Florida
Medicaid Fee-For-Service (FFS)
2018 Drug Utilization Review (DUR)

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PLEASE NOTE: This is a standalone report posted on Medicaid.gov. Attachments to the report have not been posted. To obtain related report attachments, please contact CMSDUR@cms.hhs.gov.

Florida DUR 2018 FFS Individual State Report

Section I – Number of Beneficiaries

Question	Response
1. On average, how many beneficiaries are enrolled in your state's Medicaid Fee-For-Service (FFS) program that have a pharmacy benefit?	**767,854**
2. On average, how many of your state's Medicaid beneficiaries are enrolled in managed care plan(s)?	**3,008,914**

Section II - Prospective DUR (ProDUR)

Question	Response
1. Indicate the type of your pharmacy POS Vendor.	**Contractor**
a. Vendor Name	**Magellan Medicaid Administration, Inc.**
b. Is the POS vendor also the MMIS fiscal agent?	**No**
2. Identify prospective DUR criteria source.	**First Data Bank**
If "Other," please Specify	N/A
3. Are new ProDUR criteria approved by the DUR Board?	**Yes**
If No, please explain	N/A
4. When the pharmacist receives a level-one ProDUR alert message that requires a pharmacist's review, does your system allow the pharmacist to override the alert using the "NCPDP drug use evaluation codes" (reason for service, professional service and resolution)?	**Yes**
If "Partial," please explain	N/A
5. Do you receive and review follow-up periodic reports providing individual pharmacy provider DUR alert override activity in summary and/or in detail?	**No**
If "No," please explain	ProDUR alerts are an indication of the edits previously established by the DUR Board. The DUR board makes upfront decisions on whether edits should be overridden at the pharmacy level (based on clinical judgement). The programming is then implemented to reflect soft or hard edits. Therefore, a pharmacist is only able to override those alerts that the board has pre-determined should be left to their discretion (as soft edits).

Question	Response
	ProDUR monitoring reports are not generated outside of the standard fiscal monitoring of Medicaid Program integrity.
a. If "Yes," how often?	**N/A**
If "Other," please explain	N/A
b. If you receive reports, do you follow up with those providers who routinely override with interventions?	**N/A**
If "No," please explain	N/A
If "Yes," by what method do you follow up?	N/A
If "Other," please explain.	N/A
6. Early Refill	
a. At what percent threshold do you set the system to edit?	
i) Non-controlled drugs:	**80.00%**
ii) Schedule II controlled drugs:	**90.00%**
iii) Schedule III through V controlled drugs:	**90.00%**
b. For non-controlled drugs:	
When an early refill message occurs, does the state require prior authorization?	Yes
If "Yes," who obtains authorization?	Either
If "No," can the pharmacist override at the point of service?	N/A
c. For controlled drugs:	
When an early refill message occurs, does the state require prior authorization?	Yes
If "Yes," who obtains authorization?	Prescriber
If "No," can the pharmacist override at the point of service?	N/A
7. When the pharmacist receives an early refill DUR alert message that requires the pharmacist's review, does your state's policy allow the pharmacist to override for situations such as (check all that apply):	**Other**
If "Other," please explain.	Lost/stolen Rx and Vacation overrides are not allowed.
8. Does your system have an accumulation edit to prevent patients from continuously filling prescriptions early?	**Yes**

Question	Response
If "Yes," please explain your edit.	Certain classes have accumulation edits (proton pump inhibitors, skeletal muscle relaxants, controlled substances). The edit counts refills over a particular time frame to prohibit a total accumulation amount.
If "No," do you plan to implement this edit?	N/A
9. Does the state Medicaid agency or the state's Board of Pharmacy have any policy prohibiting the auto-refill process that occurs at the POS (i.e. must obtain beneficiary's consent prior to enrolling in the auto-refill program)?	**Yes**
10. Does the state Medicaid agency 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, the state would allow this to occur to prevent the beneficiary from making multiple trips to the pharmacy within the same month)?	**No**
11. Please list the requested data in each category in Table 1 - Top Drug Claims Data Reviewed by the DUR Board that follows	

