



National
Medicaid Managed Care Organization (MCO)
2018 Drug Utilization Review (DUR)

Executive Summary

National Medicaid Drug Utilization Review (DUR)

Federal Fiscal Year (FFY) 2019 Managed Care Organization (MCO)

Annual Report

(for the period October 2017-September 2018)

Consistent with 42 CFR §438.3(s)(4) and (5) the Centers for Medicare and Medicaid Services (CMS) requires any Managed Care Organization (MCO) that includes covered outpatient drugs to operate a 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 and 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 MCOs to electronically monitor prescription drug claims to identify problems such as therapeutic duplication, drug-disease contraindications, incorrect dosage or duration of treatment, drug allergy, 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-Drug Utilization Review](https://www.medicaid.gov-Drug-Utilization-Review).

1. Demographics and Enrollees

For 2019, 35 states, including the District of Columbia, have submitted 229 Medicaid MCO DUR Annual Survey's encompassing FFY 2018 data.² The information in this report is focused on national Medicaid MCO DUR activities. This aggregate report is also available on [Medicaid.gov-Drug Utilization Review](https://www.medicaid.gov-Drug-Utilization-Review).

- FFY 2018 MCO data includes 47,808,459 beneficiaries enrolled in state MCOs' DUR Medicaid programs with pharmacy benefits.

2. Prospective DUR (ProDUR)

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

- 200 MCOs (87%) contract with an outside vendor to process their POS claims.
- 121 MCOs (53%) allow the pharmacist to override ProDUR alert messages, 30 MCOs (13%) do not allow the pharmacist to override these alerts, but 78 MCOs (34%) limit the pharmacists' ability to override the alert.
- All MCOs set early prescription refill thresholds as a way of preventing prescriptions from being refilled too soon:

¹ All data presented within these reports originate from MCO responses to the FFY 2018 DUR MCO Survey.

² The MCO DUR survey was not submitted by (1) Arizona because of the states existing waiver of these DUR requirements included in their approved 1115 Demonstration valid until September 2021, and (2) Missouri, Tennessee, Texas, West Virginia, Wisconsin because their pharmacy benefit is carved out.

- Non-controlled substances: MCOs reported thresholds range from 73% to 90% of the prescription being used, with a national average of 80% of the prescription being used before a prescription could be refilled.
- Controlled substances: MCO reported thresholds range from 73% to 90% of the prescription being used, with a national average of 84% of the prescription being used, before a prescription could be refilled.

3. **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. A total of 57 MCOs (25%) utilize their MCO DUR Board to review/approve RetroDUR criteria as 9 MCOs (4%) utilize the State DUR Board and 163 MCOs (71%) utilize other internal and external resources for review/approval of RetroDUR criteria.

4. **DUR Board Activity**

Each MCO provides for the establishment of a DUR board for application, review, evaluation, and re-evaluation of DUR standards, reviews and interventions on an ongoing basis. Of the 229 Medicaid MCOs, 179 (78%) submitted a summary of their DUR board activities for FFY 2018 describing prospective, retrospective and educational interventions undertaken in 2018. Based on this year's survey, 101 MCOs (44%) reported utilization of Medication Therapy Management (MTM), a professional service provided by pharmacists, and 41 MCOs (32%) have plans to implement a program in the future.

5. **Physician Administered Drugs**

Of the 229 MCOs, only 20 (9%) have incorporated physician administered drugs into DUR criteria for ProDUR and 21 MCOs (10%) plan to incorporate physician administered drugs in the future. Additionally, 42 MCOs (18%) have incorporated physician administered drugs into their DUR criteria for RetroDUR and 39 MCOs (21%) plan to incorporate these drugs in the future.

6. **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% in FFY 2018 with a range from 76% to 90%. However, many states, even those with lower generic utilization percentages, base decisions of brand versus generic product preferred status on net price, taking into consideration federal and supplemental rebate dollars on brand and generics in their particular state.

7. **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. Of the 229 MCOs, 225 (98%) have a documented process in place in which the MCO identifies potential fraud or misuse of controlled drugs by a beneficiary and 202 MCOs (88%) have a Lock-In program for beneficiaries with potential abuse of controlled substances. Furthermore, 189 MCOs (83%) also have a documented process in place that identifies potential fraud or misuse of non-controlled drugs by a beneficiary.

Additionally, 214 MCOs (93%) have processes in place to identify potential fraudulent practices by prescribers, and 216 MCOs (94%) have processes in place to identify potential fraudulent practices by pharmacies. These processes 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, physicians and pharmacists have access to these databases to identify prescribers and patients that are engaging in potential fraud or misuse of controlled substances.

In FFY 2018:

- 94 MCOs (41%) have some ability to query the state's PDMP database.
 - 75 of these MCOs (33%) require that prescribers access the patient history in the PDMP database prior to prescribing restricted (controlled) substances.
 - 47 of these MCOs (50%) that are able to query the state's PDMP indicated that they face a range of barriers that hinder their ability to fully access and utilize the PDMP database to curb abuse.
 - 40 of these MCOs (17%) also have access to border state(s) PDMP database(s).

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 197 MCOs (86%) to identify prescribers not authorized to prescribe controlled substances. In sum, 190 of these MCOs (96%) apply the DEA Active Controlled Substance Registrant's File to their ProDUR edits and 9 of these MCOs (4%) also apply the DEA Active Controlled Substance Registrant's File to their RetroDUR reviews. Additionally, 208 MCOs (91%) submit to having measures in place to either monitor or manage the prescribing of methadone.

D. Opioids

The MCO average maximum number of days allowed for an initial opioid prescription ranges nationally from 5 to 49 days with a national average of 16 days. This initial opioid prescription limitation applies to all opioids dispensed by 40% of MCOs while 60% of MCOs apply other limitations and restrictions to opioid prescription dispensing to include, prior authorization, documentation of drug screening, prescriber intervention letters, morphine equivalent daily dose (MEDD) program, pain management contracts or patient-provider agreement, pharmacist overrides, prescriber treatment plan, and/or clinical criteria such as step therapy.

Additionally:

- 131 MCOs (57%) monitor for concurrent prescribing and use of opioids and benzodiazepines, and
- 108 MCOs (47%) encourage abuse-deterrent opioid utilization.

E. Morphine Equivalent Daily Dose (MEDD)

A total of 192 MCOs (84%) 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. The average national maximum MEDD value is 120mg/day with values varying from 68 to 300mg/day, with each MCO having their specific methodology used for calculation.

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 opioid use disorder (OUD). Buprenorphine and Buprenorphine/naloxone combination drugs are available without a prior authorization requirement in 128 MCOs (56%) provide while 101 MCOs (44%) require prior authorization for these products. Of the 229 MCOs, 141 (62%) set total milligrams per day limits on the use of Buprenorphine and Buprenorphine/Naloxone combination drugs.

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 recommends 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. A total of 144 MCOs (63%) provide coverage for methadone for opioid use disorder (OUD) through an OTP while 85 MCOs (37%) indicated they provide no Methadone coverage for OUD.

Naloxone, used to treat opioid overdose, is available without prior authorization in 188 MCOs (82%) and 179 of these MCOs (78%) allow pharmacists to dispense naloxone prescribed independently or by collaborative practice agreements, standing orders, or other predetermined protocols.

G. Antipsychotics/Stimulants

Antipsychotic Medication

Of the 229 MCOs surveyed, 135 MCOs (59%) have a program in place for managing or monitoring appropriate use of antipsychotic drugs in children. 101 of these MCOs (75%) manage or monitor for all children.

Stimulant Medication

Of the 229 MCOs surveyed, 154 MCOs (67%) have a program in place for managing or monitoring appropriate use of stimulant drugs in children. 118 of these MCOs (77%) manage or monitor for all children.

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.

8. 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. 159 MCOs (69%) have the ability to electronically provide patient drug history and pharmacy coverage limitations to a prescriber prior to prescribing upon inquiry. Of the 70 MCOs (31%) without an electronic portal, 48 MCOs (69%) plan to implement in the future.

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PLEASE NOTE:

This is an aggregate standalone report posted on [Medicaid.gov](https://www.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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National DUR 2018 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
Alabama	0
Alaska	0
Arizona	0
Arkansas	0
California	26
Colorado	2
Connecticut	0
Delaware	2
District of Columbia	4
Florida	11
Georgia	4
Hawaii	6
Idaho	0
Illinois	7
Indiana	4
Iowa	2
Kansas	3
Kentucky	5
Louisiana	5
Maine	0
Maryland	9
Massachusetts	5
Michigan	11
Minnesota	8
Mississippi	2
Missouri	0
Montana	0
Nebraska	3
Nevada	3
New Hampshire	2
New Jersey	5

State	Total Number of MCOs
New Mexico	4
New York	19
North Carolina	0
North Dakota	1
Ohio	5
Oklahoma	0
Oregon	18
Pennsylvania	8
Rhode Island	3
South Carolina	5
South Dakota	0
Tennessee	0
Texas	18
Utah	4
Vermont	0
Virginia	7
Washington	5
West Virginia	0
Wisconsin	3
Wyoming	0
Totals	229

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)

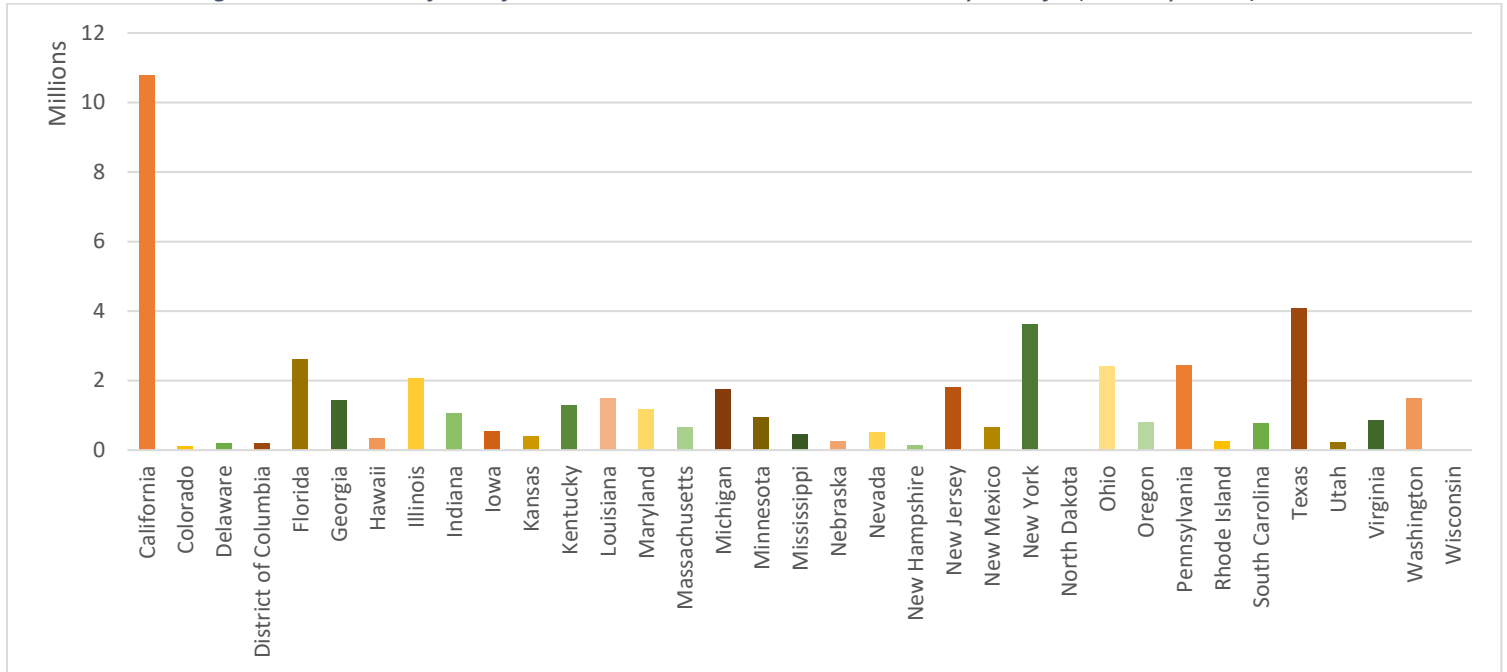


Table 2 - Number of Beneficiaries Enrolled in MCO with Pharmacy Benefit (Total by State)

State	Total Number of Beneficiaries Enrolled in MCO with Pharmacy Benefit by State
California	10,783,187
Colorado	121,468
Delaware	198,700
District of Columbia	194,461
Florida	2,618,470
Georgia	1,432,044
Hawaii	351,379
Illinois	2,056,514
Indiana	1,048,384
Iowa	543,913
Kansas	398,538
Kentucky	1,277,737
Louisiana	1,499,986
Maryland	1,173,671
Massachusetts	641,082

State	Total Number of Beneficiaries Enrolled in MCO with Pharmacy Benefit by State
Michigan	1,761,611
Minnesota	939,864
Mississippi	456,779
Nebraska	243,998
Nevada	509,453
New Hampshire	130,896
New Jersey	1,798,833
New Mexico	664,518
New York	3,616,268
North Dakota	20,948
Ohio	2,418,336
Oregon	811,660
Pennsylvania	2,428,180
Rhode Island	251,013
South Carolina	772,588
Texas	4,073,960
Utah	215,195
Virginia	851,367
Washington	1,502,674
Wisconsin	784
National Totals	47,808,459

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

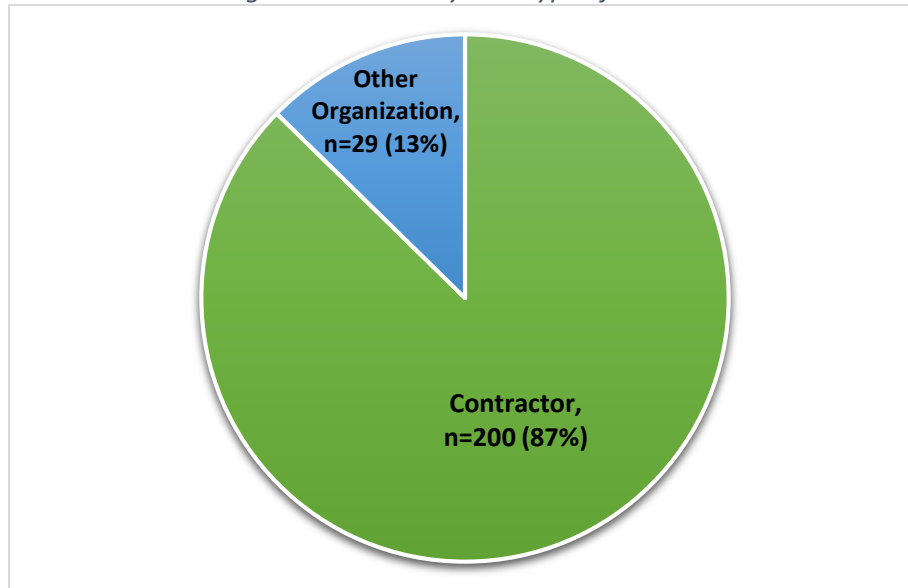


Table 3 - Pharmacy POS Type of Vendor

Type of Pharmacy POS Vendor	States (Count of MCOs)	Total	Percent of Total
Contractor	California (25), Colorado (1), Delaware (2), District of Columbia (3), Florida (9), Georgia (3), Hawaii (6), Illinois (6), Indiana (3), Iowa (2), Kansas (2), Kentucky (4), Louisiana (4), Maryland (8), Massachusetts (5), Michigan (10), Minnesota (8), Mississippi (2), Nebraska (2), Nevada (2), New Hampshire (2), New Jersey (3), New Mexico (4), New York (16), North Dakota (1), Ohio (5), Oregon (17), Pennsylvania (8), Rhode Island (3), South Carolina (4), Texas (16), Utah (3), Virginia (6), Washington (4), Wisconsin (1)	200	87.34%
Other organization	California (1), Colorado (1), District of Columbia (1), Florida (2), Georgia (1), Illinois (1), Indiana (1), Kansas (1), Kentucky (1), Louisiana (1), Maryland (1), Michigan (1), Nebraska (1), Nevada (1), New Jersey (2), New York (3), Oregon (1), South Carolina (1), Texas (2), Utah (1), Virginia (1), Washington (1), Wisconsin (2)	29	12.66%
National Totals		229	100%

Table 4 - POS Vendor Name

Type of Pharmacy POS Vendor	State (Count of MCOs)	Total	% of Total
CastiaRx	Utah (1)	1	0.44%
Conduent Government Healthcare Solutions	Maryland (1)	1	0.44%
CVS/Caremark	California (5), Delaware (1), District of Columbia (1), Florida (4), Georgia (3), Hawaii (3), Illinois (2), Indiana (2), Kansas (1), Kentucky (4), Louisiana (2), Maryland (4), Massachusetts (3), Michigan (2), Minnesota (2), Nebraska (1), New Hampshire (1), New Jersey (2), New Mexico (1), New York (8), Ohio (3), Oregon (2), Pennsylvania (3), Rhode Island (1), South Carolina (3), Texas (3), Utah (1), Virginia (1), Washington (2)	71	31.00%
DST Pharmacy Solutions	California (3), District of Columbia (1), Florida (2), Louisiana (1), Oregon (1), Pennsylvania (1), South Carolina (1)	10	4.37%
EnvisionRx Options	Massachusetts (1), Michigan (1), New Hampshire (1), Virginia (1), Wisconsin (1)	5	2.18%
Engolve Pharmacy Solutions	Illinois (2), Kansas (1), Louisiana (1), Mississippi (1), Nebraska (1), Nevada (1), Ohio (1), Oregon (1), Washington (1)	10	4.37%
Express Scripts	California (1), District of Columbia (1), Florida (2), Georgia (1), Hawaii (1), Indiana (1), Iowa (1), Kansas (1), Kentucky (1), Louisiana (1), Maryland (2), Michigan (1), Minnesota (1), Nevada (1), New Jersey (1), New York (6), North Dakota (1), Pennsylvania (1), South Carolina (1), Texas (1), Virginia (1), Washington (2)	30	13.10%
Magellan Rx Management	Florida (2), Michigan (3), Virginia (1)	6	2.62%
MedImpact Healthcare Services, Inc.	California (10), Colorado (1), Hawaii (1), Indiana (1), Maryland (1), Minnesota (2), New York (2), Oregon (8), Pennsylvania (1), Virginia (1), Wisconsin (1)	29	12.66%
MeridianRx	District of Columbia (1), Illinois (1), Michigan (1), Utah (1), Wisconsin (1)	5	2.18%
Navitus Health Solutions	California (1), Minnesota (1), Texas (11)	13	5.68%
OptumRx	California (2), Colorado (1), Florida (1), Hawaii (1), Illinois (1), Iowa (1), Kansas (1), Louisiana (1), Maryland (1), Massachusetts (1), Michigan (1), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (2), New Mexico (2), New York (3), Ohio (1), Oregon (5), Pennsylvania (1), Rhode Island (1), Texas (2), Utah (1), Virginia (2), Washington (1)	36	15.72%

Type of Pharmacy POS Vendor	State (Count of MCOs)	Total	% of Total
Outcomes MTM	Ohio (1)	1	0.44%
MCO's PBM	Illinois (1), Michigan (1)	2	0.87%
PerformRx	California (3), Delaware (1), Michigan (1), Minnesota (1), Pennsylvania (1), Rhode Island (1)	8	3.49%
Prime Therapeutics, LLC	Illinois (1), Minnesota (1), New Mexico (1), Texas (1)	4	1.75%
ProcareRx	California (1), Maryland (1)	2	0.87%
Prospective Health Services (PHS) from RelayHealth	Utah (1)	1	0.44%
Providence Health Assurance Pharmacy Solutions	Oregon (1)	1	0.44%
National Totals		229	100%

2. Identify prospective DUR criteria source.

Figure 3 - Prospective DUR Criteria Source

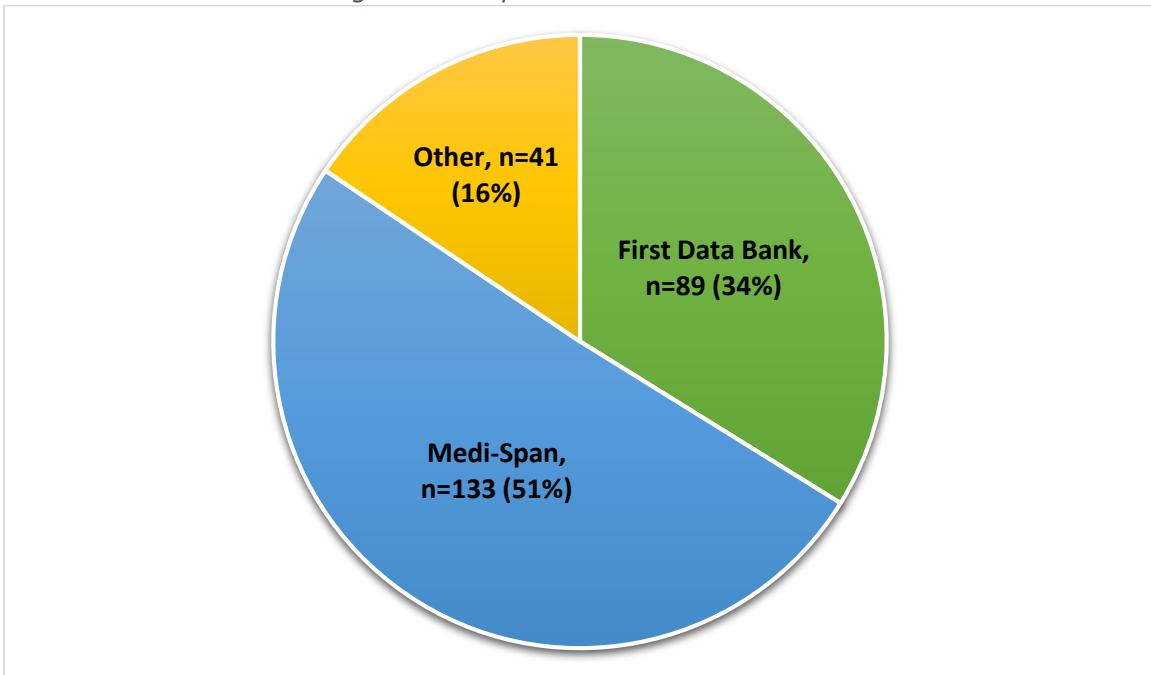


Table 5 - Prospective DUR Criteria Source

Prospective DUR Criteria Source	States (Count of MCOs)	Total	Percent of Total
First Data Bank	California (18), Colorado (2), Delaware (1), District of Columbia (3), Florida (6), Georgia (1), Hawaii (2), Illinois (1), Indiana (2), Iowa (1), Kansas (1), Kentucky (1), Louisiana (2), Maryland (3), Michigan (7), Minnesota (4), Nevada (1), New Jersey (1), New York (5), North Dakota (1), Oregon (10), Pennsylvania (4), Rhode Island (1), South Carolina (2), Texas (1), Utah (1), Virginia (3), Washington (2), Wisconsin (2)	89	33.84%
Medi-Span	California (7), Colorado (1), Delaware (1), District of Columbia (1), Florida (4), Georgia (3), Hawaii (4), Illinois (6), Indiana (2), Iowa (1), Kansas (2), Kentucky (4), Louisiana (3), Maryland (5), Massachusetts (5), Michigan (3), Minnesota (4), Mississippi (2), Nebraska (3), Nevada (2), New Hampshire (2), New Jersey (4), New Mexico (4), New York (10), Ohio (5), Oregon (8), Pennsylvania (4), Rhode Island (2), South	133	50.57%

Prospective DUR Criteria Source	States (Count of MCOs)	Total	Percent of Total
	Carolina (2), Texas (17), Utah (4), Virginia (4), Washington (3), Wisconsin (1)		
Other	California (2), Colorado (1), Delaware (1), Florida (5), Georgia (1), Hawaii (2), Illinois (2), Kentucky (2), Louisiana (1), Maryland (2), Michigan (2), Nebraska (1), New Jersey (2), New York (6), Pennsylvania (4), South Carolina (3), Texas (2), Utah (1), Virginia (1)	41	15.59%
National Totals		263	100%

3. Who reviews your new prospective-DUR criteria?

Figure 4 - Reviewer of New ProDUR Criteria

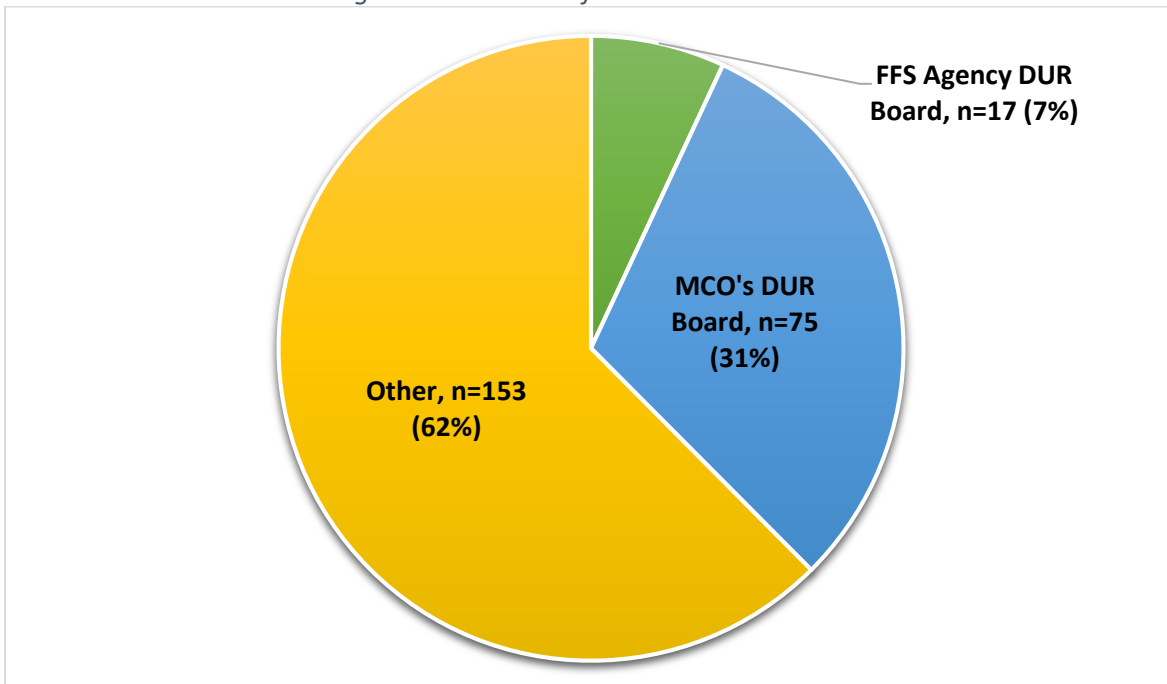


Table 6 - Reviewer of New ProDUR Criteria

Reviewer	States (Count of MCOs)	Total	Percent of Total
FFS agency DUR board	California (1), Delaware (1), Florida (5), Indiana (1), Iowa (2), Kansas (1), Louisiana (2), Mississippi (1), Nebraska (1), Pennsylvania (1), Texas (1)	17	6.94%
MCO's DUR board	California (10), Colorado (2), Delaware (2), District of Columbia (2), Florida (3), Hawaii (1), Illinois (1), Maryland (2), Michigan (4), Minnesota (4), Mississippi (1), Nebraska (2), Nevada (1), New Hampshire (1), New Jersey (1), New Mexico (2), New York (2), Ohio (1), Oregon (12), Pennsylvania (5), Rhode Island (1), South	75	30.61%

Reviewer	States (Count of MCOs)	Total	Percent of Total
	Carolina (1), Texas (4), Utah (3), Virginia (4), Washington (3)		
Other	California (16), District of Columbia (2), Florida (5), Georgia (4), Hawaii (5), Illinois (6), Indiana (4), Kansas (2), Kentucky (5), Louisiana (4), Maryland (7), Massachusetts (5), Michigan (7), Minnesota (4), Nebraska (1), Nevada (2), New Hampshire (1), New Jersey (4), New Mexico (3), New York (17), North Dakota (1), Ohio (4), Oregon (10), Pennsylvania (3), Rhode Island (2), South Carolina (4), Texas (15), Utah (1), Virginia (3), Washington (3), Wisconsin (3)	153	62.45%
National Totals		245	100%

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

Figure 5 – New ProDUR Criteria Approved by DUR Board

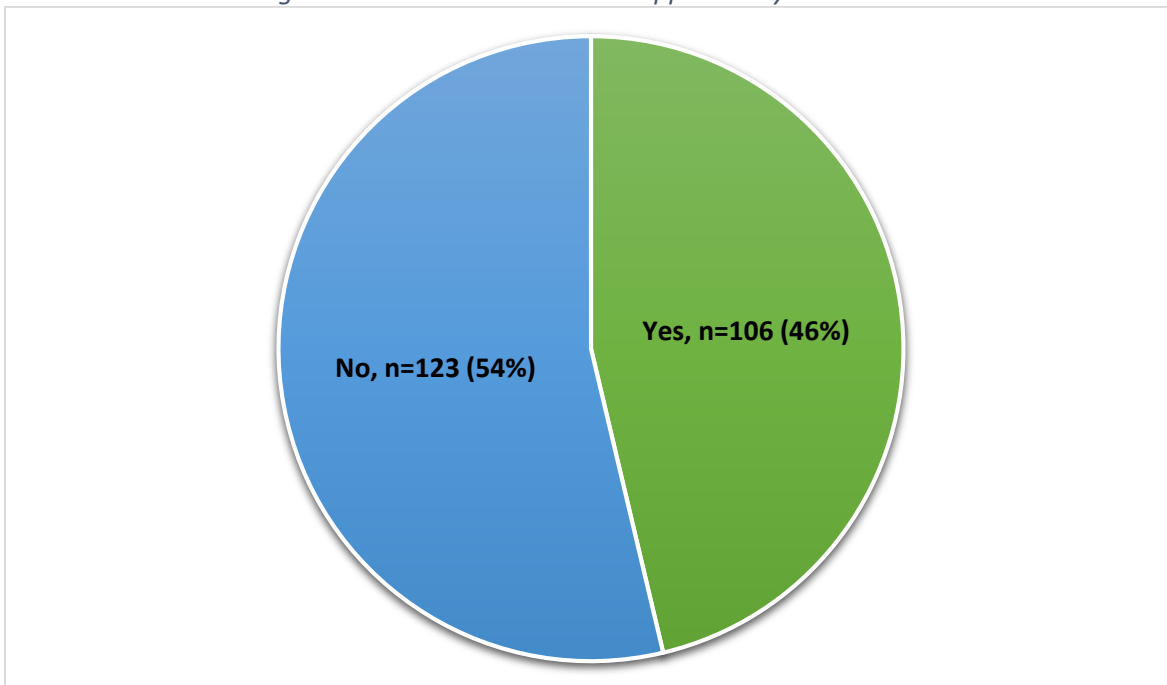


Table 7 – New ProDUR Criteria Approved by DUR Board

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (8), Colorado (1), Delaware (2), District of Columbia (2), Florida (7), Georgia (1), Hawaii (3), Illinois (3), Indiana (1), Iowa (2), Kansas (2), Kentucky (1), Louisiana (2), Maryland (3), Michigan (4), Minnesota (5), Mississippi (2), Nebraska (3), Nevada (2), New Hampshire (1), New Jersey (2), New Mexico (2), New York (9),	106	46.29%

Response	States (Count of MCOs)	Total	Percent of Total
	North Dakota (1), Ohio (1), Oregon (7), Pennsylvania (7), Rhode Island (2), South Carolina (2), Texas (5), Utah (4), Virginia (4), Washington (4), Wisconsin (1)		
No	California (18), Colorado (1), District of Columbia (2), Florida (4), Georgia (3), Hawaii (3), Illinois (4), Indiana (3), Kansas (1), Kentucky (4), Louisiana (3), Maryland (6), Massachusetts (5), Michigan (7), Minnesota (3), Nevada (1), New Hampshire (1), New Jersey (3), New Mexico (2), New York (10), Ohio (4), Oregon (11), Pennsylvania (1), Rhode Island (1), South Carolina (3), Texas (13), Virginia (3), Washington (1), Wisconsin (2)	123	53.71%
National Totals		229	100%

- 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”?

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

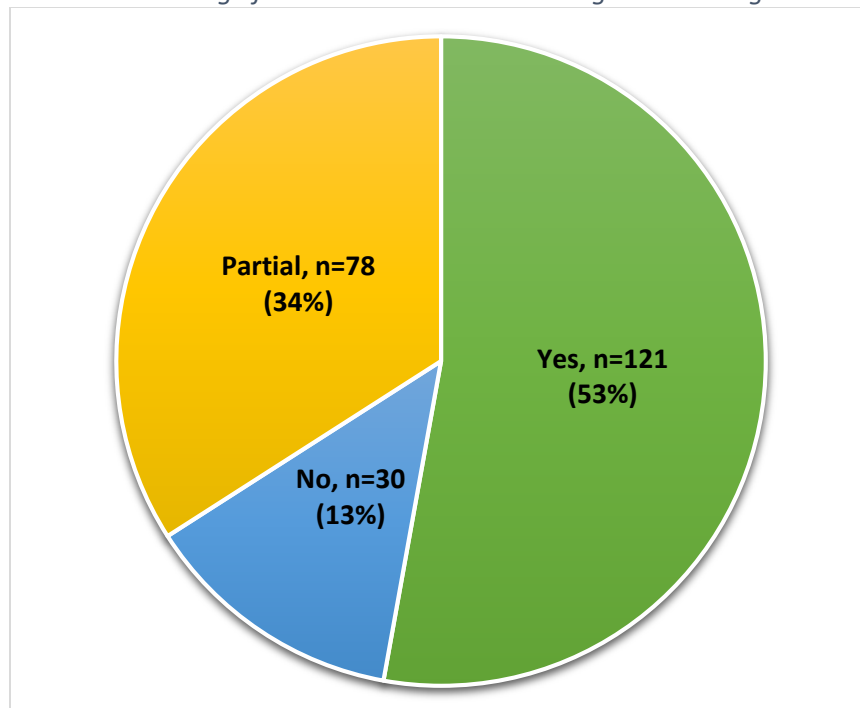


Table 8 - ProDUR Alert Message for Pharmacist Override using NPDDP Drug Use Evaluation Codes

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (8), Colorado (1), District of Columbia (1), Florida (6), Georgia (3), Hawaii (3), Illinois (4), Indiana (3), Kansas (2), Kentucky (3), Louisiana (5), Maryland (6), Massachusetts (3), Michigan (6), Minnesota (2), Mississippi (2), Nebraska (2), Nevada (3), New Hampshire (2), New Jersey (4), New Mexico (2), New York (8), North Dakota (1), Ohio (4), Oregon (8), Pennsylvania (4), Rhode Island (3), South Carolina (2), Texas (5), Utah (2), Virginia (7), Washington (4), Wisconsin (2)	121	52.84%
No	California (5), Colorado (1), Delaware (1), District of Columbia (1), Florida (1), Iowa (2), Michigan (1), Minnesota (3), New York (1), Oregon (1), Pennsylvania (1), South Carolina (1), Texas (11)	30	13.10%
Partial	California (13), Delaware (1), District of Columbia (2), Florida (4), Georgia (1), Hawaii (3), Illinois (3), Indiana (1), Kansas (1), Kentucky (2), Maryland (3), Massachusetts (2), Michigan (4), Minnesota (3), Nebraska (1), New Jersey (1), New Mexico (2), New York (10), Ohio (1), Oregon (9), Pennsylvania (3), South Carolina (2), Texas (2), Utah (2), Washington (1), Wisconsin (1)	78	34.06%
National Totals		229	100%

6. 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 DUR Alerts Override

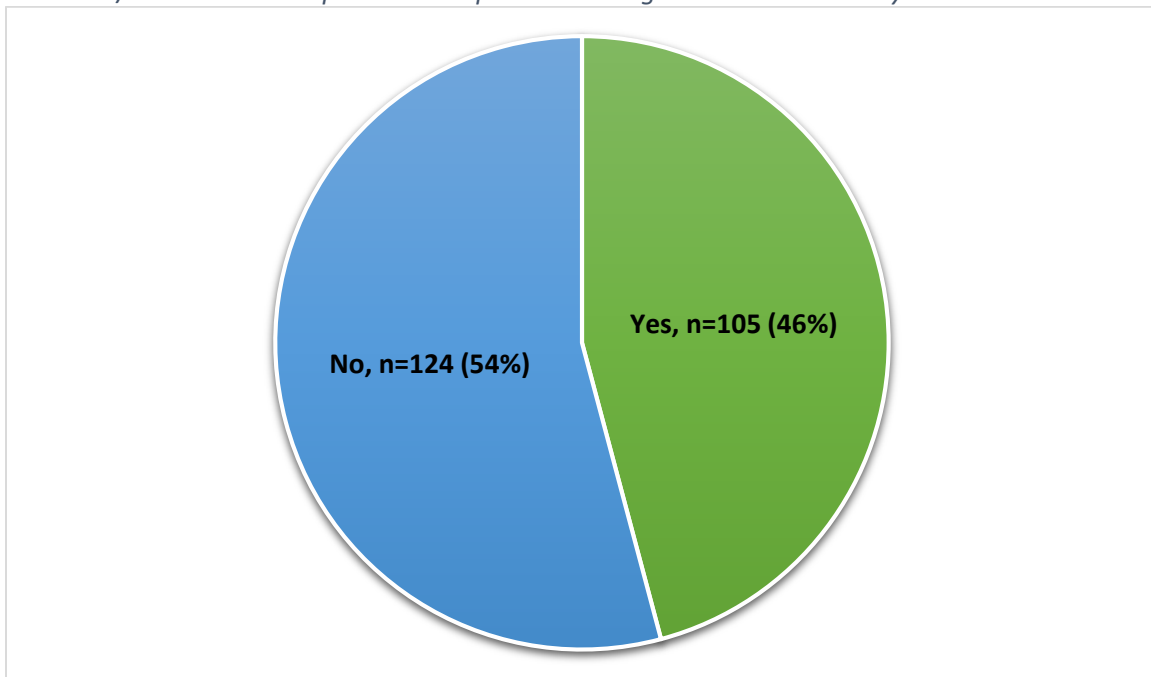


Table 9 - Receive/Review Follow-up Periodic Reports Providing Individual Pharmacy Provider DUR Alerts

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (13), Delaware (1), Florida (8), Georgia (2), Hawaii (4), Illinois (2), Indiana (3), Kansas (2), Kentucky (3), Louisiana (3), Maryland (4), Massachusetts (4), Michigan (5), Minnesota (3), Mississippi (1), Nebraska (3), Nevada (2), New Hampshire (1), New Jersey (4), New Mexico (2), New York (6), North Dakota (1), Ohio (4), Oregon (5), Pennsylvania (4), Rhode Island (1), South Carolina (2), Texas (3), Utah (1), Virginia (5), Washington (3)	105	45.85%
No	California (13), Colorado (2), Delaware (1), District of Columbia (4), Florida (3), Georgia (2), Hawaii (2), Illinois (5), Indiana (1), Iowa (2), Kansas (1), Kentucky (2), Louisiana (2), Maryland (5), Massachusetts (1), Michigan (6), Minnesota (5), Mississippi (1), Nevada (1), New Hampshire (1), New Jersey (1), New Mexico (2), New York (13), Ohio (1), Oregon (13), Pennsylvania (4), Rhode Island (2), South Carolina (3), Texas (15), Utah (3), Virginia (2), Washington (2), Wisconsin (3)	124	54.15%
National Totals		229	100%

a. If answer to #6 is “Yes,” how often do you receive reports?

Figure 8 - Frequency of Reports Regarding Individual Pharmacy Provider DUR Alerts: Monthly, Quarterly, Annual, Other

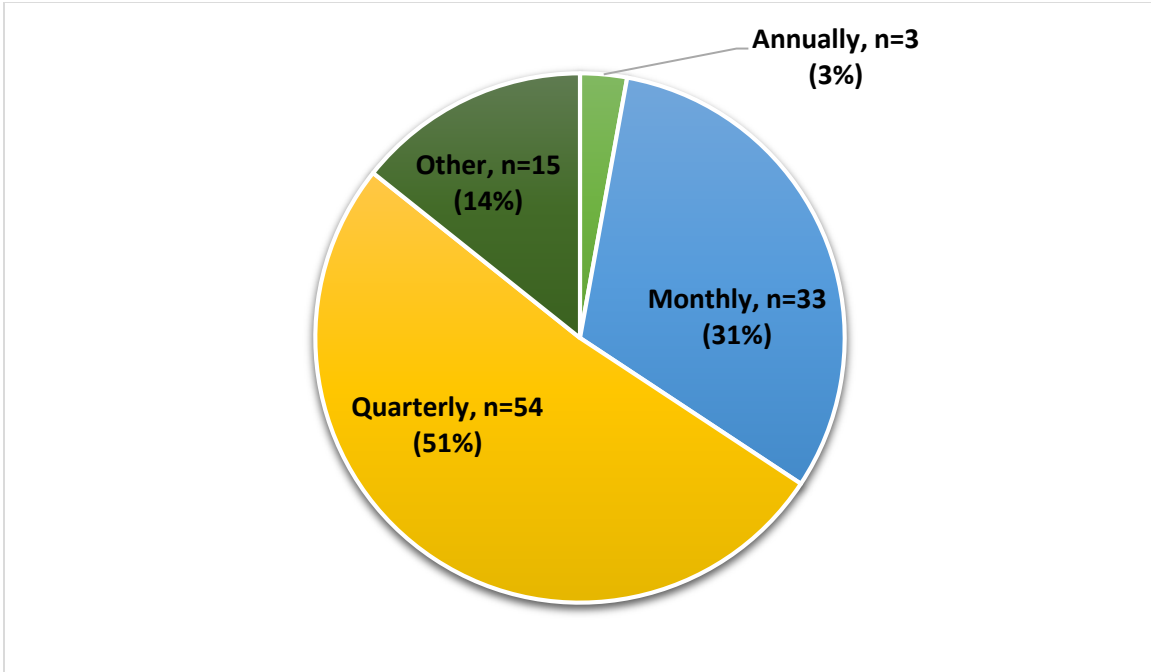


Table 10 - Frequency of Reports Regarding Individual Pharmacy Provider DUR Alerts: Monthly, Quarterly, Annual, Other

Response	States (Count of MCOs)	Total	Percent of Total
Annually	California (1), New York (1), North Dakota (1)	3	2.86%
Monthly	California (3), Florida (1), Georgia (2), Hawaii (2), Illinois (2), Indiana (1), Kansas (1), Kentucky (2), Louisiana (1), Michigan (1), Minnesota (1), Nebraska (2), Nevada (1), New Jersey (1), New Mexico (1), New York (3), Ohio (2), South Carolina (2), Texas (1), Utah (1), Virginia (1), Washington (1)	33	31.43%
Quarterly	California (6), Delaware (1), Florida (4), Hawaii (2), Indiana (2), Kansas (1), Kentucky (1), Louisiana (1), Maryland (4), Massachusetts (3), Michigan (2), Minnesota (1), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (3), New Mexico (1), New York (1), Ohio (2), Oregon (3), Pennsylvania (4), Rhode Island (1), Texas (2), Virginia (4), Washington (1)	54	51.43%
Other	California (3), Florida (3), Louisiana (1), Massachusetts (1), Michigan (2), Minnesota (1), New York (1), Oregon (2), Washington (1)	15	14.29%
National Totals		105	100%

b. If answer to question 6 is “Yes,” do you follow up with those providers who routinely override with interventions?

Figure 9 - Follow-up with Providers who routinely override with Interventions

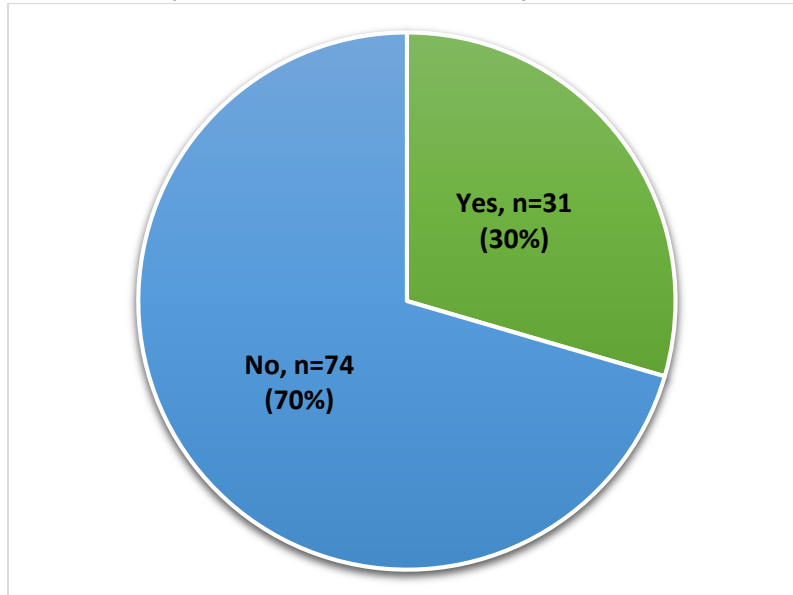


Table 11 - Follow-up with Providers who routinely override with Interventions

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (5), Florida (2), Hawaii (1), Illinois (1), Indiana (1), Maryland (2), Massachusetts (3), Michigan (1), Minnesota (3), Nebraska (1), New Hampshire (1), New Jersey (1), New Mexico (1), New York (1), North Dakota (1), Pennsylvania (1), Texas (1), Utah (1), Virginia (2), Washington (1)	31	29.52%
No	California (8), Delaware (1), Florida (6), Georgia (2), Hawaii (3), Illinois (1), Indiana (2), Kansas (2), Kentucky (3), Louisiana (3), Maryland (2), Massachusetts (1), Michigan (4), Mississippi (1), Nebraska (2), Nevada (2), New Jersey (3), New Mexico (1), New York (5), Ohio (4), Oregon (5), Pennsylvania (3), Rhode Island (1), South Carolina (2), Texas (2), Virginia (3), Washington (2)	74	70.48%
National Totals		105	100%

If answer to 6.b. is “Yes,” by what method do you follow up?

