District of Columbia

Medicaid Managed Care Organization (MCO) FFY 2022 Drug Utilization Review (DUR) Annual Report

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Section I - Demographic Information

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 Each MCO

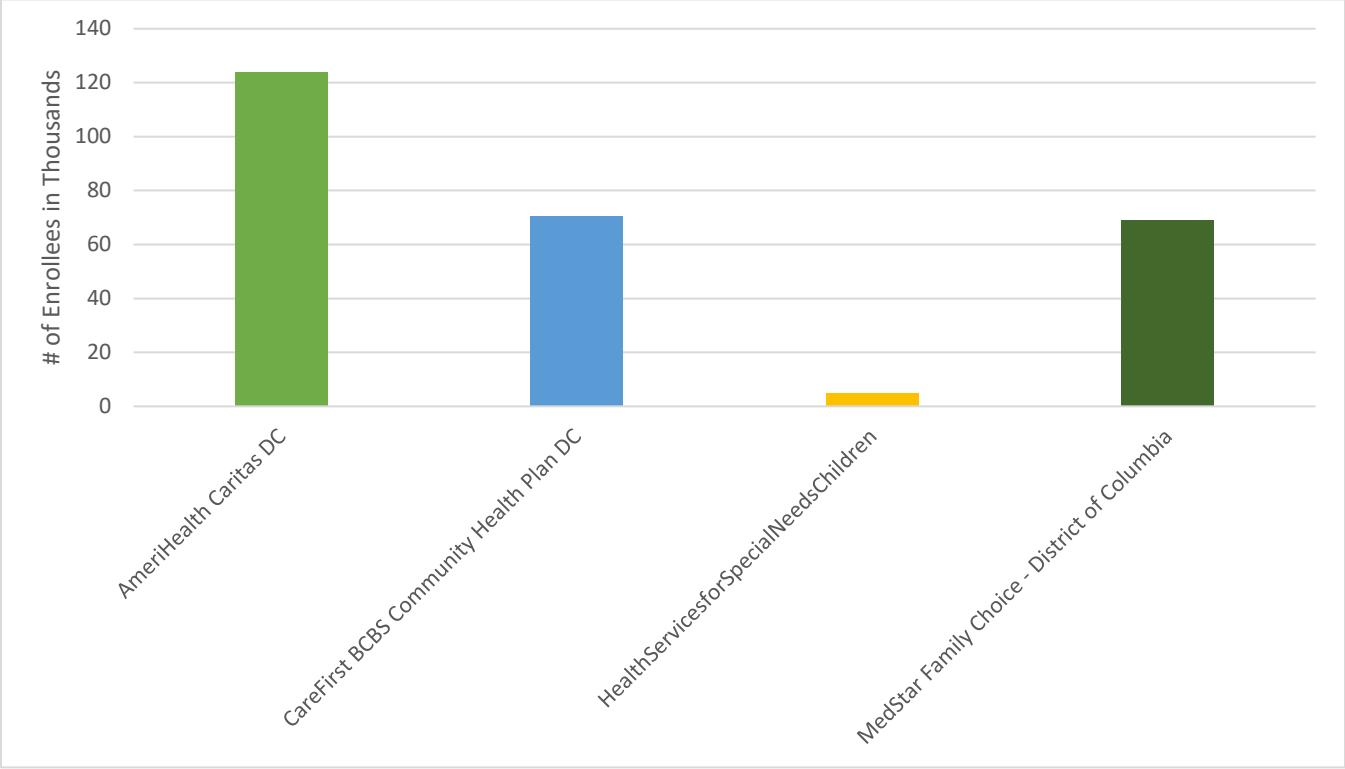


Table 1 - Number of Beneficiaries Enrolled in Each MCO

MCO Name	Number of Beneficiaries Enrolled
AmeriHealth Caritas DC	124,016
CareFirst BCBS Community Health Plan DC	70,441
HealthServicesforSpecialNeedsChildren	5,050
MedStar Family Choice - District of Columbia	69,095
State Totals	**268,602**

Section II - Prospective DUR (ProDUR)

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

Figure 2 - Pharmacy POS Type of Vendor

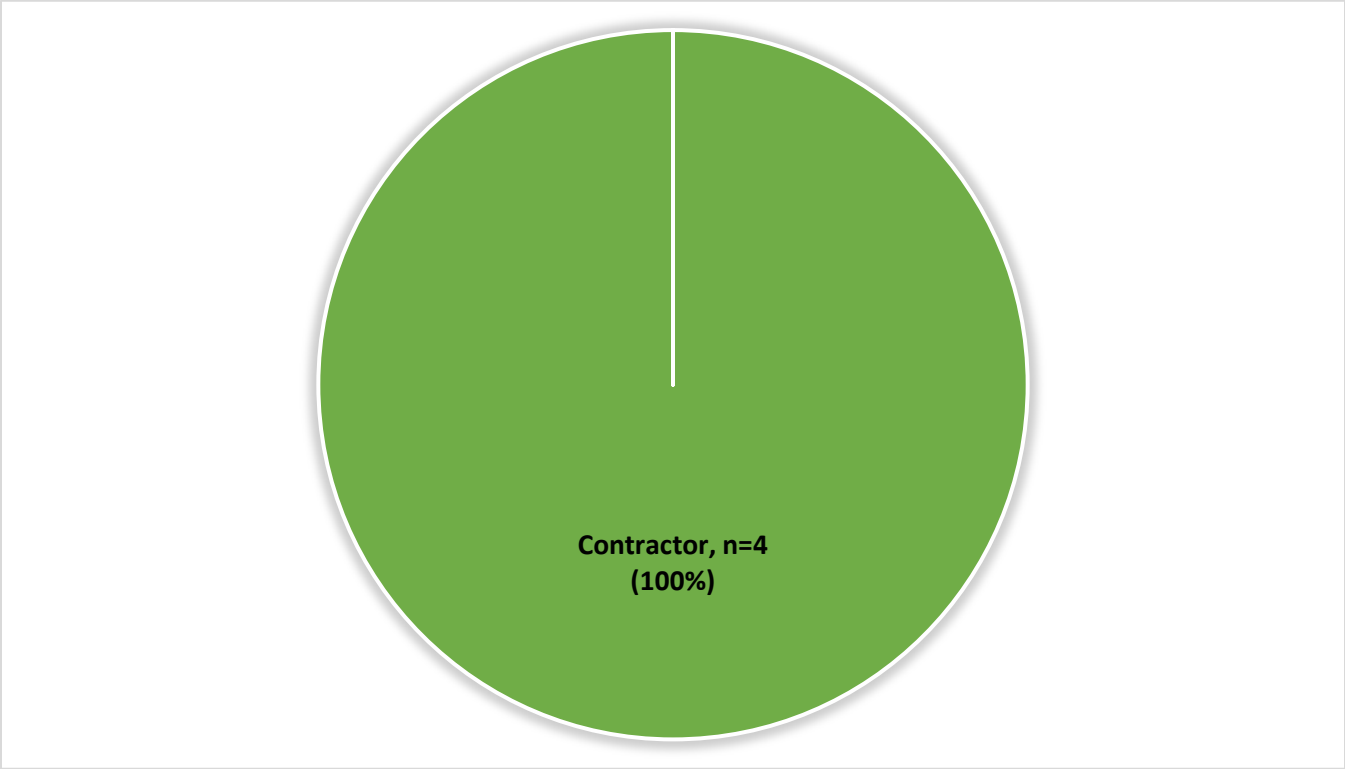


Table 2 - Pharmacy POS Type of Vendor

Response	MCO Names	Count	Percentage
Contractor	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

Table 3 - Pharmacy POS Vendor Name

Response	MCO Names	Count	Percentage
Abarca Health	CareFirst BCBS Community Health Plan DC	1	25.00%
CVS/Caremark	HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	2	50.00%
PerformRx	AmeriHealth Caritas DC	1	25.00%
State Totals		**4**	**100%**

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

Figure 3 - Prospective DUR Criteria Source

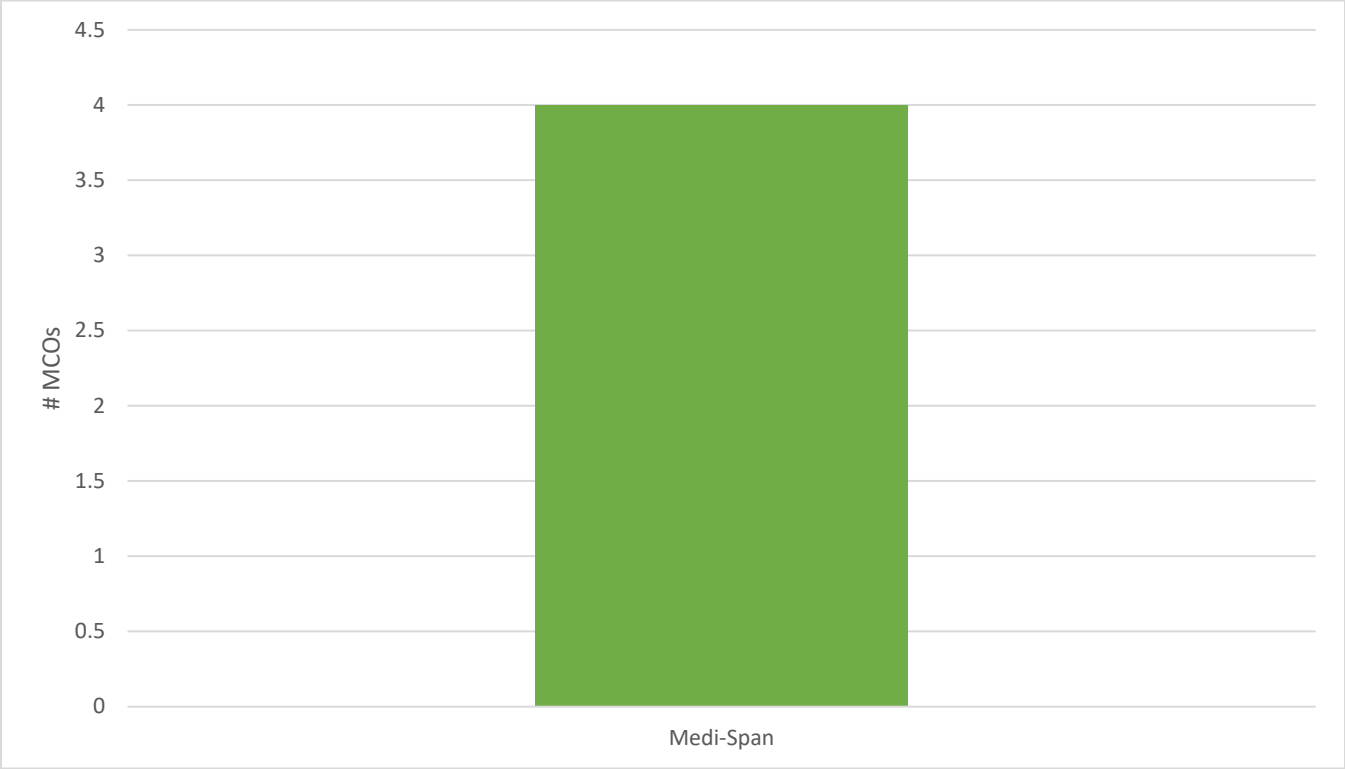


Table 4 - Prospective DUR Criteria Source

Response	MCO Names	Count	Percentage
Medi-Span	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

3. When the pharmacist receives 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"

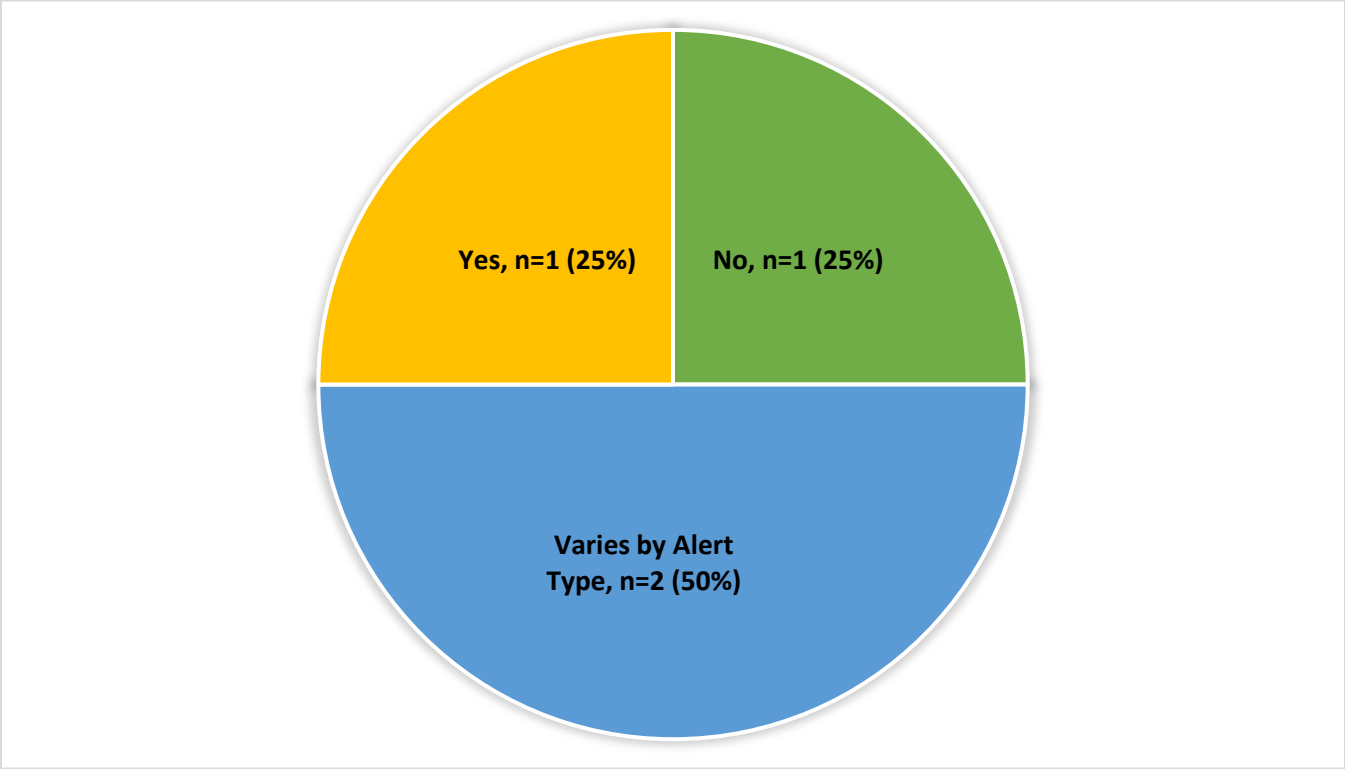


Table 5 - ProDUR Alert Message for Pharmacist Override using "NCPDP Drug Use Evaluation Codes"

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC	1	25.00%
No	CareFirst BCBS Community Health Plan DC	1	25.00%
Varies by Alert Type	HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	2	50.00%
State Totals		**4**	**100%**

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

Table 6 - ProDUR Alert Types for Pharmacist Override

Response	MCO Names	Count	Percentage
Alerts can be overridden ahead of time	MedStar Family Choice - District of Columbia	1	16.67%
Alerts can be overridden with standard professional codes	AmeriHealth Caritas DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	3	50.00%
Alerts need prior authorization (PA) to be overridden	HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	2	33.33%
State Totals		**6**	**100%**

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

Figure 5 - Receives Periodic Reports Providing Individual Pharmacy Providers DUR Alert Override Activity

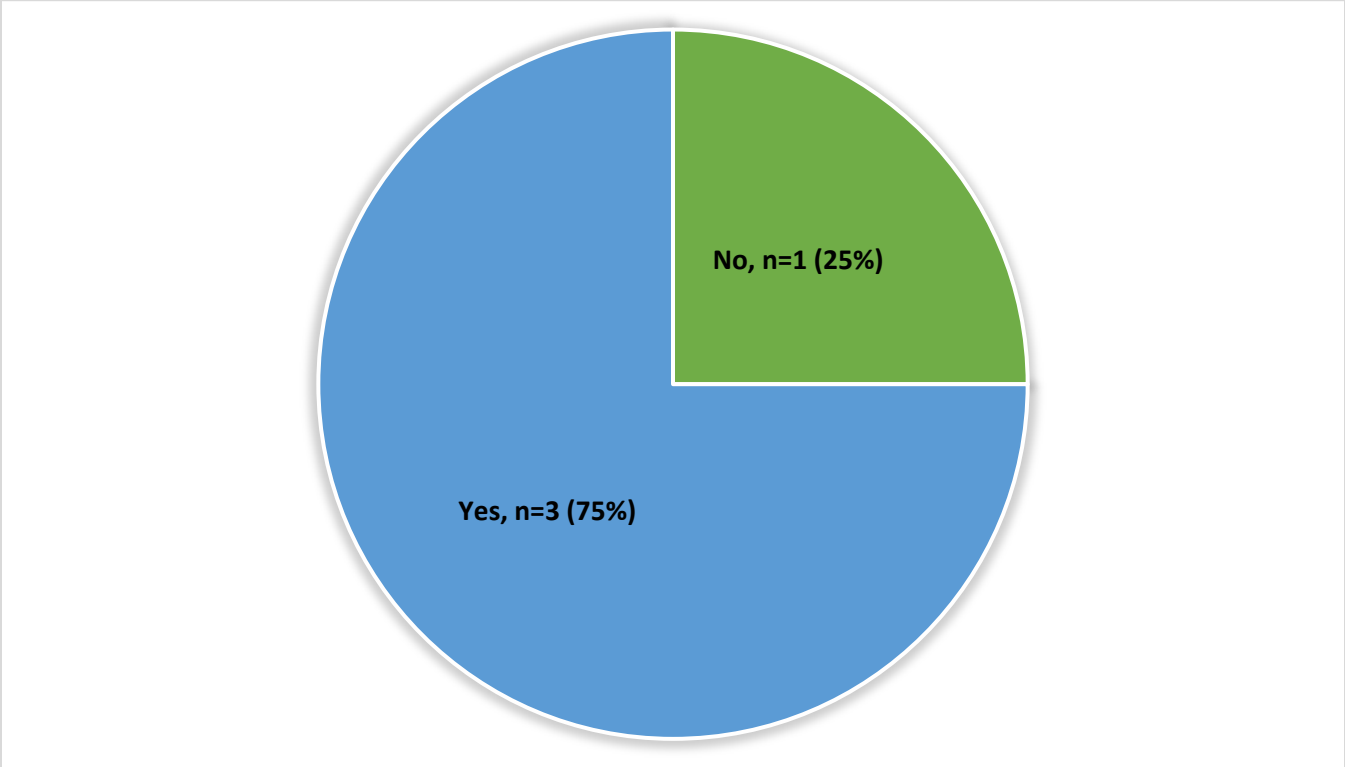


Table 7 - Receives Periodic Reports Providing Individual Pharmacy Provider DUR Alert Override Activity

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	3	75.00%
No	CareFirst BCBS Community Health Plan DC	1	25.00%
State Totals		**4**	**100%**

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

Figure 6 - Frequency of Reports Providing Individual Pharmacy Provider DUR Alert Override Activity

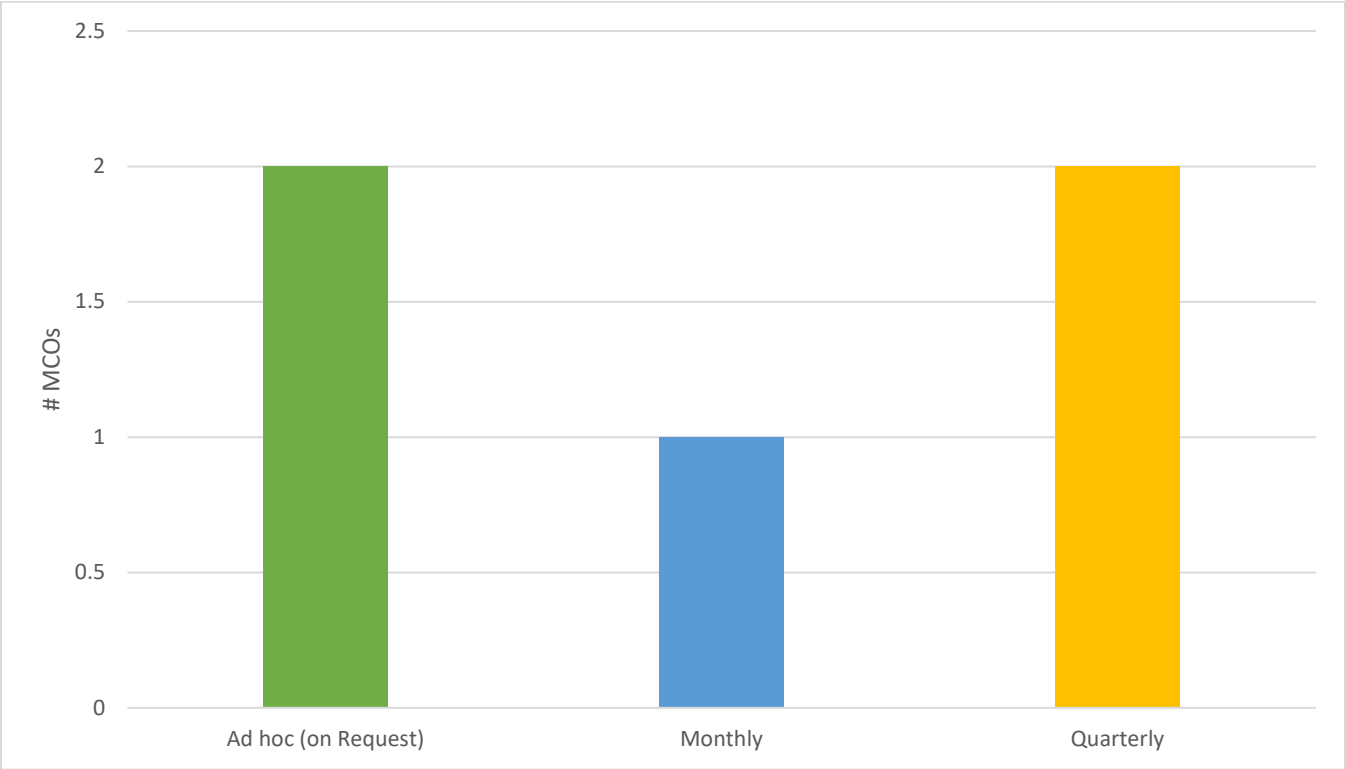


Table 8 - Frequency of Reports Providing Individual Pharmacy Provider DUR Alerts Override Activity

Response	MCO Names	Count	Percentage
Ad hoc (on request)	AmeriHealth Caritas DC, HealthServicesforSpecialNeedsChildren	2	40.00%
Monthly	HealthServicesforSpecialNeedsChildren	1	20.00%
Quarterly	HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	2	40.00%
State Totals		**5**	**100%**

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

Figure 7 - Follow up with Providers who Routinely Override with Interventions

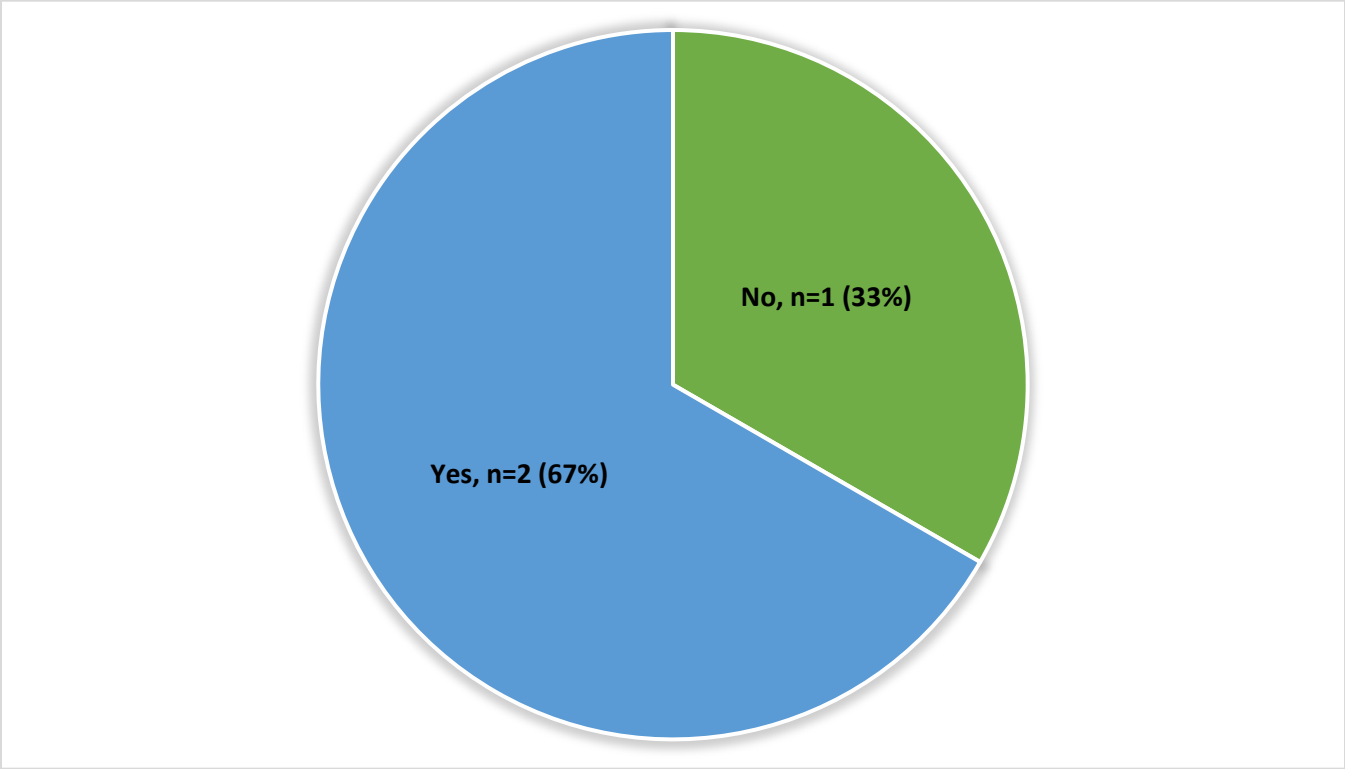


Table 9 - Follow up with Providers who Routinely Override with Interventions

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, MedStar Family Choice - District of Columbia	2	66.67%
No	HealthServicesforSpecialNeedsChildren	1	33.33%
State Totals		**3**	**100%**

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

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

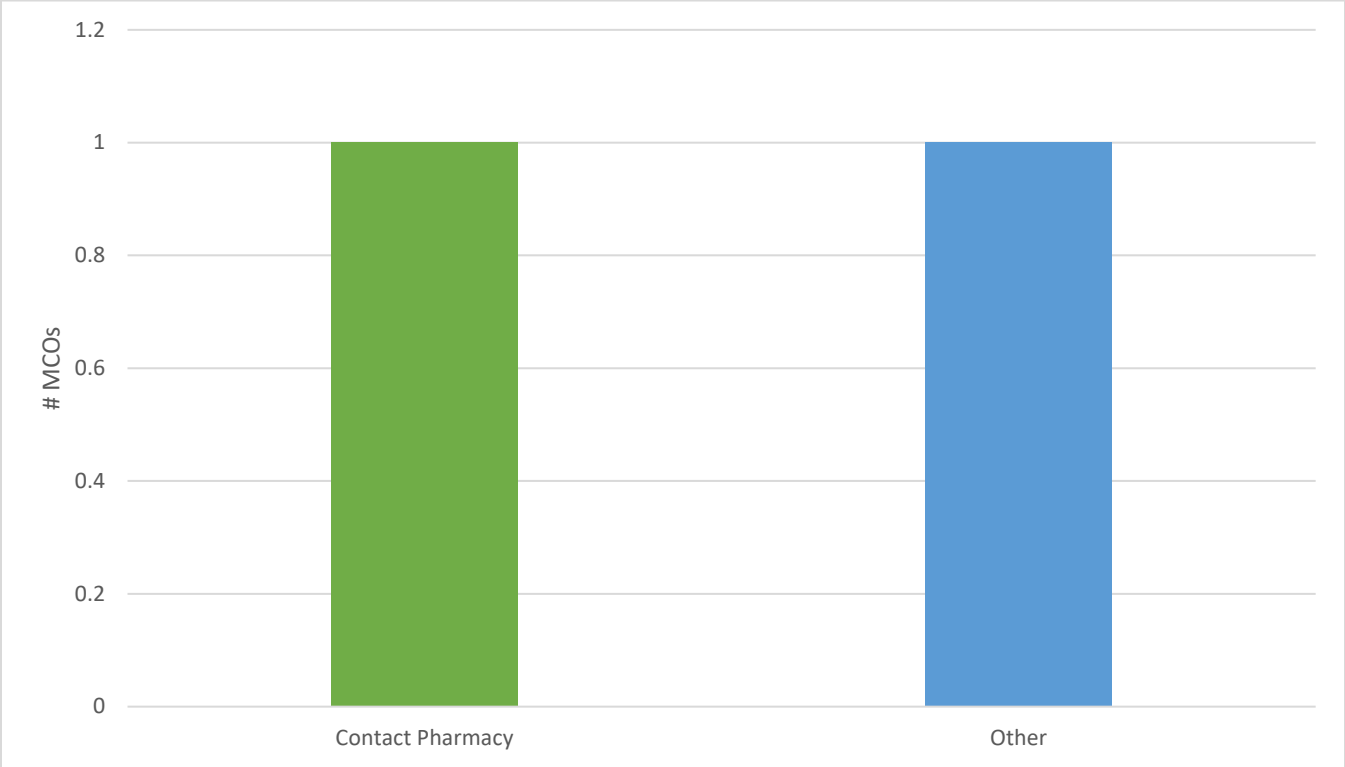


Table 10 - Follow-up Methods with Providers who Routinely Override with Interventions

Response	MCO Names	Count	Percentage
Contact Pharmacy	MedStar Family Choice - District of Columbia	1	50.00%
Other	AmeriHealth Caritas DC	1	50.00%
State Totals		**2**	**100%**

If "Other," please explain.

Table 11 - "Other" Explanations for Follow-up Methods for Providers who Routinely Override with Interventions

MCO Name	Explanation
AmeriHealth Caritas DC	Follow up is conducted as needed. They may be engaged with our provider network team, our chief medical officer, our behavioral heath director, pharmacy director or our quality team based on the trends we see in their data.

If "No," please explain.

Table 12 - "No" Explanations for Receiving Periodic Reports Providing Individual Pharmacy Provider DUR Alert Override Activity

MCO Name	Explanation
CareFirst BCBS Community Health Plan DC	We do not receive any periodic reports from the individual pharmacies

5. Early Refill

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

Figure 9 - Non-Controlled Drugs Early Refill Percent Edit Threshold

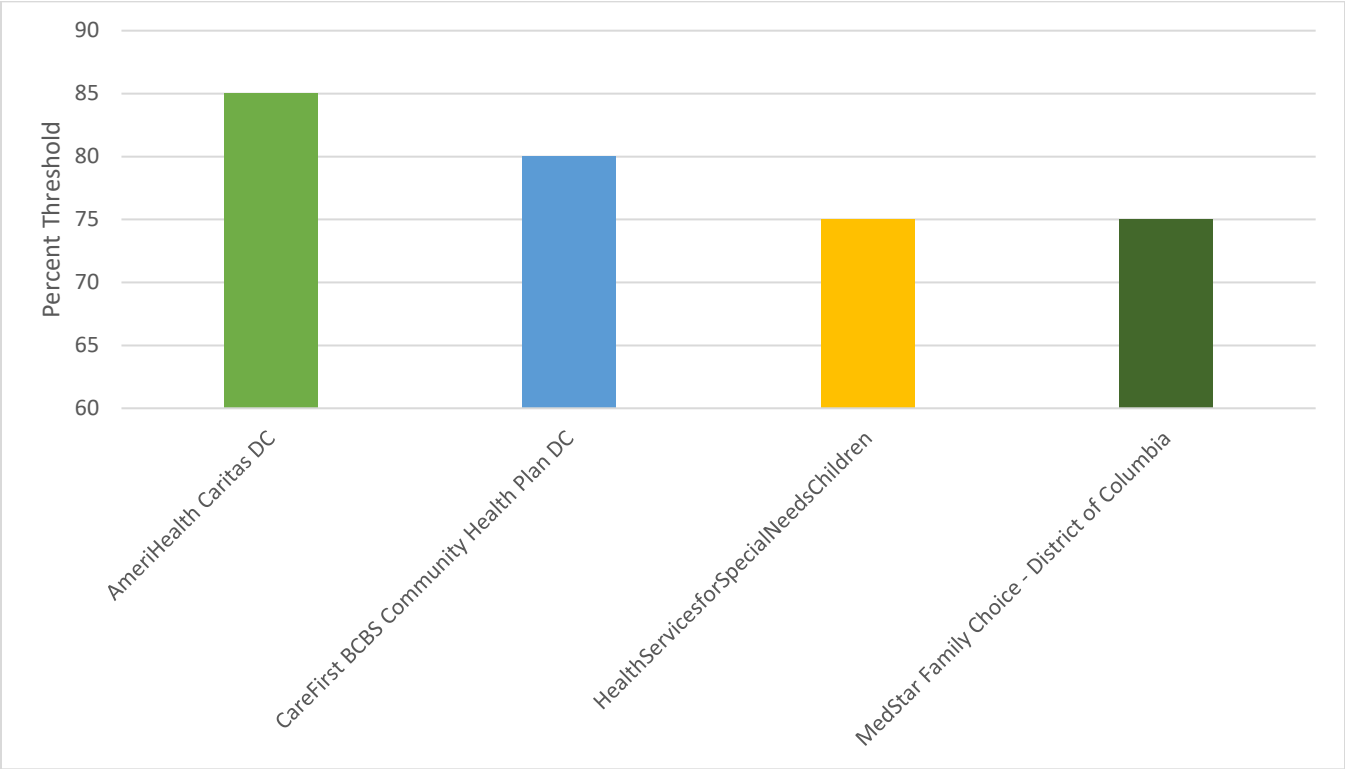


Figure 10 - Schedule II Controlled Drugs Early Refill Percent Edit Threshold

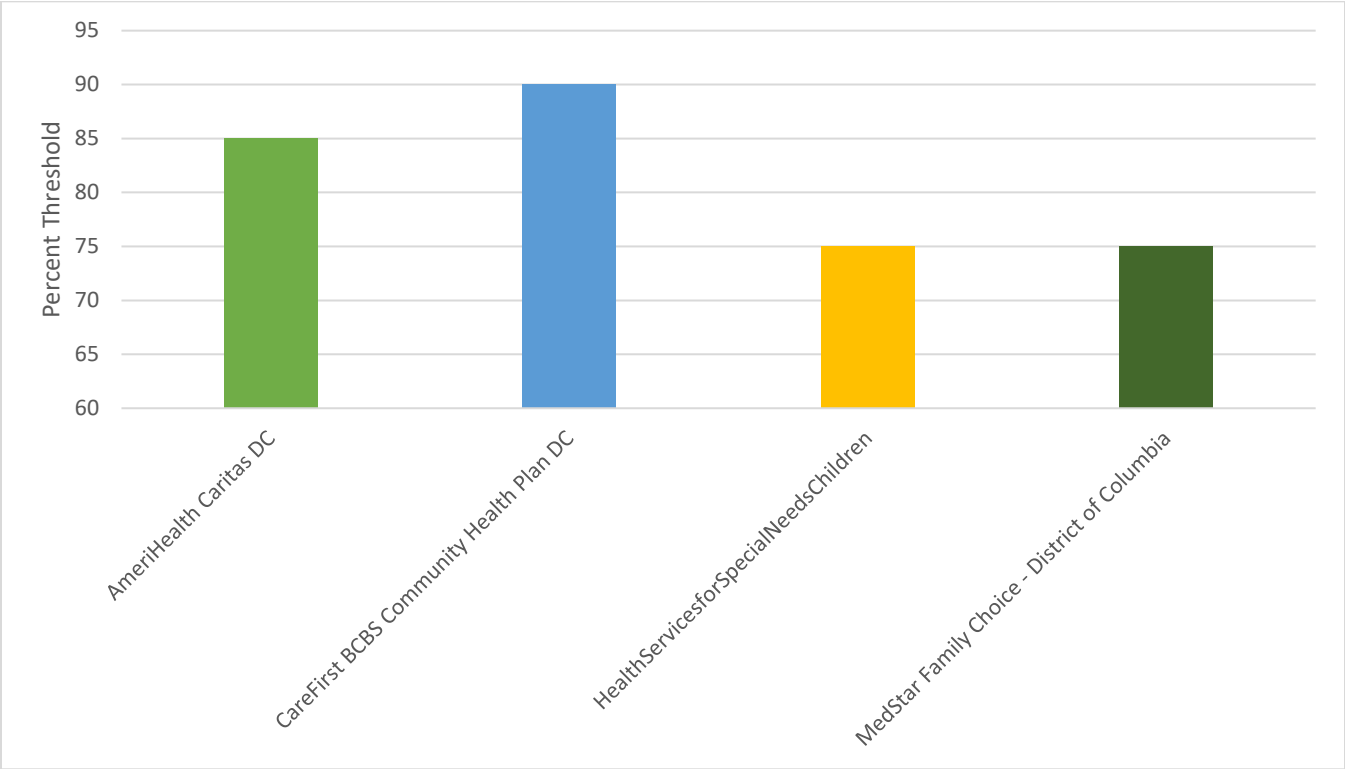


Figure 11 - Schedule III through V Controlled Drugs Early Refill Percent Edit Threshold

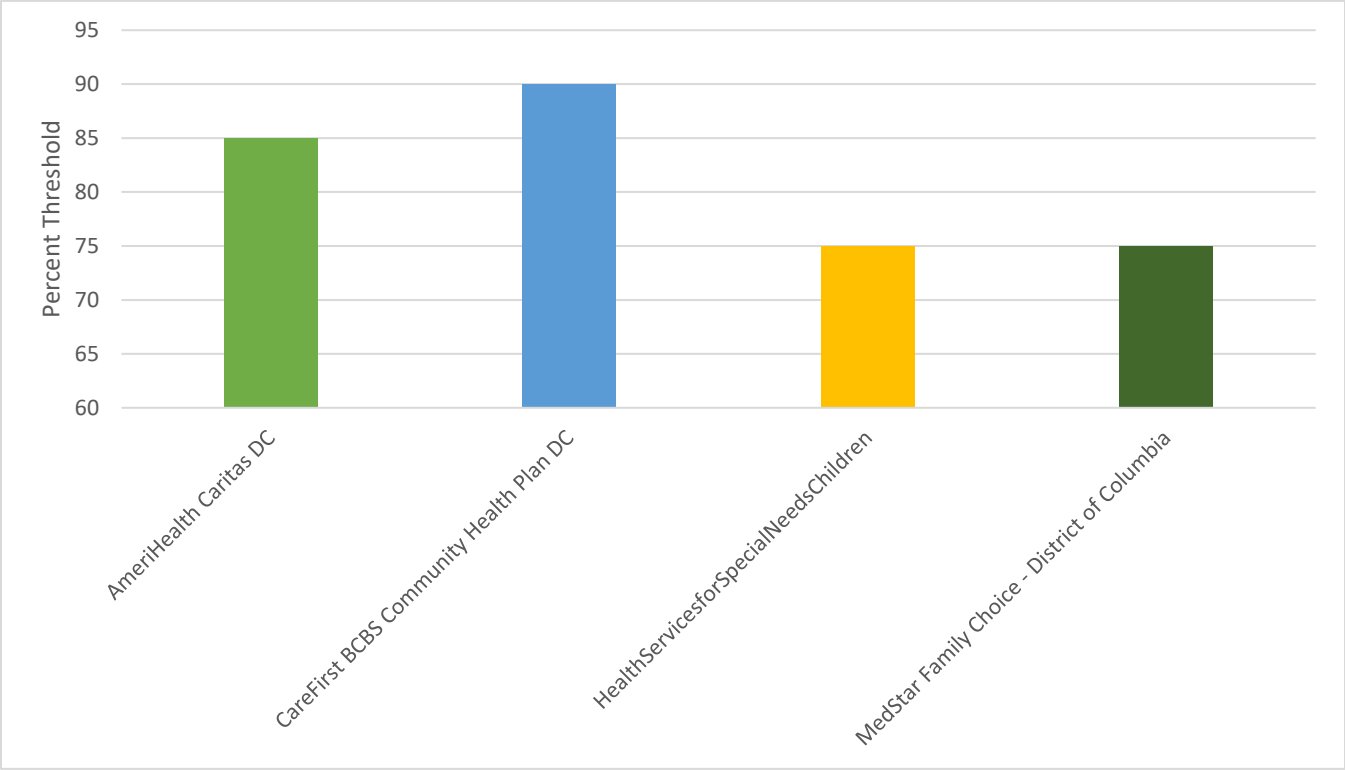
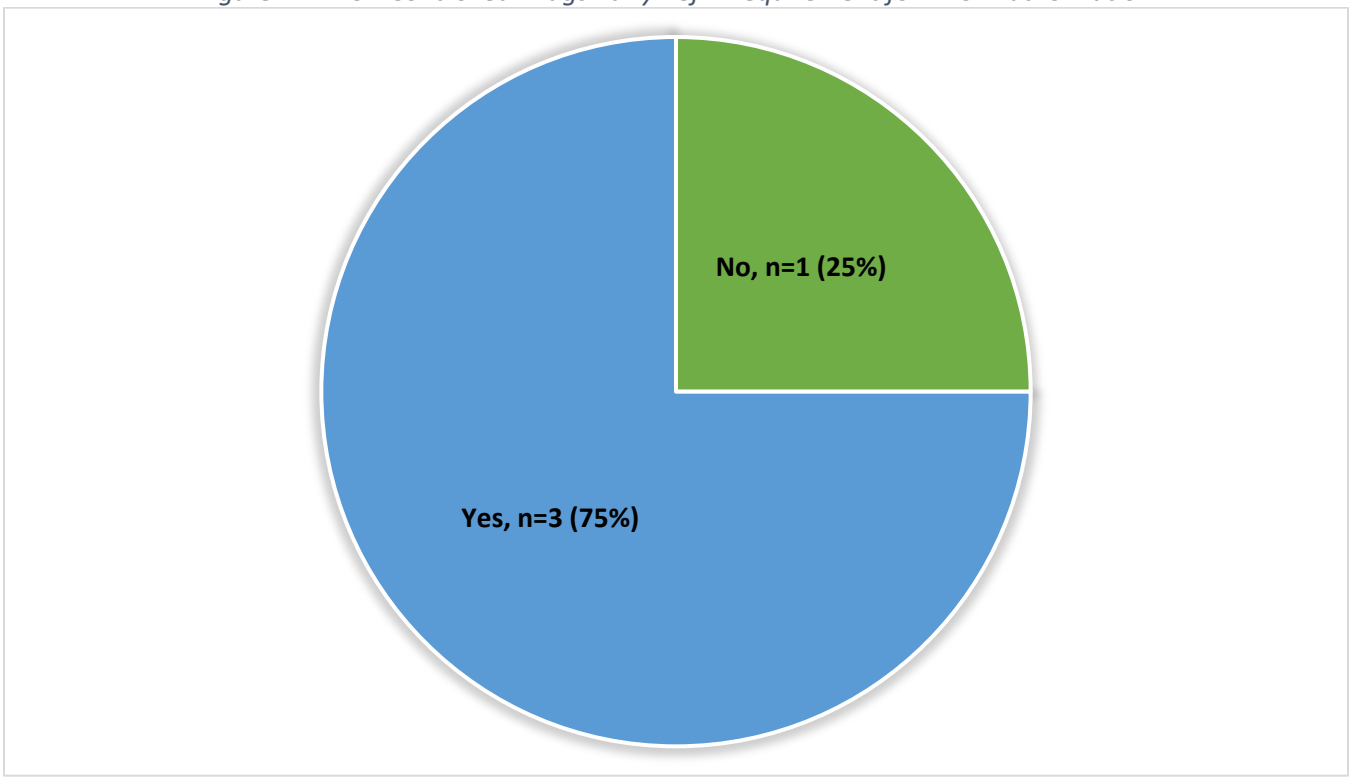


Table 13 - Early Refill Percent Threshold for Non-controlled and Controlled Drugs

MCO Name	Non-controlled Drugs	Schedule II Controlled Drugs	Schedule III through V Controlled Drugs
AmeriHealth Caritas DC	85.00%	85.00%	85.00%
CareFirst BCBS Community Health Plan DC	80.00%	90.00%	90.00%
HealthServicesforSpecialNeedsChildren	75.00%	75.00%	75.00%
MedStar Family Choice - District of Columbia	75.00%	75.00%	75.00%

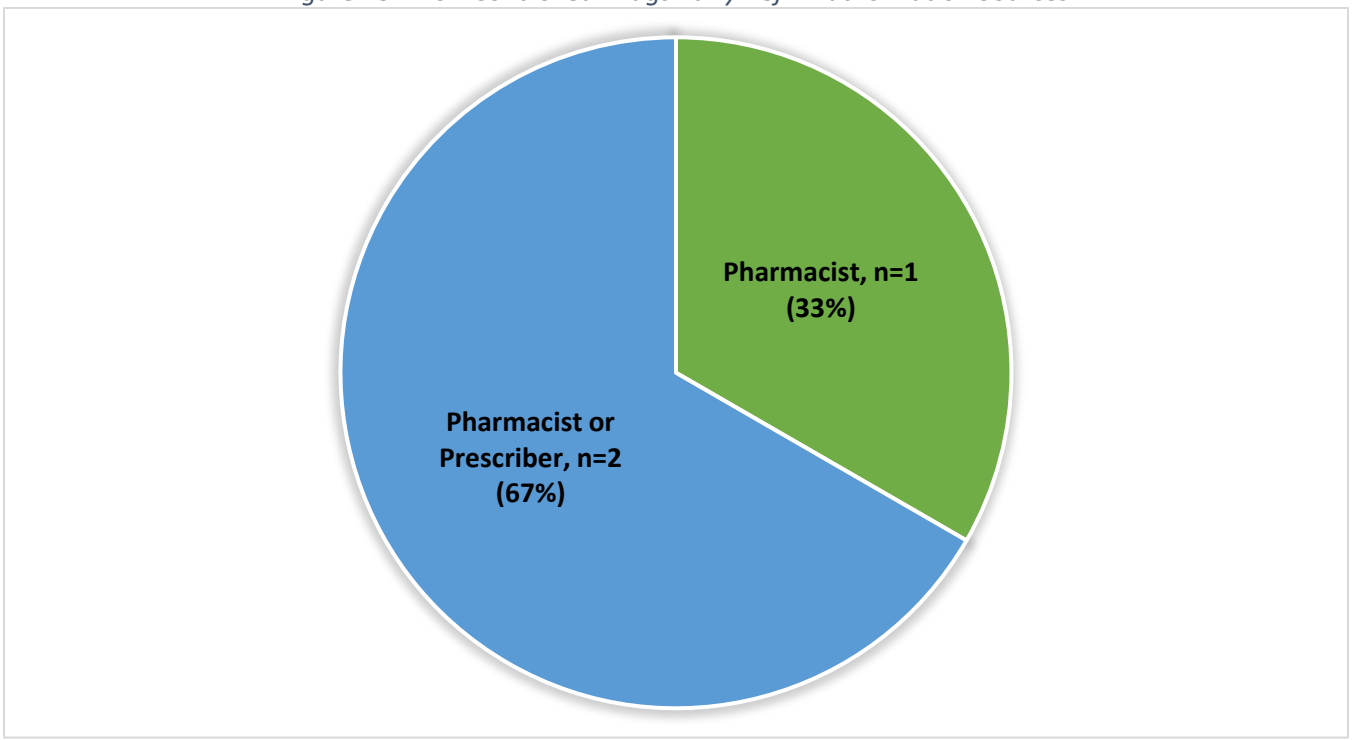
b. For non-controlled drugs, when an early refill message occurs, does your MCO require PA?

Figure 12 - Non-Controlled Drugs Early Refill Requirement for Prior Authorization



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

Figure 13 - Non-Controlled Drugs Early Refill Authorization Sources



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

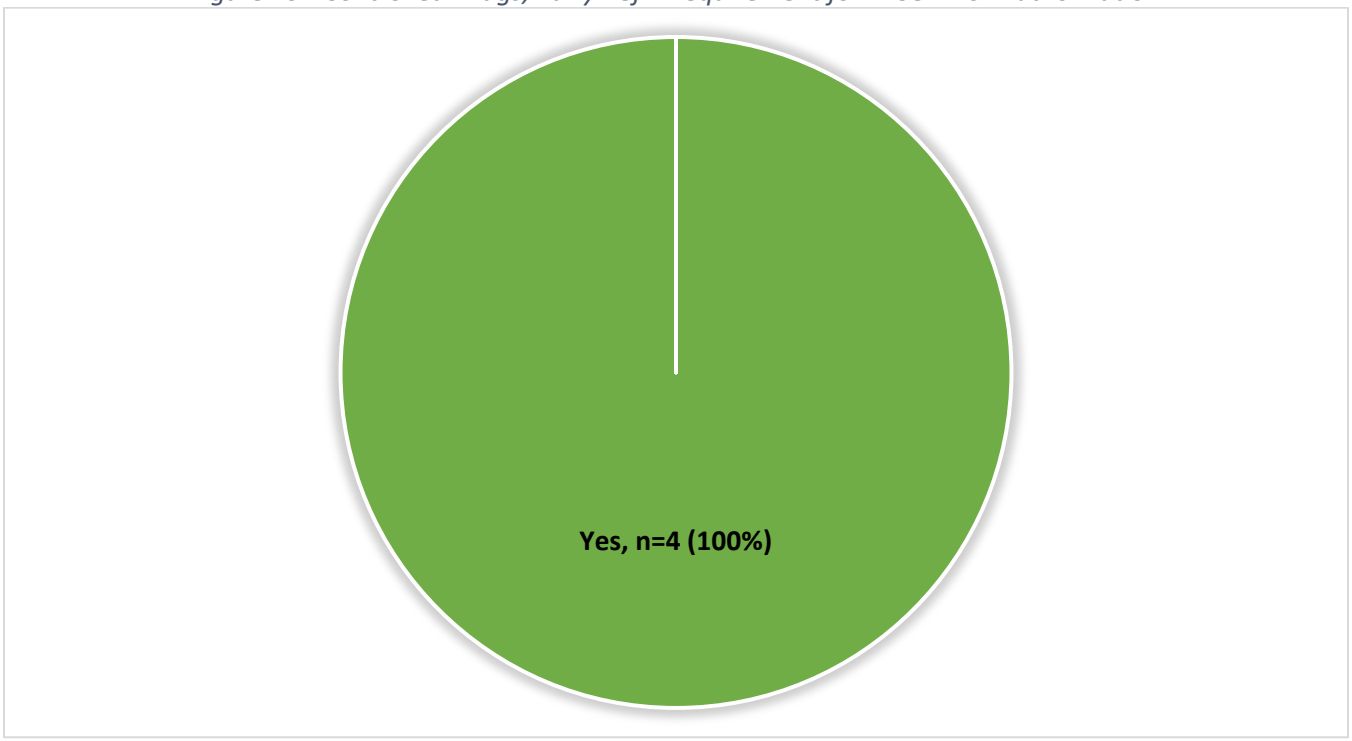
Figure 14 - Non-Controlled Drugs, Pharmacist May Override at Point of Service

Table 14 - Non-Controlled Drugs Early Refill Requirement and Authorization Source for Prior Authorization

MCO Name	Non-controlled Early Refill Prior Authorization?	If "Yes," who obtains authorization (Pharmacist, Prescriber or Either)?	If "No," can pharmacist override at the point of service?
AmeriHealth Caritas DC	Yes	Pharmacist or Prescriber	
CareFirst BCBS Community Health Plan DC	Yes	Pharmacist	
HealthServicesforSpecial NeedsChildren	No		Yes
MedStar Family Choice - District of Columbia	Yes	Pharmacist or Prescriber	

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

Figure 15 - Controlled Drugs, Early Refill Requirement for MCO Prior Authorization



If "Yes," who obtains authorization?

Figure 16 - Controlled Drugs Early Refill Authorization Source

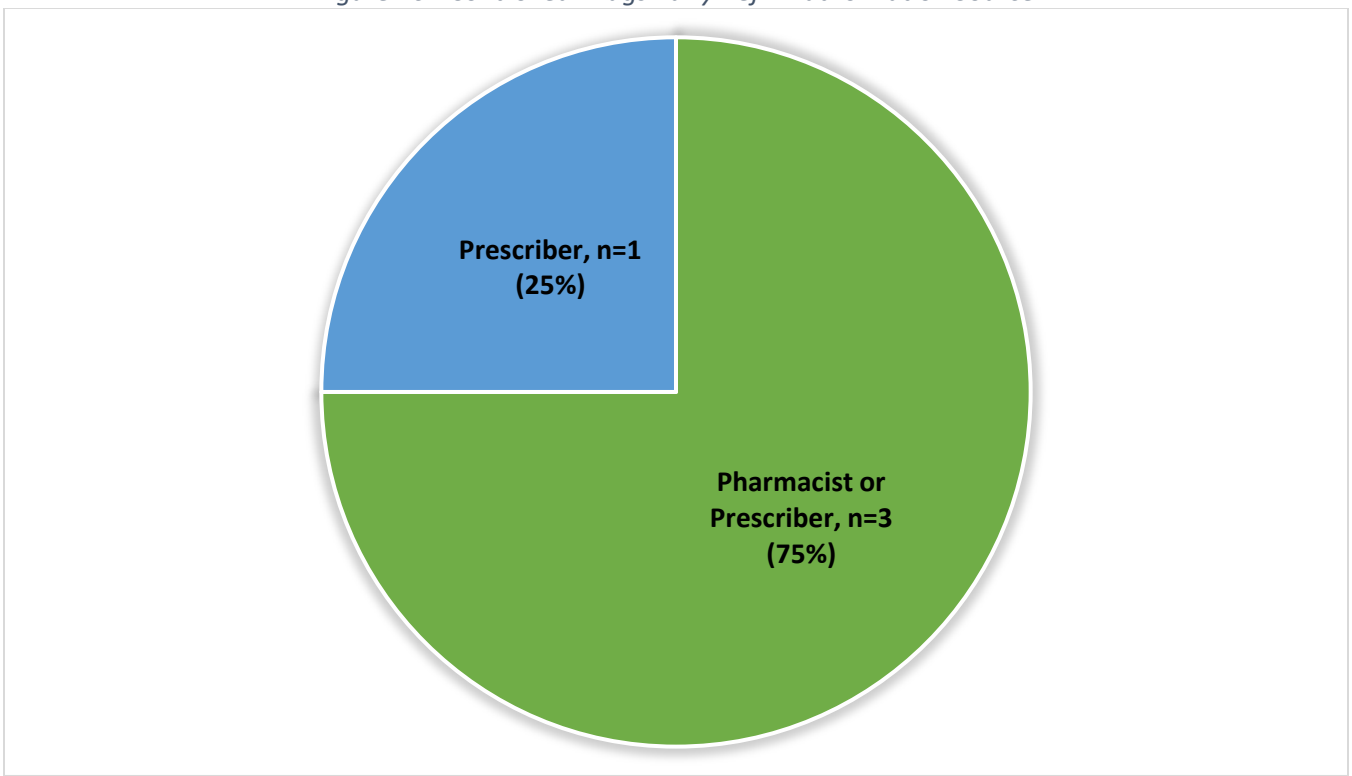


Table 15 - For Controlled Drugs, Early Refill Requirement and Authorization Source for Prior Authorization

MCO Name	Controlled Drugs Early Refill Requirement for Prior Authorization?	If "Yes," who obtains authorization? (Pharmacist, Prescriber or Either)	If "No," can pharmacist override at the point of service?
AmeriHealth Caritas DC	Yes	Pharmacist or Prescriber	
CareFirst BCBS Community Health Plan DC	Yes	Pharmacist or Prescriber	
HealthServicesforSpecial NeedsChildren	Yes	Prescriber	
MedStar Family Choice - District of Columbia	Yes	Pharmacist or Prescriber	

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 17 - Policy Allows Pharmacist Overrides for an Early Refill

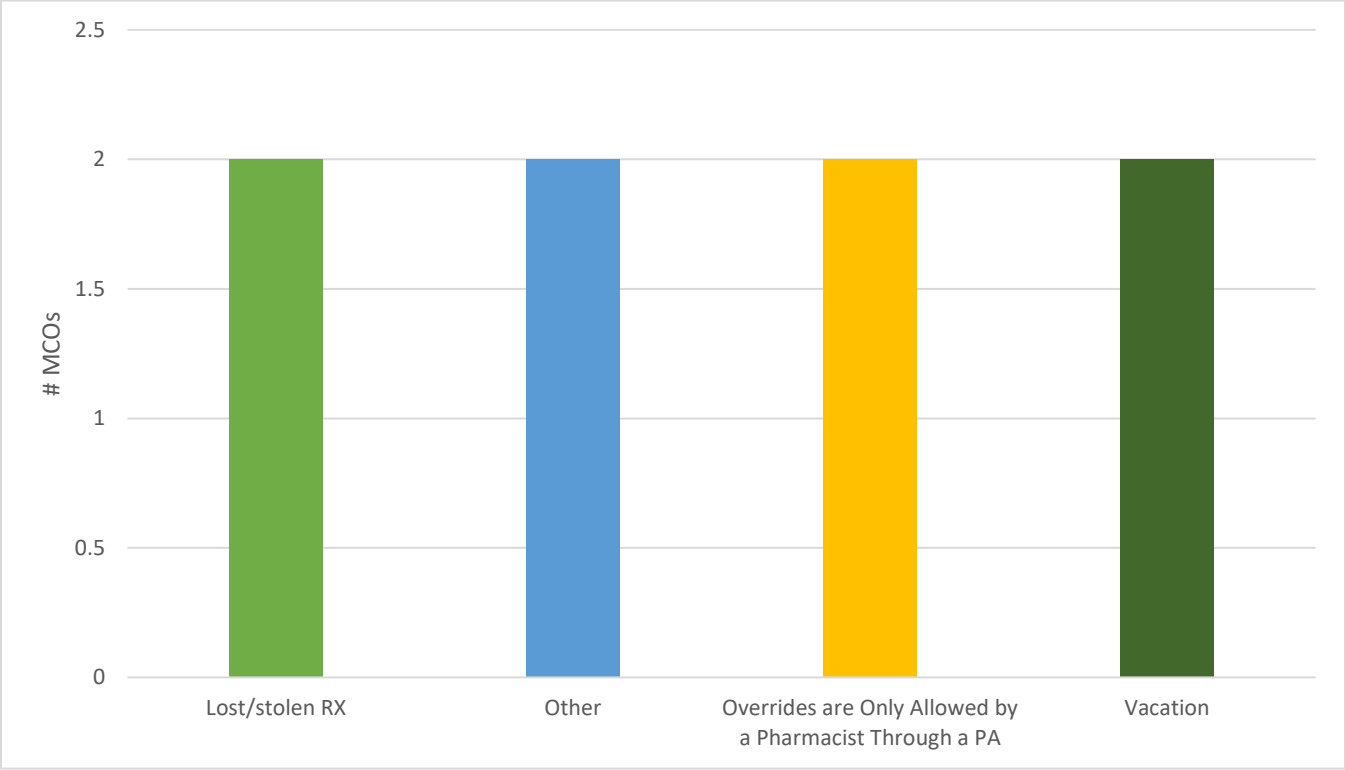


Table 16 - Policy Allows Pharmacist Overrides for an Early Refill

Response	MCO Names	Count	Percentage
Lost/stolen RX	AmeriHealth Caritas DC, HealthServicesforSpecialNeedsChildren	2	25.00%
Overrides are only allowed by a pharmacist through a PA	CareFirst BCBS Community Health Plan DC, MedStar Family Choice - District of Columbia	2	25.00%
Vacation	AmeriHealth Caritas DC, HealthServicesforSpecialNeedsChildren	2	25.00%

Response	MCO Names	Count	Percentage
Other	AmeriHealth Caritas DC, HealthServicesforSpecialNeedsChildren	2	25.00%
State Totals		**8**	**100%**

If "Other," please explain.

Table 17 - "Other" Explanations for Allowing Pharmacist Overrides for an Early Refill

MCO Name	Explanation
AmeriHealth Caritas DC	Lost or stolen and vacation supplies are a part of the benefit, a pharmacist must call the PBM for an override on all of the above situations, with the exception of an increase in dose.
HealthServicesforSpecial NeedsChildren	The pharmacist must contact CVS/Caremark Customer Care team for an override. The pharmacist will explain the reason for the early refill.

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

Figure 18 - System Accumulation Edit for Prevention of Early Prescription Filling

Table 18 - System Accumulation Edit for Prevention of Early Prescription Filling

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

If "Yes," please explain your edit.

Table 19 - Explanations for System Accumulation Edit for Prevention of Early Prescription Filling

MCO Name	Explanation
AmeriHealth Caritas DC	Pharmacies must contact the PBM for early refills to obtain any overrides.
CareFirst BCBS Community Health Plan DC	For Opioids and Vaccines, we have a cumulative edit. For all other drugs, the RTS logic is by GPI
HealthServicesforSpecial NeedsChildren	CVS/Caremark claims adjudication has two refill-too-soon edits that work in partnership and use the exact match of a drug's GPI to prevent enrollees from obtaining more medication than they should. The Refill Threshold Percentage (75%) and DUR setup calculate the next estimated refill date based on the previous Date of Fill and Days Supply of a dispensed drug. The system will not allow a refill until that specific amount of days has passed.
MedStar Family Choice - District of Columbia	Refill Threshold is set to 75%; calculation is done during adjudication and claims reject correctly. Adjudication has two "refill too soon" edits that work in partnership and use the exact match of a drug's GPI to prevent members from obtaining more medication than they should. The Refill Threshold Percentage and DUR setups calculate the next estimated refill date based on the previous Date of Fill and Day's Supply of a dispensed drug. The system will not allow a refill until that specific amount of days has passed.

8. Does the MCO have any policy prohibiting the auto-refill process that occurs at the POS (i.e., must obtain beneficiary's consent prior to enrolling in the auto-refill program)?

