



Georgia

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

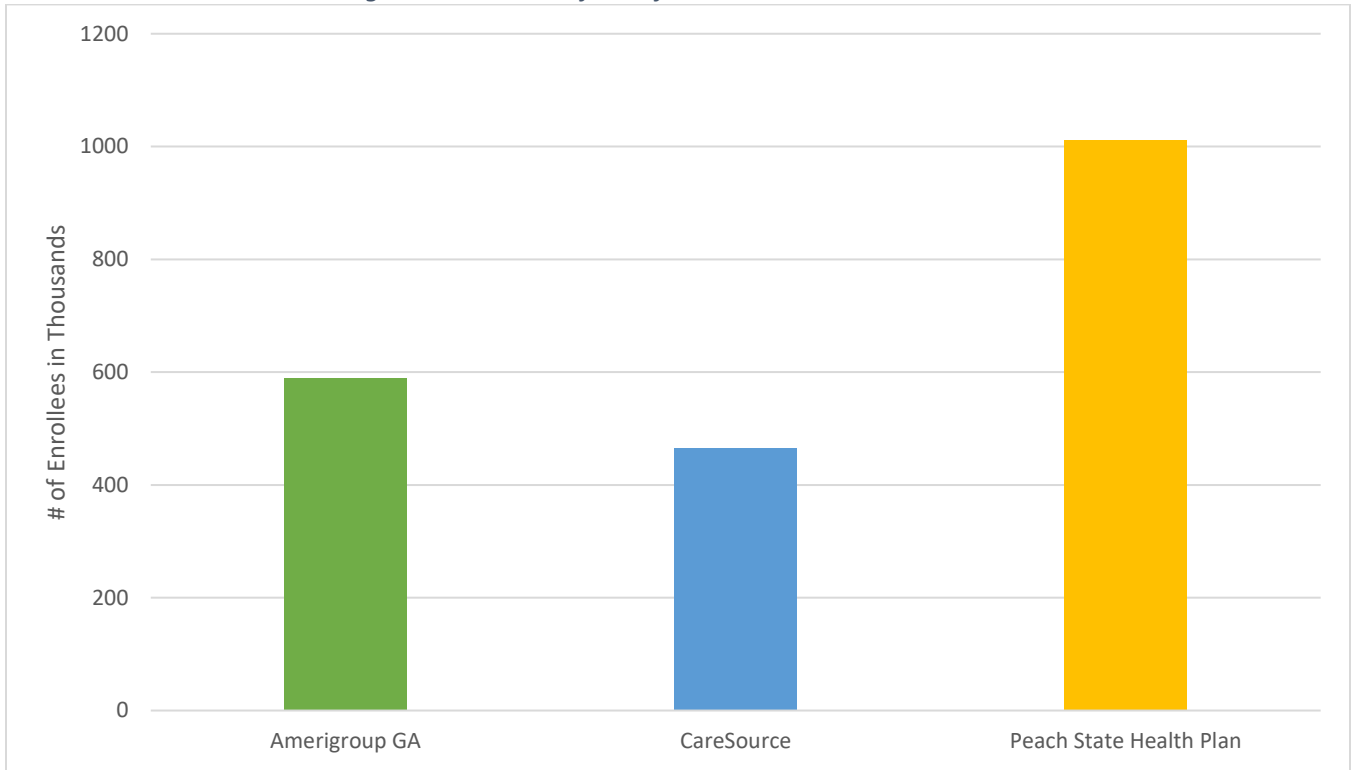


Table 1 - Number of Beneficiaries Enrolled in Each MCO

MCO Name	Number of Beneficiaries Enrolled
Amerigroup GA	588,809
CareSource	465,227
Peach State Health Plan	1,012,114
State Totals	2,066,150

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

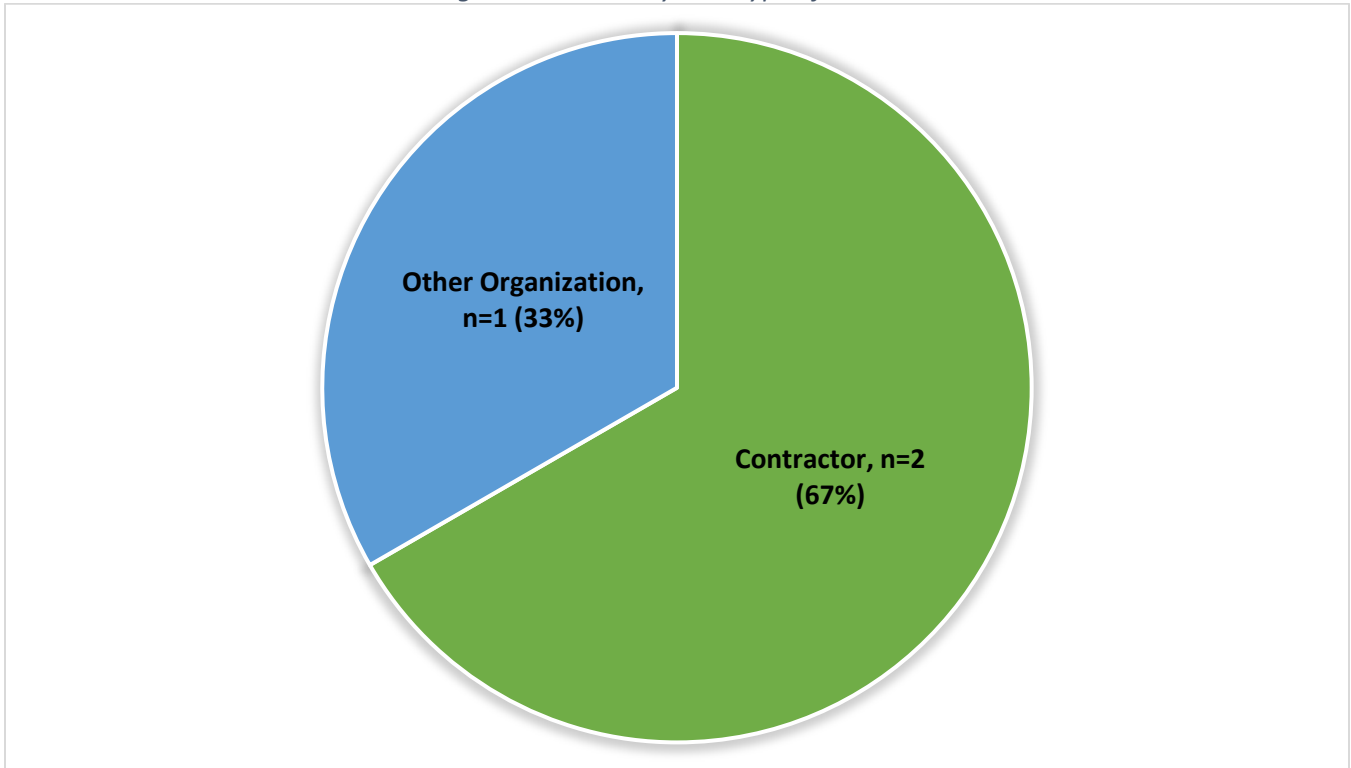


Table 2 - Pharmacy POS Type of Vendor

Response	MCO Names	Count	Percentage
Contractor	CareSource, Peach State Health Plan	2	66.67%
Other Organization	Amerigroup GA	1	33.33%
State Totals		3	100%

Table 3 - Pharmacy POS Vendor Name

Response	MCO Names	Count	Percentage
CVS/Caremark	Peach State Health Plan	1	33.33%
Express Scripts	CareSource	1	33.33%
IngenioRx (5/1/2019 - Present)	Amerigroup GA	1	33.33%
State Totals		3	100%

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

Figure 3 - Prospective DUR Criteria Source

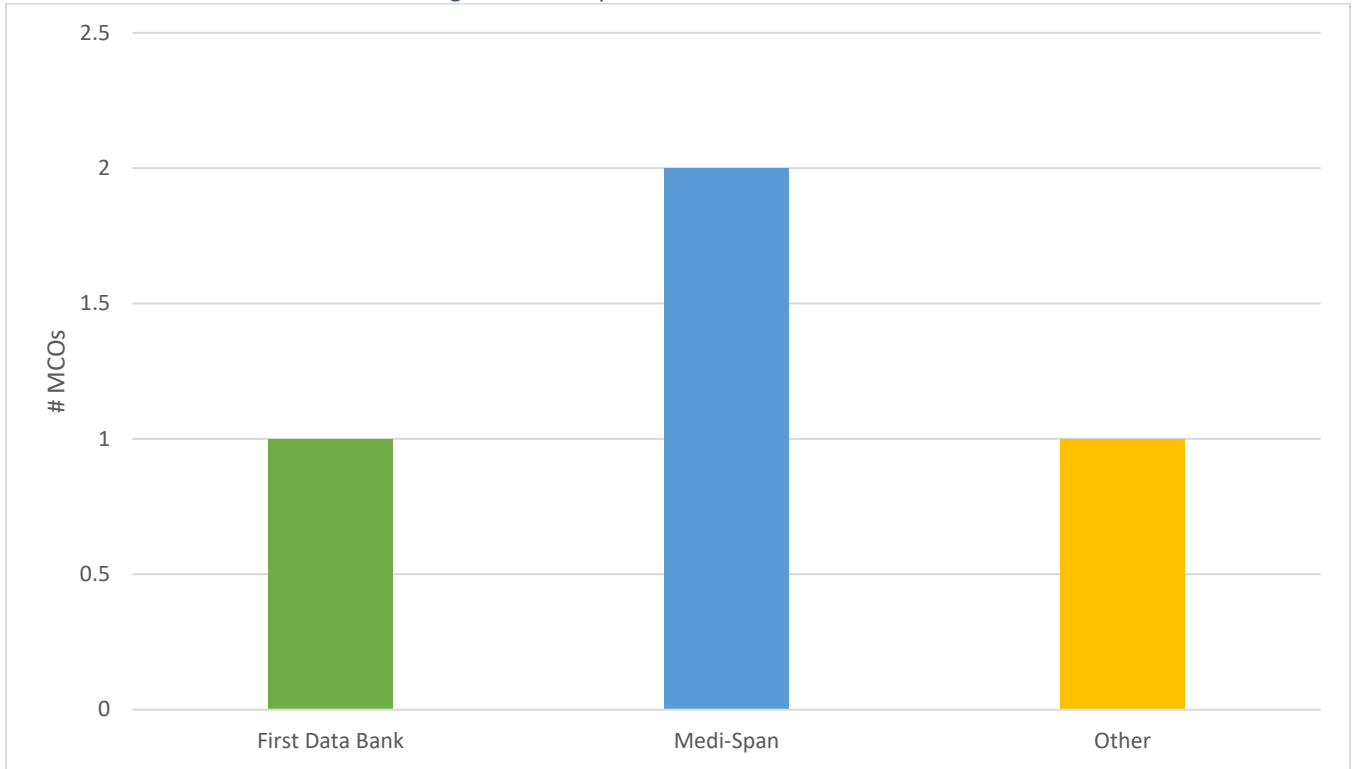


Table 4 - Prospective DUR Criteria Source

Response	MCO Names	Count	Percentage
First Data Bank	CareSource	1	25.00%
Medi-Span	Amerigroup GA, Peach State Health Plan	2	50.00%
Other	Peach State Health Plan	1	25.00%
State Totals		4	100%

If "Other," please specify.

Table 5 - "Other" Explanations for Prospective DUR Criteria Source

MCO Name	Explanation
Peach State Health Plan	CVS/Caremark

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”

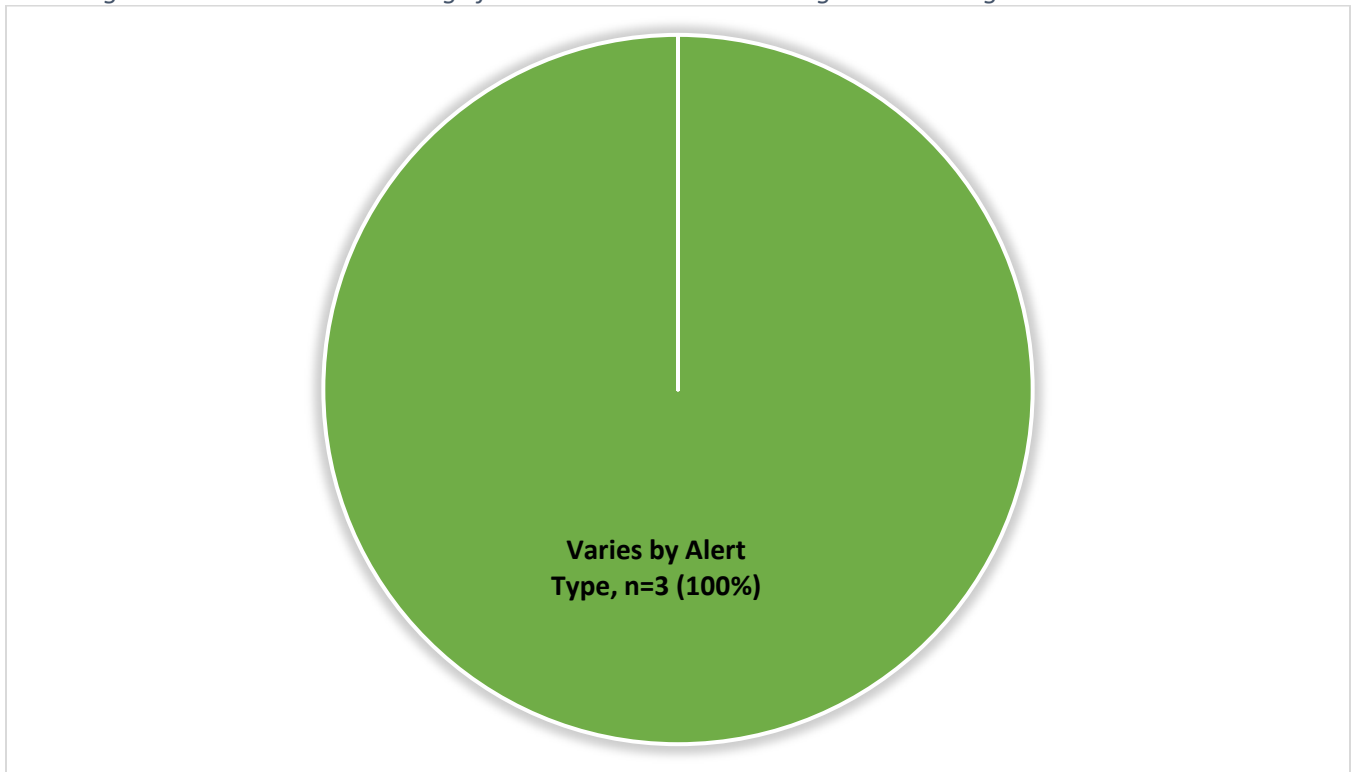


Table 6 - ProDUR Alert Message for Pharmacist Override using “NCPDP Drug Use Evaluation Codes”

Response	MCO Names	Count	Percentage
Varies by Alert Type	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

Table 7 - ProDUR Alert Types for Pharmacist Override

Response	MCO Names	Count	Percentage
Alerts can be overridden with standard professional codes	Amerigroup GA, CareSource	2	50.00%
Alerts need prior authorization (PA) to be overridden	CareSource	1	25.00%
Other	Peach State Health Plan	1	25.00%
State Totals		4	100%

If "Other," please explain.

Table 8 - Explanation for "Other" ProDUR Alert Types for Pharmacist Override

MCO Name	Explanation
Peach State Health Plan	Generally this can be overridden with the exception of hard edits. Hard edits require a request to be submitted to the Peach State Health Plan or the PBM for a review.

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

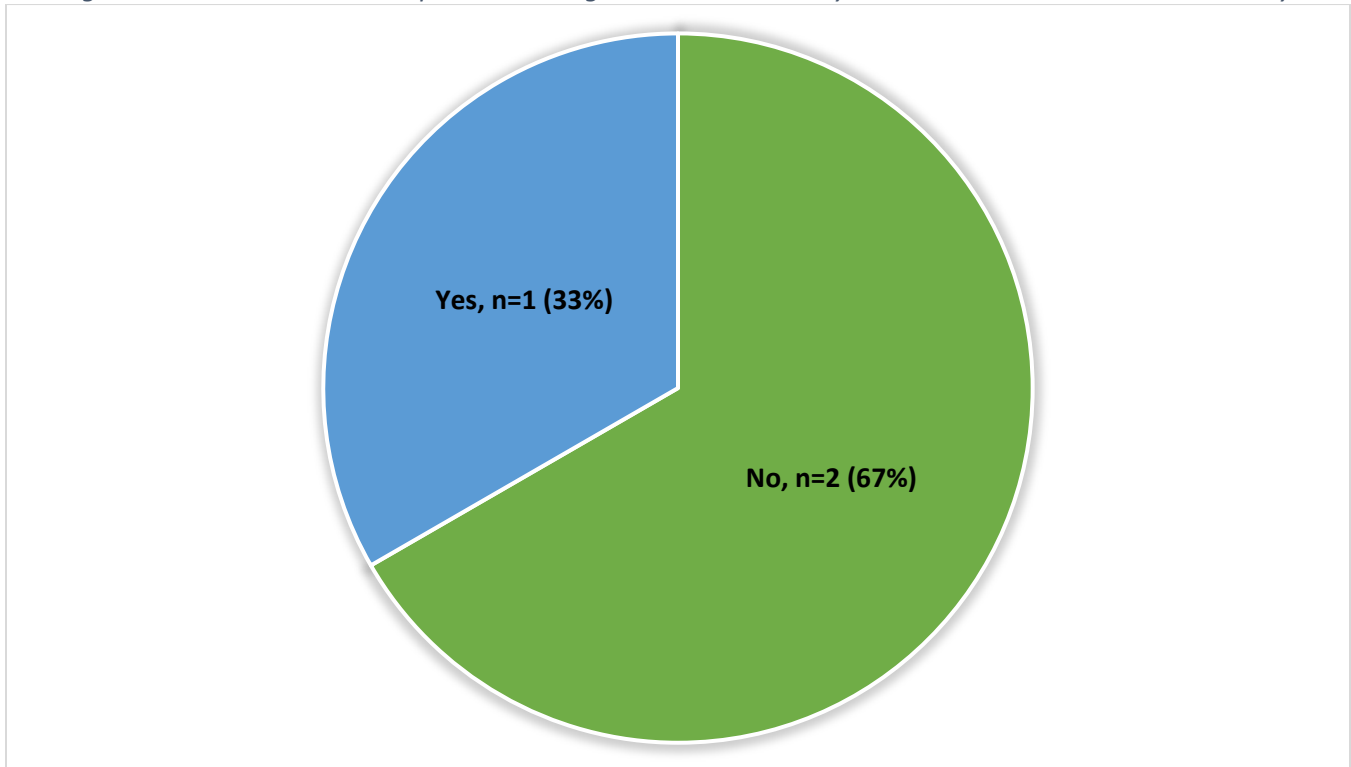


Table 9 - Receives Periodic Reports Providing Individual Pharmacy Provider DUR Alert Override Activity

Response	MCO Names	Count	Percentage
Yes	CareSource	1	33.33%
No	Amerigroup GA, Peach State Health Plan	2	66.67%
State Totals		3	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

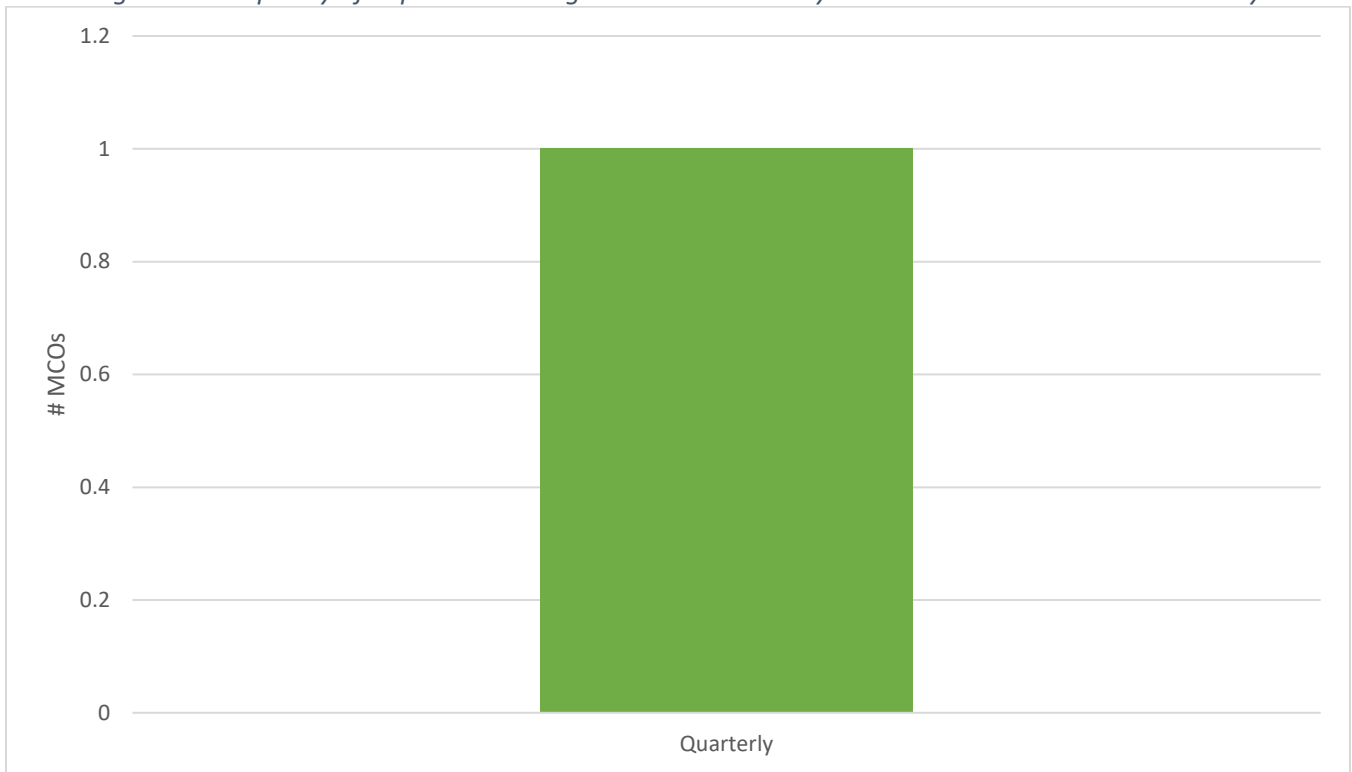


Table 10 - Frequency of Reports Providing Individual Pharmacy Provider DUR Alerts Override Activity

Response	MCO Names	Count	Percentage
Quarterly	CareSource	1	100.00%
State Totals		1	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

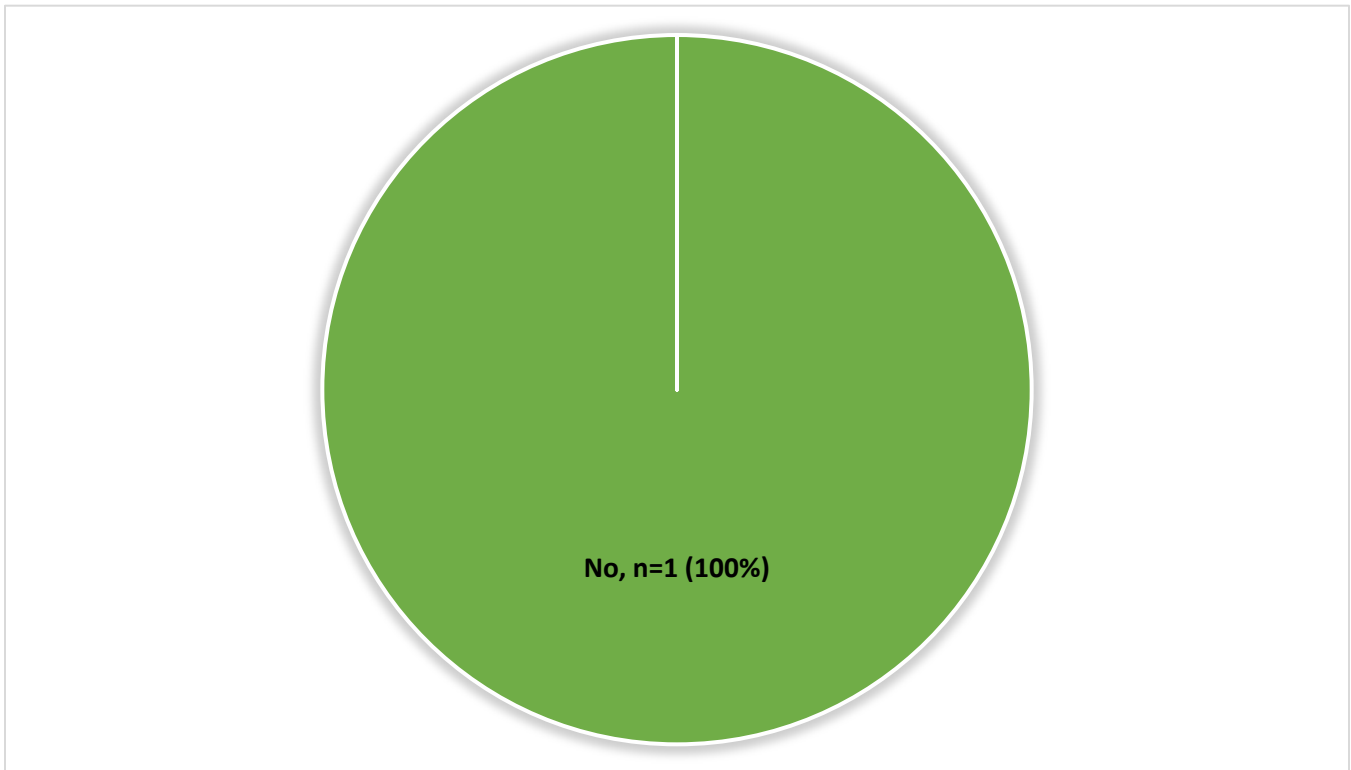


Table 11 - Follow up with Providers who Routinely Override with Interventions

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

If “No,” please explain.

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

MCO Name	Explanation
Amerigroup GA	We only receive a monthly denied claims report designated by denial reasons. Pro-DUR denial reasons are included.
Peach State Health Plan	We do not routinely follow-up with pharmacy providers overriding interventions. DUR intervention codes and trends are monitored at the edit level via POS detailed reports that obtained monthly.

5. Early Refill

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

Figure 8 - Non-Controlled Drugs Early Refill Percent Edit Threshold

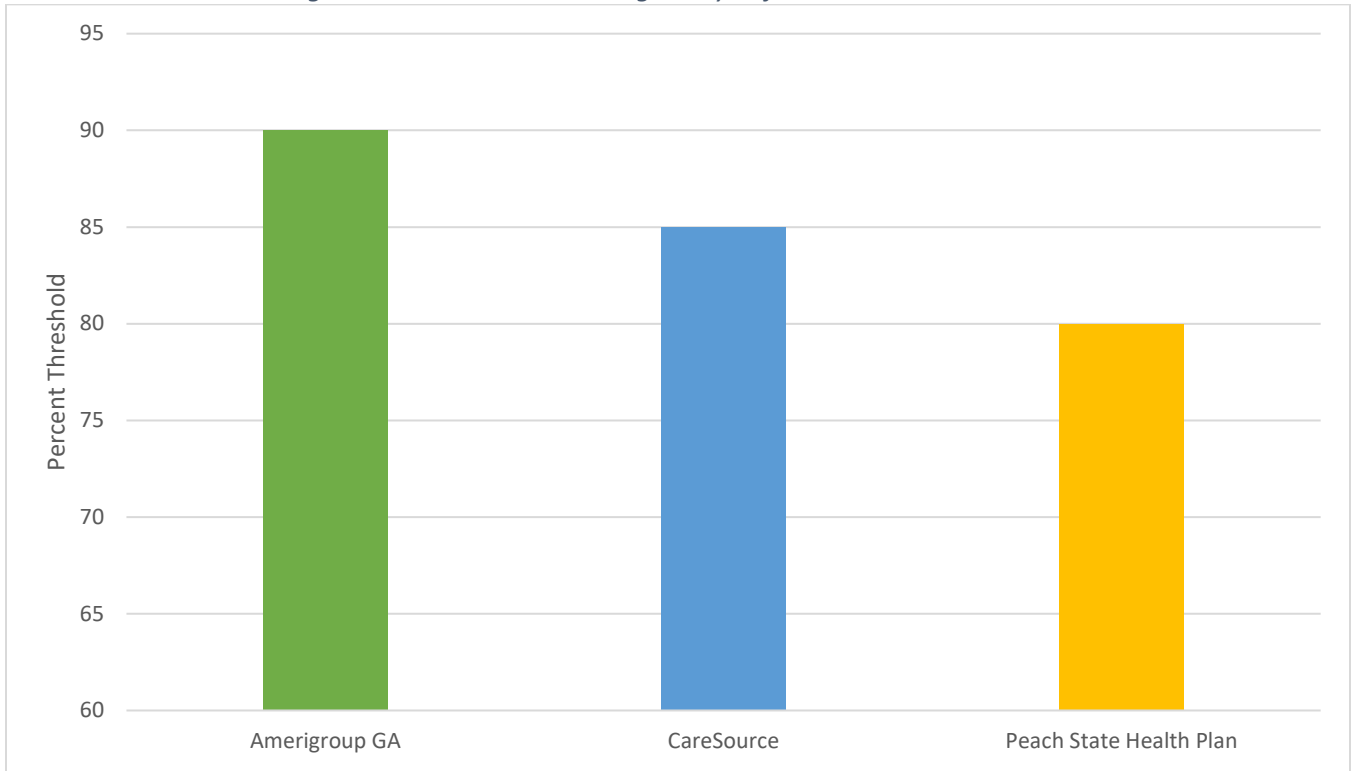
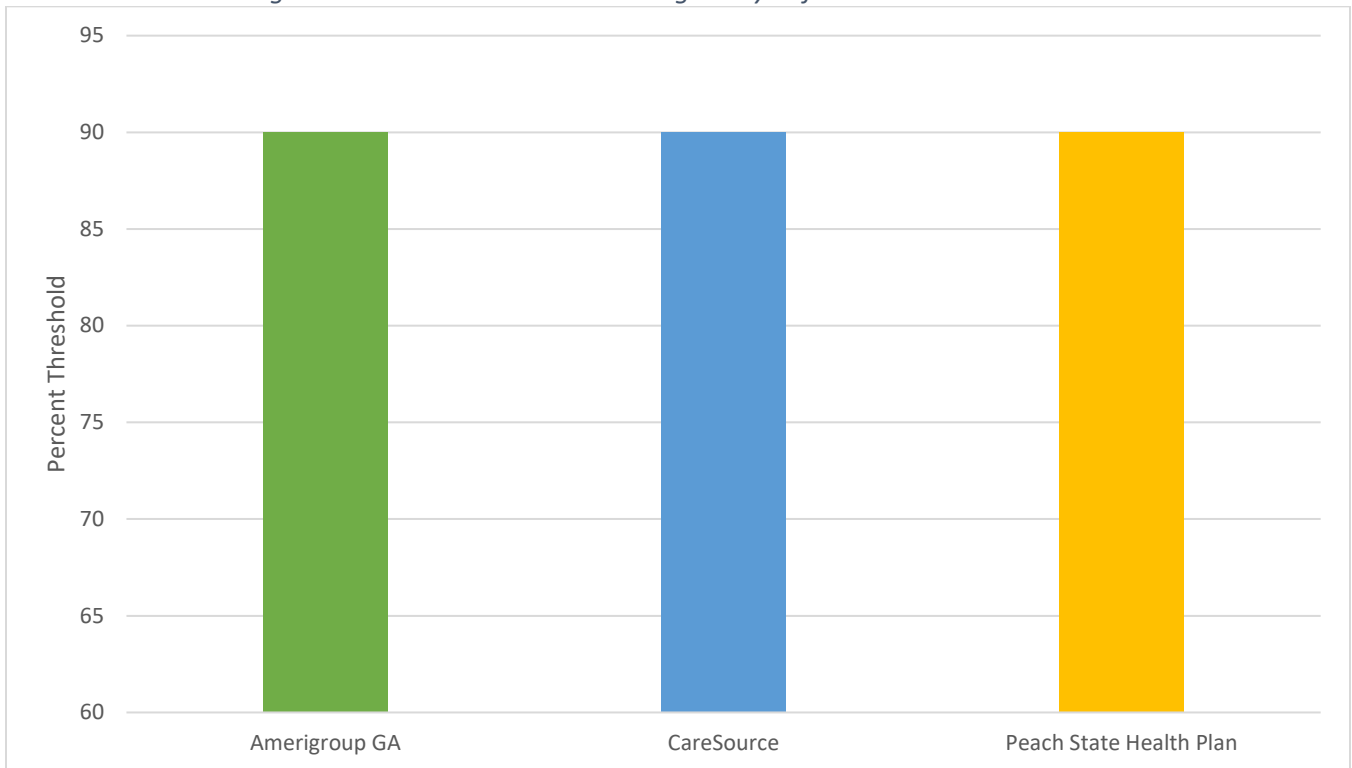


Figure 9 - Schedule II Controlled Drugs Early Refill Percent Edit Threshold



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Figure 10 - Schedule III through V Controlled Drugs Early Refill Percent Edit Threshold

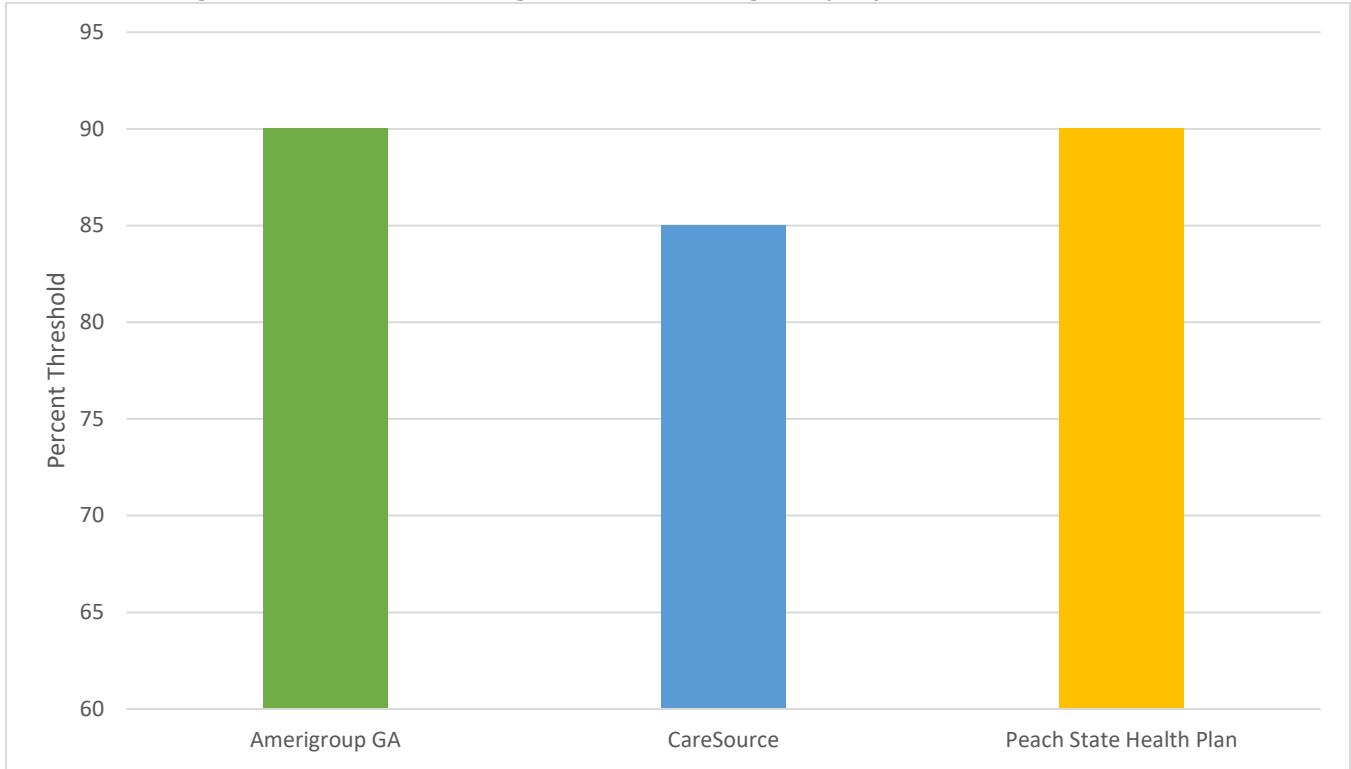
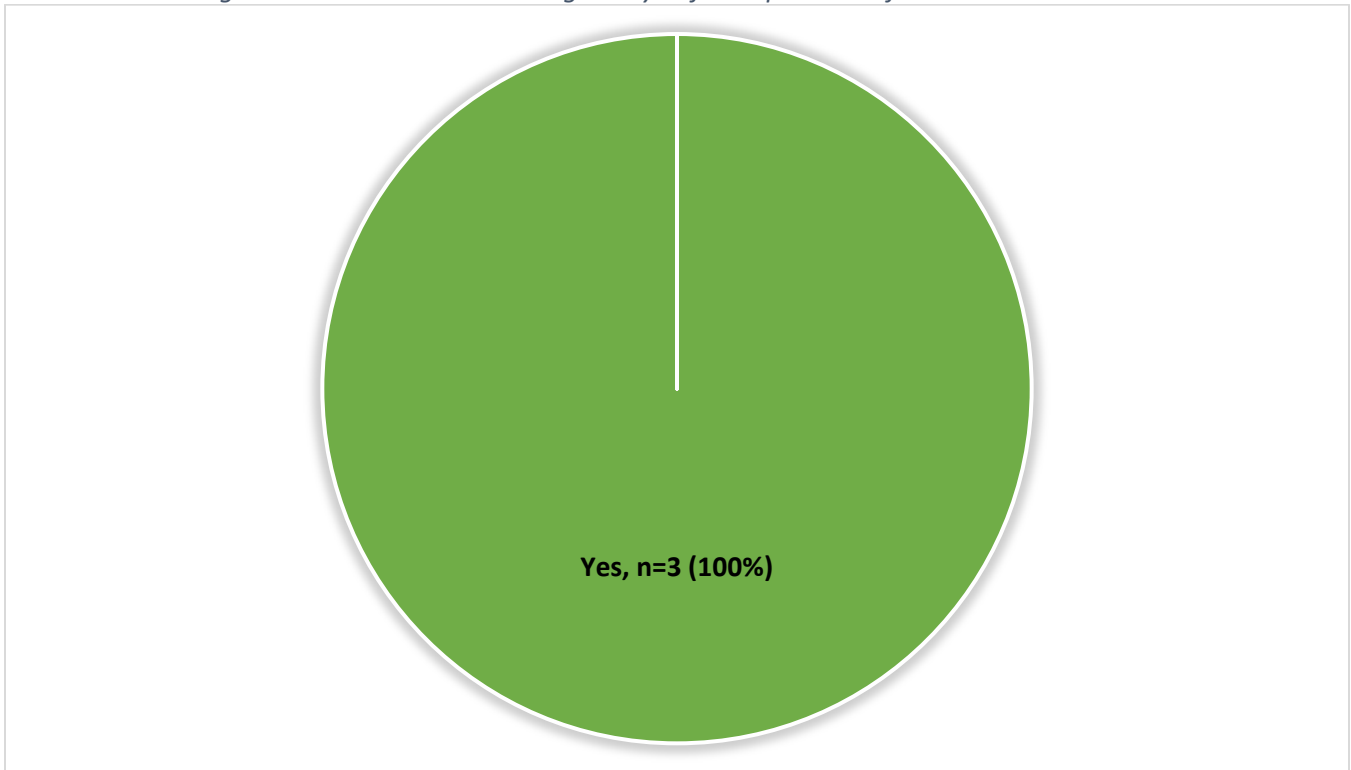


Table 13 - Early Refill Percent Threshold for Non-controlled and Controlled Drugs

MCO Name	Non-controlled Drugs	Schedule II Controlled Drugs	Schedule III through V Controlled Drugs
Amerigroup GA	90.00%	90.00%	90.00%
CareSource	85.00%	90.00%	85.00%
Peach State Health Plan	80.00%	90.00%	90.00%

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

Figure 11 - Non-Controlled Drugs Early Refill Requirement for Prior Authorization



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

Figure 12 - Non-Controlled Drugs Early Refill Authorization Sources

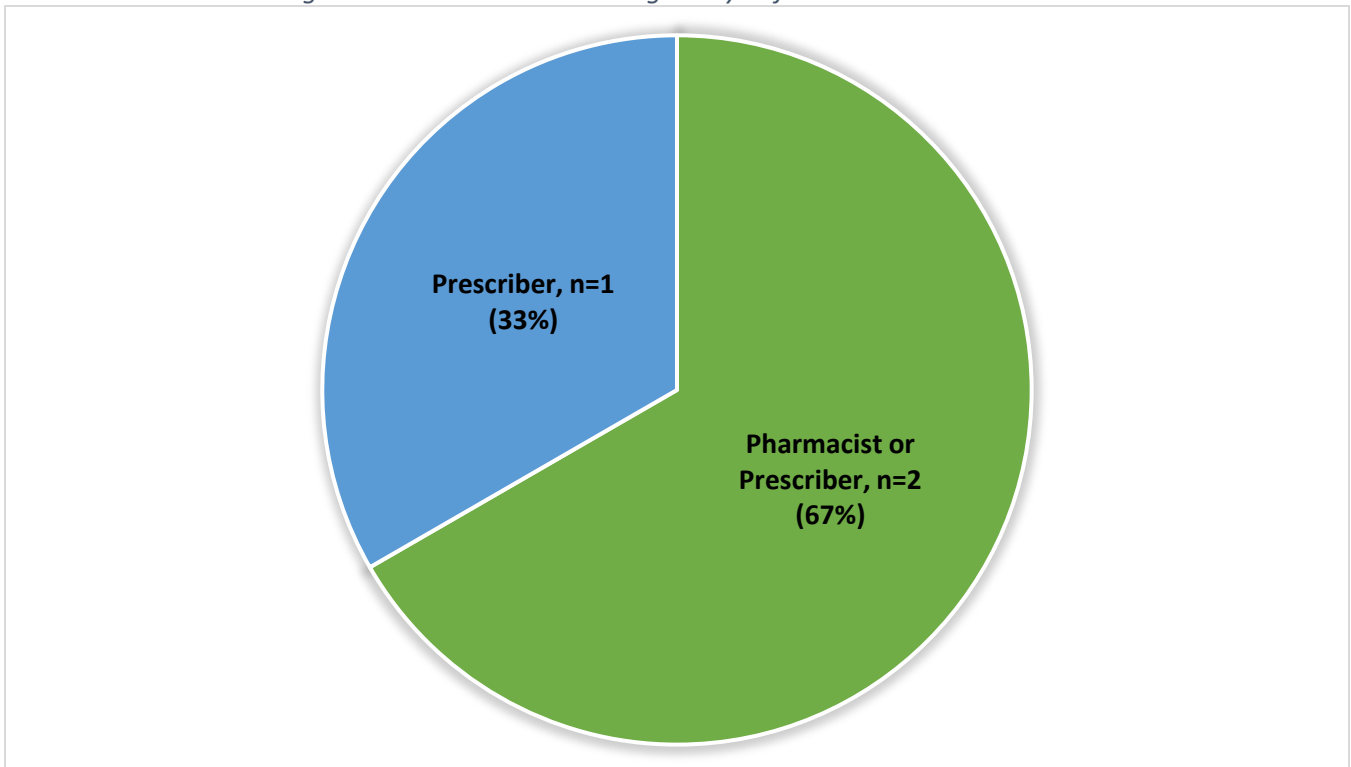
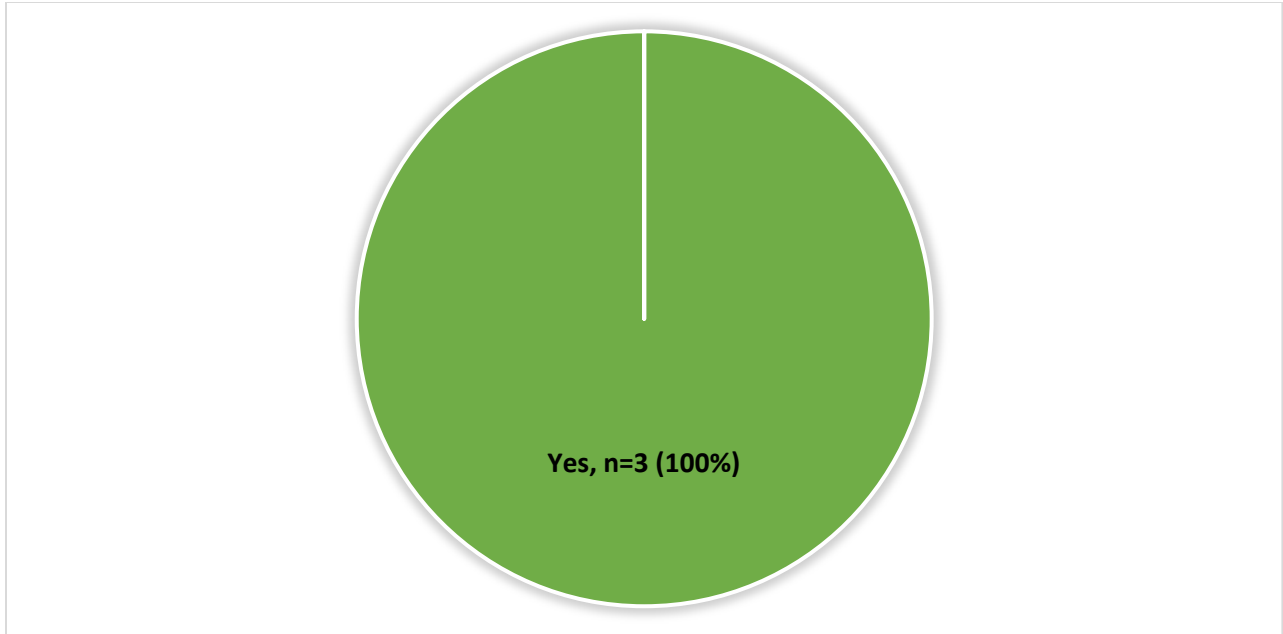


Table 14 - Non-Controlled Drugs Early Refill Requirement and Authorization Source for Prior Authorization

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?
Amerigroup GA	Yes	Prescriber	
CareSource	Yes	Pharmacist or Prescriber	
Peach State Health Plan	Yes	Pharmacist or Prescriber	

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

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



If "Yes," who obtains authorization?

Figure 14 - Controlled Drugs Early Refill Authorization Source

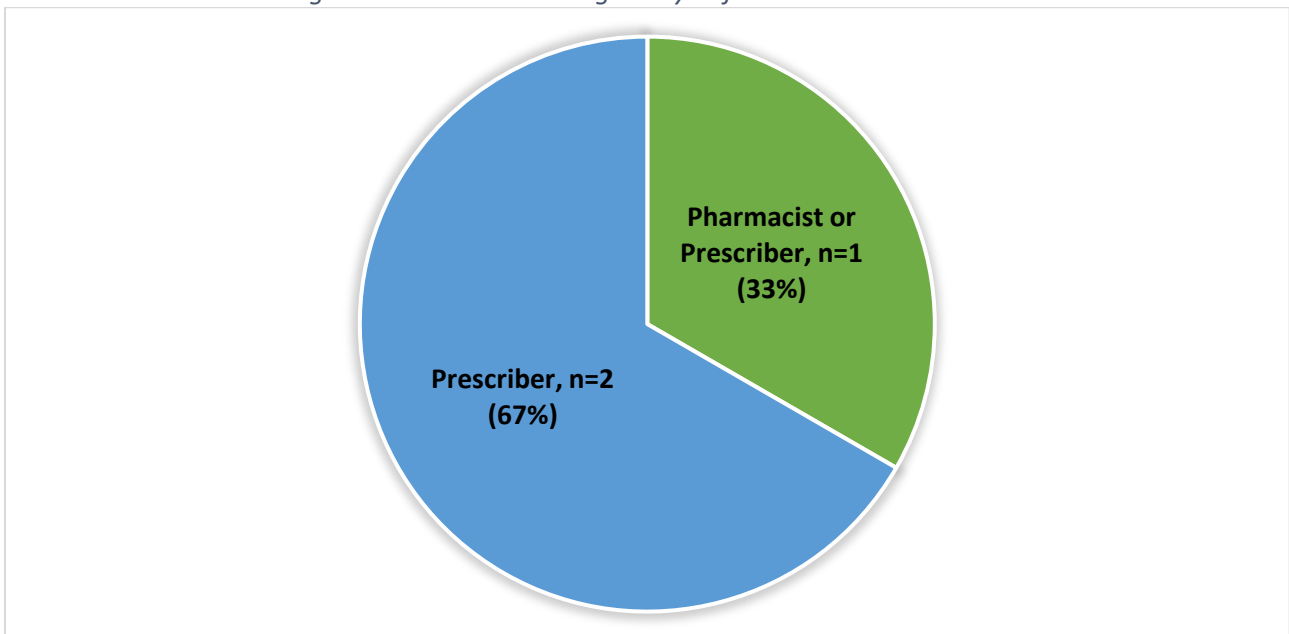


Table 15 - For Controlled Drugs, Early Refill Requirement and Authorization Source for Prior Authorization

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?
Amerigroup GA	Yes	Prescriber	
CareSource	Yes	Prescriber	
Peach State Health Plan	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 15 - Policy Allows Pharmacist Overrides for an Early Refill

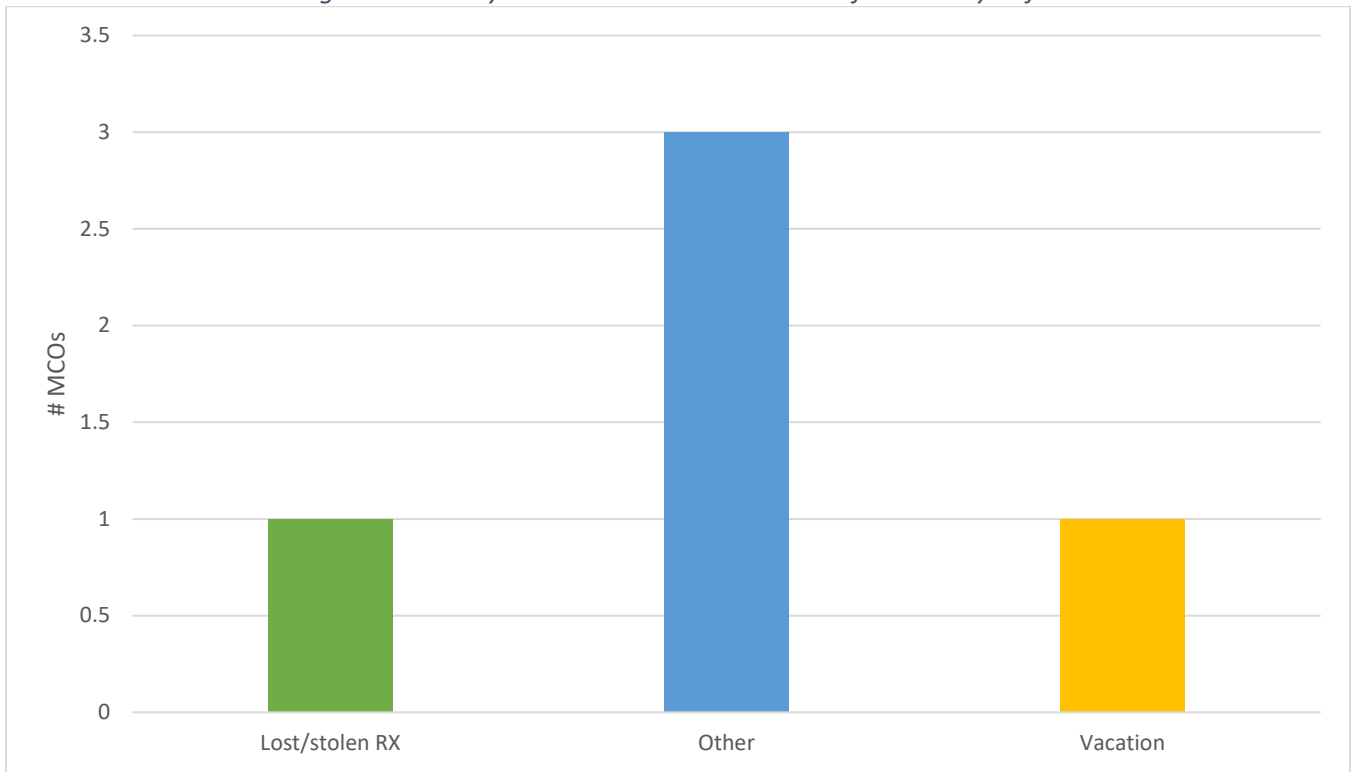


Table 16 - Policy Allows Pharmacist Overrides for an Early Refill

Response	MCO Names	Count	Percentage
Lost/stolen RX	CareSource	1	20.00%
Vacation	CareSource	1	20.00%
Other	Amerigroup GA, CareSource, Peach State Health Plan	3	60.00%
State Totals		5	100%

If "Other," please explain.

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

MCO Name	Explanation
Amerigroup GA	Pharmacists must contact the PBM Help desk for a PA for lost/stolen Rx fill not more than once every 6 months. Pharmacists can enter vacation overrides once per GPI14 every 180 days (twice per year).

MCO Name	Explanation
CareSource	Lost/stolen/vacation overrides can be done at point of sale by the pharmacist 1 time per calendar year. This excludes controlled substances.
Peach State Health Plan	The pharmacist must contact Peach State Health Plan or the PBM for an override in the above situations

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

Figure 16 - System Accumulation Edit for Prevention of Early Prescription Filling

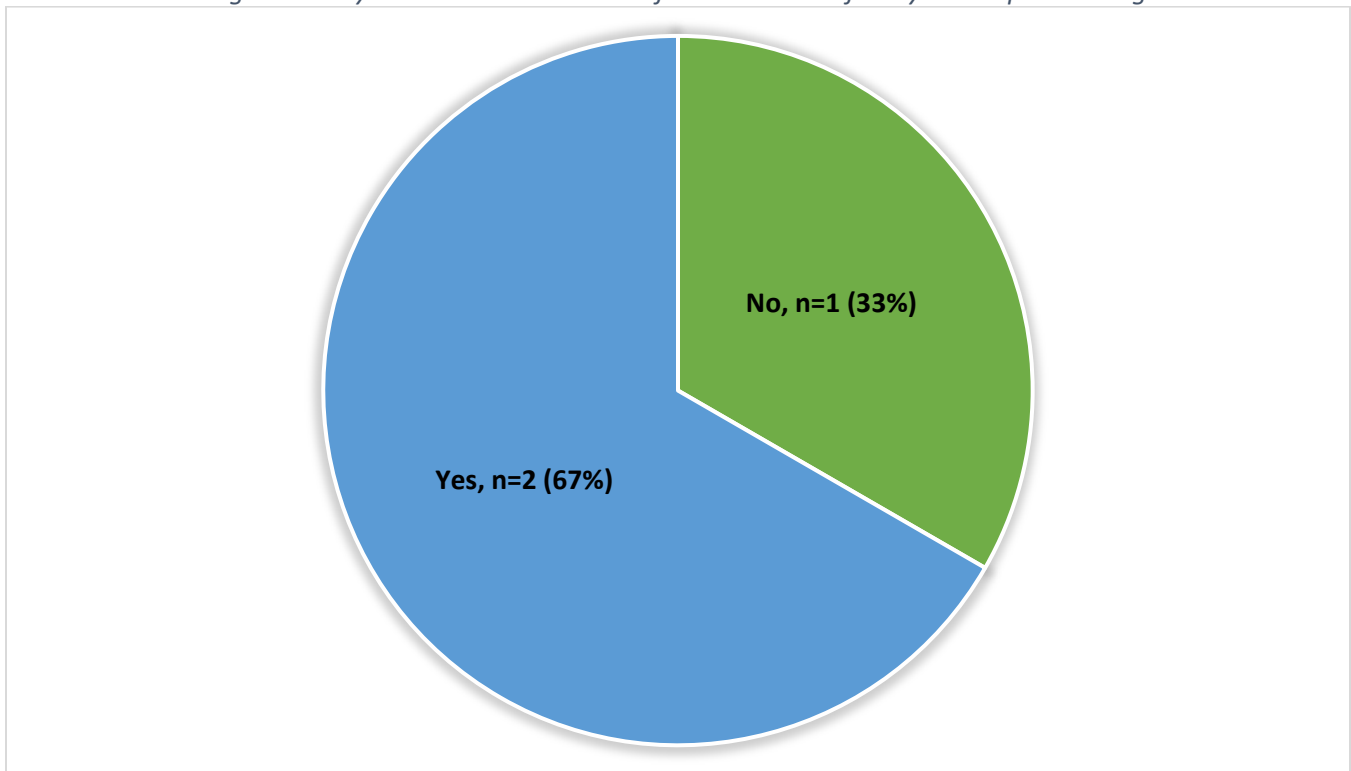


Table 18 - System Accumulation Edit for Prevention of Early Prescription Filling

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource	2	66.67%
No	Peach State Health Plan	1	33.33%
State Totals		3	100%

If "Yes," please explain your edit.

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

MCO Name	Explanation
Amerigroup GA	The refill thresholds for the following products are: Retail -- Refill Too Soon: 90% Paper Claim -- Refill Too Soon: 90% Specialty -- Refill Too Soon: 75%
CareSource	Accumulation logic with a look back period of 90 days has a broader view of a patient's history to more accurately determine if there is a potential stockpiling issue based on the allowed day supply on hand.

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

Figure 17 - Plans to Implement a System Accumulation Edit



Table 20 - Plans to Implement a System Accumulation Edit

Response	MCO Names	Count	Percentage
Yes	Peach State Health Plan	1	100.00%
State Totals		1	100%

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 18 - MCO Policy Prohibiting Auto-Refill at the POS

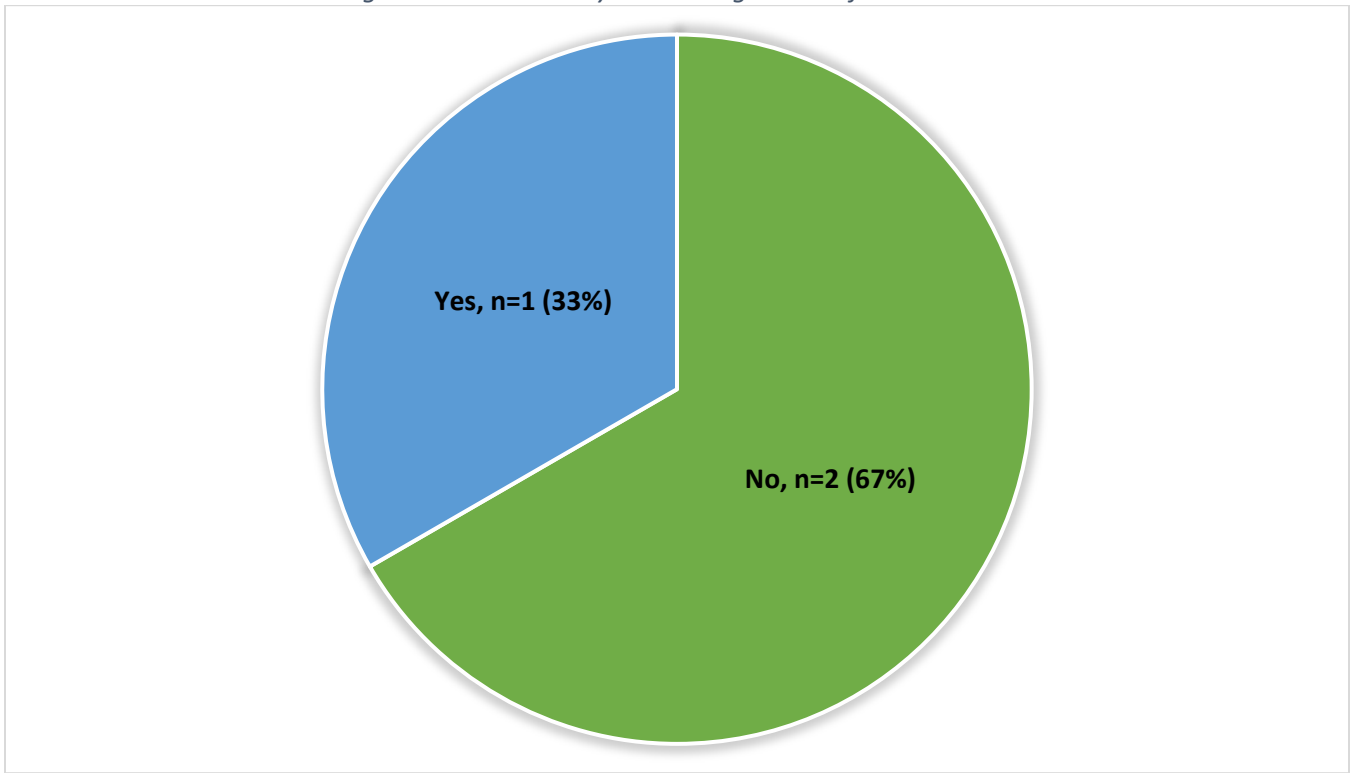


Table 21 - MCO Policy Prohibiting Auto-Refill at the POS

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA	1	33.33%
No	CareSource, Peach State Health Plan	2	66.67%
State Totals		3	100%

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

Figure 19 - System Having a Diagnosis Edit That Can be Utilized When Processing Prescription

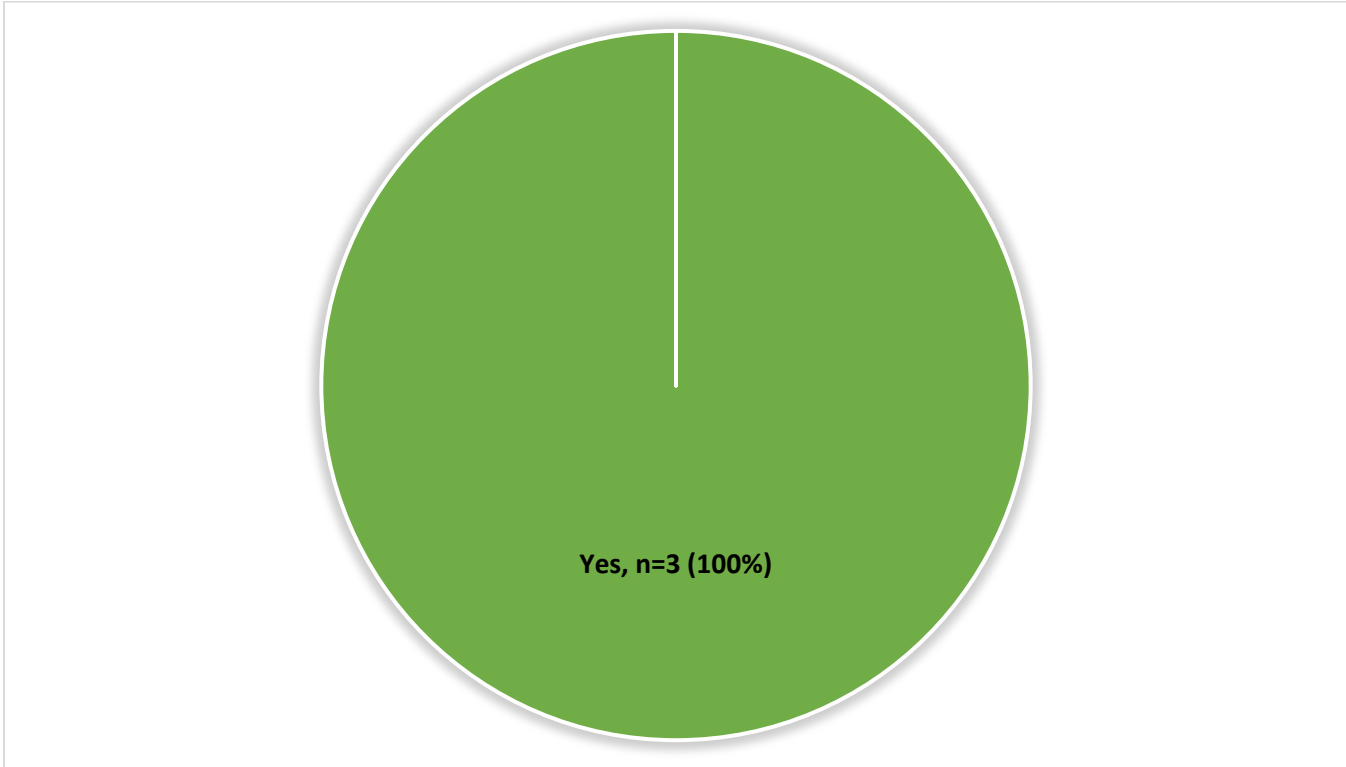


Table 22 - System Having a Diagnosis Edit That Can be Utilized When Processing Prescription

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

If "Yes," please explain.

Table 23 - Explanations for System Having a Diagnosis Edit That Can be Utilized When Processing Prescription

MCO Name	Explanation
Amerigroup GA	Pharmacist can enter ICD-10 code to allow claim to pay or ICD-10 is found with the diagnosis in the medical claim.
CareSource	CareSource sends medical diagnosis information to our PBM. Our PBM also ingests diagnosis codes when the prescription is submitted at retail.
Peach State Health Plan	The DUR Diagnosis edit "messages" the pharmacist when contraindications 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 20 - Documented Process for Beneficiaries or their Prescribers to Access Any Covered Outpatient Drug (COD) when Medically Necessary

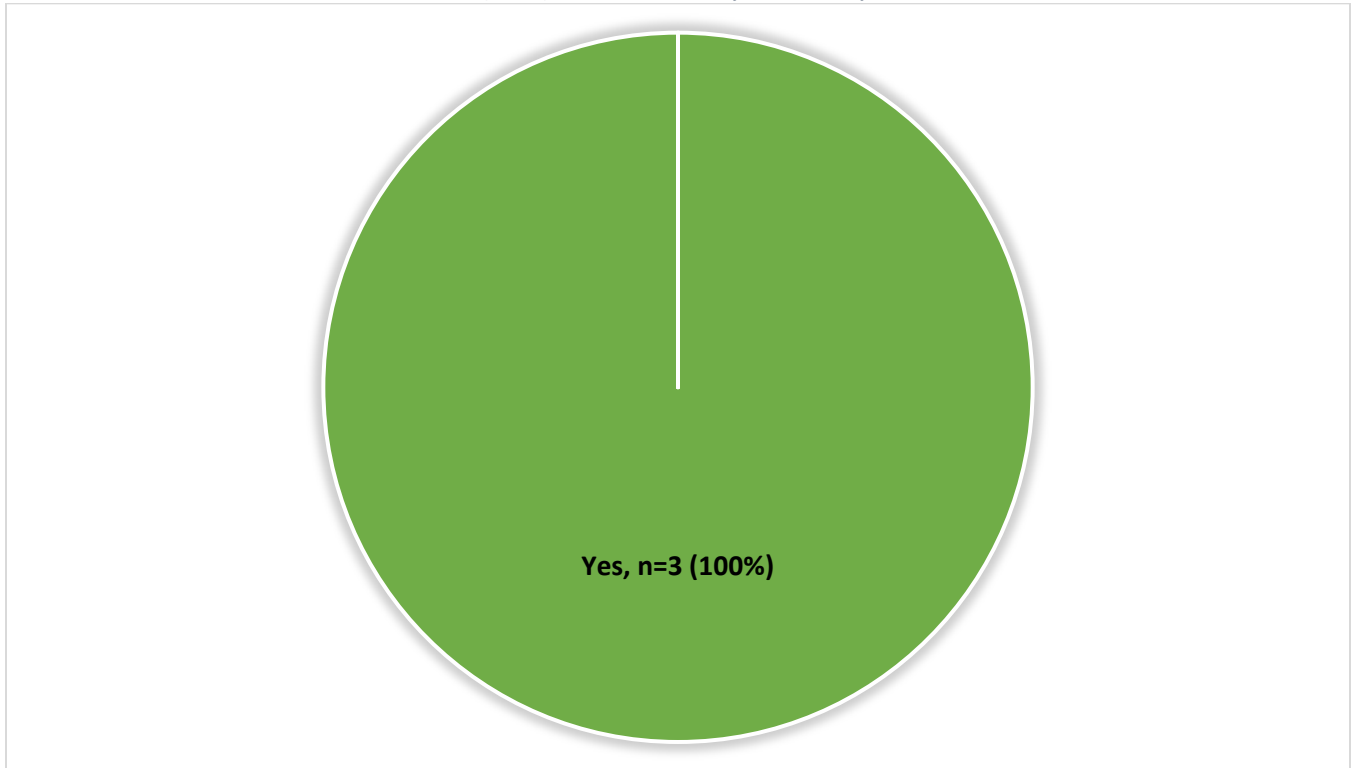


Table 24 - Documented Process for Beneficiaries or their Prescribers to Access Any Covered Outpatient Drug (COD) when Medically Necessary

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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If “Yes,” please check all that apply.