Figure 10 - Follow-up Methods for Providers who routinely override with Interventions

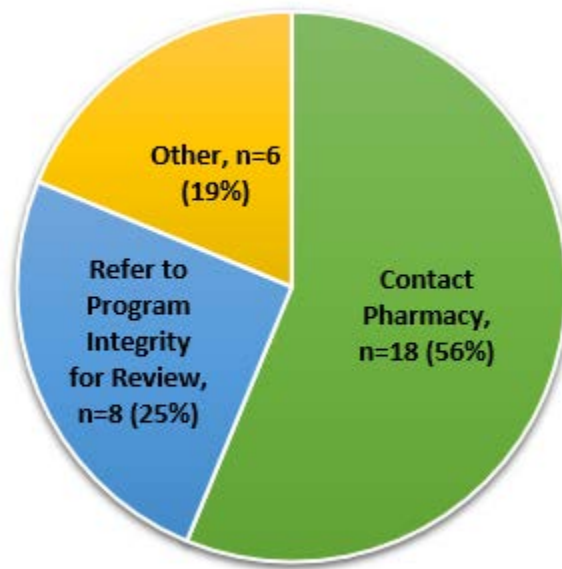


Table 12 - Follow-up Methods for Providers who routinely override with Interventions

Response	States (Count of MCOs)	Total	Percent of Total
Contact Pharmacy	California (5), Florida (2), Hawaii (1), Maryland (2), Minnesota (2), Nebraska (1), New Jersey (1), North Dakota (1), Pennsylvania (1), Utah (1), Virginia (1)	18	56.25%
Refer to Program Integrity for Review	Indiana (1), Massachusetts (2), Michigan (1), New Hampshire (1), New York (1), Virginia (1), Washington (1)	8	25.00%
Other	Illinois (1), Indiana (1), Massachusetts (1), Minnesota (1), New Mexico (1), Texas (1)	6	18.75%
National Totals		32	100%

7. 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)

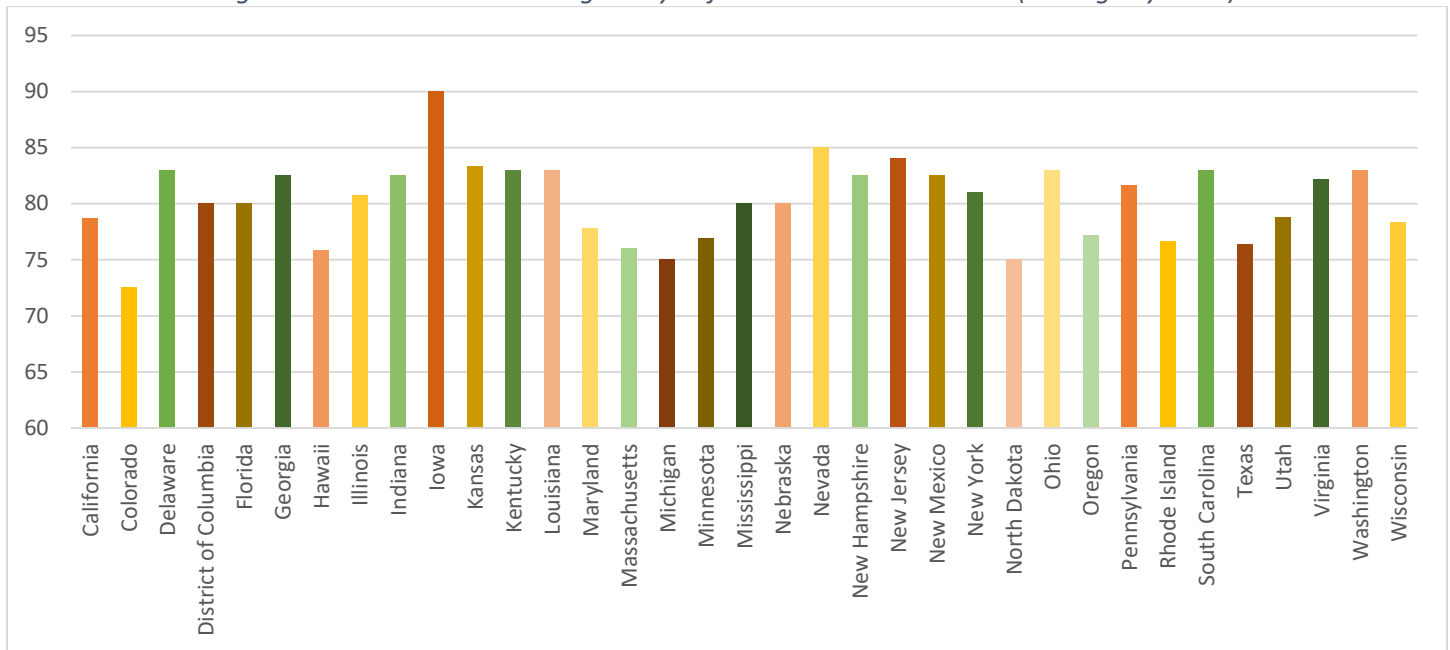


Figure 12 - Schedule II Controlled Drugs Early Refill Percent Edit Threshold (Average by State)

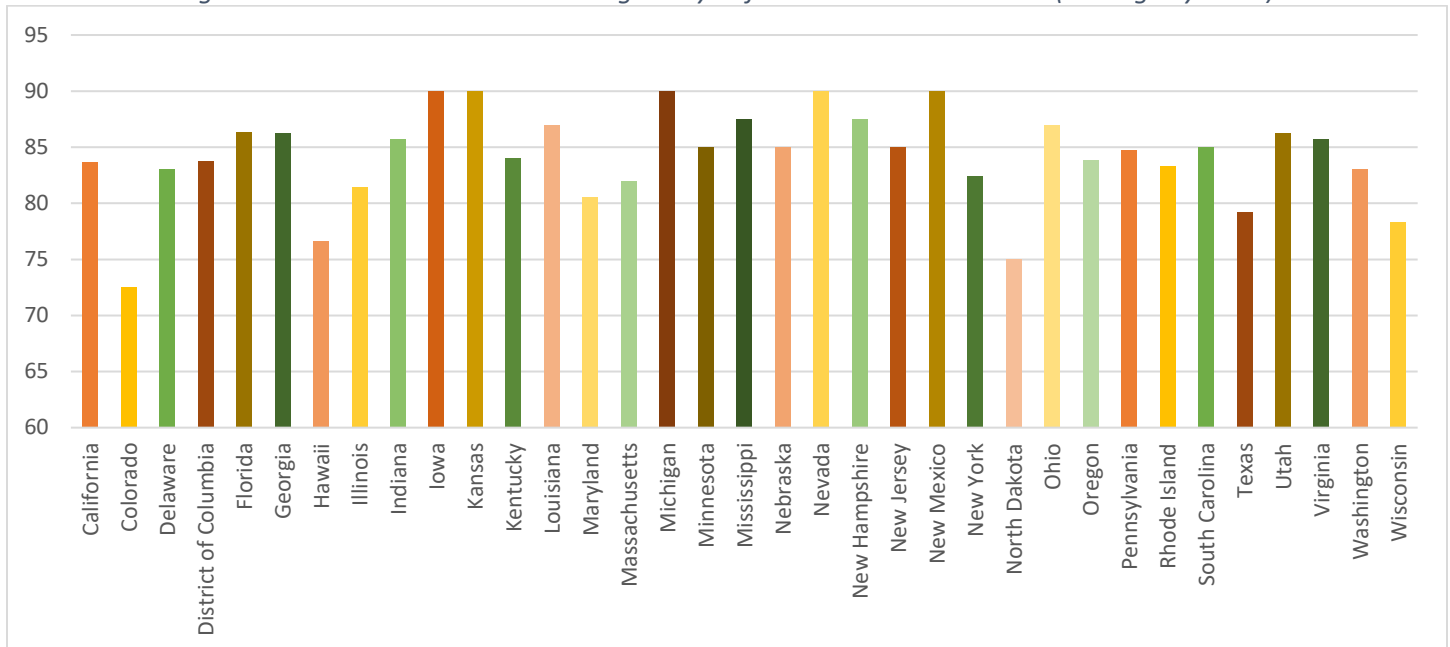


Figure 13 - Schedule III through V Controlled Drugs Early Refill Percent Edit Threshold (Average by State)

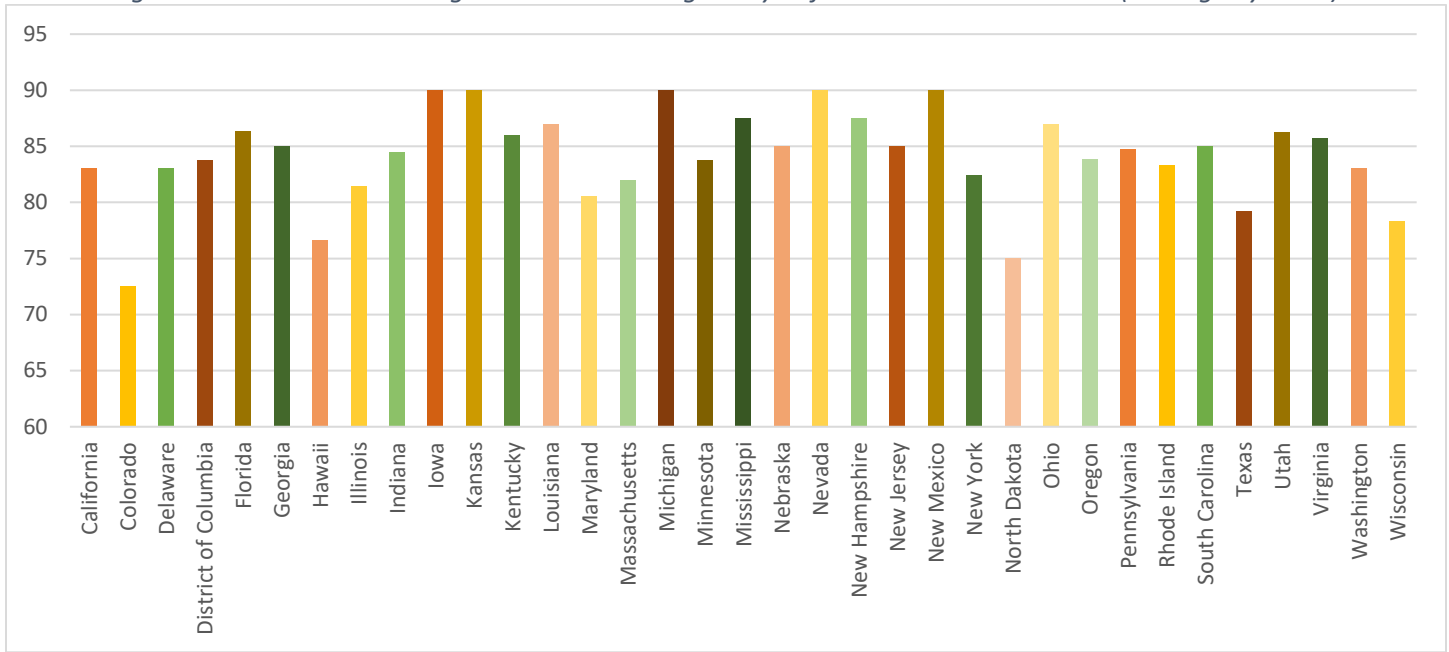


Table 13 - Early Refill Percent Threshold for Non-controlled and Controlled Drugs (Average by State)

State	Non-controlled Drugs	Schedule II Controlled Drugs	Schedule III through V Controlled Drugs
California	79%	84%	83%
Colorado	73%	73%	73%
Delaware	83%	83%	83%
District of Columbia	80%	84%	84%
Florida	80%	86%	86%
Georgia	83%	86%	85%
Hawaii	76%	77%	77%
Illinois	81%	81%	81%
Indiana	83%	86%	85%
Iowa	90%	90%	90%
Kansas	83%	90%	90%
Kentucky	83%	84%	86%
Louisiana	83%	87%	87%
Maryland	78%	81%	81%
Massachusetts	76%	82%	82%
Michigan	75%	90%	90%
Minnesota	77%	85%	84%
Mississippi	80%	88%	88%
Nebraska	80%	85%	85%
Nevada	85%	90%	90%
New Hampshire	83%	88%	88%
New Jersey	84%	85%	85%
New Mexico	83%	90%	90%
New York	81%	82%	82%

State	Non-controlled Drugs	Schedule II Controlled Drugs	Schedule III through V Controlled Drugs
North Dakota	75%	75%	75%
Ohio	83%	87%	87%
Oregon	77%	84%	84%
Pennsylvania	82%	85%	85%
Rhode Island	77%	83%	83%
South Carolina	83%	85%	85%
Texas	76%	79%	79%
Utah	79%	86%	86%
Virginia	82%	86%	86%
Washington	83%	83%	83%
Wisconsin	78%	78%	78%
National Average	80%	84%	84%

- 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

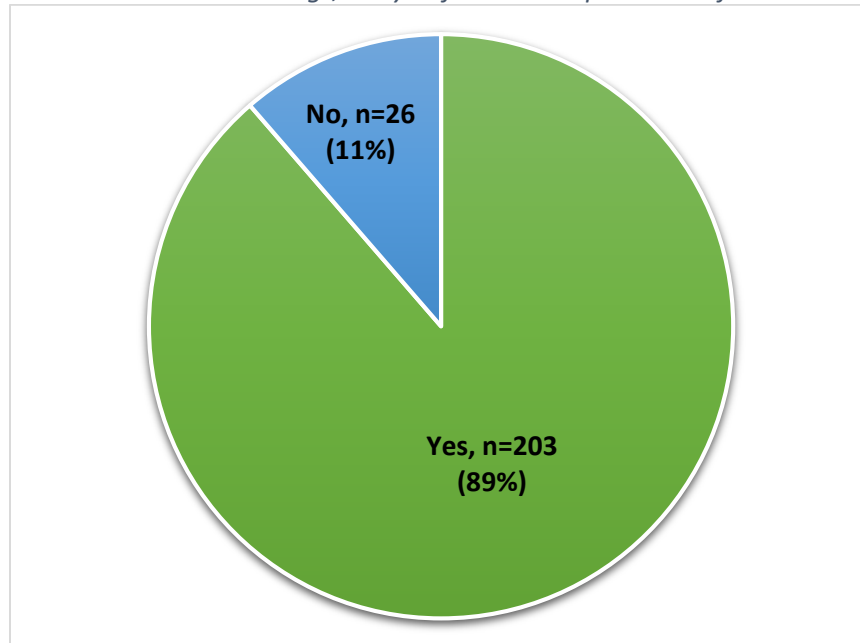


Table 14 - For Non-Controlled Drugs, Early Refill State Requirement for Prior Authorization

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (22), Colorado (2), Delaware (2), District of Columbia (3), Florida (10), Georgia (4), Hawaii (5), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5),	203	88.65%

Response	States (Count of MCOs)	Total	Percent of Total
	Maryland (7), Massachusetts (4), Michigan (10), Minnesota (8), Mississippi (1), Nebraska (3), Nevada (2), New Hampshire (1), New Jersey (5), New Mexico (4), New York (18), North Dakota (1), Ohio (5), Oregon (15), Pennsylvania (7), Rhode Island (3), South Carolina (5), Texas (16), Utah (3), Virginia (5), Washington (4), Wisconsin (3)		
No	California (4), District of Columbia (1), Florida (1), Hawaii (1), Illinois (1), Maryland (2), Massachusetts (1), Michigan (1), Mississippi (1), Nevada (1), New Hampshire (1), New York (1), Oregon (3), Pennsylvania (1), Texas (2), Utah (1), Virginia (2), Washington (1)	26	11.35%
National Totals		229	100%

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

Figure 15 - Non-Controlled Drugs Early Refill Authorization Sources

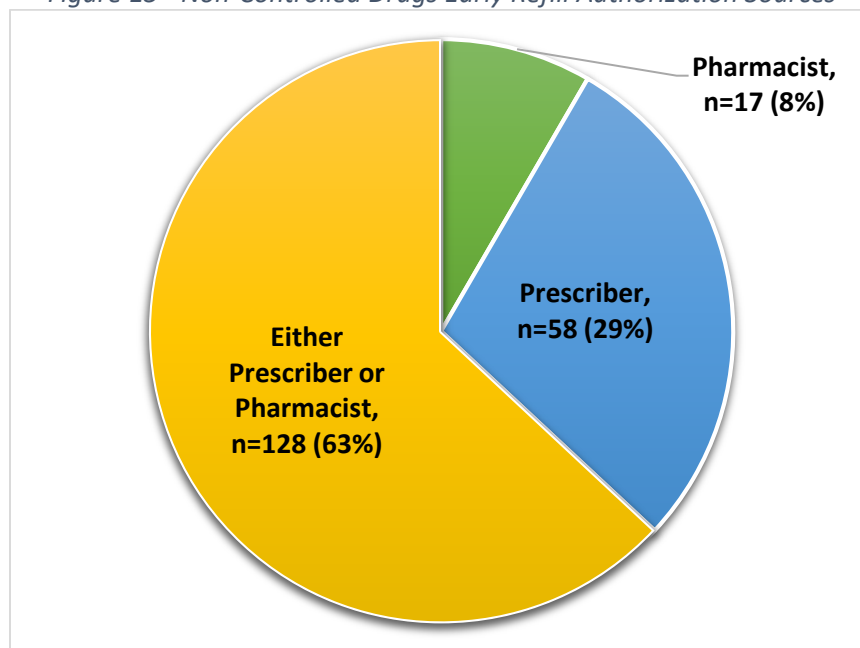


Table 15 - Non-Controlled Drugs Early Refill Authorization Sources

Source	States (Count of MCOs)	Total	Percent of Total
Pharmacist	Iowa (1), Louisiana (1), Maryland (2), Michigan (1), Minnesota (2), Nebraska (1), New York (4), Oregon (1), Texas (1), Utah (1), Virginia (1), Wisconsin (1)	17	8.37%
Prescriber	California (3), Delaware (1), District of Columbia (1), Florida (3), Georgia (2), Hawaii (4), Illinois (2), Indiana (1), Iowa (1), Kansas (1), Kentucky (2), Louisiana (3), Maryland (1), Michigan (4), Minnesota (1), Mississippi	58	28.57%

Source	States (Count of MCOs)	Total	Percent of Total
	(1), Nebraska (2), Nevada (1), New Jersey (2), New Mexico (1), New York (6), Ohio (3), Pennsylvania (4), Rhode Island (1), South Carolina (1), Texas (3), Utah (1), Virginia (1), Washington (1)		
Either Prescriber or Pharmacist	California (19), Colorado (2), Delaware (1), District of Columbia (2), Florida (7), Georgia (2), Hawaii (1), Illinois (4), Indiana (3), Kansas (2), Kentucky (3), Louisiana (1), Maryland (4), Massachusetts (4), Michigan (5), Minnesota (5), Nevada (1), New Hampshire (1), New Jersey (3), New Mexico (3), New York (8), North Dakota (1), Ohio (2), Oregon (14), Pennsylvania (3), Rhode Island (2), South Carolina (4), Texas (12), Utah (1), Virginia (3), Washington (3), Wisconsin (2)	128	63.05%
National Totals		203	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

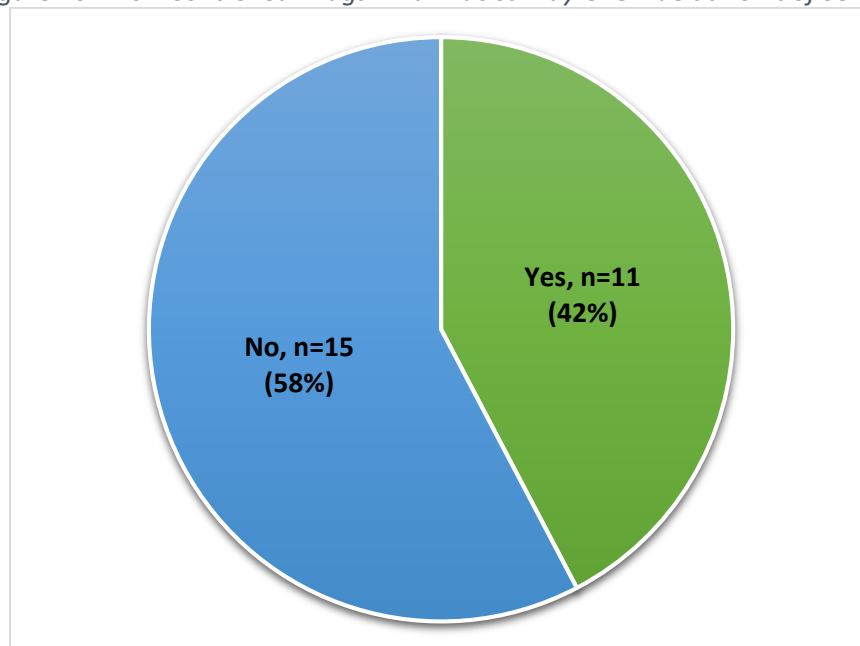


Table 16 - Non-Controlled Drugs: Pharmacist May Override at Point of Service

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (2), Hawaii (1), Maryland (1), Massachusetts (1), Michigan (1), Oregon (1), Pennsylvania (1), Texas (1), Virginia (1), Washington (1)	11	42.31%
No	California (2), District of Columbia (1), Florida (1), Illinois (1), Maryland (1), Mississippi (1), Nevada (1), New Hampshire (1), New York (1), Oregon (2), Texas (1), Utah (1), Virginia (1)	15	57.69%

Response	States (Count of MCOs)	Total	Percent of Total
National Totals		26	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

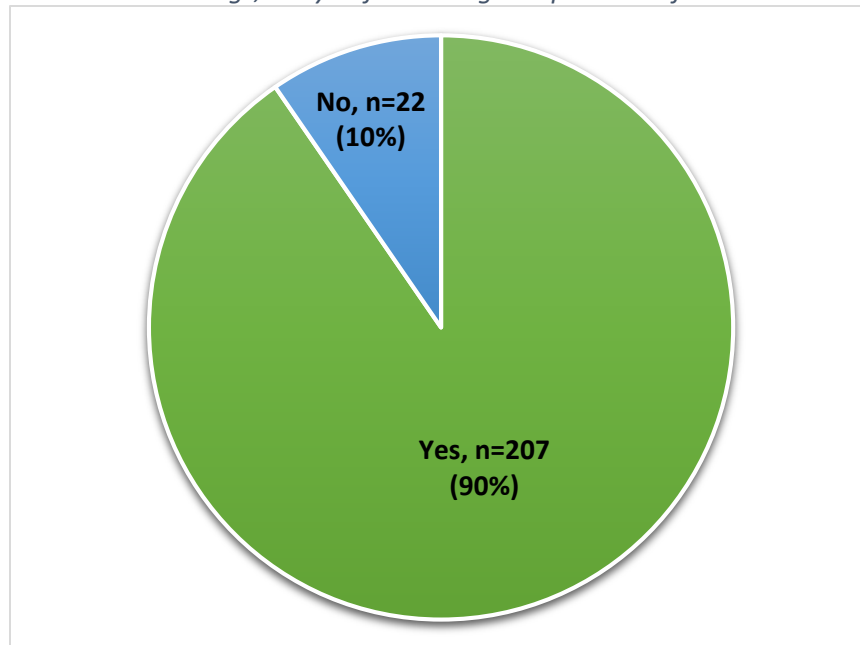


Table 17 - For Controlled Drugs, Early Refill Message Requirement for MCO Prior Authorization

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (25), Colorado (2), Delaware (2), District of Columbia (4), Florida (11), Georgia (4), Hawaii (5), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (7), Massachusetts (4), Michigan (10), Minnesota (8), Mississippi (1), Nebraska (3), Nevada (2), New Hampshire (1), New Jersey (5), New Mexico (4), New York (17), North Dakota (1), Ohio (5), Oregon (15), Pennsylvania (7), Rhode Island (3), South Carolina (5), Texas (16), Utah (3), Virginia (5), Washington (4), Wisconsin (3)	207	90.39%
No	California (1), Hawaii (1), Illinois (1), Maryland (2), Massachusetts (1), Michigan (1), Mississippi (1), Nevada (1), New Hampshire (1), New York (2), Oregon (3), Pennsylvania (1), Texas (2), Utah (1), Virginia (2), Washington (1)	22	9.61%
National Totals		229	100%

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

Figure 18 - Controlled Drugs Early Refill Authorization Source

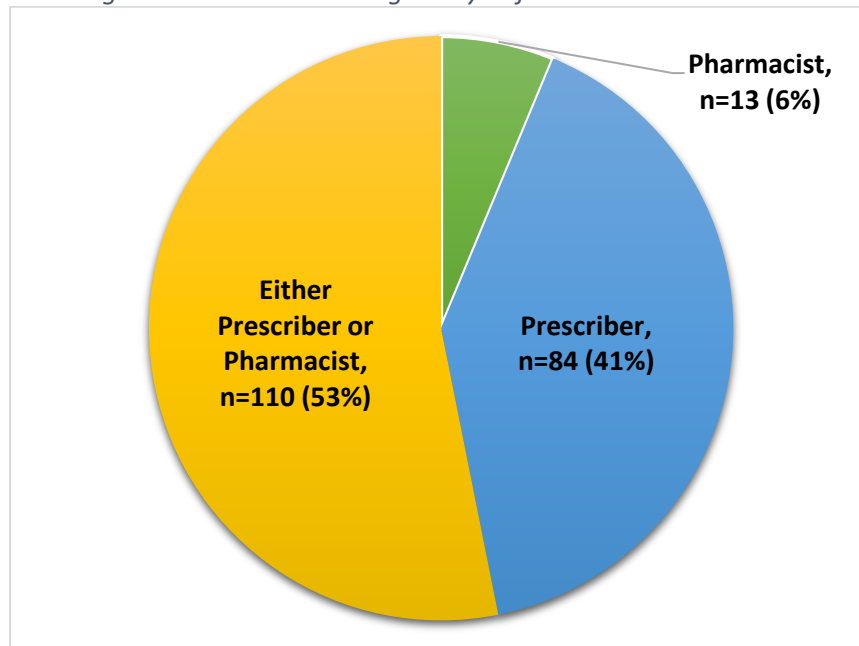


Table 18 - Controlled Drugs Early Refill Authorization Source

Source	States (Count of MCOs)	Total	Percent of Total
Pharmacist	Maryland (2), Michigan (1), Minnesota (2), Nebraska (1), New York (4), Oregon (1), Texas (1), Utah (1)	13	6.28%
Prescriber	California (7), Colorado (1), Delaware (1), District of Columbia (2), Florida (6), Georgia (3), Hawaii (4), Illinois (3), Indiana (2), Iowa (1), Kansas (2), Kentucky (2), Louisiana (3), Maryland (4), Michigan (6), Minnesota (2), Mississippi (1), Nebraska (2), Nevada (2), New Jersey (3), New Mexico (1), New York (6), Ohio (4), Oregon (1), Pennsylvania (5), Rhode Island (2), South Carolina (1), Texas (2), Utah (1), Virginia (2), Washington (1), Wisconsin (1)	84	40.58%
Either Prescriber or Pharmacist	California (18), Colorado (1), Delaware (1), District of Columbia (2), Florida (5), Georgia (1), Hawaii (1), Illinois (3), Indiana (2), Iowa (1), Kansas (1), Kentucky (3), Louisiana (2), Maryland (1), Massachusetts (4), Michigan (3), Minnesota (4), New Hampshire (1), New Jersey (2), New Mexico (3), New York (7), North Dakota (1), Ohio (1), Oregon (13), Pennsylvania (2), Rhode Island (1), South Carolina (4), Texas (13), Utah (1), Virginia (3), Washington (3), Wisconsin (2)	110	53.14%
National Totals		207	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

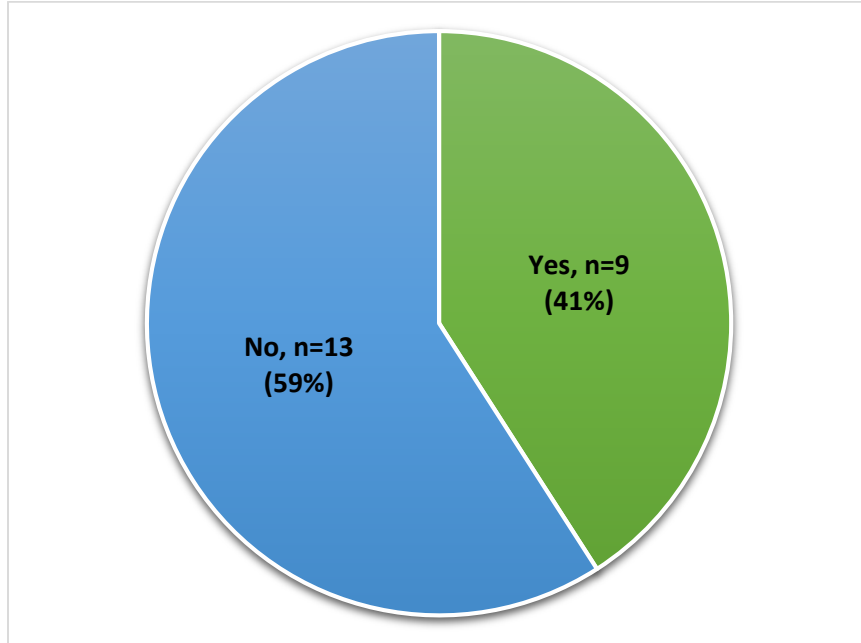


Table 19 - Controlled Drugs: Pharmacist May Override at Point of Service

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (1), Hawaii (1), Maryland (1), Massachusetts (1), Michigan (1), Oregon (1), Pennsylvania (1), Texas (1), Virginia (1)	9	40.91%
No	Illinois (1), Maryland (1), Mississippi (1), Nevada (1), New Hampshire (1), New York (2), Oregon (2), Texas (1), Utah (1), Virginia (1), Washington (1)	13	59.09%
National Totals		22	100%

8. When the pharmacist receives an early refill DUR alert message that requires the pharmacist’s review, does your MCO’s policy allow the pharmacist to override for situations such as Lost/Stolen Rx, Vacation or Other?

Figure 20 - Situations the MCO Allows for Pharmacist Overrides for an Early Refill DUR Alert Message

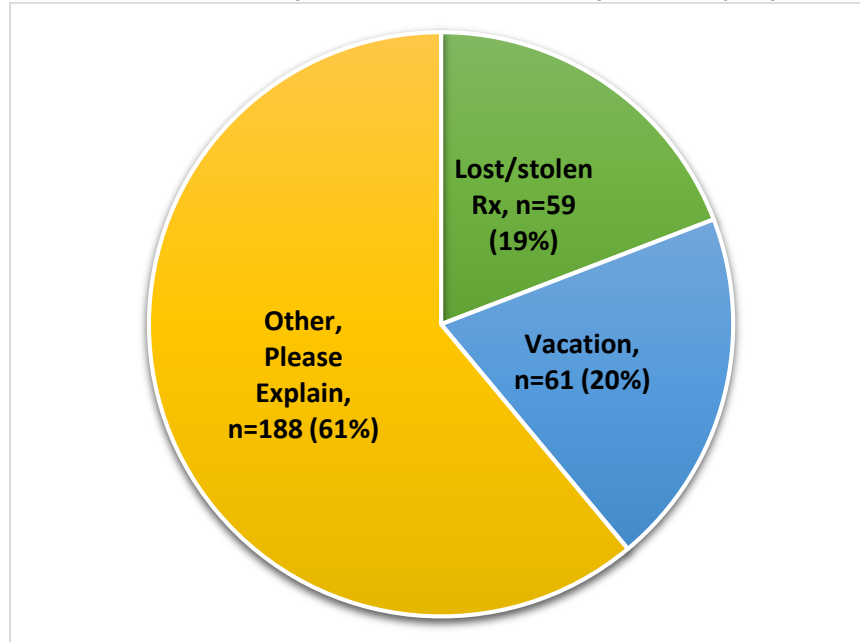


Table 20 - Situations the MCO Allows for Pharmacist Overrides for an Early Refill DUR Alert Message

Response	States (Count of MCOs)	Total	Percent of Total
Lost/stolen Rx	California (11), District of Columbia (1), Florida (3), Hawaii (1), Indiana (1), Iowa (1), Kansas (2), Kentucky (1), Louisiana (2), Maryland (3), Michigan (4), Minnesota (2), Mississippi (2), Nebraska (2), Nevada (1), New Jersey (2), New Mexico (1), New York (3), Ohio (2), Oregon (3), Pennsylvania (2), Rhode Island (1), South Carolina (1), Texas (1), Virginia (3), Washington (1), Wisconsin (2)	59	19.16%
Vacation	California (10), District of Columbia (1), Florida (3), Hawaii (1), Illinois (1), Indiana (1), Iowa (1), Kansas (2), Kentucky (2), Louisiana (2), Maryland (3), Michigan (5), Minnesota (2), Mississippi (1), Nebraska (3), Nevada (1), New Jersey (2), New Mexico (1), New York (2), North Dakota (1), Ohio (2), Oregon (3), Pennsylvania (2), Rhode Island (1), Texas (2), Virginia (4), Wisconsin (2)	61	19.81%
Other, please explain	California (18), Colorado (2), Delaware (2), District of Columbia (4), Florida (10), Georgia (4), Hawaii (5), Illinois (6), Indiana (3), Iowa (1), Kansas (1), Kentucky (4), Louisiana (4), Maryland (7), Massachusetts (5), Michigan (10), Minnesota (6), Mississippi (1), Nebraska (1), Nevada (2), New Hampshire (2), New Jersey (4), New Mexico (3), New York (17), Ohio (4), Oregon (16),	188	61.04%

Response	States (Count of MCOs)	Total	Percent of Total
	Pennsylvania (7), Rhode Island (2), South Carolina (5), Texas (16), Utah (4), Virginia (6), Washington (5), Wisconsin (1)		
National Totals		308	100%

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

Figure 21 - System Accumulation Edit for Prevention of Early Prescription Filling

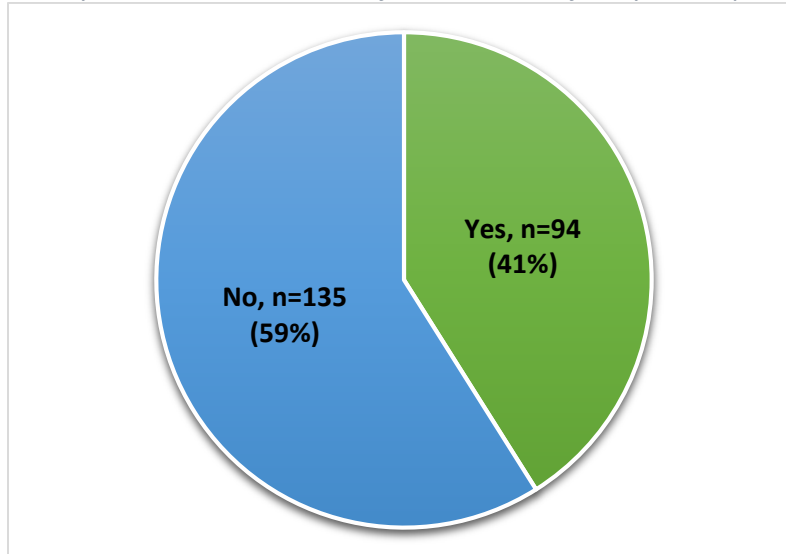


Table 21 - System Accumulation Edit for Prevention of Early Prescription Filling

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (6), District of Columbia (4), Florida (9), Georgia (3), Hawaii (4), Illinois (2), Indiana (2), Kansas (1), Kentucky (4), Louisiana (2), Maryland (6), Massachusetts (2), Michigan (4), Minnesota (2), Nebraska (2), Nevada (1), New Jersey (3), New Mexico (1), New York (13), North Dakota (1), Ohio (3), Oregon (1), Pennsylvania (3), South Carolina (3), Texas (3), Utah (1), Virginia (4), Washington (3), Wisconsin (1)	94	41.05%
No	California (20), Colorado (2), Delaware (2), Florida (2), Georgia (1), Hawaii (2), Illinois (5), Indiana (2), Iowa (2), Kansas (2), Kentucky (1), Louisiana (3), Maryland (3), Massachusetts (3), Michigan (7), Minnesota (6), Mississippi (2), Nebraska (1), Nevada (2), New Hampshire (2), New Jersey (2), New Mexico (3), New York (6), Ohio (2), Oregon (17), Pennsylvania (5), Rhode Island (3), South Carolina (2), Texas (15), Utah (3), Virginia (3), Washington (2), Wisconsin (2)	135	58.95%
National Totals		229	100%

If “No,” do you plan to implement this edit?

Figure 22 - Plans to Implement a System Accumulation Edit

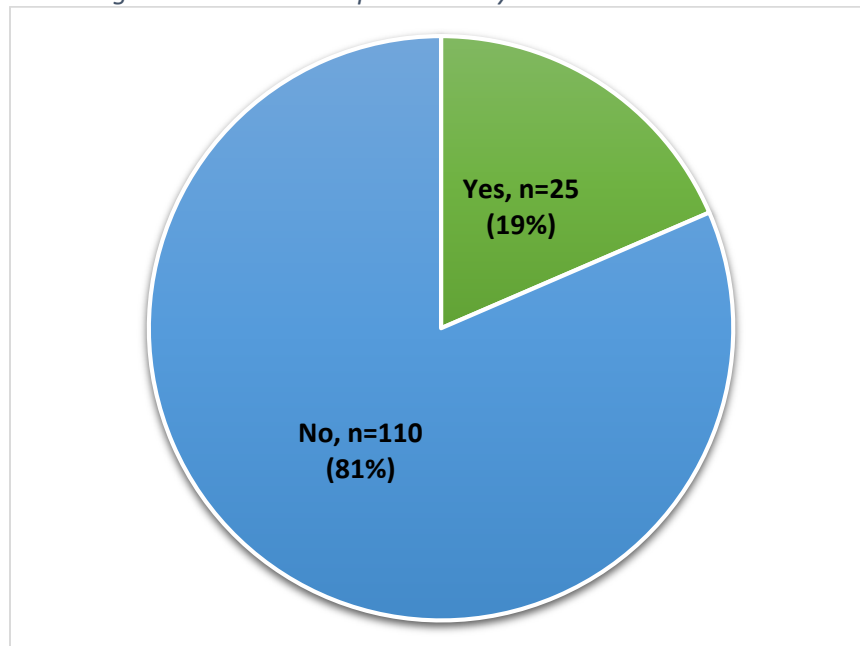


Table 22 - Plans to Implement a System Accumulation Edit

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (2), Florida (1), Georgia (1), Illinois (2), Indiana (1), Kansas (1), Kentucky (1), Maryland (1), Michigan (1), Minnesota (1), Nevada (1), New Hampshire (1), New Jersey (1), New York (1), Ohio (1), Oregon (3), South Carolina (1), Texas (1), Utah (1), Virginia (2)	25	18.52%
No	California (18), Colorado (2), Delaware (2), Florida (1), Hawaii (2), Illinois (3), Indiana (1), Iowa (2), Kansas (1), Louisiana (3), Maryland (2), Massachusetts (3), Michigan (6), Minnesota (5), Mississippi (2), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (1), New Mexico (3), New York (5), Ohio (1), Oregon (14), Pennsylvania (5), Rhode Island (3), South Carolina (1), Texas (14), Utah (2), Virginia (1), Washington (2), Wisconsin (2)	110	81.48%
National Totals		135	100%

10. 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 23 - MCO Auto-Refill Policy Prohibiting Auto Refill

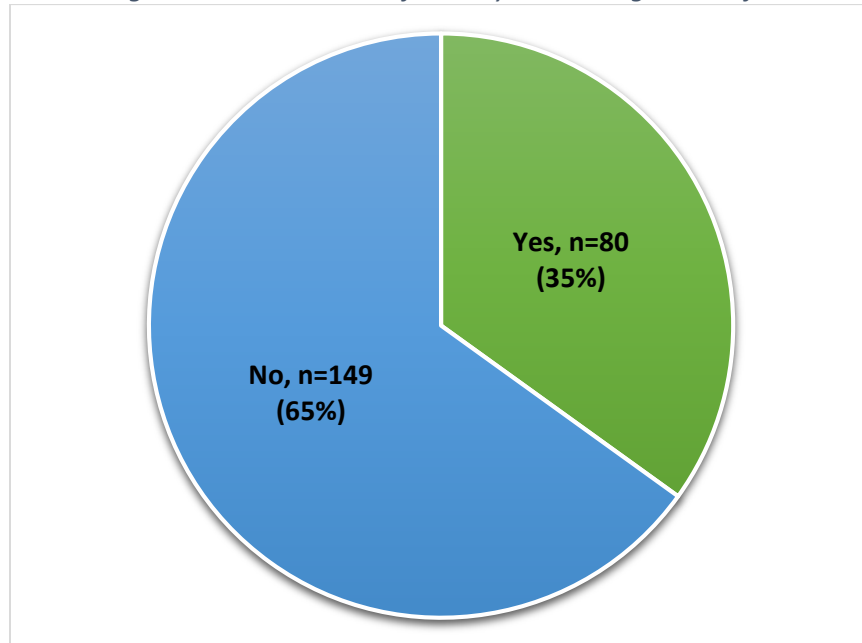


Table 23 - MCO Auto-Refill Policy for Prohibiting Auto Refill

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (10), Colorado (1), Delaware (1), District of Columbia (2), Florida (2), Illinois (3), Indiana (1), Louisiana (1), Maryland (2), Massachusetts (1), Michigan (4), Minnesota (7), New Mexico (1), New York (13), Ohio (2), Oregon (10), Pennsylvania (1), South Carolina (1), Texas (12), Virginia (3), Wisconsin (2)	80	34.93%
No	California (16), Colorado (1), Delaware (1), District of Columbia (2), Florida (9), Georgia (4), Hawaii (6), Illinois (4), Indiana (3), Iowa (2), Kansas (3), Kentucky (5), Louisiana (4), Maryland (7), Massachusetts (4), Michigan (7), Minnesota (1), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (3), New York (6), North Dakota (1), Ohio (3), Oregon (8), Pennsylvania (7), Rhode Island (3), South Carolina (4), Texas (6), Utah (4), Virginia (4), Washington (5), Wisconsin (1)	149	65.07%
National Totals		229	100%

11. Does your MCO have any policy that provides for the synchronization of prescription refills (i.e. if the patient wants and pharmacy provider permits the patient to obtain non-controlled chronic medication refills at the same time, your MCO would allow this to occur to prevent the beneficiary from making multiple trips to the pharmacy within the same month)?

Figure 24 - MCO Policy for Synchronization of Prescription Refills

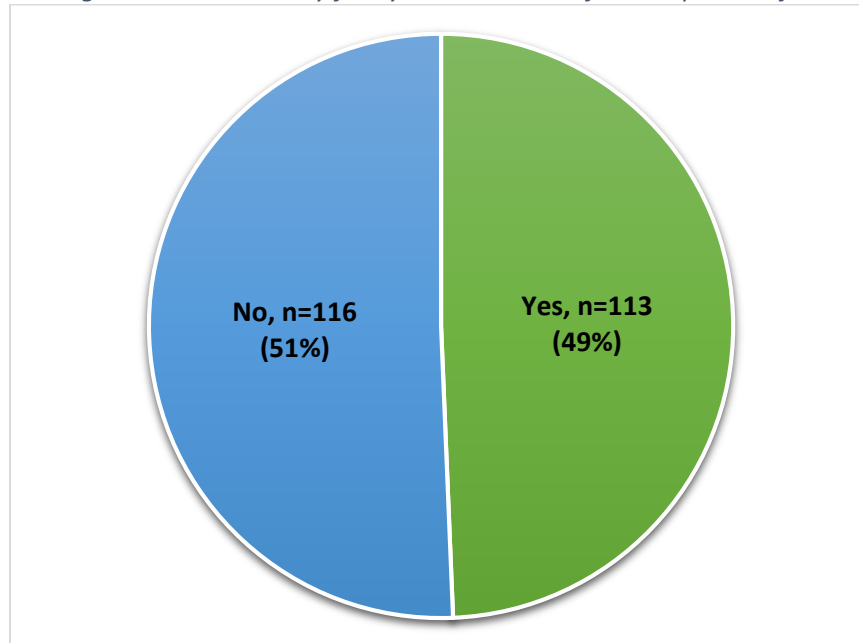


Table 24 - MCO Policy for Synchronization of Prescription Refills

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (4), Colorado (2), District of Columbia (2), Florida (5), Georgia (4), Hawaii (3), Illinois (5), Indiana (3), Kansas (1), Kentucky (4), Louisiana (2), Maryland (3), Massachusetts (1), Minnesota (2), Nebraska (2), Nevada (2), New Jersey (3), New Mexico (3), New York (11), North Dakota (1), Ohio (4), Oregon (17), Pennsylvania (2), South Carolina (2), Texas (18), Utah (2), Virginia (3), Washington (2)	113	49.34%
No	California (22), Delaware (2), District of Columbia (2), Florida (6), Hawaii (3), Illinois (2), Indiana (1), Iowa (2), Kansas (2), Kentucky (1), Louisiana (3), Maryland (6), Massachusetts (4), Michigan (11), Minnesota (6), Mississippi (2), Nebraska (1), Nevada (1), New Hampshire (2), New Jersey (2), New Mexico (1), New York (8), Ohio (1), Oregon (1), Pennsylvania (6), Rhode Island (3), South Carolina (3), Utah (2), Virginia (4), Washington (3), Wisconsin (3)	116	50.66%
National Totals		229	100%

12. 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 25 - Documented Process to Access Any Covered Outpatient Drug (COD) when Medically Necessary

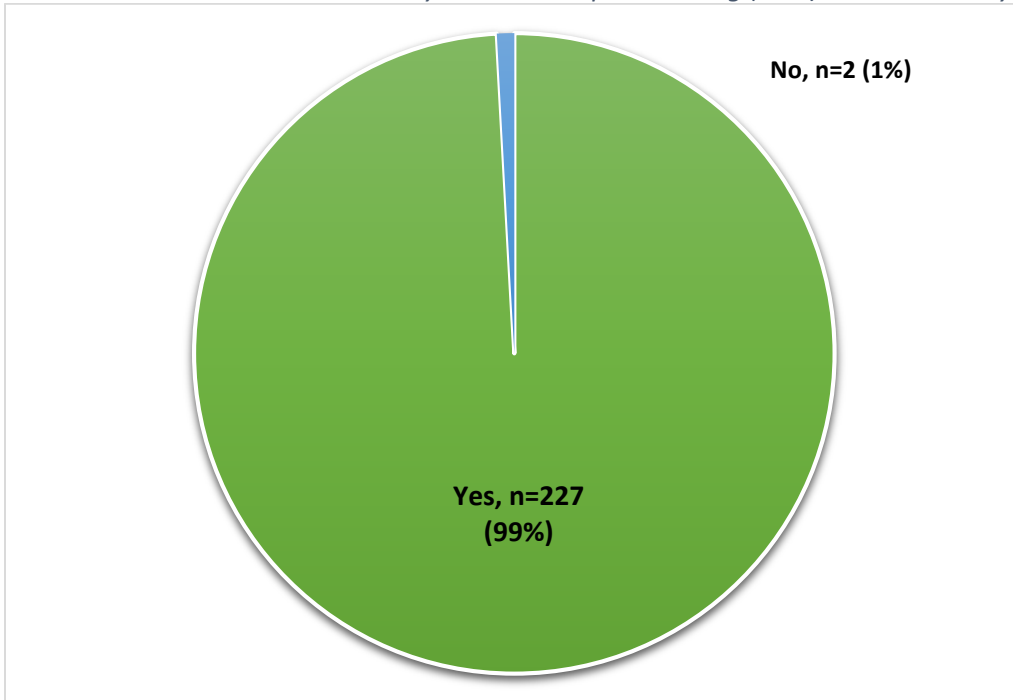


Table 25 - Documented Process to Access Any Covered Outpatient Drug (COD) when Medically Necessary

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (26), Colorado (2), Delaware (2), District of Columbia (4), Florida (11), 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 (2), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (4), New York (19), North Dakota (1), Ohio (5), Oregon (18), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (16), Utah (4), Virginia (7), Washington (5), Wisconsin (3)	227	99.13%
No	Texas (2)	2	0.87%
National Totals		229	100%

13. Top Drug Claims Data Reviewed by the DUR Board.

Table 26 - 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
Lyrica	Opioids	Refill Too Soon	Humira	Ibuprofen
Oxycodone - Acetaminophen	ADHD Agents/stimulants	Plan Limitations Exceeded	Mavyret	Amoxicillin
Hydrocodone - Acetaminophen	Antidiabetic Agents	DUR Reject Error	Basaglar	Ventolin HFA
Vyvanse	Anticonvulsants	Formulary Alternatives Available	Ventolin HFA	Atorvastatin
Mavyret	Inhaled Steroids/ bronchodilators/ respiratory Agents	Prior Authorization Required	Vyvanse	Gabapentin
Aripiprazole	Proton Pump Inhibitors		Genovya	Lisinopril
Tretinoin	Dermatologicals		Humalog	Omeprazole
Buprenorphine/naloxone	Antipsychotics		Methylphenidate	Fluticasone
Methylphenidate	Acne Therapy		Januvia	Amlodipine
Suboxone	Antidepressants		Latuda	Metformin

* 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 26 – MCO RetroDUR Activities Vendor

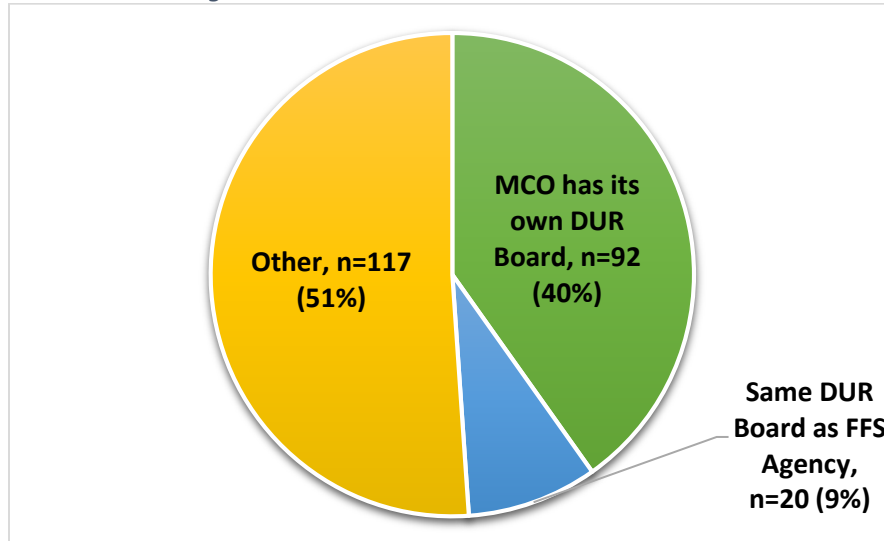


Table 27 – MCO RetroDUR Activities Vendor

Response	States (Count of MCOs)	Total	Percent of Total
MCO has its own DUR board	California (6), Colorado (2), District of Columbia (1), Florida (2), Georgia (2), Hawaii (3), Illinois (2), Kansas (1), Kentucky (2), Maryland (3), Michigan (6), Minnesota (6), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (3), New Mexico (1), New York (8), Ohio (1), Oregon (15), Pennsylvania (6), Rhode Island (2), South Carolina (1), Texas (2), Utah (4), Virginia (7), Washington (2)	92	40.17%
Same DUR board as FFS agency	California (3), Florida (3), Indiana (3), Iowa (1), Kansas (1), Louisiana (1), Massachusetts (1), Michigan (1), Mississippi (1), Nebraska (1), Nevada (1), South Carolina (1), Texas (2)	20	8.73%
Other	California (17), Delaware (2), District of Columbia (3), Florida (6), Georgia (2), Hawaii (3), Illinois (5), Indiana (1), Iowa (1), Kansas (1), Kentucky (3), Louisiana (4), Maryland (6), Massachusetts (4), Michigan (4), Minnesota (2), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (2), New Mexico (3), New York (11), North Dakota (1), Ohio (4), Oregon (3), Pennsylvania (2), Rhode Island (1), South Carolina (3), Texas (14), Washington (3), Wisconsin (3)	117	51.09%
National Totals		229	100%

