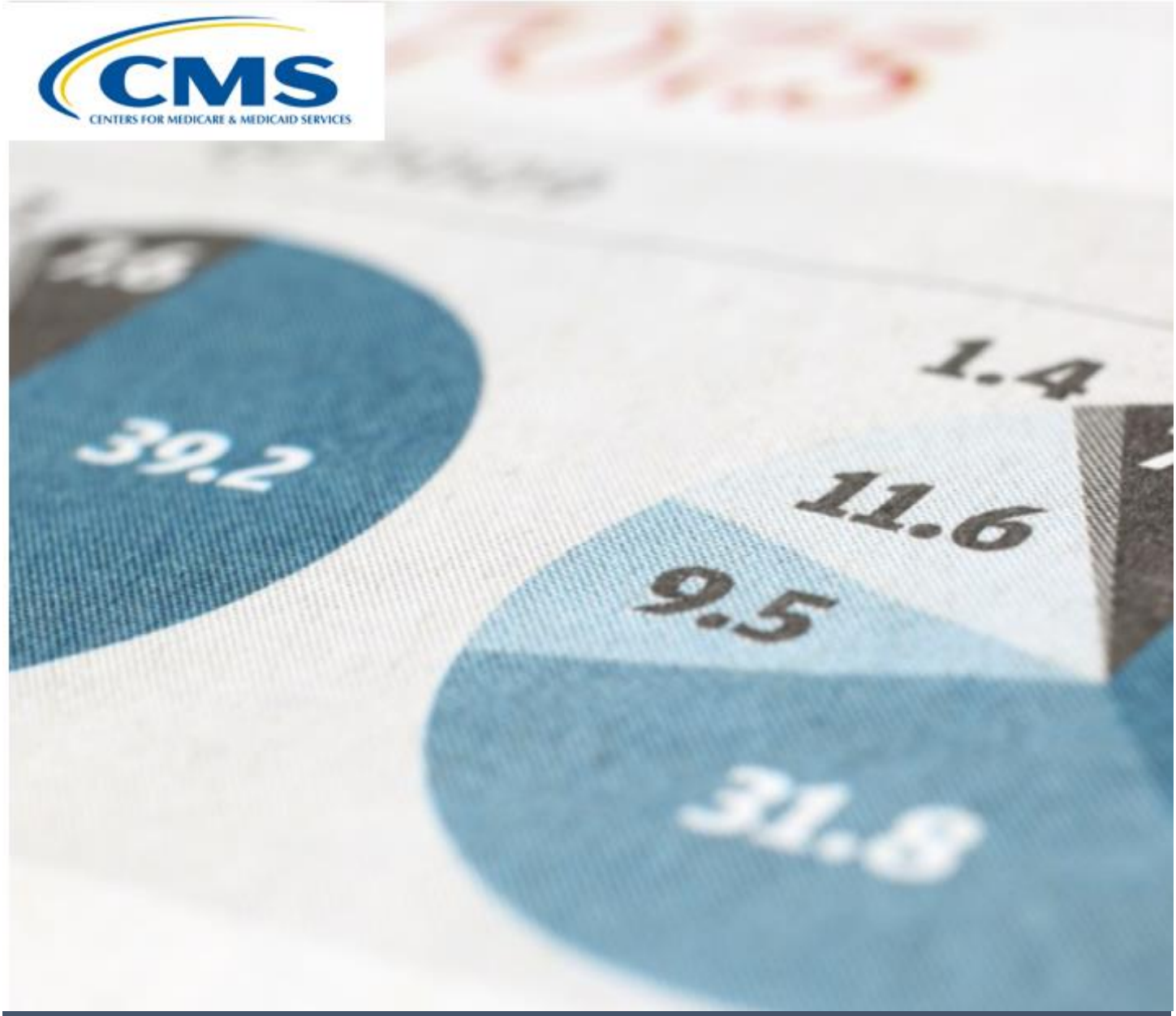

Georgia
Medicaid Fee-For-Service (FFS)
2019 Drug Utilization Review (DUR)

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Georgia DUR 2019 FFS Individual State Report

