



National
Medicaid Managed Care Organization (MCO)
FFY 2021 Drug Utilization Review (DUR)
Annual Report

Executive Summary
National Medicaid Drug Utilization Review (DUR)
Managed Care Organization (MCO)
Federal Fiscal Year (FFY) 2022 Annual Report
(FFY 2021 Data: October 2020-September 2021)

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

Prospective DUR (ProDUR) is one component of the DUR process, and requires pharmacies under contract with the MCOs to electronically monitor prescription drug claims before they are dispensed to identify problems such as therapeutic duplication, drug-disease contraindications, incorrect dosage or duration of treatment, and clinical misuse or abuse prior to dispensing of the prescription to the patient. Retrospective DUR (RetroDUR), another component of DUR, 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 states' DUR MCO survey responses can be found in this aggregate report summary. Detailed MCO responses including this aggregate national summary can also be found on [Medicaid.gov](https://www.medicare.gov).

I. Demographic and Enrollee Information

Thirty-four states (this reference includes the District of Columbia hereafter) have submitted 229 Medicaid MCO DUR Annual Surveys encompassing FFY 2021 reported responses.^{2,3} The information in this report is focused on national Medicaid MCO DUR activities.

- MCO data includes 54,323,742 beneficiaries enrolled in state MCOs' DUR Medicaid programs which include pharmacy benefits. This represents a 12% increase from FFY 2020.

II. Prospective DUR (ProDUR)

ProDUR functions are performed at the point-of-sale (POS) when the prescription is being processed at the pharmacy. FFY 2021 reported responses show 178 MCOs (78%) allow the pharmacist to override ProDUR alert messages based on the type of alert identified, a 3% increase from FFY 2020. 11 MCOs (5%) do not allow pharmacists to override ProDUR alerts without prior authorization, a 1% decrease from FFY 2020. Additionally:

- FFY 2021 reported responses confirm all MCOs set early prescription refill thresholds as a way of preventing prescriptions from being overutilized:

¹ All data presented within these reports originate from MCO responses to the FFY 2021 DUR MCO Survey.

² The MCO DUR survey was not submitted by Arizona because of the states existing waiver of these DUR requirements included in their approved 1115 Demonstration valid until September 2022.

³ Missouri, North Dakota, Tennessee, West Virginia, and Wisconsin carve out their drug benefit and submitted an abbreviated MCO survey for each of their programs. These reports can be accessed on [Medicaid.gov](https://www.medicare.gov).

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- Non-controlled substances: MCOs reported thresholds range from 70% to 90% of the prescription being used, with a national average of 81% of the prescription being used before a subsequent prescription could be refilled. This is consistent with FFY 2020.
- Controlled substances (CII)⁴: MCO reported thresholds range from 79% to 90% of the prescription being used, with a national average of 86% of a prescription being used before a subsequent prescription could be dispensed, a 1% increase from FFY2020.
- Controlled substances (CIII to CV)^{5,6,7}: MCO reported thresholds range from 77% to 90% of the prescription being used, with a national average of 85% of the prescription being used before a subsequent prescription could be refilled. This is consistent with FFY 2020.
- FFY 2021 reported responses show 120 MCOs (52%) utilize a system-accumulation edit as part of their ProDUR edits for preventing early prescription refills, a 3% increase from FFY 2020. Additionally, 18 MCOs (17%) plan to implement this type of edit in the future.

III. Retrospective DUR (RetroDUR)

The RetroDUR process allows MCOs to screen literature, clinical data, existing guidelines, and evaluate collected data to identify patterns of clinical concerns. Based on FFY 2021 reported responses, 76 MCOs (33%) utilize either their MCO DUR Board or their Pharmacy Benefit Manager (PBM) to review/approve RetroDUR criteria, a 5% decrease from FFY 2020. Responses also indicate 8 MCOs (3%) utilize their state's Medicaid DUR Board, a 2% decrease from FFY 2020. Additionally, 141 MCOs (62%) utilize other internal and external resources for review/approval of RetroDUR criteria, a 6% increase from FFY 2020.

IV. DUR Board Activity

DUR boards are comprised of physicians, pharmacists and members of the public. These boards on an average meet quarterly and are open to the public. Most MCOs either utilize their own DUR board or employ their state or PBM board for application, review, evaluation, and re-evaluation of DUR standards, reviews and interventions on an ongoing basis. All MCOs submitted a summary of their DUR board activities for FFY 2021 describing prospective, retrospective and educational interventions. MCO DUR board summaries can be found on [Medicaid.gov](https://www.medicare.gov) listed by state. Additionally, based on FFY 2021 reported responses, 94 MCOs (41%) reported utilization of a Medication Therapy Management (MTM) program, a professional service provided by pharmacists, a 2% increase from FFY 2020.

V. Physician Administered Drugs

Physician administered drugs are drugs, other than vaccines, that are covered outpatient drugs under section 1927(k)(2) of the Social Security Act, and are typically administered by a medical professional in a physician's office or other outpatient clinical setting. Based on FFY 2021 reported responses, 42 MCOs (18%) have incorporated physician administered drugs into DUR criteria for ProDUR, a 4% decrease from FFY 2020 and 28 MCOs (15%) plan to incorporate physician administered drugs in the future, consistent with FFY 2020 responses. Additionally, 64 MCOs (28%) have incorporated physician administered drugs into their DUR criteria for RetroDUR, a 7% increase from FFY 2020 and 43 MCOs (26%) plan to incorporate physician administered drugs in the future, a 6% decrease from FFY 2020.

⁴ Schedule II drugs, substances, or chemicals are defined as drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence.

⁵ Schedule III drugs, substances, or chemicals are defined as drugs with a moderate to low potential for physical and psychological dependence.

⁶ Schedule IV drugs, substances, or chemicals are defined as drugs with a low potential for abuse and low risk of dependence.

⁷ Schedule V drugs, substances, or chemicals are defined as drugs with lower potential for abuse than Schedule IV and consist of preparations containing limited quantities of certain narcotics.

VI. Generic Policy and Utilization Data

In an ongoing effort to reduce spending on prescription drugs, states continue to encourage the use of lower cost generic drugs. The average generic percentage utilization rate across all MCOs was 86%, consistent with FFY 2020. FFY 2021 reported responses confirm the majority of MCOs base decisions of “brand versus generic” product preferred status on net price, taking into consideration federal and supplemental rebate dollars on brand and generic drugs.

VII. Fraud, Waste and Abuse Detection

A. Lock- In or Patient Review and Restriction Programs

Lock-In or Patient Review and Restriction Programs restrict beneficiaries whose utilization of medical services is documented as being potentially unsafe, excessive, or could benefit from increased coordination of care. In some instances, beneficiaries are restricted to specific provider(s) in order to monitor services being utilized and reduce unnecessary or inappropriate utilization. Based on FFY 2021 reported responses, 228 MCOs (99%) have a documented process in place in which identifies potential fraud or misuse of controlled drugs by a beneficiary, consistent with FFY 2020. This includes 209 MCOs (91%) instituting a Lock-In program for beneficiaries with potential abuse of controlled substances, consistent with FFY 2020. Additionally, 181 MCOs (87%) restrict beneficiaries to a specific prescriber, a 2% increase from FFY 2020 and 200 MCOs (96%) restrict beneficiaries to a specific pharmacy, a 3% decrease from FFY 2020.

FFY 2021 reported responses also recognize MCOs with a process to identify possible fraudulent practices of health care providers. For example, 226 MCOs (99%) have processes in place to identify potential fraudulent practices by prescribers and 225 MCOs (98%) have processes in place to identify potential fraudulent practices by pharmacies, both consistent with FFY 2020.

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

B. Prescription Drug Monitoring Program (PDMP)

PDMPs are statewide electronic databases that collect designated data on controlled substances that are dispensed in the state. Depending on the state, prescribers and pharmacists have access to these databases to identify patients that are engaging in potential fraud or misuse of controlled substances. Based on FFY 2021 MCO reported responses:

- 85 MCOs (37%) have the ability to query the state’s PDMP database as opposed to 5 MCOs (2%) that receive PDMP data from their state upon request.
 - 40 (44%) of these 90 MCOs having the ability to directly query or receive PDMP data from their state, also have access to border state PDMP information.
 - In contrast, 139 MCOs (60%) are unable to access their states’ PDMP data in any form.
- 125 MCOs (55%) require that prescribers access the patient history in the PDMP database prior to prescribing controlled substances, a 9% increase from FFY 2020. Additionally, 71 MCOs (31%) require pharmacists to check the PDMP prior to dispensing, a 3% increase from FFY 2020.
- 157 MCOs (69%) responded that they face barriers that hinder their ability to fully access

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and utilize the PDMP database to curb fraud, waste and abuse, a 4% increase from FFY 2020. The responses largely indicate the MCOs do not have the authority to access the PDMP database or the data.

C. Opioids

Most MCOs have POS edits in place to limit the quantity dispensed of an initial opioid prescription for opioid naïve patients. Based on FFY 2021 reported responses, 172 MCOs (75%) apply this POS edit to all opioid prescriptions, and 53 MCOs (23%) apply this edit to some opioids. The median days' supply for an initial opioid prescription for an opioid naïve patient based on FFY 2021 reported responses is 7 days which includes a national range of 5 to 30 days', consistent with FFY 2020. These limitations and restrictions include both short-acting and long-acting opioid formulations depending on specific criteria. Clinical criteria, such as step therapy, may assist in avoiding the prescribing of more high potency addictive therapies. Other approaches to controlling and managing the amount of opioids dispensed include, but not limited to, prescriber intervention letters and morphine milligram equivalent (MME) daily dose programs. Requirements for obtaining high dose or large quantities of opioids may include documentation of urine drug screening results, pain management contracts or patient-provider agreements. Additionally:

- 223 MCOs (97%) have prospective edits in place to monitor duplicate therapy of opioid prescriptions, a 2% increase from FFY 2020.
- 160 MCOs (70%) have an automated retrospective claims review process to monitor opioid prescriptions exceeding state limitations, a 3% increase from FFY 2020.
- 209 MCOs (91%) have prospective edits or a retrospective claims review process to monitor opioids and benzodiazepines being used concurrently, a 1% increase from FFY 2020.
- 172 MCOs (75%) have prospective edits or a retrospective claims review process to monitor opioids and sedatives being used concurrently, a 8% increase from FFY 2020.
- 198 MCOs (86%) have prospective edits or a retrospective claims review process to monitor opioids and antipsychotics being used concurrently, a 5% increase from FFY 2020.
- 216 MCOs (94%) develop and/or provide prescribers with pain management or opioid prescribing guidelines, a 1% increase from FFY 2020.
- 124 MCOs (54%) utilize abuse deterrent opioids to prevent opioid misuse and abuse, a 2% increase from FFY 2020.

D. Morphine Milligram Equivalent (MME) Daily Dose

MME is the amount of morphine, in milligrams, equivalent to the strength of the opioid dose prescribed. Using an MME approach allows comparison between the strength of different types of opioids. A total of 226 MCOs (99%) limit maximum MME daily doses to reduce potential patient harm, abuse and/or diversion, consistent with FFY 2020.

FFY 2021 reported responses confirm that 142 MCOs (62%) provide information to their prescribers on how to calculate an MME or provides a calculator to determine a patient's specific MME daily dose, a 7% increase from FFY 2020. Additionally:

- 224 MCOs (98%) have an edit in their POS system that alerts the pharmacy provider that the MME daily dose prescribed has been exceeded, consistent with FFY 2020.
- 200 MCOs (87%) have an automated retrospective claim review process to monitor the total daily dose of MMEs for opioid prescriptions dispensed, a 2% increase from FFY 2020.

E. Opioid Use Disorder (OUD) Treatment

Naltrexone, methadone, buprenorphine and buprenorphine/naloxone combination drugs, in conjunction with behavioral health counseling, are used to treat OUD. Based on FFY 2021 reported responses, 173 MCOs (76%) have utilization controls to monitor or manage prescribing of medication-assisted treatment drugs for OUD, a 3% increase from FFY 2020. Further, FFY 2021 reported responses confirm 153 MCOs (67%) set total milligrams per day limits on the use of buprenorphine and buprenorphine/naloxone combination drugs, a 1% increase from FFY 2020.

Additionally, 175 MCOs (76%) provide at least one buprenorphine and buprenorphine/naloxone combination drug without a prior authorization requirement, a 1% increase from FFY 2020. Moreover, 173 MCOs (76%) have system edits in place to monitor opioids being used concurrently with any buprenorphine drug or any form of medication-assisted treatment (MAT), a 7% increase from FFY 2020.

Naloxone is a medication designed to rapidly reverse opioid overdose. It is an opioid antagonist and can reverse and block the effects of opioids. Naloxone is available without prior authorization in 199 MCOs (87%), a 1% increase from FFY 2020. Additionally, 196 MCOs (86%) allow pharmacists to dispense naloxone prescribed independently or by collaborative practice agreements, standing orders, or other predetermined protocols, a 3% increase from FFY 2020. Furthermore, 128 MCOs (56%) retrospectively monitor and manage appropriate use of naloxone to persons at risk of overdose, a 19% increase from FFY 2020.

F. Outpatient Treatment Programs (OTP)

Methadone is a drug that is indicated for both chronic pain and/or as part of an Opioid Treatment Program (OTP) (formerly referred to as a methadone treatment center). Due to methadone's potential opioid-related harms, CMS, in conjunction with the CDC recommend states to remove methadone for pain (outside of end of life care) from their preferred drug lists and not be considered a drug of first choice by prescribers for chronic non-cancer pain. However, the FDA has approved methadone as one of three drugs for treatment of opioid use disorder within an OTP. Based on FFY 2021 reported responses, 176 MCOs (77%) provide coverage for methadone for OUD through an OTP, a 5% increase from FFY 2020 as 53 MCOs (23%) provide no methadone coverage for OUD, a 5% decrease from FFY 2020.

G. Psychotropic Medication (for Children)

Antipsychotic Medication

Based on FFY 2021 reported responses, 184 MCOs (80%) have a program in place for managing or monitoring appropriate use of antipsychotic drugs in children, a 3% increase from FFY 2020. Additionally, 157 (85%) of these 184 MCOs manage or monitor antipsychotic medication for all children, including children in foster care, consistent with FFY 2020. Of the 45 MCOs not having a program in place for managing or monitoring appropriate use of antipsychotic drugs in children, 15 MCOs (33%) have plans to implement this program in the future.

Stimulant Medication

Based on FFY 2021 reported responses, 183 MCOs (80%) have a program in place for managing or monitoring appropriate use of stimulant drugs in children, a 4% increase from FFY 2020. Additionally, 158 (86%) of these 183 MCOs manage or monitor stimulant medication for all children, including children in foster care, a 3% decrease from FFY 2020. Of the 46 MCOs not having a program in place for managing or monitoring appropriate use of stimulant drugs in children, 13 MCOs (28%) have plans to implement this program in the future.

Antidepressant Medication

Antidepressant medication was an additional subsection added to the Psychotropic Medication section of the FFY 2021 DUR survey. According to FFY 2021 reported responses, 134 MCOs (59%) have a program in place for managing or monitoring appropriate use of antidepressant medication in children. Additionally, 105 (78%) of these 134 MCOs manage or monitor antidepressant medication for all children, including children in foster care. Of the 95 MCOs not having a program in place for managing or monitoring appropriate use of antidepressant drugs in children, 26 MCOs (27%) have plans to implement this program in the future.

Mood Stabilizer Medication

Mood Stabilizer medication was an additional subsection added to the Psychotropic Medication section of the FFY 2021 DUR survey. According to FFY 2021 reported responses, 118 MCOs (52%) have a program in place for managing or monitoring appropriate use of mood stabilizing medication in children. Additionally, 94 (80%) of these 118 MCOs manage or monitor mood stabilizer medication for all children, including children in foster care. Of the 111 MCOs not having a program in place for managing or monitoring appropriate use of mood stabilizer drugs in children, 30 MCOs (27%) have plans to implement this program in the future.

Antianxiety/Sedative Medication

Antianxiety/Sedative medication was an additional subsection added to the Psychotropic Medication section of the FFY 2021 DUR survey. According to FFY 2021 reported responses, 128 MCOs (56%) have a program in place for managing or monitoring appropriate use of antianxiety/sedative medication in children. Additionally, 101 (79%) of these 128 MCOs manage or monitor antianxiety/sedative medication for all children, including children in foster care. Of the 101 MCOs not having a program in place for managing or monitoring appropriate use of antianxiety/sedative drugs in children, 34 MCOs (34%) have plans to implement this program in the future.

VIII. Innovative Practices

Sharing of new ideas and best practices is an invaluable resource for both states and MCOs. MCO innovative practices can be found on [Medicaid.gov](https://www.Medicaid.gov) listed by state.

Additionally, FFY 2021 reported responses confirm 2 MCOs (1%) currently participate in a demonstration or have a waiver to allow for drug importation of certain drugs from Canada or other countries that are versions of FDA-approved drugs for dispensing to Medicaid beneficiaries.

IX. Executive Summary

All MCOs have submitted Executive Summaries. MCO executive summaries can be found on [Medicaid.gov](https://www.Medicaid.gov) listed by state.

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PLEASE NOTE:

This is an aggregate standalone report. 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. Individual state MCO reports, attachments, and responses throughout the report can be found on [Medicaid.gov](https://www.Medicaid.gov).

Detailed summaries, “other” explanations, and narratives, pertaining to responses in this report can be found on [Medicaid.gov](https://www.Medicaid.gov) in the MCO State Report table.

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Number of Managed Care Organizations by State

Table 1 - Number of MCOs per State

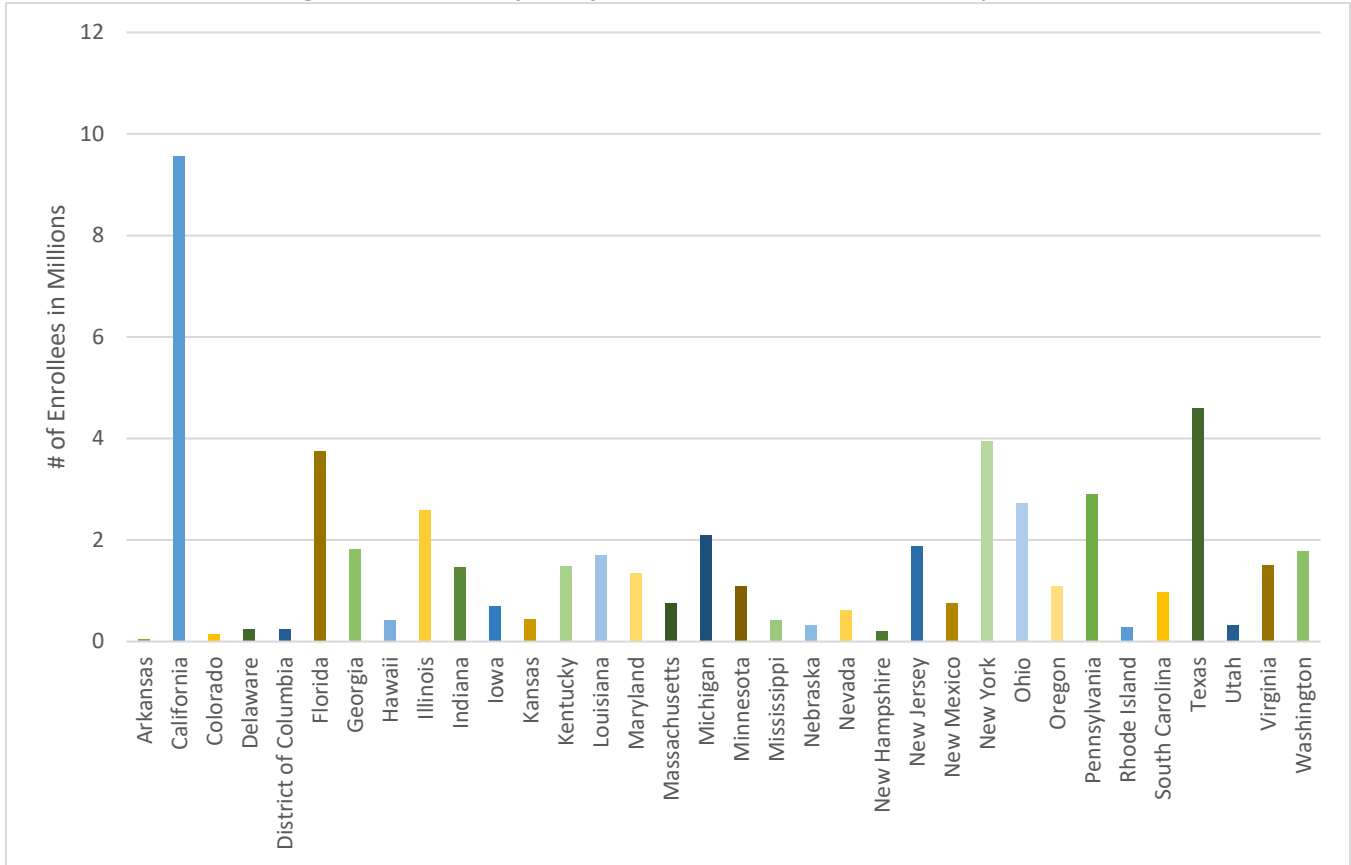
State*	Total Number of MCOs
Arkansas	3
California	26
Colorado	2
Delaware	2
District of Columbia	4
Florida	13
Georgia	4
Hawaii	6
Illinois	6
Indiana	5
Iowa	2
Kansas	3
Kentucky	6
Louisiana	5
Maryland	9
Massachusetts	5
Michigan	10
Minnesota	8
Mississippi	3
Nebraska	3
Nevada	3
New Hampshire	3
New Jersey	5
New Mexico	3
New York	16
Ohio	5
Oregon	21
Pennsylvania	8
Rhode Island	3
South Carolina	5
Texas	17
Utah	4
Virginia	6
Washington	5
Totals	229

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

Section I - 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 (Total by State)



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

State	Number of Beneficiaries Enrolled in MCO by State
Arkansas	48,427
California	9,559,299
Colorado	149,360
Delaware	242,715
District of Columbia	247,831
Florida	3,747,739
Georgia	1,819,428
Hawaii	430,484
Illinois	2,597,355
Indiana	1,461,611
Iowa	707,529
Kansas	438,912
Kentucky	1,491,062
Louisiana	1,702,872
Maryland	1,350,016
Massachusetts	767,690
Michigan	2,106,026
Minnesota	1,087,980
Mississippi	420,235
Nebraska	318,032
Nevada	620,681
New Hampshire	214,205
New Jersey	1,873,022
New Mexico	761,932
New York	3,953,501
Ohio	2,730,737
Oregon	1,092,639
Pennsylvania	2,900,517
Rhode Island	288,054
South Carolina	984,639
Texas	4,594,796
Utah	326,059
Virginia	1,506,850
Washington	1,781,508
National Totals	54,323,742

Section II - Prospective DUR (ProDUR)

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

Figure 2 - Pharmacy POS Type of Vendor

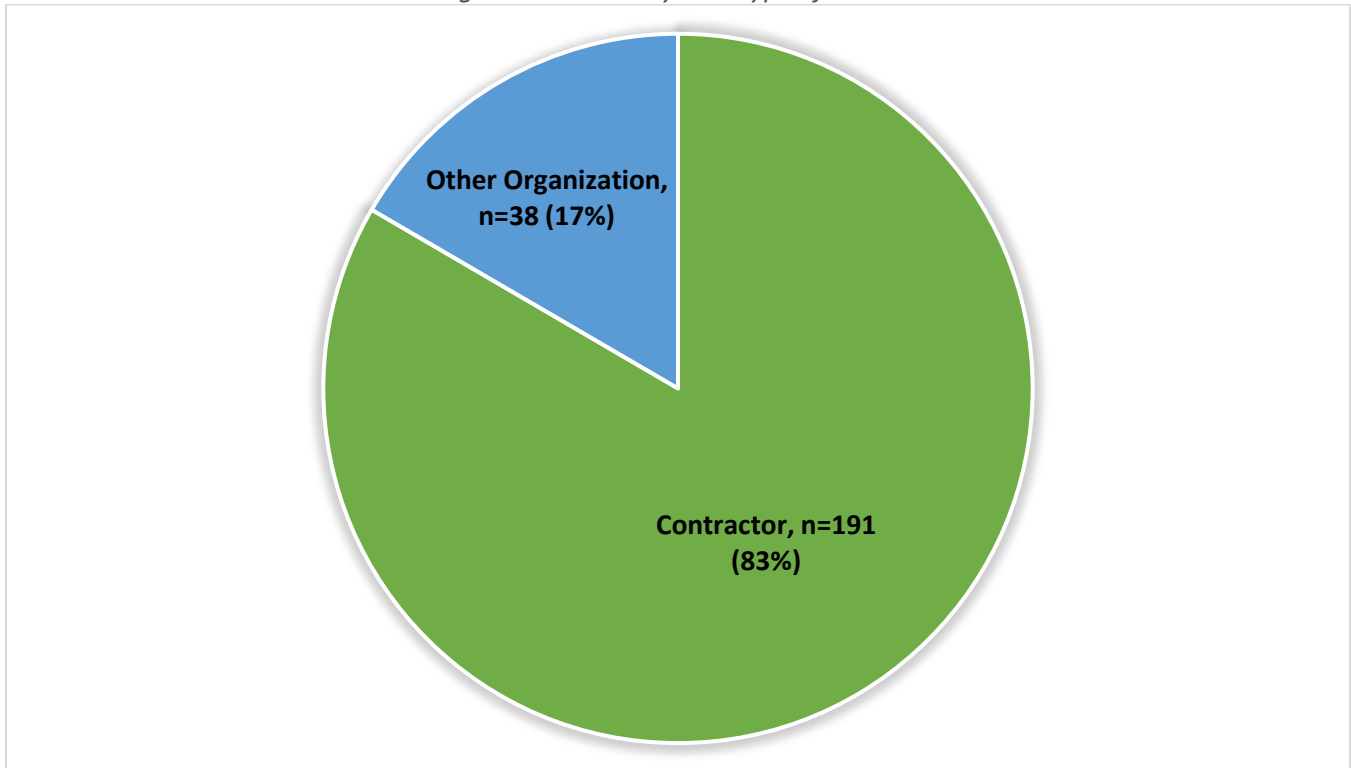


Table 3 - Pharmacy POS Type of Vendor

Response	States (Count of MCOs)	Count	Percentage
Contractor	Arkansas (2), California (23), Colorado (2), Delaware (2), District of Columbia (4), Florida (10), Georgia (2), Hawaii (5), Illinois (4), Indiana (5), Iowa (1), Kansas (2), Kentucky (5), Louisiana (3), Maryland (7), Massachusetts (5), Michigan (8), Minnesota (7), Mississippi (3), Nebraska (2), Nevada (2), New Hampshire (3), New Jersey (3), New Mexico (3), New York (13), Ohio (5), Oregon (19), Pennsylvania (7), Rhode Island (3), South Carolina (3), Texas (16), Utah (3), Virginia (5), Washington (4)	191	83.41%
Other organization	Arkansas (1), California (3), Florida (3), Georgia (2), Hawaii (1), Illinois (2), Iowa (1), Kansas (1), Kentucky (1), Louisiana (2), Maryland (2), Michigan (2), Minnesota (1), Nebraska (1), Nevada (1), New Jersey (2), New York (3), Oregon (2), Pennsylvania (1), South Carolina (2), Texas (1), Utah (1), Virginia (1), Washington (1)	38	16.59%
National Totals		229	100%

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If “Contractor” or “Other organization”, please identify by name your pharmacy POS vendor.

Table 4 - Pharmacy POS Vendor Name

Response	State (Count of MCOs)	Count	Percentage
CVS/Caremark	Arkansas (3), California (6), Delaware (1), District of Columbia (2), Florida (6), Georgia (2), Hawaii (3), Illinois (2), Indiana (2), Kansas (1), Louisiana (2), Maryland (4), Massachusetts (3), Michigan (2), Minnesota (1), Mississippi (1), Nevada (1), New Hampshire (1), New Jersey (2), New York (7), Ohio (2), Oregon (5), Pennsylvania (3), Rhode Island (2), South Carolina (2), Texas (3), Utah (2), Virginia (1), Washington (2)	74	32.31%
DST Pharmacy Solutions	California (2), Michigan (1), Oregon (1)	4	1.75%
EnvisionRx Options	Michigan (1), Virginia (1)	2	0.87%
Involve Pharmacy Solutions	Florida (1), Illinois (1), Iowa (1), Kansas (1), Nebraska (1), New Mexico (1), Ohio (1), Oregon (2), South Carolina (1)	10	4.37%
Express Scripts	Georgia (1), Indiana (1), Maryland (1), Massachusetts (1), Michigan (2), Minnesota (2), New Hampshire (1), New York (4), Ohio (1), Pennsylvania (1), Texas (1), Washington (1)	17	7.42%
Magellan Rx Management	Florida (1), Michigan (1), Virginia (1)	3	1.31%
MCO's PBM	District of Columbia (1), Iowa (1), Nevada (1), New York (1), South Carolina (1), Washington (1)	6	2.62%
MedImpact Healthcare Services, Inc.	California (9), Colorado (1), Hawaii (1), Illinois (1), Indiana (1), Kentucky (4), Maryland (1), Michigan (1), Minnesota (2), New York (1), Oregon (7)	29	12.66%
MeridianRx	Illinois (1), Michigan (1)	2	0.87%
Navitus Health Solutions	California (1), Minnesota (1), Texas (10)	12	5.24%
OptumRx	California (2), Colorado (1), Florida (1), Hawaii (1), Indiana (1), Kansas (1), Louisiana (1), Maryland (1), Massachusetts (1), Michigan (1), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (2), New Mexico (1), New York (2), Ohio (1), Oregon (4), Pennsylvania (1), Rhode Island (1), Texas (1), Virginia (2), Washington (1)	30	13.10%
PerformRx	California (3), Delaware (1), District of Columbia (1), Florida (1), New Hampshire (1), Pennsylvania (1)	8	3.49%
Prime Therapeutics, LLC	Illinois (1), Minnesota (1), New Mexico (1), Texas (1)	4	1.75%
ProcureRx	California (1), Maryland (1)	2	0.87%
Prospective Health Services (PHS) from RelayHealth	Utah (1)	1	0.44%
Providence Health Assurance Pharmacy Solutions	Oregon (2)	2	0.87%
Other	California (2), Florida (3), Georgia (1), Hawaii (1), Kentucky (2), Louisiana (2), Maryland (1), Minnesota (1), Mississippi (1), Nebraska (1), New Jersey (1), New York (1), Pennsylvania (2), South Carolina (1), Texas (1), Utah (1), Virginia (1)	23	10.04%
National Totals		229	100%

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2. Identify ProDUR table driven criteria source (multiple responses allowed).

Figure 3 - Prospective DUR Criteria Source

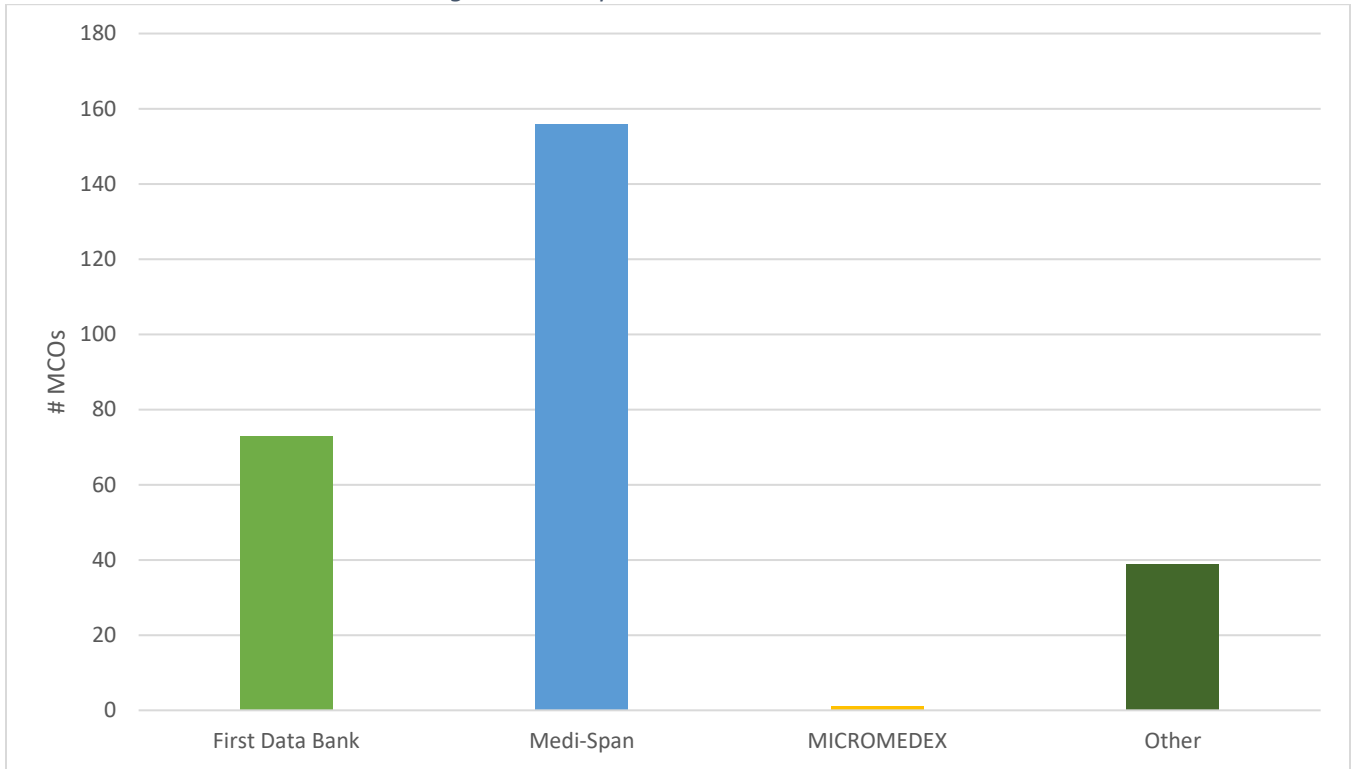


Table 5 - Prospective DUR Criteria Source

Response	States (Count of MCOs)	Count	Percentage
First Data Bank	California (16), Colorado (1), Delaware (1), Florida (3), Georgia (1), Hawaii (2), Illinois (2), Indiana (2), Iowa (1), Kentucky (6), Maryland (2), Massachusetts (1), Michigan (6), Minnesota (4), Mississippi (1), Nebraska (1), New Hampshire (1), New York (4), Ohio (2), Oregon (10), Pennsylvania (2), South Carolina (1), Texas (1), Virginia (1), Washington (1)	73	27.14%
Medi-Span	Arkansas (3), California (9), Colorado (1), Delaware (1), District of Columbia (4), Florida (11), Georgia (3), Hawaii (5), Illinois (4), Indiana (3), Iowa (1), Kansas (3), Louisiana (5), Maryland (6), Massachusetts (4), Michigan (4), Minnesota (4), Mississippi (2), Nebraska (2), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (3), New York (12), Ohio (3), Oregon (11), Pennsylvania (6), Rhode Island (3), South Carolina (4), Texas (16), Utah (4), Virginia (5), Washington (4)	156	57.99%
MICROMEDEX	California (1)	1	0.37%
Other	Arkansas (1), California (3), Delaware (1), Florida (5), Georgia (1), Hawaii (2), Illinois (1), Kansas (1), Louisiana (1), Maryland (2), Michigan (2), Mississippi (1), New Jersey (1), New York (5), Ohio (1), Pennsylvania (4), South Carolina (2), Texas (2), Utah (1), Virginia (1), Washington (1)	39	14.50%
National Totals		269	100%

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3. When the pharmacist receives a ProDUR alert message that requires a pharmacist’s review, does your system allow the pharmacist to override the alert using the National Council for Prescription Drug Program (NCPDP) drug use evaluation codes (reason for service, professional service and resolution)?

Figure 4 - ProDUR Alert Message for Pharmacist Override using NCPDP Drug Use Evaluation Codes

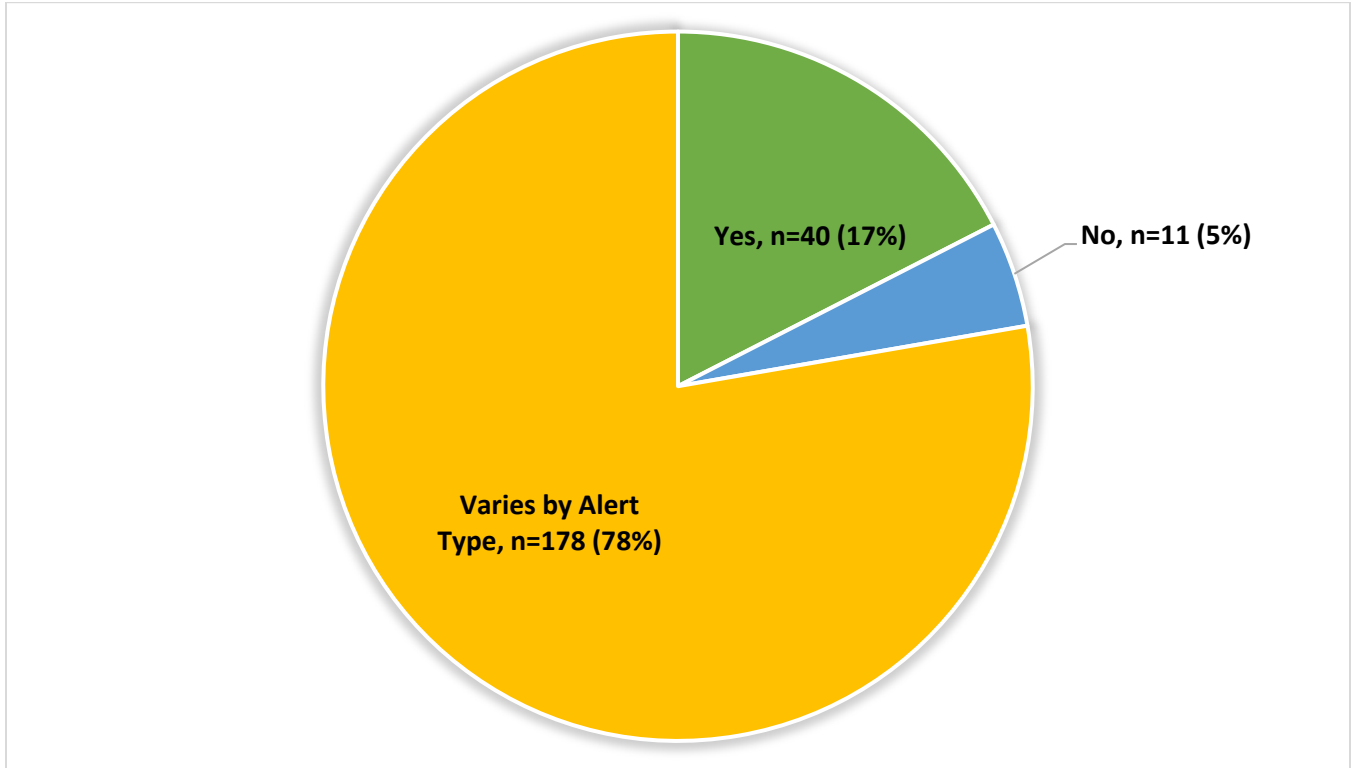


Table 6 - ProDUR Alert Message for Pharmacist Override using NCPDP Drug Use Evaluation Codes

Response	States (Count of MCOs)	Count	Percentage
Yes	California (2), District of Columbia (2), Hawaii (2), Illinois (1), Indiana (1), Kentucky (1), Louisiana (1), Maryland (1), Massachusetts (1), Michigan (1), Minnesota (1), Mississippi (1), Nebraska (1), Nevada (2), New Jersey (2), New Mexico (1), New York (3), Oregon (4), Pennsylvania (2), Rhode Island (1), South Carolina (1), Texas (3), Utah (1), Virginia (2), Washington (2)	40	17.47%
No	California (4), Delaware (1), District of Columbia (1), Iowa (2), Pennsylvania (2), Utah (1)	11	4.80%
Varies by Alert Type	Arkansas (3), California (20), Colorado (2), Delaware (1), District of Columbia (1), Florida (13), Georgia (4), Hawaii (4), Illinois (5), Indiana (4), Kansas (3), Kentucky (5), Louisiana (4), Maryland (8), Massachusetts (4), Michigan (9), Minnesota (7), Mississippi (2), Nebraska (2), Nevada (1), New Hampshire (3), New Jersey (3), New Mexico (2), New York (13), Ohio (5), Oregon (17), Pennsylvania (4), Rhode Island (2), South Carolina (4), Texas (14), Utah (2), Virginia (4), Washington (3)	178	77.73%
National Totals		229	100%

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If “Yes” or “Varies by Alert Type,” check all that apply.

Figure 5 - ProDUR Alert Types for Pharmacist Override

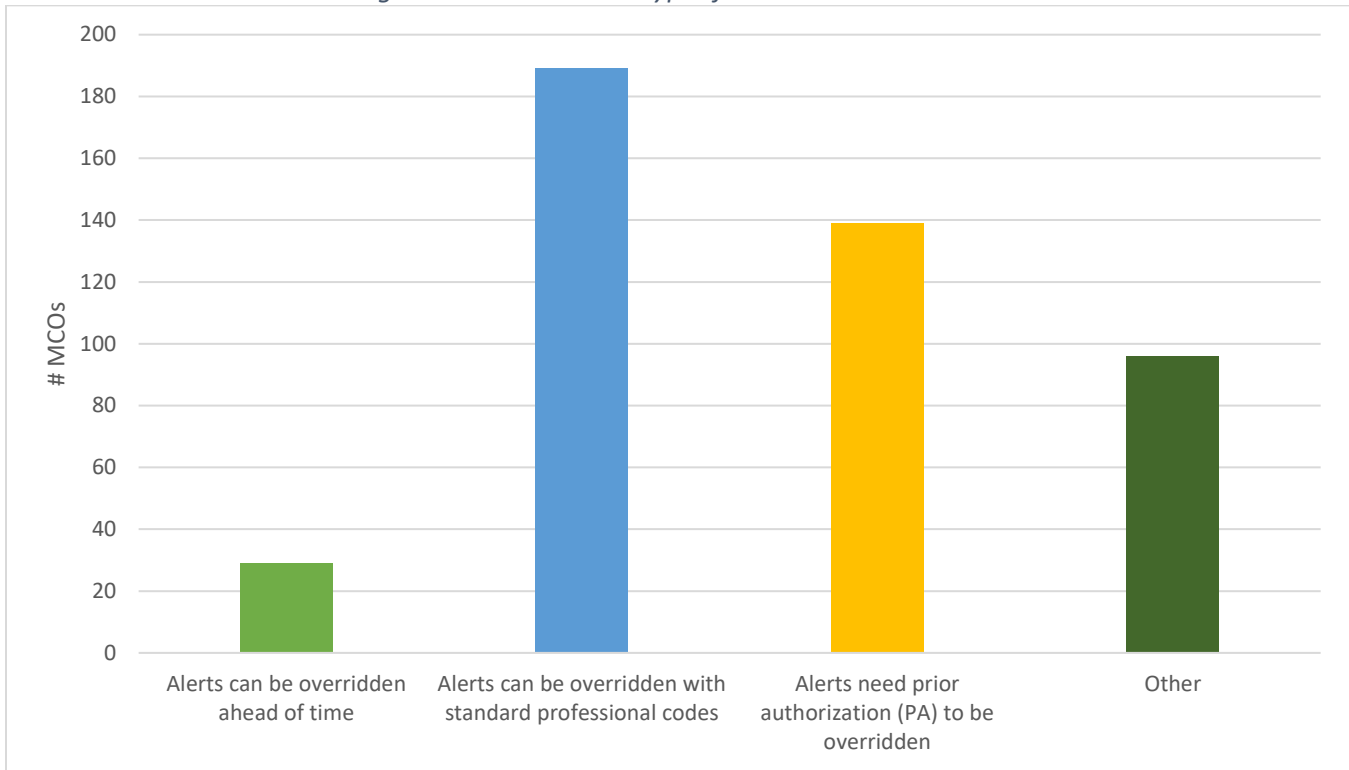


Table 7 - ProDUR Alert Types for Pharmacist Override

Response	States (Count of MCOs)	Count	Percentage
Alerts can be overridden ahead of time	Arkansas (1), California (1), Colorado (1), Florida (1), Illinois (2), Massachusetts (2), Michigan (2), Mississippi (1), New Hampshire (2), New York (3), Ohio (1), Oregon (5), South Carolina (1), Texas (1), Utah (1), Virginia (1), Washington (3)	29	6.40%
Alerts can be overridden with standard professional codes	Arkansas (2), California (22), Colorado (2), Delaware (1), District of Columbia (2), Florida (9), Georgia (4), Hawaii (4), Illinois (6), Indiana (5), Kansas (3), Kentucky (6), Louisiana (4), Maryland (6), Massachusetts (4), Michigan (9), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (4), New Mexico (3), New York (11), Ohio (4), Oregon (20), Pennsylvania (6), Rhode Island (3), South Carolina (5), Texas (12), Utah (2), Virginia (6), Washington (5)	189	41.72%
Alerts need prior authorization (PA) to be overridden	Arkansas (2), California (19), Colorado (2), Delaware (1), Florida (8), Georgia (3), Hawaii (2), Illinois (4), Indiana (4), Kansas (3), Kentucky (6), Louisiana (3), Maryland (5), Massachusetts (1), Michigan (8), Minnesota (5), Mississippi (2), Nebraska (2), Nevada (1), New Hampshire (1), New Jersey (3), New Mexico (2), New York (7), Ohio (4), Oregon (15), Pennsylvania (4), Rhode Island (2), South Carolina (4), Texas (5), Utah (2), Virginia (5), Washington (4)	139	30.68%

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Response	States (Count of MCOs)	Count	Percentage
Other	Arkansas (2), California (11), District of Columbia (1), Florida (9), Georgia (1), Hawaii (2), Illinois (2), Indiana (1), Kansas (1), Kentucky (6), Louisiana (2), Maryland (5), Massachusetts (3), Michigan (5), Minnesota (3), Nebraska (1), New Hampshire (2), New Jersey (3), New York (7), Ohio (1), Oregon (14), Pennsylvania (1), Rhode Island (1), South Carolina (1), Texas (9), Utah (1), Virginia (1)	96	21.19%
National Totals		453	100%

4. Does your MCO receive periodic reports providing individual pharmacy providers DUR alert override activity in summary and/or in detail?

Figure 6 - Receive Periodic Reports Providing Individual Pharmacy Providers DUR Alert Override Activity

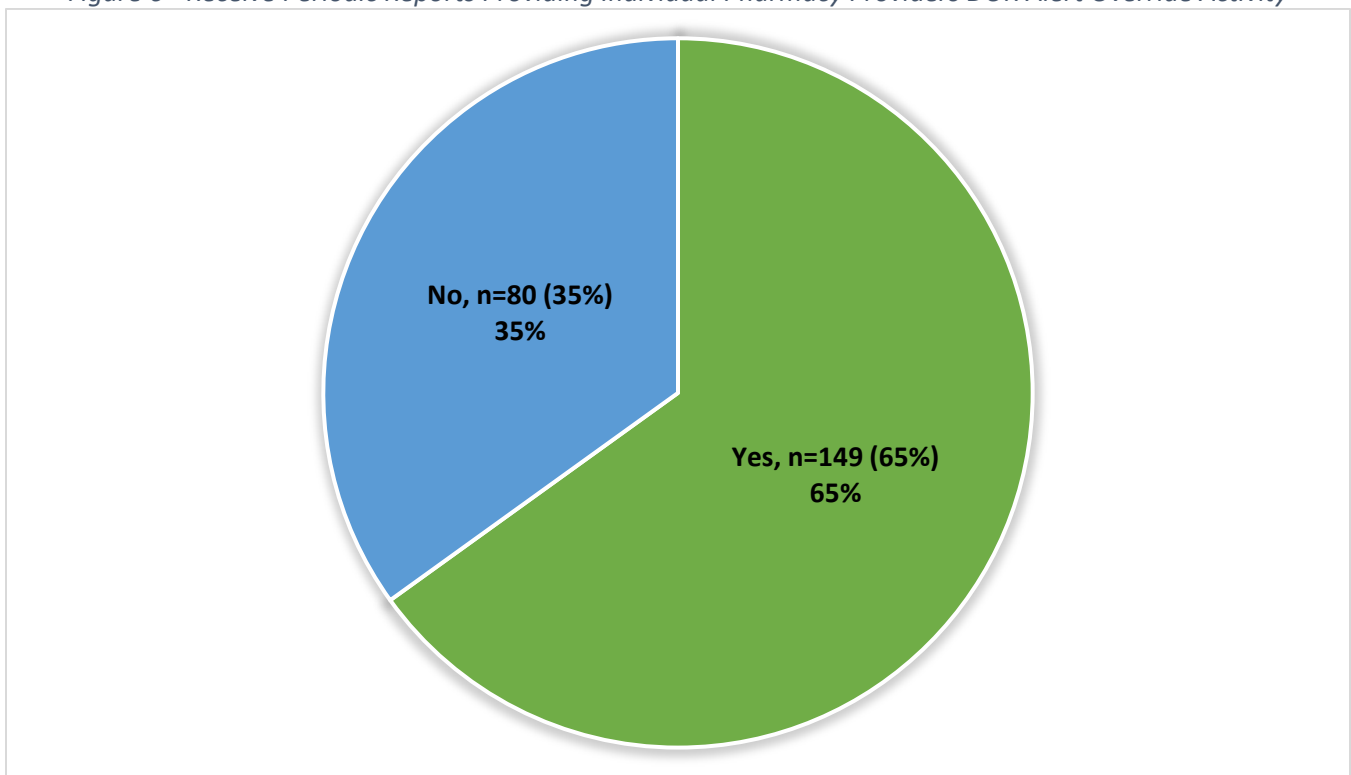


Table 8 - Receive Periodic Reports Providing Individual Pharmacy Providers DUR Alert Override Activity

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (2), California (17), Colorado (2), Delaware (1), District of Columbia (3), Florida (8), Georgia (1), Hawaii (2), Illinois (4), Indiana (5), Kansas (3), Kentucky (4), Louisiana (5), Maryland (5), Massachusetts (4), Michigan (10), Minnesota (6), Mississippi (3), Nebraska (3), Nevada (1), New Hampshire (1), New Jersey (3), New Mexico (1), New York (13), Ohio (4), Oregon (11), Pennsylvania (6), Rhode Island (3), South Carolina (1), Texas (6), Utah (2), Virginia (4), Washington (5)	149	65.07%

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Response	States (Count of MCOs)	Count	Percentage
No	Arkansas (1), California (9), Delaware (1), District of Columbia (1), Florida (5), Georgia (3), Hawaii (4), Illinois (2), Iowa (2), Kentucky (2), Maryland (4), Massachusetts (1), Minnesota (2), Nevada (2), New Hampshire (2), New Jersey (2), New Mexico (2), New York (3), Ohio (1), Oregon (10), Pennsylvania (2), South Carolina (4), Texas (11), Utah (2), Virginia (2)	80	34.93%
National Totals		229	100%

a. If “Yes,” how often does your MCO receive reports (multiple responses allowed)?

Figure 7 - Frequency of Reports Providing Individual Pharmacy Providers DUR Alert Override Activity

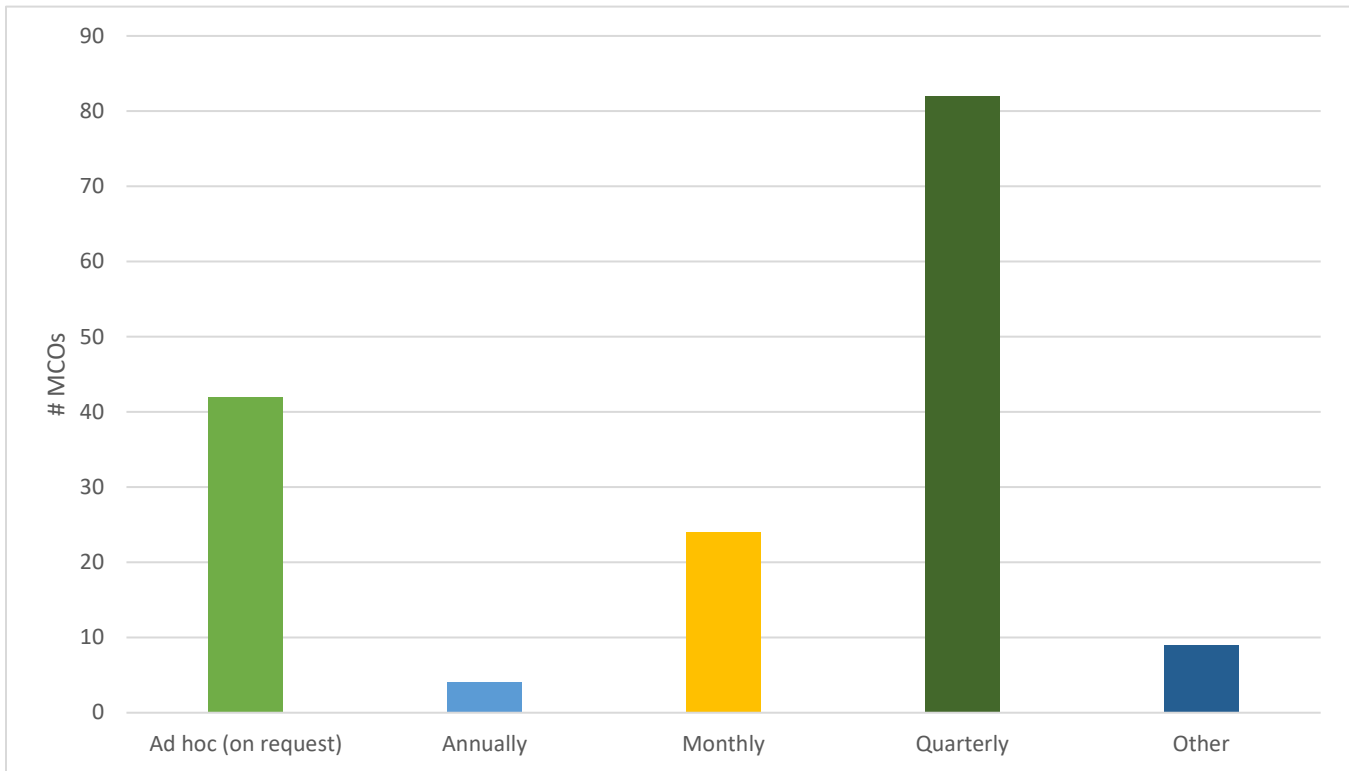


Table 9 - Frequency of Reports Providing Individual Pharmacy Providers DUR Alert Override Activity

Response	States (Count of MCOs)	Count	Percentage
Ad hoc (on request)	Arkansas (1), California (5), Colorado (1), District of Columbia (2), Florida (4), Kansas (1), Kentucky (3), Louisiana (1), Massachusetts (2), Michigan (6), Minnesota (1), New Hampshire (1), New Jersey (1), New York (6), Oregon (3), Pennsylvania (1), Texas (2), Washington (1)	42	26.09%
Annually	Minnesota (1), New York (1), Oregon (2)	4	2.48%
Monthly	Arkansas (1), California (3), Illinois (2), Indiana (1), Louisiana (4), Minnesota (1), Mississippi (1), Nebraska (2), New Mexico (1), New York (1), Oregon (2), Pennsylvania (1), Texas (1), Virginia (1), Washington (2)	24	14.91%

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Response	States (Count of MCOs)	Count	Percentage
Quarterly	California (6), Colorado (1), Delaware (1), District of Columbia (2), Florida (4), Georgia (1), Hawaii (2), Illinois (3), Indiana (4), Kansas (2), Kentucky (2), Maryland (5), Massachusetts (3), Michigan (4), Minnesota (2), Mississippi (2), Nebraska (1), Nevada (1), New Jersey (2), New York (4), Ohio (4), Oregon (8), Pennsylvania (4), Rhode Island (3), South Carolina (1), Texas (3), Utah (2), Virginia (3), Washington (2)	82	50.93%
Other	California (3), Kentucky (1), Louisiana (1), Minnesota (1), New York (2), Washington (1)	9	5.59%
National Totals		161	100%

b. If “Yes,” does your MCO follow up with those providers who routinely override with interventions?

Figure 8 - Follow up with Providers who Routinely Override with Interventions

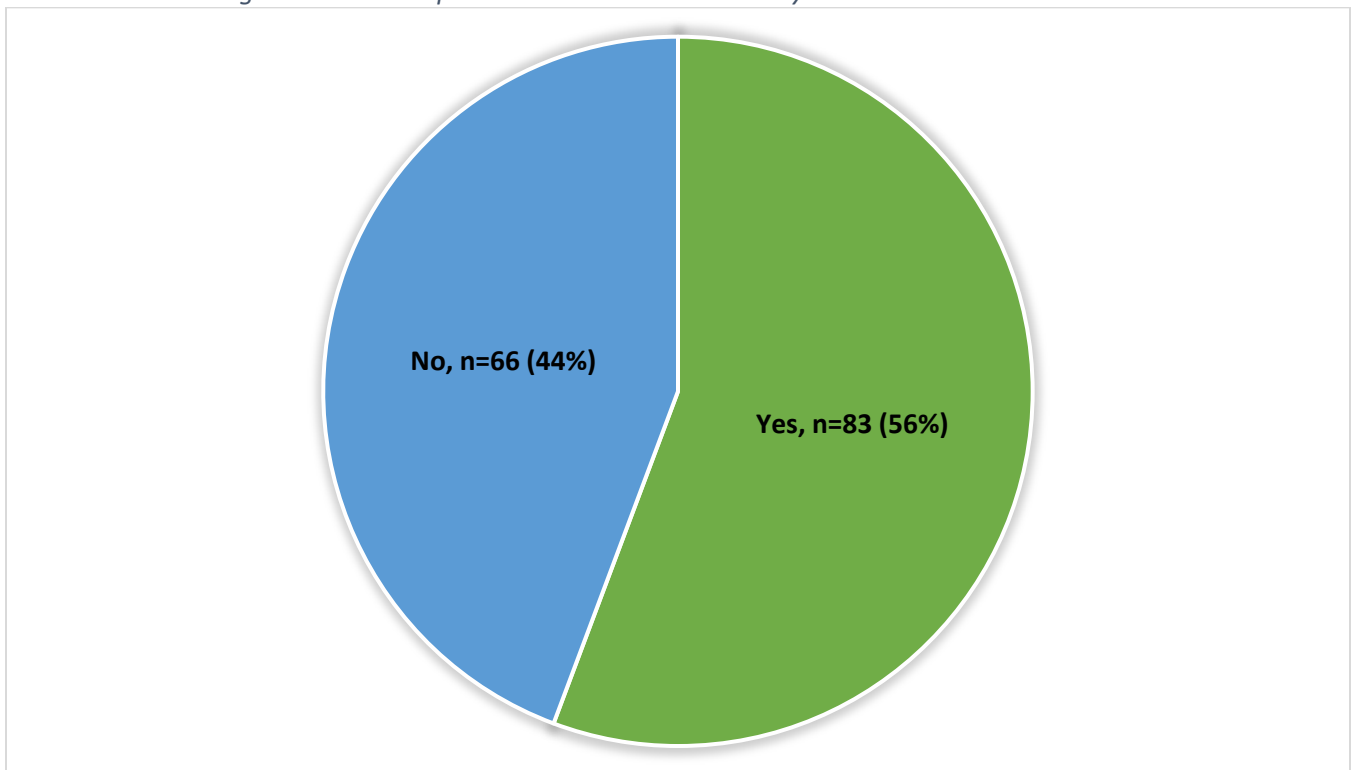


Table 10 - Follow up with Providers who Routinely Override with Interventions

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (1), California (7), Colorado (1), District of Columbia (3), Florida (3), Georgia (1), Hawaii (2), Illinois (1), Indiana (5), Kansas (2), Kentucky (1), Louisiana (2), Maryland (4), Massachusetts (3), Michigan (7), Minnesota (3), Mississippi (3), Nebraska (2), Nevada (1), New Hampshire (1), New Jersey (3), New Mexico (1), New York (5), Ohio (3), Oregon (3), Pennsylvania (2), Rhode Island (3), Texas (4), Utah (1), Virginia (2), Washington (3)	83	55.70%

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Response	States (Count of MCOs)	Count	Percentage
No	Arkansas (1), California (10), Colorado (1), Delaware (1), Florida (5), Illinois (3), Kansas (1), Kentucky (3), Louisiana (3), Maryland (1), Massachusetts (1), Michigan (3), Minnesota (3), Nebraska (1), New York (8), Ohio (1), Oregon (8), Pennsylvania (4), South Carolina (1), Texas (2), Utah (1), Virginia (2), Washington (2)	66	44.30%
National Totals		149	100%

If “Yes,” by what method does your MCO follow up (multiple responses allowed)?

Figure 9 - Follow-up Methods with Providers who Routinely Override with Interventions

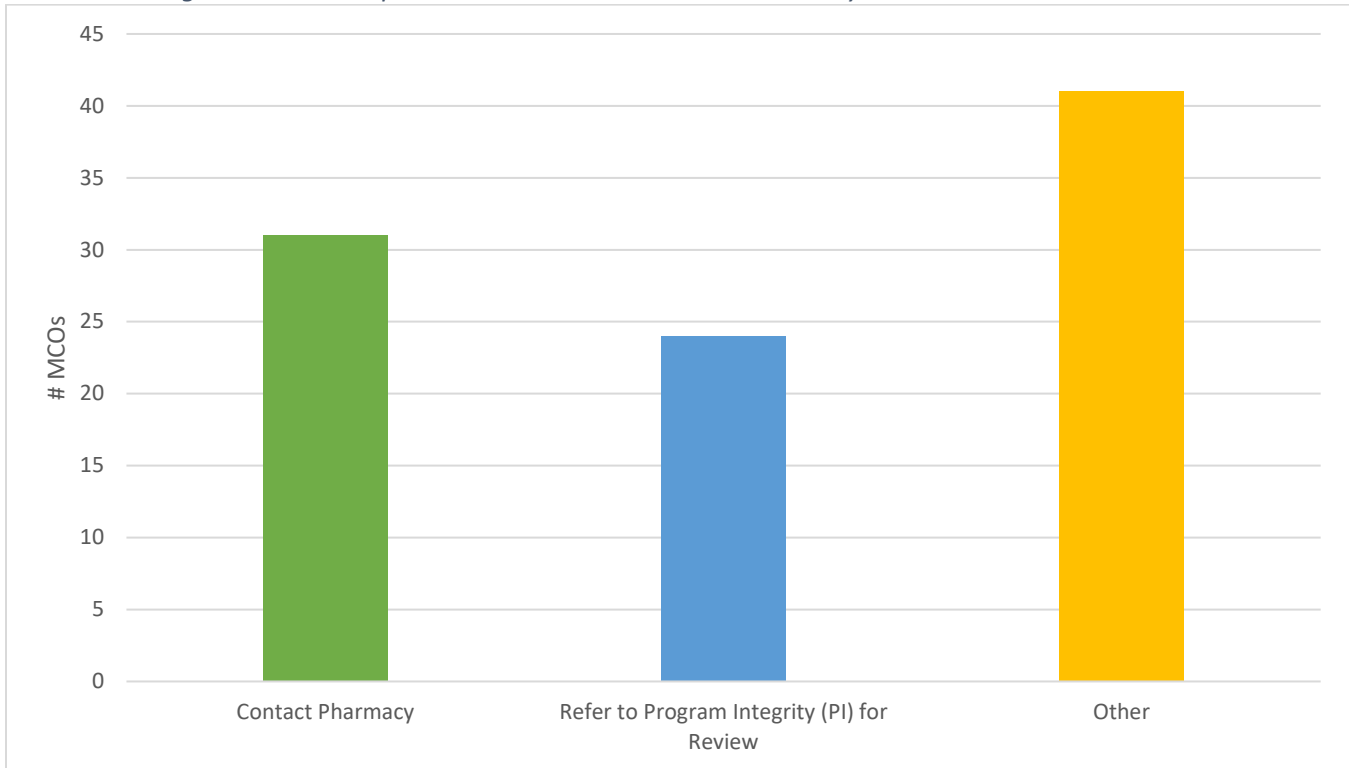


Table 11 - Follow-up Methods with Providers who Routinely Override with Interventions

Response	States (Count of MCOs)	Count	Percentage
Contact Pharmacy	California (5), District of Columbia (1), Florida (2), Hawaii (1), Kentucky (1), Maryland (3), Michigan (2), Minnesota (2), Mississippi (1), Nebraska (1), New Jersey (2), New York (4), Oregon (3), Pennsylvania (1), Rhode Island (1), Texas (1)	31	32.29%
Refer to Program Integrity (PI) for Review	Arkansas (1), California (2), District of Columbia (1), Indiana (3), Kansas (1), Louisiana (1), Massachusetts (1), Michigan (5), Mississippi (1), New Hampshire (1), New York (1), Ohio (1), Oregon (1), Rhode Island (1), Texas (1), Virginia (1), Washington (1)	24	25.00%

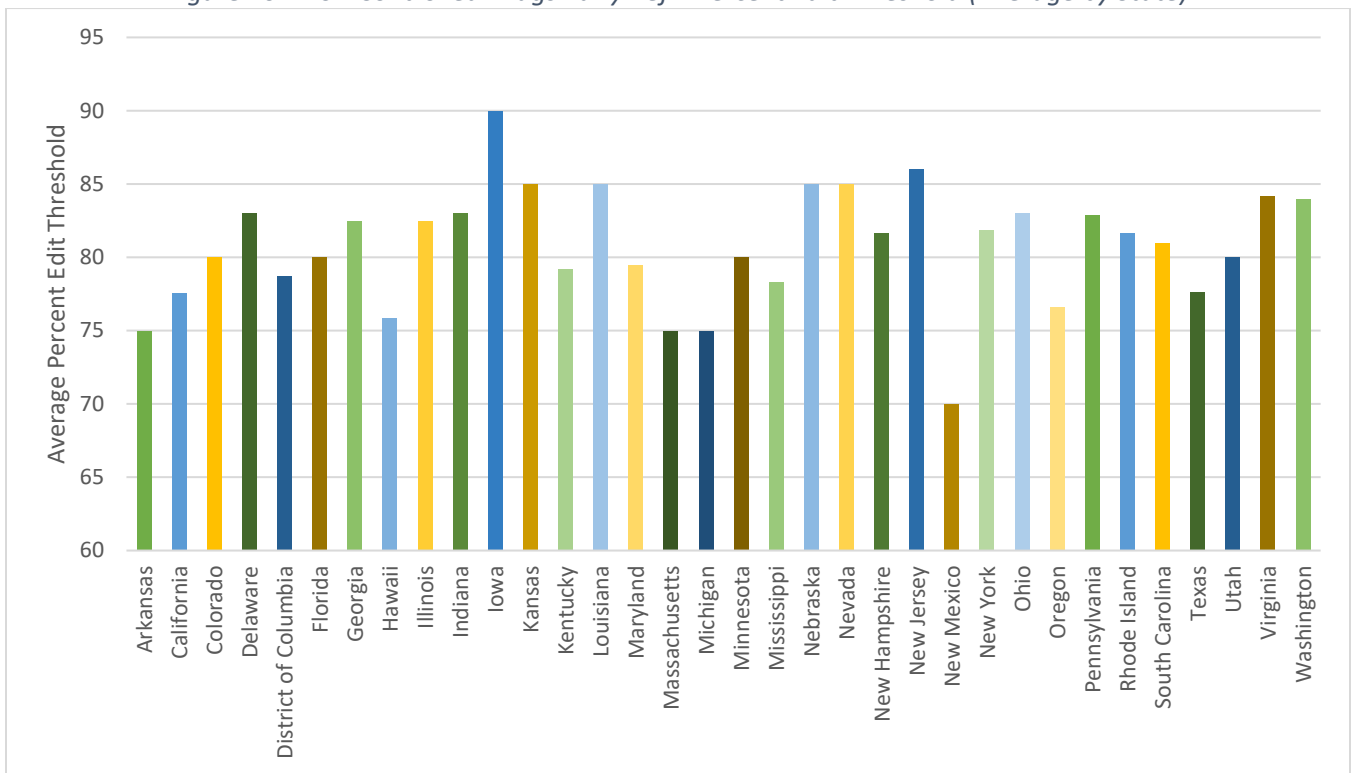
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Response	States (Count of MCOs)	Count	Percentage
Other	California (2), Colorado (1), District of Columbia (2), Florida (1), Georgia (1), Hawaii (1), Illinois (1), Indiana (2), Kansas (1), Kentucky (1), Louisiana (1), Maryland (2), Massachusetts (2), Michigan (3), Minnesota (1), Mississippi (2), Nebraska (1), Nevada (1), New Jersey (1), New Mexico (1), New York (1), Ohio (2), Pennsylvania (1), Rhode Island (2), Texas (3), Utah (1), Virginia (1), Washington (2)	41	42.71%
National Totals		96	100%

5. Early Refill

a. At what percent threshold does your MCO set your system to edit?

Figure 10 - Non-Controlled Drugs Early Refill Percent Edit Threshold (Average by State)



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

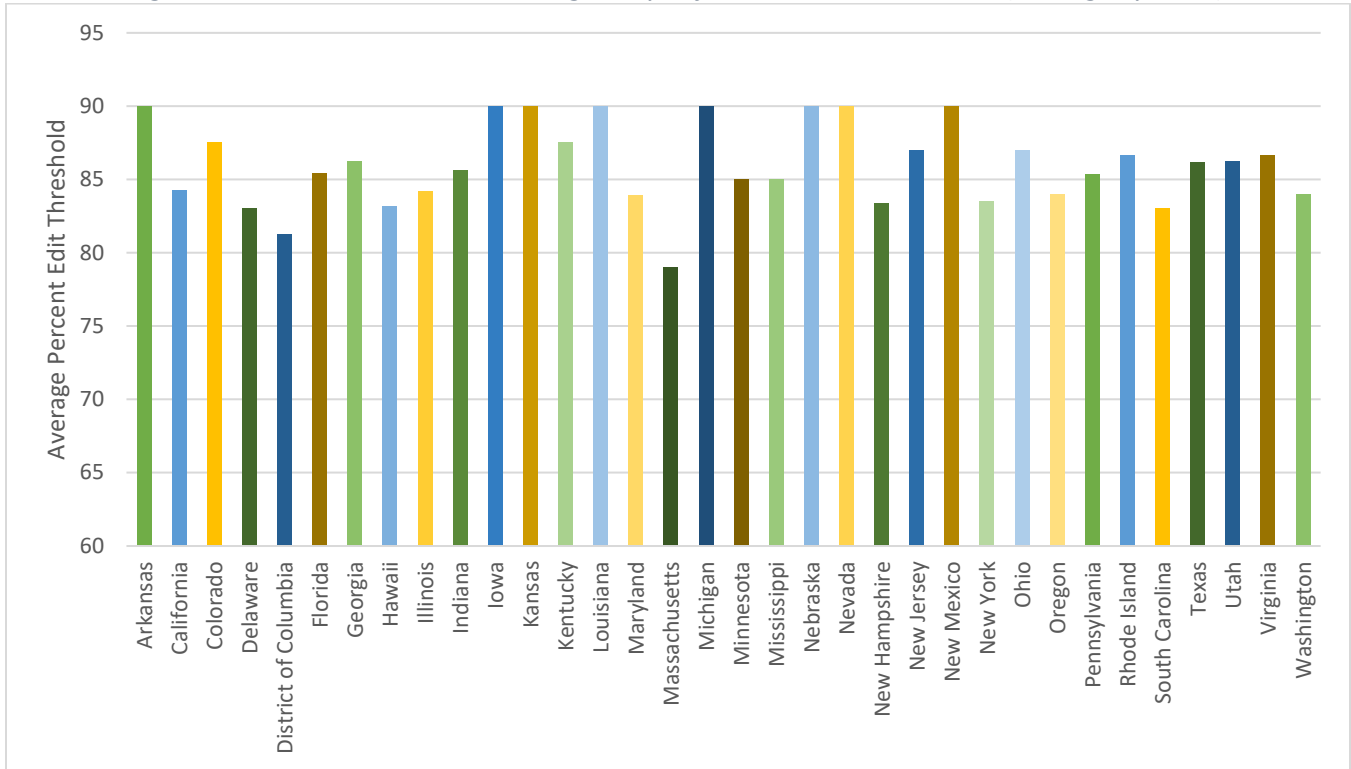
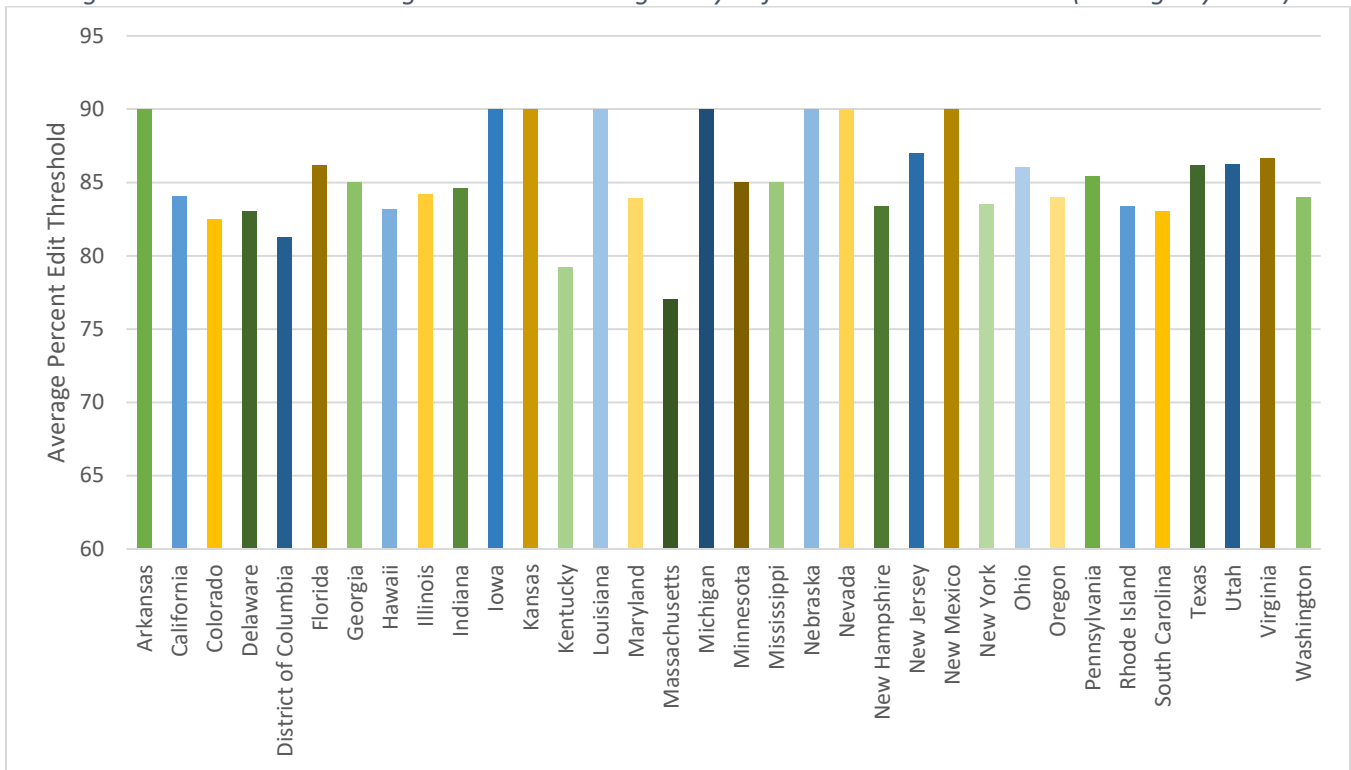


Figure 12 - Schedule III through V Controlled Drugs Early Refill Percent Edit Threshold (Average by State)



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Table 12 - Early Refill Percent Threshold for Non-controlled and Controlled Drugs (Average by State)

State	Non-controlled Drugs	Schedule II Controlled Drugs	Schedule III through V Controlled Drugs
Arkansas	75%	90%	90%
California	78%	84%	84%
Colorado	80%	88%	83%
Delaware	83%	83%	83%
District of Columbia	79%	81%	81%
Florida	80%	85%	86%
Georgia	83%	86%	85%
Hawaii	76%	83%	83%
Illinois	83%	84%	84%
Indiana	83%	86%	85%
Iowa	90%	90%	90%
Kansas	85%	90%	90%
Kentucky	79%	88%	79%
Louisiana	85%	90%	90%
Maryland	79%	84%	84%
Massachusetts	75%	79%	77%
Michigan	75%	90%	90%
Minnesota	80%	85%	85%
Mississippi	78%	85%	85%
Nebraska	85%	90%	90%
Nevada	85%	90%	90%
New Hampshire	82%	83%	83%
New Jersey	86%	87%	87%
New Mexico	70%	90%	90%
New York	82%	84%	84%
Ohio	83%	87%	86%
Oregon	77%	84%	84%
Pennsylvania	83%	85%	85%
Rhode Island	82%	87%	83%
South Carolina	81%	83%	83%
Texas	78%	86%	86%
Utah	80%	86%	86%
Virginia	84%	87%	87%
Washington	84%	84%	84%
National Average	81%	86%	85%

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

Figure 13 - Non-Controlled Drugs, Early Refill Requirement for Prior Authorization

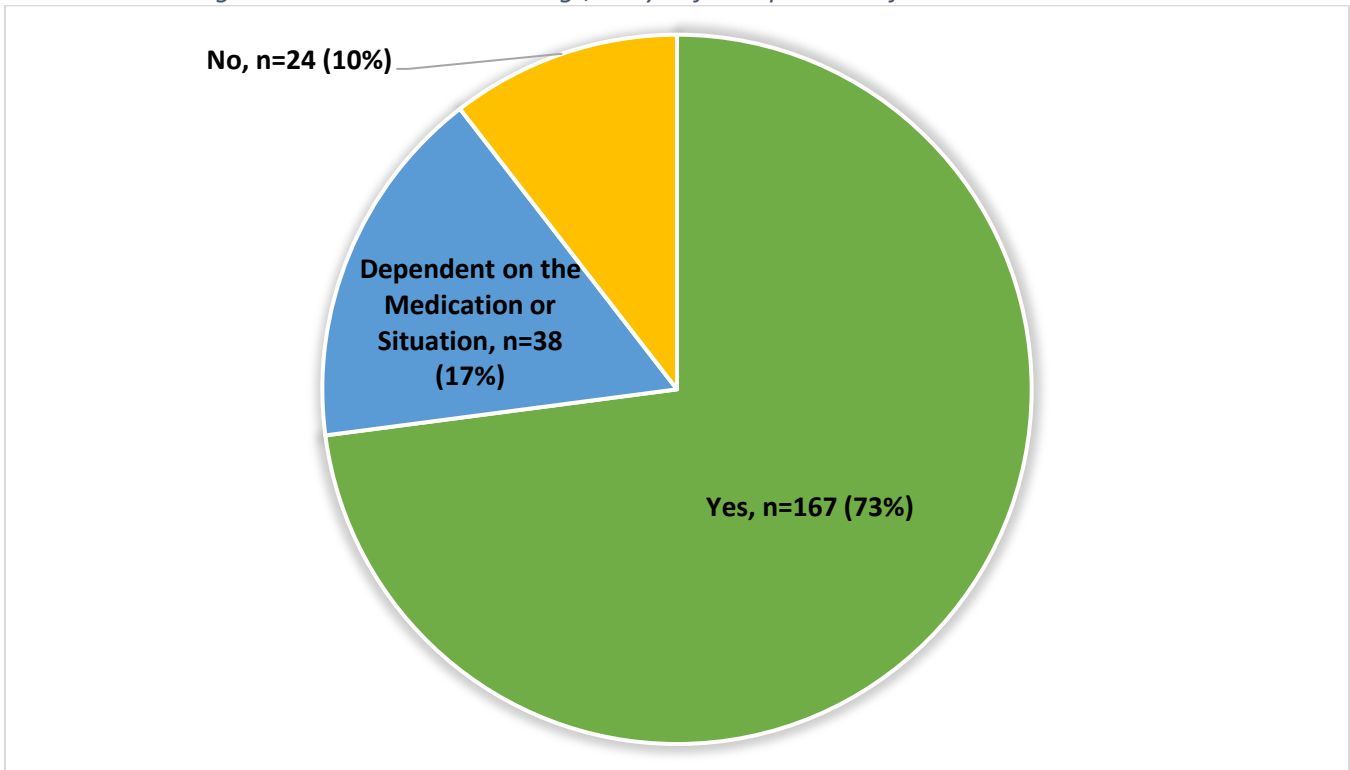


Table 13 - Non-Controlled Drugs, Early Refill Requirement for Prior Authorization

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (2), California (17), Colorado (2), Delaware (2), District of Columbia (3), Florida (10), Georgia (4), Hawaii (5), Illinois (5), Indiana (5), Iowa (2), Kansas (2), Kentucky (6), Louisiana (4), Maryland (6), Massachusetts (2), Michigan (6), Minnesota (7), Mississippi (1), Nebraska (1), Nevada (2), New Jersey (5), New Mexico (2), New York (13), Ohio (4), Oregon (16), Pennsylvania (6), Rhode Island (3), South Carolina (2), Texas (13), Utah (2), Virginia (4), Washington (3)	167	72.93%
Dependent on the medication or situation	Arkansas (1), California (5), Florida (2), Illinois (1), Kansas (1), Maryland (2), Massachusetts (2), Michigan (3), Mississippi (2), Nebraska (2), New Hampshire (2), New Mexico (1), New York (2), Ohio (1), Pennsylvania (1), South Carolina (3), Texas (3), Utah (1), Virginia (2), Washington (1)	38	16.59%
No	California (4), District of Columbia (1), Florida (1), Hawaii (1), Louisiana (1), Maryland (1), Massachusetts (1), Michigan (1), Minnesota (1), Nevada (1), New Hampshire (1), New York (1), Oregon (5), Pennsylvania (1), Texas (1), Utah (1), Washington (1)	24	10.48%
National Totals		229	100%

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If “Yes,” or “Dependent on medication or situation,” who obtains authorization?

Figure 14 - Non-Controlled Drugs Early Refill Authorization Sources

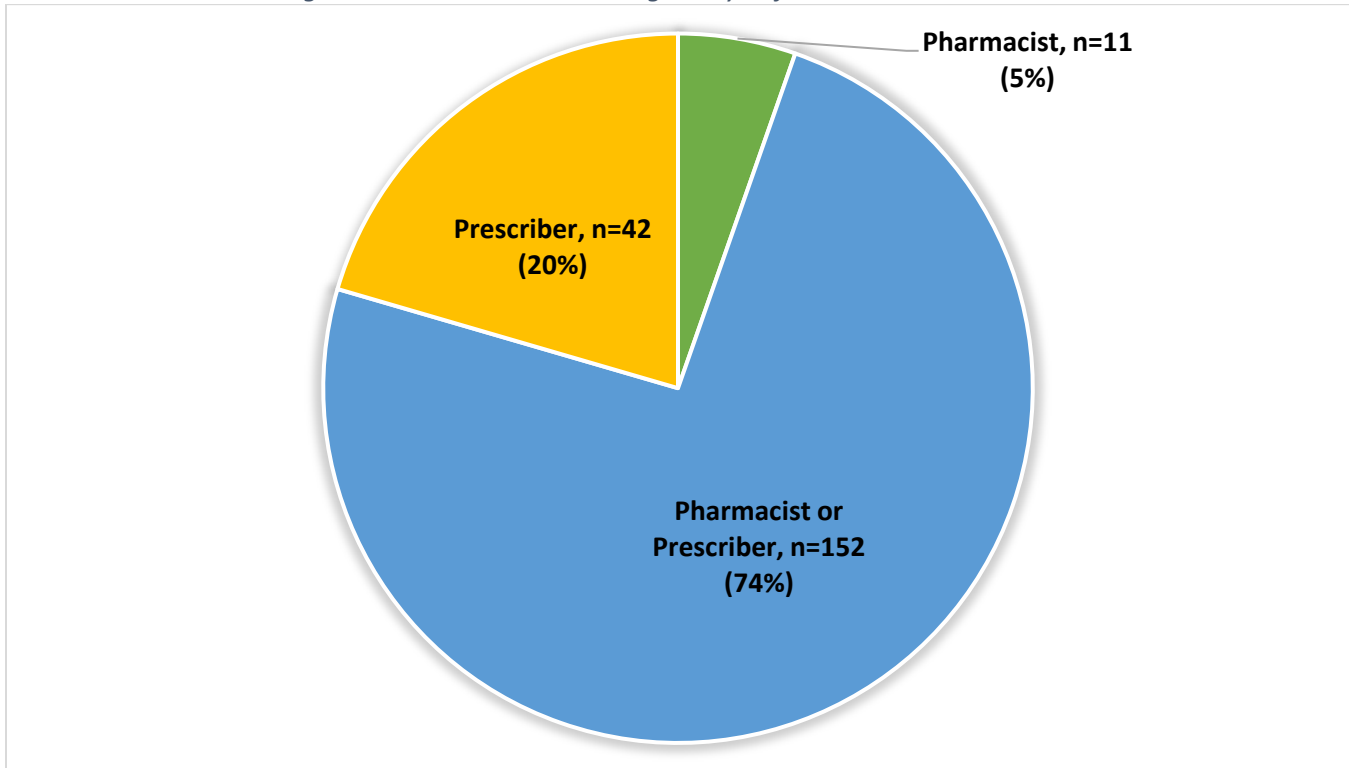


Table 14 - Non-Controlled Drugs Early Refill Authorization Sources

Response	States (Count of MCOs)	Count	Percentage
Pharmacist	District of Columbia (1), Florida (1), Maryland (1), Massachusetts (1), Minnesota (3), Nebraska (1), New York (2), South Carolina (1)	11	5.37%
Pharmacist or Prescriber	Arkansas (3), California (18), Colorado (2), Delaware (1), District of Columbia (2), Florida (7), Georgia (3), Hawaii (5), Illinois (5), Indiana (3), Kansas (1), Kentucky (6), Louisiana (2), Maryland (5), Massachusetts (3), Michigan (7), Minnesota (3), Mississippi (2), Nebraska (1), Nevada (1), New Hampshire (2), New Jersey (3), New Mexico (3), New York (9), Ohio (3), Oregon (16), Pennsylvania (4), Rhode Island (2), South Carolina (4), Texas (15), Utah (3), Virginia (4), Washington (4)	152	74.15%
Prescriber	California (4), Delaware (1), Florida (4), Georgia (1), Illinois (1), Indiana (2), Iowa (2), Kansas (2), Louisiana (2), Maryland (2), Michigan (2), Minnesota (1), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (2), New York (4), Ohio (2), Pennsylvania (3), Rhode Island (1), Texas (1), Virginia (2)	42	20.49%
National Totals		205	100%

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If “No,” can the pharmacist override at the point of service?

Figure 15 - Non-Controlled Drugs, Pharmacist May Override at Point of Service

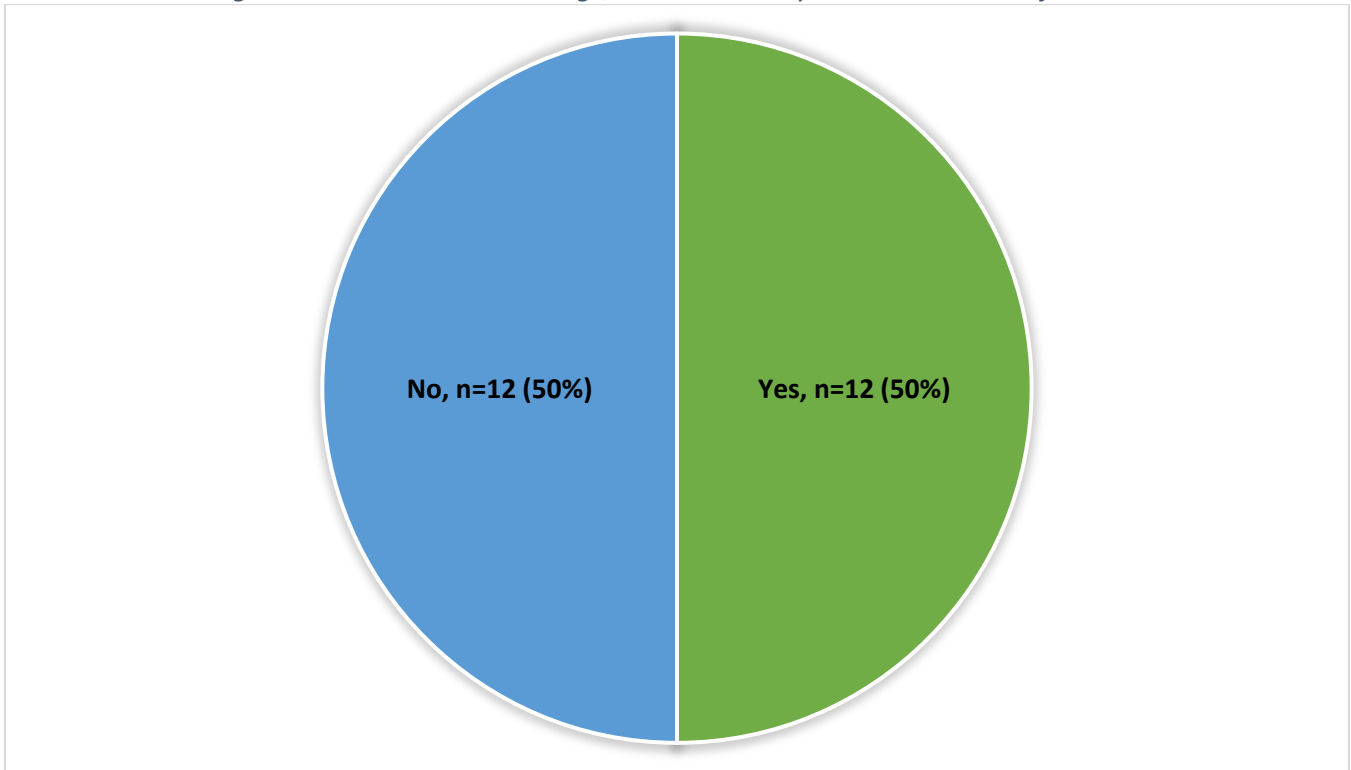


Table 15 - Non-Controlled Drugs, Pharmacist May Override at Point of Service

Response	States (Count of MCOs)	Count	Percentage
Yes	California (3), Hawaii (1), Massachusetts (1), Michigan (1), New York (1), Oregon (2), Pennsylvania (1), Texas (1), Washington (1)	12	50.00%
No	California (1), District of Columbia (1), Florida (1), Louisiana (1), Maryland (1), Minnesota (1), Nevada (1), New Hampshire (1), Oregon (3), Utah (1)	12	50.00%
National Totals		24	100%

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

Figure 16 - Controlled Drugs, Early Refill Requirement for MCO Prior Authorization

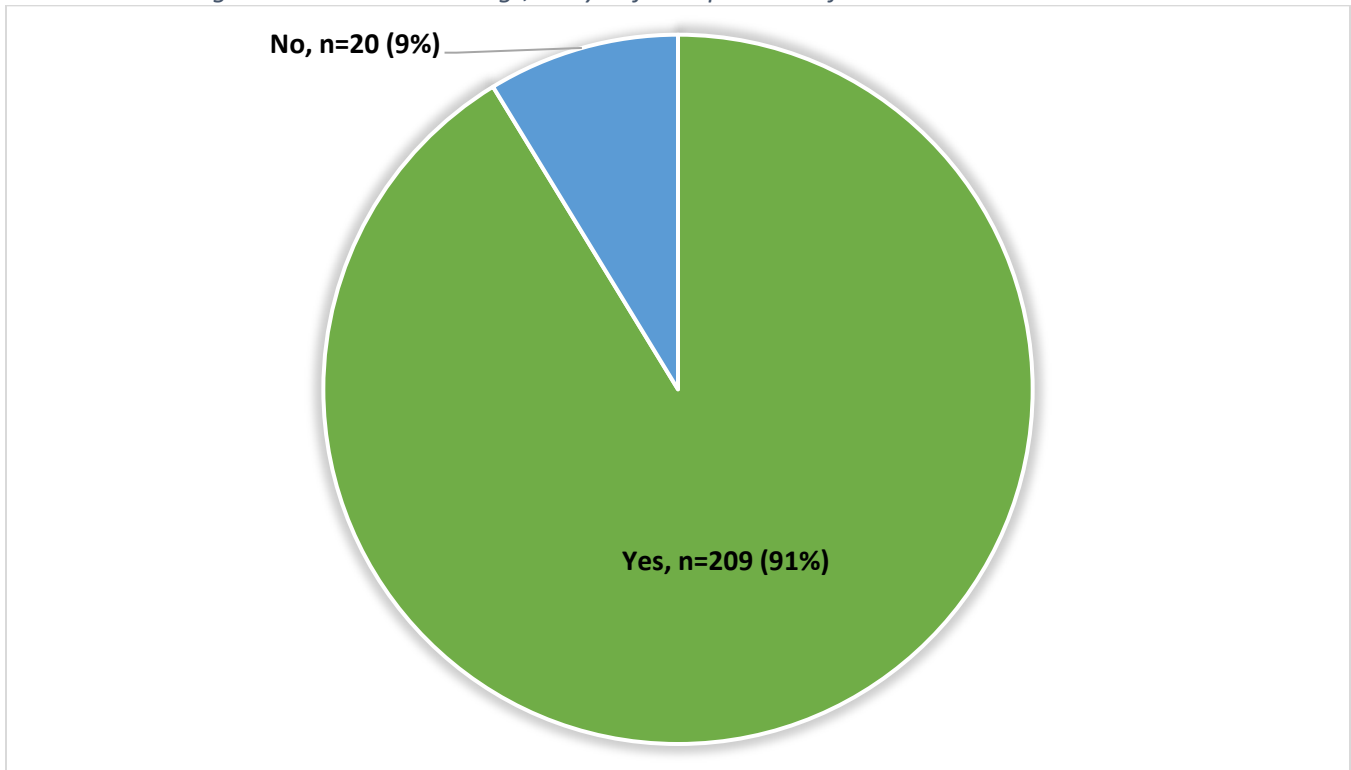


Table 16 - Controlled Drugs, Early Refill Requirement for MCO Prior Authorization

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (3), California (25), Colorado (2), Delaware (2), District of Columbia (4), Florida (13), Georgia (4), Hawaii (5), Illinois (6), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (4), Maryland (8), Massachusetts (4), Michigan (9), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (2), New Hampshire (2), New Jersey (5), New Mexico (3), New York (14), Ohio (5), Oregon (16), Pennsylvania (7), Rhode Island (3), South Carolina (5), Texas (16), Utah (3), Virginia (6), Washington (4)	209	91.27%
No	California (1), Hawaii (1), Louisiana (1), Maryland (1), Massachusetts (1), Michigan (1), Minnesota (1), Nevada (1), New Hampshire (1), New York (2), Oregon (5), Pennsylvania (1), Texas (1), Utah (1), Washington (1)	20	8.73%
National Totals		229	100%

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If “Yes,” who obtains authorization?