Figure 19 - MCO Policy Prohibiting Auto-Refill at the POS

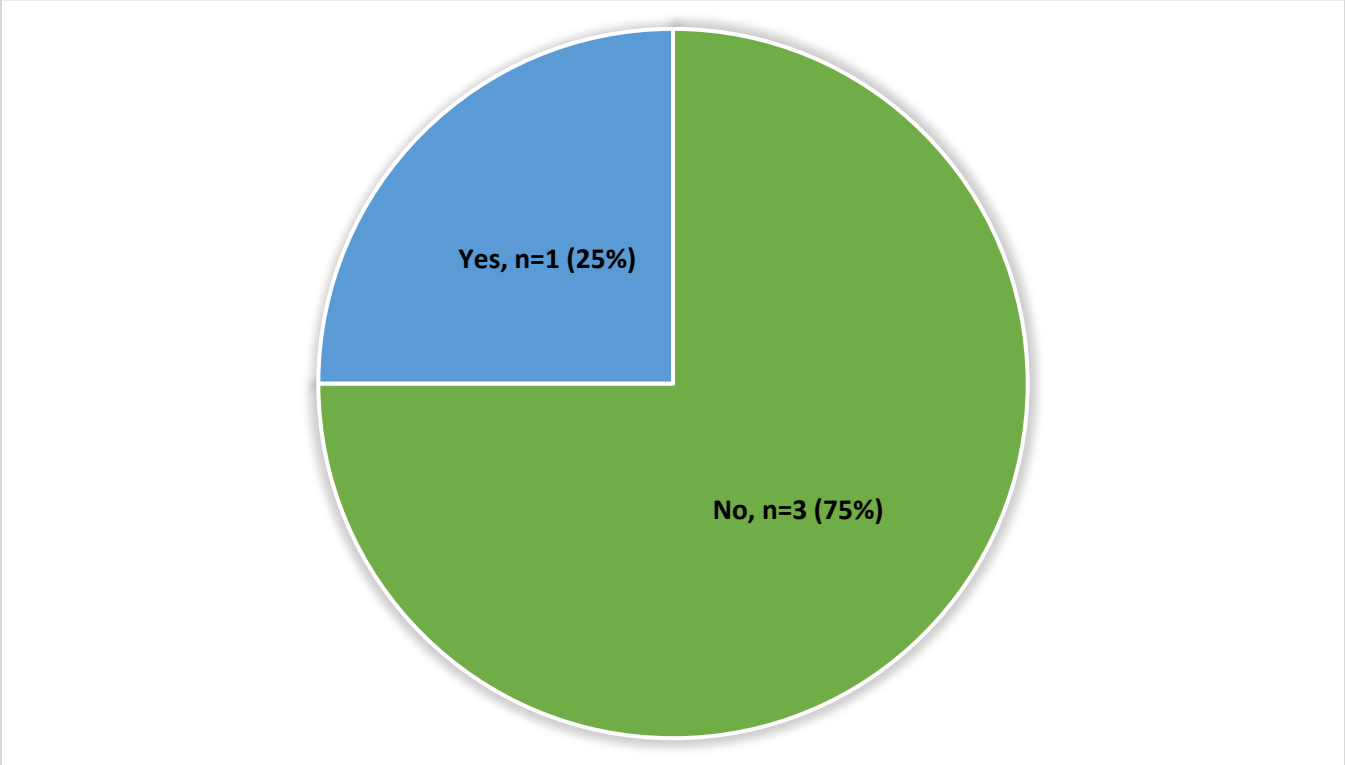


Table 20 - MCO Policy Prohibiting Auto-Refill at the POS

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC	1	25.00%

Response	MCO Names	Count	Percentage
No	CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	3	75.00%
State Totals		**4**	**100%**

9. Does your system have a diagnosis edit that can be utilized when processing a prescription?

Figure 20 - System Having a Diagnosis Edit That Can be Utilized When Processing Prescription

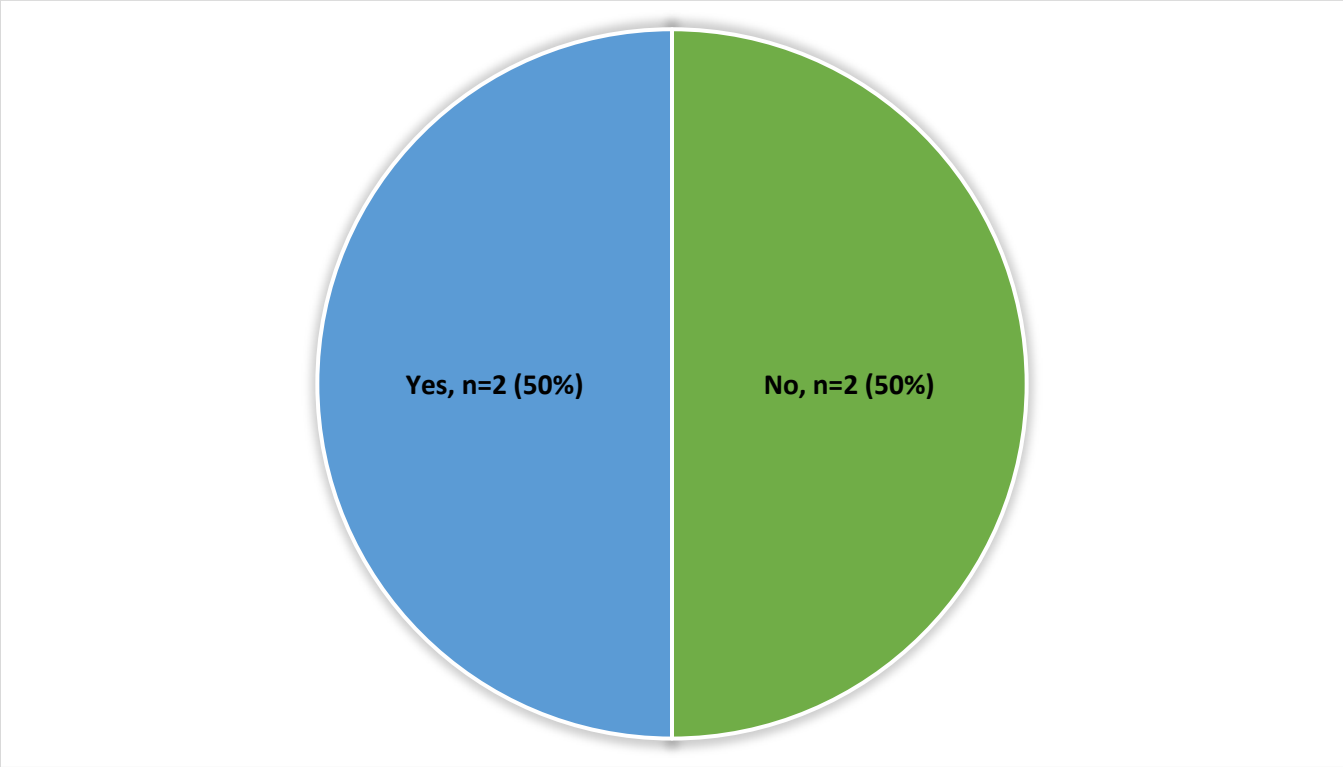


Table 21 - System Having a Diagnosis Edit That Can be Utilized When Processing Prescription

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, MedStar Family Choice - District of Columbia	2	50.00%
No	CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren	2	50.00%
State Totals		**4**	**100%**

If “Yes,” please explain.

Table 22 - Explanations for System Having a Diagnosis Edit That Can be Utilized When Processing Prescription

MCO Name	Explanation
AmeriHealth Caritas DC	YES A diagnosis code can be submitted on certain prescriptions to allow the prescription to process without a prior authorization requirement
MedStar Family Choice - District of Columbia	The DUR Diagnosis edit "messages" the pharmacist if a contraindication based on diagnosis is identified. The edit identifies contraindications based on the member's diagnosis. These contraindications are classified as either absolute, potential or precautionary.

10. 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 21 - Documented Process for Beneficiaries or their Prescribers to Access Any Covered Outpatient Drug (COD) when Medically Necessary

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

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

If "Yes," please check all that apply.

Figure 22 - Documented Process in Place for Beneficiaries to Access Any Covered Outpatient Drug (COD) When Medically Necessary

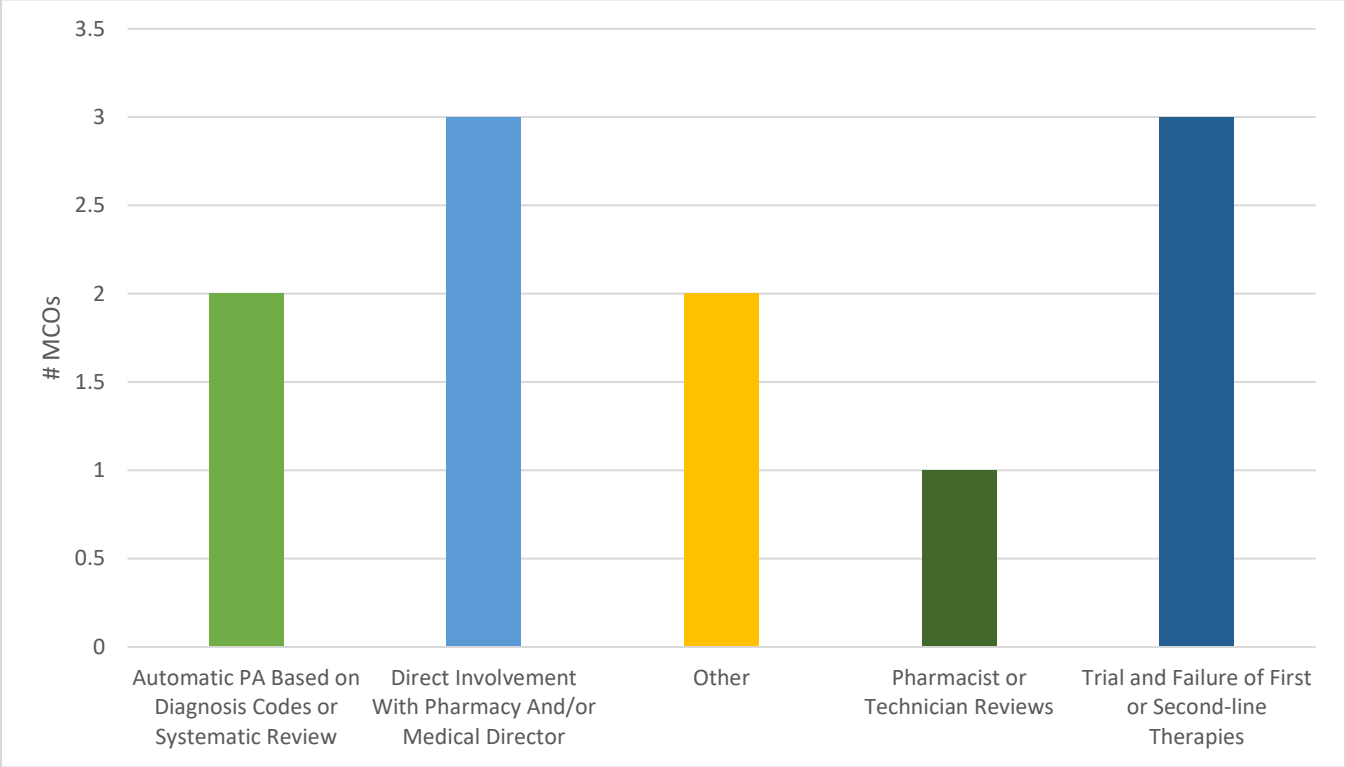


Table 24 - Documented Process in Place for Beneficiaries to Access Any Covered Outpatient Drug (COD) When Medically Necessary

Response	MCO Names	Count	Percentage
Automatic PA based on diagnosis codes or systematic review	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC	2	18.18%
Direct involvement with Pharmacy and/or Medical Director	AmeriHealth Caritas DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	3	27.27%
Pharmacist or technician reviews	AmeriHealth Caritas DC	1	9.09%
Trial and failure of first or second-line therapies	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren	3	27.27%
Other	HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	2	18.18%
State Totals		**11**	**100%**

If "Other," please explain.

Table 25 - Explanations for "Other" Processes in Place for Beneficiaries to Access Any Covered Outpatient Drug When Medically Necessary

MCO Name	Explanation
HealthServicesforSpecialNeedsChildren	HSCSN delegates Utilization Management to CVS/Caremark. CVS/Caremark allows formulary exceptions through the prior authorization process. In addition, the HSCSN Pharmacy Services Manager or a Medical Officer can override the CVS/Caremark decision.

MCO Name	Explanation
	Enrollees can receive a 7-day emergency supply of medication for any medication that rejects for lack of prior authorization (including non-formulary medications). The pharmacy receives an automated message that indicates that medication requires prior authorization. In the interim, the pharmacist can dispense a 7-day emergency supply using the emergency override code 11112222333, and the claim will pay.
MedStar Family Choice - District of Columbia	Non-formulary medications may be requested by a member, prescriber, or pharmacist by calling or faxing a request to MFC. Requests are evaluated for medical necessity by a Medical Director. Timelines for decision making and notification of outcome comply with NCQA and DHCF regulations.

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

Table 26 - How MCO Ensures PA Criteria is No More Restrictive than FFS Criteria and Review

MCO Name	Description
AmeriHealth Caritas DC	All FDA approved, CMS Medicaid plan approved medications are available to our enrollees if determined medically necessary. Our formulary and its updates are sent to DC Health Care Finance for review as changes occur.
CareFirst BCBS Community Health Plan DC	We review the DC FFS PDL quarterly. Also, share all proposed formulary changes and PA Criteria with the FFS Clinical Pharmacy team for review and approval.
HealthServicesforSpecialNeedsChildren	The HSCSN Drug Formulary, including additions/deletions, is submitted quarterly to DHCF for review and approval. DHCF will inform HSCSN if the formulary does not meet requirements or is too restrictive.
MedStar Family Choice - District of Columbia	PA criteria is sent to the DHCF for review. When making formulary changes, MFC consults the DHCF FFS formulary as well.

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 23 - Program Provides for the Dispensing of at least a 72-hour Supply of a COD in Emergency Situations

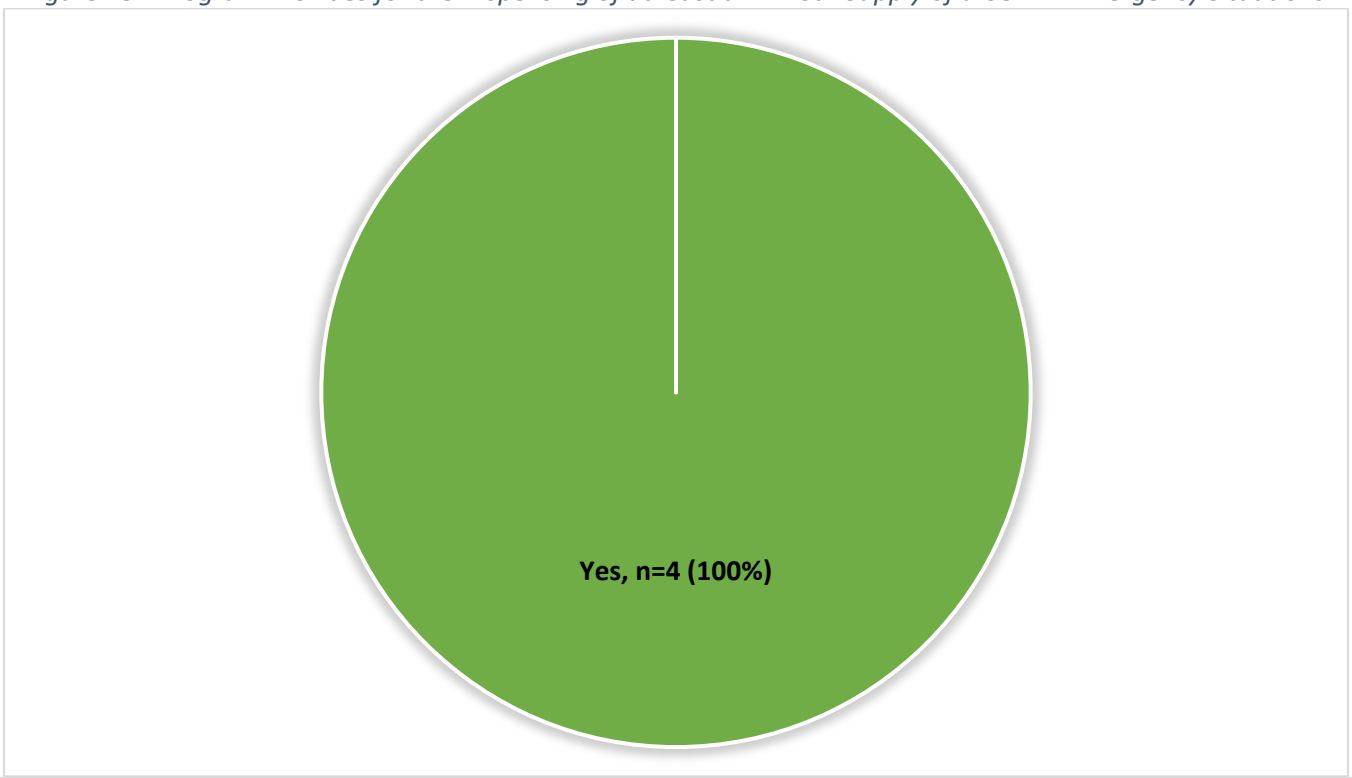


Table 27 - Program Provides for the Dispensing of at least a 72-hour Supply of a COD in Emergency Situations

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

If "Yes," please check all that apply.

Figure 24 - Process for the Dispensing of at least a 72-Hour Supply of CODs in Emergency Situations

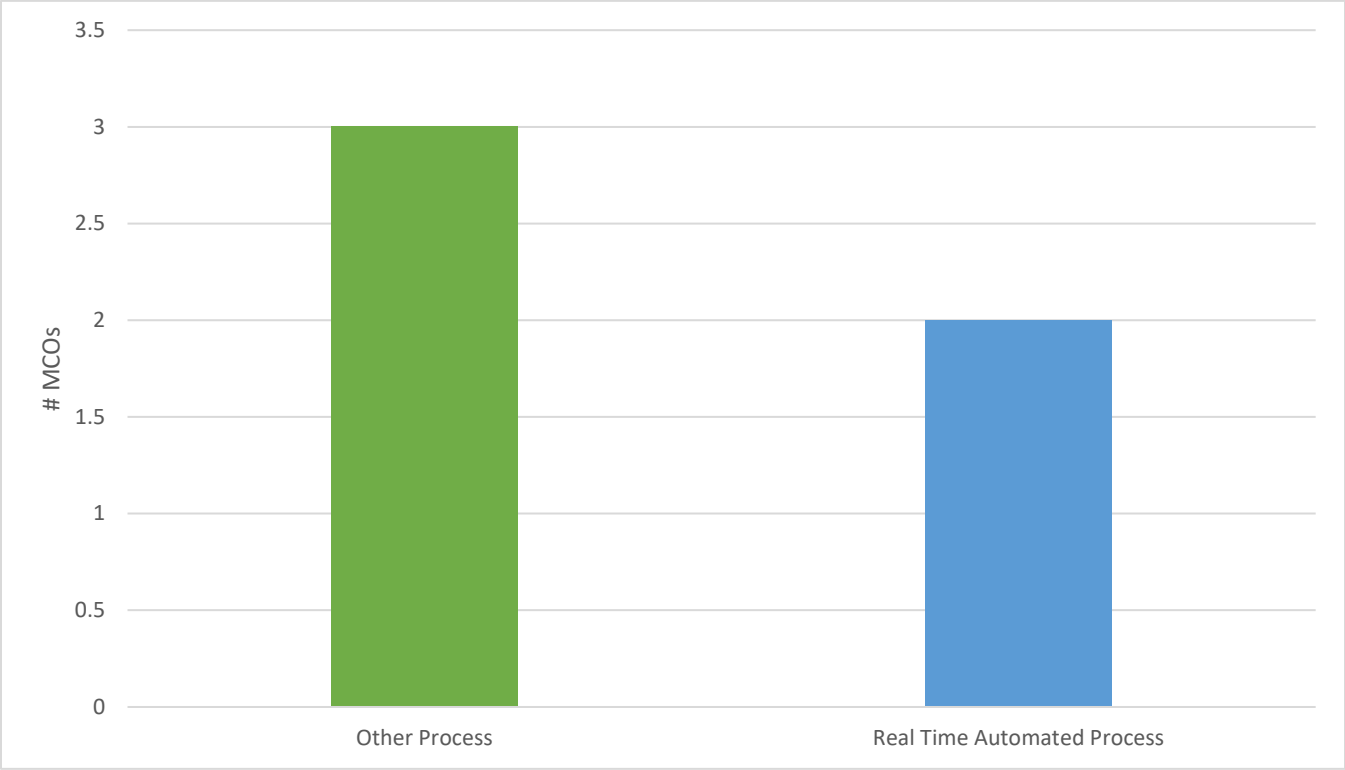


Table 28 - Process for the Dispensing of at least a 72-Hour Supply of CODs in Emergency Situations

Response	MCO Names	Count	Percentage
Real time automated process	AmeriHealth Caritas DC, MedStar Family Choice - District of Columbia	2	40.00%
Other process	CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	3	60.00%
State Totals		**5**	**100%**

If "Other process," please explain.

Table 29 - Explanations of "Other Process" for the Dispensing of at least a 72-Hour Supply of CODs in Emergency Situations

MCO Name	Explanation
CareFirst BCBS Community Health Plan DC	There is available an emergency fill override at point-of-sale (POS) that allows the dispensing pharmacy to place an override at POS to allow a 72-hour supply of a non-covered drug. The claim rejection message at POS will indicate what override to submit. The program excludes specialty drugs

MCO Name	Explanation
HealthServicesforSpecial NeedsChildren	Enrollees can receive a 7-day emergency supply of medication including when a medication rejects for lack of authorization. For emergency situations, pharmacists are educated to use the 7-day emergency fill override process. The pharmacists can dispense a 7-day emergency supply using the emergency override code 11112222333, and the claim will pay.
MedStar Family Choice - District of Columbia	Pharmacists may override an edit and dispense a 72-hour supply of a covered medication in an emergency situation, unless the medication requires Prior Authorization. Prior Authorization may be obtained at any time as there is nurse and physician coverage for all pharmacy requests 24 hours per day, 7 days per week. Of note, during the COVID emergency response MFC-DC allowed dispensing of 14-day emergency supplies of medication. The override request is handled by the account teams and driven in one of the 3 ways below: - Customer Care enters an emergency override - Point of sale reject with Pharmacy Help Desk number for override - Point of sale reject with override code for pharmacy to enter the override

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

*Table 30 - Top Drug Claims Data Reviewed by the DUR Board**

Column 1 Top 10 Prior Authorization (PA) Requests by Drug Name	Column 2 Top 10 PA Requests by Drug Class	Column 3 Top 5 Claim Denial Reasons (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	Diabetic Testing Blood Glucose Meters, Test Strips, Lancets	Refill Too Soon	Adalimumab	Ibuprofen
Oxycodone	Oncology Agents	Product Service Not Covered	Dulaglutide	Atorvastatin
Dulaglutide	Analgesics, Narcotic Agents	Prior Authorization Required	Insulin Glargine	Amlodipine
Dupilumab	Antipsychotic Agents	Days Supply Exceeds Plan Limitation	Buprenorphine Hcl-naloxone Hcl	Albuterol Sulfate Hfa
Lisdexamfetamine	Anticonvulsant Agents	Filled After Coverage Terminated	Empagliflozin	Fluticasone
Adalimumab	Other - Skin And Mucous Membrane Agents		Paliperidone Palmitate Er	Cetirizine
Pregabalin	Other - Incretin Mimetics		Apixaban	Metformin
Tramadol	Stimulants And Related Agents		Fluticasone Salmeterol	Lisinopril
Lurasidone	Immunomodulators		Dupilumab	Gabapentin
Tacrolimus	Other - Sodium-glucose Cotransport 2 (sglt2) Inhibitors		Lurasidone	Albuterol

* 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 25 - Operation and Oversight of RetroDUR Reviews

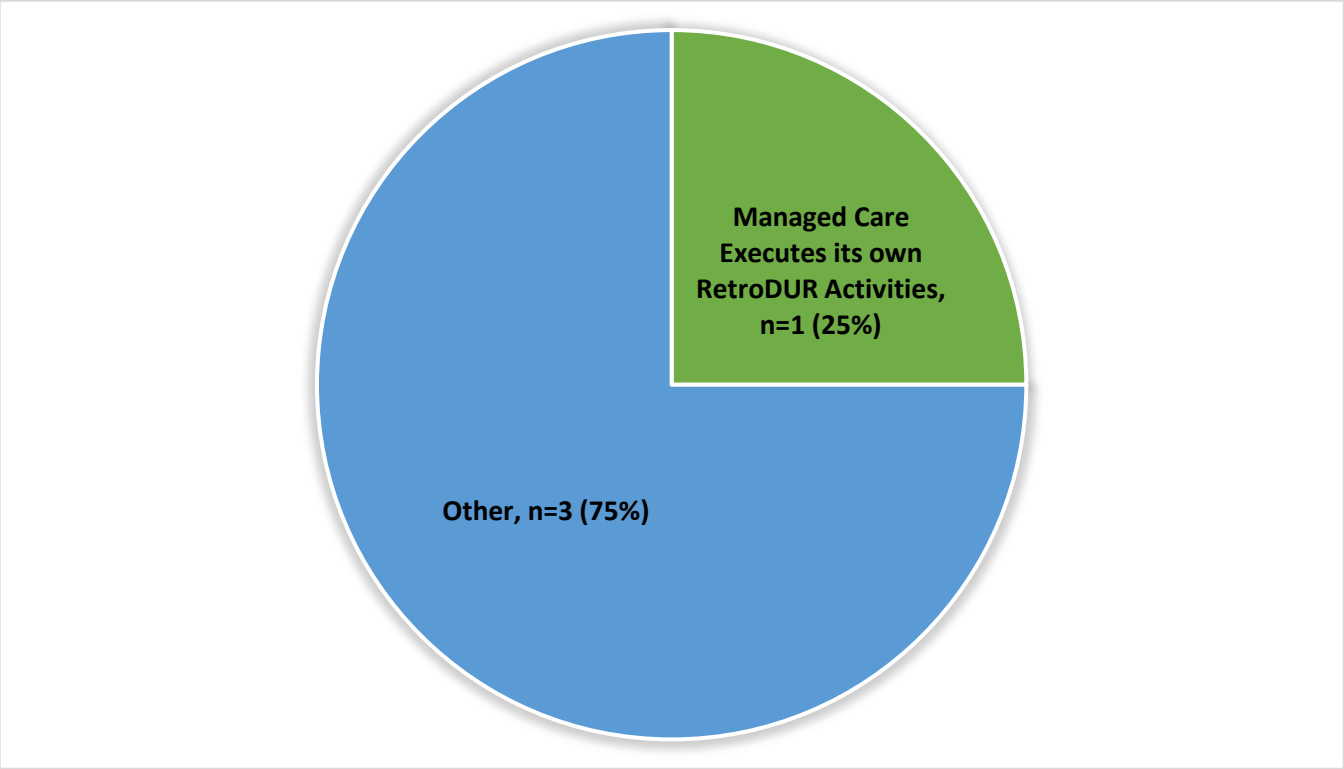


Table 31 - Operation and Oversight of RetroDUR Reviews

Response	MCO Names	Count	Percentage
Managed Care executes its own RetroDUR activities	CareFirst BCBS Community Health Plan DC	1	25.00%
Other	AmeriHealth Caritas DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	3	75.00%
State Totals		**4**	**100%**

If "Other," please explain.

Table 32 - "Other" Explanations for Operation and Oversight of RetroDUR Reviews

MCO Name	Explanation
AmeriHealth Caritas DC	Managed Care Organization executes its own RetroDUR Activities in collaboration with its PBM who performs RetroDUR activities, as well as RetroDUR state requests.
HealthServicesforSpecial NeedsChildren	DUR for HSCSN is under the auspices of the HSCSN DUR Committee (DURC) which meets monthly to review DUR activities including reports of CVS RetroDUR activities , HSCSN initiated activities and those requested by the District of Columbia FFS DUR Board. Our delegated PBM, CVS/Caremark, RetroDUR activities include the Retrospective Safety Review, Safety and Monitoring Solution (SMS) , and Enhanced Safety and Monitoring

MCO Name	Explanation
	Solution (ESMS) activities. CVS/Caremark also reports on activities related to gaps in medication therapy with outcomes. Clinical Pharmacy Associates, Inc is a consultant organization that performs targeted therapeutic class RetroDUR reviews. The reviews in FY2022 included oral antiretroviral agents and oral chemotherapy agents. HSCSN performs RetroDUR monthly for Opioids, Controlled Substances, Antipsychotics, and Benzodiazepines/Opioids. We also review quarterly data on Medication Adherence for maintenance medications. HSCSN uses the Medication Possession Ratio as the measure of adherence. HSCSN Pharmacy Services participates in quarterly meetings with the DC FFS DUR Board and performs additional DUR activities based on their requests and criteria. HSCSN determines pharmacy lock-in based on the DC DUR Board criteria.
MedStar Family Choice - District of Columbia	There are FOUR sources of RetroDUR for MFC. They are: 1. CVS Caremark, functioning as our Pharmacy Benefit Manager, conducts RetroDUR activities on behalf of MFC. 2. MFC operates a DC Department of Healthcare Finance-mandated Pharmacy Lock-In program. 3. MFC utilizes Fraud, Waste, and Abuse software to identify aberrant prescribing patterns. 4. MFC created and operates a RetroDUR that addresses outliers (Top 5) in four categories of opioid prescribing patterns. All programs approved and overseen by the Pharmacy & Therapeutics Committee.

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

Figure 26 - Type of Vendor that Performed RetroDUR Activities

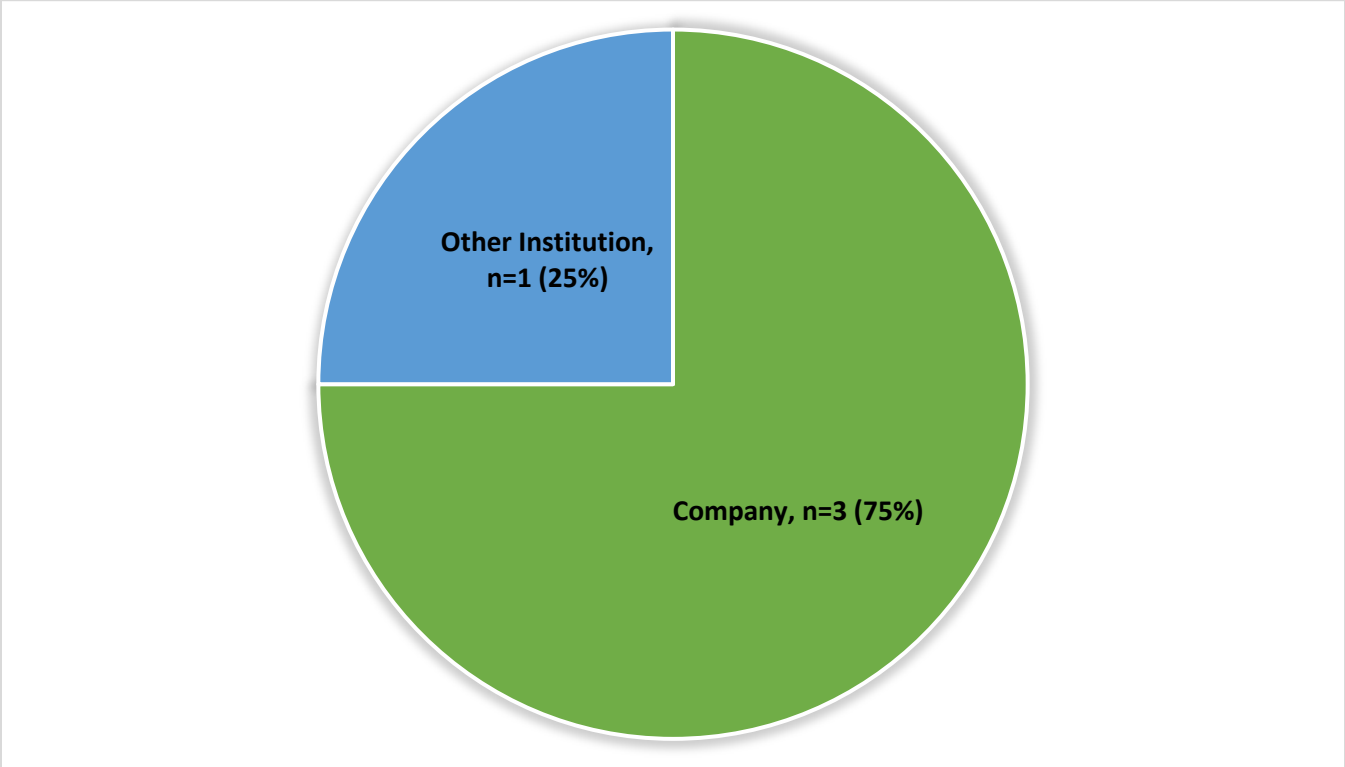


Table 33 - Type of Vendor that Performed RetroDUR Activities

Response	MCO Names	Count	Percentage
Company	CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	3	75.00%
Other Institution	AmeriHealth Caritas DC	1	25.00%
State Totals		**4**	**100%**

Table 34 - Vendor Names

Response	MCO Names	Count	Percentage
CVS/Caremark	HealthServicesforSpecialNeedsChildren	1	25.00%
CVS Caremark, functioning as our Pharmacy Benefit Manager conducts some of MFC's RetroDUR activities. Otherwise, all RetroDUR are conducted internally.	MedStar Family Choice - District of Columbia	1	25.00%
Our internal pharmacy department conducts all RetroDUR activities and reports to the P&T Committee	CareFirst BCBS Community Health Plan DC	1	25.00%

Response	MCO Names	Count	Percentage
PerformRx, the PBM, in conjunction with the health plan.	AmeriHealth Caritas DC	1	25.00%
State Totals		**4**	**100%**

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

Figure 27 - RetroDUR Vendor is the Developer/Supplier of Retrospective DUR Criteria

Table 35 - RetroDUR Vendor is the Developer/Supplier of Retrospective DUR Criteria

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

If "Yes," please explain.

Table 36 - "Yes" Explanations for RetroDUR Vendor Developer/Supplier of Retrospective DUR Criteria

MCO Name	Explanation
AmeriHealth Caritas DC	AmeriHealth Caritas Family of Companies P&T DUR Board
CareFirst BCBS Community Health Plan DC	We conduct our own RetroDUR with our own criteria
HealthServicesforSpecial NeedsChildren	CVS/Caremark uses their internally developed criteria which are proprietary.

MCO Name	Explanation
MedStar Family Choice - District of Columbia	CVS Caremark's RetroDUR activities are developed by CVS Caremark and overseen by MFC.

b. Does your MCO customize your RetroDUR vendor criteria?

Figure 28 - MCO Customizes RetroDUR Vendor Criteria

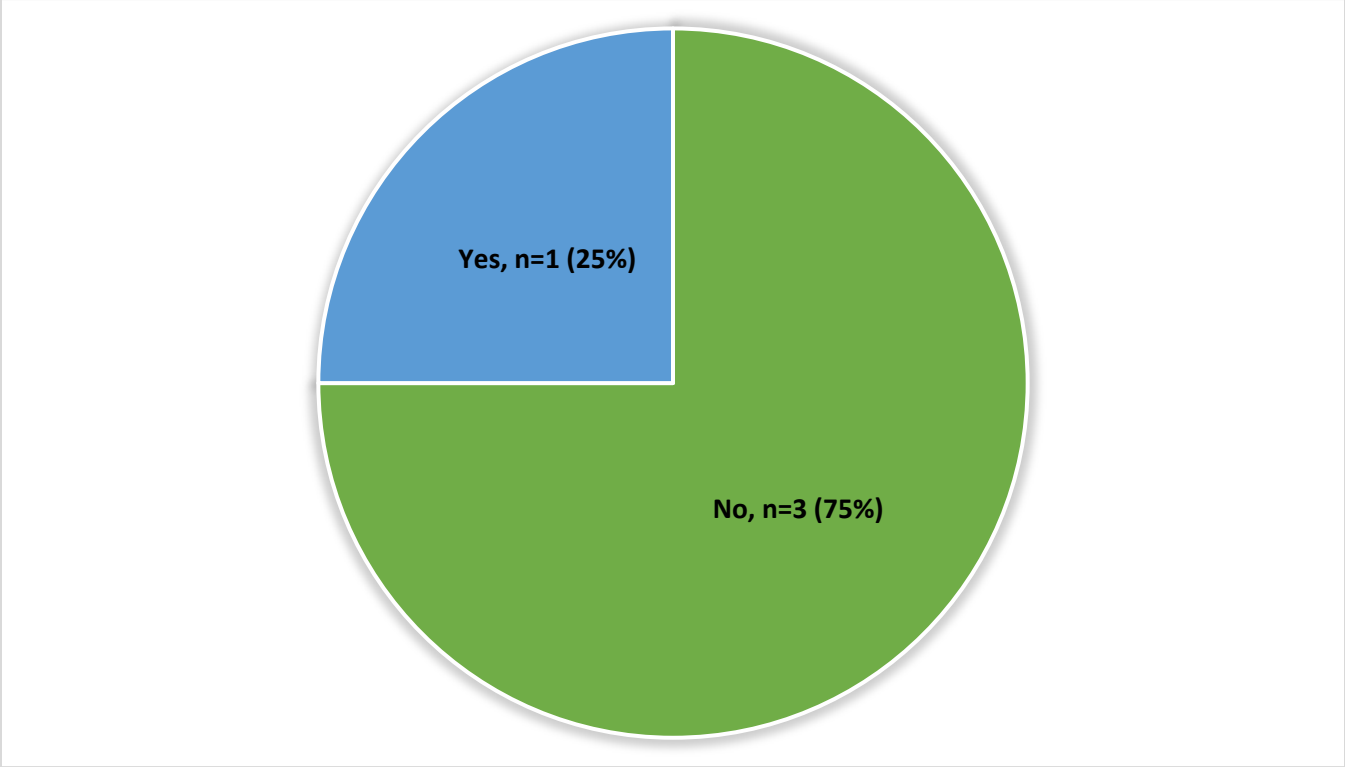


Table 37 - MCO Customizes RetroDUR Vendor Criteria

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC	1	25.00%
No	CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	3	75.00%
State Totals		**4**	**100%**

3. Who reviews and approves your MCO RetroDUR criteria?

Figure 29 - RetroDUR Criteria Approval/Review Sources

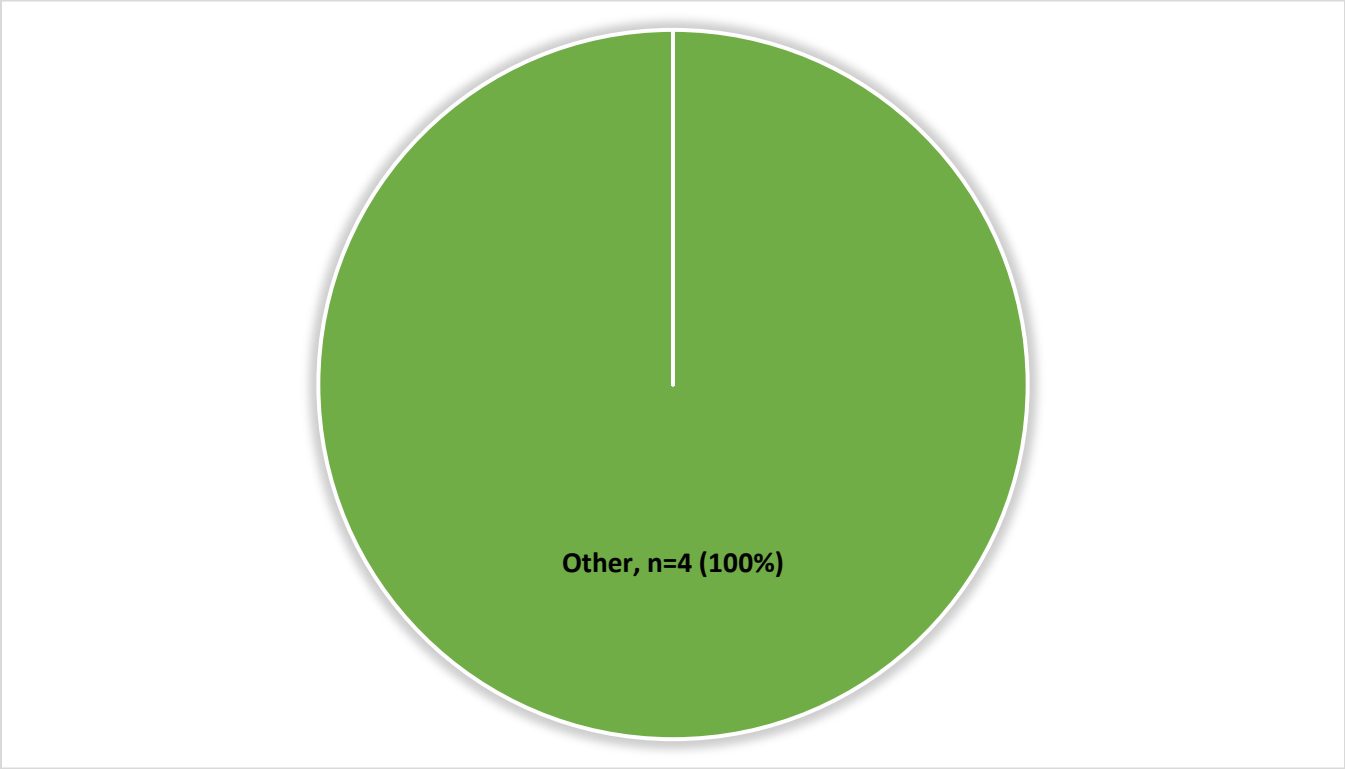


Table 38 - RetroDUR Criteria Approval/Review Sources

Response	MCO Names	Count	Percentage
Other	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

If "Other," please explain.

Table 39 - "Other" Explanations RetroDUR Criteria Approval/Review Sources

MCO Name	Explanation
AmeriHealth Caritas DC	The MCO Pharmacy Director and AmeriHealth Family of Companies P&T Board.
CareFirst BCBS Community Health Plan DC	The MCO P&T Committee serves as the DUR Board and creates, reviews and approves the RetroDUR criteria
HealthServicesforSpecial NeedsChildren	The CVS/Caremark ProDUR and RetroDUR programs are reviewed annually by the CVS/Caremark Pharmacy & Therapeutics Committee as well as external specialists/consultants. In addition, HSCSN Pharmacy Services drug utilization review activities are under oversight of the District of Columbia FFS DUR Board and HSCSN actively participates in the DUR Board's quarterly meetings. The DC FFS DUR Board determines pharmacy lock-in criteria and requests other targeted DUR activities. HSCSN has a Drug Utilization Review Committee (DURC) that meets monthly and directs HSCSN DUR activities. The DURC reviews reports of CVS/Caremark prospective and retrospective DUR activities. The DURC also reviews data provided by CVS/Caremark for evaluation of pharmacy lock-in based on DC FFS DUR Board criteria. The DURC regularly reviews

MCO Name	Explanation
	reports on pharmacy utilization, claims rejections, medication adherence, controlled substances utilization and polypharmacy based on internal HSCSN DUR criteria and guidelines. The DURC determines individual and organizational responses to the findings.
MedStar Family Choice - District of Columbia	The MFC Pharmacy & Therapeutics Committee, as part of their range of responsibilities, reviews and approves all Retro DUR criteria as well as oversees all Retro DUR activities.

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

Figure 30 - Frequency of Retrospective Practitioner-Based Education

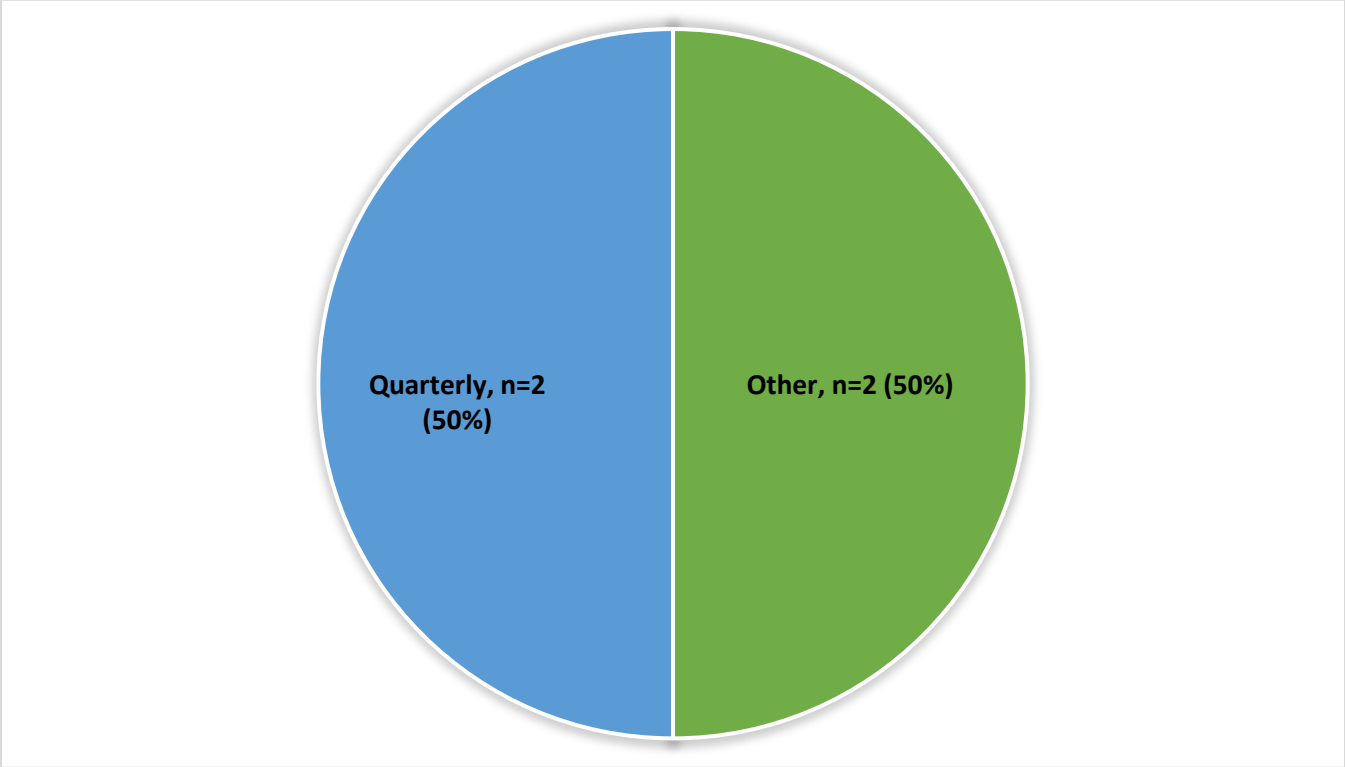


Table 40 - Frequency of Retrospective Practitioner-Based Education

Response	MCO Names	Count	Percentage
Quarterly	CareFirst BCBS Community Health Plan DC, MedStar Family Choice - District of Columbia	2	50.00%
Other	AmeriHealth Caritas DC, HealthServicesforSpecialNeedsChildren	2	50.00%
State Totals		**4**	**100%**

If "Other," please specify.

Table 41 - "Other" Frequency of Retrospective Practitioner-Based Education

MCO Name	Explanation
AmeriHealth Caritas DC	As a part of the DTM/Readmissions program, practitioner-based education is completed each time a pharmacist reviews a medication profile and identifies a medication related problem. DTM reviews are conducted weekly.
HealthServicesforSpecial NeedsChildren	We performed provider education ad hoc .

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

Figure 31 - Frequency of Retrospective Reviews that Involve Communication of Client-Specific Information to Healthcare Practitioners

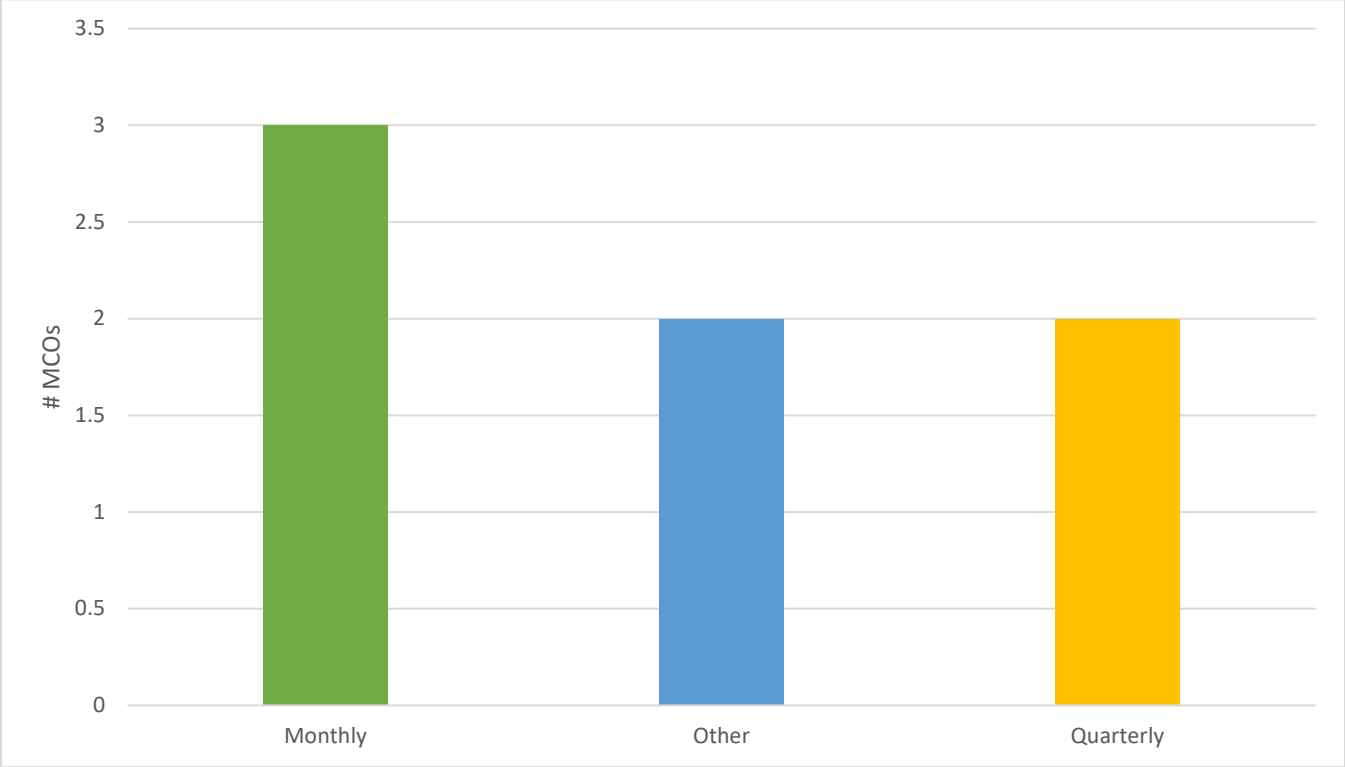


Table 42 - Frequency of Retrospective Reviews that Involve Communication of Client-Specific Information to Healthcare Practitioners

Response	MCO Names	Count	Percentage
Monthly	CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	3	42.86%
Quarterly	HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	2	28.57%
Other	AmeriHealth Caritas DC, MedStar Family Choice - District of Columbia	2	28.57%
State Totals		**7**	**100%**

If "Other," please specify.

Table 43 - "Other" Explanations for Frequency of Retrospective Reviews that Involve Communication of Client-Specific Information to Healthcare Practitioners

MCO Name	Explanation
AmeriHealth Caritas DC	As a part of the DTM/ Readmission program,practitioner-based education is completed each time a pharmacist reviews a medication profile and identifies a medication related problem Communication to the provider will occur through phone, fax or mail weekly.
MedStar Family Choice - District of Columbia	Daily messaging from the PBM to practitioners for missed fills of chronic use medications.

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

Figure 32 - Preferred Mode of Communication When Performing RetroDUR Initiatives

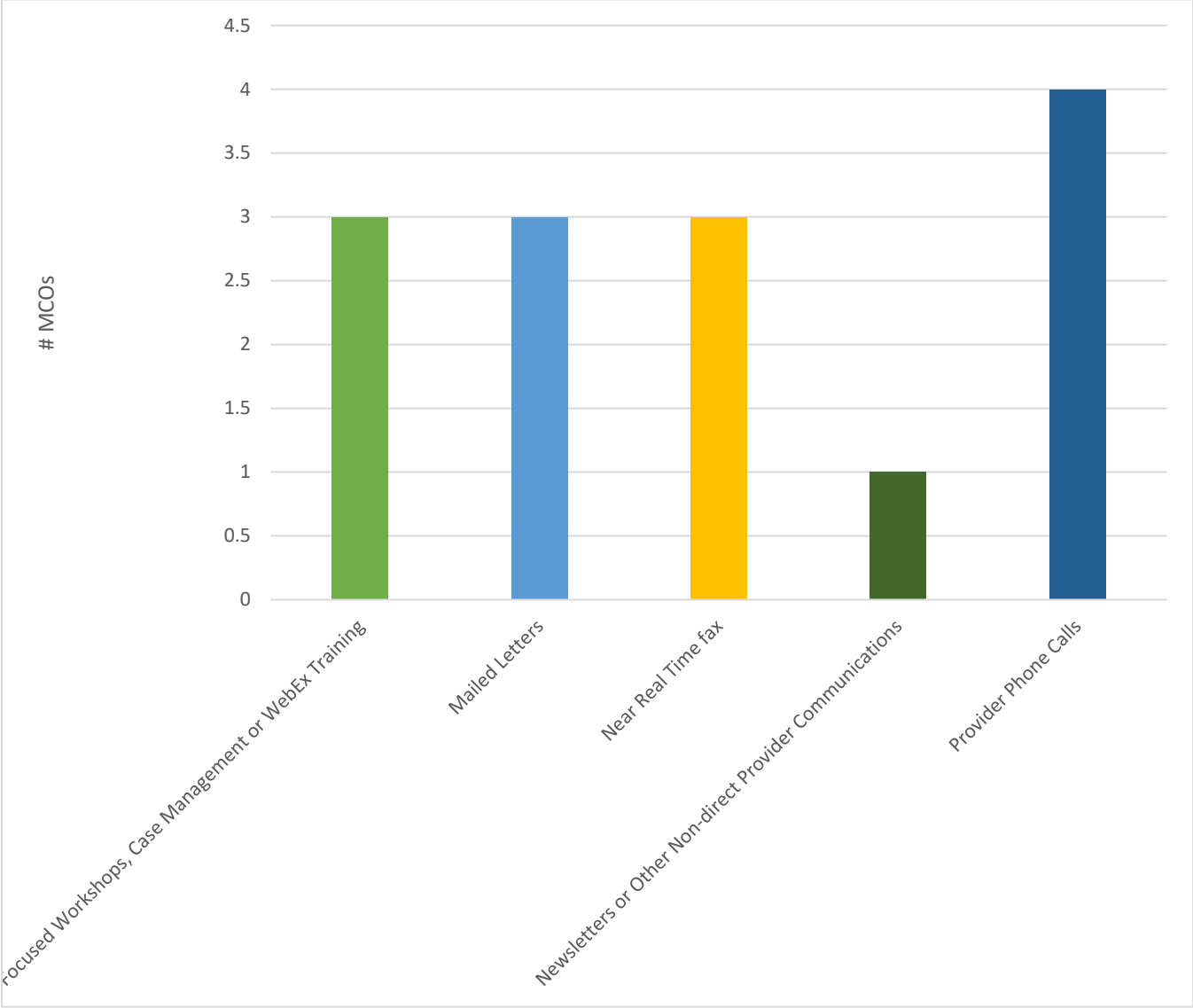


Table 44 - Preferred Mode of Communication When Performing RetroDUR Initiatives

Response	MCO Names	Count	Percentage
Focused workshops, case management or WebEx training	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren	3	21.43%
Mailed letters	AmeriHealth Caritas DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	3	21.43%
Near real time fax	AmeriHealth Caritas DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	3	21.43%
Newsletters or other non-direct provider communications	CareFirst BCBS Community Health Plan DC	1	7.14%

Response	MCO Names	Count	Percentage
Provider phone calls	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	28.57%
State Totals		**14**	**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. The results of RetroDUR screening and interventions should be included and detailed below.

Table 45 - RetroDUR Educational Outreach

MCO Name	RetroDUR Educational Outreach Summary
AmeriHealth Caritas DC	1. The Multiple Sclerosis Drug Therapy Management Program is focused on attaining and sustaining adherence to disease-modifying therapies including a holistic review of the member's medication. The clinical pharmacy team continuously follows each member enrolled within the program to ensure that appropriate pharmaceutical care is provided. Below is a summary of the program outcomes: Profiles Reviewed: 90 Percentage of Profile Reviews with Medication-Related Problems: 88% Provider-Targeted Interventions: 122 Breakdown of Intervention Types: Additional Therapy Needed: 14 Duplicate Therapy: 2 Formulary Management: 77 Medication Adherence: 15 Medication Monitoring Opportunity: 1 Plan Referral: 13 Within this reporting period, 18 interventions were accepted as supported by pharmacy claims data. Five interventions were closed as completed as they required an action that was not supported by pharmacy claims data (examples of this include laboratory follow-ups, providing medication lists). 2. The Readmissions Drug Therapy Management Program is focused optimizing medication regimens for members during the transition from hospital to home. The goal is to engage members at discharge and empower them in the outpatient setting in order to impact (reduce) the rate of readmission. Below is a summary of the program outcomes: Profiles Reviewed: 568 Percentage of Profile Reviews with Medication-Related Problems: 42% Provider-Targeted Interventions: 459 Breakdown of Intervention Type: Additional Therapy Needed: 111 Change in Drug Therapy: 14

MCO Name	RetroDUR Educational Outreach Summary
	Discontinuation of Therapy: 1 Duplicate Therapy: 8 Formulary Management: 120 Medication Adherence: 15 Medication Monitoring Opportunity: 22 Plan Referral: 132 Provider Education: 25 Other: 10 Referral: 1 Within this reporting period, 74 interventions were accepted as supported by pharmacy claims data. Ninety-five additional interventions were closed as completed because they required an action that was not supported by pharmacy claims data (examples of this include laboratory follow-ups, providing medication lists). 3. The Antipsychotic Use Drug Therapy Management Program is focused on optimizing appropriate use of antipsychotics in children. The goal is to identify and resolve potential drug therapy problems to improve member outcomes. Below is a summary of program outcomes: Profiles Reviewed: 96 Percentage of Profile Reviews with Medication-Related Problems: 33% Provider-Targeted Interventions: 42 Breakdown of Intervention Type: Duplicate Therapy: 3 Medication Monitoring Opportunity: 27 Provider Education: 1 Change in Drug Therapy: 3 Other: 1 Referral: 2 Formulary Management: 1 Medication Adherence: 3 Plan Referral: 1 Within this reporting period, 2 interventions were accepted as supported by pharmacy claims data. One additional interventions were closed as completed because they required an action that was not supported by pharmacy claims data (examples of this include laboratory follow-ups). 4. The Stimulant Use Drug Therapy Management Program is focused on optimizing appropriate use of stimulant medication in children. The goal is to identify and resolve potential drug therapy problems to improve member outcomes. This program was implemented in 1Q2022. Below is a summary of program outcomes: Profiles Reviewed: 411 Percentage of Profile Reviews with Medication-Related Problems: 46% Provider-Targeted Interventions: 220

MCO Name	RetroDUR Educational Outreach Summary
	Breakdown of Intervention Type: Additional Therapy Needed: 10 Adverse Drug Reaction: 1 Drug Interaction Alert: 22 Formulary Management: 15 Medication Adherence: 159 Medication Monitoring Opportunity: 10 Plan Referral: 1 Provider Education: 1 Other: 1 Within this reporting period, 44 interventions were accepted as supported by pharmacy claims data. Nineteen additional interventions were closed as completed because they required an action that was not supported by pharmacy claims data (examples of this include laboratory follow-ups).
CareFirst BCBS Community Health Plan DC	In CY 2022 we continued to promote the use of Long Acting Injectable (LAI) antipsychotic medication, we added all LAI antipsychotics to the drug formulary and continued our collaboration with pharmaceutical representatives to promote programs that increase the use of LAI to increase medication adherence and reduce inpatient readmissions. Our Chief Psychiatry Officer continued in-person visit to network psychiatrists and hospitals to educate and promote the use of LAIs in this population. Over the past two years we have observed a steady increase in LAI utilization. The addition of a Behavioral Health Pharmacist to the team in 2019 provided more education and guidance to our network provider while also closing the gap between medical and behavioral health disparities. The Behavioral Health Pharmacist has been very effective conducting TOC and MTM services for our enrollees. We continued these outreach efforts during CY 2022 and continue to see an increase in utilization of LAIs
HealthServicesforSpecial NeedsChildren	RetroDUR Outreach Summary HSCSN DUR Committee October 1, 2021, to September 31, 2022 year-end summary. CVS/Caremark Retrospective Safety Activity review for Oct 2021-December 2021, showed the top edit was Drug-Drug Interaction and there were five (5) intervention opportunities identified, six (6) interventions sent, and three (3) plan enrollees evaluated. For January 2022-March 2022, the top edit was Drug-Drug Interaction and there were four (4) intervention opportunities were identified, four (4) interventions were sent, and five (5) plan enrollees were evaluated. The highest prescriber response rate was 29%. For Apr 2022 -June 2022, the top edit was Drug-Drug Interactions and there were five (5) intervention opportunities identified, and seven (7) interventions were sent. For the last quarter of FY 2022, July-September 2022, the top edit was Drug-Drug Interaction and there were nine (9) nine intervention opportunities identified, fourteen (14) interventions sent, and nine (9) plan enrollees were evaluated. CVS/Caremark provided educational opportunities for thirty-one prescribers. CVS/Caremark RetroDUR Enhanced Safety Monitoring Solution(ESMS) CVS/Caremark and HSCSN two (2) Courses of Action (COA) interventions. One (1) COA case was for opioid use and polypharmacy which resulted in the enrollee being placed in Pharmacy Lock-In status. The second COA case was for an enrollee for high drug dosing resulting in

MCO Name	RetroDUR Educational Outreach Summary
	clarification on prescription. CVS/Caremark sent intervention letters to the prescribers and pharmacies. CVS/Caremark RetroDUR Closing the Gaps in Medication Therapy activity shows gaps for six (6) conditions (diabetes, heart failure, osteoporosis, respiratory disease, ischemic heart disease, rheumatoid arthritis). Fifty-sixty (56) enrollees were in the gap analysis. The top therapy gap was respiratory disease. Of the fifty (50) enrollees with respiratory disease, twenty-one (21) were receiving short-acting bronchodilators but no ICS, and twenty-nine (29) were receiving ICS and over-utilizing SABA. CVS/Caremark intervention was an integrated, pharmacy-focused approach to improving health outcomes and delivering clinical interventions to enrollees and prescribers. CVS/Caremark works directly with physicians to close identified gaps in medication therapy across the six chronic conditions. The HSCSN DUR Committee reviewed the utilization of opioids and controlled substances monthly with a goal of identifying high-risk enrollees. During this period, sixty-five (65) enrollees were identified with an average daily MME greater than 50. The DUR Committee reviewed medication profiles of r forty-seven (47) enrollees with >50 MME average per day and eighteen (18) enrollees with >90 MME average per day For these high-risk enrollees, HSCSN Pharmacy Services reviewed the PDMP data, use of other controlled substances, and referred the enrollees for care management outreach. Enrollees received education on the use and importance of the rescue medication Narcan (naloxone) spray. For enrollees without a paid claim for naloxone, outreach was done to make sure that they have access to naloxone. In addition, prescribers were contacted by the CMO or CPMO to discuss enrollees that had a more concerning pattern of opioid use. The CPMO reviewed enrollees on antipsychotic medications that were 12 years old and younger, and all children in foster care. She also reviewed medications for children 13 years and older with two or more Atypical Antipsychotics. Outreach to physicians was completed by CPMO as appropriate. HSCSN CPMO and foster care Care Manager Team met for Behavioral Health rounds and enrollee outreach. Enrollees are referred to the PMTM Team for medication management and medication reconciliation, when appropriate. The DUR Committee placed one enrollee in pharmacy lock-in.
MedStar Family Choice - District of Columbia	RetroDUR allows MFC to examine drug claims to identify patterns of abuse or misuse. MFC utilizes Fraud, Waste, and Abuse detection software that assists MFC in identifying categories of prescription claims to be examined for patterns of fraud, abuse, gross overuse, or medically unnecessary care and then takes corrective actions. The MFC P&T Committee reviews RetroDUR criteria, including those followed by CVS, the Pharmacy Benefit Manager. The following are RetroDUR programs run by CVS on behalf of MFC: Appropriate Therapy Management- Suggests therapeutic alternatives that have been shown to be just as effective but cost less than the prescribed medication. For example, suggest cost-saving alternative to a specific branded therapy for asthma/COPD, therapeutic duplication, drug-disease contraindications, incorrect dosage or duration of treatment, drug allergy, and clinical misuse or abuse. Condition Management- Helps ensure safe, effective, and high-quality drug therapy at lower costs by identifying medication-related problems that may exacerbate a medical condition or lead to unnecessary use of other therapies. For example, identifying

MCO Name	RetroDUR Educational Outreach Summary
	members with asthma taking beta blockers which may potentially worsen their disease and increase medication use. Dose Optimization Management- Identifies medications that are prescribed for multiple daily doses which can be simplified to once daily medications. This can help improve member compliance and savings. For example, a member receiving Lipitor 20 mg twice a day may take Lipitor 40 mg once a day. GI Therapy Management CVS Caremark Pharmacists- Identifies members receiving GI therapy: 1) for longer than recommended, 2) which may indicate duplication of therapy, 3) at higher than recommended doses, 4) which may be less cost-effective than other therapy. Age-Appropriate Management- Helps ensure safe, effective and high-quality drug therapy at lower costs by identifying situations where a certain age group is receiving a drug which may cause adverse events in that population. For example, appropriate use of COX-2 inhibitors for members 60 years of age and younger. Duration of Therapy Management- Helps ensure safe, effective and high-quality drug therapy at lower costs by identifying opportunities to shorten the duration of drug treatment and potentially limit adverse events. Therapeutic Duplication Management- Identifies when same drug classes are prescribed. Drug Interaction Specialty Program The following are the most prominent 10 problems with the largest number of exceptions for FFY 2022: 1) Gastrointestinal issues: PPI over 91 days, recommend H2RA - identifies members on a PPI over 91 days, and recommend H2RA [898 interventions made] 2) Condition Management: Reevaluating NSAID/COX-2 inhibitor Use in Cardiovascular Disease- identifies members with known cardiovascular disease who are receiving an NSAID/COX-2 inhibitor [677 interventions made] 3) Gastrointestinal issues: Use of a PPI more than once daily for longer than 30 days [335 interventions made] 4) Duration of therapy: Concurrent use of CNS depressants and gabapentinoids [324 interventions made] 5) Therapeutic Duplication: NSAIDs [293 interventions made] 6) Appropriate Therapy: Use of Long-acting B2-agaonists (LABA) [269 interventions made] 7) Gastrointestinal issues: Patients <60 on an NSAID + PPI, but not on a drug which may increase bleeding [231 interventions made] 8) Gastrointestinal issues: H2 blocker therapeutic duplication [198 interventions made] 9) Gastrointestinal issues: Famotidine at the full dose for >12 weeks [176 interventions made] 10) Duration of therapy: Long-term use of non-benzodiazepine sedative/hypnotics [168 interventions made]

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

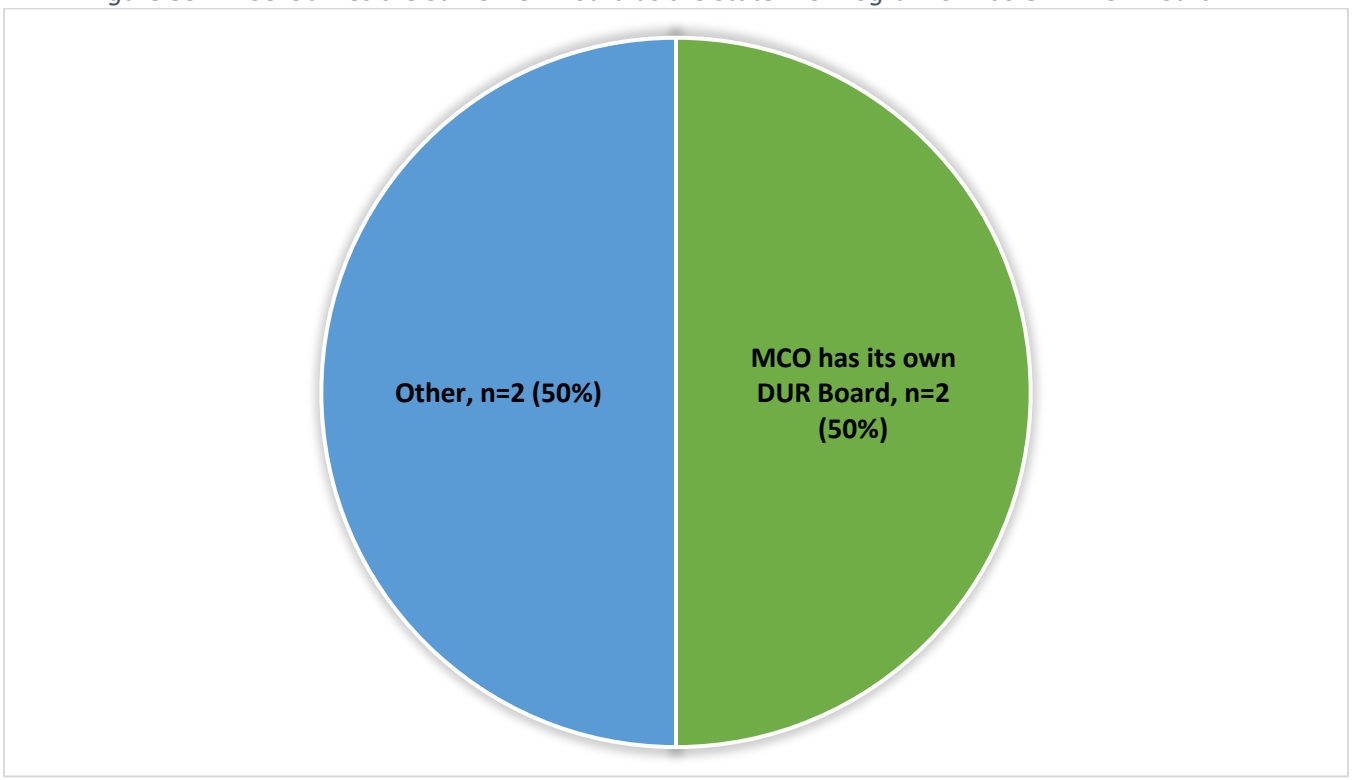


Table 46 - MCO Utilizes the Same DUR Board as the State FFS Program or Has Own DUR Board

Response	MCO Names	Count	Percentage
MCO has its own DUR Board	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC	2	50.00%
Other	HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	2	50.00%
State Totals		**4**	**100%**

If "Other," please explain.