2. Who reviews and approves the RetroDUR criteria?

Figure 27 - RetroDUR Criteria Approval/Review Sources

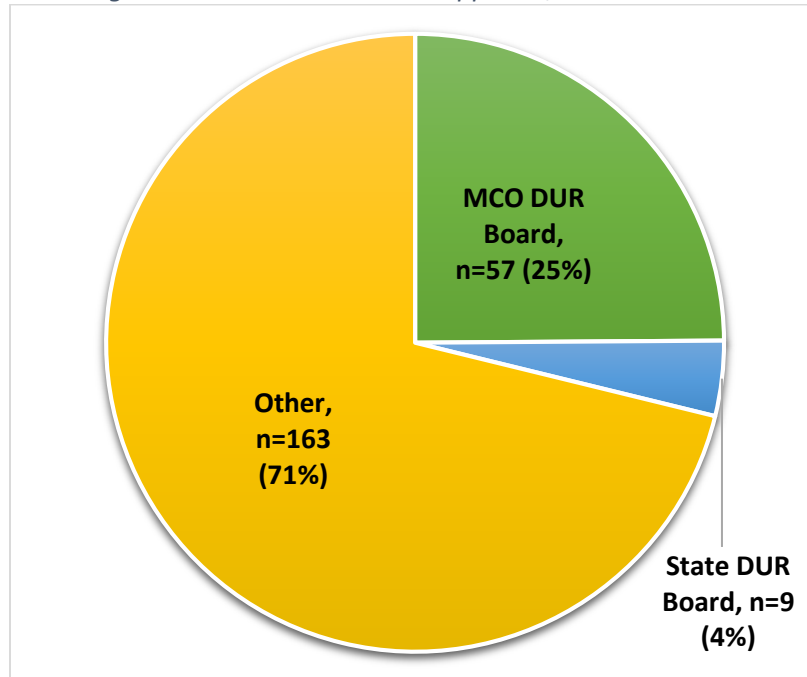


Table 28 - RetroDUR Criteria Approval/Review Sources

Source	States (Count of MCOs)	Total	Percent of Total
MCO DUR board	California (7), Colorado (2), District of Columbia (2), Florida (1), Georgia (1), Hawaii (2), Illinois (2), Kentucky (1), Maryland (1), Michigan (3), Minnesota (4), Mississippi (1), Nebraska (1), New Jersey (1), New York (6), Oregon (10), Pennsylvania (2), South Carolina (1), Texas (1), Utah (3), Virginia (4), Washington (1)	57	24.89%
State DUR board	California (1), Indiana (1), Iowa (1), Louisiana (2), Michigan (1), Mississippi (1), Nebraska (1), Nevada (1)	9	3.93%
Other	California (18), Delaware (2), District of Columbia (2), Florida (10), Georgia (3), Hawaii (4), Illinois (5), Indiana (3), Iowa (1), Kansas (3), Kentucky (4), Louisiana (3), Maryland (8), Massachusetts (5), Michigan (7), Minnesota (4), Nebraska (1), Nevada (2), New Hampshire (2), New Jersey (4), New Mexico (4), New York (13), North Dakota (1), Ohio (5), Oregon (8), Pennsylvania (6), Rhode Island (3), South Carolina (4), Texas (17), Utah (1), Virginia (3), Washington (4), Wisconsin (3)	163	71.18%
National Totals		229	100%

Section IV - DUR Board Activity

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

Figure 28 - MCO has Medication Therapy Management Program

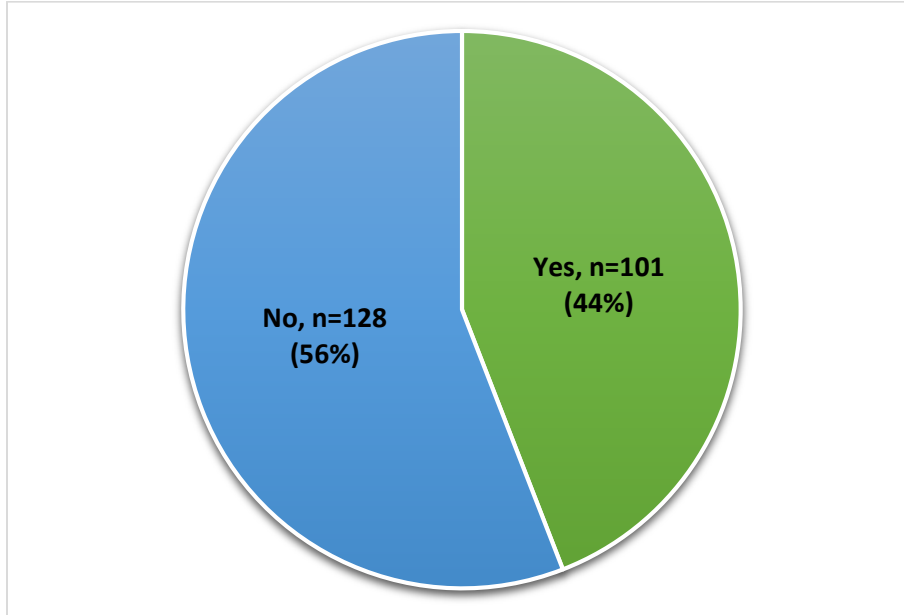


Table 29 - MCO has Medication Therapy Management Program

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (6), Colorado (1), Delaware (2), District of Columbia (2), Florida (4), Georgia (2), Hawaii (2), Indiana (4), Iowa (1), Kansas (3), Kentucky (1), Louisiana (5), Maryland (1), Massachusetts (1), Michigan (4), Minnesota (7), Mississippi (1), Nebraska (3), Nevada (1), New Hampshire (1), New Jersey (1), New Mexico (3), New York (6), Ohio (5), Oregon (10), Pennsylvania (6), Rhode Island (1), South Carolina (2), Texas (4), Utah (1), Virginia (6), Washington (2), Wisconsin (2)	101	44.10%
No	California (20), Colorado (1), District of Columbia (2), Florida (7), Georgia (2), Hawaii (4), Illinois (7), Iowa (1), Kentucky (4), Maryland (8), Massachusetts (4), Michigan (7), Minnesota (1), Mississippi (1), Nevada (2), New Hampshire (1), New Jersey (4), New Mexico (1), New York (13), North Dakota (1), Oregon (8), Pennsylvania (2), Rhode Island (2), South Carolina (3), Texas (14), Utah (3), Virginia (1), Washington (3), Wisconsin (1)	128	55.90%
National Totals		229	100%

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

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

Figure 29 - Analysis Performed for Effectiveness of a Medication Therapy Management Program

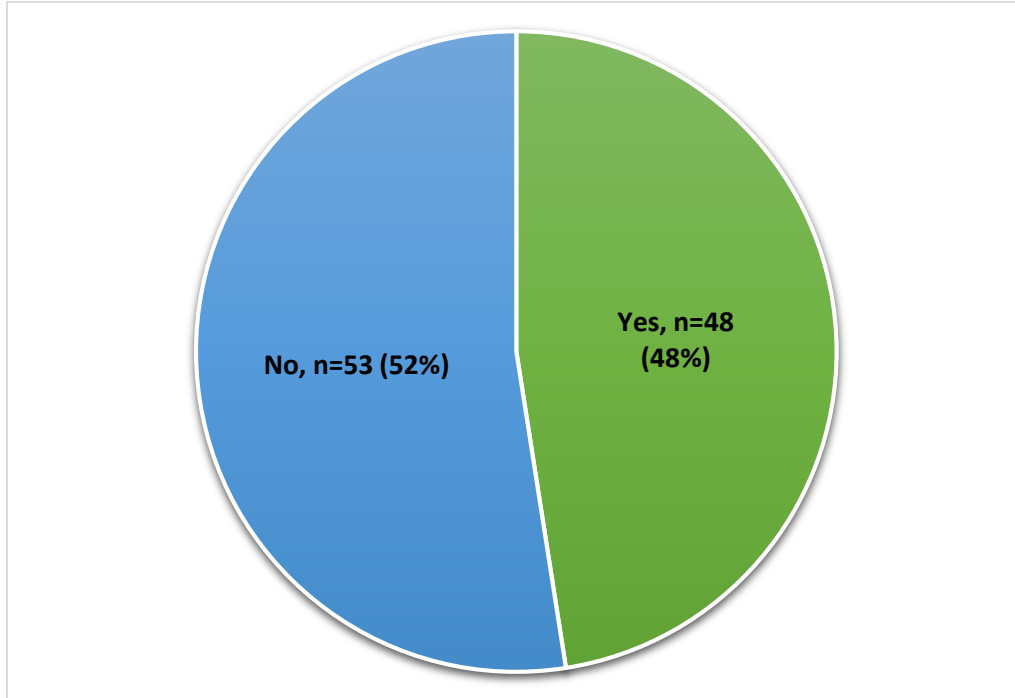


Table 30 - Analysis Performed for Effectiveness of a Medication Therapy Management Program

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (2), Delaware (1), District of Columbia (2), Florida (2), Georgia (2), Hawaii (1), Indiana (4), Kansas (2), Kentucky (1), Louisiana (2), Massachusetts (1), Michigan (1), Minnesota (2), Nebraska (2), New York (2), Ohio (3), Oregon (6), Pennsylvania (3), Texas (2), Virginia (5), Washington (1), Wisconsin (1)	48	47.52%
No	California (4), Colorado (1), Delaware (1), Florida (2), Hawaii (1), Iowa (1), Kansas (1), Louisiana (3), Maryland (1), Michigan (3), Minnesota (5), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (1), New Mexico (3), New York (4), Ohio (2), Oregon (4), Pennsylvania (3), Rhode Island (1), South Carolina (2), Texas (2), Utah (1), Virginia (1), Washington (1), Wisconsin (1)	53	52.48%
National Totals		101	100%

b. Is your DUR Board involved with this program?

Figure 30 - DUR Board Involved with the Medication Therapy Management Program

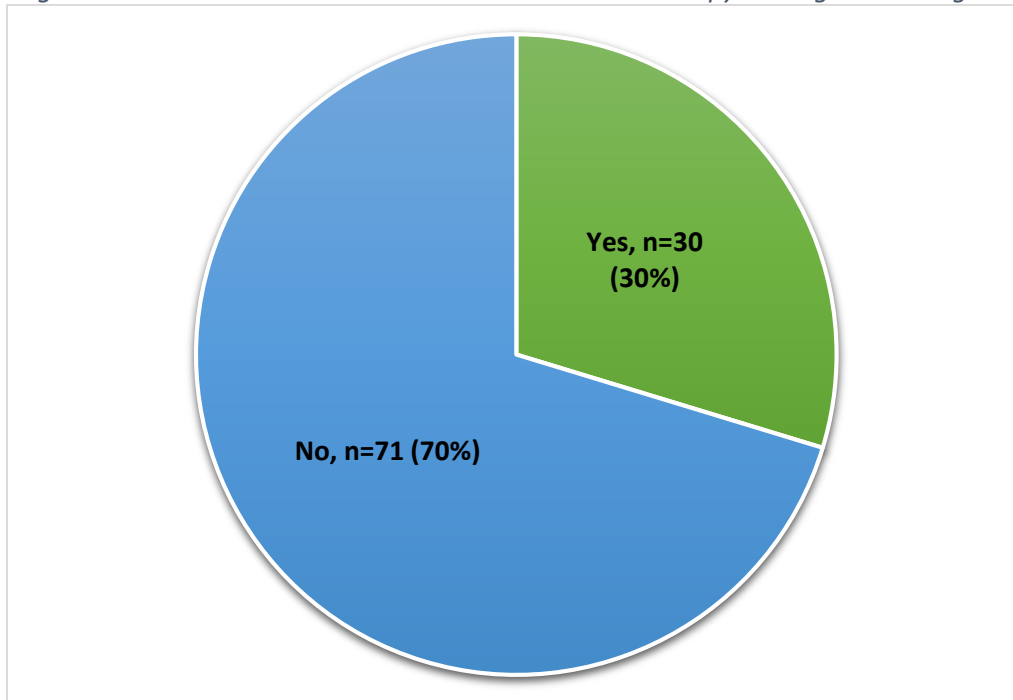


Table 31 - DUR Board Involved with the Medication Therapy Management Program

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (1), District of Columbia (1), Florida (1), Louisiana (1), Michigan (1), Minnesota (1), Nebraska (1), New York (3), Oregon (8), Pennsylvania (3), South Carolina (1), Texas (1), Virginia (5), Washington (1), Wisconsin (1)	30	29.70%
No	California (5), Colorado (1), Delaware (2), District of Columbia (1), Florida (3), Georgia (2), Hawaii (2), Indiana (4), Iowa (1), Kansas (3), Kentucky (1), Louisiana (4), Maryland (1), Massachusetts (1), Michigan (3), Minnesota (6), Mississippi (1), Nebraska (2), Nevada (1), New Hampshire (1), New Jersey (1), New Mexico (3), New York (3), Ohio (5), Oregon (2), Pennsylvania (3), Rhode Island (1), South Carolina (1), Texas (3), Utah (1), Virginia (1), Washington (1), Wisconsin (1)	71	70.30%
National Totals		101	100%

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

Figure 31 - Plans to Implement a Medication Therapy Management Program

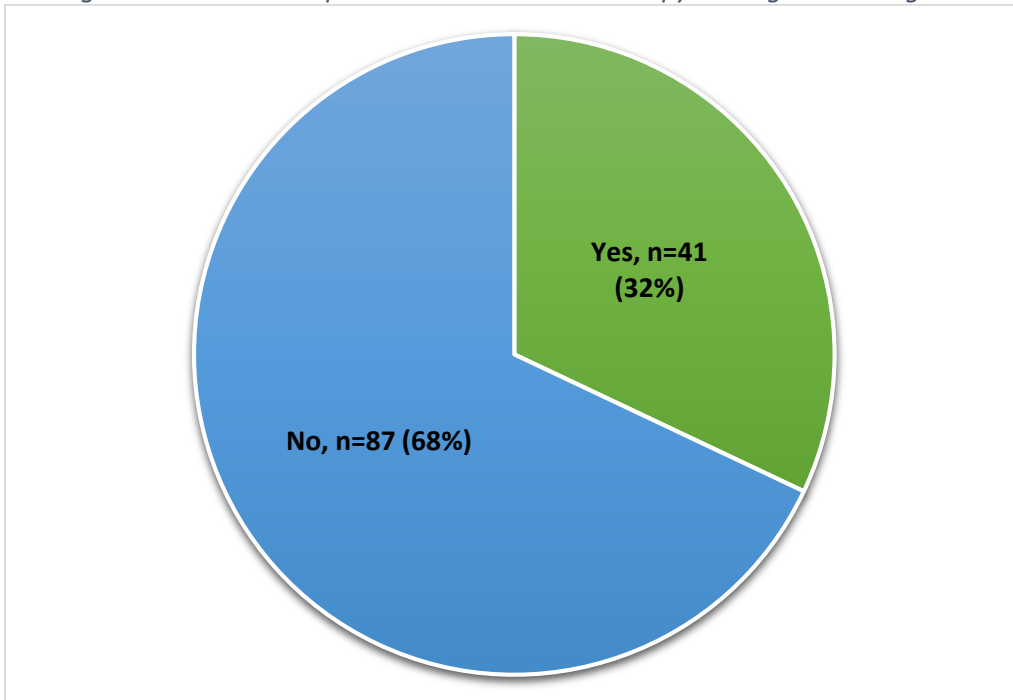


Table 32 - Plans to Implement a Medication Therapy Management Program

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (7), District of Columbia (1), Florida (4), Illinois (3), Maryland (2), Massachusetts (1), Michigan (2), Mississippi (1), Nevada (1), New Hampshire (1), New Jersey (1), New York (2), Oregon (4), Pennsylvania (1), Rhode Island (1), Texas (6), Utah (1), Virginia (1), Washington (1)	41	32.03%
No	California (13), Colorado (1), District of Columbia (1), Florida (3), Georgia (2), Hawaii (4), Illinois (4), Iowa (1), Kentucky (4), Maryland (6), Massachusetts (3), Michigan (5), Minnesota (1), Nevada (1), New Jersey (3), New Mexico (1), New York (11), North Dakota (1), Oregon (4), Pennsylvania (1), Rhode Island (1), South Carolina (3), Texas (8), Utah (2), Washington (2), Wisconsin (1)	87	67.97%
National Totals		128	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 32 - Incorporation of NDCs for Covered Outpatient Physician Administered Drugs into DUR criteria for ProDUR

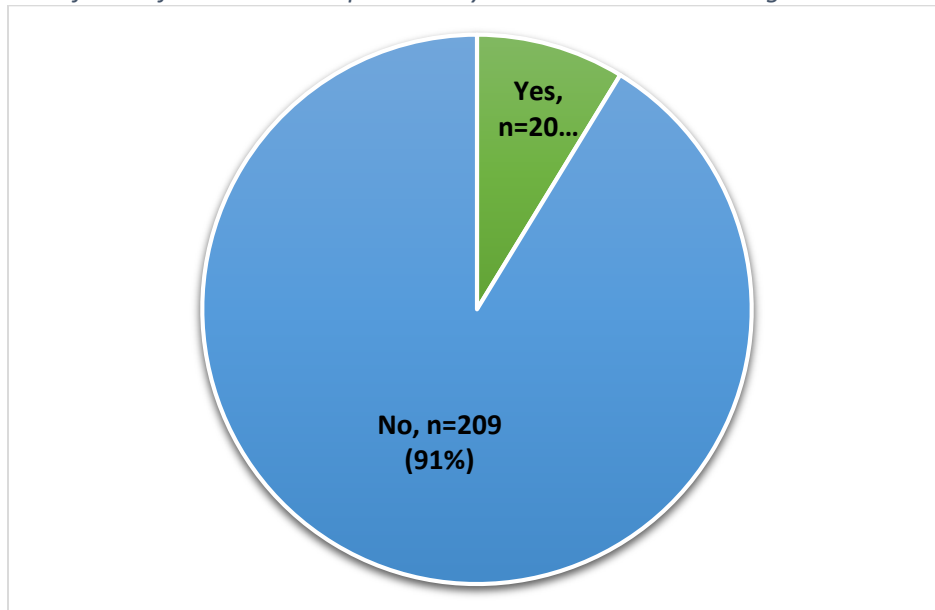


Table 33 - Incorporation of NDCs for Covered Outpatient Physician Administered Drugs into DUR criteria for ProDUR

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (2), Delaware (1), District of Columbia (1), Florida (2), Michigan (2), Minnesota (1), New Mexico (1), New York (4), Oregon (4), Utah (2)	20	8.73%
No	California (24), Colorado (2), Delaware (1), District of Columbia (3), Florida (9), Georgia (4), Hawaii (6), Illinois (7), 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 (2), New Jersey (5), New Mexico (3), New York (15), North Dakota (1), Ohio (5), Oregon (14), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (18), Utah (2), Virginia (7), Washington (5), Wisconsin (3)	209	91.27%
National Totals		229	100%

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

Figure 33 - Future Plans to Incorporate NDCs for Covered Outpatient Physician Administered Drugs into DUR criteria for ProDUR

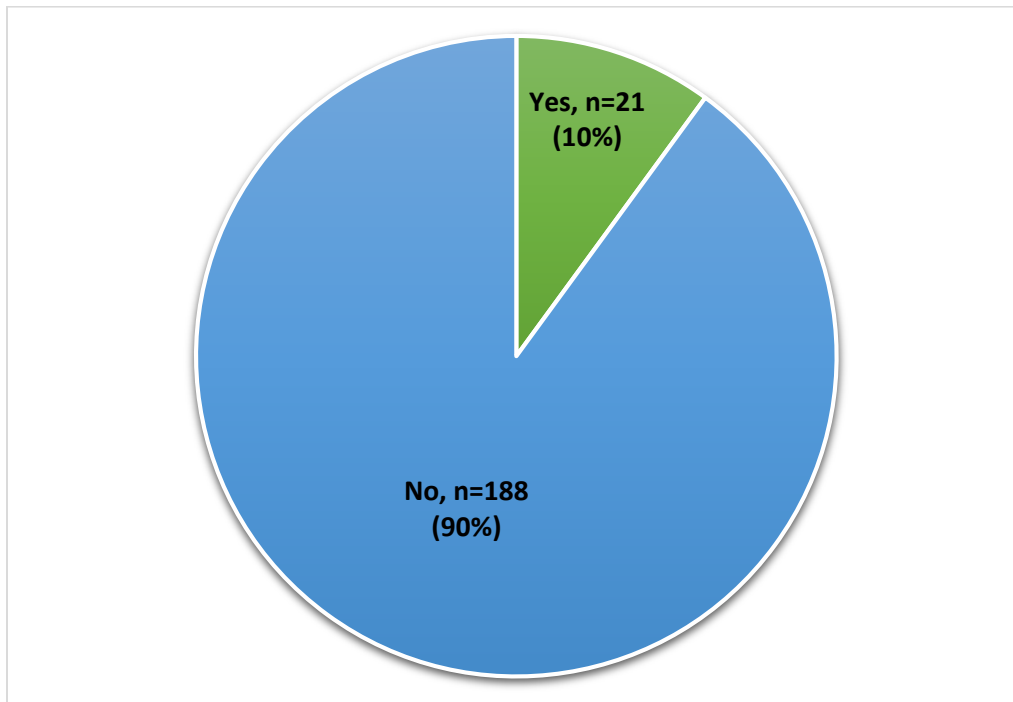


Table 34 - Future Plans to Incorporate NDCs for Covered Outpatient Physician Administered Drugs into DUR criteria for ProDUR

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (2), Colorado (1), Hawaii (2), Illinois (2), Kentucky (1), Michigan (2), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (1), New York (1), North Dakota (1), Oregon (1), Pennsylvania (2), Utah (1), Washington (1)	21	10.05%
No	California (22), Colorado (1), Delaware (1), District of Columbia (3), Florida (9), Georgia (4), Hawaii (4), Illinois (5), Indiana (4), Iowa (2), Kansas (3), Kentucky (4), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (7), Minnesota (7), Mississippi (1), Nebraska (2), Nevada (2), New Hampshire (2), New Jersey (4), New Mexico (3), New York (14), Ohio (5), Oregon (13), Pennsylvania (6), Rhode Island (3), South Carolina (5), Texas (18), Utah (1), Virginia (7), Washington (4), Wisconsin (3)	188	89.95%
National Totals		209	100%

2. RetroDUR?

Figure 34 - Incorporation of NDCs for Covered Outpatient Physician Administered Drugs into DUR criteria for RetroDUR

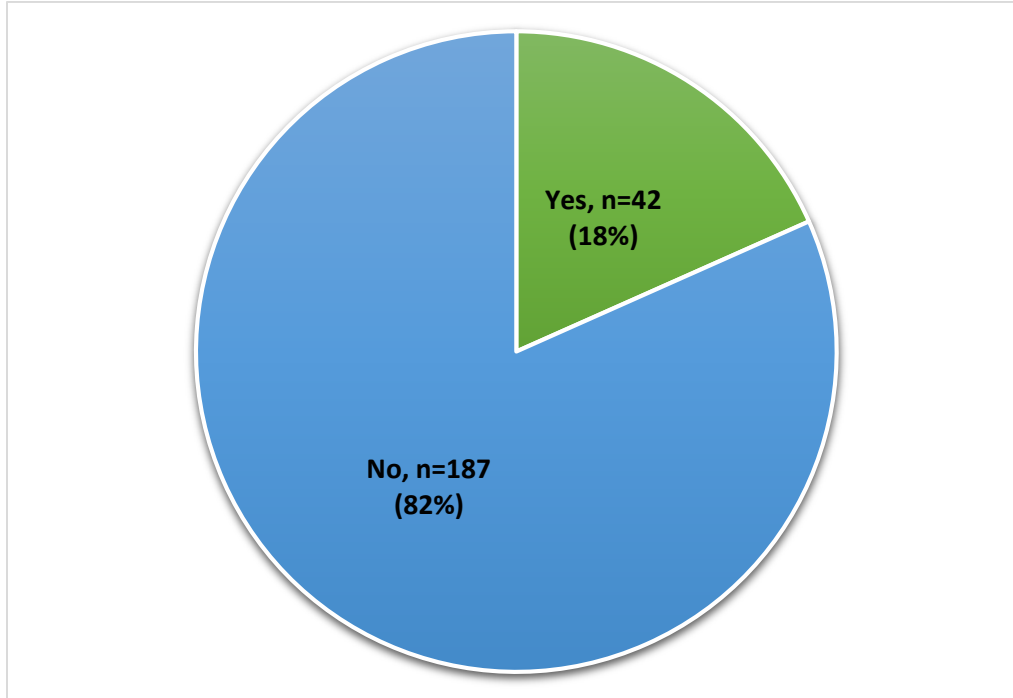


Table 35 - Incorporation of NDCs for Covered Outpatient Physician Administered Drugs into DUR criteria for RetroDUR

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (4), Delaware (1), District of Columbia (1), Florida (4), Georgia (1), Hawaii (3), Illinois (1), Kentucky (1), Michigan (3), Minnesota (1), Nebraska (1), New Jersey (2), New Mexico (1), New York (6), Oregon (5), Pennsylvania (1), South Carolina (1), Utah (3), Virginia (2)	42	18.34%
No	California (22), Colorado (2), Delaware (1), District of Columbia (3), Florida (7), Georgia (3), Hawaii (3), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (4), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (8), Minnesota (7), Mississippi (2), Nebraska (2), Nevada (3), New Hampshire (2), New Jersey (3), New Mexico (3), New York (13), North Dakota (1), Ohio (5), Oregon (13), Pennsylvania (7), Rhode Island (3), South Carolina (4), Texas (18), Utah (1), Virginia (5), Washington (5), Wisconsin (3)	187	81.66%
National Totals		229	100%

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

Figure 35 - Future Plans to Incorporate NDCs for Covered Outpatient Physician Administered Drugs into DUR criteria for RetroDUR

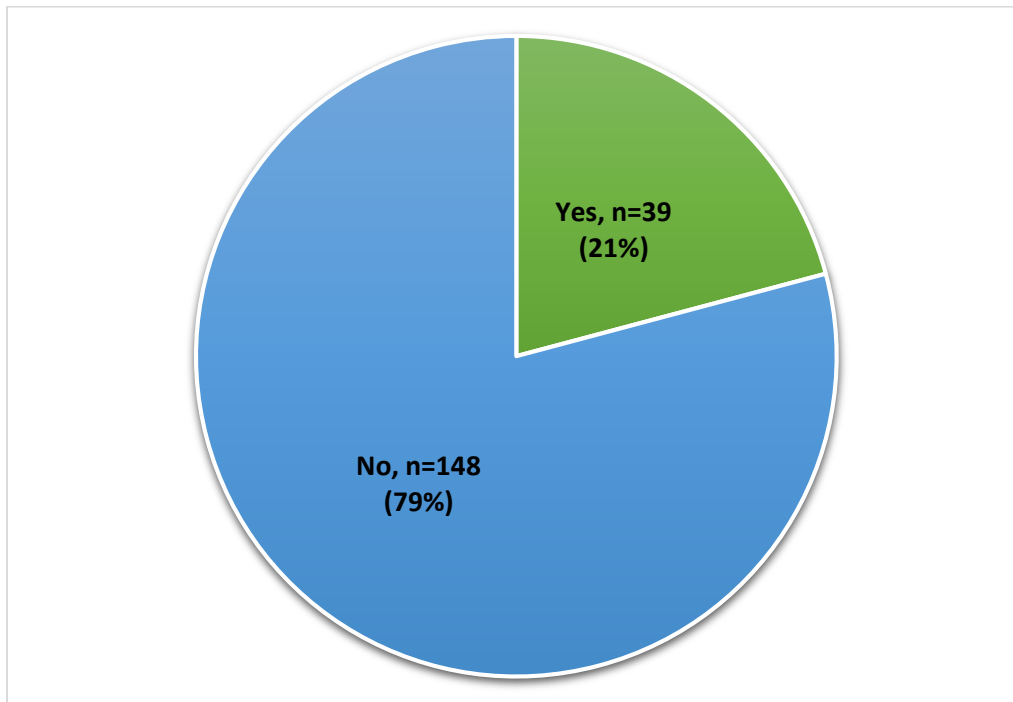


Table 36 - Future Plans to Incorporate NDCs for Covered Outpatient Physician Administered Drugs into DUR criteria for RetroDUR

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (4), Colorado (1), District of Columbia (1), Florida (1), Hawaii (2), Illinois (2), Kentucky (1), Maryland (1), Massachusetts (1), Michigan (2), Minnesota (1), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (1), New York (2), North Dakota (1), Oregon (6), Pennsylvania (3), Rhode Island (1), South Carolina (1), Texas (1), Virginia (1), Washington (1)	39	20.86%
No	California (18), Colorado (1), Delaware (1), District of Columbia (2), Florida (6), Georgia (3), Hawaii (1), Illinois (4), Indiana (4), Iowa (2), Kansas (3), Kentucky (3), Louisiana (5), Maryland (8), Massachusetts (4), Michigan (6), Minnesota (6), Mississippi (1), Nebraska (1), Nevada (2), New Hampshire (1), New Jersey (2), New Mexico (3), New York (11), Ohio (5), Oregon (7), Pennsylvania (4), Rhode Island (2), South Carolina (3), Texas (17), Utah (1), Virginia (4), Washington (4), Wisconsin (3)	148	79.14%
National Totals		187	100%

Section VI - Generic Policy and Utilization Data

1. 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 36 - More Restrictive MCO Requirements than the Prescriber Writing in His Own Handwriting "Brand Medically Necessary" for a Brand Name Drug

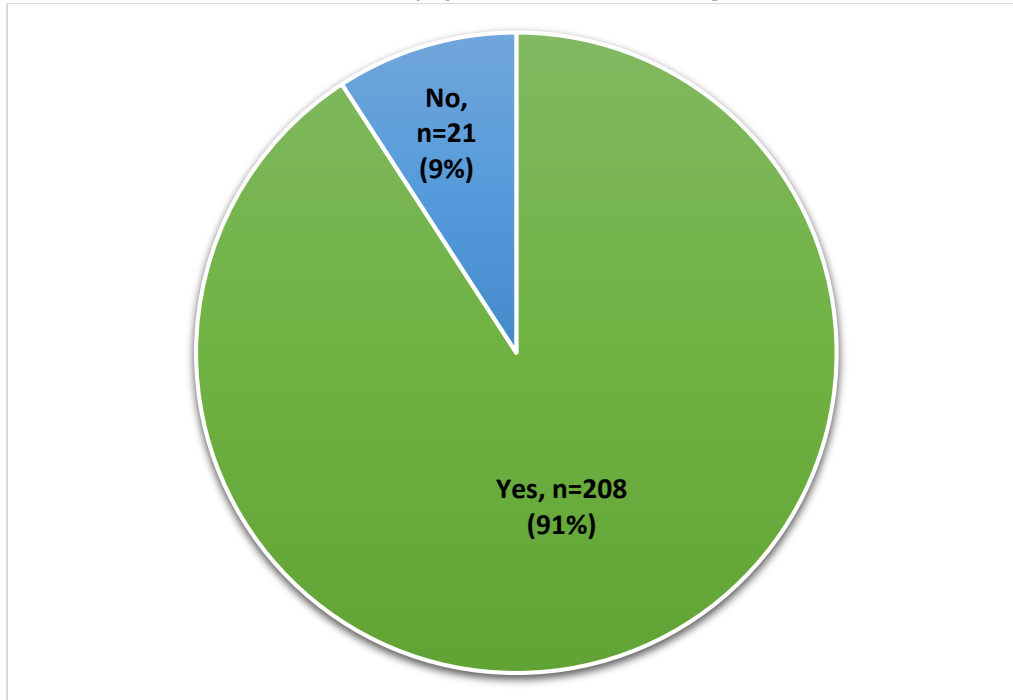


Table 37 - More Restrictive MCO Requirements than the Prescriber Writing in His Own Handwriting "Brand Medically Necessary" for a Brand Name Drug

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (23), Colorado (1), Delaware (2), District of Columbia (3), Florida (11), Georgia (4), Hawaii (4), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (7), Massachusetts (4), Michigan (11), Minnesota (7), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (4), New York (19), North Dakota (1), Ohio (5), Oregon (16), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (14), Utah (4), Virginia (5), Washington (5), Wisconsin (2)	208	90.83%
No	California (3), Colorado (1), District of Columbia (1), Hawaii (2), Illinois (1), Maryland (2), Massachusetts (1), Minnesota (1), Oregon (2), Texas (4), Virginia (2), Wisconsin (1)	21	9.17%
National Totals		229	100%

If “Yes,” check all that apply:

Figure 37 - Additional Restrictive MCO Requirements than the Prescriber Writing in His Own Handwriting “Brand Medically Necessary” for a Brand Name Drug

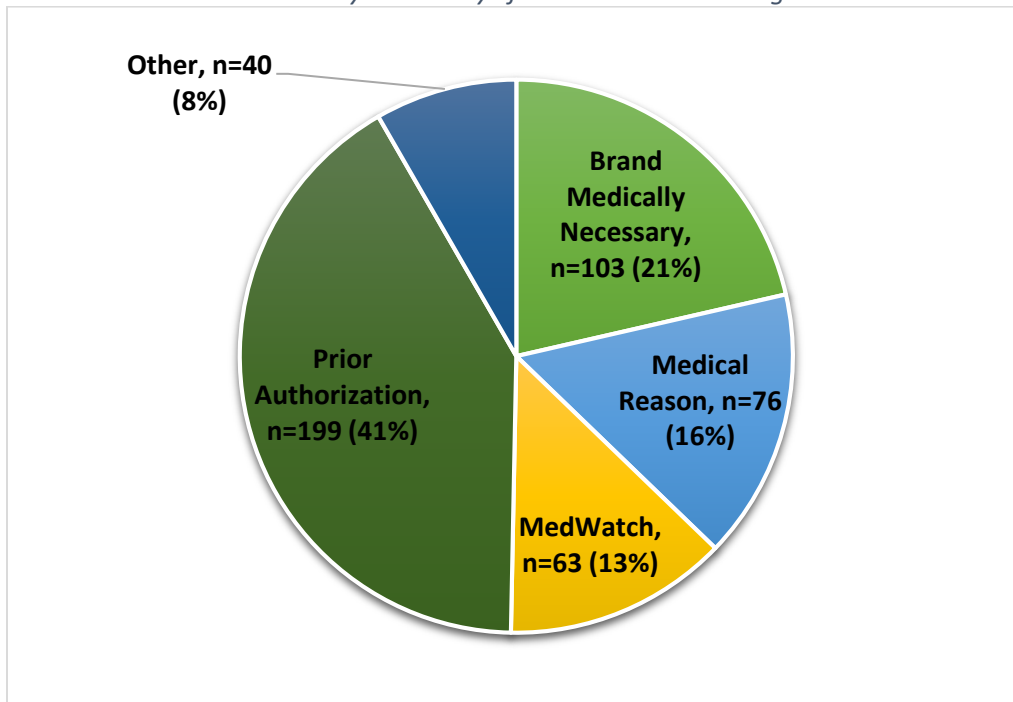


Table 38 - Additional Restrictive MCO Requirements than the Prescriber Writing in His Own Handwriting “Brand Medically Necessary” for a Brand Name Drug

Response	States (Count of MCOs)	Total	Percent of Total
Brand Medically Necessary	California (5), Delaware (1), District of Columbia (3), Florida (9), Georgia (3), Hawaii (2), Illinois (4), Indiana (4), Iowa (1), Kansas (2), Kentucky (2), Louisiana (3), Maryland (5), Massachusetts (2), Michigan (8), Minnesota (4), Nebraska (2), Nevada (1), New Jersey (4), New Mexico (3), New York (8), Ohio (2), Oregon (8), Pennsylvania (3), Rhode Island (2), South Carolina (3), Texas (2), Utah (1), Virginia (4), Washington (1), Wisconsin (1)	103	21.41%
Medical reason	California (9), Colorado (1), District of Columbia (2), Florida (4), Georgia (3), Hawaii (1), Illinois (1), Indiana (4), Kansas (1), Louisiana (2), Maryland (1), Massachusetts (1), Michigan (5), Minnesota (1), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (1), New Mexico (1), New York (5), Ohio (3), Oregon (9), Pennsylvania (2), South Carolina (4), Texas (9), Utah (1), Virginia (2)	76	15.80%
MedWatch	California (10), Colorado (1), Delaware (1), District of Columbia (2), Florida (4), Georgia (2), Hawaii (1), Illinois (1), Indiana (3), Iowa (2), Kansas (2), Kentucky	63	13.10%

Response	States (Count of MCOs)	Total	Percent of Total
	(2), Maryland (2), Michigan (3), Minnesota (1), Mississippi (1), New Hampshire (1), New Jersey (1), New Mexico (1), New York (1), Ohio (2), Pennsylvania (2), South Carolina (3), Texas (10), Virginia (2), Washington (2)		
Prior authorization	California (22), Colorado (1), Delaware (2), District of Columbia (3), Florida (10), Georgia (4), Hawaii (4), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (7), Massachusetts (4), Michigan (10), Minnesota (7), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (4), New York (17), North Dakota (1), Ohio (4), Oregon (16), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (12), Utah (4), Virginia (5), Washington (5), Wisconsin (1)	199	41.37%
Other	California (3), Florida (3), Hawaii (2), Illinois (1), Maryland (1), Michigan (3), Mississippi (1), New Hampshire (1), New Mexico (1), New York (4), Ohio (1), Oregon (1), South Carolina (2), Texas (12), Washington (2), Wisconsin (2)	40	8.32%
National Totals		481	100%

Generic Drug Utilization Data (to be utilized for completion of question 3 below)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.

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

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

10. **Generic 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:

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

CMS has developed an extract file from the Medicaid Drug Rebate Program Drug Product Data File identifying each NDC along with sourcing status of each drug: S, N, or I, which can be found at Medicaid.gov (Click on the link “an NDC and Drug Category file [ZIP],” then open the Medicaid Drug Product File 4th Qtr. 2018 Excel file).

Figure 38 - State MCO Average Single Source (S) Drug Claims

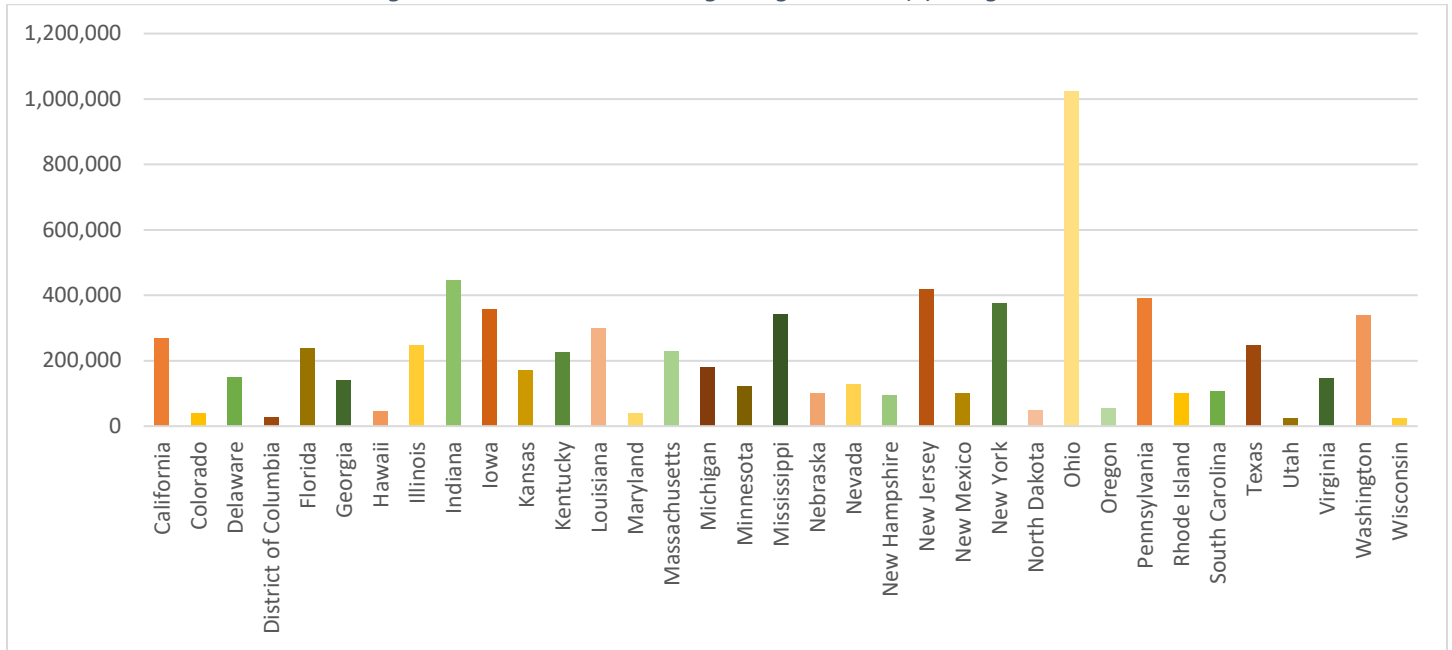


Figure 39 - State MCO Average Non-Innovator Multiple-Source (N) Drug Claims

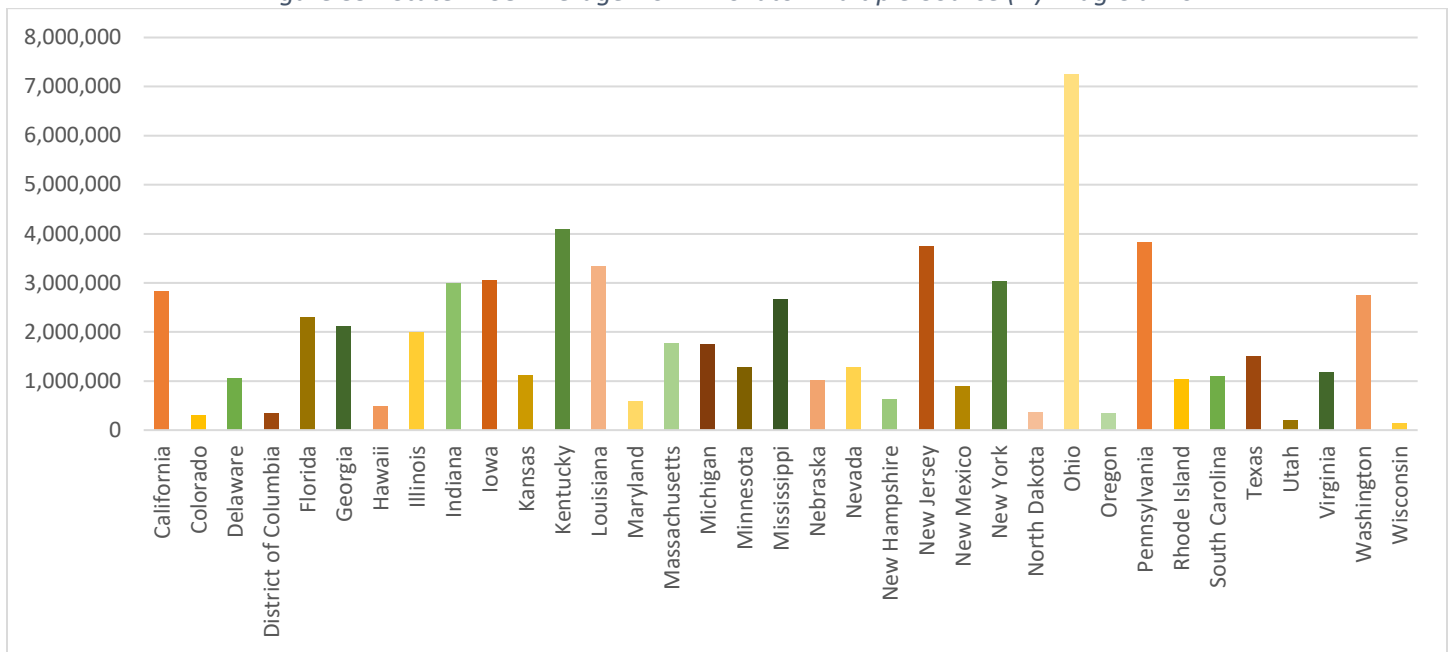


Figure 40 - State MCO Average Innovator Multiple-Source (I) Drug Claims

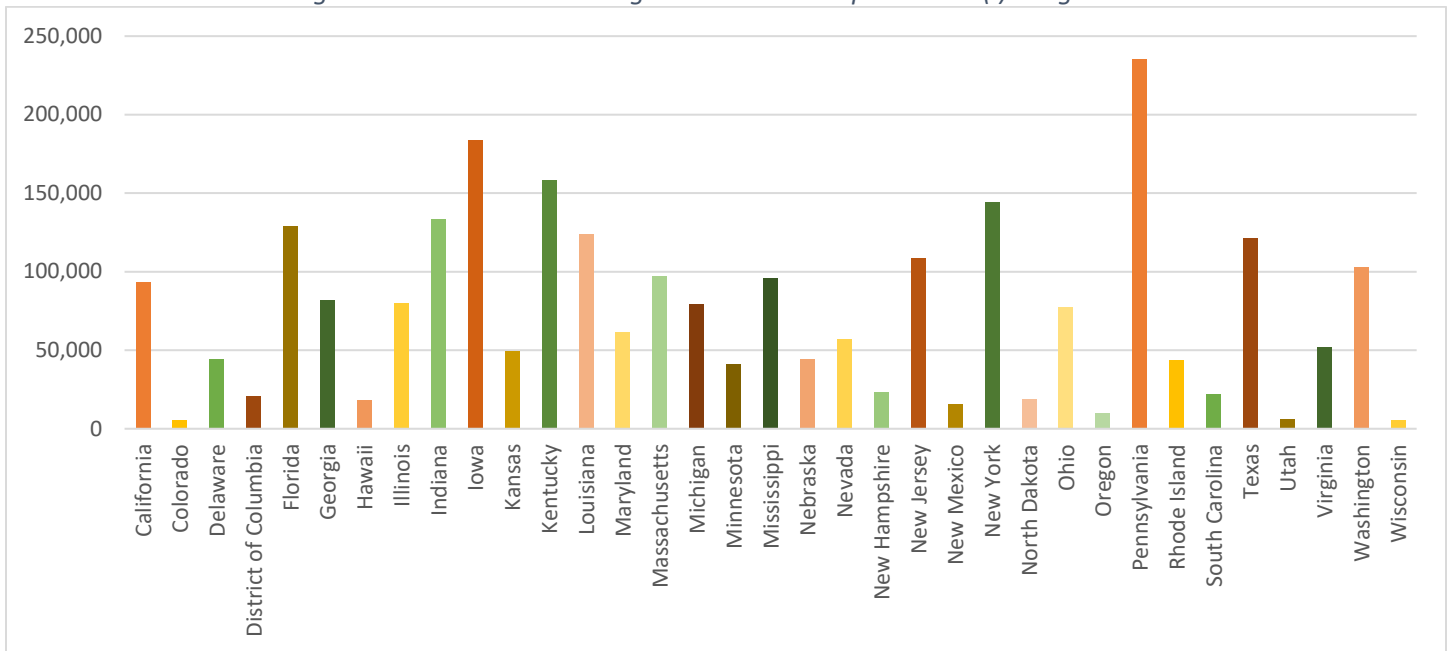


Table 39 - State MCO Average Drug Claims: Single Source Innovator (S), Innovator Multiple-Source (I), Non-Innovator Multiple-Source (N)

State	State MCO Average Single Source "S" Number of Drug Claims	State MCO Average Non-Innovator Multiple Source "N" Number Drug Claims	State MCO Average Innovator Multiple Source "I" Drug Claims
California	267,920	2,836,807	93,586
Colorado	38,823	299,003	5,156
Delaware	148,848	1,044,589	44,154
District of Columbia	28,142	337,691	20,900
Florida	236,552	2,297,284	128,949
Georgia	139,043	2,123,399	82,083
Hawaii	46,288	488,099	18,340
Illinois	246,916	1,997,735	79,918
Indiana	446,400	2,989,134	133,415
Iowa	356,360	3,052,466	183,631
Kansas	170,563	1,105,872	49,485
Kentucky	226,322	4,087,042	158,218
Louisiana	297,768	3,327,359	123,772
Maryland	40,054	585,191	61,228
Massachusetts	228,254	1,772,050	97,148
Michigan	178,561	1,747,591	79,519
Minnesota	121,664	1,278,076	41,126
Mississippi	342,884	2,669,730	96,014
Nebraska	99,463	1,021,993	44,068
Nevada	127,392	1,281,318	56,752