Section I – Number of Beneficiaries

Question	Response
1. On average, how many of your state's Medicaid beneficiaries are enrolled in your state's Medicaid Fee-For-Service (FFS) program that have a pharmacy benefit?	**345,368**
2. On average, how many of your state's Medicaid beneficiaries are enrolled in managed care plan(s)?	**1,535,917**

Section II - Prospective DUR (ProDUR)

Question	Response
1. Indicate the type of your pharmacy point of service (POS) vendor.	**Contractor**
a. Vendor Name	**OptumRx**
b. If not state-operated, is the POS vendor also the MMIS fiscal agent or a separate PBM?	**POS vendor is a separate PBM**
2. Identify ProDUR criteria source.	**Medi-Span**
If "Other," please specify	N/A
3. Are new ProDUR criteria approved by the DUR Board?	**No**
If "No," please explain	Criteria is from MediSpan
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)?	**Varies by alert type**
If "varies," please explain	Only soft reject allowing pharmacist override is Concurrent use of opioids + prenatal vitamins.
5. Do you receive and review follow-up reports providing individual pharmacy provider DUR alert override activity in summary and/or in detail?	**No**
a. If "Yes," how often do you receive reports?	**N/A**
If "Other," please explain	N/A

Question	Response
b. If you receive reports, do you follow up with those providers who routinely override with interventions?	**N/A**
If "Yes," by what method do you follow up?	N/A
If "Other," please explain.	N/A
If "No," please explain	N/A
If "No," please explain	Follow-up reports specifying individual pharmacy override activities are not provided.
6. Early Refill	
a. At what percent threshold do you set your system to edit?	
i) Non-controlled drugs:	**75%**
ii) Schedule II controlled drugs:	**85%**
iii) Schedule III through V controlled drugs:	**85%**
b. For non-controlled drugs: When an early refill message occurs, does the state require prior authorization?	**Yes**
If "Yes" or "Dependent on medication or situation," who obtains authorization?	Pharmacist or Prescriber
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?	Pharmacist or 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:	
a. Lost/stolen Rx	**Overrides are only allowed by a pharmacist through a prior authorization**
b. Vacation	**No**
c. "Other," please explain.	**N/A**
8. Does your system have an accumulation edit to prevent patients from continuously filling prescriptions early?	**Yes**
If "Yes," please explain your edit.	The claims processing system will evaluate the days supply for historical claims against the days supply of new claims.

Question	Response
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. For drugs not on your formulary, does your agency 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?	**Yes**
If "Yes," what is the preauthorization process?	Coverage can be requested through the Appeal's process by the prescriber submitting a letter of medical necessity.
If "No," please explain why there is not a process for the beneficiary to access a covered outpatient drug when it is medically necessary.	N/A
a. Does your program provide for the dispensing of at least a 72-hour supply of a covered outpatient prescription drug in an emergency situation?	**Yes**
If "Yes," what is the process?	If a pharmacist deems it necessary to dispense a 72 hour supply of medication, they may provide the medication, then contact the State for billing and reimbursement approval.
If "No," please explain.	N/A
12. 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 and 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)
OMEPRAZOLE	PROTON-PUMP INHIBITORS	Prod/Service Not Covered	PALIPERIDONE PALMITATE ER SUSP PREF SYR	3.50%	GABAPENTIN	2.40%
PANTOPRAZOLE SODIUM	ATYPICAL ANTIPSYCHOTICS	Plan Limitations Exceeded	PREGABALIN	2.30%	ATORVASTATIN CALCIUM	2.30%
PALIPERIDONE PALMITATE ER SUSP PREF SYR	INCRETIN MIMETICS	Prior Authorization Reqrd	ELVITEGRAV-COBIC-EMTRICITAB-TENOFOVAF	2.30%	AMLODIPINE BESYLATE/benazepril hydrochloride	2.20%
AMPHETAMINE/DEXTROAMPHETAMINE	ANTICONVULSANTS, MISCELLANEOUS	DUR Reject Error	SOFOSBUVIR-VELPATASVIR	1.90%	LISINOPRIL	2.10%
ARIPIPRAZOLE	AMPHETAMINES	Refill Too Soon	ADALIMUMAB PEN-INJECTOR	1.80%	ALBUTEROL SULFATE INHAL AERO	2.00%
LIRAGLUTIDE SOLN PEN-INJECTOR	GI DRUGS, MISCELLANEOUS		BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL	1.70%	HYDROCODONE/ACETAMINOPHEN	1.70%
AMPHETAMINE-DEXTROAMPHETAMINE CAP ER	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS		BICTEGRAVIR-EMTRICITABINE-TENOFOVIRAF	1.60%	LEVOTHYROXINE SODIUM	1.30%
LINACLOTIDE	RAPID-ACTING INSULINS		ALBUTEROL SULFATE INHAL AERO	1.60%	RANITIDINE HCL	1.30%
PALIVIZUMAB IM	ANTIMUSCARINICS/ANTISPASMODICS		INSULIN GLARGINE INJ	1.40%	TRAZODONE HYDROCHLORIDE	1.30%
LUBIPROSTONE CAP	SKIN AND MUCOUS MEMBRANE AGENTS, MISC.		INSULIN LISPRO SOLN CARTRIDGE	1.40%	FLUTICASONE PROPIONATE/ salmeterol xinafoate	1.20%