Figure 17 - Controlled Drugs Early Refill Authorization Source

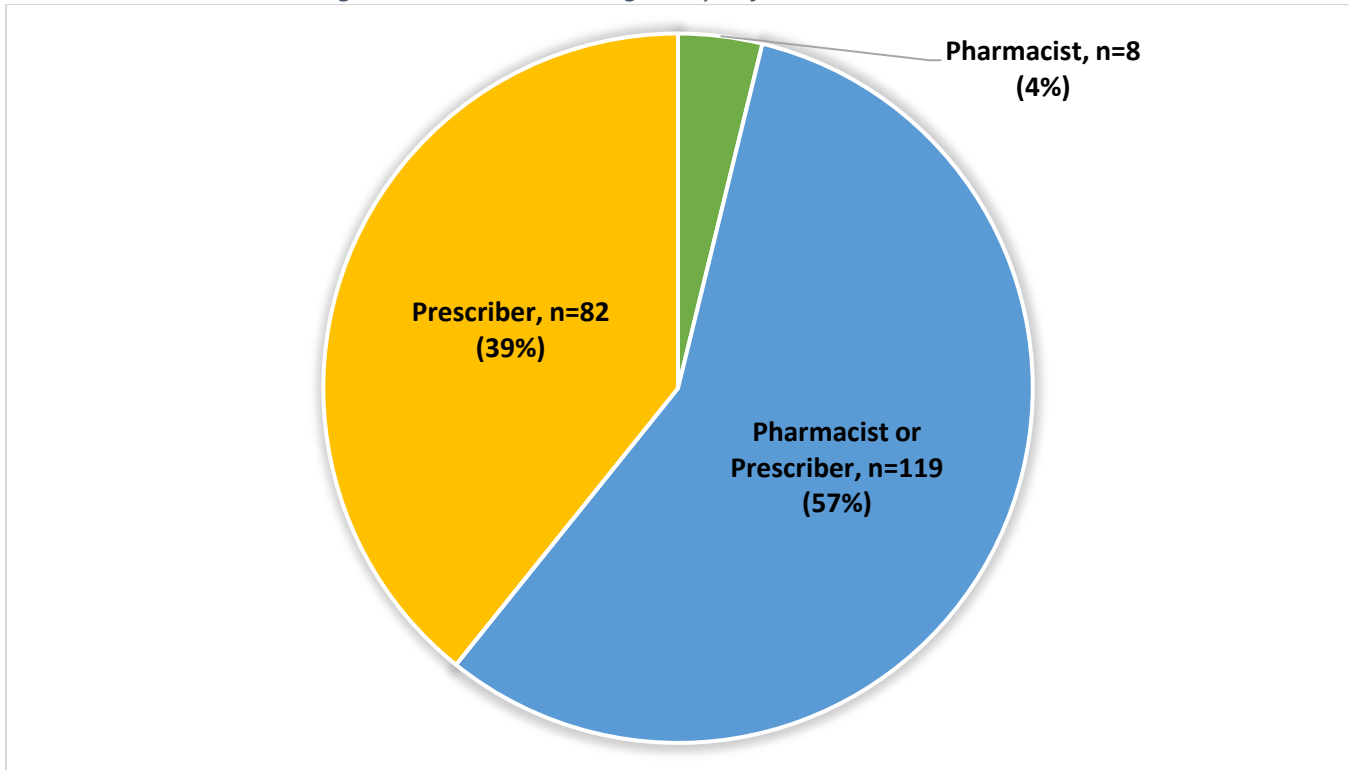


Table 17 - Controlled Drugs Early Refill Authorization Source

Response	States (Count of MCOs)	Count	Percentage
Pharmacist	Maryland (1), Minnesota (3), Nebraska (1), New York (2), South Carolina (1)	8	3.83%
Pharmacist or Prescriber	Arkansas (3), California (16), Colorado (2), District of Columbia (3), Florida (6), Georgia (2), Hawaii (4), Illinois (4), Indiana (1), Kansas (1), Louisiana (2), Maryland (3), Massachusetts (4), Michigan (3), Minnesota (2), Mississippi (2), New Hampshire (2), New Jersey (2), New Mexico (3), New York (7), Ohio (3), Oregon (14), Pennsylvania (2), Rhode Island (1), South Carolina (4), Texas (14), Utah (2), Virginia (3), Washington (4)	119	56.94%
Prescriber	California (9), Delaware (2), District of Columbia (1), Florida (7), Georgia (2), Hawaii (1), Illinois (2), Indiana (4), Iowa (2), Kansas (2), Kentucky (6), Louisiana (2), Maryland (4), Michigan (6), Minnesota (2), Mississippi (1), Nebraska (2), Nevada (2), New Jersey (3), New York (5), Ohio (2), Oregon (2), Pennsylvania (5), Rhode Island (2), Texas (2), Utah (1), Virginia (3)	82	39.23%
National Totals		209	100%

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If “No,” can the pharmacist override at the point of service?

Figure 18 - Controlled Drugs, Pharmacist May Override at Point of Service

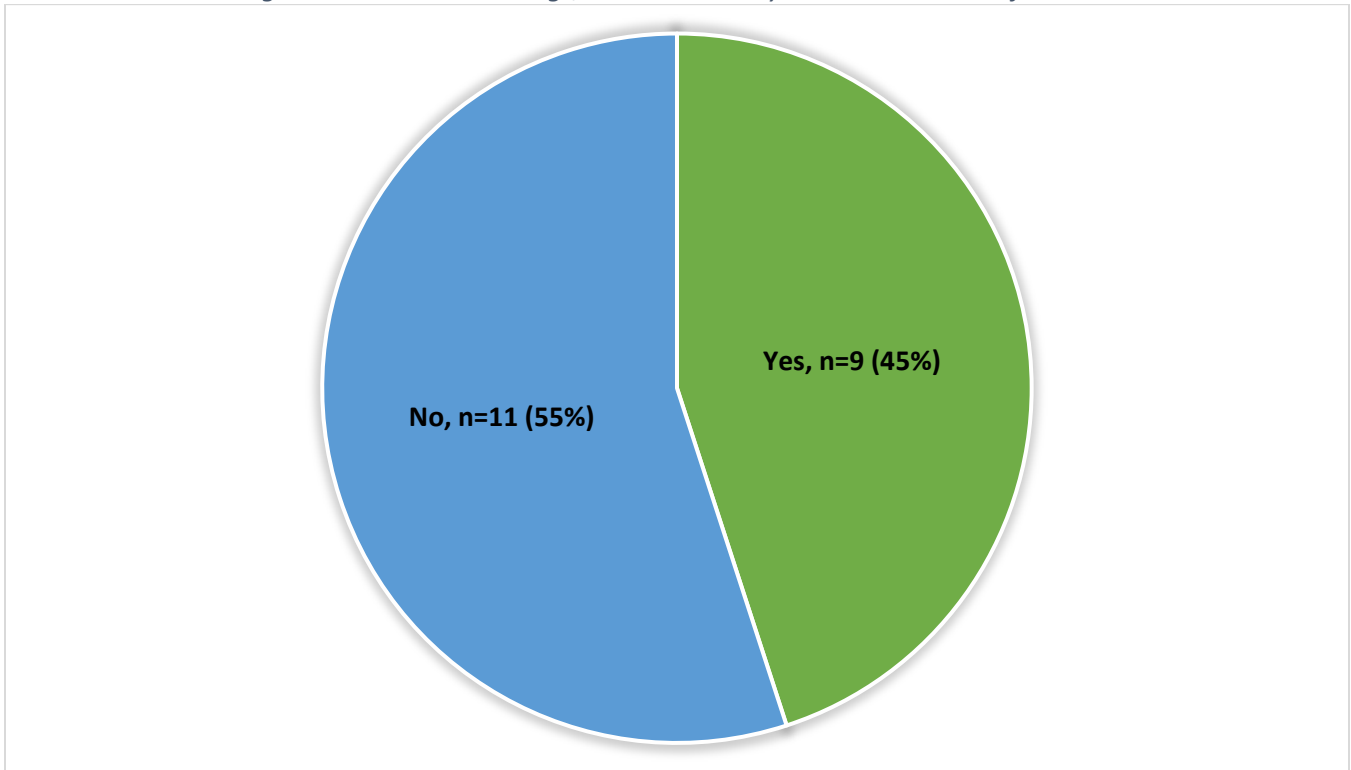


Table 18 - Controlled Drugs, Pharmacist May Override at Point of Service

Response	States (Count of MCOs)	Count	Percentage
Yes	California (1), Hawaii (1), Massachusetts (1), Michigan (1), New York (1), Oregon (2), Pennsylvania (1), Washington (1)	9	45.00%
No	Louisiana (1), Maryland (1), Minnesota (1), Nevada (1), New Hampshire (1), New York (1), Oregon (3), Texas (1), Utah (1)	11	55.00%
National Totals		20	100%

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6. When the pharmacist receives an early refill DUR alert message that requires the pharmacist’s review, does your policy allow the pharmacist to override for situations such as (multiple responses allowed):

Figure 19 - Allow Pharmacist Overrides for an Early Refill

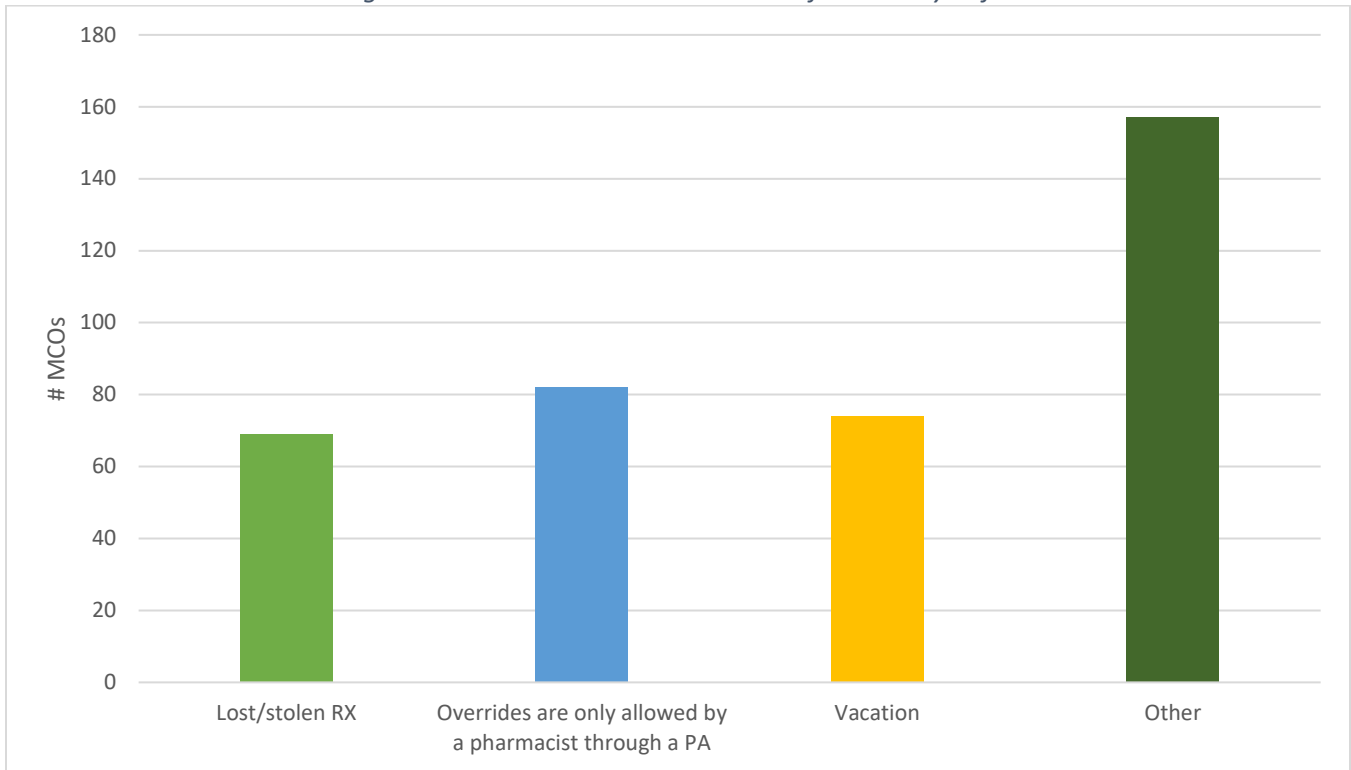


Table 19 - Allow Pharmacist Overrides for an Early Refill

Response	States (Count of MCOs)	Count	Percentage
Lost/stolen RX	Arkansas (1), California (12), Delaware (1), District of Columbia (2), Florida (5), Georgia (1), Hawaii (1), Illinois (2), Indiana (2), Maryland (2), Massachusetts (2), Michigan (3), Minnesota (2), Mississippi (1), Nebraska (1), New Hampshire (2), New York (1), Ohio (2), Oregon (12), Pennsylvania (3), Rhode Island (1), South Carolina (2), Texas (2), Utah (2), Virginia (2), Washington (2)	69	18.06%
Overrides are only allowed by a pharmacist through a PA	Arkansas (1), California (7), Colorado (2), District of Columbia (2), Florida (5), Georgia (1), Hawaii (3), Illinois (3), Indiana (2), Kansas (2), Kentucky (6), Louisiana (2), Maryland (3), Massachusetts (1), Michigan (4), Minnesota (4), Mississippi (2), Nebraska (1), New Jersey (3), New Mexico (2), New York (4), Ohio (3), Oregon (10), Pennsylvania (1), Rhode Island (1), Texas (1), Virginia (5), Washington (1)	82	21.47%
Vacation	Arkansas (1), California (12), Delaware (1), District of Columbia (2), Florida (6), Georgia (1), Hawaii (1), Illinois (2), Indiana (2), Kansas (1), Maryland (3), Massachusetts (3), Michigan (4), Minnesota (2), Mississippi (1), Nebraska (1), New Hampshire (2), New Jersey (1), New York (1), Ohio (2), Oregon (10), Pennsylvania (3), Rhode Island (1), South Carolina (2), Texas (3), Utah (2), Virginia (2), Washington (2)	74	19.37%

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Response	States (Count of MCOs)	Count	Percentage
Other	Arkansas (3), California (12), Colorado (1), Delaware (2), District of Columbia (3), Florida (8), Georgia (3), Hawaii (3), Illinois (4), Indiana (3), Iowa (2), Kansas (2), Louisiana (3), Maryland (6), Massachusetts (3), Michigan (7), Minnesota (6), Mississippi (2), Nebraska (2), Nevada (3), New Hampshire (3), New Jersey (1), New Mexico (2), New York (13), Ohio (3), Oregon (18), Pennsylvania (7), Rhode Island (3), South Carolina (4), Texas (16), Utah (3), Virginia (2), Washington (4)	157	41.10%
National Totals		382	100%

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

Figure 20 - System Accumulation Edit for Prevention of Early Prescription Filling

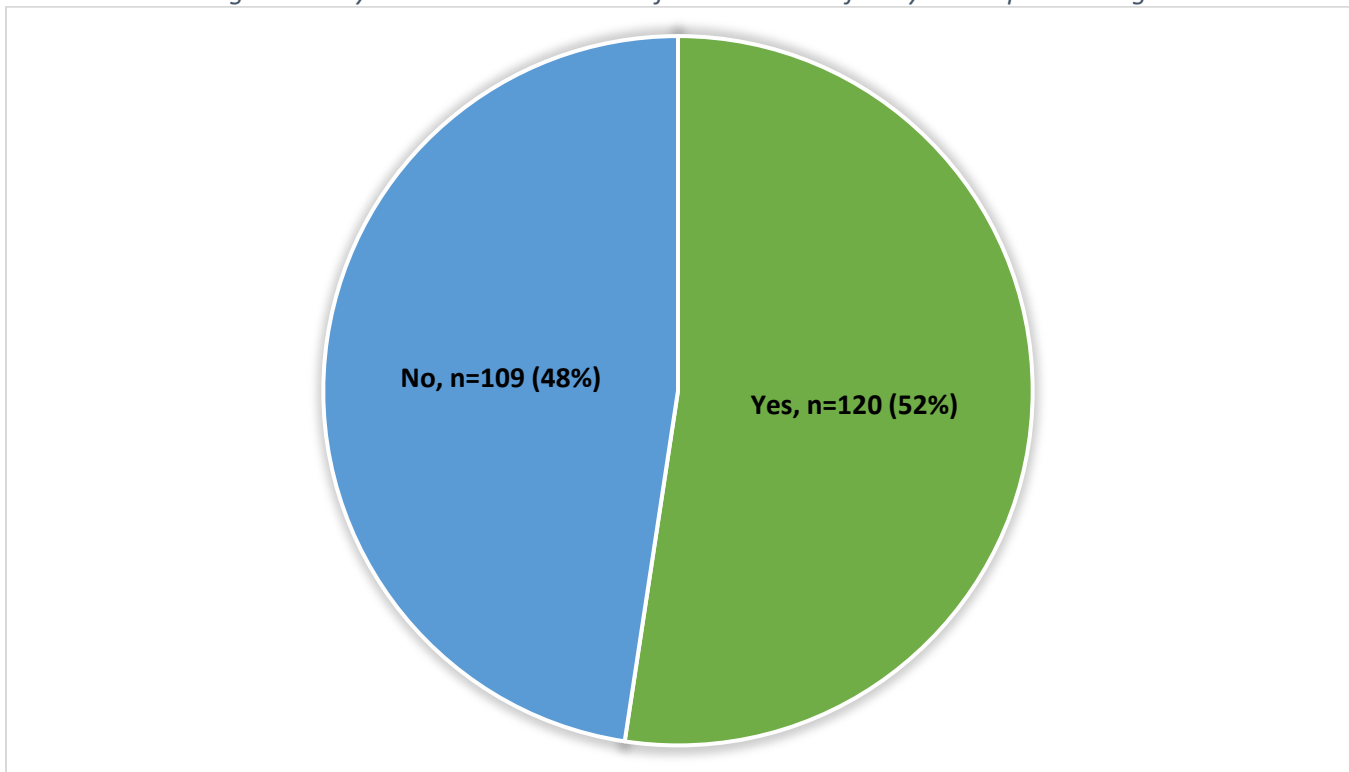


Table 20 - System Accumulation Edit for Prevention of Early Prescription Filling

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (2), California (6), District of Columbia (4), Florida (10), Georgia (3), Hawaii (3), Illinois (6), Indiana (2), Kansas (1), Kentucky (6), Louisiana (2), Maryland (6), Massachusetts (2), Michigan (3), Minnesota (4), Mississippi (2), Nebraska (1), Nevada (2), New Hampshire (1), New Jersey (4), New Mexico (2), New York (11), Ohio (3), Oregon (13), Pennsylvania (4), Rhode Island (1), South Carolina (3), Texas (4), Utah (2), Virginia (3), Washington (4)	120	52.40%

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Response	States (Count of MCOs)	Count	Percentage
No	Arkansas (1), California (20), Colorado (2), Delaware (2), Florida (3), Georgia (1), Hawaii (3), Indiana (3), Iowa (2), Kansas (2), Louisiana (3), Maryland (3), Massachusetts (3), Michigan (7), Minnesota (4), Mississippi (1), Nebraska (2), Nevada (1), New Hampshire (2), New Jersey (1), New Mexico (1), New York (5), Ohio (2), Oregon (8), Pennsylvania (4), Rhode Island (2), South Carolina (2), Texas (13), Utah (2), Virginia (3), Washington (1)	109	47.60%
National Totals		229	100%

If “Yes”, please explain your edits.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

If “No,” does your MCO plan to implement this edit?

Figure 21 - Plans to Implement a System Accumulation Edit

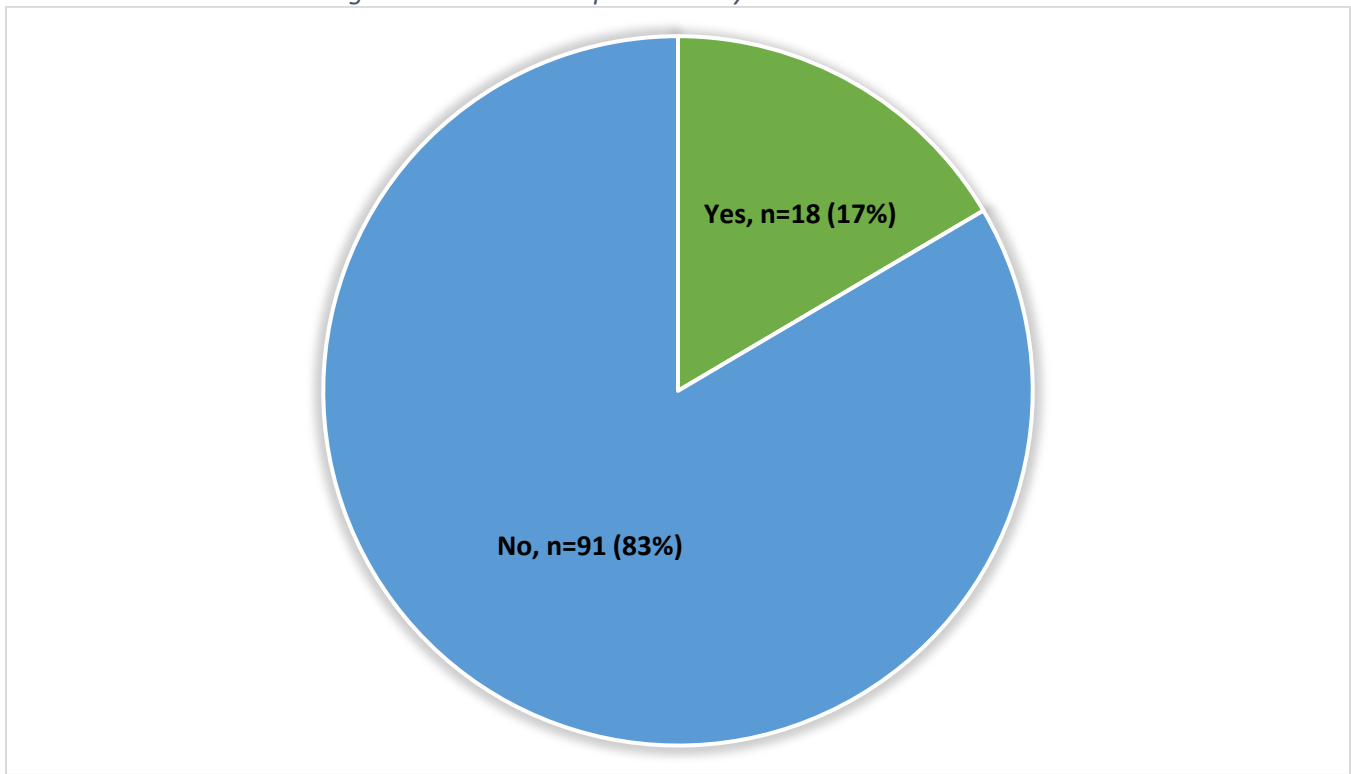


Table 21 - Plans to Implement a System Accumulation Edit

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (1), California (1), Georgia (1), Indiana (1), Iowa (2), Massachusetts (1), Minnesota (1), New Hampshire (2), New York (2), Ohio (1), Oregon (1), South Carolina (1), Texas (1), Virginia (2)	18	16.51%

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Response	States (Count of MCOs)	Count	Percentage
No	California (19), Colorado (2), Delaware (2), Florida (3), Hawaii (3), Indiana (2), Kansas (2), Louisiana (3), Maryland (3), Massachusetts (2), Michigan (7), Minnesota (3), Mississippi (1), Nebraska (2), Nevada (1), New Jersey (1), New Mexico (1), New York (3), Ohio (1), Oregon (7), Pennsylvania (4), Rhode Island (2), South Carolina (1), Texas (12), Utah (2), Virginia (1), Washington (1)	91	83.49%
National Totals		109	100%

8. Does your 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 22 - MCO Policy Prohibiting Auto-Refill at the POS

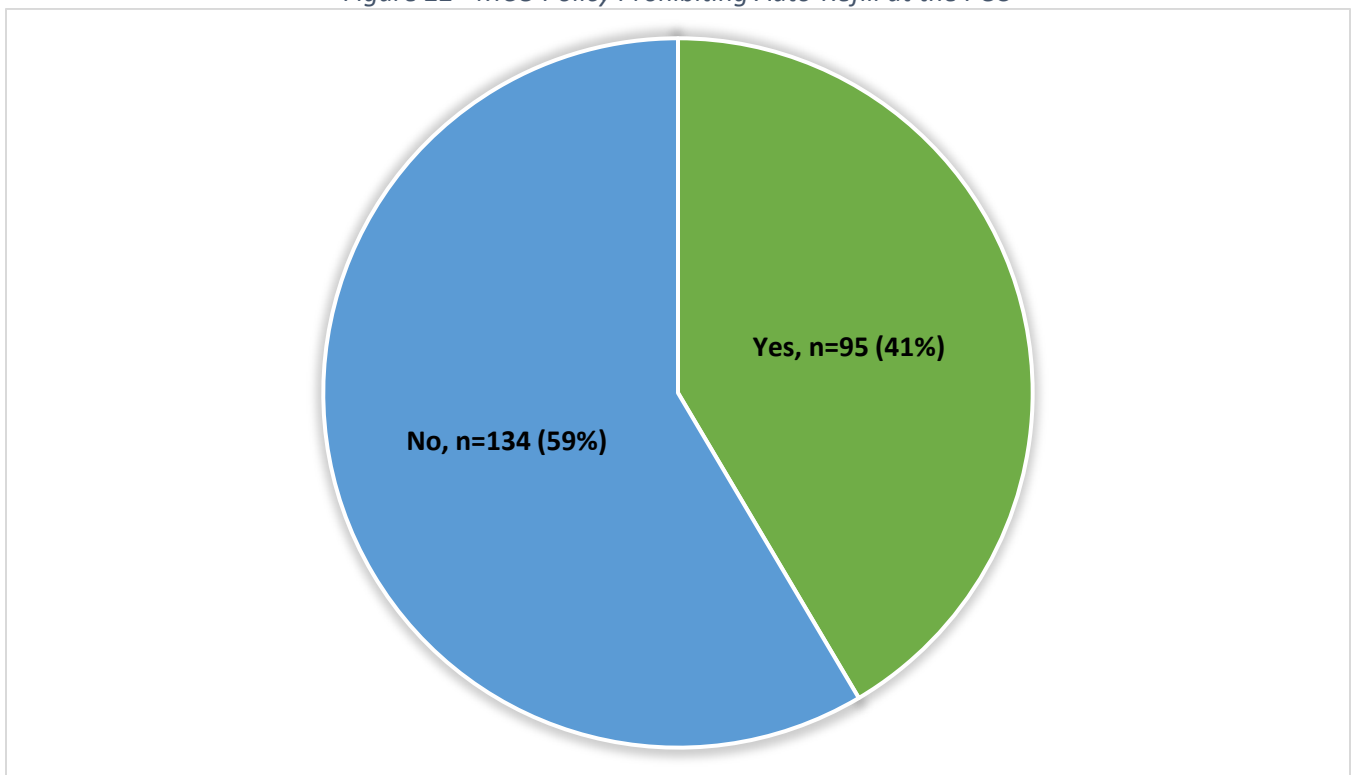


Table 22 - MCO Policy Prohibiting Auto-Refill at the POS

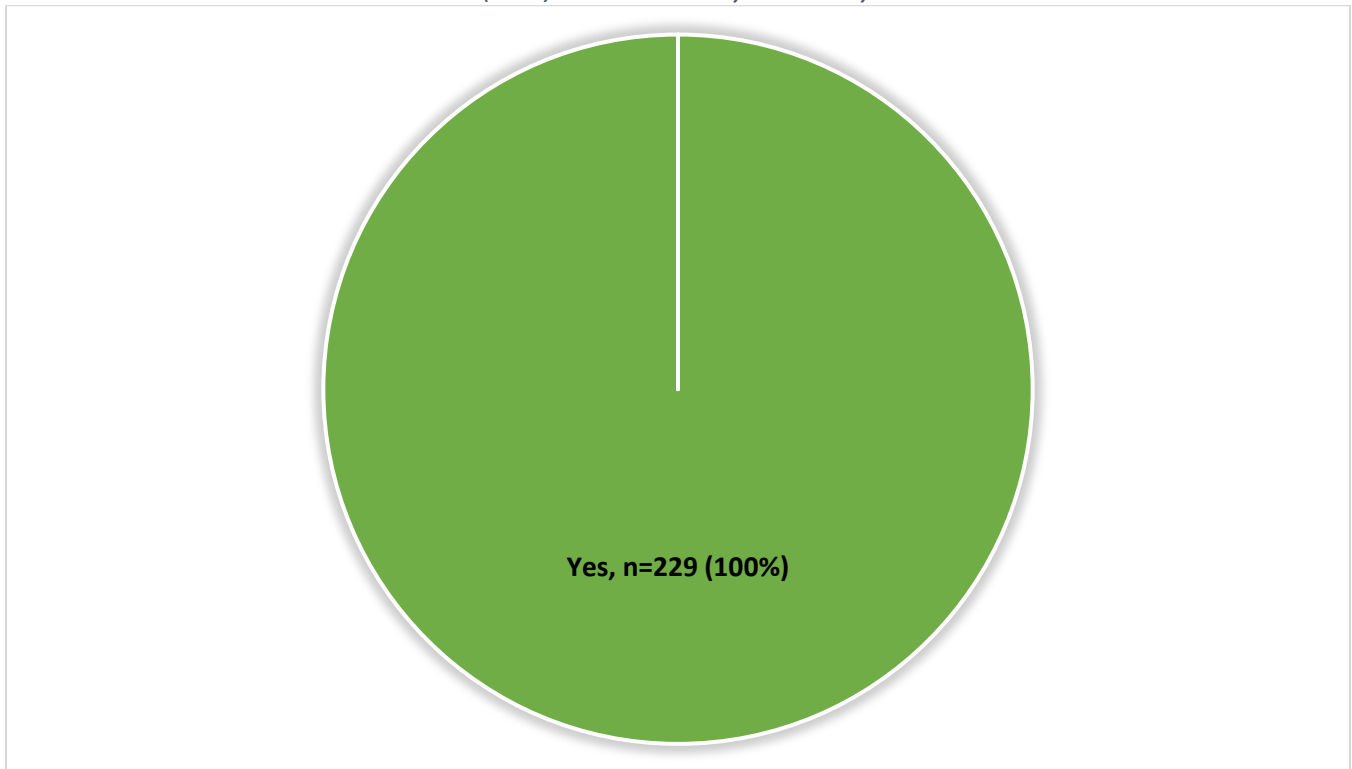
Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (1), California (10), Delaware (1), District of Columbia (2), Florida (2), Georgia (1), Hawaii (1), Illinois (2), Indiana (3), Kansas (1), Louisiana (1), Maryland (2), Massachusetts (2), Michigan (3), Minnesota (7), Mississippi (1), Nevada (1), New Hampshire (1), New Jersey (5), New Mexico (1), New York (11), Ohio (3), Oregon (10), Rhode Island (1), South Carolina (1), Texas (14), Utah (2), Virginia (3), Washington (2)	95	41.48%

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Response	States (Count of MCOs)	Count	Percentage
No	Arkansas (2), California (16), Colorado (2), Delaware (1), District of Columbia (2), Florida (11), Georgia (3), Hawaii (5), Illinois (4), Indiana (2), Iowa (2), Kansas (2), Kentucky (6), Louisiana (4), Maryland (7), Massachusetts (3), Michigan (7), Minnesota (1), Mississippi (2), Nebraska (3), Nevada (2), New Hampshire (2), New Mexico (2), New York (5), Ohio (2), Oregon (11), Pennsylvania (8), Rhode Island (2), South Carolina (4), Texas (3), Utah (2), Virginia (3), Washington (3)	134	58.52%
National Totals		229	100%

9. For drugs not on your MCO’s Preferred Drug List (PDL), does your MCO have a documented process (i.e. PA) in place, so that the Medicaid beneficiary or the Medicaid beneficiary’s prescriber may access any covered outpatient drug when medically necessary?

Figure 23 - Documented Process for Beneficiaries or their Prescribers to Access Any Covered Outpatient Drug (COD) when Medically Necessary



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Table 23 - Documented Process for Beneficiaries or their Prescribers to Access Any Covered Outpatient Drug (COD) when Medically Necessary

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (3), California (26), Colorado (2), Delaware (2), District of Columbia (4), Florida (13), Georgia (4), Hawaii (6), Illinois (6), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (10), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (16), Ohio (5), Oregon (21), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	229	100.00%
National Totals		229	100%

If “Yes,” check all that apply.

Figure 24 - Documented Process in Place for Beneficiaries or their Prescribers to Access Any Covered Outpatient Drug (COD) When Medically Necessary

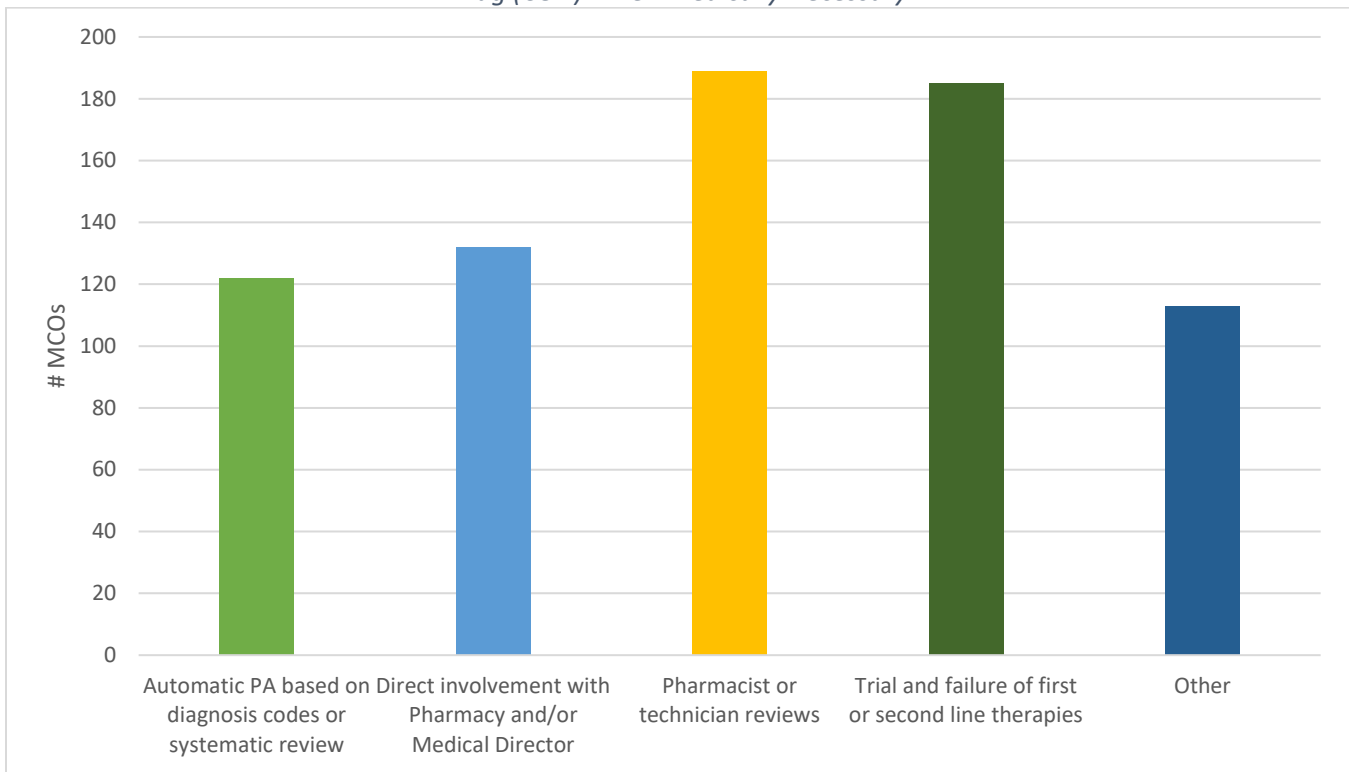


Table 24 - Documented Process in Place for Beneficiaries or their Prescribers to Access Any Covered Outpatient Drug (COD) When Medically Necessary

Response	States (Count of MCOs)	Count	Percentage
Automatic PA based on diagnosis codes or systematic review	Arkansas (1), California (7), Colorado (1), Delaware (1), District of Columbia (2), Florida (8), Georgia (4), Hawaii (2), Illinois (4), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (4), Maryland (3), Michigan (3), Minnesota (2), Mississippi (2), Nebraska (3), Nevada (2), New Hampshire (1), New Jersey (4), New Mexico (2), New York (8), Ohio (4), Oregon (7), Pennsylvania (6), Rhode Island (1), South Carolina (3), Texas (15), Utah (1), Virginia (3), Washington (4)	122	16.46%

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Response	States (Count of MCOs)	Count	Percentage
Direct involvement with Pharmacy and/or Medical Director	Arkansas (1), California (14), Colorado (1), Delaware (2), District of Columbia (2), Florida (6), Georgia (3), Hawaii (2), Illinois (2), Indiana (3), Kansas (3), Kentucky (5), Louisiana (2), Maryland (8), Massachusetts (2), Michigan (7), Minnesota (6), Mississippi (1), Nebraska (2), Nevada (1), New Hampshire (2), New Jersey (4), New Mexico (2), New York (11), Ohio (5), Oregon (10), Pennsylvania (7), Rhode Island (1), South Carolina (2), Texas (5), Utah (2), Virginia (4), Washington (4)	132	17.81%
Pharmacist or technician reviews	Arkansas (1), California (23), Colorado (2), Delaware (2), District of Columbia (1), Florida (7), Georgia (3), Hawaii (3), Illinois (6), Indiana (5), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (7), Massachusetts (3), Michigan (10), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (1), New Hampshire (2), New Jersey (4), New Mexico (3), New York (12), Ohio (4), Oregon (21), Pennsylvania (7), Rhode Island (3), South Carolina (3), Texas (16), Utah (4), Virginia (4), Washington (4)	189	25.51%
Trial and failure of first or second line therapies	Arkansas (1), California (22), Colorado (2), Delaware (1), District of Columbia (3), Florida (8), Georgia (4), Hawaii (3), Illinois (6), Indiana (5), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (7), Massachusetts (3), Michigan (9), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (2), New Hampshire (3), New Jersey (5), New Mexico (3), New York (12), Ohio (5), Oregon (14), Pennsylvania (7), Rhode Island (3), South Carolina (3), Texas (14), Utah (3), Virginia (5), Washington (4)	185	24.97%
Other	Arkansas (2), California (11), Delaware (2), District of Columbia (2), Florida (9), Georgia (2), Hawaii (5), Illinois (4), Indiana (2), Iowa (2), Kansas (3), Kentucky (1), Louisiana (2), Maryland (7), Massachusetts (4), Michigan (5), Minnesota (3), Mississippi (1), Nebraska (1), Nevada (2), New Hampshire (3), New Jersey (1), New Mexico (1), New York (8), Ohio (2), Oregon (7), Pennsylvania (5), Rhode Island (2), South Carolina (3), Texas (4), Utah (1), Virginia (5), Washington (1)	113	15.25%
National Totals		741	100%

a. How does your MCO ensure PA criteria is no more restrictive than the FFS criteria and review?

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

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

Figure 25 - Program Provides for the Dispensing of at Least a 72-hour Supply of a COD in Emergency Situations

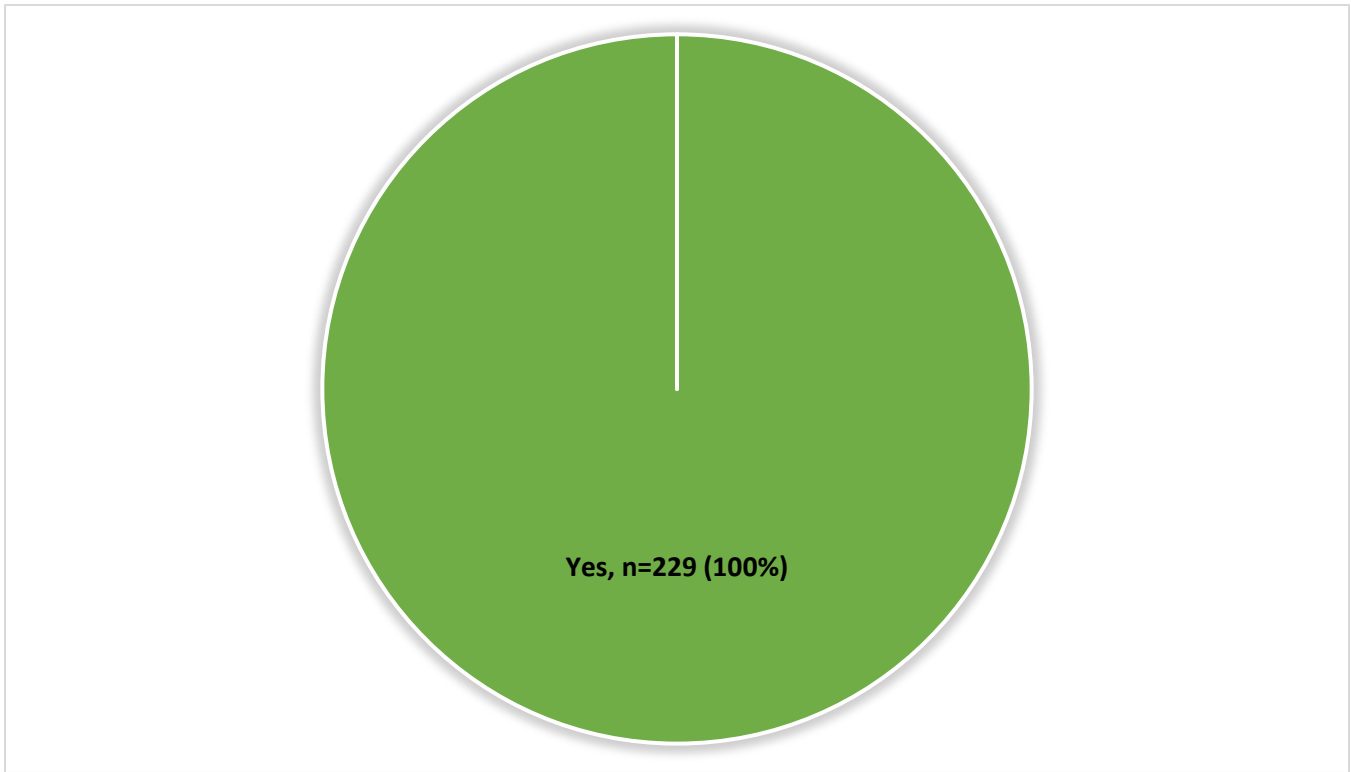


Table 25 - Program Provides for the Dispensing of at Least a 72-hour Supply of a COD in Emergency Situations

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (3), California (26), Colorado (2), Delaware (2), District of Columbia (4), Florida (13), Georgia (4), Hawaii (6), Illinois (6), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (10), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (16), Ohio (5), Oregon (21), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	229	100.00%
National Totals		229	100%

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If "Yes," check all that apply.

Figure 26 - Process for the Dispensing of At Least a 72-Hour Supply of CODs in Emergency Situations

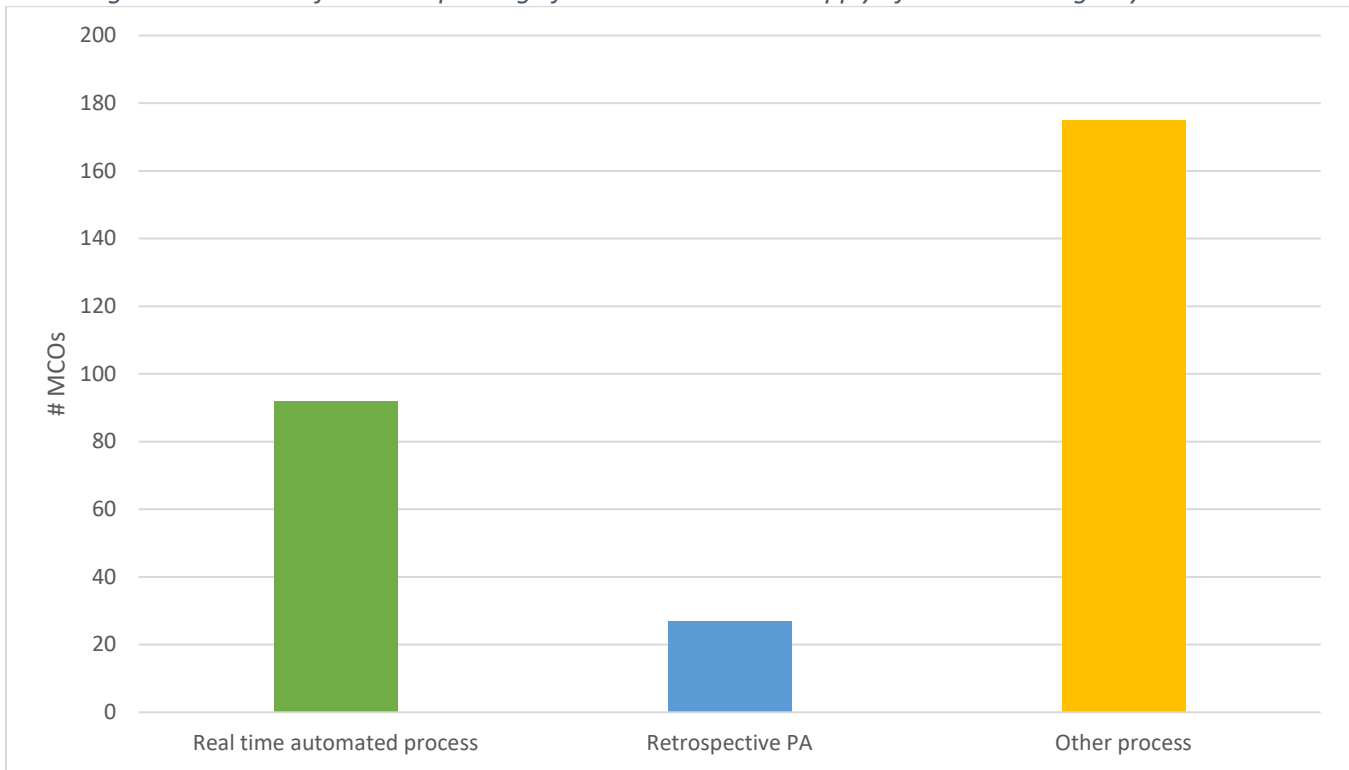


Table 26 - Process for the Dispensing of At Least a 72-Hour Supply of CODs in Emergency Situations

Response	States (Count of MCOs)	Count	Percentage
Real time automated process	Arkansas (1), California (7), Colorado (1), Delaware (2), District of Columbia (2), Florida (4), Georgia (2), Hawaii (2), Illinois (1), Indiana (5), Iowa (2), Kansas (3), Kentucky (5), Louisiana (4), Maryland (3), Massachusetts (2), Michigan (3), Minnesota (1), Mississippi (3), Nebraska (1), Nevada (2), New Hampshire (3), New Jersey (2), New Mexico (1), New York (5), Ohio (3), Oregon (2), Pennsylvania (6), Rhode Island (1), South Carolina (3), Texas (5), Utah (1), Virginia (2), Washington (2)	92	31.29%
Retrospective PA	California (10), Illinois (2), Kentucky (1), Michigan (2), Minnesota (2), New York (1), Oregon (5), Pennsylvania (1), Utah (1), Washington (2)	27	9.18%
Other process	Arkansas (3), California (22), Colorado (1), Delaware (1), District of Columbia (3), Florida (11), Georgia (3), Hawaii (5), Illinois (4), Indiana (4), Kansas (3), Kentucky (1), Louisiana (2), Maryland (7), Massachusetts (4), Michigan (8), Minnesota (6), Mississippi (1), Nebraska (3), Nevada (2), New Hampshire (2), New Jersey (3), New Mexico (3), New York (14), Ohio (5), Oregon (18), Pennsylvania (5), Rhode Island (3), South Carolina (4), Texas (13), Utah (3), Virginia (4), Washington (4)	175	59.52%
National Totals		294	100%

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10. Top Drug Claims Data Reviewed by the DUR Board:

Table 27 - Top Drug Claims Data Reviewed by the DUR Board*

Column 1 Top 10 PA Requests by Drug Name	Column 2 Top 10 PA Requests by Drug Class	Column 3 Top 5 Claim Denial Reasons (i.e. Quantity Limits (QL), Early Refill (ER), PA, Therapeutic Duplications (TD), and Age Edits (AE))	Column 4 Top 10 Drug Names by Amount Paid	Column 5 Top 10 Drug Names by Claim Count
Oxycodone - Acetaminophen	Antidiabetic Agents	Refill Too Soon	Adalimumab	Albuterol
Methylphenidate	Analgesics, Narcotic Agents	Plan Limitations Exceeded	Bictegravir/ emtricitabine/ tenofovir	Ibuprofen
Dextroamphetamine/ amphetamine	Opioids	Prior Authorization Required	Insulin Glargine	Atorvastatin
Hydrocodone - Acetaminophen	Proton Pump Inhibitor Agents	Dur Reject Error	Dulaglutide	Gabapentin
Omeprazole	Anticonvulsant Agents	Product/service Not Covered - Plan/benefit Exclusion	Paliperidone	Cetirizine
Lisdexamfetamine	Acne Therapy		Lurasidone	Metformin
Tretinoin	Adhd Agents/stimulants		Ustekinumab	Omeprazole
Pantoprazole	Antipsychotic Agents		Lisdexamfetamine	Lisinopril
Adalimumab	Antimigraine Agents		Buprenorphine/nalox one	Fluticasone
Tramadol	Stimulants And Related Agents		Elexacaftor/ tezacaftor/ivacaftor	Amlodipine

* This table has been developed and formulated using weighted averages to reflect the relative beneficiary size of each reporting MCO. Drug names are reported at the generic ingredient level.

Section III - Retrospective DUR (RetroDUR)

1. Please indicate how your MCO operates and oversees RetroDUR reviews.

Figure 27 - Operation and Oversight of RetroDUR Reviews

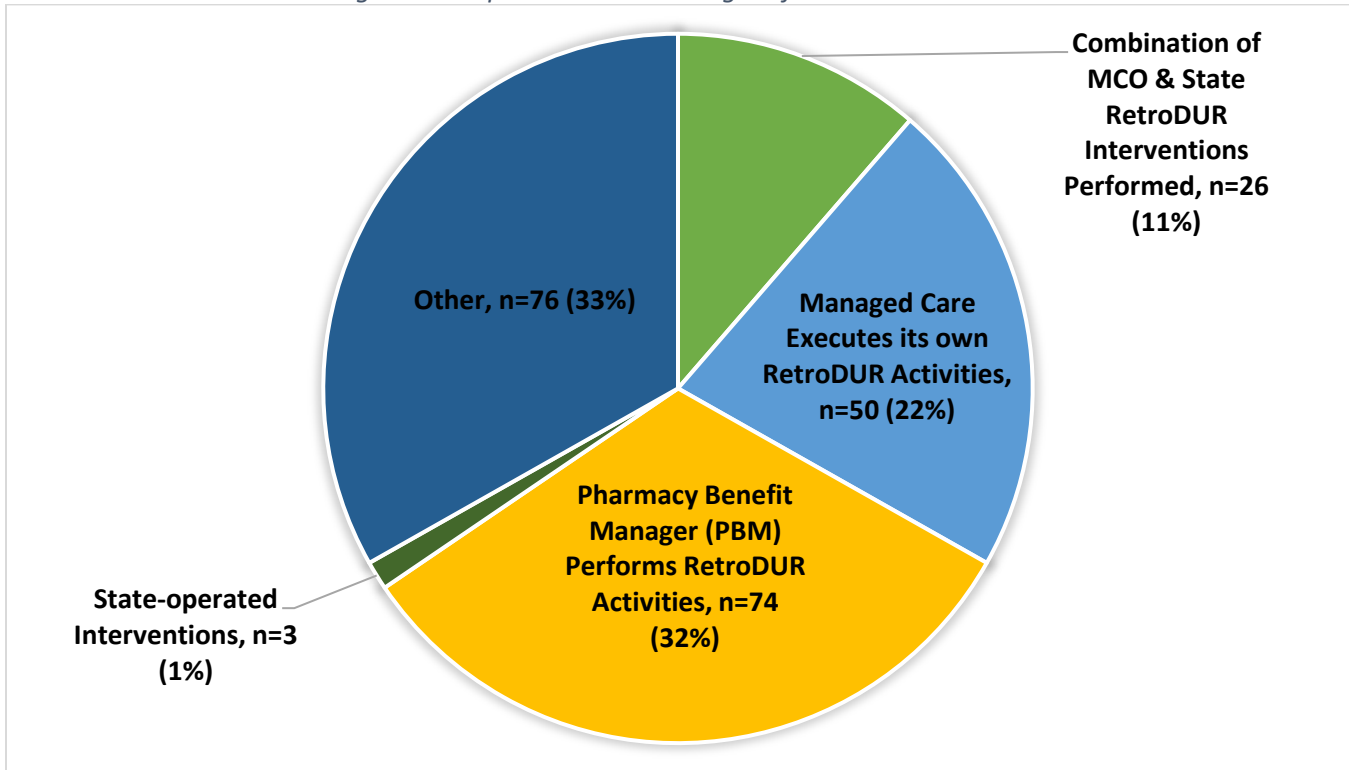


Table 28 - Operation and Oversight of RetroDUR Reviews

Response	States (Count of MCOs)	Count	Percentage
Combination of MCO & state RetroDUR interventions performed	California (3), Delaware (1), Florida (3), Illinois (1), Indiana (2), Kansas (2), Kentucky (1), Louisiana (3), Michigan (1), Minnesota (1), Mississippi (1), Nebraska (1), New Mexico (1), New York (2), Pennsylvania (1), Rhode Island (1), Texas (1)	26	11.35%
Managed Care executes its own RetroDUR activities	California (8), District of Columbia (1), Georgia (2), Hawaii (1), Illinois (1), Kentucky (3), Maryland (2), Massachusetts (1), Michigan (1), Minnesota (2), Nevada (1), New Hampshire (1), New Jersey (1), New Mexico (1), New York (2), Oregon (14), Pennsylvania (4), South Carolina (1), Texas (1), Utah (2)	50	21.83%
Pharmacy Benefit Manager (PBM) performs RetroDUR activities	California (6), Colorado (1), Florida (5), Georgia (1), Hawaii (3), Illinois (2), Indiana (1), Maryland (5), Massachusetts (2), Michigan (4), Minnesota (3), Mississippi (1), Nebraska (2), Nevada (1), New Hampshire (1), New Jersey (2), New York (9), Ohio (3), Oregon (1), Pennsylvania (1), Rhode Island (2), South Carolina (3), Texas (9), Virginia (3), Washington (3)	74	32.31%
State-operated interventions	California (1), Louisiana (2)	3	1.31%

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Response	States (Count of MCOs)	Count	Percentage
Other	Arkansas (3), California (8), Colorado (1), Delaware (1), District of Columbia (3), Florida (5), Georgia (1), Hawaii (2), Illinois (2), Indiana (2), Iowa (2), Kansas (1), Kentucky (2), Maryland (2), Massachusetts (2), Michigan (4), Minnesota (2), Mississippi (1), Nevada (1), New Hampshire (1), New Jersey (2), New Mexico (1), New York (3), Ohio (2), Oregon (6), Pennsylvania (2), South Carolina (1), Texas (6), Utah (2), Virginia (3), Washington (2)	76	33.19%
National Totals		229	100%

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

Figure 28 - Type of Vendor that Performed RetroDUR Activities

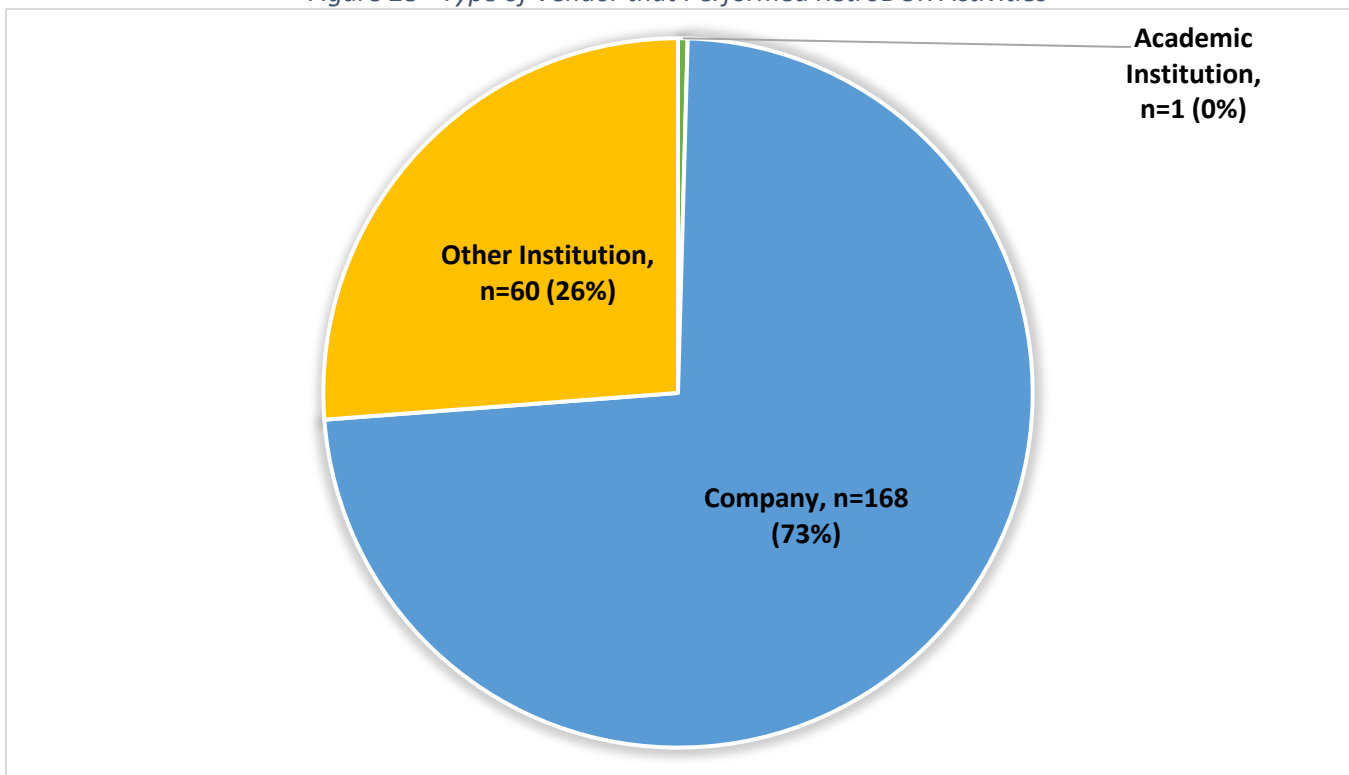


Table 29 - Type of Vendor that Performed RetroDUR Activities

Response	States (Count of MCOs)	Count	Percentage
Academic Institution	Mississippi (1)	1	0.44%
Company	Arkansas (3), California (16), Colorado (1), District of Columbia (1), Florida (11), Georgia (4), Hawaii (5), Illinois (5), Indiana (5), Kansas (2), Kentucky (4), Louisiana (4), Maryland (6), Massachusetts (4), Michigan (8), Minnesota (6), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (4), New Mexico (3), New York (11), Ohio (5), Oregon (10), Pennsylvania (3), Rhode Island (2), South Carolina (5), Texas (16), Utah (4), Virginia (5), Washington (5)	168	73.36%

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Response	States (Count of MCOs)	Count	Percentage
Other Institution	California (10), Colorado (1), Delaware (2), District of Columbia (3), Florida (2), Hawaii (1), Illinois (1), Iowa (2), Kansas (1), Kentucky (2), Louisiana (1), Maryland (3), Massachusetts (1), Michigan (2), Minnesota (2), New Hampshire (1), New Jersey (1), New York (5), Oregon (11), Pennsylvania (5), Rhode Island (1), Texas (1), Virginia (1)	60	26.20%
National Totals		229	100%

If “Other”, please identify by name and type.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

a. Is the RetroDUR vendor the developer/supplier of your retrospective DUR criteria?

Figure 29 - RetroDUR Vendor is the Developer/Supplier of Retrospective DUR Criteria

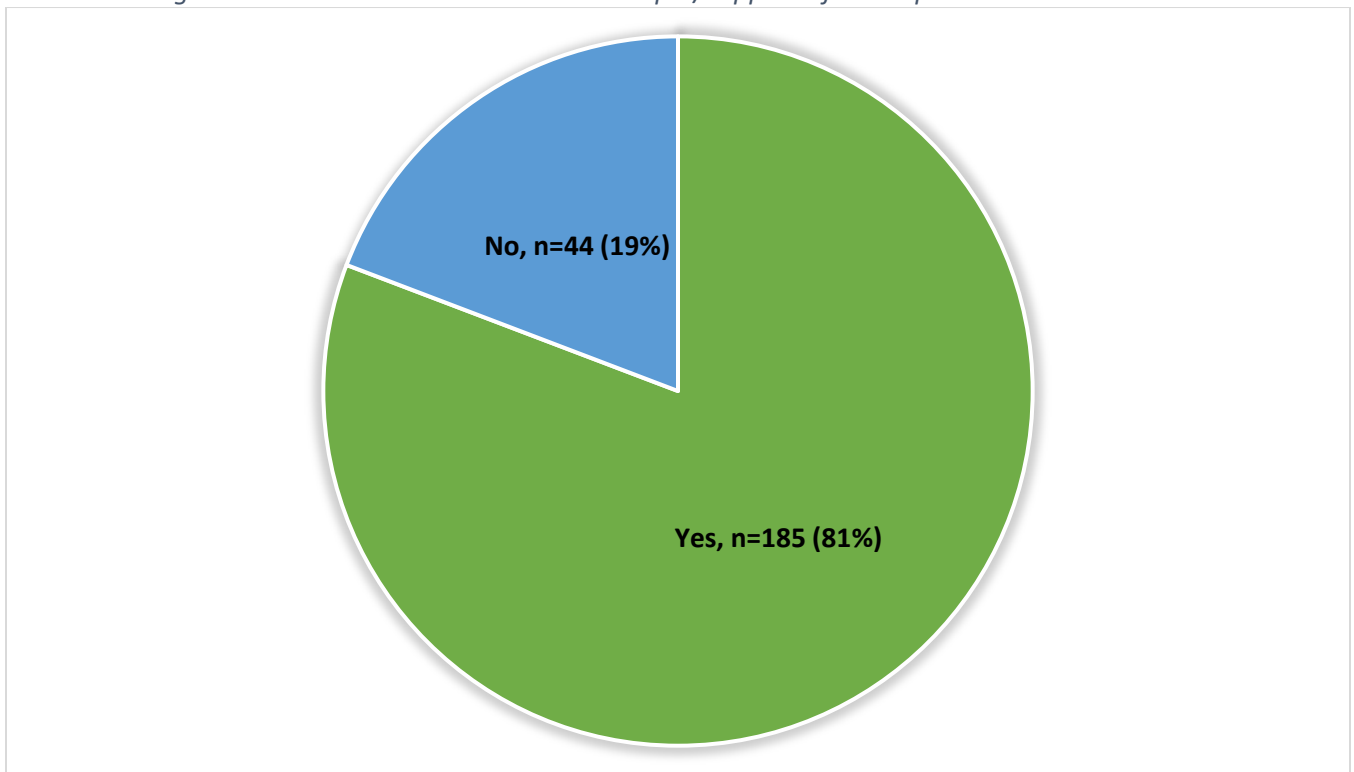


Table 30 - RetroDUR Vendor is the Developer/Supplier of Retrospective DUR Criteria

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (3), California (17), Colorado (1), Delaware (2), District of Columbia (4), Florida (12), Georgia (4), Hawaii (6), Illinois (5), Indiana (5), Kansas (3), Kentucky (6), Louisiana (1), Maryland (8), Massachusetts (5), Michigan (9), Minnesota (6), Mississippi (2), Nebraska (3), Nevada (2), New Hampshire (1), New Jersey (4), New Mexico (2), New York (13), Ohio (5), Oregon (13), Pennsylvania (5), Rhode Island (3), South Carolina (5), Texas (16), Utah (3), Virginia (6), Washington (5)	185	80.79%

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Response	States (Count of MCOs)	Count	Percentage
No	California (9), Colorado (1), Florida (1), Illinois (1), Iowa (2), Louisiana (4), Maryland (1), Michigan (1), Minnesota (2), Mississippi (1), Nevada (1), New Hampshire (2), New Jersey (1), New Mexico (1), New York (3), Oregon (8), Pennsylvania (3), Texas (1), Utah (1)	44	19.21%
National Totals		229	100%

b. Does your MCO customize your RetroDUR vendor criteria?

Figure 30 - MCO Customizes RetroDUR Vendor Criteria

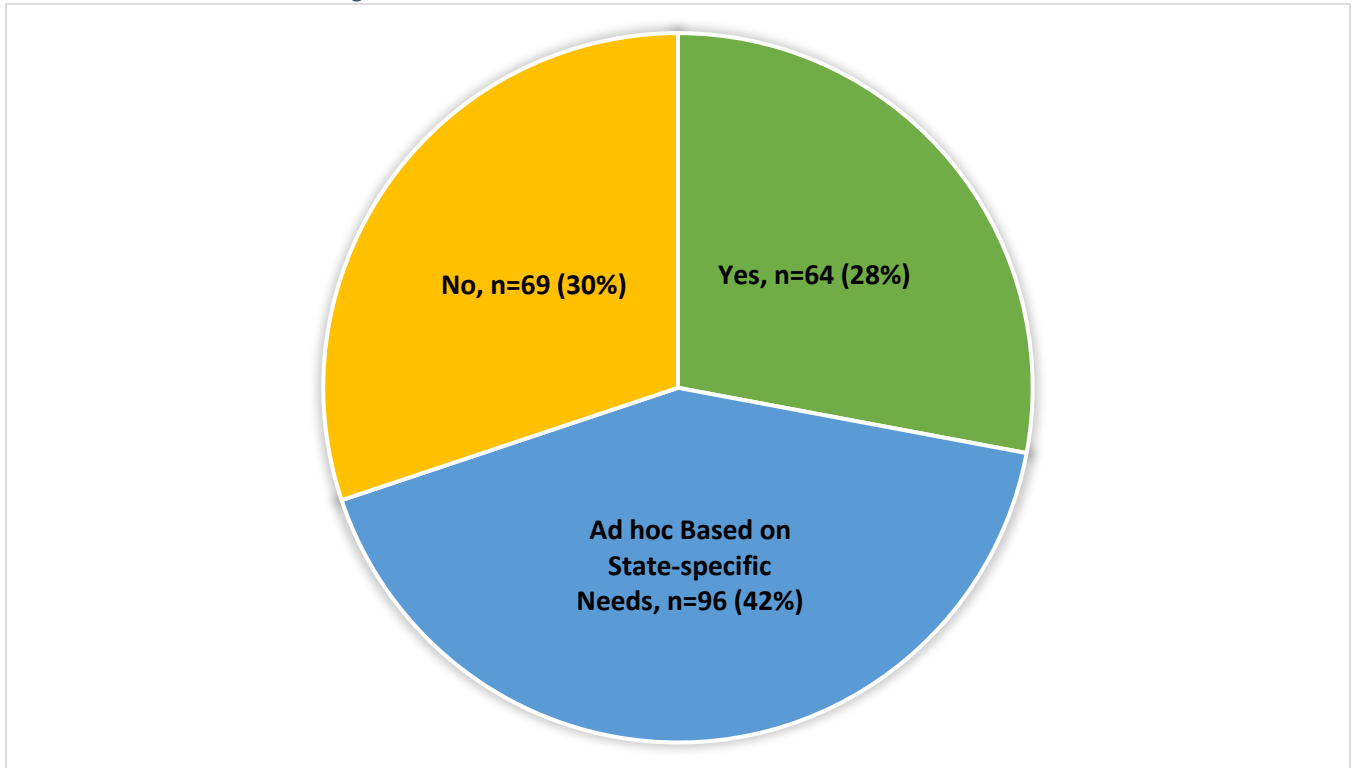


Table 31 - MCO Customizes RetroDUR Vendor Criteria

Response	States (Count of MCOs)	Count	Percentage
Ad hoc based on state-specific needs	Arkansas (1), California (9), Colorado (1), Delaware (2), Florida (8), Georgia (2), Hawaii (2), Illinois (1), Indiana (5), Kansas (2), Kentucky (4), Louisiana (3), Maryland (5), Michigan (4), Minnesota (1), Mississippi (2), Nebraska (3), Nevada (2), New Hampshire (2), New Jersey (4), New Mexico (1), New York (4), Ohio (2), Oregon (10), Pennsylvania (4), Rhode Island (2), South Carolina (1), Texas (3), Utah (1), Virginia (3), Washington (2)	96	41.92%
Yes	Arkansas (2), California (8), District of Columbia (1), Florida (3), Georgia (2), Hawaii (3), Illinois (2), Kansas (1), Kentucky (1), Maryland (1), Massachusetts (2), Michigan (4), Minnesota (1), New Hampshire (1), New Jersey (1), New Mexico (1), New York (4), Oregon (7), Pennsylvania (2), South Carolina (3), Texas (10), Utah (1), Virginia (2), Washington (1)	64	27.95%

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Response	States (Count of MCOs)	Count	Percentage
No	California (9), Colorado (1), District of Columbia (3), Florida (2), Hawaii (1), Illinois (3), Iowa (2), Kentucky (1), Louisiana (2), Maryland (3), Massachusetts (3), Michigan (2), Minnesota (6), Mississippi (1), Nevada (1), New Mexico (1), New York (8), Ohio (3), Oregon (4), Pennsylvania (2), Rhode Island (1), South Carolina (1), Texas (4), Utah (2), Virginia (1), Washington (2)	69	30.13%
National Totals		229	100%

3. Who reviews and approves your MCO RetroDUR criteria?

Figure 31 - RetroDUR Criteria Approval/Review Sources

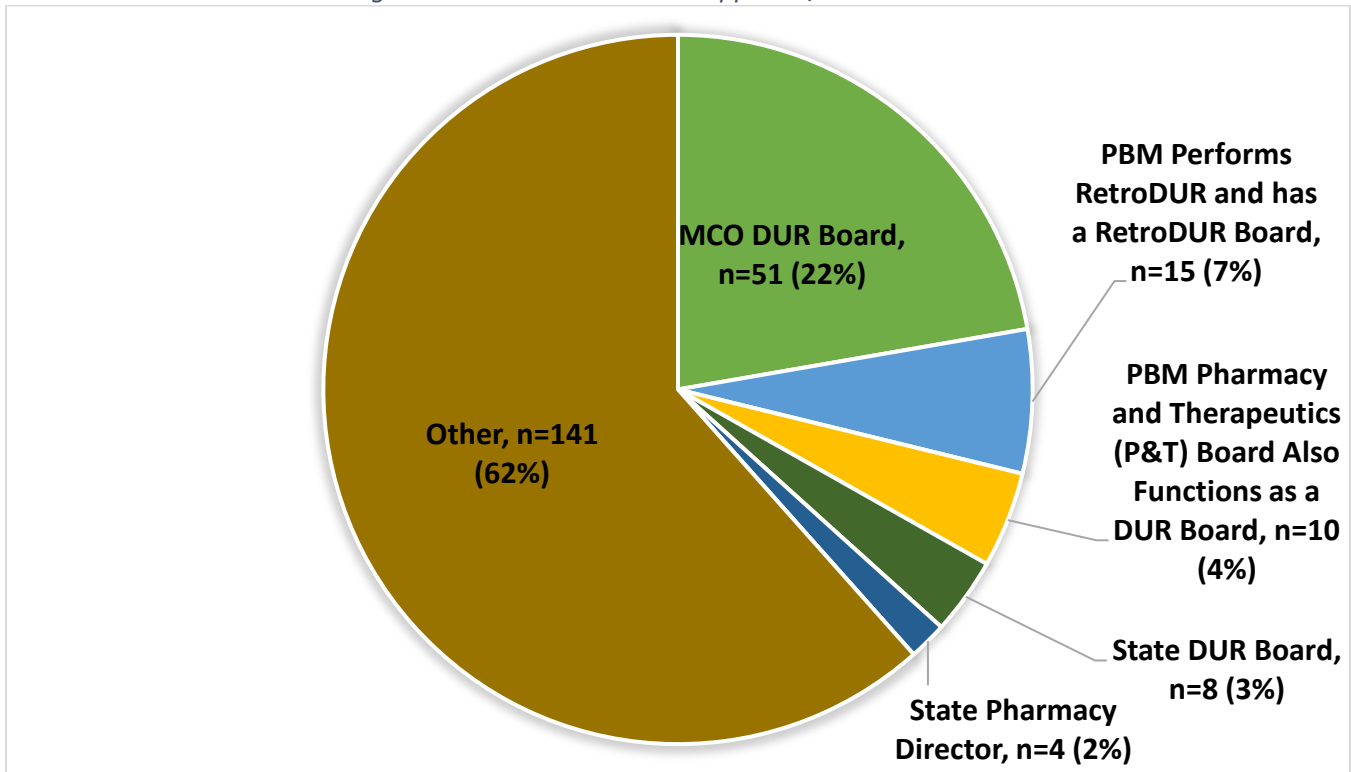


Table 32 - RetroDUR Criteria Approval/Review Sources

Response	States (Count of MCOs)	Count	Percentage
MCO DUR Board	Arkansas (1), California (7), Florida (3), Georgia (1), Illinois (1), Kentucky (1), Maryland (1), Michigan (2), Minnesota (2), Mississippi (1), Nevada (1), New York (3), Ohio (1), Oregon (11), Pennsylvania (2), Rhode Island (1), South Carolina (2), Texas (2), Utah (4), Virginia (2), Washington (2)	51	22.27%
PBM performs RetroDUR and has a RetroDUR Board	Florida (1), Illinois (2), Indiana (1), Michigan (1), Minnesota (3), New Mexico (1), New York (3), Texas (2), Washington (1)	15	6.55%
PBM Pharmacy and Therapeutics (P&T) Board also functions as a DUR Board	California (1), Illinois (1), Maryland (1), Michigan (2), Minnesota (2), Oregon (2), Virginia (1)	10	4.37%
State DUR Board	California (1), Florida (2), Iowa (2), Louisiana (2), Mississippi (1)	8	3.49%

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Response	States (Count of MCOs)	Count	Percentage
State Pharmacy Director	California (3), Delaware (1)	4	1.75%
Other	Arkansas (2), California (14), Colorado (2), Delaware (1), District of Columbia (4), Florida (7), Georgia (3), Hawaii (6), Illinois (2), Indiana (4), Kansas (3), Kentucky (5), Louisiana (3), Maryland (7), Massachusetts (5), Michigan (5), Minnesota (1), Mississippi (1), Nebraska (3), Nevada (2), New Hampshire (3), New Jersey (5), New Mexico (2), New York (10), Ohio (4), Oregon (8), Pennsylvania (6), Rhode Island (2), South Carolina (3), Texas (13), Virginia (3), Washington (2)	141	61.57%
National Totals		229	100%

4. How often does your MCO perform retrospective practitioner-based education?

Figure 32 - Frequency of Retrospective Practitioner-Based Education

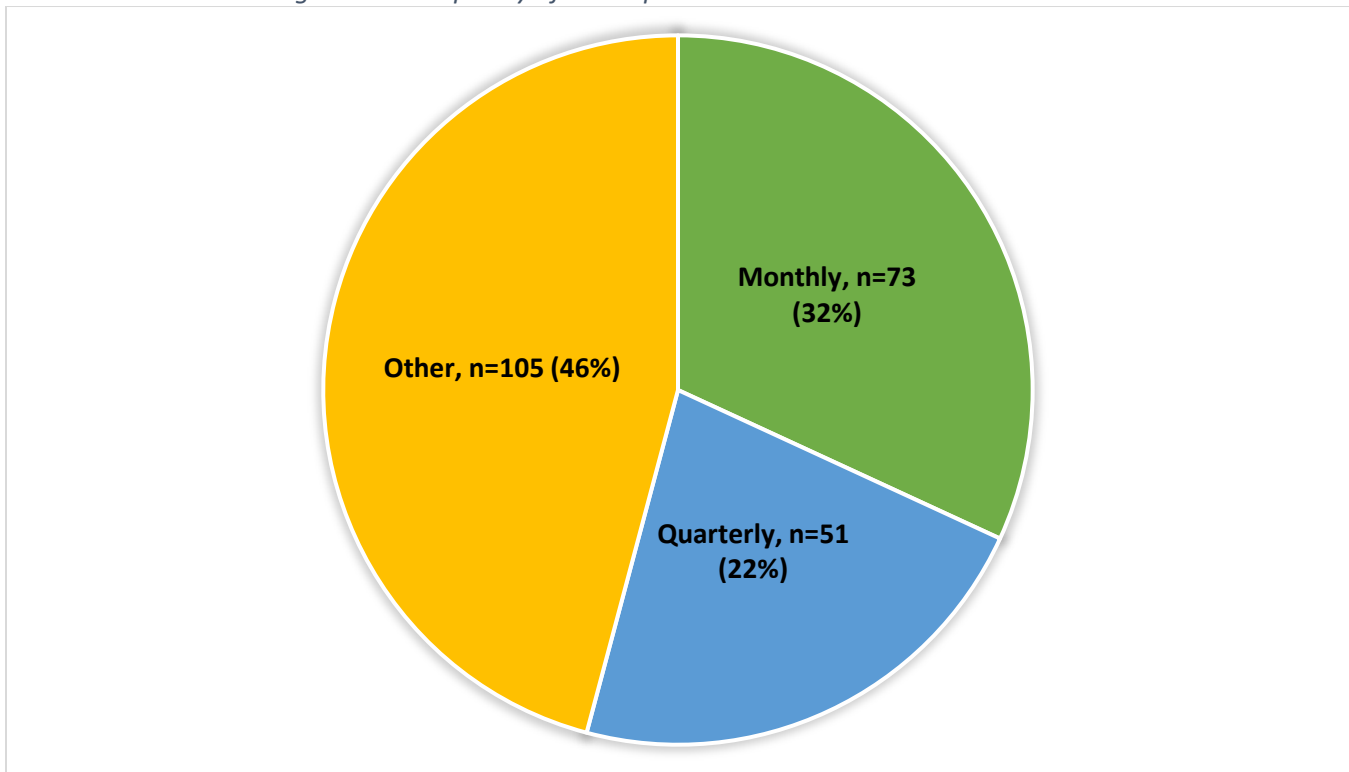


Table 33 - Frequency of Retrospective Practitioner-Based Education

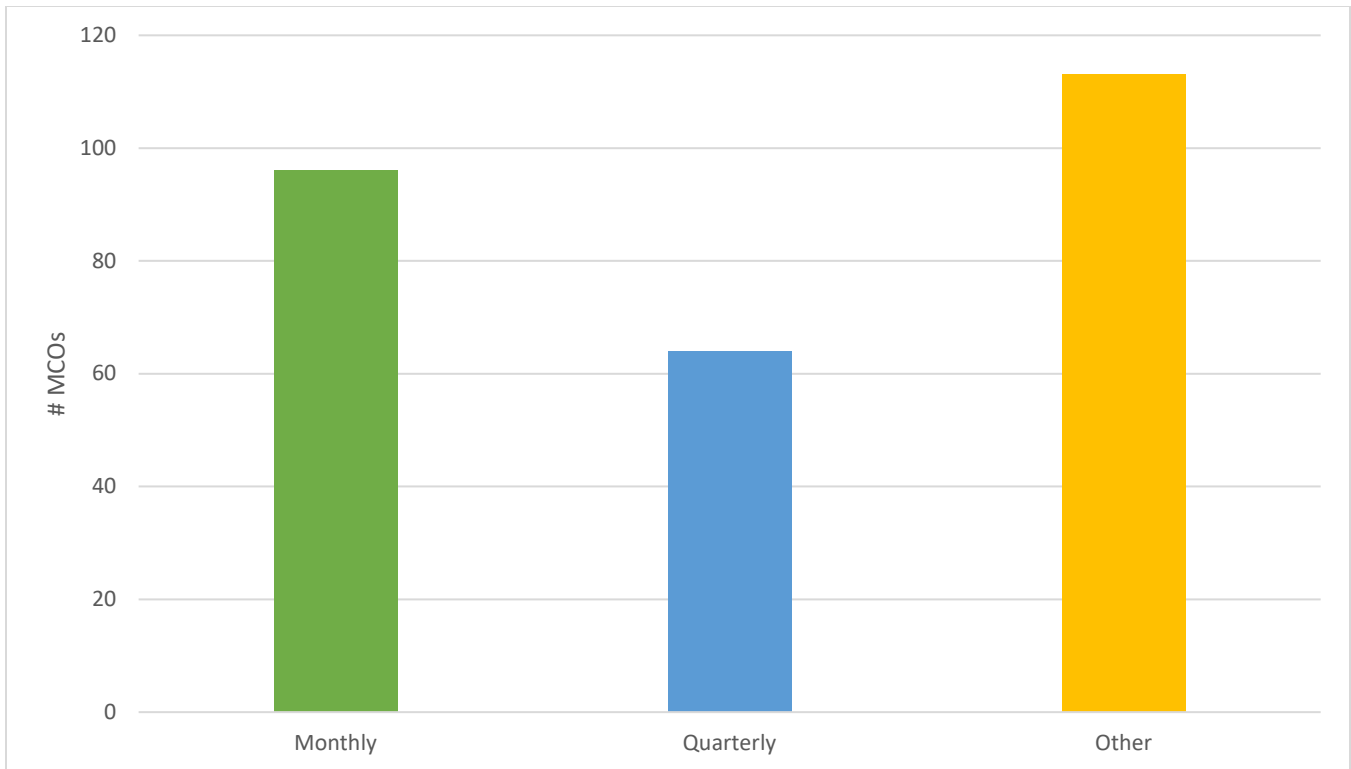
Response	States (Count of MCOs)	Count	Percentage
Monthly	Arkansas (3), California (7), Florida (7), Georgia (3), Hawaii (3), Illinois (2), Indiana (2), Kansas (1), Kentucky (2), Louisiana (4), Maryland (3), Massachusetts (2), Michigan (2), Minnesota (1), Mississippi (1), Nebraska (1), Nevada (2), New Hampshire (2), New Jersey (2), New York (5), Oregon (5), Pennsylvania (2), South Carolina (3), Texas (3), Virginia (4), Washington (1)	73	31.88%

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Response	States (Count of MCOs)	Count	Percentage
Quarterly	California (11), Colorado (1), Delaware (1), District of Columbia (2), Florida (2), Illinois (2), Indiana (1), Kansas (1), Kentucky (1), Maryland (4), Michigan (4), Minnesota (3), Nebraska (1), New Jersey (1), New Mexico (1), New York (1), Oregon (7), Pennsylvania (1), Texas (1), Utah (3), Virginia (1), Washington (1)	51	22.27%
Other	California (8), Colorado (1), Delaware (1), District of Columbia (2), Florida (4), Georgia (1), Hawaii (3), Illinois (2), Indiana (2), Iowa (2), Kansas (1), Kentucky (3), Louisiana (1), Maryland (2), Massachusetts (3), Michigan (4), Minnesota (4), Mississippi (2), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (2), New Mexico (2), New York (10), Ohio (5), Oregon (9), Pennsylvania (5), Rhode Island (3), South Carolina (2), Texas (13), Utah (1), Virginia (1), Washington (3)	105	45.85%
National Totals		229	100%

a. How often does your MCO perform retrospective reviews that involve- communication of client-specific information to healthcare practitioners (multiple responses allowed)?

Figure 33 - Frequency of Retrospective Reviews that Involve Communication of Client-Specific Information to Healthcare Practitioners



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Table 34 - Frequency of Retrospective Reviews that Involve Communication of Client-Specific Information to Healthcare Practitioners

Response	States (Count of MCOs)	Count	Percentage
Monthly	Arkansas (3), California (8), District of Columbia (2), Florida (8), Georgia (3), Hawaii (3), Illinois (3), Indiana (3), Kansas (2), Kentucky (4), Louisiana (5), Maryland (4), Massachusetts (3), Michigan (5), Minnesota (1), Mississippi (1), Nebraska (2), Nevada (2), New Hampshire (2), New Jersey (4), New York (7), Ohio (1), Oregon (3), Pennsylvania (4), South Carolina (3), Texas (4), Virginia (4), Washington (2)	96	35.16%
Quarterly	California (12), Colorado (1), Delaware (1), District of Columbia (1), Florida (2), Illinois (2), Indiana (1), Iowa (2), Kansas (2), Maryland (5), Massachusetts (2), Michigan (5), Minnesota (3), New Hampshire (1), New Jersey (1), New Mexico (1), New York (3), Ohio (1), Oregon (10), Pennsylvania (3), Texas (1), Utah (2), Virginia (1), Washington (1)	64	23.44%
Other	California (11), Colorado (1), Delaware (1), District of Columbia (2), Florida (4), Georgia (1), Hawaii (3), Illinois (2), Indiana (2), Kansas (2), Kentucky (3), Louisiana (1), Maryland (2), Massachusetts (3), Michigan (4), Minnesota (4), Mississippi (2), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (2), New Mexico (2), New York (10), Ohio (4), Oregon (14), Pennsylvania (4), Rhode Island (3), South Carolina (2), Texas (13), Utah (3), Virginia (2), Washington (3)	113	41.39%
National Totals		273	100%

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b. What is the preferred mode of communication when performing RetroDUR initiatives (multiple responses allowed)?

