



Indiana

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

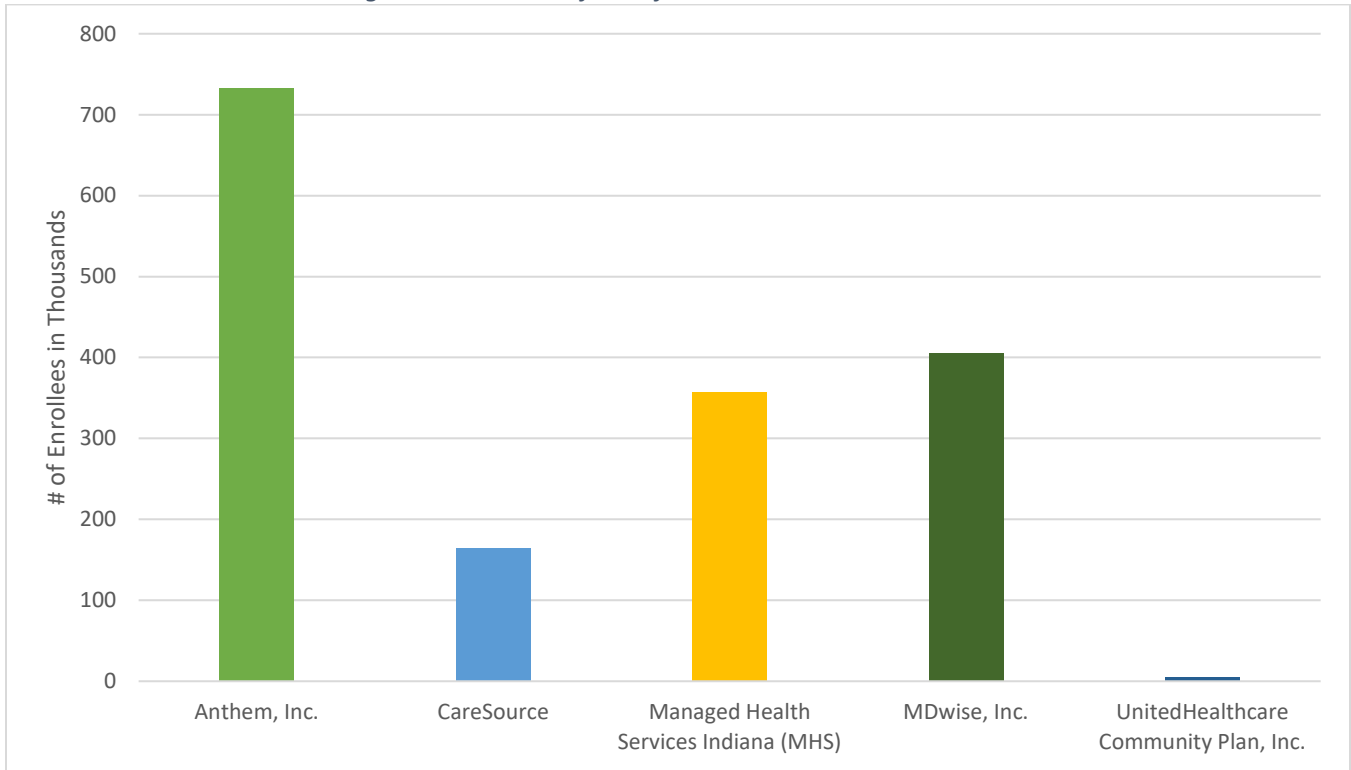


Table 1 - Number of Beneficiaries Enrolled in Each MCO

MCO Name	Number of Beneficiaries Enrolled
Anthem, Inc.	733,143
CareSource	163,915
Managed Health Services Indiana (MHS)	356,914
MDwise, Inc.	405,325
UnitedHealthcare Community Plan, Inc.	4,522
State Totals	1,663,819

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

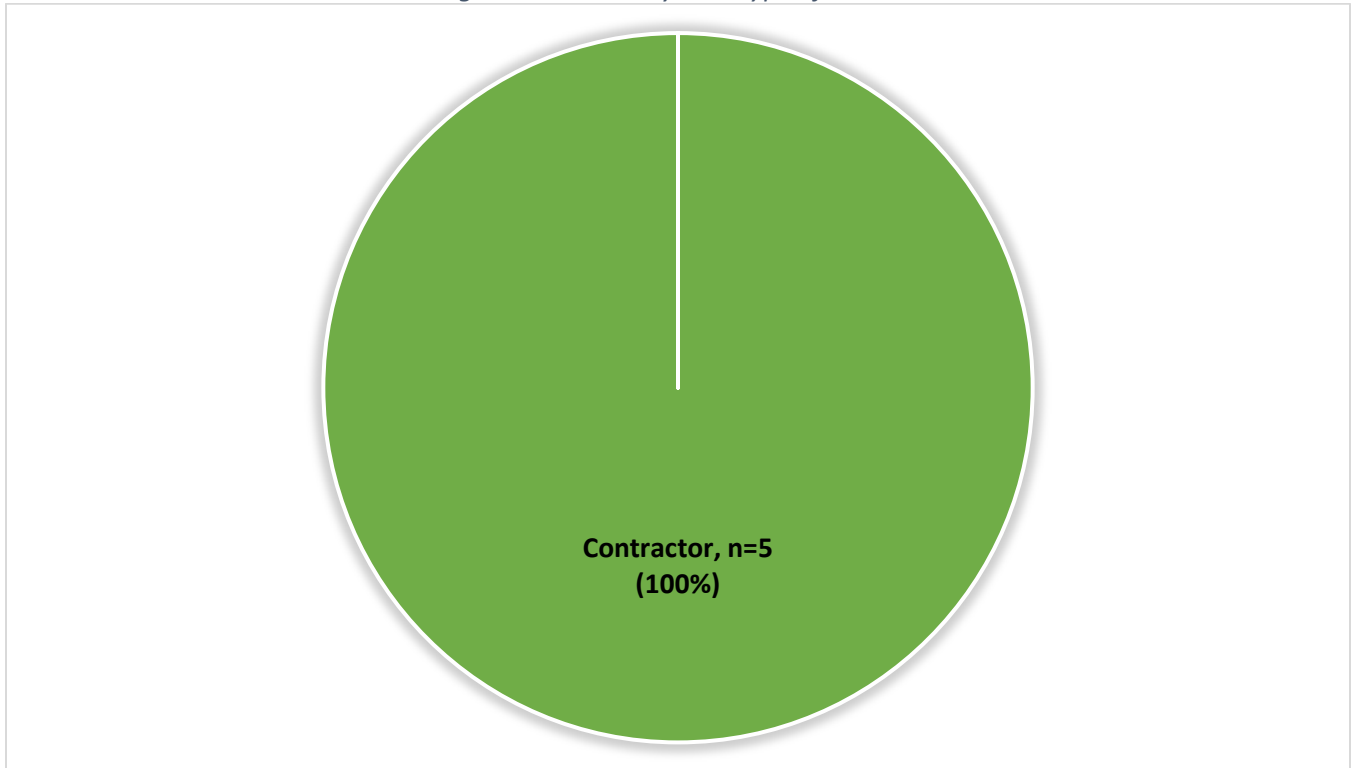


Table 2 - Pharmacy POS Type of Vendor

Response	MCO Names	Count	Percentage
Contractor	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

Table 3 - Pharmacy POS Vendor Name

Response	MCO Names	Count	Percentage
CVS/Caremark	Anthem, Inc., Managed Health Services Indiana (MHS)	2	40.00%
Express Scripts	CareSource	1	20.00%
MedImpact Healthcare Services, Inc.	MDwise, Inc.	1	20.00%
OptumRx	UnitedHealthcare Community Plan, Inc.	1	20.00%
State Totals		5	100%

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

Figure 3 - Prospective DUR Criteria Source

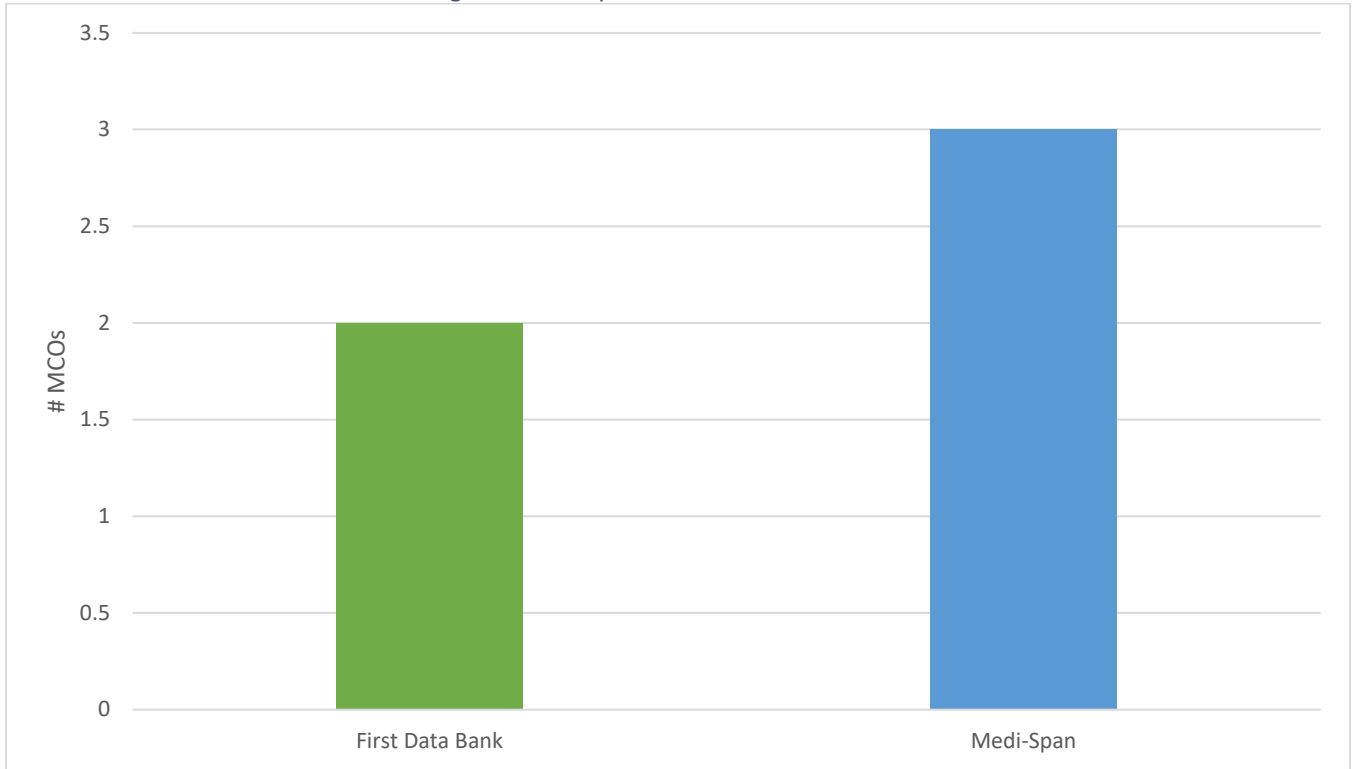


Table 4 - Prospective DUR Criteria Source

Response	MCO Names	Count	Percentage
First Data Bank	CareSource, MDwise, Inc.	2	40.00%
Medi-Span	Anthem, Inc., Managed Health Services Indiana (MHS), UnitedHealthcare Community Plan, Inc.	3	60.00%
State Totals		5	100%

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

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

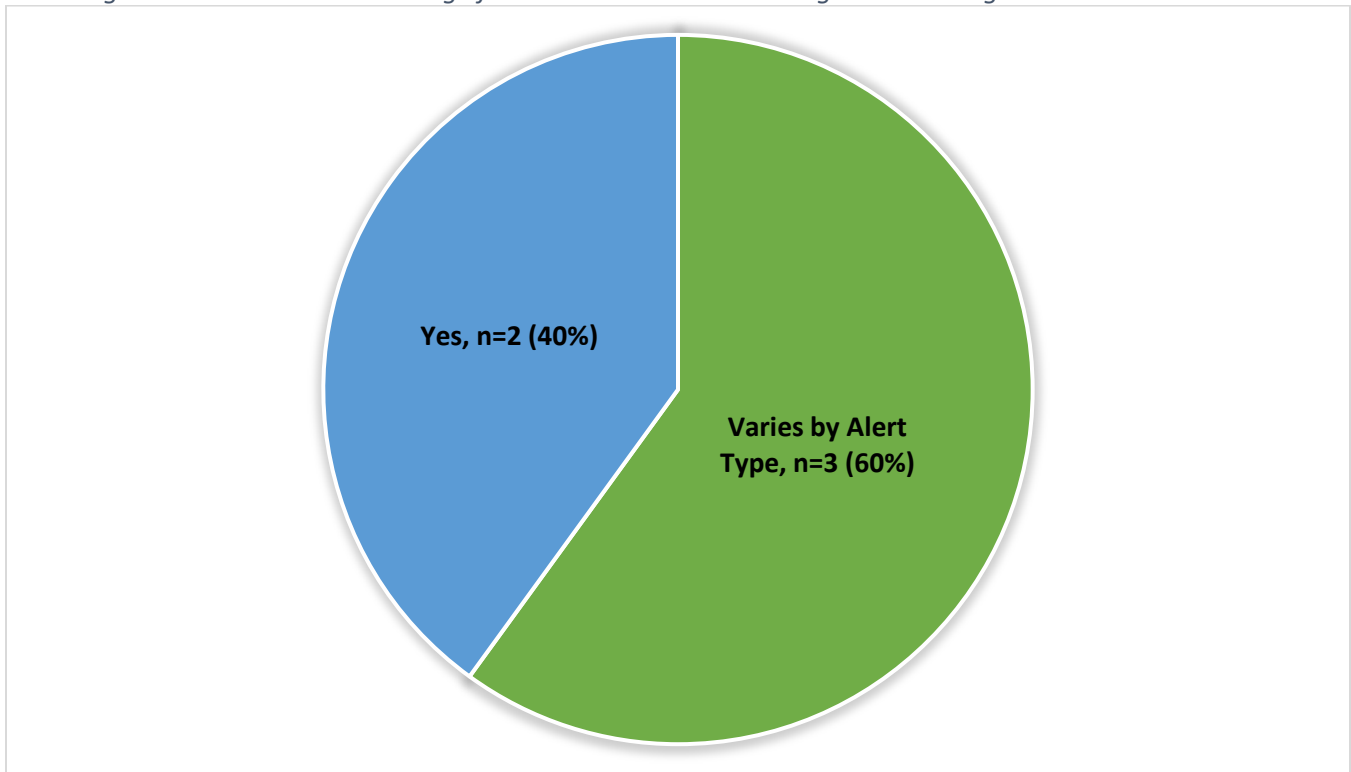


Table 5 - ProDUR Alert Message for Pharmacist Override using “NCPDP Drug Use Evaluation Codes”

Response	MCO Names	Count	Percentage
Yes	Managed Health Services Indiana (MHS), MDwise, Inc.	2	40.00%
Varies by Alert Type	Anthem, Inc., CareSource, UnitedHealthcare Community Plan, Inc.	3	60.00%
State Totals		5	100%

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

Table 6 - ProDUR Alert Types for Pharmacist Override

Response	MCO Names	Count	Percentage
Alerts can be overridden with standard professional codes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	50.00%
Alerts need prior authorization (PA) to be overridden	Anthem, Inc., CareSource, MDwise, Inc., UnitedHealthcare Community Plan, Inc.	4	40.00%
Other	MDwise, Inc.	1	10.00%
State Totals		10	100%

If "Other," please explain.

Table 7 - Explanation for "Other" ProDUR Alert Types for Pharmacist Override

MCO Name	Explanation
MDwise, Inc.	Some ProDUR edits trigger informational alerts that do not require an NCPDP response by the pharmacy.

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

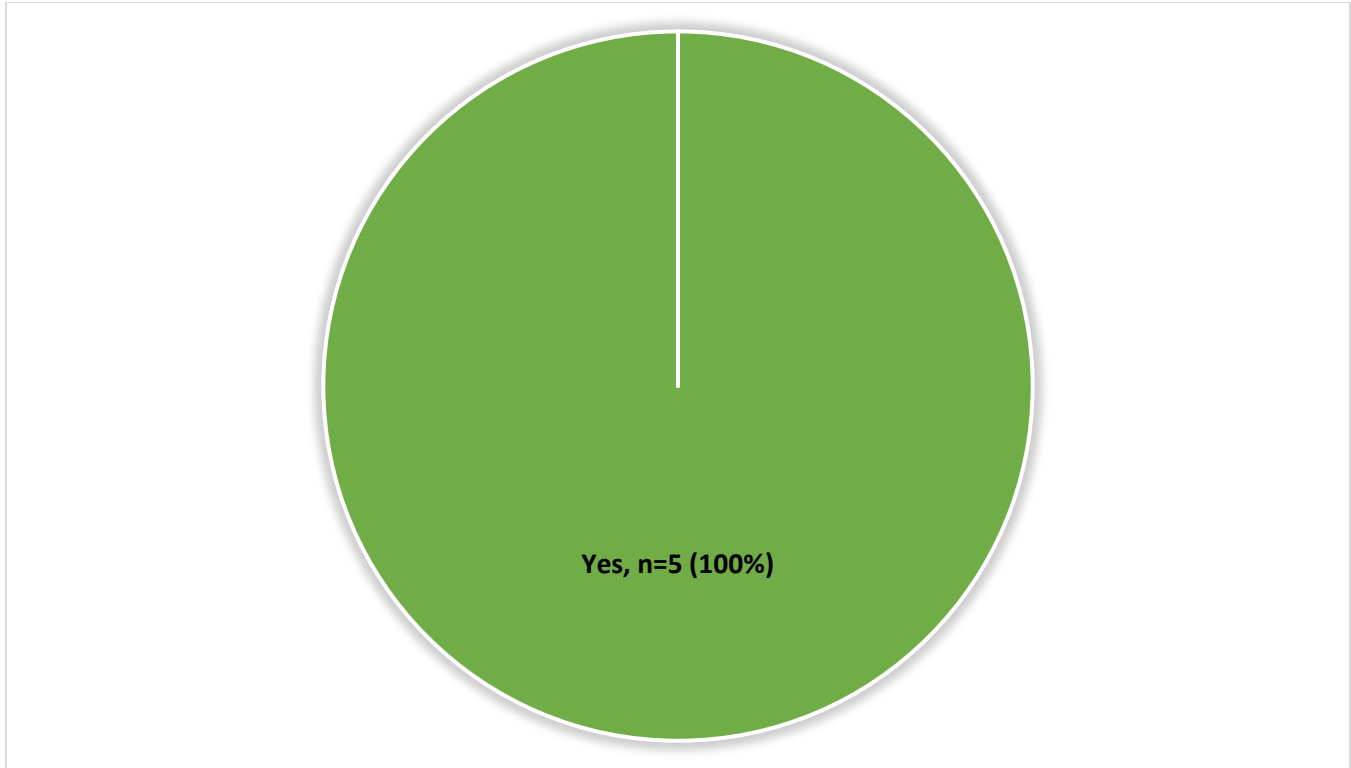


Table 8 - Receives Periodic Reports Providing Individual Pharmacy Provider DUR Alert Override Activity

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	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

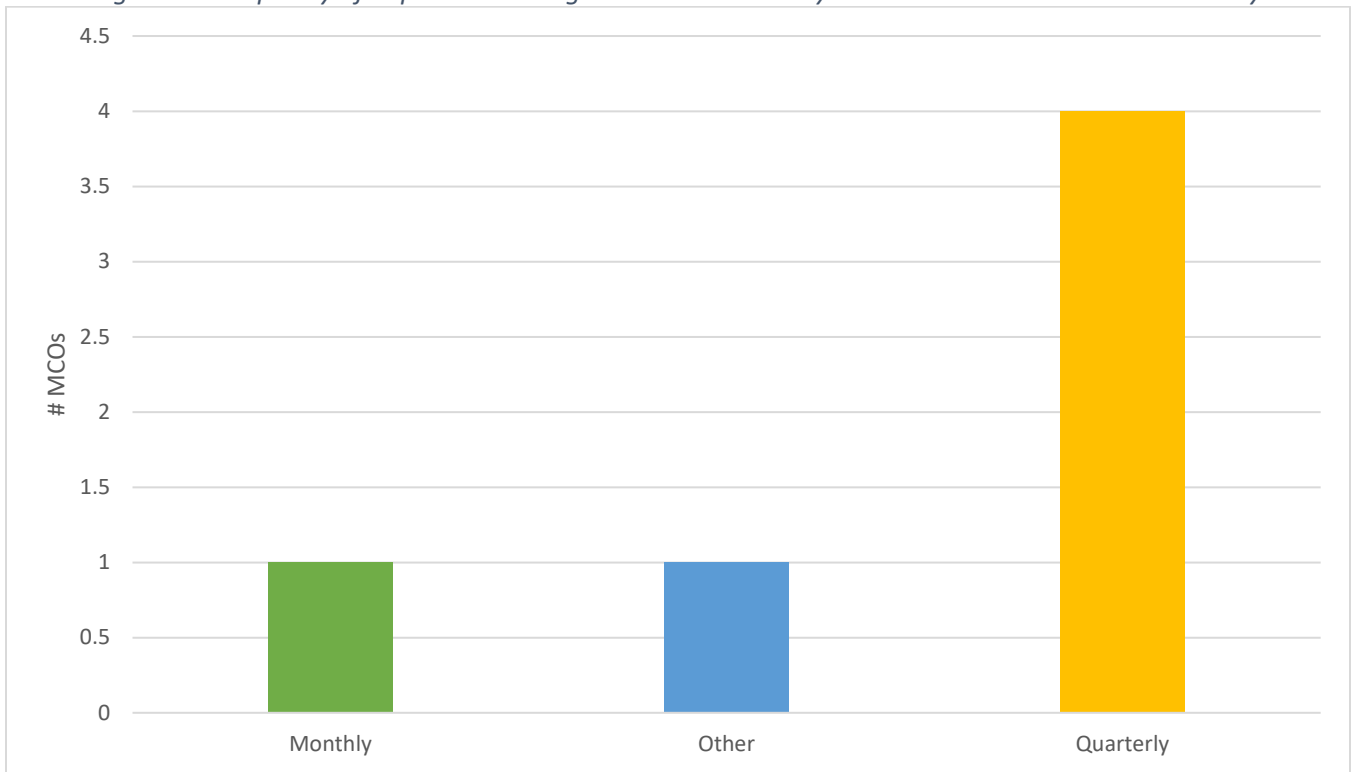


Table 9 - Frequency of Reports Providing Individual Pharmacy Provider DUR Alerts Override Activity

Response	MCO Names	Count	Percentage
Monthly	Anthem, Inc.	1	16.67%
Quarterly	CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	4	66.67%
Other	MDwise, Inc.	1	16.67%
State Totals		6	100%

If “Other,” please explain.

Table 10 - “Other” Explanation for Frequency of Reports Providing Individual Pharmacy Provider DUR Alerts Override Activity

MCO Name	Explanation
MDwise, Inc.	MCO has access to online reporting tool which allows ad hoc and scheduled access to a multitude of reporting tools.

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

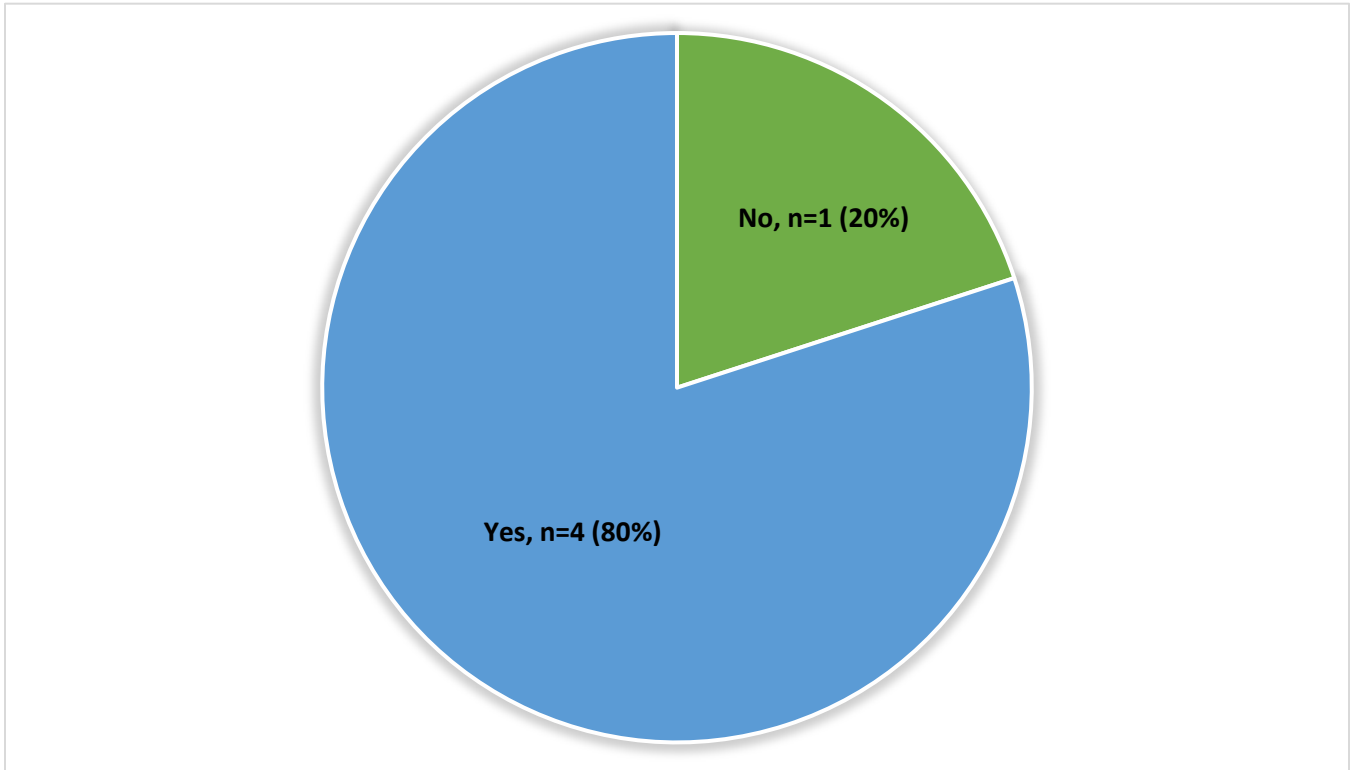


Table 11 - Follow up with Providers who Routinely Override with Interventions

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	4	80.00%
No	CareSource	1	20.00%
State Totals		5	100%

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

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

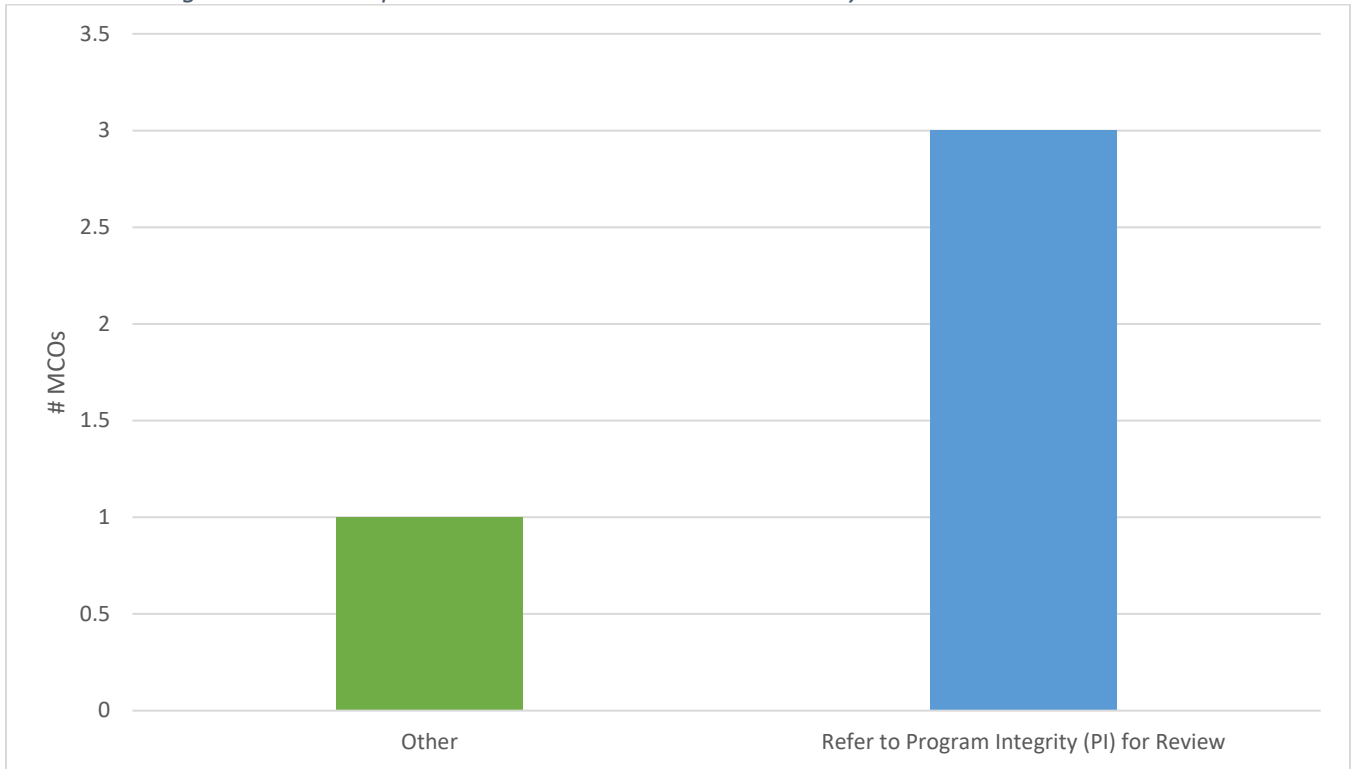


Table 12 - Follow-up Methods with Providers who Routinely Override with Interventions

Response	MCO Names	Count	Percentage
Refer to Program Integrity (PI) for Review	Anthem, Inc., Managed Health Services Indiana (MHS), MDwise, Inc.	3	75.00%
Other	UnitedHealthcare Community Plan, Inc.	1	25.00%
State Totals		4	100%

If “Other,” please explain.

Table 13 - “Other” Explanations for Follow-up Methods for Providers who Routinely Override with Interventions

MCO Name	Explanation
UnitedHealthcare Community Plan, Inc.	The DUR alert override data is routinely reviewed to identify outliers. The method of follow up is handled on a case by case basis depending on the situation. For instance, if a pharmacy chain is identified as having multiple pharmacies with high override rates, the chain will be referred to the Network Relations team to address. Other cases might require FWA referral or individual pharmacy outreach.

5. Early Refill

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

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

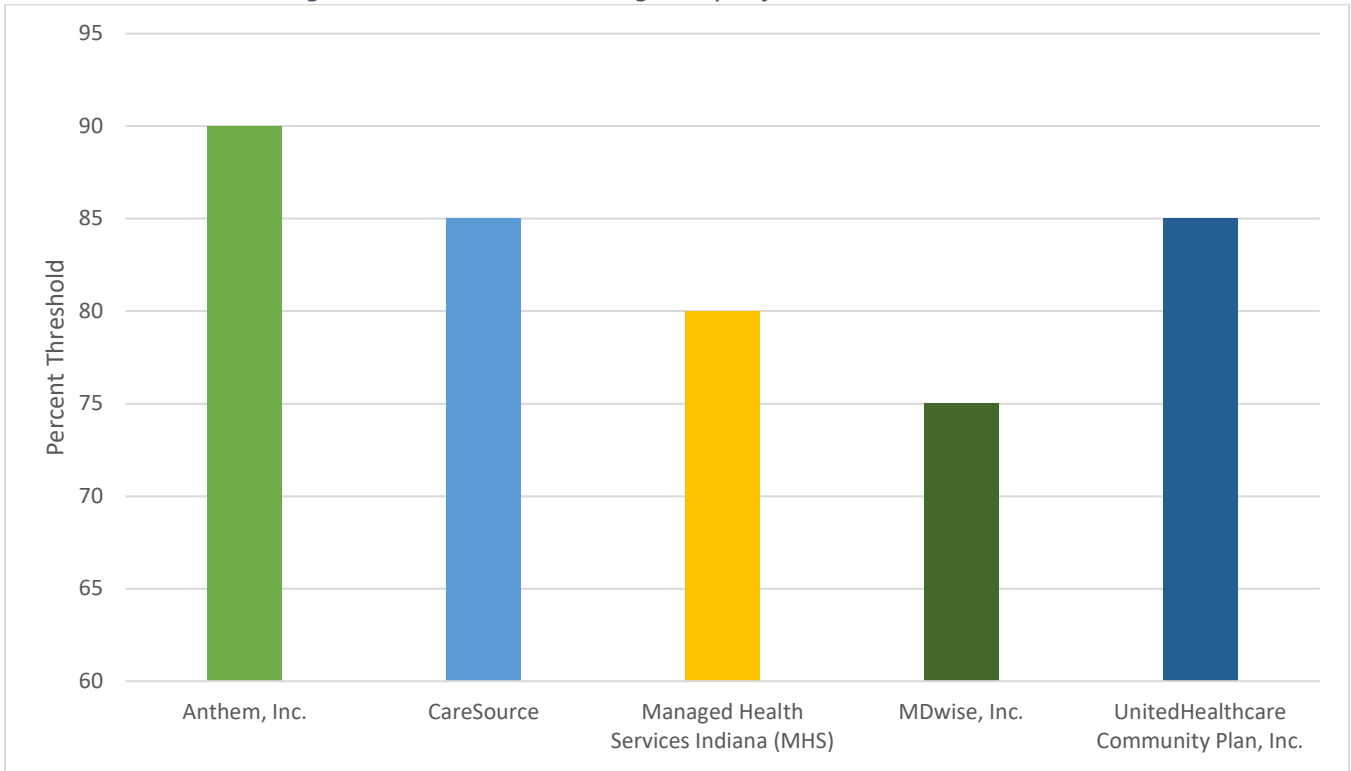
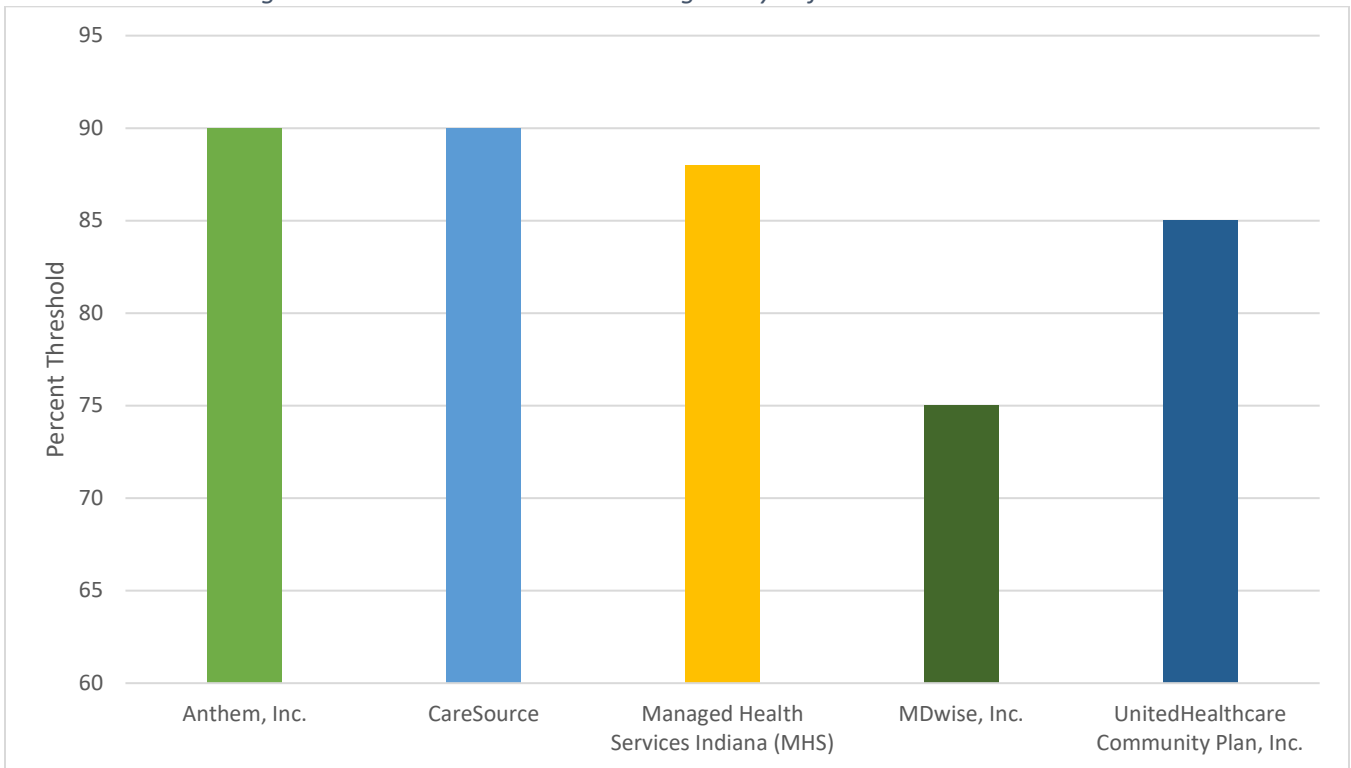


Figure 10 - Schedule II Controlled Drugs Early Refill Percent Edit Threshold



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

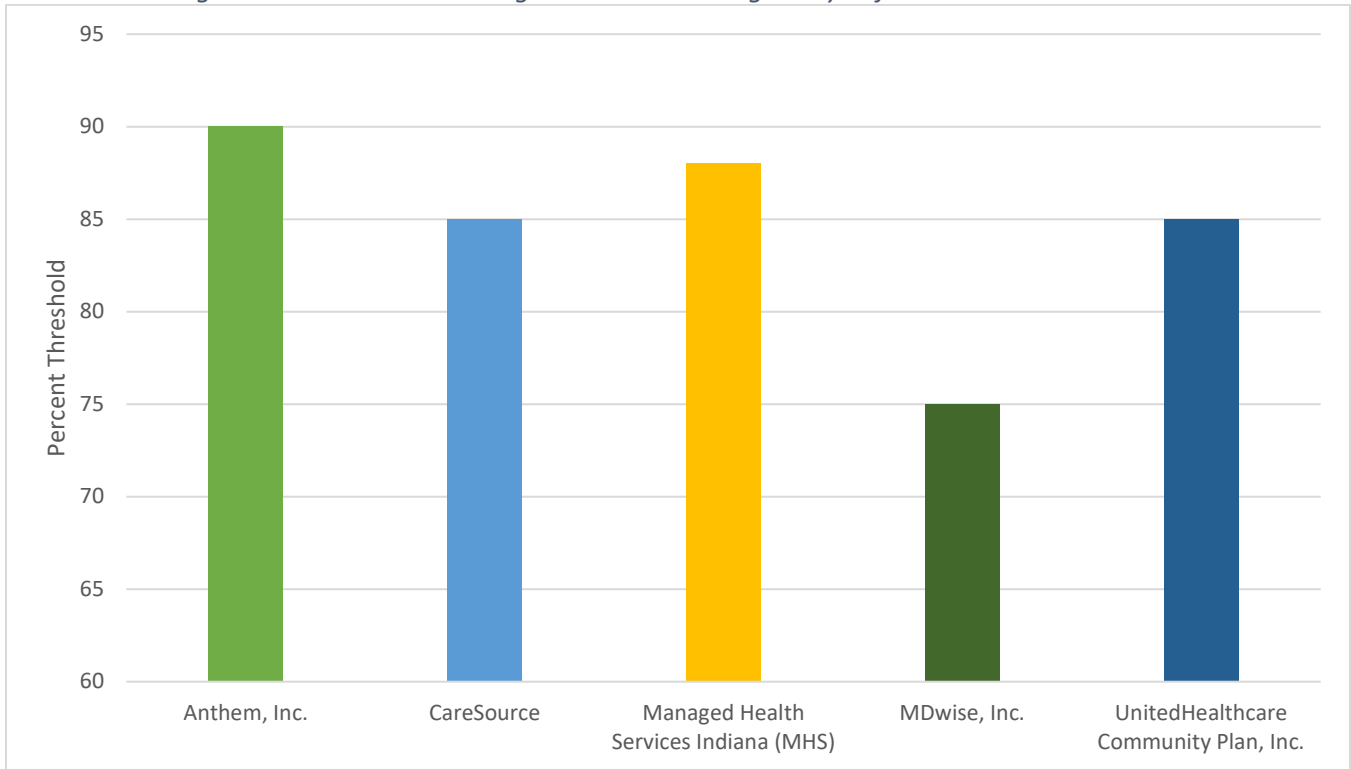
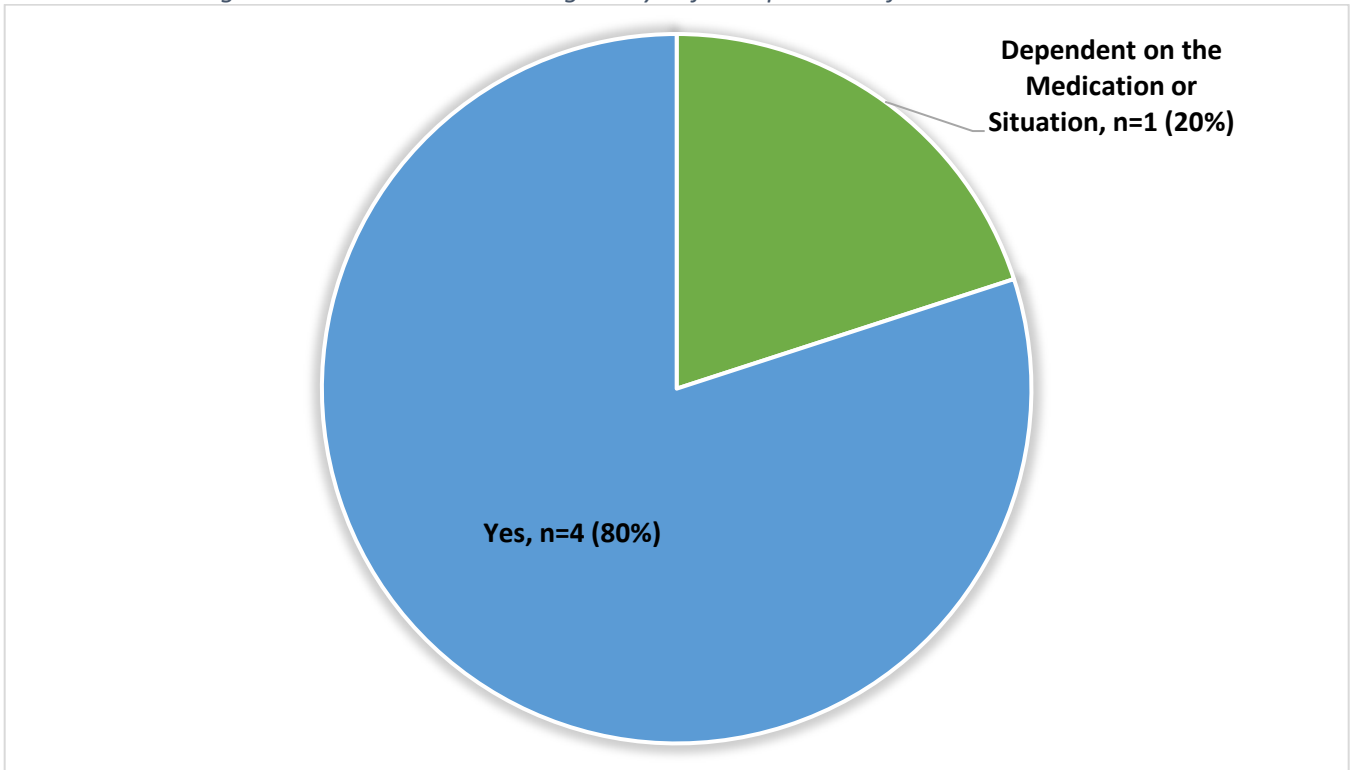


Table 14 - Early Refill Percent Threshold for Non-controlled and Controlled Drugs

MCO Name	Non-controlled Drugs	Schedule II Controlled Drugs	Schedule III through V Controlled Drugs
Anthem, Inc.	90.00%	90.00%	90.00%
CareSource	85.00%	90.00%	85.00%
Managed Health Services Indiana (MHS)	80.00%	88.00%	88.00%
MDwise, Inc.	75.00%	75.00%	75.00%
UnitedHealthcare Community Plan, Inc.	85.00%	85.00%	85.00%

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

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



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

Figure 13 - Non-Controlled Drugs Early Refill Authorization Sources

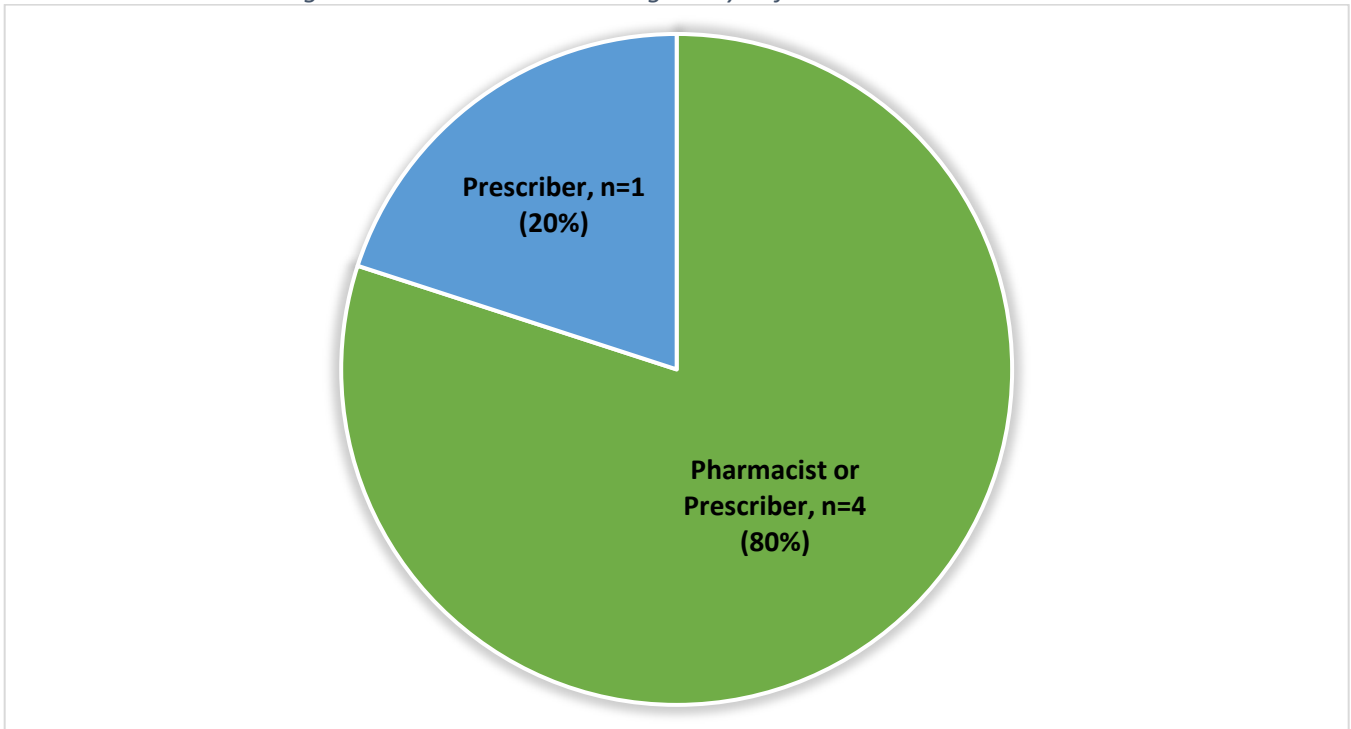
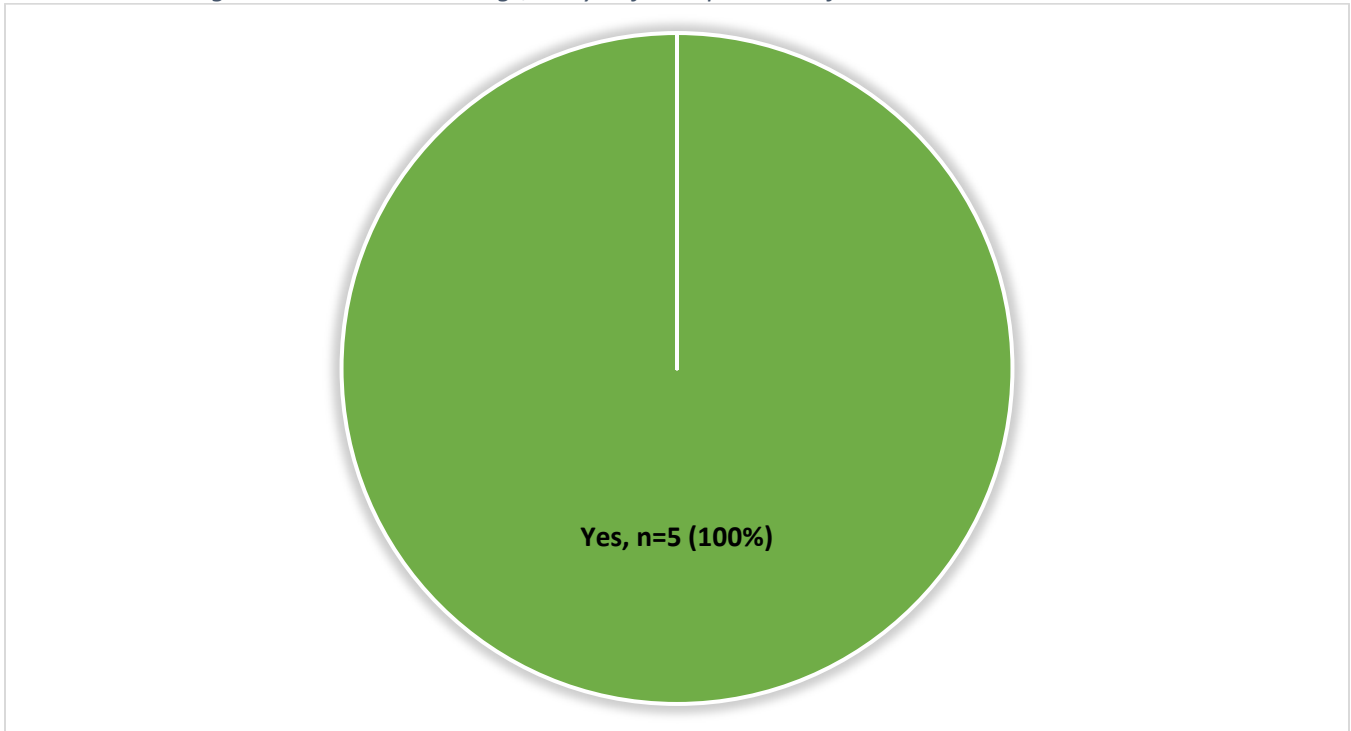


Table 15 - Non-Controlled Drugs Early Refill Requirement and Authorization Source for Prior Authorization

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?
Anthem, Inc.	Yes	Pharmacist or Prescriber	
CareSource	Yes	Pharmacist or Prescriber	
Managed Health Services Indiana (MHS)	Yes	Prescriber	
MDwise, Inc.	Dependent on the medication or situation	Pharmacist or Prescriber	
UnitedHealthcare Community Plan, Inc.	Yes	Pharmacist or Prescriber	

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

Figure 14 - Controlled Drugs, Early Refill Requirement for MCO Prior Authorization



If “Yes,” who obtains authorization?

Figure 15 - Controlled Drugs Early Refill Authorization Source

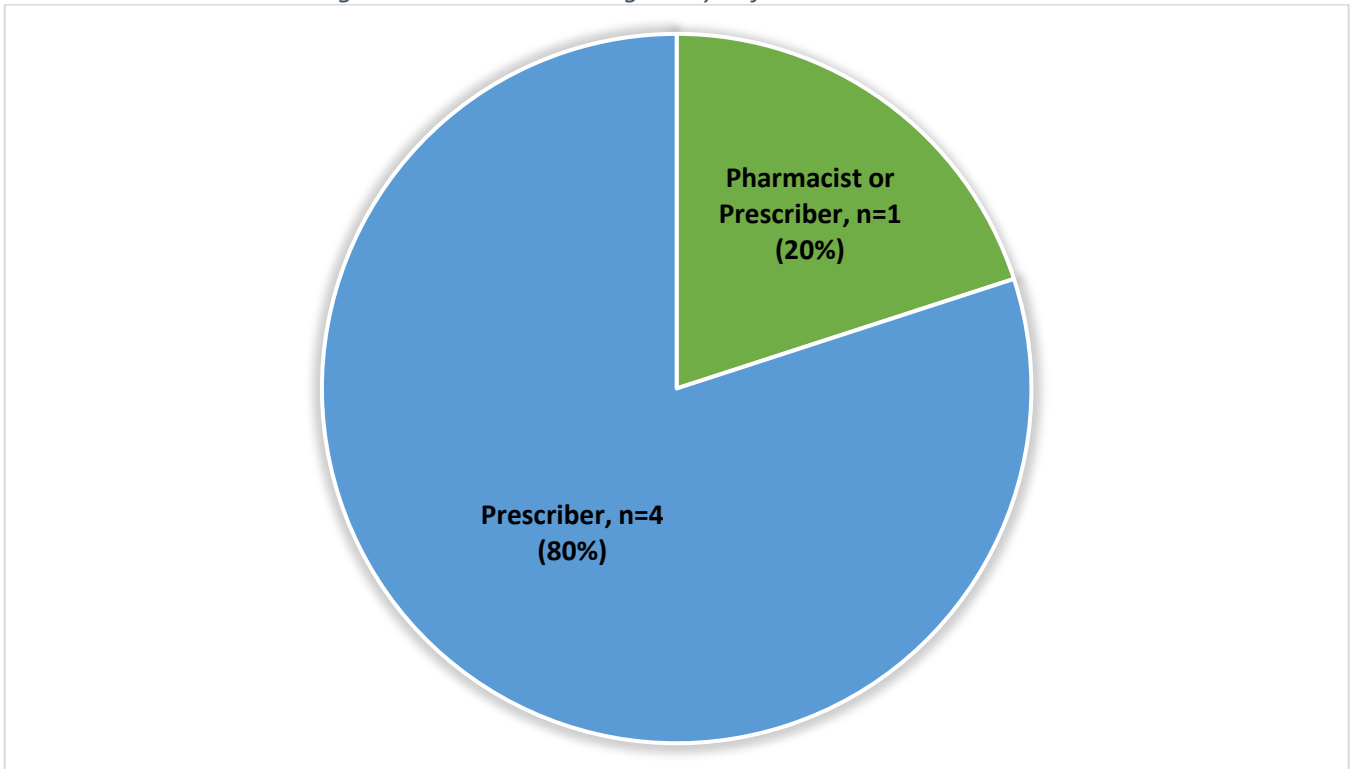


Table 16 - For Controlled Drugs, Early Refill Requirement and Authorization Source for Prior Authorization

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?
Anthem, Inc.	Yes	Prescriber	
CareSource	Yes	Prescriber	
Managed Health Services Indiana (MHS)	Yes	Prescriber	
MDwise, Inc.	Yes	Pharmacist or Prescriber	
UnitedHealthcare Community Plan, Inc.	Yes	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 16 - Policy Allows Pharmacist Overrides for an Early Refill

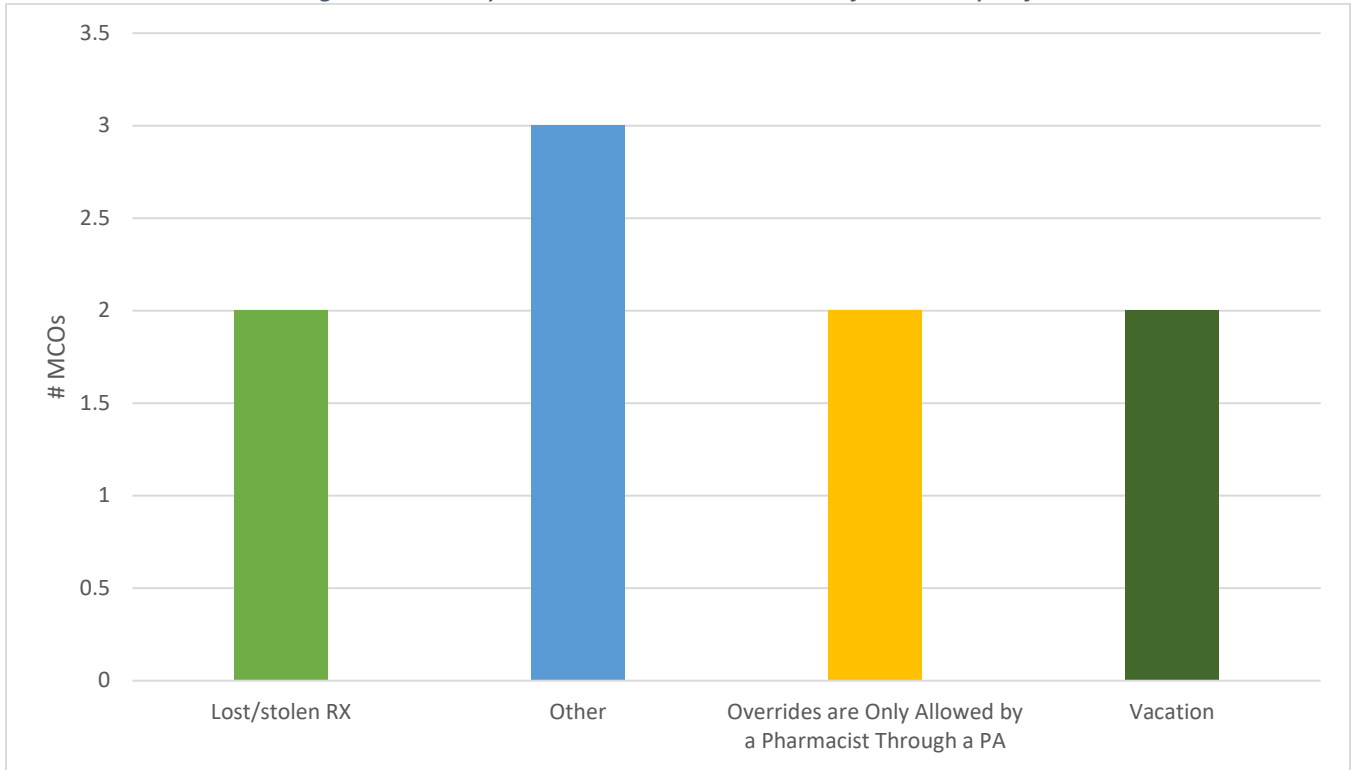


Table 17 - Policy Allows Pharmacist Overrides for an Early Refill

Response	MCO Names	Count	Percentage
Lost/stolen RX	CareSource, MDwise, Inc.	2	22.22%
Overrides are only allowed by a pharmacist through a PA	Anthem, Inc., UnitedHealthcare Community Plan, Inc.	2	22.22%
Vacation	CareSource, MDwise, Inc.	2	22.22%
Other	CareSource, Managed Health Services Indiana (MHS), MDwise, Inc.	3	33.33%
State Totals		9	100%

If “Other,” please explain.

Table 18 - “Other” Explanations for Allowing Pharmacist Overrides for an Early Refill

MCO Name	Explanation
CareSource	Therapy changes
Managed Health Services Indiana (MHS)	The plan or the PBM will create the overrides based on approved policies and procedures.
MDwise, Inc.	A pharmacist or prescriber may contact the PBM help desk to request an override for these types of situations. The PBM customer service center handles first line reviews and forwards any requests they are unable to resolve to the MCO.

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

Figure 17 - System Accumulation Edit for Prevention of Early Prescription Filling

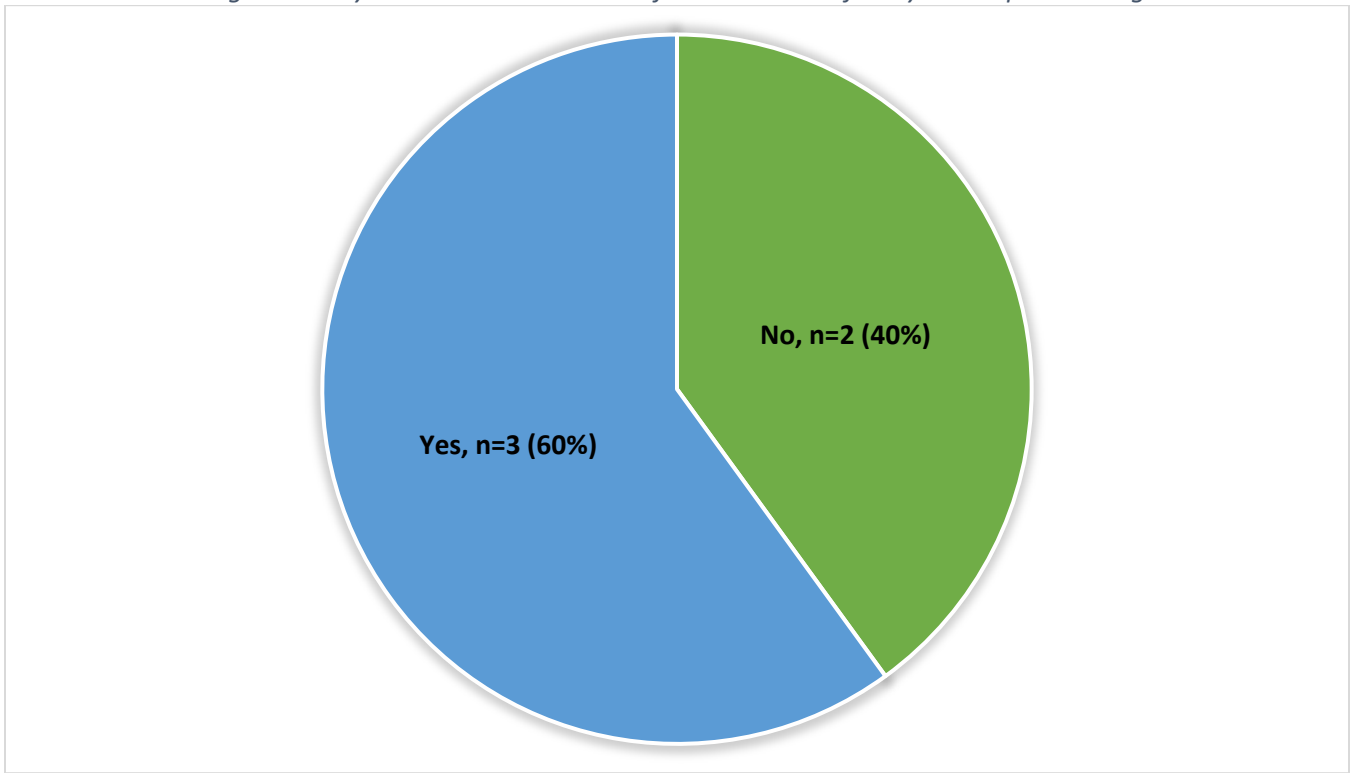


Table 19 - System Accumulation Edit for Prevention of Early Prescription Filling

Response	MCO Names	Count	Percentage
Yes	CareSource, Managed Health Services Indiana (MHS), MDwise, Inc.	3	60.00%
No	Anthem, Inc., UnitedHealthcare Community Plan, Inc.	2	40.00%
State Totals		5	100%

If "Yes," please explain your edit.

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

MCO Name	Explanation
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.
Managed Health Services Indiana (MHS)	After paid days covered reaches 80%, the prescription can be refilled.
MDwise, Inc.	For opiates, the MCO uses a cumulative opiate dosing rule deployed by our PBM. It calculates a refill date based on the combined utilization and days supply issued in aggregate rather than just the most recent date of fill.

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

Figure 18 - Plans to Implement a System Accumulation Edit

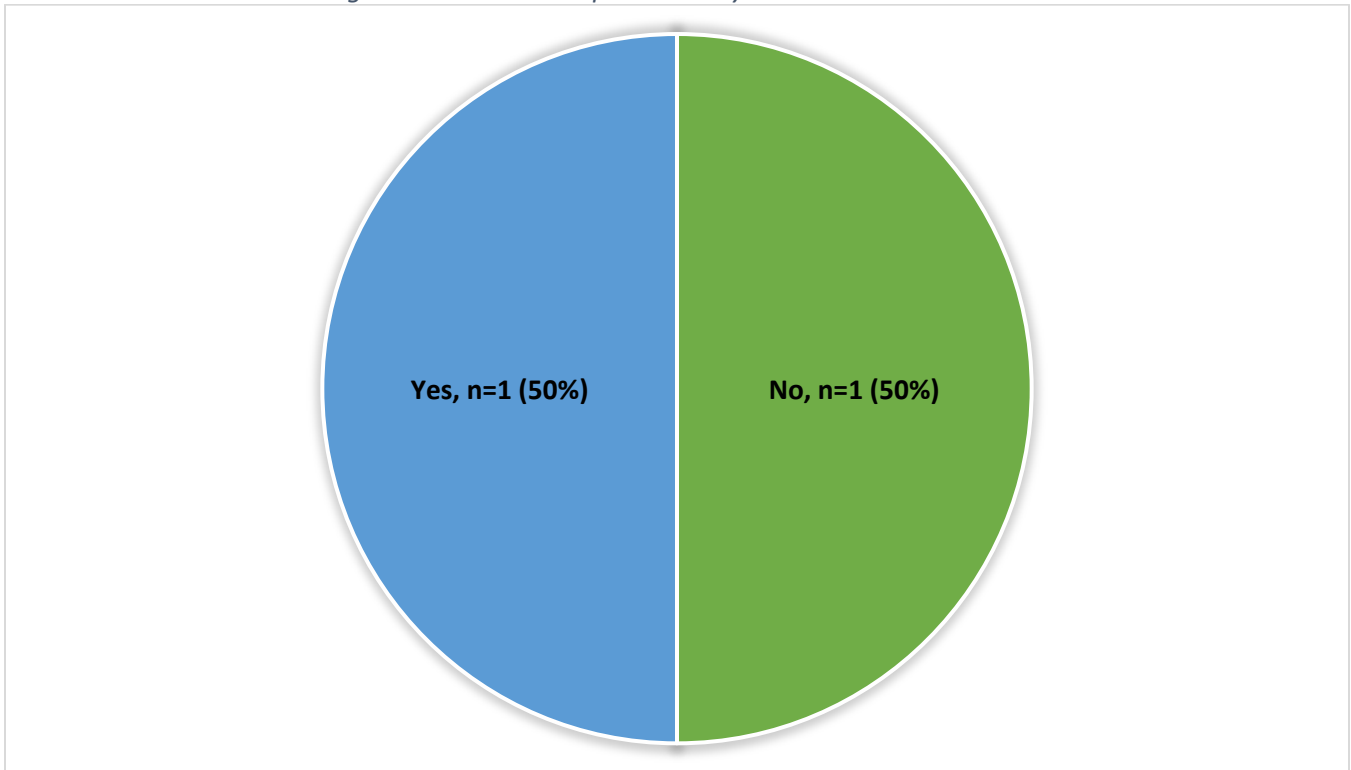


Table 21 - Plans to Implement a System Accumulation Edit

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc.	1	50.00%
No	UnitedHealthcare Community Plan, Inc.	1	50.00%
State Totals		2	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 19 - MCO Policy Prohibiting Auto-Refill at the POS

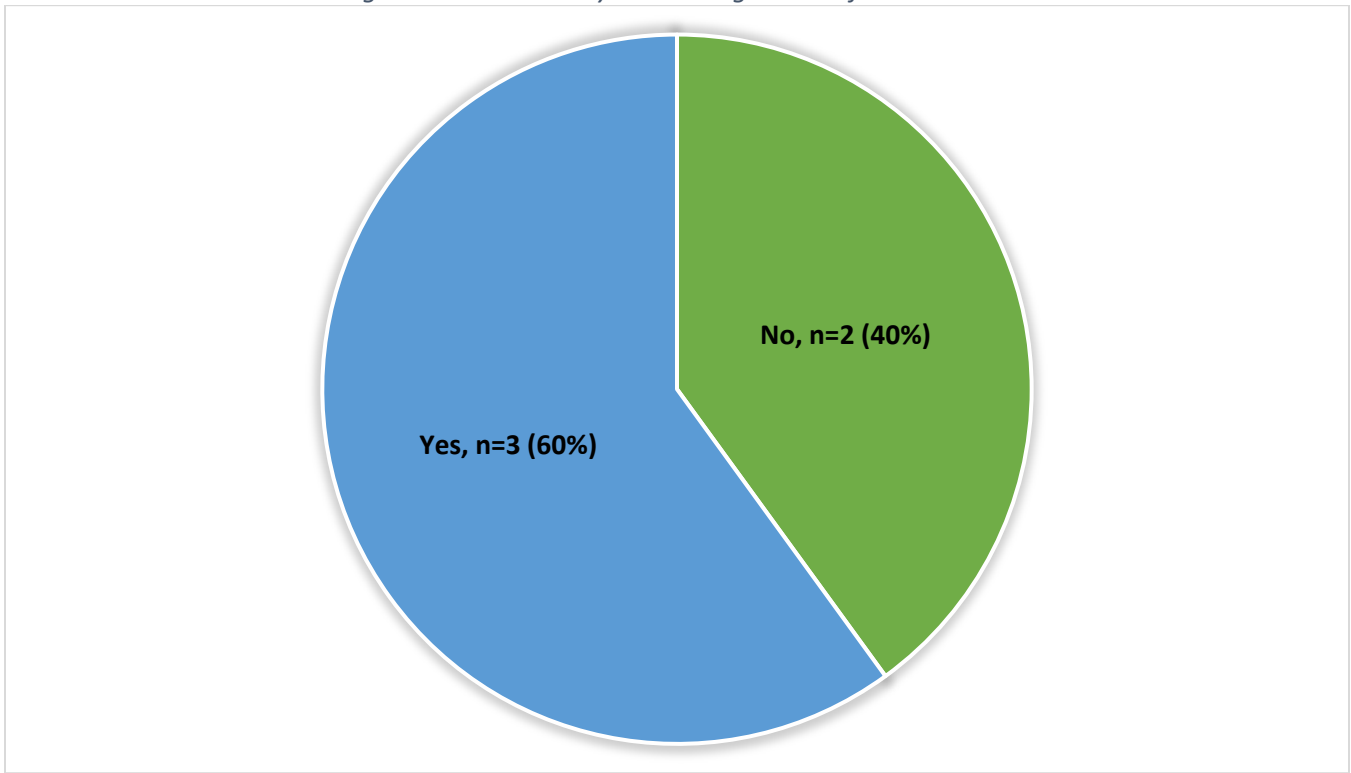


Table 22 - MCO Policy Prohibiting Auto-Refill at the POS

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., MDwise, Inc., UnitedHealthcare Community Plan, Inc.	3	60.00%
No	CareSource, Managed Health Services Indiana (MHS)	2	40.00%
State Totals		5	100%

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

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

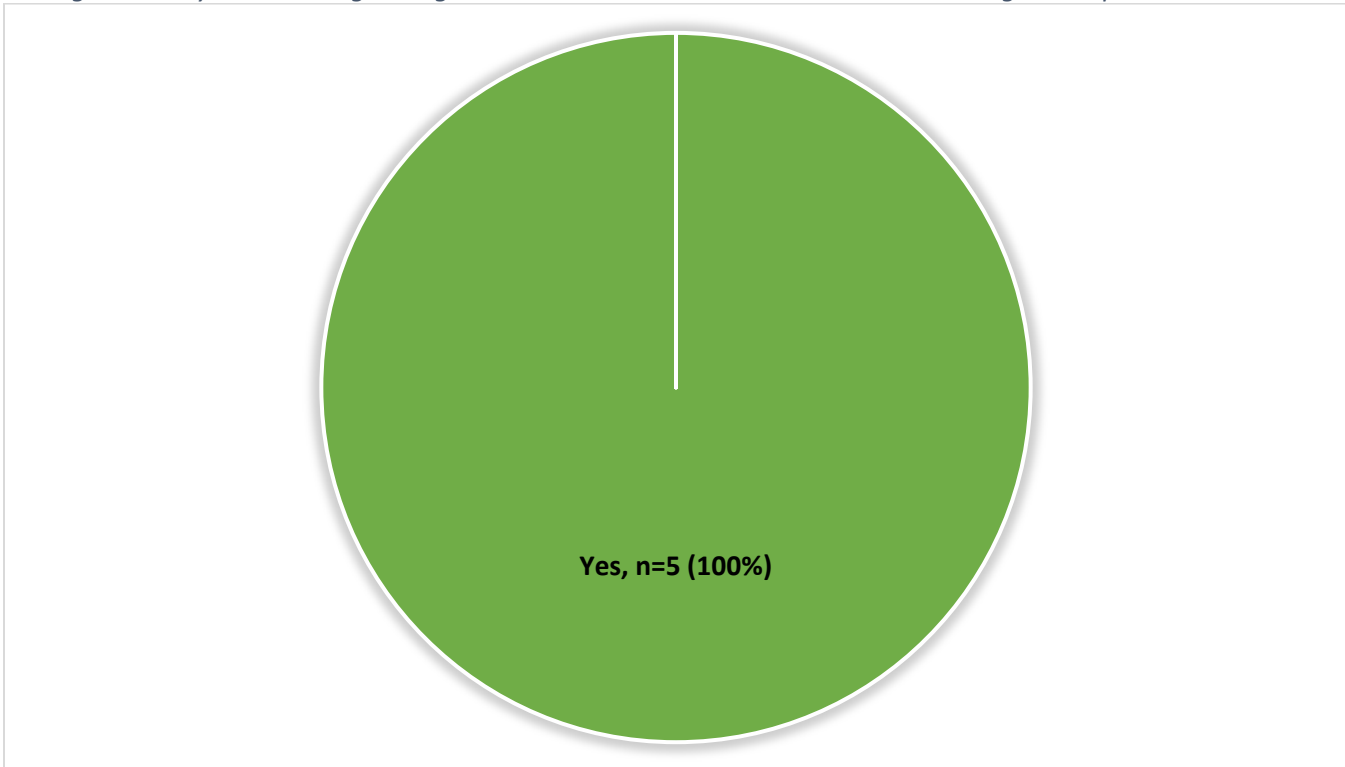


Table 23 - System Having a Diagnosis Edit That Can be Utilized When Processing Prescription

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

If "Yes," please explain.

Table 24 - Explanations for System Having a Diagnosis Edit That Can be Utilized When Processing Prescription

MCO Name	Explanation
Anthem, Inc.	Automatic PA based on diagnosis code.
CareSource	CareSource sends medical diagnosis information to our PBM. Our PBM also ingests diagnosis codes when the prescription is submitted at retail.
Managed Health Services Indiana (MHS)	If a diagnosis code enters into the PBM, this will allow some medications to process with no prior authorization from the provider. i.e: cancer diagnosis in the PBM system allows a dispensation of a longer days supply for that member.
MDwise, Inc.	MCO sends medical diagnosis information to our PBM, which is utilized in the prescription claims processing system to eliminate Prior Authorization requirements. i.e. If a patient has a multiple sclerosis diagnosis on a medical claim, preferred medications can bypass the need for prior authorization since the medical claim confirms an appropriate diagnosis.
UnitedHealthcare Community Plan, Inc.	On eligible drugs, system checks will review data to determine whether an automated approval can be granted at the point of sale. This can be done with diagnosis codes, claims history, or other information needed to assist in review.

