FFY 2016 Medicaid Drug Utilization Review Annual Report

Response ID:42; 9wXmKaTBJQlCxVRa9 Data

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1. I. DEMOGRAPHIC INFORMATION

I-1. State Name Abbreviation

NM

2. I-2. MEDICAID AGENCY INFORMATION

Identify State person responsible for DUR Annual Report preparation.

I-2-1. Name

Diana Moya

3. I-2-2. Email Address:

DianaJ.Moya@state.nm.us

4. I-2-3. Area Code/Phone Number (number only, no hyphen, example 4107860000)

5058273174

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5. II. PROSPECTIVE DUR (ProDUR)

II-1. Indicate the type of your pharmacy POS vendor – (Contractor, State-operated, Other).

Contractor

6. If contractor or other, please identify the vendor name or explain.

Conduent Pharmacy Solutions

7. II-2. If not State-operated, is the POS vendor also the MMIS Fiscal agent?

Yes

8. II-3. Identify prospective DUR criteria source.

First Data Bank

If answer to II-3 above is "Other," please specify here.

9. II-4. Are new prospective DUR criteria approved by the DUR Board?

Yes

If answer to II-4 above is "No," please explain.

10. II-5. When the pharmacist receives a Pro DUR alert message that requires a pharmacist's review, does your system allow the pharmacist to override the alert using the "conflict, intervention and outcome" codes?

Yes

11. II-6. How often do you receive and review periodic reports providing individual pharmacy provider activity in summary and in detail?

Monthly

a) If the answer to II-6 above is "Never," please explain why you do not receive and review the reports.

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

No

c) If the answer to (b) above is "Yes," by what method do you follow-up?

d) If the answer to (c) above is "Other," please explain.

13. If the answer to (b) above is "No," please explain why you do not follow-up with providers.

System edit over rides are allowed through the Conduent helpdesk at this time.

14. II-7. Early Refill:

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

	Percentage
Non-controlled drugs:	75%
Controlled drugs:	75%

15. b) When an early refill message occurs, does the State require prior authorization for non-controlled drugs?

Yes

16. If answer to (b) above is "Yes," who obtains authorization?

Either

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

17. c) When an early refill message occurs, does the State require prior authorization for controlled drugs?

Yes

18. If answer to (c) above is "Yes," who obtains authorization?

Either

If answer to (c) above is "No," can the pharmacist override at the point of service?

19. II-8. When the pharmacist receives an early refill DUR alert message that requires the pharmacist's review, does your state's policy allow the pharmacist to override for situations such as:

	Select
a) Lost/stolen Rx	No
b) Vacation	No
c) Other	No

20. If answer to II-8 above is " Other," please provide details.

21. II-9. Does your system have an accumulation edit to prevent patients from continuously filling prescriptions early?

Yes

22. a) If answer to II-9 above is "Yes," please explain your edit.

An exception code posts to the pharmacy indicating the date when the medication can be refilled.

b) If answer to II-9 above is "No," do you plan to implement this edit?

23. II-10. Does the state or the state's Board of Pharmacy have any policy prohibiting the auto-refill process that occurs at the POS?

No

24. II-11. Has the state provided DUR data requested on Table 1 – Top 10 Drug Claims Data reviewed by the DUR Board?

Yes

25. TABLE 1 – TOP DRUG CLAIMS DATA REVIEWED BY THE DUR BOARD

List the requested data in each category in the chart below.
Column 1- Top 10 Prior Authorization (PA) Requests by Drug Name
Column 2- Top 10 PA Requests by Drug Class
Column 3- Top 5 Claim Denial Reasons other than eligibility (i.e. Quantity Limits, Early Refill, PA, Therapeutic Duplications, Age Edits)
Column 4- Top 10 Drug Names by Amount Paid
Column 5- From Data in column 4, Determine the Percentage of Total Drug Spend
Column 6- Top 10 Drug Names by Claim Count
Column 7- From Data in Column 6, Determine the Percentage of Total Claims