Figure 34 - Preferred Mode of Communication When Performing RetroDUR Initiatives

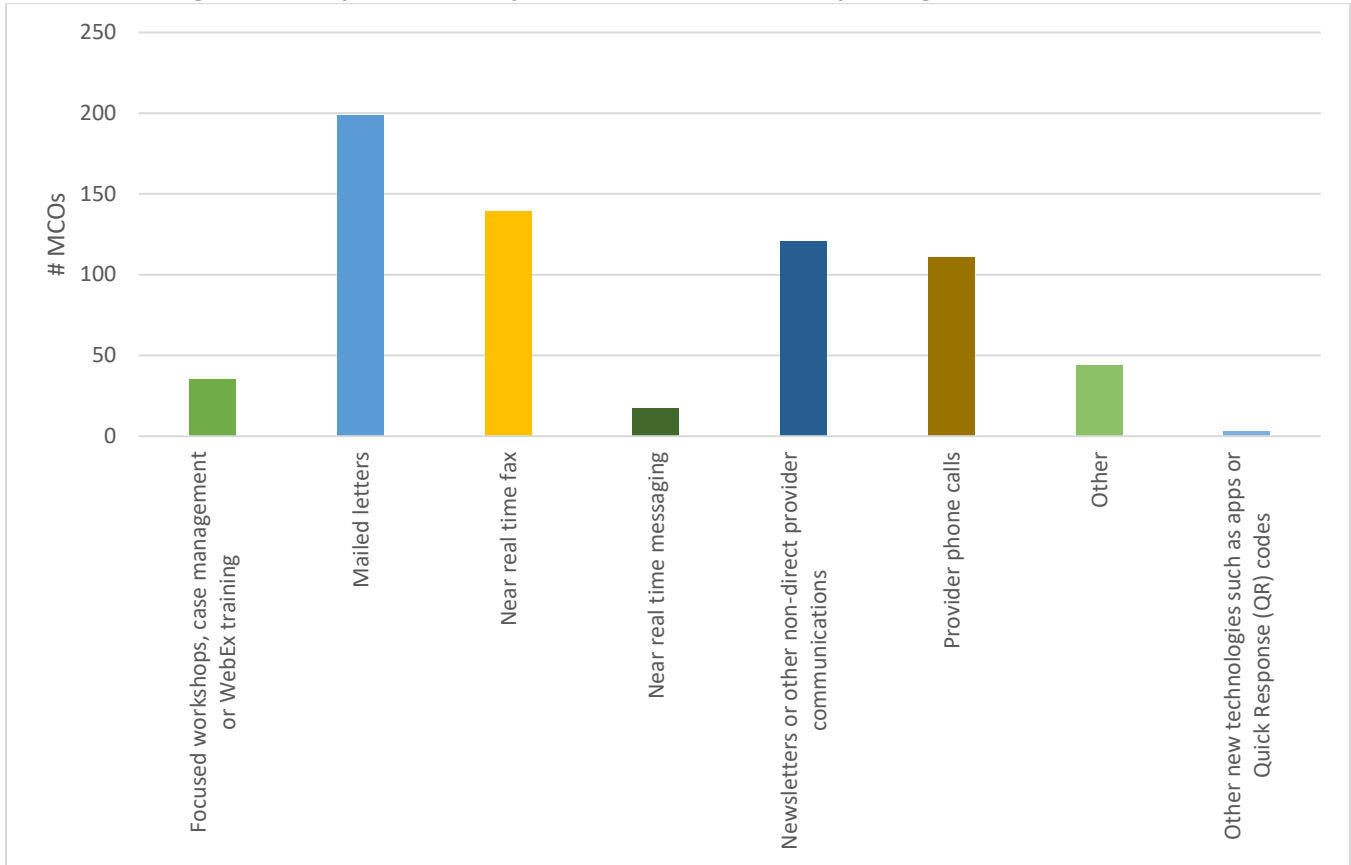


Table 35 - Preferred Mode of Communication When Performing RetroDUR Initiatives

Response	States (Count of MCOs)	Count	Percentage
Focused workshops, case management or WebEx training	Arkansas (1), California (7), District of Columbia (2), Illinois (1), Kansas (1), Kentucky (1), Maryland (2), Michigan (3), Minnesota (2), Mississippi (1), Nebraska (1), New Jersey (1), Ohio (1), Oregon (6), Pennsylvania (2), Texas (1), Utah (1), Virginia (1)	35	5.23%
Mailed letters	Arkansas (3), California (20), Colorado (2), Delaware (1), District of Columbia (3), Florida (13), Georgia (4), Hawaii (2), Illinois (5), Indiana (5), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (8), Massachusetts (4), Michigan (9), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (4), New Mexico (3), New York (16), Ohio (5), Oregon (13), Pennsylvania (7), Rhode Island (3), South Carolina (5), Texas (16), Utah (4), Virginia (6), Washington (4)	199	29.75%

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Response	States (Count of MCOs)	Count	Percentage
Near real time fax	Arkansas (2), California (13), Colorado (1), Delaware (1), District of Columbia (3), Florida (11), Georgia (4), Hawaii (5), Illinois (4), Indiana (3), Kansas (2), Kentucky (5), Louisiana (2), Maryland (5), Massachusetts (4), Michigan (6), Minnesota (4), Mississippi (3), Nebraska (2), Nevada (3), New Hampshire (2), New Jersey (4), New Mexico (2), New York (12), Ohio (5), Oregon (5), Pennsylvania (5), Rhode Island (2), South Carolina (4), Texas (5), Utah (2), Virginia (4), Washington (4)	139	20.78%
Near real time messaging	California (1), Delaware (1), Georgia (1), Indiana (1), Maryland (1), Michigan (1), Minnesota (2), New Hampshire (1), New York (1), Ohio (2), Oregon (1), Pennsylvania (2), Texas (1), Washington (1)	17	2.54%
Newsletters or other non-direct provider communications	Arkansas (2), California (15), Colorado (2), Delaware (1), District of Columbia (2), Florida (6), Georgia (1), Hawaii (2), Illinois (3), Indiana (3), Iowa (2), Kansas (2), Kentucky (4), Louisiana (2), Maryland (4), Massachusetts (3), Michigan (4), Minnesota (2), Mississippi (2), Nebraska (3), Nevada (2), New Hampshire (1), New Jersey (3), New Mexico (2), New York (7), Ohio (3), Oregon (14), Pennsylvania (3), Rhode Island (3), South Carolina (2), Texas (4), Utah (4), Virginia (5), Washington (3)	121	18.09%
Provider phone calls	Arkansas (2), California (10), Delaware (1), District of Columbia (4), Florida (8), Georgia (3), Hawaii (1), Illinois (3), Indiana (2), Iowa (2), Kansas (1), Kentucky (2), Louisiana (1), Maryland (5), Massachusetts (3), Michigan (5), Minnesota (3), Nebraska (2), Nevada (2), New Hampshire (3), New Jersey (3), New Mexico (3), New York (9), Ohio (2), Oregon (9), Pennsylvania (6), Rhode Island (1), South Carolina (4), Texas (4), Utah (2), Virginia (3), Washington (2)	111	16.59%
Other	Arkansas (1), California (5), Colorado (1), Delaware (1), Florida (2), Georgia (1), Hawaii (1), Illinois (2), Indiana (1), Kansas (1), Kentucky (1), Maryland (1), Michigan (3), Minnesota (3), Nebraska (1), New Jersey (1), New Mexico (1), New York (3), Ohio (1), Oregon (3), Pennsylvania (3), Rhode Island (1), South Carolina (1), Texas (3), Virginia (1), Washington (1)	44	6.58%
Other new technologies such as apps or Quick Response (QR) codes	Michigan (1), New York (1), Virginia (1)	3	0.45%
National Totals		669	100%

5. Summary 1 - RetroDUR Educational Outreach

RetroDUR Educational Outreach Summary should be a year-end summary report on retrospective screening and educational interventions. The summary should be limited to the most prominent problems with the largest number of exceptions.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

Section IV - DUR Board Activity

1. Does your MCO utilize the same DUR Board as the state FFS Medicaid program or does your MCO have its own DUR Board?

Figure 35 - MCO Utilizes the Same DUR Board as the State FFS Program or Has Own DUR Board

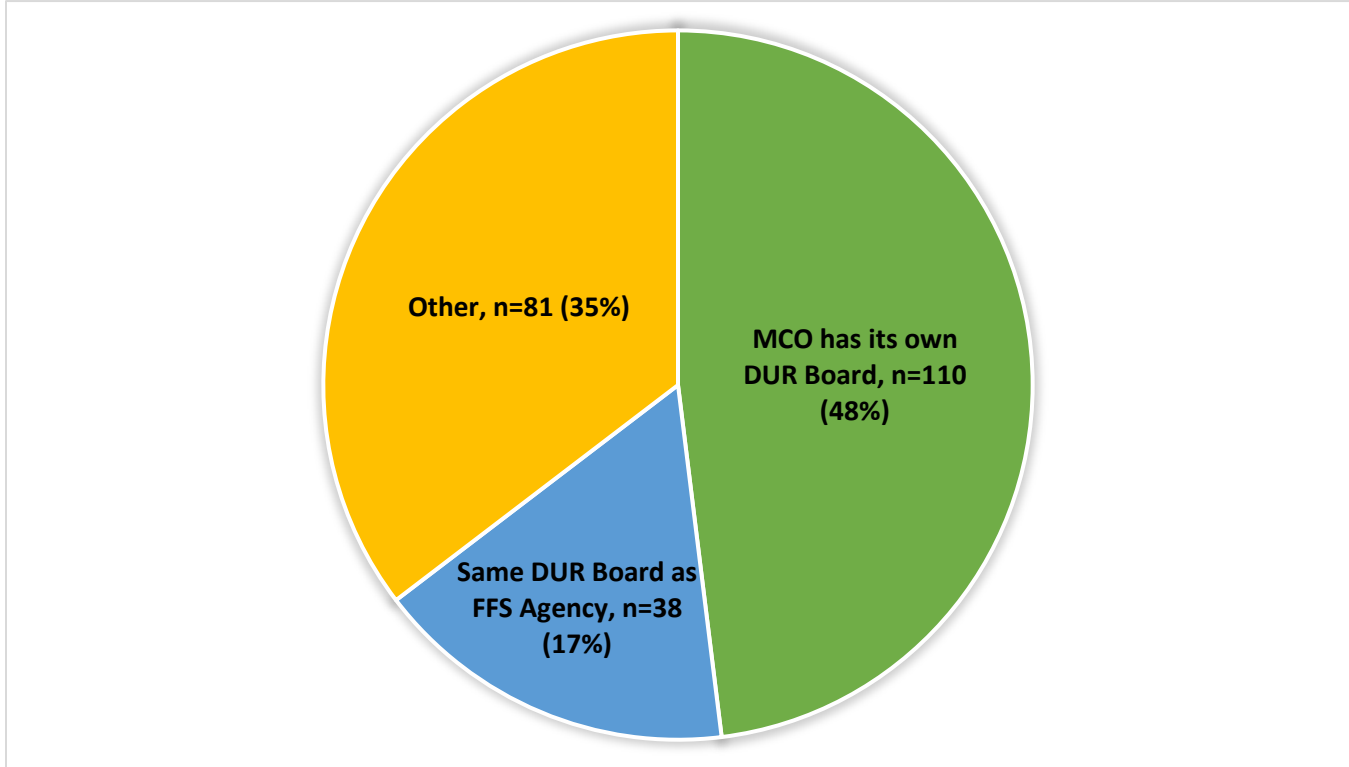


Table 36 - MCO Utilizes the Same DUR Board as the State FFS Program or Has Own DUR Board

Response	States (Count of MCOs)	Count	Percentage
MCO has its own DUR Board	Arkansas (3), California (11), Colorado (2), District of Columbia (3), Florida (5), Georgia (2), Hawaii (4), Illinois (3), Kentucky (2), Maryland (4), Michigan (7), Minnesota (6), Mississippi (2), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (3), New York (7), Ohio (4), Oregon (17), Pennsylvania (5), Rhode Island (2), South Carolina (3), Texas (4), Utah (4), Virginia (4)	110	48.03%
Same DUR Board as FFS agency	California (8), Florida (4), Indiana (3), Iowa (2), Kentucky (1), Louisiana (4), Massachusetts (1), Michigan (1), Mississippi (1), Nebraska (1), Nevada (1), Texas (11)	38	16.59%
Other	California (7), Delaware (2), District of Columbia (1), Florida (4), Georgia (2), Hawaii (2), Illinois (3), Indiana (2), Kansas (3), Kentucky (3), Louisiana (1), Maryland (5), Massachusetts (4), Michigan (2), Minnesota (2), Nebraska (1), Nevada (1), New Hampshire (2), New Jersey (2), New Mexico (3), New York (9), Ohio (1), Oregon (4), Pennsylvania (3), Rhode Island (1), South Carolina (2), Texas (2), Virginia (2), Washington (5)	81	35.37%
National Totals		229	100%

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

Figure 36 - MCO has a Medication Therapy Management Program

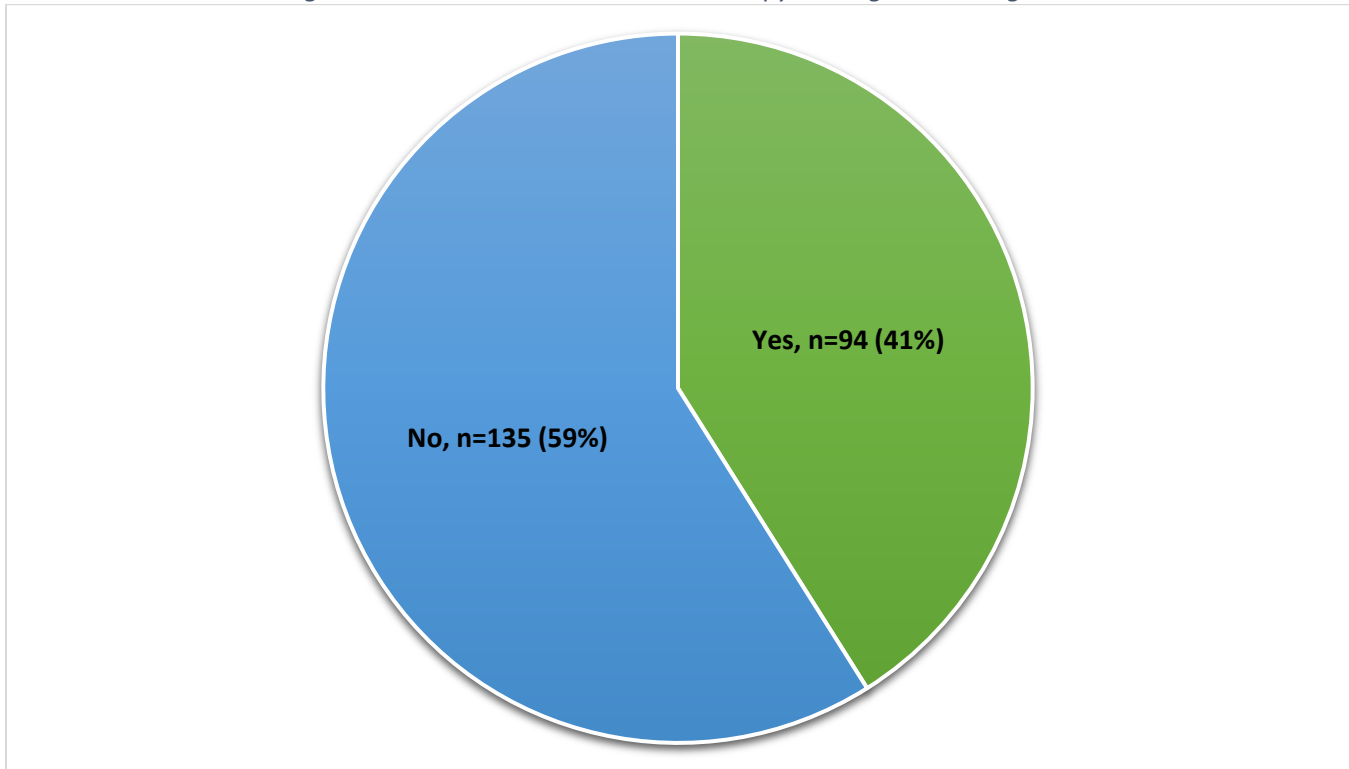


Table 37 - MCO has a Medication Therapy Management Program

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (1), California (7), Colorado (1), Delaware (2), District of Columbia (2), Florida (4), Georgia (2), Hawaii (1), Illinois (1), Indiana (5), Iowa (1), Kansas (3), Kentucky (1), Louisiana (5), Massachusetts (1), Michigan (3), Minnesota (8), Mississippi (1), Nebraska (3), Nevada (1), New Hampshire (3), New Mexico (1), New York (4), Ohio (5), Oregon (10), Pennsylvania (3), Rhode Island (1), South Carolina (1), Texas (2), Utah (2), Virginia (6), Washington (3)	94	41.05%
No	Arkansas (2), California (19), Colorado (1), District of Columbia (2), Florida (9), Georgia (2), Hawaii (5), Illinois (5), Iowa (1), Kentucky (5), Maryland (9), Massachusetts (4), Michigan (7), Mississippi (2), Nevada (2), New Jersey (5), New Mexico (2), New York (12), Oregon (11), Pennsylvania (5), Rhode Island (2), South Carolina (4), Texas (15), Utah (2), Washington (2)	135	58.95%
National Totals		229	100%

3. Summary 2 - DUR Board Activities

DUR Board Activities Summary should include a brief descriptive report on DUR Board activities during the fiscal year reported.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

Section V - Physician Administered Drugs (PAD)

The Deficit Reduction Act requires collection of national drug code (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 37 - Incorporation of NDCs for Covered Outpatient Physician Administered Drugs into DUR criteria for ProDUR

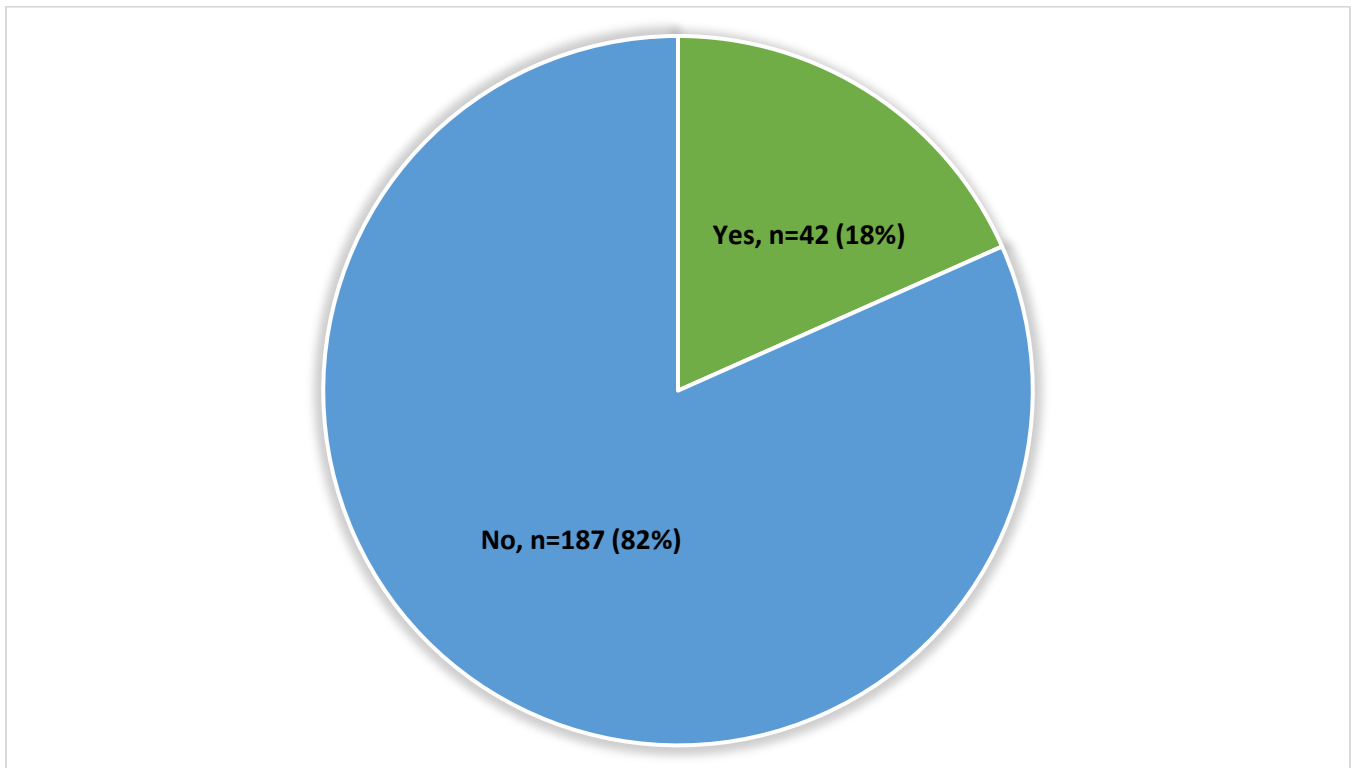


Table 38 - Incorporation of NDCs for Covered Outpatient Physician Administered Drugs into DUR criteria for ProDUR

Response	States (Count of MCOs)	Count	Percentage
Yes	California (2), Delaware (1), Florida (4), Georgia (1), Illinois (2), Indiana (1), Louisiana (1), Maryland (1), Michigan (2), Minnesota (1), Mississippi (1), Nebraska (1), New Jersey (2), New York (4), Ohio (1), Oregon (7), Pennsylvania (1), South Carolina (2), Texas (3), Utah (2), Virginia (1), Washington (1)	42	18.34%
No	Arkansas (3), California (24), Colorado (2), Delaware (1), District of Columbia (4), Florida (9), Georgia (3), Hawaii (6), Illinois (4), Indiana (4), Iowa (2), Kansas (3), Kentucky (6), Louisiana (4), Maryland (8), Massachusetts (5), Michigan (8), Minnesota (7), Mississippi (2), Nebraska (2), Nevada (3), New Hampshire (3), New Jersey (3), New Mexico (3), New York (12), Ohio (4), Oregon (14), Pennsylvania (7), Rhode Island (3), South Carolina (3), Texas (14), Utah (2), Virginia (5), Washington (4)	187	81.66%
National Totals		229	100%

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

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

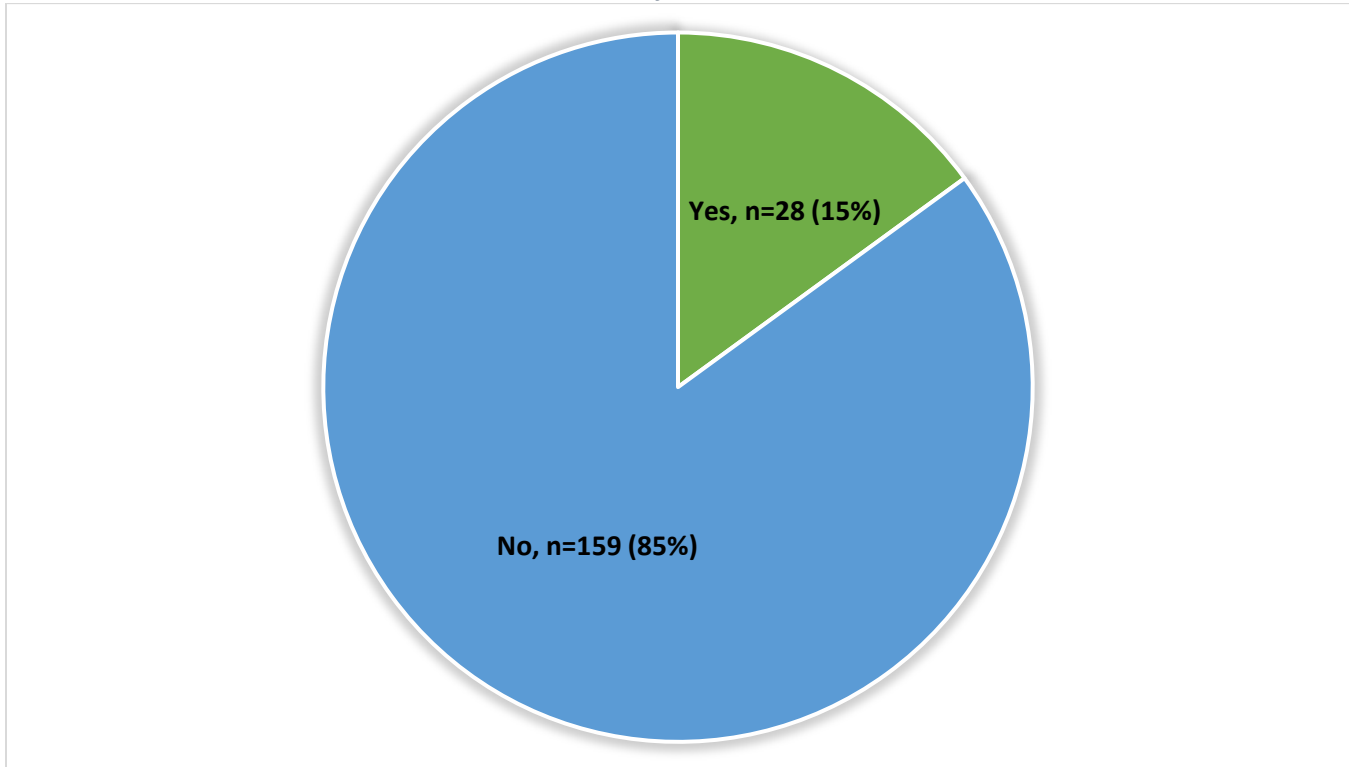


Table 39 - Future Plans to Incorporate NDCs for Covered Outpatient Physician Administered Drugs into DUR Criteria for ProDUR

Response	States (Count of MCOs)	Count	Percentage
Yes	California (2), Colorado (1), Florida (1), Hawaii (1), Indiana (1), Kansas (1), Kentucky (2), Louisiana (2), Maryland (1), Michigan (1), Mississippi (2), Nebraska (1), Nevada (1), New Jersey (2), New York (2), Ohio (1), Pennsylvania (1), Rhode Island (1), Texas (1), Utah (1), Virginia (1), Washington (1)	28	14.97%
No	Arkansas (3), California (22), Colorado (1), Delaware (1), District of Columbia (4), Florida (8), Georgia (3), Hawaii (5), Illinois (4), Indiana (3), Iowa (2), Kansas (2), Kentucky (4), Louisiana (2), Maryland (7), Massachusetts (5), Michigan (7), Minnesota (7), Nebraska (1), Nevada (2), New Hampshire (3), New Jersey (1), New Mexico (3), New York (10), Ohio (3), Oregon (14), Pennsylvania (6), Rhode Island (2), South Carolina (3), Texas (13), Utah (1), Virginia (4), Washington (3)	159	85.03%
National Totals		187	100%

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2. RetroDUR?

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

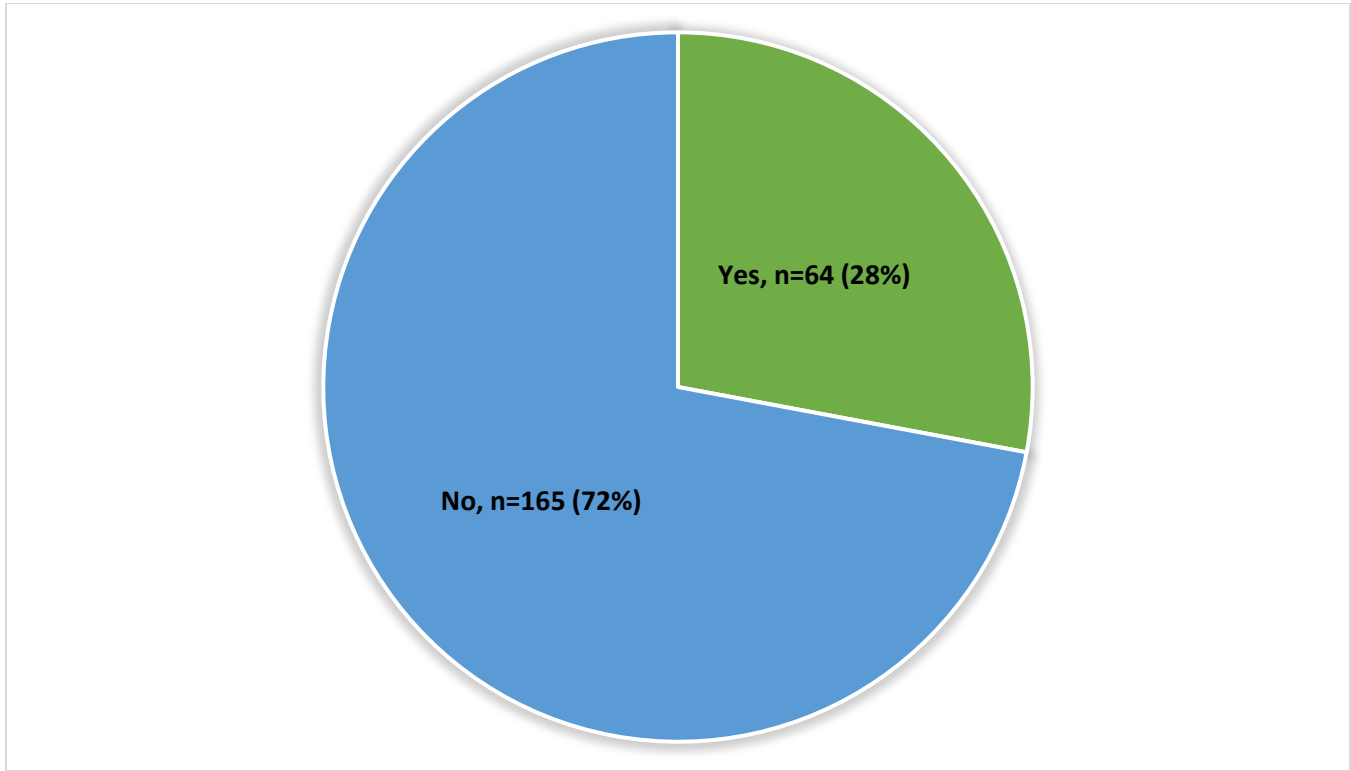


Table 40 - Incorporation of NDCs for Covered Outpatient Physician Administered Drugs into DUR criteria for RetroDUR

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (1), California (5), Delaware (1), Florida (3), Georgia (1), Hawaii (1), Illinois (2), Kentucky (2), Louisiana (1), Maryland (1), Massachusetts (1), Michigan (3), Minnesota (1), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (2), New Mexico (2), New York (8), Ohio (1), Oregon (9), Pennsylvania (2), Rhode Island (1), South Carolina (2), Texas (3), Utah (2), Virginia (3), Washington (2)	64	27.95%
No	Arkansas (2), California (21), Colorado (2), Delaware (1), District of Columbia (4), Florida (10), Georgia (3), Hawaii (5), Illinois (4), Indiana (5), Iowa (2), Kansas (3), Kentucky (4), Louisiana (4), Maryland (8), Massachusetts (4), Michigan (7), Minnesota (7), Mississippi (2), Nebraska (2), Nevada (2), New Hampshire (2), New Jersey (3), New Mexico (1), New York (8), Ohio (4), Oregon (12), Pennsylvania (6), Rhode Island (2), South Carolina (3), Texas (14), Utah (2), Virginia (3), Washington (3)	165	72.05%
National Totals		229	100%

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

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

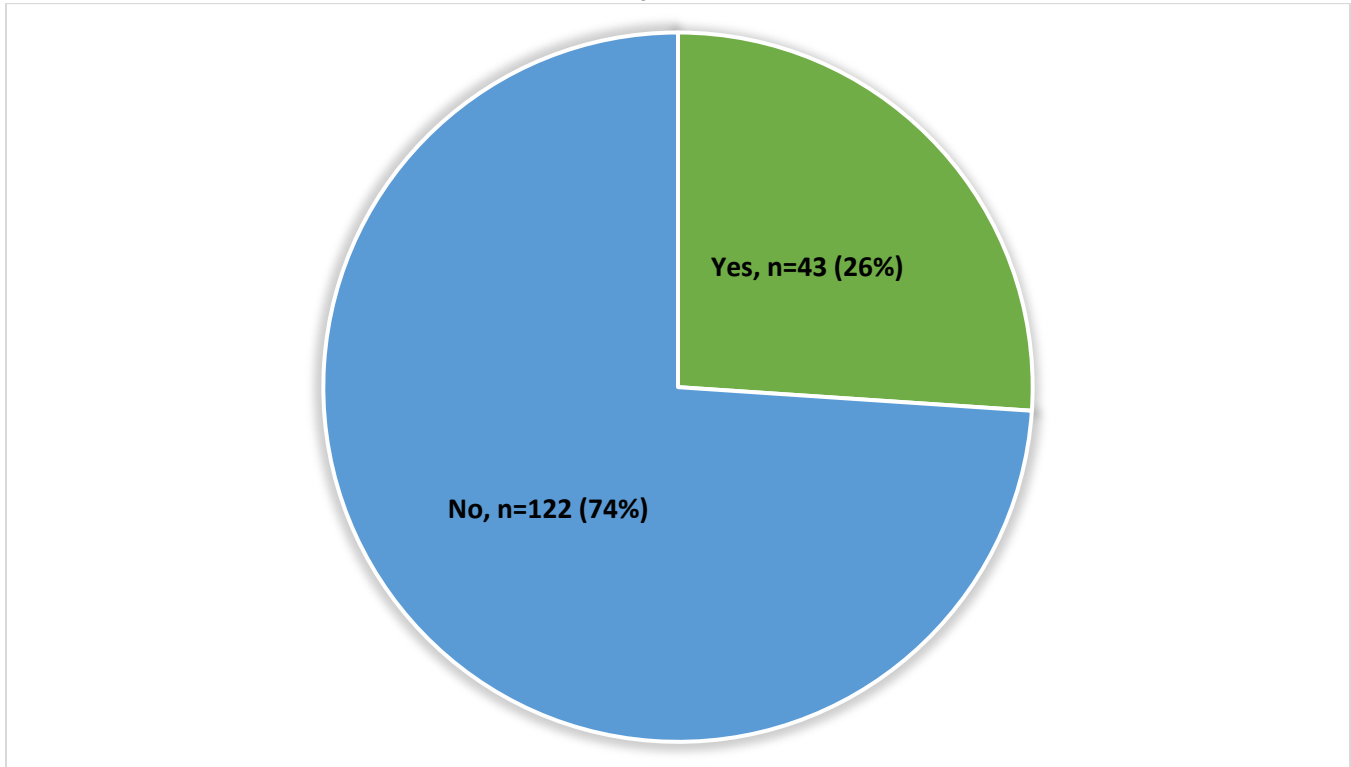


Table 41 - Future Plans to Incorporate NDCs for Covered Outpatient Physician Administered Drugs into DUR criteria for RetroDUR

Response	States (Count of MCOs)	Count	Percentage
Yes	California (3), Colorado (2), Florida (2), Hawaii (1), Illinois (2), Indiana (2), Kansas (2), Kentucky (2), Louisiana (2), Maryland (2), Michigan (2), Mississippi (2), Nebraska (1), Nevada (1), New Jersey (2), New York (2), Ohio (1), Oregon (3), Pennsylvania (2), Rhode Island (1), Texas (2), Utah (1), Virginia (2), Washington (1)	43	26.06%
No	Arkansas (2), California (18), Delaware (1), District of Columbia (4), Florida (8), Georgia (3), Hawaii (4), Illinois (2), Indiana (3), Iowa (2), Kansas (1), Kentucky (2), Louisiana (2), Maryland (6), Massachusetts (4), Michigan (5), Minnesota (7), Nebraska (1), Nevada (1), New Hampshire (2), New Jersey (1), New Mexico (1), New York (6), Ohio (3), Oregon (9), Pennsylvania (4), Rhode Island (1), South Carolina (3), Texas (12), Utah (1), Virginia (1), Washington (2)	122	73.94%
National Totals		165	100%

Section VI - Generic Policy and Utilization Data

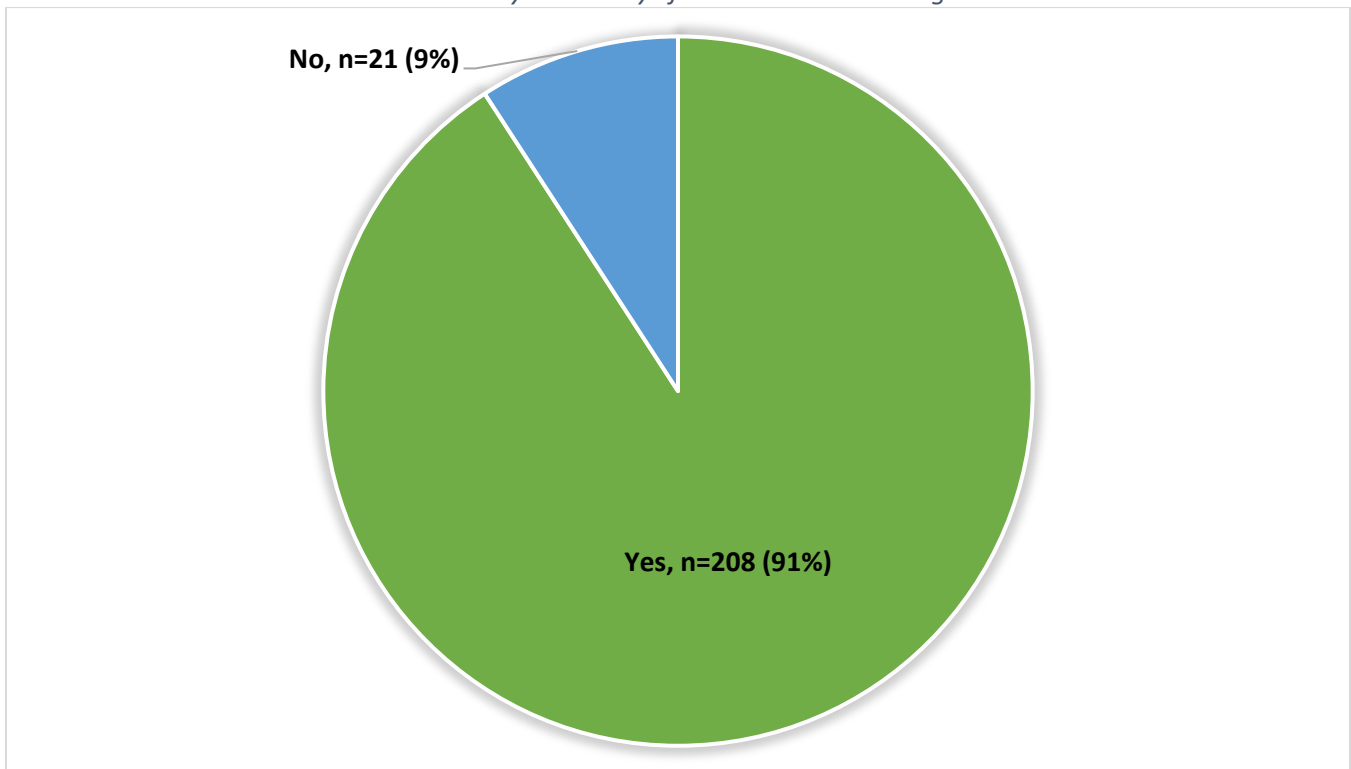
1. Summary 3 - Generic Drug Substitution Policies

Generic Drug Substitution Policies Summary should summarize factors that could affect your generic utilization percentage. In describing these factors, please explain any formulary management or cost containment measures, PDL policies, educational initiatives, technology or promotional factors, or other state specific factors that affects your generic utilization rate.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

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

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



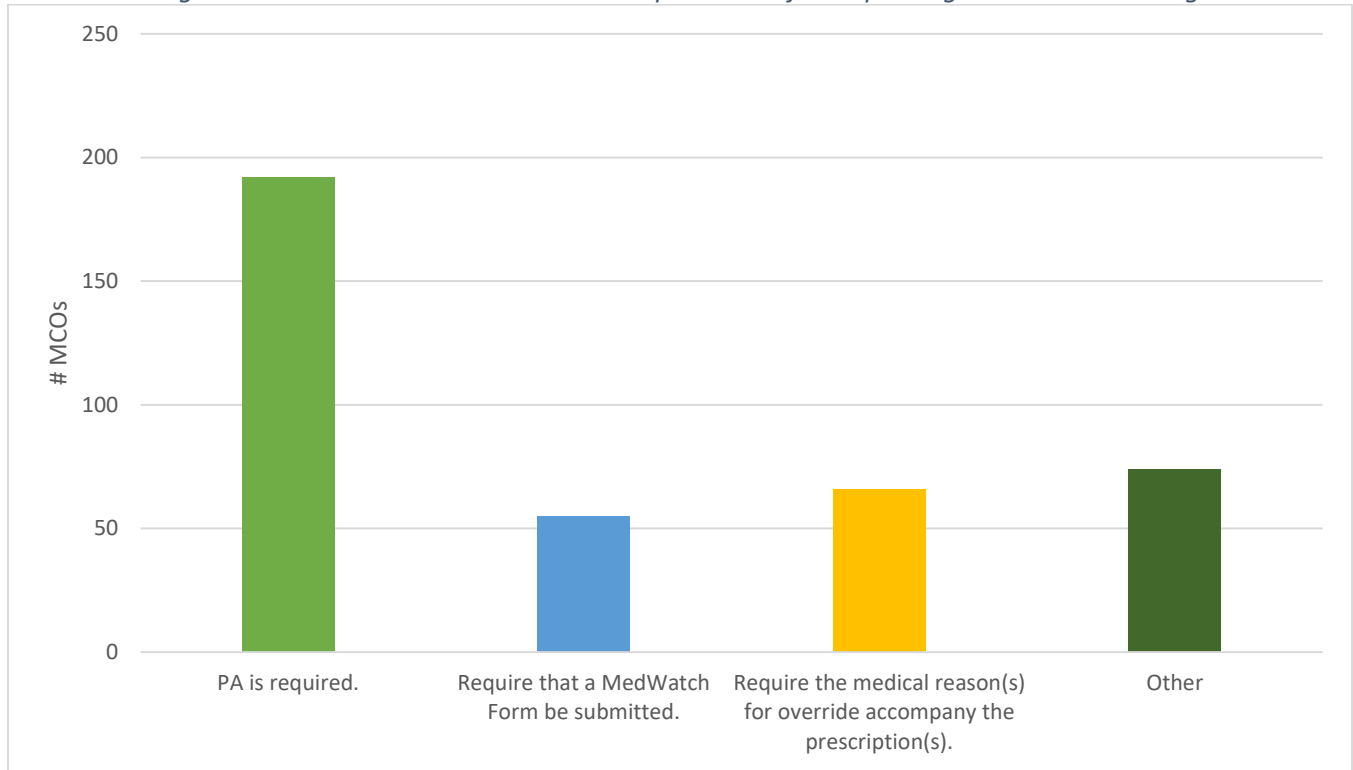
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Table 42 - More Restrictive MCO Requirements than the Prescriber Writing in His Own Handwriting “Brand Medically Necessary” for a Brand Name Drug

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (3), California (24), Colorado (1), Delaware (2), District of Columbia (4), Florida (13), Georgia (4), Hawaii (4), Illinois (6), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Maryland (8), Massachusetts (4), Michigan (10), Minnesota (7), Mississippi (3), Nebraska (1), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (2), New York (16), Ohio (5), Oregon (21), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (13), Utah (4), Virginia (5), Washington (5)	208	90.83%
No	California (2), Colorado (1), Hawaii (2), Louisiana (5), Maryland (1), Massachusetts (1), Minnesota (1), Nebraska (2), New Mexico (1), Texas (4), Virginia (1)	21	9.17%
National Totals		229	100%

If “Yes,” check all that apply.

Figure 42 - Additional Restrictive MCO Requirements for Dispensing a Brand Name Drug



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Table 43 - Additional Restrictive MCO Requirements for Dispensing a Brand Name Drug

Response	States (Count of MCOs)	Count	Percentage
PA is required.	Arkansas (2), California (23), Colorado (1), Delaware (2), District of Columbia (4), Florida (12), Georgia (4), Hawaii (4), Illinois (5), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Maryland (5), Massachusetts (4), Michigan (10), Minnesota (7), Mississippi (3), Nebraska (1), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (2), New York (13), Ohio (5), Oregon (21), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (11), Utah (4), Virginia (5), Washington (3)	192	49.61%
Require that a MedWatch Form be submitted.	Arkansas (1), California (10), Delaware (1), District of Columbia (1), Florida (3), Georgia (2), Illinois (2), Indiana (2), Iowa (2), Maryland (2), Michigan (5), Mississippi (2), New Hampshire (1), New York (2), Ohio (2), Pennsylvania (1), South Carolina (2), Texas (9), Utah (2), Virginia (3)	55	14.21%
Require the medical reason(s) for override accompany the prescription(s).	California (6), Delaware (1), District of Columbia (1), Florida (5), Georgia (2), Hawaii (1), Illinois (2), Indiana (3), Kansas (2), Maryland (1), Massachusetts (1), Michigan (3), Minnesota (2), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (1), New Mexico (1), New York (4), Ohio (3), Oregon (4), Pennsylvania (1), South Carolina (2), Texas (10), Utah (3), Virginia (3), Washington (1)	66	17.05%
Other	Arkansas (2), California (6), District of Columbia (1), Florida (12), Georgia (2), Hawaii (4), Illinois (2), Indiana (3), Kansas (1), Kentucky (1), Maryland (4), Michigan (3), Minnesota (1), Mississippi (3), Nevada (1), New Hampshire (1), New Jersey (1), New Mexico (1), New York (6), Ohio (3), Oregon (2), Pennsylvania (2), South Carolina (4), Texas (2), Utah (1), Virginia (1), Washington (4)	74	19.12%
National Totals		387	100%

Computation Instructions

KEY

Single Source (S) – Drugs having an FDA New Drug Application (NDA), and there are no generic alternatives available on the market.

Non-Innovator Multiple-Source (N) – Drugs that have an FDA Abbreviated New Drug Application (ANDA), and generic alternatives exist on the market

Innovator Multiple-Source (I) – Drugs which have an NDA and no longer have patent exclusivity.

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

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

- Generic Expenditure Percentage:** To determine the generic expenditure percentage (rounded to the nearest \$1000) for all covered outpatient drugs for this reporting period use the following formula:

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

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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 on [Medicaid.gov](https://www.medicare.gov) (Click on the link "[National Drug Code and Drug Category file](#) [ZIP],” then open the Medicaid Drug Product File 4th Qtr. 2021 Excel file).

Figure 43 - State MCO Average Single Source (S) Drug Claims

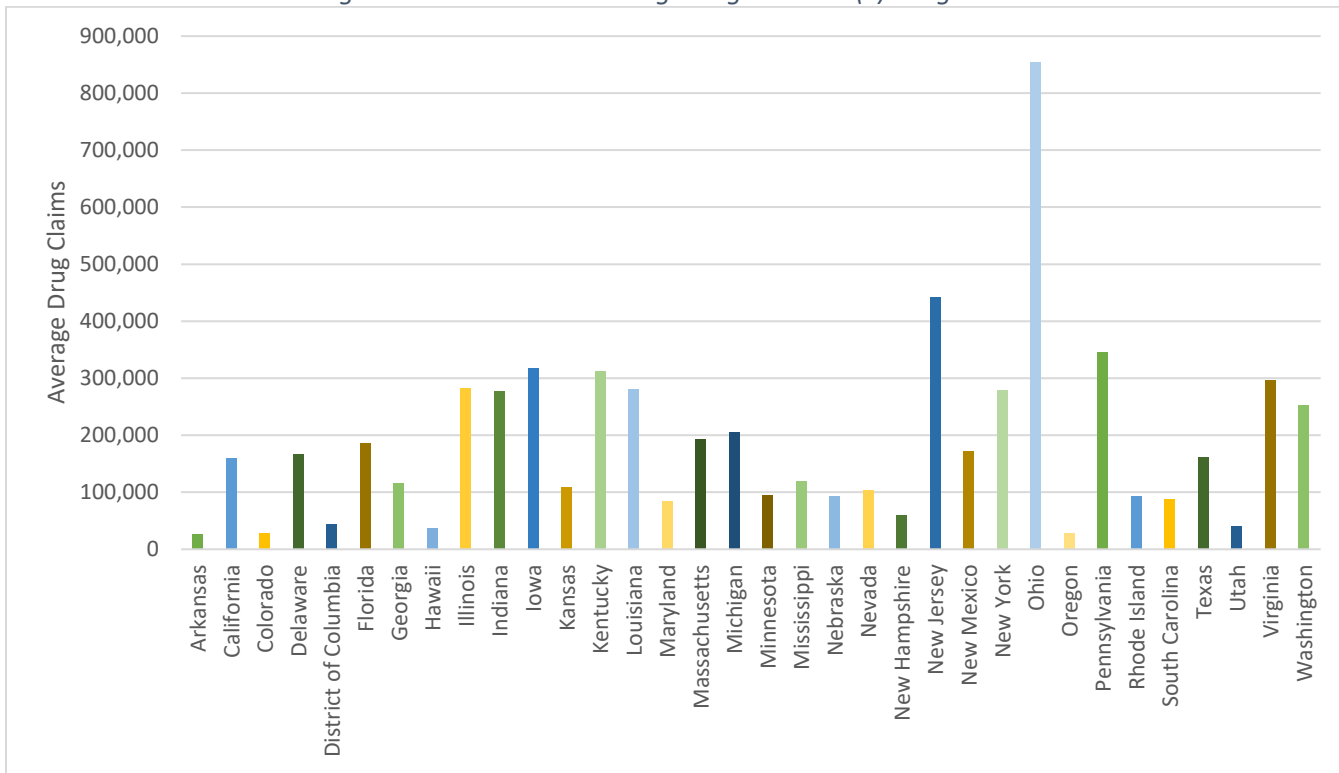
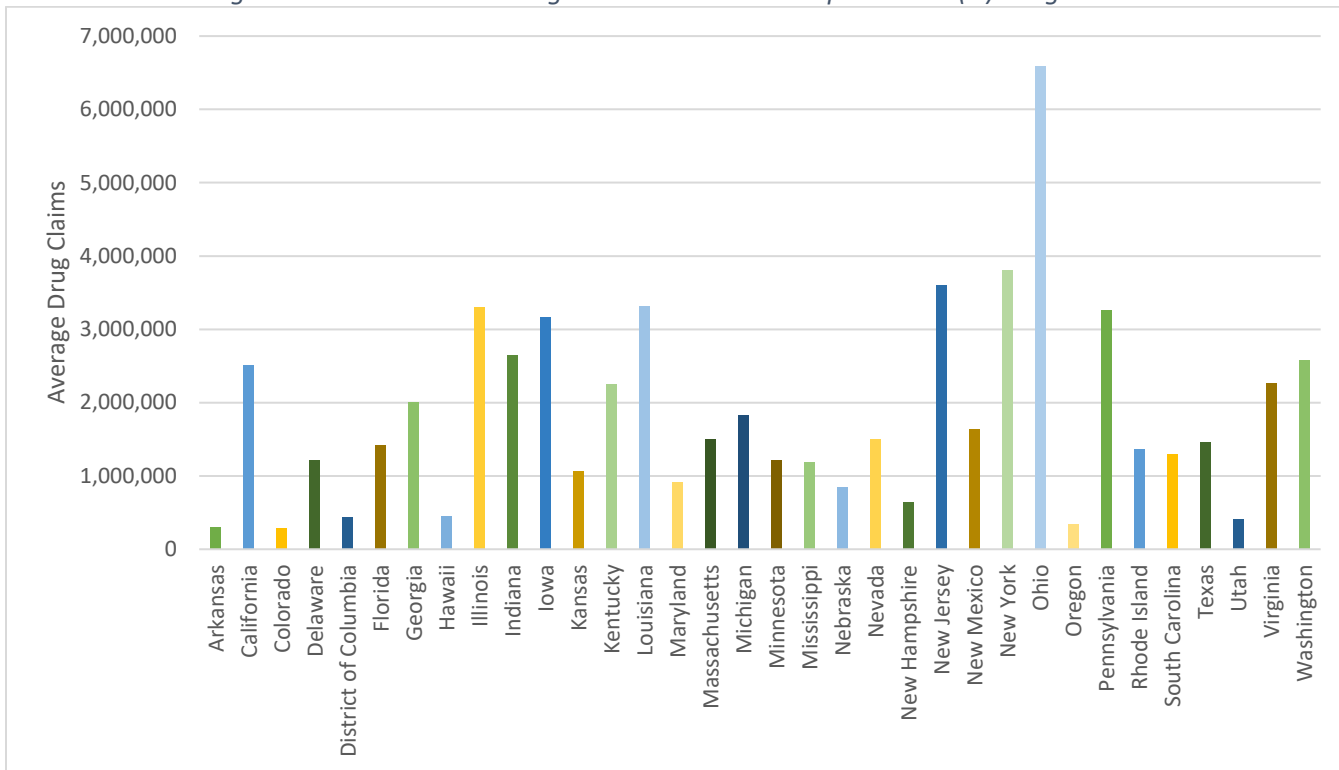


Figure 44 - State MCO Average Non-Innovator Multiple-Source (N) Drug Claims



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Figure 45 - State MCO Average Innovator Multiple-Source (I) Drug Claims

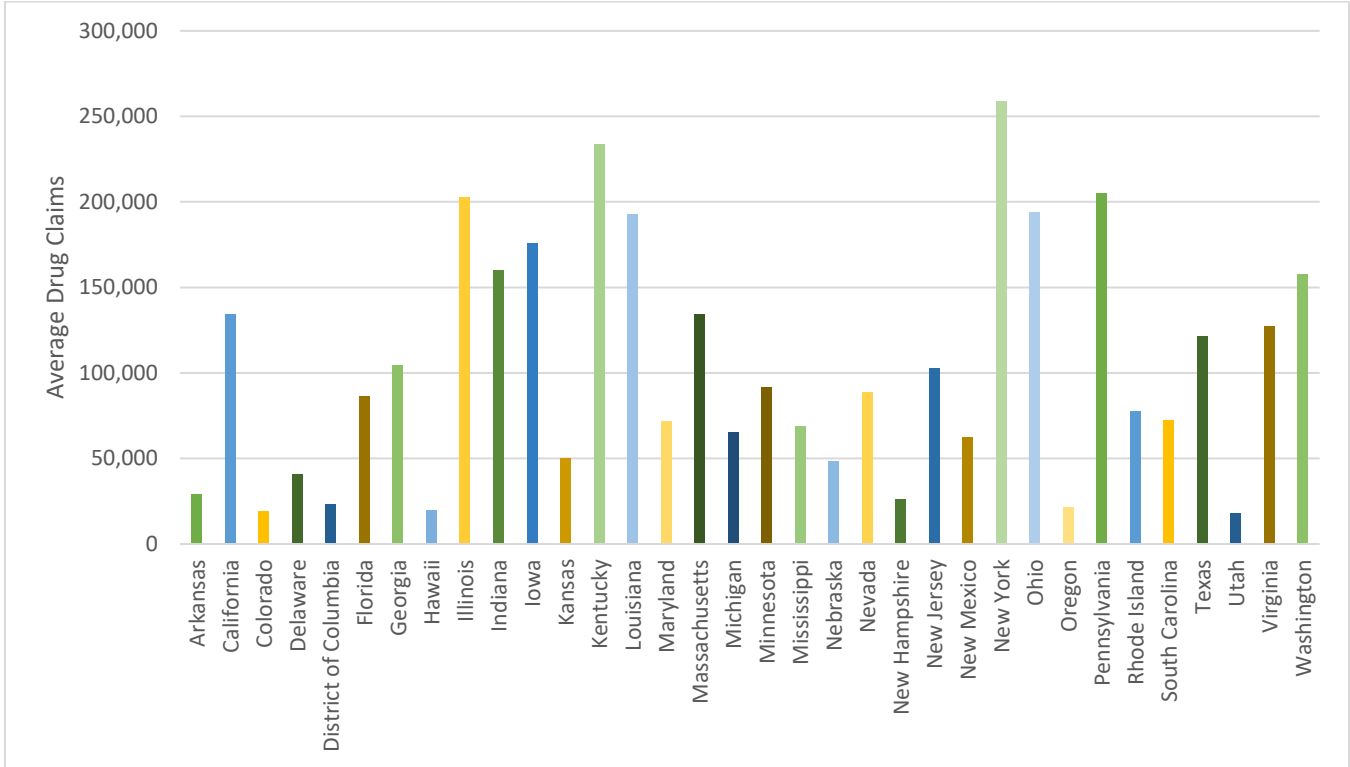
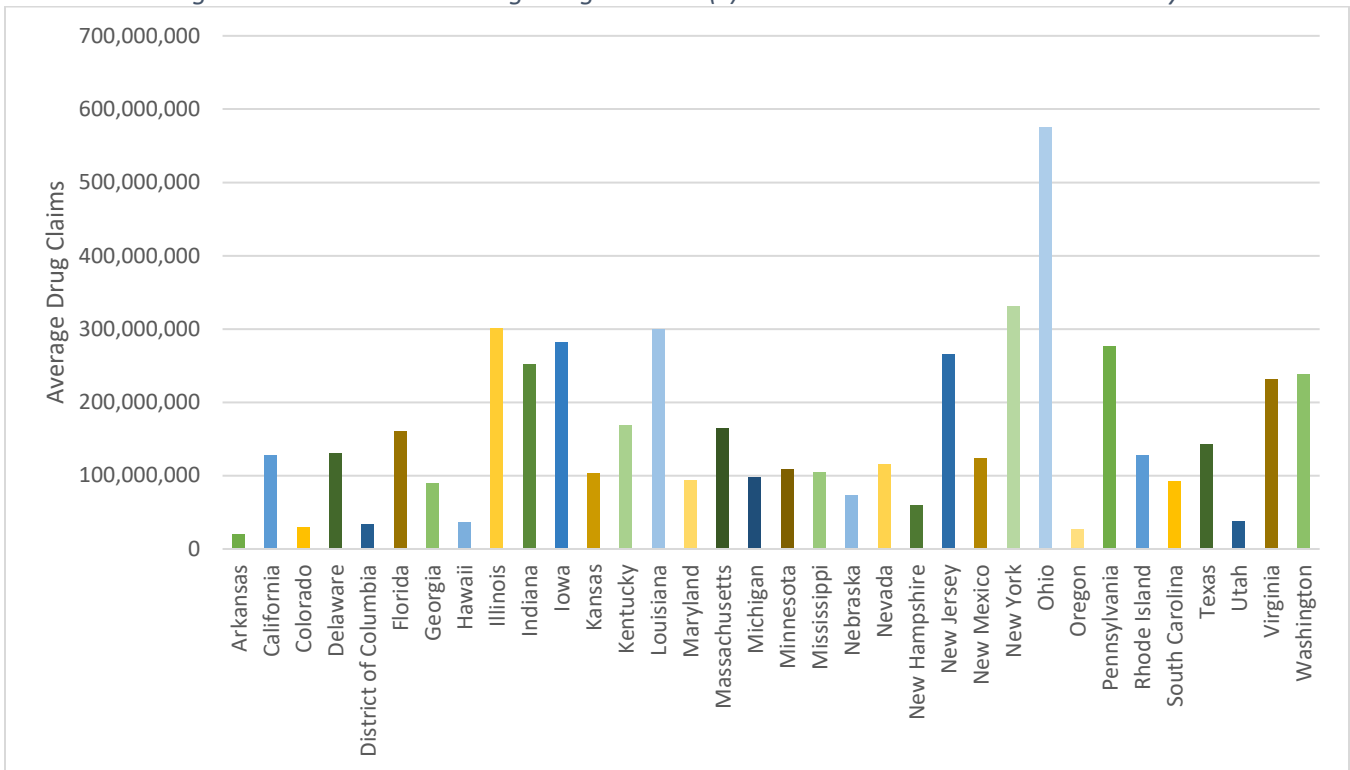


Figure 46 - State MCO Average Single Source (S) Reimbursement Amount Less Co-Pay



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Figure 47 - State MCO Average Non-Innovator Multiple-Source (N) Reimbursement Amount Less Co-Pay

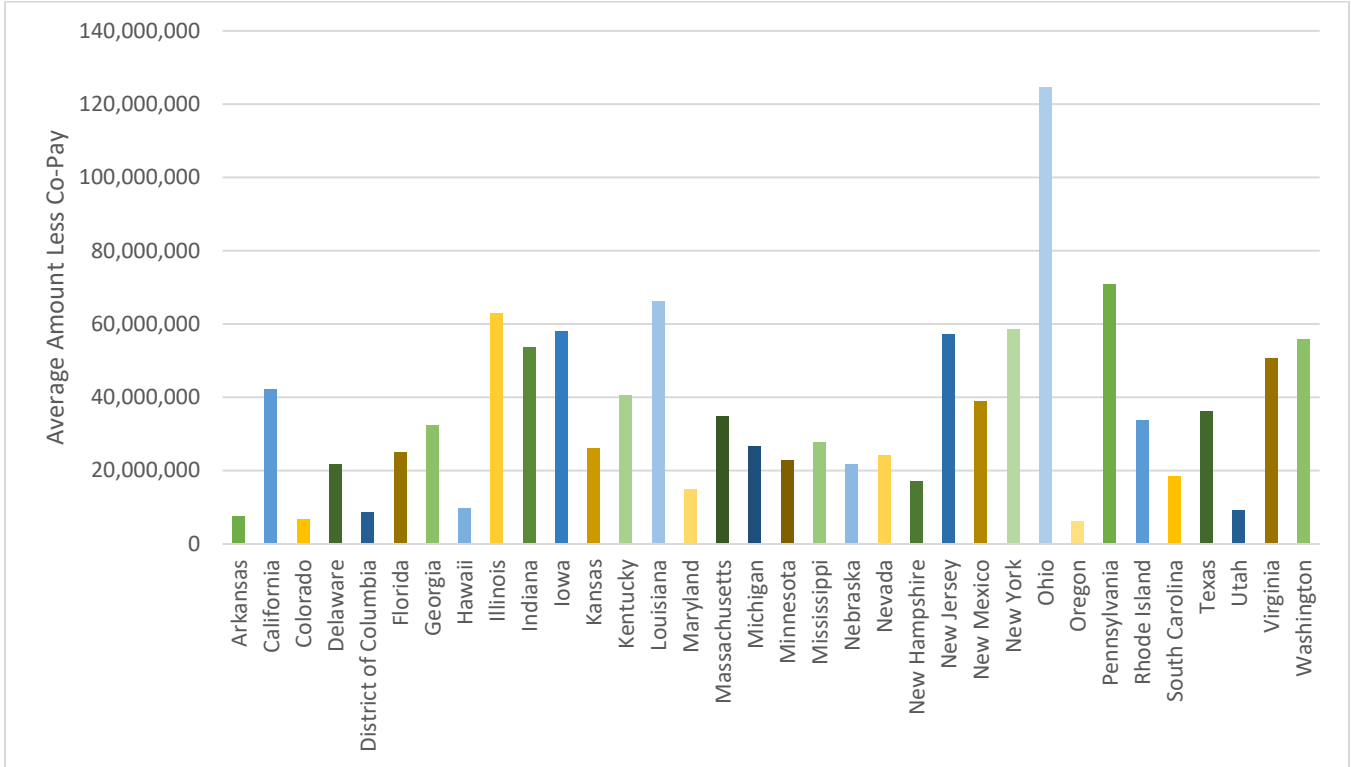
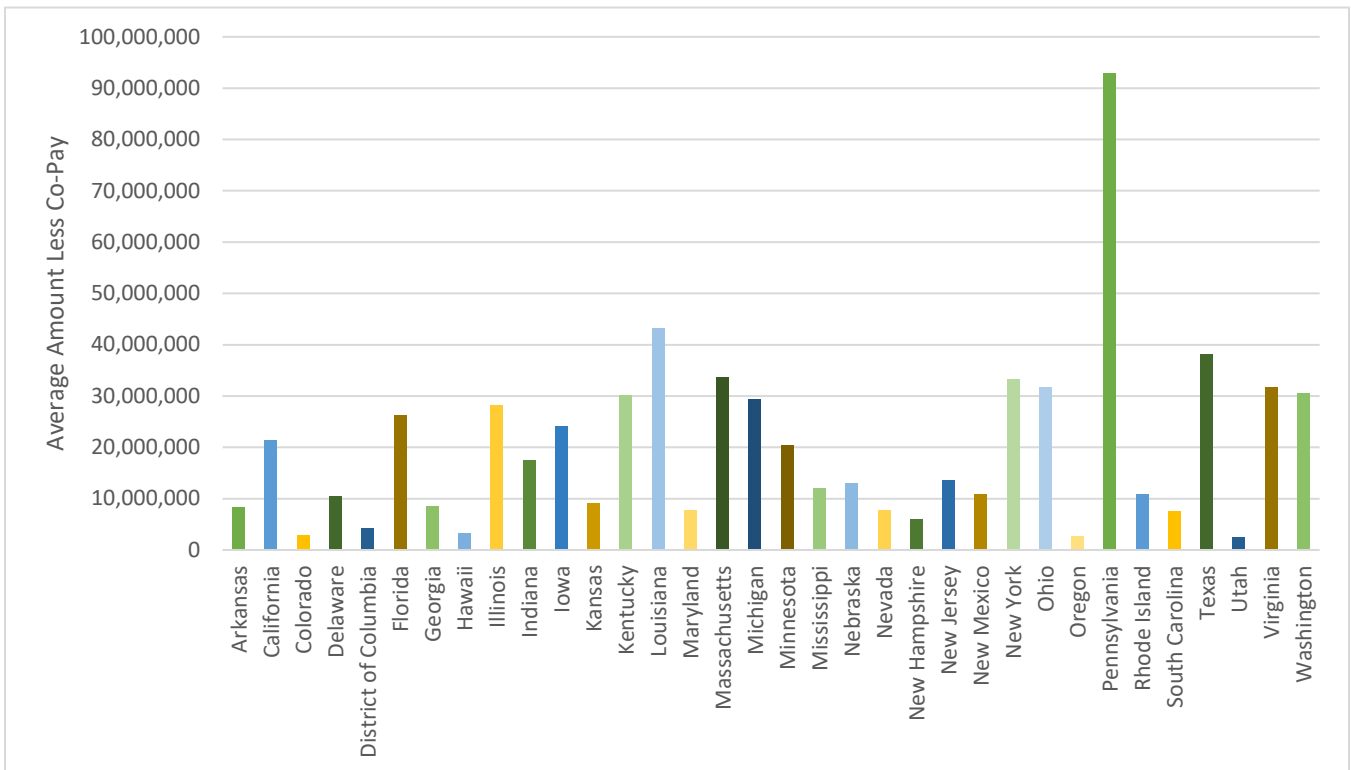


Figure 48 - State MCO Average Innovator Multiple-Source (I) Reimbursement Amount Less Co-Pay



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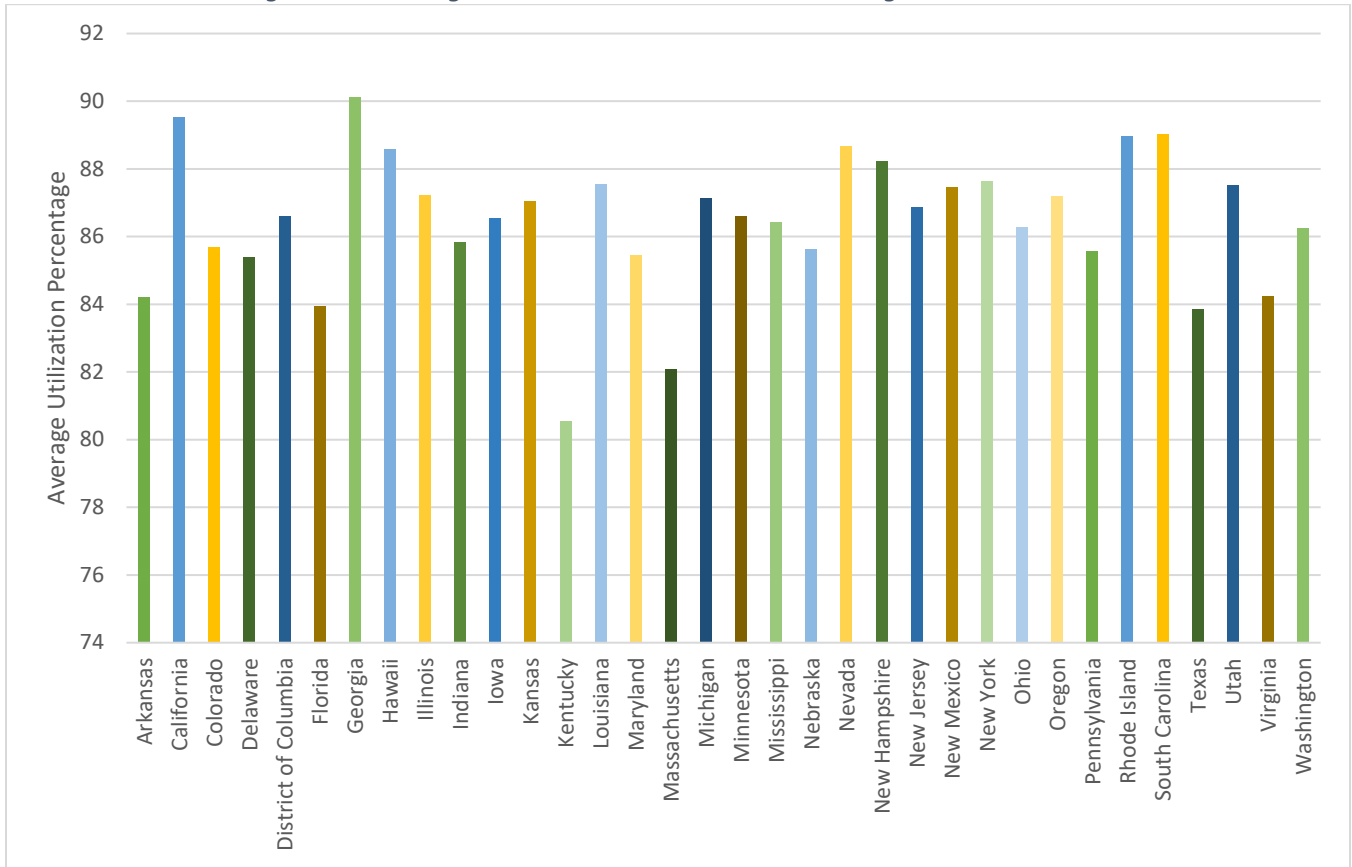
Table 44 - State MCO Average Drug Claims and Reimbursement Amount Less Co-Pay: Single Source Innovator (S), Non-Innovator Multiple-Source (N), Innovator Multiple-Source (I)

State	State Average Single Source "S" Number of Drug Claims	State Average Single Source "S" Reimbursement Amount Less Co-Pay	State Average Non-Innovator Multiple Source "N" Number of Drug Claims	State Average Non-Innovator Multiple Source "N" Reimbursement Amount Less Co-Pay	State Average Innovator Multiple Source "I" Number of Drug Claims	State Average Innovator Multiple Source "I" Reimbursement Amount Less Co-Pay
Arkansas	25,995	\$19,749,562	294,573	\$7,384,094	29,200	\$8,200,351
California	159,385	\$128,163,912	2,507,579	\$42,132,809	134,158	\$21,293,440
Colorado	28,329	\$28,878,666	282,592	\$6,685,840	18,868	\$2,742,752
Delaware	167,198	\$130,616,016	1,216,357	\$21,830,886	40,919	\$10,442,123
District of	44,277	\$33,264,818	435,196	\$8,526,697	23,119	\$4,165,969
Florida	186,371	\$159,823,256	1,425,452	\$25,043,936	86,375	\$26,291,236
Georgia	115,796	\$89,578,811	2,007,472	\$32,438,018	104,655	\$8,543,098
Hawaii	37,803	\$36,207,804	446,147	\$9,640,359	19,621	\$3,182,479
Illinois	282,054	\$300,303,155	3,307,578	\$62,855,404	202,306	\$28,145,630
Indiana	277,382	\$251,182,150	2,647,959	\$53,599,699	160,122	\$17,481,701
Iowa	317,622	\$281,319,356	3,168,212	\$58,115,023	175,602	\$23,994,809
Kansas	108,433	\$102,359,705	1,063,234	\$26,096,320	49,936	\$9,098,408
Kentucky	311,515	\$168,771,679	2,256,210	\$40,538,579	233,583	\$30,183,948
Louisiana	279,927	\$299,490,914	3,317,183	\$66,307,002	192,465	\$43,211,614
Maryland	84,959	\$93,294,947	920,013	\$14,978,865	71,735	\$7,747,238
Massachusetts	193,705	\$164,662,350	1,503,265	\$34,916,361	134,175	\$33,684,362
Michigan	205,744	\$97,928,841	1,834,194	\$26,680,964	65,413	\$29,364,183
Minnesota	95,466	\$107,851,221	1,208,353	\$22,707,670	91,380	\$20,365,289
Mississippi	118,537	\$104,790,382	1,190,296	\$27,834,235	68,568	\$12,018,002
Nebraska	93,159	\$73,648,640	841,799	\$21,730,026	48,188	\$12,888,463
Nevada	103,756	\$115,204,924	1,503,748	\$24,272,110	88,623	\$7,793,972
New Hampshire	59,329	\$59,553,991	639,356	\$17,040,913	26,065	\$6,041,249
New Jersey	442,884	\$264,751,424	3,605,783	\$57,087,145	102,676	\$13,612,271
New Mexico	172,481	\$122,979,907	1,639,061	\$38,761,860	62,449	\$10,772,395
New York	278,850	\$330,664,656	3,807,188	\$58,460,168	258,949	\$33,295,591
Ohio	854,944	\$574,621,360	6,589,923	\$124,451,516	193,822	\$31,616,299
Oregon	28,140	\$26,486,203	336,045	\$6,043,696	21,189	\$2,554,375
Pennsylvania	345,757	\$276,207,113	3,265,156	\$70,672,085	205,033	\$92,917,306
Rhode Island	92,218	\$127,627,179	1,370,633	\$33,748,654	77,719	\$10,901,965
South Carolina	87,877	\$92,386,525	1,298,620	\$18,435,908	71,974	\$7,465,591
Texas	161,048	\$142,584,366	1,464,706	\$36,224,982	121,053	\$38,128,884
Utah	39,725	\$37,185,390	403,452	\$9,054,310	17,858	\$2,400,750
Virginia	295,753	\$231,109,390	2,260,069	\$50,550,149	126,966	\$31,606,996
Washington	253,083	\$238,464,466	2,572,825	\$55,739,541	157,645	\$30,483,509
National Average	186,750	\$156,226,855	1,842,066	\$35,605,465	102,424	\$19,783,419

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3. Indicate the generic utilization percentage for all CODs paid during this reporting period.

Figure 49 - Average State Generic Utilization Percentage Across all MCOs



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Table 45 - Average State Generic Utilization Percentage Across all MCOs

State	State Average Generic Utilization Percentage
Arkansas	84.22%
California	89.52%
Colorado	85.69%
Delaware	85.39%
District of Columbia	86.59%
Florida	83.94%
Georgia	90.11%
Hawaii	88.60%
Illinois	87.23%
Indiana	85.82%
Iowa	86.53%
Kansas	87.04%
Kentucky	80.54%
Louisiana	87.53%
Maryland	85.45%
Massachusetts	82.09%
Michigan	87.12%
Minnesota	86.61%
Mississippi	86.42%
Nebraska	85.62%
Nevada	88.66%
New Hampshire	88.22%
New Jersey	86.86%
New Mexico	87.46%
New York	87.62%
Ohio	86.27%
Oregon	87.20%
Pennsylvania	85.57%
Rhode Island	88.97%
South Carolina	89.04%
Texas	83.85%
Utah	87.51%
Virginia	84.24%
Washington	86.23%
National Average	86.46%

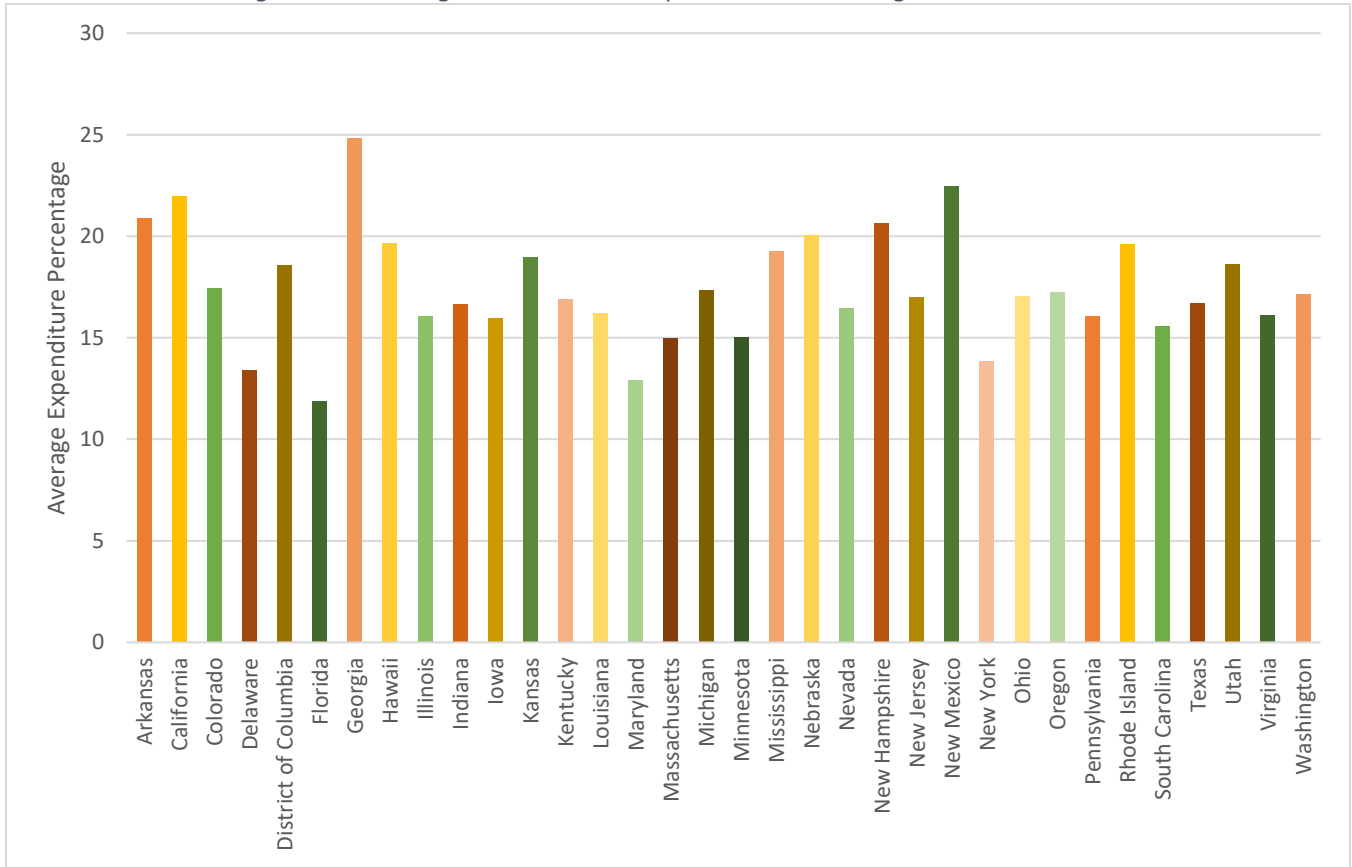
4. How many multi-source drugs have the innovator as the preferred drug product based on net pricing (brand preferred over generic)?

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

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5. Indicate the percentage dollars paid for generic CODs in relation to all COD claims paid during this reporting period.

Figure 50 - Average State Generic Expenditure Percentage Across all MCOs



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Table 46 - Average State Generic Expenditure Percentage Across all MCOs

State	State Average Generic Expenditure Percentage
Arkansas	20.90%
California	21.99%
Colorado	17.45%
Delaware	13.40%
District of Columbia	18.55%
Florida	11.86%
Georgia	24.85%
Hawaii	19.66%
Illinois	16.06%
Indiana	16.63%
Iowa	15.99%
Kansas	18.97%
Kentucky	16.93%
Louisiana	16.21%
Maryland	12.91%
Massachusetts	14.97%
Michigan	17.33%
Minnesota	15.05%
Mississippi	19.24%
Nebraska	20.07%
Nevada	16.48%
New Hampshire	20.62%
New Jersey	17.02%
New Mexico	22.47%
New York	13.84%
Ohio	17.03%
Oregon	17.23%
Pennsylvania	16.07%
Rhode Island	19.59%
South Carolina	15.59%
Texas	16.70%
Utah	18.61%
Virginia	16.14%
Washington	17.17%
National Average	17.46%

6. Does your MCO have any policies related to Biosimilars?

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

Section VII - Fraud, Waste and Abuse Detection (FWA)

A. Lock-in or Patient Review and Restriction Programs

1. Does your MCO have a documented process in place that identifies potential FWA of controlled drugs by beneficiaries?

Figure 51 - Documented Process in Place to Identify Potential FWA of Controlled Drugs by Beneficiaries

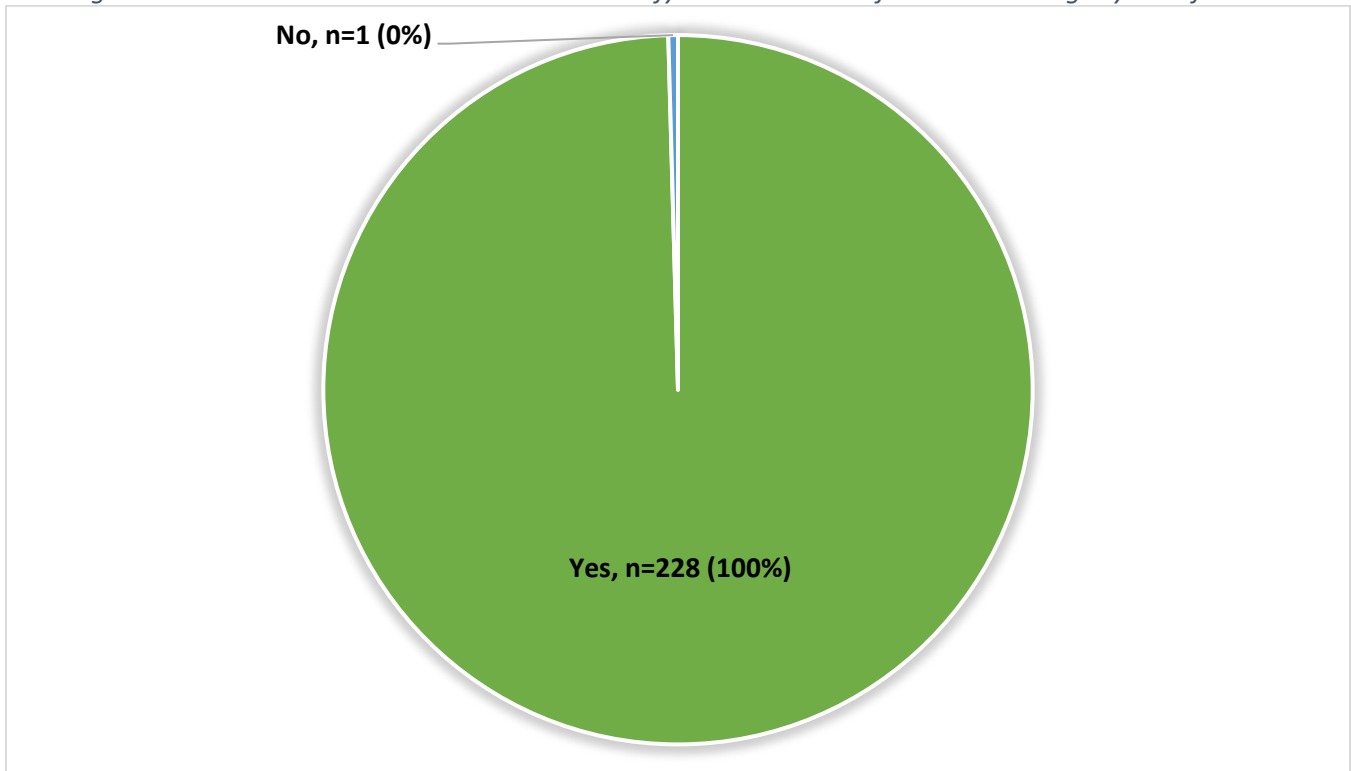


Table 47 - Documented Process in Place to Identify Potential FWA of Controlled Drugs by Beneficiaries

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (3), California (25), Colorado (2), Delaware (2), District of Columbia (4), Florida (13), Georgia (4), Hawaii (6), Illinois (6), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (10), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (16), Ohio (5), Oregon (21), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	228	99.56%
No	California (1)	1	0.44%
National Totals		229	100%

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If “Yes,” what actions does this process initiate (multiple responses allowed)?

Figure 52 - Actions Process Initiates when Potential FWA of Controlled Drugs by Beneficiaries is Detected

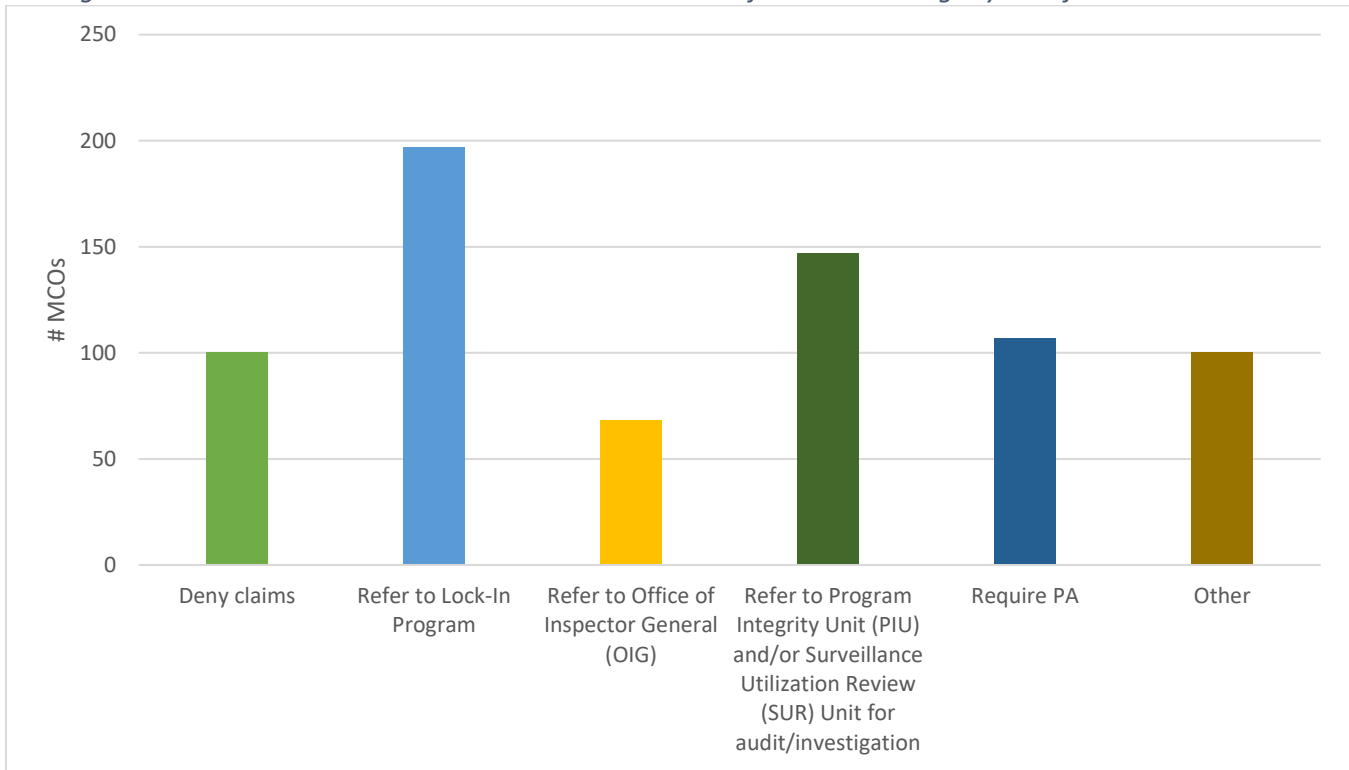


Table 48 - Actions Process Initiates when Potential FWA of Controlled Drugs by Beneficiaries is Detected

Response	States (Count of MCOs)	Count	Percentage
Deny claims	Arkansas (2), California (12), Colorado (2), District of Columbia (2), Florida (5), Georgia (2), Hawaii (3), Illinois (5), Indiana (3), Kansas (1), Maryland (7), Massachusetts (2), Michigan (5), Minnesota (4), New Hampshire (1), New Jersey (3), New Mexico (3), New York (5), Ohio (2), Oregon (3), Pennsylvania (3), South Carolina (1), Texas (15), Utah (3), Virginia (5), Washington (1)	100	13.91%
Refer to Lock-In Program	Arkansas (3), California (13), Colorado (1), Delaware (2), District of Columbia (4), Florida (11), Georgia (4), Hawaii (6), Illinois (6), Indiana (5), Iowa (1), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (10), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), Ohio (5), Oregon (8), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	197	27.40%
Refer to Office of Inspector General (OIG)	Arkansas (2), California (5), District of Columbia (1), Florida (4), Georgia (1), Hawaii (2), Illinois (3), Indiana (3), Kansas (2), Kentucky (1), Louisiana (1), Maryland (6), Michigan (7), Minnesota (1), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (2), New York (6), Ohio (2), Oregon (1), Pennsylvania (3), Rhode Island (1), Texas (5), Utah (2), Virginia (3), Washington (1)	68	9.46%

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Response	States (Count of MCOs)	Count	Percentage
Refer to Program Integrity Unit (PIU) and/or Surveillance Utilization Review (SUR) Unit for audit/investigation	Arkansas (2), California (15), Delaware (2), District of Columbia (1), Florida (10), Georgia (3), Hawaii (6), Illinois (3), Indiana (4), Iowa (1), Kansas (3), Kentucky (3), Louisiana (3), Maryland (7), Massachusetts (3), Michigan (10), Minnesota (4), Mississippi (1), Nebraska (2), Nevada (1), New Hampshire (3), New Jersey (5), New Mexico (2), New York (12), Ohio (3), Oregon (10), Pennsylvania (6), Rhode Island (2), South Carolina (3), Texas (6), Utah (3), Virginia (6), Washington (2)	147	20.45%
Require PA	Arkansas (1), California (12), Colorado (2), District of Columbia (3), Florida (7), Georgia (1), Hawaii (2), Illinois (5), Indiana (2), Kansas (2), Kentucky (2), Maryland (6), Massachusetts (1), Michigan (6), Minnesota (3), Mississippi (2), Nebraska (1), New Hampshire (1), New Jersey (3), New Mexico (3), New York (3), Ohio (2), Oregon (6), Pennsylvania (2), South Carolina (2), Texas (15), Utah (4), Virginia (6), Washington (2)	107	14.88%
Other	Arkansas (2), California (10), Colorado (1), Delaware (1), District of Columbia (3), Florida (8), Georgia (1), Hawaii (4), Illinois (2), Indiana (2), Iowa (1), Kansas (3), Kentucky (3), Louisiana (3), Maryland (6), Massachusetts (2), Michigan (3), Minnesota (2), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (4), New Mexico (1), New York (3), Ohio (2), Oregon (8), Pennsylvania (3), Rhode Island (2), South Carolina (2), Texas (9), Virginia (4), Washington (1)	100	13.91%
National Totals		719	100%

2. Does your MCO have a Lock-In Program for beneficiaries with potential FWA of controlled substances

Figure 53 - Lock-In Program

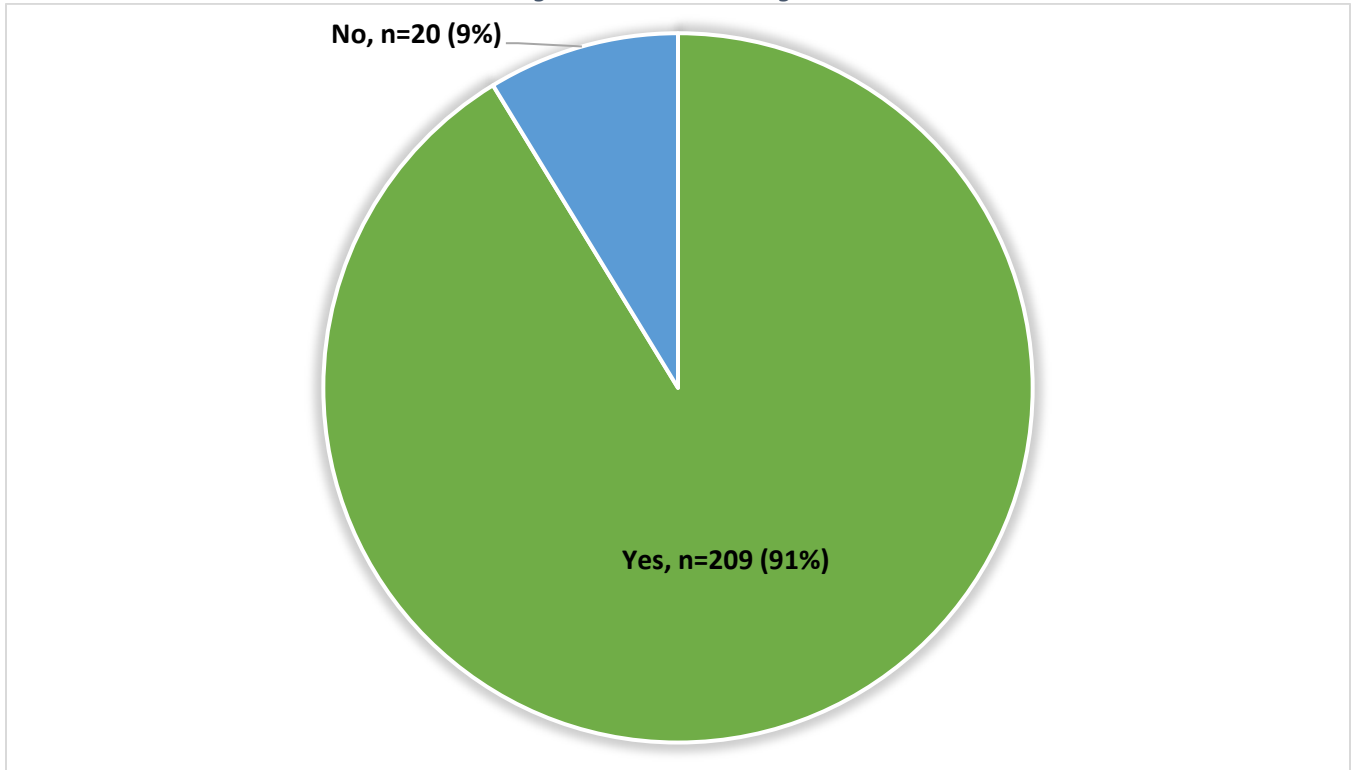


Table 49 - Lock-In Program

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (3), California (12), Colorado (2), Delaware (2), District of Columbia (4), Florida (12), Georgia (4), Hawaii (6), Illinois (6), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (10), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (16), Ohio (5), Oregon (16), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	209	91.27%
No	California (14), Florida (1), Oregon (5)	20	8.73%
National Totals		229	100%

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a. If “Yes,” what criteria does your MCO use to identify candidates for lock-in (multiple responses allowed)?

