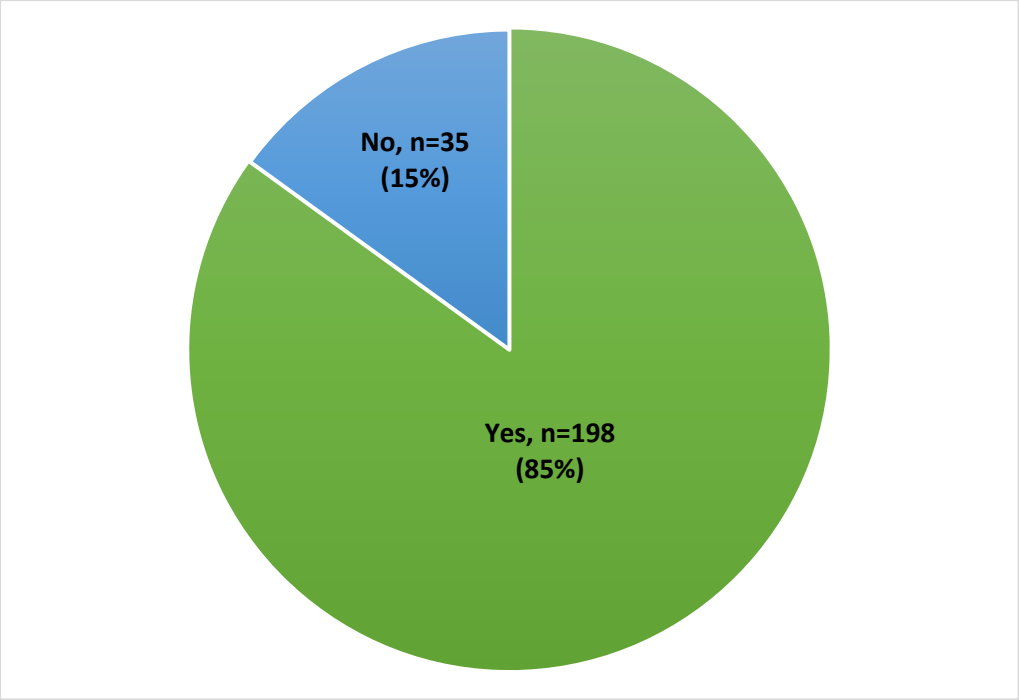

Table 87 - Provide Prescribers with Pain Management or Opioid Prescribing Guidelines

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (2), California (25), Colorado (1), Delaware (2), District of Columbia (2), Florida (11), Georgia (4), Hawaii (4), Illinois (6), Indiana (4), Iowa (1), Kansas (3), Kentucky (4), Louisiana (5), Maryland (9), Massachusetts (2), Michigan (9), Minnesota (7), Mississippi (3), Nebraska (2), Nevada (2), New Hampshire (2), New Jersey (4), New Mexico (3), New York (17), North Dakota (1), Ohio (5), Oregon (18), Pennsylvania (8), Rhode Island (2), South Carolina (5), Texas (11), Utah (3), Virginia (6), Washington (5)	198	84.98%
No	Arkansas (1), California (1), Colorado (1), District of Columbia (2), Florida (5), Hawaii (2), Illinois (1), Iowa (1), Kentucky (1), Massachusetts (3), Michigan (2), Minnesota (1), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (1), New York (1), Rhode Island (1), Texas (7), Utah (1)	35	15.02%
National Totals		**233**	**100%**

If “Yes,” please select:

Figure 89 – Pain Management / Opioid Prescribing Guidelines Provided

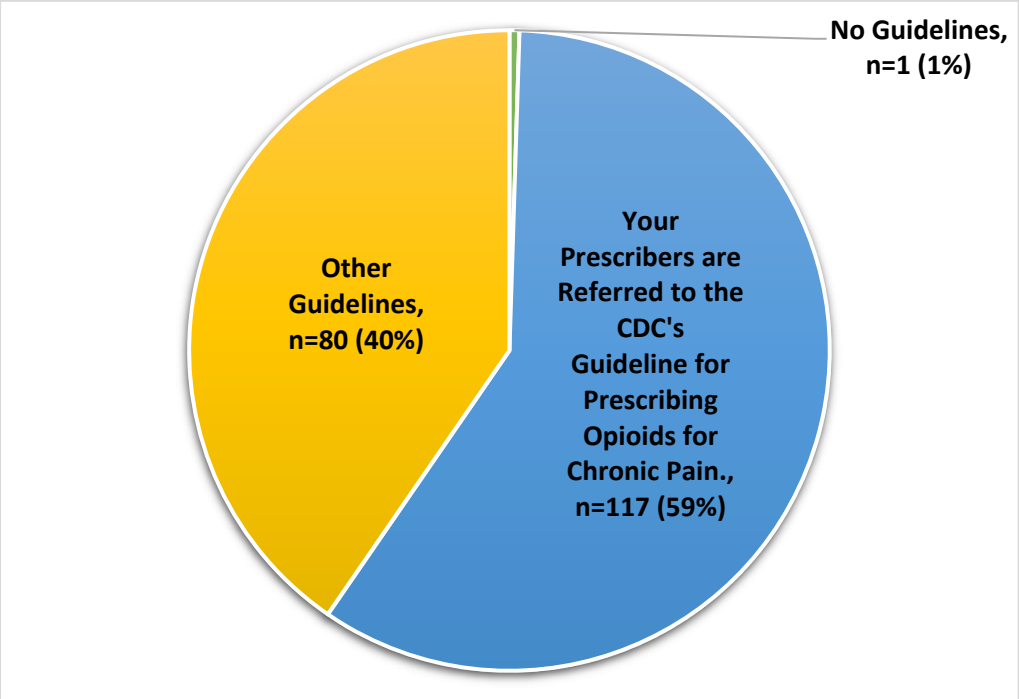

Table 88 - Pain Management / Opioid Prescribing Guidelines Provided

Response	States (Count of MCOs)	Total	Percent of Total
No guidelines	New York (1)	1	0.51%
Your prescribers are referred to the CDC's Guideline for Prescribing Opioids for Chronic Pain.	Arkansas (1), California (22), Colorado (1), Delaware (2), District of Columbia (2), Florida (7), Georgia (2), Hawaii (3), Illinois (4), Indiana (1), Kansas (2), Kentucky (2), Louisiana (4), Maryland (5), Massachusetts (1), Michigan (6), Minnesota (2), Mississippi (2), Nevada (1), New Hampshire (2), New Jersey (2), New Mexico (3), New York (13), North Dakota (1), Ohio (2), Oregon (6), Pennsylvania (5), Rhode Island (1), South Carolina (2), Texas (6), Utah (3), Washington (1)	117	59.09%
Other guidelines	Arkansas (1), California (3), Florida (4), Georgia (2), Hawaii (1), Illinois (2), Indiana (3), Iowa (1), Kansas (1), Kentucky (2), Louisiana (1), Maryland (4), Massachusetts (1), Michigan (3), Minnesota (5), Mississippi (1), Nebraska (2), Nevada (1), New Jersey (2), New York (3), Ohio (3), Oregon (12), Pennsylvania (3), Rhode Island (1), South Carolina (3), Texas (5), Virginia (6), Washington (4)	80	40.40%
National Totals		**198**	**100%**

13. 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)?

Figure 90 - Drug Utilization Management Strategy that Supports Abuse Deterrent Opioid Use

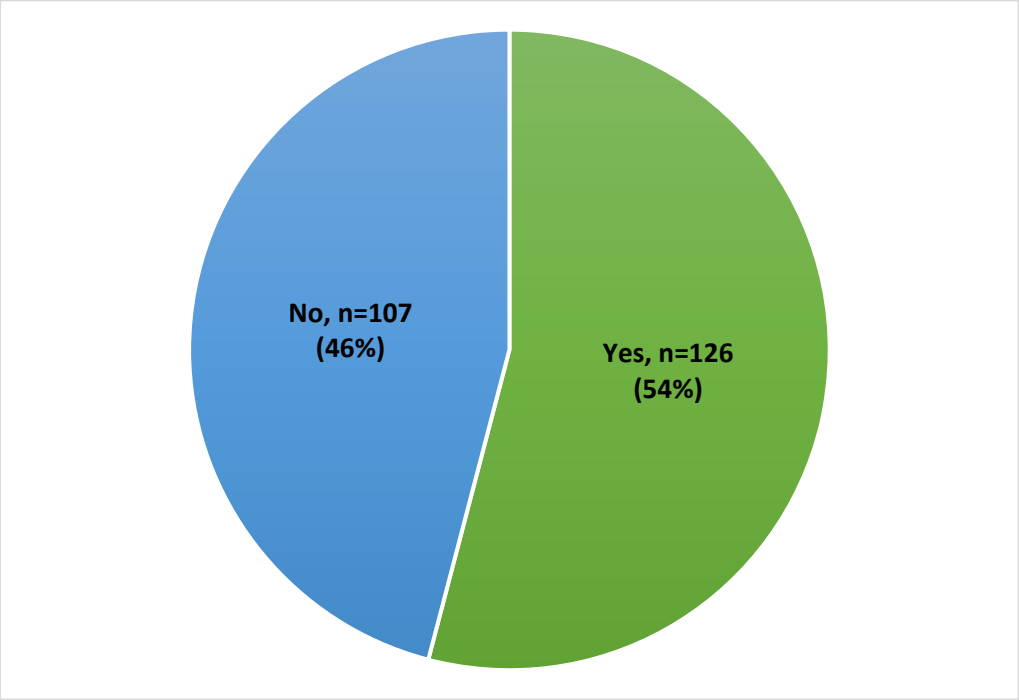

Table 89 - Drug Utilization Management Strategy that Supports Abuse Deterrent Opioid Use

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (1), California (9), Colorado (1), Delaware (2), District of Columbia (1), Florida (12), Georgia (1), Hawaii (2), Illinois (6), Indiana (1), Iowa (2), Kansas (3), Kentucky (2), Louisiana (5), Maryland (2), Massachusetts (3), Michigan (5), Minnesota (2), Mississippi (3), Nebraska (3), Nevada (1), New Hampshire (3), New Jersey (3), New York (10), North Dakota (1), Ohio (1), Oregon (10), Pennsylvania (2), Rhode Island (1), South Carolina (2), Texas (18), Utah (2), Virginia (3), Washington (3)	126	54.08%
No	Arkansas (2), California (17), Colorado (1), District of Columbia (3), Florida (4), Georgia (3), Hawaii (4), Illinois (1), Indiana (3), Kentucky (3), Maryland (7), Massachusetts (2), Michigan (6), Minnesota (6), Nevada (2), New Jersey (2), New Mexico (3), New York (8), Ohio (4), Oregon (8), Pennsylvania (6), Rhode Island (2), South Carolina (3), Utah (2), Virginia (3), Washington (2)	107	45.92%
National Totals		**233**	**100%**

E. Morphine Milligram Equivalent (MME) Daily Dose

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

Figure 91 - MCO Recommended MME Daily Dose Measures

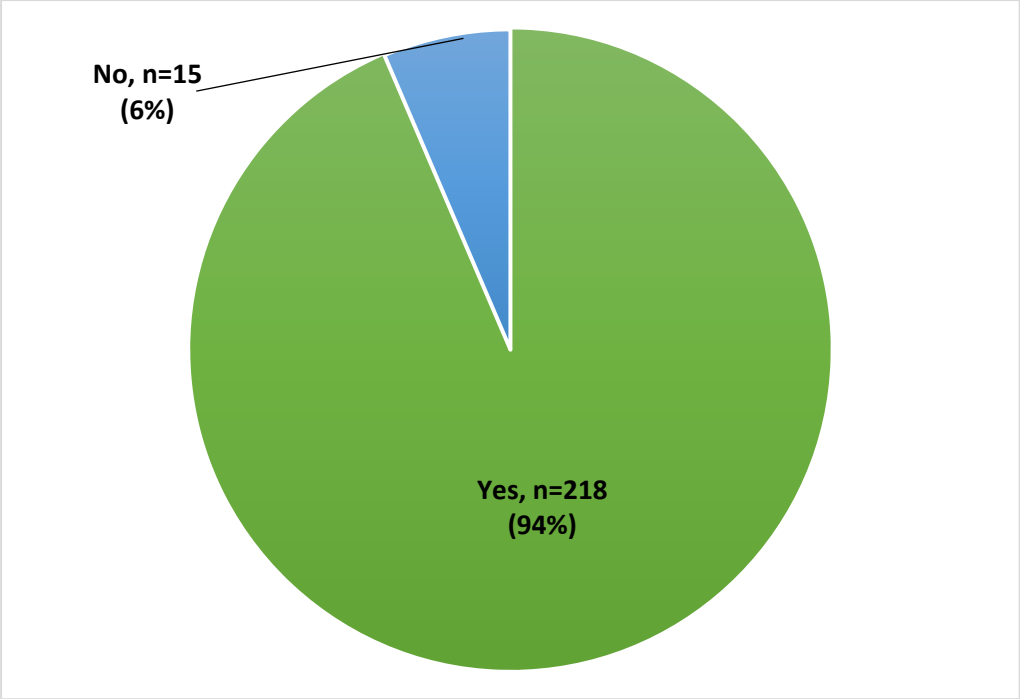

Table 90 - MCO Recommended MME Daily Dose Measures

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (19), Colorado (2), Delaware (2), District of Columbia (4), Florida (16), Georgia (4), Hawaii (5), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (8), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (17), North Dakota (1), Ohio (4), Oregon (18), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (18), Utah (4), Virginia (6), Washington (4)	218	93.56%
No	California (7), Hawaii (1), Illinois (1), Michigan (3), New York (1), Ohio (1), Washington (1)	15	6.44%
National Totals		**233**	**100%**