	Top 10 PA Requests By Drug Name	Top 10 PA Requests By Drug Class	Top 5 Claim Denial Reasons (i.e. QL, Early Refill, PA, Duplication)	Top 10 Drug Names by Amount Paid	% of Total Spent for Drugs by Amount Paid	Top 10 Drug Names by Claim Count	Drugs By Claim Count % of Total Claims
1	Dextroamp-Amphet	Adrenergics, Aromatic, Non-Catecholamine	Drug-Drug Interaction	HARVONI 90-400 MG TAB	3.30%	ALBUTEROL SULF HFA 90 MCG AER AD	22.45%
2	Methylphenidate	Tx for ADHD	Late Refill	HUMIRA 40 MG/0.8 ML SYR	2.84%	HYDROCOD/ACET 5 MG-325MG TAB	14.84%
3	Accu-Chek Test Strips	Blood Sugar Diagnostics	Therapeutic Duplication	HUMIRA 40 MG/0.8 ML PEN	2.52%	IBUPROFEN 400 MG TAB	9.13%
4	Cetirizine Tablets	Antihistamine – 2nd Gen	Overuse – Early Refill	PROVENTIL HFA 90 MCG INH	1.90%	OMEPRAZOLE 20 MG CAP DR	8.55%
5	Calcitriol Capsules	Vitamin D Preparations	Ingredient Duplication	NOVOLOG 100 UNITS/ML FLEXPE	1.74%	BLOOD SUGAR DIAG STRIP	6.00%
6	Ferrous Sulfate 325mg Tab	Iron Replacement		LANTUS 100 UNITS/ML VL	1.65%	FLUTICASONE PROP 50 MCG SPRAY SUSP	5.75%
7	Aquadeks Softgel	Multivitamin Preparations		SOVALDI 400 MG TAB	1.27%	CETIRIZINE HCL 10 MG TAB	5.17%
8	Lansoprazole	Proton-Pump Inhibitors		LEVEMIR FLEXTOUCH 100 UNITS	1.14%	IBUPROFEN 100 MG/5ML ORAL SUSP	4.77%
9	Depend Underwear for Women	Incontinence Supplies		LEVEMIR 100 UNITS/ML VL	0.98%	IBUPROFEN 800 MG TAB	4.53%
10	Mycophenolate 500mg Tab	Immunosuppressives		LEVEMIR FLEXTOUCH 100 UNITS 2	0.70%	AMOXICILLIN 500 MG CAP	3.93%

26. II-12. Section 1927(g)(A) of the Social Security Act requires that the pharmacist offer patient counseling at the time of dispensing. Who in your state has responsibility for monitoring compliance with the oral counseling requirement? Check all that apply.

b) State Board of Pharmacy

If answer to II-12 above is "Other," please explain.

27. II-13. Has the state included Attachment 1 – Pharmacy Oral Counseling Compliance Report, a report on state efforts to monitor pharmacy compliance with the oral counseling requirement?

Yes

28. ATTACHMENT 1 - PHARMACY ORAL COUNSELING COMPLIANCE REPORT

This attachment reports the monitoring of pharmacy compliance with all prospective DUR requirements performed by the State Medicaid agency, the State Board of Pharmacy, or other entity responsible for monitoring pharmacy activities. If the State Medicaid agency itself monitors compliance with these requirements, it may provide a survey of a random sample of pharmacies with regard to compliance with the Omnibus Budget Reduction Act (OBRA) of 1990 prospective DUR requirement. This report details State efforts to monitor pharmacy compliance with the oral counseling requirement. This attachment should describe in detail the monitoring efforts that were performed and how effective these efforts were in the fiscal year reported. State ATT#-FFY-State Abbrev-Abbreviated Report name (NO SPACES!) Example for Arizona: (each state should insert their State code) ATT1-2016-AZ-POCCR

ATT1-2016-NM-POCCR.docx

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29. III. RETROSPECTIVE DUR (RetroDUR)

III-1. Identify, by name and type, the vendor that performed your retrospective DUR activities during the time period covered by this report. (company, academic institution or other organization)

Company

30. Organization Name

Conduent Pharmacy Solutions

31. III-1. a) Is the retrospective DUR vendor also the Medicaid fiscal agent?

Yes

32. III-1. b) Is this retrospective DUR vendor also the developer/supplier of your retrospective DUR Criteria?

Yes

If answer to III-1 (b) above is "No," please explain.