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

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

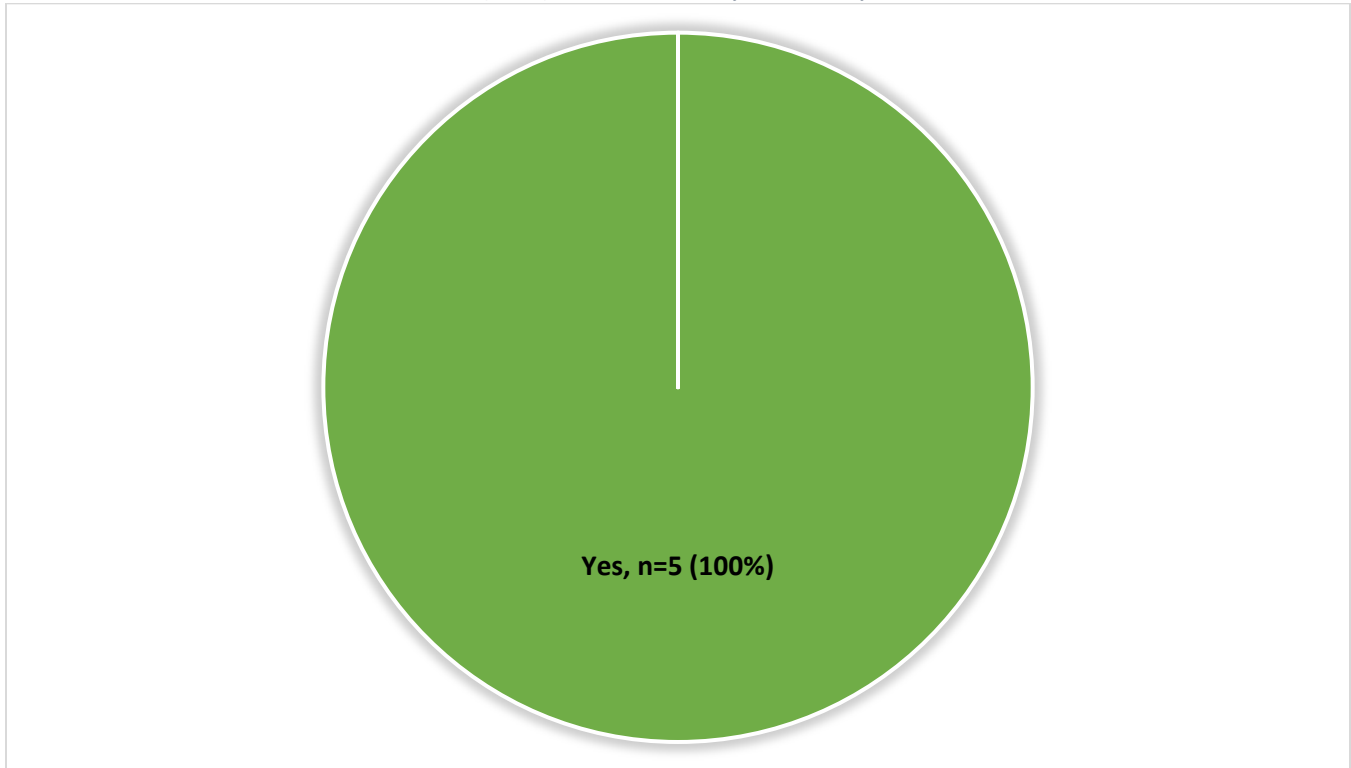


Table 25 - Documented Process for Beneficiaries or their Prescribers to Access Any Covered Outpatient Drug (COD) when Medically Necessary

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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If “Yes,” please check all that apply.

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

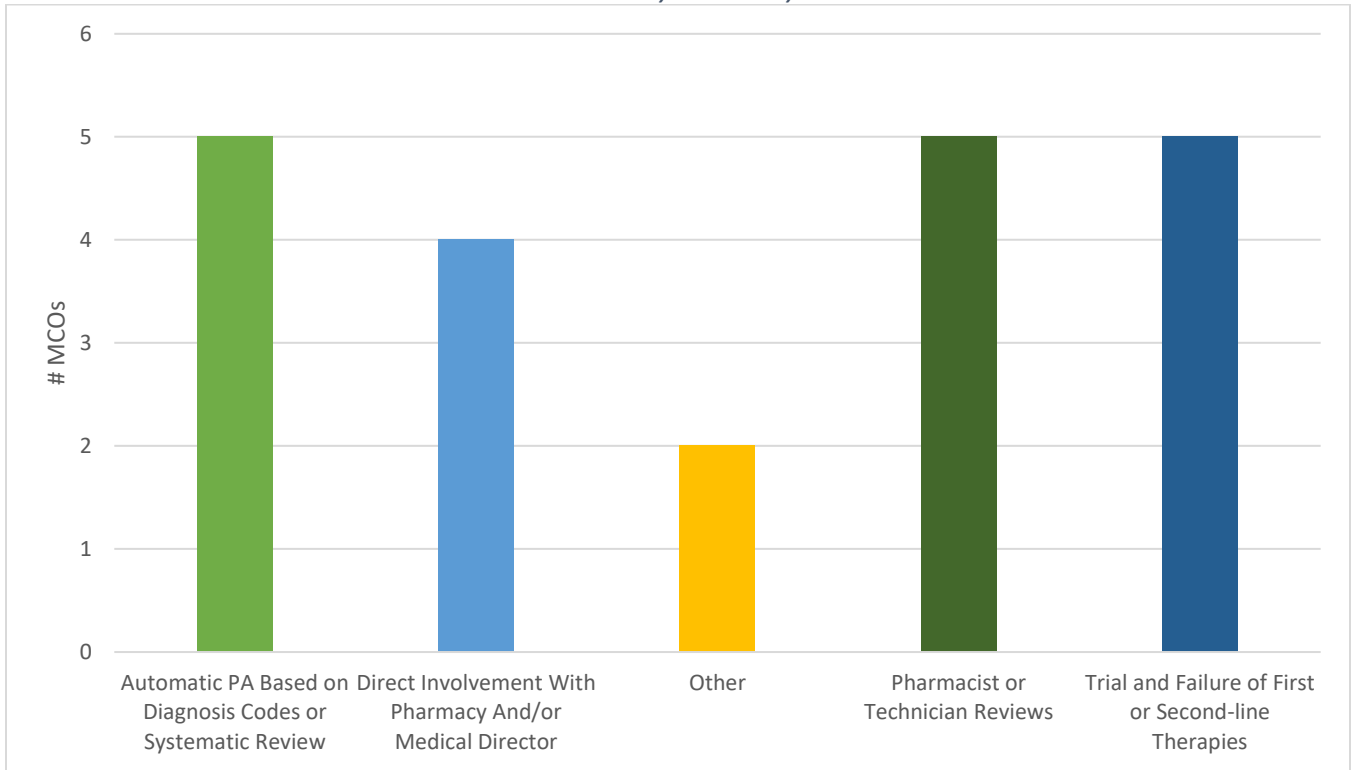


Table 26 - Documented Process in Place for Beneficiaries to Access Any Covered Outpatient Drug (COD) When Medically Necessary

Response	MCO Names	Count	Percentage
Automatic PA based on diagnosis codes or systematic review	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	23.81%
Direct involvement with Pharmacy and/or Medical Director	Anthem, Inc., CareSource, MDwise, Inc., UnitedHealthcare Community Plan, Inc.	4	19.05%
Pharmacist or technician reviews	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	23.81%
Trial and failure of first or second-line therapies	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	23.81%
Other	MDwise, Inc., UnitedHealthcare Community Plan, Inc.	2	9.52%
State Totals		21	100%

If “Other,” please explain.

Table 27 - Explanations for “Other” Processes in Place for Beneficiaries to Access Any Covered Outpatient Drug When Medically Necessary

MCO Name	Explanation
MDwise, Inc.	The MCO also delegates prior authorization to our Pharmacy Benefit Manager (PBM). The PBM uses a documented process for prior authorizations and benefit formulary

MCO Name	Explanation
	exceptions. These processes are supported by formulary exception PA guidelines that are reviewed and approved by the MCO Pharmacy and Therapeutics committee, with MCO Pharmacist oversight.
UnitedHealthcare Community Plan, Inc.	Authorization for non-preferred medications are reviewed and approvable when shown to be medically necessary. Medical necessity is established when the drugs offered on the preferred drug list are not appropriate to treat the member due to contraindications or intolerances. A formal prior authorization process is in place that validates the members diagnosis to identify appropriate use, and asks for rationale why the preferred drugs are not appropriate.

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

Table 28 - How MCO Ensures PA Criteria is No More Restrictive than FFS Criteria and Review

MCO Name	Description
Anthem, Inc.	MCEs and FFS collaborated to align criteria through a workgroup. Following this workgroup, all new or revised criteria must meet state guidelines for submission to OMPP for review and subsequent submission to IN DUR Board for approval prior to implementation.
CareSource	CareSource currently works directly with the FSSA Office of Medicaid Policy and Planning, in collaboration with the other MCOs, to ensure alignment with this rule.
Managed Health Services Indiana (MHS)	Fee for Service (FFS) and MCE's are currently working together on reviewing PA criteria such that MCE PA criteria is not more restrictive then FFS criteria. There were 3 groups of medications that MHS Indiana was to allow with no prior authorization or align with the FFS prior authorization criteria. After those groups were complete at the end of 2021, only positive or expanding coverage of prior authorizations criteria would be made. All changes to prior authorization criteria were given to OMPP for review and presented to the Indiana Medicaid Drug Utilization Review Board. Only agreed upon prior authorization criteria changes were implemented.
MDwise, Inc.	The MCO and FFS pharmacy staff collaborate to review PA criteria such that MCO PA criteria is no more restrictive than FFS criteria. All MCO PA criteria are required to be reviewed by FFS pharmacy staff as well as the State DUR Board prior to implementation to ensure appropriateness.
UnitedHealthcare Community Plan, Inc.	MCO's align and operationalize in accordance with all state-mandated PA criteria. Any PA criteria for drugs that don't follow state-mandated criteria, is reviewed by Office of Medicaid Policy and Planning (OMPP) for approval and presented to the Drug Utilization Review (DUR) Board. This process ensures that MCO's are no more restrictive than FFS criteria. MCO's align with all FFS PA review procedures, including TAT and provision of emergency supply of eligible medications for members.

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

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

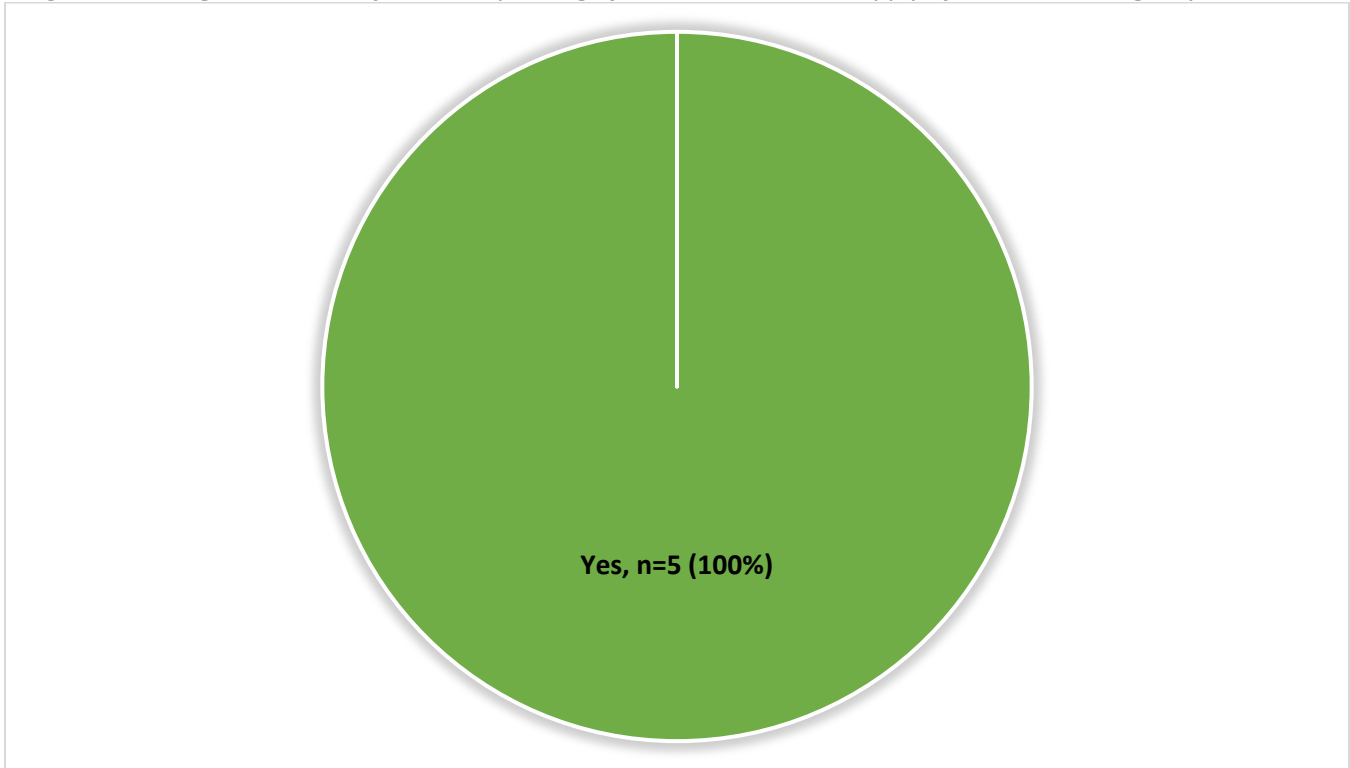


Table 29 - Program Provides for the Dispensing of at least a 72-hour Supply of a COD in Emergency Situations

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

If “Yes,” please check all that apply.

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



Table 30 - 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	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	55.56%
Other process	Anthem, Inc., CareSource, MDwise, Inc., UnitedHealthcare Community Plan, Inc.	4	44.44%
State Totals		9	100%

If “Other process,” please explain.

Table 31 - Explanations of “Other Process” for the Dispensing of at least a 72-Hour Supply of CODs in Emergency Situations

MCO Name	Explanation
Anthem, Inc.	For a 3-day supply, a one-time override is allowed using PAMC 22223333444.
CareSource	A pharmacy may also call the pharmacy help desk for assistance if needed.
MDwise, Inc.	Per Indiana OMPP/FSSA guidance, a participating pharmacy may submit an electronic claim for a 72-hour emergency supply of a covered medication by correctly indicating the claim to be an emergency fill using the appropriate NCPDP field. Pharmacies may submit for a 72-hour supply or the smallest package size available for items which are pre-packaged (i.e. insulin; ophthalmic drops; otic preparations).
UnitedHealthcare Community Plan, Inc.	United Healthcare Community Plan allows for a 72-hour emergency supply of medication be dispensed at the discretion of the point of sale pharmacist by entering the appropriate dynamic PA code. This will bypass any prior authorization requirements for the member for the emergency supply.

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

Table 32 - 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
Hydrocodone - Acetaminophen	Opioids	Prior Authorization Required	Adalimumab	Buprenorphine/naloxone
Clonazepam	Analgesics, Narcotic Agents	Plan Limitations Exceeded	Cariprazine	Gabapentin
Alprazolam	Proton Pump Inhibitors	Refill Too Soon	Lurasidone	Atorvastatin
Oxycodone - Acetaminophen	Calcitonin Gene-related Peptide (cgrp) Receptor Antagonist	Dur Reject Error	Lisdexamfetamine	Albuterol
Omeprazole	Antimigraine Agents	Days-supply Exceeds Plan Limitation	Semaglutide	Amoxicillin
Dextroamphetamine/amphetamine	Diabetic Supplies		Ustekinumab	Sertraline
Pantoprazole	Anticonvulsant Agents		Dulaglutide	Hydrocodone - Acetaminophen
Tramadol	Benzodiazepines		Bictegrav/emtricit/tenofov Ala	Albuterol Sulfate Hfa
Cetirizine	Allergy Medications		Insulin Glargine	Lisinopril
Lisdexamfetamine	Sympathomimetics		Bictegravir/emtricitabine/tenofovir	Omeprazole

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

Section III - Retrospective DUR (RetroDUR)

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

Figure 25 - Operation and Oversight of RetroDUR Reviews

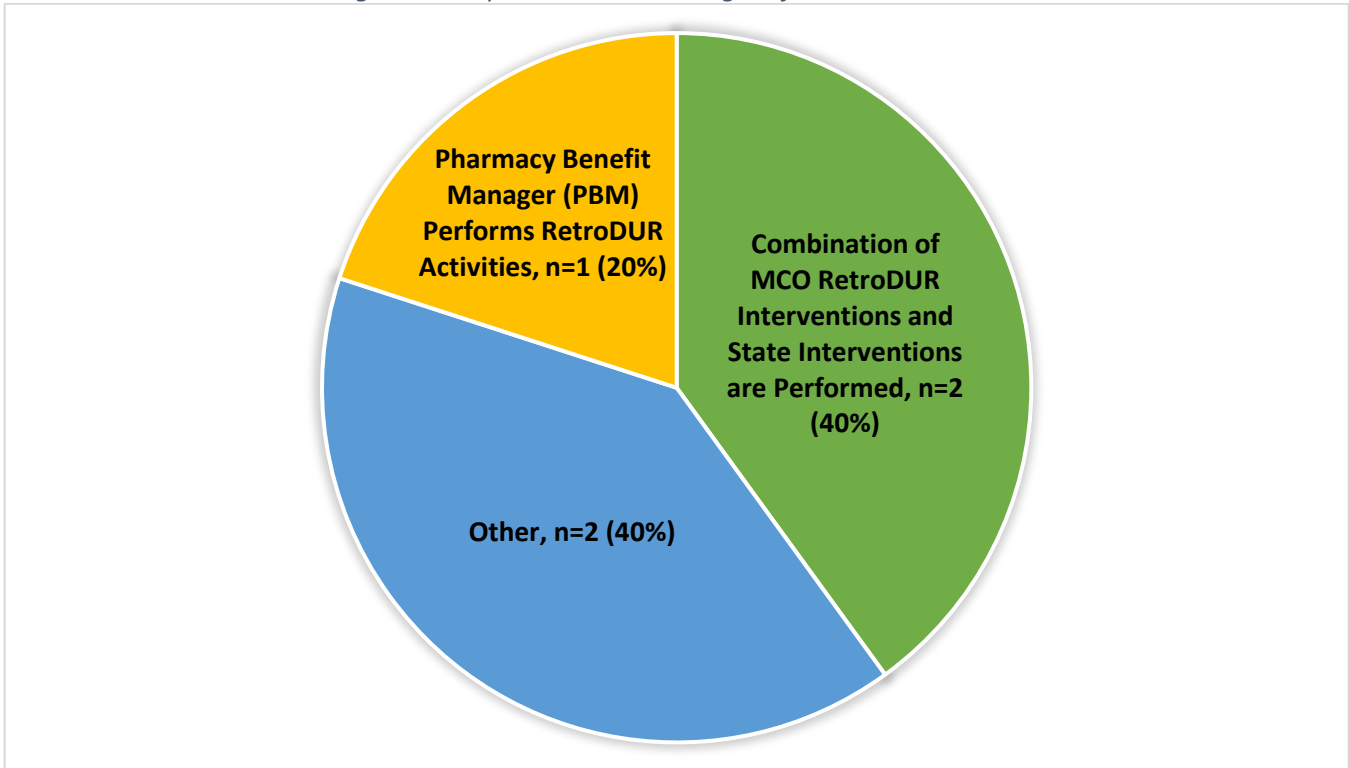


Table 33 - Operation and Oversight of RetroDUR Reviews

Response	MCO Names	Count	Percentage
Combination of MCO RetroDUR interventions and State interventions are performed	Managed Health Services Indiana (MHS), UnitedHealthcare Community Plan, Inc.	2	40.00%
Pharmacy Benefit Manager (PBM) performs RetroDUR activities	Anthem, Inc.	1	20.00%
Other	CareSource, MDwise, Inc.	2	40.00%
State Totals		5	100%

If "Other," please explain.

Table 34 - "Other" Explanations for Operation and Oversight of RetroDUR Reviews

MCO Name	Explanation
CareSource	Combination of PBM and MCO.
MDwise, Inc.	The PBM performs RetroDUR activities and provides recommendations. The MCO Pharmacy & Therapeutics committee (P&T) reviews and approves any recommendations which are then approved. The MCO also supports State RetroDur initiatives with member, prescriber and pharmacy educational programs when appropriate and not duplicative.

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

Figure 26 - Type of Vendor that Performed RetroDUR Activities

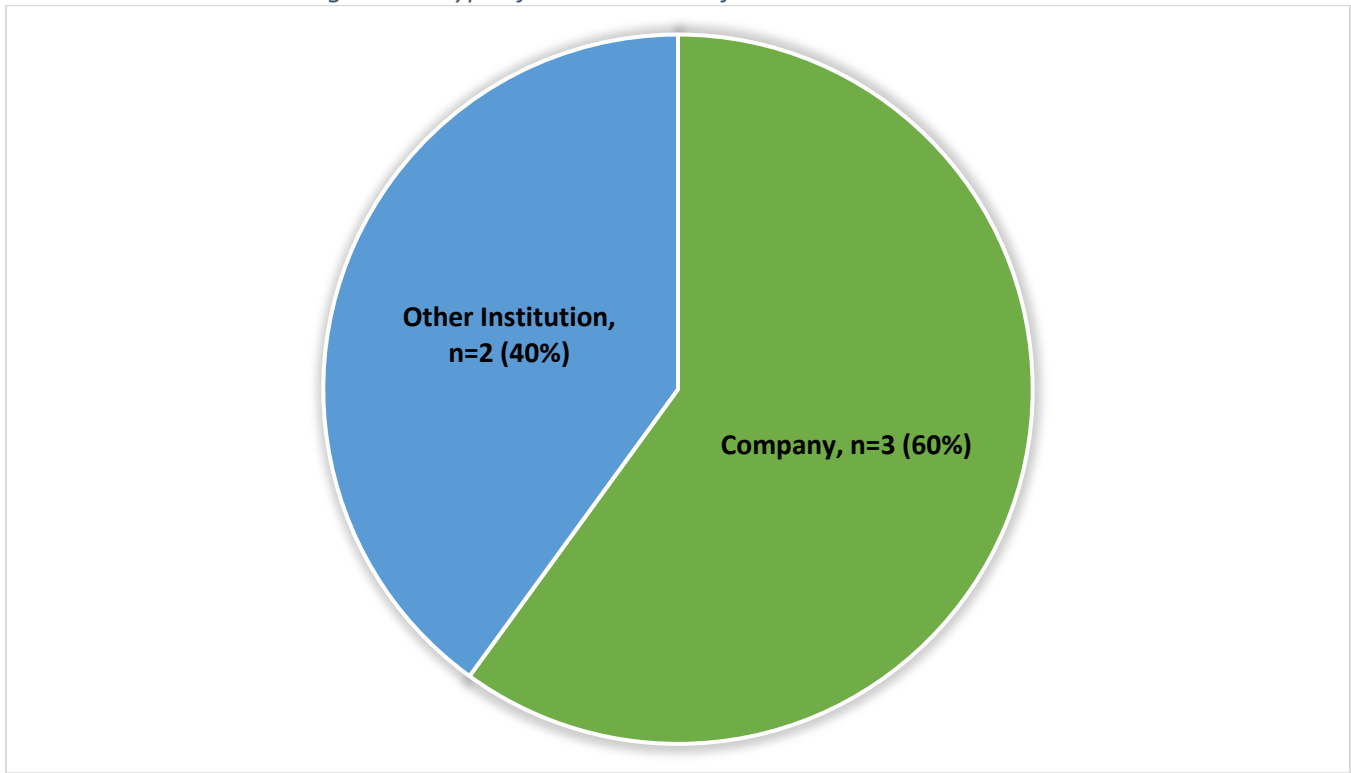


Table 35 - Type of Vendor that Performed RetroDUR Activities

Response	MCO Names	Count	Percentage
Company	CareSource, MDwise, Inc., UnitedHealthcare Community Plan, Inc.	3	60.00%
Other Institution	Anthem, Inc., Managed Health Services Indiana (MHS)	2	40.00%
State Totals		5	100%

Table 36 - Vendor Names

Response	MCO Names	Count	Percentage
Centene Pharmacy Services	Managed Health Services Indiana (MHS)	1	20.00%
ExpressScripts, Inc	CareSource	1	20.00%
MCO, PBM, IngenioRx	Anthem, Inc.	1	20.00%
MedImpact Health (PBM) & MDwise (MCO) collaboratively	MDwise, Inc.	1	20.00%
OptumRx	UnitedHealthcare Community Plan, Inc.	1	20.00%
State Totals		5	100%

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

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

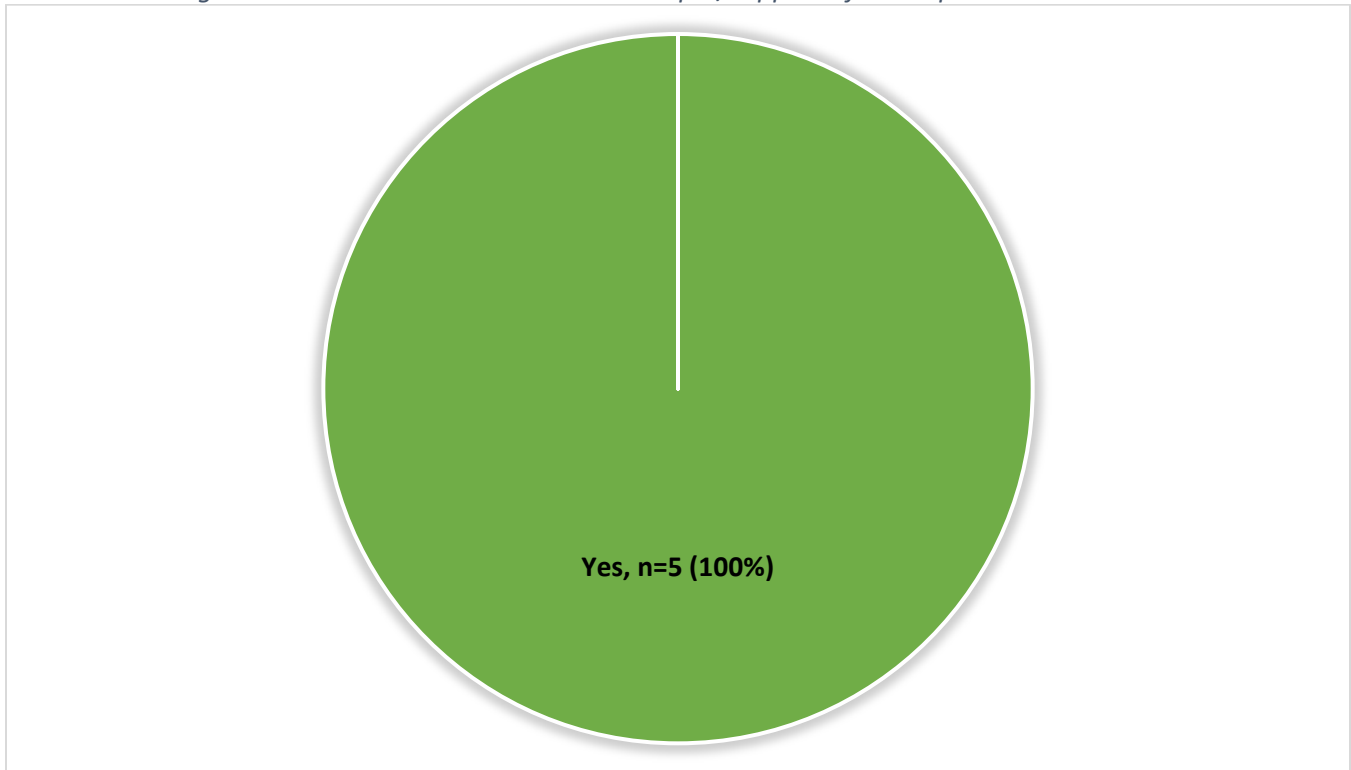


Table 37 - RetroDUR Vendor is the Developer/Supplier of Retrospective DUR Criteria

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

If "Yes," please explain.

Table 38 - "Yes" Explanations for RetroDUR Vendor Developer/Supplier of Retrospective DUR Criteria

MCO Name	Explanation
Anthem, Inc.	IngenioRx develops retroDUR programs and criteria specifically geared toward Medicaid populations. Each program available is presented to the health plan, which 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.
Managed Health Services Indiana (MHS)	CVS processes our pharmacy claims and provides Centene Pharmacy Services data on our claims such as Therapeutic Duplication.
MDwise, Inc.	The PBM and MCO work together to develop and implement RetroDUR interventions.
UnitedHealthcare Community Plan, Inc.	OptumRx performs RDUR activities with oversight from UnitedHealthcare Community Plan. RDUR criteria is developed and maintained through OptumRx, the criteria utilized

MCO Name	Explanation
	for their programs are created and approved through their own quality committee. In addition, the FFS agency provides state required RDUR criteria/letters UnitedHealthcare Community Plan executes on to fulfill contractual requirements.

b. Does your MCO customize your RetroDUR vendor criteria?

Figure 28 - MCO Customizes RetroDUR Vendor Criteria

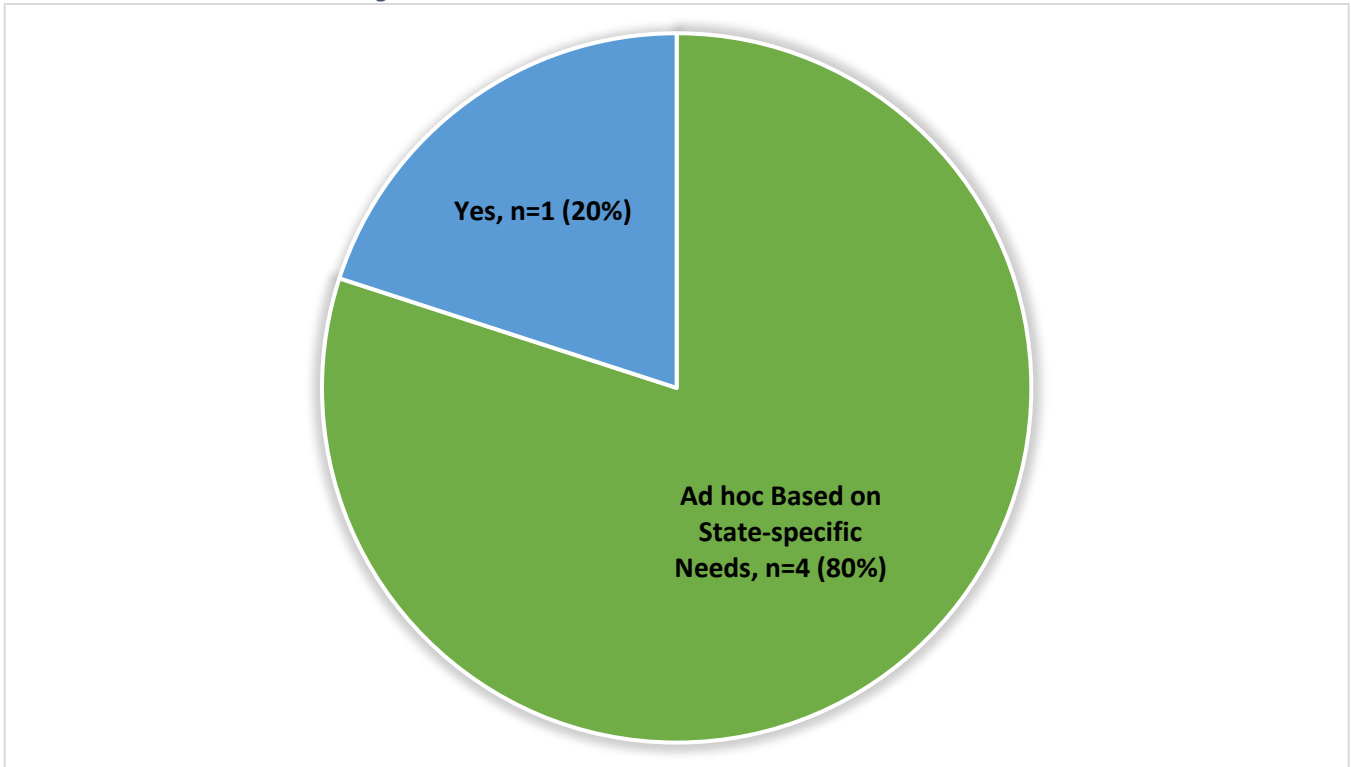


Table 39 - MCO Customizes RetroDUR Vendor Criteria

Response	MCO Names	Count	Percentage
Yes	CareSource	1	20.00%
Ad hoc based on State-specific needs	Anthem, Inc., Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	4	80.00%
State Totals		5	100%

3. Who reviews and approves your MCO RetroDUR criteria?

Figure 29 - RetroDUR Criteria Approval/Review Sources

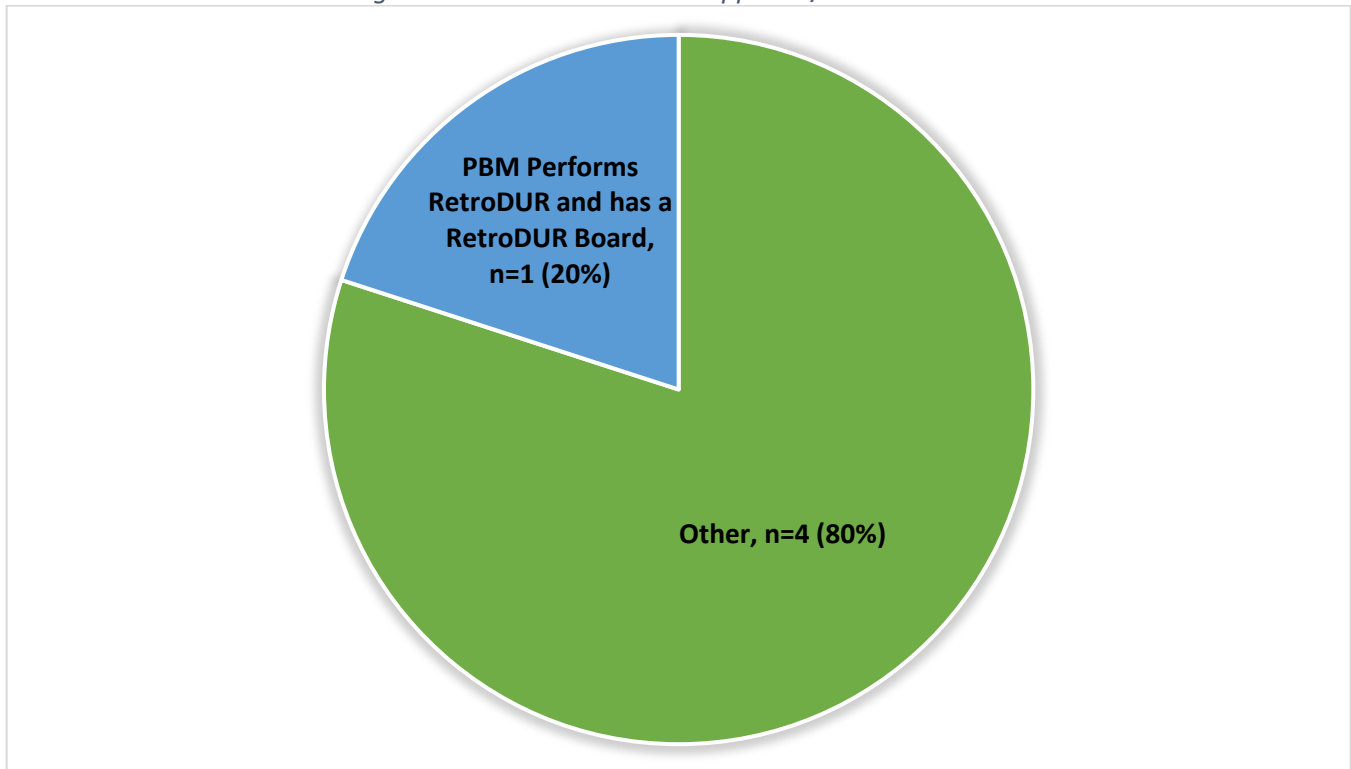


Table 40 - RetroDUR Criteria Approval/Review Sources

Response	MCO Names	Count	Percentage
PBM performs RetroDUR and has a RetroDUR Board	Managed Health Services Indiana (MHS)	1	20.00%
Other	Anthem, Inc., CareSource, MDwise, Inc., UnitedHealthcare Community Plan, Inc.	4	80.00%
State Totals		5	100%

If "Other," please explain.

Table 41 - "Other" Explanations RetroDUR Criteria Approval/Review Sources

MCO Name	Explanation
Anthem, Inc.	IngenioRx (our PBM) performs RetroDUR and Pharmacy Quality Programs (PQP) approves and provides feedback on newly proposed pharmacy quality or cost-of-care interventions or changes to existing interventions upon request.
CareSource	From October 2021 to December 2021 PBM performed RetroDUR and had a RetroDUR Board and MCO initiated rDUR criteria was presented to the PBM rDUR Board. Starting in 2022, MCO now reviews rDUR criteria internally.
MDwise, Inc.	The PBM provides recommendations and the MCO P&T committee reviews, modifies where needed, and approves.
UnitedHealthcare Community Plan, Inc.	Recommendations for additions or changes to the OptumRx RDUR program are made by both OptumRx and UnitedHealthcare Community Plan and are presented to the UHC DUR

MCO Name	Explanation
	Board. OptumRx RDUR programs are reviewed by the UnitedHealthcare Community Plan Board annually and they make the final decision on RDUR program enrollment. In addition, the FFS agency's DUR Board reviews and approves RDUR criteria that UnitedHealthcare Community Plan executes due to contractual requirements.

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

Figure 30 - Frequency of Retrospective Practitioner-Based Education

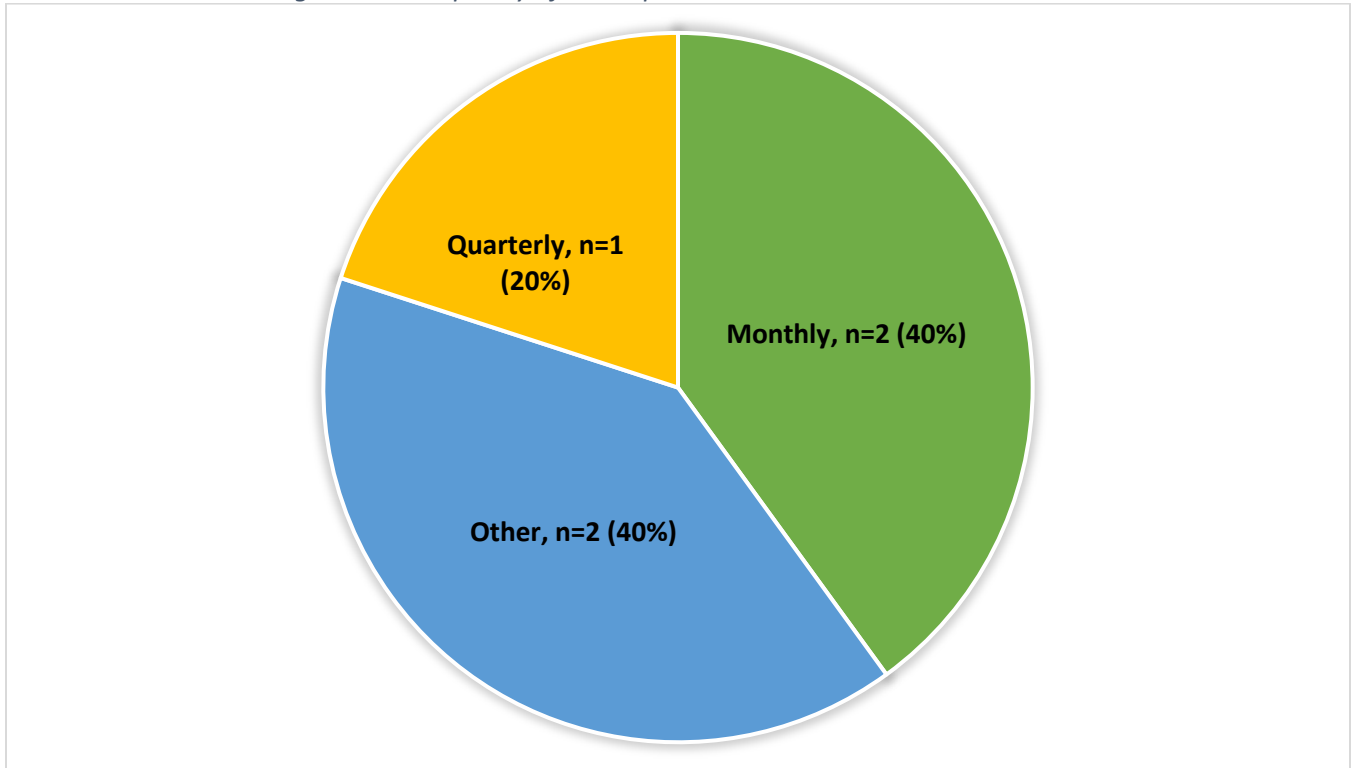


Table 42 - Frequency of Retrospective Practitioner-Based Education

Response	MCO Names	Count	Percentage
Monthly	Anthem, Inc., Managed Health Services Indiana (MHS)	2	40.00%
Quarterly	MDwise, Inc.	1	20.00%
Other	CareSource, UnitedHealthcare Community Plan, Inc.	2	40.00%
State Totals		5	100%

If "Other," please specify.

Table 43 - "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.
UnitedHealthcare Community Plan, Inc.	Daily

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

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

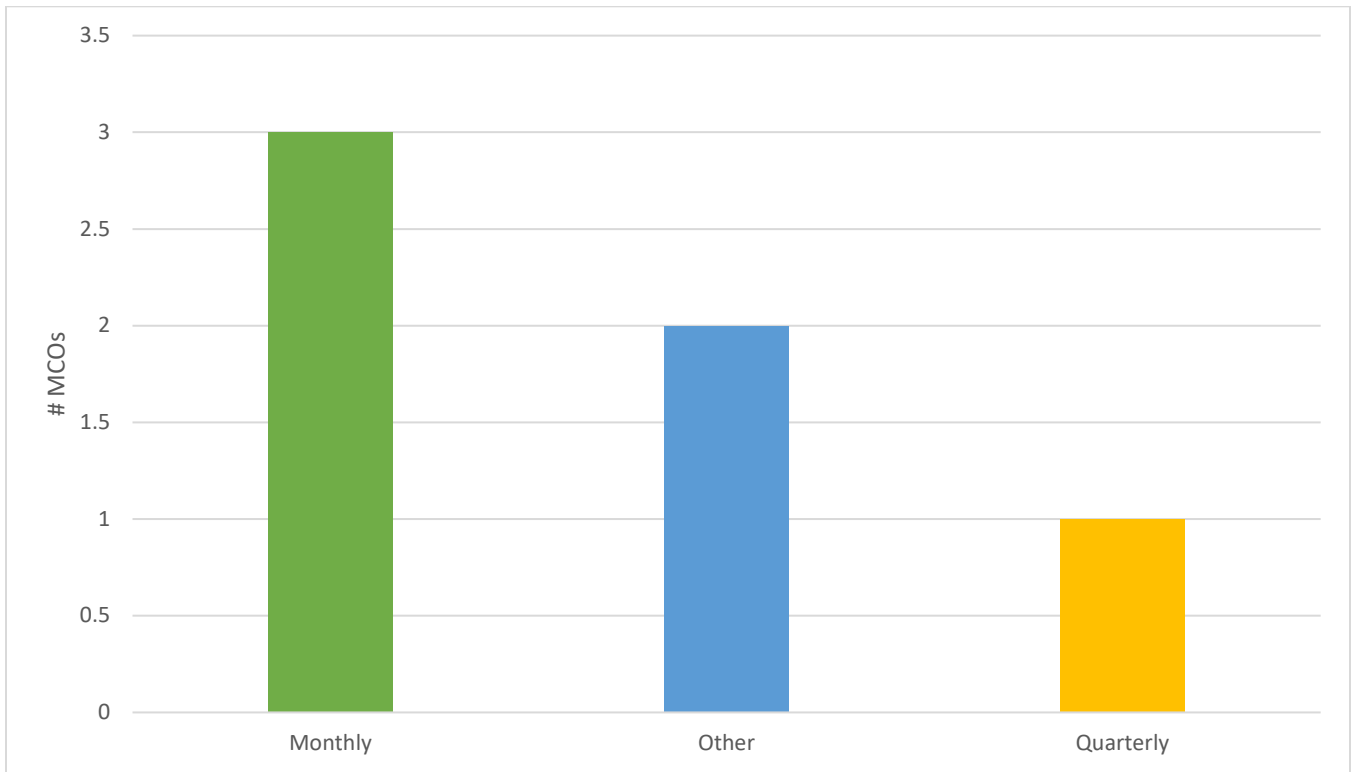


Table 44 - Frequency of Retrospective Reviews that Involve Communication of Client-Specific Information to Healthcare Practitioners

Response	MCO Names	Count	Percentage
Monthly	Anthem, Inc., Managed Health Services Indiana (MHS), UnitedHealthcare Community Plan, Inc.	3	50.00%
Quarterly	MDwise, Inc.	1	16.67%
Other	CareSource, UnitedHealthcare Community Plan, Inc.	2	33.33%
State Totals		6	100%

If "Other," please specify.

Table 45 - "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.
UnitedHealthcare Community Plan, Inc.	Daily

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

Figure 32 - Preferred Mode of Communication When Performing RetroDUR Initiatives

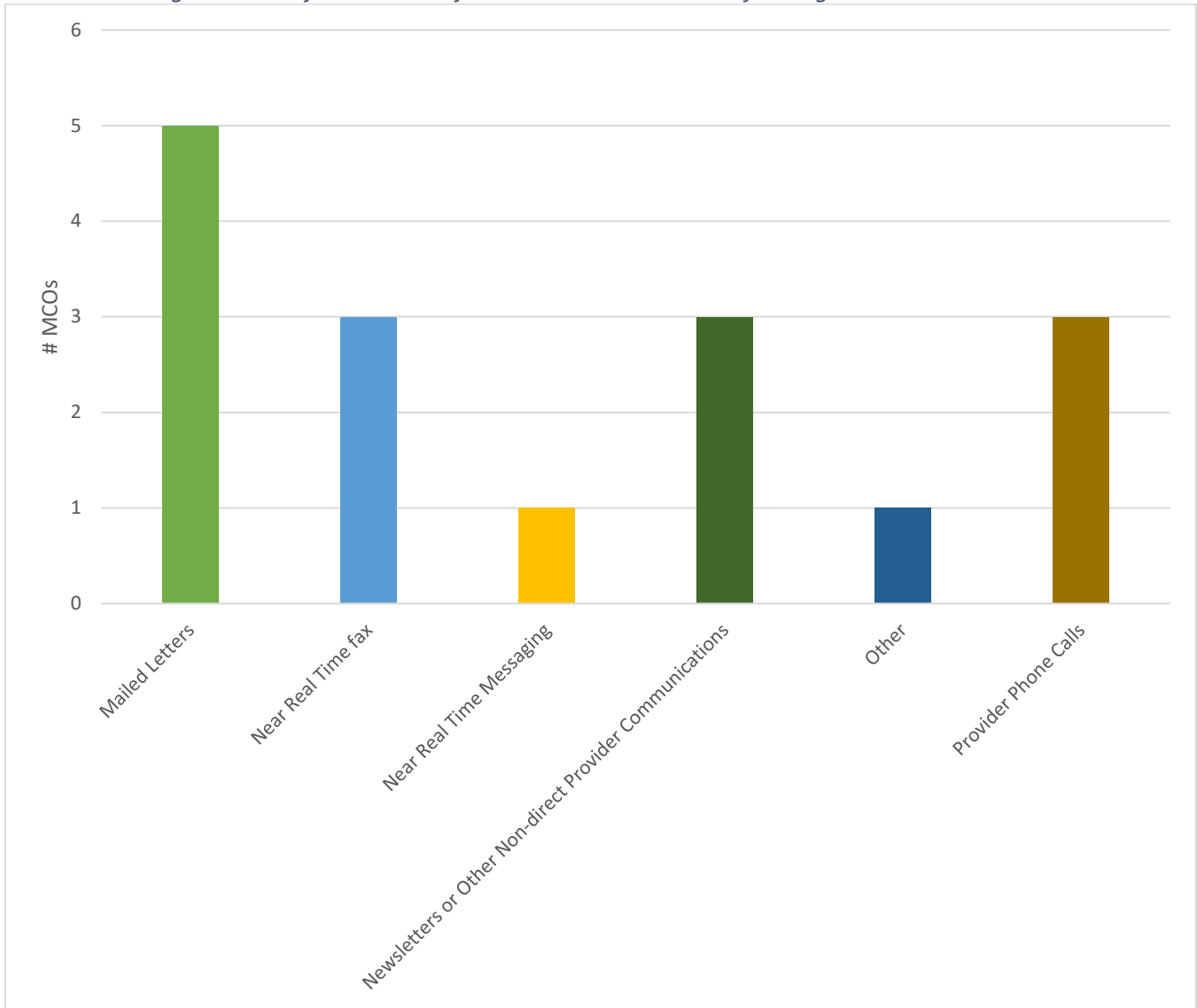


Table 46 - Preferred Mode of Communication When Performing RetroDUR Initiatives

Response	MCO Names	Count	Percentage
Mailed letters	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	31.25%
Near real time fax	Anthem, Inc., CareSource, UnitedHealthcare Community Plan, Inc.	3	18.75%
Near real time messaging	Anthem, Inc.	1	6.25%
Newsletters or other non-direct provider communications	Anthem, Inc., MDwise, Inc., UnitedHealthcare Community Plan, Inc.	3	18.75%
Provider phone calls	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS)	3	18.75%

Response	MCO Names	Count	Percentage
Other	CareSource	1	6.25%
State Totals		16	100%

If "Other," please specify.

Table 47 - "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 48 - RetroDUR Educational Outreach

MCO Name	RetroDUR Educational Outreach Summary
Anthem, Inc.	Summary 1 Retrospective DUR Educational Outreach Summary IN 2022 DUR
	Date Range 10/1/21 9/30/22
	Adherence/Adherence-ADHD
	# Cases- 10679
	# Unique Members- 10679
	# Prescriber Messages Generated & Sent- 10777
	# Member Messages Generated & Sent- 0
	# Positive Outcomes- 1069
	% Positive Impact- 13.3%
	Activity only/Informational Asthma Peak Flow Meter
	# Cases- 8754
	# Unique Members- 8754
	# Prescriber Messages Generated & Sent- 0

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MCO Name	RetroDUR Educational Outreach Summary
	# Member Messages Generated & Sent- 8782
	# Positive Outcomes- 0
	% Positive Impact- 0%
	Adherence/Adherence-Depression
	# Cases- 8708
	# Unique Members- 8708
	# Prescriber Messages Generated & Sent- 4051
	# Member Messages Generated & Sent- 7042
	# Positive Outcomes- 1577
	% Positive Impact- 23.7%
	New Start/New Start Depression
	# Cases- 8703
	# Unique Members- 8703
	# Prescriber Messages Generated & Sent- 0
	# Member Messages Generated & Sent- 9593
	# Positive Outcomes- 4378
	% Positive Impact- 55.8%
	Adding Therapy/Needs Test - Asthma
	# Cases- 6897
	# Unique Members- 6897
	# Prescriber Messages Generated & Sent- 3733
	# Member Messages Generated & Sent- 3690
	# Positive Outcomes- 290
	% Positive Impact- 4.5%
	Overutilization/Polypharmacy

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MCO Name	RetroDUR Educational Outreach Summary
	<p># Cases- 6747</p> <p># Unique Members- 6747</p> <p># Prescriber Messages Generated & Sent- 6752</p> <p># Member Messages Generated & Sent- 0</p> <p># Positive Outcomes- 4202</p> <p>% Positive Impact- 68.4%</p> <p>Length of Therapy (LOT)/Reduction in Adherence/PPI Length of Therapy</p>
	<p># Cases- 6584</p> <p># Unique Members- 6584</p> <p># Prescriber Messages Generated & Sent- 6595</p> <p># Member Messages Generated & Sent- 0</p> <p># Positive Outcomes- 1958</p> <p>% Positive Impact- 35.2%</p> <p>Adding Therapy/Needs Follow-Up - BH Meds</p>
	<p># Cases- 6121</p> <p># Unique Members- 6121</p> <p># Prescriber Messages Generated & Sent- 6205</p> <p># Member Messages Generated & Sent- 0</p> <p># Positive Outcomes- 2793</p> <p>% Positive Impact- 65.9%</p> <p>Adding Therapy/Needs Test - BH Meds</p>
	<p># Cases- 5726</p> <p># Unique Members- 5726</p> <p># Prescriber Messages Generated & Sent- 5821</p>

MCO Name	RetroDUR Educational Outreach Summary
	<p># Member Messages Generated & Sent- 0</p> <p># Positive Outcomes- 1305</p> <p>% Positive Impact- 24.6%</p> <p>Adherence/Adherence - Statins</p> <p># Cases- 5653</p> <p># Unique Members- 5653</p> <p># Prescriber Messages Generated & Sent- 2557</p> <p># Member Messages Generated & Sent- 4597</p> <p># Positive Outcomes- 1106</p> <p>% Positive Impact- 24.4%</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: 688 — Success Rate: 41% - Atypical Anti-psychotics & obesity/Weight gain (older than 18) <ul style="list-style-type: none"> — Unique Safety Events: 420 — Success Rate: 46% - Atypical Anti-psychotics & Diabetes (21 and older) <ul style="list-style-type: none"> — Unique Safety Events: 345 — Success Rate: 31% - Atypical Anti-psychotics (select) & suicidal ideation <ul style="list-style-type: none"> — Unique Safety Events: 293 — Success Rate: 67% - Polypharmacy (19 years old to 64 years old) <ul style="list-style-type: none"> — Unique Safety Events: 226 — Success Rate: 63% <p>10/1/2021 to 9/30/2022</p> <p>Opioid Rising Risk: Provider outreach letter</p> <ul style="list-style-type: none"> - Outreach letter notifying provider of members at an increased risk of transitioning from acute opioid use to chronic use. <ul style="list-style-type: none"> — Providers involved: 582 — Percent of members who transitioned from acute to chronic opioid use: <ul style="list-style-type: none"> i. 4Q21: 48.3% ii. 1Q22: 50.3% iii. 2Q22: 34%

MCO Name	RetroDUR Educational Outreach Summary
	<p>10/1/2021 to 9/30/2022 ADD Follow-Up: Provider outreach - 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. — Providers involved: 329 — Providers agreed to recommendation: 285</p> <p>2/16/2022 to 09/30/2022 Polypharmacy Consult - Pharmacist polypharmacy medication review and provider consult for medication recommendations — Members reviewed: 128 — Average recommendation acceptance rate: 57%</p> <p>10/1/2021 to 9/30/2022 High MME: Provider outreach letter - 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. — Providers involved: 104</p> <p>10/1/2021 to 9/30/2022 Sickle Cell Disease: Provider outreach - Provider outreach by a clinical pharmacist to discuss missing hydroxyurea therapy and/or missing prophylactic antibiotic therapy when deemed appropriate — Providers contacted: 77 — Providers agreed to recommendation: 60% a. Members referred to care management: 7</p> <p>4/6/2022 Academic Detailer: GLP1-DPP4 Concomitant Therapy - Providers outreached by a clinical pharmacist and encouraged to discontinue either a GLP1 agonist or DPP4 inhibitor — Providers contacted: 27 — Annual Savings or results: \$53,847</p> <p>4/27/2022 Sickle Cell Disease: Provider letters - Provider outreach letters providing education on hydroxyurea and informing about missing hydroxyurea therapy for patients — Providers contacted: 14 — Recommendation acceptance rate: 7.1%</p> <p>7/15/2022 Academic Detailer: Cosentyx</p>

MCO Name	RetroDUR Educational Outreach Summary
	<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: 4 — Annual Savings or results: \$90,576 <p>11/23/2021 Academic Detailer: High-Cost Medications with a lower cost alternative</p> <p>- Providers outreached by a clinical pharmacist and encouraged to move patients from high-cost metformin formulation to lower cost formulation</p> <ul style="list-style-type: none"> — Providers contacted: 2 — Annual Savings or results: \$3,005
<p>Managed Health Services Indiana (MHS)</p>	<p>Managed Health Services (MHS) utilizes a comprehensive retrospective DUR program to positively impact the quality of care delivered to our members. MHS identifies multiple gaps in therapy, underutilization or concerns in treatment for members as outlined below. These programs are occurring in addition to our Medication Therapy Management (MTM) program.</p> <ol style="list-style-type: none"> 1. Antidepressant medication Adherence: Telephonic, email and text member outreach to members who have received an antidepressant medications to explain the importance of medication adherence. Identify any perceived barriers to continuing treatment. Connect member to health plan resources if barriers present. Plan pharmacists are available to answer member's questions regarding antidepressants or their other medications. 2. Asthma Medication Management - Telephonic member outreach to discuss the importance of controller therapy for members with asthma diagnosis who have filled a prescription for an inhaler. Promote adherence and development of asthma action plan. Plan pharmacists are available to answer questions regarding asthma medications or other medications. 3, High dose Opioid analgesic Provider letters: Providers letter to those who have prescribed an opioid medication leading to a member cumulative average does about 90 morphine equivalence. Also out reached to providers who had members in the next phase of the IN Medicaid MME reduction program. Explained the process and discussed the member who was appearing in the next reduction round. 4. Respirator Under Use: Identify members with a respirator condition, who are over utilizing their short acting beta agonist (rescue medications.) Promote the potential need for evaluation of a long acting controller medication. 5. Multiple Opioid Prescribers: to identify member who are either being fraudulent or abusive with opioid analgesic medication. Create referral to lock in program for those meeting criteria to assist in member finding a primary care provider. 6. Respiratory: Inappropriate Utilization of Long Acting Beta Agonists (LABA): to identify members who are using long acting beta agonist without concurrent use of inhaled corticosteroid.

MCO Name	RetroDUR Educational Outreach Summary
	<p>7. Extended Day Fill: identify members on a routine maintenance medications and promote the use of 90 day supply to reduce potential barrier leading to non adherence.</p> <p>8. Oral diabetic medication adherence: Letters were sent out at the beginning of the year regarding the importance of taking this medication. Then calling member who missed a refill and encourage them to refill the medication once a quarter.</p> <p>9. Statins in diabetics: calling providers whose members do not have a statin in their medication profile but have a diagnosis of diabetes. Asking them to consider prescribing this medication.</p>
MDwise, Inc.	<p>Problem Type: Statin use in Diabetics (SUPD) (2021Q4) Criteria: Identify members aged 40 or greater with claims history suggestive of a diagnosis of diabetes (i.e. claims for agents such as insulin, non-insulin antidiabetic, SGLT2, metformin, sulfonylurea, thiazolidinedione) without a statin claim in the previous 3-month time period. Excludes members with known End Stage Renal Disease (ESRD) and those palliative care or hospice care. Rationale: These patients may be candidates for antihyperlipidemic therapy based upon the ACC/AHA guidelines. Exceptions: Patients younger than 40; patients with End Stage Renal Disease (ESRD); patients in palliative care or with a cancer diagnosis or in hospice care. Results: Prescribers were sent a detailed listing of their members/prescriptions to encourage appropriate prescribing and utilization were being measured/improved. 3,219 members were identified for intervention.</p> <p>Problem Type: Coronary Artery Disease (2022 Q1) Criteria: Identify members aged 40 or greater and not on statin drug therapy in the previous 3-month time frame, and who have at least one of or a combination of the following diagnoses: 1) cardiovascular disease (CVD) or CVD risk factors: 2) diabetes (see also 2021Q4 intervention); 3) hypertension, or 4) is a known smoker. Rationale: These patients may benefit from statin therapy to reduce morbidity and/or mortality. Statin therapy is associated with reduced risk of all-cause and cardiovascular mortality and CVD events in adults at increased risk for CVD without prior CVD events. Exceptions: Only HIP members aged 40 or greater. Results: Prescribers were sent a detailed listing of their members/prescriptions to encourage appropriate prescribing and utilization were being measured/improved. 14,916 members were identified for intervention.</p> <p>Problem Type: Congestive Heart Failure (2022 Q2) Criteria: Members 18 or greater with presumed diagnosis of heart failure (HF) currently receiving a beta blocker agent (metoprolol, carvedilol, bisoprolol), and who were not currently receiving angiotensin-converting enzyme inhibitor (ACEI) or angiotensin II receptor blocker (ARB) drug therapy in the previous 3-month timeframe. Rationale: Heart Failure (HF) patients can benefit from ACEI or ARB therapy leading to a reduction in morbidity and/or mortality. ACEIs or ARBs combined with certain beta-blockers reduce death and morbidity in patients with HF. Exceptions: Only for adults 18+ Results: Prescribers were sent a detailed listing of their members/prescriptions to encourage appropriate prescribing and utilization were being measured/improved. 2,954 members were identified for intervention.</p>

MCO Name	RetroDUR Educational Outreach Summary
	<p>Problem Type: Asthma - Gap in Therapy (2022 Q3)</p> <p>Criteria: Identified members who received 4 or more prescriptions for an asthma medication over a 12-month period but is not currently receiving controller medication treatment (inhaled corticosteroid, leukotriene antagonist, methylxanthine, mast cell stabilizer).</p> <p>Rationale: Members identified to be excessively using short acting beta agonists may be candidates for evaluation of medication use and be candidates to start treatment with a controller medication to reduce the risk for unnecessary emergency department (ED) visits or hospitalization.</p> <p>Exceptions: None</p> <p>Results: 2,549 members were identified for interventions with their prescribers.</p> <p>Comment: Newer treatment algorithms can include / recommend the use of short acting beta agonists for less severe disease as routine therapy instead of rescue treatment only. This newer trend in disease treatment likely identified members for intervention where prescribers did not want to initiate controller therapy leading to lower than expected initiation of controller therapy, especially in younger patients.</p>
<p>UnitedHealthcare Community Plan, Inc.</p>	<p>The RetroDUR Educational Summary below includes the top 5 programs and/or programs where the total number of interventions in the program represent greater than 5% of the total overall interventions of RetroDUR interventions executed by OptumRx for programs enrolled in by UnitedHealthcare Community Plan for the federal fiscal year (this does not include state specific initiatives). The total number of interventions during the federal fiscal year was 5,066 for all programs. Outcomes are evaluated 120-180 days post intervention. The number of interventions eligible for outcome evaluation during the federal fiscal year was 2,523. For those eligible interventions the number determined to be successful during the federal fiscal year was 427, yielding a success percentage of 16.92%.</p> <ol style="list-style-type: none"> 1. Abused Meds: Drug-Drug Interactions/Overlap (Concurrent Therapy) This is a provider-targeted program designed to minimize the occurrence of drug-drug interactions and concurrent use of high-risk medications. This includes interventions for opioid therapeutic duplication, concurrent use of opioids with benzodiazepines and muscle relaxants, and concurrent use of opioids with benzodiazepines, antipsychotics, MAT, and opioid potentiators (stimulants, sedatives, etc.). The number of interventions during the federal fiscal year was 1,718 for this program. Outcomes are evaluated 120 days post intervention. The number of interventions eligible for outcome evaluation during the federal fiscal year was 229. For those eligible interventions the number determined to be successful during the federal fiscal year was 4, yielding a success percentage of 1.75%. 2. Safety Management: Drug-Disease Interaction This is a provider-targeted program designed to minimize the occurrence of clinically significant, patient-specific drug-disease interactions. The number of interventions during the federal fiscal year was 500 for this program. Outcomes are evaluated 120 days post intervention. The number of interventions eligible for outcome evaluation during the federal fiscal year was 431. For those eligible interventions the number determined to be successful during the federal fiscal year was 101, yielding a success percentage of 23.43%. 3. Abused Meds: Morphine Equivalent Dose (MED)

MCO Name	RetroDUR Educational Outreach Summary
	<p>This is a provider-targeted program designed to minimize the occurrence of high daily doses of opioid analgesics. The number of interventions during the federal fiscal year was 396 for this program. Outcomes are evaluated 120 days post intervention. The number of interventions eligible for outcome evaluation during the federal fiscal year was 33. For those eligible interventions the number determined to be successful during the federal fiscal year was 8, yielding a success percentage of 24.24%.</p> <p>4. Gaps in Care: Diabetes The purpose of this program is to optimize the management of diabetes by identifying and closing the gap for members with diabetes not on a statin and with diabetes and hypertension not on certain anti-hypertensive agents. The number of interventions during the federal fiscal year was 377 for this program. Outcomes are evaluated 120 days post intervention. The number of interventions eligible for outcome evaluation during the federal fiscal year was 369. For those eligible interventions the number determined to be successful during the federal fiscal year was 76, yielding a success percentage of 20.60%.</p> <p>5. Abused Meds: Dose Per Day This is a provider-targeted program designed to enhance provider awareness of appropriate opioid medication dose based on approved prescribing information. The number of interventions during the federal fiscal year was 335 for this program. Outcomes are evaluated 120 days post intervention. The number of interventions eligible for outcome evaluation during the federal fiscal year was 71. For those eligible interventions the number determined to be successful during the federal fiscal year was 22, yielding a success percentage of 30.99%.</p>

Section IV - DUR Board Activity

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

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

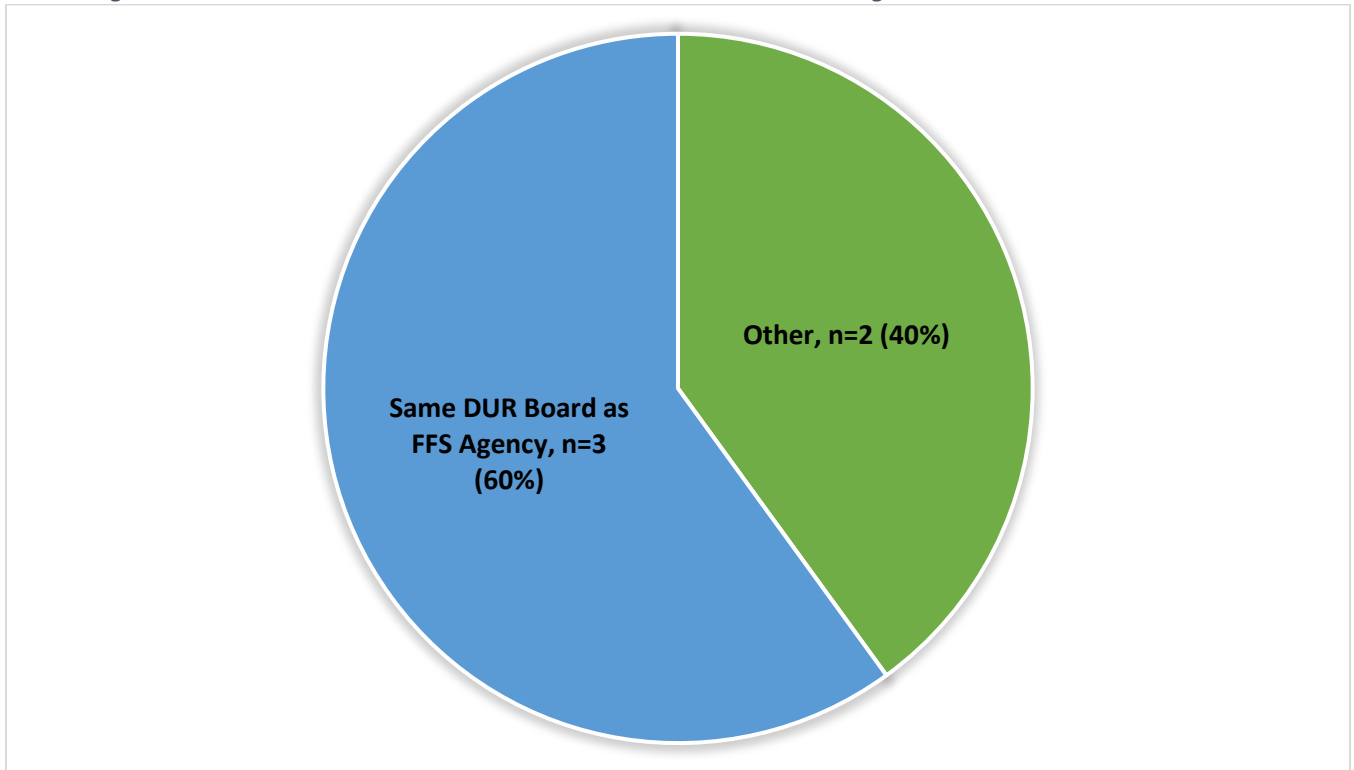


Table 49 - MCO Utilizes the Same DUR Board as the State FFS Program or Has Own DUR Board

Response	MCO Names	Count	Percentage
Same DUR Board as FFS agency	CareSource, Managed Health Services Indiana (MHS), MDwise, Inc.	3	60.00%
Other	Anthem, Inc., UnitedHealthcare Community Plan, Inc.	2	40.00%
State Totals		5	100%

If "Other," please explain.

Table 50 - "Other" Explanations for MCO not Utilizing the Same DUR Board as the State FFS Program or its Own DUR Board

MCO Name	Explanation
Anthem, Inc.	Our Anthem DUR Board functions are handled by three committees, which include Pharmacy Quality Programs (PQP), Pharmacy and Therapeutics Committee (P&T), and Value Assessment Committee (VAC). PQP provides feedback and approves 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. All Anthem DUR is further approved by the Indiana State DUR Board, which is the same as that of FFS.

MCO Name	Explanation
UnitedHealthcare Community Plan, Inc.	UnitedHealthcare Community Plan does run a DUR Board which reviews and approves programs applicable in Indiana and in addition our contract with the state requires us to implement DUR programs developed by the FFS agency's DUR Board.