Question	Response
13. 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:	**State Board of Pharmacy**
If "Other," please explain:	N/A
14. Summary 1 – Pharmacy Oral Counseling Compliance Summary 1 Pharmacy Oral Counseling Compliance 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 and should describe in detail, utilizing the text box below, the monitoring efforts that were performed and how effective these efforts were in the fiscal year reported.	**Pharmacy Oral Counseling Compliance Reports are compiled for the State's review upon request. Although the GA State Board of Pharmacy has previously declined to provide an analysis of the requested information, information may be compiled by manually reviewing meeting minutes available on the Board's website. Additionally, the Board reviews consent orders during the executive session so only blinded information is available to the public.**

Section III - RETROSPECTIVE DUR (RetroDUR)

Question	Response
1. Indicate the type of vendor that performed your RetroDUR activities during the time period covered by this report.	**Company**
a. Identify, by name, your RetroDUR vendor.	**NorthStar Healthcare Consulting**
b. Is the RetroDUR vendor also the MMIS fiscal agent?	**No**
c. Is the RetroDUR vendor also the developer/supplier of your retrospective DUR criteria?	**Yes**
If "No," please explain	N/A
2. Who reviews and approves the RetroDUR criteria?	**State DUR Board**

"Other," please explain	N/A
3. Summary 2 – Retrospective DUR Educational Outreach Summary 2 Retrospective DUR Educational Outreach is a year-end summary report on RetroDUR screening and educational interventions. The year-end summary should be limited to the most prominent 10 problems with the largest number of exceptions. The results of RetroDUR screening and interventions should be included and detailed.	**1. Concomitant Use of High Dose Opioids and Benzodiazepines While Visiting Multiple Prescribers or Multiple Pharmacies** **-The Centers for Disease Control and Prevention (CDC) have previously advised against the concomitant prescribing of opioids and benzodiazepines whenever possible. In August 2016, the Food and Drug Administration (FDA) added black box labeling to opioid and benzodiazepine containing products warning against coadministration unless alternative treatment options are inadequate.** **-Physician outreach/education regarding prescribing daily MME>90 and concomitant use of benzodiazepines and opioids was conducted. Targeted physicians were informed of the most recent CDC guidelines.** **-Opioid prescribing continues to decrease quarter-over-quarter.** **2. Alert of Coverage Change in Hemlibra** **-Prescribers were informed of new procedure regarding submitting Hemlibra requests.** **-A customized Hemlibra prior authorization form was created so that the Department could streamline the data needed to evaluate Hemlibra requests on a case-by-case basis. This form is available on the Department's website.** **-Since the procedure change, the Hemlibra review process has become significantly more efficient. Prescribers and pharmacies are complying with the process as well.** **3. Alert of Change in Opioid Quantity Limits** **-In response to the growing opioid crisis, the Centers for Disease Control and Prevention (CDC) published guidelines for the use of opioids in chronic, non-cancer pain in 2016. In the Guidelines for Prescribing Opioids for Chronic Pain, the CDC recommends careful justification for titrating opioid doses above an average of 90 morphine milligram equivalents (MME) per day to avoid potential overdose. In an effort to reduce the risk of opioid-related harms while preserving access to appropriate pain treatment, the Department implemented a prior**

	authorization for cumulative morphine milligram equivalent (MME) doses exceeding 210 MME per day. **-Since the adoption of this process for patients receiving high doses of opioids, the Department has obtained much needed transparency into the prescribing habits of physicians. Moreover, the Department has been able to communicate with physicians to understand rationales for why such high doses may be needed in certain patients.** **-Opioid prescribing continues to decrease quarter-over-quarter.**