Table 47 - "Other" Explanations for MCO not Utilizing the Same DUR Board as the State FFS Program or its Own DUR Board

MCO Name	Explanation
HealthServicesforSpecial NeedsChildren	HSCSN participates with the District of Columbia FFS DUR Board, quarterly. The DC FFS DUR Board determines lock-in criteria and requests other targeted DUR. HSCSN has a Drug Utilization Review Committee (DURC) that meets monthly and reviews prospective and retrospective DUR reports from Clinical Pharmacy Associates, Inc and CVS/Caremark. The DURC makes determinations regarding pharmacy lock-in and recommends interventions for enrollees based on a review of reports and enrollee-specific information. CVS/Caremark ProDUR and RetroDUR programs are reviewed annually by the CVS/Caremark Pharmacy & Therapeutics Committee.

MCO Name	Explanation
	HSCSN has access to the PBM CVS/Caremark Team and uses the CVS Pharmacy & Therapeutics Committee which coordinates the content of the formulary and therapeutic decisions regarding the pharmacy program and drug formulary.
MedStar Family Choice - District of Columbia	DUR activities are carried out in the context of MFC Pharmacy and Therapeutics Committee Meetings. All programs approved and overseen by the Pharmacy & Therapeutics Committee.

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

Figure 34 - MCO has a Medication Therapy Management Program

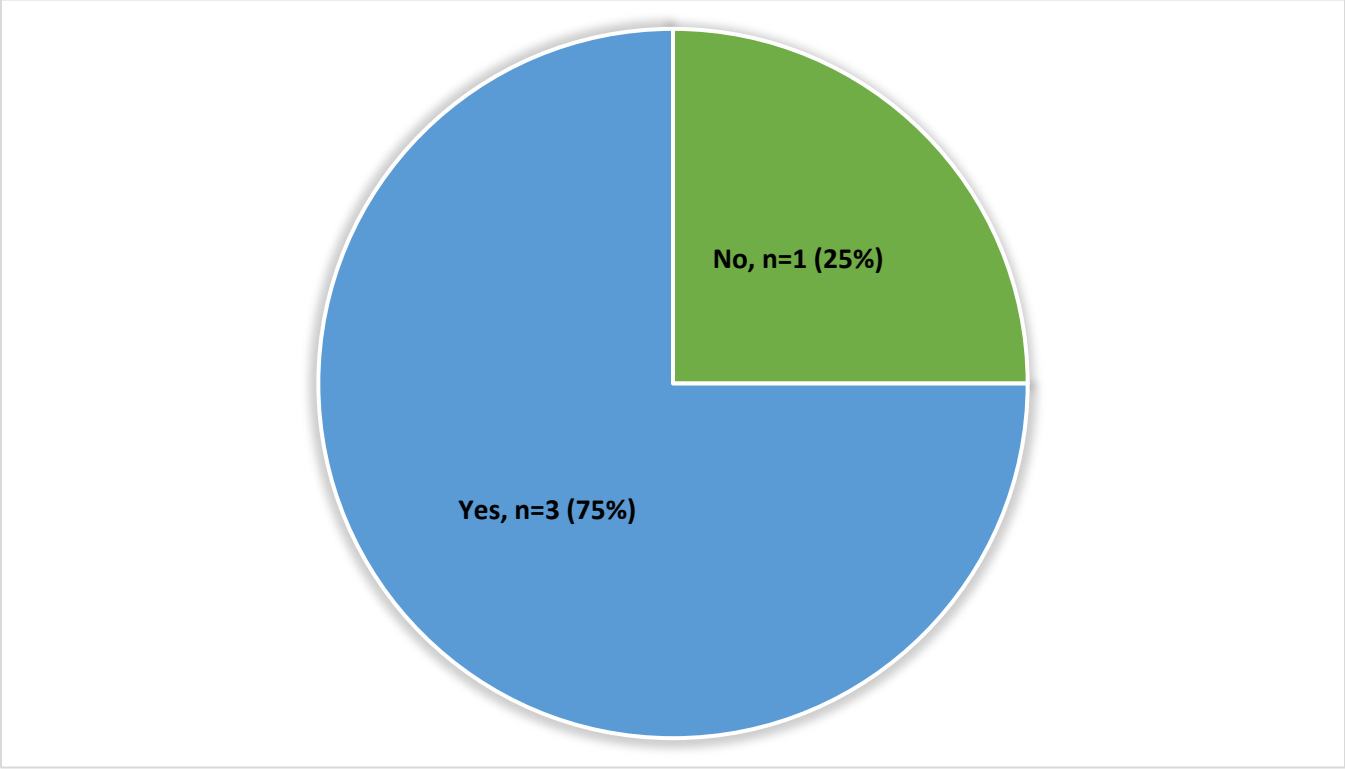


Table 48 - MCO has a Medication Therapy Management Program

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren	3	75.00%
No	MedStar Family Choice - District of Columbia	1	25.00%
State Totals		**4**	**100%**

3. Summary 2 - DUR Board Activities

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

Table 49 - DUR Board Activities

MCO Name	DUR Board Activities Summary
AmeriHealth Caritas DC	1) Number of DUR Board meetings held = 4 2) List additions/deletions to DUR Board approved criteria:

MCO Name	DUR Board Activities Summary
	a) Prospective DUR - list problem type/drug combinations added or deleted - Added quantity limit of 240 mL per month for promethazine syrup, promethazine-phenylephrine syrup, and promethazine-dextromethorphan syrup - Added an age limit to limit use to members 18 years and older for promethazine-phenylephrine-codeine syrup and promethazine-codeine syrup - Added ivermectin lotion to the formulary with a step therapy requirement though permethrin or pyrethrins/piperonyl butoxide - Added an age limit of 19 years and older and a quantity limit of 1 per lifetime for Prevnar 20, Vaxneuvance, and Pneumovax-23 - Removed age limit on fluoride chewable tablets and sodium fluoride dental cream, gel and paste - Lowered age limit to 19 years and older for Shingrix - Added quantity limits to betamethasone dipropionate, betamethasone valerate, desonide, fluocinolone, hydrocortisone, mometasone, and triamcinolone acetonide creams, ointments, and lotions - Updated step therapy requirements for Ozempic, Trulicity, Victoza, alogliptin, pioglitazone, Januvia/Janumet/XR, Steglatro/Stegluromet to look back for a metformin trial of 90 days instead of 21 days - Added Aristada and Zyprexa Relprevv to the formulary with an age limit of 18 years and older and a quantity limit to align with FDA-approved dosing - Removed the prior authorization requirement on Risperdal Consta and added an age limit of 18 years and older and a quantity limit to align with FDA-approved dosing - Added quetiapine ER to the formulary with an age limit and quantity limits to align with package labeling - Added age limits to aripiprazole, clozapine, olanzapine, quetiapine, risperidone, and ziprasidone to align with package labeling - Added FreeStyle Libre 3 to the formulary with a quantity limit of 2 sensors per 28 days and a step therapy requirement through insulin - Removed the prior authorization requirement on FreeStyle Libre and Dexcom products, and added a step therapy requirement through insulin - Removed prior authorization requirement on all preferred medications for hepatitis C b) Retrospective DUR - list therapeutic categories added or deleted - Topical corticosteroids 3 & 4) Describe Board policies that establish whether and how results of prospective DUR screenings are used to adjust retrospective DUR screens. Describe policies that establish whether and how results of retrospective DUR screening are used to adjust prospective DUR screens. Our DUR program is conducted for the continuous review of drug utilization and prescribing patterns to ensure prescriptions for medications for members are appropriate, medically necessary, and not likely to result in adverse medical effects. Prospective DUR: Our benefits system is configured to identify cases where there may be potential errors or potential harm. During the claims adjudication process, prospective DUR relies on computerized algorithms to perform key checks including drug interactions, duplications or contraindications with the patient's disease state or condition.

MCO Name	DUR Board Activities Summary
	Prospective DUR activities include: a. Clinical abuse/misuse b. Drug-disease contraindications (when a prescribed drug should not be used with certain c. diseases) d. Drug dosage modification e. Drug-drug interactions (when two or more different drugs interact and alter their intended f. effects, often causing adverse events) g. Drug-patient precautions (due to age, allergies, gender, pregnancy, etc.) h. Formulary substitutions (e.g., therapeutic interchange, generic substitution) i. Inappropriate duration of drug treatment Pharmacist have the opportunity to resolve these potential problems before the patient receives the medication. Analysis of these interventions helps us determine retrospective targets for the future. Concurrent and Retrospective DUR: On a quarterly basis, clinical pharmacists review claims history data to evaluate member drug utilization, physician prescribing patterns, and pharmacy dispensing patterns to detect episodes of drug-related problems, target therapeutic categories for intervention, and identify inappropriate and/or unnecessary usage patterns. During the Retrospective DUR process the presence and/or frequency of the following are evaluated: a. Drug-drug interactions b. Drug-disease interactions c. Polypharmacy d. Overdosing and under dosing e. Excessive duration of therapy f. Potential therapeutic failures g. Duplicate therapy h. Fraud and abuse i. Failure to substitute therapeutic equivalents j. Failure to substitute generic drugs k. Over-utilization and under-utilization l. Compliance m. Top Drugs Report Outliers are identified and interventions are determined to promote quality pharmaceutical care and improve member outcomes. An example is our lock in program for opioids. As a result, prescribers and network pharmacists are educated on how to identify and reduce the frequency and patterns of fraud, abuse, overuse, and the inappropriate or non-medically necessary use of medications. In addition, utilization patterns, prior authorization statistics, PMPM changes, cost-saving opportunities, and future initiatives that will enhance our clinical programs are discussed and evaluated. Prescribers and network pharmacists are made aware of any policy changes through our formulary and other routine mailings, as appropriate.

MCO Name	DUR Board Activities Summary
	5 & 6) Describe DUR Board involvement in the DUR educations program (i.e. newsletters, continuing education, etc.) Also, describe policies adopted to determine mix of patient or provider specific intervention types (i.e. letters, face-to-face visits, increased monitoring) When aberrant prescribing is detected upon review of the claims data, recommendations are brought to the DUR Board for review. For example, quantity limits are recommended based on a review of the claims data and peer reviewed literature. In addition, step therapies are suggested to the board when the data suggests clinically appropriate alternatives should be tried prior to more costly alternatives. Our PBM Drug Therapy Management Program Operations Policy describes how DUR activities identify members who may benefit from Drug Therapy Management activities. Members are considered for enrollment into the Drug Therapy Management program where comprehensive medication reviews are completed telephonically with the consenting members. Faxes and telephonic outreaches are made to prescribers to discuss suggested clinical actions such as discontinuing medications or adding any necessary medications. In addition to appraising, evaluating, and selecting drugs/or drug classes for the formulary to promote clinically appropriate, safe and cost-effective drug therapy, the DUR Board also evaluates, analyzes and reviews policies and procedures to educate and inform health care providers and the plan about drug products, usage, and committee decisions. As a follow up to these DUR Board meetings, the plan in coordination with its PBM, prepares formulary change notifications which are published on the plan's website as well as letters to members who may be impacted by such formulary changes.
CareFirst BCBS Community Health Plan DC	The Health Plan P&T Committee serves as the DUR Board. The committee met each quarter. We continue to refine the DUR Reports that provide the necessary information to comply with the Support Act. The data is easily retrieved from the PBM system and reviewed by a Clinical Pharmacist. The Clinical Pharmacist in communication with the Chief Psychiatry Officer conducts outreach to the providers when necessary and maintains records of all interventions. Interventions are made via telephone to the specific prescriber. Education and possible therapeutic interchange suggestions are provided when clinically indicated. The Behavioral Health Pharmacist provides all necessary report to the Committee. In 2022 update our Prior Authorization criteria for Opioids and Buprenorphine doses above the FDA approve maximum dose. We continue to utilize our automated reports to monitor Opioid Utilization. We have also continued to educate our Provider Network on proper opioid prescribing to include prescribing Naloxone to patients receiving chronic Opioid treatment
HealthServicesforSpecial NeedsChildren	HSCSN is required by the Regulator to join the quarterly meeting of the District of Columbia Fee-For-Service Drug Utilization Review Board (DC FFS DURB), as scheduled. The DC FFS DURB meets four times per calendar year. HSCSN is represented quarterly at each DUR Board meeting. HSCSN DUR Committee meeting 12 times per calendar year. HSCSN presented the following (DC FFS DURB) presentations in the reporting period October 1, 2021, through September 31, 2022, the following: 1. January 2022, Medication Adherence for Oral Chemotherapy Agents- The adherence tool used was the Medication Possession Ratio (MPR).

MCO Name	DUR Board Activities Summary
	2. April 2022, Performance Measures for Specialty Pharmacies and Follow-up on Non-Adherence Oral Chemotherapy Agents. 3. September 2022, Paxlovid benefit coverage, Update on Sickle Cell Disease oral medication utilization and Update on antiretroviral oral utilization, and any interventions or outreach. HSCSN contracts with CVS/Caremark and they utilize the CVS/Caremark Pharmacy & Therapeutics Committee to develop, review, and approve ProDUR and RetroDUR programs and criteria. HSCSN reviews CVS policies annually. The CVS Pharmacy & Therapeutics Committee updates and sunsets prospective DUR edits developed by third-party vendors (e.g., Medi- Span or First Databank safety alerts). In developing the Retrospective DUR programs, CVS /Caremark looks for drug interactions that are classified as "high severity" or "contraindicated" by industry databases (e.g., Micromedex, Facts & Comparisons) or the FDA (if operationally feasible). CVS/Caremark uses information from healthcare news feeds as well as FDA safety alerts. Additionally, CVS/Caremark finds interventions by reviewing the current medical literature. When CVS/Caremark identifies a potential intervention that can be operationalized, we develop the algorithm and send it to one of our internal medical directors for review. An example of a current program is Opioid Use and the Potential Risk of Neonatal Abstinence Syndrome. HSCSN continues to build a strong utilization program including the collaboration with the CVS Caremark and the District of Columbia Drug Utilization Review Board enhancing the lives of District of Columbia enrollees.
MedStar Family Choice - District of Columbia	-DUR activities are carried out in the context of Pharmacy and Therapeutics Committee Meetings. During the report period, DUR activities were discussed during 5 meetings (on October 20, 2021, November 10,2021, February 9,2022, May 11, 2022, and August 31, 2022). -There were no additions or deletions to the ProDUR approved criteria during the time period of the report. There were no deletions to the RetroDUR approved criteria, but a new MFC-derived RetroDUR program was added in May of 2020 and continued in FFY 2021 and FFY 2022 which identifies, sanctions, and reports Fraud, Waste, and Abuse in opioid prescribing practices. -At this time MFC has no specific policy regarding the use of prospective DUR screening to adjust retrospective DUR screening, or vice versa. -The MFC Pharmacy and Therapeutics Committee reviews all DUR criteria applied by CVS as well as criteria originating from within MFC. In terms of provider education, CVS contacts prescribers with member-specific, evidence-based recommendations within 72 hours of claim processing. Education is provided by letter or fax. When necessary, MFC Medical Directors will contact prescribers by phone if there is a safety concern. Regarding the Top 5 RetroDUR, MFC crafts educational, patient-specific letters to prescribers citing CDC Guidelines versus patient prescription history (ex: <90MME recommended by CDC; your patient is on 120MME). -There are no specific policies that determine mix of patient or provider specific intervention types.

Section V - Physician Administered Drugs (PAD)

The Deficit Reduction Act requires collection of nation 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 35 - Incorporation of NDCs for Covered Outpatient Physician Administered Drugs into DUR Criteria for ProDUR

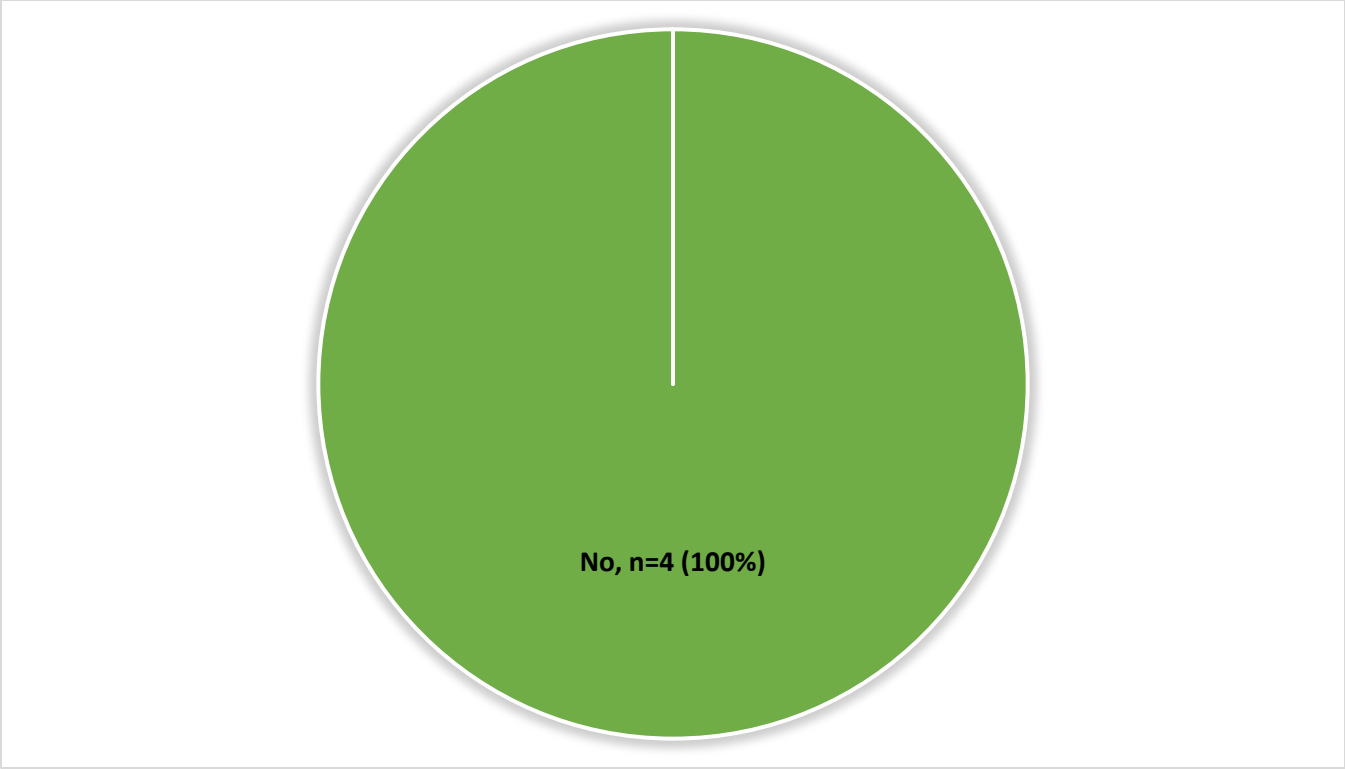


Table 50 - Incorporation of NDCs for Covered Outpatient Physician Administered Drugs into DUR Criteria for ProDUR

Response	MCO Names	Count	Percentage
No	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

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

Figure 36 - Future Plans to Incorporate NDCs for Covered Outpatient Physician Administered Drugs into DUR Criteria for ProDUR

Table 51 - Future Plans to Incorporate NDCs for Covered Outpatient Physician Administered Drugs into DUR Criteria for ProDUR

Response	MCO Names	Count	Percentage
No	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

2. RetroDUR?

Figure 37 - Incorporation of NDCs for Covered Outpatient Physician Administered Drugs into DUR Criteria for RetroDUR

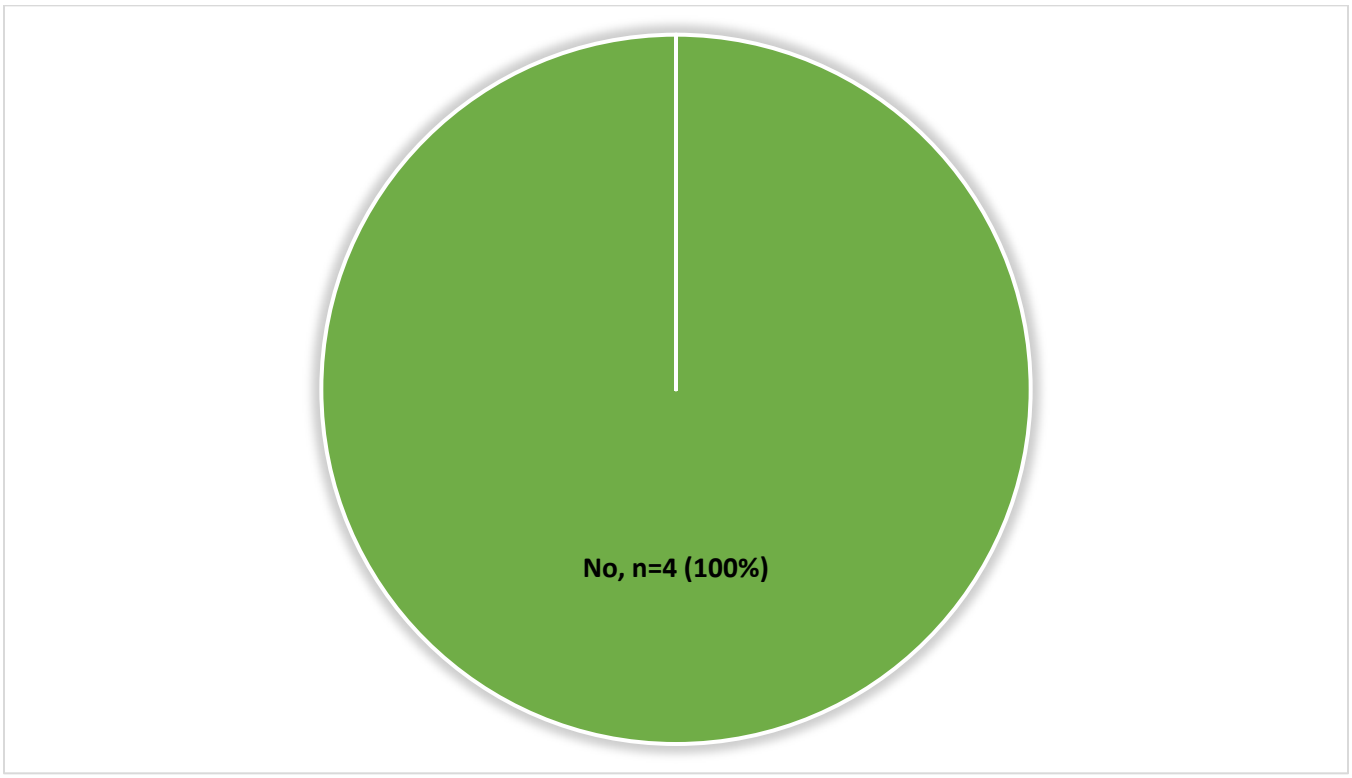


Table 52 - Incorporation of NDCs for Covered Outpatient Physician Administered Drugs into DUR Criteria for RetroDUR

Response	MCO Names	Count	Percentage
No	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

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 RetroDUR

Table 53 - Future Plans to Incorporate NDCs for Covered Outpatient Physician Administered Drugs into DUR Criteria for RetroDUR

Response	MCO Names	Count	Percentage
No	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**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, preferred drug list (PDL) policies, educational initiatives, technology or promotional factors, or other State-specific factors that affect your generic utilization rate.

Table 54 - Generic Drug Substitution Policies

MCO Name	Generic Drug Substitution Policies Summary
AmeriHealth Caritas DC	Generic medications are preferred over brand name medications if available. Brand medications when a generic is available would require a prior authorization. Brand Drug Name Medication Criteria is listed below. Covered Uses: All medically accepted indications. Medically accepted indications are defined using the following compendia resources: the Food and Drug Administration (FDA) approved indication(s) (Drug Package Insert), American Hospital Formulary Service Drug Information (AHFS-DI), and DRUGDEX Information System. The reviewer may also reference disease state specific standard of care guidelines. Scope: Requests for Brand Name medications when an equivalent generic product is on the plan's formulary Criteria: The provider either verbally or in writing has submitted a medical necessity rationale why the brand name drug is required based on the member's condition or treatment history; AND If the member had side effects or a reaction to the generic drug, the provider has completed and submitted an FDA MedWatch form to justify the member's need to avoid these drugs. The MedWatch form must be included with the prior authorization request Medical director/clinical reviewer must override criteria when, in his/her professional judgment, the requested item is medically necessary.
CareFirst BCBS Community Health Plan DC	Our Drug Formulary calls for mandatory use of generic products. We are vigilant of generic substitute approval and remove brand name products when a generic substitute becomes available in the market. Prescribers have the ability to request a brand name product through a PA that proves medical necessity
HealthServicesforSpecialNeedsChildren	HSCSN implemented a closed drug formulary in March 2020. HSCSN is a generic drug-first, program. Brand drug is dispensed when there is no generic available. Brand drugs are available when the prescriber request "brand only" (no generic substitution) through the prior authorization process. Brand drugs are available when there is a supply chain shortage. The brand drug is available if there is a special pricing program for the drug. HSCSN updates our Drug Formulary quarterly including generic medications. The CVS/Caremark Pharmacy & Therapeutics Committee develops the Managed Medicaid Template (MMT) with preferred generic medications in each class and brand medications typically require prior authorization, promoting lower-cost generics.

MCO Name	Generic Drug Substitution Policies Summary
MedStar Family Choice - District of Columbia	Generic Drug Substitution Policy MFC Formulary heavily favors generic products by design. DHCF requires coverage of certain brand medications for treating substance use disorder (e.g. Suboxone), which may impact the plan's generic dispensing rate. Specialty Generics First Criteria The intent of the criteria is to require that members try and fail an A-rated generic equivalent prior to receiving a brand specialty medication. If the member has experienced treatment failure with an A-rated (i.e., AA, AB, AN, AO, AP, AT) generic equivalent medication due to an intolerable adverse reaction attributed to an inactive ingredient of the generic medication, the requested brand medication will be approved upon submission of supporting documentation. During the pandemic, COVID vaccines administration were deemed to be brands. This lowered generic dispensing rate from the high 80% range to the low 80% range. The generic dispensing rate rebounded during the FFY2022 time frame back to the mid-80% range.

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

Table 55 - More Restrictive MCO Requirements than the Prescriber Writing in His Own Handwriting "Brand Medically Necessary" for a Brand Name Drug

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

If "Yes," check all that apply.

Figure 40 - Additional Restrictive MCO Requirements for Dispensing a Brand Name Drug

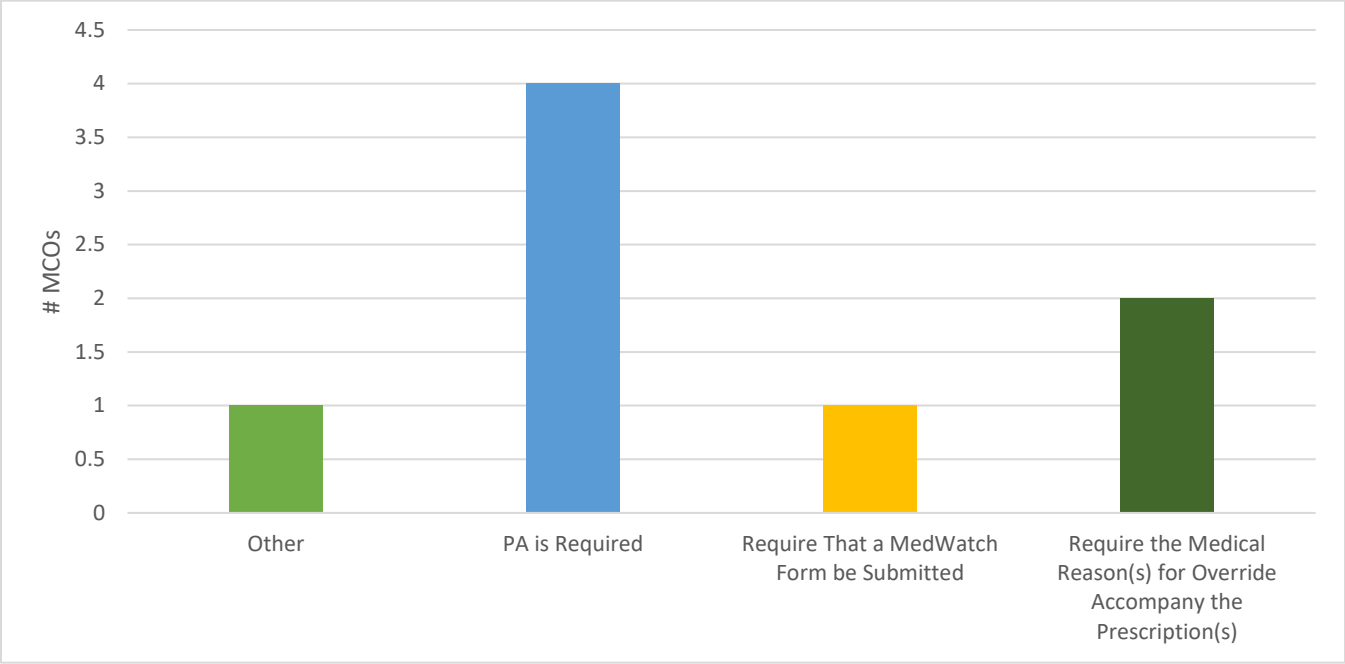


Table 56 - Additional Restrictive MCO Requirements for Dispensing a Brand Name Drug

Response	MCO Names	Count	Percentage
PA is required	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	50.00%
Require that a MedWatch Form be submitted	AmeriHealth Caritas DC	1	12.50%
Require the medical reason(s) for override accompany the prescription(s)	AmeriHealth Caritas DC, HealthServicesforSpecialNeedsChildren	2	25.00%
Other	MedStar Family Choice - District of Columbia	1	12.50%
State Totals		**8**	**100%**

If "Other," please explain.

Table 57 - "Other" Explanations for Additional Restrictive MCO Requirements for Dispensing a Brand Name Drug

MCO Name	Explanation
MedStar Family Choice - District of Columbia	Medical records related to the request for "Brand Medically Necessary" must be submitted to MFC with the Prior Authorization Request.

Generic Drug Utilization Data

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.

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

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

2. **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:

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

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.

Figure 41 - Total Single Source (S) Drug Claims by MCO

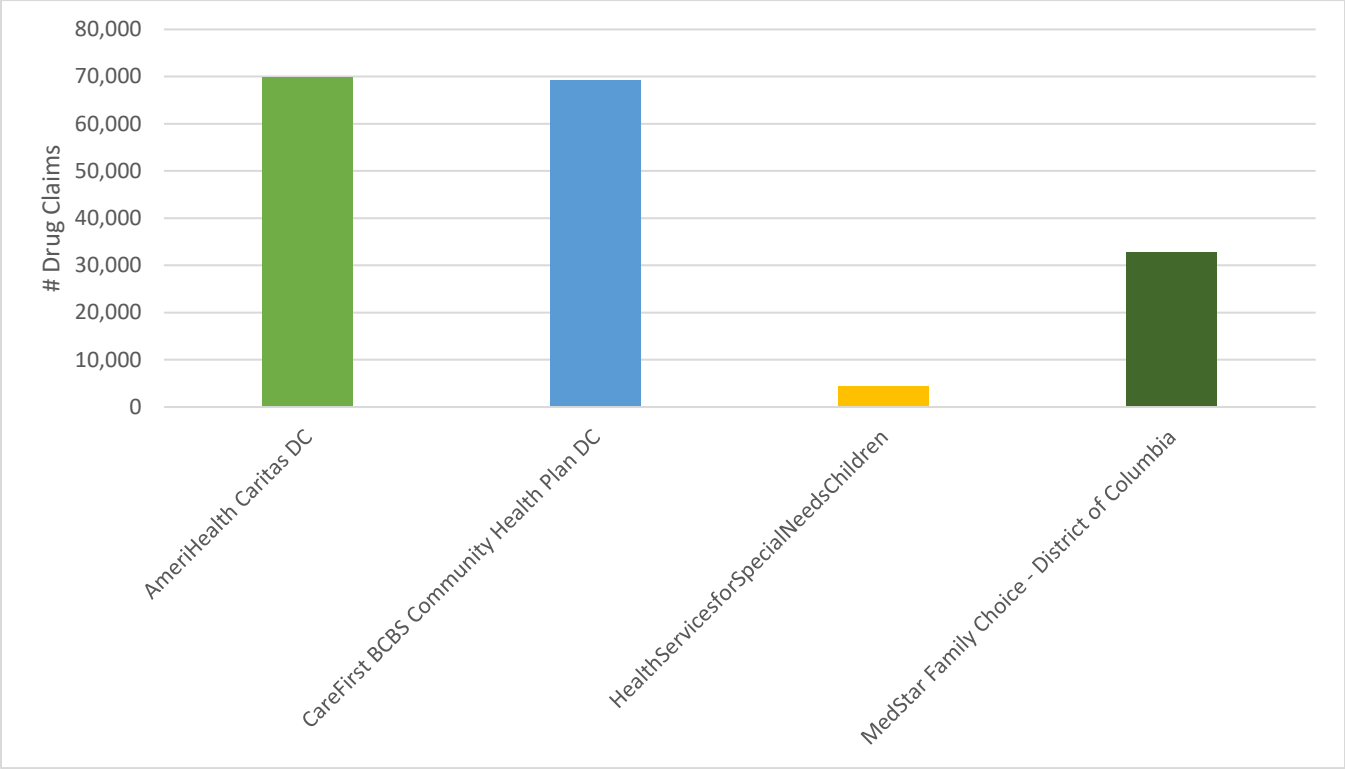


Figure 42 - Total Non-Innovator (N) Drug Claims by MCO

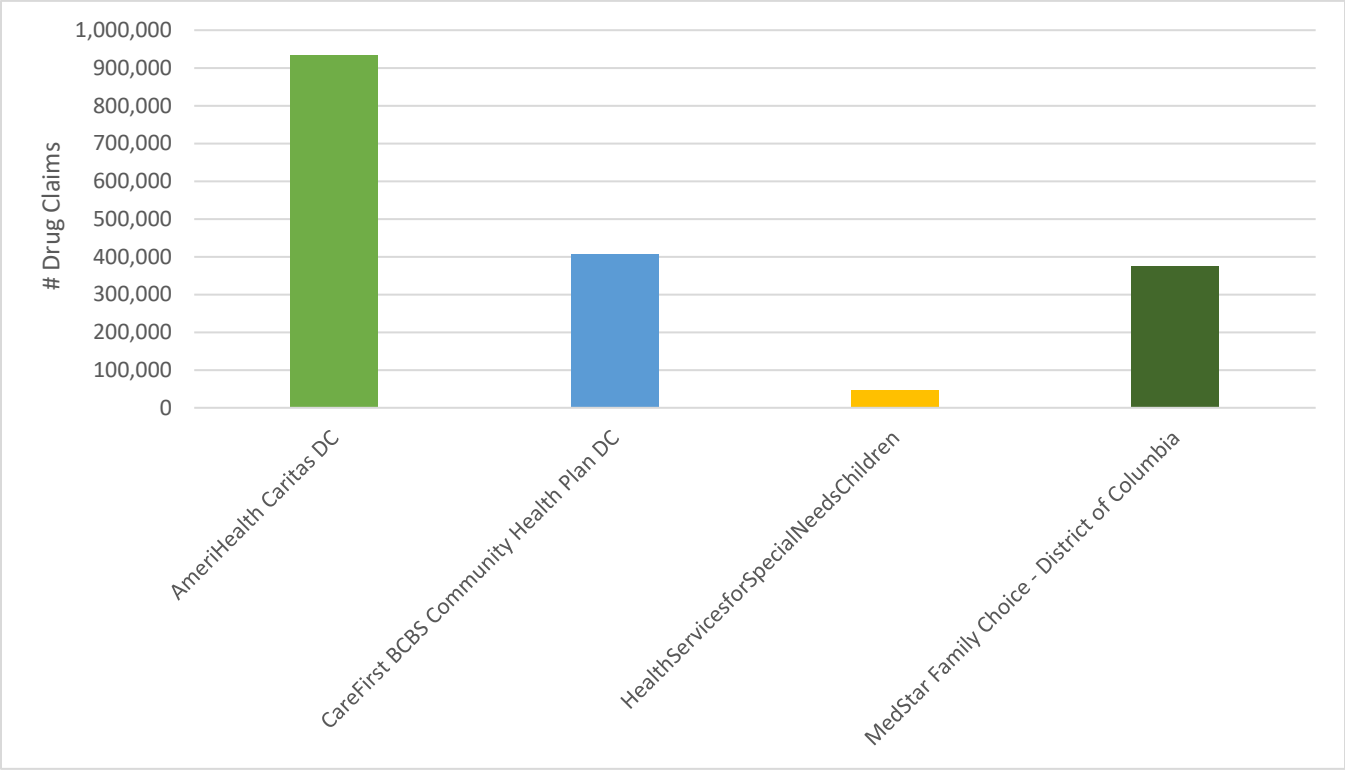


Figure 43 - Total Innovator Multi-Source (I) Drug Claims by MCO

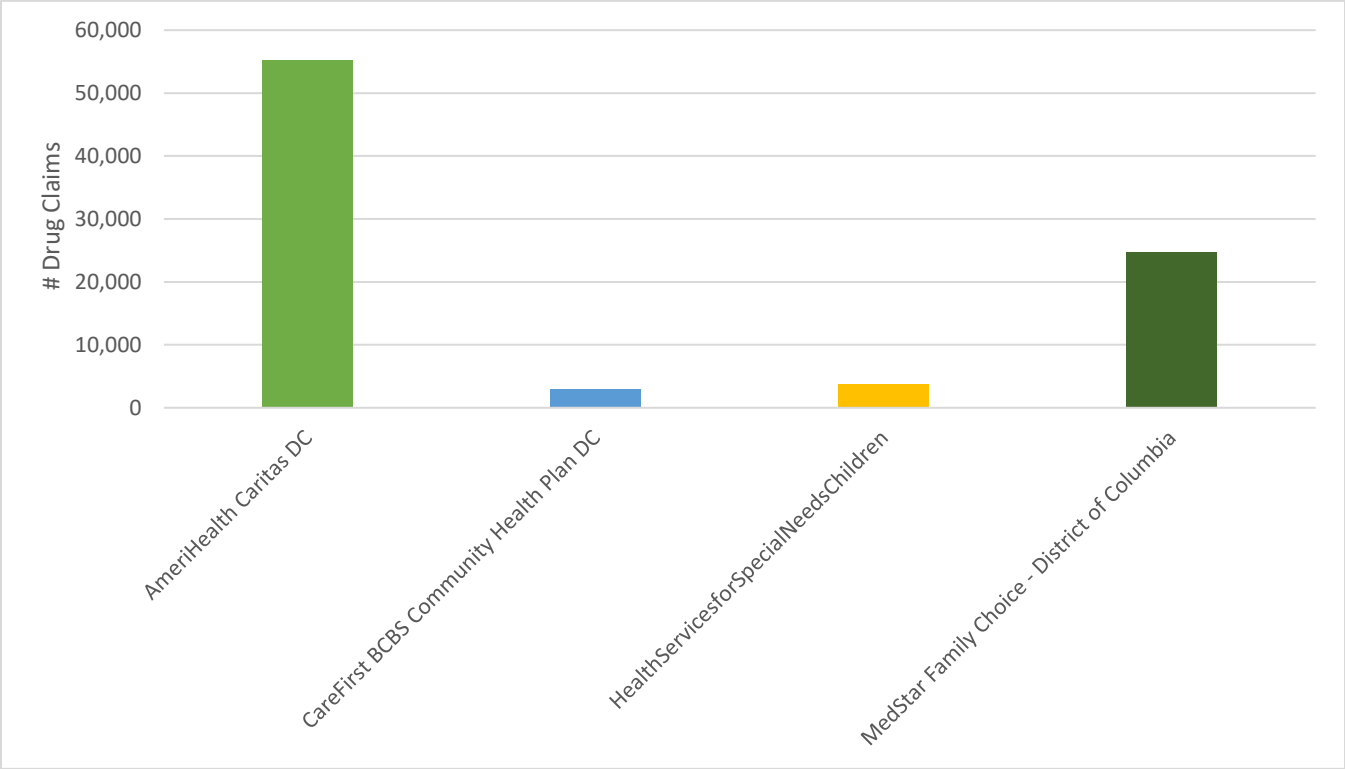


Table 58 - Generic Drug Utilization Data: Single Source Innovator(S), Innovator Multiple-Source (I), Non-Innovator Multiple-Source (N)

MCO Name	"S" Drug Claims	"N" Drug Claims	"I" Drug Claims
AmeriHealth Caritas DC	69,790	932,232	55,198
CareFirst BCBS Community Health Plan DC	69,290	405,898	2,950
HealthServicesforSpecial NeedsChildren	4,273	46,832	3,686
MedStar Family Choice - District of Columbia	32,716	373,793	24,658
State Totals	**176,069**	**1,758,755**	**86,492**

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

Figure 44 - Generic Utilization Percentage

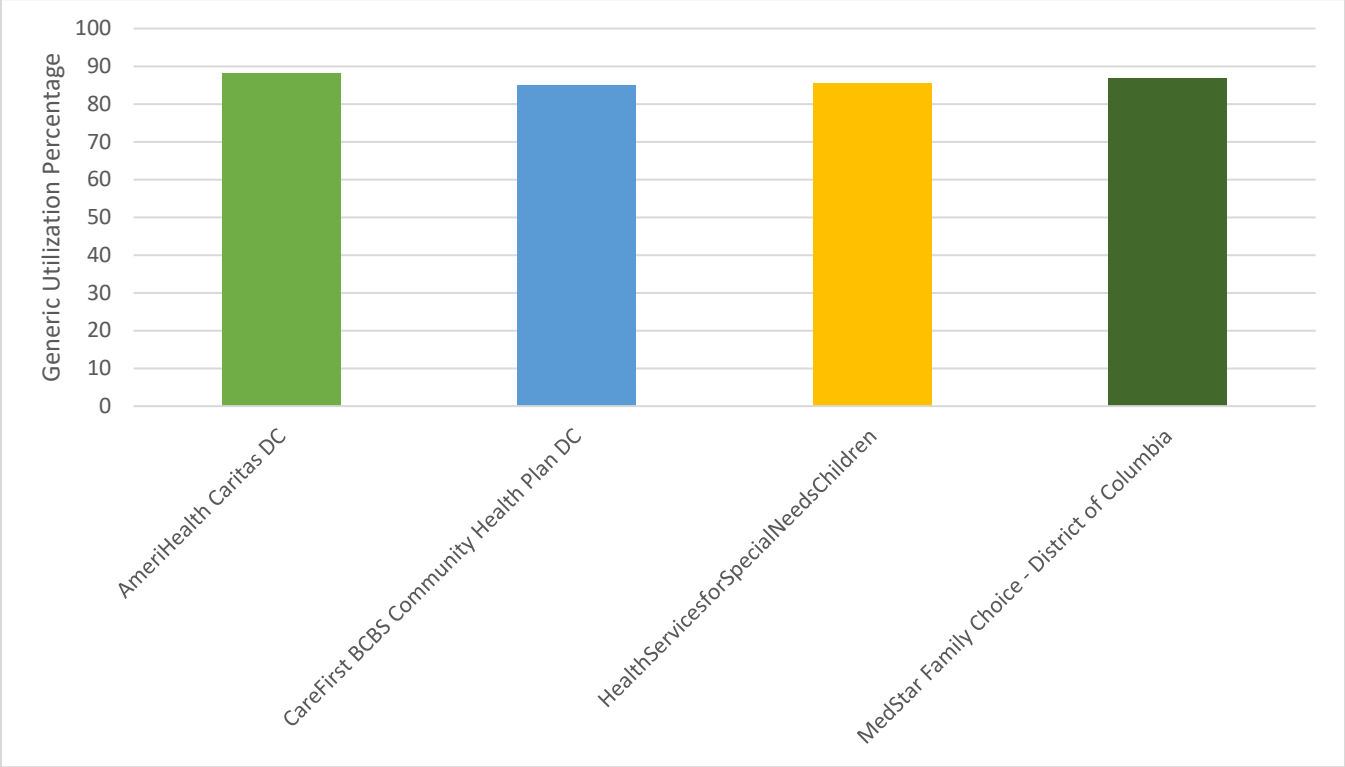


Table 59 - Generic Utilization Percentage

MCO Name	Generic Utilization Percentage
AmeriHealth Caritas DC	88.18%
CareFirst BCBS Community Health Plan DC	84.89%
HealthServicesforSpecialNeedsChildren	85.47%
MedStar Family Choice - District of Columbia	86.69%
State Average	**86.31%**

4. How many innovator drugs are the preferred product instead of their multi-source counterpart based on net pricing (i.e. brand name drug is preferred over equivalent generic product on the PDL)?

Figure 45 - Innovator Drugs That Are The Preferred Product Instead Of Their Multi-Source Counterpart Based On Net Pricing

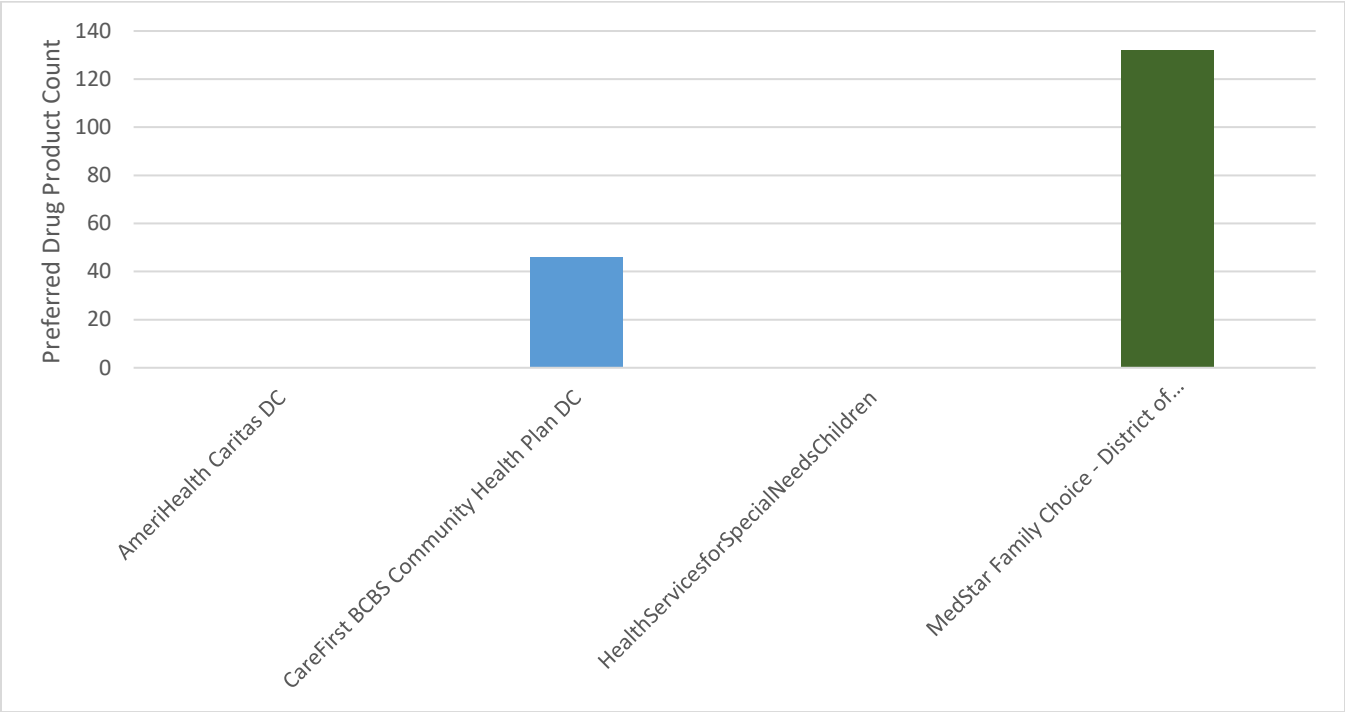


Table 60 - Innovator Drugs That Are The Preferred Product Instead Of Their Multi-Source Counterpart Based On Net Pricing

MCO Name	Preferred Drug Product Count
AmeriHealth Caritas DC	0
CareFirst BCBS Community Health Plan DC	46
HealthServicesforSpecialNeedsChildren	0
MedStar Family Choice - District of Columbia	132

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

Figure 46 - Percentage Dollars Paid for Generic CODs

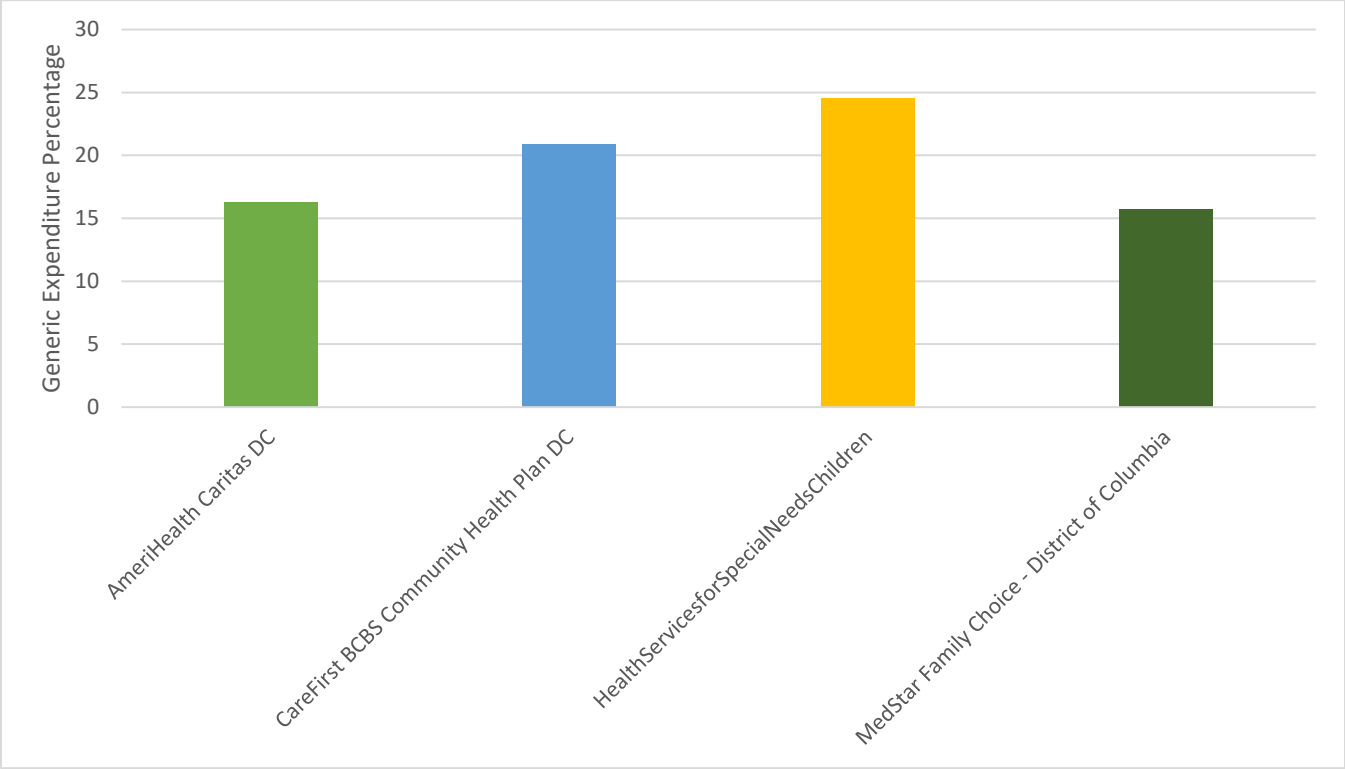


Table 61 - Percentage Dollars Paid for Generic CODs

MCO Name	Generic Expenditure Percentage
AmeriHealth Caritas DC	16.26%
CareFirst BCBS Community Health Plan DC	20.87%
HealthServicesforSpecialNeedsChildren	24.51%
MedStar Family Choice - District of Columbia	15.73%
State Average	**19.34%**

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

Table 62 - Explanations for MCO Policies Related to Biosimilars

MCO Name	Explanations
AmeriHealth Caritas DC	Yes. In the "Brand Drug and Non-Specialty Reference Biologics", "Oncology Drugs", and "Specialty Drugs" prior authorization policies, there is language to address biosimilars: If a request is for a reference biologic drug with either a biosimilar or interchangeable biologic drug currently available: - The provider has either verbally or in writing submitted a member specific reason why the reference biologic is required based on the member's condition or treatment history; AND

MCO Name	Explanations
	If the member had side effects or a reaction to all biosimilar or interchangeable biologics, the provider has completed and submitted an FDA MedWatch form to justify the member's need to avoid the drug. The MedWatch form must be included with the prior authorization request. OR - The currently available biosimilar product(s) does not have the same appropriate use (per the references outlined in "Covered Uses") as the reference biologic drug being requested.
CareFirst BCBS Community Health Plan DC	No. We monitor the market for product availability, pricing, and prescribing habits but have not yet formally developed a policy
HealthServicesforSpecialNeedsChildren	HSCSN utilizes the CVS/Caremark Pharmacy & Therapeutics Committee as the decision-making body for the drug formulary. At this time, the CVS/caremark does not have a policy on Biosimilars, therefore at this time neither does HSCSN.
MedStar Family Choice - District of Columbia	No formal policy at this time, however biosimilars are available on the formulary and are considered by the P&T Committee for formulary addition.

7. Does your Medicaid program provide coverage of over-the-counter medications when prescribed by an authorized prescriber?

Figure 47 - Medicaid Program Providing Coverage of Over-the-Counter Medications When Prescribed by an Authorized Prescriber

Table 63 - Medicaid Program Providing Coverage of Over-the-Counter Medications When Prescribed by an Authorized Prescriber

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

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

Table 64 - Documented Process in Place to Identify Potential FWA of Controlled Drugs by Beneficiaries

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

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

Figure 49 - Actions Process Initiates when Potential FWA of Controlled Drugs by Beneficiaries is Detected

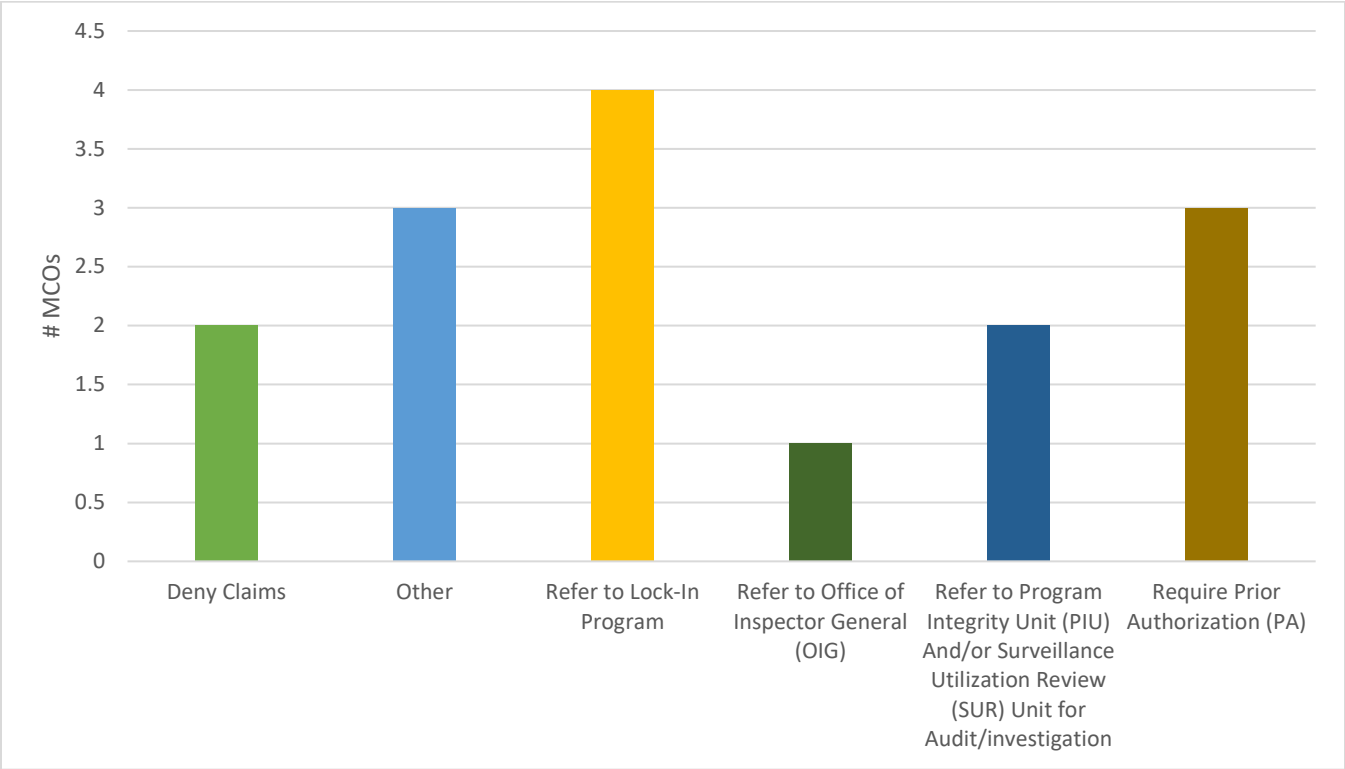


Table 65 - Actions Process Initiates when Potential FWA of Controlled Drugs by Beneficiaries is Detected

Response	MCO Names	Count	Percentage
Deny claims	AmeriHealth Caritas DC, MedStar Family Choice - District of Columbia	2	13.33%
Refer to Lock-In Program	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	26.67%
Refer to Office of Inspector General (OIG)	MedStar Family Choice - District of Columbia	1	6.67%
Refer to Program Integrity Unit (PIU) and/or Surveillance Utilization Review (SUR) Unit for audit/investigation	HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	2	13.33%
Require prior authorization (PA)	AmeriHealth Caritas DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	3	20.00%
Other	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, MedStar Family Choice - District of Columbia	3	20.00%
State Totals		**15**	**100%**

If "Other," please explain.

Table 66 - Explanations for "Other" Actions Process Initiates when Potential FWA of Controlled Drugs by Beneficiaries is Detected

MCO Name	Explanation
AmeriHealth Caritas DC	Our Program Integrity's Special Investigation Unit submits referrals on suspected beneficiary FWA to the DC Department of Human Services Office of Program Review monitoring and investigations (OPRMI). Additional referrals may also be submitted to internal Quality Management Department and the DEA.
CareFirst BCBS Community Health Plan DC	Refer the enrollee to Case management
MedStar Family Choice - District of Columbia	Per the Pharmacy Lock-In Program, enrollees that are locked in are reported to DHCF on a monthly basis. Additionally, MFC Program Integrity functions are carried out under our Compliance Department. All suspicious activity is reported to our Compliance Department for further investigation and possible referral to the Office of the Inspector General.

2. Does your MCO have a lock-in program for beneficiaries with potential FWA of controlled substances?

Figure 50 - Lock-In Program

Table 67 - Lock-In Program

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

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

Figure 51 - Lock-In Program Candidate Identification Criteria

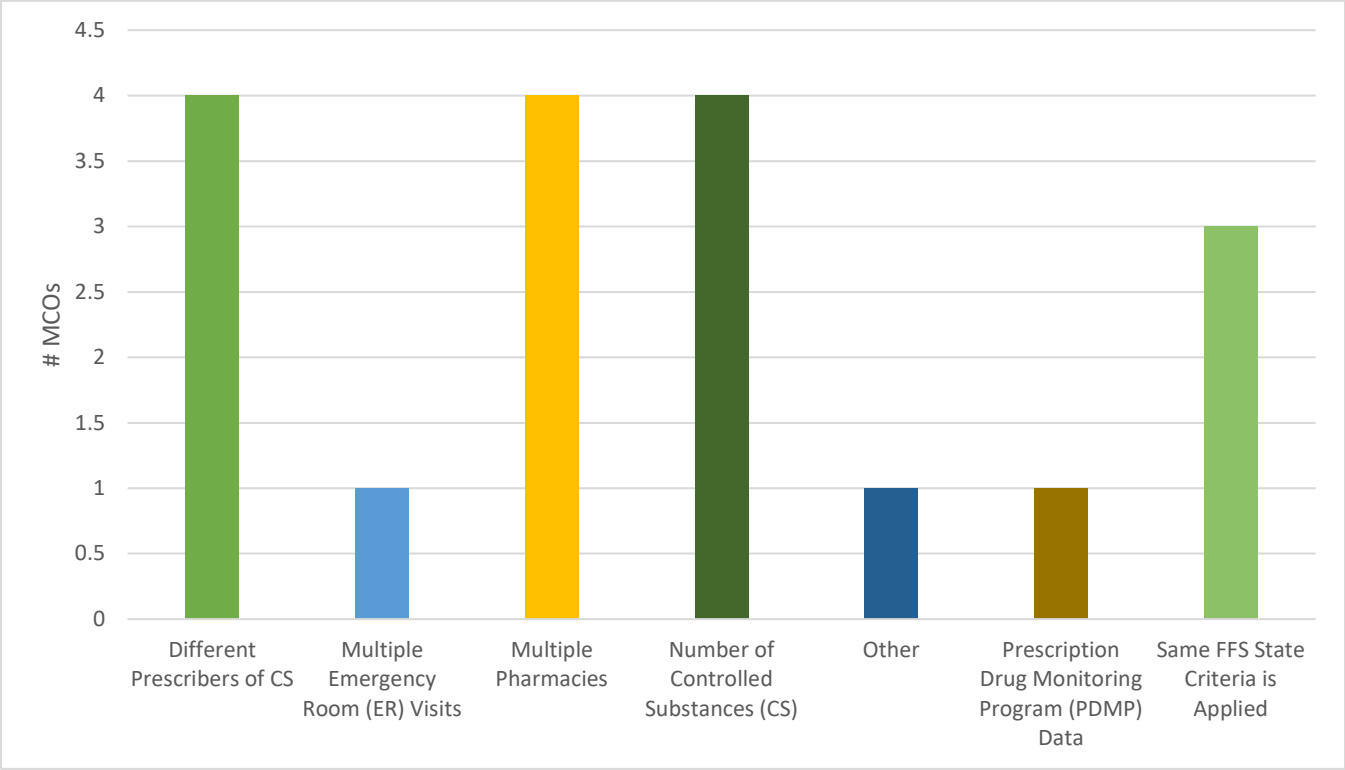


Table 68 - Lock-In Program Candidate Identification Criteria

Response	MCO Names	Count	Percentage
Different prescribers of CS	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	22.22%
Multiple emergency room (ER) visits	AmeriHealth Caritas DC	1	5.56%
Multiple pharmacies	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	22.22%
Number of controlled substances (CS)	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	22.22%
Prescription Drug Monitoring Program (PDMP) data	HealthServicesforSpecialNeedsChildren	1	5.56%

Response	MCO Names	Count	Percentage
Same FFS State criteria is applied	CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	3	16.67%
Other	AmeriHealth Caritas DC	1	5.56%
State Totals		**18**	**100%**

If "Other," please explain.