Figure 21 - Documented Process in Place for Beneficiaries to Access Any Covered Outpatient Drug (COD) When Medically Necessary

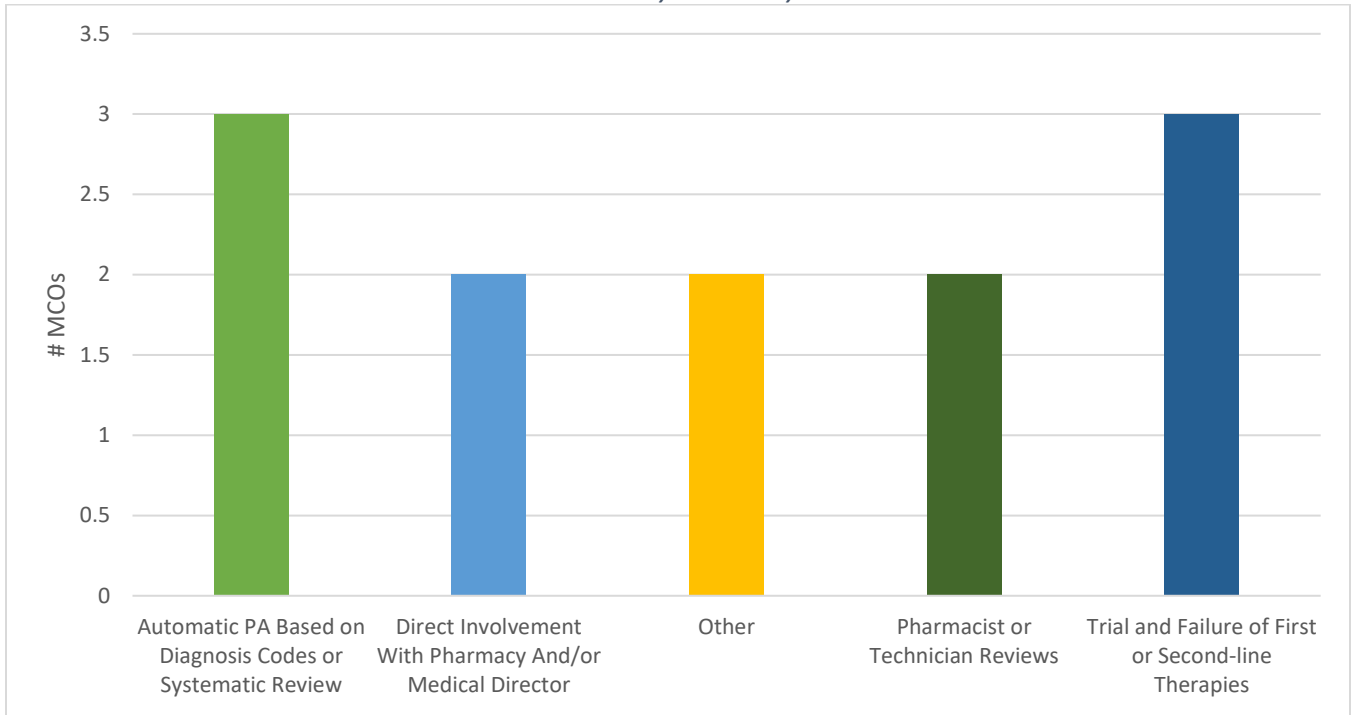


Table 25 - Documented Process in Place for Beneficiaries to Access Any Covered Outpatient Drug (COD) When Medically Necessary

Response	MCO Names	Count	Percentage
Automatic PA based on diagnosis codes or systematic review	Amerigroup GA, CareSource, Peach State Health Plan	3	25.00%
Direct involvement with Pharmacy and/or Medical Director	CareSource, Peach State Health Plan	2	16.67%
Pharmacist or technician reviews	CareSource, Peach State Health Plan	2	16.67%
Trial and failure of first or second-line therapies	Amerigroup GA, CareSource, Peach State Health Plan	3	25.00%
Other	Amerigroup GA, Peach State Health Plan	2	16.67%
State Totals		12	100%

If “Other,” please explain.

Table 26 - Explanations for “Other” Processes in Place for Beneficiaries to Access Any Covered Outpatient Drug When Medically Necessary

MCO Name	Explanation
Amerigroup GA	Prescriber can also contact the PBM to request a PA by phone, fax or via the web (e-PA).
Peach State Health Plan	PA requests may be initiated by a member, a member's representative, or a member's prescribing physician or other prescriber. These include, but are not limited to, requests for medications that are non-formulary or have utilization management edits (such as prior authorizations, step therapy requirements, or quantity limits).

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

Table 27 - How MCO Ensures PA Criteria is No More Restrictive than FFS Criteria and Review

MCO Name	Description
Amerigroup GA	Where the State or health plan has delegated criteria management, we employ various methods to ensure our criteria remains no more restrictive than the FFS. One of the responsibilities of our specific market Pharmacist Program Manager is the continual review of clinical criteria compared to State criteria to identify areas of opportunity and maintain appropriate criteria. Our P&T Committee utilizes evidentiary standards including FDA and official compendia, as well as, national clinical practice guidelines to build our PA criteria. We work with the State that has established a process to review MCO formulary. Periodically, we furnish our criteria for specific drug classes to the State for parity review. We work directly with FFS or in workgroups on review and criteria alignment. Additionally, we actively participate in all parity submissions to ensure there are no more restriction on behavioral health drugs compared to physical health drugs.
CareSource	Caresource provides all new policies, and policy updates, for GA FFS to review and approve prior to the policies going live.
Peach State Health Plan	All new policies, as well as existing prior authorization criteria changes, are reviewed and approved to be consistent with current pharmaceutical and medical literature, peer reviewed journals and professional standards of practice to support appropriate and safe prescription drug use. Based on the FFS website and program descriptions, these same resources are used during FFS' quarterly review of their own criteria. FFS will periodically reach out to Peach State Health Plan to provide medication prior authorization criteria and request Peach State Health Plan or the ensure their criteria is not more restrictive.

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

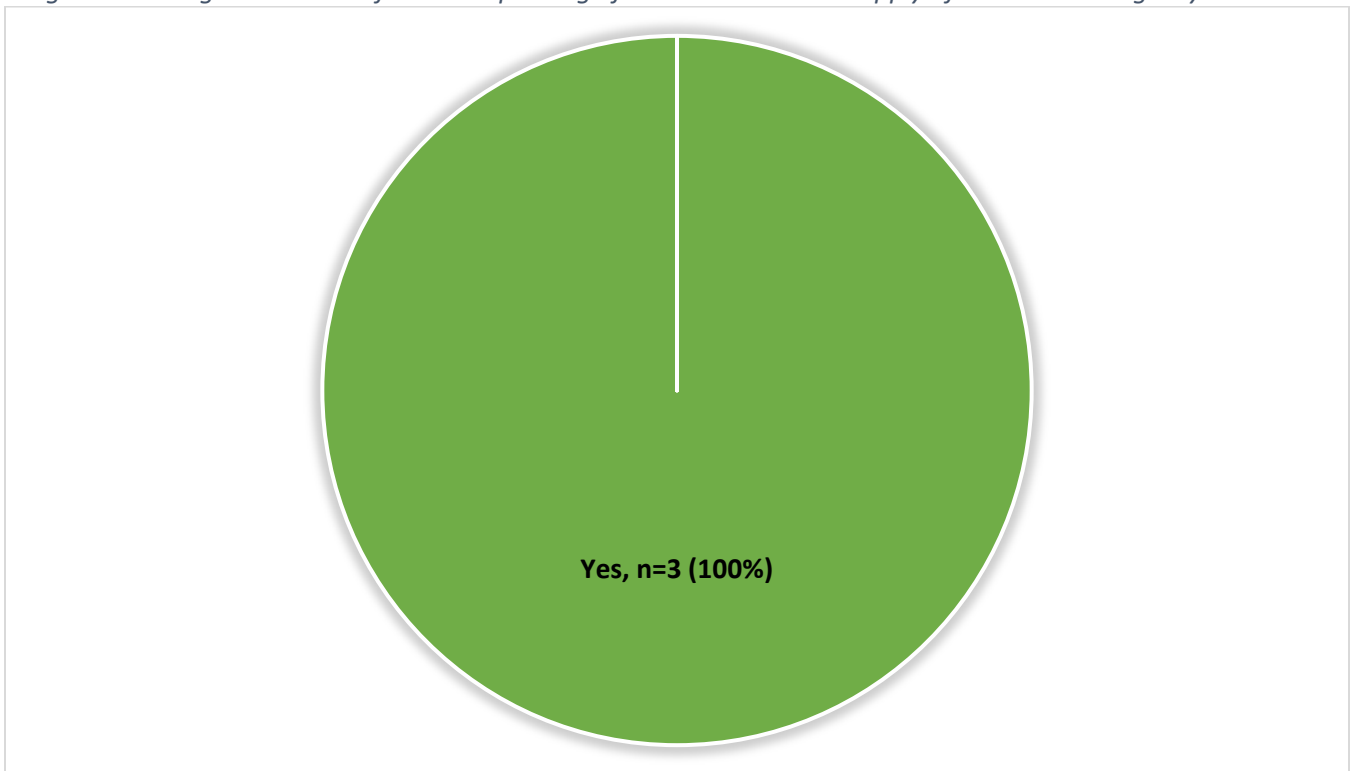


Table 28 - Program Provides for the Dispensing of at least a 72-hour Supply of a COD in Emergency Situations

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

If “Yes,” please check all that apply.

Figure 23 - Process for the Dispensing of at least a 72-Hour Supply of CODs in Emergency Situations

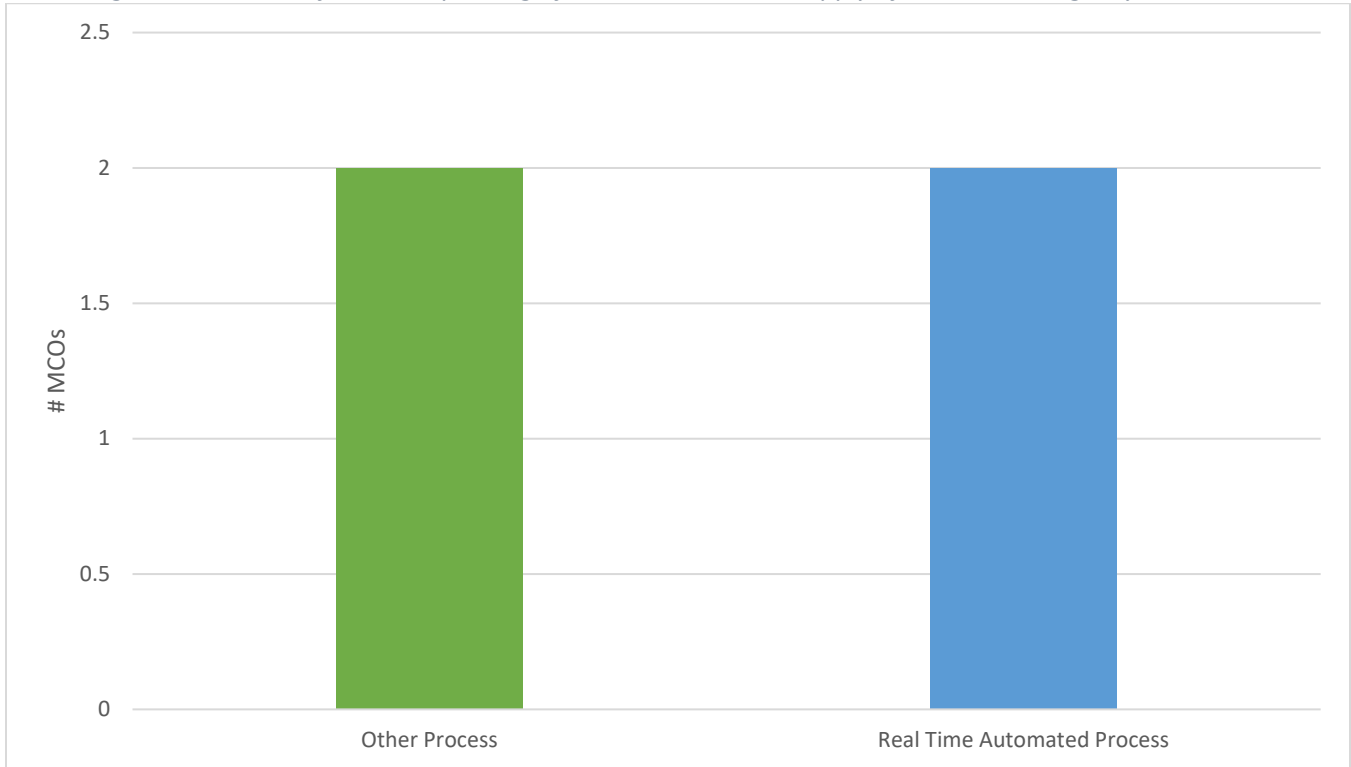


Table 29 - Process for the Dispensing of at least a 72-Hour Supply of CODs in Emergency Situations

Response	MCO Names	Count	Percentage
Real time automated process	Amerigroup GA, CareSource	2	50.00%
Other process	CareSource, Peach State Health Plan	2	50.00%
State Totals		4	100%

If “Other process,” please explain.

Table 30 - Explanations of “Other Process” for the Dispensing of at least a 72-Hour Supply of CODs in Emergency Situations

MCO Name	Explanation
CareSource	A pharmacy may also call the pharmacy help desk for assistance if needed.
Peach State Health Plan	The beneficiary would contact Peach State Health Plan or the PBM and Peach State Health Plan or the PBM will place an override providing a 72-hour supply for the emergency situation.

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

Table 31 - 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
Methylphenidate	Adhd Agents/ stimulants	Plan Limitations Exceeded	Adalimumab	Amoxicillin
Lisdexamfetamine	Attention Deficit Hyperactivity Disorder Agents	Dur Reject Error	Dupilumab	Albuterol
Dexmethylphenidate	Antidiabetic Agents	Submit Bill To Other Processor Or Primary Payor	Elexacaftor/ tezacaftor/ ivacaftor	Ibuprofen
Guanfacine	Dermatologicals	Refill Too Soon	Bictegravir/ emtricitabine/ tenofovir	Loratadine
Atomoxetine	Acne Therapy	Ndc Not Covered	Fluticasone	Cetirizine
Dupilumab	Stimulants And Related Agents		Methylphenidate	Fluticasone
Tacrolimus	Calcitonin Gene-related Receptor Antagonist		Ustekinumab	Methylphenidate
Test Strips	Diabetic Testing Blood Glucose Meters, Test Strips, Lancets		Somatropin	Azithromycin
Semaglutide	Proton Pump Inhibitor Agents		Insulin Glargine	Dextroamphetamine/ amphetamine
Vyvanse	Anticonvulsant Agents		Burosumab-twza	Montelukast

* 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 24 - Operation and Oversight of RetroDUR Reviews

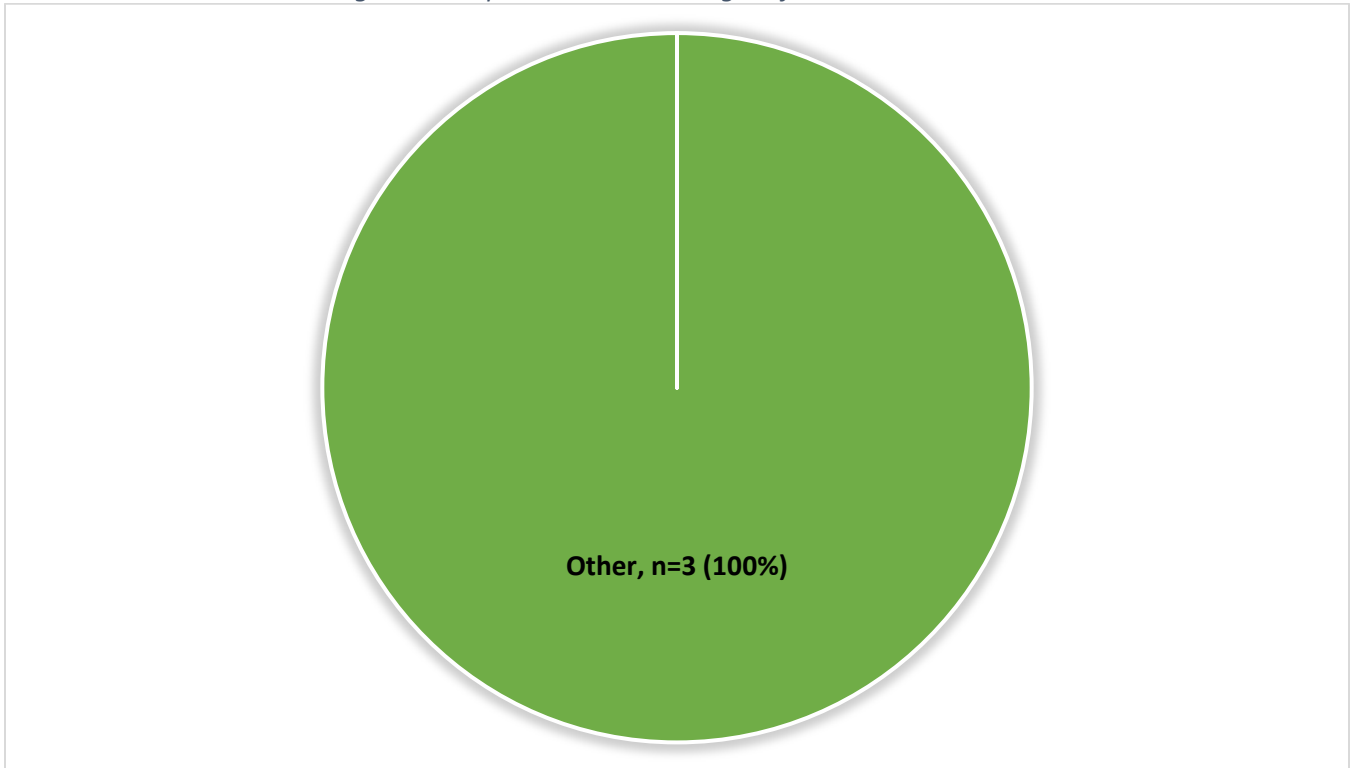


Table 32 - Operation and Oversight of RetroDUR Reviews

Response	MCO Names	Count	Percentage
Other	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

If "Other," please explain.

Table 33 - "Other" Explanations for Operation and Oversight of RetroDUR Reviews

MCO Name	Explanation
Amerigroup GA	Combination of MCO and PBM executed RetroDUR activities.
CareSource	Combination of PBM and MCO
Peach State Health Plan	Peach State Health Plan or the PBM both execute retroDUR activities.

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

Figure 25 - Type of Vendor that Performed RetroDUR Activities

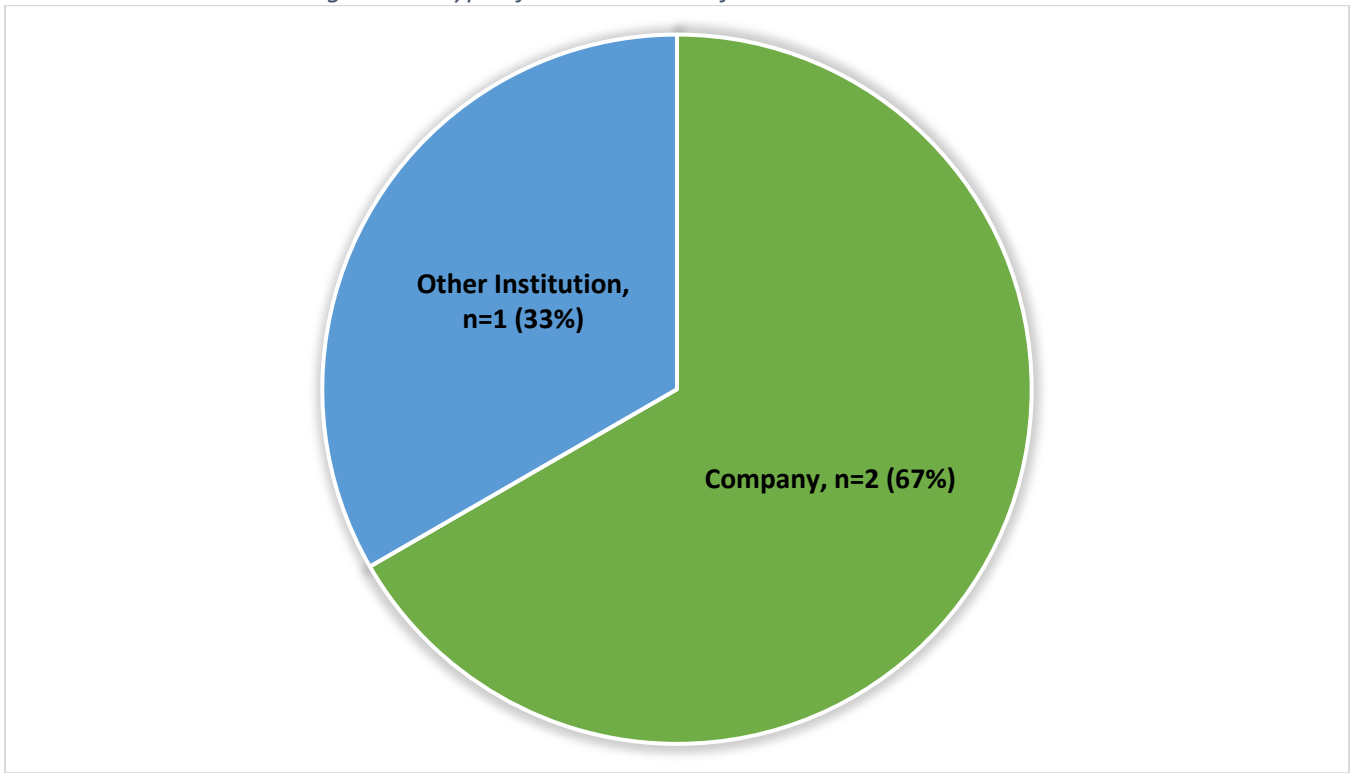


Table 34 - Type of Vendor that Performed RetroDUR Activities

Response	MCO Names	Count	Percentage
Company	Amerigroup GA, CareSource	2	66.67%
Other Institution	Peach State Health Plan	1	33.33%
State Totals		3	100%

Table 35 - Vendor Names

Response	MCO Names	Count	Percentage
Anthem's subsidiary and PBM, IngenioRx, Inc.	Amerigroup GA	1	33.33%
CVS/Caremark	Peach State Health Plan	1	33.33%
Express Scripts, RationalMed	CareSource	1	33.33%
State Totals		3	100%

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

Figure 26 - RetroDUR Vendor is the Developer/Supplier of Retrospective DUR Criteria

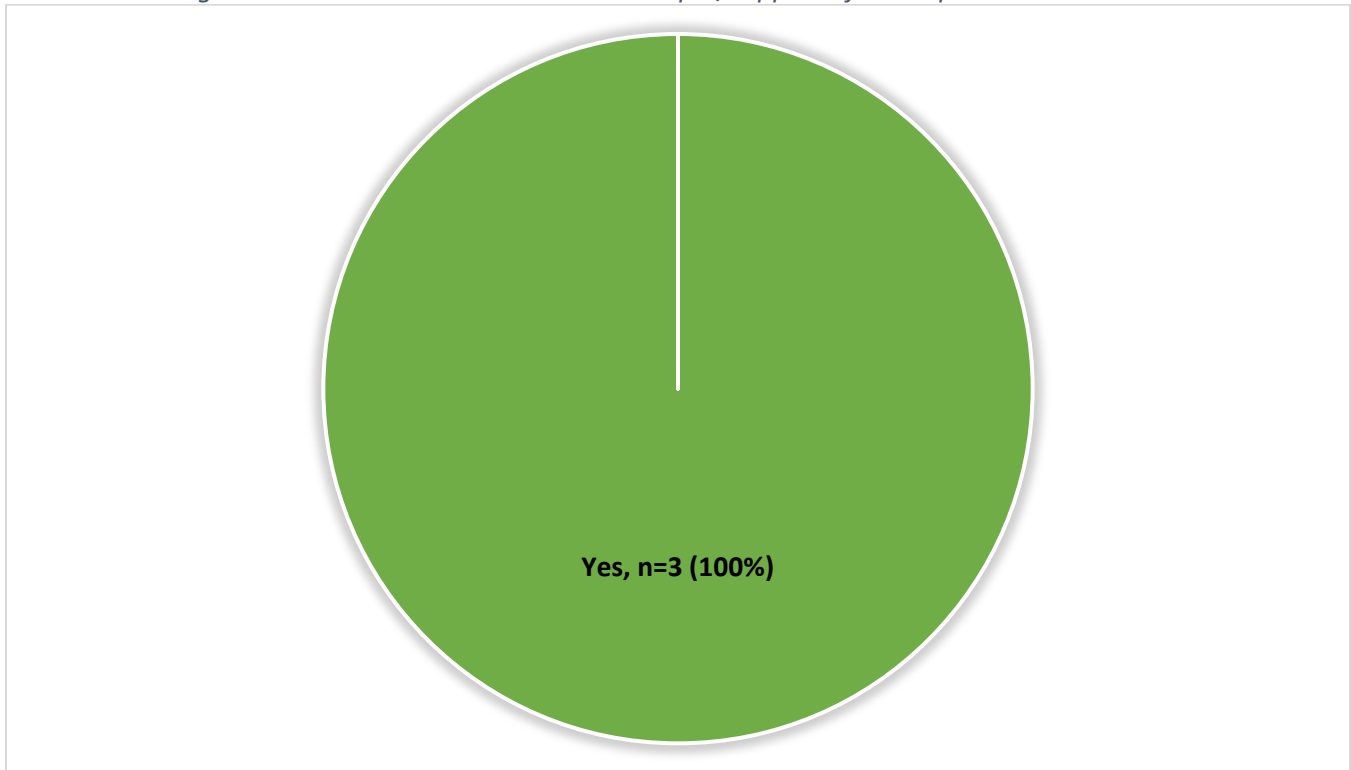


Table 36 - RetroDUR Vendor is the Developer/Supplier of Retrospective DUR Criteria

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

If "Yes," please explain.

Table 37 - "Yes" Explanations for RetroDUR Vendor Developer/Supplier of Retrospective DUR Criteria

MCO Name	Explanation
Amerigroup GA	IngenioRx develops retroDUR programs and criteria specifically geared toward Medicaid populations. Each program available is presented to the plan, and it is able to opt into programs that fit its needs and membership.
CareSource	From October 2021 to December 2021 ESI's RationalMed identified members based on clinical algorithms and sent out recommendations to physicians and pharmacies. Starting in 2022, CareSource worked collaboratively with our PBM's Academic Detailer to develop rDUR criteria or developed criteria internally.
Peach State Health Plan	Peach State Health Plan works closely with the RetroDUR vendor to select programs that meet the rDUR criteria.

b. Does your MCO customize your RetroDUR vendor criteria?

Figure 27 - MCO Customizes RetroDUR Vendor Criteria

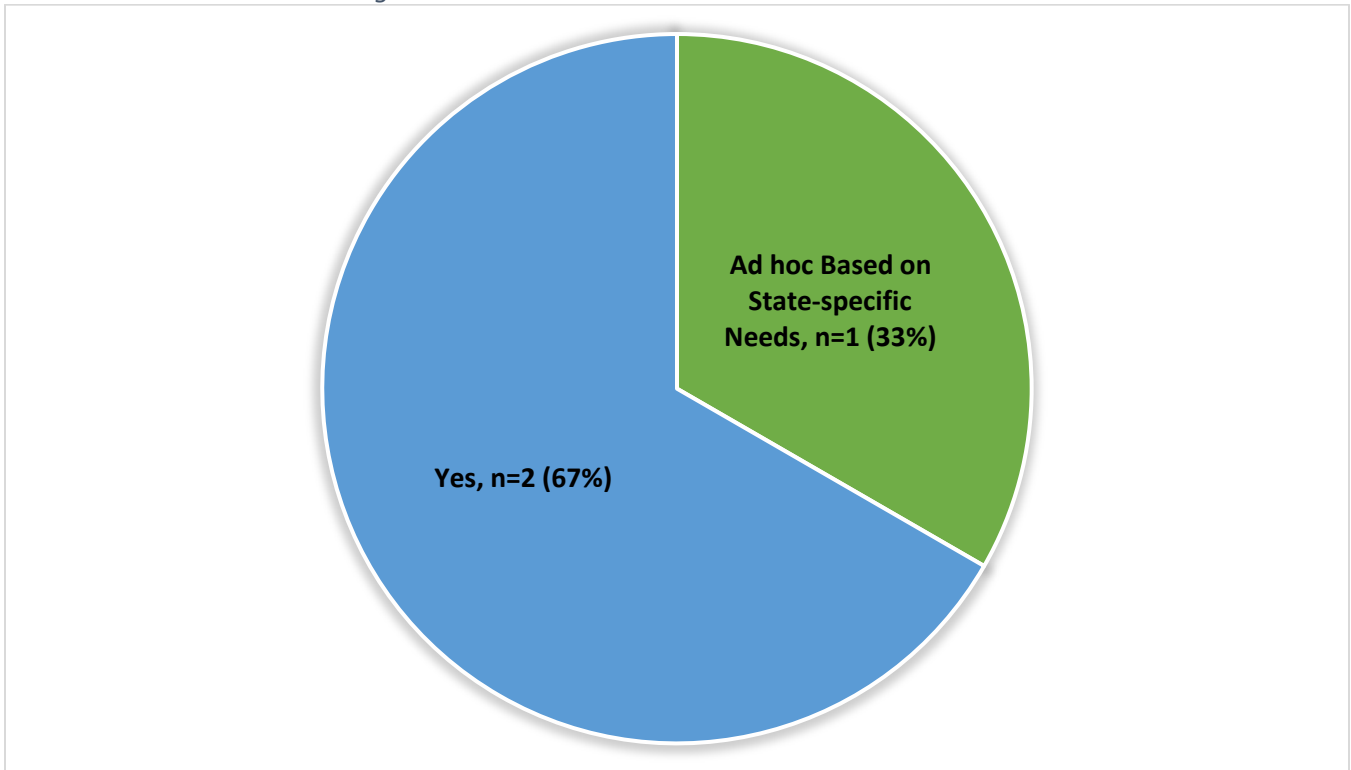


Table 38 - MCO Customizes RetroDUR Vendor Criteria

Response	MCO Names	Count	Percentage
Yes	CareSource, Peach State Health Plan	2	66.67%
Ad hoc based on State-specific needs	Amerigroup GA	1	33.33%
State Totals		3	100%

3. Who reviews and approves your MCO RetroDUR criteria?

Figure 28 - RetroDUR Criteria Approval/Review Sources

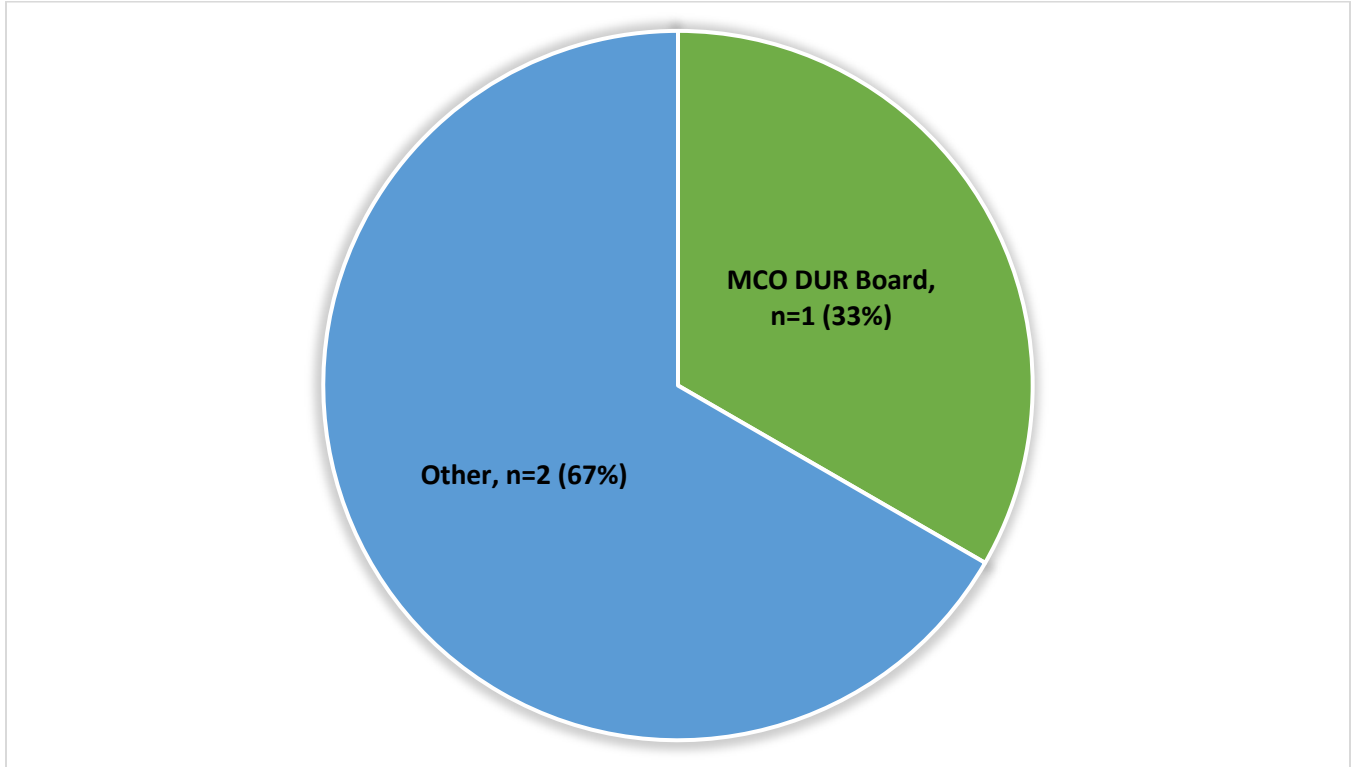


Table 39 - RetroDUR Criteria Approval/Review Sources

Response	MCO Names	Count	Percentage
MCO DUR Board	Peach State Health Plan	1	33.33%
Other	Amerigroup GA, CareSource	2	66.67%
State Totals		3	100%

If "Other," please explain.

Table 40 - "Other" Explanations RetroDUR Criteria Approval/Review Sources

MCO Name	Explanation
Amerigroup GA	Our DUR Board functions are handled by three committees, which include Pharmacy Quality Programs (PQP), P&T, and Value Assessment (VAC) committees. PQP provides feedback and approve newly proposed pharmacy quality or cost of care interventions or changes to existing interventions upon request. P&T Committee reviews and approves policies so they are optionally available for each business unit to use (or not) according to their business needs. VAC decides to adopt a PA and makes drug list (PDL) decisions.
CareSource	From October 2021 to December 2021 PBM performed RetroDUR and had a clinical review board and MCO initiated rDUR criteria was presented to the PBM clinical board. Starting in 2022, MCO now reviews rDUR criteria internally.

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

Figure 29 - Frequency of Retrospective Practitioner-Based Education

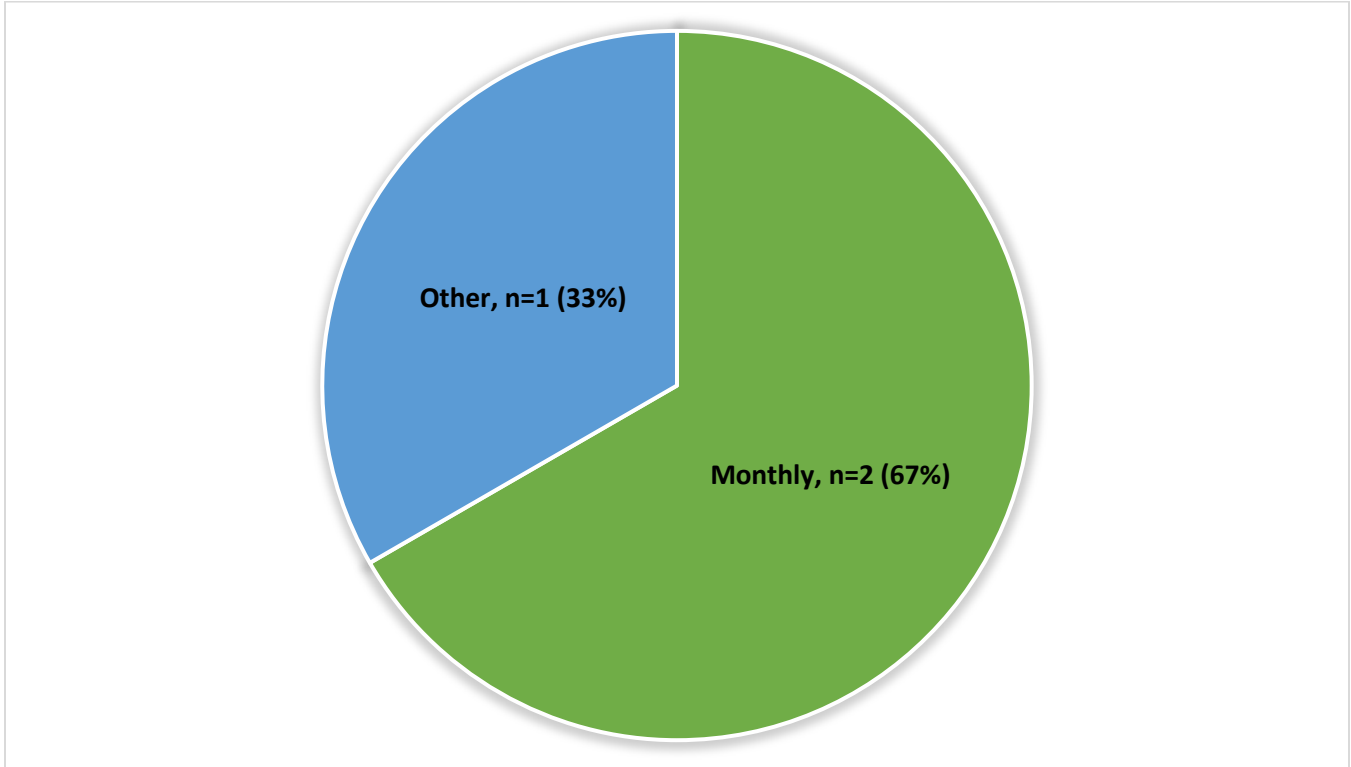


Table 41 - Frequency of Retrospective Practitioner-Based Education

Response	MCO Names	Count	Percentage
Monthly	Amerigroup GA, Peach State Health Plan	2	66.67%
Other	CareSource	1	33.33%
State Totals		3	100%

If "Other," please specify.

Table 42 - "Other" Frequency of Retrospective Practitioner-Based Education

MCO Name	Explanation
CareSource	Depending on the intervention and time sensitivity, the notifications can be sent weekly, monthly or quarterly.

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

Figure 30 - Frequency of Retrospective Reviews that Involve Communication of Client-Specific Information to Healthcare Practitioners

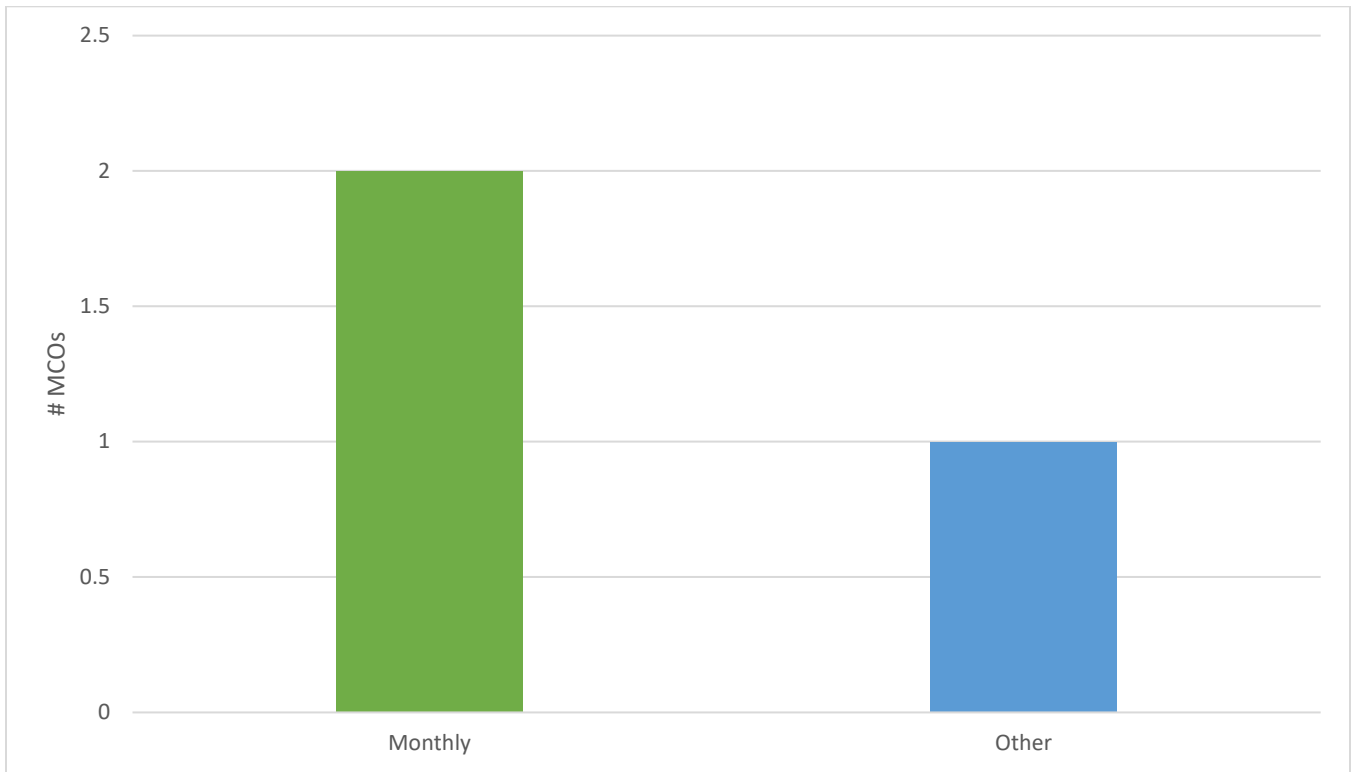


Table 43 - Frequency of Retrospective Reviews that Involve Communication of Client-Specific Information to Healthcare Practitioners

Response	MCO Names	Count	Percentage
Monthly	Amerigroup GA, Peach State Health Plan	2	66.67%
Other	CareSource	1	33.33%
State Totals		3	100%

If "Other," please specify.

Table 44 - "Other" Explanations for Frequency of Retrospective Reviews that Involve Communication of Client-Specific Information to Healthcare Practitioners

MCO Name	Explanation
CareSource	Depending on the intervention and time sensitivity, the notifications can be sent weekly, monthly or quarterly.

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

Figure 31 - Preferred Mode of Communication When Performing RetroDUR Initiatives

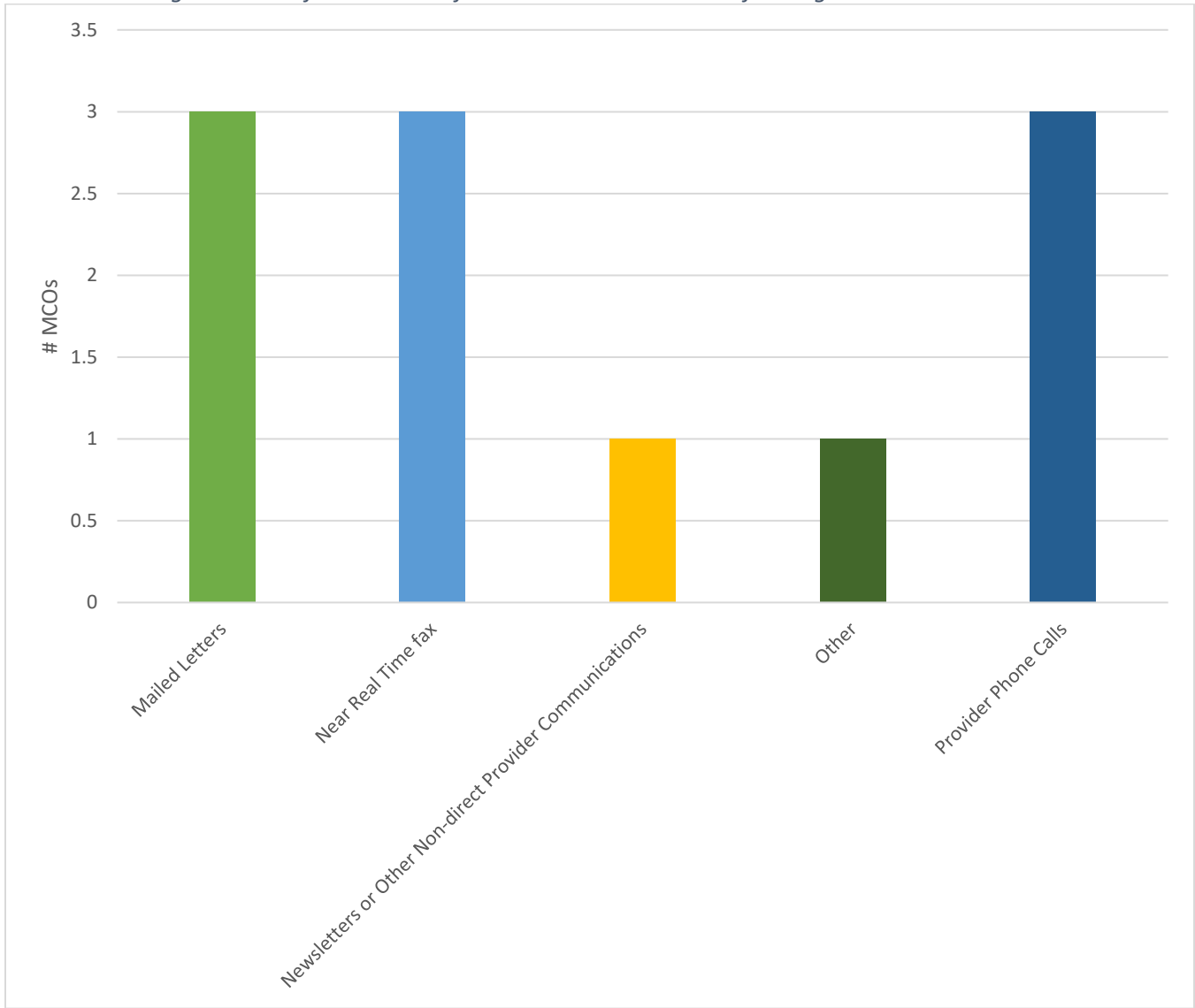


Table 45 - Preferred Mode of Communication When Performing RetroDUR Initiatives

Response	MCO Names	Count	Percentage
Mailed letters	Amerigroup GA, CareSource, Peach State Health Plan	3	27.27%
Near real time fax	Amerigroup GA, CareSource, Peach State Health Plan	3	27.27%
Newsletters or other non-direct provider communications	Amerigroup GA	1	9.09%
Provider phone calls	Amerigroup GA, CareSource, Peach State Health Plan	3	27.27%
Other	CareSource	1	9.09%
State Totals		11	100%

If "Other," please specify.

Table 46 - "Other" Explanations for Preferred Mode of Communication When Performing RetroDUR Initiatives

MCO Name	Explanation
CareSource	RationalMed program sends messaging in near real time based on incoming pharmacy, lab, and medical claims data.

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 47 - RetroDUR Educational Outreach

MCO Name	RetroDUR Educational Outreach Summary
Amerigroup GA	Summary 1 Retrospective DUR Educational Outreach Summary GA 2022 DUR
	Date Range 10/1/21 9/30/22
	New Start/New Start Depression
	# Cases- 12109
	# Unique Members- 12109
	# Prescriber Messages Generated & Sent- 13142
	# Member Messages Generated & Sent- 4
	# Positive Outcomes- 4286
	% Positive Impact- %39.47
	Adherence/Adherence - ADHD Rx
	# Cases- 10799
	# Unique Members- 10799
	# Prescriber Messages Generated & Sent- 0
	# Member Messages Generated & Sent- 10814
	# Positive Outcomes- 837
	% Positive Impact- %10.22
	Adherence/Adherence - Depression

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MCO Name	RetroDUR Educational Outreach Summary
	<p># Cases- 9442</p> <p># Unique Members- 9442</p> <p># Prescriber Messages Generated & Sent- 8000</p> <p># Member Messages Generated & Sent- 3683</p> <p># Positive Outcomes- 1380</p> <p>% Positive Impact- %19.85</p> <p>Adherence/Adherence - Asthma</p> <p># Cases- 8612</p> <p># Unique Members- 8612</p> <p># Prescriber Messages Generated & Sent- 7086</p> <p># Member Messages Generated & Sent- 3450</p> <p># Positive Outcomes- 714</p> <p>% Positive Impact- %12</p> <p>Adding Therapy/Needs Test - Asthma</p> <p># Cases- 6387</p> <p># Unique Members- 6387</p> <p># Prescriber Messages Generated & Sent- 4957</p> <p># Member Messages Generated & Sent- 2730</p> <p># Positive Outcomes- 294</p> <p>% Positive Impact- %4.85</p> <p>Adding Therapy/Needs Follow-Up - BH Meds</p> <p># Cases- 6349</p> <p># Unique Members- 6349</p>

MCO Name	RetroDUR Educational Outreach Summary
	<p># Prescriber Messages Generated & Sent- 0</p> <p># Member Messages Generated & Sent- 6358</p> <p># Positive Outcomes- 2899</p> <p>% Positive Impact- %67.3</p> <p>Adding Therapy/Needs Test - BH Meds</p> <p># Cases- 5580</p> <p># Unique Members- 5580</p> <p># Prescriber Messages Generated & Sent- 0</p> <p># Member Messages Generated & Sent- 5597</p> <p># Positive Outcomes- 1654</p> <p>% Positive Impact- %34.14</p> <p>Adherence/Adherence - Hypertension</p> <p># Cases- 5262</p> <p># Unique Members- 5262</p> <p># Prescriber Messages Generated & Sent- 4283</p> <p># Member Messages Generated & Sent- 2307</p> <p># Positive Outcomes- 767</p> <p>% Positive Impact- %18.42</p> <p>Medication Discontinuation/Antipsychotics in children < 18 years old</p> <p># Cases- 5095</p> <p># Unique Members- 5095</p> <p># Prescriber Messages Generated & Sent- 0</p> <p># Member Messages Generated & Sent- 5110</p>

MCO Name	RetroDUR Educational Outreach Summary
	<p># Positive Outcomes- 680</p> <p>% Positive Impact- %13.51</p> <p>New Start/New Start ADHD</p> <p># Cases- 4771</p> <p># Unique Members- 4771</p> <p># Prescriber Messages Generated & Sent- 4776</p> <p># Member Messages Generated & Sent- 2</p> <p># Positive Outcomes- 1981</p> <p>% Positive Impact- %43.27</p>
CareSource	<p>10/1/2021 to 12/31/2021</p> <p>RationalMed rDUR Activities - Top Safety Events by Volume Sent to Providers</p> <ul style="list-style-type: none"> - ADHD Stimulants, Mood and other Non-Psychotic Disorders <ul style="list-style-type: none"> — Unique Safety Events: 720 — Success Rate: 54% - Atypical Anti-psychotics & obesity/Weight gain (older than 18) <ul style="list-style-type: none"> — Unique Safety Events: 482 — Success Rate: 57% - Atypical Anti-psychotics (select) & suicidal ideation <ul style="list-style-type: none"> — Unique Safety Events: 325 — Success Rate: 54% - Atypical Anti-psychotics & Diabetes (21 and older) <ul style="list-style-type: none"> — Unique Safety Events: 283 — Success Rate: 46% - Polypharmacy (19 to 64 years old) <ul style="list-style-type: none"> — Unique Safety Events: 268 — Success Rate: 41% <p>10/1/2021 to 9/30/2022</p> <p>ADD Follow-Up: Provider outreach</p> <ul style="list-style-type: none"> - Telephonic outreach to improve follow-up appointment rates for children that are new starts on ADHD medication, with provider outreach letters to provide Clinical Practice Guidelines (CPGs), best treatment pearls for treatment, and to encourage coordination of care between PCP and BH providers. <ul style="list-style-type: none"> — Providers involved: 1735 — Providers agreed to recommendation: 1419 <p>10/1/2021 to 9/30/2022</p> <p>Opioid Rising Risk: Provider outreach letter</p>

MCO Name	RetroDUR Educational Outreach Summary
	<p>- Outreach letter notifying provider of members at an increased risk of transitioning from acute opioid use to chronic use.</p> <ul style="list-style-type: none"> — Providers involved: 547 — Percent of members who transitioned from acute to chronic opioid use: <ul style="list-style-type: none"> i. 4Q21: 35.7% ii. 1Q22: 39.3% iii. 2Q22: 33.5% <p>2/16/2022 to 09/30/2022 Polypharmacy Consult</p> <p>- Pharmacist polypharmacy medication review and provider consult for medication recommendations</p> <ul style="list-style-type: none"> — Members reviewed: 250 — Average recommendation acceptance rate: 17% <p>4/27/2022 Sickle Cell Disease: Provider letters</p> <p>- Provider outreach letters providing education on hydroxyurea and informing about missing hydroxyurea therapy for patients</p> <ul style="list-style-type: none"> — Providers contacted: 138 — Recommendation acceptance rate: 8.7% <p>10/1/2021 to 9/30/2022 High MME: Provider outreach letter</p> <p>- Provider outreach letter highlighting members' utilization of high dose opioids (greater than 90 morphine milligram equivalents per day for 60 or more of the last 90 days) for the treatment of chronic pain.</p> <ul style="list-style-type: none"> — Providers involved: 92 <p>9/20/2022 Academic Detailer: HIV PrEP</p> <p>- Providers outreached by a clinical pharmacist and educated on Descovy, generic Truvada indications and cost differences</p> <ul style="list-style-type: none"> — Providers contacted: 8 — Annual Savings or results: \$55,928 <p>11/23/2021 Academic Detailer: High-Cost Medications with a lower cost alternative</p> <p>- Clinical pharmacist outreach to providers regarding lower cost metformin</p> <ul style="list-style-type: none"> — Providers contacted: 3 — Annual Savings or results: \$15,781 <p>7/15/2022 Academic Detailer: Cosentyx</p> <p>- Providers outreached by a clinical pharmacist and encouraged to move patients from single pack Cosentyx to two pack Cosentyx (cost for single vs two pack of Cosentyx is the same)</p> <ul style="list-style-type: none"> — Providers contacted: 1 Annual Savings or results: \$17,523

MCO Name	RetroDUR Educational Outreach Summary
Peach State Health Plan	<p>Peach State Health Plan identifies multiple gaps in therapy, underutilization or concerns in treatment for members as outlined below. These programs were run in addition to our Medication Therapy Management (MTM) program.</p> <ol style="list-style-type: none"> 1. Retrospective Safety Review: Critical Drug-Drug Interactions To review POS Drug-Drug Interactions alerts to address issues that were not addressed at the point of sale within 72 hours of adjudication. A phone call or fax is sent to the provider alerting them of this safety issue. Providers provided responses for these safety issues. 2. Controlled substances, and inappropriate use and misuse To reduce instances of fraud, waste, and abuse of controlled substances through regular claims monitoring and timely interventions. 3. Asthma Medication Management To identify members with an asthma diagnosis who have filled a prescription for a controller inhaler. Telephonic outreach to members to promote adherence to controller medications. After telephonic outreach, most members are filling their asthma medications. 4. Antipsychotic Medication Management To identify members with a schizophrenia or bipolar diagnosis who have filled a prescription for an antipsychotic medication. Telephonic outreach to members to promote adherence to antipsychotic medications. After telephonic outreach, most members are filling their antipsychotic medications. 5. Multiple Opioid Prescribers To identify members who are either being fraudulent or abusive with opioid analgesic medication. Create referral to the pharmacy lock-in program for those meeting criteria. After referral, most of these members are placed into pharmacy lock-in. 6. Attention Deficit Hyperactivity Disorder (ADHD) Treatment To identify members who have received an initial prescription for ADHD medication. Telephonic outreach to members and providers to promote follow up visits with prescriber and medication adherence. After telephonic outreach, most members are filling their ADHD medications and having follow-up prescriber visits. 7. Statin Use in Diabetes - To identify members who have diabetes who have been prescribed statin therapy and their adherence to the statin therapy. Also, to identify members who have diabetes who are not prescribed statin therapy. Telephonic outreach to members and providers to promote adherence and statin therapy. After telephonic outreach, most members are filling their statin medications. 8. Opioid Super-prescribers To identify opioid high prescribers. Provider letters are mailed if they fall within the top 25% of prescribers or they have been identified as prescribing opioids to at least 75% of their patients. Opioid claims per thousand have decreased year over year.

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

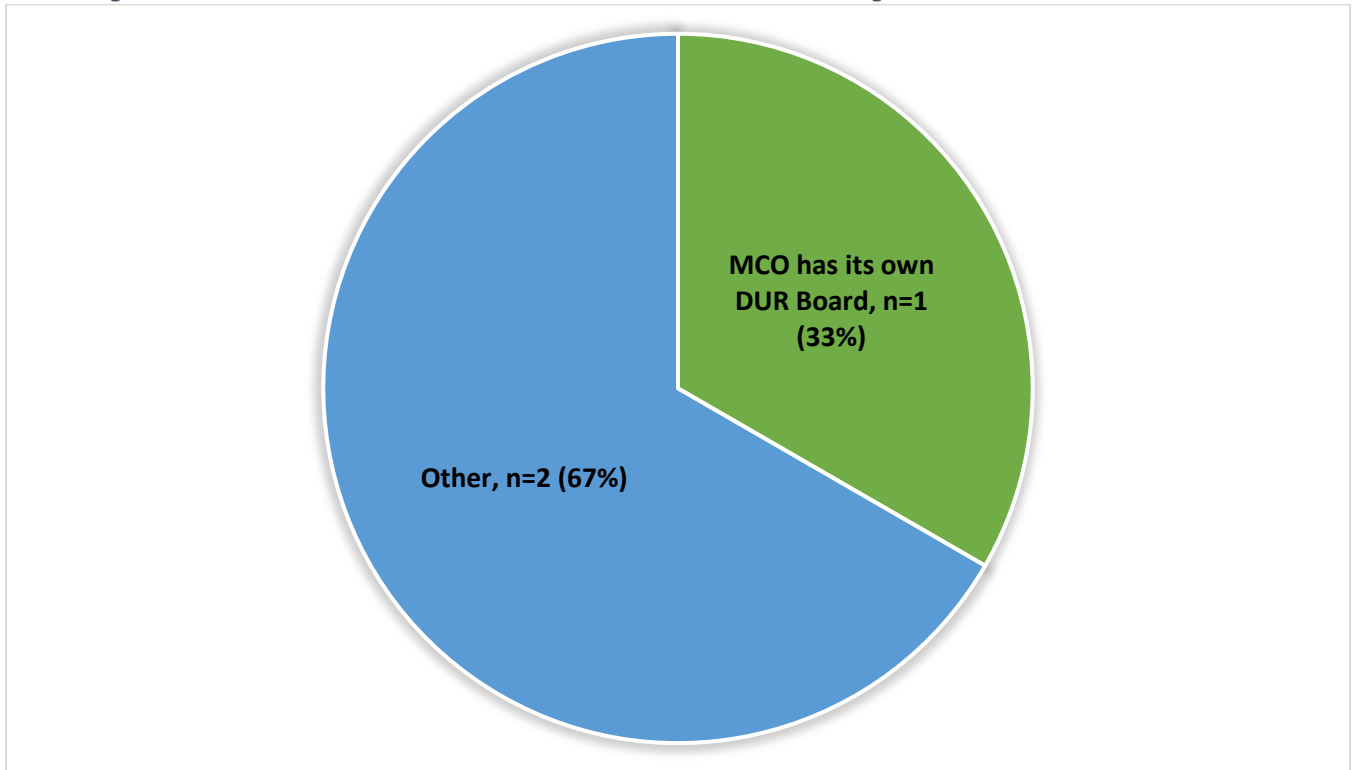


Table 48 - MCO Utilizes the Same DUR Board as the State FFS Program or Has Own DUR Board

Response	MCO Names	Count	Percentage
MCO has its own DUR Board	Peach State Health Plan	1	33.33%
Other	Amerigroup GA, CareSource	2	66.67%
State Totals		3	100%

If "Other," please explain.

Table 49 - "Other" Explanations for MCO not Utilizing the Same DUR Board as the State FFS Program or its Own DUR Board

MCO Name	Explanation
Amerigroup GA	Our DUR Board functions are handled by three committees which include Pharmacy Quality Programs(PQP), P&T, and Value Assessment (VAC) committees. PQP provides feedback and approve newly proposed pharmacy quality or cost of care interventions or changes to existing interventions upon request. P&T Committee reviews and approves policies so they are optionally available for each business unit to use (or not) according to their business needs. VAC decides to adopt a PA, and makes drug list (PDL) decisions.
CareSource	During the reporting period, CareSource did not have a separate DUR Board. DUR screening and intervention activities are outlined below.