33. III-2. Does the DUR Board approve the retrospective DUR criteria?

Yes

If answer to III-2 above is "No," please explain.

34. III-3. Has the state included Attachment 2 - Retrospective DUR Educational Outreach Summary, a year end summary of the Top 10 problem types for which educational interventions were taken?

Yes

35. ATTACHMENT 2 – RETROSPECTIVE EDUCATIONAL OUTREACH SUMMARY This is a year-end summary report on RetroDUR screening and educational interventions. The year-end summary reports should be limited to the TOP 10 problem with the largest number of exceptions. The results of RetroDUR screening and interventions should be included. State ATT#-FFY-State Abbrev-Abbreviated Report name (NO SPACES!) Example for Arizona: (each state should insert their State code) ATT2-2016-AZ-REOS

ATT2-2016-NM-REOS.docx

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36. IV. DUR BOARD ACTIVITY

IV-1. State is including a summary report of DUR Board activities and meeting minutes during the time period covered by this report as Attachment 3 - Summary of DUR Board Activities.

Yes

37.
ATTACHMENT 3 - SUMMARY OF DUR BOARD ACTIVITES

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

*** Indicate the number of DUR Board meetings held.**
*** List additions/deletions to DUR Board approved criteria.**
a. For prospective DUR, list problem type/drug combinations added or deleted.
b. For retrospective DUR, list therapeutic categories added or deleted.

*** Describe Board policies that establish whether and how results of prospective DUR screening are used to adjust retrospective DUR screens. Also, describe policies that establish whether and how results of retrospective DUR screening are used to adjust prospective DUR screens.**

*** Describe DUR Board involvement in the DUR education program. (e.g., newsletters, continuing education, etc.) Also, describe policies adopted to determine mix of patient or provider specific intervention types (e.g., letters, face to face visits, increased monitoring). ATT#-FFY-State Abbrev-Abbreviated Report name (NO SPACES!) Example for Arizona: (each state should insert their State code) ATT3-2016-AZ-SDBA**

ATT3-2016-NM-SDBA.docx

38. IV-2. Does your State have a Disease Management Program?

No

If answer to IV-2 above is "Yes," have you performed an analysis of the program's effectiveness?

If "Yes," please provide a brief summary of your findings.

If answer to IV-2 above is "Yes," is your DUR Board involved with this program?

39. IV-3. Does your State have an approved CMS Medication Therapy Management Program?

No

If "Yes," to IV-3 above, have you performed an analysis of the program's effectiveness?

If "Yes," please provide a brief summary of your findings.

If answer to IV-3 above is "Yes," is your DUR Board involved with this program?

40. If answer to IV-3 above is "No," are you planning to develop and implement a program?

No

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41. 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 MMIS been designed to incorporate this data into your DUR criteria for

V-1. Prospective DUR?

No

42. If "No" to V-1 above, do you have a plan to include this information in your DUR criteria in the future?

No

43. V-2. Retrospective DUR?

No

44. If "No" to V-2 above, do you have a plan to include this information in your DUR criteria in the future?

No

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45. VI. GENERIC POLICY AND UTILIZATION DATA

VI-1. State is including a description of policies used that may affect generic utilization percentage as Attachment 4 - Generic Drug Substitution Policies.