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

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

Figure 92 – Maximum Morphine Equivalent Daily Dose Limit in Milligrams

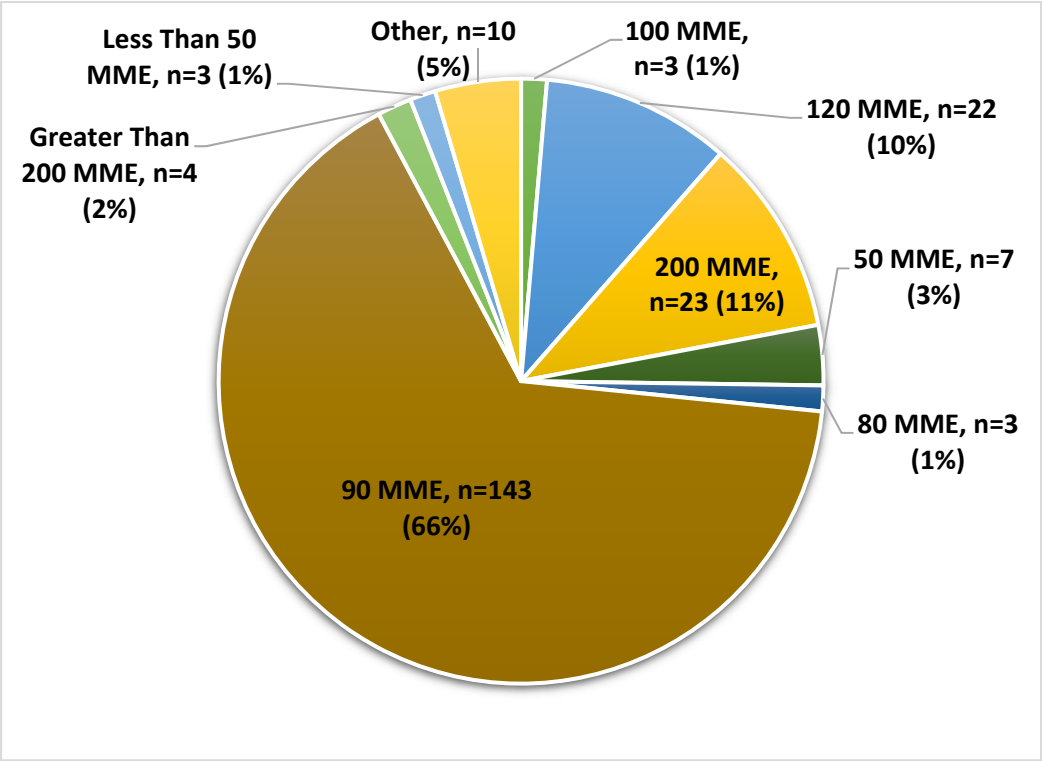

Table 91 - Maximum Morphine Equivalent Daily Dose Limit in Milligrams

Response	States (Count of MCOs)	Total	Percent of Total
100 MME	New Hampshire (3)	3	1.38%
120 MME	California (4), Hawaii (3), Massachusetts (1), Michigan (4), New Jersey (1), New York (1), Oregon (2), Virginia (4), Washington (2)	22	10.09%
200 MME	California (4), Colorado (1), Illinois (1), Kentucky (1), Michigan (2), Nebraska (2), New York (5), North Dakota (1), Ohio (1), Oregon (1), Utah (2), Washington (2)	23	10.55%
50 MME	California (1), Pennsylvania (6)	7	3.21%
80 MME	Kentucky (1), Ohio (2)	3	1.38%
90 MME	Arkansas (3), California (8), Delaware (2), District of Columbia (4), Florida (16), Georgia (3), Hawaii (2), Illinois (5), Indiana (1), Iowa (1), Kansas (3), Kentucky (2), Louisiana (5), Maryland (9), Massachusetts (3), Michigan (2), Minnesota (8), Mississippi (3), Nevada (3), New Jersey (3), New Mexico (3), New York (11), Oregon (15), Rhode Island (3), South Carolina (5), Texas (17), Utah (1), Virginia (2)	143	65.60%
Greater than 200 MME*	California (2), Colorado (1), Nebraska (1)	4	1.83%
Less than 50 MME*	Massachusetts (1), Ohio (1), Pennsylvania (1)	3	1.38%
Other*	Georgia (1), Indiana (3), Iowa (1), Kentucky (1), New Jersey (1), Pennsylvania (1), Texas (1), Utah (1)	10	4.59%
National Totals		**218**	**100%**

* Please contact the State Pharmacy Director or State DUR Contact for more information.

b. *Please explain the 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?).*

Please contact the State Pharmacy Director or State DUR Contact for more information.

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?

Figure 93 - Provides Information to Prescribers on How to Calculate the Morphine Equivalent Daily Dosage or Provides a Calculator Developed Elsewhere

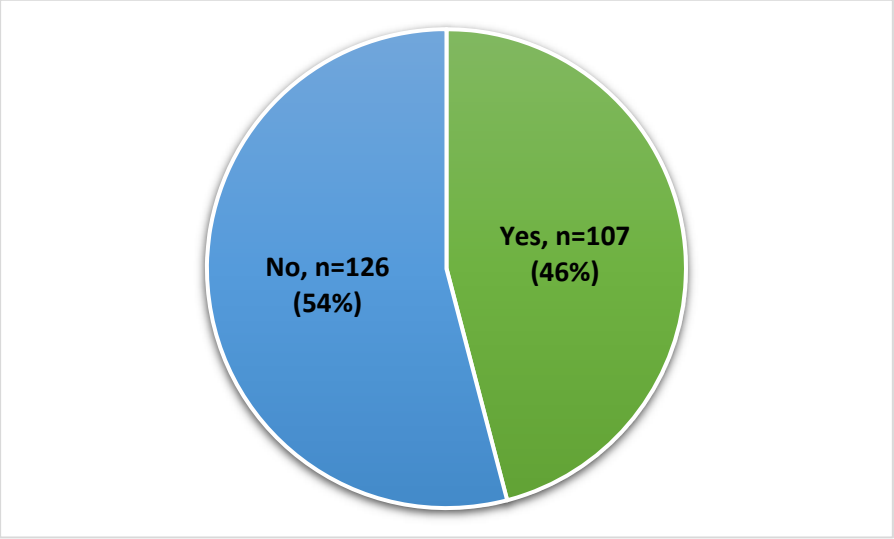

Table 92 - Provides Information to Prescribers on How to Calculate the Morphine Equivalent Daily Dosage or Provides a Calculator Developed Elsewhere

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (1), California (14), Delaware (1), District of Columbia (1), Florida (4), Georgia (1), Hawaii (2), Illinois (4), Indiana (2), Iowa (2), Kansas (2), Kentucky (1), Louisiana (1), Maryland (5), Massachusetts (1), Michigan (5), Minnesota (3), Mississippi (2), Nebraska (1), Nevada (1), New Hampshire (2), New Jersey (2), New Mexico (2), New York (6), Ohio (3), Oregon (14), Pennsylvania (4), Rhode Island (1), South Carolina (2), Texas (5), Utah (3), Virginia (4), Washington (5)	107	45.92%
No	Arkansas (2), California (12), Colorado (2), Delaware (1), District of Columbia (3), Florida (12), Georgia (3), Hawaii (4), Illinois (3), Indiana (2), Kansas (1), Kentucky (4), Louisiana (4), Maryland (4), Massachusetts (4), Michigan (6), Minnesota (5), Mississippi (1), Nebraska (2), Nevada (2), New Hampshire (1), New Jersey (3), New Mexico (1), New York (12), North Dakota (1), Ohio (2), Oregon (4), Pennsylvania (4), Rhode Island (2), South Carolina (3), Texas (13), Utah (1), Virginia (2)	126	54.08%
National Totals		**233**	**100%**

If the answer to question 2 is “No,” skip to question 3.

If the answer to question 2 is “Yes,” please continue.

a. Please name the developer of the calculator.

Figure 94 – Developer of the Morphine Equivalent Daily Dosage Calculator

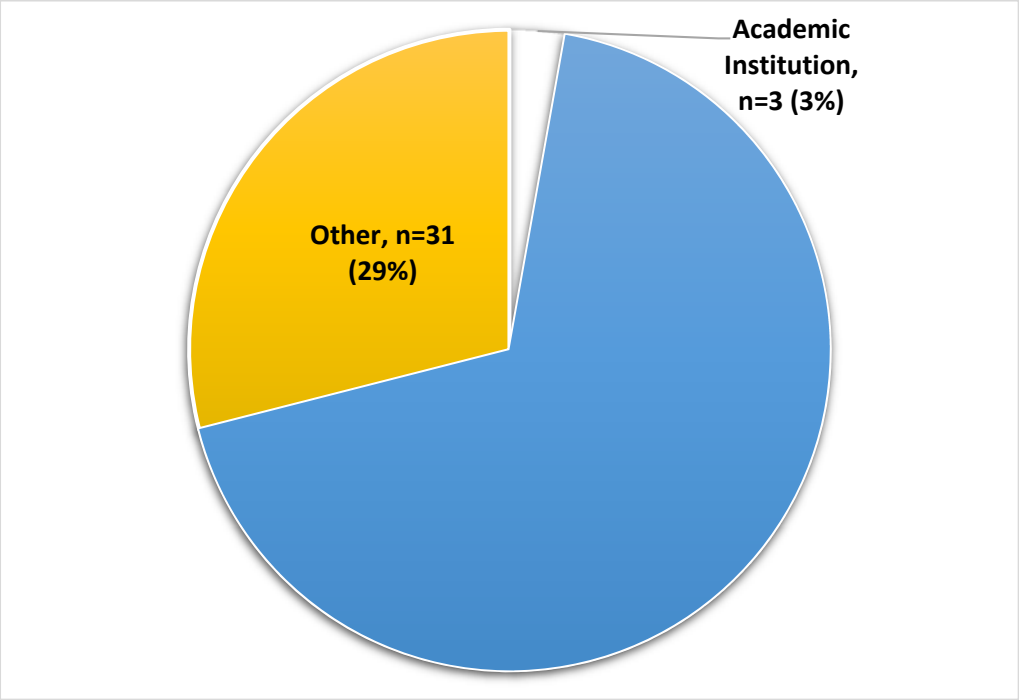

Table 93 - Developer of the Morphine Equivalent Daily Dosage Calculator

Response	State (Count of MCOs)	Total	Percent of Total
Academic Institution	California (1), Massachusetts (1), New Hampshire (1)	3	2.80%
CDC	Arkansas (1), California (9), Delaware (1), District of Columbia (1), Florida (4), Georgia (1), Hawaii (1), Illinois (4), Indiana (1), Iowa (2), Kansas (2), Kentucky (1), Louisiana (1), Maryland (3), Michigan (4), Minnesota (3), Mississippi (2), Nebraska (1), Nevada (1), New Jersey (2), New Mexico (2), New York (4), Ohio (2), Oregon (6), Pennsylvania (3), Rhode Island (1), South Carolina (1), Texas (4), Utah (2), Virginia (2), Washington (1)	73	68.22%
Other	California (4), Hawaii (1), Indiana (1), Maryland (2), Michigan (1), New Hampshire (1), New York (2), Ohio (1), Oregon (8), Pennsylvania (1), South Carolina (1), Texas (1), Utah (1), Virginia (2), Washington (4)	31	28.97%
National Totals		**107**	**100%**

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

Figure 95 - Information Dissemination Routes

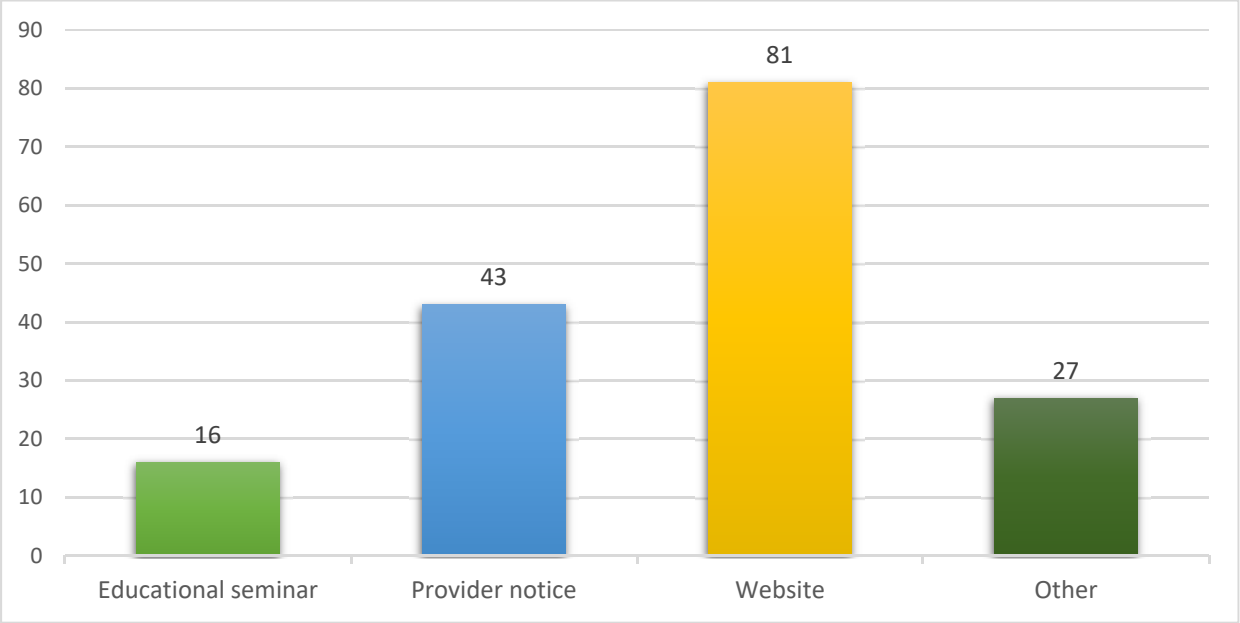

Table 94 - Information Dissemination Routes

Response	States (Count of MCOs)	Total	Percent of Total
Educational seminar	California (4), District of Columbia (1), Hawaii (1), Maryland (1), Minnesota (1), New Mexico (1), New York (1), Oregon (5), Washington (1)	16	9.58%
Provider notice	California (10), District of Columbia (1), Florida (1), Hawaii (1), Illinois (1), Maryland (1), Michigan (2), Mississippi (1), New Jersey (1), New Mexico (1), New York (4), Ohio (1), Oregon (8), Pennsylvania (2), South Carolina (2), Texas (2), Utah (1), Virginia (1), Washington (2)	43	25.75%
Website	Arkansas (1), California (8), Delaware (1), Florida (4), Georgia (1), Hawaii (2), Illinois (3), Indiana (2), Iowa (2), Kansas (2), Kentucky (1), Louisiana (1), Maryland (5), Massachusetts (1), Michigan (3), Mississippi (2), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (1), New Mexico (2), New York (3), Ohio (3), Oregon (11), Pennsylvania (3), Rhode Island (1), South Carolina (2), Texas (4), Utah (1), Virginia (3), Washington (5)	81	48.50%
Other	California (1), Florida (1), Hawaii (1), Illinois (1), Indiana (1), Maryland (1), Massachusetts (1), Michigan (1), Minnesota (2), New Hampshire (2), New Mexico (1), New York (2), Oregon (6), Texas (2), Utah (2), Virginia (1), Washington (1)	27	16.17%
National Totals		**167**	**100%**

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?