Table 69 - "Other" Explanations for Lock-In Program Candidate Identification Criteria

MCO Name	Explanation
AmeriHealth Caritas DC	Our MCO's lock in criteria is based on state requested criteria. All MCOs in DC share the same criteria.

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

i. Prescriber only

Figure 52 - Prescriber Only Restriction Capability

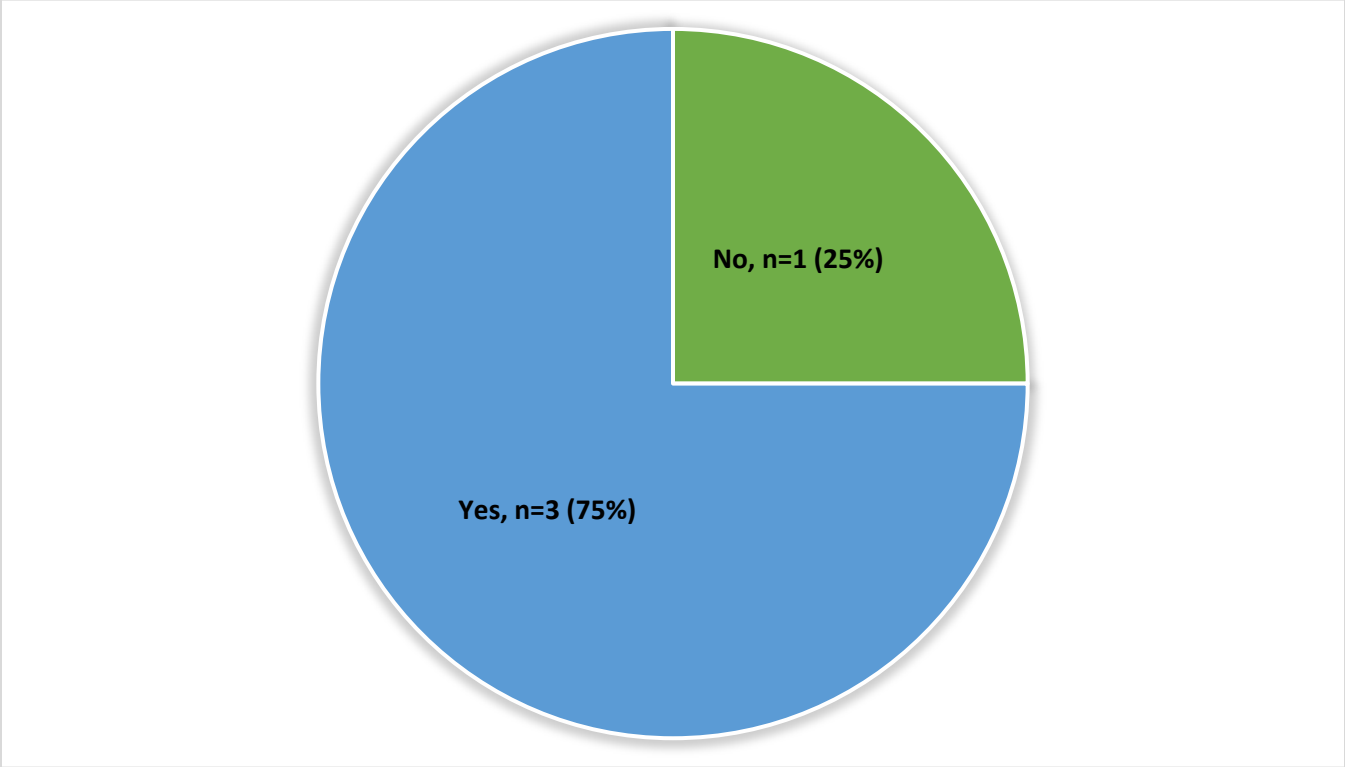


Table 70 - Prescriber Only Restriction Capability

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, MedStar Family Choice - District of Columbia	3	75.00%
No	HealthServicesforSpecialNeedsChildren	1	25.00%
State Totals		**4**	**100%**

ii. Pharmacy only

Figure 53 - Pharmacy Only Restriction Capability

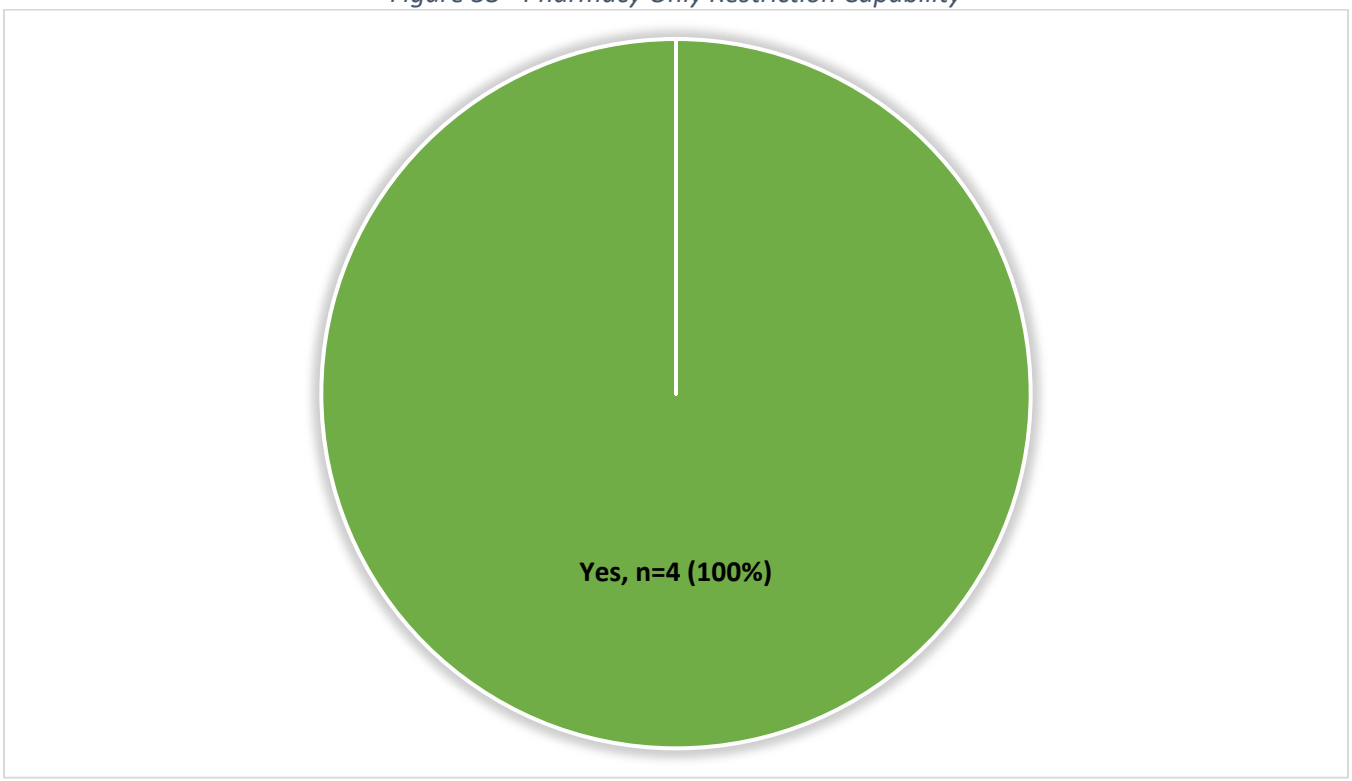


Table 71 - Pharmacy Only Restriction Capability

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

iii. Prescriber and Pharmacy

Figure 54 - Prescriber and Pharmacy Restriction Capability

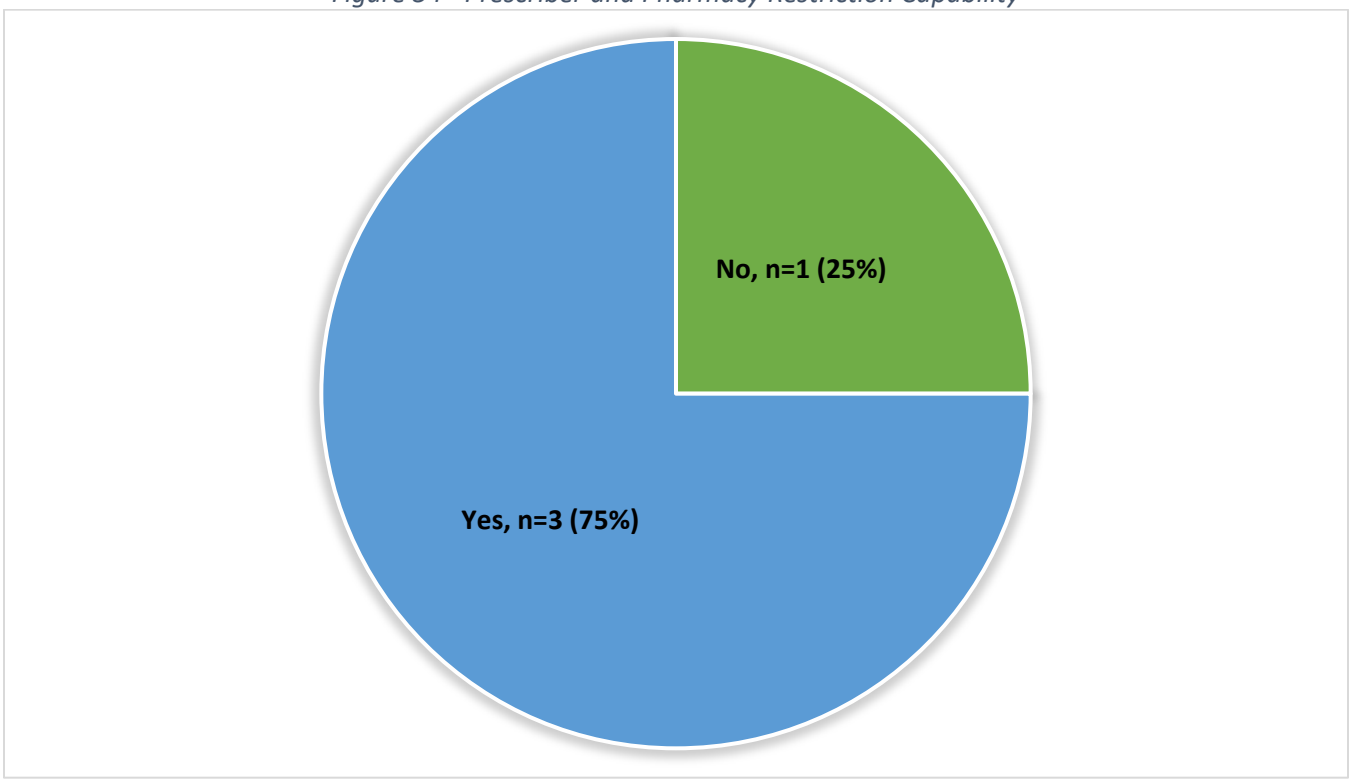


Table 72 - Prescriber and Pharmacy Restriction Capability

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, MedStar Family Choice - District of Columbia	3	75.00%
No	HealthServicesforSpecialNeedsChildren	1	25.00%
State Totals		**4**	**100%**

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

Figure 55 - Lock-In Time Period

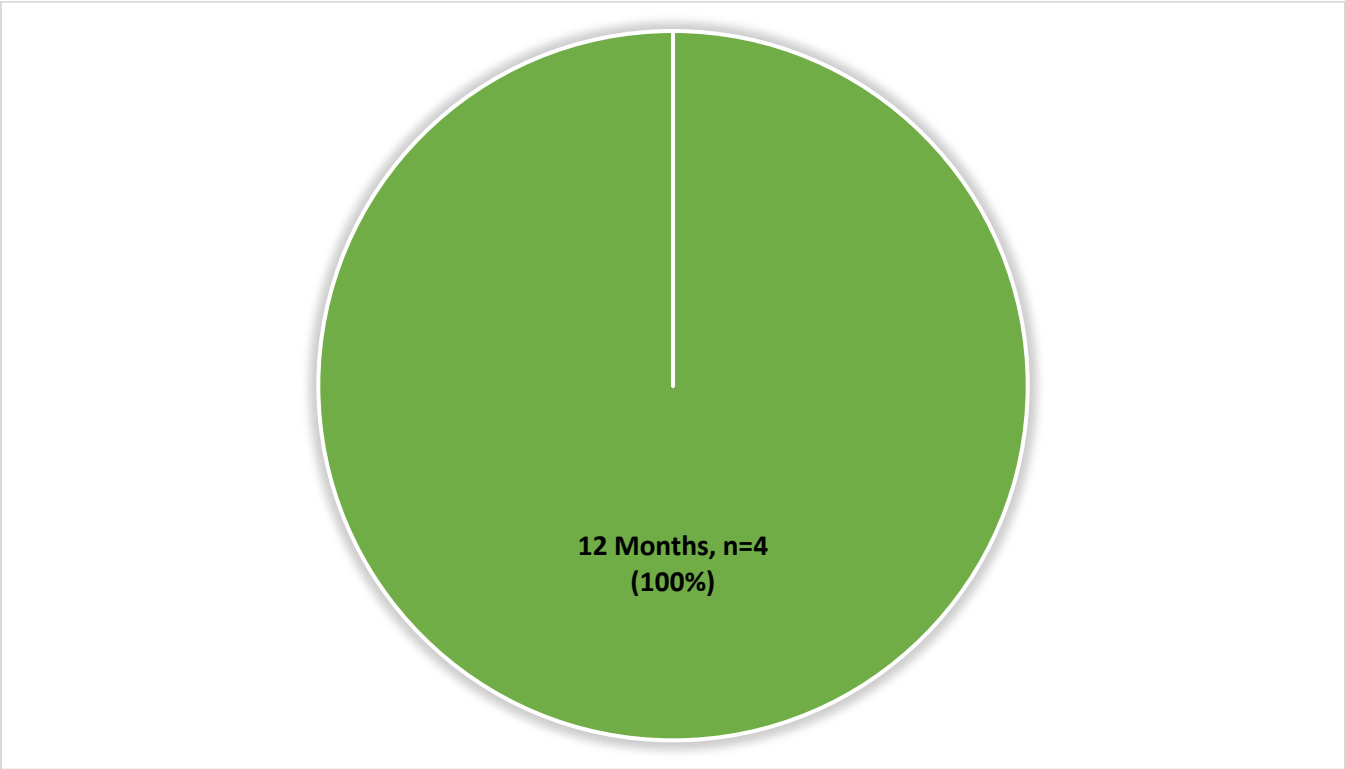


Table 73 - Lock-In Time Period

Response	MCO Names	Count	Percentage
12 months	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

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

Figure 56 - Percentage of Medicaid MCO Population in Lock-In Status Annually

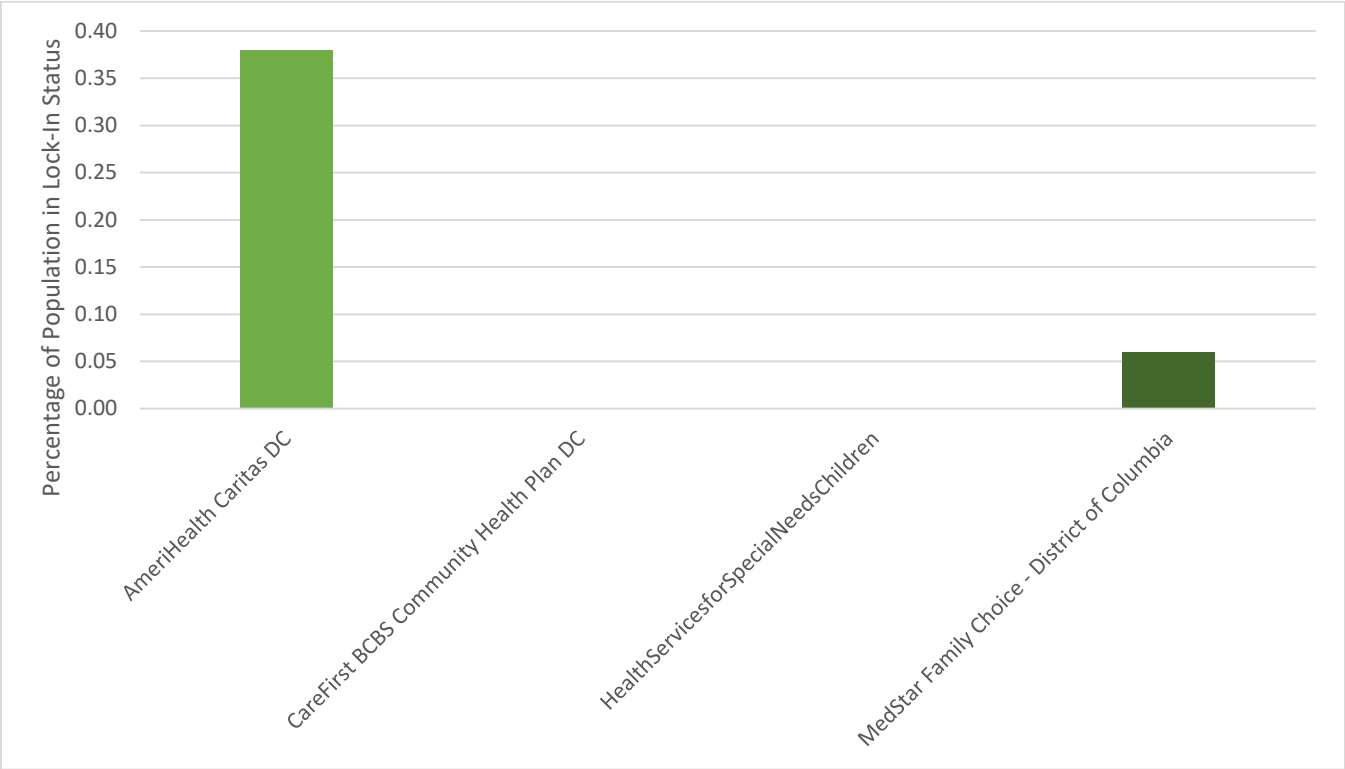


Table 74 - Percentage of Medicaid MCO Population in Lock-In Status Annually

MCO Name	Percentage
AmeriHealth Caritas DC	0.38%
CareFirst BCBS Community Health Plan DC	0%
HealthServicesforSpecialNeedsChildren	0%
MedStar Family Choice - District of Columbia	0.06%

e. If "Yes," please provide an estimate of the savings attributed to the lock-in program for the fiscal year under review.

Figure 57 - Estimate of Savings Attributed to the Lock-In Program for the Fiscal Year Under Review

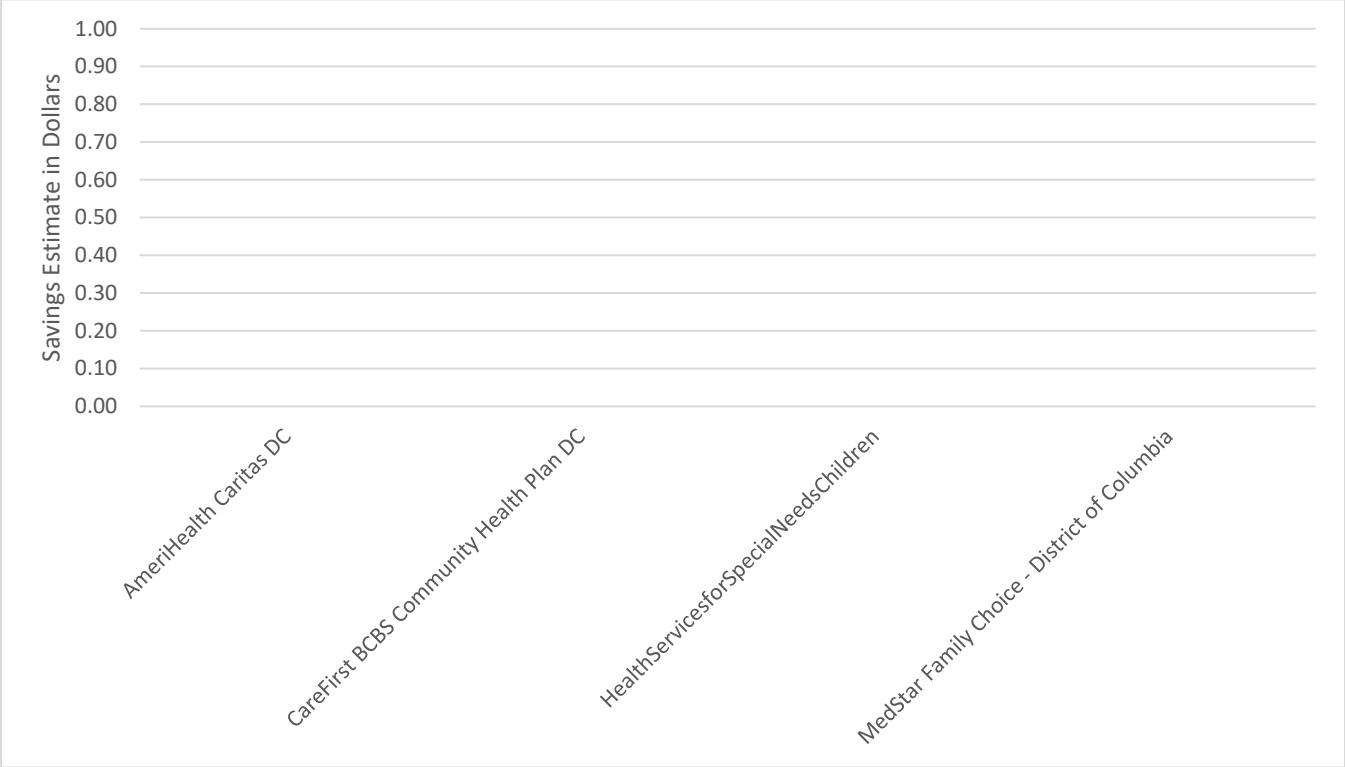


Table 75 - Estimate of Savings Attributed to the Lock-In Program for the Fiscal Year Under Review

MCO Name	Savings Estimate
AmeriHealth Caritas DC	$0.00
CareFirst BCBS Community Health Plan DC	$0.00
HealthServicesforSpecialNeedsChildren	$0.00
MedStar Family Choice - District of Columbia	$0.00

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

Figure 58 - Documented Process to Identify Potential FWA of Controlled Drugs by Prescribers

Table 76 - Documented Process to Identify Potential FWA of Controlled Drugs by Prescribers

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

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

Figure 59 - Actions Process Initiates when Potential FWA of Controlled Drugs by Prescribers is Detected

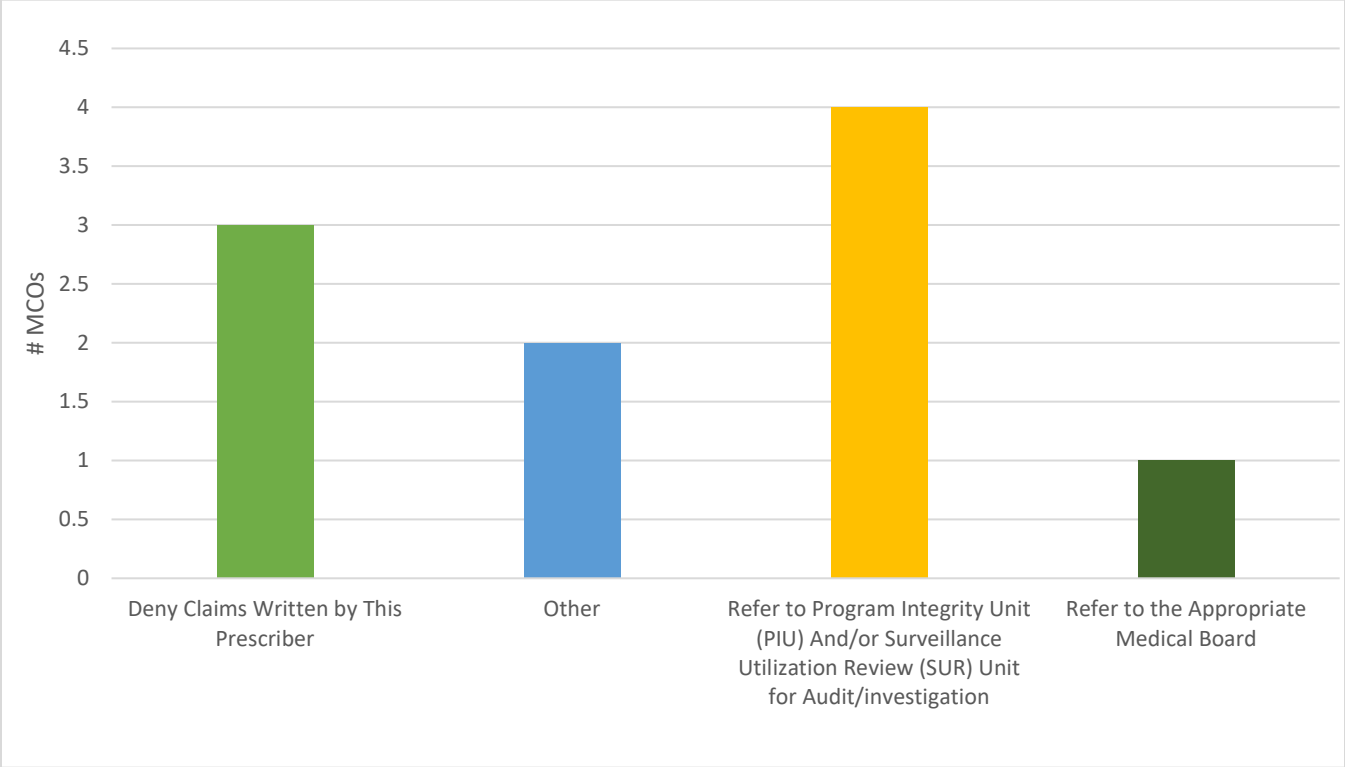


Table 77 - Actions Process Initiates when Potential FWA of Controlled Drugs by Prescribers is Detected

Response	MCO Names	Count	Percentage
Deny claims written by this prescriber	AmeriHealth Caritas DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	3	30.00%
Refer to Program Integrity Unit (PIU) and/or Surveillance Utilization Review (SUR) Unit for audit/investigation	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	40.00%
Refer to the appropriate Medical Board	MedStar Family Choice - District of Columbia	1	10.00%
Other	CareFirst BCBS Community Health Plan DC, MedStar Family Choice - District of Columbia	2	20.00%
State Totals		**10**	**100%**

If "Other," please explain.

Table 78 - "Other" Explanations for Action Initiated by Documented Process to Identify Potential FWA of Controlled Drugs by Prescribers

MCO Name	Explanation
CareFirst BCBS Community Health Plan DC	A provider who does not accept education or change in prescribing behavior will be referred to the CMO and Provider Relations for possible removal from the network

MCO Name	Explanation
MedStar Family Choice - District of Columbia	Referral to Quality of Care Committee (made up of all MFC physicians & health plan pharmacists) for review. Further disposition depends on Committee decision. Actions include: Point of service edits (deny claims written by the provider), Medical Director letter to network prescribers describing concerns and outlining a corrective action plan, removal from network, referral to MFC Compliance for further adjudication which includes referral to OIG, OAG, and Refer to the Appropriate Medical Boards.

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

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

Table 79 - Documented Process to Identify Potential FWA of Controlled Drugs by Pharmacy Providers

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

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

Figure 61 - Actions when Potential FWA of Controlled Drugs by Pharmacy Providers is Detected

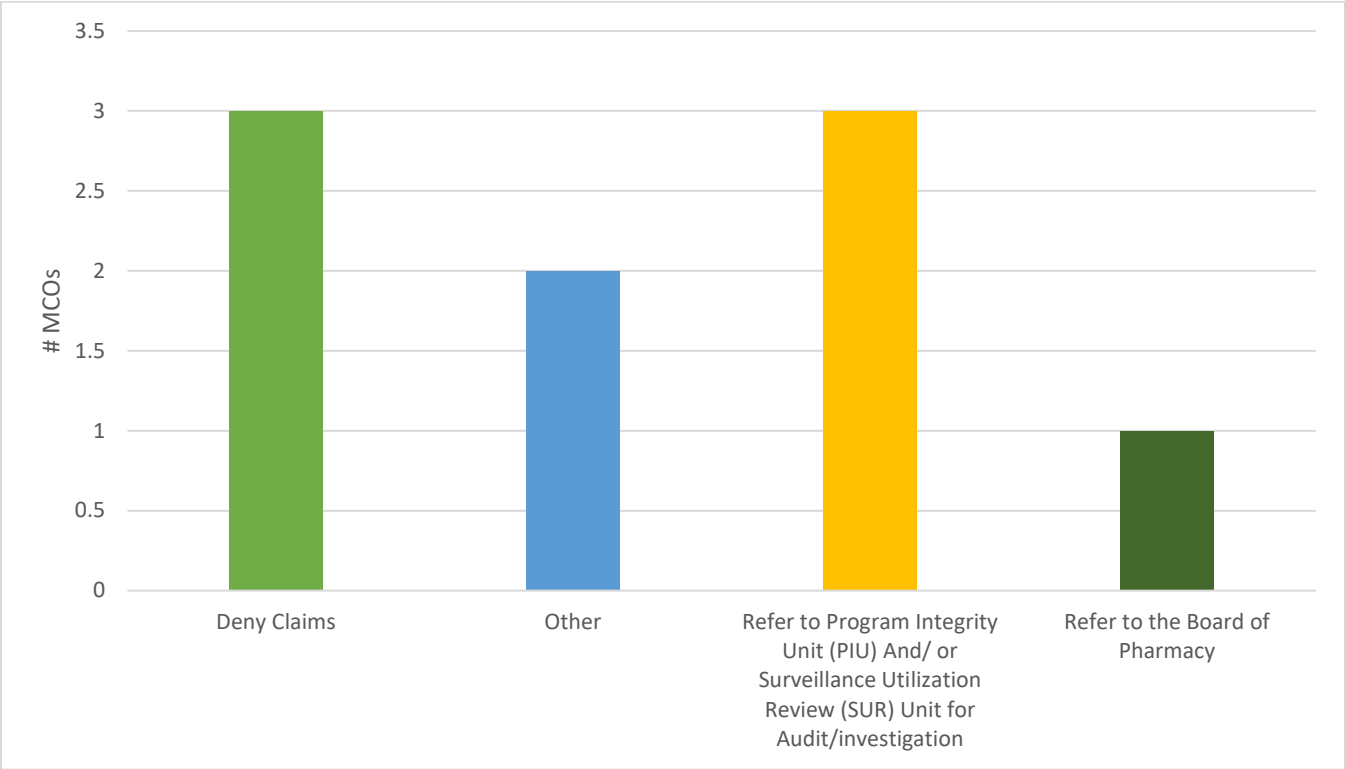


Table 80 - Actions when Potential FWA of Controlled Drugs by Pharmacy Providers is Detected

Response	MCO Names	Count	Percentage
Deny claims	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren	3	33.33%
Refer to Program Integrity Unit (PIU) and/ or Surveillance Utilization Review (SUR) Unit for audit/investigation	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren	3	33.33%
Refer to the Board of Pharmacy	AmeriHealth Caritas DC	1	11.11%
Other	AmeriHealth Caritas DC, MedStar Family Choice - District of Columbia	2	22.22%
State Totals		**9**	**100%**

If "Other," please explain.

Table 81 - "Other" Explanations when Potential FWA of Controlled Drugs by Pharmacy Providers is Detected

MCO Name	Explanation
AmeriHealth Caritas DC	When the PBM identifies potential issues regarding controlled drugs, the PBM will schedule an audit for the pharmacy. Instances where any FWA issues are suspected as a result of the audit are referred to the AmeriHealth Caritas Family of Companies special investigative unity (SIU) team for further investigation. Our AmeriHealth Caritas Family of Companies special investigative unit (SIU) will refer any issues to District Authorities if needed.

MCO Name	Explanation
MedStar Family Choice - District of Columbia	CVS Caremark performs audits on retail pharmacies looking for issues with claim submissions such as patients with multiple fills of the same medication with different dose. Faxes are sent to prescribers when questionable scenarios arise and in most cases the prescriber denies approving multiple fills. CVS Caremark will send notices if the audit finds any potential Fraud or Abuse and further action may be taken.

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

Table 82 - Documented Process to Identify Potential Fraud or Abuse of Non-Controlled Drugs by Beneficiaries, Prescribers, and Pharmacy Providers

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

If "Yes," please explain your program for FWA of non-controlled substances.

Table 83 - Explanations of Program for FWA of Non-Controlled Substances by Beneficiaries, Prescribers, and Pharmacy Providers

MCO Name	Explanation
AmeriHealth Caritas DC	Our Special Investigations Unit (SIU) reviews high dollar and high abuse potential claims for aberrant billing patterns. Once they identify a suspicious claim they engage with the District for advice and follow up.

MCO Name	Explanation
CareFirst BCBS Community Health Plan DC	We conduct a monthly polypharmacy review of all enrollees filling ten or more prescriptions in any given month. Also, monitor early refills at the PBM level
HealthServicesforSpecial NeedsChildren	CVS/Caremark RetroDUR activities and HSCSN DUR Committee review of drug utilization data.
MedStar Family Choice - District of Columbia	Prior authorization is necessary for duplicate exact prescriptions and refill to soon. These POS edits prevent over-utilization.

B. Prescription Drug Monitoring Program (PDMP)

1. Does your MCO have the ability to query the State's PDMP database?

Figure 63 - MCO Has Ability to Query the State's PDMP database

Table 84 - MCO Has Ability to Query the State's PDMP Database

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

a. If "Yes," please check all applicable ways your MCO accesses the PDMP database.

Figure 64 - Ways the MCO Has the Ability to Query the State's PDMP Database

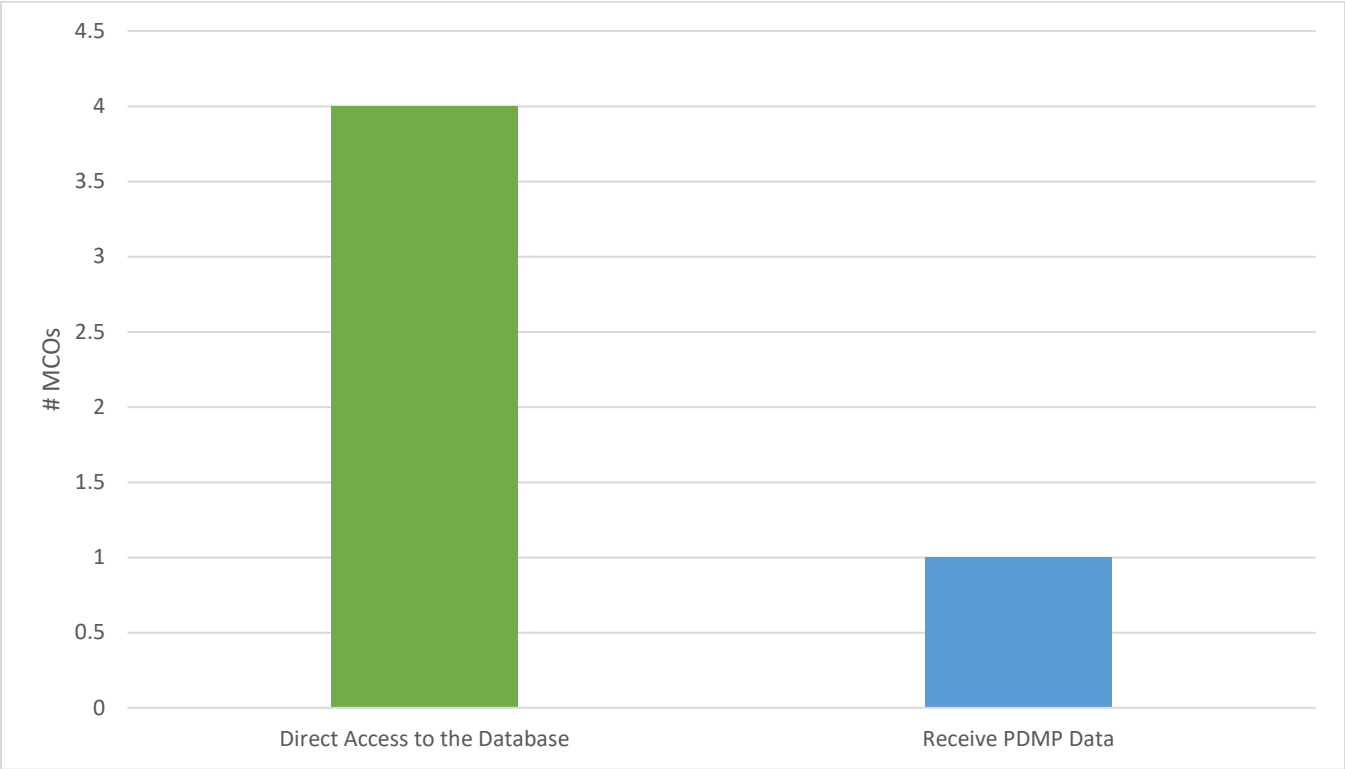


Table 85 - Ways the MCO Has the Ability to Query the State's PDMP Database

Response	MCO Names	Count	Percentage
Direct access to the database	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	80.00%
Receive PDMP data	AmeriHealth Caritas DC	1	20.00%
State Totals		**5**	**100%**

i. If "Receive PDMP data," please indicate how often (multiple responses allowed).

Figure 65 - Frequency of PDMP Data Received

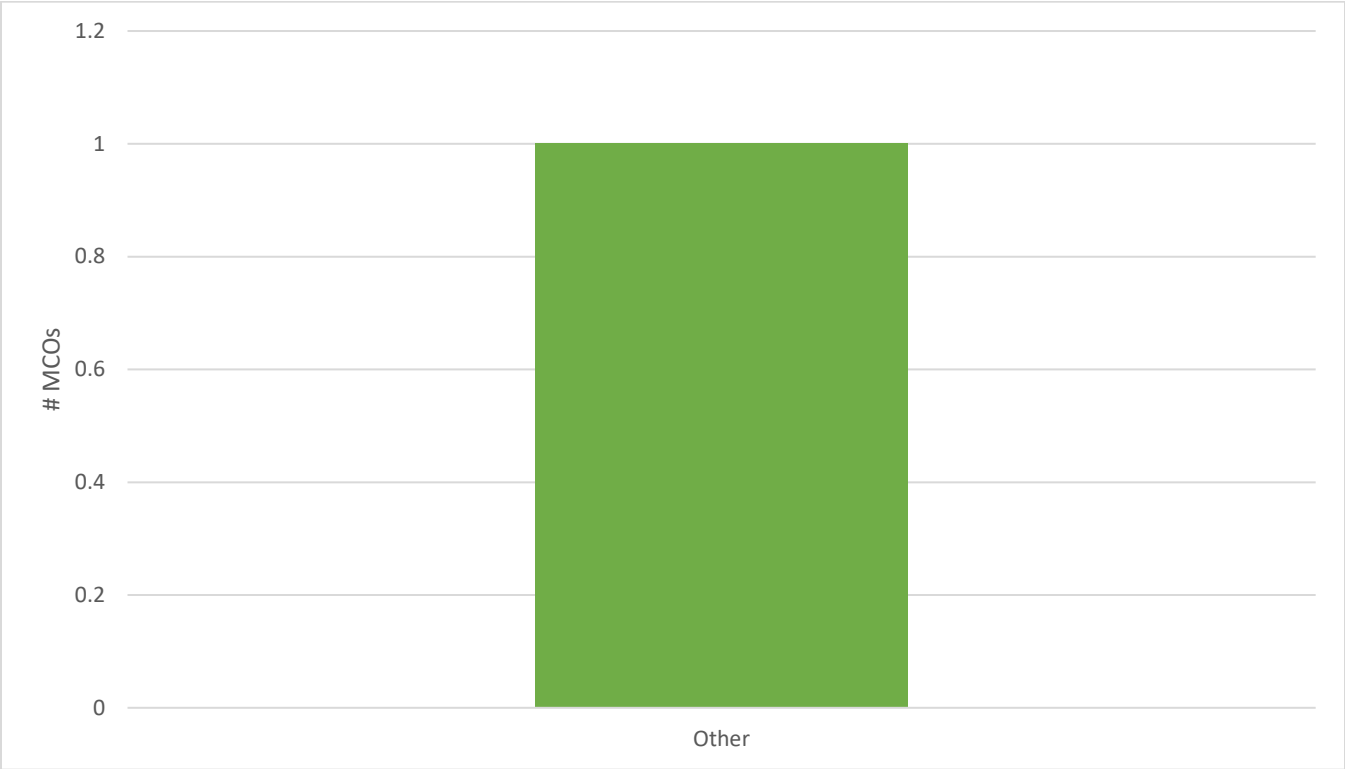


Table 86 - Frequency of PDMP Data Received

Response	MCO Names	Count	Percentage
Other	AmeriHealth Caritas DC	1	100.00%
State Totals		**1**	**100%**

If "Other," please specify.

Table 87 - "Other" Explanations for Frequency of PDMP Data Received

MCO Name	Explanation
AmeriHealth Caritas DC	Login to look up individual enrollees.

ii. If "Direct access to the database," please specify your query capability (multiple responses allowed).

Figure 66 - Query Capability

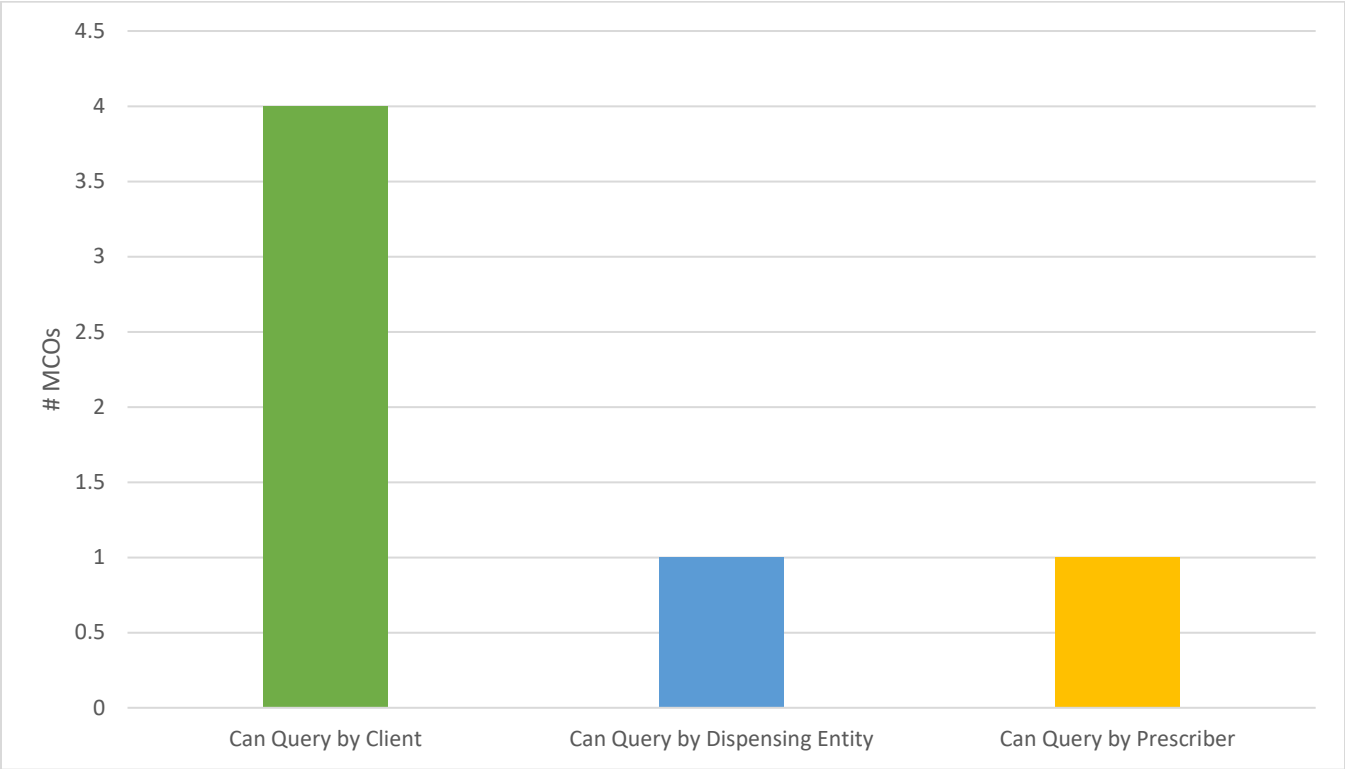


Table 88 - Query Capability

Response	MCO Names	Count	Percentage
Can query by client	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	66.67%
Can query by dispensing entity	CareFirst BCBS Community Health Plan DC	1	16.67%
Can query by prescriber	CareFirst BCBS Community Health Plan DC	1	16.67%
State Totals		**6**	**100%**

b. If "Yes," please explain how your MCO program applies this information to control FWA of controlled substances.

Table 89 - Explanation for How MCO Program Applies Information to Control FWA of Controlled Substances

MCO Name	Explanation
AmeriHealth Caritas DC	PDMP is reviewed on a case by case basis as we investigate FWA.
CareFirst BCBS Community Health Plan DC	The information obtained from the PDMP query is used for the education of providers and enrollees. This information is not used for purposes of the lock-in program
HealthServicesforSpecial NeedsChildren	HSCSN DUR Committee accesses the PDMP after identifying high-risk enrollees in drug utilization review of opioids and controlled substances monthly. PDMP helps with making lock-in determinations.
MedStar Family Choice - District of Columbia	Individual enrollee profiles are reviewed in PDMP when processing controlled substance prior authorization requests, and as needed if FWA concerns were identified via other mechanisms such as opioid utilization reports.

c. If "Yes," does your MCO have access to contiguous States' PDMP Information?

Figure 67 - MCO Access to Contiguous States' PDMP Information

Table 90 - MCO Access to Contiguous States' PDMP Information

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

d. If "Yes," does your MCO also have PDMP data integrated into your POS edits?

Figure 68 - MCO Has PDMP Data Integrated into POS Edits

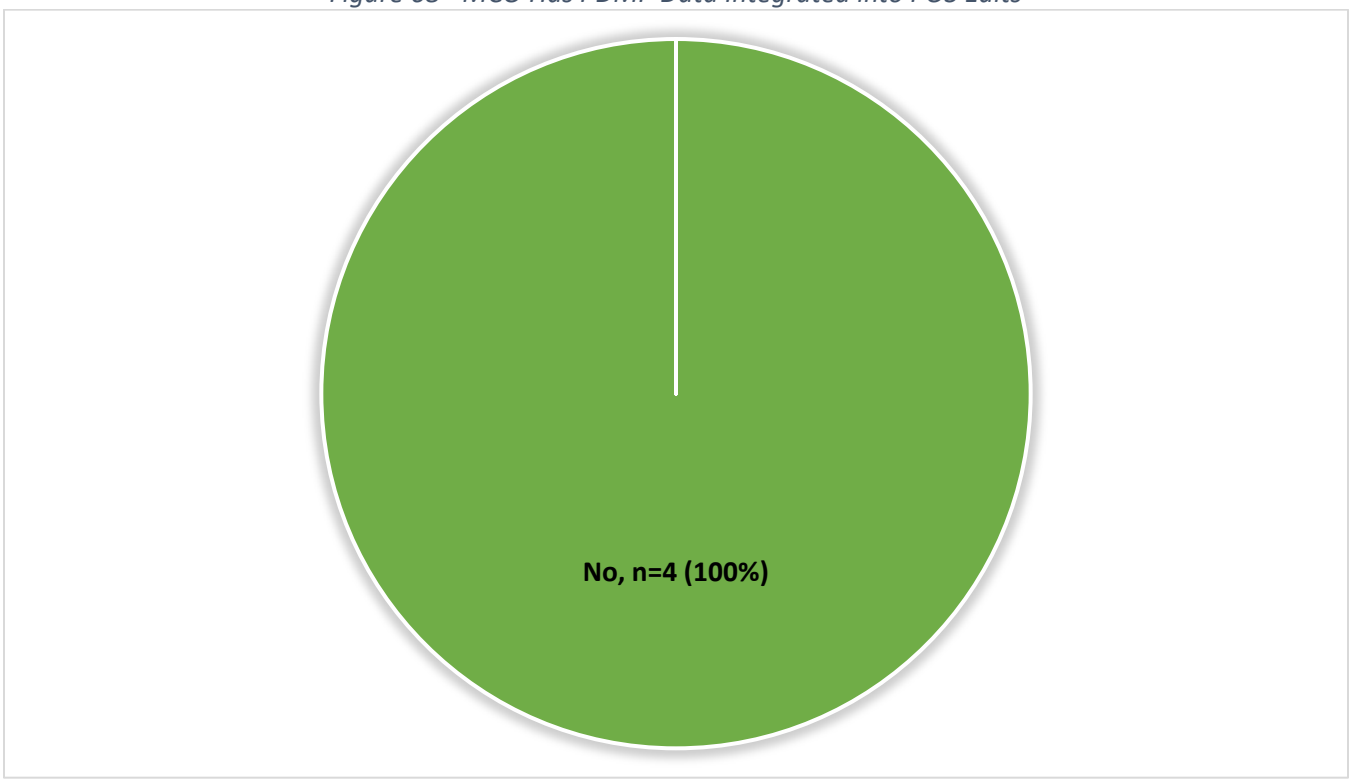


Table 91 - MCO Has PDMP Data Integrated into POS Edits

Response	MCO Names	Count	Percentage
No	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

2. Have you communicated to prescribers who are covered providers that as of October 1, 2021, they are required to check the PDMP before prescribing controlled substances to beneficiaries who are covered individuals?

Figure 69 - Communicated that Prescribers are Required to Access the PDMP Patient History Before Prescribing Controlled Substances

Table 92 - Communicated that Prescribers are Required to Access the PDMP Patient History Before Prescribing Controlled Substances

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

If "Yes," check all that apply.

Figure 70 - Ways MCO Has Communicated Requirement

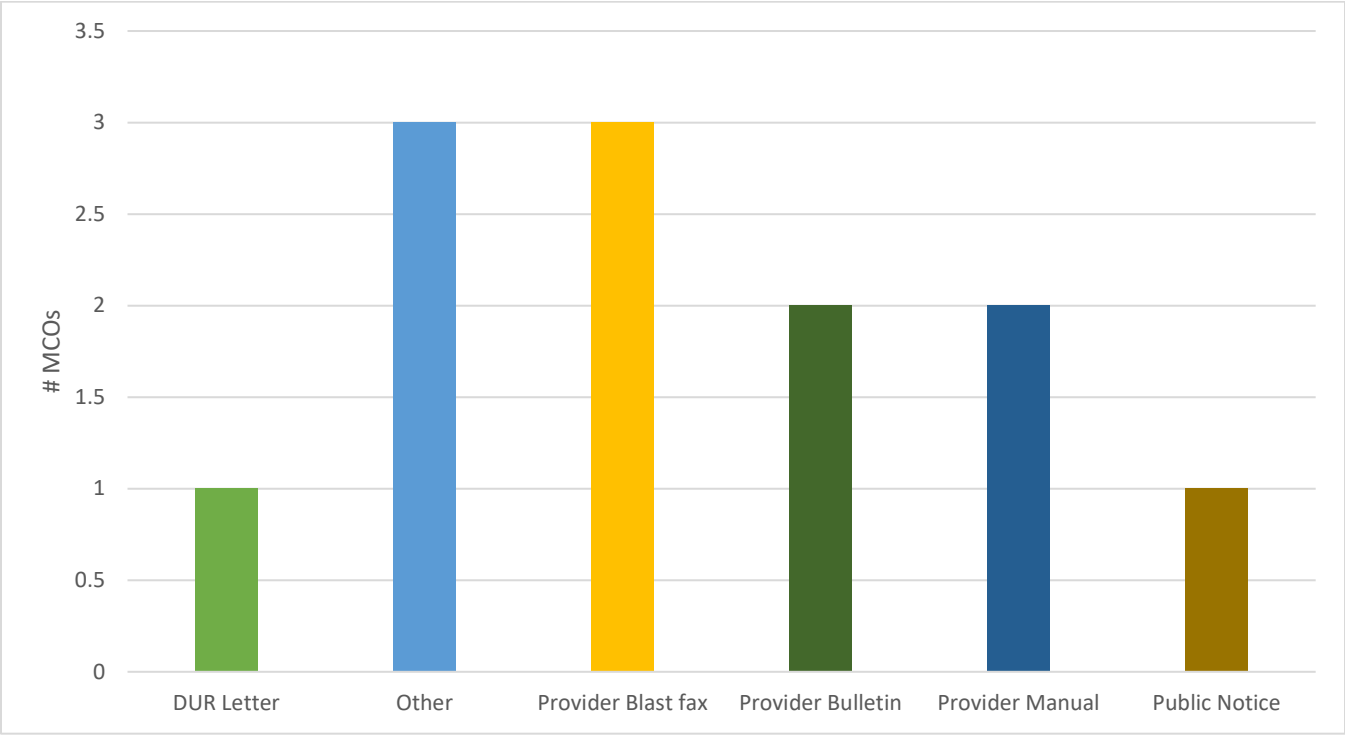


Table 93 - Ways MCO Has Communicated Requirement

Response	States	Count	Percentage
DUR letter	MedStar Family Choice - District of Columbia	1	8.33%
Provider blast fax	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, MedStar Family Choice - District of Columbia	3	25.00%
Provider bulletin	CareFirst BCBS Community Health Plan DC, MedStar Family Choice - District of Columbia	2	16.67%
Provider manual	HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	2	16.67%
Public notice	MedStar Family Choice - District of Columbia	1	8.33%
Other	CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	3	25.00%
State Totals		**12**	**100%**

If "Other," please explain.

Table 94 - "Other" Ways MCO Has Communicated Requirement

MCO Name	Explanation
CareFirst BCBS Community Health Plan DC	Provider forum
HealthServicesforSpecial NeedsChildren	Notification to providers was made by email blast, website, and provider manual.
MedStar Family Choice - District of Columbia	Prescribers must attest to checking the PDMP when prescribing opioid medications and acknowledge this as a part of completing the Opioid Prior Authorization request form. Pharmacy and Formulary Information available for providers on the MFC-DC website also includes details about this requirement on the Opioid Prior Authorization Requirements page.

a. Has your MCO specified protocols for prescribers checking the PDMP?

Figure 71 - Protocols Involved in Checking the PDMP

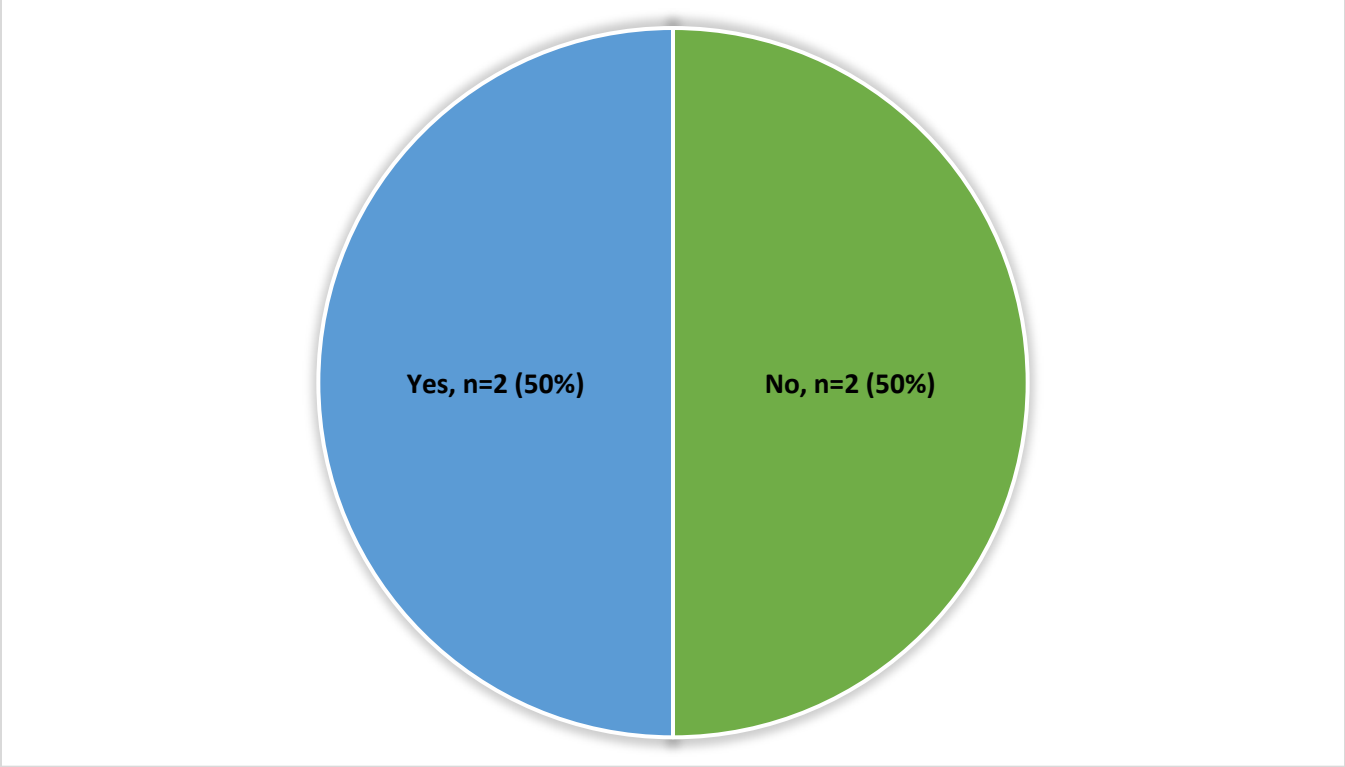


Table 95 - Protocols Involved in Checking the PDMP

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC	2	50.00%
No	HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	2	50.00%
State Totals		**4**	**100%**

If "Yes," please explain.

Table 96 - Explanations of Protocols Involved in Checking the PDMP

MCO Name	Explanation
AmeriHealth Caritas DC	Mandatory query is now in effect in the District of Columbia. DC Law 23-251. Prescription Drug Monitoring Program Query and Omnibus Health Amendments Act of 2020 became effective on March 16, 2021. The law requires prescribers and dispensers to query the PDMP: Prior to prescribing or dispensing an opioid or benzodiazepine for more than seven consecutive days, and Every ninety days thereafter while the course of treatment or therapy continues, or Prior to dispensing another refill after ninety days.
CareFirst BCBS Community Health Plan DC	DC Law requires that all providers query the PDMP before prescribing or dispensing a controlled substance

b. Do providers have protocols for responses to information from the PDMP that is contradictory to information that the practitioner expects to receive, based on information from the client (example: when a provider prescribing pain management medication finds medications for opioid use disorder (OUD) during a PDMP check, when client denies opioid use disorder)?

Figure 72 - Providers Having Protocols for Responses to Information from the PDMP that is Contradictory to the Information the Practitioner Expects

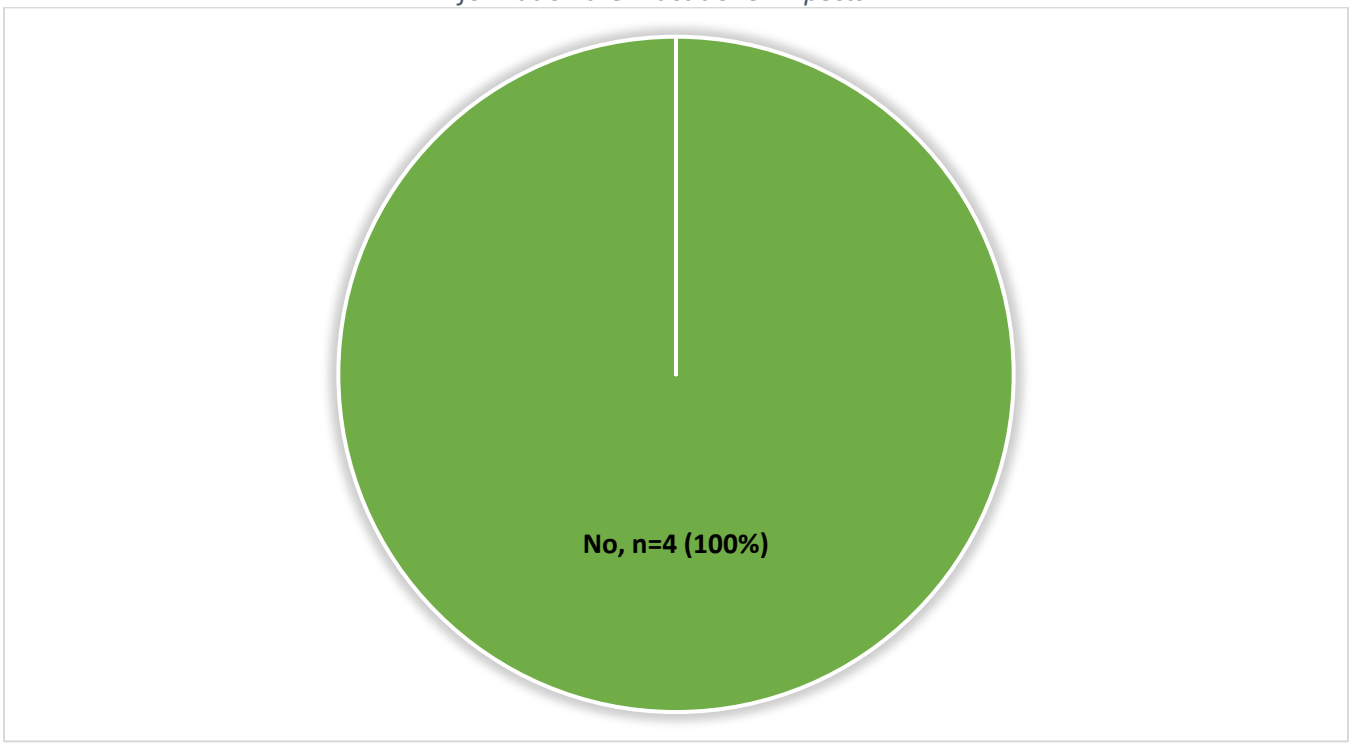


Table 97 - Providers Having Protocols for Responses to Information from the PDMP that is Contradictory to the Information the Practitioner Expects

Response	MCO Names	Count	Percentage
No	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

c. 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

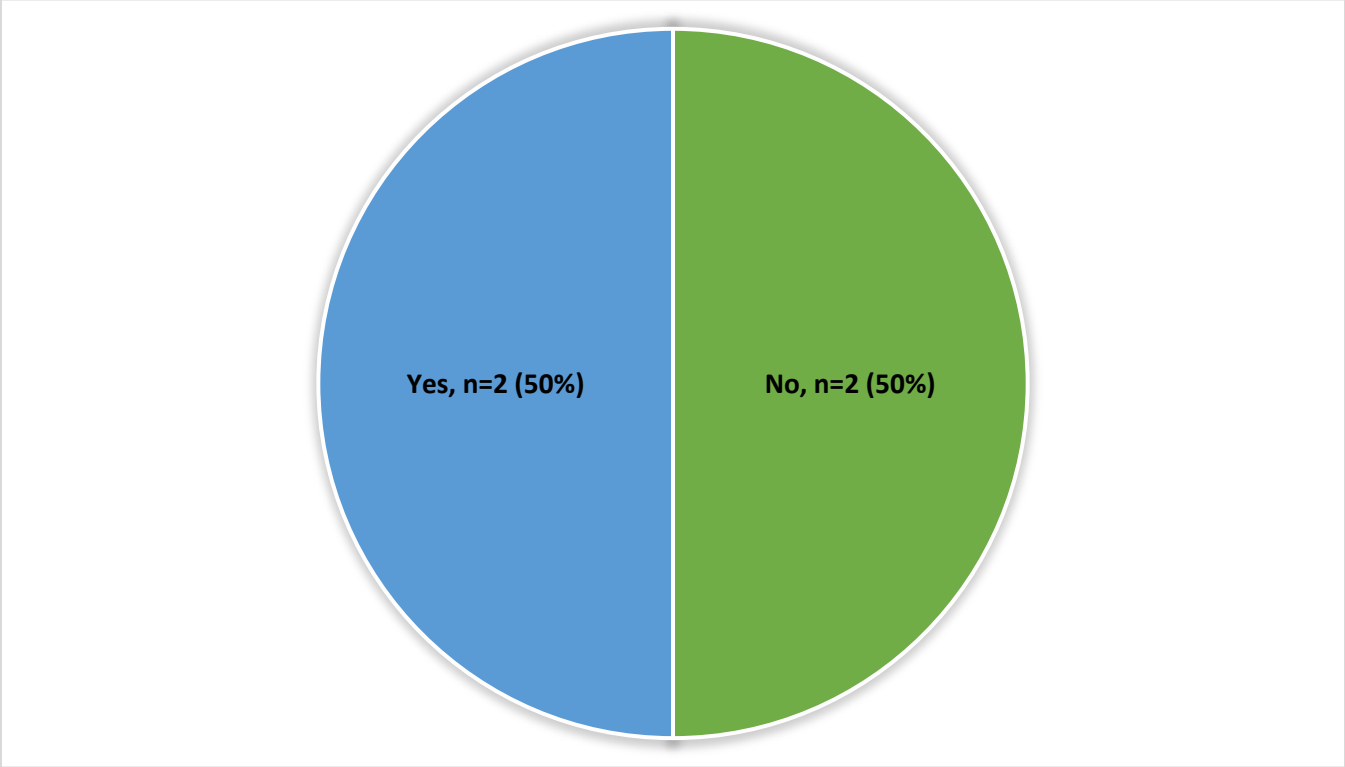


Table 98 - MCO Requires Prescriber to Document a Good Faith Effort if Unable to Conduct a PDMP Check

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, MedStar Family Choice - District of Columbia	2	50.00%
No	CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren	2	50.00%
State Totals		**4**	**100%**

If "No," please explain why not.

