



National
Medicaid Fee-For-Service (FFS)
FFY 2023 Drug Utilization Review (DUR)
Annual Report

Executive Summary
National Medicaid Drug Utilization Review (DUR)
Fee-For-Service (FFS)
Federal Fiscal Year (FFY) 2023 Annual Report
(FFY 2023 Data: October 2022-September 2023)

Consistent with Section 1927(g)(3)(D) of the Social Security Act (the Act), the Centers for Medicare and Medicaid Services (CMS) requires each State Medicaid Program to submit to CMS an annual survey on the operation of its Medicaid Drug Utilization Review (DUR) fee-for-service (FFS) program. States are required to report on the nature and scope of the prospective and retrospective DUR programs, including a summary of the interventions used in retrospective DUR, an assessment of the education programs deployed, a description of DUR Board activities, as well as an overall assessment of the DUR program's impact on quality of care, and cost savings generated from their DUR programs.¹

A high-level comparison of states' DUR FFS survey responses can be found in the report summary. Detailed individual state responses, including this national summary, can also be found on [Medicaid.gov](https://www.medicicaid.gov).

I. Enrollee Information

Fifty states and the District of Columbia (hereafter 51 states) have submitted a Federal Fiscal Year (FFY) 2023 Medicaid DUR Annual Survey encompassing data from October 1, 2022 -September 30, 2023.² The information in this report is focused on national Medicaid FFS DUR activities.

- FFY 2023 reported responses include 40,620,816 beneficiaries (36%) enrolled nationally in FFS Medicaid programs and 73,510,670 beneficiaries (64%) enrolled nationally in Medicaid Managed Care plans (MCP). This represents a 6% increase from FFY 2022 in national beneficiary enrollment in FFS Medicaid programs and a corresponding decrease in the national enrollment in Medicaid MCP.

II. Prospective DUR (ProDUR)

Prospective DUR (ProDUR) is one component of the DUR process that is performed prior to dispensing of the prescription to the patient. It requires the electronic monitoring of prescription drug claims to identify problems such as therapeutic duplication, drug-disease contraindications, incorrect dosage or duration of treatment, and clinical misuse or abuse. ProDUR functions are performed at the point-of-sale (POS) when the prescription is being processed at the pharmacy.

FFY 2023 reported responses confirm all states set early prescription refill thresholds as a way of preventing prescriptions from being over-utilized:

- Non-controlled Substances: State-reported thresholds range from 75% to 93% of a prescription being used, with a national average of 80% of the prescription being used before a subsequent prescription could be refilled, consistent with FFY 2022.

¹ All data presented within these reports originate from state responses to the FFY 2023 DUR FFS Survey.

² The Annual DUR survey was not submitted by Puerto Rico (PR) because PR is 100% managed care. The FFY 2023 DUR MCP survey provides responses from PR.

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- Controlled Substances (CII)³: State-reported thresholds range from 75% to 100% of a prescription being used, with a national average of 87% of the prescription being used before a subsequent prescription could be dispensed, consistent with FFY 2022.
- Controlled Substances (CIII to CV)^{4,5,6}: State-reported thresholds range from 75% to 95% of a prescription being used, with a national average of 85% of the prescription being used before a subsequent prescription could be refilled, consistent with FFY 2022.

Additionally, 30 states (59%) utilize a system-accumulation edit as part of their ProDUR edits for preventing early prescription refills, consistent with FFY 2022. Of the 21 states not having an accumulation edit, 8 states (38%) plan to implement this edit in the future.

III. **Retrospective DUR (RetroDUR)**

Retrospective DUR (RetroDUR) involves an ongoing periodic examination of claims data, when applicable, after a prescription has been dispensed to identify patterns of fraud, gross overuse, medically unnecessary care, and implementation of corrective action(s). The RetroDUR process allows states to use evidence-based literature, clinical data, and existing guidelines to evaluate patients' prescription data to identify patterns of clinical concerns. These functions reside primarily with a state vendor in 36 states (71%), a 1% increase from FFY 2022 and with an academic institution in 9 states (18%), a decrease of 2% from FFY 2022 responses. The remainder of the states utilize a combination of resources. Additionally, all states customize their RetroDUR vendor criteria based on state specific requirements.

IV. **DUR Board Activity**

Each state establishes a DUR board responsible for application, review, evaluation, and re-evaluation of DUR standards, reviews, and interventions on an ongoing basis. DUR boards are comprised of physicians, pharmacists, and members of the public. All states provided a summary of their DUR Board activities. Based on FFY 2023 reported responses, 16 states (31%) reported utilization of a Medication Therapy Management (MTM) program, a professional service provided by pharmacists, a 3% increase from FFY 2022.

V. **Physician-Administered Drugs**

Physician-administered drugs (PAD) are covered outpatient drugs under section 1927(k)(2) of the Social Security Act and are administered by a medical professional in a physician's office or other outpatient clinical setting. According to FFY 2023 reported responses, 20 states (39%) have incorporated PAD into DUR criteria for ProDUR reviews, a 1% increase from FFY 2022, and 8 states (26%) plan to incorporate these drugs in the future. Additionally, 23 states (45%) have incorporated PAD into their DUR criteria for RetroDUR reviews, a 1% increase from FFY 2022, while 7 states (25%) plan to incorporate these drugs in their RetroDUR reviews in the future.

³ Schedule II drugs, substances, or chemicals are defined as drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence. Additional drugs may be also considered Schedule II as defined by state-specific law.

⁴ Schedule III drugs, substances, or chemicals are defined as drugs with a moderate to low potential for physical and psychological dependence. Additional drugs may be also considered Schedule III as defined by state-specific law.

⁵ Schedule IV drugs, substances, or chemicals are defined as drugs with a low potential for abuse and low risk of dependence. Additional drugs may be also considered Schedule IV as defined by state-specific law.

⁶ Schedule V drugs, substances, or chemicals are defined as drugs with lower potential for abuse than Schedule IV and consist of preparations containing limited quantities of certain narcotics. Additional drugs may be also considered Schedule V as defined by state-specific law.

VI. Generic Policy and Utilization Data

In an ongoing effort to reduce spending on prescription drugs, states continue to encourage the use of lower-cost generic drugs. The FFY 2023 average generic expenditure percentage was 18% and the percent average for generic utilization rate was 86%, consistent with FFY 2022.

VII. Program Evaluation / Cost Savings / Cost Avoidance

All states reported their ProDUR, RetroDUR and other program cost savings/cost avoidance in addition to their estimated percent impact. State cost savings/cost avoidance methodology can be found in this report. Other state responses for FFY 2023 can be accessed under *State FFS Individual Reports* on [Medicaid.gov](https://www.medicaid.gov).

Additionally, CMS inquired with the states to determine if their Medicaid program provides coverage of over-the-counter (OTC) medications when prescribed by an authorized prescriber. FFY 2023 responses show 49 states (96%) provide coverage of OTC medications when prescribed by an authorized prescriber. Two states (4%) described covering some OTC medication.

VIII. Fraud, Waste and Abuse (FWA) Detection

A. Lock-in or Patient Review and Restriction Programs

Lock-in or Patient Review and Restriction Programs are often used to restrict beneficiaries to specific practitioners or pharmacies, when their utilization of medical services is documented as being potentially unsafe, excessive, or who could benefit from increased coordination of care. In some instances, beneficiaries are restricted to specific provider(s) to monitor services being utilized and reduce unnecessary or inappropriate utilization. According to FFY 2023 state responses, all states reported having processes in place to identify potential fraud or abuse of controlled substances by beneficiaries. Additionally, 47 states (92%) have a Lock-in program for beneficiaries, consistent with FFY 2022. Of these 47 states, a total of 29 states (63%) reported the ability to restrict a beneficiary to a specific prescriber, consistent with FFY 2022, and 41 states (87%) reported restricting beneficiaries to a specific pharmacy, also consistent with FFY 2022.

While the title of this subsection refers to Lock-in and Patient Review and Restriction Programs, the survey includes questions related to the processes used by programs to identify potential fraud, waste and abuse. The FFY 2023 reported responses also identify states with a process to detect possible fraudulent practices of health care providers. For example, all states have processes in place to identify potential fraudulent practices by prescribers, consistent with FFY 2022, and all states have processes in place to identify potential fraudulent practices by pharmacies, a 2% increase from FFY 2022. These reviews initiate actions such as denying claims written by that prescriber, denying claims submitted by that pharmacy, alerting the state integrity or compliance unit, and/or making referrals to the appropriate licensing board.

B. Prescription Drug Monitoring Program (PDMP)

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

- 29 states have the ability to query the state's PDMP database:
 - Of these 29 states, 18 states have direct access to the state PDMP database, 5 states receive PDMP data, and 6 states have the ability to do both. The other 22 states

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have various reasons why they are not able to get state PDMP data including state law limitations; however, some of these states can request data on an ad hoc basis as needed.

- 18 states have access to contiguous state PDMP information.
- 39 states respond that there are barriers that hinder the Medicaid agency from fully accessing the PDMP and prevent the program from being utilized the way it was intended to curb FWA, including, but not limited to:
 - Limited or restricted access to the PDMP.
 - Inability to access PDMP data from contiguous states.
 - State legislation.
 - Lack of a unique patient identifiers that limit certainty of the matching of PDMP data with claims data for members.
 - MCPs not having PDMP access.
 - Potential lag time in capturing data.
 - Prescribers not having PDMP integrated into their electronic medical record.

Included in this year's report is state data that addresses Section 5042 of the Substance Use–Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT for Patients and Communities Act). State responses indicate:

- Data utilized to collect PDMP information varies from state to state. Reported data utilized by the states include, but are not limited to:
 - PDMP Vender Report.
 - Medicaid Management Information System (MMIS) Claims.
 - Raw PDMP data.
 - Data warehouse claims.
 - Pharmacy Benefit Manager (PBM) claims data.
- 24 (47%) states require pharmacists to check the PDMP prior to dispensing controlled substances to covered individuals and 27 (53%) states do not require pharmacists to check the PDMP prior to dispensing;
- The national average for the 12-month reporting period for the percentage of covered providers who checked prescription drug history was 69%;
- The national average for the 12-month reporting period for daily morphine milligram equivalent (MME) prescribed per covered individual was 12 MME;
- The national average for the 12-month reporting period for the daily MME prescribed per covered individual receiving opioids was 63 MME; and
- Additionally, included in this report, for the 12-month reporting period are national averages for:
 - The top three opioid controlled substances in each population subgroup, by age.
 - The top three sedative/benzodiazepine controlled substances in each population subgroup, by age.
 - The top three stimulant/Attention Deficit Hyperactivity Disorder (ADHD) controlled substances in each population subgroup, by age.
 - Beneficiaries in each population subgroup receiving two or more controlled substances in different drug categories.
- All states report no data or privacy breaches of the PDMP or PDMP data.

C. Opioids

According to FFY 2023 responses, all states have POS safety edits in place to limit the days' supply dispensed of an initial opioid prescription for opioid naïve patients. Forty-one states (80%) apply this POS edit to all opioid prescriptions, and 10 states (20%) apply this edit to some opioid prescriptions. The median days' supply for an initial opioid prescription for an opioid naïve patient, based on FFY 2023 reported responses, is 7 days, with an average of 9 days, and the national range is between 3 and 34 days, consistent with FFY 2022. These limitations and restrictions include both short-acting and long-acting opioid formulations, depending on state-specific criteria. Clinical criteria, such as step therapy, may assist in avoiding the prescribing of more high potency addictive therapies. Other approaches to controlling and managing the amount of opioids dispensed include, but are not limited to, prescriber intervention letters and MME daily dose programs. Requirements for obtaining high dose or large quantities of opioids may include documentation of urine drug screening results, pain management contracts or patient-provider agreements. Additionally, pursuant to FFY 2023 responses:

- a. 49 states (96%) have prospective edits in place to monitor duplicate therapy of opioid prescriptions, consistent with FFY 2022.
- b. 50 states (98%) have prospective edits in place to monitor early refills of opioid prescriptions.
- c. All states have an automated retrospective claims review process to monitor opioid prescriptions exceeding state limitations, a 4% increase from FFY 2022.
- d. All states have prospective edits and/or a retrospective claims review process to monitor opioids and benzodiazepines being used concurrently, consistent with FFY 2022.
- e. 45 states (88%) have prospective edits and/or a retrospective claims review process to monitor opioids and sedatives being used concurrently, consistent with FFY 2022.
- f. 50 states (98%) have prospective edits and/or a retrospective claims review process to monitor opioids and antipsychotics being used concurrently, a 2% decrease from FFY 2022.
- g. 41 states (81%) have prospective edits and/or a retrospective claims review process to monitor beneficiaries with a diagnosis or history of opioid use disorder or opioid poisoning, a 1% increase from FFY 2022.
- h. 43 states (84%) develop and/or provide prescribers with pain management or opioid prescribing guidelines, consistent with FFY 2022.
- i. 39 states (76%) utilize abuse deterrent opioids to prevent misuse and abuse, a 2% increase from FFY 2022.

D. Morphine Milligram Equivalent (MME) Daily Dose

FFY 2023 responses confirm all states set recommended maximum MME daily doses to reduce potential patient harm, abuse, and/or diversion, consistent with FFY 2022. The median MME daily dose for FFY 2023 reported responses is 90 milligram (mg)/day which includes a national range of 30 to 500 mg/day, each state having their specific methodology used for MME calculation, consistent with FFY 2022.

Additionally, FFY 2023 reported responses confirm:

- 49 states (98%) have an edit in their POS system that alerts the pharmacy provider that the MME daily dose prescribed has been exceeded, consistent with FFY 2022.
- 46 states (90%) have an automated retrospective claims review process to monitor the total daily dose of MMEs for opioid prescriptions dispensed, a 4% increase from FFY 2022.
- 38 states (75%) provide information to their prescribers on how to calculate an MME or

provide a calculator to determine a patient specific MME daily dose, with a 3% increase from FFY 2022.

E. Opioid Use Disorder (OUD) Treatment

Naltrexone, methadone, buprenorphine, and buprenorphine/naloxone combination drugs, in conjunction with behavioral health counseling, are used to treat OUD. Based on FFY 2023 reported responses, 48 states (94%) have utilization controls to monitor or manage prescribing of medication-assisted treatment drugs for OUD, consistent with FFY 2022.

Further, FFY 2023 reported responses confirmed 44 states (86%) set total milligrams per day limits on the use of buprenorphine and buprenorphine/naloxone combination drugs, consistent with FFY 2022. Additionally, 4 states (8%) also set limitations on allowable length of treatment for a beneficiary receiving buprenorphine and buprenorphine/naloxone combination drugs while 46 states (92%) have no limits assessed, consistent with FFY 2022. FFY 2023 reported responses also confirm 48 states (94%) provide at least one buprenorphine and buprenorphine/naloxone combination drug without a prior authorization requirement, a 2% increase from FFY 2022. Additionally, 40 states (78%) have system edits in place to monitor opioids being used concurrently with any buprenorphine drug or any form of medication-assisted treatment (MAT), a 4% decrease from FFY 2022; however, the other 11 states do monitor retrospectively.

Naloxone is a medication designed to rapidly reverse opioid overdose. It is an opioid antagonist and can reverse and block the effects of opioids. Currently, naloxone is available without prior authorization in all states and all states allow pharmacists to dispense naloxone prescribed independently or by collaborative practice agreements, standing orders, or other predetermined protocols. Additionally, 39 states (76%) retrospectively monitor and manage appropriate use of naloxone to persons at risk of overdose, consistent with FFY 2022. Also, based on FFY 2023 reported responses, 50 states (98%) have at least 1 formulation of naltrexone for OUD available without a prior authorization, consistent with FFY 2022.

F. Outpatient Treatment Programs (OTP)

Methadone is a drug that is indicated for both chronic pain and/or as part of an Opioid Treatment Program (OTP) (formerly referred to as a methadone treatment center). The FDA has approved methadone as one of three drugs for treatment of OUD within an OTP. Based on FFY 2023 reported responses, 49 states (96%) provide coverage for methadone for OUD through an OTP, consistent with FFY 2022.

G. Psychotropic Medication for Children

Antipsychotic Medication

According to FFY 2023 reported responses, all states have a program in place for managing or monitoring appropriate use of antipsychotic drugs in children. Additionally, all states monitor the use of these medications in children in foster care.

Stimulant Medication

According to FFY 2023 reported responses, 47 states (92%) have a program in place for managing or monitoring appropriate use of stimulant drugs in all children, including those in foster care, consistent with FFY 2022. The 4 states without a stimulant medication monitoring program reported they have plans for future implementation.

Antidepressant Medication

According to FFY 2023 reported responses, 43 states (84%) have a program in place for managing or monitoring appropriate use of antidepressant medication in children, including those in foster care, a 2% increase from FFY 2022. Eight states reported they plan a future implementation of an antidepressant medication monitoring program.

Mood Stabilizer Medication

According to FFY 2023 reported responses, 37 states (73%) have a program in place for managing or monitoring appropriate use of mood stabilizing medication in children, including those in foster care, a 5% increase from FFY 2022. Eight states reported they plan a future implementation of a mood stabilizer medication monitoring program.

Antianxiety/Sedative Medication

According to FFY 2023 reported responses, 42 states (82%) have a program in place for managing or monitoring appropriate use of antianxiety/sedative medication in children, including those in foster care, a 2% increase from FFY 2022. Six states reported they plan a future implementation of an anxiety/sedative medication monitoring program.

IX. Innovative Practices

Sharing of new ideas and best practices is an invaluable resource to all states. FFY 2023 reported responses include 45 state submissions for DUR innovative practices that can be accessed at the end of this report.

FFY 2023 reported responses also confirm 3 states (6%) currently participate in a demonstration or have a waiver to allow for drug importation of certain drugs from Canada or other countries that are versions of FDA-approved drugs for dispensing to Medicaid beneficiaries during drug shortages.

X. Managed Care Plans (MCPs)

All MCPs have submitted the FFY 2023 DUR annual survey. Based on FFY 2023 reported responses, 41 states have active MCPs encompassing 260 managed care programs. Furthermore, 9 of these states (CA, LA (partial), MO, ND, NY⁷, OH (partial), TN, WI, and WV) carve-out their drug benefit and submitted an abbreviated managed care survey for each of their programs. National, State and Abbreviated Managed Care Reports can be accessed on [Medicaid.gov](https://www.medicaid.gov).

XI. State Executive Summaries

All states have submitted Executive Summaries and can be accessed at the end of this report.

⁷ NY submitted both full and abbreviated FFY DUR surveys as pharmacy was carved out of their managed care program 6 months into the fiscal year.

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PLEASE NOTE: State FFS report attachments, detailed summaries, “other” explanations and narratives pertaining to responses throughout the report can be found on [Medicaid.gov](https://www.Medicaid.gov).

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Section I - Enrollee Information

1. On a monthly average, how many of your state's Medicaid beneficiaries are enrolled in your state's Medicaid Fee-For-Service (FFS) program that have a pharmacy benefit?

Figure 1 - Number of Beneficiaries Enrolled in FFS with Pharmacy Benefit

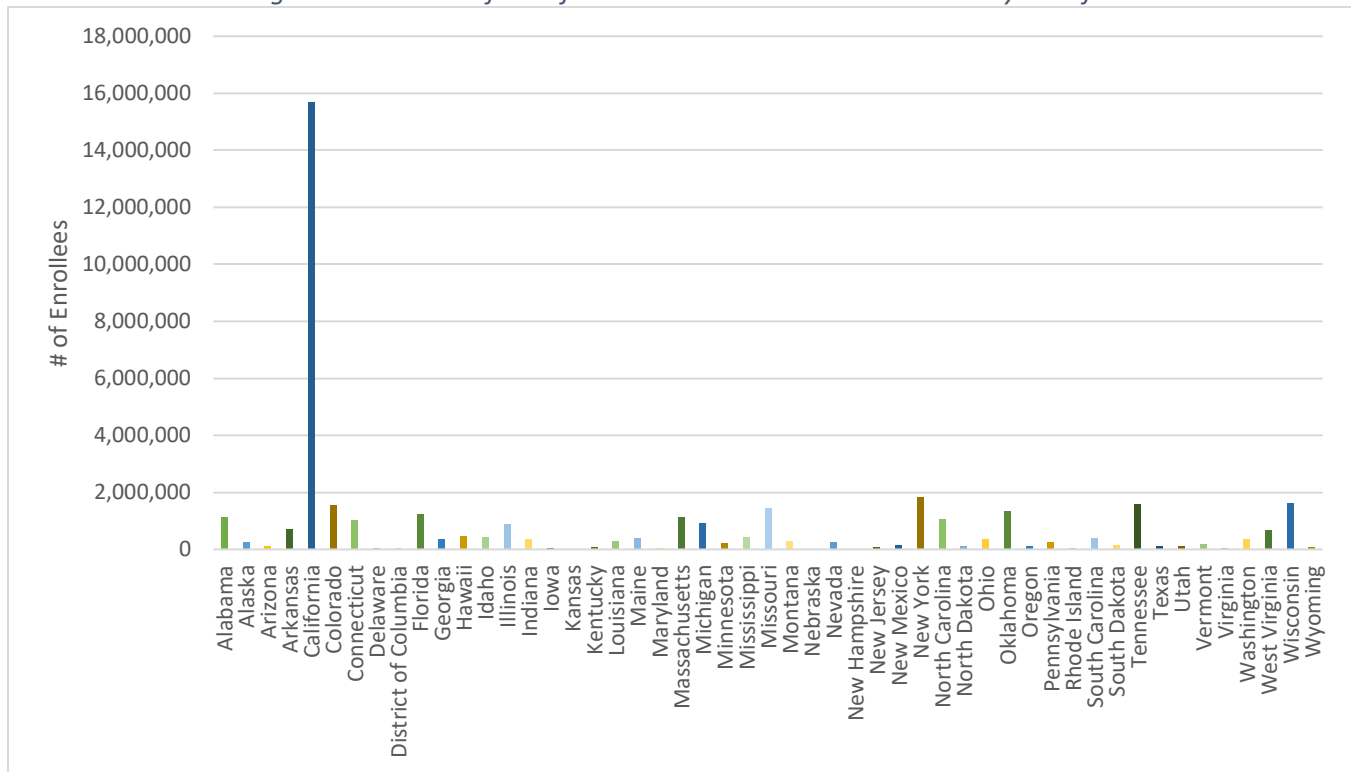


Table 1 - Number of Beneficiaries Enrolled in FFS with Pharmacy Benefit

State	Number of Beneficiaries Enrolled in FFS with Pharmacy Benefit
Alabama	1,131,631
Alaska	271,490
Arizona	128,634
Arkansas	704,487
California	15,706,571
Colorado	1,541,717
Connecticut	1,029,263
Delaware	47,159
District of Columbia	40,000
Florida	1,243,163
Georgia	369,792
Hawaii	460,000
Idaho	421,426
Illinois	874,219
Indiana	357,552

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State	Number of Beneficiaries Enrolled in FFS with Pharmacy Benefit
Iowa	45,467
Kansas	1,145
Kentucky	70,981
Louisiana	300,163
Maine	405,496
Maryland	48,107
Massachusetts	1,125,867
Michigan	929,525
Minnesota	211,927
Mississippi	448,344
Missouri	1,447,323
Montana	288,423
Nebraska	2,298
Nevada	250,253
New Hampshire	2,996
New Jersey	68,024
New Mexico	145,251
New York	1,838,475
North Carolina	1,071,634
North Dakota	128,923
Ohio	350,450
Oklahoma	1,331,729
Oregon	123,284
Pennsylvania	260,900
Rhode Island	57,755
South Carolina	400,000
South Dakota	145,000
Tennessee	1,579,199
Texas	121,257
Utah	106,724
Vermont	188,000
Virginia	56,336
Washington	352,631
West Virginia	679,581
Wisconsin	1,625,304
Wyoming	84,940
Total	40,620,816

2. On a monthly average, how many of your state's Medicaid beneficiaries are enrolled in managed care plan(s)?

Figure 2 - Medicaid Beneficiaries Enrolled in MCPs by State

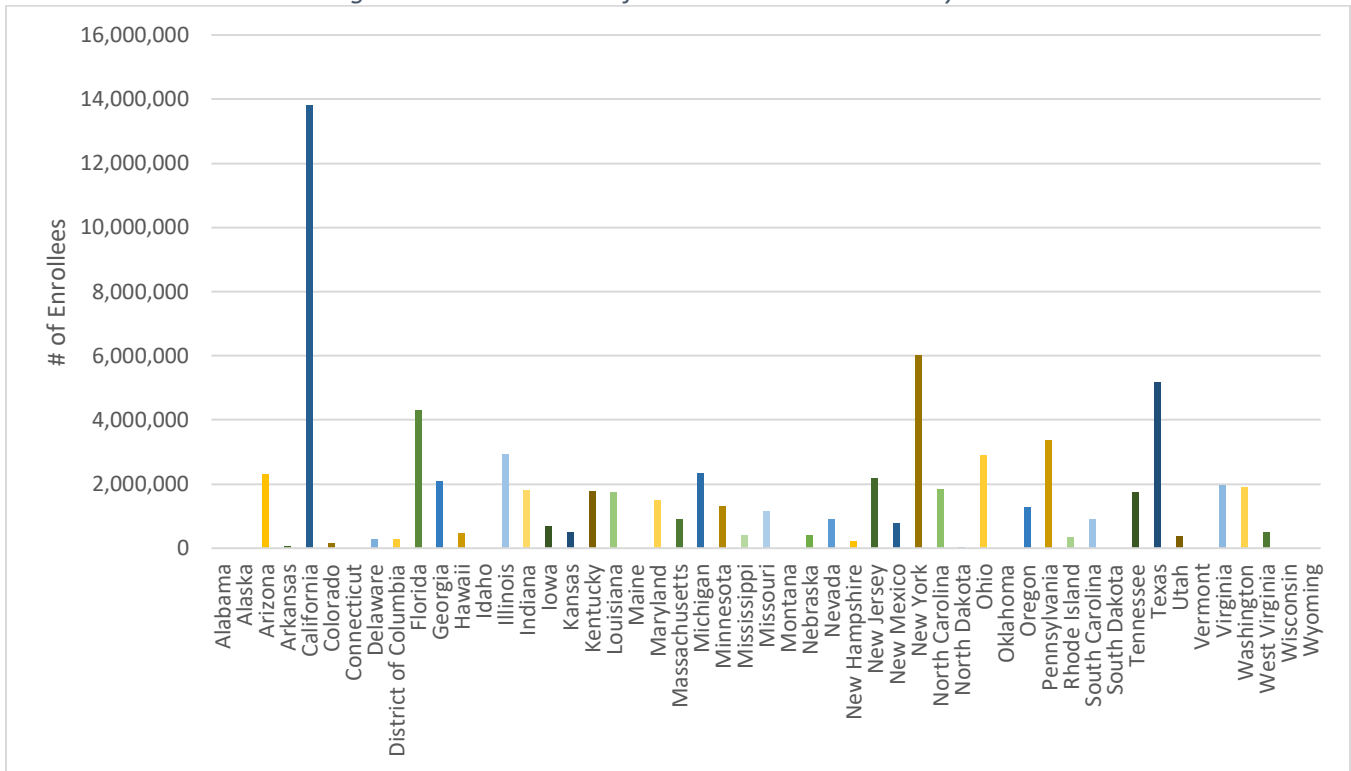


Table 2 - Medicaid Beneficiaries Enrolled in MCPs by State

State	Number of Beneficiaries Enrolled in MCP Plans
Alabama	0
Alaska	0
Arizona	2,306,212
Arkansas	55,258
California	13,800,193
Colorado	162,213
Connecticut	0
Delaware	284,172
District of Columbia	267,000
Florida	4,292,611
Georgia	2,078,792
Hawaii	459,900
Idaho	0
Illinois	2,933,532
Indiana	1,813,597
Iowa	668,550
Kansas	493,079

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State	Number of Beneficiaries Enrolled in MCP Plans
Kentucky	1,777,597
Louisiana	1,733,189
Maine	0
Maryland	1,502,682
Massachusetts	915,766
Michigan	2,334,852
Minnesota	1,317,378
Mississippi	391,517
Missouri	1,152,710
Montana	0
Nebraska	398,316
Nevada	890,792
New Hampshire	221,038
New Jersey	2,190,545
New Mexico	787,516
New York	6,001,503
North Carolina	1,844,599
North Dakota	35,633
Ohio	2,884,711
Oklahoma	0
Oregon	1,272,117
Pennsylvania	3,371,847
Rhode Island	325,946
South Carolina	900,000
South Dakota	0
Tennessee	1,755,791
Texas	5,170,539
Utah	378,707
Vermont	0
Virginia	1,950,626
Washington	1,903,316
West Virginia	486,328
Wisconsin	0
Wyoming	0
Total	73,510,670

Section II - Prospective DUR (ProDUR)

1. Indicate the type of your pharmacy point of service (POS) Vendor.

Figure 3 - Pharmacy POS Type of Vendor

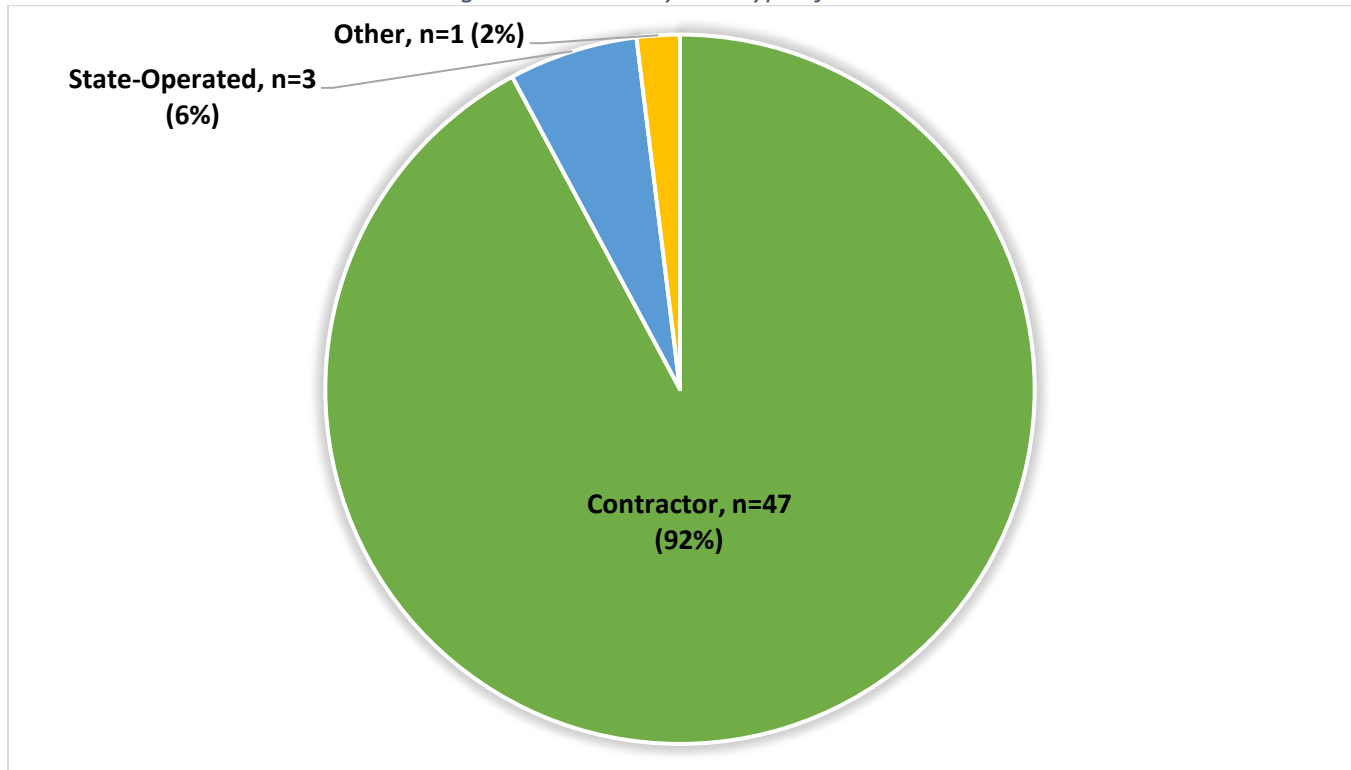


Table 3 - Pharmacy POS Type of Vendor

Response	States	Count	Percentage
Contractor	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia, Wisconsin, Wyoming	47	92.16%
State-Operated	Minnesota, North Dakota, Washington	3	5.88%
Other	Illinois	1	1.96%
Total		51	100.00%

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a. Vendor Name

Table 4 - POS Vendor Name

Response	States	Count	Percentage
Gainwell Technologies	Alabama, Connecticut, Delaware, Kansas, Louisiana, Mississippi, New Jersey, Oklahoma, Oregon, Pennsylvania, Rhode Island, West Virginia, Wisconsin	13	27.08%
Optum Rx Administrative Services, LLC.	Arizona, Georgia, Indiana, South Dakota, Tennessee	5	10.41%
Prime Therapeutics/ Magellan Rx Management	Alaska, Arkansas, California, Colorado, District of Columbia, Florida, Idaho, Kentucky, Michigan, Nebraska, Nevada, New Hampshire, South Carolina, Virginia	14	29.16%
Conduent	Hawaii, Maryland, Massachusetts, Montana, New Mexico, Texas	6	12.50%
Change Healthcare	Illinois, Iowa, Maine, Utah, Vermont, Wyoming	6	12.50%
Conduent and Wipro	Missouri	1	2.08%
General Dynamics Information Technology (GDIT)	New York, North Carolina	2	4.16%
Change Healthcare (10/1/2022-6/30/2023) Gainwell Technologies (7/1/2023-Current)	Ohio	1	2.08%
Total		48	100.00%

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b. Who processes the state's National Council for Prescription Drug Programs (NCPDP) transactions?

Figure 4 - Who Processes the State's National Council for Prescription Drug Programs (NCPDP) transactions

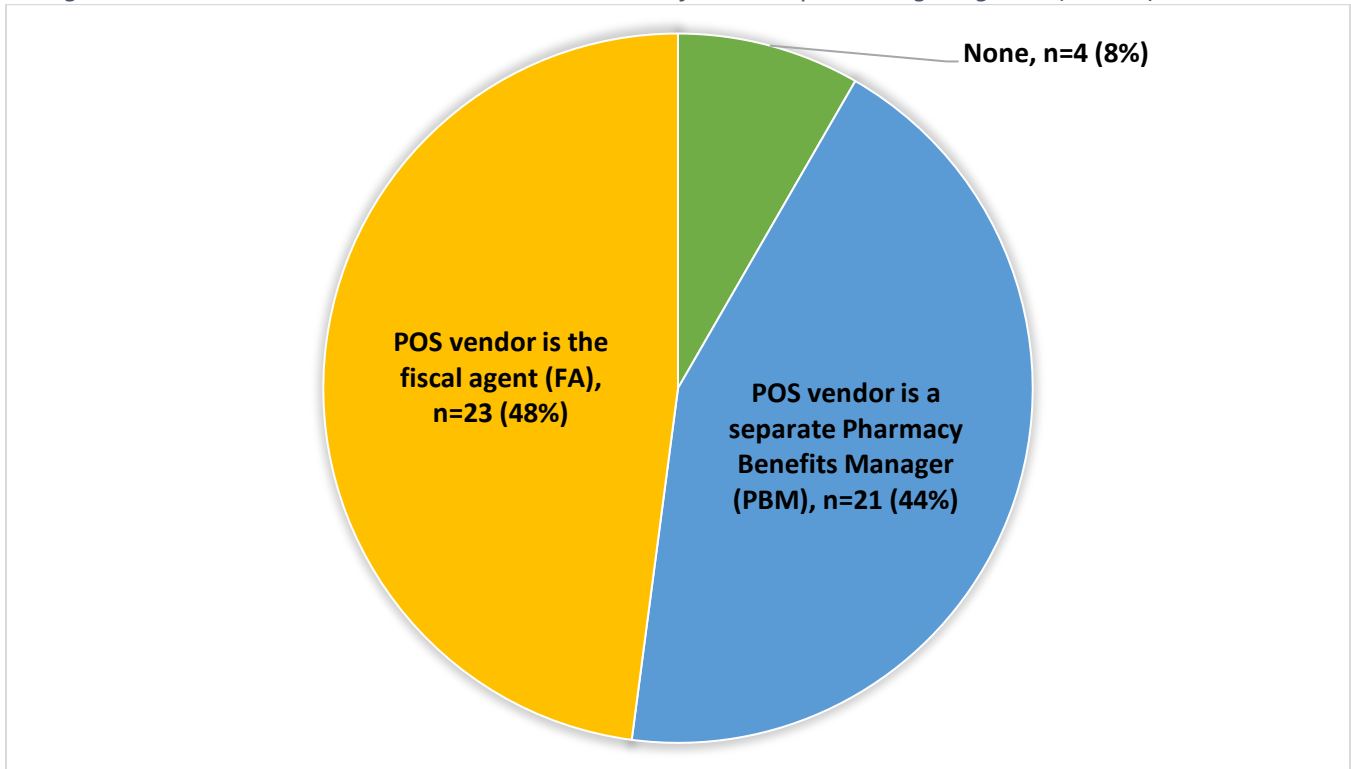


Table 5 - Who Processes the State's National Council for Prescription Drug Programs (NCPDP) transactions

Response	States	Count	Percentage
None	Arizona, Arkansas, Florida, Indiana	4	8.33%
POS vendor is a separate Pharmacy Benefits Manager (PBM)	Alaska, Colorado, District of Columbia, Georgia, Idaho, Illinois, Iowa, Kentucky, Maine, Maryland, Michigan, Nebraska, Nevada, New Hampshire, Ohio, South Carolina, Tennessee, Texas, Utah, Vermont, Wyoming	21	43.75%
POS vendor is the fiscal agent (FA)	Alabama, California, Connecticut, Delaware, Hawaii, Kansas, Louisiana, Massachusetts, Mississippi, Missouri, Montana, New Jersey, New Mexico, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Virginia, West Virginia, Wisconsin	23	47.92%
Total		48	100.00%

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

Figure 5 - ProDUR Criteria Source

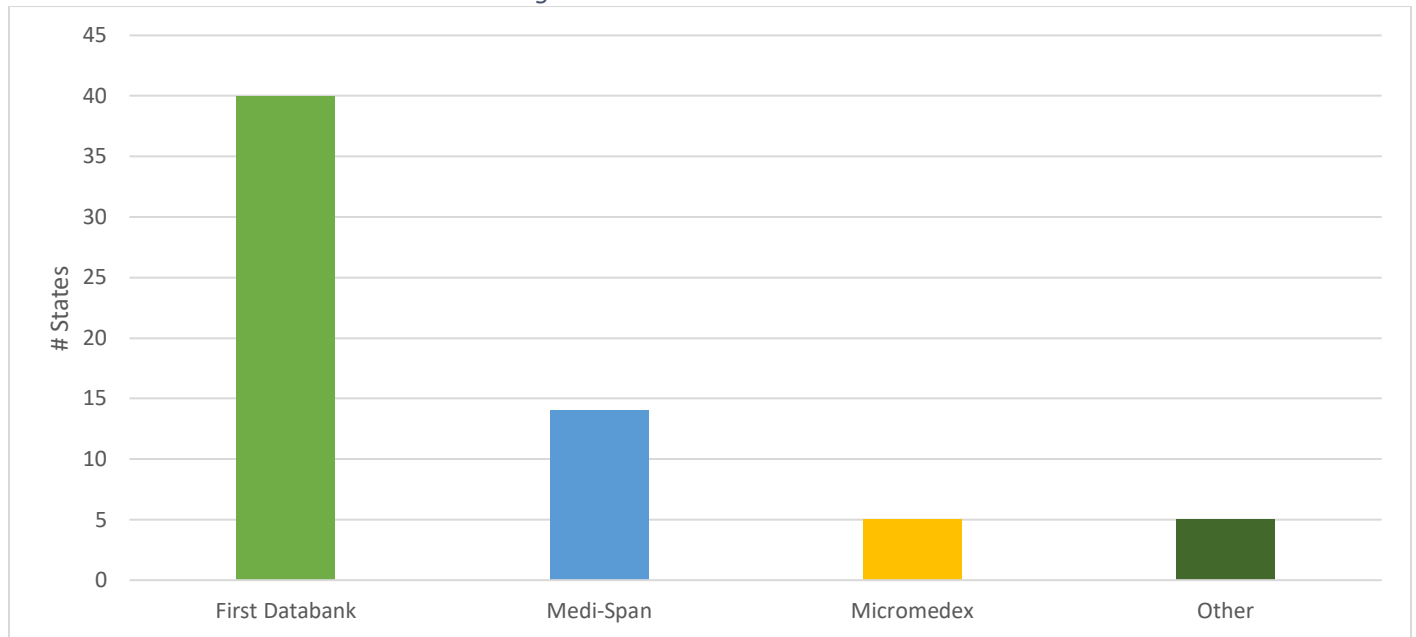
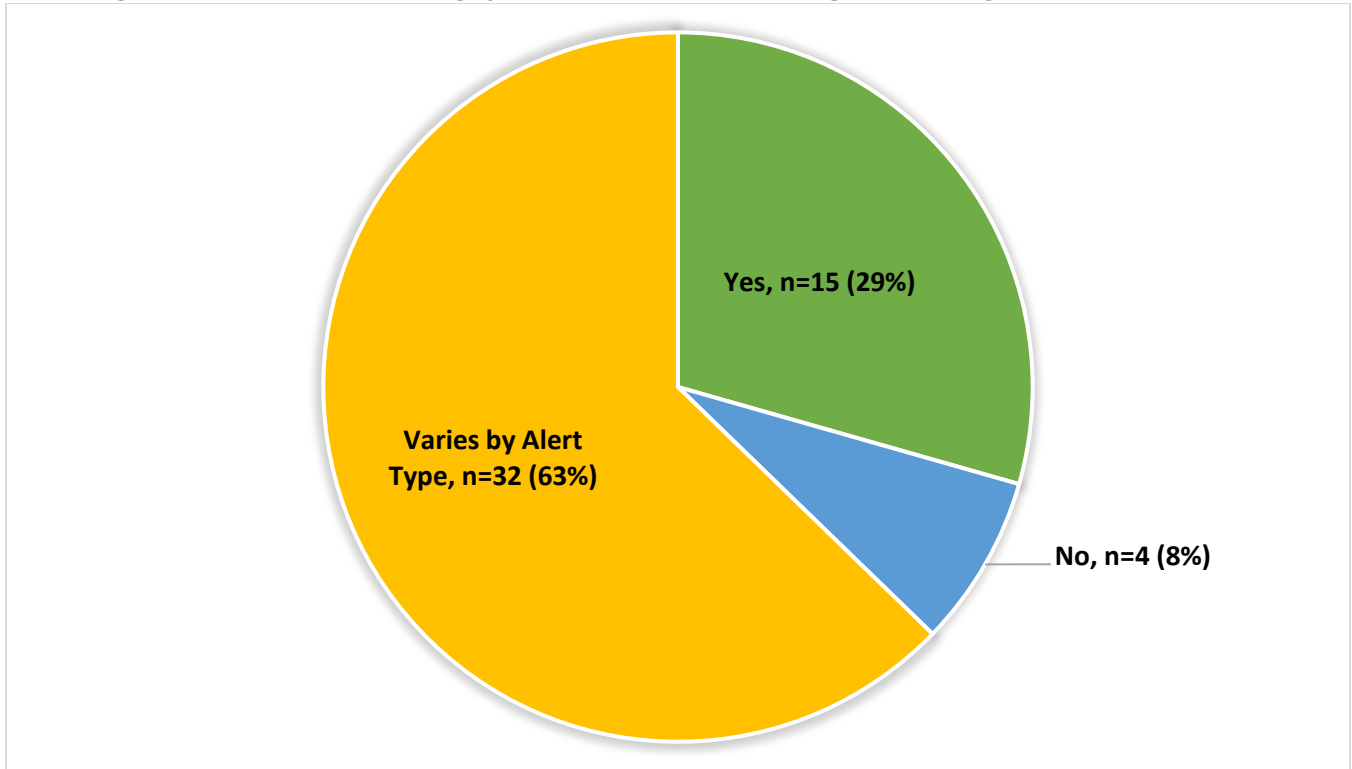


Table 6 - ProDUR Criteria Source

Response	States	Count	Percentage
First Databank	Alabama, Alaska, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Hawaii, Idaho, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Texas, Virginia, West Virginia, Wisconsin	40	62.50%
Medi-Span	Arizona, Georgia, Illinois, Indiana, Maine, Nevada, Ohio, Rhode Island, South Dakota, Tennessee, Utah, Vermont, Washington, Wyoming	14	21.88%
Micromedex	Iowa, Minnesota, Mississippi, North Dakota, Oregon	5	7.81%
Other	Illinois, Louisiana, Texas, Vermont, Washington	5	7.81%
Total		64	100.00%

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

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



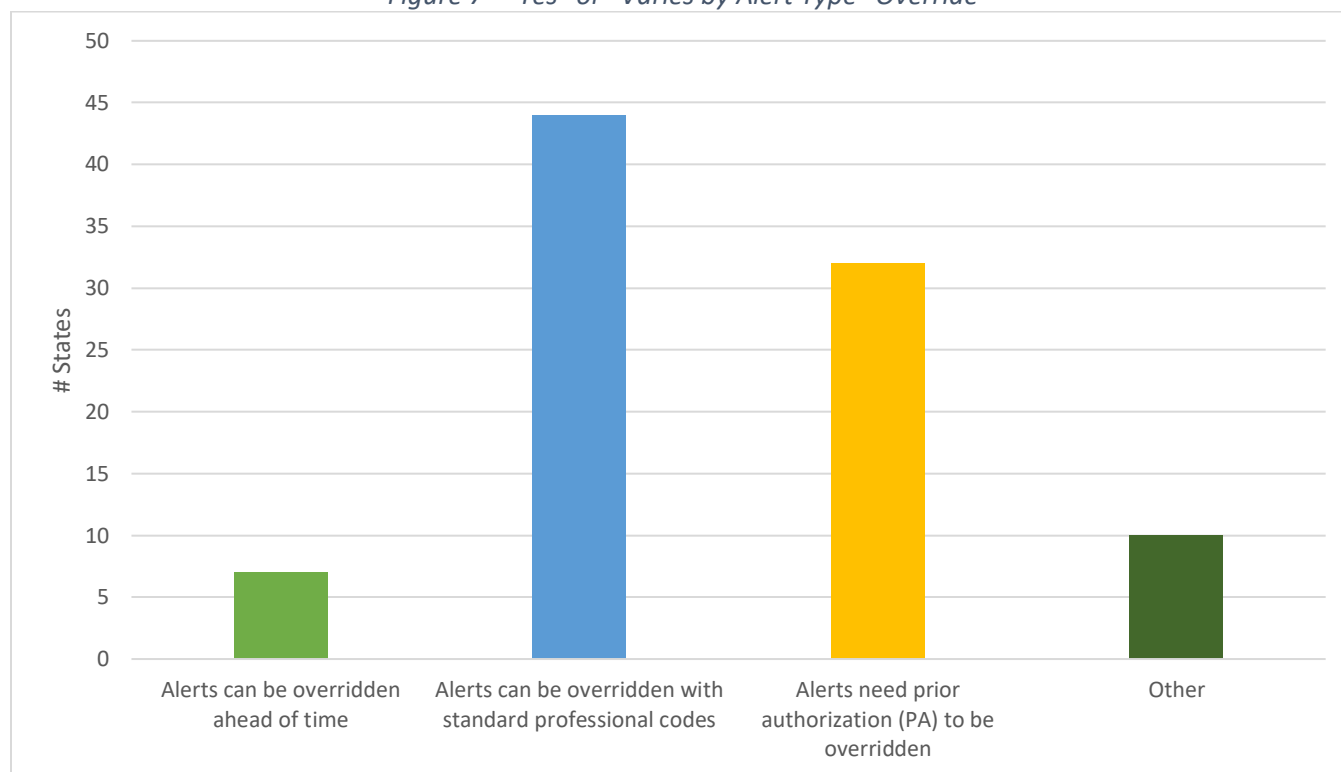
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Table 7 - ProDUR Alert Message for Pharmacist Override using NCPDP Drug Use Evaluation Codes

Response	States	Count	Percentage
Yes	Alaska, Connecticut, Florida, Kentucky, Maryland, Michigan, Mississippi, Missouri, New Mexico, North Carolina, Oregon, Rhode Island, Utah, Virginia, Wyoming	15	29.41%
No	Illinois, Iowa, Maine, New Jersey	4	7.84%
Varies by Alert Type	Alabama, Arizona, Arkansas, California, Colorado, Delaware, District of Columbia, Georgia, Hawaii, Idaho, Indiana, Kansas, Louisiana, Massachusetts, Minnesota, Montana, Nebraska, Nevada, New Hampshire, New York, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Vermont, Washington, West Virginia, Wisconsin	32	62.75%
Total		51	100.00%

If “Yes” or “Varies by Alert Type,” check all that apply (multiple responses allowed).