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

Top 10 Prior Authorization (PA) Requests by Drug Name	**Top 10 Prior Authorization (PA) Requests by Drug Class**	**Top 5 Claim Denial Reasons Other Than Eligibility** (i.e. Quantity Limits, Early Refill, PA, Therapeutic Duplications, Age Edits)	**Top 10 Drug Names by Amount Paid**	**% of Total Spent for Drugs by Amount Paid** From data in Column 4, determine the % of total drug spend.	**Top 10 Drug Names by Claim Count**	**Drugs by Claim Count % of Total Claims** From data in Column 6, determine the % of total claims.
ONFI	ANTICONVULSANTS	Filled after coverage terminated	ELOCTATE	4.69%	MONTELUKAST SODIUM	2.22%
METHYLPHENIDATE ER	MISCELLANEOUS	Dur reject error	SPINRAZA	4.00%	CLONIDINE HCL	2.18%
BANZEL	CNS STIMULANTS	Non-matched prescriber id	ADVATE	3.36%	PROAIR HFA	1.83%
LEVALBUTEROL HCL	BRONCHIAL DILATORS	Submit bill to other processor or primary payor	EXONDYS 51	2.48%	FLUTICASONE PROPIONATE	1.63%

Top 10 Prior Authorization (PA) Requests by Drug Name	Top 10 Prior Authorization (PA) Requests by Drug Class	Top 5 Claim Denial Reasons Other Than Eligibility (i.e. Quantity Limits, Early Refill, PA, Therapeutic Duplications, Age Edits)	Top 10 Drug Names by Amount Paid	% of Total Spent for Drugs by Amount Paid From data in Column 4, determine the % of total drug spend.	Top 10 Drug Names by Claim Count	Drugs by Claim Count % of Total Claims From data in Column 6, determine the % of total claims.
MONTELUKAST SODIUM	ANTI-ULCER PREPS/GASTROINTESTINAL PREPS	Patient not covered in this aid category	GENOTROPIN	2.42%	LEVETIRACETAM	1.62%
DYANAVEL XR	ATARACTICS-TRANQUILIZERS		ONFI	2.25%	CETIRIZINE HCL	1.55%
JADENU	OTHER ANTIBIOTICS		ORKAMBI	2.08%	ALBUTEROL SULFATE	1.55%
XIFAXAN	DIABETIC THERAPY		PULMOZYME	2.00%	RISPERIDONE	1.49%
XOLAIR	PSYCHOSTIMULANTS-ANTIDEPRESSANTS		GENVOYA	1.65%	RANITIDINE HCL	1.23%
KAPVAY	GLUCOCORTICOIDS		HUMIRA PEN	1.60%	GUANFACINE HCL ER	1.21%

Question	Response
12. Section 1927(g)(A) of the Social Security Act requires that the pharmacist offer patient counseling at the time of dispensing. Who in your state has responsibility for monitoring compliance with the oral counseling requirement? Check all that apply:	**Medicaid agency, State Board of Pharmacy**
If "Other," please explain:	N/A
13. Attachment 1 – Pharmacy Oral Counseling Compliance Report This attachment reports the monitoring of pharmacy compliance with all prospective DUR requirements performed by the State Medicaid Agency, the State Board of Pharmacy, or other entity responsible for monitoring pharmacy activities. If the State Medicaid Agency itself monitors compliance with these requirements, it may provide a survey of a random sample of pharmacies with regard to compliance with the Omnibus Budget Reduction Act (OBRA) of 1990 prospective DUR requirement. This report details state efforts to monitor pharmacy compliance with the oral counseling requirement. This attachment should describe in detail the monitoring efforts that were	**Yes**

Question	Response
performed and how effective these efforts were in the fiscal year reported. Does the state have Attachment 1 described above to upload?	

Section III - RETROSPECTIVE DUR (RetroDUR)

Question	Response
1. Identify, by name and type, the vendor that performed your RetroDUR activities during the time period covered by this report.	
Organization Name	Magellan Medicaid Administration (company)
Organization Type	Company
a. Is the RetroDUR vendor also the Medicaid fiscal agent?	**No**
b. Is the RetroDUR vendor also the developer/supplier of your retrospective DUR criteria?	**Yes**
"No," please explain	N/A
2. Who reviews and approves the RetroDUR criteria?	**State DUR board**
"Other," please explain	N/A
3. Attachment 2 – Retrospective DUR Educational Outreach Summary This is a year-end summary report on RetroDUR screening and educational interventions. The year-end summary reports should be limited to the TOP 10 problems with the largest number of exceptions. The results of RetroDUR screening and interventions should be included. Does the state have Attachment 2 described above to upload?	**Yes**

Section IV - DUR BOARD ACTIVITY

Question	Response
1. Attachment 3 – Summary of DUR Board Activities. This summary should be a brief descriptive report on DUR Board activities during the fiscal year reported. This summary should: a. Indicate the number of DUR Board meetings held.	**Yes**