Figure 96 - Edit in Your POS System That Alerts the Pharmacy Provider That the Morphine Equivalent Daily Dose Prescribed Has Been Exceeded

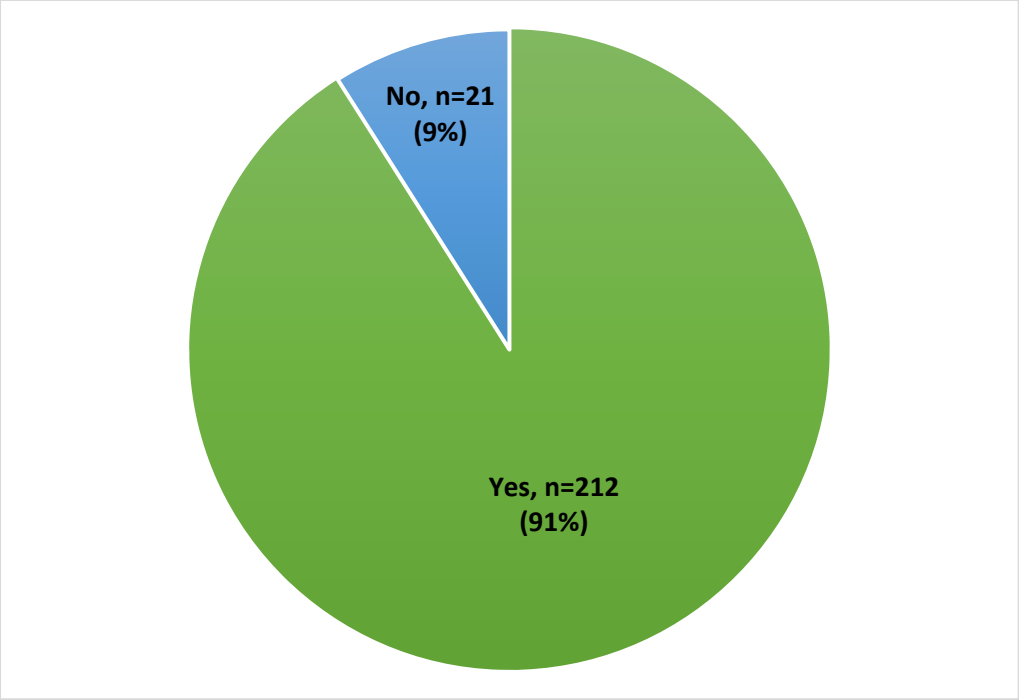

Table 95 - Edit in Your POS System That Alerts the Pharmacy Provider That the Morphine Equivalent Daily Dose Prescribed Has Been Exceeded

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (17), Colorado (2), Delaware (2), District of Columbia (4), Florida (15), Georgia (4), Hawaii (5), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (4), Michigan (8), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (4), Oregon (17), Pennsylvania (8), Rhode Island (2), South Carolina (5), Texas (18), Utah (4), Virginia (6), Washington (3)	212	90.99%
No	California (9), Florida (1), Hawaii (1), Illinois (1), Massachusetts (1), Michigan (3), Ohio (1), Oregon (1), Rhode Island (1), Washington (2)	21	9.01%
National Totals		**233**	**100%**

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

Figure 97 - Prior Authorization Requirement If the MME Limit Is Exceeded

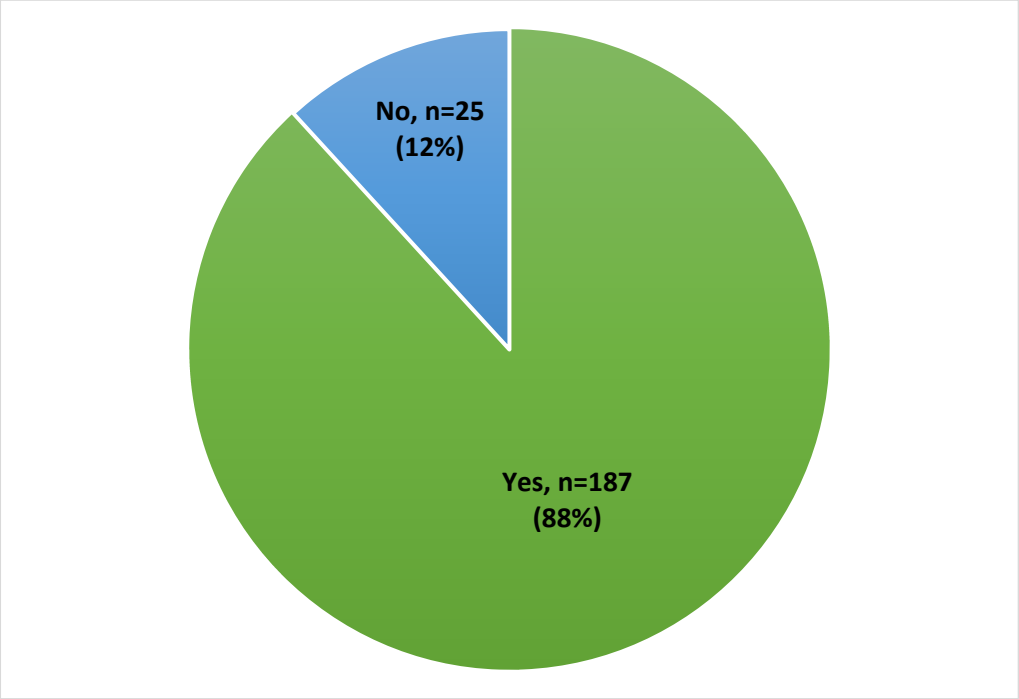

Table 96 - Prior Authorization Requirement If the MME Limit Is Exceeded

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (15), Colorado (2), Delaware (2), District of Columbia (4), Florida (14), Georgia (3), Hawaii (4), Illinois (6), Indiana (3), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (4), Michigan (8), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (4), New Mexico (3), New York (16), North Dakota (1), Ohio (3), Oregon (13), Pennsylvania (8), Rhode Island (2), South Carolina (5), Texas (7), Utah (4), Virginia (6), Washington (3)	187	88.21%
No	California (2), Florida (1), Georgia (1), Hawaii (1), Indiana (1), New Jersey (1), New York (2), Ohio (1), Oregon (4), Texas (11)	25	11.79%
National Totals		**212**	**100%**

4. Do you have automated retrospective claim reviews to monitor total daily dose (MME) of opioid prescriptions dispensed?

Figure 98 - Automated Retrospective Claim Reviews to Monitor Total Daily Dose (MME) of Opioid Prescriptions Dispensed

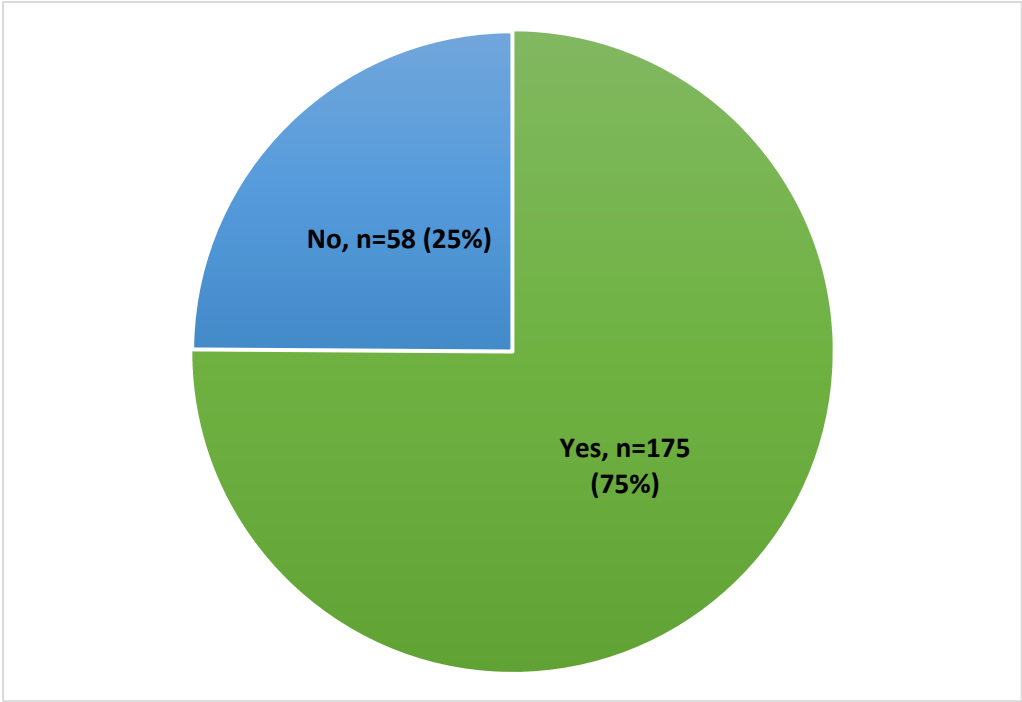

Table 97 - Automated Retrospective Claim Reviews to Monitor Total Daily Dose (MME) of Opioid Prescriptions Dispensed

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (2), California (16), Colorado (1), Delaware (1), District of Columbia (2), Florida (10), Georgia (3), Hawaii (5), Illinois (5), Indiana (3), Iowa (2), Kansas (3), Kentucky (3), Louisiana (3), Maryland (9), Massachusetts (5), Michigan (9), Minnesota (3), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (2), New York (16), North Dakota (1), Ohio (4), Oregon (13), Pennsylvania (4), Rhode Island (2), South Carolina (5), Texas (16), Utah (2), Virginia (4), Washington (4)	175	75.11%
No	Arkansas (1), California (10), Colorado (1), Delaware (1), District of Columbia (2), Florida (6), Georgia (1), Hawaii (1), Illinois (2), Indiana (1), Kentucky (2), Louisiana (2), Michigan (2), Minnesota (5), New Mexico (1), New York (2), Ohio (1), Oregon (5), Pennsylvania (4), Rhode Island (1), Texas (2), Utah (2), Virginia (2), Washington (1)	58	24.89%
National Totals		**233**	**100%**

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?

Figure 99 - MCO Sets Total Milligram per Day Limits on the Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

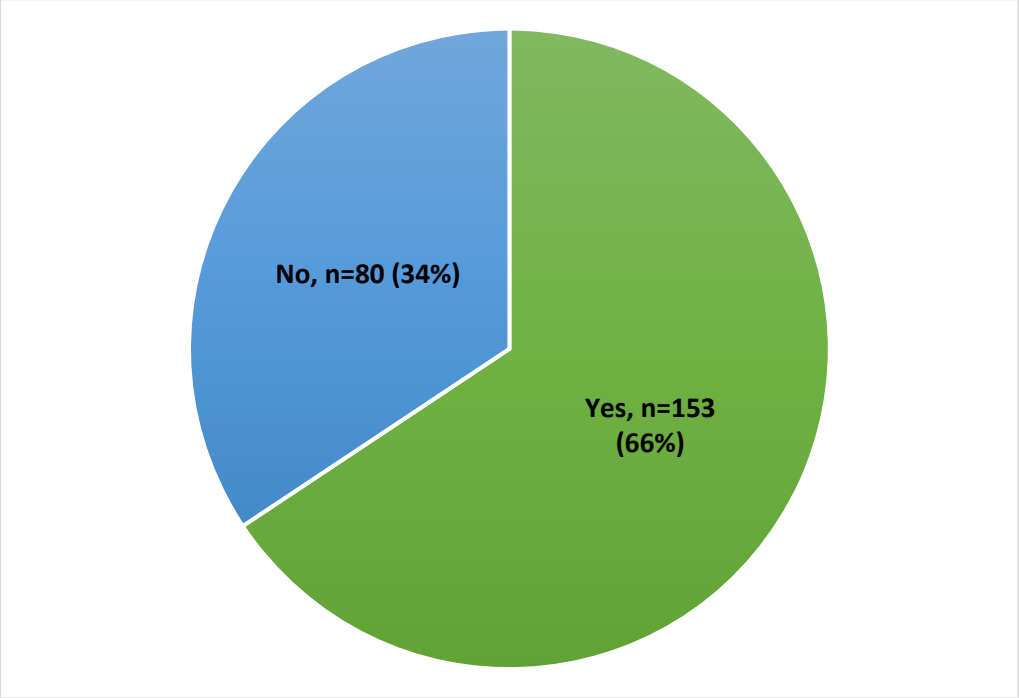

Table 98 - MCO Sets Total Milligram per Day Limits on the Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (2), California (3), Colorado (2), Delaware (2), District of Columbia (4), Florida (11), Georgia (4), Hawaii (4), Illinois (3), Indiana (4), Iowa (2), Kansas (2), Kentucky (5), Louisiana (5), Maryland (1), Massachusetts (5), Michigan (1), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (14), North Dakota (1), Ohio (5), Oregon (14), Pennsylvania (7), Rhode Island (3), South Carolina (5), Texas (5), Virginia (6), Washington (5)	153	65.67%
No	Arkansas (1), California (23), Florida (5), Hawaii (2), Illinois (4), Kansas (1), Maryland (8), Michigan (10), New York (4), Oregon (4), Pennsylvania (1), Texas (13), Utah (4)	80	34.33%
National Totals		**233**	**100%**

If “Yes,” please specify the total milligram/day

Figure 100 -Total Milligrams/Day Limit on the Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

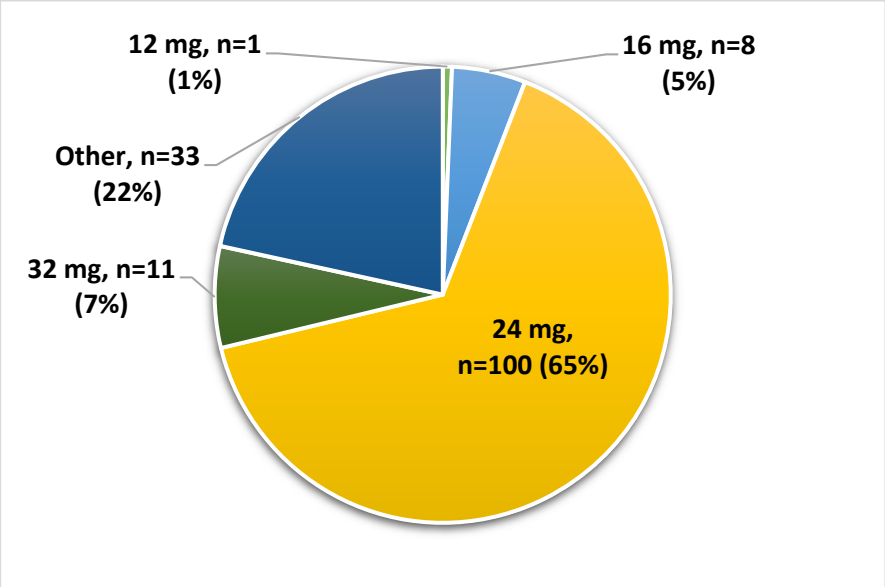

Table 99 - Total Milligrams/Day Limit on the Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

Response	States (Count of MCOs)	Total	Percent of Total
12 mg	Hawaii (1)	1	0.65%
16 mg	Minnesota (1), New Hampshire (2), Pennsylvania (4), Texas (1)	8	5.23%
24 mg	Arkansas (2), Colorado (2), District of Columbia (3), Florida (5), Georgia (4), Hawaii (3), Illinois (2), Indiana (4), Iowa (2), Kansas (1), Kentucky (5), Louisiana (3), Massachusetts (1), Minnesota (7), Mississippi (2), Nebraska (2), Nevada (3), New Jersey (3), New Mexico (1), New York (12), Ohio (4), Oregon (13), Pennsylvania (2), Rhode Island (1), South Carolina (5), Texas (2), Virginia (6)	100	65.36%
32 mg	Illinois (1), Massachusetts (1), New Jersey (2), New Mexico (1), Texas (1), Washington (5)	11	7.19%
Other	California (3), Delaware (2), District of Columbia (1), Florida (6), Kansas (1), Louisiana (2), Maryland (1), Massachusetts (3), Michigan (1), Mississippi (1), Nebraska (1), New Hampshire (1), New Mexico (1), New York (2), North Dakota (1), Ohio (1), Oregon (1), Pennsylvania (1), Rhode Island (2), Texas (1)	33	21.57%
National Totals		**153**	**100%**

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

Figure 101 - Limitations on Allowable Length of Treatment of Buprenorphine/Naloxone Combination Drugs

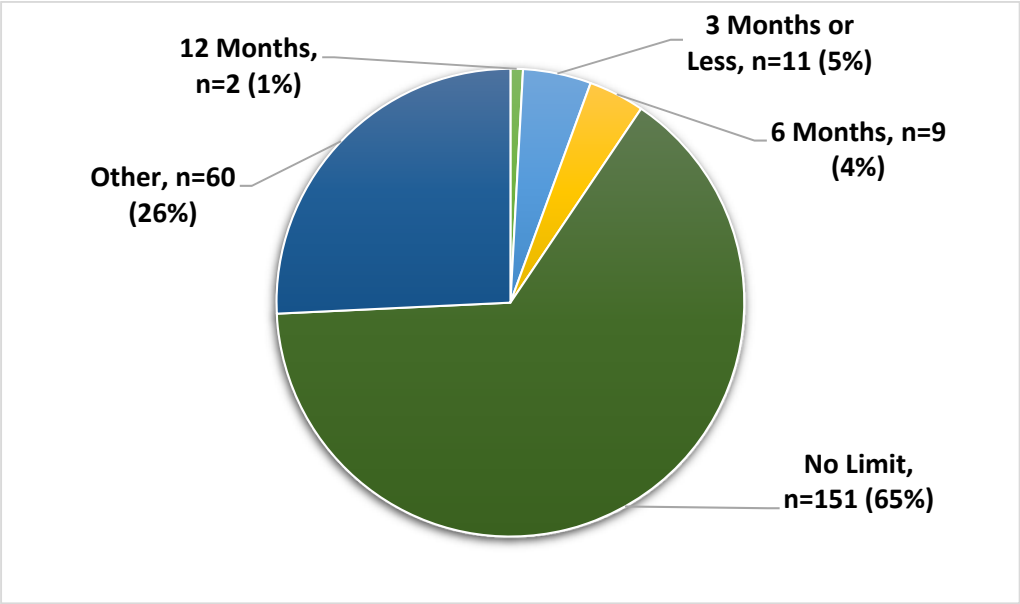

Table 100 - Limitations on Allowable Length of Treatment of Buprenorphine/Naloxone Combination Drugs