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

Figure 34 - MCO has a Medication Therapy Management Program

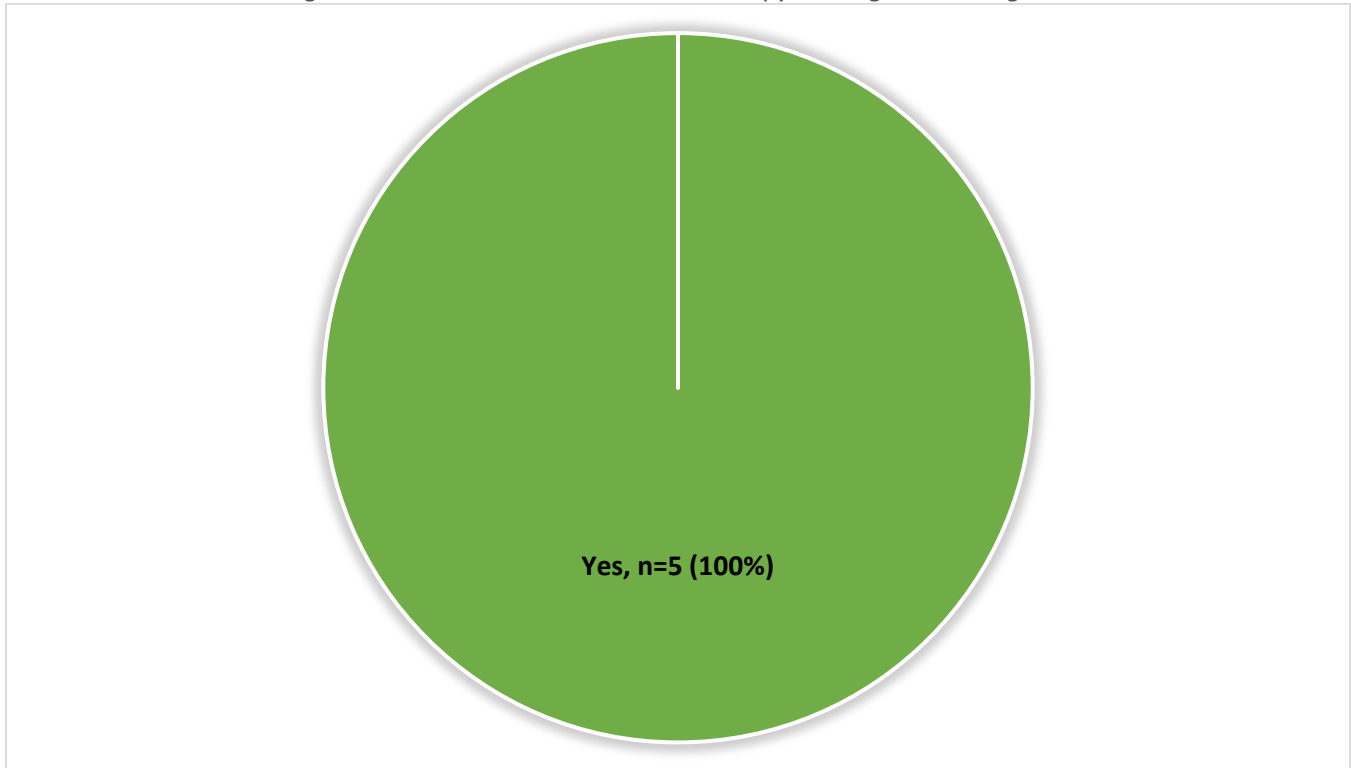


Table 51 - MCO has a Medication Therapy Management Program

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	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 52 - DUR Board Activities

MCO Name	DUR Board Activities Summary
Anthem, Inc.	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 approves newly proposed pharmacy quality or cost of care interventions or changes to existing interventions upon request. P&T

MCO Name	DUR Board Activities Summary
	<p>Committee reviews and approves policies, including prospective DUR edits, 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> <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>Prospective and 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>The committee is comprised of Medical Directors and Clinical pharmacy services representatives. The committee met 3 times during the timeframe of Oct 1, 2021, to Sept 30, 2022.</p> <p>PQP Committee interventions approved on the following dates:</p> <p>10/19/2021:</p> <ul style="list-style-type: none"> o No Medicaid programs approved. <p>02/15/2022:</p> <ul style="list-style-type: none"> o 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. o Follow-up Care for Children Prescribed ADHD Medication (ADD): New provider outreach to ensure appropriate monitoring and follow for children that are new starts on ADHD medications. <p>05/17/2022:</p> <ul style="list-style-type: none"> o Medicaid Program Message Consolidation: Adding medication review rules to Medicaid rule set and retire separate faxes for certain programs. <p>The P&T Committee met quarterly during the timeframe of Oct 1, 2021, to Sept 30, 2022. Each meeting consisted of reviewing multiple therapeutic classes with consideration of application and/or update of the following: prior authorization, step-therapy, quantity limits, and/or age limits.</p>
CareSource	<p>CareSource contracts with Indiana Family and Social Services Administration, Office of Medicaid Policy and Planning (OMPP, the "State") for pharmacy prescription drug benefits. A condition of our contracts requires that CareSource provide notification prior</p>

MCO Name	DUR Board Activities Summary
	<p>to implementing a preferred drug list (PDL) or formulary and prior to making any changes, either positive or negative, to OMPP for submission to the DUR Board. CareSource is also required to provide the DUR Board with prior authorization statistics comparable to the fee for service contractor in the DUR Board's monthly meetings or as established by OMPP or the DUR Board. In addition, CareSource makes itself available, in person, to the DUR Board for discussion and questions around proposed changes to the PDL or the prior authorization statistics. Indiana DUR Board meetings are normally held the third Friday of each month. During this fiscal year there were 12 Indiana Medicaid DUR meetings.</p> <p>Date approved, Criteria Update, Drug Name, & Ingredients:</p> <p>November 19, 2021 New drugs added as preferred: Kloxxado (naloxone hcl) nasal spray, Empaveli (pegcetacoplan) Currently non-preferred with expanded coverage: Farxiga (dapagliflozin), Galafold (migalastat), Kineret (anakinra), Ocrevus (ocrelizumab), Ragwitek (ragweed pollen allergen extract), Cosentyx (secukinumab) Currently preferred with expanded coverage (additional diagnoses): Ultomiris (ravulizumab-cwvz) Non-preferred drugs added as preferred (to align with FFS): Benzidazole, Pyrimethamine, Increlex, Krintafel, Pretomanid, Emflaza, Vyndamax/ Vyndaqel, Endari, Repatha, Palforzia, Aliskiren, Tekturna HCT, Oxervate, Sandostatin, Soriatane, Diclofenac 3% gel, Tadalafil, Reyvow, Emgality New drugs added as non-preferred (in alignment with FFS and class criteria): Ponvory (ponesimod), Nulibry (fosdenopterin), Zokinvy, Zegalogue (dasiglucagon), Wynzora (calcipotriene 0.005% and betamethasone dipropionate 0.064%) cream, Nextstellis (drospirenone and estetrol) tablets, Winlevi (clascoterone 1%) cream, Myfembree (relugolix, estradiol, and norethindrone acetate), Nurtec ODT (rimegepant), Vesicare LS Currently non-preferred with UM edit changes or criteria changes (in alignment with FFS and class criteria): Soliris (eculizumab), Ilaris (canakinumab), Lumizyme, Nexviazyme, Enzyme Replacement for Gaucher Disease (Cerezyme (imiglucerase), Eleyso (taliglucerase alfa), Vpriv (velaglucerase alfa)), Cerdelga (eliglustat), Zavesca (miglustat), Aldurazyme (laronidase), Elaprased (idursulfase), Naglazyme (galsulfase), Vimizim (elosulfase alfa), Mepsevii (vestronidase alfa-vjvk), Fabrazyme (agalsidase beta), Arcalyst (rilonacept), Vemlidy</p> <p>February 18, 2022 New generics added as preferred: Naloxone HCL 4 mg Nasal Spray Currently preferred with expanded coverage: Jakafi, Repatha, Zeposia Currently non-preferred with expanded coverage: Pradaxa, Bydureon Bcise, Jardiance 10 mg, Solosec, Tindamax, Briviact, Celebrex, Dupixent, Nucala New drugs added as non-preferred: Kerendia, Soaanz, Brexafemme, Trudhesa, Qulipta, Opzelura, Verkazia, Eyelea, Bylvay, Iluvien, Macugen, Korsuva, Livmarli, Rezero, Ozurdex, Retisert, Suvismo, Saphnelo, Yutiq, Skytrofa, Xipere, Visudyne, Elyxb Currently Preferred with UM edit changes or criteria changes (to match class criteria): Gilenya Currently non-preferred with UM edit changes or criteria changes: Beovu, Mayzent, Ponvory, MACI, Lucentis, Sogroya, Imbruvica, Triesence</p>

MCO Name	DUR Board Activities Summary
	<p>Drugs moving from pharmacy to medical benefit: Cabenuva</p> <p>March 18, 2022 Currently preferred updated to non-preferred (criteria remains the same): Gilenya</p> <p>May 20, 2022 Currently non-preferred with expanded coverage: Durysta (bimatoprost intracameral implant), Tepezza (teprotumumab-trbw), Firdapse (amifampridine), Rituxan (rituximab), Xeomin, Orencia (abatacept), Otezla (apremilast) Non-preferred drugs added as preferred: Depo-Provera SQ New drugs added as non-preferred: Leqvio (inclisiran), Vyvgart (efgartigimod alfa-fcab), Voxzogo (vosoritide), Tarpeyo (budesonide), Tavneos (avacopan), Apretude (cabotegravir), Livtencity (maribavir), Tyrvaya (varenicline solution), Vuity (pilocarpine solution), Dextenza (dexamethasone), Dexycu (decamethasone), Zimhi (naloxone), Fleqsuvy (baclofen), Xaciato (Clindamycin Phosphate vaginal gel), Entadfi (finasteride/tadalafil), Dartisla ODT (glycopyrrolate), Ozobax (baclofen), Siklos (hydroxyurea), Eprontia (topiramate oral solution), Seglentis (celecoxib and tramadol) Currently non-preferred with UM edit changes or criteria changes (matches class criteria): Brineura (cerliponase alfa), Kanuma (sebelipase alfa), Cytogam (cytomegalovirus immune globulin), Prevymis (letermovir), Lokelma, Veltassa, Omeclamox-Pak</p> <p>June 17, 2022 Currently preferred updated to non-preferred (Ambrisentan preferred in the class): Bosentan, Letairis (Brand), Opsumit, Tracleer 62.5mg, 125mg July 15, 2022 (double check during meeting - 2 versions) New generics added as preferred: Fluticasone propionate Non-preferred drugs added as preferred: Dexcom G6 CGM system</p> <p>August 19, 2022 New generics added as preferred: Fluticasone propionate Currently preferred with expanded coverage (to include all heart failure patients): Entresto Currently non-preferred moving to preferred (no PA required): Insulin lispro Currently non-preferred with expanded coverage: Jardiance, Katerzia, Epiodolex, Fintepla, Isturisa, Ofev, Pulmozyme, Tobi, Tobi Podhaler, Bethkis, Kitabis Pak, Trogarzo, Cabenuva, Ultomiris, Actemra, Rinvoq, Rukobia, Carbaglu Currently preferred with UM edit changes or criteria changes (matches class criteria): Cayston New drugs added as non-preferred: Twyneo, Tlando, Norliqva, Dhivy, Recorlev, Ztalmy Currently non-preferred with UM edit changes or criteria changes: Jatenzo, Tymlos, Xenleta, Lyvispah Medical Benefit criteria updates (updated medication trials, age limits, align with guideline updates): Zilretta, Kimyrsa, Hyaluronic Acid Viscosupplements, Evenity, Vabysmo, Zulresso, Korsuva Currently preferred moving to non-preferred: Admelog</p> <p>September 16, 2022 Currently preferred with UM edit changes or criteria changes (correction to August DUR quantity limit presented): Fluticasone propionate</p>

MCO Name	DUR Board Activities Summary
	<p>From 1/1/20 to 12/31/2021 CareSource adopted the ESI RationalMed Program that contains over 4,000 potential rDUR opportunities.</p> <p>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> <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 and appropriate therapy in members with sickle cell disease. These DUR programs result in an outreach to the member and/or provider via telephone, fax, or letter.</p>
<p>Managed Health Services Indiana (MHS)</p>	<p>Managed Health Services (MHS) attends the Indiana Drug Utilization Board Meeting that is held monthly. There were no interruptions during the Public Health Emergency. MHS attended the 12 meetings that were held and presented proposed additions, removals and changes to the MHS Preferred Drug List. Also presented were prior authorization (PA) criteria.</p> <p>DUR approved changes to the preferred drug list were: Moved Claravis and Myorisam to Non preferred. Started March 1, 2022 Removed prior authorization on Isotretinion Added DEKAs Plus Liquid to OTC list to align with FFS on Feb. 15, 2022. Added Quantity Limit on Cyclosporine eye drops 0.05% 2/day Feb. 15, 2022 Added Quantity limit on Nebivolol tablets of 1/day Feb. 15, 2022 Added Olumiant to preferred drug list May 1, 2022 Moved Kineret to non preferred drug list July 1, 2022 Moved Varenicline to preferred June 2022. Moved Brand Chantix to nonpreferred Aug.1, 2022 Moved Brand Sandimmune to nonpreferred since Cyclosporine capsule were already on preferred drug list.</p> <p>Prior authorization criteria was updated with positive changes such as elimination step therapy or adding additional diagnosis. If FDA changed max dosing limits for medications, this was also added to the prior authorization criteria.</p> <p>No changes in ProDUR activities occurred during this reporting period. Changes in RetroDUR: Therapeutic Duplication. MTM looked at medications prescribed in the same therapeutic class. Providers were alerted of this.</p> <ul style="list-style-type: none"> o SABA Overutilization 2022 (Q1 2022) <p>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>Pegfilgrastim and filgrastim double billing</p> <ul style="list-style-type: none"> o Filgrastim and Pegfilgrastim are two colony stimulating factors that are often used to stimulate white blood cell production after receiving cancer treatment. These medications can be administered in the medical setting or be dispensed from a pharmacy. For this reason, these medications can often be double billed. The goal of this DUR was to evaluate if members have been double billed for medications on the pharmacy and medical side. o The majority of members utilizing these medications were found to be appropriately utilizing in terms of overlap in dispensing. Claims were validated and the number of double billed claims was insignificant.
MDwise, Inc.	<p>DUR Board meetings are held monthly in Indiana; Ten (10) DUR Board meetings were conducted in Fiscal Year 2022, in every month except April and July of 2022. Meetings were conducted via video-conferencing due to COVID-19. Additionally, rules previously relaxed due to the public health emergency remained suspended to minimize impact to members. Those rules remained in effect for the entirety of the timespan covered by this survey. Many if not all of those rules will expire with the ending with the ending of the public health emergency or shortly thereafter in 2023.</p> <p>For prospective DUR, the DUR Board was responsible for the following during FFY 2021:</p> <ol style="list-style-type: none"> (1) Standard Quantity Limits The DUR Board reviewed and approved new quantity limits as well as updates to existing quantity limits. Claims that exceed the established limit(s) will require prior authorization for medical necessity review. (2) Step Therapy Protocols The DUR Board reviewed and approved new step therapy protocols as well as updates to existing step therapy protocols. Claims that do not meet the step therapy criteria via system edits at point of sale will require prior authorization. for medical necessity review. (3) Prior authorization criteria The DUR Board reviewed and approved new prior authorization criteria as well as updates to existing prior authorization guidelines. (4) Mental Health Quantity Limits and Age Restrictions The DUR Board approved quantity limits and/or age restrictions on mental health medications. This is an ongoing effort to enhance quality and appropriateness of mental health prescribing practices. Claims that exceed the established limit(s) will require prior authorization for medical necessity review. <p>The Indiana DUR Board reviews and approves criteria and rules recommended by the Mental Health Quality Advisory Committee (MHQAC).</p> <p>The Indiana DUR Board does not have oversight responsibility for retrospective DUR.</p> <p>Analyses of both pro-DUR edits and retro-DUR criteria are used by the Indiana Office of Medicaid Policy and Planning (OMPP) (through its contractors and the DUR Board) to help establish new cost-containment initiatives and to monitor rational drug use and prescribing.</p> <p>The Indiana DUR Board advises Contractors on pro-DUR and Utilization Management (UM) programs that address safety and efficacy of prescription drugs. Retro-DUR activities are handled by the Contractor and the Pharmacy Benefit Manager (PBM), MedImpact,</p>

MCO Name	DUR Board Activities Summary
	<p>independently of the Indiana DUR Board. Results of the pro-DUR/UM edits are taken into consideration when designing and implementing the retro-DUR program.</p> <p>The Indiana DUR Board is not directly involved in DUR education programs as such programs are developed and managed by the Contractor. The Indiana DUR Board does produce a newsletter in conjunction with OMPP separate from the activities conducted by Contractors.</p> <p>The Contractor has established policies to determine appropriate intervention type based upon factors including but not limited to number of impacted individuals, degree of risk to patient safety, and available time frame for completing the intervention.</p> <p>The Indiana DUR Board monitors and reviews the results of ongoing MCO reporting of opiate utilization and oral Opiate Medication Assisted Therapy (MAT) drug trends for FFS as well as the contracted MCOs on a consolidated basis on a quarterly schedule. Those results are monitored to evaluate the ongoing effectiveness of collaborative opiate interventions deployed across the entire FFS and MCO populations.</p>
<p>UnitedHealthcare Community Plan, Inc.</p>	<p>DUR Board meetings held between 10/01/2021 and 09/30/2022</p> <ol style="list-style-type: none"> 1. The UnitedHealthcare Community Plan DUR Board Meetings: <ol style="list-style-type: none"> a. 3/31/2022 b. 09/26/2022 <p>Additions/deletions to DUR Board approved criteria.</p> <ol style="list-style-type: none"> 1. For prospective DUR, list problem type/drug combinations added or deleted. <ol style="list-style-type: none"> a. Approval to implement a new type of Concurrent Drug Utilization Review (CDUR) edit that would limit the number of soft reject overrides at the point of sale before transitioning the edit to a hard reject requiring prior authorization for therapeutic duplication for the following CDUR classes: basal insulins, diabetes agents, respiratory agents, and immunomodulators. b. Approval to add Concurrent Drug Utilization Review (CDUR) soft edits at the point of sale for the following CDUR types and classes: <ol style="list-style-type: none"> i. Therapeutic Duplication: Barbiturates, Alpha-1 Blockers ii. Drug Interactions: Clonidine + Beta Blocker, Anti-Rejection Immunosuppressants iii. Cumulative High Dose: Metformin c. Approval to add Concurrent Drug Utilization Review (CDUR) message only edit at the point of sale for the following CDUR types and classes: <ol style="list-style-type: none"> i. Drug Interactions: Oral Contraceptive + Anti-Infective 2. For retrospective DUR, list therapeutic categories added or deleted. <ol style="list-style-type: none"> a. Gained approval for a member targeted letter campaign focusing on member awareness of risks associated with prolonged use of PPIs and/or sedatives. b. Gained approval to ask OptumRx to re-evaluate triggers within the OptumRx RDUR Safety Management Program based on a comprehensive evaluation. <p>Describe Board policies that establish whether and how results of prospective DUR screening are used to adjust retrospective DUR screens.</p> <ol style="list-style-type: none"> 1. The UnitedHealthcare Community Plan evaluates the trends in the ongoing CDUR programs at the point of sale and are completed by the DUR Team at minimum once yearly. Outlier medication related problems within each service are evaluated for possible recommendation for addition to the existing RDUR program triggers employed by

MCO Name	DUR Board Activities Summary
	<p>OptumRx. The DUR Team brings these recommendations to the DUR Board committee for review and final approval to place the recommendation with OptumRx.</p> <p>Also, describe policies that establish whether and how results of retrospective DUR screening are used to adjust prospective DUR screens.</p> <ol style="list-style-type: none"> The UnitedHealthcare Community Plan evaluates the trends in the ongoing RDUR programs we are enrolled in through OptumRx and are completed by the DUR Team at minimum once yearly. Outlier medication related problems within each service are evaluated for possible inclusion in the custom CDUR soft edit program. The DUR Team brings these recommendations to the DUR Board committee for review and final approval. Examples of this during FFY 21-22 was the inclusion of anti-rejection immunosuppressants drug interaction and Alpha-1 Blocker therapeutic duplication to the CDUR soft edit program, both of which came from evaluations of RDUR medication-related problem trends. <p>Describe DUR Board involvement in the DUR education program (e.g., newsletters, continuing education, etc.).</p> <ol style="list-style-type: none"> The UnitedHealthcare Community Plan evaluates the need for educational programs on an ongoing basis and the type of program implementation done is decided on a case-by-case basis. During the evaluation of CDUR and RDUR program trends and the larger healthcare landscape, opportunities are identified that would be well suited for a broader education of the prescribing network and are recommended to the DUR Board. Most often this takes the form of educational newsletters. <p>Also, describe policies adopted to determine mix of patient or provider specific intervention types (e.g., letters, face-to-face visits, increased monitoring)</p> <ol style="list-style-type: none"> The UnitedHealthcare Community Plan's standard intervention types are prescriber facing and usually take the form of letters/faxes or provider newsletters. The addition of programs that include other intervention types like face-to-face visits or monitoring or referrals are discussed on a case-by-case basis with the DUR Board. A member targeted letter campaign was approved during this FFY 21-22 focusing on member awareness of risks associated with prolonged use of PPIs and/or sedatives and to provide education to assist in conversations with their prescribing provider. <p>UnitedHealthcare Community Plan attends the Indiana Drug Utilization Board meetings in addition to our own. During this fiscal year, there were 10 Indiana Medicaid DUR meetings.</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 35 - Incorporation of NDCs for Covered Outpatient Physician Administered Drugs into DUR Criteria for ProDUR

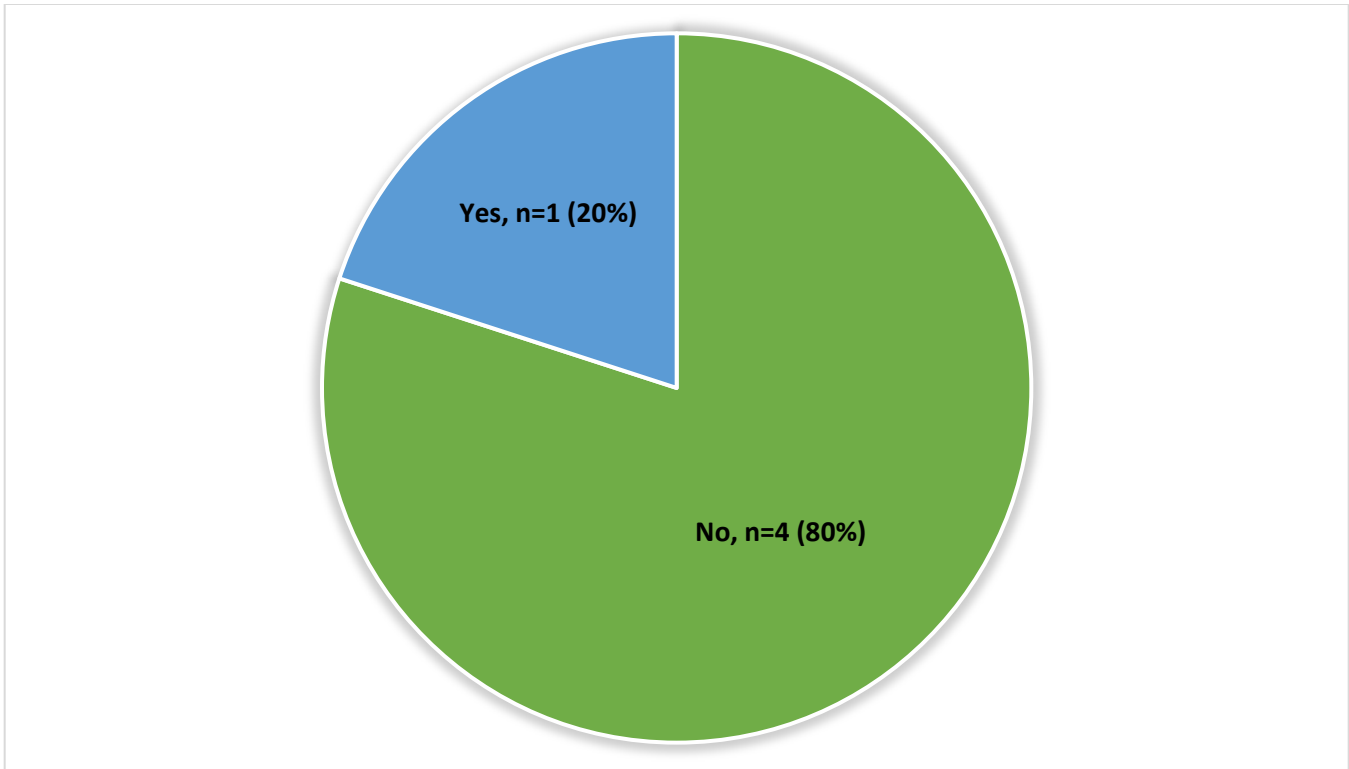


Table 53 - Incorporation of NDCs for Covered Outpatient Physician Administered Drugs into DUR Criteria for ProDUR

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc.	1	20.00%
No	CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	4	80.00%
State Totals		5	100%

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

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

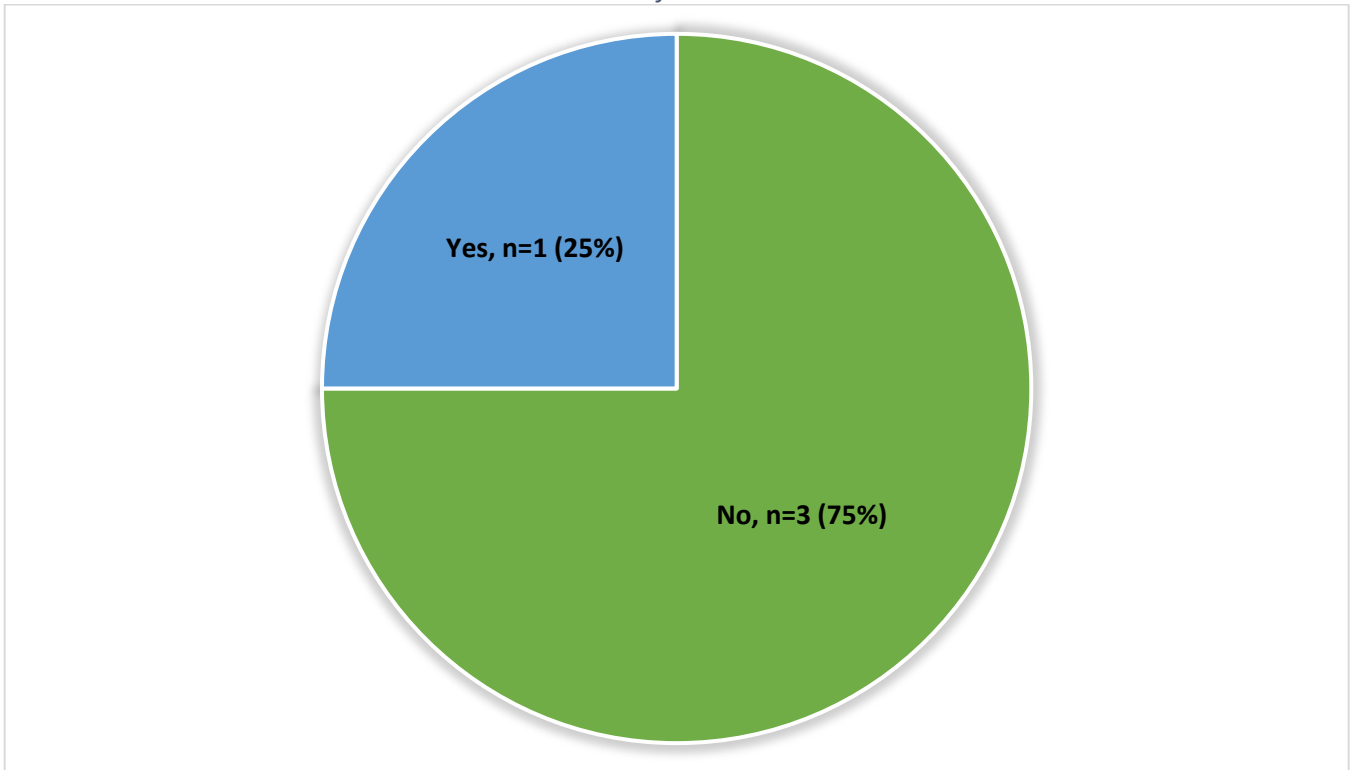


Table 54 - Future Plans to Incorporate NDCs for Covered Outpatient Physician Administered Drugs into DUR Criteria for ProDUR

Response	MCO Names	Count	Percentage
Yes	UnitedHealthcare Community Plan, Inc.	1	25.00%
No	CareSource, Managed Health Services Indiana (MHS), MDwise, Inc.	3	75.00%
State Totals		4	100%

2. RetroDUR?

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

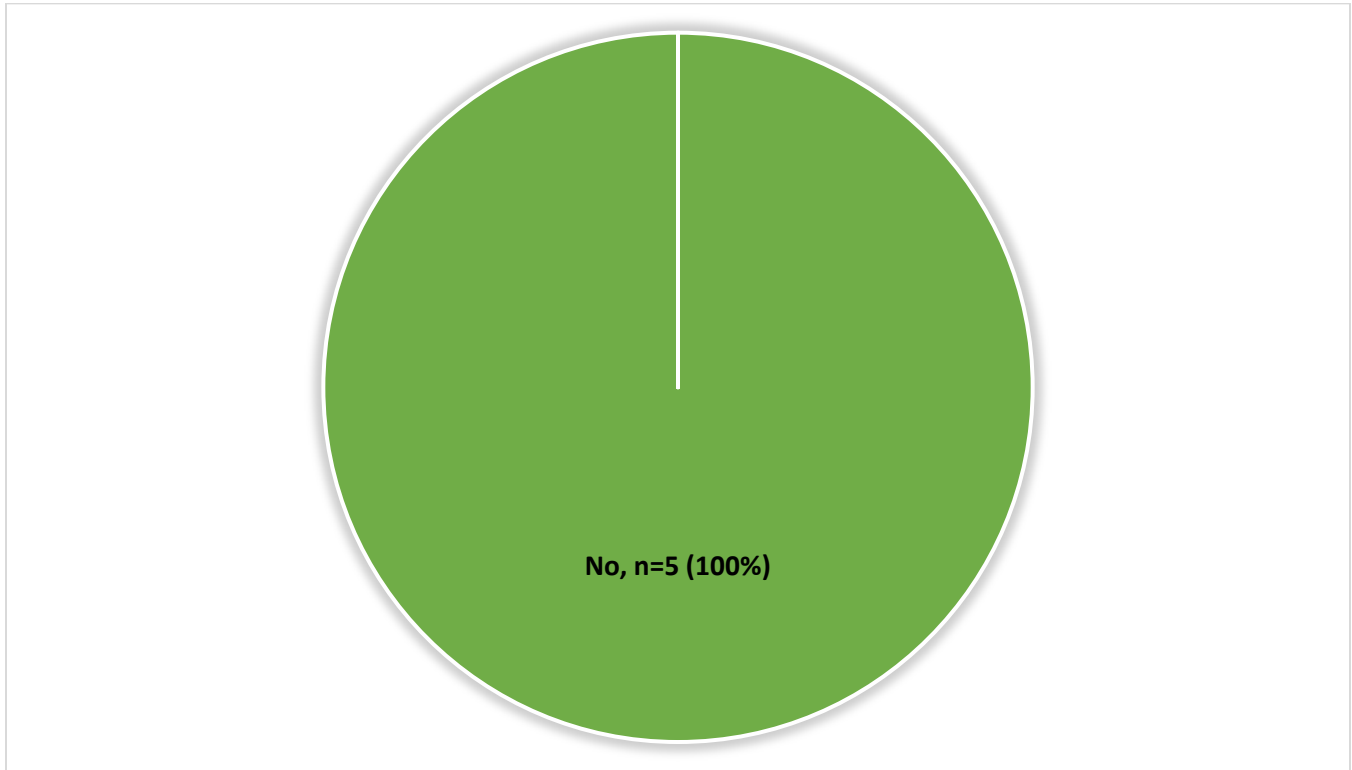


Table 55 - Incorporation of NDCs for Covered Outpatient Physician Administered Drugs into DUR Criteria for RetroDUR

Response	MCO Names	Count	Percentage
No	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

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

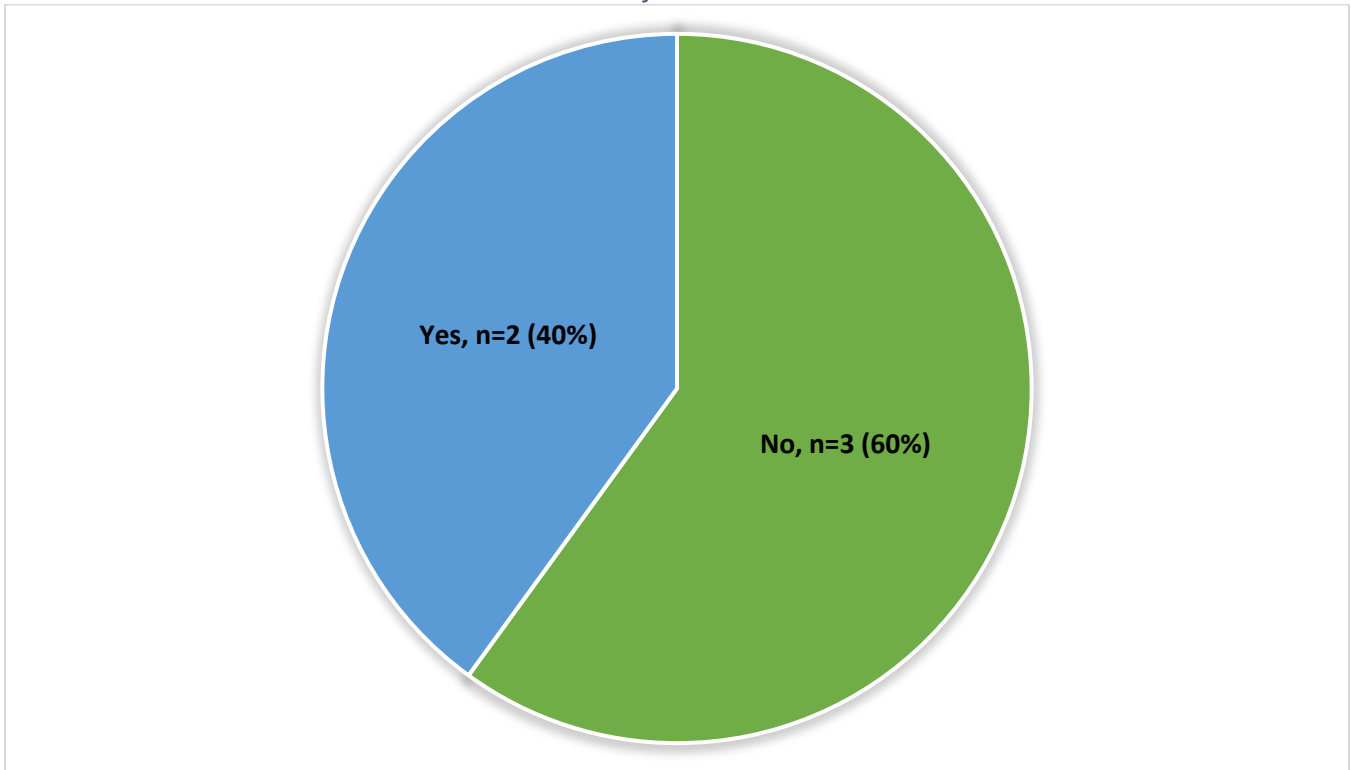


Table 56 - Future Plans to Incorporate NDCs for Covered Outpatient Physician Administered Drugs into DUR Criteria for RetroDUR

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., UnitedHealthcare Community Plan, Inc.	2	40.00%
No	CareSource, Managed Health Services Indiana (MHS), MDwise, Inc.	3	60.00%
State Totals		5	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 57 - Generic Drug Substitution Policies

MCO Name	Generic Drug Substitution Policies Summary
Anthem, Inc.	<p>The biggest factor impacting our generic substitution rate in IN is the Open Access Mental Health Drug legislation (IC12-15-35.5-3). This legislation inhibits our ability to prefer clinically proven, cost-effective generics over new single- source brand agents.</p> <p>In addition, our A08-Prior Authorization and A16-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 and any drug that exceeds plan limitations, for drugs requiring clinical criteria. The health plan requires the use of a preferred generic or therapeutic equivalent alternative as medically) prior to approval of non-formulary/non-preferred drugs.</p> <p>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 (Pharmacy - Generic and Formulary Management) along with Procedure 0553.01 (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 (VAC) 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;

MCO Name	Generic Drug Substitution Policies Summary
	<p>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;</p> <p>c. Any other circumstance will be presented to P&T and VAC prior to addition;</p> <p>d. All decisions or recommendations for new generics will be presented to the P&T committee and VAC at the next available meeting.</p> <p>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.</p> <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 medications</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>

MCO Name	Generic Drug Substitution Policies Summary
	<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 will be updated after changes are made each quarter and will be posted on the website.</p>
<p>Managed Health Services Indiana (MHS)</p>	<p>The MHS pharmacy benefit mandates use of the generic formulations of multi-source, AB rated drugs. To obtain coverage for a brand name medications when a generic is available, criteria must be met for brand name override. When generic drugs are available, the brand name drug will not be covered without Managed Health Services prior authorization. Generic drugs have the same active ingredient and work the same as brand name drugs. If a physicians/clinical providers feels a brand name drug is medically necessary, the physician/clinical can ask for a prior authorization.</p> <p>MHS will cover the brand name drug according to our clinical guidelines if there is a medical reason a member needs the particular brand name drug. If MHS does not grant a prior authorization for the brand name drug, the provider is notified and given information on the appeal process.</p> <p>Also, when a medication is on market as a generic, the generic is often moved to the preferred drug list or if a prior authorization is needed to obtained the drug, a step inside the criteria would be to try the generic first.</p>
<p>MDwise, Inc.</p>	<p>Indiana statute mandates substitution of a generically equivalent drug for a prescribed brand name drug whenever an FDA approved and bioequivalent generic is available, and unless the prescribing practitioner properly signs and indicates "Brand Medically Necessary" on the prescription and obtains prior authorization. Contractor prior authorization criteria require a patient has tried an FDA approved generic equivalent for the requested medication and experienced a hypersensitivity reaction, adverse outcome, or other therapeutic failure documented in a patient's medical record. In addition, submission of a copy of a completed FDA Form 3500 MedWatch to the U.S. Food and Drug Administration (FDA) is required, and can be obtained at www.fda.gov/media/76299/download</p>

MCO Name	Generic Drug Substitution Policies Summary
<p>UnitedHealthcare Community Plan, Inc.</p>	<p>The purpose of the UnitedHealthcare Community Plan Generic Substitution Policy is to define the process of ensuring cost-effective generic drugs, or authorized brand alternatives (ABA) included in the preferred drug lists and covered by the pharmacy benefits of UnitedHealthcare Community Plan. UnitedHealthcare Community Plan Pharmacy and Therapeutics committee determines which drugs are included in preferred drug lists and the PBM reviews the Medispan data base and generic pipeline report frequently to determine when generic drugs become available and if they are determined to be an authorized brand alternative (ABA) by the U.S. Food and Drug Administration.</p> <p>The PBM programs the point-of-sale (POS) system to reject multi-source brand drugs as non-preferred when equivalent generic drugs become available. If the FDA identifies the equivalent generic drug as an ABA that does not lead to a corresponding multisource code (MSC) change, UnitedHealthcare Community Plan will review the new product to identify if it provides an opportunity to manage towards a new lower cost alternative in the class. If identified as a lower cost opportunity, UnitedHealthcare Community Plan will work with the PBM to adjust the coding to prefer national drug codes (NDC) of the ABA and reject the NDC of the brand name drugs as non-preferred. When adjudicated, the POS system reject claims for non-preferred multi-source brand drugs with a preferred ABA with a rejection message that indicates a generic substitution is required. If a prior authorization is in place for a non-preferred drug that has an ABA become available, UnitedHealthcare Community Plan will work with the PBM to update those authorizations to allow the new ABA NDC to process and subsequently remove the NDC for the brand product leading to a POS reject for processed claims with a rejection message indicating generic substitution is required, unless prohibited by state regulation.</p> <p>UnitedHealthcare Community Plan reserves the right to implement a brand over generic strategy if, economically, the brand with a rebated discount is more cost effective than the generic equivalent. The PDL will define Brand over generic strategies and POS messaging will reflect this preference to direct pharmacy claims processing to the appropriate product.</p> <p>The Prescriber can request coverage of a multi-source brand product by contacting the Pharmacy Prior Authorization Team via fax, telephone, or electronic prior authorization. The prescriber must provide documentation explaining the reason for the brand drug, and the Pharmacy Prior Authorization Team processes the request in accordance with coverage review guidelines for non-preferred drugs.</p>

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

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

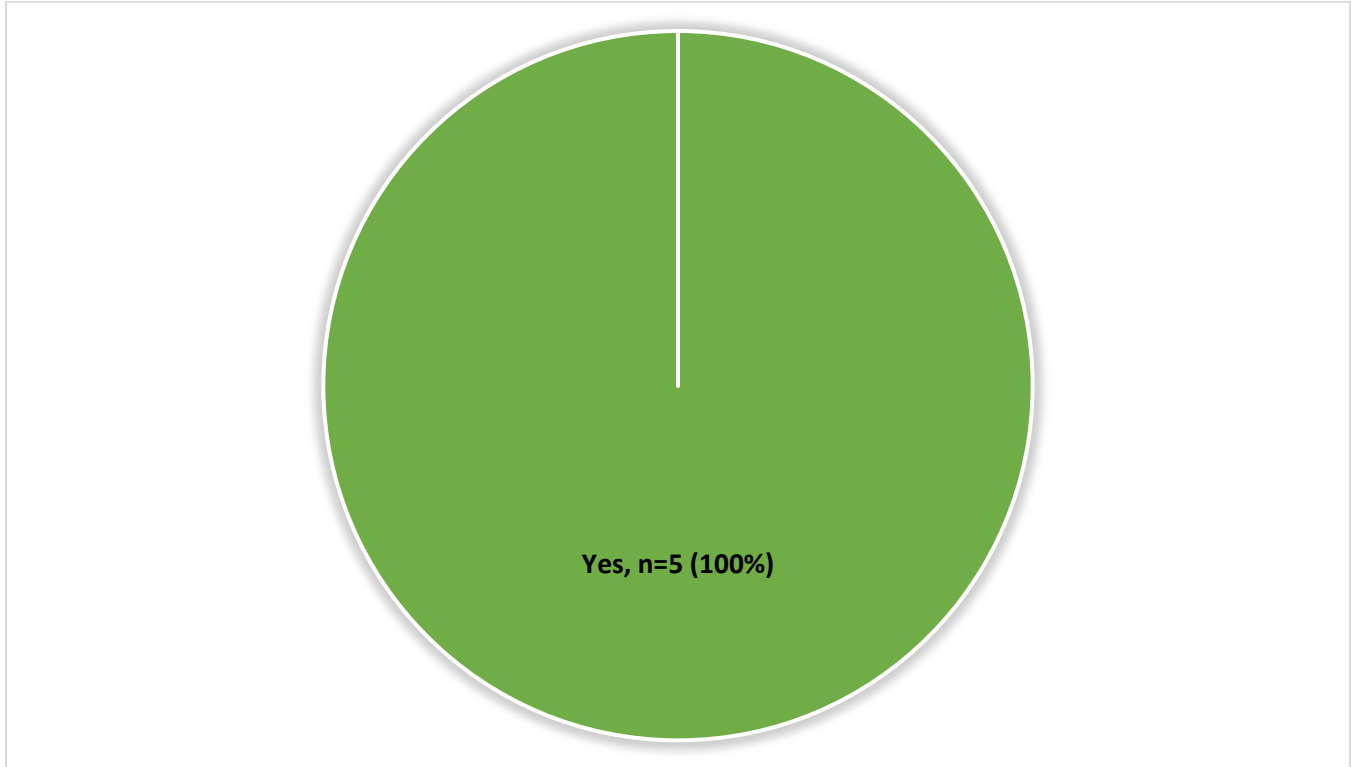


Table 58 - More Restrictive MCO Requirements than the Prescriber Writing in His Own Handwriting “Brand Medically Necessary” for a Brand Name Drug

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

If “Yes,” check all that apply.

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

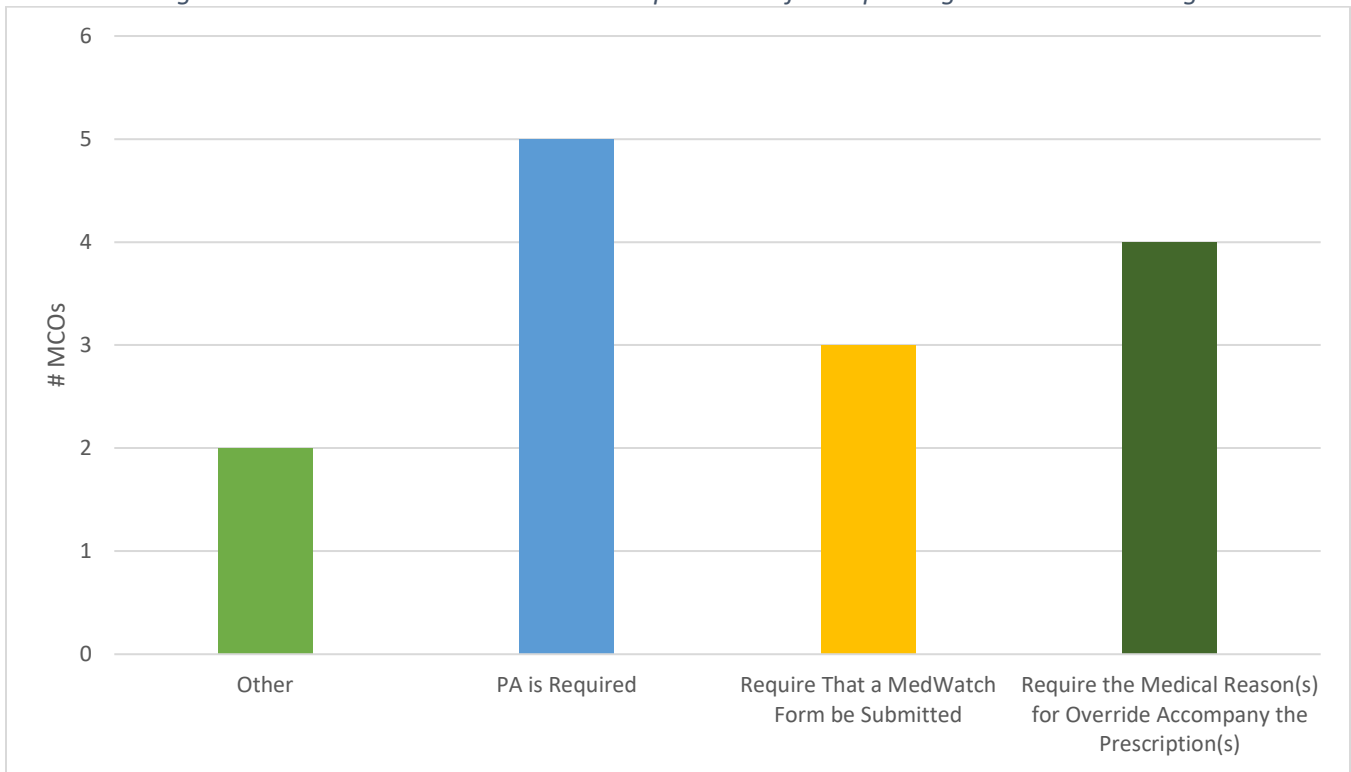


Table 59 - Additional Restrictive MCO Requirements for Dispensing a Brand Name Drug

Response	MCO Names	Count	Percentage
PA is required	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	35.71%
Require that a MedWatch Form be submitted	CareSource, Managed Health Services Indiana (MHS), MDwise, Inc.	3	21.43%
Require the medical reason(s) for override accompany the prescription(s)	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc.	4	28.57%
Other	Anthem, Inc., CareSource	2	14.29%
State Totals		14	100%

If “Other,” please explain.

Table 60 - “Other” Explanations for Additional Restrictive MCO Requirements for Dispensing a Brand Name Drug

MCO Name	Explanation
Anthem, Inc.	Require member to trial and fail or have documented allergies to at least one generic equivalent. DAW 1 (Dispense-as-written) overrides are systematically allowed for narrow therapeutic index medications without prior authorization when pharmacy enters DAW 1.
CareSource	DAW 1 (Dispense As Written) overrides are systematically allowed for narrow therapeutic index medications without prior authorization when pharmacy enters DAW 1.

Generic Drug Utilization Data

Computation Instructions KEY

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

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

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

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

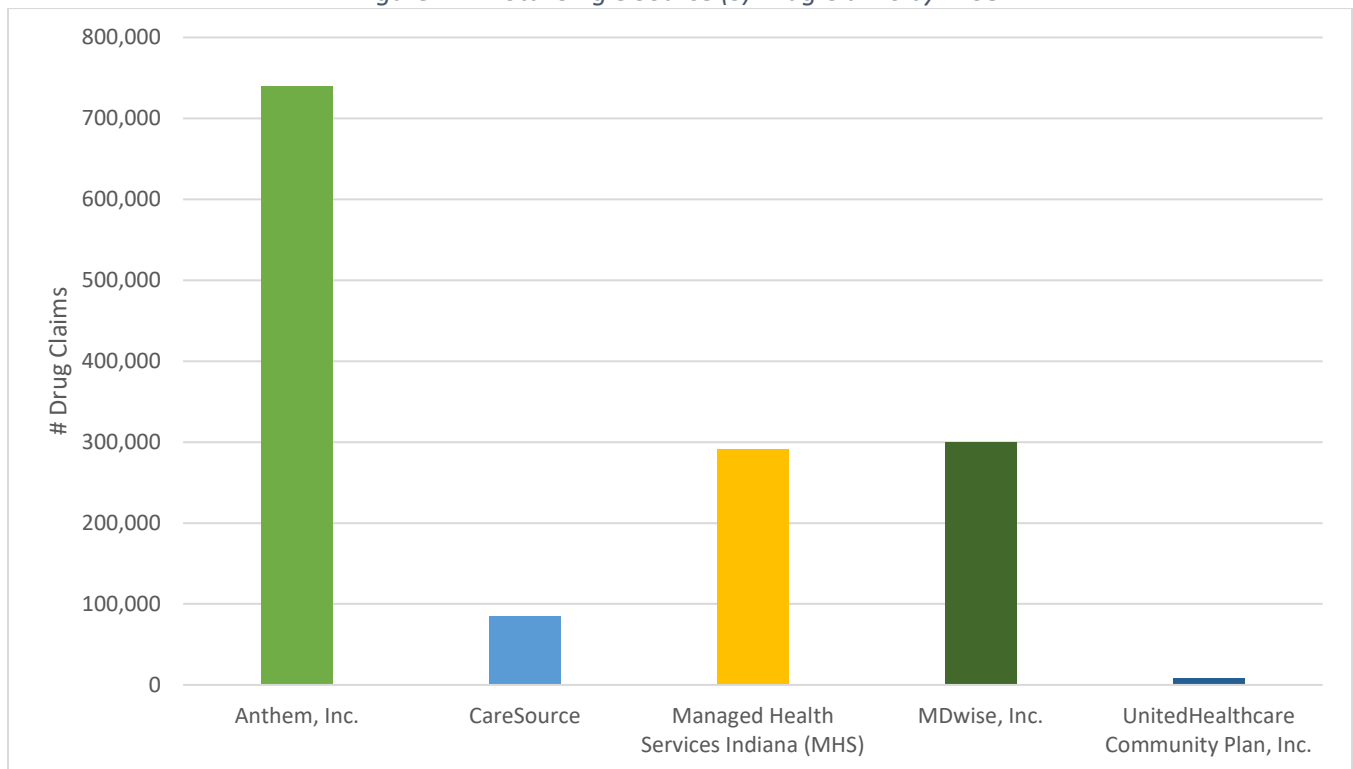
$$N \div (S + N + I) \times 100 = \text{Generic Utilization Percentage}$$

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

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

CMS has developed an [extract file](#) from the Medicaid Drug Rebate Program Drug Product Data File identifying each NDC along with sourcing status of each drug: S, N, or I.

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



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

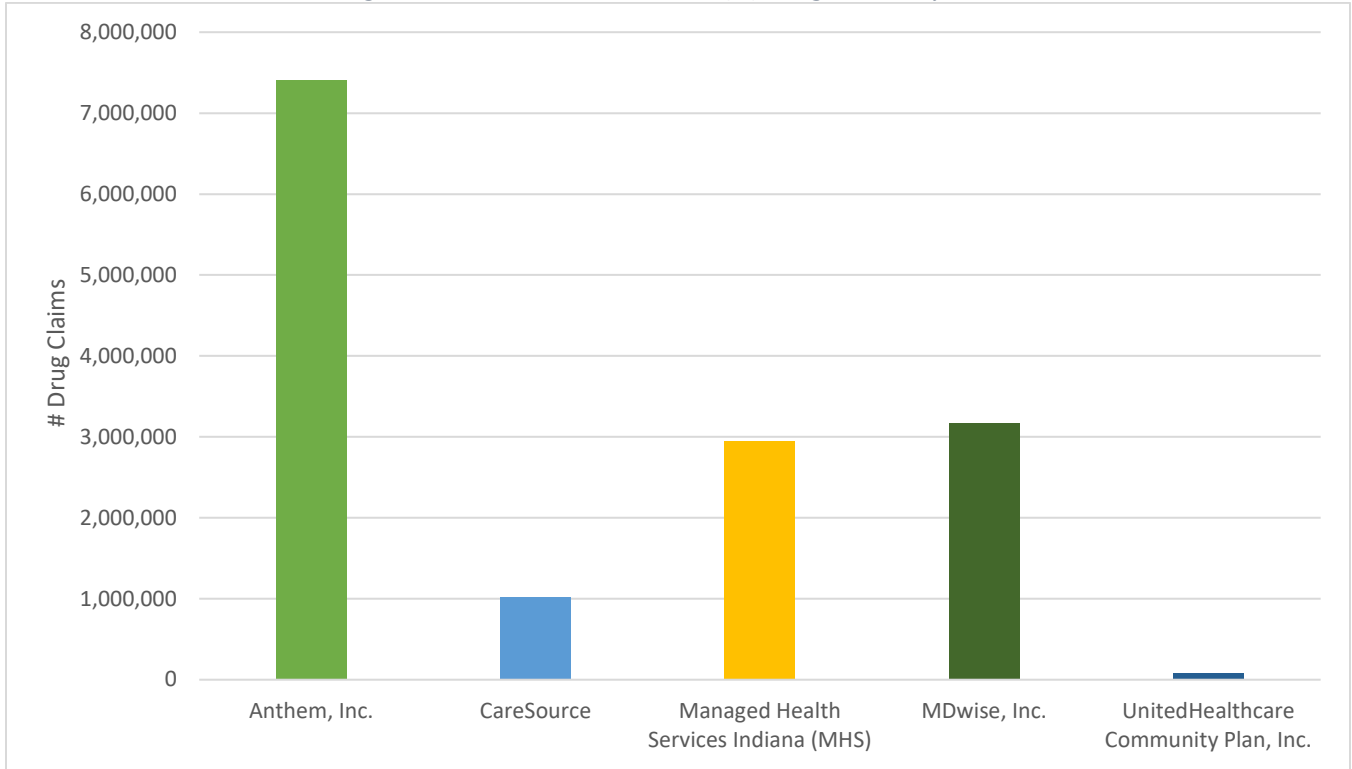
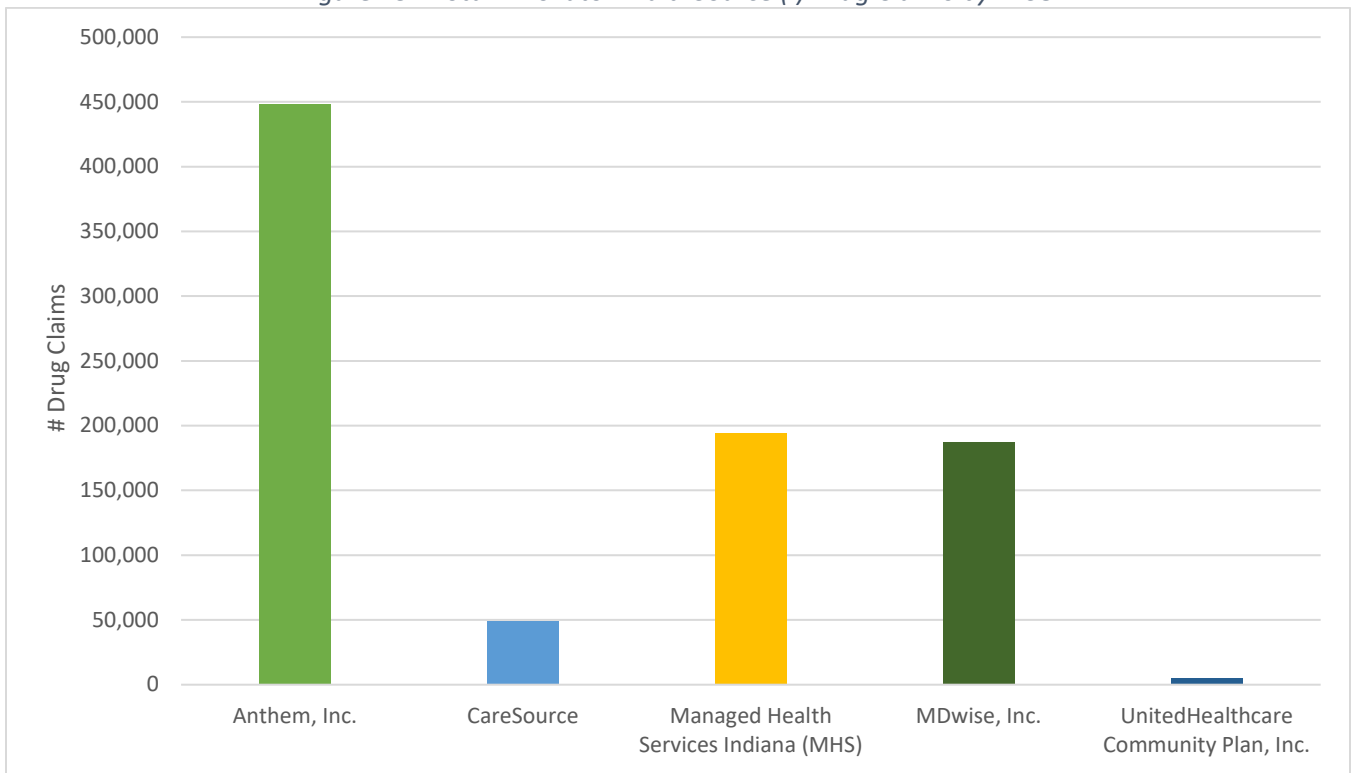


Figure 43 - Total Innovator Multi-Source (I) Drug Claims by MCO



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Table 61 - 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
Anthem, Inc.	739,213	7,408,226	447,993
CareSource	84,132	1,013,899	49,127
Managed Health Services Indiana (MHS)	291,020	2,949,553	194,514
MDwise, Inc.	300,155	3,167,511	187,617
UnitedHealthcare Community Plan, Inc.	8,139	75,577	4,736
State Totals	1,422,659	14,614,766	883,987

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

Figure 44 - Generic Utilization Percentage

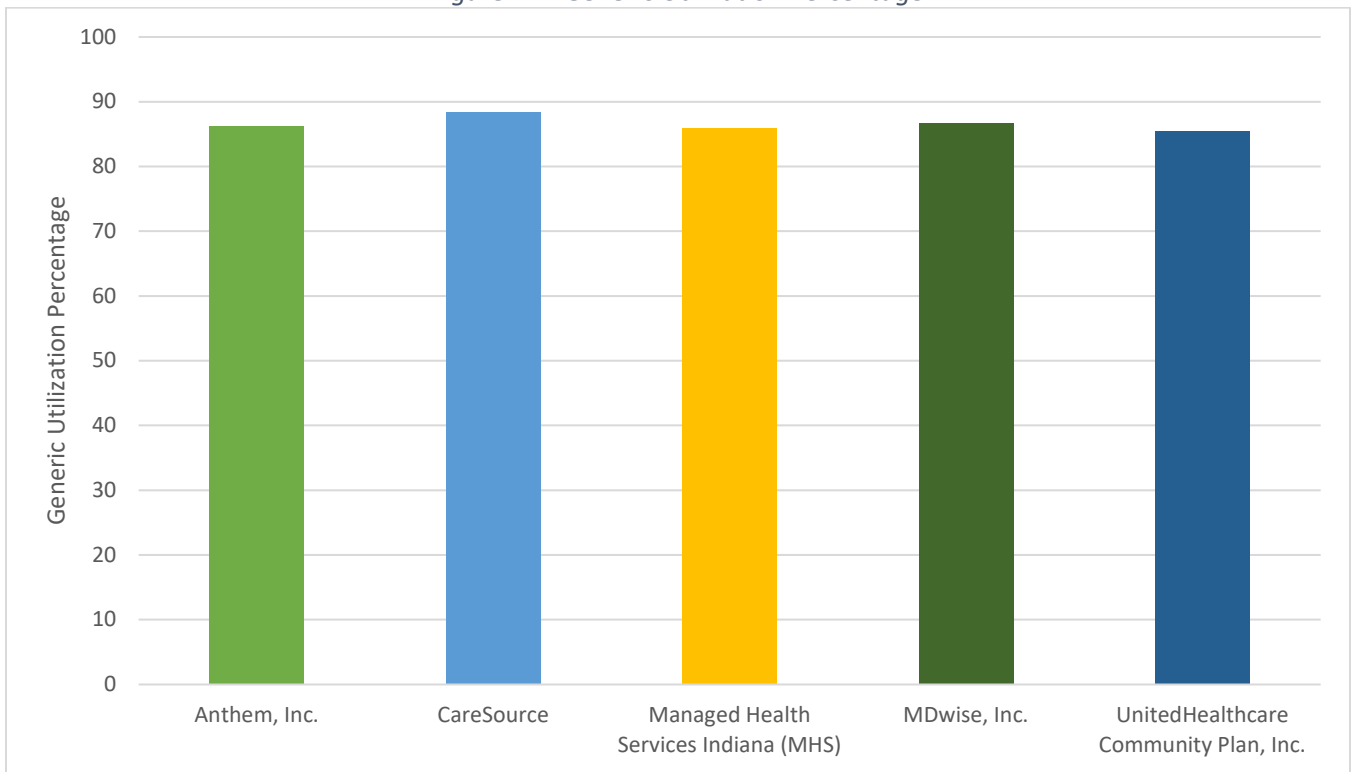


Table 62 - Generic Utilization Percentage

MCO Name	Generic Utilization Percentage
Anthem, Inc.	86.19%
CareSource	88.38%
Managed Health Services Indiana (MHS)	85.87%
MDwise, Inc.	86.66%
UnitedHealthcare Community Plan, Inc.	85.44%
State Average	86.51%

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

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

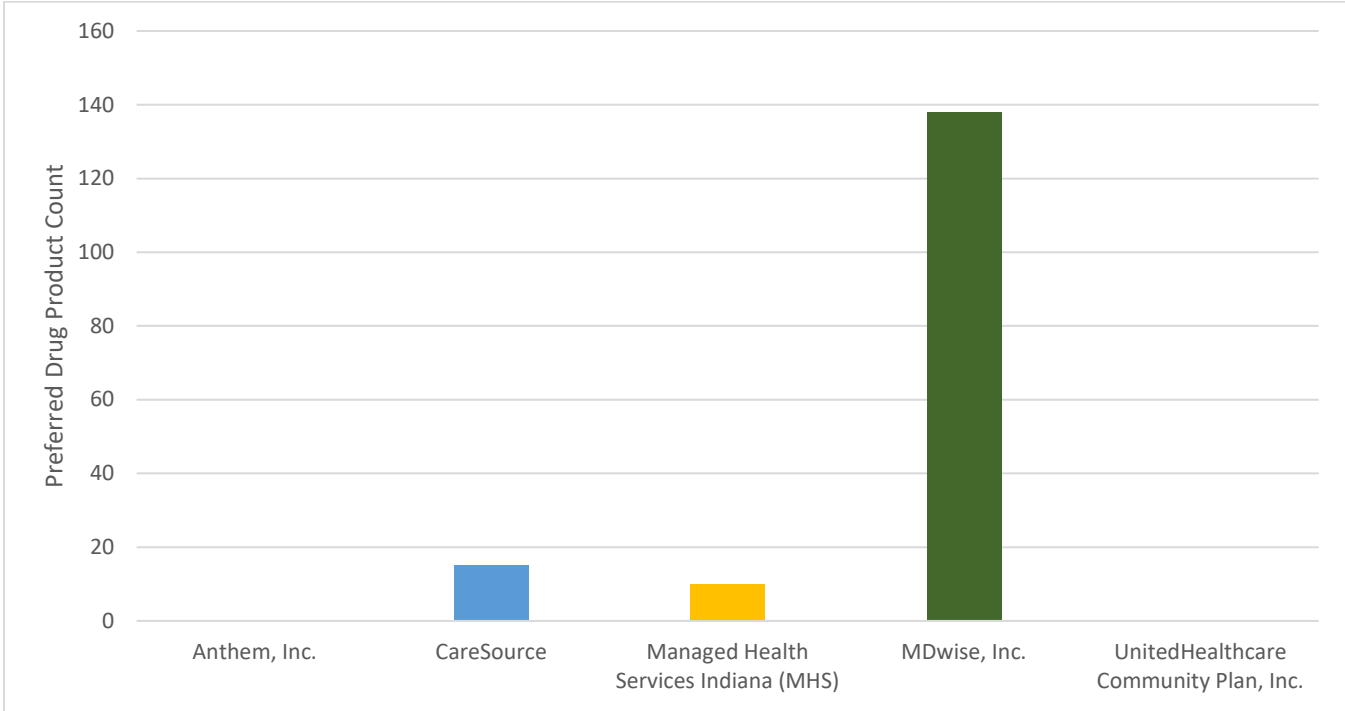


Table 63 - Innovator Drugs That Are The Preferred Product Instead Of Their Multi-Source Counterpart Based On Net Pricing

MCO Name	Preferred Drug Product Count
Anthem, Inc.	0
CareSource	15
Managed Health Services Indiana (MHS)	10
MDwise, Inc.	138
UnitedHealthcare Community Plan, Inc.	0

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

Figure 46 - Percentage Dollars Paid for Generic CODs

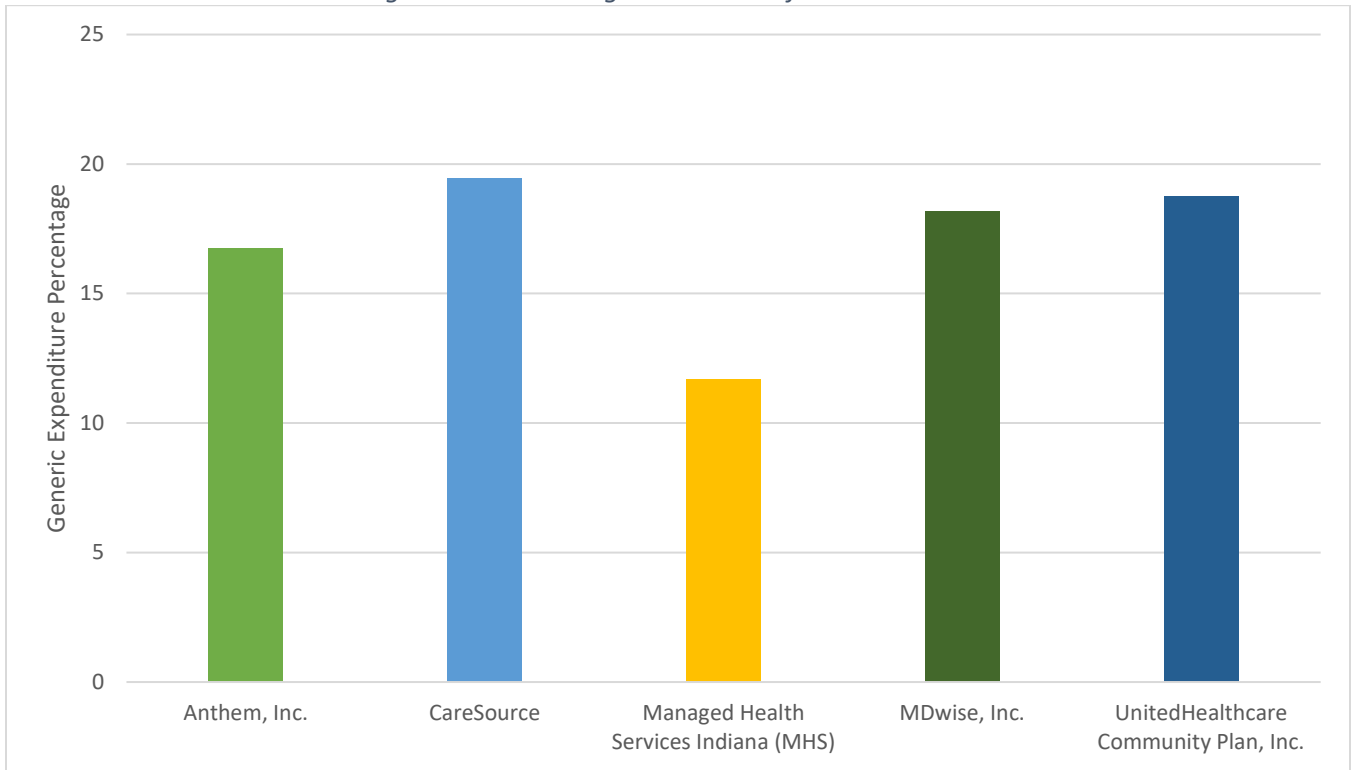


Table 64 - Percentage Dollars Paid for Generic CODs

MCO Name	Generic Expenditure Percentage
Anthem, Inc.	16.73%
CareSource	19.43%
Managed Health Services Indiana (MHS)	11.70%
MDwise, Inc.	18.16%
UnitedHealthcare Community Plan, Inc.	18.73%
State Average	16.95%

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

Table 65 - Explanations for MCO Policies Related to Biosimilars

MCO Name	Explanations
Anthem, Inc.	We cover the biosimilar agents in the same manner as the reference product and it is called out within the actual criteria.
CareSource	No separate policy, biosimilars are reviewed as individual products.
Managed Health Services Indiana (MHS)	Yes. If approved for the disease stated being treated, Biosimilars are preferred.
MDwise, Inc.	For some biosimilar products, the MCO requires a trial and failure of an FDA approved equivalent biosimilar agents prior to use of an innovator product. Additionally, we have worked with providers using the "Buy and Bill" process to make it simpler for them to

MCO Name	Explanations
	use various biosimilar products due to provider-based formulary constraints and product availability. (i.e. we allow multiple biosimilar products to be used rather than specifying a particular biosimilar).
UnitedHealthcare Community Plan, Inc.	Management of biosimilars follow same review process as any other FDA approved and Medicaid-covered drug, and is not called out in a specific biosimilar policy. Each biosimilar is reviewed individually for its overall place in therapy based upon FDA approvals.

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

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

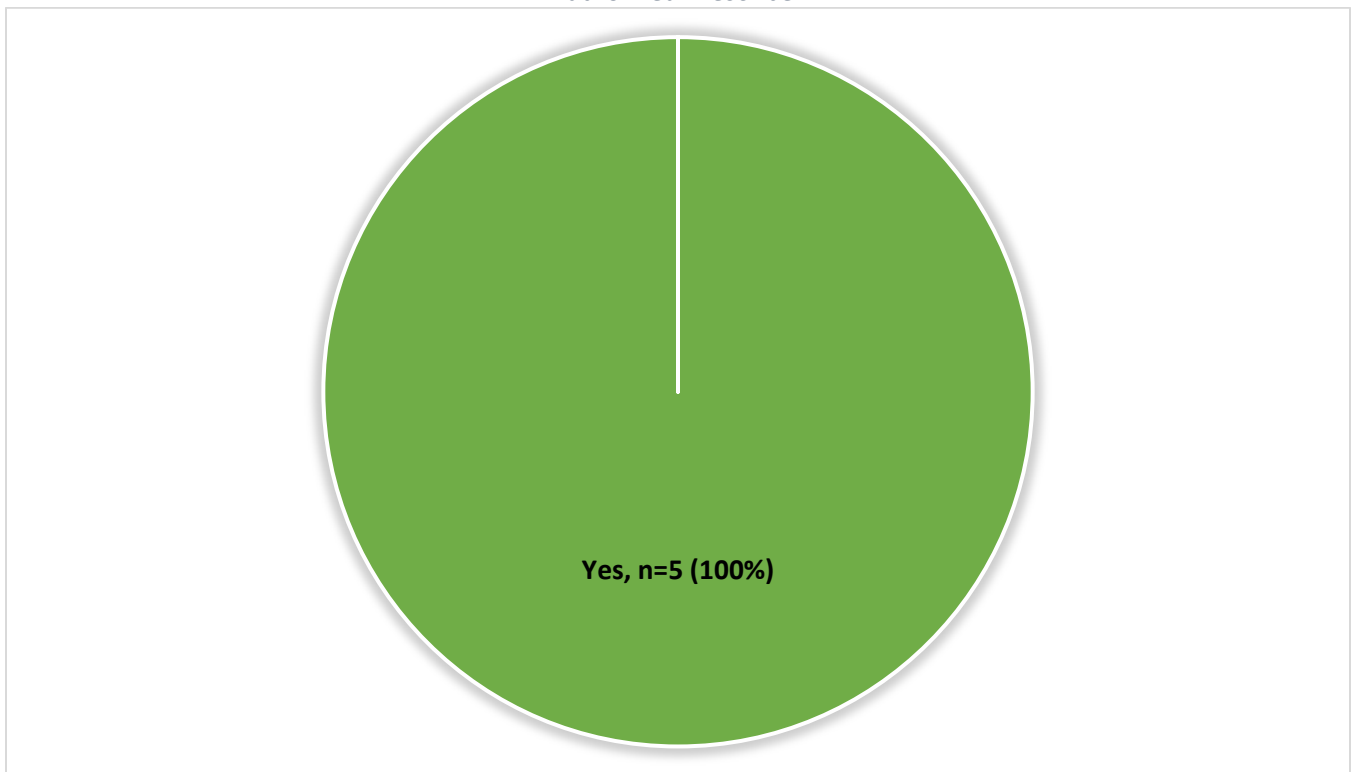


Table 66 - Medicaid Program Providing Coverage of Over-the-Counter Medications When Prescribed by an Authorized Prescriber

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

A. Lock-in or Patient Review and Restriction Programs

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

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

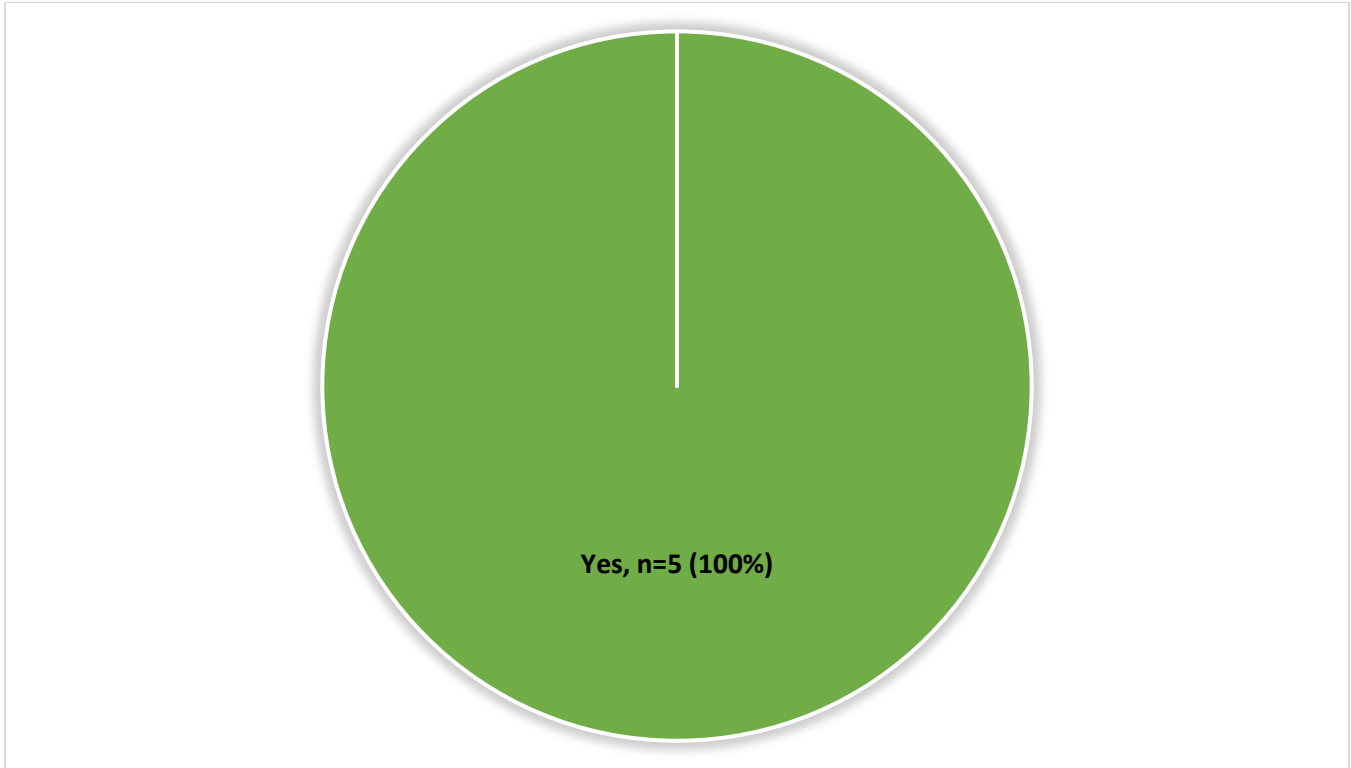


Table 67 - Documented Process in Place to Identify Potential FWA of Controlled Drugs by Beneficiaries

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

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

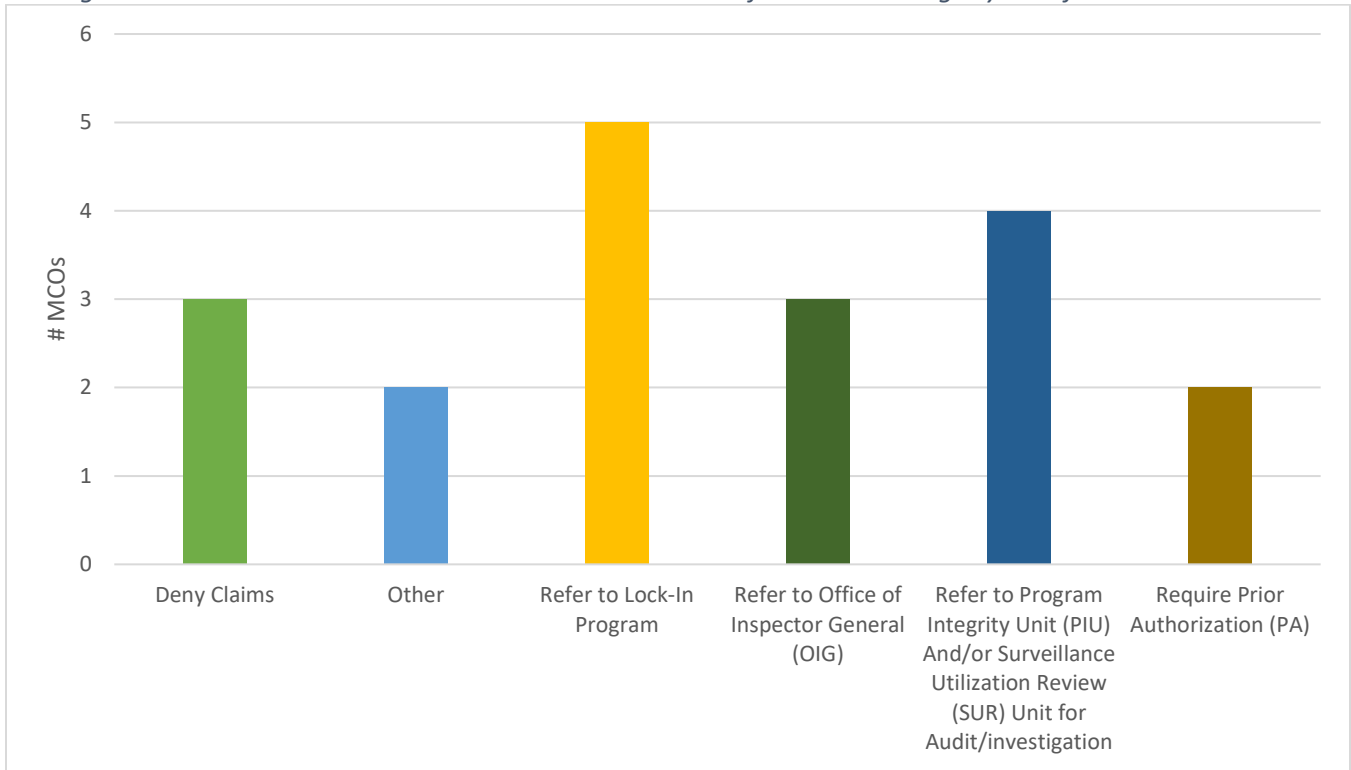


Table 68 - Actions Process Initiates when Potential FWA of Controlled Drugs by Beneficiaries is Detected

Response	MCO Names	Count	Percentage
Deny claims	Anthem, Inc., Managed Health Services Indiana (MHS), MDwise, Inc.	3	15.79%
Refer to Lock-In Program	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	26.32%
Refer to Office of Inspector General (OIG)	CareSource, MDwise, Inc., UnitedHealthcare Community Plan, Inc.	3	15.79%
Refer to Program Integrity Unit (PIU) and/or Surveillance Utilization Review (SUR) Unit for audit/investigation	CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	4	21.05%
Require prior authorization (PA)	Managed Health Services Indiana (MHS), MDwise, Inc.	2	10.53%
Other	MDwise, Inc., UnitedHealthcare Community Plan, Inc.	2	10.53%
State Totals		19	100%

If “Other,” please explain.

Table 69 - Explanations for “Other” Actions Process Initiates when Potential FWA of Controlled Drugs by Beneficiaries is Detected

MCO Name	Explanation
MDwise, Inc.	Refer to state Medicaid Fraud Control Unit (MFCU) or legal authorities when appropriate / warranted
UnitedHealthcare Community Plan, Inc.	Beneficiaries may be referred to the state Medicaid agency or law enforcement if the program integrity unit case warrants the referral.