Section IV - DUR BOARD ACTIVITY

Question	Response
1. Summary 3 – DUR Board Activities Report. Summary 3 DUR Board Activities Report should be a brief descriptive report on DUR Board activities during the fiscal year reported.	**-4 meetings were conducted on the following dates:** **November 6, 2018; March 5, 2019; May 7, 2019; and Aug 6, 2019** **-New drugs reviewed included:** **Aimovig** **Crysvita** **Mircera** **Rhopressa** **Trogarzo** **Vyzulta** **Fasenra** **Lokelma** **Lucemyra** **Orilissa** **Solosec** **Zemdri** **Ajovy** **Delstrigo** **Doptelet** **Emgality** **Ilumya** **Jivi** **Mulpleta** **Olumiant** **Pifeltro** **Nuzyra** **Yupelri** **Zolgensma** **Xofluza** **-In addition to the classes which these drugs**

Question	Response
	fall under, several other classes were also reviewed including: **Anticonvulsants** **Antihyperuricemics** **Antipsychotics** **Colony Stimulating Factors** **COPD Agents** **Glucocorticoids, Inhaled** **Ophthalmics, Anti-inflammatory/Immunomodulator** **Stimulants and Related Agents** **Due to limited characters that can be inputted, detailed meeting information cannot be provided here. However, meeting minutes for all DURB meetings can be found at https://dch.georgia.gov/providers/provider-types/pharmacy/drug-utilization-review-board.**
2. Does your state have an approved Medication Therapy Management Program?	**No**
a. Have you performed an analysis of the program's effectiveness?	**N/A**
"Yes," please provide a brief summary of your findings.	N/A
b. Is your DUR Board involved with this program?	**N/A**
If the answer to question 2 is "No," are you planning to develop and implement a program?	No

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. Summary 4 – Generic Drug Substitution Policies Summary 4 Generic Drug Substitution Policies summarizes factors that could affect your generic utilization percentage. Please explain and provide details.	**The Georgia Department of Community Health (DCH) maintains a policy for generic dispensing.** **The generic dispensing rate is accomplished through various initiatives implemented over the course of several years. Preferred brand or generic medications have a co-payment of $0.50 and non-preferred brand or generic medications have a range of co-payments from greater than $0.50 to $3.00, depending on the cost of the drug. Activities include the use of an aggressive Maximum Allowable Cost (MAC) program and favorable placement of cost-effective brands and generics on the Preferred Drug List (PDL), being mindful of clinical appropriateness. DCH also continues to employ a generic mandatory program.**
2. In addition to the requirement that the prescriber write in his own handwriting "Brand Medically Necessary" for a brand name drug to be dispensed in lieu of the generic equivalent, does your state have a more restrictive requirement?	**Yes**
If "Yes," check all that apply.	Prior authorization is required
Other, please explain.	N/A

Table 2 - Generic Drug Utilization Data

	Single Source (S) Drugs	Non-Innovator (N) Drugs	Innovator Multi-Source (I) Drugs
Total Number of Claims	649,535	6,029,861	442,249
Total Reimbursement Amount Less Co-Pay	$526,533,554	$98,446,320	$158,264,071

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 Drug Utilization Data.	
Number of Generic Claims	6,029,861
Total Number of Claims	7,121,645
Generic Utilization Percentage	84.67%
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	$98,446,320
Total Dollars	$783,243,945
Generic Expenditure Percentage	12.57%

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 Type	Company
Institution Name	OptumRx
2. Please provide your ProDUR and RetroDUR program cost savings/cost avoidance in the chart below	

	Data
ProDUR Total Estimated Avoided Costs	$30,511,287.00
RetroDUR Total Estimated Avoided Costs	$1.00
Other Cost Avoidance	$1.00
Grand Total Estimated Avoided Costs	$30,511,289.00