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

Figure 33 - MCO has a Medication Therapy Management Program

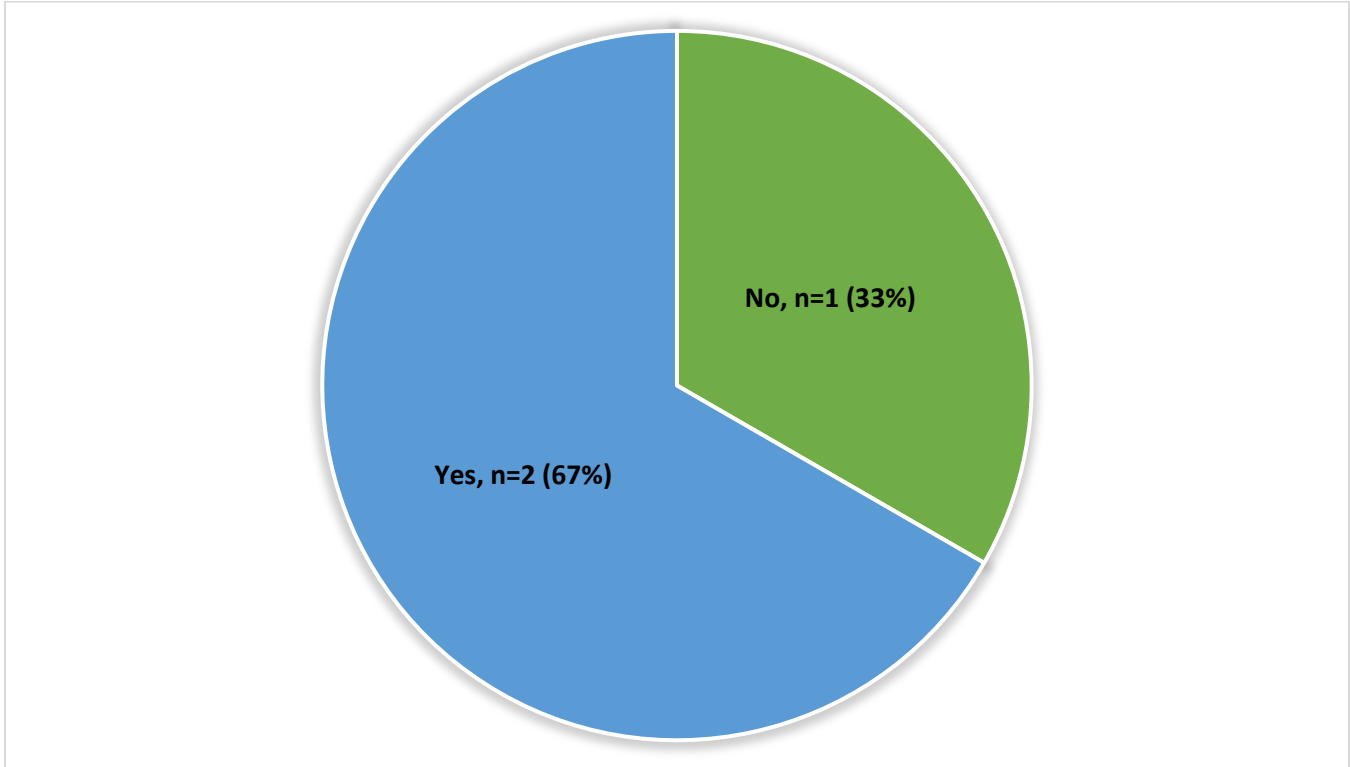


Table 50 - MCO has a Medication Therapy Management Program

Response	MCO Names	Count	Percentage
Yes	CareSource, Peach State Health Plan	2	66.67%
No	Amerigroup GA	1	33.33%
State Totals		3	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 51 - DUR Board Activities

MCO Name	DUR Board Activities Summary
Amerigroup GA	<p>Summary 2 DUR Board Activities</p> <p>Amerigroup Georgia</p> <p>DUR Board functions are handled by three committees, which include Pharmacy Quality Programs (PQP), P&T, and Value Assessment (VAC) committees. PQP provides feedback and approve newly proposed pharmacy quality or cost of care interventions or changes to existing interventions upon request. P&T Committee reviews and approves policies so they are optionally available for each business unit to use (or not) according to their business needs. VAC decides to adopt a PA and makes drug list (PDL) decisions.</p>

MCO Name	DUR Board Activities Summary
	<p>Retrospective Drug Utilization Review (RDUR) analysis is performed through a review of administrative pharmacy claims each day, week, and/or month. RDUR letters are faxed or mailed to targeted prescribers and members to identify gaps in care, discuss adherence and identify cases of potential under-and over-utilization, drug abuse or misuse, and/or improve formulary compliance. Some of these identified members are referred to the Lock-in program or to a pharmacist for further evaluation or clinical intervention. Additionally, our Clinical Pharmacy Care Center, composed of pharmacists and pharmacy technicians conduct retrospective outreaches to members and providers. Examples of these programs include evaluation of medications for polypharmacy and age appropriateness, new start and adherence education, and opioid/controlled substance management programs. State-specific program results are shared with the health plan leaders at a minimum of a quarterly basis. RDUR details are also presented during plan-specific Quality Management meetings and/or DUR Committee meetings.</p> <p>Retrospective DUR programs are presented and approved by the Pharmacy Quality Programs Committee. One purpose of the committee is to provide feedback and approve newly proposed pharmacy quality or cost of care interventions or changes to existing interventions upon request.</p> <p>PQP Committee interventions approved on the following dates:</p> <p>10/19/2021:</p> <p>3 Month Specialty Split Fill Expansion: Shifting the current Specialty Split Fill program from one month of two 14-or 15-day supply fills to three months of 14-or 15-day supply fills using drugs from the existing list.</p> <p>02/15/2022:</p> <p>Accordant New Conditions 2022: Adding 3 new conditions (pulmonary arterial hypertension, juvenile idiopathic arthritis, and inclusion body myositis) to the existing 19 specialty conditions that our vendor, Accordant, currently manages through the Specialty Condition Management (SCM) enhanced program.</p> <p>Follow-up Care for Children Prescribed ADHD Medication (ADD): New provider outreach to ensure appropriate monitoring and follow-up for children that are new starts on ADHD medications.</p> <p>05/17/2022:</p> <p>Medicaid Program Message Consolidation: Adding medication review rules to Medicaid rule set and retire separate faxes for certain programs.</p>
CareSource	<p>During the reporting period, CareSource did not have a separate DUR Board. CareSource engages with the MTM vendor to discuss DUR issues. These discussions end in development of interventions to address identified issues through MTM interventions. CareSource works with our PBM's Academic Detailer to identify DUR issues and collaborate on provider outreach. We meet with our Academic Detailer on a weekly basis.</p>

MCO Name	DUR Board Activities Summary
	<p>CareSource also worked with our PBM on prospective DUR edits. Any changes to prospective DUR edits come from CareSource's internal P&T/VAC.</p> <p>From 1/1/20 to 12/31/2021 CareSource adopted the ESI RationalMed Program that contains over 4,000 potential rDUR opportunities. These rDUR opportunities are loaded and trigger based on retrospective claims review. ESI has a DUR Board that decides on the modifications of existing or addition of new interventions. RationalMed can send interventions directly at the point of sale in real time. These interventions are based on medical, lab, and prescription data.</p> <p>CareSource also houses an internal clinical call center comprised of clinical pharmacists and pharmacy technicians. This clinical call center works on various DUR programs, such as monitoring psychotropic medication in children. These DUR programs result in an outreach to the member and/or provider via telephone, fax, or letter.</p>
Peach State Health Plan	<p>Peach State Health Plan (PSHP) attends the Georgia Drug Utilization Board Meeting that is held quarterly. The GA DUR Board reviews drug therapy, drug studies, and utilization information. In FFY 2021, there were four GA DUR Board Meetings.</p> <p>In addition to the GA DUR Board, there were 7 DUR MCO Board meetings (10/18/2021, 11/29/2021, 2/28/2022, 3/14/2022, 5/23/2022, 6/27/2022, 9/26/2022):</p> <p>Prospective DUR - POS review: During the reporting period, all cDUR messaging at the point of sale (POS) was reviewed in the Pharmacy Drug Utilization Meeting. Edit types reviewed included the following:</p> <ul style="list-style-type: none"> Apparent Drug Misuse Cumulative APAP Check Cumulative Morphine Equivalent Dose Dose Check Multiplier Drug Age Precaution Drug-Disease Precaution Drug-Drug Interaction Drug-Gender Drug-Pregnancy Excessive Controlled Substances: Multiple Drugs, Number of Therapies Excessive Duration High Dose Ingredient Duplication Low Dose Therapeutic Duplication Underuse Precaution Buprenorphine-opioid concurrent use Opioid claim >7 day supply in a nave member Opiate/Benzodiazepines Drug Interaction Refill Too Soon Multiple Pharmacies Multiple Prescribers Duplicate Long Acting Opioids <p>All conflicts identified were determined to be appropriate.</p>

MCO Name	DUR Board Activities Summary
	<p>Retrospective DUR: To act as a safety net for situations that may have a negative clinical impact on a member. Retail and mail prescriptions are reviewed daily for serious drug-to-drug interactions and the prescriber is notified within 72 hours of claim processing. Providers are sent therapeutic alerts via fax with patient profile requesting a response for an appropriate intervention.</p> <p>Goal: Increase Member Safety Increase Prescriber Engagement Reduce Medication Error</p> <p>The top Drug-Drug Interactions identified include: OPIOIDS VS ANTIPSYCHOTICS CITALOPRAM VS SELECTED ACID SUPPRESSION AGENTS VARIOUS ANTICOAGULANTS VS NSAIDS TRAMADOL VS VARIOUS AGENTS TRIPTANS VS. SRIS CLONIDINE VS BETA BLOCKERS SELECTED CCBS VS BETA BLOCKERS TIZANIDINE VS SELECTED H2RAS SELECTED ANTICOAGULANTS VS ANTIPLATELET AGENTS CLOPIDOGREL VS PPIS Provider was sent letter within 72 hours of claim to alert them of DDI.</p> <p>RetroDUR and ProDUR trends are monitored to identify opportunities and determine if additional controls or interventions are needed- either prospectively or retrospectively determined by each individual situation. A variety of rDUR projects have been conducted from identified problems, and interventions have been made which may include educational programs and/or other relevant interventions:</p> <p>1) Diabetics medications and cardiovascular outcomes (Q1 2022) Description/Goal: Patients with type 2 diabetes who are on DPP4 inhibitors and in whom ASCVD or heart failure predominates, may see clinical benefit from utilizing GLP-1 receptor agonists and SGLT2 inhibitors. The goal of this DUR was to target patients who may benefit from switching diabetes medication, and to also identify diabetic members who are not on hypertension medications. Intervention: member lists for those on DPP4s who have had cardiovascular events or presence of ASCVD were created. Member lists for those with diabetes without an ACEi/ARB were also created.</p> <p>2) SABA Overutilization 2022 (Q1 2022) Description/Goal: Short-Acting Beta Agonists (SABAs) are cornerstone rescue treatment for asthma patients. However, overutilization of these inhalers can be common and may indicate uncontrolled asthma. The 2021 GINA guidelines state that regular or frequent use of SABA is associated with adverse effects and clinical outcomes. Goal was to ensure members are utilizing SABA inhalers safely and appropriately, with considerations on canister quantities per year as outlined in the 2021 GINA Asthma guidelines Intervention: member lists for those utilizing 12 SABA inhalers for asthma were created.</p>

MCO Name	DUR Board Activities Summary
	<p>3) Krystexxa Utilization (Q3 2022)</p> <p>Description/Goal: Krystexxa is for the treatment of symptomatic hyperuricemia due to chronic gout/gouty arthritis in patients refractory to conventional therapy. Now it is recommended to be co-administered with methotrexate. This medication has specific criteria in order to be utilized appropriately. The goal of this DUR was to ensure that members are utilizing Krystexxa safely and appropriate and to determine whether utilization management strategies need to be updated conducted at the health plan</p> <p>Intervention: The majority of prior authorization cases were worked correctly upon analysis. Medicaid corporate prior authorization policy was also evaluated and recommendations to update were made to drug information team to finalize.</p>

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

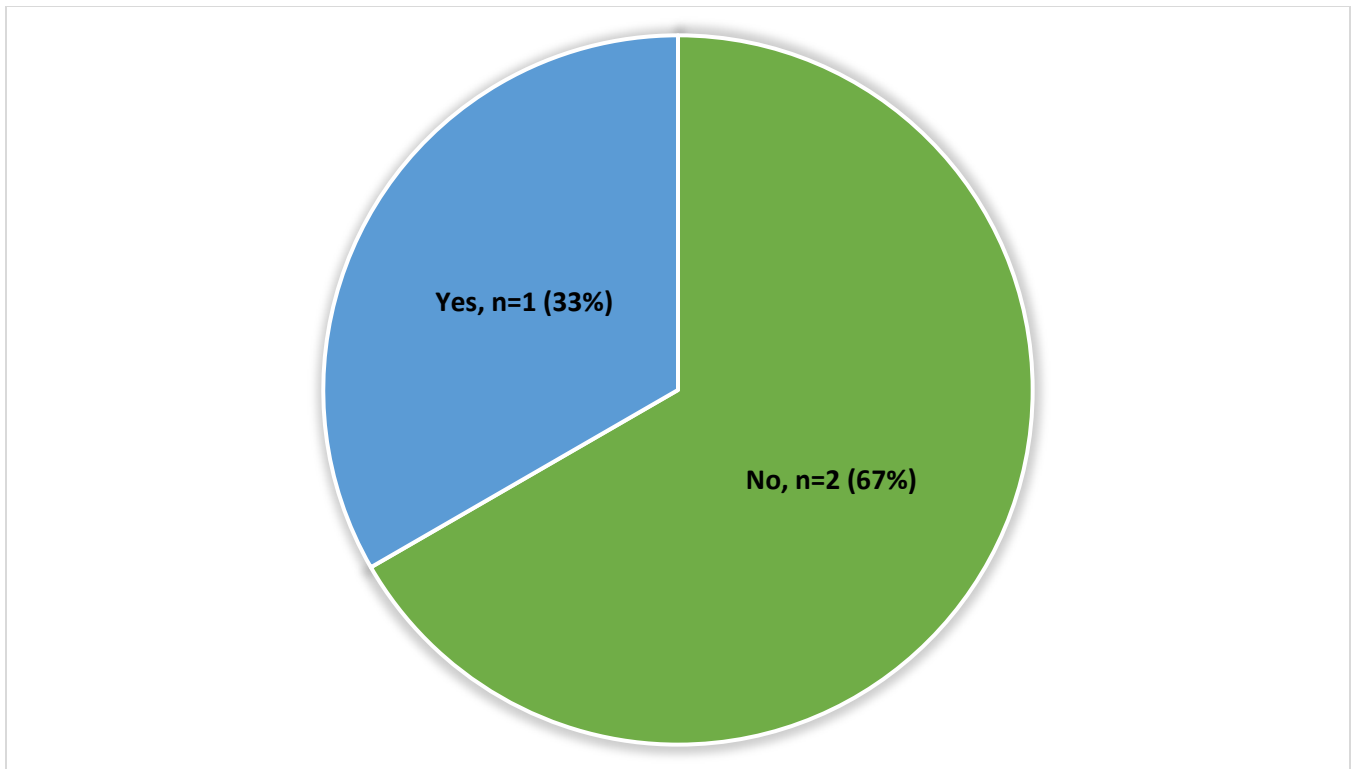


Table 52 - Incorporation of NDCs for Covered Outpatient Physician Administered Drugs into DUR Criteria for ProDUR

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA	1	33.33%
No	CareSource, Peach State Health Plan	2	66.67%
State Totals		3	100%

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

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

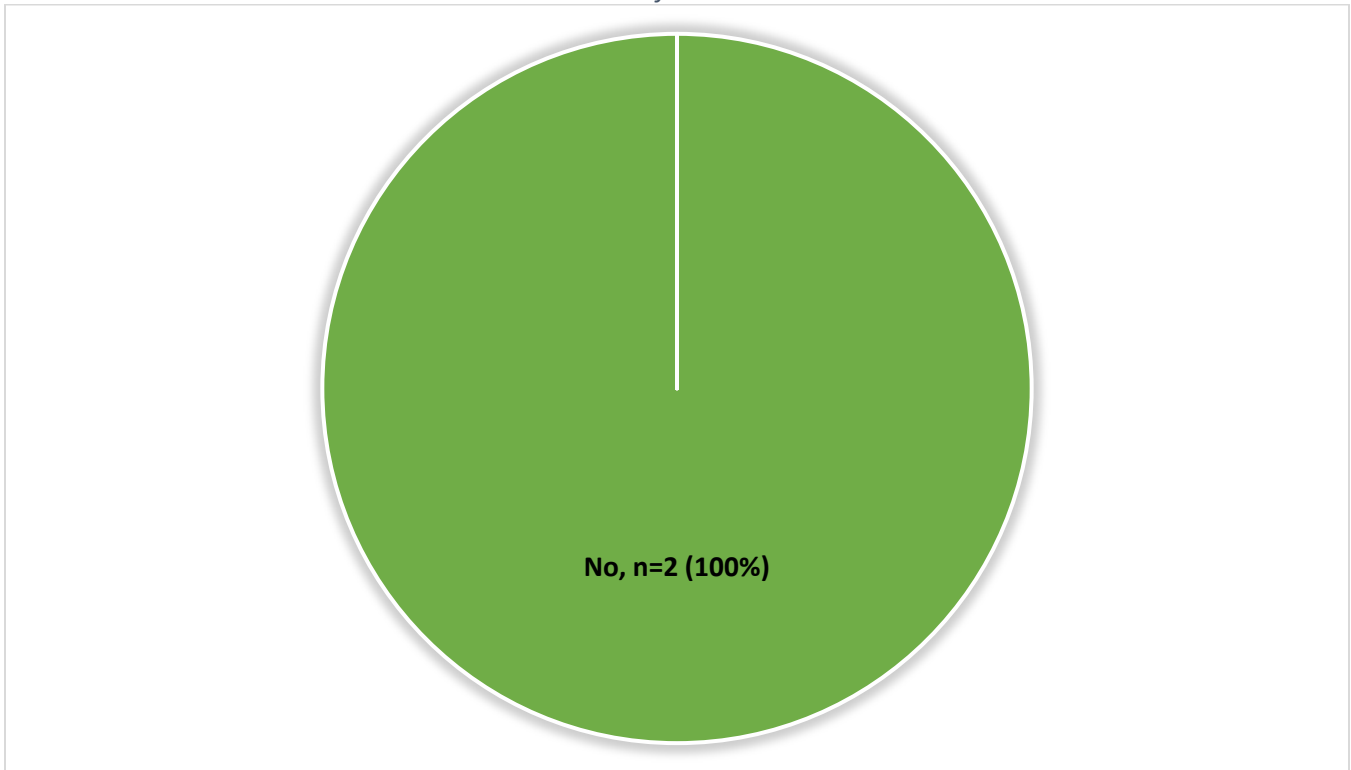


Table 53 - Future Plans to Incorporate NDCs for Covered Outpatient Physician Administered Drugs into DUR Criteria for ProDUR

Response	MCO Names	Count	Percentage
No	CareSource, Peach State Health Plan	2	100.00%
State Totals		2	100%

2. RetroDUR?

Figure 36 - Incorporation of NDCs for Covered Outpatient Physician Administered Drugs into DUR Criteria for RetroDUR

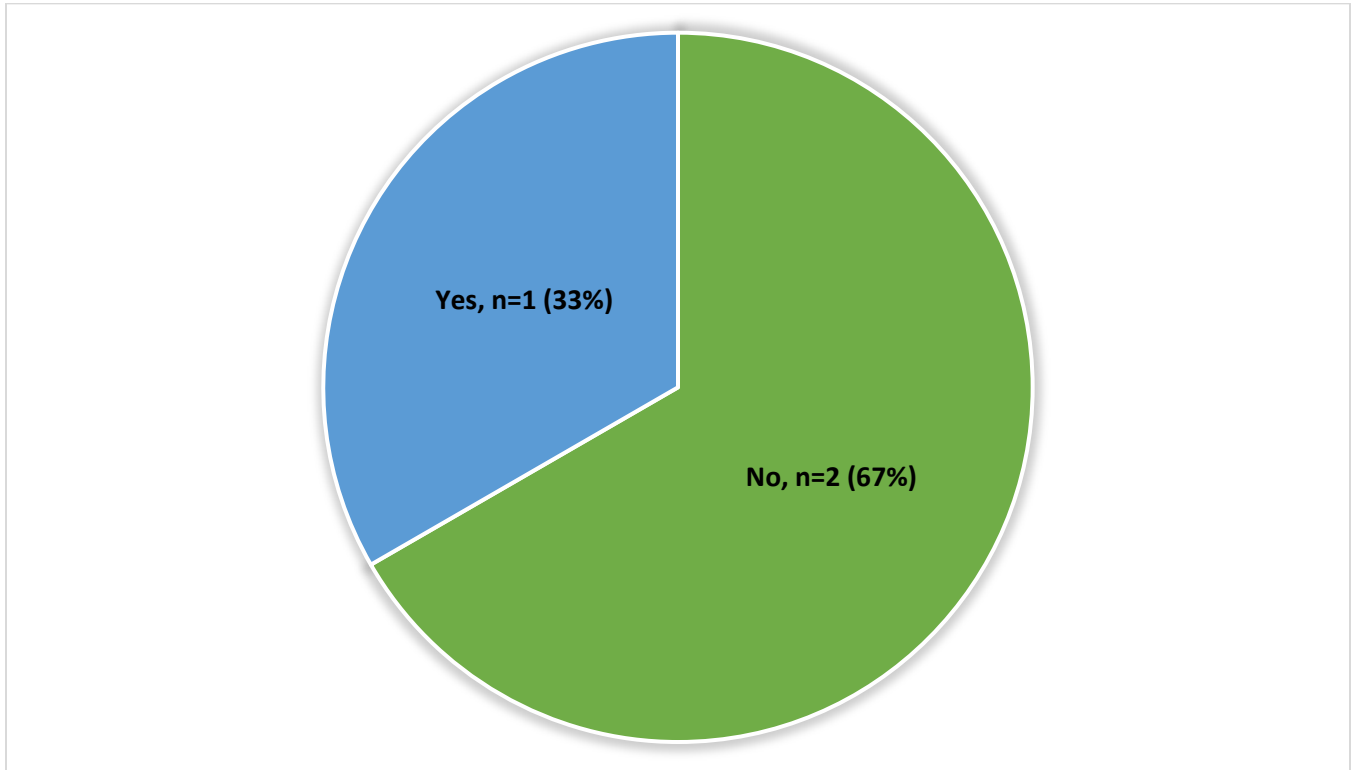


Table 54 - Incorporation of NDCs for Covered Outpatient Physician Administered Drugs into DUR Criteria for RetroDUR

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA	1	33.33%
No	CareSource, Peach State Health Plan	2	66.67%
State Totals		3	100%

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

Figure 37 - Future Plans to Incorporate NDCs for Covered Outpatient Physician Administered Drugs into DUR Criteria for RetroDUR

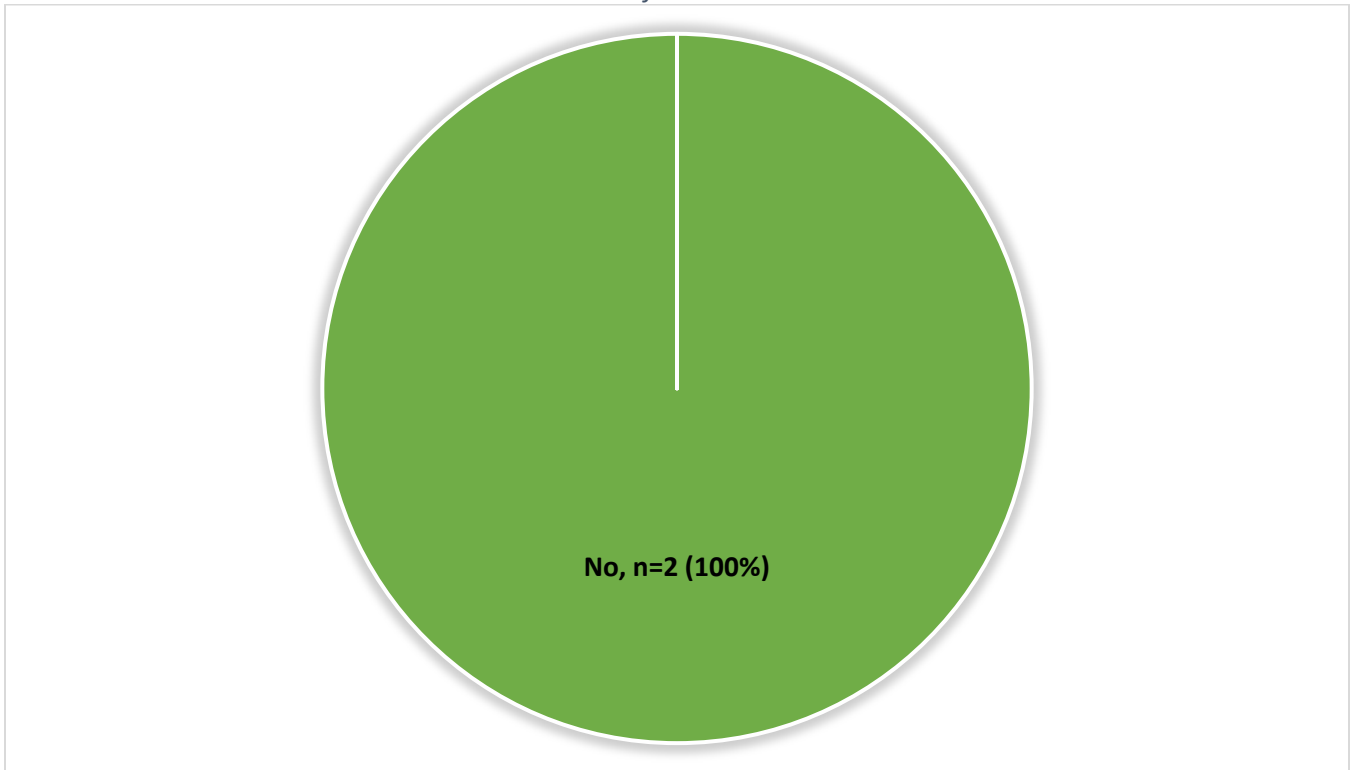


Table 55 - Future Plans to Incorporate NDCs for Covered Outpatient Physician Administered Drugs into DUR Criteria for RetroDUR

Response	MCO Names	Count	Percentage
No	CareSource, Peach State Health Plan	2	100.00%
State Totals		2	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 56 - Generic Drug Substitution Policies

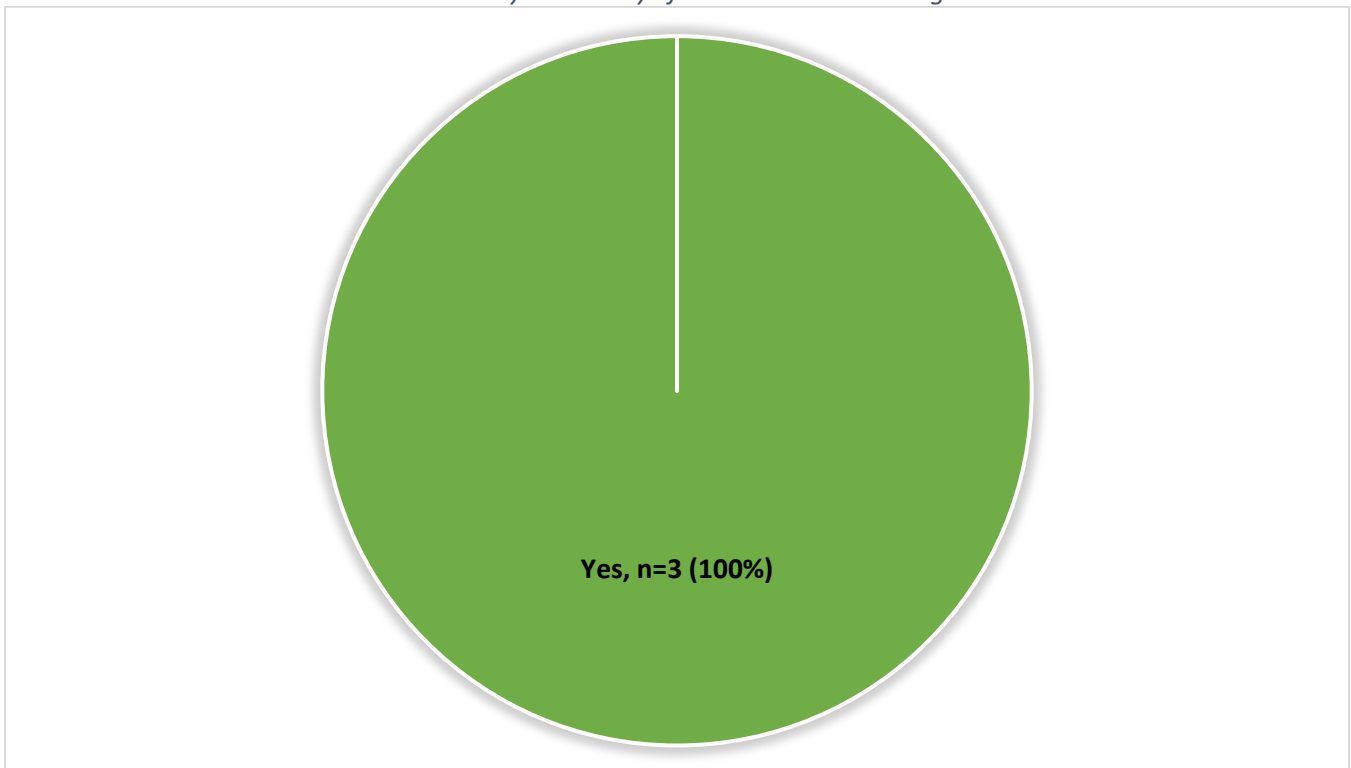
MCO Name	Generic Drug Substitution Policies Summary
Amerigroup GA	<p>Our Prior Authorization and Health Plan Pharmacy Benefits policies address generic drug substitution. To promote prescribing of safe and cost effective medications, a PA is required for all non-formulary drugs, brand name medications with a generic equivalent, drugs excluded from the pharmacy benefit/plan design, any drug that exceeds plan limitations, and for drugs requiring clinical criteria. The health plan requires the use of preferred generic or therapeutic equivalent alternative as medically necessary (where applicable) prior to approval of non-formulary/non-preferred drugs. When or if there has been a failure, contraindication, or intolerance to the specified alternatives, providers must submit a PA request documenting the aforementioned events.</p>
CareSource	<p>CareSource follows Policy 0556 (RX-46-Pharmacy Generic and Formulary Management) along with Procedure 0556.01 (RX-46-M-Pharmacy Generic and Formulary Management). This allows for the processes below.</p> <ol style="list-style-type: none"> 1. CareSource's PBM determines if a medication or pharmaceutical product will be defined as a brand or generic medication in its claims processing system based on their drug database. 2. New brand name medications are not automatically added to the PDL unless otherwise indicated or required by State or Federal regulation. A review and approval by the CareSource Pharmacy and Therapeutics (P&T) committee and Value Assessment Committee is required to add these medications to the PDL, as covered in a separate policy. New brand name medications are reviewed by the P&T Committee and VAC for possible addition to the formulary after they have been on the market for at least six months. 3. New generic medications may be added to the PDL as follows: <ol style="list-style-type: none"> a. If the brand name equivalent is available on the PDL and does not have a prior authorization requirement, the generic equivalent may be automatically added to the PDL without a prior authorization requirement; b. If the brand name equivalent is available on the PDL (i.e., "on formulary"), but with a Prior Authorization requirement, the generic equivalent will also be added with the same prior authorization requirement; c. Any other circumstance will be presented to the P&T and VAC prior to addition; d. All decisions or recommendations for new generics will be presented to the P&T committee and VAC at the next available meeting. 4. Brand name equivalent drugs (multi-source brands) will not be available on a CareSource PDL except where required by regulation. Exceptions will be made for medications used to treat epilepsy or other seizure disorder, after prior authorization is submitted and approved.

MCO Name	Generic Drug Substitution Policies Summary
	<p>5. Any medication not available on a CareSource PDL is available upon Prior Authorization request and approval for medical necessity by CareSource. Please refer to appropriate Prior Authorization and Medical Necessity Policies.</p> <p>6. Clinical Pharmacy Programs:</p> <p>a. Therapeutic Interchange</p> <p>i. CareSource encourages the use of preferred/formulary medications through use of a closed formulary. This design requires a prior authorization for any product not on the PDL.</p> <p>ii. CareSource does not actively pursue therapeutic interchange, other than through the use of a closed formulary benefit.</p> <p>b. Quantity and Dose Limits</p> <p>i. CareSource may implement dispensing limitations on medications and pharmaceutical products based on quantity or dose to ensure the safe and effective use of medic</p> <p>ii. Dispensing limits are based on FDA-approved dosing guidelines or other appropriate compendia, as outlined in the "Off-Label Use" policy, and in accordance with and State or Federal requirements, if appropriate.</p> <p>c. Prior Authorization</p> <p>i. CareSource may implement prior authorization requirements on medications and pharmaceutical products to ensure appropriate use of medications</p> <p>ii. Prior Authorization criteria are based on FDA-approved indications, relevant treatment guidelines, clinical trials, or other appropriate compendia, as outlined in the "Off-Label use" policy, and compendia and in accordance with and State or Federal requirements, if appropriate.</p> <p>d. Step Therapy</p> <p>i. CareSource may implement step therapy requirements on medications and pharmaceutical products to ensure appropriate and cost-effective use of medications</p> <p>ii. Step Therapy criteria are based on preferred medications within a therapeutic category or used to treat a particular condition; relevant treatment guidelines and algorithms are considered as well</p> <p>e. Exceptions for Non-preferred medications are subject to CareSource policy "Medical Necessity for Non Formulary Medications"</p> <p>f. In the event that a formulary benefit is found to be out of compliance with the Mental Health Parity and Addiction Equity Act of 2008, CareSource will move expeditiously to make the necessary changes in order to become in full compliance with the MHPAEA.</p> <p>g. Members and Providers are able to access the State-specific Preferred Drug List on the web at www.caresource.com. These lists are updated quarterly in accordance with CareSource/Communications standard operating procedures. Members who are affected by a formulary change will be notified in writing 30 days in advance of the formulary change. Prescribing practitioners will receive notice via the Drug Formulary Changes posted on the pharmacy page of the provider website. The Preferred Drug list and List of Medication that require Prior Authorization will be updated after changes are made each quarter and will be posted on the website.</p>
Peach State Health Plan	<p>Brand name drugs require review prior to approval. A generic drug is identical and bioequivalent to a brand name drug in dosage form, safety, strength, route of administration, quality, performance characteristics, and intended use. Generic substitution is mandatory for Peach State Health Plan when A-rated generic equivalents are available; however, brand name drugs may be approved in certain circumstances where there are adverse reactions to or therapeutic failure of generic drugs. If a</p>

MCO Name	Generic Drug Substitution Policies Summary
	<p>physician/clinician provider feels a brand name drug is medically necessary, the physician/clinician can ask for PA.</p> <p>PROCEDURE: Request for Brand Name Drug in Lieu of Generic Formulation (must meet all):</p> <ol style="list-style-type: none"> 1. Prescribed indication is FDA-approved; 2. Failure of an adequate trial of or clinically significant adverse effects to two generics (each from a different manufacturer) or the preferred biosimilar(s) of the requested brand name drug, unless member has contraindications to the excipients in all generics/biosimilars; 3. If clinically significant adverse effects were experienced, provider submits chart note documentation; 4. Provider submits clinical rationale supporting why the brand name drug will be more effective than the generic or will not produce the same adverse effects as the generic; 5. Request meets one of the following (a or b): <ol style="list-style-type: none"> a. Dose does not exceed the FDA approved maximum recommended dose for the relevant indication and health plan approved daily quantity limit; b. Dose is supported by practice guidelines or peer-reviewed literature (prescriber must submit supporting evidence).

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



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Table 57 - 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	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

If "Yes," check all that apply.

Figure 39 - Additional Restrictive MCO Requirements for Dispensing a Brand Name Drug

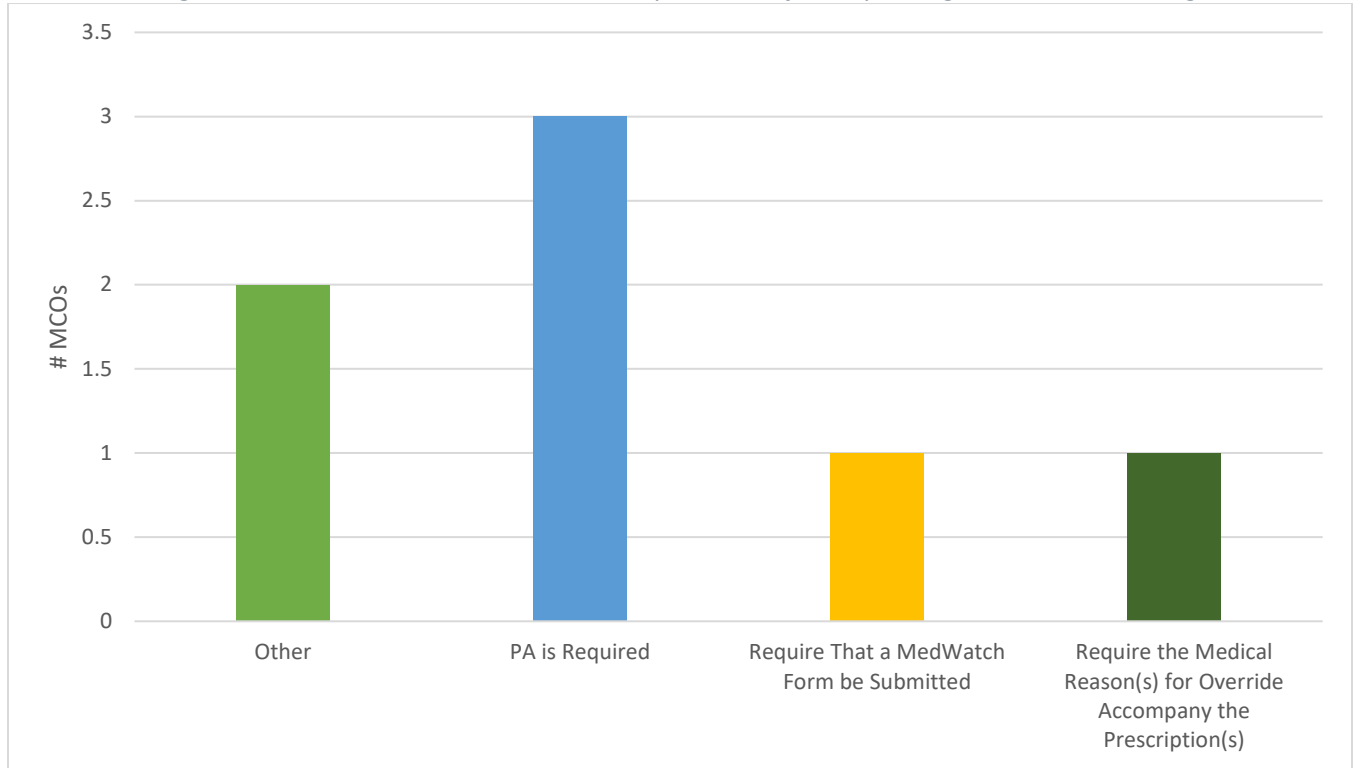


Table 58 - Additional Restrictive MCO Requirements for Dispensing a Brand Name Drug

Response	MCO Names	Count	Percentage
PA is required	Amerigroup GA, CareSource, Peach State Health Plan	3	42.86%
Require that a MedWatch Form be submitted	CareSource	1	14.29%
Require the medical reason(s) for override accompany the prescription(s)	CareSource	1	14.29%
Other	CareSource, Peach State Health Plan	2	28.57%
State Totals		7	100%

If "Other," please explain.

Table 59 - "Other" Explanations for Additional Restrictive MCO Requirements for Dispensing a Brand Name Drug

MCO Name	Explanation
CareSource	DAW 1 (Dispense As Written) overrides are systematically allowed for narrow therapeutic index medications without prior authorization when pharmacy enters DAW 1.
Peach State Health Plan	Prescriber must indicate "Brand Medically Necessary" on the prescription.

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:

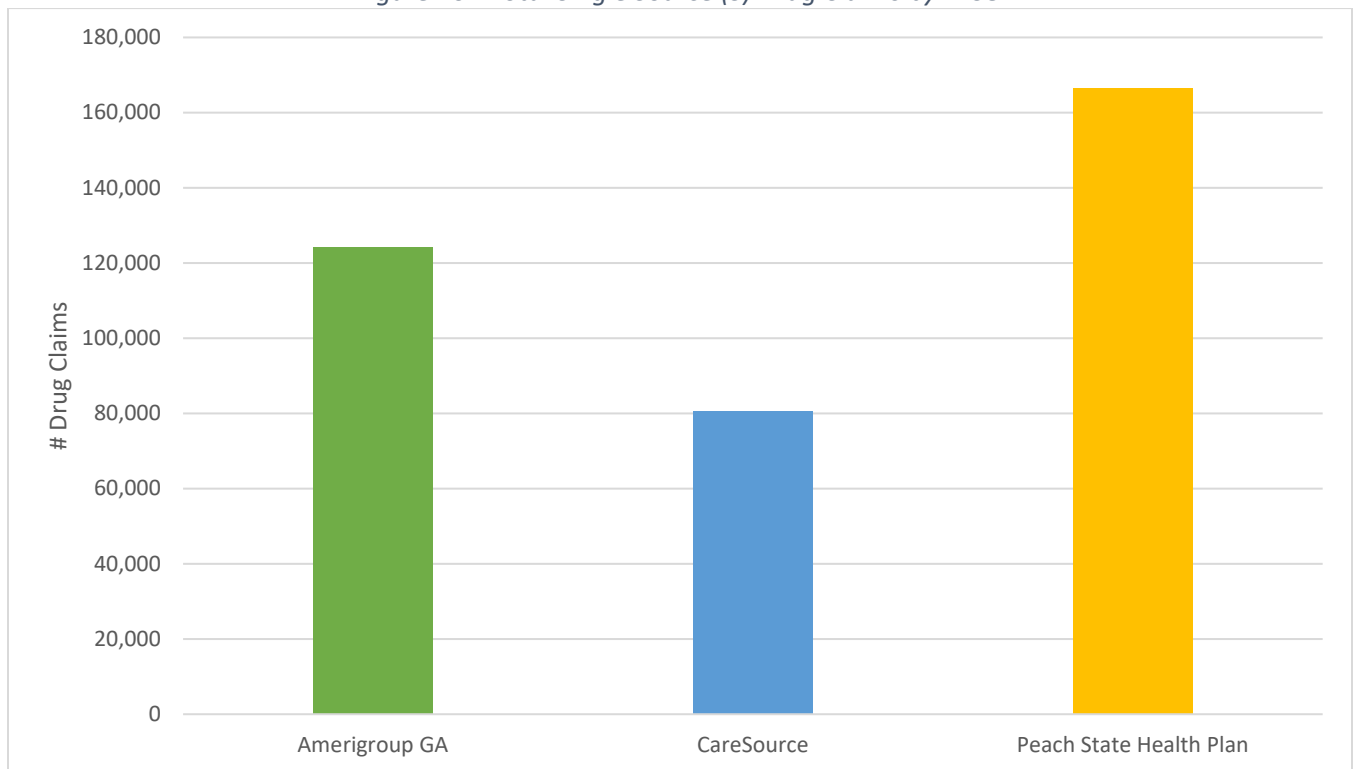
$$N \div (S + N + I) \times 100 = \text{Generic Utilization Percentage}$$

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 40 - Total Single Source (S) Drug Claims by MCO



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Figure 41 - Total Non-Innovator (N) Drug Claims by MCO

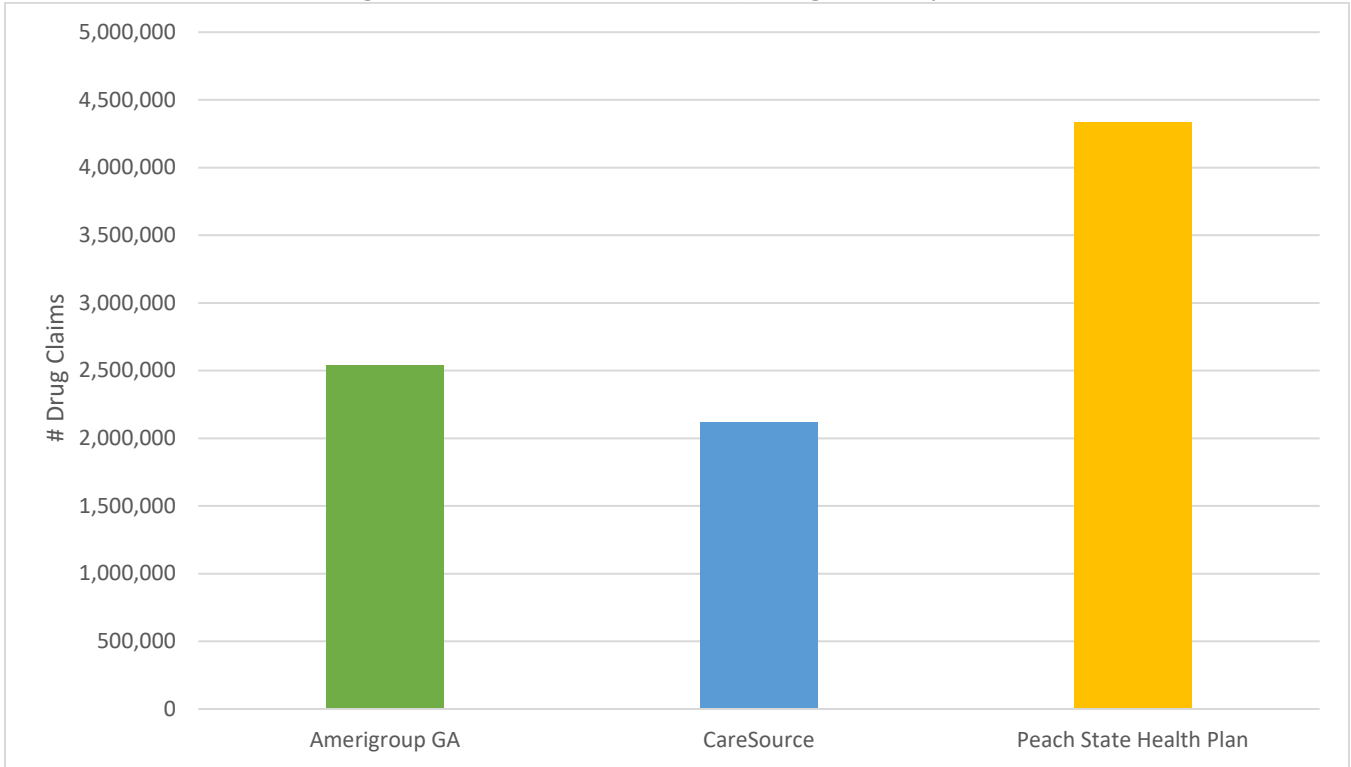
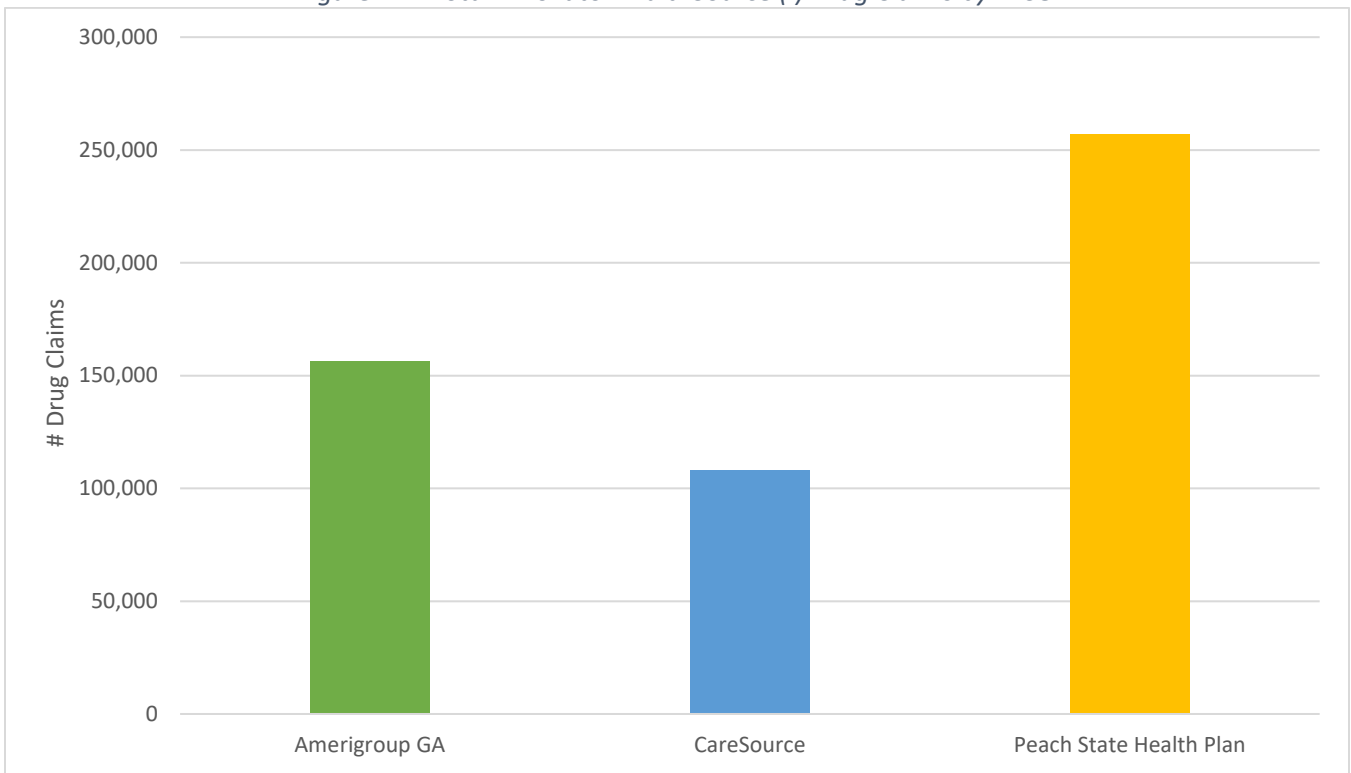


Figure 42 - Total Innovator Multi-Source (I) Drug Claims by MCO



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Table 60 - 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
Amerigroup GA	124,316	2,540,963	156,400
CareSource	80,479	2,114,697	107,895
Peach State Health Plan	166,365	4,334,363	257,063
State Totals	371,160	8,990,023	521,358

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

Figure 43 - Generic Utilization Percentage

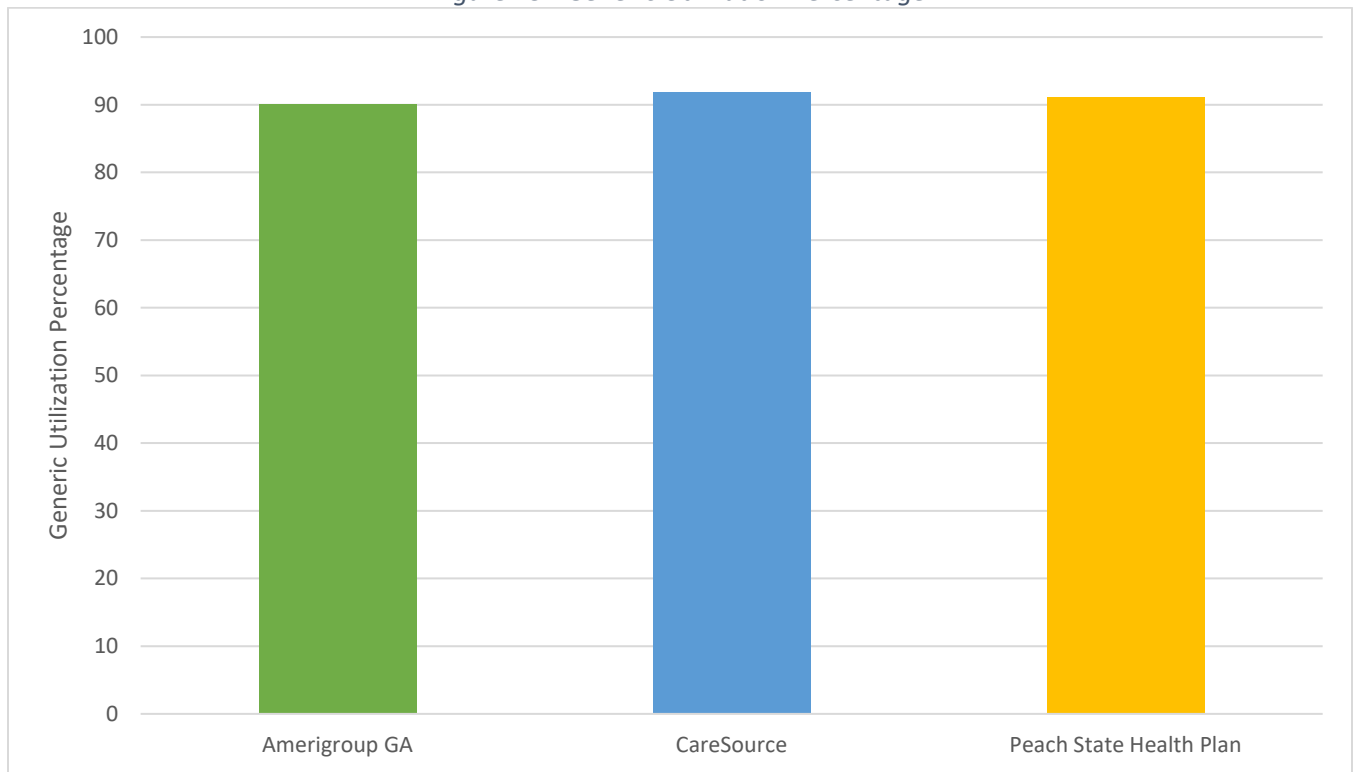


Table 61 - Generic Utilization Percentage

MCO Name	Generic Utilization Percentage
Amerigroup GA	90.05%
CareSource	91.82%
Peach State Health Plan	91.10%
State Average	90.99%

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

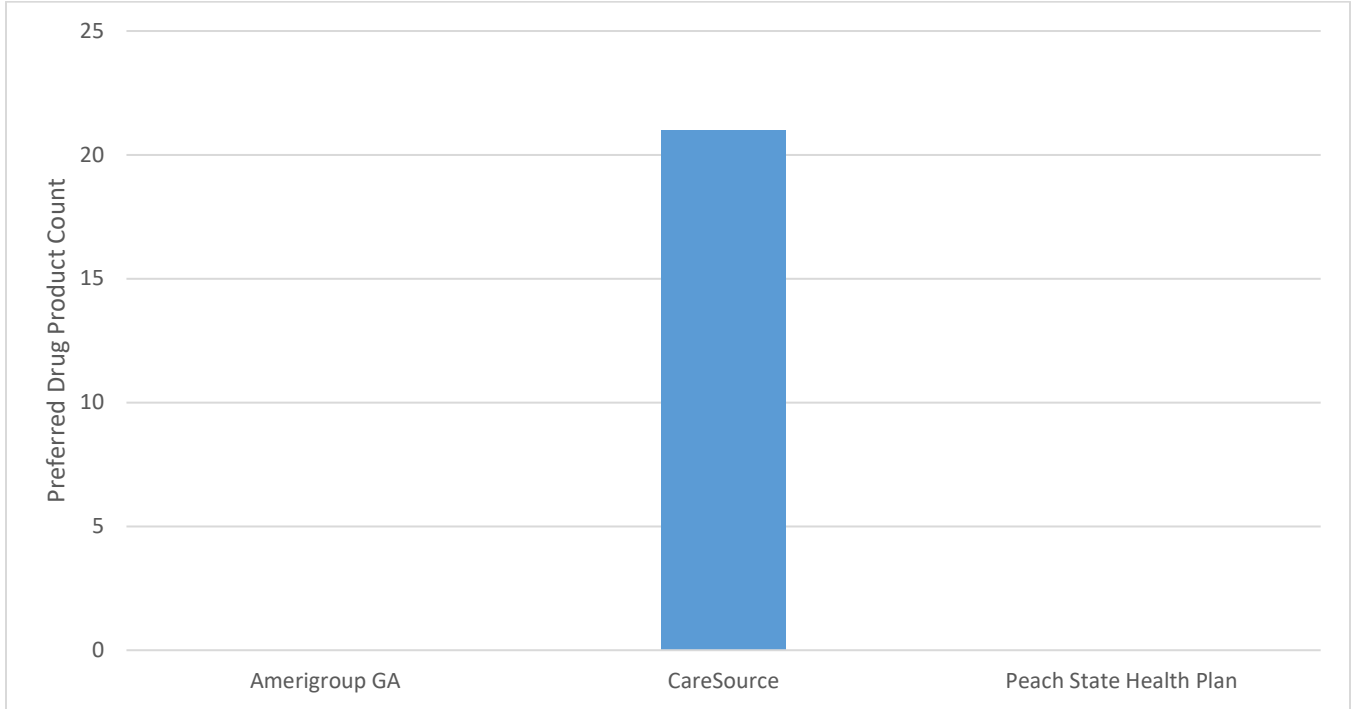


Table 62 - Innovator Drugs That Are The Preferred Product Instead Of Their Multi-Source Counterpart Based On Net Pricing

MCO Name	Preferred Drug Product Count
Amerigroup GA	0
CareSource	21
Peach State Health Plan	0

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

Figure 45 - Percentage Dollars Paid for Generic CODs

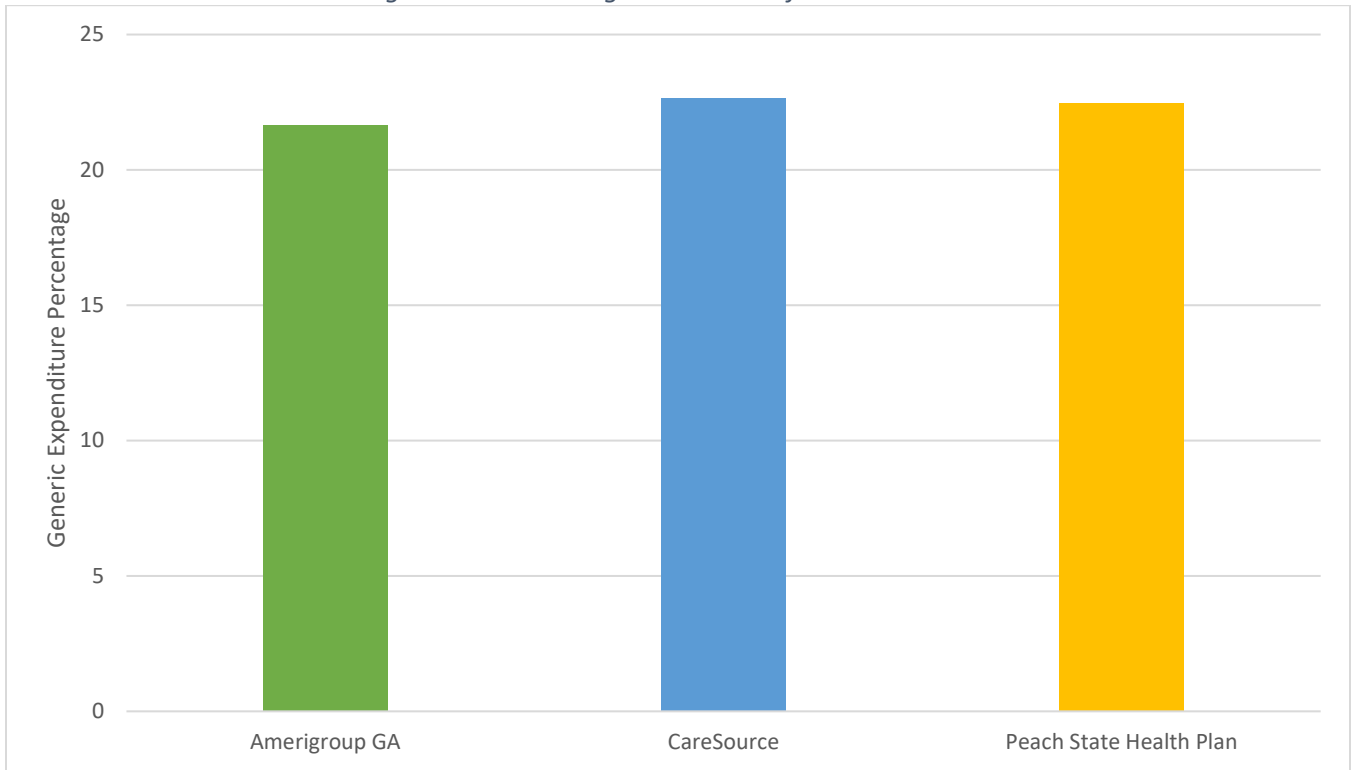


Table 63 - Percentage Dollars Paid for Generic CODs

MCO Name	Generic Expenditure Percentage
Amerigroup GA	21.65%
CareSource	22.66%
Peach State Health Plan	22.47%
State Average	22.26%

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

Table 64 - Explanations for MCO Policies Related to Biosimilars

MCO Name	Explanations
Amerigroup GA	We cover biosimilar agents in the same manner as the reference product. The biosimilar agents are specifically called out in the clinical criteria. Biosimilar agents are at parity with the reference agents with regard to allowed indications.
CareSource	No, biosimilars are reviewed as individual products.
Peach State Health Plan	Biosimilar utilization requirements are built into each respective drug policy where a biosimilar drug exists. These policies may require utilization of the biosimilar drug prior to approval of the legend drug unless adverse events or contraindications exist to biosimilar drugs.

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

Figure 46 - Medicaid Program Providing Coverage of Over-the-Counter Medications When Prescribed by an Authorized Prescriber

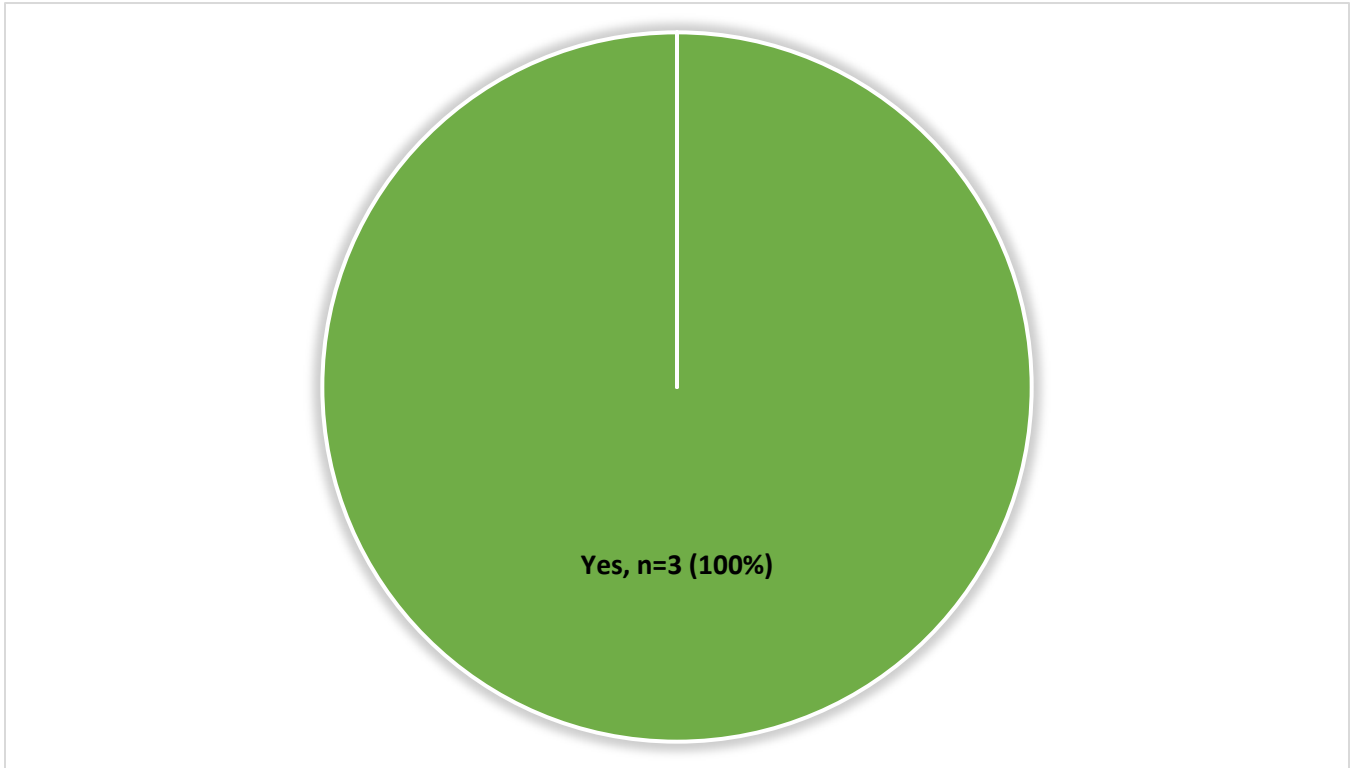


Table 65 - Medicaid Program Providing Coverage of Over-the-Counter Medications When Prescribed by an Authorized Prescriber

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	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 47 - Documented Process in Place to Identify Potential FWA of Controlled Drugs by Beneficiaries

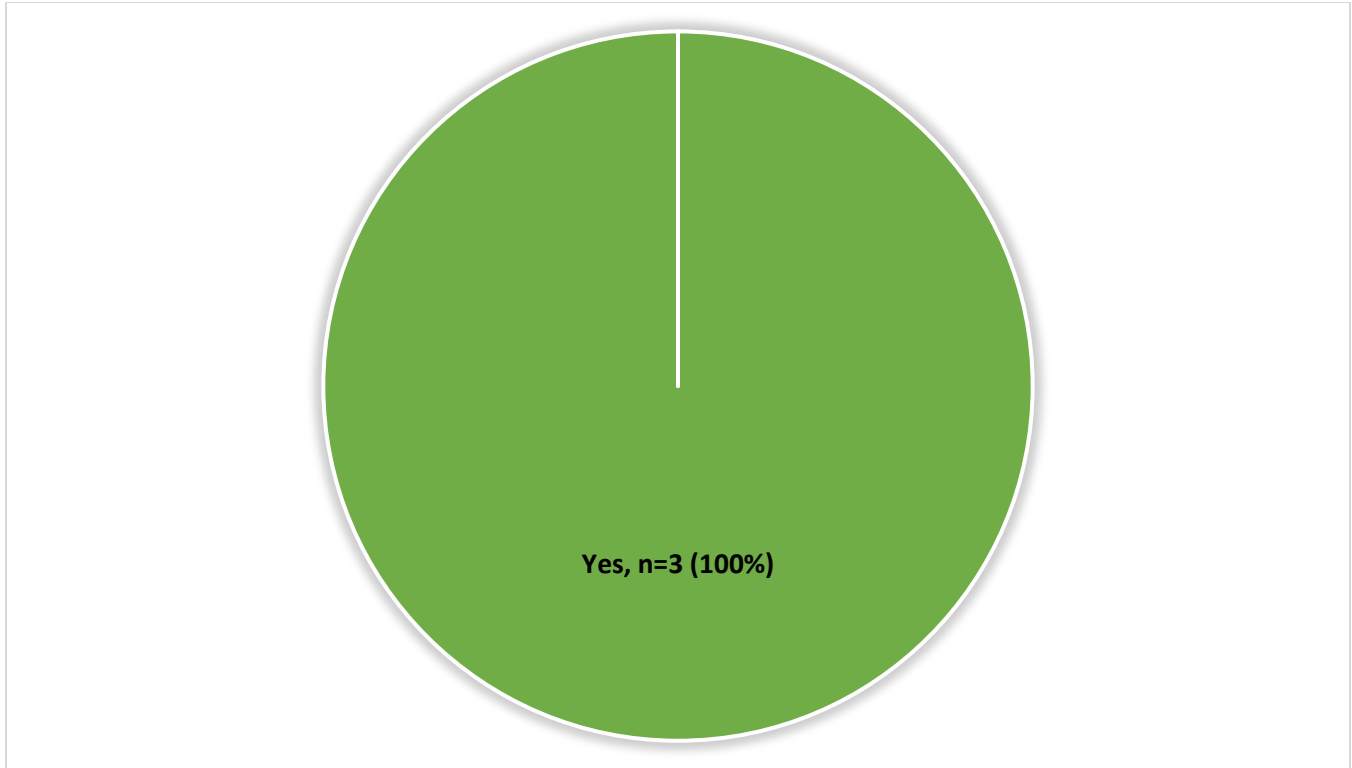


Table 66 - Documented Process in Place to Identify Potential FWA of Controlled Drugs by Beneficiaries

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

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

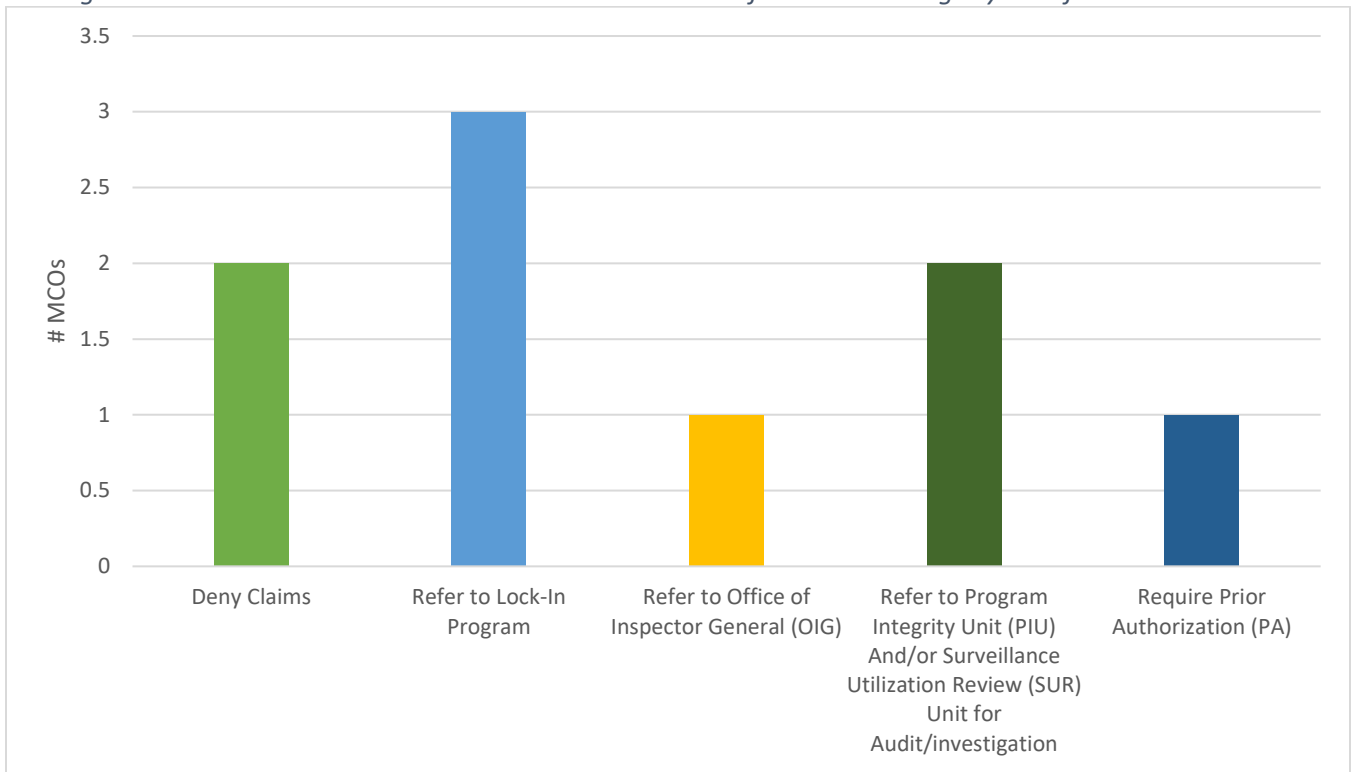


Table 67 - Actions Process Initiates when Potential FWA of Controlled Drugs by Beneficiaries is Detected

Response	MCO Names	Count	Percentage
Deny claims	Amerigroup GA, Peach State Health Plan	2	22.22%
Refer to Lock-In Program	Amerigroup GA, CareSource, Peach State Health Plan	3	33.33%
Refer to Office of Inspector General (OIG)	CareSource	1	11.11%
Refer to Program Integrity Unit (PIU) and/or Surveillance Utilization Review (SUR) Unit for audit/investigation	CareSource, Peach State Health Plan	2	22.22%
Require prior authorization (PA)	Peach State Health Plan	1	11.11%
State Totals		9	100%

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

Figure 49 - Lock-In Program

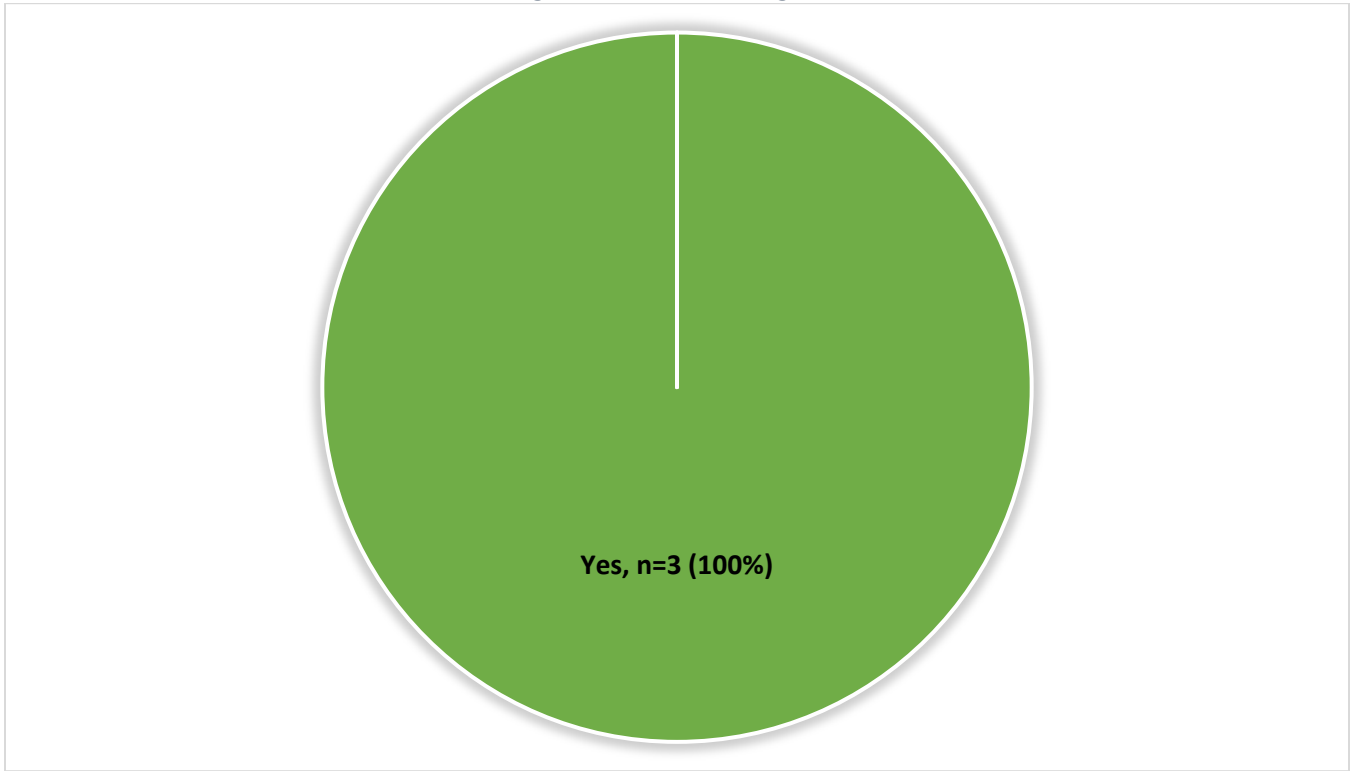


Table 68 - Lock-In Program

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

Figure 50 - Lock-In Program Candidate Identification Criteria

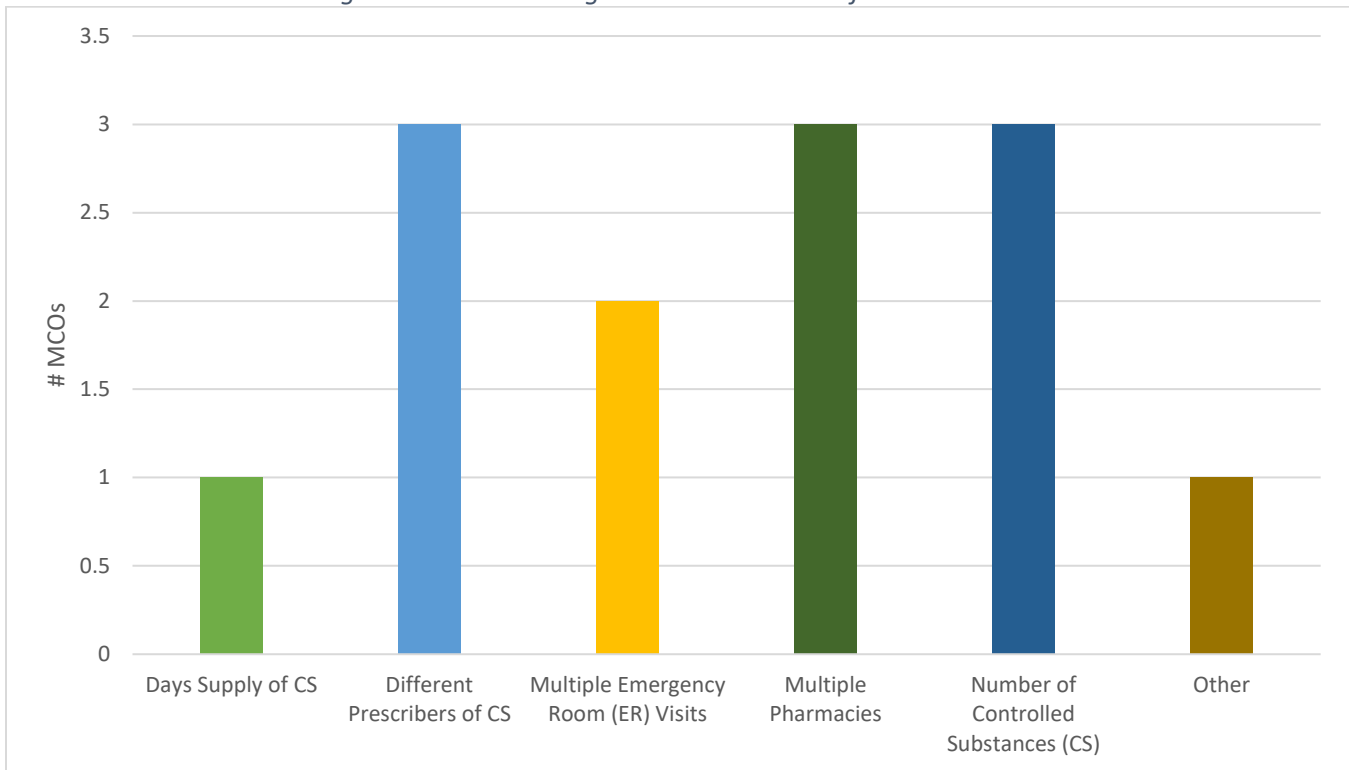


Table 69 - Lock-In Program Candidate Identification Criteria

Response	MCO Names	Count	Percentage
Days supply of CS	Peach State Health Plan	1	7.69%
Different prescribers of CS	Amerigroup GA, CareSource, Peach State Health Plan	3	23.08%
Multiple emergency room (ER) visits	CareSource, Peach State Health Plan	2	15.38%
Multiple pharmacies	Amerigroup GA, CareSource, Peach State Health Plan	3	23.08%
Number of controlled substances (CS)	Amerigroup GA, CareSource, Peach State Health Plan	3	23.08%
Other	CareSource	1	7.69%
State Totals		13	100%

If “Other,” please explain.