Figure 54 - Lock-In Program Candidate Identification Criteria

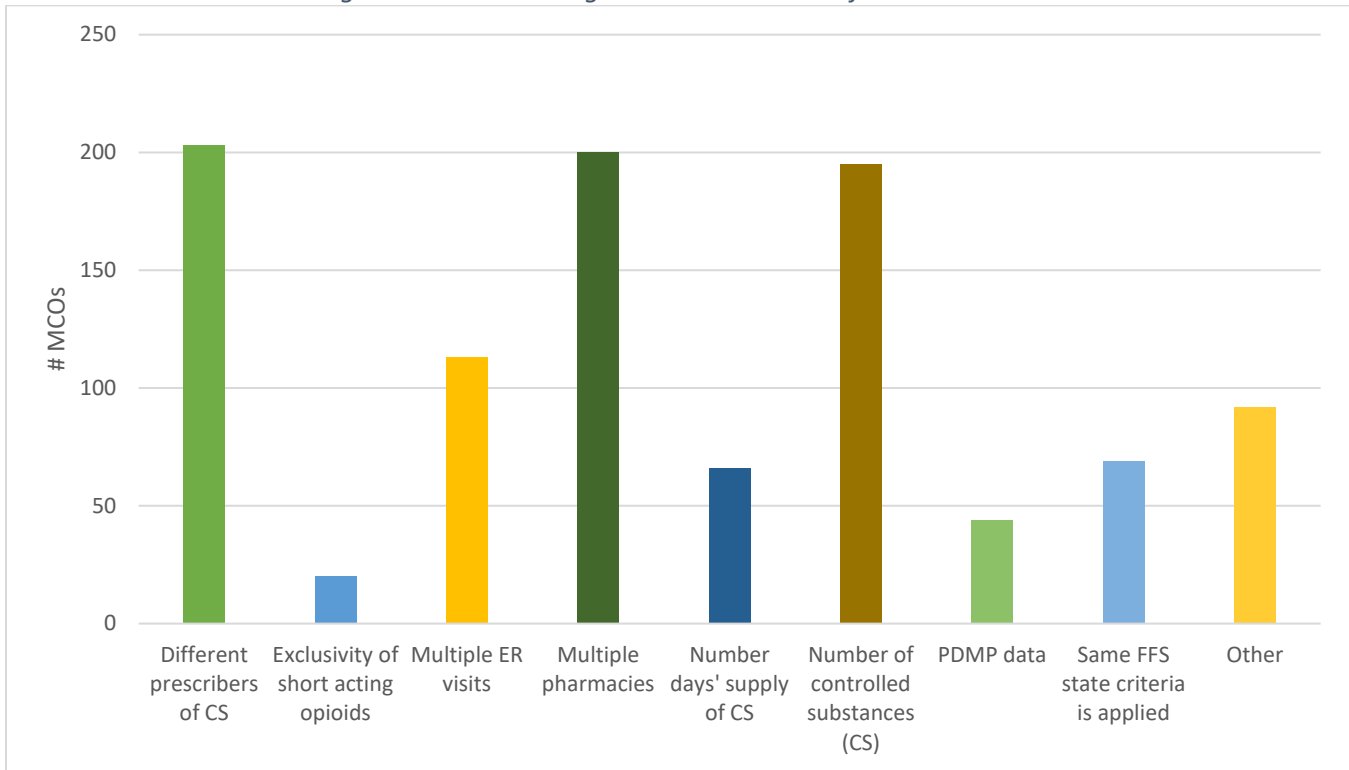


Table 50 - Lock-In Program Candidate Identification Criteria

Response	States (Count of MCOs)	Count	Percentage
Different prescribers of CS	Arkansas (3), California (11), Colorado (2), Delaware (2), District of Columbia (4), Florida (12), Georgia (4), Hawaii (6), Illinois (6), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (10), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (16), Ohio (5), Oregon (13), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (16), Utah (4), Virginia (6), Washington (4)	203	20.26%
Exclusivity of short acting opioids	California (1), Delaware (1), Kansas (1), Maryland (1), Massachusetts (1), Michigan (1), Minnesota (2), Nebraska (1), New Hampshire (1), New Jersey (1), New York (2), Pennsylvania (3), Texas (1), Utah (1), Virginia (1), Washington (1)	20	2.00%
Multiple ER visits	Arkansas (1), California (4), Colorado (2), Delaware (1), District of Columbia (1), Florida (1), Georgia (3), Hawaii (4), Illinois (4), Indiana (3), Kansas (3), Kentucky (4), Louisiana (1), Maryland (1), Massachusetts (3), Michigan (8), Minnesota (8), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (3), New Jersey (3), New Mexico (3), New York (13), Ohio (1), Pennsylvania (7), Rhode Island (1), South Carolina (2), Texas (15), Utah (4), Virginia (3), Washington (3)	113	11.28%

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Response	States (Count of MCOs)	Count	Percentage
Multiple pharmacies	Arkansas (3), California (10), Colorado (2), Delaware (2), District of Columbia (4), Florida (12), Georgia (4), Hawaii (6), Illinois (6), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (9), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), Ohio (5), Oregon (13), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (16), Utah (4), Virginia (6), Washington (4)	200	19.96%
Number days' supply of CS	Arkansas (1), California (2), Delaware (1), Florida (1), Georgia (2), Hawaii (2), Illinois (3), Indiana (1), Kansas (2), Louisiana (4), Maryland (2), Massachusetts (2), Michigan (1), Minnesota (2), Nevada (1), New Hampshire (2), New Jersey (1), New Mexico (2), New York (5), Ohio (1), Oregon (6), Pennsylvania (4), South Carolina (3), Texas (10), Utah (1), Virginia (2), Washington (2)	66	6.59%
Number of controlled substances (CS)	Arkansas (3), California (9), Colorado (2), Delaware (2), District of Columbia (4), Florida (12), Georgia (4), Hawaii (6), Illinois (6), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (10), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (16), Ohio (5), Oregon (9), Pennsylvania (7), Rhode Island (3), South Carolina (5), Texas (16), Utah (4), Virginia (5), Washington (4)	195	19.46%
PDMP data	California (4), District of Columbia (1), Florida (2), Hawaii (1), Illinois (4), Indiana (2), Kansas (1), Kentucky (2), Michigan (3), Minnesota (7), Mississippi (1), New Mexico (3), Pennsylvania (1), Texas (1), Utah (3), Virginia (5), Washington (3)	44	4.39%
Same FFS state criteria is applied	District of Columbia (3), Florida (8), Georgia (1), Hawaii (2), Indiana (2), Kansas (2), Kentucky (2), Louisiana (4), Maryland (7), Massachusetts (3), Michigan (4), Minnesota (4), New Hampshire (2), New York (4), Ohio (1), Pennsylvania (3), South Carolina (2), Texas (4), Utah (4), Virginia (5), Washington (2)	69	6.89%
Other	Arkansas (1), California (4), Delaware (2), District of Columbia (1), Florida (3), Georgia (1), Hawaii (3), Illinois (3), Indiana (1), Kansas (2), Kentucky (2), Louisiana (2), Maryland (1), Massachusetts (3), Michigan (4), Minnesota (1), Mississippi (2), Nebraska (1), Nevada (1), New Jersey (3), New York (6), Ohio (4), Oregon (15), Pennsylvania (6), Rhode Island (3), South Carolina (2), Texas (12), Virginia (1), Washington (2)	92	9.18%
National Totals		1,002	100%

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b. If “Yes,” does your MCO have the capability to restrict the beneficiary to:

i. Prescriber only

Figure 55 - Prescriber Only Restriction Capability

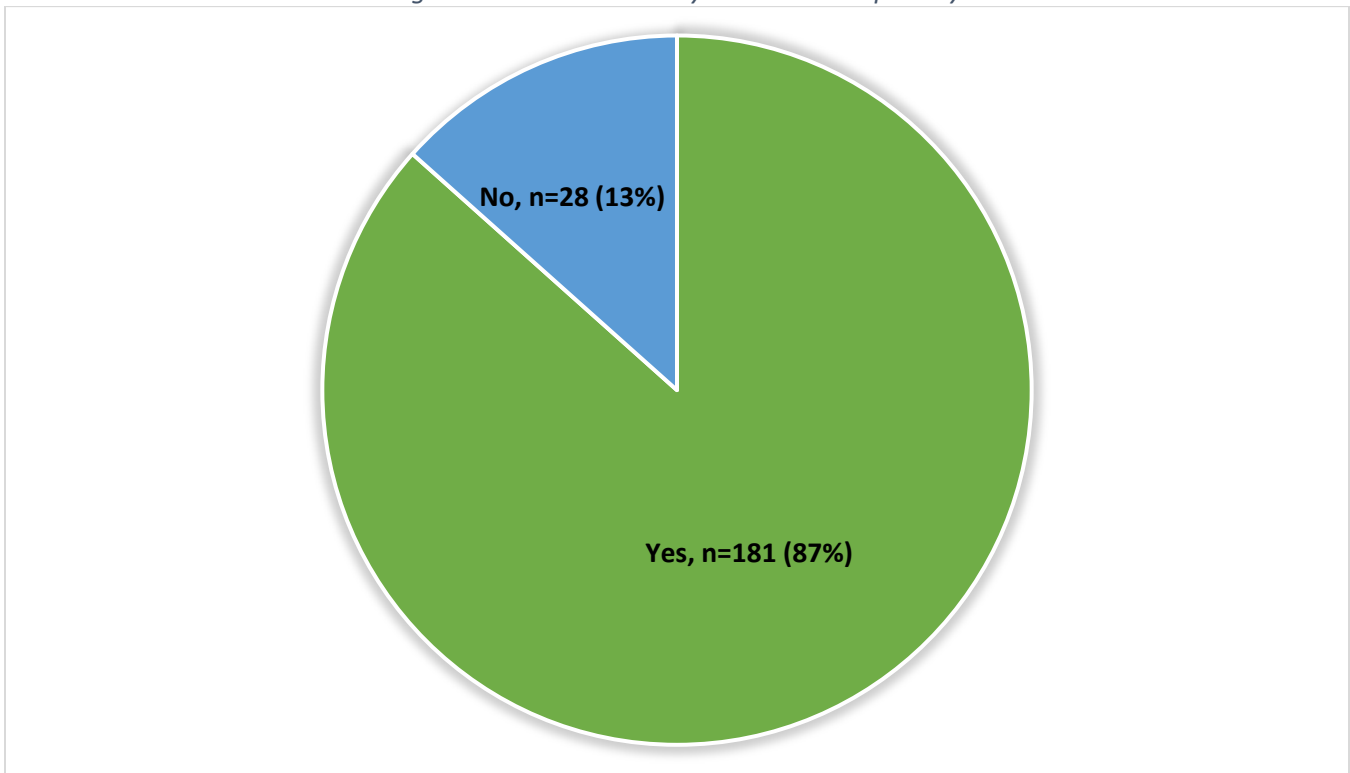


Table 51 - Prescriber Only Restriction Capability

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (1), California (10), Colorado (2), Delaware (2), District of Columbia (2), Florida (8), Georgia (4), Hawaii (6), Illinois (6), Indiana (5), Iowa (1), Kansas (3), Kentucky (5), Louisiana (5), Maryland (7), Massachusetts (4), Michigan (10), Minnesota (5), Mississippi (3), Nebraska (3), Nevada (2), New Hampshire (2), New Jersey (5), New Mexico (3), New York (16), Ohio (5), Oregon (16), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (11), Utah (4), Virginia (4), Washington (5)	181	86.60%
No	Arkansas (2), California (2), District of Columbia (2), Florida (4), Iowa (1), Kentucky (1), Maryland (2), Massachusetts (1), Minnesota (3), Nevada (1), New Hampshire (1), Texas (6), Virginia (2)	28	13.40%
National Totals		209	100%

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ii. Pharmacy only

Figure 56 - Pharmacy Only Restriction Capability

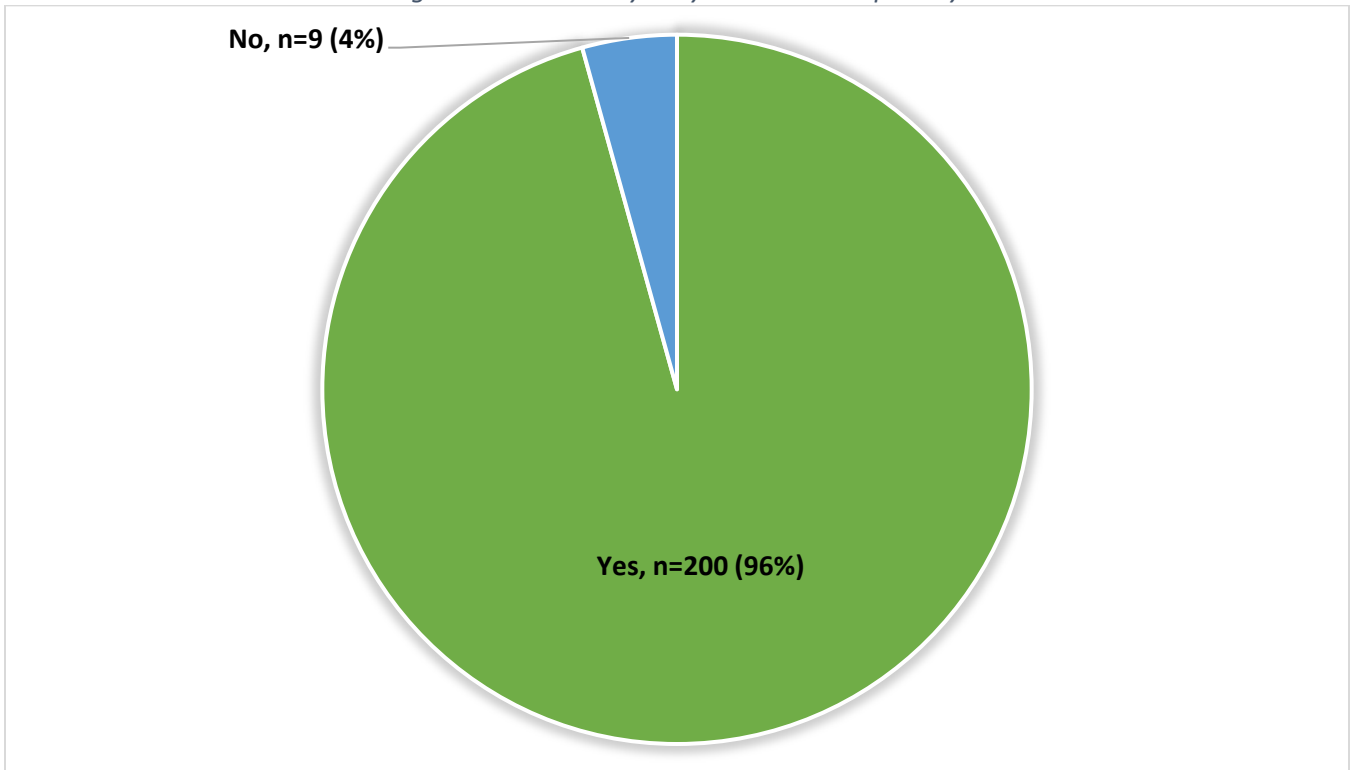


Table 52 - Pharmacy Only Restriction Capability

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (3), California (11), Colorado (2), Delaware (2), District of Columbia (3), Florida (12), Georgia (4), Hawaii (6), Illinois (6), Indiana (5), Iowa (1), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (10), Minnesota (6), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (16), Ohio (5), Oregon (13), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	200	95.69%
No	California (1), District of Columbia (1), Iowa (1), Kentucky (1), Minnesota (2), Oregon (3)	9	4.31%
National Totals		209	100%

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iii. Prescriber and pharmacy

Figure 57 - Prescriber and Pharmacy Restriction Capability

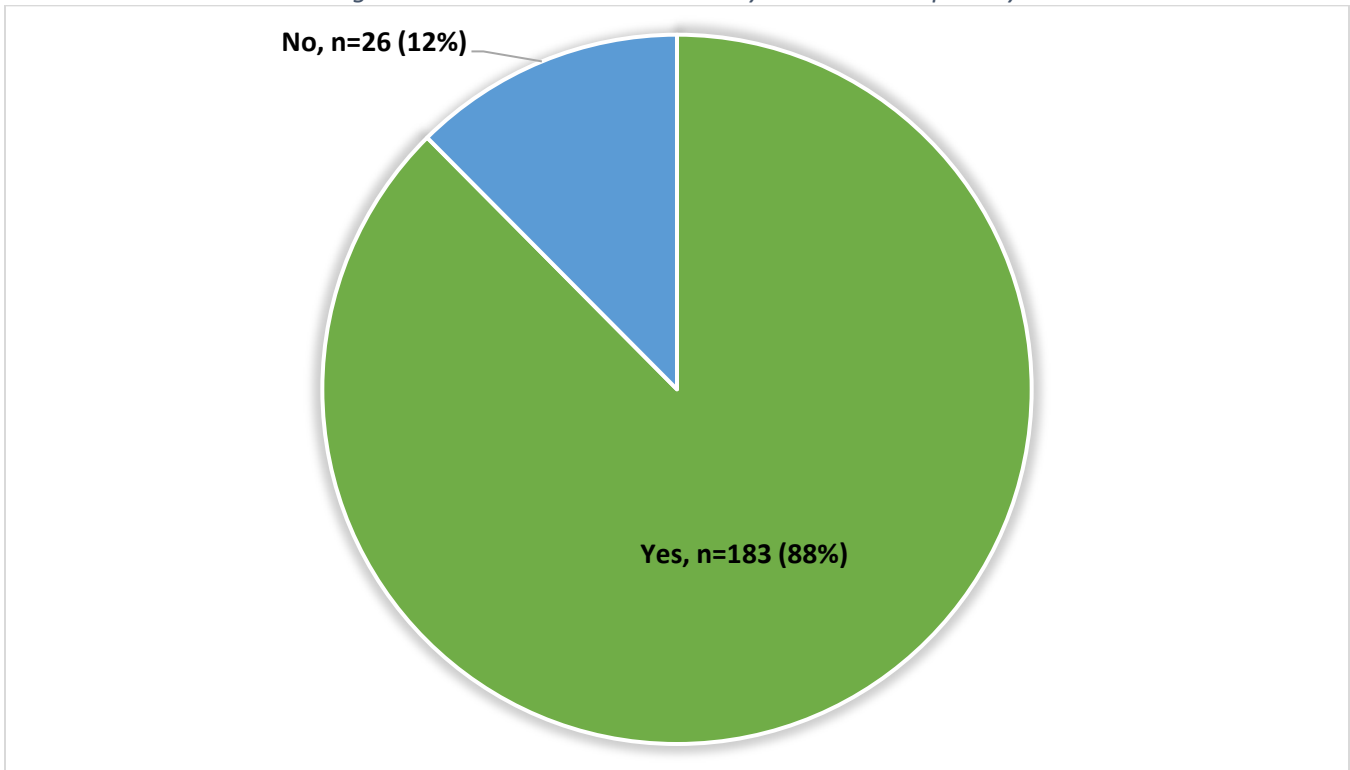


Table 53 - Prescriber and Pharmacy Restriction Capability

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (1), California (11), Colorado (2), Delaware (2), District of Columbia (3), Florida (8), Georgia (4), Hawaii (6), Illinois (6), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Maryland (6), Massachusetts (4), Michigan (10), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (2), New Hampshire (2), New Jersey (5), New Mexico (3), New York (16), Ohio (5), Oregon (13), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (11), Utah (4), Virginia (4), Washington (5)	183	87.56%
No	Arkansas (2), California (1), District of Columbia (1), Florida (4), Maryland (3), Massachusetts (1), Minnesota (1), Nevada (1), New Hampshire (1), Oregon (3), Texas (6), Virginia (2)	26	12.44%
National Totals		209	100%

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c. If “Yes,” what is the usual lock-in time period?

Figure 58 - Lock-in Time Period

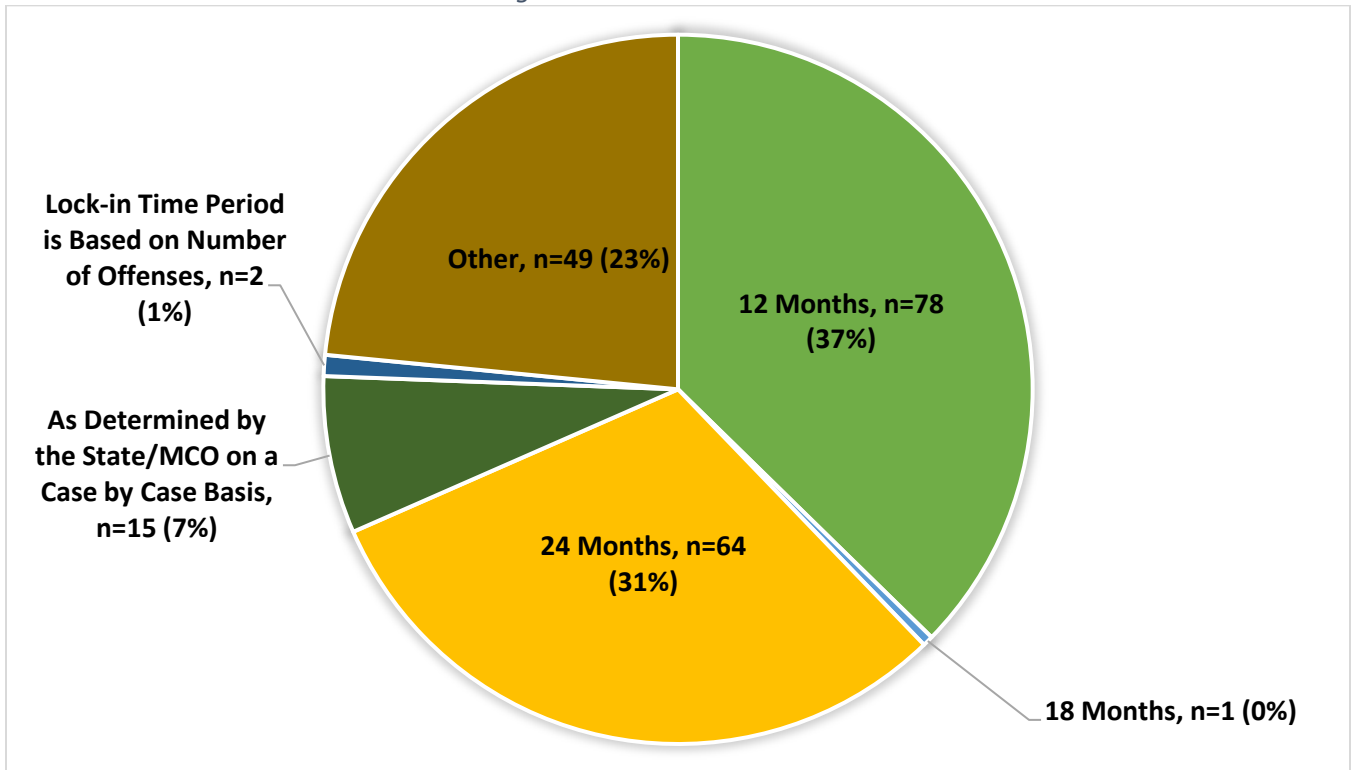


Table 54 - Lock-in Time Period

Response	States (Count of MCOs)	Count	Percentage
12 months	Arkansas (3), California (8), District of Columbia (3), Florida (11), Georgia (3), Hawaii (4), Illinois (5), Iowa (1), Kentucky (1), Louisiana (3), Massachusetts (4), Mississippi (3), Nevada (2), New Hampshire (3), New York (1), Oregon (13), Rhode Island (1), Utah (4), Virginia (5)	78	37.32%
18 months	Hawaii (1)	1	0.48%
24 months	California (1), Georgia (1), Illinois (1), Indiana (5), Iowa (1), Kansas (3), Kentucky (3), Louisiana (2), Maryland (9), Michigan (10), Minnesota (3), Nebraska (3), New Jersey (4), New York (4), Ohio (5), Rhode Island (1), South Carolina (5), Washington (3)	64	30.62%
As determined by the state/MCO on a case by case basis	California (3), Colorado (2), Hawaii (1), New Mexico (2), New York (2), Oregon (3), Texas (2)	15	7.18%
Lock-in time period is based on number of offenses	New York (2)	2	0.96%
Other	Delaware (2), District of Columbia (1), Florida (1), Kentucky (2), Massachusetts (1), Minnesota (5), Nevada (1), New Jersey (1), New Mexico (1), New York (7), Pennsylvania (8), Rhode Island (1), Texas (15), Virginia (1), Washington (2)	49	23.44%
National Totals		209	100%

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d. If “Yes,” on average, what percentage of your Medicaid MCO population is in lock-in status annually?

Figure 59 - Percentage of Medicaid MCO Population in Lock-In Status Annually (State Average)

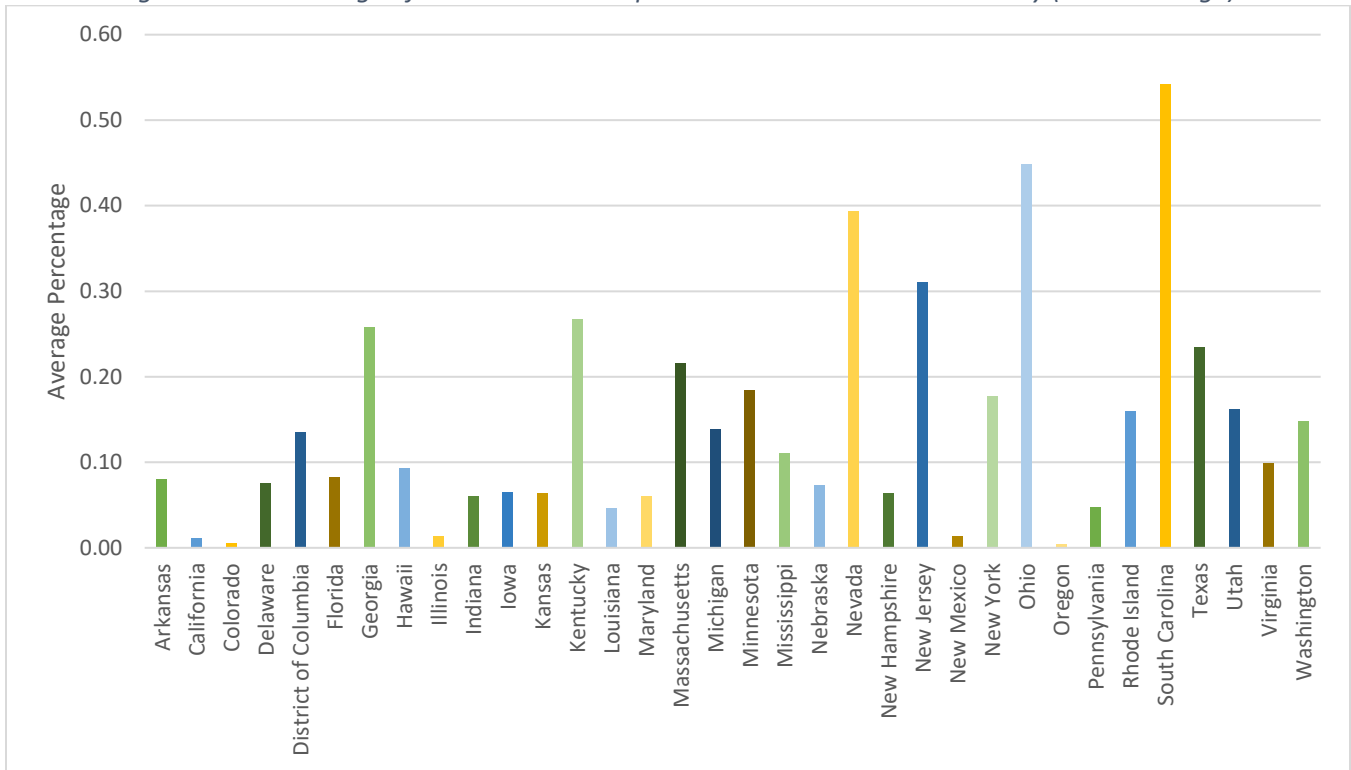


Table 55 - Percentage of Medicaid MCO Population in Lock-In Status Annually (State Average)

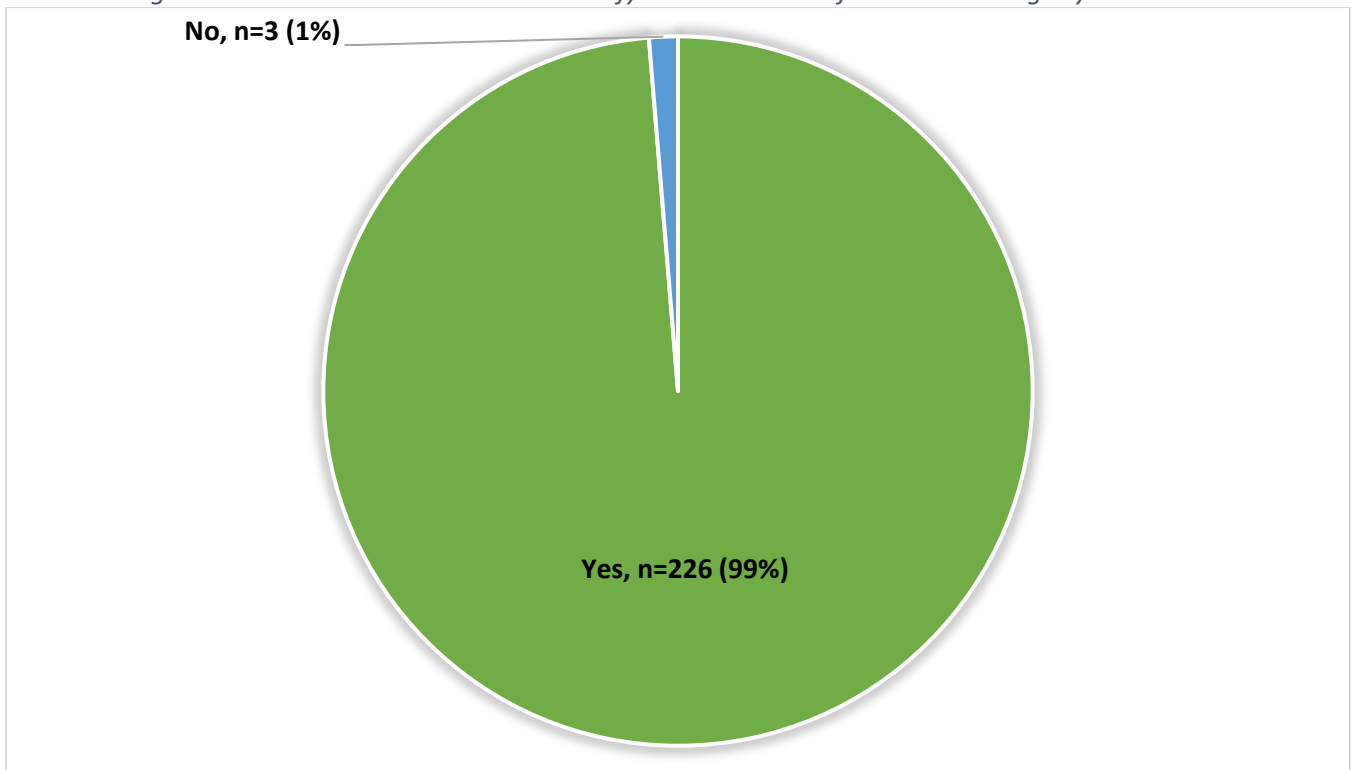
State	State Average Percentage
Arkansas	0.08%
California	0.01%
Colorado	0.01%
Delaware	0.08%
District of Columbia	0.14%
Florida	0.08%
Georgia	0.26%
Hawaii	0.09%
Illinois	0.01%
Indiana	0.06%
Iowa	0.07%
Kansas	0.06%
Kentucky	0.27%
Louisiana	0.05%
Maryland	0.06%
Massachusetts	0.22%
Michigan	0.14%
Minnesota	0.18%
Mississippi	0.11%
Nebraska	0.07%

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State	State Average Percentage
Nevada	0.39%
New Hampshire	0.06%
New Jersey	0.31%
New Mexico	0.01%
New York	0.18%
Ohio	0.45%
Oregon	0.00%
Pennsylvania	0.05%
Rhode Island	0.16%
South Carolina	0.54%
Texas	0.23%
Utah	0.16%
Virginia	0.10%
Washington	0.15%
National Average	0.14%

3. Does your MCO have a documented process in place that identifies potential FWA of controlled drugs by prescribers?

Figure 60 - Documented Process to Identify Potential FWA of Controlled Drugs by Prescribers



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Table 56 - Documented Process to Identify Potential FWA of Controlled Drugs by Prescribers

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (3), California (25), Colorado (2), Delaware (2), District of Columbia (4), Florida (13), Georgia (4), Hawaii (6), Illinois (5), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (10), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (16), Ohio (5), Oregon (21), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	226	98.69%
No	California (1), Illinois (1), Minnesota (1)	3	1.31%
National Totals		229	100%

If “Yes,” what actions does this process initiate (multiple responses allowed)?

Figure 61 - Actions Process Initiates when Potential FWA of Controlled Drugs by Prescribers is Detected

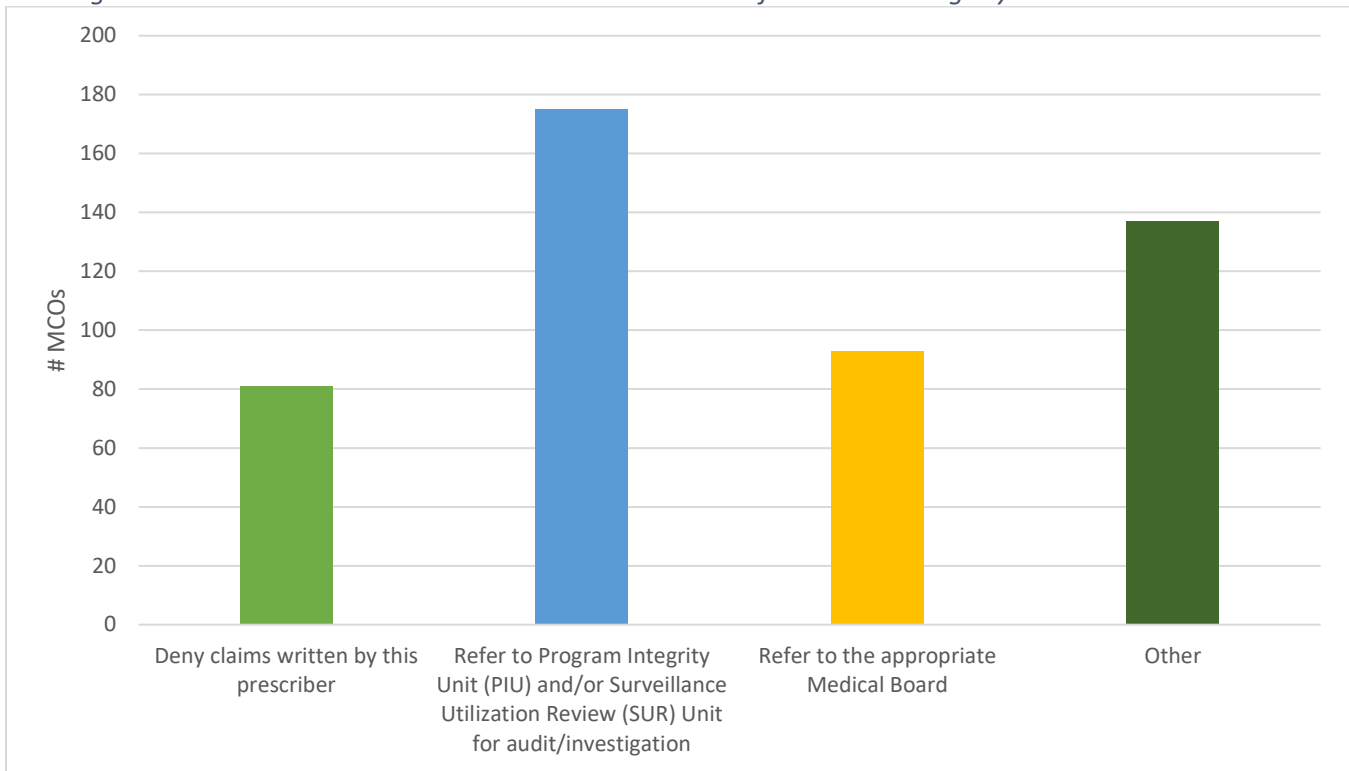


Table 57 - Actions Process Initiates when Potential FWA of Controlled Drugs by Prescribers is Detected

Response	States (Count of MCOs)	Count	Percentage
Deny claims written by this prescriber	Arkansas (1), California (7), Colorado (1), District of Columbia (3), Florida (2), Georgia (4), Hawaii (5), Illinois (3), Indiana (4), Iowa (1), Kansas (1), Kentucky (1), Louisiana (1), Maryland (5), Massachusetts (1), Michigan (7), Minnesota (4), Nebraska (1), New Hampshire (1), New Jersey (3), New Mexico (2), New York (3), Ohio (2), Oregon (5), Pennsylvania (2), South Carolina (1), Texas (3), Utah (2), Virginia (3), Washington (2)	81	16.67%

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Response	States (Count of MCOs)	Count	Percentage
Refer to Program Integrity Unit (PIU) and/or Surveillance Utilization Review (SUR) Unit for audit/investigation	Arkansas (2), California (20), Delaware (2), District of Columbia (4), Florida (11), Georgia (4), Hawaii (4), Illinois (4), Indiana (5), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (8), Massachusetts (2), Michigan (10), Minnesota (7), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (4), New Mexico (3), New York (13), Ohio (3), Oregon (11), Pennsylvania (6), Rhode Island (3), South Carolina (4), Texas (7), Utah (3), Virginia (6), Washington (4)	175	36.01%
Refer to the appropriate Medical Board	Arkansas (1), California (8), Colorado (1), Delaware (1), District of Columbia (1), Florida (3), Georgia (1), Hawaii (5), Illinois (2), Indiana (4), Kansas (2), Kentucky (2), Louisiana (3), Maryland (4), Massachusetts (2), Michigan (5), Minnesota (5), Mississippi (1), Nebraska (2), Nevada (2), New Hampshire (1), New Jersey (4), New Mexico (1), New York (7), Ohio (3), Oregon (1), Pennsylvania (4), Rhode Island (2), South Carolina (2), Texas (4), Utah (2), Virginia (5), Washington (2)	93	19.14%
Other	Arkansas (3), California (15), Colorado (1), Delaware (1), District of Columbia (3), Florida (10), Georgia (2), Hawaii (4), Illinois (3), Indiana (3), Iowa (1), Kansas (2), Kentucky (3), Louisiana (2), Maryland (7), Massachusetts (4), Michigan (5), Minnesota (2), Mississippi (2), Nebraska (1), Nevada (1), New Hampshire (2), New Jersey (3), New Mexico (2), New York (11), Ohio (3), Oregon (10), Pennsylvania (3), Rhode Island (2), South Carolina (5), Texas (13), Utah (2), Virginia (3), Washington (3)	137	28.19%
National Totals		486	100%

If “No,” please explain.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

4. Does your MCO have a documented process in place that identifies potential FWA of controlled drugs by pharmacy providers?

Figure 62 - Documented Process to Identify Potential FWA of Controlled Drugs by Pharmacy Providers

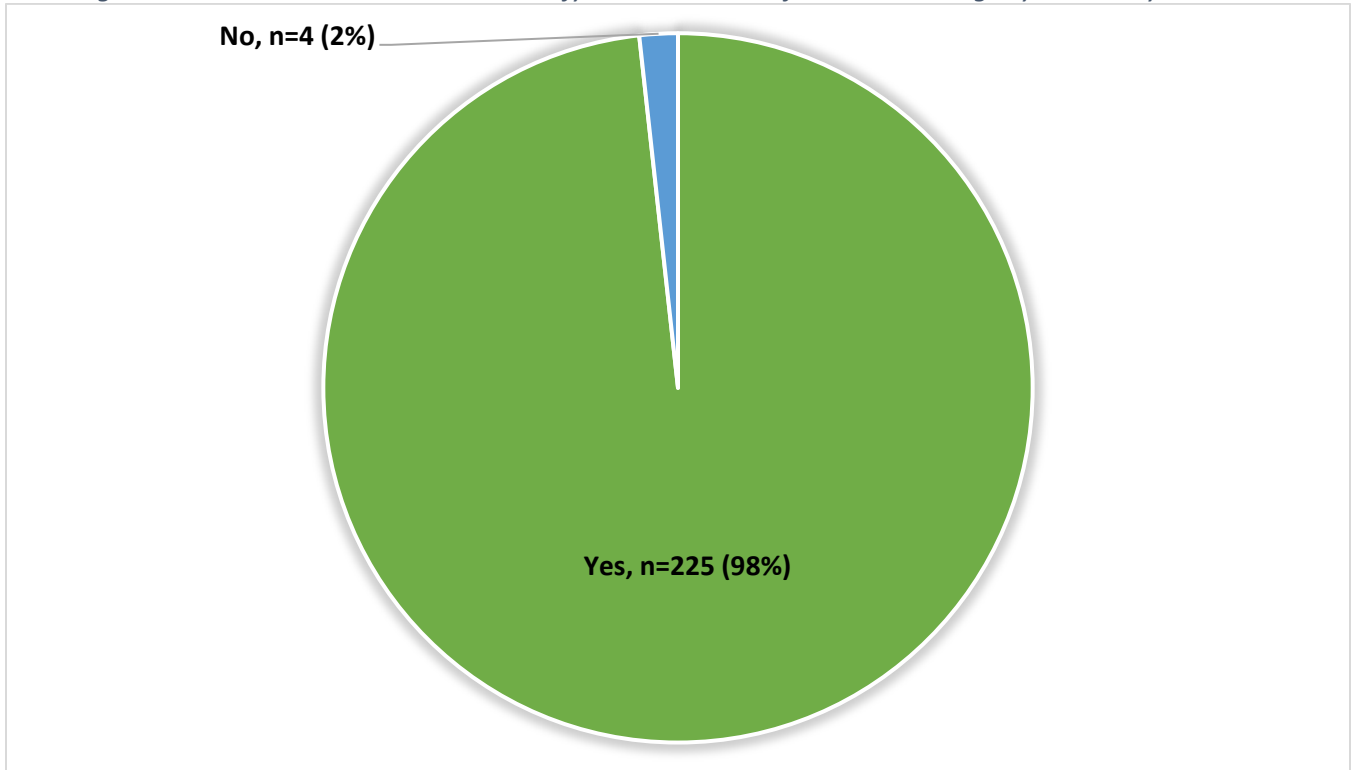


Table 58 - Documented Process to Identify Potential FWA of Controlled Drugs by Pharmacy Providers

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (3), California (25), Colorado (2), Delaware (2), District of Columbia (4), Florida (13), Georgia (4), Hawaii (5), Illinois (5), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (10), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (16), Ohio (5), Oregon (21), Pennsylvania (7), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	225	98.25%
No	California (1), Hawaii (1), Illinois (1), Pennsylvania (1)	4	1.75%
National Totals		229	100%

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If “Yes,” what actions does this process initiate (multiple responses allowed)?

Figure 63 - Actions Process Initiates when Potential FWA of Controlled Drugs by Pharmacy Providers is Detected

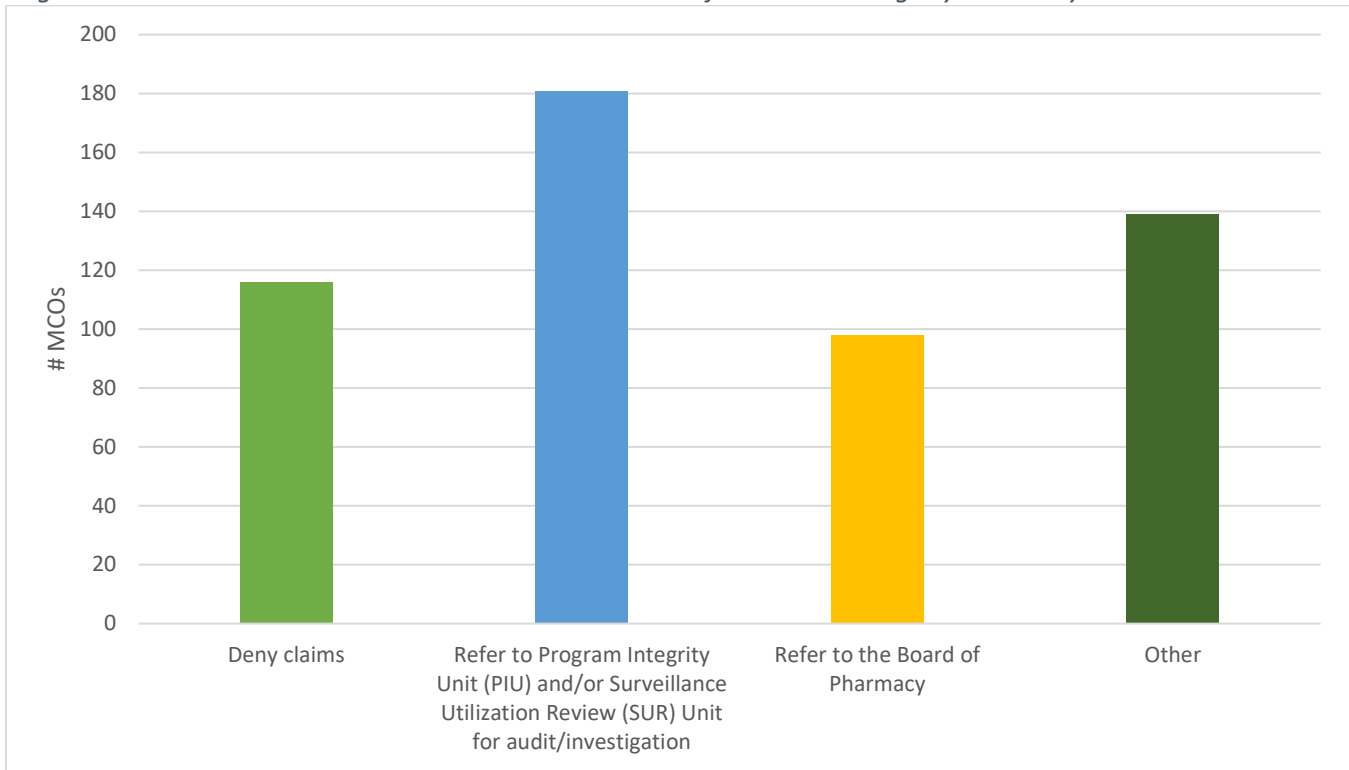


Table 59 - Actions Process Initiates when Potential FWA of Controlled Drugs by Pharmacy Providers is Detected

Response	States (Count of MCOs)	Count	Percentage
Deny claims	Arkansas (2), California (12), Colorado (1), District of Columbia (4), Florida (6), Georgia (4), Hawaii (3), Illinois (3), Indiana (4), Iowa (1), Kentucky (5), Louisiana (4), Maryland (3), Massachusetts (3), Michigan (6), Minnesota (5), Nebraska (2), Nevada (1), New Hampshire (2), New Jersey (3), New Mexico (3), New York (4), Ohio (2), Oregon (9), Pennsylvania (1), Rhode Island (1), South Carolina (3), Texas (13), Utah (1), Virginia (2), Washington (3)	116	21.72%
Refer to Program Integrity Unit (PIU) and/or Surveillance Utilization Review (SUR) Unit for audit/investigation	Arkansas (2), California (22), Delaware (2), District of Columbia (4), Florida (10), Georgia (4), Hawaii (4), Illinois (5), Indiana (5), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (6), Massachusetts (2), Michigan (10), Minnesota (6), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (11), Ohio (3), Oregon (18), Pennsylvania (7), Rhode Island (3), South Carolina (4), Texas (7), Utah (3), Virginia (6), Washington (3)	181	33.90%
Refer to the Board of Pharmacy	California (11), Colorado (1), Delaware (1), District of Columbia (2), Florida (4), Georgia (2), Hawaii (3), Illinois (1), Indiana (3), Kansas (1), Kentucky (5), Louisiana (1), Maryland (3), Massachusetts (2), Michigan (3), Minnesota (5), Mississippi (1), Nebraska (2), Nevada (2), New Hampshire (1), New Jersey (3), New Mexico (3), New York (3), Ohio (3), Oregon (12), Pennsylvania (5), Rhode Island (2), South Carolina (3), Texas (3), Utah (1), Virginia (4), Washington (2)	98	18.35%

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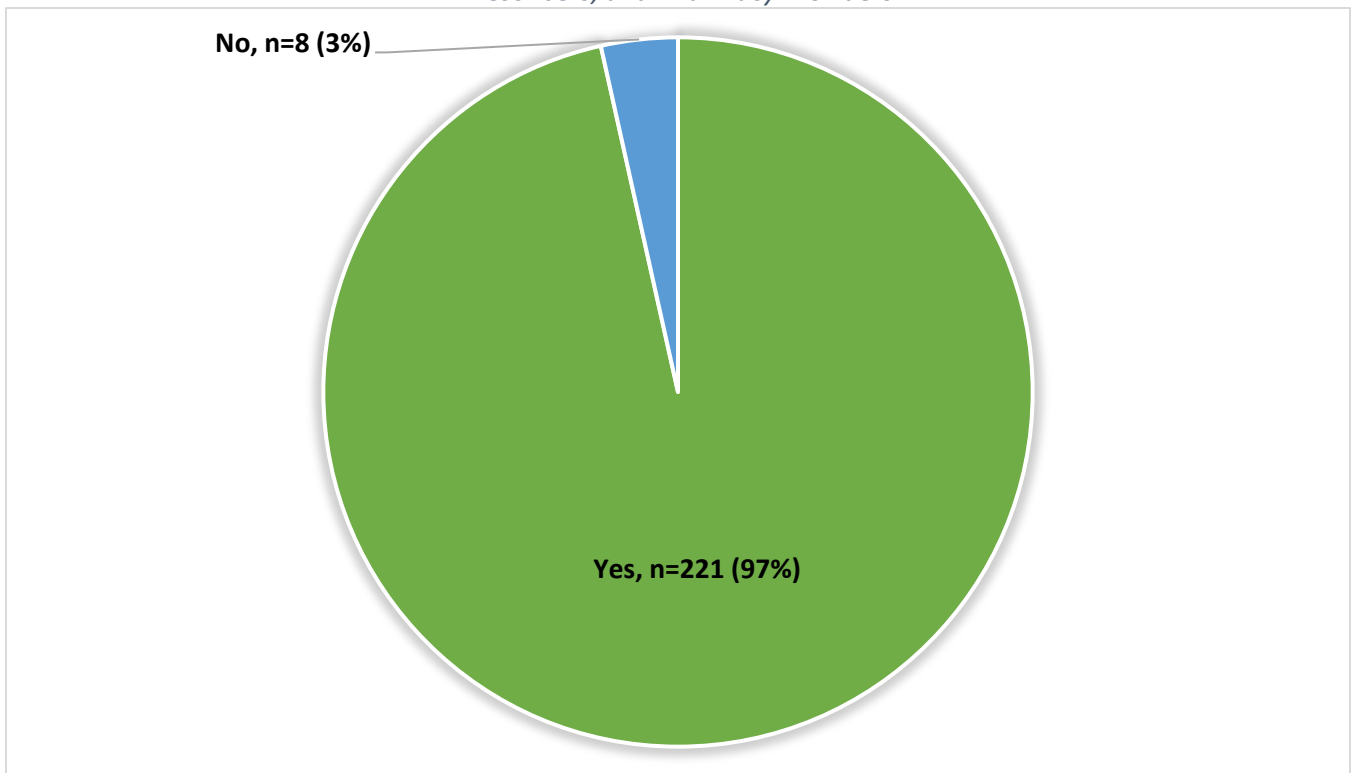
Response	States (Count of MCOs)	Count	Percentage
Other	Arkansas (2), California (11), Colorado (1), Delaware (2), District of Columbia (2), Florida (9), Georgia (2), Hawaii (5), Illinois (3), Indiana (3), Kansas (2), Kentucky (1), Louisiana (4), Maryland (7), Massachusetts (4), Michigan (8), Minnesota (6), Mississippi (2), Nevada (1), New Hampshire (2), New Jersey (4), New Mexico (2), New York (15), Ohio (4), Oregon (3), Pennsylvania (5), Rhode Island (3), South Carolina (3), Texas (14), Utah (2), Virginia (4), Washington (3)	139	26.03%
National Totals		534	100%

If “No,” please explain.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

5. Does your MCO have a documented process in place that identifies and/or prevents potential fraud or abuse of non-controlled drugs by beneficiaries, prescribers, and pharmacy providers?

Figure 64 - Documented Process to Identify Potential Fraud or Abuse of Non-Controlled Drugs by Beneficiaries, Prescribers, and Pharmacy Providers



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Table 60 - Documented Process to Identify Potential Fraud or Abuse of Non-Controlled Drugs by Beneficiaries, Prescribers, and Pharmacy Providers

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (3), California (25), Colorado (1), Delaware (2), District of Columbia (4), Florida (12), Georgia (4), Hawaii (6), Illinois (5), Indiana (5), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (4), Michigan (10), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), Ohio (5), Oregon (21), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	221	96.51%
No	California (1), Colorado (1), Florida (1), Illinois (1), Kentucky (1), Massachusetts (1), Minnesota (1), New York (1)	8	3.49%
National Totals		229	100%

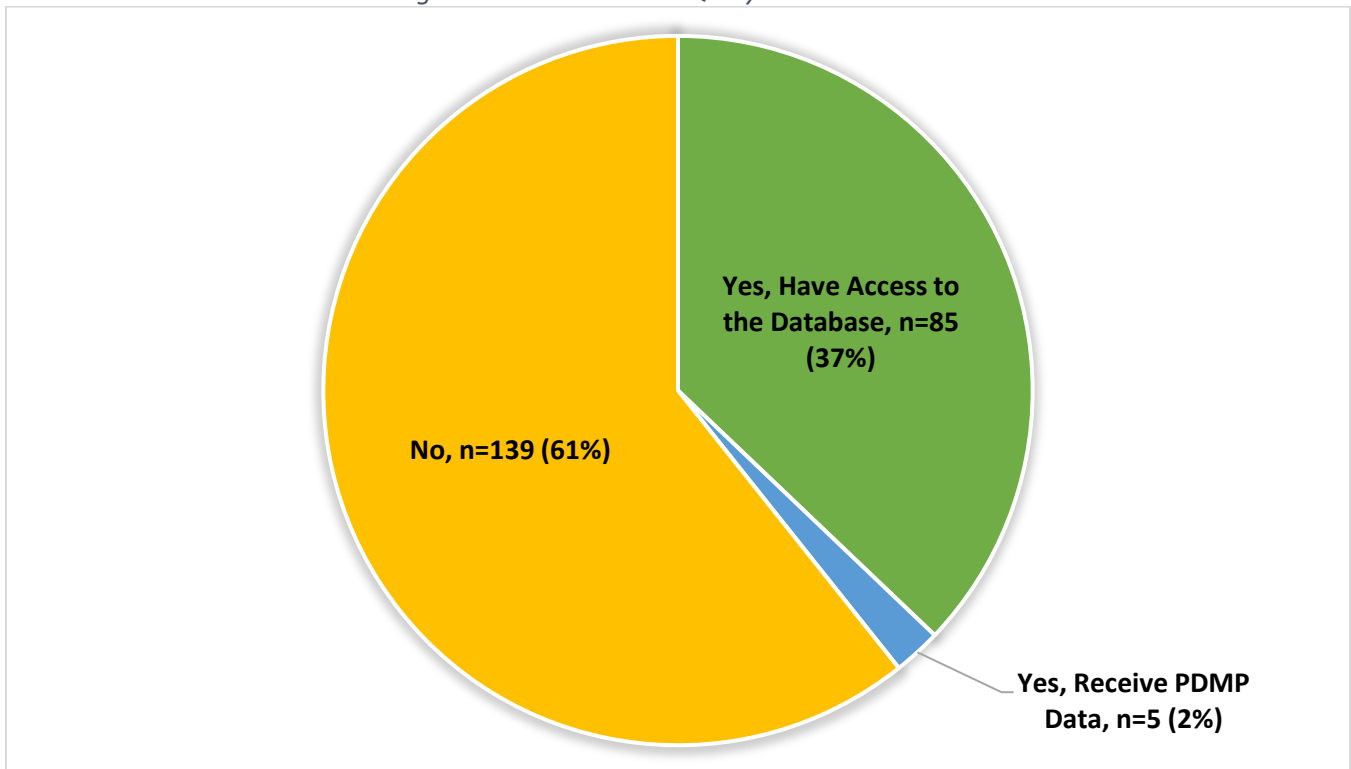
If “No,” please explain.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

B. Prescription Drug Monitoring Program (PDMP)

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

Figure 65 - MCO Able to Query PDMP Database



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Table 61 - MCO Able to Query PDMP Database

Response	States (Count of MCOs)	Count	Percentage
Yes, have access to the database	Arkansas (3), California (20), Colorado (1), District of Columbia (1), Florida (2), Georgia (1), Hawaii (1), Illinois (4), Indiana (5), Kansas (1), Kentucky (3), Michigan (8), Minnesota (7), Mississippi (2), Nebraska (2), New Mexico (3), Ohio (5), Oregon (3), Pennsylvania (2), Texas (1), Utah (2), Virginia (4), Washington (4)	85	37.12%
Yes, receive PDMP data	District of Columbia (1), Louisiana (2), Virginia (1), Washington (1)	5	2.18%
No	California (6), Colorado (1), Delaware (2), District of Columbia (2), Florida (11), Georgia (3), Hawaii (5), Illinois (2), Iowa (2), Kansas (2), Kentucky (3), Louisiana (3), Maryland (9), Massachusetts (5), Michigan (2), Minnesota (1), Mississippi (1), Nebraska (1), Nevada (3), New Hampshire (3), New Jersey (5), New York (16), Oregon (18), Pennsylvania (6), Rhode Island (3), South Carolina (5), Texas (16), Utah (2), Virginia (1)	139	60.70%
National Totals		229	100%

If “Yes, receive PDMP data,” please indicate how often.

Figure 66 - Frequency PDMP Data is Received

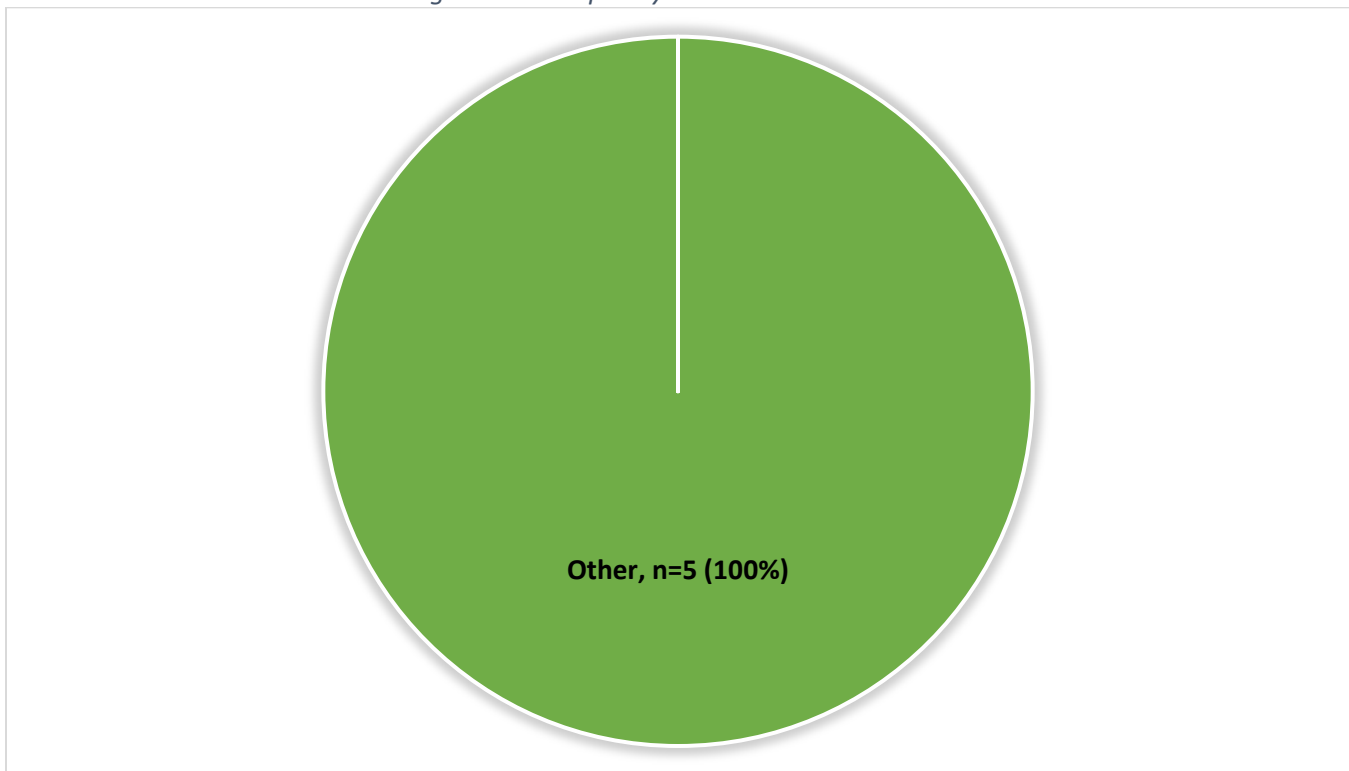


Table 62 - Frequency PDMP Data is Received

Response	States (Count of MCOs)	Count	Percentage
Other	District of Columbia (1), Louisiana (2), Virginia (1), Washington (1)	5	100.00%
National Totals		5	100%

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If “Yes, have access to the database,” check all that apply.

Figure 67 - Access to PDMP Database

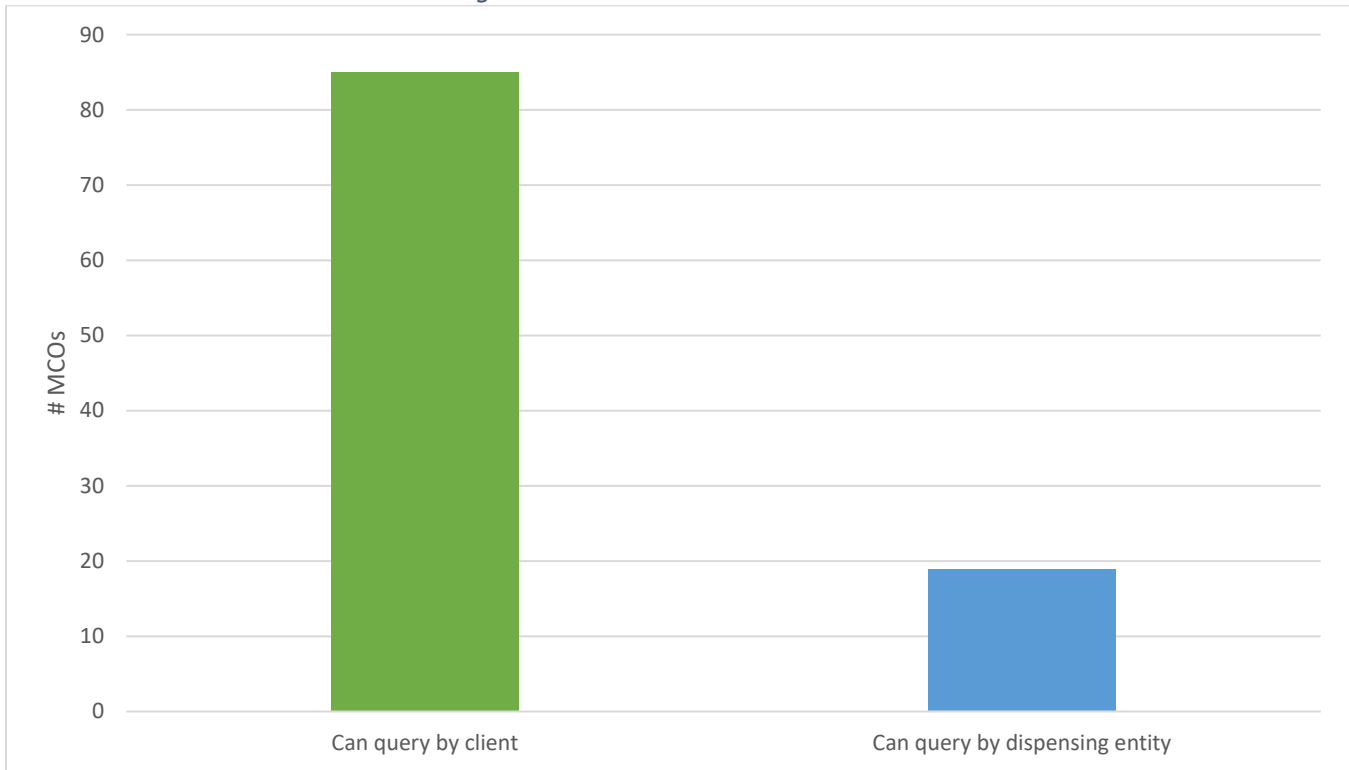


Table 63 - Access to PDMP Database

Response	States (Count of MCOs)	Count	Percentage
Can query by client	Arkansas (3), California (20), Colorado (1), District of Columbia (1), Florida (2), Georgia (1), Hawaii (1), Illinois (4), Indiana (5), Kansas (1), Kentucky (3), Michigan (8), Minnesota (7), Mississippi (2), Nebraska (2), New Mexico (3), Ohio (5), Oregon (3), Pennsylvania (2), Texas (1), Utah (2), Virginia (4), Washington (4)	85	66.93%
Can query by dispensing entity	Arkansas (1), California (5), District of Columbia (1), Florida (2), Indiana (4), Kentucky (2), Michigan (1), Ohio (1), Utah (1), Washington (1)	19	14.96%
Can query by prescriber	Arkansas (1), California (6), District of Columbia (1), Florida (2), Indiana (4), Kentucky (2), Michigan (1), Ohio (2), Oregon (1), Pennsylvania (1), Utah (1), Washington (1)	23	18.11%
National Totals		127	100%

If “No,” please explain.

Please reference individual state MCO reports on [Medicaid.gov](https://www.medicicaid.gov) for more information.

a. If “Yes,” please explain how your MCO program applies this information to control FWA of controlled substances.

Please reference individual state MCO reports on [Medicaid.gov](https://www.medicicaid.gov) for more information.

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b. If “Yes,” does your MCO have access to border states’ PDMP Information?

Figure 68 - MCO Access to Border States’ PDMP Information

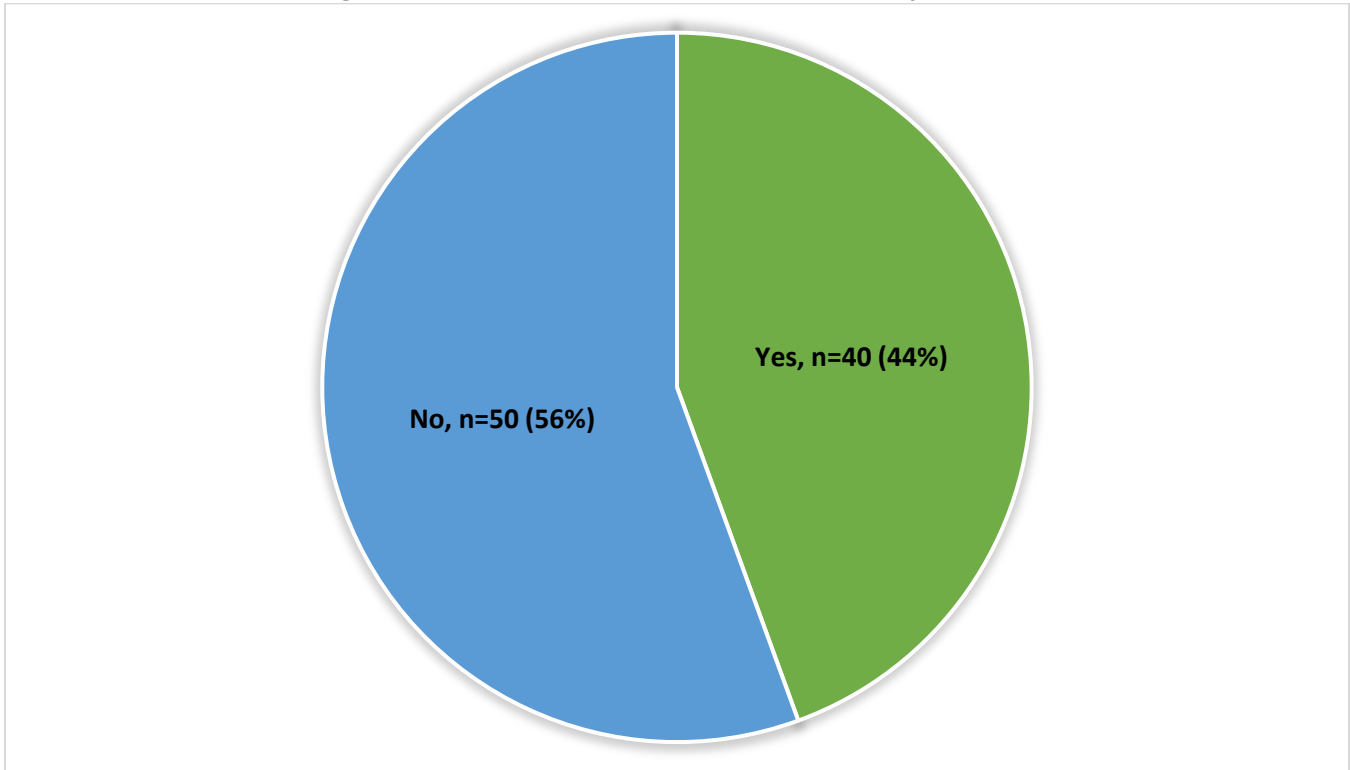


Table 64 - MCO Access to Border States’ PDMP Information

Response	States (Count of MCOs)	Count	Percentage
Yes	California (2), Colorado (1), District of Columbia (1), Florida (1), Georgia (1), Hawaii (1), Illinois (4), Indiana (5), Kansas (1), Kentucky (2), Michigan (3), Mississippi (2), New Mexico (3), Ohio (5), Oregon (2), Pennsylvania (1), Texas (1), Utah (1), Washington (3)	40	44.44%
No	Arkansas (3), California (18), District of Columbia (1), Florida (1), Kentucky (1), Louisiana (2), Michigan (5), Minnesota (7), Nebraska (2), Oregon (1), Pennsylvania (1), Utah (1), Virginia (5), Washington (2)	50	55.56%
National Totals		90	100%

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c. If “Yes,” does your MCO also have PDMP data integrated into your POS edits?

Figure 69 - MCO Has PDMP Data Integrated into POS Edits

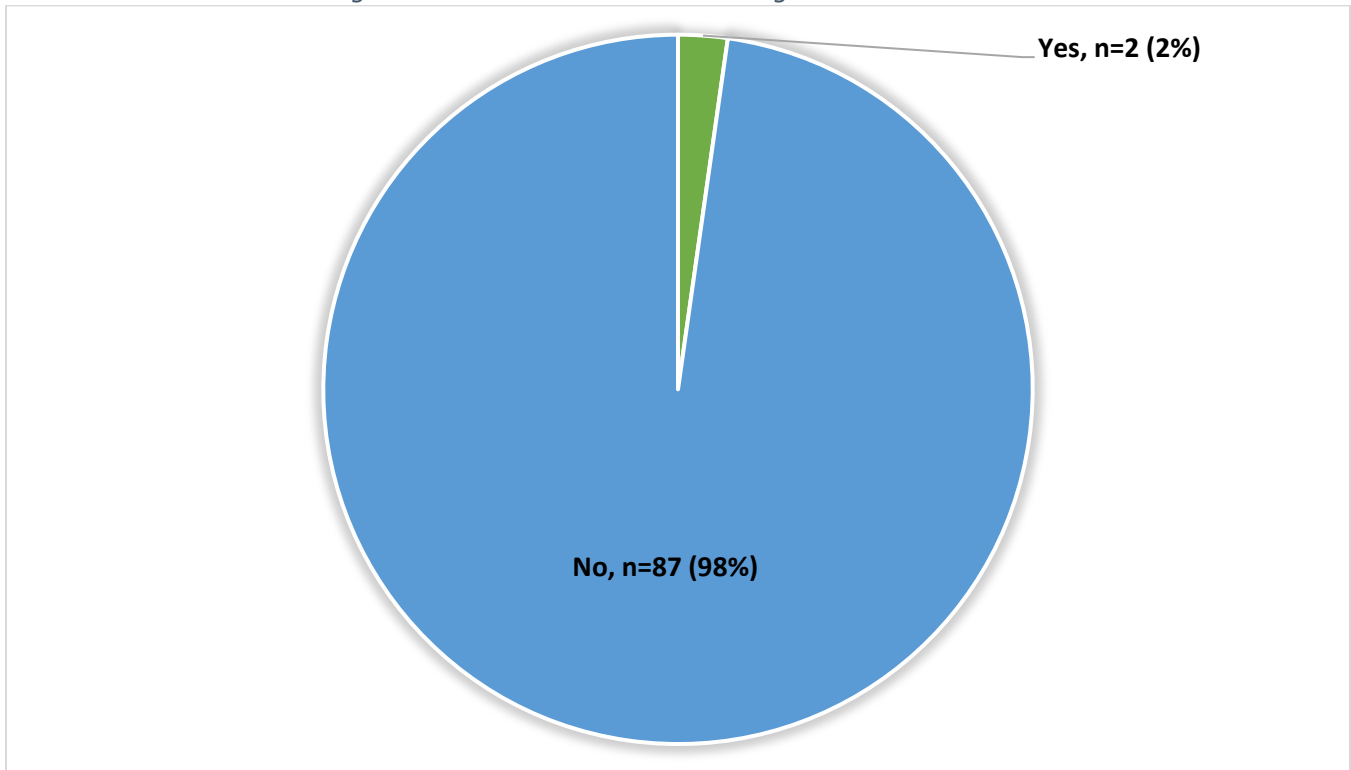


Table 65 - MCO Has PDMP Data Integrated into POS Edits

Response	States (Count of MCOs)	Count	Percentage
Yes	California (1), Indiana (1)	2	2.25%
No	Arkansas (3), California (18), Colorado (1), District of Columbia (2), Florida (2), Georgia (1), Hawaii (1), Illinois (4), Indiana (4), Kansas (1), Kentucky (3), Louisiana (2), Michigan (8), Minnesota (7), Mississippi (2), Nebraska (2), New Mexico (3), Ohio (5), Oregon (3), Pennsylvania (2), Texas (1), Utah (2), Virginia (5), Washington (5)	87	97.75%
National Totals		89	100%

2. Does your MCO or the professional board require prescribers (in your provider agreement) to access the PDMP patient history before prescribing controlled substances?

Figure 70 - Prescribers Required to Access the PDMP Patient History Before Prescribing Controlled Substances

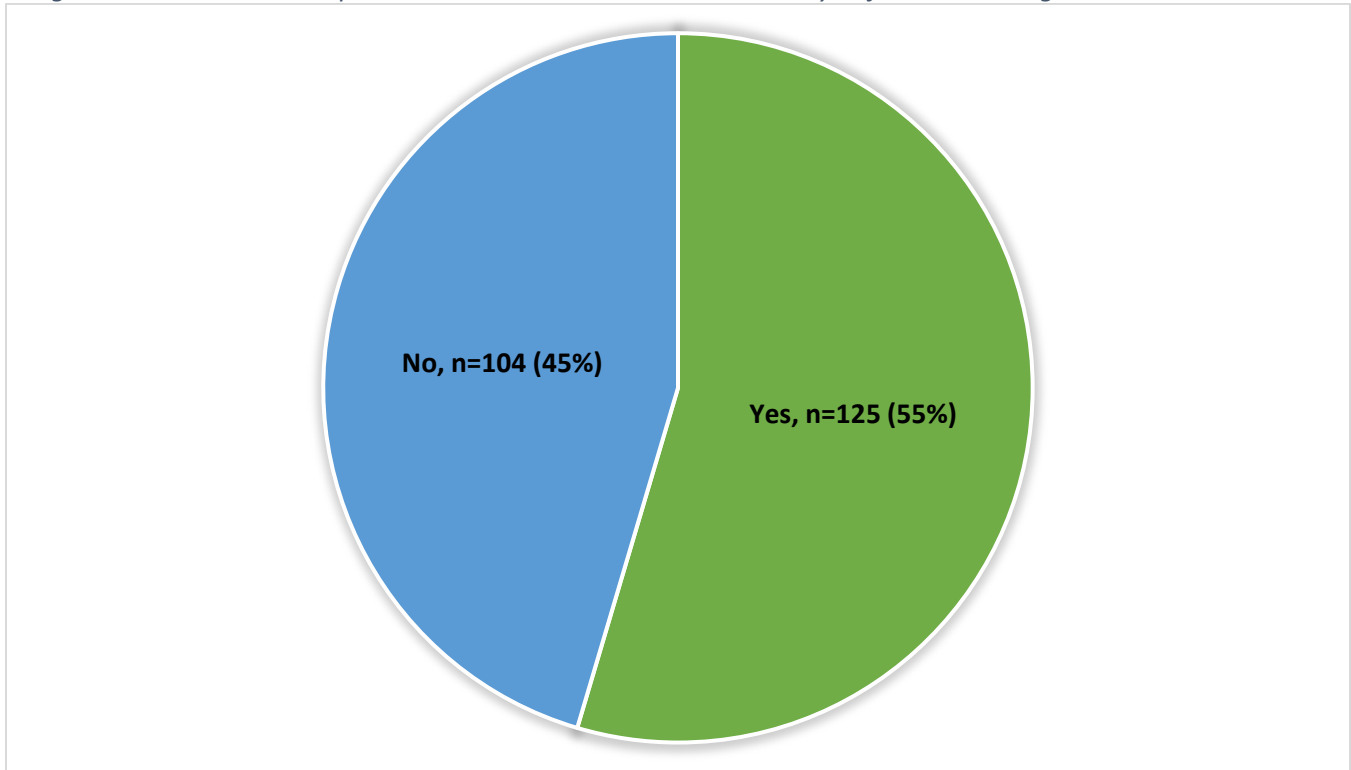


Table 66 - Prescribers Required to Access the PDMP Patient History Before Prescribing Controlled Substances

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (2), California (17), Colorado (1), Delaware (2), District of Columbia (3), Florida (3), Georgia (2), Hawaii (4), Illinois (3), Indiana (4), Iowa (2), Kentucky (3), Louisiana (4), Maryland (8), Massachusetts (3), Michigan (3), Minnesota (3), Mississippi (3), Nevada (1), New Hampshire (3), New Jersey (1), New Mexico (2), New York (5), Ohio (5), Oregon (3), Pennsylvania (6), Rhode Island (2), South Carolina (2), Texas (15), Utah (3), Virginia (4), Washington (3)	125	54.59%
No	Arkansas (1), California (9), Colorado (1), District of Columbia (1), Florida (10), Georgia (2), Hawaii (2), Illinois (3), Indiana (1), Kansas (3), Kentucky (3), Louisiana (1), Maryland (1), Massachusetts (2), Michigan (7), Minnesota (5), Nebraska (3), Nevada (2), New Jersey (4), New Mexico (1), New York (11), Oregon (18), Pennsylvania (2), Rhode Island (1), South Carolina (3), Texas (2), Utah (1), Virginia (2), Washington (2)	104	45.41%
National Totals		229	100%

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a. If “Yes,” are there protocols involved in checking the PDMP?

Figure 71 - Protocols Involved in Checking the PDMP

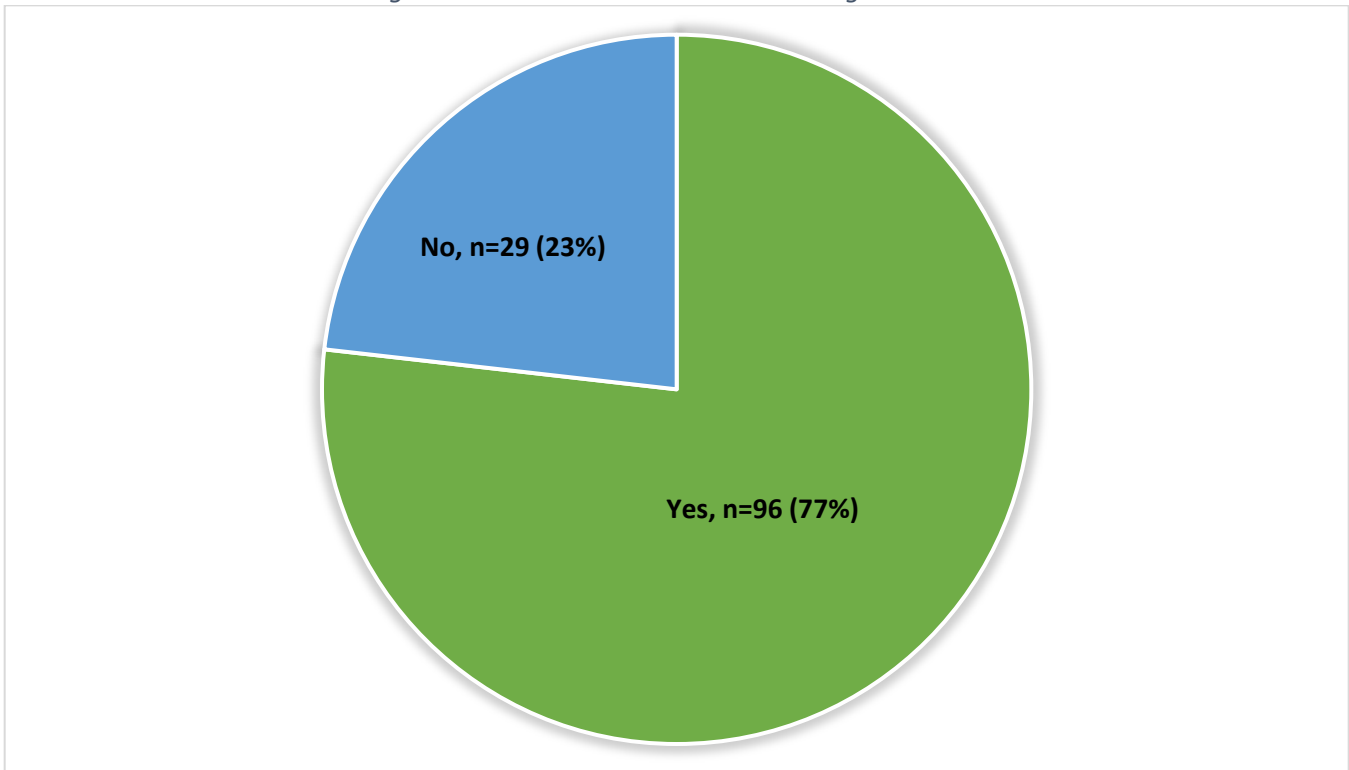


Table 67 - Protocols Involved in Checking the PDMP

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (2), California (13), Delaware (2), District of Columbia (3), Florida (2), Hawaii (1), Illinois (2), Indiana (3), Iowa (2), Kentucky (3), Louisiana (4), Maryland (5), Massachusetts (2), Michigan (2), Minnesota (1), Mississippi (3), Nevada (1), New Hampshire (1), New Mexico (2), New York (4), Ohio (5), Oregon (2), Pennsylvania (5), Rhode Island (2), South Carolina (2), Texas (15), Utah (2), Virginia (3), Washington (2)	96	76.80%
No	California (4), Colorado (1), Florida (1), Georgia (2), Hawaii (3), Illinois (1), Indiana (1), Maryland (3), Massachusetts (1), Michigan (1), Minnesota (2), New Hampshire (2), New Jersey (1), New York (1), Oregon (1), Pennsylvania (1), Utah (1), Virginia (1), Washington (1)	29	23.20%
National Totals		125	100%

If “Yes,” please explain.

Please reference individual state MCO reports on [Medicaid.gov](https://www.medicicaid.gov) for more information.

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b. If “Yes,” are providers required to have protocols for responses to information from the PDMP that is contradictory to the direction that the practitioner expects from the client?

Figure 72 - Providers Required to Have Protocols for Responses to Information from the PDMP that is Contradictory to the Direction the Practitioner Expects from the Client

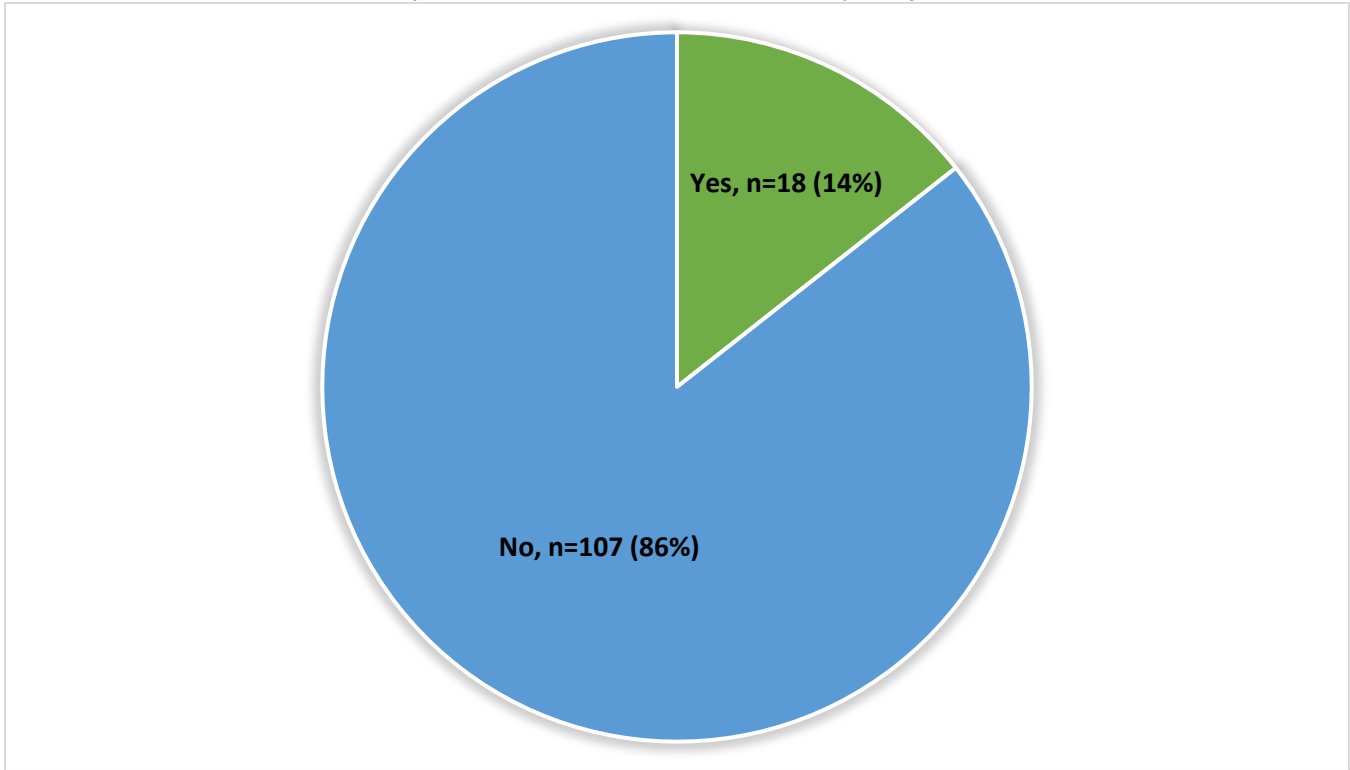


Table 68 - Providers Required to Have Protocols for Responses to Information from the PDMP that is Contradictory to the Direction the Practitioner Expects from the Client

Response	States (Count of MCOs)	Count	Percentage
Yes	California (3), Delaware (1), Florida (1), Illinois (2), Kentucky (1), Maryland (5), Massachusetts (1), New Mexico (1), Rhode Island (1), Utah (1), Virginia (1)	18	14.40%
No	Arkansas (2), California (14), Colorado (1), Delaware (1), District of Columbia (3), Florida (2), Georgia (2), Hawaii (4), Illinois (1), Indiana (4), Iowa (2), Kentucky (2), Louisiana (4), Maryland (3), Massachusetts (2), Michigan (3), Minnesota (3), Mississippi (3), Nevada (1), New Hampshire (3), New Jersey (1), New Mexico (1), New York (5), Ohio (5), Oregon (3), Pennsylvania (6), Rhode Island (1), South Carolina (2), Texas (15), Utah (2), Virginia (3), Washington (3)	107	85.60%
National Totals		125	100%

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c. If “Yes,” if a provider is not able to conduct PDMP checks, does your MCO require the prescriber to document a good faith effort, including the reasons why the provider was not able to conduct the check?