State	State MCO Average Single Source “S” Number of Drug Claims	State MCO Average Non-Innovator Multiple Source “N” Number Drug Claims	State MCO Average Innovator Multiple Source “I” Drug Claims
New Hampshire	92,973	618,482	22,934
New Jersey	419,609	3,738,240	108,385
New Mexico	101,408	895,538	15,748
New York	376,698	3,037,879	144,185
North Dakota	47,425	368,889	18,667
Ohio	1,024,764	7,243,191	77,559
Oregon	53,144	338,765	10,140
Pennsylvania	391,752	3,822,149	235,446
Rhode Island	101,425	1,034,825	43,358
South Carolina	107,720	1,090,137	22,237
Texas	246,999	1,495,485	121,008
Utah	25,477	200,247	5,883
Virginia	145,303	1,185,249	51,927
Washington	337,940	2,741,089	103,059
Wisconsin	24,377	134,790	5,313
National Average	208,149	1,836,782	73,809

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

Figure 41 - Average State Generic Utilization Percentage Across all MCOs

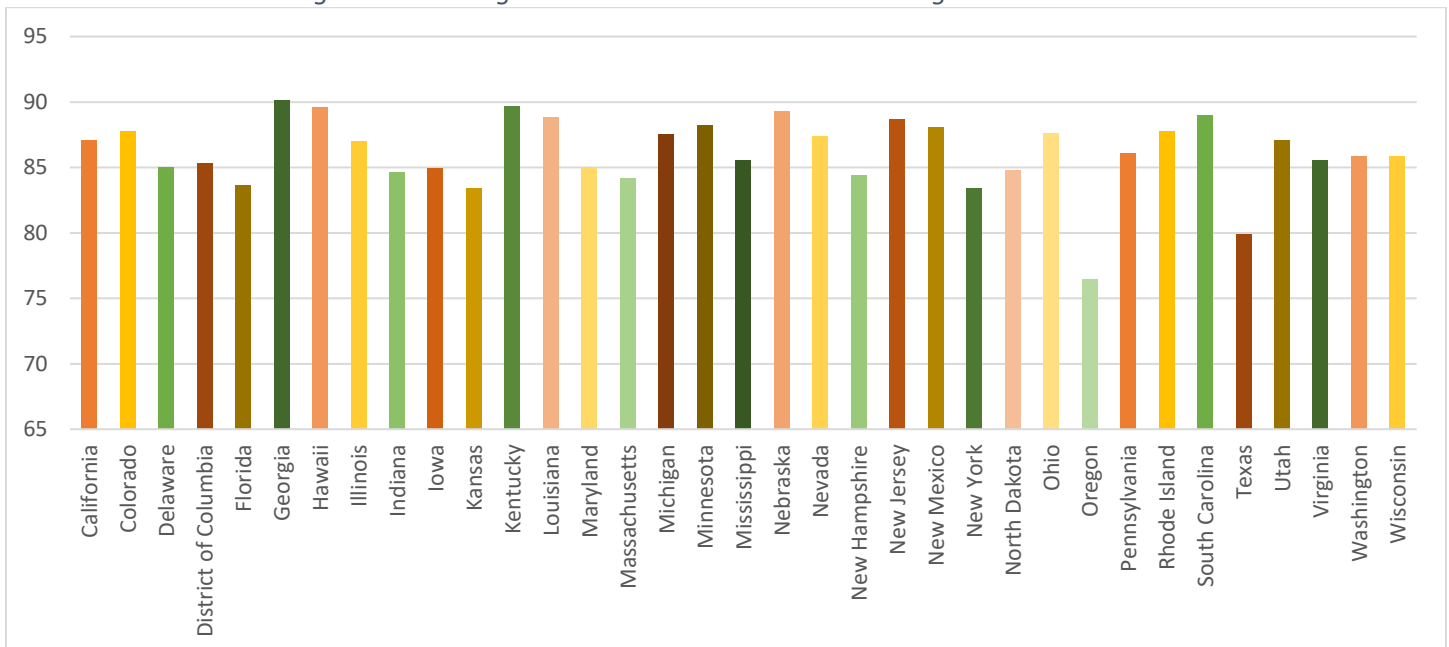


Table 40 - Average State Generic Utilization Percentage Across all MCOs

State	State Average Generic Utilization Percentage
California	87.05%
Colorado	87.76%
Delaware	85.00%
District of Columbia	85.29%
Florida	83.62%
Georgia	90.16%
Hawaii	89.64%
Illinois	87.03%
Indiana	84.61%
Iowa	84.95%
Kansas	83.40%
Kentucky	89.70%
Louisiana	88.85%
Maryland	85.01%
Massachusetts	84.19%
Michigan	87.51%
Minnesota	88.21%
Mississippi	85.57%
Nebraska	89.31%
Nevada	87.38%
New Hampshire	84.37%
New Jersey	88.70%
New Mexico	88.03%
New York	83.39%
North Dakota	84.81%
Ohio	87.65%
Oregon	76.42%
Pennsylvania	86.06%
Rhode Island	87.75%
South Carolina	88.97%
Texas	79.93%
Utah	87.11%
Virginia	85.55%
Washington	85.86%
Wisconsin	85.83%
National Average	86.13%

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

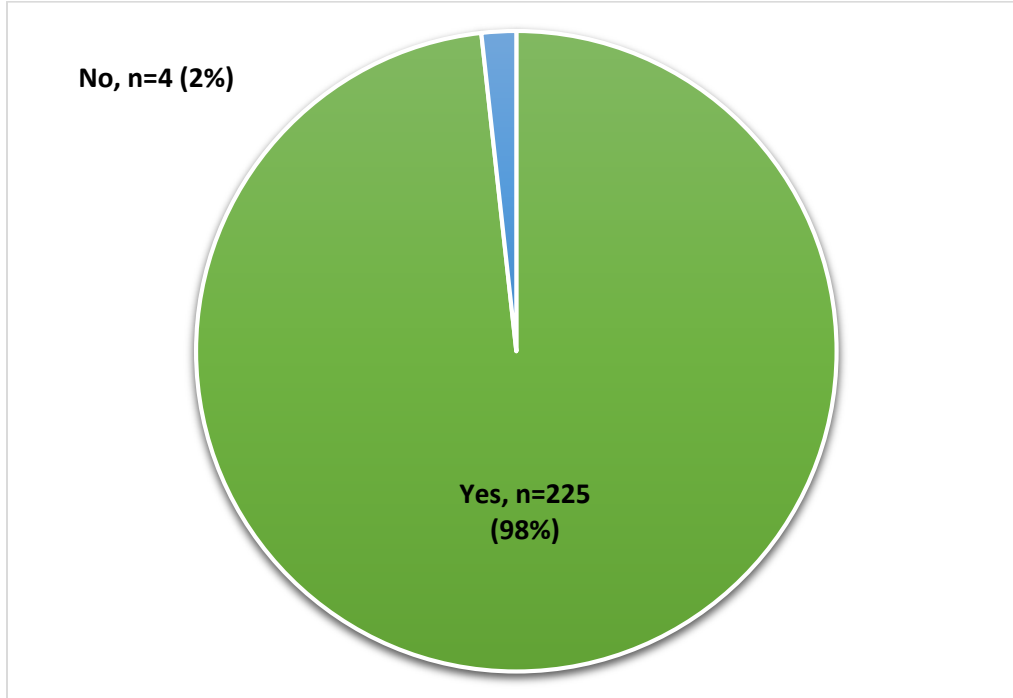


Table 41 - Documented Process in Place by MCO to Identify Potential Fraud or Abuse of Controlled Drugs by Beneficiaries

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (24), Colorado (2), Delaware (2), District of Columbia (4), Florida (11), 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 (2), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (4), New York (19), North Dakota (1), Ohio (5), Oregon (16), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (18), Utah (4), Virginia (7), Washington (5), Wisconsin (3)	225	98.25%
No	California (2), Oregon (2)	4	1.75%
National Totals		229	100%

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

Figure 43 - Action Process Initiates when Potential Fraud or Abuse of Controlled Drugs by Beneficiaries is detected

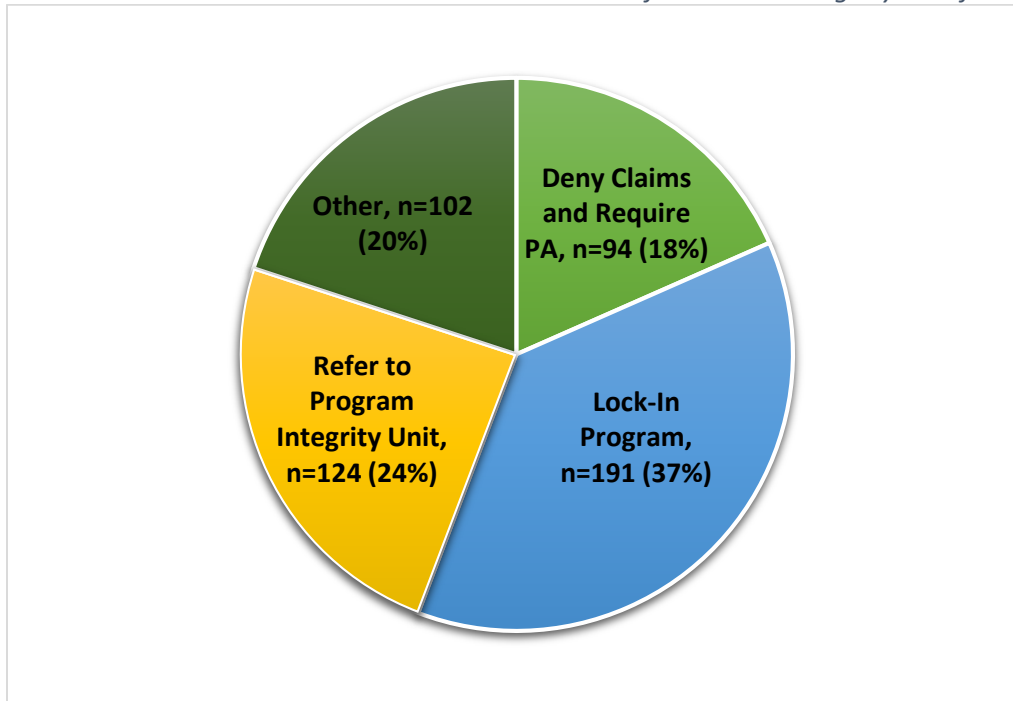


Table 42 - Action Process Initiates when Potential Fraud or Abuse of Controlled Drugs by Beneficiaries is Detected

Response	States (Count of MCOs)	Total	Percent of Total
Deny claims and require PA	California (11), Colorado (1), District of Columbia (2), Florida (1), Georgia (2), Hawaii (4), Illinois (3), Indiana (2), Kentucky (2), Louisiana (1), Maryland (4), Massachusetts (2), Michigan (5), Minnesota (3), Nebraska (1), Nevada (1), New Jersey (2), New Mexico (3), New York (7), Ohio (3), Oregon (8), Pennsylvania (2), South Carolina (2), Texas (15), Utah (3), Virginia (2), Washington (1), Wisconsin (1)	94	18.40%
Lock-In Program	California (11), Colorado (1), 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 (9), Massachusetts (5), Michigan (11), Minnesota (8), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (4), New York (18), North Dakota (1), Ohio (5), Oregon (3), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (18), Utah (4), Virginia (7), Washington (5), Wisconsin (2)	191	37.38%
Program Integrity Unit	California (10), Delaware (1), District of Columbia (3), Florida (8), Georgia (3), Hawaii (6), Illinois (4), Indiana (3), Iowa (1), Kansas (2), Kentucky (3), Louisiana (3), Maryland (6), Massachusetts (1), Michigan (6),	124	24.27%

Response	States (Count of MCOs)	Total	Percent of Total
	Minnesota (3), Mississippi (1), Nebraska (3), Nevada (1), New Hampshire (1), New Jersey (4), New Mexico (3), New York (10), North Dakota (1), Ohio (3), Oregon (5), Pennsylvania (6), Rhode Island (2), South Carolina (3), Texas (7), Utah (3), Virginia (5), Washington (2), Wisconsin (1)		
Other	California (10), Colorado (1), Delaware (1), District of Columbia (1), Florida (6), Hawaii (3), Illinois (3), Iowa (1), Kansas (1), Kentucky (2), Louisiana (3), Maryland (6), Massachusetts (2), Michigan (4), Minnesota (2), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (3), New Mexico (2), New York (6), Ohio (2), Oregon (9), Pennsylvania (4), Rhode Island (2), South Carolina (1), Texas (16), Virginia (5), Washington (1), Wisconsin (2)	102	19.96%
National Totals		511	100%

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

Figure 44 - Lock-In Program

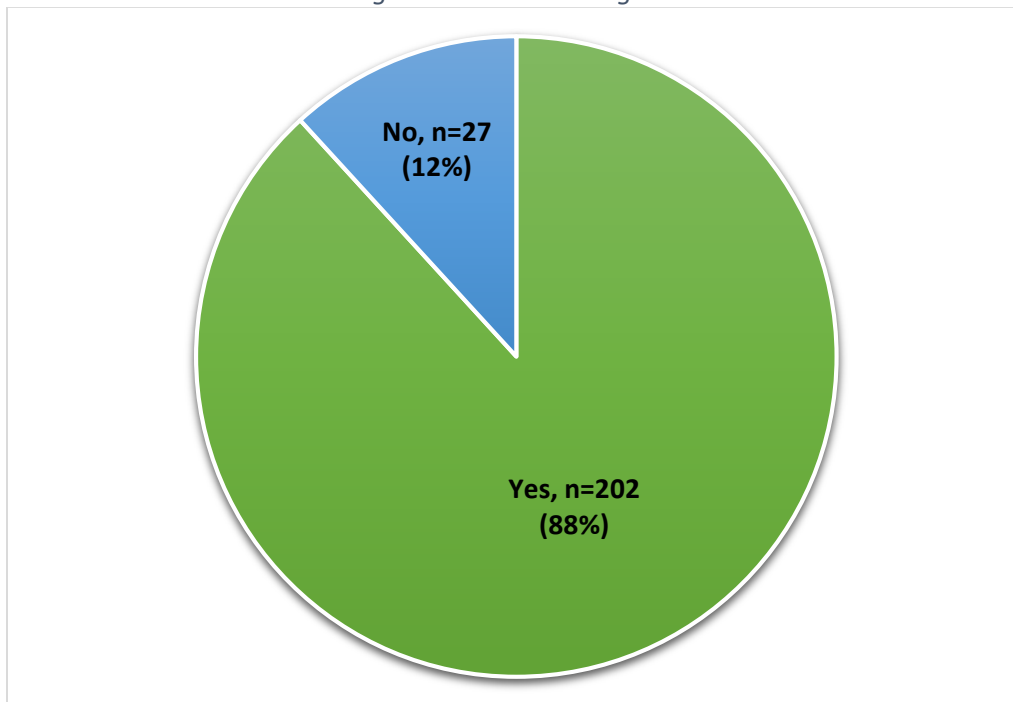


Table 43 - Lock-In Program

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (13), Colorado (2), Delaware (2), District of Columbia (4), Florida (8), Georgia (4), Hawaii (5), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky	202	88.21%

Response	States (Count of MCOs)	Total	Percent of Total
	(5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (8), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (4), New York (19), North Dakota (1), Ohio (5), Oregon (10), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (18), Utah (4), Virginia (7), Washington (5), Wisconsin (2)		
No	California (13), Florida (3), Hawaii (1), Illinois (1), Oregon (8), Wisconsin (1)	27	11.79%
National Totals		229	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? Check all that apply:

Figure 45 - Lock-In Program Candidate Identification Criteria

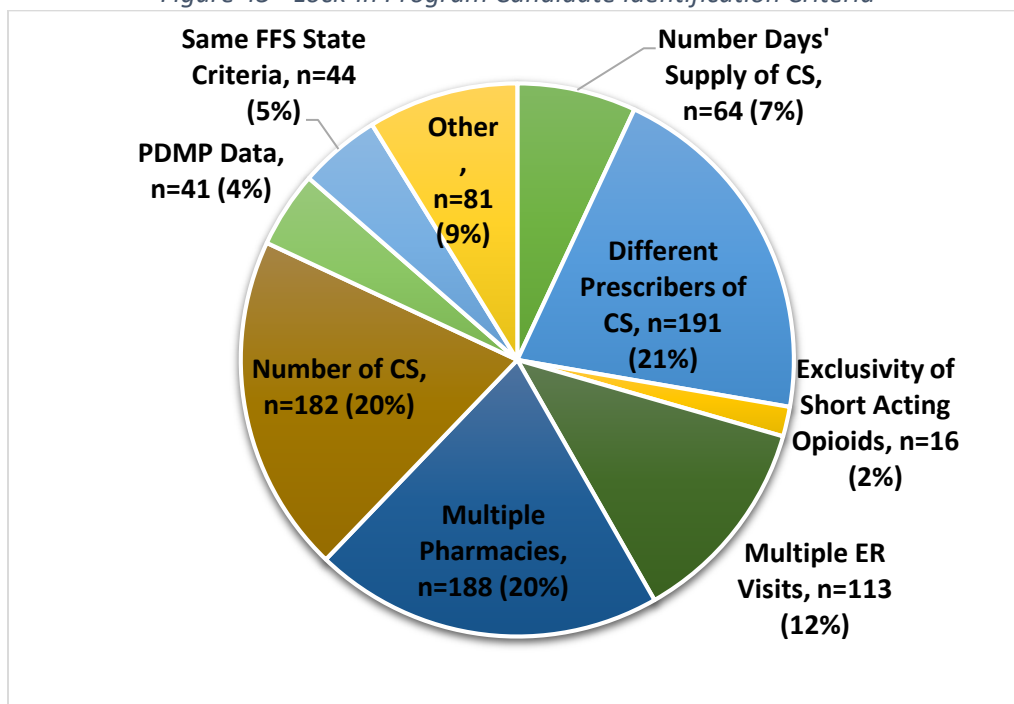


Table 44 - Lock-In Program Candidate Identification Criteria

Response	States (Count of MCOs)	Total	Percent of Total
Days' supply of CS	California (2), Colorado (2), Delaware (1), District of Columbia (1), Florida (1), Hawaii (2), Illinois (1), Indiana (1), Maryland (2), Massachusetts (2), Michigan (3), Minnesota (2), Nevada (1), New Jersey (2), New Mexico (2), New York (7), North Dakota (1), Ohio (1), Oregon (4), Pennsylvania (3), South Carolina (2), Texas	64	6.96%

Response	States (Count of MCOs)	Total	Percent of Total
	(14), Utah (2), Virginia (3), Washington (1), Wisconsin (1)		
Different prescribers of CS	California (9), 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 (9), Massachusetts (5), Michigan (11), Minnesota (7), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (4), New York (19), North Dakota (1), Ohio (5), Oregon (8), Pennsylvania (8), Rhode Island (2), South Carolina (5), Texas (16), Utah (4), Virginia (7), Washington (4), Wisconsin (2)	191	20.76%
Exclusivity of short acting opioids	Colorado (1), Delaware (1), Maryland (1), Minnesota (1), Nebraska (1), New Jersey (1), New York (4), Oregon (1), Pennsylvania (2), Texas (1), Utah (1), Virginia (1)	16	1.74%
Multiple ER visits	California (2), Colorado (1), Delaware (1), District of Columbia (1), Florida (3), Georgia (2), Hawaii (4), Illinois (3), Indiana (4), Kansas (3), Kentucky (3), Louisiana (3), Massachusetts (3), Michigan (9), Minnesota (8), Mississippi (1), Nebraska (2), Nevada (1), New Hampshire (1), New Jersey (3), New Mexico (2), New York (15), North Dakota (1), Ohio (3), Pennsylvania (7), Rhode Island (1), South Carolina (2), Texas (15), Utah (4), Virginia (3), Washington (2)	113	12.28%
Multiple pharmacies	California (7), 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 (9), Massachusetts (5), Michigan (11), Minnesota (7), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (4), New York (18), North Dakota (1), Ohio (5), Oregon (8), Pennsylvania (8), Rhode Island (2), South Carolina (5), Texas (16), Utah (4), Virginia (7), Washington (4), Wisconsin (2)	188	20.43%
Number of CS	California (5), Colorado (2), Delaware (2), District of Columbia (3), Florida (8), Georgia (4), Hawaii (5), Illinois (6), 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 (2), New Jersey (5), New Mexico (4), New York (19), North Dakota (1), Ohio (5), Oregon (5), Pennsylvania (7), Rhode Island (2), South Carolina (5), Texas (16), Utah (4), Virginia (7), Washington (4), Wisconsin (2)	182	19.78%
PDMP data	California (2), Colorado (1), Hawaii (1), Illinois (2), Indiana (2), Kansas (3), Kentucky (1), Maryland (1), Michigan (6), Minnesota (6), Mississippi (1), New	41	4.46%

Response	States (Count of MCOs)	Total	Percent of Total
	Mexico (3), New York (2), Texas (2), Utah (2), Virginia (3), Washington (1), Wisconsin (2)		
Same FFS state criteria	District of Columbia (1), Florida (3), Illinois (2), Indiana (1), Iowa (1), Kansas (1), Kentucky (1), Maryland (5), Massachusetts (2), Michigan (2), Minnesota (1), New York (4), Ohio (1), Pennsylvania (4), South Carolina (1), Texas (5), Utah (2), Virginia (5), Washington (1), Wisconsin (1)	44	4.78%
Other	California (6), Colorado (1), Delaware (1), District of Columbia (1), Florida (1), Hawaii (2), Illinois (2), Iowa (2), Kentucky (1), Louisiana (3), Massachusetts (4), Michigan (1), Minnesota (2), Mississippi (2), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (3), New Mexico (1), New York (8), North Dakota (1), Ohio (2), Oregon (6), Pennsylvania (4), Rhode Island (3), South Carolina (3), Texas (13), Utah (1), Virginia (1), Washington (2), Wisconsin (1)	81	8.80%
National Totals		920	100%

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

i) Prescriber only

Figure 46 - Prescriber Only Restriction Capability

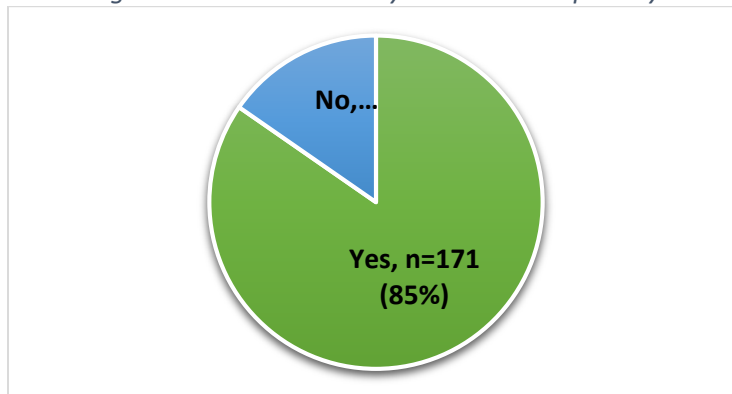


Table 45 - Prescriber Only Restriction Capability

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (12), Colorado (2), Delaware (2), District of Columbia (4), Florida (2), Georgia (3), Hawaii (5), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (4), Louisiana (5), Maryland (3), Massachusetts (5), Michigan (11), Minnesota (5), Mississippi (1), Nebraska (2), Nevada (2), New Hampshire (1), New Jersey (5), New Mexico (4), New York (18), North Dakota (1), Ohio (3), Oregon (10), Pennsylvania (7), Rhode Island (2), South Carolina (4), Texas (15), Utah (4), Virginia (7), Washington (5), Wisconsin (2)	171	84.65%

Response	States (Count of MCOs)	Total	Percent of Total
No	California (1), Florida (6), Georgia (1), Kentucky (1), Maryland (6), Minnesota (3), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (1), New York (1), Ohio (2), Pennsylvania (1), Rhode Island (1), South Carolina (1), Texas (3)	31	15.35%
National Totals		202	100%

ii) Pharmacy only

Figure 47 - Pharmacy Only Restriction Capability

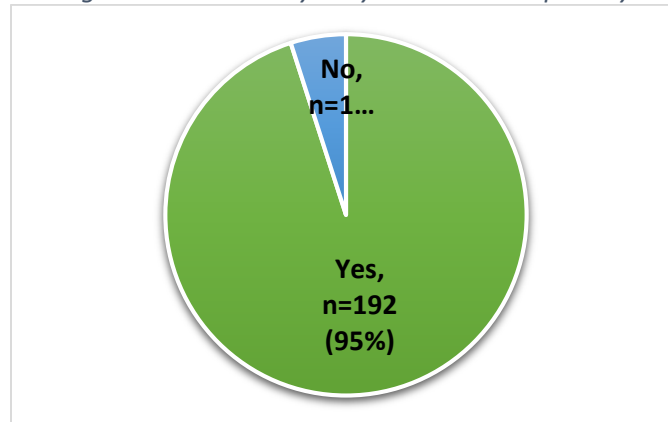


Table 46 - Pharmacy Only Restriction Capability

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (13), Colorado (2), Delaware (2), District of Columbia (4), Florida (8), Georgia (4), Hawaii (5), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (4), Louisiana (5), Maryland (5), Massachusetts (5), Michigan (11), Minnesota (6), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (4), New York (18), North Dakota (1), Ohio (5), Oregon (10), Pennsylvania (7), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (7), Washington (5), Wisconsin (2)	192	95.05%
No	Kentucky (1), Maryland (4), Minnesota (2), New York (1), Pennsylvania (1), Texas (1)	10	4.95%
National Totals		202	100%

iii) Prescriber and Pharmacy only

Figure 48 - Prescriber and Pharmacy Restriction Capability

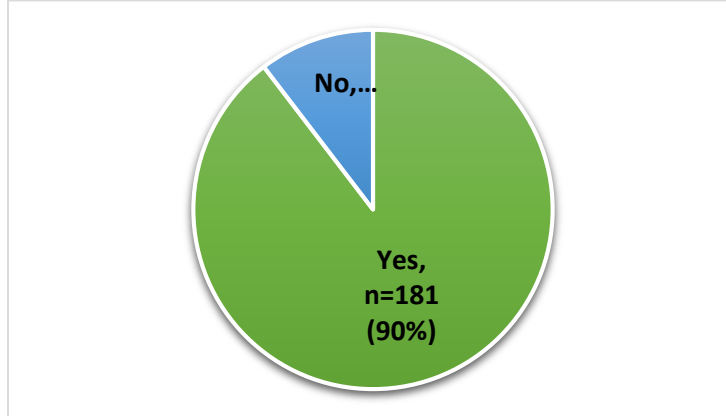


Table 47 - Prescriber and Pharmacy Restriction Capability

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (12), Colorado (2), Delaware (2), District of Columbia (4), Florida (2), Georgia (3), Hawaii (5), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (7), Massachusetts (5), Michigan (11), Minnesota (7), Mississippi (1), Nebraska (3), Nevada (2), New Hampshire (1), New Jersey (5), New Mexico (4), New York (18), North Dakota (1), Ohio (3), Oregon (10), Pennsylvania (8), Rhode Island (2), South Carolina (4), Texas (16), Utah (4), Virginia (7), Washington (5), Wisconsin (2)	181	89.60%
No	California (1), Florida (6), Georgia (1), Maryland (2), Minnesota (1), Mississippi (1), Nevada (1), New Hampshire (1), New York (1), Ohio (2), Rhode Island (1), South Carolina (1), Texas (2)	21	10.40%
National Totals		202	100%

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

Figure 49 - Lock-in Time Period

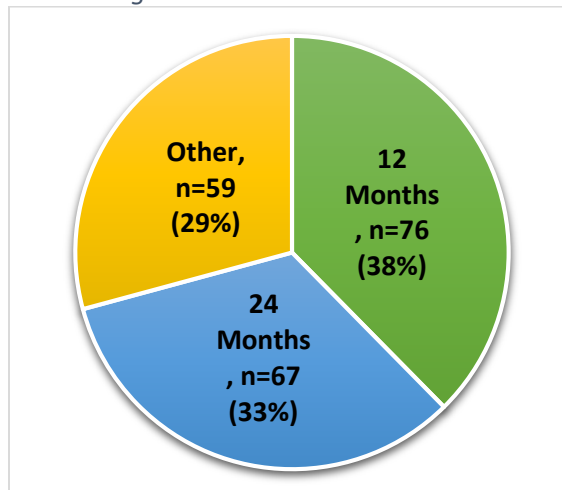


Table 48 - Lock-in Time Period

Response	States (Count of MCOs)	Total	Percent of Total
12 months	California (9), Colorado (1), Delaware (1), District of Columbia (3), Florida (7), Georgia (3), Hawaii (3), Illinois (6), Louisiana (4), Massachusetts (3), Michigan (2), Mississippi (2), Nevada (3), New Hampshire (2), New Jersey (1), New Mexico (3), New York (1), North Dakota (1), Oregon (6), Rhode Island (1), Texas (1), Utah (4), Virginia (6), Washington (1), Wisconsin (2)	76	37.62%
24 months	California (1), Georgia (1), Indiana (4), Iowa (2), Kansas (2), Kentucky (5), Louisiana (1), Maryland (8), Michigan (8), Minnesota (5), Nebraska (2), New Jersey (3), New York (11), Ohio (5), Pennsylvania (1), Rhode Island (1), South Carolina (5), Washington (2)	67	33.17%
Other	California (3), Colorado (1), Delaware (1), District of Columbia (1), Florida (1), Hawaii (2), Kansas (1), Maryland (1), Massachusetts (2), Michigan (1), Minnesota (3), Nebraska (1), New Jersey (1), New Mexico (1), New York (7), Oregon (4), Pennsylvania (7), Rhode Island (1), Texas (17), Virginia (1), Washington (2)	59	29.21%
National Totals		202	100%

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

Figure 50 - Percentage of Medicaid MCO Population in Lock-In Status Annually (State Average)

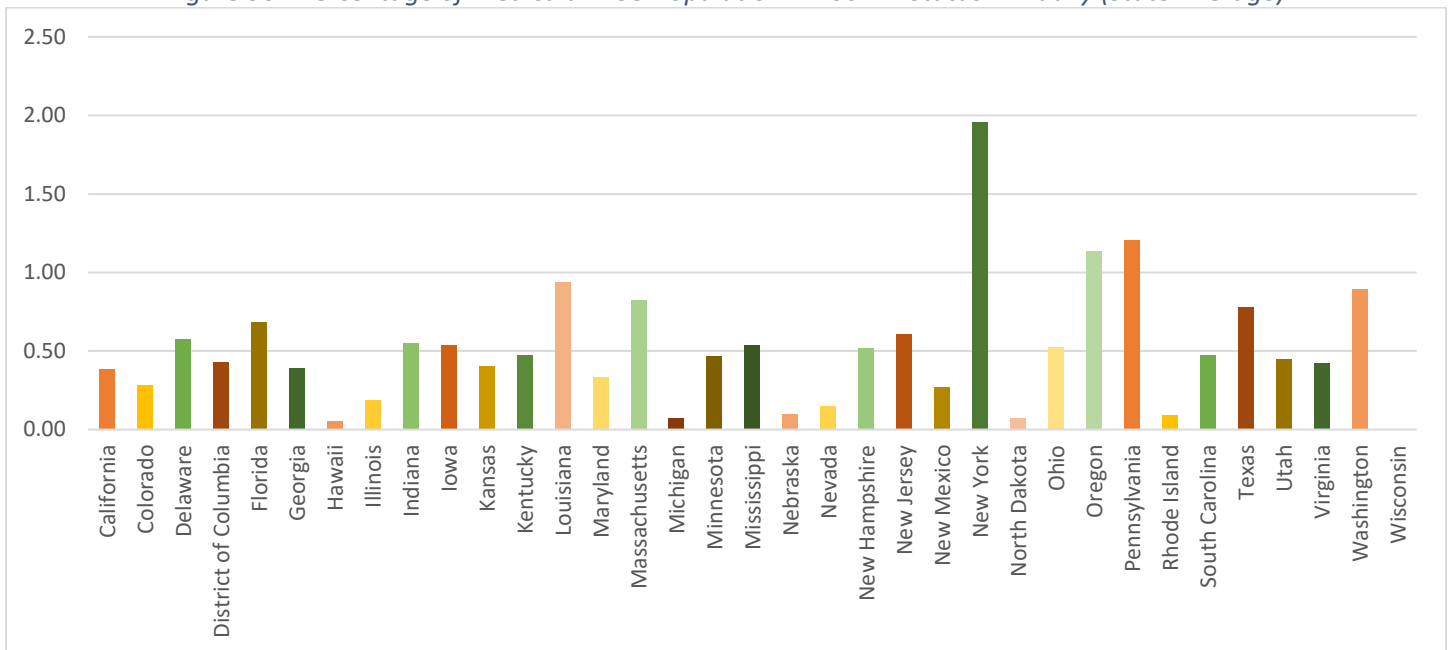


Table 49 - Percentage of Medicaid MCO Population in Lock-In Status Annually (State Average)

State	Percent
California	0.3877%
Colorado	0.2850%
Delaware	0.5750%
District of	0.4275%
Florida	0.6837%
Georgia	0.3925%
Hawaii	0.0540%
Illinois	0.1867%
Indiana	0.5525%
Iowa	0.5350%
Kansas	0.4033%
Kentucky	0.4740%
Louisiana	0.9400%
Maryland	0.3323%
Massachusetts	0.8220%
Michigan	0.0764%
Minnesota	0.4663%
Mississippi	0.5350%
Nebraska	0.1000%
Nevada	0.1500%
New Hampshire	0.5215%
New Jersey	0.6060%
New Mexico	0.2727%
New York	1.9605%
North Dakota	0.0750%
Ohio	0.5260%
Oregon	1.1350%
Pennsylvania	1.2038%
Rhode Island	0.0900%
South Carolina	0.4760%
Texas	0.7807%
Utah	0.4475%
Virginia	0.4243%
Washington	0.8920%
Wisconsin	0.0000%
National Average	0.5083%

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

Figure 51 - Documented Process to Identify Possible Fraud or Abuse of Controlled Drugs by Prescribers

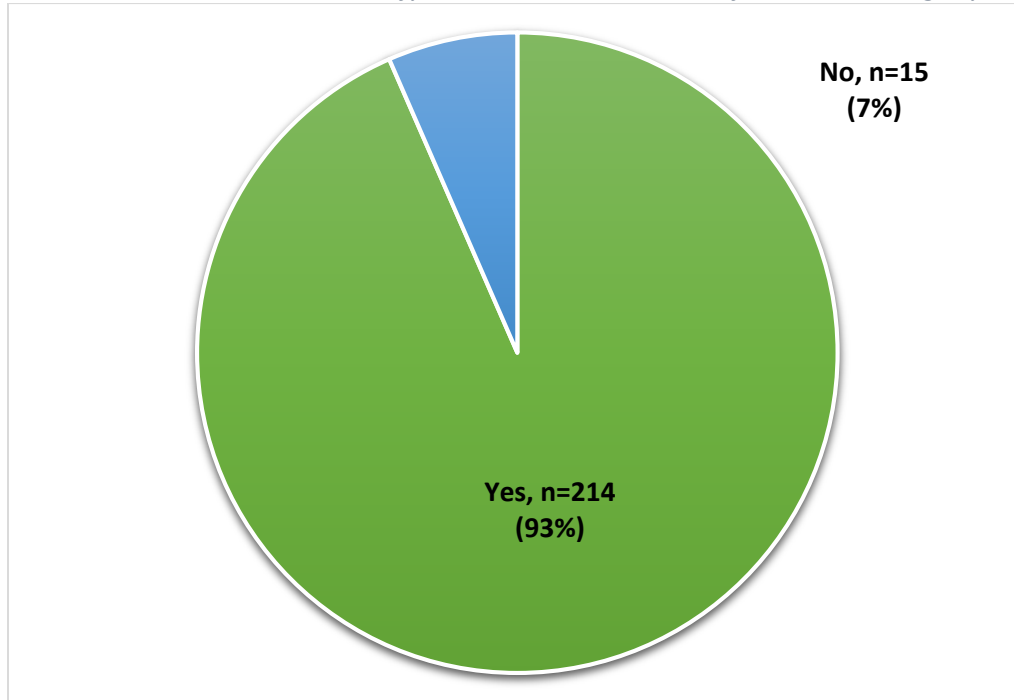


Table 50 - Documented Process to Identify Possible Fraud or Abuse of Controlled Drugs by Prescribers

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (23), Colorado (1), Delaware (1), District of Columbia (4), Florida (11), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (4), Michigan (10), Minnesota (7), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (1), New Jersey (5), New Mexico (4), New York (18), North Dakota (1), Ohio (5), Oregon (17), Pennsylvania (7), Rhode Island (2), South Carolina (5), Texas (18), Utah (4), Virginia (7), Washington (5), Wisconsin (1)	214	93.45%
No	California (3), Colorado (1), Delaware (1), Massachusetts (1), Michigan (1), Minnesota (1), New Hampshire (1), New York (1), Oregon (1), Pennsylvania (1), Rhode Island (1), Wisconsin (2)	15	6.55%
National Totals		229	100%

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

Figure 52 - Actions Process Initiates when Possible Fraud or Abuse of Controlled Drugs by Prescribers is detected

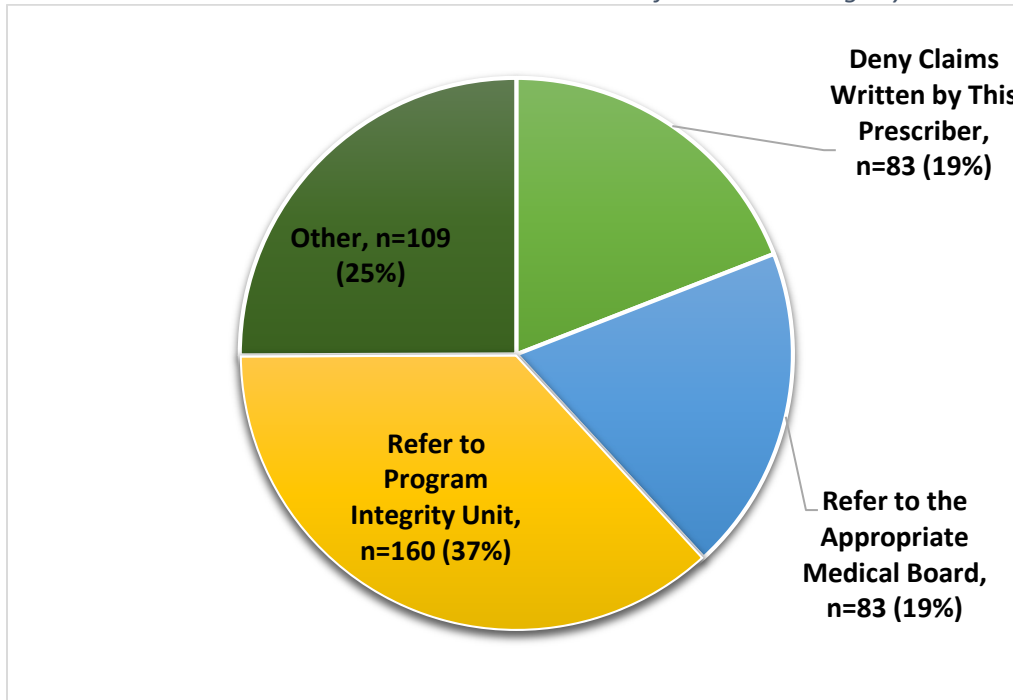


Table 51 - Actions Process Initiates when Possible Fraud or Abuse of Controlled Drugs by Prescribers is Detected

Response	States (Count of MCOs)	Total	Percent of Total
Deny claims by prescriber	California (6), District of Columbia (1), Florida (4), Georgia (2), Hawaii (5), Illinois (2), Indiana (3), Kentucky (2), Louisiana (1), Maryland (3), Massachusetts (1), Michigan (7), Minnesota (3), Nebraska (1), New Jersey (3), New Mexico (2), New York (7), Ohio (2), Oregon (11), Pennsylvania (3), South Carolina (2), Texas (4), Utah (2), Virginia (4), Washington (2)	83	19.08%
Medical Board	California (7), Delaware (1), District of Columbia (1), Florida (3), Georgia (1), Hawaii (3), Illinois (1), Indiana (3), Iowa (1), Kansas (1), Kentucky (2), Louisiana (3), Maryland (3), Massachusetts (2), Michigan (4), Minnesota (4), Mississippi (1), Nebraska (2), Nevada (2), New Jersey (3), New Mexico (2), New York (5), North Dakota (1), Ohio (3), Oregon (3), Pennsylvania (4), Rhode Island (2), South Carolina (2), Texas (3), Utah (2), Virginia (5), Washington (2), Wisconsin (1)	83	19.08%
Program Integrity Unit	California (17), Delaware (1), District of Columbia (2), Florida (9), Georgia (3), Hawaii (6), Illinois (5), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (7), Massachusetts (2), Michigan (7), Minnesota (6), Mississippi (2), Nebraska (3), Nevada (2), New Hampshire (1), New Jersey (5), New Mexico (4), New York (12), North Dakota (1), Ohio (5), Oregon (7), Pennsylvania (6), Rhode Island (2), South Carolina	160	36.78%

Response	States (Count of MCOs)	Total	Percent of Total
	(4), Texas (7), Utah (3), Virginia (7), Washington (4), Wisconsin (1)		
Other	California (11), Colorado (1), Delaware (1), District of Columbia (2), Florida (8), Georgia (1), Hawaii (3), Illinois (3), Indiana (1), Kansas (1), Kentucky (2), Louisiana (2), Maryland (6), Massachusetts (3), Michigan (7), Minnesota (3), Nebraska (1), New Jersey (3), New Mexico (1), New York (10), Ohio (2), Oregon (9), Pennsylvania (2), Rhode Island (1), South Carolina (4), Texas (14), Utah (2), Virginia (3), Washington (2)	109	25.06%
National Totals		435	100%

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

Figure 53 - Documented Process to Identify Possible Fraud or Abuse of Controlled Drugs by Pharmacy Providers

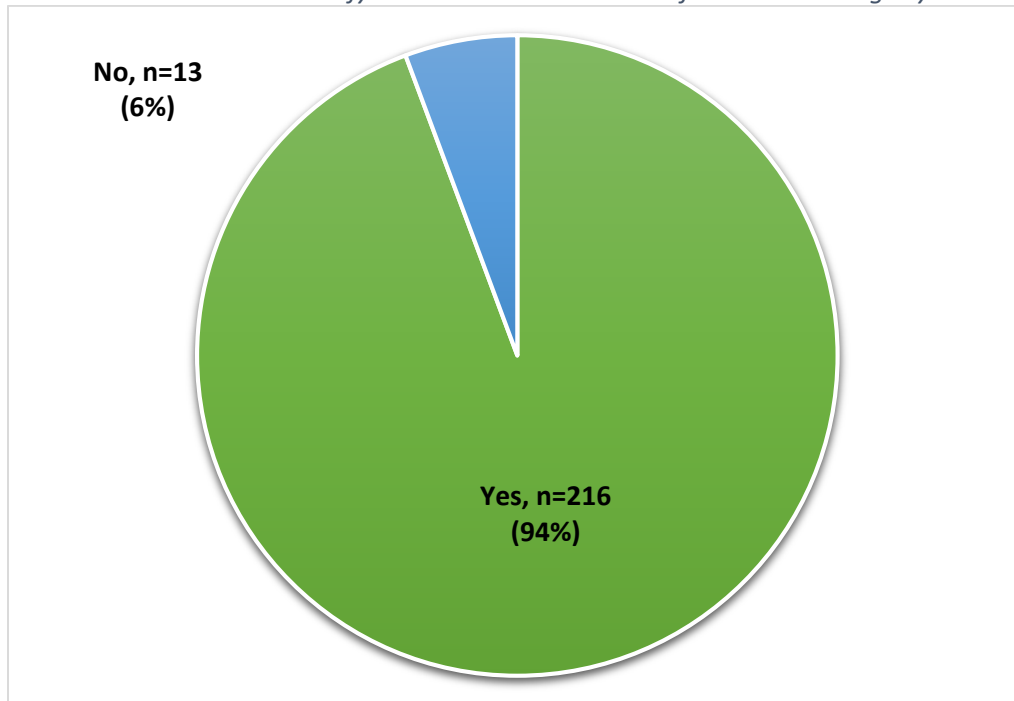


Table 52 - Documented Process to Identify Possible Fraud or Abuse of Controlled Drugs by Pharmacy Providers

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (23), Colorado (1), Delaware (2), District of Columbia (4), Florida (11), Georgia (3), Hawaii (4), Illinois (6), Indiana (4), Iowa (2), Kansas (2), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (7), Mississippi (2), Nebraska (2), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (4), New York (19), North Dakota (1), Ohio (5), Oregon (18), Pennsylvania (7), Rhode Island	216	94.32%

Response	States (Count of MCOs)	Total	Percent of Total
	(3), South Carolina (5), Texas (18), Utah (4), Virginia (7), Washington (5), Wisconsin (2)		
No	California (3), Colorado (1), Georgia (1), Hawaii (2), Illinois (1), Kansas (1), Minnesota (1), Nebraska (1), Pennsylvania (1), Wisconsin (1)	13	5.68%
National Totals		229	100%

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

Figure 54 - Actions Process Initiates when Possible Fraud or Abuse of Controlled Drugs by Pharmacy Providers is Detected

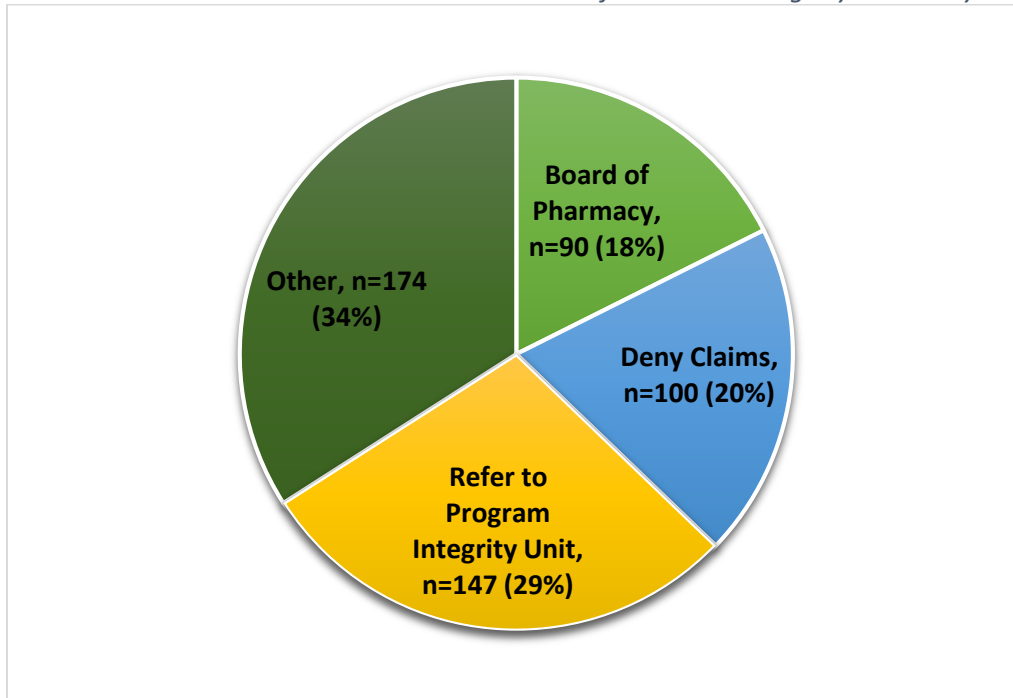


Table 53 - Actions Process Initiates when Possible Fraud or Abuse of Controlled Drugs by Pharmacy Providers is Detected

Response	States (Count of MCOs)	Total	Percent of Total
Board of Pharmacy	California (12), Delaware (1), District of Columbia (1), Florida (3), Hawaii (1), Illinois (2), Indiana (3), Iowa (1), Kansas (1), Kentucky (1), Louisiana (2), Maryland (3), Massachusetts (2), Michigan (3), Minnesota (5), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (3), New Mexico (3), New York (4), North Dakota (1), Ohio (2), Oregon (11), Pennsylvania (5), Rhode Island (3), South Carolina (2), Texas (4), Utah (1), Virginia (5), Washington (1), Wisconsin (1)	90	17.61%
Deny claims	California (11), District of Columbia (1), Florida (4), Georgia (1), Hawaii (3), Illinois (3), Indiana (2), Kentucky (2), Louisiana (1), Maryland (3), Massachusetts (2), Michigan (7), Minnesota (5),	100	19.57%