Table 99 - Explanations for not Requiring Prescribers to Document a Good Faith Effort

MCO Name	Explanation
CareFirst BCBS Community Health Plan DC	DC law requires all prescribers and pharmacists to query the PDMP before prescribing or dispensing controlled substances. Although it is the law to query the PDMP MCOs do not have a way to know which provider and pharmacists actually perform the query
HealthServicesforSpecial NeedsChildren	HSCSN has not established a process for this and has no method for monitoring PDMP access by providers.

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

Figure 74 - MCO Requires Provider to Submit Documentation

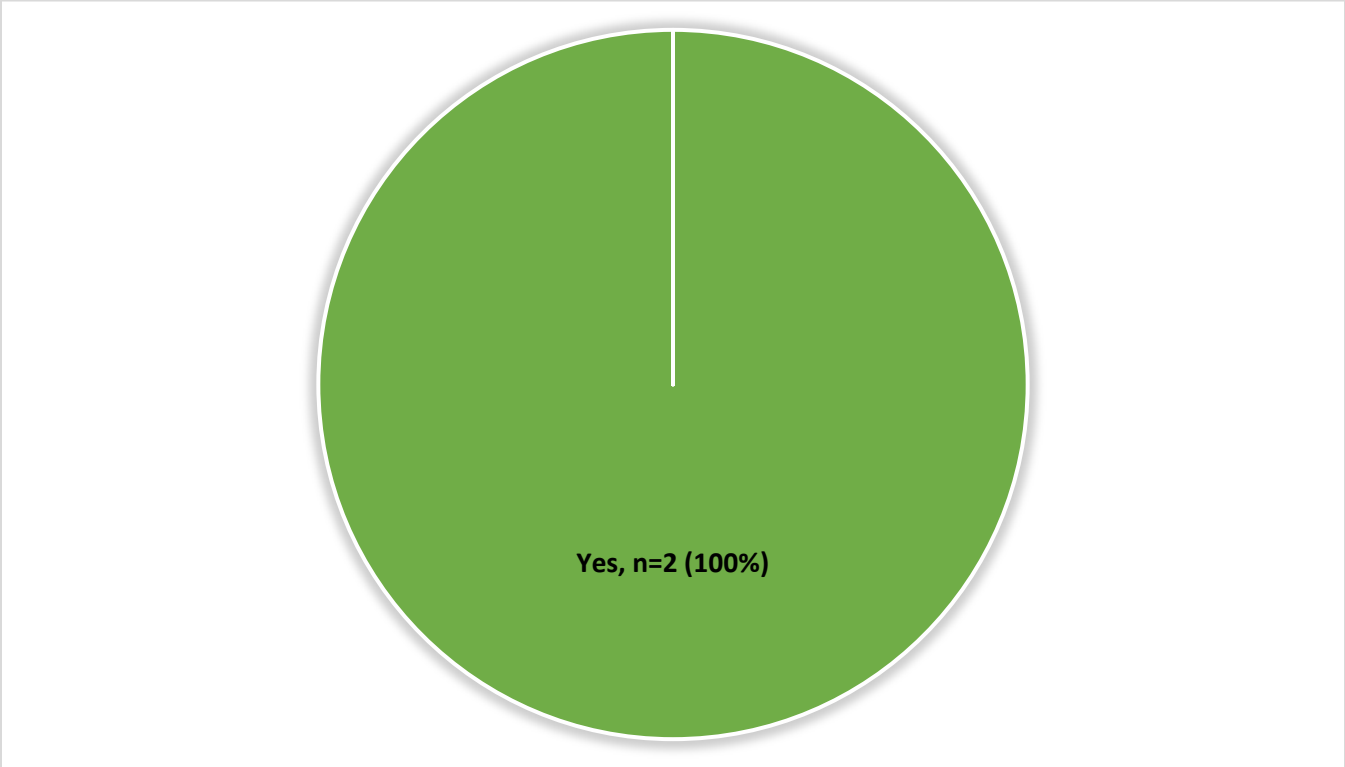


Table 100 - MCO Requires Provider to Submit Documentation

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, MedStar Family Choice - District of Columbia	2	100.00%
State Totals		**2**	**100%**

3. In the State's PDMP system, which of the following beneficiary information is available to prescribers as close to real-time as possible (multiple responses allowed)?

Figure 75 - Beneficiary Information Available to Prescribers as Close to Real-Time as Possible

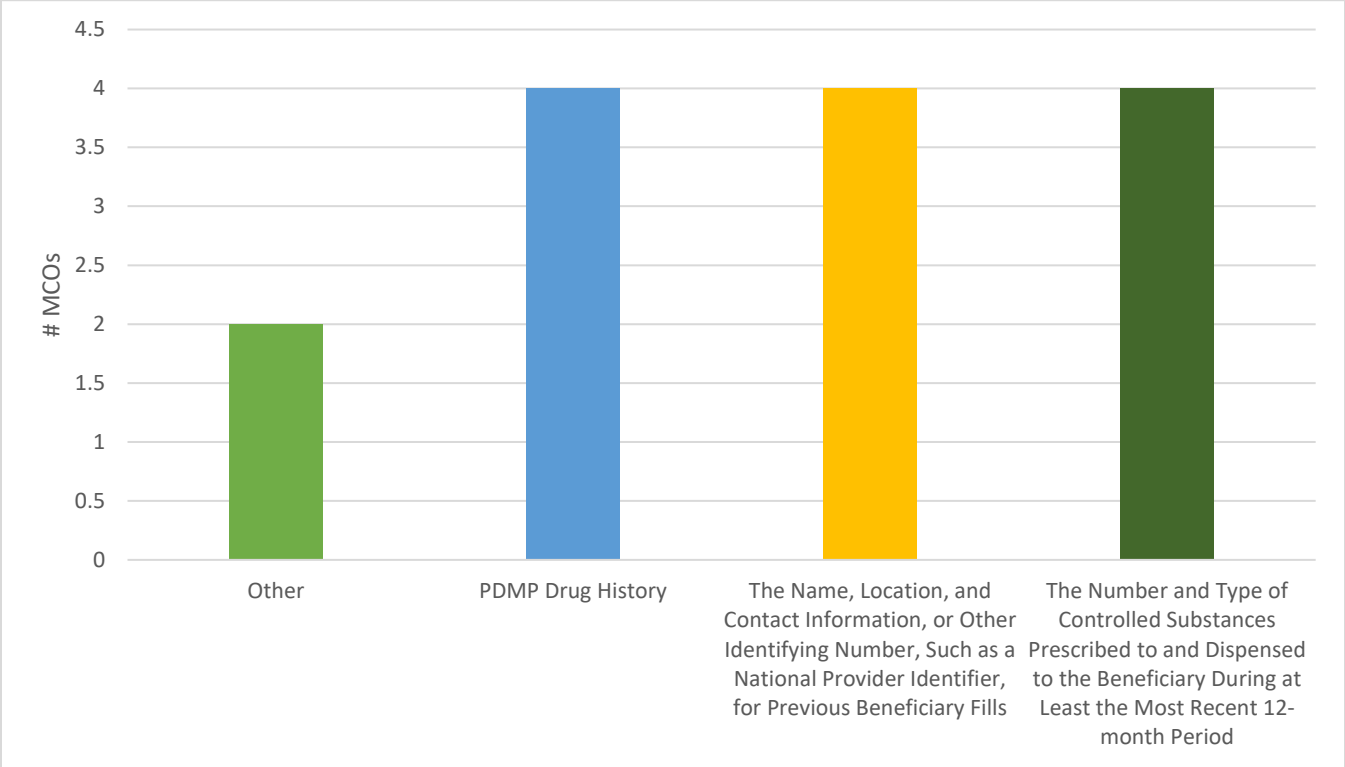


Table 101 - Beneficiary Information Available to Prescribers as Close to Real-Time as Possible

Response	MCO Names	Count	Percentage
PDMP drug history	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	28.57%
The name, location, and contact information, or other identifying number, such as a national provider identifier, for previous beneficiary fills	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	28.57%
The number and type of controlled substances prescribed to and dispensed to the beneficiary during at least the most recent 12-month period	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	28.57%
Other	AmeriHealth Caritas DC, MedStar Family Choice - District of Columbia	2	14.29%
State Totals		**14**	**100%**

If "Other," please explain.

Table 102 - Other Explanation for Information Available to Prescribers with Respect to a Beneficiary as Close to Real-Time as Possible

MCO Name	Explanation
AmeriHealth Caritas DC	NARX Scores, Overdose Risk Scores, Number and type of controlled substances prescribed to and dispensed to the beneficiary during the most recent 24-month period, Dosing (Buprenorphine, MME, LME), Rx Data (Pharmacy information, payment type)
MedStar Family Choice - District of Columbia	RX claim reimbursement type (e.g. MCO insurance, secondary payor, cash/card, etc.)

a. Are there barriers that hinder your MCO from fully accessing PDMP that prevent the program from being utilized the way it was intended to be to curb FWA?

Figure 76 - Barriers Hinder MCO from Fully Accessing the PDMP to Curb FWA

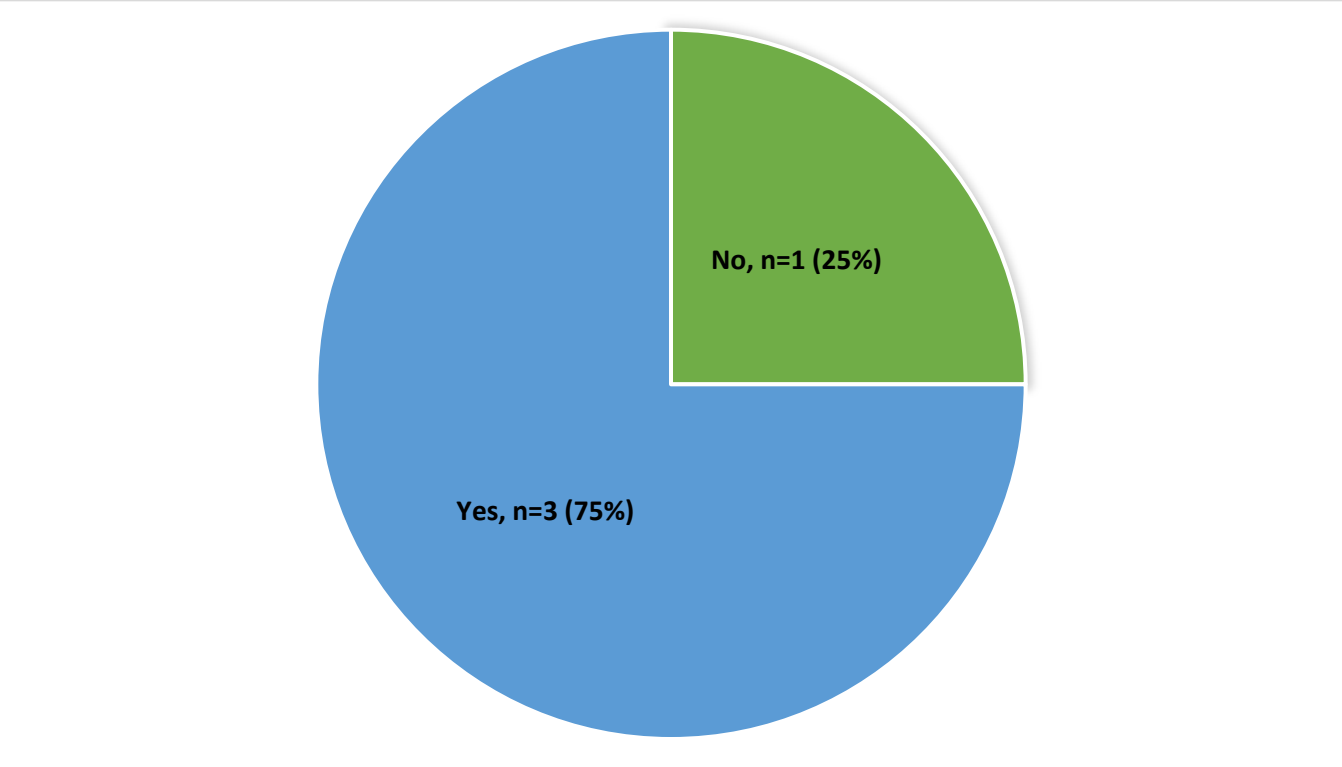


Table 103 - Barriers Hinder MCO from Fully Accessing the PDMP to Curb FWA

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren	3	75.00%
No	MedStar Family Choice - District of Columbia	1	25.00%
State Totals		**4**	**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).

Table 104 - Explanation for Barriers that Hinder MCO from Fully Accessing the PDMP to Curb FWA

MCO Name	Explanation
AmeriHealth Caritas DC	MCO use case needed to properly log in to PDMP

MCO Name	Explanation
CareFirst BCBS Community Health Plan DC	Although DC law requires prescribers and pharmacies to conduct a query, MCOs do not have access/credentials to find which prescribers and/or pharmacists are conducting the queries
HealthServicesforSpecial NeedsChildren	HSCSN currently does not have the technology to verify that Providers are accessing PDMP before prescribing.

4. Have any changes to your State's PDMP during this reporting period improved or detracted from the Medicaid program's ability to access PDMP data?

Figure 77 - Changes to State PDMP That Have Improved or Detracted from the Medicaid Program's Ability to Access PDMP Data

Table 105 - Changes to State PDMP That Have Improved or Detracted from the Medicaid Program's Ability to Access PDMP Data

Response	MCO Names	Count	Percentage
No	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

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

Figure 78 - Data or Privacy Breaches of PDMP or PDMP Data During This Reporting Period

Table 106 - Data or Privacy Breaches of PDMP or PDMP Data During This Reporting Period

Response	MCO Names	Count	Percentage
No	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

C. Opioids

1. For your program, is this category of medications carved out and handled by the State?

Figure 79 - Opioid Category of Medications Carved Out and Handled by the State

Table 107 - Opioid Category of Medications Carved Out and Handled by the State

Response	MCO Names	Count	Percentage
No	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

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

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

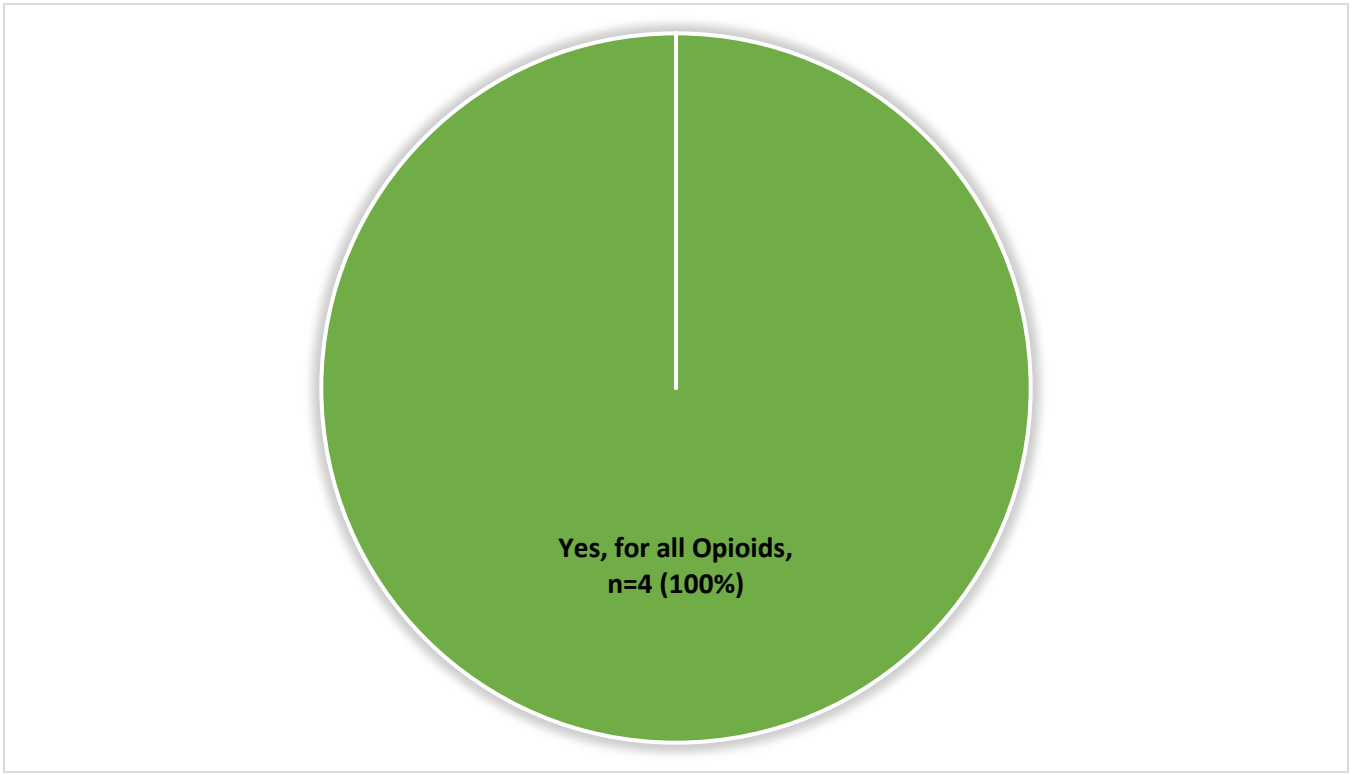


Table 108 - POS Edit in Place to Limit the Days' Supply Dispensed of an Initial Opioid Prescription for Opioid Naïve Patients

Response	MCO Names	Count	Percentage
Yes, for all opioids	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

a. If "Yes, for all opioids" or "Yes, for some opioids," 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 for Opioid Naïve Patients

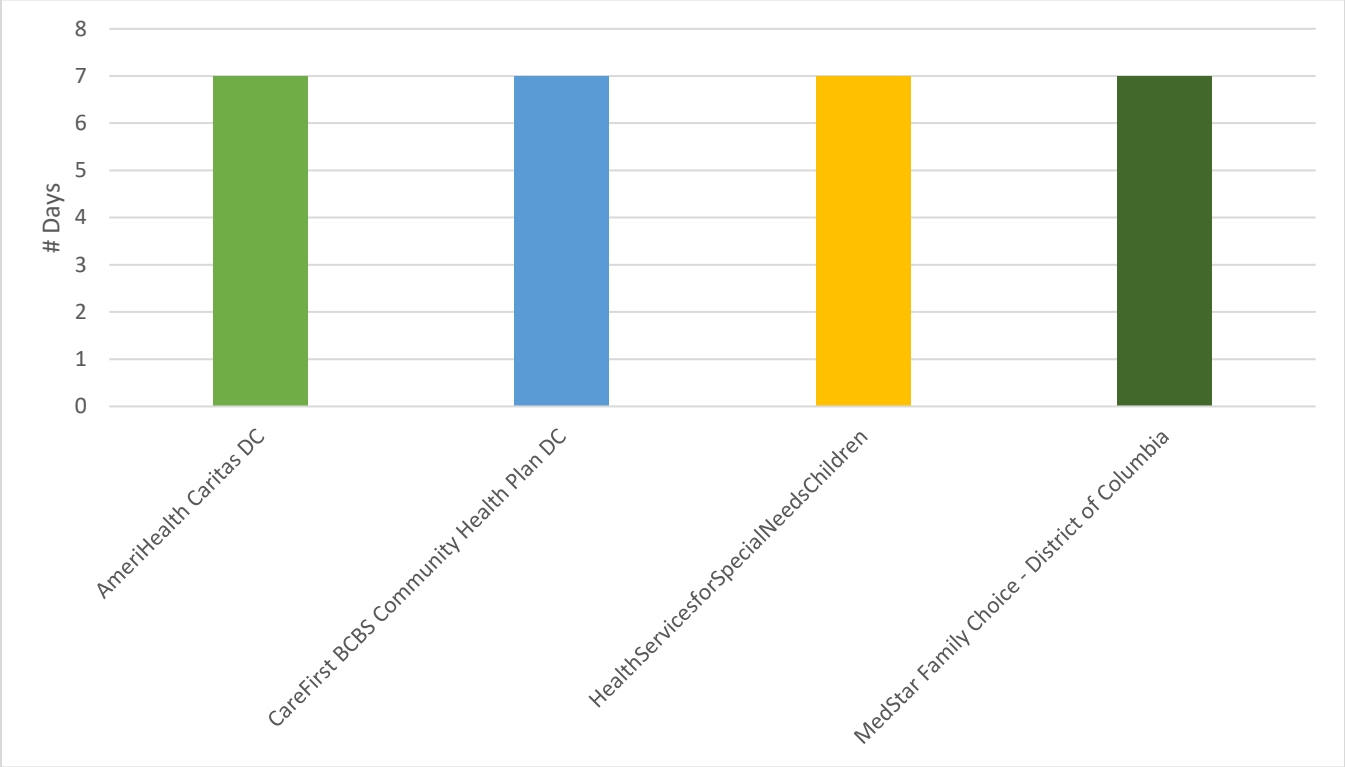


Table 109 - Maximum Number of Days Allowed for an Initial Opioid Prescription for Opioid Naïve Patients

MCO Names	Response (Days)
AmeriHealth Caritas DC	7
CareFirst BCBS Community Health Plan DC	7
HealthServicesforSpecialNeedsChildren	7
MedStar Family Choice - District of Columbia	7
State Totals	**28**

3. Does your MCO have POS edits in place to limit the quantity dispensed of opioids?

Figure 82 - POS Edits in Place to Limit the Quantity Dispensed of Opioids

Table 110 - POS Edits in Place to Limit the Quantity Dispensed of Opioids

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

a. If "Yes," 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 (SA) Opioids

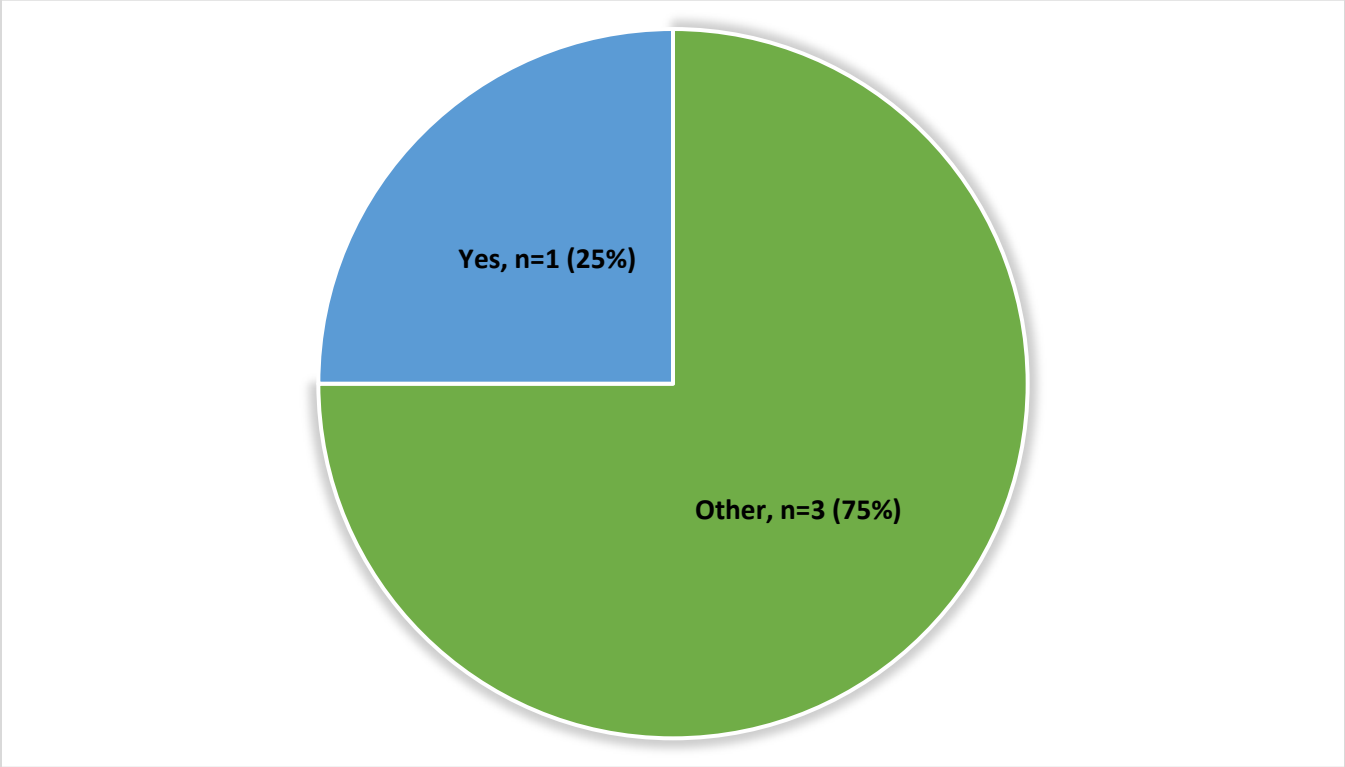


Table 111 - POS Edits in Place to Limit the Quantity Dispensed of Short-Acting (SA) Opioids

Response	MCO Names	Count	Percentage
Yes	HealthServicesforSpecialNeedsChildren	1	25.00%
Other	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, MedStar Family Choice - District of Columbia	3	75.00%
State Totals		**4**	**100%**

If "Yes", please specify limit as # of units.

Figure 84 - Limits for Quantity Dispensed of Short-Acting Opioids

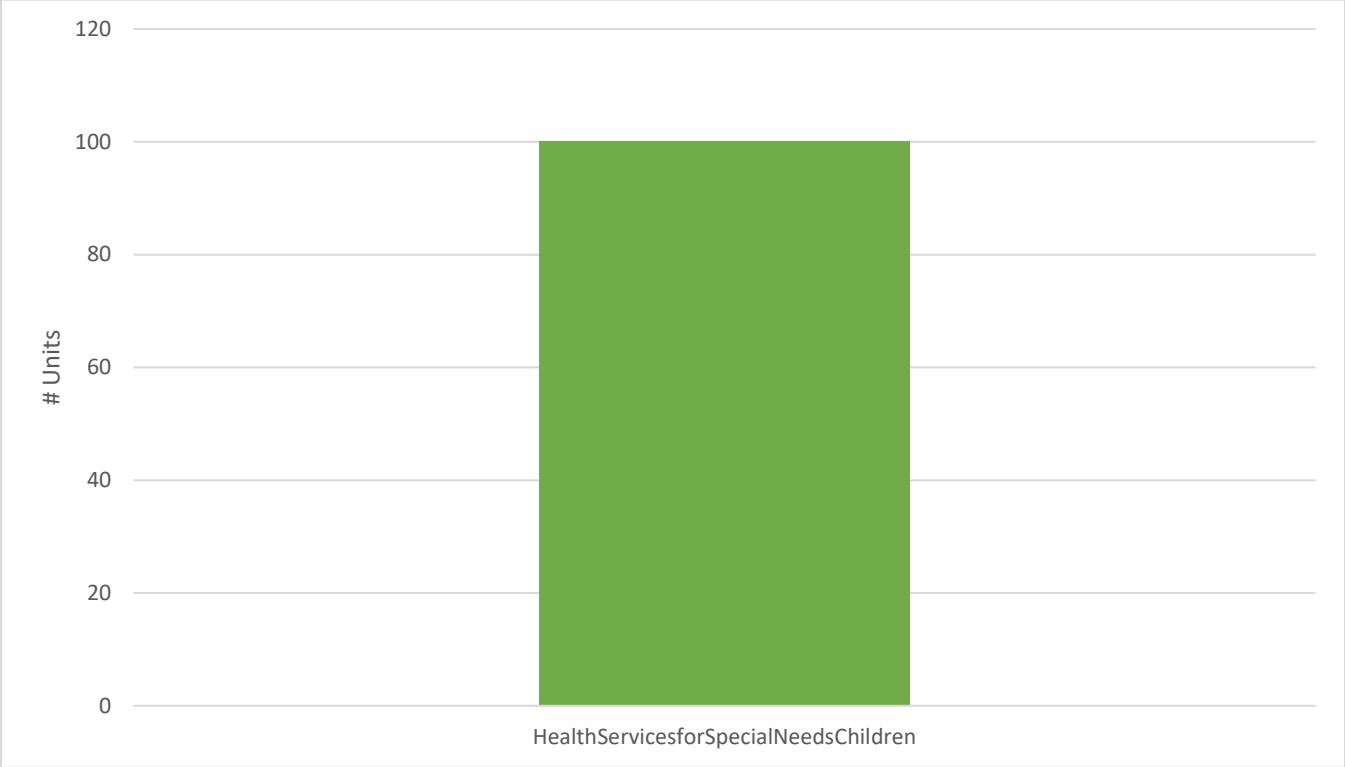


Table 112 - Limits for Quantity Dispensed of Short-Acting Opioids

MCO Name	Units
HealthServicesforSpecialNeedsChildren	100
State Totals	**100**

If "Other," please explain

Table 113 - "Other" Explanations for POS Edits in Place to Limit the Quantity Dispensed of Short-Acting Opioids

MCO Name	Explanation
AmeriHealth Caritas DC	90 MME and 7 days supply
CareFirst BCBS Community Health Plan DC	According to FDA approved dosage and CDC guideline
MedStar Family Choice - District of Columbia	Quantity limits are in PBM system and vary by the short acting opioid. MFC-DC has provided guidance for the maximum number of units for 30 days.

b. 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

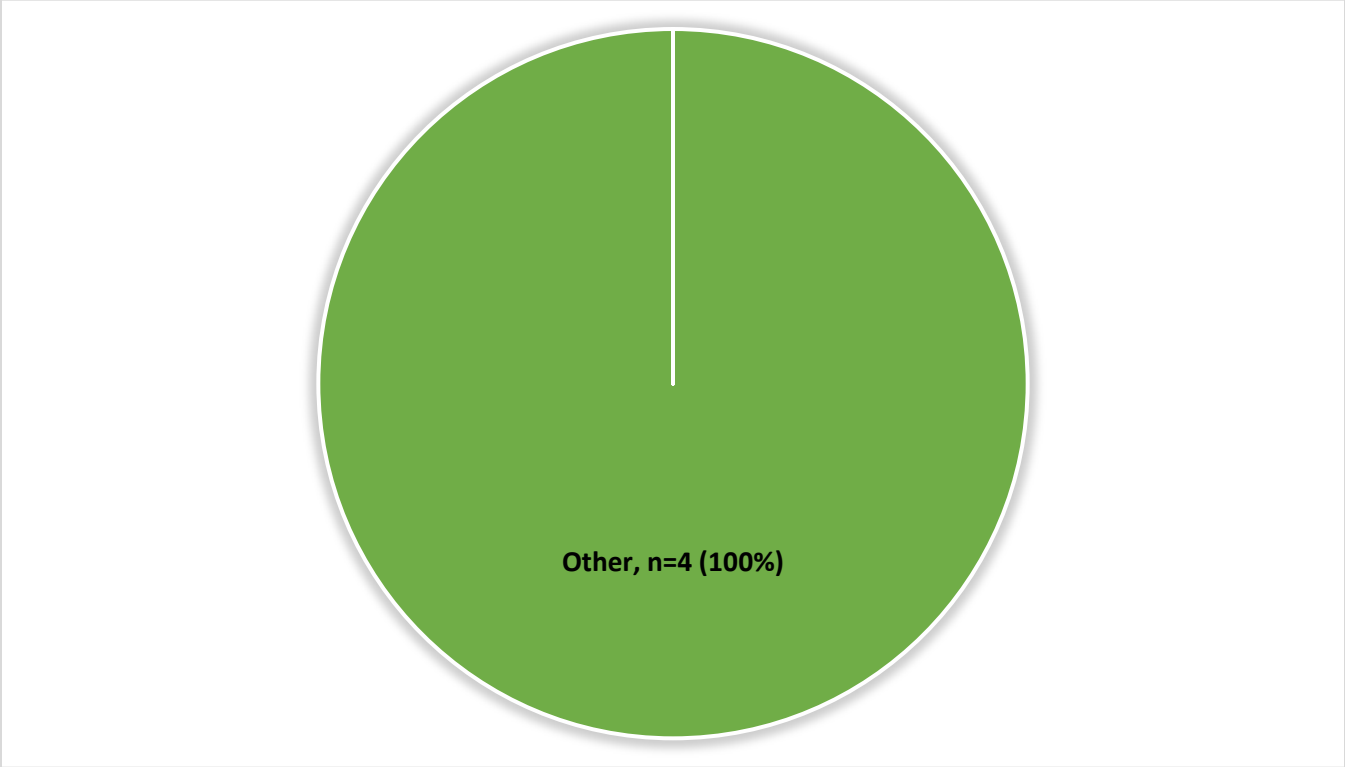


Table 114 - POS Edits in Place to Limit the Quantity Dispensed of Long-Acting Opioids

Response	MCO Names	Count	Percentage
Other	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

If "Other," please explain.

Table 115 - "Other" Explanations for POS Edits in Place to Limit the Quantity Dispensed of Long-Acting Opioids

MCO Name	Explanation
AmeriHealth Caritas DC	90 MME and 7 days supply
CareFirst BCBS Community Health Plan DC	According to FDA approved dosage and CDC guideline
HealthServicesforSpecial NeedsChildren	High-dose alerts require prior authorization. Edits for MME and the use of step therapy or clinical criteria, and PDMP are utilized at POS. -DC law requires that pharmacists and physicians refer to the tool for opioid review by using the PDMP application. According to the CVS Provider Manual, the Provider (Pharmacist) must review state prescription drug monitoring programs (PDMP) prior to prescribing as required by applicable law, must report information to PDMPs, and review PDMPs as a dispensing practitioner. -Denied claims for an initial prescription for opioids are limited to a 7-day supply. -the Plan design is a closed formulary. Certain medications on the formulary are covered when utilization management criteria are met (step therapy or clinical criteria). Formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria.

MCO Name	Explanation
	-MME daily dose is monitored and high dose alerts are sent;90 MME per day and not to exceed 200 MME daily are messaged to the pharmacist upon dispensing.
MedStar Family Choice - District of Columbia	Quantity limits are set for a 30 day supply and vary by the specific long acting opioid.

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

Table 116 - Have Measures Other Than Restricted Quantities and Days' Supply in Place to Either Monitor or Manage the Prescribing of Opioids

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

If "Yes," check all that apply.

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

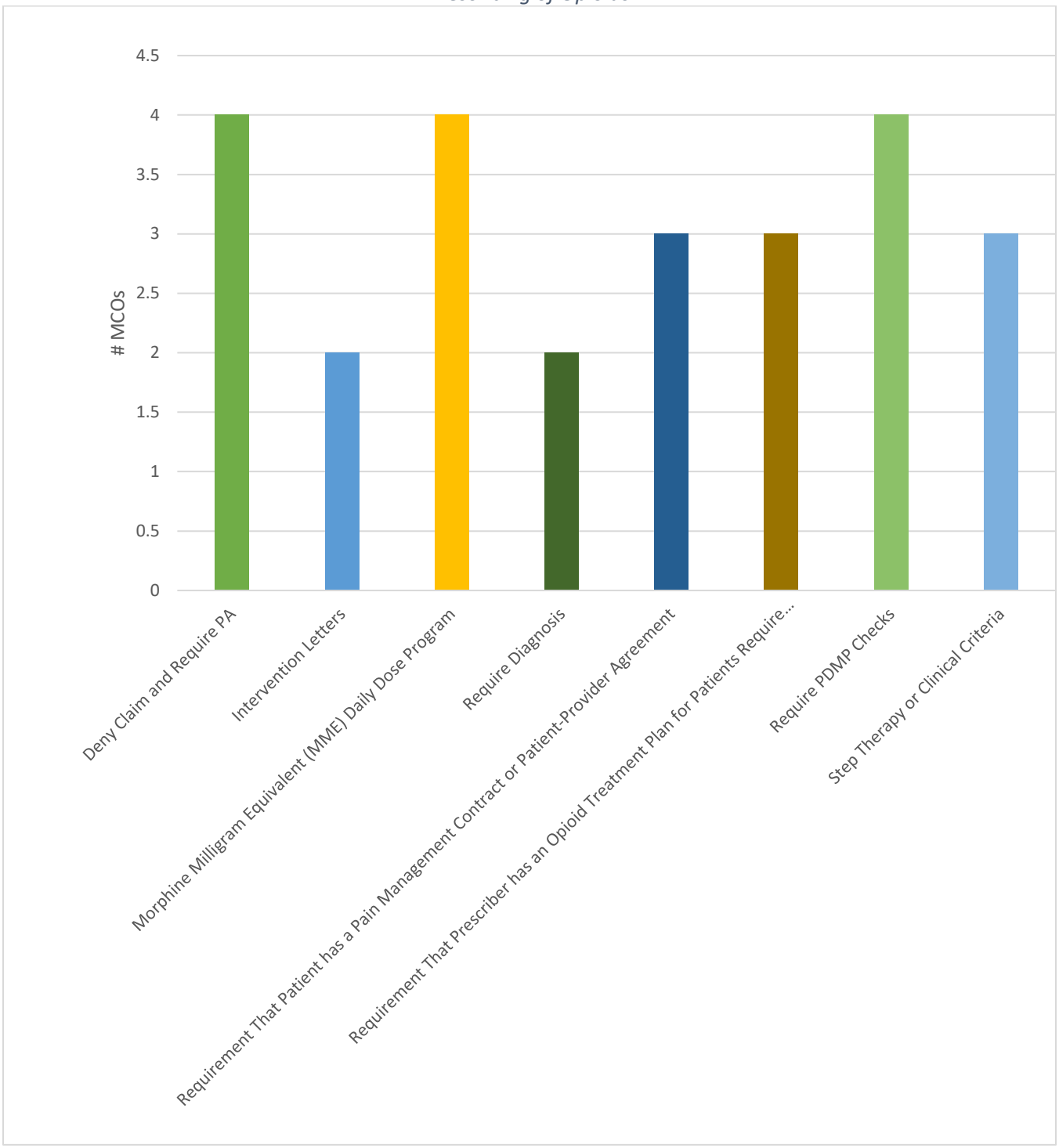


Table 117- Measures other than Restricted Quantities and Days' Supply in Place to Either Monitor or Manage the Prescribing of Opioids

Response	MCO Names	Count	Percentage
Deny claim and require PA	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	16.00%
Intervention letters	HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	2	8.00%
Morphine Milligram Equivalent (MME) daily dose program	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	16.00%
Require diagnosis	AmeriHealth Caritas DC, MedStar Family Choice - District of Columbia	2	8.00%
Requirement that patient has a pain management contract or Patient-Provider agreement	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, MedStar Family Choice - District of Columbia	3	12.00%
Requirement that prescriber has an opioid treatment plan for patients Require documentation of urine drug screening results	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, MedStar Family Choice - District of Columbia	3	12.00%
Require PDMP checks	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	16.00%
Step therapy or Clinical criteria	AmeriHealth Caritas DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	3	12.00%
State Totals		**25**	**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 88 - POS Edits to Monitor Duplicate Therapy of Opioid Prescriptions

Table 118 - POS Edits to Monitor Duplicate Therapy of Opioid Prescriptions

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

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

Figure 89 - POS Edits to Monitor Early Refills of Opioid Prescriptions Dispensed

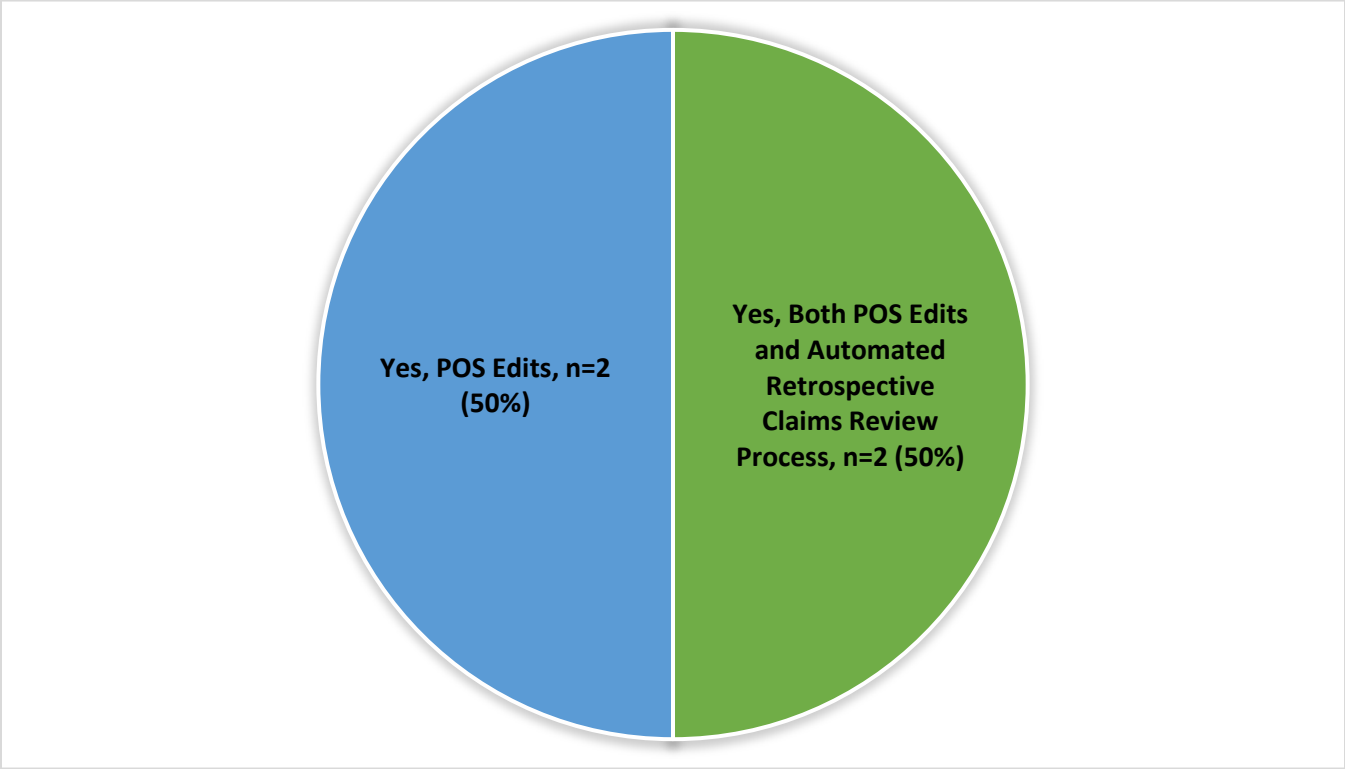


Table 119 - POS Edits to Monitor Early Refills of Opioid Prescriptions Dispensed

Response	MCO Names	Count	Percentage
Yes, both POS edits and automated retrospective claims review process	CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren	2	50.00%
Yes, POS edits	AmeriHealth Caritas DC, MedStar Family Choice - District of Columbia	2	50.00%
State Totals		**4**	**100%**

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

Figure 90 - Automated Retrospective Claim Reviews to Monitor Opioid Prescriptions in Excess of Program Limitations

Table 120 - Automated Retrospective Claim Reviews to Monitor Opioid Prescriptions in Excess of Program Limitations

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

If "Yes," please explain in detail scope, nature, and frequency of these retrospective reviews.

Table 121 - Scope, Nature, and Frequency of Retrospective Reviews of Opioid Prescription Monitoring in Excess of Program Limitations

MCO Name	Retrospective Review Details
AmeriHealth Caritas DC	Members exceeding any opioid related limitations would require prior authorization and pharmacist review. Our PBM provides reporting for potential member lock in. Our medical directors and pharmacy director then review and monitors those individuals that have been placed in the lock in program.
CareFirst BCBS Community Health Plan DC	The POS edits in place prevent the filling of opioid prescriptions outside of the MME guideline. Any prescription outside of the MME guideline including early refills, duplicate fills, quantity limits, requires clinical review for medical necessity. Also, opioid prescription claims are subjected to RetroDUR for early refills(which would require PA),

MCO Name	Retrospective Review Details
	Duplicate fill, and quantity limits based on daily MME and days supply (7 day max for opioid naive patients)
HealthServicesforSpecial NeedsChildren	The report is the Enhanced Safety and Monitoring Solution (ESMS) that CVS/Caremark provides HSCSN clinical safety solutions. The enhanced solution provides continued monitoring, intervention, and special investigation, as appropriate. The enhanced solution also provides case management and consultative courses of action, as recommended by CVS Caremark clinical and investigative staff. CVS/Caremark PBM provides a quarterly report. HSCSN receives a COA report for final approval and decision.
MedStar Family Choice - District of Columbia	The entire universe of opioid claims is retrospectively examined on a quarterly basis by the Medical Director. Outliers with excessive MME amounts are identified and investigated thoroughly. Findings are brought to the Quality of Care Committee (made up of all MFC physicians and pharmacists) for review. Further disposition depends on Committee decision. Actions include: Point of service edits (deny claims written by the provider), Medical Director letter to network prescribers describing concerns and outlining a corrective action plan, removal from network, referral to MFC Compliance for further adjudication which includes referral to OIG, OAG, and Refer to the Appropriate Medical Boards.

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

Figure 91 - POS Edits or Automated Retrospective Claim Reviews to Monitor Opioids and Benzodiazepines Used Concurrently

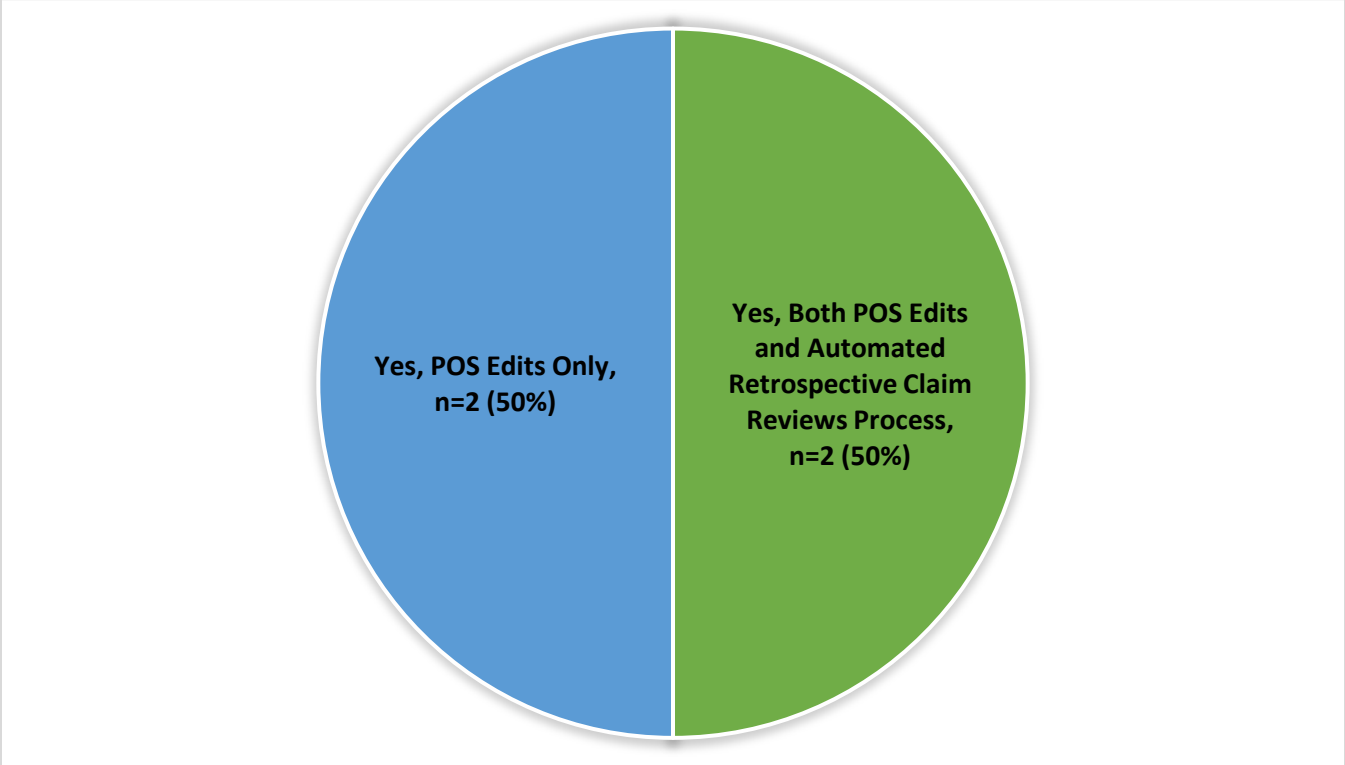


Table 122 - POS Edits or Automated Retrospective Claim Reviews to Monitor Opioids and Benzodiazepines Used Concurrently

Response	MCO Names	Count	Percentage
Yes, both POS edits and automated retrospective claim reviews process	HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	2	50.00%
Yes, POS edits only	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC	2	50.00%
State Totals		**4**	**100%**

If "Yes," please explain in detail the scope and nature of these reviews and/or edits. Additionally, please explain any potential titration processes utilized for those patients chronically on benzodiazepines and how your program justifies pain medications, i.e. Oxycodone/APAP, for breakthrough pain without jeopardizing patient care (i.e. quantity limits/practitioner education titration programs).

Table 123 - Explanations of Scope and Nature of Reviews and Edits for Opioids and Benzodiazepines Being Used Concurrently

MCO Name	Explanation
AmeriHealth Caritas DC	There are POS edits requiring a DUR override by the pharmacist if therapy is appropriate. If the member is taking any opioid product for >7 days or above 90 MME, or a long-acting opioid product, the request must go through a prior authorization review. The clinical reviewer reviews concurrent therapies, and the prior authorization criteria addresses concurrent benzodiazepine therapy: If member is taking benzodiazepines, the prescriber has provided documentation as to why and has discussed risks of using opioids and benzodiazepines concurrently and has outlined plan for tapering if appropriate.
CareFirst BCBS Community Health Plan DC	We have in place drug-drug interaction for opioid and benzodiazepines alerting the dispensing pharmacy with a soft message
HealthServicesforSpecial NeedsChildren	CVS Caremark PBM provides a quarterly report to HSCSN's DUR Committee for review and to educate prescribers and enrollees. Sedatives and opioids are both on the formulary with quantity limits. There are edits for therapeutic interaction. The CPMO retrospectively reviews the co-prescribing of benzodiazepines and opioids monthly. For enrollees that meet the criteria, each is reviewed in Behavior Health rounds. The CPMO then does provider outreach.
MedStar Family Choice - District of Columbia	Yes.-POS. The POS programs trigger at the pharmacy and the pharmacist reviews the clinical issue and uses his/her professional judgement to decide whether a call to the physician is warranted. Yes- Retrospective reviews. Claims are retrospectively reviewed to target members utilizing both medications and their prescribers are sent a fax to recommend tapering and discontinuation of one or both meds or switching one or both to a safer alternative; either one, if medically appropriate. Our Prescription Safety Management program reviews higher risk member utilization of all controlled substances, including concurrent use of opioids and benzodiazepines, for potential intervention including prescriber lettering and/or additional enhanced interventions and restrictions.

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

Figure 92 - POS Edits or Automated Retrospective Claim Reviews to Monitor Opioids and Sedatives Being Used Concurrently

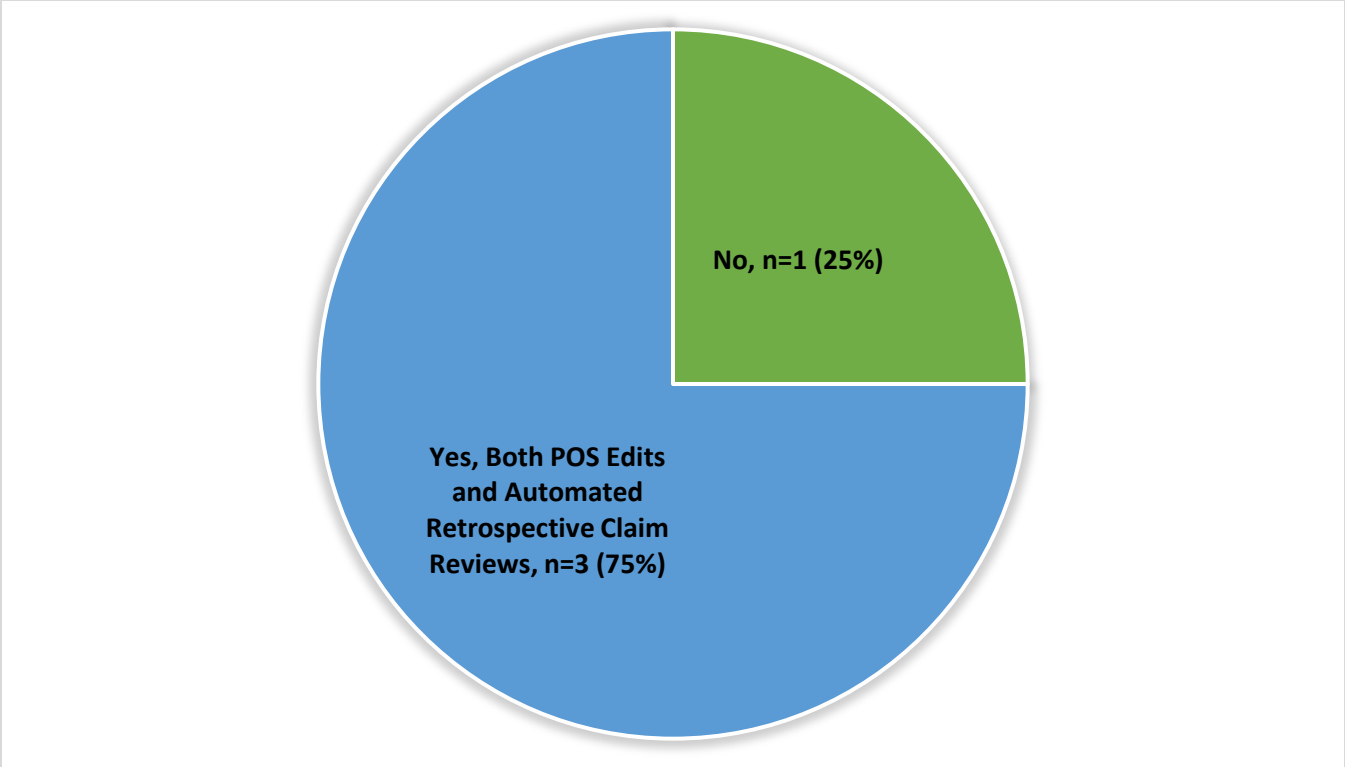


Table 124 - POS Edits or Automated Retrospective Claim Reviews to Monitor Opioids and Sedatives Being Used Concurrently

Response	MCO Names	Count	Percentage
Yes, both POS edits and automated retrospective claim reviews	CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	3	75.00%
No	AmeriHealth Caritas DC	1	25.00%
State Totals		**4**	**100%**

If "No," please explain why not.

Table 125 - Explanation for Not Having POS Edits or Automated Retrospective Claim Reviews in Place to Monitor Opioids and Sedatives Being Used Concurrently

MCO Name	Explanation
AmeriHealth Caritas DC	We did not have a POS edit in place during the reporting period. An edit at POS was implemented effective 4/1/2023 to alert the pharmacist of concomitant opioid and sedative use.

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 93 - POS Edits or Automated Retrospective Claim Reviews to Monitor Opioids and Antipsychotics Being Used Concurrently

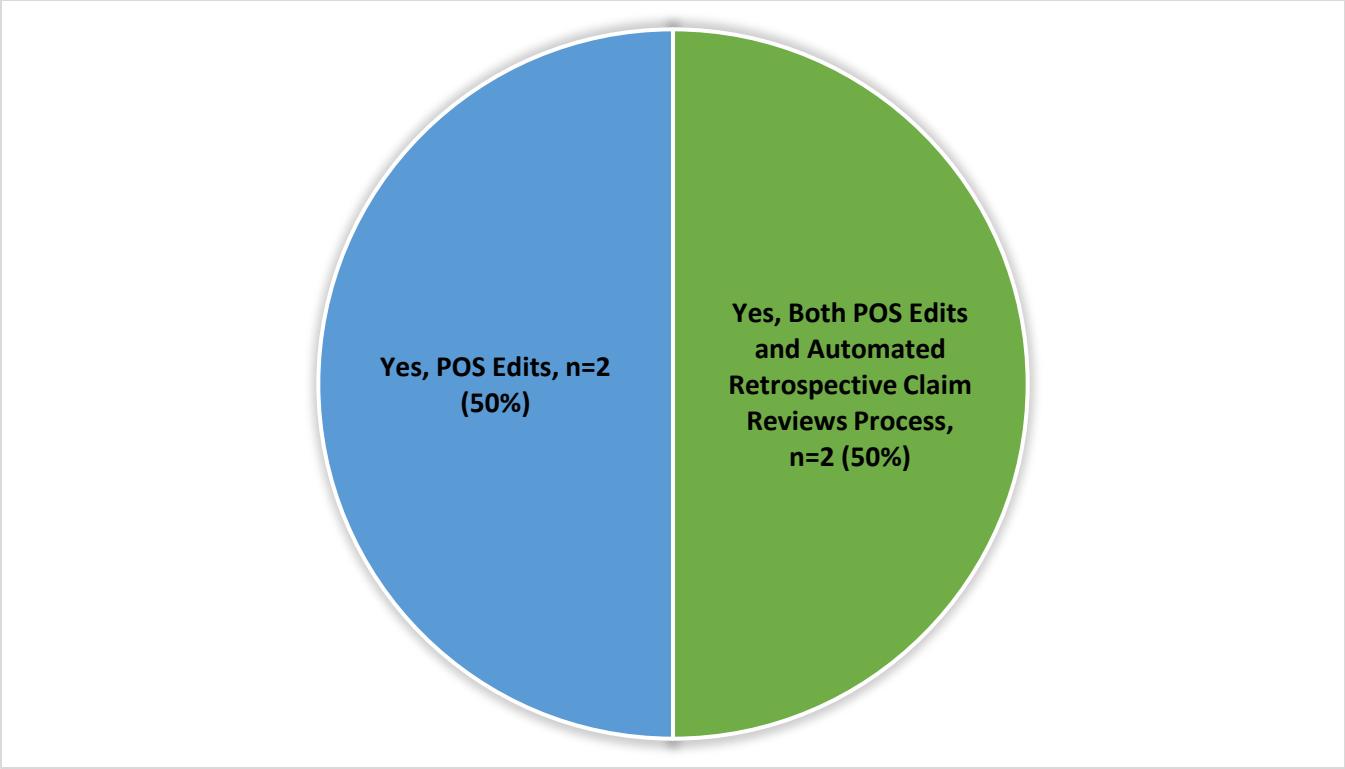


Table 126 - POS Edits or Automated Retrospective Claim Reviews to Monitor Opioids and Antipsychotics Being Used Concurrently

Response	MCO Names	Count	Percentage
Yes, both POS edits and automated retrospective claim reviews process	HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	2	50.00%
Yes, POS edits	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC	2	50.00%
State Totals		**4**	**100%**

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

Figure 94 - POS Safety Edits, Automated Retrospective Claims Reviews and/or Provider Education Regarding Beneficiaries with a Diagnosis or History of OUD or Opioid Poisoning Diagnosis

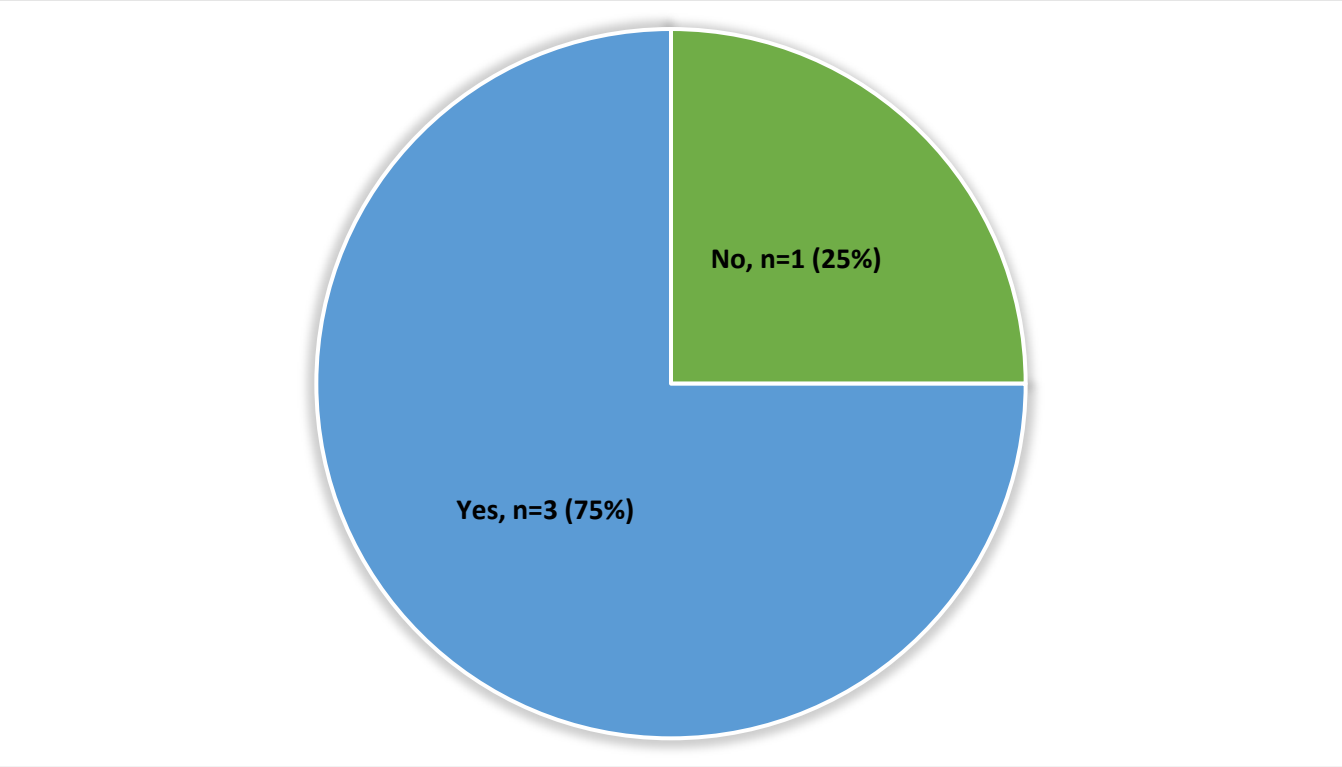


Table 127 - POS Safety Edits, Automated Retrospective Claims Reviews and/or Provider Education Regarding Beneficiaries with a Diagnosis or History of OUD or Opioid Poisoning Diagnosis

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, MedStar Family Choice - District of Columbia	3	75.00%
No	HealthServicesforSpecialNeedsChildren	1	25.00%
State Totals		**4**	**100%**

If "No," please explain why not.

Table 128 - "No" Explanations for POS Safety Edits, Automated Retrospective Claims Reviews and/or Provider Education Regarding Beneficiaries with a Diagnosis or History of OUD or Opioid Poisoning Diagnosis

MCO Name	Explanation
HealthServicesforSpecial NeedsChildren	The diagnosis is not a part of the pharmacy claim and CVS/Caremark system.

If "Yes," please check all that apply.