Table 70 - “Other” Explanations for Lock-In Program Candidate Identification Criteria

MCO Name	Explanation
CareSource	<ol style="list-style-type: none"> 1. The number of prescriptions for controlled substances filled by the member (this includes all drugs with abuse potential) exceeds 10% of the total number of prescriptions filled by the member. 2. The member has received more than 3 Controlled Substances/month. 3. The member has filled prescriptions at more than 2 pharmacies a month or more than 5 a year. 4. The member was seen in the Hospital Emergency Room more than twice per year.

MCO Name	Explanation
	5. The member received duplicate therapy from different physicians. 6. The member has a diagnosis of narcotic poisoning or drug abuse. 7. The member has previously been in one of the CMO's lock-in programs. 8. The member is taking greater 120mg Morphine sulfate equivalents per day. Studies show patients receiving 100 mg/d or more have an 8.9-fold increase in overdose risk and a 1.8% annual overdose rate. 9. Drug therapy must correlate with either the primary or secondary diagnosis in The Department's claims data, if not it is the member's responsibility to have the prescribing physician submit the member's complete medical record. 10. The member received prescriptions from pharmacies or visited physicians located outside the member's county of residence. 11. The member purchased drugs of abuse without utilizing their Medicaid prescription benefits.

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

i. Prescriber only

Figure 51 - Prescriber Only Restriction Capability

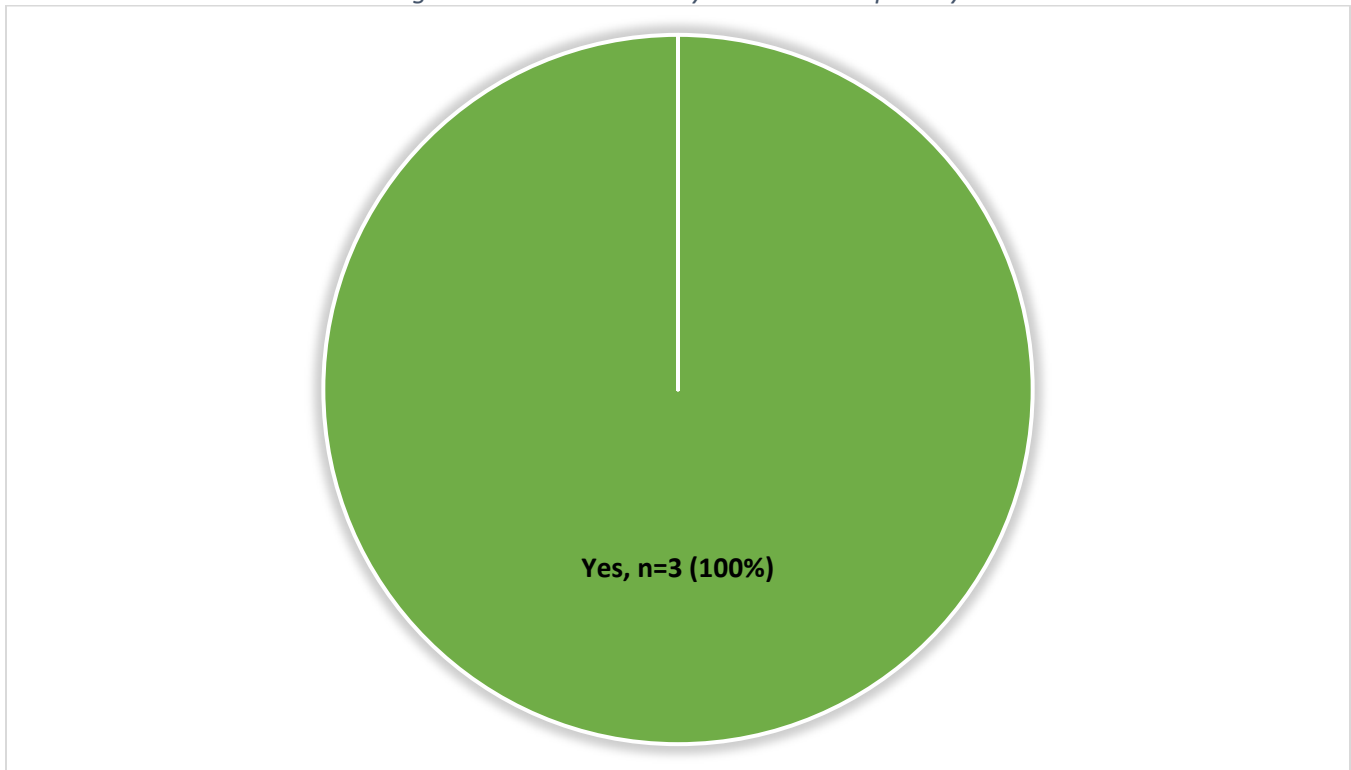


Table 71 - Prescriber Only Restriction Capability

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

ii. Pharmacy only

Figure 52 - Pharmacy Only Restriction Capability

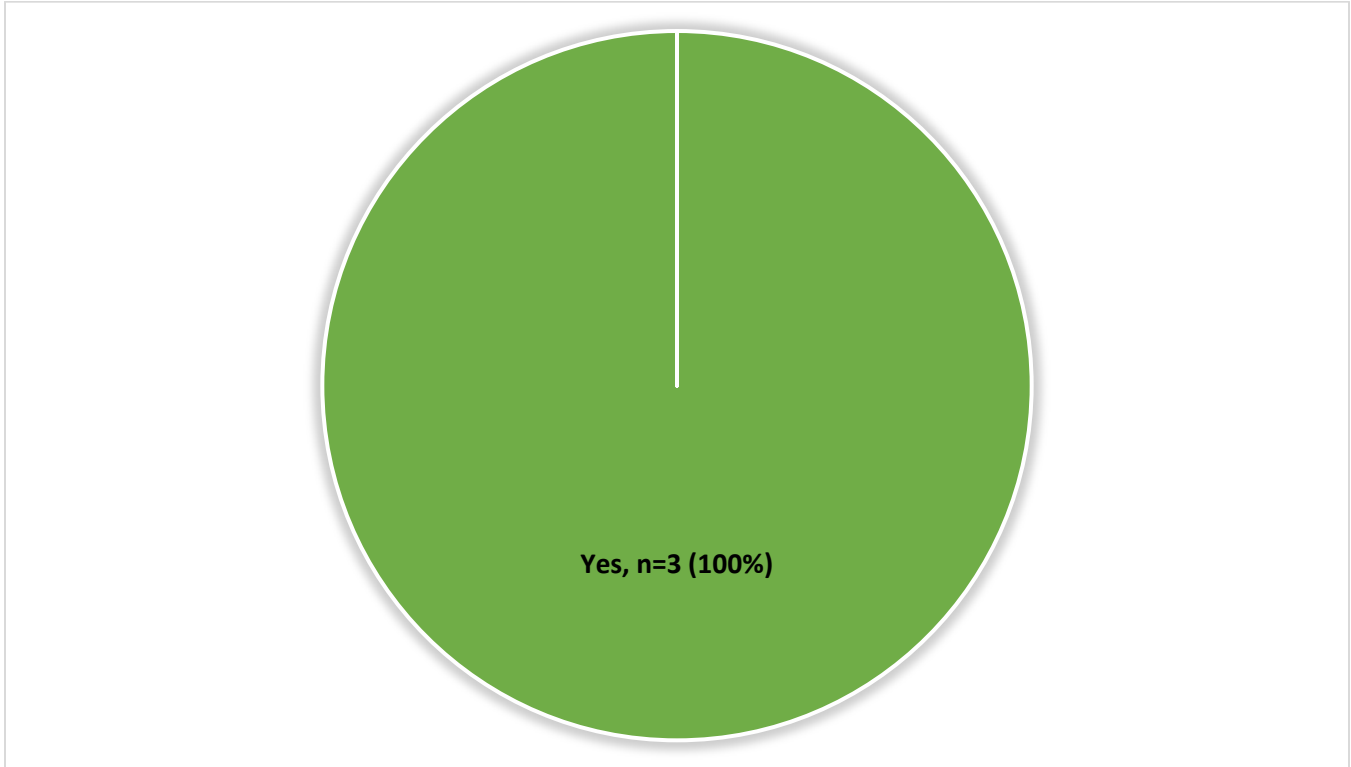


Table 72 - Pharmacy Only Restriction Capability

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

iii. Prescriber and Pharmacy

Figure 53 - Prescriber and Pharmacy Restriction Capability

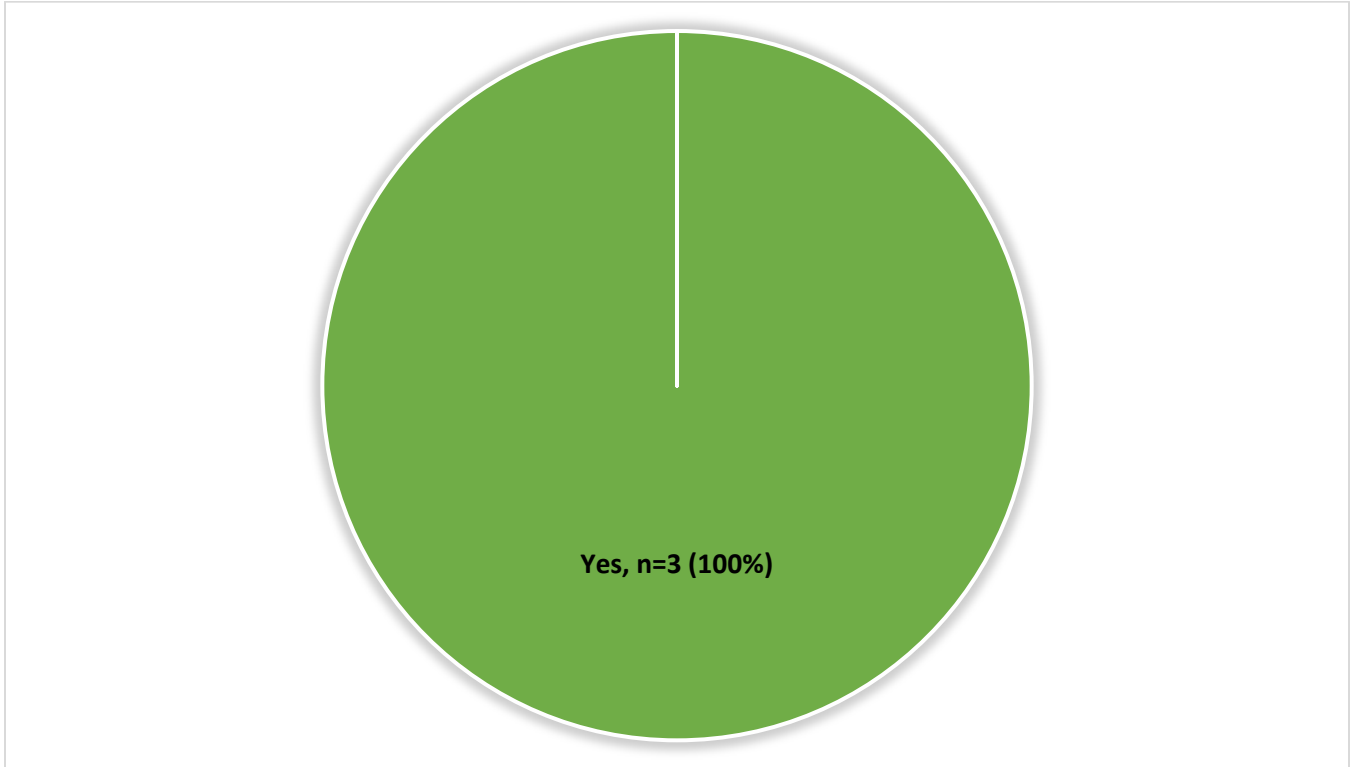


Table 73 - Prescriber and Pharmacy Restriction Capability

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

Figure 54 - Lock-In Time Period

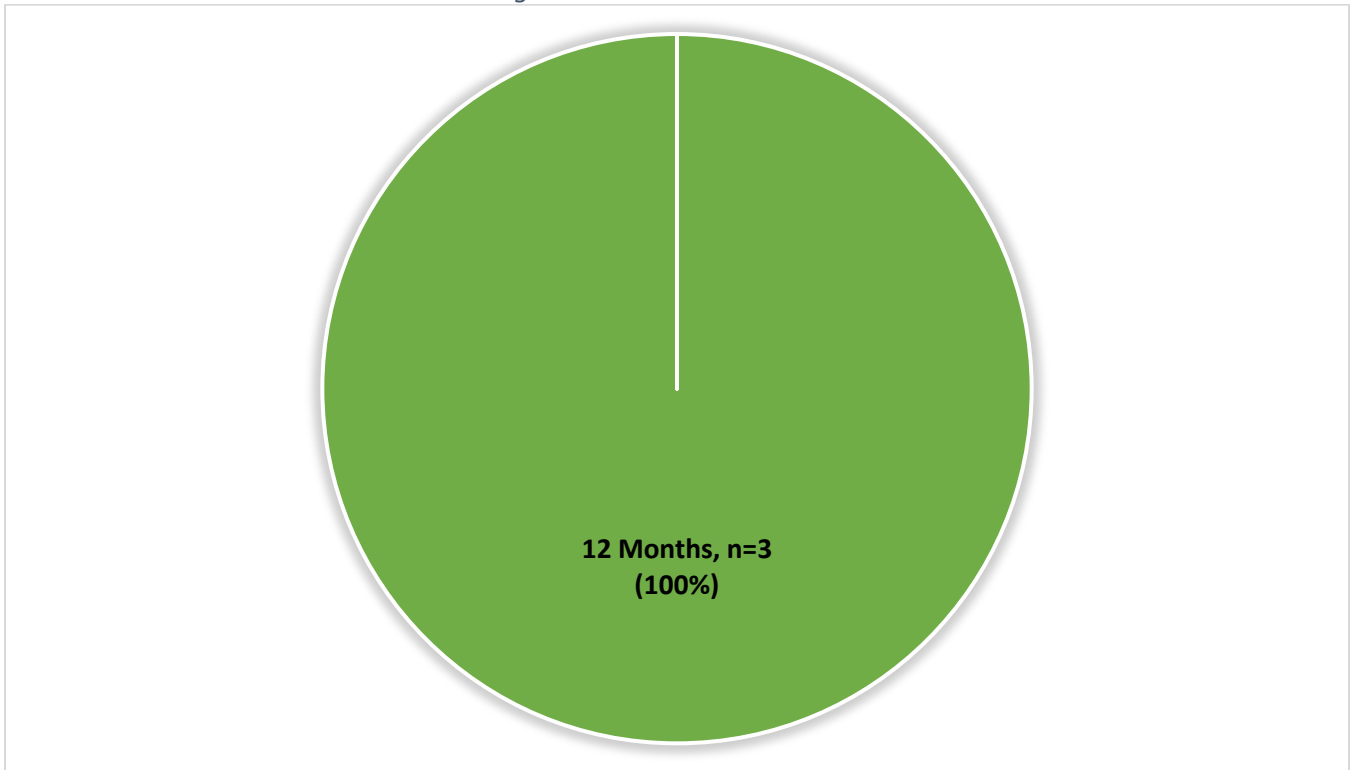


Table 74 - Lock-In Time Period

Response	MCO Names	Count	Percentage
12 months	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

Figure 55 - Percentage of Medicaid MCO Population in Lock-In Status Annually

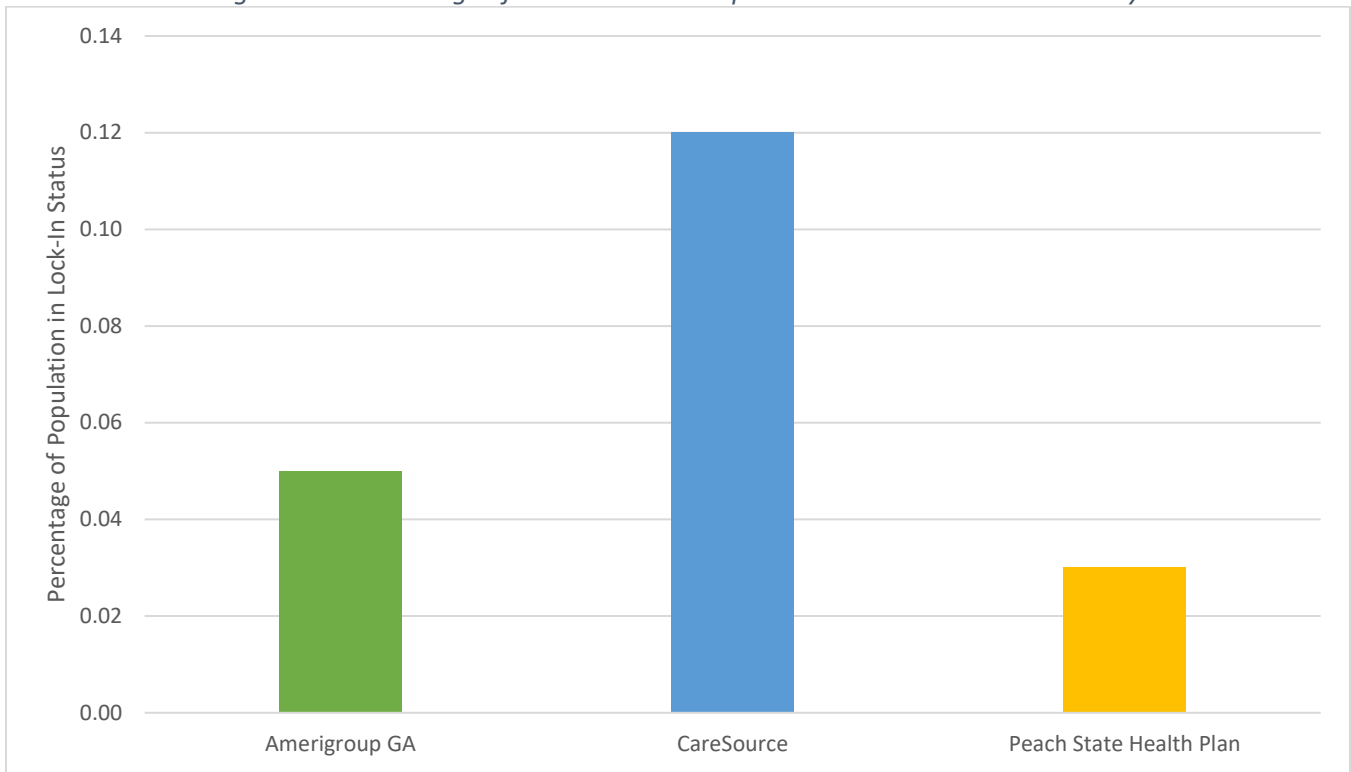


Table 75 - Percentage of Medicaid MCO Population in Lock-In Status Annually

MCO Name	Percentage
Amerigroup GA	0.05%
CareSource	0.12%
Peach State Health Plan	0.03%

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

Figure 56 - Estimate of Savings Attributed to the Lock-In Program for the Fiscal Year Under Review



Table 76 - Estimate of Savings Attributed to the Lock-In Program for the Fiscal Year Under Review

MCO Name	Savings Estimate
Amerigroup GA	\$10,210.00
CareSource	\$0.00
Peach State Health Plan	\$1,600,000.00

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

Figure 57 - Documented Process to Identify Potential FWA of Controlled Drugs by Prescribers

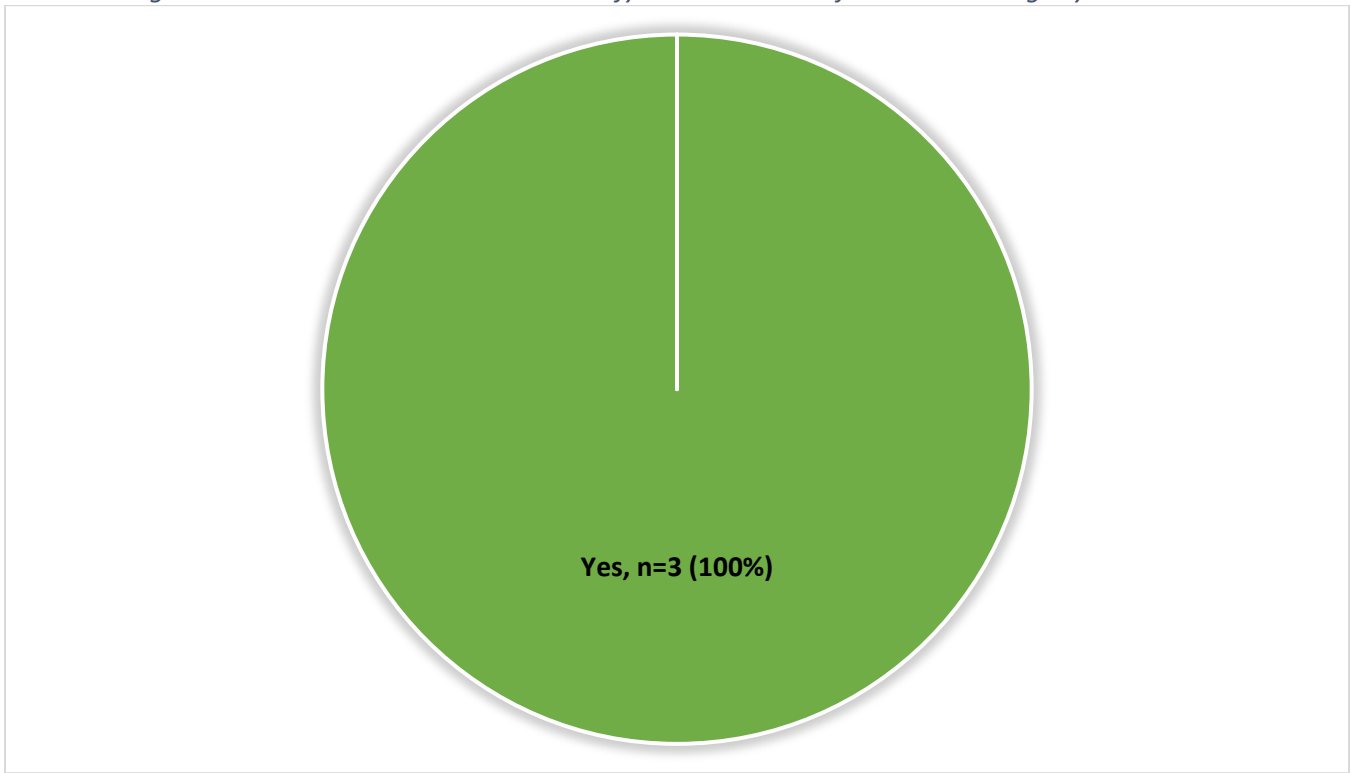


Table 77 - Documented Process to Identify Potential FWA of Controlled Drugs by Prescribers

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

Figure 58 - Actions Process Initiates when Potential FWA of Controlled Drugs by Prescribers is Detected

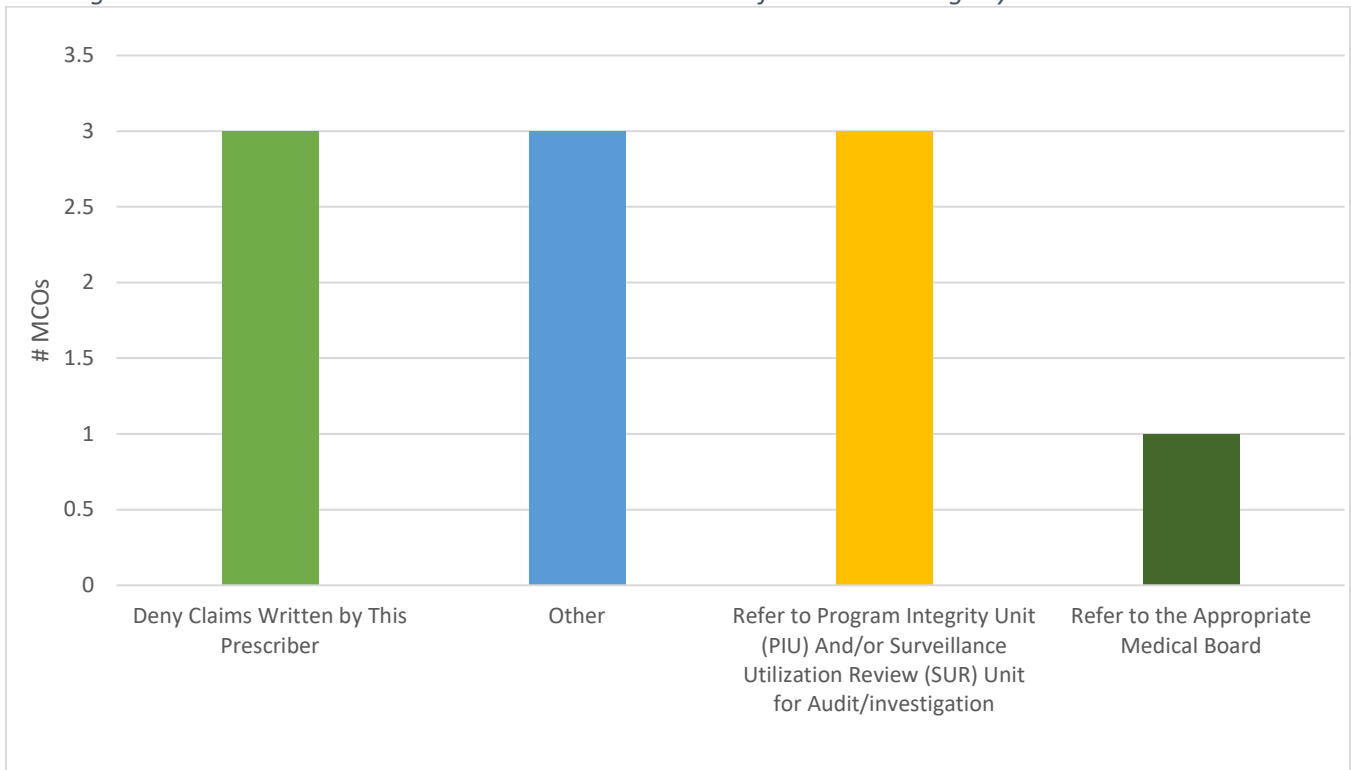


Table 78 - Actions Process Initiates when Potential FWA of Controlled Drugs by Prescribers is Detected

Response	MCO Names	Count	Percentage
Deny claims written by this prescriber	Amerigroup GA, CareSource, Peach State Health Plan	3	30.00%
Refer to Program Integrity Unit (PIU) and/or Surveillance Utilization Review (SUR) Unit for audit/investigation	Amerigroup GA, CareSource, Peach State Health Plan	3	30.00%
Refer to the appropriate Medical Board	CareSource	1	10.00%
Other	Amerigroup GA, CareSource, Peach State Health Plan	3	30.00%
State Totals		10	100%

If “Other,” please explain.

Table 79 - “Other” Explanations for Action Initiated by Documented Process to Identify Potential FWA of Controlled Drugs by Prescribers

MCO Name	Explanation
Amerigroup GA	Our PBM performs audits on retail pharmacies looking for issues with claim submissions such as patients getting multiple fills of same medication with different dose. Faxes are sent to prescribers when questionable scenarios arise and in most cases, the prescriber denies approving multiple fills. Prescriber notices are sent if the audit finds any potential fraud or abuse and further action may be taken; including, referral of situations of potential fraud or abuse to our Special Investigative team for further review/action. Upon

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MCO Name	Explanation
	<p>receipt of referrals, the Special Investigation team opens and completes a comprehensive investigation and makes required referrals to the applicable State or District if potential fraud or abuse is identified. In addition, any prescribers on a sanctioned/excluded provider list will not have any claims adjudicated and will deny at the point of service.</p>
CareSource	<p>All corrective actions initiated above may result upon investigative review for substantiation of suspected FWA of a prescriber for controlled drugs.</p> <p>Additionally, other corrective actions may include:</p> <ul style="list-style-type: none"> Provider written warnings and/or education Formal provider corrective action plans Provider termination or summary suspension Claim dollar recovery Legal actions Submission to and cooperation with law enforcement and regulatory agencies NPDB report Prior authorization requirements for select services Claim system edit changes Changes to internal policies, procedures, and/or processes Internal education and training on FWA
Peach State Health Plan	<p>Peach State Health Plan will have claims denied written by a prescriber if the prescriber is an excluded provider on the state's list and/or on the Office of Investigator General (OIG) exclusion list. The Plan may terminate a contracted prescriber if fraud or abuse of controlled drugs is identified and confirmed. The Plan evaluates the implementation of prescriber blocks on pharmacy claims when fraud or abuse is identified and confirmed by a non-participating provider. Centene's FWA team in combination with CVS and Centene's Special Investigations Unit (SIU) team work to identify fraudulent providers and initiate appropriate investigations and resulting actions. The Plan implements pre-pay edits on the medical side (which may indirectly affect medication utilization).</p>

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

Figure 59 - Documented Process to Identify Potential FWA of Controlled Drugs by Pharmacy Providers

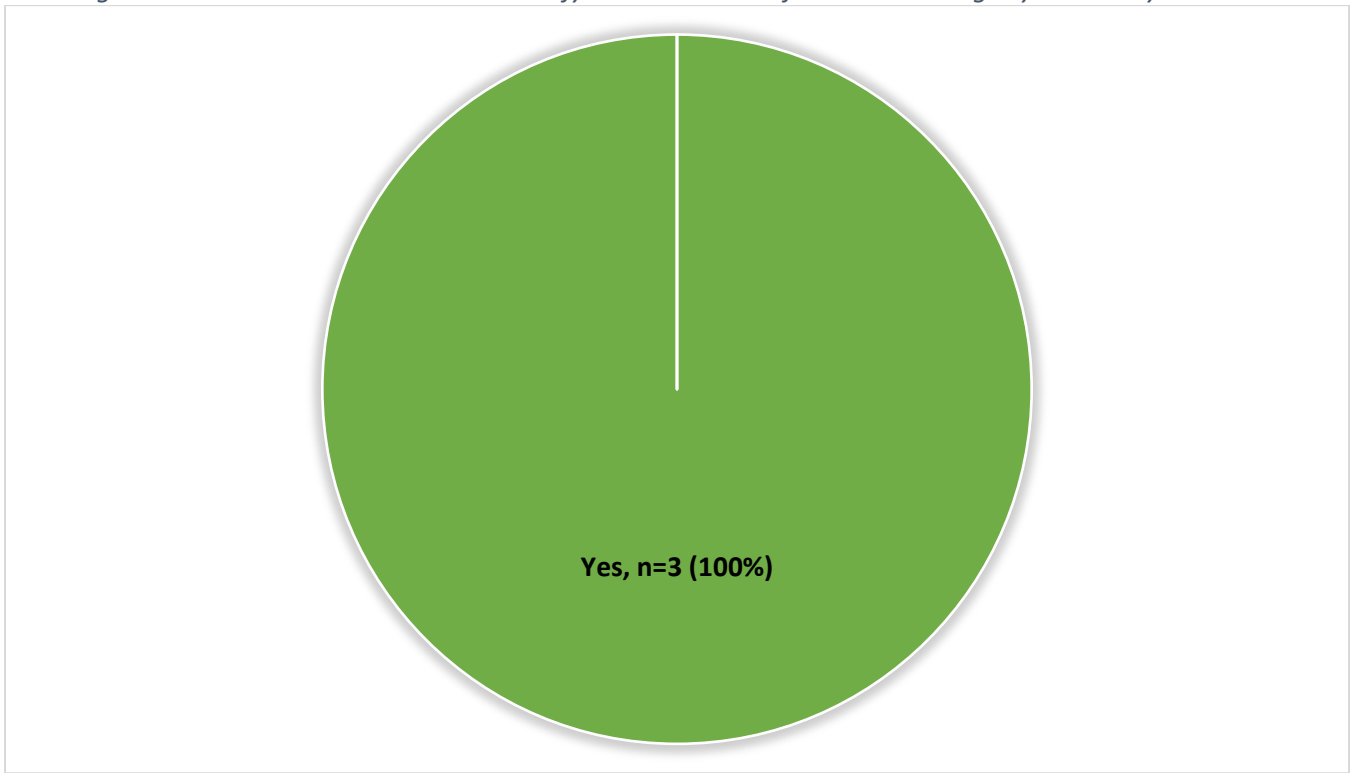


Table 80 - Documented Process to Identify Potential FWA of Controlled Drugs by Pharmacy Providers

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

Figure 60 - Actions when Potential FWA of Controlled Drugs by Pharmacy Providers is Detected

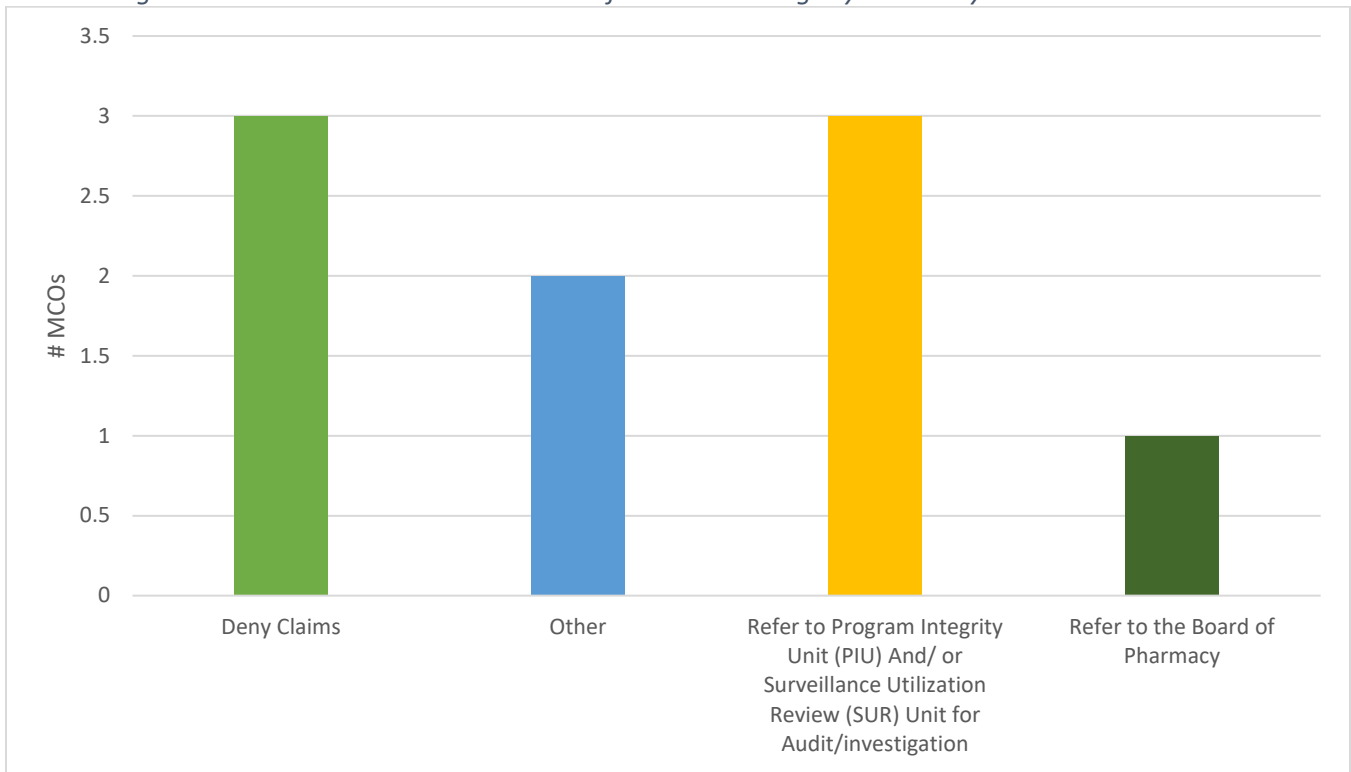


Table 81 - Actions when Potential FWA of Controlled Drugs by Pharmacy Providers is Detected

Response	MCO Names	Count	Percentage
Deny claims	Amerigroup GA, CareSource, Peach State Health Plan	3	33.33%
Refer to Program Integrity Unit (PIU) and/ or Surveillance Utilization Review (SUR) Unit for audit/investigation	Amerigroup GA, CareSource, Peach State Health Plan	3	33.33%
Refer to the Board of Pharmacy	CareSource	1	11.11%
Other	CareSource, Peach State Health Plan	2	22.22%
State Totals		9	100%

If “Other,” please explain.

Table 82 - “Other” Explanations when Potential FWA of Controlled Drugs by Pharmacy Providers is Detected

MCO Name	Explanation
CareSource	<p>All corrective actions initiated above may result upon investigative review for substantiation of suspected FWA of a pharmacy for controlled drugs. CareSource works with its Pharmacy Benefit Manager in resolving substantiated suspicions of FWA for pharmacy providers.</p> <p>Additionally, other corrective actions may include: Pharmacy termination or summary suspension Claim dollar recovery</p>

MCO Name	Explanation
	Submission to and cooperation with law enforcement and regulatory agencies Prior authorization requirements for select services Claim system edit changes Changes to internal policies, procedures, and/or processes Internal education and training on FWA
Peach State Health Plan	Peach State Health Plan may place a pharmacy on payment suspension, which would deny payment of claims but continue to allow claims to adjudicate while the pharmacy undergoes an investigative audit. The Plan may place a pharmacy on adjudication suspension, which would prevent claims from processing while the pharmacy undergoes an investigative audit. The Plan may deny claims written by this pharmacy if the pharmacy is on the state or OIG exclusion lists. The Plan may terminate the pharmacy from the network when audit findings identify fraud or abuse. Centene's FWA team in combination with CVS and Centene's Special Investigations Unit (SIU) team work to identify fraudulent pharmacies and initiate appropriate investigations and resulting actions.

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

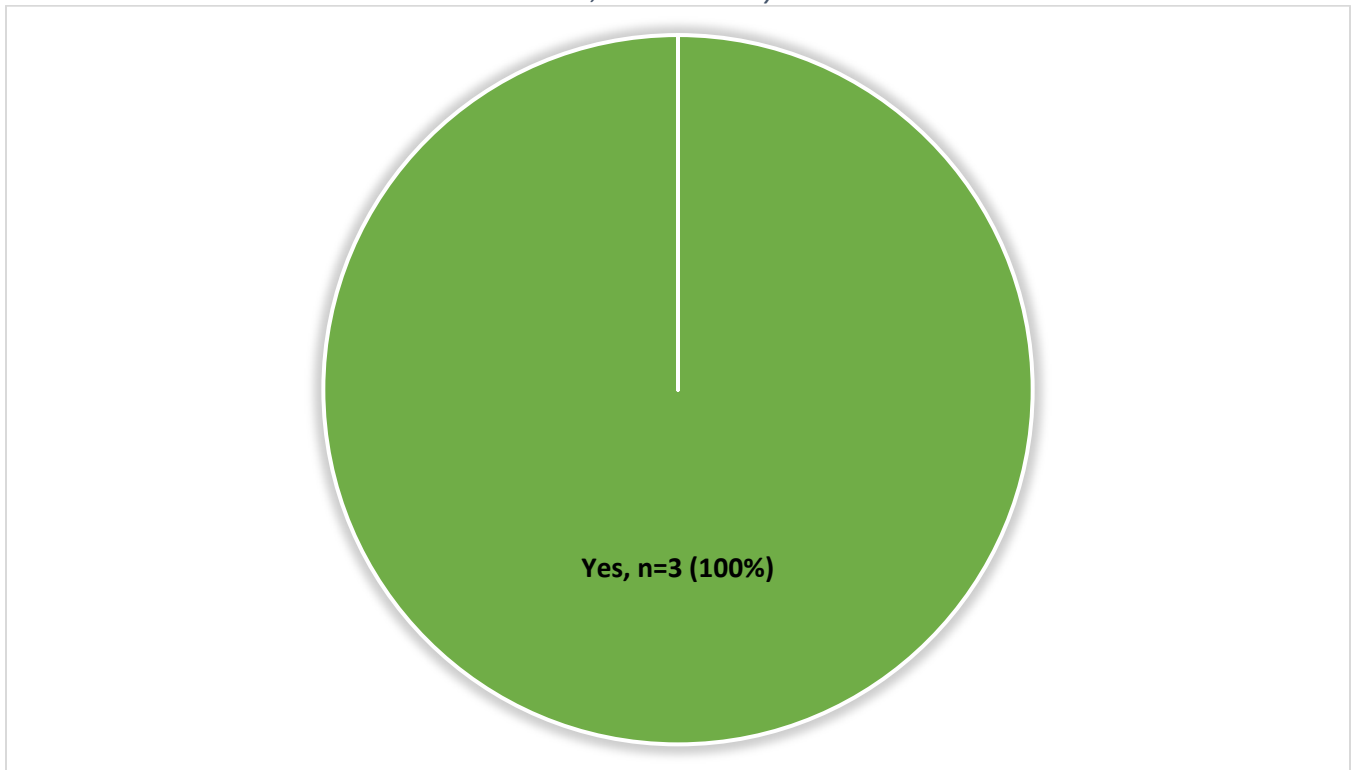


Table 83 - Documented Process to Identify Potential Fraud or Abuse of Non-Controlled Drugs by Beneficiaries, Prescribers, and Pharmacy Providers

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

Table 84 - Explanations of Program for FWA of Non-Controlled Substances by Beneficiaries, Prescribers, and Pharmacy Providers

MCO Name	Explanation
Amerigroup GA	<p>We have a comprehensive approach to combat Fraud Waste and Abuse (FWA). Our multi-faceted approach reduces needless costs while promoting appropriate medication use. The following describes our programs administered at Point of Sale (POS) as well as retrospectively. Our Retail Network Audit program fights FWA by finding discrepancies, deterrence messaging, and educating pharmacies as appropriate. Our FWA collaborates with network pharmacies to communicate issues and provide the necessary support to resolve FWA concerns. Suspected FWA may result in suspension of pharmacy payment and adjudication ability until confirmed. Confirmed FWA may result in termination from the network. An internal review committee will make final decisions on terminations. Timely notifications to prescribers and members impacted by a termination ensure continuity of care. Initiation of FWA investigations may result from tips, desk audit/review or onsite audits. Our compound management program employs adjudication logic for compounded products allowing only safe and effective FDA approved ingredients and rejecting claims for non-approved ingredients. The compound high dollar cost limit program targets compounds costing more than \$100 resulting in a POS reject that requires further review prior to payment. Medical device management directs devices to the medical benefit except for spacers, glucometers, and diabetic supplies. The non-compound high-cost program targets max allowed cost for claims specific to the average cost of the GPI14, allowing further management of increasing spend. Claims submitted for more than assigned value will reject for further review before determining coverage. The Non-FDA approved drug block program ensures only FDA approved drugs are covered. Our Special Investigation Team investigates referrals in addition to conducting proactive reviews of data analysis on all outlier medications.</p>
CareSource	<p>All corrective actions initiated above may result upon investigative review for substantiation of suspected FWA of a member (beneficiary) non-controlled drug. Additionally, other corrective actions may include:</p> <ul style="list-style-type: none"> Drug Utilization Review (DUR) Provider Education Formal provider corrective action plans Claim dollar recovery Pharmacy lock-in program Internal education and training Submission to and cooperation with law enforcement agencies Member disenrollment (ex. fraud convictions) Prior authorization requirements for select services Claim system edit changes Changes to internal policies, procedures, and/or processes
Peach State Health Plan	<p>Peach State Health Plan utilizes a multi-faceted collaborative approach to detect, prevent and remedy Fraud, Waste, and Abuse (FWA). Primary sources for evaluation and detection of fraud or abuse include internal and external referrals as well as proactive data mining. Member fraud and abuse referrals are commonly received from internal departments such as customer service or pharmacy operations. As part of our proactive data mining efforts, the plan uses a variety of reports/tools and participates in meaningful collaborations in order to focus our fraud and abuse detection efforts. Specifically, the plan utilizes these reports, tools and collaboration opportunities to conduct additional internal analyses in order to identify outlier beneficiaries that may require additional</p>

MCO Name	Explanation
	investigation or a more focused audit. All cases of suspected beneficiary fraud or abuse are referred to Centene's Special Investigations Unit (SIU) for further investigation and/or reporting to government agencies. Once a determination has been made that a beneficiary has engaged in FWA, remedial actions are identified which may include law enforcement actions and/or termination of the member from the plan upon approval by the state agency.

B. Prescription Drug Monitoring Program (PDMP)

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

Figure 62 - MCO Has Ability to Query the State’s PDMP database

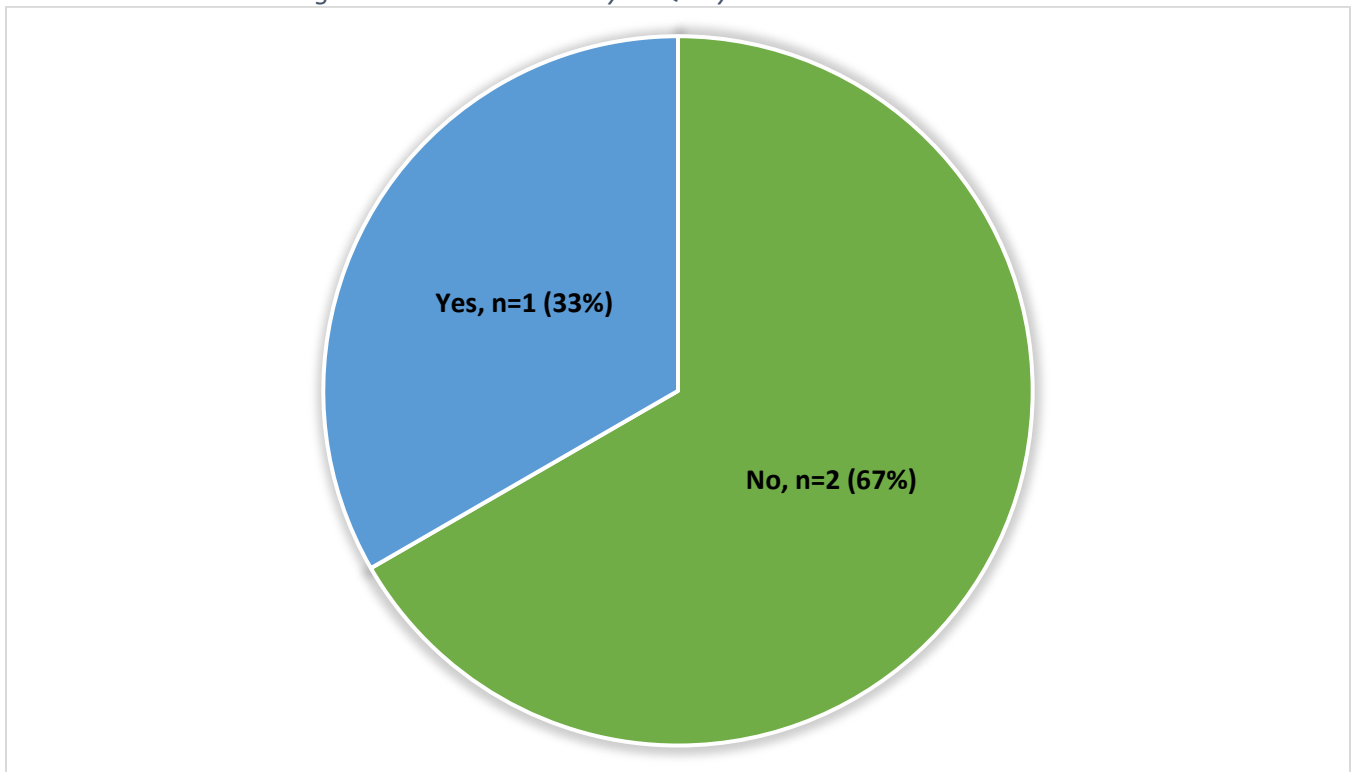


Table 85 - MCO Has Ability to Query the State’s PDMP Database

Response	MCO Names	Count	Percentage
Yes	CareSource	1	33.33%
No	Amerigroup GA, Peach State Health Plan	2	66.67%
State Totals		3	100%

If “No,” please explain.

Table 86 - Explanations for MCO Not Having the Ability to Query the State’s PDMP Database

MCO Name	Explanation
Amerigroup GA	Health plans are not allowed to register in the PDMP. However, information may be shared with a patient's insurer if the patient has authorized the prescriber to make the disclosure, or if the patient's insurer needs that information in order to provide treatment, payment or health care.
Peach State Health Plan	The Georgia PDMP only allows prescribers and pharmacists to access.

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

Figure 63 - Ways the MCO Has the Ability to Query the State’s PDMP Database



Table 87 - Ways the MCO Has the Ability to Query the State’s PDMP Database

Response	MCO Names	Count	Percentage
Direct access to the database	CareSource	1	100.00%
State Totals		1	100%

i. If “Direct access to the database,” please specify your query capability (multiple responses allowed).

Figure 64 - Query Capability

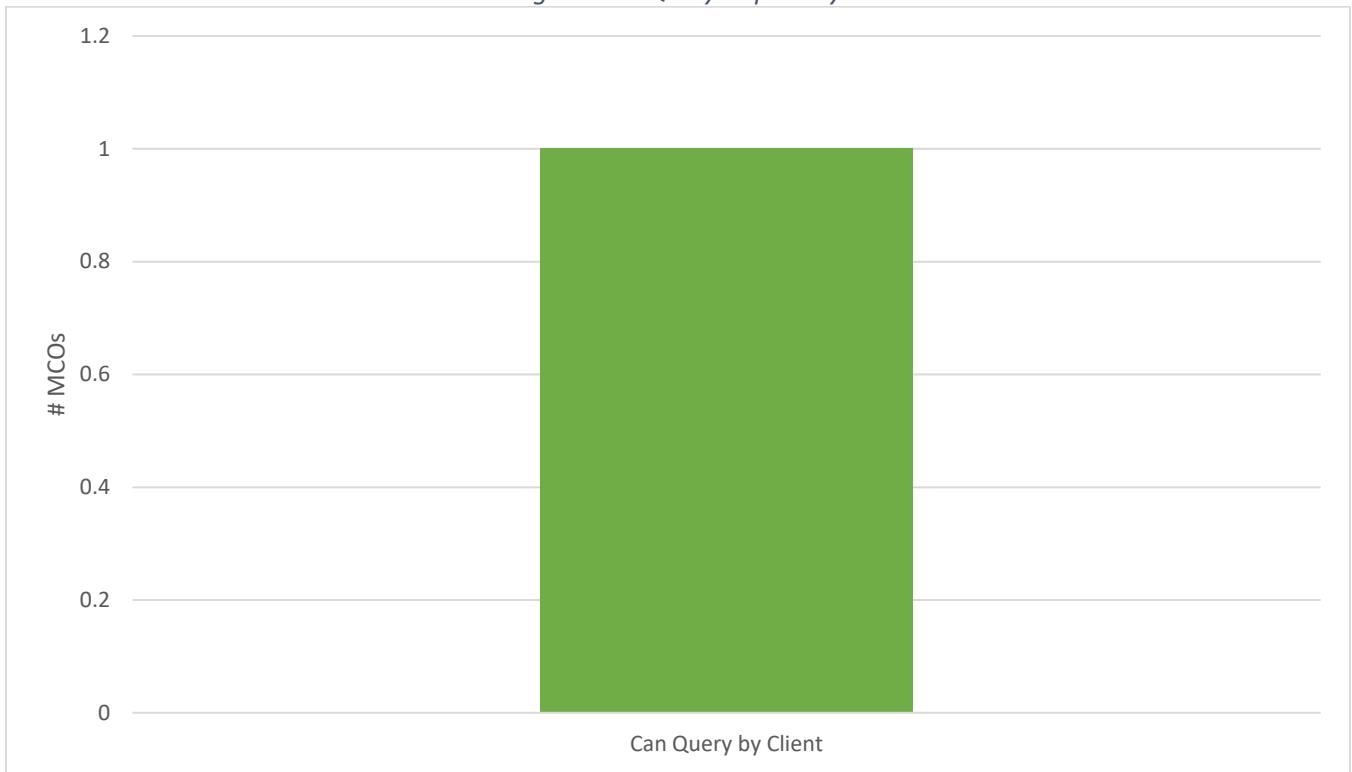


Table 88 - Query Capability

Response	MCO Names	Count	Percentage
Can query by client	CareSource	1	100.00%
State Totals		1	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
CareSource	Caresource has a Fraud, Waste and Abuse department that monitors this data and recommends them to the Special Investigation Unit (SIU)

c. If “Yes,” does your MCO have access to contiguous States’ PDMP Information?

Figure 65 - MCO Access to Contiguous States’ PDMP Information

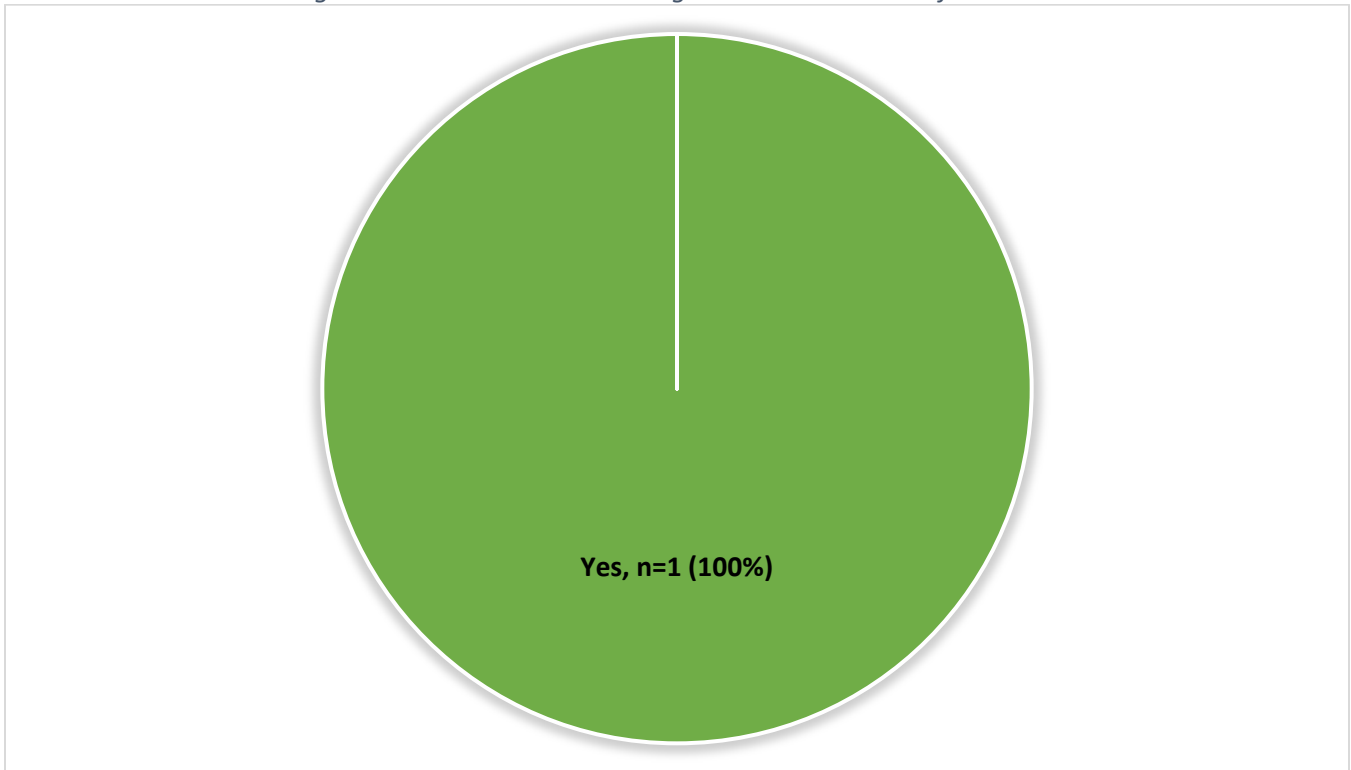


Table 90 - MCO Access to Contiguous States’ PDMP Information

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

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

Figure 66 - MCO Has PDMP Data Integrated into POS Edits

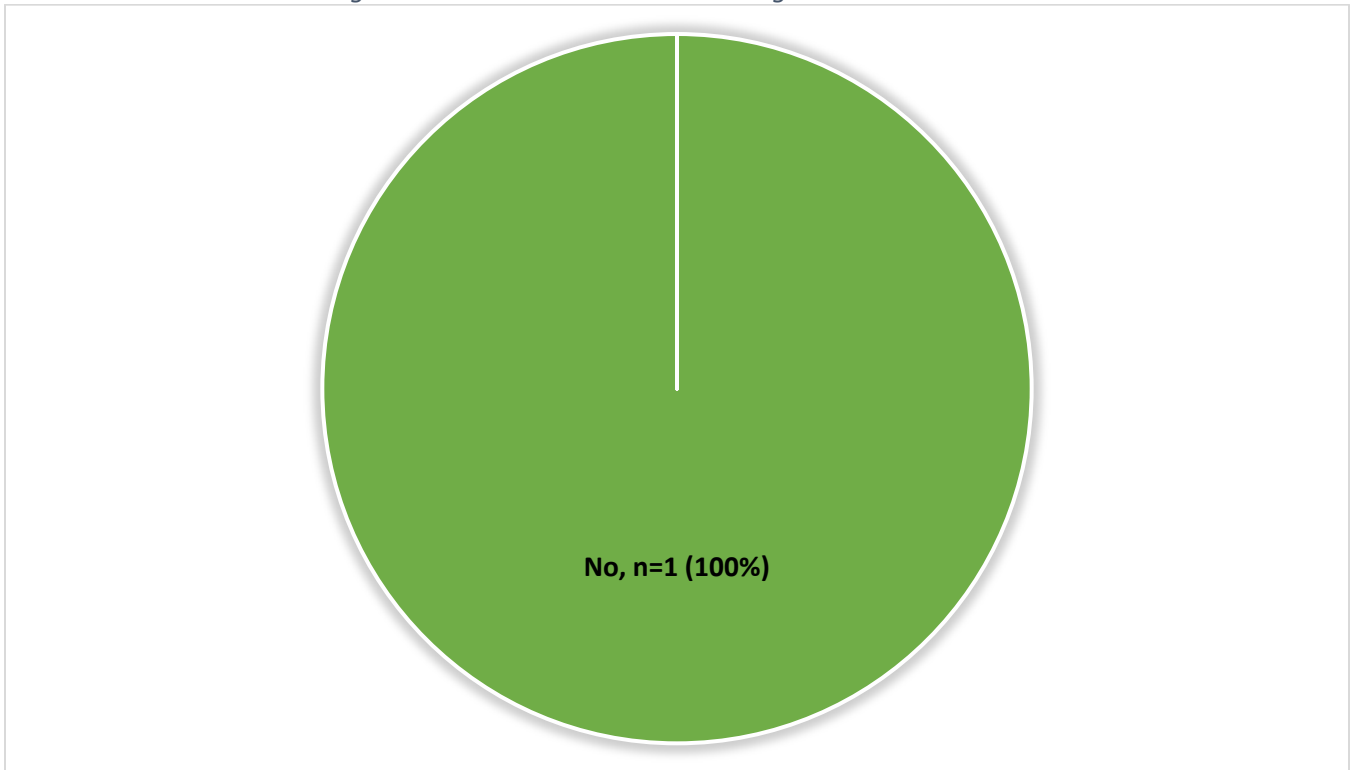


Table 91 - MCO Has PDMP Data Integrated into POS Edits

Response	MCO Names	Count	Percentage
No	CareSource	1	100.00%
State Totals		1	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 67 - Communicated that Prescribers are Required to Access the PDMP Patient History Before Prescribing Controlled Substances

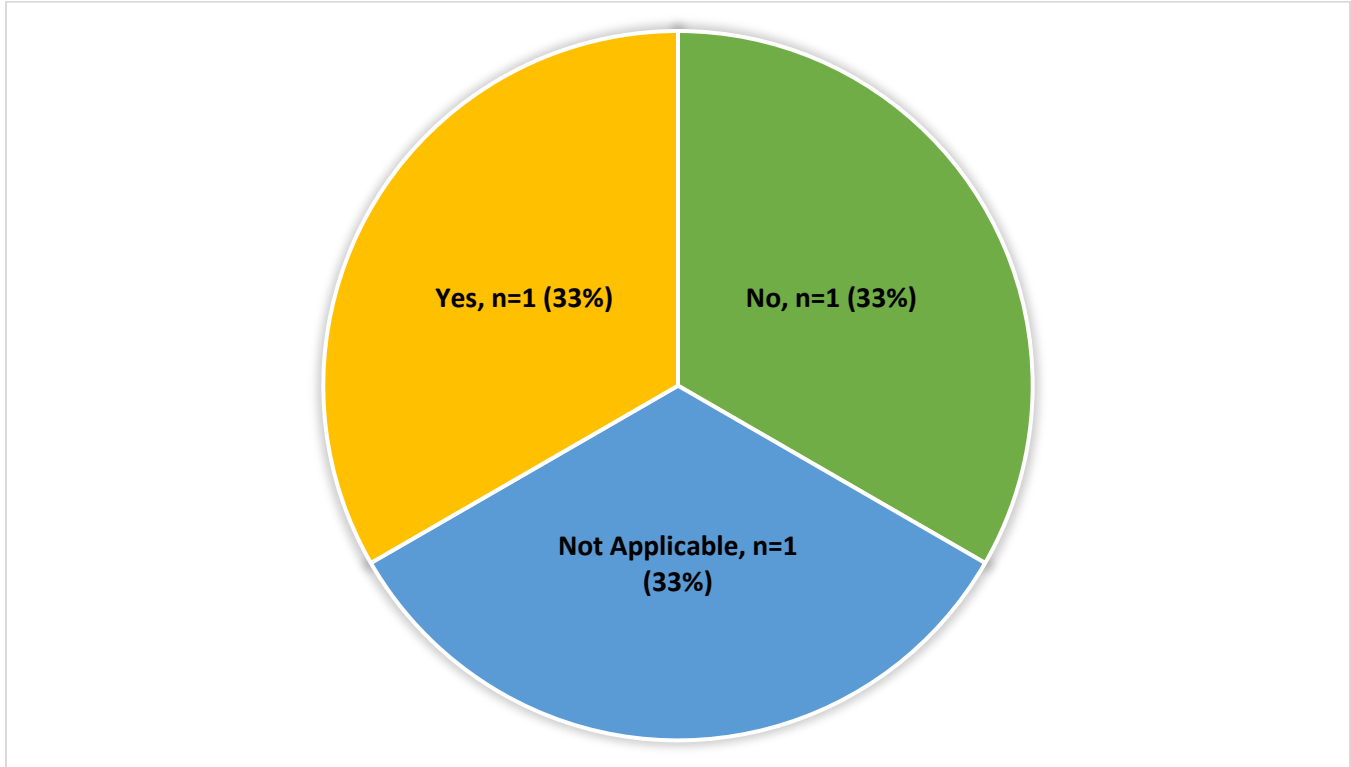


Table 92 - Communicated that Prescribers are Required to Access the PDMP Patient History Before Prescribing Controlled Substances

Response	MCO Names	Count	Percentage
Yes	Peach State Health Plan	1	33.33%
No	Amerigroup GA	1	33.33%
Not Applicable	CareSource	1	33.33%
State Totals		3	100%

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If “Yes,” check all that apply.