Figure 7 - “Yes” or “Varies by Alert Type” Override



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Table 8 - “Yes” or “Varies by Alert Type” Override

Response	States	Count	Percentage
Alerts can be overridden ahead of time	California, Hawaii, Oklahoma, South Carolina, Texas, West Virginia, Wisconsin	7	7.53%
Alerts can be overridden with standard professional codes	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Indiana, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	44	47.31%
Alerts need prior authorization (PA) to be overridden	Alabama, Alaska, Arizona, Arkansas, California, Connecticut, District of Columbia, Georgia, Hawaii, Idaho, Indiana, Kansas, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Montana, Nebraska, Nevada, New York, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Washington, West Virginia, Wisconsin	32	34.41%
Other	Arizona, Arkansas, Colorado, Indiana, New Hampshire, North Carolina, Ohio, Pennsylvania, Vermont, Wisconsin	10	10.75%
Total		93	100.00%

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

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

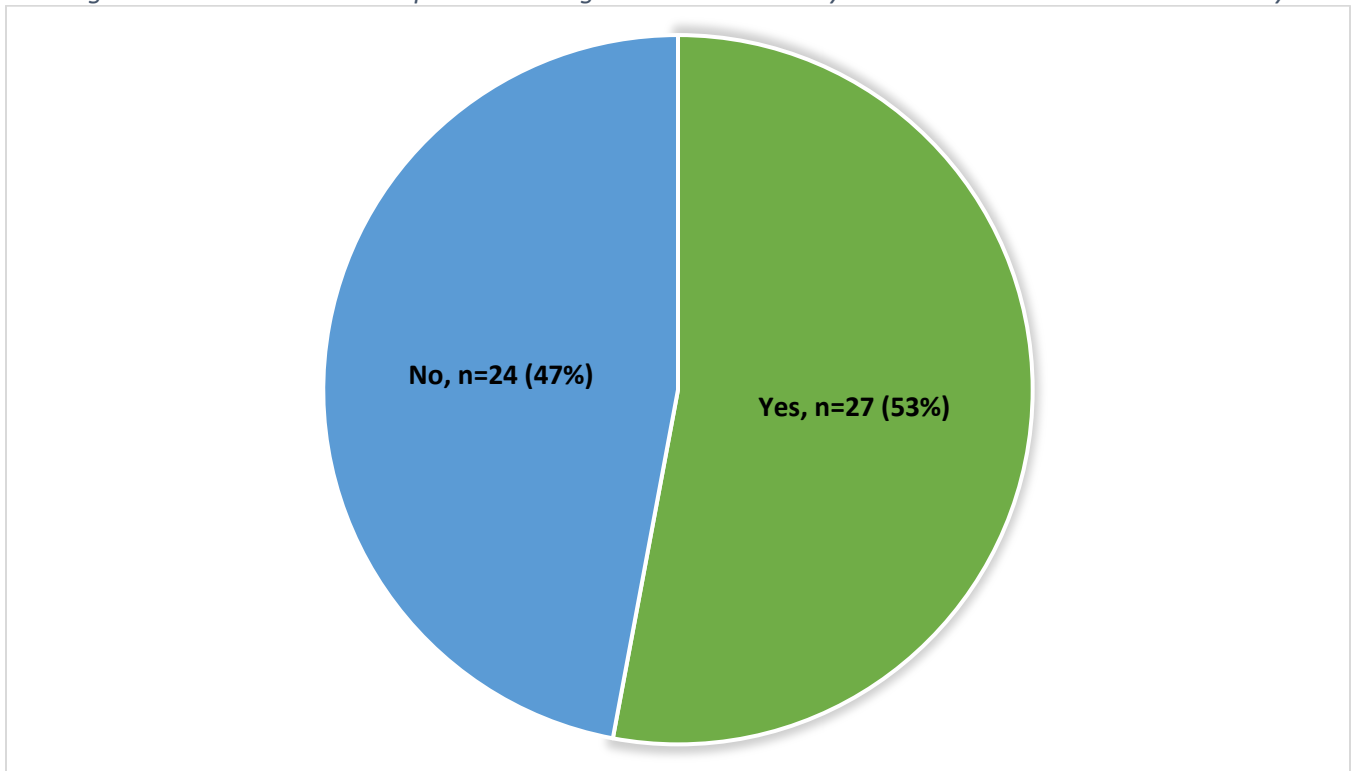


Table 9 - Receive Periodic Reports Providing Individual Pharmacy Providers DUR Alert Override Activity

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Kentucky, Massachusetts, Michigan, Mississippi, Nebraska, New Hampshire, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Vermont, Virginia	27	52.94%
No	Arizona, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Maryland, Minnesota, Missouri, Montana, Nevada, New Jersey, South Carolina, Tennessee, Texas, Utah, Washington, West Virginia, Wisconsin, Wyoming	24	47.06%
Total		51	100.00%

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

Figure 9 - Frequency of Reports Providing Individual Pharmacy Provider DUR Alert Override Activity

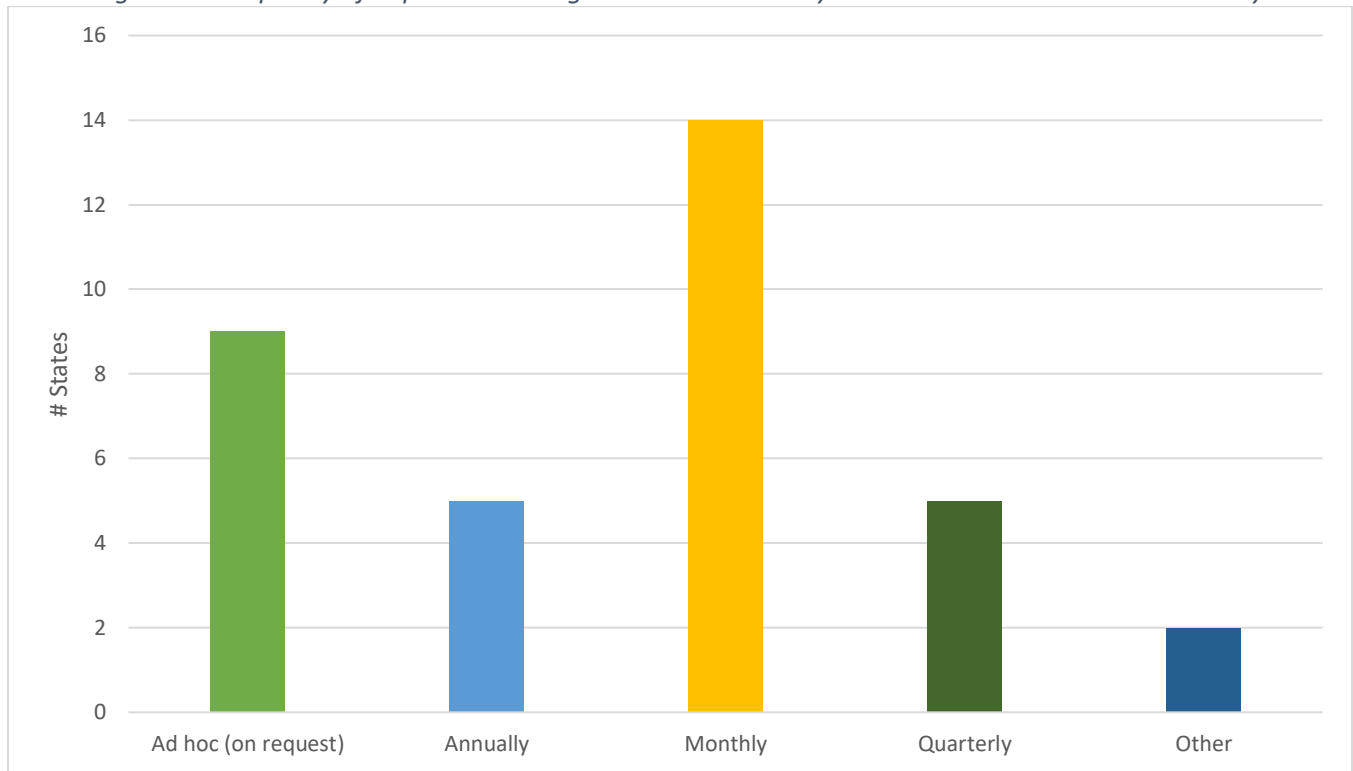


Table 10 - Frequency of Reports Providing Individual Pharmacy Provider DUR Alert Override Activity

Response	States	Count	Percentage
Ad hoc (on request)	Alaska, Arkansas, California, Colorado, District of Columbia, Hawaii, North Carolina, North Dakota, Ohio	9	25.71%
Annually	Alaska, Kentucky, New York, Rhode Island, South Dakota	5	14.29%
Monthly	Alabama, California, Connecticut, Delaware, District of Columbia, Kentucky, Massachusetts, Mississippi, Nebraska, New Hampshire, New Mexico, Ohio, Pennsylvania, Virginia	14	40.00%
Quarterly	Michigan, North Carolina, Oklahoma, Oregon, Vermont	5	14.29%
Other	Arkansas, North Carolina	2	5.71%
Total		35	100.00%

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

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

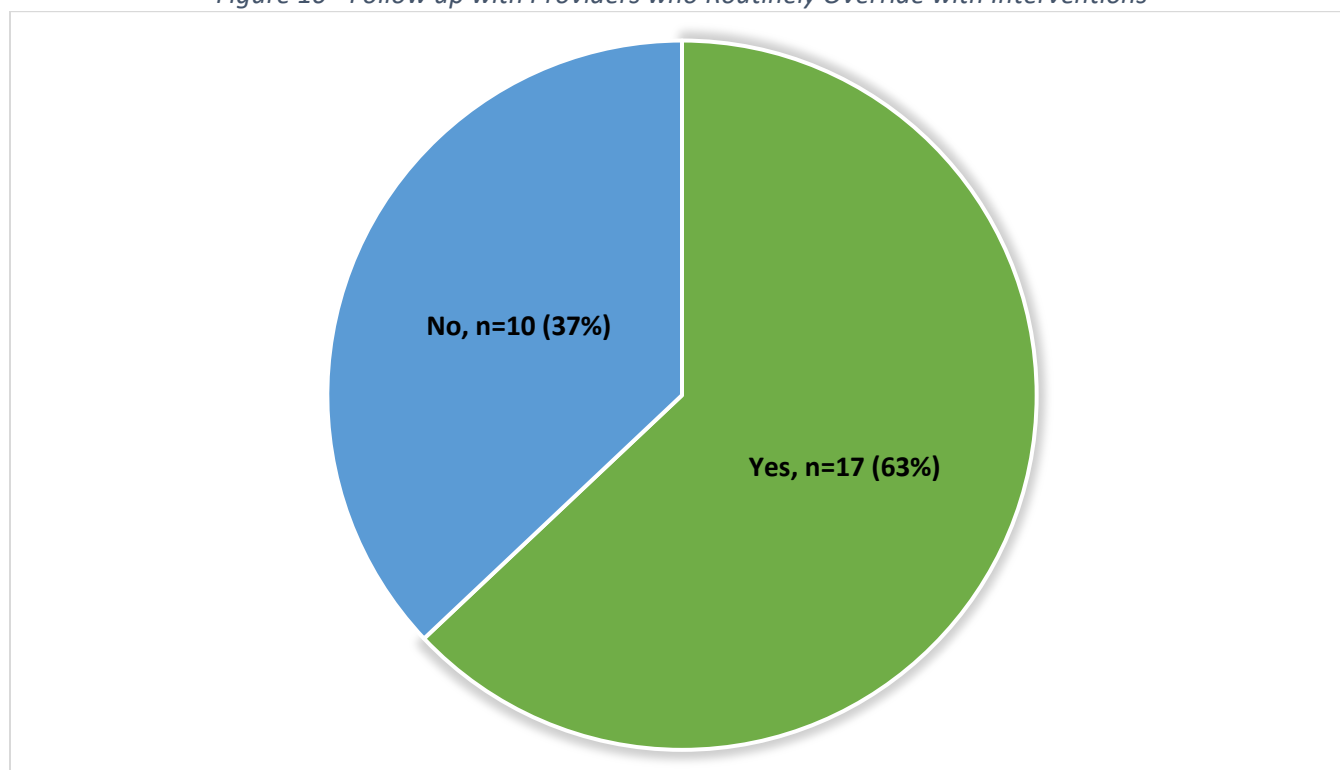


Table 11 – Follow up with Providers who Routinely Override with Interventions

Response	States	Count	Percentage
Yes	Alabama, Alaska, California, Colorado, Delaware, District of Columbia, Hawaii, Kentucky, Massachusetts, Michigan, Mississippi, New York, North Dakota, Oklahoma, South Dakota, Vermont, Virginia	17	62.96%
No	Arkansas, Connecticut, Nebraska, New Hampshire, New Mexico, North Carolina, Ohio, Oregon, Pennsylvania, Rhode Island	10	37.04%
Total		27	100.00%

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

Figure 11 - Follow-up Methods for Providers who Routinely Override with Interventions

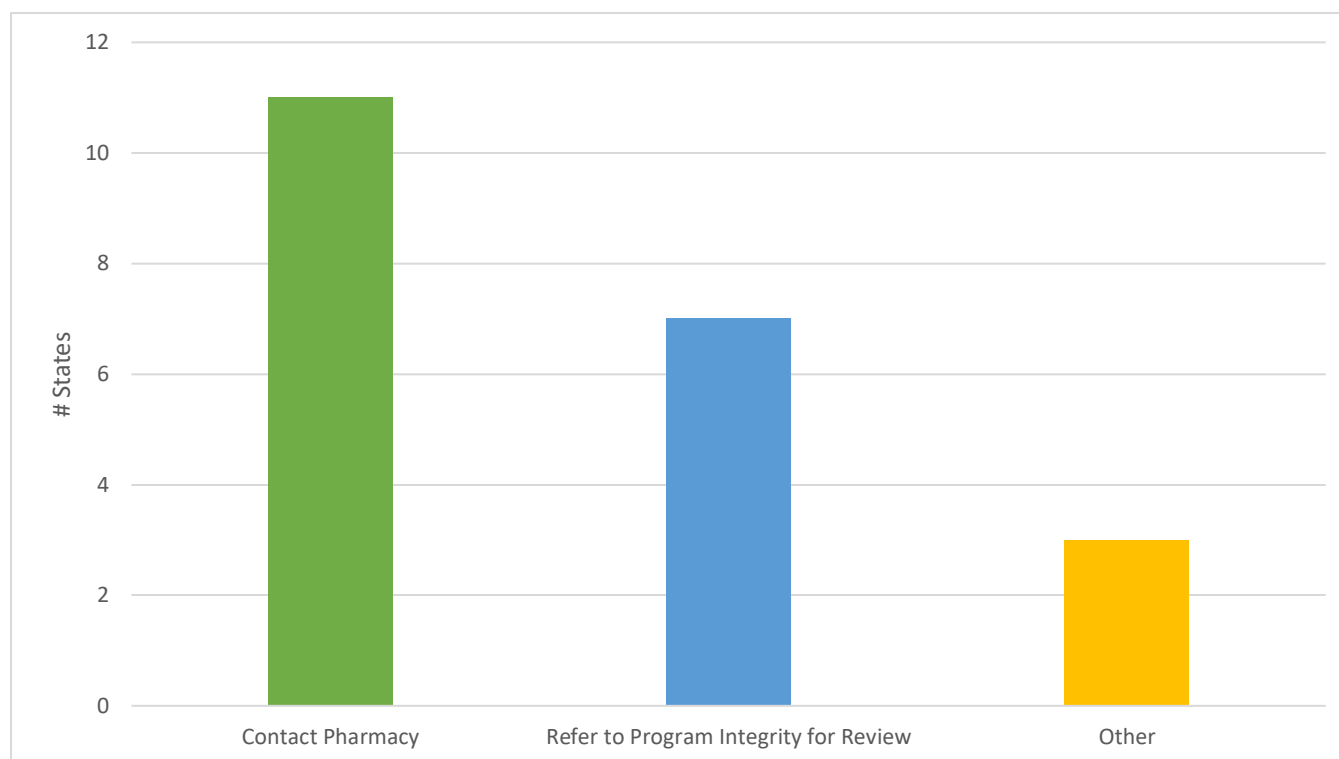


Table 12 - Follow-up Methods for Providers who Routinely Override with Interventions

Response	States	Count	Percentage
Contact Pharmacy	Alaska, California, Delaware, District of Columbia, Hawaii, Massachusetts, Michigan, Mississippi, North Dakota, Oklahoma, South Dakota	11	52.38%
Refer to Program Integrity for Review	Colorado, District of Columbia, Kentucky, Michigan, North Dakota, Oklahoma, Virginia	7	33.33%
Other	Alabama, New York, Vermont	3	14.29%
Total		21	100.00%

5. Early Refill

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

Figure 12 - Non-Controlled Drugs Early Refill Percent Edit Threshold

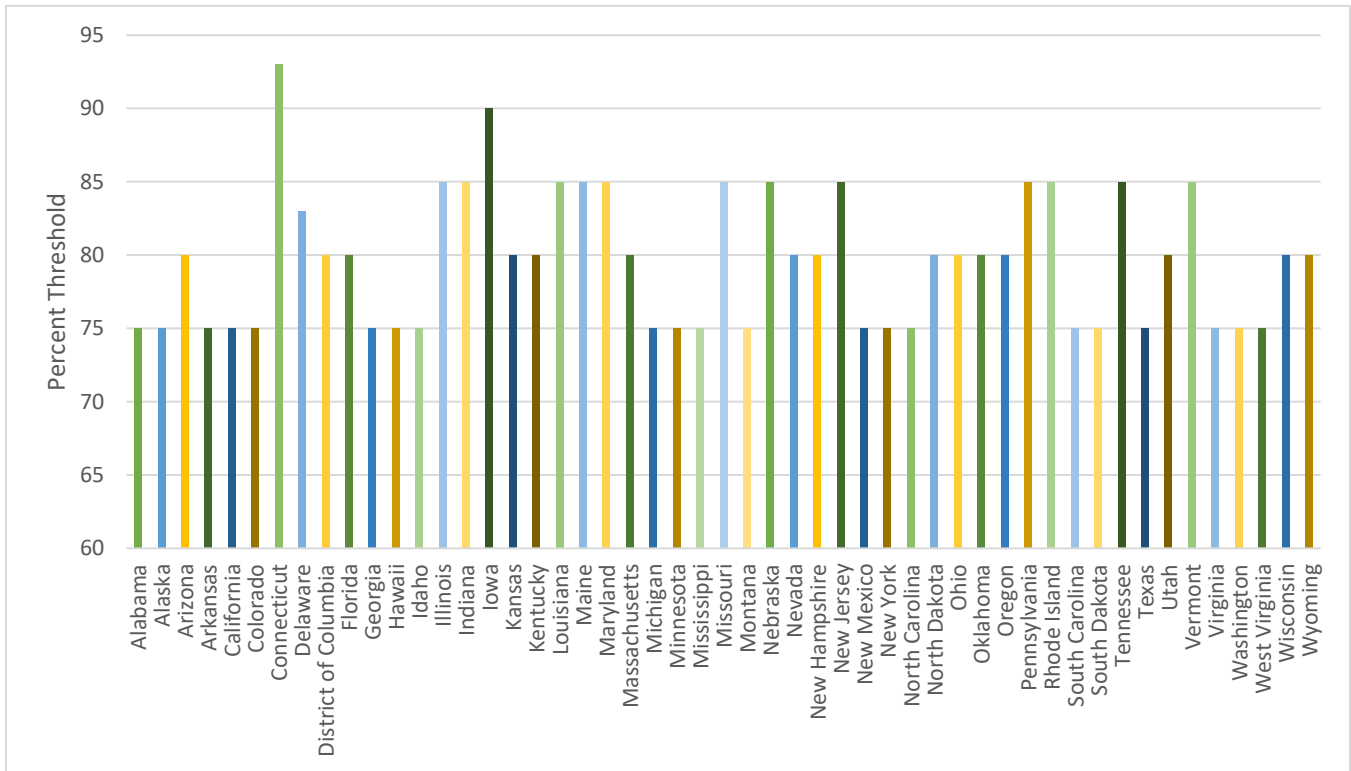
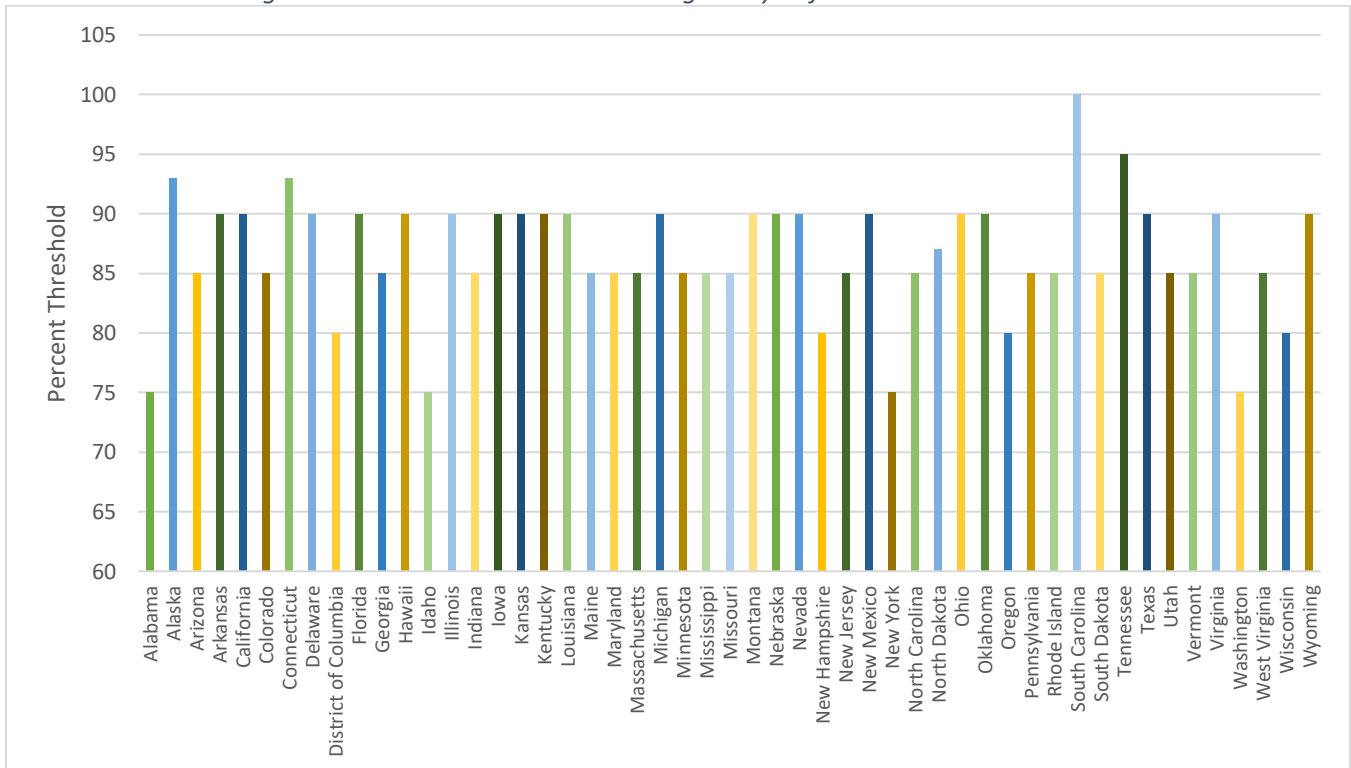


Figure 13 - Schedule II Controlled Drugs Early Refill Percent Edit Threshold



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Figure 14 - Schedule III through V Controlled Drugs Early Refill Percent Edit Threshold

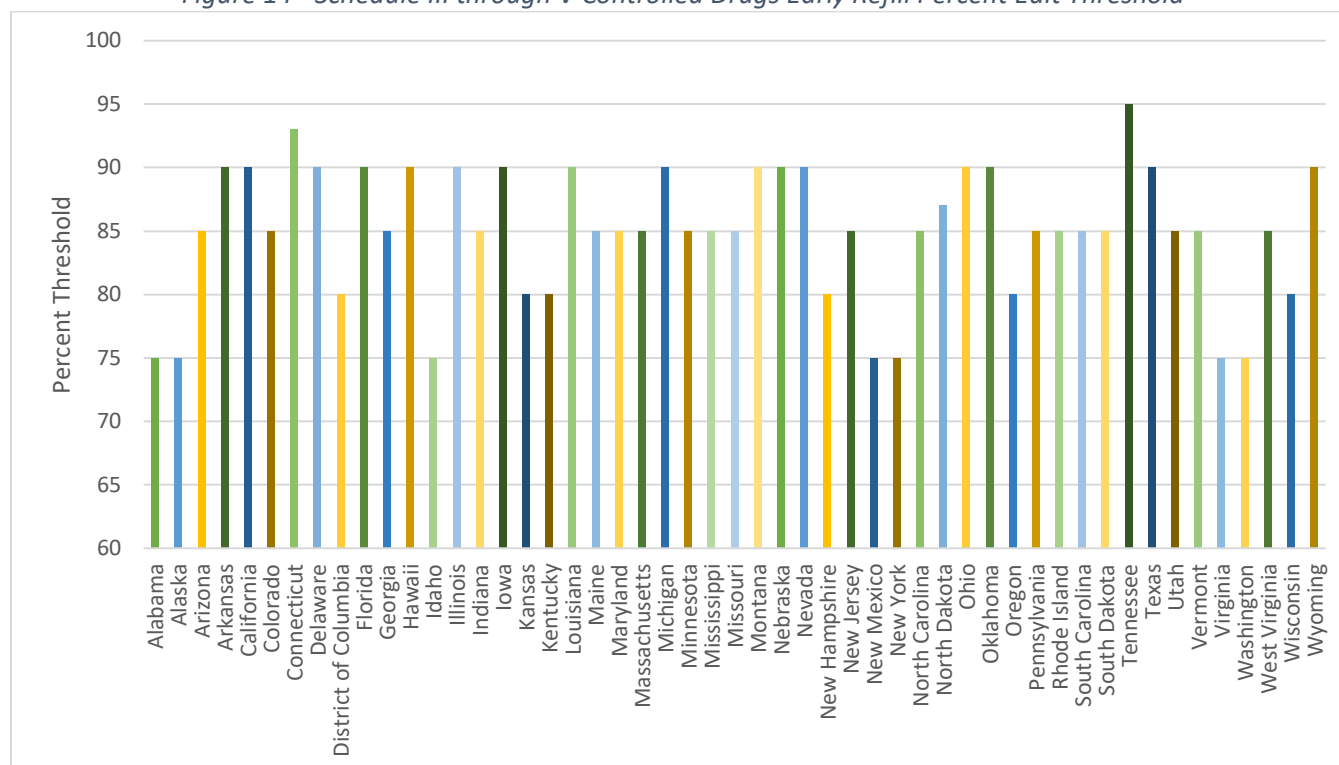


Table 13 - Early Refill Percent Threshold for Non-controlled and Controlled Drugs

State	Non-controlled Drugs	Schedule II Controlled Drugs	Schedule III through V Controlled Drugs
Alabama	75%	75%	75%
Alaska	75%	93%	75%
Arizona	80%	85%	85%
Arkansas	75%	90%	90%
California	75%	90%	90%
Colorado	75%	85%	85%
Connecticut	93%	93%	93%
Delaware	83%	90%	90%
District of Columbia	80%	80%	80%
Florida	80%	90%	90%
Georgia	75%	85%	85%
Hawaii	75%	90%	90%
Idaho	75%	75%	75%
Illinois	85%	90%	90%
Indiana	85%	85%	85%
Iowa	90%	90%	90%
Kansas	80%	90%	80%
Kentucky	80%	90%	80%
Louisiana	85%	90%	90%
Maine	85%	85%	85%
Maryland	85%	85%	85%

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State	Non-controlled Drugs	Schedule II Controlled Drugs	Schedule III through V Controlled Drugs
Massachusetts	80%	85%	85%
Michigan	75%	90%	90%
Minnesota	75%	85%	85%
Mississippi	75%	85%	85%
Missouri	85%	85%	85%
Montana	75%	90%	90%
Nebraska	85%	90%	90%
Nevada	80%	90%	90%
New Hampshire	80%	80%	80%
New Jersey	85%	85%	85%
New Mexico	75%	90%	75%
New York	75%	75%	75%
North Carolina	75%	85%	85%
North Dakota	80%	87%	87%
Ohio	80%	90%	90%
Oklahoma	80%	90%	90%
Oregon	80%	80%	80%
Pennsylvania	85%	85%	85%
Rhode Island	85%	85%	85%
South Carolina	75%	100%	85%
South Dakota	75%	85%	85%
Tennessee	85%	95%	95%
Texas	75%	90%	90%
Utah	80%	85%	85%
Vermont	85%	85%	85%
Virginia	75%	90%	75%
Washington	75%	75%	75%
West Virginia	75%	85%	85%
Wisconsin	80%	80%	80%
Wyoming	80%	90%	90%

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

Figure 15 - Non-Controlled Drugs Early Refill Requirement for Prior Authorization

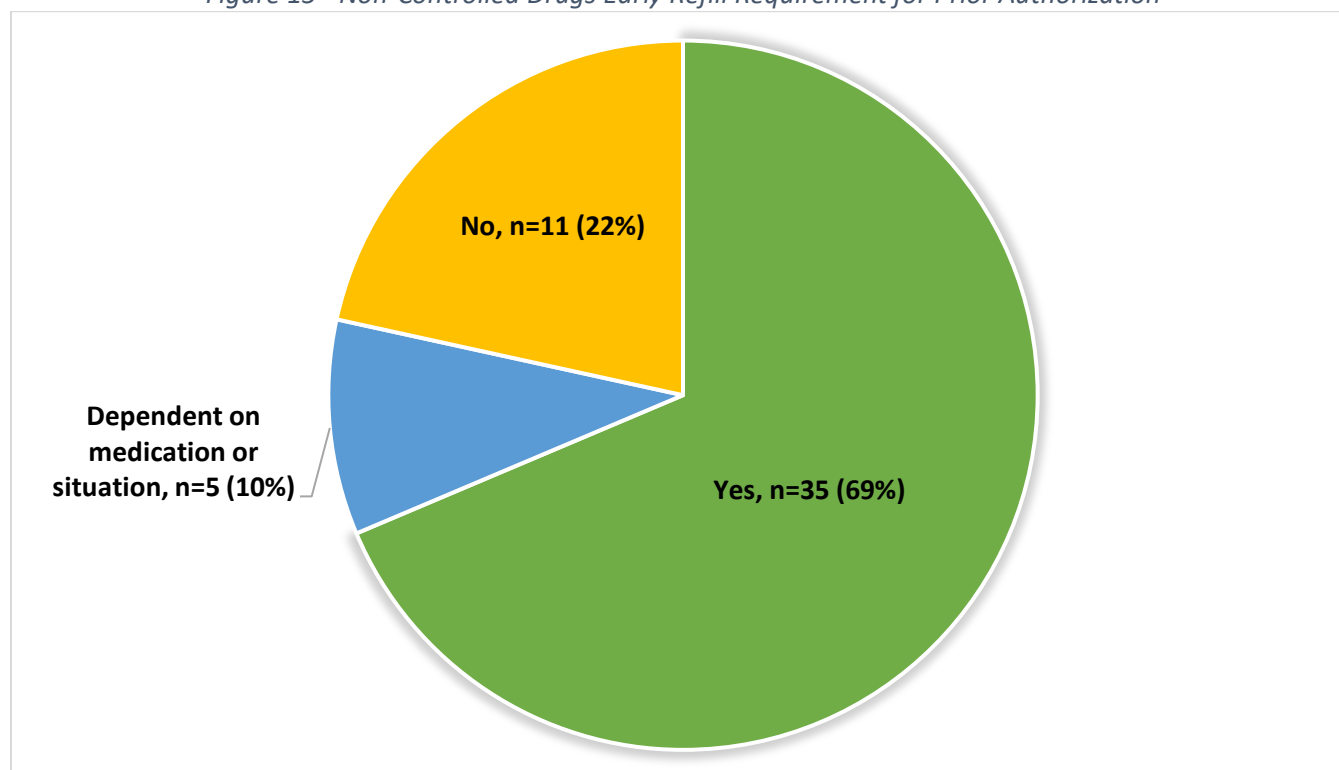


Table 14 - Non-Controlled Drugs Early Refill Requirement for Prior Authorization

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nevada, New Mexico, New York, Oklahoma, Pennsylvania, Tennessee, Texas, Virginia, West Virginia, Wyoming	35	68.63%
Dependent on medication or situation	North Dakota, South Carolina, Utah, Vermont, Washington	5	9.80%
No	California, Louisiana, Nebraska, New Hampshire, New Jersey, North Carolina, Ohio, Oregon, Rhode Island, South Dakota, Wisconsin	11	21.57%
Total		51	100.00%

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

Figure 16 - Non-Controlled Drugs Early Refill Authorization Sources

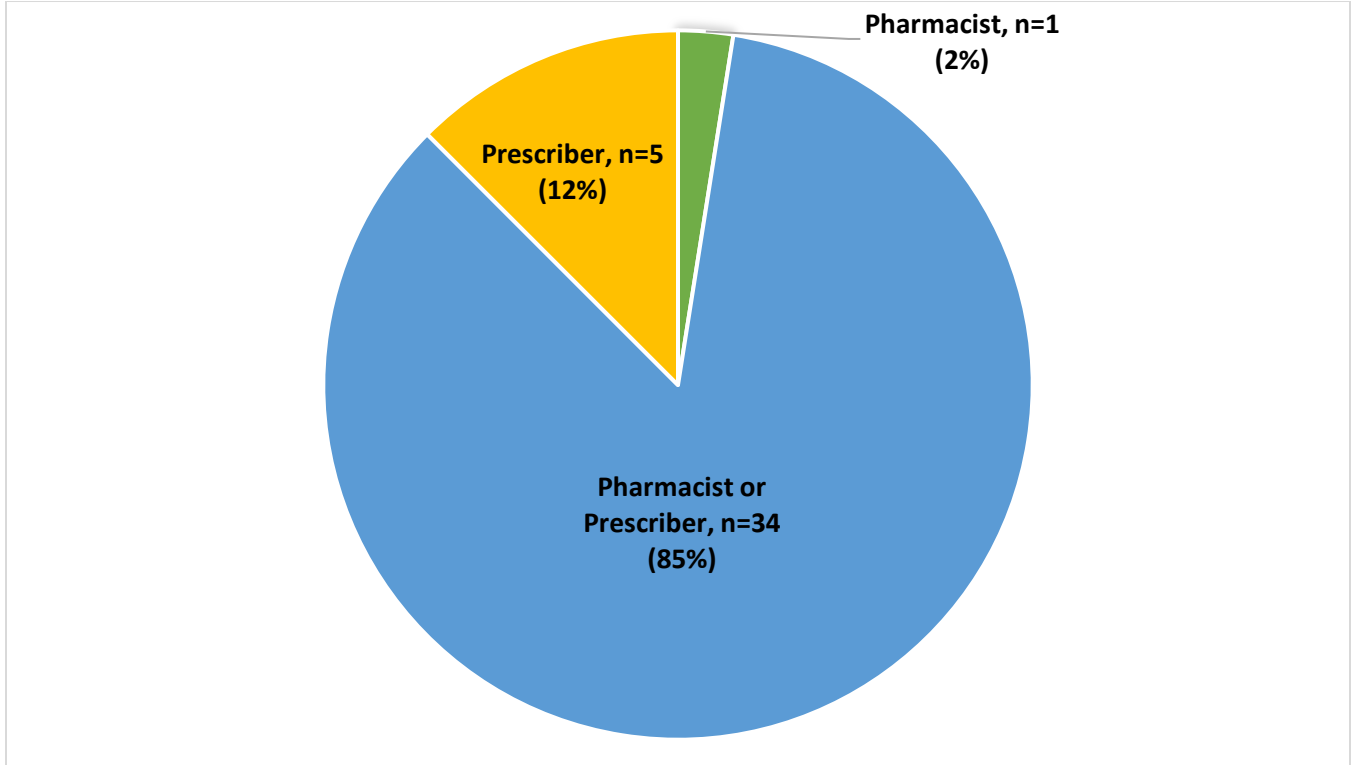


Table 15 - Non-Controlled Drugs Early Refill Authorization Sources

Response	States	Count	Percentage
Pharmacist	Texas	1	2.50%
Pharmacist or Prescriber	Alabama, Alaska, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nevada, New Mexico, North Dakota, Oklahoma, Pennsylvania, South Carolina, Tennessee, Utah, Vermont, Virginia, Washington, West Virginia, Wyoming	34	85.00%
Prescriber	Arizona, Indiana, Iowa, Kansas, New York	5	12.50%
Total		40	100.00%

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

Figure 17 - Non-Controlled Drugs, Pharmacist May Override at Point of Service

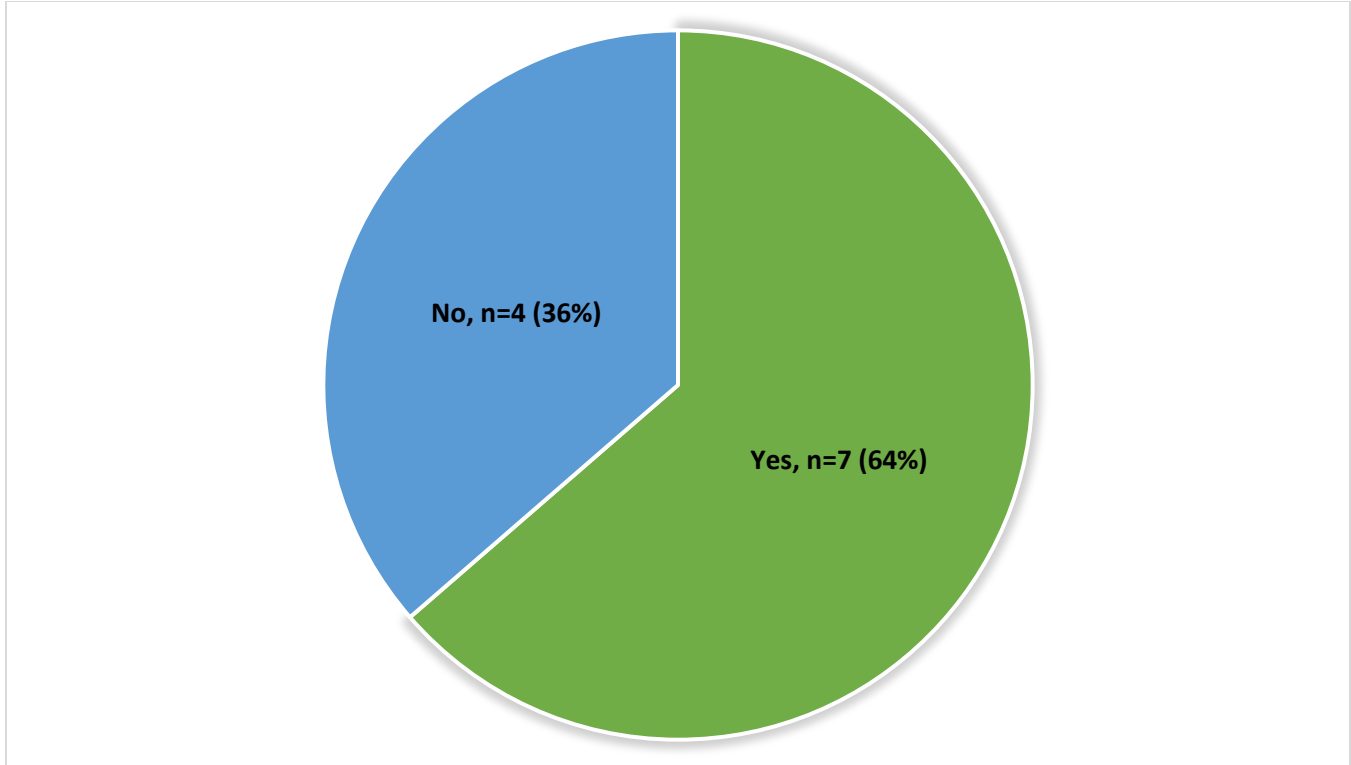


Table 16 - Non-Controlled Drugs, Pharmacist May Override at Point of Service

Response	States	Count	Percentage
Yes	California, Louisiana, Nebraska, North Carolina, Oregon, South Dakota, Wisconsin	7	63.64%
No	New Hampshire, New Jersey, Ohio, Rhode Island	4	36.36%
Total		11	100.00%

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

Figure 18 - Controlled Drugs Early Refill Requirement for Prior Authorization

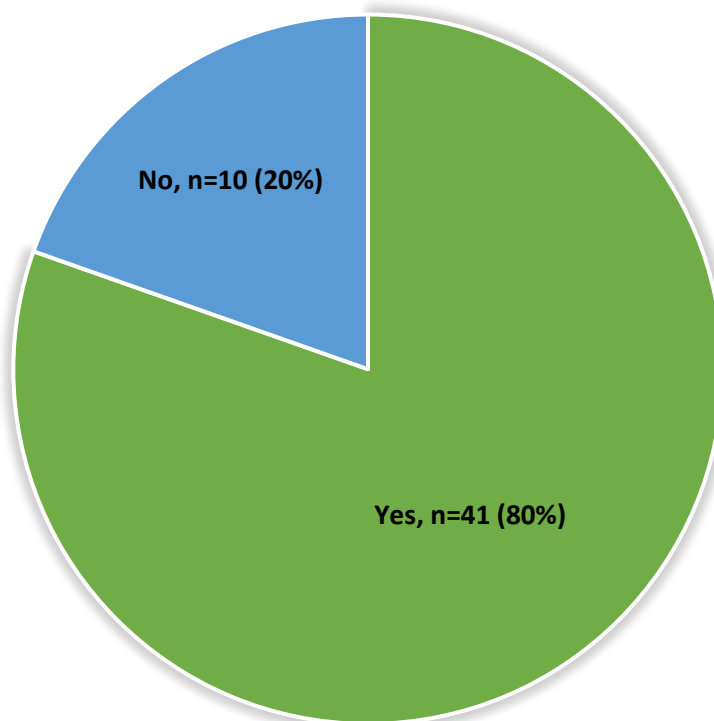


Table 17 - Controlled Drugs Early Refill Requirement for Prior Authorization

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, New York, North Dakota, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	41	80.39%
No	California, Louisiana, Mississippi, New Hampshire, New Jersey, North Carolina, Ohio, Oregon, Rhode Island, South Dakota	10	19.61%
Total		51	100.00%

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If “Yes,” who obtains authorization?

Figure 19 - Controlled Drugs Early Refill Authorization Source

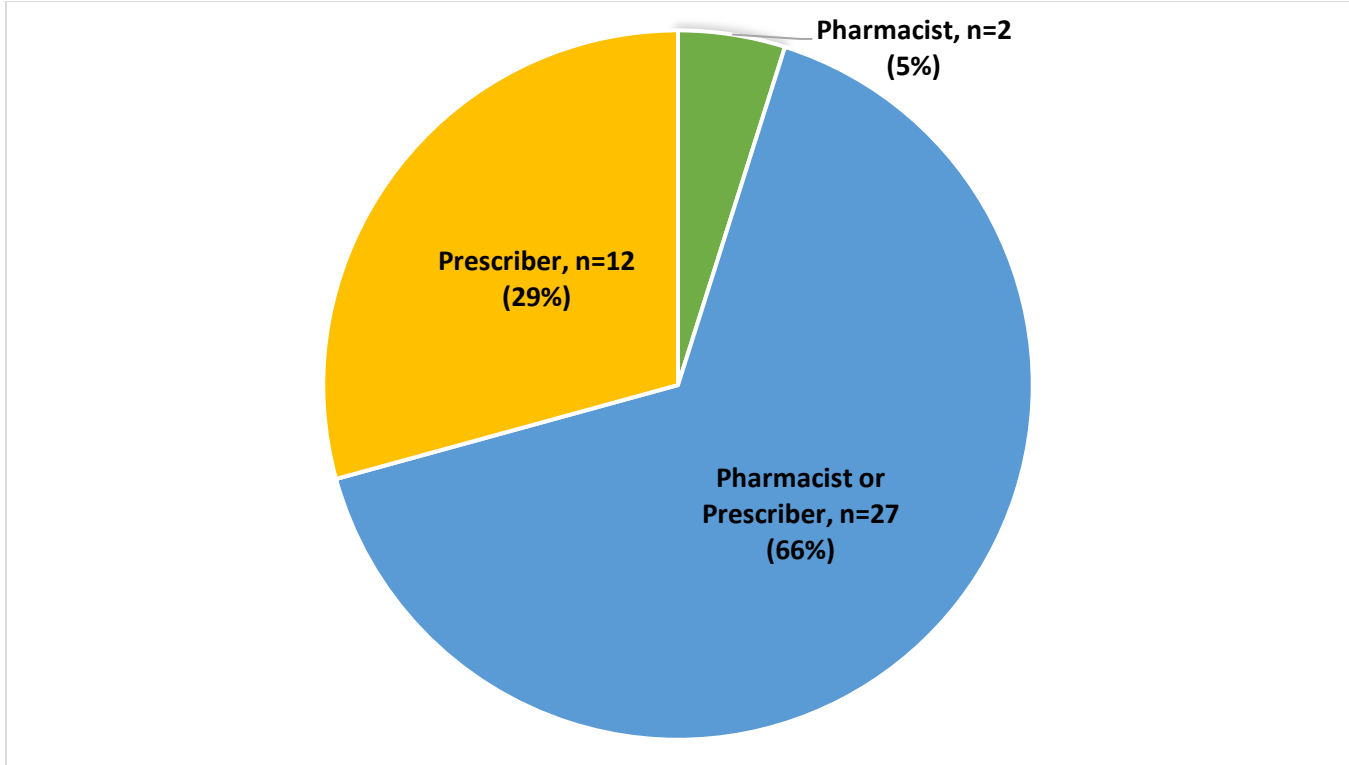


Table 18 - Controlled Drugs Early Refill Authorization Source

Response	States	Count	Percentage
Pharmacist	Texas, Wisconsin	2	4.88%
Pharmacist or Prescriber	Alabama, Arkansas, Colorado, Delaware, District of Columbia, Georgia, Illinois, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, South Carolina, Tennessee, Vermont, Virginia, Washington, West Virginia, Wyoming	27	65.85%
Prescriber	Alaska, Arizona, Connecticut, Florida, Hawaii, Idaho, Indiana, Iowa, Kansas, New York, Pennsylvania, Utah	12	29.27%
Total		41	100.00%

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If “No,” can the pharmacist override at the POS?