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

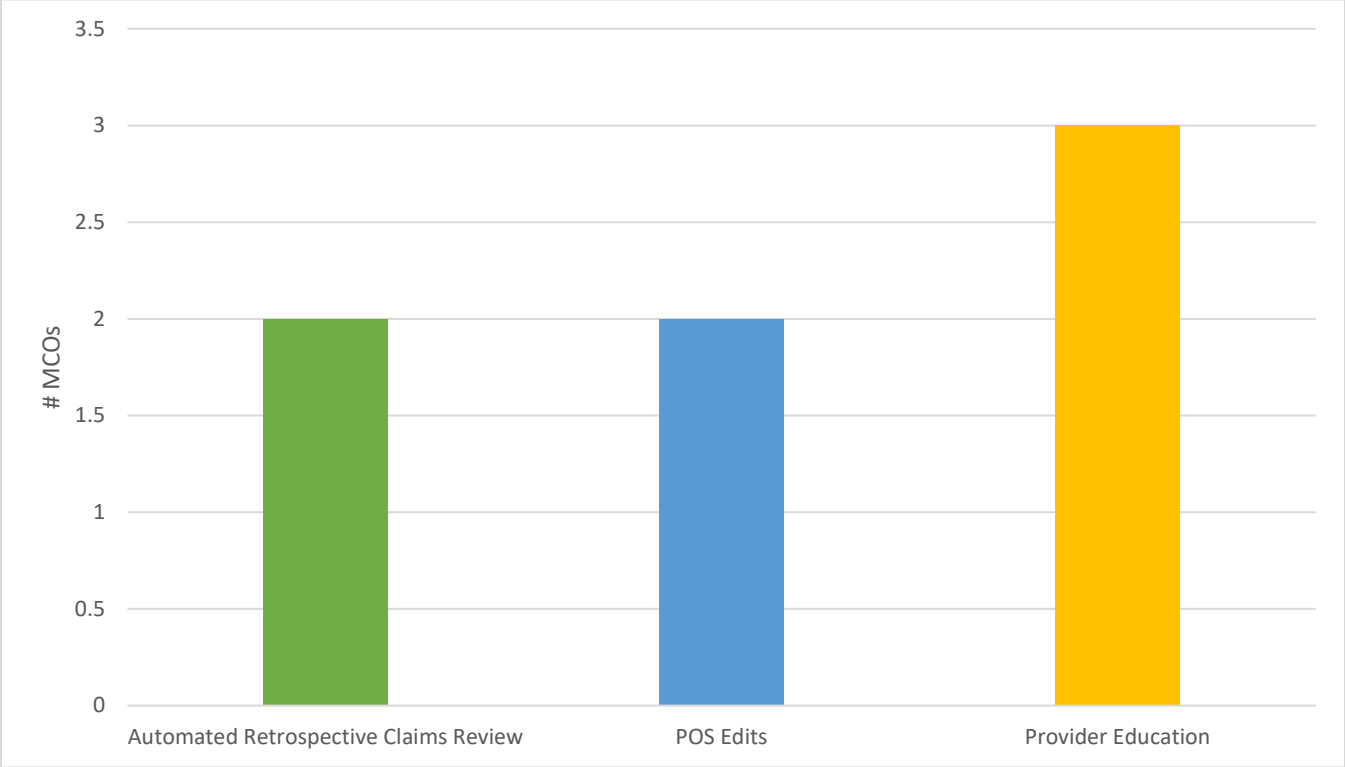


Table 129 - POS Safety Edits, Automated Retrospective Claim Reviews and/or Provider Education Regarding Beneficiaries with a Diagnosis or History of OUD or Opioid Poisoning Diagnosis

Response	MCO Names	Count	Percentage
Automated retrospective claims review	CareFirst BCBS Community Health Plan DC, MedStar Family Choice - District of Columbia	2	28.57%
POS edits	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC	2	28.57%
Provider education	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, MedStar Family Choice - District of Columbia	3	42.86%
State Totals		**7**	**100%**

If "Automated retrospective claim reviews" and/or "Provider education," please indicate how often.

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

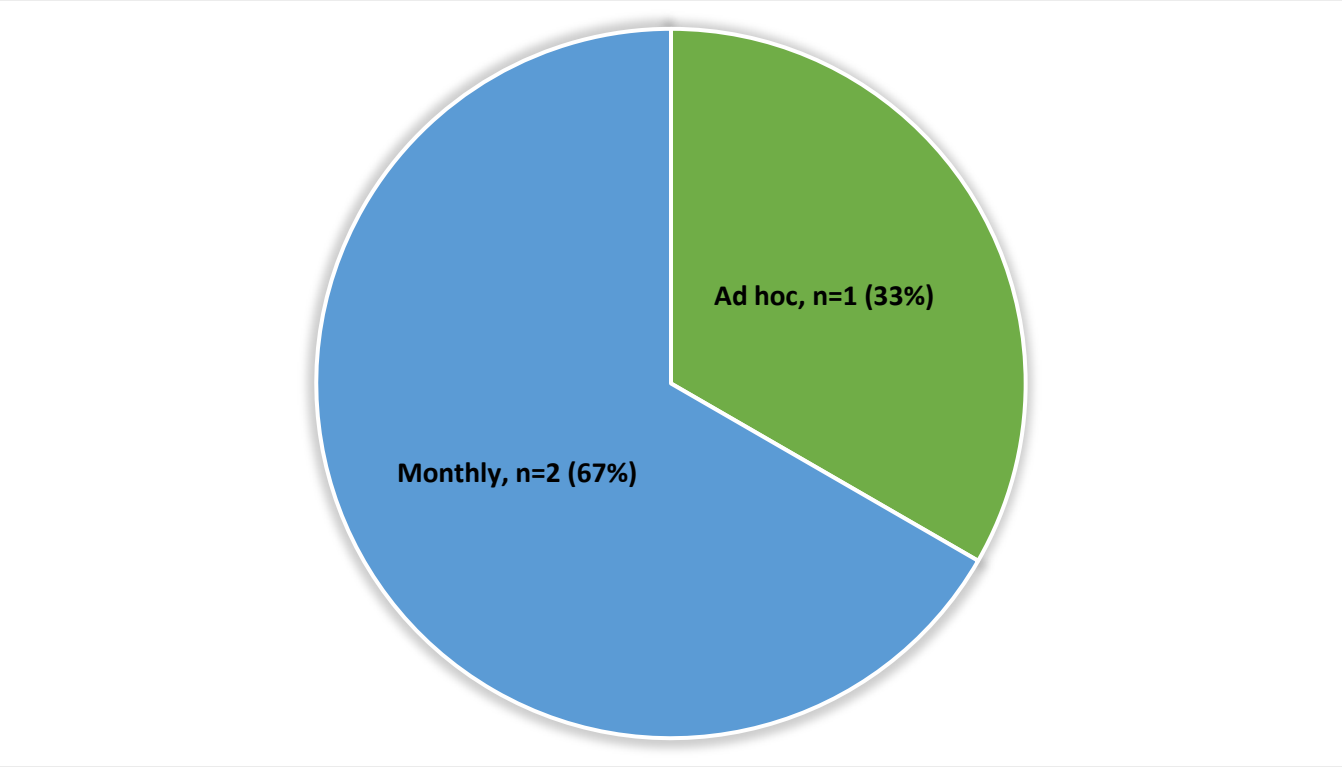


Table 130 - Frequency of Automated Retrospective Reviews and/or Provider Education Regarding Beneficiaries with a Diagnosis or History of OUD or Opioid Poisoning Diagnosis

Response	MCO Names	Count	Percentage
Ad hoc	AmeriHealth Caritas DC	1	33.33%
Monthly	CareFirst BCBS Community Health Plan DC, MedStar Family Choice - District of Columbia	2	66.67%
State Totals		**3**	**100%**

If "No," does your MCO plan on implementing POS edits, automated retrospective claim reviews and/or provider education regarding 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

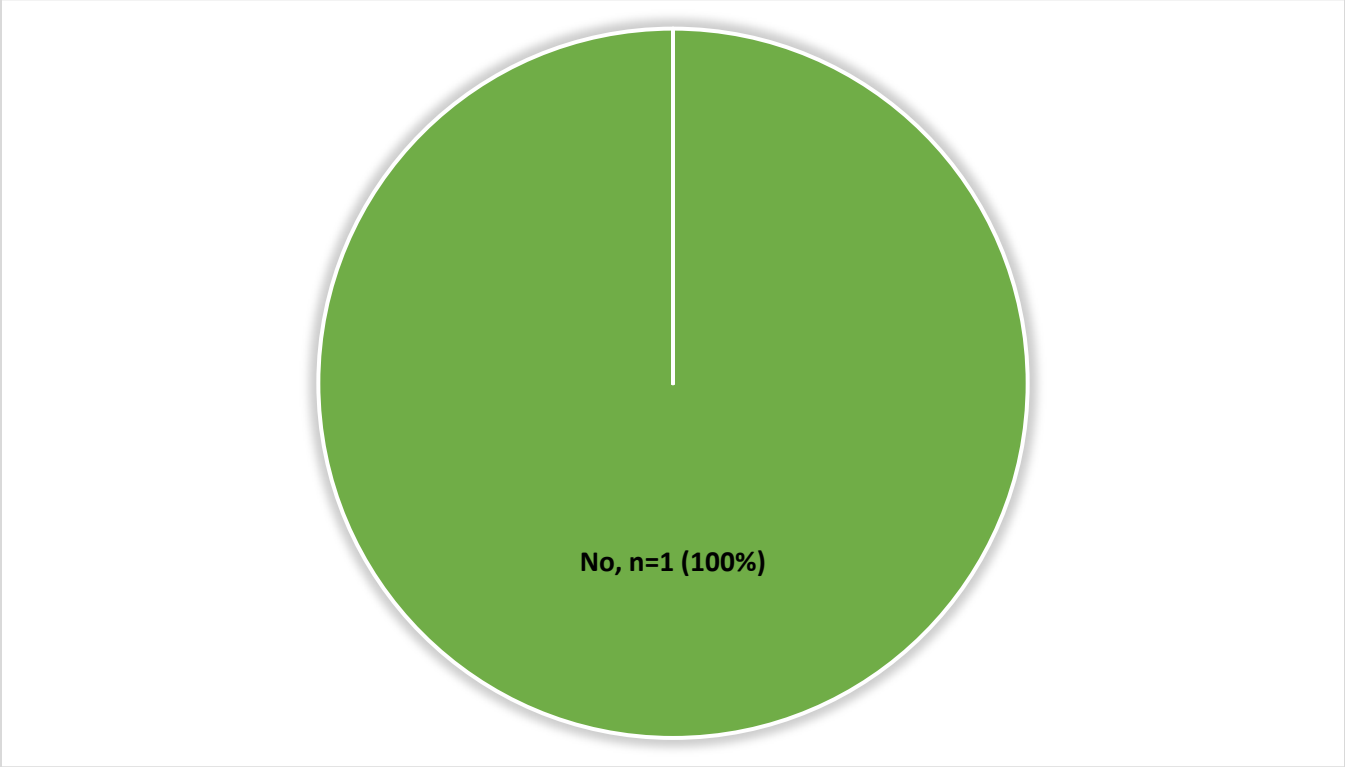


Table 131 - Plans to Implement POS Edits, Automated Retrospective Claim Reviews and/or Provider Education Regarding Beneficiaries with a Diagnosis History of OUD or Opioid Poisoning in the Future

Response	MCO Names	Count	Percentage
No	HealthServicesforSpecialNeedsChildren	1	100.00%
State Totals		**1**	**100%**

If "No," please explain why not.

Table 132 - "No" Explanations for Plans to Implement POS Edits, Automated Retrospective Claim Reviews and/or Provider Education Regarding Beneficiaries with a Diagnosis or History of OUD or Opioid Poisoning in the Future

MCO Name	Explanation
HealthServicesforSpecial NeedsChildren	We shall work with our PBM to determine if this is feasible.

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

Table 133 - Provide Prescribers with Pain Management or Opioid Prescribing Guidelines

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

If "Yes," please check all that apply.

Figure 99 - Pain Management / Opioid Prescribing Guidelines Provided

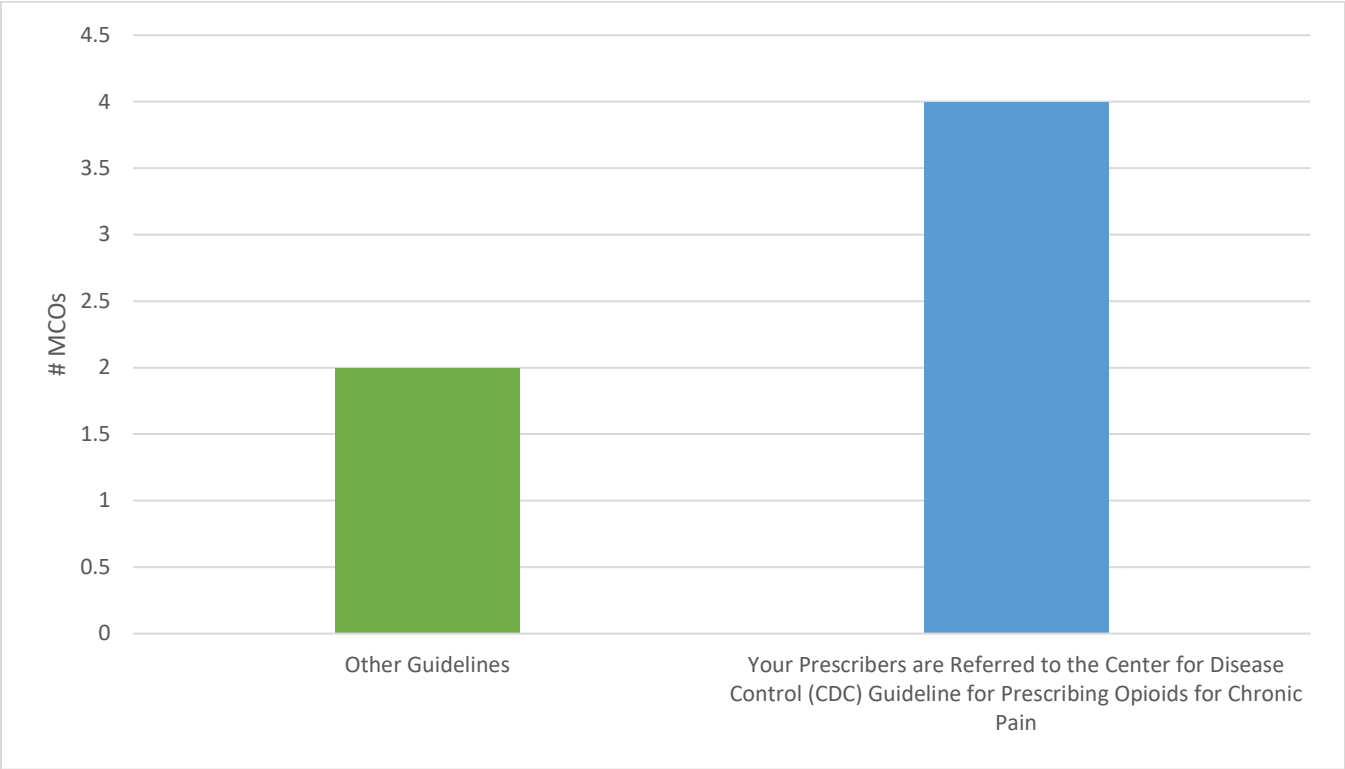


Table 134 - Pain Management / Opioid Prescribing Guidelines Provided

Response	MCO Names	Count	Percentage
Your prescribers are referred to the Center for Disease Control (CDC) Guideline for Prescribing Opioids for Chronic Pain	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	66.67%
Other guidelines	CareFirst BCBS Community Health Plan DC, MedStar Family Choice - District of Columbia	2	33.33%
State Totals		**6**	**100%**

If "Other guidelines," please identify.

Table 135 - "Other Guidelines" Provided

MCO Name	Explanation
CareFirst BCBS Community Health Plan DC	All prescriber receive the MME policy as part of the initial network process and can access the policies from the provider portal or by contacting the health plan.
MedStar Family Choice - District of Columbia	'- MedStar Health Clinical Practice Guideline: Controlled Substances: Opioids for Pain Management, Oct 2020 - Pocket Guide for Safe Opioid Prescribing, Government of the District of Columbia, DC Health - A Collaborative Approach for Safe Use of Opioids, developed by the District of Columbia Department of Healthcare Finance (DHCF) and the District's DUR Board in collaboration with stakeholders, November 2021

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

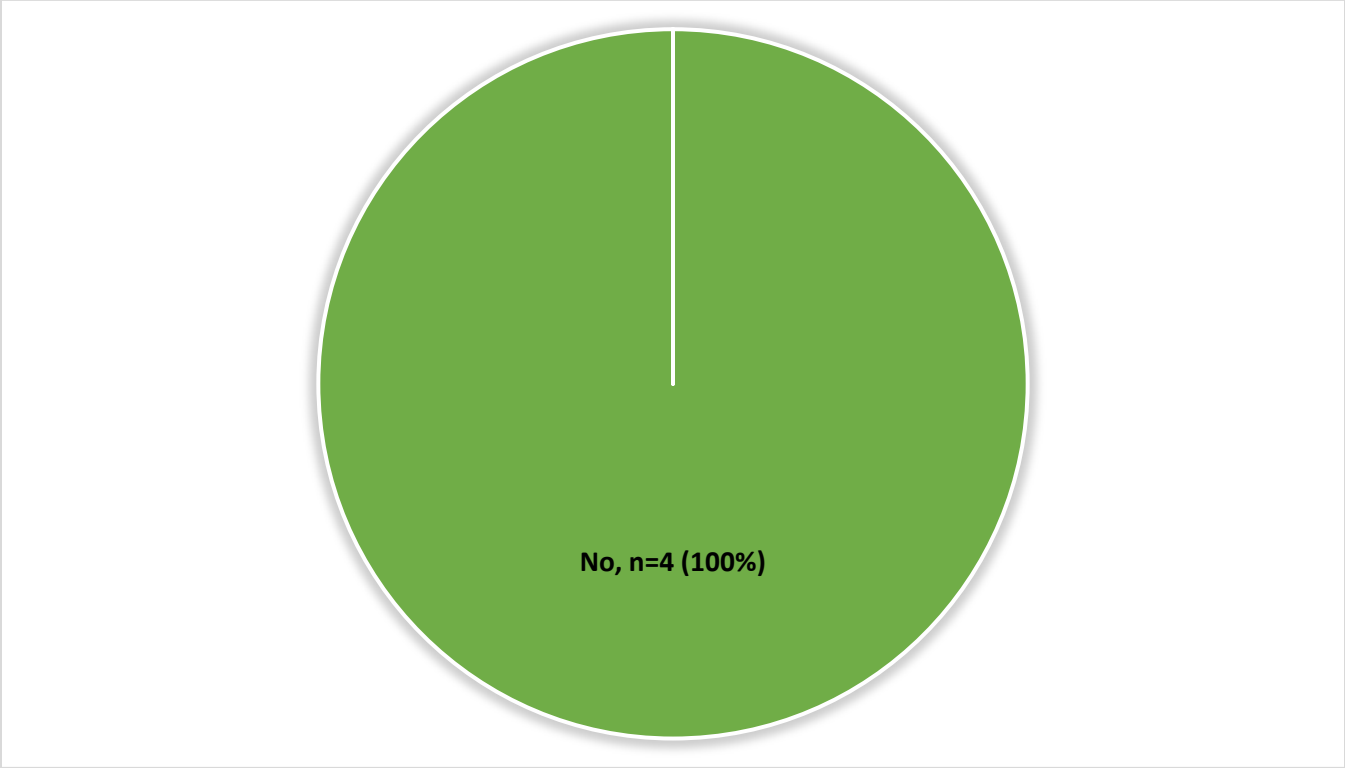


Table 136 - Drug Utilization Management Strategy that Supports Abuse Deterrent Opioid Use

Response	MCO Names	Count	Percentage
No	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

If "No," please explain.

Table 137 - "No" Explanation for Drug Utilization Management Strategy that Supports Abuse Deterrent Opioid Use

MCO Name	Explanation
AmeriHealth Caritas DC	We support the use of Narcan and conduct telephonic outreach to enrollees who claims substance use disorder encounters. Washington, DC has a standing order for Narcan so it can be obtained at local pharmacies.
CareFirst BCBS Community Health Plan DC	With our current ProDUR, RetroDUR, PA requirements, we have enough control on prevention of opioid misuse and abuse
HealthServicesforSpecial NeedsChildren	This is an area for opportunity improvement by the Plan.
MedStar Family Choice - District of Columbia	Abuse deterrent opioids have not been added to the formulary due to price and uncertain efficacy but requests are reviewed on a case-by-case basis.

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

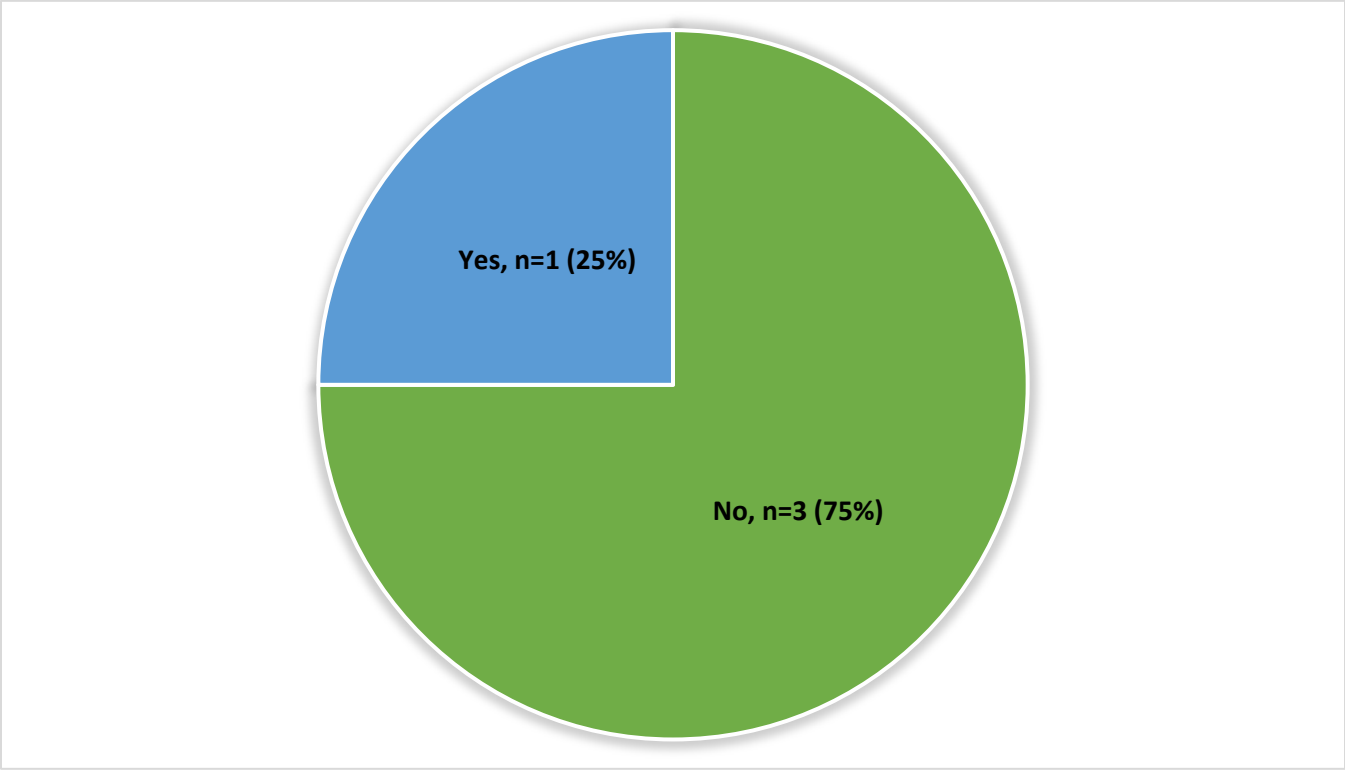


Table 138 - COVID-19 Ramifications on Edits and Reviews on Controlled Substances During the Public Health Emergency

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC	1	25.00%
No	CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	3	75.00%
State Totals		**4**	**100%**

If "Yes," please explain.

Table 139 - "Yes" Explanations for COVID-19 Ramifications on Edits and Reviews on Controlled Substances During the Public Health Emergency

MCO Name	Explanation
AmeriHealth Caritas DC	In April 2020 the prior authorization requirement for Suboxone was lifted.

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 140 - MCO Recommended MME Daily Dose Measures

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

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

Figure 103 - Maximum MME Daily Dose Limit in Milligrams

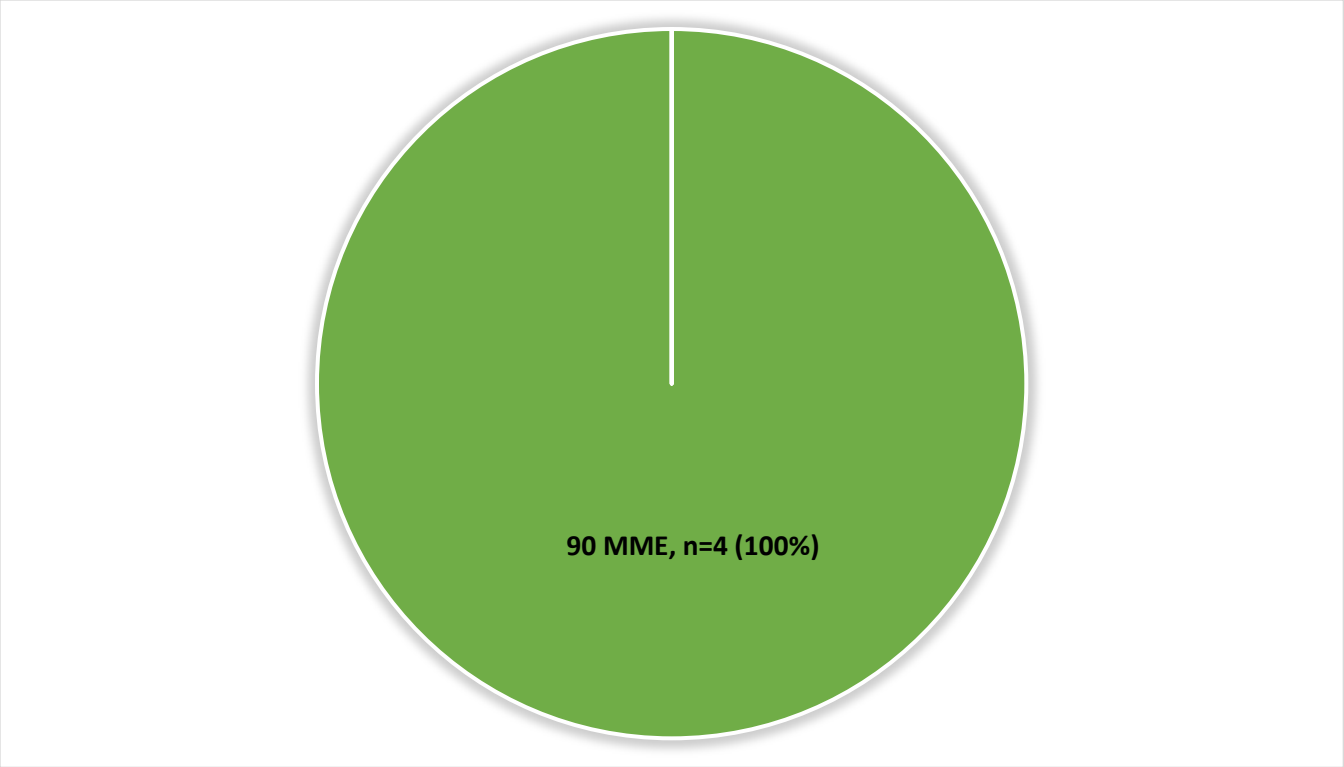


Table 141 - Maximum MME Daily Dose Limit in Milligrams

Response	MCO Names	Count	Percentage
90 MME	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

b. If "Yes," please explain nature and scope of dose limit (i.e. Who does the edit apply to? Does the limit apply to all opioids? Are you in the process of tapering patients to achieve this limit?).

Table 142 - Explanations for Nature and Scope of Maximum MME Daily Dose Limit

MCO Name	Explanation
AmeriHealth Caritas DC	This applies to all patients and all opioids with exception of cancer, sickle cell, and palliative care. Tapering for all other conditions was completed by February of 2019.
CareFirst BCBS Community Health Plan DC	MME logic applies to all opioids, it rejects the opioid claim and does not allow overrides at POS. This logic excludes patients in LTC, sickle cell, cancer, and hospice/palliative care
HealthServicesforSpecial NeedsChildren	On October 1, 2019, HSCSN complied with the Department of Health Care Finance (DHCF) policy set forth under Supplement 1 to Attachment 3.1-A, section 12, pg 17-19 of the District of Columbia State Plan for Medical Assistance (State Plan), and Chapter 27 of Title 29 of the District of Columbia Municipal Regulations requiring prior authorization for New Starts/Naive beneficiary with an opioid prescription (or combination of opioid presentations) resulting in a beneficiary exceeding 90 MME per day and/or a 7 days' supply. DHCF requires prior authorization for Current Users (i.e. individuals who have had prescriptions for opioids within the last six (6) months) with an active prescription. Prior

MCO Name	Explanation
	Authorizations are required for Short and Long-Acting Opioids MME PA. DHCF Transmittal #18-25 https://www.cdc.gov/mmwr/volumes/65/rr/rr6501el .htm Prescriptions trigger for PA doses greater than 90 MME per day for all opioids. There is a maximum daily dose of 200 MME. We require step therapy for long-acting opioids. A maximum of a 30-day supply can be dispensed. HSCSN has no tapering process.
MedStar Family Choice - District of Columbia	Opioid naive (no opioids in last 90 days): limited to 50 MME per day and a 7 day supply X 2 prescriptions- after this, all additional opioids require PA and Medical Director review. Opioid experienced: MFC limits all prescriptions to 90MME/day. Greater than 90MME/day requires PA form that requires prescriber attestation to routine UDS, pain contract, naloxone offering, and checking PDMP prior to prescribing. Further, all long-acting opioids require PA. Max day supply is set at 30 for all. ALL long-acting opioids require PA. MFC does not dictate tapering on a patient level, but encourages tapering when clinically appropriate.

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 the Pharmacy Provider that the MME Daily Dose has been Exceeded

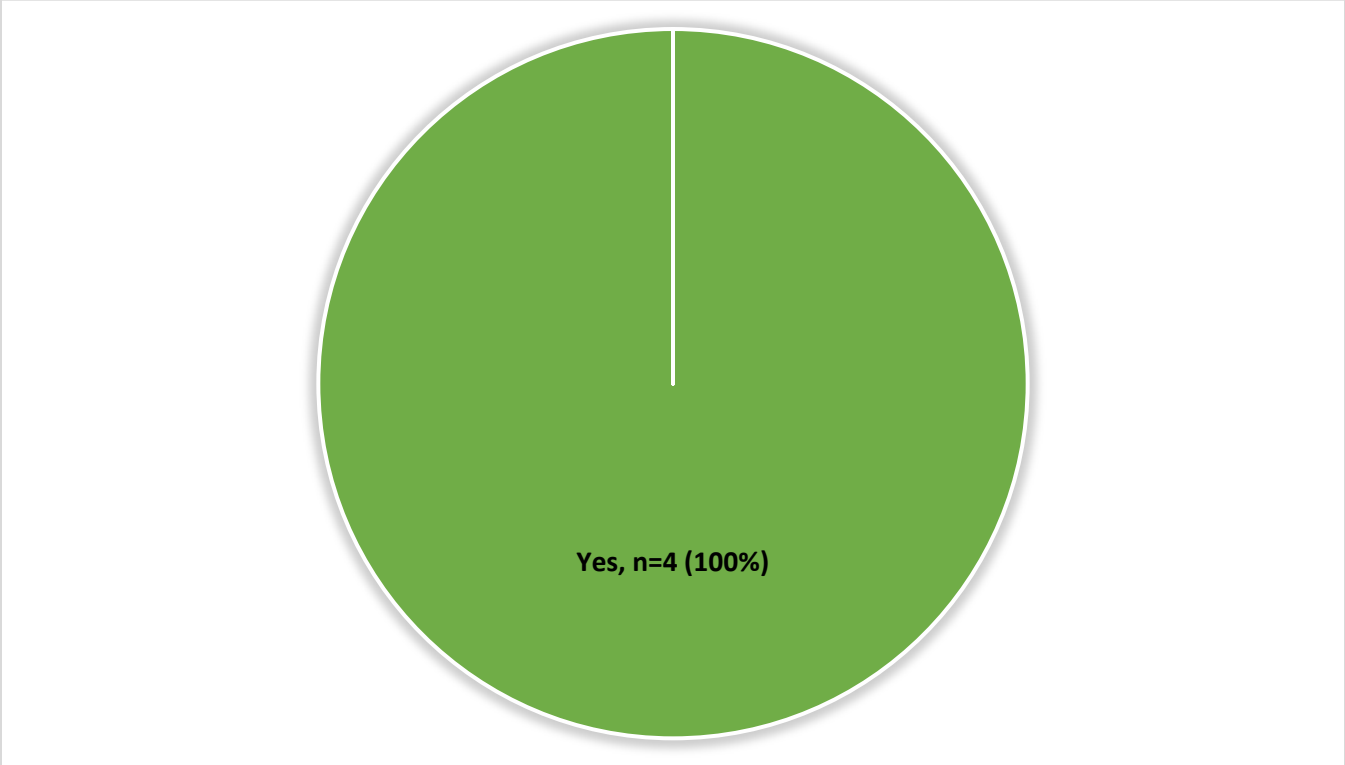


Table 143 - Edit in POS System that Alerts the Pharmacy Provider that the MME Daily Dose has been Exceeded

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

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

Figure 105 - Prior Authorization Required if MME Limit is Exceeded

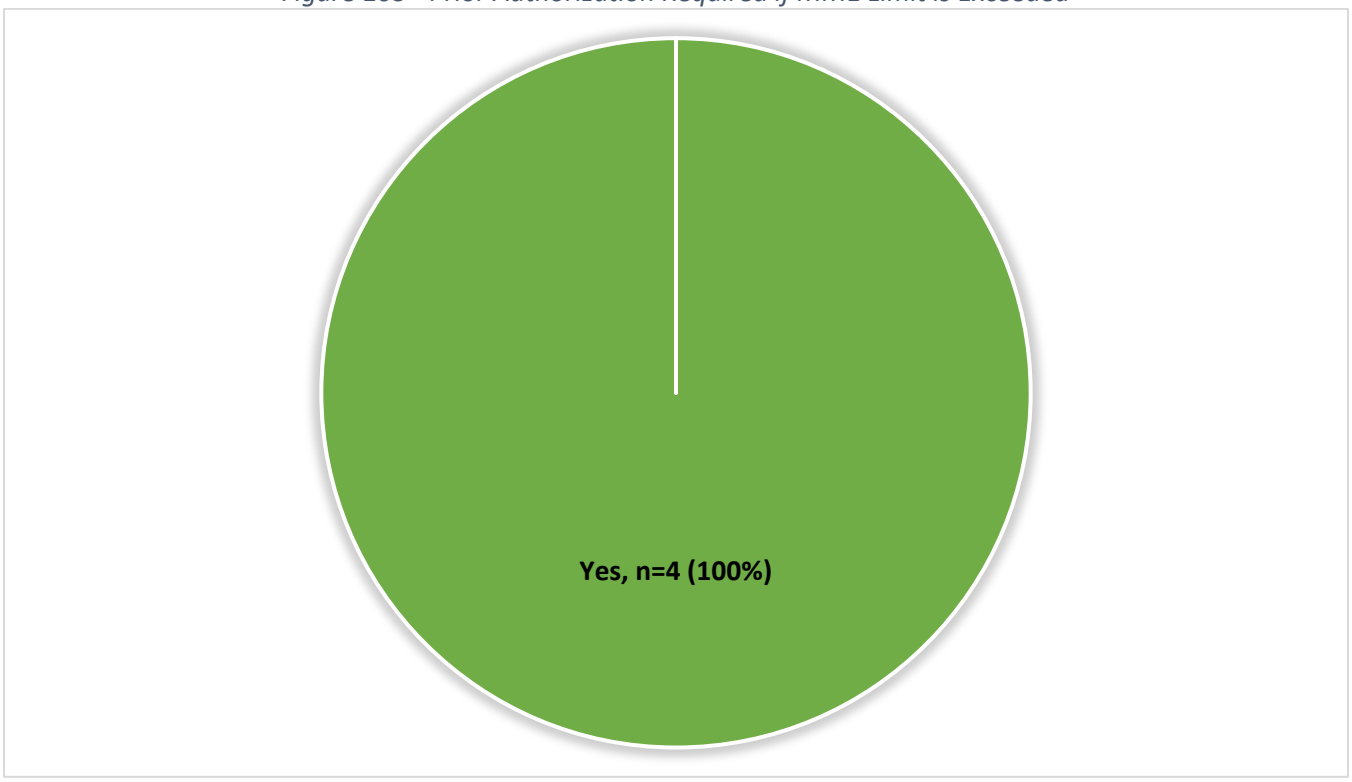


Table 144 - Prior Authorization Required if MME Limit is Exceeded

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

3. Does your MCO have an 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

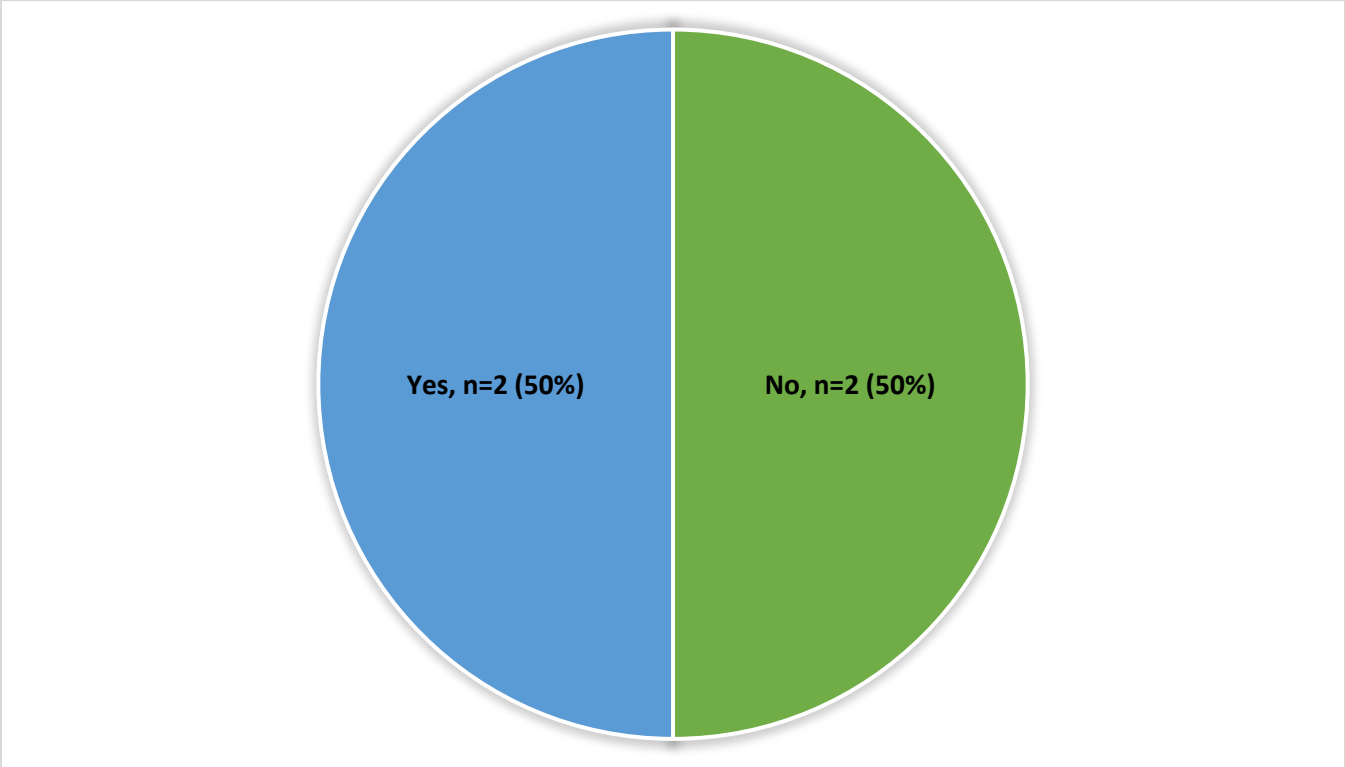


Table 145 - MCO Has Automated Retrospective Claim Reviews to Monitor MME Total Daily Dose

Response	MCO Names	Count	Percentage
Yes	HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	2	50.00%
No	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC	2	50.00%
State Totals		**4**	**100%**

If “No,” please explain why not.

Table 146 - Explanations as to Why MCO Does not Have Automated Retrospective Claim Reviews to Monitor MME Total Daily Dose

MCO Name	Explanation
AmeriHealth Caritas DC	The MCO performs a prospective claims review.
CareFirst BCBS Community Health Plan DC	With the edits already in place and the requirement for clinical review for all long acting and long term opioid use we already know and control the opioid utilization.

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

Figure 107 - Provide Information to Prescribers to Calculate the MME Daily Dosage or Provide a Calculator Developed Elsewhere

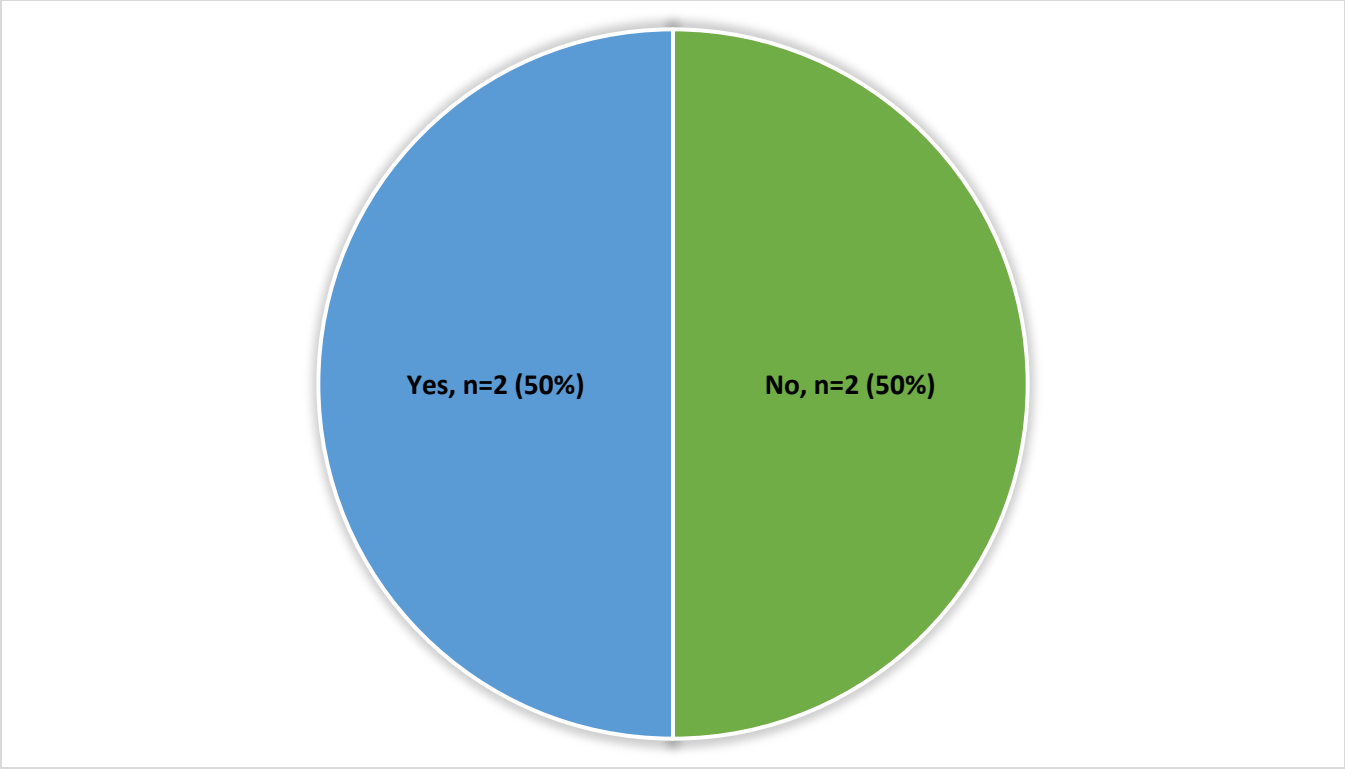


Table 147 - Provide Information to Prescribers to Calculate the MME Daily Dosage or Provide a Calculator Developed Elsewhere

Response	MCO Names	Count	Percentage
Yes	CareFirst BCBS Community Health Plan DC, MedStar Family Choice - District of Columbia	2	50.00%
No	AmeriHealth Caritas DC, HealthServicesforSpecialNeedsChildren	2	50.00%
State Totals		**4**	**100%**

a. If "Yes," please name the developer of the calculator.

Figure 108 - Developer of the MME Daily Dosage Calculator

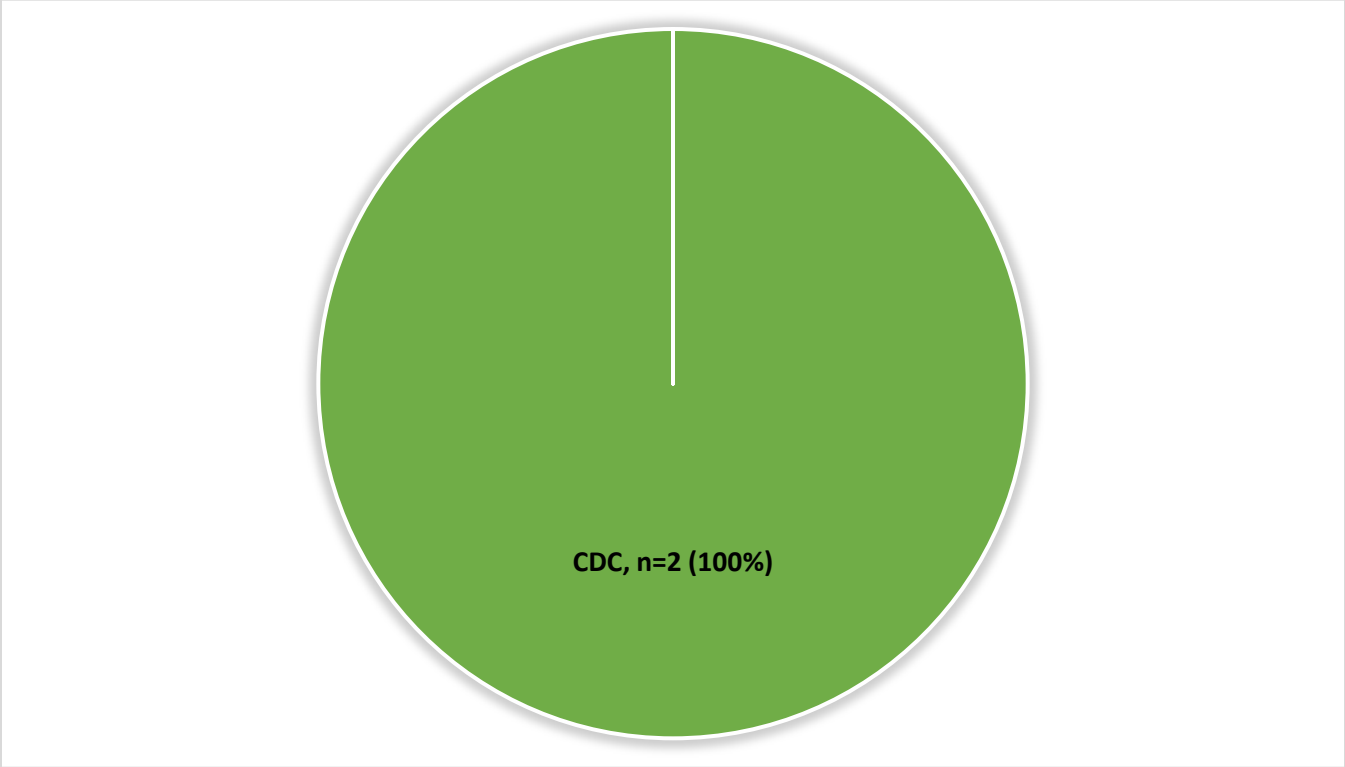


Table 148 - Developer of the MME Daily Dosage Calculator

Response	MCO Names	Count	Percentage
CDC	CareFirst BCBS Community Health Plan DC, MedStar Family Choice - District of Columbia	2	100.00%
State Totals		**2**	**100%**

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

Figure 109 - Information Dissemination Routes

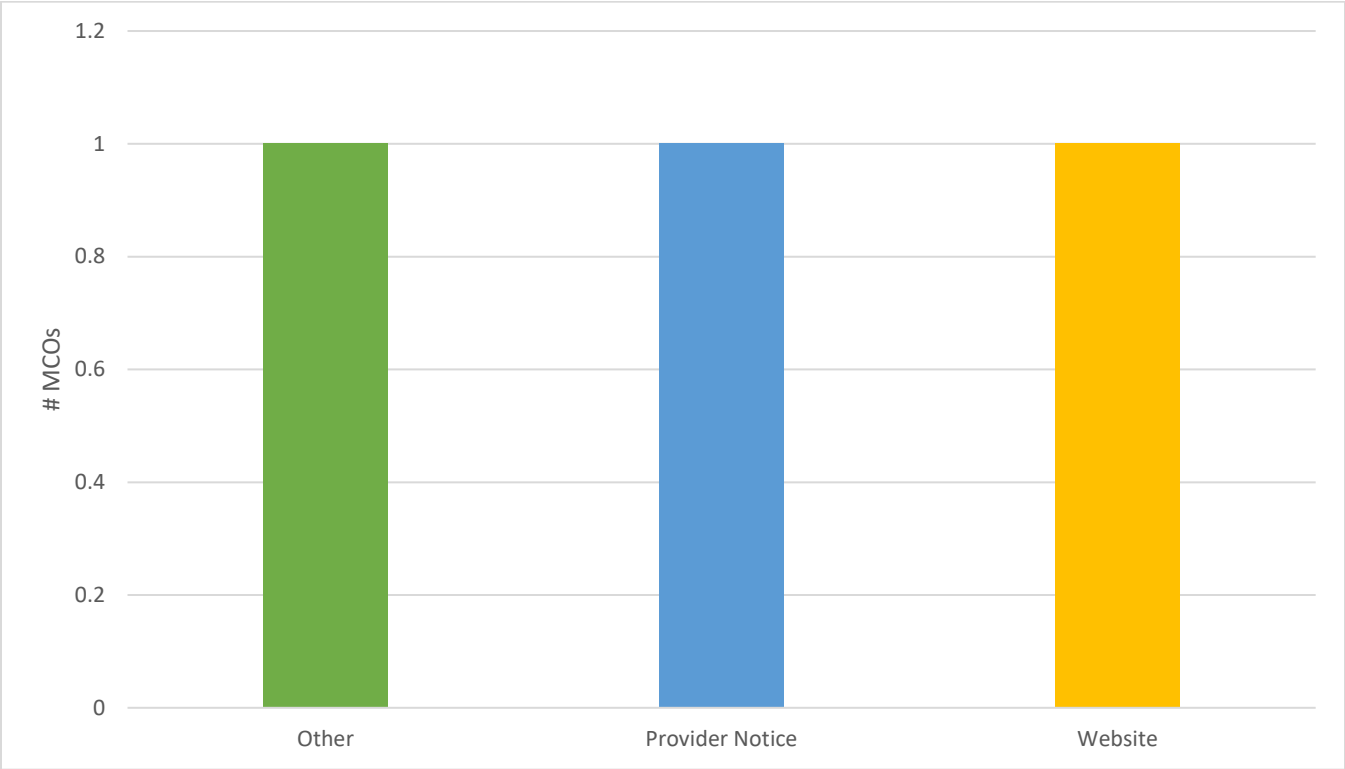


Table 149 - Information Dissemination Routes

Response	MCO Names	Count	Percentage
Provider notice	CareFirst BCBS Community Health Plan DC	1	33.33%
Website	MedStar Family Choice - District of Columbia	1	33.33%
Other	CareFirst BCBS Community Health Plan DC	1	33.33%
State Totals		**3**	**100%**

If "Other," please explain.

Table 150 - "Other" Explanations for Information Dissemination Routes

MCO Name	Explanation
CareFirst BCBS Community Health Plan DC	In service by the Pharmacy team at Network Provider Forums.

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 of MAT Drugs for OUD

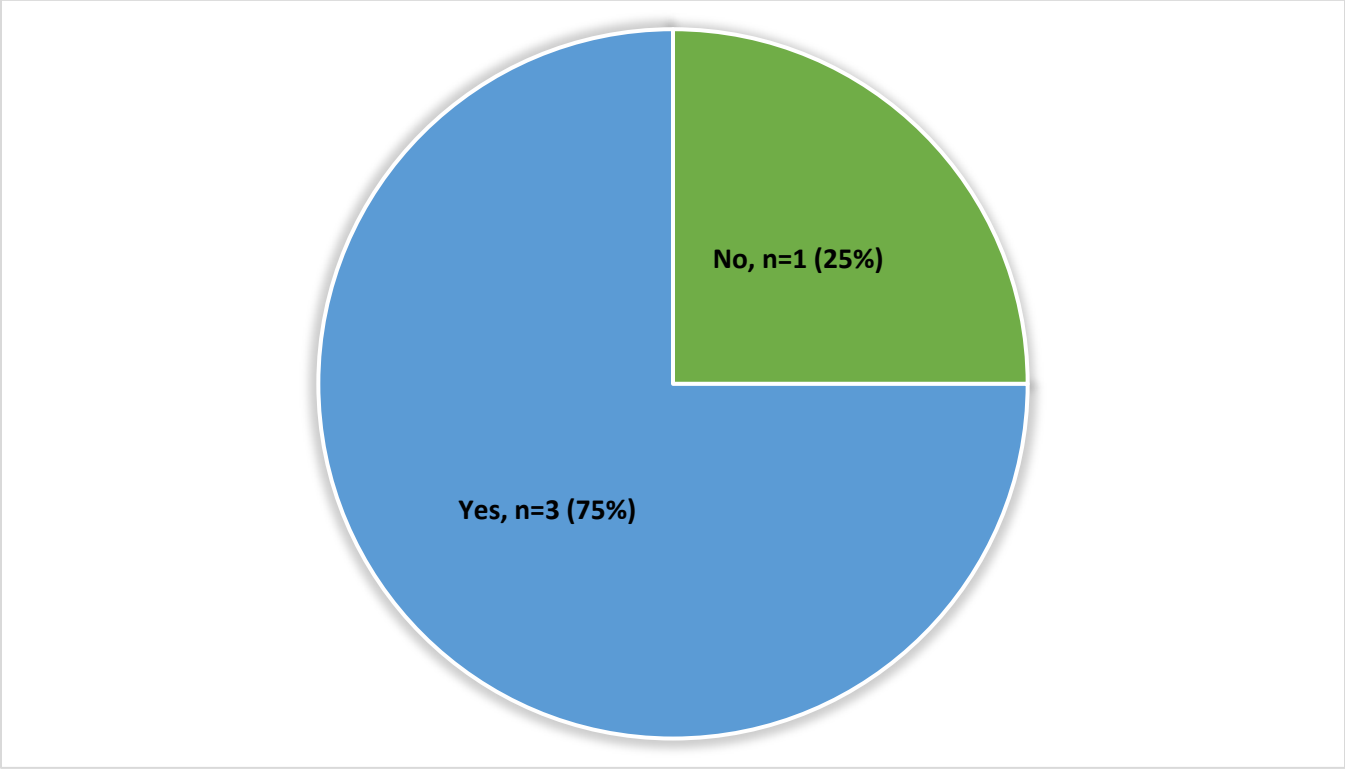


Table 151 - MCO Has Utilization Controls to Monitor/Manage Prescribing MAT Drugs for OUD

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, MedStar Family Choice - District of Columbia	3	75.00%
No	HealthServicesforSpecialNeedsChildren	1	25.00%
State Totals		**4**	**100%**

If "Yes," please explain.

Table 152 - Explanation for MCO Utilization Controls to Monitor/Manage Prescribing of MAT Drugs for OUD

MCO Name	Explanation
AmeriHealth Caritas DC	MAT drugs for OUD are subject to quantity limits to allow up to the FDA-maximum daily dose to process at POS, and daily doses above this limit would require a prior authorization for medical necessity.
CareFirst BCBS Community Health Plan DC	All MAT drugs are covered under our drug formulary without any Utilization edits. Formulary MAT drugs have drug-specific quantity limit restrictions
MedStar Family Choice - District of Columbia	There are general limits in place to screen for max daily dose of these meds. Also these RXs are included in the quarterly Top 5 Opioids report to check for concerning prescribing trends.

If "No," please explain.

Table 153 - Explanation for Not Having MCO Utilization Controls to Monitor/Manage Prescribing of MAT Drugs for OUD

MCO Name	Explanation
HealthServicesforSpecial NeedsChildren	HSCSN in accordance with District of Columbia requirements removed all PA requirements for Medication Assisted Treatment (MAT). HSCSN allows up to FDA-approved doses as a 30 days supply.

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

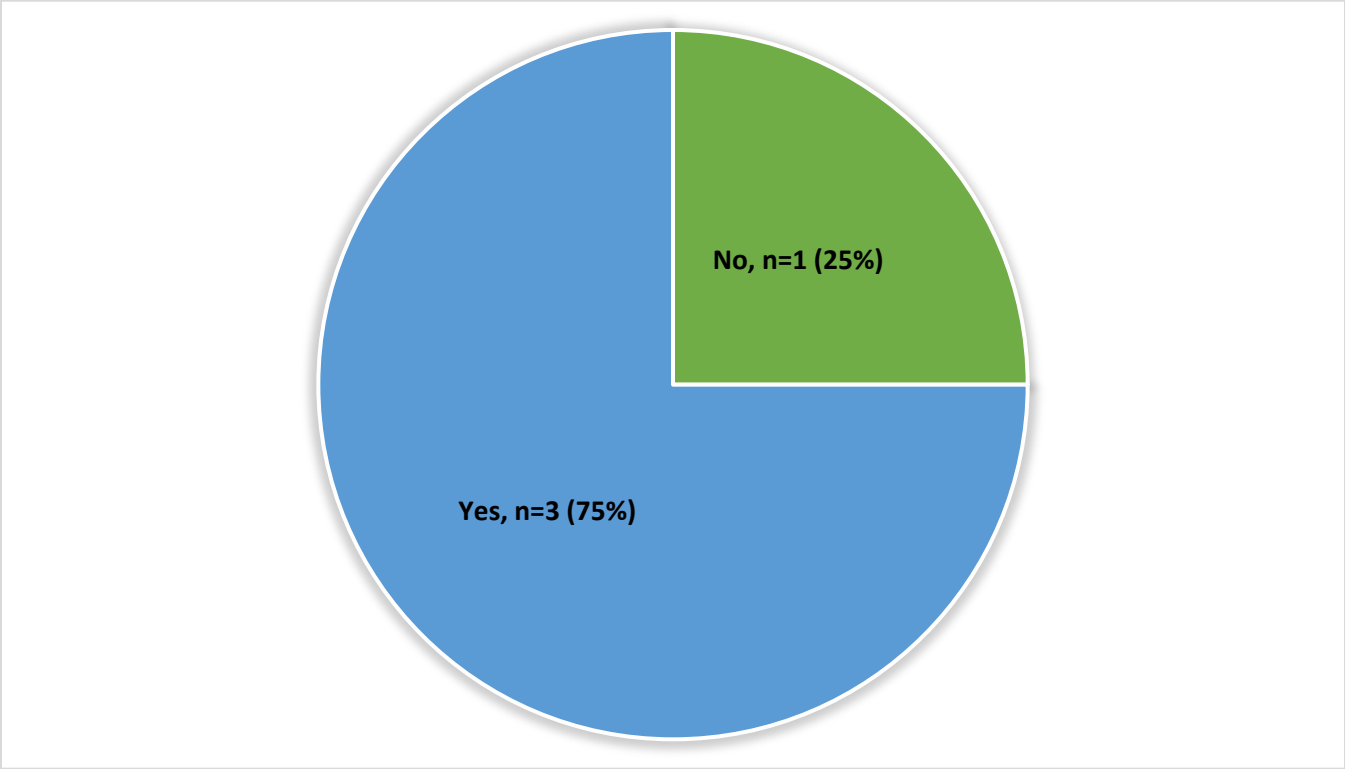


Table 154 - MCO Sets Total Milligram per Day Limits on the Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, MedStar Family Choice - District of Columbia	3	75.00%
No	HealthServicesforSpecialNeedsChildren	1	25.00%
State Totals		**4**	**100%**

If "Yes", please specify the total mg/day.

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

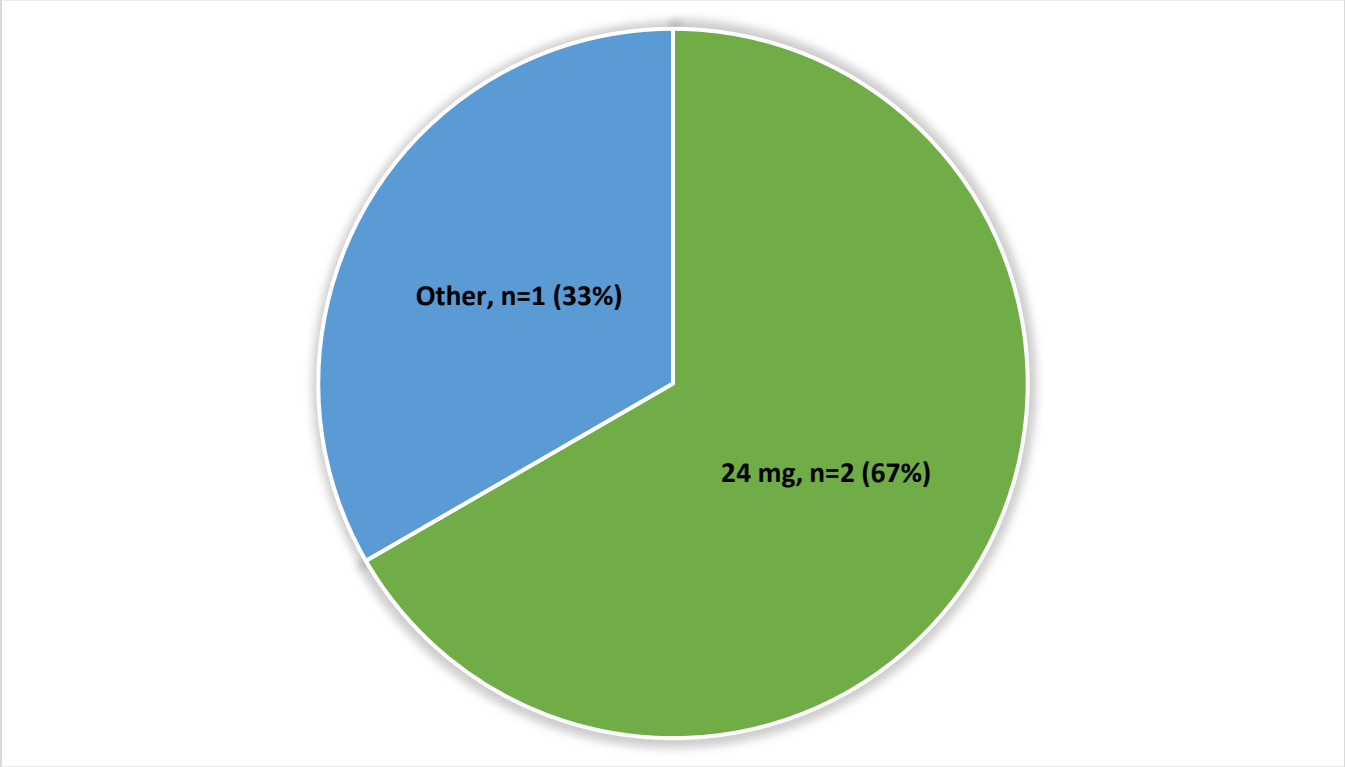


Table 155 - Total Milligrams/Day Limit on the Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

Response	MCO Names	Count	Percentage
24 mg	AmeriHealth Caritas DC, MedStar Family Choice - District of Columbia	2	66.67%
Other	CareFirst BCBS Community Health Plan DC	1	33.33%
State Totals		**3**	**100%**

If "Other," please explain.

Table 156 - "Other" Explanations for Total Milligrams/Day Limit on the Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

MCO Name	Explanation
CareFirst BCBS Community Health Plan DC	Any dose above the FDA approved maximum daily dose will require clinical review under PA to meet medical necessity

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

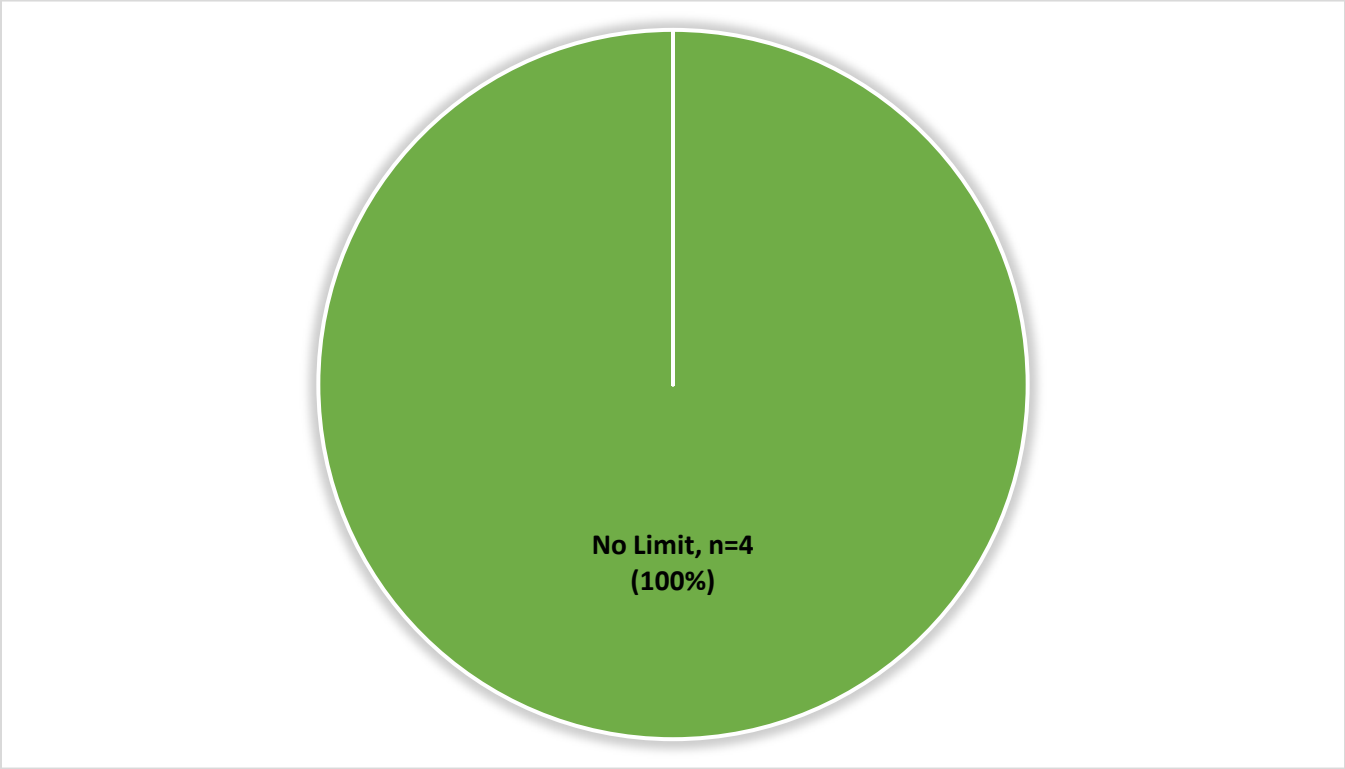


Table 157 - Limitations on Allowable Length of Treatment of Buprenorphine/Naloxone Combination Drugs

Response	MCO Names	Count	Percentage
No limit	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

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

Response	MCO Names	Count	Percentage
No	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

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

Figure 115 - Buprenorphine/Naloxone Combination Product Available Without Prior Authorization

Table 159 - Buprenorphine/Naloxone Combination Product Available Without Prior Authorization

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**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 116 - Edits in Place to Monitor Opioids Being Used Concurrently with Any Buprenorphine Drug or Any Form of MAT

Table 160 - Edits in Place to Monitor Opioids Being Used Concurrently with Any Buprenorphine Drug or Any Form of MAT

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

If "Yes," can the POS pharmacist override the edit?