Response	States (Count of MCOs)	Total	Percent of Total
12 months	Nebraska (1), Nevada (1)	2	0.86%
3 months or less	Florida (3), Iowa (1), Mississippi (1), Ohio (3), Texas (2), Virginia (1)	11	4.72%
6 months	California (1), Georgia (1), Hawaii (2), Illinois (1), Kentucky (1), New Jersey (1), New York (1), South Carolina (1)	9	3.86%
No limit	Arkansas (3), California (6), Colorado (2), Delaware (2), District of Columbia (4), Florida (13), Georgia (3), Hawaii (4), Illinois (6), Indiana (3), Kansas (2), Kentucky (2), Louisiana (5), Massachusetts (4), Michigan (1), Minnesota (6), Mississippi (2), Nebraska (2), Nevada (2), New Hampshire (2), New Jersey (4), New Mexico (3), New York (14), North Dakota (1), Ohio (1), Oregon (17), Pennsylvania (8), Rhode Island (3), South Carolina (4), Texas (13), Utah (1), Virginia (4), Washington (4)	151	64.81%
Other	California (19), Indiana (1), Iowa (1), Kansas (1), Kentucky (2), Maryland (9), Massachusetts (1), Michigan (10), Minnesota (2), New Hampshire (1), New York (3), Ohio (1), Oregon (1), Texas (3), Utah (3), Virginia (1), Washington (1)	60	25.75%
National Totals		**233**	**100%**

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

Figure 102 - Maximum Milligrams per Day Reduction after a Set Period of Time

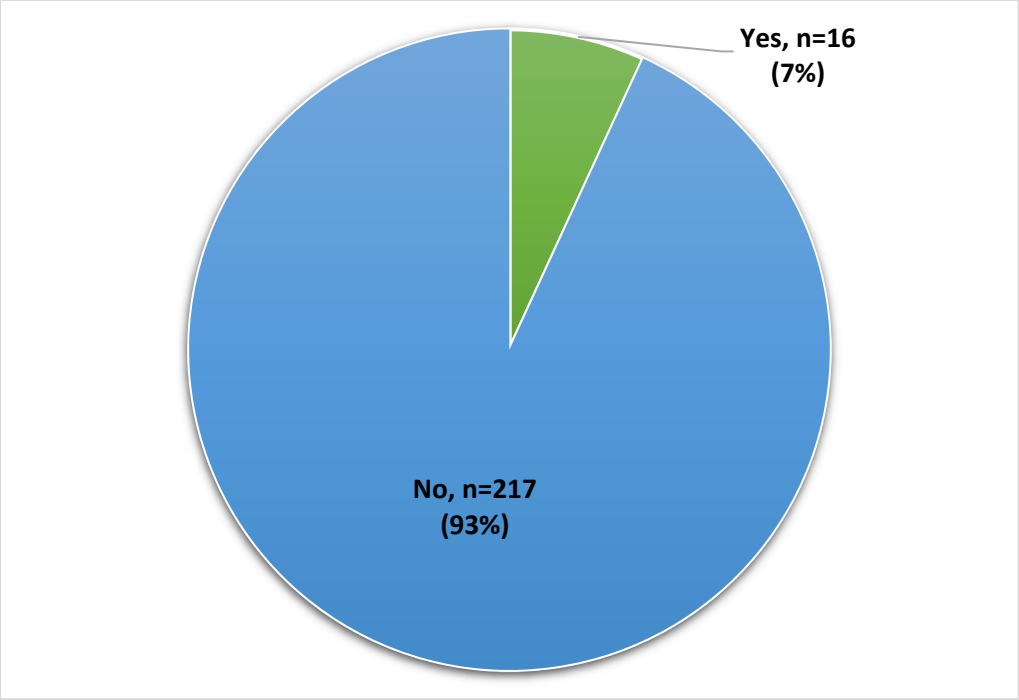

Table 101 - Maximum Milligrams per Day Reduction after a Set Period of Time

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Delaware (1), Florida (3), Iowa (2), Massachusetts (1), Minnesota (1), Mississippi (2), Ohio (5), Rhode Island (1)	16	6.87%
No	Arkansas (3), California (26), Colorado (2), Delaware (1), District of Columbia (4), Florida (13), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (4), Michigan (11), Minnesota (7), Mississippi (1), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Oregon (18), Pennsylvania (8), Rhode Island (2), South Carolina (5), Texas (18), Utah (4), Virginia (6), Washington (5)	217	93.13%
National Totals		**233**	**100%**

If “Yes,” please continue.

a. What is your reduced (maintenance) dosage?

Figure 103 - Reduced (Maintenance) Dosage

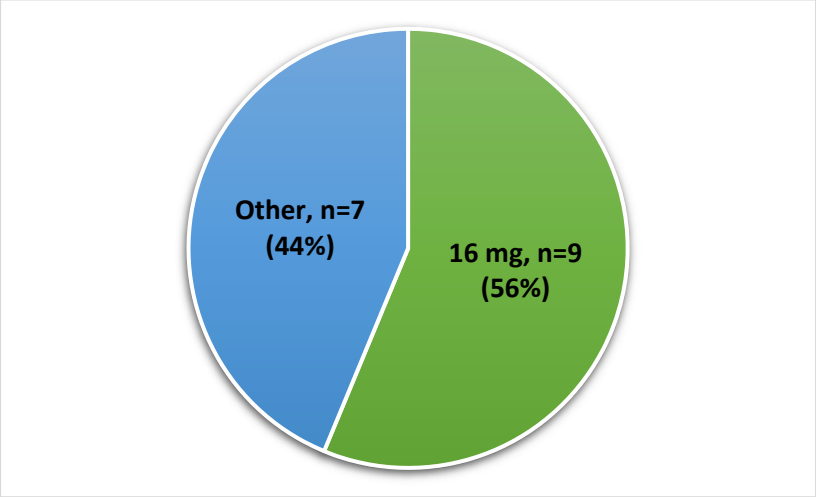

Table 102 - Reduced (Maintenance) Dosage

Response	States (Count of MCOs)	Total	Percent of Total
16 mg	Iowa (2), Mississippi (2), Ohio (5)	9	56.25%
Other	Delaware (1), Florida (3), Massachusetts (1), Minnesota (1), Rhode Island (1)	7	43.75%
National Totals		**16**	**100%**

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

Figure 104 - Limitations on Length of the Reduced Dosage Treatment on Buprenorphine/Naloxone Combination Drugs

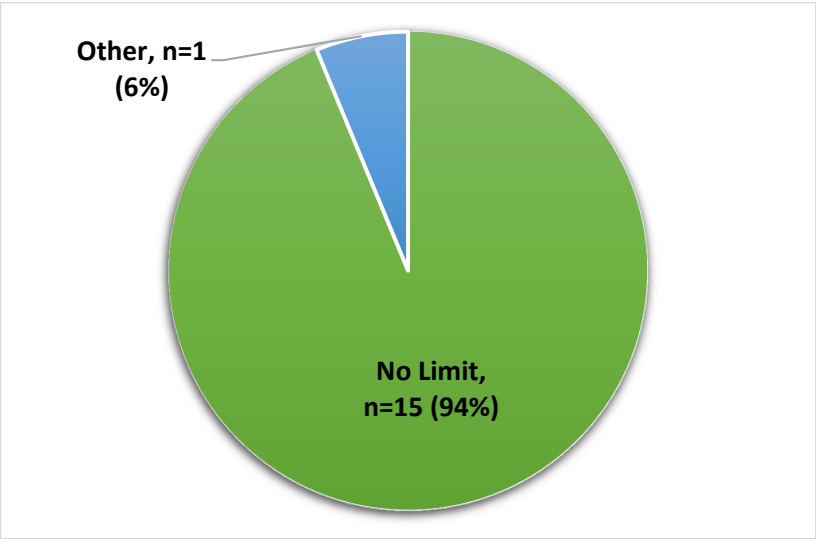

Table 103 - Limitations on Allowable Length of the Reduced Dosage Treatment on Buprenorphine/Naloxone Combination Drugs

Response	States (Count of MCOs)	Total	Percent of Total
No limit	Delaware (1), Florida (2), Iowa (2), Massachusetts (1), Minnesota (1), Mississippi (2), Ohio (5), Rhode Island (1)	15	93.75%
Other	Florida (1)	1	6.25%
National Totals		**16**	**100%**

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

Figure 105 - Buprenorphine/Naloxone Combination Product Available Without Prior Authorization

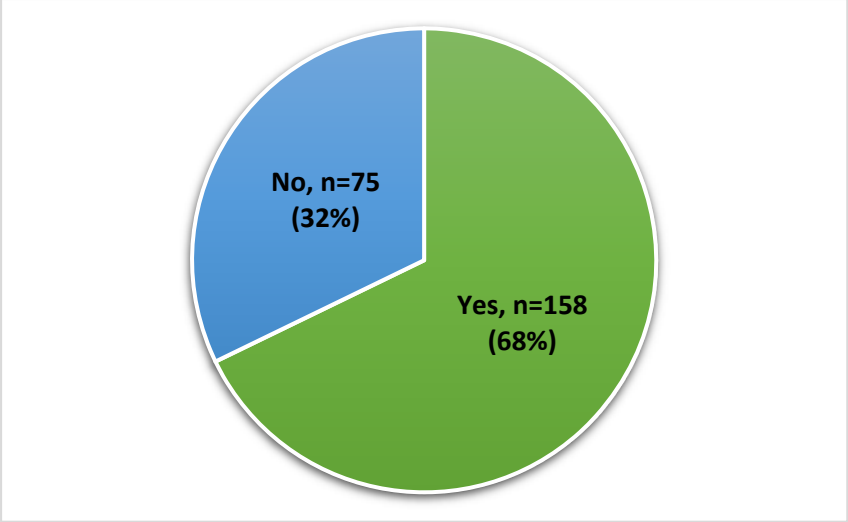

Table 104 - Buprenorphine/Naloxone Combination Product Available Without Prior Authorization

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (5), Colorado (2), Delaware (2), District of Columbia (4), Florida (5), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Kansas (3), Kentucky (5), Louisiana (5), Maryland (1), Massachusetts (5), Michigan (1), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), Ohio (5), Oregon (16), Pennsylvania (7), Rhode Island (3), South Carolina (5), Texas (4), Virginia (5), Washington (5)	158	67.81%
No	California (21), Florida (11), Iowa (2), Maryland (8), Michigan (10), North Dakota (1), Oregon (2), Pennsylvania (1), Texas (14), Utah (4), Virginia (1)	75	32.19%
National Totals		**233**	**100%**

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

Figure 106 - Edits in Place to Monitor Opioids Being Used Concurrently with any Buprenorphine Drug/MAT

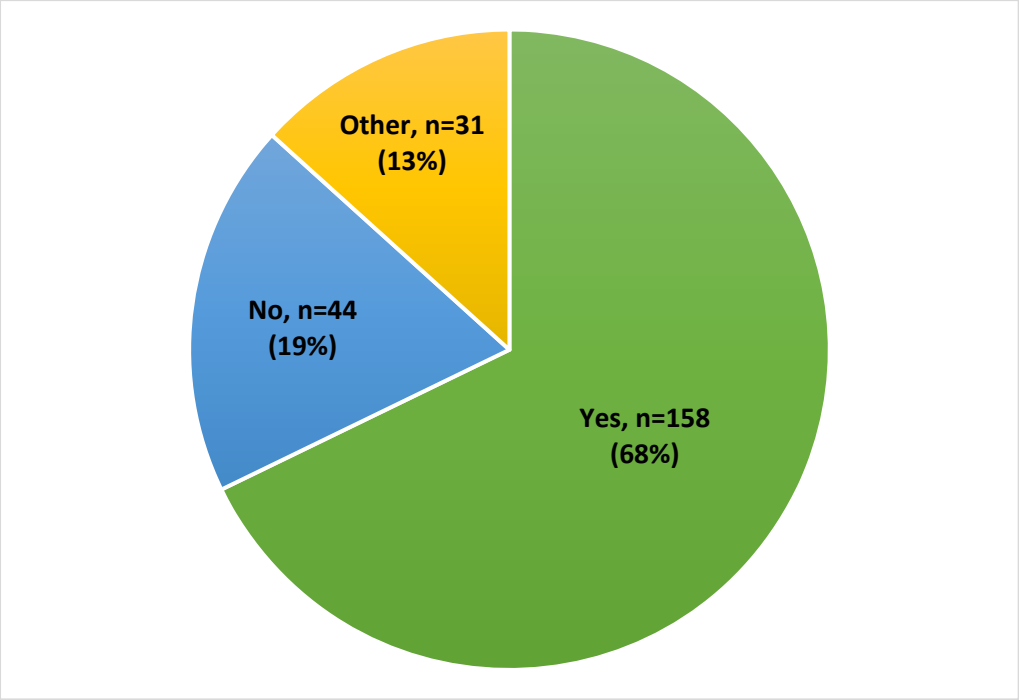

Table 105 - Edits in Place to Monitor Opioids Being Used Concurrently with any Buprenorphine Drug/MAT

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (2), California (3), Colorado (1), Delaware (2), District of Columbia (4), Florida (9), Georgia (4), Hawaii (4), Illinois (5), Indiana (4), Kansas (3), Kentucky (4), Louisiana (5), Maryland (1), Massachusetts (4), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (4), New Mexico (2), New York (18), North Dakota (1), Ohio (5), Oregon (12), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Virginia (6), Washington (4)	158	67.81%
No	Arkansas (1), California (15), Colorado (1), Florida (5), Hawaii (2), Illinois (1), Iowa (2), Kentucky (1), Maryland (3), Michigan (3), Minnesota (1), Oregon (5), Utah (3), Washington (1)	44	18.88%
Other	California (8), Florida (2), Illinois (1), Maryland (5), Massachusetts (1), Michigan (8), New Hampshire (1), New Jersey (1), New Mexico (1), Oregon (1), Texas (1), Utah (1)	31	13.30%
National Totals		**233**	**100%**

If “Yes,” can the POS pharmacist override the edit?