Figure 68 - Ways MCO Has Communicated Requirement



Table 93 - Ways MCO Has Communicated Requirement

Response	States	Count	Percentage
DUR letter	Peach State Health Plan	1	50.00%
Provider blast fax	Peach State Health Plan	1	50.00%
State Totals		2	100%

If “Not applicable,” please explain.

Table 94 - “Not Applicable” Explanations for Communicating to Prescribers they are Required to Access the PDMP Patient History Before Prescribing Controlled Substances

MCO Name	Explanation
CareSource	Prescribers are already aware of this requirement.

If “No,” please explain.

Table 95 - “No” Explanations for Communicating to Prescribers they are Required to Access the PDMP Patient History Before Prescribing Controlled Substances

MCO Name	Explanation
Amerigroup GA	As of July 1, 2018, prescribers are required by the State of Georgia to check PDMP before prescribing a schedule II opioid or any benzodiazepines.

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

Figure 69 - Protocols Involved in Checking the PDMP

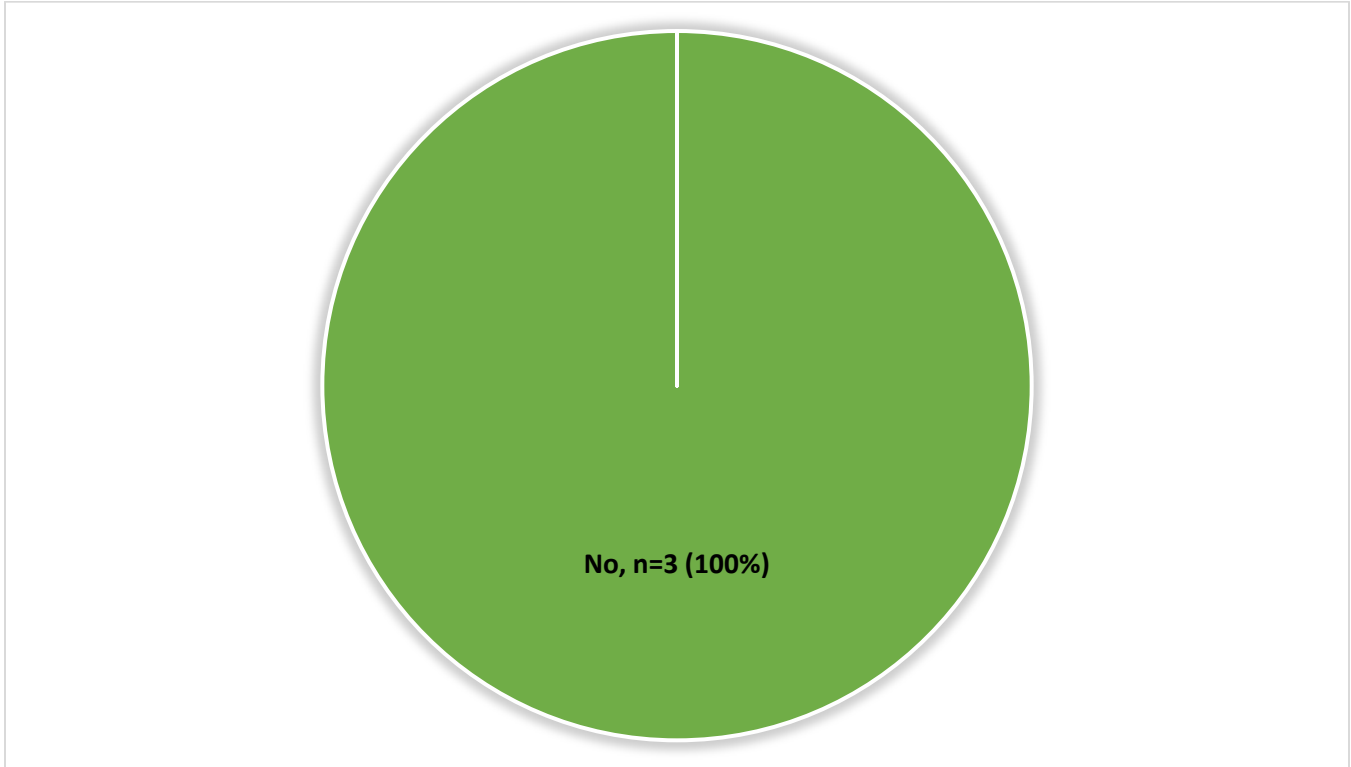


Table 96 - Protocols Involved in Checking the PDMP

Response	MCO Names	Count	Percentage
No	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

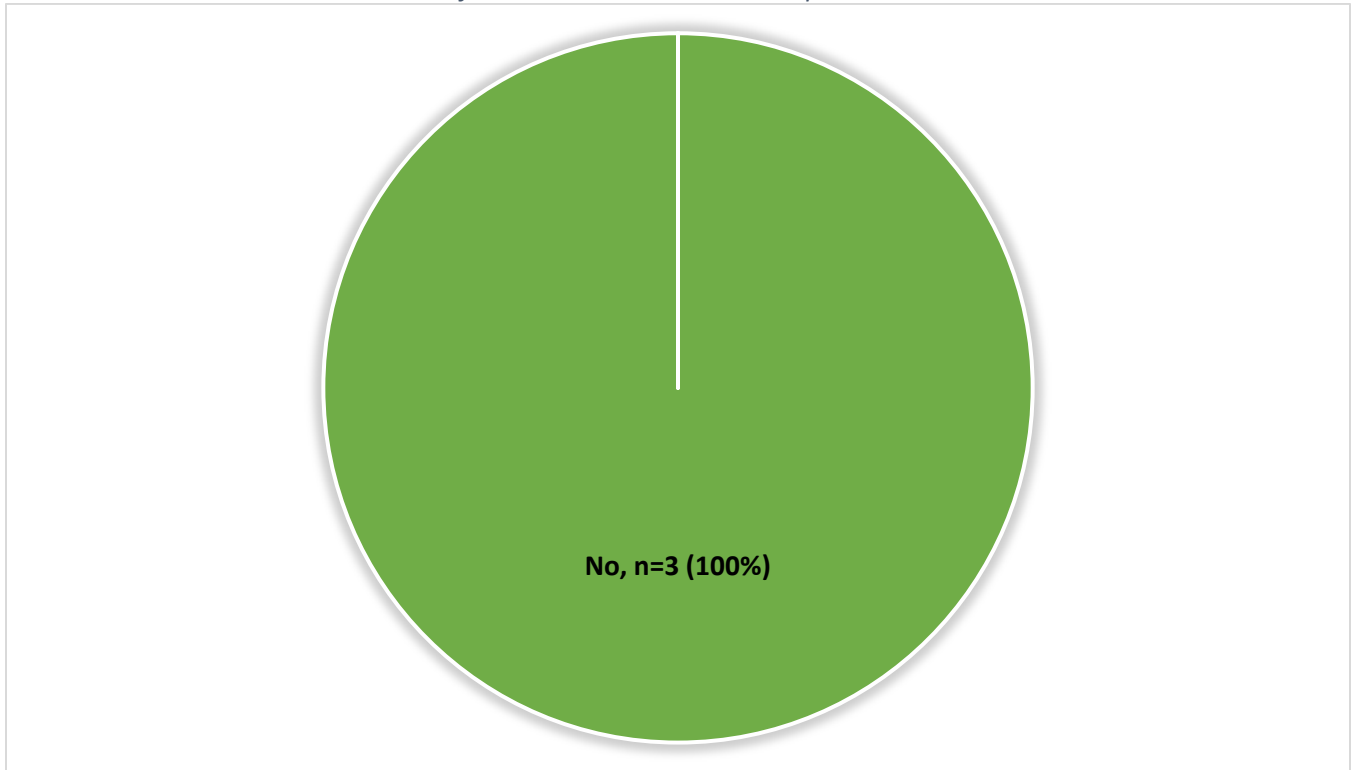


Table 97 - Providers Having Protocols for Responses to Information from the PDMP that is Contradictory to the Information the Practitioner Expects

Response	MCO Names	Count	Percentage
No	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	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 71 - MCO Requires Prescriber to Document a Good Faith Effort if Unable to Conduct a PDMP Check

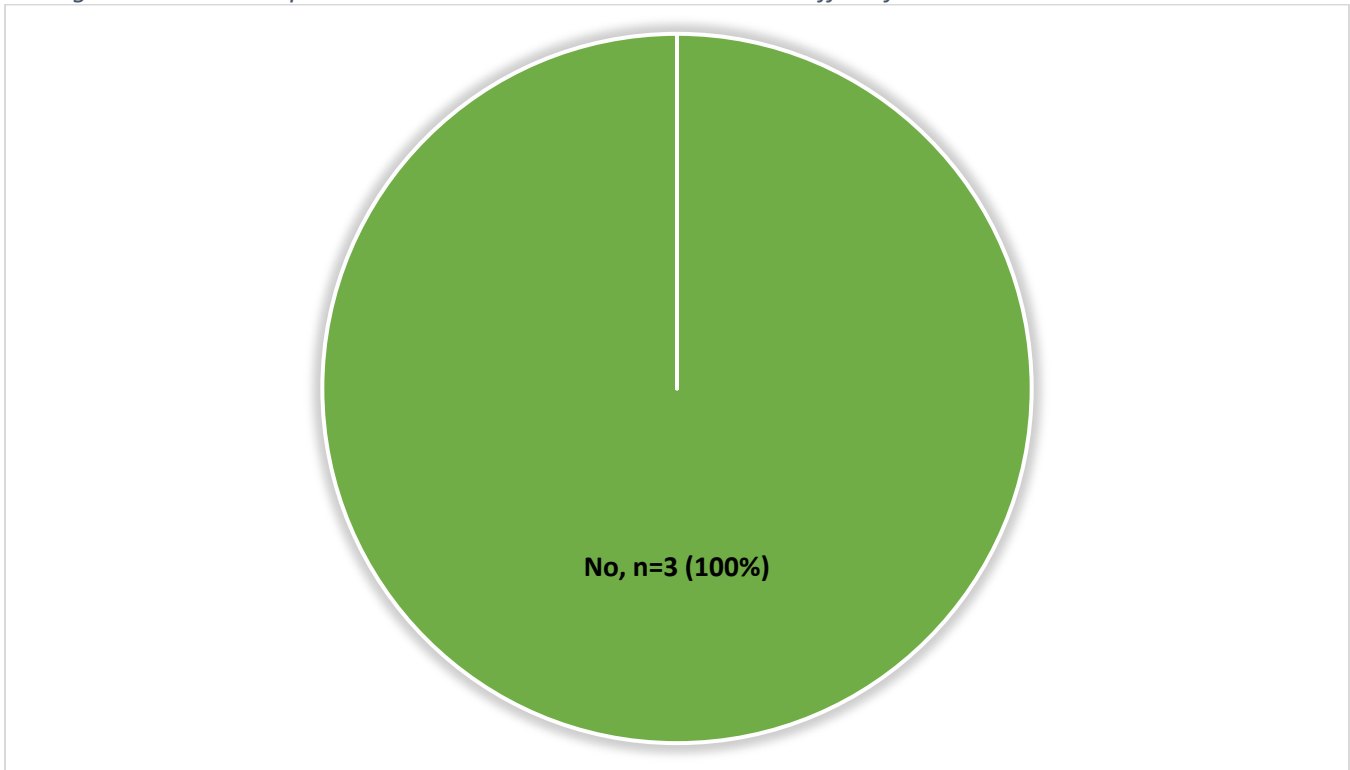


Table 98 - MCO Requires Prescriber to Document a Good Faith Effort if Unable to Conduct a PDMP Check

Response	MCO Names	Count	Percentage
No	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

If "No," please explain why not.

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

MCO Name	Explanation
Amerigroup GA	Prescribers are required by the State of Georgia to check PDMP before prescribing a schedule II opioid or any benzodiazepines.
CareSource	Effective, 1/1/2018, prescribers have had to attest to checking the PDMP. This helps ensure legitimate use of controlled substances by beneficiaries.
Peach State Health Plan	All of our opioid-related letters going to providers are given the reminder that the Georgia Prescription Drug Monitoring Program (GA PDMP) is available to monitor and help reduce risk of abuse.

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 72 - Beneficiary Information Available to Prescribers as Close to Real-Time as Possible

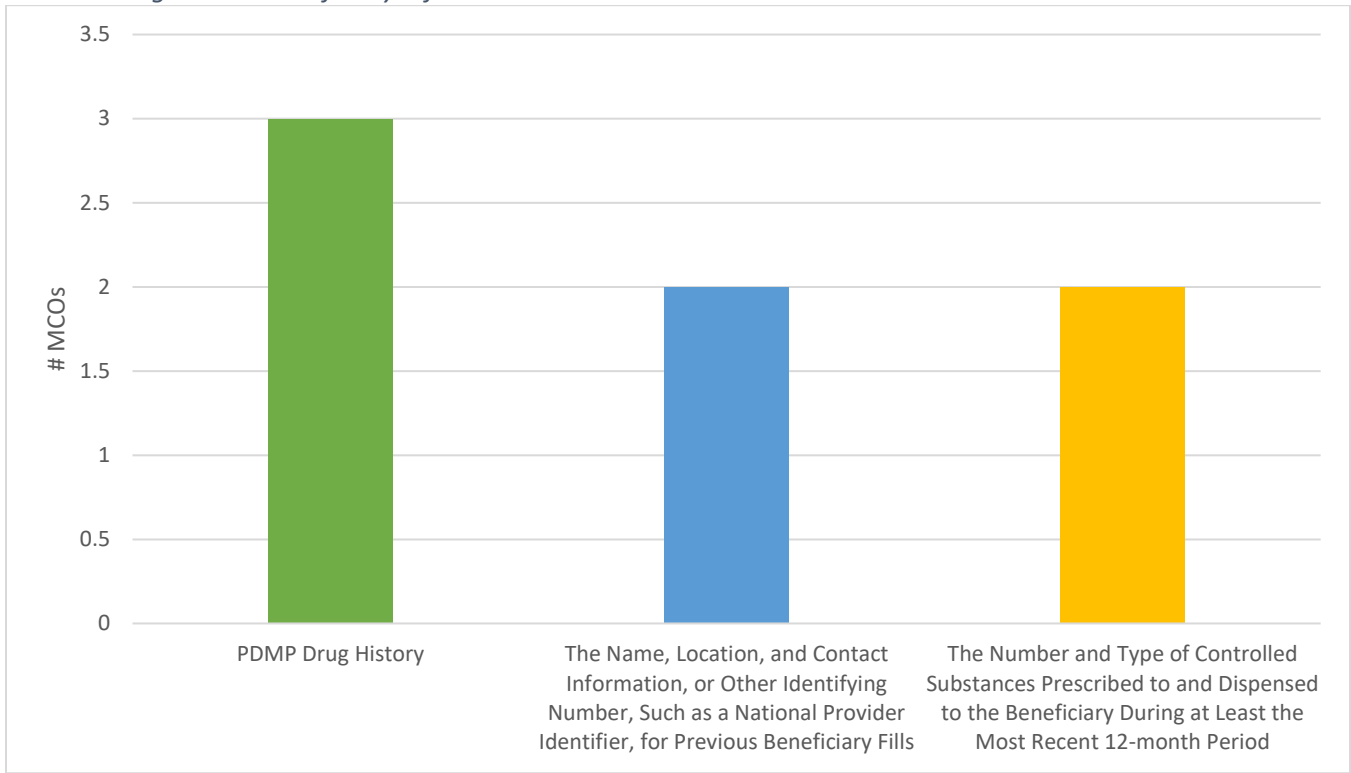


Table 100 - Beneficiary Information Available to Prescribers as Close to Real-Time as Possible

Response	MCO Names	Count	Percentage
PDMP drug history	Amerigroup GA, CareSource, Peach State Health Plan	3	42.86%
The name, location, and contact information, or other identifying number, such as a national provider identifier, for previous beneficiary fills	Amerigroup GA, CareSource	2	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	Amerigroup GA, CareSource	2	28.57%
State Totals		7	100%

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

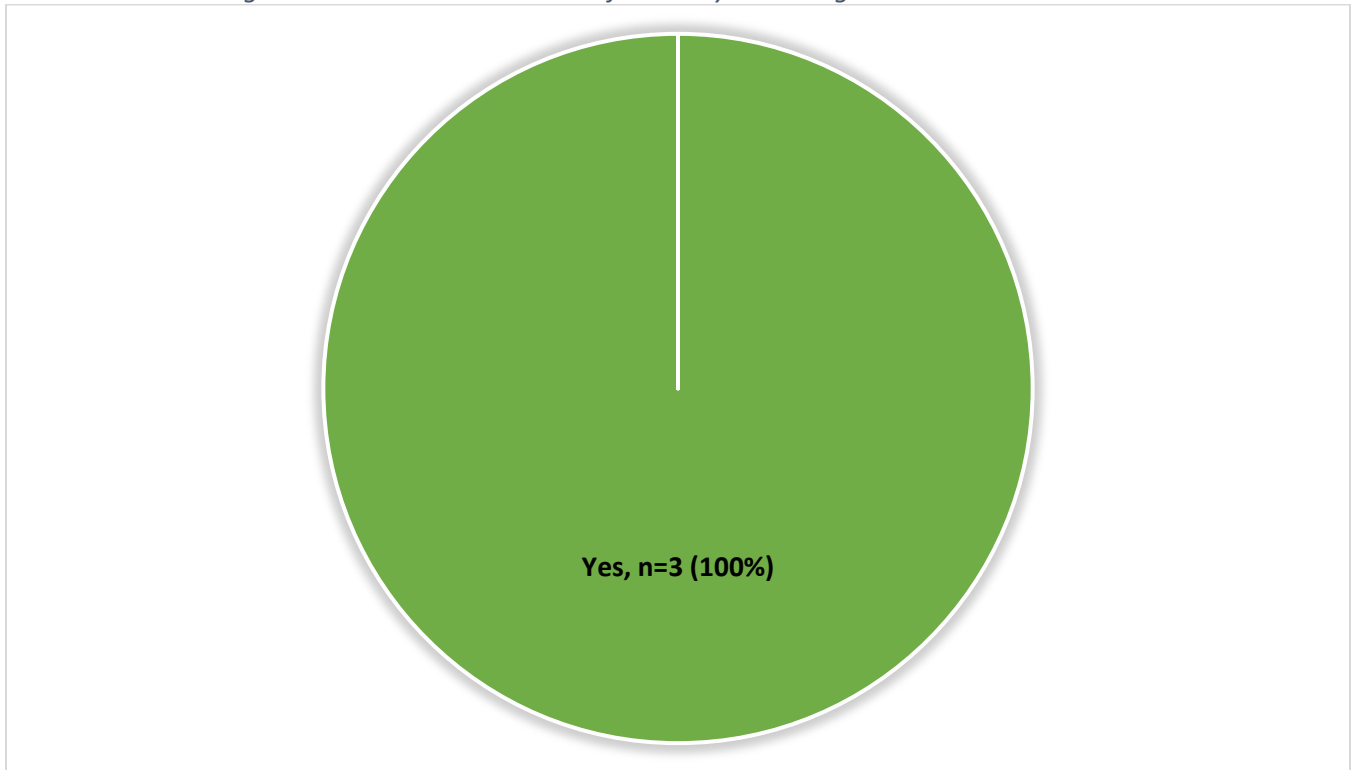


Table 101 - Barriers Hinder MCO from Fully Accessing the PDMP to Curb FWA

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	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 102 - Explanation for Barriers that Hinder MCO from Fully Accessing the PDMP to Curb FWA

MCO Name	Explanation
Amerigroup GA	Health plans do not have access to the PDMP system in Georgia. However, information may be shared with a patient's insurer if the patient has authorized the prescriber to make the disclosure, or if the patient's insurer needs that information in order to provide treatment, payment or health care.
CareSource	State doesn't share data. Can only access database when required by specific patient situation.
Peach State Health Plan	The Georgia PDMP only allows prescribers and pharmacists to access.

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 74 - Changes to State PDMP That Have Improved or Detracted from the Medicaid Program’s Ability to Access PDMP Data

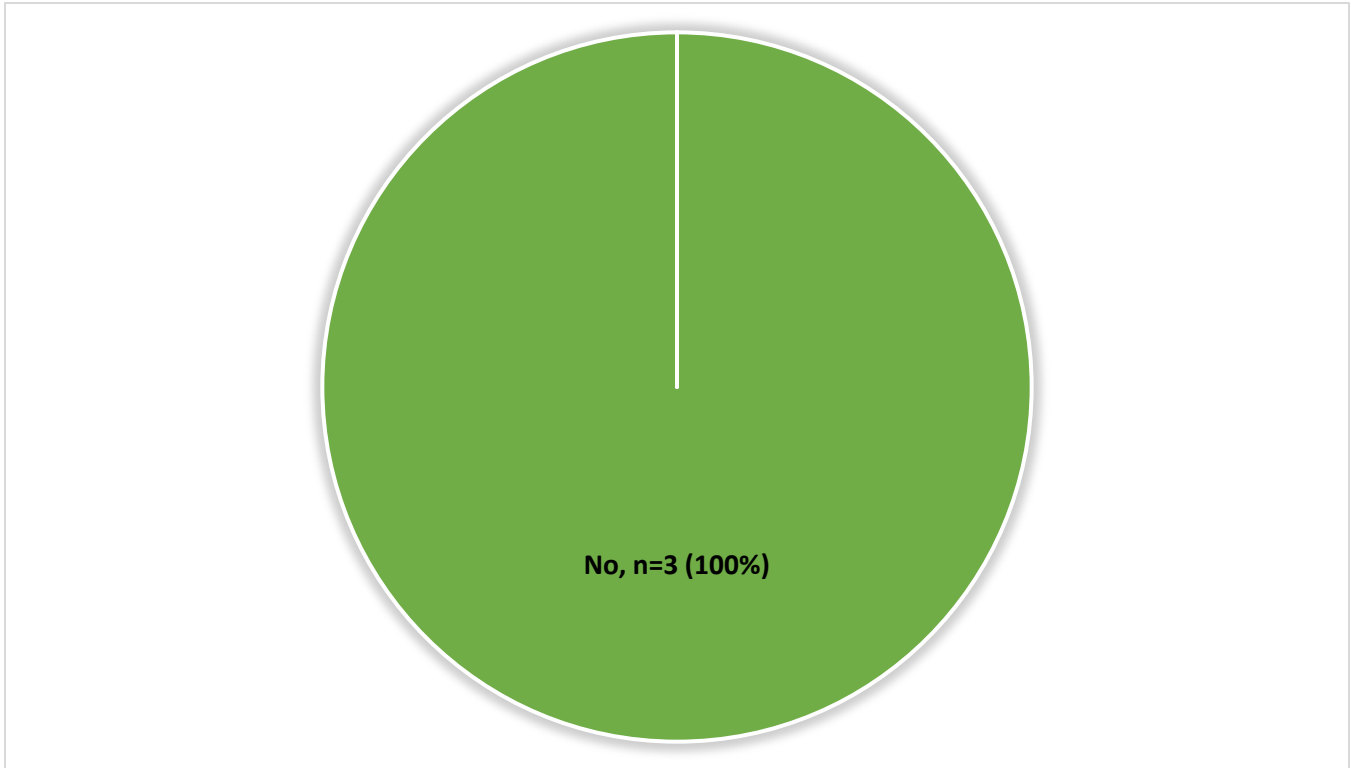


Table 103 - Changes to State PDMP That Have Improved or Detracted from the Medicaid Program’s Ability to Access PDMP Data

Response	MCO Names	Count	Percentage
No	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

Figure 75 - Data or Privacy Breaches of PDMP or PDMP Data During This Reporting Period

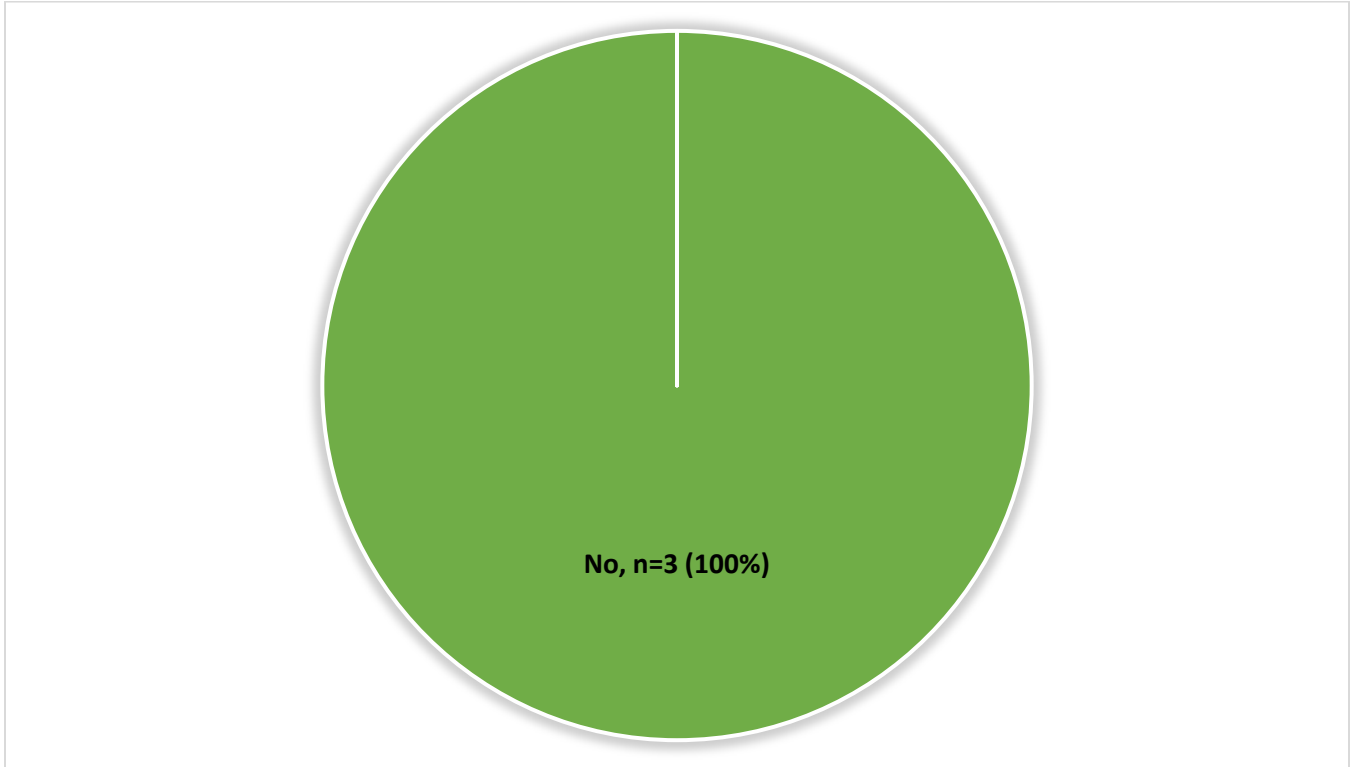


Table 104 - Data or Privacy Breaches of PDMP or PDMP Data During This Reporting Period

Response	MCO Names	Count	Percentage
No	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

C. Opioids

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

Figure 76 - Opioid Category of Medications Carved Out and Handled by the State

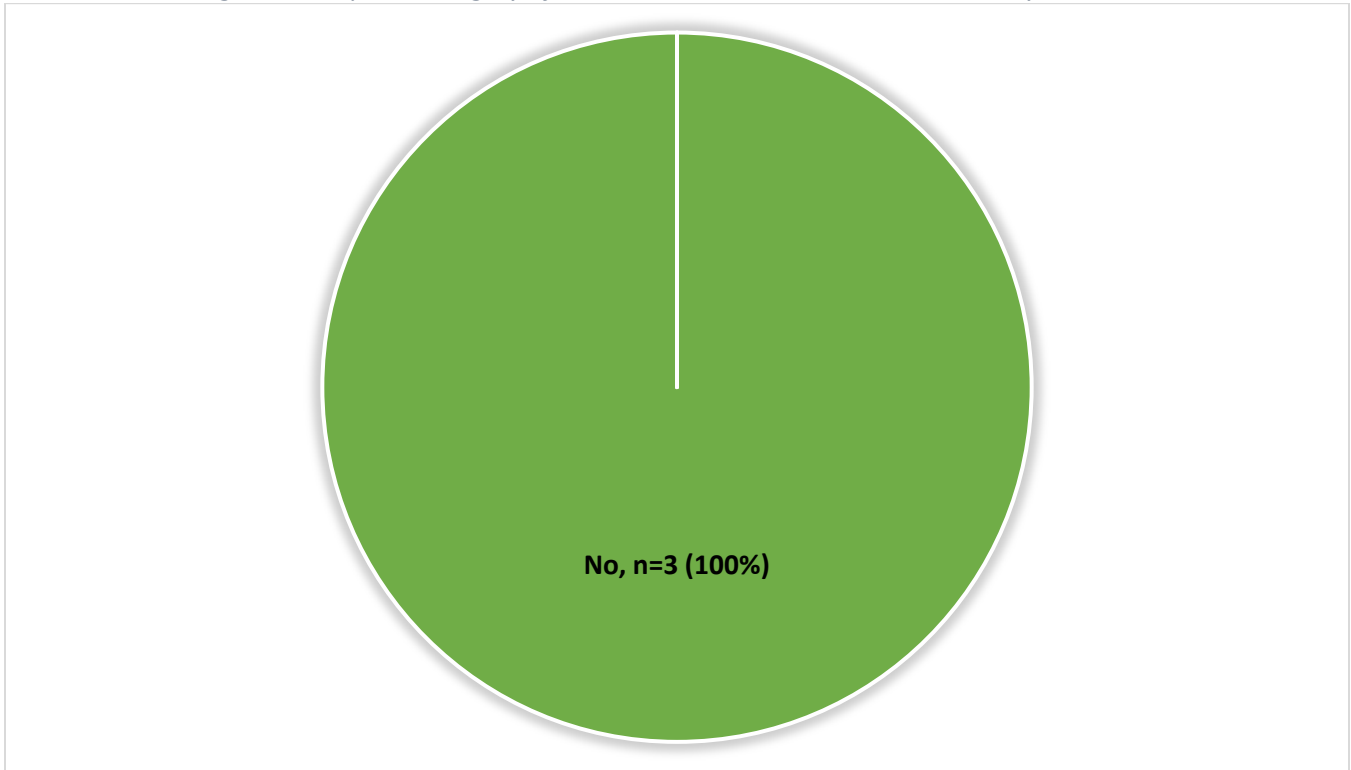


Table 105 - Opioid Category of Medications Carved Out and Handled by the State

Response	MCO Names	Count	Percentage
No	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	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 77 - POS Edit in Place to Limit the Days' Supply Dispensed of an Initial Opioid Prescription for Opioid Naïve Patients

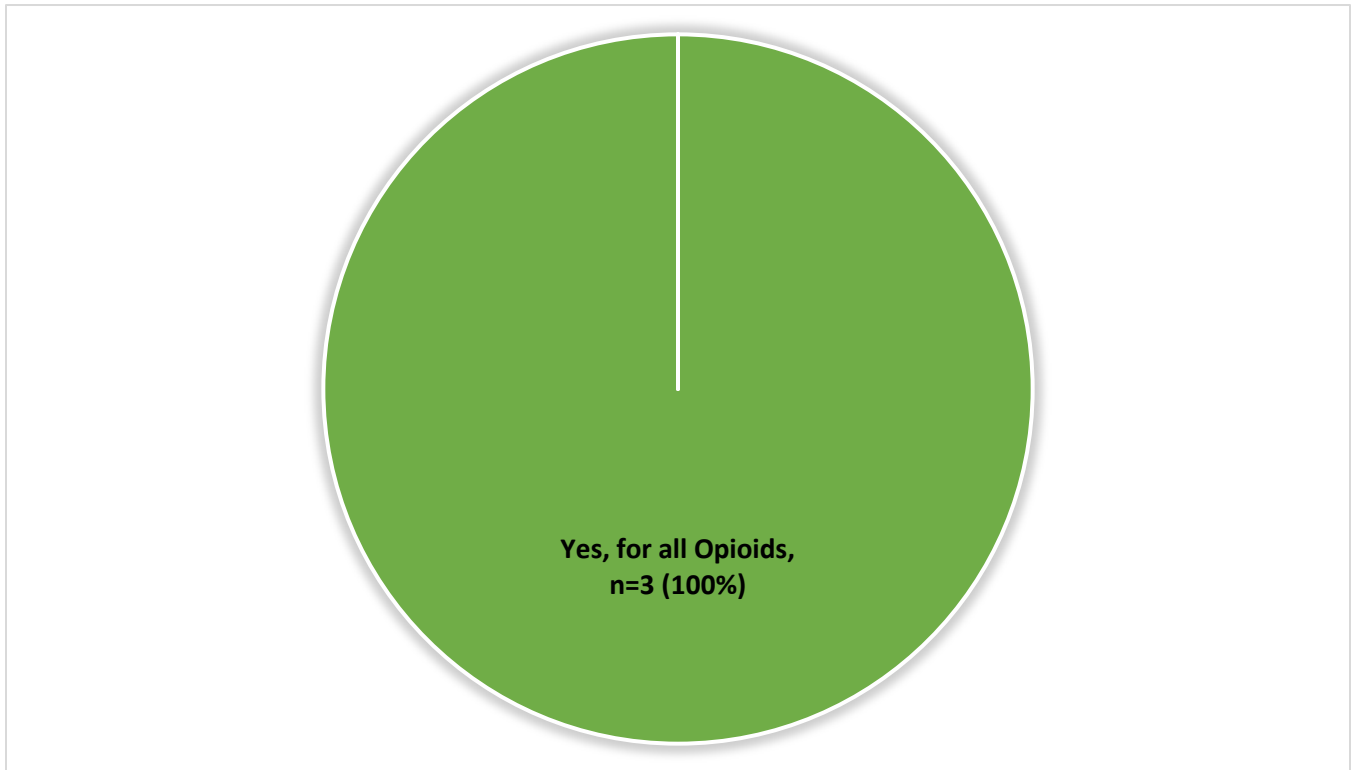


Table 106 - POS Edit in Place to Limit the Days' Supply Dispensed of an Initial Opioid Prescription for Opioid Naïve Patients

Response	MCO Names	Count	Percentage
Yes, for all opioids	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	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 78 - Maximum Number of Days Allowed for an Initial Opioid Prescription for Opioid Naïve Patients

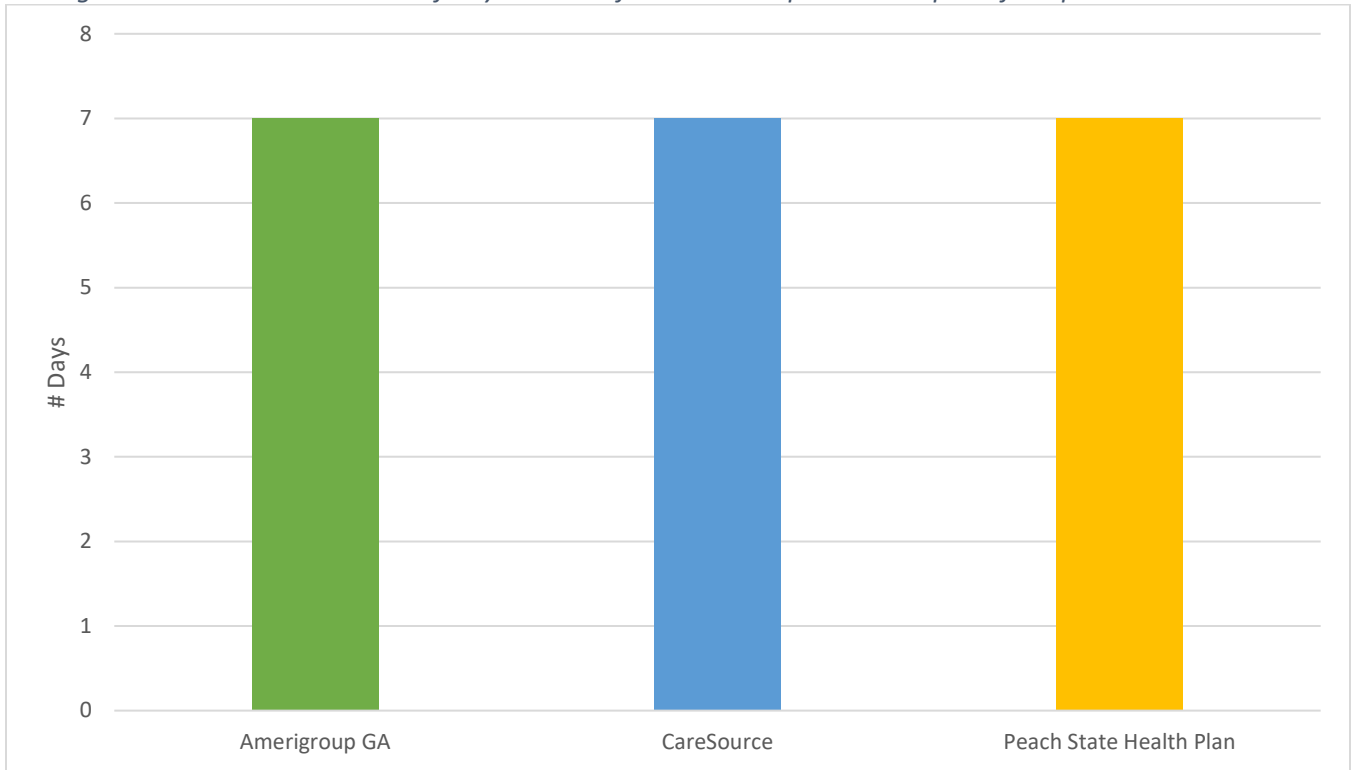


Table 107 - Maximum Number of Days Allowed for an Initial Opioid Prescription for Opioid Naïve Patients

MCO Names	Response (Days)
Amerigroup GA	7
CareSource	7
Peach State Health Plan	7
State Totals	21

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

Figure 79 - POS Edits in Place to Limit the Quantity Dispensed of Opioids

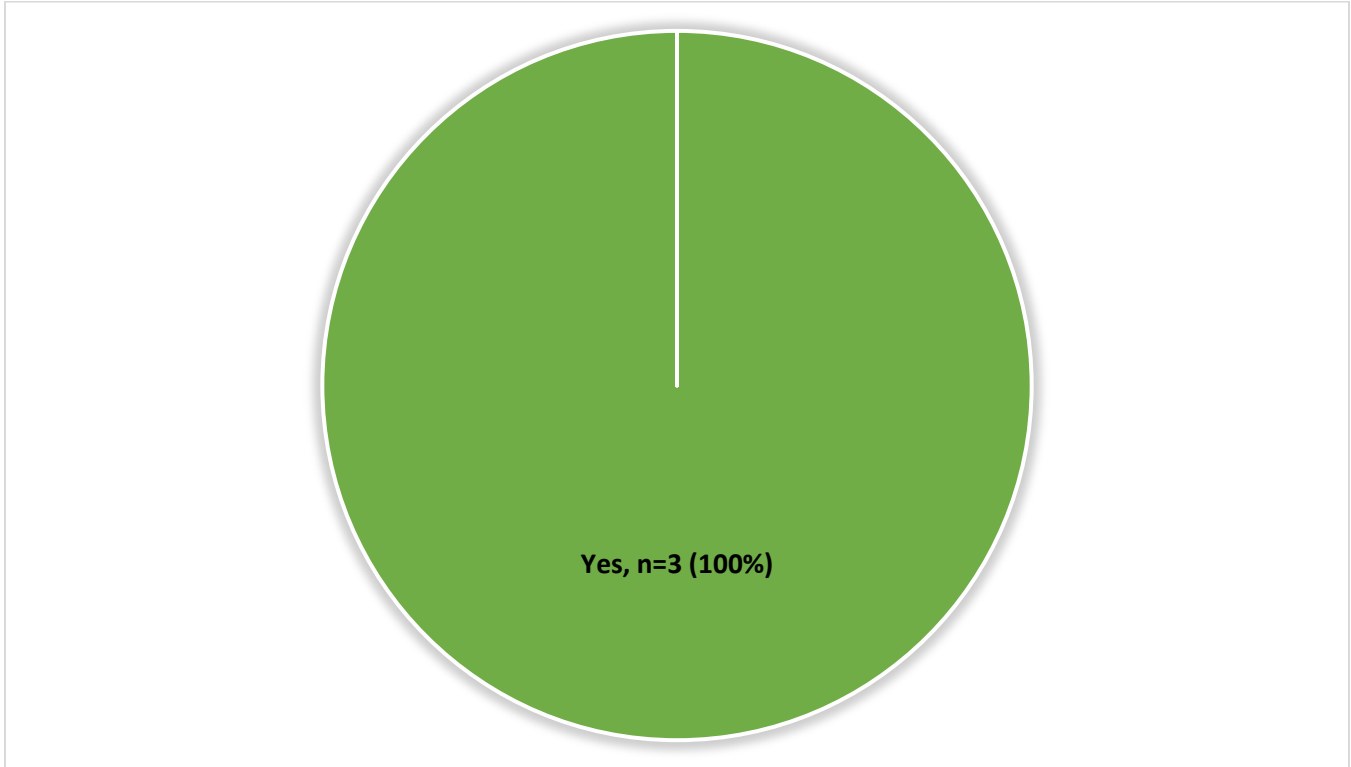


Table 108 - POS Edits in Place to Limit the Quantity Dispensed of Opioids

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

a. If “Yes,” does your MCO have POS edits in place to limit the quantity dispensed of short-acting (SA) opioids?

Figure 80 - POS Edits in Place to Limit the Quantity Dispensed of Short-Acting (SA) Opioids

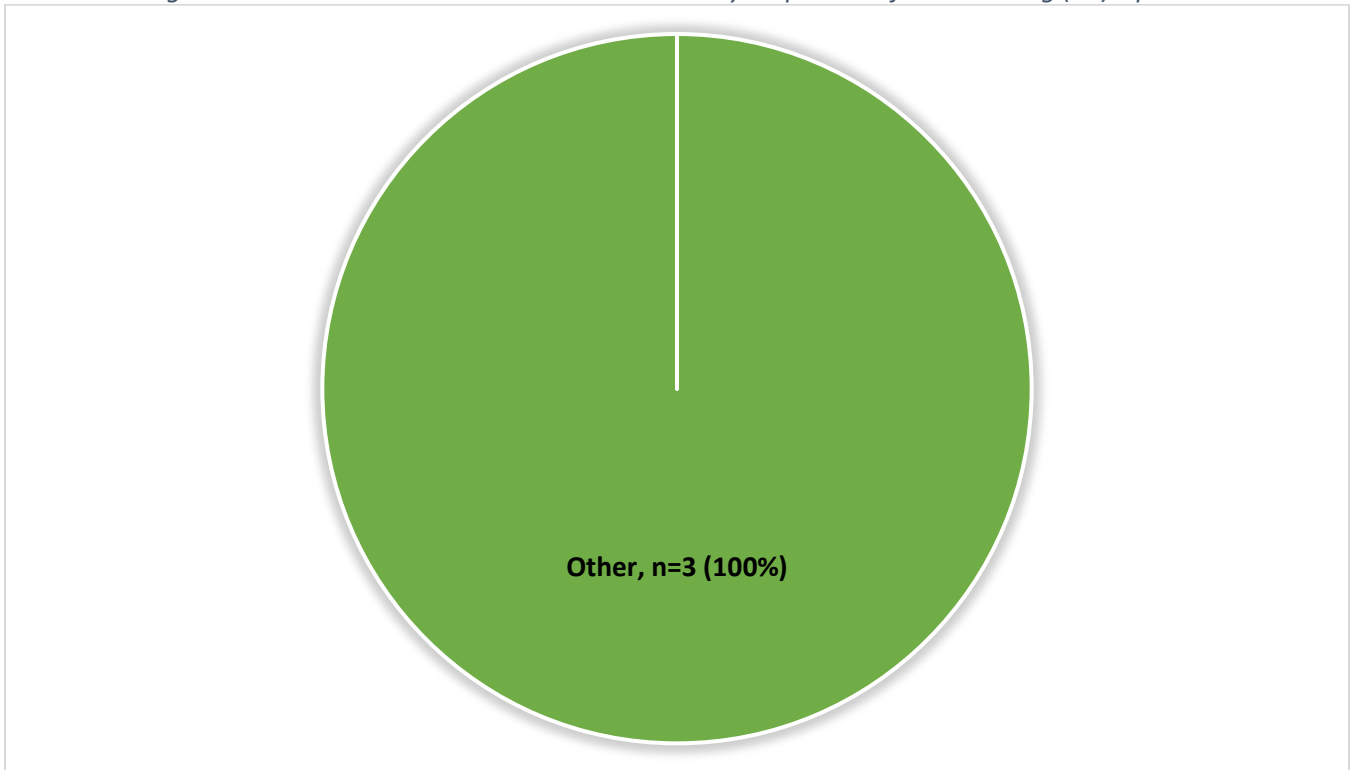


Table 109 - POS Edits in Place to Limit the Quantity Dispensed of Short-Acting (SA) Opioids

Response	MCO Names	Count	Percentage
Other	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

If “Other,” please explain

Table 110 - “Other” Explanations for POS Edits in Place to Limit the Quantity Dispensed of Short-Acting Opioids

MCO Name	Explanation
Amerigroup GA	Quantity limits per PA policy and/or label-based dosing apply.
CareSource	Maximum of initial 7 day supply, then limited to 14 days in the past 45 days. Prior authorization is required for subsequent days supply after 14 days in the past 45 days is met.
Peach State Health Plan	Quantity limits are in place for short-acting opioids and the limits are drug specific.

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

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

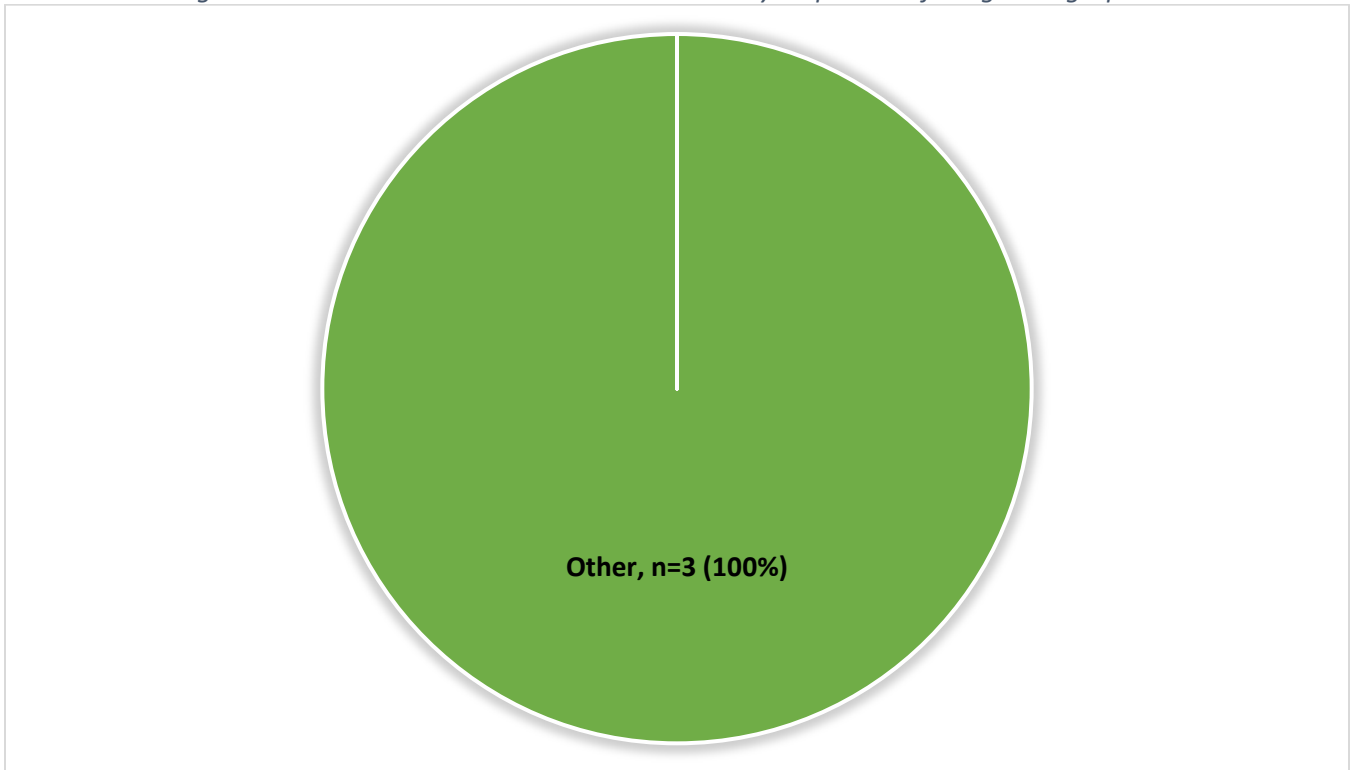


Table 111 - POS Edits in Place to Limit the Quantity Dispensed of Long-Acting Opioids

Response	MCO Names	Count	Percentage
Other	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

If "Other," please explain.

Table 112 - "Other" Explanations for POS Edits in Place to Limit the Quantity Dispensed of Long-Acting Opioids

MCO Name	Explanation
Amerigroup GA	We apply various quantity depending upon the daily quantity limit of the LA opioid according to PA policy and/ or labe-based dosing.
CareSource	Long-acting opioids are limited to 3 months, or 6-month approvals based on initial or reauthorization upon PA review and are limited to a 30 days' supply. Long-acting opioids also require use of IR opioids in previous treatment plan prior to approval.
Peach State Health Plan	Quantity limits are in place for long-acting opioids and the limits are drug specific.

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



Table 113 - 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	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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If "Yes," check all that apply.

Figure 83 - Measures other than Restricted Quantities and Days' Supply in Place to Either Monitor or Manage the Prescribing of Opioids

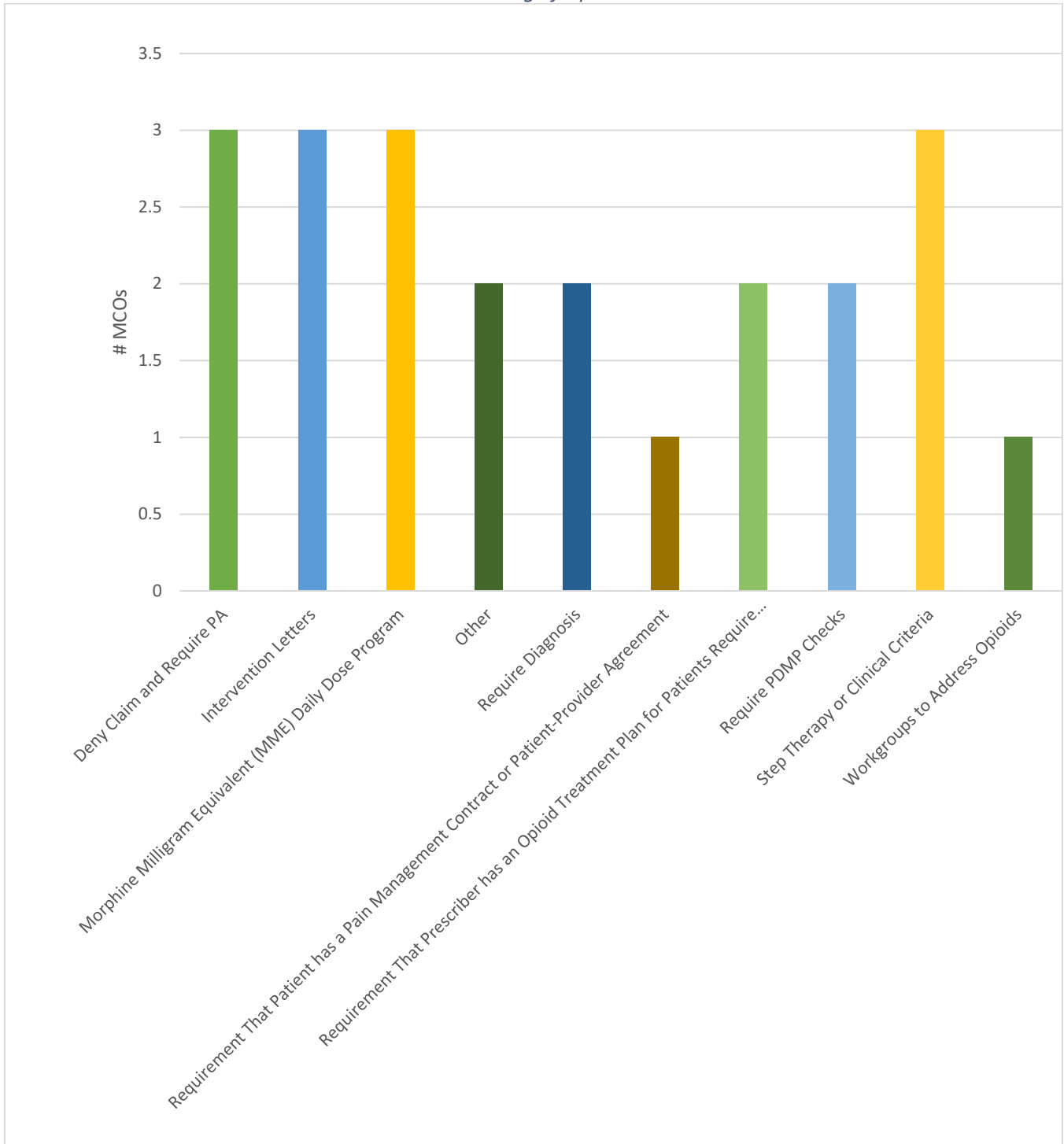


Table 114- Measures other than Restricted Quantities and Days' Supply in Place to Either Monitor or Manage the Prescribing of Opioids

Response	MCO Names	Count	Percentage
Deny claim and require PA	Amerigroup GA, CareSource, Peach State Health Plan	3	13.64%

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Response	MCO Names	Count	Percentage
Intervention letters	Amerigroup GA, CareSource, Peach State Health Plan	3	13.64%
Morphine Milligram Equivalent (MME) daily dose program	Amerigroup GA, CareSource, Peach State Health Plan	3	13.64%
Require diagnosis	Amerigroup GA, CareSource	2	9.09%
Requirement that patient has a pain management contract or Patient-Provider agreement	CareSource	1	4.55%
Requirement that prescriber has an opioid treatment plan for patients Require documentation of urine drug screening results	Amerigroup GA, CareSource	2	9.09%
Require PDMP checks	Amerigroup GA, CareSource	2	9.09%
Step therapy or Clinical criteria	Amerigroup GA, CareSource, Peach State Health Plan	3	13.64%
Workgroups to address opioids	Amerigroup GA	1	4.55%
Other	Amerigroup GA, CareSource	2	9.09%
State Totals		22	100%

If "Other," please specify.

Table 115 - "Other" Explanations for Measures other than Restricted Quantities and Days' Supply in Place to Either Monitor or Manage the Prescribing of Opioids

MCO Name	Explanation
Amerigroup GA	Details on these opioid prescribing controls: Morphine milligram equivalent (MME) daily dose program limits daily dose to 90MME (treatment experienced) and 50MME (treatment naive). Increased dosage requires Prior Authorization. All long-acting opioids require Prior Authorization to initiate treatment. Part of Prior Authorization criteria is a requirement that prescriber has an opioid treatment plan for patients and that the PDMP is checked. Our interventions aim to engage prescriber to educate, coordinate care and reduce the risk of fraud waste and abuse (FWA) and opioid overutilization. Controlled Substance Utilization Monitoring (CSUM) categories include but are not limited to the following: High Utilization, Drug-Drug Interactions, High Dose, Continuity of Care Risk, MAT + opioid, and New starts.
CareSource	Prescriber attests to discussing benefits/risks of opioids with beneficiary and attests to checking state PDMP if a prior authorization is required. The Georgia Lock-In Program assists health care providers in monitoring potential abuse or inappropriate utilization of prescription medications, including controlled substance.

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 84 - POS Edits to Monitor Duplicate Therapy of Opioid Prescriptions

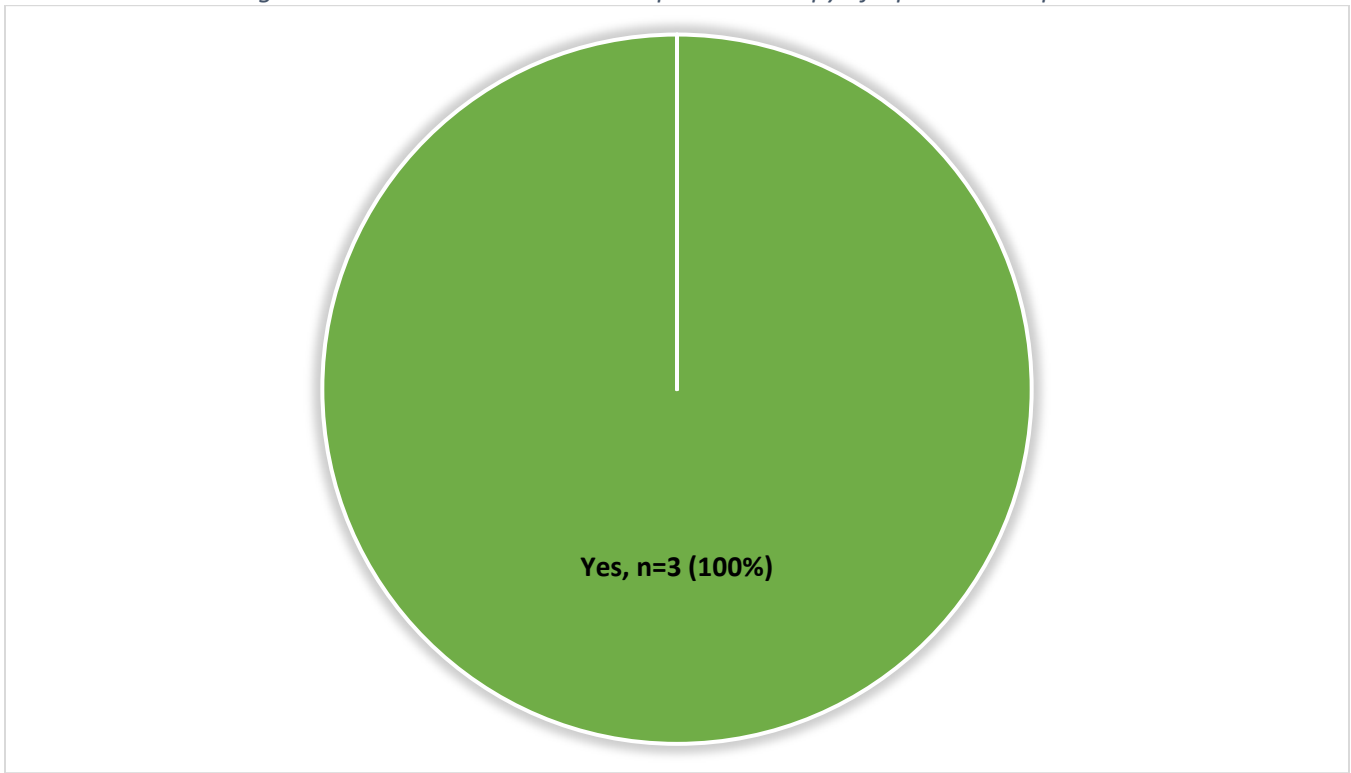


Table 116 - POS Edits to Monitor Duplicate Therapy of Opioid Prescriptions

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

Figure 85 - POS Edits to Monitor Early Refills of Opioid Prescriptions Dispensed

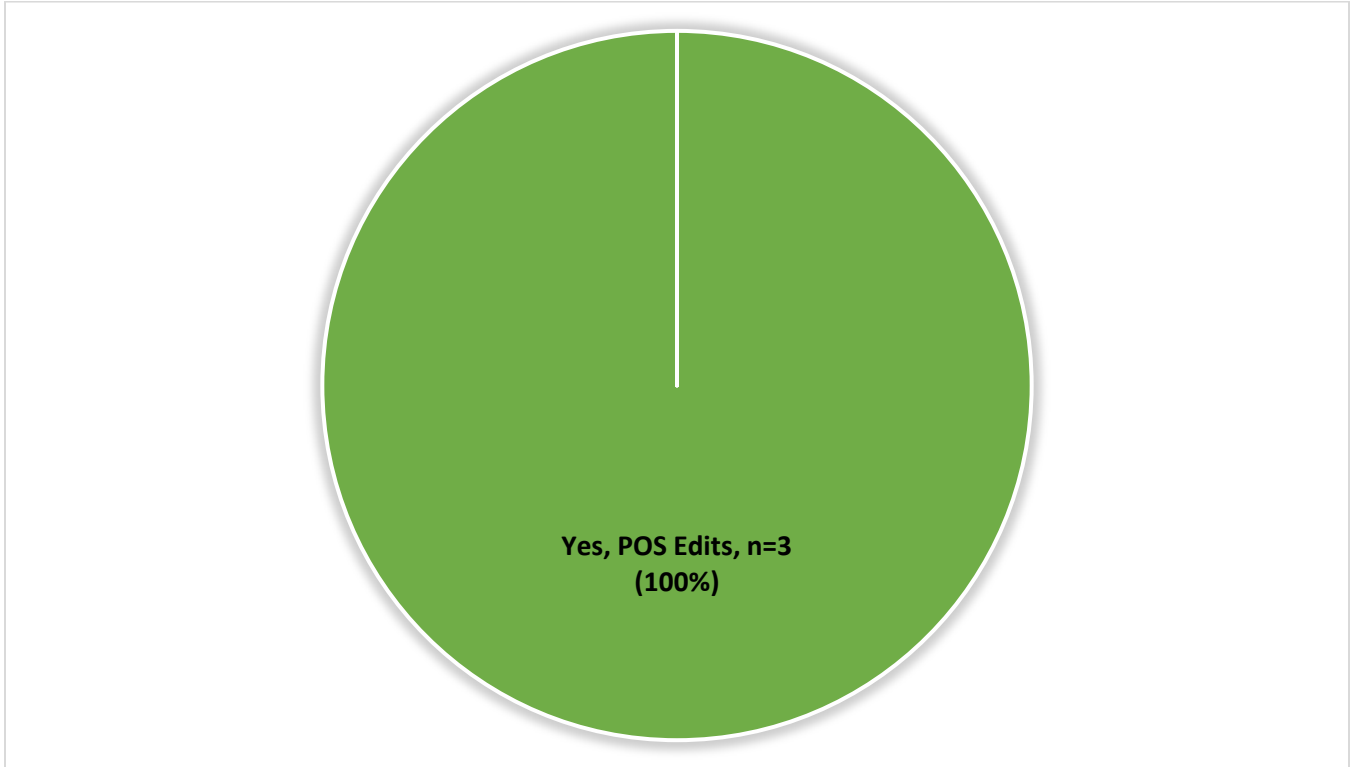


Table 117 - POS Edits to Monitor Early Refills of Opioid Prescriptions Dispensed

Response	MCO Names	Count	Percentage
Yes, POS edits	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	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 86 - Automated Retrospective Claim Reviews to Monitor Opioid Prescriptions in Excess of Program Limitations

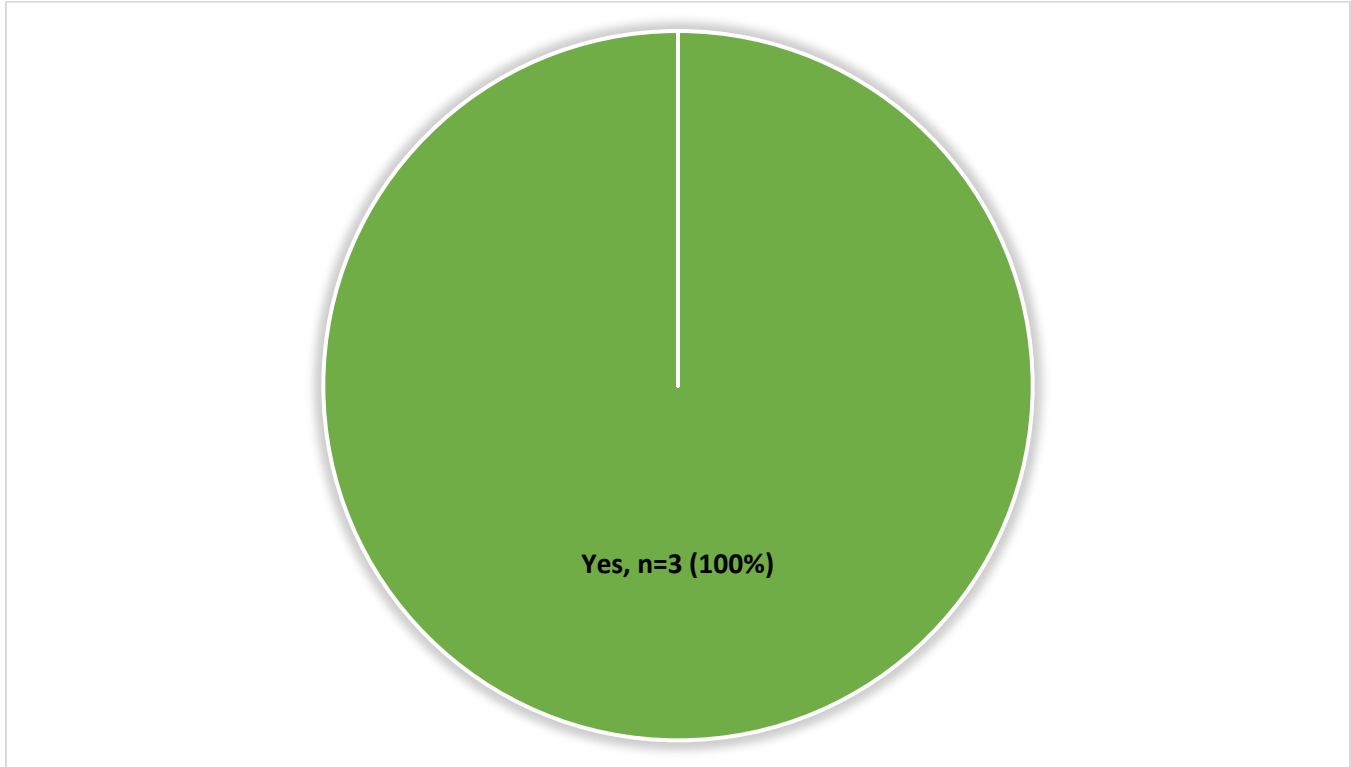


Table 118 - Automated Retrospective Claim Reviews to Monitor Opioid Prescriptions in Excess of Program Limitations

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

Table 119 - Scope, Nature, and Frequency of Retrospective Reviews of Opioid Prescription Monitoring in Excess of Program Limitations

MCO Name	Retrospective Review Details
Amerigroup GA	Our retrospective claims review process is automated. Within this process, providers are notified of members who exceed the MME thresholds. Our clinical rules monthly examine pharmacy claims to identify members that meet program criteria. There is no retrospective monitoring of early refills of controlled substances because the MCO does not allow early refill of controlled substances without Prior Authorization approval.
CareSource	CareSource has a coded retrospective look back of claims when the prescription is being filled to ensure review of state limitations including early refills, QL, days supply, and MMEs .
Peach State Health Plan	Peach State Health Plan has a retrospective drug utilization review program that identified members on high dose morphine equivalents per day. Upon identification, a letter will go out to the provider educating them on their patient's high opioid dose along

MCO Name	Retrospective Review Details
	with a list of pharmacist recommended interventions that the provider will have the opportunity to select and then respond back to our department for intervention tracking.