Figure 20 - Controlled Drugs, Pharmacist May Override at Point of Service

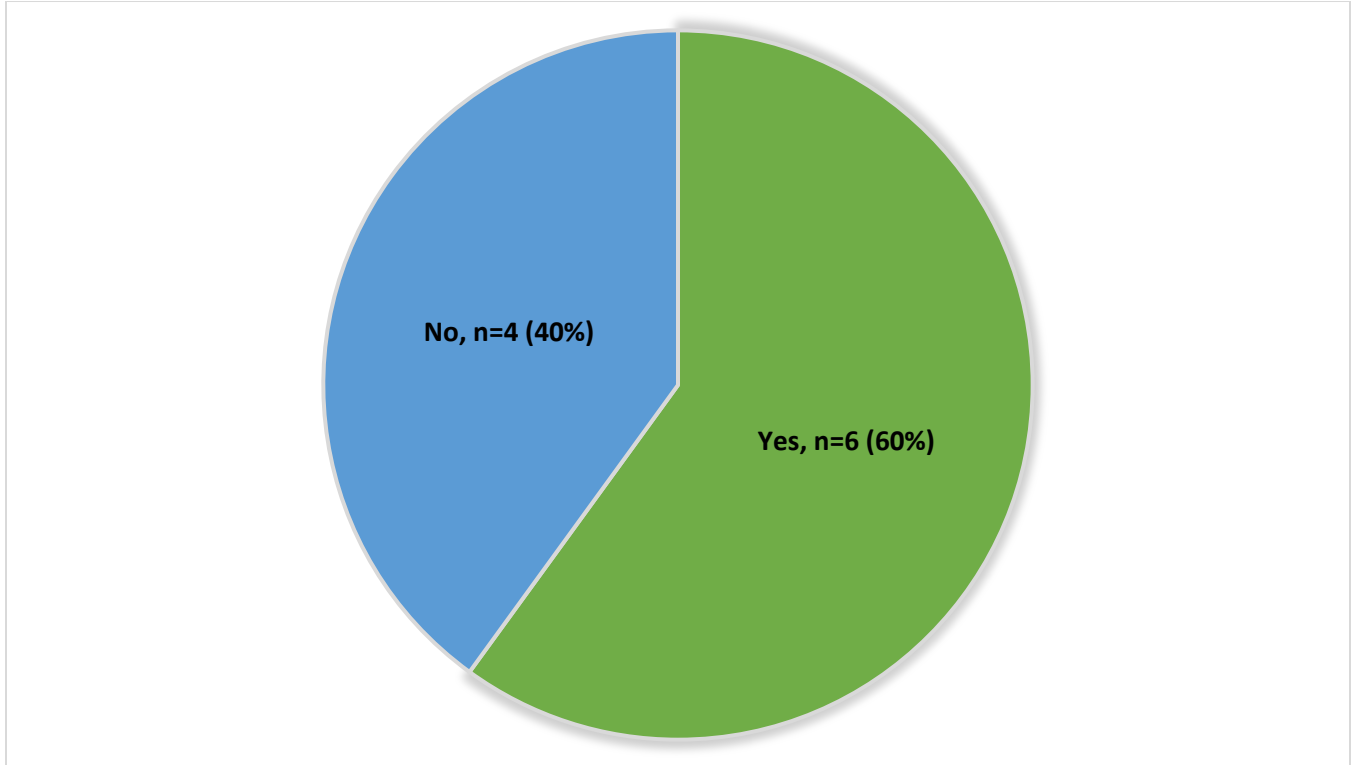


Table 19 - Controlled Drugs, Pharmacist May Override at Point of Service

Response	States	Count	Percentage
Yes	California, Louisiana, Mississippi, Oregon, Rhode Island, South Dakota	6	60.00%
No	New Hampshire, New Jersey, North Carolina, Ohio	4	40.00%
Total		10	100.00%

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

Figure 21- Allow Pharmacist Overrides for an Early Refill

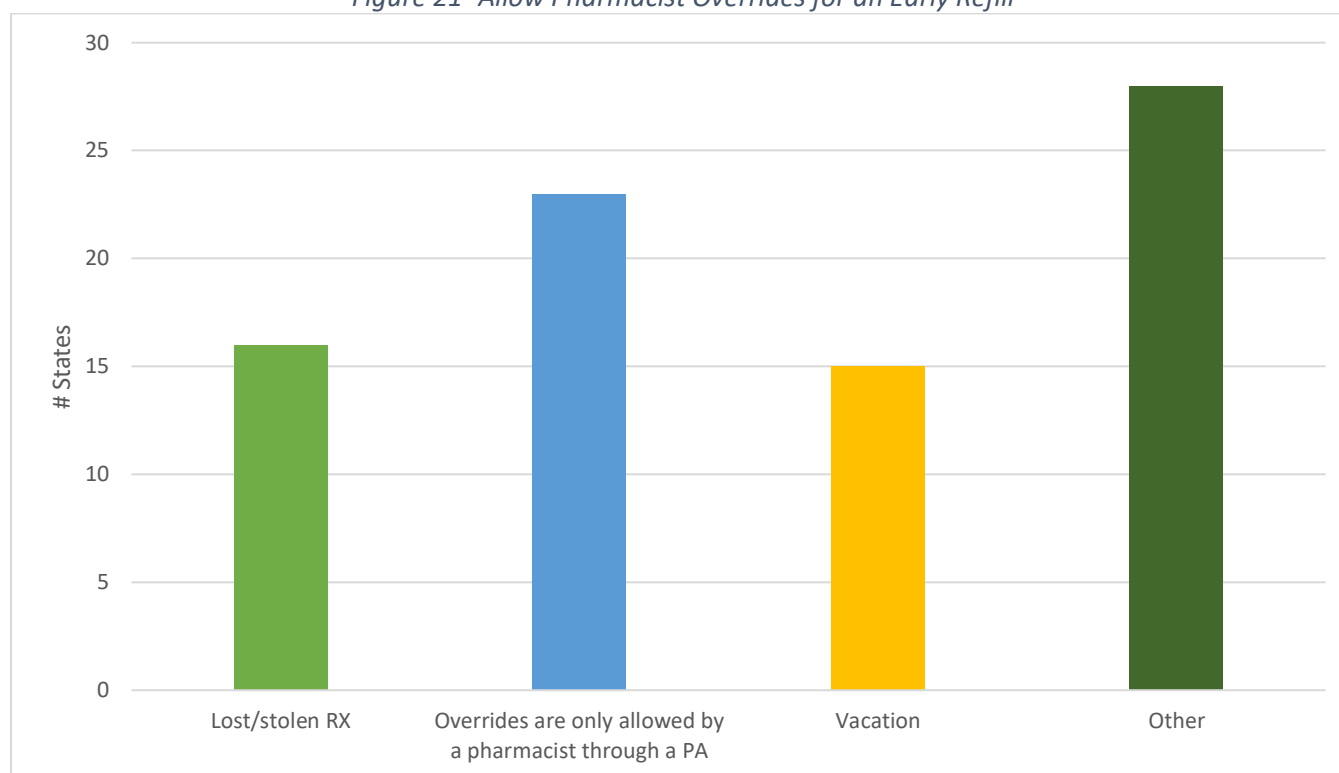


Table 20 - Allow Pharmacist Overrides for an Early Refill

Response	States	Count	Percentage
Lost/stolen RX	Arizona, Kansas, Louisiana, Massachusetts, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oregon, Rhode Island, South Dakota, Vermont, Virginia, Washington, Wisconsin	16	19.51%
Overrides are only allowed by a pharmacist through a PA	Alabama, Alaska, Connecticut, District of Columbia, Georgia, Hawaii, Illinois, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, North Dakota, Oklahoma, Pennsylvania, Tennessee, Washington, Wisconsin, Wyoming	23	28.05%
Vacation	Arizona, Louisiana, Massachusetts, Nebraska, Nevada, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oregon, Vermont, Virginia, Washington, Wisconsin	15	18.29%
Other	Arkansas, California, Colorado, Connecticut, Delaware, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Maine, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oregon, South Carolina, South Dakota, Texas, Utah, Vermont, Washington, West Virginia, Wisconsin	28	34.15%
Total		82	100.00%

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

Figure 22 - System Accumulation Edit for Prevention of Early Prescription Filling

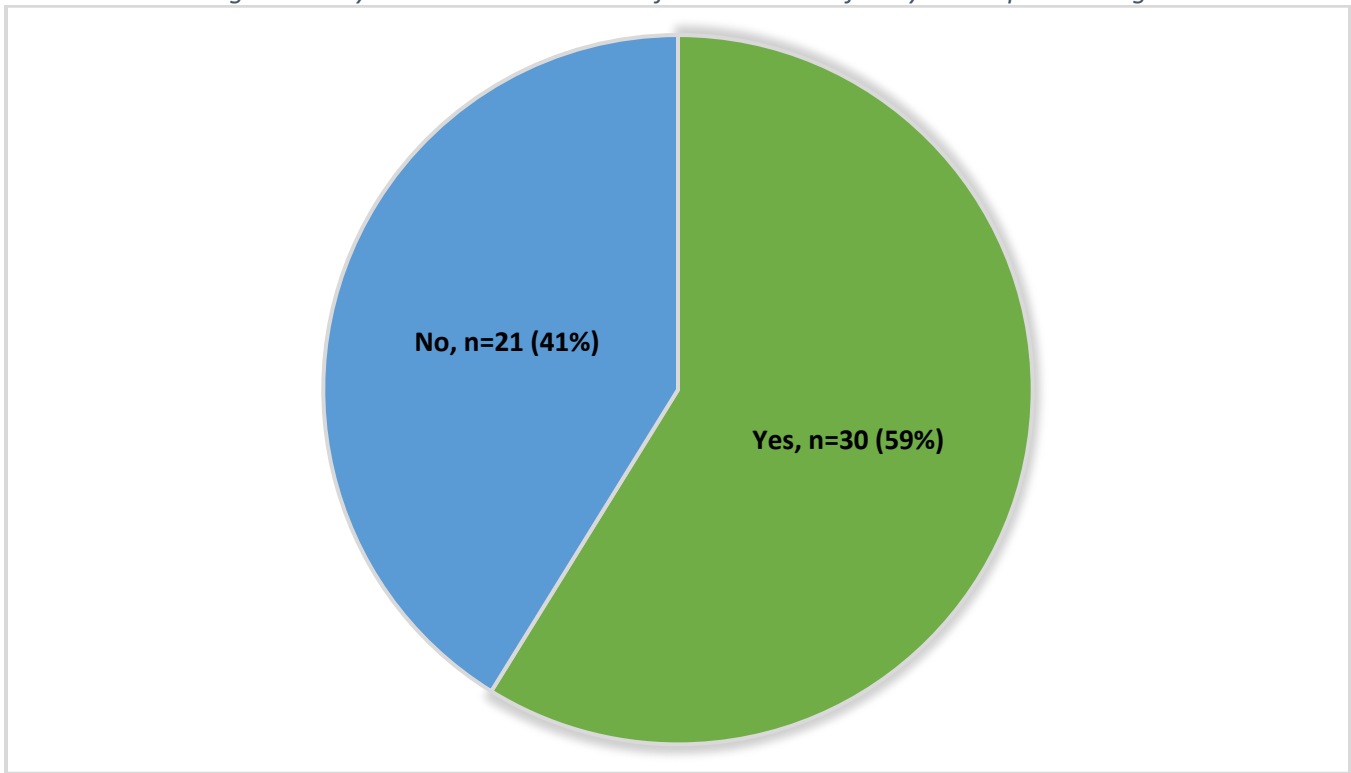


Table 21 - System Accumulation Edit for Prevention of Early Prescription Filling

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, Colorado, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Kentucky, Maine, Michigan, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oklahoma, Rhode Island, South Carolina, Vermont, Virginia, Washington, West Virginia, Wyoming	30	58.82%
No	California, Connecticut, District of Columbia, Iowa, Louisiana, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, North Carolina, Oregon, Pennsylvania, South Dakota, Tennessee, Texas, Utah, Wisconsin	21	41.18%
Total		51	100.00%

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

Figure 23 - Plans to Implement a System Accumulation Edit

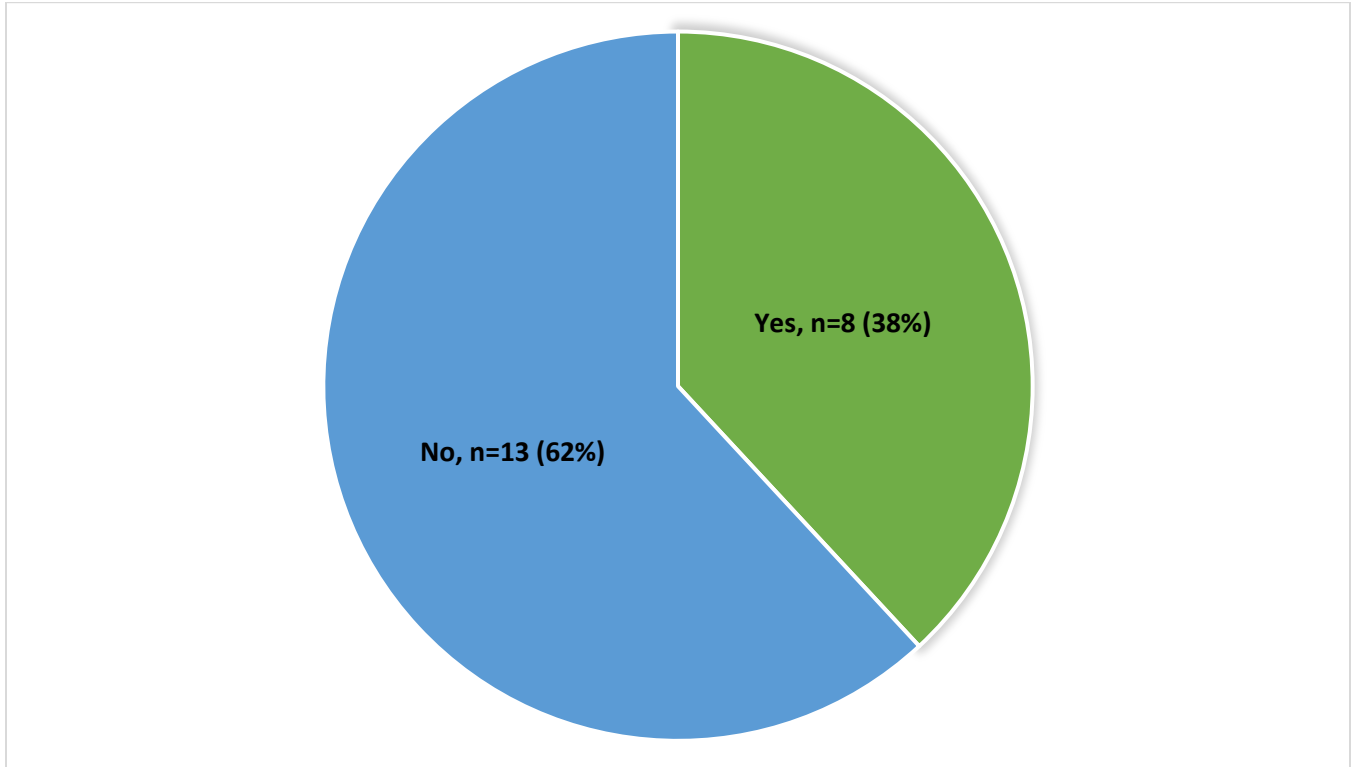


Table 22 - Plans to Implement a System Accumulation Edit

Response	States	Count	Percentage
Yes	District of Columbia, Iowa, Maryland, Massachusetts, Mississippi, Montana, North Carolina, Utah	8	38.10%
No	California, Connecticut, Louisiana, Minnesota, Missouri, Nebraska, Nevada, Oregon, Pennsylvania, South Dakota, Tennessee, Texas, Wisconsin	13	61.90%
Total		21	100.00%

8. Does the State Medicaid program 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 24 - State Policy Prohibiting Auto-Refill at the POS

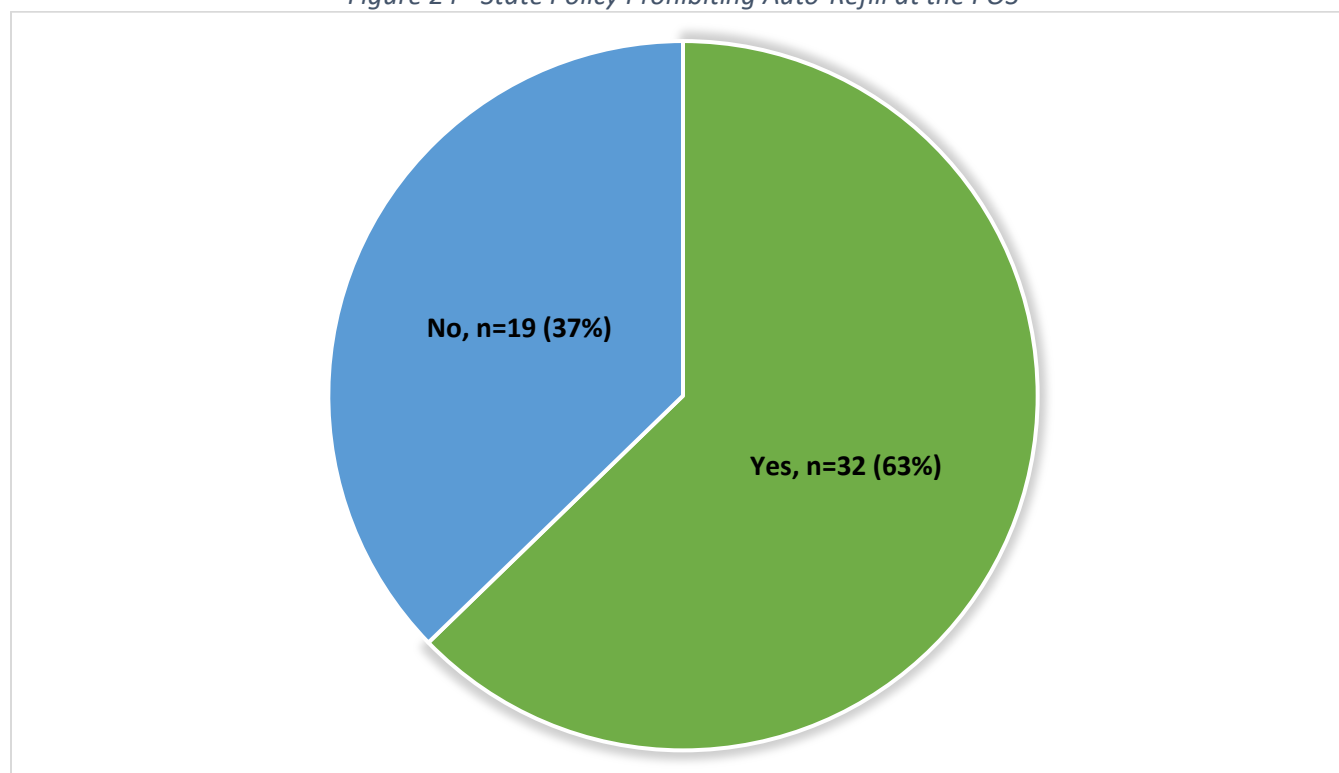


Table 23 - State Policy Prohibiting Auto-Refill at the POS

Response	States	Count	Percentage
Yes	Alabama, Arizona, California, Connecticut, District of Columbia, Florida, Georgia, Idaho, Illinois, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Nebraska, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Texas, Vermont, Virginia, Washington, West Virginia, Wyoming	32	62.75%
No	Alaska, Arkansas, Colorado, Delaware, Hawaii, Indiana, Iowa, Kansas, Kentucky, Louisiana, Michigan, Montana, Nevada, New Hampshire, New Mexico, Pennsylvania, Rhode Island, Utah, Wisconsin	19	37.25%
Total		51	100.00%

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

Figure 25 - Diagnosis Edit Utilized When Processing Prescriptions

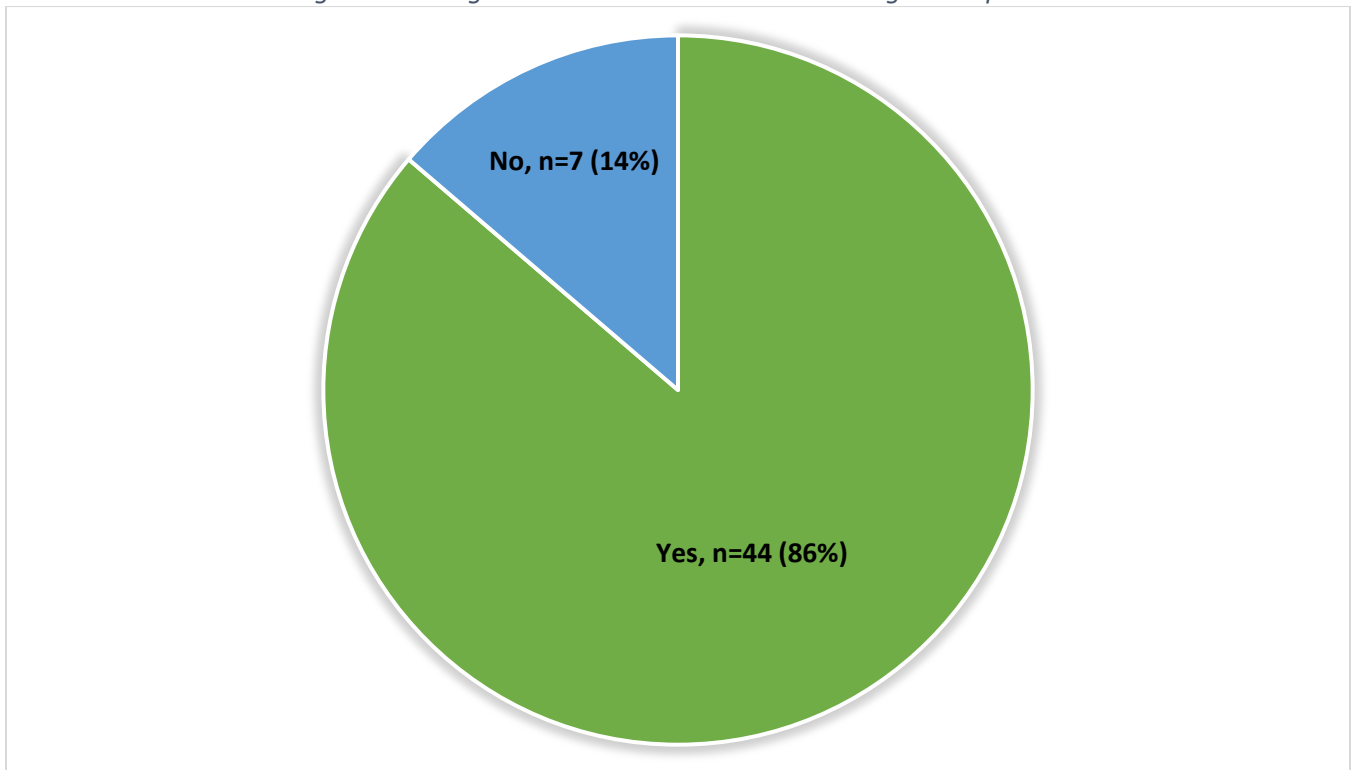


Table 24 - Diagnosis Edit Utilized When Processing Prescriptions

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	44	86.27%
No	Iowa, Maryland, New Hampshire, New Jersey, New Mexico, Oregon, Texas	7	13.73%
Total		51	100.00%

10. For drugs not on your Preferred Drug List (PDL), does your Medicaid program 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 26 - Documented Process for Beneficiaries or their Prescribers to Access Any Covered Outpatient Drug (COD) when Medically Necessary

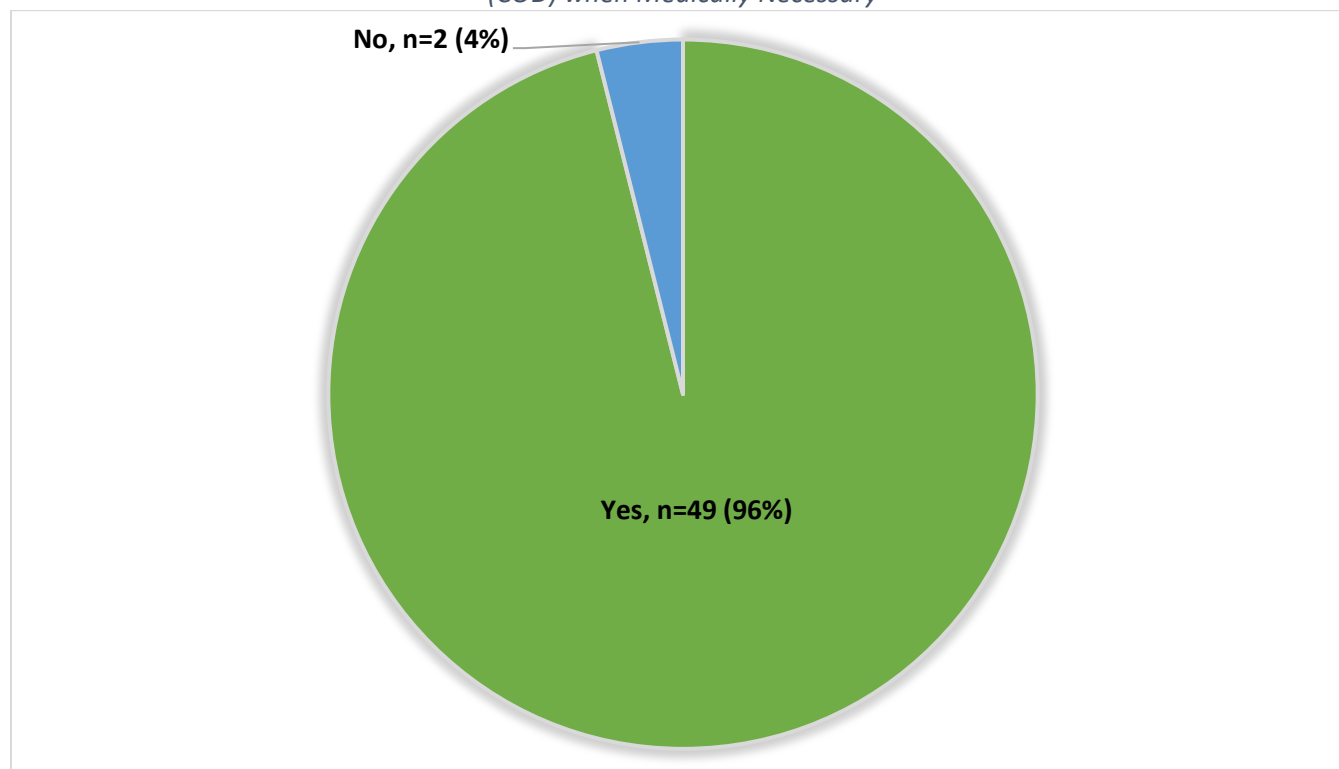


Table 25 - Documented Process for Beneficiaries or their Prescribers to Access Any Covered Outpatient Drug (COD) when Medically Necessary

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	49	96.08%
N/A	Hawaii, New Jersey	2	3.92%
Total		51	100.00%

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If “Yes,” please check all that apply (multiple responses allowed).

Figure 27 - Documented Process in Place for Beneficiaries to Access Any Covered Outpatient Drug (COD) when Medically Necessary

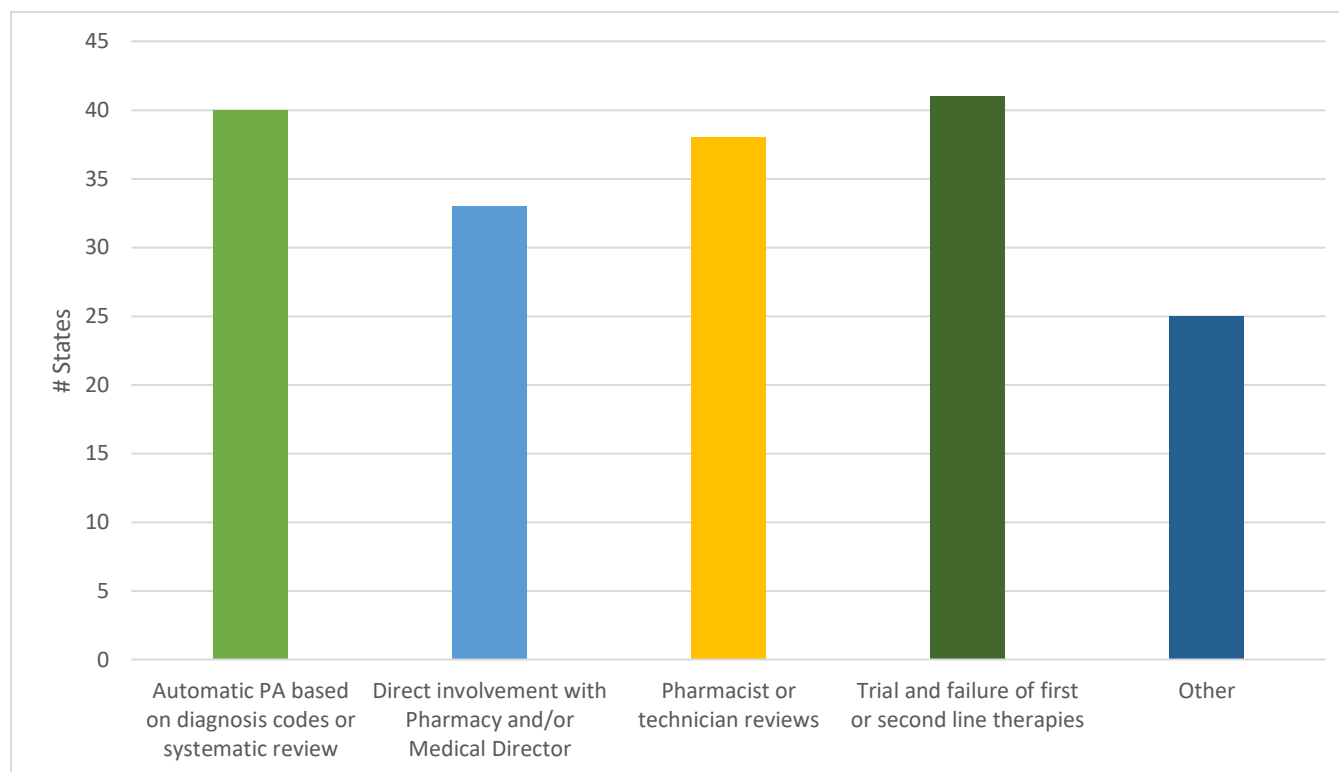


Table 26 - Documented Process in Place for Beneficiaries to Access Any Covered Outpatient Drug (COD) when Medically Necessary

Response	States	Count	Percentage
Automatic PA based on diagnosis codes or systematic review	Alabama, Alaska, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New York, North Carolina, North Dakota, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	40	22.60%
Direct involvement with Pharmacy and/or Medical Director	Alabama, Alaska, Arkansas, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Mississippi, Missouri, Montana, Nebraska, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	33	18.64%
Pharmacist or technician reviews	Alabama, Alaska, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maine,	38	21.47%

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Response	States	Count	Percentage
	Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Virginia, Washington, West Virginia, Wisconsin, Wyoming		
Trial and failure of first or second line therapies	Alabama, Alaska, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	41	23.16%
Other	Arizona, Arkansas, California, Colorado, Florida, Illinois, Indiana, Iowa, Kansas, Maryland, Michigan, Minnesota, Nevada, New Hampshire, New Mexico, North Carolina, Ohio, Oregon, South Carolina, Texas, Utah, Vermont, Washington, West Virginia, Wisconsin	25	14.12%
Total		177	100.00%

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

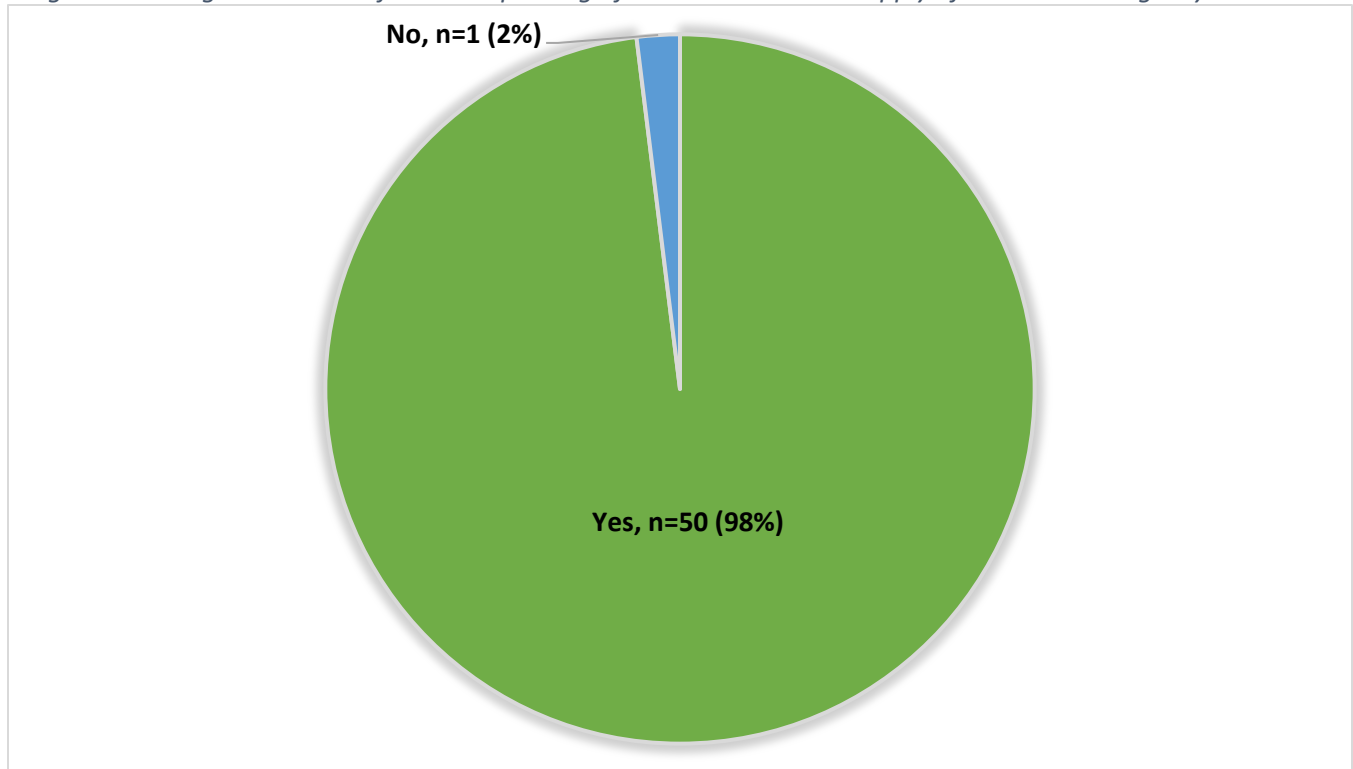


Table 27 - Program Provides for the Dispensing of at least a 72-Hour Supply of a COD in Emergency Situations

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	50	98.04%
No	New Mexico	1	1.96%
Total		51	100.00%

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If “Yes,” please check all that apply (multiple responses allowed).

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

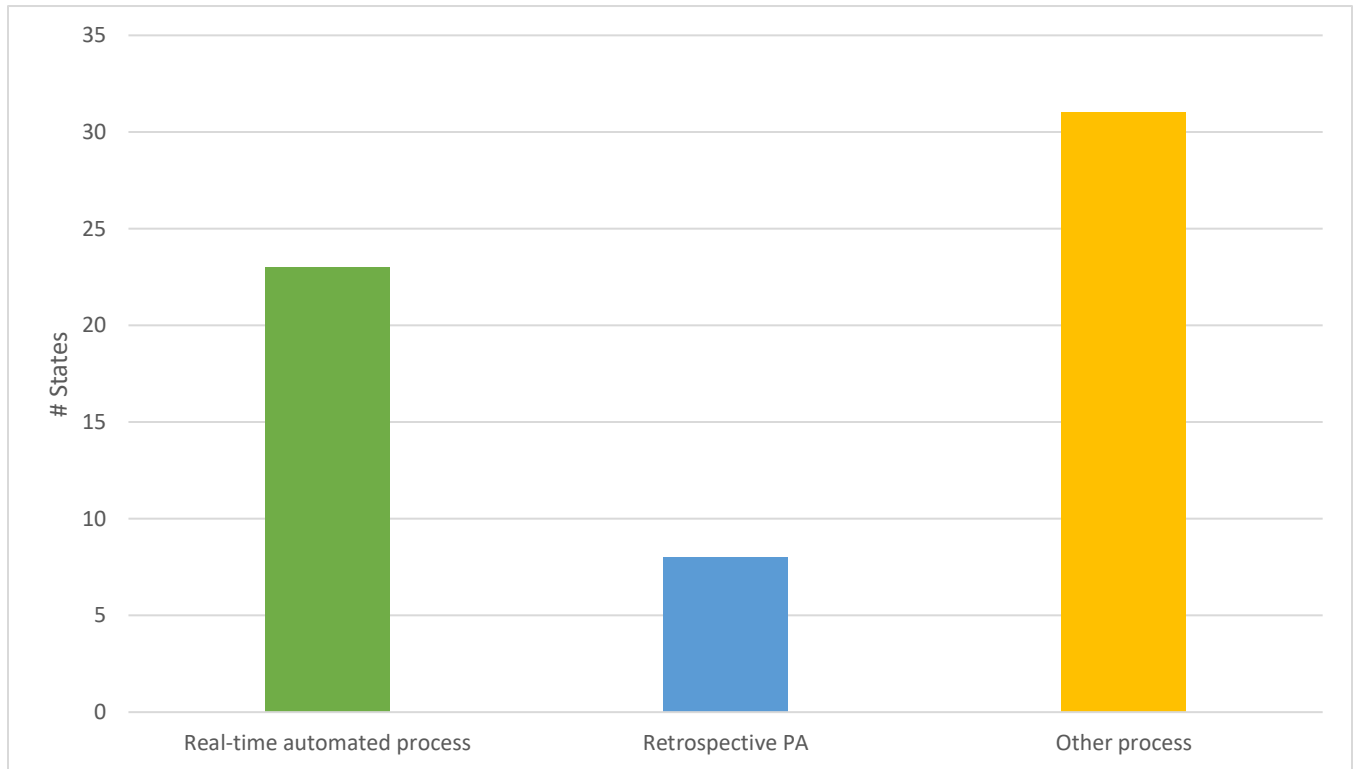


Table 28 - Process for the Dispensing of at least a 72-Hour Supply of CODs in Emergency Situations

Response	States	Count	Percentage
Real-time automated process	California, Delaware, Hawaii, Iowa, Kentucky, Louisiana, Maine, Massachusetts, Mississippi, Montana, New Jersey, North Carolina, North Dakota, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Vermont, West Virginia, Wisconsin, Wyoming	23	37.10%
Retrospective PA	Delaware, Illinois, Minnesota, Missouri, Montana, Nevada, North Carolina, Oklahoma	8	12.90%
Other process	Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Kentucky, Maryland, Michigan, Nebraska, Nevada, New Hampshire, New York, North Carolina, Oklahoma, Oregon, South Carolina, South Dakota, Utah, Virginia, Washington, West Virginia, Wisconsin	31	50.00%
Total		62	100.00%

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

Table 29 - Top Drug Claims Data Reviewed by the DUR Board*

Column 1 Top Prior Authorization (PA) Requests by Drug Name, report at generic ingredient level	Column 2 Top Prior Authorization (PA) Requests by Drug Class	Column 3 Top 5 DUR Claim Denial Reasons (i.e., Quantity Limits (QL), Early Refill (ER), PA, Therapeutic Duplications (TD) and Age Edits (AE))	Column 4 Top Drug Names by Amount Paid, report at generic ingredient level	Column 5 Top Drug Names by Claim Count, report at generic ingredient level
Tirzepatide	Ataractics - tranquilizers	Therapeutic Duplication	Adalimumab	Albuterol
Alprazolam	Dermatologicals	Drug-drug Interaction	Bictegravir/ emtricitabine/ tenofovir	Ibuprofen
Semaglutide	Diabetic Therapy	Ingredient Duplication	Semaglutide	Amoxicillin
Lidocaine	Analgesics, Narcotic Agents	Over Utilization Precaution	Paliperidone	Gabapentin
Oxycodone	Anesthetic Agents	Additive Toxicity	Dulaglutide	Atorvastatin
Ciclopirox	Glucocorticoid Agents	N/A	Empagliflozin	Metformin
Clobetasol	Antiarthritics	N/A	Emicizumab	Fluticasone

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

12. Section 1927(g)(A) of the Social Security Act requires that the pharmacist offer patient counseling at the time of dispensing. Who in your state has responsibility for monitoring compliance with the oral counseling requirement (multiple responses allowed)?

Figure 30 - Monitoring Oral Counseling Requirements

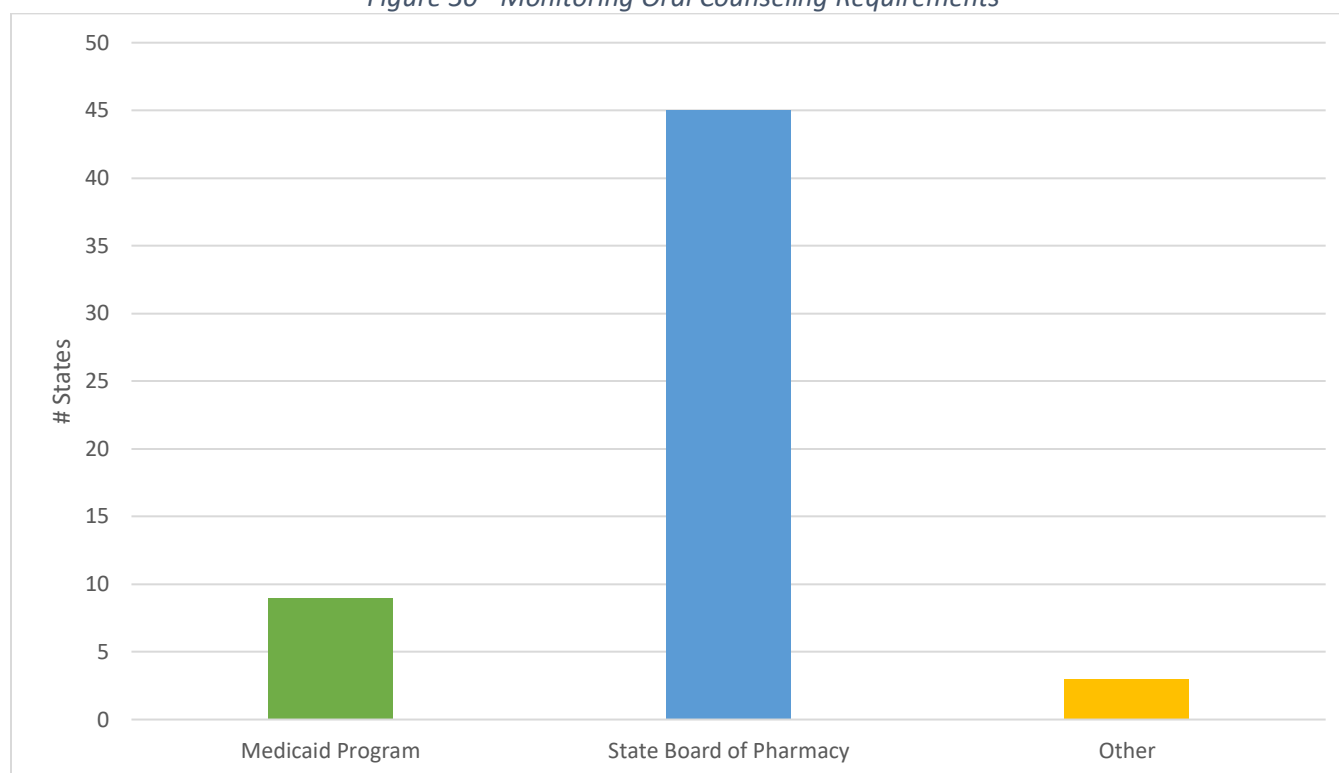


Table 30 - Monitoring Oral Counseling Requirements

Response	States	Count	Percentage
Medicaid Program	Colorado, Connecticut, Florida, Hawaii, Kansas, Minnesota, New York, South Carolina, Vermont	9	15.79%
State Board of Pharmacy	Alabama, Alaska, Arizona, Arkansas, California, Delaware, District of Columbia, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Vermont, Virginia, West Virginia, Wisconsin, Wyoming	45	78.95%
Other	Illinois, Utah, Washington	3	5.26%
Total		57	100.00%

Section III - Retrospective DUR (RetroDUR)

1. Indicate the type of vendor that performed your RetroDUR activities during the time period covered by this report.

Figure 31 - Type of Vendor that Performed RetroDUR Activities

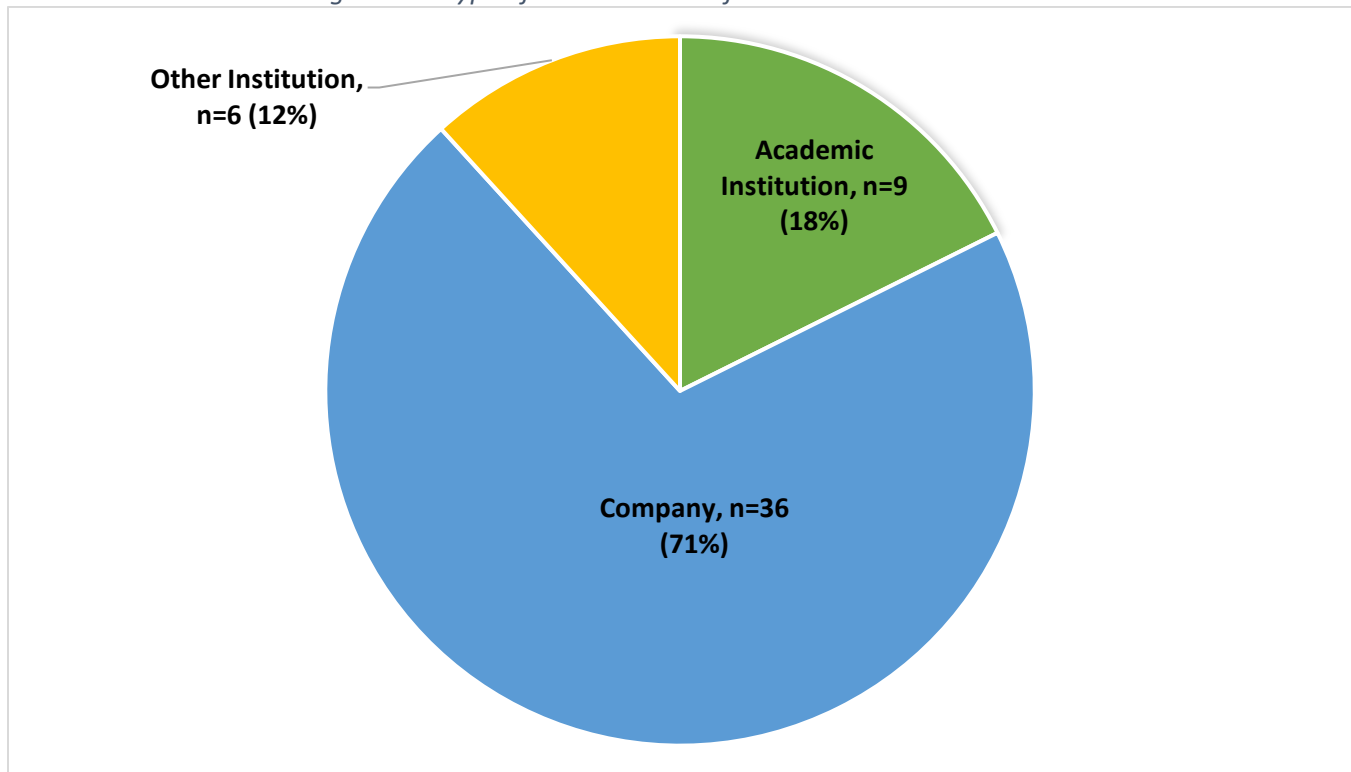


Table 31 - Type of Vendor that Performed RetroDUR Activities

Response	States	Count	Percentage
Academic Institution	California, Colorado, Illinois, Massachusetts, Mississippi, Oklahoma, Oregon, South Carolina, Wyoming	9	17.65%
Company	Alabama, Alaska, Arizona, Arkansas, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Michigan, Minnesota, Missouri, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Vermont, Virginia, West Virginia	36	70.59%
Other Institution	Hawaii, Montana, Nebraska, Utah, Washington, Wisconsin	6	11.76%
Total		51	100.00%

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a. Identify, by name, your RetroDUR vendor

Table 32 - Vendor Names

Response	States	Count	Percentage
Optum Rx Administrative Services, LLC.	Arizona, Indiana, Tennessee	3	8.33%
Gainwell Technologies	Delaware, Louisiana, New Jersey	3	8.33%
Conduent	District of Columbia, Missouri, New Mexico, Texas	4	11.11%
Prime Therapeutics/Magellan Rx Management	Alaska, Arkansas, Florida, Idaho, Kentucky, Michigan, Nevada, New Hampshire, Virginia	9	25.00%
NorthStar Healthcare Consulting	Georgia	1	2.77%
GDIT	North Carolina	1	2.77%
Acentra Health (formerly Kepro, formerly HID)	Alabama, Connecticut, Kansas, Maryland, Minnesota, New York, North Dakota, Rhode Island, South Dakota, West Virginia,	10	27.77%
Change Healthcare (10/1/2022-6/30/2023) Gainwell Technologies (7/1/2023-Present)	Ohio	1	2.77%
Change Healthcare/Optum	Iowa, Maine, Pennsylvania, Vermont	4	11.11%
Total		36	100.00%

Table 33 - Academic/Other Institution Names

State	Academic/Other Institution Name
California	University of California, San Francisco (UCSF)
Colorado	The Regents of the University of Colorado, Skaggs School of Pharmacy and Pharmaceutical Sciences
Hawaii	State and Conduent State Healthcare and Koan
Illinois	University of Illinois Chicago College of Pharmacy staff and Change Healthcare RetroDUR
Massachusetts	University of Massachusetts Chan Medical School
Mississippi	MS-DUR, University of Mississippi School of Pharmacy
Montana	Mountain Pacific Quality Health Foundation
Nebraska	Nebraska Medicaid DHHS
Oklahoma	University of Oklahoma College of Pharmacy: Pharmacy Management Consultants
Oregon	Oregon State University, College of Pharmacy, Drug Use Research & Management (DURM) Program
South Carolina	The Medical University of South Carolina (MUSC) and Magellan/PRIME
Utah	Utah Medicaid Pharmacy Team
Washington	Health Care Authority
Wisconsin	Acentra (formerly Kepro)
Wyoming	University of Wyoming, School of Pharmacy

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b. Is the RetroDUR vendor the Medicaid Management Information System (MMIS) fiscal agent?