Figure 73 - MCO Requires Prescriber to Document a Good Faith Effort if Unable to Conduct a PDMP Check

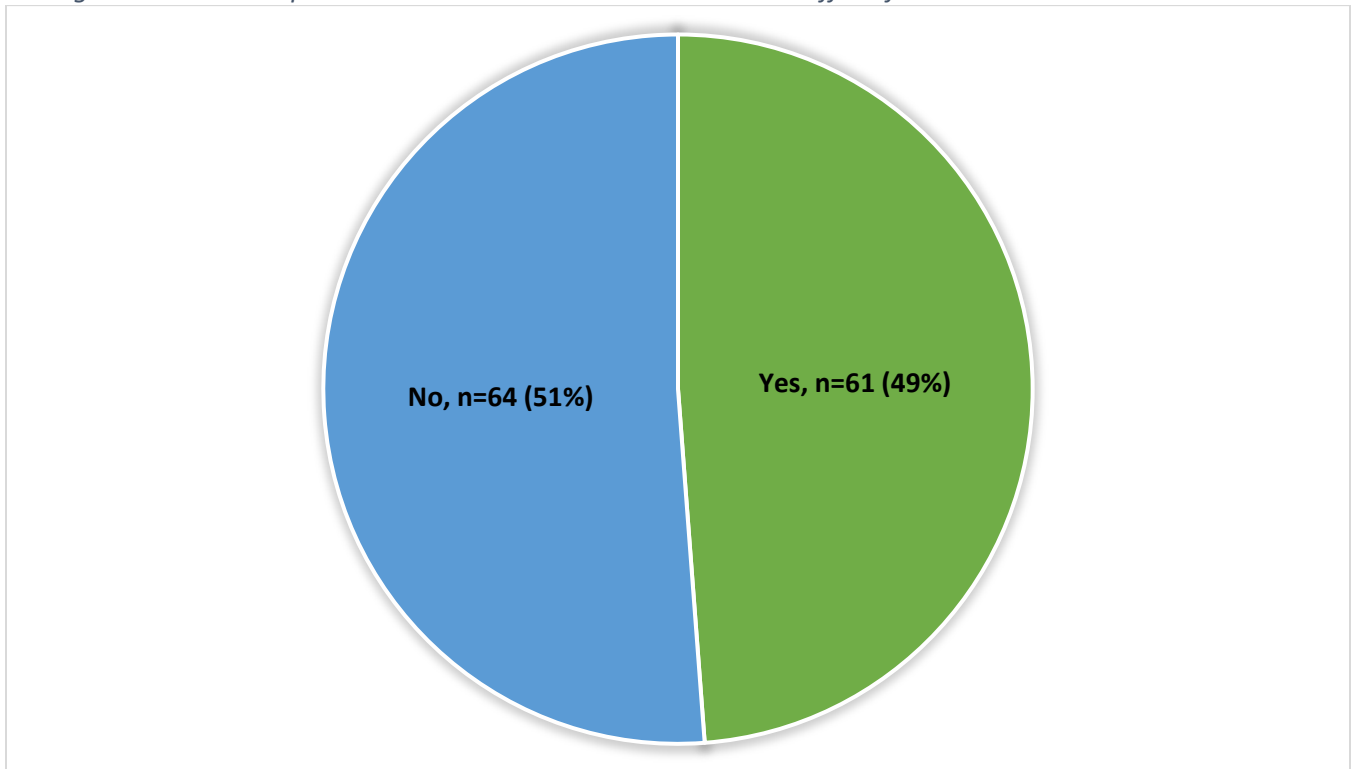


Table 69 - MCO Requires Prescriber to Document a Good Faith Effort if Unable to Conduct a PDMP Check

Response	States (Count of MCOs)	Count	Percentage
Yes	California (5), Delaware (2), District of Columbia (1), Florida (2), Hawaii (1), Illinois (3), Iowa (2), Louisiana (2), Maryland (6), Michigan (2), Minnesota (1), Mississippi (2), Nevada (1), New Mexico (1), New York (2), Ohio (3), Oregon (2), Pennsylvania (4), Texas (13), Utah (2), Virginia (4)	61	48.80%
No	Arkansas (2), California (12), Colorado (1), District of Columbia (2), Florida (1), Georgia (2), Hawaii (3), Indiana (4), Kentucky (3), Louisiana (2), Maryland (2), Massachusetts (3), Michigan (1), Minnesota (2), Mississippi (1), New Hampshire (3), New Jersey (1), New Mexico (1), New York (3), Ohio (2), Oregon (1), Pennsylvania (2), Rhode Island (2), South Carolina (2), Texas (2), Utah (1), Washington (3)	64	51.20%
National Totals		125	100%

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If “Yes,” does your MCO require the provider to submit, upon request, documentation to the MCO?

Figure 74 - MCO Requires Provider to Submit Documentation

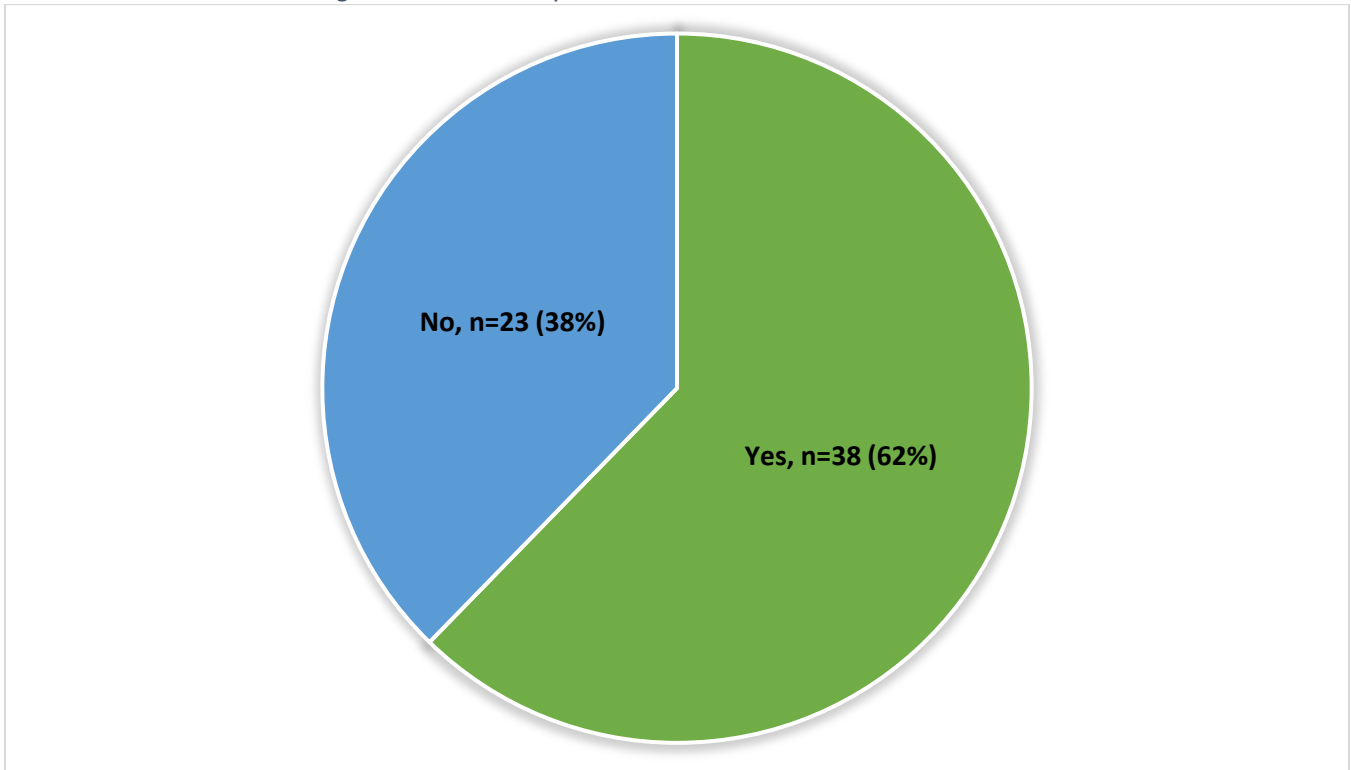


Table 70 - MCO Requires Provider to Submit Documentation

Response	States (Count of MCOs)	Count	Percentage
Yes	California (4), Delaware (2), District of Columbia (1), Florida (1), Hawaii (1), Illinois (3), Iowa (2), Louisiana (1), Maryland (4), Michigan (2), Minnesota (1), Mississippi (2), Nevada (1), New York (2), Ohio (3), Oregon (2), Pennsylvania (2), Utah (1), Virginia (3)	38	62.30%
No	California (1), Florida (1), Louisiana (1), Maryland (2), New Mexico (1), Pennsylvania (2), Texas (13), Utah (1), Virginia (1)	23	37.70%
National Totals		61	100%

3. Does your MCO require pharmacists to check the PDMP prior to dispensing?

Figure 75 - MCO Requires Pharmacists to Check PDMP Prior to Dispensing

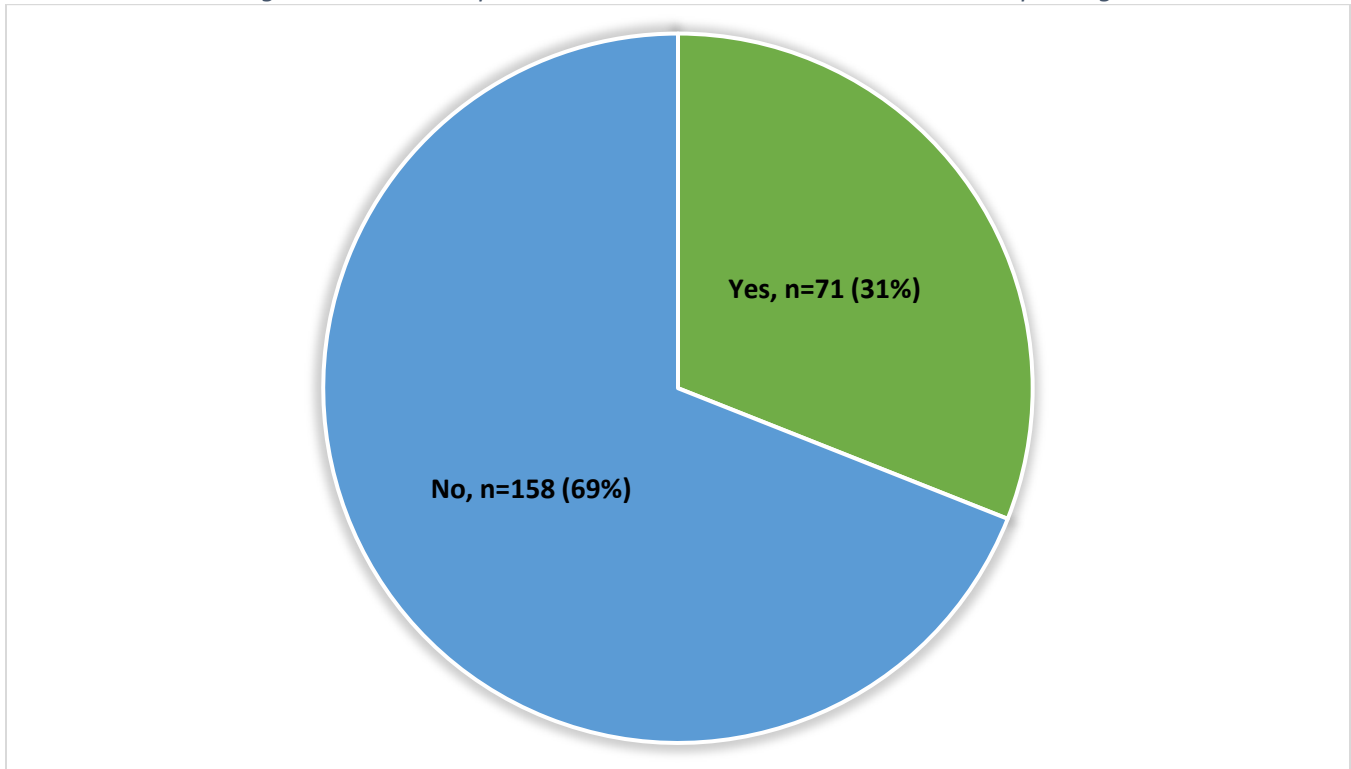


Table 71 - MCO Requires Pharmacists to Check PDMP Prior to Dispensing

Response	States (Count of MCOs)	Count	Percentage
Yes	California (6), District of Columbia (2), Florida (3), Georgia (1), Hawaii (4), Illinois (1), Indiana (2), Kentucky (1), Maryland (5), Massachusetts (2), Michigan (1), Minnesota (2), Mississippi (2), Nebraska (1), New Hampshire (1), New Jersey (1), New Mexico (1), New York (6), Ohio (3), Oregon (3), Pennsylvania (2), Rhode Island (1), Texas (17), Utah (1), Washington (2)	71	31.00%
No	Arkansas (3), California (20), Colorado (2), Delaware (2), District of Columbia (2), Florida (10), Georgia (3), Hawaii (2), Illinois (5), Indiana (3), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (4), Massachusetts (3), Michigan (9), Minnesota (6), Mississippi (1), Nebraska (2), Nevada (3), New Hampshire (2), New Jersey (4), New Mexico (2), New York (10), Ohio (2), Oregon (18), Pennsylvania (6), Rhode Island (2), South Carolina (5), Utah (3), Virginia (6), Washington (3)	158	69.00%
National Totals		229	100%

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If “Yes,” are there protocols involved in checking the PDMP?

Figure 76 - Protocols Involved in Checking PDMP

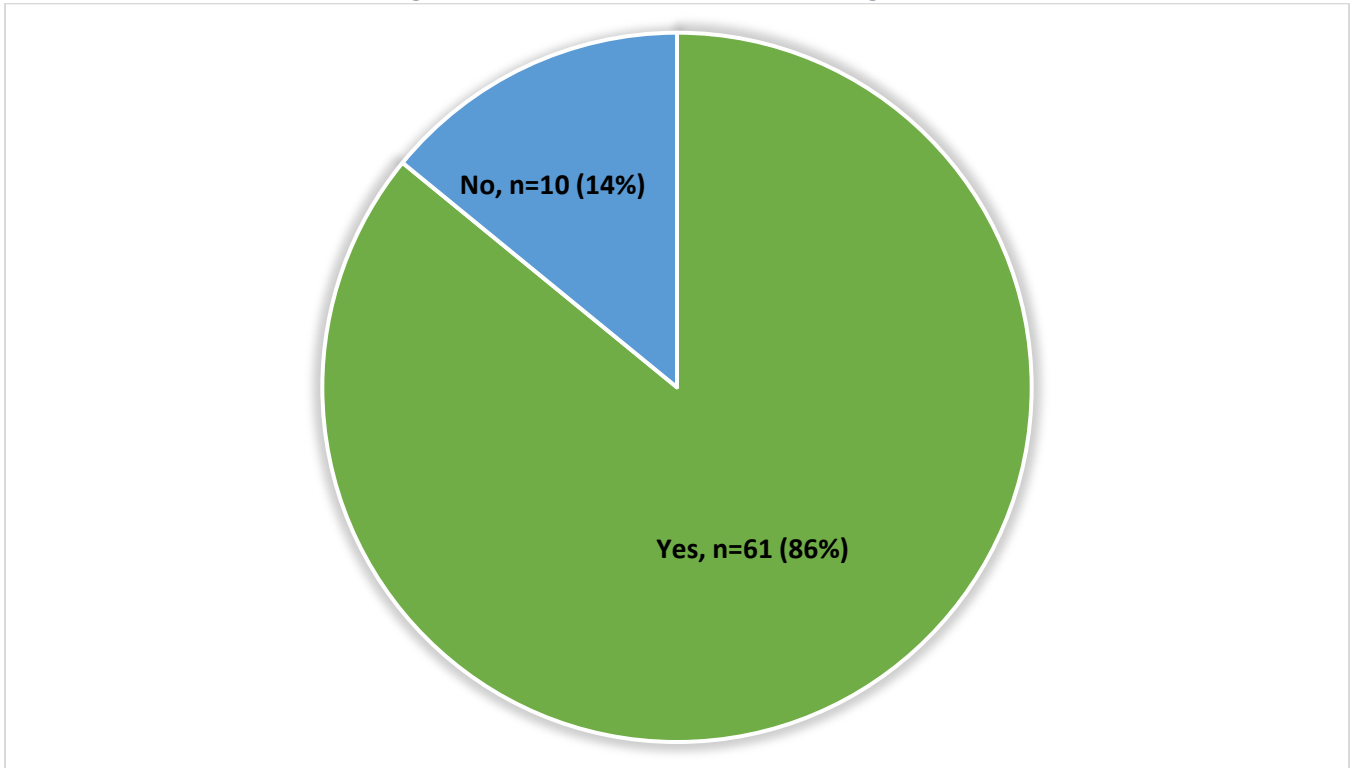


Table 72 - Protocols Involved in Checking PDMP

Response	States (Count of MCOs)	Count	Percentage
Yes	California (5), District of Columbia (2), Florida (3), Hawaii (3), Illinois (1), Indiana (2), Kentucky (1), Maryland (4), Massachusetts (1), Michigan (1), Minnesota (1), Mississippi (2), Nebraska (1), New Jersey (1), New Mexico (1), New York (6), Ohio (3), Oregon (1), Pennsylvania (2), Texas (17), Utah (1), Washington (2)	61	85.92%
No	California (1), Georgia (1), Hawaii (1), Maryland (1), Massachusetts (1), Minnesota (1), New Hampshire (1), Oregon (2), Rhode Island (1)	10	14.08%
National Totals		71	100%

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4. In the State’s PDMP system, which of the following pieces of information with respect to a beneficiary, is available to prescribers as close to real-time as possible (multiple responses allowed)?

Figure 77 - Beneficiary Information Available to Prescribers as Close to Real-Time as Possible



Table 73 - Beneficiary Information Available to Prescribers as Close to Real-Time as Possible

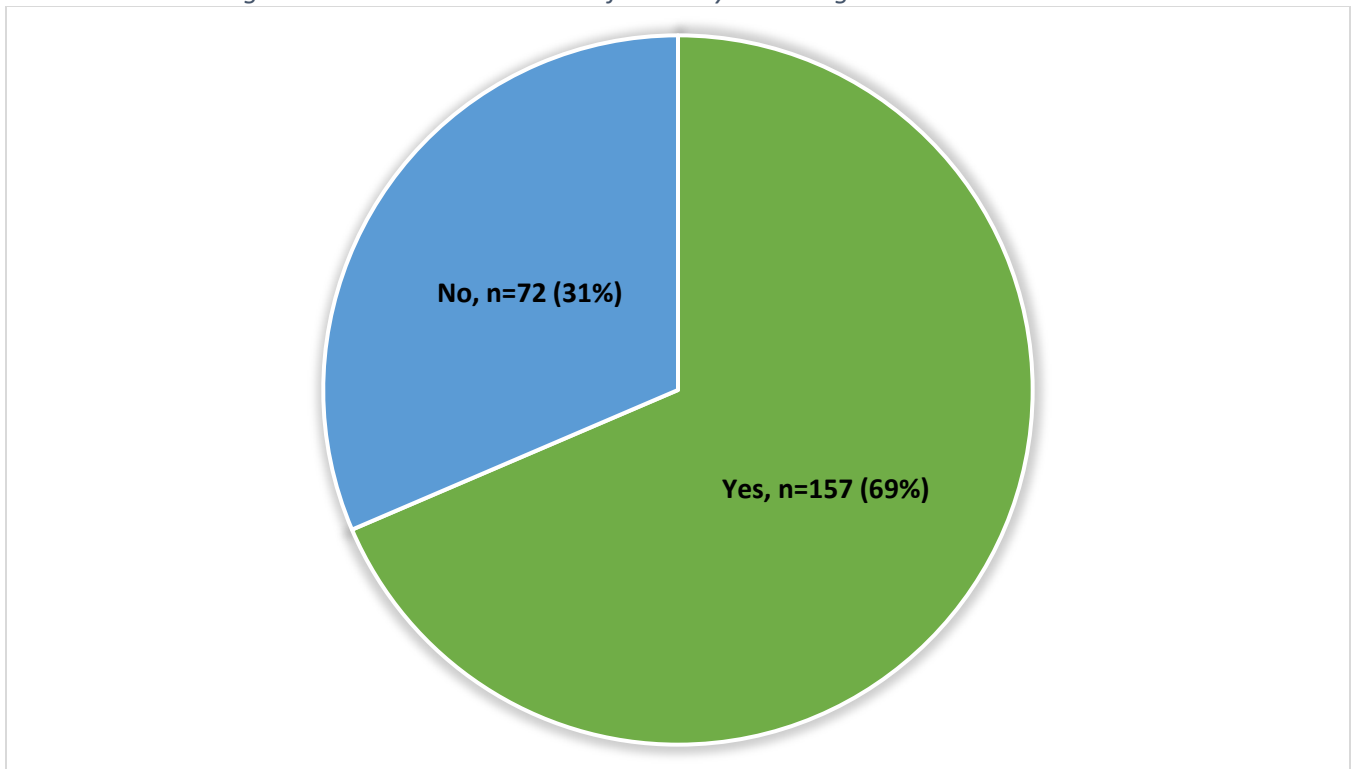
Response	States (Count of MCOs)	Count	Percentage
PDMP drug history	Arkansas (3), California (25), Colorado (2), Delaware (2), District of Columbia (4), Florida (13), Georgia (4), Hawaii (2), Illinois (5), Indiana (5), Iowa (2), Kansas (3), Kentucky (5), Louisiana (4), Maryland (9), Massachusetts (2), Michigan (9), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (2), New Hampshire (3), New Jersey (2), New Mexico (3), New York (11), Ohio (5), Oregon (11), Pennsylvania (6), Rhode Island (1), South Carolina (5), Texas (16), Utah (4), Virginia (6), Washington (5)	192	31.02%
The name, location, and contact information, or other identifying number, such as a national provider identifier, for previous beneficiary fills	Arkansas (3), California (23), Colorado (2), Delaware (2), District of Columbia (4), Florida (13), Georgia (3), Hawaii (2), Illinois (5), Indiana (5), Iowa (2), Kansas (3), Kentucky (5), Louisiana (4), Maryland (9), Massachusetts (2), Michigan (9), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (2), New Hampshire (3), New Jersey (2), New Mexico (3), New York (8), Ohio (4), Oregon (11), Pennsylvania (5), Rhode Island (1), South Carolina (4), Texas (16), Utah (3), Virginia (6), Washington (3)	180	29.08%

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Response	States (Count of MCOs)	Count	Percentage
The number and type of controlled substances prescribed to and dispensed to the beneficiary during at least the most recent 12-month period	Arkansas (3), California (23), Colorado (2), Delaware (2), District of Columbia (4), Florida (13), Georgia (4), Hawaii (2), Illinois (5), Indiana (5), Iowa (2), Kansas (3), Kentucky (5), Louisiana (4), Maryland (9), Massachusetts (2), Michigan (8), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (2), New Hampshire (3), New Jersey (2), New Mexico (3), New York (10), Ohio (5), Oregon (11), Pennsylvania (6), Rhode Island (1), South Carolina (5), Texas (16), Utah (3), Virginia (6), Washington (5)	187	30.21%
Other	California (4), Delaware (1), District of Columbia (1), Hawaii (4), Illinois (2), Indiana (1), Kansas (3), Kentucky (1), Louisiana (1), Maryland (1), Massachusetts (3), Michigan (2), Minnesota (2), Mississippi (2), Nevada (1), New Hampshire (1), New Jersey (3), New Mexico (1), New York (5), Ohio (1), Oregon (10), Pennsylvania (3), Rhode Island (2), Texas (1), Virginia (2), Washington (2)	60	9.69%
National Totals		619	100%

a. 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 FWA?

Figure 78 - Barriers Hinder MCO from Fully Accessing the PDMP to Curb FWA



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Table 74 - Barriers Hinder MCO from Fully Accessing the PDMP to Curb FWA

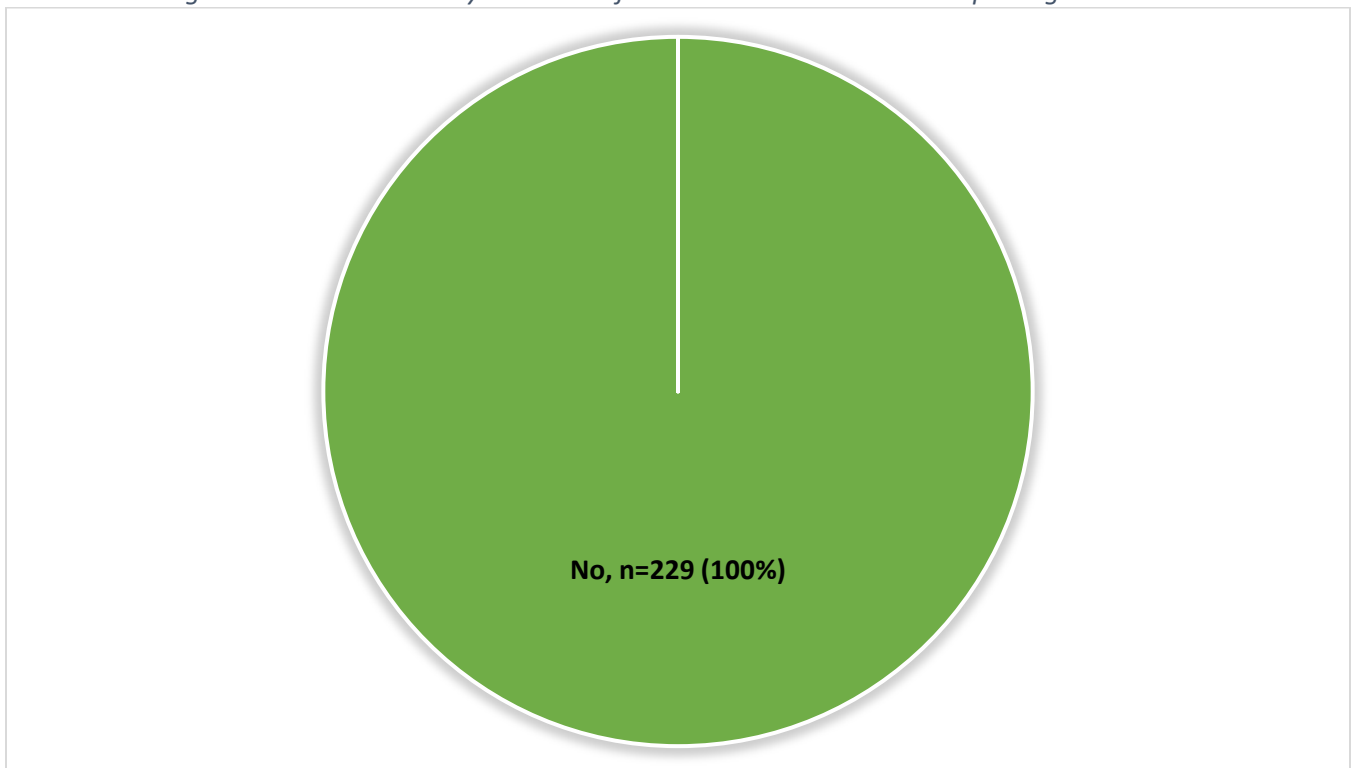
Response	States (Count of MCOs)	Count	Percentage
Yes	California (13), Colorado (1), Delaware (2), District of Columbia (4), Florida (9), Georgia (4), Hawaii (5), Illinois (3), Indiana (2), Iowa (2), Kansas (3), Kentucky (2), Louisiana (5), Maryland (7), Massachusetts (5), Michigan (5), Minnesota (6), Mississippi (1), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New York (12), Ohio (3), Oregon (18), Pennsylvania (4), Rhode Island (3), South Carolina (3), Texas (16), Utah (2), Virginia (1), Washington (2)	157	68.56%
No	Arkansas (3), California (13), Colorado (1), Florida (4), Hawaii (1), Illinois (3), Indiana (3), Kentucky (4), Maryland (2), Michigan (5), Minnesota (2), Mississippi (2), New Mexico (3), New York (4), Ohio (2), Oregon (3), Pennsylvania (4), South Carolina (2), Texas (1), Utah (2), Virginia (5), Washington (3)	72	31.44%
National Totals		229	100%

If “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).

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

5. In this reporting period, have there been any data or privacy breaches of the PDMP or PDMP data?

Figure 79 - Data or Privacy Breaches of PDMP or PDMP Data This Reporting Period



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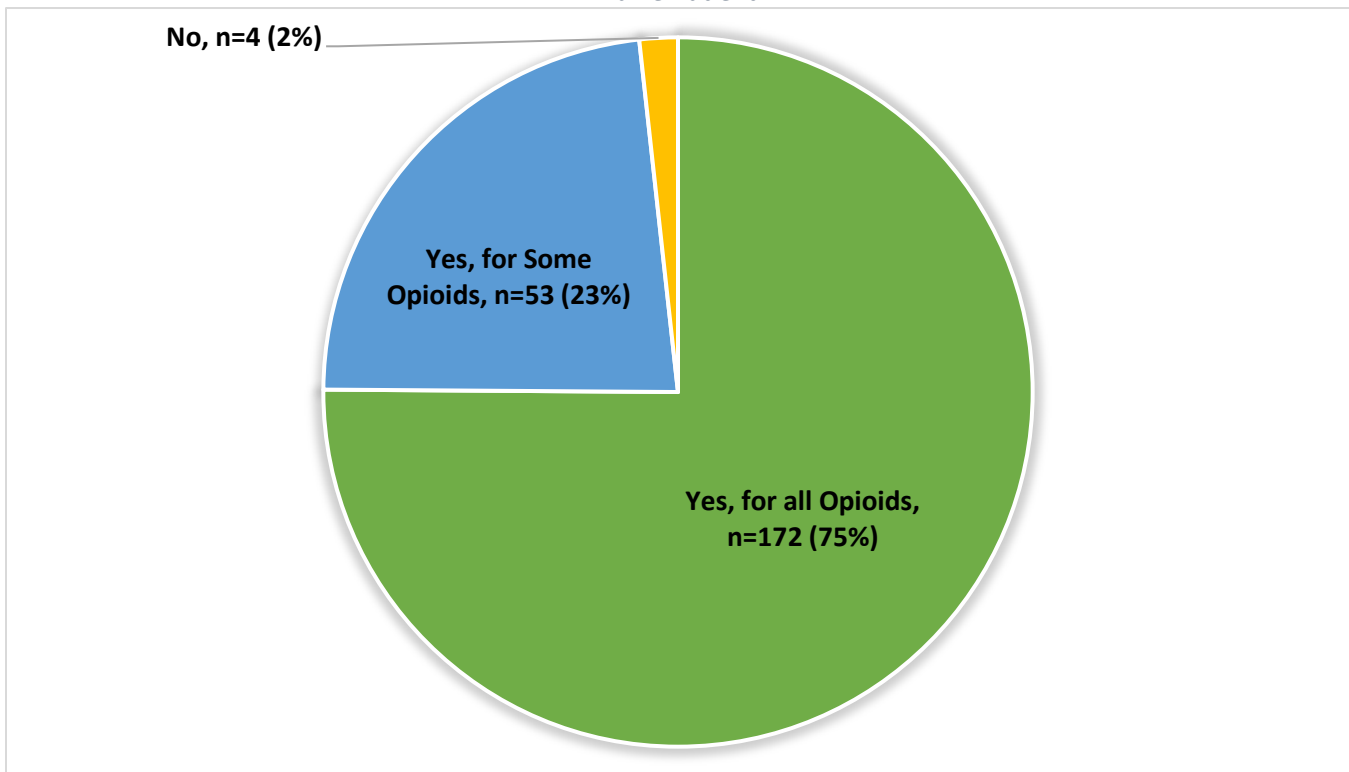
Table 75 - Data or Privacy Breaches of PDMP or PDMP Data This Reporting Period

Response	States (Count of MCOs)	Count	Percentage
No	Arkansas (3), California (26), Colorado (2), Delaware (2), District of Columbia (4), Florida (13), Georgia (4), Hawaii (6), Illinois (6), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (10), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (16), Ohio (5), Oregon (21), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	229	100.00%
National Totals		229	100%

C. Opioids

1. Does your MCO currently have a POS edit in place to limit the days' supply of an initial opioid prescription for opioid naïve patients?

Figure 80 - POS Edits in Place to Limit the Days' Supply Dispensed of an Initial Opioid Prescription for an Opioid Naïve Patient



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Table 76 - POS Edits in Place to Limit the Days' Supply Dispensed of An Initial Opioid Prescription for an Opioid Naïve Patient

Response	States (Count of MCOs)	Count	Percentage
Yes, for all opioids	Arkansas (3), California (17), Colorado (1), Delaware (1), District of Columbia (4), Florida (12), Georgia (4), Hawaii (5), Illinois (3), Indiana (3), Iowa (2), Kentucky (6), Louisiana (3), Maryland (6), Massachusetts (3), Michigan (6), Minnesota (6), Mississippi (3), Nebraska (2), Nevada (2), New Hampshire (2), New Jersey (4), New Mexico (3), New York (9), Ohio (4), Oregon (20), Pennsylvania (6), Rhode Island (1), South Carolina (5), Texas (15), Utah (3), Virginia (3), Washington (5)	172	75.11%
Yes, for some opioids	California (8), Colorado (1), Delaware (1), Florida (1), Hawaii (1), Illinois (3), Indiana (2), Kansas (3), Louisiana (2), Maryland (3), Massachusetts (1), Michigan (4), Minnesota (2), Nebraska (1), Nevada (1), New Jersey (1), New York (7), Ohio (1), Oregon (1), Pennsylvania (2), Rhode Island (1), Texas (2), Utah (1), Virginia (3)	53	23.14%
No	California (1), Massachusetts (1), New Hampshire (1), Rhode Island (1)	4	1.75%
National Totals		229	100%

If "No," please explain.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

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a. If “Yes,” what is your maximum number of days allowed for an initial opioid prescription for an opioid naïve patient?

Figure 81 - Maximum Number of Days Allowed for an Initial Opioid Prescription/Opioid Naïve Patient (State Average)

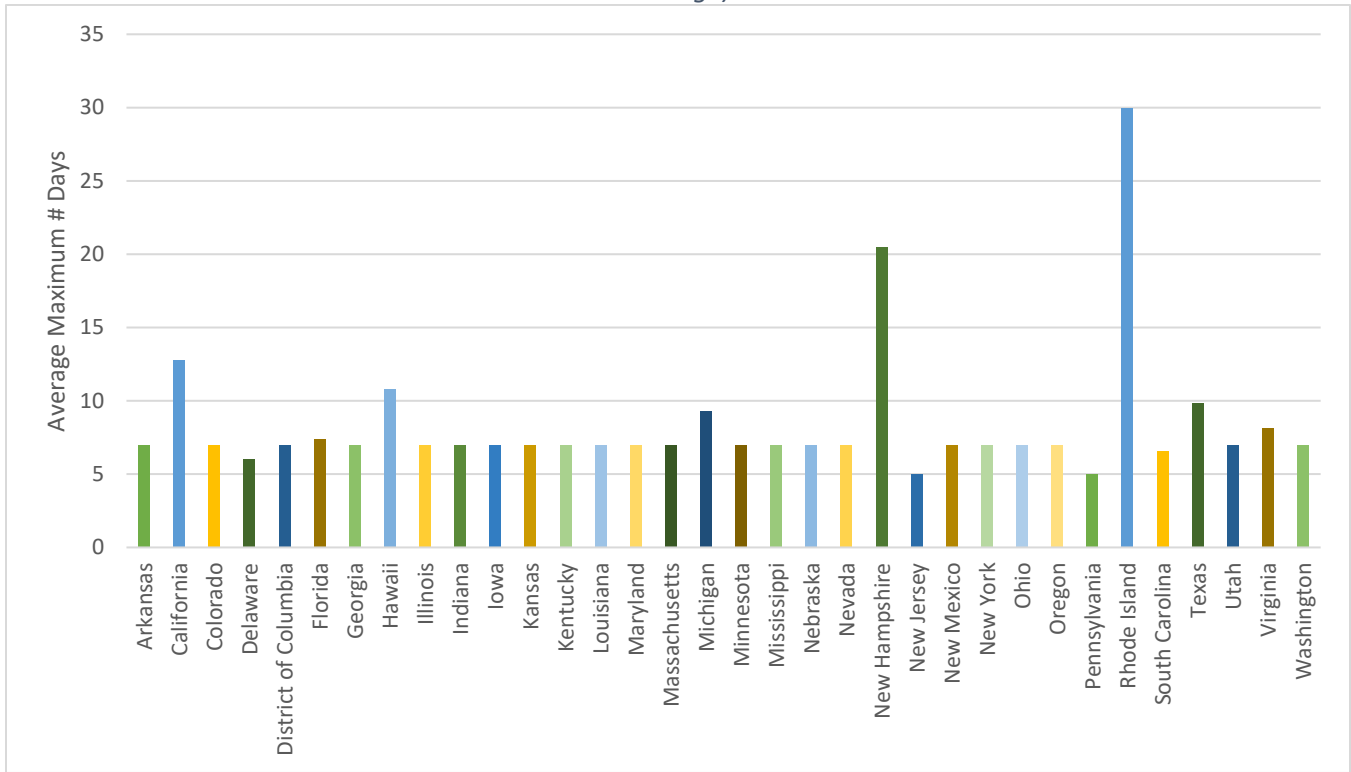


Table 77 - Maximum Number of Days Allowed for an Initial Opioid Prescription/Opioid Naïve Patient (State Average)

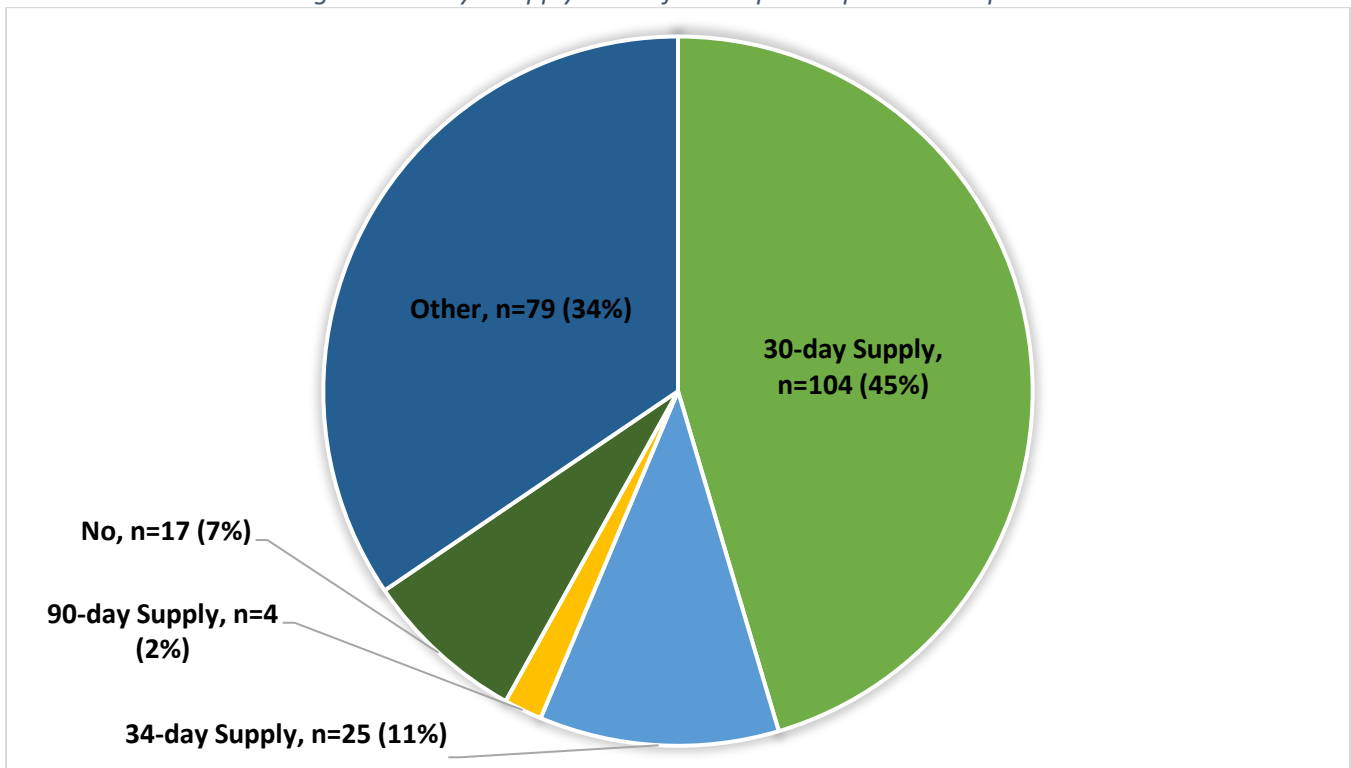
State	State Average Maximum Number of Days
Arkansas	7
California	13
Colorado	7
Delaware	6
District of Columbia	7
Florida	7
Georgia	7
Hawaii	11
Illinois	7
Indiana	7
Iowa	7
Kansas	7
Kentucky	7
Louisiana	7
Maryland	7
Massachusetts	7

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State	State Average Maximum Number of Days
Michigan	9
Minnesota	7
Mississippi	7
Nebraska	7
Nevada	7
New Hampshire	21
New Jersey	5
New Mexico	7
New York	7
Ohio	7
Oregon	7
Pennsylvania	5
Rhode Island	30
South Carolina	7
Texas	10
Utah	7
Virginia	8
Washington	7
National Average	8

b. Does your MCO have POS edits in place to limit days' supply of subsequent opioid prescriptions? If yes, please indicate your days' supply limit.

Figure 82 - Days' Supply Limit of Subsequent Opioid Prescriptions



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Table 78 - Days' Supply Limit of Subsequent Opioid Prescriptions

Response	States (Count of MCOs)	Count	Percentage
30-day supply	California (19), Colorado (1), District of Columbia (1), Florida (9), Georgia (2), Hawaii (3), Illinois (3), Indiana (1), Kentucky (1), Louisiana (5), Maryland (5), Massachusetts (5), Michigan (7), Minnesota (2), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (3), New York (9), Ohio (1), Oregon (10), Pennsylvania (3), Rhode Island (3), South Carolina (2), Texas (1), Utah (4), Virginia (1)	104	45.41%
34-day supply	Delaware (2), Illinois (1), Michigan (3), Minnesota (4), New Hampshire (2), New Mexico (1), Oregon (3), Pennsylvania (2), Texas (4), Virginia (3)	25	10.92%
90-day supply	Maryland (1), Oregon (2), Texas (1)	4	1.75%
No	California (1), Colorado (1), District of Columbia (1), Florida (1), New York (3), Texas (10)	17	7.42%
Other	Arkansas (3), California (6), District of Columbia (2), Florida (3), Georgia (2), Hawaii (3), Illinois (2), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Maryland (3), Minnesota (2), Mississippi (3), Nebraska (2), Nevada (2), New Jersey (2), New Mexico (2), New York (4), Ohio (4), Oregon (6), Pennsylvania (3), South Carolina (3), Texas (1), Virginia (2), Washington (5)	79	34.50%
National Totals		229	100%

If "Other," please specify

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

c. Please explain response, or add N/A if not applicable.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

2. Does your MCO have POS edits in place to limit the quantity dispensed of short-acting (SA) opioids?

Figure 83 - POS Edits in Place to Limit the Quantity Dispensed of Short-Acting Opioids

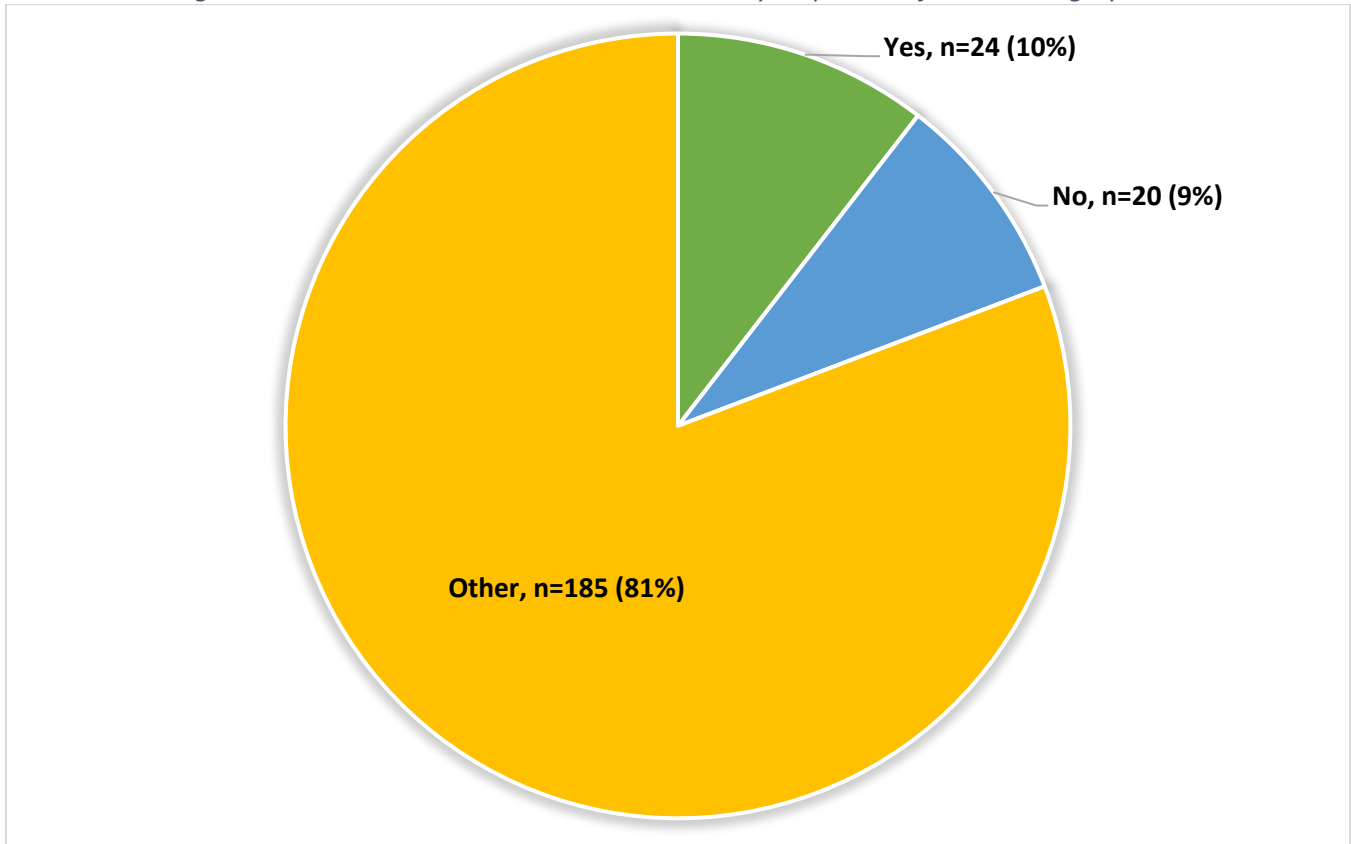


Table 79 - POS Edits in Place to Limit the Quantity Dispensed of Short-Acting Opioids

Response	States (Count of MCOs)	Count	Percentage
Yes	California (6), Colorado (1), Delaware (1), Florida (1), Kentucky (1), Louisiana (2), Mississippi (1), Nebraska (3), New York (4), Oregon (2), Pennsylvania (1), Utah (1)	24	10.48%
No	Florida (1), Hawaii (1), Minnesota (1), Nevada (1), New Hampshire (1), New Jersey (1), New York (1), Pennsylvania (1), South Carolina (2), Texas (10)	20	8.73%
Other	Arkansas (3), California (20), Colorado (1), Delaware (1), District of Columbia (4), Florida (11), Georgia (4), Hawaii (5), Illinois (6), Indiana (5), Iowa (2), Kansas (3), Kentucky (5), Louisiana (3), Maryland (9), Massachusetts (5), Michigan (10), Minnesota (7), Mississippi (2), Nevada (2), New Hampshire (2), New Jersey (4), New Mexico (3), New York (11), Ohio (5), Oregon (19), Pennsylvania (6), Rhode Island (3), South Carolina (3), Texas (7), Utah (3), Virginia (6), Washington (5)	185	80.79%
National Totals		229	100%

If "No," please explain.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

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If “Other”, please explain.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

If “Yes,” please specify limit as # of units.

Figure 84 - Limits for Quantity Dispensed of Short-Acting Opioids (State Average)

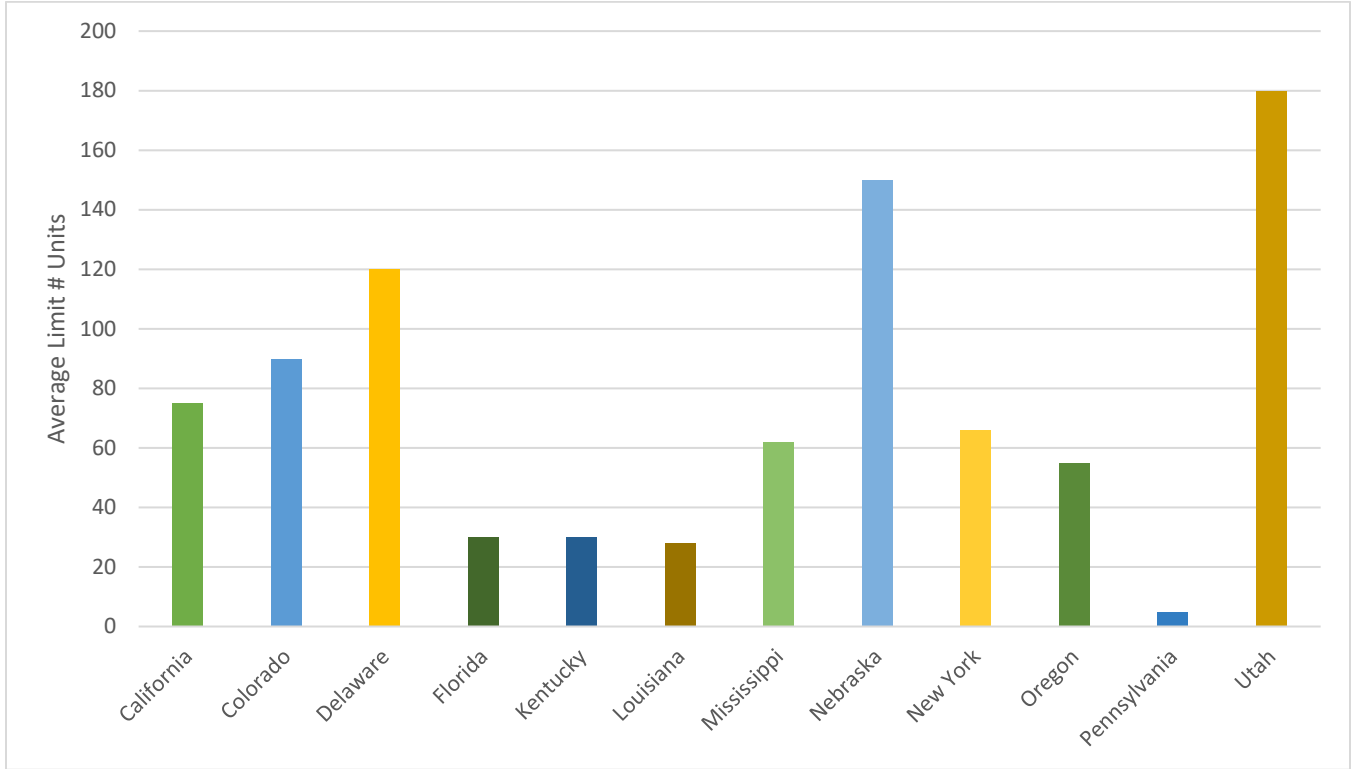


Table 80 - Limits for Quantity Dispensed of Short-Acting Opioids (State Average)

State	Average Limit in Units
California	75
Colorado	90
Delaware	120
Florida	30
Kentucky	30
Louisiana	28
Mississippi	62
Nebraska	150
New York	66
Oregon	55
Pennsylvania	5
Utah	180
National Average	74

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3. Does your MCO currently have POS edits in place to limit the quantity dispensed of long-acting (LA) opioids?

Figure 85 - POS Edits in Place to Limit the Quantity Dispensed of Long-Acting Opioids

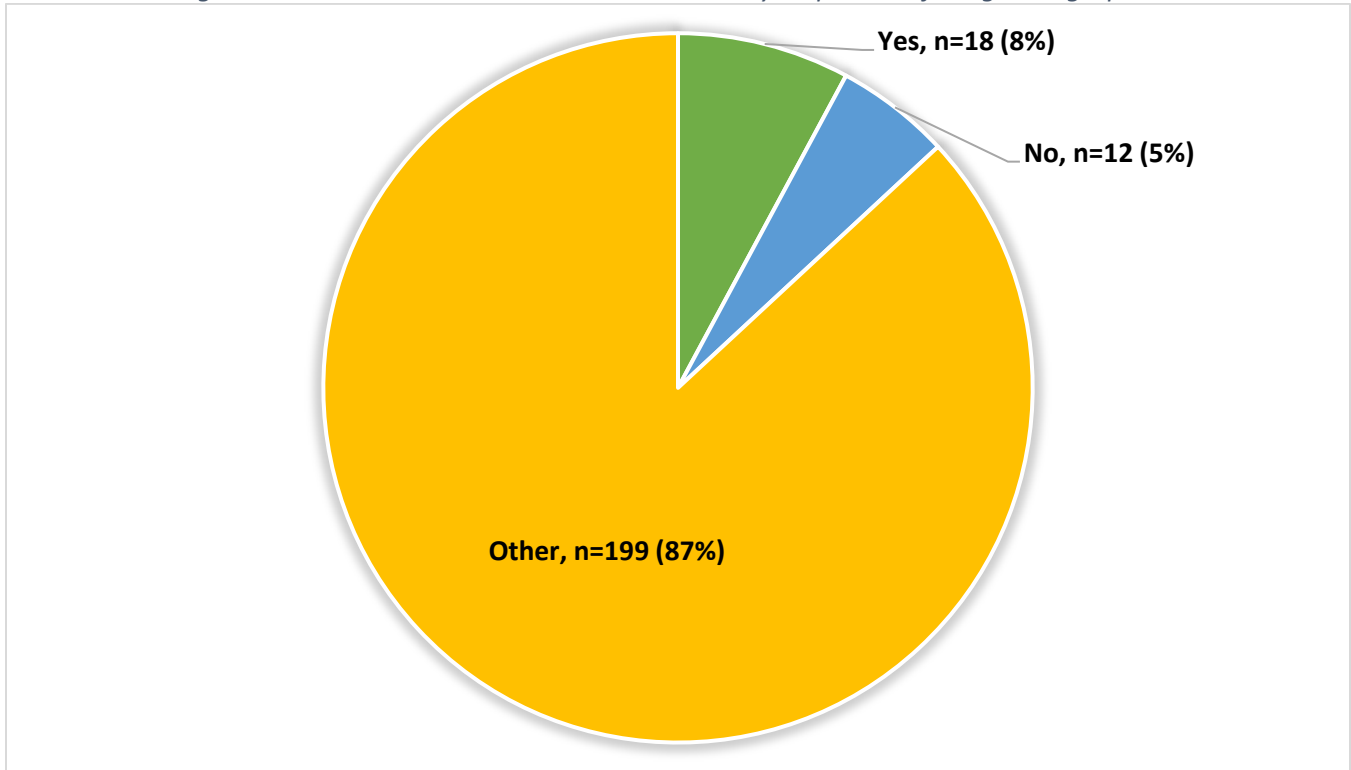


Table 81 - POS Edits in Place to Limit the Quantity Dispensed of Long-Acting Opioids

Response	States (Count of MCOs)	Count	Percentage
Yes	California (5), Colorado (1), Florida (1), Kentucky (1), Mississippi (1), New Jersey (1), New York (4), Oregon (1), Pennsylvania (1), Texas (1), Utah (1)	18	7.86%
No	California (1), Hawaii (1), Minnesota (2), Nevada (1), New Hampshire (1), New Jersey (1), New York (1), Oregon (2), Pennsylvania (1), South Carolina (1)	12	5.24%
Other	Arkansas (3), California (20), Colorado (1), Delaware (2), District of Columbia (4), Florida (12), Georgia (4), Hawaii (5), Illinois (6), Indiana (5), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (10), Minnesota (6), Mississippi (2), Nebraska (3), Nevada (2), New Hampshire (2), New Jersey (3), New Mexico (3), New York (11), Ohio (5), Oregon (18), Pennsylvania (6), Rhode Island (3), South Carolina (4), Texas (16), Utah (3), Virginia (6), Washington (5)	199	86.90%
National Totals		229	100%

If "No," please explain

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

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If “Other,” please explain.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

If “Yes,” please specify limit as # of units.

Figure 86 - Limits for Quantity Dispensed of Long-Acting Opioids (State Average)

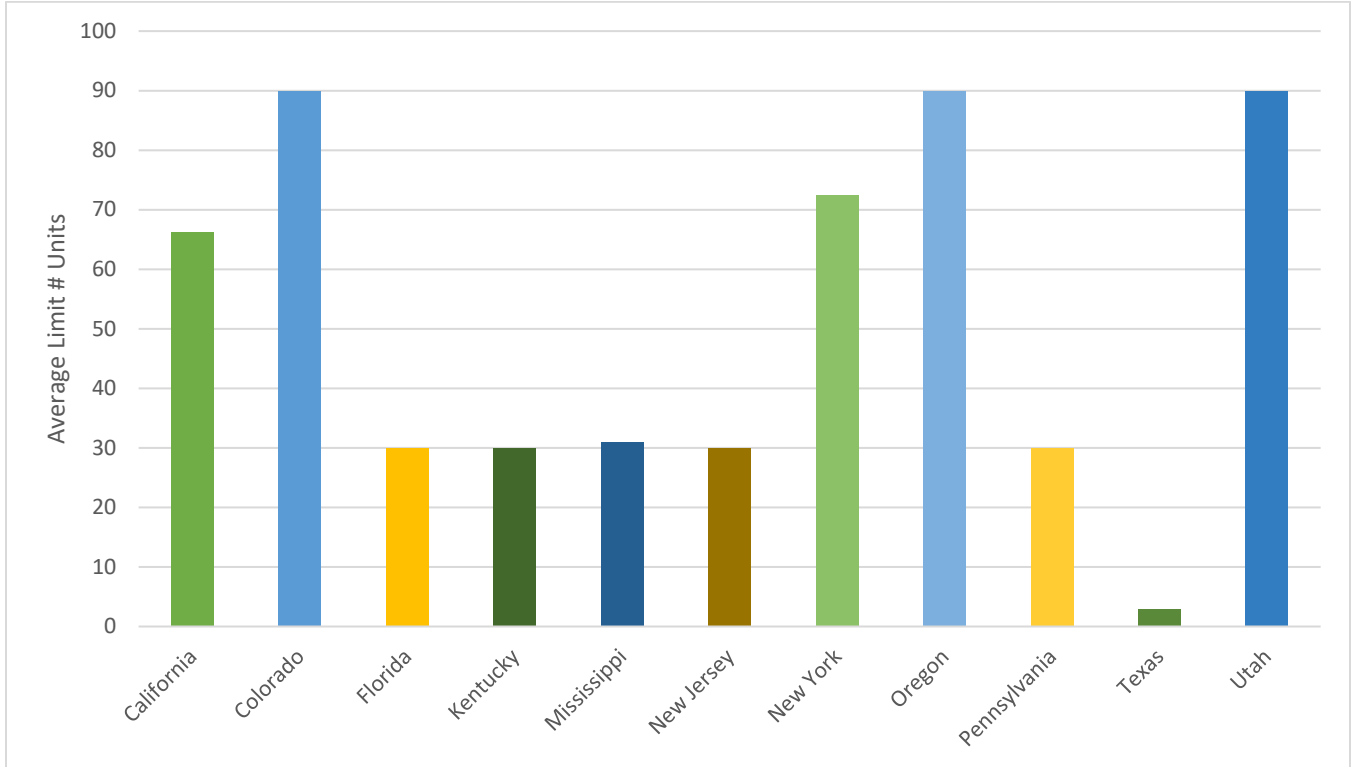


Table 82 - Limits for Quantity Dispensed of Long-Acting Opioids (State Average)

State	Average Limit in Units
California	66
Colorado	90
Florida	30
Kentucky	30
Mississippi	31
New Jersey	30
New York	73
Oregon	90
Pennsylvania	30
Texas	3
Utah	90
National Average	51

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

Figure 87 - Have Measures Other Than Restricted Quantities and Days' Supply in Place to Either Monitor or Manage the Prescribing of Opioids

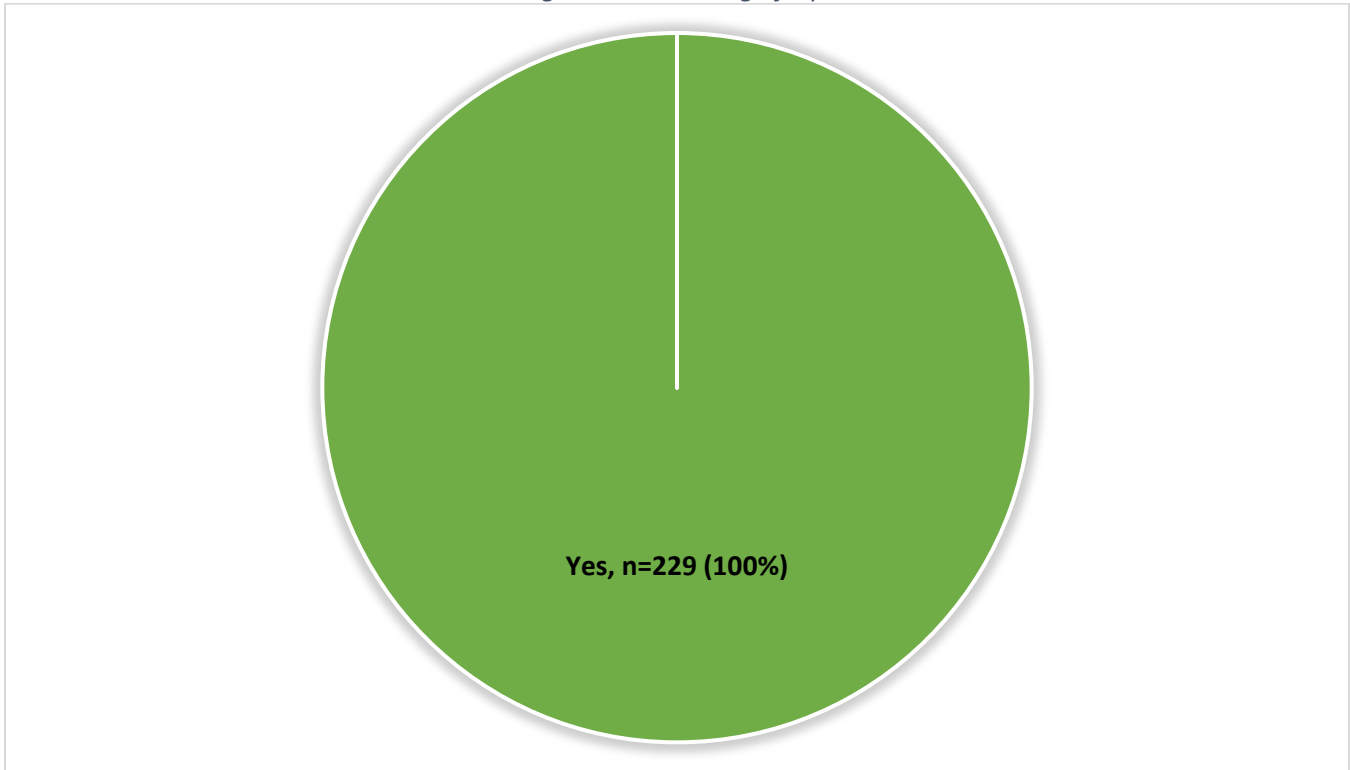


Table 83 - Have Measures Other Than Restricted Quantities and Days' Supply in Place to Either Monitor or Manage the Prescribing of Opioids

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (3), California (26), Colorado (2), Delaware (2), District of Columbia (4), Florida (13), Georgia (4), Hawaii (6), Illinois (6), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (10), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (16), Ohio (5), Oregon (21), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	229	100.00%
National Totals		229	100%

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If “Yes,” check all that apply.

Figure 88 - Measures Other Than Restricted Quantities and Days’ Supply in Place to Either Monitor or Manage the Prescribing of Opioids

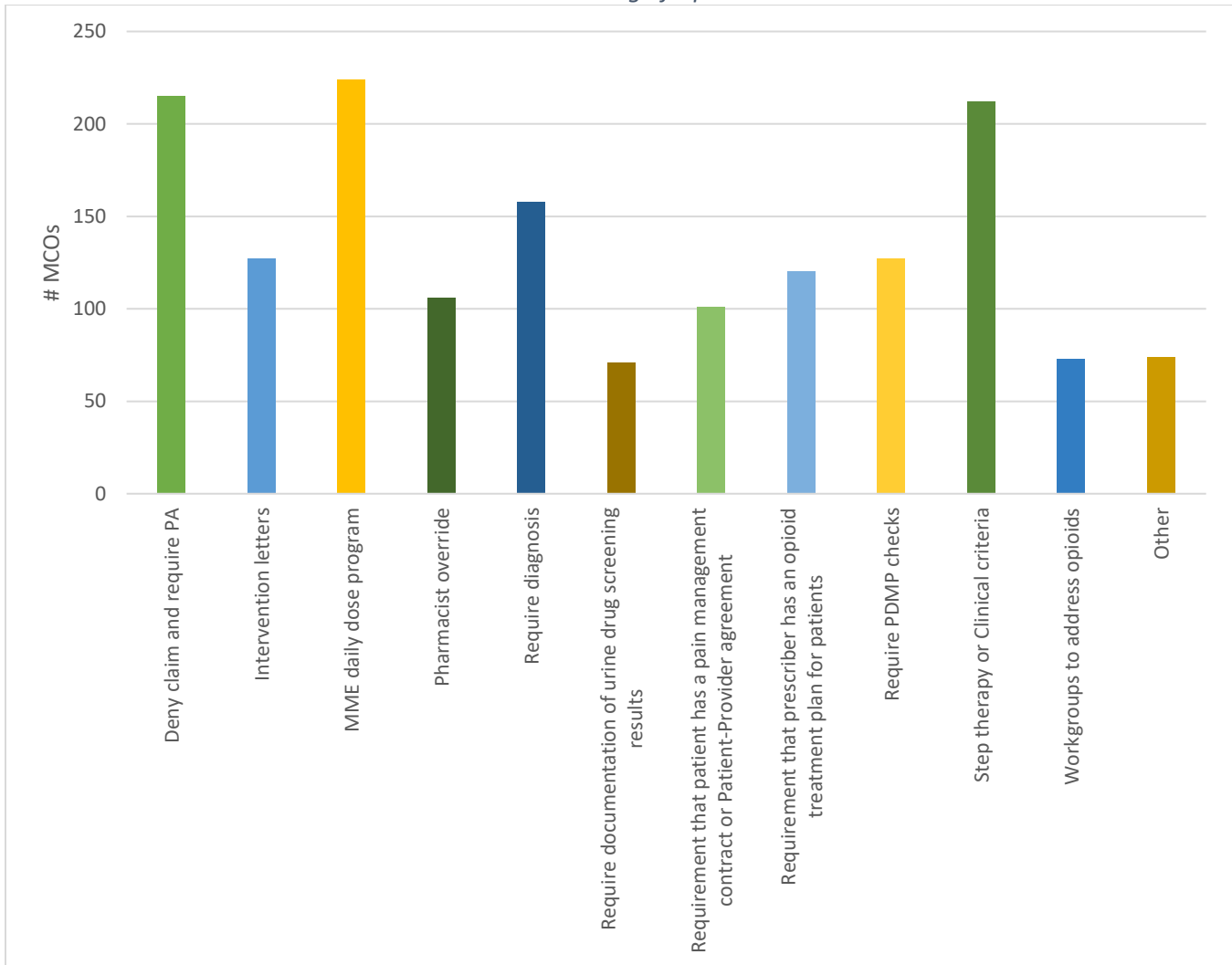


Table 84 - Measures Other Than Restricted Quantities and Days’ Supply in Place to Either Monitor or Manage the Prescribing of Opioids

Response	States (Count of MCOs)	Count	Percentage
Deny claim and require PA	Arkansas (3), California (23), Colorado (2), Delaware (2), District of Columbia (4), Florida (13), Georgia (4), Hawaii (5), Illinois (6), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Maryland (8), Massachusetts (5), Michigan (10), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (2), New Hampshire (3), New Jersey (4), New Mexico (3), New York (12), Ohio (5), Oregon (19), Pennsylvania (8), Rhode Island (3), South Carolina (4), Texas (17), Utah (4), Virginia (6), Washington (5)	215	13.37%

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Response	States (Count of MCOs)	Count	Percentage
Intervention letters	Arkansas (2), California (12), Colorado (1), Delaware (2), District of Columbia (2), Florida (6), Georgia (4), Hawaii (3), Illinois (3), Indiana (4), Kansas (2), Louisiana (5), Maryland (4), Massachusetts (2), Michigan (6), Minnesota (3), Mississippi (2), Nebraska (2), Nevada (3), New Hampshire (2), New Jersey (2), New Mexico (2), New York (10), Ohio (5), Oregon (14), Pennsylvania (4), Rhode Island (2), South Carolina (3), Texas (5), Utah (2), Virginia (5), Washington (3)	127	7.90%
MME daily dose program	Arkansas (3), California (26), Colorado (2), Delaware (1), District of Columbia (4), Florida (13), Georgia (4), Hawaii (6), Illinois (6), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (4), Michigan (10), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), Ohio (5), Oregon (21), Pennsylvania (8), Rhode Island (2), South Carolina (5), Texas (16), Utah (4), Virginia (6), Washington (5)	224	13.93%
Pharmacist override	Arkansas (2), California (16), Colorado (2), Delaware (1), Florida (8), Georgia (1), Hawaii (4), Illinois (2), Indiana (3), Kansas (1), Kentucky (6), Louisiana (1), Maryland (3), Massachusetts (3), Michigan (4), Minnesota (4), Mississippi (1), Nebraska (2), Nevada (1), New Jersey (3), New Mexico (1), New York (7), Ohio (2), Oregon (14), Pennsylvania (1), Rhode Island (1), South Carolina (1), Texas (1), Utah (2), Virginia (3), Washington (5)	106	6.59%
Require diagnosis	Arkansas (3), California (13), Delaware (2), District of Columbia (3), Florida (10), Georgia (2), Hawaii (4), Illinois (3), Indiana (4), Kansas (2), Kentucky (5), Louisiana (3), Maryland (6), Massachusetts (3), Michigan (5), Minnesota (4), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (4), New Mexico (2), New York (10), Ohio (4), Oregon (14), Pennsylvania (8), Rhode Island (3), South Carolina (3), Texas (13), Utah (4), Virginia (6), Washington (4)	158	9.83%
Require documentation of urine drug screening results	California (5), Colorado (1), Delaware (2), District of Columbia (2), Florida (10), Georgia (1), Hawaii (1), Illinois (1), Kansas (1), Kentucky (5), Maryland (5), Massachusetts (1), Michigan (3), Minnesota (2), Nebraska (1), New Hampshire (1), New Mexico (1), New York (1), Ohio (2), Oregon (7), Pennsylvania (8), Utah (3), Virginia (5), Washington (2)	71	4.42%
Require PDMP checks	Arkansas (1), California (11), Colorado (1), Delaware (2), District of Columbia (3), Florida (8), Georgia (2), Hawaii (3), Illinois (3), Indiana (2), Iowa (2), Kansas (3), Kentucky (3), Louisiana (3), Maryland (8), Massachusetts (1), Michigan (5), Minnesota (5), Mississippi (3), Nebraska (2), Nevada (2), New Hampshire (3), New Jersey (2), New Mexico (2), New York (7), Ohio (5), Oregon (7), Pennsylvania (8), Rhode Island (1), South Carolina (3), Texas (2), Utah (4), Virginia (6), Washington (4)	127	7.90%

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Response	States (Count of MCOs)	Count	Percentage
Requirement that patient has a pain management contract or Patient-Provider agreement	California (12), Colorado (1), Delaware (2), District of Columbia (2), Florida (7), Georgia (1), Hawaii (3), Illinois (3), Indiana (1), Iowa (2), Kansas (3), Kentucky (1), Louisiana (1), Maryland (8), Massachusetts (3), Michigan (5), Minnesota (5), Mississippi (1), Nebraska (1), New Hampshire (3), New Jersey (1), New Mexico (1), New York (4), Ohio (3), Oregon (6), Pennsylvania (3), Rhode Island (2), South Carolina (2), Texas (1), Utah (4), Virginia (5), Washington (4)	101	6.28%
Requirement that prescriber has an opioid treatment plan for patients	California (12), Colorado (1), Delaware (2), District of Columbia (2), Florida (6), Georgia (2), Hawaii (4), Illinois (3), Indiana (4), Kansas (3), Kentucky (1), Louisiana (2), Maryland (5), Massachusetts (2), Michigan (5), Minnesota (5), Mississippi (2), Nebraska (2), Nevada (2), New Hampshire (2), New Jersey (3), New Mexico (2), New York (8), Ohio (4), Oregon (10), Pennsylvania (7), Rhode Island (1), South Carolina (3), Texas (2), Utah (4), Virginia (5), Washington (4)	120	7.46%
Step therapy or Clinical criteria	Arkansas (3), California (23), Colorado (2), Delaware (2), District of Columbia (3), Florida (12), Georgia (4), Hawaii (6), Illinois (6), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (4), Maryland (7), Massachusetts (5), Michigan (9), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (14), Ohio (5), Oregon (19), Pennsylvania (6), Rhode Island (3), South Carolina (5), Texas (15), Utah (4), Virginia (6), Washington (5)	212	13.18%
Workgroups to address opioids	Arkansas (1), California (13), Colorado (1), Delaware (1), District of Columbia (1), Florida (2), Georgia (1), Hawaii (2), Illinois (2), Indiana (1), Kansas (1), Kentucky (1), Louisiana (2), Maryland (4), Michigan (1), Minnesota (2), Mississippi (1), Nebraska (1), New Jersey (1), New Mexico (2), New York (4), Ohio (2), Oregon (13), Pennsylvania (4), South Carolina (1), Texas (2), Utah (2), Virginia (2), Washington (2)	73	4.54%
Other	Arkansas (1), California (16), Delaware (1), Florida (3), Georgia (1), Illinois (3), Indiana (2), Kansas (1), Kentucky (4), Louisiana (3), Maryland (1), Massachusetts (2), Michigan (3), Minnesota (3), Mississippi (2), Nevada (1), New Hampshire (1), New Mexico (2), New York (6), Ohio (2), Oregon (7), Pennsylvania (2), South Carolina (2), Texas (2), Utah (2), Virginia (1)	74	4.60%
National Totals		1,608	100%

5. Does your MCO have POS edits to monitor duplicate therapy of opioid prescriptions? This excludes regimens that include a single extended release product and a breakthrough short acting agent.

Figure 89 - POS Edits in Place to Monitor Duplicate Therapy of Opioids Prescriptions

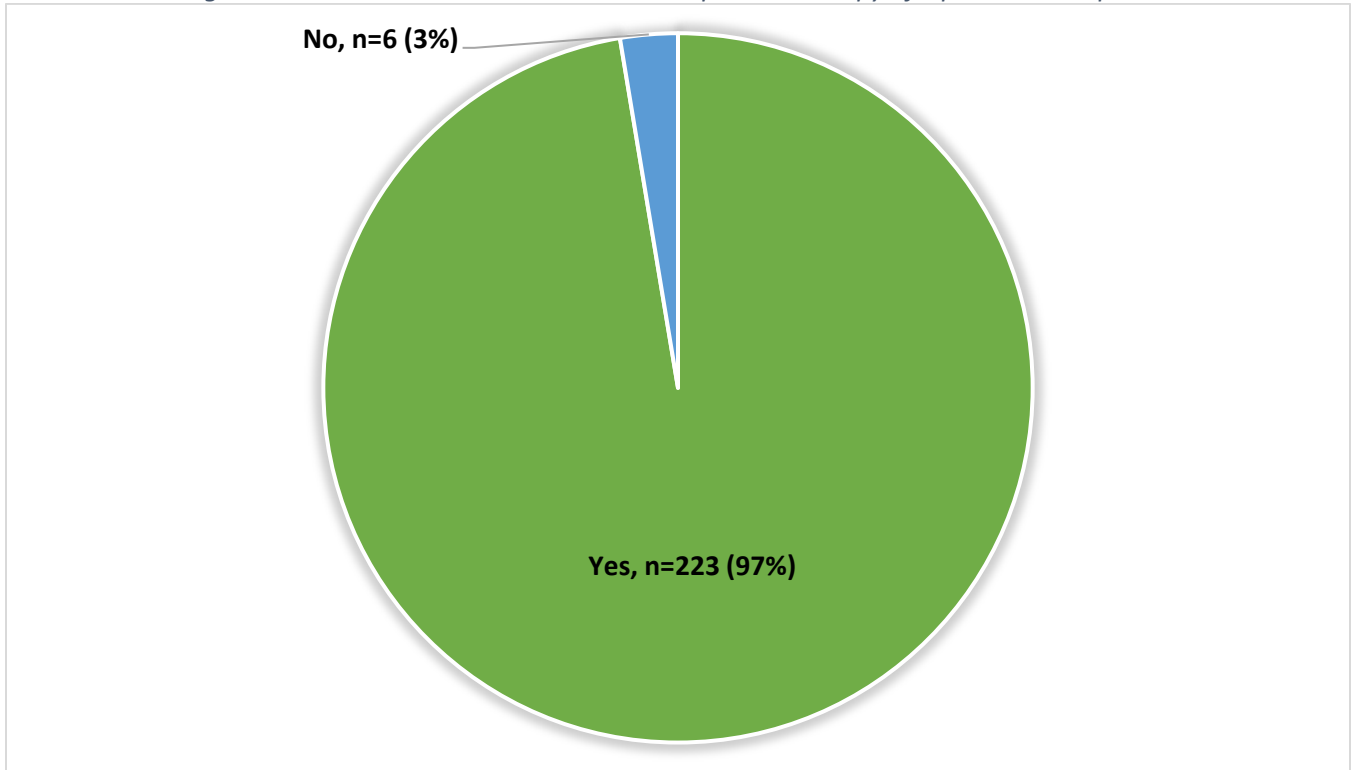


Table 85 - POS Edits in Place to Monitor Duplicate Therapy of Opioids Prescriptions

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (3), California (21), Colorado (2), Delaware (2), District of Columbia (4), Florida (13), Georgia (4), Hawaii (6), Illinois (6), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (9), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (16), Ohio (5), Oregon (21), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	223	97.38%
No	California (5), Michigan (1)	6	2.62%
National Totals		229	100%

6. Does your MCO have POS edits to monitor early refills of opioid prescriptions dispensed?

Figure 90 - POS Edits to Monitor Early Refills of Opioid Prescriptions Dispensed

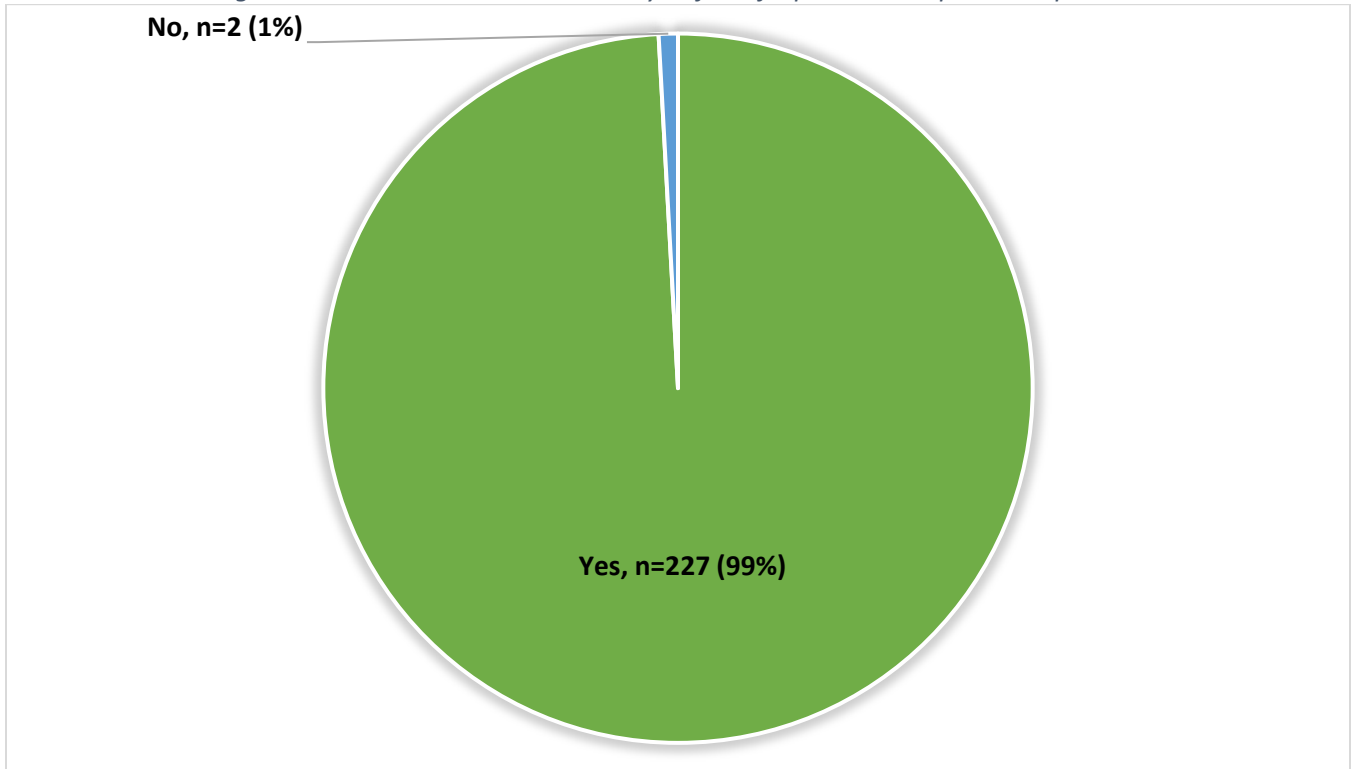


Table 86 - POS Edits to Monitor Early Refills of Opioid Prescriptions Dispensed

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (3), California (25), Colorado (2), Delaware (2), District of Columbia (4), Florida (13), Georgia (4), Hawaii (6), Illinois (6), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (10), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), Ohio (5), Oregon (21), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	227	99.13%
No	California (1), New York (1)	2	0.87%
National Totals		229	100%

If “No,” please explain.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

7. Does your MCO have comprehensive automated retrospective claim reviews to monitor opioid prescriptions exceeding state limitations (early refills, duplicate fills, quantity limits and days' supply)?

Figure 91 - Comprehensive Automated Retrospective Claim Reviews to Monitor Opioid Prescriptions in Excess of State Limitations

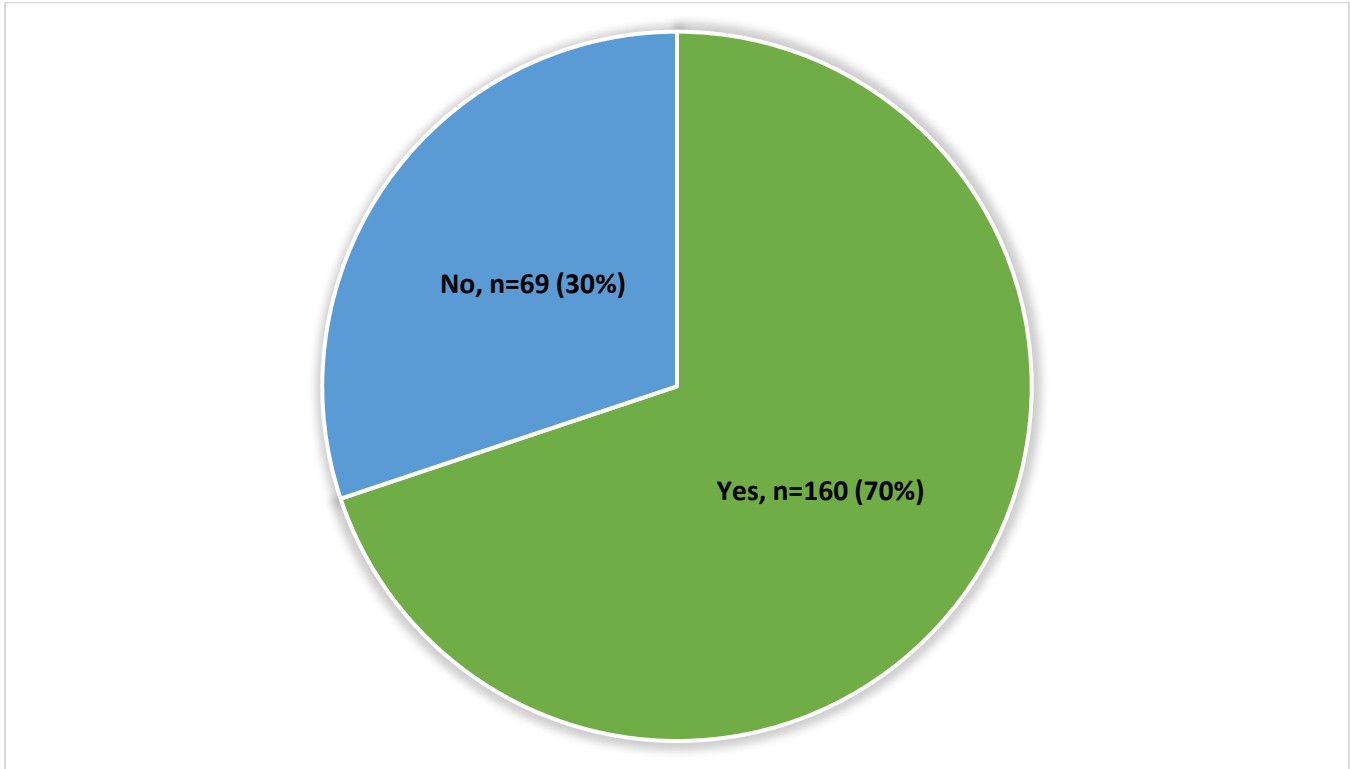


Table 87 - Comprehensive Automated Retrospective Claim Reviews to Monitor Opioid Prescriptions in Excess of State Limitations

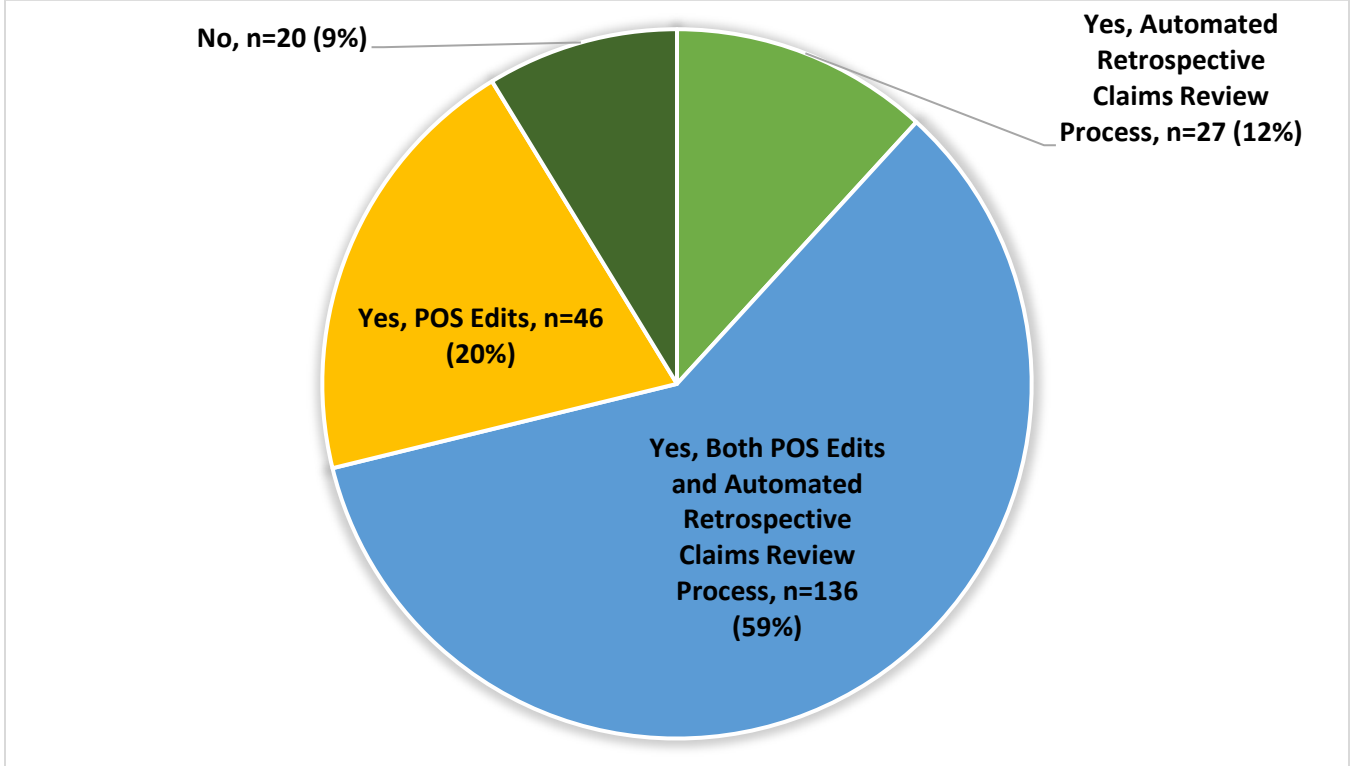
Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (2), California (17), Colorado (1), Delaware (1), District of Columbia (3), Florida (10), Georgia (4), Hawaii (5), Illinois (3), Indiana (3), Iowa (2), Kansas (2), Kentucky (5), Louisiana (5), Maryland (6), Massachusetts (5), Michigan (5), Minnesota (3), Mississippi (2), Nebraska (2), Nevada (2), New Hampshire (3), New Jersey (4), New Mexico (3), New York (12), Ohio (5), Oregon (21), Pennsylvania (5), Rhode Island (2), South Carolina (5), Texas (4), Utah (3), Virginia (2), Washington (3)	160	69.87%
No	Arkansas (1), California (9), Colorado (1), Delaware (1), District of Columbia (1), Florida (3), Hawaii (1), Illinois (3), Indiana (2), Kansas (1), Kentucky (1), Maryland (3), Michigan (5), Minnesota (5), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (1), New York (4), Pennsylvania (3), Rhode Island (1), Texas (13), Utah (1), Virginia (4), Washington (2)	69	30.13%
National Totals		229	100%

If "No," please explain.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

8. Does your MCO currently have POS edits in place or automated retrospective claim reviews to monitor opioids and benzodiazepines being used concurrently?