Response	States (Count of MCOs)	Total	Percent of Total
	Nebraska (1), New Jersey (3), New Mexico (2), New York (7), Ohio (2), Oregon (11), Pennsylvania (3), Rhode Island (1), South Carolina (2), Texas (15), Utah (1), Virginia (4), Washington (2), Wisconsin (1)		
Program Integrity Unit	California (18), Delaware (2), District of Columbia (1), Florida (7), Georgia (2), Hawaii (4), Illinois (4), Indiana (3), Iowa (2), Kansas (1), Kentucky (3), Louisiana (5), Maryland (6), Massachusetts (3), Michigan (7), Minnesota (6), Mississippi (2), Nebraska (2), Nevada (2), New Hampshire (2), New Jersey (4), New Mexico (4), New York (10), North Dakota (1), Ohio (4), Oregon (13), Pennsylvania (6), Rhode Island (2), South Carolina (3), Texas (6), Utah (3), Virginia (6), Washington (2), Wisconsin (1)	147	28.77%
Other	California (17), Colorado (1), Delaware (2), District of Columbia (3), Florida (10), Georgia (3), Hawaii (4), Illinois (4), Indiana (2), Iowa (1), Kansas (2), Kentucky (5), Louisiana (4), Maryland (8), Massachusetts (3), Michigan (8), Minnesota (6), Mississippi (2), Nebraska (2), Nevada (2), New Jersey (5), New Mexico (3), New York (18), Ohio (4), Oregon (14), Pennsylvania (4), Rhode Island (2), South Carolina (5), Texas (15), Utah (2), Virginia (6), Washington (5), Wisconsin (2)	174	34.05%
National Totals		511	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 55 - Documented Process to Identify Possible Fraud or Abuse of Non-Controlled Drugs by Beneficiaries

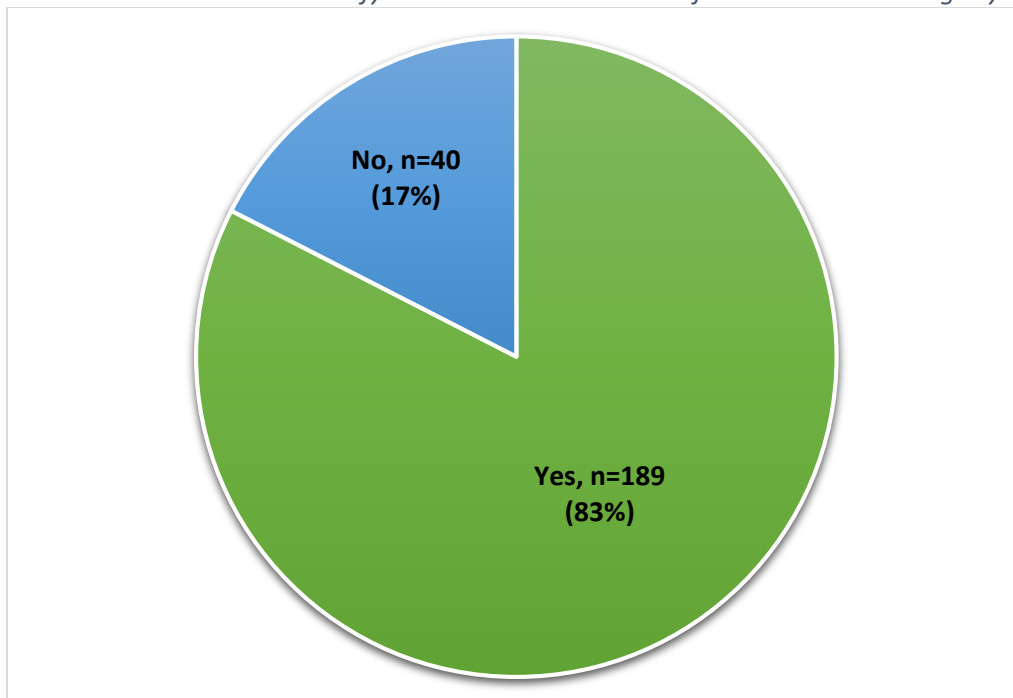


Table 54 - Documented Process to Identify Possible Fraud or Abuse of Non-Controlled Drugs by Beneficiaries

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (20), Colorado (1), Delaware (2), District of Columbia (2), Florida (9), Georgia (4), Hawaii (6), Illinois (5), Indiana (4), Iowa (2), Kansas (2), Kentucky (5), Louisiana (4), Maryland (9), Massachusetts (3), Michigan (7), Minnesota (5), Mississippi (1), Nebraska (3), Nevada (3), New Hampshire (1), New Jersey (5), New Mexico (4), New York (16), North Dakota (1), Ohio (5), Oregon (16), Pennsylvania (7), Rhode Island (3), South Carolina (4), Texas (16), Utah (3), Virginia (6), Washington (3), Wisconsin (2)	189	82.53%
No	California (6), Colorado (1), District of Columbia (2), Florida (2), Illinois (2), Kansas (1), Louisiana (1), Massachusetts (2), Michigan (4), Minnesota (3), Mississippi (1), New Hampshire (1), New York (3), Oregon (2), Pennsylvania (1), South Carolina (1), Texas (2), Utah (1), Virginia (1), Washington (2), Wisconsin (1)	40	17.47%
National Totals		229	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 56 - Prescribers Requirement to Access the PDMP Patient History before Prescribing Controlled Substances

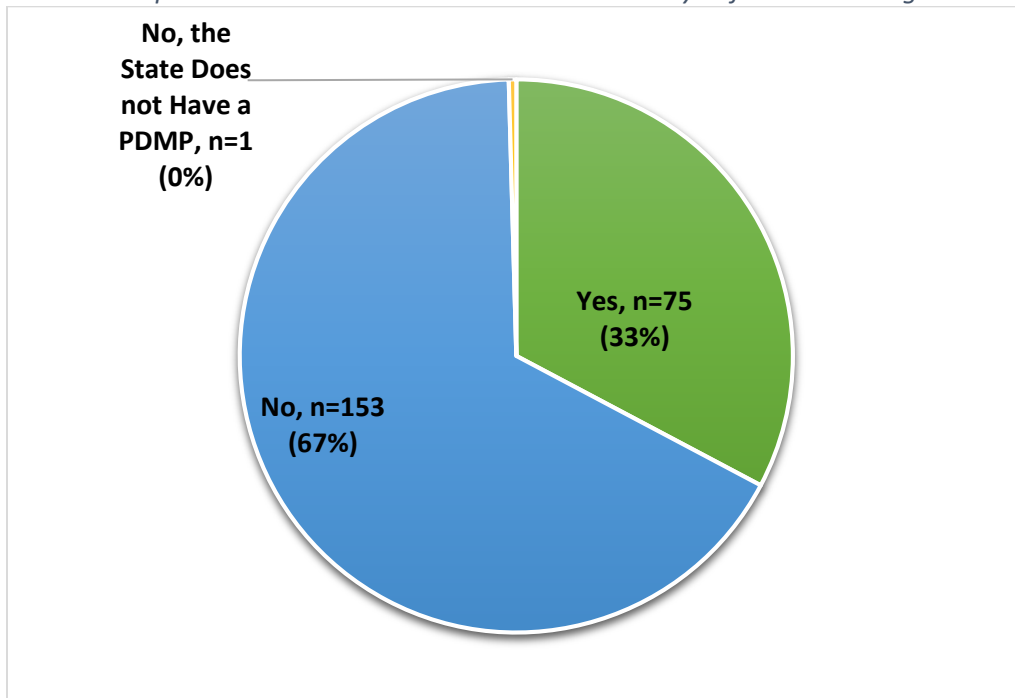


Table 55 - Prescribers Requirement to Access the PDMP Patient History Before Prescribing Controlled Substances

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (10), Colorado (1), Delaware (2), Florida (5), Hawaii (3), Illinois (1), Kansas (1), Kentucky (1), Louisiana (1), Maryland (7), Massachusetts (2), Michigan (2), Minnesota (2), New Hampshire (1), New Jersey (2), New Mexico (1), New York (10), North Dakota (1), Ohio (1), Oregon (2), Pennsylvania (5), Rhode Island (2), Texas (3), Utah (1), Virginia (6), Washington (1), Wisconsin (1)	75	32.75%
No	California (16), Colorado (1), District of Columbia (4), Florida (6), Georgia (4), Hawaii (3), Illinois (6), Indiana (4), Iowa (2), Kansas (2), Kentucky (4), Louisiana (4), Maryland (2), Massachusetts (3), Michigan (9), Minnesota (6), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (1), New Jersey (3), New Mexico (3), New York (8), Ohio (4), Oregon (16), Pennsylvania (3), Rhode Island (1), South Carolina (5), Texas (15), Utah (3), Virginia (1), Washington (4), Wisconsin (2)	153	66.81%
Other	New York (1)	1	0.44%
National Totals		229	100%

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

Figure 57 - Ability to Query State’s PDMP Database

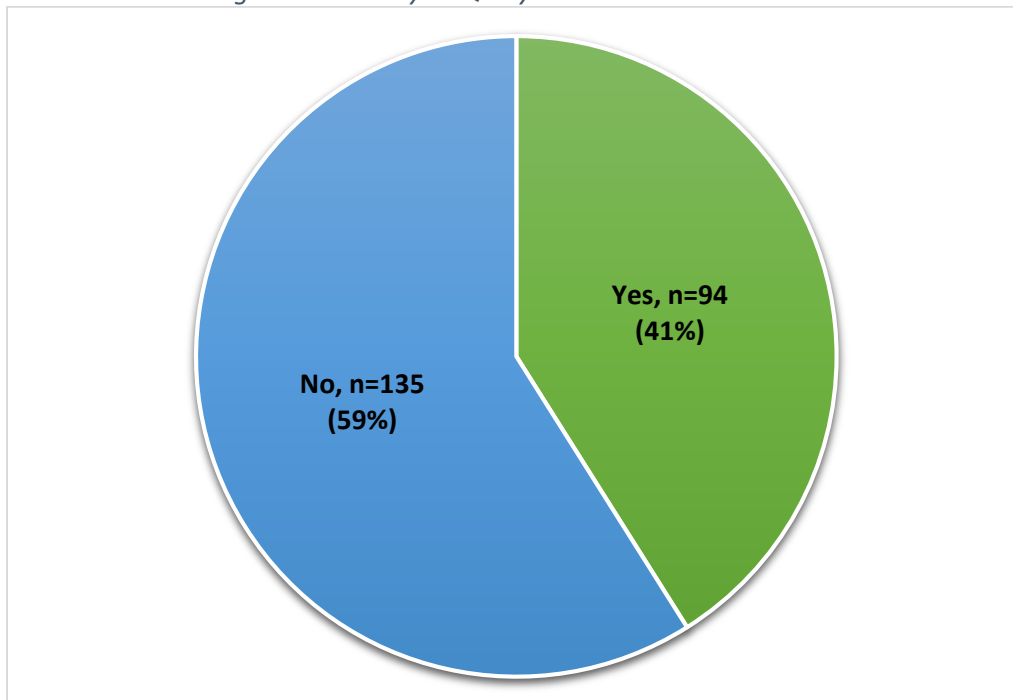


Table 56 - Ability to Query State's PDMP Database

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (22), Colorado (1), District of Columbia (2), Georgia (1), Hawaii (2), Illinois (4), Indiana (2), Kansas (2), Kentucky (4), Louisiana (1), Maryland (2), Michigan (9), Minnesota (6), Mississippi (2), Nebraska (1), New Mexico (4), New York (1), Ohio (5), Oregon (5), Texas (4), Utah (1), Virginia (7), Washington (3), Wisconsin (3)	94	41.05%
No	California (4), Colorado (1), Delaware (2), District of Columbia (2), Florida (11), Georgia (3), Hawaii (4), Illinois (3), Indiana (2), Iowa (2), Kansas (1), Kentucky (1), Louisiana (4), Maryland (7), Massachusetts (5), Michigan (2), Minnesota (2), Nebraska (2), Nevada (3), New Hampshire (2), New Jersey (5), New York (18), North Dakota (1), Oregon (13), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (14), Utah (3), Washington (2)	135	58.95%
National Totals		229	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 58 - Barriers That Hinder the MCO from Fully Accessing the PDMP

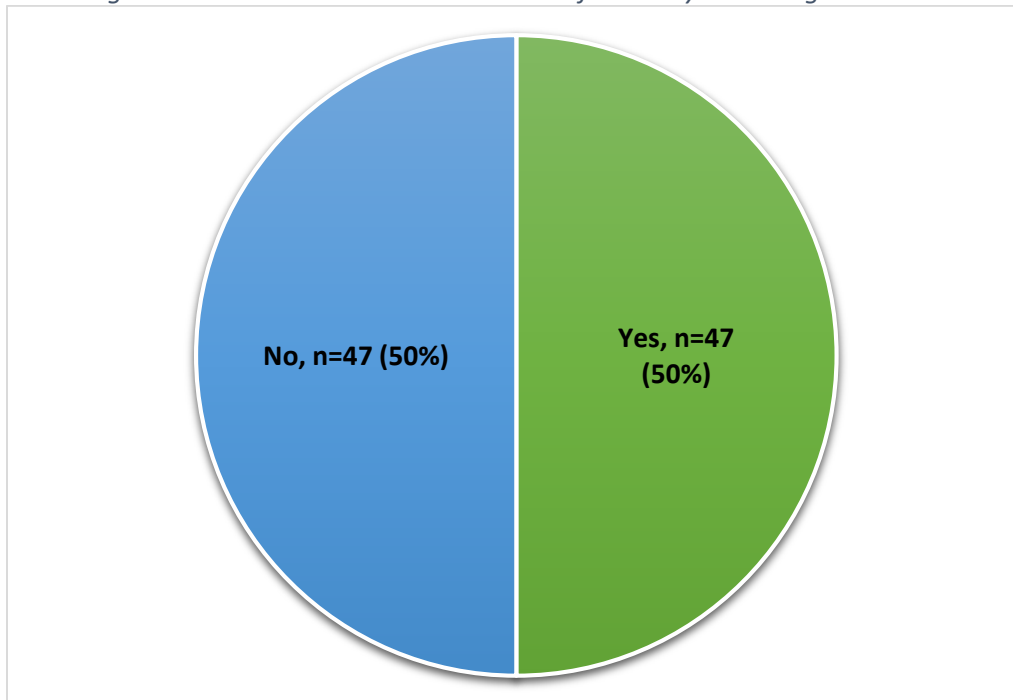


Table 57 - Barriers That Hinder the MCO from Fully Accessing the PDMP

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (11), District of Columbia (1), Georgia (1), Illinois (4), Indiana (2), Kansas (1), Kentucky (2), Louisiana (1), Maryland (1), Michigan (4), Minnesota (4), Nebraska (1), Ohio (2), Oregon (4), Utah (1), Virginia (4), Washington (1), Wisconsin (2)	47	50.00%
No	California (11), Colorado (1), District of Columbia (1), Hawaii (2), Kansas (1), Kentucky (2), Maryland (1), Michigan (5), Minnesota (2), Mississippi (2), New Mexico (4), New York (1), Ohio (3), Oregon (1), Texas (4), Virginia (3), Washington (2), Wisconsin (1)	47	50.00%
National Totals		94	100%

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

Figure 59 - Access to Border State PDMP Information

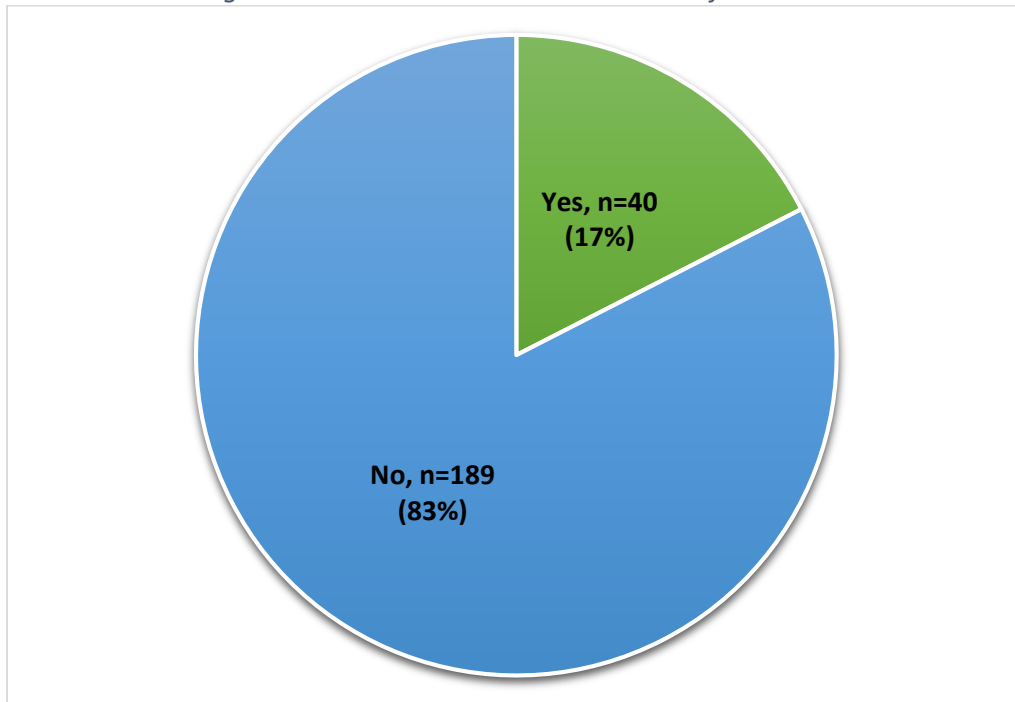


Table 58 - Access to Border State PDMP Information

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (2), Colorado (1), District of Columbia (1), Florida (1), Georgia (1), Illinois (1), Indiana (2), Kansas (1), Maryland (1), Michigan (4), Minnesota (2), Mississippi (2), New Mexico (4), New York (1), North Dakota (1), Ohio (5), Oregon (1), Texas (2), Utah (1), Virginia (3), Washington (1), Wisconsin (2)	40	17.47%

Response	States (Count of MCOs)	Total	Percent of Total
No	California (24), Colorado (1), Delaware (2), District of Columbia (3), Florida (10), Georgia (3), Hawaii (6), Illinois (6), Indiana (2), Iowa (2), Kansas (2), Kentucky (5), Louisiana (5), Maryland (8), Massachusetts (5), Michigan (7), Minnesota (6), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New York (18), Oregon (17), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (16), Utah (3), Virginia (4), Washington (4), Wisconsin (1)	189	82.53%
National Totals		229	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 60 - Possession of DEA Active Controlled Substance Registrant’s File to Identify Prescribers Not Authorized to Prescribe Controlled Drugs

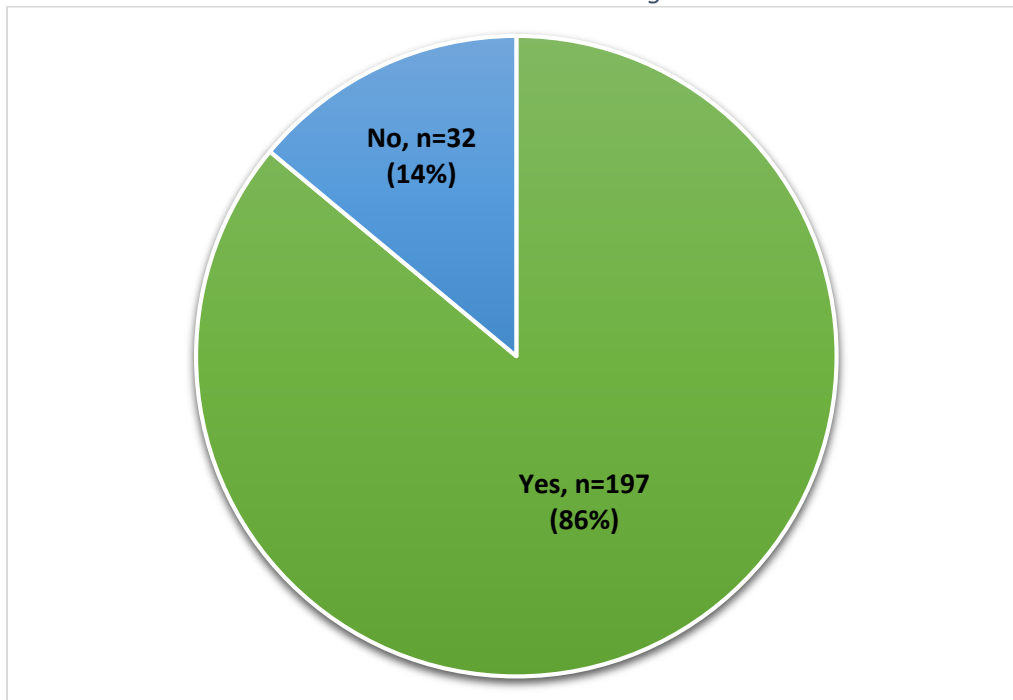


Table 59 - Possession of DEA Active Controlled Substance Registrant’s File to Identify Prescribers Not Authorized to Prescribe Controlled Drugs

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (21), Colorado (1), Delaware (1), District of Columbia (3), Florida (8), Georgia (3), Hawaii (5), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (4), Maryland (7), Massachusetts (4), Michigan (9), Minnesota (8), Mississippi (1), Nebraska	197	86.03%

Response	States (Count of MCOs)	Total	Percent of Total
	(2), Nevada (3), New Hampshire (1), New Jersey (4), New Mexico (4), New York (17), North Dakota (1), Ohio (5), Oregon (16), Pennsylvania (7), Rhode Island (2), South Carolina (4), Texas (18), Utah (4), Virginia (6), Washington (5), Wisconsin (2)		
No	California (5), Colorado (1), Delaware (1), District of Columbia (1), Florida (3), Georgia (1), Hawaii (1), Louisiana (1), Maryland (2), Massachusetts (1), Michigan (2), Mississippi (1), Nebraska (1), New Hampshire (1), New Jersey (1), New York (2), Oregon (2), Pennsylvania (1), Rhode Island (1), South Carolina (1), Virginia (1), Wisconsin (1)	32	13.97%
National Totals		229	100%

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

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

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

Figure 61 - Application of the DEA Active Controlled Substance Registrant’s File to your ProDUR POS Edits to Prevent Unauthorized Prescribing

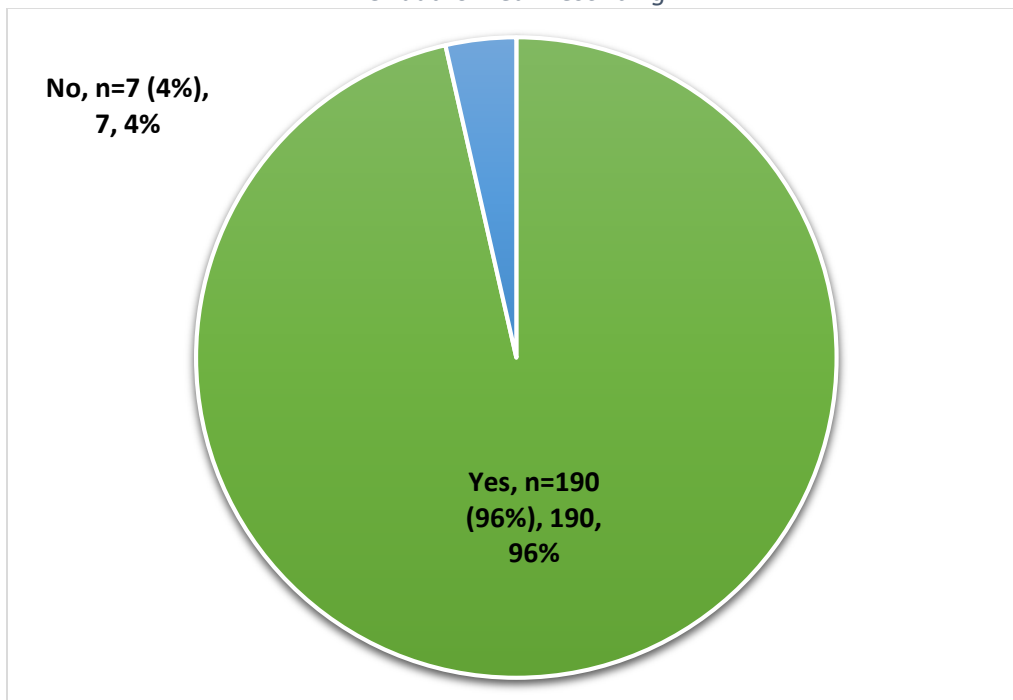


Table 60 - Application of the DEA Active Controlled Substance Registrant's File to your ProDUR POS Edits to Prevent Unauthorized Prescribing

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (19), Colorado (1), Delaware (1), District of Columbia (3), Florida (8), Georgia (3), Hawaii (5), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (4), Louisiana (4), Maryland (7), Massachusetts (4), Michigan (9), Minnesota (7), Mississippi (1), Nebraska (2), Nevada (3), New Hampshire (1), New Jersey (4), New Mexico (4), New York (17), North Dakota (1), Ohio (4), Oregon (16), Pennsylvania (7), Rhode Island (2), South Carolina (4), Texas (18), Utah (3), Virginia (6), Washington (5), Wisconsin (1)	190	96.45%
No	California (2), Kentucky (1), Minnesota (1), Ohio (1), Utah (1), Wisconsin (1)	7	3.55%
National Totals		197	100%

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

Figure 62 – Plans to Obtain the DEA Active Controlled Substance Registrant's File and Apply It to Your POS Edits

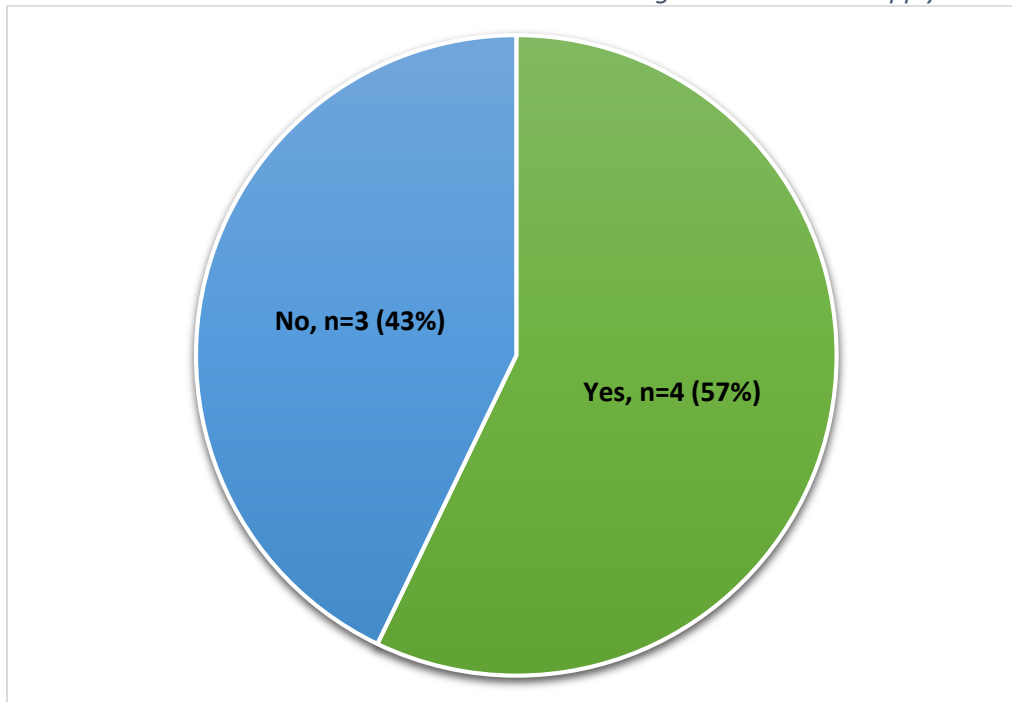


Table 61 – Plans to Obtain the DEA Active Controlled Substance Registrant's File and Apply It to Your POS Edits

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (2), Kentucky (1), Ohio (1)	4	57.14%
No	Minnesota (1), Utah (1), Wisconsin (1)	3	42.86%
National Totals		7	100%

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

Figure 63 - Apply DEA File to RetroDUR Reviews

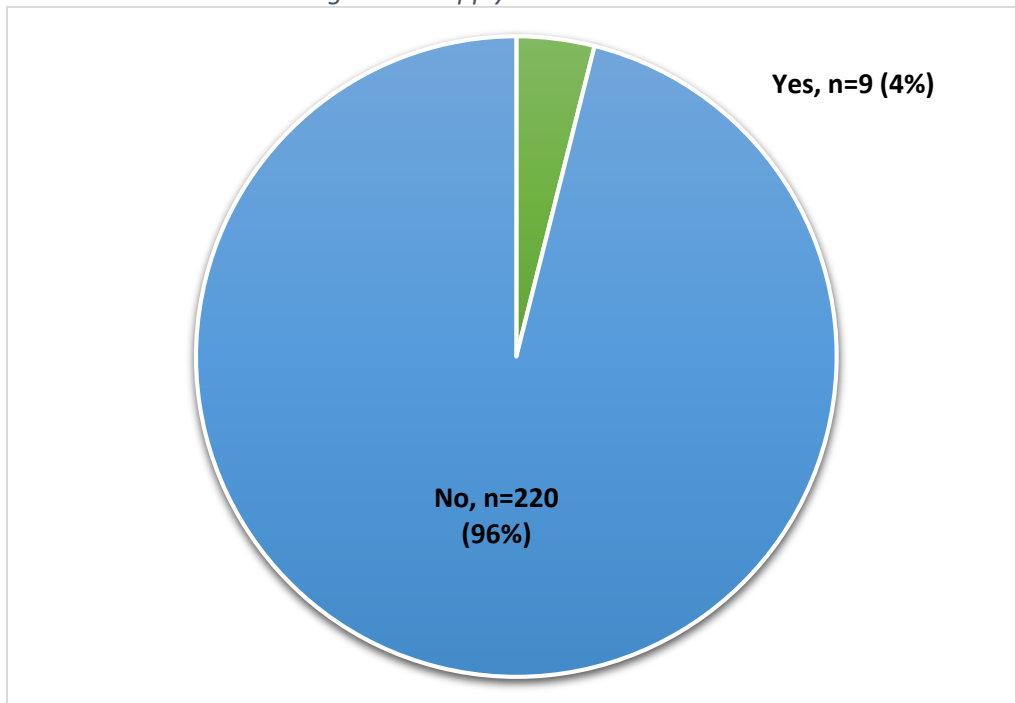


Table 62 - Apply DEA File to RetroDUR Reviews

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (2), Florida (1), Michigan (1), Minnesota (1), New York (1), North Dakota (1), Texas (1), Washington (1)	9	3.93%
No	California (24), Colorado (2), Delaware (2), District of Columbia (4), Florida (10), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (10), Minnesota (7), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (4), New York (18), Ohio (5), Oregon (18), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (7), Washington (4), Wisconsin (3)	220	96.07%
National Totals		229	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 64 - Measure in Place to either Monitor or Manage the Prescribing of Methadone for Pain Management

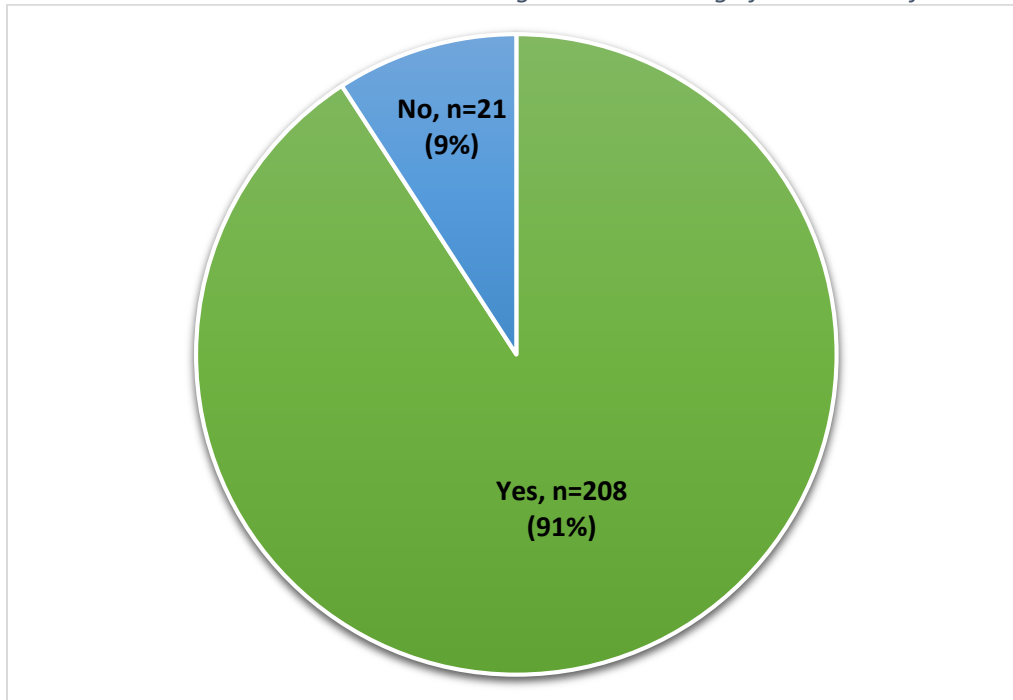


Table 63 - Measure in Place to Either Monitor or Manage the Prescribing of Methadone for Pain Management

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (24), Colorado (2), Delaware (2), District of Columbia (4), Florida (11), 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 (2), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (4), New York (16), North Dakota (1), Ohio (5), Oregon (16), Pennsylvania (7), Rhode Island (3), South Carolina (5), Texas (8), Utah (4), Virginia (7), Washington (5), Wisconsin (2)	208	90.83%
No	California (2), Illinois (1), Minnesota (1), New York (3), Oregon (2), Pennsylvania (1), Texas (10), Wisconsin (1)	21	9.17%
National Totals		229	100%

D. Opioids

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

Figure 65 - POS Edits in Place to Limit the Quantity Dispensed of an Initial Opioid Prescription

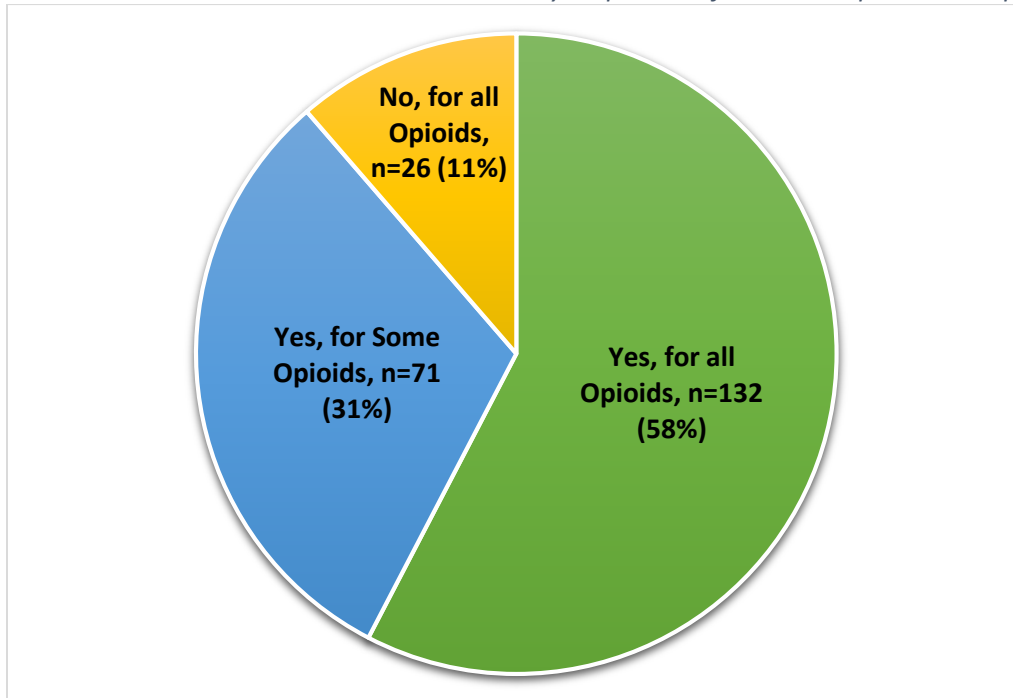


Table 64 - POS Edits in Place to Limit the Quantity Dispensed of An Initial Opioid Prescription

Response	States (Count of MCOs)	Total	Percent of Total
Yes, for all opioids	California (12), Colorado (2), Delaware (1), District of Columbia (1), Florida (9), Georgia (3), Hawaii (3), Illinois (4), Indiana (4), Kansas (1), Kentucky (5), Louisiana (5), Maryland (8), Massachusetts (3), Michigan (6), Minnesota (5), Mississippi (1), Nebraska (2), Nevada (2), New Hampshire (1), New Jersey (3), New Mexico (3), New York (8), Ohio (3), Oregon (14), Pennsylvania (7), South Carolina (3), Texas (2), Utah (2), Virginia (5), Washington (2), Wisconsin (2)	132	57.64%
Yes, for some opioids	California (8), Delaware (1), District of Columbia (2), Florida (2), Hawaii (2), Illinois (2), Kansas (2), Maryland (1), Massachusetts (1), Michigan (1), Minnesota (2), Nebraska (1), Nevada (1), New Jersey (2), New Mexico (1), New York (9), North Dakota (1), Ohio (2), Oregon (3), Pennsylvania (1), Rhode Island (3), South Carolina (2), Texas (13), Utah (2), Virginia (2), Washington (3), Wisconsin (1)	71	31.00%
No, for all opioids	California (6), District of Columbia (1), Georgia (1), Hawaii (1), Illinois (1), Iowa (2), Massachusetts (1),	26	11.35%

Response	States (Count of MCOs)	Total	Percent of Total
	Michigan (4), Minnesota (1), Mississippi (1), New Hampshire (1), New York (2), Oregon (1), Texas (3)		
National Totals		229	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 66 - More Than One Quantity Limit for Various Opioids

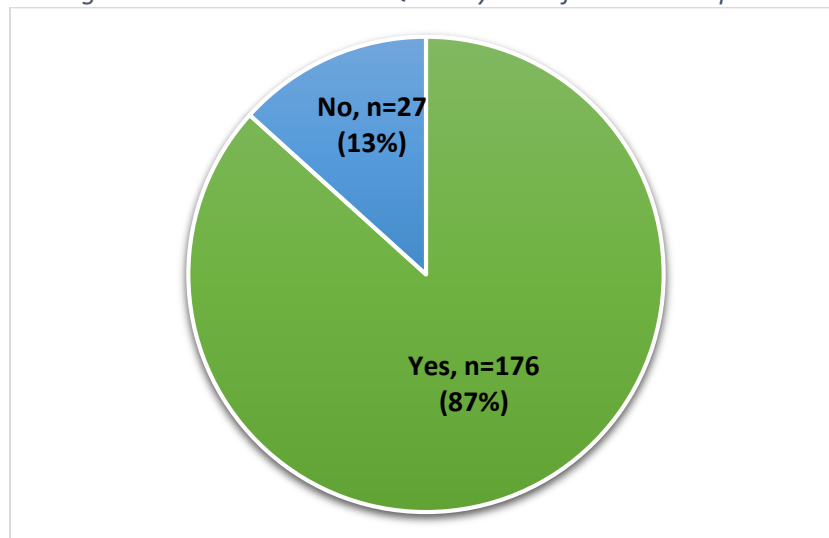


Table 65 - More Than One Quantity Limit for Various Opioids

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (17), Colorado (1), Delaware (2), District of Columbia (2), Florida (11), Georgia (3), Hawaii (4), Illinois (5), Indiana (3), Kansas (2), Kentucky (5), Louisiana (5), Maryland (7), Massachusetts (4), Michigan (6), Minnesota (6), Mississippi (1), Nebraska (3), Nevada (2), New Hampshire (1), New Jersey (4), New Mexico (4), New York (13), North Dakota (1), Ohio (5), Oregon (13), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (13), Utah (3), Virginia (7), Washington (4), Wisconsin (3)	176	86.70%
No	California (3), Colorado (1), District of Columbia (1), Hawaii (1), Illinois (1), Indiana (1), Kansas (1), Maryland (2), Michigan (1), Minnesota (1), Nevada (1), New Jersey (1), New York (4), Oregon (4), Texas (2), Utah (1), Washington (1)	27	13.30%
National Totals		203	100%

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

Figure 67 - Maximum Number of Days Allowed for An Initial Opioid Prescription (State Average across all MCOs)

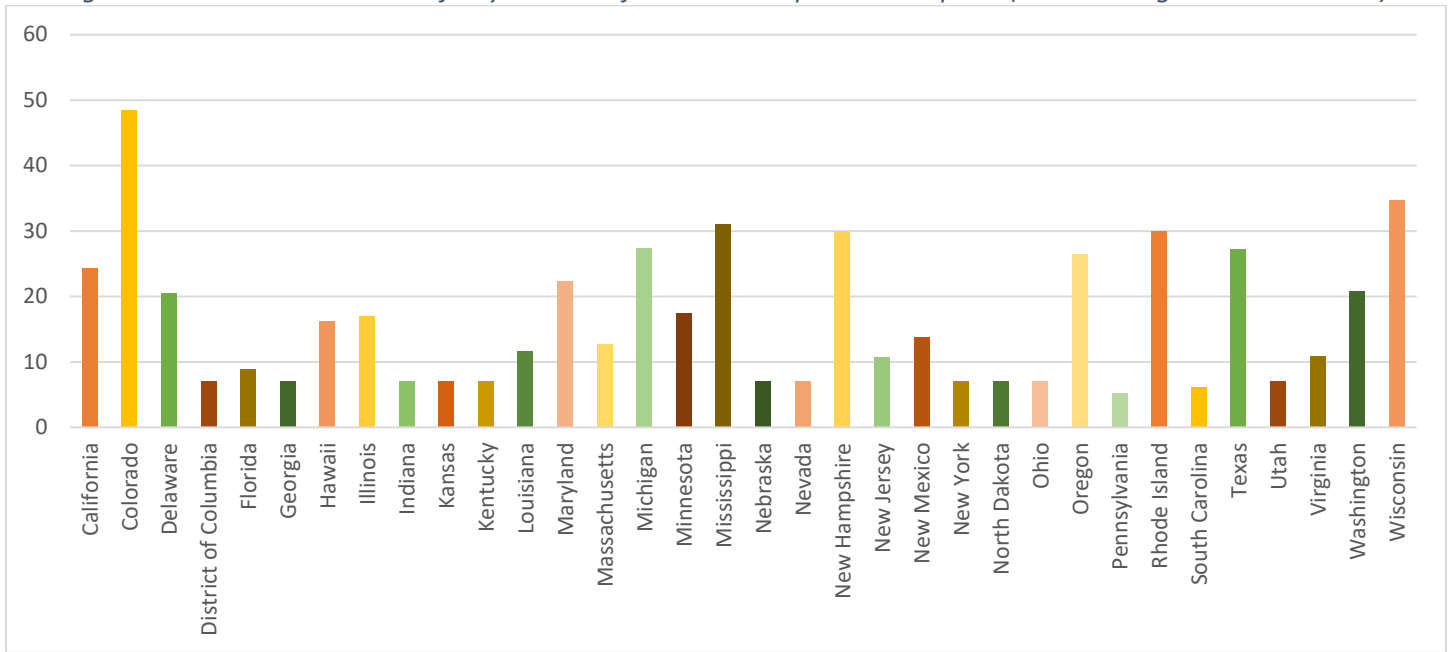


Table 66 - Maximum Number of Days Allowed for An Initial Opioid Prescription (State Average across all MCOs)

State	Average Maximum Days
California	24
Colorado	49
Delaware	21
District of Columbia	7
Florida	9
Georgia	7
Hawaii	16
Illinois	17
Indiana	7
Kansas	7
Kentucky	7
Louisiana	12
Maryland	22
Massachusetts	13
Michigan	27
Minnesota	17

State	Average Maximum Days
Mississippi	31
Nebraska	7
Nevada	7
New Hampshire	30
New Jersey	11
New Mexico	14
New York	7
North Dakota	7
Ohio	7
Oregon	26
Pennsylvania	5
Rhode Island	30
South Carolina	6
Texas	27
Utah	7
Virginia	11
Washington	21
Wisconsin	35
National Average	16

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

Figure 68 - Initial Day Limit Applies to All Opioid Prescriptions

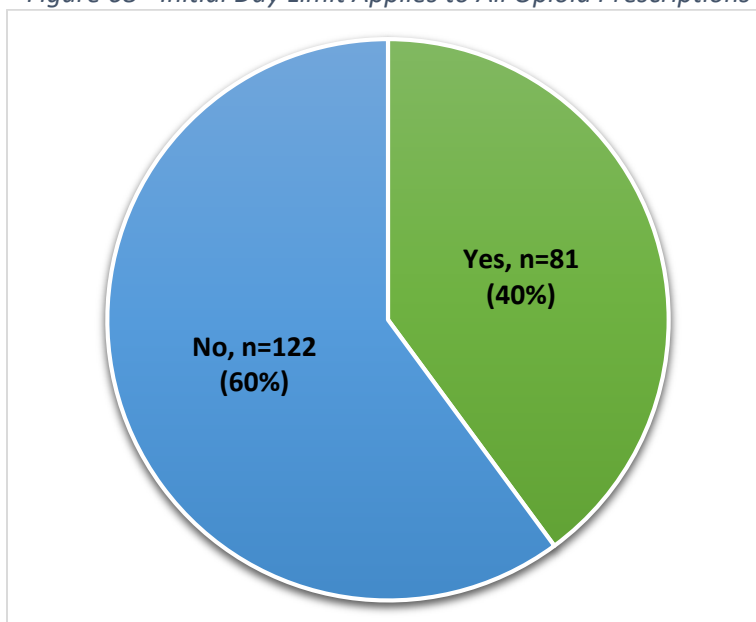


Table 67 - Initial Day Limit Applies to All Opioid Prescriptions

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (12), Colorado (2), Delaware (1), District of Columbia (1), Florida (1), Georgia (1), Hawaii (3), Illinois (3), Kentucky (1), Maryland (6), Massachusetts (1), Michigan (5), Minnesota (6), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (2), New Mexico (2), New York (6), Oregon (16), Pennsylvania (1), Rhode Island (1), South Carolina (1), Texas (2), Virginia (1), Wisconsin (2)	81	39.90%
No	California (8), Delaware (1), District of Columbia (2), Florida (10), Georgia (2), Hawaii (2), Illinois (3), Indiana (4), Kansas (3), Kentucky (4), Louisiana (5), Maryland (3), Massachusetts (3), Michigan (2), Minnesota (1), Nebraska (2), Nevada (2), New Jersey (3), New Mexico (2), New York (11), North Dakota (1), Ohio (5), Oregon (1), Pennsylvania (7), Rhode Island (2), South Carolina (4), Texas (13), Utah (4), Virginia (6), Washington (5), Wisconsin (1)	122	60.10%
National Totals		203	100%

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

Figure 69 - POS Edits in Place to Limit the Quantity Dispensed of Short-Acting Opioids

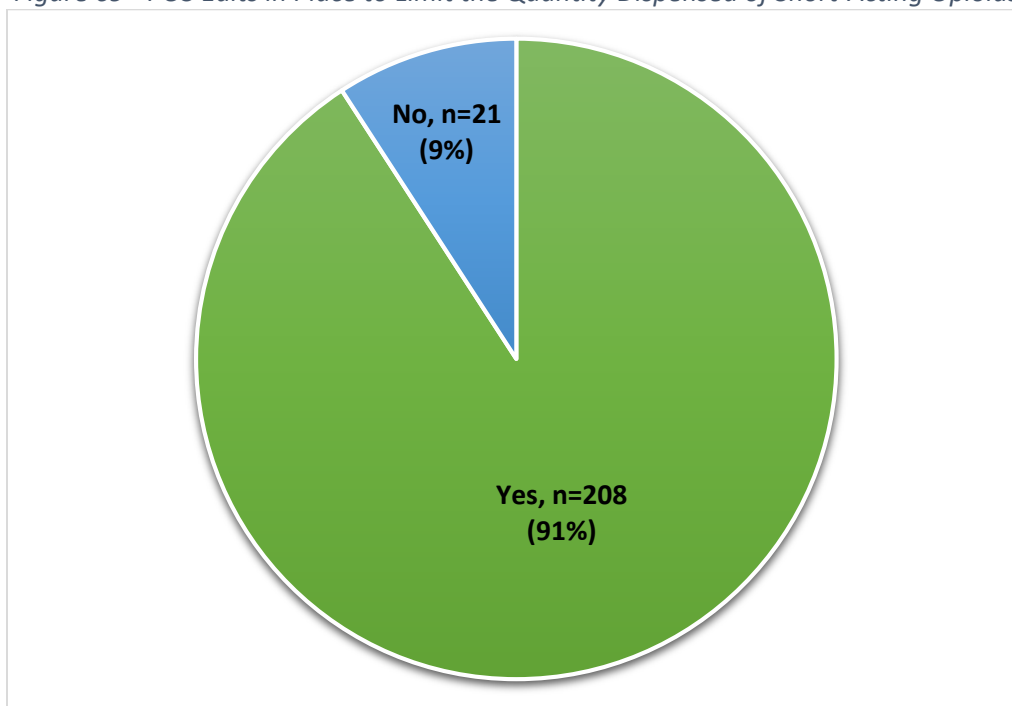


Table 68 - POS Edits in Place to Limit the Quantity Dispensed of Short-Acting Opioids