Yes

46. ATTACHMENT 4 – GENERIC DRUG SUBSTITUTION POLICIES
Please report any factors that could affect your generic utilization percentage and include any relevant documentation. ATT#-FFY-State Abbrev-Abbreviated Report name (NO SPACES!) Example for Arizona: (each state should insert their State code) ATT4-2016-AZ-GDSP

ATT4-2016-NM-GDSP.docx

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

No

If "Yes" to VI-2 above, check all that apply.

If Other, please explain.

48. To answer questions VI-3 and VI-4 below use TABLE 2 – GENERIC UTILIZATION DATA

Please provide the following utilization data for this DUR reporting period for all covered outpatient drugs paid. Exclude Third Party Liability.
(COMPLETE TABLE2)

Computation Instructions:

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

N ÷ (S + N + I) × 100 = Generic Utilization Percentage

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

$N ÷ ($S + $N + $I) × 100 = Generic Expenditure Percentage

CMS has developed an extract file from the Medicaid Drug Rebate Program Drug Product Data File identifying each NDC along with sourcing status of each drug: S,

N, or I (see Key below), which can be found at http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prescription-Drugs/Drug-Utilization-Review.html (Click on the link "an NDC and Drug Category file [ZIP]," then open the Medicaid Drug Product File 4th Qtr 2016 Excel file). This file will be made available from CMS to facilitate consistent reporting across States with this data request.

KEY:
Single-Source (S) - Drugs that have an FDA New Drug Application (NDA) approval for which there are no generic alternatives available on the market.
Non-Innovator Multiple-Source (N) - Drugs that have an FDA Abbreviated New Drug Application (ANDA) approval and for which there exists generic alternatives on the market.
Innovator Multiple-Source (I) - Drugs which have an NDA and no longer have patent exclusivity.

	Single-Source (S) Drugs	Non-Innovator (N) Drugs	Innovator Multi-Source (I)Drugs
Total Number of Claims	46,693	372,818	33,709
Total Reimbursement Amount Less Co-Pay	$21,522,456.03	$9,296,336.88	$3,426,430.92

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

Number of Generic Claims

372818

50. Total Number of claims

453220

51. Generic Utilization Percentage

82.26%

52. VI-4. Indicate the percentage dollars paid for generic covered outpatient drugs in relation to all covered outpatient drug claims paid during this reporting period using the computation instructions in Table 2 – Generic Drug Utilization Data.

Generic Dollars

9296337

53. Total Dollars

34245324

54. Generic Expenditure Percentage

27.15%

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55. VII. PROGRAM EVALUATION/COST SAVINGS/COST AVOIDANCE

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

Yes

56. VII-2. Who conducted your program evaluation for the cost savings estimate/cost avoidance? (company, academic institution, other institution)

Company

57. Organization Name to VII-2

Conduent Pharmacy Solutions

58. VII-3. Please provide your ProDUR and RetroDUR program cost savings/cost avoidance in the chart below.

	Data
ProDUR Total Estimated Avoided Costs	$2,019,348
RetroDUR Total Estimated Avoided Costs	$6,475
Other cost avoidance	0
Grand Total estimated Avoided Costs	$2,025,823

59. VII-4. Please provide the estimated percent impact of your state's cost savings/cost avoidance program compared to total drug expenditures for covered outpatient drugs.

Use the following formula:

Divide the estimated Grand Total Estimated Avoided Costs from Question 3 above by the total dollar amount provided in Section VI, Question 4. Then mutiply this number by 100.

Grand Estimated Net Savings Amount / Total Dollar Amount * 100 =

6%

60. VII-5. State is providing the Medicaid Cost Savings/Cost Avoidance Evaluation as Attachment 5 – Cost Savings/Cost Avoidance Methodology.