Figure 107 - POS Pharmacist Override Edit

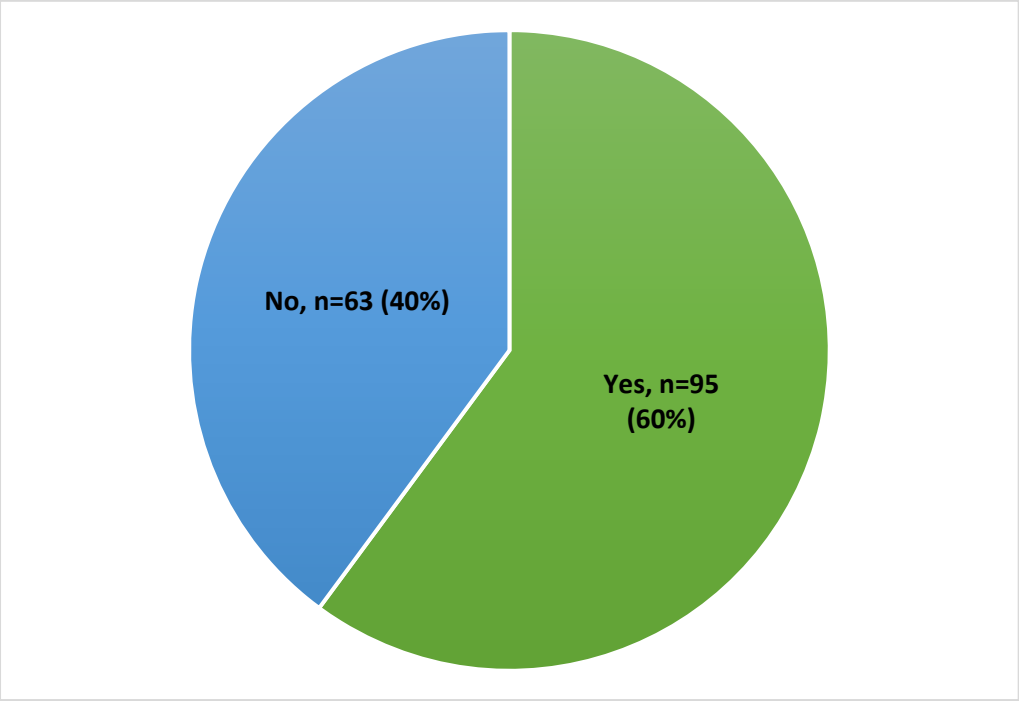

Table 106 - POS Pharmacist Override Edit

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (1), California (2), Delaware (1), District of Columbia (1), Florida (4), Georgia (3), Hawaii (4), Illinois (3), Indiana (3), Kansas (2), Kentucky (3), Louisiana (2), Massachusetts (4), Minnesota (5), Mississippi (2), Nebraska (2), Nevada (2), New Hampshire (1), New Jersey (3), New York (10), North Dakota (1), Ohio (4), Oregon (8), Pennsylvania (1), Rhode Island (3), South Carolina (2), Texas (12), Virginia (2), Washington (4)	95	60.13%
No	Arkansas (1), California (1), Colorado (1), Delaware (1), District of Columbia (3), Florida (5), Georgia (1), Illinois (2), Indiana (1), Kansas (1), Kentucky (1), Louisiana (3), Maryland (1), Minnesota (2), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (1), New Mexico (2), New York (8), Ohio (1), Oregon (4), Pennsylvania (7), South Carolina (3), Texas (5), Virginia (4)	63	39.87%
National Totals		**158**	**100%**

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

Figure 108 - Naloxone Opioid Overdose Product Available Without Prior Authorization

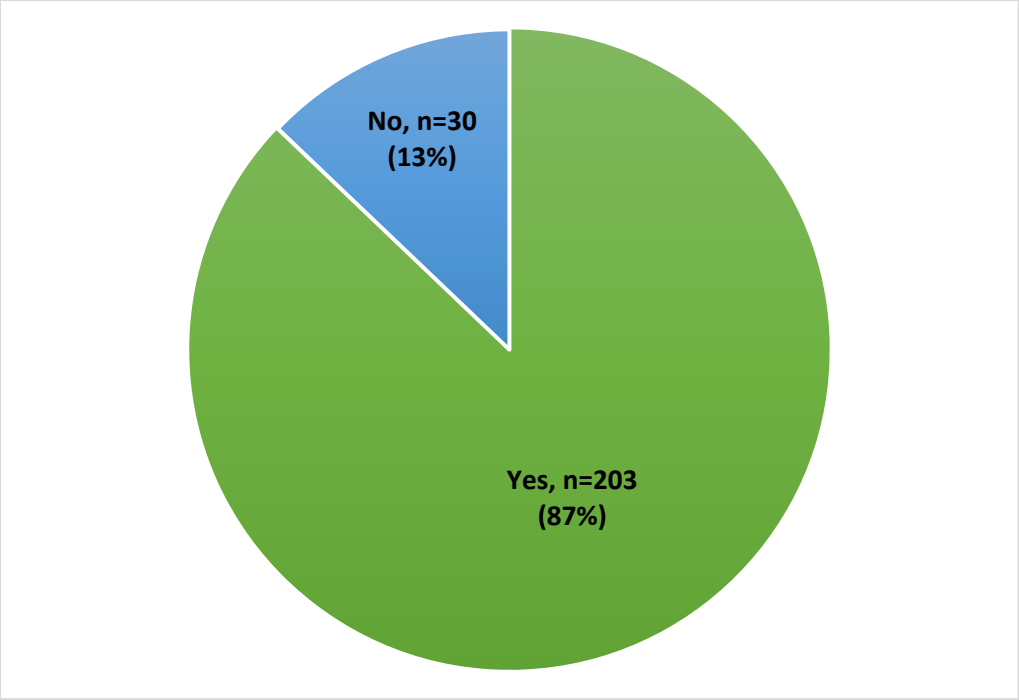

Table 107 - Naloxone Opioid Overdose Product Available Without Prior Authorization

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (6), Colorado (2), Delaware (2), District of Columbia (4), Florida (16), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (2), Massachusetts (5), Michigan (11), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (18), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (18), Utah (1), Virginia (6), Washington (5)	203	87.12%
No	California (20), Maryland (7), Utah (3)	30	12.88%
National Totals		**233**	**100%**

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

Figure 109 - Retrospectively Monitor and Manage Appropriate use of Naloxone to Persons at Risk of Overdose

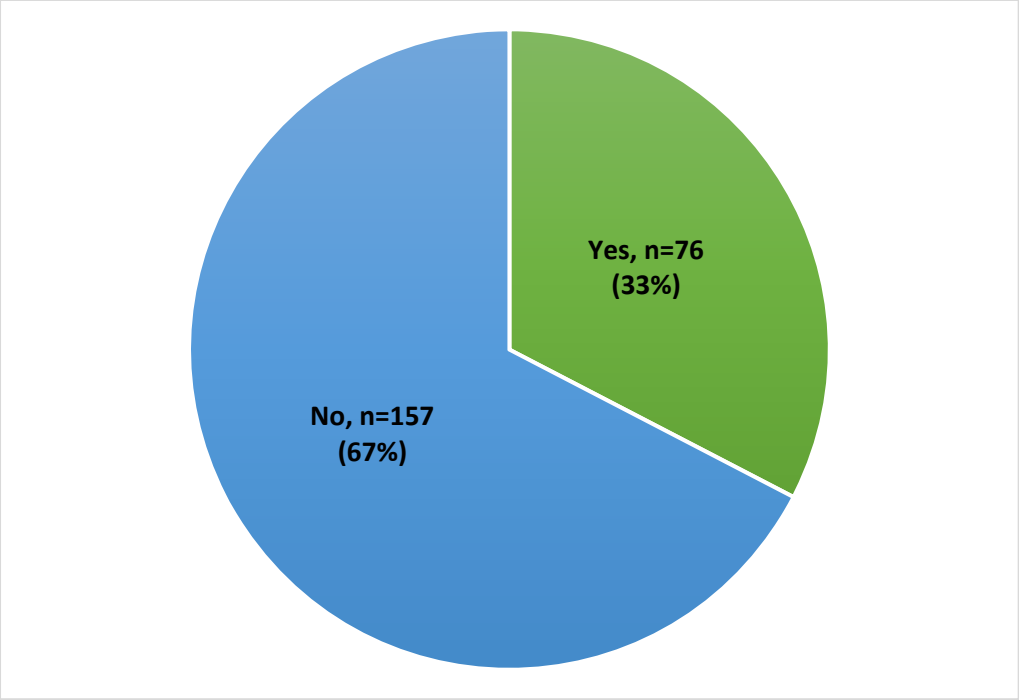

Table 108 - Retrospectively Monitor and Manage Appropriate use of Naloxone to Persons at Risk of Overdose

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (1), California (6), Delaware (2), District of Columbia (3), Florida (4), Georgia (1), Hawaii (2), Illinois (3), Indiana (2), Iowa (1), Kentucky (1), Louisiana (1), Maryland (2), Michigan (6), Minnesota (1), Nebraska (1), Nevada (3), New Hampshire (1), New Jersey (3), New York (8), Ohio (4), Oregon (9), Pennsylvania (3), South Carolina (2), Texas (1), Virginia (4), Washington (1)	76	32.62%
No	Arkansas (2), California (20), Colorado (2), District of Columbia (1), Florida (12), Georgia (3), Hawaii (4), Illinois (4), Indiana (2), Iowa (1), Kansas (3), Kentucky (4), Louisiana (4), Maryland (7), Massachusetts (5), Michigan (5), Minnesota (7), Mississippi (3), Nebraska (2), New Hampshire (2), New Jersey (2), New Mexico (3), New York (10), North Dakota (1), Ohio (1), Oregon (9), Pennsylvania (5), Rhode Island (3), South Carolina (3), Texas (17), Utah (4), Virginia (2), Washington (4)	157	67.38%
National Totals		**233**	**100%**

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

Figure 110 - MCO Allows Pharmacists to Dispense Naloxone Prescribed Independently or By Collaborative Practice Agreements, Standing Orders, Or Other Predetermined Protocols

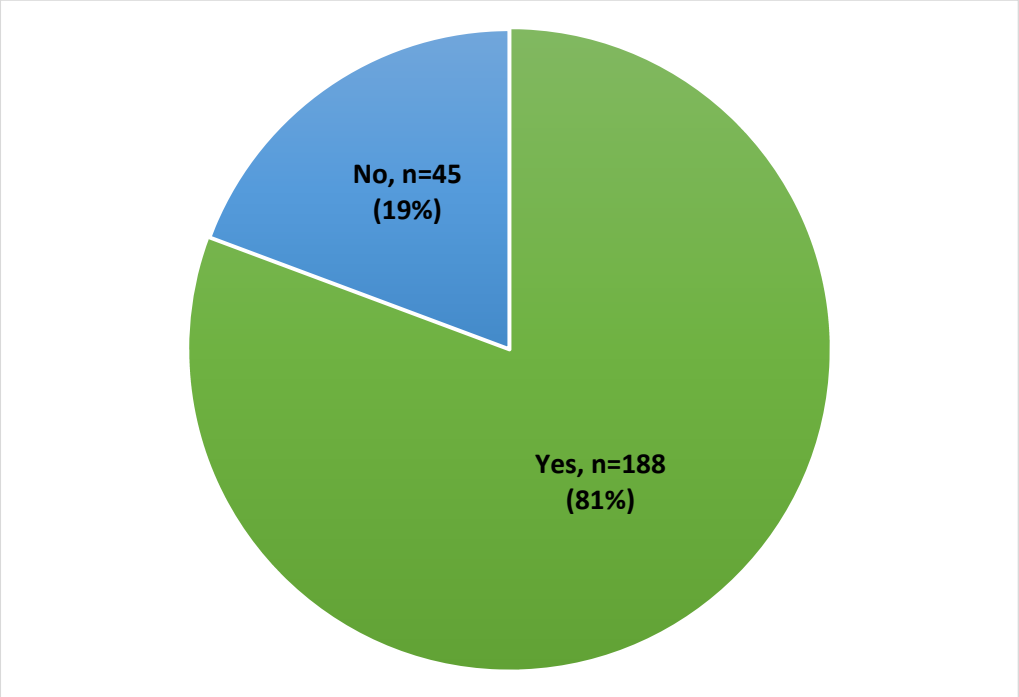

Table 109 - MCO Allows Pharmacists to Dispense Naloxone Prescribed Independently or By Collaborative Practice Agreements, Standing Orders, Or Other Predetermined Protocols

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (13), Colorado (2), Delaware (2), District of Columbia (3), Florida (12), Georgia (4), Hawaii (5), Illinois (5), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (4), Massachusetts (5), Michigan (8), Minnesota (6), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (16), North Dakota (1), Ohio (5), Oregon (18), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (7), Utah (3), Virginia (6), Washington (5)	188	80.69%
No	California (13), District of Columbia (1), Florida (4), Hawaii (1), Illinois (2), Maryland (5), Michigan (3), Minnesota (2), New York (2), Texas (11), Utah (1)	45	19.31%
National Totals		**233**	**100%**

9. Does your program cover methadone for a substance use disorder (i.e. Methadone Treatment Center)?

Figure 111 - Coverage for Methadone for a Substance Use Disorder

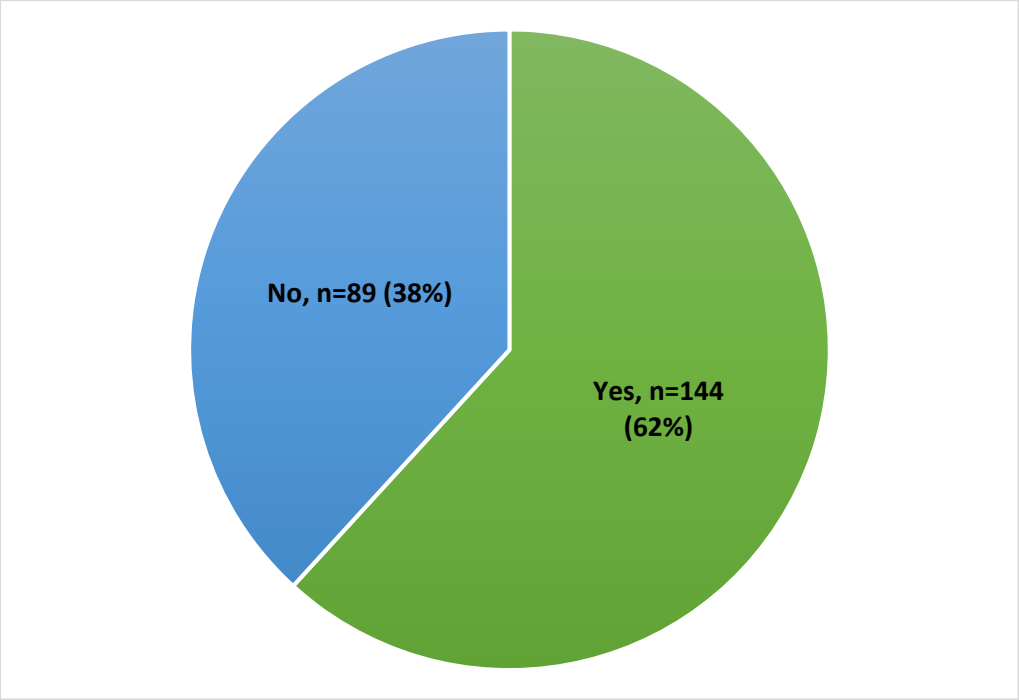

Table 110 - Coverage for Methadone for a Substance Use Disorder

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (1), California (8), Colorado (1), Delaware (1), District of Columbia (1), Florida (13), Georgia (3), Hawaii (6), Illinois (5), Indiana (4), Iowa (2), Kansas (1), Kentucky (2), Louisiana (1), Massachusetts (4), Michigan (1), Minnesota (8), Nebraska (1), Nevada (2), New Hampshire (3), New Jersey (4), New Mexico (3), New York (15), North Dakota (1), Ohio (3), Oregon (18), Pennsylvania (3), Rhode Island (3), South Carolina (4), Texas (12), Utah (1), Virginia (5), Washington (4)	144	61.80%
No	Arkansas (2), California (18), Colorado (1), Delaware (1), District of Columbia (3), Florida (3), Georgia (1), Illinois (2), Kansas (2), Kentucky (3), Louisiana (4), Maryland (9), Massachusetts (1), Michigan (10), Mississippi (3), Nebraska (2), Nevada (1), New Jersey (1), New York (3), Ohio (2), Pennsylvania (5), South Carolina (1), Texas (6), Utah (3), Virginia (1), Washington (1)	89	38.20%
National Totals		**233**	**100%**