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (22), Colorado (2), Delaware (2), District of Columbia (4), Florida (11), Georgia (4), Hawaii (5), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (4), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (6), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (1), New Jersey (5), New Mexico (4), New York (18), North Dakota (1), Ohio (5), Oregon (18), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (7), Utah (4), Virginia (7), Washington (5), Wisconsin (3)	208	90.83%
No	California (4), Hawaii (1), Louisiana (1), Minnesota (2), New Hampshire (1), New York (1), Texas (11)	21	9.17%
National Totals		229	100%

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

Figure 70 - Short-Acting Opioid Maximum Days’ Supply per Prescription Limitation

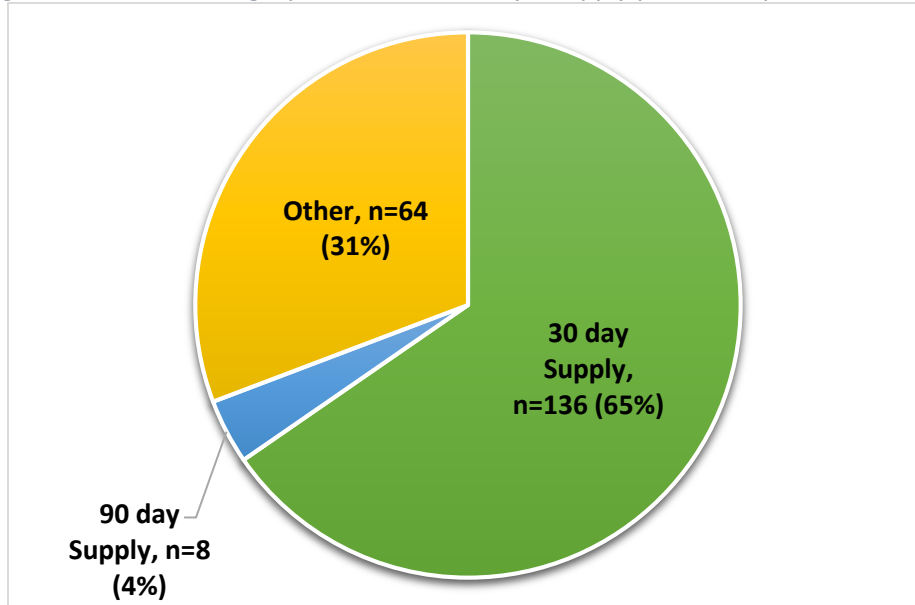


Table 69 - Short-Acting Opioid Maximum Days’ Supply per Prescription Limitation

Response	States (Count of MCOs)	Total	Percent of Total
30 day supply	California (19), Delaware (1), District of Columbia (1), Florida (6), Georgia (2), Hawaii (5), Illinois (6), Indiana (2), Iowa (1), Kansas (1), Kentucky (4), Louisiana (4), Maryland (8), Massachusetts (4), Michigan (10), Minnesota (4), Mississippi (1), Nebraska (3), Nevada (2), New Hampshire (1), New Jersey (5), New Mexico (2), New York (11), Ohio (4), Oregon (5), Pennsylvania (5), Rhode Island (3), South Carolina (2), Texas (4), Utah (4), Virginia (2), Washington (3), Wisconsin (1)	136	65.38%

Response	States (Count of MCOs)	Total	Percent of Total
90 day supply	California (1), Colorado (1), District of Columbia (1), New Mexico (1), New York (3), Wisconsin (1)	8	3.85%
Other	California (2), Colorado (1), Delaware (1), District of Columbia (2), Florida (5), Georgia (2), Illinois (1), Indiana (2), Iowa (1), Kansas (2), Kentucky (1), Maryland (1), Massachusetts (1), Michigan (1), Minnesota (2), Mississippi (1), Nevada (1), New Mexico (1), New York (4), North Dakota (1), Ohio (1), Oregon (13), Pennsylvania (3), South Carolina (3), Texas (3), Virginia (5), Washington (2), Wisconsin (1)	64	30.77%
National Totals		208	100%

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

Figure 71 - POS Edits in Place to Limit the Quantity Dispensed of Long-Acting Opioids

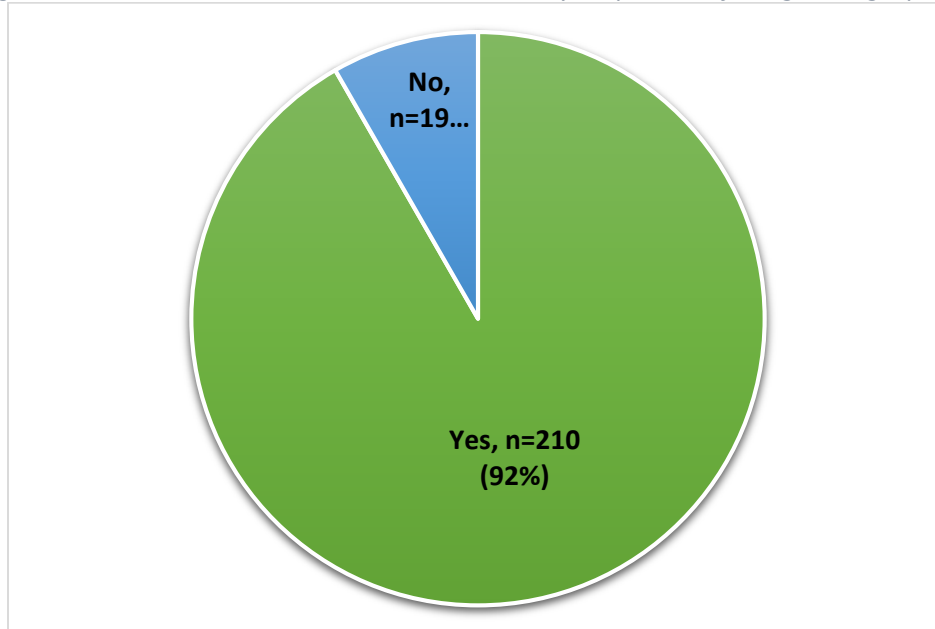


Table 70 - POS Edits in Place to Limit the Quantity Dispensed of Long-Acting Opioids

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (22), Colorado (2), Delaware (2), District of Columbia (4), Florida (11), 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 (2), Nebraska (3), Nevada (3), New Hampshire (1), 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 (7), Utah (4), Virginia (7), Washington (5), Wisconsin (3)	210	91.70%

Response	States (Count of MCOs)	Total	Percent of Total
No	California (4), Minnesota (1), New Hampshire (1), New Mexico (1), New York (1), Texas (11)	19	8.30%
National Totals		229	100%

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

Figure 72 - Long-Acting Opioid Maximum Days Supply per Prescription Limitation

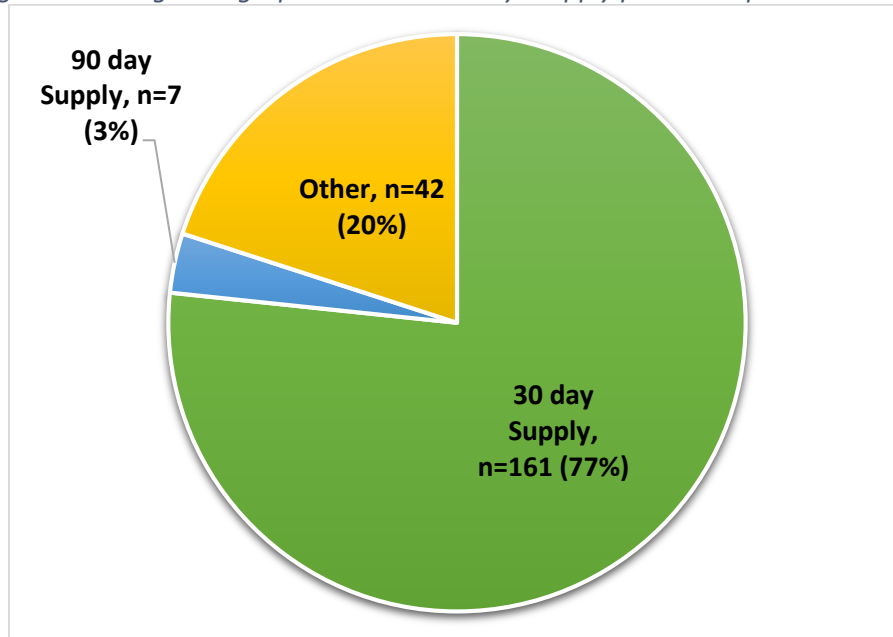


Table 71 - Long-Acting Opioid Maximum Days Supply per Prescription Limitation

Response	States (Count of MCOs)	Total	Percent of Total
30 day supply	California (18), Delaware (1), District of Columbia (2), Florida (10), Georgia (4), Hawaii (6), Illinois (7), Indiana (3), Iowa (1), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (4), Michigan (10), Minnesota (4), Mississippi (1), Nebraska (3), Nevada (2), New Hampshire (1), New Jersey (5), New Mexico (2), New York (13), Ohio (4), Oregon (8), Pennsylvania (5), Rhode Island (3), South Carolina (3), Texas (5), Utah (4), Virginia (5), Washington (4), Wisconsin (1)	161	76.67%
90 day supply	California (1), Colorado (1), District of Columbia (1), New York (3), Wisconsin (1)	7	3.33%
Other	California (3), Colorado (1), Delaware (1), District of Columbia (1), Florida (1), Indiana (1), Iowa (1), Massachusetts (1), Michigan (1), Minnesota (3), Mississippi (1), Nevada (1), New Mexico (1), New York (2), North Dakota (1), Ohio (1), Oregon (10), Pennsylvania (3), South Carolina (2), Texas (2), Virginia (2), Washington (1), Wisconsin (1)	42	20.00%
National Totals		210	100%

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

Figure 73 - Measures Other Than Restricted Quantities and Days' Supply in Place to either Monitor or Manage the Prescribing of Opioids

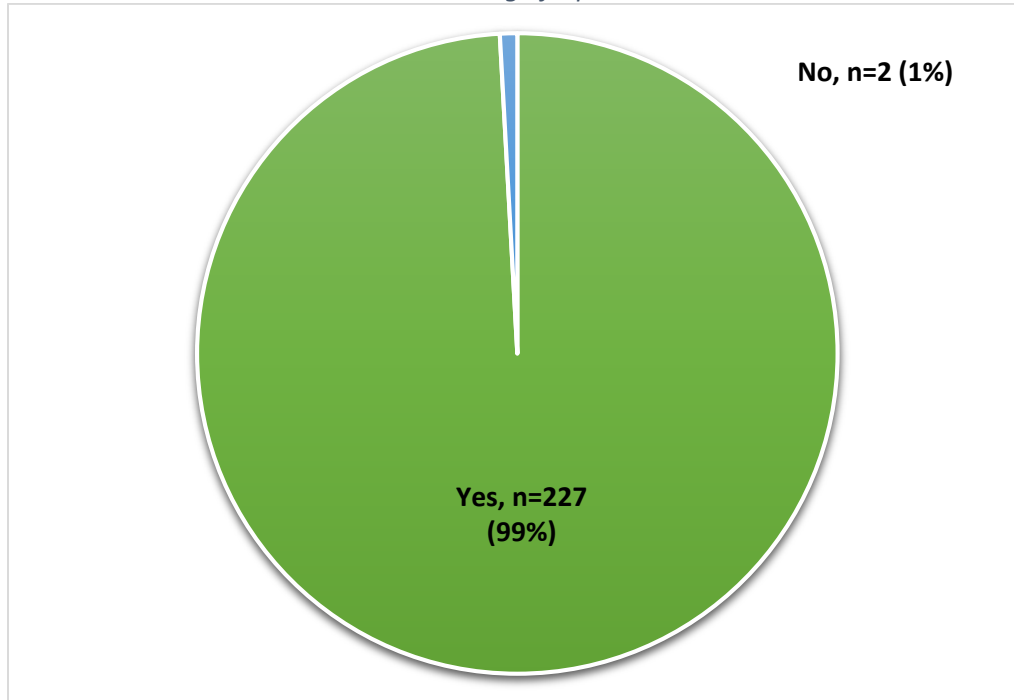


Table 72 - Measures Other Than Restricted Quantities and Days' Supply in Place to either Monitor or Manage the Prescribing of Opioids

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (25), Colorado (2), Delaware (2), District of Columbia (4), Florida (11), 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 (2), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (4), New York (19), North Dakota (1), Ohio (5), Oregon (18), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (18), Utah (4), Virginia (7), Washington (5), Wisconsin (3)	227	99.13%
No	California (1), Minnesota (1)	2	0.87%
National Totals		229	100%

If “Yes,” please check all that apply:

Figure 74 - Measures Other Than Restricted Quantities and Days’ Supply in Place to either Monitor or Manage the Prescribing of Opioids

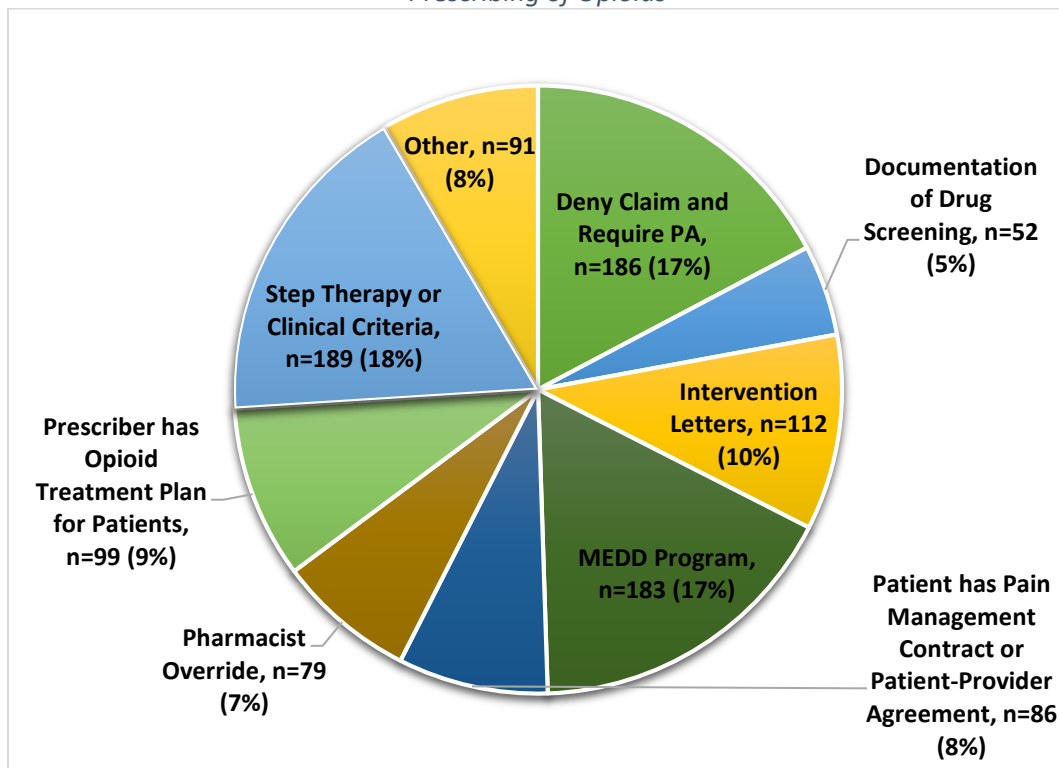


Table 73 - Measures Other Than Restricted Quantities and Days’ Supply in Place to either Monitor or Manage the Prescribing of Opioids

Response	States (Count of MCOs)	Total	Percent of Total
Deny claim and require PA	California (22), Colorado (2), Delaware (2), District of Columbia (1), Florida (10), Georgia (3), Hawaii (5), Illinois (4), Indiana (3), Iowa (2), Kansas (3), Kentucky (4), Louisiana (4), Maryland (7), Massachusetts (5), Michigan (7), Minnesota (5), Mississippi (1), Nebraska (2), Nevada (2), New Hampshire (2), New Jersey (4), New Mexico (4), New York (11), North Dakota (1), Ohio (4), Oregon (17), Pennsylvania (8), Rhode Island (3), South Carolina (4), Texas (18), Utah (3), Virginia (7), Washington (4), Wisconsin (2)	186	17.27%
Documentation of drug screening	California (3), Colorado (1), Delaware (2), District of Columbia (1), Florida (6), Hawaii (1), Illinois (1), Kentucky (1), Louisiana (1), Maryland (4), Massachusetts (1), Michigan (2), New Hampshire (2), New Jersey (1), New York (2), North Dakota (1), Oregon (7), Pennsylvania (6), Texas (1), Utah (1), Virginia (6), Washington (1)	52	4.83%

Response	States (Count of MCOs)	Total	Percent of Total
Intervention letters	California (12), District of Columbia (1), Florida (6), Georgia (2), Hawaii (2), Illinois (2), Indiana (2), Kansas (1), Kentucky (3), Louisiana (3), Maryland (5), Massachusetts (2), Michigan (4), Minnesota (2), Mississippi (2), Nebraska (2), Nevada (1), New Hampshire (2), New Jersey (3), New Mexico (2), New York (10), North Dakota (1), Ohio (4), Oregon (6), Pennsylvania (4), Rhode Island (1), South Carolina (1), Texas (16), Utah (1), Virginia (6), Washington (3)	112	10.40%
MEDD program	California (14), Colorado (2), Delaware (1), District of Columbia (3), Florida (9), Georgia (4), Hawaii (5), Illinois (5), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (4), Michigan (6), Minnesota (6), Nebraska (2), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (4), New York (14), North Dakota (1), Ohio (4), Oregon (16), Pennsylvania (8), Rhode Island (1), South Carolina (5), Texas (18), Utah (3), Virginia (7), Washington (1), Wisconsin (2)	183	16.99%
Patient has contract or agreement	California (5), Colorado (1), Delaware (1), District of Columbia (1), Florida (4), Georgia (2), Hawaii (2), Illinois (1), Indiana (2), Iowa (2), Kansas (3), Kentucky (4), Louisiana (2), Maryland (8), Massachusetts (3), Michigan (3), Minnesota (3), Nebraska (1), Nevada (1), New Hampshire (2), New Jersey (2), New York (7), North Dakota (1), Ohio (1), Oregon (7), Pennsylvania (4), Rhode Island (2), South Carolina (2), Texas (1), Utah (1), Virginia (6), Washington (1)	86	7.99%
Pharmacist override	California (5), Delaware (1), District of Columbia (1), Florida (7), Georgia (1), Hawaii (4), Illinois (1), Kansas (1), Kentucky (1), Louisiana (1), Maryland (2), Massachusetts (1), Michigan (2), Minnesota (5), Mississippi (1), Nebraska (2), Nevada (1), New Jersey (3), New Mexico (1), New York (6), Ohio (1), Oregon (7), Pennsylvania (1), Rhode Island (1), South Carolina (1), Texas (12), Utah (1), Virginia (3), Washington (4), Wisconsin (1)	79	7.34%
Prescriber has treatment plan	California (10), Colorado (1), Delaware (2), District of Columbia (2), Florida (3), Georgia (2), Hawaii (2), Illinois (2), Indiana (3), Iowa (2), Kansas (3), Kentucky (4), Louisiana (2), Maryland (6), Massachusetts (2), Michigan (3), Minnesota (2), Nevada (1), New Hampshire (2), New Jersey (2), New Mexico (1), New York (8), North Dakota (1), Ohio (2), Oregon (12), Pennsylvania (6), Rhode Island (1), South Carolina (2), Texas (2), Utah (1), Virginia (6), Washington (1)	99	9.19%

Response	States (Count of MCOs)	Total	Percent of Total
Step therapy or clinical criteria	California (16), Colorado (1), Delaware (2), District of Columbia (4), Florida (11), Georgia (4), Hawaii (5), Illinois (5), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (4), Maryland (6), Massachusetts (5), Michigan (8), Minnesota (6), Mississippi (1), Nebraska (2), Nevada (3), New Hampshire (2), New Jersey (4), New Mexico (4), New York (18), Ohio (5), Oregon (11), Pennsylvania (6), Rhode Island (3), South Carolina (5), Texas (16), Utah (4), Virginia (7), Washington (5), Wisconsin (2)	189	17.55%
Other	California (11), Delaware (1), Florida (4), Hawaii (1), Indiana (3), Iowa (1), Kansas (1), Kentucky (3), Louisiana (1), Maryland (3), Massachusetts (2), Michigan (4), Minnesota (3), Mississippi (1), Nebraska (1), Nevada (2), New Hampshire (1), New Jersey (1), New Mexico (2), New York (7), Ohio (2), Oregon (3), Pennsylvania (8), Rhode Island (1), South Carolina (3), Texas (13), Utah (1), Virginia (3), Washington (3), Wisconsin (1)	91	8.45%
National Totals		1,077	100%

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

Figure 75 - Edits in Place to Monitor Opioids and Benzodiazepines Being Used Concurrently

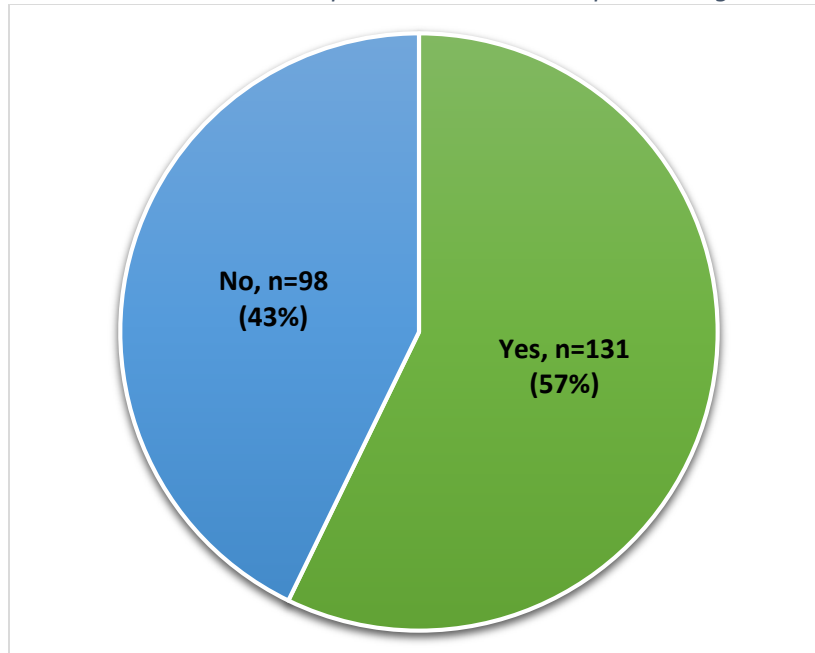


Table 74 - Edits in Place to Monitor Opioids and Benzodiazepines Being Used Concurrently

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (12), District of Columbia (2), Florida (9), Georgia (1), Hawaii (3), Illinois (2), Indiana (1), Kansas (3), Kentucky (3), Louisiana (3), Maryland (1), Massachusetts (5), Michigan (3), Minnesota (4), Mississippi (1), Nebraska (1), Nevada (2), New Hampshire (2), New Jersey (4), New Mexico (3), New York (15), North Dakota (1), Ohio (4), Oregon (9), Pennsylvania (6), Rhode Island (2), South Carolina (1), Texas (15), Virginia (7), Washington (4), Wisconsin (2)	131	57.21%
No	California (14), Colorado (2), Delaware (2), District of Columbia (2), Florida (2), Georgia (3), Hawaii (3), Illinois (5), Indiana (3), Iowa (2), Kentucky (2), Louisiana (2), Maryland (8), Michigan (8), Minnesota (4), Mississippi (1), Nebraska (2), Nevada (1), New Jersey (1), New Mexico (1), New York (4), Ohio (1), Oregon (9), Pennsylvania (2), Rhode Island (1), South Carolina (4), Texas (3), Utah (4), Washington (1), Wisconsin (1)	98	42.79%
National Totals		229	100%

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

Figure 76 - RetroDUR Activity and/or Provider Education in Regard to Beneficiaries with a Diagnosis or History of Opioid Use Disorder (OUD), or Opioid Poisoning Diagnosis

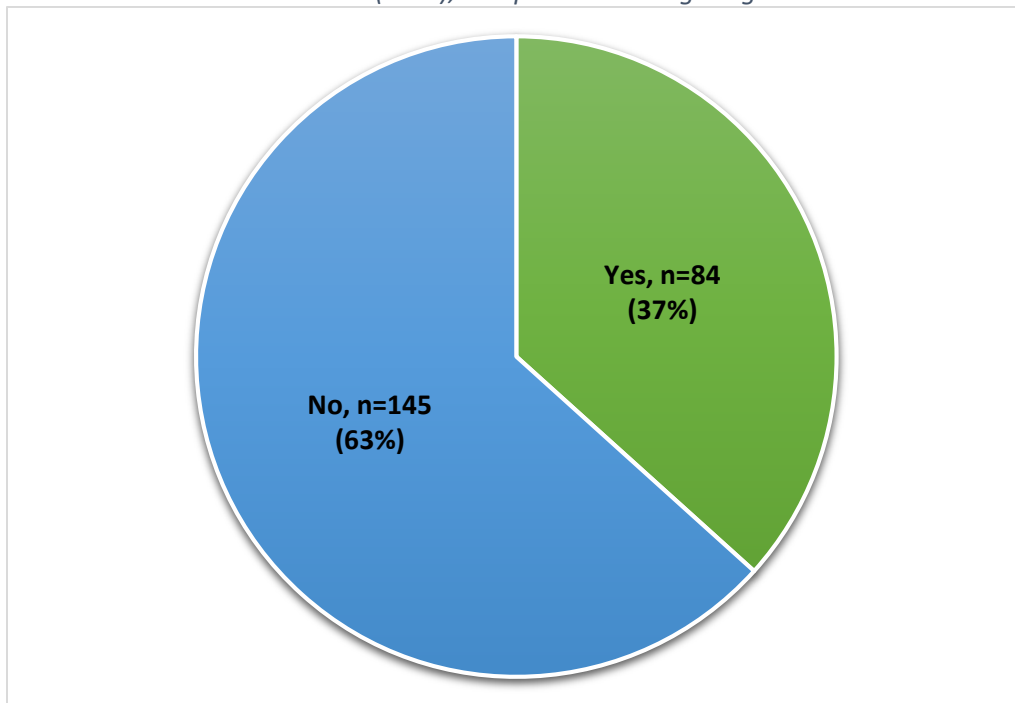


Table 75 - RetroDUR Activity and/or Provider Education in Regard to Beneficiaries with a Diagnosis or History of Opioid Use Disorder (OUD), or Opioid Poisoning Diagnosis

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (8), Colorado (1), District of Columbia (3), Florida (4), Georgia (3), Hawaii (1), Indiana (3), Iowa (1), Kansas (1), Kentucky (2), Louisiana (2), Maryland (1), Michigan (2), Minnesota (3), Mississippi (1), Nebraska (1), Nevada (2), New Jersey (2), New Mexico (2), New York (8), North Dakota (1), Ohio (2), Oregon (8), Pennsylvania (2), Rhode Island (1), South Carolina (2), Texas (9), Virginia (5), Washington (2), Wisconsin (1)	84	36.68%
No	California (18), Colorado (1), Delaware (2), District of Columbia (1), Florida (7), Georgia (1), Hawaii (5), Illinois (7), Indiana (1), Iowa (1), Kansas (2), Kentucky (3), Louisiana (3), Maryland (8), Massachusetts (5), Michigan (9), Minnesota (5), Mississippi (1), Nebraska (2), Nevada (1), New Hampshire (2), New Jersey (3), New Mexico (2), New York (11), Ohio (3), Oregon (10), Pennsylvania (6), Rhode Island (2), South Carolina (3), Texas (9), Utah (4), Virginia (2), Washington (3), Wisconsin (2)	145	63.32%
National Totals		229	100%

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

Figure 77 - Frequency of RetroDUR Activity and/or Provider Education for Beneficiaries with a Diagnosis History of OUD or Opioid Poisoning

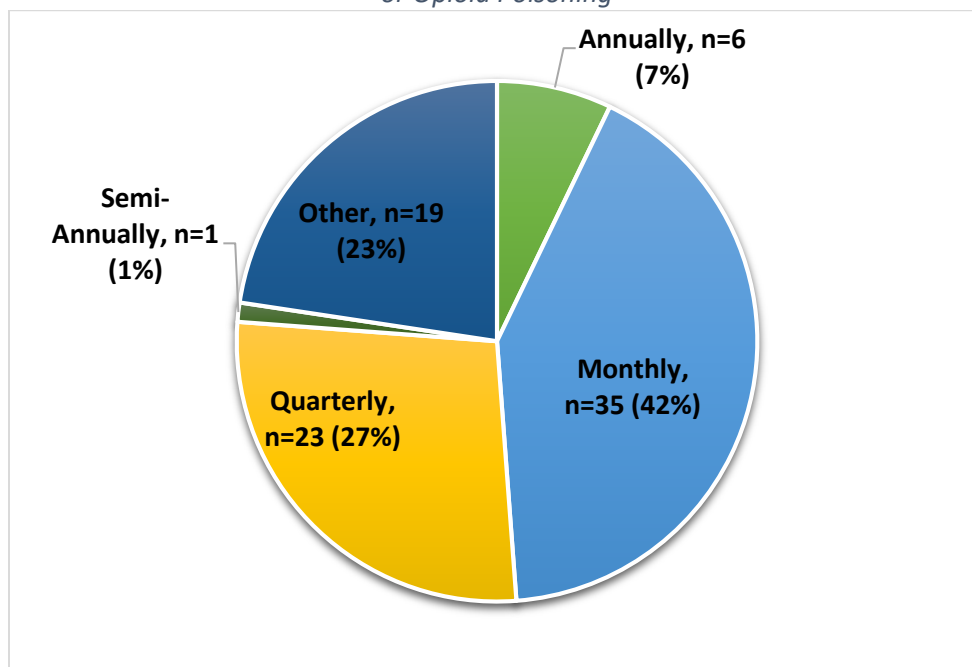


Table 76 - Frequency of RetroDUR Activity and/or Provider Education for Beneficiaries with a Diagnosis History of OUD or Opioid Poisoning

Response	States (Count of MCOs)	Total	Percent of Total
Annually	California (3), Florida (1), Louisiana (1), Texas (1)	6	7.14%
Monthly	California (1), District of Columbia (3), Florida (1), Georgia (3), Indiana (1), Iowa (1), Kansas (1), Kentucky (2), Louisiana (1), Maryland (1), Michigan (1), Nevada (2), New Jersey (2), New Mexico (1), New York (3), Ohio (1), South Carolina (2), Texas (3), Virginia (4), Washington (1)	35	41.67%
Quarterly	California (2), Florida (2), Indiana (1), Michigan (1), Minnesota (2), Mississippi (1), Nebraska (1), New York (2), Ohio (1), Oregon (6), Rhode Island (1), Texas (2), Washington (1)	23	27.38%
Semi-Annually	Hawaii (1)	1	1.19%
Other	California (2), Colorado (1), Indiana (1), Minnesota (1), New Mexico (1), New York (3), North Dakota (1), Oregon (2), Pennsylvania (2), Texas (3), Virginia (1), Wisconsin (1)	19	22.62%
National Totals		84	100%

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

Figure 78 - Future Implementation of RetroDUR Activity and/or Provider Education in Regard to Beneficiaries with a Diagnosis or History of OUD or Opioid Poisoning

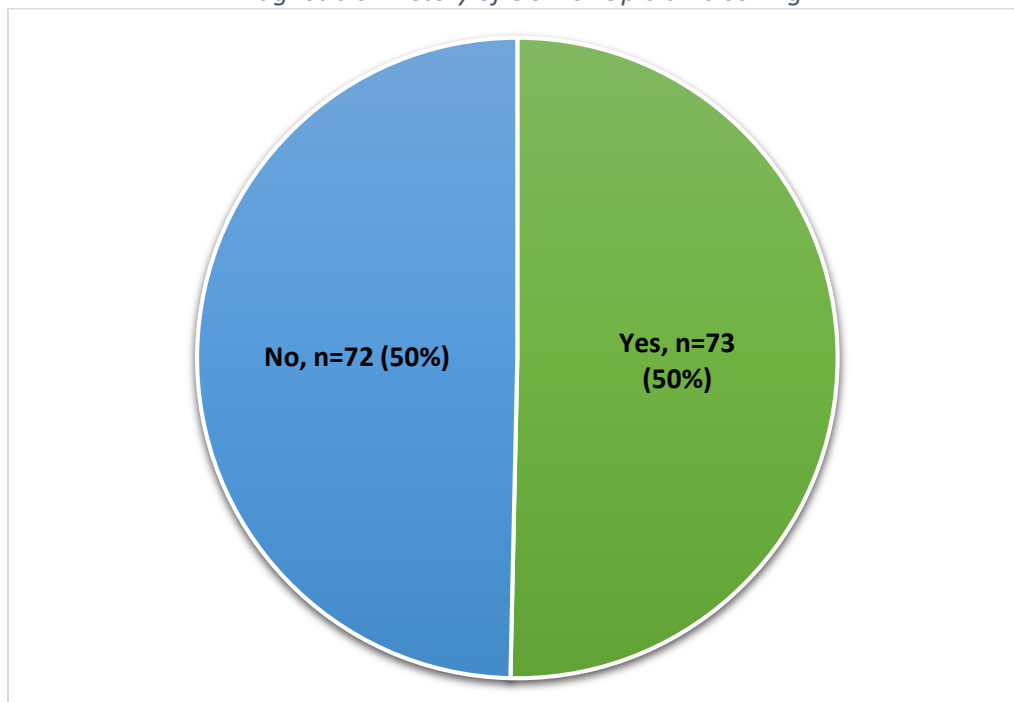


Table 77 - Future Implementation of RetroDUR Activity and/or Provider Education in Regard to Beneficiaries with a Diagnosis or History of OUD or Opioid Poisoning

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (10), Colorado (1), Delaware (2), District of Columbia (1), Florida (5), Hawaii (2), Illinois (4), Iowa (1), Kansas (1), Kentucky (1), Louisiana (2), Maryland (3), Massachusetts (1), Michigan (5), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (1), New Mexico (1), New York (4), Ohio (3), Oregon (4), Pennsylvania (4), Rhode Island (1), South Carolina (2), Texas (5), Utah (2), Virginia (1), Washington (2)	73	50.34%
No	California (8), Florida (2), Georgia (1), Hawaii (3), Illinois (3), Indiana (1), Kansas (1), Kentucky (2), Louisiana (1), Maryland (5), Massachusetts (4), Michigan (4), Minnesota (5), Nebraska (1), New Hampshire (1), New Jersey (2), New Mexico (1), New York (7), Oregon (6), Pennsylvania (2), Rhode Island (1), South Carolina (1), Texas (4), Utah (2), Virginia (1), Washington (1), Wisconsin (2)	72	49.66%
National Totals		145	100%

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

Figure 79 - State Medicaid Agency Develop and Provide Prescribers with Pain Management or Opioids Prescribing Guidelines

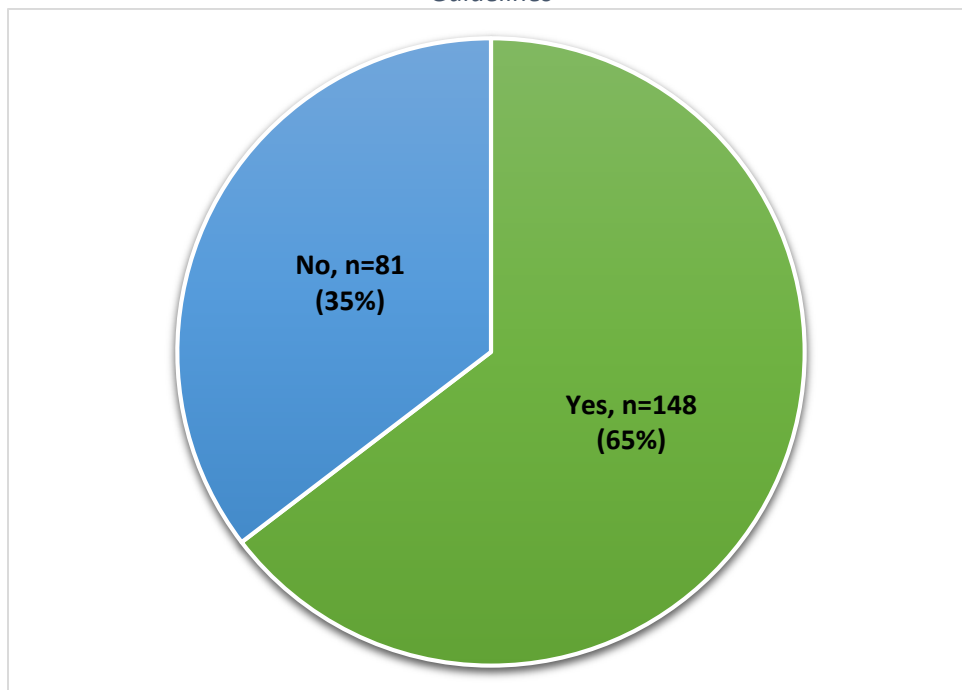


Table 78 - State Medicaid Agency Develop and Provide Prescribers with Pain Management or Opioids Prescribing Guidelines

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (18), Colorado (1), District of Columbia (1), Florida (7), Georgia (1), Hawaii (2), Indiana (2), Kansas (3), Kentucky (3), Louisiana (5), Maryland (9), Massachusetts (2), Michigan (6), Minnesota (7), Mississippi (2), Nebraska (3), Nevada (2), New Jersey (2), New Mexico (4), New York (13), Ohio (3), Oregon (15), Pennsylvania (6), Rhode Island (3), South Carolina (4), Texas (8), Utah (3), Virginia (7), Washington (5), Wisconsin (1)	148	64.63%
No	California (8), Colorado (1), Delaware (2), District of Columbia (3), Florida (4), Georgia (3), Hawaii (4), Illinois (7), Indiana (2), Iowa (2), Kentucky (2), Massachusetts (3), Michigan (5), Minnesota (1), Nevada (1), New Hampshire (2), New Jersey (3), New York (6), North Dakota (1), Ohio (2), Oregon (3), Pennsylvania (2), South Carolina (1), Texas (10), Utah (1), Wisconsin (2)	81	35.37%
National Totals		229	100%

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

Figure 80 - MCO Provision of Pain Management or Opioid Prescription Guidelines

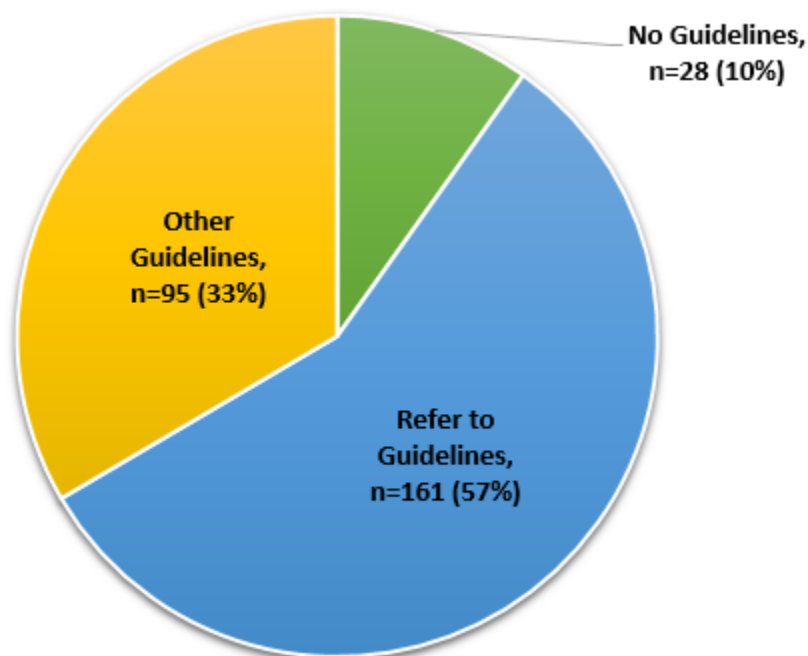


Table 79 - MCO Provision of Pain Management or Opioid Prescription Guidelines

Response	States (Count of MCOs)	Total	Percent of Total
No guidelines	California (1), Colorado (1), Delaware (1), Florida (3), Georgia (1), Hawaii (1), Illinois (4), Indiana (1), Kentucky (1), Michigan (4), Nevada (1), New York (1), Texas (7), Utah (1)	28	9.86%
Refer to guidelines	California (22), Colorado (1), District of Columbia (4), Florida (8), Georgia (3), Hawaii (5), Illinois (3), Indiana (3), Iowa (2), Kansas (2), Kentucky (3), Louisiana (5), Maryland (7), Massachusetts (4), Michigan (7), Minnesota (6), Mississippi (2), Nebraska (2), Nevada (2), New Hampshire (1), New Jersey (3), New Mexico (4), New York (17), North Dakota (1), Ohio (3), Oregon (8), Pennsylvania (6), Rhode Island (2), South Carolina (4), Texas (7), Utah (3), Virginia (6), Washington (2), Wisconsin (3)	161	56.69%
Other guidelines	California (11), Delaware (1), District of Columbia (1), Florida (3), Georgia (1), Indiana (2), Kansas (2), Kentucky (3), Maryland (3), Massachusetts (2), Michigan (3), Minnesota (7), Nebraska (1), New Hampshire (1), New Jersey (2), New Mexico (1), New York (4), Ohio (4), Oregon (17), Pennsylvania (2), Rhode Island (2), South Carolina (2), Texas (6), Utah (2), Virginia (5), Washington (5), Wisconsin (2)	95	33.45%
National Totals		284	100%

- 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 81 - Drug Utilization Management Strategy that Supports Abuse Deterrent Opioid Use

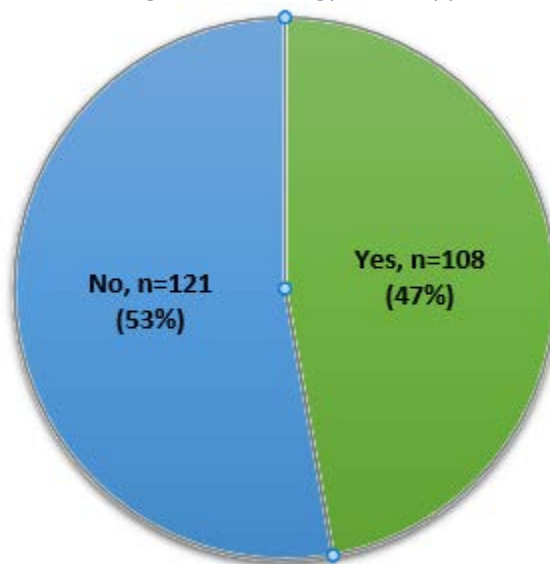


Table 80 - Drug Utilization Management Strategy that Supports Abuse Deterrent Opioid Use

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (6), Delaware (2), District of Columbia (2), Florida (10), Georgia (2), Hawaii (2), Illinois (4), Indiana (1), Iowa (2), Kansas (2), Kentucky (2), Louisiana (2), Maryland (2), Massachusetts (3), Michigan (3), Minnesota (4), Mississippi (1), Nebraska (2), Nevada (2), New Hampshire (1), New Jersey (3), New Mexico (1), New York (10), North Dakota (1), Oregon (10), Pennsylvania (1), South Carolina (3), Texas (14), Utah (1), Virginia (4), Washington (3), Wisconsin (2)	108	47.16%
No	California (20), Colorado (2), District of Columbia (2), Florida (1), Georgia (2), Hawaii (4), Illinois (3), Indiana (3), Kansas (1), Kentucky (3), Louisiana (3), Maryland (7), Massachusetts (2), Michigan (8), Minnesota (4), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (2), New Mexico (3), New York (9), Ohio (5), Oregon (8), Pennsylvania (7), Rhode Island (3), South Carolina (2), Texas (4), Utah (3), Virginia (3), Washington (2), Wisconsin (1)	121	52.84%
National Totals		229	100%

E. Morphine Equivalent Daily Dose (MEDD)

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

Figure 82 - MCO Recommended Maximum Morphine Equivalent Daily Dose Measures

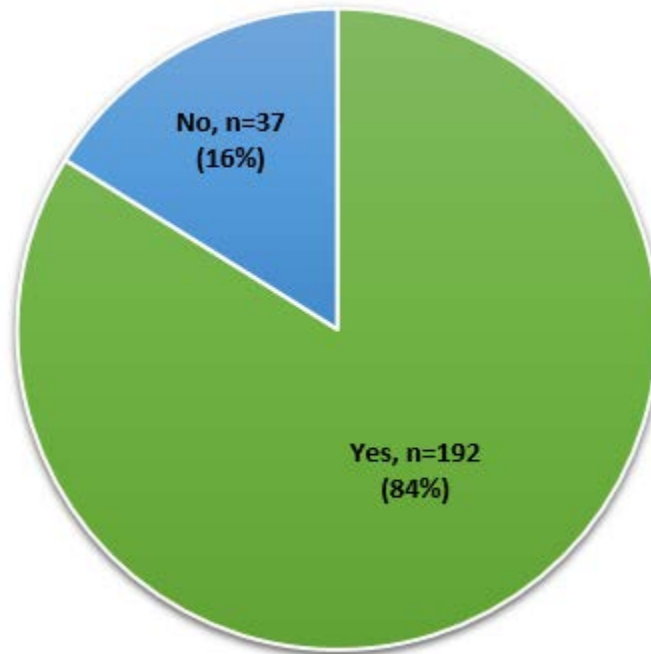


Table 81 - MCO Recommended Maximum Morphine Equivalent Daily Dose Measures

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (17), Colorado (2), Delaware (1), District of Columbia (4), Florida (9), Georgia (4), Hawaii (5), Illinois (5), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (6), Minnesota (7), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (4), New York (14), North Dakota (1), Ohio (4), Oregon (17), Pennsylvania (8), Rhode Island (2), South Carolina (5), Texas (18), Utah (3), Virginia (7), Washington (1), Wisconsin (2)	192	83.84%
No	California (9), Delaware (1), Florida (2), Hawaii (1), Illinois (2), Michigan (5), Minnesota (1), Mississippi (2), New York (5), Ohio (1), Oregon (1), Rhode Island (1), Utah (1), Washington (4), Wisconsin (1)	37	16.16%
National Totals		229	100%

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

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

Figure 83 - Maximum Morphine Equivalent Daily Dose Limit in Milligrams per Day (State Average)

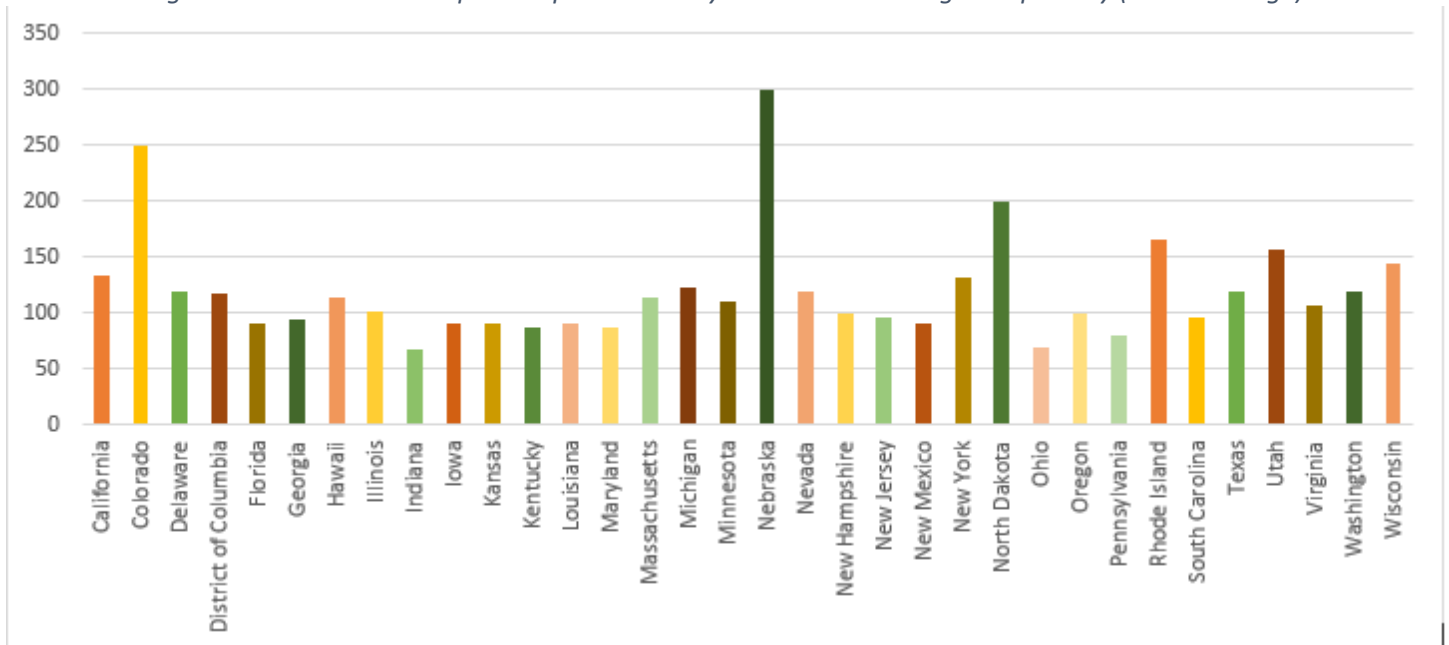


Table 82 - Maximum Morphine Equivalent Daily Dose Limit in Milligrams per Day (State Average)

State	State Average Daily Dosage Limit
California	134
Colorado	250

State	State Average Daily Dosage Limit
Delaware	120
District of Columbia	118
Florida	90
Georgia	95
Hawaii	114
Illinois	102
Indiana	68
Iowa	90
Kansas	90
Kentucky	88
Louisiana	90
Maryland	87
Massachusetts	114
Michigan	123
Minnesota	110
Nebraska	300
Nevada	120
New Hampshire	100
New Jersey	96
New Mexico	90
New York	132
North Dakota	200
Ohio	70
Oregon	101
Pennsylvania	80
Rhode Island	165
South Carolina	96
Texas	119
Utah	157
Virginia	107
Washington	120
Wisconsin	145
National Average	120

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

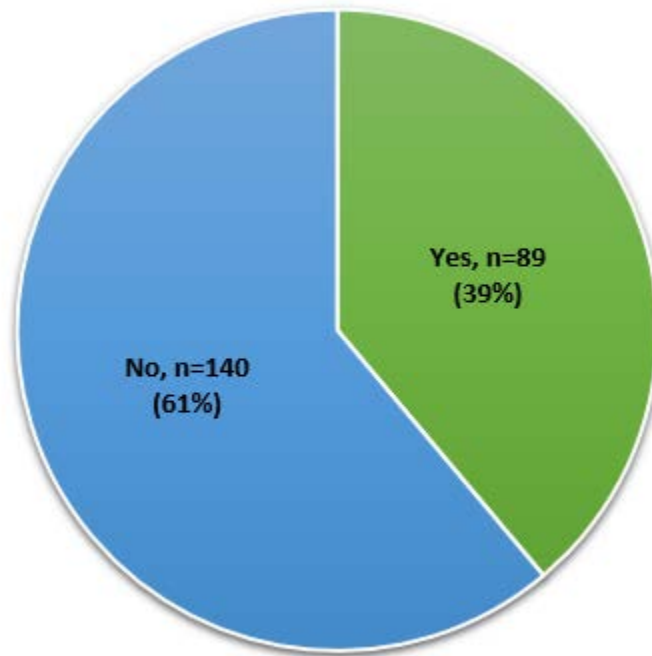


Table 83 - Provides Information to Prescribers on How to Calculate the Morphine Equivalent Daily Dosage or Provides a Calculator Developed Elsewhere

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (11), Colorado (1), Florida (3), Georgia (1), Hawaii (2), Illinois (1), Indiana (2), Iowa (2), Kansas (3), Kentucky (1), Louisiana (1), Maryland (4), Massachusetts (1), Michigan (4), Minnesota (2), Mississippi (2), Nebraska (1), Nevada (1), New Hampshire (2), New Jersey (2), New Mexico (1), New York (6), Ohio (3), Oregon (10), Pennsylvania (3), Rhode Island (1), South Carolina (2), Texas (4), Utah (2), Virginia (5), Washington (5)	89	38.86%
No	California (15), Colorado (1), Delaware (2), District of Columbia (4), Florida (8), Georgia (3), Hawaii (4), Illinois (6), Indiana (2), Kentucky (4), Louisiana (4), Maryland (5), Massachusetts (4), Michigan (7), Minnesota (6), Nebraska (2), Nevada (2), New Jersey (3), New Mexico (3), New York (13), North Dakota (1), Ohio (2), Oregon (8), Pennsylvania (5), Rhode Island (2), South Carolina (3), Texas (14), Utah (2), Virginia (2), Wisconsin (3)	140	61.14%
National Totals		229	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.