Yes

61. ATTACHMENT 5 - COST SAVINGS/COST AVOIDANCE METHODOLOGY Include copies of Cost Savings/Cost Avoidance evaluation prepared by State or its

contractor noting the methodology used. ATT#--FFY-State Abbrev-Abbreviated Report name (NO SPACES!) Example for Arizona: (each state should insert their State code) ATT5-2016-AZ-CSCAM

ATT5-2016-NM-CSCAM.docx

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62. VIII. FRAUD, WASTE AND ABUSE DETECTION

VIII A. LOCK-IN or PATIENT REVIEW AND RESTRICTIVE PROGRAMS

VIII-A1. Do you have a documented process in place that identifies potential fraud or abuse of controlled drugs by beneficiaries?

Yes

63. If "Yes" to VIII-A1 above, what action(s) does this process initiate? Check all that apply.

b. Refer to lock-in program

If (d) "Other," above is selected, please explain.

64. VIII-A2. Do you have to a "lock-in" program for beneficiaries who misuse or abuse controlled substances?

Yes

65. If answer to VIII-A2 above is "Yes," what criteria does your state use to identify candidates for lock-in? Check all that apply.

Number of controlled substances (CS)
Different prescribers of CS
Multiple pharmacies
Number days' supply of CS
Exclusivity of short-acting opioids

66. If answer to VIII-A2 above is "Yes" do you restrict the beneficiary to:

Both prescriber and pharmacy

67. If answer to VIII-A2 above is "Yes," what is the usual "lock-in" time period?

Other

68. If answer to above is "Other," please explain.

Case by case situations.

69. VIII-A3. On the average, what percentage of the FFS population is in lock-in status annually?

0%

70. VIII-A4. Please provide an estimate of the savings attributed to the lock-in program for the fiscal year under review.

0

71. VIII-A5. Do you have a documented process in place that identifies possible fraud or abuse of controlled drugs by prescribers?

No

If answer to VIII-A5 above is "Yes," what actions does this process initiate? Check all that apply.

If (d) "Other" above is selected, please explain.

72. VIII-A6. Do you have a documented process in place that identifies potential fraud or abuse of controlled drugs by pharmacy providers?

No

If answer to VIII-A6 above is "Yes," what actions does this process initiate? Check all that apply.

If (d) "Other" above is selected, please explain.

73. VIII-A7. Do you have a documented process in place that identifies potential fraud or abuse of non-controlled drugs by beneficiaries?

No

If answer to VIII-A7 above is "Yes," please explain your program for fraud or abuse of non-controlled substances.

74.

VIII B. PRESCRPTION DRUG MONITORING PROGRAM (PDMP)

VIII-B1. Does your state have a Prescription Drug Monitoring Program (PDMP)?

Yes

75. If answer to VIII-B1 above is "Yes," does your agency have the ability to query the state's PDMP database?

No

76. If answer to VIII-B1 above is "Yes," do you require prescribers (in your provider agreement with the agency) to access the PDMP patient history before prescribing restricted substances?

No

77. If answer to VIII-B1 above is "Yes," please explain how the state applies this information to control fraud and abuse.

The NM Board of Pharmacy has a PDMP accessible prescribers and pharmacists.

78. If answer to VIII-B1 above is "Yes," do you also have access to border states' PDMP information?

No

79. VIII-B2. Are there barriers that hinder the agency from fully accessing the PDMP that prevent the program from being utilized the way it was intended to be to curb abuse?

Yes

80. If answer to VIII-B2 above is "Yes," please explain the barriers (eg. lag time in prescription data being submitted, prescribers not accessing, pharmacists unable to view prescription history before filling script).

Access is only available at pharmacy and prescriber offices.

81. VIII-B3. Have you had any changes to your state's Prescription Drug Monitoring Program during this reporting period that have improved the agency's ability to access PDMP data?

No

If answer to VIII-B3 above is "Yes," please explain.

82. VIII C. Pain Management Controls

VIII-C1. Does your state or your agency require that Pain Management providers be certified?

No

83. VIII-C2. Does your program obtain the DEA Active Controlled Substance Registrant's File in order to identify prescribers not authorized to prescribe controlled drugs?