Figure 32 - Is RetroDUR Vendor the State MMIS Fiscal Agent

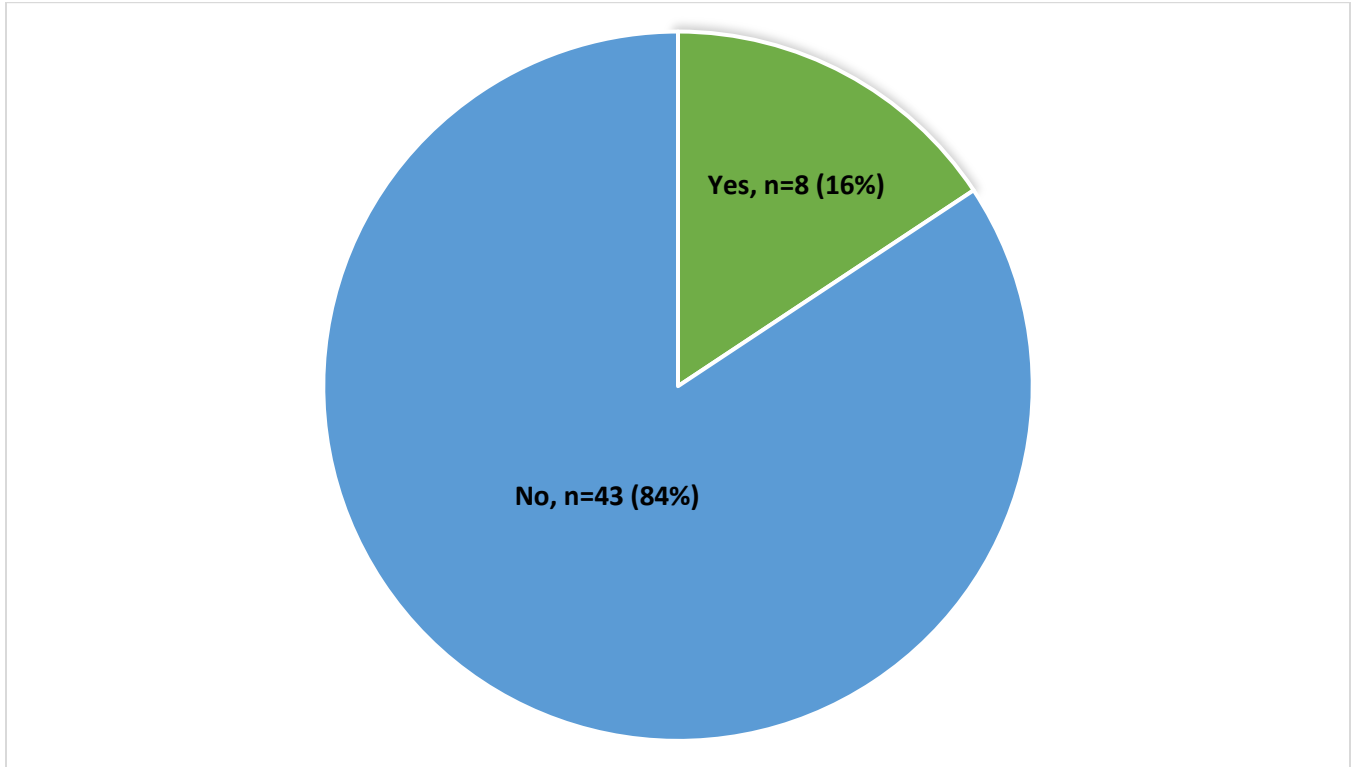


Table 34 - Is RetroDUR Vendor the State MMIS Fiscal Agent

Response	States	Count	Percentage
Yes	Delaware, District of Columbia, Hawaii, Louisiana, New Jersey, New Mexico, Ohio, Virginia	8	15.69%
No	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Washington, West Virginia, Wisconsin, Wyoming	43	84.31%
Total		51	100.00%

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

Figure 33 - RetroDUR Vendor is the Developer/Supplier of Retrospective DUR Criteria

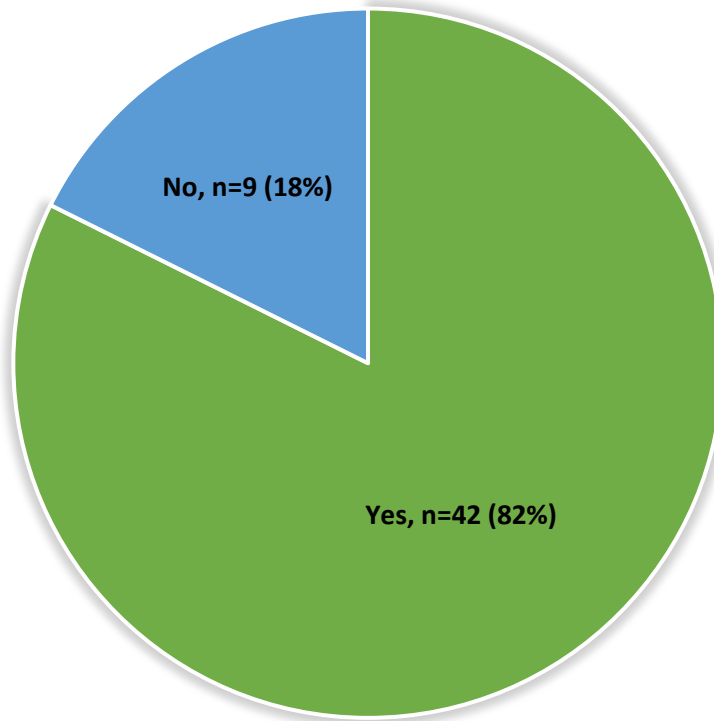


Table 35 - RetroDUR Vendor is the Developer/Supplier of Retrospective DUR Criteria

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Georgia, Illinois, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Dakota, Tennessee, Texas, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	42	82.35%
No	California, Florida, Hawaii, Idaho, Indiana, Louisiana, Pennsylvania, South Carolina, Utah	9	17.65%
Total		51	100.00%

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d. Does your state customize your RetroDUR vendor criteria?

Figure 34 - Does State Customize RetroDUR Vendor Criteria

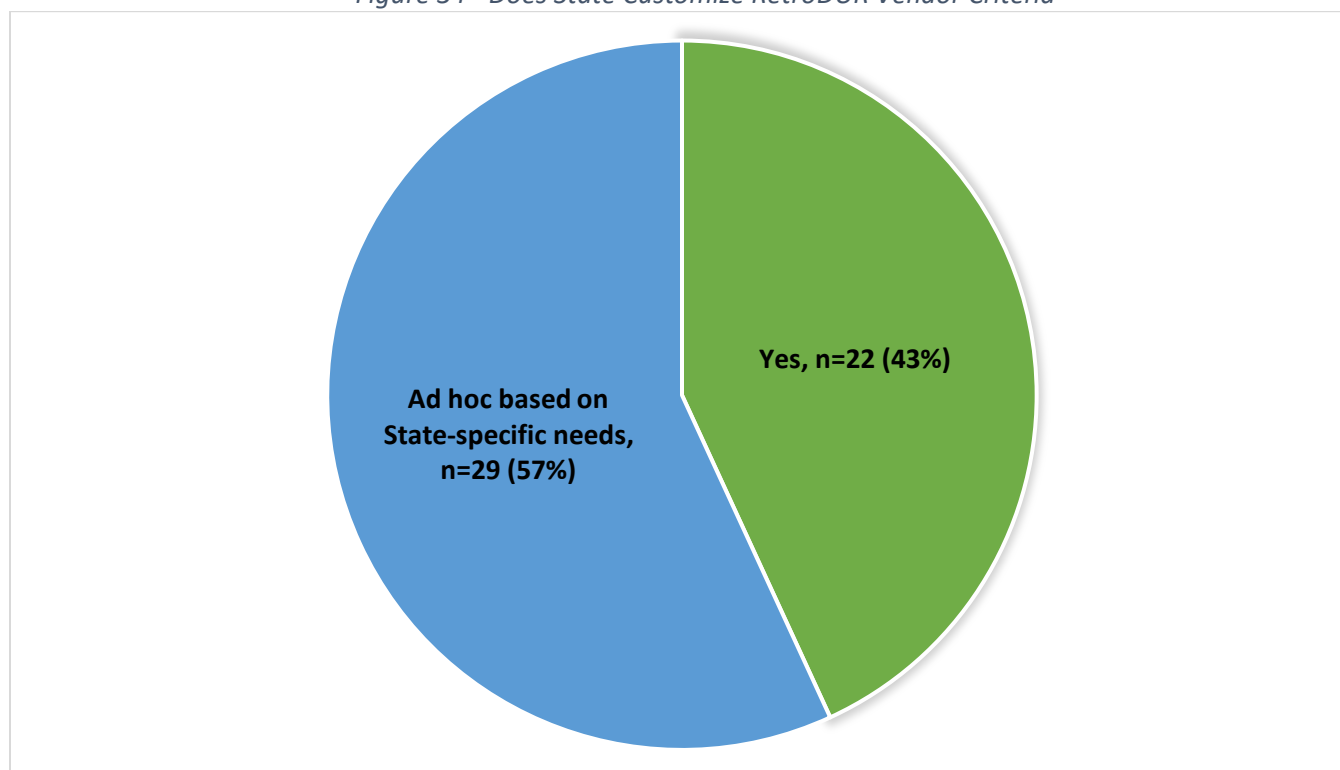


Table 36 - Does State Customize RetroDUR Vendor Criteria

Response	States	Count	Percentage
Yes	Alabama, Arizona, California, Colorado, Indiana, Kentucky, Massachusetts, Minnesota, Missouri, Montana, Nebraska, Nevada, New Jersey, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Texas, Utah, Virginia, West Virginia	22	43.14%
Ad hoc based on state-specific needs	Alaska, Arkansas, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Iowa, Kansas, Louisiana, Maine, Maryland, Michigan, Mississippi, New Hampshire, New Mexico, New York, North Dakota, Rhode Island, South Carolina, South Dakota, Tennessee, Vermont, Washington, Wisconsin, Wyoming	29	56.86%
Total		51	100.00%

2. How often does your state perform retrospective practitioner-based education?

Figure 35 - Frequency of Retrospective Practitioner-Based Education

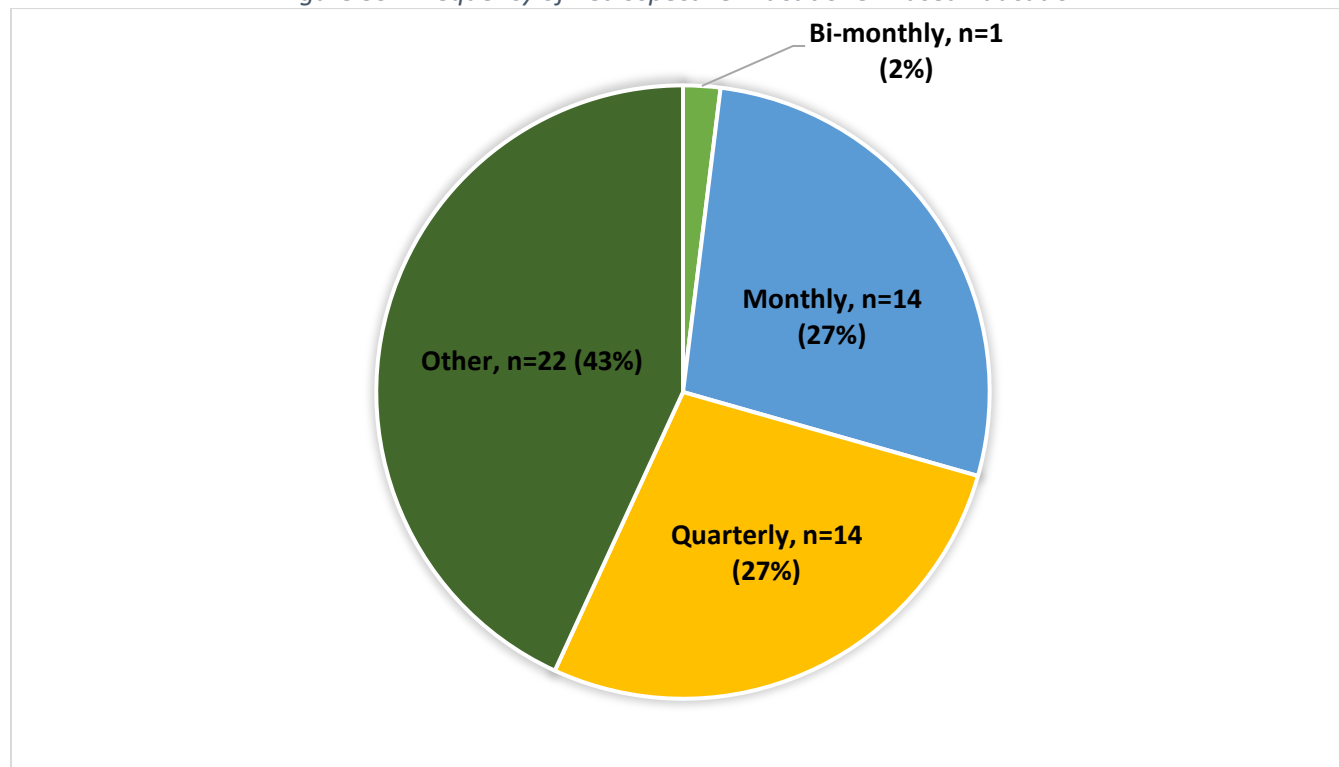


Table 37 - Frequency of Retrospective Practitioner-Based Education

Response	States	Count	Percentage
Bi-monthly	Oregon	1	1.96%
Monthly	Connecticut, Louisiana, Massachusetts, Mississippi, Montana, New Hampshire, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Dakota, Virginia	14	27.45%
Quarterly	Alabama, Alaska, Colorado, District of Columbia, Georgia, Kentucky, Maine, Michigan, Minnesota, Missouri, New Mexico, North Dakota, Tennessee, West Virginia	14	27.45%
Other	Arizona, Arkansas, California, Delaware, Florida, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Maryland, Nebraska, Nevada, New Jersey, South Carolina, Texas, Utah, Vermont, Washington, Wisconsin, Wyoming	22	43.14%
Total		51	100.00%

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

Figure 36 - Frequency of Retrospective Reviews that Involve Communication of Client-Specific Information to Healthcare Practitioners

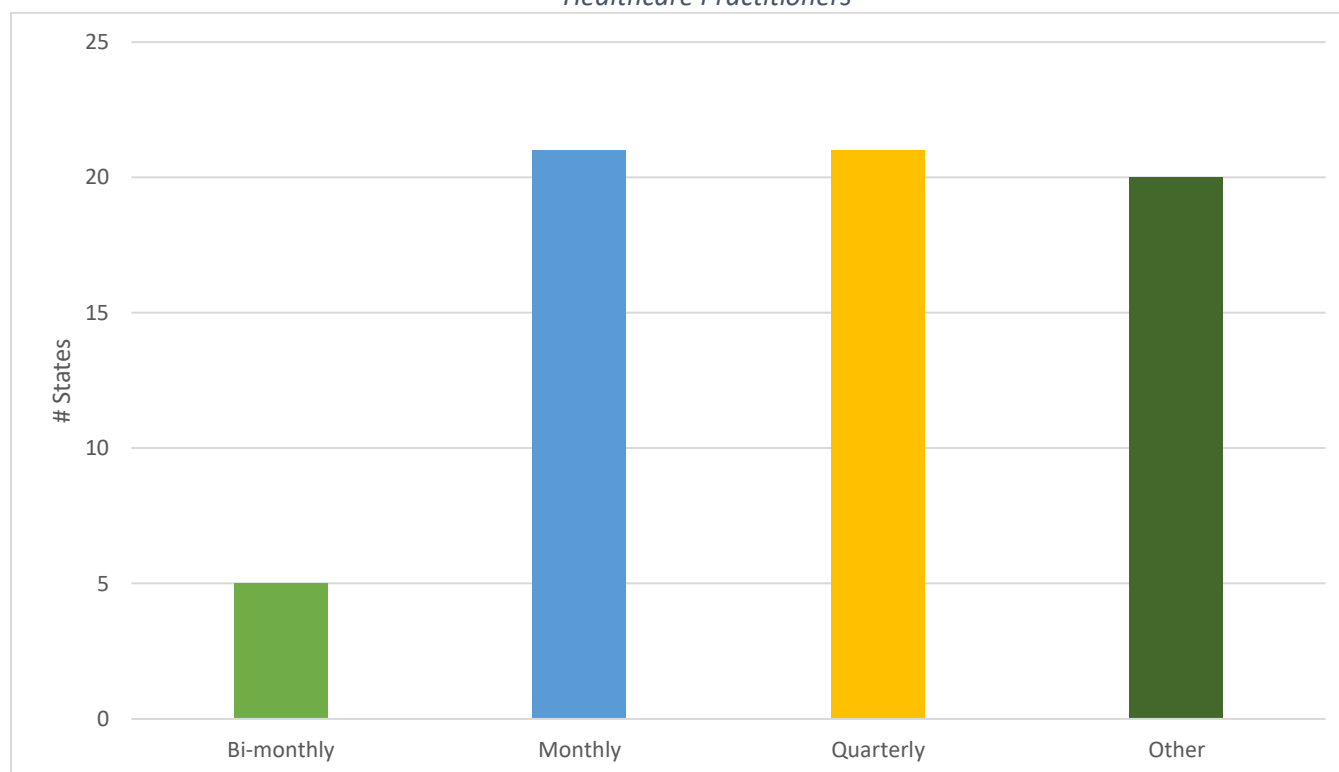


Table 38 - Frequency of Retrospective Reviews that Involve Communication of Client-Specific Information to Healthcare Practitioners

Response	States	Count	Percentage
Bi-monthly	Illinois, Indiana, Maine, Nevada, Utah	5	7.46%
Monthly	Arkansas, Connecticut, District of Columbia, Louisiana, Maryland, Massachusetts, Mississippi, Montana, New Hampshire, New York, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Dakota, Tennessee, Utah, Virginia, West Virginia, Wisconsin, Wyoming	21	31.34%
Quarterly	Alabama, Alaska, Colorado, District of Columbia, Georgia, Iowa, Kentucky, Maine, Maryland, Michigan, Minnesota, Missouri, New Mexico, North Carolina, North Dakota, Oklahoma, South Carolina, Tennessee, Utah, Wisconsin, Wyoming	21	31.34%
Other	Arizona, Arkansas, California, Delaware, Florida, Hawaii, Idaho, Illinois, Indiana, Kansas, Nebraska, New Jersey, Oregon, South Carolina, Texas, Utah, Vermont, Virginia, Washington, Wisconsin	20	29.85%
Total		67	100.00%

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

Figure 37 - Preferred Mode of Communication When Performing RetroDUR Initiatives

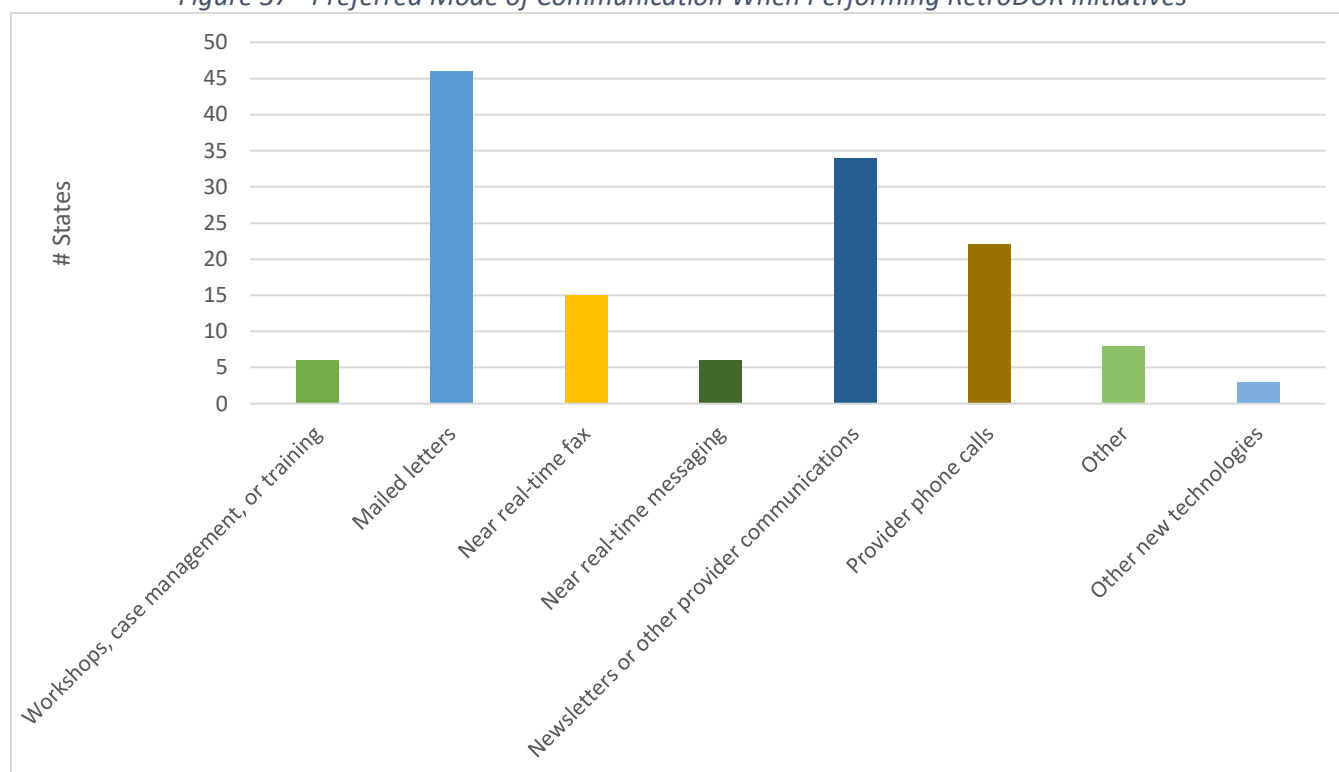


Table 39 - Preferred Mode of Communication When Performing RetroDUR Initiatives

Response	States	Count	Percentage
Focused workshops, case management, or WebEx training	District of Columbia, Florida, Missouri, Oklahoma, Oregon, South Carolina	6	4.29%
Mailed letters	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	46	32.86%
Near real-time fax	Arizona, Arkansas, Georgia, Illinois, Indiana, Maine, Massachusetts, Nebraska, Nevada, New Jersey, Oklahoma, Oregon, South Carolina, Washington, West Virginia	15	10.71%
Near real-time messaging	Florida, Georgia, Massachusetts, South Carolina, Vermont, Washington	6	4.29%
Newsletters or other non-direct provider communications	Alabama, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland,	34	24.29%

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Response	States	Count	Percentage
	Michigan, Mississippi, Montana, Nebraska, New Jersey, New Mexico, North Carolina, Ohio, Oklahoma, Oregon, South Carolina, Utah, Vermont, Washington, West Virginia, Wisconsin, Wyoming		
Provider phone calls	Alaska, Delaware, District of Columbia, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Maine, Massachusetts, Michigan, Montana, Nebraska, New Jersey, Ohio, Oklahoma, South Carolina, Utah, Vermont, Washington, Wisconsin	22	15.71%
Other	Hawaii, Illinois, Michigan, New Mexico, North Carolina, South Carolina, Vermont, Washington	8	5.71%
Other new technologies such as apps or Quick Response (QR) codes	Ohio, South Carolina, West Virginia	3	2.14%
Total		140	100.00%

3. Summary 1 - RetroDUR Educational Outreach

See the “State FFS Individual Reports” for details at [Medicaid.gov](https://www.Medicaid.gov).

Section IV - DUR Board Activity

1. Does your state have an approved Medication Therapy Management (MTM) Program?

Figure 38 - State has an Approved Medication Therapy Management Program

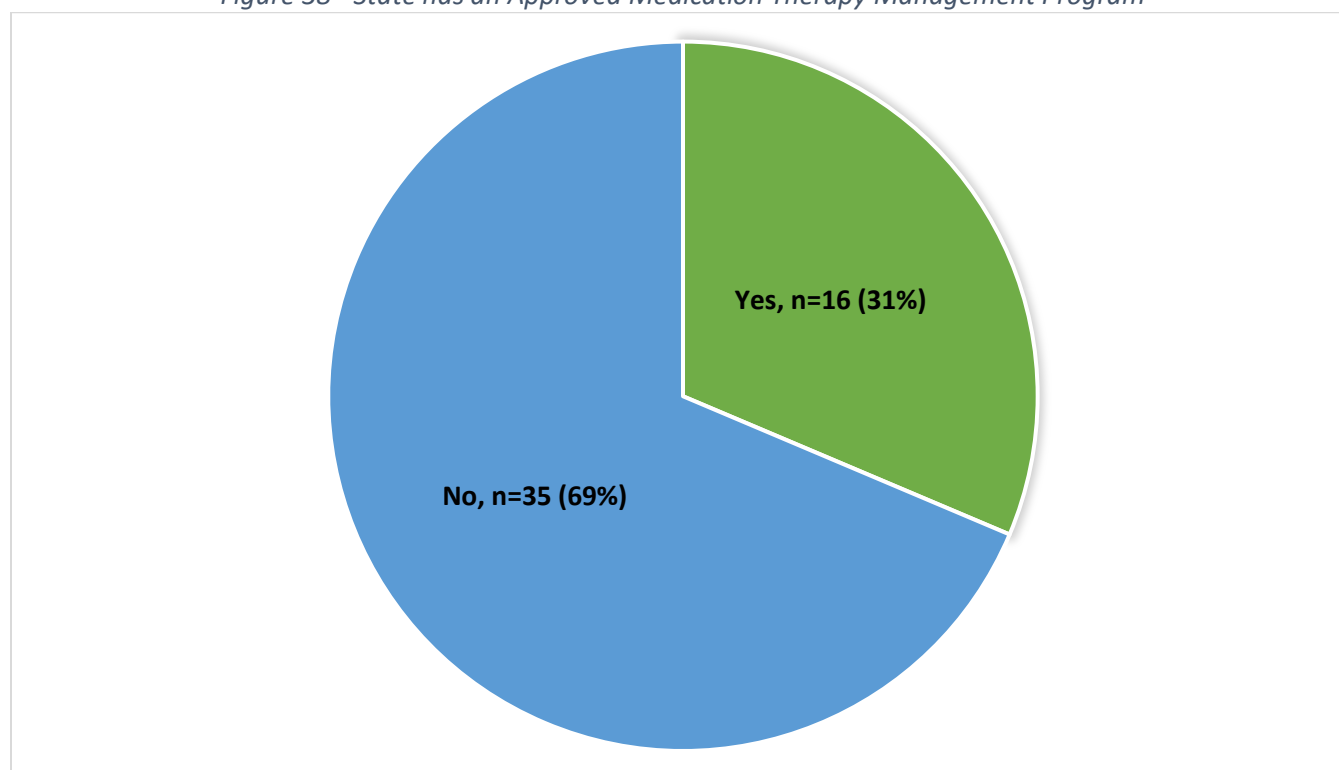


Table 40 - State has an Approved Medication Therapy Management Program

Response	States	Count	Percentage
Yes	California, Colorado, Florida, Idaho, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, North Dakota, Oklahoma, Tennessee, Texas, Utah, Vermont, Wisconsin	16	31.37%
No	Alabama, Alaska, Arizona, Arkansas, Connecticut, Delaware, District of Columbia, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Virginia, Washington, West Virginia, Wyoming	35	68.63%
Total		51	100.00%

2. Summary 2 - DUR Board Activities

See the "State FFS Individual Reports" for details at [Medicaid.gov](https://www.medicicaid.gov).

Section V - Physician-Administered Drugs

1. Has your MMIS been designed to incorporate national drug code (NDC) numbers for covered outpatient physician administered drugs into your DUR criteria for ProDUR?

Figure 39 - Incorporation of NDCs for Covered Outpatient Drugs Administered by Physicians into DUR Criteria for ProDUR

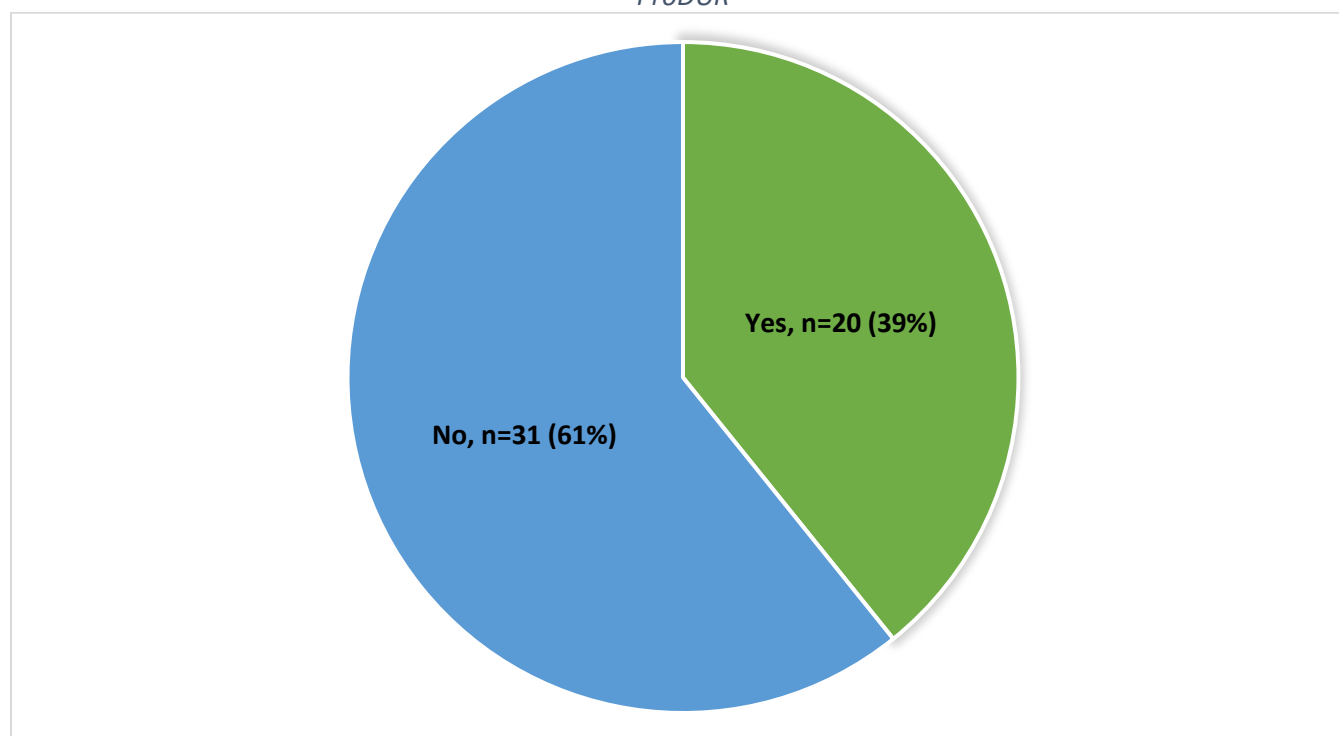


Table 41 - Incorporation of NDCs for Covered Outpatient Drugs Administered by Physicians into DUR Criteria for ProDUR

Response	States	Count	Percentage
Yes	Alaska, Colorado, Delaware, Georgia, Hawaii, Illinois, Kentucky, Maine, Massachusetts, Michigan, Missouri, Montana, Oklahoma, Pennsylvania, South Carolina, Utah, Vermont, Virginia, Washington, Wyoming	20	39.22%
No	Alabama, Arizona, Arkansas, California, Connecticut, District of Columbia, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Maryland, Minnesota, Mississippi, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oregon, Rhode Island, South Dakota, Tennessee, Texas, West Virginia, Wisconsin	31	60.78%
Total		51	100.00%

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

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

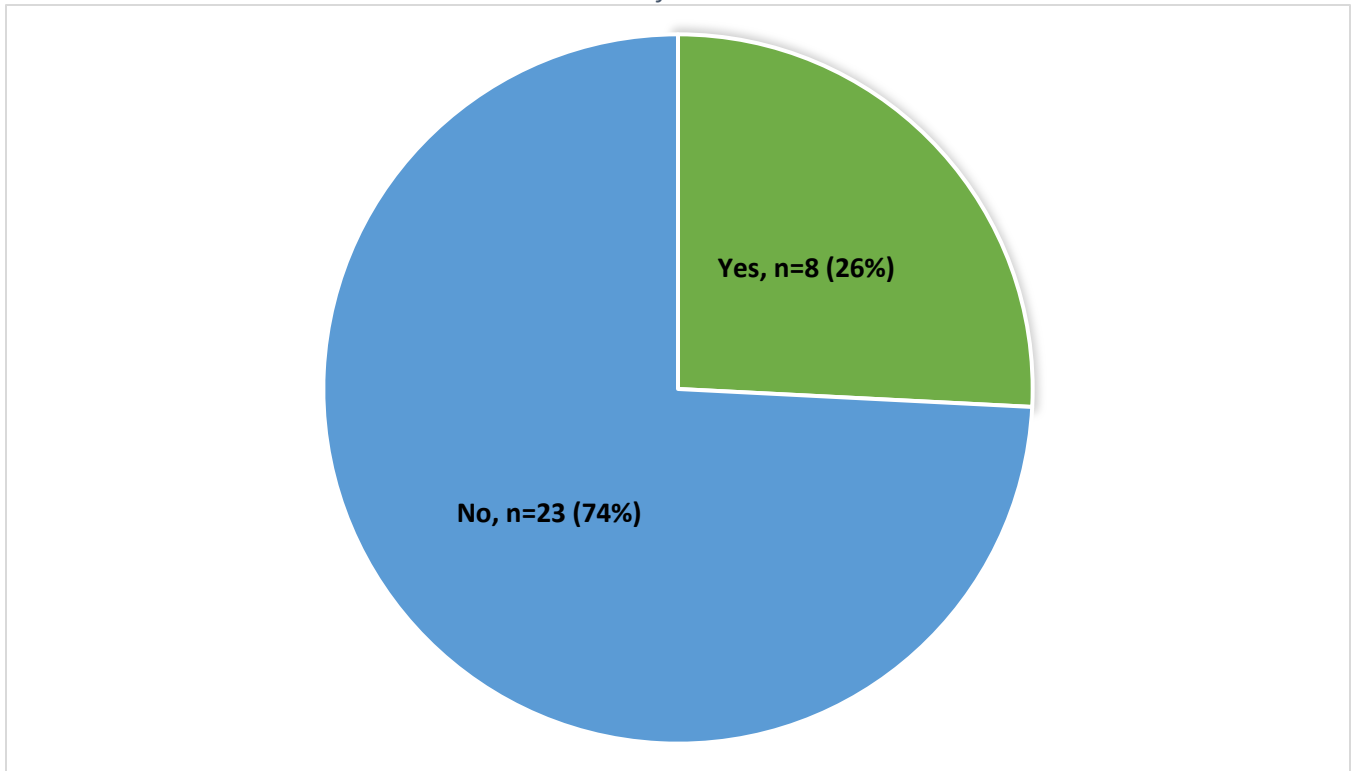


Table 42 - Future Plans to Incorporate NDCs for Covered Outpatient Physician-Administered Drugs into DUR Criteria for ProDUR

Response	States	Count	Percentage
Yes	Arkansas, District of Columbia, Florida, Maryland, Mississippi, New Jersey, New York, North Dakota	8	25.81%
No	Alabama, Arizona, California, Connecticut, Idaho, Indiana, Iowa, Kansas, Louisiana, Minnesota, Nebraska, Nevada, New Hampshire, New Mexico, North Carolina, Ohio, Oregon, Rhode Island, South Dakota, Tennessee, Texas, West Virginia, Wisconsin	23	74.19%
Total		31	100.00%

2. Has your MMIS been designed to incorporate national drug code (NDC) numbers for covered outpatient physician administered drugs into your DUR criteria for RetroDUR?

Figure 41 - Incorporation of NDCs for Covered Outpatient Physician-Administered Drugs into DUR Criteria for RetroDUR

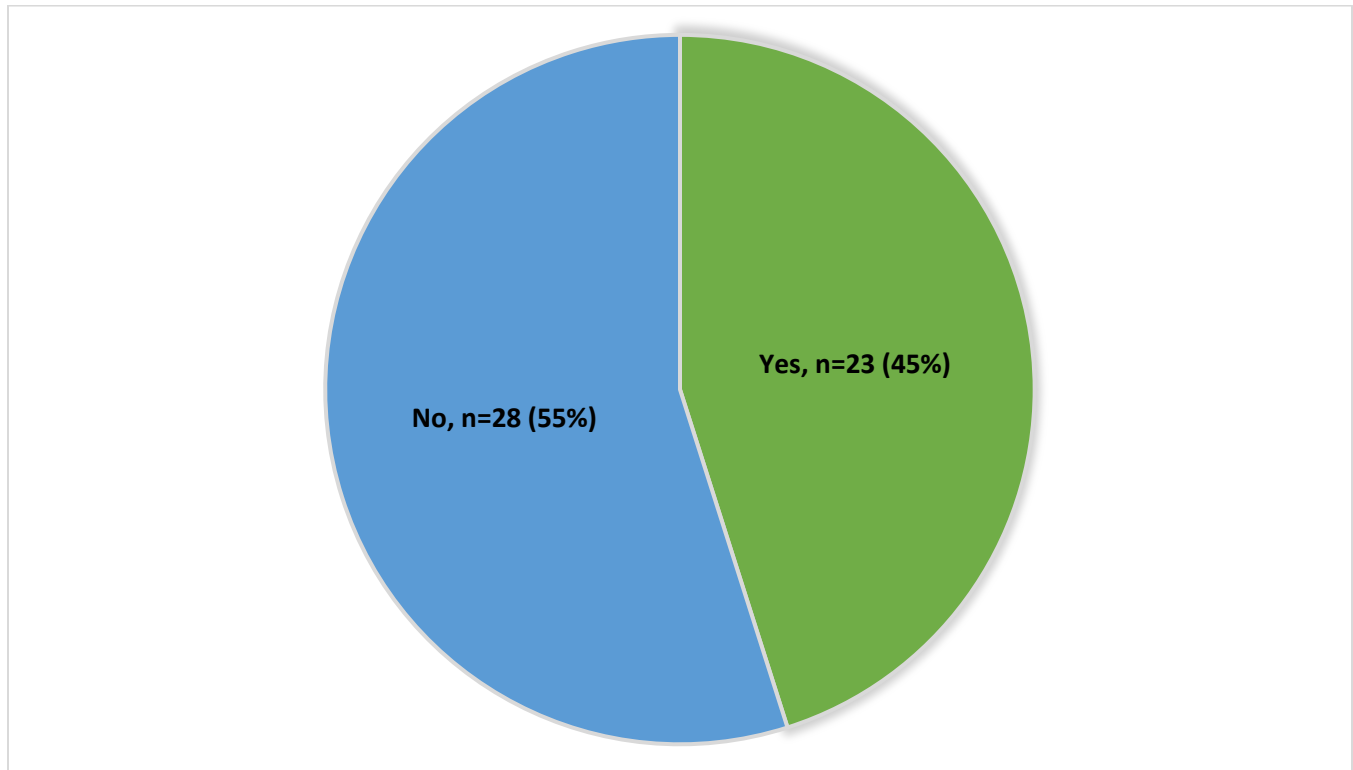


Table 43 - Incorporation of NDCs for Covered Outpatient Physician-Administered Drugs into DUR Criteria for RetroDUR

Response	States	Count	Percentage
Yes	Alaska, California, Colorado, Florida, Georgia, Hawaii, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Missouri, Nevada, New Hampshire, North Dakota, Ohio, Oregon, Pennsylvania, South Carolina, Utah, Vermont, Virginia, Washington	23	45.10%
No	Alabama, Arizona, Arkansas, Connecticut, Delaware, District of Columbia, Idaho, Illinois, Indiana, Iowa, Kansas, Maryland, Minnesota, Mississippi, Montana, Nebraska, New Jersey, New Mexico, New York, North Carolina, Oklahoma, Rhode Island, South Dakota, Tennessee, Texas, West Virginia, Wisconsin, Wyoming	28	54.90%
Total		51	100.00%

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

Figure 42 - Future Plans to Incorporate NDCs for Covered Outpatient Physician-Administered Drugs into DUR Criteria for RetroDUR

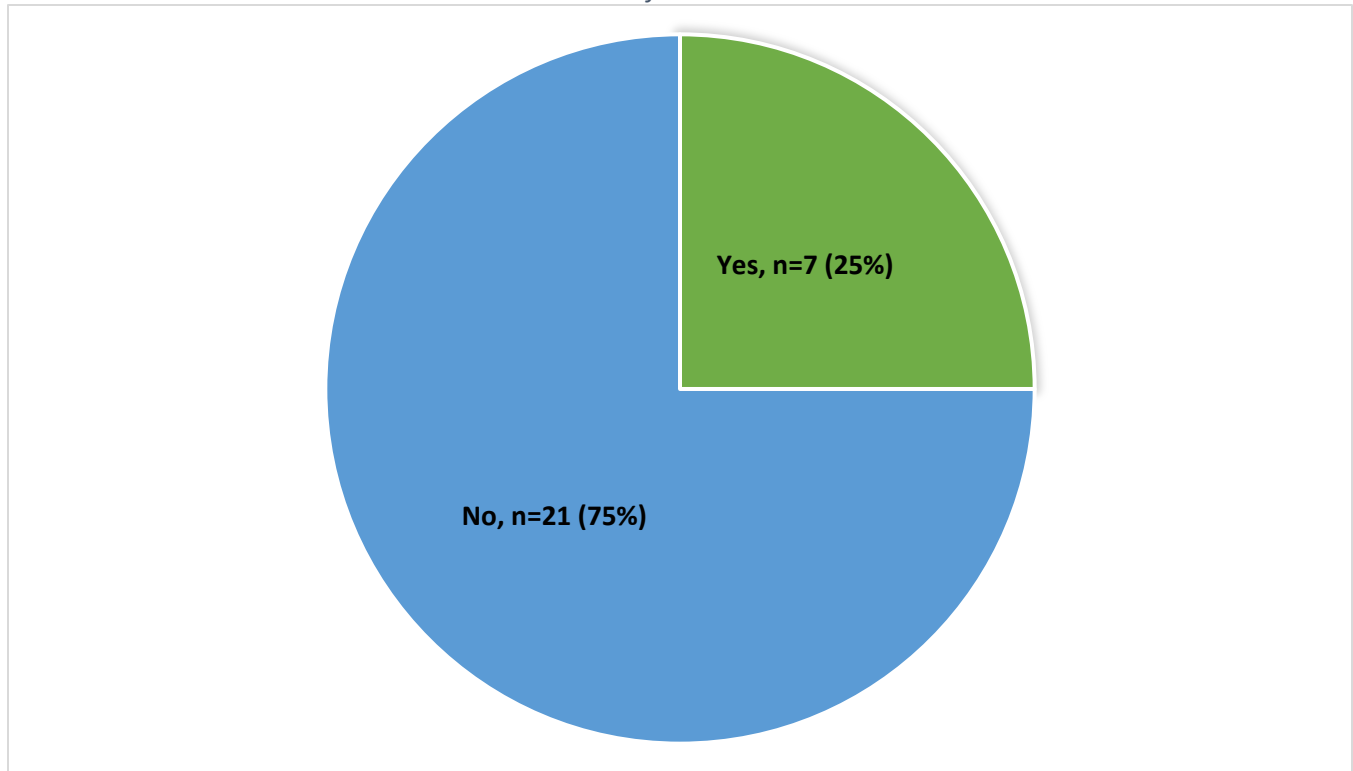


Table 44 - Future Plans to Incorporate NDCs for Covered Outpatient Physician-Administered Drugs into DUR Criteria for RetroDUR

Response	States	Count	Percentage
Yes	Arkansas, District of Columbia, Idaho, Maryland, New Jersey, New York, North Carolina	7	25.00%
No	Alabama, Arizona, Connecticut, Delaware, Illinois, Indiana, Iowa, Kansas, Minnesota, Mississippi, Montana, Nebraska, New Mexico, Oklahoma, Rhode Island, South Dakota, Tennessee, Texas, West Virginia, Wisconsin, Wyoming	21	75.00%
Total		28	100.00%

Section VI - Generic Policy and Utilization Data

1. Summary 3 - Generic Drug Substitution Policies

See the “State FFS Individual Reports” for details at [Medicaid.gov](https://www.Medicaid.gov).

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

Figure 43 - More Restrictive State Requirements than the Prescriber Writing in His Own Handwriting “Brand Medically Necessary” for a Brand Name Drug

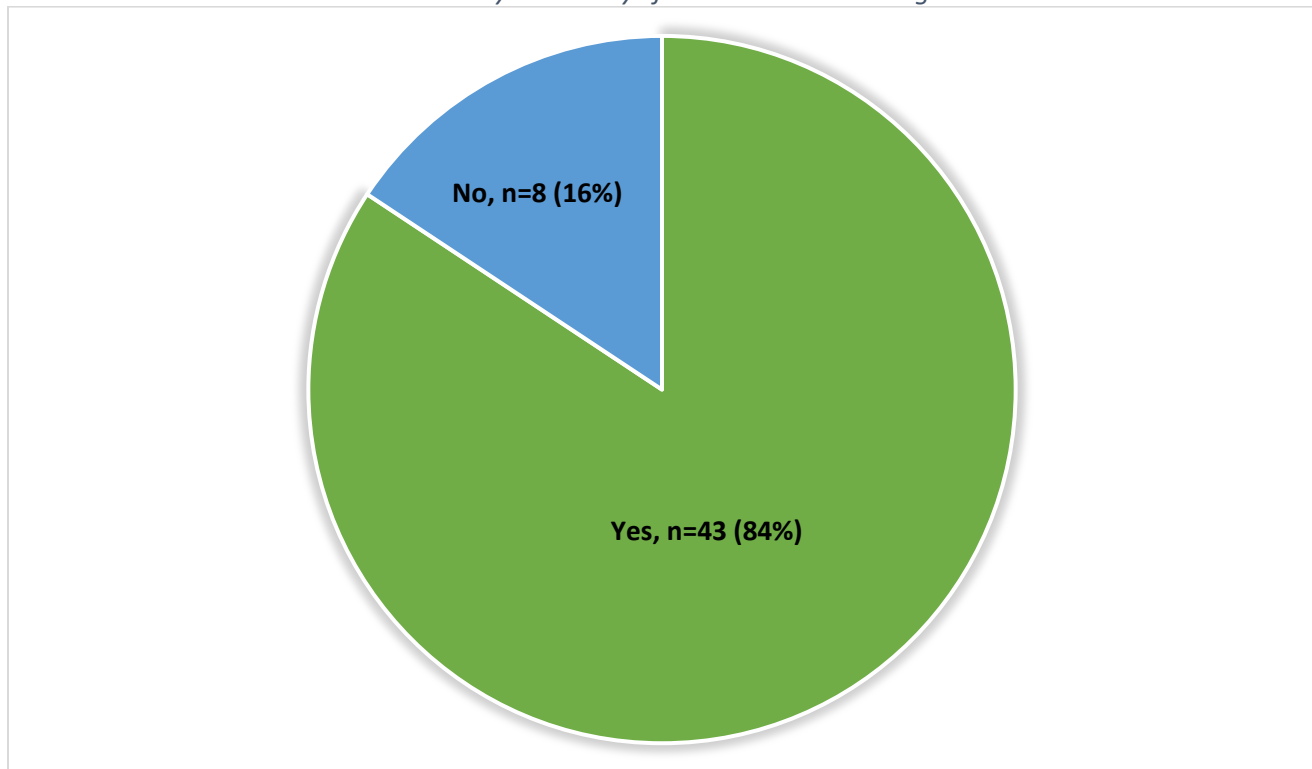


Table 45 - More Restrictive State Requirements than the Prescriber Writing in His Own Handwriting “Brand Medically Necessary” for a Brand Name Drug

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Washington, West Virginia, Wisconsin, Wyoming	43	84.31%

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Response	States	Count	Percentage
No	Florida, Hawaii, Kentucky, Louisiana, Maryland, New Mexico, Rhode Island, Virginia	8	15.69%
Total		51	100.00%

If “Yes,” please check all that apply (multiple responses allowed).