G. Antipsychotics/Stimulants

Antipsychotics

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

Figure 112 - Restrictions to Limit Quantity of Antipsychotics

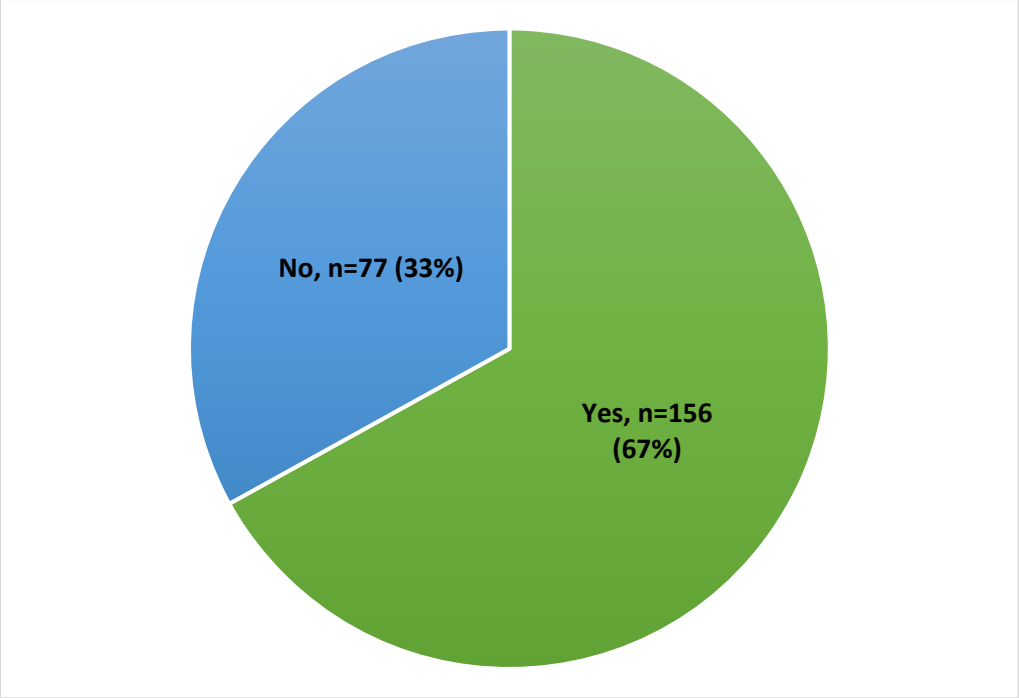

Table 111 - Restrictions to Limit Quantity of Antipsychotics

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (2), California (3), Colorado (2), Delaware (2), District of Columbia (3), Florida (16), Georgia (4), Hawaii (4), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (4), Massachusetts (4), Michigan (1), Minnesota (4), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), North Dakota (1), Ohio (5), Oregon (2), Pennsylvania (8), Rhode Island (2), South Carolina (4), Texas (18), Virginia (6), Washington (5)	156	66.95%
No	Arkansas (1), California (23), District of Columbia (1), Hawaii (2), Louisiana (1), Maryland (9), Massachusetts (1), Michigan (10), Minnesota (4), New York (3), Oregon (16), Rhode Island (1), South Carolina (1), Utah (4)	77	33.05%
National Totals		**233**	**100%**

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

Figure 113 - Documented Program in Place for either Managing or Monitoring Appropriate Use of Antipsychotic Drugs in Children

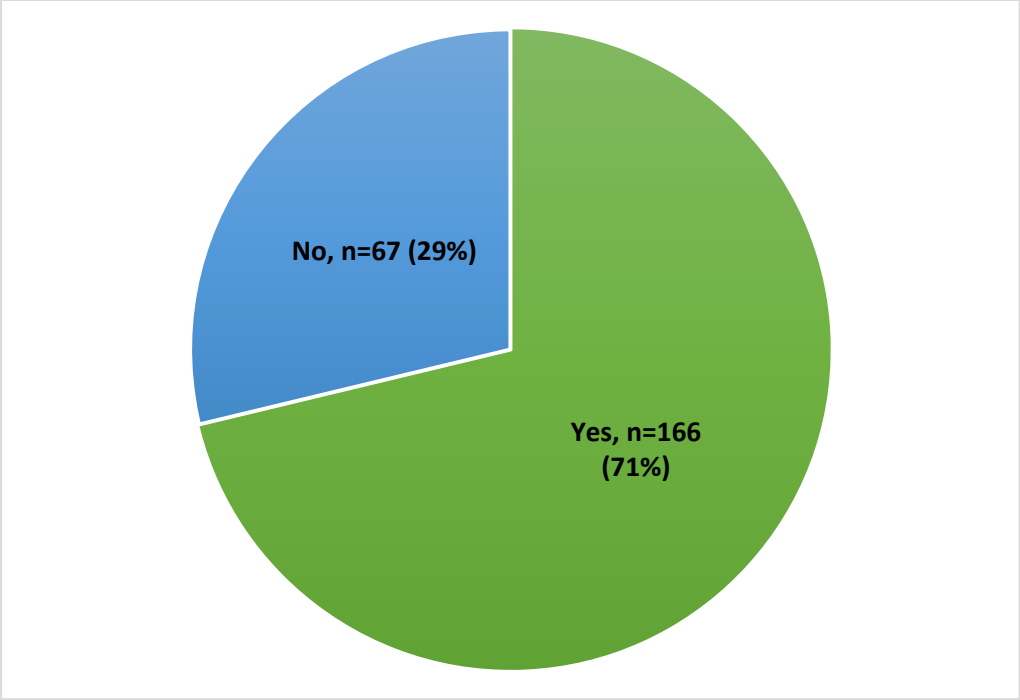

Table 112 - Documented Program in Place for either Managing or Monitoring Appropriate Use of Antipsychotic Drugs in Children

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (7), Colorado (1), Delaware (2), District of Columbia (2), Florida (15), Georgia (4), Hawaii (4), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Massachusetts (5), Michigan (1), Minnesota (6), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), Ohio (5), Oregon (5), Pennsylvania (7), Rhode Island (2), South Carolina (5), Texas (17), Virginia (6), Washington (5)	166	71.24%
No	California (19), Colorado (1), District of Columbia (2), Florida (1), Hawaii (2), Maryland (9), Michigan (10), Minnesota (2), North Dakota (1), Oregon (13), Pennsylvania (1), Rhode Island (1), Texas (1), Utah (4)	67	28.76%
National Totals		**233**	**100%**

If “No,” please skip to d.

If “Yes,” please continue with a, b, and c.

a. Do you either manage or monitor:

Figure 114 - Categories of Children either Managed or Monitored for Appropriate Use of Antipsychotic Drugs

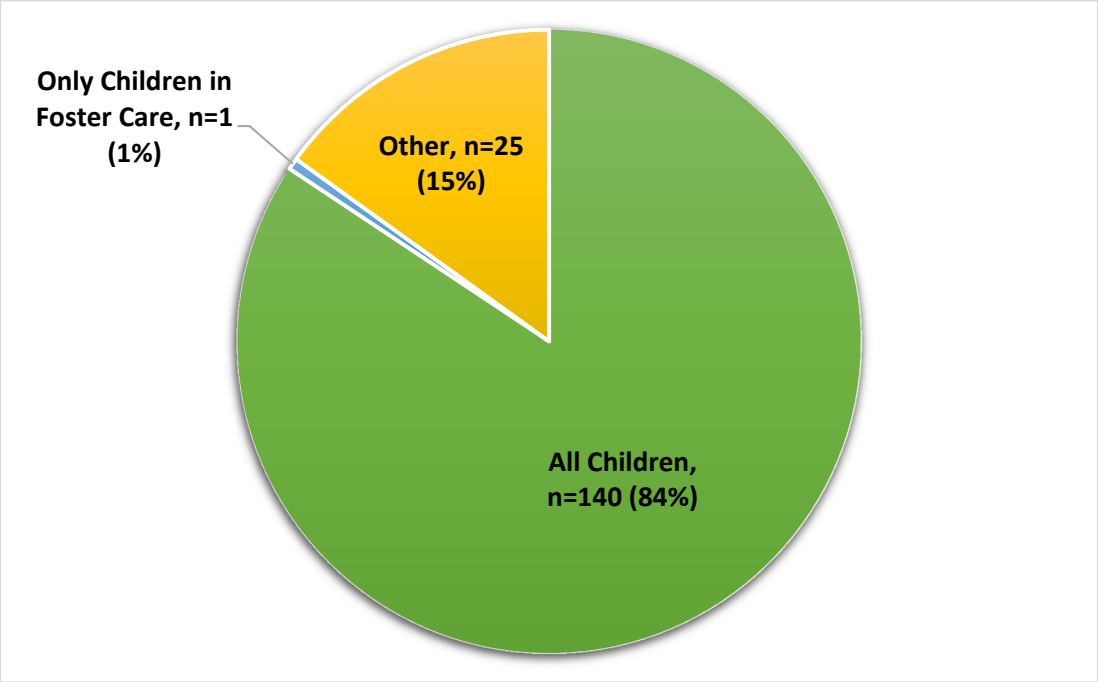

Table 113 - Categories of Children either Managed or Monitored for Appropriate Use of Antipsychotic Drugs

Response	States (Count of MCOs)	Total	Percent of Total
All children	Arkansas (3), California (5), Delaware (2), District of Columbia (2), Florida (14), Georgia (3), Hawaii (1), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (4), Louisiana (4), Massachusetts (5), Minnesota (6), Mississippi (2), Nebraska (1), Nevada (2), New Hampshire (1), New Jersey (4), New Mexico (3), New York (16), Ohio (4), Oregon (5), Pennsylvania (7), Rhode Island (1), South Carolina (4), Texas (16), Virginia (5), Washington (5)	140	84.34%
Only children in foster care	Michigan (1)	1	0.60%
Other	California (2), Colorado (1), Florida (1), Georgia (1), Hawaii (3), Illinois (1), Kentucky (1), Louisiana (1), Mississippi (1), Nebraska (2), Nevada (1), New Hampshire (2), New Jersey (1), New York (2), Ohio (1), Rhode Island (1), South Carolina (1), Texas (1), Virginia (1)	25	15.06%
National Totals		**166**	**100%**

b. Do you have edits in place to monitor? Check all that apply:

Figure 115 - Antipsychotic Edits in Place to Monitor Children

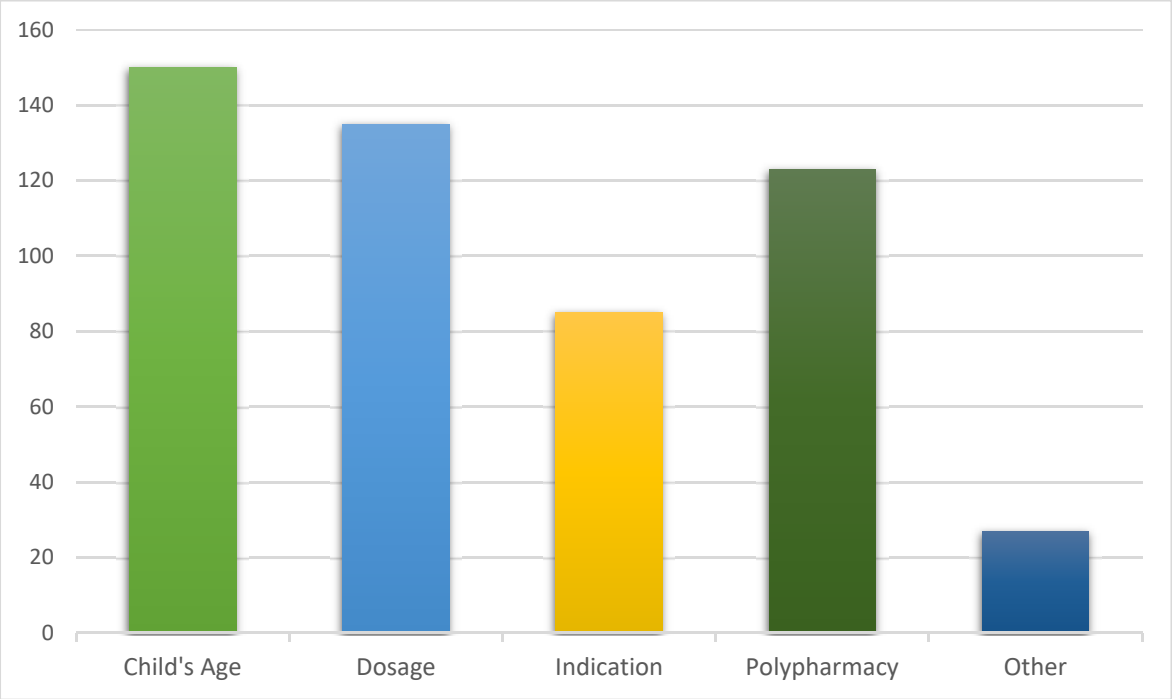

Table 114 - Antipsychotic Edits in Place to Monitor Children

Response	States (Count of MCOs)	Total	Percent of Total
Child's Age	Arkansas (3), California (5), Delaware (2), District of Columbia (2), Florida (15), Georgia (4), Hawaii (2), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Massachusetts (5), Michigan (1), Minnesota (5), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (3), New York (16), Ohio (5), Pennsylvania (7), Rhode Island (1), South Carolina (5), Texas (17), Virginia (6), Washington (5)	150	28.85%
Dosage	Arkansas (3), California (5), Colorado (1), Delaware (2), District of Columbia (2), Florida (14), Georgia (4), Hawaii (3), Illinois (7), Indiana (4), Iowa (1), Kansas (3), Kentucky (5), Louisiana (5), Massachusetts (5), Michigan (1), Minnesota (2), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (13), Ohio (5), Pennsylvania (7), Rhode Island (1), South Carolina (5), Texas (7), Virginia (6), Washington (5)	135	25.96%
Indication	Arkansas (1), California (4), Delaware (1), District of Columbia (1), Florida (5), Georgia (3), Hawaii (2), Illinois (4), Indiana (2), Kansas (3), Kentucky (2), Louisiana (5), Massachusetts (1), Minnesota (2), Mississippi (3), Nebraska (2), Nevada (1), New Jersey	85	16.35%

Response	States (Count of MCOs)	Total	Percent of Total
	(3), New Mexico (1), New York (7), Ohio (2), Pennsylvania (5), Rhode Island (1), South Carolina (3), Texas (14), Virginia (4), Washington (3)		
Polypharmacy	Arkansas (1), California (4), Delaware (2), District of Columbia (2), Florida (9), Georgia (3), Hawaii (3), Illinois (3), Indiana (3), Iowa (2), Kansas (3), Kentucky (3), Louisiana (5), Massachusetts (5), Michigan (1), Minnesota (3), Mississippi (1), Nebraska (3), Nevada (2), New Hampshire (2), New Jersey (3), New Mexico (2), New York (15), Ohio (5), Pennsylvania (6), Rhode Island (1), South Carolina (5), Texas (16), Virginia (5), Washington (5)	123	23.65%
Other	California (3), Florida (6), Hawaii (1), Illinois (2), Indiana (2), Minnesota (1), New Hampshire (1), Oregon (5), Rhode Island (1), Texas (1), Washington (4)	27	5.19%
National Totals		**520**	**100%**

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

Please contact the State Pharmacy Director or State DUR Contact for more information.