Figure 92 - POS Edits or Retrospective Claim Reviews to Monitor Opioids and Benzodiazepines Used Concurrently



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Table 88 - POS Edits or Retrospective Claim Reviews to Monitor Opioids and Benzodiazepines Used Concurrently

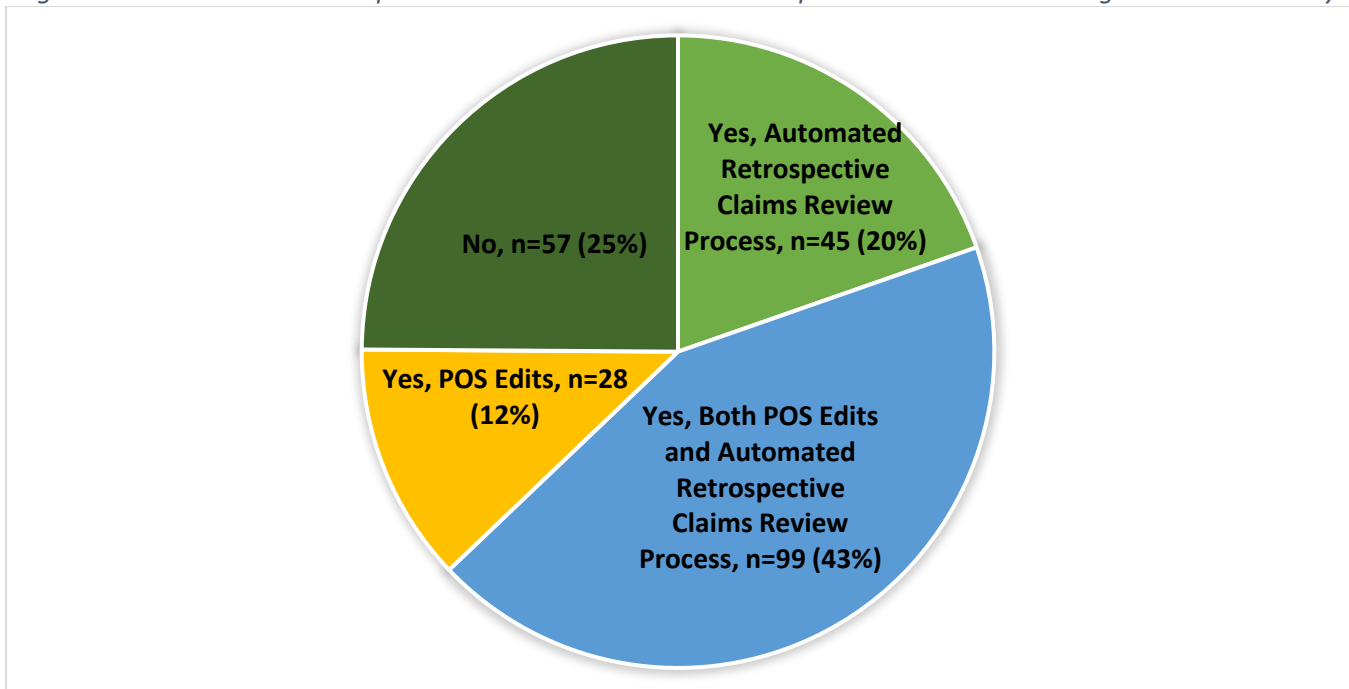
Response	States (Count of MCOs)	Count	Percentage
Yes, automated retrospective claims review process	California (5), Delaware (1), Georgia (1), Massachusetts (1), Michigan (3), Minnesota (1), Ohio (1), Oregon (11), Texas (1), Virginia (1), Washington (1)	27	11.79%
Yes, both POS edits and automated retrospective claims review process	Arkansas (2), California (13), Colorado (2), Delaware (1), District of Columbia (2), Florida (9), Georgia (3), Hawaii (5), Illinois (4), Indiana (3), Iowa (2), Kansas (3), Kentucky (2), Louisiana (5), Maryland (2), Massachusetts (3), Michigan (2), Minnesota (5), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (4), New Mexico (3), New York (14), Ohio (4), Oregon (10), Pennsylvania (4), Rhode Island (3), South Carolina (3), Texas (5), Utah (1), Virginia (3), Washington (3)	136	59.39%
Yes, POS edits	Arkansas (1), California (7), District of Columbia (2), Florida (3), Illinois (2), Indiana (1), Kentucky (3), Massachusetts (1), Michigan (1), Minnesota (2), New Hampshire (1), New Jersey (1), New York (2), Pennsylvania (3), South Carolina (2), Texas (11), Virginia (2), Washington (1)	46	20.09%
No	California (1), Florida (1), Hawaii (1), Indiana (1), Kentucky (1), Maryland (7), Michigan (4), Pennsylvania (1), Utah (3)	20	8.73%
National Totals		229	100%

If “No,” please explain.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

9. Does your MCO currently have POS edits in place or automated retrospective claim reviews to monitor opioids and sedatives being used concurrently?

Figure 93 - POS Edits or Retrospective Claim Reviews to Monitor Opioids and Sedatives Being Used Concurrently



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Table 89 - POS Edits or Retrospective Claim Reviews to Monitor Opioids and Sedatives Being Used Concurrently

Response	States (Count of MCOs)	Count	Percentage
Yes, automated retrospective claims review process	California (8), Delaware (1), Florida (1), Georgia (2), Indiana (2), Louisiana (4), Massachusetts (1), Michigan (3), Minnesota (1), Nebraska (1), Nevada (1), New Jersey (1), New York (2), Oregon (10), Pennsylvania (1), South Carolina (1), Texas (3), Virginia (1), Washington (1)	45	19.65%
Yes, both POS edits and automated retrospective claims review process	Arkansas (2), California (7), Colorado (1), Delaware (1), District of Columbia (2), Florida (8), Georgia (1), Hawaii (4), Illinois (3), Indiana (2), Kansas (3), Kentucky (3), Louisiana (1), Maryland (2), Massachusetts (2), Michigan (1), Minnesota (4), Mississippi (3), Nebraska (2), Nevada (2), New Hampshire (1), New Jersey (2), New Mexico (3), New York (10), Ohio (4), Oregon (7), Pennsylvania (3), Rhode Island (2), South Carolina (2), Texas (4), Utah (1), Virginia (3), Washington (3)	99	43.23%
Yes, POS edits	Arkansas (1), California (5), Florida (4), Hawaii (2), Illinois (1), Indiana (1), Kentucky (1), Massachusetts (1), Minnesota (1), New Hampshire (1), New Jersey (1), New York (3), Oregon (1), Pennsylvania (1), South Carolina (1), Texas (2), Washington (1)	28	12.23%
No	California (6), Colorado (1), District of Columbia (2), Georgia (1), Illinois (2), Iowa (2), Kentucky (2), Maryland (7), Massachusetts (1), Michigan (6), Minnesota (2), New Hampshire (1), New Jersey (1), New York (1), Ohio (1), Oregon (3), Pennsylvania (3), Rhode Island (1), South Carolina (1), Texas (8), Utah (3), Virginia (2)	57	24.89%
National Totals		229	100%

If “No,” please explain.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

10. Does your MCO currently have POS edits in place or an automated retrospective claims review process to monitor opioids and antipsychotics being used concurrently?

Figure 94 - POS Edits or Retrospective Claim Reviews to Monitor Opioids and Antipsychotics Being Used Concurrently

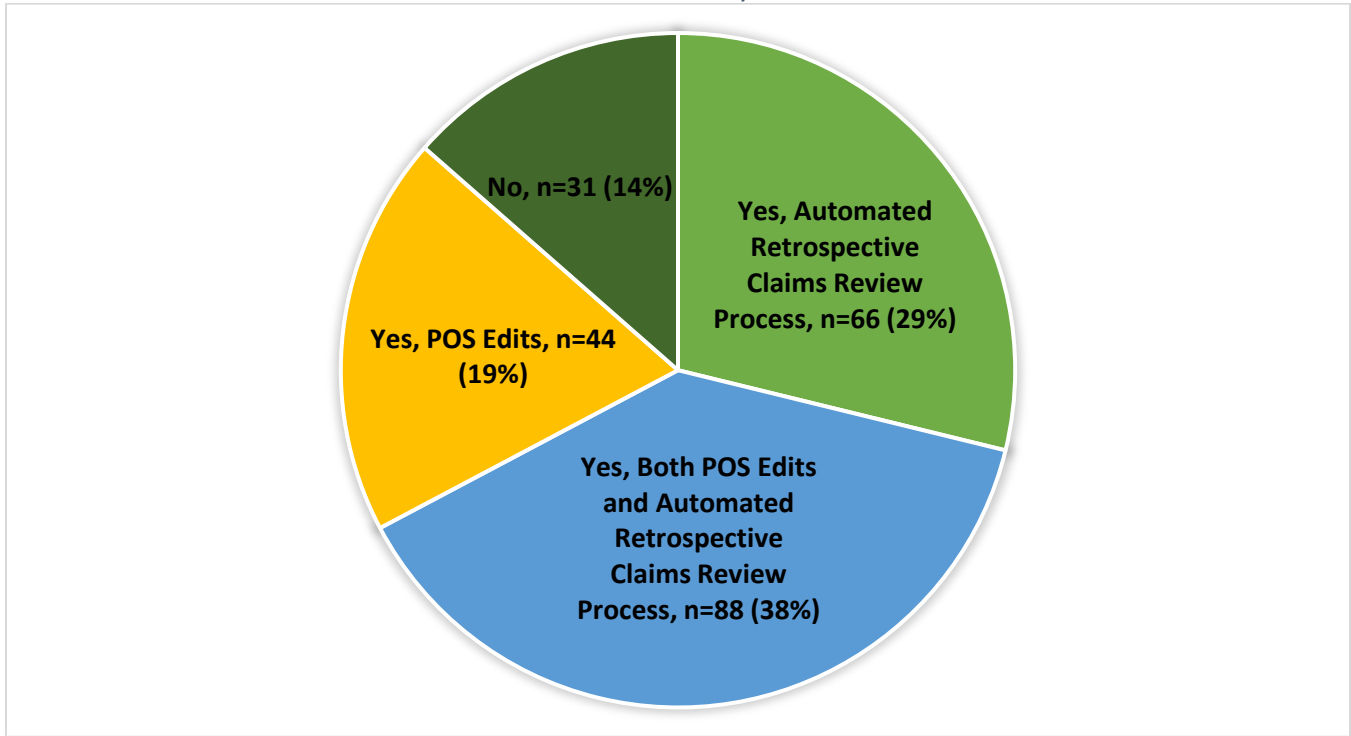


Table 90 - POS Edits or Retrospective Claim Reviews to Monitor Opioids and Antipsychotics Being Used Concurrently

Response	States (Count of MCOs)	Count	Percentage
Yes, automated retrospective claims review process	California (7), Georgia (1), Hawaii (2), Illinois (1), Indiana (2), Kansas (3), Kentucky (1), Louisiana (4), Maryland (2), Michigan (5), Minnesota (3), Mississippi (1), Nebraska (2), Nevada (1), New Jersey (2), New York (3), Ohio (1), Oregon (16), Pennsylvania (3), Texas (2), Virginia (3), Washington (1)	66	28.82%
Yes, both POS edits and automated retrospective claims review process	Arkansas (2), California (6), Colorado (1), Delaware (1), District of Columbia (2), Florida (9), Georgia (3), Hawaii (3), Illinois (3), Indiana (1), Iowa (2), Kentucky (1), Louisiana (1), Massachusetts (4), Minnesota (4), Mississippi (2), Nebraska (1), Nevada (2), New Hampshire (1), New Jersey (3), New Mexico (2), New York (10), Ohio (4), Oregon (4), Pennsylvania (2), Rhode Island (3), South Carolina (3), Texas (3), Utah (1), Virginia (2), Washington (2)	88	38.43%
Yes, POS edits	Arkansas (1), Colorado (1), Delaware (1), District of Columbia (2), Florida (4), Hawaii (1), Illinois (2), Indiana (2), Kentucky (4), Massachusetts (1), Michigan (1), Minnesota (1), New Hampshire (2), New Mexico (1), New York (3), Pennsylvania (1), South Carolina (2), Texas (12), Virginia (1), Washington (1)	44	19.21%
No	California (13), Maryland (7), Michigan (4), Oregon (1), Pennsylvania (2), Utah (3), Washington (1)	31	13.54%
National Totals		229	100%

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If “No,” please explain.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

11. Does your MCO have POS safety edits or perform automated retrospective claims review and/or provider education in regard to beneficiaries with a diagnosis or history of opioid use disorder (OUD) or opioid poisoning diagnosis (multiple responses allowed)?

Figure 95 - POS Safety Edits, Automated Retrospective Claim Reviews and/or Provider Education Regarding Beneficiaries with a Diagnosis History of OUD or Opioid Poisoning Diagnosis

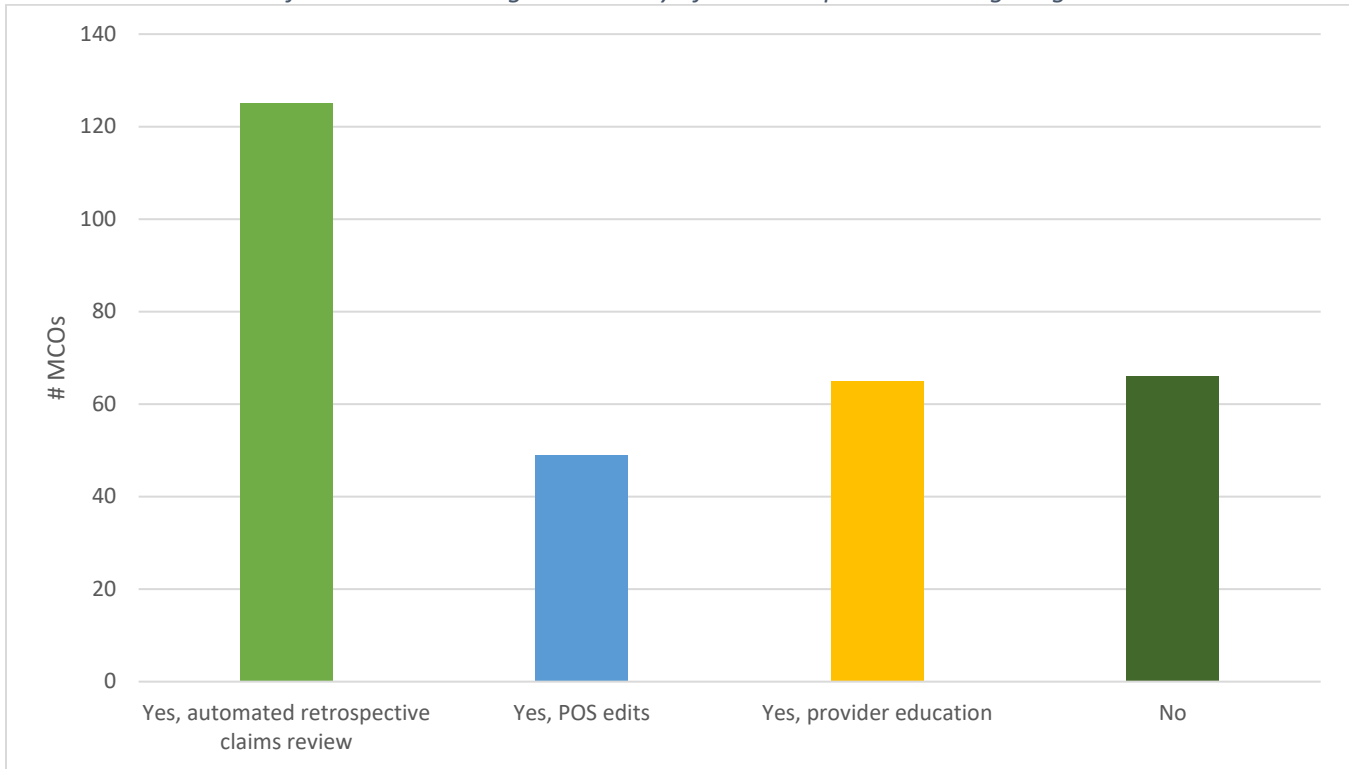


Table 91 - POS Safety Edits, Automated Retrospective Claim Reviews and/or Provider Education Regarding Beneficiaries with a Diagnosis History of OUD or Opioid Poisoning Diagnosis

Response	States (Count of MCOs)	Count	Percentage
Yes, automated retrospective claims review	Arkansas (3), California (11), Colorado (1), Delaware (2), District of Columbia (1), Florida (7), Georgia (3), Hawaii (2), Illinois (2), Indiana (5), Kansas (2), Kentucky (1), Louisiana (3), Maryland (3), Michigan (5), Minnesota (2), Mississippi (3), Nebraska (2), Nevada (2), New Jersey (4), New Mexico (2), New York (12), Ohio (4), Oregon (15), Pennsylvania (6), Rhode Island (2), South Carolina (2), Texas (7), Utah (2), Virginia (5), Washington (4)	125	40.98%
Yes, POS edits	Arkansas (1), California (2), District of Columbia (1), Florida (3), Hawaii (1), Illinois (1), Iowa (2), Kansas (1), Kentucky (2), Maryland (1), Michigan (1), Minnesota (1), Nebraska (1), Nevada (1), New Hampshire (1), New Mexico (1), New York (6), Oregon (9), Pennsylvania (1), South Carolina (1), Texas (10), Washington (1)	49	16.07%

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Response	States (Count of MCOs)	Count	Percentage
Yes, provider education	Arkansas (1), California (11), Delaware (1), District of Columbia (3), Florida (3), Georgia (2), Illinois (2), Indiana (2), Kansas (1), Louisiana (1), Maryland (3), Massachusetts (1), Michigan (2), Minnesota (2), Mississippi (1), Nebraska (2), Nevada (1), New Hampshire (1), New Jersey (1), New Mexico (1), New York (7), Oregon (4), Pennsylvania (4), Rhode Island (1), South Carolina (1), Texas (3), Utah (1), Washington (2)	65	21.31%
No	California (10), Colorado (1), District of Columbia (1), Florida (4), Georgia (1), Hawaii (4), Illinois (3), Kentucky (4), Louisiana (2), Maryland (5), Massachusetts (4), Michigan (5), Minnesota (5), New Hampshire (1), New Jersey (1), New Mexico (1), New York (3), Ohio (1), Pennsylvania (2), Rhode Island (1), South Carolina (3), Utah (2), Virginia (1), Washington (1)	66	21.64%
National Totals		305	100%

a. If “Yes, automated retrospective claim reviews” and/or “Yes, provider education,” please indicate how often.

Figure 96 - Frequency of Automated Retrospective Reviews and/or Provider Education Regarding Beneficiaries with a Diagnosis History of OUD or Opioid Poisoning Diagnosis

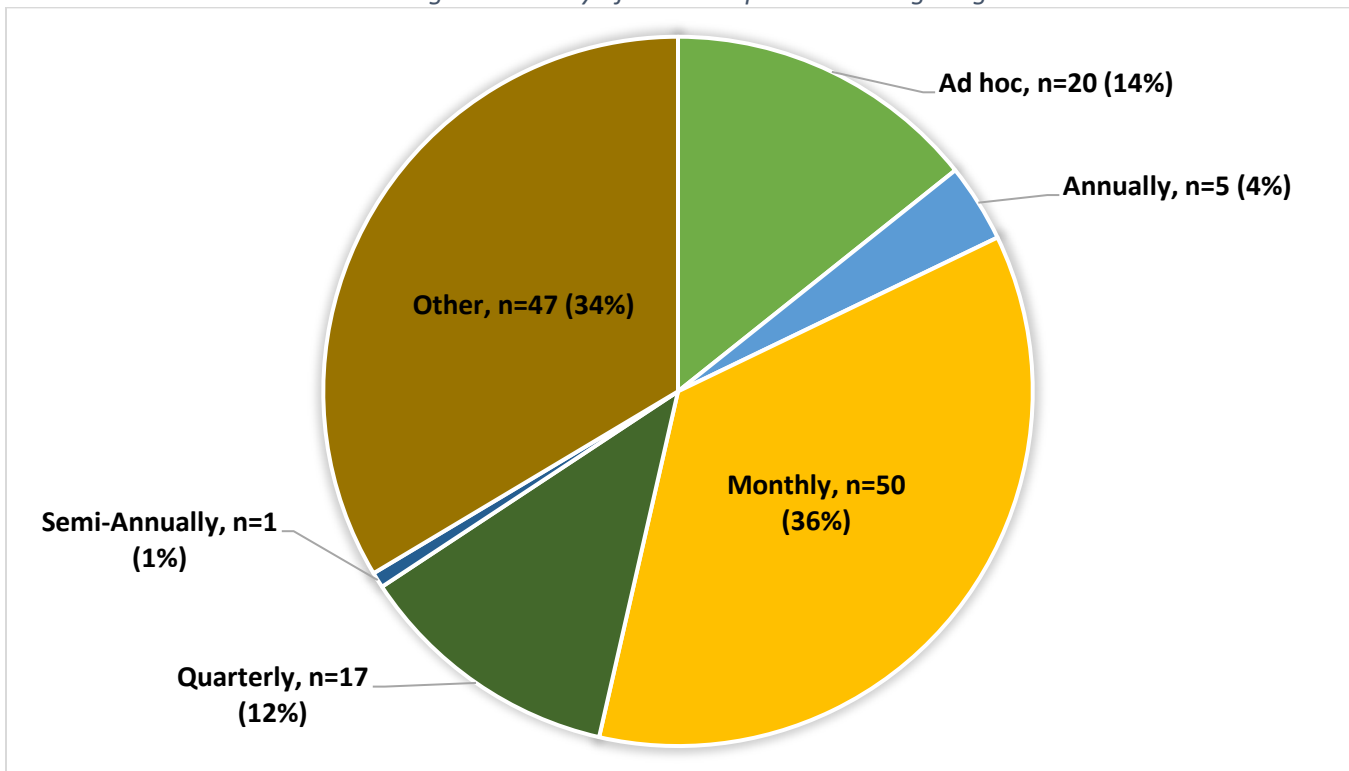


Table 92 - Frequency of Automated Retrospective Reviews and/or Provider Education Regarding Beneficiaries with a Diagnosis History of OUD or Opioid Poisoning Diagnosis

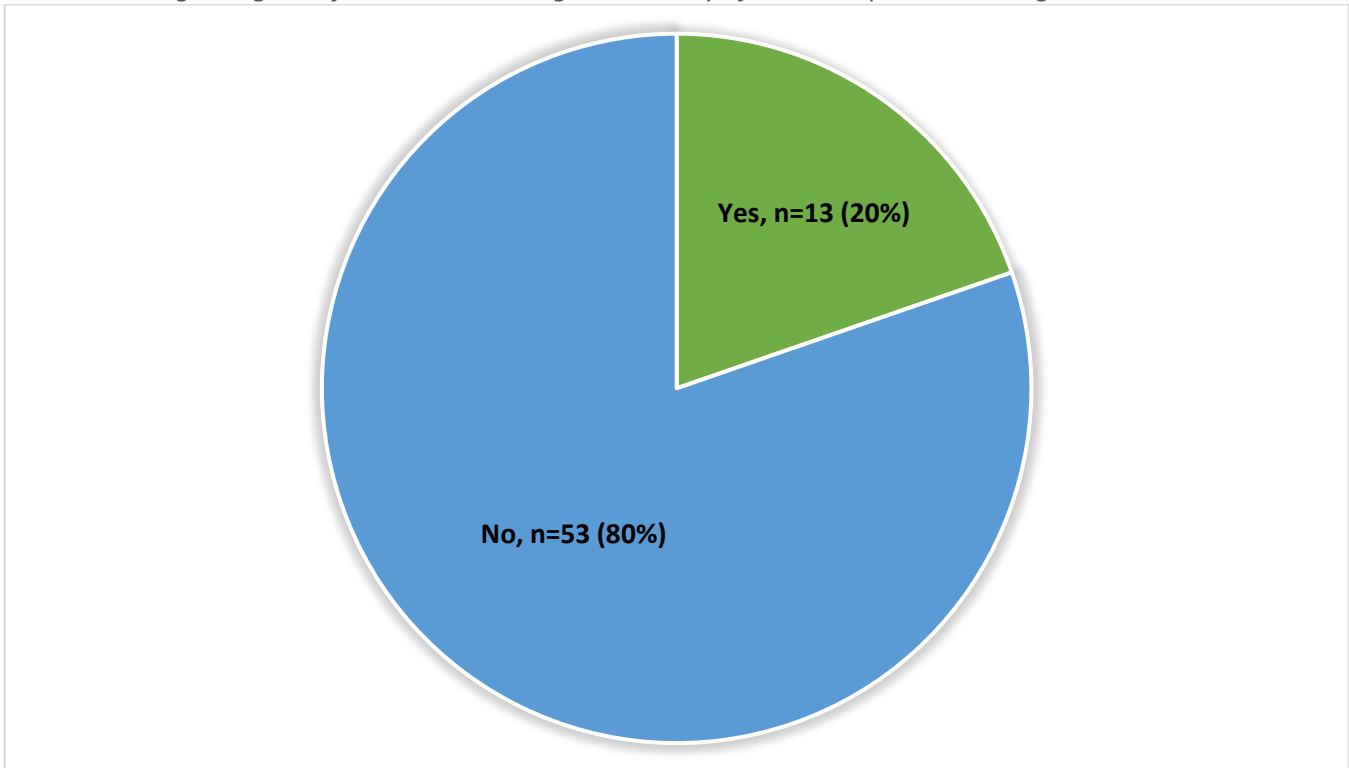
Response	States (Count of MCOs)	Count	Percentage
Ad hoc	California (7), District of Columbia (1), Indiana (1), Louisiana (1), New York (4), Ohio (1), Oregon (3), Pennsylvania (1), Utah (1)	20	14.29%
Annually	Oregon (5)	5	3.57%

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Response	States (Count of MCOs)	Count	Percentage
Monthly	Arkansas (3), California (2), Delaware (1), District of Columbia (1), Florida (4), Georgia (2), Illinois (2), Indiana (2), Kansas (1), Louisiana (1), Maryland (2), Massachusetts (1), Michigan (1), Mississippi (1), Nebraska (2), Nevada (1), New Hampshire (1), New Jersey (3), New Mexico (2), New York (5), Oregon (1), Pennsylvania (1), South Carolina (1), Texas (4), Virginia (3), Washington (2)	50	35.71%
Quarterly	California (4), Florida (1), Georgia (1), Illinois (1), Indiana (1), Kansas (1), Michigan (2), Minnesota (1), New York (1), Oregon (2), Pennsylvania (1), Rhode Island (1)	17	12.14%
Semi-Annually	Hawaii (1)	1	0.71%
Other	California (3), Colorado (1), Delaware (1), District of Columbia (1), Florida (3), Hawaii (1), Indiana (1), Kansas (1), Kentucky (1), Louisiana (1), Maryland (2), Michigan (2), Minnesota (1), Mississippi (2), Nebraska (1), Nevada (1), New Jersey (1), New York (2), Ohio (3), Oregon (5), Pennsylvania (3), Rhode Island (1), South Carolina (1), Texas (3), Utah (1), Virginia (2), Washington (2)	47	33.57%
National Totals		140	100%

b. If “No”, does your MCO plan on implementing POS edits, automated retrospective claim reviews and/or provider education in regard to beneficiaries with a diagnosis or history of OUD or opioid poisoning in the future?

Figure 97 - Plans to Implement POS edits, Automated Retrospective Claim Reviews and/or Provider Education Regarding Beneficiaries with a Diagnosis History of OUD or Opioid Poisoning in the Future



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Table 93 - Plans to Implement POS Edits, Automated Retrospective Claim Reviews and/or Provider Education Regarding Beneficiaries with a Diagnosis History of OUD or Opioid Poisoning in the Future

Response	States (Count of MCOs)	Count	Percentage
Yes	California (2), Colorado (1), District of Columbia (1), Illinois (1), Kentucky (1), Maryland (1), Michigan (2), Minnesota (1), New Hampshire (1), New York (1), Utah (1)	13	19.70%
No	California (8), Florida (4), Georgia (1), Hawaii (4), Illinois (2), Kentucky (3), Louisiana (2), Maryland (4), Massachusetts (4), Michigan (3), Minnesota (4), New Jersey (1), New Mexico (1), New York (2), Ohio (1), Pennsylvania (2), Rhode Island (1), South Carolina (3), Utah (1), Virginia (1), Washington (1)	53	80.30%
National Totals		66	100%

If “Yes,” when does your MCO plan on implementing?

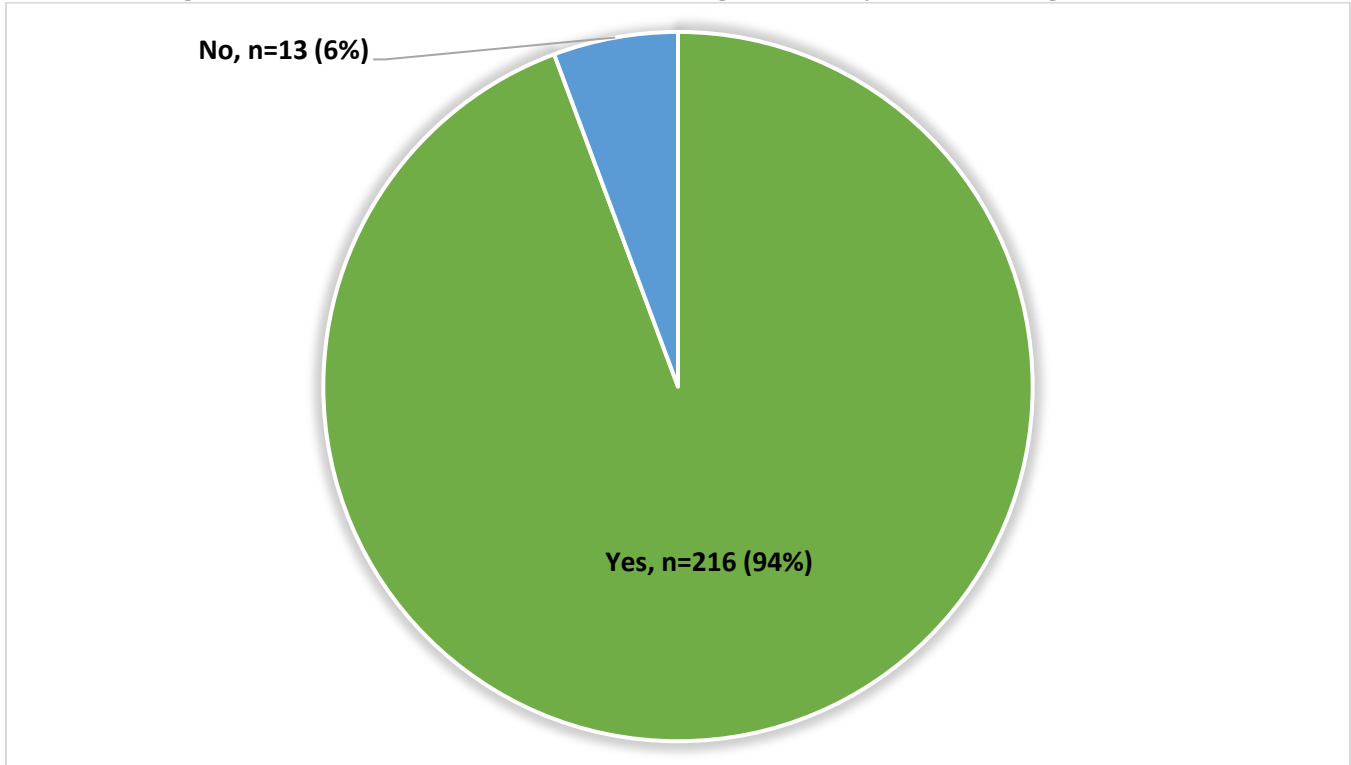
Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

If “No,” please explain.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

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

Figure 98 - Provide Prescribers with Pain Management or Opioid Prescribing Guidelines



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Table 94 - Provide Prescribers with Pain Management or Opioid Prescribing Guidelines

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (3), California (26), Colorado (1), Delaware (2), District of Columbia (3), Florida (12), Georgia (4), Hawaii (6), Illinois (5), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (4), Michigan (10), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (16), Ohio (5), Oregon (21), Pennsylvania (7), Rhode Island (2), South Carolina (5), Texas (12), Utah (4), Virginia (6), Washington (5)	216	94.32%
No	Colorado (1), District of Columbia (1), Florida (1), Illinois (1), Massachusetts (1), Minnesota (1), Pennsylvania (1), Rhode Island (1), Texas (5)	13	5.68%
National Totals		229	100%

If “Yes,” check all that apply.

Figure 99 - Pain Management / Opioid Prescribing Guidelines Provided

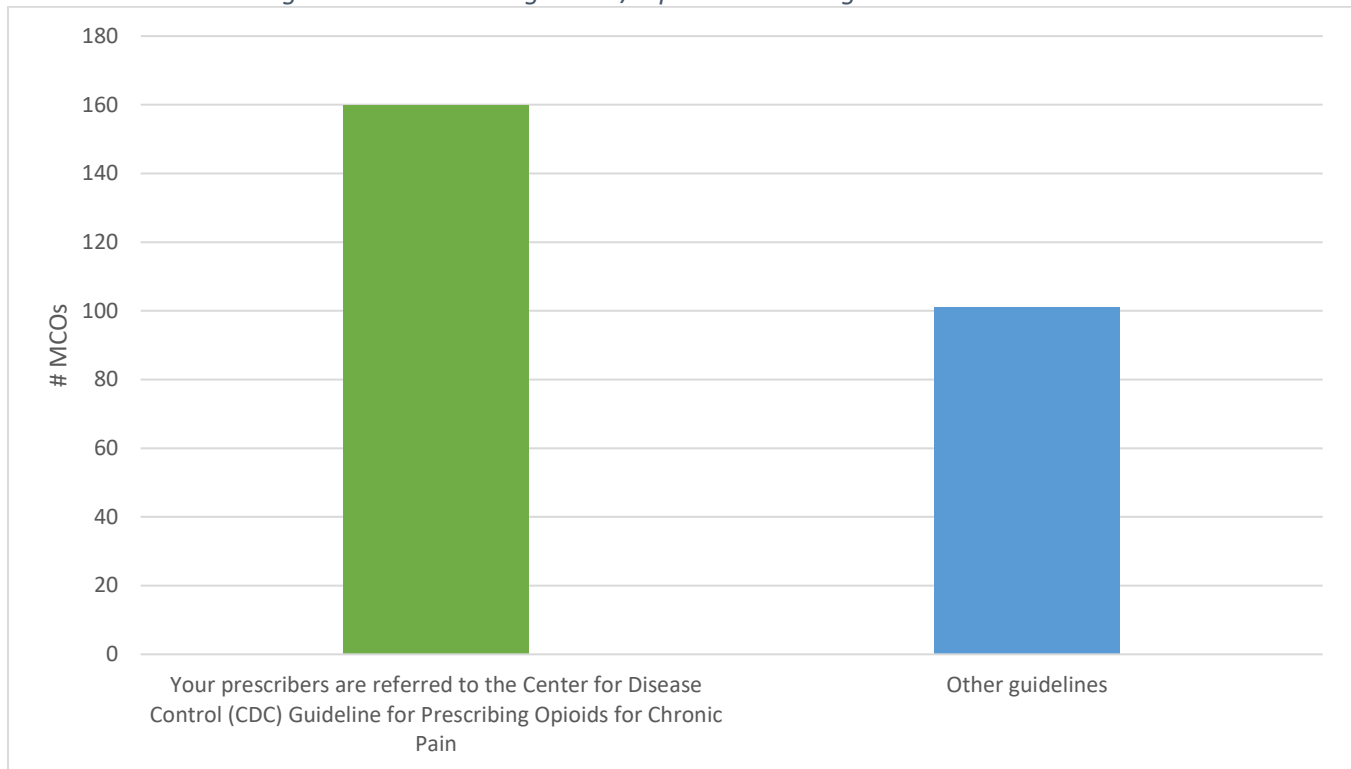


Table 95 - Pain Management / Opioid Prescribing Guidelines Provided

Response	States (Count of MCOs)	Count	Percentage
Your prescribers are referred to the Center for Disease Control (CDC) Guideline for Prescribing Opioids for Chronic Pain	Arkansas (3), California (23), Colorado (1), Delaware (2), District of Columbia (3), Florida (8), Georgia (3), Hawaii (6), Illinois (5), Indiana (1), Iowa (2), Kansas (2), Kentucky (4), Louisiana (4), Maryland (7), Massachusetts (3), Michigan (8), Minnesota (5), Mississippi (1), Nebraska (2), Nevada (2), New Hampshire (3), New Jersey (4), New Mexico (3), New York (14), Ohio (1), Oregon (16), Pennsylvania (5), Rhode Island (1), South Carolina (2), Texas (7), Utah (4), Virginia (3), Washington (2)	160	61.30%

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Response	States (Count of MCOs)	Count	Percentage
Other guidelines	Arkansas (1), California (6), Delaware (1), District of Columbia (2), Florida (4), Georgia (3), Hawaii (1), Illinois (1), Indiana (4), Kansas (2), Kentucky (2), Louisiana (1), Maryland (4), Massachusetts (2), Michigan (4), Minnesota (6), Mississippi (2), Nebraska (2), Nevada (1), New Hampshire (2), New Jersey (1), New York (3), Ohio (4), Oregon (17), Pennsylvania (3), Rhode Island (1), South Carolina (3), Texas (6), Utah (1), Virginia (6), Washington (5)	101	38.70%
National Totals		261	100%

13. Does your MCO 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 100 - Drug Utilization Management Strategy that Supports Abuse Deterrent Opioid Use

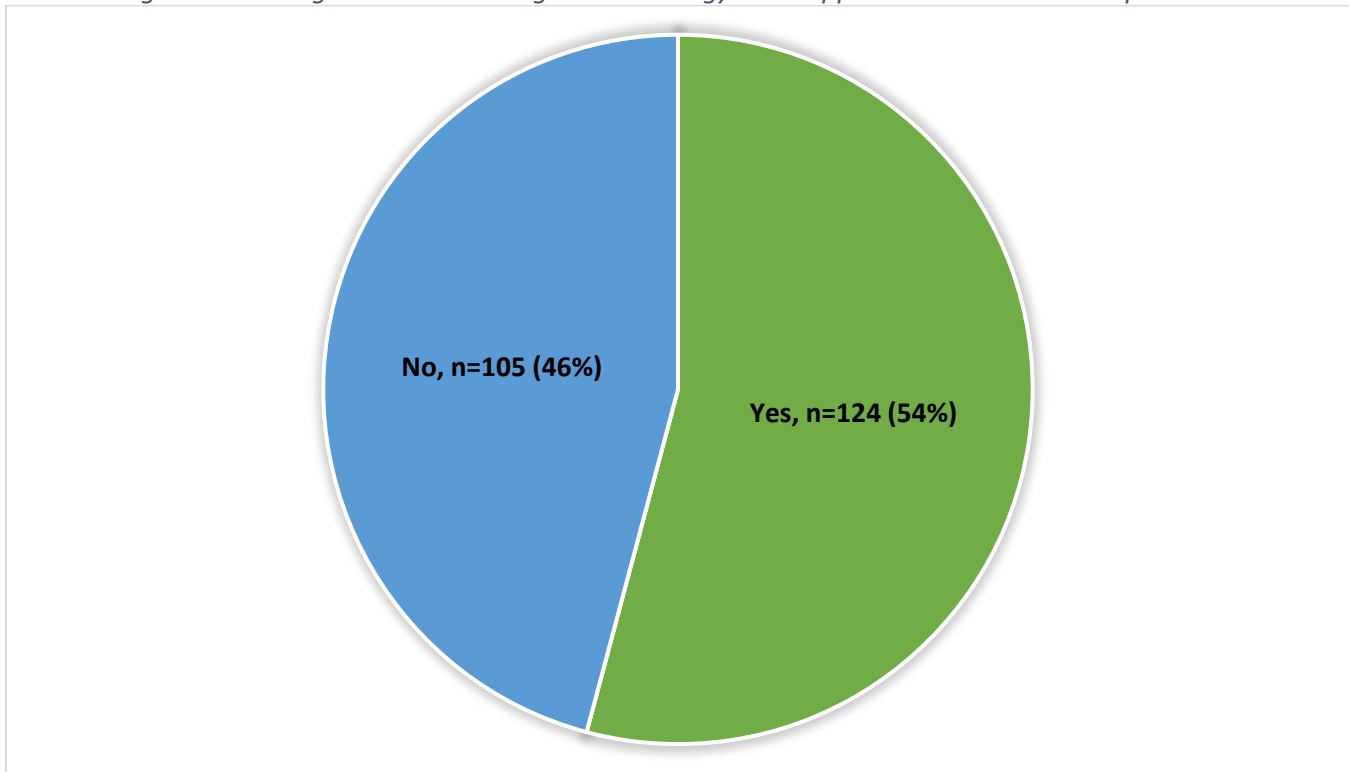


Table 96 - Drug Utilization Management Strategy that Supports Abuse Deterrent Opioid Use

Response	States (Count of MCOs)	Count	Percentage
Yes	California (11), Delaware (2), Florida (12), Georgia (1), Hawaii (4), Illinois (4), Indiana (1), Kansas (3), Kentucky (2), Louisiana (4), Maryland (1), Massachusetts (3), Michigan (5), Minnesota (3), Mississippi (2), Nebraska (3), Nevada (2), New Hampshire (2), New Jersey (2), New York (8), Ohio (2), Oregon (12), Pennsylvania (4), Rhode Island (1), South Carolina (3), Texas (16), Utah (3), Virginia (3), Washington (5)	124	54.15%

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Response	States (Count of MCOs)	Count	Percentage
No	Arkansas (3), California (15), Colorado (2), District of Columbia (4), Florida (1), Georgia (3), Hawaii (2), Illinois (2), Indiana (4), Iowa (2), Kentucky (4), Louisiana (1), Maryland (8), Massachusetts (2), Michigan (5), Minnesota (5), Mississippi (1), Nevada (1), New Hampshire (1), New Jersey (3), New Mexico (3), New York (8), Ohio (3), Oregon (9), Pennsylvania (4), Rhode Island (2), South Carolina (2), Texas (1), Utah (1), Virginia (3)	105	45.85%
National Totals		229	100%

14. Were there COVID-19 ramifications on edits and reviews on controlled substances during the public health emergency?

Figure 101 - COVID-19 Ramifications on Edits and Reviews on Controlled Substances During the Public Health Emergency

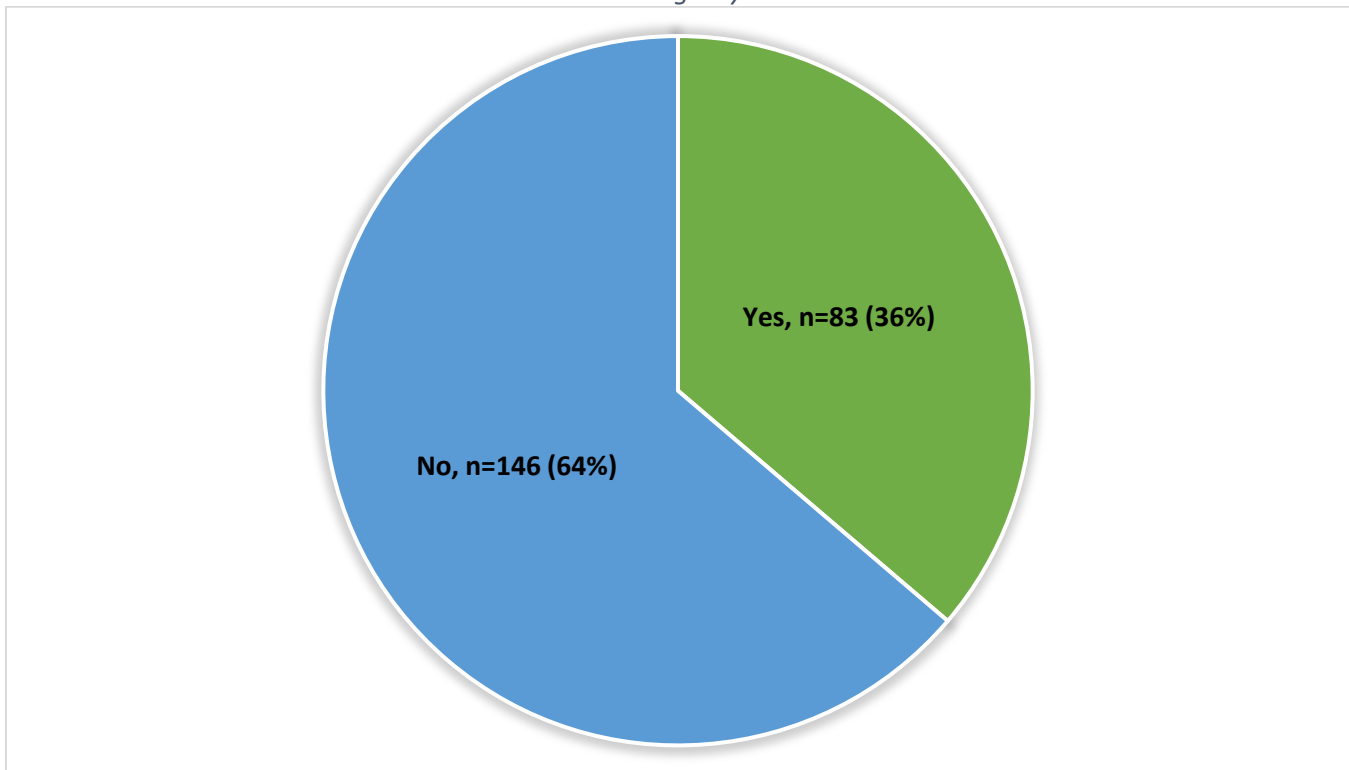


Table 97 - COVID-19 Ramifications on Edits and Reviews on Controlled Substances During the Public Health Emergency

Response	States (Count of MCOs)	Count	Percentage
Yes	California (12), Delaware (2), District of Columbia (1), Florida (4), Georgia (2), Hawaii (1), Illinois (1), Indiana (1), Iowa (2), Kansas (3), Kentucky (6), Maryland (2), Massachusetts (1), Michigan (2), Minnesota (1), New Hampshire (2), New Jersey (1), New York (2), Ohio (2), Oregon (6), Pennsylvania (5), Rhode Island (2), South Carolina (1), Texas (11), Virginia (5), Washington (5)	83	36.24%

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Response	States (Count of MCOs)	Count	Percentage
No	Arkansas (3), California (14), Colorado (2), District of Columbia (3), Florida (9), Georgia (2), Hawaii (5), Illinois (5), Indiana (4), Louisiana (5), Maryland (7), Massachusetts (4), Michigan (8), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (1), New Jersey (4), New Mexico (3), New York (14), Ohio (3), Oregon (15), Pennsylvania (3), Rhode Island (1), South Carolina (4), Texas (6), Utah (4), Virginia (1)	146	63.76%
National Totals		229	100%

D. Morphine Milligram Equivalent (MME) Daily Dose

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

Figure 102 - MCO Recommended MME Daily Dose Measures

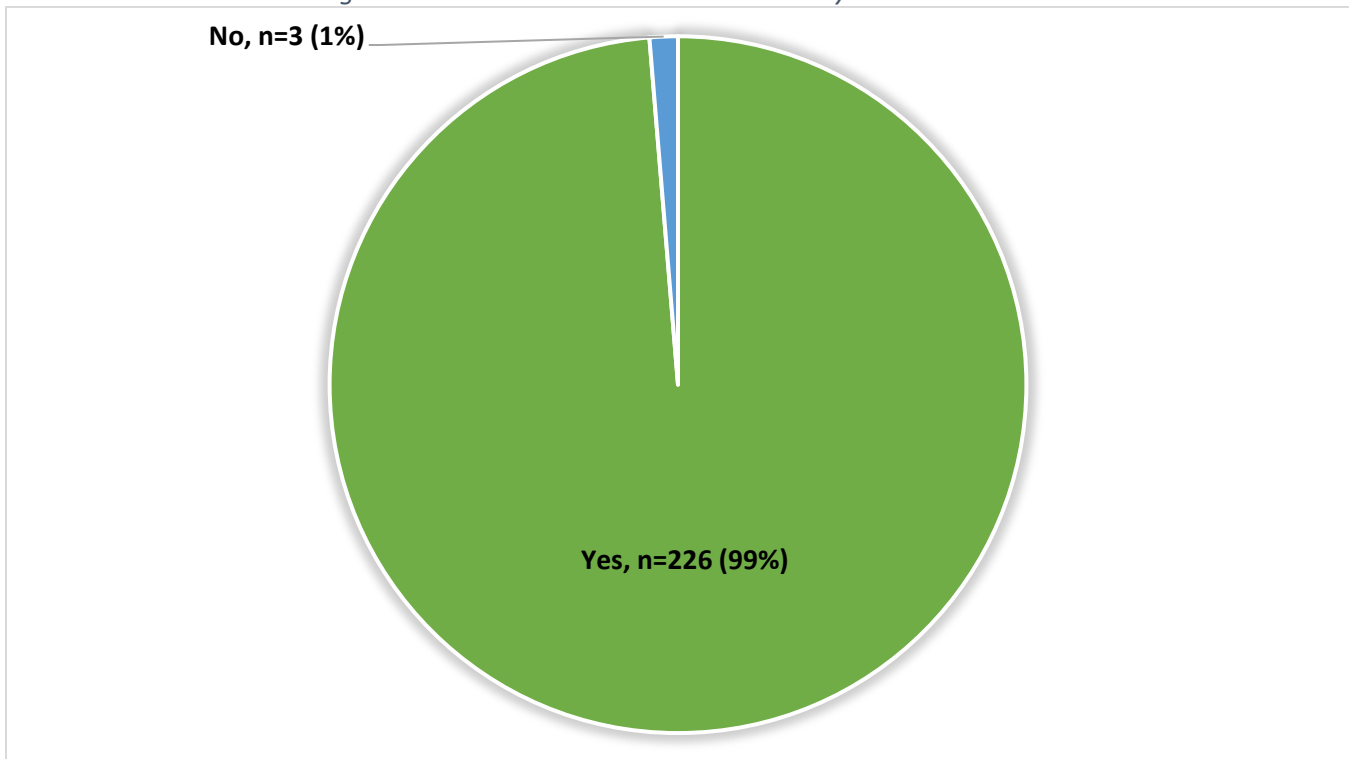


Table 98 - MCO Recommended MME Daily Dose Measures

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (3), California (26), Colorado (2), Delaware (2), District of Columbia (4), Florida (13), Georgia (4), Hawaii (6), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (10), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), Ohio (5), Oregon (21), Pennsylvania (7), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	226	98.69%
No	Indiana (1), New York (1), Pennsylvania (1)	3	1.31%
National Totals		229	100%

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If “No,” please explain the measure or program you utilize.

Please reference individual state MCO reports on [Medicaid.gov](https://www.medicicaid.gov) for more information.

a. If “Yes,” what is your maximum MME daily dose limit in milligrams?

Figure 103 - Maximum Morphine Equivalent Daily Dose Limit in Milligrams

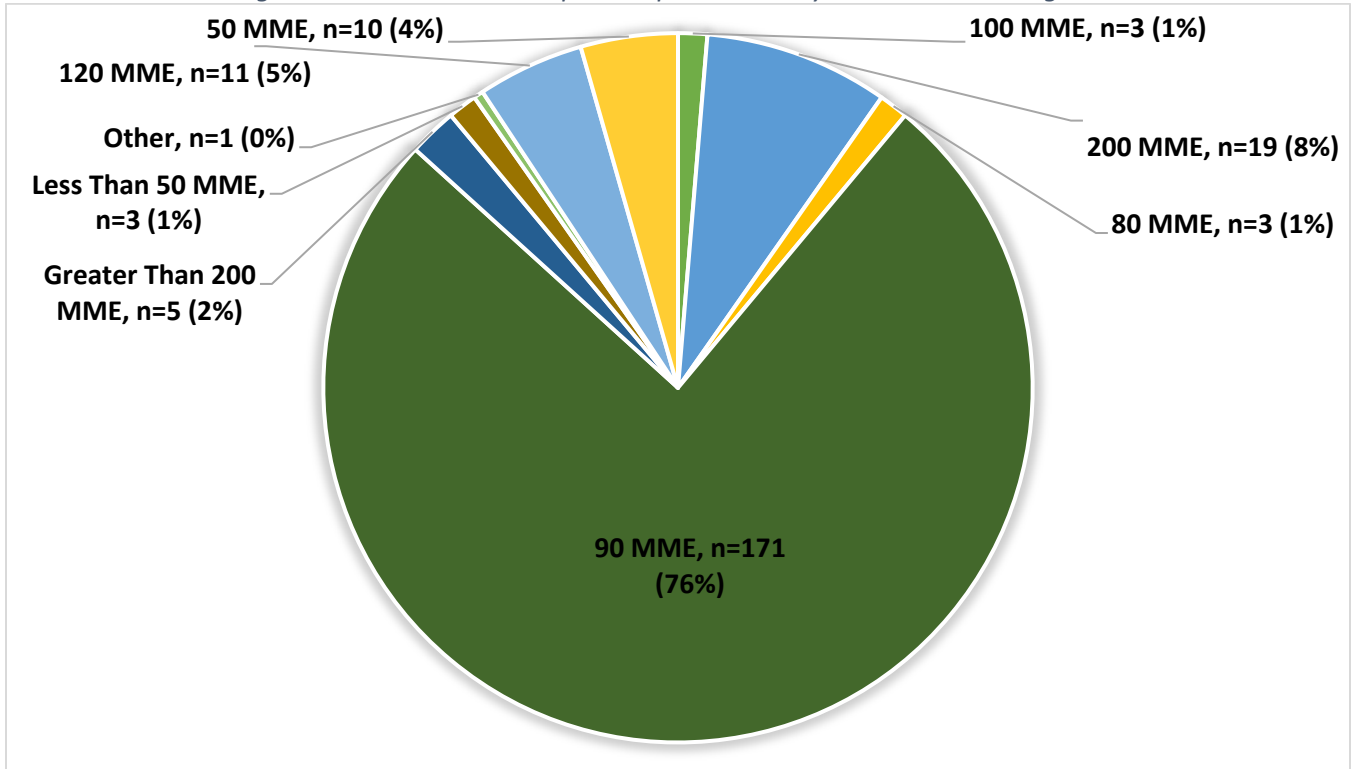


Table 99 - Maximum Morphine Equivalent Daily Dose Limit in Milligrams

Response	States (Count of MCOs)	Count	Percentage
100 MME	New Hampshire (3)	3	1.33%
120 MME	California (3), Hawaii (3), Washington (5)	11	4.87%
200 MME	California (8), Colorado (1), Illinois (2), Maryland (1), New York (6), Oregon (1)	19	8.41%
50 MME	California (1), Georgia (1), Indiana (2), Pennsylvania (6)	10	4.42%
80 MME	Ohio (3)	3	1.33%
90 MME	Arkansas (3), California (11), Colorado (1), Delaware (2), District of Columbia (4), Florida (12), Georgia (3), Hawaii (3), Illinois (4), Indiana (1), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (8), Massachusetts (4), Michigan (10), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Jersey (5), New Mexico (3), New York (9), Ohio (1), Oregon (20), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6)	171	75.66%
Greater than 200 MME	California (3), Florida (1), Kentucky (1)	5	2.21%
Less than 50 MME	Massachusetts (1), Ohio (1), Pennsylvania (1)	3	1.33%
Other	Indiana (1)	1	0.44%
National Totals		226	100%

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If “Less than 50 MME,” please specify amount in mg per day.

Please reference individual state MCO reports on [Medicaid.gov](https://www.medicaid.gov) for more information.

If “Greater than 200 MME,” please specify amount in mg per day.

Please reference individual state MCO reports on [Medicaid.gov](https://www.medicaid.gov) for more information.

If “Other,” please specify amount in mg per day.

Please reference individual state MCO reports on [Medicaid.gov](https://www.medicaid.gov) for more information.

2. Does your MCO have an edit in your POS system that alerts the pharmacy provider that the MME daily dose prescribed has been exceeded?

Figure 104 - Edit in POS System that Alerts Pharmacy Provider MME Daily Dose Exceeded

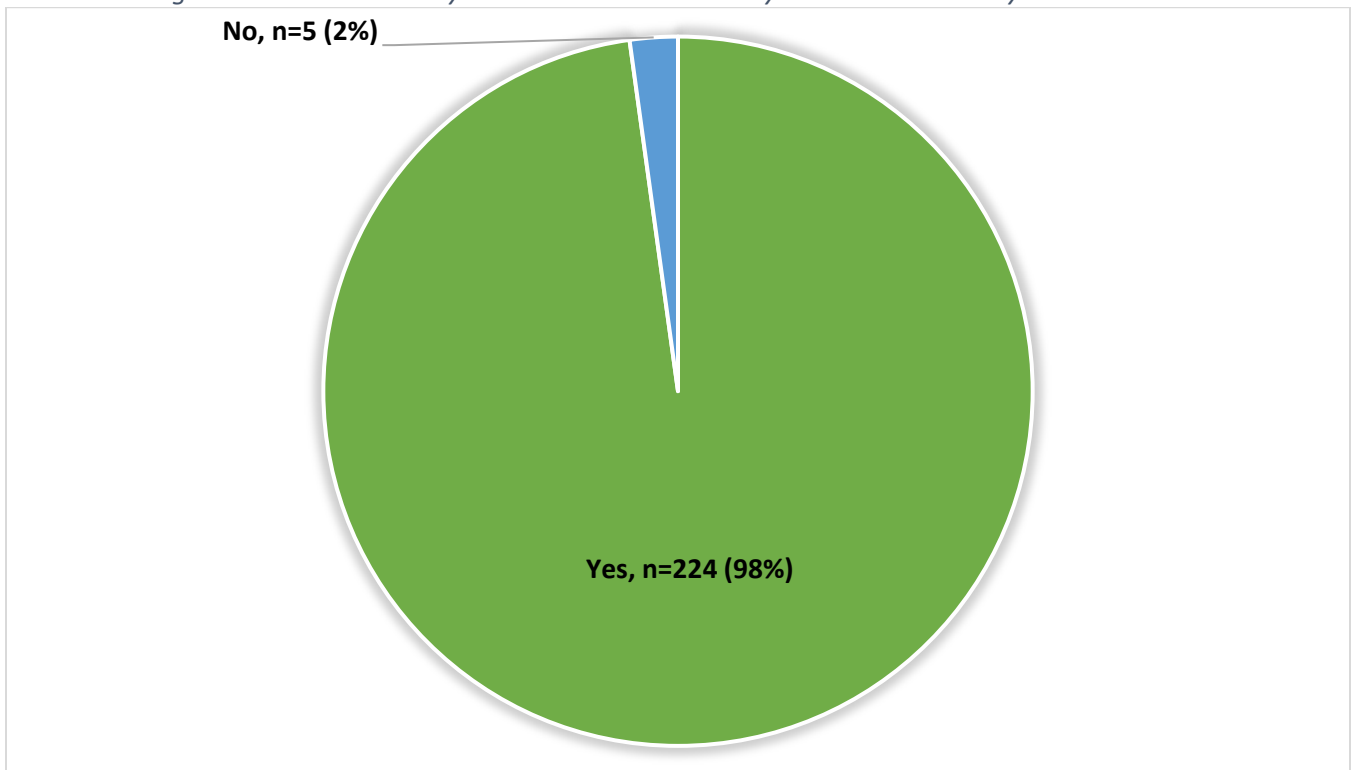


Table 100 - Edit in POS System that Alerts Pharmacy Provider MME Daily Dose Exceeded

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (3), California (25), Colorado (2), Delaware (2), District of Columbia (4), Florida (13), Georgia (4), Hawaii (6), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (10), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (16), Ohio (5), Oregon (20), Pennsylvania (6), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	224	97.82%
No	California (1), Indiana (1), Oregon (1), Pennsylvania (2)	5	2.18%
National Totals		229	100%

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If “Yes,” does your MCO require PA if the MME limit is exceeded?

Figure 105 - MCO Requires PA if MME Limit Exceeded

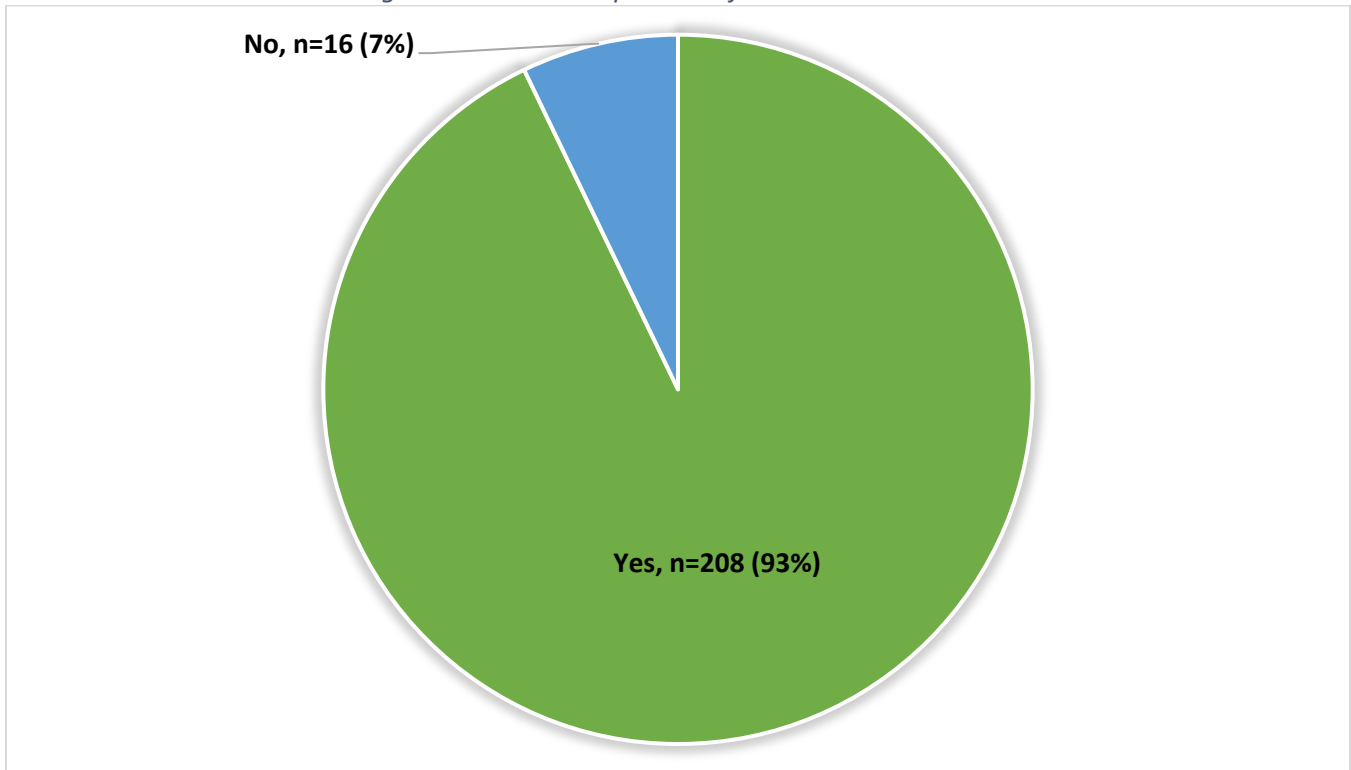


Table 101 - MCO Requires PA if MME Limit Exceeded

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (3), California (23), Colorado (2), Delaware (2), District of Columbia (4), Florida (13), Georgia (3), Hawaii (5), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (4), Michigan (10), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (4), New Mexico (3), New York (15), Ohio (5), Oregon (15), Pennsylvania (6), Rhode Island (2), South Carolina (5), Texas (16), Utah (4), Virginia (6), Washington (4)	208	92.86%
No	California (2), Georgia (1), Hawaii (1), Massachusetts (1), Minnesota (1), New Jersey (1), New York (1), Oregon (5), Rhode Island (1), Texas (1), Washington (1)	16	7.14%
National Totals		224	100%

3. Does your MCO have automated retrospective claims review to monitor the MME total daily dose of opioid prescriptions dispensed?

Figure 106 - MCO Has Automated Retrospective Claim Reviews to Monitor MME Total Daily Dose

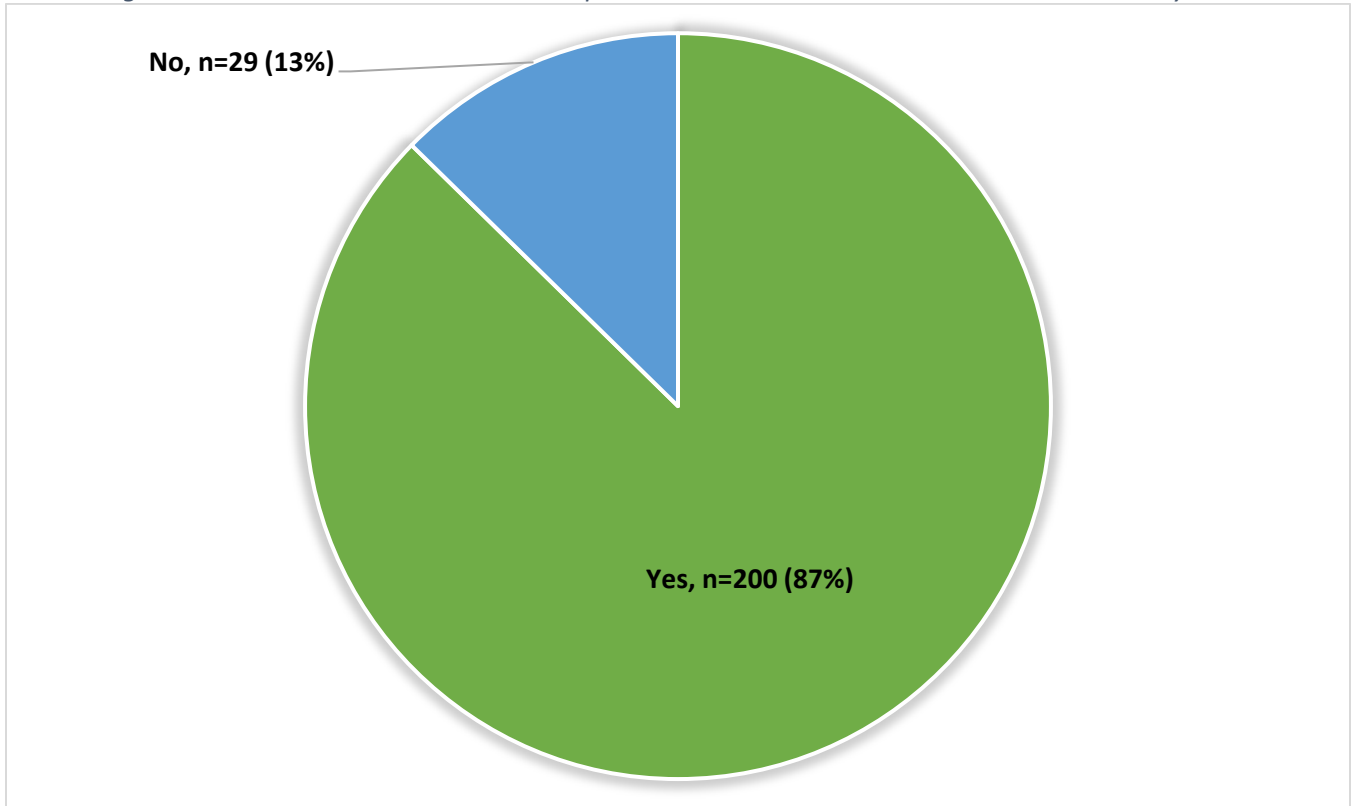


Table 102 - MCO Has Automated Retrospective Claims Review to Monitor MME Total Daily Dose

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (2), California (22), Colorado (2), Delaware (1), District of Columbia (1), Florida (11), Georgia (4), Hawaii (6), Illinois (5), Indiana (5), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (4), Michigan (9), Minnesota (5), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (14), Ohio (5), Oregon (21), Pennsylvania (6), Rhode Island (3), South Carolina (5), Texas (14), Utah (3), Virginia (4), Washington (4)	200	87.34%
No	Arkansas (1), California (4), Delaware (1), District of Columbia (3), Florida (2), Illinois (1), Kentucky (1), Massachusetts (1), Michigan (1), Minnesota (3), New York (2), Pennsylvania (2), Texas (3), Utah (1), Virginia (2), Washington (1)	29	12.66%
National Totals		229	100%

If "No," please explain.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

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4. Does your MCO provide information to your prescribers on how to calculate the morphine equivalent daily dosage or does your MCO provide a calculator developed elsewhere?

Figure 107 - Provides Information to Prescribers on How to Calculate the Morphine Equivalent Daily Dosage or Provides a Calculator Developed Elsewhere

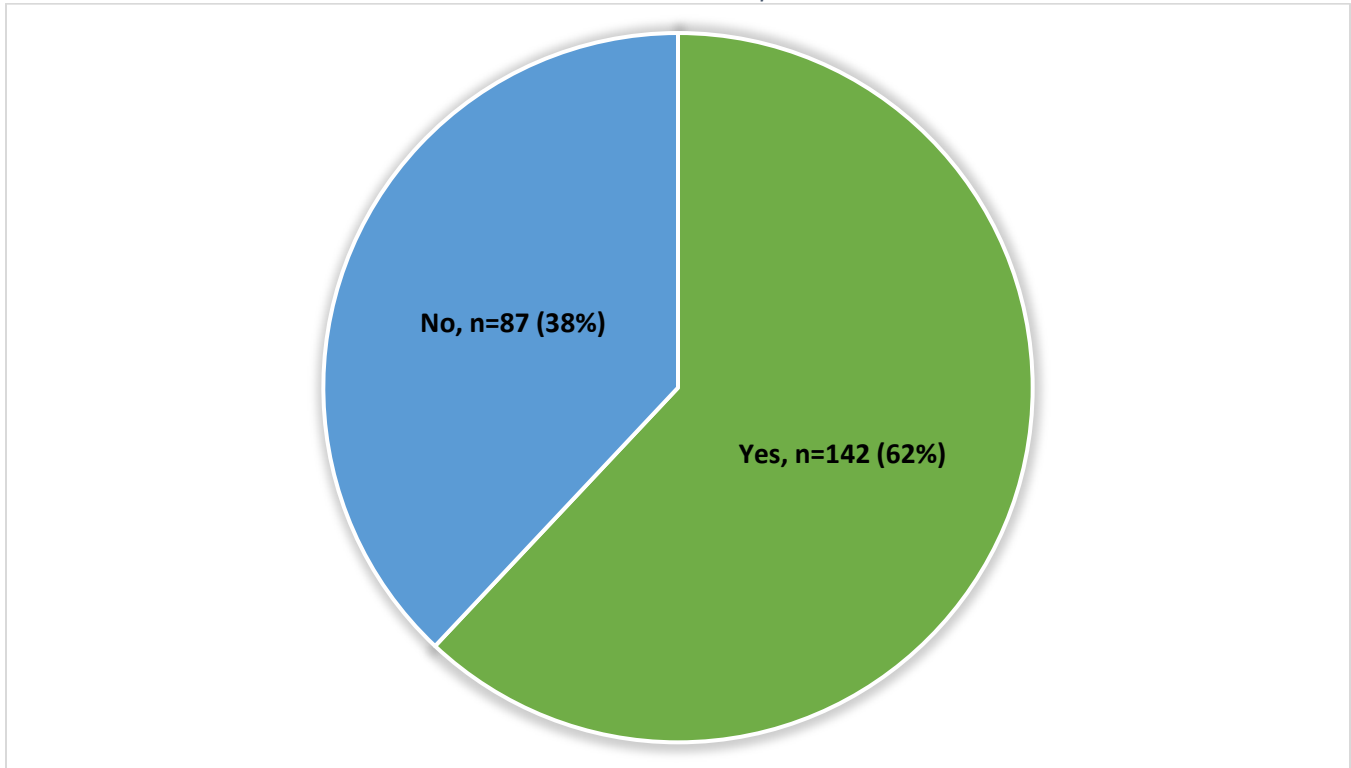


Table 103 - Provides Information to Prescribers on How to Calculate the Morphine Equivalent Daily Dosage or Provides a Calculator Developed Elsewhere

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (1), California (15), Colorado (1), Delaware (1), District of Columbia (2), Florida (9), Georgia (1), Hawaii (3), Illinois (4), Indiana (3), Iowa (2), Kansas (3), Kentucky (5), Louisiana (2), Maryland (6), Massachusetts (2), Michigan (6), Minnesota (3), Mississippi (3), Nebraska (2), Nevada (1), New Hampshire (2), New Jersey (4), New Mexico (2), New York (7), Ohio (4), Oregon (19), Pennsylvania (4), Rhode Island (2), South Carolina (3), Texas (7), Utah (3), Virginia (5), Washington (5)	142	62.01%
No	Arkansas (2), California (11), Colorado (1), Delaware (1), District of Columbia (2), Florida (4), Georgia (3), Hawaii (3), Illinois (2), Indiana (2), Kentucky (1), Louisiana (3), Maryland (3), Massachusetts (3), Michigan (4), Minnesota (5), Nebraska (1), Nevada (2), New Hampshire (1), New Jersey (1), New Mexico (1), New York (9), Ohio (1), Oregon (2), Pennsylvania (4), Rhode Island (1), South Carolina (2), Texas (10), Utah (1), Virginia (1)	87	37.99%
National Totals		229	100%

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a. If “Yes,” please name the developer of the calculator.

Figure 108 - Developer of the Morphine Equivalent Daily Dosage Calculator

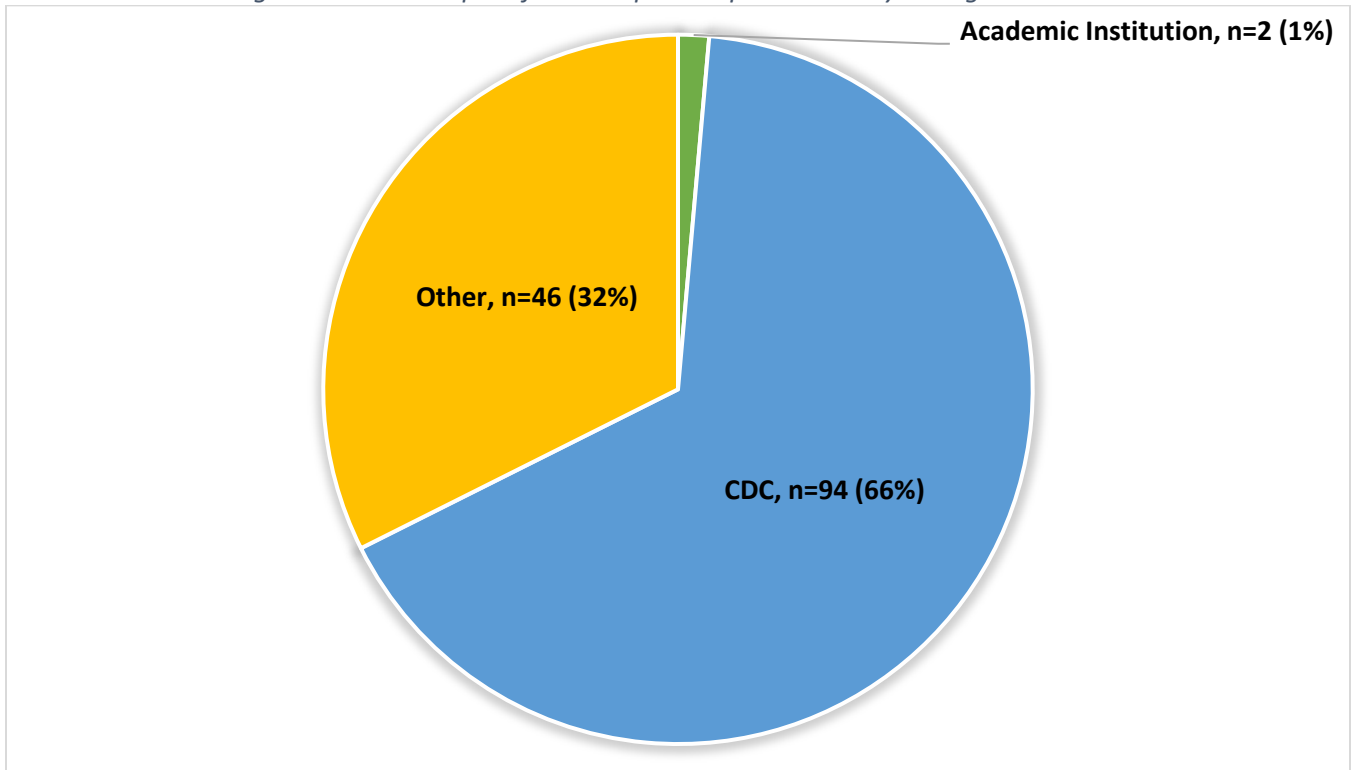


Table 104 - Developer of the Morphine Equivalent Daily Dosage Calculator

Developer	State (Count of MCOs)	Count	Percentage
Academic Institution	Arkansas (1), Massachusetts (1)	2	1.41%
CDC	California (11), Colorado (1), Delaware (1), District of Columbia (1), Florida (7), Georgia (1), Hawaii (1), Illinois (3), Indiana (2), Iowa (2), Kansas (3), Kentucky (4), Louisiana (2), Maryland (4), Massachusetts (1), Michigan (5), Minnesota (3), Mississippi (3), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (3), New Mexico (2), New York (7), Ohio (3), Oregon (3), Pennsylvania (4), Rhode Island (2), South Carolina (1), Texas (6), Utah (2), Virginia (3)	94	66.20%
Other	California (4), District of Columbia (1), Florida (2), Hawaii (2), Illinois (1), Indiana (1), Kentucky (1), Maryland (2), Michigan (1), Nebraska (1), New Hampshire (1), New Jersey (1), Ohio (1), Oregon (16), South Carolina (2), Texas (1), Utah (1), Virginia (2), Washington (5)	46	32.39%
National Totals		142	100%

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b. If “Yes,” how is the information disseminated (multiple responses allowed)?

Figure 109 - Information Dissemination Routes

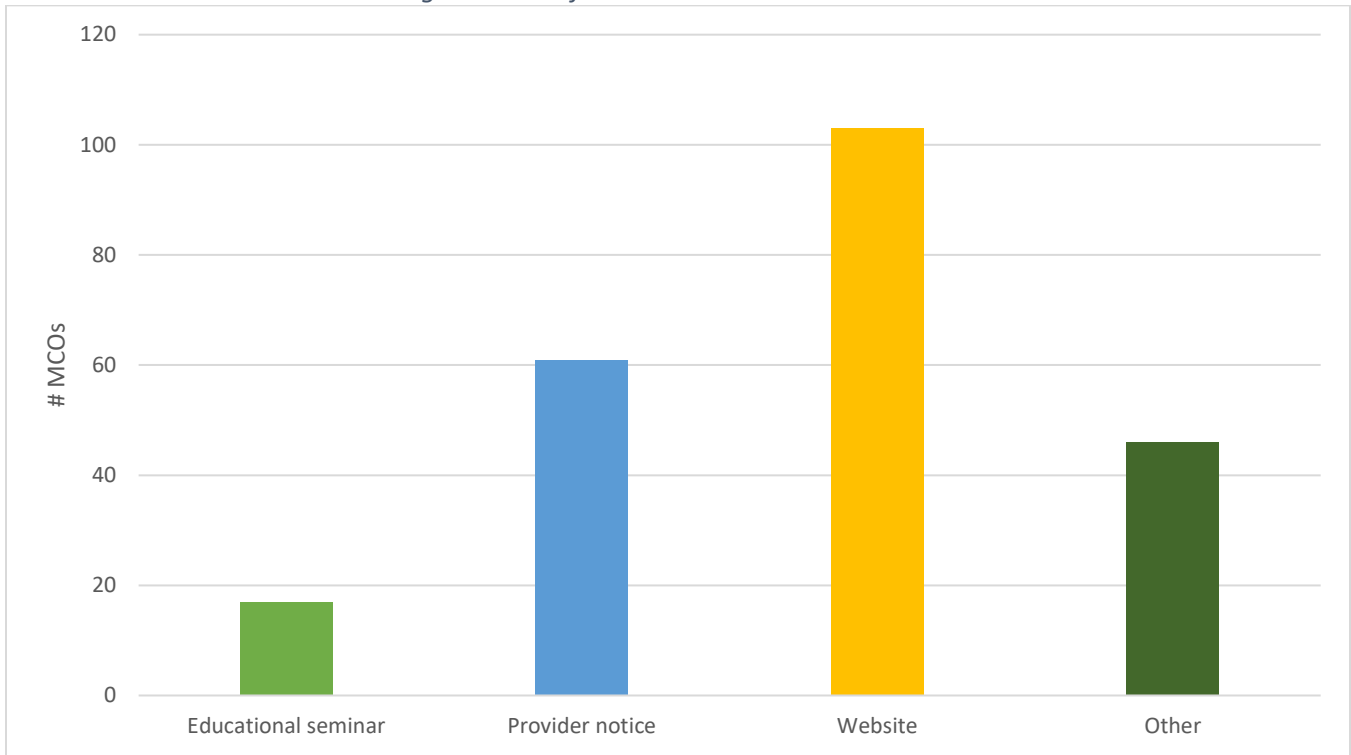


Table 105 - Information Dissemination Routes

Response	States (Count of MCOs)	Count	Percentage
Educational seminar	California (3), Delaware (1), Hawaii (1), Maryland (1), Minnesota (1), New Mexico (1), Oregon (7), Pennsylvania (1), Washington (1)	17	7.49%
Provider notice	California (10), District of Columbia (2), Florida (5), Hawaii (2), Illinois (2), Kentucky (2), Maryland (1), Massachusetts (1), Michigan (1), Mississippi (2), Nebraska (1), New Hampshire (1), New Jersey (2), New York (5), Ohio (2), Oregon (11), Pennsylvania (2), South Carolina (3), Texas (2), Utah (2), Virginia (1), Washington (1)	61	26.87%
Website	Arkansas (1), California (9), Colorado (1), Delaware (1), District of Columbia (1), Florida (5), Georgia (1), Hawaii (2), Illinois (4), Indiana (2), Iowa (2), Kansas (3), Kentucky (4), Louisiana (2), Maryland (6), Massachusetts (1), Michigan (5), Minnesota (2), Mississippi (3), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (2), New York (4), Ohio (4), Oregon (15), Pennsylvania (3), Rhode Island (1), South Carolina (2), Texas (6), Utah (1), Virginia (3), Washington (4)	103	45.37%
Other	California (3), District of Columbia (2), Florida (2), Hawaii (1), Illinois (2), Indiana (1), Kansas (1), Kentucky (3), Louisiana (1), Maryland (2), Massachusetts (1), Michigan (3), Minnesota (2), New Hampshire (1), New Jersey (1), New Mexico (2), New York (2), Oregon (8), Rhode Island (1), Texas (2), Utah (1), Virginia (2), Washington (2)	46	20.26%
National Totals		227	100%

E. Opioid Use Disorder (OUD) Treatment

1. Does your MCO have utilization controls (i.e. PDL, PA, QL) to either monitor or manage the prescribing of Medication Assisted Treatment (MAT) drugs for OUD?

Figure 110 - MCO Has Utilization Controls to Monitor/Manage Prescribing MAT Drugs for OUD

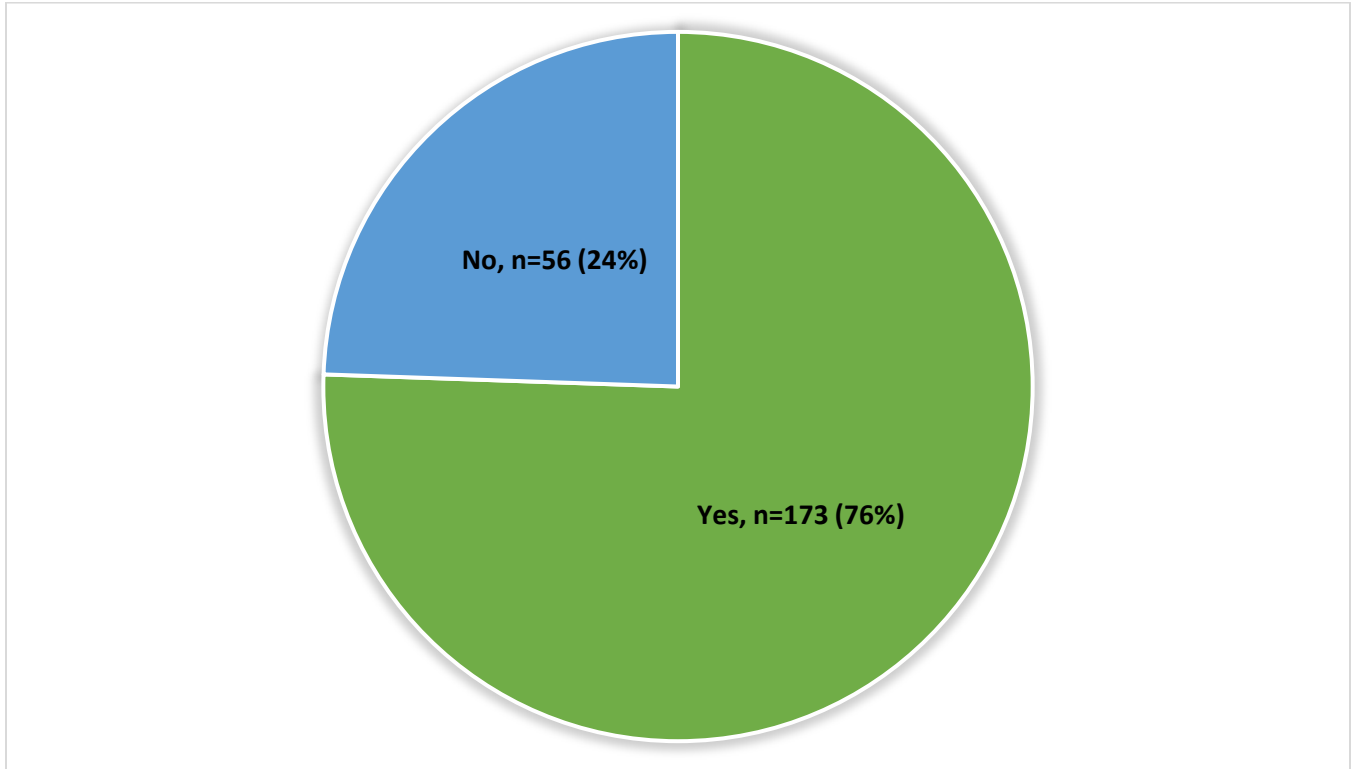


Table 106 - MCO Has Utilization Controls to Monitor/Manage Prescribing MAT Drugs for OUD

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (2), California (4), Colorado (2), Delaware (2), District of Columbia (2), Florida (12), Georgia (4), Hawaii (5), Illinois (4), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Massachusetts (4), Michigan (2), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (4), New Mexico (3), New York (13), Ohio (5), Oregon (20), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Virginia (6), Washington (5)	173	75.55%
No	Arkansas (1), California (22), District of Columbia (2), Florida (1), Hawaii (1), Illinois (2), Maryland (9), Massachusetts (1), Michigan (8), New Jersey (1), New York (3), Oregon (1), Utah (4)	56	24.45%
National Totals		229	100%

2. Does your MCO set total mg per day limits on the use of buprenorphine and buprenorphine/naloxone combination drugs?

Figure 111 - MCO Sets Total Milligram per Day Limits on the Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

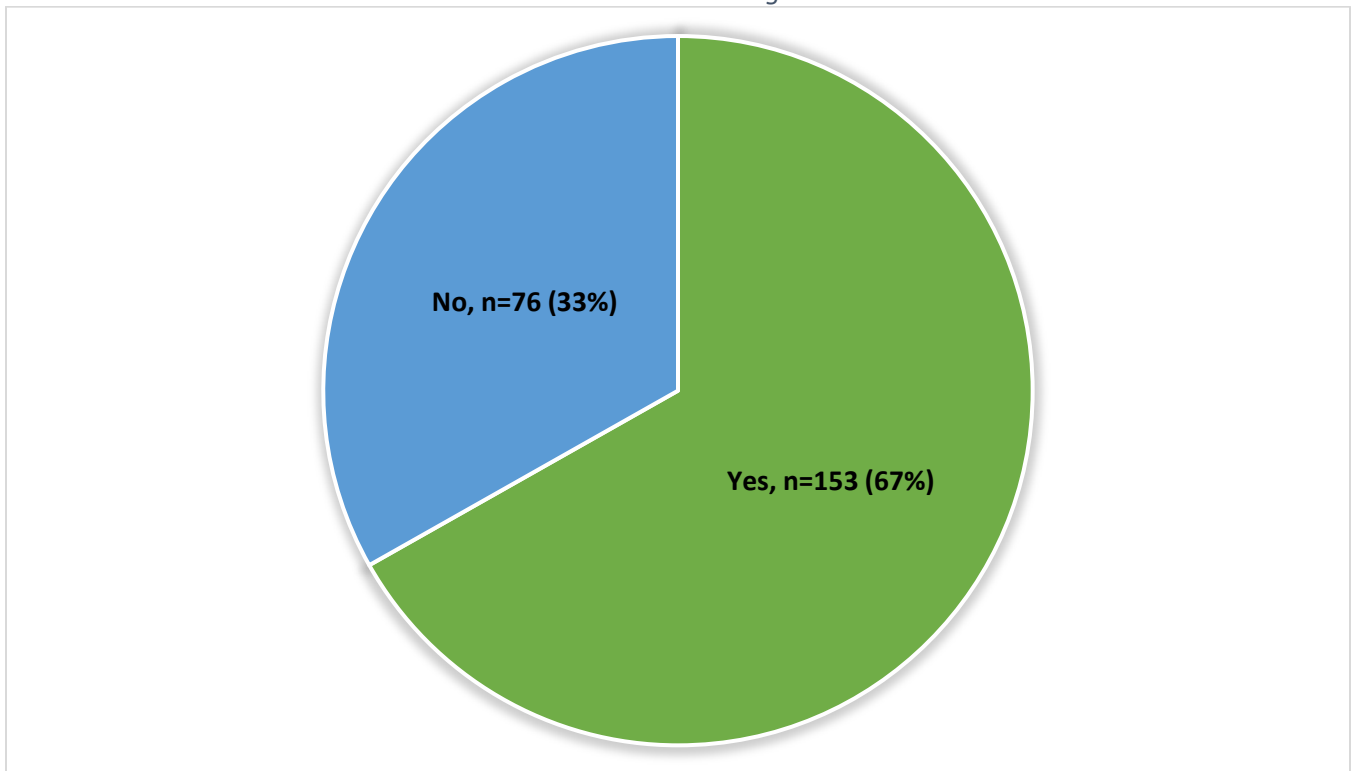


Table 107 - MCO Sets Total Milligram per Day Limits on the Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (3), California (2), Colorado (2), Delaware (2), District of Columbia (3), Florida (12), Georgia (4), Hawaii (4), Illinois (2), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Massachusetts (5), Minnesota (8), Mississippi (3), Nebraska (2), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (13), Ohio (5), Oregon (17), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (4), Virginia (6), Washington (5)	153	66.81%
No	California (24), District of Columbia (1), Florida (1), Hawaii (2), Illinois (4), Maryland (9), Michigan (10), Nebraska (1), New York (3), Oregon (4), Texas (13), Utah (4)	76	33.19%
National Totals		229	100%

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If “Yes,” please specify the total mg/day.