Figure 44 - Additional Restrictive State Requirements for Dispensing a Brand Name Drug

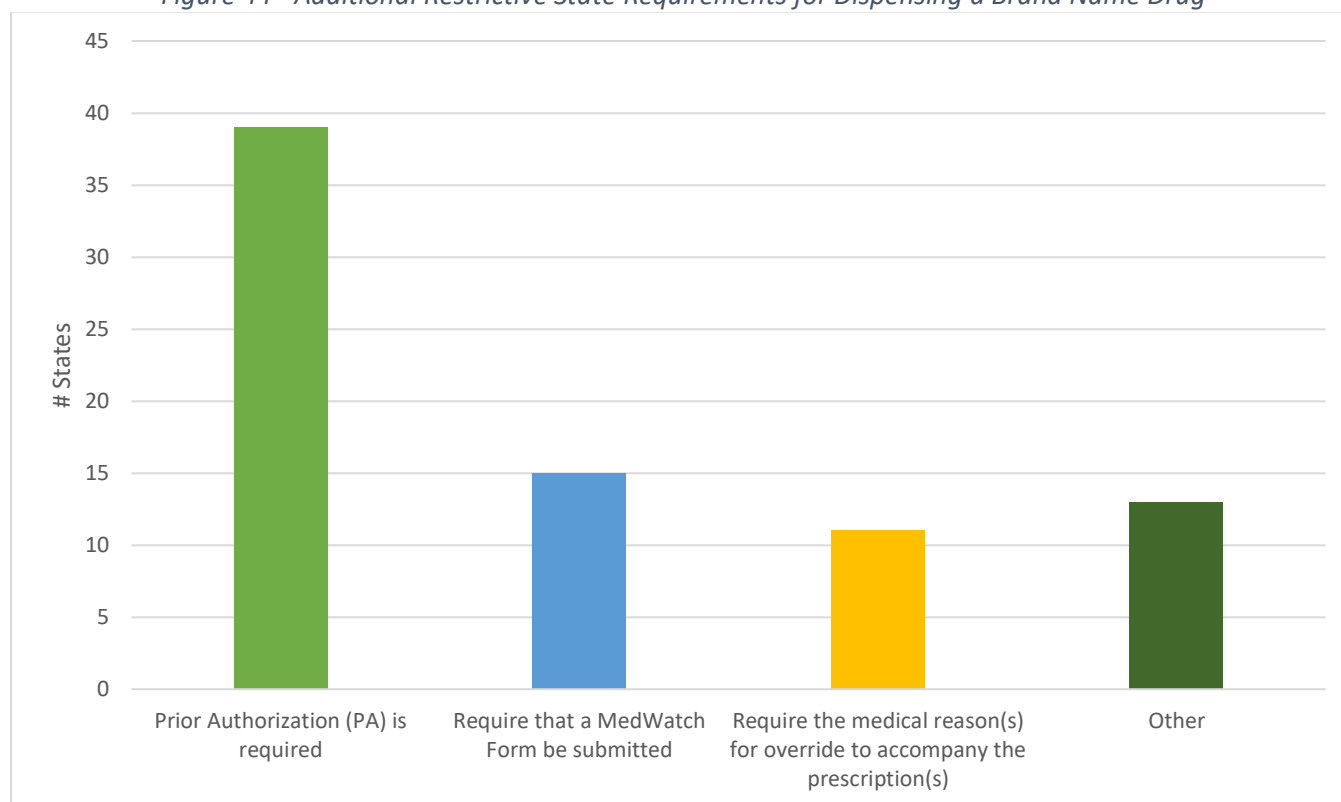


Table 46 - Additional Restrictive State Requirements for Dispensing a Brand Name Drug

Response	States	Count	Percentage
Prior Authorization (PA) is required	Alabama, Alaska, Arizona, Arkansas, California, Delaware, District of Columbia, Georgia, Illinois, Indiana, Iowa, Kansas, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Washington, West Virginia, Wisconsin, Wyoming	39	50.00%
Require that a MedWatch Form be submitted	Alabama, Arkansas, Connecticut, Delaware, Idaho, Indiana, Iowa, Maine, Mississippi, Nevada, North Dakota, South Carolina, Tennessee, West Virginia, Wyoming	15	19.23%

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Response	States	Count	Percentage
Require the medical reason(s) for override to accompany the prescription(s)	Alabama, Delaware, Idaho, Mississippi, Missouri, Nevada, North Dakota, Oklahoma, South Carolina, Tennessee, West Virginia	11	14.10%
Other	Colorado, Connecticut, Delaware, Idaho, Michigan, Nebraska, Nevada, North Carolina, Ohio, South Dakota, Texas, Utah, Wisconsin	13	16.67%
Total		78	100.00%

Utilization Rates

CMS has developed an extract file from the Medicaid Drug Rebate Program Product Data File and provided computation instructions. (Click on the link "[National Drug Code and Drug Category file](#) [ZIP]," then open the Medicaid Drug Product File 4th Qtr. 2023 Excel file).

Please provide the following utilization data for this DUR reporting period for all covered outpatient drugs paid.

Table 47 - Drug Utilization Number of Claims by Drug Category

State	"S" Drugs	"N" Drugs	"I" Drugs
Alabama	660,653	6,683,417	463,148
Alaska	129,632	1,163,159	92,299
Arizona	196,619	1,362,188	30,470
Arkansas	331,539	4,194,298	282,739
California	8,035,016	87,193,247	4,361,791
Colorado	944,139	6,887,725	432,878
Connecticut	1,505,199	8,506,617	573,723
Delaware	9,268	42,338	2,099
District of Columbia	60,909	203,607	12,341
Florida	102,297	838,553	36,311
Georgia	701,319	5,783,174	240,859
Hawaii	317	22,231	114
Idaho	369,673	3,210,085	215,777
Illinois	156,941	1,828,017	68,297
Indiana	271,528	3,191,274	95,013
Iowa	11,588	103,649	5,581
Kansas	2,232	34,603	1,690
Kentucky	77,224	886,411	26,566
Louisiana	71,537	817,034	31,598
Maine	453,459	2,797,353	356,351
Maryland	350,674	4,496,969	523,499

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Massachusetts	726,037	5,211,400	451,650
Michigan	663,157	6,487,442	470,854
Minnesota	156,263	1,335,921	92,784
Mississippi	137,303	1,672,527	56,077
Missouri	1,469,121	18,562,787	1,389,132
Montana	176,167	2,490,585	279,112
Nebraska	78	836	19
Nevada	227,421	1,606,876	46,580
New Hampshire	936	5,523	252
New Jersey	15,613	229,932	5,142
New Mexico	45,726	267,834	13,664
New York	3,223,669	38,423,416	1,787,687
North Carolina	586,941	3,834,696	284,281
North Dakota	106,051	927,147	49,129
Ohio	458,421	4,639,625	118,804
Oklahoma	720,003	7,849,403	423,170
Oregon	93,559	2,714,913	55,603
Pennsylvania	33,775	560,590	14,341
Rhode Island	7,096	116,407	2,731
South Carolina	73,866	851,807	46,175
South Dakota	109,872	787,028	924
Tennessee	1,239,814	12,614,907	104,896
Texas	14,981	246,167	6,640
Utah	150,660	1,400,319	159,492
Vermont	277,462	1,489,421	166,577
Virginia	12,280	138,464	7,955
Washington	45,581	1,228,945	44,431
West Virginia	745,498	6,967,904	538,119
Wisconsin	1,424,510	11,270,123	914,427
Wyoming	39,675	481,530	32,925
Total	27,423,299	274,660,424	15,416,717

Table 48 - Drug Utilization Total Reimbursement Amount by Drug Category

State	"S" Drugs	"N" Drugs	"I" Drugs
Alabama	\$857,821,656	\$146,820,084	\$108,932,818
Alaska	\$193,566,480	\$30,079,685	\$11,517,540
Arizona	\$93,338,448	\$317,089,154	\$12,593,748
Arkansas	\$340,425,590	\$71,827,983	\$68,249,877
California	\$12,080,824,381	\$2,365,276,773	\$865,461,378

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State	"S" Drugs	"N" Drugs	"I" Drugs
Colorado	\$1,218,680,396	\$131,787,329	\$160,565,109
Connecticut	\$1,642,099,470	\$203,683,368	\$201,511,079
Delaware	\$2,758,378	\$632,460	\$208,881
District of Columbia	\$161,555,918	\$3,816,299	\$5,185,481
Florida	\$264,376,031	\$16,923,156	\$14,862,045
Georgia	\$749,519,039	\$87,677,885	\$109,139,154
Hawaii	\$861,910	\$531,898	\$267,702
Idaho	\$468,079,590	\$58,579,773	\$62,323,179
Illinois	\$177,141,459	\$55,732,025	\$17,052,878
Indiana	\$392,205,438	\$52,600,093	\$73,772,378
Iowa	\$8,645,277	\$4,284,953	\$1,535,658
Kansas	\$1,645,000	\$451,000	\$139,000
Kentucky	\$86,763,012	\$17,942,357	\$15,475,493
Louisiana	\$86,054,152	\$16,798,416	\$12,277,807
Maine	\$403,104,667	\$49,469,495	\$83,234,159
Maryland	\$377,244,453	\$86,809,703	\$171,196,079
Massachusetts	\$702,410,609	\$98,406,763	\$149,127,979
Michigan	\$1,171,045,909	\$166,105,102	\$160,924,673
Minnesota	\$120,231,508	\$54,173,627	\$29,310,278
Mississippi	\$160,975,461	\$33,751,094	\$14,434,308
Missouri	\$387,906,795	\$315,471,448	\$1,460,062,409
Montana	\$289,614,576	\$58,905,147	\$98,360,006
Nebraska	\$25,580	\$19,252	\$3,411
Nevada	\$241,430,958	\$40,883,160	\$108,946,344
New Hampshire	\$12,366,572	\$115,586	\$34,238
New Jersey	\$67,533,485	\$3,214,833	\$562,404
New Mexico	\$32,415,451	\$102,555,958	\$7,911,972
New York	\$4,199,182,884	\$780,065,415	\$410,254,567
North Carolina	\$694,119,909	\$100,205,930	\$114,914,829
North Dakota	\$95,488,649	\$30,701,422	\$13,980,113
Ohio	\$397,588,930	\$86,597,462	\$45,934,639
Oklahoma	\$965,469,277	\$446,371,721	\$108,310,473
Oregon	\$105,517,658	\$74,114,629	\$12,934,846
Pennsylvania	\$56,112,291	\$8,647,236	\$3,048,973
Rhode Island	\$6,721,781	\$1,591,275	\$528,913
South Carolina	\$121,509,324	\$15,385,254	\$12,182,514
South Dakota	\$95,044,197	\$18,004,599	\$991,383
Tennessee	\$1,172,434,871	\$454,152,790	\$51,213,024

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State	"S" Drugs	"N" Drugs	"I" Drugs
Texas	\$11,975,729	\$4,937,206	\$1,408,514
Utah	\$170,093,586	\$49,504,132	\$67,162,809
Vermont	\$221,031,124	\$28,035,869	\$45,552,541
Virginia	\$10,793,320	\$3,090,190	\$1,770,311
Washington	\$163,952,441	\$13,934,044	\$9,486,005
West Virginia	\$689,985,749	\$105,240,357	\$122,889,000
Wisconsin	\$1,568,442,265	\$237,847,298	\$256,447,333
Wyoming	\$49,252,422	\$35,431,429	\$11,180,351
Total	\$33,587,384,056	\$7,086,274,117	\$5,315,370,603

3. Indicate the generic utilization percentage for all covered outpatient drugs (CODs) paid during this reporting period.

Figure 45 - Generic & Total Claims by State

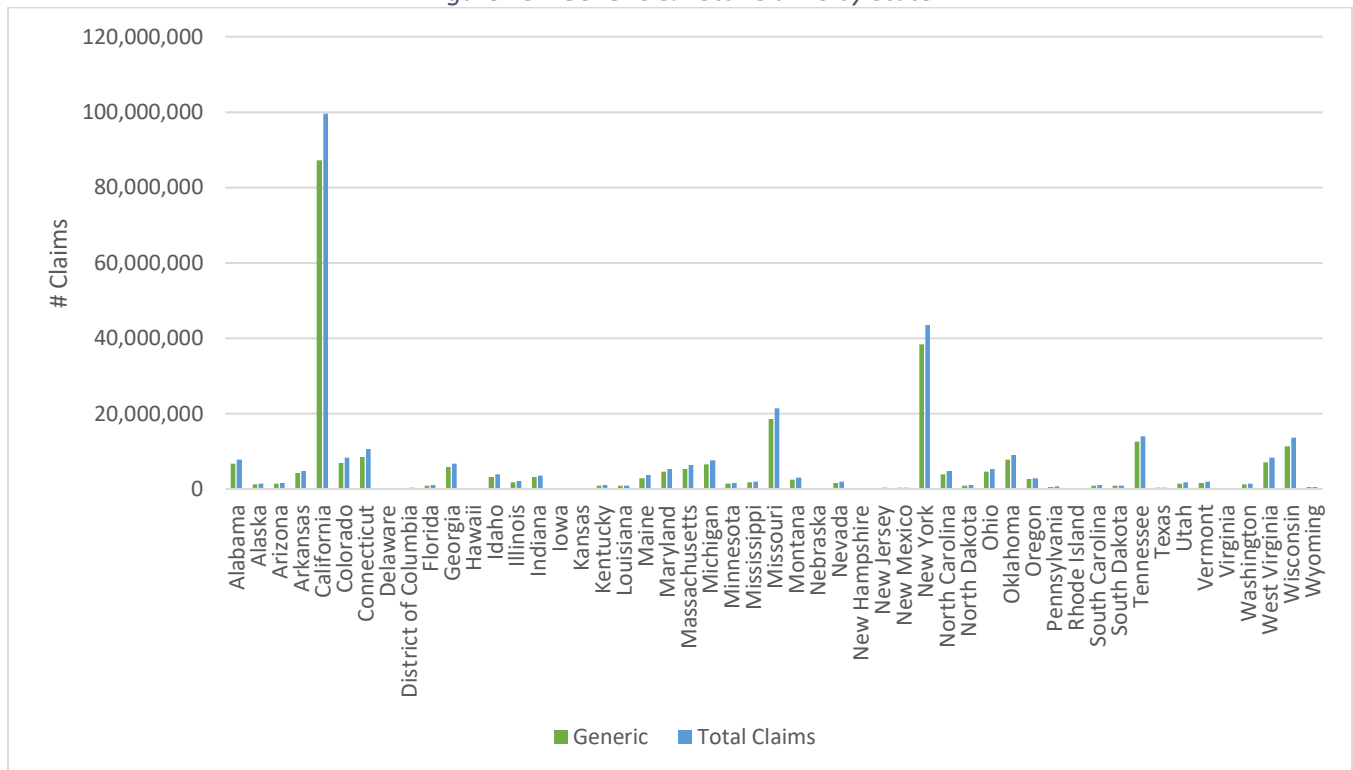


Table 49 - Generic & Total Claims by State

State	Generic Claim Count	Total Claim Count	Percentage
Alabama	6,683,417	7,807,218	85.61%
Alaska	1,163,159	1,385,090	83.98%
Arizona	1,362,188	1,589,277	85.71%
Arkansas	4,194,298	4,808,576	87.23%
California	87,193,247	99,590,054	87.55%
Colorado	6,887,725	8,264,742	83.34%

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State	Generic Claim Count	Total Claim Count	Percentage
Connecticut	8,506,617	10,585,539	80.36%
Delaware	42,338	53,705	78.83%
District of Columbia	203,607	276,857	73.54%
Florida	838,553	977,161	85.82%
Georgia	5,783,174	6,725,352	85.99%
Hawaii	22,231	22,662	98.10%
Idaho	3,210,085	3,795,535	84.58%
Illinois	1,828,017	2,053,255	89.03%
Indiana	3,191,274	3,557,815	89.70%
Iowa	103,649	120,818	85.79%
Kansas	34,603	38,525	89.82%
Kentucky	886,411	990,201	89.52%
Louisiana	817,034	920,169	88.79%
Maine	2,797,353	3,607,163	77.55%
Maryland	4,496,969	5,371,142	83.72%
Massachusetts	5,211,400	6,389,087	81.57%
Michigan	6,487,442	7,621,453	85.12%
Minnesota	1,335,921	1,584,968	84.29%
Mississippi	1,672,527	1,865,907	89.64%
Missouri	18,562,787	21,421,040	86.66%
Montana	2,490,585	2,945,864	84.55%
Nebraska	836	933	89.60%
Nevada	1,606,876	1,880,877	85.43%
New Hampshire	5,523	6,711	82.30%
New Jersey	229,932	250,687	91.72%
New Mexico	267,834	327,224	81.85%
New York	38,423,416	43,434,772	88.46%
North Carolina	3,834,696	4,705,918	81.49%
North Dakota	927,147	1,082,327	85.66%
Ohio	4,639,625	5,216,850	88.94%
Oklahoma	7,849,403	8,992,576	87.29%
Oregon	2,714,913	2,864,075	94.79%
Pennsylvania	560,590	608,706	92.10%
Rhode Island	116,407	126,234	92.22%
South Carolina	851,807	971,848	87.65%
South Dakota	787,028	897,824	87.66%
Tennessee	12,614,907	13,959,617	90.37%
Texas	246,167	267,788	91.93%

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State	Generic Claim Count	Total Claim Count	Percentage
Utah	1,400,319	1,710,471	81.87%
Vermont	1,489,421	1,933,460	77.03%
Virginia	138,464	158,699	87.25%
Washington	1,228,945	1,318,957	93.18%
West Virginia	6,967,904	8,251,521	84.44%
Wisconsin	11,270,123	13,609,060	82.81%
Wyoming	481,530	554,130	86.9%

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 46 - Innovator Drugs that are the Preferred Product Based on Net Pricing

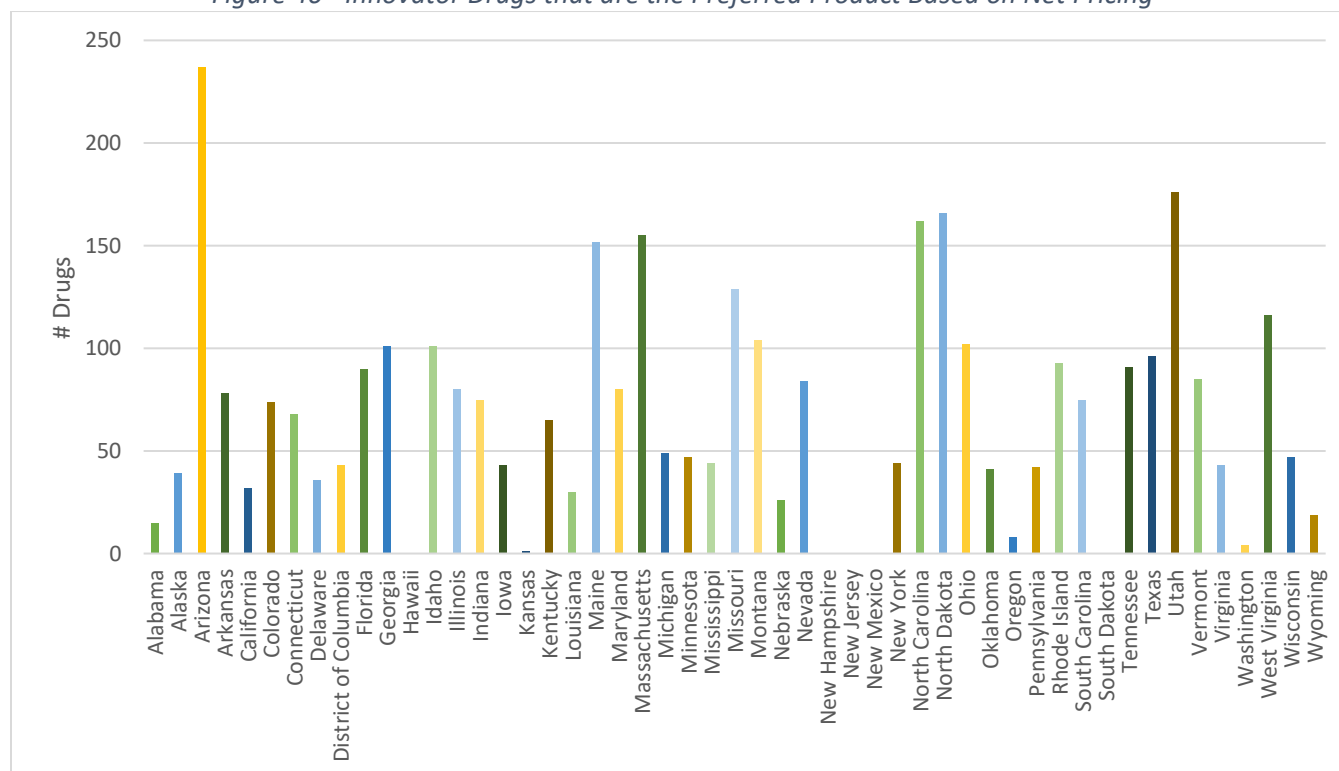


Table 50 - Innovator Drugs that are the Preferred Product Based on Net Pricing

State	Drug Count
Alabama	15
Alaska	39
Arizona	237
Arkansas	78
California	32
Colorado	74
Connecticut	68

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State	Drug Count
Delaware	36
District of Columbia	43
Florida	90
Georgia	101
Hawaii	0
Idaho	101
Illinois	80
Indiana	75
Iowa	43
Kansas	1
Kentucky	65
Louisiana	30
Maine	152
Maryland	80
Massachusetts	155
Michigan	49
Minnesota	47
Mississippi	44
Missouri	129
Montana	104
Nebraska	26
Nevada	84
New Hampshire	0
New Jersey	0
New Mexico	0
New York	44
North Carolina	162
North Dakota	166
Ohio	102
Oklahoma	41
Oregon	8
Pennsylvania	42
Rhode Island	93
South Carolina	75
South Dakota	0
Tennessee	91
Texas	96
Utah	176

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State	Drug Count
Vermont	85
Virginia	43
Washington	4
West Virginia	116
Wisconsin	47
Wyoming	19

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

Table 51 - Generic and Total Expenditures Paid by State

State	Generic Claim Amount	Total Claim Amount	Percentage
Alabama	\$146,820,084	\$1,113,574,558	13.18%
Alaska	\$30,079,685	\$235,163,705	12.79%
Arizona	\$317,089,154	\$423,021,349	74.96%
Arkansas	\$71,827,983	\$480,503,451	14.95%
California	\$2,365,276,773	\$15,311,562,532	15.45%
Colorado	\$131,787,329	\$1,511,032,835	8.72%
Connecticut	\$203,683,368	\$2,047,293,917	9.95%
Delaware	\$632,460	\$3,599,719	17.57%
District of Columbia	\$3,816,299	\$170,557,698	2.24%
Florida	\$16,923,156	\$296,161,231	5.71%
Georgia	\$87,677,885	\$946,336,078	9.26%
Hawaii	\$531,898	\$1,661,510	32.01%
Idaho	\$58,579,773	\$588,982,542	9.95%
Illinois	\$55,732,025	\$249,926,361	22.30%
Indiana	\$52,600,093	\$518,577,908	10.14%
Iowa	\$4,284,953	\$14,465,888	29.62%
Kansas	\$451,000	\$2,235,000	20.18%
Kentucky	\$17,942,357	\$120,180,863	14.93%
Louisiana	\$16,798,416	\$115,130,374	14.59%
Maine	\$49,469,495	\$535,808,321	9.23%
Maryland	\$86,809,703	\$635,250,235	13.67%
Massachusetts	\$98,406,763	\$949,945,351	10.36%
Michigan	\$166,105,102	\$1,498,075,684	11.09%
Minnesota	\$54,173,627	\$203,715,413	26.59%
Mississippi	\$33,751,094	\$209,160,863	16.14%
Missouri	\$315,471,448	\$2,163,440,652	14.58%

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State	Generic Claim Amount	Total Claim Amount	Percentage
Montana	\$58,905,147	\$446,879,729	13.18%
Nebraska	\$19,252	\$48,242	39.91%
Nevada	\$40,883,160	\$391,260,462	10.45%
New Hampshire	\$115,586	\$12,516,396	0.92%
New Jersey	\$3,214,833	\$71,310,722	4.51%
New Mexico	\$102,555,958	\$142,883,381	71.78%
New York	\$780,065,415	\$5,389,502,866	14.47%
North Carolina	\$100,205,930	\$909,240,667	11.02%
North Dakota	\$30,701,422	\$140,170,184	21.90%
Ohio	\$86,597,462	\$530,121,031	16.34%
Oklahoma	\$446,371,721	\$1,520,151,471	29.36%
Oregon	\$74,114,629	\$192,567,133	38.49%
Pennsylvania	\$8,647,236	\$67,808,500	12.75%
Rhode Island	\$1,591,275	\$8,841,969	18.00%
South Carolina	\$15,385,254	\$149,077,092	10.32%
South Dakota	\$18,004,599	\$114,040,179	15.79%
Tennessee	\$454,152,790	\$1,677,800,684	27.07%
Texas	\$4,937,206	\$18,321,449	26.95%
Utah	\$49,504,132	\$286,760,527	17.26%
Vermont	\$28,035,869	\$294,619,534	9.52%
Virginia	\$3,090,190	\$15,653,821	19.74%
Washington	\$13,934,044	\$187,372,490	7.44%
West Virginia	\$105,240,357	\$918,115,106	11.46%
Wisconsin	\$237,847,298	\$2,062,736,896	11.53%
Wyoming	\$35,431,429	\$95,864,201	36.96%

6. Does your state have any policies related to biosimilars? Please explain.

See the “State FFS Individual Reports” for details at [Medicaid.gov](https://www.Medicaid.gov).

Section VII - Program Evaluation / Cost Savings / Cost Avoidance

1. Did your state conduct a DUR program evaluation of the estimated cost savings/cost avoidance?

Figure 47 - States Conducting DUR Program Evaluation of Estimated Cost Savings/Cost Avoidance

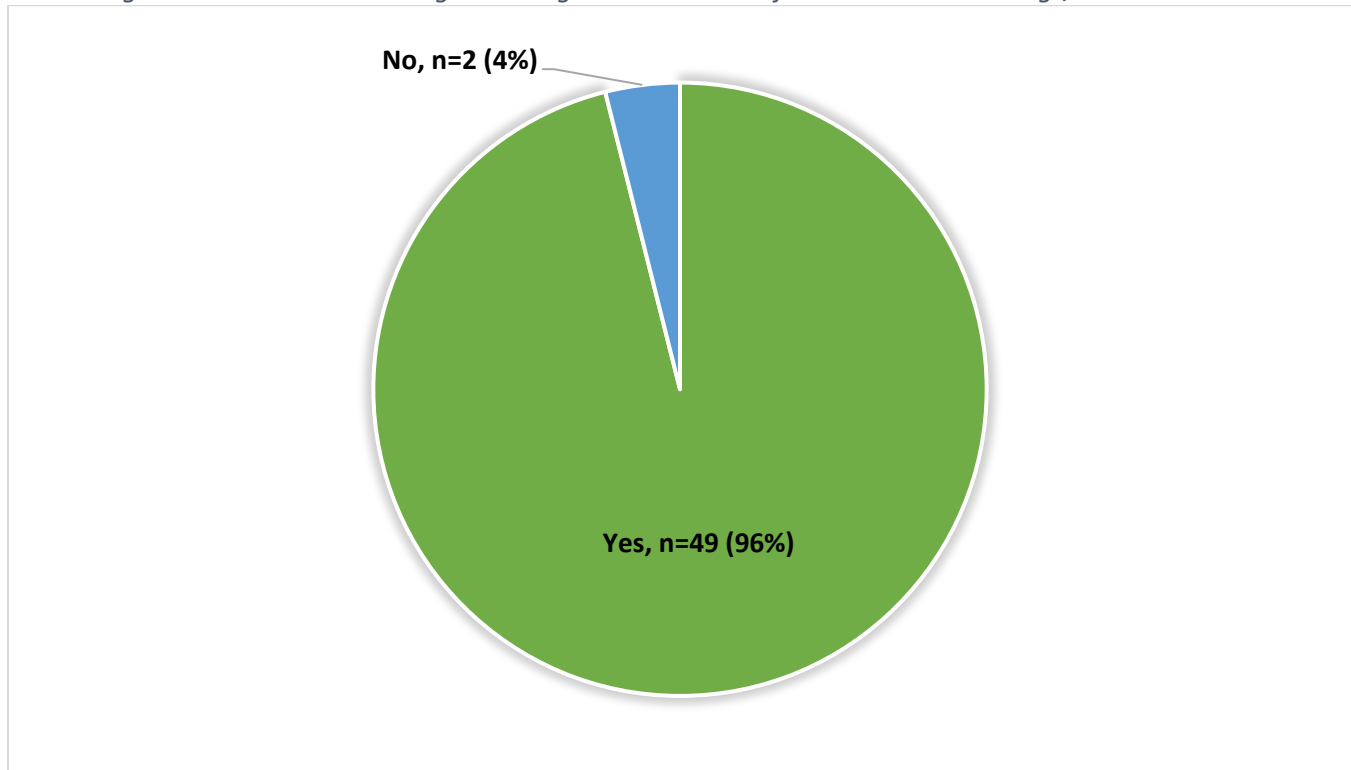


Table 52 - States Conducting DUR Program Evaluation of Estimated Cost Savings/Cost Avoidance

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	49	96.08%
No	Iowa, Nebraska	2	3.92%
Total		51	100.00%

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If “Yes,” identify, by name and type, the institution that conducted the program evaluation.

Figure 48 - Institution Type that Conducted the Cost Savings/Avoidance Program Evaluation

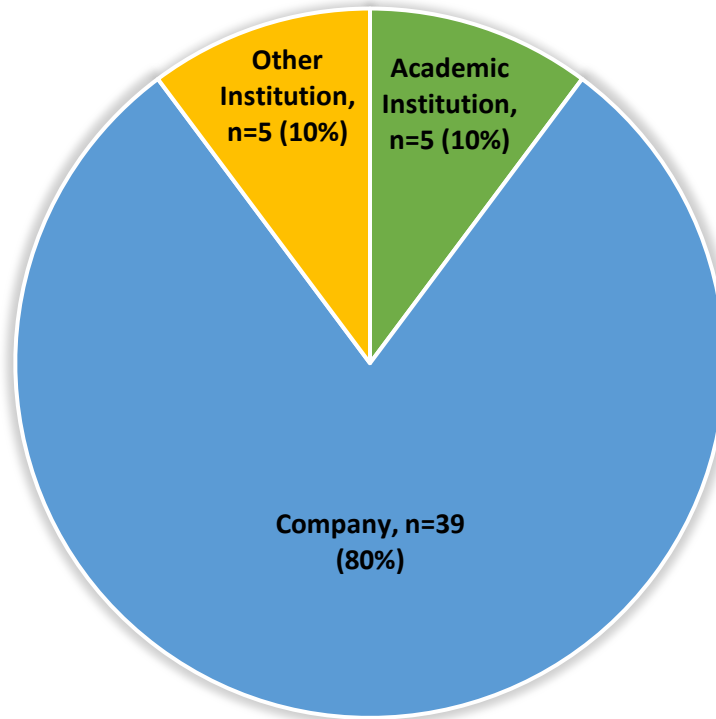


Table 53 - Institution Type that Conducted the Cost Savings/Avoidance Program Evaluation

Response	States	Count	Percentage
Academic Institution	Massachusetts, Oklahoma, Oregon, Utah, Wyoming	5	10.20%
Company	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Vermont, Virginia, West Virginia	39	79.59%
Other Institution	Hawaii, Illinois, Montana, Washington, Wisconsin	5	10.20%
Total		49	100.00%

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Table 54 - Vendors by State that Conducted the Cost Savings/Avoidance Program Evaluation

Response	States	Count	Percentage
Optum Rx Administrative Services, LLC.	Arizona, Georgia, Indiana, Tennessee	4	10.25%
Gainwell Technologies.	Connecticut, Delaware, Louisiana, Mississippi, New Jersey	5	12.82%
Prime Therapeutics and Conduent	District of Columbia	1	2.56%
Prime Therapeutics/ Magellan Rx Management	Alaska, Arkansas, California, Colorado, Florida, Idaho, Kentucky, Michigan, Nevada, New Hampshire, South Carolina, Virginia	12	30.76%
Conduent	Missouri, New Mexico	2	5.12%
Acentra Health and Prime Therapeutics.	New York	1	2.56%
MMA, GDIT (fiscal agent), Myers and Stauffer all provide information to the state	North Carolina	1	2.56%
Acentra Health (formerly Kepro)	Alabama, Kansas, Minnesota, North Dakota	4	10.25%
Change Healthcare (10/1/2022-6/30/2023) Gainwell Technologies (7/1/2023-Present)	Ohio	1	2.56%
OptumRx and Acentra	South Dakota	1	2.56%
Conduent and Acentra	Maryland, Texas	2	5.12%
Change Healthcare/Optum	Maine, Pennsylvania, Vermont	3	7.69%
Gainwell Technologies and Acentra Health	Rhode Island, West Virginia	2	5.12%
Total		39	100.00%

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Table 55 - Academic/Other Institutions that Conducted the Cost Savings/Avoidance Program Evaluation

State	Academic/Other Institution Name
Hawaii	State Medicaid pharmacist
Illinois	Illinois HFS Bureau of Professional and Ancillary Services and Change Healthcare for SMAC.
Massachusetts	University of Massachusetts Chan Medical School
Montana	Mountain Pacific Quality Health Foundation
Oklahoma	University of Oklahoma College of Pharmacy: Pharmacy Management Consultants (PMC)
Oregon	OSU College of Pharmacy, Drug Use Research & Management Program, and Gainwell Technologies
Utah	University of Utah Drug Regimen Review Center/Utah Medicaid Pharmacy
Washington	Health Care Authority
Wisconsin	Acentra (Formerly Kepro)
Wyoming	University of Wyoming School of Pharmacy and Change Healthcare

2. Please provide your ProDUR and RetroDUR program cost savings/cost avoidance in the chart below.

See the “State FFS Individual Reports” for details at [Medicaid.gov](https://www.Medicaid.gov).

3. The Estimated Percent Impact was generated by dividing the Grand Total Estimated Avoided Costs calculated from Question 2 above by the Total Dollar Amount provided in Section VI, Question 5, then multiplying this value by 100.

See the “State FFS Individual Reports” for details at [Medicaid.gov](https://www.Medicaid.gov).

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

Figure 49 - Provide Coverage of Over-the-Counter Medications When Prescribed by an Authorized Prescriber

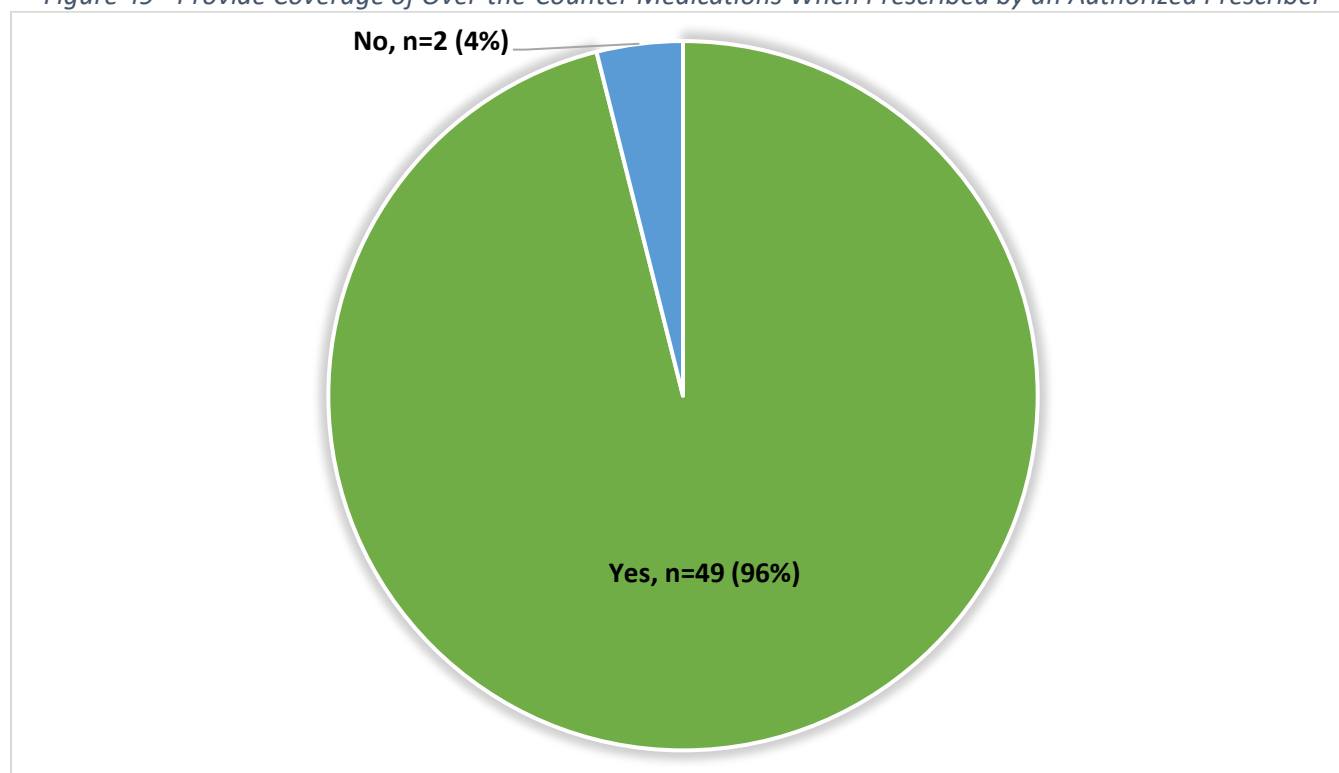


Table 56 - Provide Coverage of Over-the-Counter Medications When Prescribed by an Authorized Prescriber

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wyoming	49	96.08%
No	Illinois, Wisconsin	2	3.92%
Total		51	100.00%

5. Summary 4 - Cost Savings/Cost Avoidance Methodology

See the "State FFS Individual Reports" for details at [Medicaid.gov](https://www.medicaid.gov).

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

A. Lock-in or Patient Review and Restrictions Programs

1. Does your state have a documented process in place that identifies potential fraud or abuse of controlled drugs by beneficiaries?

Figure 50 - Documented Process in Place to Identify Potential FWA of Controlled Drugs by Beneficiaries



Table 57 - Documented Process in Place to Identify Potential FWA of Controlled Drugs by Beneficiaries

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	51	100.00%
Total		51	100.00%

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

Figure 51 - Actions Process Initiates when Potential Fraud or Abuse of Controlled Drugs by Beneficiaries is Detected

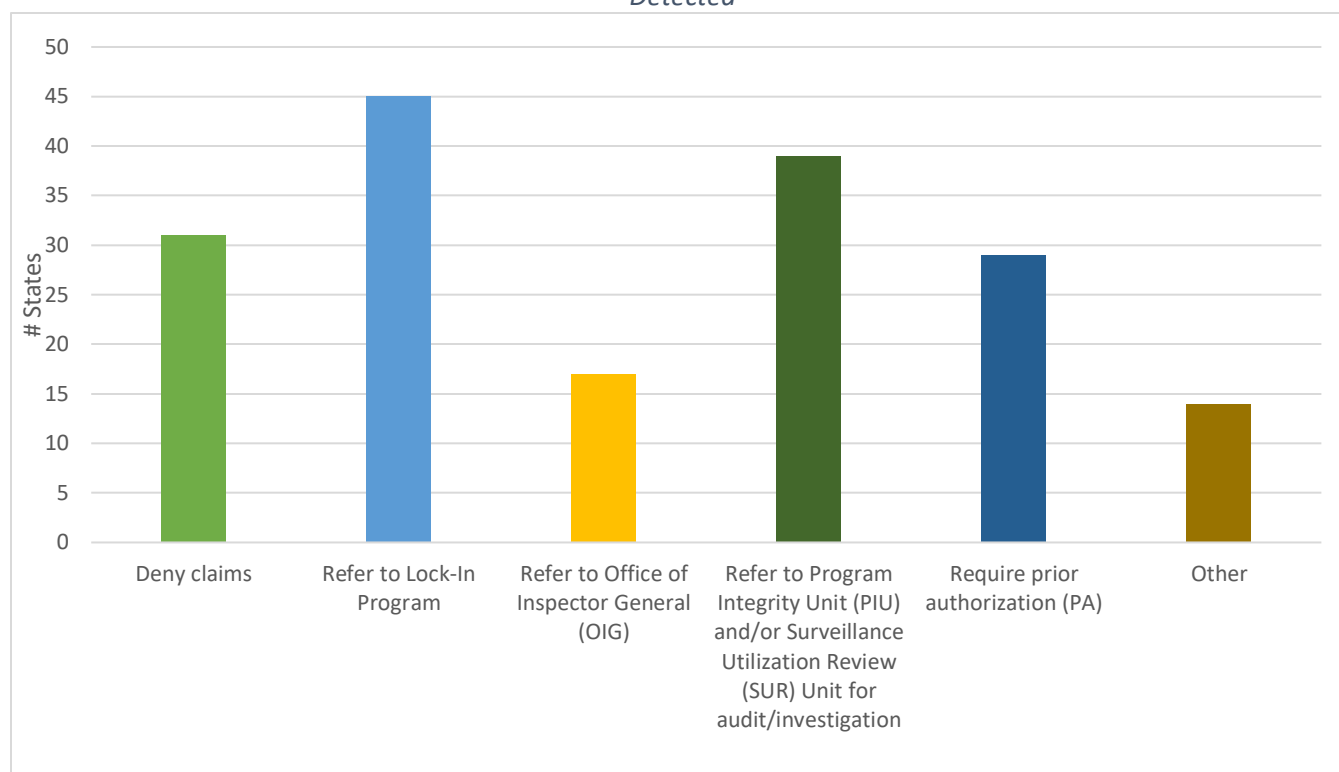


Table 58 - Actions Process Initiates when Potential Fraud or Abuse of Controlled Drugs by Beneficiaries is Detected

Response	States	Count	Percentage
Deny claims	Alaska, Arizona, Arkansas, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Kentucky, Maine, Massachusetts, Michigan, Missouri, Montana, Nebraska, New Jersey, New York, North Carolina, North Dakota, Ohio, Oregon, Rhode Island, South Carolina, Texas, Utah, Vermont, Virginia, West Virginia	31	17.71%
Refer to Lock-in Program	Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	45	25.71%
Refer to Office of Inspector General (OIG)	Arizona, Arkansas, Indiana, Kentucky, Maine, Maryland, Michigan, Minnesota, Nevada, New Mexico, New York, North Carolina, Pennsylvania, South Carolina, Tennessee, Utah, Wisconsin	17	9.71%

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Response	States	Count	Percentage
Refer to Program Integrity Unit (PIU) and/or Surveillance Utilization Review (SUR) Unit for audit/investigation	Alabama, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, Virginia, West Virginia, Wyoming	39	22.29%
Require prior authorization (PA)	Alaska, Arizona, Arkansas, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, Missouri, Montana, Nebraska, New Jersey, New York, North Dakota, Oregon, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia, West Virginia	29	16.57%
Other	Alaska, Arizona, California, Connecticut, Florida, Indiana, Montana, New Hampshire, New Jersey, North Carolina, Rhode Island, Utah, Vermont, Virginia	14	8.00%
Total		175	100.00%

2. Does your state have a lock-in program for beneficiaries with potential misuse or abuse of controlled substances?

Figure 52 – States Having a Lock-in Program for Beneficiaries with Potential Misuse or Abuse of Controlled Substances

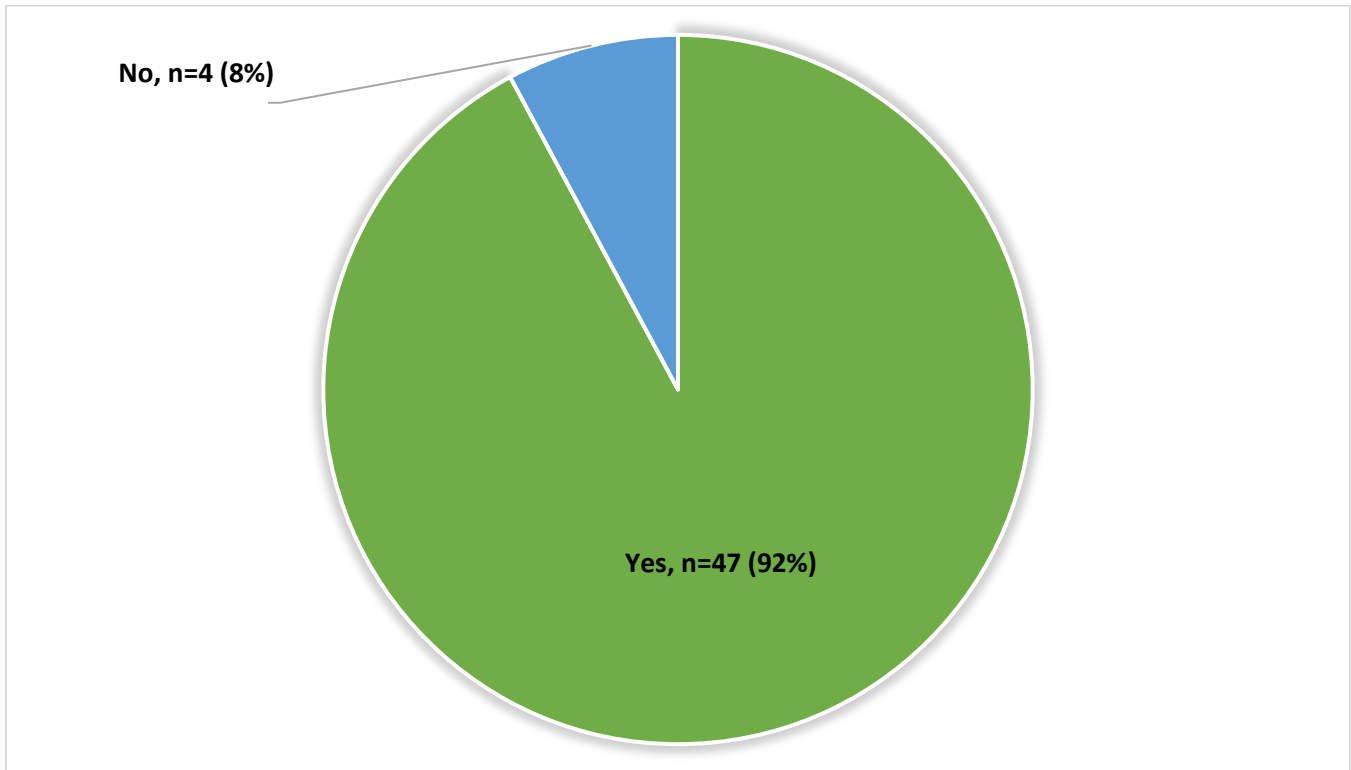


Table 59 - States Having a Lock-in Program for Beneficiaries with Potential Misuse or Abuse of Controlled Substances

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	47	92.16%
No	California, Florida, Iowa, South Dakota	4	7.84%
Total		51	100.00%

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

Figure 53 - Lock-in Program Candidate Identification Criteria

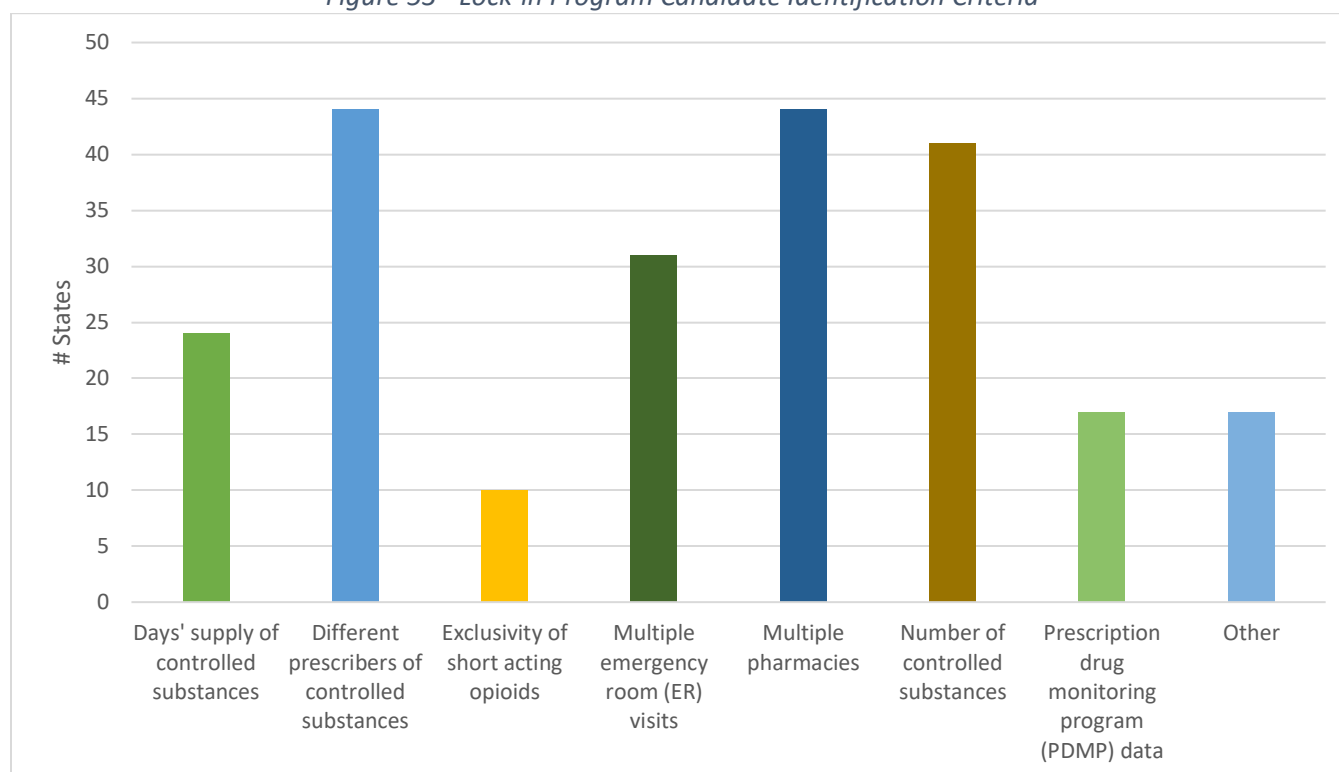


Table 60 - Lock-in Program Candidate Identification Criteria

Response	States	Count	Percentage
Days' supply of Controlled Substances	Alabama, Arizona, Arkansas, Connecticut, Delaware, Georgia, Kansas, Louisiana, Maryland, Michigan, Missouri, New York, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, Utah, Vermont, Virginia, West Virginia, Wisconsin	24	10.53%
Different prescribers of Controlled Substances	Alabama, Alaska, Arizona, Arkansas, Colorado, Delaware, District of Columbia, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	44	19.30%
Exclusivity of short acting opioids	Arkansas, Delaware, Georgia, Maryland, Michigan, New York, North Dakota, Pennsylvania, Utah, West Virginia	10	4.39%
Multiple emergency room (ER) visits	Alabama, Alaska, Arizona, Colorado, Georgia, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North	31	13.60%