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

Figure 50 - Lock-In Program

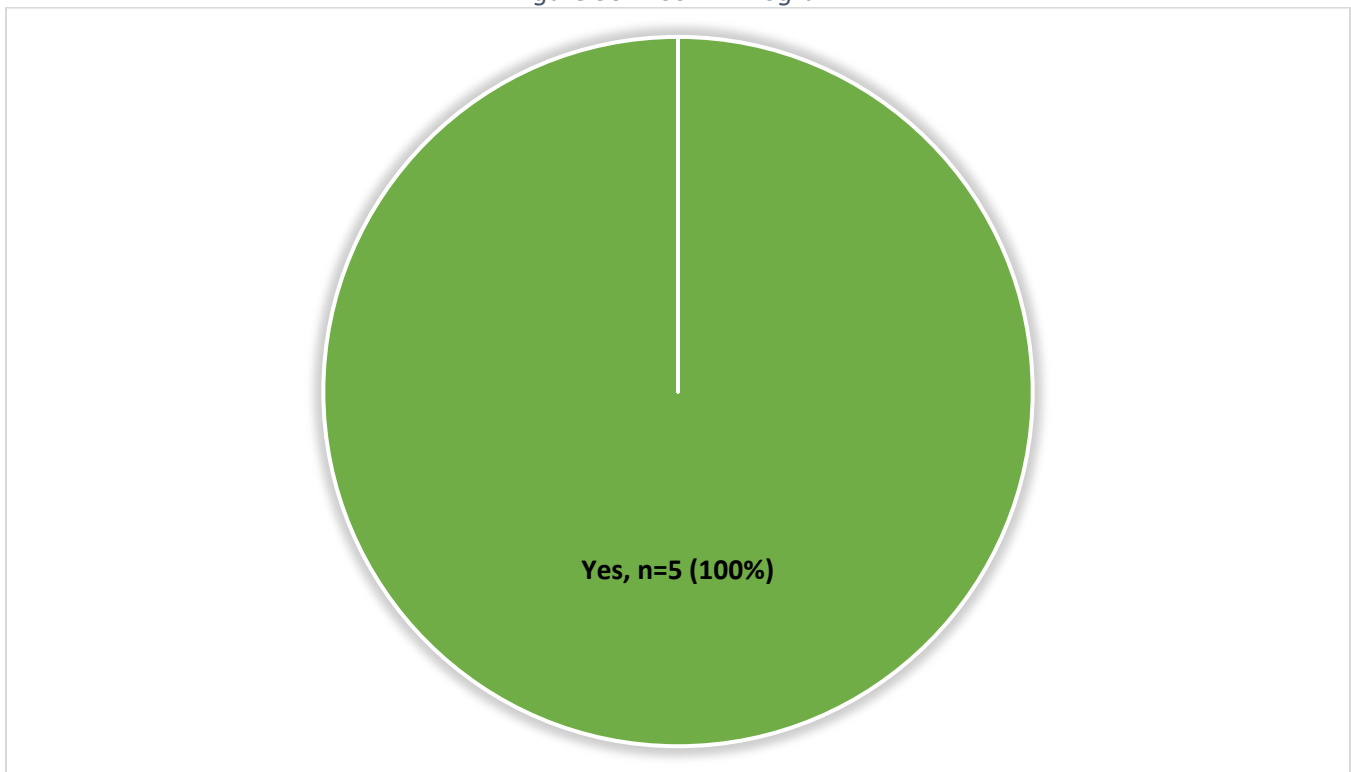


Table 70 - Lock-In Program

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

Figure 51 - Lock-In Program Candidate Identification Criteria

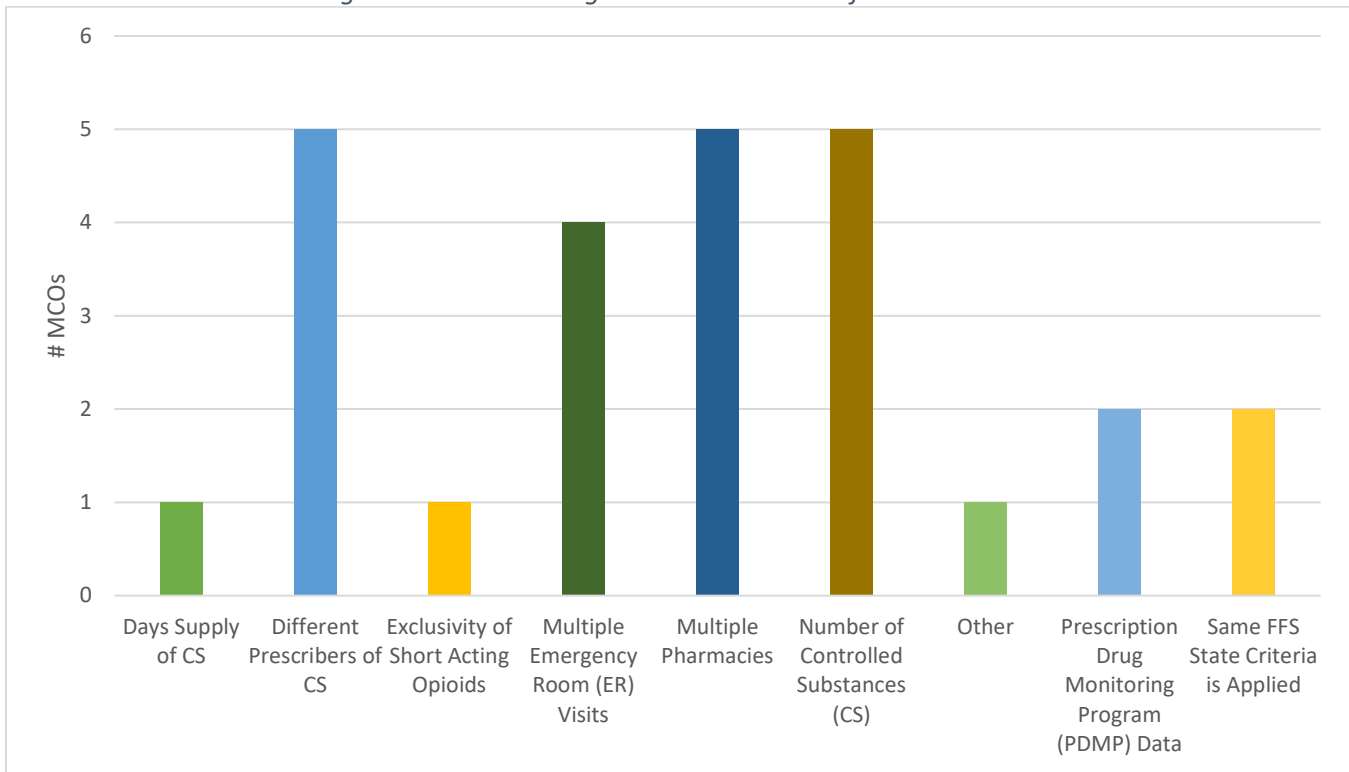


Table 71 - Lock-In Program Candidate Identification Criteria

Response	MCO Names	Count	Percentage
Days supply of CS	CareSource	1	3.85%
Different prescribers of CS	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	19.23%
Exclusivity of short acting opioids	MDwise, Inc.	1	3.85%
Multiple emergency room (ER) visits	Anthem, Inc., Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	4	15.38%
Multiple pharmacies	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	19.23%
Number of controlled substances (CS)	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	19.23%
Prescription Drug Monitoring Program (PDMP) data	MDwise, Inc., UnitedHealthcare Community Plan, Inc.	2	7.69%
Same FFS State criteria is applied	Managed Health Services Indiana (MHS), MDwise, Inc.	2	7.69%
Other	CareSource	1	3.85%
State Totals		26	100%

If “Other,” please explain.

Table 72 - “Other” Explanations for Lock-In Program Candidate Identification Criteria

MCO Name	Explanation
CareSource	1) Allowing another member to use Medicaid ID card 2) Opioid - Benzo combination 3) Selling drugs obtained using Medicaid benefits 4) Selling items obtained using Medicaid benefits 5) Stolen, forged or altering prescriptions prior to dispensing 6) Paying cash for prescriptions that exceed predetermined standards, as outlined in 42 CFR 456.709 7) Cumulative consumption of controlled substances reimbursed by Indiana Medicaid/cash payments exceeds standards 8) Stealing prescription pads

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

i. Prescriber only

Figure 52 - Prescriber Only Restriction Capability

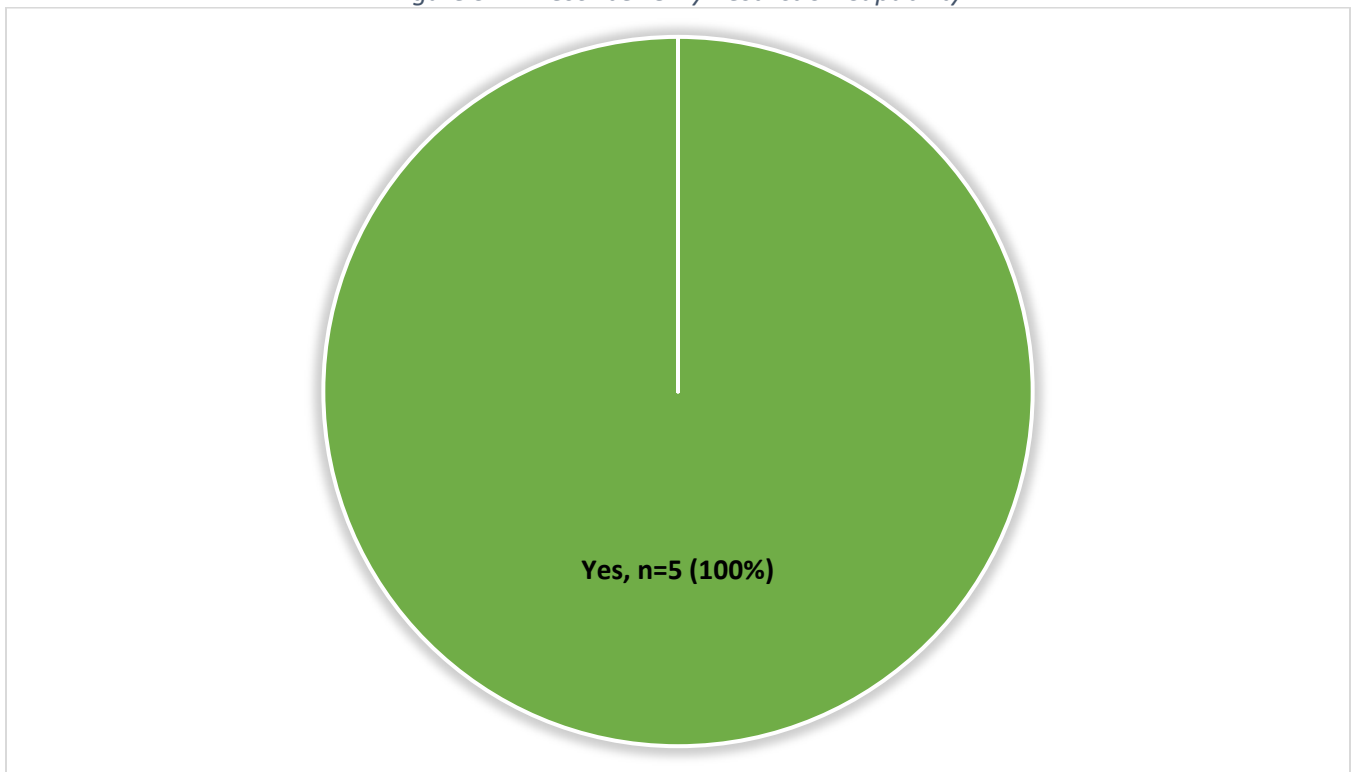


Table 73 - Prescriber Only Restriction Capability

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

ii. Pharmacy only

Figure 53 - Pharmacy Only Restriction Capability

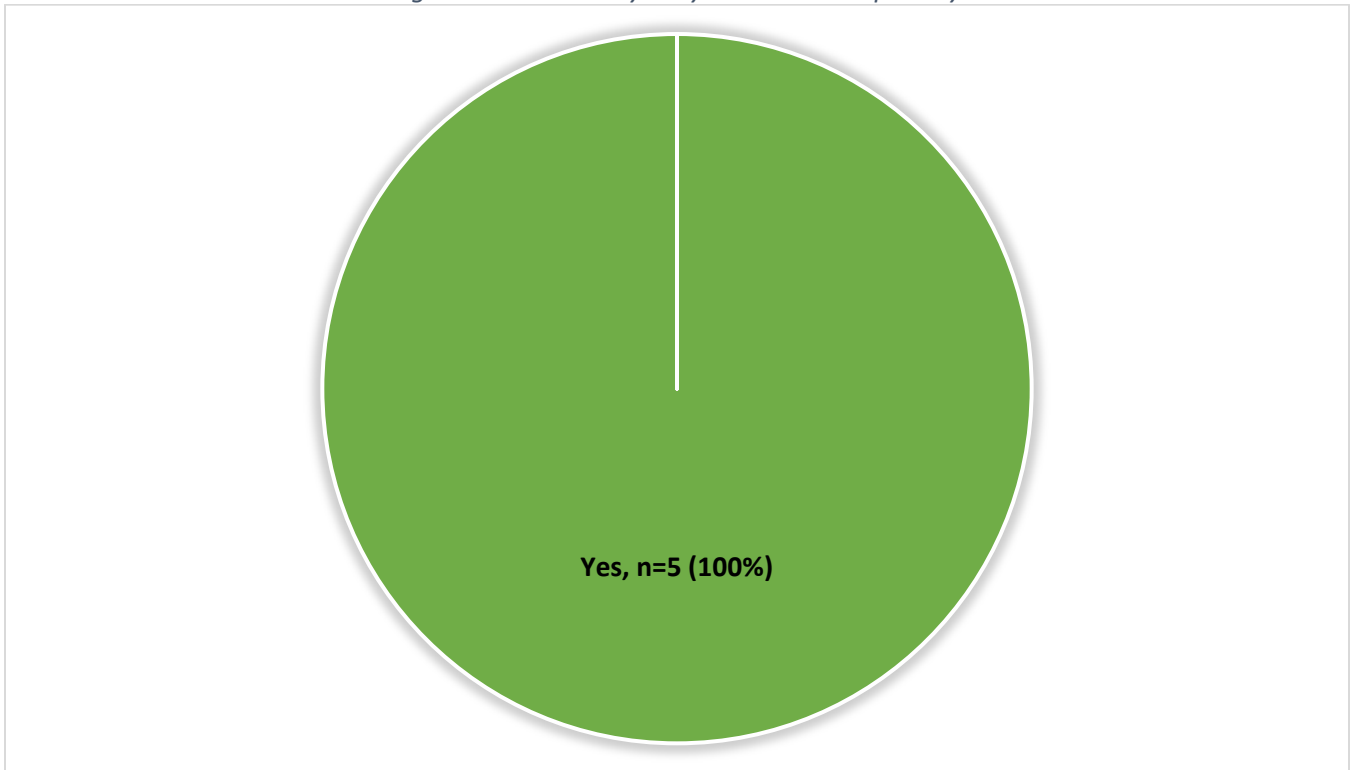


Table 74 - Pharmacy Only Restriction Capability

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

iii. Prescriber and Pharmacy

Figure 54 - Prescriber and Pharmacy Restriction Capability

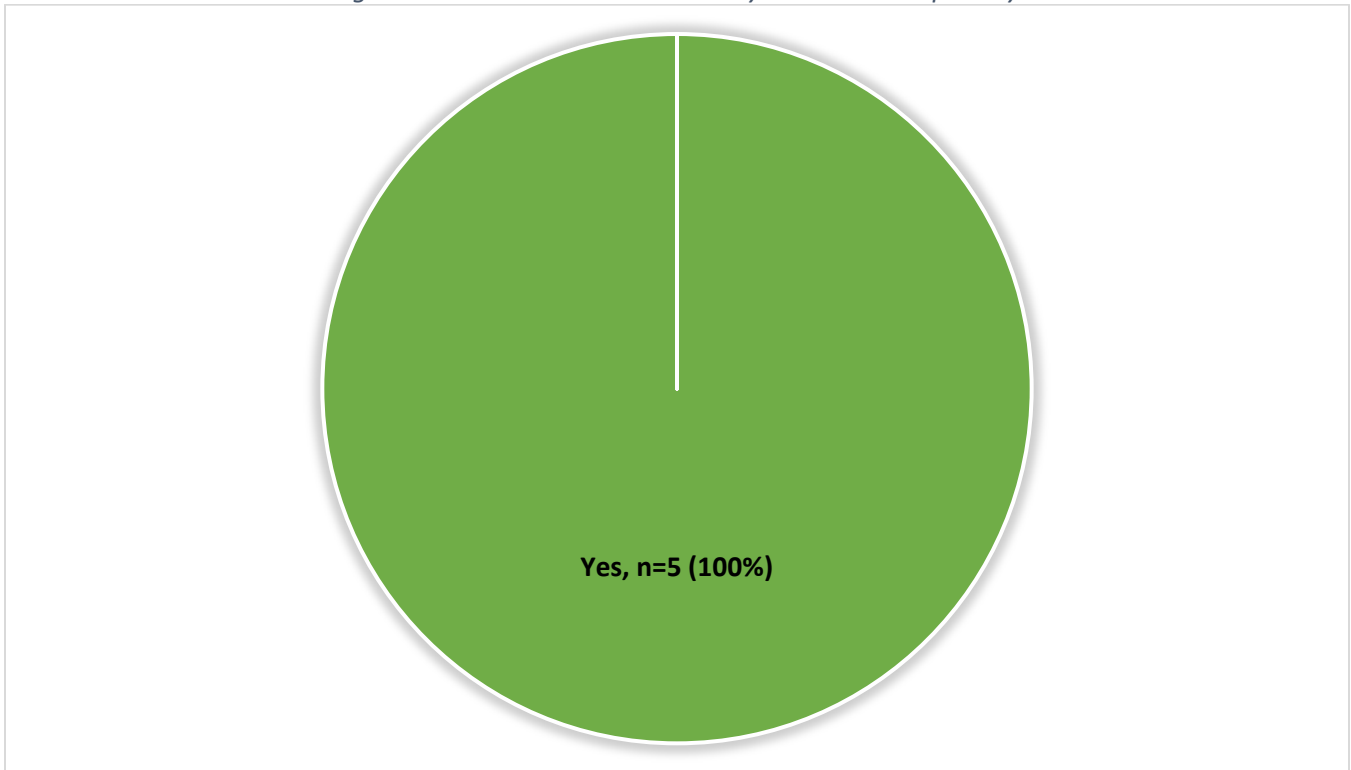


Table 75 - Prescriber and Pharmacy Restriction Capability

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

Figure 55 - Lock-In Time Period

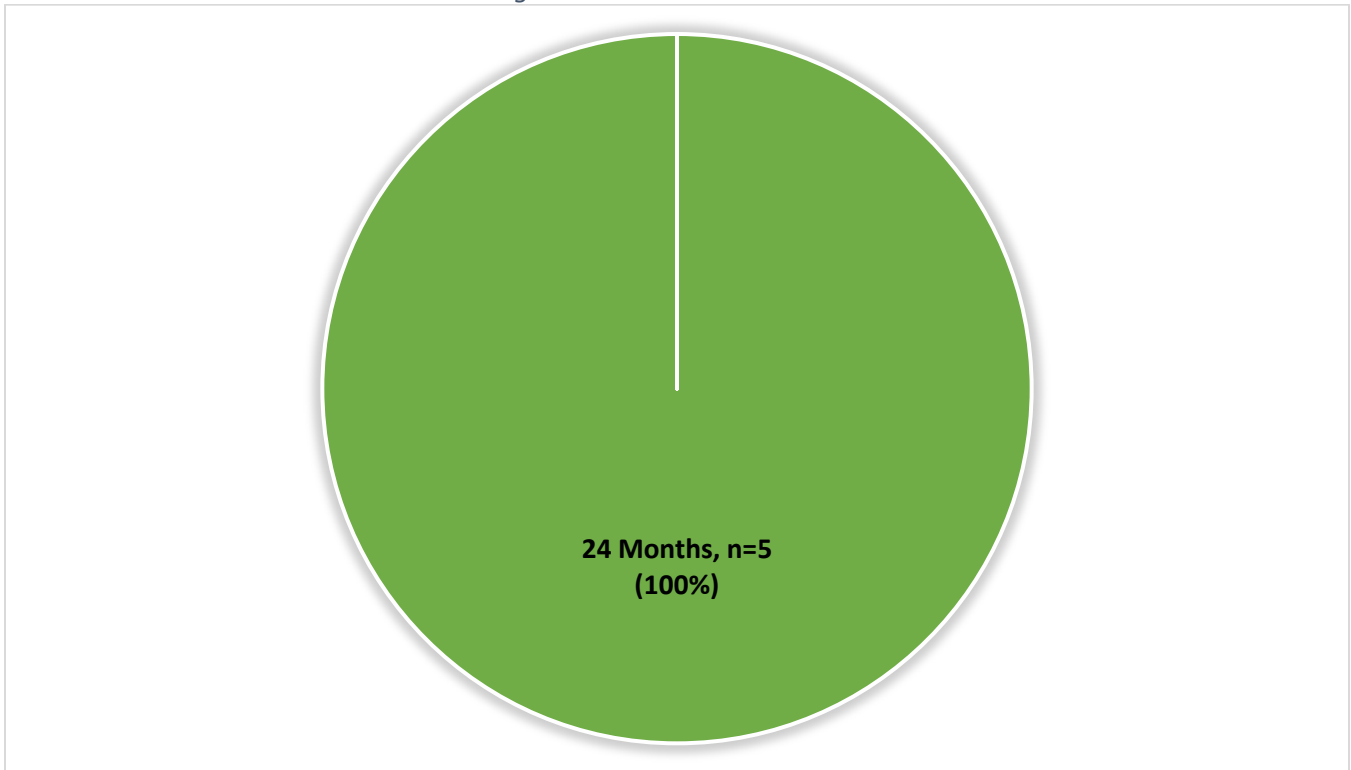


Table 76 - Lock-In Time Period

Response	MCO Names	Count	Percentage
24 months	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

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

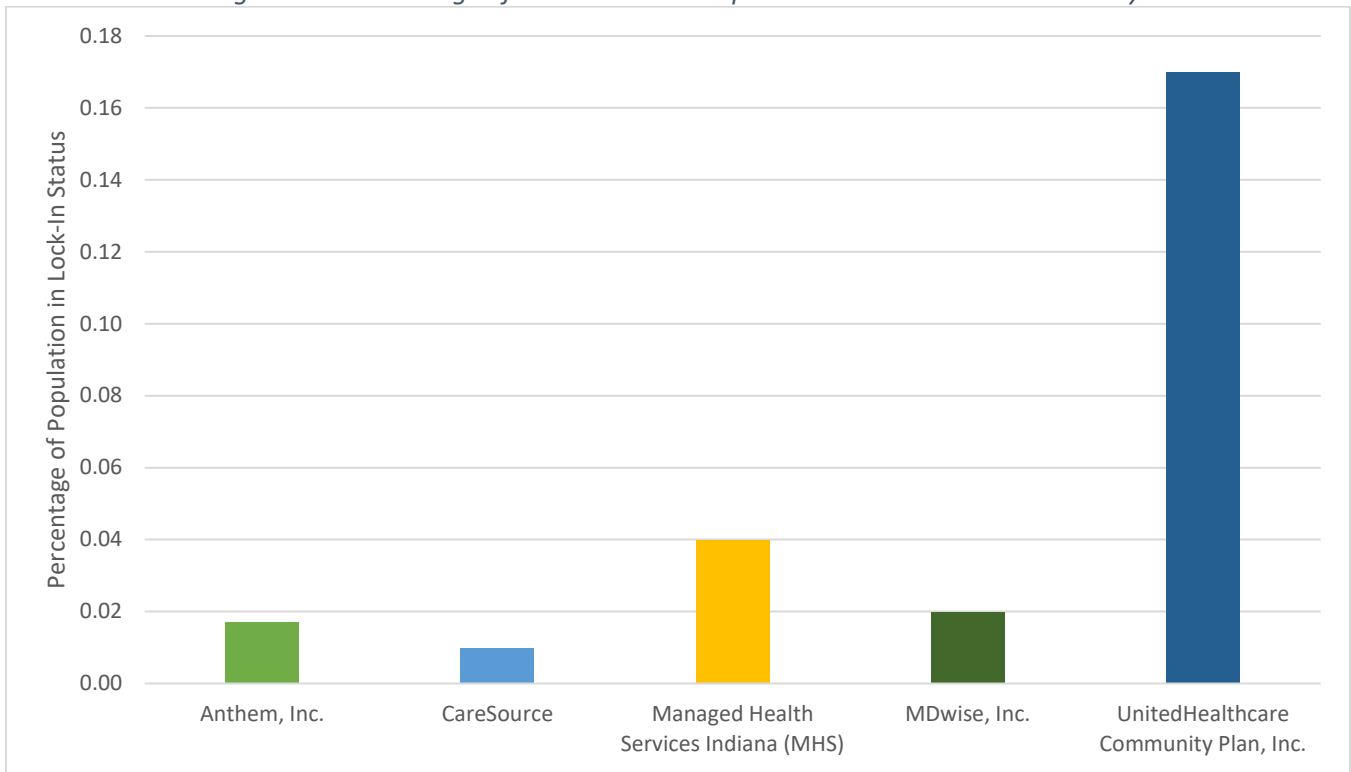


Table 77 - Percentage of Medicaid MCO Population in Lock-In Status Annually

MCO Name	Percentage
Anthem, Inc.	0.02%
CareSource	0.01%
Managed Health Services Indiana (MHS)	0.04%
MDwise, Inc.	0.02%
UnitedHealthcare Community Plan, Inc.	0.17%

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

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

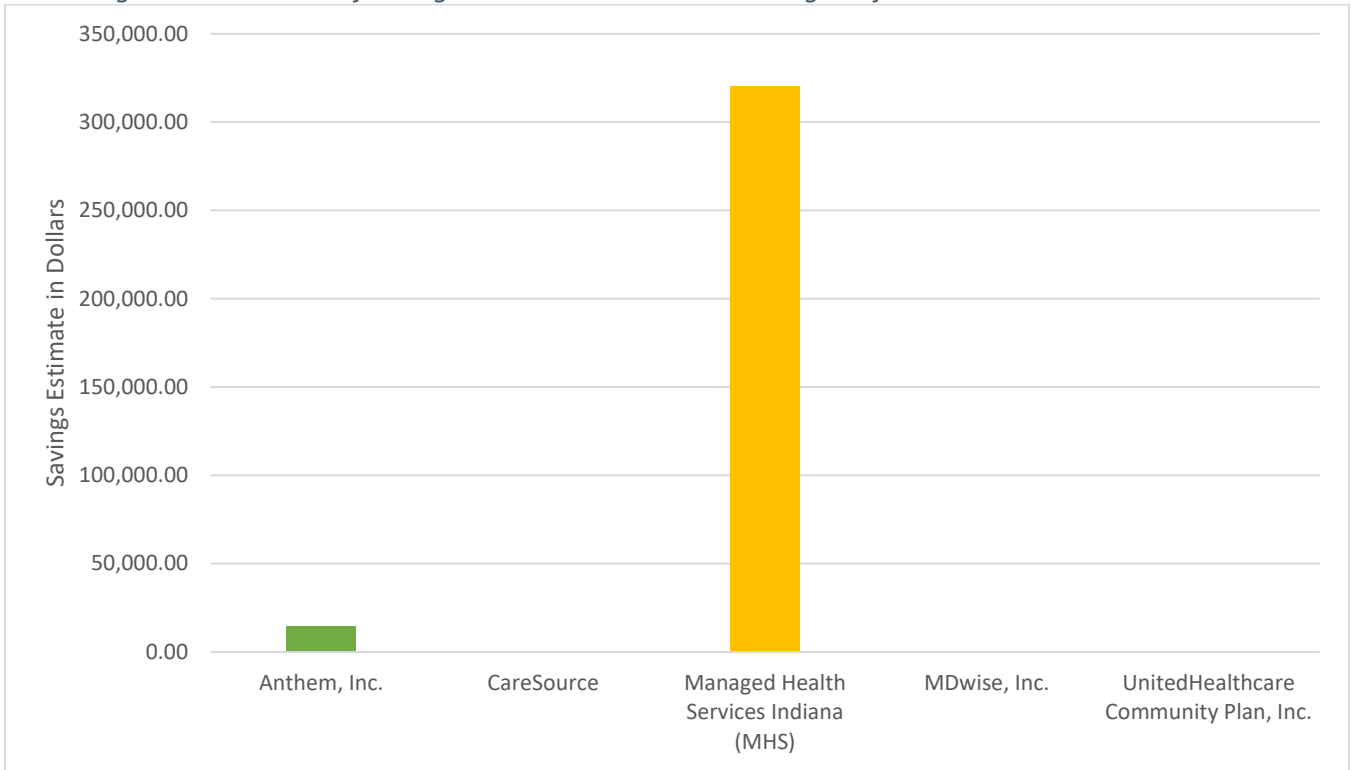


Table 78 - Estimate of Savings Attributed to the Lock-In Program for the Fiscal Year Under Review

MCO Name	Savings Estimate
Anthem, Inc.	\$14,363.00
CareSource	\$0.00
Managed Health Services Indiana (MHS)	\$320,000.00
MDwise, Inc.	\$0.00
UnitedHealthcare Community Plan, Inc.	\$500.00

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

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

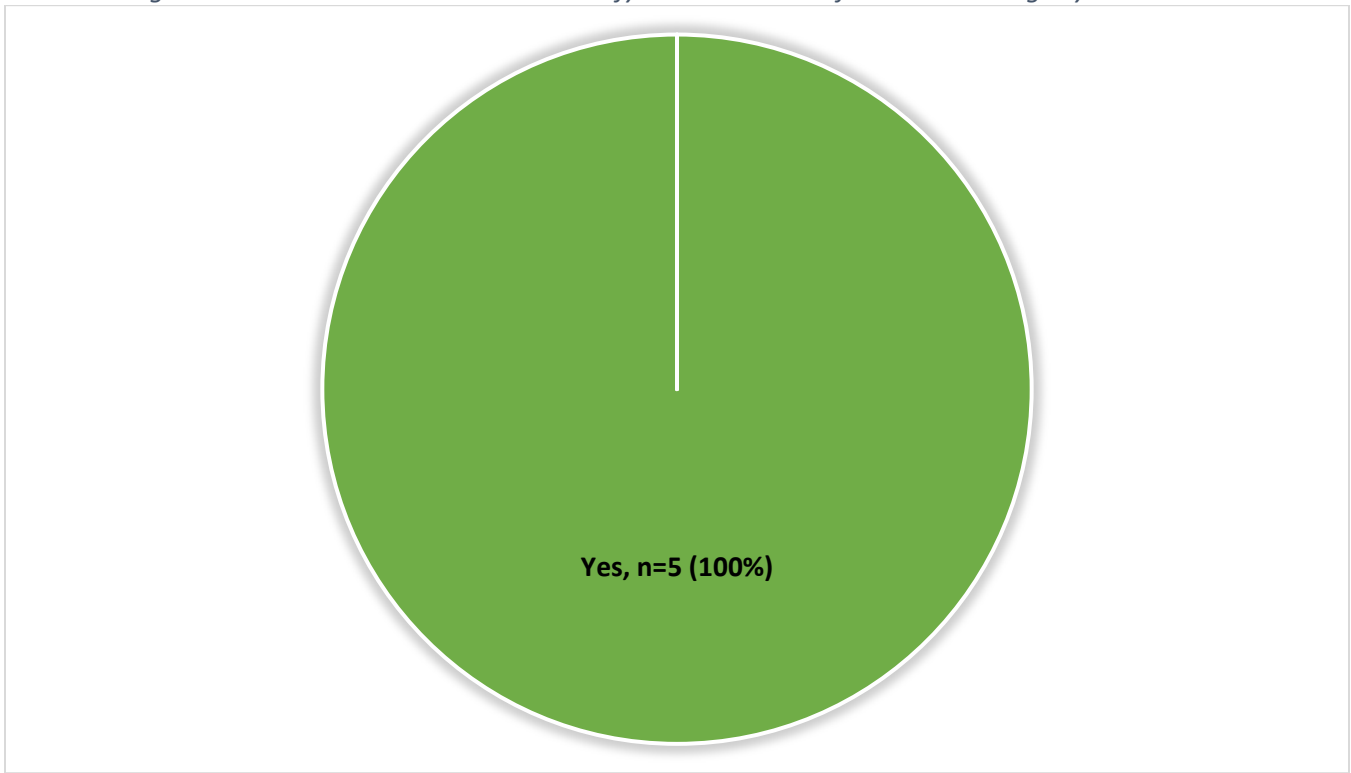


Table 79 - Documented Process to Identify Potential FWA of Controlled Drugs by Prescribers

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

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

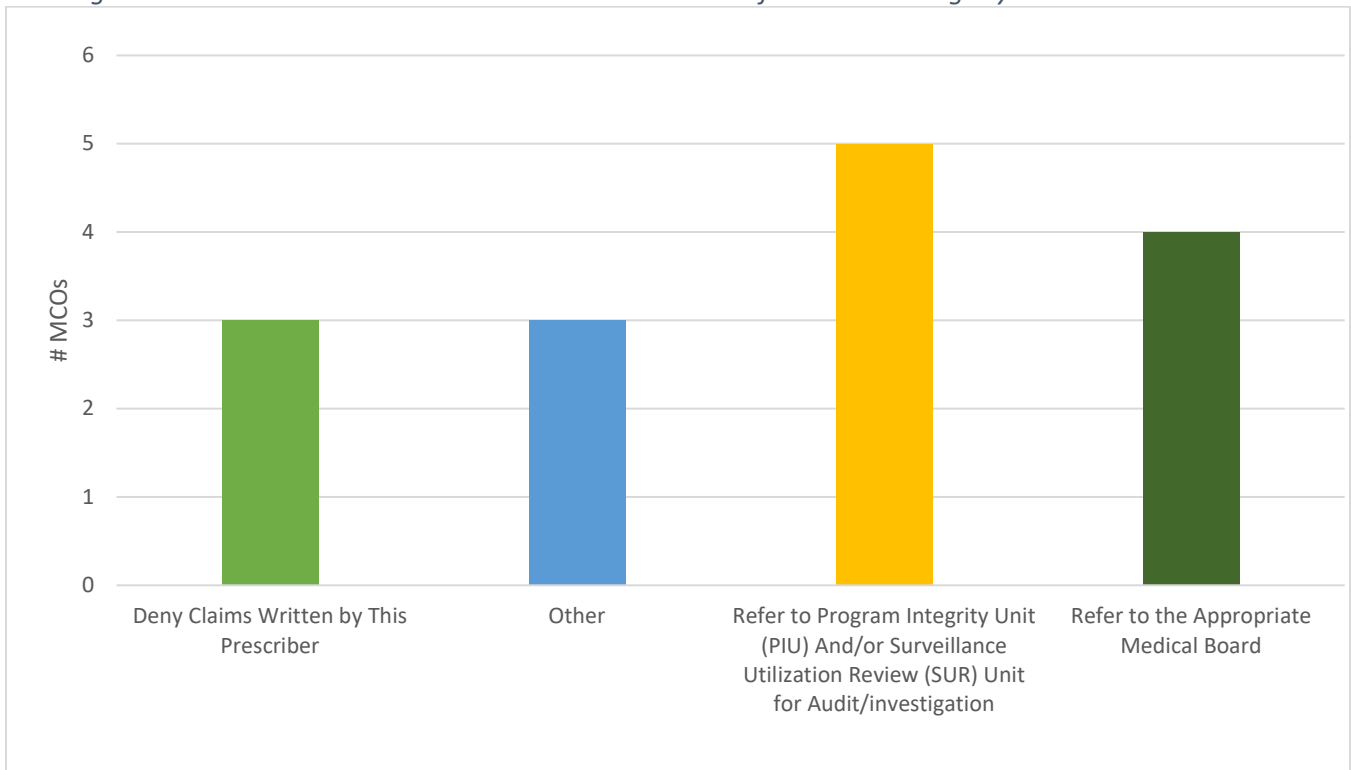


Table 80 - Actions Process Initiates when Potential FWA of Controlled Drugs by Prescribers is Detected

Response	MCO Names	Count	Percentage
Deny claims written by this prescriber	CareSource, Managed Health Services Indiana (MHS), MDwise, Inc.	3	20.00%
Refer to Program Integrity Unit (PIU) and/or Surveillance Utilization Review (SUR) Unit for audit/investigation	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	33.33%
Refer to the appropriate Medical Board	CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	4	26.67%
Other	Anthem, Inc., CareSource, MDwise, Inc.	3	20.00%
State Totals		15	100%

If “Other,” please explain.

Table 81 - “Other” Explanations for Action Initiated by Documented Process to Identify Potential FWA of Controlled Drugs by Prescribers

MCO Name	Explanation
Anthem, Inc.	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 prescriber for controlled drugs. Additionally, other corrective actions may include. 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</p>
MDwise, Inc.	<p>The Pharmacy Department of the MCO refers prescribers of potential fraud, waste or abuse to the MCO's internal Special Investigative Unit (SIU). Prescribers may be placed on Pre-Payment Review, can be reported to the state Medicaid Fraud Control Unit (MFCU), the DEA, other authorities; and/or could ultimately be removed from the provider network.</p>

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

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

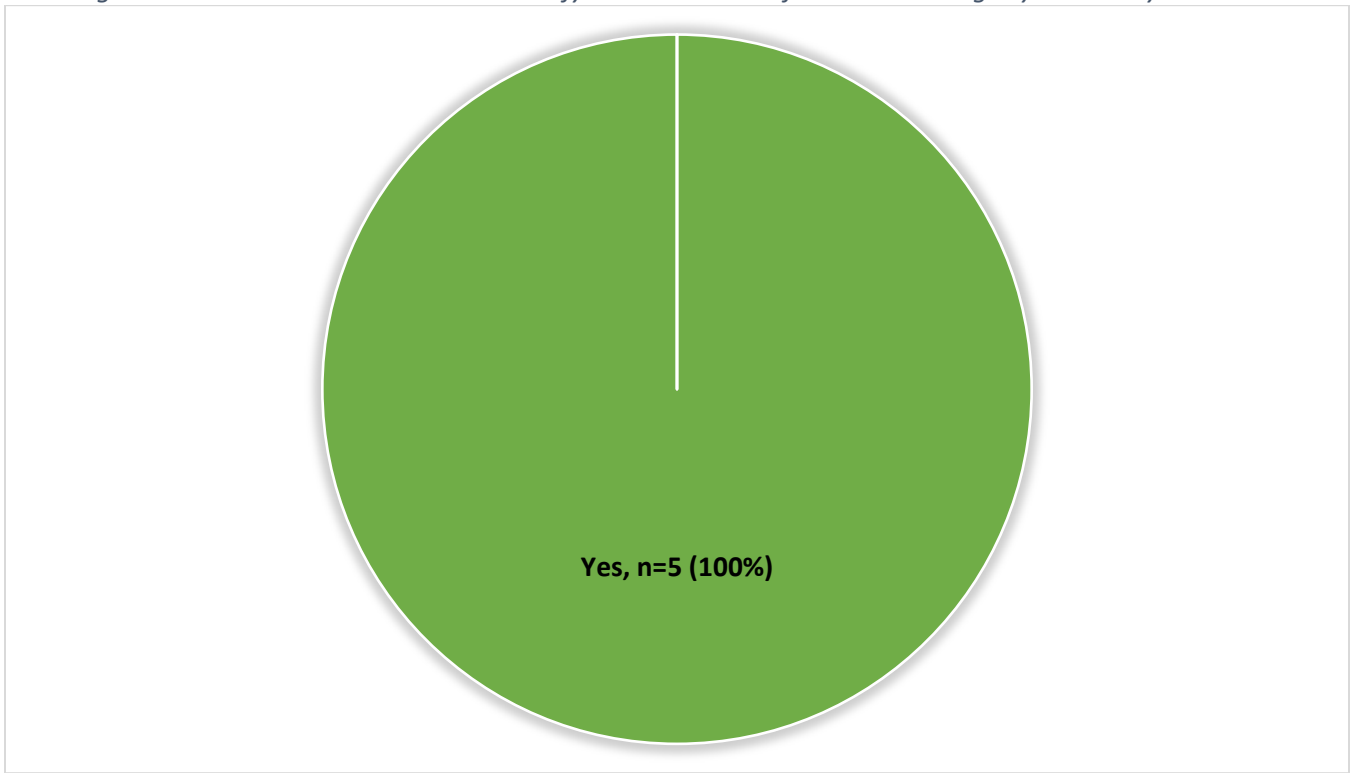


Table 82 - Documented Process to Identify Potential FWA of Controlled Drugs by Pharmacy Providers

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

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

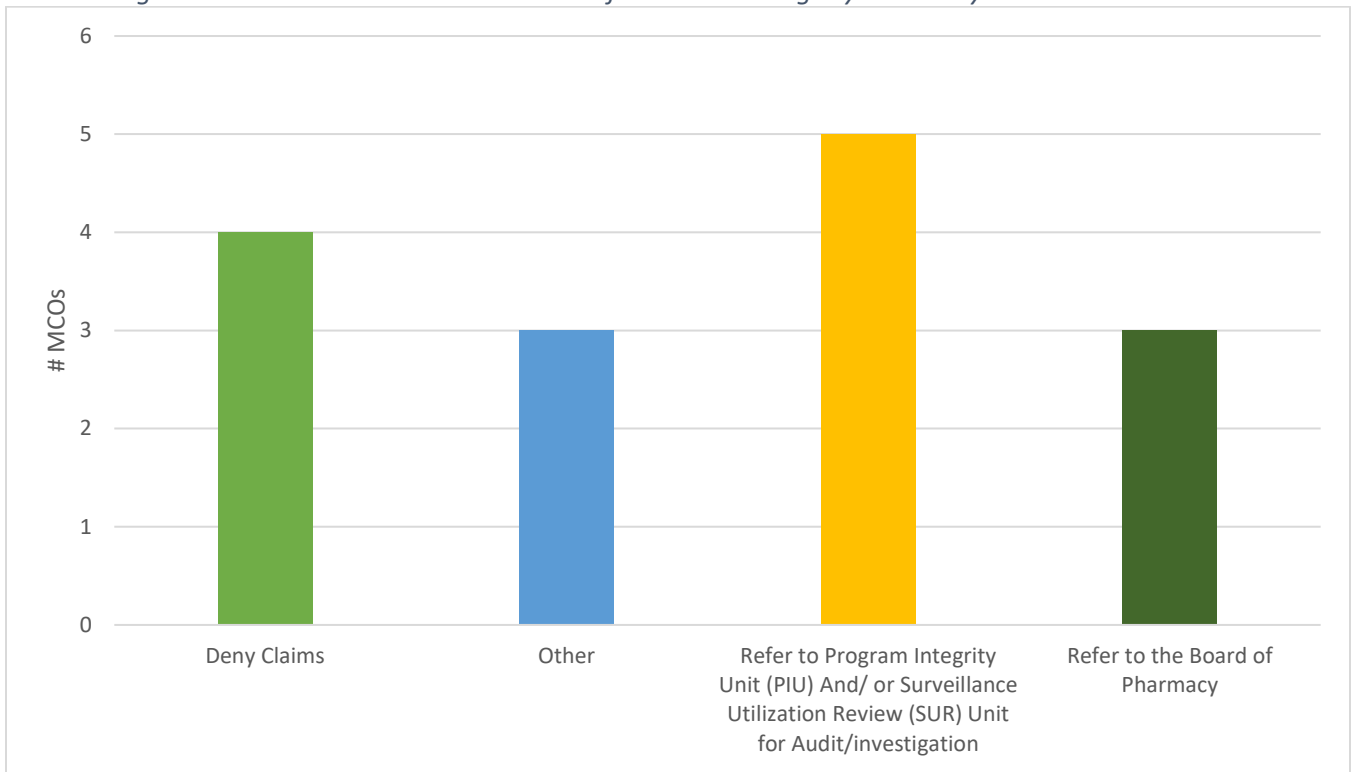


Table 83 - Actions when Potential FWA of Controlled Drugs by Pharmacy Providers is Detected

Response	MCO Names	Count	Percentage
Deny claims	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc.	4	26.67%
Refer to Program Integrity Unit (PIU) and/ or Surveillance Utilization Review (SUR) Unit for audit/investigation	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	33.33%
Refer to the Board of Pharmacy	CareSource, MDwise, Inc., UnitedHealthcare Community Plan, Inc.	3	20.00%
Other	CareSource, MDwise, Inc., UnitedHealthcare Community Plan, Inc.	3	20.00%
State Totals		15	100%

If “Other,” please explain.

Table 84 - “Other” Explanations when Potential FWA of Controlled Drugs by Pharmacy Providers is Detected

MCO Name	Explanation
CareSource	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.

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MCO Name	Explanation
	<p>Additionally, other corrective actions may include:</p> <ul style="list-style-type: none"> Pharmacy termination or summary suspension Claim dollar recovery 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
MDwise, Inc.	<p>The MCO delegates pharmacy networking and its oversight to the PBM. The PBM's FWA program identifies, audits, and investigates pharmacies based on behavior that suggests potential fraud, waste, and/or abuse activity. The PBM's Pharmacy Compliance FWA Team uses consistent processes for the handling of referrals of potential fraud, waste and abuse. At the conclusion of an FWA analysis, based on the findings, several outcomes are assigned: report, monitor, audit or no action. Actions can include pharmacy terminations from the network and referral to state, federal and/or law enforcement entities. The MCO also incorporates CMS High Risk Pharmacy Data into program analysis.</p> <p>The MCO may refer to legal authorities, and/or peer review committees as necessary.</p>
UnitedHealthcare Community Plan, Inc.	<p>Referral to Medicare Drug Integrity Contractor (MEDIC), law enforcement, and internally to Network Administrative Action Committee or the Network Pharmacy Escalation Committee for consideration of corrective actions, including possible removal from the network.</p>

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

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

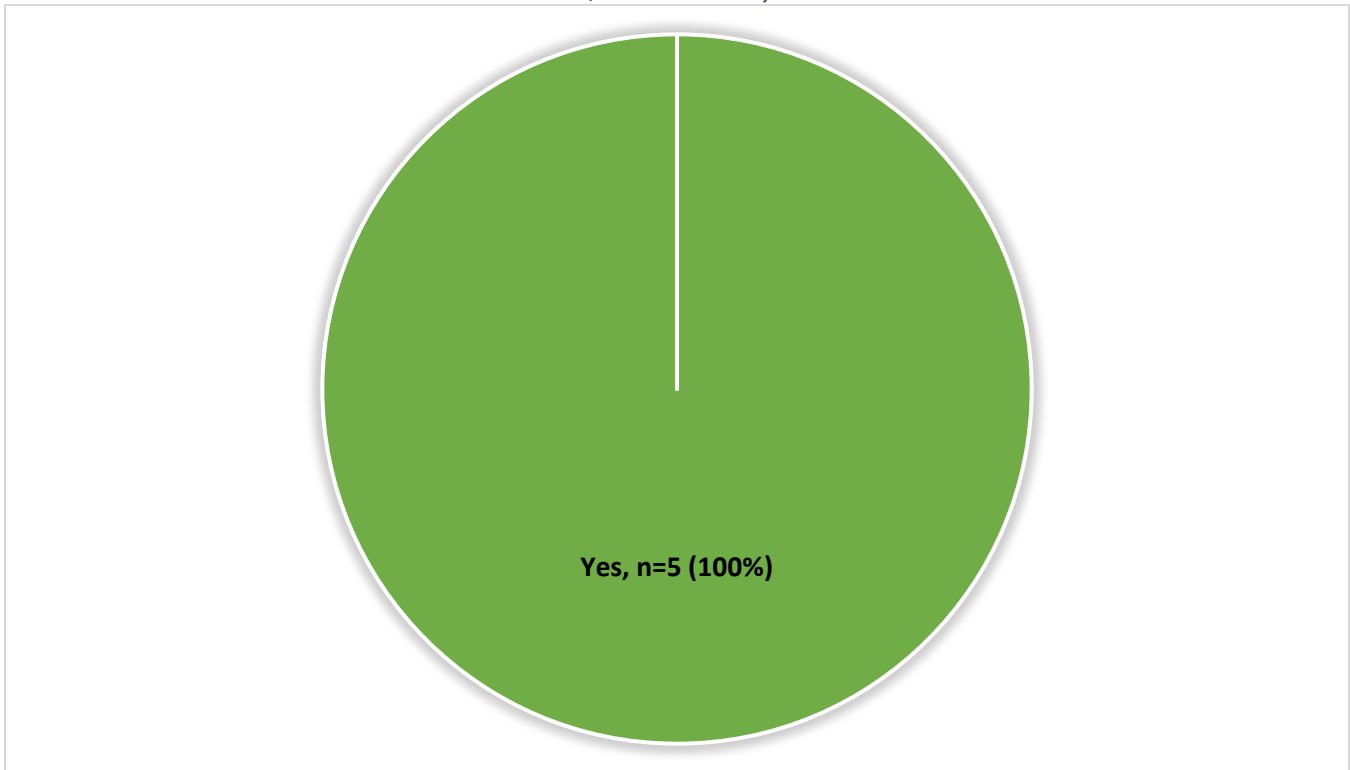


Table 85 - Documented Process to Identify Potential Fraud or Abuse of Non-Controlled Drugs by Beneficiaries, Prescribers, and Pharmacy Providers

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

Table 86 - Explanations of Program for FWA of Non-Controlled Substances by Beneficiaries, Prescribers, and Pharmacy Providers

MCO Name	Explanation
Anthem, Inc.	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

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MCO Name	Explanation
	<p>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 \$200 (varies by state) 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 drugs.</p> <p>Additionally, other corrective actions may include: 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 dis-enrollment (ex. fraud convictions) Prior authorization requirements for select services Claim system edit changes Changes to internal policies, procedures, and/or processes</p>
Managed Health Services Indiana (MHS)	<p>Fraud, Waste and Abuse Plan: The Special Investigation Unit (SIU) and PBM work collaboratively to ensure pharmacy benefits are properly utilized. The PBM will conduct investigative audits of pharmacies within their network. The Centene impacted results of the audits will be sent to the SIU by the PBM in order to finalized investigative next steps: i.e. referral to regulatory agencies. Additionally, the SIU may analyze the audit findings and pursue investigations on the suspicious activities of members and /or prescribers identified during the PBM audit.</p>
MDwise, Inc.	<p>Prior Authorizations on selected drugs and POS edits are utilized to prevent potential FWA of non-controlled drugs. This includes but is not limited to Refill-Too-Soon, quantity limits, fill limits, concomitant use, and therapeutic duplication.</p>
UnitedHealthcare Community Plan, Inc.	<p>Yes, UnitedHealthcare Community Plan follows standard vendor oversight procedures, which includes ensuring the PBM follows their standard Anti-Fraud plan for pharmacy providers. UnitedHealthcare Community Plan has separate documented processes that the Health Plan follows related to monitoring FWA related to beneficiaries and prescribers.</p>

B. Prescription Drug Monitoring Program (PDMP)

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

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

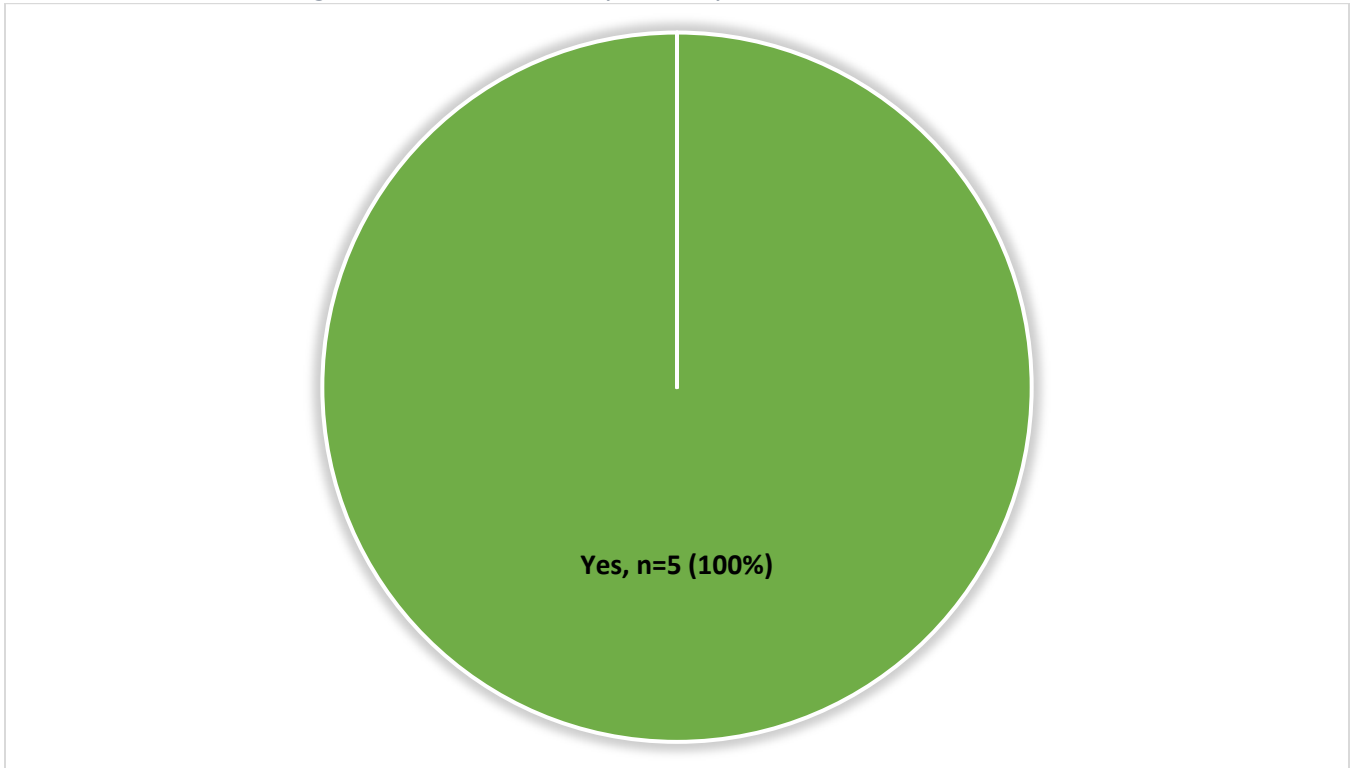


Table 87 - MCO Has Ability to Query the State’s PDMP Database

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

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



Table 88 - Ways the MCO Has the Ability to Query the State’s PDMP Database

Response	MCO Names	Count	Percentage
Direct access to the database	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

Figure 65 - Query Capability

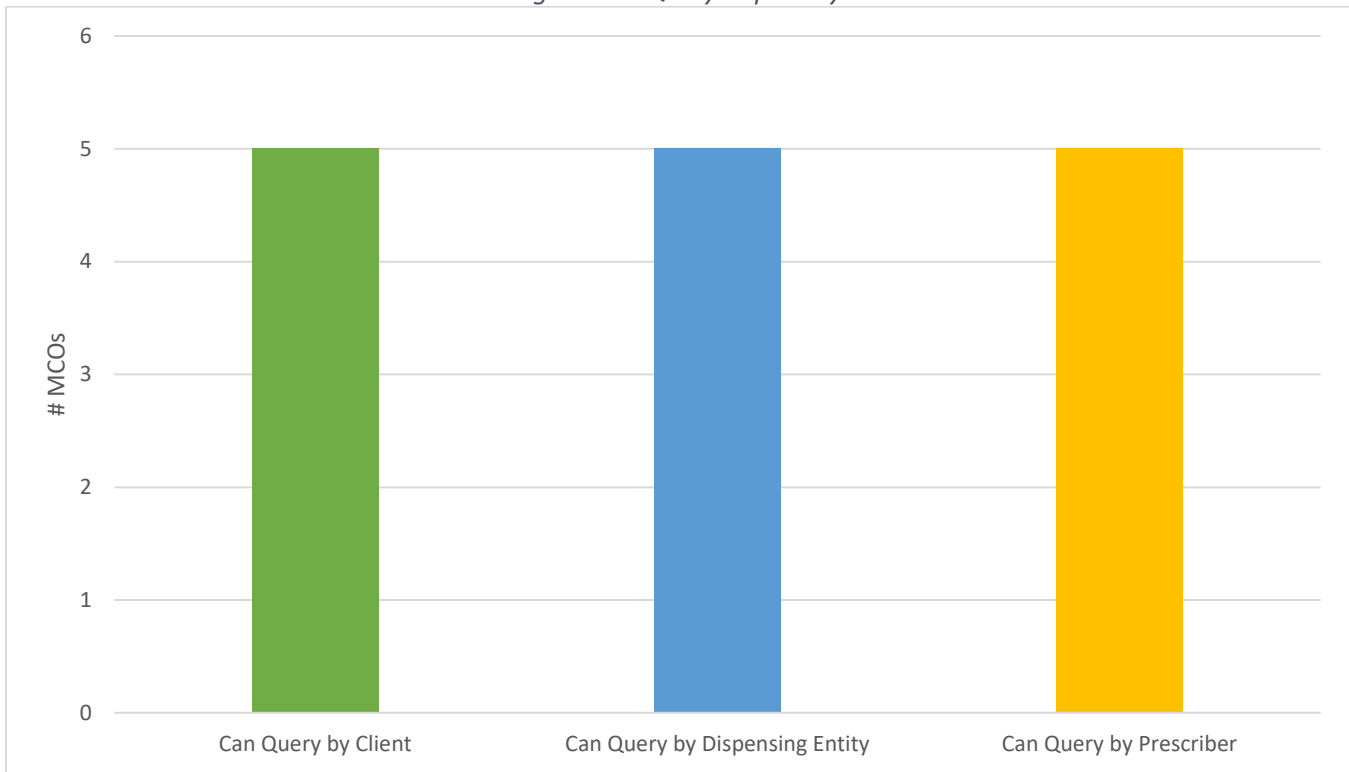


Table 89 - Query Capability

Response	MCO Names	Count	Percentage
Can query by client	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	33.33%
Can query by dispensing entity	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	33.33%
Can query by prescriber	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	33.33%
State Totals		15	100%

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

Table 90 - Explanation for How MCO Program Applies Information to Control FWA of Controlled Substances

MCO Name	Explanation
Anthem, Inc.	Case management uses the INSPECT (PDMP) report in management of members. The information is used in the clinical review of members to determine appropriateness of enrollment in the Right Choices Program. The information is also used by the High-Risk OB SUD case managers to manage pregnant members with SUD issues.
CareSource	Caresource has a Fraud, Waste and Abuse department who monitors this data and recommends them to Special Investigation Unit (SIU).
Managed Health Services Indiana (MHS)	MHS will look to see if member is paying cash for controlled substances because this would not show up on our claims report.

MCO Name	Explanation
MDwise, Inc.	The MCO uses the PDMP ad hoc for patient treatment evaluation in accordance with the Indiana Office of Medicaid Policy and Planning (OMPP) guidance related to patient safety and appropriate medication use. The MCO also utilizes the PDMP system to aid in monitoring / evaluation of members who are in the Right Choices Program (RCP) or Lock-In programs.
UnitedHealthcare Community Plan, Inc.	This program is utilized as part of MCO's Lock-In program. Members identified as potentially eligible for the MCO lock-in program be accessed in PDMP as part of their determination.

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

Figure 66 - MCO Access to Contiguous States’ PDMP Information

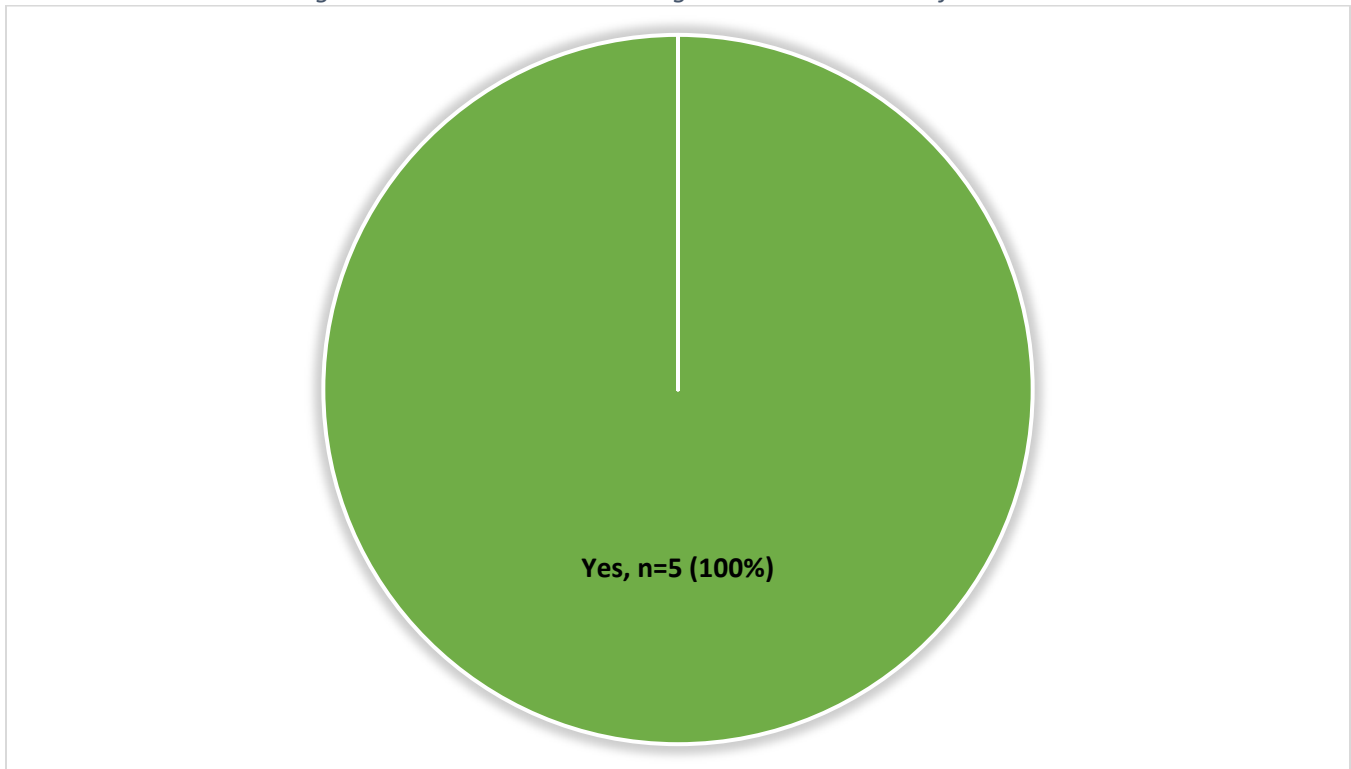


Table 91 - MCO Access to Contiguous States’ PDMP Information

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

Figure 67 - MCO Has PDMP Data Integrated into POS Edits

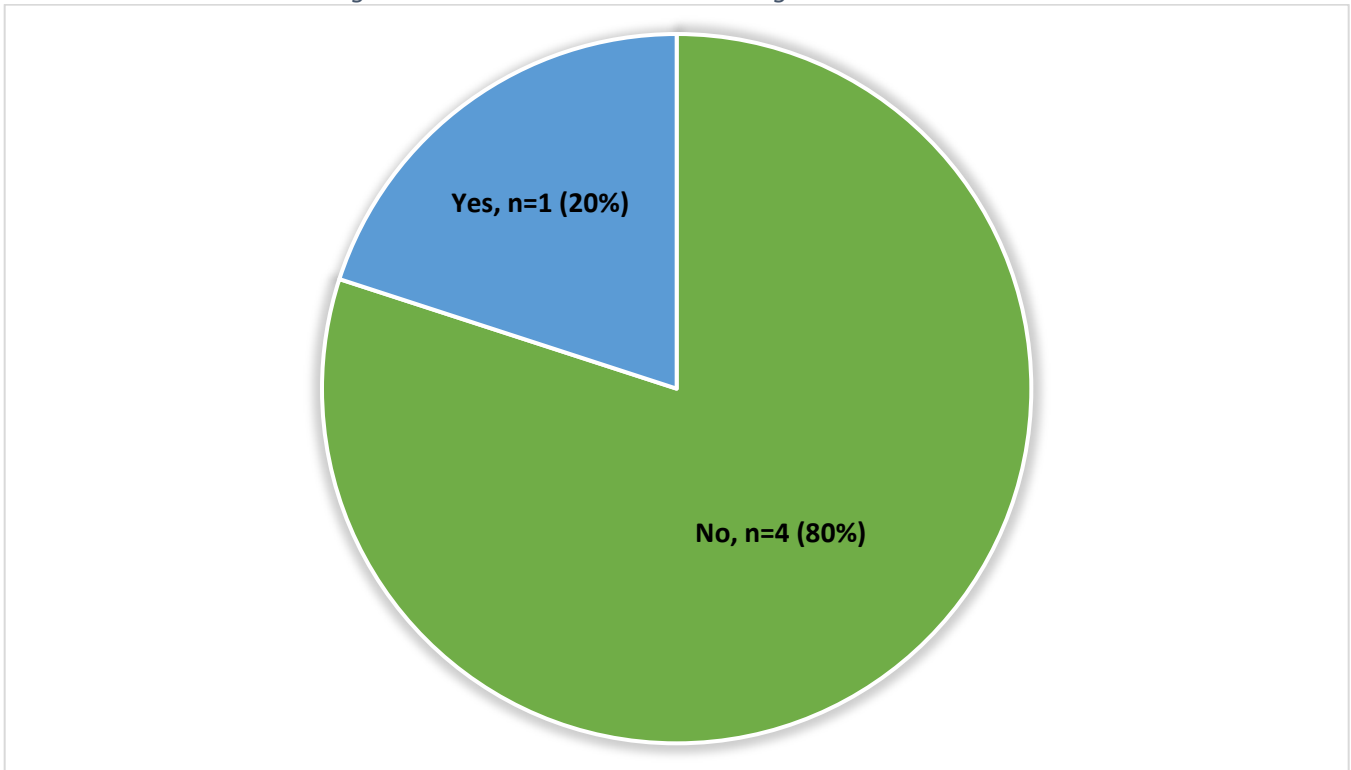


Table 92 - MCO Has PDMP Data Integrated into POS Edits

Response	MCO Names	Count	Percentage
Yes	Managed Health Services Indiana (MHS)	1	20.00%
No	Anthem, Inc., CareSource, MDwise, Inc., UnitedHealthcare Community Plan, Inc.	4	80.00%
State Totals		5	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 68 - Communicated that Prescribers are Required to Access the PDMP Patient History Before Prescribing Controlled Substances

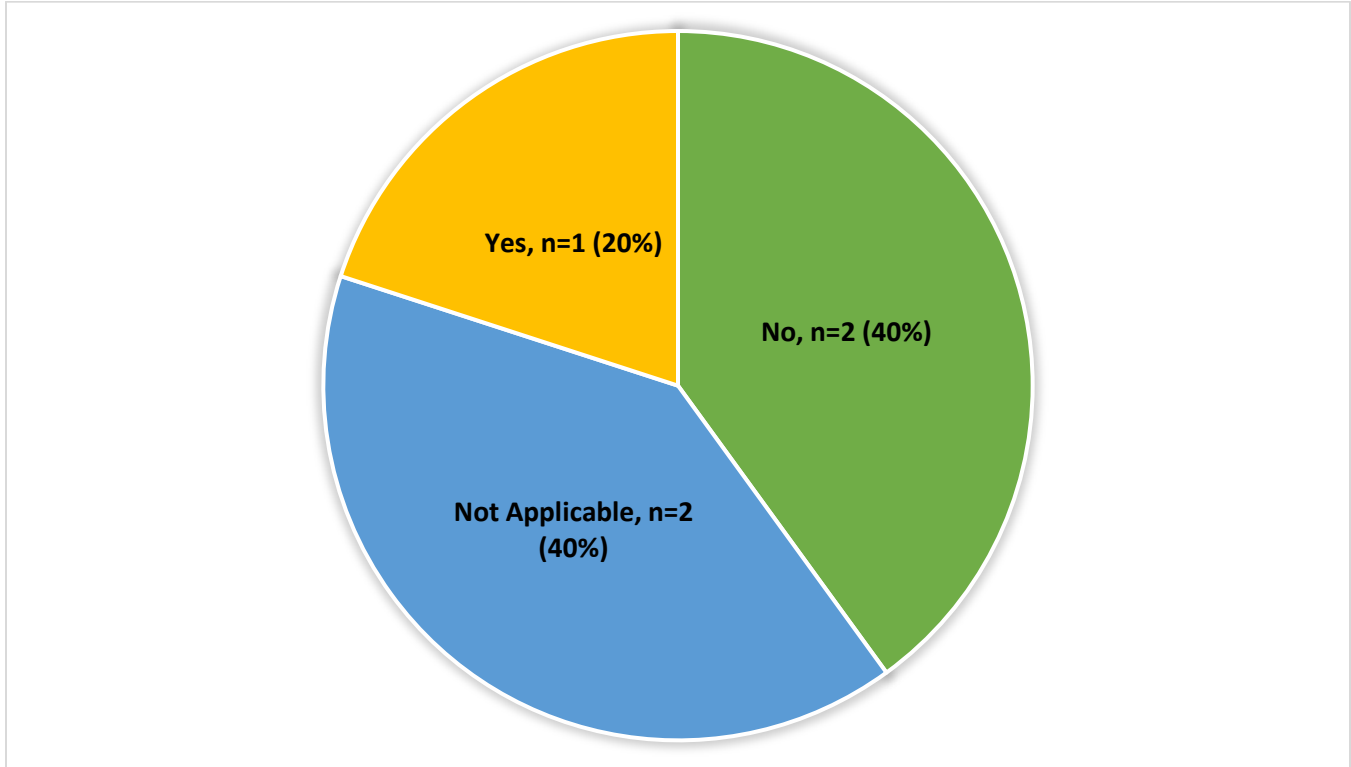


Table 93 - Communicated that Prescribers are Required to Access the PDMP Patient History Before Prescribing Controlled Substances

Response	MCO Names	Count	Percentage
Yes	Managed Health Services Indiana (MHS)	1	20.00%
No	CareSource, MDwise, Inc.	2	40.00%
Not Applicable	Anthem, Inc., UnitedHealthcare Community Plan, Inc.	2	40.00%
State Totals		5	100%

If “Yes,” check all that apply.

Figure 69 - Ways MCO Has Communicated Requirement

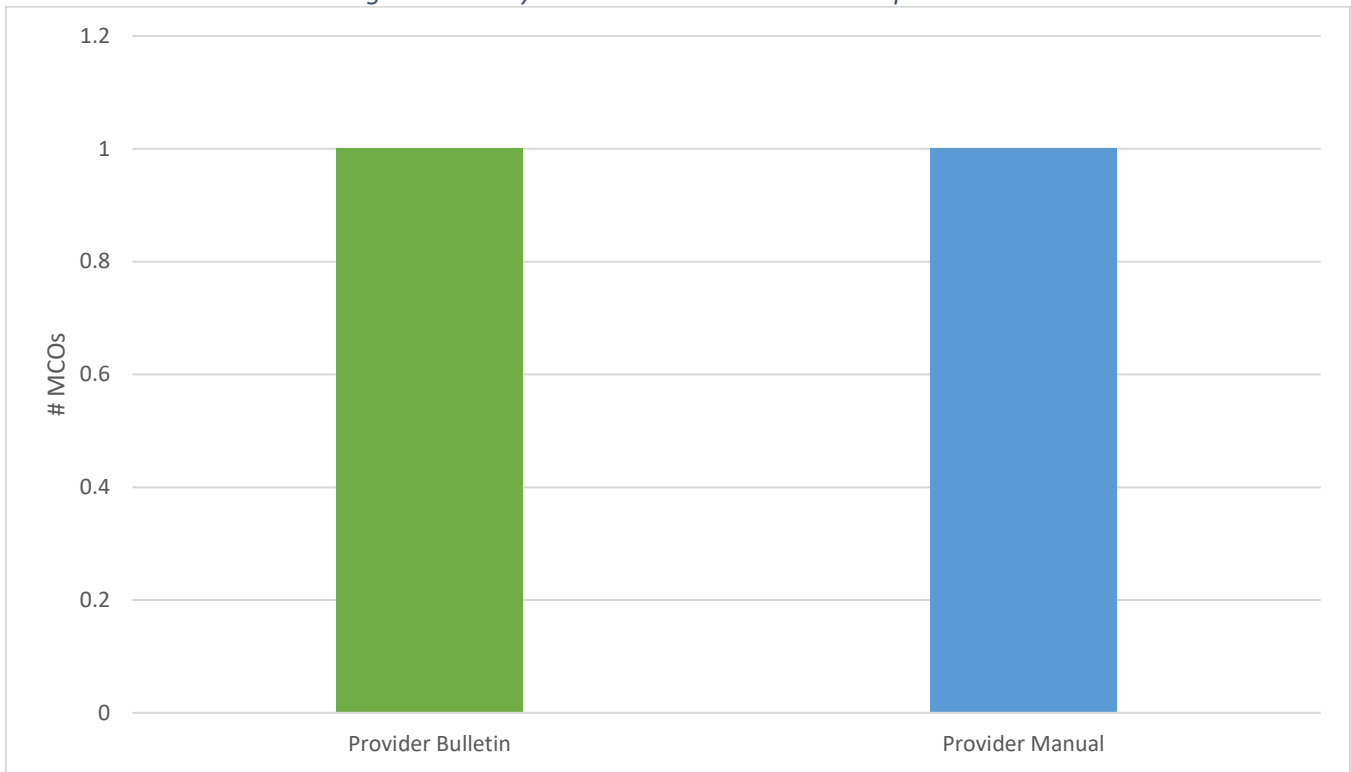


Table 94 - Ways MCO Has Communicated Requirement

Response	States	Count	Percentage
Provider bulletin	Managed Health Services Indiana (MHS)	1	50.00%
Provider manual	Managed Health Services Indiana (MHS)	1	50.00%
State Totals		2	100%

If “Not applicable,” please explain.

Table 95 - “Not Applicable” Explanations for Communicating to Prescribers they are Required to Access the PDMP Patient History Before Prescribing Controlled Substances

MCO Name	Explanation
Anthem, Inc.	Our contract does not require the PDMP check, but rather the law that requires such.
UnitedHealthcare Community Plan, Inc.	Indiana SEA 221 requires all practitioners who prescribe controlled substances to be registered and search INSPECT (Indiana's PDMP) to see a patient's prescription history prior to prescribing an opioid or benzodiazepine as of January 2021.

If “No,” please explain.

Table 96 - “No” 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 due to state law (SEA 221).
MDwise, Inc.	It is a state law that prescribers are required to check the PDMP before prescribing controlled substances.

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

Figure 70 - Protocols Involved in Checking the PDMP

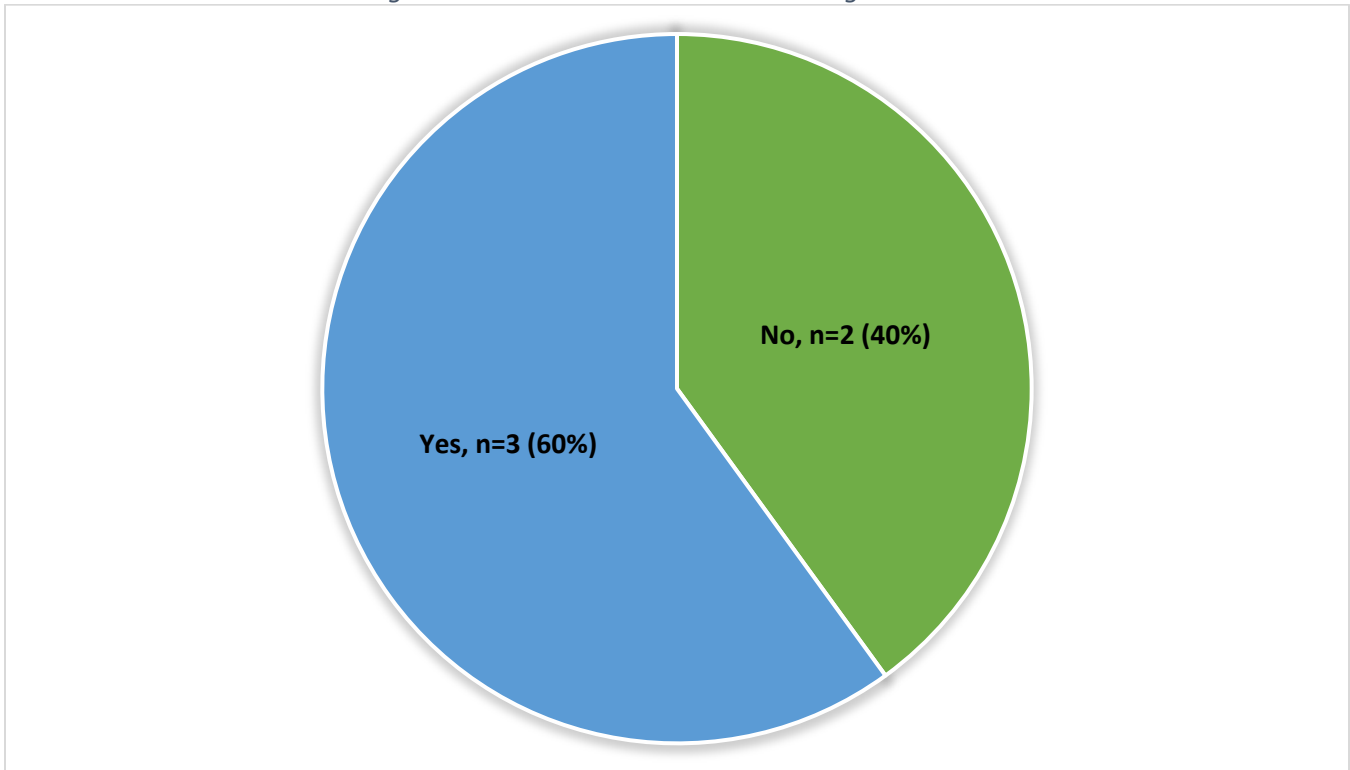


Table 97 - Protocols Involved in Checking the PDMP

Response	MCO Names	Count	Percentage
Yes	CareSource, Managed Health Services Indiana (MHS), UnitedHealthcare Community Plan, Inc.	3	60.00%
No	Anthem, Inc., MDwise, Inc.	2	40.00%
State Totals		5	100%

If “Yes,” please explain.

Table 98 - Explanations of Protocols Involved in Checking the PDMP

MCO Name	Explanation
CareSource	State law mandates review of PDMP.
Managed Health Services Indiana (MHS)	MHS will look to see if member is paying cash for controlled substances because this would not show up on our claims report.
UnitedHealthcare Community Plan, Inc.	UnitedHealthcare Community Plan does not include language in the provider agreements specifically related to checking the PDMP before prescribing controlled substances. However, provider agreements do contain language requiring compliance with all state and federal laws which in the state of IN includes the checking of the PDMP before prescribing of controlled substances.