Question	Response
b. List additions/deletions to DUR Board approved criteria. i. For prospective DUR, list problem type/drug combinations added or deleted. ii. For retrospective DUR, list therapeutic categories added or deleted. c. Describe Board policies that establish whether and how results of prospective DUR screening are used to adjust retrospective DUR screens. Also, describe policies that establish whether and how results of retrospective DUR screening are used to adjust prospective DUR screens. d. Describe DUR Board involvement in the DUR education program (e.g., newsletters, continuing education, etc.). Also, describe policies adopted to determine mix of patient or provider specific intervention types (e.g., letters, face-to-face visits, increased monitoring). Does the state have Attachment 3 described above to upload?	
2. Does your state have an approved CMS Medication Therapy Management Program?	**Yes**
a. Have you performed an analysis of the program's effectiveness?	**Yes**
"Yes," please provide a brief summary of your findings.	The findings of the Medication Therapy Management research team have been used to support DUR board edits and activities.
b. Is your DUR Board involved with this program?	**No**
If the answer to question 2 is "No," are you planning to develop and implement a program?	N/A

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 MIMIS been designed to incorporate this data into your DUR criteria for:

Question	Response
1. ProDUR?	**Yes**
If "No," do you have a plan to include this information in your DUR criteria in the future?	N/A
2. RetroDUR?	**Yes**
If "No," do you have a plan to include this information in your DUR criteria in the future?	N/A

Section VI - GENERIC POLICY AND UTILIZATION DATA

Question	Response
1. Attachment 4 - Generic Drug Substitution Policies Please report any factors that could affect your generic utilization percentage and include any relevant documentation. Does the state have Attachment 4 described above to upload?	**Yes**
2. In addition to the requirement that the prescriber write in his own handwriting "Brand Medically Necessary" for a brand name drug to be dispensed in lieu of the generic equivalent, does your state have a more restrictive requirement?	**No**
If "Yes," check all that apply.	N/A
If "Other," please explain.	N/A

Complete Table 2 - Generic Drug Utilization Data and answer Questions 3 and 4 below.

	Single Source (S) Drugs	Non-Innovator (N) Drugs	Innovator Multi-Source (I) Drugs
Total Number of Claims	207,149	1,203,420	110,050
Total Reimbursement Amount Less Co-Pay	$305,961,028	$28,625,741	$46,537,092

Question	Response
3. Indicate the generic utilization percentage for all covered outpatient drugs paid during this reporting period, using the computation instructions in Table 2 – Generic Utilization Data.	
Number of Generic Claims	1,203,420
Total Number of Claims	1,520,619
Generic Utilization Percentage	79.14%

Question	Response
4. Indicate the percentage dollars paid for generic covered outpatient drugs in relation to all covered outpatient drug claims paid during this reporting period using the computation instructions in Table 2 - Generic Drug Utilization Data.	
Generic Dollars	$28,625,741
Total Dollars	$381,123,861
Generic Expenditure Percentage	7.51%

Section VII - PROGRAM EVALUATION / COST SAVINGS / COST AVOIDANCE

Question	Response
1. Did your state conduct a DUR program evaluation of the estimated cost savings/cost avoidance? If "Yes," identify, by name and type, the institution that conducted the program evaluation.	**Yes**
Institution Name	Magellan Medicaid Administration, Inc.
Institution Type	Company
2. Please provide your ProDUR and RetroDUR program cost savings/cost avoidance in the chart below	

	Data
ProDUR Total Estimated Avoided Costs	$41,225,720.00
RetroDUR Total Estimated Avoided Costs	$593,437.80
Other Cost Avoidance	$1.00
Grand Total Estimated Avoided Costs	$41,819,158.80

Question	Response
3. The Estimated Percent Impact was generated by dividing the Grand Total Estimated Avoided Costs from Question 2 above by the Total Dollar Amount provided in Section VI, Question 4, then multiplying this value by 100.	**10.97%**

Estimated Percent Impact	
4. Attachment 5 – Cost Savings/Cost Avoidance Methodology Include copy of program evaluations/cost savings estimates prepared by state or contractor noting methodology used. Does the state have Attachment 5 described above to upload?	**Yes**