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Response	States	Count	Percentage
	Dakota, Oklahoma, Oregon, Pennsylvania, Texas, Utah, Vermont, Virginia, Washington		
Multiple pharmacies	Alabama, Alaska, Arizona, Arkansas, Colorado, Delaware, District of Columbia, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	44	19.30%
Number of controlled substances	Alabama, Alaska, Arizona, Arkansas, Colorado, District of Columbia, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	41	17.98%
Prescription drug monitoring program (PDMP) data	Alabama, Alaska, Arizona, Arkansas, Georgia, Idaho, Indiana, Kansas, Michigan, Mississippi, Montana, Nevada, New Mexico, North Dakota, Utah, Virginia, West Virginia	17	7.46%
Other	Arkansas, Connecticut, District of Columbia, Idaho, Illinois, Indiana, Mississippi, Nebraska, Nevada, Ohio, Rhode Island, Texas, Utah, Vermont, Washington, West Virginia, Wisconsin	17	7.46%
Total		228	100.00%

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

i. Prescriber only

Figure 54 - Prescriber Only Restriction Capability

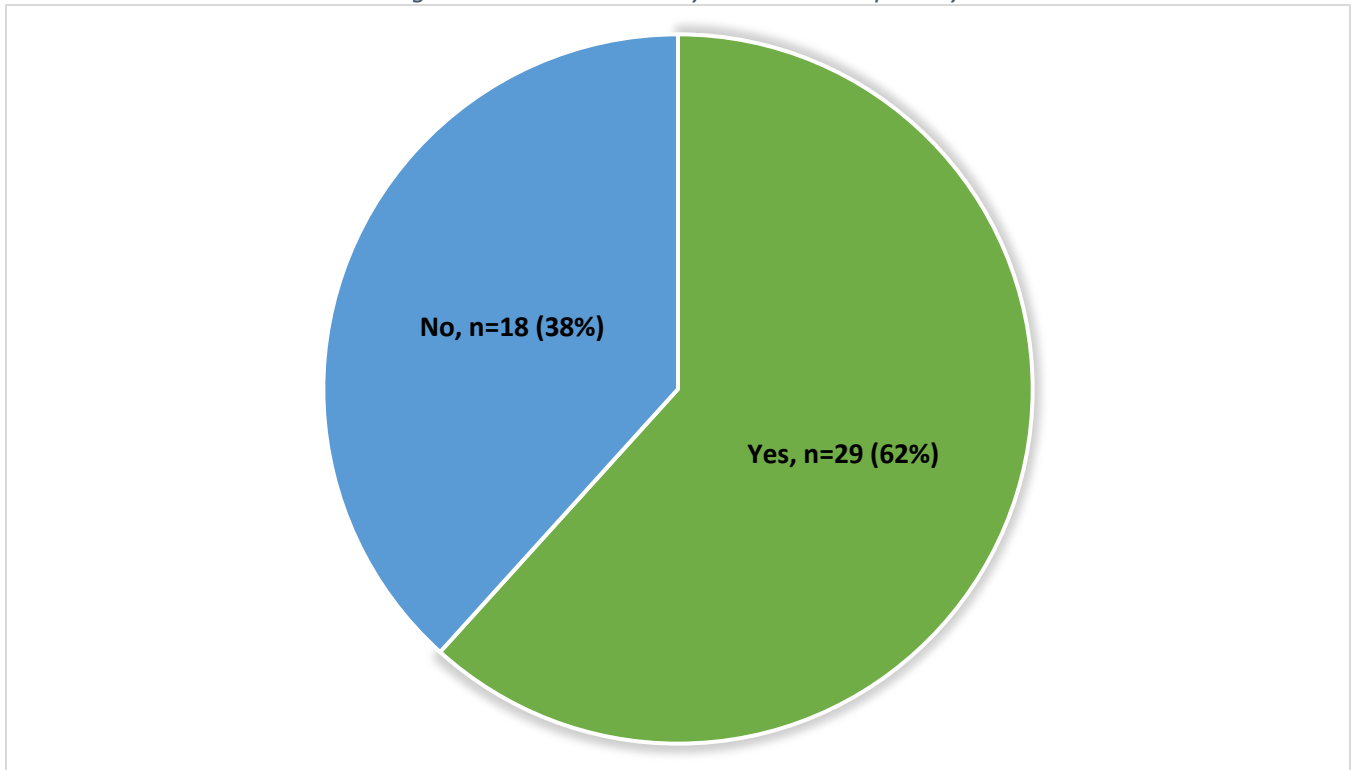


Table 61 - Prescriber Only Restriction Capability

Response	States	Count	Percentage
Yes	Arizona, Colorado, Delaware, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Kentucky, Maine, Michigan, Minnesota, Mississippi, Missouri, Montana, Nevada, New Jersey, New Mexico, New York, North Dakota, Ohio, Pennsylvania, Tennessee, Texas, Utah, Vermont, Virginia, Washington	29	61.70%
No	Alabama, Alaska, Arkansas, Connecticut, District of Columbia, Louisiana, Maryland, Massachusetts, Nebraska, New Hampshire, North Carolina, Oklahoma, Oregon, Rhode Island, South Carolina, West Virginia, Wisconsin, Wyoming	18	38.30%
Total		47	100.00%

ii. Pharmacy only

Figure 55 - Pharmacy Only Restriction Capability

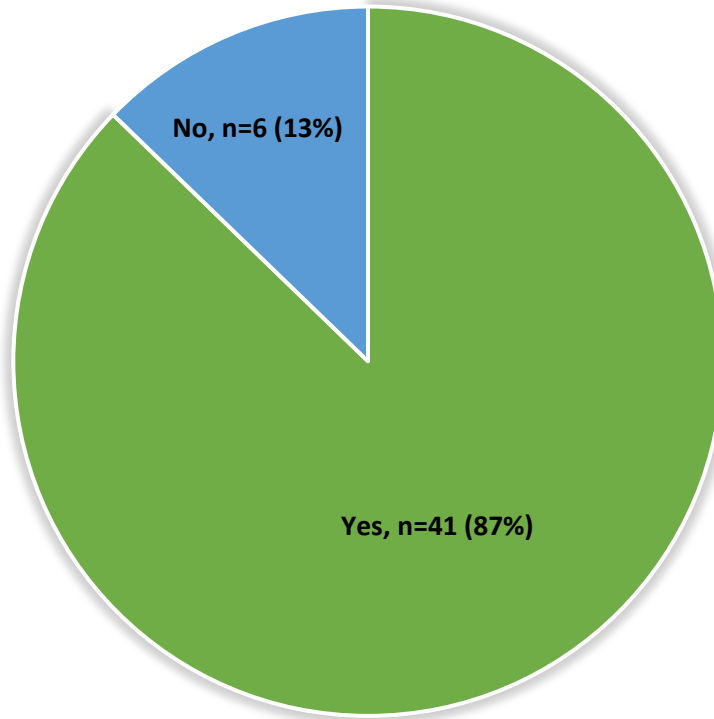


Table 62 - Pharmacy Only Restriction Capability

Response	States	Count	Percentage
Yes	Arizona, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wyoming	41	87.23%
No	Alabama, Alaska, Nebraska, North Carolina, Oklahoma, Wisconsin	6	12.77%
Total		47	100.00%

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iii. Prescriber and pharmacy

Figure 56 - Prescriber and Pharmacy Restriction Capability

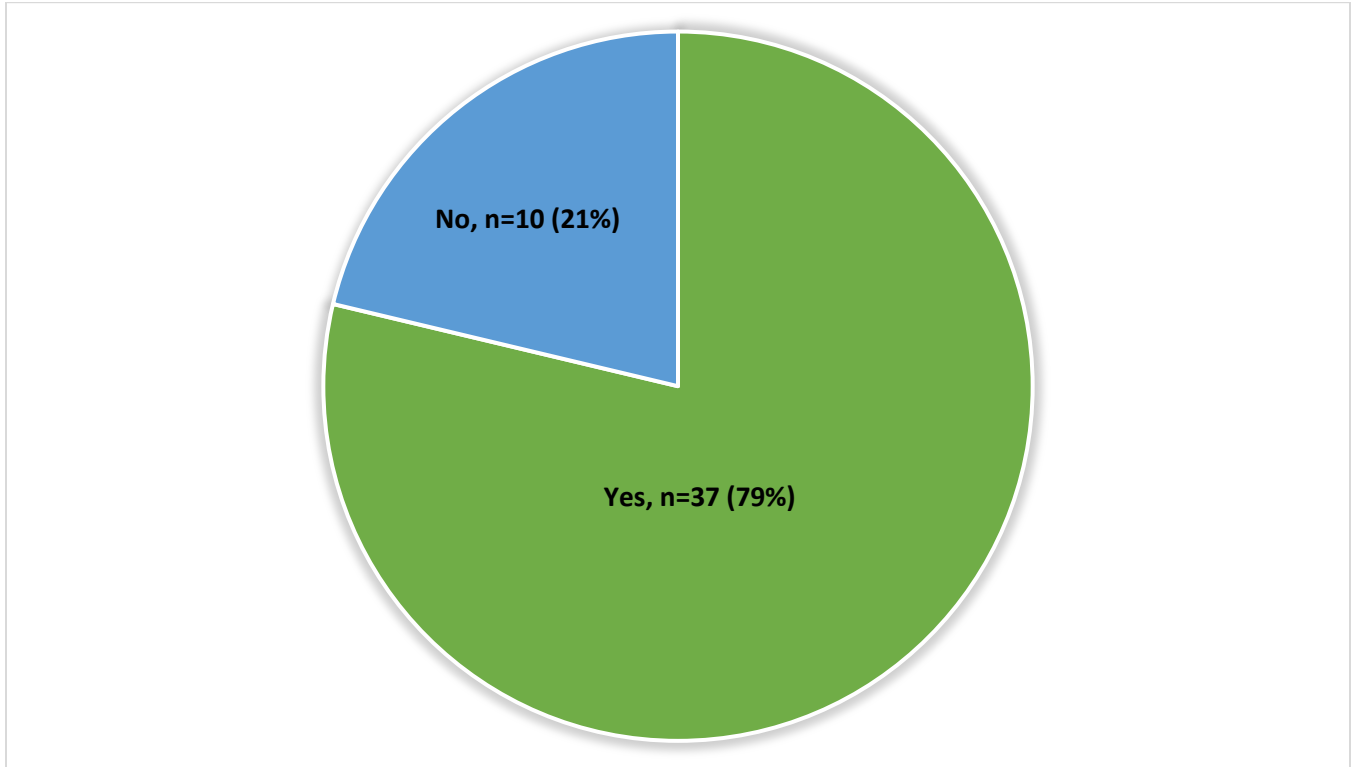


Table 63 - Prescriber and Pharmacy Restriction Capability

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Colorado, Delaware, Georgia, Hawaii, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin	37	78.72%
No	Arkansas, Connecticut, District of Columbia, Maryland, Massachusetts, New Hampshire, Oregon, Rhode Island, South Carolina, Wyoming	10	21.28%
Total		47	100.00%

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

Figure 57 - Lock-in Time Period

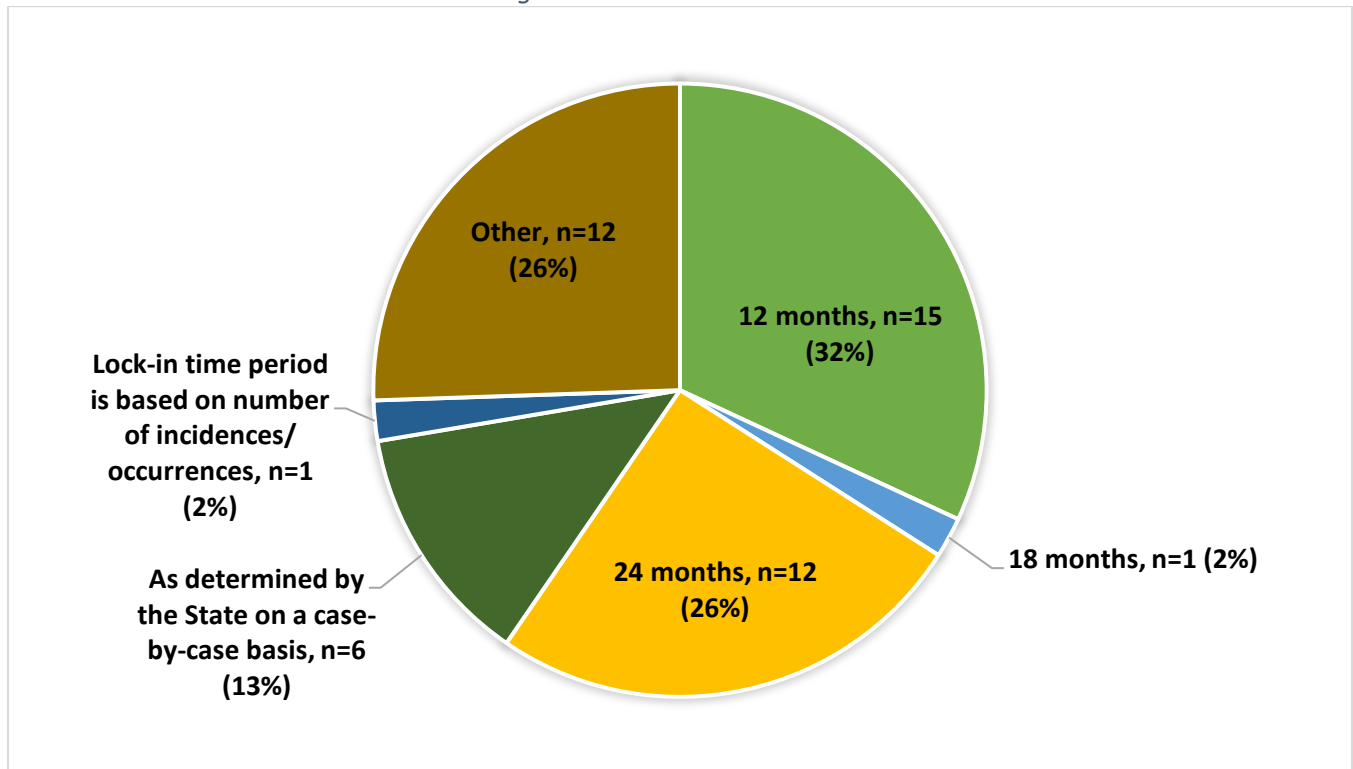


Table 64 - Lock-in Time Period

Response	States	Count	Percentage
12 months	Alabama, Alaska, Arizona, Colorado, Connecticut, District of Columbia, Georgia, Mississippi, Montana, New Hampshire, Oregon, Rhode Island, Vermont, Virginia, West Virginia	15	31.91%
18 months	Missouri	1	2.13%
24 months	Hawaii, Kansas, Kentucky, Louisiana, Maryland, Michigan, Nebraska, North Carolina, Ohio, South Carolina, Washington, Wisconsin	12	25.53%
As determined by the state on a case-by-case basis	Idaho, Maine, New Jersey, New Mexico, New York, North Dakota	6	12.77%
Lock-in time period is based on number of incidences/occurrences	Wyoming	1	2.13%
Other	Arkansas, Delaware, Illinois, Indiana, Massachusetts, Minnesota, Nevada, Oklahoma, Pennsylvania, Tennessee, Texas, Utah	12	25.53%
Total		47	100.00%

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

Figure 58 - Percentage of FFS Population in Lock-in Status Annually

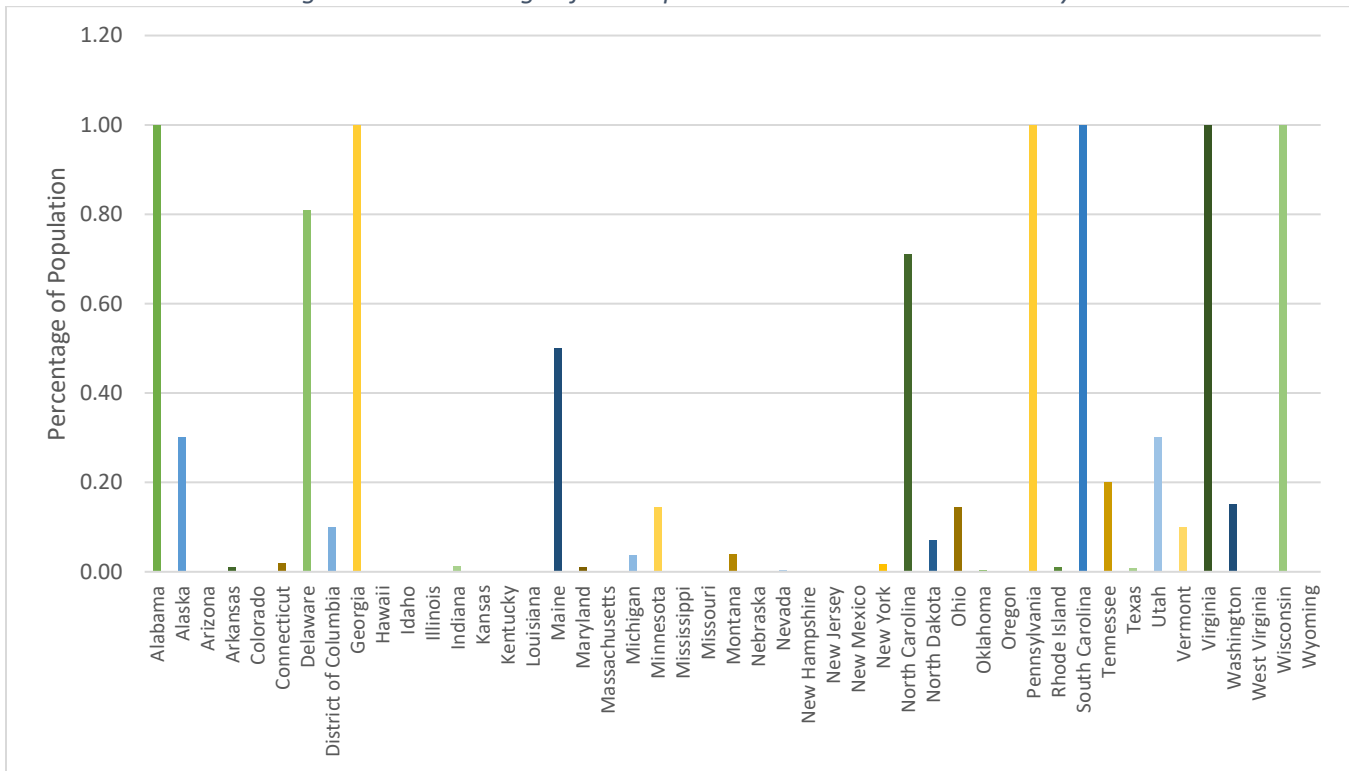


Table 65 - Percentage of FFS Population in Lock-in Status Annually

State	Percent
Alabama	1.0000%
Alaska	0.3000%
Arizona	0.0000%
Arkansas	0.0100%
Colorado	0.0000%
Connecticut	0.0200%
Delaware	0.8100%
District of Columbia	0.1000%
Georgia	1.0000%
Hawaii	0.0000%
Idaho	0.0010%
Illinois	0.0001%
Indiana	0.0120%
Kansas	0.0000%
Kentucky	0.0000%
Louisiana	0.0020%
Maine	0.5000%
Maryland	0.0100%
Massachusetts	0.0010%
Michigan	0.0360%
Minnesota	0.1450%

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State	Percent
Mississippi	0.0000%
Missouri	0.0010%
Montana	0.0388%
Nebraska	0.0000%
Nevada	0.0030%
New Hampshire	0.0000%
New Jersey	0.0000%
New Mexico	0.0000%
New York	0.0170%
North Carolina	0.7100%
North Dakota	0.0700%
Ohio	0.1450%
Oklahoma	0.0030%
Oregon	0.0000%
Pennsylvania	1.0000%
Rhode Island	0.0100%
South Carolina	1.0000%
Tennessee	0.2000%
Texas	0.0074%
Utah	0.3000%
Vermont	0.1000%
Virginia	1.0000%
Washington	0.1500%
West Virginia	0.0000%
Wisconsin	1.0000%
Wyoming	0.0000%

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

Figure 59 - Documented Process to Identify Possible FWA of Controlled Drugs by Prescribers

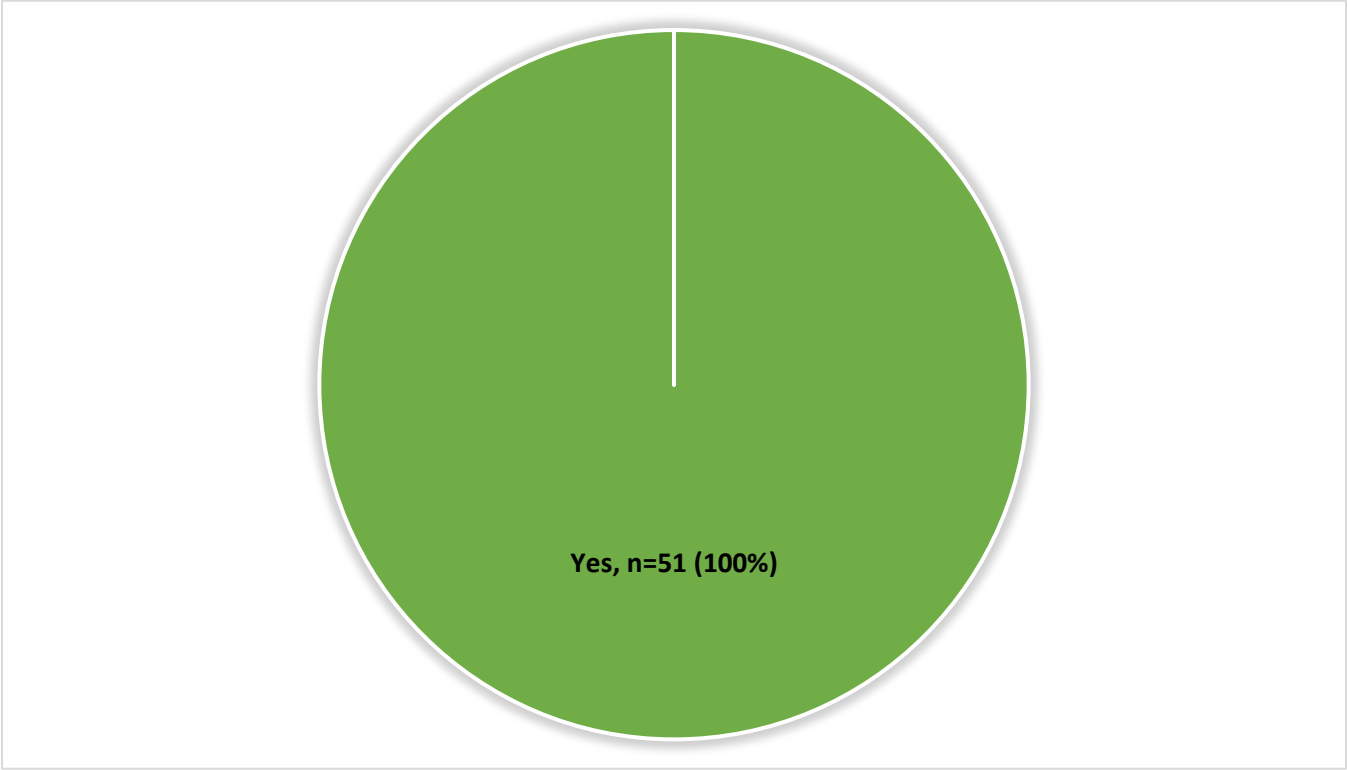


Table 66 - Documented Process to Identify Possible FWA of Controlled Drugs by Prescribers

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	51	100.00%
Total		51	100.00%

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

Figure 60 - Actions Process Initiates when Possible FWA of Controlled Drugs by Prescribers is Detected

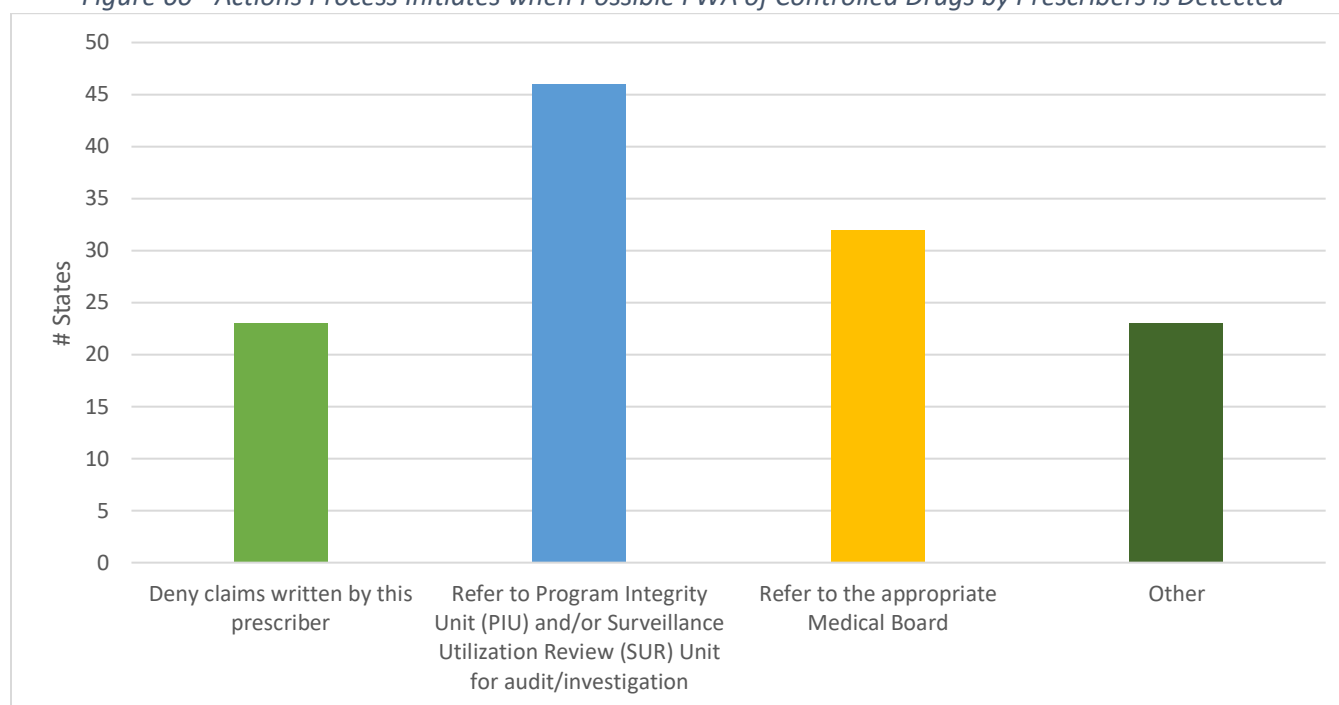


Table 67 - Actions Process Initiates when Possible FWA of Controlled Drugs by Prescribers is Detected

Response	States	Count	Percentage
Deny claims written by this prescriber	California, Connecticut, Florida, Georgia, Illinois, Indiana, Maine, Massachusetts, Michigan, Missouri, New Hampshire, New Jersey, New York, North Dakota, Ohio, Oregon, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia	23	18.55%
Refer to Program Integrity Unit (PIU) and/or Surveillance Utilization Review (SUR) Unit for audit/investigation	Alabama, Alaska, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wyoming	46	37.10%
Refer to the appropriate Medical Board	Alabama, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Massachusetts, Michigan, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Utah, Vermont, West Virginia	32	25.81%
Other	Alaska, Arizona, Arkansas, California, Connecticut, Hawaii, Illinois, Kansas, Louisiana, Maryland, Michigan, Minnesota,	23	18.55%

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Response	States	Count	Percentage
	Montana, New Hampshire, New Jersey, North Carolina, Ohio, Pennsylvania, Rhode Island, Tennessee, Vermont, Washington, Wisconsin		
Total		124	100.00%

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

Figure 61 - Documented Process to Identify Potential FWA of Controlled Drugs by Pharmacy Providers

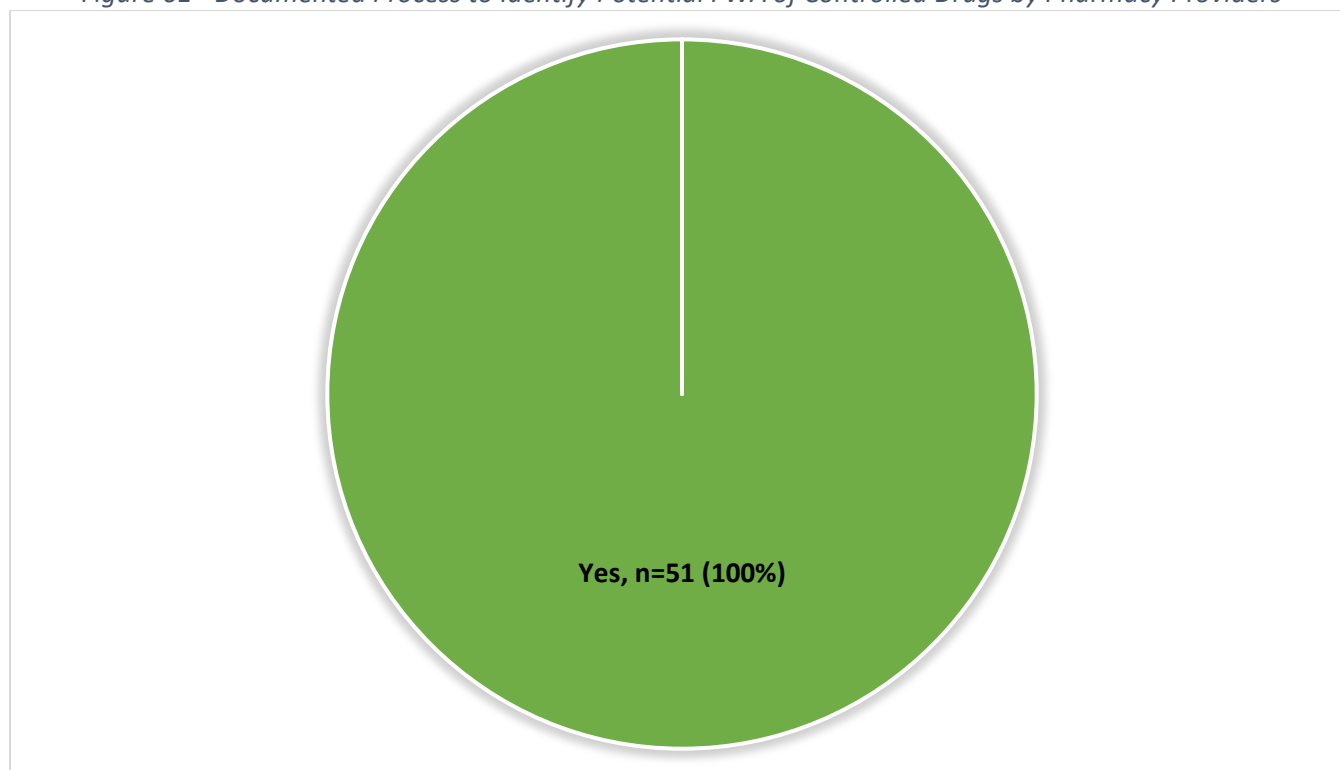


Table 68 - Documented Process to Identify Potential FWA of Controlled Drugs by Pharmacy Providers

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	51	100.00%
Total		51	100.00%

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

Figure 62 - Actions Process Initiates when Potential FWA of Controlled Drugs by Pharmacy Providers is Detected

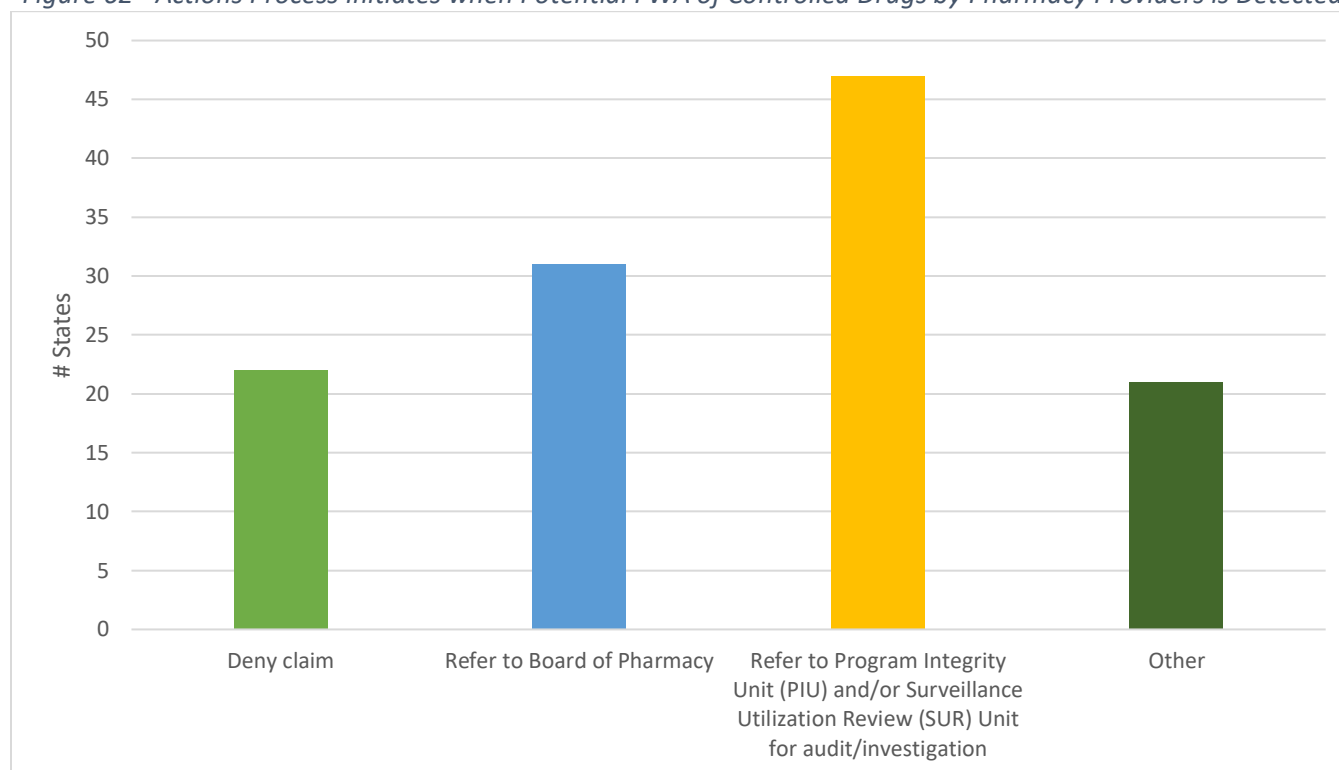


Table 69 - Actions Process Initiates when Potential FWA of Controlled Drugs by Pharmacy Providers is Detected

Response	States	Count	Percentage
Deny claim	California, Connecticut, Delaware, Florida, Georgia, Indiana, Kentucky, Louisiana, Maine, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Dakota, Oregon, Rhode Island, South Carolina, South Dakota, Texas, Vermont, West Virginia	22	18.18%
Refer to Board of Pharmacy	Alabama, Arizona, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Missouri, Nevada, New Hampshire, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Vermont, West Virginia	31	25.62%
Refer to Program Integrity Unit (PIU) and/or Surveillance Utilization Review (SUR) Unit for audit/investigation	Alabama, Alaska, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wyoming	47	38.84%

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Response	States	Count	Percentage
Other	Alaska, Arkansas, California, Connecticut, Florida, Hawaii, Illinois, Indiana, Kansas, Maryland, Michigan, Minnesota, New Hampshire, New Jersey, North Carolina, Pennsylvania, Rhode Island, Tennessee, Vermont, Washington, Wisconsin	21	17.36%
Total		121	100.00%

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

Figure 63 - Documented Process to Identify Potential FWA of Non-Controlled Drugs by Beneficiaries, Prescribers and Pharmacy Providers

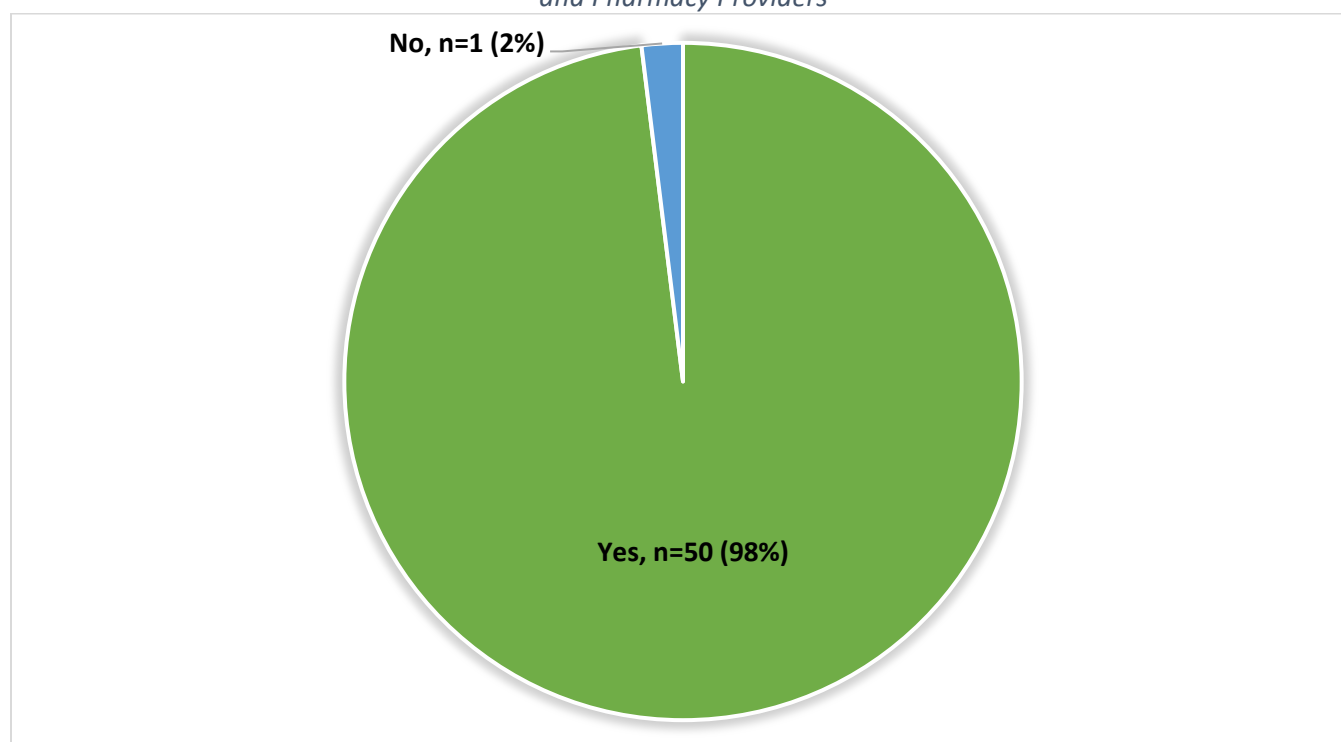


Table 70 - Documented Process to Identify Potential FWA of Non-Controlled Drugs by Beneficiaries, Prescribers and Pharmacy Providers

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	50	98.04%
No	Delaware	1	1.96%
Total		51	100.00%

B. Prescription Drug Monitoring Program (PDMP)

1. Does your Medicaid program have the ability to query the state's PDMP database?

Figure 64 - State has Ability to Query the State's PDMP Database

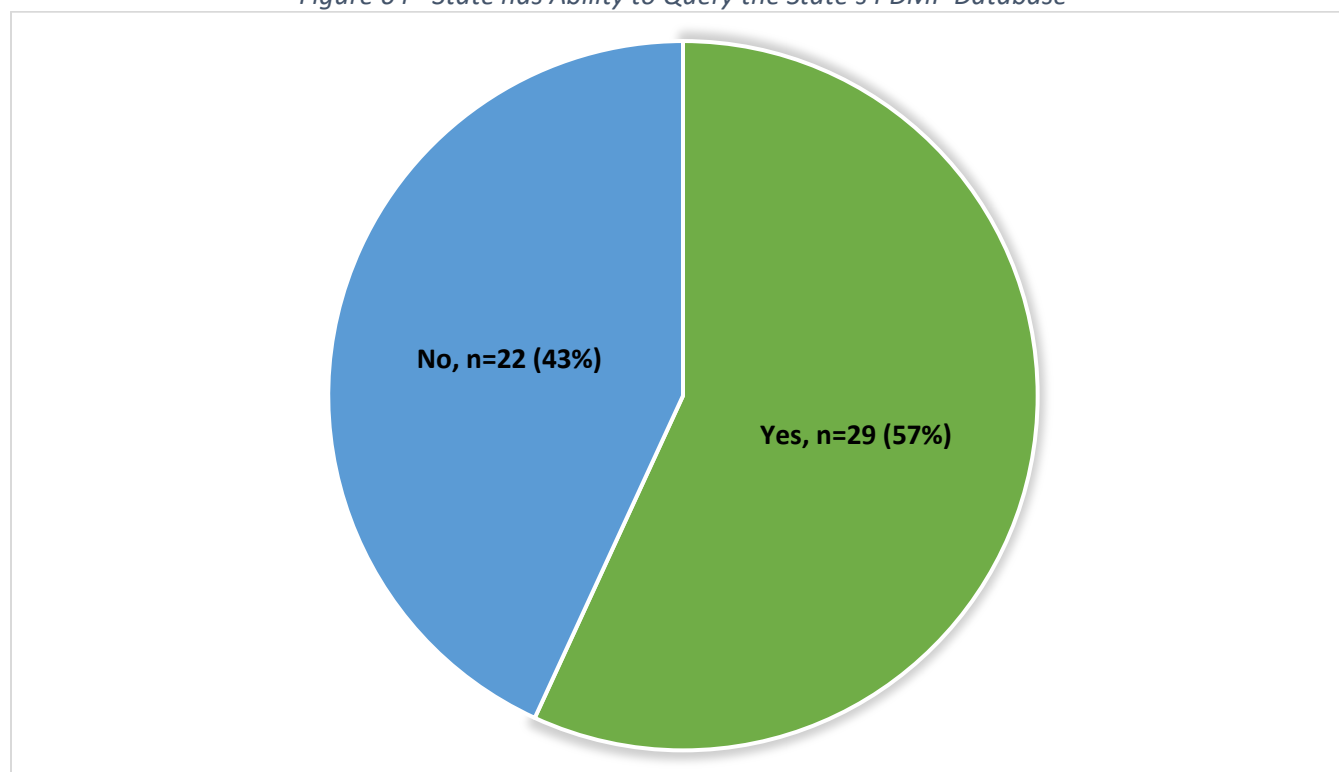


Table 71 - State has Ability to Query the State's PDMP Database

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, Connecticut, District of Columbia, Georgia, Idaho, Illinois, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Mississippi, Montana, Nebraska, Nevada, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Dakota, Tennessee, Utah, Vermont, Washington, West Virginia	29	56.86%
No	California, Colorado, Delaware, Florida, Hawaii, Indiana, Iowa, Maine, Michigan, Minnesota, Missouri, New Hampshire, New Jersey, New Mexico, New York, Oregon, Rhode Island, South Carolina, Texas, Virginia, Wisconsin, Wyoming	22	43.14%
Total		51	100.00%

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If “Yes,” please continue.

a. Please check all applicable ways the state accesses the PDMP database.

Figure 65 - Applicable Ways the State Accesses the PDMP Database

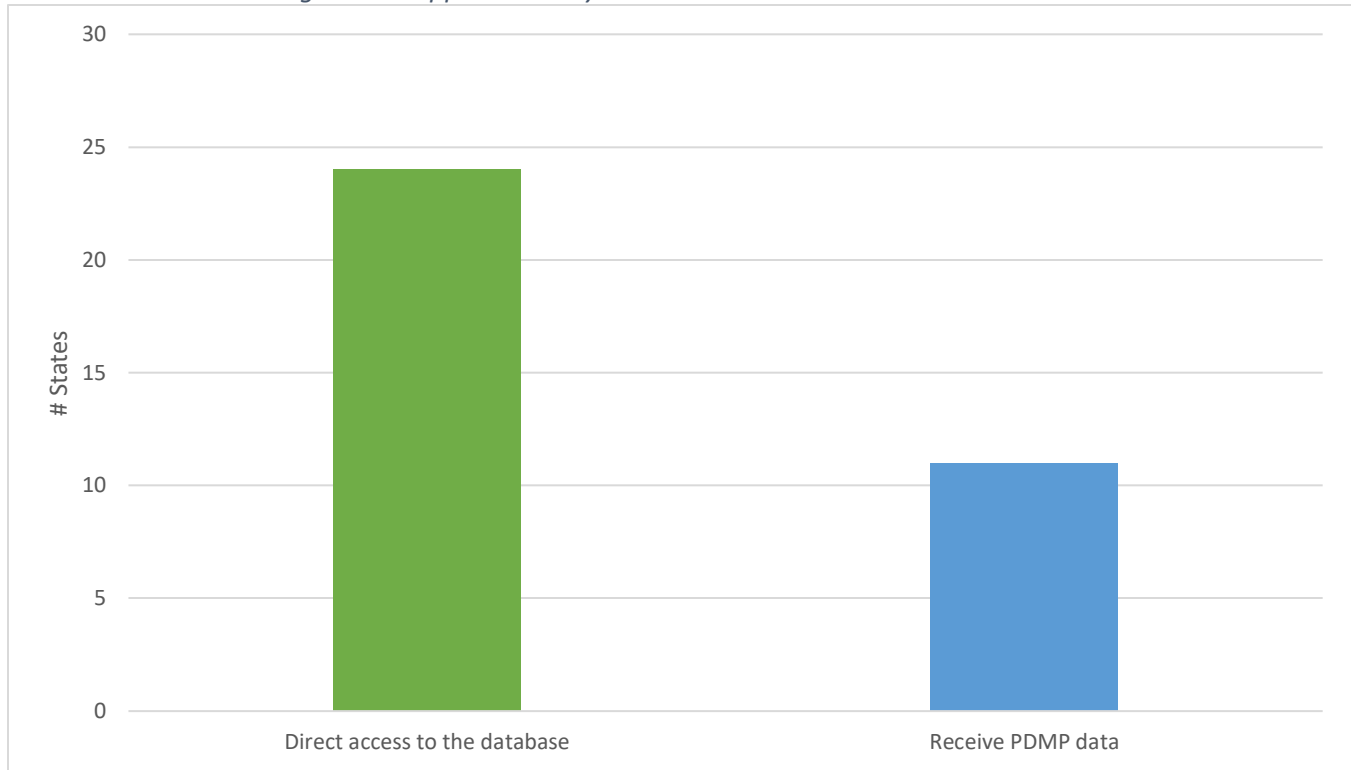


Table 72 - Applicable Ways the State Accesses the PDMP Database

Response	States	Count	Percentage
Direct access to the database	Alabama, Alaska, Arizona, Arkansas, Connecticut, Georgia, Idaho, Illinois, Kansas, Kentucky, Louisiana, Massachusetts, Montana, Nebraska, Nevada, North Carolina, North Dakota, Ohio, Pennsylvania, South Dakota, Utah, Vermont, Washington, West Virginia	24	68.57%
Receive PDMP data	District of Columbia, Illinois, Kansas, Maryland, Massachusetts, Mississippi, Nebraska, North Dakota, Oklahoma, Tennessee, Vermont	11	31.43%
Total		35	100.00%

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

Figure 66 - Frequency of PDMP Data Received

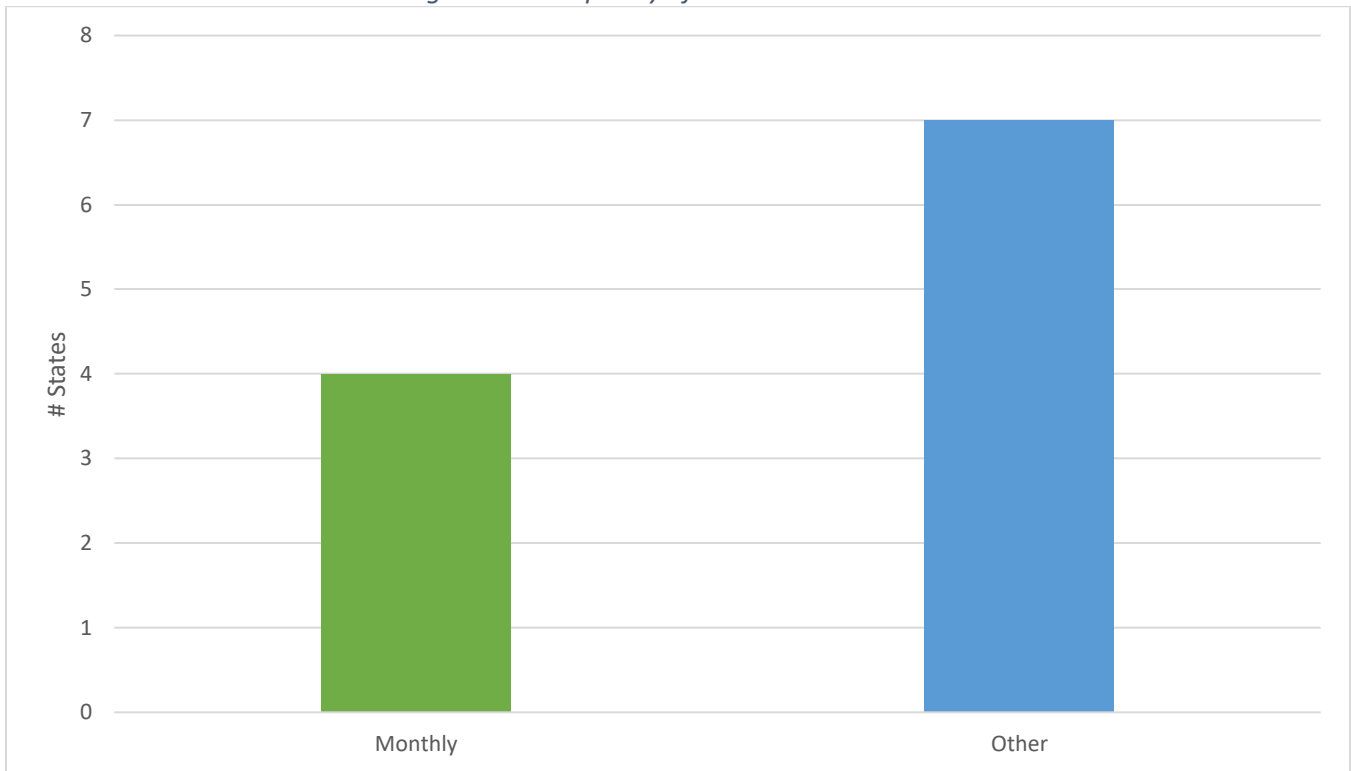


Table 73 - Frequency of PDMP Data Received

Response	States	Count	Percentage
Monthly	Illinois, Mississippi, North Dakota, Tennessee	4	36.36%
Other	District of Columbia, Kansas, Maryland, Massachusetts, Nebraska, Oklahoma, Vermont	7	63.64%
Total		11	100.00%

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ii. If “Direct access to the database,” please specify (multiple responses allowed).