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

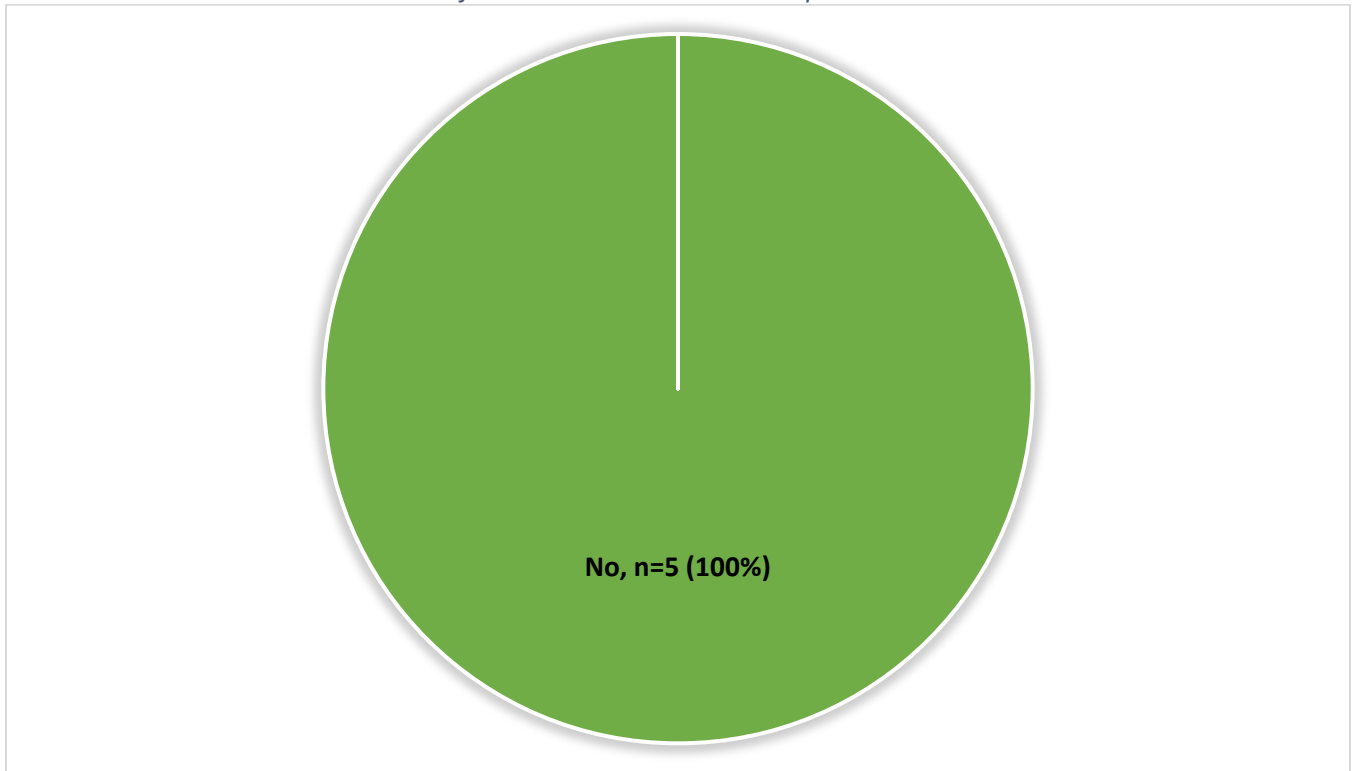


Table 99 - Providers Having Protocols for Responses to Information from the PDMP that is Contradictory to the Information the Practitioner Expects

Response	MCO Names	Count	Percentage
No	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	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 72 - MCO Requires Prescriber to Document a Good Faith Effort if Unable to Conduct a PDMP Check

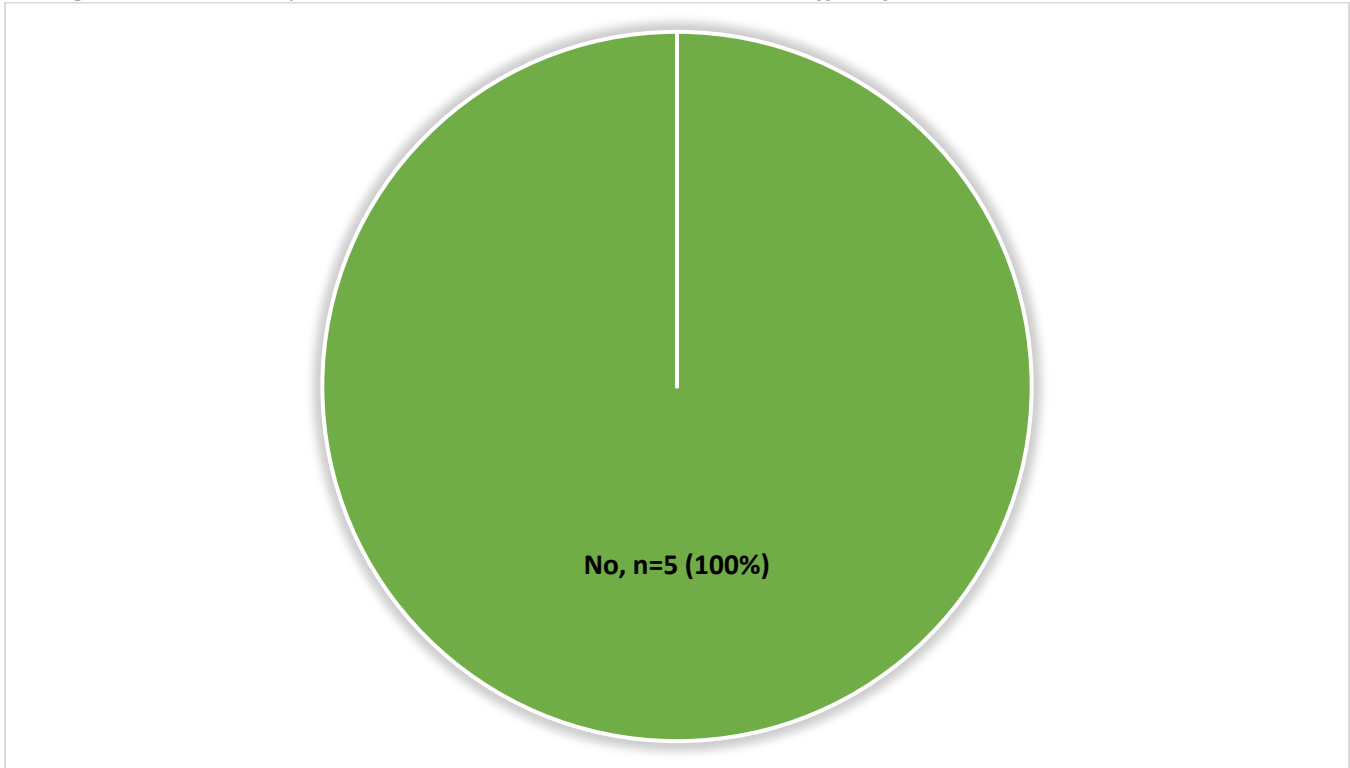


Table 100 - MCO Requires Prescriber to Document a Good Faith Effort if Unable to Conduct a PDMP Check

Response	MCO Names	Count	Percentage
No	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

If "No," please explain why not.

Table 101 - Explanations for not Requiring Prescribers to Document a Good Faith Effort

MCO Name	Explanation
Anthem, Inc.	Our contract does not require the PDMP check, but rather the law that requires such.
CareSource	State law places the responsibility on the provider.
Managed Health Services Indiana (MHS)	IN has suggestions regarding prescribers checking this data base. We assume the provider is following the state program.
MDwise, Inc.	It is a state law that prescribers are required to check the PDMP before prescribing controlled substances.
UnitedHealthcare Community Plan, Inc.	Checking the PDMP is required by Indiana law.

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

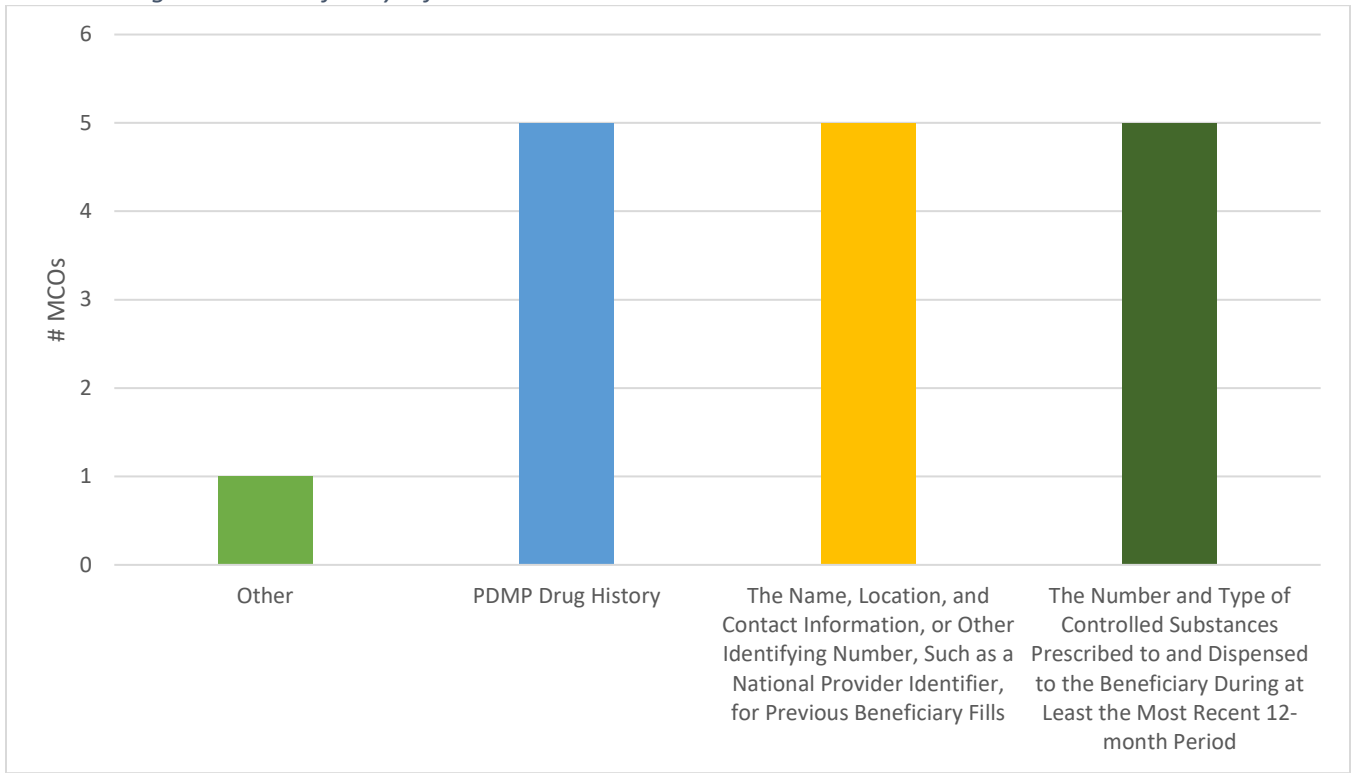


Table 102 - Beneficiary Information Available to Prescribers as Close to Real-Time as Possible

Response	MCO Names	Count	Percentage
PDMP drug history	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	31.25%
The name, location, and contact information, or other identifying number, such as a national provider identifier, for previous beneficiary fills	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	31.25%
The number and type of controlled substances prescribed to and dispensed to the beneficiary during at least the most recent 12-month period	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	31.25%
Other	MDwise, Inc.	1	6.25%
State Totals		16	100%

If "Other," please explain.

Table 103 - Other Explanation for Information Available to Prescribers with Respect to a Beneficiary as Close to Real-Time as Possible

MCO Name	Explanation
MDwise, Inc.	Also available is a patient's Morphine Milligram Equivalent calculation and trending data.

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

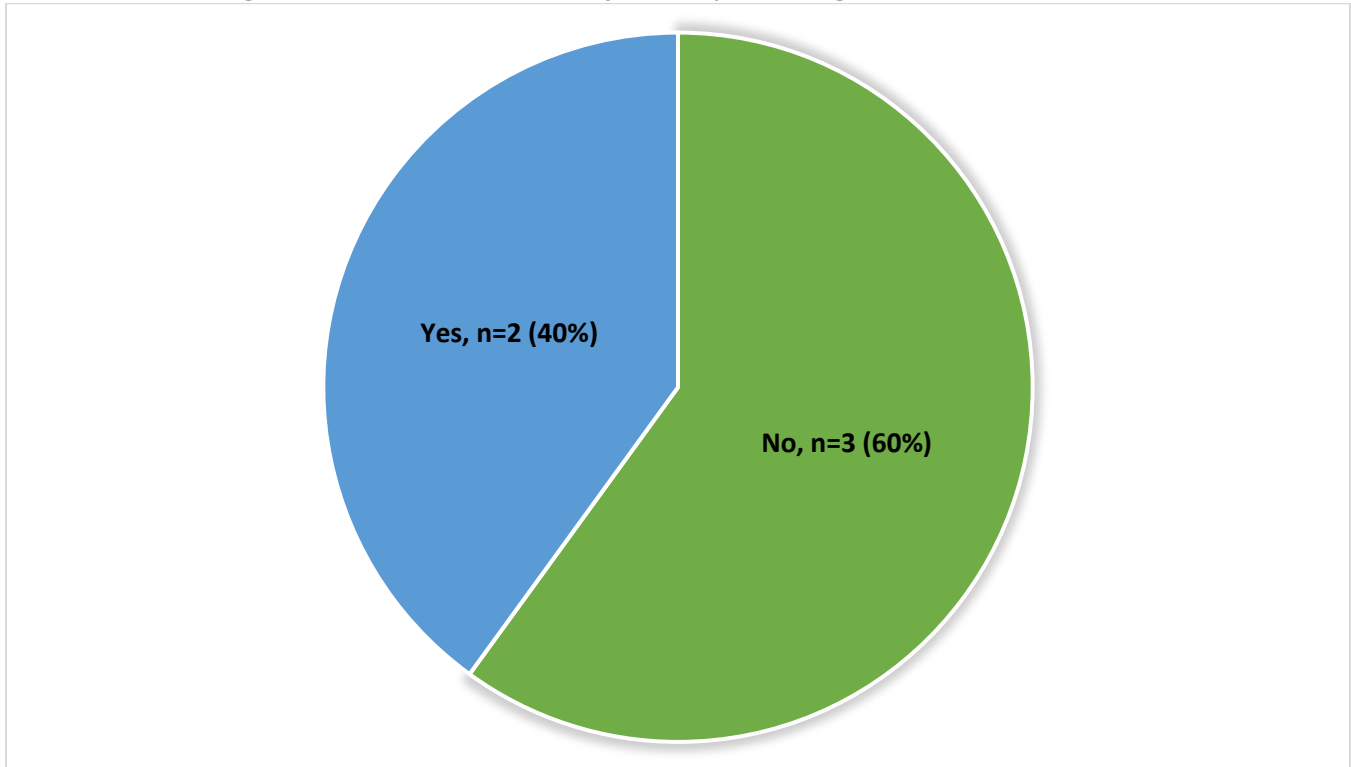


Table 104 - Barriers Hinder MCO from Fully Accessing the PDMP to Curb FWA

Response	MCO Names	Count	Percentage
Yes	CareSource, MDwise, Inc.	2	40.00%
No	Anthem, Inc., Managed Health Services Indiana (MHS), UnitedHealthcare Community Plan, Inc.	3	60.00%
State Totals		5	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 105 - Explanation for Barriers that Hinder MCO from Fully Accessing the PDMP to Curb FWA

MCO Name	Explanation
CareSource	Prescribers and pharmacies are not consistently checking the PDMP. State doesn't share data. Can only access database when required by specific patient situation.
MDwise, Inc.	The system currently allows individual access per member only, not an electronic data access which would be more conducive to widespread application. However, the MCO does have concerns related to PHI integrity with respect to utilizing that data on a more widespread basis.

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

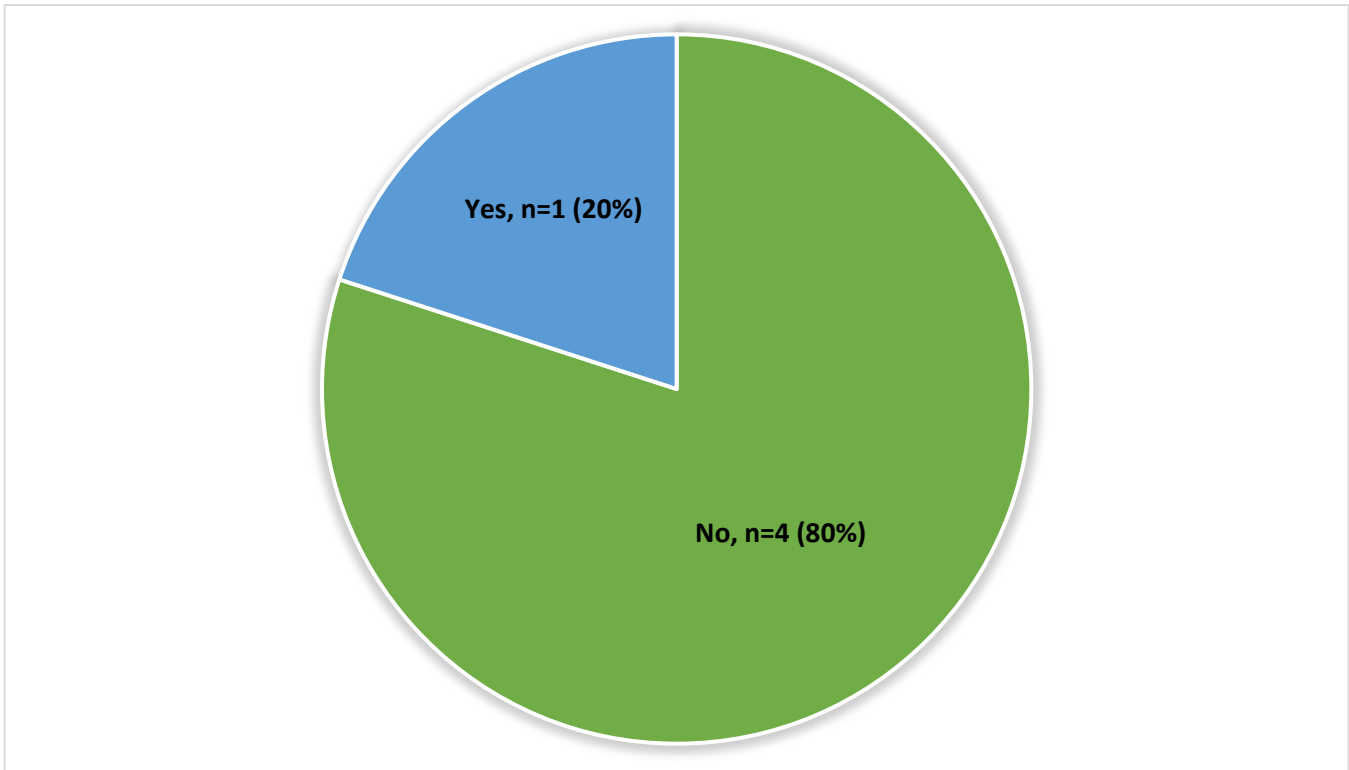


Table 106 - Changes to State PDMP That Have Improved or Detracted from the Medicaid Program’s Ability to Access PDMP Data

Response	MCO Names	Count	Percentage
Yes	MDwise, Inc.	1	20.00%
No	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), UnitedHealthcare Community Plan, Inc.	4	80.00%
State Totals		5	100%

If “Yes,” please explain.

Table 107 - Explanations of Changes to State PDMP That Have Improved or Detracted from the Medicaid Program’s Ability to Access PDMP Data

MCO Name	Summary
MDwise, Inc.	Additions to reporting by adding summary MME values, along with visual and graphical data presentation make it easier to evaluate a patient's individual clinical situation. Those changes have been positive!

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

Figure 76 - Data or Privacy Breaches of PDMP or PDMP Data During This Reporting Period

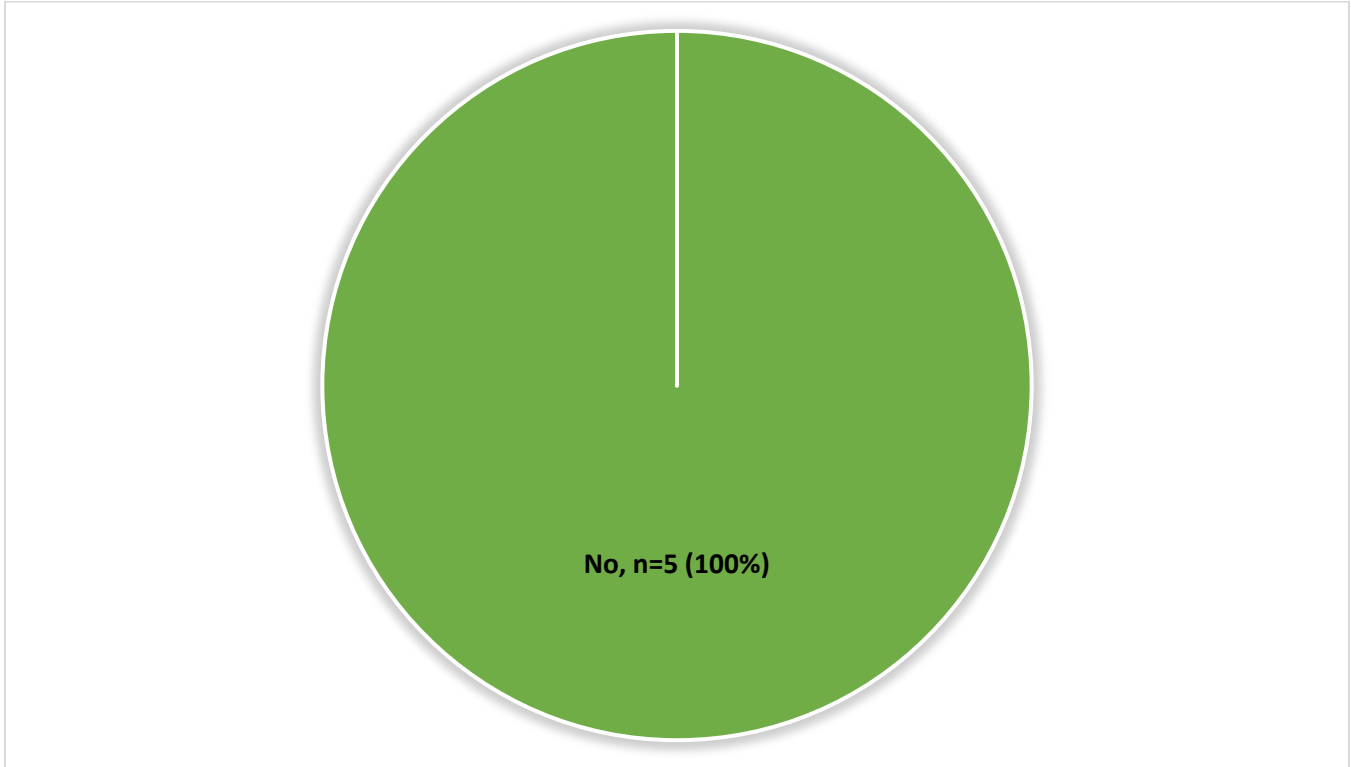


Table 108 - Data or Privacy Breaches of PDMP or PDMP Data During This Reporting Period

Response	MCO Names	Count	Percentage
No	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

C. Opioids

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

Figure 77 - Opioid Category of Medications Carved Out and Handled by the State

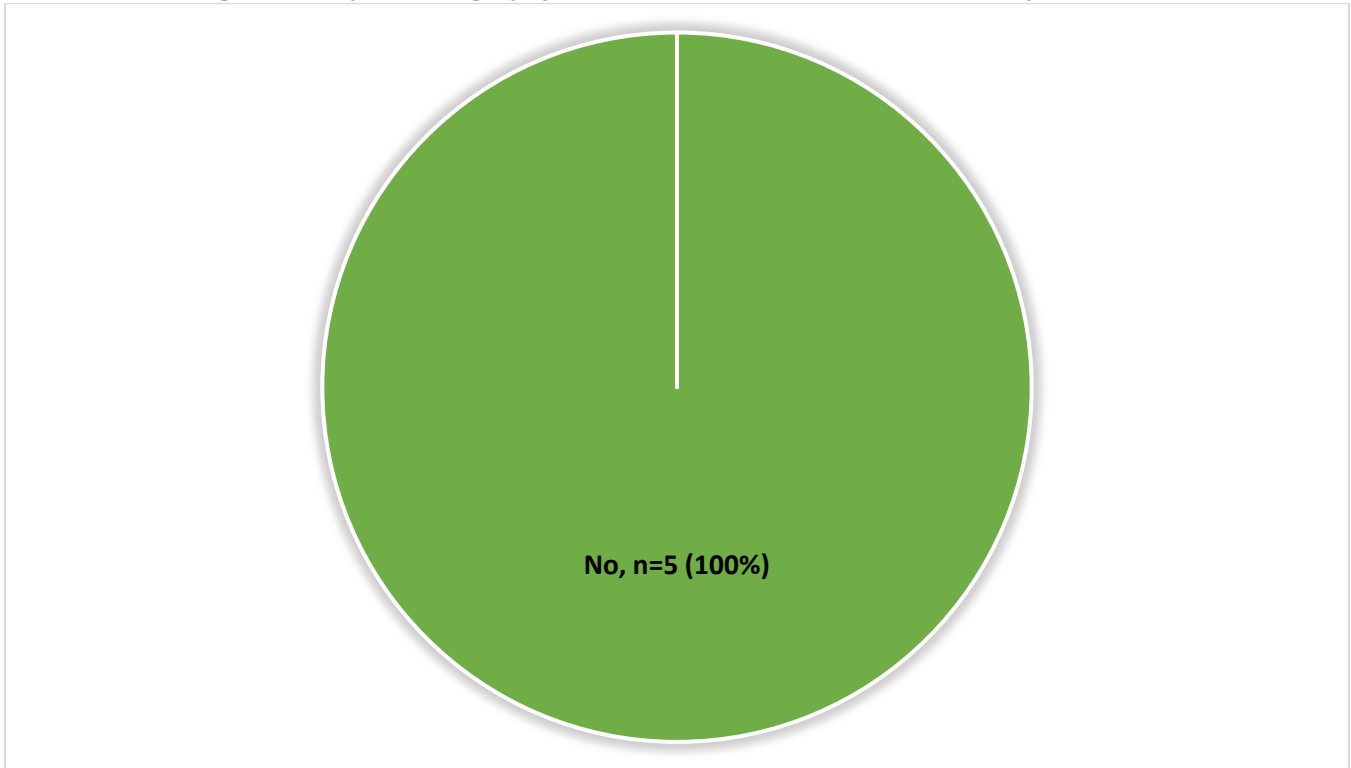


Table 109 - Opioid Category of Medications Carved Out and Handled by the State

Response	MCO Names	Count	Percentage
No	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	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 78 - POS Edit in Place to Limit the Days' Supply Dispensed of an Initial Opioid Prescription for Opioid Naïve Patients

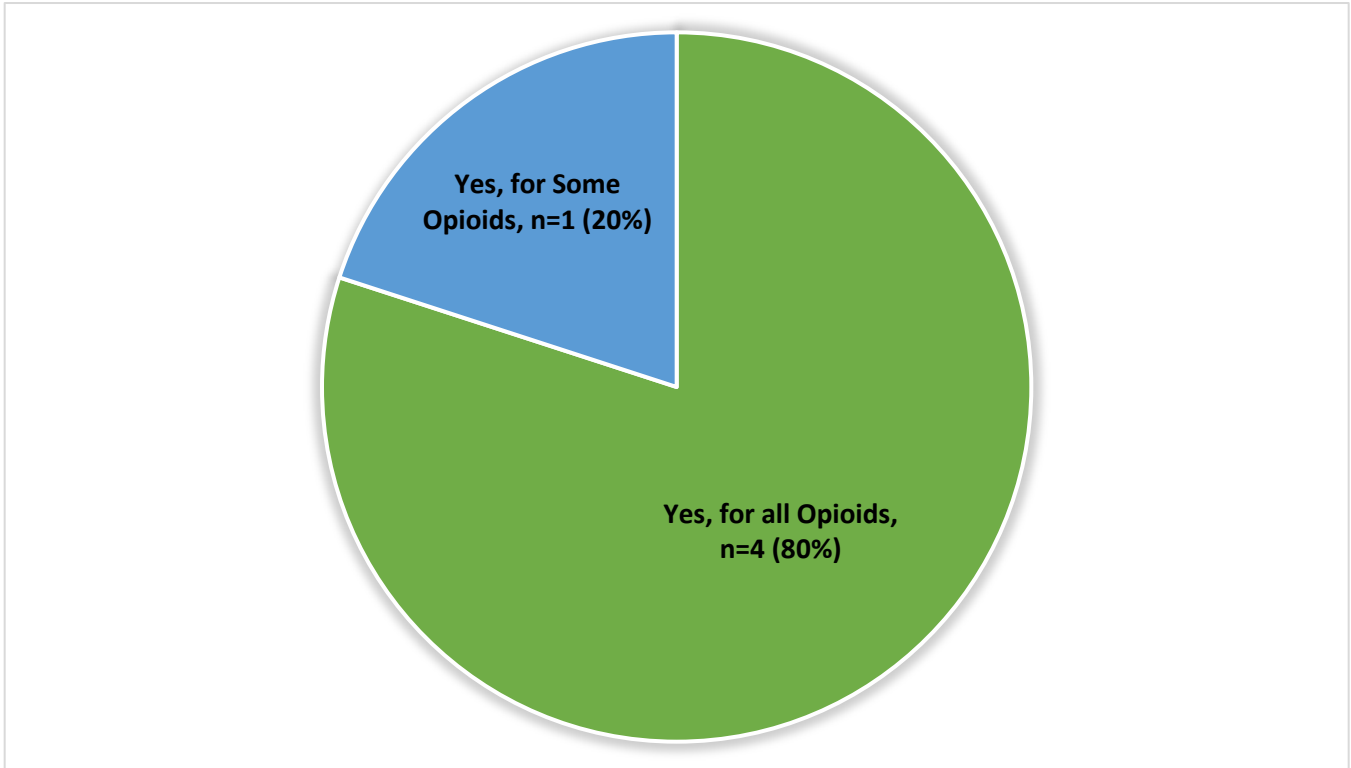


Table 110 - POS Edit in Place to Limit the Days' Supply Dispensed of an Initial Opioid Prescription for Opioid Naïve Patients

Response	MCO Names	Count	Percentage
Yes, for all opioids	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), UnitedHealthcare Community Plan, Inc.	4	80.00%
Yes, for some opioids	MDwise, Inc.	1	20.00%
State Totals		5	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 79 - Maximum Number of Days Allowed for an Initial Opioid Prescription for Opioid Naïve Patients

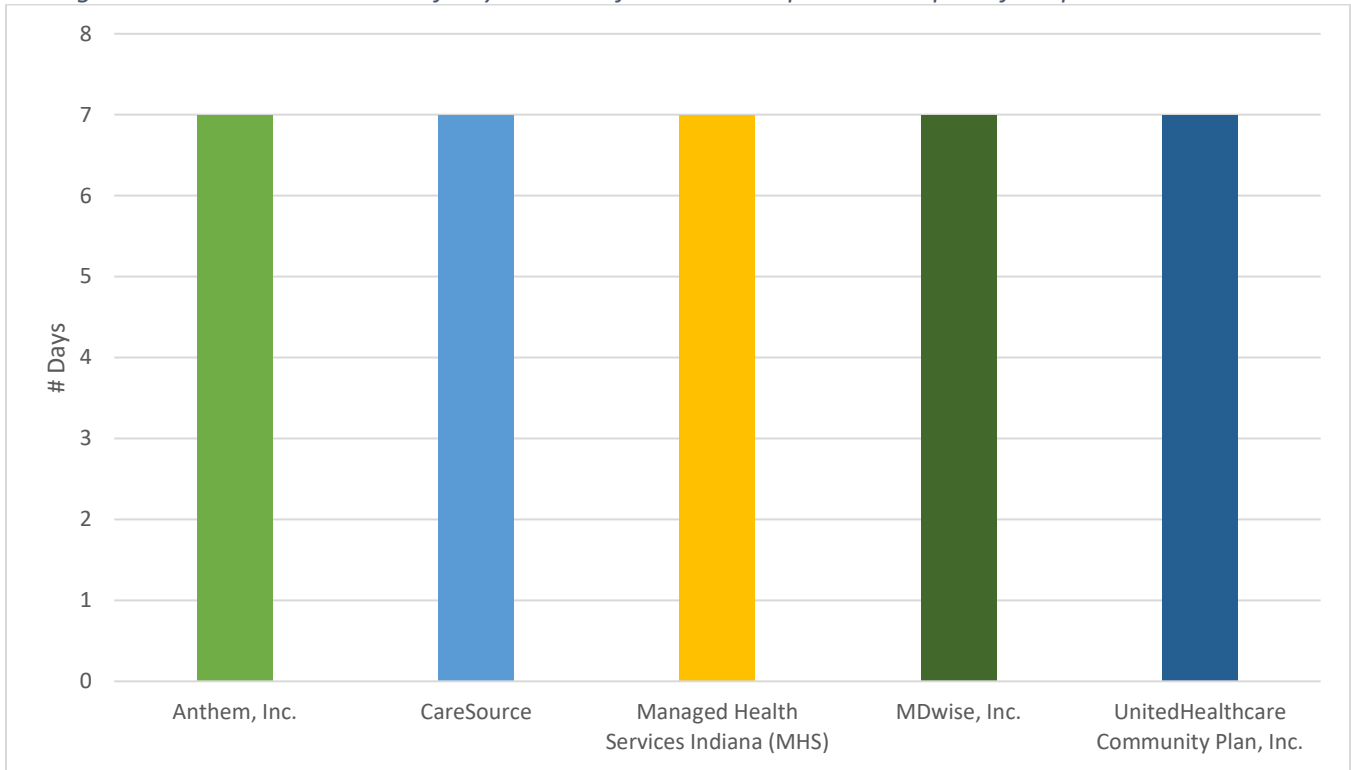


Table 111 - Maximum Number of Days Allowed for an Initial Opioid Prescription for Opioid Naïve Patients

MCO Names	Response (Days)
Anthem, Inc.	7
CareSource	7
Managed Health Services Indiana (MHS)	7
MDwise, Inc.	7
UnitedHealthcare Community Plan, Inc.	7
State Totals	35

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

Figure 80 - POS Edits in Place to Limit the Quantity Dispensed of Opioids

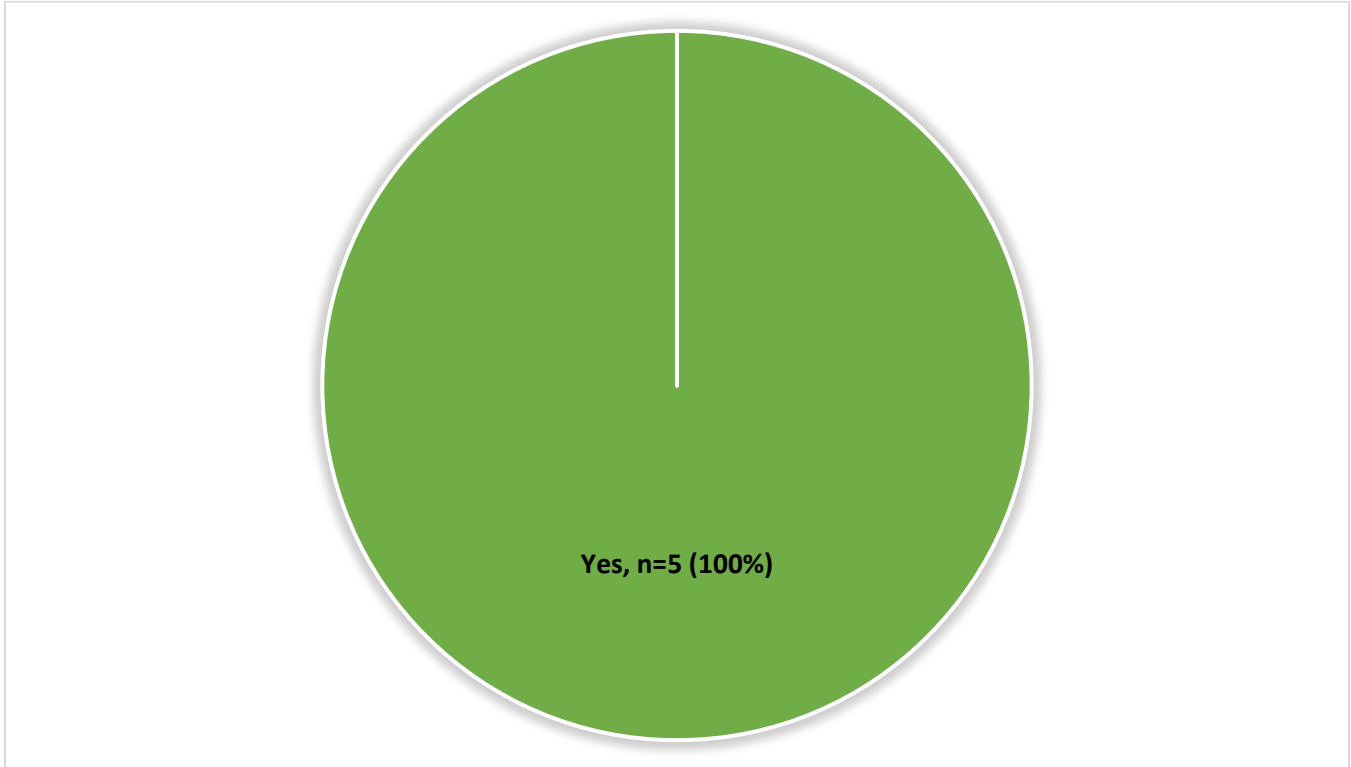


Table 112 - POS Edits in Place to Limit the Quantity Dispensed of Opioids

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

Figure 81 - POS Edits in Place to Limit the Quantity Dispensed of Short-Acting (SA) Opioids

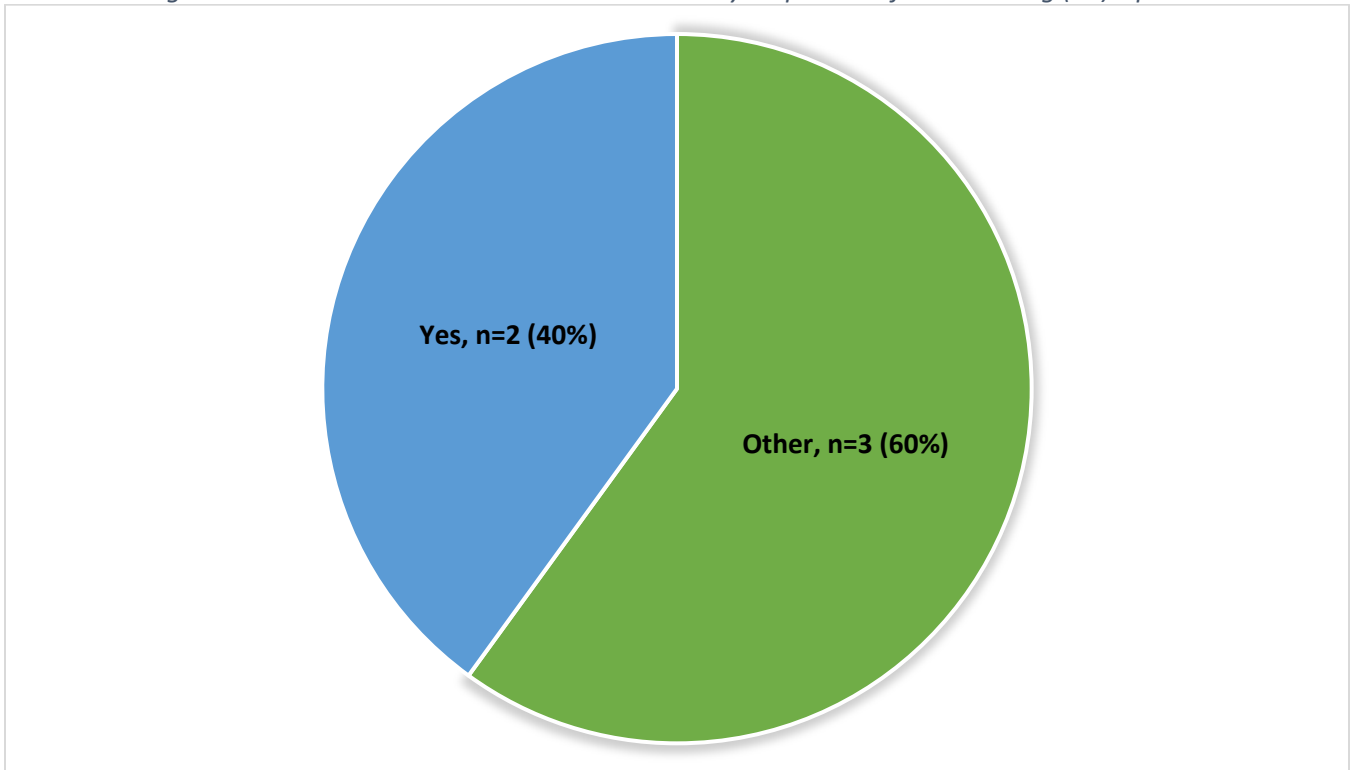


Table 113 - POS Edits in Place to Limit the Quantity Dispensed of Short-Acting (SA) Opioids

Response	MCO Names	Count	Percentage
Yes	Managed Health Services Indiana (MHS), MDwise, Inc.	2	40.00%
Other	Anthem, Inc., CareSource, UnitedHealthcare Community Plan, Inc.	3	60.00%
State Totals		5	100%

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

Figure 82 - Limits for Quantity Dispensed of Short-Acting Opioids

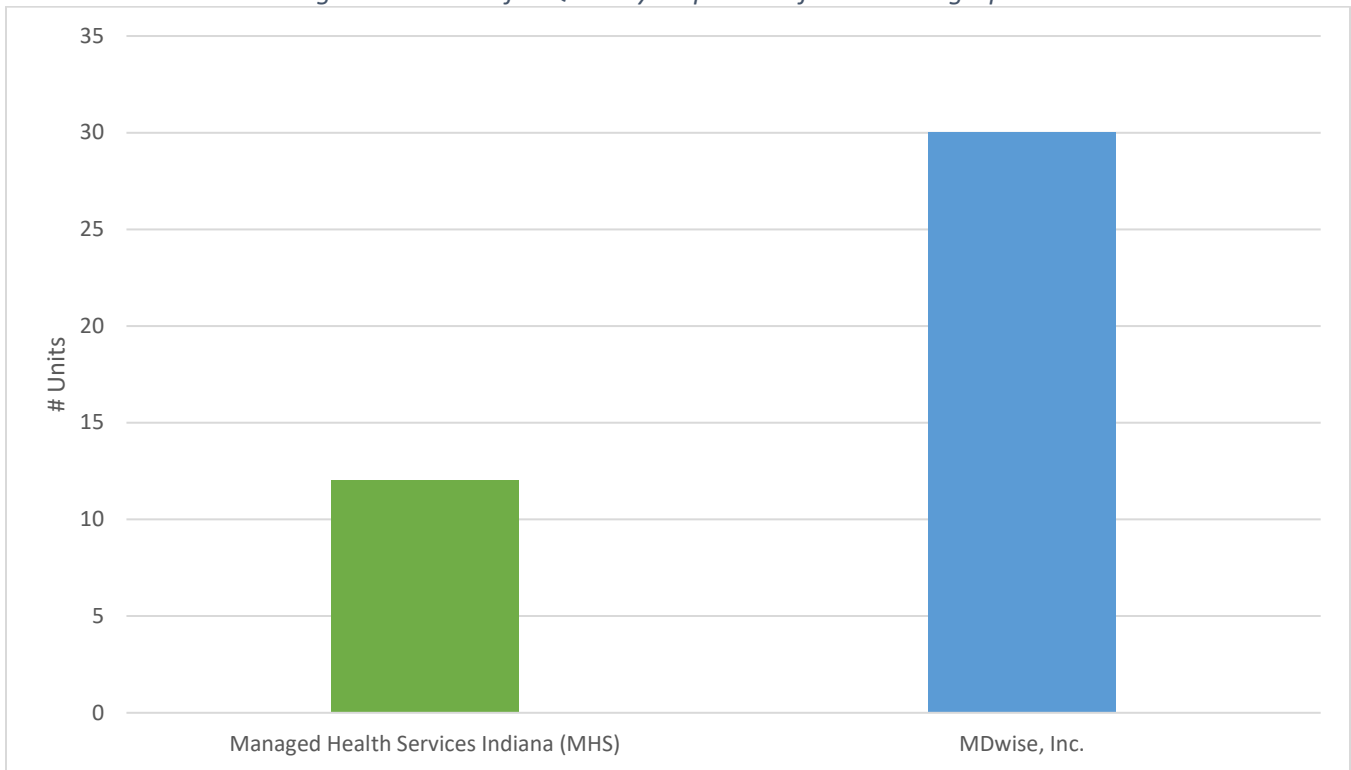


Table 114 - Limits for Quantity Dispensed of Short-Acting Opioids

MCO Name	Units
Managed Health Services Indiana (MHS)	12
MDwise, Inc.	30
State Totals	42

If “Other,” please explain

Table 115 - “Other” Explanations for POS Edits in Place to Limit the Quantity Dispensed of Short-Acting Opioids

MCO Name	Explanation
Anthem, Inc.	Quantity limits per PA policy and/or label-based dosing apply.
CareSource	All short-acting (SA) opioids are limited to an initial 7 days' supply.
UnitedHealthcare Community Plan, Inc.	UnitedHealthcare Community Plan does have point-of-sale edits in place to limit the quantity dispensed of short acting opioids. All members are limited to the cumulative MME maximum of short-acting, long-acting, and opioid containing cough and cold products set by the state. In addition, UnitedHealthcare also implements product specific quantity limit on our short-acting opioid products for all members. Each quantity limit is drug specific and determined utilizing FDA-based dosing schedules and dose optimization or by utilizing FDA maximum doses, where applicable.

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

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

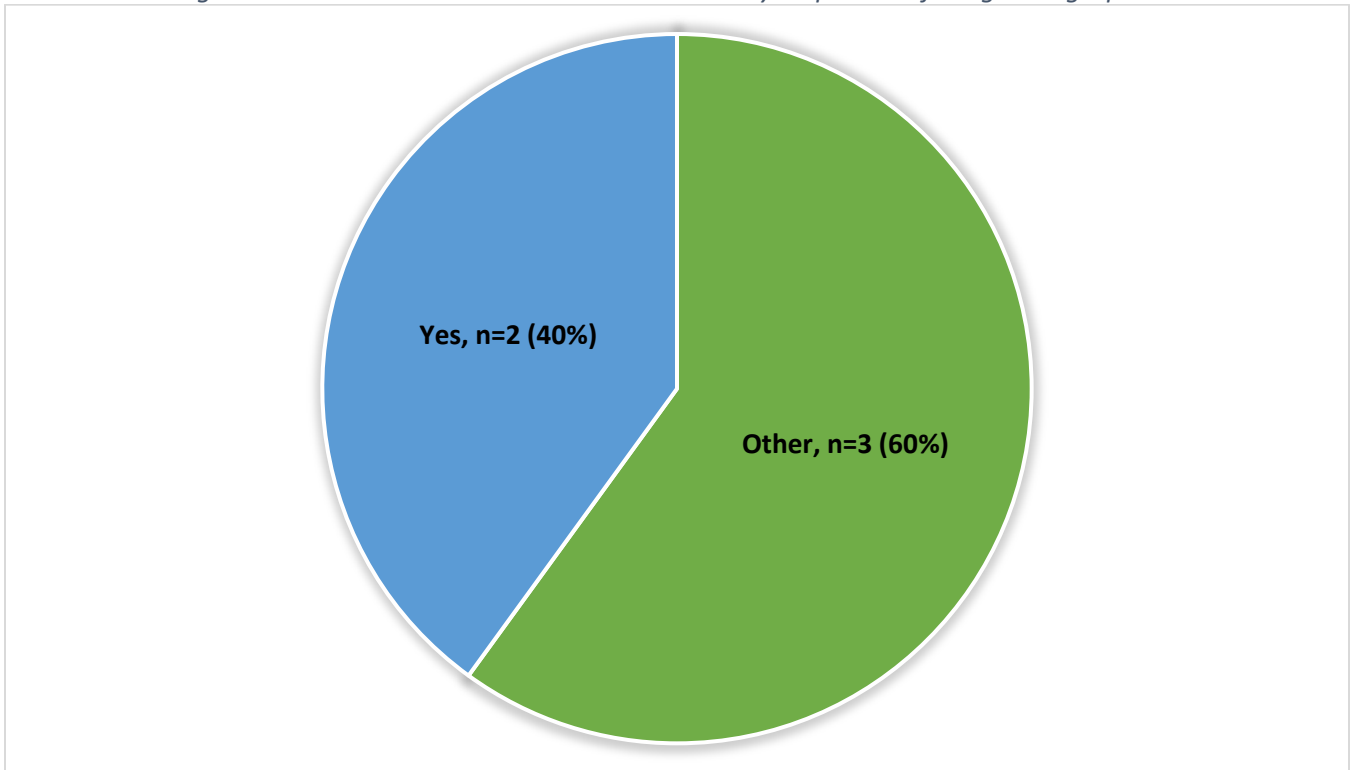


Table 116 - POS Edits in Place to Limit the Quantity Dispensed of Long-Acting Opioids

Response	MCO Names	Count	Percentage
Yes	Managed Health Services Indiana (MHS), MDwise, Inc.	2	40.00%
Other	Anthem, Inc., CareSource, UnitedHealthcare Community Plan, Inc.	3	60.00%
State Totals		5	100%

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

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

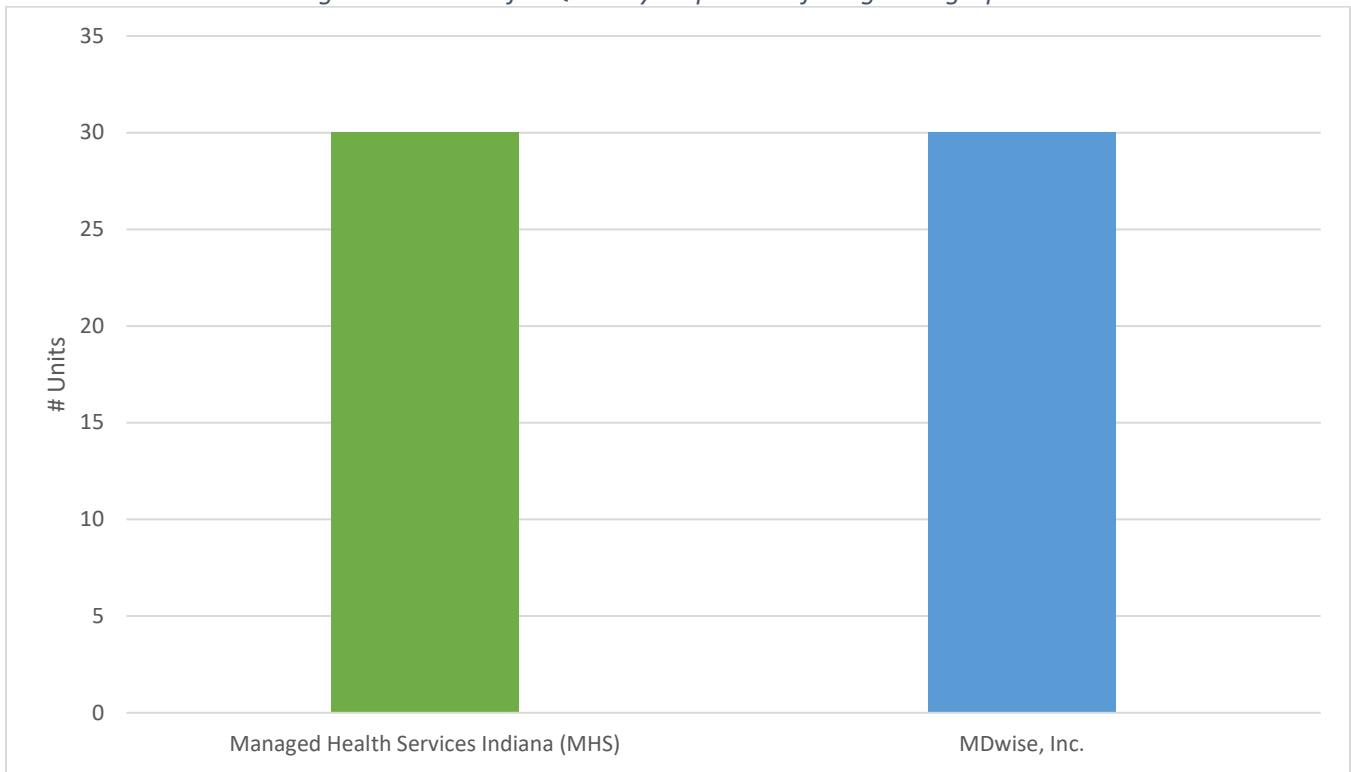


Table 117 - Limits for Quantity Dispensed of Long-Acting Opioids

MCO Names	Units
Managed Health Services Indiana (MHS)	30
MDwise, Inc.	30
State Totals	60

If “Other,” please explain.

Table 118 - “Other” Explanations for POS Edits in Place to Limit the Quantity Dispensed of Long-Acting Opioids

MCO Name	Explanation
Anthem, Inc.	Quantity limits per PA policy and/or label-based dosing apply.
CareSource	Long-acting (LA) opioids are limited to 3 month or 6-month approval based on initial or reauthorization upon PA review and are limited to a 30 days' supply. LA opioids also require use of SA opioids in previous treatment plan prior to approval.
UnitedHealthcare Community Plan, Inc.	UnitedHealthcare Community Plan does have point-of-sale edits in place to limit the quantity dispensed of long acting opioids. All members are limited to the cumulative MME maximum of short-acting, long-acting, and opioid containing cough and cold products set by the state. In addition, UnitedHealthcare also implements product specific quantity limit on our long-acting opioid products for all members. Each quantity limit is drug specific and determined utilizing FDA-based dosing schedules and dose optimization or by utilizing FDA maximum doses, where applicable.

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

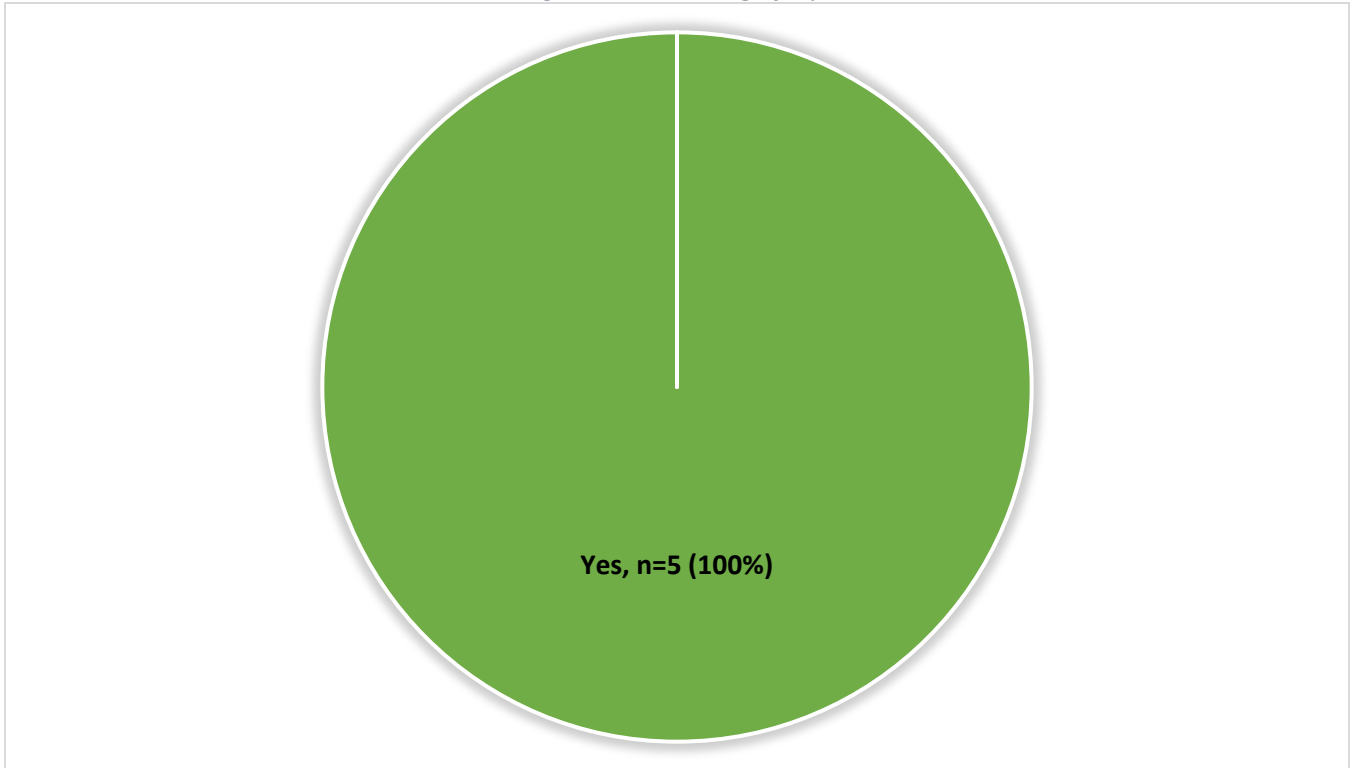
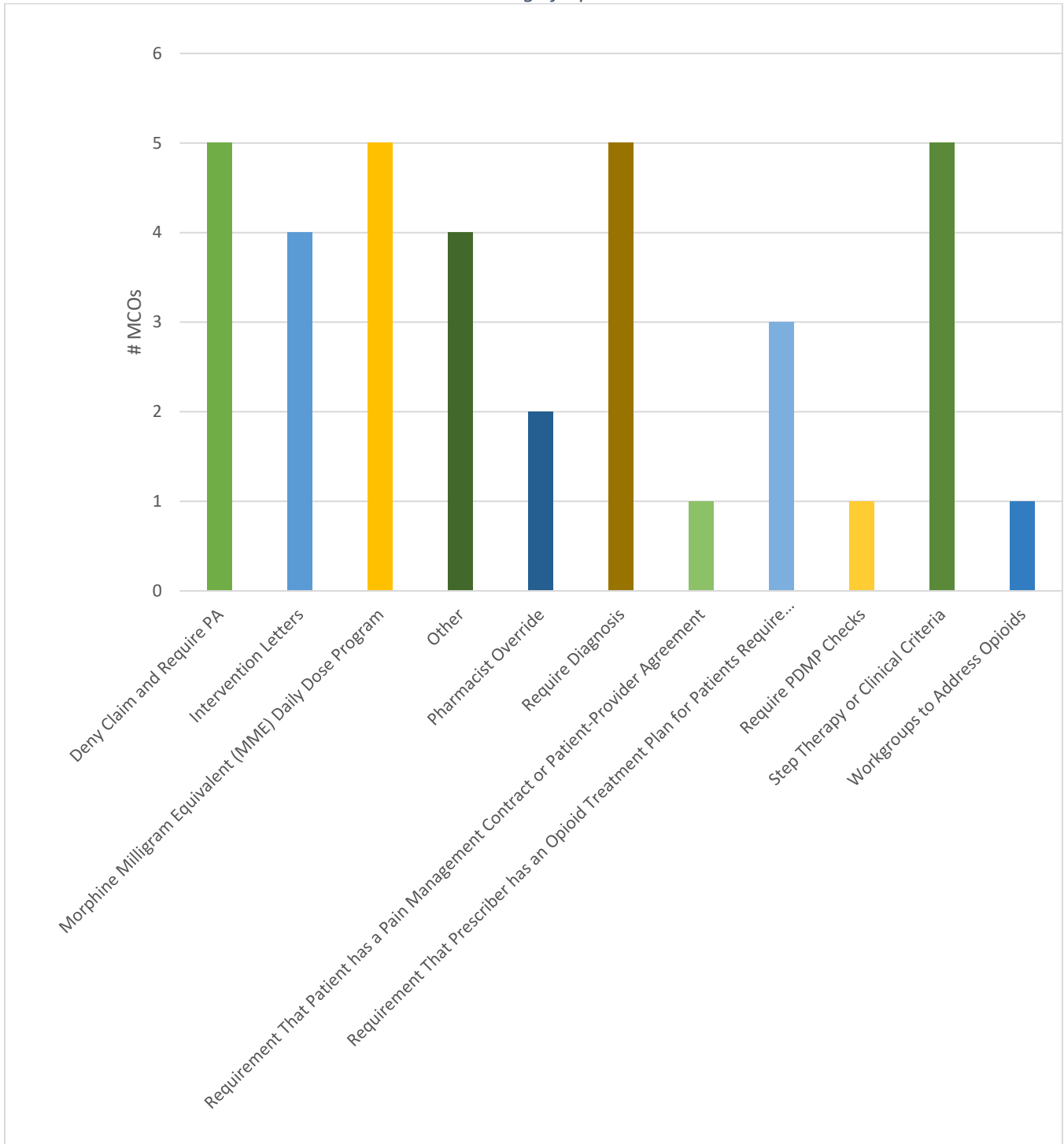


Table 119 - Have Measures Other Than Restricted Quantities and Days’ Supply in Place to Either Monitor or Manage the Prescribing of Opioids

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

If "Yes," check all that apply.

Figure 86 - Measures other than Restricted Quantities and Days' Supply in Place to Either Monitor or Manage the Prescribing of Opioids



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Table 120- 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	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	13.89%
Intervention letters	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), UnitedHealthcare Community Plan, Inc.	4	11.11%
Morphine Milligram Equivalent (MME) daily dose program	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	13.89%
Pharmacist override	MDwise, Inc., UnitedHealthcare Community Plan, Inc.	2	5.56%
Require diagnosis	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	13.89%
Requirement that patient has a pain management contract or Patient-Provider agreement	Anthem, Inc.	1	2.78%
Requirement that prescriber has an opioid treatment plan for patients Require documentation of urine drug screening results	Anthem, Inc., MDwise, Inc., UnitedHealthcare Community Plan, Inc.	3	8.33%
Require PDMP checks	CareSource	1	2.78%
Step therapy or Clinical criteria	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	13.89%
Workgroups to address opioids	Anthem, Inc.	1	2.78%
Other	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc.	4	11.11%
State Totals		36	100%

If "Other," please specify.

Table 121 - "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
Anthem, Inc.	Our interventions aim to engage prescriber to educate, coordinate care and reduce the risk of fraud, waste, and abuse (FWA) and opioid overutilization. We require PA on all new starts for long-acting opioids and those prescriptions that exceed quantity limits. 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, New start for long-acting.
CareSource	Requirement that prescriber has an opioid treatment plan for patients. The Right Choices Program (RCP) reviews the following: number of prescribers, number of

MCO Name	Explanation
	<p>pharmacies, number of controlled substances, days supply of controlled substances, and the number of emergency room visits. Members are also reviewed if they are suspected or alleged to have obtained Medicaid services under fraudulent pretenses and exhibit high utilization of abuse potential medications.</p>
<p>Managed Health Services Indiana (MHS)</p>	<p>Age limits. Aligned with all Indiana Medicaid Programs. Asking for step therapy before members are given 30 days of opiates and MME limits.</p>
<p>MDwise, Inc.</p>	<p>The MCO has a number of opioid edits in place. For those claims that deny by a programmed edit, the prescriber may obtain a clinical review against the applied edit by submitting a PA request. Examples include PA on all long-acting opioids; edits to prevent concurrent use of opioids with antipsychotics, benzodiazepines, or carisoprodol; and edits to limit first use of short-acting opioids to no more than 7 days supply. The MME daily dose program limits new utilizers of short-acting opioids to 60MME per day. The MCO applies step therapy criteria to non-preferred opioids that requires previous trial of a preferred opioid(s). Other clinical criteria are applied via the PA process as previously described. Criteria for continued use of opioid analgesics requires that the prescriber has an opioid treatment plan in place to guide opioid prescribing. In addition, criteria for continued use of opioid analgesics requires that the prescriber monitors adherence to the prescribed opioid regimen (e.g., urine drug screen, pill counts). The MCO also has criteria for continued use of opioid analgesics that requires that the prescriber performs a risk assessment, including review of the state prescription drug monitoring program (PDMP) data (i.e., INSPECT).</p>

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 87 - POS Edits to Monitor Duplicate Therapy of Opioid Prescriptions

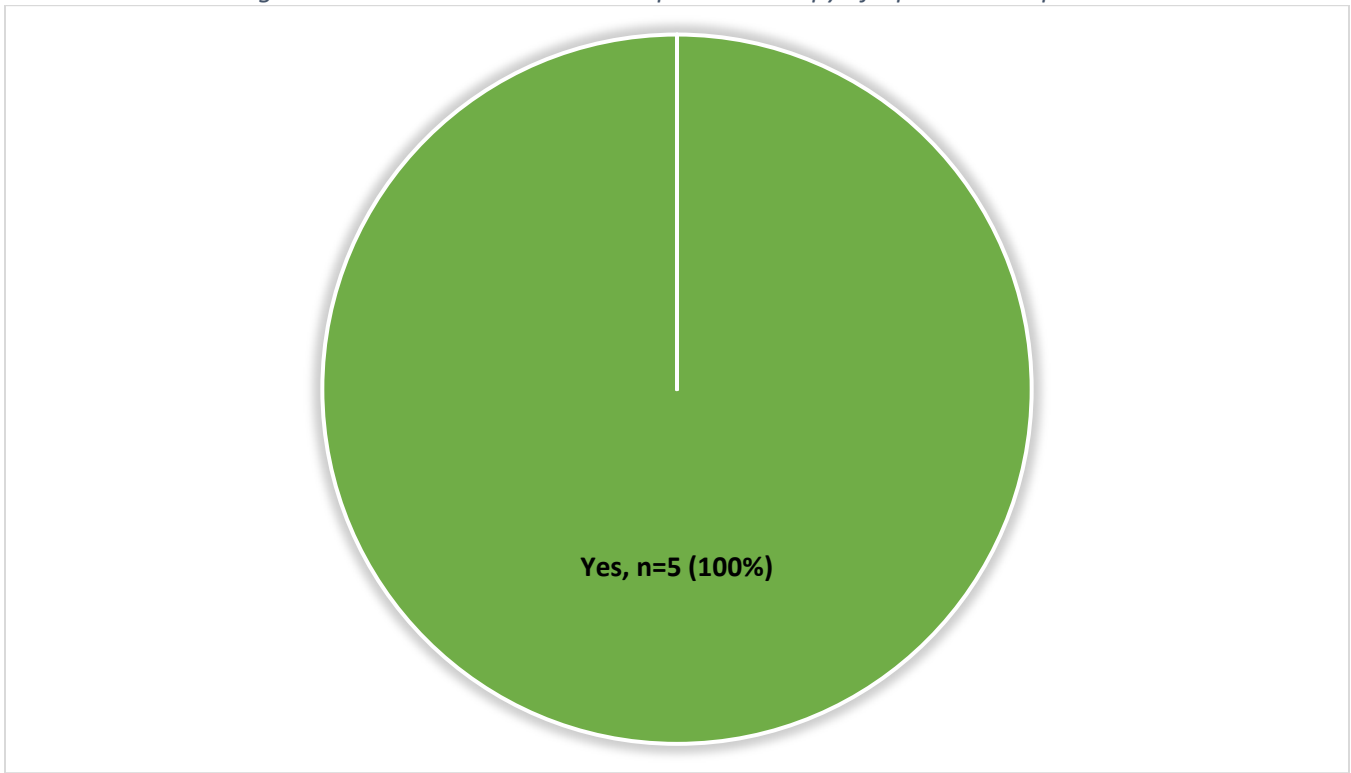


Table 122 - POS Edits to Monitor Duplicate Therapy of Opioid Prescriptions

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

Figure 88 - POS Edits to Monitor Early Refills of Opioid Prescriptions Dispensed

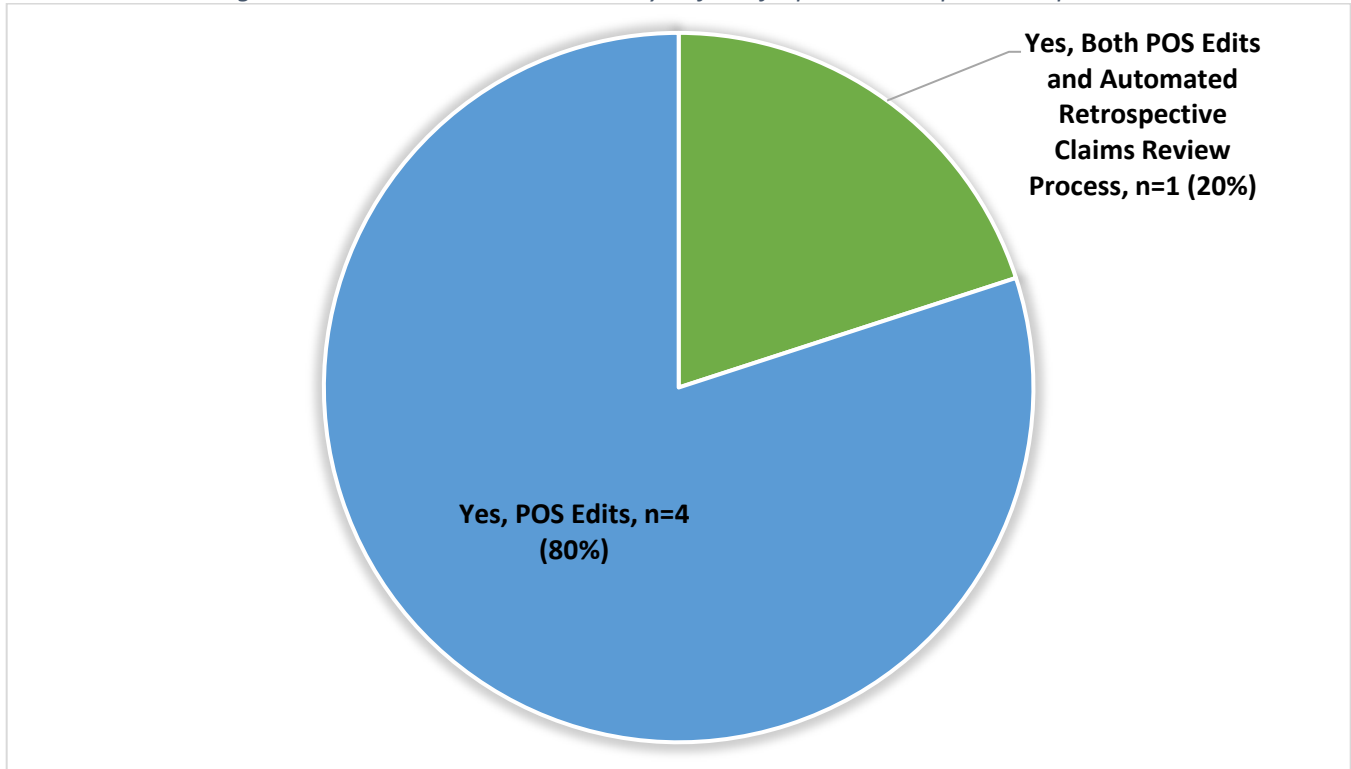


Table 123 - POS Edits to Monitor Early Refills of Opioid Prescriptions Dispensed

Response	MCO Names	Count	Percentage
Yes, both POS edits and automated retrospective claims review process	UnitedHealthcare Community Plan, Inc.	1	20.00%
Yes, POS edits	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc.	4	80.00%
State Totals		5	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 89 - Automated Retrospective Claim Reviews to Monitor Opioid Prescriptions in Excess of Program Limitations

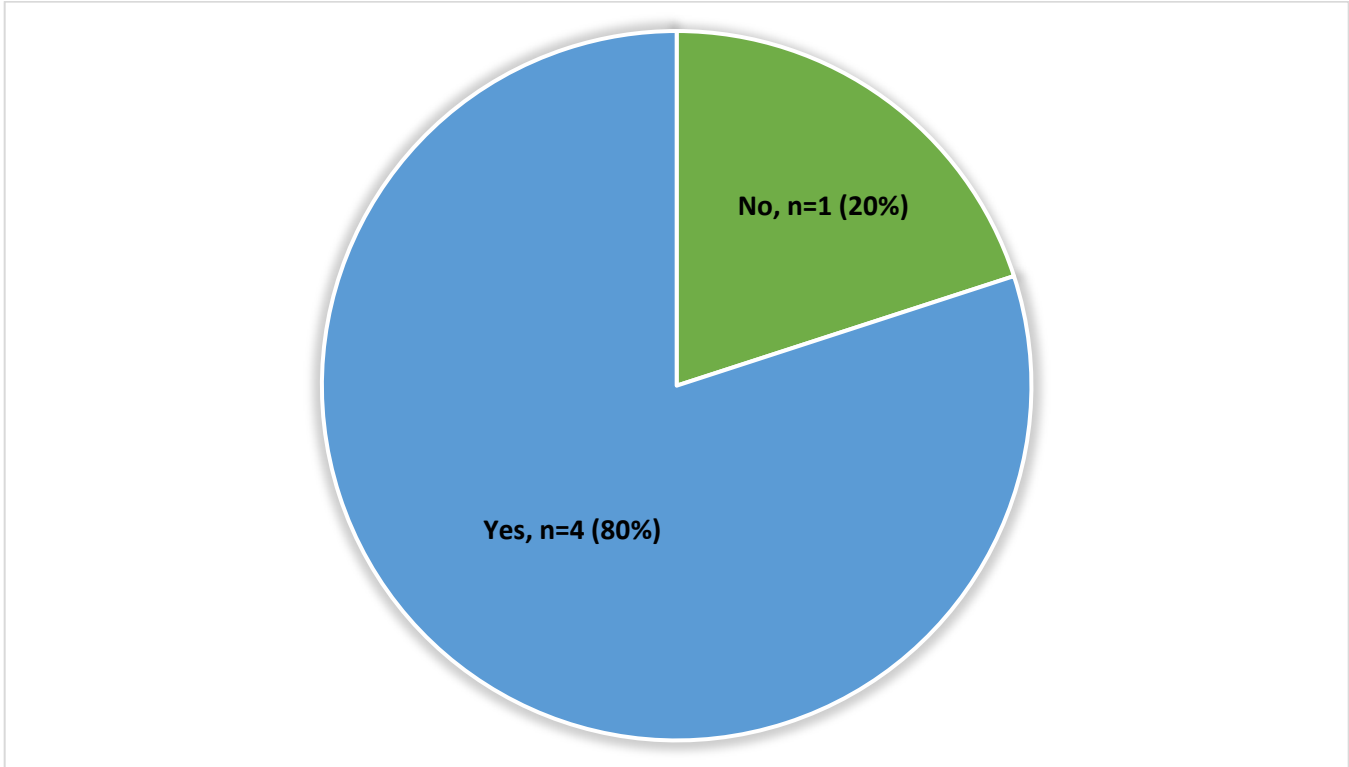


Table 124 - Automated Retrospective Claim Reviews to Monitor Opioid Prescriptions in Excess of Program Limitations

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, MDwise, Inc., UnitedHealthcare Community Plan, Inc.	4	80.00%
No	Managed Health Services Indiana (MHS)	1	20.00%
State Totals		5	100%

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

Table 125 - Scope, Nature, and Frequency of Retrospective Reviews of Opioid Prescription Monitoring in Excess of Program Limitations

MCO Name	Retrospective Review Details
Anthem, Inc.	We monitor pharmacy claims of high doses of opioids where the average daily dose of opioids exceeds 90 MME over a 60-day period. Prescriber outreach is done, when appropriate, for identified gaps in care.
CareSource	CareSource has a coded retrospective look back of claims when the prescription is being filled to ensure review of State of Indiana limitations including early refills, QL, days supply, and MMEs .

MCO Name	Retrospective Review Details
MDwise, Inc.	The MCO has a refill too soon limit which does not allow members to receive opioid refills until 75% of their previous day supply has past (i.e for a 30-day fill, a member cannot receive a refill until 23 days have elapsed).
UnitedHealthcare Community Plan, Inc.	UnitedHealthcare Community Plan is enrolled in the Abused Medications Program through OptumRx, this is a RDUR program that notifies providers via fax/mail on a daily basis of chronic early refill of opioids, therapeutic duplication of short + short acting opioids and therapeutic duplication of long + long acting opioids, and high daily doses of opioids (over cumulative 90 MME and number of units per day).

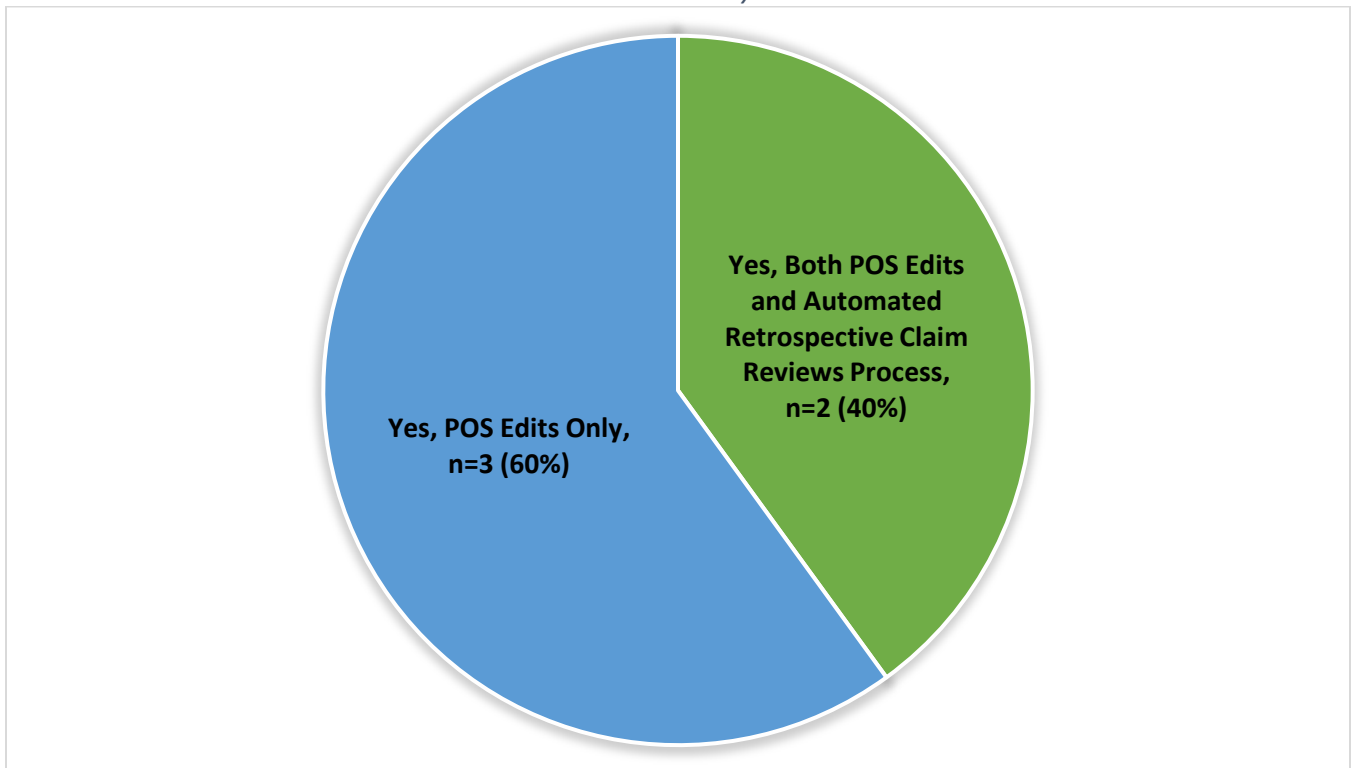
If “No,” please explain why not.