Section VIII - FRAUD, WASTE AND ABUSE DETECTION

A. LOCK-IN or PATIENT REVIEW AND RESTRICTION PROGRAMS

Question	Response
1. Do you have a documented process in place that identifies potential fraud or abuse of controlled drugs by beneficiaries?	**No**
If "Yes," what actions does this process initiate? Check all that apply:	N/A
"Other," **please** explain	N/A
2. Do you have a Lock-In program for beneficiaries with potential misuse or abuse of controlled substances? If the answer to question 2 is "Yes," please continue	**No**
a. What criteria does your state use to identify candidates for Lock-In? Check all that apply:	**N/A**
"Other," please explain	N/A
b. Do you have the capability to restrict the beneficiary to:	
i. Prescriber only	**N/A**
ii. Pharmacy only	**N/A**
iii. Prescriber and Pharmacy only	**N/A**
c. What is the usual Lock-In time period?	**N/A**
"Other," please explain	N/A
d. On average, what percentage of the FFS population is in Lock-In status annually?	**N/A%**
e. Please provide an estimate of the savings attributed to the Lock-In program for the fiscal year under review as part of Attachment 5.	**$N/A**
3. Do you have a documented process in place that identifies possible fraud or abuse of controlled drugs by prescribers?	**No**

Question	Response
If "Yes," what actions does this process initiate? Check all that apply:	N/A
"Other," please explain	N/A
4. Do you have a documented process in place that identifies potential fraud or abuse of controlled drugs by pharmacy providers?	**No**
If "Yes," what actions does this process initiate? Check all that apply:	N/A
"Other," please explain	N/A
5. Do you have a documented process in place that identifies and/or prevents potential fraud or abuse of non-controlled drugs by beneficiaries?	**No**
"Yes," please explain your program for fraud, waste, or abuse of non-controlled substances.	N/A

B. PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)

Question	Response
1. Does your state have a Prescription Drug Monitoring Program (PDMP)? If the answer to question 1 is "Yes," please continue with a, b, and c.	**Yes**
a. Does your agency have the ability to query the state's PDMP database? If the answer to sub-question 1 a is "Yes," please continue.	**No**
i. Please explain how the state applies this information to control fraud and abuse.	N/A
ii. Do you also have access to border states' PDMP information?	N/A
iii. Do you also have PDMP data (i.e. outside of MMIS, such as a controlled substance that was paid for by using cash) integrated into your POS edits?	N/A
b. Do you require prescribers (in your provider agreement with the agency) to access the PDMP patient history before prescribing controlled substances?	**No**
c. Are there barriers that hinder the agency from fully accessing the PDMP that prevent the program from being utilized the way it was intended to be to curb abuse?	**Yes**
"Yes," please explain the barriers (i.e. lag time in prescription data being submitted, prescribers not	Medicaid does not have access to PDMP.

Question	Response
accessing, pharmacists unable to view prescription history before filling script).	
2. Have you had any changes to your state's Prescription Drug Monitoring Program during this reporting period that have improved the agency's ability to access PDMP data?	**No**
"Yes," please explain.	N/A

C. PAIN MANAGEMENT CONTROLS

Question	Response
1. Does your program obtain the DEA Active Controlled Substance Registrant's File in order to identify prescribers not authorized to prescribe controlled drugs? If the answer to question 1 is "Yes," please continue.	**No**
a. Do you apply this DEA file to your ProDUR POS edits to prevent unauthorized prescribing?	**N/A**
If "Yes," please explain how information is applied.	N/A
If "No," do you plan to obtain the DEA Active Controlled Substance Registrant's file and apply it to your POS edits?	N/A
b. Do you apply this DEA file to your RetroDUR reviews?	**N/A**
If "Yes," please explain how information is applied.	N/A
2. Do you have a measure (i.e. prior authorization, quantity limits) in place to either monitor or manage the prescribing of methadone for pain management?	**Yes**
If "No," please explain why you do not have measures in place to either manage or monitor the prescribing of methadone for pain management.	N/A

D. OPIOIDS

Question	Response
1. Do you currently have a POS edit in place to limit the quantity dispensed of an initial opioid prescription?	**Yes, for all opioids**