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. Estimated Percent Impact	**3.90%**
4. Summary 5 – Cost Savings/Cost Avoidance Methodology Summary 5 Cost Savings/Cost Avoidance Methodology includes program evaluations/cost savings estimates prepared by state or contractor.	**Pharmacy savings were based on the claims status associated with the claim transaction: Paid, Reversed, Rejected** **Paid Claims with CDUR edit(s) are those which had an override by a pharmacist** **Rejected claims with CDUR edit(s) include both hard and soft rejects** **Reversed claims with CDUR edit(s) include Paid claims which were reversed, originating with a message and an override by a pharmacist**

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?	**Yes**
If "Yes," what actions does this process initiate? Check all that apply:	Deny claims and require prior authorization, Refer to Lock-In Program, Refer to Program Integrity Unit/Surveillance Utilization Review (SURS unit)
"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	**Yes**

Question	Response
a. What criteria does your state use to identify candidates for Lock-In? Check all that apply:	**Number of controlled substances (CS), Different prescribers of CS, Multiple pharmacies, Number days' supply of CS, Exclusivity of short acting opioids, Multiple ER visits, PDMP data**
"Other," please explain	N/A
b. Do you have the capability to restrict the beneficiary to:	
i. Prescriber only	**Yes**
ii. Pharmacy only	**Yes**
iii. Prescriber and Pharmacy	**Yes**
c. What is the usual Lock-In time period?	**12 months**
"Other," please explain	N/A
d. On average, what percentage of the FFS population is in Lock-In status annually?	**1.0000%**
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.	**$1.00**
3. Do you have a documented process in place that identifies possible fraud or abuse of controlled drugs by prescribers?	**Yes**
If "Yes," what actions does this process initiate? Check all that apply:	Deny claims written by this prescriber, Refer to Program Integrity Unit, Refer to the appropriate Medical Board
"Other," please explain	N/A
"No," 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?	**Yes**
If "Yes," what actions does this process initiate? Check all that apply:	Deny claim, Refer to Program Integrity Unit, Refer to Board of Pharmacy, Other
"Other," please explain	Pharmacy will be referred for audit; we have an active pharmacy audit program; explanation of benefit surveys to patients regarding pharmacy claims. Several desk and field audits conducted in FY2019.
"No," 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?	**Yes**

Question	Response
"Yes," please explain your program for fraud, waste, or abuse of non-controlled substances.	Deny claims and require prior authorization; quantity limits; refer to Program Integrity
"No," please explain	**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.	**Yes, we have access to the database**
i. Please explain how the state applies this information to control fraud and abuse.	Assessment for Lock-In Program
ii. Do you also have access to Border States' PDMP information?	No
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?	No
b. Do you require prescribers (in your provider agreement with the agency) to access the PDMP patient history before prescribing controlled substances?	**Yes**
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 accessing, pharmacists unable to view prescription history before filling script).	Limited to claim-level detail (cannot query by prescriber) and must have an NPI to access PDMP.
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
If "No," please explain	N/A
b. Do you apply this DEA file to your RetroDUR reviews?	**N/A**
If "Yes," please explain how it 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 a measure 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? If the answer to question 1 is "Yes, for all opioids" or "Yes, for some opioids," please continue.	**Yes, for all opioids**
Please explain answer above.	Quantity level limits in place. MEDLIMIT 50 MME: For treatment naïve members, edit check for a cumulative SAO & LAO dose check for >50 MME/day. MEDLIMIT 7 DAY SUPPLY: For treatment naive members: Edit check for SAO prescriptions for >7 day supply.
a. Is there more than one quantity limit for the various opioids?	**Yes**
"Yes," please explain	Quantity limit varies based on drug, duration of action (e.g., short-acting vs. long-acting), and drug strength.