Figure 112 - Total Milligrams/Day Limit on the Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

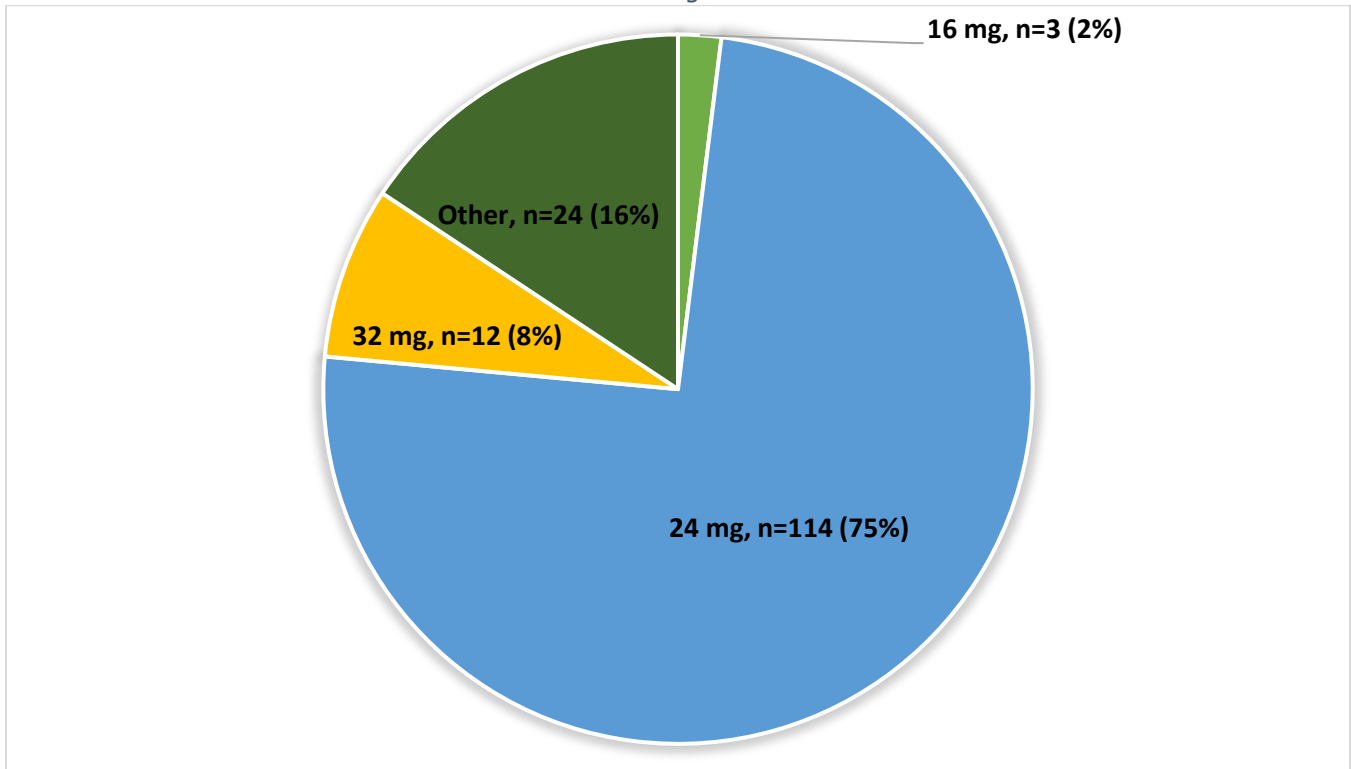


Table 108 - Total Milligrams/Day Limit on the Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

Response	States (Count of MCOs)	Count	Percentage
16 mg	Minnesota (1), New Hampshire (1), Pennsylvania (1)	3	1.96%
24 mg	Arkansas (3), California (1), Colorado (2), District of Columbia (2), Florida (7), Georgia (4), Hawaii (4), Illinois (2), Indiana (5), Iowa (2), Kansas (2), Kentucky (6), Louisiana (4), Massachusetts (1), Minnesota (7), Mississippi (1), Nebraska (1), Nevada (3), New Hampshire (2), New Mexico (1), New York (12), Ohio (5), Oregon (17), Pennsylvania (6), Rhode Island (1), South Carolina (4), Texas (3), Virginia (6)	114	74.51%
32 mg	Massachusetts (1), Nebraska (1), New Jersey (5), Washington (5)	12	7.84%
Other	California (1), Delaware (2), District of Columbia (1), Florida (5), Kansas (1), Louisiana (1), Massachusetts (3), Mississippi (2), New Mexico (2), New York (1), Pennsylvania (1), Rhode Island (2), South Carolina (1), Texas (1)	24	15.69%
National Totals		153	100%

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

Figure 113 - Limitations on Allowable Length of Treatment of Buprenorphine/Naloxone Combination Drugs

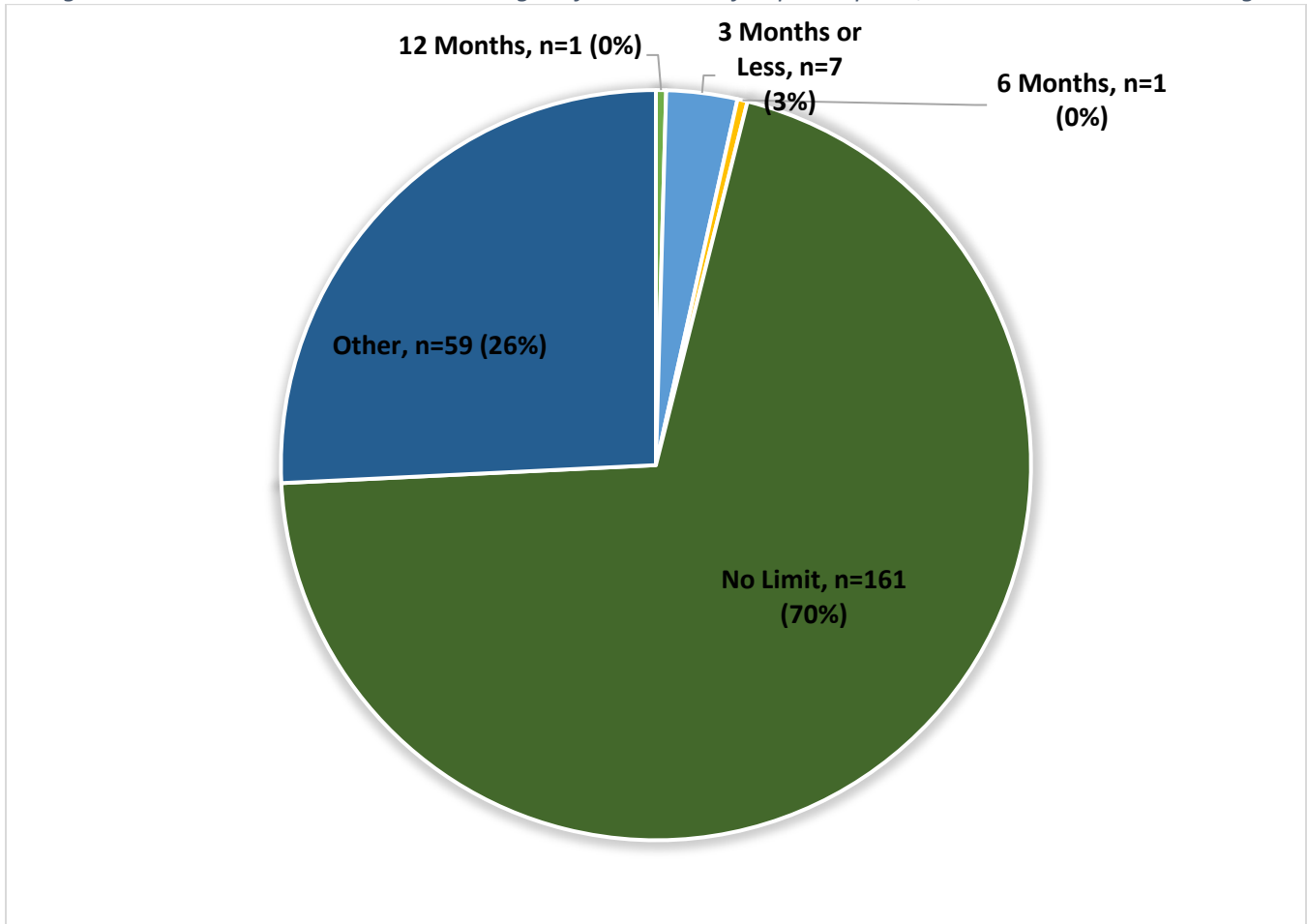


Table 109 - Limitations on Allowable Length of Treatment of Buprenorphine/Naloxone Combination Drugs

Response	States (Count of MCOs)	Count	Percentage
12 months	Hawaii (1)	1	0.44%
3 months or less	Ohio (4), Texas (3)	7	3.06%
6 months	Georgia (1)	1	0.44%
No limit	Arkansas (3), California (10), Colorado (2), Delaware (2), District of Columbia (4), Florida (10), Georgia (3), Hawaii (4), Illinois (6), Indiana (5), Iowa (2), Kansas (1), Kentucky (6), Louisiana (5), Massachusetts (4), Michigan (1), Minnesota (7), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (12), Oregon (21), Pennsylvania (7), Rhode Island (3), South Carolina (4), Texas (9), Utah (1), Virginia (6), Washington (4)	161	70.31%
Other	California (16), Florida (3), Hawaii (1), Kansas (2), Maryland (9), Massachusetts (1), Michigan (9), Minnesota (1), Mississippi (1), New York (4), Ohio (1), Pennsylvania (1), South Carolina (1), Texas (5), Utah (3), Washington (1)	59	25.76%
National Totals		229	100%

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4. Does your MCO require that the maximum mg per day allowable be reduced after a set period of time?

Figure 114 - Maximum Milligrams per Day Reduction After a Set Period of Time

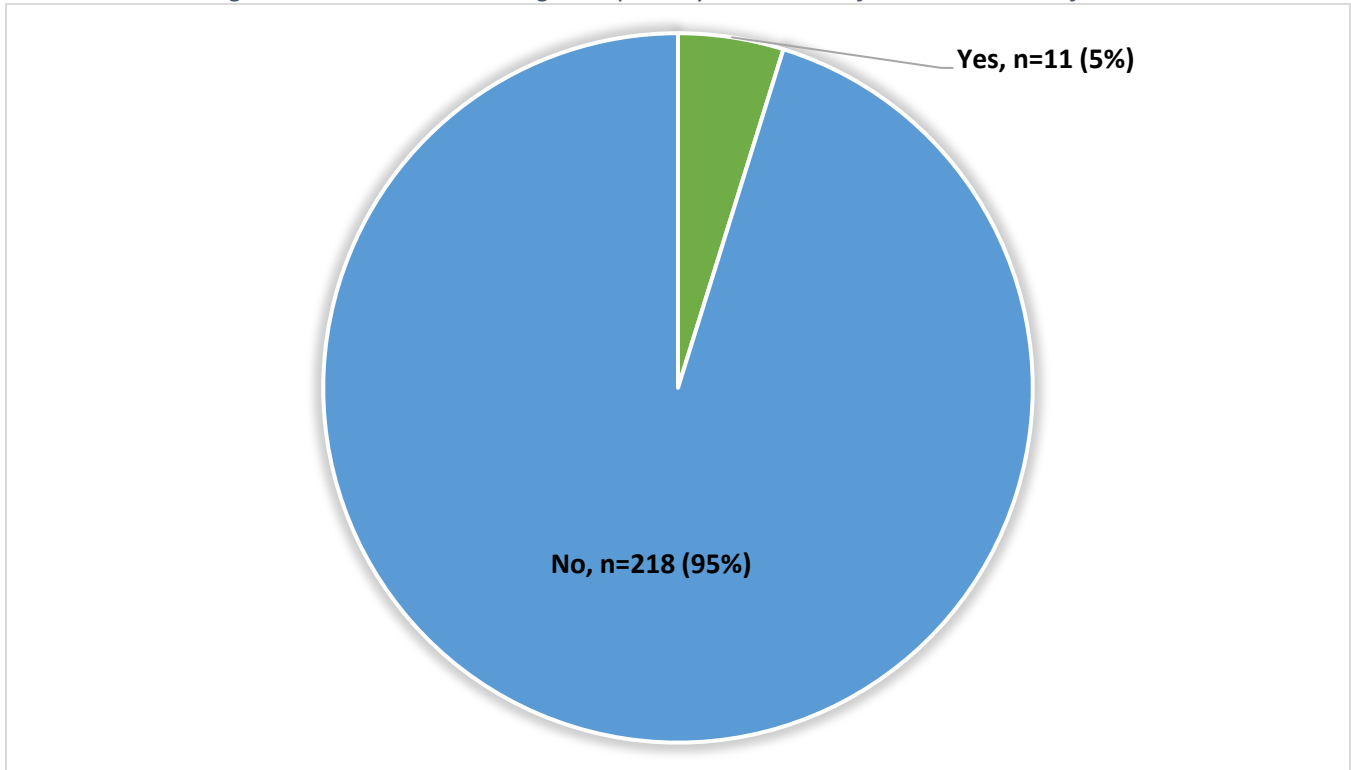


Table 110 - Maximum Milligrams per Day Reduction After a Set Period of Time

Response	States (Count of MCOs)	Count	Percentage
Yes	Florida (1), Massachusetts (1), Mississippi (2), Ohio (5), Pennsylvania (1), Rhode Island (1)	11	4.80%
No	Arkansas (3), California (26), Colorado (2), Delaware (2), District of Columbia (4), Florida (12), Georgia (4), Hawaii (6), Illinois (6), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (4), Michigan (10), Minnesota (8), Mississippi (1), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (16), Oregon (21), Pennsylvania (7), Rhode Island (2), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	218	95.20%
National Totals		229	100%

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a. If “Yes,” what is your reduced (maintenance) dosage?

Figure 115 - Reduced (Maintenance) Dosage

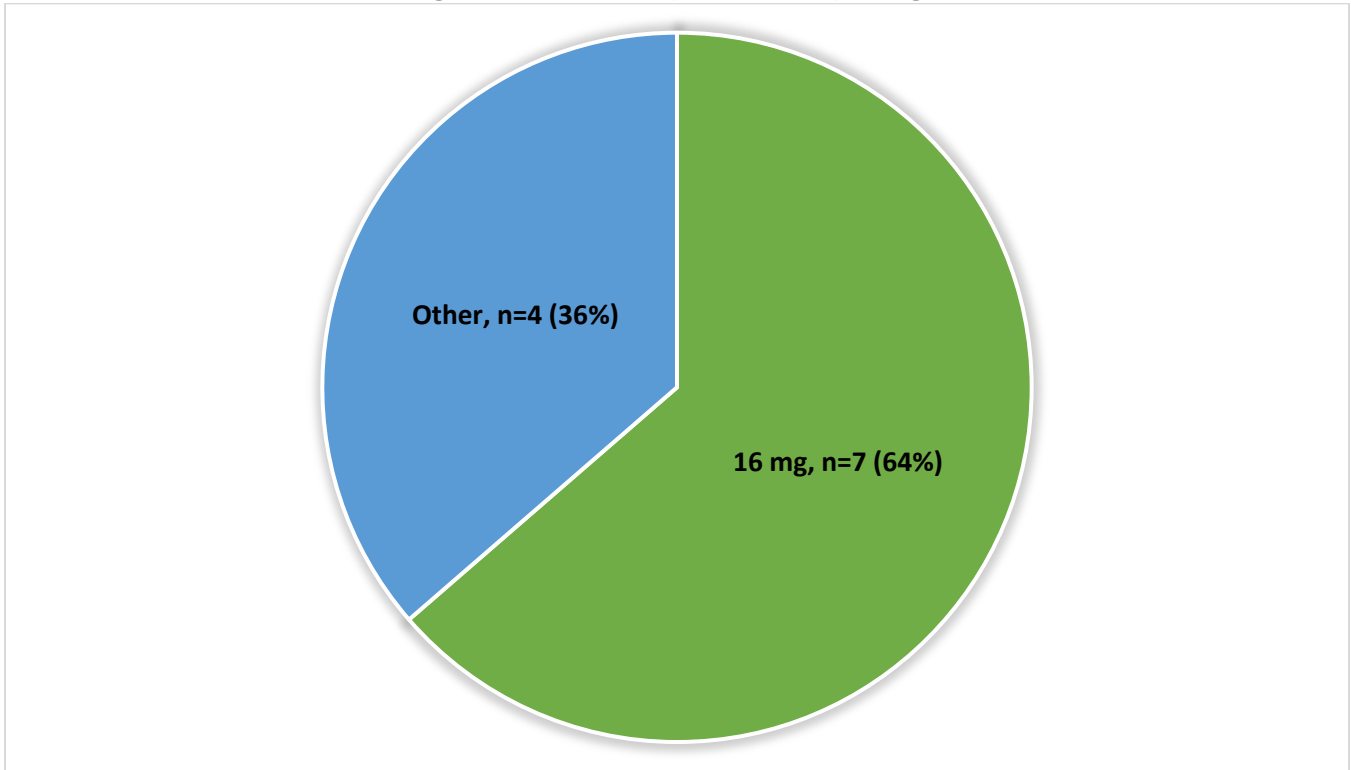


Table 111 - Reduced (Maintenance) Dosage

Response	States (Count of MCOs)	Count	Percentage
16 mg	Mississippi (2), Ohio (5)	7	63.64%
Other	Florida (1), Massachusetts (1), Pennsylvania (1), Rhode Island (1)	4	36.36%
National Totals		11	100%

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b. If “Yes,” what are your limitations on the allowable length of the reduced dosage treatment?

Figure 116 - Limitations on the Allowable Length of the Reduced Dosage Treatment

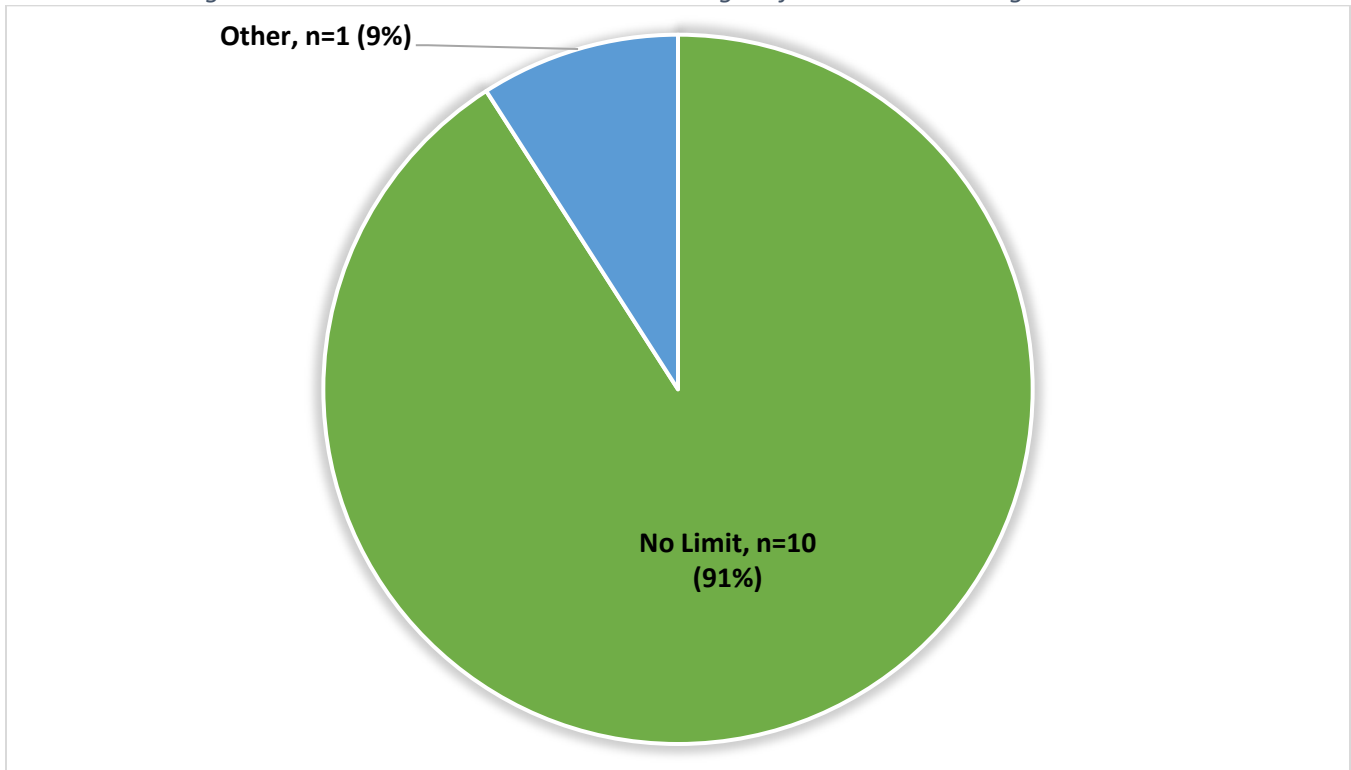


Table 112 - Limitations on Allowable Length of the Reduced Dosage Treatment

Response	States (Count of MCOs)	Count	Percentage
No limit	Massachusetts (1), Mississippi (2), Ohio (5), Pennsylvania (1), Rhode Island (1)	10	90.91%
Other	Florida (1)	1	9.09%
National Totals		11	100%

5. Does your MCO have at least one buprenorphine/naloxone combination product available without PA?

Figure 117 - Buprenorphine/Naloxone Combination Product Available Without Prior Authorization

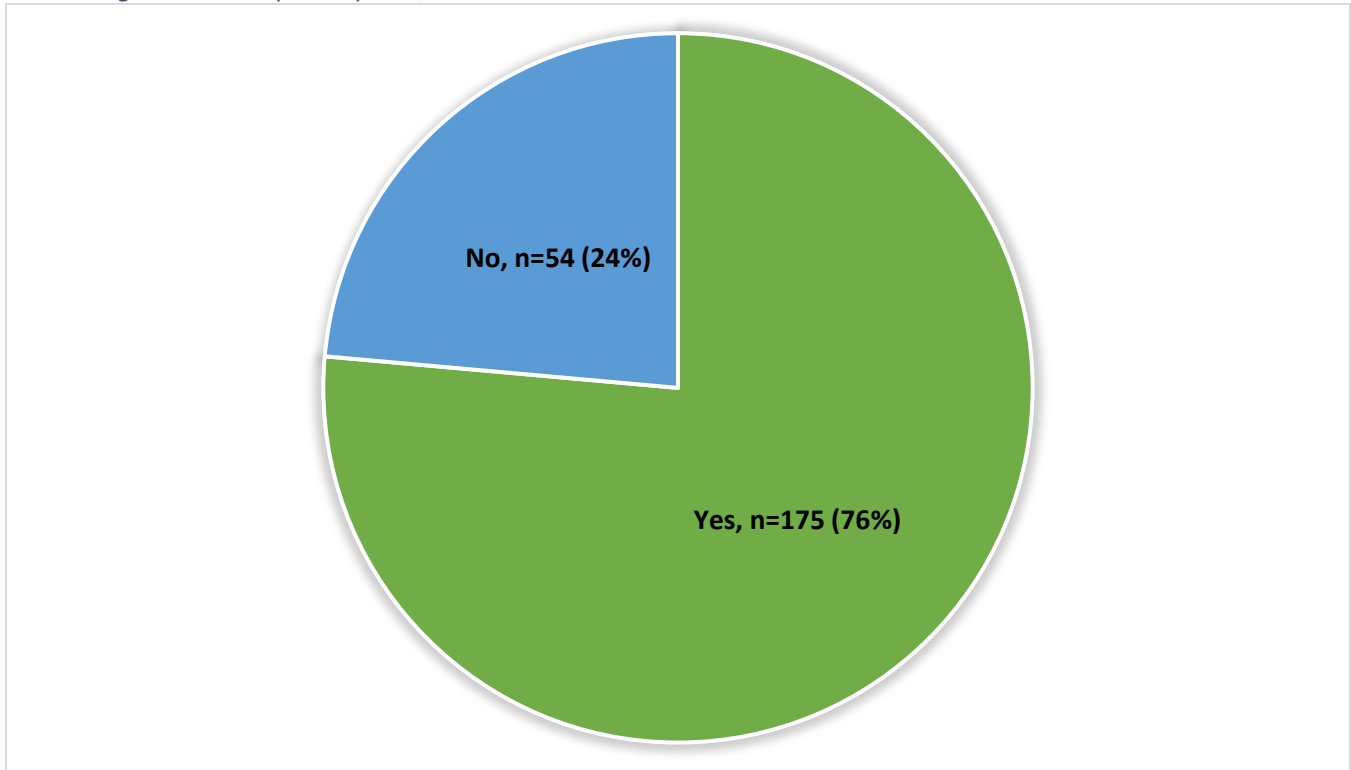


Table 113 - Buprenorphine/Naloxone Combination Product Available Without Prior Authorization

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (3), California (7), Colorado (2), Delaware (2), District of Columbia (4), Florida (10), Georgia (4), Hawaii (6), Illinois (6), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Massachusetts (5), Michigan (1), Minnesota (8), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (16), Ohio (5), Oregon (21), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (8), Virginia (6), Washington (5)	175	76.42%
No	California (19), Florida (3), Maryland (9), Michigan (9), Mississippi (1), Texas (9), Utah (4)	54	23.58%
National Totals		229	100%

6. Does your MCO currently have edits in place to monitor opioids being used concurrently with any buprenorphine drug or any form of MAT?

Figure 118 - Edits in Place to Monitor Opioids Being Used Concurrently with any Buprenorphine Drug/MAT

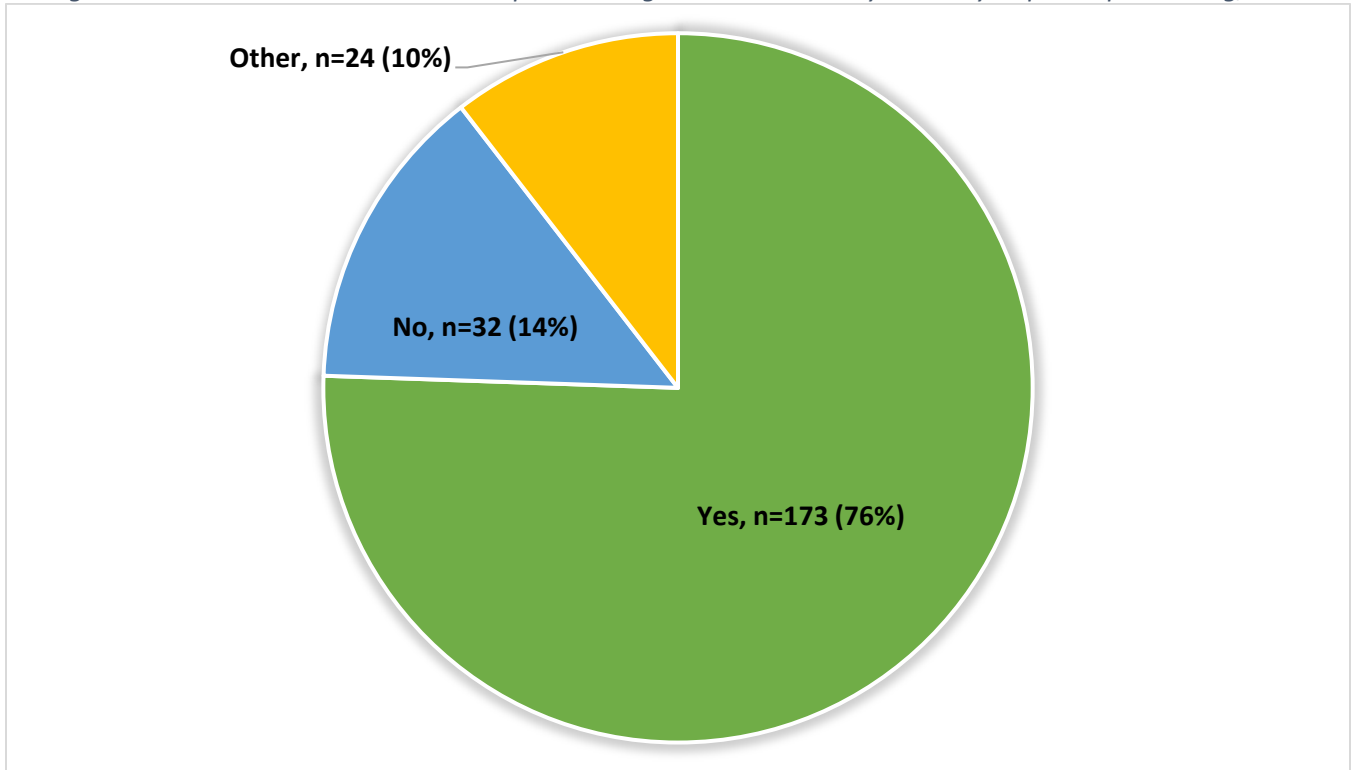


Table 114 - Edits in Place to Monitor Opioids Being Used Concurrently with any Buprenorphine Drug/MAT

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (2), California (5), Colorado (2), Delaware (2), District of Columbia (3), Florida (12), Georgia (4), Hawaii (5), Illinois (4), Indiana (4), Kansas (1), Kentucky (5), Louisiana (5), Massachusetts (5), Michigan (2), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (16), Ohio (5), Oregon (21), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (15), Utah (1), Virginia (6), Washington (4)	173	75.55%
No	Arkansas (1), California (14), Florida (1), Illinois (2), Kansas (1), Kentucky (1), Maryland (4), Michigan (5), Utah (2), Washington (1)	32	13.97%
Other	California (7), District of Columbia (1), Hawaii (1), Indiana (1), Iowa (2), Kansas (1), Maryland (5), Michigan (3), Texas (2), Utah (1)	24	10.48%
National Totals		229	100%

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

Figure 119 - POS Pharmacist Override Edit

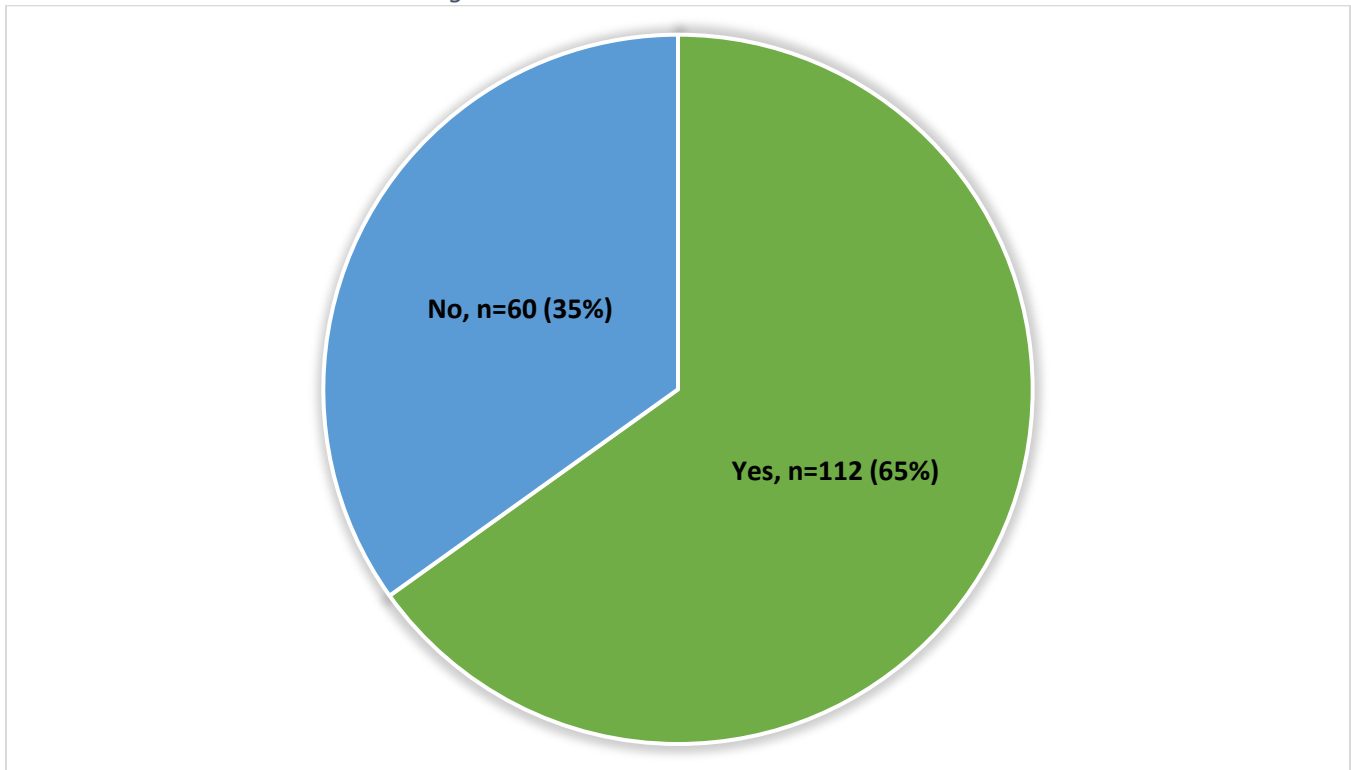


Table 115 - POS Pharmacist Override Edit

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (1), California (4), Colorado (2), Delaware (1), District of Columbia (1), Florida (10), Georgia (3), Hawaii (5), Illinois (2), Indiana (3), Kansas (1), Louisiana (1), Massachusetts (5), Michigan (2), Minnesota (4), Mississippi (1), Nebraska (1), Nevada (2), New Hampshire (2), New Jersey (4), New Mexico (1), New York (8), Ohio (4), Oregon (18), Pennsylvania (1), Rhode Island (3), South Carolina (3), Texas (10), Utah (1), Virginia (4), Washington (4)	112	65.12%
No	Arkansas (1), California (1), Delaware (1), District of Columbia (2), Florida (1), Georgia (1), Illinois (2), Indiana (1), Kentucky (5), Louisiana (4), Minnesota (4), Mississippi (2), Nebraska (2), Nevada (1), New Hampshire (1), New Jersey (1), New Mexico (2), New York (8), Ohio (1), Oregon (3), Pennsylvania (7), South Carolina (2), Texas (5), Virginia (2)	60	34.88%
National Totals		172	100%

7. Is there at least one formulation of naltrexone for OUD available without PA?

Figure 120 - Formulation of Naltrexone for OUD Available Without PA

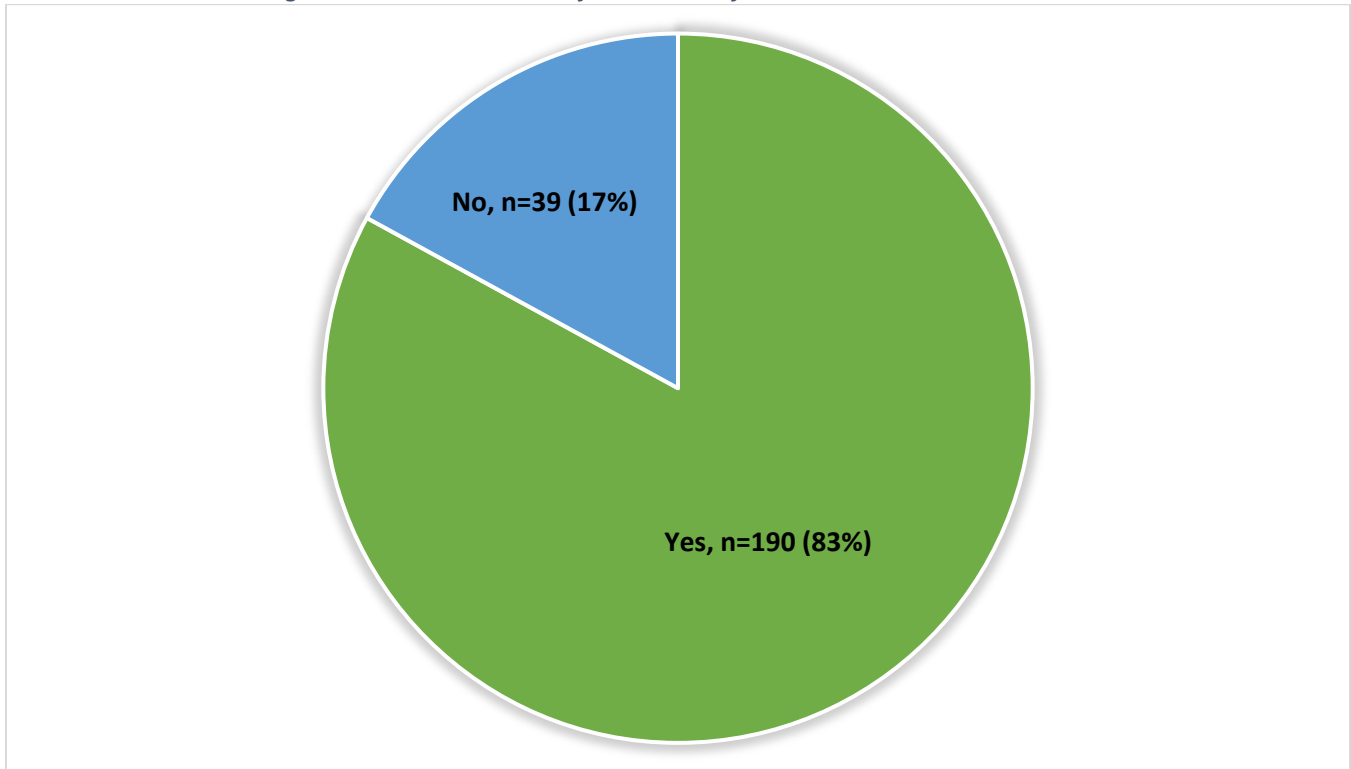


Table 116 - Formulation of Naltrexone for OUD Available Without PA

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (3), California (7), Colorado (2), Delaware (2), District of Columbia (4), Florida (13), Georgia (4), Hawaii (6), Illinois (6), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Maryland (1), Massachusetts (5), Michigan (2), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (16), Ohio (5), Oregon (21), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Virginia (6), Washington (5)	190	82.97%
No	California (19), Maryland (8), Michigan (8), Utah (4)	39	17.03%
National Totals		229	100%

8. Does your MCO have at least one naloxone opioid overdose product available without PA?

Figure 121 - Naloxone Opioid Overdose Product Available Without Prior Authorization

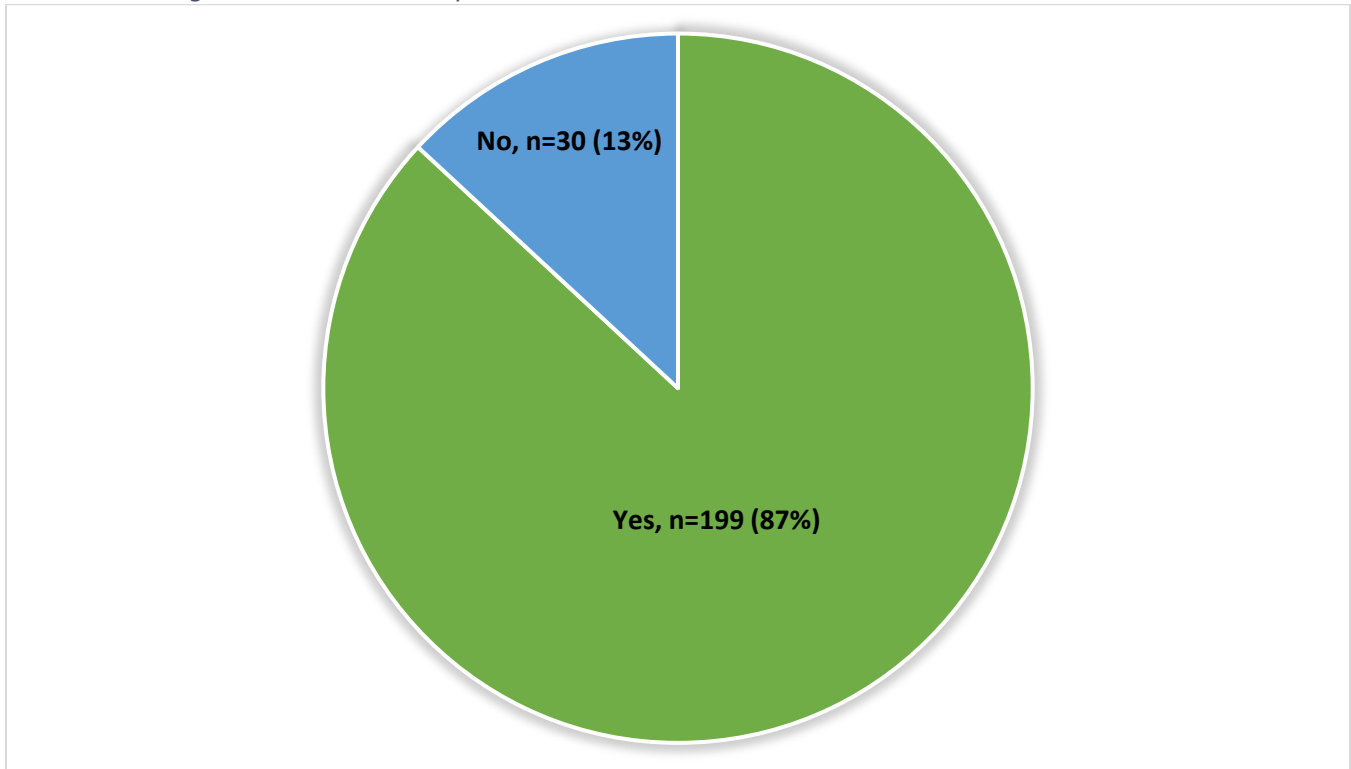


Table 117 - Naloxone Opioid Overdose Product Available Without Prior Authorization

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (3), California (7), Colorado (2), Delaware (2), District of Columbia (4), Florida (13), Georgia (4), Hawaii (6), Illinois (6), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Maryland (1), Massachusetts (5), Michigan (10), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (16), Ohio (5), Oregon (21), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Utah (1), Virginia (6), Washington (5)	199	86.90%
No	California (19), Maryland (8), Utah (3)	30	13.10%
National Totals		229	100%

9. Does your MCO retrospectively monitor and manage appropriate use of naloxone to persons at risk of overdose?

Figure 122 - Retrospectively Monitors and Manages Appropriate use of Naloxone to Persons at Risk of Overdose

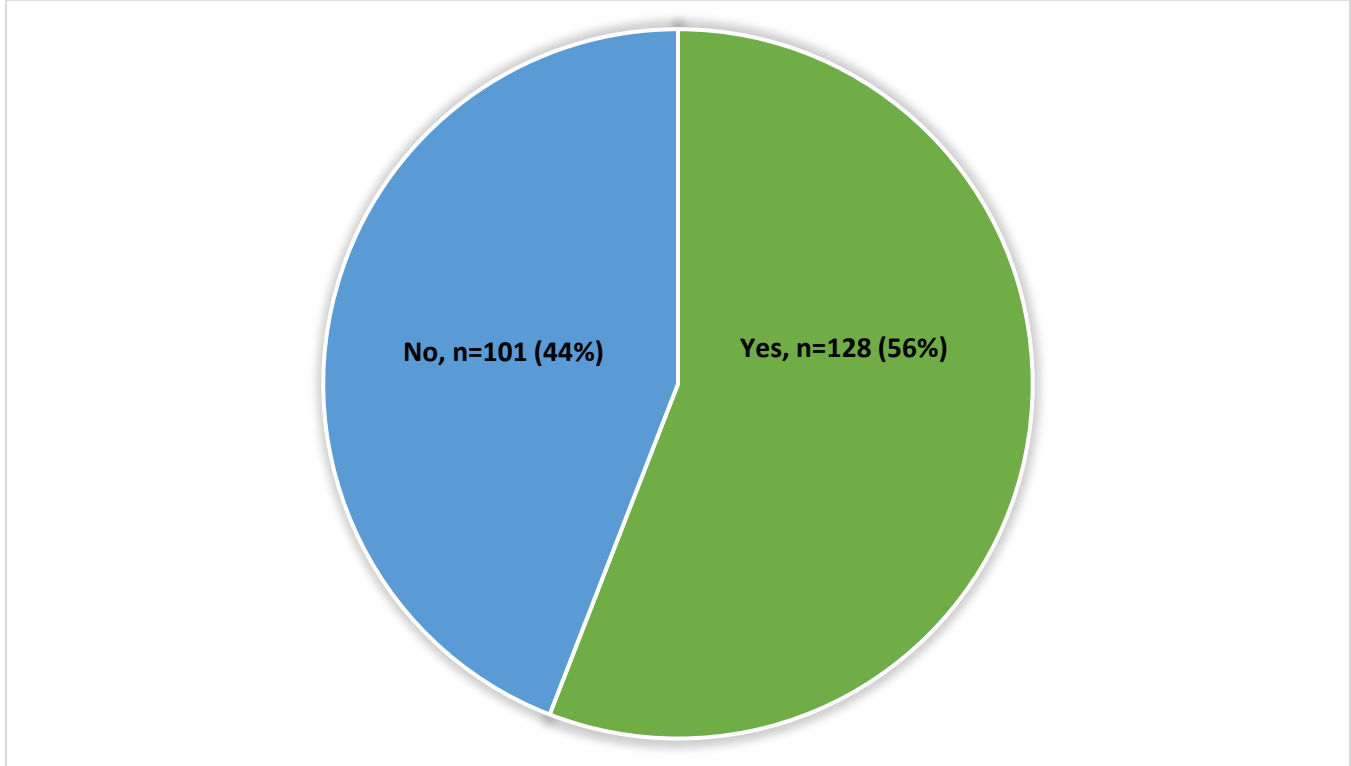


Table 118 - Retrospectively Monitors and Manages Appropriate use of Naloxone to Persons at Risk of Overdose

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (1), California (10), Colorado (2), Delaware (2), District of Columbia (2), Florida (5), Georgia (2), Hawaii (3), Illinois (2), Indiana (5), Iowa (2), Kansas (3), Kentucky (4), Louisiana (3), Maryland (3), Massachusetts (1), Michigan (8), Minnesota (4), Mississippi (2), Nebraska (2), Nevada (3), New Hampshire (3), New Jersey (4), New Mexico (1), New York (11), Ohio (4), Oregon (14), Pennsylvania (5), Rhode Island (1), South Carolina (2), Texas (4), Utah (2), Virginia (4), Washington (4)	128	55.90%
No	Arkansas (2), California (16), District of Columbia (2), Florida (8), Georgia (2), Hawaii (3), Illinois (4), Kentucky (2), Louisiana (2), Maryland (6), Massachusetts (4), Michigan (2), Minnesota (4), Mississippi (1), Nebraska (1), New Jersey (1), New Mexico (2), New York (5), Ohio (1), Oregon (7), Pennsylvania (3), Rhode Island (2), South Carolina (3), Texas (13), Utah (2), Virginia (2), Washington (1)	101	44.10%
National Totals		229	100%

If "No," please explain.

Please reference individual state MCO reports on [Medicaid.gov](https://www.medicaid.gov) for more information.

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

Figure 123 - MCO Allows Pharmacists to Dispense Naloxone Prescribed Independently or By Collaborative Practice Agreements, Standing Orders, Or Other Predetermined Protocols

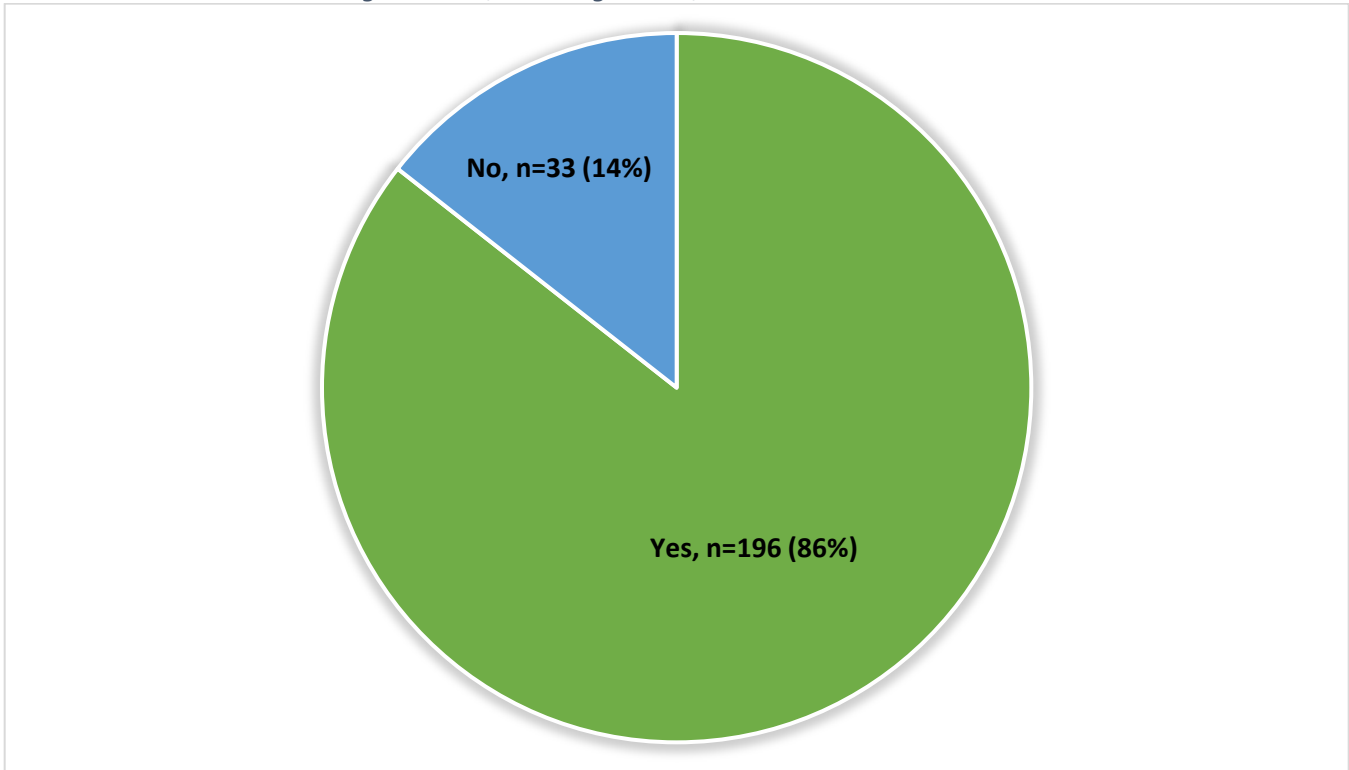


Table 119 - MCO Allows Pharmacists to Dispense Naloxone Prescribed Independently or By Collaborative Practice Agreements, Standing Orders, Or Other Predetermined Protocols

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (3), California (16), Colorado (2), Delaware (2), District of Columbia (2), Florida (12), Georgia (4), Hawaii (6), Illinois (6), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Maryland (3), Massachusetts (5), Michigan (9), Minnesota (7), Mississippi (3), Nebraska (2), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (16), Ohio (5), Oregon (21), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (6), Utah (4), Virginia (6), Washington (5)	196	85.59%
No	California (10), District of Columbia (2), Florida (1), Maryland (6), Michigan (1), Minnesota (1), Nebraska (1), Texas (11)	33	14.41%
National Totals		229	100%

F. Outpatient Treatment Programs (OTP)

1. Does your MCO cover OTPs that provide behavioral health (BH) and MAT through OTPs?

Figure 124 - MCO Covers OTPs That Provide BH and MAT Through OTPs

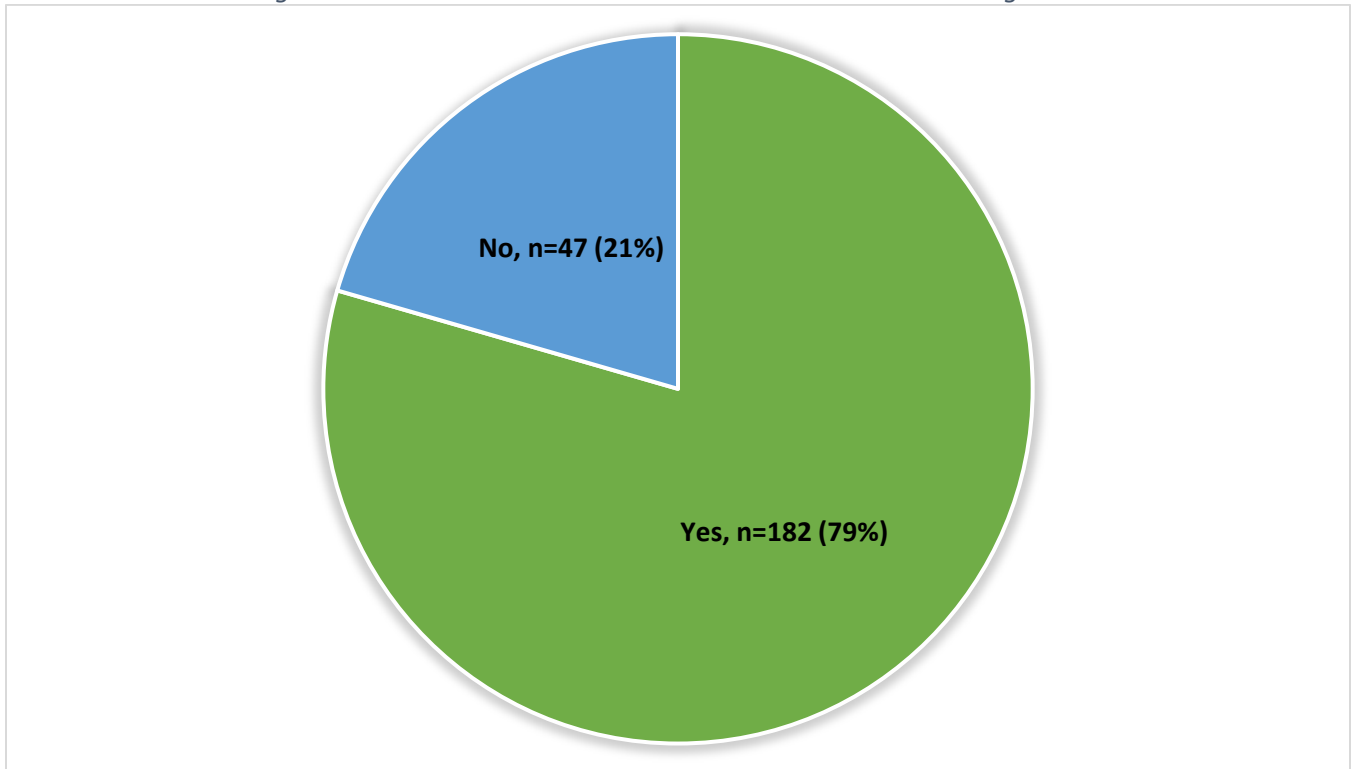


Table 120 - MCO Covers OTPs That Provide BH and MAT Through OTPs

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (3), California (8), Colorado (2), Delaware (2), District of Columbia (3), Florida (13), Georgia (4), Hawaii (6), Illinois (5), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Massachusetts (4), Minnesota (8), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), Ohio (5), Oregon (21), Pennsylvania (6), Rhode Island (3), South Carolina (5), Texas (17), Utah (1), Virginia (6), Washington (5)	182	79.48%
No	California (18), District of Columbia (1), Illinois (1), Maryland (9), Massachusetts (1), Michigan (10), Mississippi (1), New York (1), Pennsylvania (2), Utah (3)	47	20.52%
National Totals		229	100%

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If “Yes,” is a referral needed for OUD treatment through OTPs?

Figure 125 - Referral Required for OUD Treatment Through OTPs

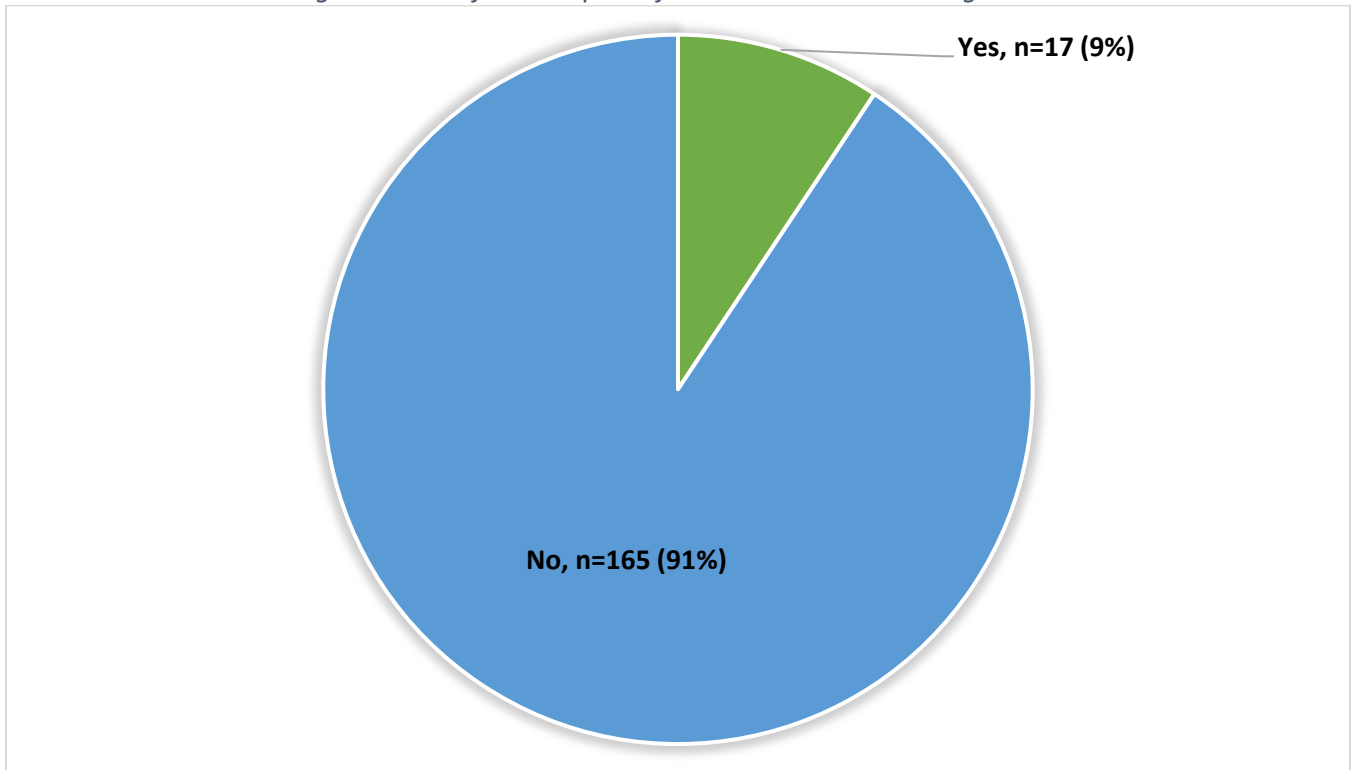


Table 121 - Referral Required for OUD Treatment Through OTPs

Response	States (Count of MCOs)	Count	Percentage
Yes	California (5), District of Columbia (1), Florida (1), Hawaii (1), Kentucky (1), Minnesota (1), Mississippi (1), New Jersey (1), New Mexico (1), Texas (2), Washington (2)	17	9.34%
No	Arkansas (3), California (3), Colorado (2), Delaware (2), District of Columbia (2), Florida (12), Georgia (4), Hawaii (5), Illinois (5), Indiana (5), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Massachusetts (4), Minnesota (7), Mississippi (1), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (4), New Mexico (2), New York (15), Ohio (5), Oregon (21), Pennsylvania (6), Rhode Island (3), South Carolina (5), Texas (15), Utah (1), Virginia (6), Washington (3)	165	90.66%
National Totals		182	100%

2. Does your MCO cover buprenorphine or buprenorphine/naloxone for diagnoses of OUD as part of a comprehensive MAT treatment plan through OTPs?

Figure 126 - MCO Covers Buprenorphine or Buprenorphine/Naloxone for Diagnoses of OUD as Part of a MAT Treatment Plan

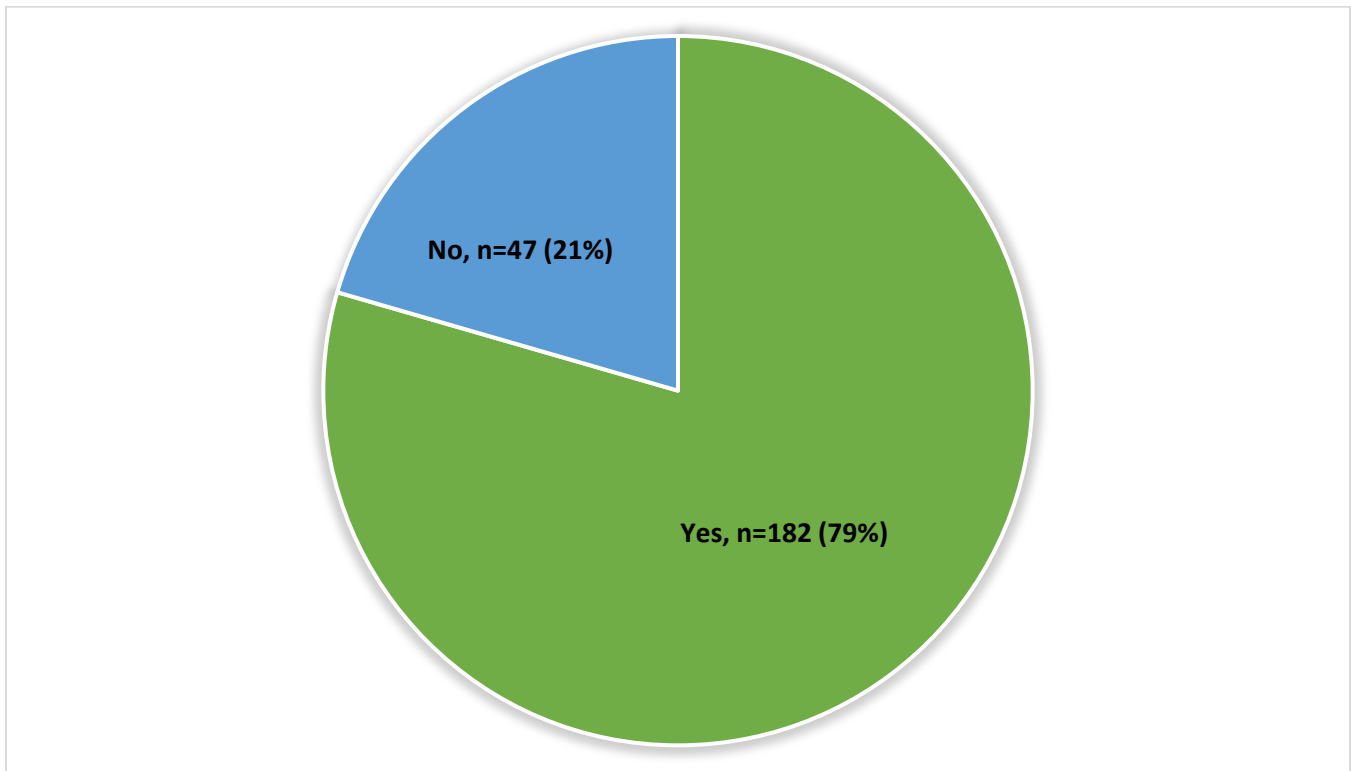


Table 122 - MCO Covers Buprenorphine or Buprenorphine/Naloxone for Diagnoses of OUD as Part of a MAT Treatment Plan

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (3), California (5), Colorado (2), Delaware (2), District of Columbia (4), Florida (13), Georgia (4), Hawaii (6), Illinois (5), Indiana (4), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Massachusetts (4), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (16), Ohio (5), Oregon (21), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Virginia (6), Washington (5)	182	79.48%
No	California (21), Illinois (1), Indiana (1), Maryland (9), Massachusetts (1), Michigan (10), Utah (4)	47	20.52%
National Totals		229	100%

3. Does your MCO cover naltrexone for diagnoses of OUD as part of a comprehensive MAT treatment plan?

Figure 127 - MCO Covers Naltrexone for Diagnoses of OUD as Part of a MAT Treatment Plan

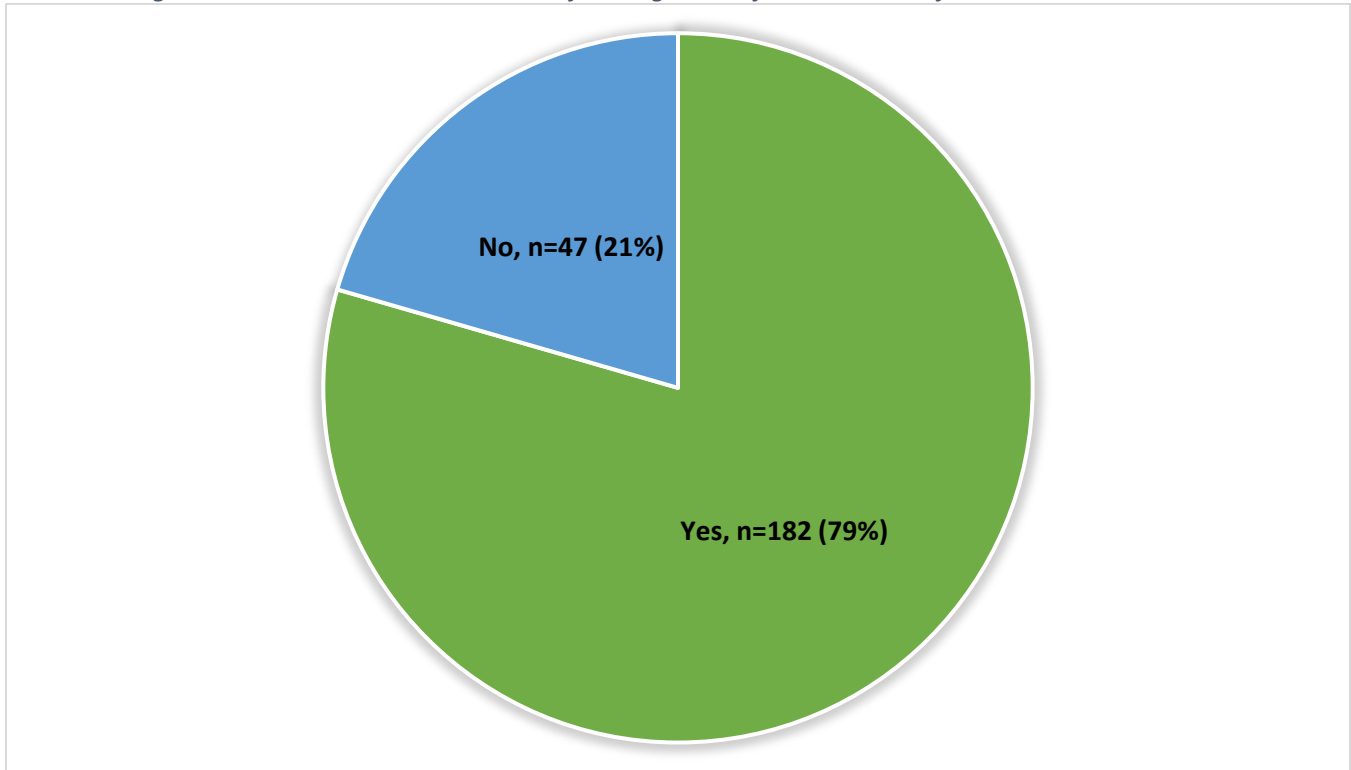


Table 123 - MCO Covers Naltrexone for Diagnoses of OUD as Part of a MAT Treatment Plan

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (3), California (5), Colorado (2), Delaware (2), District of Columbia (4), Florida (13), Georgia (4), Hawaii (6), Illinois (6), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Massachusetts (5), Michigan (2), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (16), Ohio (5), Oregon (21), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Virginia (6), Washington (5)	182	79.48%
No	California (21), Louisiana (5), Maryland (9), Michigan (8), Utah (4)	47	20.52%
National Totals		229	100%

If "No," please explain.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

4. Does your MCO cover Methadone for substance use disorder (i.e. OTPs, Methadone Clinics)?

Figure 128 - MCO Covers Methadone for Substance Use Disorder

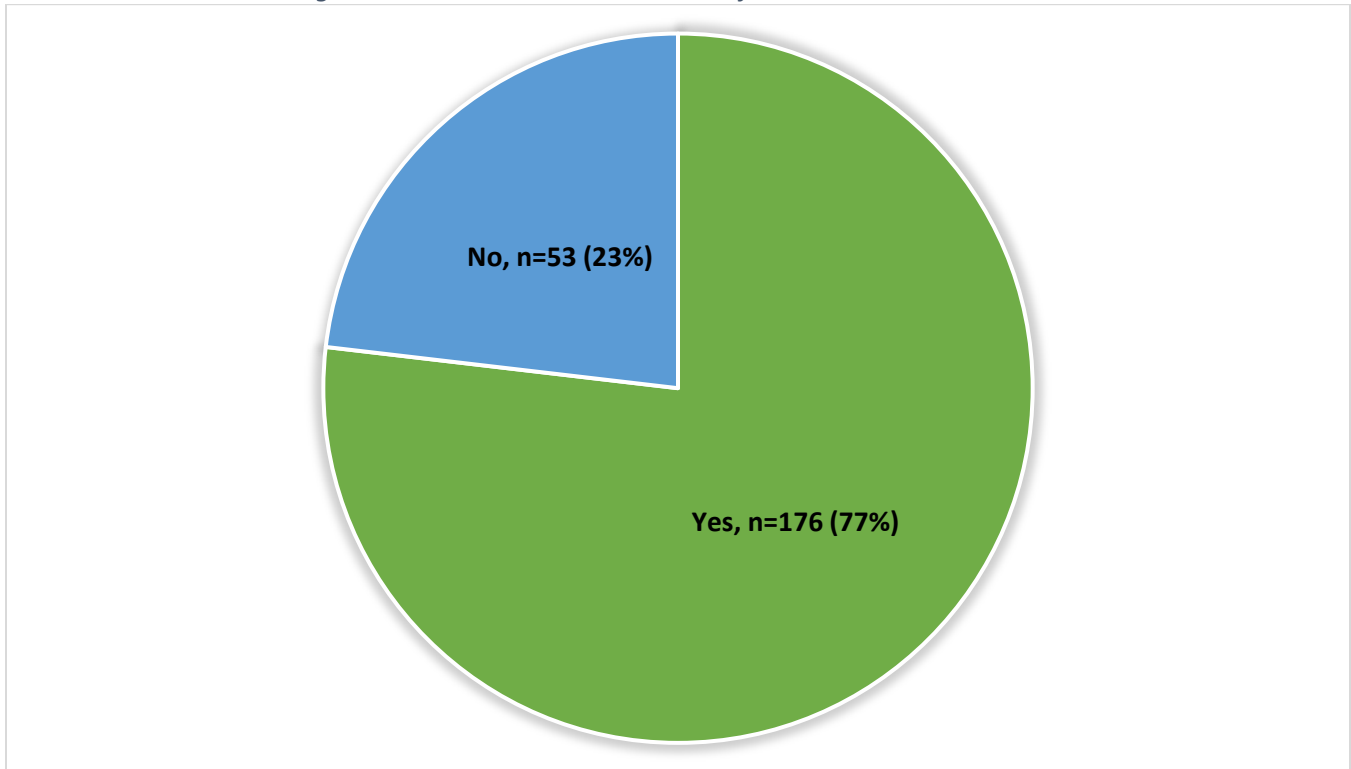


Table 124 - MCO Covers Methadone for Substance Use Disorder

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (3), California (9), Colorado (2), Delaware (2), District of Columbia (2), Florida (11), Georgia (4), Hawaii (6), Illinois (5), Indiana (5), Iowa (2), Kansas (2), Kentucky (5), Louisiana (5), Massachusetts (5), Michigan (2), Minnesota (8), Mississippi (3), Nebraska (1), Nevada (2), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), Ohio (5), Oregon (21), Pennsylvania (4), Rhode Island (3), South Carolina (5), Texas (17), Virginia (6), Washington (5)	176	76.86%
No	California (17), District of Columbia (2), Florida (2), Illinois (1), Kansas (1), Kentucky (1), Maryland (9), Michigan (8), Nebraska (2), Nevada (1), New York (1), Pennsylvania (4), Utah (4)	53	23.14%
National Totals		229	100%

G. Psychotropic Medication

Antipsychotics

1. Does your MCO currently have restrictions in place to limit the quantity of antipsychotic drugs?

Figure 129 - Restrictions to Limit Quantity of Antipsychotic Drugs

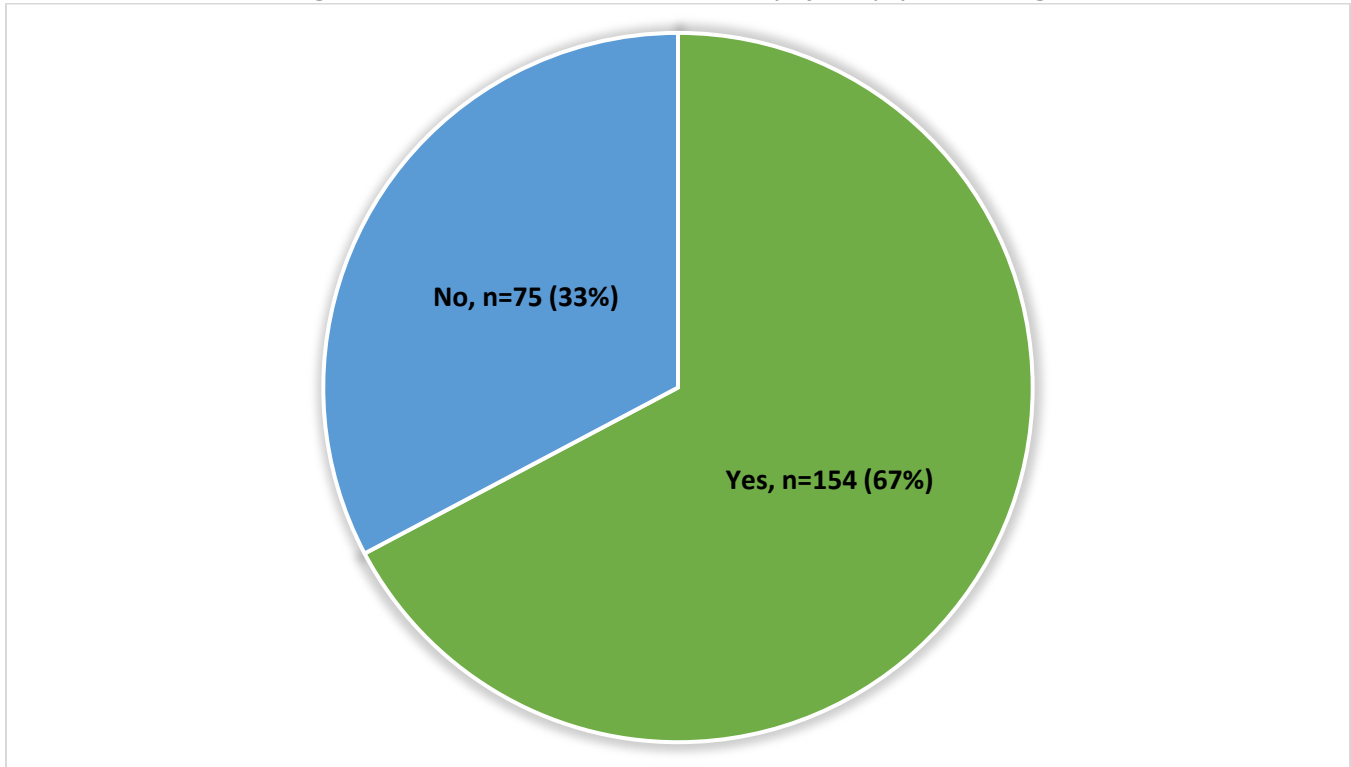


Table 125 - Restrictions to Limit Quantity of Antipsychotic Drugs

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (3), California (2), Colorado (2), Delaware (2), District of Columbia (3), Florida (13), Georgia (4), Hawaii (4), Illinois (6), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Massachusetts (4), Minnesota (5), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (13), Ohio (5), Oregon (5), Pennsylvania (8), Rhode Island (2), South Carolina (5), Texas (17), Virginia (5), Washington (5)	154	67.25%
No	California (24), District of Columbia (1), Hawaii (2), Maryland (9), Massachusetts (1), Michigan (10), Minnesota (3), New York (3), Oregon (16), Rhode Island (1), Utah (4), Virginia (1)	75	32.75%
National Totals		229	100%

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

Figure 130 - Documented Program in Place to Either Manage or Monitor Appropriate Use of Antipsychotic Drugs in Children

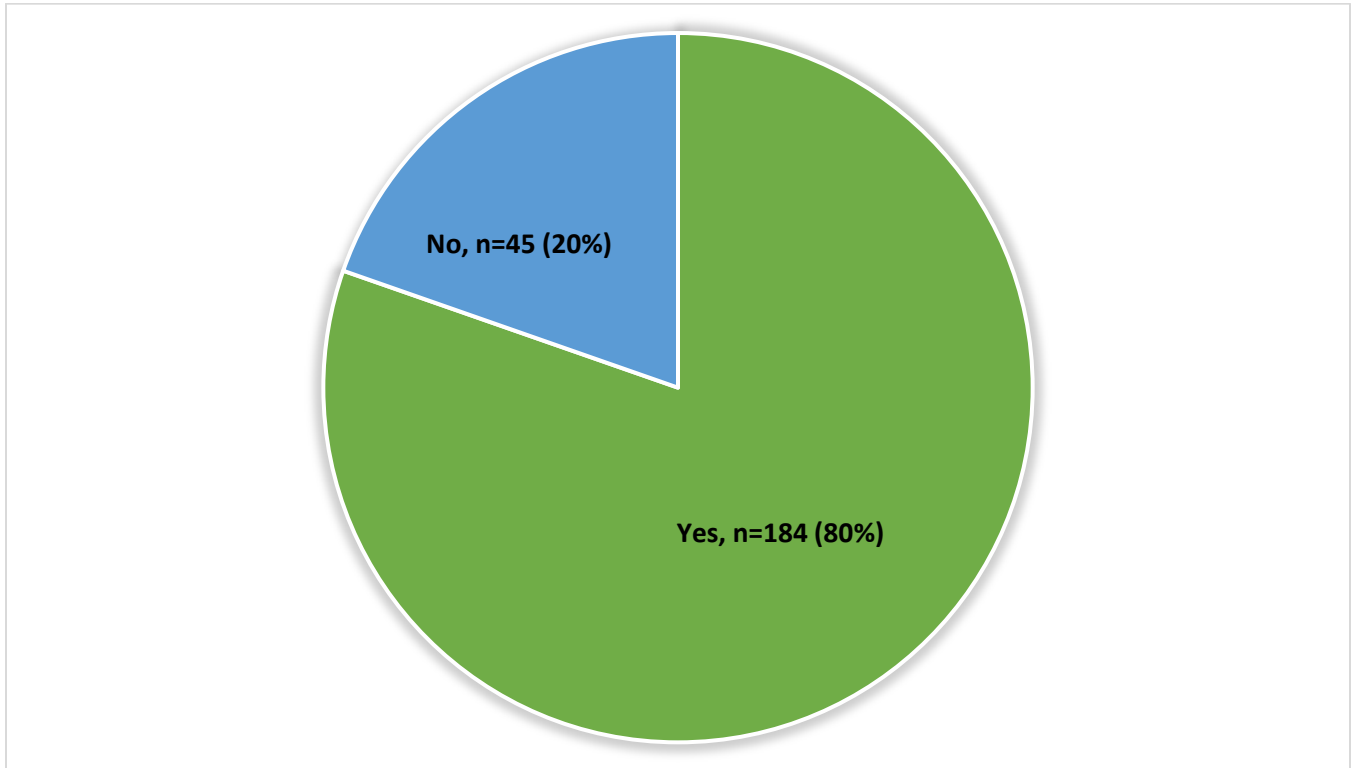


Table 126 - Documented Program in Place to Either Manage or Monitor Appropriate Use of Antipsychotic Drugs in Children

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (3), California (10), Colorado (2), Delaware (2), District of Columbia (4), Florida (12), Georgia (4), Hawaii (6), Illinois (6), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Maryland (3), Massachusetts (5), Michigan (8), Minnesota (6), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (16), Ohio (5), Oregon (7), Pennsylvania (7), Rhode Island (3), South Carolina (5), Texas (16), Utah (2), Virginia (6), Washington (5)	184	80.35%
No	California (16), Florida (1), Maryland (6), Michigan (2), Minnesota (2), Oregon (14), Pennsylvania (1), Texas (1), Utah (2)	45	19.65%
National Totals		229	100%

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a. If “Yes,” does your MCO either manage or monitor:

Figure 131 - Categories of Children Either Managed or Monitored for Appropriate Use of Antipsychotic Drugs

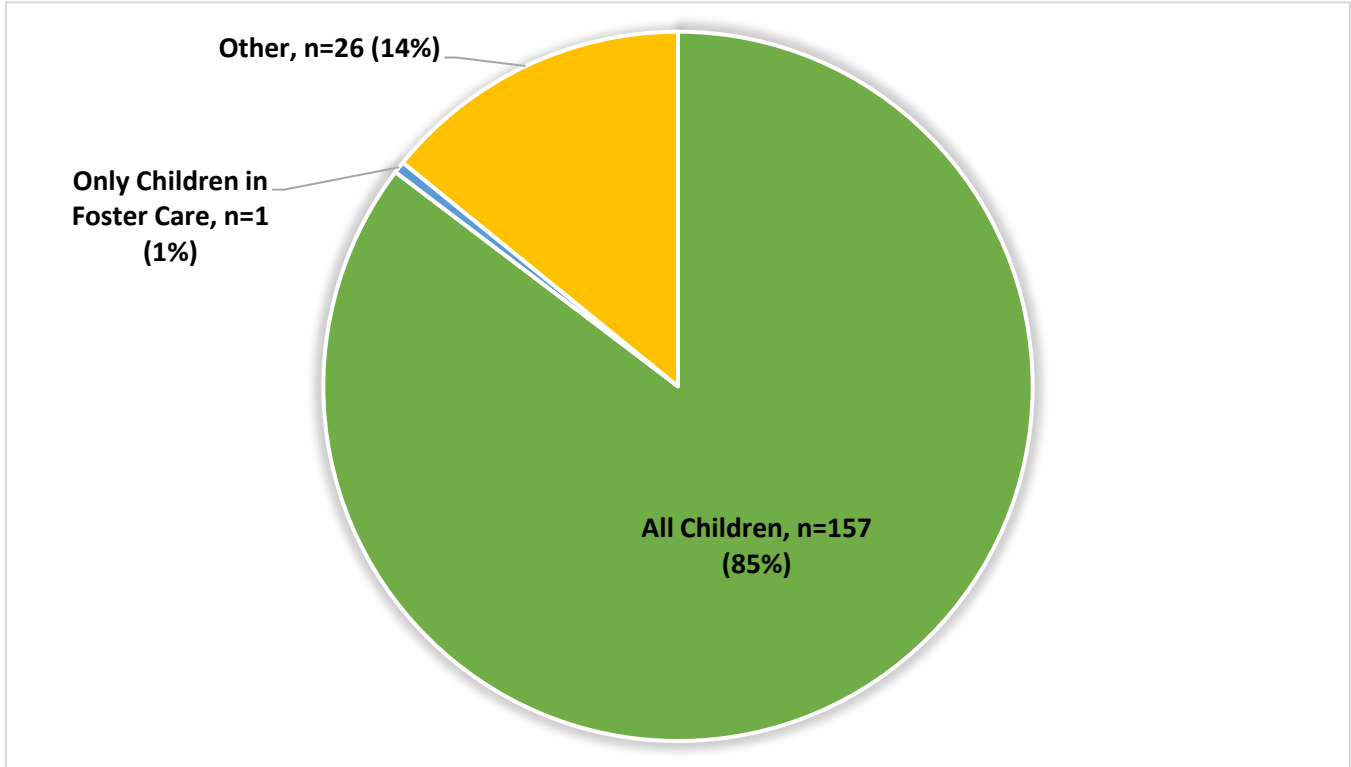


Table 127 - Categories of Children Either Managed or Monitored for Appropriate Use of Antipsychotic Drugs

Response	States (Count of MCOs)	Count	Percentage
All children	Arkansas (3), California (8), Colorado (1), Delaware (2), District of Columbia (3), Florida (11), Georgia (4), Hawaii (3), Illinois (5), Indiana (4), Iowa (2), Kansas (2), Kentucky (5), Louisiana (5), Maryland (2), Massachusetts (5), Michigan (7), Minnesota (6), Mississippi (2), Nebraska (2), Nevada (2), New Hampshire (3), New Jersey (3), New Mexico (3), New York (15), Ohio (4), Oregon (4), Pennsylvania (7), Rhode Island (2), South Carolina (5), Texas (15), Utah (2), Virginia (5), Washington (5)	157	85.33%
Only children in foster care	Illinois (1)	1	0.54%
Other	California (2), Colorado (1), District of Columbia (1), Florida (1), Hawaii (3), Indiana (1), Kansas (1), Kentucky (1), Maryland (1), Michigan (1), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (2), New York (1), Ohio (1), Oregon (3), Rhode Island (1), Texas (1), Virginia (1)	26	14.13%
National Totals		184	100%

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b. If “Yes,” does your MCO have edits in place to monitor (multiple responses allowed):

Figure 132 - Edits in Place to Monitor the Appropriate Use of Antipsychotic Drugs in Children

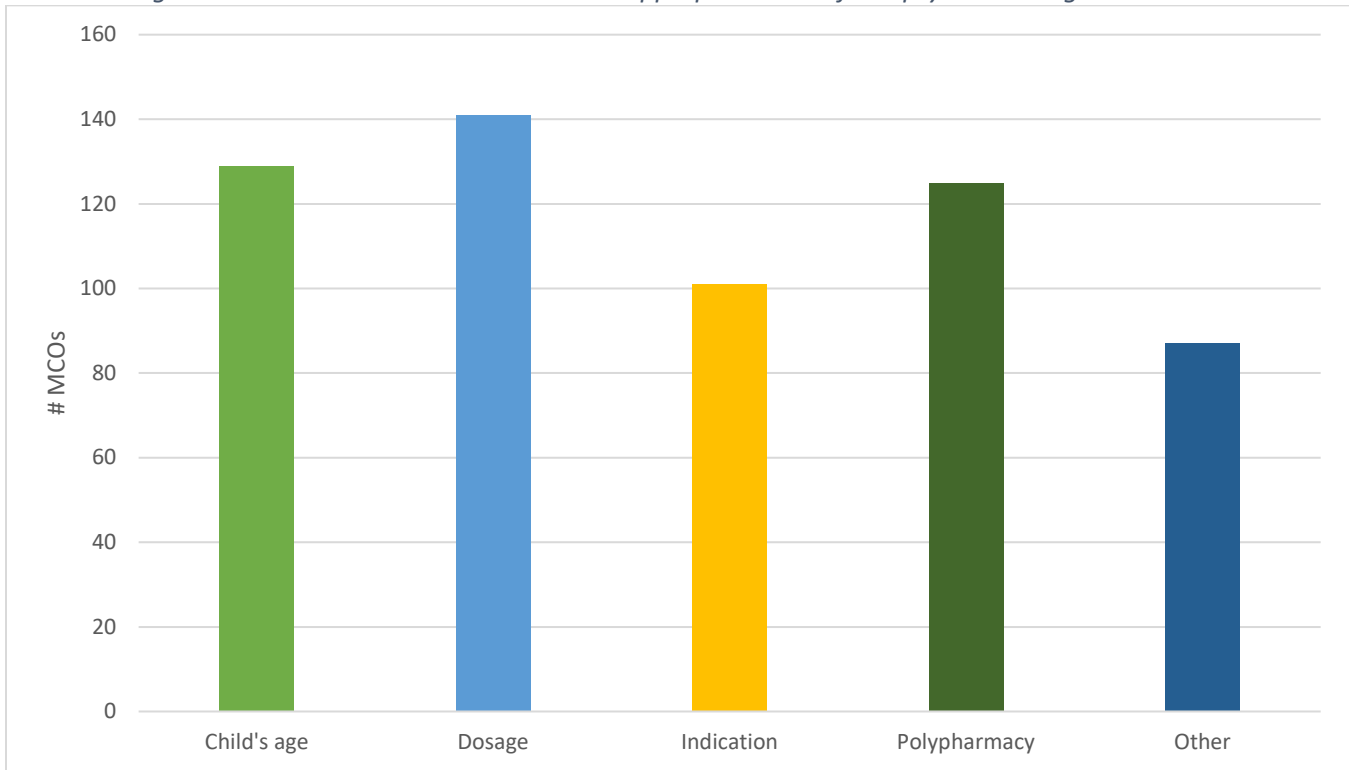


Table 128 - Edits in Place to Monitor the Appropriate Use of Antipsychotic Drugs in Children

Response	States (Count of MCOs)	Count	Percentage
Child's age	Arkansas (3), California (7), Delaware (2), District of Columbia (3), Florida (7), Georgia (2), Hawaii (3), Illinois (4), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (1), Massachusetts (5), Michigan (3), Minnesota (6), Nebraska (2), Nevada (2), New Hampshire (3), New Jersey (4), New Mexico (2), New York (12), Ohio (3), Oregon (1), Pennsylvania (7), South Carolina (3), Texas (14), Virginia (6), Washington (5)	129	22.13%
Dosage	Arkansas (3), California (5), Colorado (1), Delaware (2), District of Columbia (2), Florida (11), Georgia (4), Hawaii (5), Illinois (5), Indiana (5), Kansas (3), Kentucky (6), Louisiana (5), Massachusetts (5), Michigan (3), Minnesota (2), Mississippi (1), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (3), New York (11), Ohio (4), Oregon (2), Pennsylvania (7), Rhode Island (2), South Carolina (4), Texas (16), Virginia (6), Washington (5)	141	24.19%
Indication	Arkansas (2), California (5), Colorado (1), Delaware (2), District of Columbia (1), Florida (7), Georgia (1), Hawaii (3), Illinois (2), Indiana (3), Kansas (3), Kentucky (6), Louisiana (5), Massachusetts (2), Michigan (2), Minnesota (2), Mississippi (3), Nebraska (3), Nevada (1), New Hampshire (1), New Jersey (4), New Mexico (1), New York (9), Ohio (2), Oregon (2), Pennsylvania (4), South Carolina (4), Texas (13), Utah (1), Virginia (4), Washington (2)	101	17.32%

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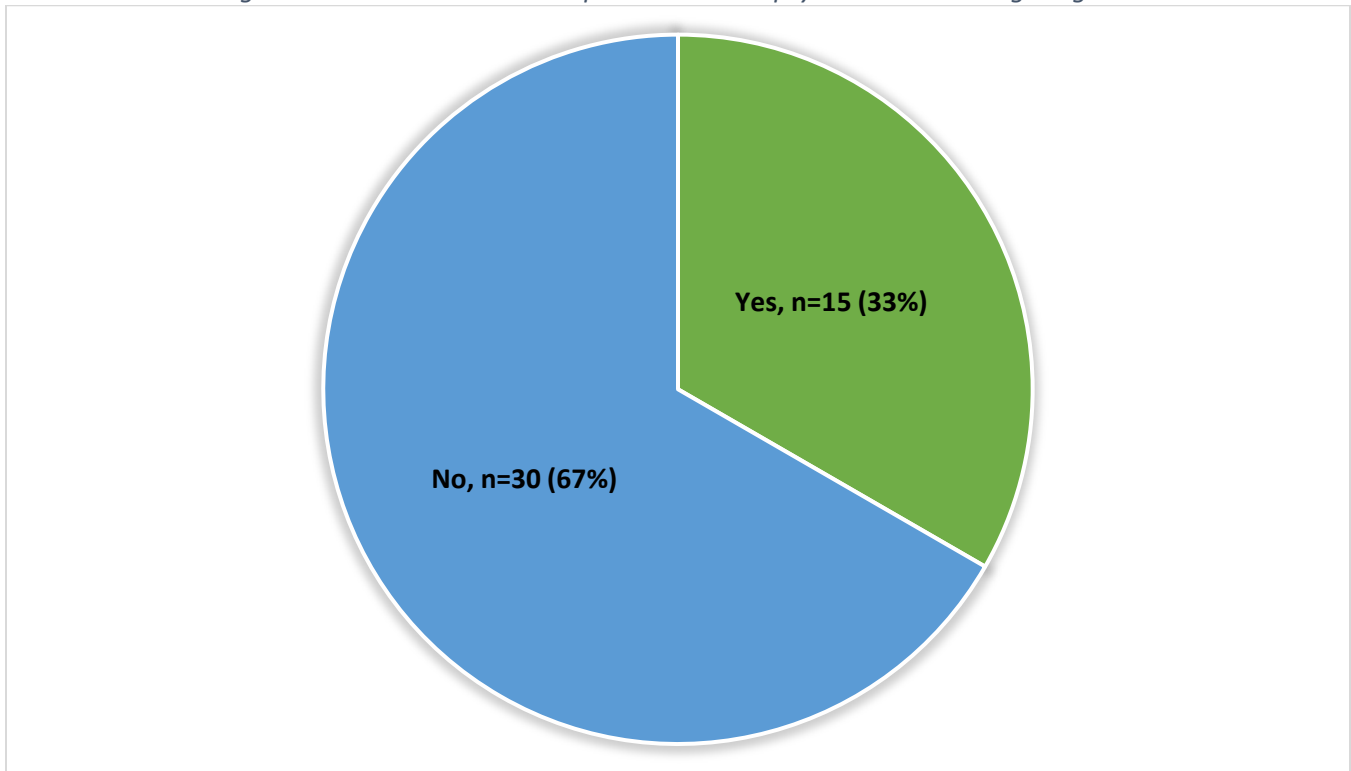
Response	States (Count of MCOs)	Count	Percentage
Polypharmacy	Arkansas (3), California (4), Colorado (1), Delaware (1), District of Columbia (3), Florida (9), Georgia (4), Hawaii (5), Illinois (3), Indiana (5), Iowa (2), Kansas (2), Kentucky (3), Louisiana (3), Maryland (1), Massachusetts (5), Michigan (1), Minnesota (3), Mississippi (2), Nebraska (3), Nevada (2), New Hampshire (3), New Jersey (3), New Mexico (1), New York (13), Ohio (5), Oregon (1), Pennsylvania (5), Rhode Island (1), South Carolina (5), Texas (13), Utah (1), Virginia (4), Washington (5)	125	21.44%
Other	Arkansas (1), California (3), Colorado (2), District of Columbia (2), Florida (8), Georgia (3), Hawaii (1), Illinois (5), Indiana (4), Kansas (2), Kentucky (4), Louisiana (2), Maryland (3), Michigan (6), Minnesota (1), Mississippi (3), Nebraska (1), Nevada (1), New Hampshire (2), New Jersey (2), New Mexico (2), New York (6), Ohio (2), Oregon (3), Pennsylvania (3), Rhode Island (2), South Carolina (2), Texas (4), Utah (1), Virginia (2), Washington (4)	87	14.92%
National Totals		583	100%

If “Child’s age,” please specify age limit in years.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

c. If “No,” does your MCO plan on implementing an antipsychotic program in the future?