Table 126 - Explanation for Not Having Comprehensive Automated Retrospective Claim Reviews to Monitor Opioid Prescriptions Exceeding Program Limitations

MCO Name	Explanation
Managed Health Services Indiana (MHS)	Our opioid edits and PA process prevent exceeding state limitations.

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

Figure 90 - POS Edits or Automated Retrospective Claim Reviews to Monitor Opioids and Benzodiazepines Used Concurrently



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Table 127 - 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	Anthem, Inc., UnitedHealthcare Community Plan, Inc.	2	40.00%
Yes, POS edits only	CareSource, Managed Health Services Indiana (MHS), MDwise, Inc.	3	60.00%
State Totals		5	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 128 - Explanations of Scope and Nature of Reviews and Edits for Opioids and Benzodiazepines Being Used Concurrently

MCO Name	Explanation
Anthem, Inc.	At POS, the Claims System is setup limiting incoming benzodiazepine to 7-day supply if opioid in history. In order to exceed 7-day supply, PA is required. Within the PA criteria, we review and confirm providers plan to taper and discontinue treatment based on diagnosis. If provider deems both treatments are medically necessary, we ask for the supporting rationale and/or documentation of trial and failure of each individual treatment. We have automated RDUR process that will identify members receiving opioids and benzodiazepines. Messages are sent to providers.
CareSource	POS edit in place that rejects claims for opioid or benzodiazepine if: member filled both and opioid and benzodiazepine within the last 30 days and new to therapy for both benzodiazepine and opioid (less than 90 days in the last 120 days of each drug) and the days' supply of the benzodiazepine and opioid is greater than 7 days for each product.
Managed Health Services Indiana (MHS)	If a benzodiazepine is prescribed along with an opiate for more than 7 days, the member can receive 7 days of both medications but a prior authorization is needed after the 7 day fill. If the prescriber would like the member to receive greater than 7 days of both medications, an attestation is required stating they have counseled the member, will monitor the member if acknowledge of a different prescriber is ordering one of the medications. The attestation needs to accompany the prior authorization.
MDwise, Inc.	Whenever a patient exceeds the clinically established limits, they are subject to review and prior authorization for appropriateness. Because each patient scenario can be unique, our MCO retrospective review process is not automated, but is managed by internal clinicians in cooperation with our PBM. Clinicians review data to ensure appropriateness of medication use as well as those potentially exceeding certain State established thresholds (i.e. patients using Milligram Morphine Equivalents [MME] > than 90 for a given time period). The MCO clinical pharmacists and/or PBM clinicians review patient request for chronic benzodiazepines, chronic opiates or combination chronic benzodiazepine/opiate therapy individually. Unique diagnoses and patient situations are considered to ensure appropriate patient care. When a clinician determines a patient dosing regimen may be inappropriate, excessive, or put a patient at risk for adverse events or outcomes, clinicians work with prescribers to develop mutually acceptable patient regimens and/or titration schedules.

MCO Name	Explanation
	Additionally, reviewers are always considering the potential for Fraud, Waste and Abuse within the scope of their analysis. Additionally, with regard to FWA, our PBM vendor routinely assesses claims processing data looking to identify potential FWA. Certain diagnosis exempt patients from portions of plan limitations (i.e. cancer, palliative care, hospice, Sickle Cell Disease). This exemption is part of our ongoing efforts to allow prescribers to manage those difficult conditions.
UnitedHealthcare Community Plan, Inc.	<p>1. UnitedHealthcare Community Plan has a Drug- Drug Interaction CDUR soft reject edit for Opioid + Benzodiazepine when the two medications are found to have overlapping days supply. The dispensing pharmacist is required to enter the appropriate NCPDP codes to override the reject and obtain a paid claim. No prior authorization is required for this approach.</p> <p>2. Retrospective Review: As part of their Abused Medications Program, OptumRx notifies prescribers via fax/mail when a member is receiving an opioid and a benzodiazepine concurrently.</p>

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

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

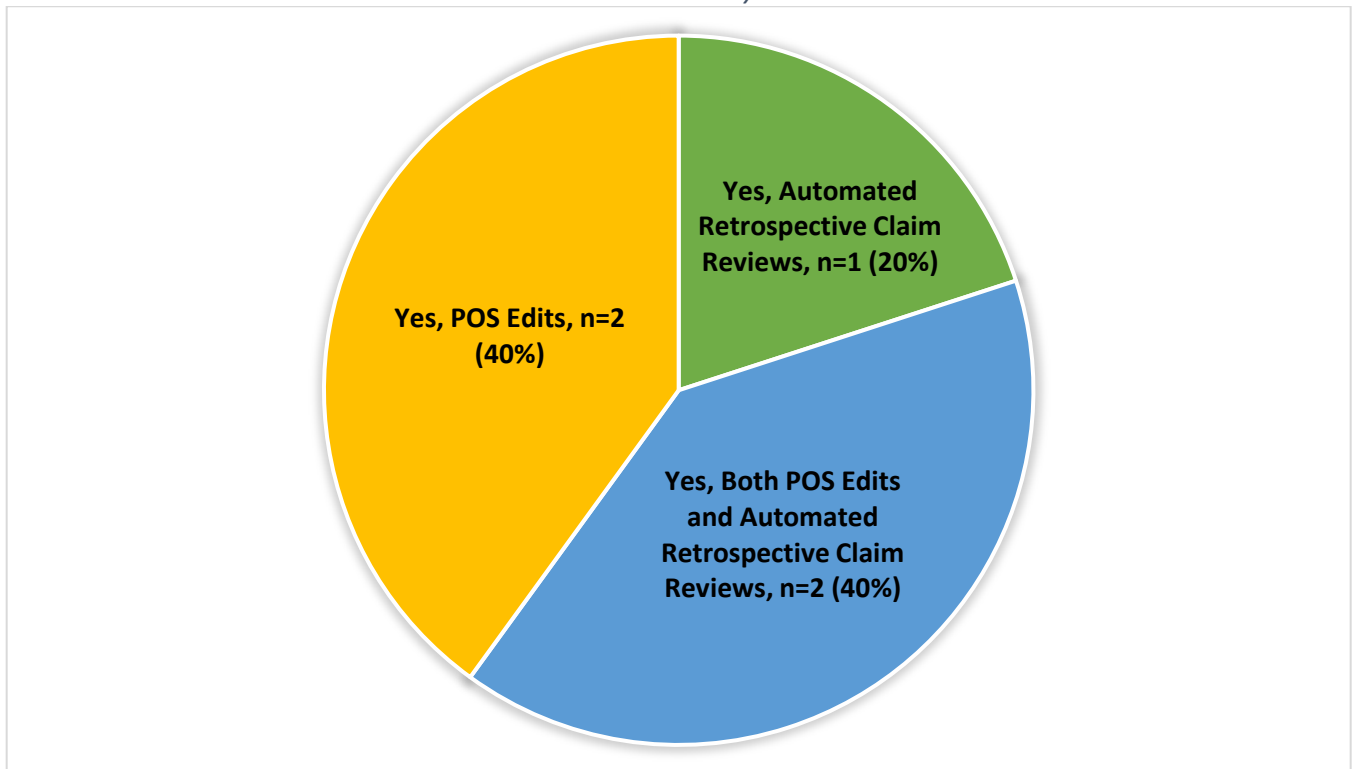


Table 129 - POS Edits or Automated Retrospective Claim Reviews to Monitor Opioids and Sedatives Being Used Concurrently

Response	MCO Names	Count	Percentage
Yes, automated retrospective claim reviews	MDwise, Inc.	1	20.00%

Response	MCO Names	Count	Percentage
Yes, both POS edits and automated retrospective claim reviews	Anthem, Inc., UnitedHealthcare Community Plan, Inc.	2	40.00%
Yes, POS edits	CareSource, Managed Health Services Indiana (MHS)	2	40.00%
State Totals		5	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 92 - POS Edits or Automated Retrospective Claim Reviews to Monitor Opioids and Antipsychotics Being Used Concurrently

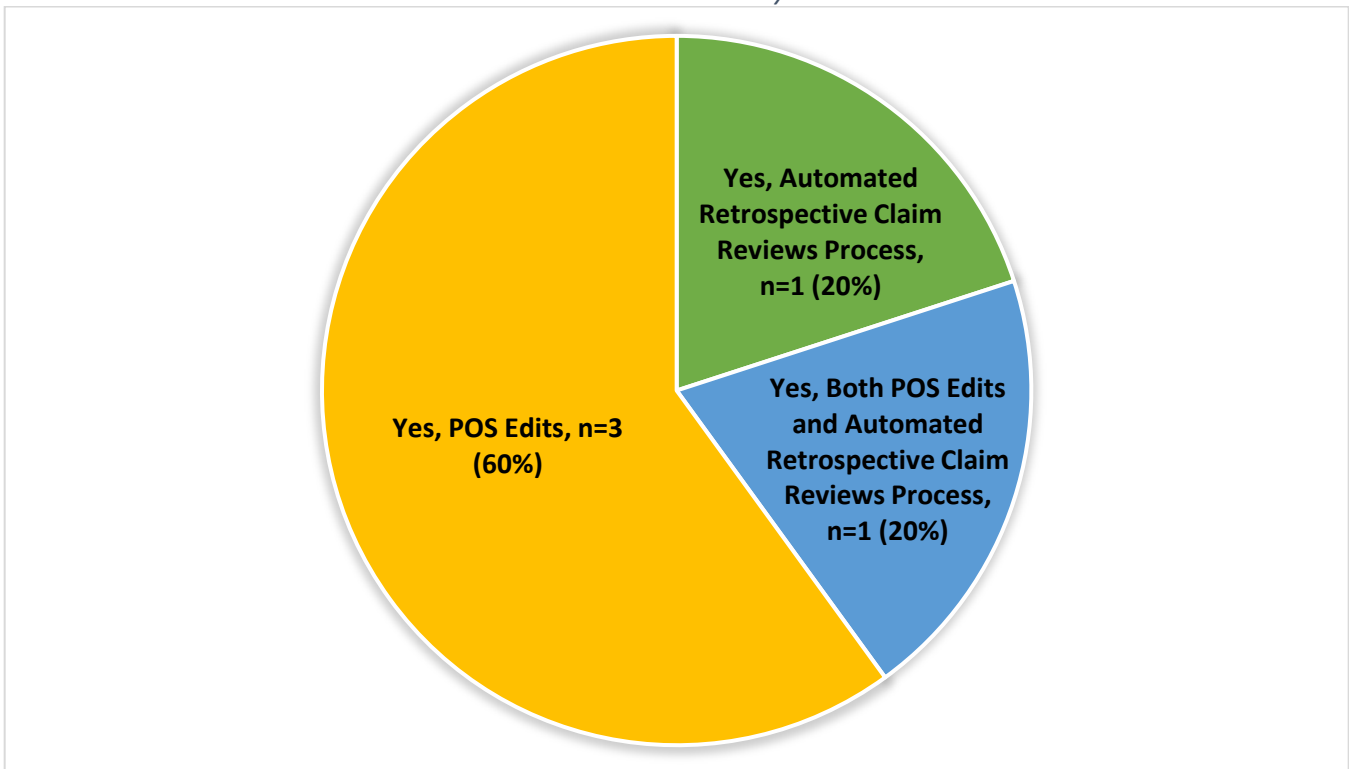


Table 130 - POS Edits or Automated Retrospective Claim Reviews to Monitor Opioids and Antipsychotics Being Used Concurrently

Response	MCO Names	Count	Percentage
Yes, automated retrospective claim reviews process	UnitedHealthcare Community Plan, Inc.	1	20.00%
Yes, both POS edits and automated retrospective claim reviews process	Anthem, Inc.	1	20.00%
Yes, POS edits	CareSource, Managed Health Services Indiana (MHS), MDwise, Inc.	3	60.00%
State Totals		5	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 93 - POS Safety Edits, Automated Retrospective Claims Reviews and/or Provider Education Regarding Beneficiaries with a Diagnosis or History of OUD or Opioid Poisoning Diagnosis

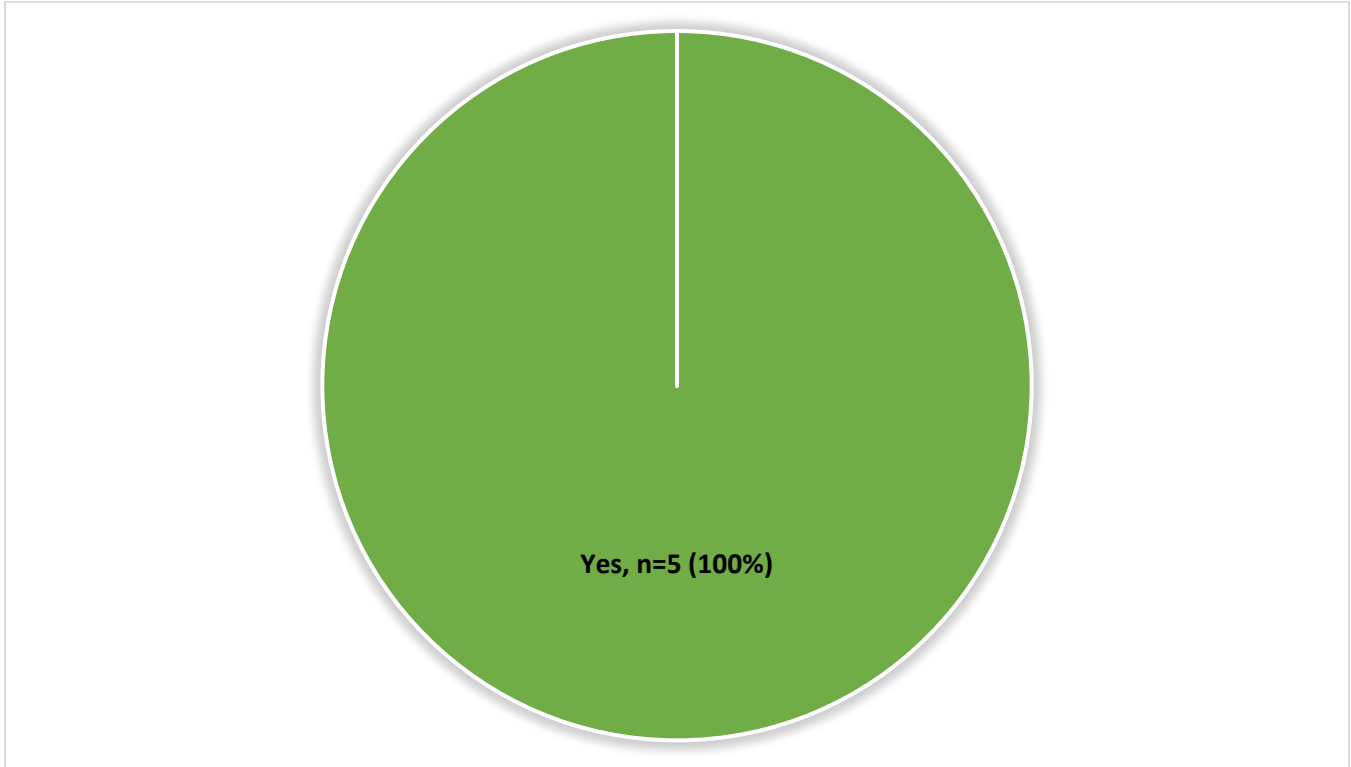


Table 131 - POS Safety Edits, Automated Retrospective Claims Reviews and/or Provider Education Regarding Beneficiaries with a Diagnosis or History of OUD or Opioid Poisoning Diagnosis

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

If “Yes,” please check all that apply.

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



Table 132 - 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	Anthem, Inc., Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	4	50.00%
POS edits	CareSource, Managed Health Services Indiana (MHS)	2	25.00%
Provider education	Anthem, Inc., Managed Health Services Indiana (MHS)	2	25.00%
State Totals		8	100%

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

Figure 95 - Frequency of Automated Retrospective Reviews and/or Provider Education Regarding Beneficiaries with a Diagnosis or History of OUD or Opioid Poisoning Diagnosis

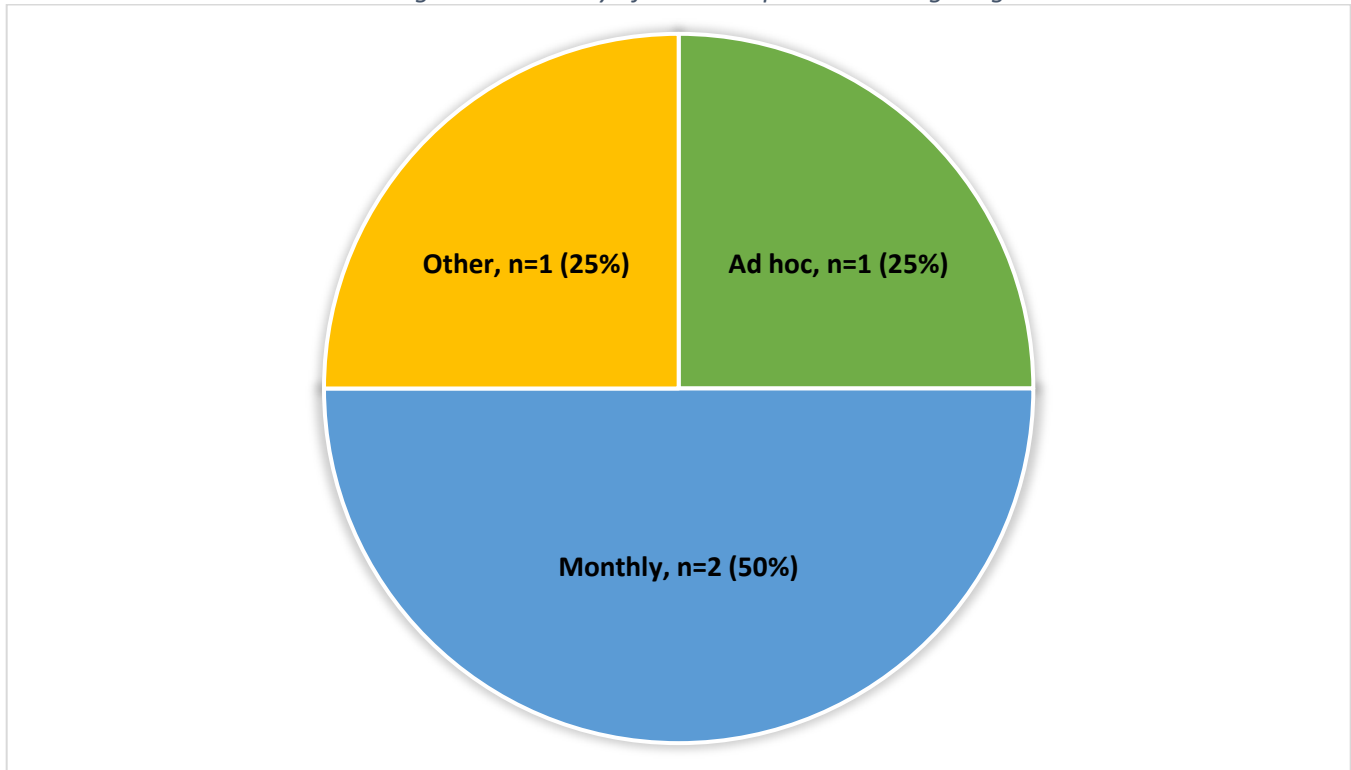


Table 133 - Frequency of Automated Retrospective Reviews and/or Provider Education Regarding Beneficiaries with a Diagnosis or History of OUD or Opioid Poisoning Diagnosis

Response	MCO Names	Count	Percentage
Ad hoc	MDwise, Inc.	1	25.00%
Monthly	Anthem, Inc., Managed Health Services Indiana (MHS)	2	50.00%
Other	UnitedHealthcare Community Plan, Inc.	1	25.00%
State Totals		4	100%

If “Other,” please specify.

Table 134 - “Other” Explanations for Frequency of Automated Retrospective Reviews and/or Provider Education Regarding Beneficiaries with a Diagnosis or History of OUD or Opioid Poisoning Diagnosis

MCO Name	Explanation
UnitedHealthcare Community Plan, Inc.	Daily

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

Figure 96 - Provide Prescribers with Pain Management or Opioid Prescribing Guidelines

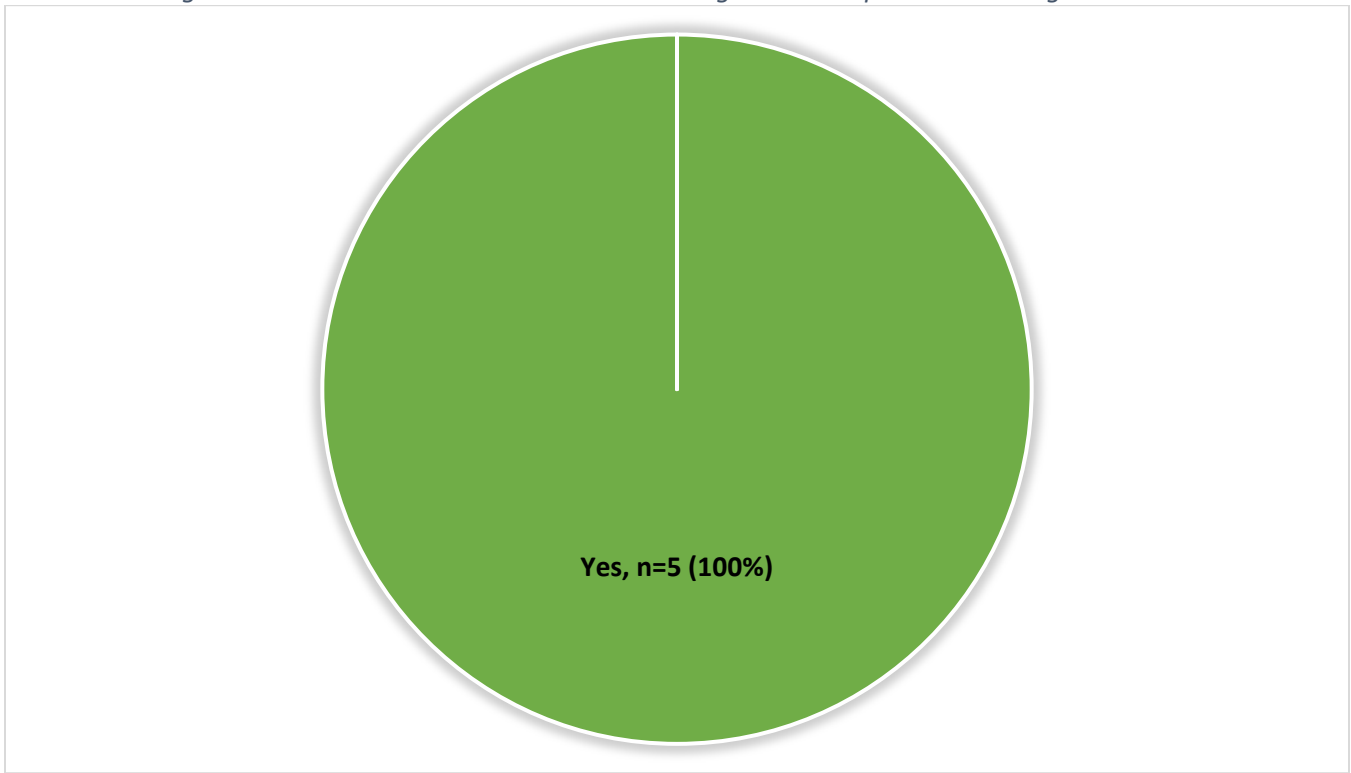


Table 135 - Provide Prescribers with Pain Management or Opioid Prescribing Guidelines

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

If “Yes,” please check all that apply.

Figure 97 - Pain Management / Opioid Prescribing Guidelines Provided

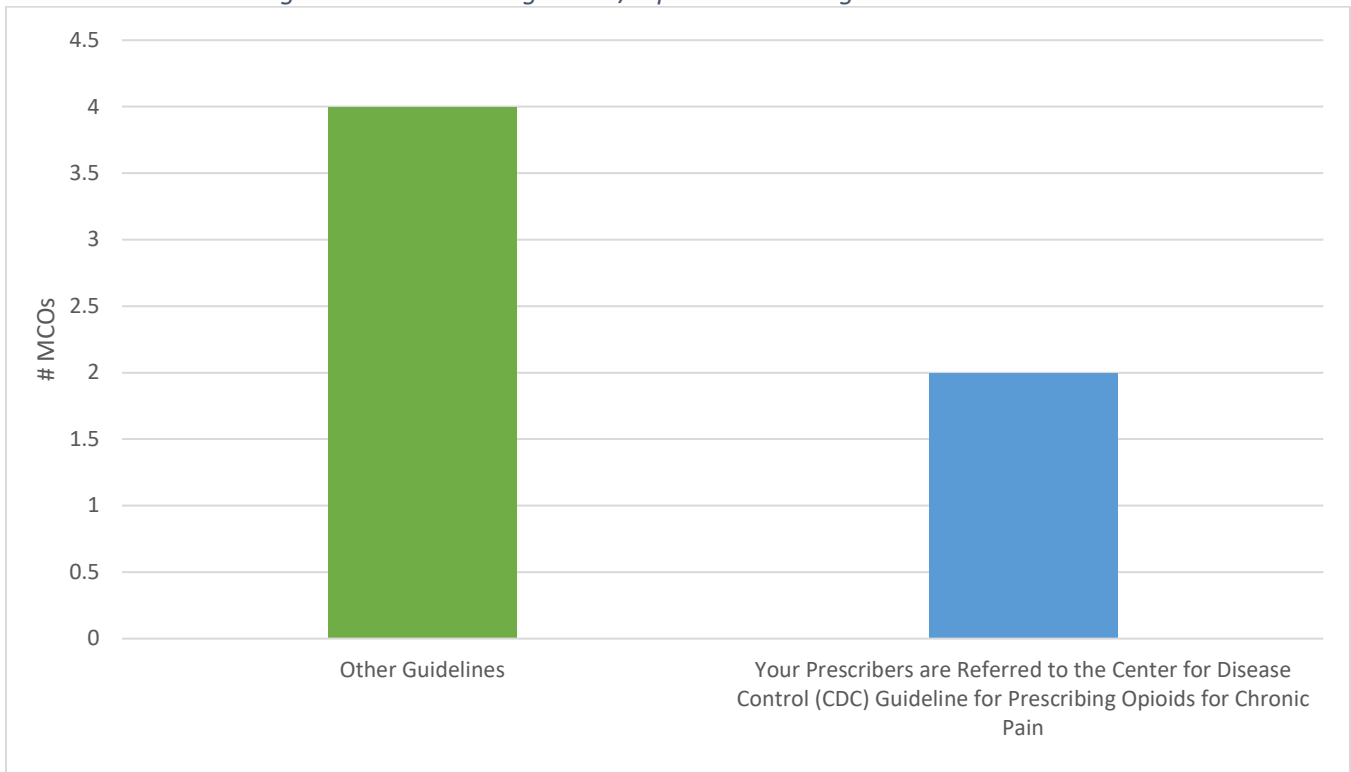


Table 136 - Pain Management / Opioid Prescribing Guidelines Provided

Response	MCO Names	Count	Percentage
Your prescribers are referred to the Center for Disease Control (CDC) Guideline for Prescribing Opioids for Chronic Pain	Anthem, Inc., UnitedHealthcare Community Plan, Inc.	2	33.33%
Other guidelines	CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	4	66.67%
State Totals		6	100%

If “Other guidelines,” please identify.

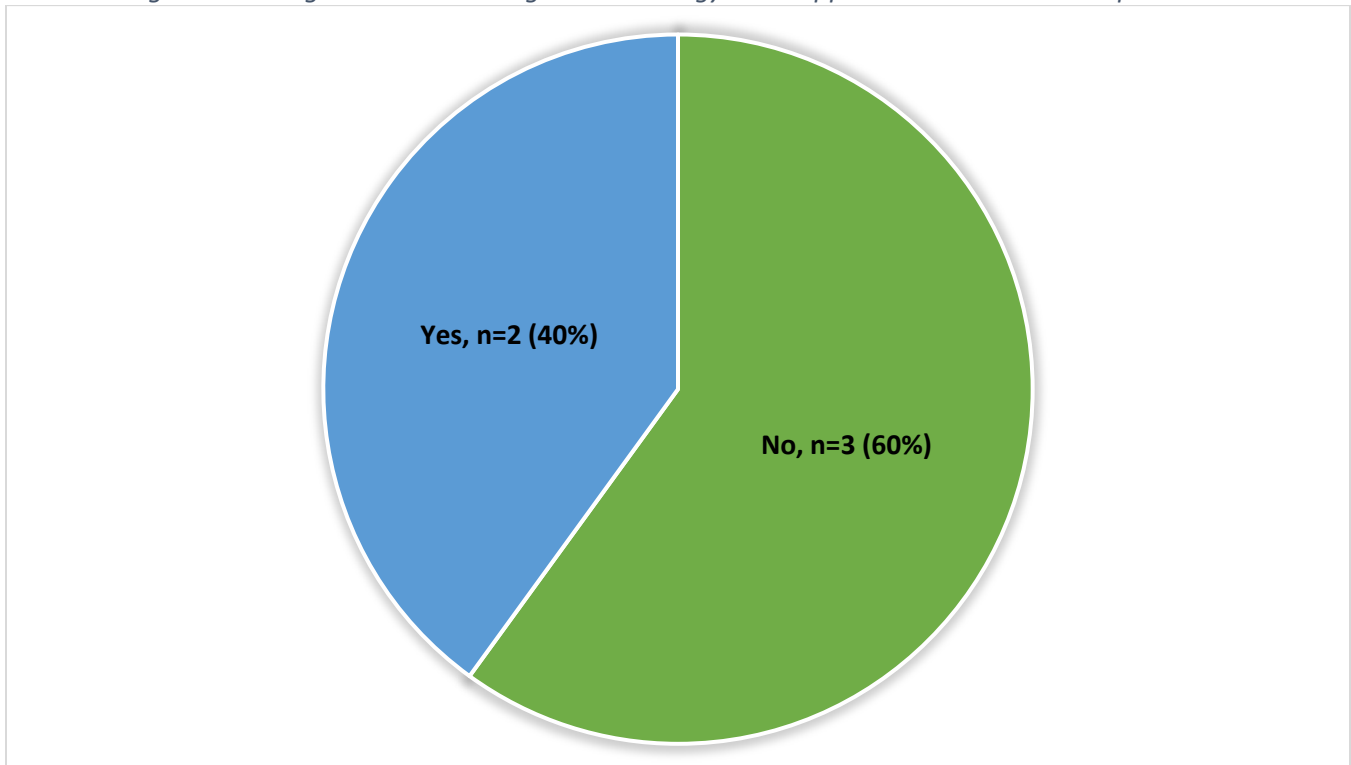
Table 137 - “Other Guidelines” Provided

MCO Name	Explanation
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
Managed Health Services Indiana (MHS)	All Indiana Medicaid plans follow the same guidelines with number of days and max morphine milliequivalent.

MCO Name	Explanation
MDwise, Inc.	Refer to Opioid Therapy Management Resources here: https://www.in.gov/medicaid/providers/551.htm which includes resources regarding: Substance Use Disorder Treatment Next Level Recovery optIN.in.gov Indiana State Medical Association's End the Epidemic American Hospital Association's Stem the Tide: Addressing the Opioid Epidemic Safe and Compassionate Opioid Wean
UnitedHealthcare Community Plan, Inc.	UnitedHealthcare Community Plan has created a opioid resource section on our provider facing website. One page PDF resources range in topic from naloxone coverage to treatment alternatives for common pain conditions. We developed and posted an Opioid Prescriber Reference Guide to provide our prescribers with information regarding our point of sale DUR edits, retrospective DUR programs, and utilization management edits. We also provide links to external resources and guidelines including: <ol style="list-style-type: none"> 1. Agency for Healthcare Research and Quality (AHRQ) - Interagency Guideline on Prescribing Opioids for Pain. 2. Centers for Disease Control and Prevention - CDC Guideline for Prescribing Opioids for Chronic Pain 3. Centers for Disease Control and Prevention - CDC Opioid Overdose Guideline Resources

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



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Table 138 - Drug Utilization Management Strategy that Supports Abuse Deterrent Opioid Use

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., MDwise, Inc.	2	40.00%
No	CareSource, Managed Health Services Indiana (MHS), UnitedHealthcare Community Plan, Inc.	3	60.00%
State Totals		5	100%

If “Yes,” please explain.

Table 139 - “Yes” Explanation for Drug Utilization Management Strategy that Supports Abuse Deterrent Opioid Use

MCO Name	Explanation
Anthem, Inc.	Our preferred drug list and opioid policy steers treatment-naive members to short-acting opioids for a 7-day supply. Long-acting opioids, including abuse deterrent formulations, may be obtained with a clinical prior authorization. We require prior authorization for all long-acting opioids.
MDwise, Inc.	The generic equivalent version of HYSINGLA ER, commonly known as hydrocodone bitartrate extended-release tablets in 20 mg, 30 mg, 40 mg, 60 mg, 80 mg, 100 mg and 120 mg are preferred Tier 1 on the MCO formulary.

If “No,” please explain.

Table 140 - “No” Explanation for Drug Utilization Management Strategy that Supports Abuse Deterrent Opioid Use

MCO Name	Explanation
CareSource	Abuse deterrent opioids are available through PA only.
Managed Health Services Indiana (MHS)	The opioid utilization is managed by diagnoses, POS edits, quantity limits, age edits and prior authorizations. Providers are asked to step through preferred products but can skip over these with a prior authorization.
UnitedHealthcare Community Plan, Inc.	Our preferred drug list and opioid policies allow for opioid-naive members to a 7-day supply of medications. Long term use of opioids requires a clinical prior authorization for review, which includes abuse deterrent formulations.

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

Figure 99 - COVID-19 Ramifications on Edits and Reviews on Controlled Substances During the Public Health Emergency

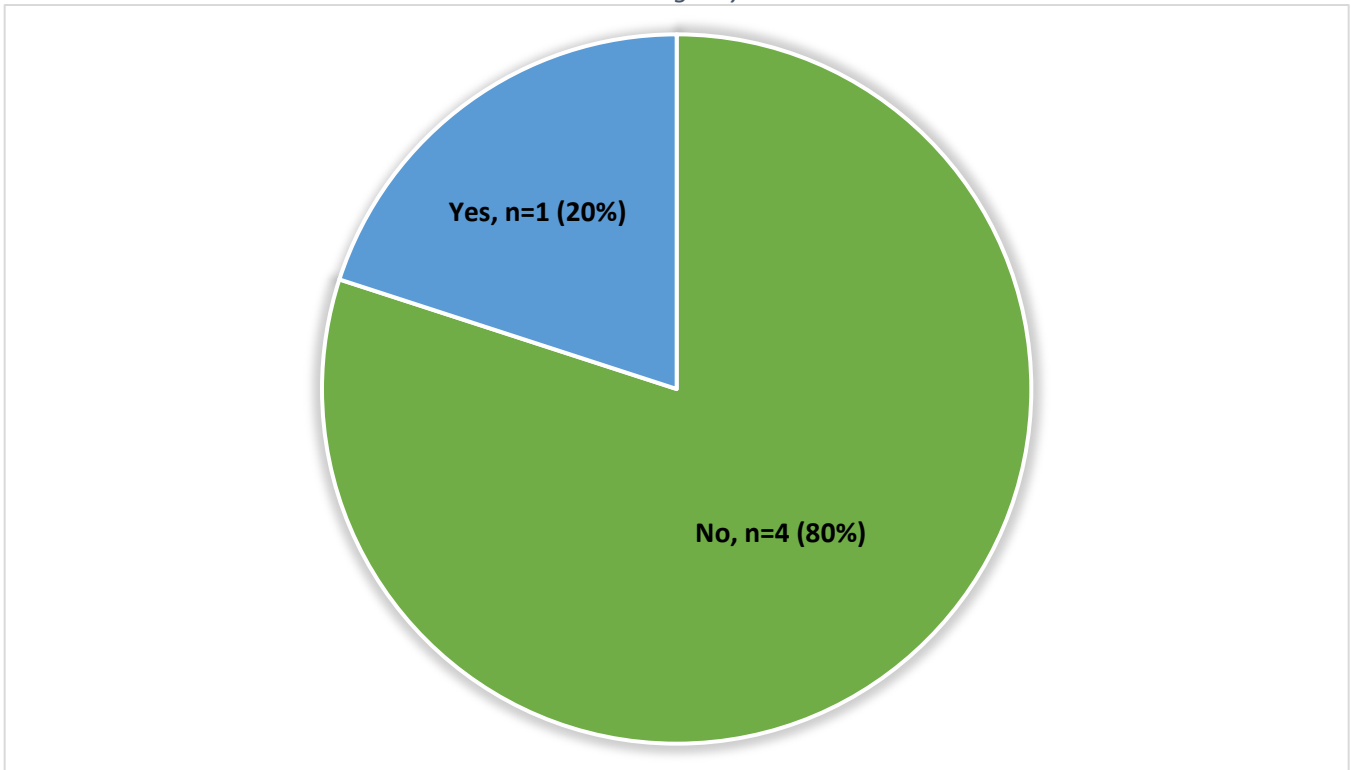


Table 141 - COVID-19 Ramifications on Edits and Reviews on Controlled Substances During the Public Health Emergency

Response	MCO Names	Count	Percentage
Yes	CareSource	1	20.00%
No	Anthem, Inc., Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	4	80.00%
State Totals		5	100%

If "Yes," please explain.

Table 142 - "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 100 - MCO Recommended MME Daily Dose Measures

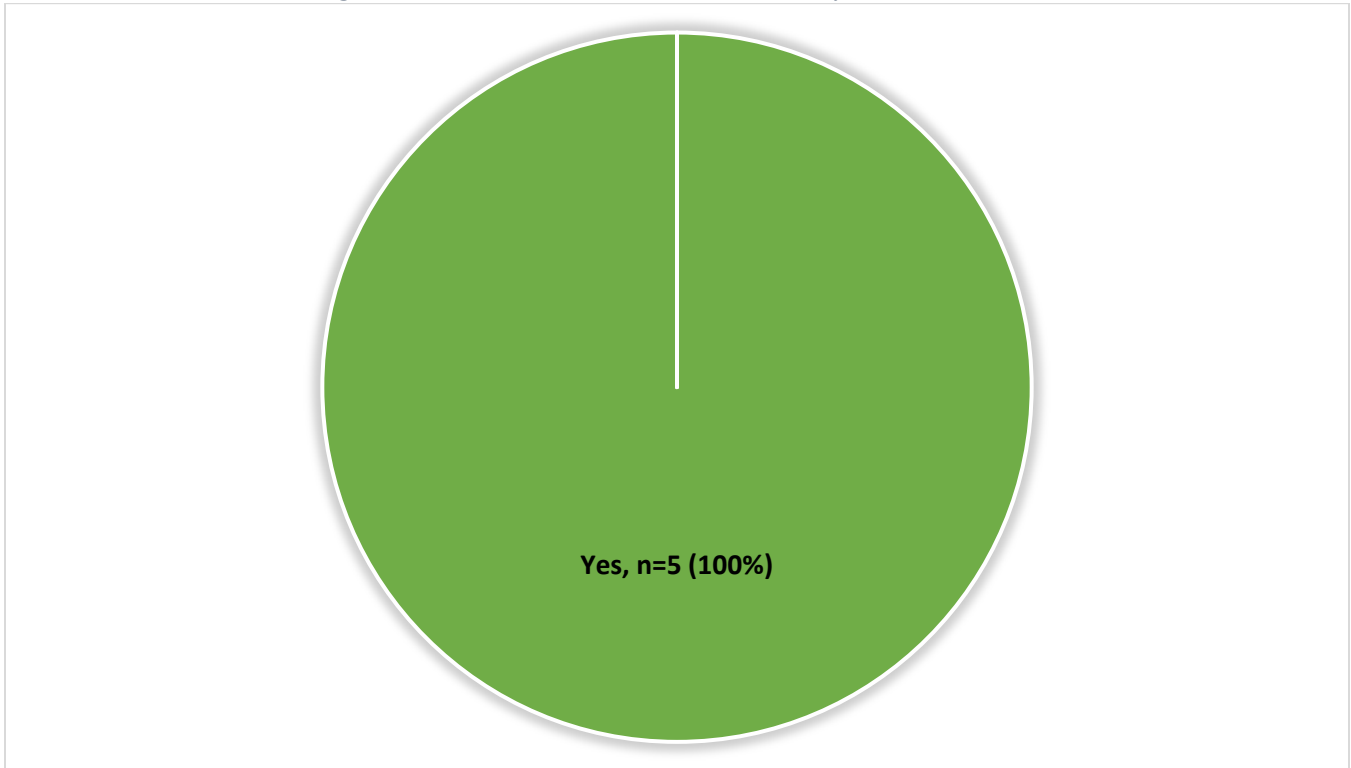


Table 143 - MCO Recommended MME Daily Dose Measures

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

Figure 101 - Maximum MME Daily Dose Limit in Milligrams

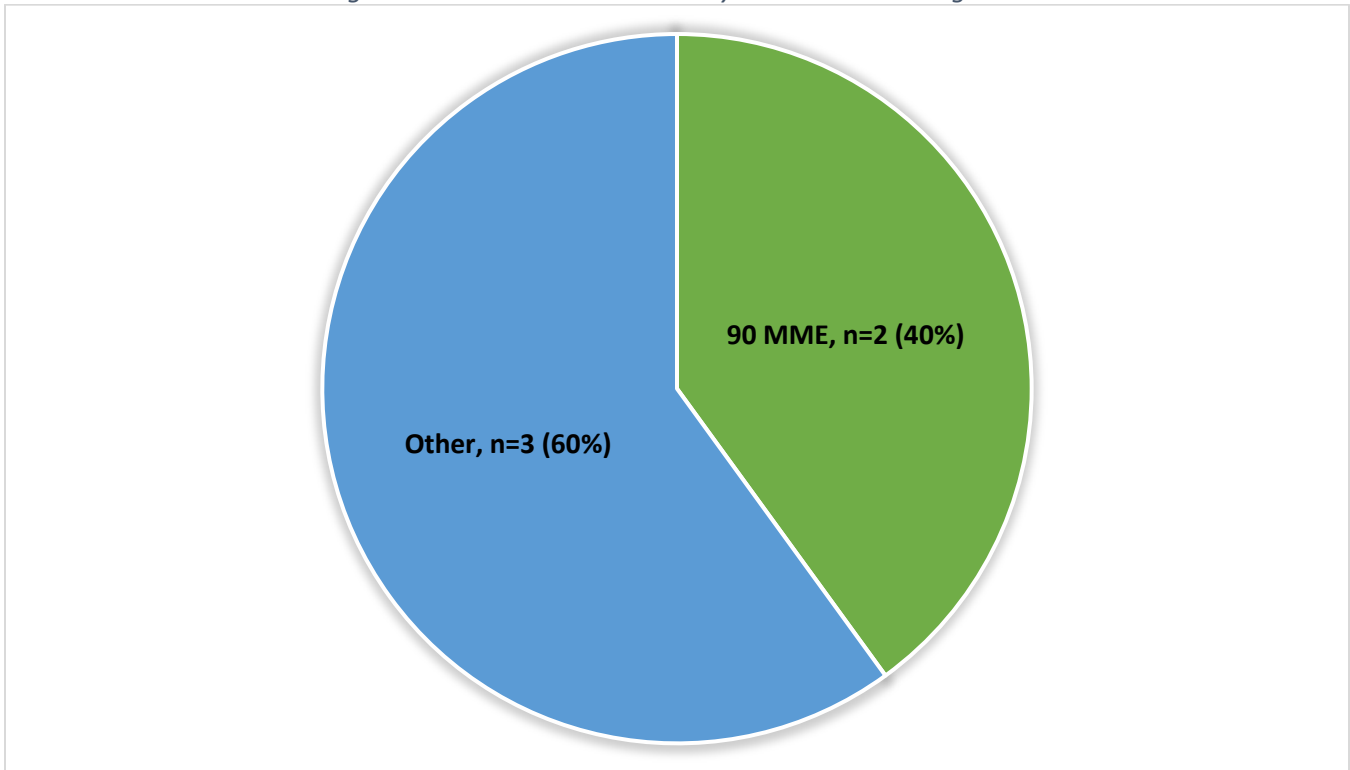


Table 144 - Maximum MME Daily Dose Limit in Milligrams

Response	MCO Names	Count	Percentage
90 MME	Anthem, Inc., UnitedHealthcare Community Plan, Inc.	2	40.00%
Other	CareSource, Managed Health Services Indiana (MHS), MDwise, Inc.	3	60.00%
State Totals		5	100%

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

Table 145 - “Other” Maximum MME Daily Dose Limit

MCO Names	Response
CareSource	60
Managed Health Services Indiana (MHS)	60
MDwise, Inc.	60

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

MCO Name	Explanation
Anthem, Inc.	90 MME limits have been implemented and include all short- and long-acting opioids for all members. Tapering threshold is dictated by the state guidance; however, the schedule of the tapering is at the judgment and discretion of the attending physician.
CareSource	A 60 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

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MCO Name	Explanation
	<p>the pharmacist of a cumulative 90 MME and does not require a code to override. 60 MME was not a choice.</p> <p>We do have a compassionate titration use program for all MCEs and FFS in the state of Indiana starting April, 1st 2022. The titration target is 90 MME for this program. Program exclusions include: Palliative care, Sickle Cell Disease, terminal illness, and cancer diagnosis.</p>
<p>Managed Health Services Indiana (MHS)</p>	<p>Opiate nave members cannot obtain more than 60 MME without a prior authorization. This does not apply to members with cancer. The 60 MME limit only applies to opioid nave recipients defined as those who have not had 90 or more days supply of opioids within the last 120 days upon claim review. We align with all the Indiana Medicaid plan and send out provider communications to taper members.</p>
<p>MDwise, Inc.</p>	<p>For Initial fills of short acting opioids, the following limits are applied: maximum 60 MME per day; maximum 7 day supply per fill;</p> <p>The MCO is working in conjunction with the FFS and other MCO providers collaboratively to systematically evaluate and monitor patients with high MMEs. The MME threshold started at 1000 MMEs daily and is being reduced by 10% each quarter. The results of the tapering efforts are reviewed quarterly by the Indiana Medicaid Office of Medicaid Policy and Planning pharmacy team.</p>
<p>UnitedHealthcare Community Plan, Inc.</p>	<p>UnitedHealthcare Community Plan sets recommended maximum MME daily dose measures based on the guidance of Indiana for utilizers of opioid therapy, including long- and short-acting opioids. For new to therapy utilizers, the criteria allow for two, 7-day fills at the POS (maximum of 14 days' supply total) in 45 days. The prior authorization criteria reviewed for new to treat members (defined as less than 90 days of therapy in the past 120 days; excluding diagnoses of cancer, sickle cell, or other terminal diagnoses associated with significant pain) has a limit of 60MME, aligning with the criteria from FFS. The state of Indiana implemented a cumulative MME limit for long- and short-acting opioids on 4/1/2022. The initial MME limit was set at 1,000 MME per day with quarterly decreases towards the final goal of 90 MME.</p>

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

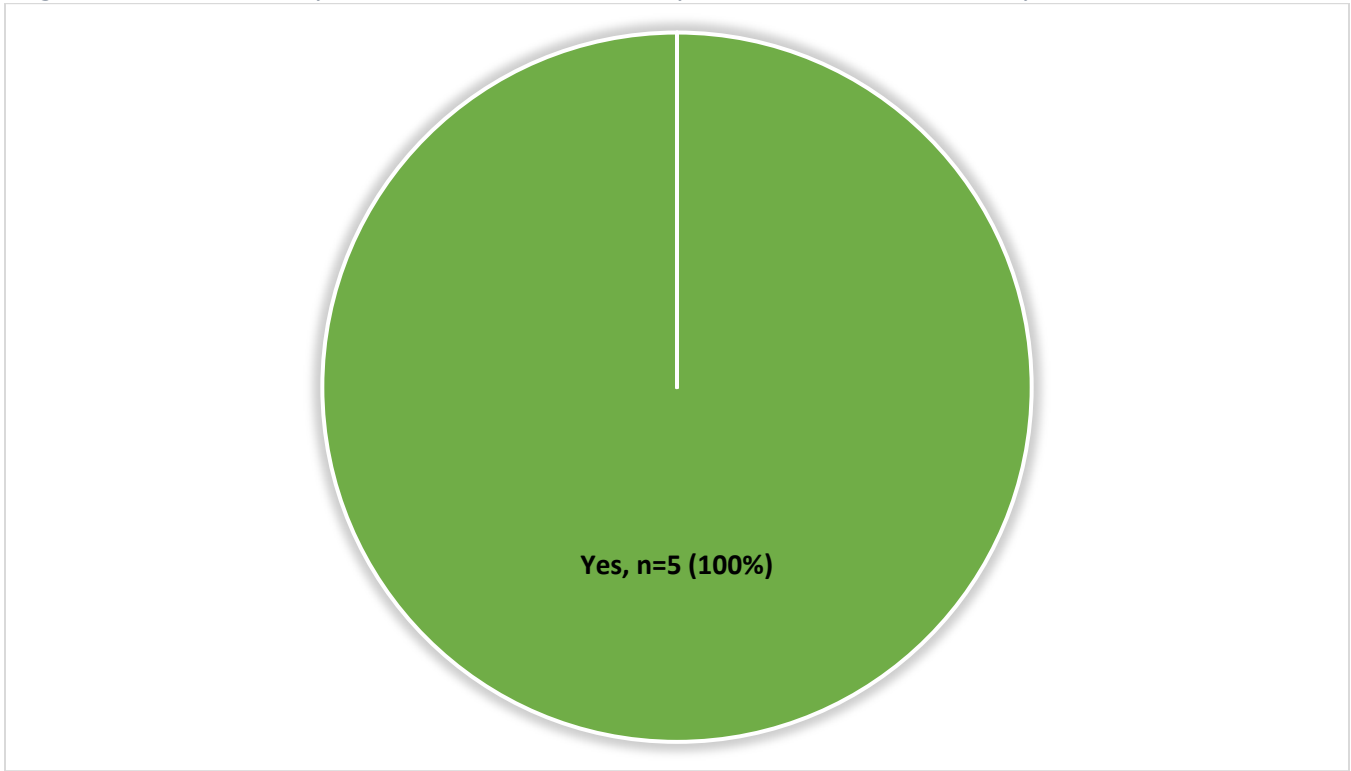


Table 147 - Edit in POS System that Alerts the Pharmacy Provider that the MME Daily Dose has been Exceeded

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

Figure 103 - Prior Authorization Required if MME Limit is Exceeded

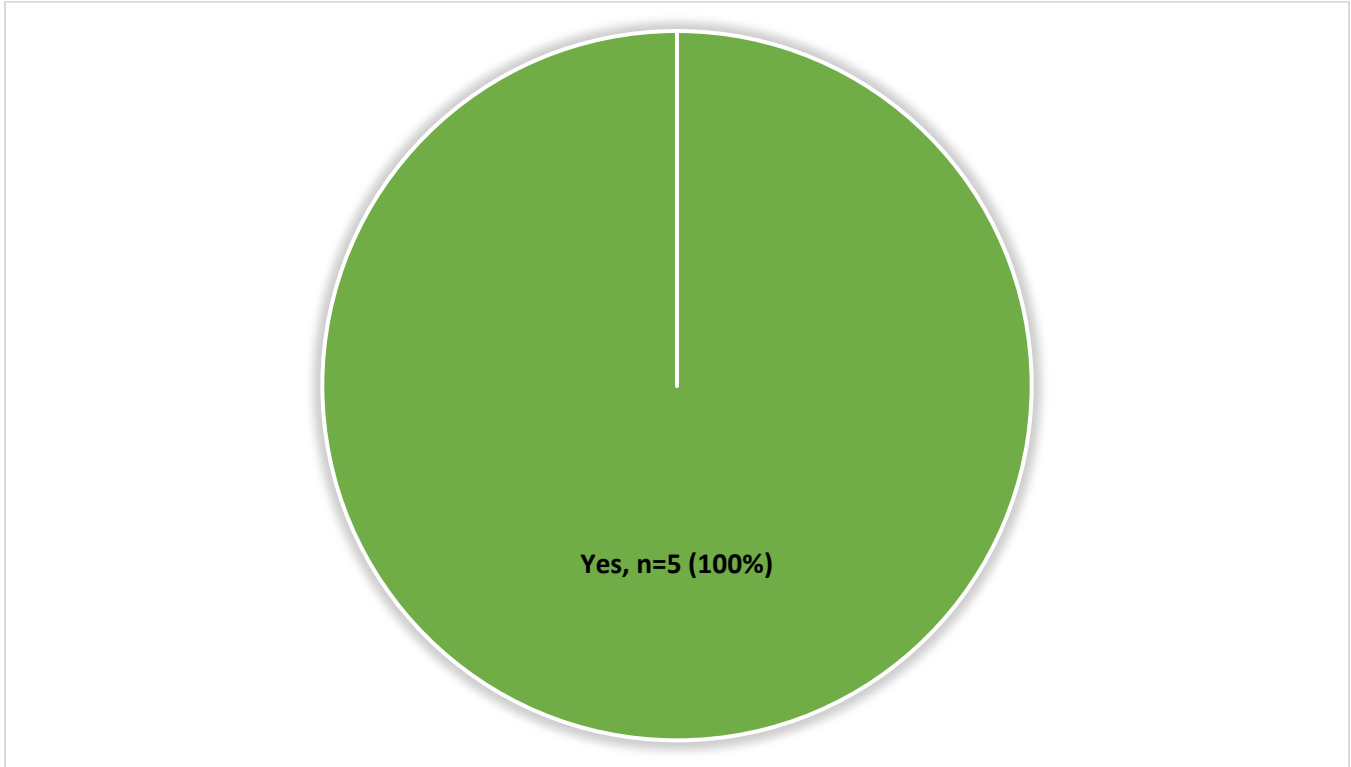


Table 148 - Prior Authorization Required if MME Limit is Exceeded

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

Figure 104 - MCO Has Automated Retrospective Claim Reviews to Monitor MME Total Daily Dose

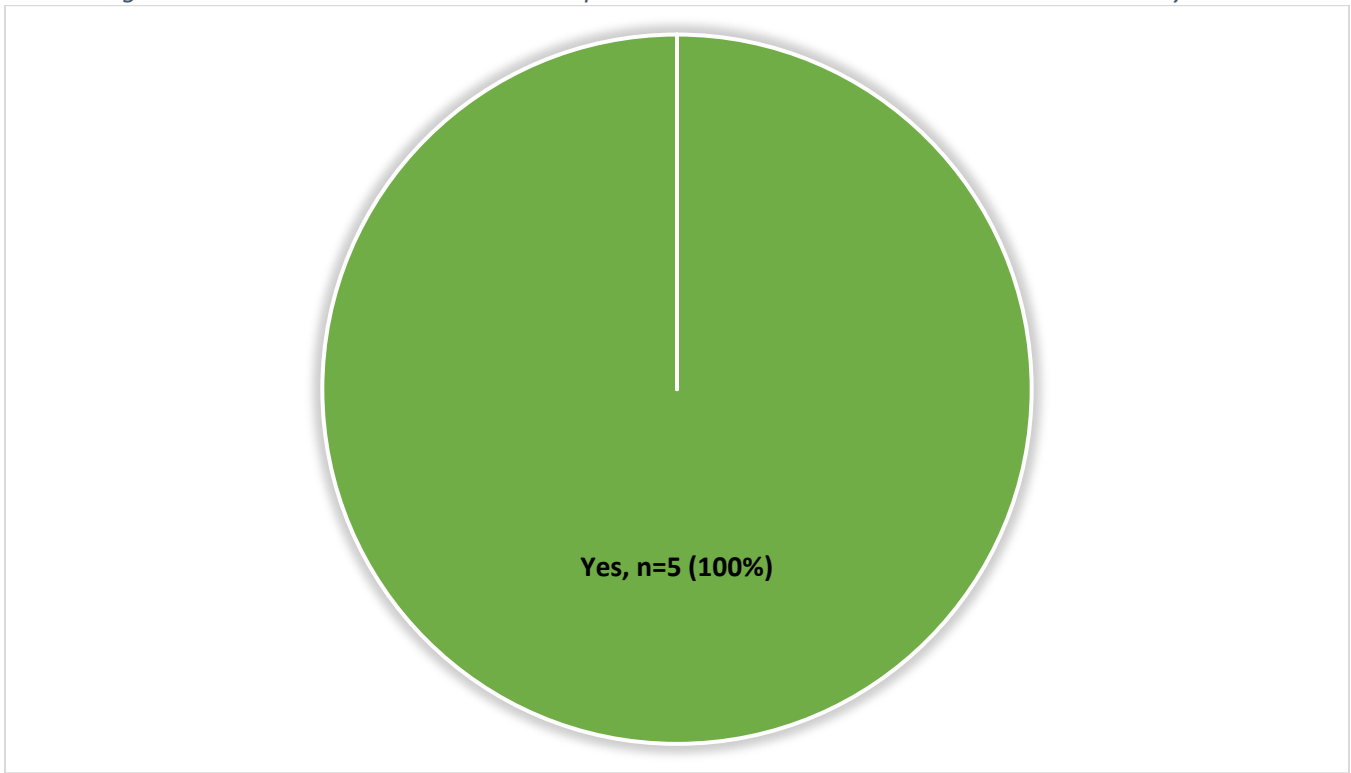


Table 149 - MCO Has Automated Retrospective Claim Reviews to Monitor MME Total Daily Dose

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	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 105 - Provide Information to Prescribers to Calculate the MME Daily Dosage or Provide a Calculator Developed Elsewhere

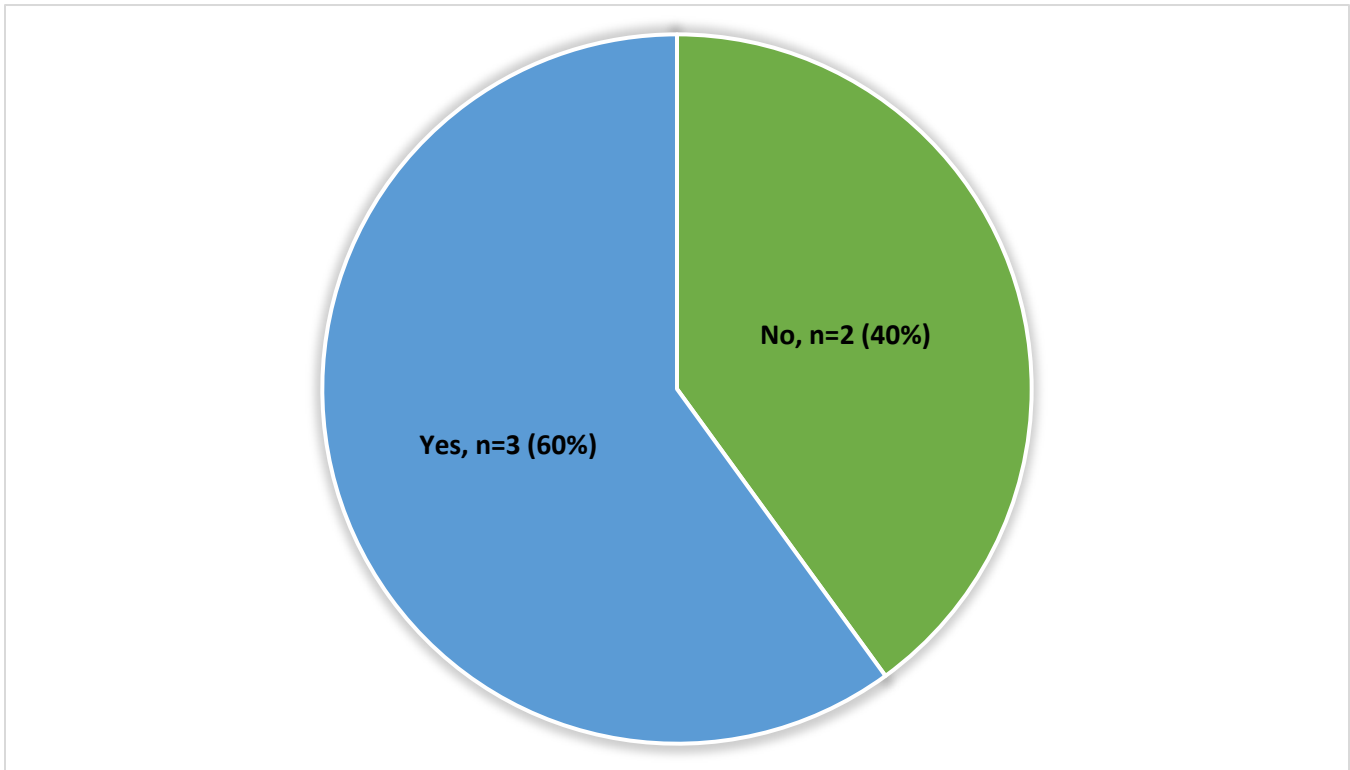


Table 150 - Provide Information to Prescribers to Calculate the MME Daily Dosage or Provide a Calculator Developed Elsewhere

Response	MCO Names	Count	Percentage
Yes	CareSource, MDwise, Inc., UnitedHealthcare Community Plan, Inc.	3	60.00%
No	Anthem, Inc., Managed Health Services Indiana (MHS)	2	40.00%
State Totals		5	100%

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

Figure 106 - Developer of the MME Daily Dosage Calculator

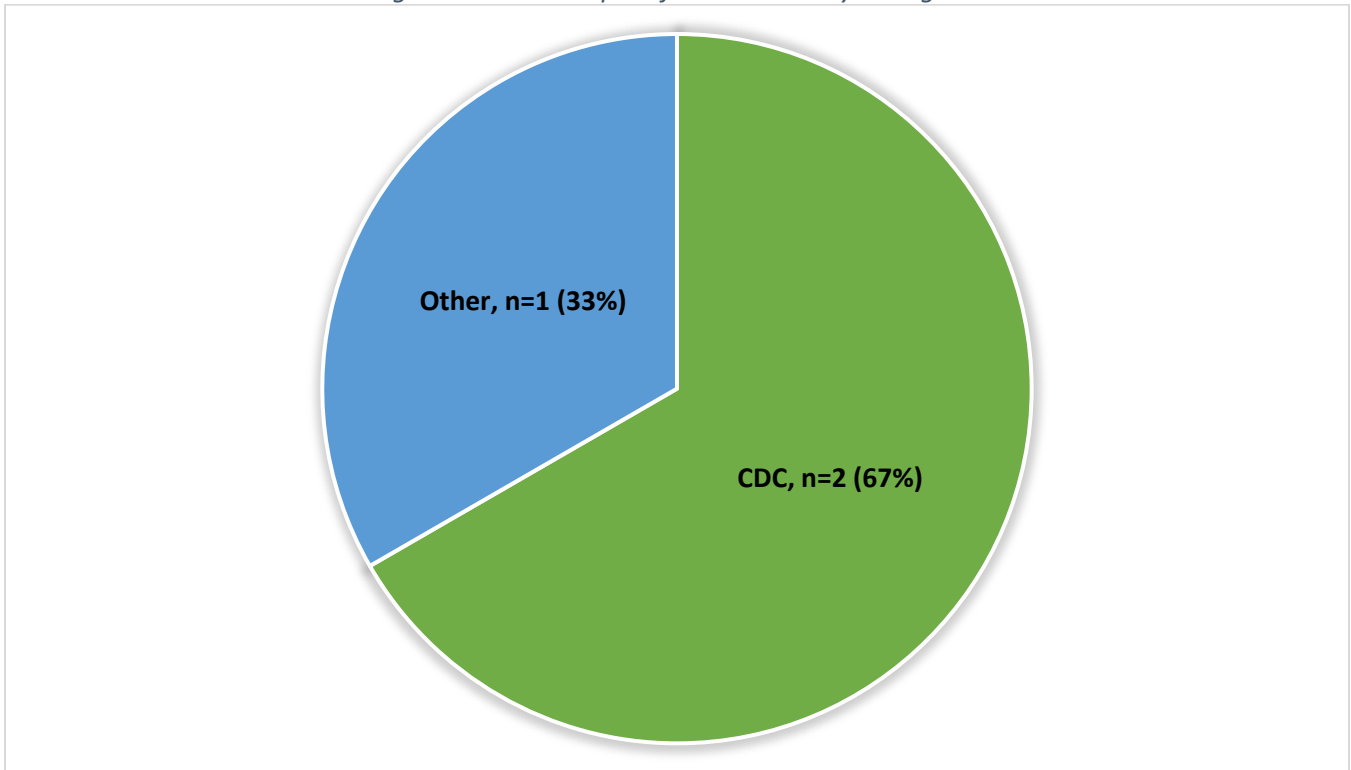


Table 151 - Developer of the MME Daily Dosage Calculator

Response	MCO Names	Count	Percentage
CDC	CareSource, UnitedHealthcare Community Plan, Inc.	2	66.67%
Other	MDwise, Inc.	1	33.33%
State Totals		3	100%

If “Other,” please specify.

Table 152 - “Other” Explanation for Developer of the MME Daily Dosage Calculator

MCO Name	Explanation
MDwise, Inc.	MME table developed by the MCO

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

Figure 107 - Information Dissemination Routes

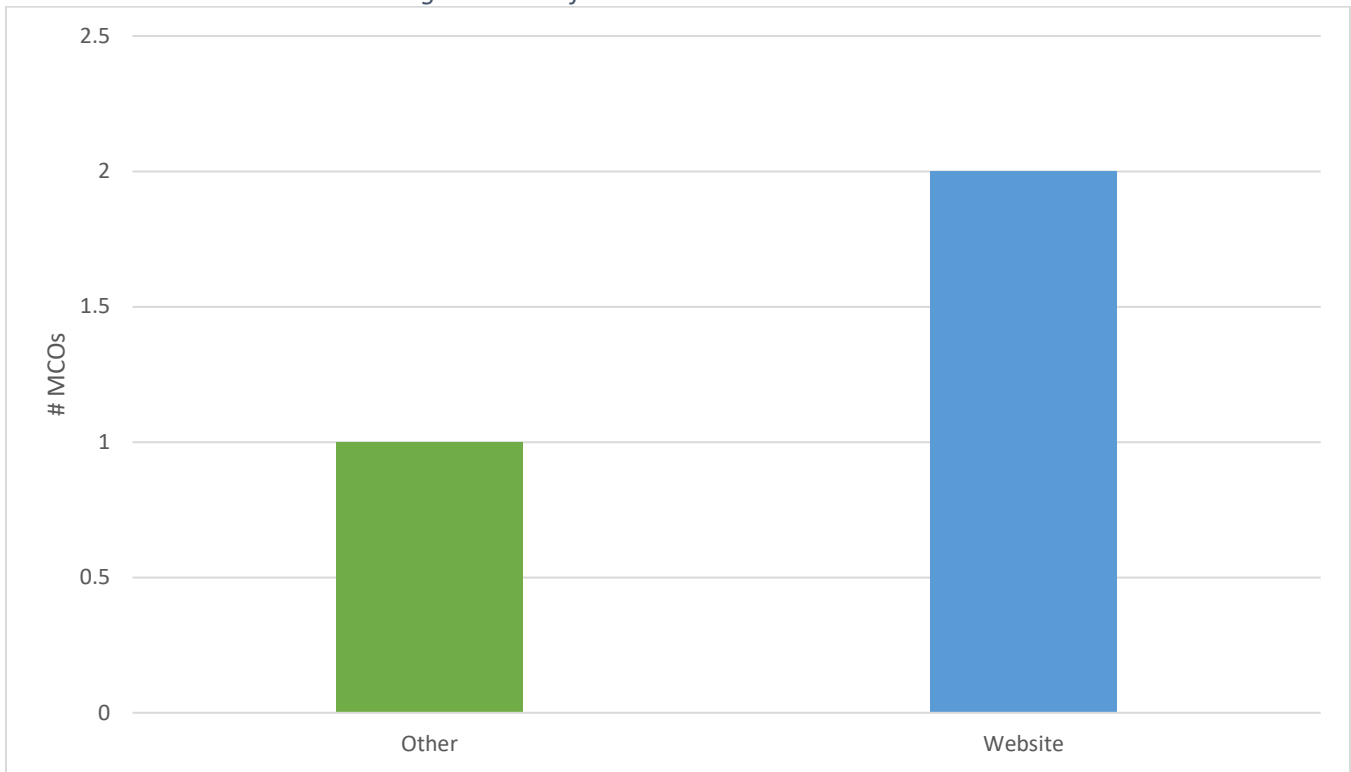


Table 153 - Information Dissemination Routes

Response	MCO Names	Count	Percentage
Website	CareSource, UnitedHealthcare Community Plan, Inc.	2	66.67%
Other	MDwise, Inc.	1	33.33%
State Totals		3	100%

If “Other,” please explain.

Table 154 - “Other” Explanations for Information Dissemination Routes

MCO Name	Explanation
MDwise, Inc.	<p>An Opioid Conversion Table is available for providers to reference within the Rationale section of the opioid analgesic PA guidelines. This puts the information right where it can be used as part of the prior authorization process.</p> <p>Additionally, the Indiana PDMP system provides prescribers with a patient's MME score on the screen and within its reports when a practitioner performs a lookup of a patient in the PDMP during the prescribing process.</p>

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

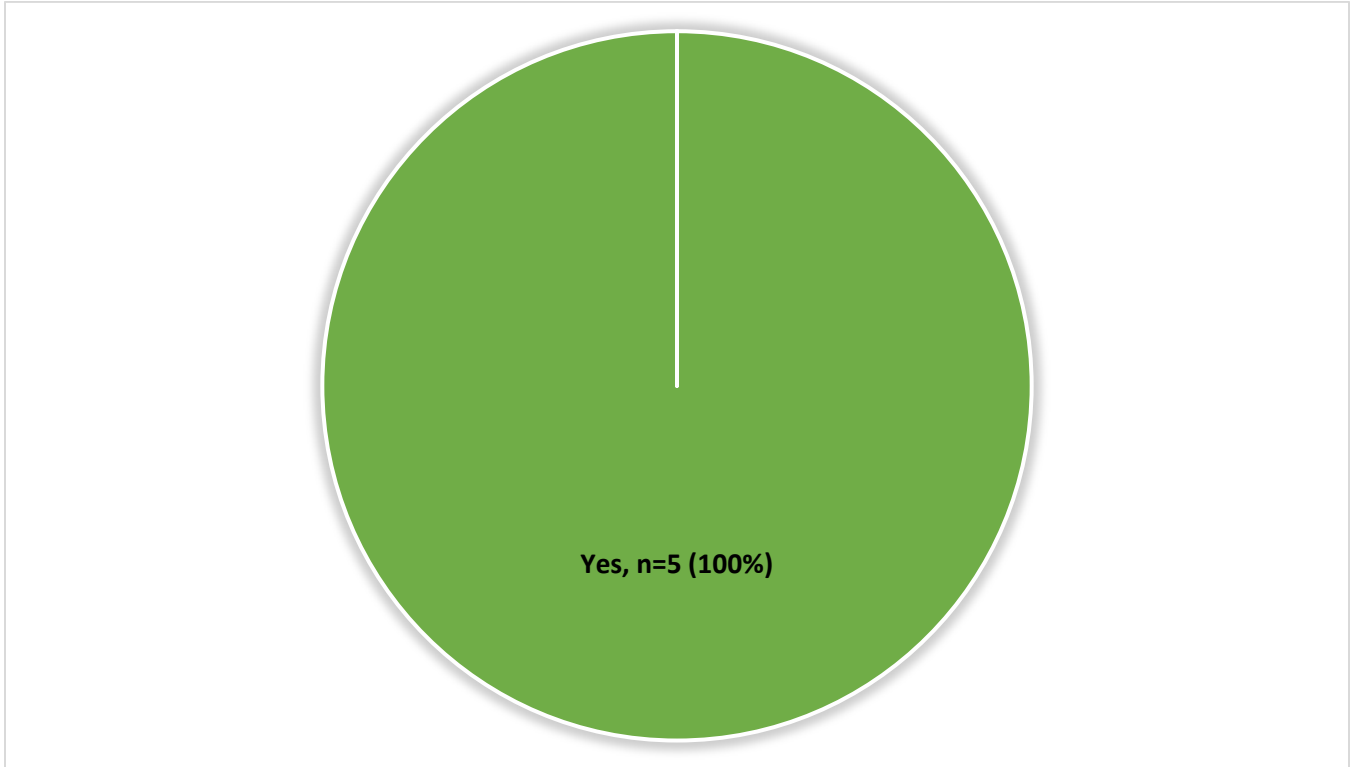


Table 155 - MCO Has Utilization Controls to Monitor/Manage Prescribing MAT Drugs for OUD

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

If “Yes,” please explain.

Table 156 - Explanation for MCO Utilization Controls to Monitor/Manage Prescribing of MAT Drugs for OUD

MCO Name	Explanation
Anthem, Inc.	This is based on the Indiana-specific requirements for MAT drugs. Quantity limits and step therapy apply.
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.
Managed Health Services Indiana (MHS)	Many of these products are available on our PDL with no PA. We do have QL on these medications.
MDwise, Inc.	The MCO has established Quantity limits in the POS system for Medication Assisted Treatment (MAT) with medications to treat Opioid Use Disorder (OUD). Patients exceeding those quantity limitations would require prior authorization.

MCO Name	Explanation
UnitedHealthcare Community Plan, Inc.	Yes, MAT medications used to treat OUD are managed using a PDL, Prior Authorization, and Quantity Limits.