Question	Response
b. What is the maximum number of days' supply allowed for an initial opioid prescription?	**30**
c. Does this days' supply limit apply to opioid prescriptions?	**Yes, for all opioids**
"No," please explain	N/A
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?	30 day supply
"Other," please explain	N/A
If "No," please explain	N/A
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
If "No," 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:	Pharmacist override, Deny claim and require PA, Intervention letters, Morphine Milligram Equivalent (MME) daily dose program, Step therapy or clinical criteria, Requirement that patient has a pain management contract or Patient-Provider agreement, Requirement that prescriber has an opioid treatment plan for patients, Require documentation of urine drug screening results, Require diagnosis, Require PDMP checks
Please provide details on these opioid prescribing controls in place.	See above
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
5. Do you have POS edits to monitor duplicate therapy of opioid prescriptions?	**Yes**
Please explain	Members are limited to 5 narcotic (opioid pain relievers) fills per 30 days. Treatment naive members: Edit checks for a LAO with no paid claim for a SAO. Purpose is to verify patient

Question	Response
	receives IR prior to ER use. MME limits in place for overall opioid use.
6. Do you have POS edits to monitor early refills of opioid prescriptions dispensed?	**Yes**
Please explain	Early refill edit in place. Members are limited to 5 narcotic (opioid pain relievers) fills per 30 days
7. Do you have comprehensive claims review automated retrospective process to monitor opioid prescriptions exceeding these state limitations?	**Yes, please explain in detail scope and nature of these retrospective reviews**
Please explain	We have the ability to retrospectively monitor opioid use in patients.
8. Do you currently have POS edits in place or a retrospective claims review to monitor opioids and benzodiazepines being used concurrently?	**Yes, both POS edits and retrospective reviews**
If "Yes," Please explain in detail scope and nature of reviews and edits.	Members filling opioid and benzos will trigger POS message that this combination is not recommended. See RDUR section previously for more details on retrospective claims.
If "No," Please explain	N/A
9. Do you currently have POS edits in place or a retrospective claims review to monitor opioids and sedatives being used concurrently?	**Yes, retrospective reviews only**
If "Yes," Please explain in detail scope and nature of reviews and edits.	**We have the ability to monitor retrospectively and take action as needed.**
If "No," Please explain	**N/A**
10. Do you currently have POS edits in place or a retrospective claims review to monitor opioids and antipsychotics being used concurrently?	**Yes, POS edits only**
If "Yes," Please explain in detail scope and nature of reviews and edits.	Member filling an opioid and antipsychotic will trigger POS message "Antipsych + Opioid-monitor use".
If "No," Please explain	N/A
11. Do you have POS safety edits or perform RetroDUR activity and/or provider education in regard to beneficiaries with a diagnosis history of opioid use disorder (OUD) or opioid poisoning diagnosis?	**No**
If "Yes," retrospective reviews are performed, please indicate how often.	N/A
"Other," please specify.	N/A
Please explain nature and scope of edits, reviews and/or provider education reviews performed.	N/A

Question	Response
If "No," do you plan on implementing a RetroDUR activity and/or provider education in regard to beneficiaries with a diagnosis history of OUD or opioid poisoning in the future?	Yes
If "No," Please explain.	Planning on implementing.
12. Does your state Medicaid agency develop and provide prescribers with pain management or opioid prescribing guidelines?	**Yes**
If "Yes," 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 "other" guidelines.	N/A
Please explain why no guidelines are offered.	N/A
13. Do you have a drug utilization management strategy that supports abuse deterrent opioid use to prevent opioid misuse and abuse (i.e. presence of an abuse deterrent opioid with preferred status on your preferred drug list)?	**No**
"Yes," please explain	N/A

E. MORPHINE MILLIGRAM EQUIVALENT (MME) DAILY DOSE

Question	Response
1. Have you set recommended maximum MME daily dose measures?	**Yes**
If "Yes," please continue	
a. What is your maximum morphine equivalent daily dose limit in milligrams?	**200 MME mg per day**
i. If "Other", please specify	**N/A mg per day**
b. Please explain nature and scope of dose limit.	**In response to the growing opioid crisis, the Centers for Disease Control and Prevention (CDC) published guidelines for the use of opioids in chronic, non-cancer pain in 2016. In the Guidelines for Prescribing Opioids for Chronic Pain, the CDC recommends careful justification for titrating opioid doses above an average of 90 morphine milligram equivalents (MME) per day to avoid potential overdose. In an effort to reduce the risk of opioid-related harms while preserving access to appropriate pain treatment, Georgia Medicaid Fee-For-Service (FFS) implemented a prior authorization for cumulative morphine milligram equivalent (MME) doses exceeding 210 MME per day.**