Figure 67 - State’s Direct Access to the PDMP Database

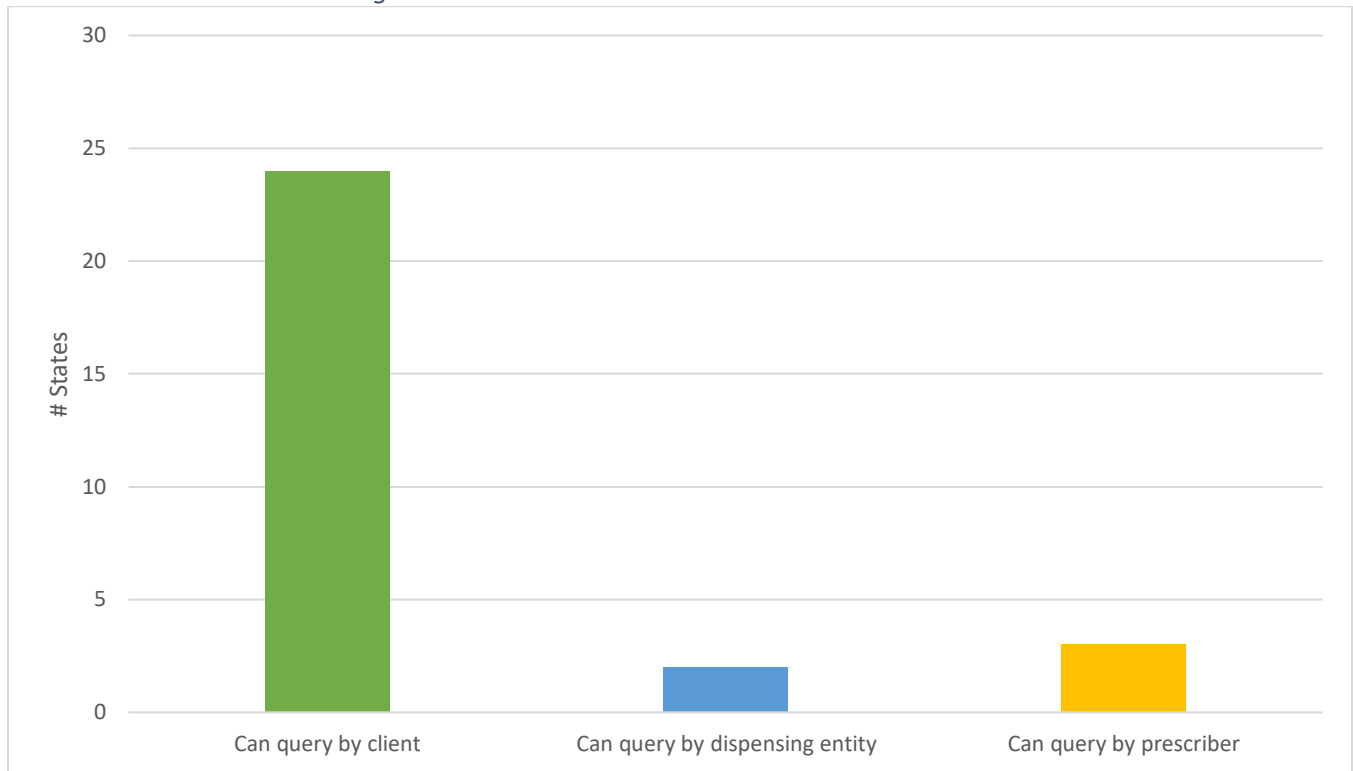


Table 74 - State’s Direct Access to the PDMP Database

Response	States	Count	Percentage
Can query by client	Alabama, Alaska, Arizona, Arkansas, Connecticut, Georgia, Idaho, Illinois, Kansas, Kentucky, Louisiana, Massachusetts, Montana, Nebraska, Nevada, North Carolina, North Dakota, Ohio, Pennsylvania, South Dakota, Utah, Vermont, Washington, West Virginia	24	82.76%
Can query by dispensing entity	Nebraska, North Carolina	2	6.90%
Can query by prescriber	Idaho, Nebraska, North Carolina	3	10.34%
Total		29	100.00%

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b. If “Yes,” does your state also have access to contiguous states’ PDMP information?

Figure 68 - Access to Contiguous State PDMP Information

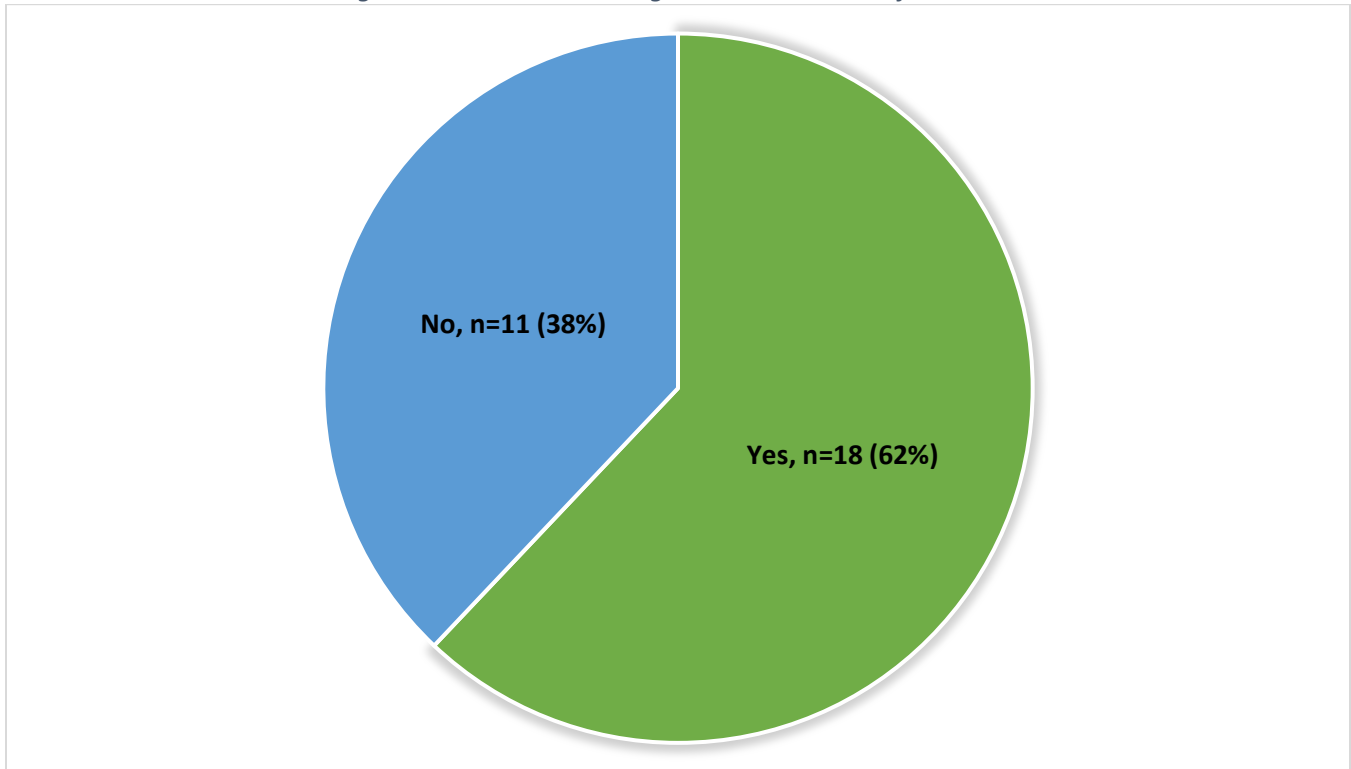


Table 75 - Access to Contiguous State PDMP Information

Response	States	Count	Percentage
Yes	Alaska, Arizona, Connecticut, District of Columbia, Idaho, Illinois, Kansas, Kentucky, Maryland, Massachusetts, Mississippi, Montana, Nebraska, Ohio, Oklahoma, South Dakota, Utah, Vermont	18	62.07%
No	Alabama, Arkansas, Georgia, Louisiana, Nevada, North Carolina, North Dakota, Pennsylvania, Tennessee, Washington, West Virginia	11	37.93%
Total		29	100.00%

c. If “Yes,” does your state also have PDMP data integrated into your point of sale (POS) edits?

Figure 69 - PDMP Data Integration into POS Edits

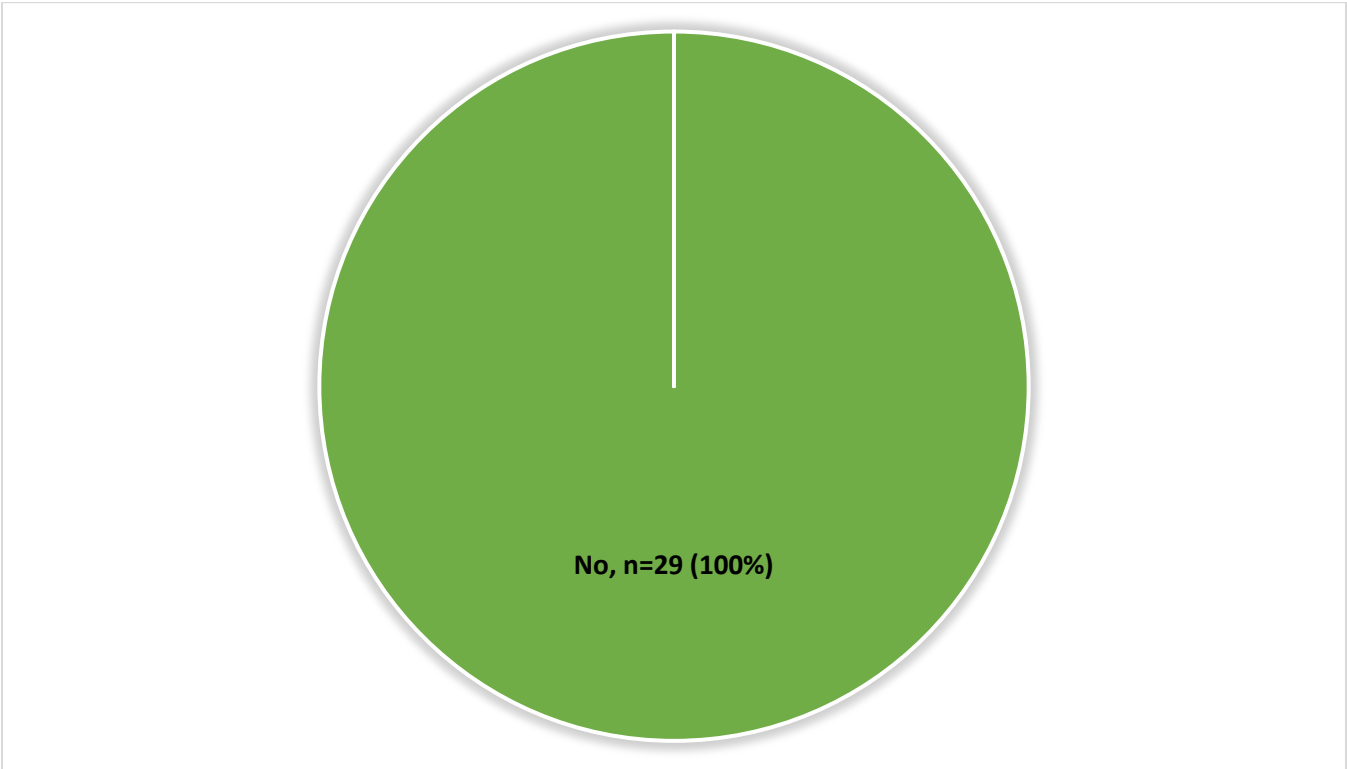


Table 76 - PDMP Data Integration into POS Edits

Response	States	Count	Percentage
No	Alabama, Alaska, Arizona, Arkansas, Connecticut, District of Columbia, Georgia, Idaho, Illinois, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Mississippi, Montana, Nebraska, Nevada, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Dakota, Tennessee, Utah, Vermont, Washington, West Virginia	29	100.00%
Total		29	100.00%

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 70 - Communicated Prescribers' Requirement to Check the PDMP Before Prescribing Controlled Substances

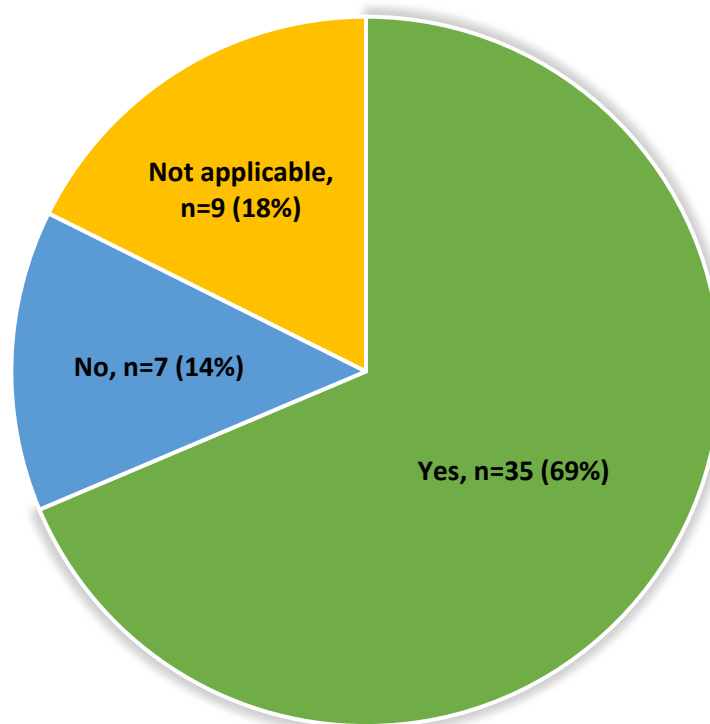


Table 77 - Communicated Prescribers' Requirement to Check the PDMP Before Prescribing Controlled Substances

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Idaho, Iowa, Kansas, Kentucky, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, South Carolina, South Dakota, Utah, Virginia, Washington, Wisconsin, Wyoming	35	68.63%
No	Georgia, Hawaii, Illinois, Nevada, New Mexico, Rhode Island, Texas	7	13.73%
Not applicable	Arizona, Indiana, Louisiana, Maryland, New York, Pennsylvania, Tennessee, Vermont, West Virginia	9	17.65%
Total		51	100.00%

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If “Yes,” check all that apply (multiple responses allowed).

Figure 71 - Ways State Has Communicated Requirement

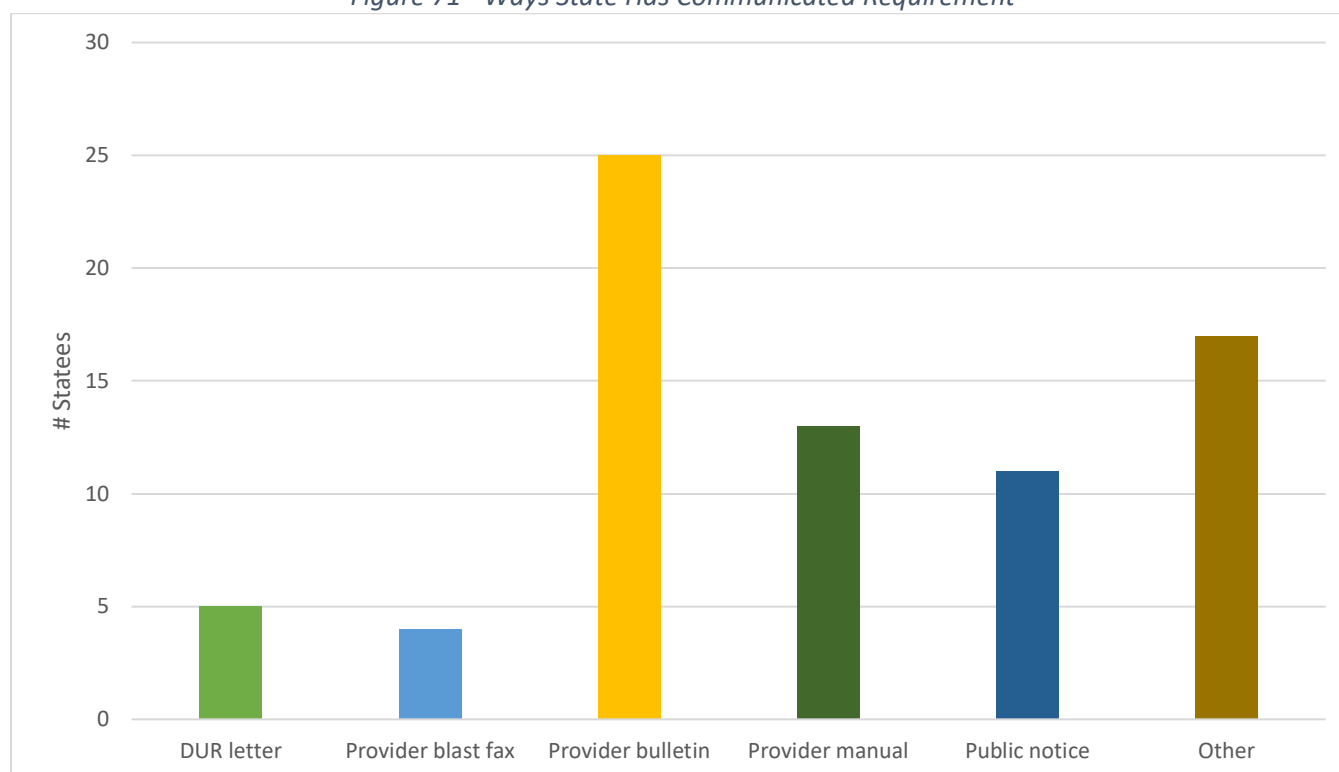


Table 78 - Ways State Has Communicated Requirement

Response	States	Count	Percentage
DUR letter	Arkansas, Connecticut, Ohio, Oregon, Wyoming	5	6.67%
Provider blast fax	District of Columbia, Kentucky, South Dakota, Washington	4	5.33%
Provider bulletin	Alabama, Arkansas, California, Connecticut, District of Columbia, Idaho, Iowa, Kansas, Kentucky, Maine, Massachusetts, Michigan, Mississippi, Missouri, Nebraska, New Jersey, North Carolina, North Dakota, Oklahoma, Oregon, South Carolina, South Dakota, Utah, Washington, Wisconsin	25	33.33%
Provider manual	Alabama, Colorado, Delaware, District of Columbia, Kansas, Minnesota, Missouri, Montana, Nebraska, South Dakota, Virginia, Washington, Wisconsin	13	17.33%
Public notice	Alaska, California, Colorado, Florida, Iowa, Massachusetts, New Hampshire, North Carolina, Utah, Virginia, Washington	11	14.67%
Other	Alaska, Arkansas, California, Connecticut, District of Columbia, Idaho, Iowa, Kansas, Maine, Nebraska, New Hampshire, North Carolina, Ohio, Oregon, South Carolina, Washington, Wyoming	17	22.67%
Total		75	100.00%

a. Has the state specified protocols for prescribers checking the PDMP?

Figure 72 - Protocols Involved Checking the PDMP

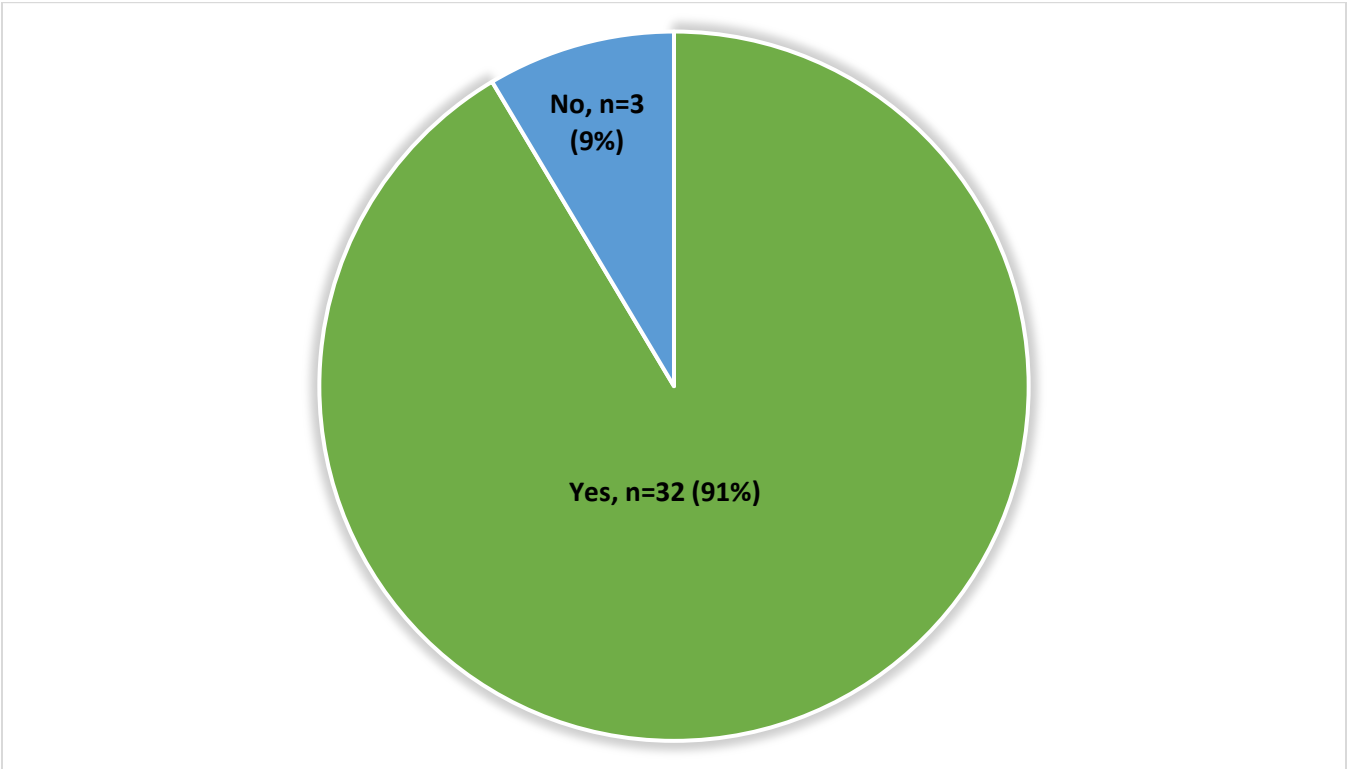


Table 79 - Protocols Involved Checking the PDMP

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Idaho, Iowa, Kansas, Kentucky, Maine, Massachusetts, Michigan, Mississippi, Missouri, Nebraska, New Hampshire, New Jersey, North Carolina, Ohio, Oklahoma, Oregon, South Carolina, South Dakota, Utah, Virginia, Washington, Wisconsin, Wyoming	32	91.43%
No	Minnesota, Montana, North Dakota	3	8.57%
Total		35	100.00%

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b. If “Yes,” do providers have protocols for responses to information from the PDMP that are 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 73 - Providers Have Protocols for Responses to Information from the PDMP that Contradicts Information the Practitioner Expects to Receive

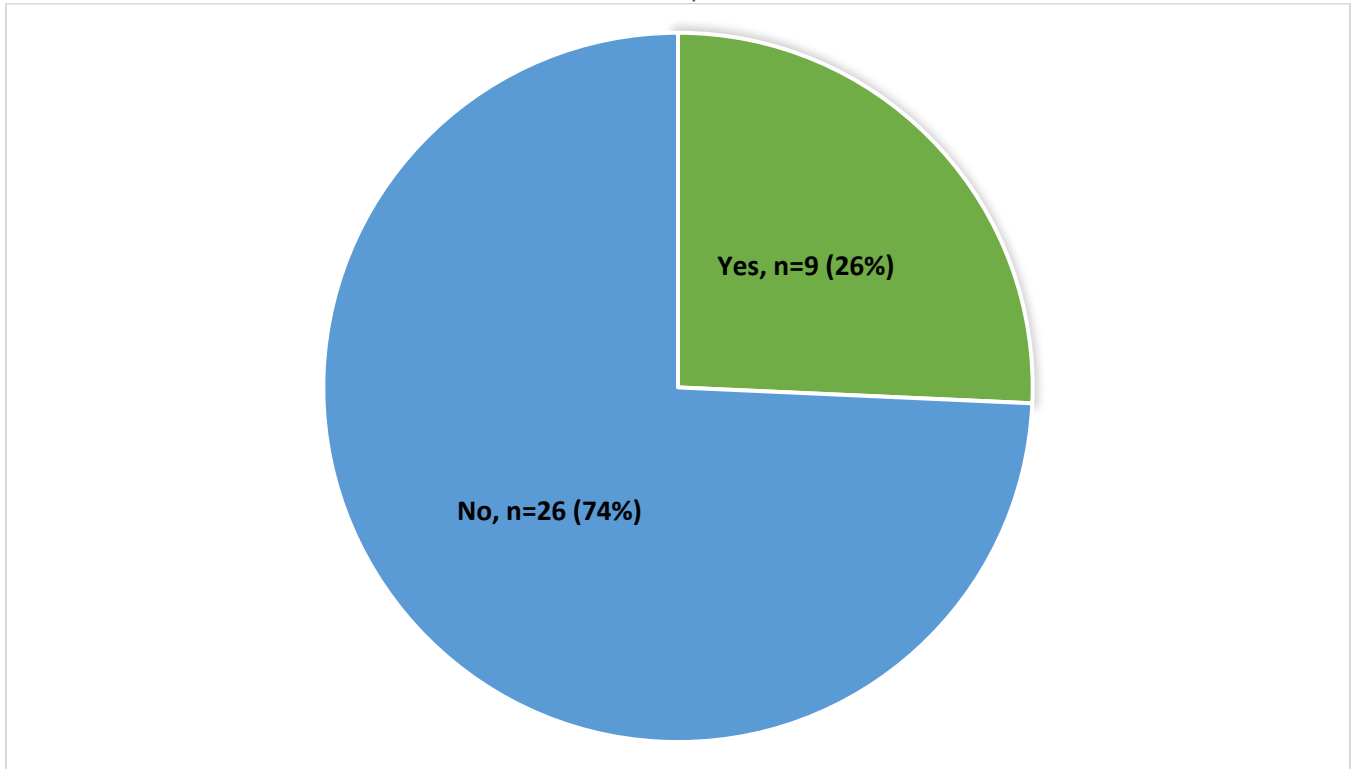


Table 80 - Providers Have Protocols for Responses to Information from the PDMP that Contradicts Information the Practitioner Expects to Receive

Response	States	Count	Percentage
Yes	California, Kentucky, Maine, Michigan, Missouri, New Jersey, South Carolina, Virginia, Wisconsin	9	25.71%
No	Alabama, Alaska, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Florida, Idaho, Iowa, Kansas, Massachusetts, Minnesota, Mississippi, Montana, Nebraska, New Hampshire, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, South Dakota, Utah, Washington, Wyoming	26	74.29%
Total		35	100.00%

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

Figure 74 - State Requires Prescriber to Document a Good Faith Effort if Unable to Conduct a PDMP Check

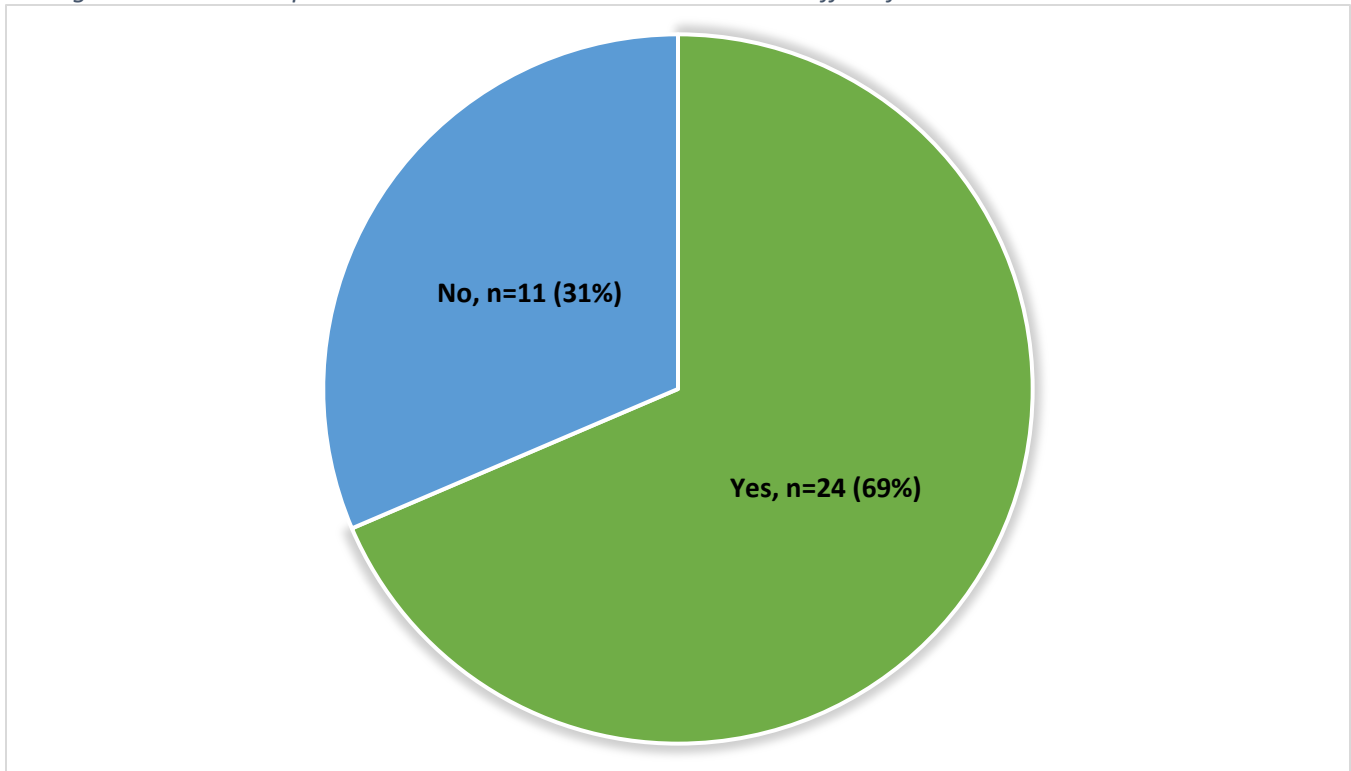


Table 81 - State Requires Prescriber to Document a Good Faith Effort if Unable to Conduct a PDMP Check

Response	States	Count	Percentage
Yes	Alabama, Alaska, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Iowa, Kansas, Kentucky, Maine, Michigan, Missouri, Montana, Nebraska, New Hampshire, New Jersey, Ohio, Oregon, South Carolina, South Dakota, Utah, Washington	24	68.57%
No	Arkansas, Idaho, Massachusetts, Minnesota, Mississippi, North Carolina, North Dakota, Oklahoma, Virginia, Wisconsin, Wyoming	11	31.43%
Total		35	100.00%

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

Figure 75 - State Requires Provider, on Request, to Submit Documentation

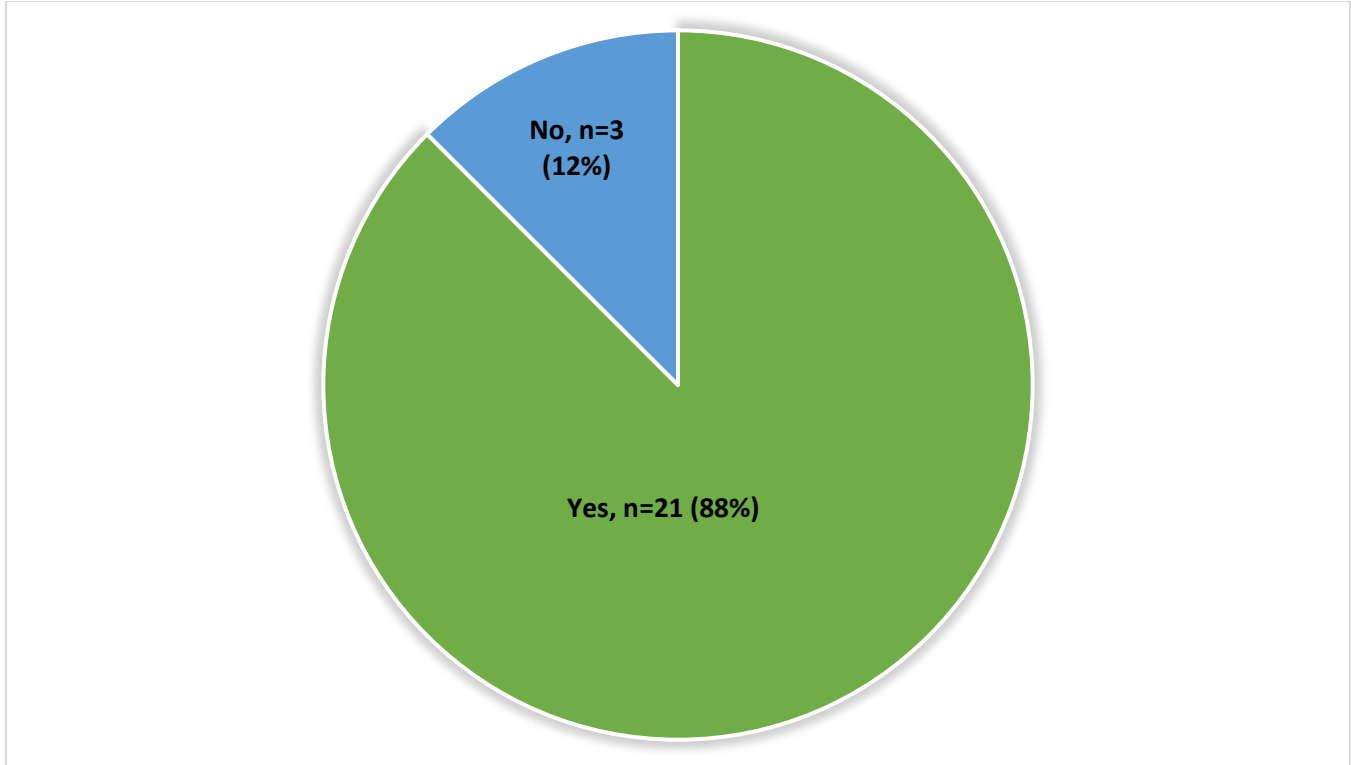


Table 82 - State Requires Provider, on Request, to Submit Documentation

Response	States	Count	Percentage
Yes	Alabama, Alaska, Colorado, Connecticut, District of Columbia, Iowa, Kansas, Kentucky, Maine, Michigan, Missouri, Montana, Nebraska, New Hampshire, New Jersey, Ohio, Oregon, South Carolina, South Dakota, Utah, Washington	21	87.50%
No	California, Delaware, Florida	3	12.50%
Total		24	100.00%

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

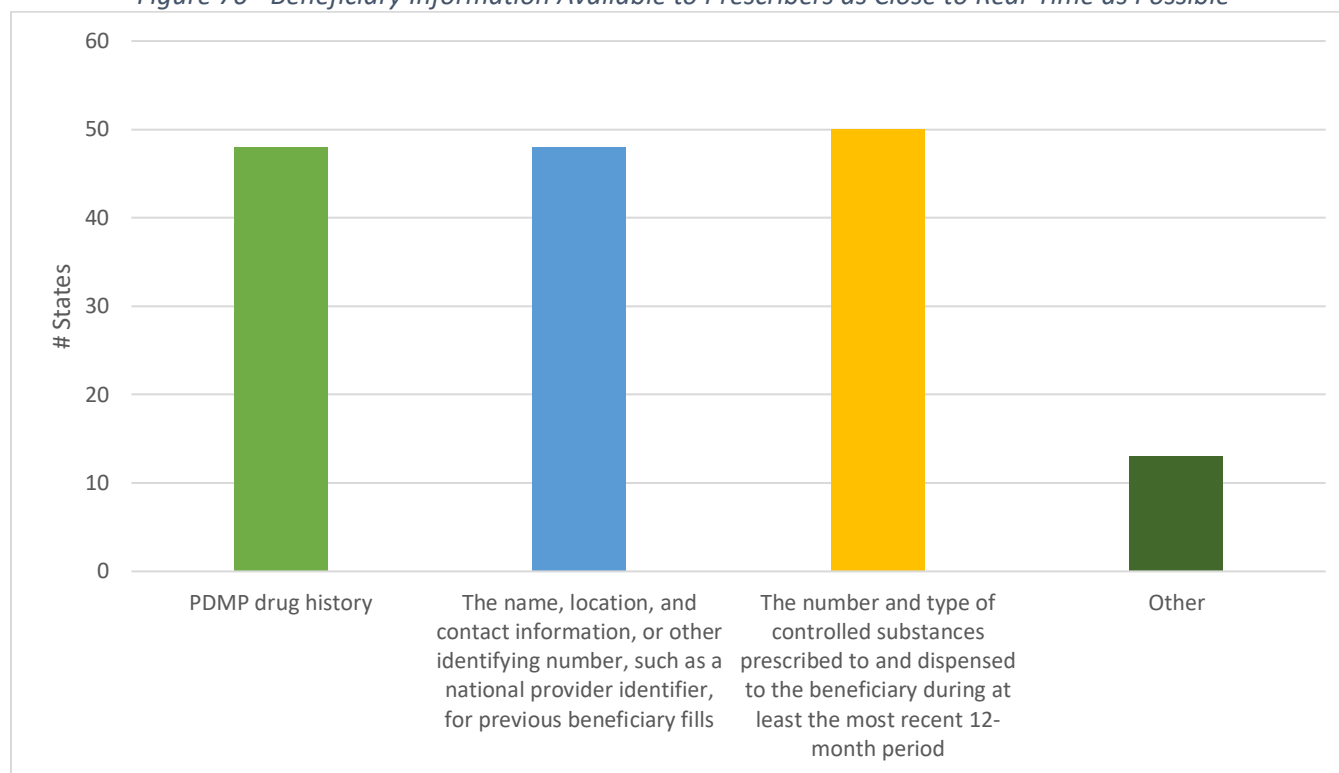


Table 83 - Beneficiary Information Available to Prescribers as Close to Real-Time as Possible

Response	States	Count	Percentage
PDMP drug history	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	48	30.19%
The name, location, and contact information, or other identifying number, such as a national provider identifier, for previous beneficiary fills	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	48	30.19%

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Response	States	Count	Percentage
The number and type of controlled substances prescribed to and dispensed to the beneficiary during at least the most recent 12-month period	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	50	31.45%
Other	California, Colorado, Connecticut, Delaware, Florida, Illinois, Indiana, Kansas, Minnesota, Missouri, Tennessee, Utah, Washington	13	8.18%
Total		159	100.00%

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

Figure 77 - Barriers Hinder Medicaid Agency from Fully Accessing the PDMP to Curb FWA

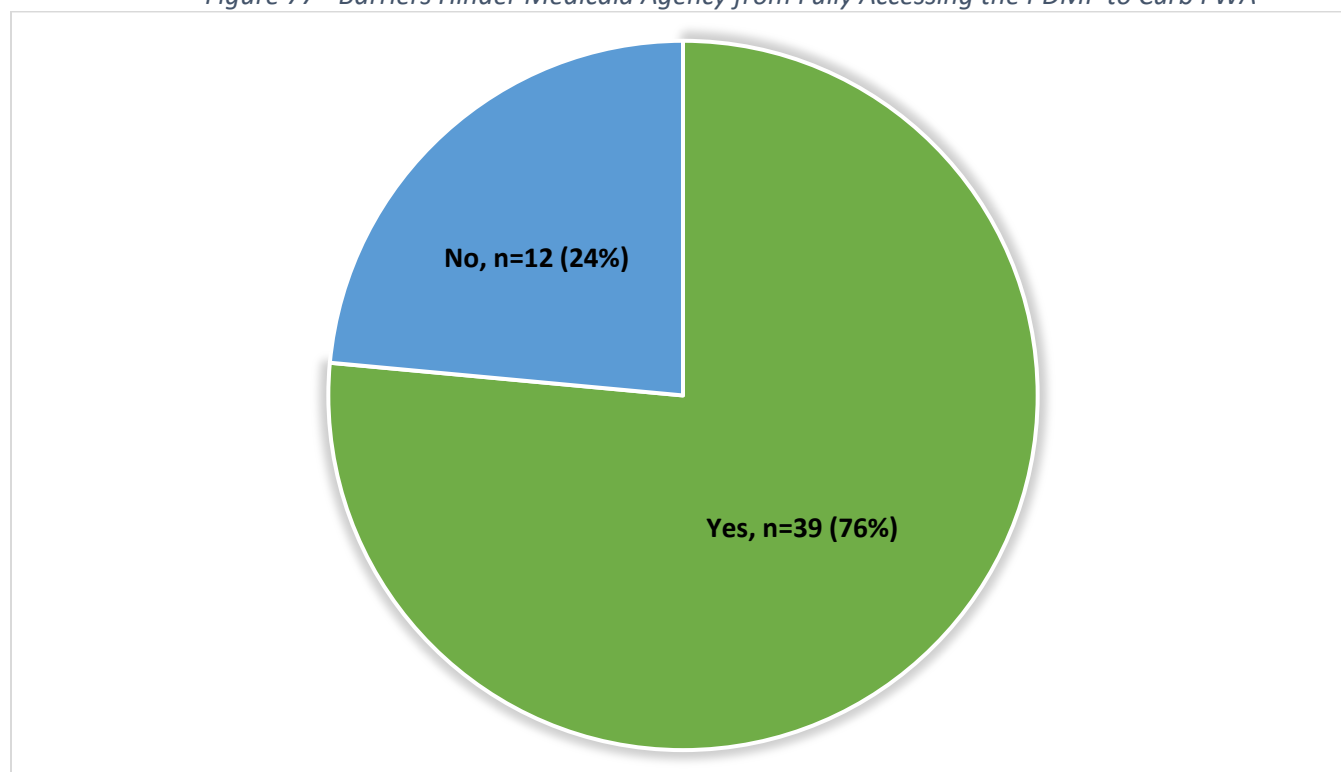


Table 84 - Barriers Hinder Medicaid Agency from Fully Accessing the PDMP to Curb FWA

Response	States	Count	Percentage
Yes	Alabama, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Hawaii, Idaho, Illinois, Indiana, Iowa, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New	39	76.47%

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Response	States	Count	Percentage
	York, North Carolina, North Dakota, Oregon, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming		
No	Alaska, Arizona, Georgia, Kansas, Kentucky, Louisiana, Nebraska, Ohio, Oklahoma, Pennsylvania, South Dakota, Utah	12	23.53%
Total		51	100.00%

4. Please specify the following information for the 12-month reporting period for this survey.

- a. Does your state or professional board require pharmacists to check the PDMP prior to dispensing a controlled substance to a covered individual?