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

Figure 109 - MCO Sets Total Milligram per Day Limits on the Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

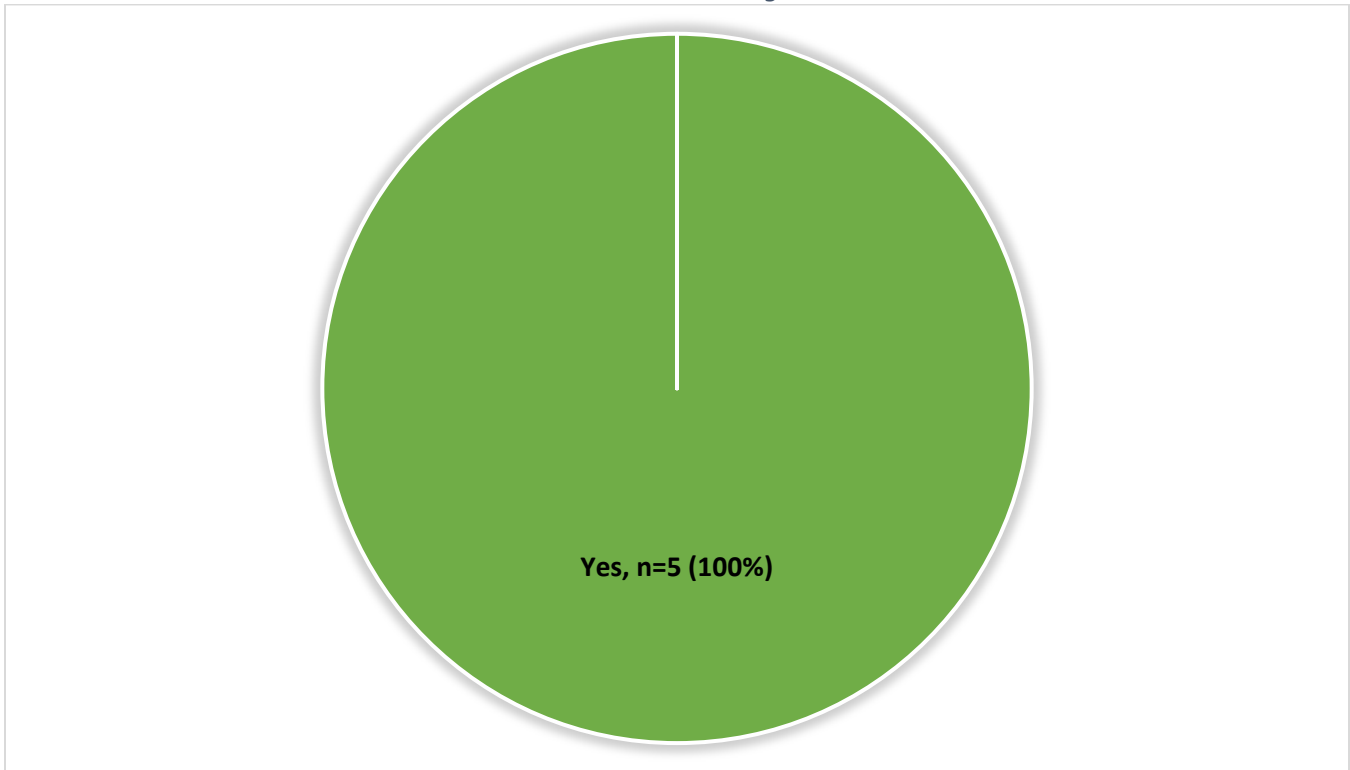


Table 157 - MCO Sets Total Milligram per Day Limits on the Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

Figure 110 - Total Milligrams/Day Limit on the Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

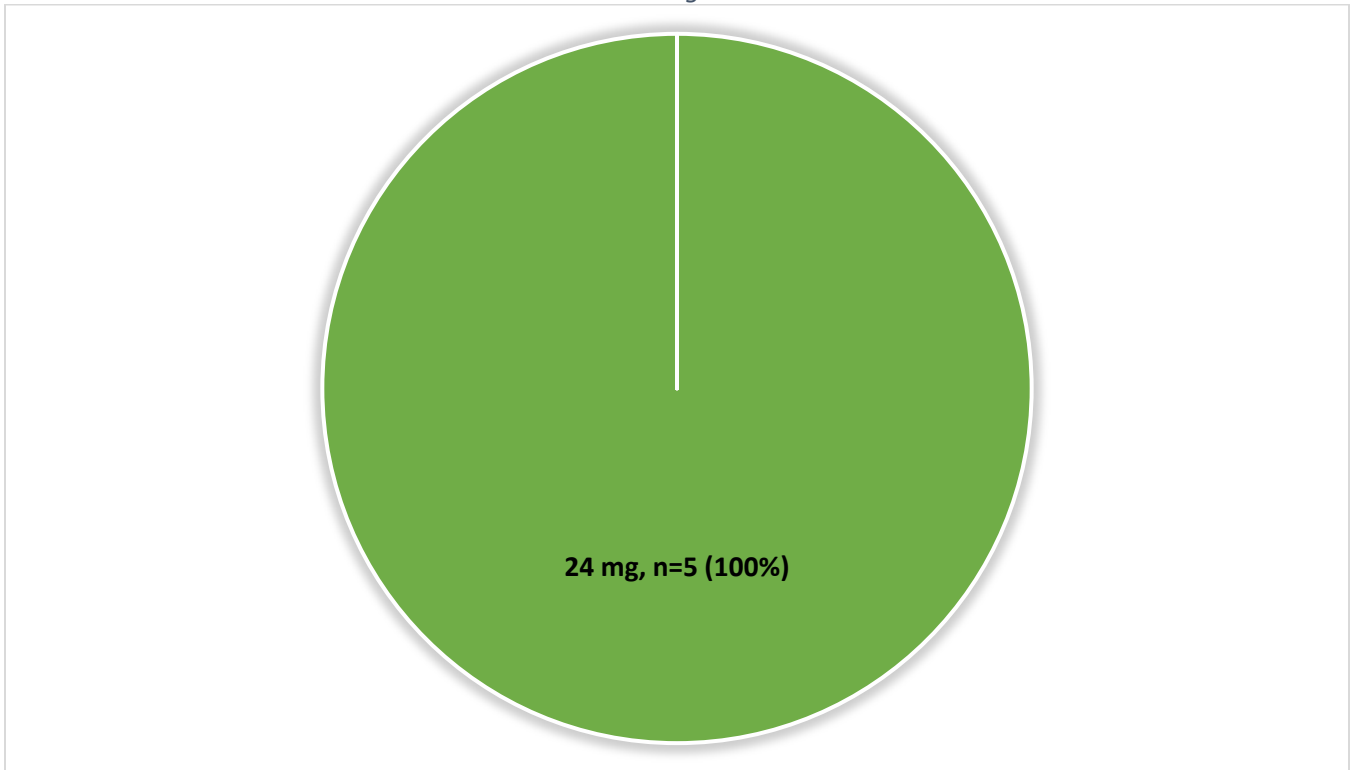


Table 158 - Total Milligrams/Day Limit on the Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

Response	MCO Names	Count	Percentage
24 mg	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

Figure 111 - Limitations on Allowable Length of Treatment of Buprenorphine/Naloxone Combination Drugs

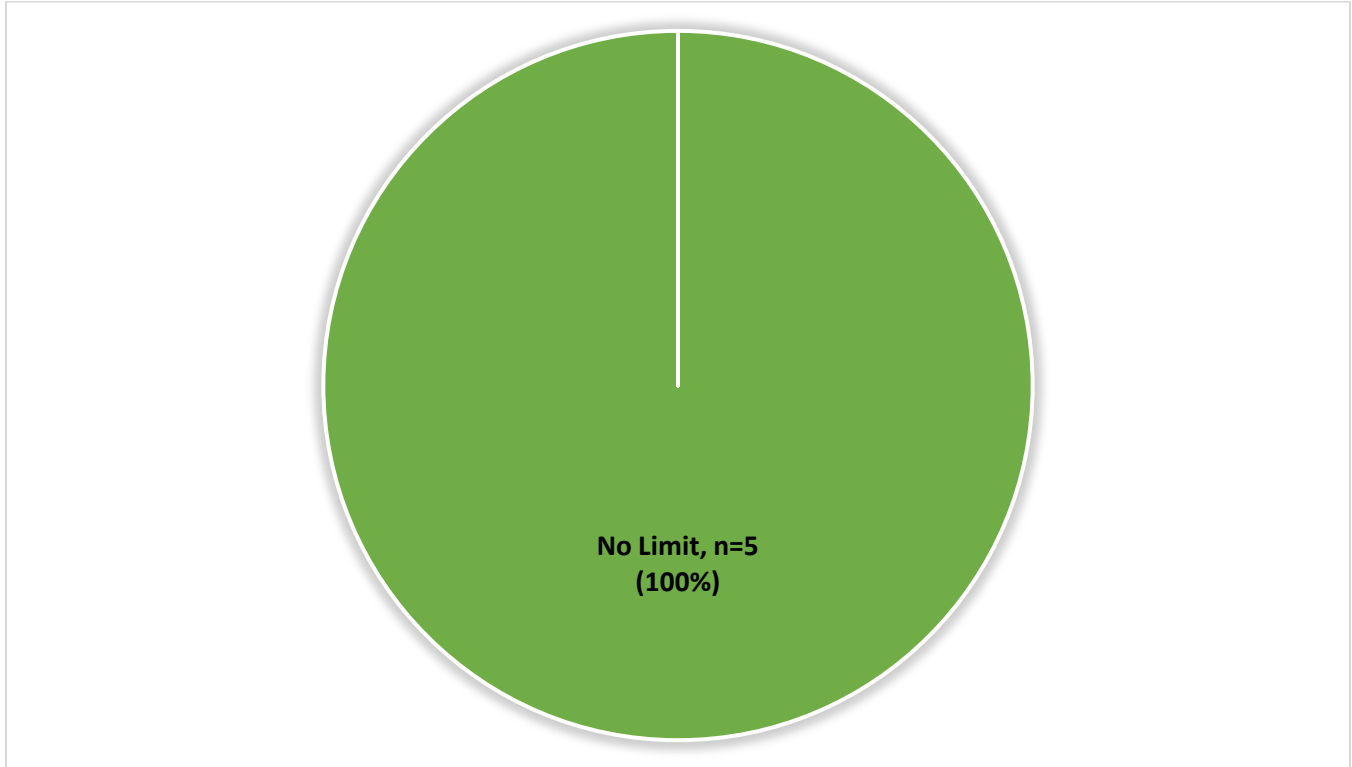


Table 159 - Limitations on Allowable Length of Treatment of Buprenorphine/Naloxone Combination Drugs

Response	MCO Names	Count	Percentage
No limit	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

Figure 112 - Maximum Milligrams per Day Reduction After a Set Period of Time

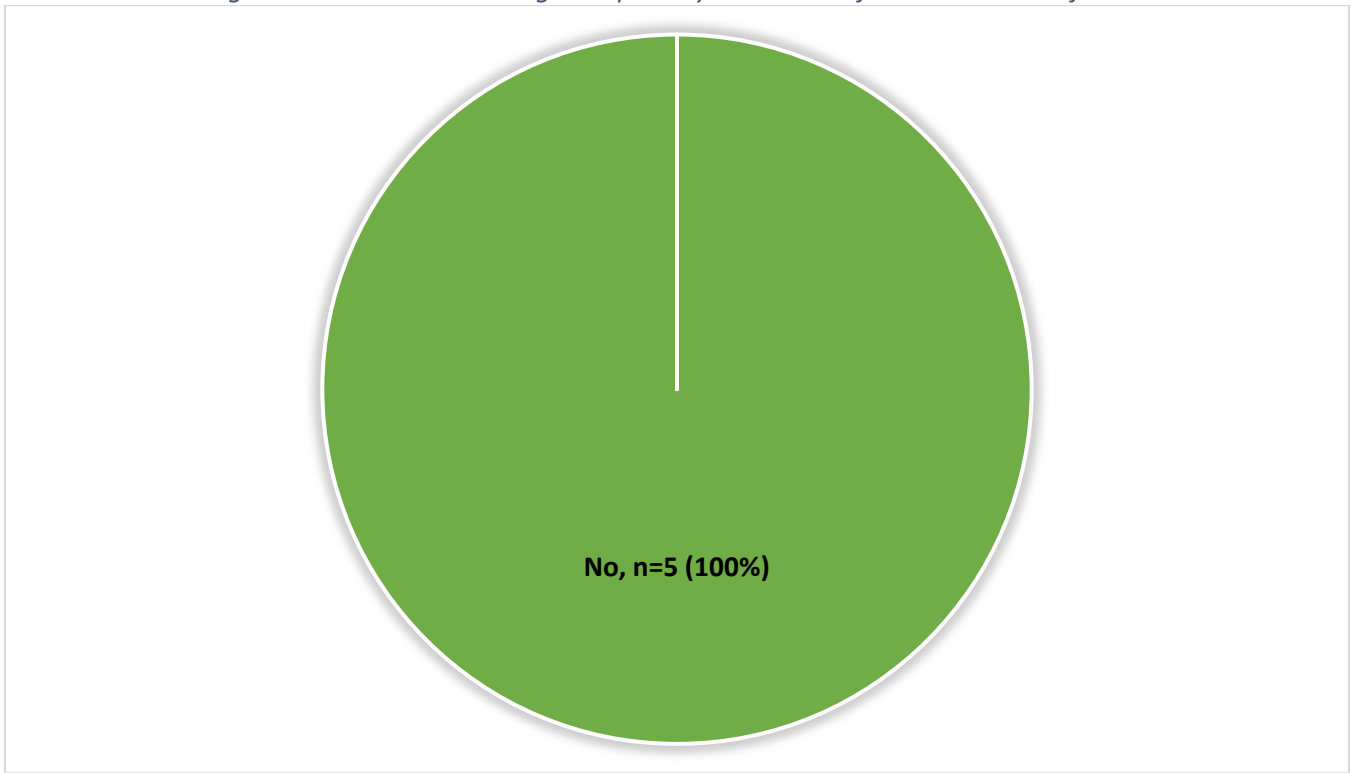


Table 160 - Maximum Milligrams per Day Reduction After a Set Period of Time

Response	MCO Names	Count	Percentage
No	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

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

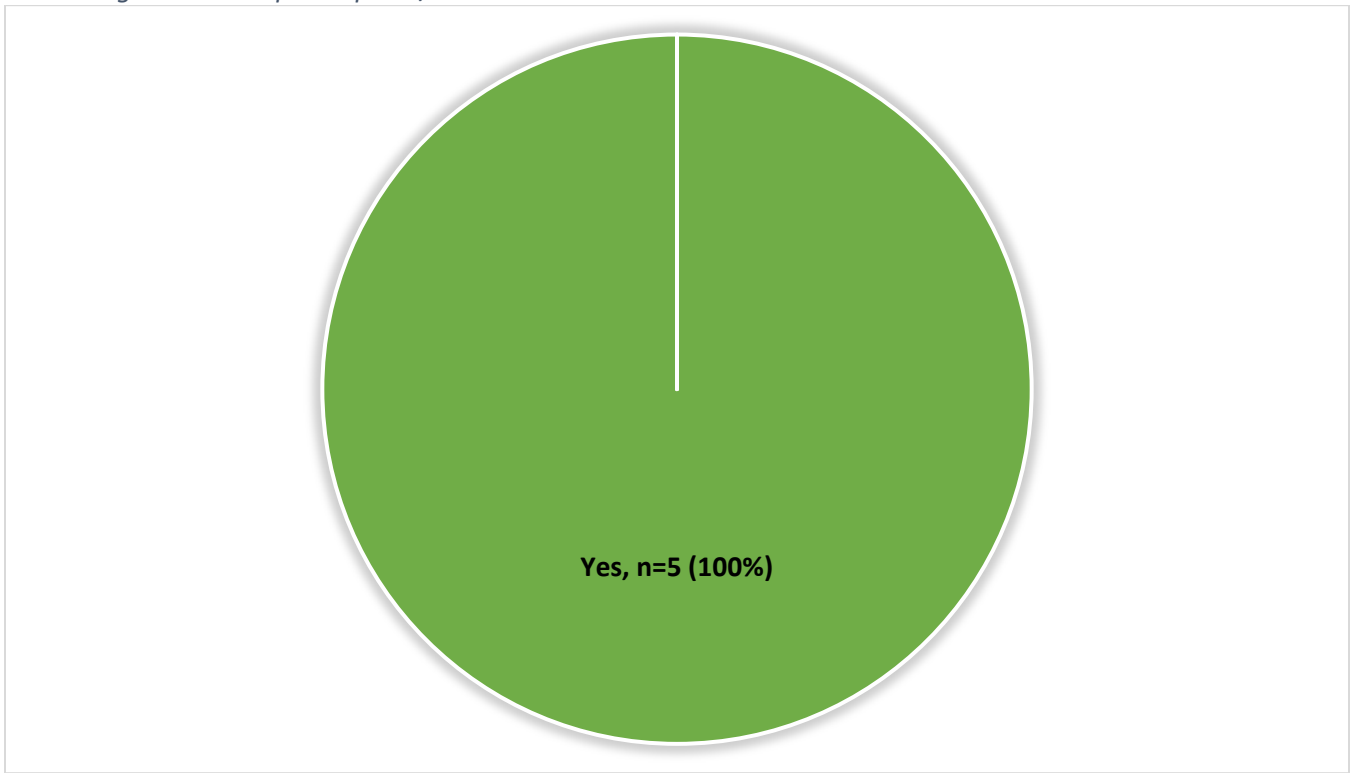


Table 161 - Buprenorphine/Naloxone Combination Product Available Without Prior Authorization

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	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 114 - Edits in Place to Monitor Opioids Being Used Concurrently with Any Buprenorphine Drug or Any Form of MAT

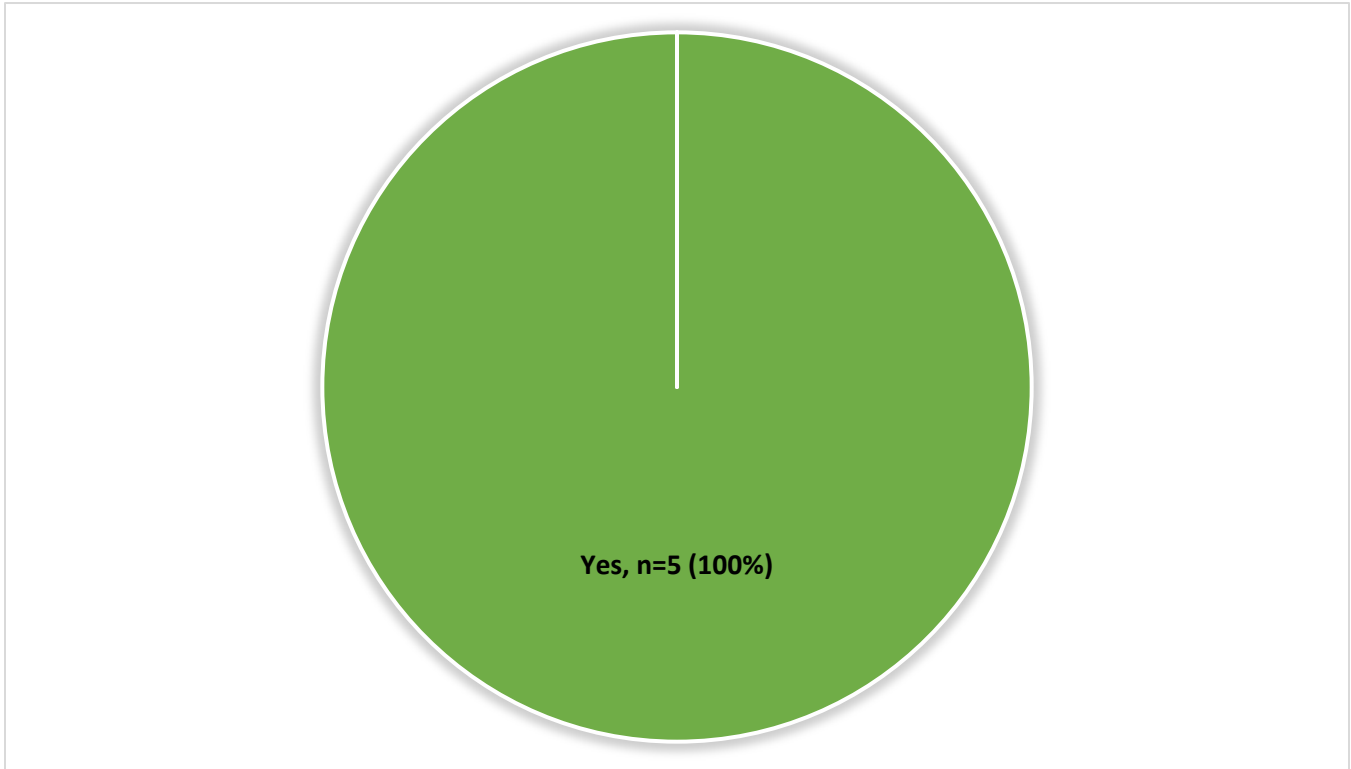


Table 162 - Edits in Place to Monitor Opioids Being Used Concurrently with Any Buprenorphine Drug or Any Form of MAT

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

Figure 115 - POS Pharmacist Override Edit for Opioids Being Used Concurrently with Any Buprenorphine Drug or Any Form of MAT

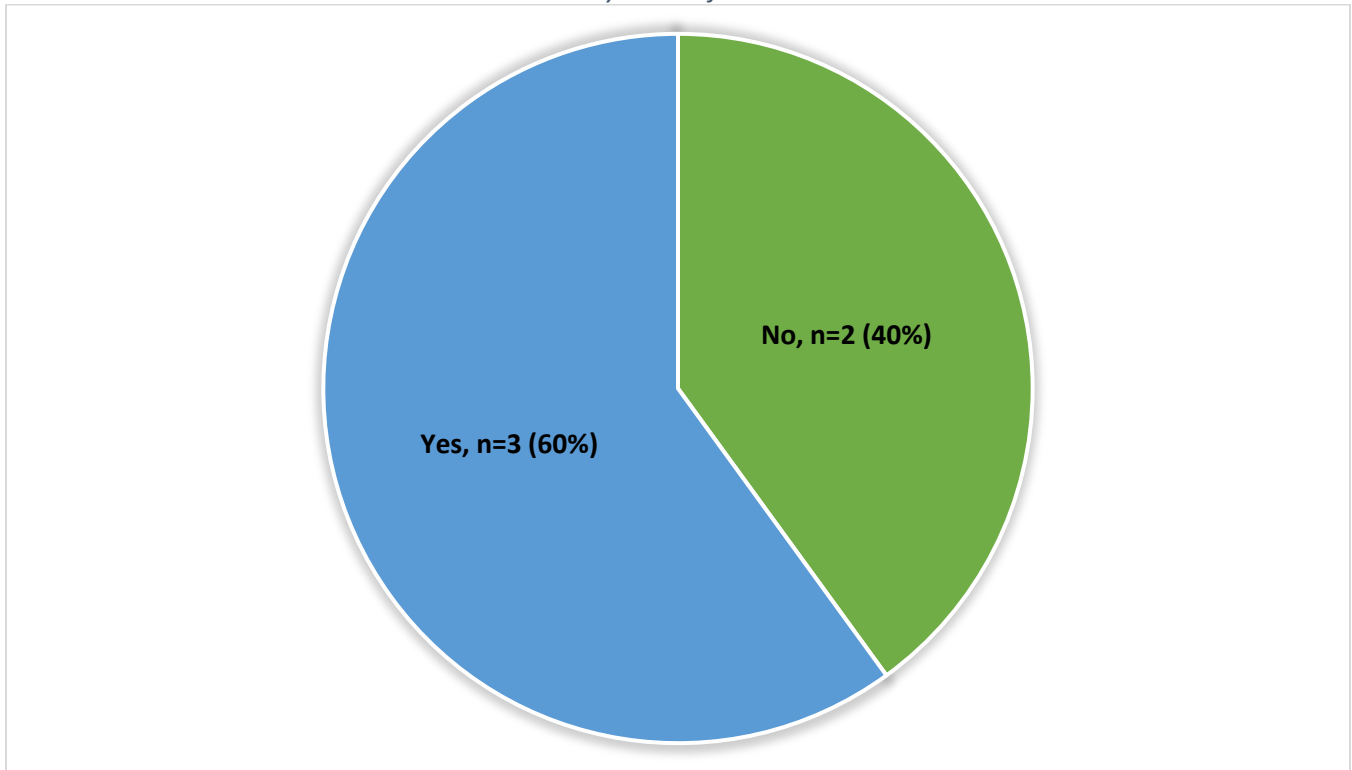


Table 163 - POS Pharmacist Override Edit for Opioids Being Used Concurrently with Any Buprenorphine Drug or Any Form of MAT

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, UnitedHealthcare Community Plan, Inc.	3	60.00%
No	Managed Health Services Indiana (MHS), MDwise, Inc.	2	40.00%
State Totals		5	100%

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

Figure 116 - Formulation of Naltrexone for OUD Available Without PA

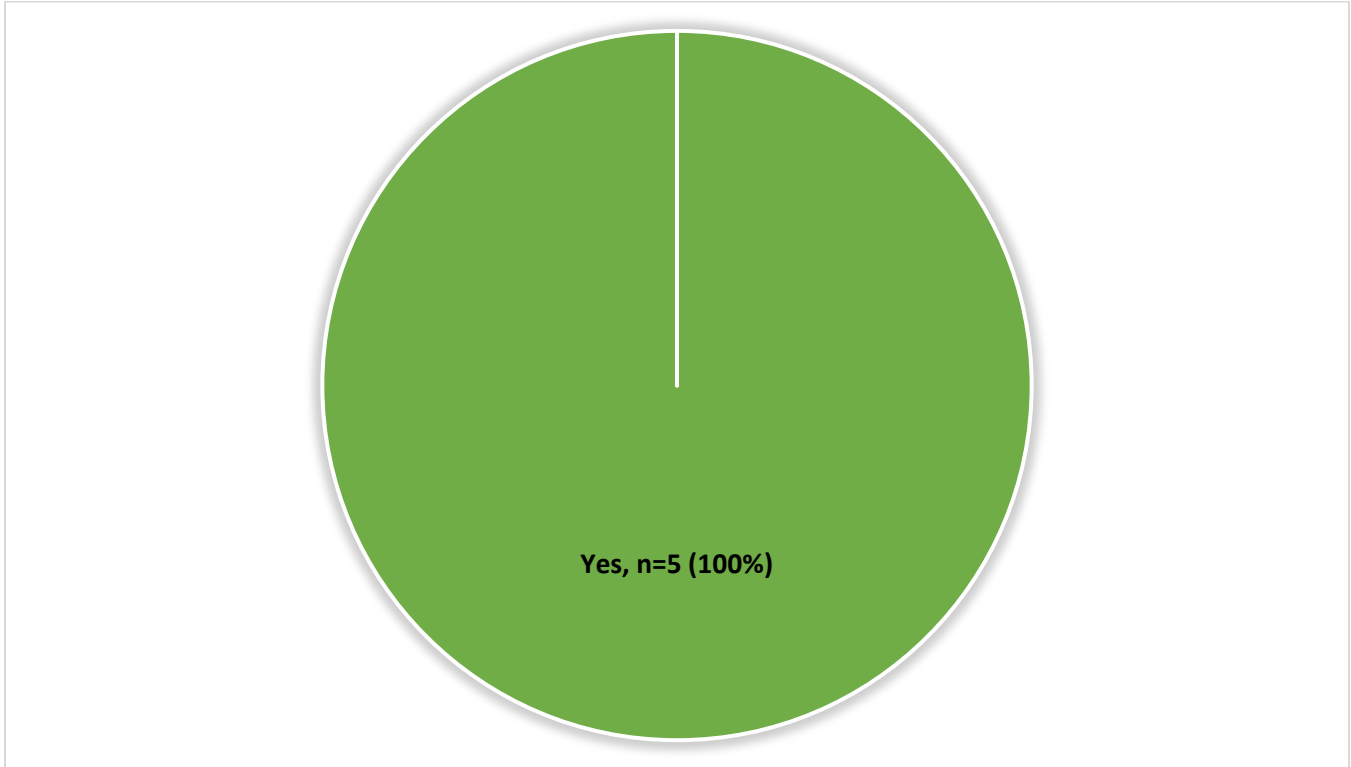


Table 164 - Formulation of Naltrexone for OUD Available Without PA

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

Figure 117 - Naloxone Opioid Overdose Product Available Without PA

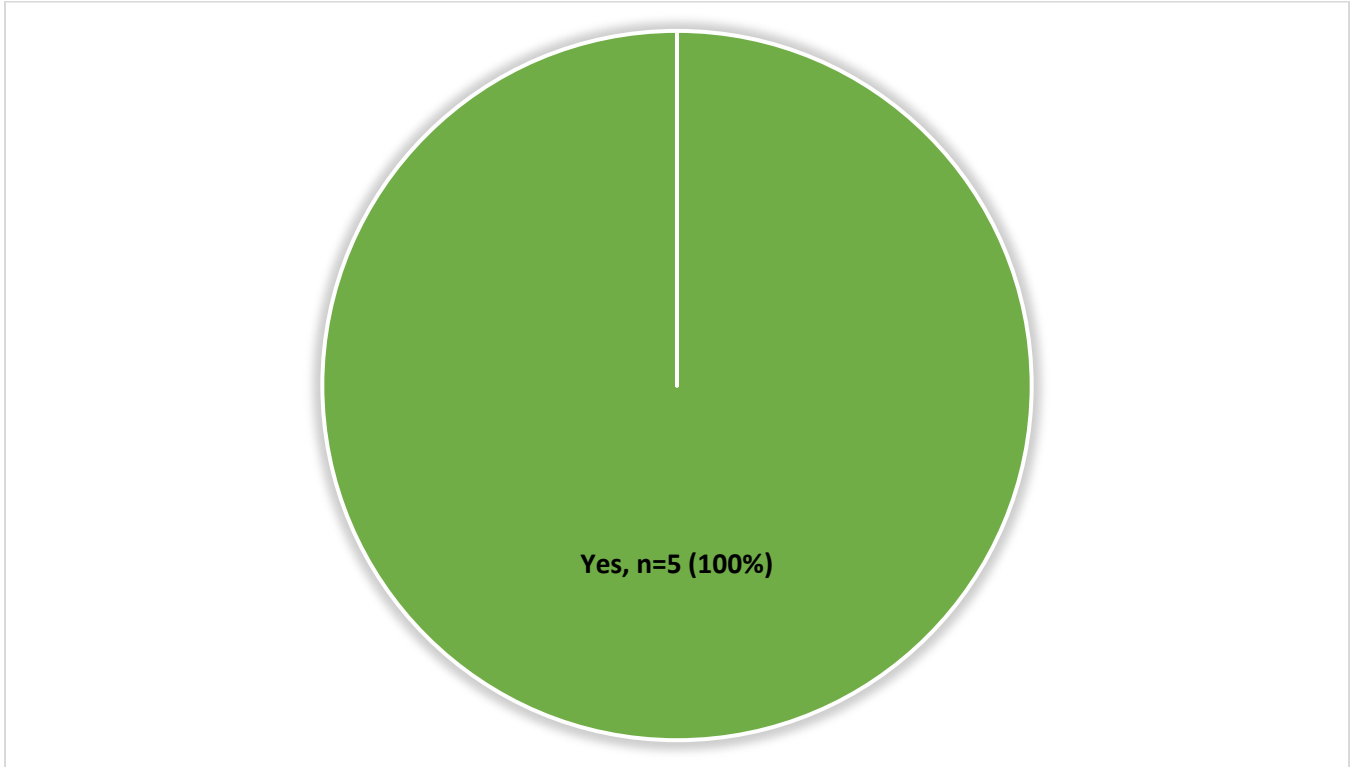


Table 165 - Naloxone Opioid Overdose Product Available Without PA

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

Figure 118 - Monitor and Manage Appropriate Use of Naloxone to Persons at Risk of Overdose

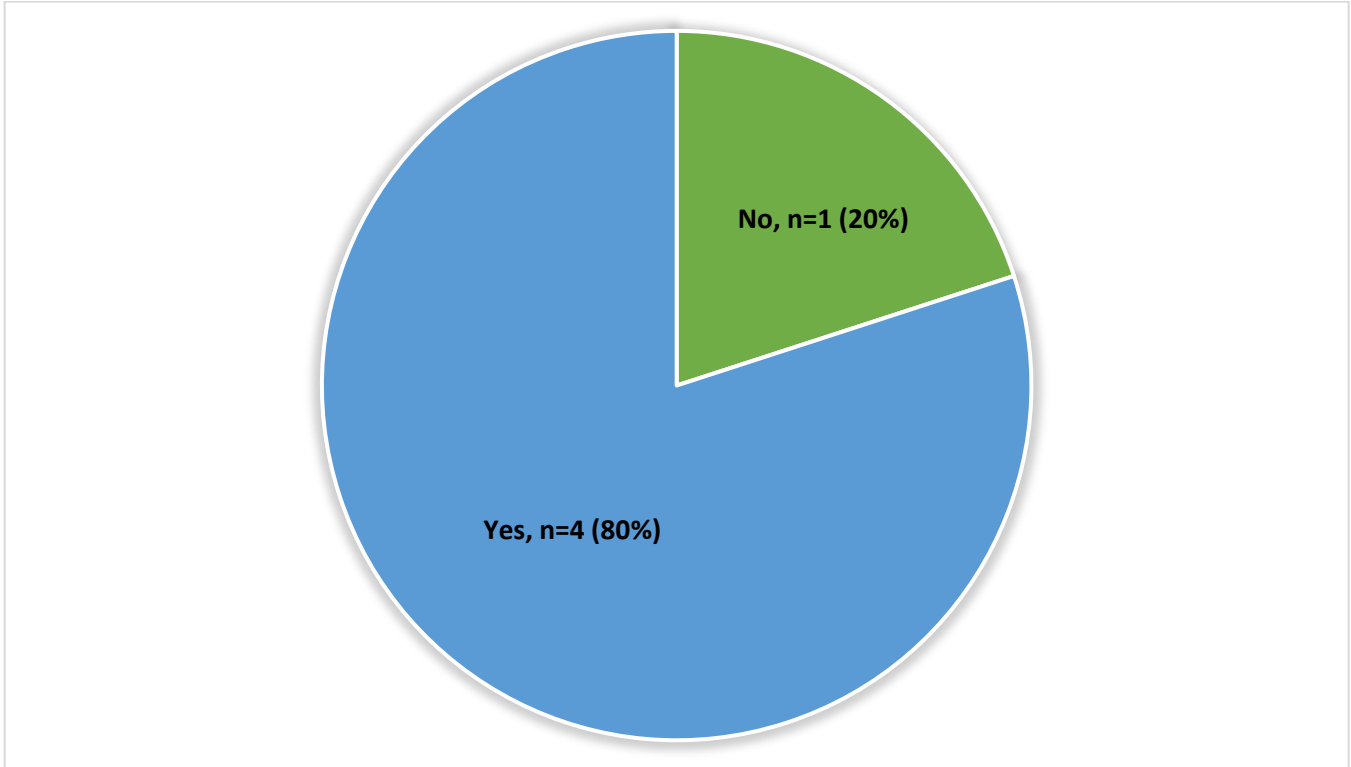


Table 166 - Monitor and Manage Appropriate Use of Naloxone to Persons at Risk of Overdose

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, MDwise, Inc., UnitedHealthcare Community Plan, Inc.	4	80.00%
No	Managed Health Services Indiana (MHS)	1	20.00%
State Totals		5	100%

If “No,” please explain why not.

Table 167 - Explanation for Not Monitoring and Managing Appropriate use of Naloxone to Persons at Risk of Overdose

MCO Name	Explanation
Managed Health Services Indiana (MHS)	We follow IN Medicaid guideline for dispensation of Naloxone.

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

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

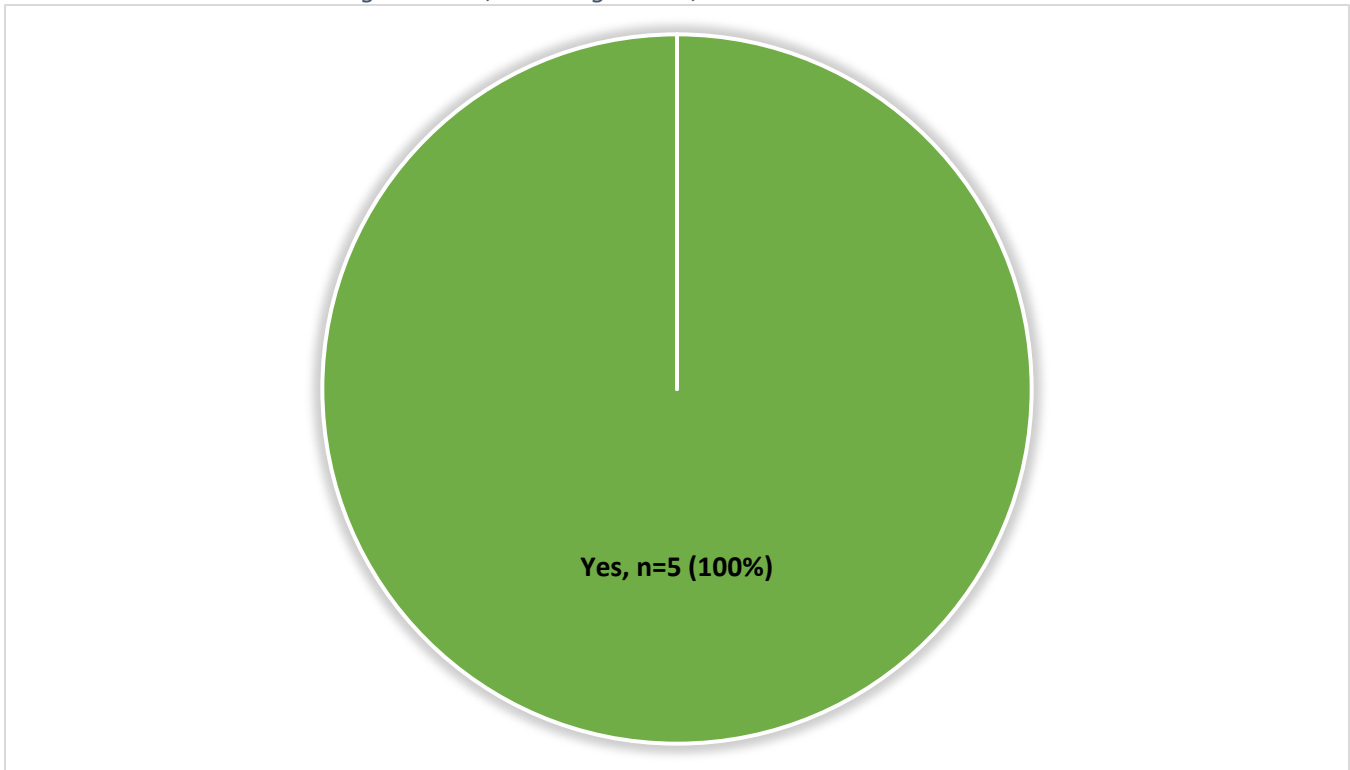


Table 168 - MCO Allows Pharmacists to Dispense Naloxone Prescribed Independently or by Collaborative Practice Agreements, Standing Orders, Or Other Predetermined Protocols

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

If “Yes,” please explain.

Table 169 - Explanation for MCO Allowing Pharmacists to Dispense Naloxone Prescribed Independently or By Collaborative Practice Agreements, Standing Orders, Or Other Predetermined Protocols

MCO Name	Explanation
Anthem, Inc.	Pharmacist may dispense based on standing order protocol.
CareSource	The pharmacist must have a collaborative practice agreement or standing order protocols in place with a prescriber.
Managed Health Services Indiana (MHS)	Follow the State of Indiana Department of Health's guideline.
MDwise, Inc.	As the legal rules regarding naloxone dispensing change from time to time, the MCO allows pharmacists to dispense naloxone products within the acceptable rules established by the State of Indiana, the Pharmacy Practice Act and the Indiana Board of Pharmacy at the time of dispensing. If those rules are modified, we would modify the claims processing system accordingly.

MCO Name	Explanation
UnitedHealthcare Community Plan, Inc.	The state of Indiana provides a standing order for naloxone.

F. Outpatient Treatment Programs (OTP)

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

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

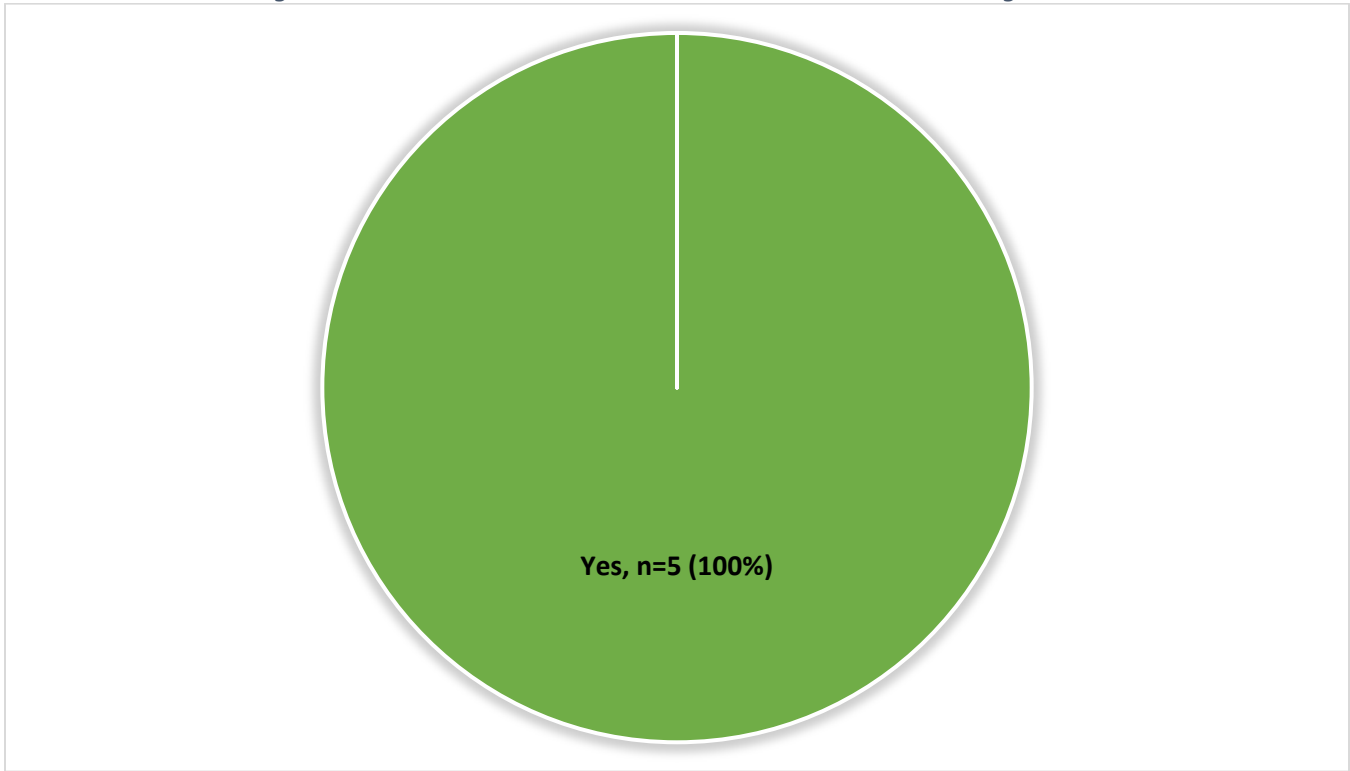


Table 170 - MCO Covers OTPs That Provide BH and MAT Through OTPs

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

Figure 121 - Referral Required for OUD Treatment Through OTPs

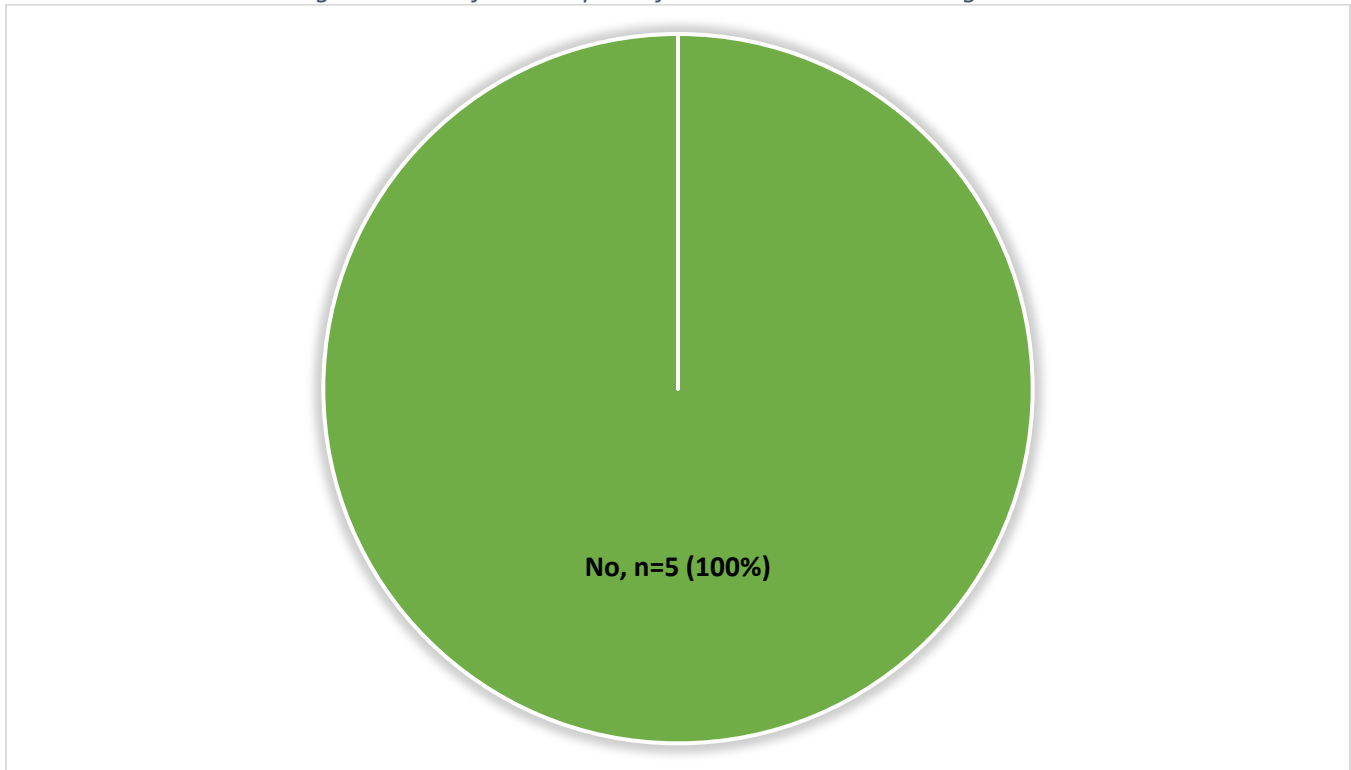


Table 171 - Referral Required for OUD Treatment Through OTPs

Response	MCO Names	Count	Percentage
No	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

If “No,” please explain.

Table 172 - Explanation for Not Requiring Referrals for OUD Treatment Through OTPs

MCO Name	Explanation
Anthem, Inc.	Behavioral Health treatment is open access for Indiana.
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.
Managed Health Services Indiana (MHS)	Members can self refer.
MDwise, Inc.	No referral is needed to seek OUD treatment through in network OTPs. The duration or continued duration of a stay at an OTP would be medically reviewed for appropriateness.
UnitedHealthcare Community Plan, Inc.	All Behavioral Health services are self-referral.

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

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



Table 173 - MCO Covers Buprenorphine or Buprenorphine/Naloxone for Diagnoses of OUD as Part of a MAT Treatment Plan

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

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

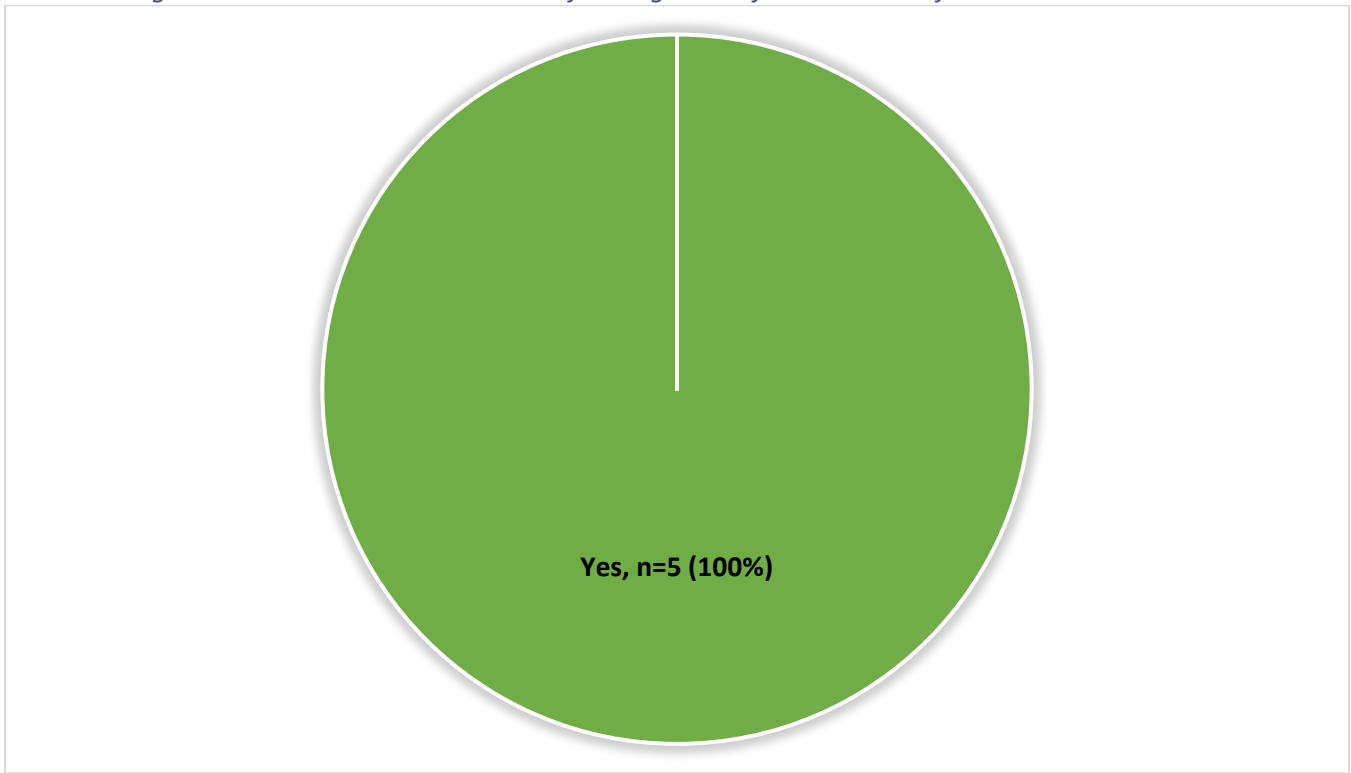


Table 174 - MCO Covers Naltrexone for Diagnoses of OUD as Part of a MAT Treatment Plan

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

Figure 124 - MCO Covers Methadone for Substance Use Disorder

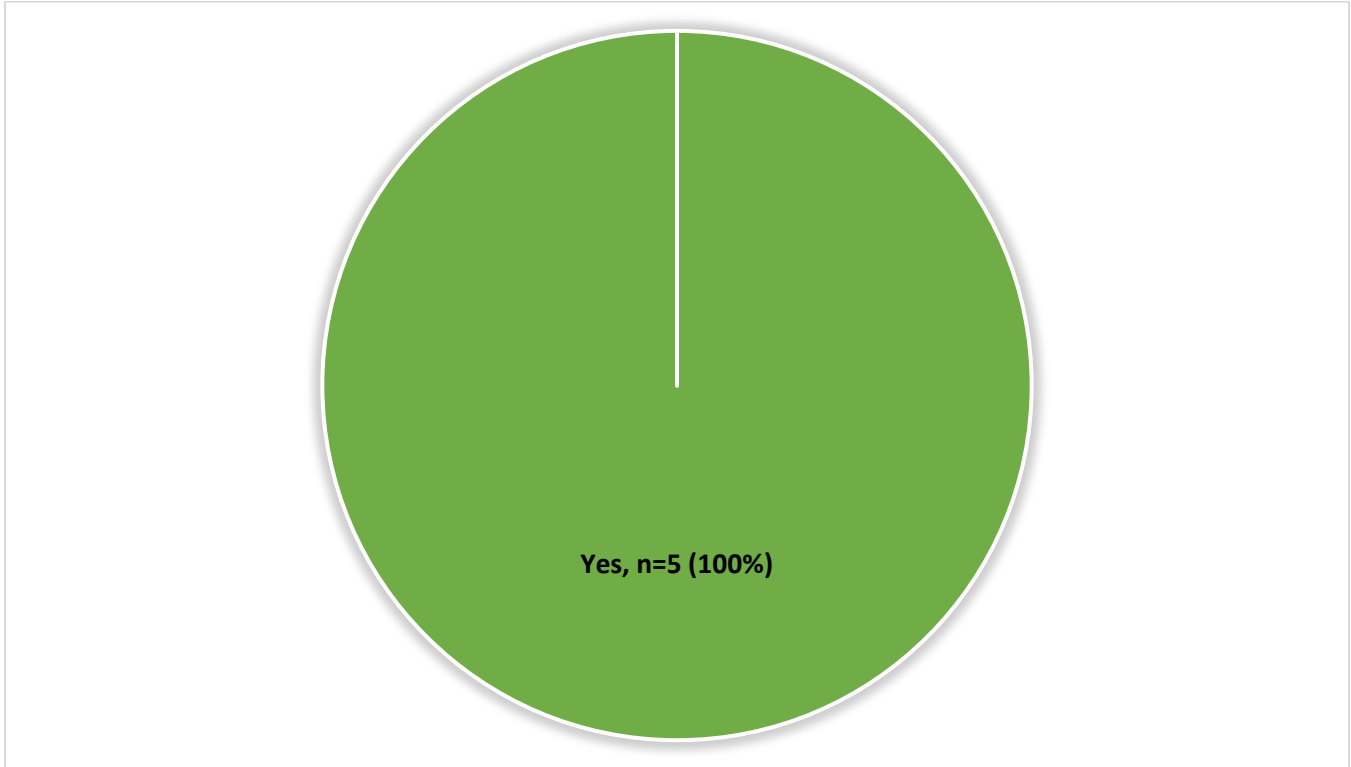


Table 175 - MCO Covers Methadone for Substance Use Disorder

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

G. Psychotropic Medication For Children

Antipsychotics

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

Figure 125 - Restrictions to Limit Quantity of Antipsychotics

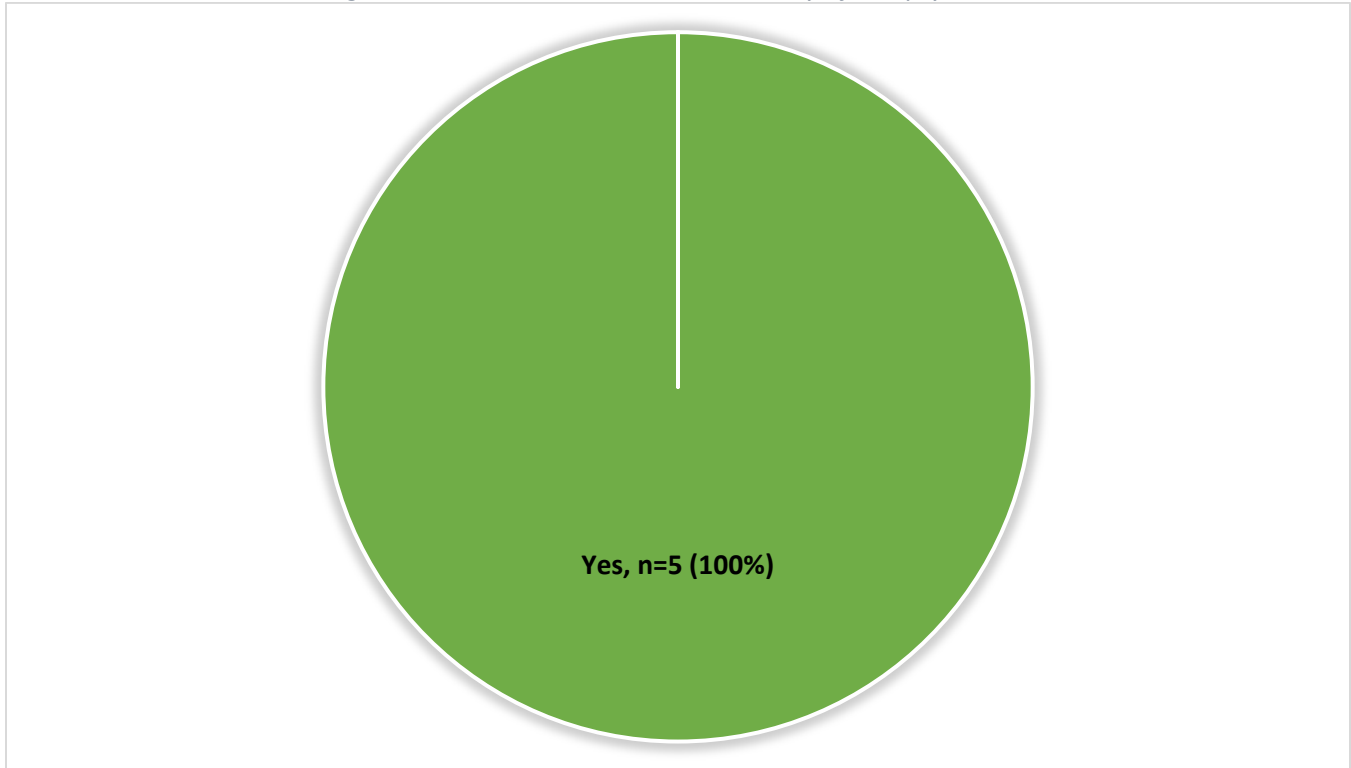


Table 176 - Restrictions to Limit Quantity of Antipsychotics

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

Please explain restrictions or N/A.

Table 177 - Explanations of Restrictions to Limit Quantity of Antipsychotics

MCO Name	Explanation
Anthem, Inc.	In addition to our quantity limits, we limit first fill of antipsychotics to 15 days.
CareSource	CareSource follows all quantity limits for antipsychotics included on the Indiana AAAX list.
Managed Health Services Indiana (MHS)	The Mental Health Quality Advisory Committee makes recommendations for this class of medications to the Indiana Medicaid Drug Utilization Review Board. These recommendations, if approved, do include quantity limits which all providers of Indiana Medicaid follow. MHS Indiana is aligned with all Indiana Medicaid providers.
MDwise, Inc.	Limits are consistent with and maintained in accordance with recommendations established by the State Mental Health Quality Advisory Committee (MHQAC) and DUR Board. These limits are consistent with FFS and all MCO providers in the state.

MCO Name	Explanation
UnitedHealthcare Community Plan, Inc.	UnitedHealthcare follows the quantity limits established by the State Mental Health Quality Advisory Committee (MHQAC) and DUR Board.

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

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

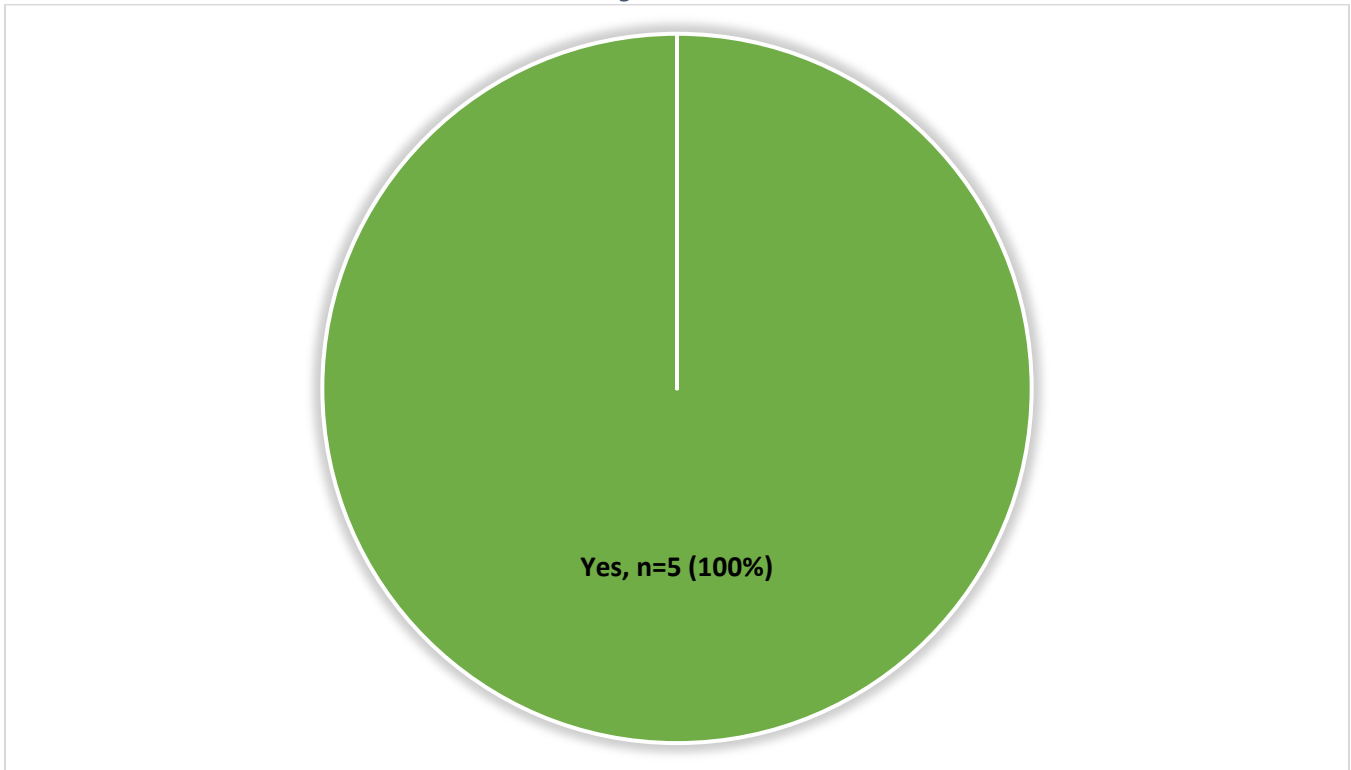


Table 178 - Documented Program in Place to Either Manage or Monitor the Appropriate Use of Antipsychotic Drugs in Children

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

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

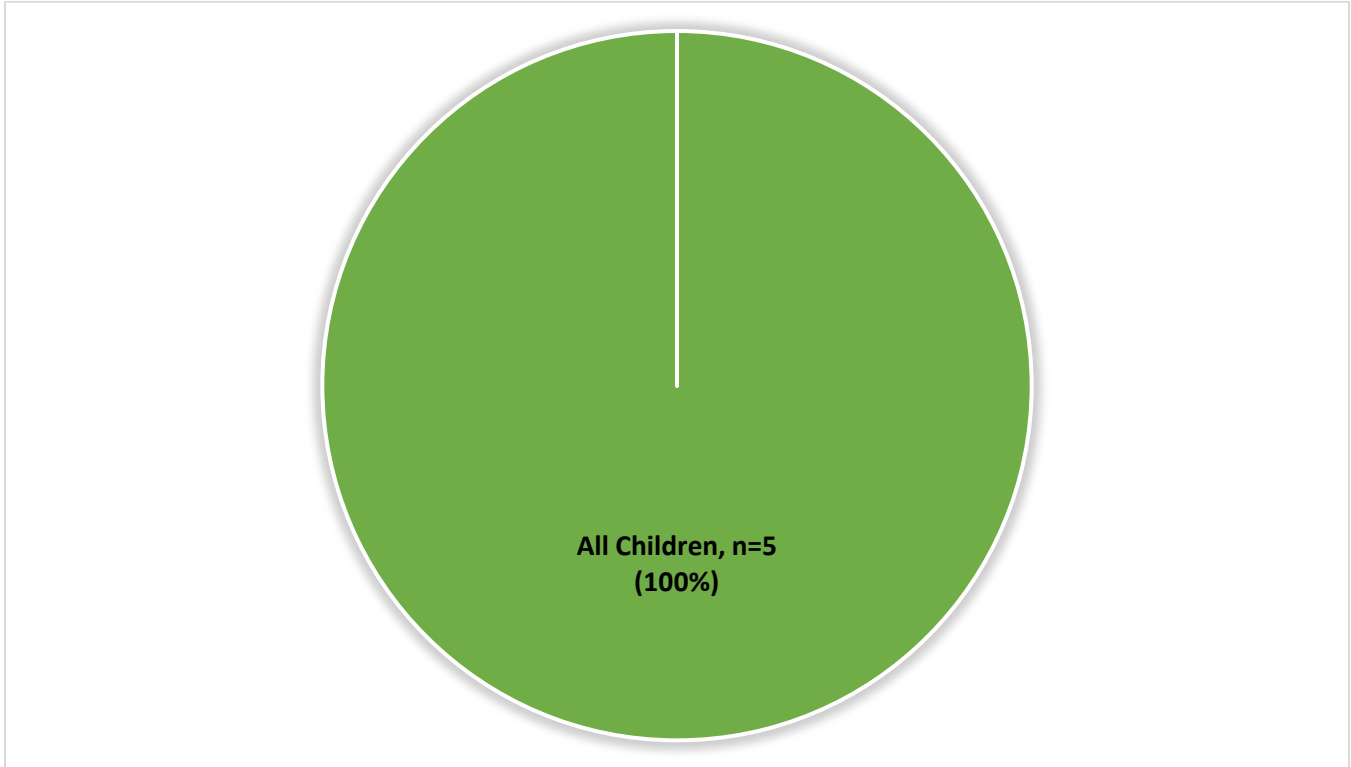


Table 179 - Categories of Children Either Managed or Monitored for Appropriate Use of Antipsychotic Drugs

Response	MCO Names	Count	Percentage
All children	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

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

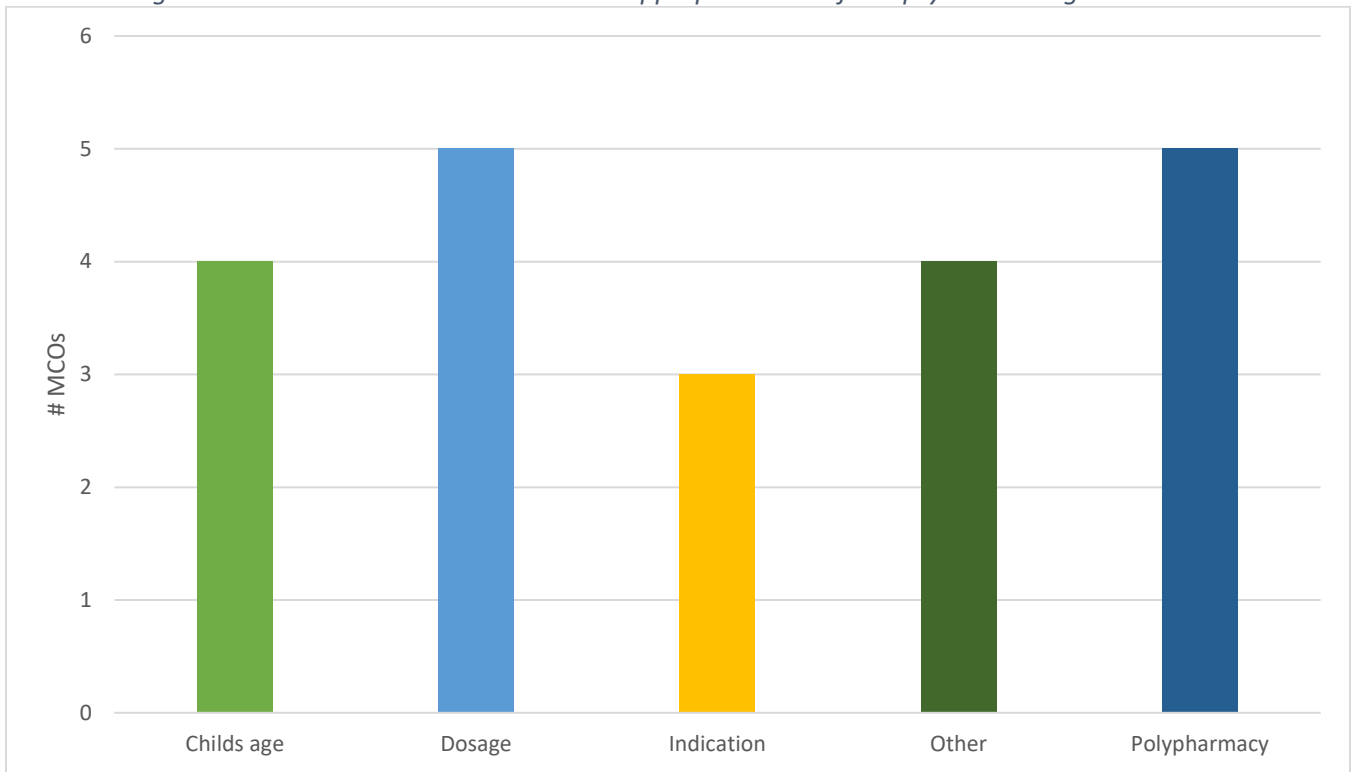


Table 180 - Edits in Place to Monitor the Appropriate Use of Antipsychotic Drugs in Children

Response	MCO Names	Count	Percentage
Child's age	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc.	4	19.05%
Dosage	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	23.81%
Indication	Anthem, Inc., Managed Health Services Indiana (MHS), UnitedHealthcare Community Plan, Inc.	3	14.29%
Polypharmacy	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	23.81%
Other	Anthem, Inc., CareSource, MDwise, Inc., UnitedHealthcare Community Plan, Inc.	4	19.05%
State Totals		21	100%

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

Table 181 - Child’s Age Limits for Edits in Place to Monitor the Appropriate Use of Antipsychotic Drugs in Children

MCO Name	Age Limit in Years
Anthem, Inc.	6
CareSource	18
Managed Health Services Indiana (MHS)	3
MDwise, Inc.	12

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If “Other,” please explain.

Table 182 - “Other” Explanations for Edits in Place to Monitor the Appropriate Use of Antipsychotic Drugs in Children

MCO Name	Explanation
Anthem, Inc.	Age edits vary based on FDA label.
CareSource	Antipsychotic medications have age limits as well as quantity limits. Age limits ensure that products indicated for 18 years and older are not utilized for pediatric beneficiaries. Quantity limits encourage appropriate dosing. Point of sale messages are in place that notify the dispensing pharmacy of therapy duplication.
MDwise, Inc.	The MCO utilizes age edits, quantity limits and therapeutic duplication edits to ensure safe prescribing of antipsychotics in children. Limits are established based on FDA approved indications / labeling. Additionally, the MCO follows rules established by the State Mental Health Quality Advisory Committee (MHQAC). It's important to note that while many age edits are based on 12 years of age, some edits may vary.
UnitedHealthcare Community Plan, Inc.	In addition to edits that monitor dosage, indication, and polypharmacy (therapeutic duplication), UnitedHealthcare Community Plan has edits in place that monitor age based on FDA labeling for each individual product and not as a specific age across all products.

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

Table 183 - Explanations of Specifics of Documented Antipsychotic Monitoring Program(s)

MCO Name	Explanation
Anthem, Inc.	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 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. Antipsychotic for monitoring occurs for children less than 18 years of age. 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.
Managed Health Services Indiana (MHS)	Managed Health Services utilizes a corporate Psychotropic Medication Utilization Review (PMUR) program that interfaces with a PMUR Coordinator or clinician to manage and monitor the day to day activities. Triggers for Review; 1. Psychotropic Medication prescribed without an identified psychiatric diagnosis 2. Prescribing of four or more psychotropic medication concomitantly (Medications to manages side effects are not included in this count) 3. Prescribing of: a. 2 or more concomitant stimulants b. 2 or more concomitant alpha agonists c. 2 or more concomitant antidepressants d. 2 or more concomitant antipsychotics e. 3 or more concomitant mood stabilizers

MCO Name	Explanation
	<p>4. The psychotropic medication exceeds usual recommended doses (literature based)</p> <p>5. Psychotropic medication are prescribed for children of a very young age, including children receiving the following medications with an age of:</p> <ul style="list-style-type: none"> a. stimulants - less than 3 years of age b. Alpha Agonists: less than 4 years of age c. Antidepressants: less than 4 years of age d. Mood stabilizers: less than 4 years of age e. antipsychotics; less than 5 years of age <p>6. Antipsychotic medication (s) prescribed continuously without appropriate monitoring of glucose and lipids at least every 6 months</p> <p>These recommendations are also built into pharmacy edits to enforce the recommendations of the Mental Health Quality Advisory Committee. ie: duplicate antipsychotic prescribing will not process at the pharmacy without a manual prior authorization review explaining why this is medically necessary.</p> <p>Also, programming documents are updated quarterly by the FFS program and MHS Indiana follows this document and aligns with this program. Edits could be age edits or quality limits per day.</p>
MDwise, Inc.	<p>The MCO utilizes age edits, quantity limits and therapeutic duplication edits to ensure safe prescribing of antipsychotics in children. Limits are established based on FDA approved indications / labeling. Additionally, the MCO follows rules established by the State Mental Health Quality Advisory Committee (MHQAC).</p>
UnitedHealthcare Community Plan, Inc.	<p>UnitedHealthcare Community Plan has a FDA cumulative max dose high dose soft reject edit at the point of sale on antipsychotics. This edit require the dispensing pharmacist at the point of sale to enter an appropriate NCPDP code to override the reject and obtain a paid claim.</p> <p>Retrospective DUR programs: OptumRx runs multiple safety management RDUR programs that include antipsychotic medications. These RDUR programs send faxes to prescribers within 24 hours of the identified medication related problem. Antipsychotics are included in our Drug-Age, Dose-Per Day, Therapeutic Duplication, Drug-Drug Interaction, Drug-Disease Interaction, Overutilization Days Supply, Concurrent Use of multiple CNS active medications, and Concurrent Use of opioids with antipsychotics programs.</p>

Stimulants

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

Figure 129 - Restrictions in Place to Limit the Quantity of Stimulant Drugs

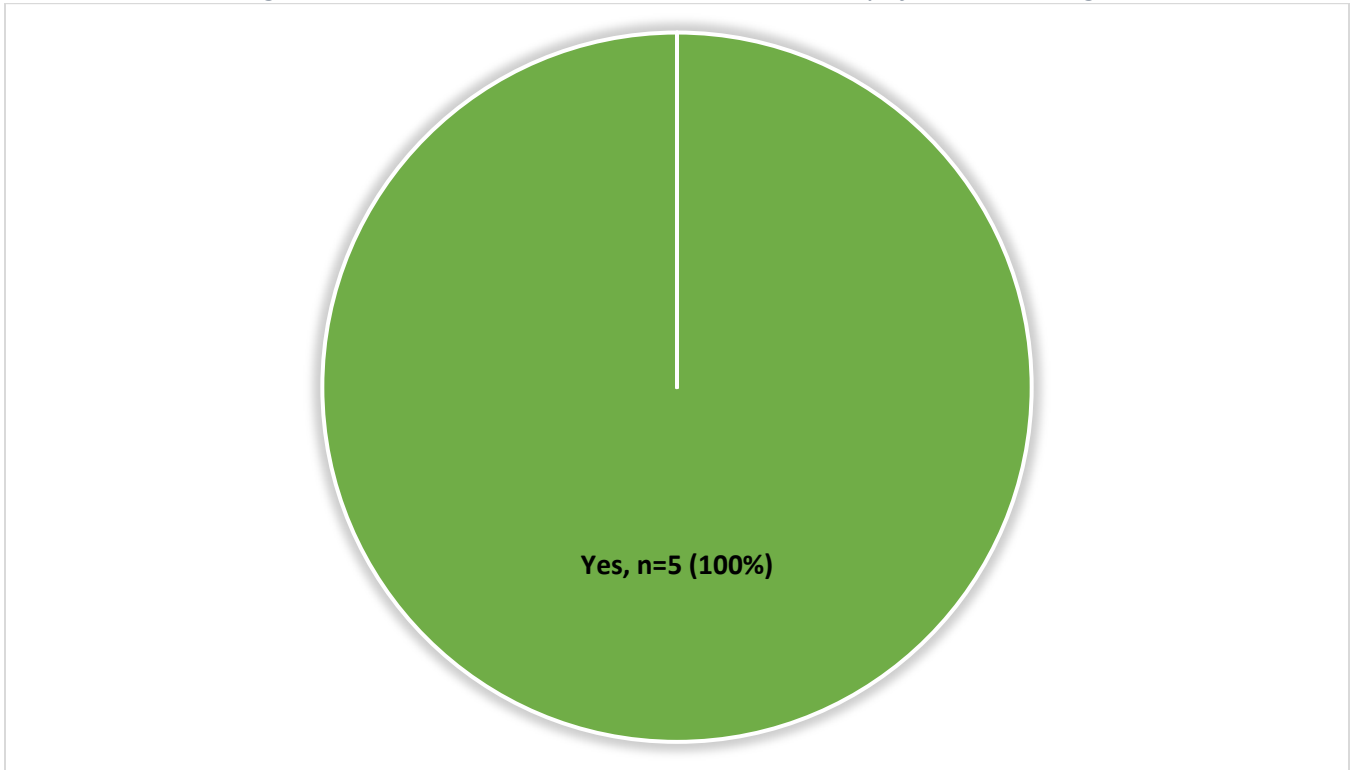


Table 184 - Restrictions in Place to Limit the Quantity of Stimulant Drugs

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

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

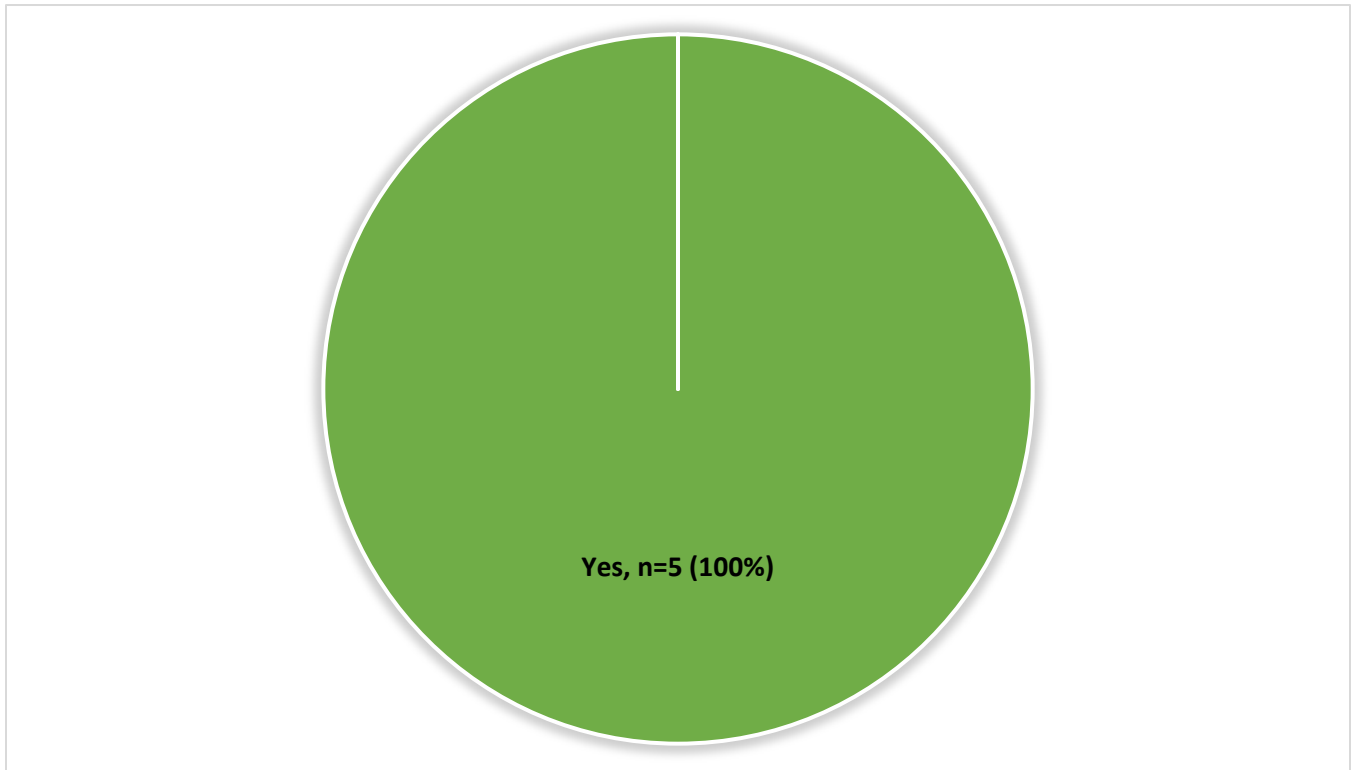


Table 185 - Documented Program in Place to Either Manage or Monitor the Appropriate Use of Stimulant Drugs in Children

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

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

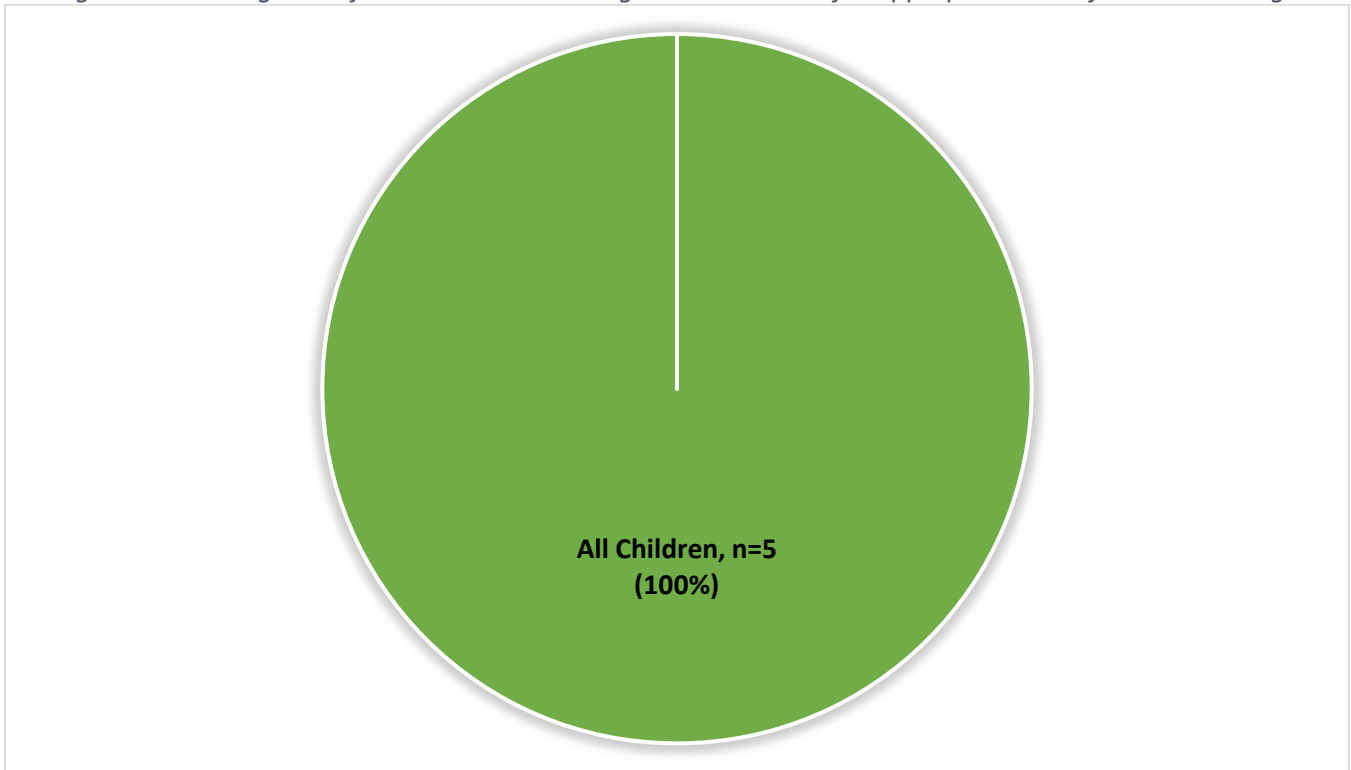


Table 186 - Categories of Children Either Managed or Monitored for Appropriate Use of Stimulant Drugs

Response	MCO Names	Count	Percentage
All children	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

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

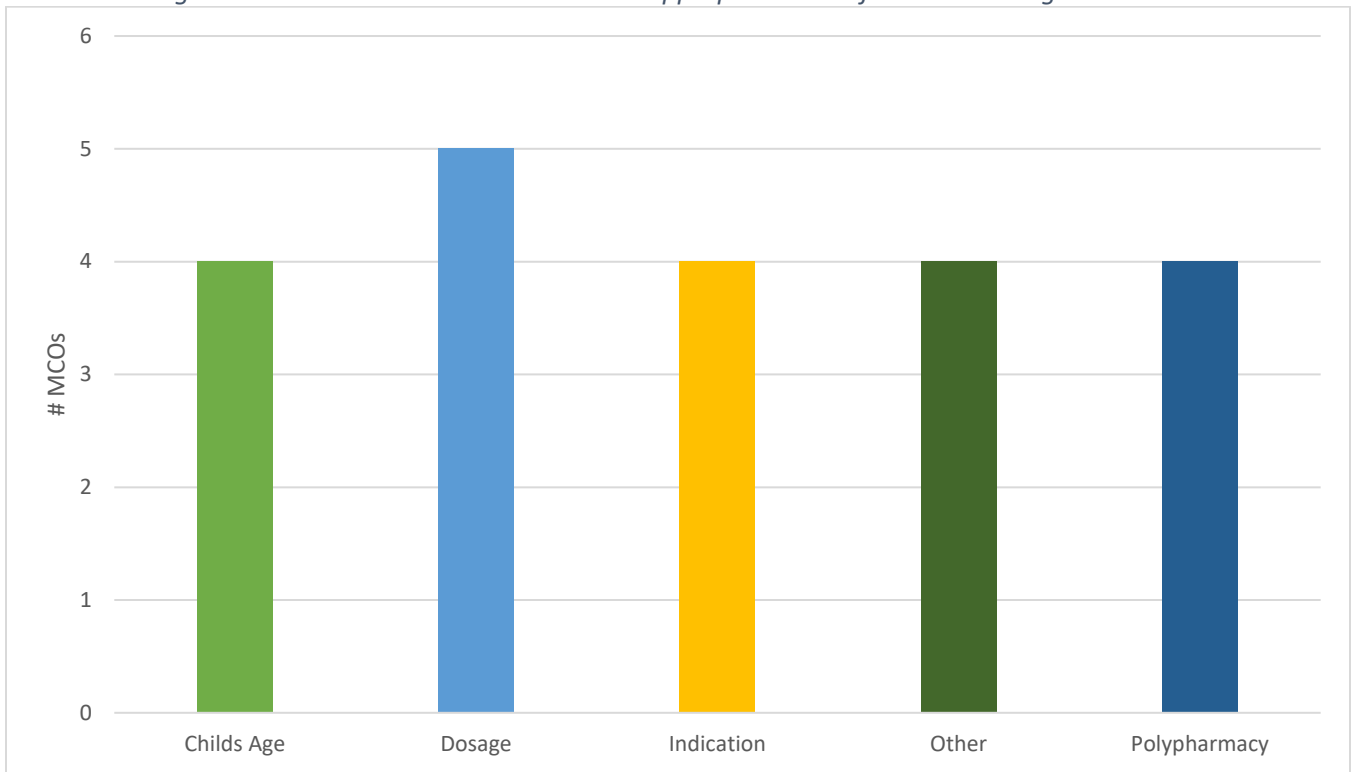


Table 187 - Edits in Place to Monitor the Appropriate Use of Stimulant Drugs in Children

Response	MCO Names	Count	Percentage
Child's Age	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc.	4	19.05%
Dosage	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	23.81%
Indication	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), UnitedHealthcare Community Plan, Inc.	4	19.05%
Polypharmacy	Anthem, Inc., Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	4	19.05%
Other	Anthem, Inc., CareSource, MDwise, Inc., UnitedHealthcare Community Plan, Inc.	4	19.05%
State Totals		21	100%

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

Table 188 - Child’s Age Limits for Edits in Place to Monitor the Appropriate Use of Stimulant Drugs in Children

MCO Name	Age Limit in Years
Anthem, Inc.	6
CareSource	6
Managed Health Services Indiana (MHS)	3
MDwise, Inc.	12

If “Other,” please explain.