Question	Response
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?	**Yes**
"Yes," please explain	For opioid treatment naive recipients the limit is 90 MME. There are also product specific limits per FDA package inserts.
b. What is your maximum number of days allowed for an initial opioid prescription?	**14**
c. Does this day limit apply to all opioid prescriptions?	**No**
"No," please explain	Schedule II SA Narcotics: Max of 3-day supply & 2 fills per month "Acute Pain Exemption" on RX Max of 7-day supply & 2 fills per month Schedule III-V SA Narcotics: Max of 14-days of therapy per month. Restricts recipients to no more than 1 LA Narcotic every 30 days.
2. For subsequent prescriptions, do you have POS edits in place to limit the quantity dispensed of short-acting opioids?	**Yes**
If "Yes," what is your maximum days supply per prescription limitation?	Other
"Other," please explain	7 Day Supply
3. Do you currently have POS edits in place to limit the quantity dispensed of long-acting opioids?	**Yes**
If "Yes," what is your maximum days supply per prescription limitation?	30 day supply
"Other," please explain	N/A
4. Do you have measures other than restricted quantities and days supply in place to either monitor or manage the prescribing of opioids?	**Yes**
If "Yes," check all that apply:	Deny claim and require PA, Intervention letters, Morphine equivalent daily dose (MEDD) program, Step therapy or clinical criteria, Requirement that prescriber has an opioid treatment plan for patients
"Other," please explain what additional opioid prescribing controls are in place.	N/A
If "No," please explain what you do in lieu of the above or why you do not have measures in place to either manage or monitor the prescribing of opioids.	N/A

Question	Response
5. Do you currently have edits in place to monitor opioids and benzodiazepines being used concurrently?	**Yes**
If "Yes," please explain	A soft edit to deny all prospective drug utilization review (ProDUR) therapeutic duplication (TD) and drug to drug interaction (DD) edits for any benzodiazepine and opioid combinations.
6. Do you perform any RetroDUR activity and/or provider education in regard to beneficiaries with a diagnosis or history of opioid use disorder (OUD), or opioid poisoning diagnosis?	**Yes**
If "Yes," please indicate how often	Quarterly
Other, please explain	N/A
If "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?	N/A
7. Does your state Medicaid agency develop and provide prescribers with pain management or opioid prescribing guidelines?	**Yes**
For either "Yes" or "No," please check all that apply:	Your state Medicaid agency refers prescribers to the CDC's Guideline for Prescribing Opioids for Chronic Pain.
Please identify the "referred" guidelines.	CDC's Guidelines for Prescribing Opioids for Chronic Pain
Please identify the "other" guidelines.	N/A
8. Do you have a drug utilization management strategy that supports abuse deterrent opioid use to prevent opioid misuse and abuse (i.e. presence of an abuse deterrent opioid with preferred status on your preferred drug list)?	**Yes**
If "Yes," please explain	To receive an abuse deterrent opioid system equires recipients to have 2 fills of a Short Acting (SA) Narcotic within 75 days plus a fill of Embeda within 60 days OR a fill of any Abuse Deterrent Narcotic (ADN) within 60 days to receive an ADN Note: Edit exclude Embeda as the product is preferred.

E. MORPHINE EQUIVALENT DAILY DOSE (MEDD)

Question	Response
1. Have you set recommended maximum morphine equivalent daily dose measures? If "Yes," please continue	**Yes**
a. What is your maximum morphine equivalent daily dose limit in milligrams?	**90 mg per day**
b. Please explain (i.e. are you in the process of tapering patients to achieve this limit?).	**Applies only to treatment naive recipients defined as not receiving opioid prescriptions in previous 60 days.**
If "No," please explain the measure or program you utilize.	N/A
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? If "Yes," please continue	**Yes**
a. Please name the developer of the calculator:	**CDC**
b. How is the information disseminated? Check all that apply:	**Provider notice**
If "Other," please explain	N/A
3. Do you have an edit in your POS system that alerts the pharmacy provider that the morphine equivalent daily dose prescribed has been exceeded?	**Yes**
If "Yes," do you require prior authorization if the MEDD limit is exceeded?	Yes

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

Question	Response
1. Does your agency set total mg per day limits on the use of buprenorphine and buprenorphine/naloxone combination drugs?	**Yes**
If "Yes," please specify the total mg/day:	24 mg
If "Other," please explain	N/A
2. What are your limitations on the allowable length of this treatment?	**No limit**
If "Other," please explain	N/A
3. Do you require that the maximum mg per day allowable be reduced after a set period of time?	**No**

Question	Response
If "Yes," please continue	
a. What is your reduced (maintenance) dosage?	**N/A**
If "Other," please explain	N/A
b. What are your limitations on the allowable length of the reduced dosage treatment?	**N/A**
If "Other," please explain	N/A
4. Do you have at least one buprenorphine/naloxone combination product available without prior authorization?	**Yes**
5. Do you currently have edits in place to monitor opioids being used concurrently with any buprenorphine drug?	**No**
"Other," please explain	N/A
If "Yes," can the POS pharmacist override the edit?	N/A
6. Do you have at least one naloxone opioid overdose product available without prior authorization?	**Yes**
7. Does your 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?	**Yes**
8. Does your state agency cover Methadone for a substance use disorder (i.e. Methadone Treatment Center)?	**Yes**

G. ANTIPSYCHOTICS / STIMULANTS

ANTIPSYCHOTICS

Question	Response
1. Do you currently have restrictions in place to limit the quantity of antipsychotics? Enter restrictions other than quantity limits in the text box below, or N/A.	**Yes**
Please explain	There are age limits according to FDA package inserts.