No

If answer to VIII-C2 above is "Yes," do you apply this DEA file to your ProDur POS edits to prevent unauthorized prescribing?

If answer above is "Yes," please explain how the information is applied.

84. If answer to VIII-C2 above is "No," do you plan to obtain the DEA Active Controlled Substance Registrant's file and apply it to your POS edits?

No

85. VIII-C3. Do you apply this DEA file to your RetroDUR reviews?

No

If answer to VIII-C3 above is "Yes," please explain how it is applied.

86. VIII-C4. Do you have measures in place to either monitor or manage the prescribing of methadone for pain management?

No

If answer to VIII-C4 above is "Yes," please check all that apply.

87.
If answer to VIII-C4 above is either "No" or "Other," please explain what you do in lieu of the above or why you do not have measures in place to either manage or monitor the prescribing of methadone for pain management.

Nothing in lieu of at this time, but the topic is under consideration.

88. VIII D. OPIOIDS

VIII-D1. Do you currently have POS edits in place to limit the quantity of short-acting opioids?

No

a) If answer to VIII-D1 above is "Yes," what is your maximum daily limit in terms of numbers of units (i.e. tablets, capsules)?

Please indicate the number of unit(s) per day.

b) If answer to VIII-D1 above is "Yes," what is your maximum days supply per prescription limitation?

If answer to (b) above is "Other," please explain.

89. VIII-D2. Do you currently have POS edits in place to limit the quantity of long-acting opioids?

No

a) If answer to VIII-D2 above is "Yes," what is your maximum daily limit in terms of numbers of units (i.e. tablets, capsules)?

b) If answer to VIII-D2 above is "Yes," what is your maximum days supply per prescription limitation?

If answer to (b) above is "Other," please explain.

90. VIII-D3. Do you currently have edits in place to monitor opioids and benzodiazepines being used concurrently?

No

If answer to VIII-D3 above is "Yes," please explain.

91. VIII E. MORPHINE EQUIVALENT DAILY DOSE (MEDD)

VIII-E1. Have you set recommended maximum morphine equivalent daily dose measures?

No

If answer to VIII-E1 above is "Yes," what is your maximum morphine equivalent daily dose limit in milligrams?

mg per day

92. If answer to VIII-E1 above is "No," please explain the measure or program you utilize.

Topic is under consideration.

93. VIII-E2. Do you provide information to your prescribers on how to calculate the morphine equivalent daily dosage?

No

If answer to VIII-E2 above is "Yes," how is the information disseminated?

If answer to above is "Other," please explain.

94. VIII-E3. Do you have an algorithm in your POS system that alerts the pharmacy provider that the morphine equivalent daily dose prescribed has been exceeded?

No

95. VIII F. BUPRENORPHINE and BUPRENORPHINE/NALOXONE COMBINATIONS

VIII-F1. Does your agency set total mg/ day limits on the use of buprenorphine and buprenorphine/naloxone combination drugs?

No

If answer to VIII-F1 above is "Yes," please specify the total mg/day?

If answer to above is "Other," please explain.

96. VIII-F2. What are your limitations on the allowable length of this treatment?

no limit

If "Other," please explain.

97. VIII-F3. Do you require that the maximum mg per day allowable be reduced after a set period of time?

No

a) If answer to VIII-F3 above is "Yes," what is your reduced (maintenance) dosage?

If answer to (a) above is "Other," please explain.

b) If answer to VIII-F3 above is "Yes," what are your limitations on the allowable length of reduced dosage treatment?

If answer to (b) above is "Other," please explain.

98. VIII-F4. Do you have at least one preferred buprenorphine/naloxone combination product available on your PDL?

Yes

99. VIII-F5.Do you currently have edits in place to monitor opioids being used concurrently with any buprenorphine drug?

No

If answer to VIII-F5 above is "Yes," can the POS pharmacist override the edit?