Question	Response
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?	**No**
a. If "Yes," Please name the developer of the calculator:	**N/A**
If "Other," please specify	N/A
b. If "Yes," how is the information disseminated? Check all that apply:	**N/A**
If "Other," please explain	N/A
3. Do you have an edit in your POS system that alerts the pharmacy provider that the MME daily dose prescribed has been exceeded?	**No**
If "Yes," do you require prior authorization if the MME limit is exceeded?	N/A
4. Do you have automated retrospective claim reviews to monitor total daily dose (MME) of opioid prescriptions dispensed?	**No**
Please explain	n/a

F. BUPRENORPHINE, NALOXONE, BUPRENORPHINE/NALOXONE COMBINATIONS 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? If "Yes," please continue	**No**
a. What is your reduced (maintenance) dosage?	**N/A**
If "Other," please explain	N/A

Question	Response
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 or any form of MAT?	**Yes**
"Other," please explain	N/A
If "Yes," can the POS pharmacist override the edit?	No
6. Do you have at least one naloxone opioid overdose product available without prior authorization?	**Yes**
7. Do you retrospectively monitor and manage appropriate use of naloxone to persons at risk of overdose?	**No**
Please explain	Not at the moment, but this is currently being discussed for implementation.
8. Does your State Board of Professional Regulations/Board of Pharmacy/Board of Medicine and/or state Medicaid agency allow pharmacists to dispense naloxone prescribed independently or by collaborative practice agreements, standing orders, or other predetermined protocols?	**Yes, State Board of Professional Regulations/Board of Pharmacy/ Board of Medicine and/or State Medicaid agency under protocol**
9. 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?	**Yes**
Please explain	Clinical prior authorization also in place for certain antipsychotics. Pediatric off-label use of antipsychotics reviewed on case-by-case basis.

Question	Response
2. Do you have a documented program in place to either manage or monitor the appropriate use of antipsychotic drugs in children?	**Yes**
a. If "Yes," do you either manage or monitor:	**All children**
"Other," please explain	N/A
b. If "Yes," do you have edits in place to monitor (check all that apply):	**Child's age, Dosage**
"Other" Please explain	N/A
c. Please briefly explain the specifics of your antipsychotic monitoring program(s).	**All pediatric use of antipsychotics requires submission for review using a Atypical Antipsychotic PA Form. The requests are reviewed on a case-by-case basis by a clinical pharmacist.**
d. If "No," do you plan on implementing a program in the future?	**N/A**
If "Yes," when do you plan on implementing a program?	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?	**Yes**
a. If "Yes," Do you either manage or monitor:	**All children**
"Other," please explain	N/A
b. If "Yes," Do you have edits in place to monitor (check all that apply):	**Child's age, Dosage**
"Other," please explain	N/A
c. Please briefly explain the specifics of your documented stimulant monitoring program(s).	**Quantity limits, clinical prior authorizations, age requirements in place for stimulants.**
d. If "No," do you plan on implementing a program in the future?	**N/A**
If "Yes," when do you plan on implementing a program?	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. Summary 6 – Innovative Practices Summary 6 - Innovative Practices should discuss development of innovative practices during the past year (i.e. Substance Use Disorder, Hepatitis C, Cystic Fibrosis, MME, and Value Based Purchasing).	**-Continued to establish a more robust prospective drug utilization review (ProDUR) process for drugs covered under the Provider Administered Drug List (PADL). Previously, drug products were added to the PADL by individual requests which made formulary decisions driven by clinical and cost-related factors more burdensome due to an imminent need of the requested product by one or more plan participants at the time of request. To ensure clinically appropriate cost-containment strategies were applied to provider administered drugs, DCH began proactively evaluating drugs that met criteria for inclusion on the PADL. This ongoing comprehensive evaluation incorporates data provided by clinical and financial vendors regarding cost-effective strategies which may include prior authorization criteria creation/implementation and solicitation of supplemental rebates. Representatives for the state presented the program's progress at the twenty-ninth annual American Drug Utilization Review Symposium (ADURS) on February 23, 2018, providing an overview of program details and offering ideas and solutions to other state Medicaid programs wishing to implement similar ProDUR programs for provider administered drugs.** **-Continued to strengthen measures for curbing opioid abuse and misuse, the details for which have been provided in previous sections.** **-Created a Hemlibra treatment form, which allowed for the evaluation of all Hemlibra requests in a more streamlined manner on a case-by-case basis.**