Figure 117 - POS Pharmacist Override Edit for Opioids Being Used Concurrently with Any Buprenorphine Drug or Any Form of MAT

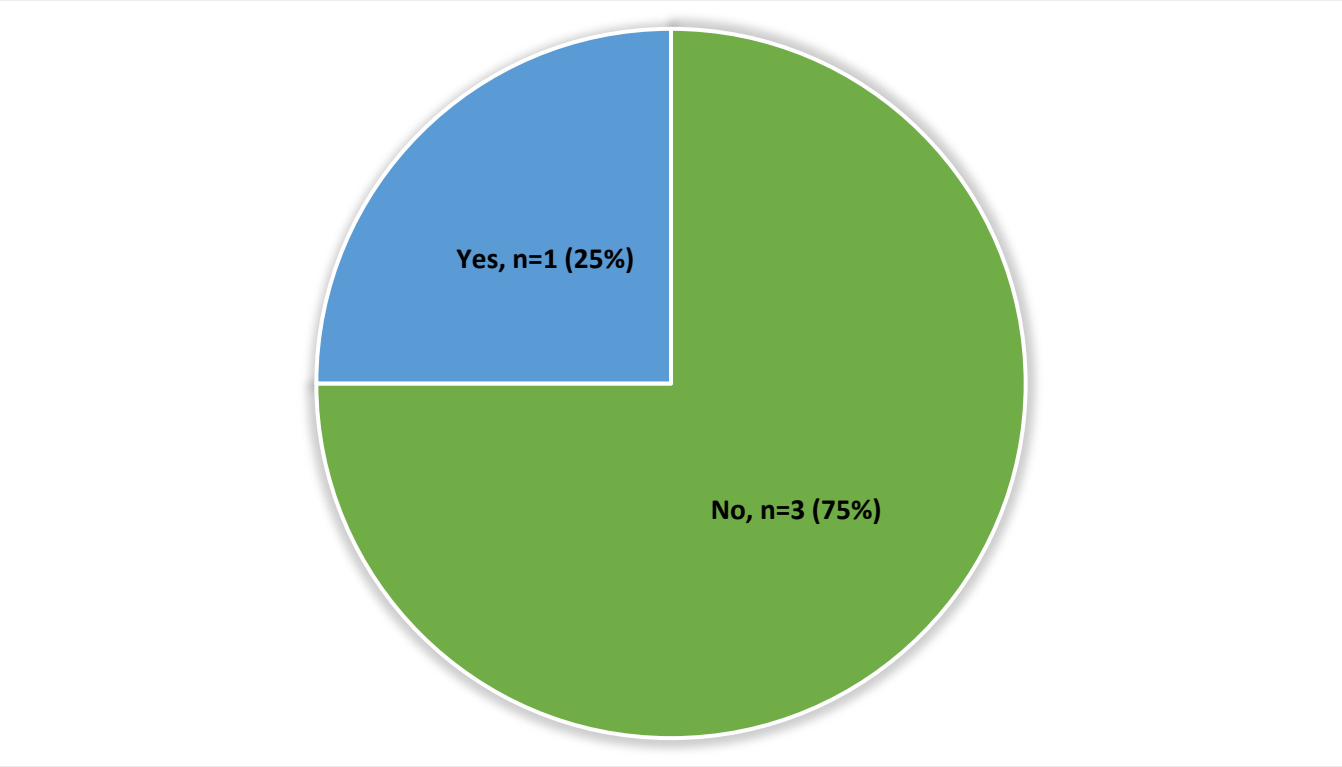


Table 161 - POS Pharmacist Override Edit for Opioids Being Used Concurrently with Any Buprenorphine Drug or Any Form of MAT

Response	MCO Names	Count	Percentage
Yes	MedStar Family Choice - District of Columbia	1	25.00%
No	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren	3	75.00%
State Totals		**4**	**100%**

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

Figure 118 - Formulation of Naltrexone for OUD Available Without PA

Table 162 - Formulation of Naltrexone for OUD Available Without PA

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

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

Figure 119 - Naloxone Opioid Overdose Product Available Without PA

Table 163 - Naloxone Opioid Overdose Product Available Without PA

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

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

Figure 120 - Monitor and Manage Appropriate Use of Naloxone to Persons at Risk of Overdose

Table 164 - Monitor and Manage Appropriate Use of Naloxone to Persons at Risk of Overdose

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

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

Figure 121 - MCO Allows Pharmacists to Dispense Naloxone Prescribed Independently or by Collaborative Practice Agreements, Standing Orders, Or Other Predetermined Protocols

Table 165 - MCO Allows Pharmacists to Dispense Naloxone Prescribed Independently or by Collaborative Practice Agreements, Standing Orders, Or Other Predetermined Protocols

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

If "Yes," please explain.

Table 166 - Explanation for MCO Allowing Pharmacists to Dispense Naloxone Prescribed Independently or By Collaborative Practice Agreements, Standing Orders, Or Other Predetermined Protocols

MCO Name	Explanation
AmeriHealth Caritas DC	The District of Columbia has a standing order to dispense naloxone so no prescription is required.
CareFirst BCBS Community Health Plan DC	All pharmacist can dispense Naloxone according to all DC laws
HealthServicesforSpecial NeedsChildren	HSCSN allows pharmacists to dispense Naloxone if using a collaborative practice agreement from the District of Columbia Health Department or a collaborative practice agreement or standing order arrangement in place with the retail pharmacy.
MedStar Family Choice - District of Columbia	Yes. If allowed by state law. PRESCRIBER EDITING

MCO Name	Explanation
	CVS Health supports consistent prescriber editing for all lines of business including Medicaid. These system edits ensure the following: The prescriber is valid, active and authorized by state and federal regulatory agencies to prescribe medicine The prescriber has a Type 1 NPI which must be submitted on the prescription claim. No other form of prescriber identification will be accepted. Any claim submitted with an invalid NPI will reject For controlled substance prescribing, a prescriber must have an active DEA identifier in good standing and have the authority to prescribe a controlled substance in a given DEA drug class schedule (2, 2N, 3, 3N, 4, 5). Note: Pharmacy claims electronically submitted according to the NCPDP standard may be processed using NCPDP Submission Clarification Codes (SCC) to allow accountable pharmacies to override claim rejections for failed validations of the prescriber or the prescriber's license. When a SCC override is used, the accountable pharmacies are certifying they have validated that the prescriber is active and valid and can prescribe medications. This SCC override process is subject to audit.

F. Outpatient Treatment Programs (OTP)

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

Figure 122 - MCO Covers OTPs That Provide BH and MAT Through OTPs

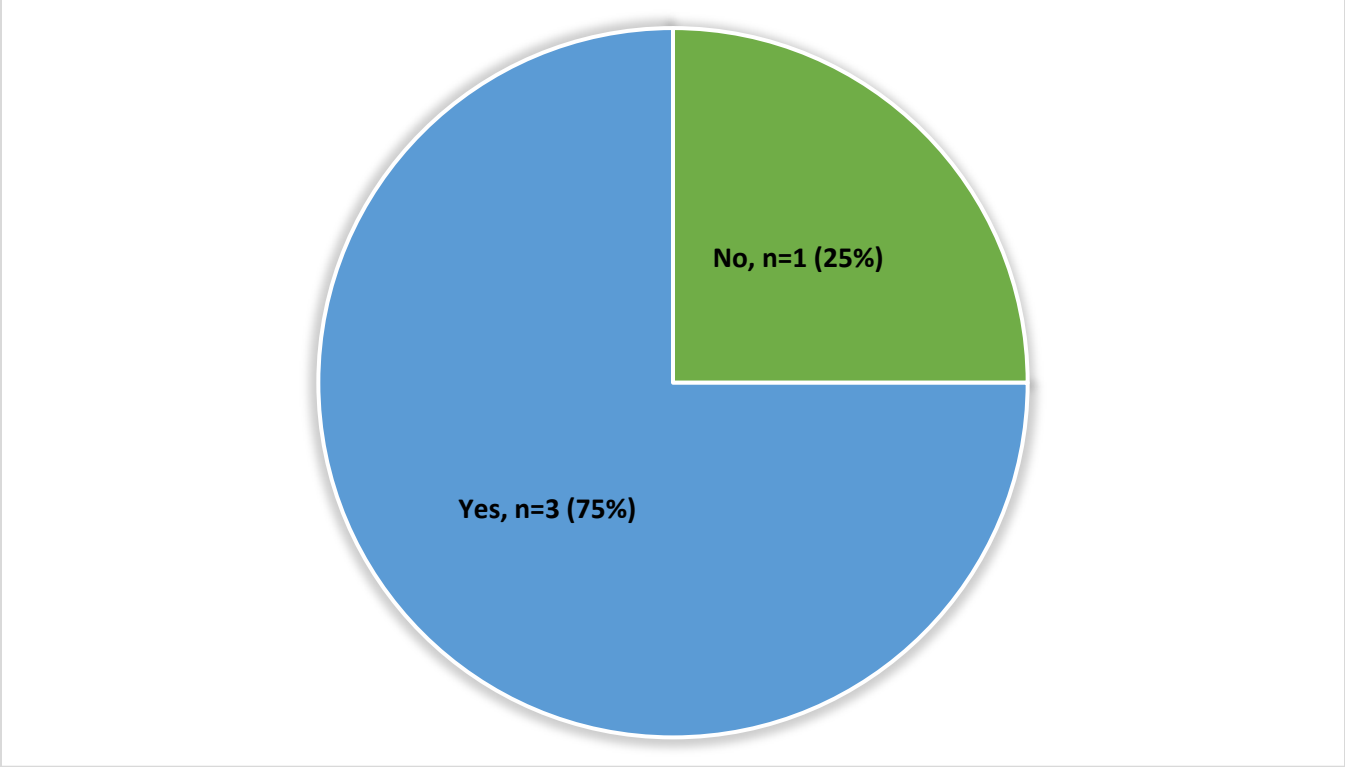


Table 167 - MCO Covers OTPs That Provide BH and MAT Through OTPs

Response	MCO Names	Count	Percentage
Yes	CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	3	75.00%
No	AmeriHealth Caritas DC	1	25.00%
State Totals		**4**	**100%**

If "No," please explain why not.

Table 168 - Explanation for MCO Not Covering OTPs That Provide BH and MAT Through OTPs

MCO Name	Explanation
AmeriHealth Caritas DC	OTPs are carved-out from the MCO program until 5/2024

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

Figure 123 - Referral Required for OUD Treatment Through OTPs

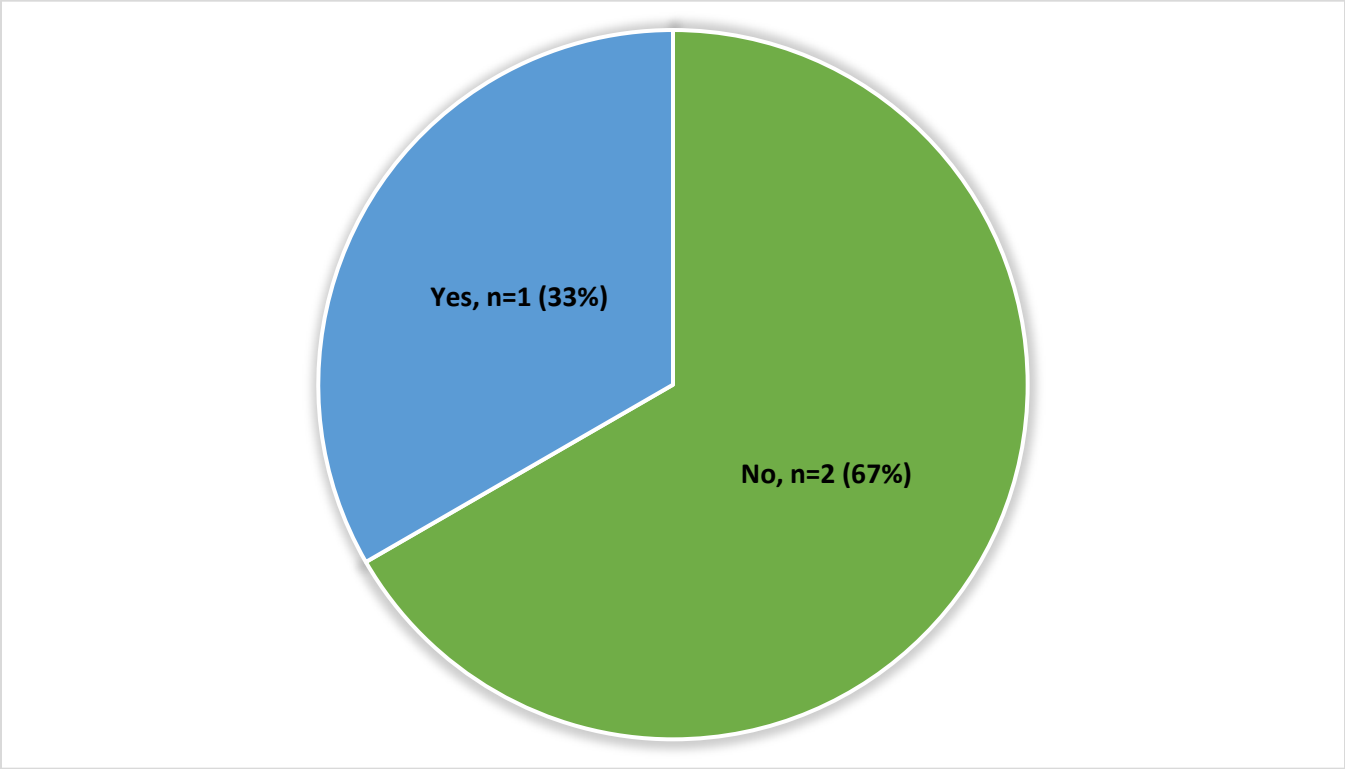


Table 169 - Referral Required for OUD Treatment Through OTPs

Response	MCO Names	Count	Percentage
Yes	HealthServicesforSpecialNeedsChildren	1	33.33%
No	CareFirst BCBS Community Health Plan DC, MedStar Family Choice - District of Columbia	2	66.67%
State Totals		**3**	**100%**

If "Yes," please explain.

Table 170 - Explanation for Referral Required for OUD Treatment Through OTPs

MCO Name	Explanation
HealthServicesforSpecial NeedsChildren	HSCSN covers Outpatient Treatment Programs for the treatment of substance use disorder. Outpatient Treatment Programs (OTP) for Medication-Assisted Treatment (MAT). OTP for MAT is covered service(s). OTP for MAT does not require referral for routine outpatient therapy. OTP for MAT does require referral for intensive outpatient, partial hospitalization services, inpatient detoxification, or residential treatment services.

If "No," please explain.

Table 171 - Explanation for Not Requiring Referrals for OUD Treatment Through OTPs

MCO Name	Explanation
CareFirst BCBS Community Health Plan DC	ALL MAT OTPs are a covered benefit
MedStar Family Choice - District of Columbia	Enrollees can self-refer to rehab facilities for outpatient treatment. We encourage rehabilitation, endorse self-motivation, and seek to minimize barriers to seeking care.

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

Figure 124 - MCO Covers Buprenorphine or Buprenorphine/Naloxone for Diagnoses of OUD as Part of a MAT Treatment Plan

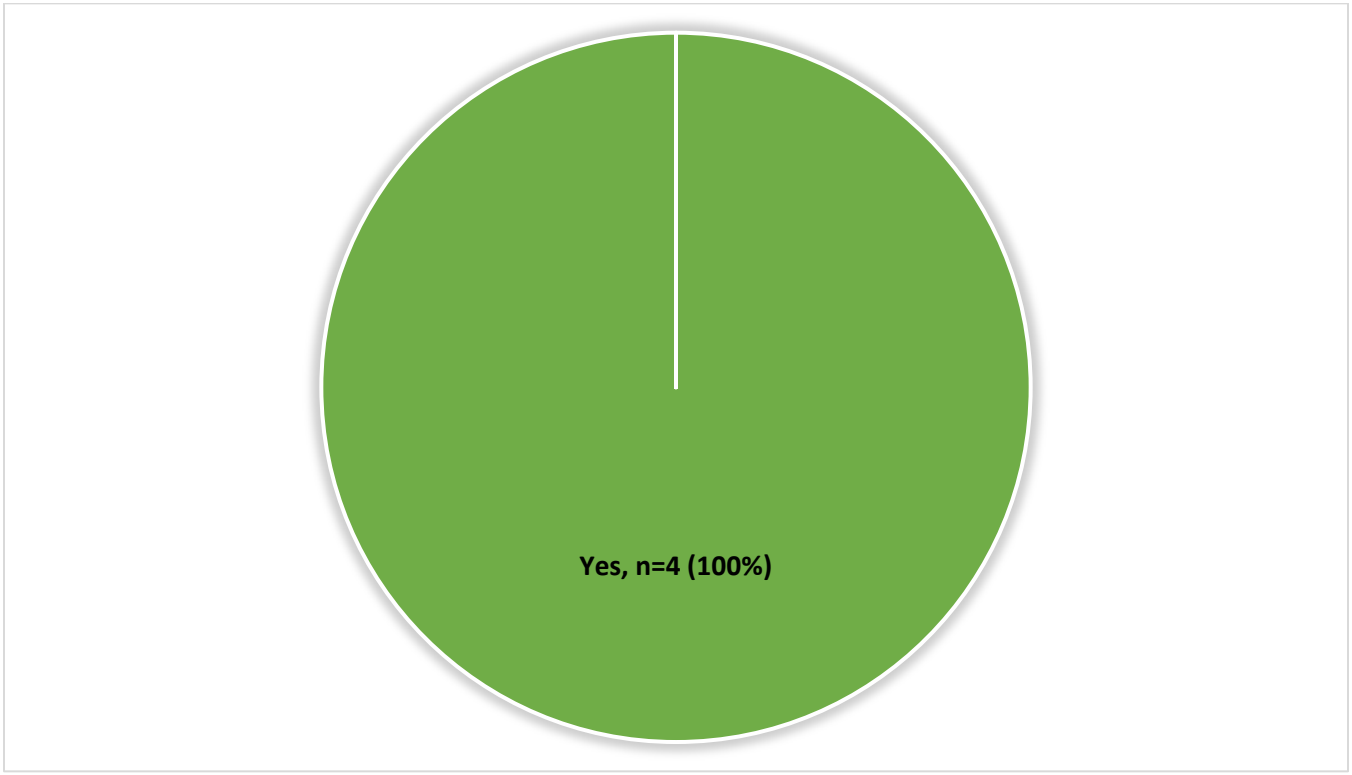


Table 172 - MCO Covers Buprenorphine or Buprenorphine/Naloxone for Diagnoses of OUD as Part of a MAT Treatment Plan

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

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

Figure 125 - MCO Covers Naltrexone for Diagnoses of OUD as Part of a MAT Treatment Plan

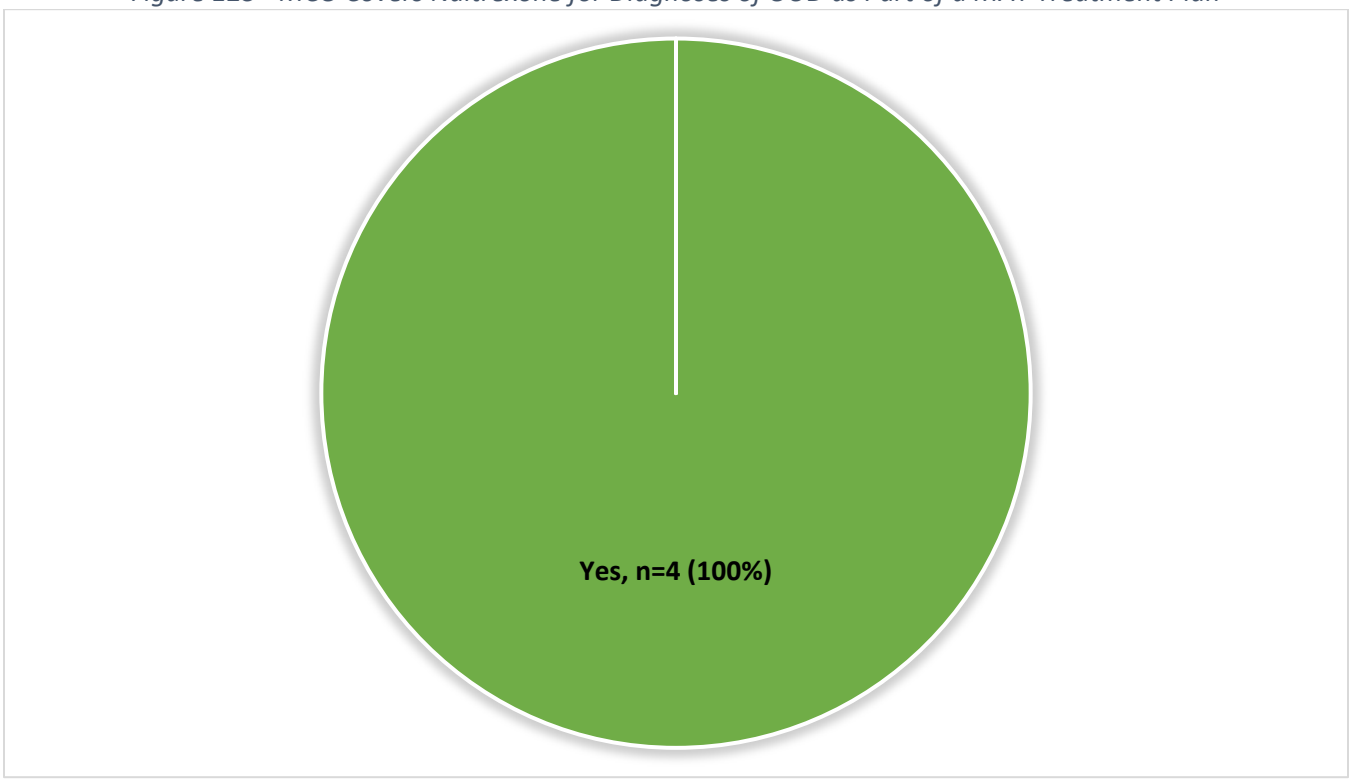


Table 173 - MCO Covers Naltrexone for Diagnoses of OUD as Part of a MAT Treatment Plan

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

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

Figure 126 - MCO Covers Methadone for Substance Use Disorder

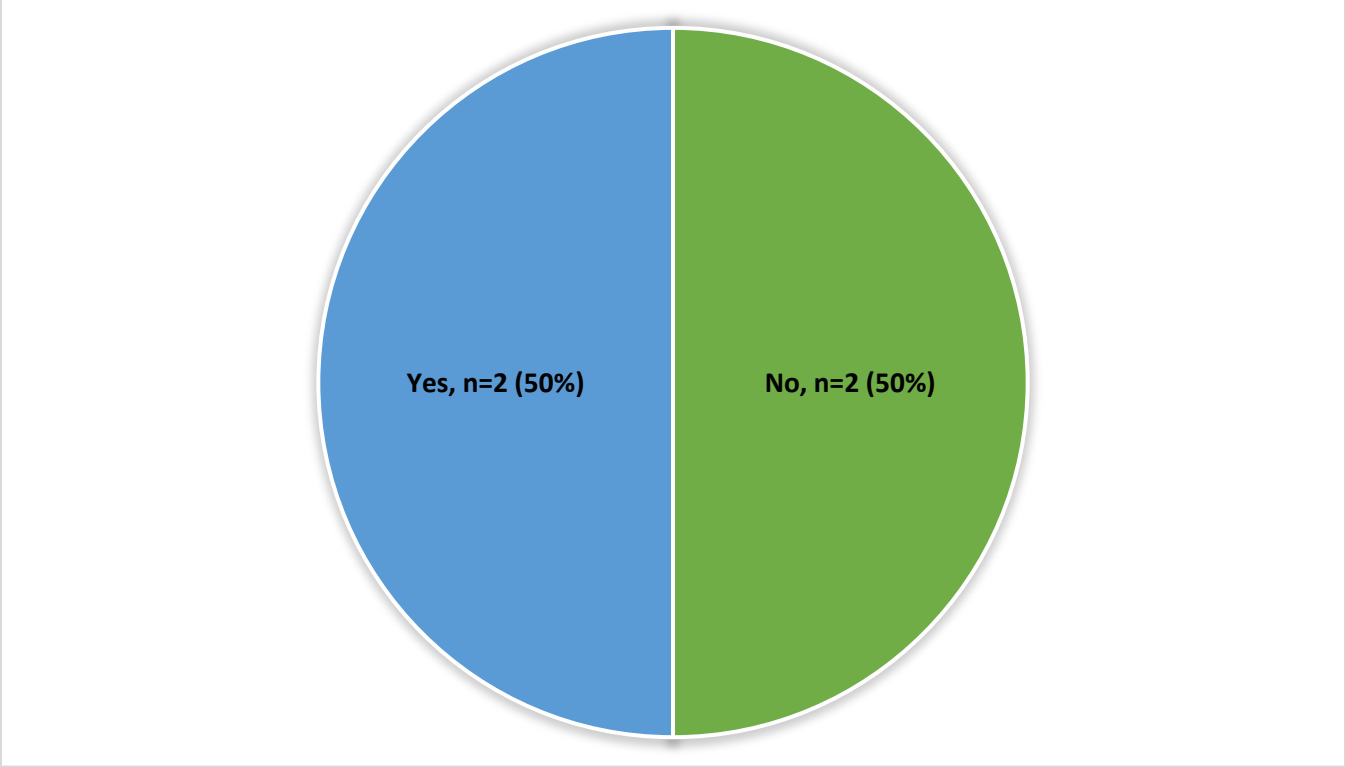


Table 174 - MCO Covers Methadone for Substance Use Disorder

Response	MCO Names	Count	Percentage
Yes	HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	2	50.00%
No	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC	2	50.00%
State Totals		**4**	**100%**

If “No,” please explain why not.

Table 175 - Explanation for MCO Not Covering Methadone for Substance Use Disorder

MCO Name	Explanation
AmeriHealth Caritas DC	OTPs are carved-out until 5/2024.
CareFirst BCBS Community Health Plan DC	Carved out benefit

G. Psychotropic Medication For Children

Antipsychotics

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

Figure 127 - Restrictions to Limit Quantity of Antipsychotics

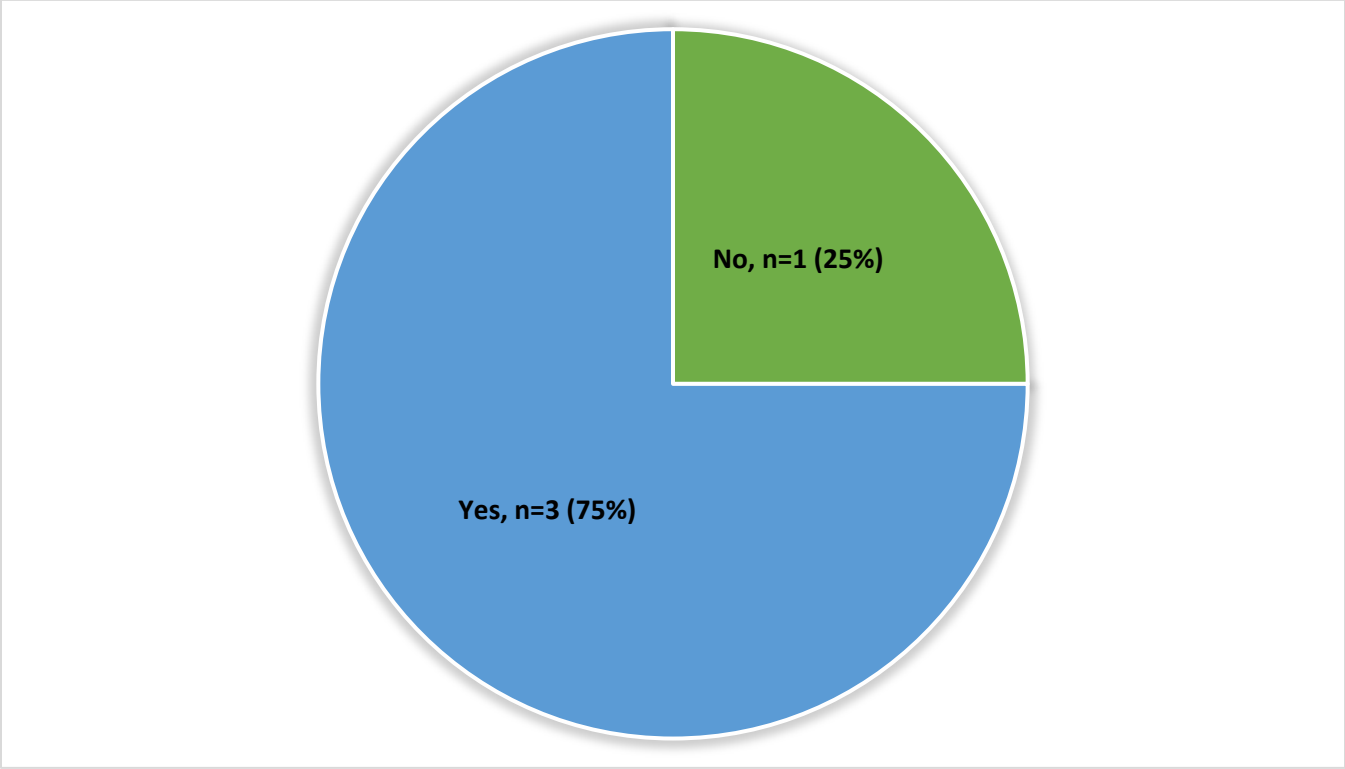


Table 176 - Restrictions to Limit Quantity of Antipsychotics

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, MedStar Family Choice - District of Columbia	3	75.00%
No	HealthServicesforSpecialNeedsChildren	1	25.00%
State Totals		**4**	**100%**

Please explain restrictions or N/A.

Table 177 - Explanations of Restrictions to Limit Quantity of Antipsychotics

MCO Name	Explanation
AmeriHealth Caritas DC	There are quantity limits in place based on FDA dosing guidance.
CareFirst BCBS Community Health Plan DC	Our drug formulary currently has quantity limits in place for several antipyschotics used in adults. These products include agents like clozapine, olanzapine, and quetiapine that are known to have greater risks of causing metabolic syndrome amongst atypical antipsychotics. Close monitoring is recommended during treatment with these agents
HealthServicesforSpecial NeedsChildren	N/A
MedStar Family Choice - District of Columbia	Long-acting injectable antipsychotics have QLs in place that correspond to standard dosing intervals for the respective antipsychotic medication formulation. There are also FDA-recommended maximum daily dosing limits in place for these medications on the

MCO Name	Explanation
	PBM side. Additionally, antipsychotic medications requiring prior authorization must include clinical documentation from the prescribing provider to justify medication selection and dosing regimen.

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

Figure 128 - Documented Program in Place to Either Manage or Monitor the Appropriate Use of Antipsychotic Drugs in Children

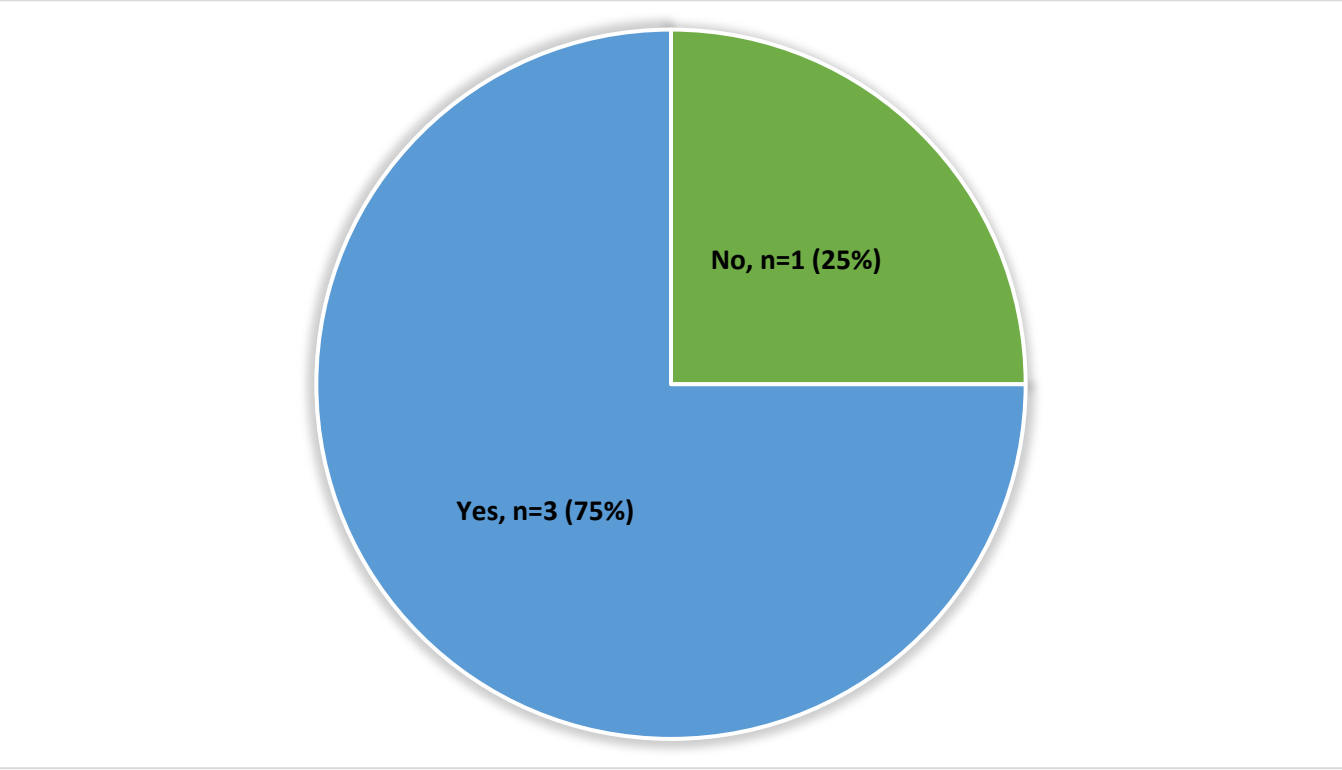


Table 178 - Documented Program in Place to Either Manage or Monitor the Appropriate Use of Antipsychotic Drugs in Children

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, MedStar Family Choice - District of Columbia	3	75.00%
No	HealthServicesforSpecialNeedsChildren	1	25.00%
State Totals		**4**	**100%**

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

Figure 129 - Categories of Children Either Managed or Monitored for Appropriate Use of Antipsychotic Drugs

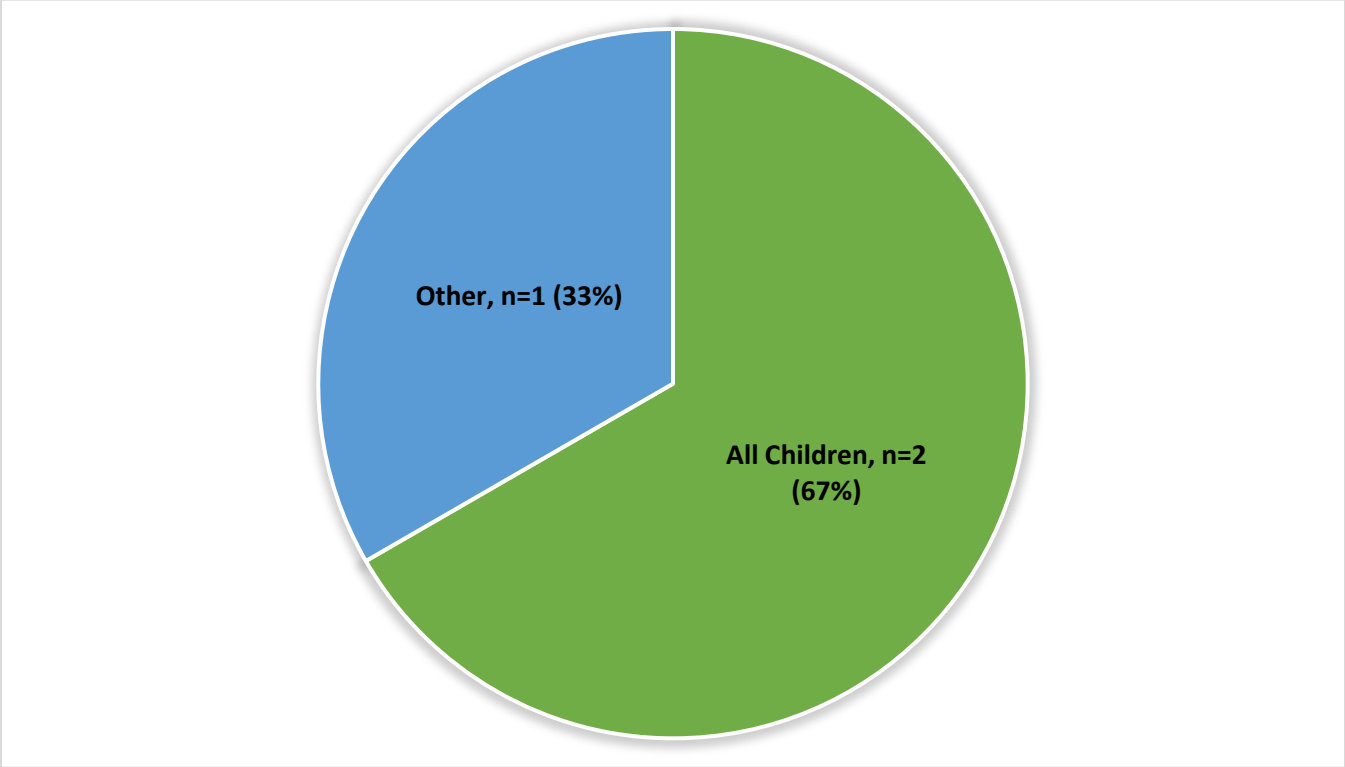


Table 179 - Categories of Children Either Managed or Monitored for Appropriate Use of Antipsychotic Drugs

Response	MCO Names	Count	Percentage
All children	CareFirst BCBS Community Health Plan DC, MedStar Family Choice - District of Columbia	2	66.67%
Other	AmeriHealth Caritas DC	1	33.33%
State Totals		**3**	**100%**

If "Other," please explain.

Table 180 - "Other" Explanations for Managing or Monitoring the Appropriate Use of Antipsychotic Drugs in Children

MCO Name	Explanation
AmeriHealth Caritas DC	We monitor all children in our health plan. At this time we do not cover foster care children. We have the ability to track foster care children if they were ever to become a part of our membership.

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

Figure 130 - Edits in Place to Monitor the Appropriate Use of Antipsychotic Drugs in Children

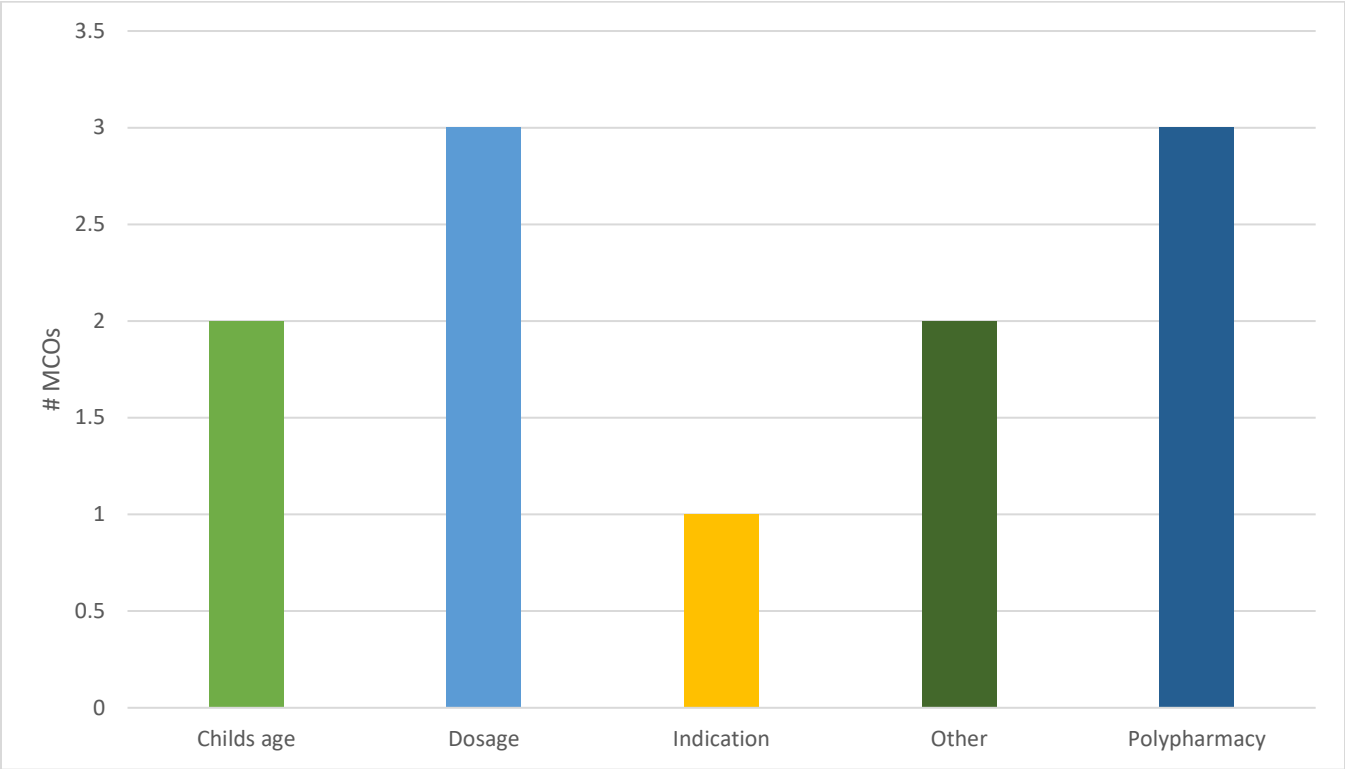


Table 181 - Edits in Place to Monitor the Appropriate Use of Antipsychotic Drugs in Children

Response	MCO Names	Count	Percentage
Childs age	CareFirst BCBS Community Health Plan DC, MedStar Family Choice - District of Columbia	2	18.18%
Dosage	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, MedStar Family Choice - District of Columbia	3	27.27%
Indication	MedStar Family Choice - District of Columbia	1	9.09%
Polypharmacy	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, MedStar Family Choice - District of Columbia	3	27.27%
Other	CareFirst BCBS Community Health Plan DC, MedStar Family Choice - District of Columbia	2	18.18%
State Totals		**11**	**100%**

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

Table 182 - Child's Age Limits for Edits in Place to Monitor the Appropriate Use of Antipsychotic Drugs in Children

MCO Name	Age Limit in Years
CareFirst BCBS Community Health Plan DC	18
MedStar Family Choice - District of Columbia	18

If "Other," please explain.

Table 183 - "Other" Explanations for Edits in Place to Monitor the Appropriate Use of Antipsychotic Drugs in Children

MCO Name	Explanation
CareFirst BCBS Community Health Plan DC	There is a prior authorization requirement for use of antipsychotics in pediatric enrollees less than 18 years of age
MedStar Family Choice - District of Columbia	Non-foster care: Long term antipsychotic use is of concern in the pediatric population. Pharmacy claims data will be analyzed every 6 months to identify children less than 10 years of age for whom an antipsychotic medication has been filled 5 or more times of the prior 6 months without evidence of care by a psychiatrist or psychiatric APRN and PA. Evidence of psychiatric care will be either a claim for psychiatric services in the prior 12 months or a prescription(s) that have been written by a psychiatrist as the prescriber. Enrollees identified as receiving long term antipsychotic medications without psychiatric consultation will be identified, the prescriber or primary care doctor will be contacted, and efforts will be made for a psychiatric consultation to occur. Foster care: On at least an annual basis, MFC will identify enrollees in Foster care < 18 years of age using pharmacy claims. Enrollees identified as long-term users (e.g., 10 or more fills for an antipsychotic in a 12-month period) will be identified as a subgroup. A sub-analysis of long-term users against laboratory testing data will be done. Enrollees who are determined to be long term users who have not had a blood glucose test or a HgBA1C test in the prior 15 months will be identified and the prescriber notified of the need for screening for metabolic complications. A sub-analysis to identify enrollees who are simultaneously on three or more psychotropic medications for 3 months will be done. Evidence of psychiatric care will be either a claim for psychiatric services in the prior 12 months or a prescription(s) that have been written by a psychiatrist as the prescriber. Non- psychiatric prescribers of enrollees identified will be notified of concerns and encouraged to refer the enrollee for a psychiatric consultation.

c. If "Yes," please briefly explain the specifics of your documented antipsychotic monitoring program(s).

Table 184 - Explanations of Specifics of Documented Antipsychotic Monitoring Program(s)

MCO Name	Explanation
AmeriHealth Caritas DC	Member's enrolled receive a full profile review (CMR) by a clinical pharmacist. Interventions are identified during pharmacist review and are documented in both the PerformRx and health plan documentation platform. The path that an intervention follows from identification to completion is dependent on whether the intervention is directed to the member or the provider, as determined at the discretion of the reviewing pharmacist. Prescriber interventions are addressed directly with the prescriber by the pharmacist. Escalated interventions can be conducted through peer-to-peer prescriber consultations with the assistance of a plan consultant psychiatrist as deemed appropriate by the reviewing pharmacist If additional outreach is needed to the pharmacy or member, the pharmacist triages those recommendations according to the established workflows. Escalations are triaged by an integrated case management supervisor to a health plan case manager which expands the resources available to these members as they are now receiving both DTM and case management services. At any time, a pharmacist is available to assist in the

MCO Name	Explanation
	patient counseling and communication. This can be conducted via a conversation between the pharmacist and case manager prior to outreach; a three-way conference call with the patient's legal representative, pharmacist and case manager; or a conversation between the pharmacist and the patient's legal representative. After no more than 90 days from the date, the provider intervention was identified, the technician or pharmacist, depending on the nature of the outreach, performs a follow-up on the identified intervention using claims data to determine outcomes.
CareFirst BCBS Community Health Plan DC	Our behavioral health pharmacist conducts drug utilization reviews (DUR) on a monthly basis using a pharmacy utilization report that captures antipsychotic prescription claims. These DURs include reviewing and identifying concerning treatments which may include: antipsychotic treatment without diabetic screening, use of three or more psychotropics, no documented age-appropriate indication for therapy or FDA-approved indication for use in children. This review is in accordance with one of the MCO's policies titled "Monitoring and Management of Antipsychotic Medications by Children". The reports also include paid, rejected, and reversed prescription claims data which allows the MCO to also monitor attempted prescription fills at the local outpatient pharmacy. In addition to the monthly DUR reviews, the MCO also has an age limit restriction in place for the use of antipsychotics in all pediatric enrollees (<18 years). Per protocol, providers must submit a prior authorization (PA) request for evaluation by one of our pharmacists. Coverage determination is based on medical necessity. The request should be coupled with proper clinical documentation to support the appropriate use of the requested medication. Our pharmacy department also collaborates with the Chief Psychiatry Officer for more complex cases that are outside of the pharmacist's scope of practice. The PA review process includes evaluation of the indicated diagnosis, FDA approved age limits, pertinent labs, use of concurrent psychotropics and prior consideration of psychosocial therapy as first-line.
MedStar Family Choice - District of Columbia	In collaboration with its behavioral health partner, MFC provides a retrospective DUR using pharmacy claims data to identify of the prescribing patterns of antipsychotic medications for children and adolescents. Please see above for more specific information.

d. If "No," does your MCO plan on implementing an antipsychotic monitoring program in the future?

Figure 131 - Future Plans to Implement an Antipsychotic Monitoring Program

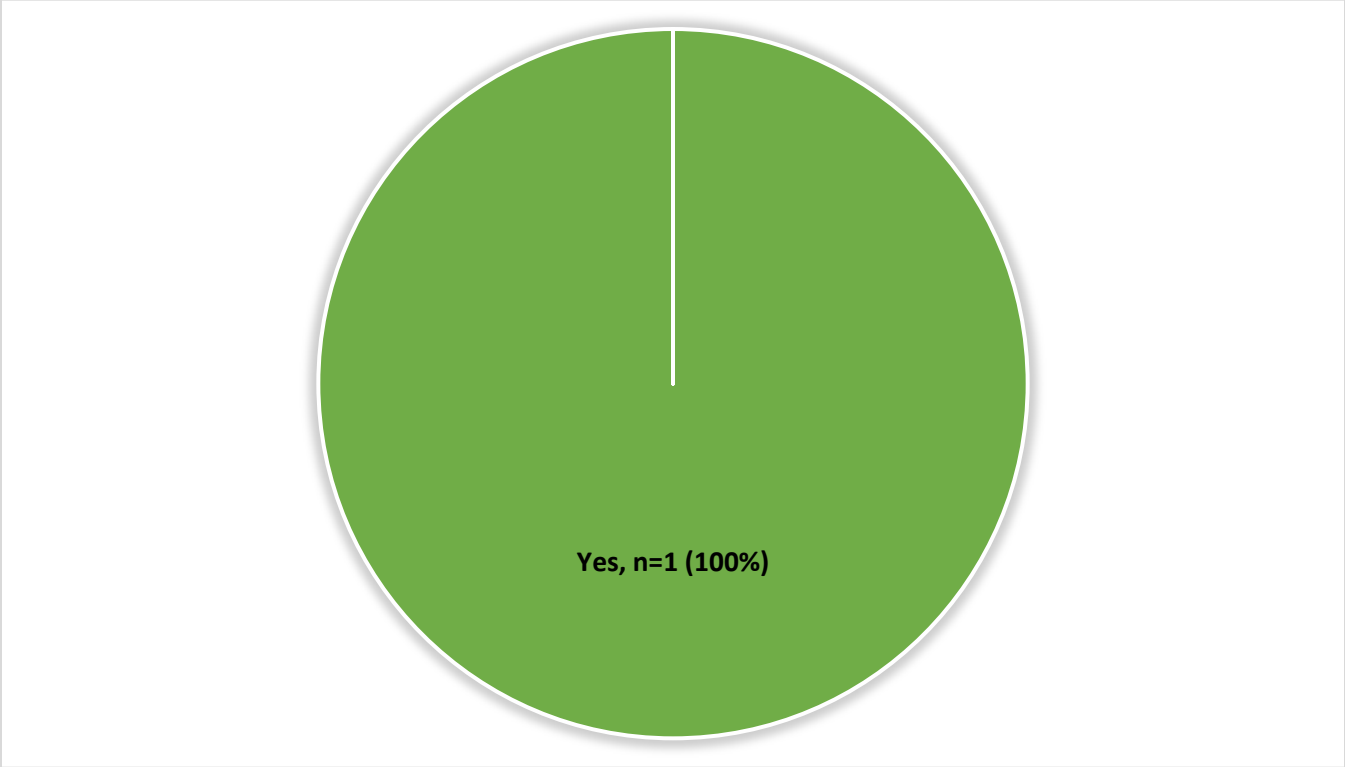


Table 185 - Future Plans to Implement an Antipsychotic Monitoring Program

Response	MCO Names	Count	Percentage
Yes	HealthServicesforSpecialNeedsChildren	1	100.00%
State Totals		**1**	**100%**

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

Table 186 - When MCOs Plan to Implement a Program to Monitor Appropriate Use of Antipsychotic Drugs in Children

MCO Name	Explanation
HealthServicesforSpecial NeedsChildren	HSCSN plans to develop the criteria in FY 2023 and implement in FY 2024.

Stimulants

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

Figure 132 - Restrictions in Place to Limit the Quantity of Stimulant Drugs

Table 187 - Restrictions in Place to Limit the Quantity of Stimulant Drugs

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

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

Figure 133 - Documented Program in Place to Either Manage or Monitor the Appropriate Use of Stimulant Drugs in Children

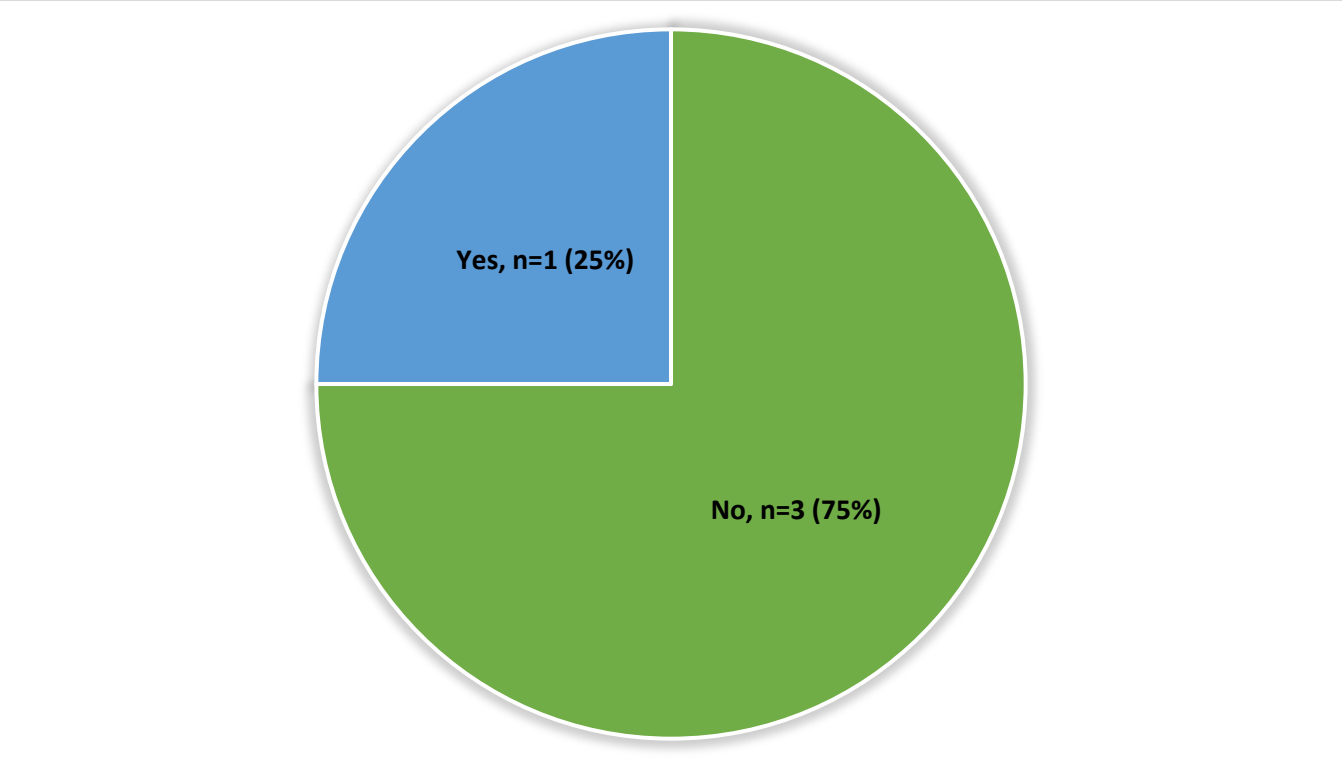


Table 188 - Documented Program in Place to Either Manage or Monitor the Appropriate Use of Stimulant Drugs in Children

Response	MCO Names	Count	Percentage
Yes	AmeriHealth Caritas DC	1	25.00%
No	CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	3	75.00%
State Totals		**4**	**100%**

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

Figure 134 - Categories of Children Either Managed or Monitored for Appropriate Use of Stimulant Drugs

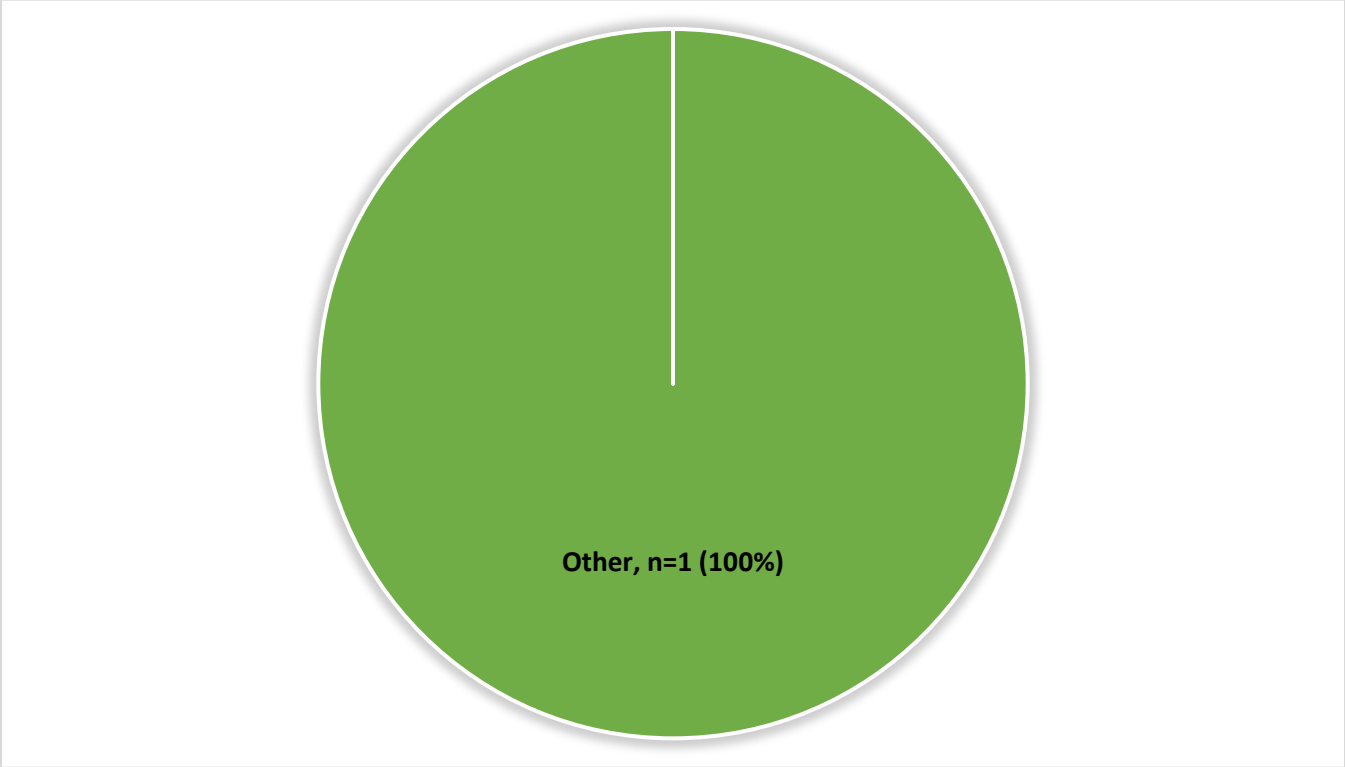


Table 189 - Categories of Children Either Managed or Monitored for Appropriate Use of Stimulant Drugs

Response	MCO Names	Count	Percentage
Other	AmeriHealth Caritas DC	1	100.00%
State Totals		**1**	**100%**

If "Other," please explain.

Table 190 - "Other" Explanations for Managing or Monitoring the Appropriate Use of Stimulant Drugs in Children

MCO Name	Explanation
AmeriHealth Caritas DC	We monitor all children in our health plan. At this time we do not cover foster care children. We have the ability to track foster care children if they were ever to become a part of our membership.

b. If "Yes," do you have edits in place to monitor (multiple responses allowed):

Figure 135 - Edits in Place to Monitor the Appropriate Use of Stimulant Drugs in Children

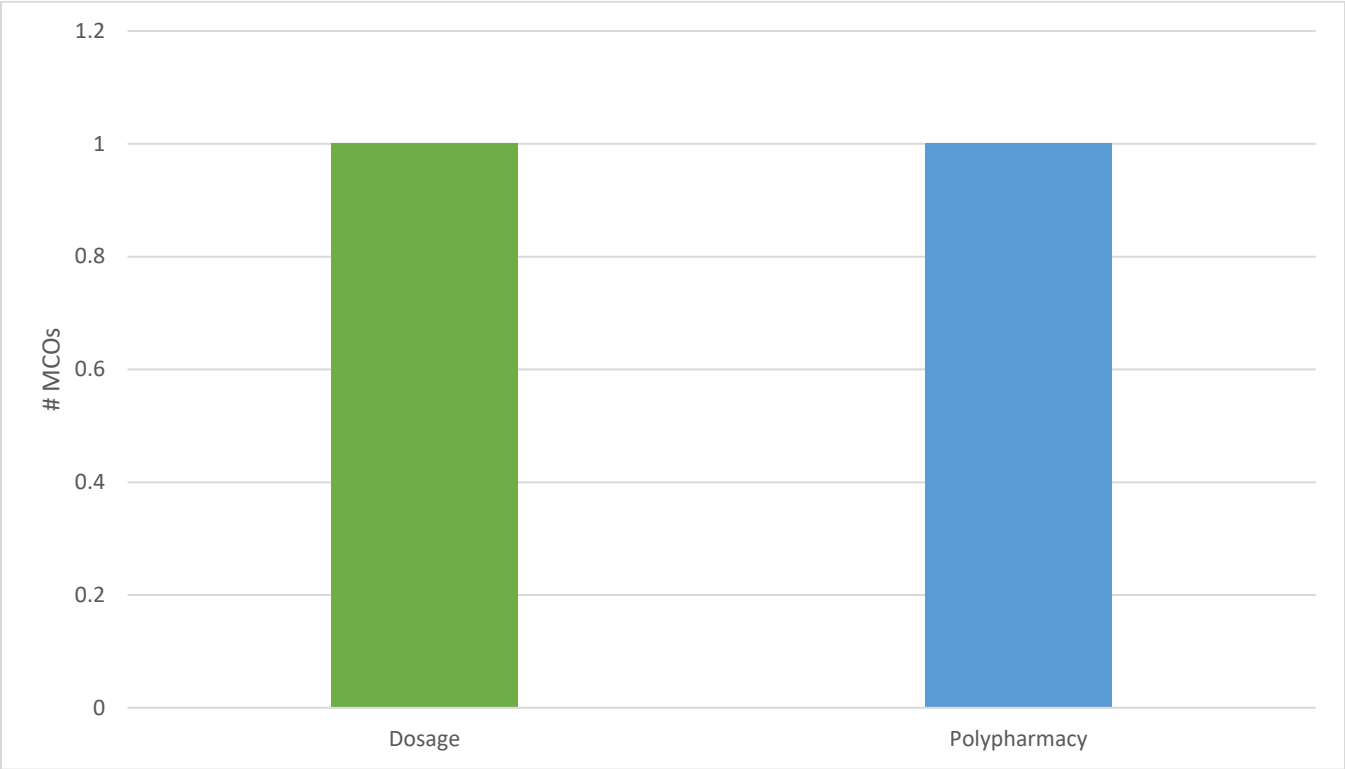


Table 191 - Edits in Place to Monitor the Appropriate Use of Stimulant Drugs in Children

Response	MCO Names	Count	Percentage
Dosage	AmeriHealth Caritas DC	1	50.00%
Polypharmacy	AmeriHealth Caritas DC	1	50.00%
State Totals		**2**	**100%**

c. If "Yes," please briefly explain the specifics of your documented stimulant monitoring program(s).