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

Figure 116 - Future Monitoring Program for Appropriate Use of Antipsychotic Drugs in Children

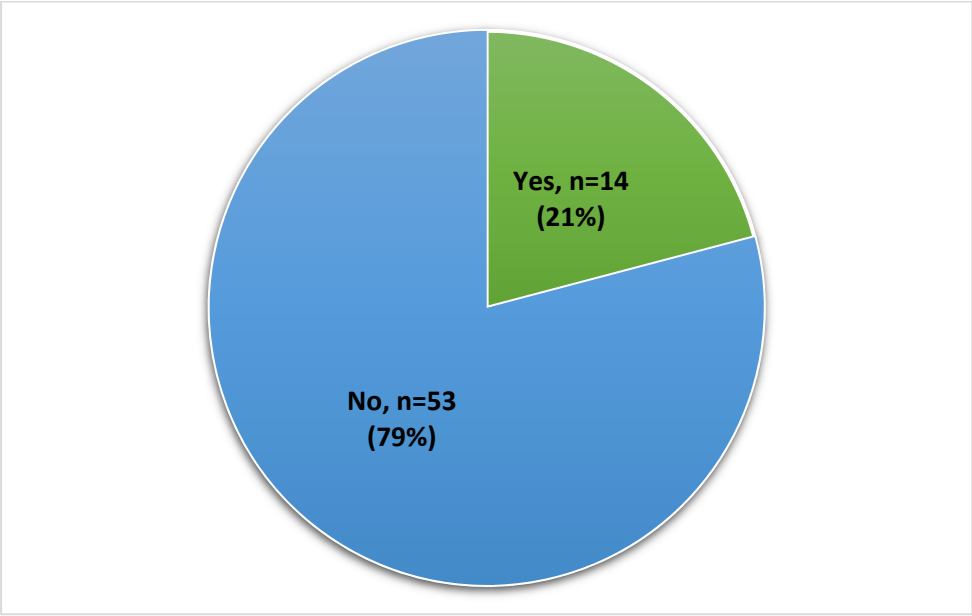

Table 115 - Future Monitoring Program for Appropriate Use of Antipsychotic Drugs in Children

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (5), District of Columbia (2), Hawaii (1), Michigan (2), Minnesota (1), Pennsylvania (1), Rhode Island (1), Utah (1)	14	20.90%
No*	California (14), Colorado (1), Florida (1), Hawaii (1), Maryland (9), Michigan (8), Minnesota (1), North Dakota (1), Oregon (13), Texas (1), Utah (3)	53	79.10%
National Totals		**67**	**100%**

* Please contact the State Pharmacy Director or State DUR Contact for more information.

Stimulants

3. Do you currently have restrictions in place to limit the quantity of stimulants?

Figure 117 – Restrictions in Place to Limit the Quantity of Stimulants

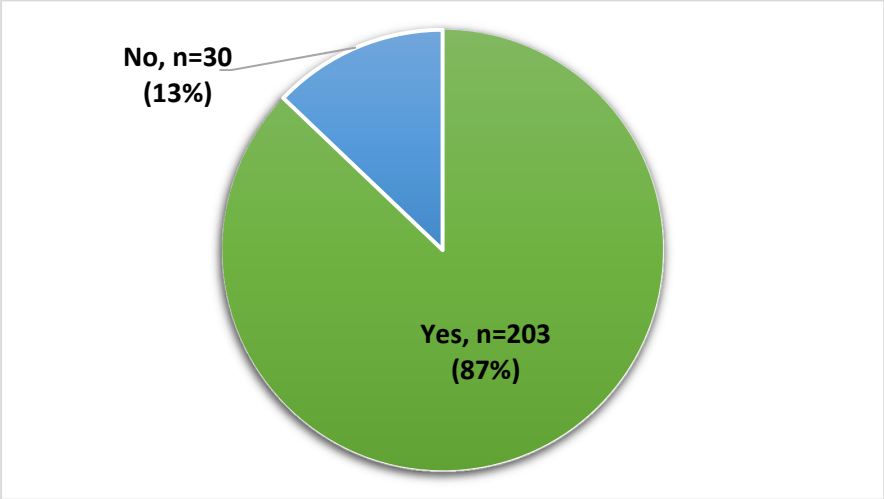

Table 116 - Restrictions in Place to Limit the Quantity of Stimulants

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (2), California (23), Colorado (1), Delaware (2), District of Columbia (4), Florida (16), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Massachusetts (5), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (17), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (18), Virginia (6), Washington (5)	203	87.12%
No	Arkansas (1), California (3), Colorado (1), Maryland (9), Michigan (11), Oregon (1), Utah (4)	30	12.88%
National Totals		**233**	**100%**

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

Figure 118 - Documented Program in Place to either Manage or Monitor the Appropriate Use of Stimulant Drugs in Children

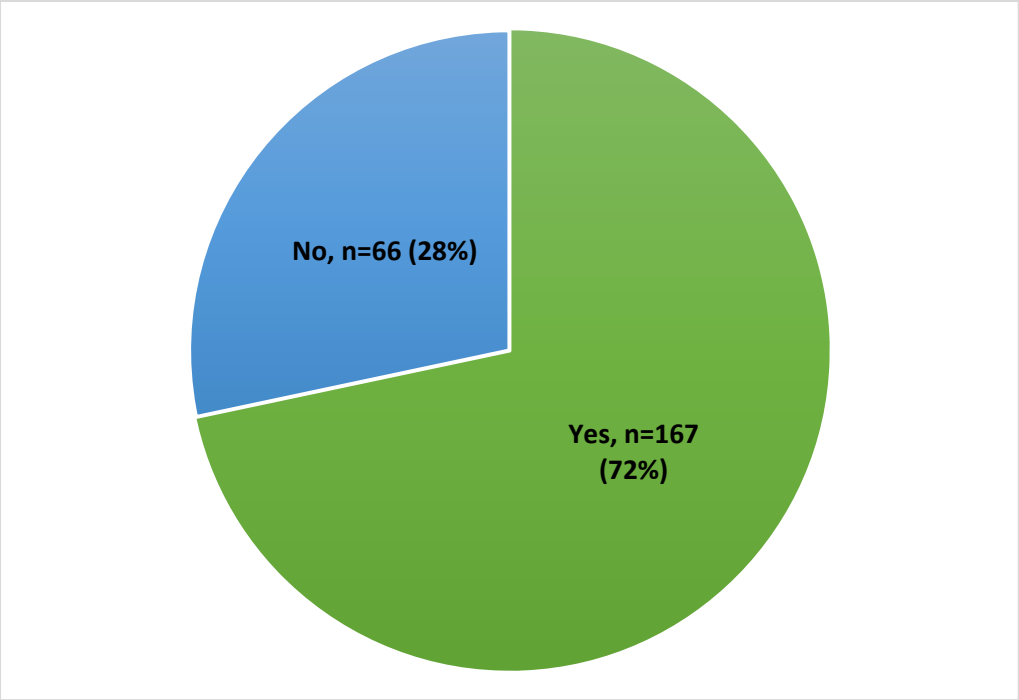

Table 117 - Documented Program in Place to either Manage or Monitor the Appropriate Use of Stimulant Drugs in Children

Responses	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (14), Delaware (1), District of Columbia (2), Florida (15), Georgia (4), Hawaii (4), Illinois (5), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Massachusetts (5), Michigan (1), Minnesota (3), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (16), Ohio (5), Oregon (11), Pennsylvania (4), Rhode Island (2), South Carolina (5), Texas (17), Virginia (6), Washington (5)	167	71.67%
No	California (12), Colorado (2), Delaware (1), District of Columbia (2), Florida (1), Hawaii (2), Illinois (2), Maryland (9), Michigan (10), Minnesota (5), New York (2), North Dakota (1), Oregon (7), Pennsylvania (4), Rhode Island (1), Texas (1), Utah (4)	66	28.33%
National Totals		**233**	**100%**

If “No,” please skip to d.

If “Yes,” continue with a, b, and c.

a. Do you either manage or monitor:

Figure 119 - Categories of Children either Managing or Monitoring the Appropriate Use of Stimulant Drugs

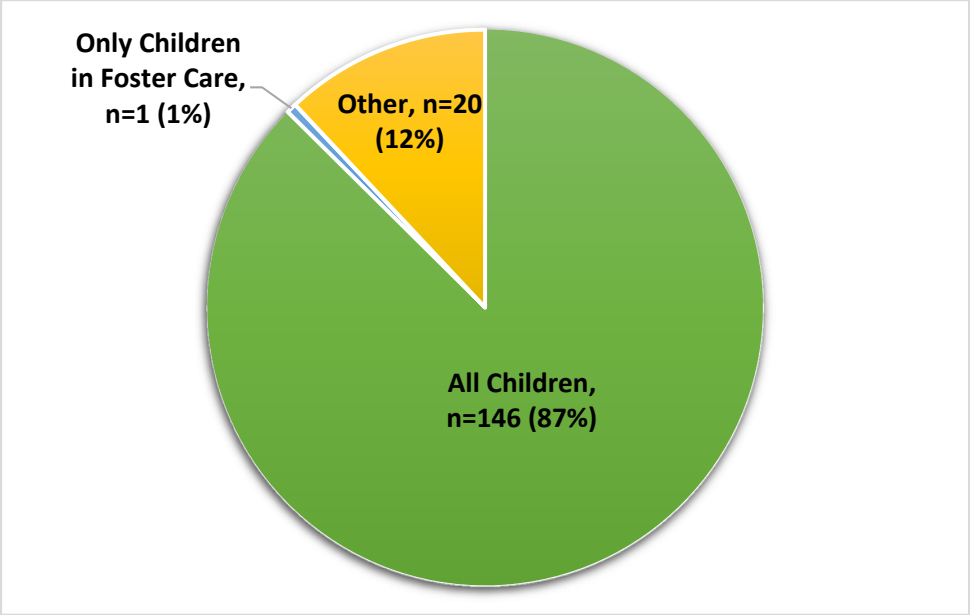

Table 118 - Categories of Children either Managing or Monitoring the Appropriate Use of Stimulant Drugs

Response	States (Count of MCOs)	Total	Percent of Total
All children	Arkansas (3), California (12), District of Columbia (2), Florida (12), Georgia (4), Hawaii (3), Illinois (5), Indiana (4), Iowa (2), Kansas (2), Kentucky (5), Louisiana (4), Massachusetts (5), Minnesota (3), Mississippi (2), Nebraska (2), Nevada (2), New Hampshire (2), New Jersey (4), New Mexico (3), New York (15), Ohio (4), Oregon (11), Pennsylvania (3), Rhode Island (1), South Carolina (5), Texas (16), Virginia (5), Washington (5)	146	87.43%
Only children in foster care	Michigan (1)	1	0.60%
Other	California (2), Delaware (1), Florida (3), Hawaii (1), Kansas (1), Louisiana (1), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (1), New York (1), Ohio (1), Pennsylvania (1), Rhode Island (1), Texas (1), Virginia (1)	20	11.98%
National Totals		**167**	**100%**

b. Do you have edits in place to monitor? Check all that apply:

Figure 120 - Edits in Place to either Manage or Monitor the Appropriate Use of Stimulant Drugs in Children

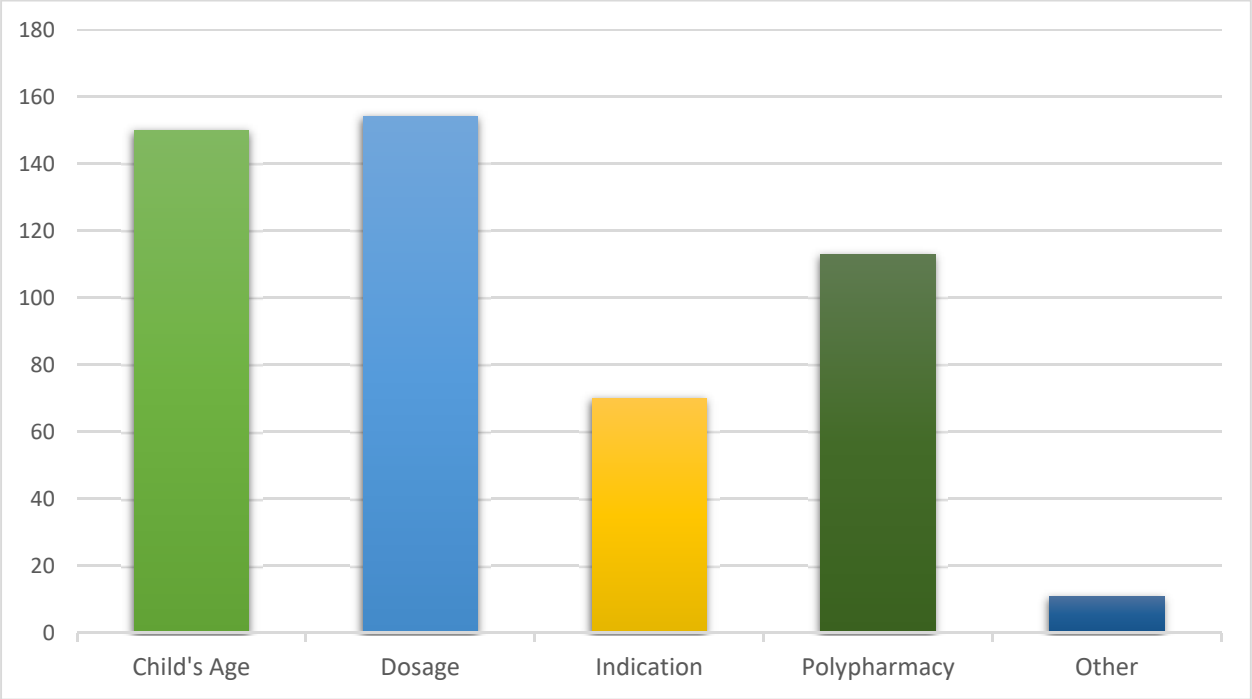

Table 119 - Edits in Place to either Manage or Monitor the Appropriate Use of Stimulant Drugs in Children

Response	States (Count of MCOs)	Total	Percent of Total
Child's Age	Arkansas (3), California (10), Delaware (1), District of Columbia (2), Florida (13), Georgia (4), Hawaii (3), Illinois (5), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Massachusetts (5), Michigan (1), Minnesota (1), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (3), New York (15), Ohio (5), Oregon (6), Pennsylvania (4), Rhode Island (1), South Carolina (5), Texas (17), Virginia (6), Washington (5)	150	30.12%
Dosage	Arkansas (3), California (12), District of Columbia (2), Florida (13), Georgia (4), Hawaii (4), Illinois (5), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (3), Massachusetts (5), Michigan (1), Minnesota (1), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (3), New York (15), Ohio (5), Oregon (11), Pennsylvania (4), Rhode Island (1), South Carolina (5), Texas (17), Virginia (6), Washington (5)	154	30.92%
Indication	California (3), District of Columbia (1), Florida (4), Georgia (2), Hawaii (3), Illinois (2), Indiana (2), Kansas (1), Kentucky (2), Louisiana (5), Massachusetts (1), Mississippi (2), Nebraska (2), Nevada (1), New Jersey (3), New Mexico (1), New York (7), Ohio (1), Oregon	70	14.06%

Response	States (Count of MCOs)	Total	Percent of Total
	(2), Pennsylvania (3), Rhode Island (1), South Carolina (1), Texas (15), Virginia (2), Washington (3)		
Polypharmacy	Arkansas (1), California (6), District of Columbia (2), Florida (9), Georgia (3), Hawaii (4), Illinois (3), Indiana (3), Iowa (1), Kansas (2), Kentucky (3), Louisiana (4), Massachusetts (5), Michigan (1), Minnesota (2), Mississippi (1), Nebraska (3), Nevada (2), New Hampshire (1), New Jersey (3), New Mexico (3), New York (12), Ohio (3), Oregon (4), Pennsylvania (2), Rhode Island (1), South Carolina (5), Texas (16), Virginia (3), Washington (5)	113	22.69%
Other	California (2), Florida (1), Indiana (1), Minnesota (1), New Hampshire (1), Rhode Island (1), Texas (1), Virginia (1), Washington (2)	11	2.21%
National Totals		**498**	**100%**

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

Please contact the State Pharmacy Director or State DUR Contact for more information.