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

Figure 87 - POS Edits or Automated Retrospective Claim Reviews to Monitor Opioids and Benzodiazepines Used Concurrently

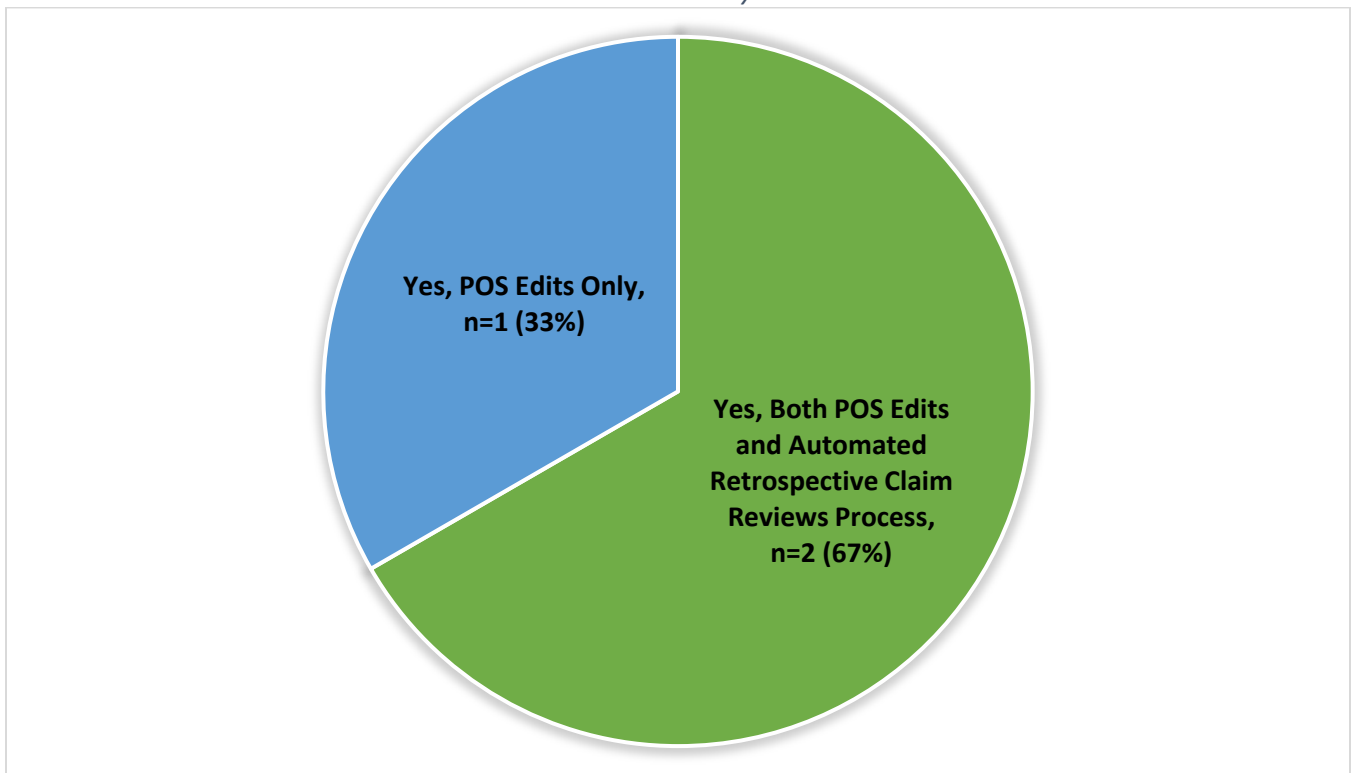


Table 120 - POS Edits or Automated Retrospective Claim Reviews to Monitor Opioids and Benzodiazepines Used Concurrently

Response	MCO Names	Count	Percentage
Yes, both POS edits and automated retrospective claim reviews process	Amerigroup GA, Peach State Health Plan	2	66.67%
Yes, POS edits only	CareSource	1	33.33%
State Totals		3	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 121 - Explanations of Scope and Nature of Reviews and Edits for Opioids and Benzodiazepines Being Used Concurrently

MCO Name	Explanation
Amerigroup GA	We have POS edits in place that notifies the dispensing pharmacist of the duplication between opioids and benzodiazepines. The dispensing pharmacist may override the POS

MCO Name	Explanation
	edit after consultation with the prescriber and/or patient. We have automated RDUR process that will identify members receiving opioids and benzodiazepines. Messages are sent to providers.
CareSource	Prior authorization for all long acting opioids requires attestation from prescriber that concurrent benzodiazepine use outweighs the risks.
Peach State Health Plan	An Opioid/Benzodiazepine edit is a message only edit intended to identify members who are receiving concurrent therapy with opioid and benzodiazepine medications. Peach State Health Plan has a retrospective DUR program involving the high risk drug combination of opioids and benzodiazepines. This program identified members who have a combined fill of this combination for 3 or more months within a previous 6 month period. Upon identification, a letter will go out to the provider educating them on their patients high risk combination along with a list of pharmacist recommended interventions that the provider will have the opportunity to select and then respond back to our department intervention tracking.

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

Figure 88 - POS Edits or Automated Retrospective Claim Reviews to Monitor Opioids and Sedatives Being Used Concurrently

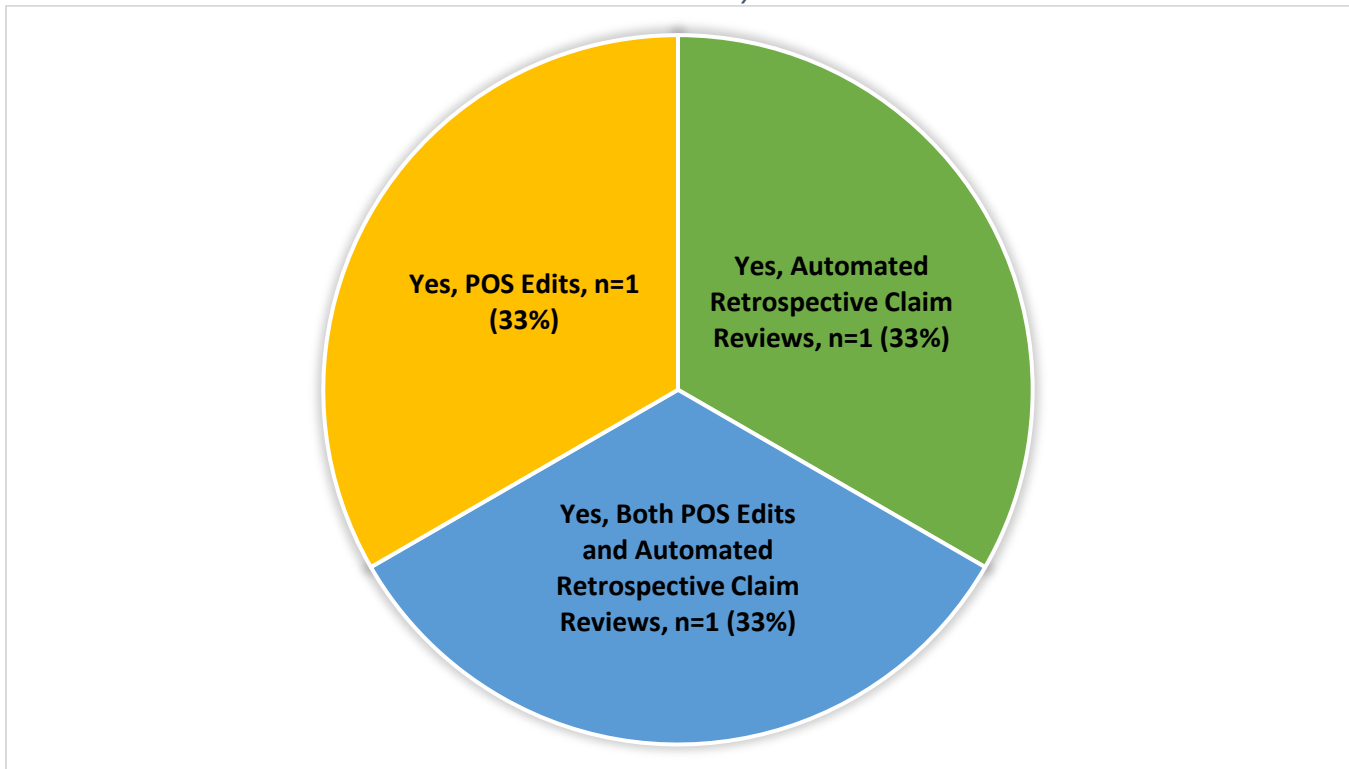


Table 122 - POS Edits or Automated Retrospective Claim Reviews to Monitor Opioids and Sedatives Being Used Concurrently

Response	MCO Names	Count	Percentage
Yes, automated retrospective claim reviews	Amerigroup GA	1	33.33%

Response	MCO Names	Count	Percentage
Yes, both POS edits and automated retrospective claim reviews	Peach State Health Plan	1	33.33%
Yes, POS edits	CareSource	1	33.33%
State Totals		3	100%

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

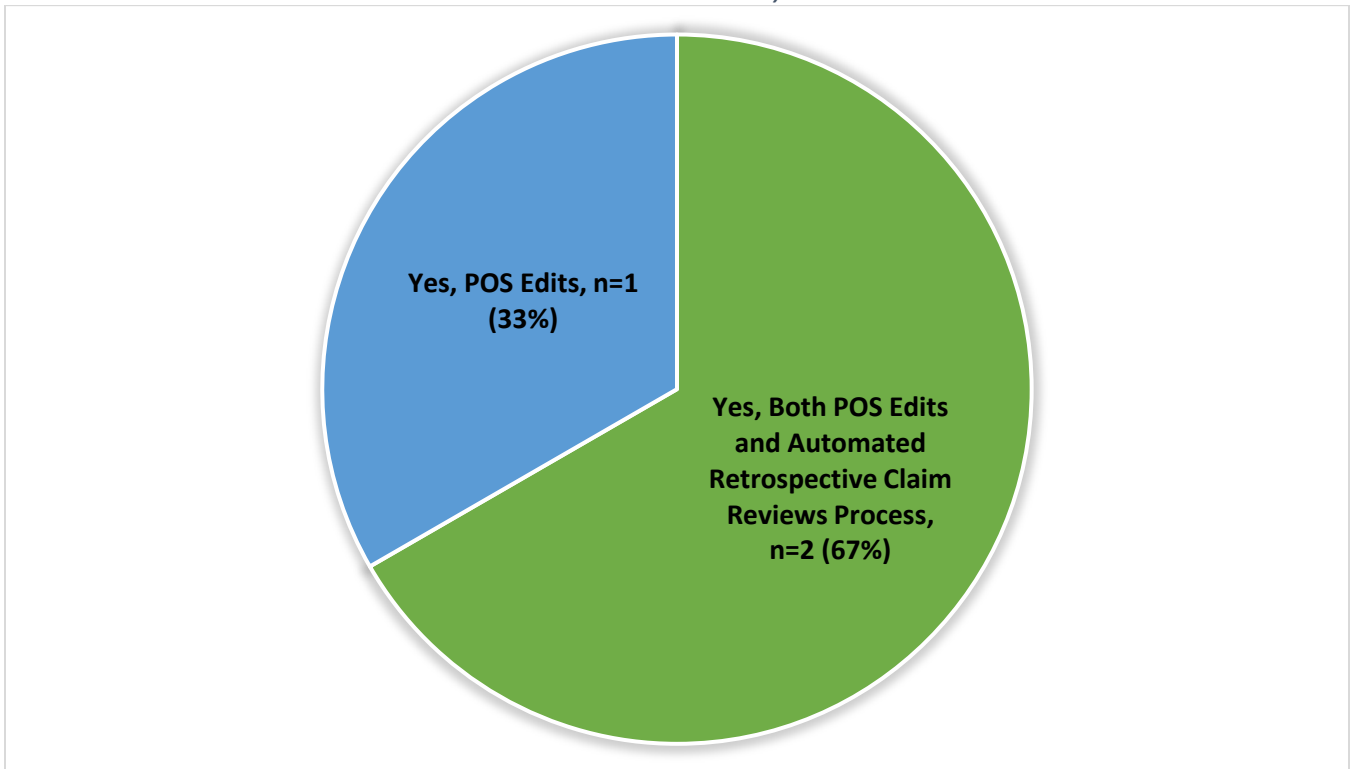


Table 123 - POS Edits or Automated Retrospective Claim Reviews to Monitor Opioids and Antipsychotics Being Used Concurrently

Response	MCO Names	Count	Percentage
Yes, both POS edits and automated retrospective claim reviews process	Amerigroup GA, Peach State Health Plan	2	66.67%
Yes, POS edits	CareSource	1	33.33%
State Totals		3	100%

11. Does your MCO have POS safety edits or perform automated retrospective 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 90 - POS Safety Edits, Automated Retrospective Claims Reviews and/or Provider Education Regarding Beneficiaries with a Diagnosis or History of OUD or Opioid Poisoning Diagnosis

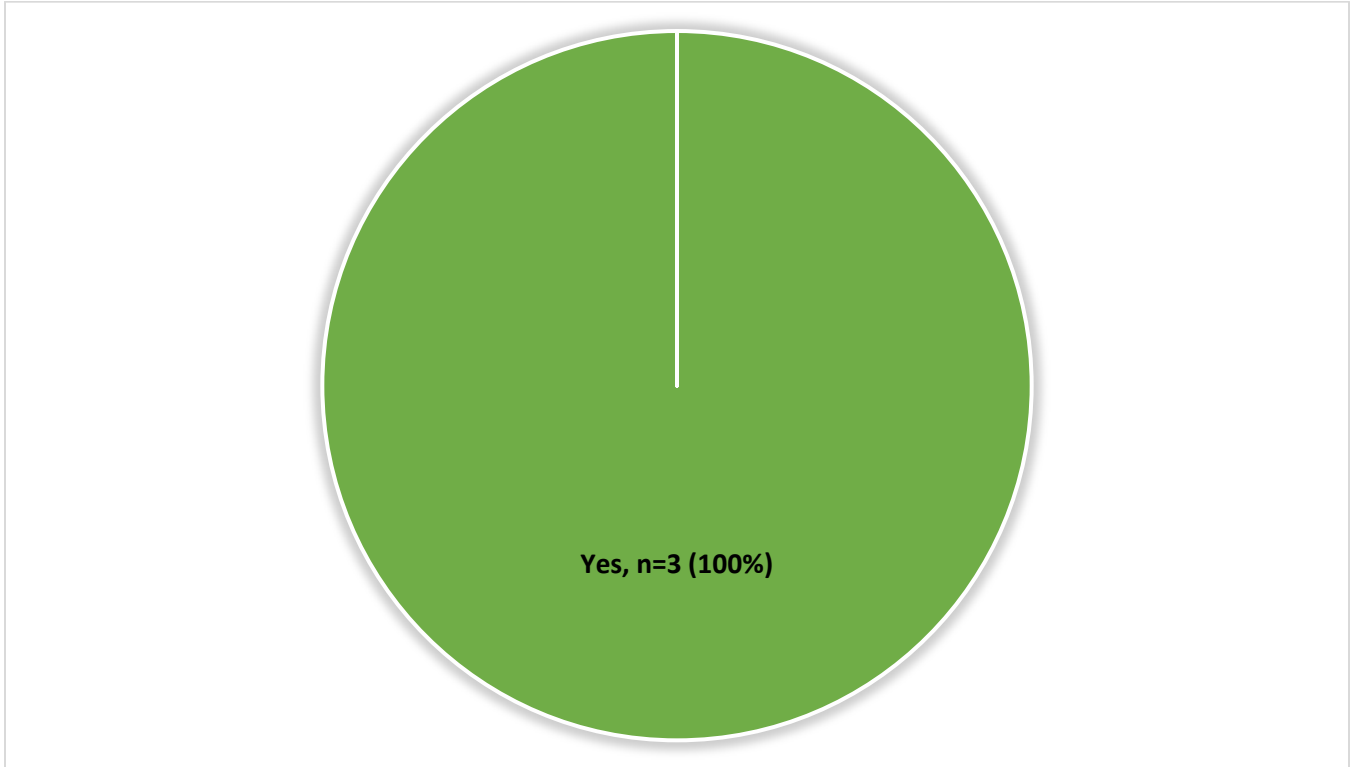


Table 124 - POS Safety Edits, Automated Retrospective Claims Reviews and/or Provider Education Regarding Beneficiaries with a Diagnosis or History of OUD or Opioid Poisoning Diagnosis

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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If “Yes,” please check all that apply.

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

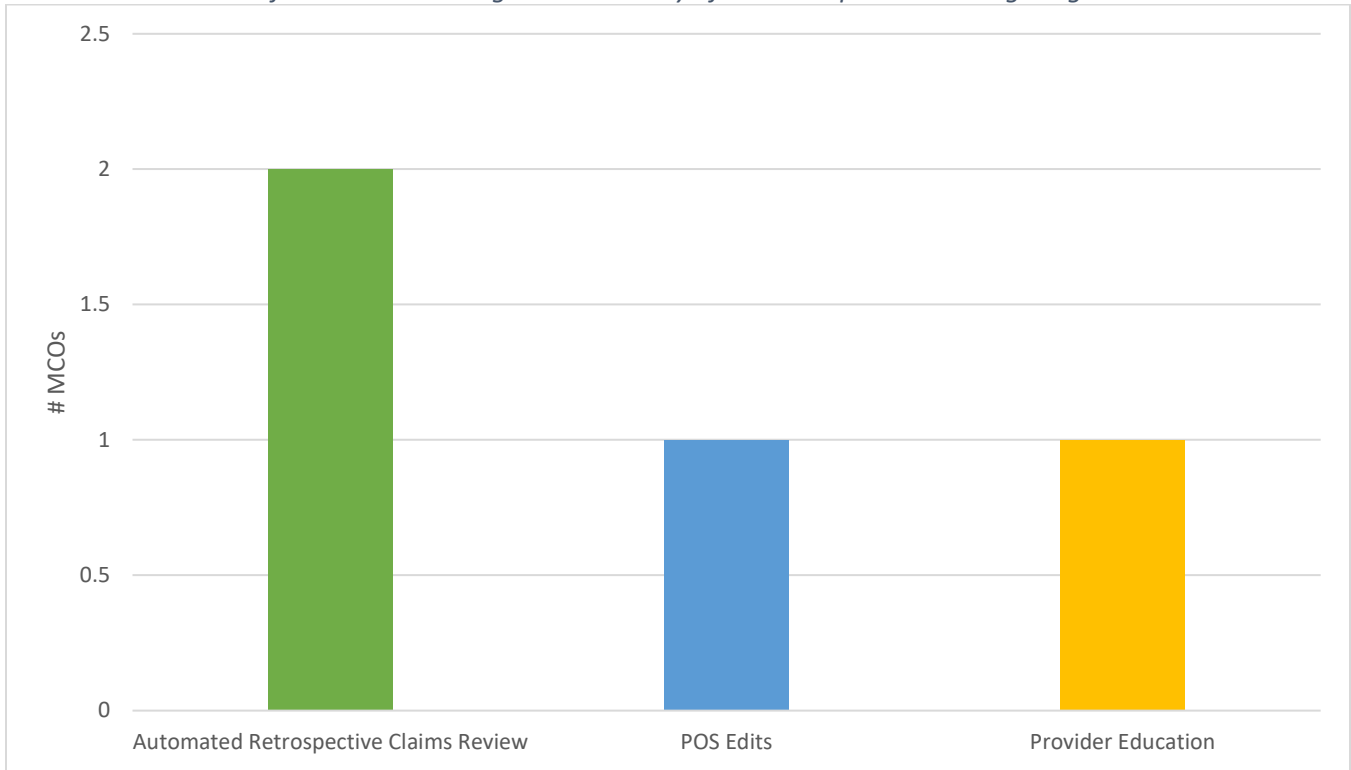


Table 125 - POS Safety Edits, Automated Retrospective Claim Reviews and/or Provider Education Regarding Beneficiaries with a Diagnosis or History of OUD or Opioid Poisoning Diagnosis

Response	MCO Names	Count	Percentage
Automated retrospective claims review	Amerigroup GA, Peach State Health Plan	2	50.00%
POS edits	CareSource	1	25.00%
Provider education	Amerigroup GA	1	25.00%
State Totals		4	100%

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

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

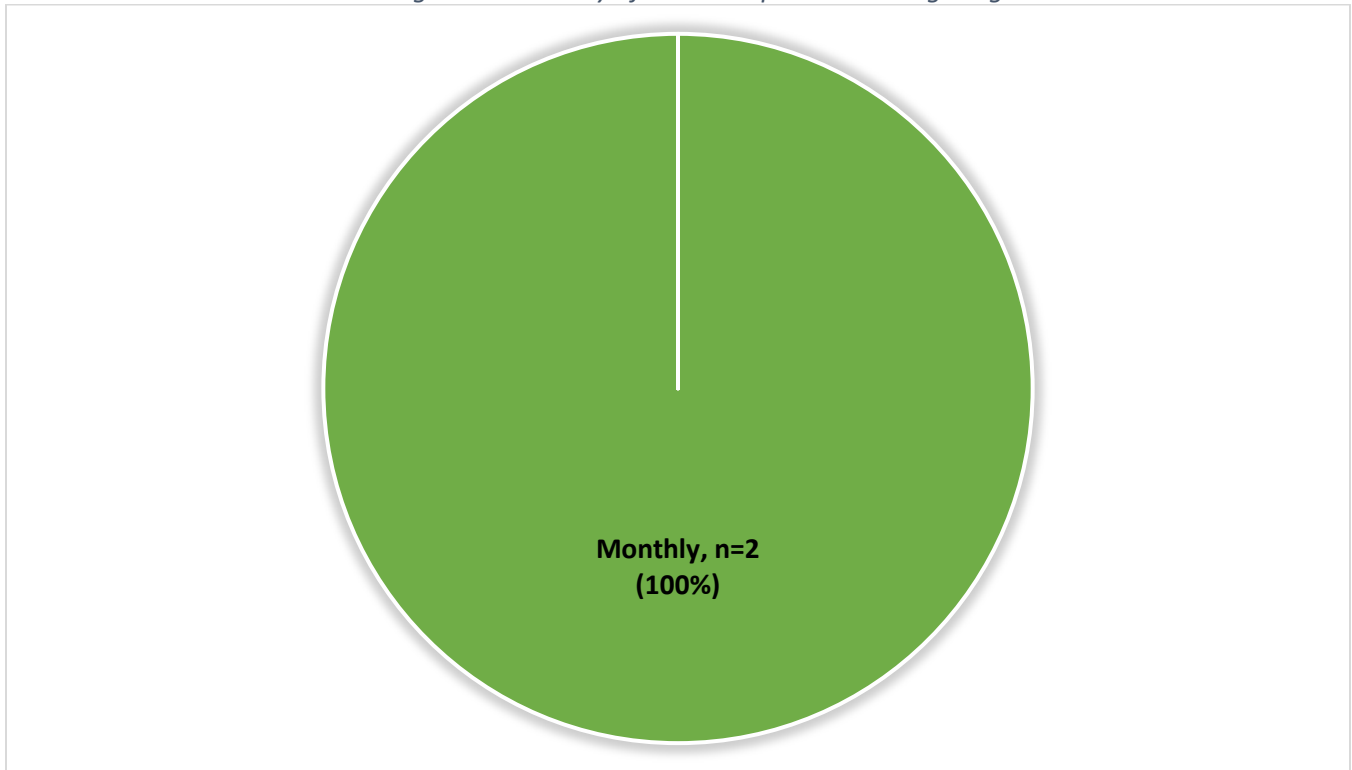


Table 126 - Frequency of Automated Retrospective Reviews and/or Provider Education Regarding Beneficiaries with a Diagnosis or History of OUD or Opioid Poisoning Diagnosis

Response	MCO Names	Count	Percentage
Monthly	Amerigroup GA, Peach State Health Plan	2	100.00%
State Totals		2	100%

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

Figure 93 - Provide Prescribers with Pain Management or Opioid Prescribing Guidelines

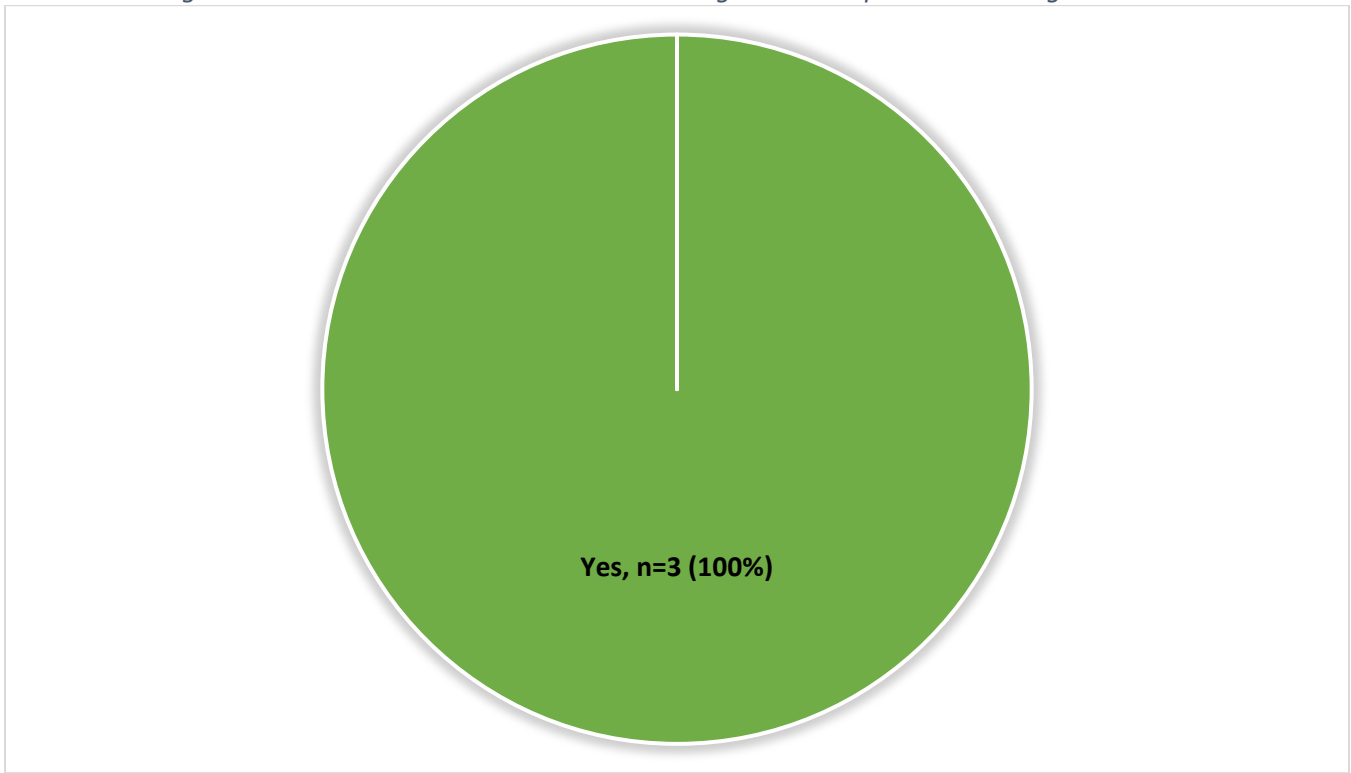


Table 127 - Provide Prescribers with Pain Management or Opioid Prescribing Guidelines

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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If “Yes,” please check all that apply.

Figure 94 - Pain Management / Opioid Prescribing Guidelines Provided

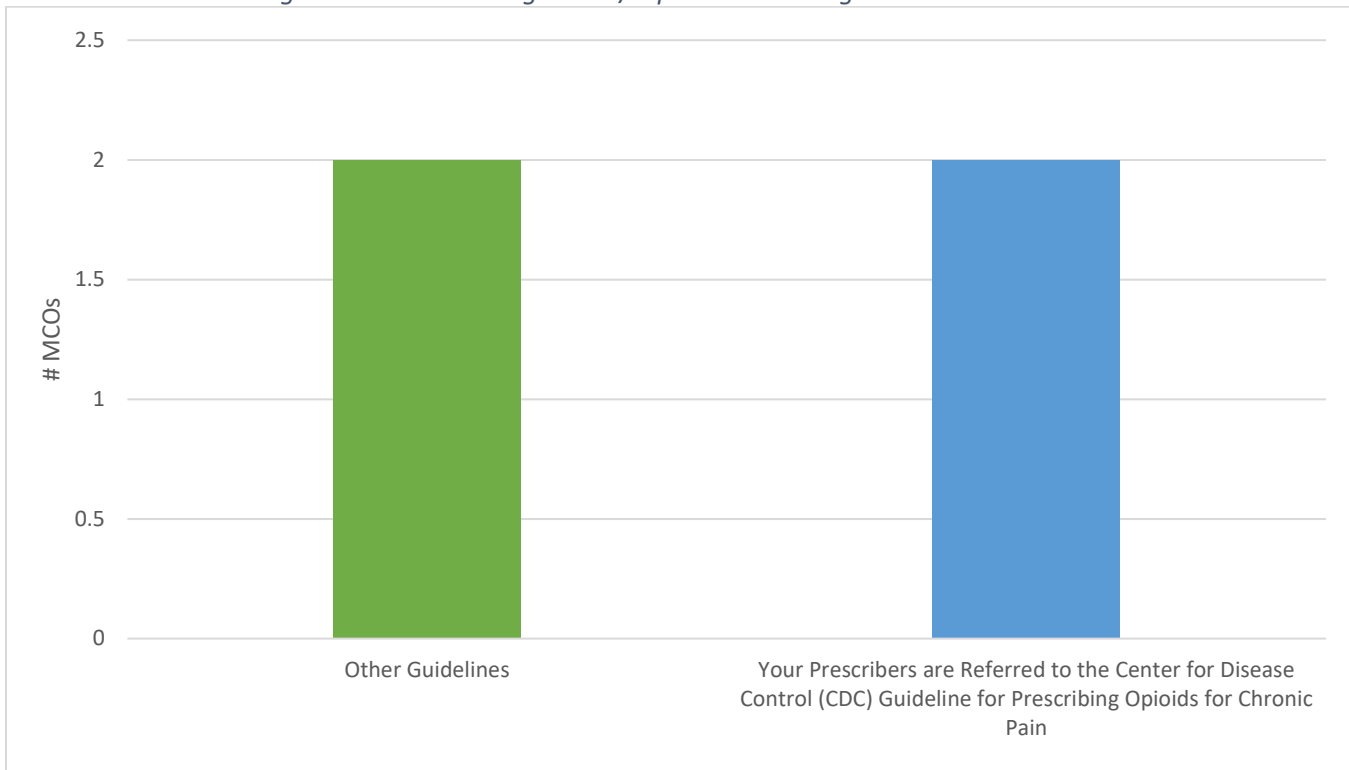


Table 128 - Pain Management / Opioid Prescribing Guidelines Provided

Response	MCO Names	Count	Percentage
Your prescribers are referred to the Center for Disease Control (CDC) Guideline for Prescribing Opioids for Chronic Pain	Amerigroup GA, Peach State Health Plan	2	50.00%
Other guidelines	Amerigroup GA, CareSource	2	50.00%
State Totals		4	100%

If “Other guidelines,” please identify.

Table 129 - “Other Guidelines” Provided

MCO Name	Explanation
Amerigroup GA	Our prescribers are referred to the CDC's Guideline for Prescribing Opioids for Chronic Pain. Treatment guidelines for Pain Management and Substance Use Disorders are available to providers via the provider portal as well as on the provider website. When Peer to Peers are performed providers are often referred to these reference sites: https://providers.amerigroup.com/ProviderDocuments/GAGA_ClinicalPracticeGuidelinesMatrix.pdf https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm http://pediatrics.aappublications.org/content/138/3/e20161893
CareSource	CDC Guideline for Prescribing Opioids, CDC MED Calculator, CDC Prescription Drug Monitoring, CDC Fact Sheet-Guidelines for Prescribing Opioids for Chronic Pain, Agency Medical Directors' Group Opioid Guideline 2015, Indiana Opioid Management Policy, Opiates: Transforming Prescribing Protocols Ohio State University 2014, Utah Pain Opioid Guidelines 2009, AMDG Opioid Guideline Taper- Washington 2015.

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

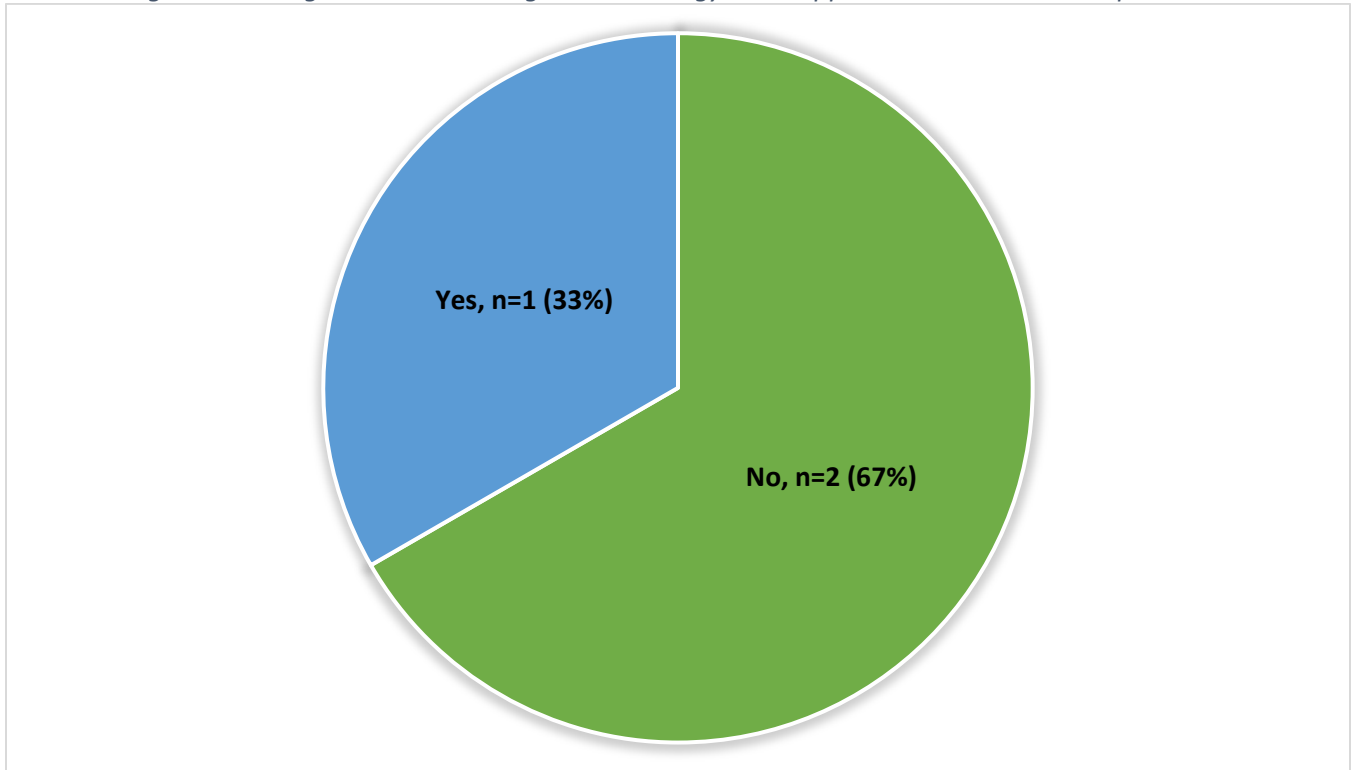


Table 130 - Drug Utilization Management Strategy that Supports Abuse Deterrent Opioid Use

Response	MCO Names	Count	Percentage
Yes	Peach State Health Plan	1	33.33%
No	Amerigroup GA, CareSource	2	66.67%
State Totals		3	100%

If "Yes," please explain.

Table 131 - "Yes" Explanation for Drug Utilization Management Strategy that Supports Abuse Deterrent Opioid Use

MCO Name	Explanation
Peach State Health Plan	An abuse-deterrent opioid product is available as a preferred agent.

If "No," please explain.

Table 132 - "No" Explanation for Drug Utilization Management Strategy that Supports Abuse Deterrent Opioid Use

MCO Name	Explanation
Amerigroup GA	Abuse deterrent agents can be obtained via prior authorization if there is concern regarding misuse/abuse by individual or individual's family member.
CareSource	Abuse deterrent opioids are available through PA only.

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

Figure 96 - COVID-19 Ramifications on Edits and Reviews on Controlled Substances During the Public Health Emergency

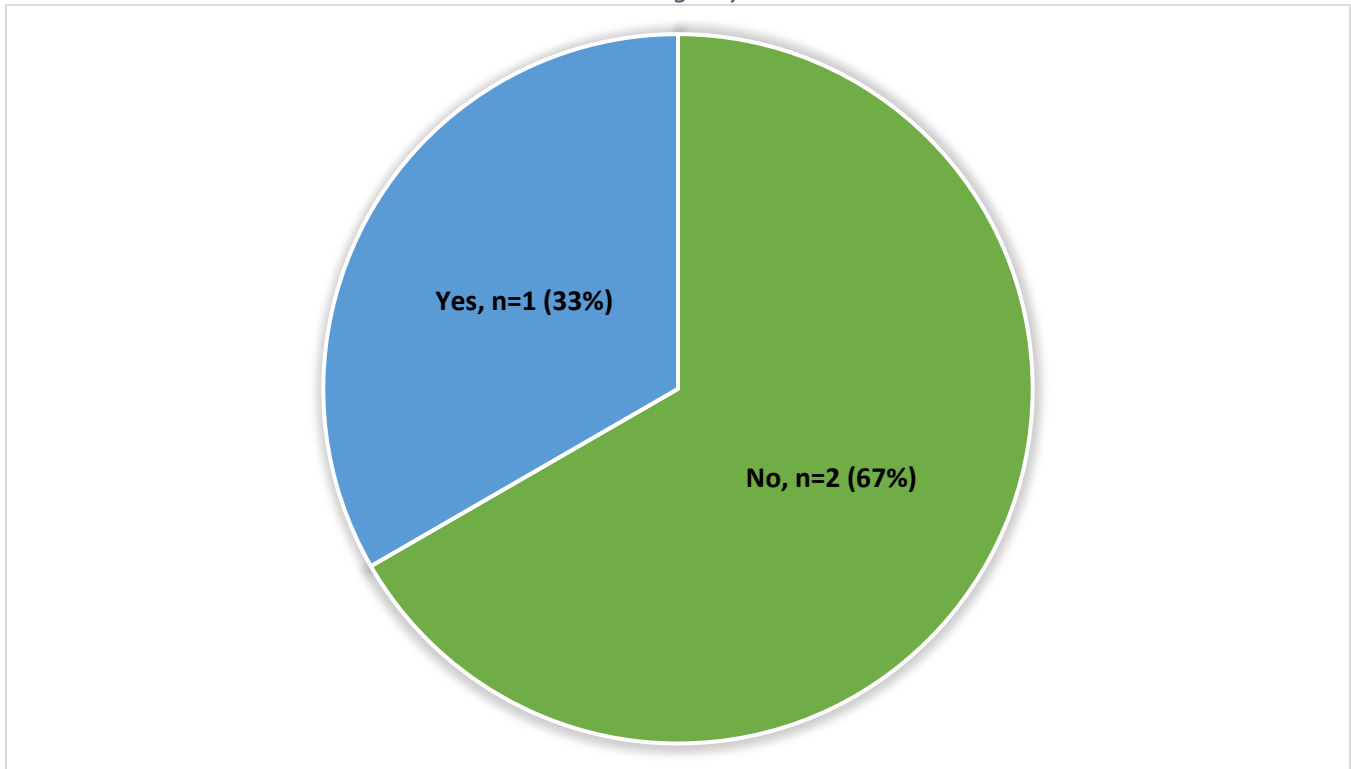


Table 133 - COVID-19 Ramifications on Edits and Reviews on Controlled Substances During the Public Health Emergency

Response	MCO Names	Count	Percentage
Yes	CareSource	1	33.33%
No	Amerigroup GA, Peach State Health Plan	2	66.67%
State Totals		3	100%

If "Yes," please explain.

Table 134 - "Yes" Explanations for COVID-19 Ramifications on Edits and Reviews on Controlled Substances During the Public Health Emergency

MCO Name	Explanation
CareSource	Yes, early and emergency fills (rejects 79, 75, and 76 initially) could be overridden with the SCC13 and batch PA extensions were placed on all maintenance medications, including opioids.

D. Morphine Milligram Equivalent (MME) Daily Dose

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

Figure 97 - MCO Recommended MME Daily Dose Measures

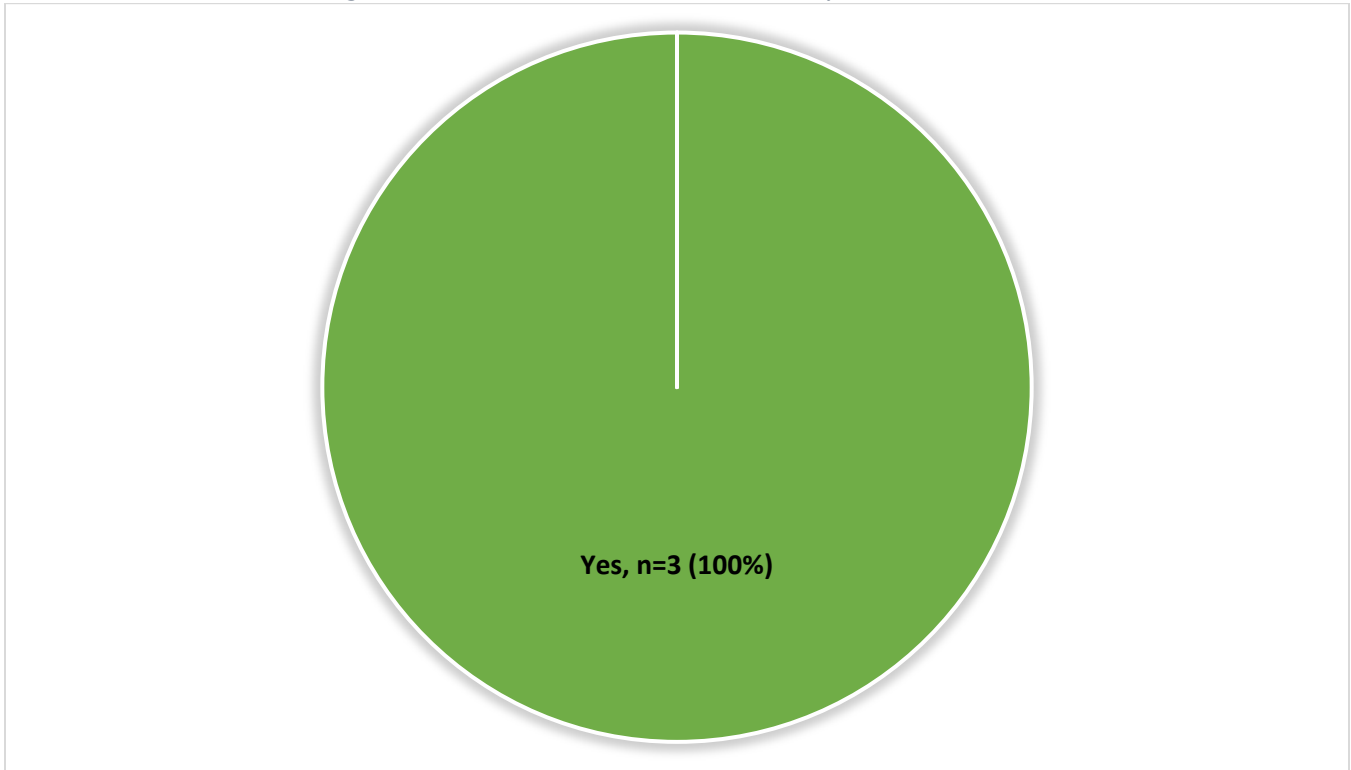


Table 135 - MCO Recommended MME Daily Dose Measures

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

Figure 98 - Maximum MME Daily Dose Limit in Milligrams

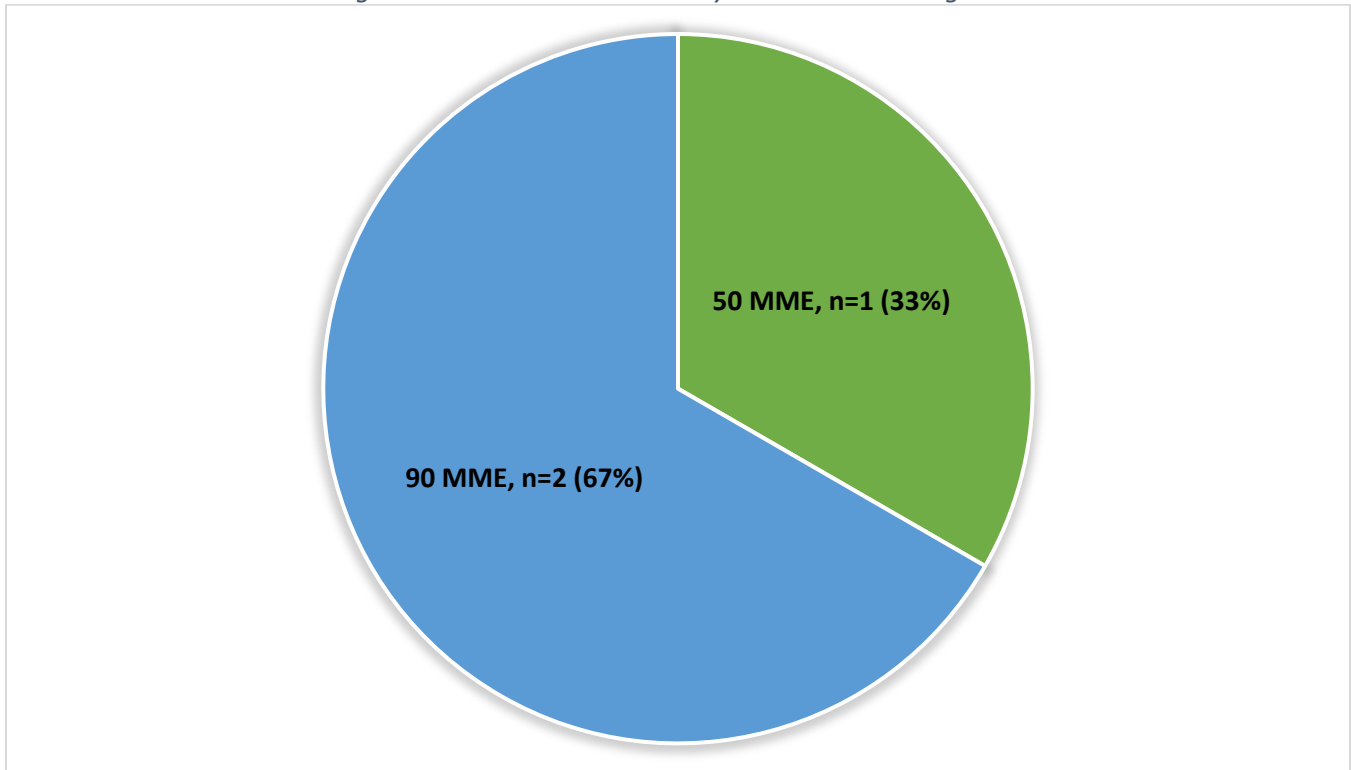


Table 136 - Maximum MME Daily Dose Limit in Milligrams

Response	MCO Names	Count	Percentage
50 MME	CareSource	1	33.33%
90 MME	Amerigroup GA, Peach State Health Plan	2	66.67%
State Totals		3	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 137 - Explanations for Nature and Scope of Maximum MME Daily Dose Limit

MCO Name	Explanation
Amerigroup GA	For treatment-experienced members: 90 MME limits have been implemented and include all short and long-acting opioids. For treatment-naive members: 50 MME limits have been implemented and include all short and long-acting opioids. Tapering patients is at the judgment and discretion of the attending physician.
CareSource	A 50 MME limit applies to all short acting opioids. We are not in the process of tapering as this limit has been in place since 2018. A passive POS DUR edit is also in place that alerts the pharmacist of a cumulative 90 MME and does not require a code to override.
Peach State Health Plan	The 90 mg maximum morphine equivalent daily dose limit is a soft edit which can be overridden by the pharmacist.

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

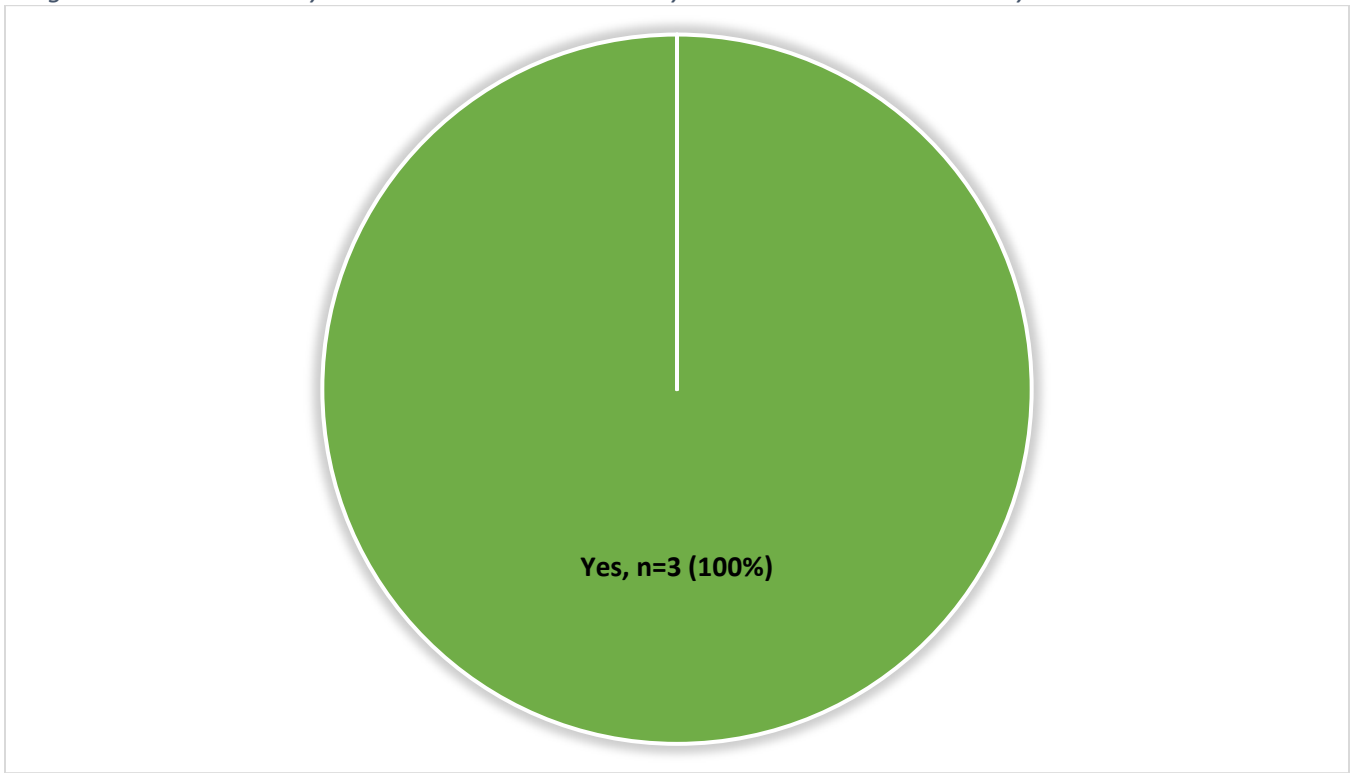


Table 138 - Edit in POS System that Alerts the Pharmacy Provider that the MME Daily Dose has been Exceeded

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

Figure 100 - Prior Authorization Required if MME Limit is Exceeded



Table 139 - Prior Authorization Required if MME Limit is Exceeded

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

Figure 101 - MCO Has Automated Retrospective Claim Reviews to Monitor MME Total Daily Dose

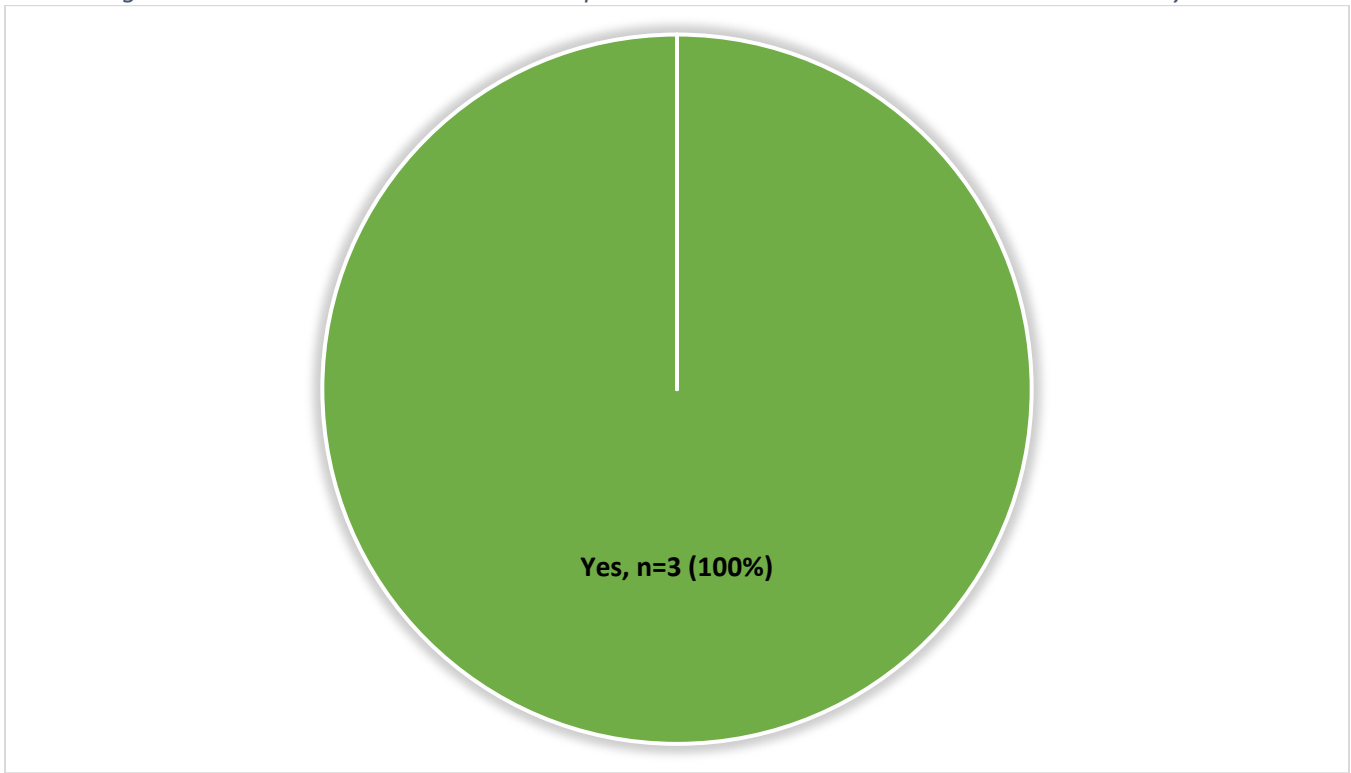


Table 140 - MCO Has Automated Retrospective Claim Reviews to Monitor MME Total Daily Dose

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

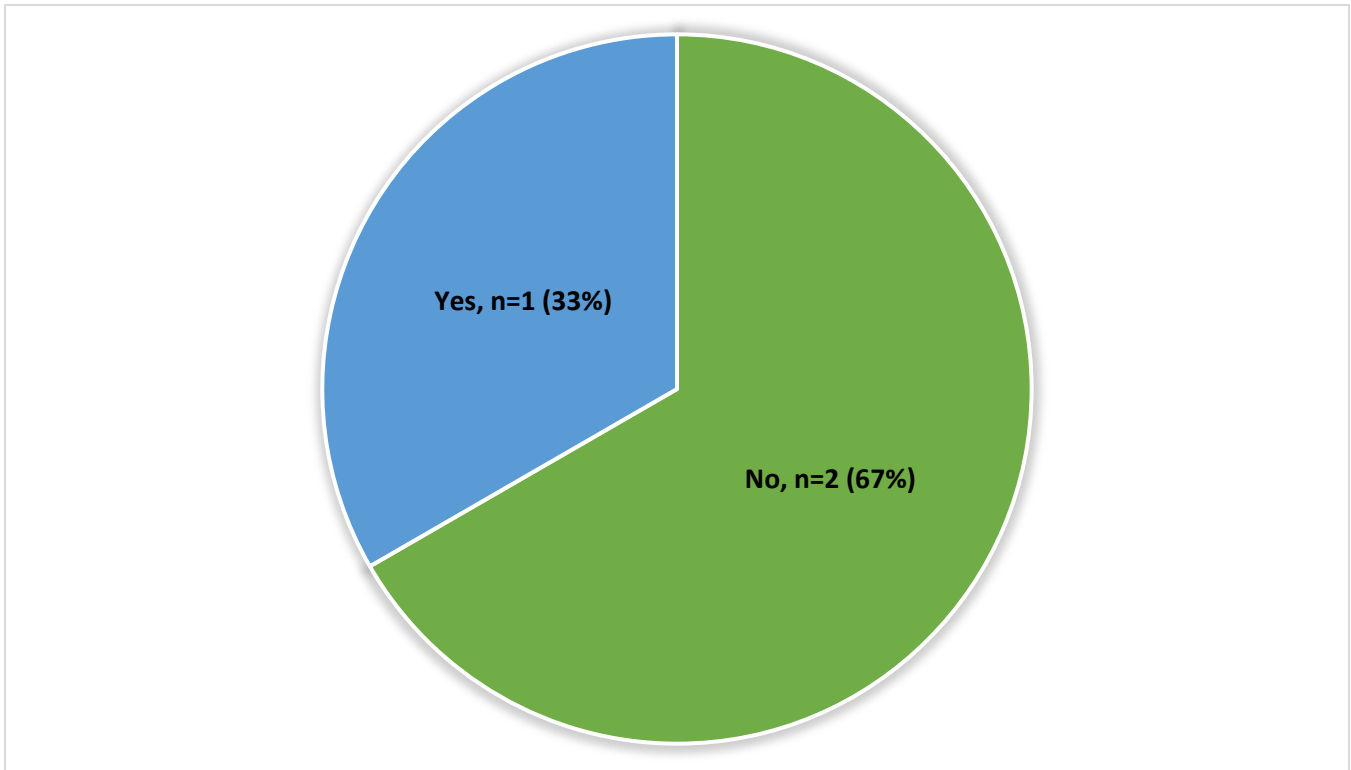


Table 141 - Provide Information to Prescribers to Calculate the MME Daily Dosage or Provide a Calculator Developed Elsewhere

Response	MCO Names	Count	Percentage
Yes	CareSource	1	33.33%
No	Amerigroup GA, Peach State Health Plan	2	66.67%
State Totals		3	100%

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

Figure 103 - Developer of the MME Daily Dosage Calculator

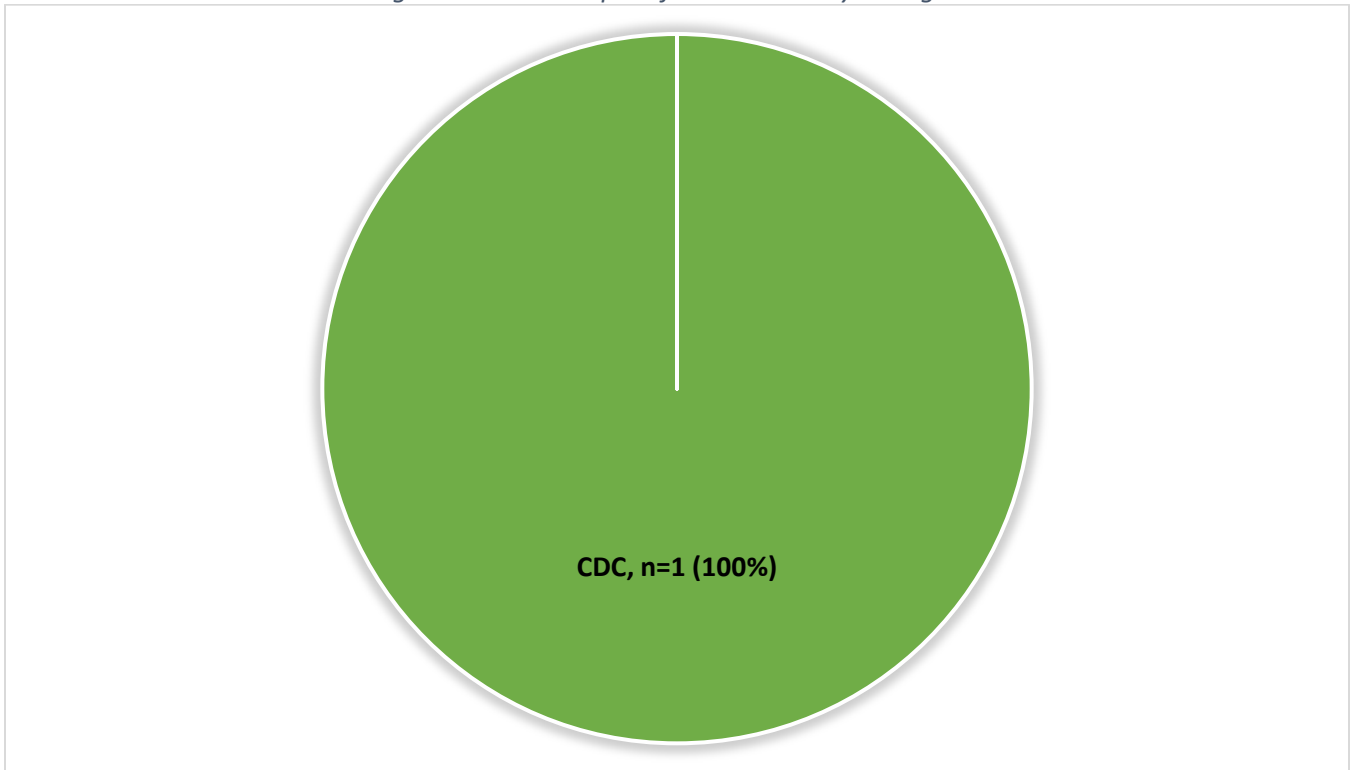


Table 142 - Developer of the MME Daily Dosage Calculator

Response	MCO Names	Count	Percentage
CDC	CareSource	1	100.00%
State Totals		1	100%

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

Figure 104 - Information Dissemination Routes

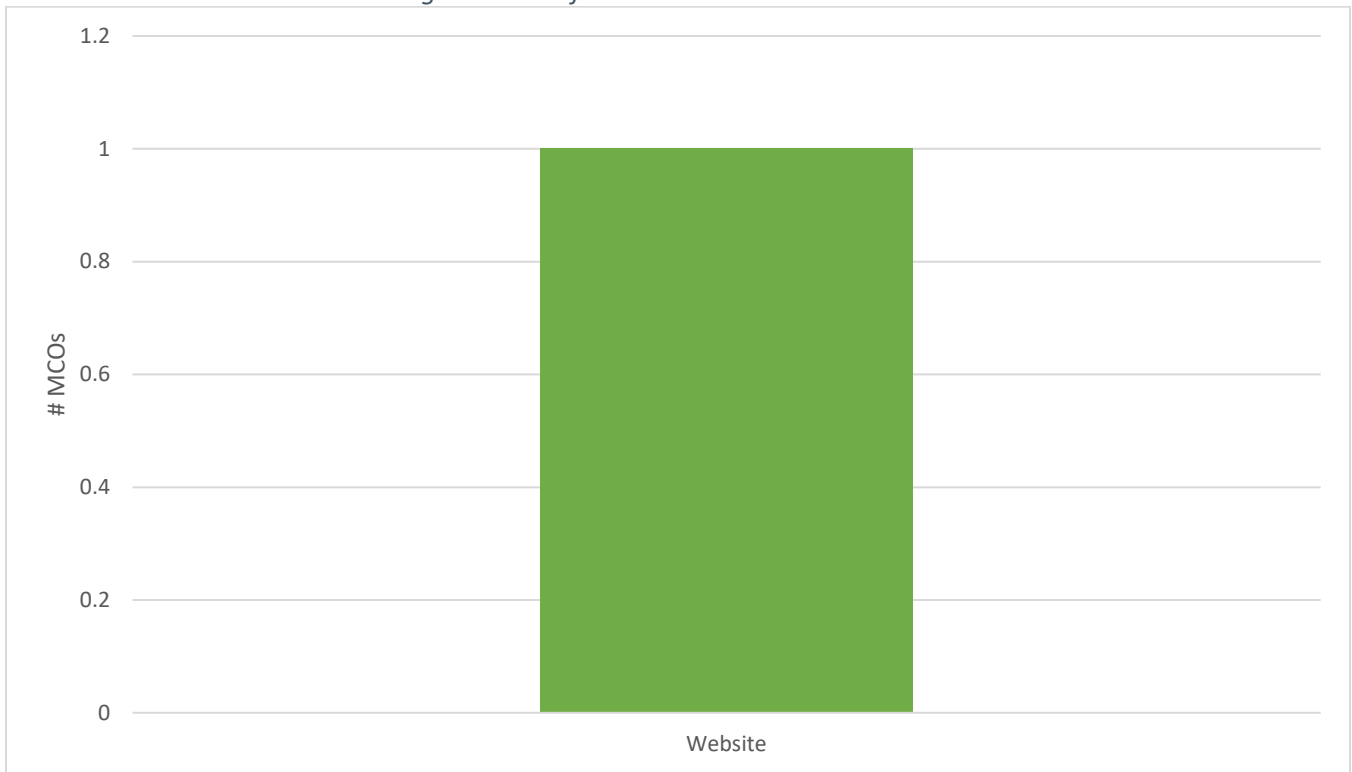


Table 143 - Information Dissemination Routes

Response	MCO Names	Count	Percentage
Website	CareSource	1	100.00%
State Totals		1	100%

E. Opioid Use Disorder (OUD) Treatment

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

Figure 105 - MCO Has Utilization Controls to Monitor/Manage Prescribing of MAT Drugs for OUD



Table 144 - MCO Has Utilization Controls to Monitor/Manage Prescribing MAT Drugs for OUD

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

If “Yes,” please explain.