Table 192 - Explanations of Specifics of Documented Stimulant Monitoring Program(s)

MCO Name	Explanation
AmeriHealth Caritas DC	Member's enrolled in the stimulant monitoring program receive a full profile review (CMR) by a clinical pharmacist. Interventions are identified during pharmacist review and are documented in both the PerformRx and health plan documentation platform. The path that an intervention follows from identification to completion is dependent on whether the intervention is directed to the member or the provider, as determined at the discretion of the reviewing pharmacist. Prescriber interventions are addressed directly with the prescriber by the pharmacist. Escalated interventions can be conducted through peer-to-peer prescriber consultations with the assistance of a plan consultant psychiatrist as deemed appropriate by the reviewing pharmacist If additional outreach is needed to the pharmacy or member, the pharmacist triages those recommendations according to the established workflows. Escalations are triaged by an integrated case management supervisor to a health plan case manager which expands the resources available to these members as they are now receiving both DTM and case management services. At any time, a pharmacist is available to assist in the patient counseling and communication. This can be conducted via a conversation between the pharmacist and case manager prior to outreach; a three-way conference call

MCO Name	Explanation
	with the patient's legal representative, pharmacist and case manager; or a conversation between the pharmacist and the patient's legal representative. After no more than 90 days from the date, the provider intervention was identified, the technician or pharmacist, depending on the nature of the outreach, performs a follow-up on the identified intervention using claims data to determine outcomes.

d. If "No," does your MCO plan on implementing a stimulant monitoring program in the future?

Figure 136 - Future Plans to Implement a Stimulant Monitoring Program

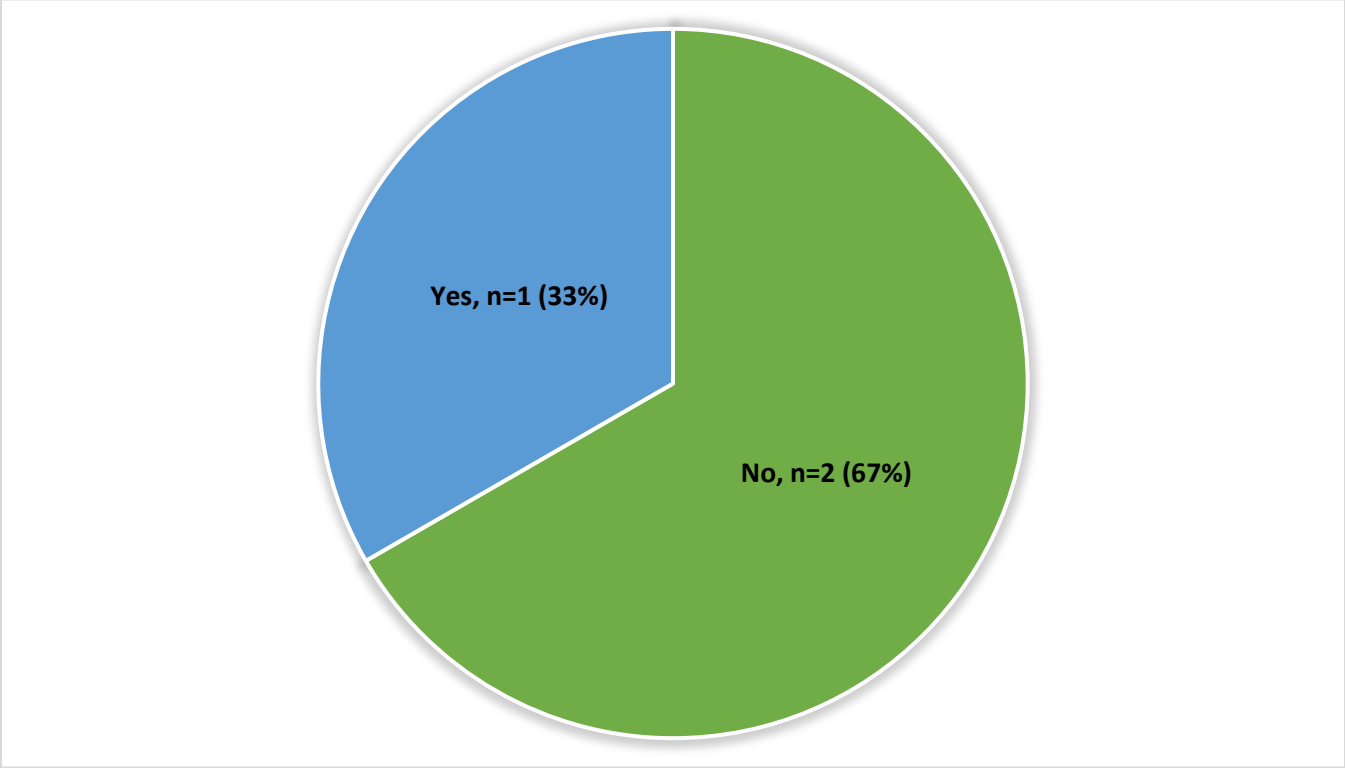


Table 193 - Future Plans to Implement a Stimulant Monitoring Program

Response	MCO Names	Count	Percentage
Yes	HealthServicesforSpecialNeedsChildren	1	33.33%
No	CareFirst BCBS Community Health Plan DC, MedStar Family Choice - District of Columbia	2	66.67%
State Totals		**3**	**100%**

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

Table 194 - When MCOs Plan to Implement a Program to Monitor the Appropriate Use of Stimulant Drugs in Children

MCO Name	Explanation
HealthServicesforSpecial NeedsChildren	HSCSN plans to develop the criteria in FY 2023 and implement in FY 2024.

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

Table 195 - Explanation for Not Implementing a Program to Monitor Use of Stimulant Drugs in Children

MCO Name	Explanation
CareFirst BCBS Community Health Plan DC	In the 2021 DUR MCO Annual Survey submission, CareFirst CHPDC had planned to implement a program to monitor the use of stimulant drugs in children similar to the current policy in place for monitoring the use of antipsychotic in pediatrics. We had planned to implement the program by October 2022, which is when the new contract procurement from Department of Healthcare Finance (DHCF) was finalized. Despite the MCO's preparations to create a report that would capture prescription and medical claims data to conduct the DUR, the monitoring program was not carried out due to CareFirst CHPDC not being awarded the contract in 2022
MedStar Family Choice - District of Columbia	Various components of MFC's pharmacy oversight include review of stimulant medications in children. The Pharmacy Lock-in program provides oversight for FWA, including misuse of controlled substance medications such as stimulants. Enrollees are screened for use of 3 or more controlled substances, controls from 3 or more prescribers, and/or controls filled at 3 or more pharmacies. Additionally, antipsychotic medications requiring prior authorization must include clinical documentation from the prescribing provider to justify medication selection and dosing regimen.

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

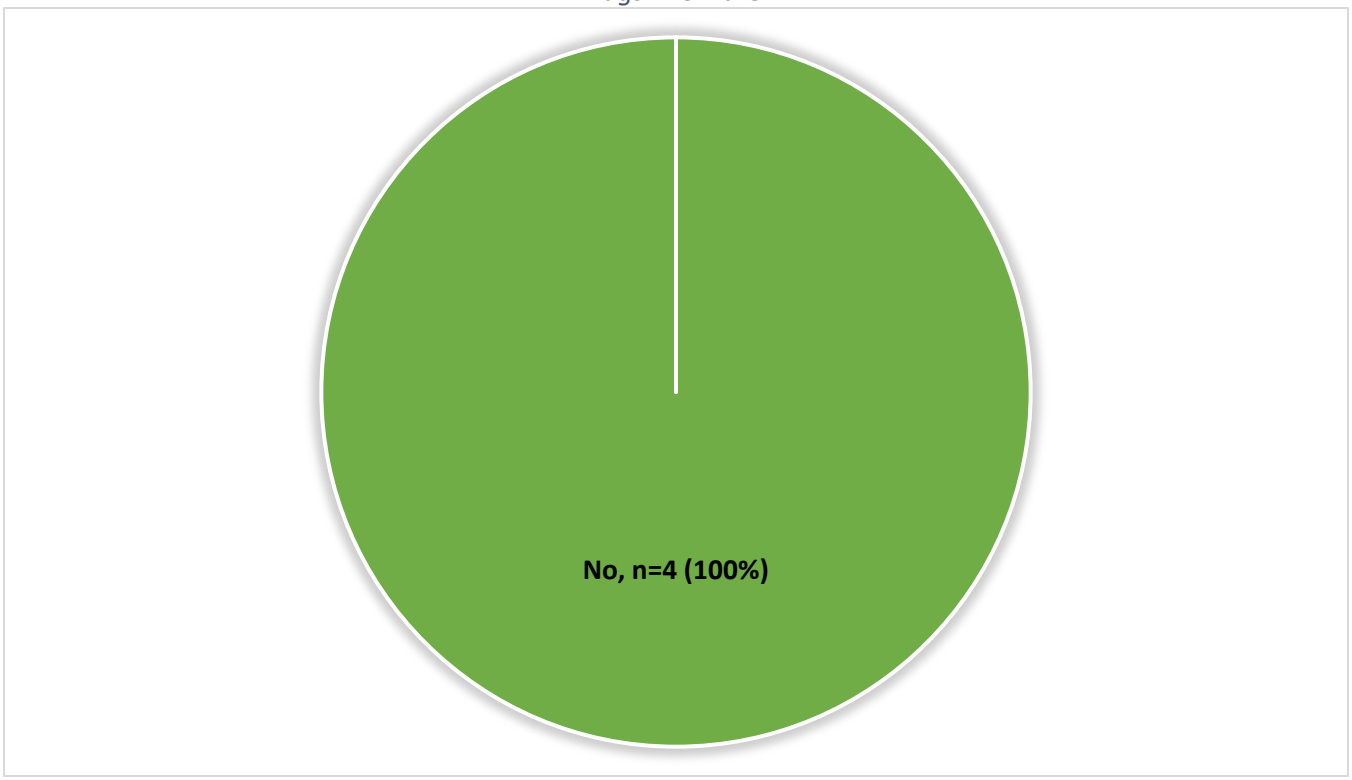


Table 196 - Documented Program in Place to Either Manage or Monitor the Appropriate Use of Antidepressant Drugs in Children

Response	MCO Names	Count	Percentage
No	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

a. If "No" or "Covered through the FFS benefit," does your MCO plan on implementing an antidepressant monitoring program in the future?

Figure 138 - Future Plans to Implement an Antidepressant Monitoring Program

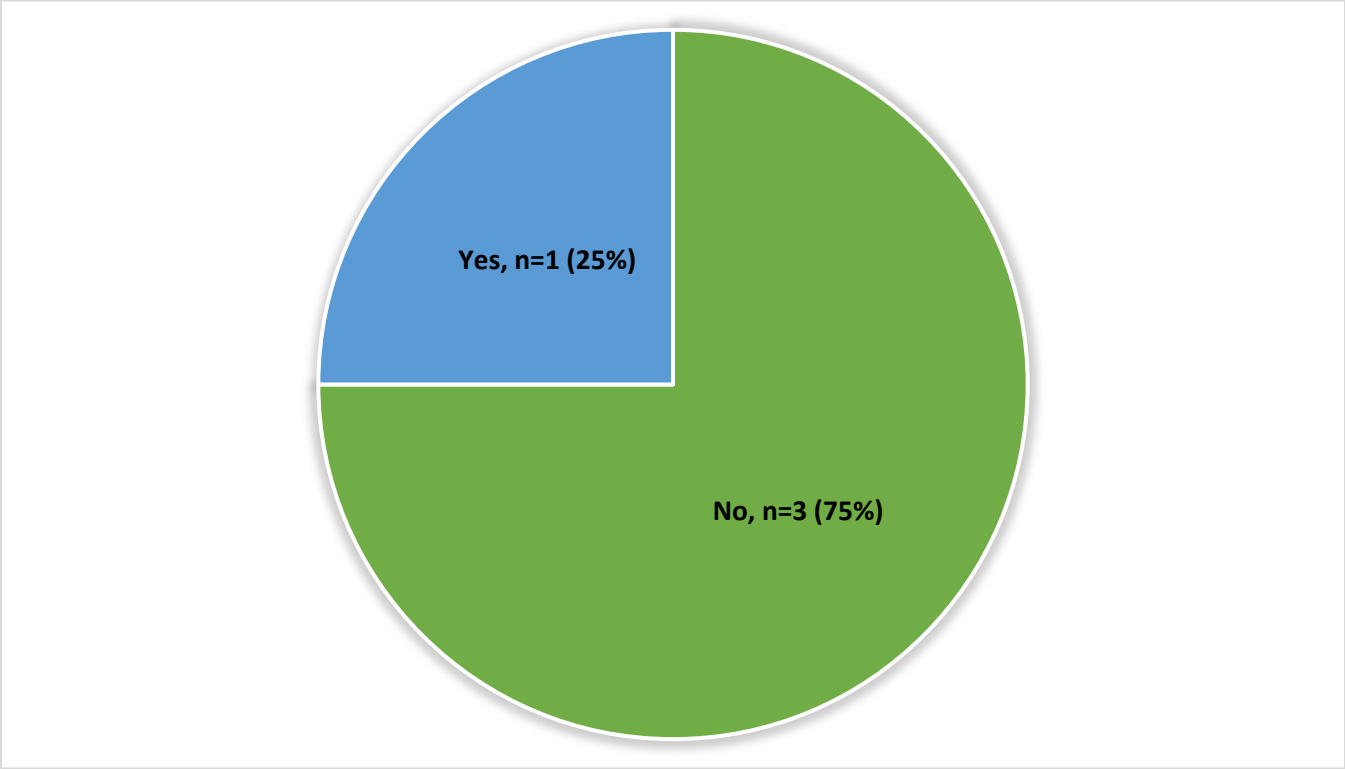


Table 197 - Future Plans to Implement an Antidepressant Monitoring Program

Response	MCO Names	Count	Percentage
Yes	HealthServicesforSpecialNeedsChildren	1	25.00%
No	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, MedStar Family Choice - District of Columbia	3	75.00%
State Totals		**4**	**100%**

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

Table 198 - When MCOs Plan to Implement a Program to Monitor the Appropriate Use of Antidepressant Drugs in Children

MCO Name	Explanation
HealthServicesforSpecial NeedsChildren	HSCSN plans to develop the criteria in FY 2023 and implement in FY 2024.

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

Table 199 - Explanation for Not Implementing a Program to Monitor Use of Antidepressant Drugs in Children

MCO Name	Explanation
AmeriHealth Caritas DC	We already have prospective and retrospective edits in place that monitor for duplicate therapy and safety edits for dosing, quantity limits, drug interactions, and high dosage that are already a part of our proDUR and retroDUR programs.
CareFirst BCBS Community Health Plan DC	In the 2021 DUR MCO Annual Survey submission, CareFirst CHPDC had planned to implement a program to monitor the use of antidepressant drugs in children similar to the current policy in place for monitoring the use of antipsychotic in pediatrics. We had planned to implement the program by October 2022 which is when the new contract procurement from Department of Healthcare Finance (DHCF) was finalized. Despite the MCO's preparations to create a report that would capture prescription and medical claims data to conduct the DUR, this monitoring program was not carried out due to CareFirst CHPDC not being awarded the contract in 2022.
MedStar Family Choice - District of Columbia	MFC recognizes the importance of oversight of use of antidepressants in children. After we conclude the process of integrating behavioral health we will specify a process to implement a monitoring program.

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

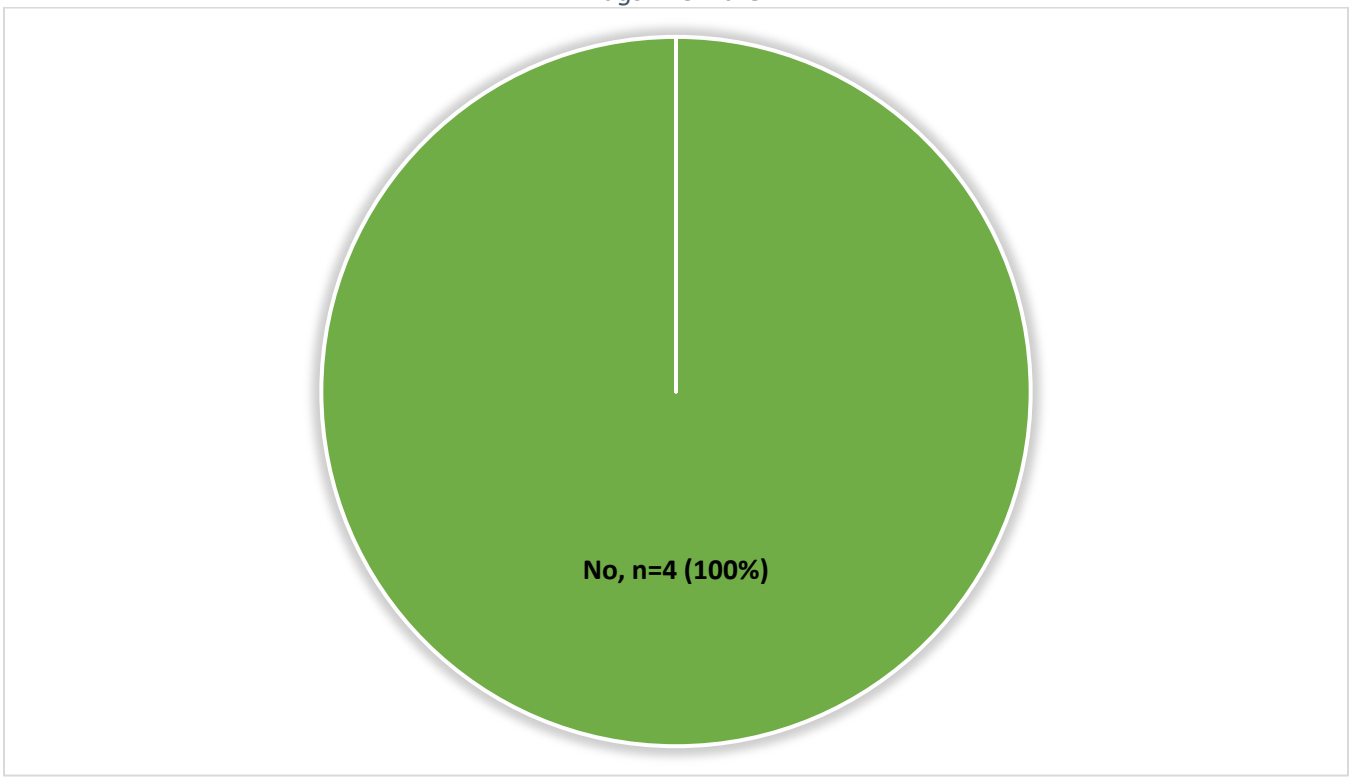


Table 200 - Documented Program in Place to Either Manage or Monitor the Appropriate Use of Mood Stabilizing Drugs in Children

Response	MCO Names	Count	Percentage
No	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

a. If "No" or "Covered through the FFS benefit," does your MCO plan on implementing a mood stabilizer monitoring program in the future?

Figure 140 - Future Plans to Implement a Mood Stabilizer Monitoring Program

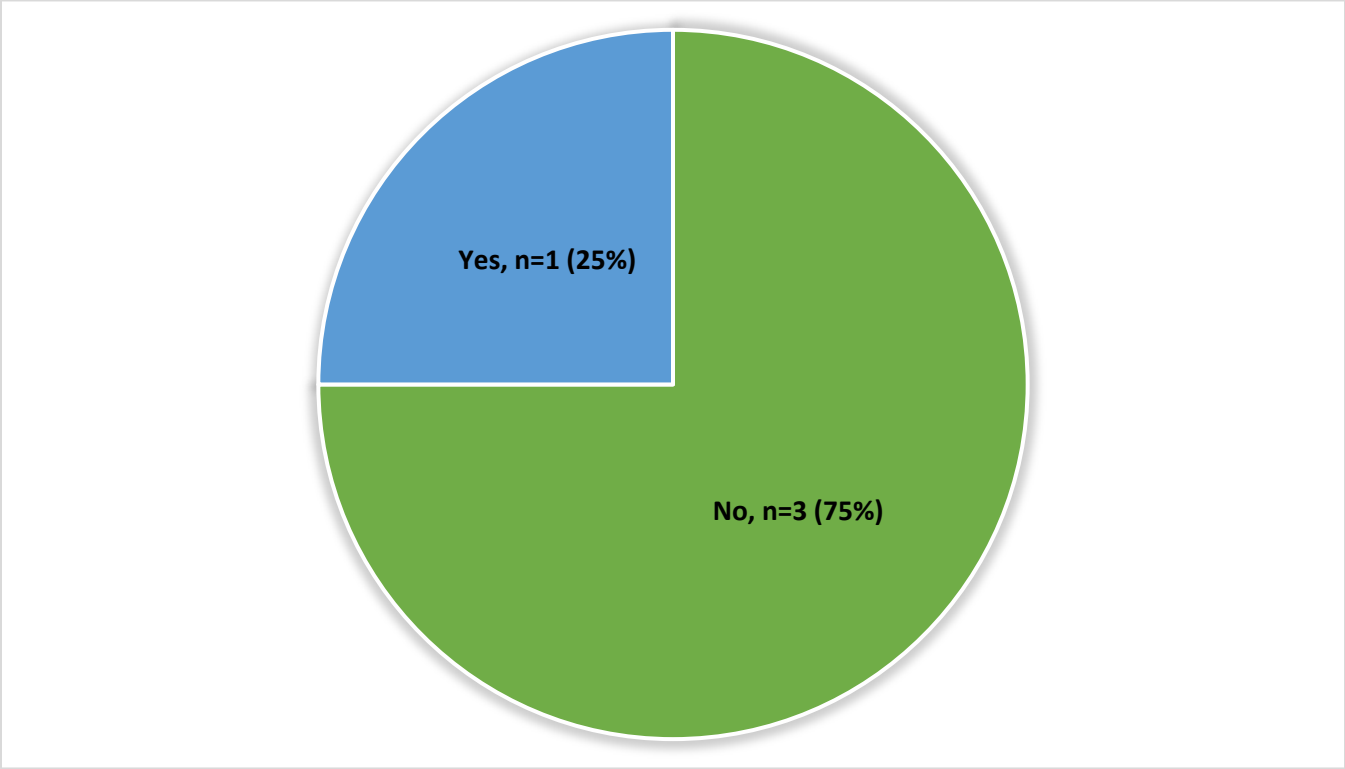


Table 201 - Future Plans to Implement a Mood Stabilizer Monitoring Program

Response	MCO Names	Count	Percentage
Yes	HealthServicesforSpecialNeedsChildren	1	25.00%
No	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, MedStar Family Choice - District of Columbia	3	75.00%
State Totals		**4**	**100%**

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

Table 202 - When MCOs Plan to Implement a Program to Monitor the Appropriate Use of Mood Stabilizing Drugs in Children

MCO Name	Explanation
HealthServicesforSpecial NeedsChildren	HSCSN plans to develop the criteria in FY 2023 and implement in FY 2024.

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

Table 203 - Explanation for Not Implementing a Program to Monitor Use of Mood Stabilizing Drugs in Children

MCO Name	Explanation
AmeriHealth Caritas DC	We already have prospective and retrospective edits in place that monitor for duplicate therapy and safety edits for dosing, quantity limits, drug interactions, and high dosage that are already a part of our proDUR and retroDUR programs.
CareFirst BCBS Community Health Plan DC	In the 2021 DUR MCO Annual Survey submission, CareFirst CHPDC had planned to implement a program to monitor the use of mood stabilizing drugs in children similar to the current policy in place for monitoring the use of antipsychotics in pediatrics. We had planned to implement the program by October 2022 which is when the new contract procurement from Department of Healthcare Finance (DHCF) was finalized. Despite the MCO's preparations to create a report that would capture prescription and medical claims data to conduct the DUR, this monitoring program was not carried out due to CareFirst CHPDC not being awarded the contract in 2022
MedStar Family Choice - District of Columbia	MFC recognizes the importance of oversight of use of moodstabilizers in children. After we conclude the process of integrating behavioral health we will specify a process to implement a monitoring program.

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

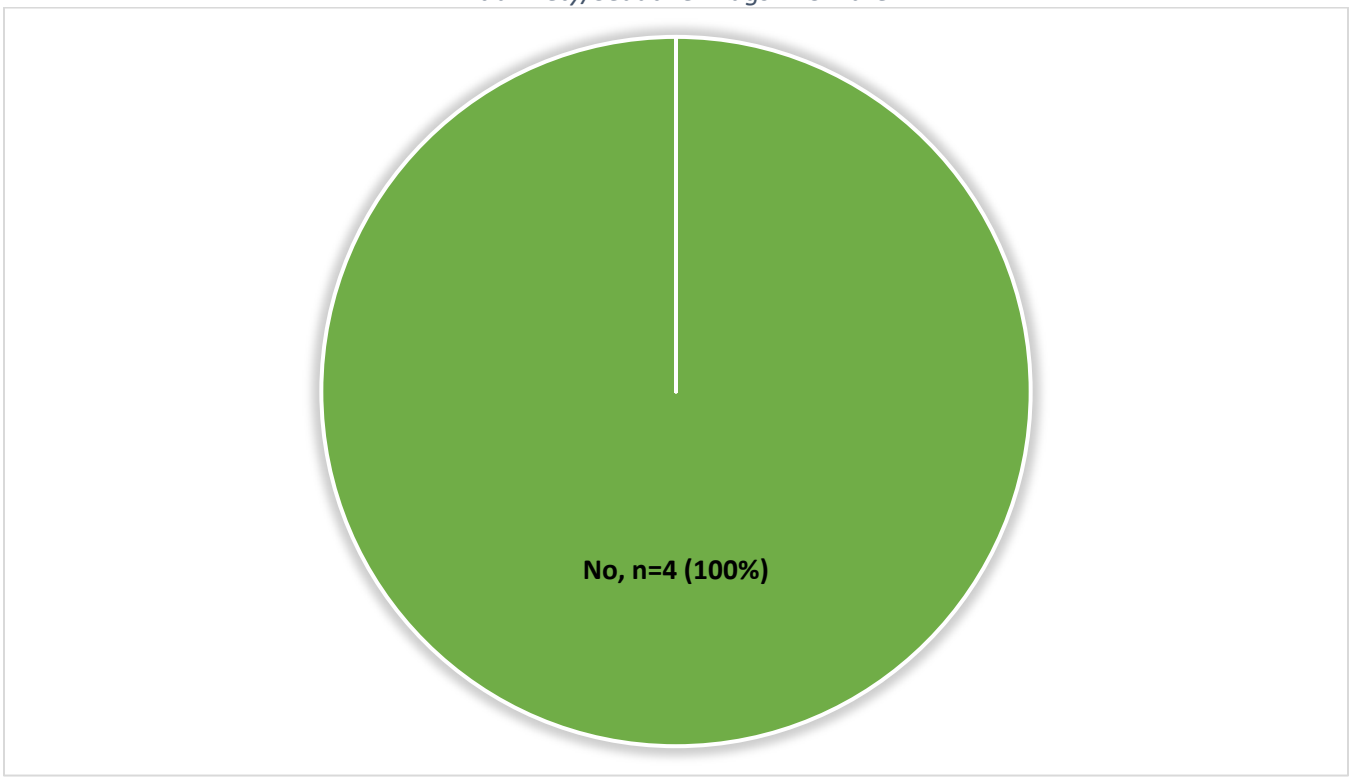


Table 204 - Documented Program in Place to Either Manage or Monitor the Appropriate Use of Antianxiety/Sedative Drugs in Children

Response	MCO Names	Count	Percentage
No	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**100%**

a. If "No" or "Covered through the FFS benefit," does your MCO plan on implementing an antianxiety/sedative monitoring program in the future?

Figure 142 - Future Plans to Implement an Antianxiety/Sedative Monitoring Program

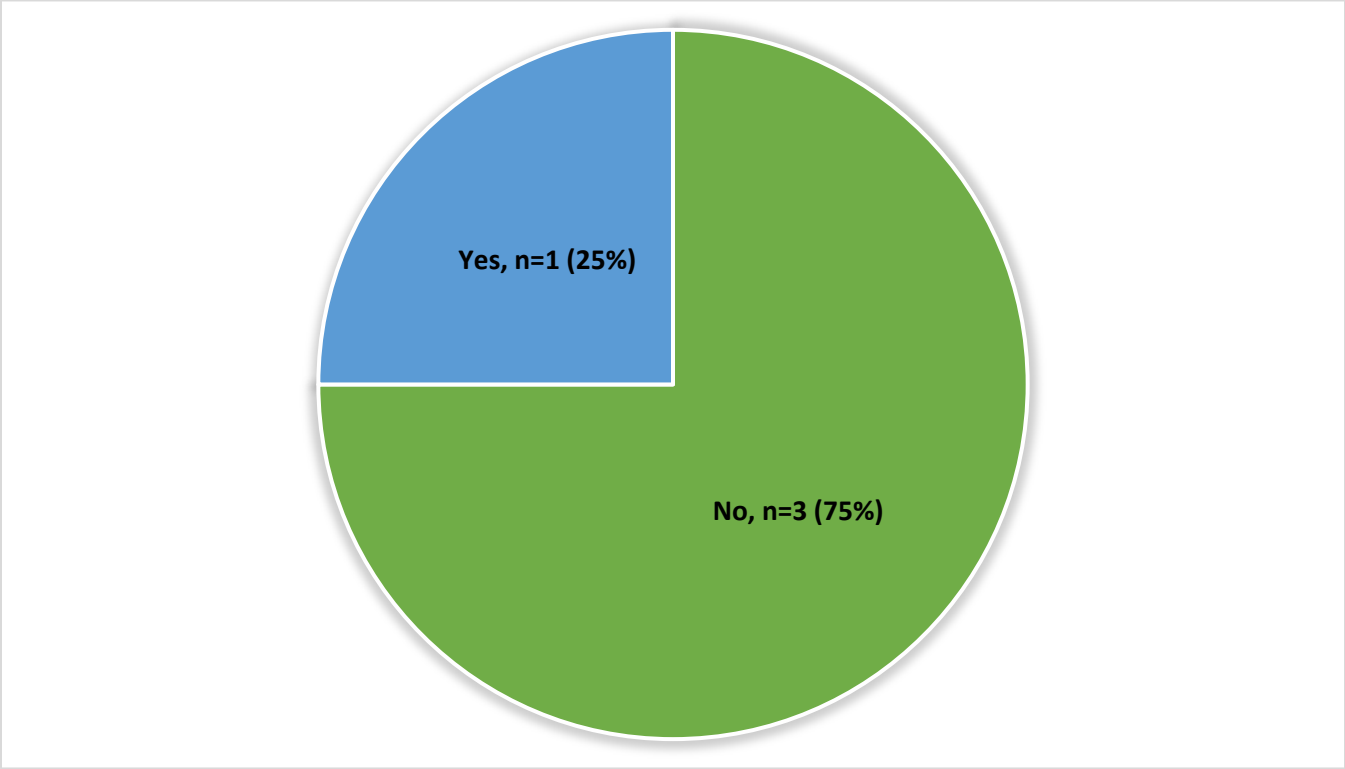


Table 205 - Future Plans to Implement an Antianxiety/Sedative Monitoring Program

Response	MCO Names	Count	Percentage
Yes	HealthServicesforSpecialNeedsChildren	1	25.00%
No	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, MedStar Family Choice - District of Columbia	3	75.00%
State Totals		**4**	**100%**

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

Table 206 - When MCOs Plan to Implement a Program to Monitor the Appropriate Use of Antianxiety/Sedative Drugs in Children

MCO Name	Explanation
HealthServicesforSpecial NeedsChildren	HSCSN plans to develop the criteria in FY 2023 and implement in FY 2024.

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

Table 207 - Explanation for Not Implementing a Program to Monitor Use of Antianxiety/Sedative Drugs in Children

MCO Name	Explanation
AmeriHealth Caritas DC	We already have prospective and retrospective edits in place that monitor for duplicate therapy and safety edits for dosing, quantity limits, drug interactions, and high dosage that are already a part of our proDUR and retroDUR programs.
CareFirst BCBS Community Health Plan DC	In the 2021 DUR MCO Annual Survey submission, CareFirst CHPDC had planned to implement a program to monitor the use of anti-anxiety/sedative drugs in children similar to the current policy in place for monitoring the use of antipsychotics in pediatrics. We had planned to implement the program by October 2022 which is when the new contract procurement from Department of Healthcare Finance (DHCF) was finalized. Despite the MCO's preparations to create a report that would capture prescription and medical claims data to conduct the DUR, this monitoring program was not carried out due to CareFirst CHPDC not being awarded the contract in 2022
MedStar Family Choice - District of Columbia	MFC recognizes the importance of oversight of use of antianxiety/sedative drugs in children. After we conclude the process of integrating behavioral health we will specify a process to implement a monitoring program.

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 143 - Demonstrations or Waivers to Allow Importation of Certain Drugs from Canada or Other Countries that are Versions of FDA-Approved Drugs for Dispensing to Medicaid Beneficiaries

Table 208 - Demonstrations or Waivers to Allow Importation of Certain Drugs from Canada or Other Countries that are Versions of FDA-Approved Drugs for Dispensing to Medicaid Beneficiaries

Response	MCO Names	Count	Percentage
No	AmeriHealth Caritas DC, CareFirst BCBS Community Health Plan DC, HealthServicesforSpecialNeedsChildren, MedStar Family Choice - District of Columbia	4	100.00%
State Totals		**4**	**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).

Table 209 - Innovative Practices

MCO Name	Innovative Practices Summary
AmeriHealth Caritas DC	AmeriHealth Caritas DC (AHDC) strives to offer and implement new and innovative ways to engage and partner with our providers and enrollees to improve their experience and to further our mission of delivering patient-centered, quality care. Several of those methods are listed below:

MCO Name	Innovative Practices Summary
	B.E.S.T Asthma and Care in Hand Family Planning Adherence Programs AmeriHealth Caritas DC offers programs with StellarRx Pharmacy to make asthma, family planning medications and Long-Acting Reversible Contraceptive devices (LARC) available in each of the associated specialty provider's offices with no delay. Through a unique partnership with PerformRx, the plan's PBM and StellarRx Pharmacy, AHDC is able to offer providers the XpeDose unit system. This discrete unit fits on the countertop in the provider's office and provides point of service dispensing of asthma, family planning, and LARC devices at the time when the patient needs the medication and allows the provider to educate the enrollees on the appropriate use of the medication during the patient's office visit. There is no cost to the provider or the enrollees to use this service. The office logs into the system to retrieve the medication of their choice, transmits the prescription information to Stellar Rx, and then Stellar Rx bills AHDC directly for the product. The intent of the programs is to provide an effective solution to improving the enrollees medication adherence and the delivery of asthma and family planning services to the AHDC enrollees. Opioids- In January 2018 AmeriHealth Caritas DC completed the implementation of opioid restrictions that limited our enrollees to 90 MME and a 7 day supply of an opioid medication, unless there was an approved prior authorization. We continue to employ an array of practices that are designed to reduce the use and misuse of opioids in our membership. We made sure our providers were aware of the opioid use in their panel by giving this information to their provider network representatives to share with them prior to our new limits taking effect. We addressed enrollees who were existing users by titrating down the daily allowed amount and days' supply of opioids available. We address potential opioid users with provider education and new opioid limits at point of sale. We share opioid claims information with the case managers for our expecting mothers to make sure they have complete care. We also have peer recovery specialists who support our SUD members with close contact and follow up. By analyzing our data we have seen an increase in Medication Assisted Treatment and a decrease in opioid use. There continues to be an increase in illicit drug use, and we are working on strategies to support our members as they deal with these challenging issues. For example, the plan continues to reach out to our membership when they have an opioid related encounter to offer support such as making access to Narcan and behavioral health support readily available to our members. Meds Made Easy- AmeriHealth Caritas DC collaborates with local independent pharmacies to provide intensive pharmaceutical care. By ensuring enrollees with chronic conditions are able to receive their medication each month on time, the enrollees will be able to meet key HEDIS measures that indicate medication compliance, manage their chronic diseases, and develop a healthy relationship with an integral member of their care team (their pharmacist). Meds Made Easy is a medication adherence program, which is targeted to enrollees who are at risk of being non-compliant with timely medication refills. The following pharmacy services are provided through this program: Medication reconciliation and synchronization Pill packaging Medication delivery Medication and/or condition education, as indicated

MCO Name	Innovative Practices Summary
	Member Educational Materials - AHDC also offers tools and information on its member website to educate enrollees on topics such as diabetes and asthma care. These tool kits include reminders to members to discuss their medication routine with their physicians. During this fiscal year we have also: 1. Implemented a DTM program to monitor the use of stimulants for children and adolescents. 2. Continue the polypharmacy program to review patient profiles for members on 10 or more medications to determine best course of follow up: 1) refer to Case Management; 2) pharmacy lock-in; or 3) refer member to DTM. 3. Analyzed high cost claims data to identify potential enrollee targets for Case Management. 1. Reviewed utilization and adherence rates for oncolytic treatment oral chemotherapy 2. Reviewed utilization for sickle-cell treatment 3. Reviewed drug utilization for Paxlovid antiviral combinations 4. Reviewed drug utilization for HIV 5. Reviewed financial impact of removing the PA from Suboxone 6. Conducted asthma data review 7. Implemented promethazine limits 8. Conducted opioid fraud review 9. Shared diabetic new starts with case management for enrollee education 10. Conducted a COVID vaccination campaign for enrollees over 46 with COPD 11. Reviewed insomnia data for digital therapeutics program 12. Conducted a pilot program for hypertensive patients to ensure that they receive a BP monitor that connected to electronic medical record (EMR)] and intensive disease state education to uncontrolled hypertensive patients to ensure provider access to home testing values.
CareFirst BCBS Community Health Plan DC	In CY 2022 we continued to outreach Pharmacies and Providers and start the conversation on these type of agreements. Our Behavioral Health Clinical Pharmacist continues to work with pharmaceutical companies, our Behavioral Team and our Network Facilities to assist in our Transition of Care Program to establish enrollees on long acting antipsychotic medication before being discharged from an inpatient admission and provide follow up for the post discharge injection visits. This along with more physician detailing and education on LAIs have yield an increase in LAI utilization over the year. We extended our list of drugs available as ninety (90) day refill at the local Community Pharmacy. With Provider, Pharmacies, and Enrollee outreach, we are currently at 20% of prescriptions been filled as ninety (90) day supply. We are finalized an agreement with a local Pharmacy Partner and Technology Firm and implement a Pharmacy Case Management and Medication Adherence Platform to have better and faster visibility into our enrollee's adherence to medication. This new technology allows the enrollees to interact directly with our Heal Plan Pharmacists, Case Managers, or our Community Pharmacy directly via a mobile application. We achieved increase medication adherence in all the enrollees who have opted to participate in this program.

MCO Name	Innovative Practices Summary
HealthServicesforSpecial NeedsChildren	Innovative Practices Summary In FY2022, HSCSN enhanced its Drug Utilization Review Program by integrating three new activities: a Medication Therapy Management (MTM) program, Targeted Therapeutic Class reviews, and Continuing Education programs. On July 1, 2022, HSCSN launched the Medication Therapy Management (MTM) program for enrollees. Enrollees were initially identified for referral to MTM through the Targeted Therapeutic Class reviews or referral by a member of the HSCSN Team (i.e., Care Managers, Chief Psychiatric Medical Officer, or Chief Medical Officer). Enrollees who agree to participate in the MTM program will have an intake with a licensed pharmacist, medication reconciliation, and appropriate counseling. They can work with the pharmacist through ongoing communication using a smartphone application. The goals of MTM include identifying therapeutic duplication, drug-drug interactions, and improving medication adherence. The HSCSN Drug Utilization Review Committee endorsed four (4) Targeted Therapeutic reviews during FY2022. HSCSN Pharmacy Services completed three (3) of four (4) reviews. The Targeted Therapeutic Class reviewed were Antiretroviral drugs, Oral Chemotherapy drugs, and Oral Sickle Cell Disease drugs. The review criteria used were based on national clinical practice guidelines, other peer-reviewed scientific literature materials, and/or expert input from the clinical staff. The review criteria were approved by the DUR Committee prior to the full implementation of the review. Data were collected concurrently and retrospectively. Data analysis was done and both qualitative and quantitative findings were reported. Individual patient and provider outreach was done based on the findings of the review. interventions utilized to improve patient outcomes and Findings and recommendations were reviewed by the DUR Committee. The DUR Committee activities are summarized and made available to the District of Columba (DC) Department of Healthcare Finance (DHCF) DUR Board. The following presentations were given to the DC DHCF DUR Board covering data from FY2022: I. Antiretroviral (ARV)-The ARV claims files and other prescription claims are not concomitantly available to pharmacists in all cases at the point of service to perform routine prospective DUR, therefore the potential gap in pharmaceutical care exists due to the carve-out of ARV from other prescription drug benefits covered by the managed care plans in the District of Columbia Department of Healthcare Finance (DHCF) Medicaid program. Identified enrollees were referred to the MTM Team for further clinical management. This therapeutic class will be reviewed annually. II. Oral Chemotherapy- The oral chemotherapy prescription claims were retrospectively reviewed for medication adherence. The tool used was the Medication Possession Ratio (MPR). The period of review was from January 1, 2022-December 31, 2022. III. Sickle Cell Disease (SCD)-The SCD retrospective prescription claims review period was January 1, 2022-August 31, 2022. The review was for the assessment of the enrollee's medication adherence. Enrollees identified without treatment shall be referred to HSCSN Case Round Team for treatment review. SCD will be reviewed annually. HSCSN offered three (3) continuing education programs for physicians, nurse practitioners, and pharmacists.

MCO Name	Innovative Practices Summary
	1. James Taylor, M.D., Director of Center for Sickle Cell Disease, Professor of Medicine, Division of Hematology/Oncology, Howard University School of Medicine. The presentation focused on medication use for the treatment of sickle cell disease including indications for the newer agents for treatment of sickle cell disease. Also discussed were opioid utilization patterns in the Sickle Cell Disease population and recommendations for management. I. Dr. Christopher Keeys, Pharmacist, President of Clinical Pharmacy Associates, and Chair of the District of Columbia DUR Board. The presentation focused on the appropriate prescribing of opioids. The presentation discussed the selection and use of the District of Columbia guidelines including the DC DHCF DUR Board's "A Collaborative Approach for Safe USE of Opioids" and DC Health's Pocket Guideline for Prescribing Opioids for Chronic Pain to reduce patient harm from opioids. II. Natella Rakhmanina, MD, Ph.D., Professor of Pediatrics, George Washington University, Director of HIV Services & Special Immunology, Children's National Hospital. She presented on Antiretroviral Drugs for the Prevention and Treatment of HIV Infection: Current Approaches and Future Considerations. The presentation provided education on the epidemiology of HIV infection regionally and nationally. The current approaches to using antiretroviral drugs for the treatment of HIV infection. To identify the principle of modern pharmacological approaches to HIV prevention and apply the latest updates in the US HHS HIV prevention and treatment guideline. HSCSN Pharmacy Services plans to expand the use of Medication Therapy Management, Targeted Reviews of Therapeutic Classes, and offerings of continuing education to providers in FY 2023.
MedStar Family Choice - District of Columbia	MedStar Family Choice (MFC) strives to provide innovative care solutions to its beneficiaries. Below are examples of several programs designed to increase appropriate medication utilization, decrease overutilization, and/or improve safety. Opioid Top 5 RetroDUR- The Opioid Top 5 program is a quarterly review of all opioid claims with isolation of the Top 5 prescribers in each of these categories: o total number of opioid prescriptions by provider o total number of members receiving opioids by provider o the average MME per member by provider o the average MME per claim paid by provider MFC identifies (at minimum) the top 5 providers in each measure for further investigation. Prescribers that appear on any of these reports are forwarded to a designated MFC Medical Director for review of their utilization patterns. MFC Medical Directors use all available resources (MFC's clinical software system, MedStar system EMR, Caremark system, outside medical records requested from providers, etc.) to obtain comprehensive clinical details. Clinical information is compiled and the Medical Director, in conjunction with the Health Plan Pharmacist, examine the prescribing history for potential Fraud, Waste and Abuse (FWA). Indicators of potential pharmaceutical FWA include, but are not limited to the following: Failure of a provider to produce medical records for MFC review when requested.

MCO Name	Innovative Practices Summary
	A trend of members traveling long distances (greater than 15 minutes/10 miles in urban areas, greater than 30 minutes/20 miles in suburban areas, and greater than 40 minutes/30 miles in rural areas) to see a provider. Provider accepting cash for medical visit(s). Provider begins controlled substance therapy at a dose over the recommended starting dose. Starting doses are defined in the FDA Prescribing Information for each medication. Provider prescribes mostly short-acting opioids for chronic pain, i.e., there is a paucity of the utilization of extended-release opioids in their prescribing history for the last 3 months. If, after review by the Medical Director and the Health Plan Pharmacist, a provider meets any of the criteria listed above and/or deviates from generally accepted standards of care, the case is referred to the MFC Quality of Care Committee, a committee made up of all MFC Medical Directors, the Chief Medical Officer, the Health Plan Pharmacist, and several nursing staff for further disposition. At the Quality of Care Committee, cases are reviewed by all Medical Directors, the Health Plan Pharmacist, and the Chief Medical Officer. Actions may include: further monitoring. point-of-service pharmacy edits for out-of-network prescribers (i.e., prescriptions written by a flagged provider will not pay). patient-specific letters to in-network prescribers detailing the Committee's concerns, providing education, and asking for explanation and/or remediation; corrective action plans, referral to MFC Compliance (which may then lead to OIG, OAG, and medical board reporting). referral of in-network prescribers to MFC Credentialing Committee for consideration of removal from the network. Opioid Red Flag RetroDUR - This program represents one of our most innovative solutions to address opioid overdose. It was started January 2021. The program has four arms that identify patients in the following categories: Patient using an opioid and a benzodiazepine. Patient using an opioid and an OUD MAT therapy. Patient using and opioid and an antipsychotic. Patient using and opioid in the setting of a recent claim (less than 6 months old) for an overdose of any substance. When identified, patient-specific letters are sent to the prescriber(s) detailing the increased risk of overdose in each scenario. The letters provide education and resources as well. It is our hope that notification of responsible prescribers will alter these dangerous prescribing practices.

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.

Table 210 - Executive Summary

MCO Name	Executive Summary
AmeriHealth Caritas DC	AmeriHealth Caritas District of Columbia's MCO DUR Board, the ACFC Pharmacy & Therapeutics Committee (P&T Committee), creates DUR policies. Our committee is composed of physicians and pharmacist from the entire enterprise. We leverage the expertise of this broad and diverse group of leaders to make the most effective medications available to our membership. The committee is responsible for the following: 1. Reviewing the pharmaceutical management procedures and lists of approved pharmaceuticals at least once annually. Pharmaceutical review procedures include: prior authorizations, step therapies, quantity limits, generic substitutions, drug utilization, and related activities that affect access to medications; 2. Timely consideration (180 days) of new molecular entities covered under the pharmacy benefit once released onto the market and use and access of drug products prior to formulary review; 3. Appraising, evaluating, and selecting drugs and/or drug classes for the formulary; 4. Evaluating, analyzing, and reviewing protocols and procedures for the use of and access to non-formulary drug products; and making coverage decisions based on sound clinical evidence. While we are a part of a larger enterprise we still have the autonomy to make decision for our membership based on our local needs. During the DUR program review period we completed several local initiatives including: 1. Implemented a DTM program to monitor the use of stimulants for children and adolescents. There were 411 enrollee profiles reviewed and 220 retrospective education outreaches. 2. Continue the polypharmacy program to review patient profiles for members on 10 or more medications to determine best course of follow up: 1) refer to Case Management; 2) pharmacy lock-in; or 3) refer member to DTM. 3. Analyzed high cost claims data quarterly to identify potential enrollee targets for Case Management. 1. Reviewed utilization and adherence rates for oncolytic treatment and noted an 82% adherence rate. 2. Reviewed utilization for sickle-cell treatment and noted a best practice of making the newer injectables available to our membership. 3. Reviewed drug utilization for Paxlovid antiviral combinations to determine uptake in our population. 4. Reviewed drug utilization for HIV and have subsequently started an intensive DMT review for these enrollees 5. Reviewed financial impact of removing the PA from Suboxone 6. Conducted asthma data review 7. Implemented promethazine limits

MCO Name	Executive Summary
	8. Conducted opioid fraud review to exclude providers with aberrant prescribing patterns. 9. Shared diabetic new starts with case management for enrollee education 10. Conducted a COVID vaccination campaign for enrollees over 46 years old with COPD. Telephonic and door-to-door home visit attempts were completed. Of the 150 affected enrollees, 84 were adults with special needs and 66 were not. 11. Reviewed insomnia data for an upcoming digital therapeutics program 12. Conducted a pilot program for hypertensive patients to ensure that they receive a BP monitor that connected to electronic medical record (EMR)] and intensive disease state education to uncontrolled hypertensive patients to ensure provider access to home testing values. We work closely with providers in the community to help educate their staff on the criteria for appropriate medication, products, and devices based on medical necessity. We have supported the use of novel devices and implemented the use for small subpopulations within a practice. We have also analyzed prior authorization denial rates for individual providers to determine if additional information may be required to support consistent approvals. Our strength is in our ability to listen to our enrollees and engage with our providers to implement policies and develop programs targeted to the needs of our members. These activities allow us to improve the quality of life of our membership.
CareFirst BCBS Community Health Plan DC	During 2022 we continued to refine all initiatives and clinical programs that we began in prior years. We continued to monitor all MAT prescribing and educated provider of the need to prescribe Naloxone to vulnerable/at risk patients. We did not experience a drop in MAT utilization during the Pandemic including those patients receiving long-acting injectable medication. The Drug Formulary has a very comprehensive list of drugs available for a ninety day supply at the retail pharmacy. We conducted various means of education/awareness to the pharmacy and provider network to promote the use of the ninety day benefit not only during the pandemic but as an all time benefit. We are seeing a constant increase in ninety day prescriptions at the retail pharmacies. We continue to improve scores in all the opioid related HEDIS measures as we monitor and educate the prescriber and pharmacy network via in service at provider forums and quarterly pharmacy provider forums. With the collaboration of a Community Pharmacy Partner and Technology Firm we increased our ninety(90) day refill percentage as well as increase medication adherence and overall improvement in all HEDIS measures scores. All of our initiatives are centered in bringing a better Enrollee and Provider experience and decrease wasteful utilization by reducing ED visits and preventable in-patient admissions.
HealthServicesforSpecial NeedsChildren	Executive Summary

MCO Name	Executive Summary
	Overview Health Services for Children with Special Needs, Inc. (HSCSN) is a small Medicaid managed care organization (MCO) contracted with the District of Columbia Department of Health Care Finance (DHCF) to administer the Child and Adolescent Supplemental Security Income Program (CASSIP). HSCSN serves children and young adults with SSI including some of the most complex Medicaid beneficiaries. The organization was established in 1994 and started pharmacy services in 1995. HSCSN currently has slightly more than 5,000 enrollees, most of whom have special health care needs including chronic medical and behavioral health disorders. A full-time Manager of Pharmacy Services was hired in 2019, focusing on ensuring access to appropriate retail pharmacy services for enrollees as well as meeting District and federal regulatory requirements. The Manager of Pharmacy Services has responsibility for overseeing the HSCSN Pharmacy Services Program and reports directly to the Chief Medical Officer (CMO). The Manager of Pharmacy Services is a licensed pharmacist in the District of Columbia. The Manager of pharmacy services is responsible, but not limited to, managing enrollee access of prescribed pharmaceuticals, overseeing enrollee education on the use of medication (including over-the-counter medications and contraindications), the HSCSN drug utilization review program, and acting as a liaison with DHCF on pharmacy issues. HSCSN is subcontracted with CVS/Caremark as its Pharmacy Benefits Manager (PBM). In March 2020, we closed the HSCSN drug formulary according to Federal government and DHCF requirements. CVS/Caremark is HSCSN's pharmacy benefit manager. HSCSN delegates to CVS/Caremark formulary development and utilization management for pharmacy benefits. CVS/Caremark also manages the pharmacy network. CVS/Caremark employs a National Pharmacy & Therapeutics Committee which has oversight for the development of the formulary, ProDUR and RetroDUR criteria, and utilization management guidelines. HSCSN uses the CVS Health Managed Medicaid Template as it's formulary, with some modifications based on DHCF requirements and HSCSN-specific factors. The formulary template is reviewed quarterly for modifications. The drug formulary covers specific listed Over-The-Counter (OTC) medications. Medications not on the formulary can be requested through a non-formulary exception. The HSCSN Quality Council (QC), an advisory group including providers from the HSCSN network, reviews and approves the HSCSN drug formulary at least once per year. The QC can also recommend modifications to the formulary. QC members serve as liaisons to the provider community for HSCSN initiatives such as performance improvement projects, population management initiatives, and support for addressing enrollee needs for social determinants of health. The HSCSN Drug Formulary is submitted quarterly to DHCF for review and approval. The CVS/Caremark ProDUR and RetroDUR programs are reviewed annually by the CVS/Caremark Pharmacy & Therapeutics Committee as well as external specialists/consultants. In addition, HSCSN Pharmacy Services drug utilization review activities are under oversight of the District of Columbia FFS DUR Board and HSCSN actively participates in the DUR Board's quarterly meetings. The DC FFS DUR Board determines pharmacy lock-in criteria and requests other targeted DUR activities. HSCSN has a Drug Utilization Review Committee (DURC) that meets monthly and directs HSCSN DUR activities. The DURC reviews reports of CVS/Caremark prospective and retrospective

MCO Name	Executive Summary
	DUR activities. The DURC also reviews data provided by CVS/Caremark for evaluation of pharmacy lock-in based on DC FFS DUR Board criteria. The DURC regularly reviews reports on pharmacy utilization, claims rejections, medication adherence, controlled substances utilization, and polypharmacy based on internal HSCSN DUR criteria and guidelines. The DURC determines individual and organizational responses to the findings. Objectives - To promote appropriate, safe, and effective use of prescribed medications to improve enrollee health status. - To reduce clinical abuse and misuse of prescription drugs covered by HSCSN. - To reduce opioid-related fraud, misuse, and abuse. - To monitor and manage the use of antipsychotic medications in children. - To promote the identification of fraud, waste, and abuse. - To lower the overall cost of care by promoting the appropriate use of generic medications and lower-cost brand-name medications. - To identify opportunities for intervention related to prescribed medications for individual enrollees and prescribers, as well as quality improvement initiatives related to pharmacy services for the HSCSN population. Tools HSCSN Pharmacy Services uses various tools for analyzing and reviewing data. - CVS/Caremark has a robust ProDUR system that utilizes a series of edits designed to check the enrollee's prescription history for possible drug conflicts and safety issues before a medication is dispensed. - The CVS/Caremark Retrospective Safety Review program evaluates the enrollee's medication profile 72 hours after the medication is dispensed. The prescriber is notified with an actionable enrollee communication within 72 hours of the medication being dispensed. The value near real-time review and intervention, increased member safety, and increased prescriber engagement. - CVS/Caremark ESMS and SMS provide clinical safety solutions. The enhanced solution provides fraud, waste, and abuse continued monitoring, intervention, and special investigation, as appropriate. The enhanced solution also provides expert clinical and investigative staff. CVS/Caremark provides HSCSN with the following for every identified Courses of Action (COA) case: - Advanced lettering process (IU), -Pharmacy Follow-Up (Pharmacy Audit), -Physician Follow-Up,(Medical Affairs), -Medication Therapy Counseling (Clinical Special Investigations) HSCSN reviews and evaluates each case referred by the Enhanced Safety and Monitoring Solutions program and approved the Course of Action. - CVS/Caremark provides medication adherence reports utilizing the Medication Possession Ratio% (MPR). The report ranges from 0% to 100% adherence. Enrollees having 50% or less adherence are targeted for Care Management outreach or Medication Therapy Management (MTM). - HSCSN reviews monthly opioid reporting that identifies high-risk enrollees. - Additional reports reviewed regularly include opioids, antipsychotics, sedatives, stimulants, and benzodiazepines.

MCO Name	Executive Summary
	-Targeted Therapeutic Class Reviews Accomplishments in FY2022 - Started Medication Therapy Management (MTM) service and referral process for enrollees. - Completed three (3) Targeted Therapeutic Classes Review medications for Oral Chemotherapy agents, Antiretroviral agents, and Sickle Cell Disease drugs. - Completed three (3) continuing education CME/CE for physicians, pharmacists, social workers, nurses, and health care professionals. - Evaluated enrollees for Pharmacy Lock-In monthly using DHCF criteria - Reviewed override activity for pharmacies and enrollees -Three (3) Courses of Action (COA) cases were reviewed and closed. One case resulted in Pharmacy Lock-In for 12 months. Goals for FY 2023 Several challenges from 2022 will be a part of 2023 opportunities for improvement of the Drug Utilization review program. Some of the challenges were: 1. Better analysis of prescribing patterns to identify outliers among our providers and target them for outreach and education. 2. Improving the oversight of physician-administered medication(s) using claims data submitted both under the Medical Benefit and the Pharmacy Benefit. 3. Add the following therapeutic classes for review by the Drug Utilization Review Committee: stimulants, mood stabilizers, antidepressants, and antianxiety/sedatives for monitoring and targeting inappropriate use among all children in the health plan. In 2023, Pharmacy Services will continue having a bright health plan future by getting NCQA certified, and utilization review of behavioral health disease conditions which include those in the HEDIS measure. It is an exciting time for this small MCO to improve the health conditions of 5,000 enrollees.
MedStar Family Choice - District of Columbia	MedStar Family Choice (MFC), under Section 1927(g)(3)(D) of the Social Security Act (the Act) is required to submit an annual report on the operation of its Drug Utilization Review (DUR) program. MFC is required to report on prescribing patterns, cost savings generated from their DUR programs and their programs' operations, including adoption of new innovative DUR practices. DUR is a two-phase process that is conducted by MFC. In the first phase, Prospective DUR (ProDUR), the MFC's Pharmacy Benefit Manager, Caremark screens prescription drug claims to identify opportunities for improved patient care, safety, and cost effectiveness. MFC implements custom edits when appropriate; for instance, the opioid nave edit described in survey Section VII. Fraud, Waste and Abuse Detection (FWA), C. Opioids, Question 2 is an MFC ProDUR. The second phase, Retrospective DUR (RetroDUR), involves examination of claims data to identify patterns of fraud, abuse, gross overuse, or medically unnecessary care and implements corrective action when needed. MFC accomplishes this with the assistance of the Pharmacy Benefit Manager (Caremark), but also enacts internally derived programs as well as those initiated by the District of Columbia Department of Healthcare Finance (DHCF). For instance, the Pharmacy Lock-In Program is a RetroDUR that examines controlled prescription fills looking for enrollees using multiple prescribers and/or pharmacies. When identified as meeting criteria,

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	enrollees are locked into a single pharmacy for further prescriptions. During FFY2022, MFC had approximately 42 enrollees enrolled in the Lock-In Program at any given time. ProDUR functions are done at the point-of-sale (POS) when the prescription is being filled at the pharmacy. MFC contracts with Caremark to process POS claims. Caremark uses Medi-Span as their ProDUR criteria source, but also develops additional edits with the help of a Clinical Development Team. Further, MFC directs Caremark to develop and utilize plan specific edits to comply with MDH programs (example: MDH Opioid DUR). MFC uses early refill thresholds of 75% for both controlled and non-controlled medications to prevent prescriptions from being refilled too soon. Below are the categories of ProDUR employed by Caremark for MFC: Apparent Drug Misuse Buprenorphine with Opioid Opioid/Benzodiazepine Drug Interaction Cumulative Acetaminophen Check Cumulative Morphine Milligram Equivalent (MedStar specifies <50MME/7 day-supply for opioid nave members and <90MME/30 day-supply for opioid experienced members). Dose Check - Max Dose Multiplier Drug-Age Precaution Drug-Disease Precaution Drug-Drug Interaction Drug-Gender Alert Drug-Pregnancy Alert Duplicate Long-Acting Opioids Excessive Controlled Substances - Multiple Drugs Excessive Controlled Substances - Number of Therapies Excessive Duration Alert High Dose Alert Ingredient Duplication Low Dose Alert Multiple Pharmacies Multiple Prescribers Refill too Soon Therapeutic Duplication Underuse Alert In addition to utilizing Caremark's ProDUR functions, there are several MFC-derived ProDUR efforts: 1. No Early Refills- MedStar Family Choice does not approve early refills, override Managed Drug Limitations (MDL), replace lost/stolen medications, or provide early refills for travel for controlled medications. Exceptions may be granted if a member is receiving controlled medication(s) for cancer treatment, sickle cell disease, or is in hospice/receiving palliative care. 2. Opioid Naive - Prescriptions > 50 MME/day or more than 7 days for an opioid nave patient (no opioids taken in the previous 90 days or one 50 MME per day, 7-day prescription taken in the previous 90 days) require Prior Authorization and Medical Director review.

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	3. Prior Authorization for the following medications: Long-acting opioids Fentanyl products Methadone for pain Any opioid prescription (or combination of opioid prescriptions) that results in a patient exceeding 90 morphine milliequivalents (MME) per day. In order to receive prior authorization, prescribers must attest to the following: -Prescriber has reviewed controlled substance prescriptions in a PDMP -Prescriber will utilize random Urine Drug Screens. -Prescriber has provided or offered a prescription for naloxone -Prescriber and patient have signed a Pain Management/Opioid Treatment Agreement/Contract and it is stored in the patient's medical record. There are FOUR sources of RetroDUR for MFC: 1) CVS Caremark, functioning as our Pharmacy Benefit Manager, conducts RetroDUR activities on behalf of MFC. 2) MFC operates a Maryland Department of Health derived program (Corrective Managed Care). 3) MFC utilizes Fraud, Waste, and Abuse software to identify aberrant prescribing patterns. 4) MFC-derived and internally operated RetroDUR programs. The following are examples of RetroDUR programs run by Caremark on behalf of MFC: Inappropriate Therapy Management- Suggests therapeutic alternatives that have been shown to be just as effective but cost less than the prescribed medication. Condition Management- Helps ensure safe, effective, and high-quality drug therapy at lower costs by identifying medication-related problems that may exacerbate a medical condition or lead to unnecessary use of other therapies. Dose Optimization Management- Identifies medications that are prescribed for multiple daily doses which can be simplified to once daily medications. This can help improve member compliance and savings. Age-Appropriate Management- Helps ensure safe, effective, and high-quality drug therapy at lower costs by identifying situations where a certain age group is receiving a drug which may cause adverse events in that population. Duration of Therapy Management- Helps ensure safe, effective, and high-quality drug therapy at lower costs by identifying opportunities to shorten the duration of drug treatment and potentially limit adverse events. Therapeutic Duplication Management- Identifies when same drug classes are prescribed. MFC operates the Pharmacy Lock-In Program, an MCO-DHCF collaborative initiative. The program is a Lock-In or Patient Review and Restriction Program in which fraud or misuse of controlled drugs by a beneficiary is identified. This Lock-In program restricts beneficiaries to a single pharmacy when their utilization of controlled substances meets specific criteria. Beneficiaries receiving 6 or more controlled substances from 3 or more prescribers and/or 3 or more pharmacies are locked into a single pharmacy in order to monitor services being utilized and reduce unnecessary or inappropriate utilization.

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	MFC utilizes the latest Fraud, Waste, and Abuse detection software to identify aberrant prescribing patterns suspicious for fraud, abuse, gross overuse, or medically unnecessary care. After review, MFC reports findings to the Office of Inspector General and/or to the Pharmacy Benefit Manager for further investigation and action if necessary. MFC operates a Fraud, Waste, and Abuse Policy specific to pharmacy benefits. MFC examines quarterly reports of all opioid prescriptions and finds the Top 5 in each of these categories: total number of opioid prescriptions by provider, total number of members receiving opioids by provider, the average MME per member by provider, and the average MME per claim paid by provider. Identified "Top 5" providers in each measure are fully investigated by the Medical Director and Chief Medical Officer with referral to the Quality of Care Committee (QOC) for further adjudication if deemed appropriate. The QOC Committee is made up of all MFC Medical Directors, the Chief Medical officer and key nursing staff. At the Quality of Care Committee, cases are reviewed by all Medical Directors and the Chief Medical Officer. Actions may include: further monitoring; point-of-service pharmacy edits for out-of-network prescribers (i.e. prescriptions written by a flagged provider will not pay); patient-specific letters to in-network prescribers detailing the Committee's concerns, providing education, and asking for explanation and/or remediation; corrective action plans, referral to MFC Compliance (which may then lead to OIG, OAG, and medical board reporting); referral of in-network prescribers to MFC Credentialing Committee for consideration of removal from the network. Opioid Red Flag RetroDUR identifies the concurrent use of opioids with benzodiazepines, Opioid Use Disorder MAT Therapy, antipsychotics, or a recent claim for an overdose. When identified, patient-specific letters are sent to the prescriber(s) detailing the increased risk of overdose in each scenario. The letters provide education and resources as well. It is our hope that notification of responsible prescribers will alter these dangerous prescribing practices. Additionally, MFC attends DHCF-sponsored DUR Board meetings on a quarterly basis and presents on requested topics. Opioid-related DURs are regularly included as topics during this meeting. Goals for FFY2023 Maintain all present DUR programs. Monitor CDC and other professional organization guidelines for best practices related to opioid use. Monitor retail availability for the recent FDA approved over-the-counter designation for naloxone. Explore options to improve monitoring subacute opioid utilization Continue oversight for all DUR activities by the Pharmacy and Therapeutics Committee. The committee meets quarterly and is composed of all MFC physicians, community physicians, and MedStar pharmacists. All programs are approved and overseen by the Pharmacy and Therapeutics Committee.