Table 84 - Name of the Developer of the Calculator

Developer	State (Count of MCOs)	Total	% of Total
Agency Medical Directors Group (AMDG)	Colorado (1), Hawaii (1), Kansas (2), Massachusetts (1), New Hampshire (1), New York (2), Oregon (1), South Carolina (1), Texas (1), Virginia (1), Washington (4)	16	17.98%
American Association of Pain Management	New Hampshire (1)	1	1.12%
Centers for Disease Control and Prevention (CDC)	California (9), Florida (3), Georgia (1), Hawaii (1), Illinois (1), Indiana (1), Iowa (2), Kansas (1), Kentucky (1), Louisiana (1), Maryland (2), Michigan (2), Minnesota (1), Mississippi (2), Nebraska (1), Nevada (1), New Jersey (2), New Mexico (1), New York (3), Ohio (2), Oregon (2), Pennsylvania (3), Rhode Island (1), South Carolina (1), Texas (3), Utah (1), Virginia (1), Washington (1)	51	57.30%
Centers for Medicare and Medicaid Services (CMS)	Michigan (1)	1	1.12%
Department of Health	New York (1)	1	1.12%
Global Rph	California (1)	1	1.12%
Plan Specific Guidance	Indiana (1), Minnesota (1)	2	2.25%
State Board of Pharmacy/Automated Rx Reporting System	Michigan (1), Ohio (1)	2	2.25%
State Medicaid Website	Oregon (1)	1	1.12%
State PDMP	Virginia (2)	2	2.25%
State Specific Pain Guidance	Oregon (4)	4	4.49%
State's electronic medical record	California (1), Maryland (2), Oregon (1), Utah (1), Virginia (1)	6	6.74%
State's Provider Portal	Oregon (1)	1	1.12%
National Totals		89	100%

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

Figure 85 - Information Dissemination Routes

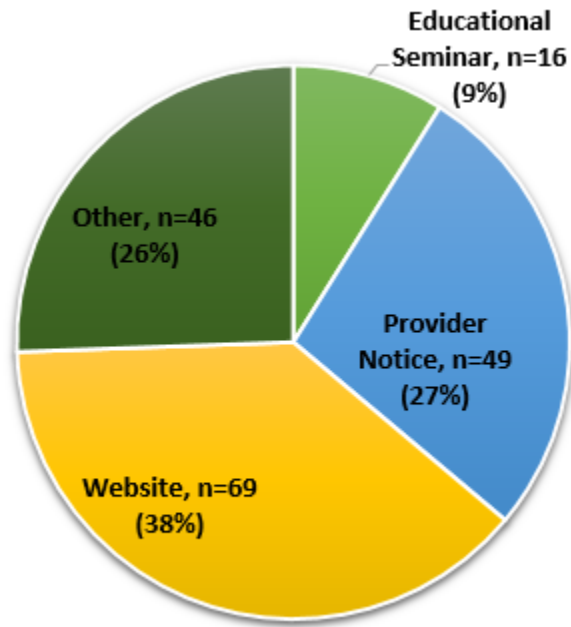


Table 85 - Information Dissemination Routes

Response	States (Count of MCOs)	Total	Percent of Total
Educational seminar	California (3), Hawaii (1), Kansas (1), Maryland (1), Minnesota (1), Oregon (7), Virginia (1), Washington (1)	16	8.89%
Provider notice	California (5), Florida (2), Georgia (1), Hawaii (2), Illinois (1), Indiana (1), Kansas (1), Maryland (3), Massachusetts (1), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (2), New Mexico (1), New York (5), Ohio (2), Oregon (7), Pennsylvania (2), Rhode Island (1), South Carolina (2), Texas (2), Utah (1), Virginia (2), Washington (1)	49	27.22%
Website	California (6), Florida (3), Georgia (1), Hawaii (2), Illinois (1), Indiana (2), Iowa (2), Kansas (3), Kentucky (1), Louisiana (1), Maryland (4), Massachusetts (1), Michigan (2), Minnesota (1), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (1), New Mexico (1), New York (3), Ohio (3), Oregon (9), Pennsylvania (3), Rhode Island (1), South Carolina (1), Texas (3), Utah (1), Virginia (4), Washington (5)	69	38.33%

Response	States (Count of MCOs)	Total	Percent of Total
Other	California (3), Colorado (1), Florida (2), Hawaii (2), Indiana (1), Iowa (1), Kansas (2), Louisiana (1), Maryland (2), Massachusetts (1), Michigan (3), Minnesota (1), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (2), New Jersey (1), New Mexico (1), New York (3), Ohio (1), Oregon (3), Pennsylvania (3), Rhode Island (1), Texas (2), Utah (1), Virginia (3), Washington (2)	46	25.56%
National Totals		180	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 86 - Edit in Your POS System That Alerts the Pharmacy Provider That the Morphine Equivalent Daily Dose Prescribed Has Been Exceeded

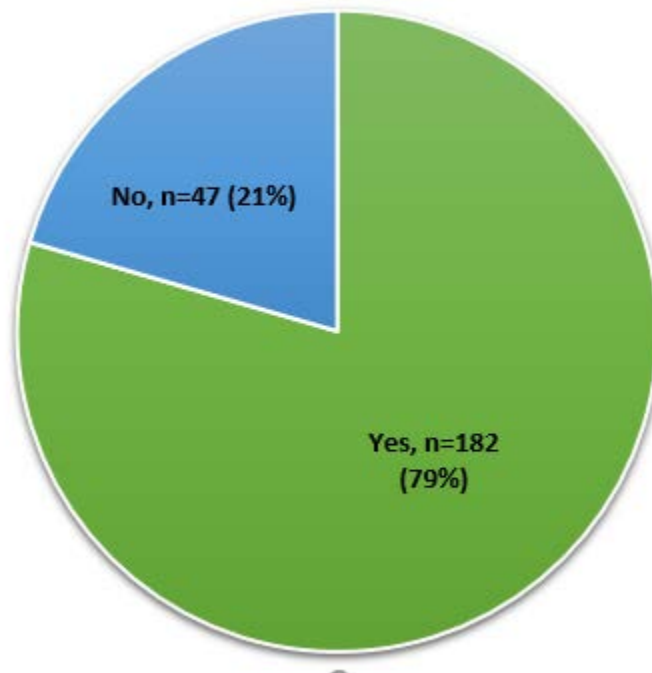


Table 86 - Edit in Your POS System That Alerts the Pharmacy Provider That the Morphine Equivalent Daily Dose Prescribed Has Been Exceeded

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (16), Colorado (2), Delaware (1), District of Columbia (4), Florida (9), Georgia (4), Hawaii (3), Illinois (5), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (8), Massachusetts (4), Michigan (7), Minnesota (7), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (4), New Mexico (4), New York (14), North Dakota (1), Ohio (4), Oregon (14), Pennsylvania (8), Rhode Island (1), South Carolina (5), Texas (18), Utah (3), Virginia (7), Wisconsin (2)	182	79.48%
No	California (10), Delaware (1), Florida (2), Hawaii (3), Illinois (2), Maryland (1), Massachusetts (1), Michigan (4), Minnesota (1), Mississippi (2), New Jersey (1), New York (5), Ohio (1), Oregon (4), Rhode Island (2), Utah (1), Washington (5), Wisconsin (1)	47	20.52%
National Totals		229	100%

If “Yes,” do you require prior authorization if the Morphine Equivalent Daily Dose limit is exceeded?

Figure 87 - Prior Authorization Requirement If the Morphine Equivalent Daily Dose Limit Is Exceeded

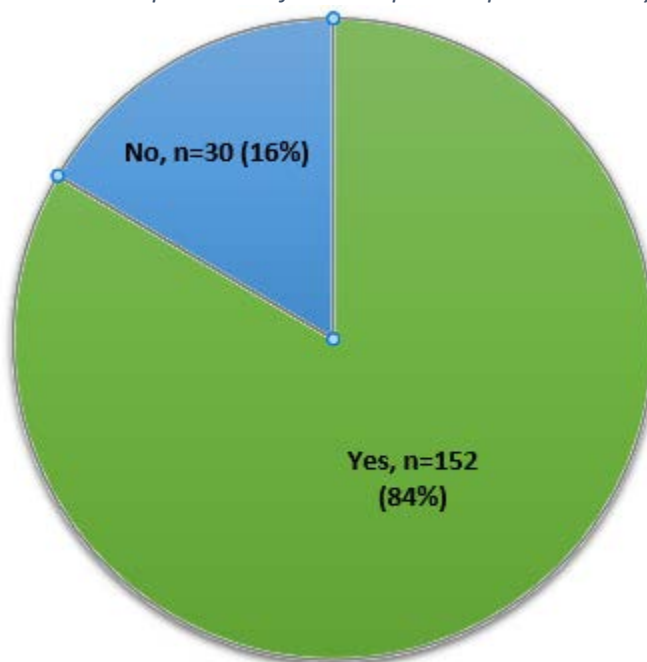


Table 87 - Prior Authorization Requirement If the Morphine Equivalent Daily Dose Limit Is Exceeded

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (13), Colorado (2), Delaware (1), District of Columbia (4), Florida (8), Georgia (2), Hawaii (1), Illinois (4), Indiana (4), Iowa (2), Kansas (3), Kentucky (4), Louisiana (5), Maryland (8), Massachusetts (4), Michigan (6), Minnesota (7), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (3), New Mexico (3), New York (13), North Dakota (1), Ohio (4), Oregon (9), Pennsylvania (8), Rhode Island (1), South Carolina (4), Texas (8), Utah (3), Virginia (7), Wisconsin (2)	152	83.52%
No	California (3), Florida (1), Georgia (2), Hawaii (2), Illinois (1), Kentucky (1), Michigan (1), New Jersey (1), New Mexico (1), New York (1), Oregon (5), South Carolina (1), Texas (10)	30	16.48%
National Totals		182	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 88 - MCO Sets Total Milligram per Day Limits on the Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

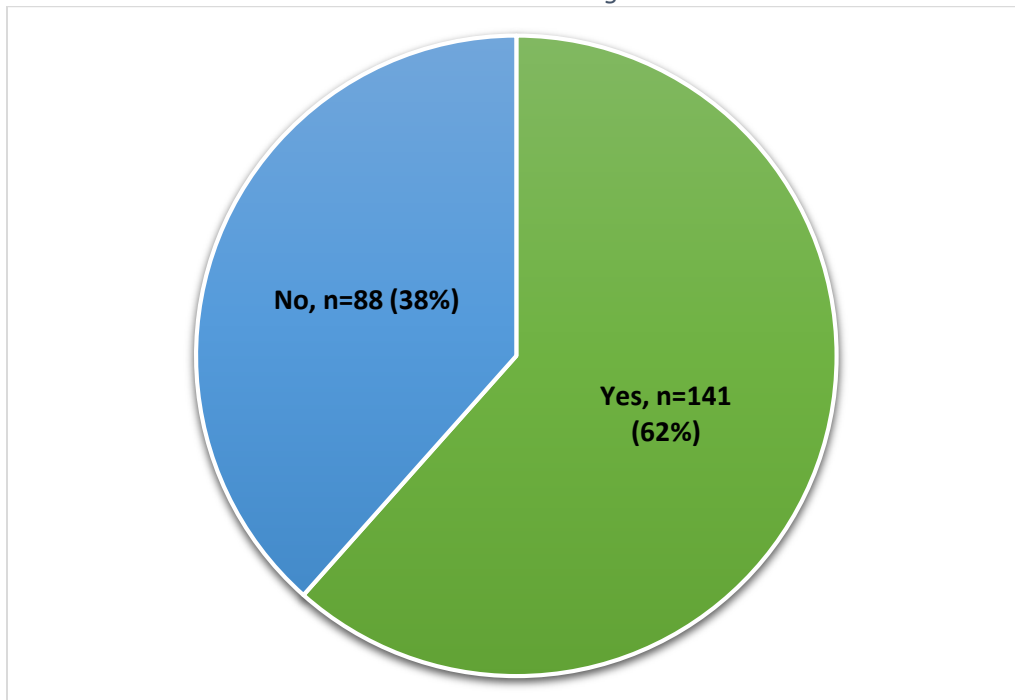


Table 88 - MCO Sets Total Milligram per Day Limits on the Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (1), Colorado (2), Delaware (1), District of Columbia (4), Florida (8), Georgia (4), Hawaii (3), Illinois (3), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Massachusetts (5), Michigan (1), Minnesota (8), Mississippi (2), Nebraska (2), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (4), New York (14), North Dakota (1), Ohio (4), Oregon (13), Pennsylvania (6), Rhode Island (3), South Carolina (5), Texas (5), Virginia (7), Washington (5), Wisconsin (1)	141	61.57%
No	California (25), Delaware (1), Florida (3), Hawaii (3), Illinois (4), Maryland (9), Michigan (10), Nebraska (1), New York (5), Ohio (1), Oregon (5), Pennsylvania (2), Texas (13), Utah (4), Wisconsin (2)	88	38.43%
National Totals		229	100%

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

Figure 89 - Total Milligrams/Day Limit on the Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

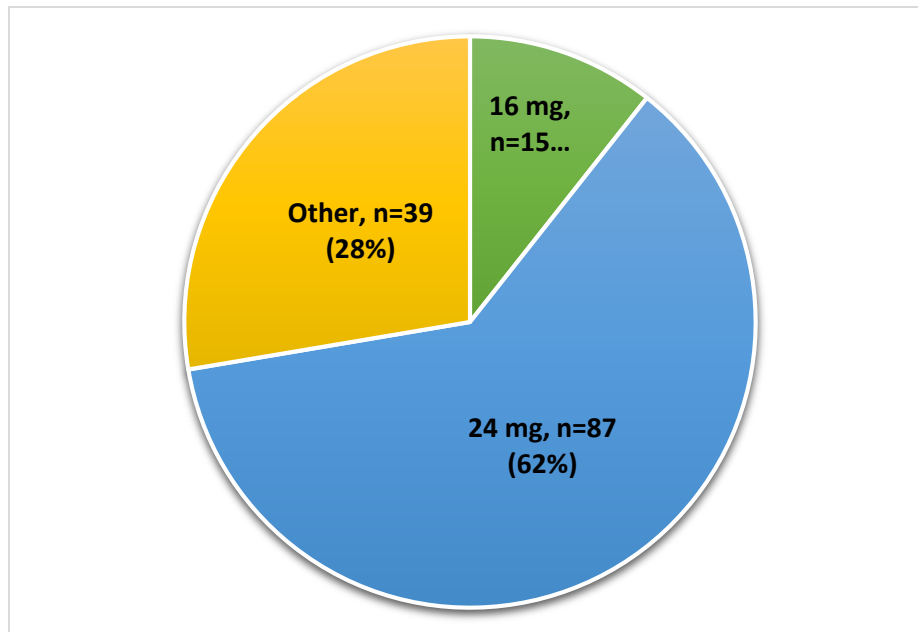


Table 89 - Total Milligrams/Day Limit on the Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

Response	States (Count of MCOs)	Total	Percent of Total
16 mg	Kentucky (1), Louisiana (1), Minnesota (1), Pennsylvania (4), Texas (2), Virginia (6)	15	10.64%
24 mg	Colorado (2), District of Columbia (3), Florida (3), Georgia (4), Hawaii (3), Illinois (2), Indiana (4), Iowa (2), Kansas (2), Kentucky (3), Louisiana (3), Massachusetts (1), Minnesota (7), Mississippi (1), Nebraska (2), Nevada (3), New Jersey (3), New Mexico (3), New York (11), Ohio (4), Oregon (12), Pennsylvania (1), Rhode Island (1), South Carolina (4), Texas (1), Virginia (1), Wisconsin (1)	87	61.70%
Other	California (1), Delaware (1), District of Columbia (1), Florida (5), Illinois (1), Kansas (1), Kentucky (1), Louisiana (1), Massachusetts (4), Michigan (1), Mississippi (1), New Hampshire (2), New Jersey (2), New Mexico (1), New York (3), North Dakota (1), Oregon (1), Pennsylvania (1), Rhode Island (2), South Carolina (1), Texas (2), Washington (5)	39	27.66%
National Totals		141	100%

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

Figure 90 - Limitations on Allowable Length of the Reduced Dosage Treatment of Buprenorphine/Naloxone Combination Drugs

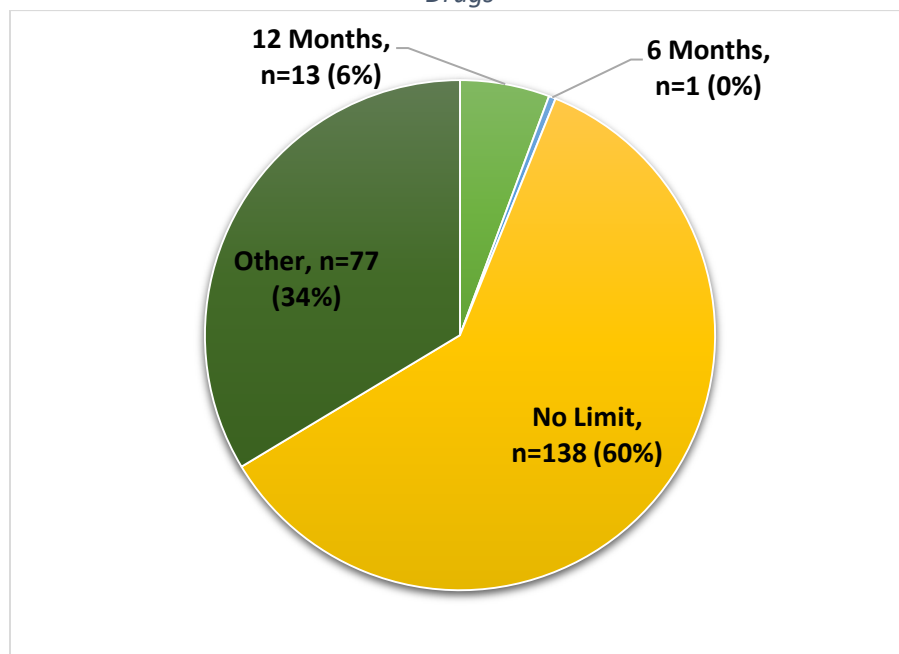


Table 90 - Limitations on Allowable Length of the Reduced Dosage Treatment of Buprenorphine/Naloxone Combination Drugs

Response	States (Count of MCOs)	Total	Percent of Total
12 months	Georgia (1), Illinois (1), Kansas (1), Louisiana (1), Massachusetts (1), Minnesota (1), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (1), New Mexico (1), New York (1), Texas (1)	13	5.68%
6 months	Louisiana (1)	1	0.44%
No limit	California (6), Colorado (2), Delaware (2), District of Columbia (3), Florida (9), Georgia (2), Hawaii (4), Illinois (5), Indiana (3), Kansas (2), Kentucky (2), Louisiana (1), Massachusetts (3), Michigan (3), Minnesota (6), Mississippi (1), Nebraska (2), Nevada (2), New Hampshire (1), New Jersey (1), New Mexico (3), New York (13), North Dakota (1), Ohio (5), Oregon (17), Pennsylvania (8), Rhode Island (3), South Carolina (4), Texas (12), Virginia (4), Washington (5), Wisconsin (3)	138	60.26%
Other	California (20), District of Columbia (1), Florida (2), Georgia (1), Hawaii (2), Illinois (1), Indiana (1), Iowa (2), Kentucky (3), Louisiana (2), Maryland (9), Massachusetts (1), Michigan (8), Minnesota (1), Mississippi (1), New Jersey (3), New York (5), Oregon (1), South Carolina (1), Texas (5), Utah (4), Virginia (3)	77	33.62%
National Totals		229	100%

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

Figure 91 - Maximum Milligrams per Day Reduction after A Set Period of Time

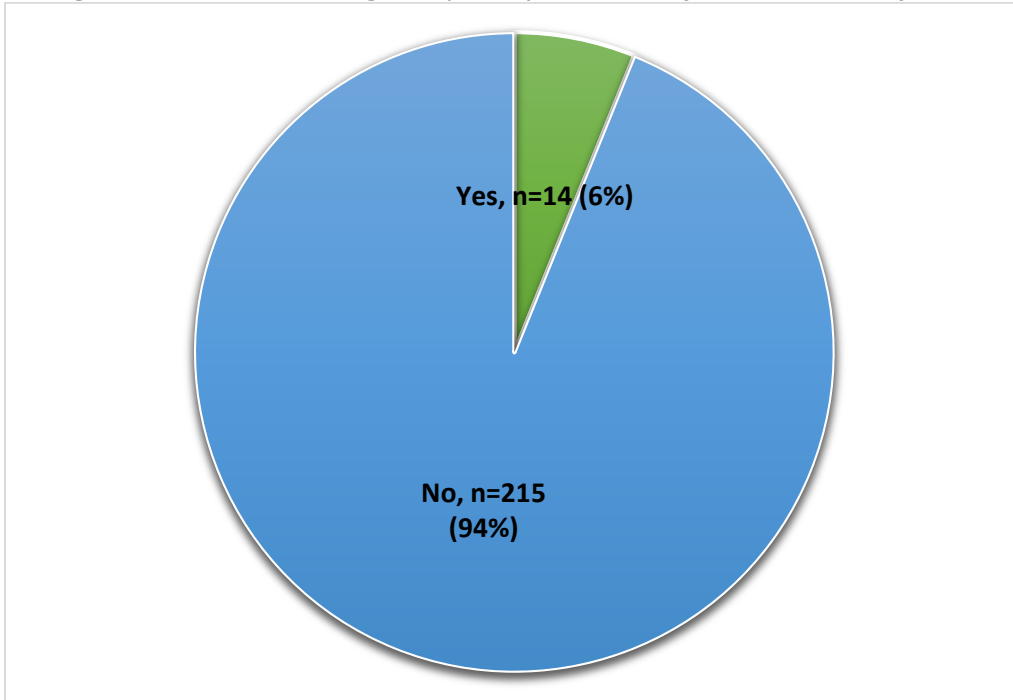


Table 91 - Maximum Milligrams per Day Reduction after A Set Period of Time

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Delaware (1), Florida (3), Iowa (2), Louisiana (1), Massachusetts (1), Minnesota (1), Mississippi (2), New Jersey (1), Ohio (1), Rhode Island (1)	14	6.11%
No	California (26), Colorado (2), Delaware (1), District of Columbia (4), Florida (8), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Kansas (3), Kentucky (5), Louisiana (4), Maryland (9), Massachusetts (4), Michigan (11), Minnesota (7), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (4), New Mexico (4), New York (19), North Dakota (1), Ohio (4), Oregon (18), Pennsylvania (8), Rhode Island (2), South Carolina (5), Texas (18), Utah (4), Virginia (7), Washington (5), Wisconsin (3)	215	93.89%
National Totals		229	100%

If “Yes,” please continue.

a. *What is your reduced (maintenance) dosage?*

Figure 92 - Reduced (Maintenance) Dosage

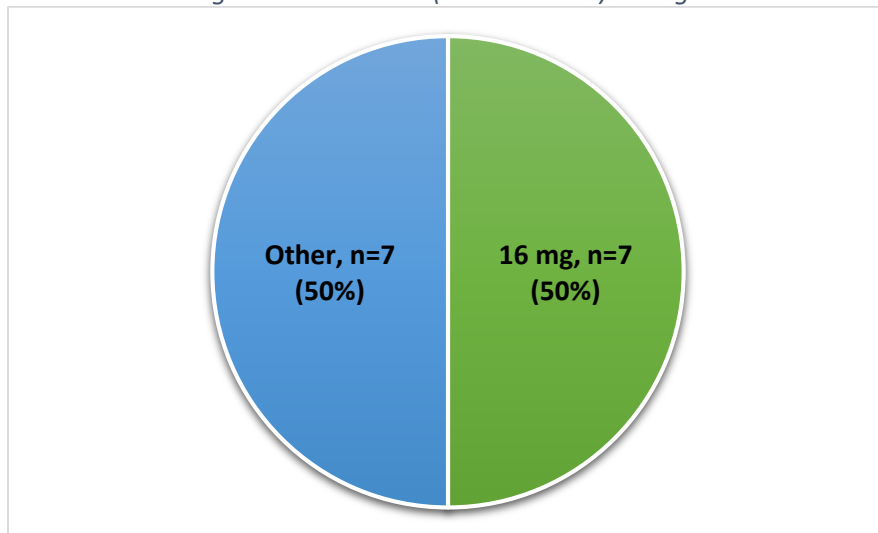


Table 92 - Reduced (Maintenance) Dosage

Response	States (Count of MCOs)	Total	Percent of Total
16 mg	Iowa (2), Louisiana (1), Mississippi (2), New Jersey (1), Ohio (1)	7	50.00%
Other	Delaware (1), Florida (3), Massachusetts (1), Minnesota (1), Rhode Island (1)	7	50.00%
National Totals		14	100%

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

Figure 93 - Limitations on Length of the Reduced Dosage Treatment on Buprenorphine/Naloxone Combination Drugs

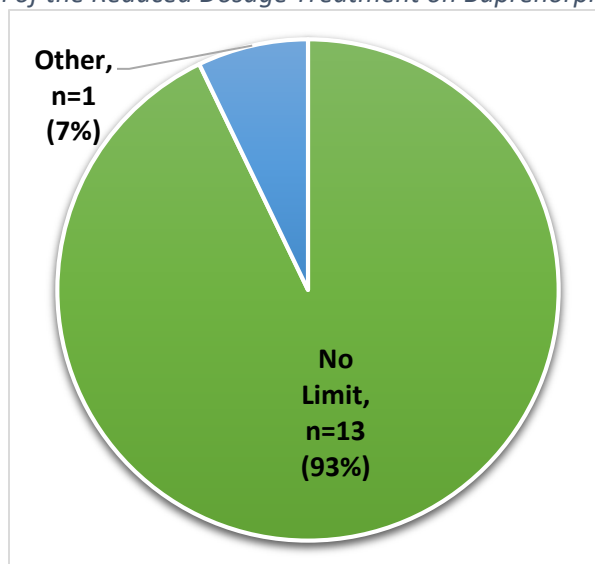


Table 93 - Limitations on Allowable Length of the Reduced Dosage Treatment on Buprenorphine/Naloxone Combination Drugs

Response	States (Count of MCOs)	Total	Percent of Total
No limit	Delaware (1), Florida (2), Iowa (2), Louisiana (1), Massachusetts (1), Minnesota (1), Mississippi (2), New Jersey (1), Ohio (1), Rhode Island (1)	13	92.86%
Other	Florida (1)	1	7.14%
National Totals		14	100%

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

Figure 94 - Buprenorphine/Naloxone Combination Product Available Without Prior Authorization

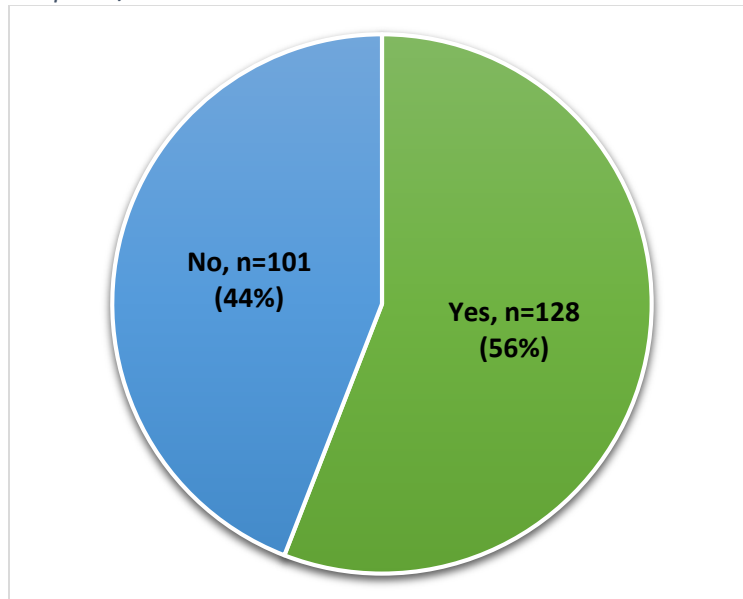


Table 94 - Buprenorphine/Naloxone Combination Product Available Without Prior Authorization

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (2), Colorado (2), Delaware (2), District of Columbia (3), Florida (3), Georgia (2), Hawaii (4), Illinois (7), Indiana (4), Kansas (2), Kentucky (3), Louisiana (1), Maryland (1), Massachusetts (5), Minnesota (8), Nebraska (3), Nevada (2), New Hampshire (2), New Jersey (1), New Mexico (4), New York (19), Ohio (4), Oregon (14), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (2), Utah (1), Virginia (3), Washington (5), Wisconsin (3)	128	55.90%
No	California (24), District of Columbia (1), Florida (8), Georgia (2), Hawaii (2), Iowa (2), Kansas (1), Kentucky (2), Louisiana (4), Maryland (8), Michigan (11), Mississippi (2), Nevada (1), New Jersey (4), North Dakota (1), Ohio (1), Oregon (4), Texas (16), Utah (3), Virginia (4)	101	44.10%
National Totals		229	100%

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

Figure 95 - Edits in Place to Monitor Opioids Being Used Concurrently with any Buprenorphine Drug

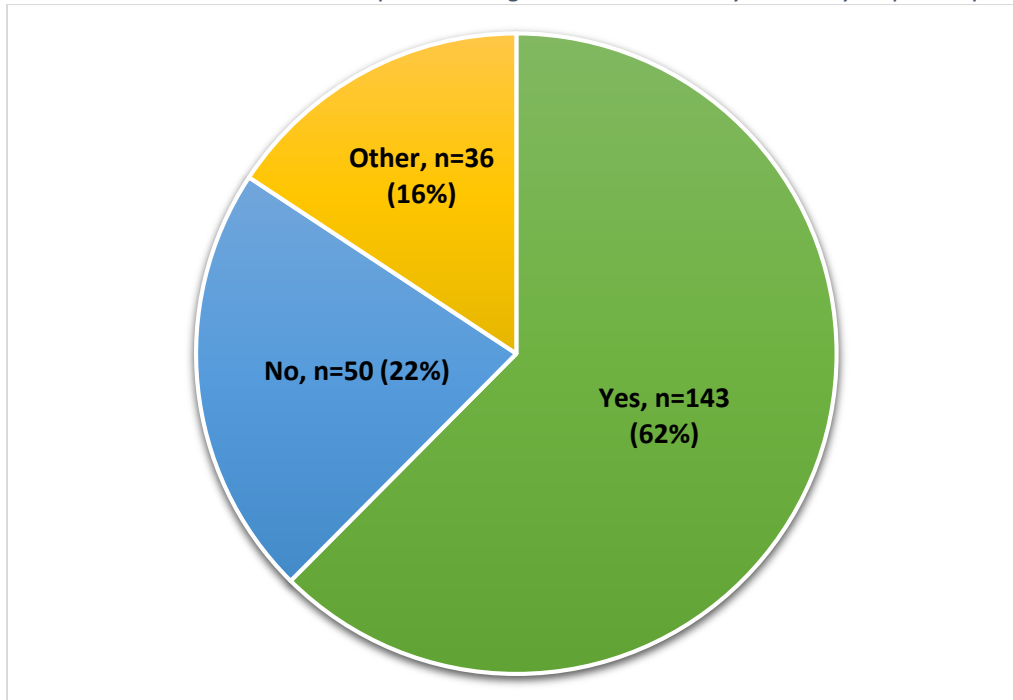


Table 95 - Edits in Place to Monitor Opioids Being Used Concurrently with any Buprenorphine Drug

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (1), Delaware (2), District of Columbia (4), Florida (8), Georgia (3), Hawaii (4), Illinois (5), Indiana (4), Kansas (2), Kentucky (4), Louisiana (5), Massachusetts (4), Minnesota (6), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (1), New Jersey (5), New Mexico (4), New York (17), North Dakota (1), Ohio (4), Oregon (10), Pennsylvania (8), Rhode Island (2), South Carolina (5), Texas (16), Virginia (6), Washington (3), Wisconsin (1)	143	62.45%
No	California (16), Colorado (1), Florida (3), Georgia (1), Hawaii (2), Illinois (1), Iowa (2), Kansas (1), Kentucky (1), Maryland (2), Michigan (4), Minnesota (2), New York (2), Ohio (1), Oregon (6), Texas (1), Washington (2), Wisconsin (2)	50	21.83%
Other	California (9), Colorado (1), Illinois (1), Maryland (7), Massachusetts (1), Michigan (7), New Hampshire (1), Oregon (2), Rhode Island (1), Texas (1), Utah (4), Virginia (1)	36	15.72%
National Totals		229	100%

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

Figure 96 - POS Pharmacist Override Edit

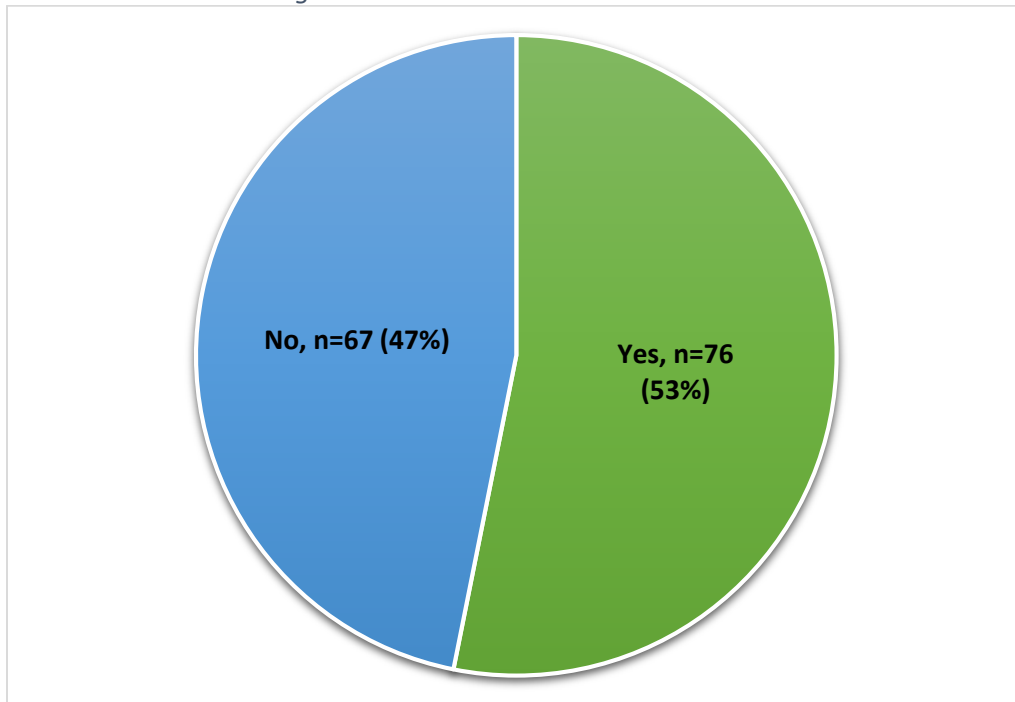


Table 96 - POS Pharmacist Override Edit

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (1), Delaware (1), District of Columbia (2), Florida (2), Georgia (2), Hawaii (2), Illinois (1), Indiana (3), Kansas (2), Kentucky (2), Louisiana (2), Massachusetts (4), Minnesota (3), Mississippi (1), Nebraska (1), Nevada (2), New Hampshire (1), New Jersey (3), New Mexico (1), New York (7), North Dakota (1), Ohio (2), Oregon (8), Pennsylvania (1), Rhode Island (2), South Carolina (1), Texas (12), Virginia (2), Washington (3), Wisconsin (1)	76	53.15%
No	Delaware (1), District of Columbia (2), Florida (6), Georgia (1), Hawaii (2), Illinois (4), Indiana (1), Kentucky (2), Louisiana (3), Minnesota (3), Mississippi (1), Nebraska (2), Nevada (1), New Jersey (2), New Mexico (3), New York (10), Ohio (2), Oregon (2), Pennsylvania (7), South Carolina (4), Texas (4), Virginia (4)	67	46.85%
National Totals		143	100%

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

Figure 97 - Naloxone Opioid Overdose Product Available Without Prior Authorization

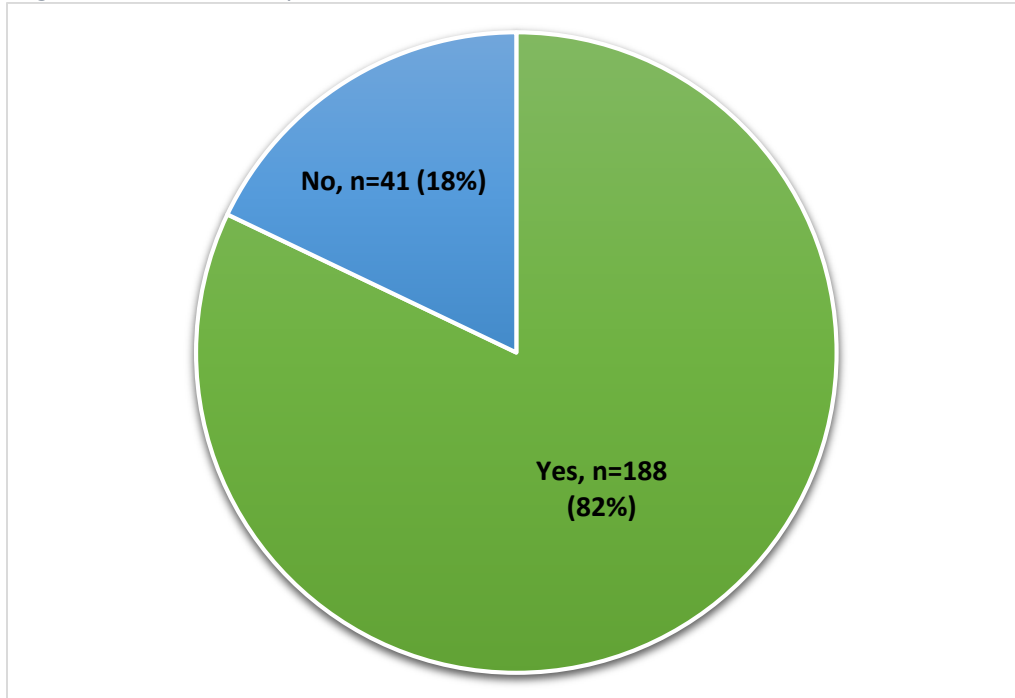


Table 97 - Naloxone Opioid Overdose Product Available Without Prior Authorization

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (4), Colorado (2), Delaware (2), District of Columbia (3), Florida (11), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (2), Massachusetts (5), Michigan (10), Minnesota (8), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (4), New York (19), North Dakota (1), Ohio (5), Oregon (18), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (11), Utah (1), Virginia (7), Washington (5), Wisconsin (3)	188	82.10%
No	California (22), District of Columbia (1), Maryland (7), Michigan (1), Texas (7), Utah (3)	41	17.90%
National Totals		229	100%

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

Figure 98 - State Board of Pharmacy and/or State Medicaid Agency Allow Pharmacists to Dispense Naloxone Prescribed Independently or By Collaborative Practice Agreements, Standing Orders, Or Other Predetermined Protocols

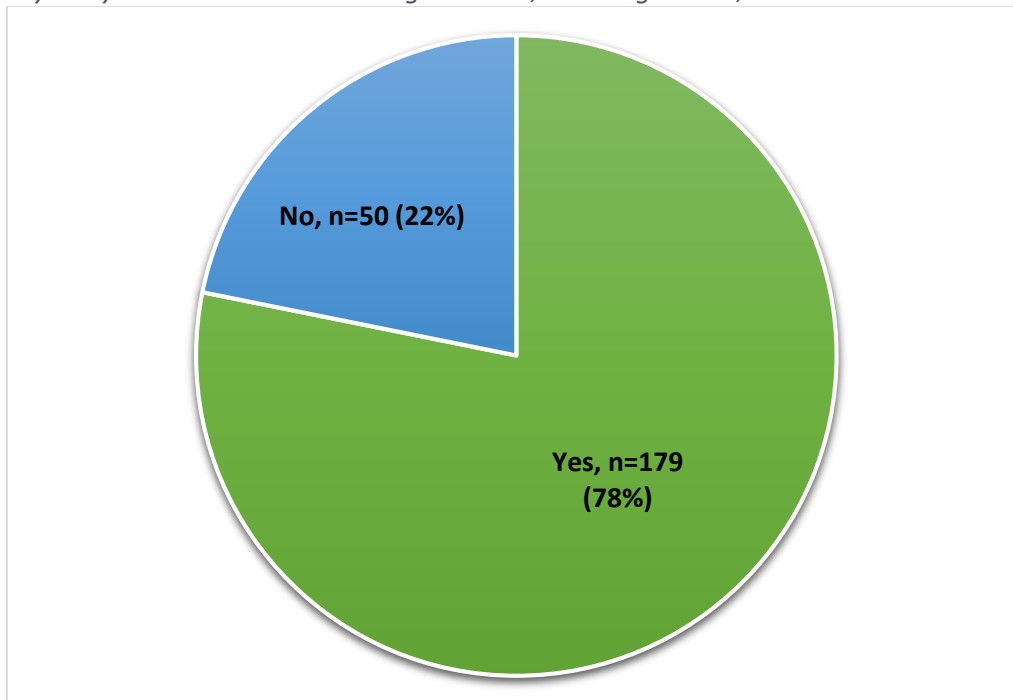


Table 98 - State Board of Pharmacy and/or State Medicaid Agency Allow Pharmacists to Dispense Naloxone Prescribed Independently or By Collaborative Practice Agreements, Standing Orders, or Other Predetermined Protocols

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (10), Colorado (2), Delaware (2), District of Columbia (3), Florida (10), Georgia (3), Hawaii (4), Illinois (4), Indiana (4), Iowa (2), Kansas (3), Kentucky (4), Louisiana (5), Maryland (8), Massachusetts (5), Michigan (8), Minnesota (6), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (4), New Mexico (4), New York (17), North Dakota (1), Ohio (5), Oregon (17), Pennsylvania (8), Rhode Island (3), South Carolina (4), Texas (7), Utah (2), Virginia (7), Washington (5), Wisconsin (2)	179	78.17%
No	California (16), District of Columbia (1), Florida (1), Georgia (1), Hawaii (2), Illinois (3), Kentucky (1), Maryland (1), Michigan (3), Minnesota (2), New Jersey (1), New York (2), Oregon (1), South Carolina (1), Texas (11), Utah (2), Wisconsin (1)	50	21.83%
National Totals		229	100%