Table 145 - Explanation for MCO Utilization Controls to Monitor/Manage Prescribing of MAT Drugs for OUD

MCO Name	Explanation
Amerigroup GA	We have quantity limits based on FDA dosing guidelines.
CareSource	Buprenorphine and buprenorphine/naloxone products are limited to a maximum of 24 mg per day and are limited to ages 15 years and older. Sublocade and probuphine require prior authorization. Vivitrol is available without a prior authorization.
Peach State Health Plan	Utilization controls are addressed through point of sale edits at the time a prescription is processed at the pharmacy. These edits are based on FDA recommendations and promote safe and effective medication utilization of Medication Assisted Treatment drugs. Edits include dosage, and quantity limits.

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

Figure 106 - MCO Sets Total Milligram per Day Limits on the Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

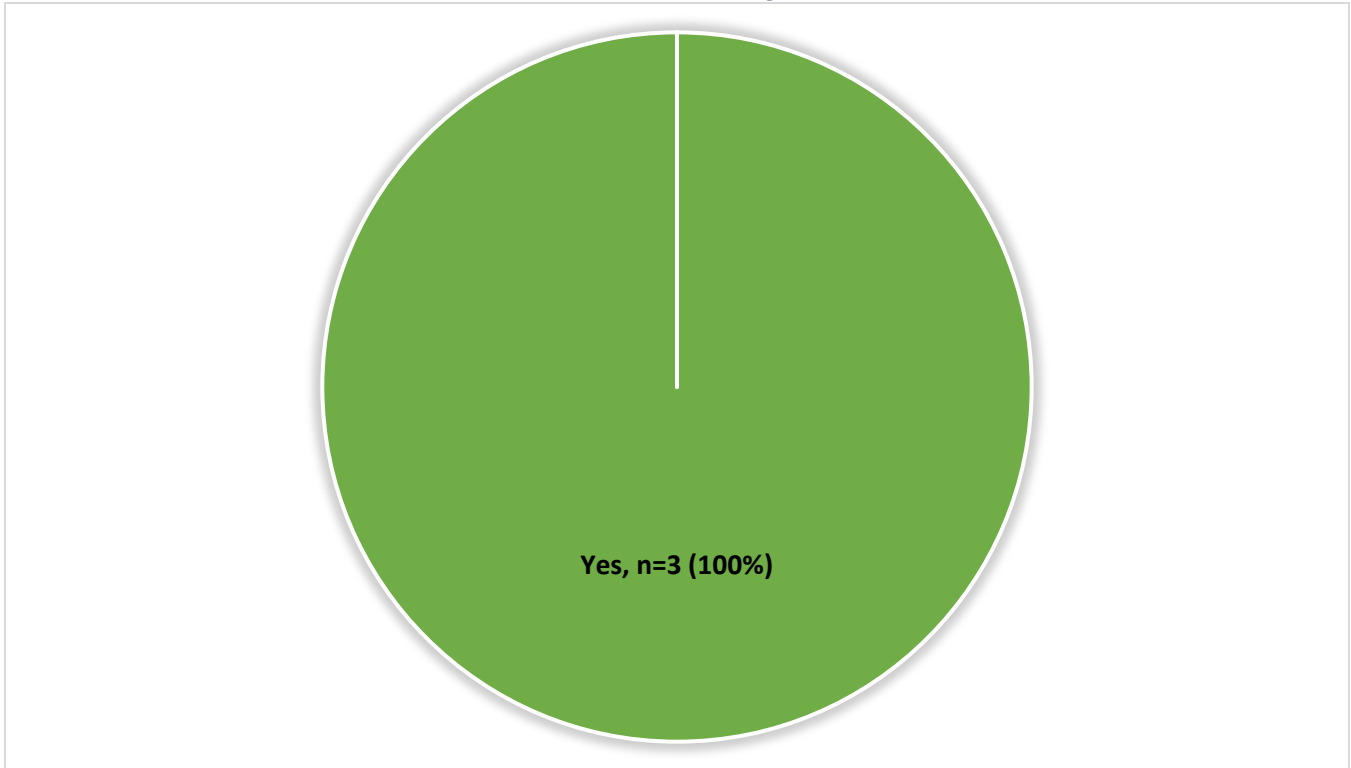


Table 146 - MCO Sets Total Milligram per Day Limits on the Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

Figure 107 - Total Milligrams/Day Limit on the Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

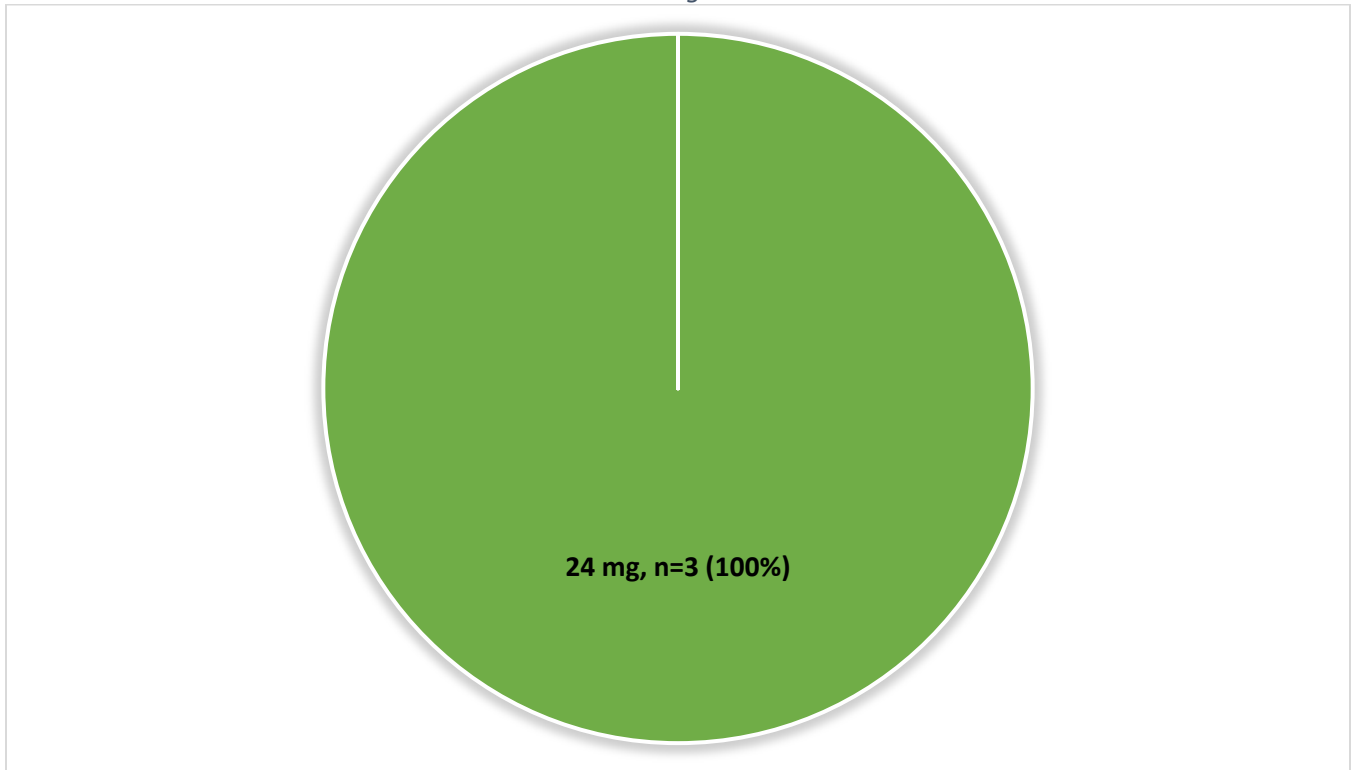


Table 147 - Total Milligrams/Day Limit on the Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

Response	MCO Names	Count	Percentage
24 mg	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

Figure 108 - Limitations on Allowable Length of Treatment of Buprenorphine/Naloxone Combination Drugs

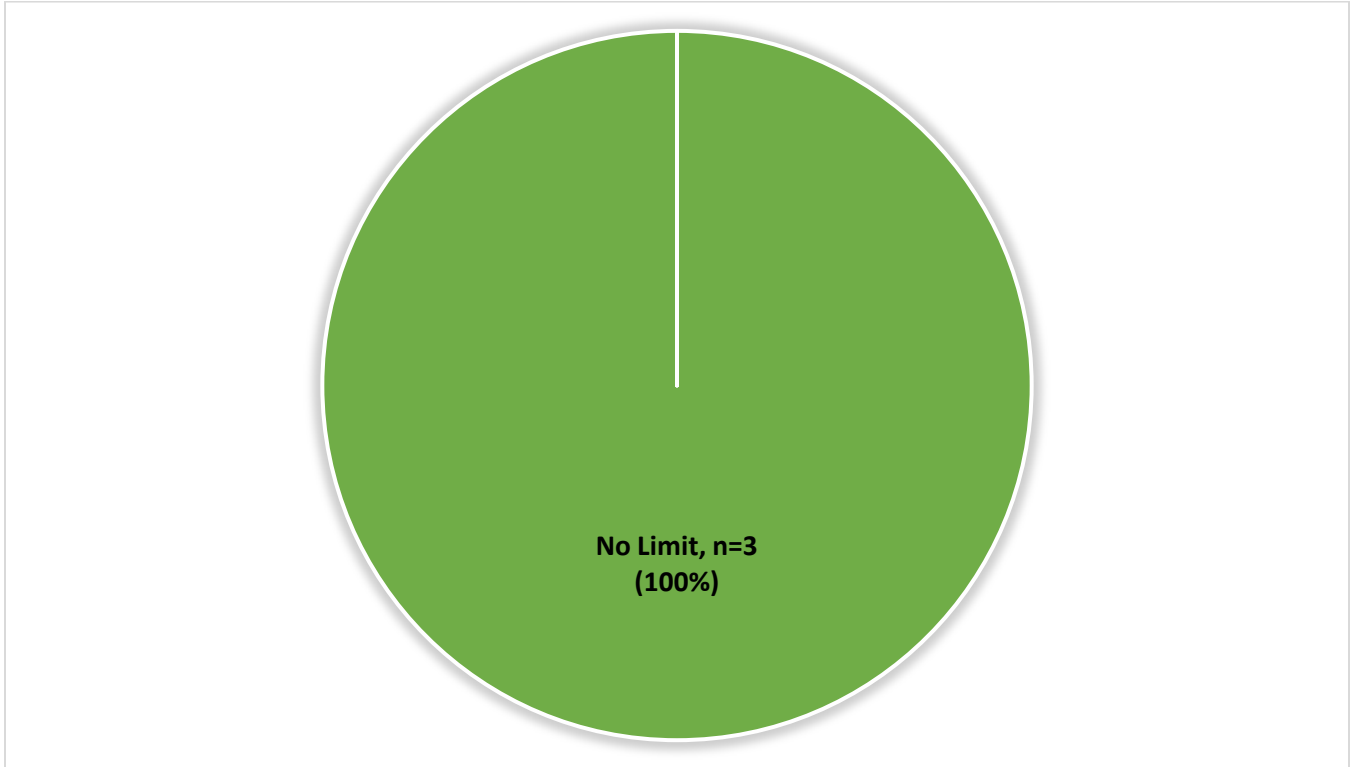


Table 148 - Limitations on Allowable Length of Treatment of Buprenorphine/Naloxone Combination Drugs

Response	MCO Names	Count	Percentage
No limit	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

Figure 109 - Maximum Milligrams per Day Reduction After a Set Period of Time

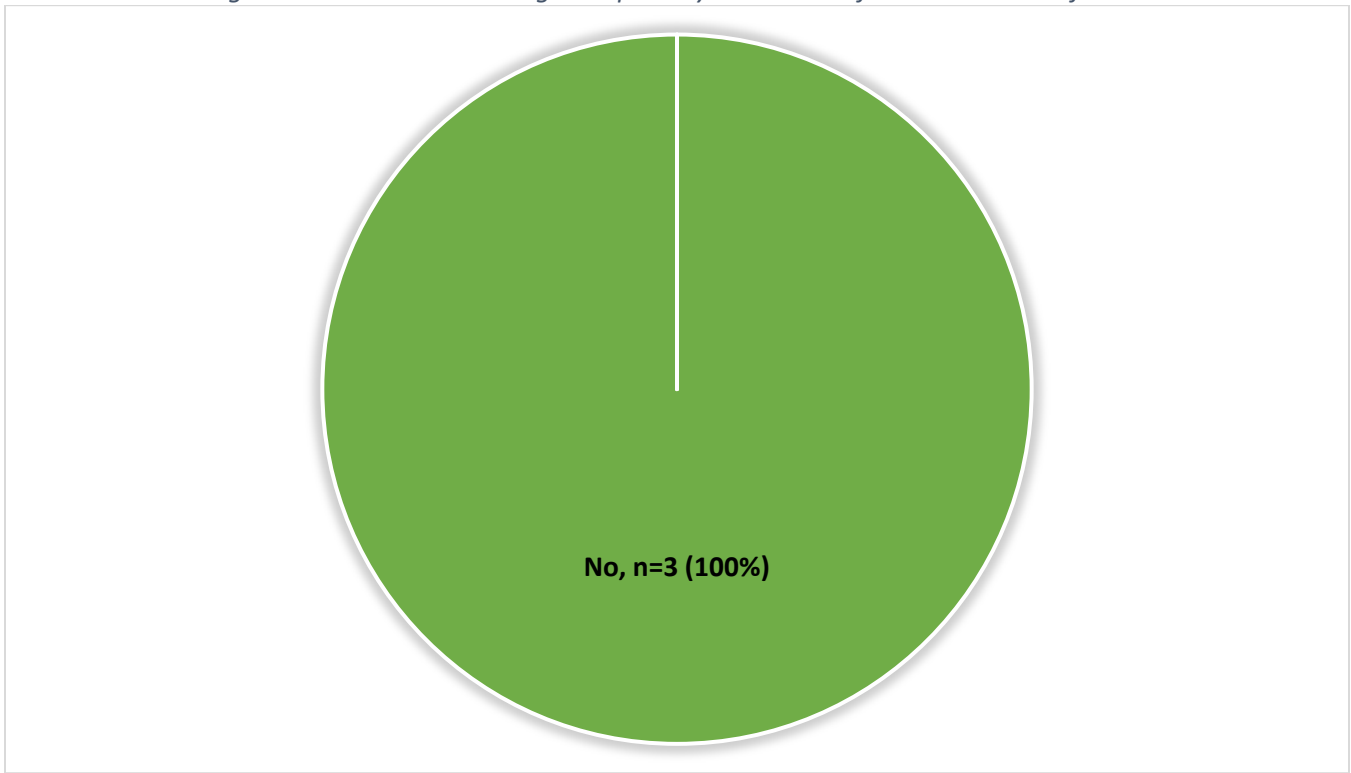


Table 149 - Maximum Milligrams per Day Reduction After a Set Period of Time

Response	MCO Names	Count	Percentage
No	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

Figure 110 - Buprenorphine/Naloxone Combination Product Available Without Prior Authorization

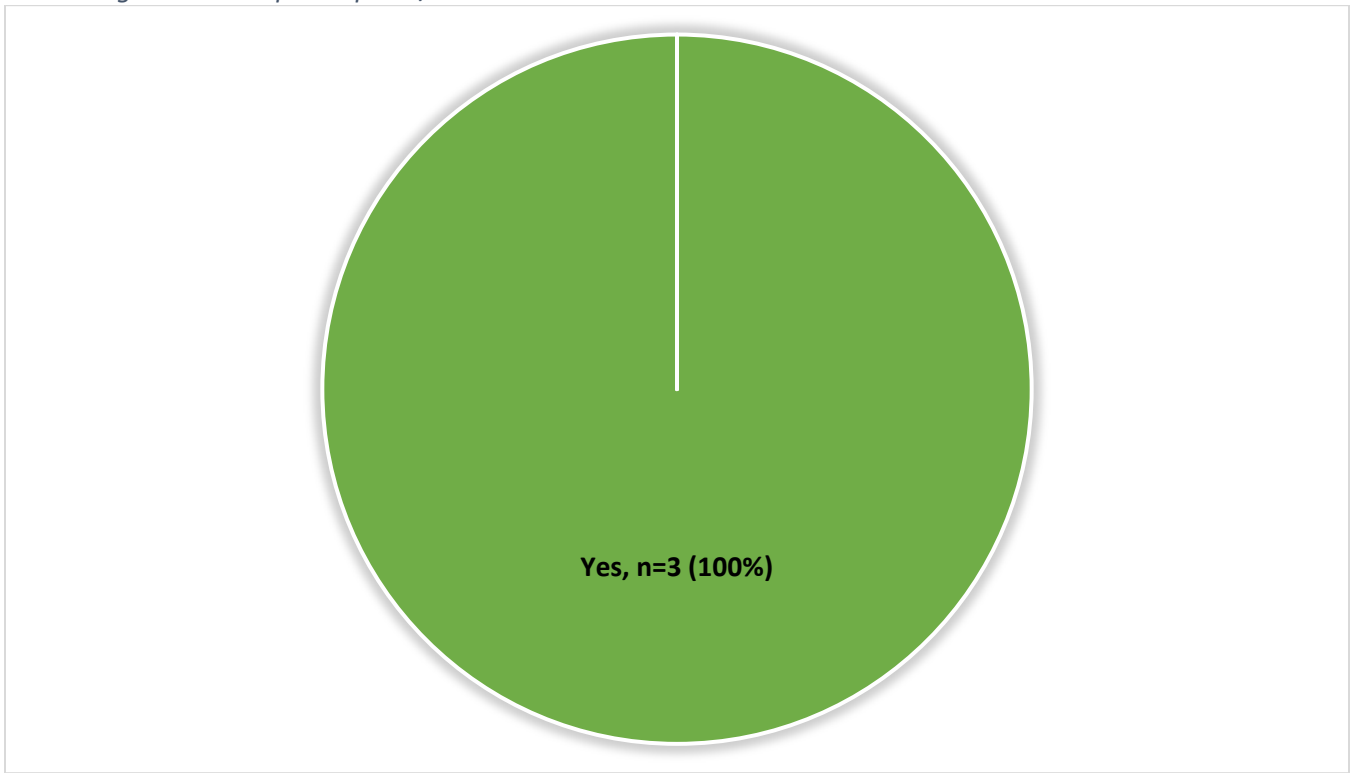


Table 150 - Buprenorphine/Naloxone Combination Product Available Without Prior Authorization

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	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 111 - Edits in Place to Monitor Opioids Being Used Concurrently with Any Buprenorphine Drug or Any Form of MAT

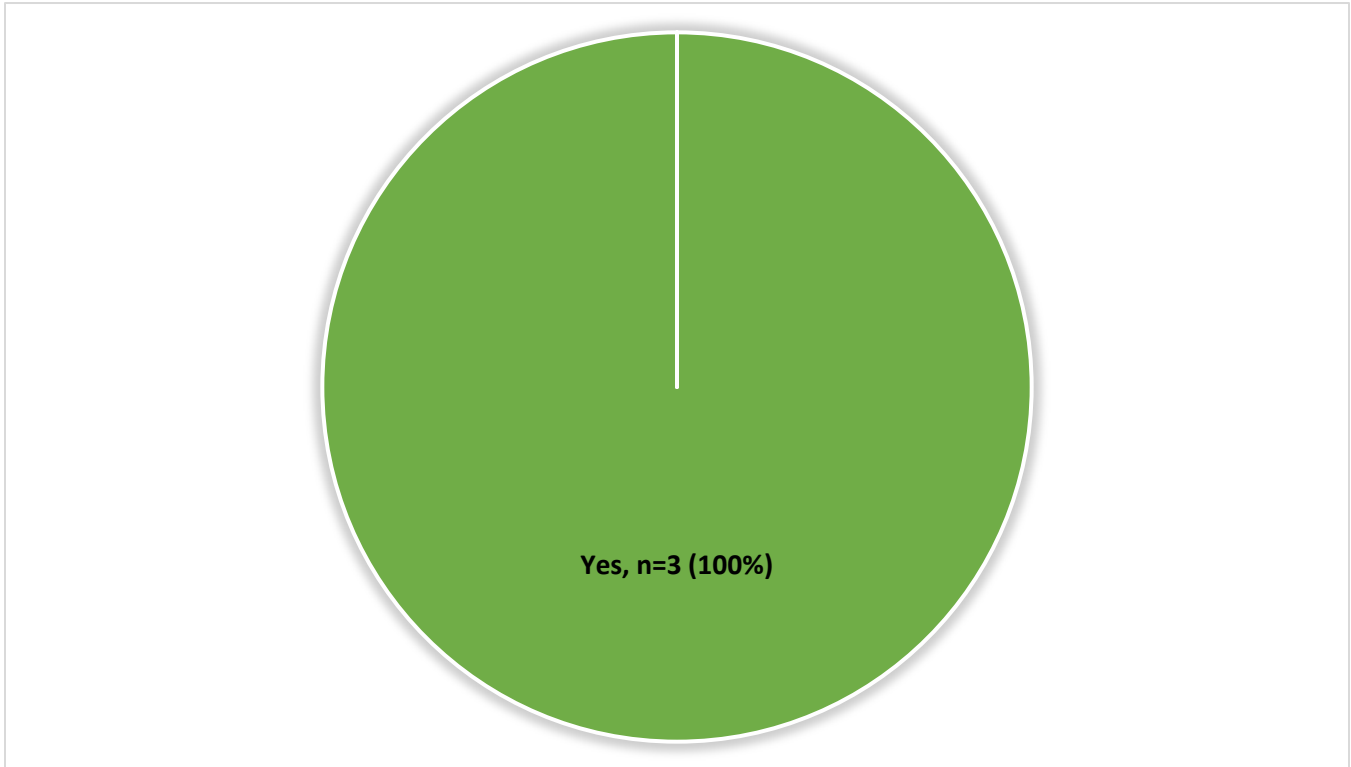


Table 151 - Edits in Place to Monitor Opioids Being Used Concurrently with Any Buprenorphine Drug or Any Form of MAT

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

Figure 112 - POS Pharmacist Override Edit for Opioids Being Used Concurrently with Any Buprenorphine Drug or Any Form of MAT

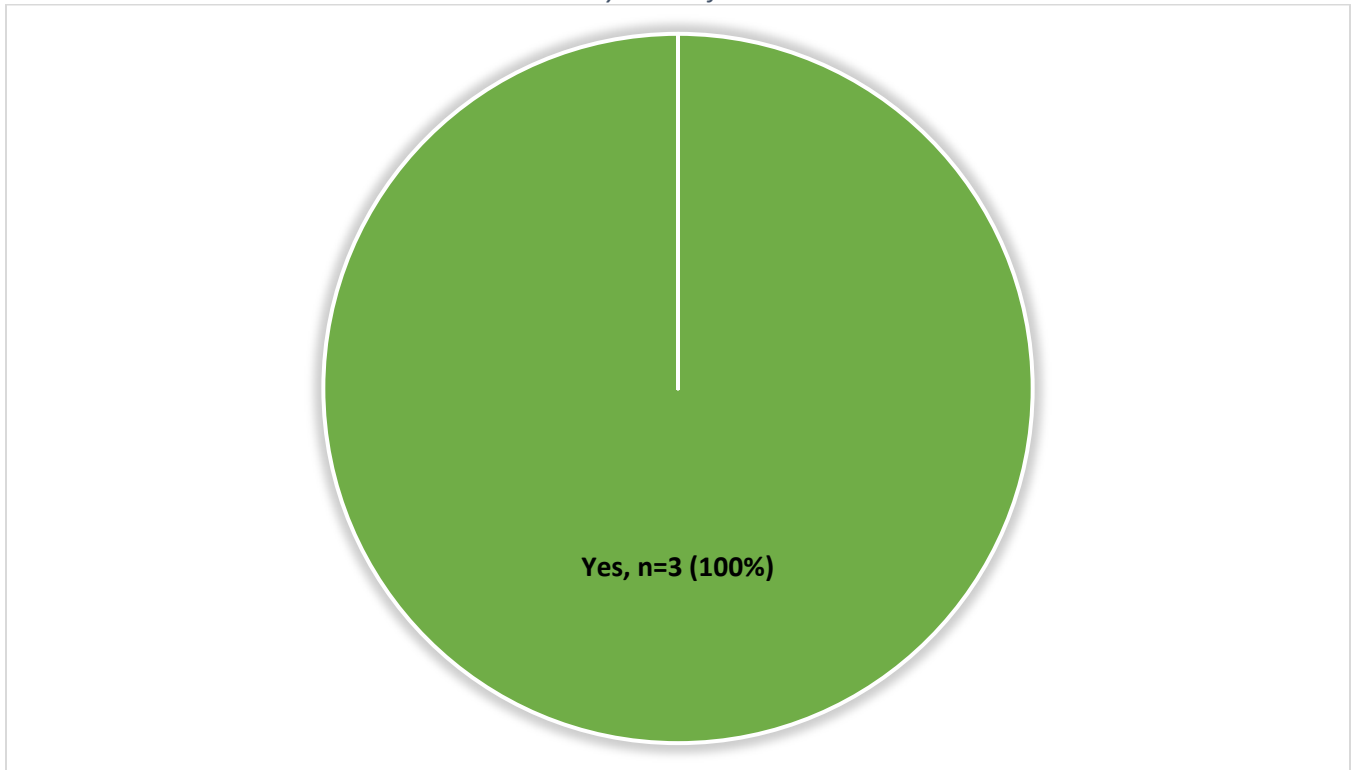


Table 152 - POS Pharmacist Override Edit for Opioids Being Used Concurrently with Any Buprenorphine Drug or Any Form of MAT

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

Figure 113 - Formulation of Naltrexone for OUD Available Without PA



Table 153 - Formulation of Naltrexone for OUD Available Without PA

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

Figure 114 - Naloxone Opioid Overdose Product Available Without PA



Table 154 - Naloxone Opioid Overdose Product Available Without PA

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

Figure 115 - Monitor and Manage Appropriate Use of Naloxone to Persons at Risk of Overdose

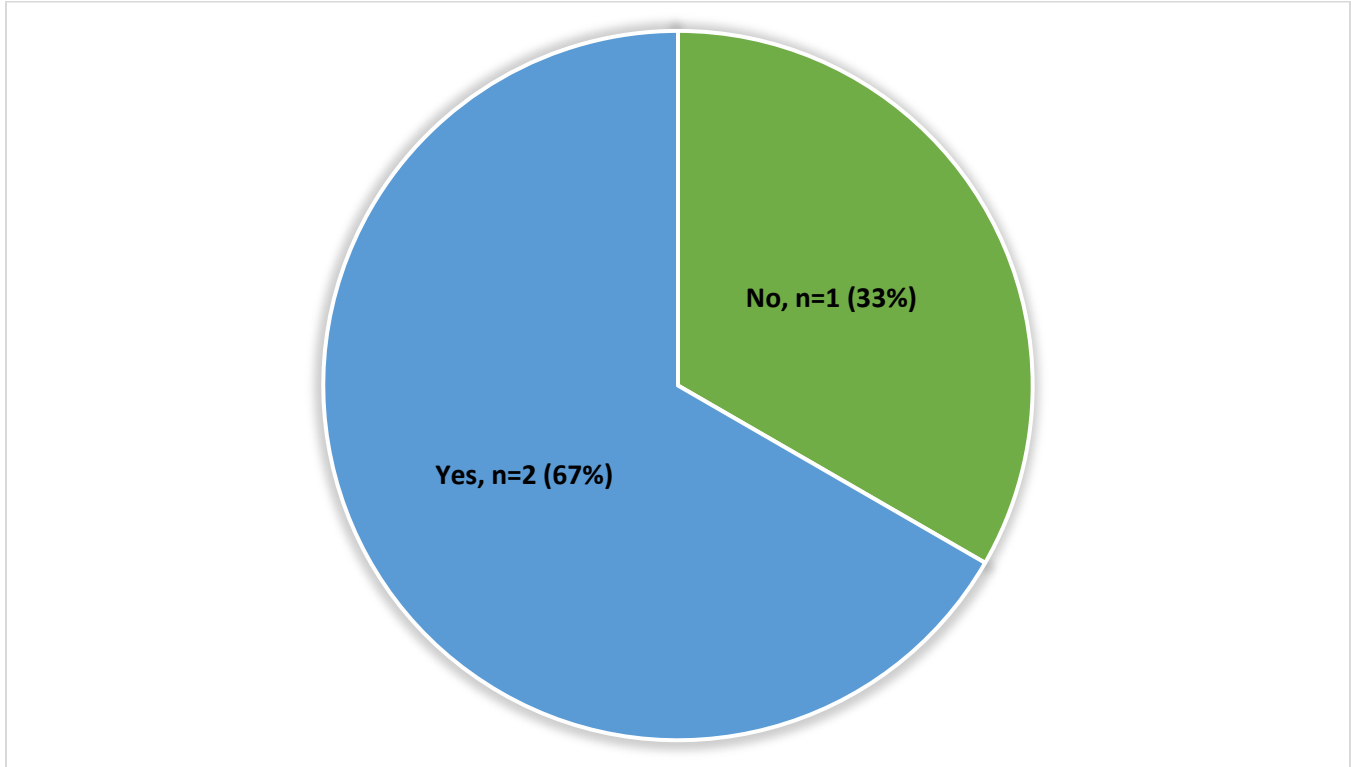


Table 155 - Monitor and Manage Appropriate Use of Naloxone to Persons at Risk of Overdose

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource	2	66.67%
No	Peach State Health Plan	1	33.33%
State Totals		3	100%

If “No,” please explain why not.

Table 156 - Explanation for Not Monitoring and Managing Appropriate use of Naloxone to Persons at Risk of Overdose

MCO Name	Explanation
Peach State Health Plan	Peach State Health Plan has a retrospective drug utilization review programs in which we outreach to prescribers for our members in order to decrease the utilization of high risk opioid drug combinations, decrease the use of high dose opioids, and increase the use of medication assisted treatment (MAT) in members with opioid dependency. As a part of these programs, we recommend the prescribing and utilization of naloxone for these groups that are high risk for opioid overdose.

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

Figure 116 - MCO Allows Pharmacists to Dispense Naloxone Prescribed Independently or by Collaborative Practice Agreements, Standing Orders, Or Other Predetermined Protocols

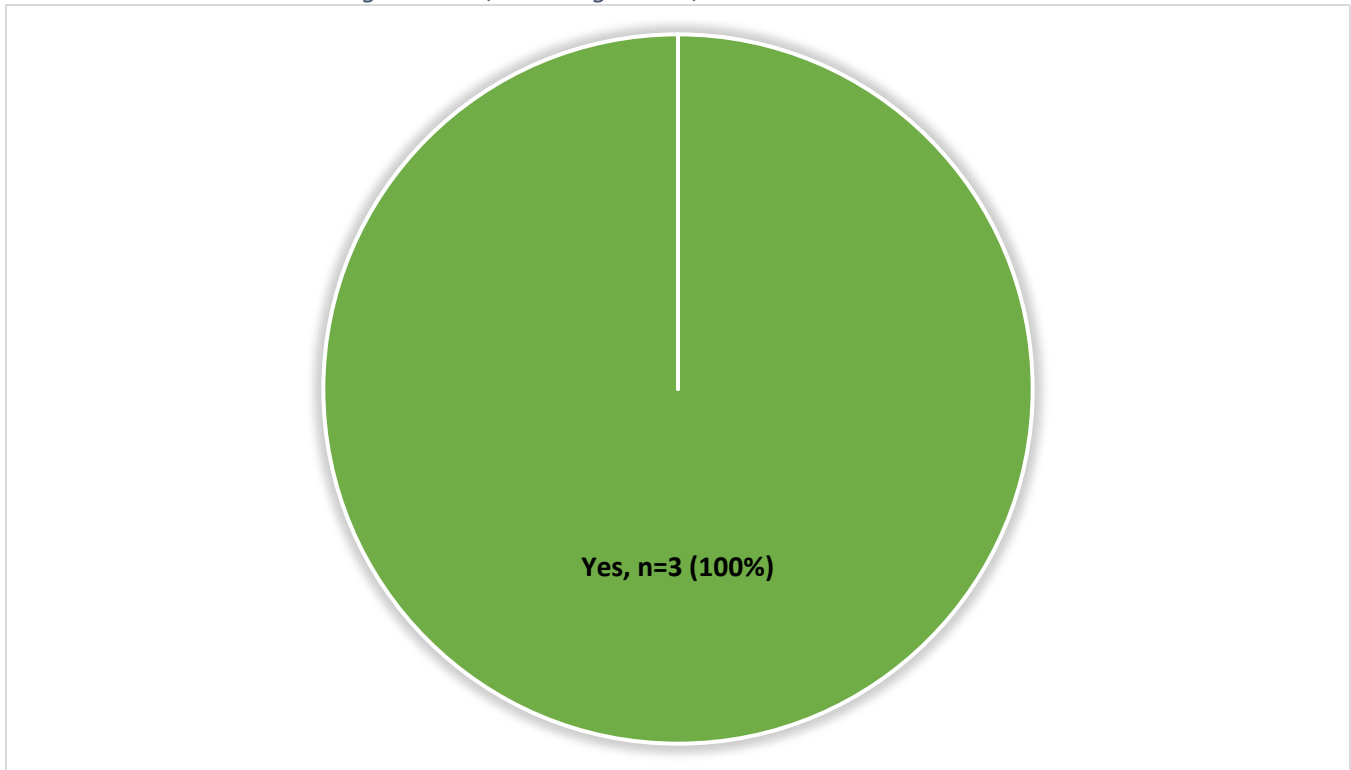


Table 157 - MCO Allows Pharmacists to Dispense Naloxone Prescribed Independently or by Collaborative Practice Agreements, Standing Orders, Or Other Predetermined Protocols

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

If "Yes," please explain.

Table 158 - Explanation for MCO Allowing Pharmacists to Dispense Naloxone Prescribed Independently or By Collaborative Practice Agreements, Standing Orders, Or Other Predetermined Protocols

MCO Name	Explanation
Amerigroup GA	Through a standing order from the Georgia Department of Public Health.
CareSource	The pharmacist must have a collaborative practice agreement or standing order protocols in place with a prescriber.
Peach State Health Plan	Peach State Health Plan allows pharmacists to dispense naloxone through a standing order from the Georgia Department of Public Health. Georgia Department of Public Health has a standing order in place that allows pharmacists, and interns or externs acting under the supervision of a pharmacist, to dispense naloxone to an eligible person. An eligible person includes family, friends, co-workers, and other persons that is in a position to provide assistance to persons experiencing an opioid related overdose. This standing order may be used as a prescription to obtain naloxone from a licensed pharmacy.

F. Outpatient Treatment Programs (OTP)

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

Figure 117 - MCO Covers OTPs That Provide BH and MAT Through OTPs



Table 159 - MCO Covers OTPs That Provide BH and MAT Through OTPs

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

Figure 118 - Referral Required for OUD Treatment Through OTPs

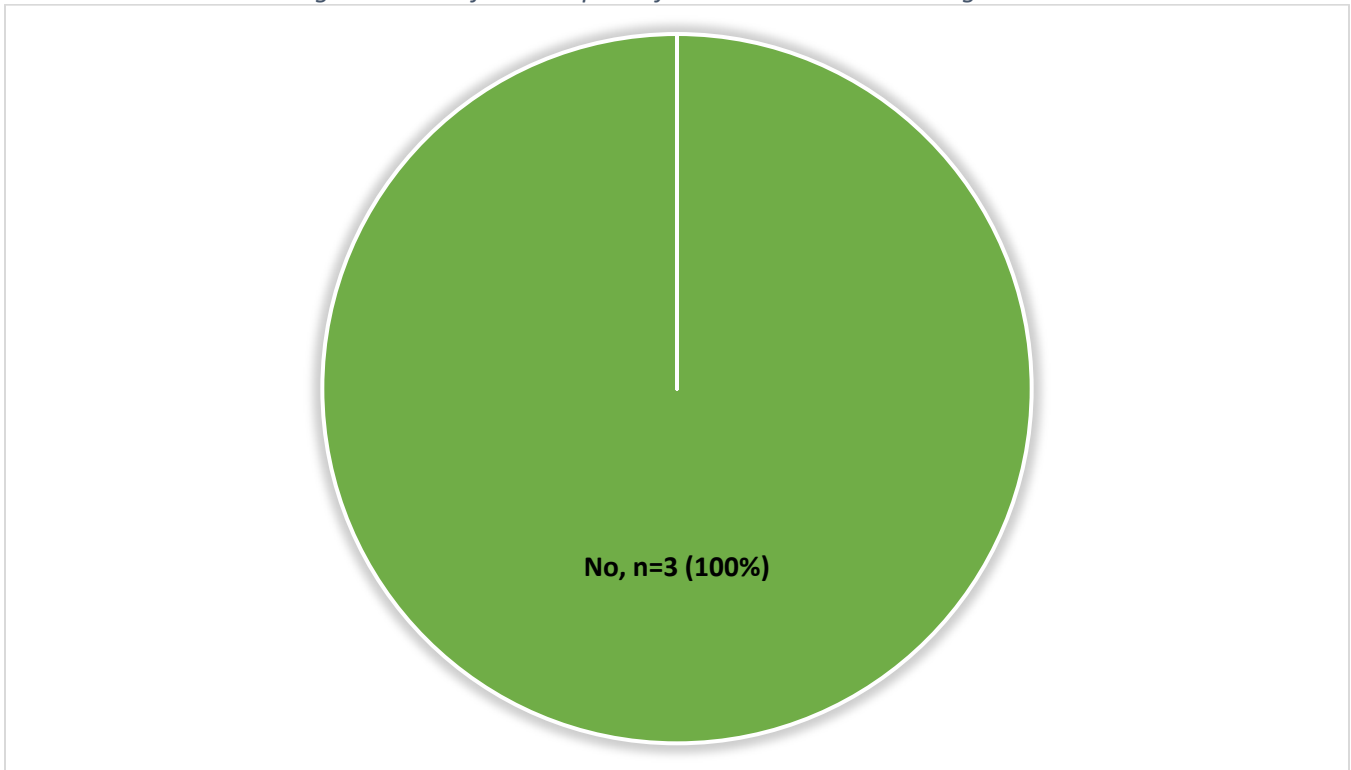


Table 160 - Referral Required for OUD Treatment Through OTPs

Response	MCO Names	Count	Percentage
No	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

If “No,” please explain.

Table 161 - Explanation for Not Requiring Referrals for OUD Treatment Through OTPs

MCO Name	Explanation
Amerigroup GA	No referral needed to avoid limiting or delaying access to care.
CareSource	Behavioral Health is self-referral. CareSource does not require referral for treatment at OTP's. The OTP facilities themselves may require a referral, but CareSource does not.
Peach State Health Plan	Referral is not needed for OUD treatment through OTPs.

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

Figure 119 - MCO Covers Buprenorphine or Buprenorphine/Naloxone for Diagnoses of OUD as Part of a MAT Treatment Plan

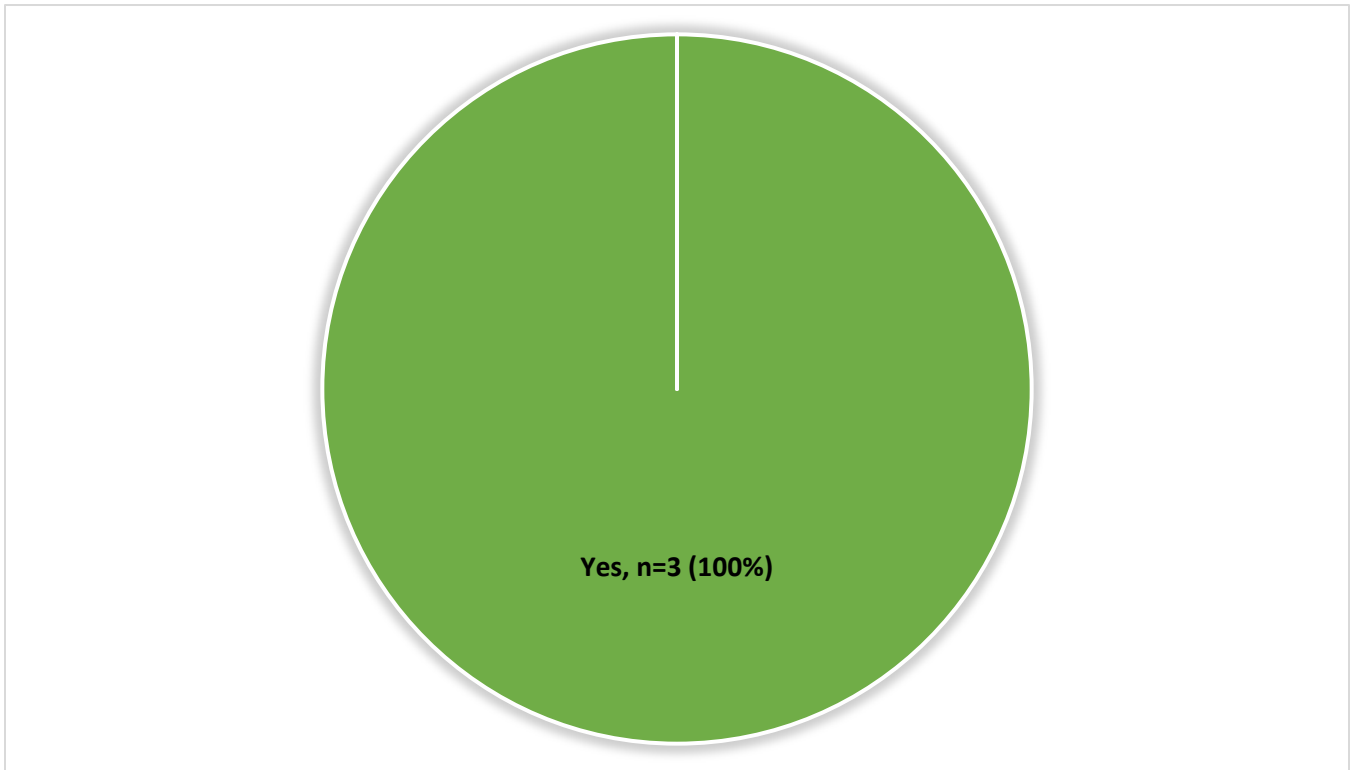


Table 162 - MCO Covers Buprenorphine or Buprenorphine/Naloxone for Diagnoses of OUD as Part of a MAT Treatment Plan

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

Figure 120 - MCO Covers Naltrexone for Diagnoses of OUD as Part of a MAT Treatment Plan

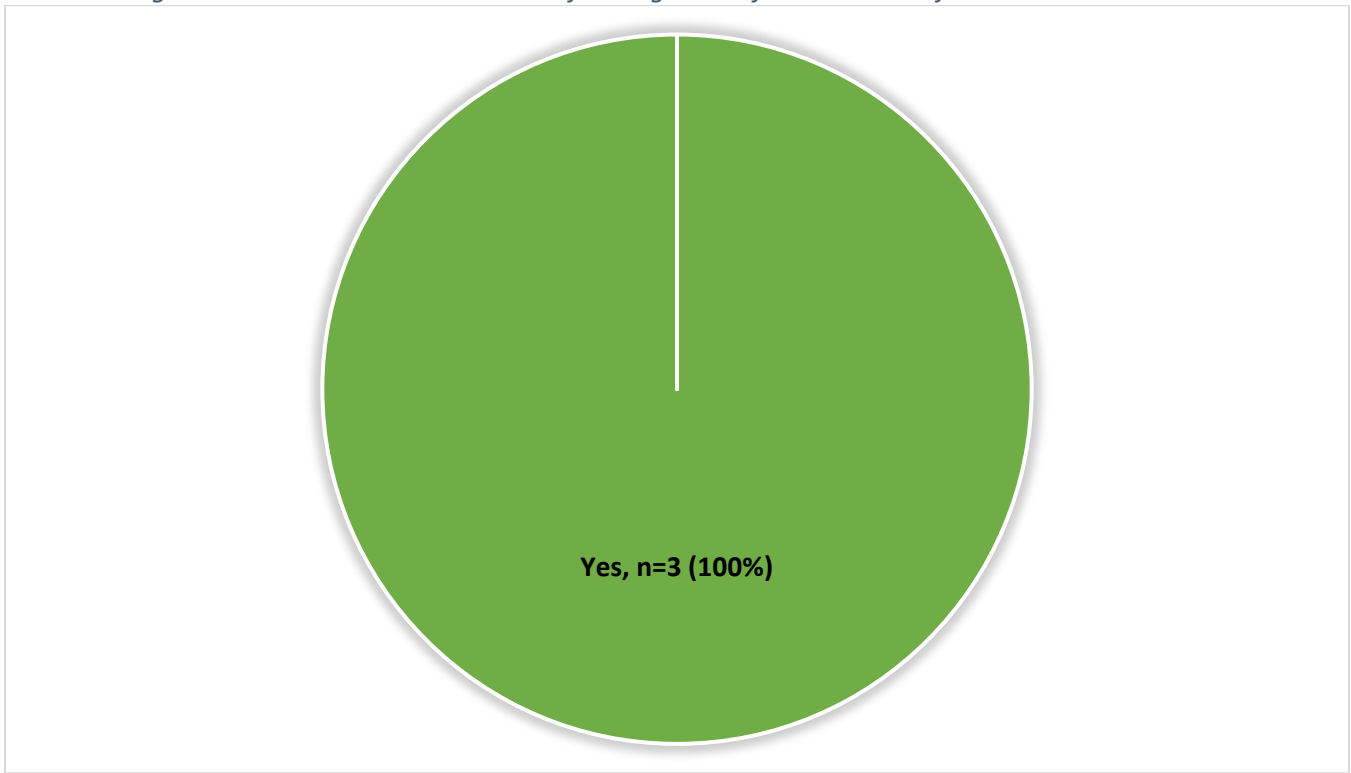


Table 163 - MCO Covers Naltrexone for Diagnoses of OUD as Part of a MAT Treatment Plan

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

Figure 121 - MCO Covers Methadone for Substance Use Disorder

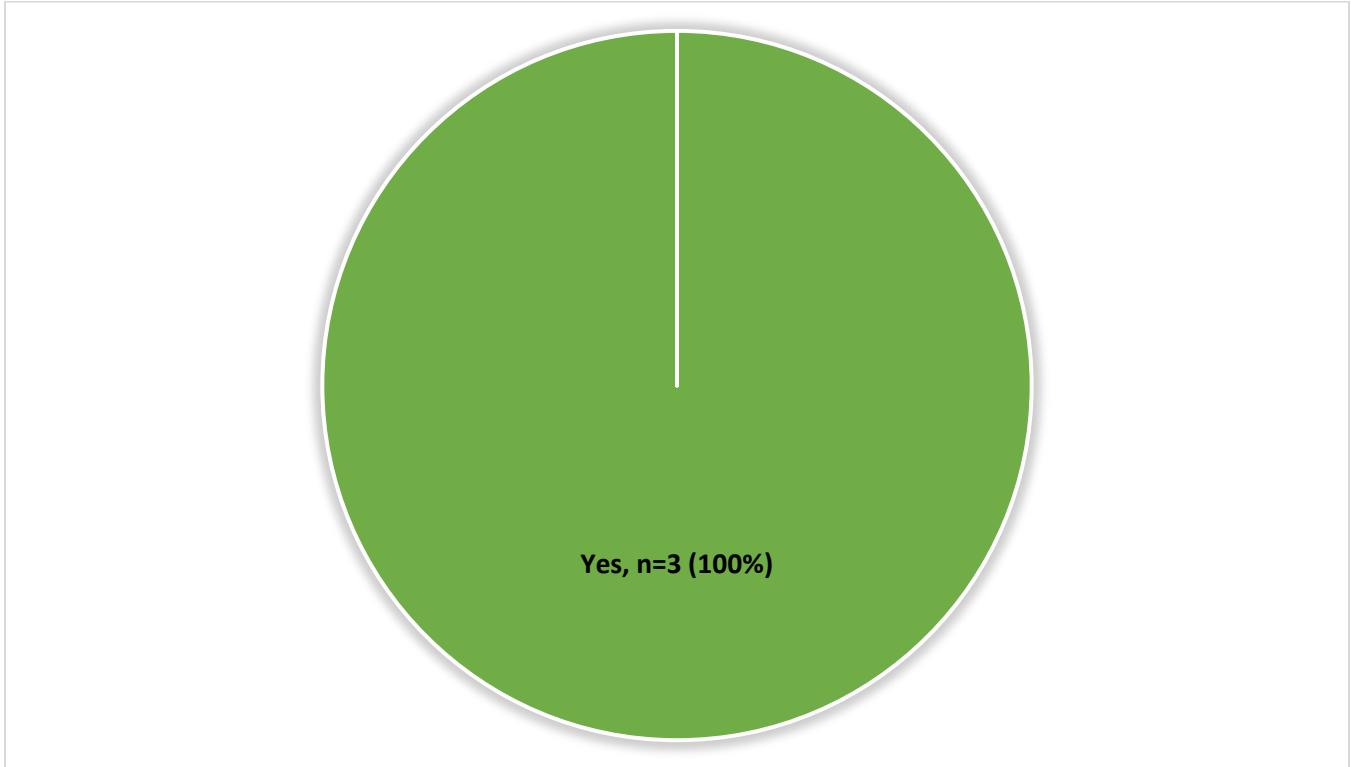


Table 164 - MCO Covers Methadone for Substance Use Disorder

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

G. Psychotropic Medication For Children

Antipsychotics

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

Figure 122 - Restrictions to Limit Quantity of Antipsychotics

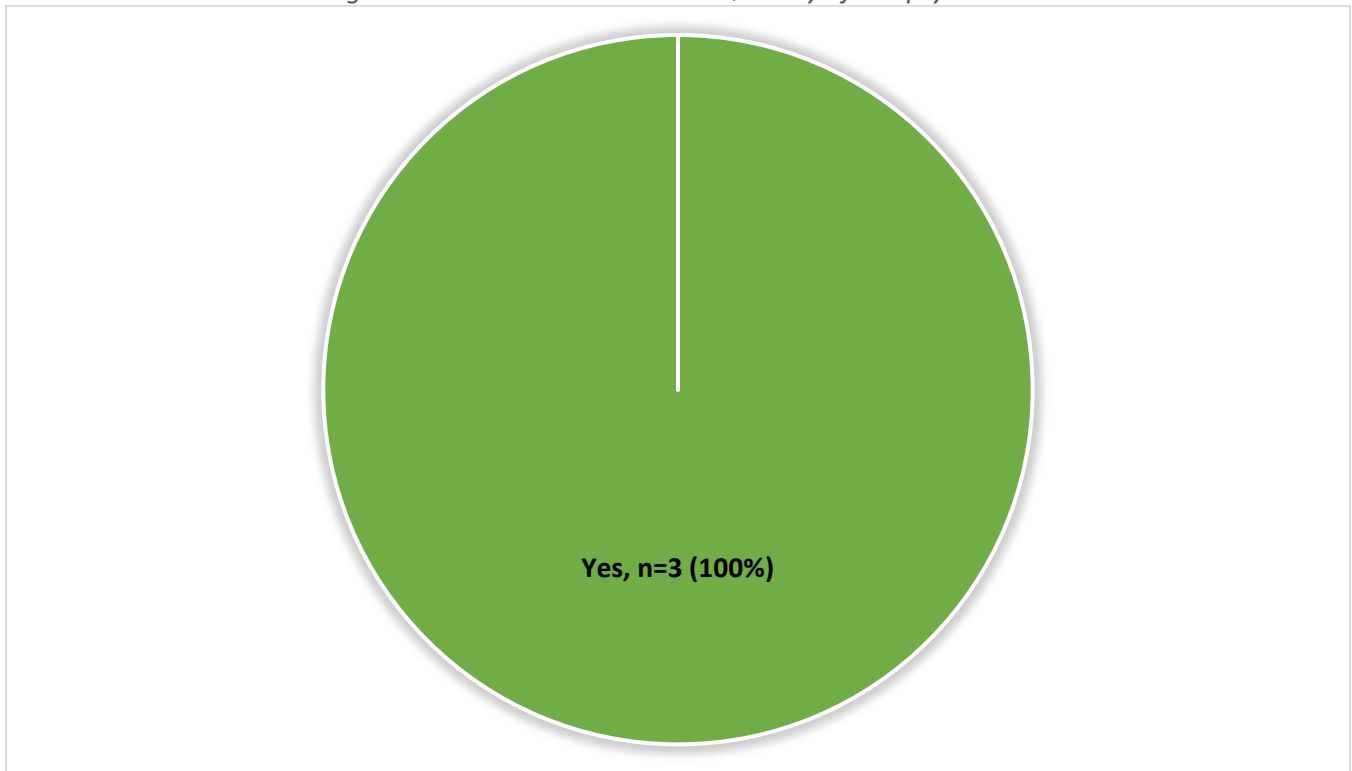


Table 165 - Restrictions to Limit Quantity of Antipsychotics

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

Please explain restrictions or N/A.

Table 166 - Explanations of Restrictions to Limit Quantity of Antipsychotics

MCO Name	Explanation
Amerigroup GA	Quantity limits will apply to ensure dosing aligns with FDA-approved dosing guidelines.
CareSource	Yes, various antipsychotics have quantity limits based on FDA approved dosing.
Peach State Health Plan	Patient safety is addressed through point of sale edits at the time a prescription is processed at the pharmacy. These edits are based on FDA recommendations and promote safe and effective medication utilization of antipsychotic medications. Edits include age, dosage, and therapeutic duplications.

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

Figure 123 - Documented Program in Place to Either Manage or Monitor the Appropriate Use of Antipsychotic Drugs in Children

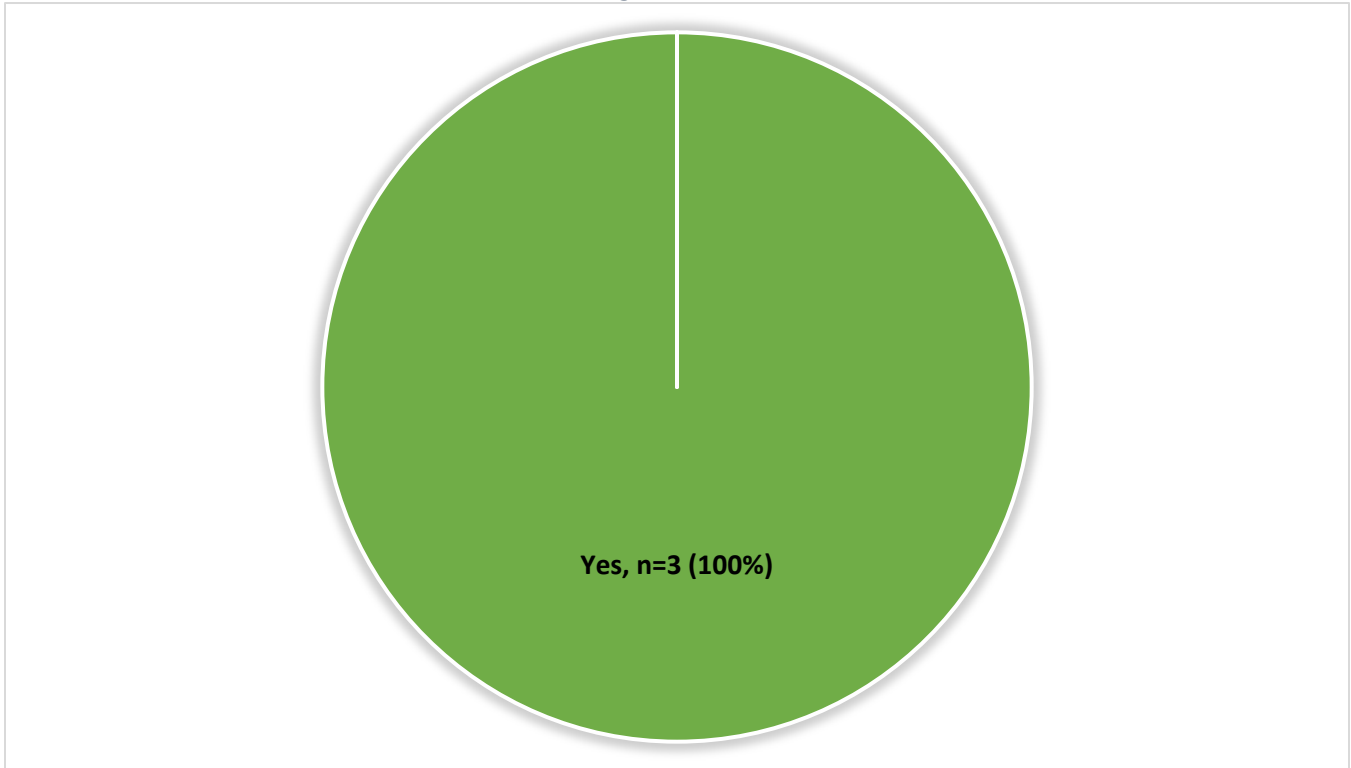


Table 167 - Documented Program in Place to Either Manage or Monitor the Appropriate Use of Antipsychotic Drugs in Children

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

Figure 124 - Categories of Children Either Managed or Monitored for Appropriate Use of Antipsychotic Drugs

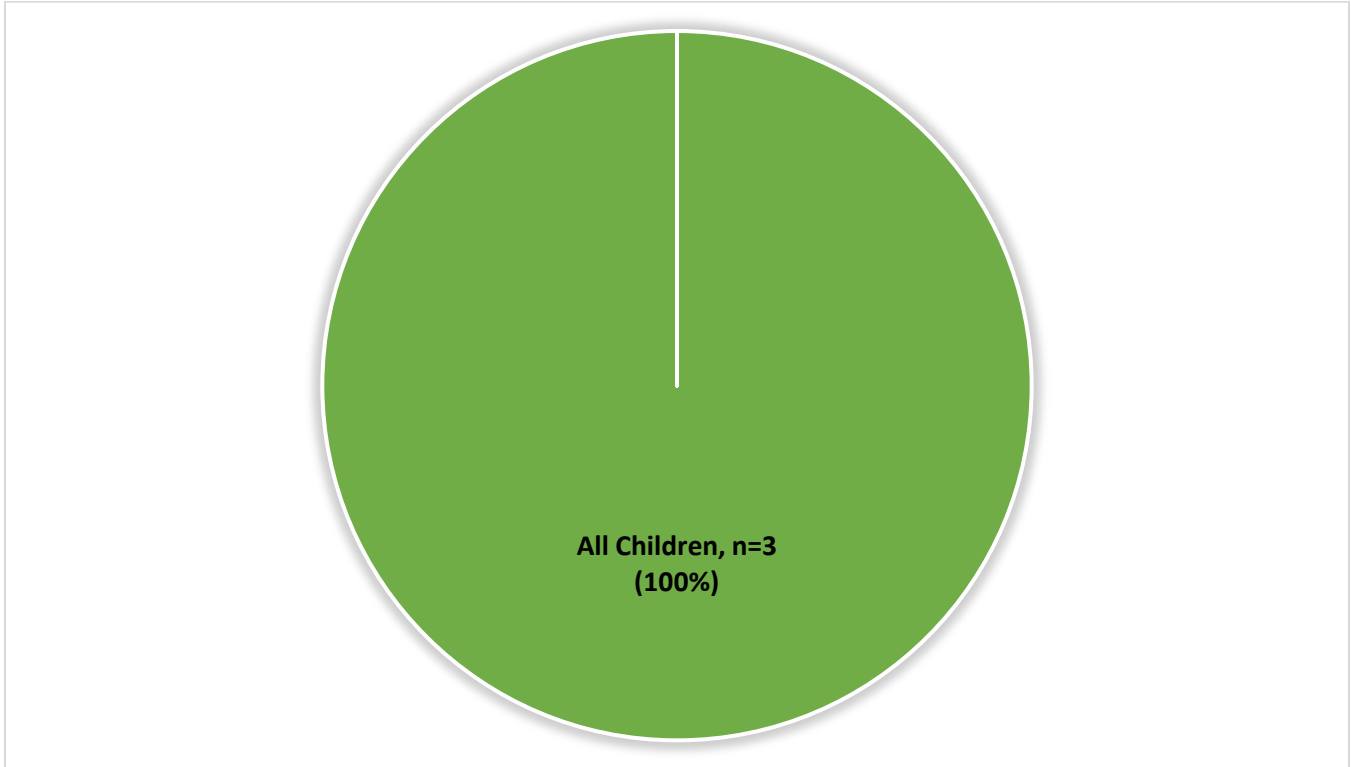


Table 168 - Categories of Children Either Managed or Monitored for Appropriate Use of Antipsychotic Drugs

Response	MCO Names	Count	Percentage
All children	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

Figure 125 - Edits in Place to Monitor the Appropriate Use of Antipsychotic Drugs in Children

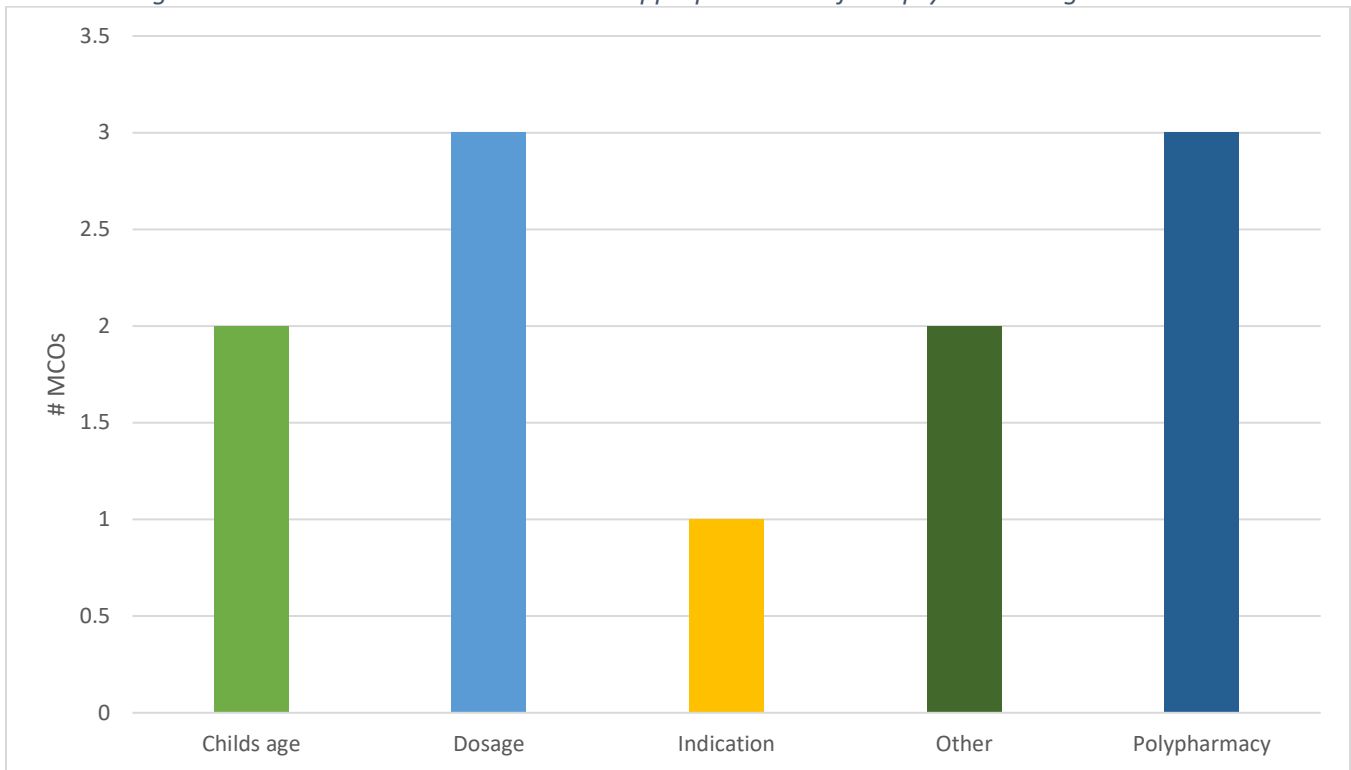


Table 169 - Edits in Place to Monitor the Appropriate Use of Antipsychotic Drugs in Children

Response	MCO Names	Count	Percentage
Child's age	Amerigroup GA, CareSource	2	18.18%
Dosage	Amerigroup GA, CareSource, Peach State Health Plan	3	27.27%
Indication	Amerigroup GA	1	9.09%
Polypharmacy	Amerigroup GA, CareSource, Peach State Health Plan	3	27.27%
Other	CareSource, Peach State Health Plan	2	18.18%
State Totals		11	100%

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

Table 170 - Child’s Age Limits for Edits in Place to Monitor the Appropriate Use of Antipsychotic Drugs in Children

MCO Name	Age Limit in Years
Amerigroup GA	17
CareSource	18

If “Other,” please explain.

Table 171 - “Other” Explanations for Edits in Place to Monitor the Appropriate Use of Antipsychotic Drugs in Children

MCO Name	Explanation
CareSource	Therapy duplication
Peach State Health Plan	There are child's age limits in place, however they vary according to drugs within the class. The lower age limits for certain antipsychotics range from 5yrs 18yrs within the class.

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

Table 172 - Explanations of Specifics of Documented Antipsychotic Monitoring Program(s)

MCO Name	Explanation
Amerigroup GA	We have protocols to monitor the use of antipsychotic medications including: the oversight of the use of antipsychotics used in children under the age of six; Adults or children receiving more than one antipsychotic medication (polypharmacy); medication adherence of antipsychotic in those who have less than 80% PDC of their antipsychotic medications (18 and older), and monitoring for Gaps in care of those who are receiving antipsychotic medications but have not had a diabetes or lipid screen. A fax is generated and sent to the prescribers of antipsychotic medications to inform of identified drug therapy issue and encourages the physician to follow up with the member. We also have a Prior Authorization for antipsychotic use in children under 18 years of age. Requires a specialist consult to prescribe these drugs. Additionally, outreach to providers of children being prescribed antipsychotic medications as first line and have not received psychosocial care as first line therapy is conducted.
CareSource	CareSource offers medication therapy management interventions for these members as well as SUPPORT Act monitoring by a clinical pharmacist. They may additionally be referred to care management for individualized education, management, and support. *Age limit: ARISTADA INITIO ER not covered for patients 17 years old or younger
Peach State Health Plan	Patient safety is addressed through point of sale edits at the time a prescription is processed at the pharmacy. These edits are based on FDA recommendations and promote safe and effective medication utilization of antipsychotic medications. Edits include age, dosage, and therapeutic duplications.