Figure 133 - Future Plans to Implement an Antipsychotic Monitoring Program



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Table 129 - Future Plans to Implement an Antipsychotic Monitoring Program

Response	States (Count of MCOs)	Count	Percentage
Yes	California (9), Maryland (1), Michigan (2), Minnesota (2), Oregon (1)	15	33.33%
No	California (7), Florida (1), Maryland (5), Oregon (13), Pennsylvania (1), Texas (1), Utah (2)	30	66.67%
National Totals		45	100%

If “Yes,” please specify when you plan on implementing a program to monitor the appropriate use of antipsychotic drugs in children.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

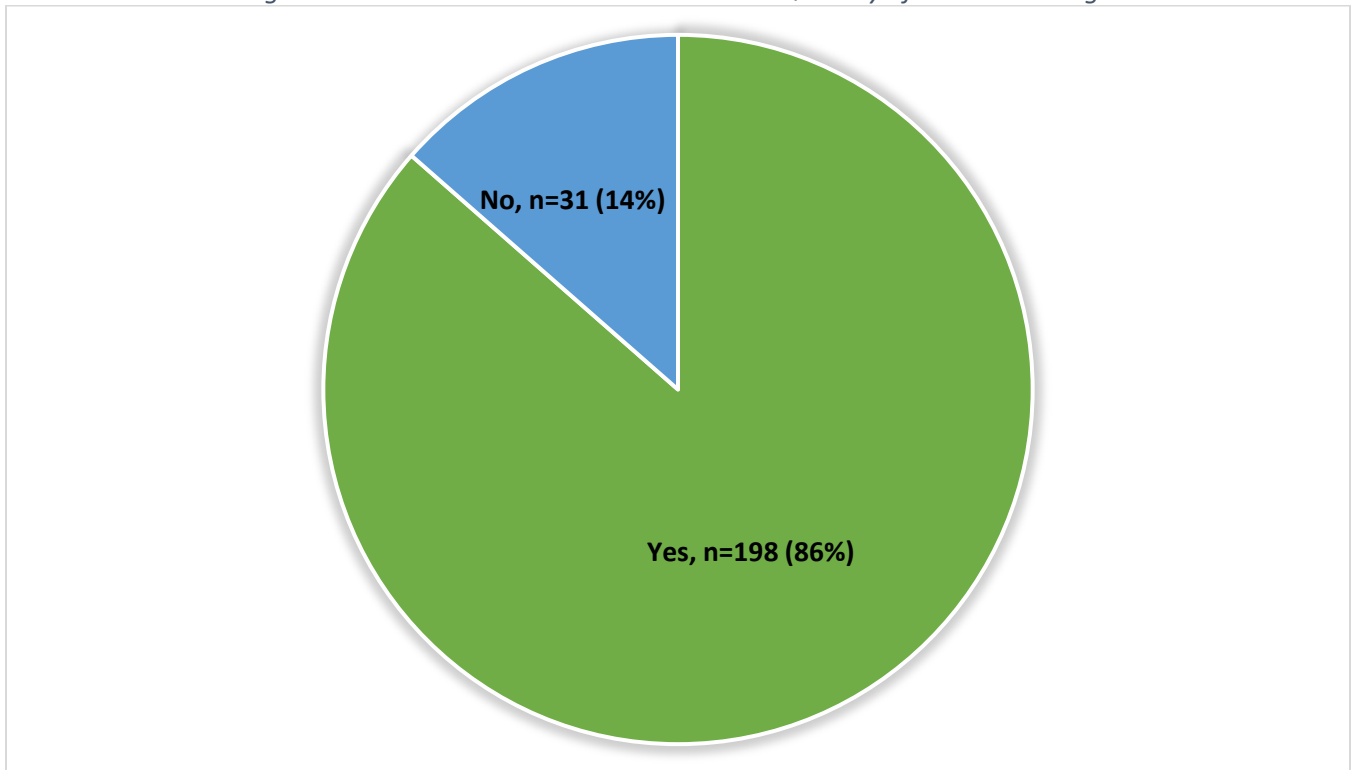
If “No,” please explain why you will not be implementing a program to monitor the appropriate use of antipsychotic drugs in children.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

Stimulants

3. Does your MCO currently have restrictions in place to limit the quantity of stimulant drugs?

Figure 134 - Restrictions in Place to Limit the Quantity of Stimulant Drugs



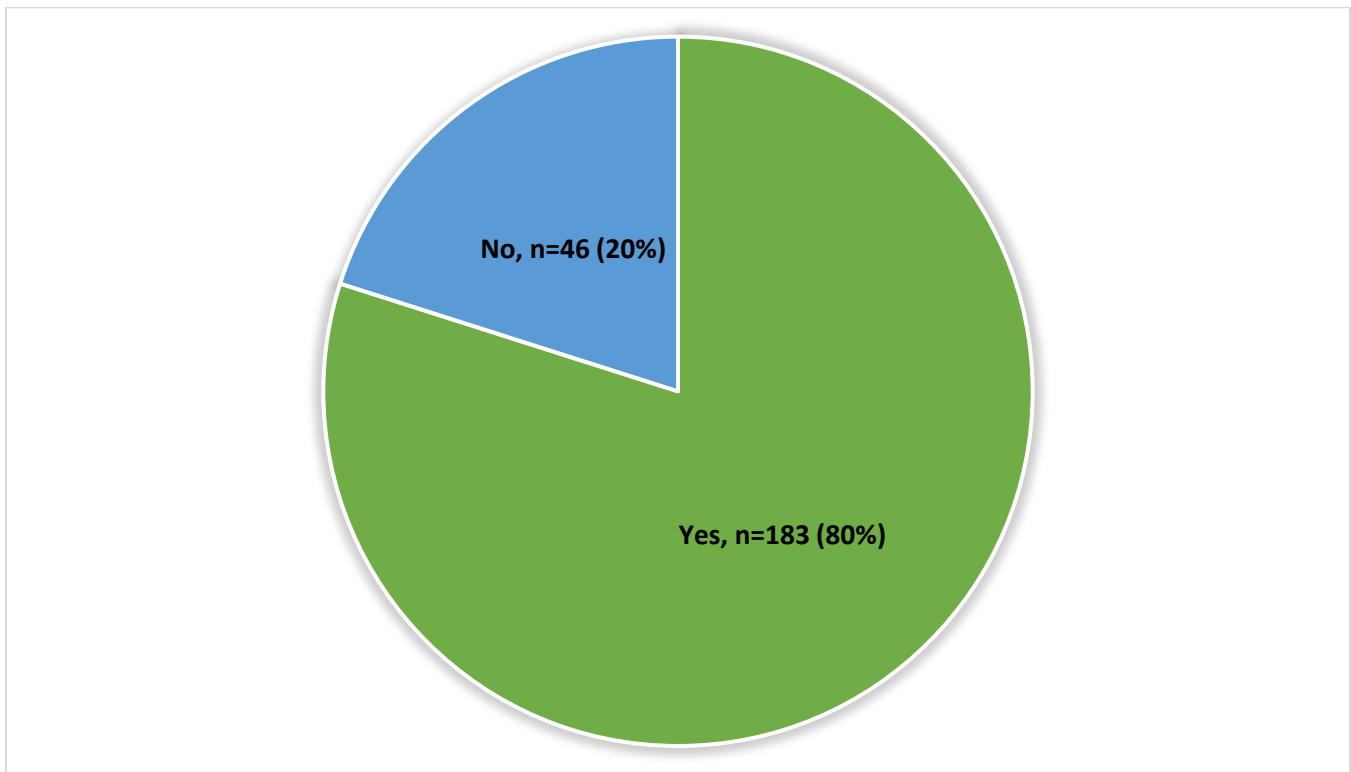
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Table 130 - Restrictions in Place to Limit the Quantity of Stimulant Drugs

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (3), California (23), Colorado (2), Delaware (2), District of Columbia (4), Florida (13), Georgia (4), Hawaii (6), Illinois (5), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (1), Massachusetts (5), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (16), Ohio (5), Oregon (19), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Utah (2), Virginia (6), Washington (5)	198	86.46%
No	California (3), Illinois (1), Louisiana (4), Maryland (9), Michigan (10), Oregon (2), Utah (2)	31	13.54%
National Totals		229	100%

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

Figure 135 - Documented Program in Place to Either Manage or Monitor the Appropriate Use of Stimulant Drugs in Children



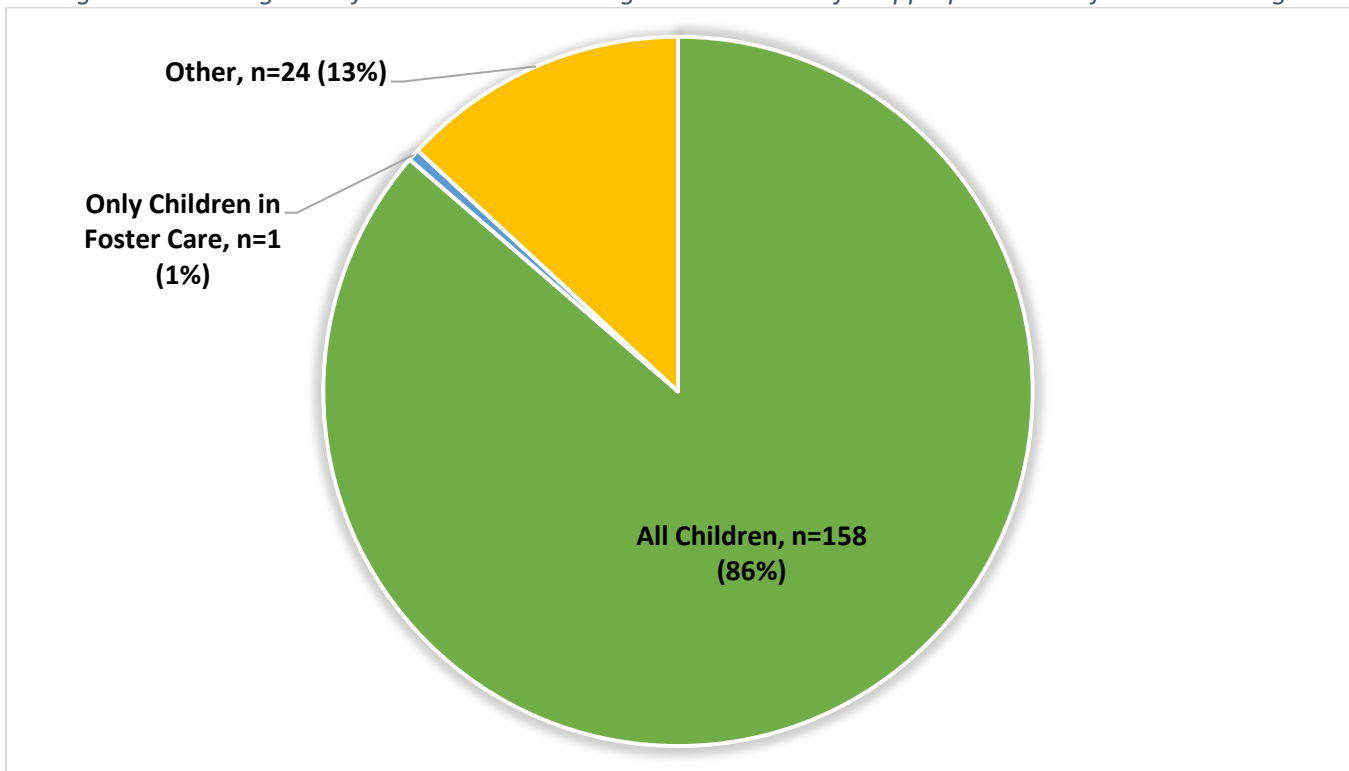
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Table 131 - Documented Program in Place to Either Manage or Monitor the Appropriate Use of Stimulant Drugs in Children

Responses	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (3), California (18), Colorado (1), Delaware (2), District of Columbia (2), Florida (12), Georgia (4), Hawaii (5), Illinois (5), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Maryland (1), Massachusetts (5), Michigan (3), Minnesota (2), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (16), Ohio (5), Oregon (17), Pennsylvania (6), Rhode Island (2), South Carolina (5), Texas (16), Utah (2), Virginia (5), Washington (5)	183	79.91%
No	California (8), Colorado (1), District of Columbia (2), Florida (1), Hawaii (1), Illinois (1), Maryland (8), Michigan (7), Minnesota (6), Oregon (4), Pennsylvania (2), Rhode Island (1), Texas (1), Utah (2), Virginia (1)	46	20.09%
National Totals		229	100%

a. If "Yes," does your MCO either manage or monitor:

Figure 136 - Categories of Children Either Managed or Monitored for Appropriate Use of Stimulant Drugs



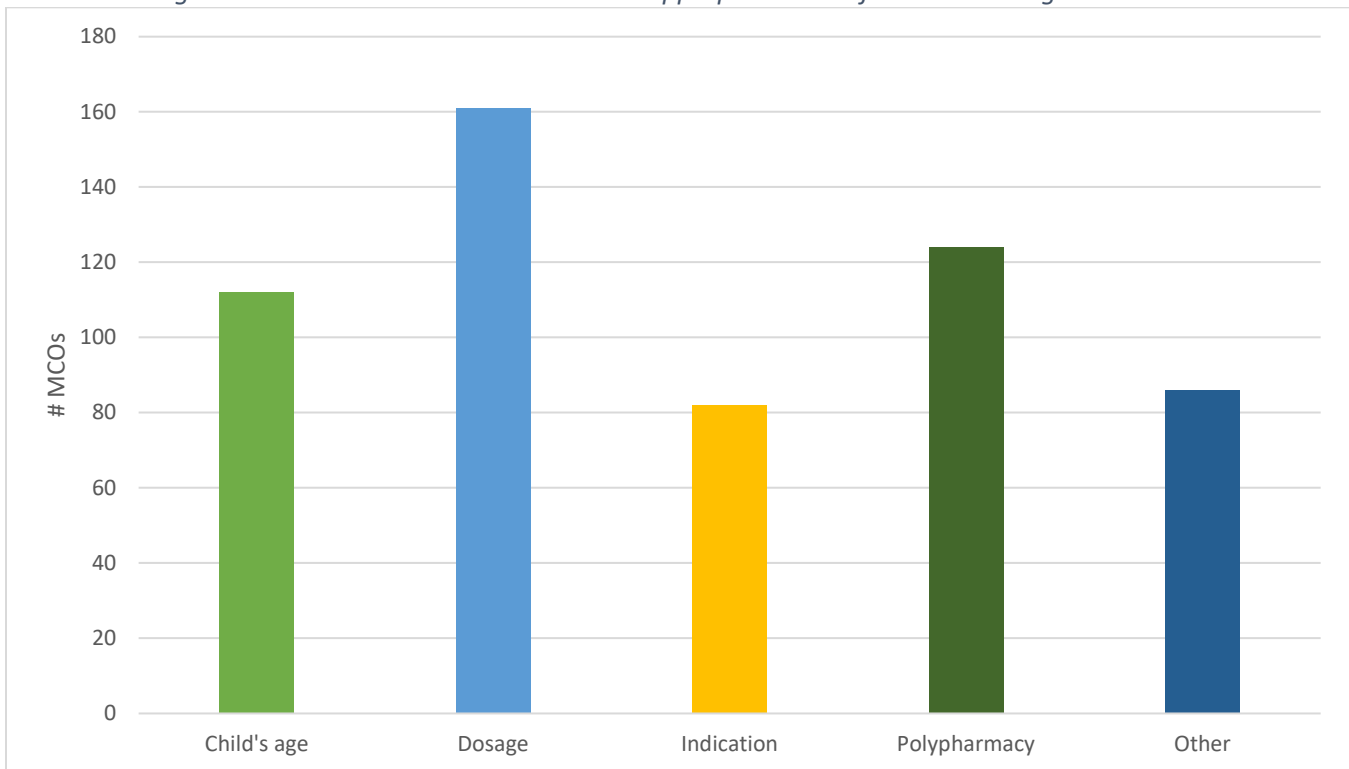
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Table 132 - Categories of Children Either Managed or Monitored for Appropriate Use of Stimulant Drugs

Response	States (Count of MCOs)	Count	Percentage
All children	Arkansas (3), California (16), Delaware (1), District of Columbia (1), Florida (11), Georgia (4), Hawaii (4), Illinois (4), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Massachusetts (5), Michigan (1), Minnesota (2), Mississippi (2), Nebraska (2), Nevada (2), New Hampshire (3), New Jersey (4), New Mexico (3), New York (15), Ohio (4), Oregon (17), Pennsylvania (3), Rhode Island (1), South Carolina (5), Texas (15), Utah (2), Virginia (4), Washington (5)	158	86.34%
Only children in foster care	Michigan (1)	1	0.55%
Other	California (2), Colorado (1), Delaware (1), District of Columbia (1), Florida (1), Hawaii (1), Illinois (1), Indiana (1), Kentucky (1), Maryland (1), Michigan (1), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (1), New York (1), Ohio (1), Pennsylvania (3), Rhode Island (1), Texas (1), Virginia (1)	24	13.11%
National Totals		183	100%

b. If “Yes,” does your MCO have edits in place to monitor (multiple responses allowed):

Figure 137 - Edits in Place to Monitor the Appropriate Use of Stimulant Drugs in Children



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Table 133 - Edits in Place to Monitor the Appropriate Use of Stimulant Drugs in Children

Response	States (Count of MCOs)	Count	Percentage
Child's age	Arkansas (3), California (10), Delaware (1), District of Columbia (1), Florida (4), Georgia (1), Hawaii (3), Illinois (4), Indiana (4), Iowa (2), Kansas (3), Kentucky (4), Louisiana (5), Massachusetts (5), Michigan (1), Minnesota (1), Nebraska (2), Nevada (2), New Hampshire (3), New Jersey (4), New Mexico (2), New York (10), Ohio (3), Oregon (3), Pennsylvania (5), South Carolina (2), Texas (14), Virginia (5), Washington (5)	112	19.82%
Dosage	Arkansas (3), California (15), Colorado (1), Delaware (2), District of Columbia (2), Florida (11), Georgia (4), Hawaii (5), Illinois (4), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (3), Massachusetts (5), Minnesota (2), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (3), New York (13), Ohio (5), Oregon (14), Pennsylvania (5), Rhode Island (1), South Carolina (5), Texas (16), Utah (1), Virginia (5), Washington (5)	161	28.50%
Indication	Arkansas (2), California (5), Colorado (1), Delaware (1), District of Columbia (1), Florida (4), Georgia (2), Hawaii (4), Illinois (1), Indiana (4), Kansas (1), Kentucky (5), Louisiana (5), Massachusetts (2), Mississippi (2), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (4), New Mexico (1), New York (9), Oregon (2), Pennsylvania (2), Rhode Island (1), South Carolina (2), Texas (14), Virginia (2), Washington (2)	82	14.51%
Polypharmacy	Arkansas (3), California (7), Colorado (1), District of Columbia (2), Florida (9), Georgia (3), Hawaii (5), Illinois (3), Indiana (3), Kansas (1), Kentucky (3), Louisiana (4), Massachusetts (5), Minnesota (1), Mississippi (2), Nebraska (3), Nevada (2), New Hampshire (2), New Jersey (4), New Mexico (2), New York (14), Ohio (4), Oregon (6), Pennsylvania (5), Rhode Island (1), South Carolina (5), Texas (15), Utah (1), Virginia (3), Washington (5)	124	21.95%
Other	California (6), Colorado (1), Delaware (1), Florida (8), Georgia (3), Hawaii (1), Illinois (4), Indiana (4), Kansas (3), Kentucky (5), Louisiana (3), Maryland (1), Michigan (2), Minnesota (1), Mississippi (3), Nebraska (1), Nevada (1), New Hampshire (2), New Jersey (3), New Mexico (2), New York (6), Ohio (2), Oregon (3), Pennsylvania (4), Rhode Island (2), South Carolina (4), Texas (4), Utah (1), Virginia (1), Washington (4)	86	15.22%
National Totals		565	100%

If "Child's age," please specify age limit in years.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

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c. If “No,” does your MCO plan on implementing a stimulant monitoring program in the future?

Figure 138 - Future Plans to Implement a Stimulant Monitoring Program

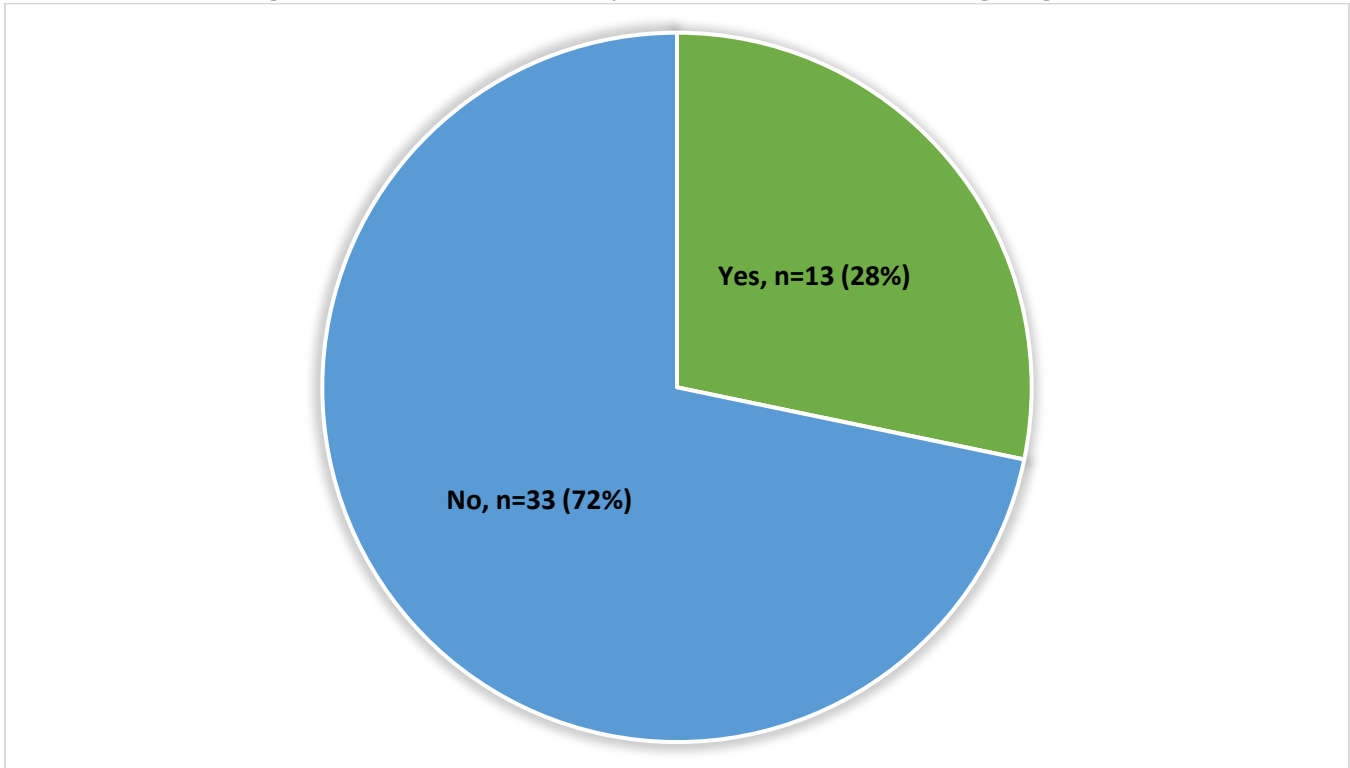


Table 134 Future Plans to Implement a Stimulant Monitoring Program

Response	States (Count of MCOs)	Count	Percentage
Yes	California (5), Colorado (1), District of Columbia (2), Maryland (1), Minnesota (2), Oregon (2)	13	28.26%
No	California (3), Florida (1), Hawaii (1), Illinois (1), Maryland (7), Michigan (7), Minnesota (4), Oregon (2), Pennsylvania (2), Rhode Island (1), Texas (1), Utah (2), Virginia (1)	33	71.74%
National Totals		46	100%

If “Yes,” please specify when you plan on implementing a program to monitor the appropriate use of stimulant drugs in children.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

If “No,” please explain why you will not be implementing a program to monitor the appropriate use of stimulant drugs in children.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

Antidepressants

5. Does your MCO have a documented program in place to either manage or monitor the appropriate use of antidepressant drugs in children?

Figure 139 - Documented Program in Place to Either Manage or Monitor Appropriate Use of Antidepressant Drugs in Children

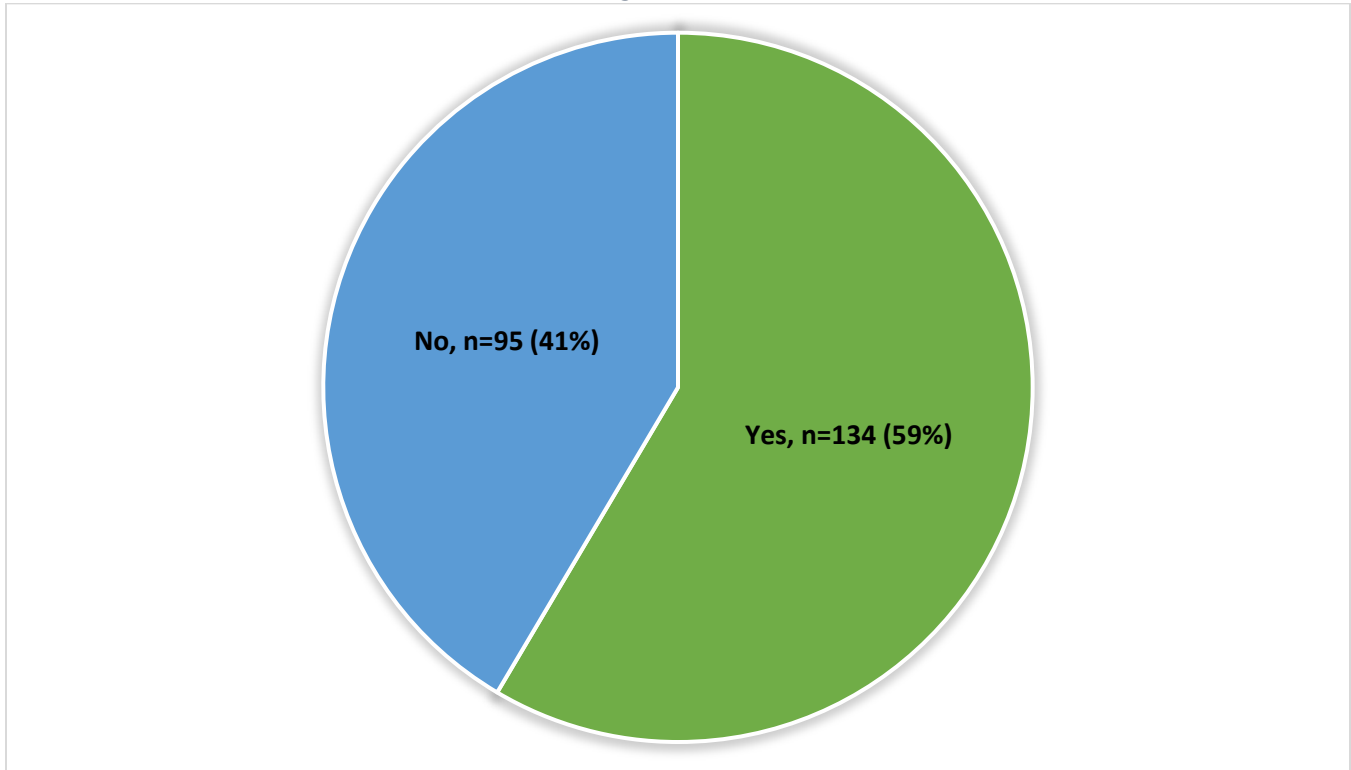


Table 135 - Documented Program in Place to Either Manage or Monitor Appropriate Use of Antidepressant Drugs in Children

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (2), California (7), Colorado (1), Delaware (2), Florida (10), Georgia (3), Hawaii (3), Illinois (5), Indiana (5), Kansas (3), Kentucky (3), Louisiana (5), Maryland (1), Massachusetts (5), Michigan (3), Minnesota (2), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (4), New Mexico (3), New York (15), Ohio (4), Oregon (3), Pennsylvania (5), Rhode Island (1), South Carolina (2), Texas (15), Virginia (5), Washington (5)	134	58.52%
No	Arkansas (1), California (19), Colorado (1), District of Columbia (4), Florida (3), Georgia (1), Hawaii (3), Illinois (1), Iowa (2), Kentucky (3), Maryland (8), Michigan (7), Minnesota (6), New Jersey (1), New York (1), Ohio (1), Oregon (18), Pennsylvania (3), Rhode Island (2), South Carolina (3), Texas (2), Utah (4), Virginia (1)	95	41.48%
National Totals		229	100%

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a. If “Yes,” does your MCO either manage or monitor:

Figure 140 - Categories of Children Either Managed or Monitored for Appropriate Use of Antidepressant Drugs

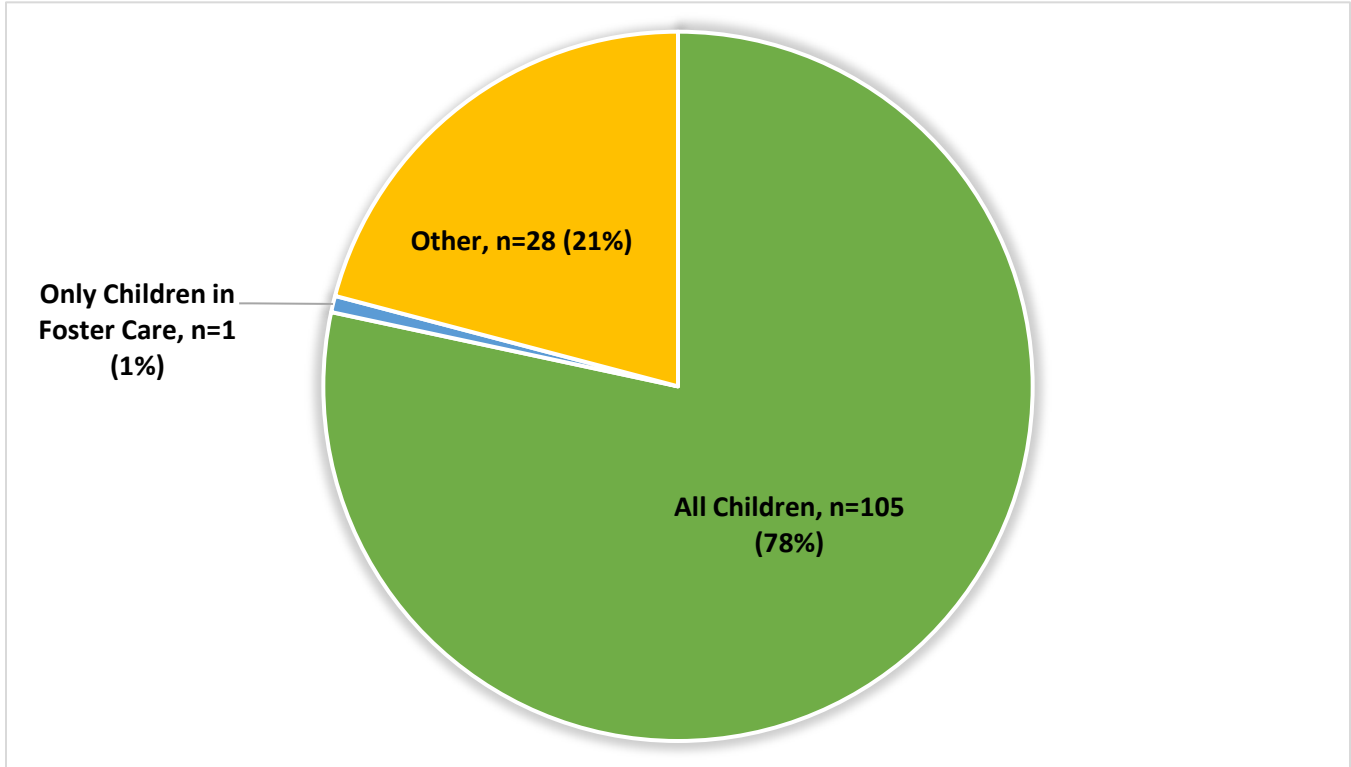


Table 136 - Categories of Children Either Managed or Monitored for Appropriate Use of Antidepressant Drugs

Response	States (Count of MCOs)	Count	Percentage
All children	Arkansas (2), California (5), Delaware (1), Florida (8), Georgia (3), Hawaii (2), Illinois (3), Indiana (4), Kansas (3), Kentucky (2), Louisiana (5), Massachusetts (5), Minnesota (2), Mississippi (2), Nebraska (2), Nevada (2), New Hampshire (3), New Jersey (2), New Mexico (3), New York (14), Ohio (3), Oregon (3), Pennsylvania (3), South Carolina (2), Texas (13), Virginia (3), Washington (5)	105	78.36%
Only children in foster care	Michigan (1)	1	0.75%
Other	California (2), Colorado (1), Delaware (1), Florida (2), Hawaii (1), Illinois (2), Indiana (1), Kentucky (1), Maryland (1), Michigan (2), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (2), New York (1), Ohio (1), Pennsylvania (2), Rhode Island (1), Texas (2), Virginia (2)	28	20.90%
National Totals		134	100%

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b. If “Yes,” does your MCO have edits in place to monitor (multiple responses allowed):

Figure 141 - Edits in Place to Monitor the Appropriate Use of Antidepressant Drugs in Children

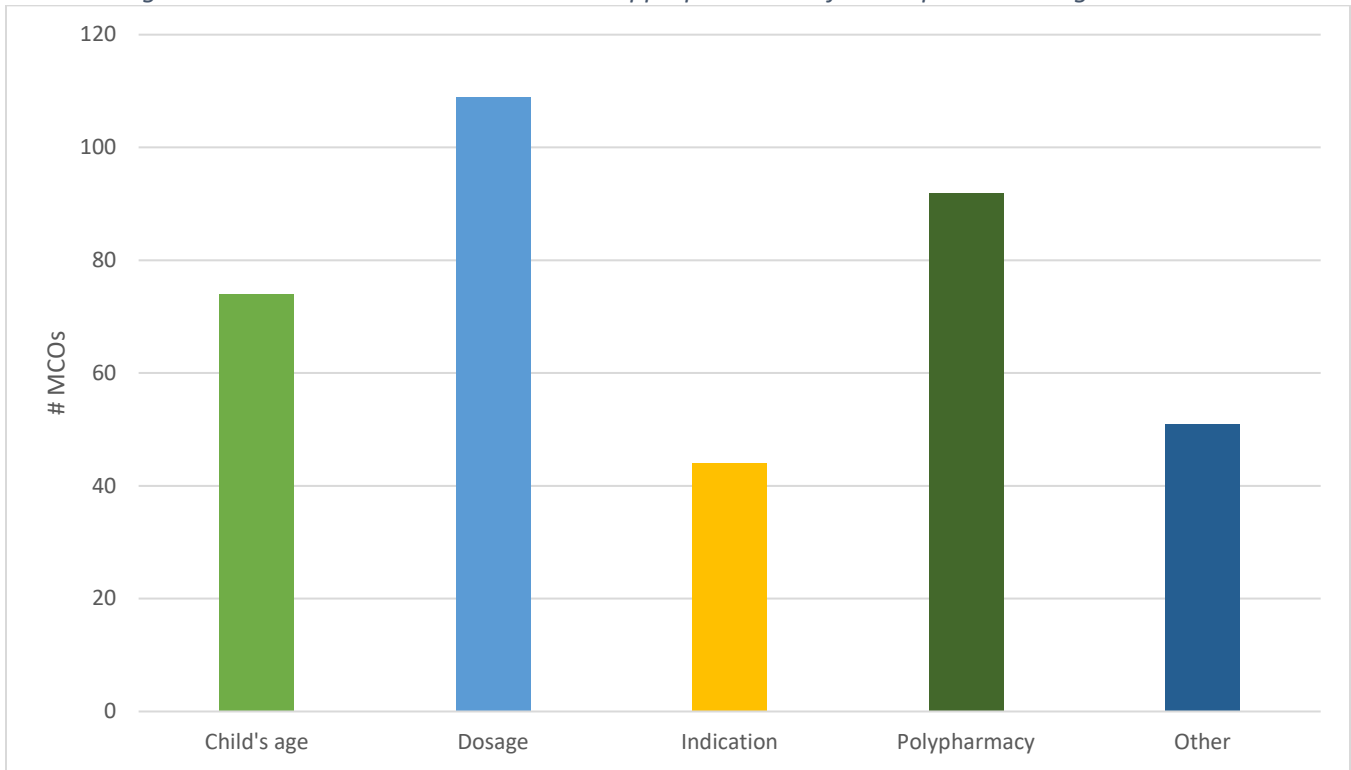


Table 137 - Edits in Place to Monitor the Appropriate Use of Antidepressant Drugs in Children

Response	States (Count of MCOs)	Count	Percentage
Child's age	Arkansas (1), California (4), Delaware (1), Florida (5), Georgia (1), Hawaii (1), Illinois (1), Indiana (4), Kansas (3), Kentucky (2), Louisiana (5), Massachusetts (5), Minnesota (2), Nebraska (2), Nevada (2), New Hampshire (3), New Jersey (3), New Mexico (1), New York (9), Ohio (1), Oregon (1), Pennsylvania (1), South Carolina (1), Texas (8), Virginia (3), Washington (4)	74	20.00%
Dosage	Arkansas (2), California (7), Colorado (1), Florida (6), Georgia (3), Hawaii (3), Illinois (4), Indiana (5), Kansas (3), Kentucky (3), Louisiana (3), Massachusetts (5), Minnesota (2), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (4), New Mexico (3), New York (10), Ohio (4), Oregon (1), Pennsylvania (5), Rhode Island (1), South Carolina (2), Texas (13), Virginia (3), Washington (5)	109	29.46%
Indication	Arkansas (2), California (2), Florida (3), Georgia (1), Hawaii (1), Indiana (1), Kansas (1), Louisiana (2), Massachusetts (2), Mississippi (2), Nebraska (2), Nevada (1), New Hampshire (1), New Jersey (2), New Mexico (1), New York (6), Ohio (1), Oregon (2), Pennsylvania (1), South Carolina (2), Texas (7), Washington (1)	44	11.89%

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Response	States (Count of MCOs)	Count	Percentage
Polypharmacy	Arkansas (2), California (4), Colorado (1), Delaware (1), Florida (6), Georgia (2), Hawaii (3), Illinois (3), Indiana (4), Kansas (3), Kentucky (1), Louisiana (2), Massachusetts (5), Minnesota (2), Mississippi (1), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (1), New Mexico (1), New York (10), Ohio (3), Oregon (1), Pennsylvania (5), Rhode Island (1), South Carolina (1), Texas (13), Virginia (3), Washington (5)	92	24.86%
Other	Arkansas (1), California (2), Florida (5), Georgia (2), Illinois (2), Indiana (4), Kansas (3), Kentucky (2), Louisiana (2), Maryland (1), Michigan (3), Mississippi (3), Nebraska (1), New Hampshire (2), New Jersey (1), New Mexico (2), New York (6), Ohio (1), South Carolina (1), Texas (3), Washington (4)	51	13.78%
National Totals		370	100%

If “Child’s age,” please specify age limit in years.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

c. If “No,” does your MCO plan on implementing an antidepressant program in the future?

Figure 142 - Future Plans to Implement an Antidepressant Monitoring Program

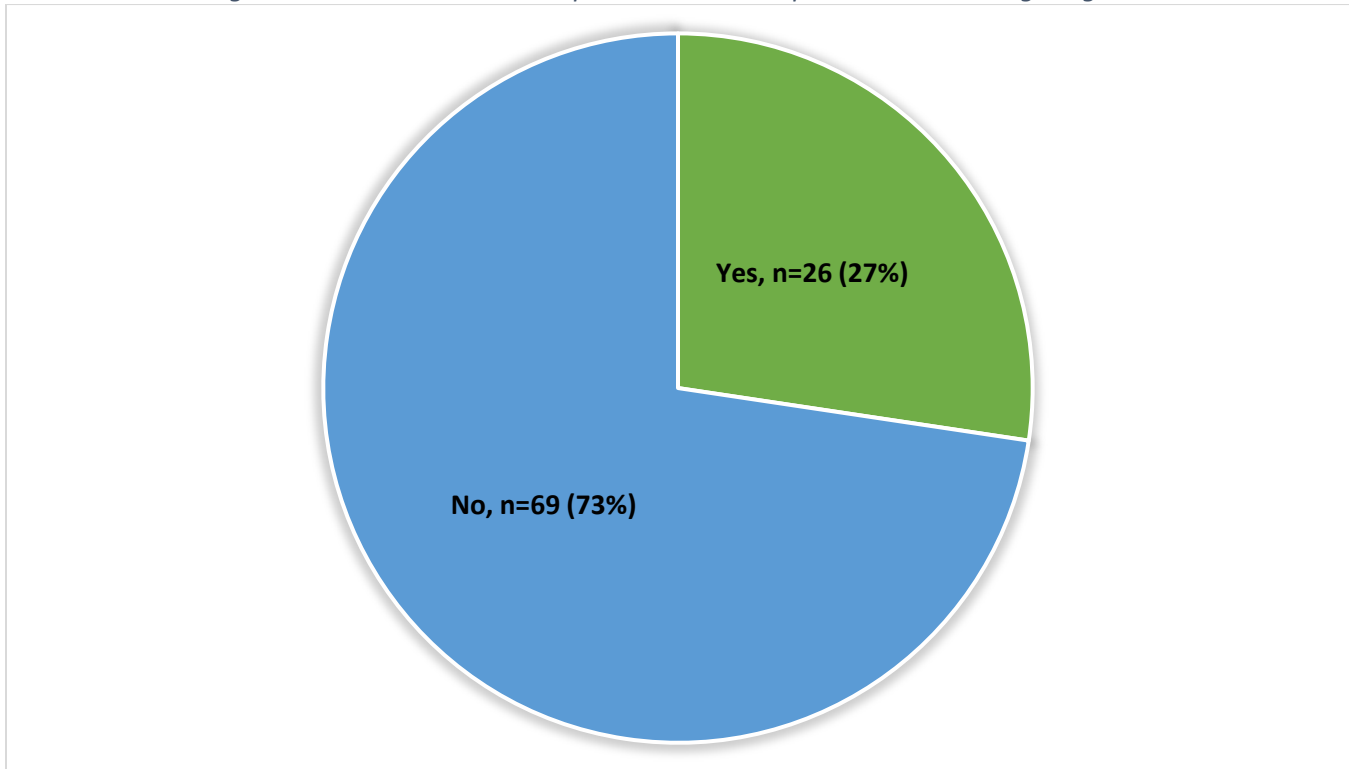


Table 138 - Future Plans to Implement an Antidepressant Monitoring Program

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (1), California (8), District of Columbia (3), Iowa (2), Kentucky (1), Maryland (2), Michigan (1), Minnesota (2), New York (1), Rhode Island (1), South Carolina (1), Utah (2), Virginia (1)	26	27.37%

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Response	States (Count of MCOs)	Count	Percentage
No	California (11), Colorado (1), District of Columbia (1), Florida (3), Georgia (1), Hawaii (3), Illinois (1), Kentucky (2), Maryland (6), Michigan (6), Minnesota (4), New Jersey (1), Ohio (1), Oregon (18), Pennsylvania (3), Rhode Island (1), South Carolina (2), Texas (2), Utah (2)	69	72.63%
National Totals		95	100%

If “Yes,” please specify when you plan on implementing a program to monitor the appropriate use of antidepressant drugs in children.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

If “No,” please explain why you will not be implementing a program to monitor the appropriate use of antidepressant drugs in children.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

Mood Stabilizers

6. Does your MCO have a documented program in place to either manage or monitor the appropriate use of mood stabilizing drugs in children?

Figure 143 - Documented Program in Place to Either Manage or Monitor the Appropriate Use of Mood Stabilizing Drugs in Children

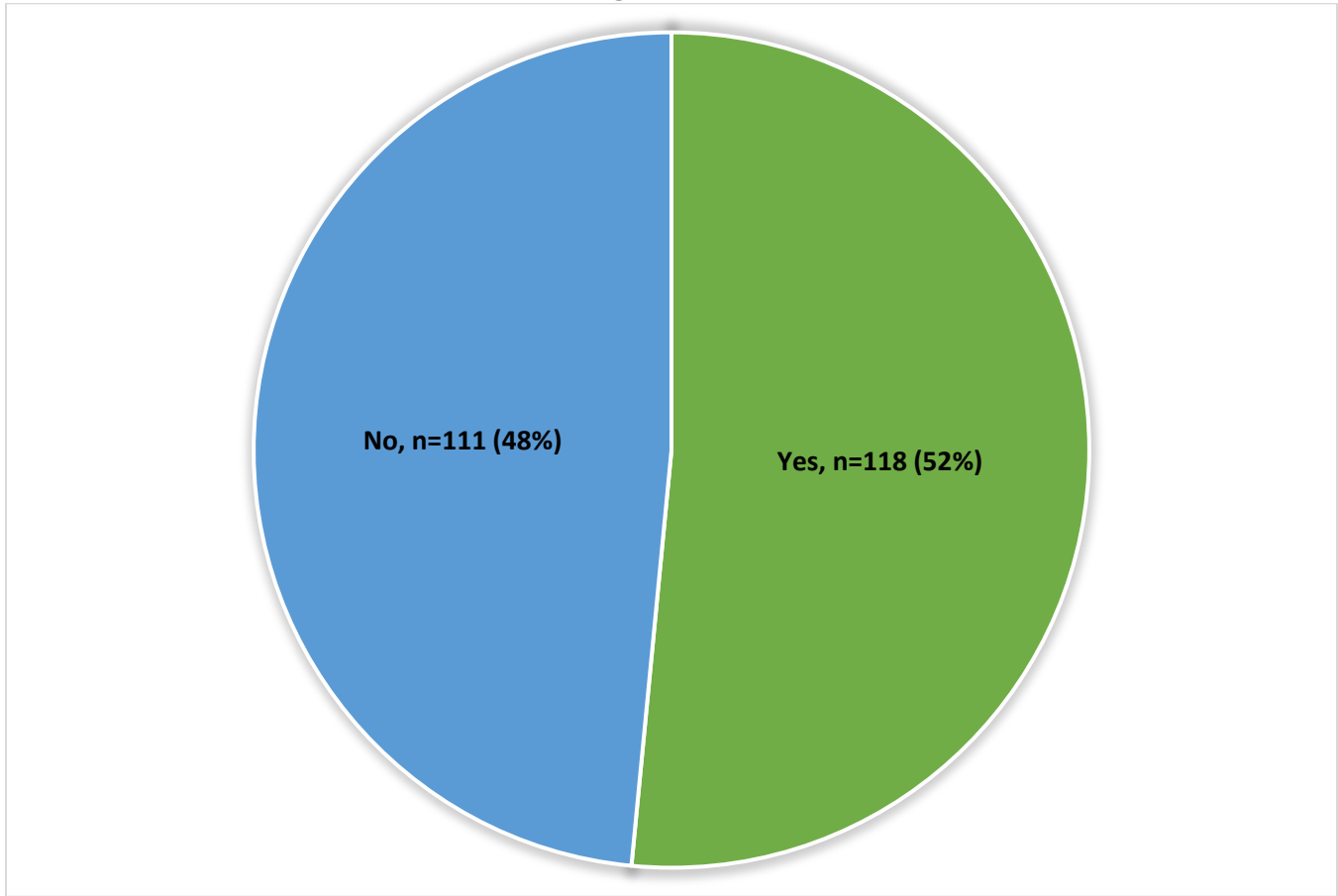


Table 139 - Documented Program in Place to Either Manage or Monitor the Appropriate Use of Mood Stabilizing Drugs in Children

Responses	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (2), California (6), Colorado (1), Florida (9), Georgia (3), Hawaii (2), Illinois (4), Indiana (5), Kansas (1), Kentucky (3), Louisiana (5), Maryland (1), Massachusetts (5), Michigan (2), Minnesota (3), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (3), New Mexico (3), New York (14), Ohio (4), Oregon (3), Pennsylvania (2), Rhode Island (1), South Carolina (2), Texas (11), Utah (1), Virginia (5), Washington (5)	118	51.53%
No	Arkansas (1), California (20), Colorado (1), Delaware (2), District of Columbia (4), Florida (4), Georgia (1), Hawaii (4), Illinois (2), Iowa (2), Kansas (2), Kentucky (3), Maryland (8), Michigan (8), Minnesota (5), New Jersey (2), New York (2), Ohio (1), Oregon (18), Pennsylvania (6), Rhode Island (2), South Carolina (3), Texas (6), Utah (3), Virginia (1)	111	48.47%
National Totals		229	100%

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a. If “Yes,” does your MCO either manage or monitor:

Figure 144 - Categories of Children Either Managed or Monitored for Appropriate Use of Mood Stabilizing Drugs

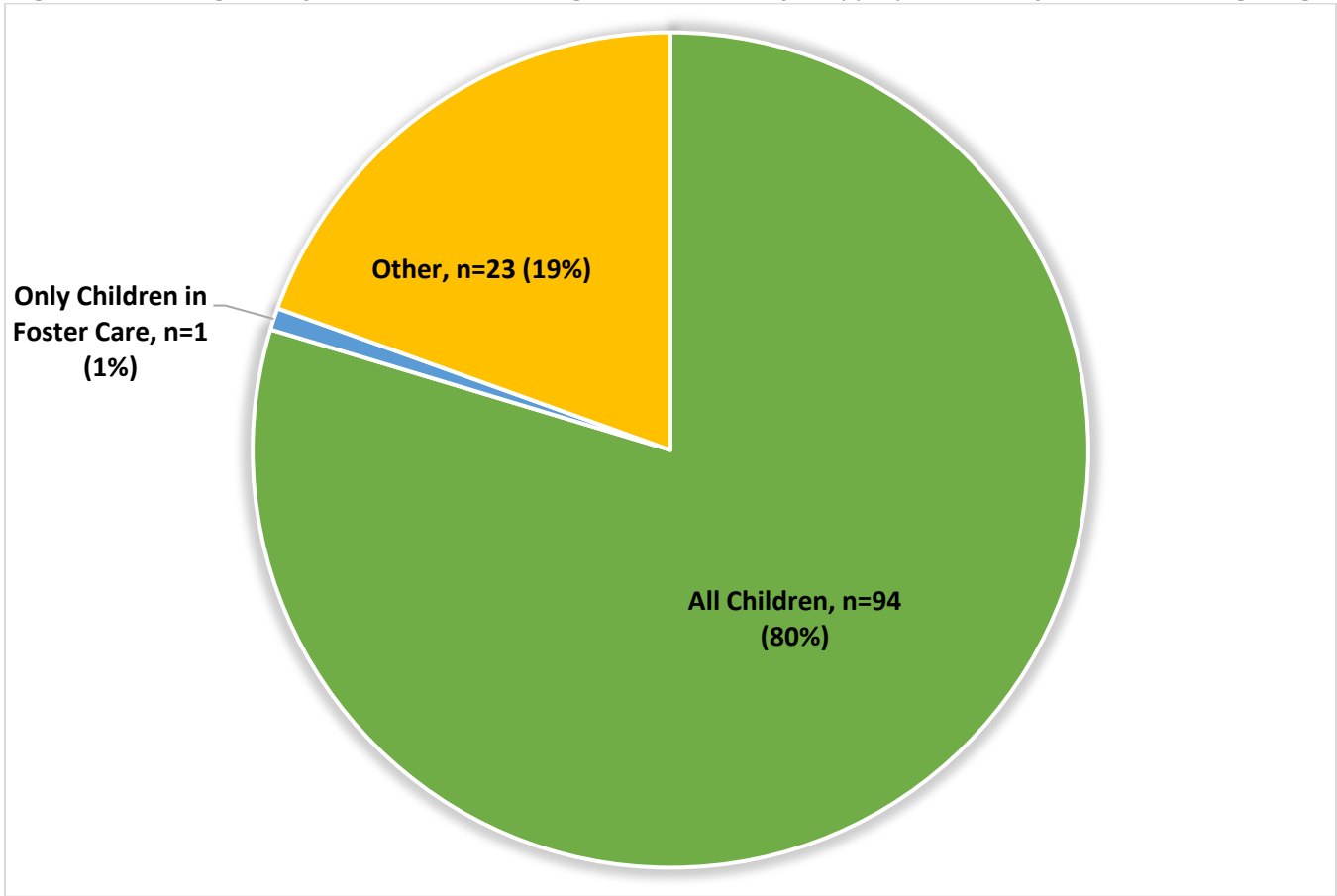


Table 140 - Categories of Children Either Managed or Monitored for Appropriate Use of Mood Stabilizing Drugs

Response	States (Count of MCOs)	Count	Percentage
All children	Arkansas (1), California (4), Florida (8), Georgia (3), Hawaii (1), Illinois (3), Indiana (4), Kentucky (2), Louisiana (5), Massachusetts (5), Minnesota (3), Mississippi (1), Nebraska (2), Nevada (2), New Hampshire (3), New Jersey (2), New Mexico (3), New York (13), Ohio (3), Oregon (3), Pennsylvania (1), South Carolina (2), Texas (10), Utah (1), Virginia (4), Washington (5)	94	79.66%
Only children in foster care	Michigan (1)	1	0.85%
Other	Arkansas (1), California (2), Colorado (1), Florida (1), Hawaii (1), Illinois (1), Indiana (1), Kansas (1), Kentucky (1), Maryland (1), Michigan (1), Mississippi (2), Nebraska (1), Nevada (1), New Jersey (1), New York (1), Ohio (1), Pennsylvania (1), Rhode Island (1), Texas (1), Virginia (1)	23	19.49%
National Totals		118	100%

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b. If “Yes,” does your MCO have edits in place to monitor (multiple responses allowed):

Figure 145 - Edits in Place to Monitor the Appropriate Use of Mood Stabilizing Drugs in Children

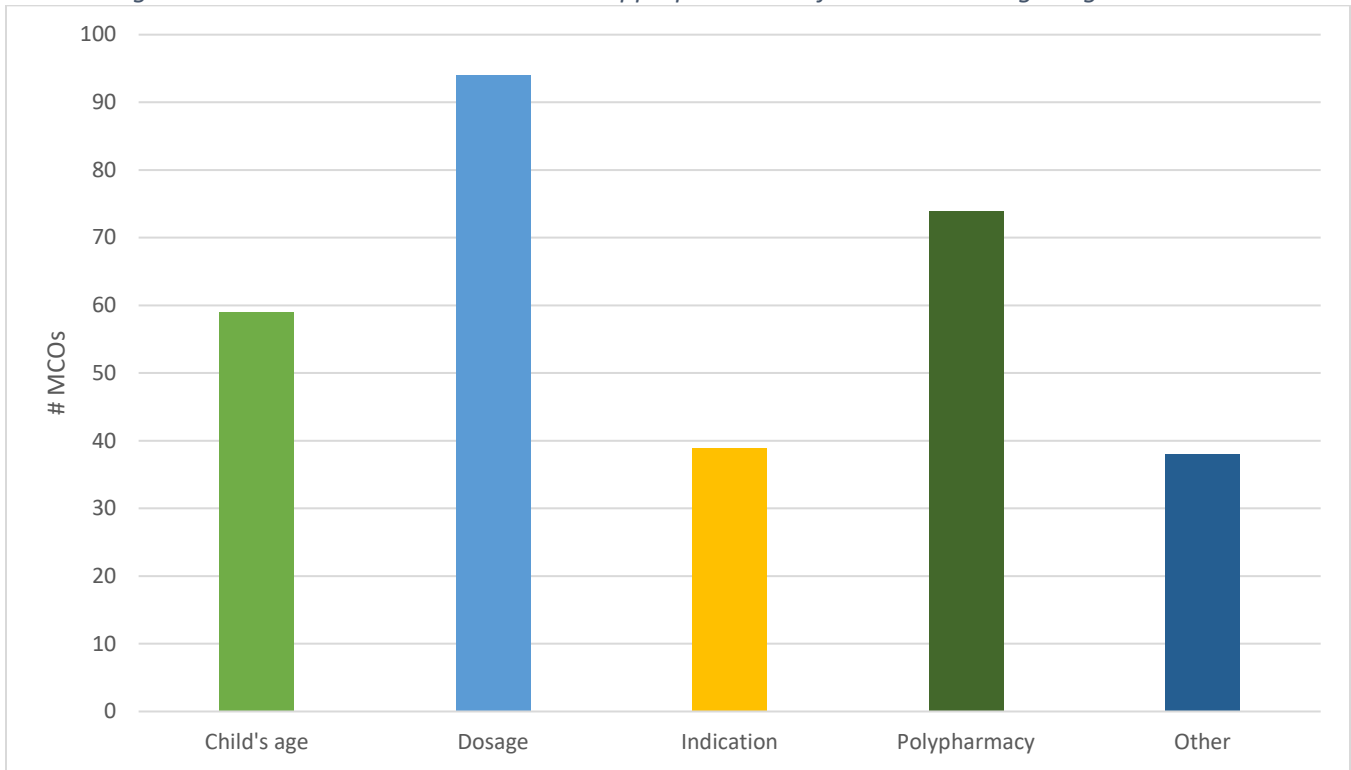


Table 141 - Edits in Place to Monitor the Appropriate Use of Mood Stabilizing Drugs in Children

Response	States (Count of MCOs)	Count	Percentage
Child's age	Arkansas (1), California (3), Florida (4), Georgia (1), Illinois (1), Indiana (2), Kentucky (2), Louisiana (5), Massachusetts (5), Minnesota (3), Nebraska (2), Nevada (2), New Hampshire (2), New Jersey (1), New Mexico (1), New York (7), Ohio (2), Oregon (1), South Carolina (1), Texas (5), Virginia (4), Washington (4)	59	19.41%
Dosage	Arkansas (2), California (6), Colorado (1), Florida (6), Georgia (3), Hawaii (2), Illinois (3), Indiana (5), Kentucky (3), Louisiana (3), Massachusetts (5), Minnesota (2), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (3), New Mexico (3), New York (9), Ohio (4), Oregon (1), Pennsylvania (2), Rhode Island (1), South Carolina (2), Texas (8), Utah (1), Virginia (5), Washington (4)	94	30.92%
Indication	Arkansas (2), California (2), Florida (4), Georgia (1), Kentucky (1), Louisiana (3), Massachusetts (2), Mississippi (1), Nebraska (2), Nevada (1), New Hampshire (1), New Mexico (1), New York (5), Ohio (1), Oregon (2), Pennsylvania (1), South Carolina (2), Texas (5), Utah (1), Washington (1)	39	12.83%

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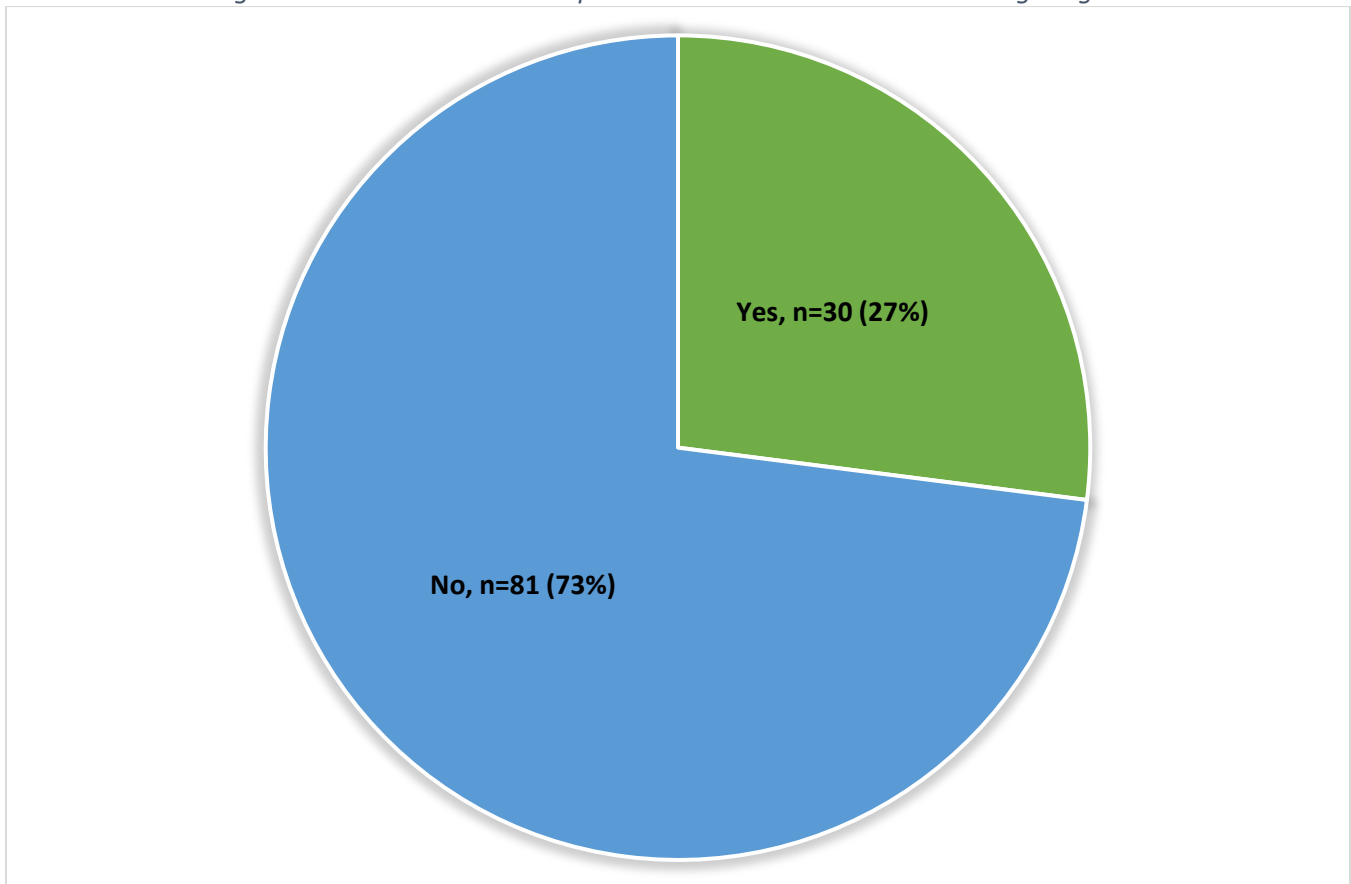
Response	States (Count of MCOs)	Count	Percentage
Polypharmacy	Arkansas (2), California (2), Florida (7), Georgia (2), Hawaii (1), Illinois (1), Indiana (4), Kentucky (1), Louisiana (2), Massachusetts (5), Minnesota (2), Mississippi (1), Nebraska (3), Nevada (2), New Hampshire (3), New Jersey (1), New Mexico (1), New York (10), Ohio (3), Oregon (1), Pennsylvania (1), South Carolina (2), Texas (9), Utah (1), Virginia (2), Washington (5)	74	24.34%
Other	Arkansas (1), California (1), Florida (5), Georgia (2), Illinois (2), Indiana (2), Kansas (1), Kentucky (1), Louisiana (2), Maryland (1), Michigan (2), Mississippi (2), Nebraska (1), New Hampshire (1), New Mexico (2), New York (4), Ohio (1), Pennsylvania (1), South Carolina (1), Texas (2), Washington (3)	38	12.50%
National Totals		304	100%

If “Child’s age,” please specify age limit in years.

Please reference individual state MCO reports on [Medicaid.gov](https://www.medicaid.gov) for more information.

c. If “No,” does your MCO plan on implementing a mood stabilizer monitoring program in the future?

Figure 146 - Future Plans to Implement a Mood Stabilizer Monitoring Program



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Table 142 Future Plans to Implement a Mood Stabilizer Monitoring Program

Response	States (Count of MCOs)	Count	Percentage
Yes	California (8), Delaware (1), District of Columbia (2), Hawaii (1), Illinois (1), Iowa (2), Maryland (2), Michigan (1), Minnesota (2), New Jersey (1), New York (1), Oregon (2), Pennsylvania (1), Rhode Island (1), South Carolina (1), Texas (1), Utah (1), Virginia (1)	30	27.03%
No	Arkansas (1), California (12), Colorado (1), Delaware (1), District of Columbia (2), Florida (4), Georgia (1), Hawaii (3), Illinois (1), Kansas (2), Kentucky (3), Maryland (6), Michigan (7), Minnesota (3), New Jersey (1), New York (1), Ohio (1), Oregon (16), Pennsylvania (5), Rhode Island (1), South Carolina (2), Texas (5), Utah (2)	81	72.97%
National Totals		111	100%

If “Yes,” please specify when you plan on implementing a program to monitor the appropriate use of mood stabilizing drugs in children.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

If “No,” please explain why you will not be implementing a program to monitor the appropriate use of mood stabilizing drugs in children.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

Antianxiety/Sedatives

7. Does your MCO have a documented program in place to either manage or monitor the appropriate use of antianxiety/sedative drugs in children?

Figure 147 - Documented Program in Place to Either Manage or Monitor Appropriate Use of Antianxiety/Sedative Drugs in Children

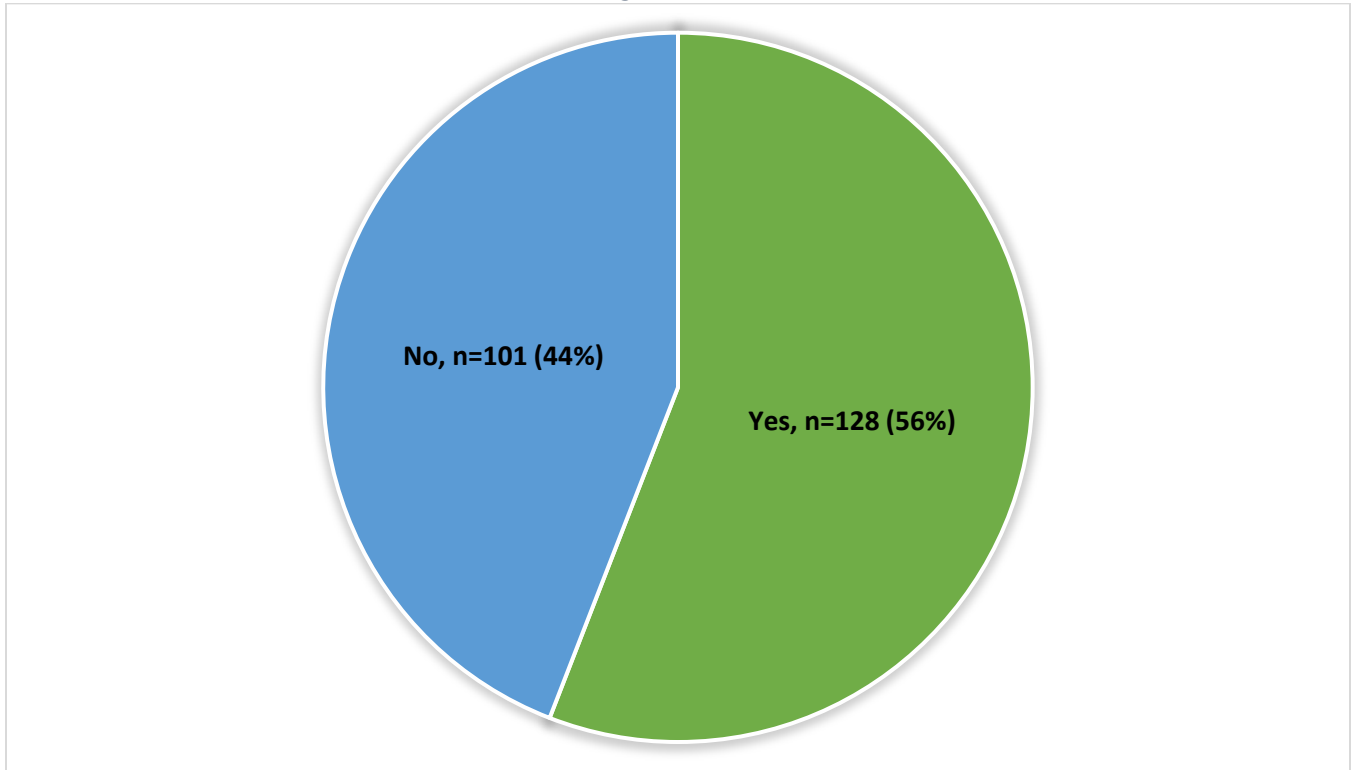


Table 143 - Documented Program in Place to Either Manage or Monitor Appropriate Use of Antianxiety/Sedative Drugs in Children

Response	States (Count of MCOs)	Count	Percentage
Yes	Arkansas (3), California (9), Colorado (1), Delaware (1), Florida (9), Georgia (3), Hawaii (2), Illinois (4), Indiana (5), Kansas (3), Kentucky (2), Louisiana (5), Maryland (1), Massachusetts (5), Michigan (2), Minnesota (2), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (3), New Mexico (3), New York (15), Ohio (4), Oregon (4), Pennsylvania (6), Rhode Island (1), South Carolina (2), Texas (11), Utah (1), Virginia (4), Washington (5)	128	55.90%
No	California (17), Colorado (1), Delaware (1), District of Columbia (4), Florida (4), Georgia (1), Hawaii (4), Illinois (2), Iowa (2), Kentucky (4), Maryland (8), Michigan (8), Minnesota (6), New Jersey (2), New York (1), Ohio (1), Oregon (17), Pennsylvania (2), Rhode Island (2), South Carolina (3), Texas (6), Utah (3), Virginia (2)	101	44.10%
National Totals		229	100%

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a. If “Yes,” does your MCO either manage or monitor:

Figure 148 - Categories of Children Either Managed or Monitored for Appropriate Use of Antianxiety/Sedative Drugs

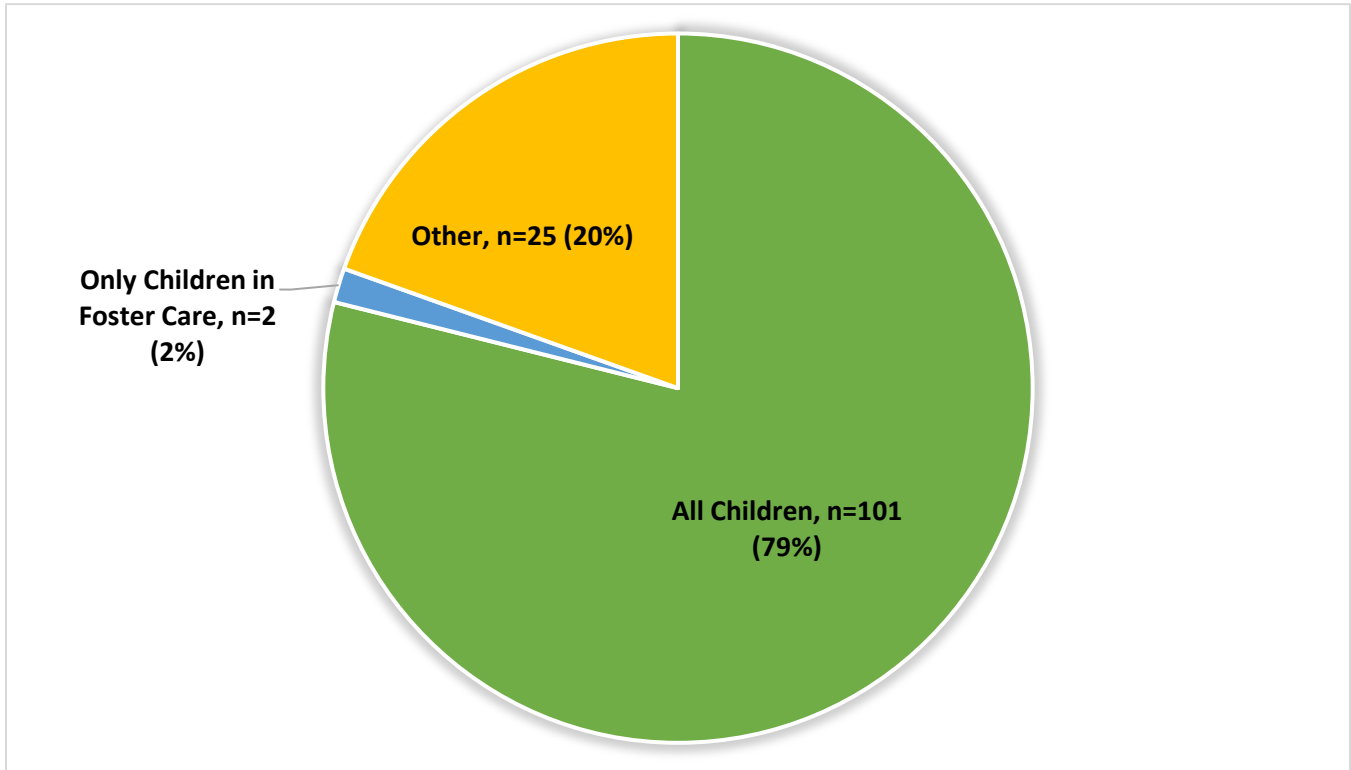


Table 144 - Categories of Children Either Managed or Monitored for Appropriate Use of Antianxiety/Sedative Drugs

Response	States (Count of MCOs)	Count	Percentage
All children	Arkansas (3), California (7), Delaware (1), Florida (7), Georgia (3), Hawaii (1), Illinois (3), Indiana (4), Kentucky (1), Louisiana (5), Massachusetts (5), Minnesota (2), Mississippi (1), Nebraska (2), Nevada (2), New Hampshire (3), New Jersey (2), New Mexico (3), New York (14), Ohio (3), Oregon (4), Pennsylvania (5), South Carolina (2), Texas (10), Utah (1), Virginia (3), Washington (4)	101	78.91%
Only children in foster care	Michigan (1), Mississippi (1)	2	1.56%
Other	California (2), Colorado (1), Florida (2), Hawaii (1), Illinois (1), Indiana (1), Kansas (3), Kentucky (1), Maryland (1), Michigan (1), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (1), New York (1), Ohio (1), Pennsylvania (1), Rhode Island (1), Texas (1), Virginia (1), Washington (1)	25	19.53%
National Totals		128	100%

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b. If “Yes,” does your MCO have edits in place to monitor (multiple responses allowed):

Figure 149 - Edits in Place to Monitor the Appropriate Use of Antianxiety/Sedative Drugs in Children

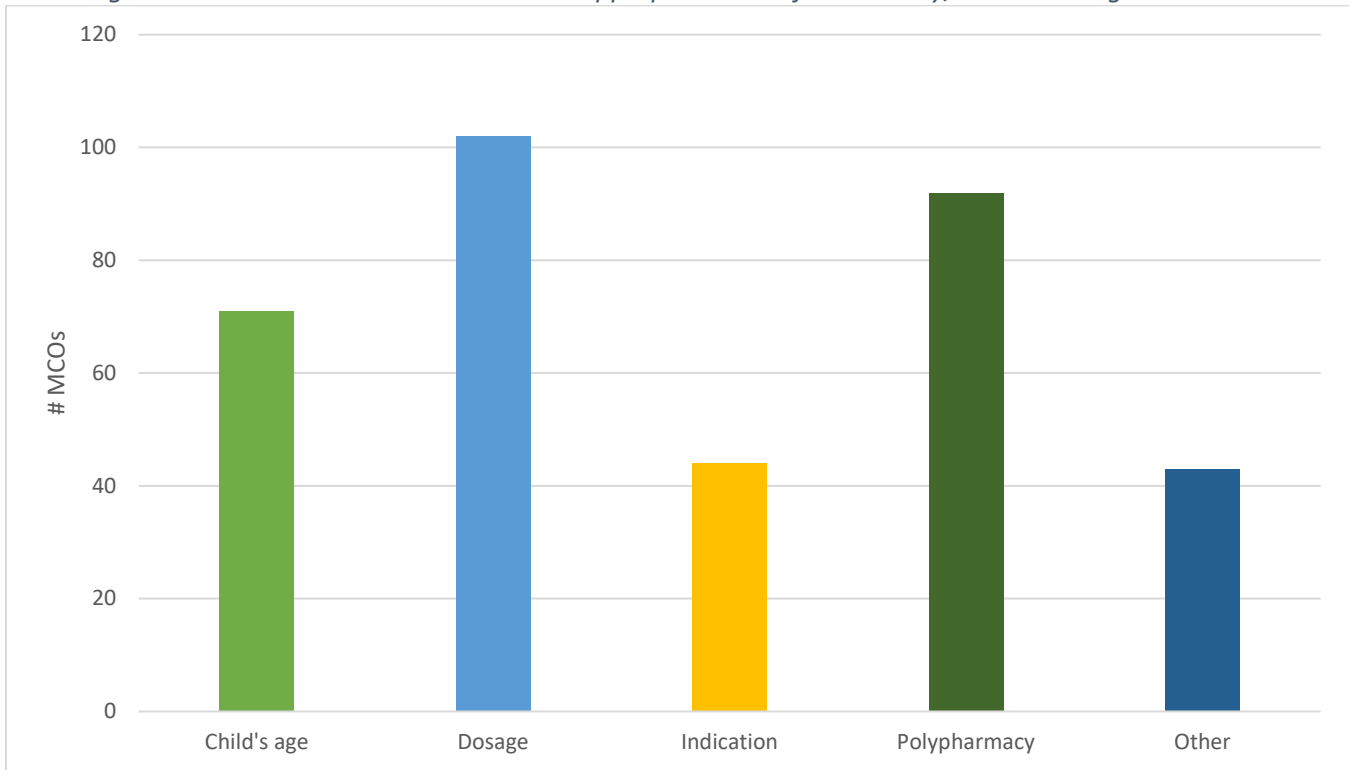


Table 145 - Edits in Place to Monitor the Appropriate Use of Antianxiety/Sedative Drugs in Children

Response	States (Count of MCOs)	Count	Percentage
Child's age	California (4), Florida (4), Georgia (3), Illinois (1), Indiana (4), Kentucky (1), Louisiana (5), Massachusetts (5), Minnesota (2), Mississippi (1), Nebraska (2), Nevada (2), New Hampshire (3), New Jersey (2), New Mexico (1), New York (8), Ohio (2), Oregon (1), Pennsylvania (4), South Carolina (1), Texas (8), Virginia (3), Washington (4)	71	20.17%
Dosage	Arkansas (1), California (9), Colorado (1), Florida (6), Georgia (3), Hawaii (2), Illinois (3), Indiana (5), Kansas (3), Kentucky (2), Louisiana (4), Massachusetts (5), Minnesota (2), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (3), New Mexico (3), New York (9), Ohio (4), Oregon (2), Pennsylvania (4), Rhode Island (1), South Carolina (2), Texas (8), Utah (1), Virginia (4), Washington (4)	102	28.98%
Indication	Arkansas (1), California (2), Florida (4), Georgia (1), Louisiana (5), Massachusetts (2), Mississippi (1), Nebraska (2), Nevada (1), New Hampshire (1), New Mexico (1), New York (5), Ohio (1), Oregon (3), Pennsylvania (2), South Carolina (2), Texas (8), Utah (1), Washington (1)	44	12.50%

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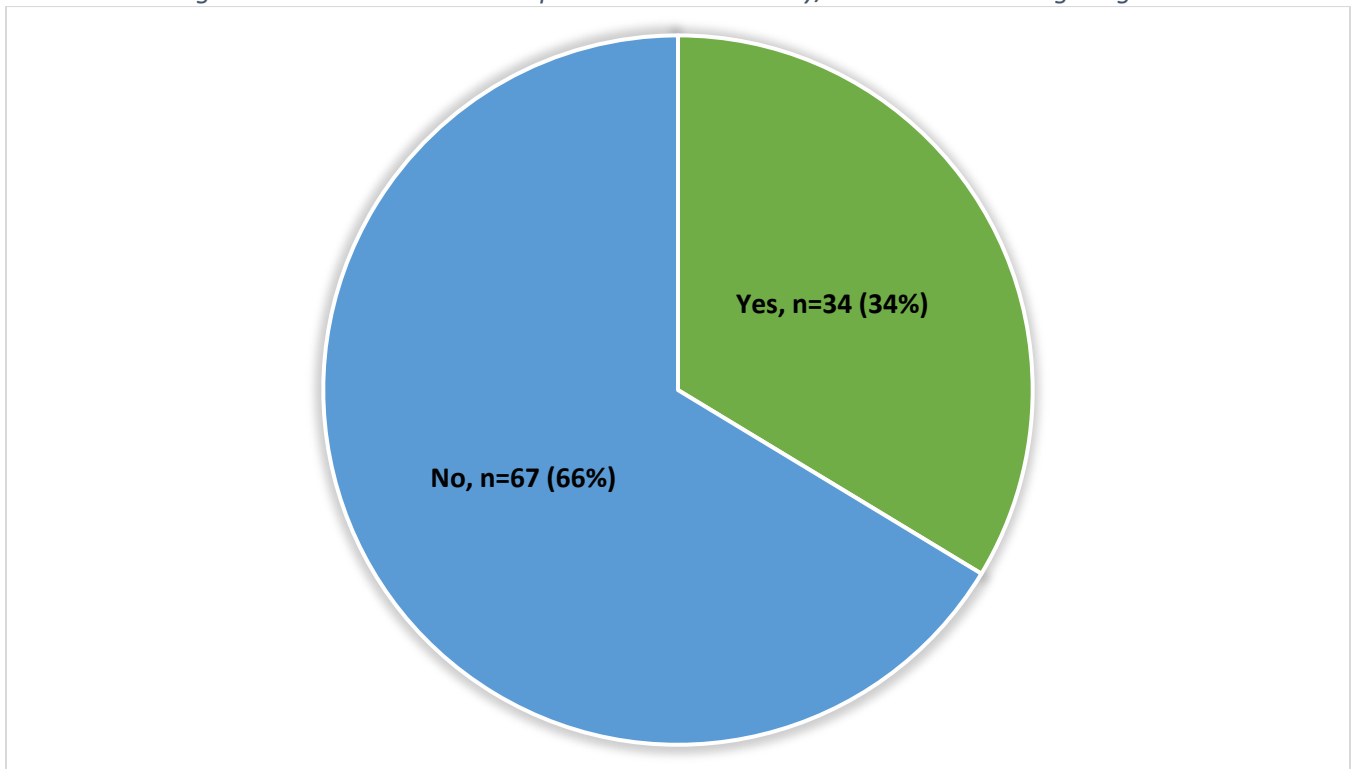
Response	States (Count of MCOs)	Count	Percentage
Polypharmacy	Arkansas (2), California (5), Colorado (1), Delaware (1), Florida (6), Georgia (2), Hawaii (2), Illinois (2), Indiana (5), Kansas (3), Kentucky (1), Louisiana (3), Massachusetts (5), Minnesota (2), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (2), New Mexico (1), New York (11), Ohio (3), Oregon (2), Pennsylvania (4), Rhode Island (1), South Carolina (1), Texas (9), Virginia (3), Washington (5)	92	26.14%
Other	Arkansas (1), California (2), Florida (5), Georgia (1), Hawaii (1), Illinois (2), Indiana (4), Kentucky (1), Louisiana (2), Maryland (1), Michigan (2), Mississippi (1), New Hampshire (2), New Jersey (1), New Mexico (2), New York (5), Ohio (1), Pennsylvania (2), South Carolina (1), Texas (4), Washington (2)	43	12.22%
National Totals		352	100%

If “Child’s age,” please specify age limit in years.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

c. If “No,” does your MCO plan on implementing an antianxiety/sedative program in the future?

Figure 150 - Future Plans to Implement an Antianxiety/Sedative Monitoring Program



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Table 146 - Future Plans to Implement an Antianxiety/Sedative Monitoring Program

Response	States (Count of MCOs)	Count	Percentage
Yes	California (8), Delaware (1), District of Columbia (2), Hawaii (1), Illinois (1), Iowa (2), Kentucky (1), Maryland (2), Michigan (1), Minnesota (3), New Jersey (1), Oregon (2), Pennsylvania (1), Rhode Island (1), South Carolina (1), Texas (3), Utah (1), Virginia (2)	34	33.66%
No	California (9), Colorado (1), District of Columbia (2), Florida (4), Georgia (1), Hawaii (3), Illinois (1), Kentucky (3), Maryland (6), Michigan (7), Minnesota (3), New Jersey (1), New York (1), Ohio (1), Oregon (15), Pennsylvania (1), Rhode Island (1), South Carolina (2), Texas (3), Utah (2)	67	66.34%
National Totals		101	100%

If “Yes,” please specify when you plan on implementing a program to monitor the appropriate use of antianxiety/sedative drugs in children.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

If “No,” please explain why you will not be implementing a program to monitor the appropriate use of antianxiety/sedative drugs in children.

Please reference individual state MCO reports on [Medicaid.gov](https://www.Medicaid.gov) for more information.

Section VIII - Innovative Practices

1. Does your MCO participate in any demonstrations or have any waivers to allow importation of certain drugs from Canada or other countries that are versions of FDA-approved drugs for dispensing to Medicaid Beneficiaries?

Figure 151 - MCO Participates in Demonstrations Has Waivers to Allow Importation of Certain Drugs from Other Countries that are FDA-Approved for Dispensing to Medicaid Beneficiaries

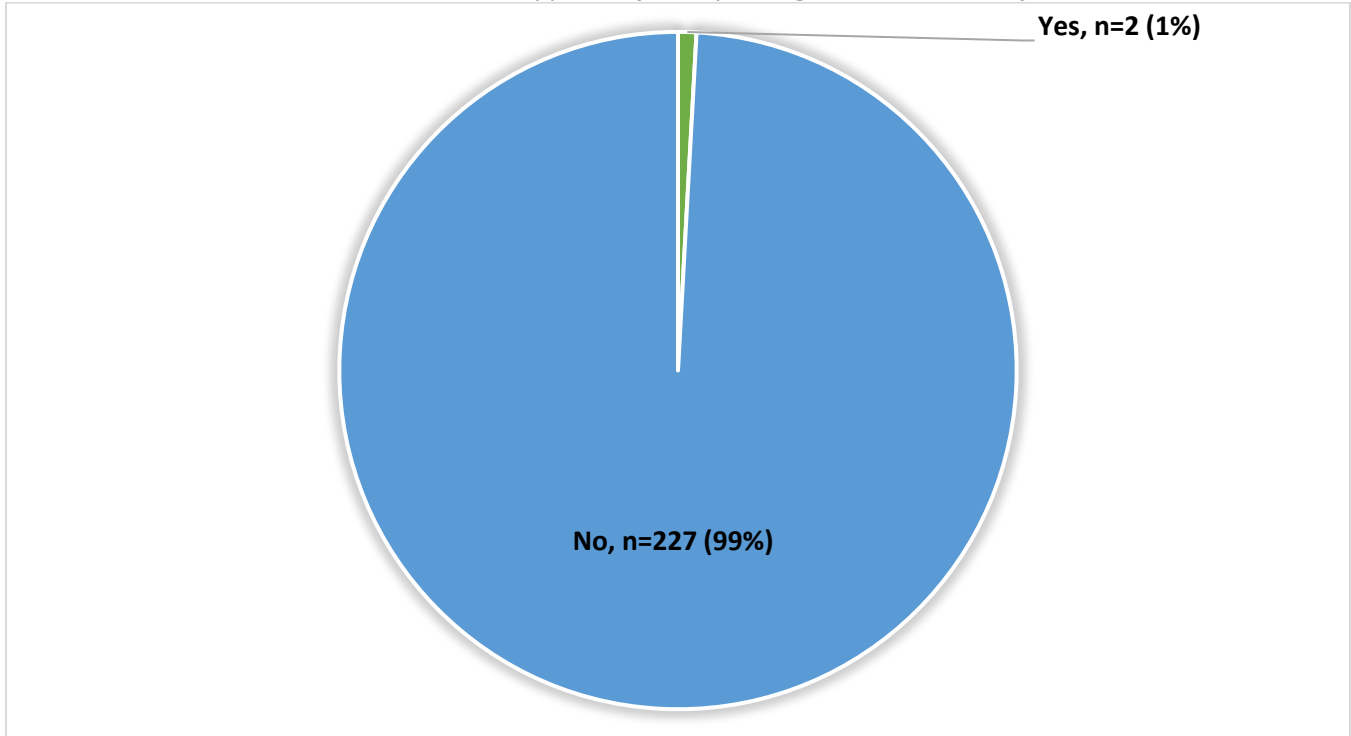


Table 147 - MCO Participates in Demonstrations/Has Waivers to Allow Importation of Certain Drugs from Other Countries that are FDA-Approved for Dispensing to Medicaid Beneficiaries

Response	States (Count of MCOs)	Count	Percentage
Yes	Illinois (1), Michigan (1)	2	0.87%
No	Arkansas (3), California (26), Colorado (2), Delaware (2), District of Columbia (4), Florida (13), Georgia (4), Hawaii (6), Illinois (5), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (9), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (16), Ohio (5), Oregon (21), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	227	99.13%
National Totals		229	100%

2. Summary 4 - Innovative Practices

Innovative Practices Summary should discuss development of innovative practices during the past year (i.e. Substance Use Disorder, Hepatitis C, Cystic Fibrosis, MMEs, and Value Based Purchasing).

Please reference individual state MCO reports on [Medicaid.gov](https://www.medicaid.gov) for more information.

Section IX - Executive Summary

1. Summary 5 - Executive Summary

Executive Summary should include a general overview and summary of program highlights from FFY 2021 as well as objectives, tools and outcomes of initiatives accomplished, and goals for FFY 2022.

Please reference individual state MCO reports on [Medicaid.gov](https://www.medicaid.gov) for more information.