Table 189 - “Other” Explanations for Edits in Place to Monitor the Appropriate Use of Stimulant Drugs in Children

MCO Name	Explanation
Anthem, Inc.	Age edits vary based on FDA label.
CareSource	<p>The point of sale (POS) edits ensure appropriate prescribing through claim rejection and requiring prior authorization if limits are exceeded. Pharmacy POS edits also look for duplication of therapy and require pharmacist intervention and may require prior authorization. CareSource follows the AAAX list formulary and utilization management and edits.</p> <p>*Age limit varies: Most ER formulations are limited to 6 and older; MYDAYIS ER 12.5 mg and 25 mg are 13 and older and MYDAYIS ER 37.5 mg and 50 mg are 18 years and older; EVEKEO ODT is 3 and older.</p>
MDwise, Inc.	The MCO utilizes age edits, quantity limits and therapeutic duplication edits to ensure safe prescribing of antipsychotics in children. Limits are established based on FDA approved indications / labeling. Additionally, the MCO follows rules established by the State Mental Health Quality Advisory Committee (MHQAC). It's important to note that while many age edits are based on 12 years of age, some edits may vary.
UnitedHealthcare Community Plan, Inc.	In addition to edits that monitor dosage, indication, and polypharmacy (therapeutic duplication), UnitedHealthcare Community Plan has edits in place that monitor age based on FDA labeling for each individual product and not as a specific age across all products.

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

Table 190 - Explanations of Specifics of Documented Stimulant Monitoring Program(s)

MCO Name	Explanation
Anthem, Inc.	We have Protocols that support a multimodal approach to ensure optimal ADHD medication management. Our protocols: Identify members taking ADHD medications with no FDA approved diagnosis, Educate Providers on the risk of cardiovascular events associated with use of stimulants in children with PMHof 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 30 days 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.
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.
Managed Health Services Indiana (MHS)	<p>Psychotropic Medication Utilization Review (PMUR) that interfaces with a PMUR Coordinator to manage and monitor the day to day activities of members.</p> <p>Trigger for review:</p> <ol style="list-style-type: none"> 1. Prescribing of stimulant medication without identified diagnosis 2. Two or more concomitant stimulants prescribed. (we do allow one long acting and one short acting to be prescribed together.) 3. 3 years and older are allowed IR formulations. 4. 6 years and older are allowed ER formulations

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MCO Name	Explanation
	<p>5. At 19 years of age, member needs to have an appropriate diagnosis code in claims system to justify stimulants.</p> <p>A member can have one long acting stimulant and a short acting to get to the end of their day. If anything else is needed outside of this parameter, a prior authorization review is needed.</p>
MDwise, Inc.	<p>Retrospective reporting of utilization by age and agent to monitor trends and patterns of prescribing based on FDA approved labeling / indications. Reporting examines unique members, prescribers and medications attempting to identify inappropriate patterns of prescribing, fraud waste and abuse.</p>
UnitedHealthcare Community Plan, Inc.	<p>UnitedHealthcare Community Plan has a FDA cumulative max dose high dose soft reject edit at the point of sale on stimulants. This edit require the dispensing pharmacist at the point of sale to enter an appropriate NCPDP code to override the reject and obtain a paid claim.</p> <p>Retrospective DUR programs: OptumRx runs multiple safety management RDUR programs that include stimulant medications. These RDUR programs notify prescribers via fax/mail within 24 hours of the identified medication related problem. Stimulants are included in our Drug-Age, Dose-Per Day, Therapeutic Duplication, Drug-Drug Interaction, Drug-Disease Interaction, Concurrent Use of multiple CNS active medications programs and Concurrent use of opioids with an opioid potentiator (e.g. stimulant) programs.</p>

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

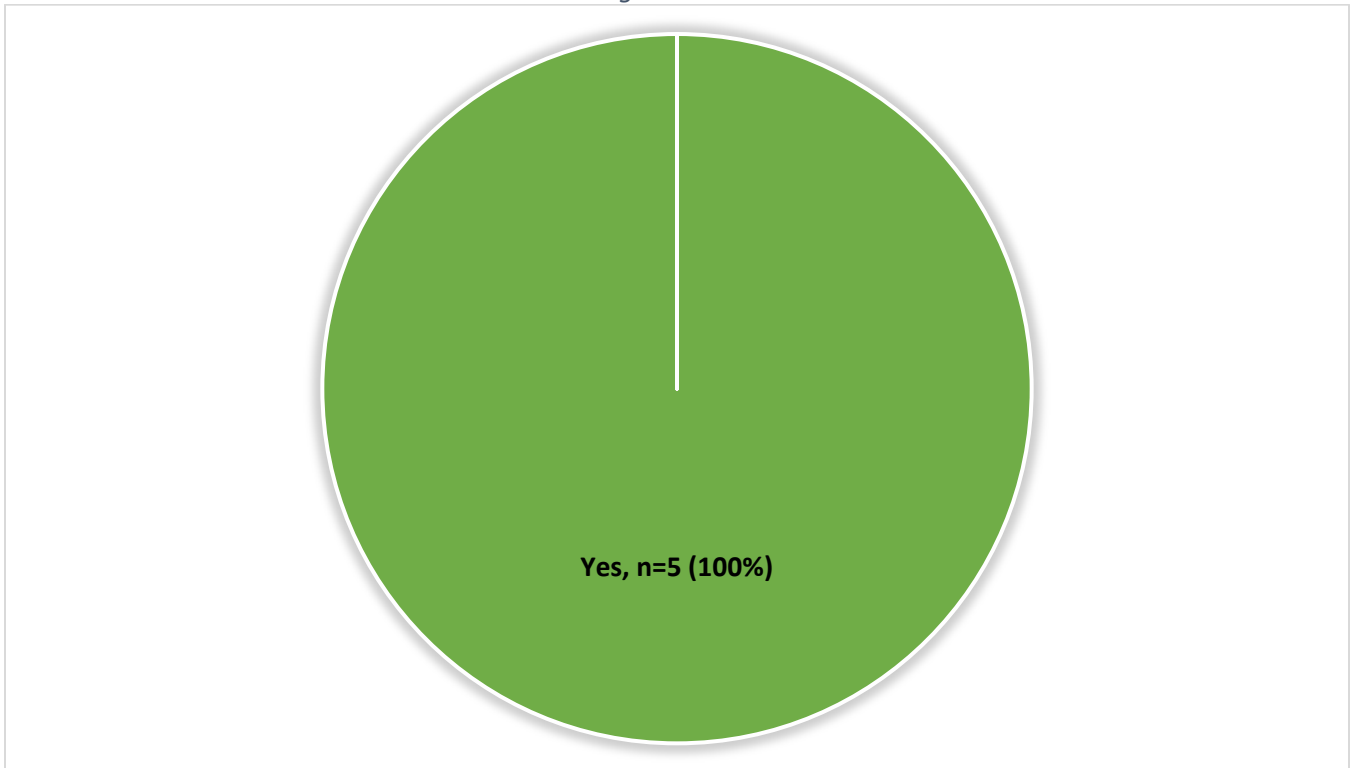


Table 191 - Documented Program in Place to Either Manage or Monitor the Appropriate Use of Antidepressant Drugs in Children

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

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

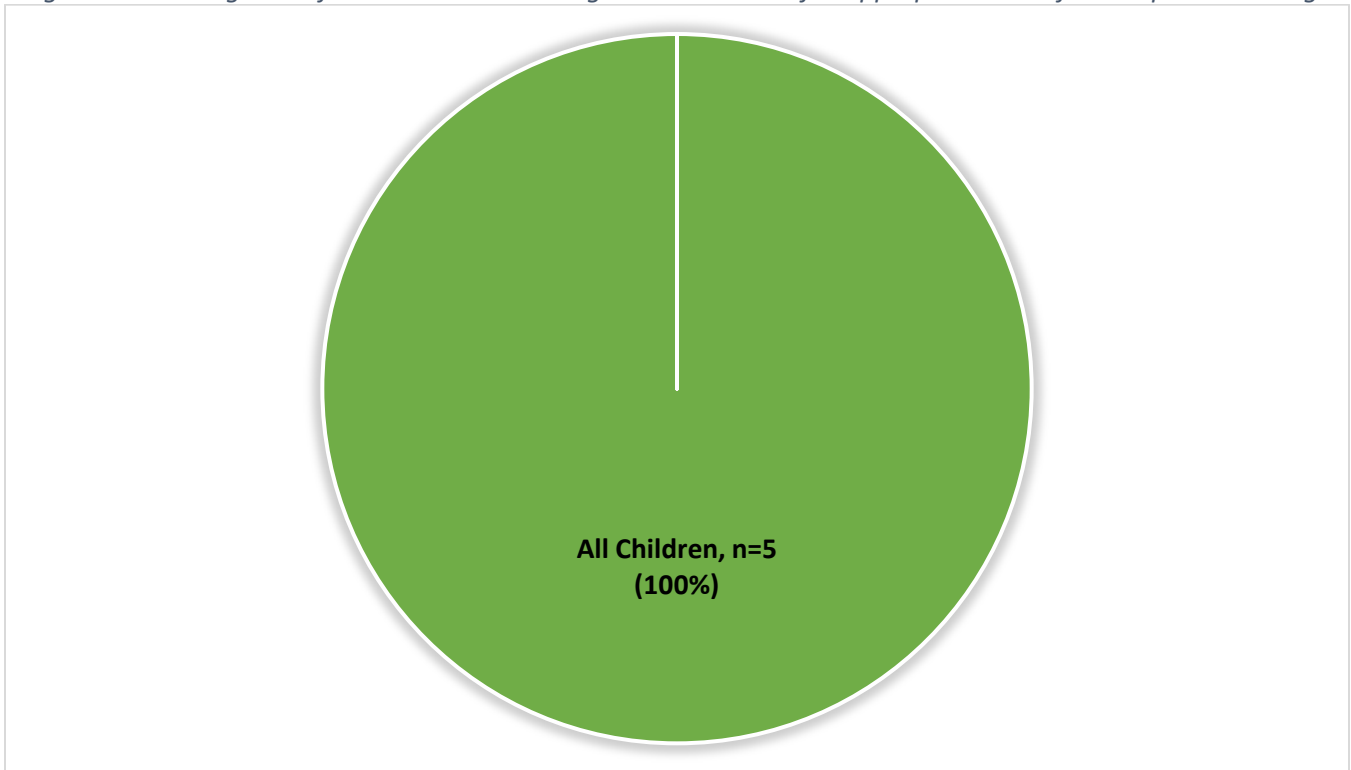


Table 192 - Categories of Children Either Managed or Monitored for Appropriate Use of Antidepressant Drugs

Response	MCO Names	Count	Percentage
All children	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	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 Antidepressant Drugs in Children

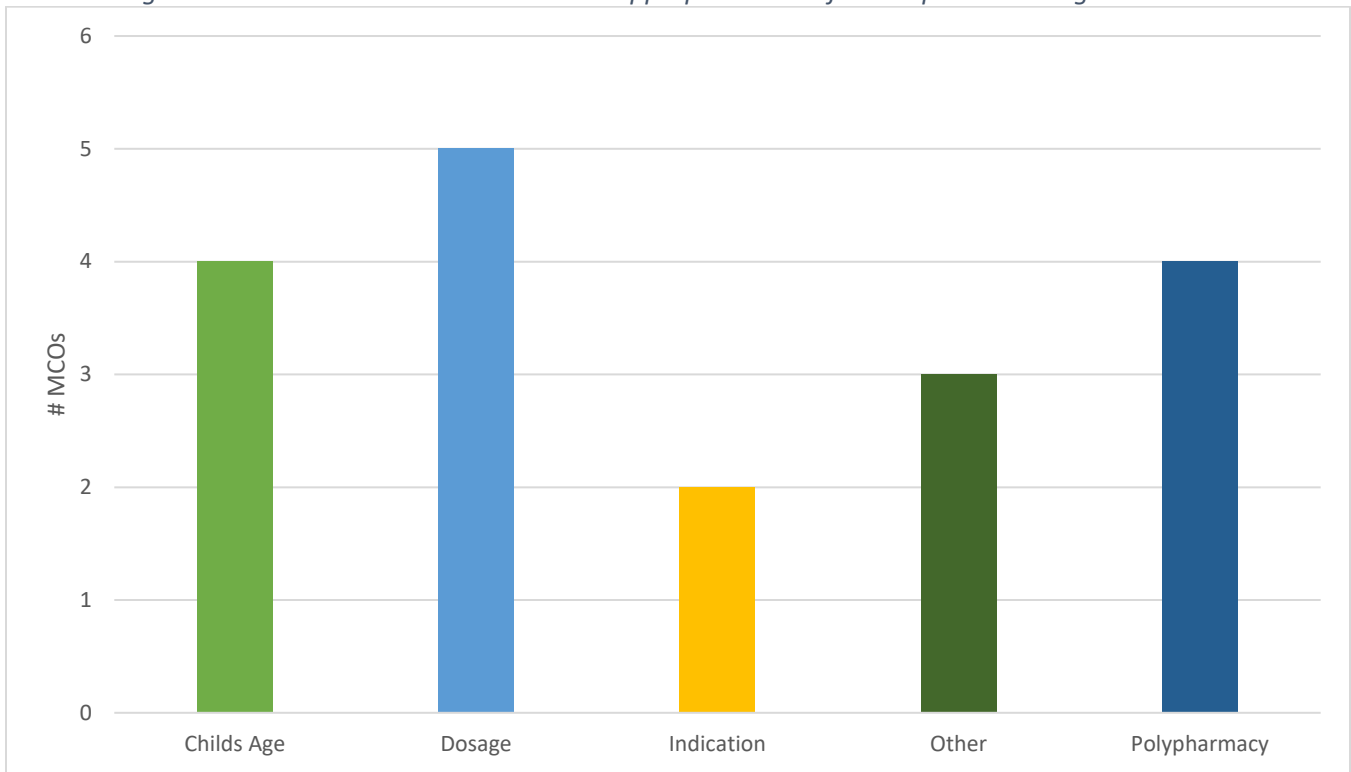


Table 193 - Edits in Place to Monitor the Appropriate Use of Antidepressant Drugs in Children

Response	MCO Names	Count	Percentage
Child's Age	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc.	4	22.22%
Dosage	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	27.78%
Indication	CareSource, Managed Health Services Indiana (MHS)	2	11.11%
Polypharmacy	Anthem, Inc., Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	4	22.22%
Other	Anthem, Inc., CareSource, MDwise, Inc.	3	16.67%
State Totals		18	100%

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

Table 194 - Child’s Age Limits for Edits in Place to Monitor the Appropriate Use of Antidepressant Drugs in Children

MCO Name	Age Limit in Years
Anthem, Inc.	6
CareSource	18
Managed Health Services Indiana (MHS)	3
MDwise, Inc.	12

If "Other," please explain.

Table 195 - "Other" Explanations for Edits in Place to Monitor the Appropriate Use of Antidepressant Drugs in Children

MCO Name	Explanation
Anthem, Inc.	Age edits vary based on FDA label.
CareSource	The point of sale (POS) edits ensure appropriate prescribing through claim rejection and requiring prior authorization if limits are exceeded. Pharmacy POS edits also look for duplication of therapy and require pharmacist intervention and may require prior authorization. CareSource follows the AAAX list formulary and utilization management and edits. *Age limit: Spravato limited to 18 years old and older, Rexulti PA for 12 years old and younger
MDwise, Inc.	The MCO utilizes age edits, quantity limits and therapeutic duplication edits to ensure safe prescribing of antipsychotics in children. Limits are established based on FDA approved indications / labeling. Additionally, the MCO follows rules established by the State Mental Health Quality Advisory Committee (MHQAC). It's important to note that while many age edits are based on 12 years of age, some edits may vary.

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

Table 196 - Explanations of Specifics of Documented Antidepressant Monitoring Program(s)

MCO Name	Explanation
Anthem, Inc.	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.
Managed Health Services Indiana (MHS)	MHS will monitor Age limits, quantity limits, therapeutic duplication and edits put in place a the Mental Health Quality Advisory Committee meeting and the Indiana Medicaid Drug Utilization Review Board. Medication Therapy Management will monitor for member receiving more than one medication in the same therapeutic class. If this is found, an outreach to the provider is made and there is an information exchange. A new edit was put in place during this time frame of this survey to access Atomoxetine and Viloxazine for duplicate therapy for SNRI agents and bupropion. This was built into the pharmacy benefit programming and added to Prior authorization criteria.
MDwise, Inc.	Retrospective reporting of utilization by age and agent to monitor trends and patterns of prescribing based on FDA approved labeling / indications. Reporting examines unique members, prescribers and medications attempting to identify inappropriate patterns of prescribing, fraud waste and abuse.

MCO Name	Explanation
UnitedHealthcare Community Plan, Inc.	<p>UnitedHealthcare Community Plan has a FDA cumulative max dose high dose soft reject edit at the point of sale on antidepressants. This edit require the dispensing pharmacist at the point of sale to enter an appropriate NCPDP code to override the reject and obtain a paid claim.</p> <p>Retrospective DUR programs: OptumRx runs multiple safety management RDUR programs that include antidepressant medications. These RDUR programs notify prescribers via fax/mail within 24 hours of the identified medication related problem. Antidepressants are included in our Drug-Age, Dose-Per Day, Therapeutic Duplication, Drug-Drug Interaction, Drug-Disease Interaction, and Concurrent Use of multiple CNS active medications programs.</p>

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

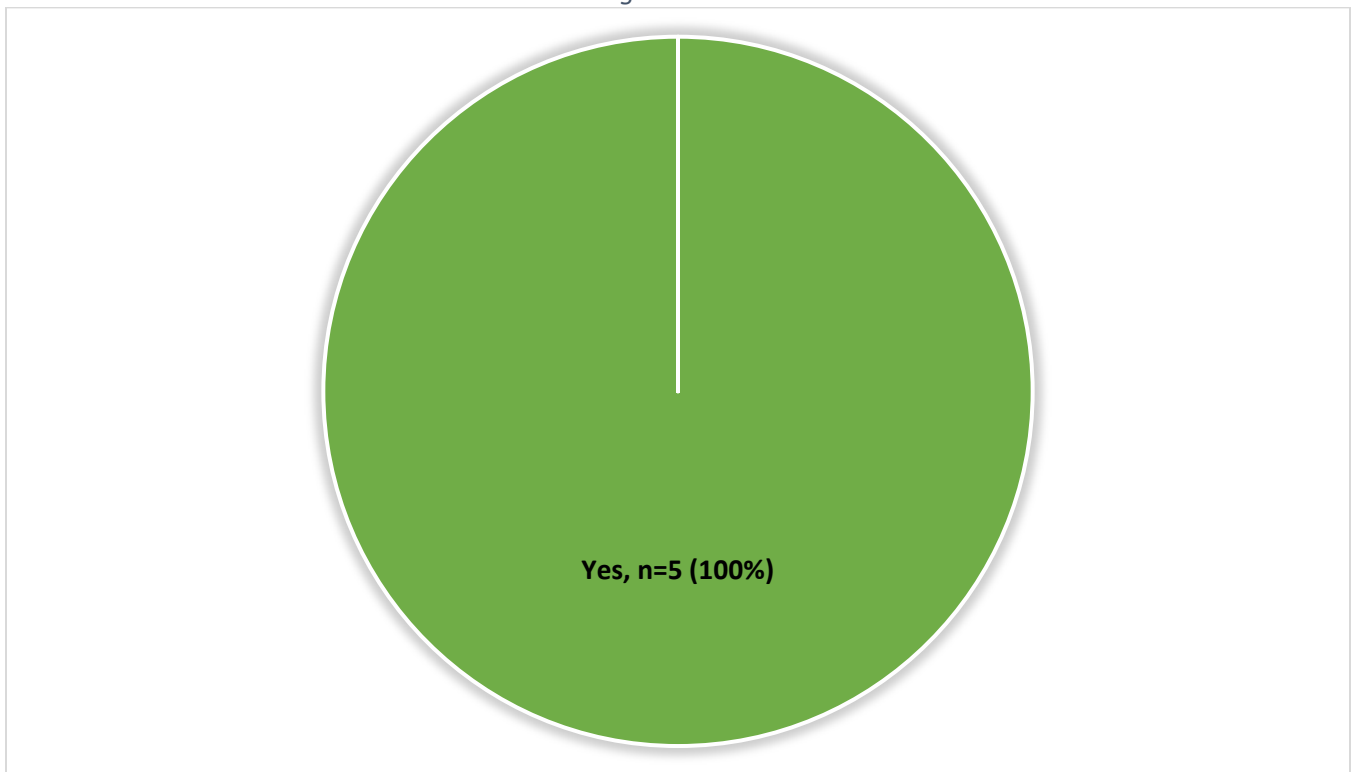


Table 197 - Documented Program in Place to Either Manage or Monitor the Appropriate Use of Mood Stabilizing Drugs in Children

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

Figure 137 - Categories of Children Either Managed or Monitored for Appropriate Use of Mood Stabilizing Drugs

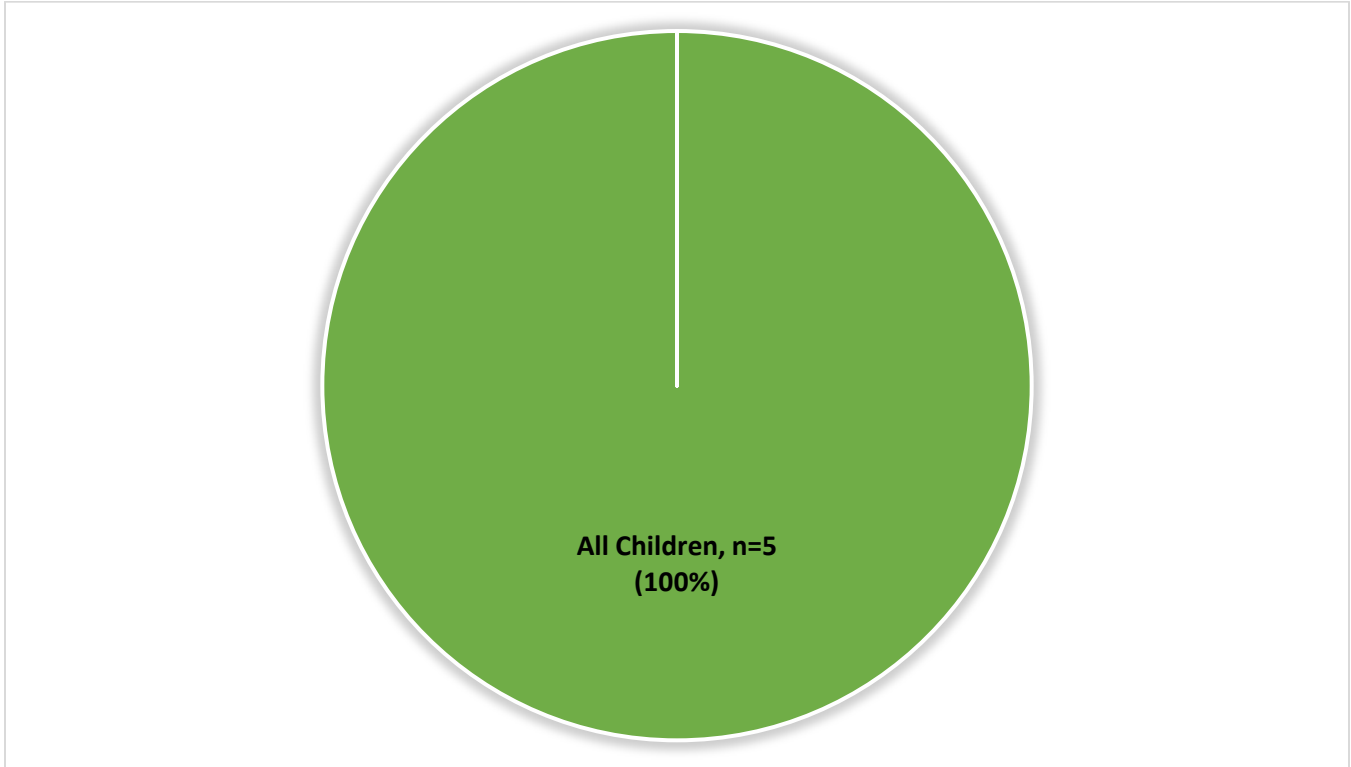


Table 198 - Categories of Children Either Managed or Monitored for Appropriate Use of Mood Stabilizing Drugs

Response	MCO Names	Count	Percentage
All children	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	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 Mood Stabilizing Drugs in Children

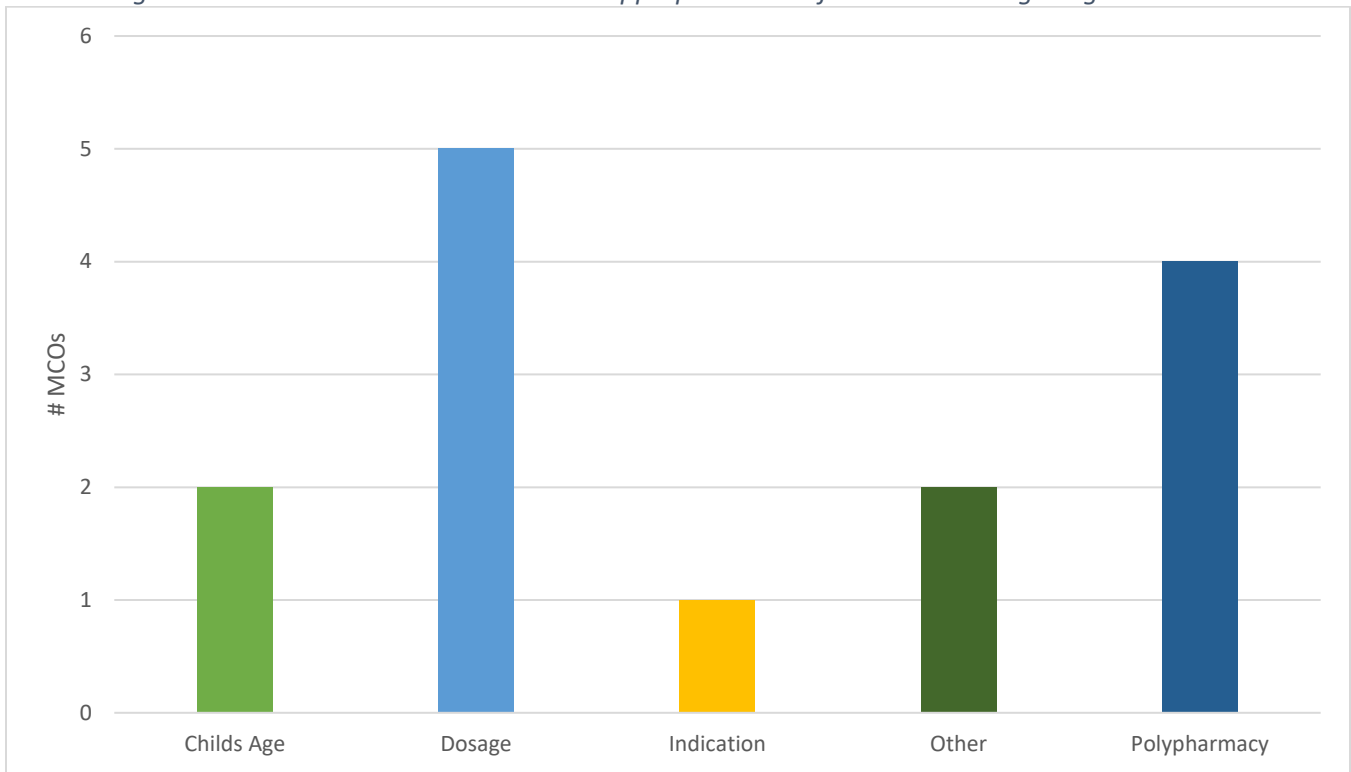


Table 199 - Edits in Place to Monitor the Appropriate Use of Mood Stabilizing Drugs in Children

Response	MCO Names	Count	Percentage
Child's Age	Managed Health Services Indiana (MHS), MDwise, Inc.	2	14.29%
Dosage	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	35.71%
Indication	Managed Health Services Indiana (MHS)	1	7.14%
Polypharmacy	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc.	4	28.57%
Other	CareSource, MDwise, Inc.	2	14.29%
State Totals		14	100%

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

Table 200 - 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
Managed Health Services Indiana (MHS)	3
MDwise, Inc.	12

If “Other,” please explain.

Table 201 - “Other” Explanations for Edits in Place to Monitor the Appropriate Use of Mood Stabilizing Drugs in Children

MCO Name	Explanation
CareSource	The point of sale (POS) edits ensure appropriate prescribing through claim rejection and requiring prior authorization if limits are exceeded. Pharmacy POS edits also look for duplication of therapy and require pharmacist intervention and may require prior authorization. CareSource follows the AAAX list formulary and utilization management and edits.
MDwise, Inc.	The MCO utilizes age edits, quantity limits and therapeutic duplication edits to ensure safe prescribing of antipsychotics in children. Limits are established based on FDA approved indications / labeling. Additionally, the MCO follows rules established by the State Mental Health Quality Advisory Committee (MHQAC). It's important to note that while many age edits are based on 12 years of age, some edits may vary.

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

Table 202 - Explanations of Specifics of Documented Mood Stabilizer Monitoring Program(s)

MCO Name	Explanation
Anthem, Inc.	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.
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.
Managed Health Services Indiana (MHS)	MHS will monitor age limits, quantity limits, therapeutic duplication and edits put in place a the Mental Health Quality Advisory Committee meeting and the Indiana Medicaid Drug Utilization Review Board for mood stabilizers. Medication Therapy Management will monitory for member receiving more than one medication in the same therapeutic class. If this is found, an outreach to the provider is made and there is an information exchange.
MDwise, Inc.	Retrospective reporting of utilization by age and agent to monitor trends and patterns of prescribing based on FDA approved labeling / indications. Reporting examines unique members, prescribers and medications attempting to identify inappropriate patterns of prescribing, fraud waste and abuse.
UnitedHealthcare Community Plan, Inc.	Retrospective DUR programs: OptumRx runs multiple safety management RDUR programs that include mood stabilizer medications. These RDUR programs notify prescribers via fax/mail within 24 hours of the identified medication related problem. Mood stabilizers are included in our Drug-Age, Dose-Per Day, Therapeutic Duplication, Drug-Drug Interaction, Drug-Disease Interaction, and Concurrent Use of multiple CNS active medications programs.

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

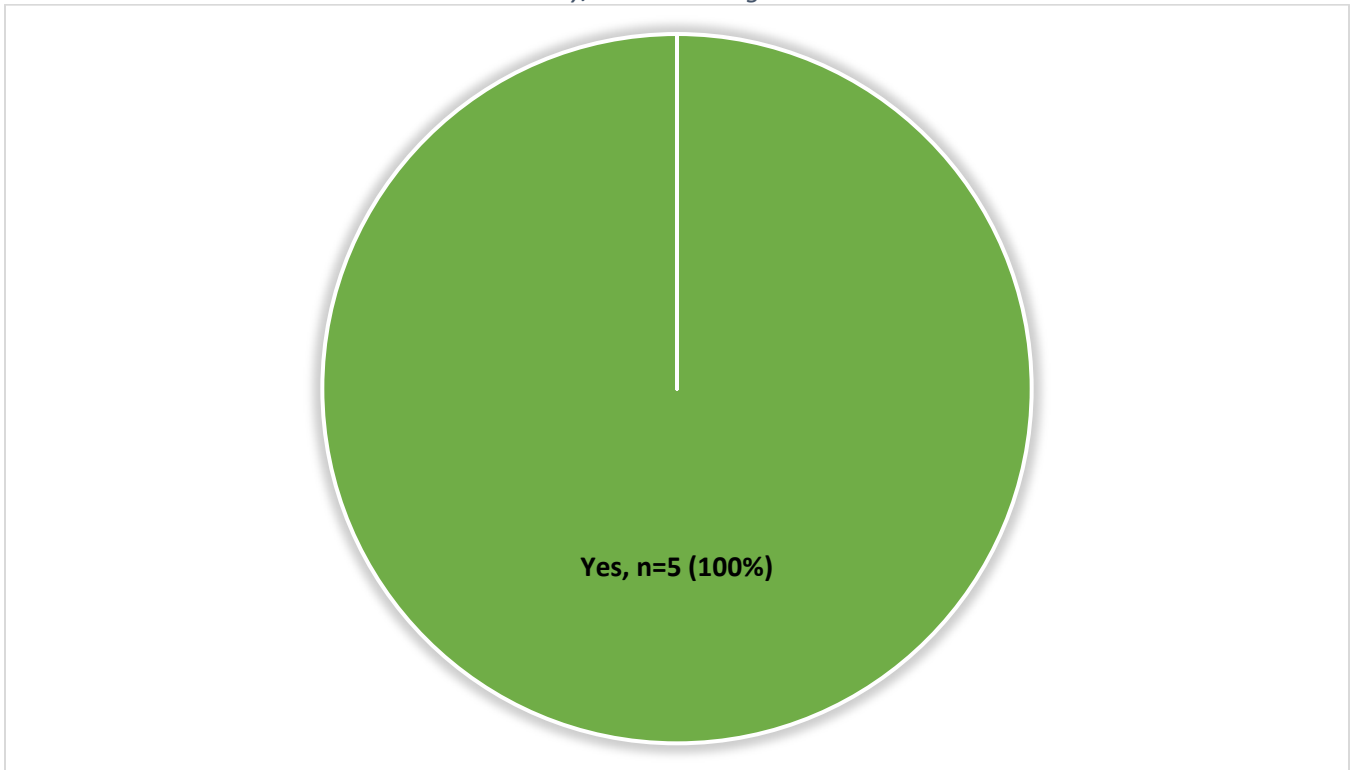


Table 203 - Documented Program in Place to Either Manage or Monitor the Appropriate Use of Antianxiety/Sedative Drugs in Children

Response	MCO Names	Count	Percentage
Yes	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

Figure 140 - Categories of Children Either Managed or Monitored for Appropriate Use of Antianxiety/Sedative Drugs

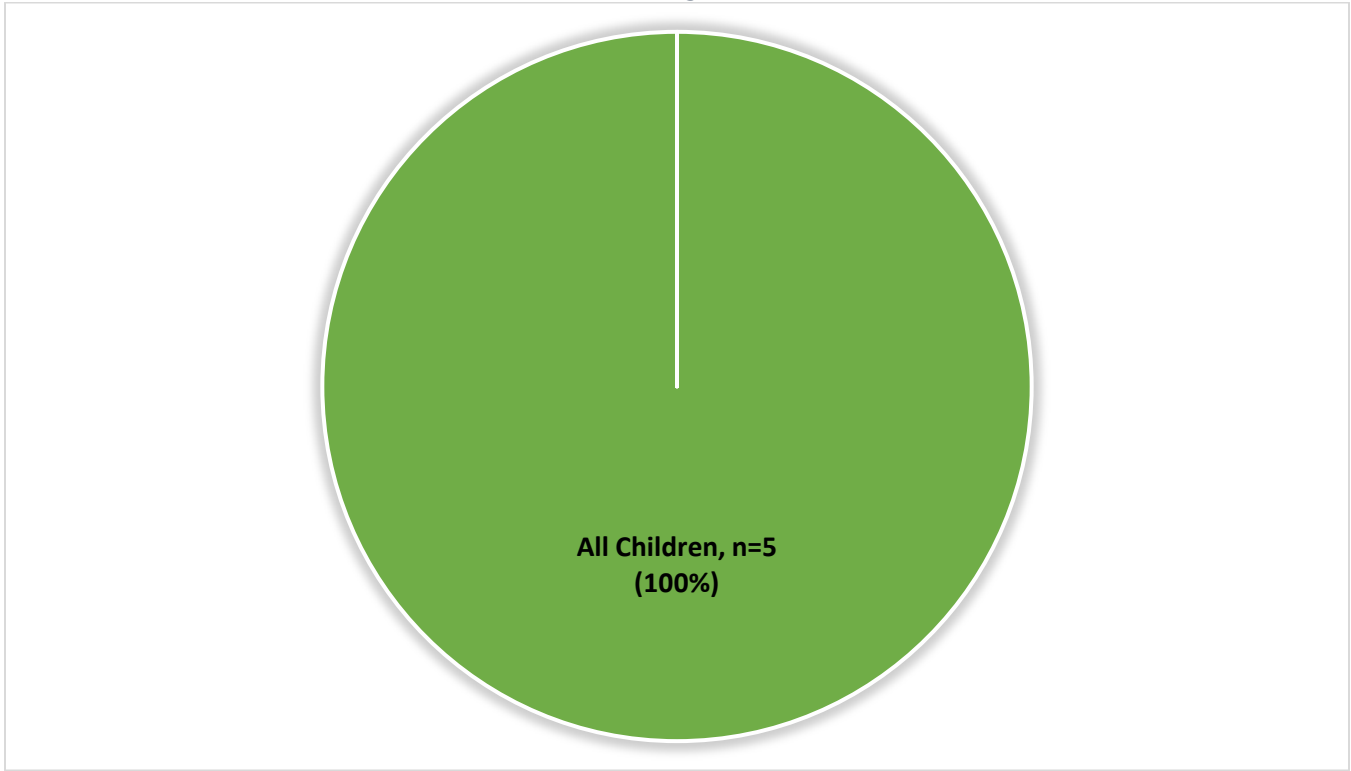


Table 204 - Categories of Children Either Managed or Monitored for Appropriate Use of Antianxiety/Sedative Drugs

Response	MCO Names	Count	Percentage
All children	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	100%

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

Figure 141 - Edits in Place to Monitor the Appropriate Use of Antianxiety/Sedative Drugs in Children

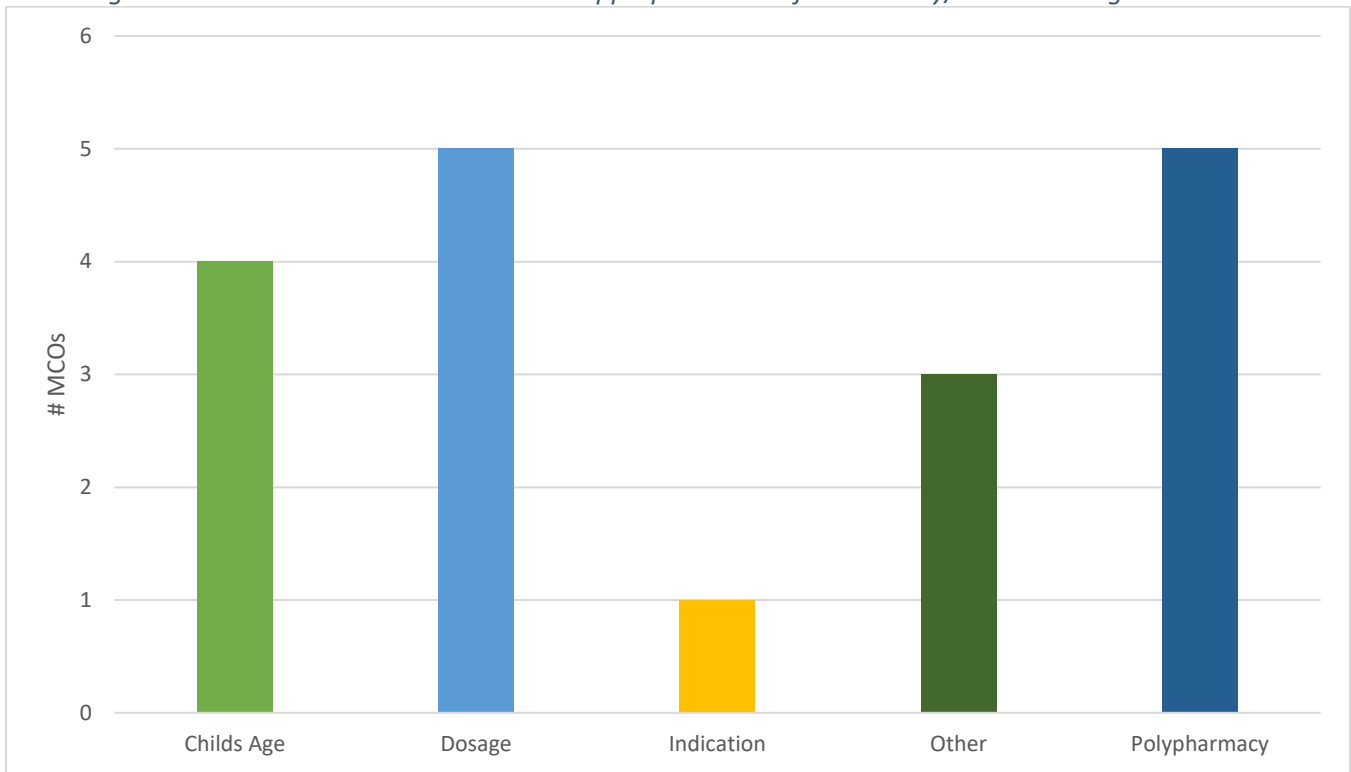


Table 205 - Edits in Place to Monitor the Appropriate Use of Antianxiety/Sedative Drugs in Children

Response	MCO Names	Count	Percentage
Childs Age	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc.	4	22.22%
Dosage	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	27.78%
Indication	Managed Health Services Indiana (MHS)	1	5.56%
Polypharmacy	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	27.78%
Other	Anthem, Inc., CareSource, MDwise, Inc.	3	16.67%
State Totals		18	100%

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

Table 206 - 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
Anthem, Inc.	18
CareSource	18
Managed Health Services Indiana (MHS)	3
MDwise, Inc.	12

If “Other,” please explain.

Table 207 - “Other” Explanations for Edits in Place to Monitor the Appropriate Use of Antianxiety/Sedative Drugs in Children

MCO Name	Explanation
Anthem, Inc.	Age edits may vary based on FDA label.
CareSource	The point of sale (POS) edits ensure appropriate prescribing through claim rejection and requiring prior authorization if limits are exceeded. Pharmacy POS edits also look for duplication of therapy and require pharmacist intervention and may require prior authorization. CareSource follows the AAAX list formulary and utilization management and edits. *Age limit varies: Xywav solution for less than 6 years old requires prior approval, Loreev XR 1 mg, 2 mg, 3 mg has age limit of 18 years old and older
MDwise, Inc.	The MCO utilizes age edits, quantity limits and therapeutic duplication edits to ensure safe prescribing of antipsychotics in children. Limits are established based on FDA approved indications / labeling. Additionally, the MCO follows rules established by the State Mental Health Quality Advisory Committee (MHQAC). It's important to note that while many age edits are based on 12 years of age, some edits may vary.

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

Table 208 - Explanations of Specifics of Documented Antianxiety/Sedative Monitoring Program(s)

MCO Name	Explanation
Anthem, Inc.	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.
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.
Managed Health Services Indiana (MHS)	MHS will monitor age limits, quantity limits, therapeutic duplication and edits put in place a the Mental Health Quality Advisory Committee meeting and the Indiana Medicaid Drug Utilization Review Board for mood stabilizers. Medication Therapy Management will monitory for member receiving more than one medication in the same therapeutic class. If this is found, an outreach to the provider is made and there is an information exchange.
MDwise, Inc.	Retrospective reporting of utilization by age and agent to monitor trends and patterns of prescribing based on FDA approved labeling / indications. Reporting examines unique members, prescribers and medications attempting to identify inappropriate patterns of prescribing, fraud waste and abuse.
UnitedHealthcare Community Plan, Inc.	UnitedHealthcare Community Plan has a FDA cumulative max dose high dose soft reject edit at the point of sale on non-benzodiazepine sedatives. There are also drug-drug interaction soft reject edits at the point of sale for opioid + benzodiazepine and opioid + sedatives. These edits require the dispensing pharmacist at the point of sale to enter an appropriate NCPDP code to override the reject and obtain a paid claim.

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MCO Name	Explanation
	Retrospective DUR programs: OptumRx runs multiple safety management RDUR programs that include antianxiety/sedative medications. These RDUR programs notify prescribers via fax/mail within 24 hours of the identified medication related problem. Antianxiety/sedatives are included in our Drug-Age, Dose-Per Day, Therapeutic Duplication, Drug-Drug Interaction, Drug-Disease Interaction, Concurrent Use of multiple CNS active medications, Concurrent Use of opioids with benzodiazepines, and Concurrent Use of opioids with opioid potentiators (e.g. sedatives) programs

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 142 - 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

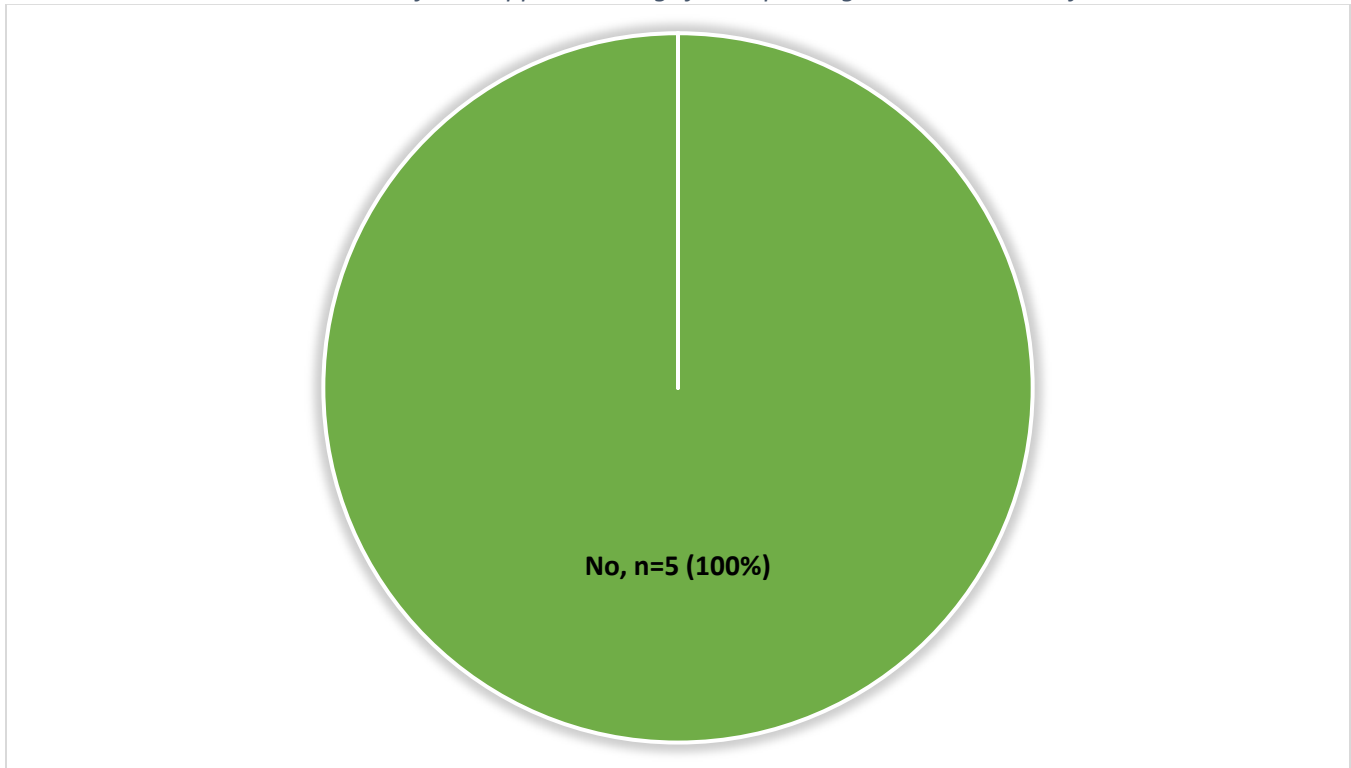


Table 209 - Demonstrations or Waivers to Allow Importation of Certain Drugs from Canada or Other Countries that are Versions of FDA-Approved Drugs for Dispensing to Medicaid Beneficiaries

Response	MCO Names	Count	Percentage
No	Anthem, Inc., CareSource, Managed Health Services Indiana (MHS), MDwise, Inc., UnitedHealthcare Community Plan, Inc.	5	100.00%
State Totals		5	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 210 - Innovative Practices

MCO Name	Innovative Practices Summary
Anthem, Inc.	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

MCO Name	Innovative Practices Summary
CareSource	<p>who had an overdose and filled an opioid medication prior to the overdose to inform the provider of their members increased risk.</p> <p>CareSource implemented a sickle cell disease program involving our internal clinical call center that focused on missing hydroxyurea therapy and hydroxyurea adherence in members diagnosed with clinically severe sickle cell disease genotypes. In 2022, this program was expanded to include provider outreach for missing prophylactic antibiotics and member calls were expanded to include conversations about immunizations, hematologist and primary care provider access, and other preventative care subjects. Members are referred to care management if they do not have a primary care provider, hematologist or if they have other care coordination concerns. During this reporting period we had 7 members referred to care management for additional support. The pharmacy sickle cell program is now in the process of being expanded to an enterprise-wide program that would further strengthen the collaboration between pharmacy and care management in managing our members with sickle cell disease.</p> <p>Additionally in the specialty pharmacy space, we worked with MagellanRx to create a value-based contract for the newly FDA approved beta-thalassemia drug Zynteglo. The contract includes outcomes-based rebate components. In 2022, we also created an internal bleeding disorders workgroup with the goal of creating reporting dashboards for all of our bleeding disorders to better monitor these members and provide additional support where needed. The first dashboard is focused on hemophilia and will look for various metrics including total cost of care, number of ED visits and hospitalizations related to bleeds, and social determinants of health.</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>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 observation we found is there are a significant number of providers who were prescribing GLP-1 agonists and DPP-4 inhibitors for diabetic patients. According to the American Diabetes Association, it is not recommended to take these two drug classes concomitantly. Another opportunity we pursued this year was provider outreach to encourage moving patients from single pack Cosentyx to two pack Cosentyx as the cost for single pack and two pack Cosentyx is the same. This successful outreach on just 4 of our members saved an annual amount of \$90,500 in drug spend. These are just a few examples 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>
Managed Health Services Indiana (MHS)	<p>Age limits and Quantity limits were put in place for Amitriptyline 10mg tabs, Invega Hafyera and Loveer as recommended by Mental Health Quality Advisory Board. MHS continued with ExactCare Pharmacy who offered a comprehensive medication management. We modified the program to add diagnoses to increase adherence.</p>

MCO Name	Innovative Practices Summary
	<p>MHS Indiana continued to work with IN Medicaid to carve out COVID vaccines, add medications to treat COVID and add testing kits to the pharmacy benefit.</p> <p>MTM focused on therapeutic duplication by using prescription claims data and sending out letters to providers. This simplified members' medication regimen.</p> <p>MHS Indiana did start a new adherence program for oral diabetic agents to assist or remind members to stay on their medications. This increase our adherence rates for members in this group by 15%. MHS will continue it into the next year.</p> <p>MHS continues to outreach members taking antidepressants and pediatric asthma members via a program names Eliza. The if the member or the parent would like to speak to a health plan pharmacy staff, a pharmacist or pharmacy coordinator calls the member and answers their question.</p> <p>Another adherence program is for members taking antipsychotic medications. If they are 5 days last for a prescription refill, the member receives a reminder to pick up their medications in hopes of increasing adherence for this medication class also.</p> <p>If a member is new to an antidepressant, they appear on a report if they have not filled their refill. A MHS pharmacy coordinator will reach out to the member asking if they have any questions for a pharmacist.</p>
MDwise, Inc.	<p>As the COVID-19 Public Health Emergency is slated to come to an end in May 2023 engagement of membership is one of top concern for our MCO. Encouraging members to seek preventative care and appropriately take their medication(s) is paramount.</p> <p>In FY2022 we continued to both develop new ways to engage with members as well as refine existing processes to improve them and gain improved results with our member, prescriber and provider interactions.</p> <p>In collaboration with FFS and all the MCO's, we began working with all opiate users exceeding 90 MME's per day. Starting with those at the highest end of the dose spectrum, evaluating their therapy along with their diagnoses and working with prescribers has continued to aid in reductions of both prescriptions and doses of opiates in our population.</p> <p>Refinement of our initiative started in FY2021, to follow up with patients who are new to treatment with agents to treat anxiety, depression, opiate use disorder and psychosis continues to use "next day" interventions based on the prior day's prescription claims data. Refinements based on practitioner type and patient geography allows us to be more targeted in selection of members for interventions.</p> <p>New initiatives statewide to increase the pharmacy provider panel of Vaccines for Children (VFC) and expanding the number of pharmacy providers offered some challenges for those new pharmacies. Our MCO team worked closely with newly enrolled VFC pharmacy providers to ensure they could appropriately transact claims and continue to help our efforts statewide to keep our most vulnerable populations vaccinated. The MCO</p>

MCO Name	Innovative Practices Summary
	<p>has also increased our engagement with and support for the Indiana Immunization Coalition to continue to promote vaccinations for Hoosiers at the grass roots level.</p> <p>Medication Therapy Management (MTM) continues to improve our member outcomes statewide. Our team worked closely with our PBM to establish new interventions and targets to increase our engagement with members and continue to encourage both members and prescribers to improve their drug therapy treatments and prescribing habits.</p> <p>The MCO continues development and integration of medical diagnoses into the prescription drug claims processing system to minimize or eliminate the need for prescribers to seek prior authorization when a patient has recent established medical diagnosis which qualifies a patient to receive a medication. Areas of new engagement include an array of chronic kidney disease (CKD) use of anticoagulants, antiseizure and anti-neuropathic agent interventions aimed at ensuring appropriate dosage levels for patients with CKD. Other new areas include overactive bladder treatments and primary hyperlipidemia and/or mixed dyslipidemia aimed at encouraging patient drug therapy selections and outcome goals are achieved and customized to the individual patient. As part of those efforts, we have worked with our PBM to begin implementation a PA@POS, which is a point-of-sale (POS) solution that allows instant claims approval for drugs that requires prior authorization (PA) without requiring provider submission of a PA when the member has met the clinical criteria. PA@POS is most used for drugs where the PA criteria requires prior drug trials, specific prescriber specialty, specific member diagnoses, age restrictions, and/or different dosing for initial and maintenance fills. PA@POS can be utilized independently or in combination with other DUR programs, such as POS Prospective DUR edits or quantity limits. PA@POS effectively reduces delay-in-care caused by PA requirement while ensures appropriate medication use criteria are met. It also removes administration burdens posed to prescribers' office needing to spend time completing prior authorizations.</p> <p>We are also developing a "Gaps In Care" Program, which, as its name indicates, focuses on filling the gaps in care by allowing MCO to communicate with their members through pharmacy point-of-sale (POS) system. The program utilizes the fact that members visit their pharmacy more frequently for their prescriptions refill than their primary care providers. By sending a POS message through pharmacy POS system, the message can be relayed to members by their pharmacists in a timelier manner. The message can be personalized and customized to target specific members and/or specific drugs.</p> <p>MCO continues development on non-traditional benefits for our vulnerable populations including Social Determinants of Health (SDOH), food deserts, housing initiatives and community partnerships to provide a holistic approach to caring for our members is well underway with an eye on implementation of some of these new tools in the coming years.</p>
<p>UnitedHealthcare Community Plan, Inc.</p>	<p>Concurrent Drug Utilization Review: Improving Effectiveness of Point of Sale Edits</p> <p>UnitedHealthcare Community Plan utilizes point-of-sale soft rejects to alert pharmacists when members are receiving medications that may have medication safety issues including therapeutic duplication concerns. In order to ensure our members have access</p>

MCO Name	Innovative Practices Summary
	<p>to the medications they need, the pharmacist may override the reject at the point-of-sale by entering appropriate National Council for Prescription Drug Programs (NCPDP) codes. UnitedHealthcare Community Plan continuously monitors the effectiveness of these point-of-sale edits to ensure they continue to be beneficial to our pharmacy partners in prioritizing our members' safety and care. Biannual concurrent drug utilization review effectiveness evaluations are conducted to assess the performance of all UnitedHealthcare Community Plan point-of-sale edits including claims data, override rates, claims to member ratios, and pharmacy and prescriber activity.</p> <p>UnitedHealthcare Community Plan has therapeutic duplication soft edits implemented for proton pump inhibitor + H2 receptor antagonist. As part of the biannual concurrent drug utilization review effectiveness evaluation of therapeutic duplication point-of-sale edits, it was identified that the total claims and override rates for therapeutic duplication of these classes were consistently high quarter over quarter. After reviewing point-of-sale edit data more closely, it was identified that these therapeutic duplications were likely due to members taking a PPI and H2 receptor antagonist concurrently for a short duration of time. UnitedHealthcare Community Plan has an additional point-of-sale therapeutic duplication edit option called the Overlap Service. Overlap can be utilized when a member is taking two or more medications for a specified amount of time within a specified lookback period. By transitioning PPI + H2 receptor antagonist therapeutic duplication edits to the Overlap service, these drugs can now be used concurrently for up to 60 days within the last 90 days before triggering the soft reject requiring an NCPDP code override at the point-of-sale thus decreasing point-of-sale abrasion and burden.</p> <p>The transition of therapeutic duplication of PPI + H2 receptor antagonist edits to the Overlap service occurred 5/16/2022. From 1Q2022 to 3Q2022, the percentage of claims hitting the therapeutic duplication of proton pump inhibitor + H2 receptor antagonist soft edit in UnitedHealthcare Community Plan of Indiana decreased by 42.3%. The overall decrease in total claims rejecting at the point of sale for therapeutic duplication of these drug classes proves that these members are using these drugs concurrently for a short period of time, likely due to switching between agents or for acute reasons, and point of sale burden on the pharmacies has decreased.</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 211 - Executive Summary

MCO Name	Executive Summary
Anthem, Inc.	<p>Anthem Health Plan, 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 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</p>

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	<p>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>Anthem Health Plan 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 90/100-day (or other) fills of medication at home delivery or retail pharmacies, 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 FFY our Academic Detailer program was able to identify various clinical and cost savings initiatives such as GLP-1/DPP-4 concomitant therapy, Cosentyx packaging cost savings, and high-cost medications with a lower cost alternative. 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 2022 we also worked to implement smart PAs. Our teams worked internally to review all of our current PA logic and update all criteria to smart PAs where applicable in order to improve our member and provider experience by reducing PA burden. 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>
Managed Health Services Indiana (MHS)	<p>Managed Health Services (MHS) is committed to providing appropriate , high quality and cost effective medication therapy to all MHS members. MHS works with providers and pharmacists to ensure that medications used to treat a variety of conditions and diseases are covered. MHS covers prescriptions medications and certain over the counter (OTC)</p>

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	<p>medication when ordered by a provider. The pharmacy program does not cover all medications. Some medications require prior authorization (PA) or have limitation on age, dosage and maximum quantities.</p> <p>MHS monitor ongoing prescribing of medication for clinical appropriateness. MHS review prescribing retrospectively to review for both safety and efficacy. MHS contracts with Centene Pharmacy Solutions to review for disease management, Fraud and Abuse, Medication Therapy Management and prescriber profiling. Prescriber or member outreach may occur based on prescribing/dispensing patterns. MHS routinely monitors for drug use review (DUR) opportunities and takes action as needed.</p> <p>MHS's prospective DUR program is administered by CVS utilizing the RxClaims electronic claims system. Our Point of Sale (POS) Safety Review utilizes a series of alerts designed to check the plan member's prescription history for possible drug conflicts and safety issues. When a claim is adjudicated, the CVS Caremark systems evaluate the complete patient drug history and send real time alert to the dispensing pharmacist every time a safety issue is triggered. The retro DUR program monitors refill too soon, insufficient directions for use, quantity/days supply correction and more via concurrent daily reviews and field audits.</p> <p>MHS pharmacy staff is becoming more involved in Medicaid member adherence measures promoting the health and welfare of our members. MHS' purpose is transforming the health of the community, one person at a time. Our mission is to ensure better health outcomes at a lower cost.</p>
MDwise, Inc.	<p>Dwise began contracting with FSSA / OMPP for pharmacy benefits in 2015. The Indiana Medicaid DUR Board met monthly ten (10) times in FFY2022, with two cancellations related to an inability to reach a quorum. MDwise provides services for Healthy Indiana Plan (HIP) and Hoosier Healthwise (HHW). A sub-set of beneficiaries in these groups have complex needs and multiple chronic physical and behavioral health conditions. The pharmacy benefit offered by MDwise is tailored to meet the needs of these population. The expertise of the MDwise pharmacy team is wide ranging and includes clinical pharmacists, data analysts, policy analysts, pharmacoeconomic experts and project managers. The combined team is always focused on the needs of our Medicaid population.</p> <p>The MDwise Pharmacy Team meets on a monthly and/or quarterly schedule with internal Quality Improvement Committee (QIC), Compliance Committee, Special Investigative Unit (SIU), Pharmacy & Therapeutics (P&T) Committee, and Medical Advisory Council (MAC) to review retrospective activity, report any findings and further enhance the pharmacy benefit and collaboration with our entire team ensuring the complex needs of the vulnerable population we serve is receiving the best in quality of care and covered benefits.</p> <p>In cooperation with our contracted Pharmacy Benefit Manager (MedImpact, San Diego, CA), MDwise provides a wide array of pharmacy benefits services.</p> <p>The purpose of the MDwise DUR Program includes but is not limited to monitoring for therapeutic appropriateness, overutilization and underutilization, appropriate use of generic products, therapeutic duplication, drug-disease contraindications, drug-drug</p>

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	<p>interactions, incorrect drug dosage or duration of drug treatment, and clinical abuse/misuse and, as necessary, introduce remedial strategies, in order to improve the quality of care and to conserve program funds or personal expenditures. MDwise achieves these goals by utilizing prospective drug utilization review (ProDUR) at the point of sale and retrospective drug utilization review (RetroDUR).</p> <p>The Medicaid DUR Program has an associated educational program where data from the plan's drug use is reviewed by a team of pharmacists and physicians on common drug therapy problems. The program provides for active and ongoing outreach to provide education with the aim of improving prescribing or dispensing practices. This includes ongoing interventions for physicians and pharmacists, targeted toward drug therapy problems or individual members identified in the course of retrospective drug use reviews. Examples of MDwise interventions for FFY2022 include identifying beneficiaries with concerns related to non-traditional but population based concerns beyond medical, and including psychosocial, housing, food and other barriers impacting our membership.</p> <p>We are developing and deploying new ways to identify and target vulnerable members through the use of real-time pharmacy data evaluations. Targeting patient care follow up in newly started members on: Antidepressants, Antianxiety, Benzodiazepines and Substance Use Disorder medications. The goal of the early interventions is to work to improve the quality of care provided to our members.</p> <p>In FFY 2022 the MCO objectives included continued focus on addressing opioid overutilization, monitoring opioids used concurrently with benzodiazepines and antipsychotics, monitoring and managing our OUD and MAT members as well as monitoring children with antipsychotics and improve access to COVID-19 services and vaccinations at participating pharmacies. Through the use of safety edits, automated retrospective reviews, and provider education on important topics we continue to work to achieve successful member outcomes.</p> <p>MCO objectives for FFY 2023 will continue to focus on controlling overutilization of opioids and opioids used concurrent with other controlled drugs and antipsychotics. MCO will continue to support vaccine initiatives, promote SDOH analysis and interventions and refine and improve ways to engage our membership strategically.</p>
<p>UnitedHealthcare Community Plan, Inc.</p>	<p>The purpose of the UnitedHealthcare Community Plan's DUR Board is to provide clinical support for the development, maintenance, and clinical oversight of drug utilization review programs administered by UnitedHealthcare Community Plan or its affiliates. The purpose of the clinical support provided is to ensure that the clinical pharmacy programs improve quality of patient care by promoting patient safety and reducing the frequency of patterns of fraud, abuse, gross overuse, or inappropriate or medically unnecessary care among physicians, pharmacists, and health plan members. The UnitedHealthcare Community Plan's DUR Board also develops initiatives that support the medical management strategies for customers in pharmacy benefit plans issued or administered by UnitedHealthcare Community Plan or its affiliates. The UnitedHealthcare Community Plan DUR program and policy reviews are designed to assure that the clinical programs and related materials are consistent with published clinical evidence and UnitedHealthcare Community Plan medical management policies and initiatives. The DUR program consists of four major components: retrospective DUR, prospective DUR,</p>

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	<p>pharmacy lock-in programs, and formulary and utilization management strategies overseen by the P&T Committee.</p> <p>UnitedHealthcare Community Plan's retrospective DUR is carried out by OptumRx who reviews pharmacy claims data for our focused drug classification interventions or targeted DURs. As we identify potentially adverse patterns, we work with OptumRx to implement existing or new interventions that may yield improved outcomes and cost savings. On an ongoing basis, OptumRx performs targeted retrospective DURs based on claims data spanning time frames of one day to six months. DUR-identified physicians are sent a fax/letter describing the medication related problem or gaps in care and profiles of affected members. During the FFY 21-22 OptumRx ran 14 retrospective DUR programs in Indiana including: drug interaction alerts, polypharmacy drug disease interactions, age prescription monitoring, average daily dose/dose per day monitoring, polypharmacy therapeutic duplication, days supply monitoring, concurrent use, high-risk/narcotic medication drug utilization review, gaps in care cardiovascular, gaps in care diabetes, gaps in care asthma, gaps in care COPD, gaps in care HIV, and gaps in care sickle cell disease. UnitedHealthcare Community Plan also maintains a state mandated monthly provider letter for Indiana members that are utilizing 90 MME or greater and have not filled naloxone in last 12 months as a part of our contractual requirements. Overall, the RDUR interventions that went out during FFY 21-22 resolved 16.9% of identified medication related problems or gaps in care.</p> <p>UnitedHealthcare Community Plan's prospective DUR is also carried out by OptumRx who utilizes their electronic claims system in conjunction with the Medispan database of identified drug therapy problems to define prospective/concurrent DUR edits. Any prescription that triggers one of our prospective DUR edits will be flagged. Based on the specific messaging or criteria programmed in the system, the real-time message sent to the dispensing pharmacist may indicate a hard reject of the prescription requiring prior authorization, a soft reject of the prescription requiring the pharmacist to enter appropriate NCPDP codes, or it may be a warning along with a paid claim that will prompt interaction and discussion with the member to determine the appropriateness of the medication being requested. The determination of which edits are flagged as hard, soft, or a message only warning are managed and maintained through the UnitedHealthcare DUR Board committee. During FFY 21-22 the following additional new point of sale CDUR soft edits were implemented: therapeutic duplication edits on bladder antispasmodics, barbiturates, and alpha-1 blockers; drug-drug interaction on opioid+ gabapentinoids, warfarin+ interacting anti-infectives, clonidine+ beta-blockers, and anti-rejection immunosuppressants+ interacting medications; and cumulative high dose edits on metformin. Additionally, UnitedHealthcare implemented the following state-mandated edits: therapeutic duplication hard edits for stimulants, antipsychotics, antidepressants (SSIR/SNRI), and sedative hypnotics and drug interaction hard edits for opioid+Lybalvi. Therapeutic duplication, drug-drug interaction, and cumulative high dose CDUR soft edits were evaluated during FFY 21-22, results showed that 51%, 37%, and 76% of the respective identified issues were resolved and were not overridden by the point-of-sale pharmacist. All the prospective utilization management tools adhere to contractual requirements.</p> <p>UnitedHealthcare Community Plan's pharmacy lock-in program continued during FFY 21-22. The High Prescription Utilization Program identifies and manages members that meet</p>

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	<p>criteria indicative of potential misuse or abuse of prescription medications in specific therapeutic categories with the potential for high abuse, (e.g. narcotic analgesics, narcotic containing cough and cold preparations, sedative hypnotics, central nervous system stimulants, muscle relaxants, controlled substances, etc.) in order to minimize the occurrence of drug abuse and diversion of these medications. UnitedHealthcare Community Plan's pharmacy lock-in averaged a quarter over quarter program enrollment of 8 members. The program adheres to all criteria and program components that are contractually required.</p> <p>The UnitedHealthcare Prior Notification Service (PNS) is charged with utilization review of specific medications to ensure that the use of these medications is consistent with clinical guidelines. In their review, the PNS follows criteria established by UHC's P&T Committee that are consistent with FDA indications, medical literature, and current medical practice. Medications targeted for utilization review include specialty products, second-line pharmaceuticals and branded therapeutic alternatives. The prior authorization process steers prescribers to high-quality cost-effective therapies, while still allowing the prescribing of non-preferred alternatives on a case-by-case basis as a member's care warrants. The prior authorization program adheres to all criteria and program components that are contractually required.</p> <p>The goals for the DUR Board and DUR Program in FFY 22-23 include the following:</p> <ol style="list-style-type: none"> 1. The continued evaluation and enhancement of the custom CDUR soft edit program by adding new edits and developing detailed reporting for all current implementations. 2. The development and expansion of the custom CDUR program by adding additional functionality to limit the number of times therapeutic duplication soft edit rejects may be overridden at the point of sale before requiring prior authorization approval from the prescriber. 3. The continued evaluation of RDUR program intervention and rule sets focusing on effectiveness, clinical importance, and provider intervention fatigue. 4. To work with our PBM partner to implement electronic medical record direct messaging for RDUR and other clinical programs.