If "No," please continue:

d. *If you do not have a documented stimulant monitoring program in place, do you plan on implementing a program in the future?*

Figure 121 - Future Implementation of a Stimulant Monitoring Program

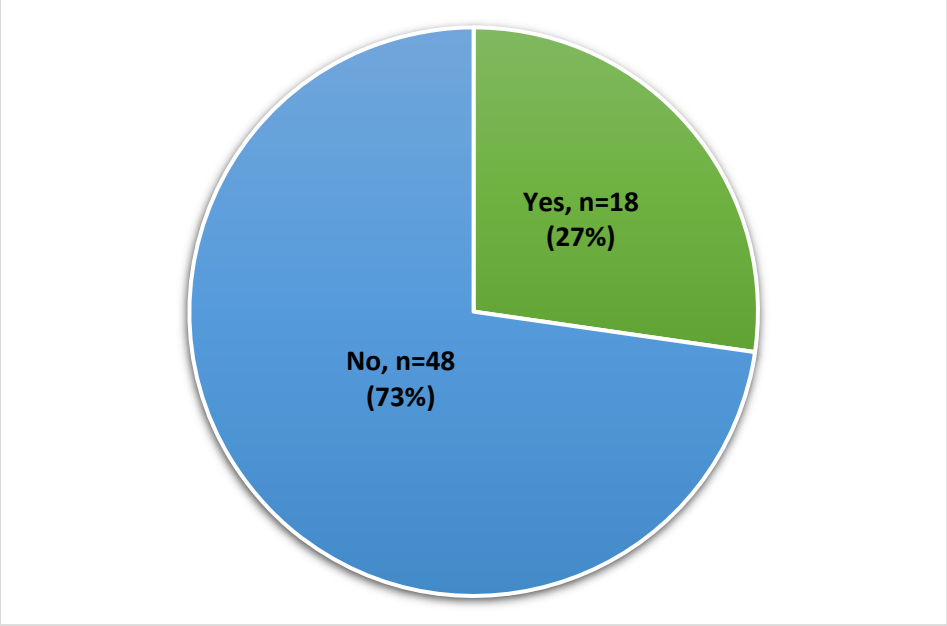

Table 120 - Future Implementation of a Stimulant Monitoring Program

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (4), Colorado (1), District of Columbia (2), Illinois (2), Michigan (1), Minnesota (1), New York (1), Oregon (4), Pennsylvania (1), Utah (1)	18	27.27%
No	California (8), Colorado (1), Delaware (1), Florida (1), Hawaii (2), Maryland (9), Michigan (9), Minnesota (4), New York (1), North Dakota (1), Oregon (3), Pennsylvania (3), Rhode Island (1), Texas (1), Utah (3)	48	72.73%
National Totals		**66**	**100%**

VIII - Innovative Practices

Summary 4 - Innovative Practices

Please contact the State Pharmacy Director or State DUR Contact for more information.

IX - E-Prescribing

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

Figure 122 – MMIS or Vendor Has Portal to Electronically Provide Patient Drug History Data and Pharmacy Coverage Limitations to a Prescriber Prior to Prescribing Upon Inquiry

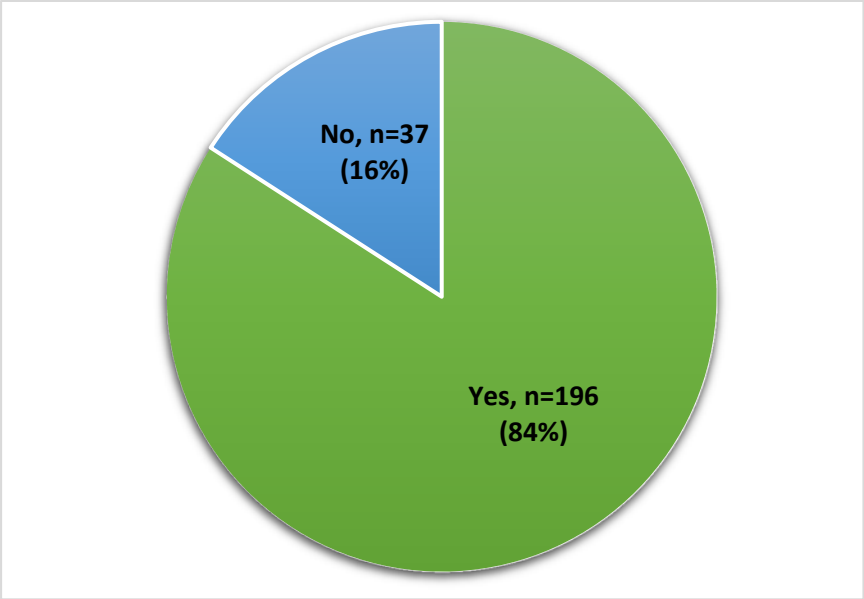

Table 121 – MMIS or Vendor Has Portal to Electronically Provide Patient Drug History Data and Pharmacy Coverage Limitations to a Prescriber Prior to Prescribing Upon Inquiry

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (2), California (17), Colorado (1), Delaware (2), District of Columbia (3), Florida (14), Georgia (4), Hawaii (6), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (7), Massachusetts (4), Michigan (8), Minnesota (6), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (4), New Mexico (3), New York (17), North Dakota (1), Ohio (5), Oregon (11), Pennsylvania (7), Rhode Island (3), South Carolina (5), Texas (17), Utah (3), Virginia (5), Washington (5)	196	84.12%
No	Arkansas (1), California (9), Colorado (1), District of Columbia (1), Florida (2), Illinois (1), Maryland (2), Massachusetts (1), Michigan (3), Minnesota (2), New Hampshire (1), New Jersey (1), New York (1), Oregon (7), Pennsylvania (1), Texas (1), Utah (1), Virginia (1)	37	15.88%
National Totals		**233**	**100%**

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?

Figure 123 – Methodology to Evaluate the Effectiveness of Providing Drug Information and Medication History Prior to Prescribing

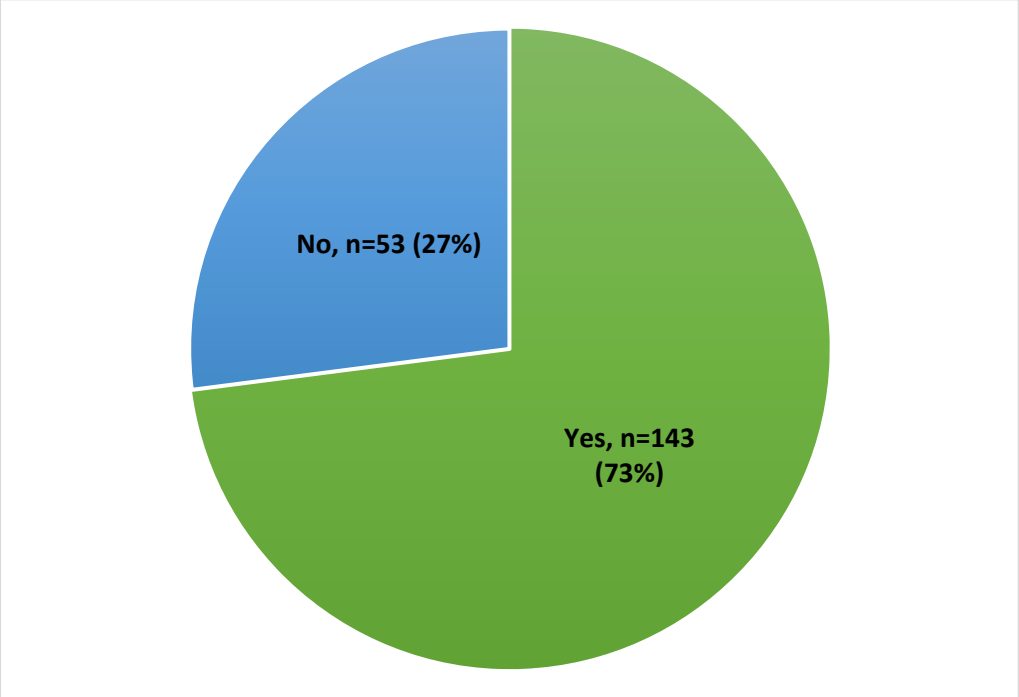

Table 122 – Methodology to Evaluate the Effectiveness of Providing Drug Information and Medication History Prior to Prescribing

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (2), California (11), Delaware (1), District of Columbia (2), Florida (12), Georgia (4), Hawaii (5), Illinois (6), Indiana (3), Iowa (2), Kansas (2), Kentucky (5), Louisiana (3), Maryland (7), Massachusetts (3), Michigan (6), Minnesota (4), Mississippi (2), Nebraska (3), Nevada (3), New Jersey (4), New Mexico (3), New York (15), North Dakota (1), Ohio (4), Oregon (4), Pennsylvania (3), Rhode Island (3), South Carolina (4), Texas (5), Utah (1), Virginia (5), Washington (5)	143	72.96%
No	California (6), Colorado (1), Delaware (1), District of Columbia (1), Florida (2), Hawaii (1), Indiana (1), Kansas (1), Louisiana (2), Massachusetts (1), Michigan (2), Minnesota (2), Mississippi (1), New Hampshire (2), New York (2), Ohio (1), Oregon (7), Pennsylvania (4), South Carolina (1), Texas (12), Utah (2)	53	27.04%
National Totals		**196**	**100%**

If “Yes,” please explain the evaluation methodology in **Summary 5** – **E-Prescribing Activity Summary**

Please contact the State Pharmacy Director or State DUR Contact for more information.

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

Figure 124 – Plan to Develop a Portal to Provide Patient Drug History and Pharmacy Coverage Limitations

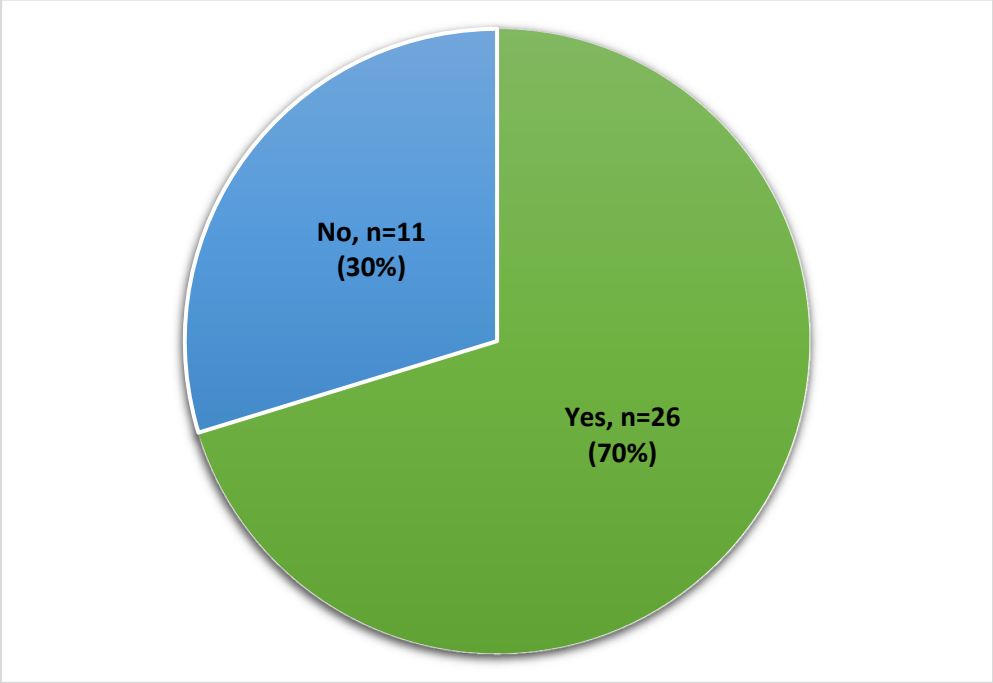

Table 123 – Plan to Develop a Portal to Provide Patient Drug History and Pharmacy Coverage Limitations

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (5), Colorado (1), District of Columbia (1), Florida (1), Illinois (1), Maryland (1), Massachusetts (1), Michigan (2), Minnesota (2), New Hampshire (1), New Jersey (1), New York (1), Oregon (4), Pennsylvania (1), Texas (1), Utah (1), Virginia (1)	26	70.27%
No	Arkansas (1), California (4), Florida (1), Maryland (1), Michigan (1), Oregon (3)	11	29.73%
National Totals		**37**	**100%**

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

Figure 125 - System Use of the NCPDP Origin Code that Indicates the Prescription Source

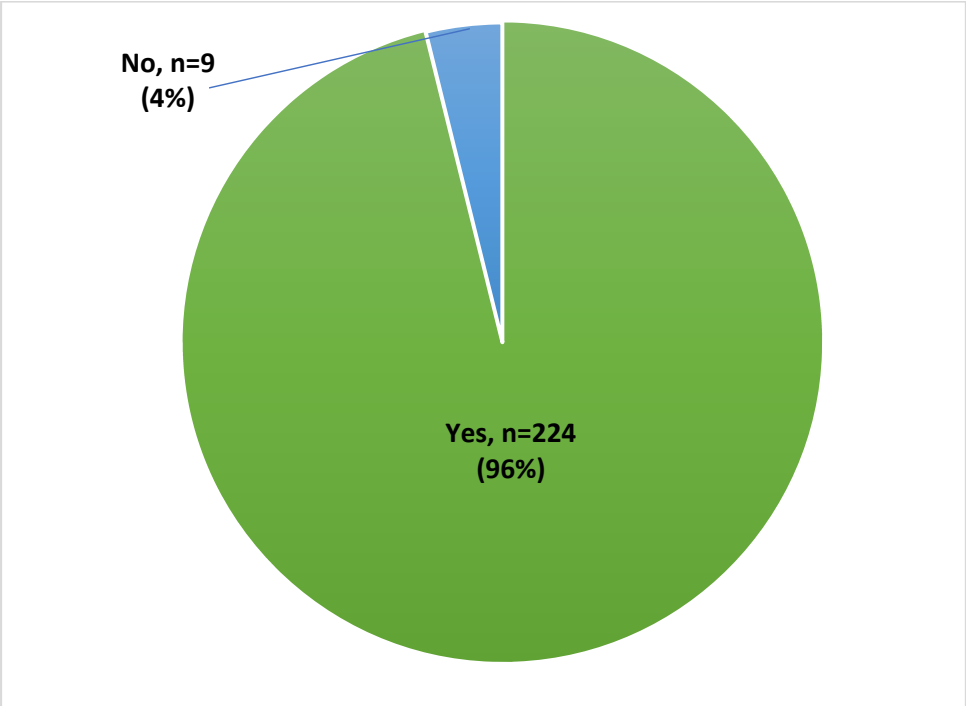

Table 124 - System Use of the NCPDP Origin Code that Indicates the Prescription Source

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (25), Colorado (1), Delaware (2), District of Columbia (4), Florida (15), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (8), Massachusetts (5), Michigan (10), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (18), Pennsylvania (7), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (5), Washington (5)	224	96.14%
No	California (1), Colorado (1), Florida (1), Maryland (1), Michigan (1), Minnesota (1), Pennsylvania (1), Texas (1), Virginia (1)	9	3.86%
National Totals		**233**	**100%**

X - Executive Summary

Summary 6 - Executive Summary

Please contact the State Pharmacy Director or State DUR Contact for more information.