Question	Response
2. Do you have a documented program in place to either manage or monitor the appropriate use of antipsychotic drugs in children? If "Yes," please continue	**Yes**
a. Do you either manage or monitor:	**All children**
"Other," please explain	N/A
b. Do you have edits in place to monitor (check all that apply):	**Child's Age, Dosage, Polypharmacy**
"Other," please explain	N/A
c. Please briefly explain the specifics of your antipsychotic monitoring program(s).	**Florida continues to perform second medical review. The second medical review is performed by a board certified child psychiatrist. The psychiatrist review is required for all children under six and select children over six depending on antipsychotic selection and dosage.**
If "No," do you plan on implementing a program in the future?	N/A
If "No," please explain why you will not be implementing a program to monitor the appropriate use of antipsychotic drugs in children.	N/A

STIMULANTS

Question	Response
3. Do you currently have restrictions in place to limit the quantity of stimulants?	**Yes**
4. Do you have a documented program in place to either manage or monitor the appropriate use of stimulant drugs in children? If "Yes," please continue	**Yes**
a. Do you either manage or monitor:	**All children**
"Other," please explain	N/A
b. Do you have edits in place to monitor (check all that apply):	**Child's Age, Dosage, Polypharmacy**
c. Please briefly explain the specifics of your documented stimulant monitoring program(s).	**High dose limitation are placed on all stimulants. A close prior authorization review is preformed on all children less than six.**
If "No," do you plan on implementing a program in the future?	N/A

Question	Response
If "No," please explain why you will not be implementing a program to monitor the appropriate use of stimulant drugs in children	N/A

Section IX - INNOVATIVE PRACTICES

Question	Response
1. Attachment 6 – Innovative Practices Narrative Have you developed any innovative practices during the past year (i.e. Substance Use Disorder, Hepatitis C, Cystic Fibrosis, MEDD, Value Based Purchasing)? Please describe in detailed narrative form any innovative practices that you believe have improved the administration of your DUR program, the appropriateness of prescription drug use and/or have helped to control costs (i.e., disease management, academic detailing, automated prior authorizations, continuing education programs). Does the state have Attachment 6 described above to upload?	**Yes**

Section X - E-PRESCRIBING

Question	Response
1. Does your MMIS or pharmacy vendor have a portal to electronically provide patient drug history data and pharmacy coverage limitations to a prescriber prior to prescribing upon inquiry?	**Yes**
If "Yes," do you have a methodology to evaluate the effectiveness of providing drug information and medication history prior to prescribing? Please explain the evaluation methodology in Attachment 7 – E-Prescribing Activity Summary. Describe all development and implementation plans/accomplishments in the area of e-prescribing. Include any evaluation of the effectiveness of this technology (i.e., number of prescribers e-prescribing, percent e-prescriptions to total prescriptions, relative cost savings).	Yes
If "No," are you planning to develop this capability?	N/A
2. Does your system use the NCPDP Origin Code that indicates the prescription source?	**Yes**

Section XI - MANAGED CARE ORGANIZATIONS (MCOs)

Question	Response
1. How many MCOs are enrolled in your state Medicaid program?	**16**
2. Is your pharmacy program included in the capitation rate (carved in)?	**Partial**
If "Partial," please specify the drug categories that are carved out.	Hemophilia, Spinraza and Exondys
3. Does the state set requirements for the MCO's pharmacy benefit (e.g. same PDL, same ProDUR/RetroDUR)? If "Yes," please continue.	**Yes**
a. Please check all requirements that apply below:	**Formulary Reviews, Same PDL, Same ProDUR, Same RetroDUR**
b. Please briefly explain your policy.	**MCO plans criteria, edits, etc. cannot be more restrictive than the Agency.**
If "No," do you plan to set standards in the future?	N/A
4. Did all of your managed care plans submit their DUR reports?	**Yes**
If "No," please explain why.	N/A

Section XII – EXECUTIVE SUMMARY

1. Attachment 8 – Executive Summary