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?	No
If "Yes," please explain the evaluation methodology. **Summary 7 –E-Prescribing Activity** should explain the evaluation methodology utilized in evaluate the effectiveness of providing drug information and medication history prior to prescribing.	N/A
If "No," are you planning to develop this capability?	N/A
If "No," please explain	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?	**4**
2. Is your pharmacy program included in the capitation rate (carved in)?	**Yes**
If "Partial," please specify the drug categories that are carved out.	N/A
3. Does the state set requirements for the MCO's pharmacy benefit (e.g. same PDL, same ProDUR/RetroDUR)?	**No**
a. If "Yes," please check all requirements that apply	**N/A**
b. If "Yes," please briefly explain your policy.	**N/A**
If "No," do you plan to set standards in the future?	Yes
If "No," please explain	N/A
4. Did all of your managed care plans submit their DUR reports?	**Yes**
If "No," please explain.	N/A

Section XII – EXECUTIVE REPORT

Question	Response
Summary 8-Executive Report should provide a brief overview of your program. It should describe 2019 highlights of the program, FFS initiatives, improvements, program oversight of managed care partners when applicable, and statewide (FFS and MCO) initiatives.	**The Drug Utilization Review Board (DUR Board, DURB or Board) continued its service to the Georgia Department of Community of Health (GDCH or DCH) in an advisory capacity. In this role, the DUR Board made recommendations related to the safe and effective use of medications for Medicaid Fee-for-Service members to the Department. During Federal Fiscal Year 2019 (FFY2019), the DUR Board was comprised of physicians and pharmacists from a variety of backgrounds located throughout the State of Georgia.** **The primary responsibility and charge to the Board was the continuing development and modification of the State of Georgia's Preferred Drug List (PDL) and Providers' Administered Drug List (PADL) for the Medicaid Fee for Service (FFS) program. Additionally, the Board offered its expertise to assist the State with development of prior authorization criteria, drug utilization reviews, increasing generic utilization, and advising on conditions for claims processing.** **Board Meetings follow parliamentary procedures and have a standing order of business, specifically:** **Call to Order** **Comments from the Department** **Approval of Minutes** **External Comments Session** **Executive Session** **New Drug Reviews** **Class Reviews** **Clinical Utilization Reviews** **Utilization Trend Review** **Drug Information Review** **Future Agenda Items** **Future Meeting Dates** **Boards' Recommendations** **Adjournment** **The clinical review of information includes input from several sources: NorthStar HealthCare Consulting (NHC) (review of**

Question	Response
	medical literature including controlled clinical trials as well as clinical guidelines, drug safety alerts, generic availability report, new medication pipeline report); the pharmaceutical manufacturers (verbal presentations via the manufacturers' forum and written materials via electronic submission); external comments at the meetings; and the DUR Board members through their independent research and clinical expertise. Additionally, the Board sought clinical input from practicing clinical experts when supplemental information was needed. **Drug classes previously reviewed by the Board are reconsidered on an annual basis. New market entrants that are subject to the outpatient drug benefit are reviewed after 6 months of market availability. During FFY2019, the DURB researched, reviewed and made PDL/PADL recommendations for the following drugs:** **Aimovig** **Crysvita** **Mircera** **Rhopressa** **Trogarzo** **Vyzulta** **Fasenra** **Lokelma** **Lucemyra** **Orilissa** **Solosec** **Zemdri** **Ajovy** **Delstrigo** **Doptelet** **Emgality** **Ilumya** **Jivi** **Mulpleta** **Olumiant** **Pifeltro** **Xofluza** **Nuzyra** **Yupelri**

Question	Response
	Zolgensma **In addition to the drug classes which the new drugs above belonged to, the DURB also researched, reviewed and made PDL/PADL recommendations on the following therapeutic classes:** **Anticonvulsants** **Antihyperuricemics** **Antipsychotics** **Colony Stimulating Factors** **COPD Agents** **Glucocorticoids, Inhaled** **Ophthalmics, Anti-Inflammatory/Immunomodulator**