Stimulants

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

Figure 126 - Restrictions in Place to Limit the Quantity of Stimulant Drugs

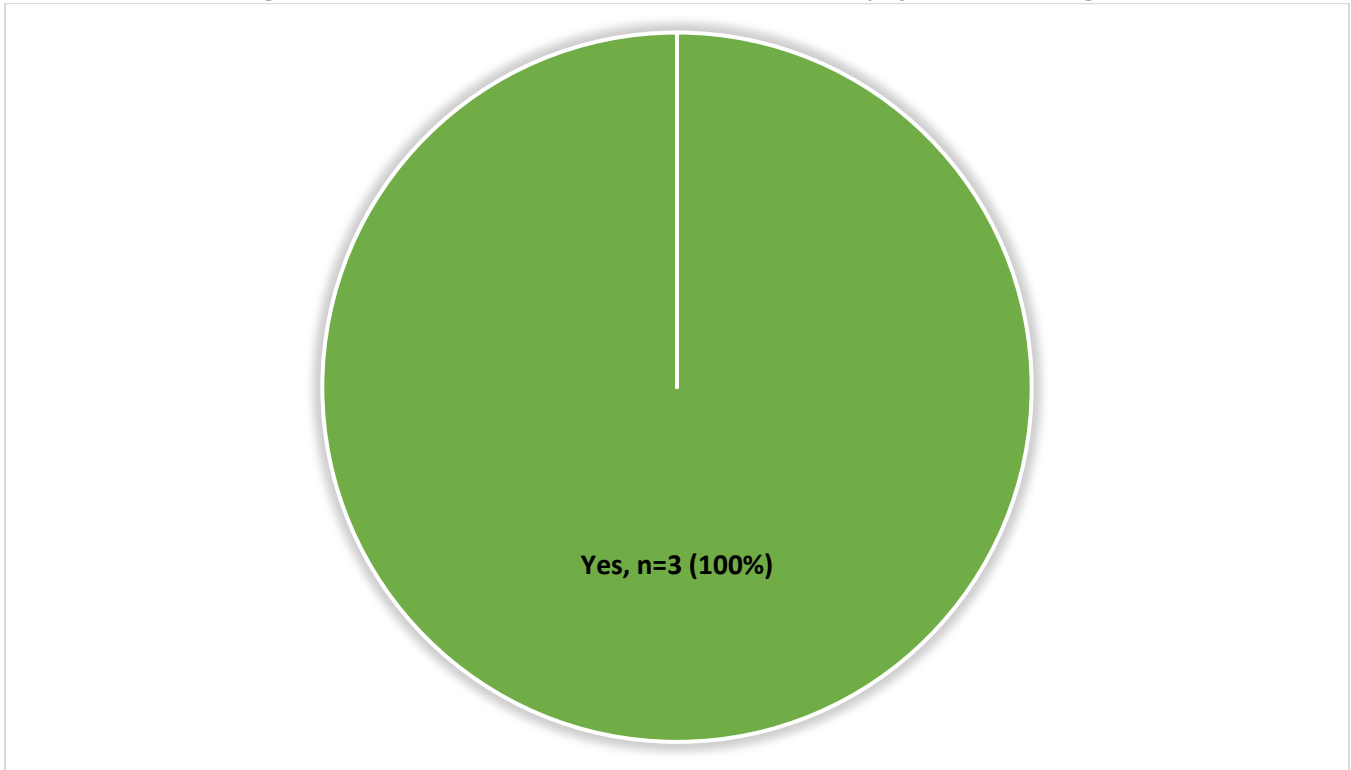


Table 173 - Restrictions in Place to Limit the Quantity of Stimulant Drugs

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

Figure 127 - Documented Program in Place to Either Manage or Monitor the Appropriate Use of Stimulant Drugs in Children

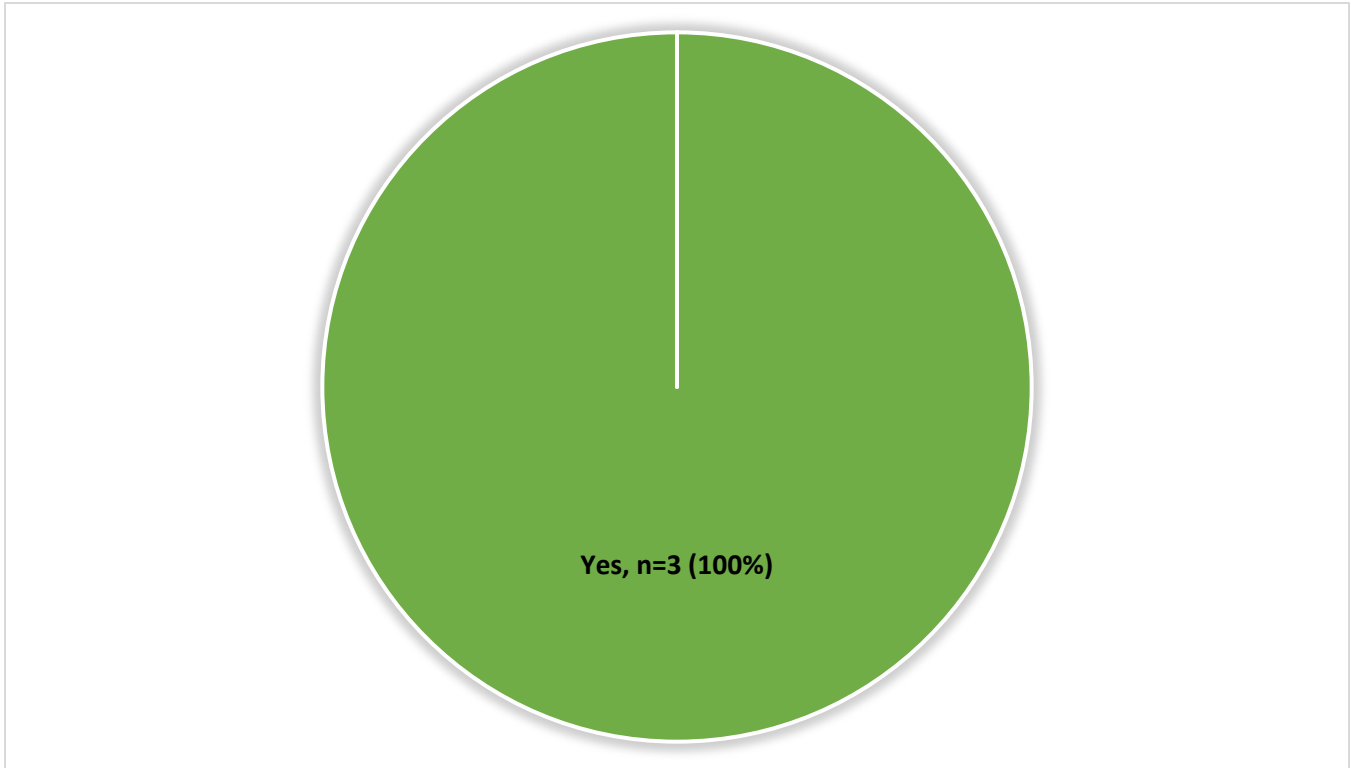


Table 174 - Documented Program in Place to Either Manage or Monitor the Appropriate Use of Stimulant Drugs in Children

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

Figure 128 - Categories of Children Either Managed or Monitored for Appropriate Use of Stimulant Drugs

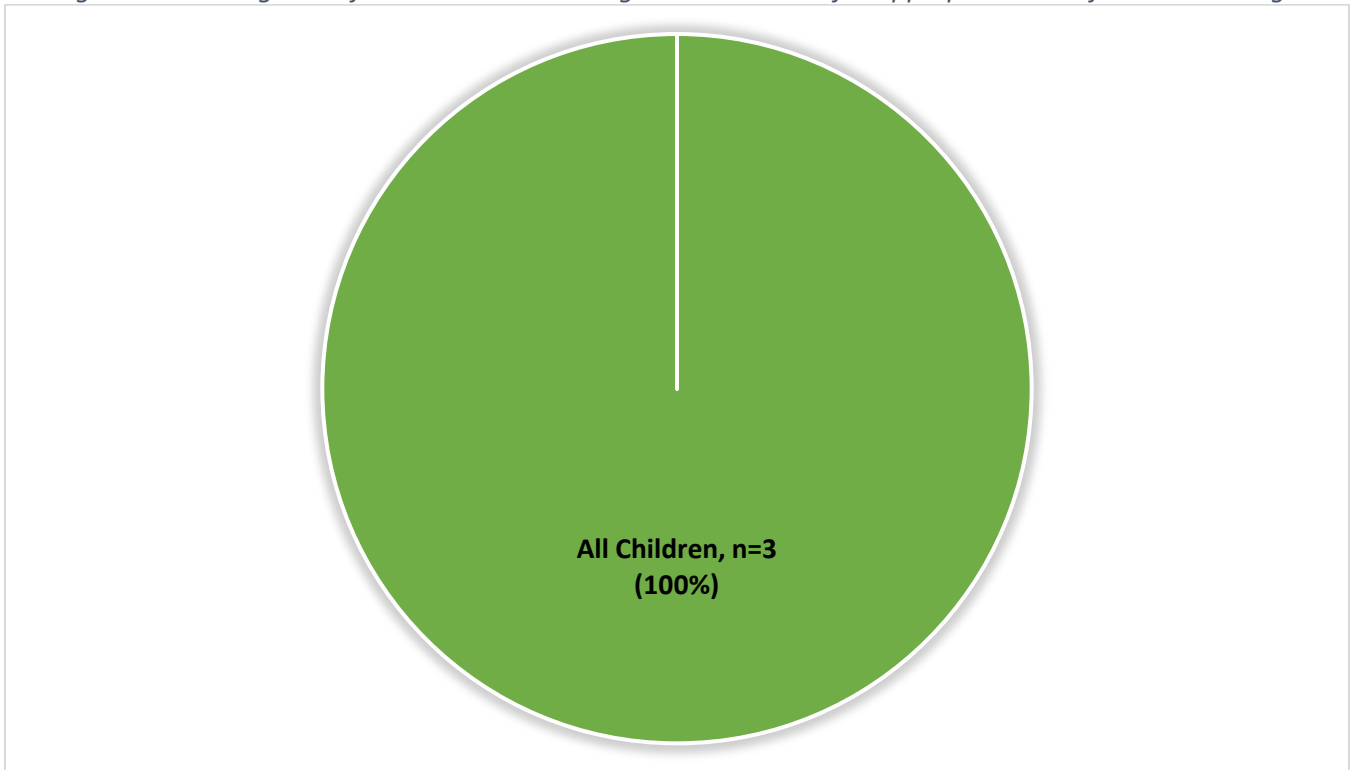


Table 175 - Categories of Children Either Managed or Monitored for Appropriate Use of Stimulant Drugs

Response	MCO Names	Count	Percentage
All children	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

Figure 129 - Edits in Place to Monitor the Appropriate Use of Stimulant Drugs in Children

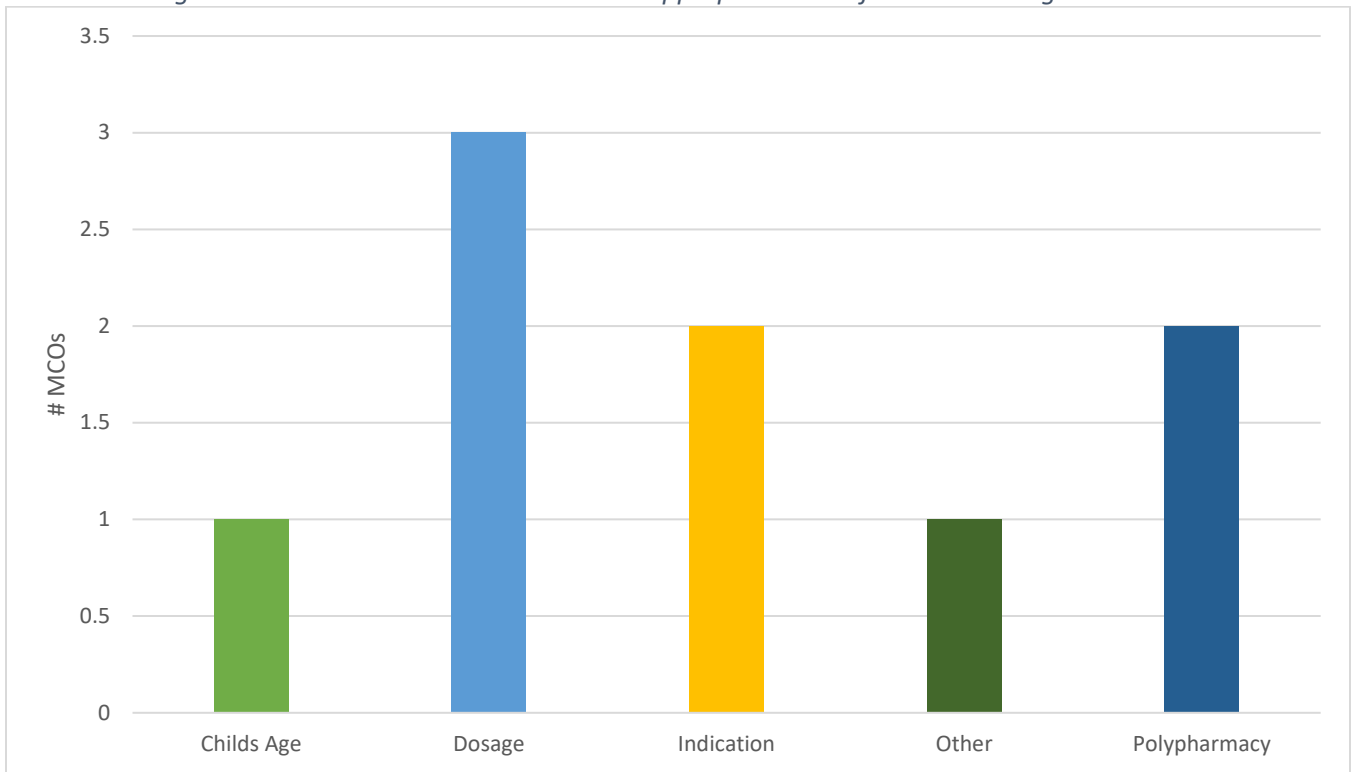


Table 176 - Edits in Place to Monitor the Appropriate Use of Stimulant Drugs in Children

Response	MCO Names	Count	Percentage
Childs Age	Amerigroup GA	1	11.11%
Dosage	Amerigroup GA, CareSource, Peach State Health Plan	3	33.33%
Indication	Amerigroup GA, CareSource	2	22.22%
Polypharmacy	Amerigroup GA, Peach State Health Plan	2	22.22%
Other	Peach State Health Plan	1	11.11%
State Totals		9	100%

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

Table 177 - Child’s Age Limits for Edits in Place to Monitor the Appropriate Use of Stimulant Drugs in Children

MCO Name	Age Limit in Years
Amerigroup GA	5

If “Other,” please explain.

Table 178 - “Other” Explanations for Edits in Place to Monitor the Appropriate Use of Stimulant Drugs in Children

MCO Name	Explanation
Peach State Health Plan	There are child's age limits in place, however they vary according to drugs within the class. The lower age limits for certain Stimulants range from 3yrs 6yrs within the class.

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

Table 179 - Explanations of Specifics of Documented Stimulant Monitoring Program(s)

MCO Name	Explanation
Amerigroup GA	We have protocols that support a multimodal approach to ensure optimal ADHD medication management. Our protocols: Identifies members taking ADHD medications with no FDA approved diagnosis, Education for Providers on the risk of cardiovascular events associated with use of stimulants in children with PMH of cardiac conditions; Identify members that are taking multiple Stimulant or ADHD medications prescribed by multiple prescribers (polypharmacy), Identify members without an initial trial of monotherapy or psychosocial counseling (i.e. behavior therapy); ADHD therapy with no BH Follow up in past 1M, 3M or 6M; ADHD New Start therapy provides medication education of new stimulant or ADHD medication and IVR calls to encourages follow up with the prescriber within 30days of being prescribed new ADHD medication; Identifies members less than 6 years of age taking stimulants- outreach to providers promotes evidence-based treatment with the use of stimulants or other ADHD therapies initiated in young children. We have point of sale edits to ensure appropriate age for therapy with ADHD agents.
CareSource	CareSource offers medication therapy management interventions for these members as well as SUPPORT Act monitoring by a clinical pharmacist. They may additionally be referred to care management for individualized education, management, and support.
Peach State Health Plan	Patient safety is addressed through point of sale edits at the time a prescription is processed at the pharmacy. These edits are based on FDA recommendations and promote safe and effective medication utilization of stimulant medications. Edits include age, dosage, and therapeutic duplications.

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



Table 180 - Documented Program in Place to Either Manage or Monitor the Appropriate Use of Antidepressant Drugs in Children

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

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

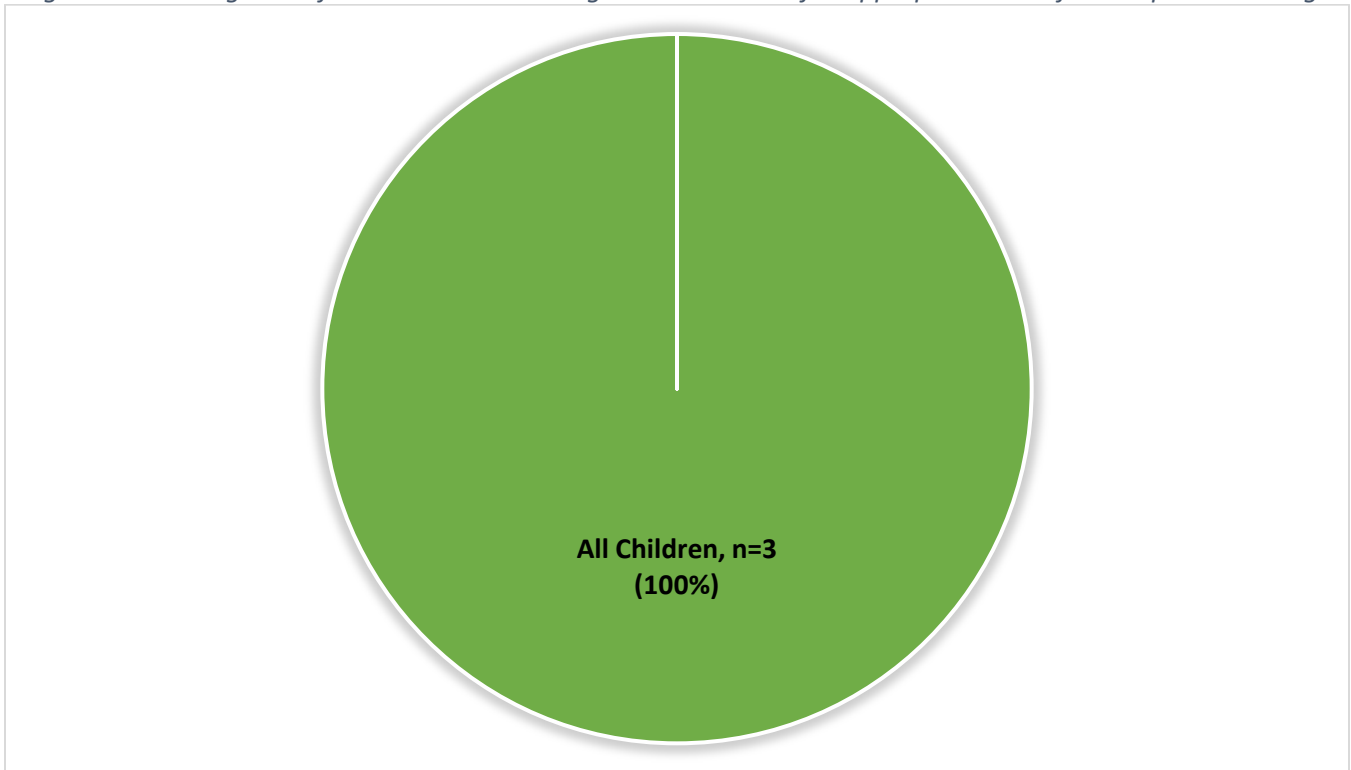


Table 181 - Categories of Children Either Managed or Monitored for Appropriate Use of Antidepressant Drugs

Response	MCO Names	Count	Percentage
All children	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

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

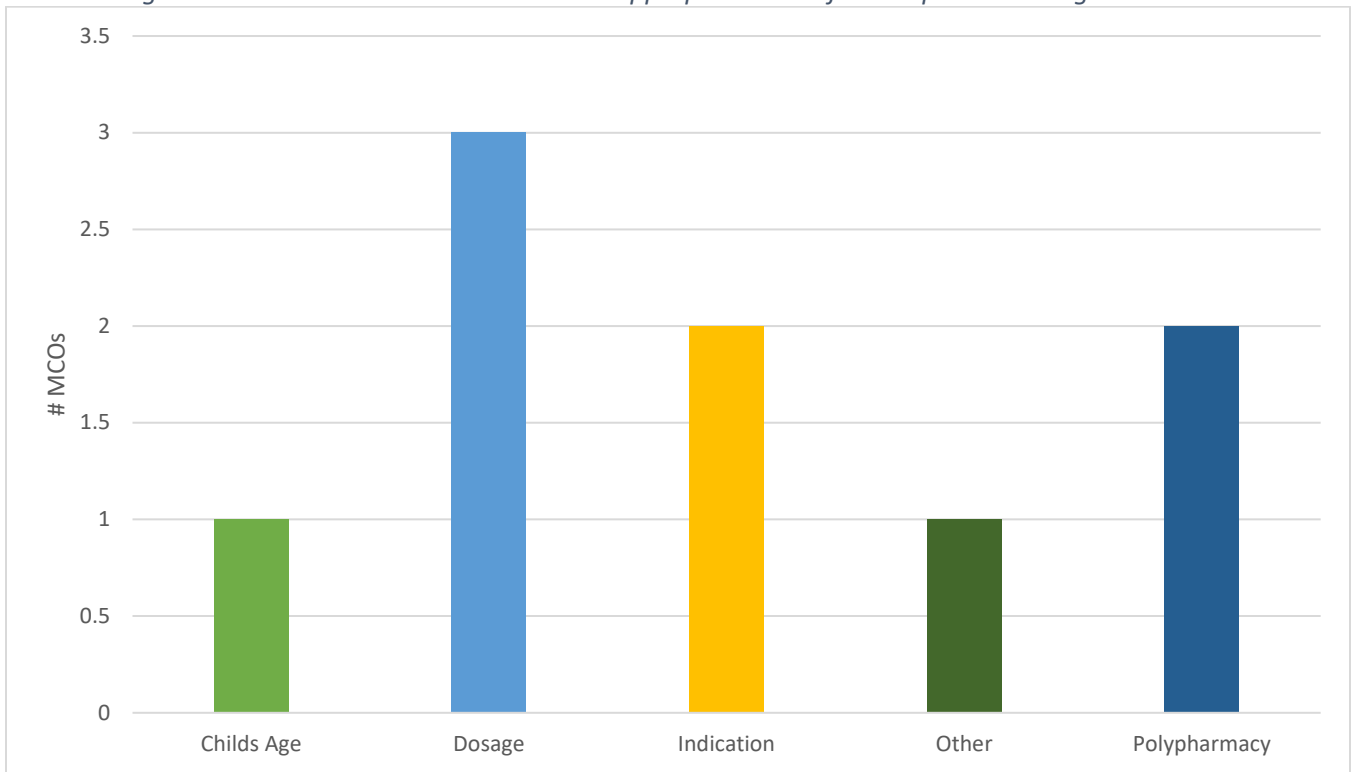


Table 182 - Edits in Place to Monitor the Appropriate Use of Antidepressant Drugs in Children

Response	MCO Names	Count	Percentage
Childs Age	Amerigroup GA	1	11.11%
Dosage	Amerigroup GA, CareSource, Peach State Health Plan	3	33.33%
Indication	Amerigroup GA, CareSource	2	22.22%
Polypharmacy	Amerigroup GA, Peach State Health Plan	2	22.22%
Other	Peach State Health Plan	1	11.11%
State Totals		9	100%

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

Table 183 - Child’s Age Limits for Edits in Place to Monitor the Appropriate Use of Antidepressant Drugs in Children

MCO Name	Age Limit in Years
Amerigroup GA	5

If “Other,” please explain.

Table 184 - “Other” Explanations for Edits in Place to Monitor the Appropriate Use of Antidepressant Drugs in Children

MCO Name	Explanation
Peach State Health Plan	There are child's age limits in place, however they vary according to drugs within the class. The lower age limits for certain antidepressants range from 6yrs 18yrs within the class.

c. If “Yes,” please briefly explain the specifics of your documented antidepressant monitoring program(s).

Table 185 - Explanations of Specifics of Documented Antidepressant Monitoring Program(s)

MCO Name	Explanation
Amerigroup GA	Our Child Age appropriateness program identifies children less than 6 years of age who are being prescribed antidepressants- we perform provider outreach to discuss the child's current antidepressant therapy, with a goal of establishing with the provider a plan to have the child discontinued off any inappropriate antidepressant therapy. Our Polypharmacy program identifies children/adolescents receiving multiple antidepressant drugs -2 or more from multiple prescribers, we also identify children/adolescents receiving multiple psychotropic medications in combination with antidepressants drugs being prescribed by multiple providers (if the child is receiving any combination of 4 or more psychotropic meds including antidepressants)we perform outreach to all prescribing providers, identify a decision maker for the member's therapy and assist in coordinating members care when found uncoordinated.
CareSource	CareSource offers medication therapy management interventions for these members as well as SUPPORT Act monitoring by a clinical pharmacist. They may additionally be referred to care management for individualized education, management, and support.
Peach State Health Plan	Patient safety is addressed through point of sale edits at the time a prescription is processed at the pharmacy. These edits are based on FDA recommendations and promote safe and effective medication utilization of antidepressant medications. Edits include age, dosage, and therapeutic duplications.

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

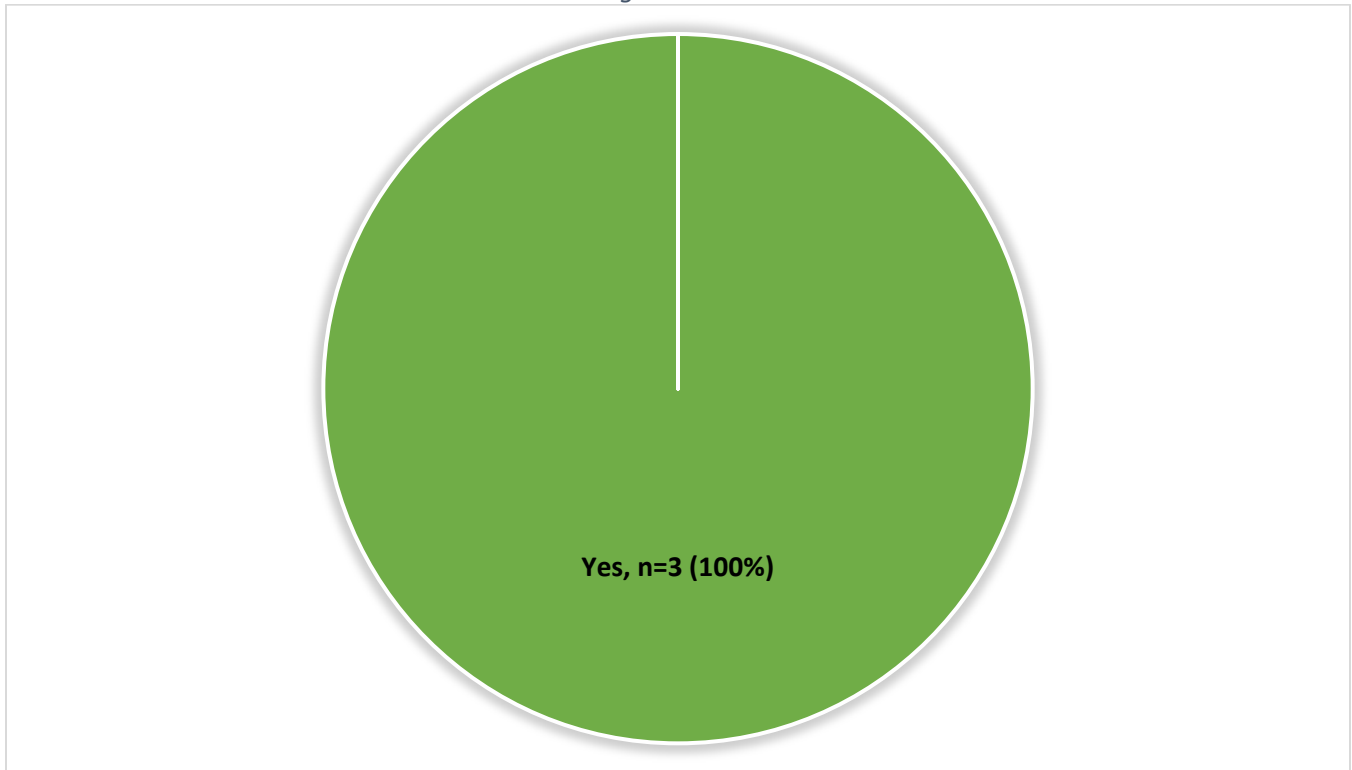


Table 186 - Documented Program in Place to Either Manage or Monitor the Appropriate Use of Mood Stabilizing Drugs in Children

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

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

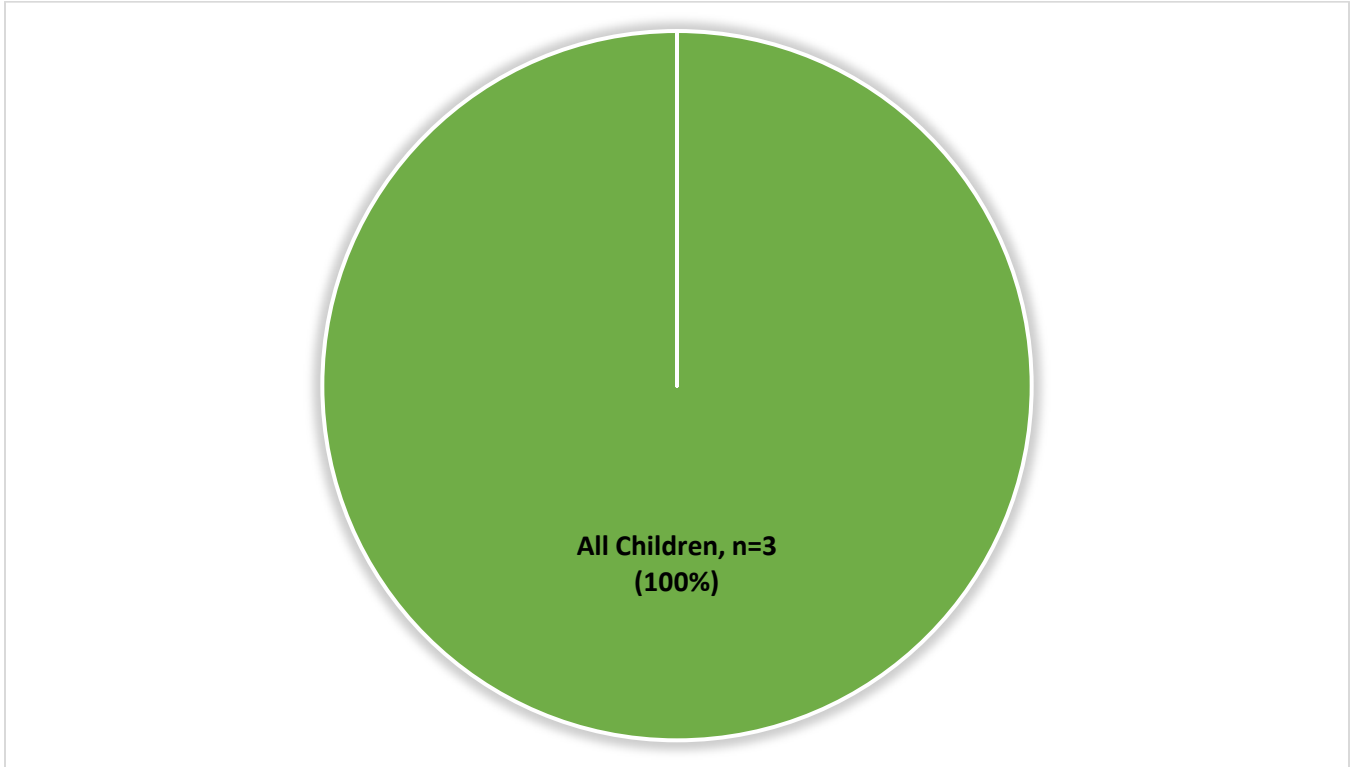


Table 187 - Categories of Children Either Managed or Monitored for Appropriate Use of Mood Stabilizing Drugs

Response	MCO Names	Count	Percentage
All children	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

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

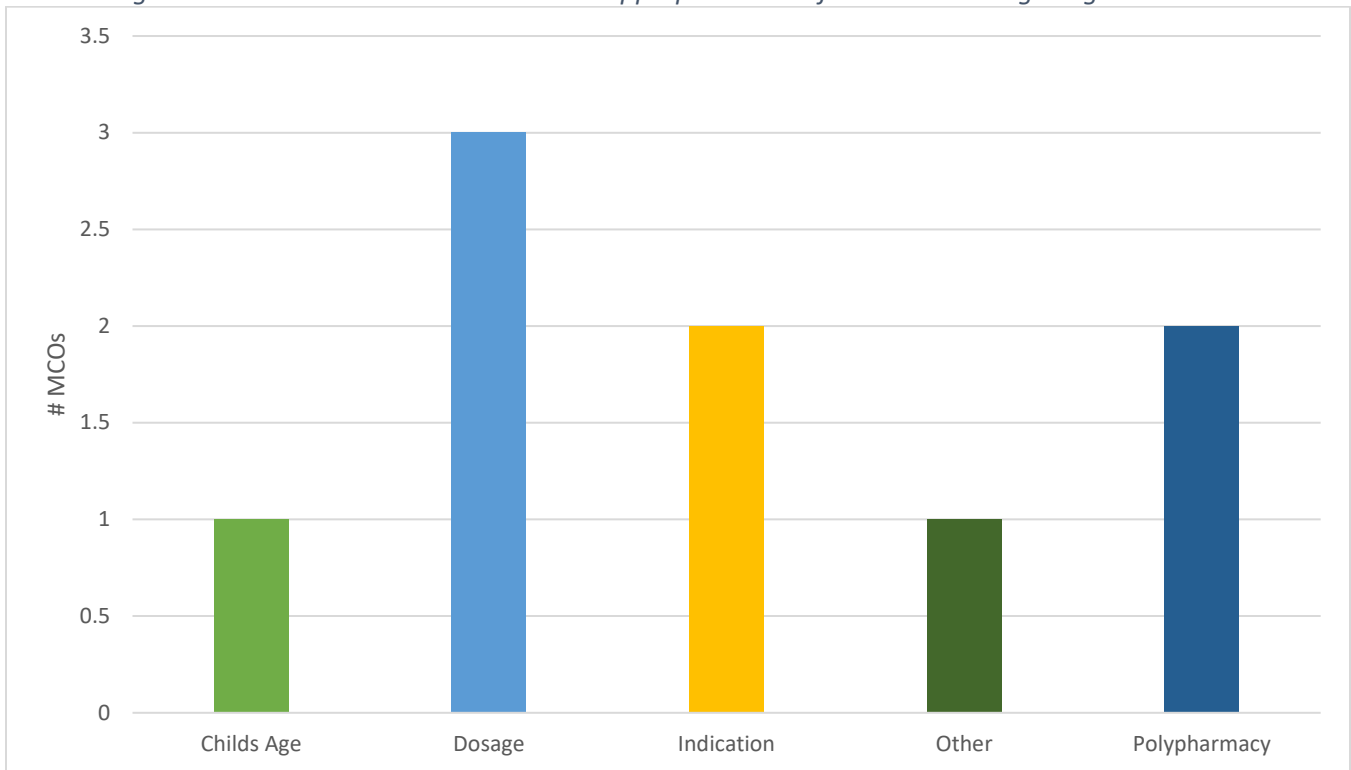


Table 188 - Edits in Place to Monitor the Appropriate Use of Mood Stabilizing Drugs in Children

Response	MCO Names	Count	Percentage
Child's Age	Amerigroup GA	1	11.11%
Dosage	Amerigroup GA, CareSource, Peach State Health Plan	3	33.33%
Indication	Amerigroup GA, CareSource	2	22.22%
Polypharmacy	Amerigroup GA, Peach State Health Plan	2	22.22%
Other	Peach State Health Plan	1	11.11%
State Totals		9	100%

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

Table 189 - Child’s Age Limits for Edits in Place to Monitor the Appropriate Use of Mood Stabilizing Drugs in Children

MCO Name	Age Limit in Years
Amerigroup GA	18

If “Other,” please explain.

Table 190 - “Other” Explanations for Edits in Place to Monitor the Appropriate Use of Mood Stabilizing Drugs in Children

MCO Name	Explanation
Peach State Health Plan	There are child's age limits in place, however they vary according to drugs within the class. The lower age limits for certain mood stabilizers range from 5yrs 10yrs within the class.

c. If “Yes,” please briefly explain the specifics of your documented mood stabilizer monitoring program(s).

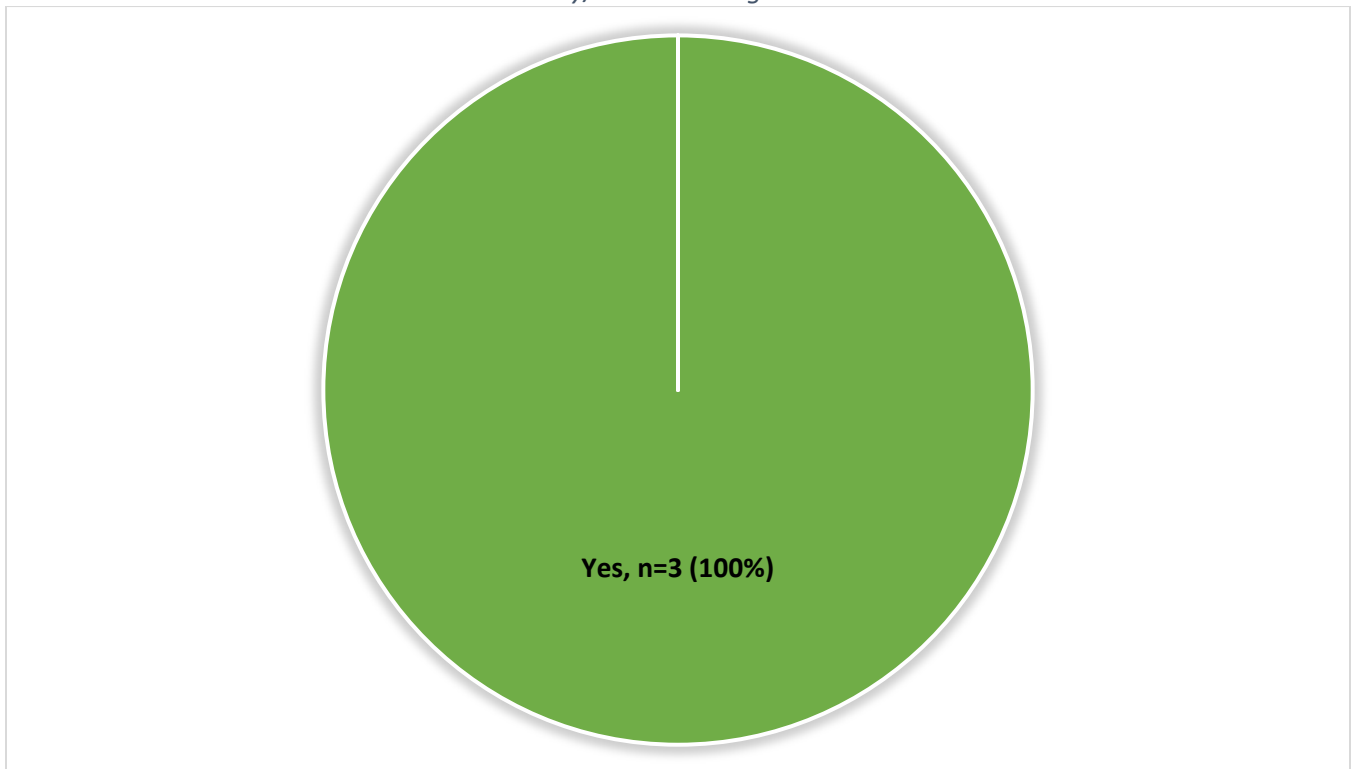
Table 191 - Explanations of Specifics of Documented Mood Stabilizer Monitoring Program(s)

MCO Name	Explanation
Amerigroup GA	Our Polypharmacy program identifies children receiving multiple psychotropic medications in combination with mood stabilizer meds drugs being prescribed by multiple providers (if the child is receiving any combination of 4 or more psychotropic meds including mood stabilizer meds)we perform outreach to all prescribing providers, identify a decision maker for the member's therapy and assist in coordinating members care when found uncoordinated. PA/QL Edits are in place based on FDA labeled age, dose, and indication.
CareSource	CareSource offers medication therapy management interventions for these members as well as SUPPORT Act monitoring by a clinical pharmacist. They may additionally be referred to care management for individualized education, management, and support.
Peach State Health Plan	Patient safety is addressed through point of sale edits at the time a prescription is processed at the pharmacy. These edits are based on FDA recommendations and promote safe and effective medication utilization of mood stabilizer medications. Edits include age, dosage, and therapeutic duplications.

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



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Table 192 - Documented Program in Place to Either Manage or Monitor the Appropriate Use of Antianxiety/Sedative Drugs in Children

Response	MCO Names	Count	Percentage
Yes	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

Figure 137 - Categories of Children Either Managed or Monitored for Appropriate Use of Antianxiety/Sedative Drugs

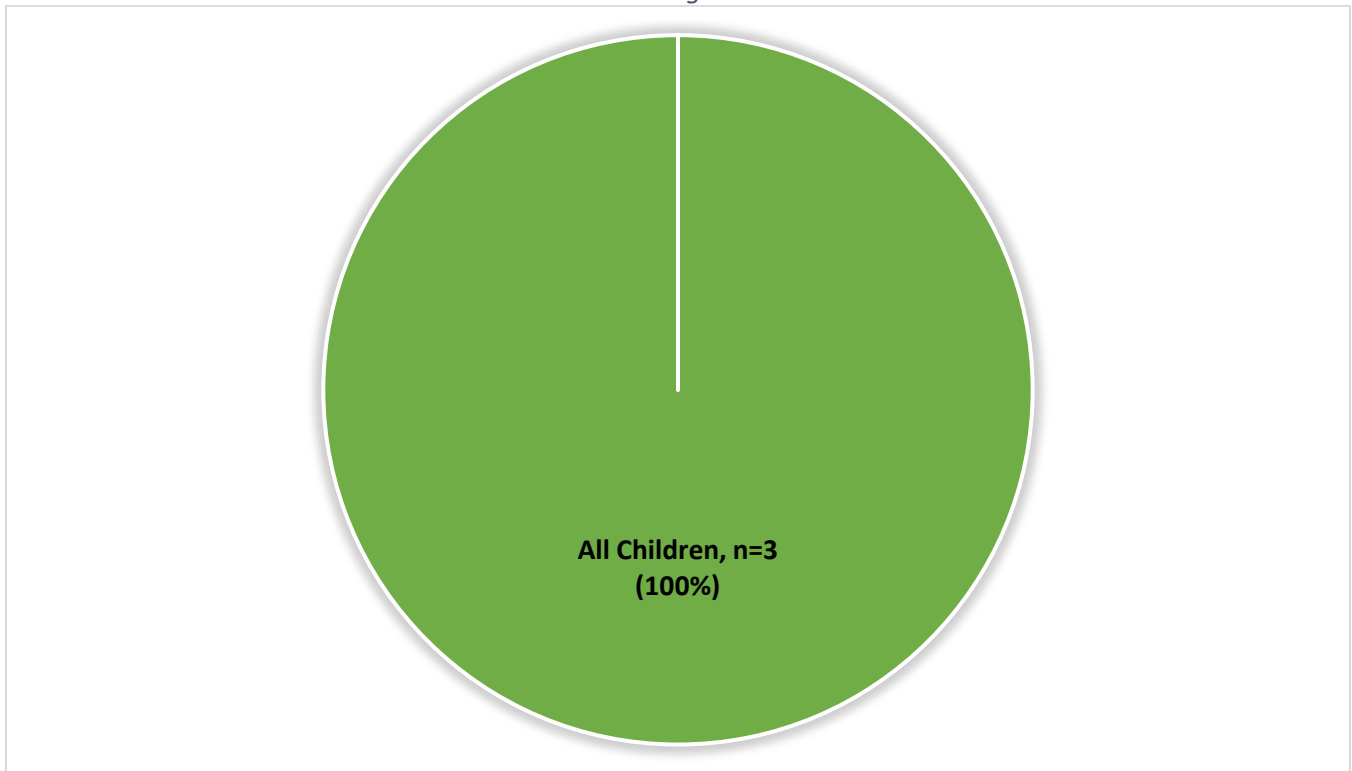


Table 193 - Categories of Children Either Managed or Monitored for Appropriate Use of Antianxiety/Sedative Drugs

Response	MCO Names	Count	Percentage
All children	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	100%

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

Figure 138 - Edits in Place to Monitor the Appropriate Use of Antianxiety/Sedative Drugs in Children

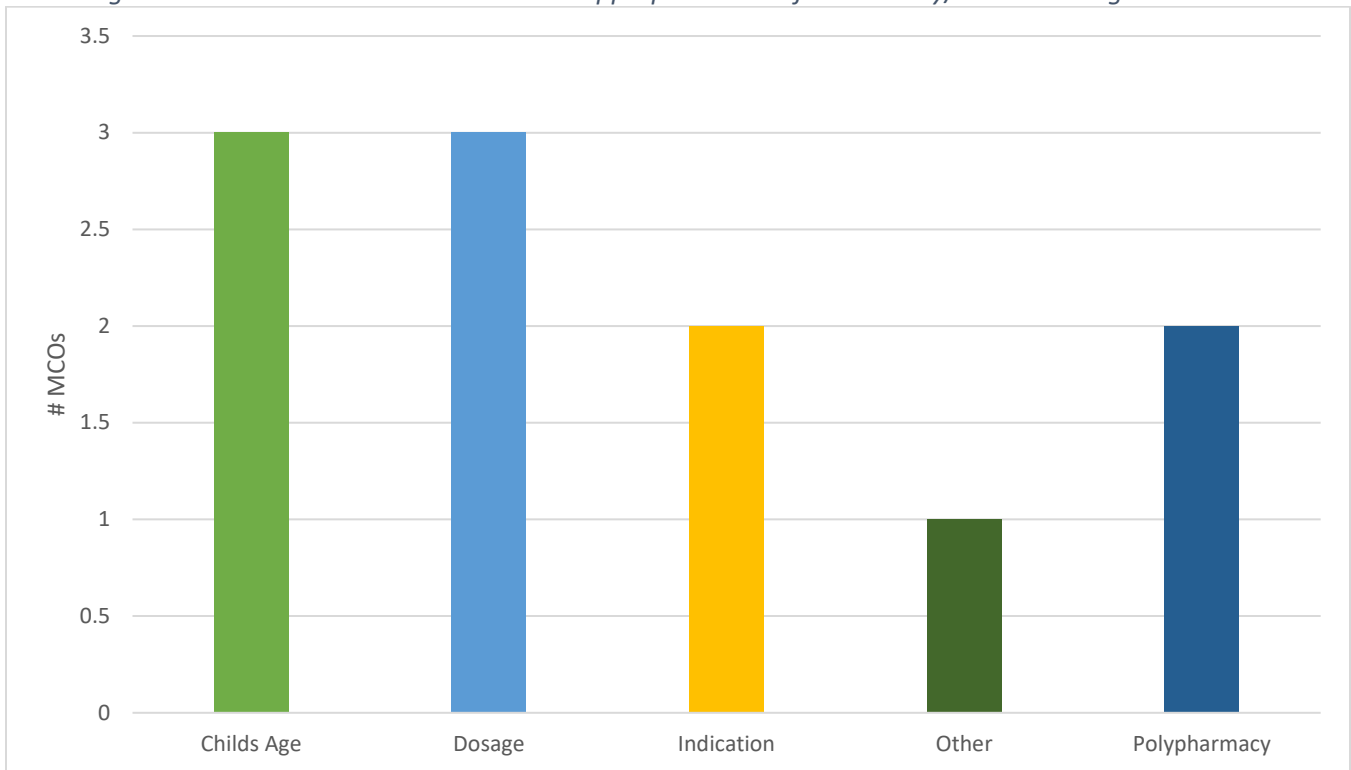


Table 194 - Edits in Place to Monitor the Appropriate Use of Antianxiety/Sedative Drugs in Children

Response	MCO Names	Count	Percentage
Childs Age	Amerigroup GA, CareSource, Peach State Health Plan	3	27.27%
Dosage	Amerigroup GA, CareSource, Peach State Health Plan	3	27.27%
Indication	Amerigroup GA, CareSource	2	18.18%
Polypharmacy	Amerigroup GA, Peach State Health Plan	2	18.18%
Other	CareSource	1	9.09%
State Totals		11	100%

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

Table 195 - Child’s Age Limits for Edits in Place to Monitor the Appropriate Use of Antianxiety/Sedative Drugs in Children

MCO Name	Age Limit in Years
Amerigroup GA	18
CareSource	6
Peach State Health Plan	18

If “Other,” please explain.

Table 196 - “Other” Explanations for Edits in Place to Monitor the Appropriate Use of Antianxiety/Sedative Drugs in Children

MCO Name	Explanation
CareSource	*Age limit: Meprobamate for patient 6 years and older without other anxiety disorder requires prior authorization

c. If “Yes,” please briefly explain the specifics of your documented antianxiety/sedative monitoring program(s).

Table 197 - Explanations of Specifics of Documented Antianxiety/Sedative Monitoring Program(s)

MCO Name	Explanation
Amerigroup GA	Our Polypharmacy program identifies children/adolescents receiving multiple antianxiety/sedative drugs 2 or more from multiple prescribers, we also identify children receiving multiple psychotropic medications in combination with antianxiety/sedative drugs being prescribed by multiple providers (if the child is receiving any combination of 4 or more psychotropic meds including antianxiety/sedative meds)we perform outreach to all prescribing providers, identify a decision maker for the member's therapy and assist in coordinating members care when found uncoordinated. PA/QL Edits are in place based on FDA labeled age, dose, and indication.
CareSource	CareSource offers medication therapy management interventions for these members as well as SUPPORT Act monitoring by a clinical pharmacist. They may additionally be referred to care management for individualized education, management, and support.
Peach State Health Plan	Patient safety is addressed through point of sale edits at the time a prescription is processed at the pharmacy. These edits are based on FDA recommendations and promote safe and effective medication utilization of antianxiety/sedative medications. Edits include age, dosage, and therapeutic duplications.

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 139 - 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

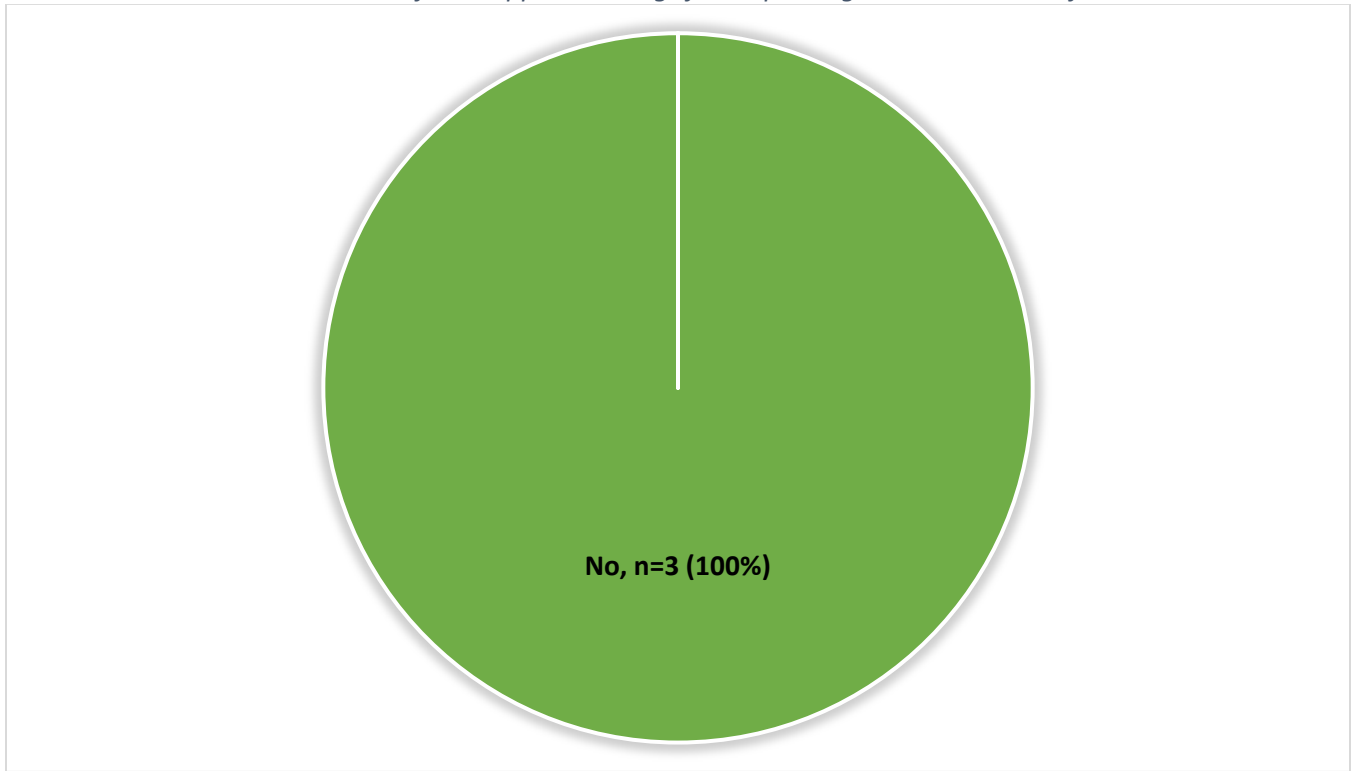


Table 198 - Demonstrations or Waivers to Allow Importation of Certain Drugs from Canada or Other Countries that are Versions of FDA-Approved Drugs for Dispensing to Medicaid Beneficiaries

Response	MCO Names	Count	Percentage
No	Amerigroup GA, CareSource, Peach State Health Plan	3	100.00%
State Totals		3	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 199 - Innovative Practices

MCO Name	Innovative Practices Summary
Amerigroup GA	This year we implemented programs to improve medication safety and cost-effective care. We started a Long Acting Injectable Antipsychotic (LAIA) Candidate Fax program, which is a provider-facing fax program that identified to address patient safety and adherence gaps for Medicaid members taking oral antipsychotic medications. Members are identified as potential candidates for LAIA therapy if they are non-compliant to their

MCO Name	Innovative Practices Summary
	<p>oral antipsychotic medication and had at least one hospitalization with a primary diagnosis of schizophrenia or schizoaffective disorder.</p> <p>Additionally, a new retrospective rule was implemented into the Controlled Substances Utilization Monitoring (CSUM) program, a provider-facing outreach program, to support the company's response to uptick in overdose deaths across the country and promote use of naloxone for patients at increased risk for overdose. The clinical rule identifies members who had an overdose and filled an opioid medication prior to the overdose to inform the provider of their members increased risk.</p> <p>Lastly, we limited the initial dispensing of a select group of topical medications to the smallest container size for treatment nave members to alleviate medication waste and excessive costs.</p>
CareSource	<p>In 2022 CareSource implemented a sickle cell disease program involving our internal clinical call center that focused on hydroxyurea adherence in members diagnosed with clinically severe sickle cell disease genotypes. This program is also in the process of expanding to include provider outreach for members missing prophylactic antibiotics and hydroxyurea therapy. Members are referred to care management if they do not have a primary care provider, hematologist or if they have other care coordination concerns. We are also expanding to an enterprise-wide program that will further strengthen the collaboration between pharmacy and care management in managing our members with sickle cell disease.</p> <p>Our operations and clinical strategy team worked together during this reporting period on a clinical improvement initiative for prior authorization optimization by analyzing all of our current prior authorization decision trees and updating all prior authorizations to smart PAs where applicable. The result of this is improved prior authorization process for both provider and CareSource staff, which in turn improves our members experience at the pharmacy.</p> <p>During the federal fiscal year (FFY), CareSource also established a Georgia Medicaid pharmacy advisory board meeting. This meeting includes key members of the CareSource pharmacy team and external board members who are pharmacists in the Georgia community. These board meetings occur quarterly and are a great opportunity for CareSource to collaborate with practitioners in the community, discuss barriers, and work together to create innovative solutions. One major focus of the board this year was collaboration on Disease State Management and Access to Care for our members.</p> <p>Lastly, working in tandem with our PBM, Express Scripts, we continued our collaboration with our Academic Detailer to analyze drug utilization data, identify opportunities and work with prescribers to provide information on prescribing cost effective therapies within clinical guidelines. One opportunity we pursued this year was provider outreach to educate on the Descovy and generic Truvada indications and the cost differences between therapies. This successful outreach to 8 providers saved an annual amount of \$55,928 in drug spend. This is just one example of the clinical and financial opportunities pursued over the last year. The Academic Detailer program has been very well received by our physician partners and has demonstrated results in costs savings, dosing optimization, and regimen simplification for patients.</p>

MCO Name	Innovative Practices Summary
Peach State Health Plan	<p>Peach State Health Plan (PSHP) is continuously looking to drive innovation to support our beneficiaries. The focus of innovation has come from various drug utilization review (DUR) projects throughout the year. DUR projects were targeted to improve quality of care for members, improve prescribing, and control costs.</p> <p>PSHP created the Epilepsy Drug Management Program to identify patterns of underutilized recommended Antiepileptic drugs, when diagnosis is identified among member and provide the most appropriate drug management of seizure disorders.</p> <p>Overall, these focused project and initiative have contributed to better quality care for the members of the health plan, cost savings in certain situations, and improved clinical care through internal and prescriber clinical education.</p>

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 200 - Executive Summary

MCO Name	Executive Summary
Amerigroup GA	<p>Amerigroup Community Care, through our PBM IngenioRx, provides electronic claims processing and a pharmacy claims management system incorporating on-line point-of-service (POS) and prospective drug utilization review (ProDUR) for the Medicaid Pharmacy Program. The primary objective of the ProDUR program is to improve the quality of care for recipients, to conserve program funds and expenditures, and to maintain program integrity. IngenioRx provides retrospective drug utilization review (RDUR) for the Medicaid Pharmacy Program to promote appropriate medication prescribing by identifying patterns of potential inappropriate prescribing or medication use, alerting physicians and/or pharmacists to potential drug therapy problems and recommending future corrective action.</p> <p>Our Concurrent DUR process follows the NCPDP ProDUR standard formats for conflict, intervention, and outcome. The program reviews all prescriptions, compares them to patient demographics, and checks for potential clinical conflicts that may result if the prescription is dispensed. These include drug-drug interactions, drug-allergy conflicts, drug-disease conflicts, early refills, therapeutic duplication, maximum daily dose, minimum daily dose, under-utilization, over-utilization, drug-age conflicts, drug-gender conflicts, and drug-pregnancy conflicts.</p> <p>The Drug Interaction rule identifies potential problems with conflicting drug therapies, by comparing incoming NDC to a table of interacting drug identifiers, the POS claims processing system identifies other drugs that interact and reviews the patient profile for current interacting drugs. Table safety edits relating drug-drug interactions are clinically classified at three levels. Level 3 - "No Response", is of mild severity, probably resulting in little potential participant harm. No message is given but recorded for reporting purposes only. Level 2 - "Advisory", alerts the pharmacist of potential for a serious drug-drug interaction. Level 1 - "Very Severe", means potential for a high risk of harm and rejects the claim for clinical review by the dispensing pharmacist who may enter an override response code. The Drug-Allergy Conflicts rule identifies potential problems based on patient reported allergies. An incoming NDC is compared to a drug-allergy combination table and POS claims processing system identifies allergies conflicting and reviews the patient profile. The Cumulative Early Refill rule identifies a patient who has more than an adequate supply remaining for their prescription. An incoming NDC is matched to current drugs on the patient profile for the same therapy. If a cumulative remaining day's supply is greater than 25 percent of the maximum days' supply any previous claims, a reject for early refill will occur. Exceptions are made to standardize the minimum and maximum days' supply allowed. In mail service, if an order is received with approximately 30 days remaining before the criteria edit will pass, we may hold the prescription until the system permits processing rather than return the prescription request to the member. The member receives hold notification and when it will process. If the days' supply remaining is longer than 30 days, the mail service pharmacy will place the prescription on the</p>

MCO Name	Executive Summary
	<p>member's profile and notify the member via letter of the date on which the member may call to fill the prescription. The Therapeutic Duplication rule identifies the dispensing of two or more drugs within same therapeutic category for same patient. An incoming NDC is matched to similar current therapy on the patient profile. If similar therapy exists, a therapy duplication message is sent. The POS claims processing system will exclude similar therapy where appropriate. When therapeutic duplication is identified, the claim rejects. After performing a clinical review, which may include prescriber consultation, the dispensing pharmacist can enter response codes and proceed with dispensing as appropriate. The Drug Exceeding Maximum Daily Dose rule identifies a prescription being filled for more than the recommended daily dose. Daily dose is calculated by dividing quantity by days' supply and compared to a recommended daily dose table. A warning message is returned if the calculated dose is greater than the table maximum. The Drug-Age Conflict rule identifies drugs being inappropriately prescribed based on the patient's age. An incoming claim is matched to the Drug-Age Conflict table and POS claims processing system compares patient to target age. When the patient's age is outside the target range, a warning is sent. The Drug-Gender Conflict rule identifies drugs being inappropriately prescribed based on patient gender. An incoming NDC is matched to the Drug-Gender table and POS claims processing system compares to patient gender. When the gender rule is violated, POS claims processing system sends a warning message to the dispensing pharmacy. The Drug-Pregnancy rule identifies drugs contraindicated for use by pregnant women. The incoming NDC is matched to a table with drug-pregnancy contraindications and the patient's profile is reviewed to determine patient's age and gender. Also, patient's profile is reviewed if an inferred pregnancy diagnosis drug marker exists. If criteria are met, a warning message is sent. The Duration of Therapy rule identifies drugs being used beyond the manufacturer's recommendations for length of therapy and a warning message is sent, or a prior authorization is required if exceeded. The Proactive PA rule incorporates medical claims data into PA criteria, but not concurrent DUR edits. This proactive PA program captures ICD-10 diagnosis data from medical claims and routes it automatically to the pharmacy claims processing system to determine whether pharmacy claims may seamlessly POS process.</p> <p>RDUR analysis is performed through review of administrative claims each day, week, and/or month. RDUR letters are faxed or mailed to targeted prescribers and members to identify gaps in care, discuss adherence and identify cases of potential under-and over-utilization, drug abuse or misuse, and/or formulary compliance. Some identified members are referred to the Lock-in program or to a pharmacist for further evaluation or clinical intervention. Plan-specific RDUR results are shared with health plan leaders on an ad-hoc basis or at a minimum of quarterly on a scheduled basis. RDUR details are also presented during plan-specific Quality Management meetings and/or DUR Committee meetings. Retrospective Safety Review provides a prescriber fax within 72 hours of a claim adjudicating. The purpose is to identify members receiving 2 drugs concurrently that are known to cause a clinically significant drug interaction or contraindication. Significant interactions targeted in this program are identified through review of Micromedex and Facts & Comparisons, focusing on members receiving 2 interacting drugs for > 7-day overlap (or 2 interacting antibiotics for > 5-day overlap). Edits may be automated (no pharmacist review) or manual (requires pharmacist clinical review). Prescribers have access Amerigroup Community Care's formulary, clinical edits and safety alerts on most handheld devices and desktop applications. Formulary/PDL information is accessible via the web, enabling easy access to drug information. Providers can verify formulary/PDL</p>

MCO Name	Executive Summary
	<p>status, copays (if applicable), view alternative and generic substitutions, check quantity limits, and look up prior authorization requirements when making prescribing decisions. We also offer real time pharmacy benefit check to our e-prescribing process, allowing prescribers the most appropriate and cost-effective medication options based on patient-specific pharmacy benefits. This capability can be integrated into EMRs across the United States.</p> <p>Amerigroup Community Care can quickly and efficiently respond to global emergencies and drug shortages to continue support of members and remain focused on providing affordable, quality services to meet member needs. Utilization Management Response is specific to the circumstances and may include, as appropriate: flexible working environments for employees, relaxing refill-too-soon rules to allow a member to refill a prescription early if needed, copay waivers for all members for all meds to assist hardships, encouraging 60-day fills of medication at home delivery or retail pharmacies (when appropriate), providing delivery services through many retail pharmacies, waiving proof of delivery signature at POS if necessary, and extending the duration of member's PAs for select therapies to help avoid the need for providers to re-evaluate. To help prevent drug shortages and stock piling IngenioRx's clinical services team closely monitors drug shortages via FDA and ASHP vendors. Shortages are evaluated on a drug-by-drug basis, and we take action to help ensure members have access to drugs with limited supply. Our Specialty Pharmacy receives a weekly file for all drugs that are on shortage, backorder, etc. Several actions ensure members do not experience gaps in therapy. First, conduct a check of other fulfillment sites to determine available stock; and if so, route the order to a fulfillment site that has the drug. When applicable, system configuration edits are updated to allow a seamless experience for the member and prescriber based on review and scope of the shortage, such as revising quantity limits for drugs related to specific circumstances as needed. If it's a larger shortage and no sites have stock, the IngenioRx pharmacy team will connect with the prescriber to find an alternative (different dosage form, different drug, etc.). All shortage work is prioritized by the member's need date.</p>
CareSource	<p>The CareSource drug utilization review (DUR) program involves a multi-pronged approach. For retrospective drug utilization review (rDUR), we work collaboratively with our Academic Detailer to analyze drug utilization data, identify opportunities and work with prescribers to provide information on prescribing cost-effective therapies within clinical guidelines. During the federal fiscal year (FFY) our Academic Detailer program was able to identify various clinical and cost savings initiatives such as HIV PrEP generic education, Cosentyx packaging cost savings, and high-cost medications with a lower cost alternatives. The Academic Detailer program has been very well received by our physician partners and has demonstrated results in costs savings, dosing optimization and regimen simplification for patients all while hopefully the changing future prescribing patterns as well. We also worked internally on various rDUR programs such as our sickle cell disease provider letters regarding missing hydroxyurea therapy and missing eye exams and our opioid rising risk provider letters. We work collaboratively with our clinical call center to implement programs that involve provider and member outreach to provide education and support. During the FFY 2022 we implemented a Georgia Pharmacy Advisory Board (PAB) to strengthen our collaboration with our community pharmacists. Our DUR program continues to grow and improve year over year with the goal of providing the best medication therapy to our members and information to the health care providers and pharmacies caring for our members.</p>

MCO Name	Executive Summary
Peach State Health Plan	<p>Peach State Health Plan (PSHP) continues to provide quality medications reviews with our Drug Utilization Review (DUR) program. Drug Utilization Review (DUR) is performed for covered drugs to assure that prescriptions are appropriate, medically necessary, and are not likely to result in adverse medical results. The DUR Program is made-up of prospective drug utilization review and retrospective drug utilization review. Emphasis is placed on the quality of care of members not only through DUR, but also quality initiatives which include, but are not limited to, member and prescriber outreach.</p> <p>Within this year, we were able to conduct retrospective DURs such as Retrospective Safety Review: Critical Drug-Drug Interactions, Asthma Medication Management, Antipsychotic Medication Management, and Statin Use in Diabetes. These were just a few of the many retrospective DURs we conducted this year.</p> <p>Our prospective programs also assist in ensuring that prescription drug claims at the point of dispensing are evaluated for patient safety. Our relationship with our pharmacy benefit manager (PBM) provides us the tools to ensure that clinical quality is applied to each medication before dispensed. For those medications dispensed with potential concern, our retrospective programs are designed to follow up with the prescribers. As we continue to enact The SUPPORT ACT, we continually evaluate for new opportunities to provide additional care for its members.</p> <p>Overall, PSHP is committed to providing a robust DUR program for both our members and prescribers. We look forward to continued success in the future years.</p>