100. VIII G. <u>ANTIPSYCHOTICS /STIMULANTS</u>

VIII G1. ANTIPSYCHOTICS

VIII-G1-1. Do you have a documented program in place to either manage or monitor the appropriate use of antipsychotic drugs in children?

No

a) If answer to VIII-G1-1 above is "Yes," do you either manage or monitor:

If answer to (a) above is other, please explain

b) If answer to VIII-G1-1 above is "Yes," do you have edits in place to monitor? Check all that apply.

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

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

Yes

If answer to (d) above is "No," please explain why you will not be implementing a program to monitor the appropriate use of antipsychotic drugs in children.

102. VIII-G2. STIMULANTS

VIII-G2-1 Do you have any documented restrictions or special program in place to monitor, manage or control the use of stimulants?

Yes

103. a) If answer to VIII-G2-1 above is "Yes," is your program limited to :

adults

104. b) Please briefly explain your program.

Stimulants require prior authorization for those 18 years of age or older.

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105.

IX. INNOVATIVE PRACTICES

Have you developed any innovative practices during the past year which you have included in Attachment 6 - Innovative Practices (e.g. Hepatitis C, Cystic Fibrosis, MEDD, Value Based Purchasing)?

No

Attachment 6 - Innovative Practices

Please describe in detailed narrative form any innovative practices that you believe have improved the administration of your DUR program, the appropriateness of prescription drug use and/or have helped to control costs. (e.g. disease management, academic detailing, automated pre-authorizations, continuing education

programs). ATT#-FFY-State Abbrev-Abbreviated Report name (NO SPACES!) Example for Arizona: (each state should insert their State code) ATT6-2016-AZ-IPN

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106. X. E-PRESCRIBING

X-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?

Yes

107. a) If answer to X-1 above is "Yes," do you have a methodology to evaluate the effectiveness of providing drug information and medication history prior to prescribing?

Yes

108. b) If 'Yes', please explain the evaluation methodology in Attachment 7 – E-Prescribing Activity Summary. Please describe all development and implementation plans/accomplishments in the area of e-prescribing. Include any evaluation of the effectiveness of this technology (e.g. number of prescribers e-prescribing, percent e-prescriptions to total prescriptions, relative cost savings). ATT7-FFY-State Abbrev-Abbreviated Report name (NO SPACES!) Example for Arizona: (each state should insert their State code) ATT7-2016-AZ-EAS

ATT7-2016-NM-EAS.docx

c) If answer to X-1 above is "No," are you planning to develop this capability?

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

Yes

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110. XI. MANAGED CARE ORGANIZATIONS (MCOs)

XI-1. Does your state have MCOs?

Yes

111.
XI-2. Is your pharmacy program included in the capitation rate (carved-in)?

Yes

If answer to XI-2 above is "partial," please specify the drug-categories that are carved out.

112. XI-3. Does the state set requirements for the MCO's pharmacy benefit? (e.g. same PDL, same ProDUR/Retro DUR)?

No

If answer to XI-3 above is "Yes," please check all requirements that apply below.

If answer to XI-3 above is "Yes," please briefly explain your policy.

113. If answer to XI-3 above is "No," do you plan to set standard in the future?

No

114. XI-4. Does the state require the MCOs to report their DUR activities?

No

a) If answer to XI-4 above is "Yes," please explain your review process.

115. b) If answer to XI-4 above is "No,", do you plan to develop a program to have MCOs report their DUR activities in the future?

Yes

c) If answer to (b) above is "No," please explain.

116. XI-5. Does all of the Medicaid MCOs in your state have a targeted intervention program (i.e. CMC/ Lock In) for the misuse or abuse of controlled substances?

Yes

If answer to XI-5 above is "No," please explain.

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117. XII. EXECUTIVE SUMMARY - Attachment 8 – Executive Summary

ATT8-FFY-State Abbrev-Abbreviated Report name (NO SPACES!) Example for Arizona: (each state should insert their State code) ATT8-2016-AZ-ES

ATT8-2016-NM-ES.docx