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

Figure 99 - State Agency Coverage for Methadone for a Substance Use Disorder

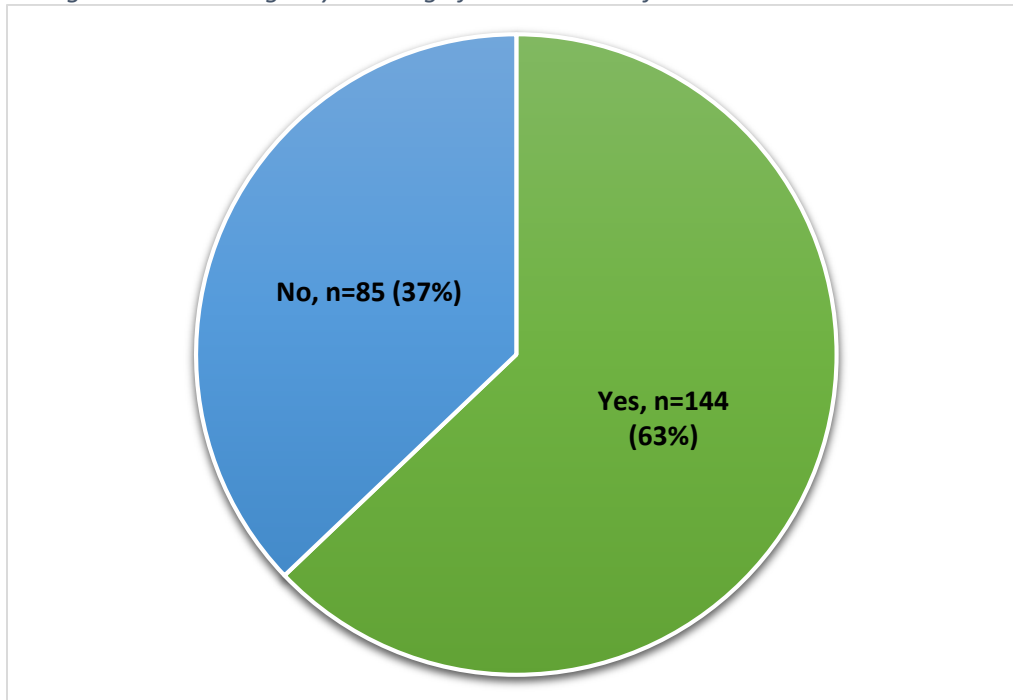


Table 99 - State Agency Coverage for Methadone for a Substance Use Disorder

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (7), Colorado (1), Delaware (2), District of Columbia (1), Florida (8), Georgia (3), Hawaii (6), Illinois (5), Indiana (4), Iowa (2), Kentucky (1), Louisiana (1), Massachusetts (5), Michigan (4), Minnesota (8), Nebraska (1), Nevada (2), New Hampshire (2), New Jersey (4), New Mexico (4), New York (16), North Dakota (1), Ohio (3), Oregon (18), Pennsylvania (3), Rhode Island (3), South Carolina (2), Texas (13), Utah (1), Virginia (6), Washington (5), Wisconsin (2)	144	62.88%
No	California (19), Colorado (1), District of Columbia (3), Florida (3), Georgia (1), Illinois (2), Kansas (3), Kentucky (4), Louisiana (4), Maryland (9), Michigan (7), Mississippi (2), Nebraska (2), Nevada (1), New Jersey (1), New York (3), Ohio (2), Pennsylvania (5), South Carolina (3), Texas (5), Utah (3), Virginia (1), Wisconsin (1)	85	37.12%
National Totals		229	100%

G. Antipsychotics/Stimulants

Antipsychotics

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

Figure 100 - Restrictions to Limit Quantity of Antipsychotics

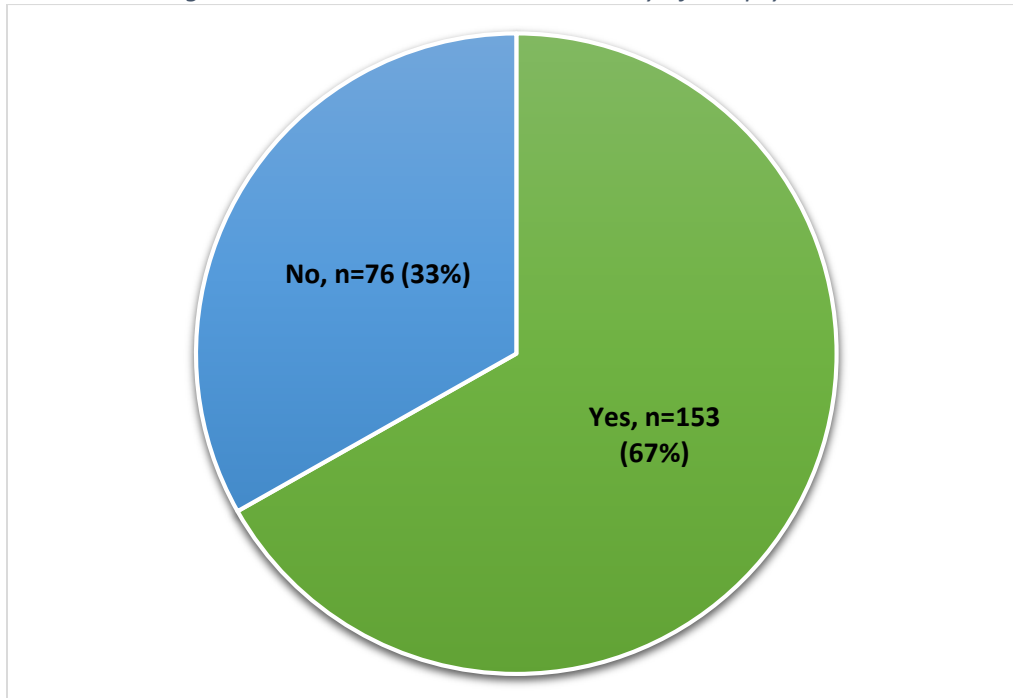


Table 100 - Restrictions to Limit Quantity of Antipsychotics

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (3), Colorado (2), Delaware (1), District of Columbia (3), Florida (11), Georgia (4), Hawaii (5), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Massachusetts (4), Minnesota (7), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (4), New York (15), North Dakota (1), Ohio (4), Oregon (2), Pennsylvania (8), Rhode Island (2), South Carolina (5), Texas (18), Virginia (6), Washington (5), Wisconsin (2)	153	66.81%
No	California (23), Delaware (1), District of Columbia (1), Hawaii (1), Maryland (9), Massachusetts (1), Michigan (11), Minnesota (1), New York (4), Ohio (1), Oregon (16), Rhode Island (1), Utah (4), Virginia (1), Wisconsin (1)	76	33.19%
National Totals		229	100%

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

Figure 101 - Monitoring Program in Place for either Managing or Monitoring Appropriate Use of Antipsychotic Drugs in Children

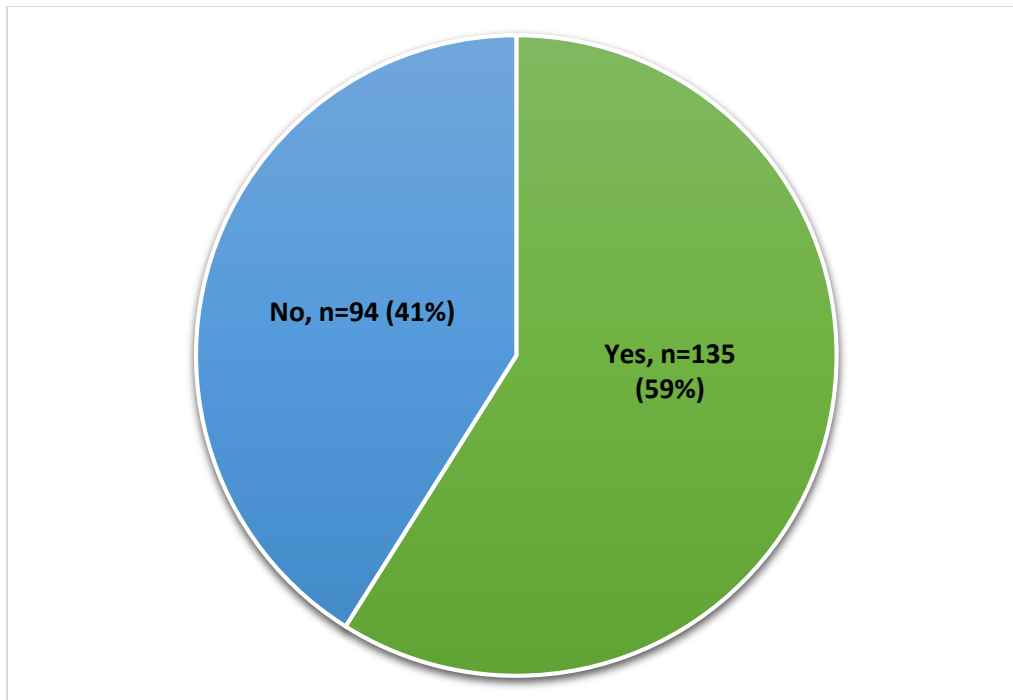


Table 101 - Monitoring Program in Place for Appropriate Use of Antipsychotic Drugs in Children

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (2), Delaware (1), District of Columbia (1), Florida (11), Georgia (4), Hawaii (4), Illinois (3), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Massachusetts (5), Michigan (1), Minnesota (2), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (1), New Jersey (5), New Mexico (2), New York (13), Ohio (5), Oregon (6), Pennsylvania (7), Rhode Island (2), South Carolina (4), Texas (17), Virginia (7), Washington (5)	135	58.95%
No	California (24), Colorado (2), Delaware (1), District of Columbia (3), Hawaii (2), Illinois (4), Maryland (9), Michigan (10), Minnesota (6), New Hampshire (1), New Mexico (2), New York (6), North Dakota (1), Oregon (12), Pennsylvania (1), Rhode Island (1), South Carolina (1), Texas (1), Utah (4), Wisconsin (3)	94	41.05%
National Totals		229	100%

If “Yes,” please continue.

a. Do you either manage or monitor:

Figure 102 -
Categories of Children either Managed or Monitored for Appropriate Use of Antipsychotic Drugs

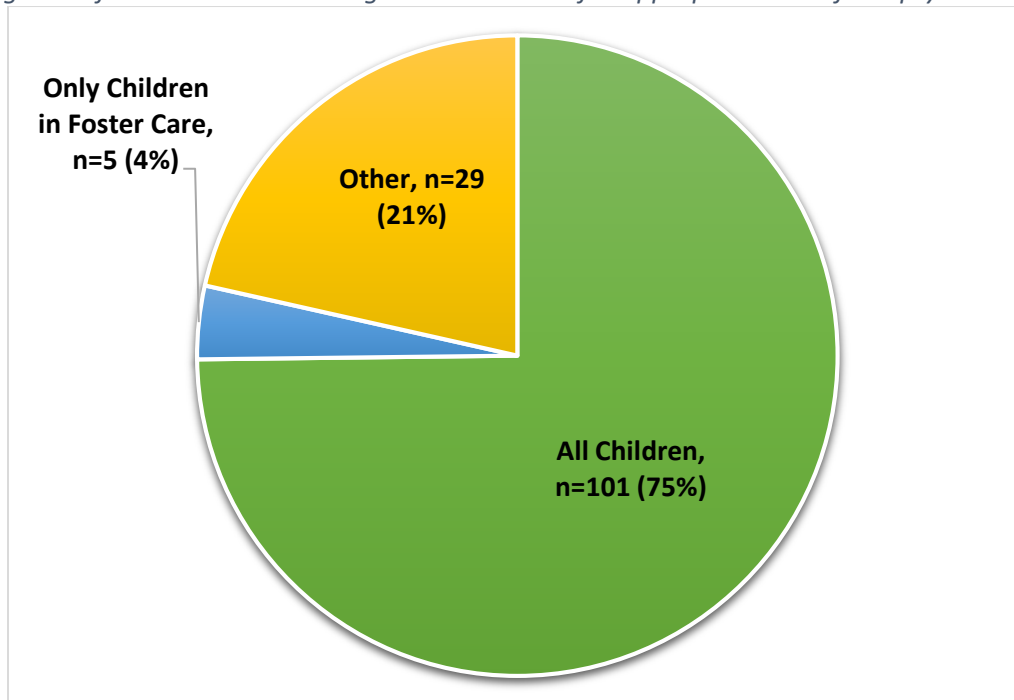


Table 102 -
Categories of Children either Managed or Monitored for Appropriate Use of Antipsychotic Drugs

Response	States (Count of MCOs)	Total	Percent of Total
All children	California (2), Delaware (1), District of Columbia (1), Florida (10), Georgia (4), Hawaii (3), Illinois (3), Indiana (4), Iowa (2), Kansas (2), Kentucky (5), Louisiana (4), Massachusetts (5), Minnesota (2), Mississippi (1), Nebraska (2), Nevada (2), New Jersey (4), New Mexico (1), New York (12), Ohio (3), Oregon (2), Pennsylvania (6), Rhode Island (1), South Carolina (4), Texas (5), Virginia (6), Washington (4)	101	74.81%
Only children in foster care	Michigan (1), Oregon (4)	5	3.70%
Other	Florida (1), Hawaii (1), Kansas (1), Louisiana (1), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (1), New Mexico (1), New York (1), Ohio (2), Pennsylvania (1), Rhode Island (1), Texas (12), Virginia (1), Washington (1)	29	21.48%
National Totals		135	100%

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

Figure 103 - Antipsychotic Edits in Place to Monitor Children

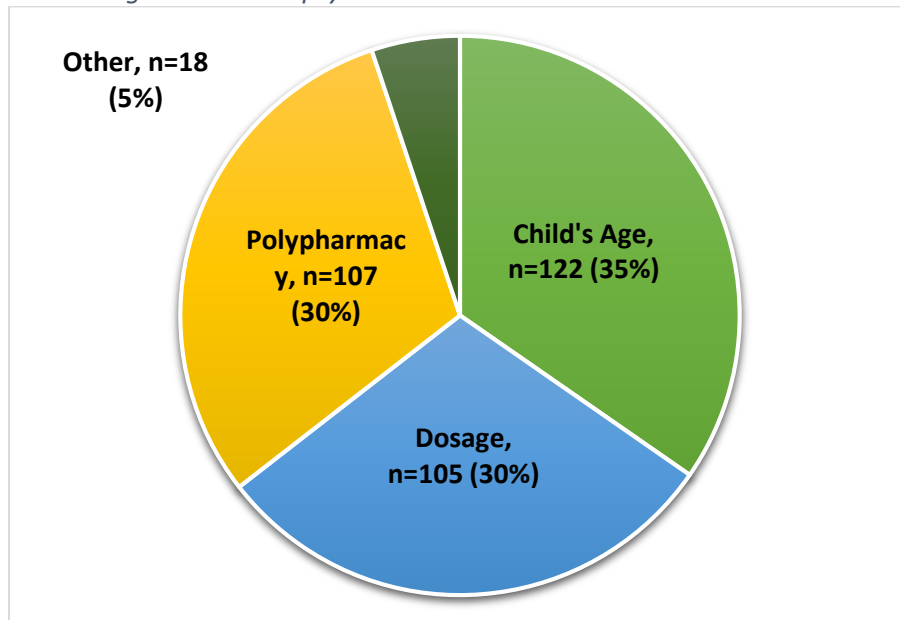


Table 103 - Antipsychotic Edits in Place to Monitor Children

Response	States (Count of MCOs)	Total	Percent of Total
Child's Age	California (1), Delaware (1), District of Columbia (1), Florida (11), Georgia (4), Hawaii (2), Illinois (3), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Massachusetts (5), Michigan (1), Minnesota (2), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (1), New Jersey (4), New Mexico (2), New York (11), Ohio (4), Oregon (2), Pennsylvania (7), Rhode Island (1), South Carolina (4), Texas (16), Virginia (7), Washington (5)	122	34.66%
Dosage	California (2), District of Columbia (1), Florida (11), Georgia (4), Hawaii (3), Illinois (2), Indiana (4), Kansas (3), Kentucky (5), Louisiana (4), Massachusetts (5), Michigan (1), Minnesota (1), Mississippi (1), Nebraska (3), Nevada (3), New Hampshire (1), New Jersey (5), New Mexico (2), New York (10), Ohio (4), Oregon (2), Pennsylvania (7), Rhode Island (1), South Carolina (4), Texas (5), Virginia (6), Washington (5)	105	29.83%
Polypharmacy	California (1), District of Columbia (1), Florida (9), Georgia (4), Hawaii (3), Illinois (3), Indiana (4), Iowa (2), Kansas (2), Kentucky (4), Louisiana (3), Massachusetts (5), Michigan (1), Minnesota (1), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (1), New Jersey (4), New Mexico (1), New York (9), Ohio (3), Oregon (2), Pennsylvania (5), Rhode Island (1), South Carolina (4), Texas (16), Virginia (5), Washington (5)	107	30.40%

Response	States (Count of MCOs)	Total	Percent of Total
Other	Florida (3), Hawaii (1), Indiana (1), Kansas (1), Kentucky (1), Louisiana (1), New Jersey (1), Ohio (1), Oregon (4), Rhode Island (1), Virginia (1), Washington (2)	18	5.11%
National Totals		352	100%

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

Figure 104 - Future Monitoring Program for Appropriate Use of Antipsychotic Drugs in Children

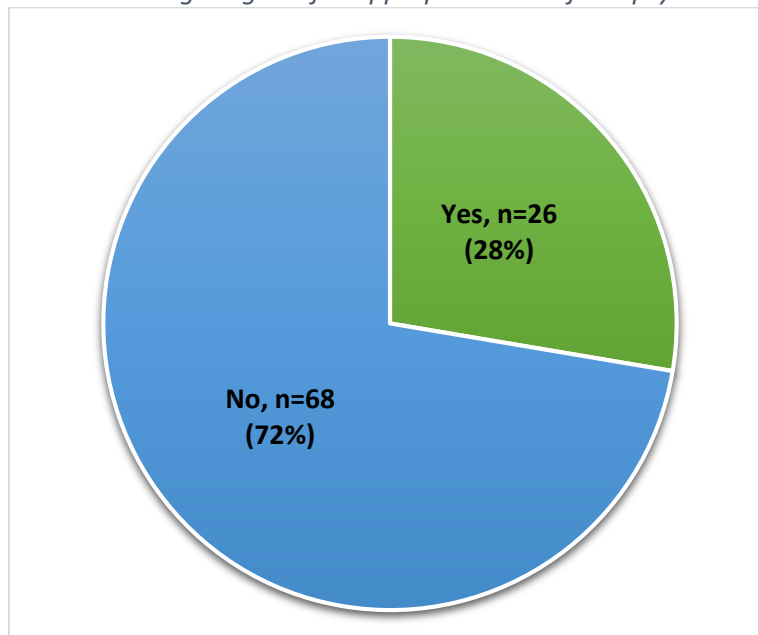


Table 104 - Future Monitoring Program for Appropriate Use of Antipsychotic Drugs in Children

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (4), Colorado (2), Delaware (1), District of Columbia (3), Hawaii (1), Illinois (3), Michigan (1), Minnesota (1), New Hampshire (1), New Mexico (1), New York (6), Oregon (1), South Carolina (1)	26	27.66%
No	California (20), Hawaii (1), Illinois (1), Maryland (9), Michigan (9), Minnesota (5), New Mexico (1), North Dakota (1), Oregon (11), Pennsylvania (1), Rhode Island (1), Texas (1), Utah (4), Wisconsin (3)	68	72.34%
National Totals		94	100%

Stimulants

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

Figure 105 – Restrictions in Place to Limit the Quantity of Stimulants

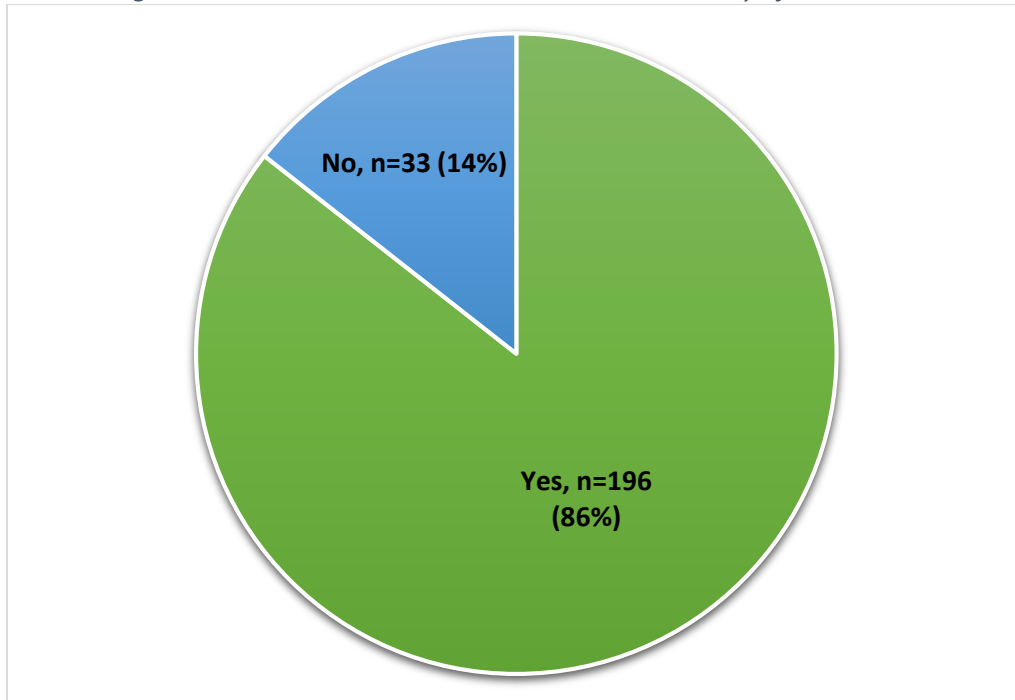


Table 105 - Restrictions in Place to Limit the Quantity of Stimulants

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (23), Colorado (1), Delaware (2), District of Columbia (3), Florida (11), Georgia (4), Hawaii (5), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Massachusetts (5), Minnesota (8), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (4), New York (18), North Dakota (1), Ohio (5), Oregon (17), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (18), Virginia (7), Washington (5), Wisconsin (2)	196	85.59%
No	California (3), Colorado (1), District of Columbia (1), Hawaii (1), Maryland (9), Michigan (11), New York (1), Oregon (1), Utah (4), Wisconsin (1)	33	14.41%
National Totals		229	100%

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

Figure 106 - Documented Program in Place to either Manage or Monitor the Appropriate Use of Stimulant Drugs in Children

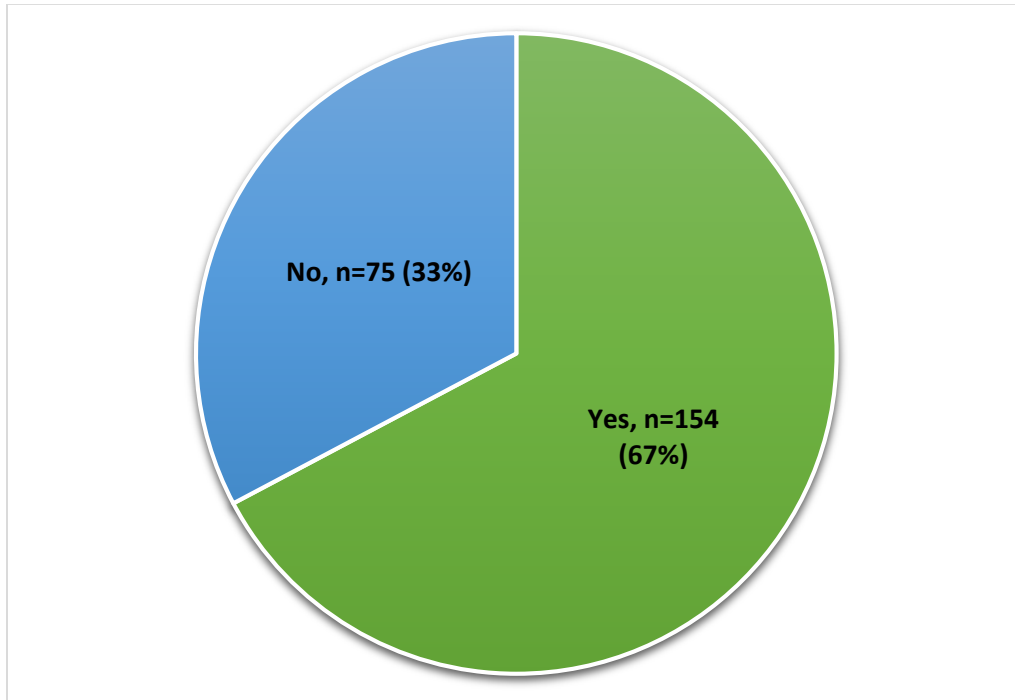


Table 106 - Documented Program in Place to either Manage or Monitor the Appropriate Use of Stimulant Drugs in Children

Responses	States (Count of MCOs)	Total	Percent of Total
Yes	California (14), Delaware (2), District of Columbia (2), Florida (10), Georgia (4), Hawaii (4), Illinois (3), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Massachusetts (5), Michigan (2), Minnesota (4), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (1), New Jersey (5), New Mexico (2), New York (11), Ohio (5), Oregon (14), Pennsylvania (4), Rhode Island (2), South Carolina (4), Texas (17), Virginia (7), Washington (5)	154	67.25%
No	California (12), Colorado (2), District of Columbia (2), Florida (1), Hawaii (2), Illinois (4), Maryland (9), Michigan (9), Minnesota (4), New Hampshire (1), New Mexico (2), New York (8), North Dakota (1), Oregon (4), Pennsylvania (4), Rhode Island (1), South Carolina (1), Texas (1), Utah (4), Wisconsin (3)	75	32.75%
National Totals		229	100%

If the answer to question 4 is “Yes,” please continue.

a. Do you either manage or monitor:

Figure 107 - Categories of Children either Managing or Monitoring the Appropriate Use of Stimulant Drugs

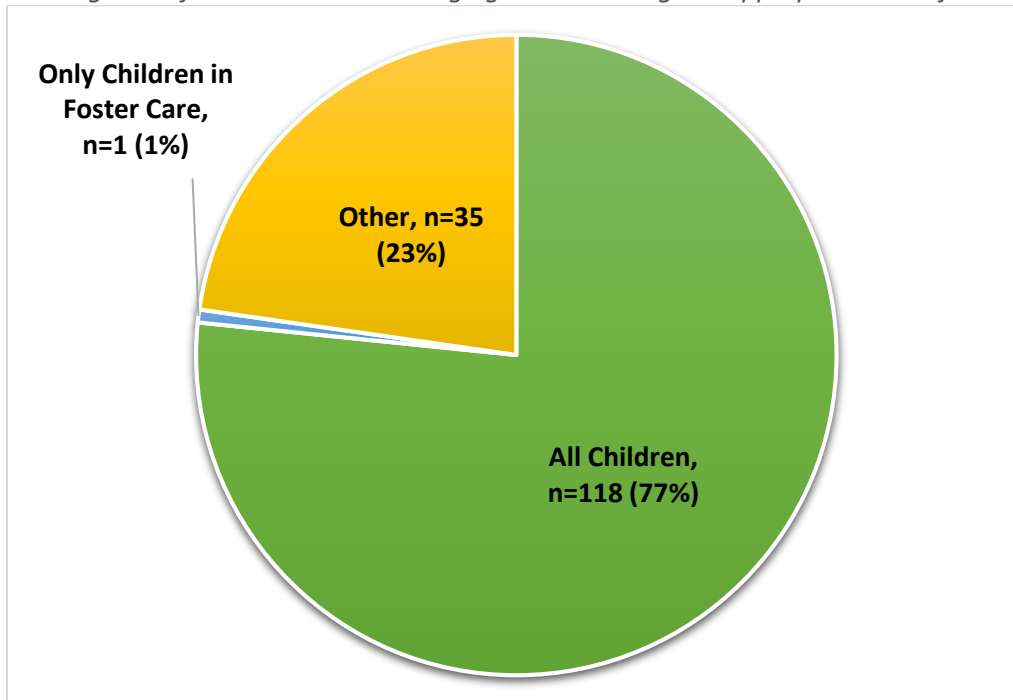


Table 107 - Categories of Children Either Managing or Monitoring the Appropriate Use of Stimulant Drugs

Response	States (Count of MCOs)	Total	Percent of Total
All children	California (12), Delaware (1), District of Columbia (2), Florida (8), Georgia (4), Hawaii (3), Illinois (3), Indiana (4), Iowa (2), Kansas (1), Kentucky (5), Louisiana (4), Massachusetts (5), Michigan (1), Minnesota (4), Mississippi (1), Nebraska (2), Nevada (2), New Hampshire (1), New Jersey (4), New Mexico (1), New York (10), Ohio (4), Oregon (14), Pennsylvania (2), South Carolina (4), Texas (5), Virginia (5), Washington (4)	118	76.62%
Only children in foster care	Michigan (1)	1	0.65%
Other	California (2), Delaware (1), Florida (2), Hawaii (1), Kansas (2), Louisiana (1), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (1), New Mexico (1), New York (1), Ohio (1), Pennsylvania (2), Rhode Island (2), Texas (12), Virginia (2), Washington (1)	35	22.73%
National Totals		154	100%

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

Figure 108 - Edits in Place to either Manage or Monitor the Appropriate Use of Stimulant Drugs in Children

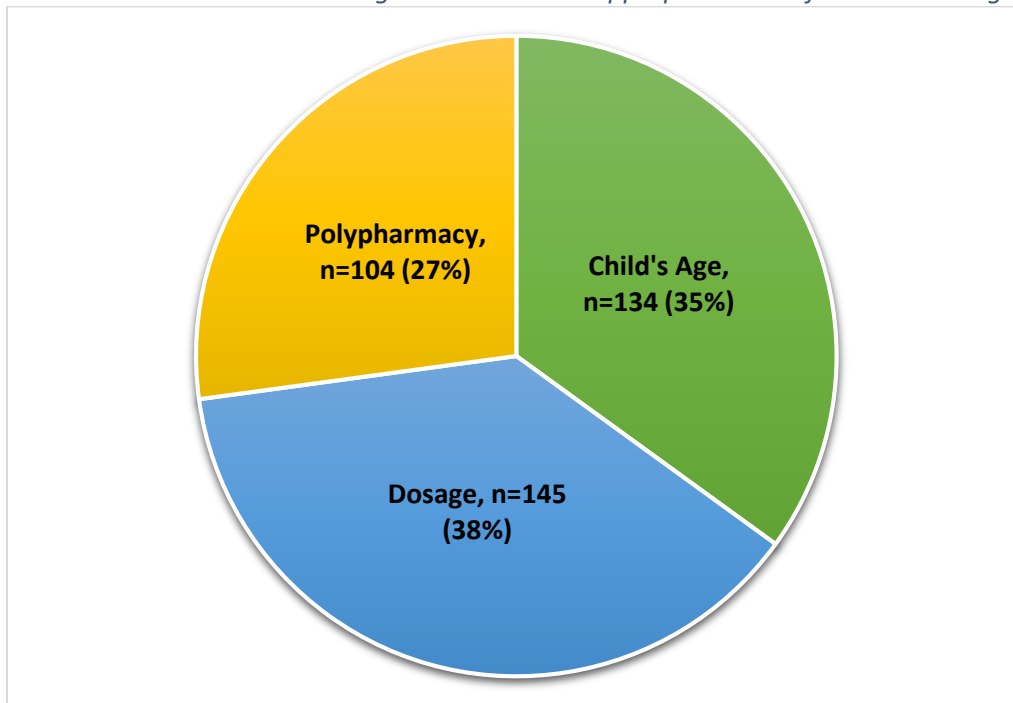


Table 108 - Edits in Place to either Manage or Monitor the Appropriate Use of Stimulant Drugs in Children

Response	States (Count of MCOs)	Total	Percent of Total
Child's Age	California (11), Delaware (2), District of Columbia (2), Florida (10), Georgia (4), Hawaii (3), Illinois (3), Indiana (4), Kansas (3), Kentucky (5), Louisiana (5), Massachusetts (5), Michigan (2), Minnesota (1), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (1), New Jersey (4), New Mexico (2), New York (10), Ohio (5), Oregon (7), Pennsylvania (4), Rhode Island (1), South Carolina (4), Texas (16), Virginia (7), Washington (5)	134	34.99%
Dosage	California (12), Delaware (2), District of Columbia (2), Florida (8), Georgia (4), Hawaii (4), Illinois (2), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (4), Massachusetts (5), Michigan (2), Minnesota (4), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (1), New Jersey (5), New Mexico (2), New York (10), Ohio (5), Oregon (14), Pennsylvania (4), Rhode Island (2), South Carolina (4), Texas (16), Virginia (6), Washington (5)	145	37.86%
Polypharmacy	California (4), Delaware (1), District of Columbia (2), Florida (7), Georgia (4), Hawaii (4), Illinois (2), Indiana (4), Kansas (2), Kentucky (4), Louisiana (3), Massachusetts (5), Michigan (2), Minnesota (1),	104	27.15%

Response	States (Count of MCOs)	Total	Percent of Total
	Mississippi (1), Nebraska (3), Nevada (3), New Jersey (4), New Mexico (1), New York (7), Ohio (3), Oregon (4), Pennsylvania (3), Rhode Island (1), South Carolina (4), Texas (15), Virginia (5), Washington (5)		
National Totals		383	100%

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

Figure 109 - Future Implementation of a Stimulant Monitoring Program

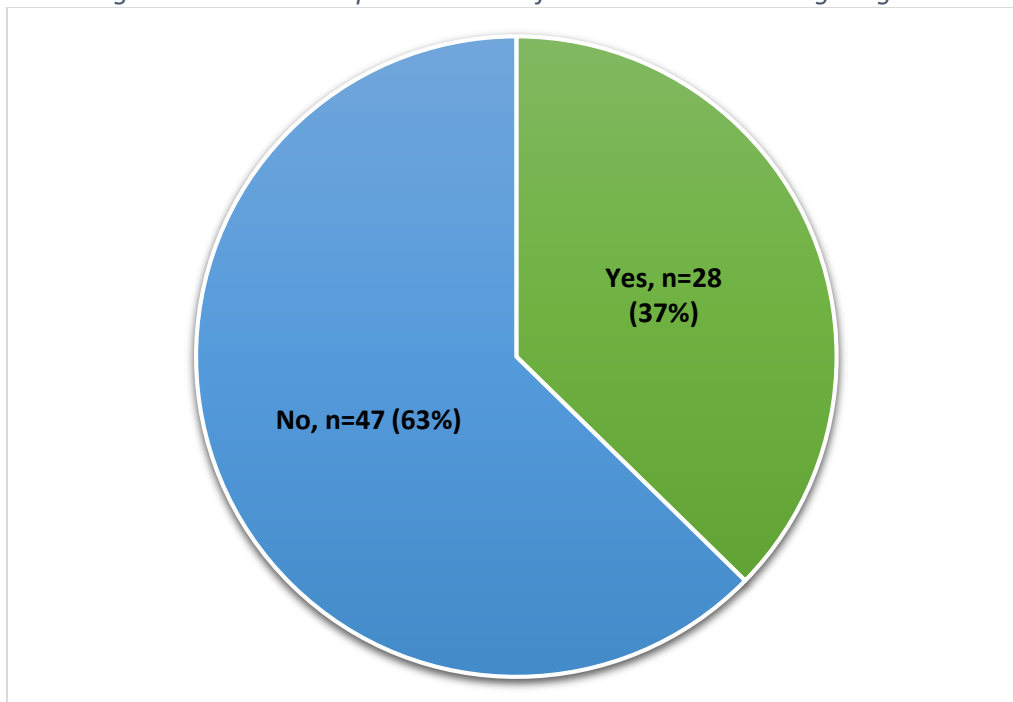


Table 109 - Future Implementation of a Stimulant Monitoring Program

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (6), Colorado (2), District of Columbia (2), Hawaii (1), Illinois (2), Minnesota (2), New Hampshire (1), New York (6), Oregon (3), Pennsylvania (2), South Carolina (1)	28	37.33%
No	California (6), Florida (1), Hawaii (1), Illinois (2), Maryland (9), Michigan (9), Minnesota (2), New Mexico (2), New York (2), North Dakota (1), Oregon (1), Pennsylvania (2), Rhode Island (1), Texas (1), Utah (4), Wisconsin (3)	47	62.67%
National Totals		75	100%

VIII - E-Prescribing

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

Figure 110 – MMIS or Vendor Ability to Electronically Provide Patient Drug History Data and Pharmacy Coverage Limitations to a Prescriber Prior to Prescribing Upon Inquiry

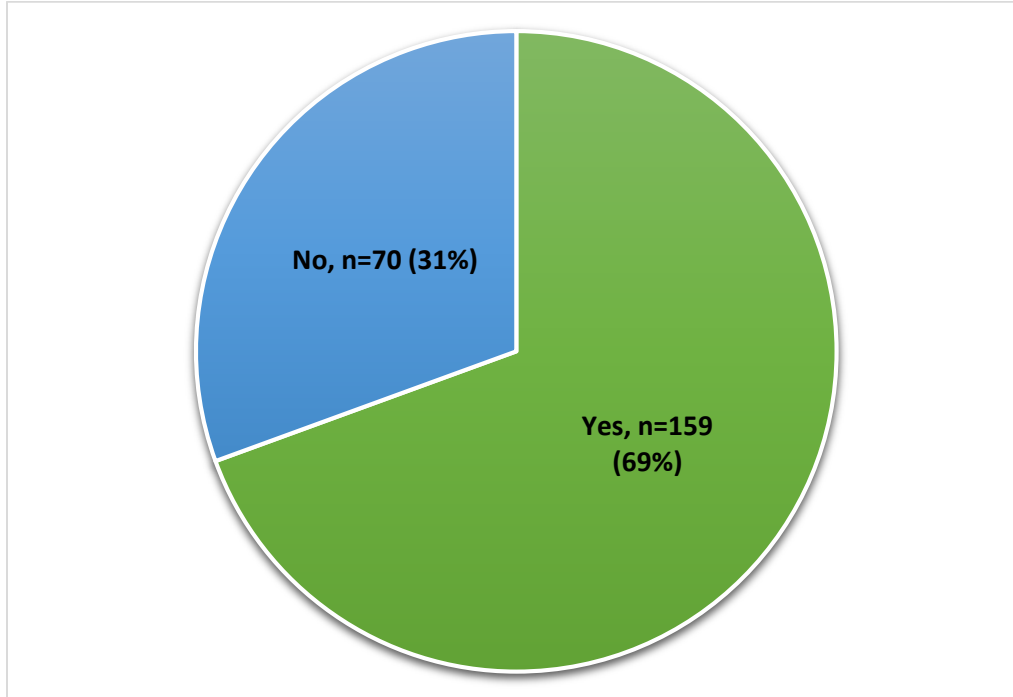


Table 110 – MMIS or Vendor Ability to Electronically Provide Patient Drug History Data and Pharmacy Coverage Limitations to a Prescriber Prior to Prescribing Upon Inquiry

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (18), Colorado (1), Delaware (2), District of Columbia (2), Florida (8), Georgia (4), Hawaii (5), Illinois (4), Indiana (4), Kansas (2), Kentucky (5), Louisiana (3), Maryland (6), Massachusetts (5), Michigan (5), Minnesota (6), Mississippi (1), Nebraska (1), Nevada (2), New Hampshire (2), New Jersey (3), New Mexico (3), New York (15), North Dakota (1), Ohio (3), Oregon (11), Pennsylvania (6), Rhode Island (1), South Carolina (5), Texas (15), Utah (2), Virginia (5), Washington (3)	159	69.43%
No	California (8), Colorado (1), District of Columbia (2), Florida (3), Hawaii (1), Illinois (3), Iowa (2), Kansas (1), Louisiana (2), Maryland (3), Michigan (6), Minnesota (2), Mississippi (1), Nebraska (2), Nevada (1), New	70	30.57%

Response	States (Count of MCOs)	Total	Percent of Total
	Jersey (2), New Mexico (1), New York (4), Ohio (2), Oregon (7), Pennsylvania (2), Rhode Island (2), Texas (3), Utah (2), Virginia (2), Washington (2), Wisconsin (3)		
National Totals		229	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 111 - Methodology to Evaluate the Effectiveness of Providing Drug Information and Medication History Prior to Prescribing

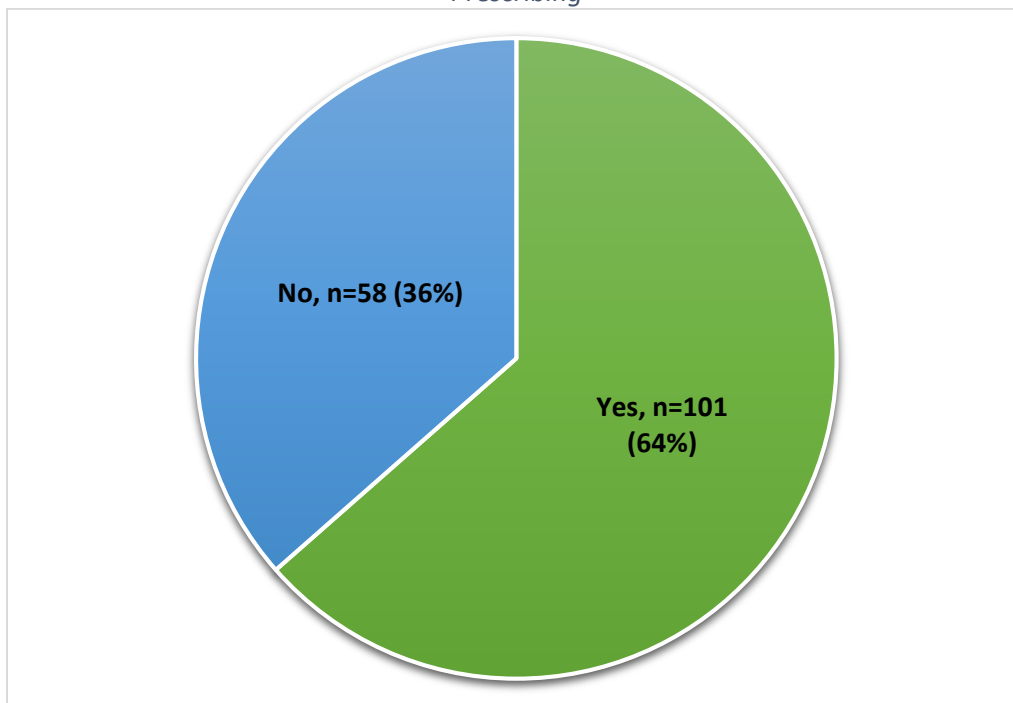


Table 111 - Methodology to Evaluate the Effectiveness of Providing Drug Information and Medication History Prior to Prescribing

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (9), Colorado (1), District of Columbia (2), Florida (6), Georgia (3), Hawaii (4), Illinois (3), Indiana (2), Kansas (1), Kentucky (5), Louisiana (3), Maryland (6), Massachusetts (3), Michigan (2), Minnesota (5), Mississippi (1), Nebraska (1), Nevada (2), New Jersey (3), New Mexico (2), New York (13), North Dakota (1), Ohio (1), Oregon (5), Pennsylvania (3), Rhode Island (1), South Carolina (3), Texas (3), Virginia (5), Washington (2)	101	63.52%
No	California (9), Delaware (2), Florida (2), Georgia (1), Hawaii (1), Illinois (1), Indiana (2), Kansas (1),	58	36.48%

Response	States (Count of MCOs)	Total	Percent of Total
	Massachusetts (2), Michigan (3), Minnesota (1), New Hampshire (2), New Mexico (1), New York (2), Ohio (2), Oregon (6), Pennsylvania (3), South Carolina (2), Texas (12), Utah (2), Washington (1)		
National Totals		159	100%

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

Figure 112 - Future Development of an Electronic Portal

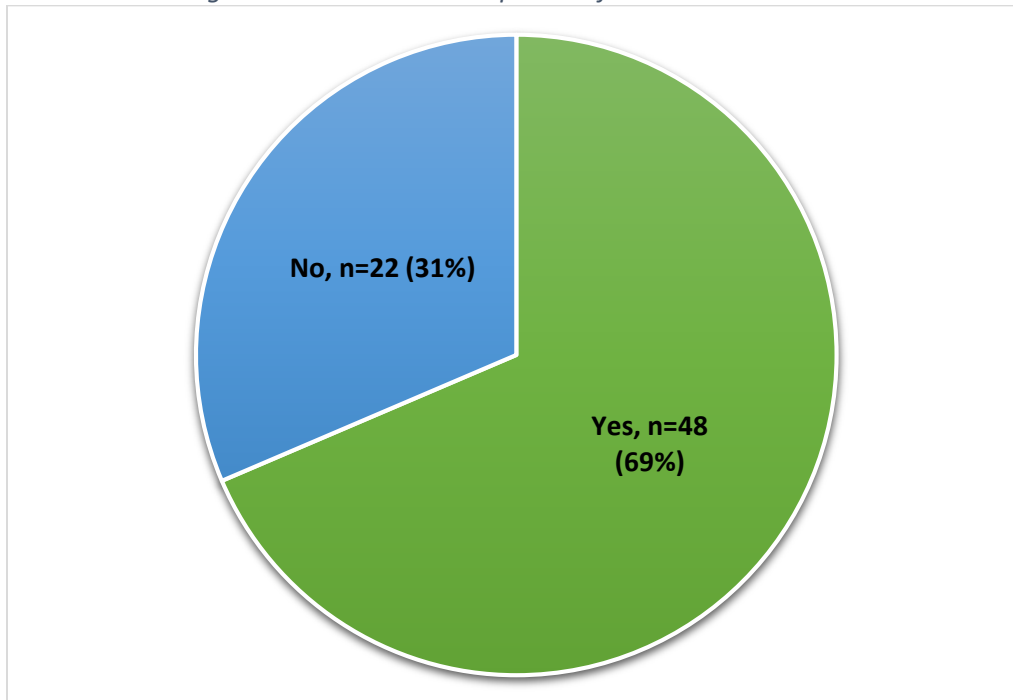


Table 112 - Future Development of an Electronic Portal

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (5), Colorado (1), District of Columbia (1), Florida (2), Hawaii (1), Illinois (1), Iowa (1), Kansas (1), Louisiana (1), Maryland (2), Michigan (5), Minnesota (2), Mississippi (1), Nebraska (2), Nevada (1), New Jersey (2), New Mexico (1), New York (2), Ohio (2), Oregon (4), Pennsylvania (2), Rhode Island (2), Texas (1), Utah (2), Virginia (2), Washington (1)	48	68.57%
No	California (3), District of Columbia (1), Florida (1), Illinois (2), Iowa (1), Louisiana (1), Maryland (1), Michigan (1), New York (2), Oregon (3), Texas (2), Washington (1), Wisconsin (3)	22	31.43%
National Totals		70	100%

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

Figure 113 - System Use of the NCPDP Origin Code that Indicates the Prescription Source

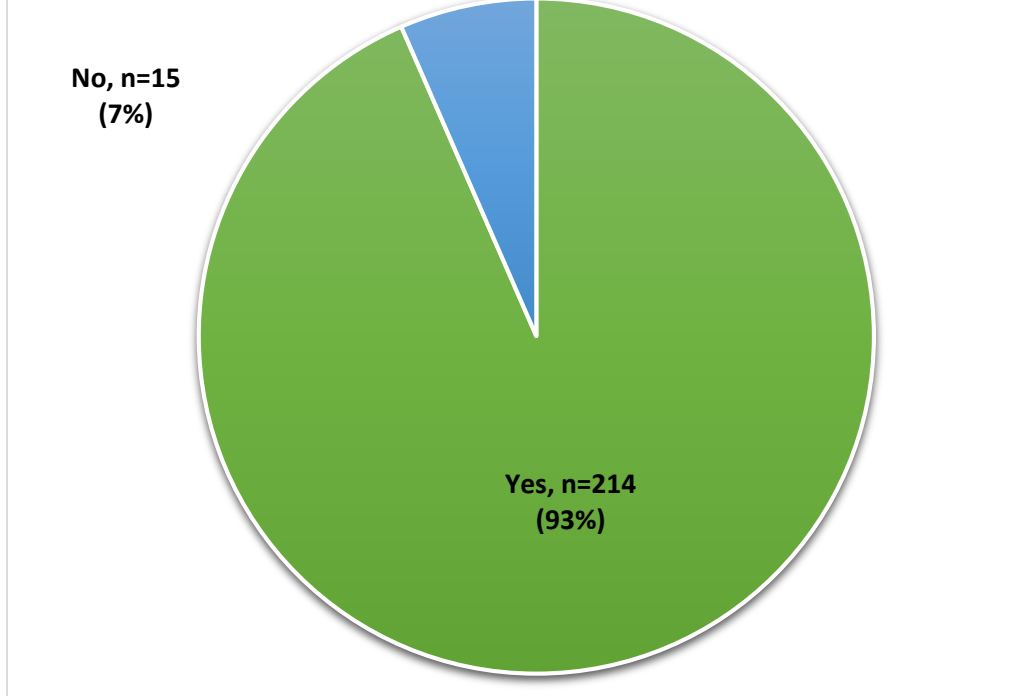


Table 113 - System Use of the NCPDP Origin Code that Indicates the Prescription Source

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (25), Colorado (1), Delaware (2), District of Columbia (4), Florida (8), Georgia (4), Hawaii (6), Illinois (7), Indiana (3), Iowa (1), Kansas (2), Kentucky (5), Louisiana (4), Maryland (9), Massachusetts (5), Michigan (10), Minnesota (8), Mississippi (2), Nebraska (3), Nevada (2), New Hampshire (2), New Jersey (5), New Mexico (4), New York (18), North Dakota (1), Ohio (5), Oregon (18), Pennsylvania (7), Rhode Island (3), South Carolina (4), Texas (18), Utah (4), Virginia (6), Washington (5), Wisconsin (3)	214	93.45%
No	California (1), Colorado (1), Florida (3), Indiana (1), Iowa (1), Kansas (1), Louisiana (1), Michigan (1), Nevada (1), New York (1), Pennsylvania (1), South Carolina (1), Virginia (1)	15	6.55%
National Totals		229	100%