Figure 78 - State Requires Pharmacists to Check PDMP Prior to Dispensing Controlled Substances to Covered Individuals

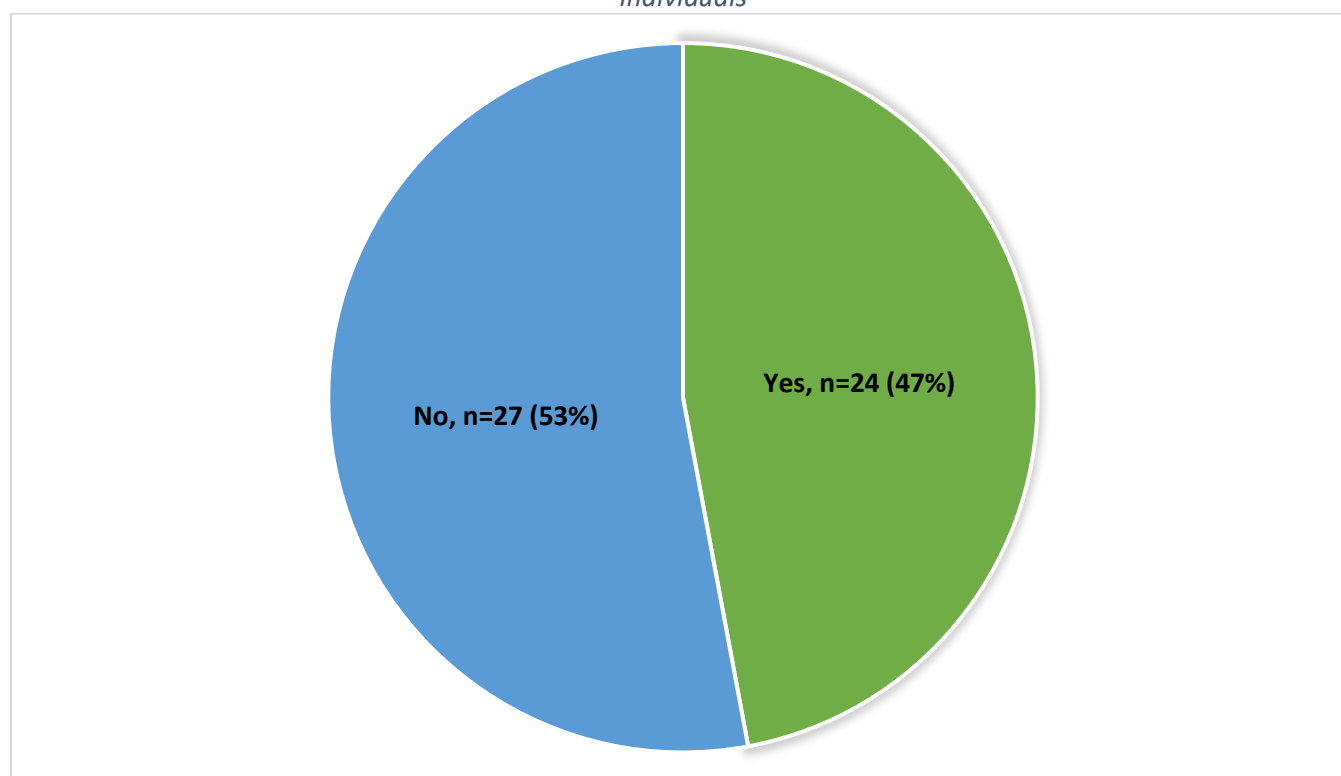


Table 85 - State Requires Pharmacists to Check PDMP Prior to Dispensing Controlled Substances to Covered Individuals

Response	States	Count	Percentage
Yes	Arizona, Delaware, District of Columbia, Florida, Idaho, Maine, Maryland, Massachusetts, Michigan, Mississippi, Missouri, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Pennsylvania, South Dakota, Tennessee, Texas, Vermont, Washington, West Virginia	24	47.06%
No	Alabama, Alaska, Arkansas, California, Colorado, Connecticut, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas,	27	52.94%

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Response	States	Count	Percentage
	Kentucky, Louisiana, Minnesota, Montana, Nevada, New Jersey, New York, Oklahoma, Oregon, Rhode Island, South Carolina, Utah, Virginia, Wisconsin, Wyoming		
Total		51	100.00%

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

Figure 79 - State Has Protocols Involved in Checking PDMP

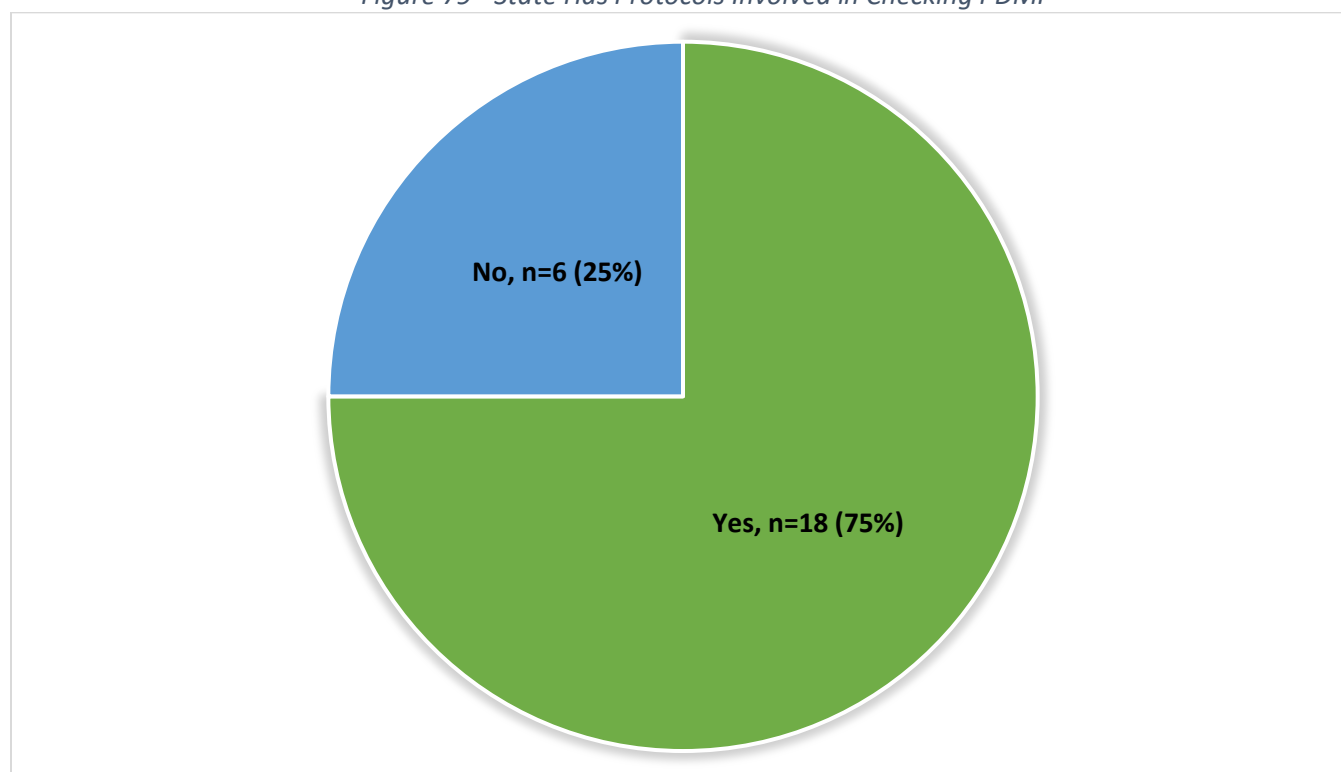


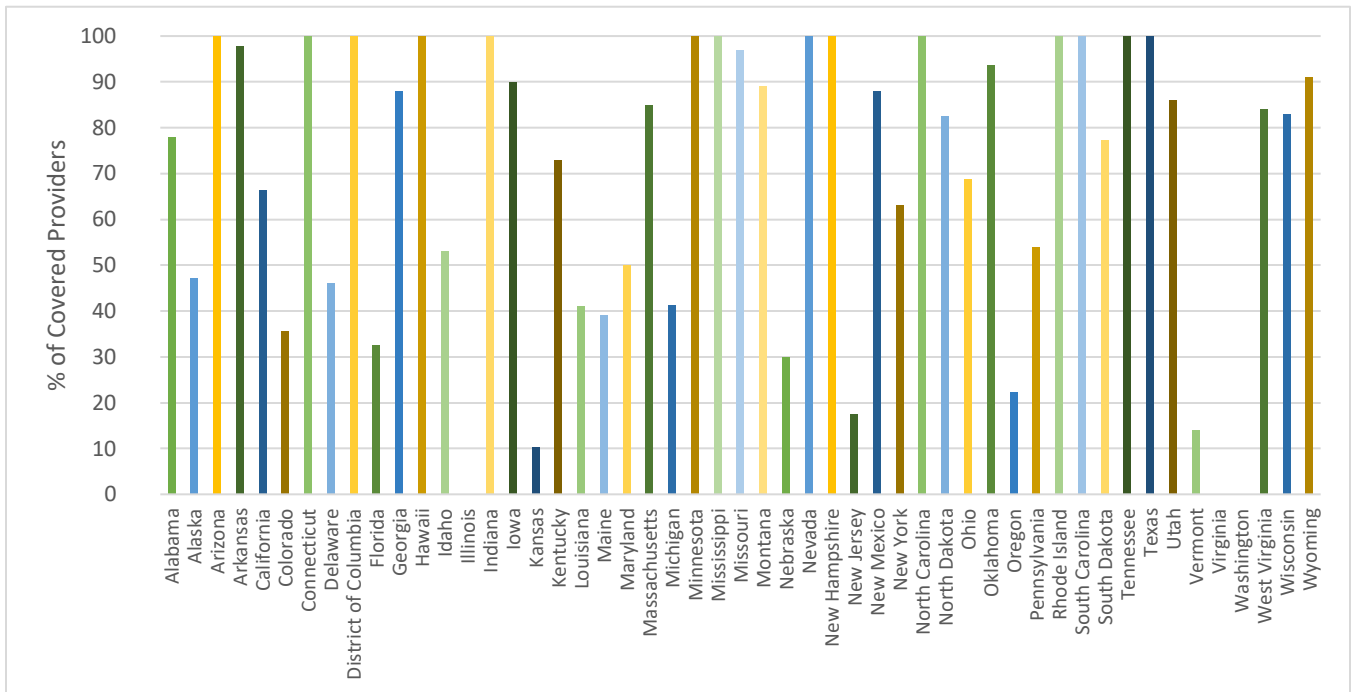
Table 86 - State Has Protocols Involved in Checking PDMP

Response	States	Count	Percentage
Yes	Arizona, Delaware, District of Columbia, Florida, Maine, Maryland, Michigan, Mississippi, Nebraska, New Mexico, North Carolina, Ohio, Pennsylvania, Tennessee, Texas, Vermont, Washington, West Virginia	18	75.00%
No	Idaho, Massachusetts, Missouri, New Hampshire, North Dakota, South Dakota	6	25.00%
Total		24	100.00%

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- b. Report the percentage of covered providers (as determined pursuant to a process established by the state) who checked the prescription drug history of a beneficiary through a PDMP before prescribing a controlled substance to such an individual.

Figure 80 - Percentage of Covered Providers who Checked the Prescription Drug History of a Beneficiary Through a PDMP Before Prescribing a Controlled Substance to Such an Individual (State Average)



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i. How was the above calculation obtained?

Figure 81 - Method for Calculating the Percentage of Covered Providers who Checked the Prescription Drug History of a Beneficiary Through a PDMP Before Prescribing a Controlled Substance to Such an Individual

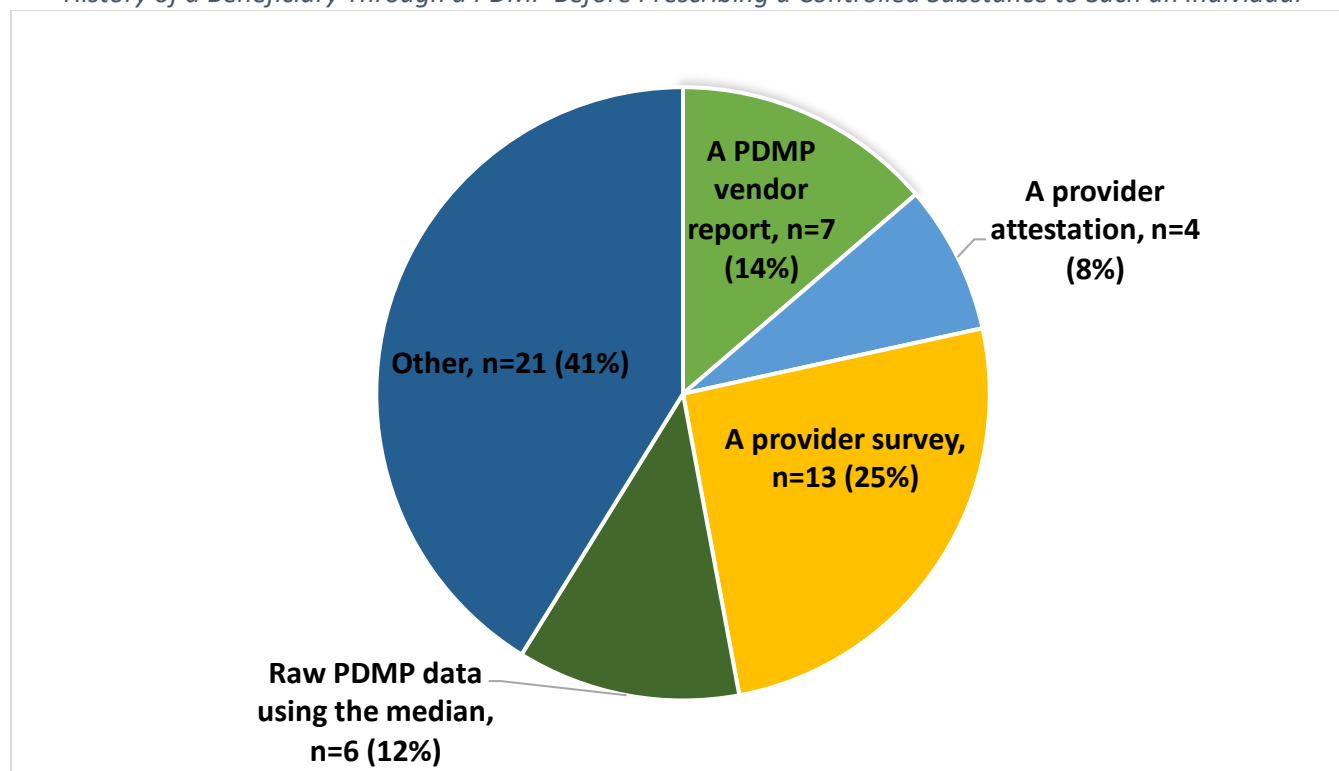


Table 87 - Method for Calculating the Percentage of Covered Providers who Checked the Prescription Drug History of a Beneficiary Through a PDMP Before Prescribing Controlled Substances to Such an Individual

Response	States	Count	Percentage
A PDMP vendor report	Alaska, Colorado, Maine, Michigan, Nebraska, New Jersey, Utah	7	13.73%
A provider attestation	District of Columbia, Kansas, New Hampshire, Rhode Island	4	7.84%
A provider survey	Alabama, Delaware, Georgia, Iowa, Mississippi, Missouri, Montana, North Dakota, Oklahoma, South Dakota, Texas, Wisconsin, Wyoming	13	25.49%
Raw PDMP data using the median	Kentucky, Louisiana, Maryland, New York, Ohio, Vermont	6	11.76%
Other	Arizona, Arkansas, California, Connecticut, Florida, Hawaii, Idaho, Illinois, Indiana, Massachusetts, Minnesota, Nevada, New Mexico, North Carolina, Oregon, Pennsylvania, South Carolina, Tennessee, Virginia, Washington, West Virginia	21	41.18%
Total		51	100.00%

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c. For sub questions d., e., and f., below, please specify the type of data utilized in determining the calculations.

Figure 82 - Type of Data Utilized in Determining the Calculations

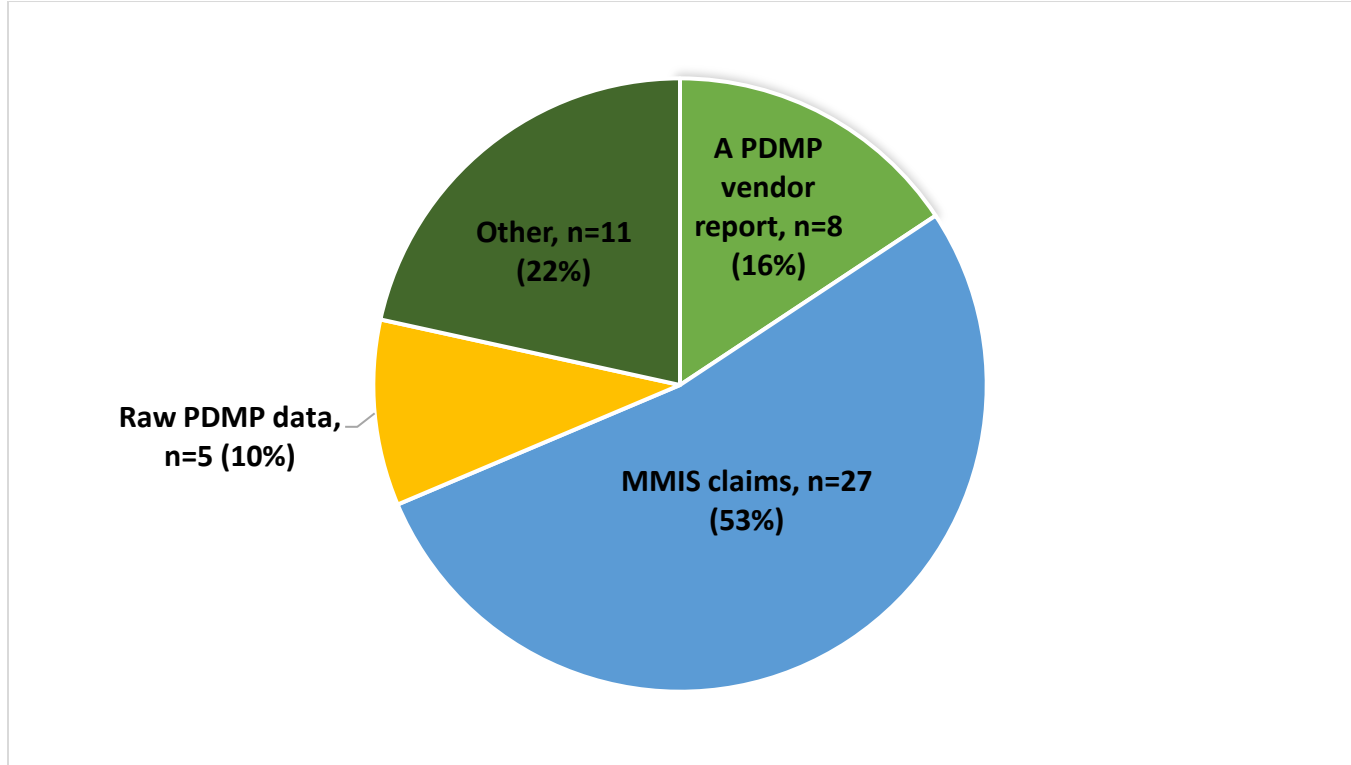


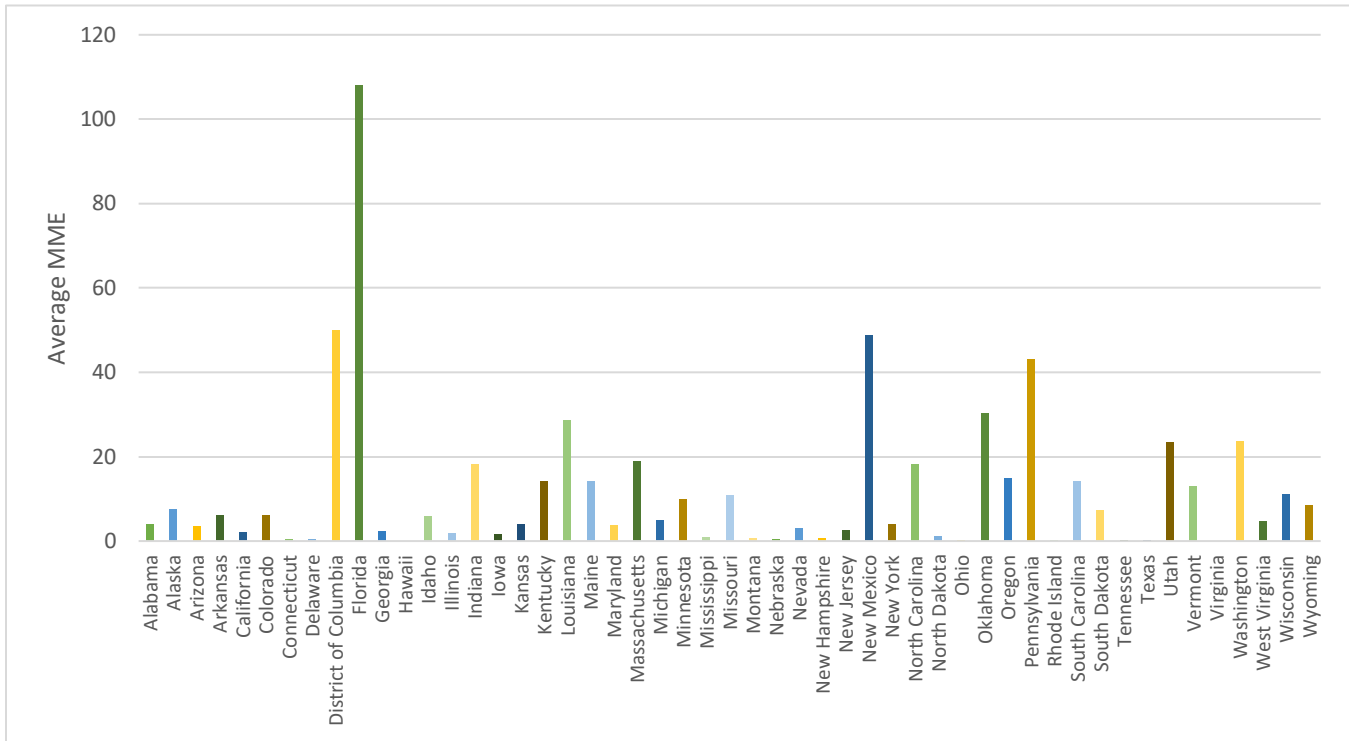
Table 88 - Type of Data Utilized in Determining the Calculations

Response	States	Count	Percentage
A PDMP vendor report	Alaska, Colorado, Maine, Michigan, Nebraska, New Jersey, Oklahoma, Utah	8	15.69%
MMIS claims	Alabama, Arizona, California, Connecticut, Delaware, District of Columbia, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, New Mexico, North Carolina, North Dakota, Ohio, Rhode Island, South Dakota, Texas, Vermont, Washington, West Virginia, Wyoming	27	52.94%
Raw PDMP data	Indiana, Kentucky, Maryland, Massachusetts, New York	5	9.80%
Other	Arkansas, Florida, Illinois, Nevada, New Hampshire, Oregon, Pennsylvania, South Carolina, Tennessee, Virginia, Wisconsin	11	21.57%
Total		51	100.00%

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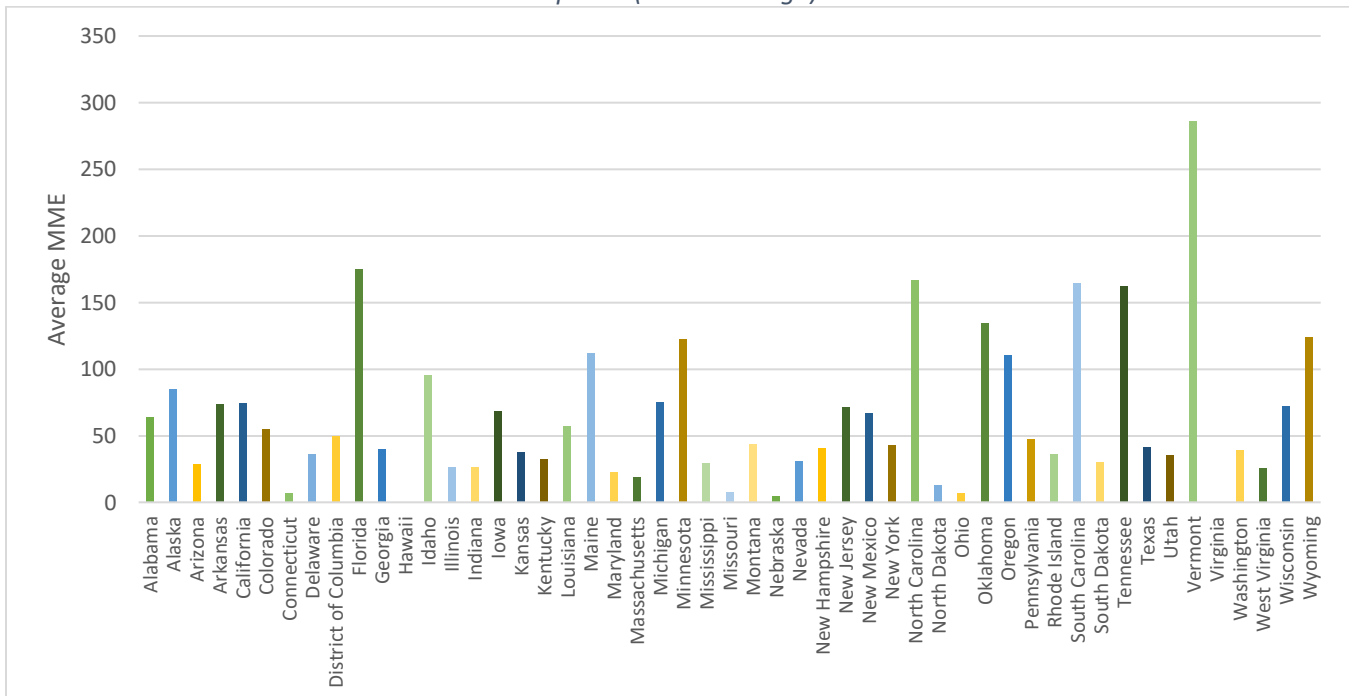
- d. Report the average daily morphine milligram equivalent (MME) prescribed for controlled substances per covered individuals.

Figure 83 - Average Daily Morphine Milligram Equivalent (MME) Prescribed for Controlled Substances per Covered Individuals (State Average)



- e. Report the average daily morphine milligram equivalent (MME) prescribed for controlled substances per covered individuals who are receiving opioids.

Figure 84 - Average Daily MME Prescribed for Controlled Substances per Covered Individuals who are Receiving Opioids (State Average)



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Table 89 - 12-Month Reporting Period for this Survey

State	Percentage of covered providers who checked prescription drug history (%)	MME prescribed for controlled substances per covered individuals (MME)	MME prescribed for controlled substances per covered individuals who are receiving opioids (MME)
Alabama	78	4	64
Alaska	47	7	85
Arizona	100	3	29
Arkansas	98	6	74
California	66	2	75
Colorado	36	6	55
Connecticut	100	<1	7
Delaware	46	<1	36
District of Columbia	100	50	50
Florida	33	108	175
Georgia	88	2	40
Hawaii	100	<1	<1
Idaho	53	6	95
Illinois	unreported	2	27
Indiana	100	18	26
Iowa	90	2	68
Kansas	10	4	38
Kentucky	73	14	32
Louisiana	41	29	57
Maine	39	14	112
Maryland	50	4	22
Massachusetts	85	19	19
Michigan	41	5	75
Minnesota	100	10	122
Mississippi	100	1	29
Missouri	97	11	7
Montana	89	1	44
Nebraska	30	1	5
Nevada	100	3	31
New Hampshire	100	1	41
New Jersey	17	3	71
New Mexico	88	49	67
New York	63	4	43
North Carolina	100	18	167
North Dakota	83	1	13

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State	Percentage of covered providers who checked prescription drug history (%)	MME prescribed for controlled substances per covered individuals (MME)	MME prescribed for controlled substances per covered individuals who are receiving opioids (MME)
Ohio	69	<1	7
Oklahoma	94	30	134
Oregon	22	15	110
Pennsylvania	54	43	47
Rhode Island	100	<1	36
South Carolina	100	14	164
South Dakota	77	7	30
Tennessee	100	<1	162
Texas	100	<1	41
Utah	86	23	35
Vermont	14	13	286
Virginia	unreported	<1	<1
Washington	unreported	24	39
West Virginia	84	5	25
Wisconsin	83	11	72
Wyoming	91	8	124

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f. Please report information about beneficiaries who received the top three controlled substances in each category. Specify the controlled substances prescribed based on prescriptions dispensed (by generic ingredient(s)) and within each population during this 12-month FFY reporting period.

Table 90 - Unique Beneficiaries in each Subgroup who Received the Top 3 Opioid Controlled Substances in the Last 12-Month Reporting Period

Subgroup	Total Beneficiaries	Number Receiving Controlled Substances	Percent Receiving Controlled Substances	Top 3 Controlled Substances Received (Generic Ingredient)	Number Receiving Top 3 Controlled Substances	Percent Receiving Top 3 Controlled Substances
0-18 yrs.	20,247,543	302,676	1.49%	hydrocodone/ acetaminophen	95,860	0.47%
0-18 yrs.	20,247,543	302,676	1.49%	oxycodone	45,285	0.22%
0-18 yrs.	20,247,543	302,676	1.49%	oxycodone/ acetaminophen	3,098	0.02%
19-29 yrs.	10,211,264	577,565	5.66%	hydrocodone/ acetaminophen	186,329	1.82%
19-29 yrs.	10,211,264	577,565	5.66%	oxycodone	53,242	0.52%
19-29 yrs.	10,211,264	577,565	5.66%	tramadol	12,501	0.12%
30-39 yrs.	8,375,063	699,376	8.35%	hydrocodone/ acetaminophen	199,669	2.38%
30-39 yrs.	8,375,063	699,376	8.35%	oxycodone	63,928	0.76%
30-39 yrs.	8,375,063	699,376	8.35%	tramadol	25,818	0.31%
40-49 yrs.	6,164,509	600,203	9.74%	hydrocodone/ acetaminophen	175,824	2.85%
40-49 yrs.	6,164,509	600,203	9.74%	oxycodone	62,606	1.02%
40-49 yrs.	6,164,509	600,203	9.74%	tramadol	40,183	0.65%
50-59 yrs.	5,237,991	603,767	11.53%	hydrocodone/ acetaminophen	173,971	3.32%
50-59 yrs.	5,237,991	603,767	11.53%	oxycodone	74,334	1.42%
50-59 yrs.	5,237,991	603,767	11.53%	tramadol	56,064	1.07%
60-69 yrs.	4,676,283	489,185	10.46%	hydrocodone/ acetaminophen	105,541	2.26%
60-69 yrs.	4,676,283	489,185	10.46%	tramadol	41,924	0.90%
60-69 yrs.	4,676,283	489,185	10.46%	tramadol	48,411	1.04%
70-79 yrs.	2,444,134	193,888	7.93%	hydrocodone/ acetaminophen	21,895	0.90%
70-79 yrs.	2,444,134	193,888	7.93%	tramadol	37,063	1.52%
70-79 yrs.	2,444,134	193,888	7.93%	oxycodone/ acetaminophen	2,849	0.12%
80+ yrs.	1,615,618	108,153	6.69%	tramadol	9,747	0.60%
80+ yrs.	1,615,618	108,153	6.69%	oxycodone	2,359	0.15%
80+ yrs.	1,615,618	108,153	6.69%	tramadol	143	0.01%
With Disability	4,027,151	556,006	13.81%	hydrocodone/ acetaminophen	173,411	4.31%
With Disability	4,027,151	556,006	13.81%	oxycodone	52,169	1.30%
With Disability	4,027,151	556,006	13.81%	oxycodone/ acetaminophen	32,382	0.80%

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Table 91 - Unique Beneficiaries in each Subgroup who Received the Top 3 Sedative/Benzodiazepine Controlled Substances in the Last 12-Month Reporting Period

Subgroup	Total Beneficiaries	Number Receiving Controlled Substances	Percent Receiving Controlled Substances	Top 3 Controlled Substances Received (Generic Ingredient)	Number Receiving Top 3 Controlled Substances	Percent Receiving Top 3 Controlled Substances
0-18 yrs.	20,247,543	108,482	0.54%	diazepam	37,308	0.18%
0-18 yrs.	20,247,543	108,482	0.54%	clonazepam	5,775	0.03%
0-18 yrs.	20,247,543	108,482	0.54%	clobazam	4,966	0.02%
19-29 yrs.	10,211,264	170,839	1.67%	clonazepam	19,211	0.19%
19-29 yrs.	10,211,264	170,839	1.67%	lorazepam	4,705	0.05%
19-29 yrs.	10,211,264	170,839	1.67%	alprazolam	5,001	0.05%
30-39 yrs.	8,375,063	278,347	3.32%	clonazepam	32,279	0.39%
30-39 yrs.	8,375,063	278,347	3.32%	lorazepam	20,117	0.24%
30-39 yrs.	8,375,063	278,347	3.32%	lorazepam	15,937	0.19%
40-49 yrs.	6,164,509	270,851	4.39%	clonazepam	12,894	0.21%
40-49 yrs.	6,164,509	270,851	4.39%	clonazepam	21,375	0.35%
40-49 yrs.	6,164,509	270,851	4.39%	diazepam	5,508	0.09%
50-59 yrs.	5,237,991	276,246	5.27%	alprazolam	45,836	0.88%
50-59 yrs.	5,237,991	276,246	5.27%	clonazepam	7,524	0.14%
50-59 yrs.	5,237,991	276,246	5.27%	zolpidem	8,596	0.16%
60-69 yrs.	4,676,283	219,170	4.69%	lorazepam	16,179	0.35%
60-69 yrs.	4,676,283	219,170	4.69%	lorazepam	11,561	0.25%
60-69 yrs.	4,676,283	219,170	4.69%	alprazolam	7,312	0.16%
70-79 yrs.	2,444,134	80,025	3.27%	lorazepam	10,371	0.42%
70-79 yrs.	2,444,134	80,025	3.27%	clonazepam	2,139	0.09%
70-79 yrs.	2,444,134	80,025	3.27%	alprazolam	1,550	0.06%
80+ yrs.	1,615,618	54,185	3.35%	lorazepam	27,871	1.73%
80+ yrs.	1,615,618	54,185	3.35%	alprazolam	9,682	0.60%
80+ yrs.	1,615,618	54,185	3.35%	clonazepam	1,119	0.07%
With Disability	4,027,151	350,769	8.71%	clonazepam	26,497	0.66%
With Disability	4,027,151	350,769	8.71%	lorazepam	13,617	0.34%
With Disability	4,027,151	350,769	8.71%	diazepam	34,383	0.85%

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Table 92 - Unique Beneficiaries in each Subgroup who Received the Top 3 Stimulant/ADHD Controlled Substances in the Last 12-Month Reporting Period

Subgroup	Total Beneficiaries	Number Receiving Controlled Substances	Percent Receiving Controlled Substances	Top 3 Controlled Substances Received (Generic Ingredient)	Number Receiving Top 3 Controlled Substances	Percent Receiving Top 3 Controlled Substances
0-18 yrs.	20,247,543	576,036	2.84%	methylphenidate	177,402	0.88%
0-18 yrs.	20,247,543	576,036	2.84%	dextroamphetamine/ amphetamine	68,218	0.34%
0-18 yrs.	20,247,543	576,036	2.84%	dexmethylphenidate	29,151	0.14%
19-29 yrs.	10,211,264	206,670	2.02%	dextroamphetamine/ amphetamine	67,423	0.66%
19-29 yrs.	10,211,264	206,670	2.02%	lisdexamfetamine	22,949	0.22%
19-29 yrs.	10,211,264	206,670	2.02%	methylphenidate	31,626	0.31%
30-39 yrs.	8,375,063	221,520	2.64%	dextroamphetamine/ amphetamine	68,619	0.82%
30-39 yrs.	8,375,063	221,520	2.64%	lisdexamfetamine	25,641	0.31%
30-39 yrs.	8,375,063	221,520	2.64%	methylphenidate	23,590	0.28%
40-49 yrs.	6,164,509	121,546	1.97%	dextroamphetamine/ amphetamine	47,522	0.77%
40-49 yrs.	6,164,509	121,546	1.97%	lisdexamfetamine	13,004	0.21%
40-49 yrs.	6,164,509	121,546	1.97%	methylphenidate	12,287	0.20%
50-59 yrs.	5,237,991	60,481	1.15%	dextroamphetamine/ amphetamine	22,936	0.44%
50-59 yrs.	5,237,991	60,481	1.15%	lisdexamfetamine	4,316	0.08%
50-59 yrs.	5,237,991	60,481	1.15%	methylphenidate	6,643	0.13%
60-69 yrs.	4,676,283	23,212	0.5%	dextroamphetamine/ amphetamine	7,666	0.16%
60-69 yrs.	4,676,283	23,212	0.5%	methylphenidate	3,049	0.07%
60-69 yrs.	4,676,283	23,212	0.5%	methylphenidate	1,603	0.03%
70-79 yrs.	2,444,134	2,913	0.12%	methylphenidate	188	0.01%
70-79 yrs.	2,444,134	2,913	0.12%	N/A	0	0.00%
70-79 yrs.	2,444,134	2,913	0.12%	N/A	0	0.00%
80+ yrs.	1,615,618	548	0.03%	methylphenidate	264	0.02%
80+ yrs.	1,615,618	548	0.03%	N/A	0	0.00%
80+ yrs.	1,615,618	548	0.03%	N/A	0	0.00%
With Disability	4,027,151	149,968	3.72%	methylphenidate	12,927	0.32%
With Disability	4,027,151	149,968	3.72%	methylphenidate	19,582	0.49%
With Disability	4,027,151	149,968	3.72%	lisdexamfetamine	15,060	0.37%

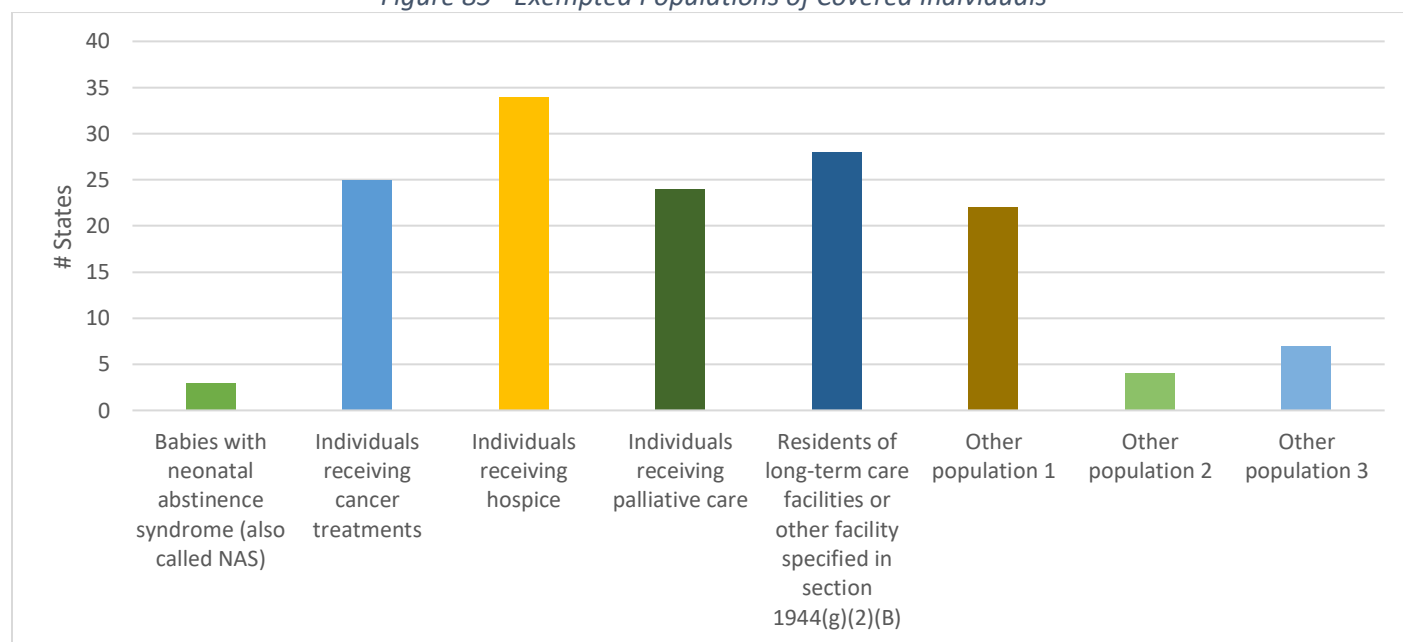
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Table 93 - Unique Beneficiaries in each Subgroup who Received Two or more Controlled Substances in Different Drug Categories per Month, Averaged for the Last 12-Month Reporting Period

Subgroup	Total Beneficiaries	Number Receiving 2 or more Controlled Substances	Percent Receiving 2 or more Controlled Substances	Number Receiving 3 or more Controlled Substances	Percent Receiving 3 or more Controlled Substances
0-18 yrs.	20,247,543	17,906	0.09%	1,360	0.01%
19-29 yrs.	10,211,264	33,668	0.33%	3,267	0.03%
30-39 yrs.	8,375,063	76,754	0.92%	8,646	0.10%
40-49 yrs.	6,164,509	81,212	1.32%	9,092	0.15%
50-59 yrs.	5,237,991	83,362	1.59%	8,226	0.16%
60-69 yrs.	4,676,283	65,790	1.41%	4,217	0.09%
70-79 yrs.	2,444,134	24,091	0.99%	333	0.01%
80+ yrs.	1,615,618	15,500	0.96%	118	0.01%
With Disability	4,027,151	113,010	2.81%	14,645	0.36%

g. Has your state exempted certain individuals (see the definition of Covered Individuals under section 1944(h)(2) of the Social Security Act, as added by Section 5042 of the SUPPORT Act) from the associated reporting requirements? (multiple responses allowed)

Figure 85 - Exempted Populations of Covered Individuals



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Table 94 - Exempted Populations of Covered Individuals

Response	States	Count	Percentage
Babies with neonatal abstinence syndrome (also called NAS)	Arizona, Delaware, South Carolina	3	2.04%
Individuals receiving cancer treatments	Alabama, Arizona, Arkansas, California, Colorado, Delaware, District of Columbia, Hawaii, Illinois, Louisiana, Michigan, Minnesota, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, Oregon, South Carolina, South Dakota, Texas, Vermont, Washington	25	17.01%
Individuals receiving hospice	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Delaware, District of Columbia, Georgia, Hawaii, Idaho, Illinois, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Oregon, South Carolina, South Dakota, Tennessee, Texas, Vermont, Washington, Wisconsin	34	23.13%
Individuals receiving palliative care	Arizona, Arkansas, California, Colorado, Delaware, District of Columbia, Hawaii, Louisiana, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, Oregon, South Carolina, South Dakota, Tennessee, Texas, Vermont, Washington	24	16.33%
Residents of long-term care facilities or other facility specified in section 1944(g)(2)(B)	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Delaware, District of Columbia, Georgia, Hawaii, Idaho, Illinois, Kentucky, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, New Jersey, New Mexico, Oregon, South Carolina, South Dakota, Tennessee, Texas, Vermont, Wisconsin	28	19.05%
Other population 1	Arizona, California, Connecticut, District of Columbia, Georgia, Illinois, Indiana, Iowa, Kansas, Maryland, New York, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Texas, Utah, Virginia, West Virginia, Wisconsin, Wyoming	22	14.97%
Other population 2	Arizona, South Carolina, Texas, Wisconsin	4	2.72%
Other population 3	Arizona, Florida, Mississippi, North Carolina, Rhode Island, South Carolina, Wisconsin	7	4.76%
Total		147	100.00%

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h. Have any changes to your state's PDMP during this reporting period improved the Medicaid program's ability to access PDMP data?

Figure 86 - Changes to State PDMP That Have Improved Medicaid's Ability to Access PDMP Data

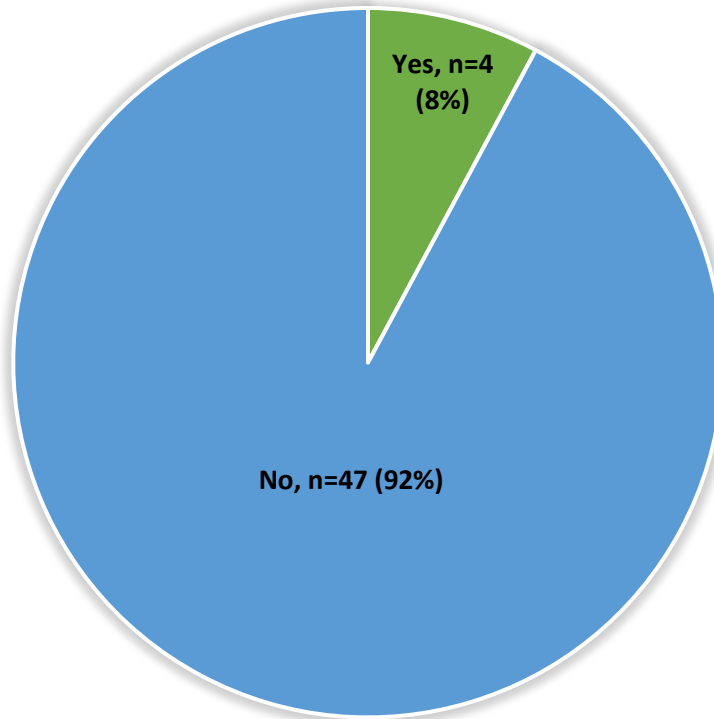


Table 95 - Changes to State PDMP That Have Improved Medicaid's Ability to Access PDMP Data

Response	States	Count	Percentage
Yes	Illinois, Kansas, New Jersey, Washington	4	7.84%
No	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia, Wisconsin, Wyoming	47	92.16%
Total		51	100.00%

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

Figure 87 - Data or Privacy Breaches of the PDMP or PDMP Data This Reporting Period

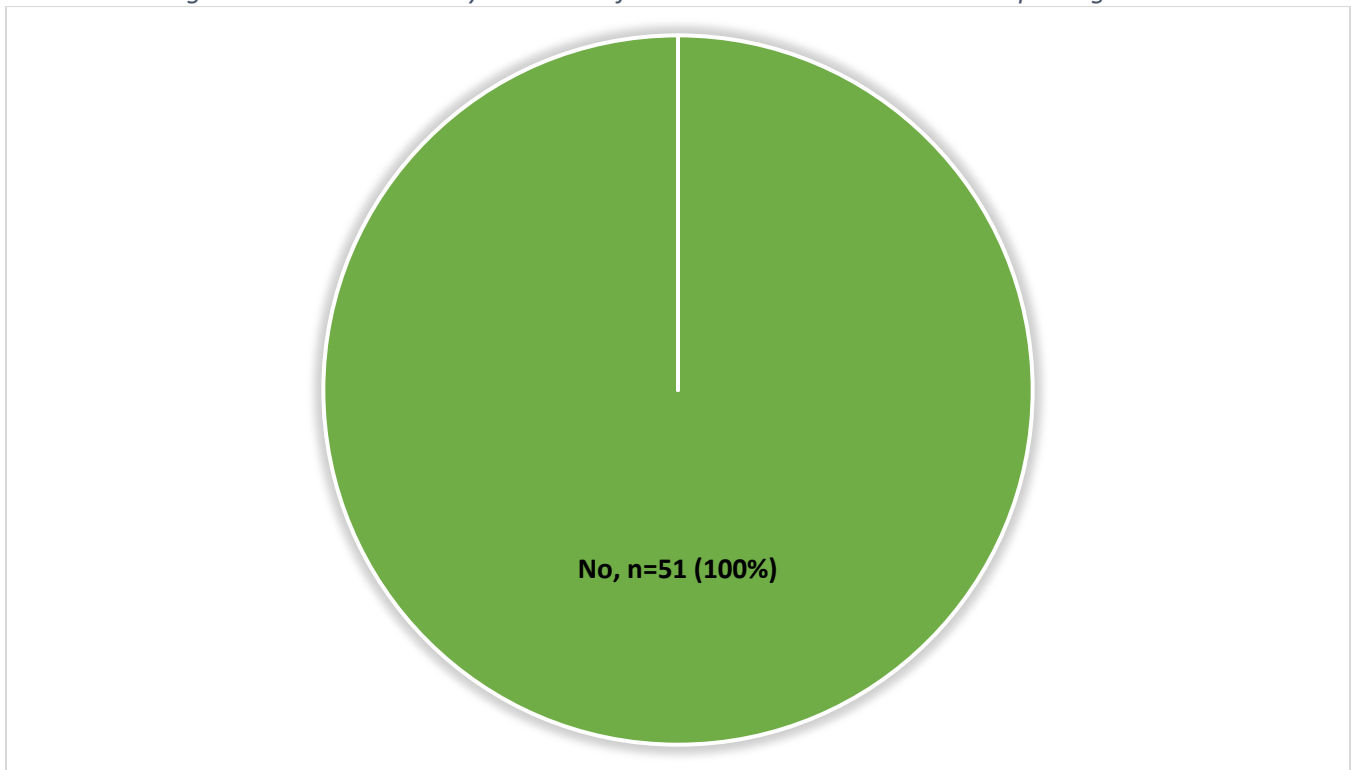
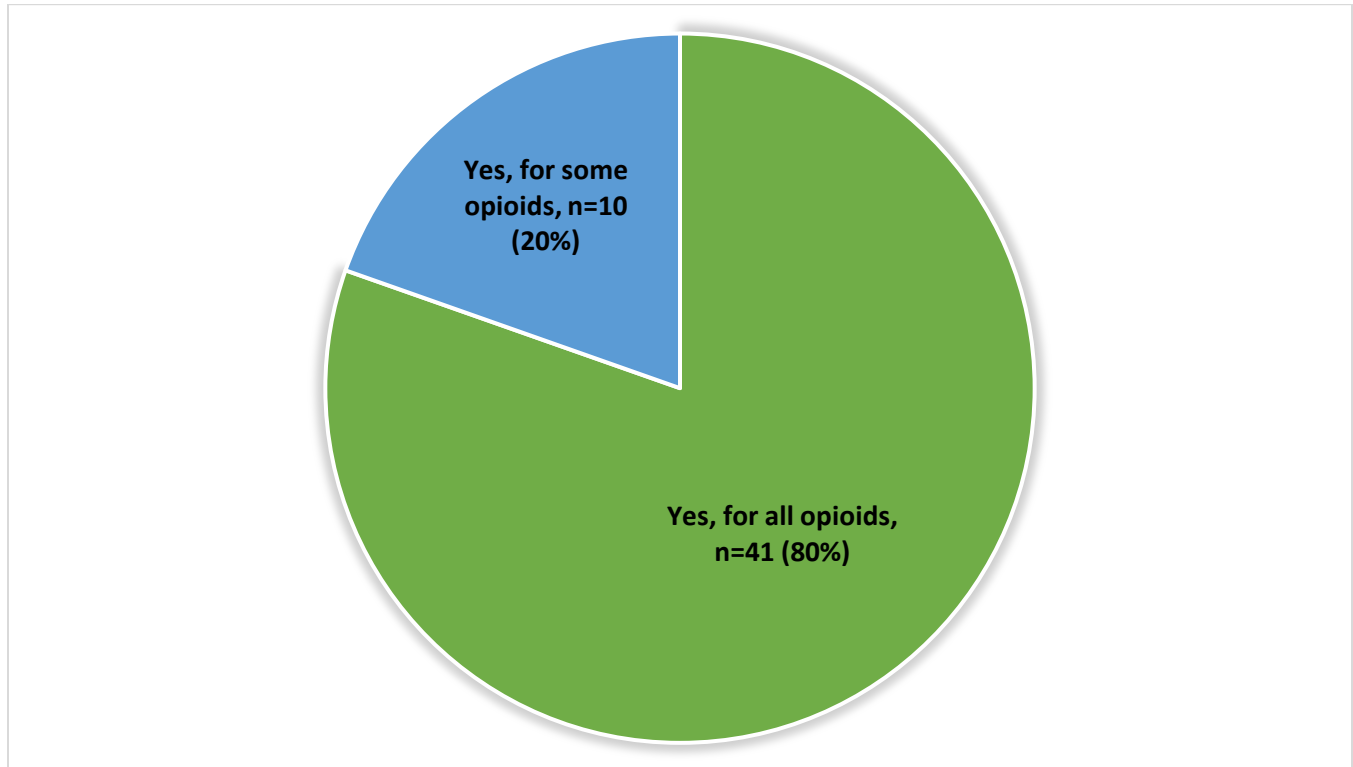


Table 96 - Data or Privacy Breaches of the PDMP or PDMP Data This Reporting Period

Response	States	Count	Percentage
No	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	51	100.00%
Total		51	100.00%

C. Opioids

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

Figure 88 - POS Edit in Place to Limit the Days' Supply Dispensed of an Initial Opioid Prescription for Opioid Naïve Patients*Table 97 - POS Edit in Place to Limit the Days' Supply Dispensed of an Initial Opioid Prescription for Opioid Naïve Patients*

Response	States	Count	Percentage
Yes, for all opioids	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, South Carolina, South Dakota, Texas, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	41	80.39%
Yes, for some opioids	Hawaii, Kansas, Louisiana, Michigan, New Mexico, New York, Oklahoma, Rhode Island, Tennessee, Utah	10	19.61%
Total		51	100.00%

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

Figure 89 - Maximum Number of Days Allowed for an Initial Opioid Prescription for Opioid Naïve Patients

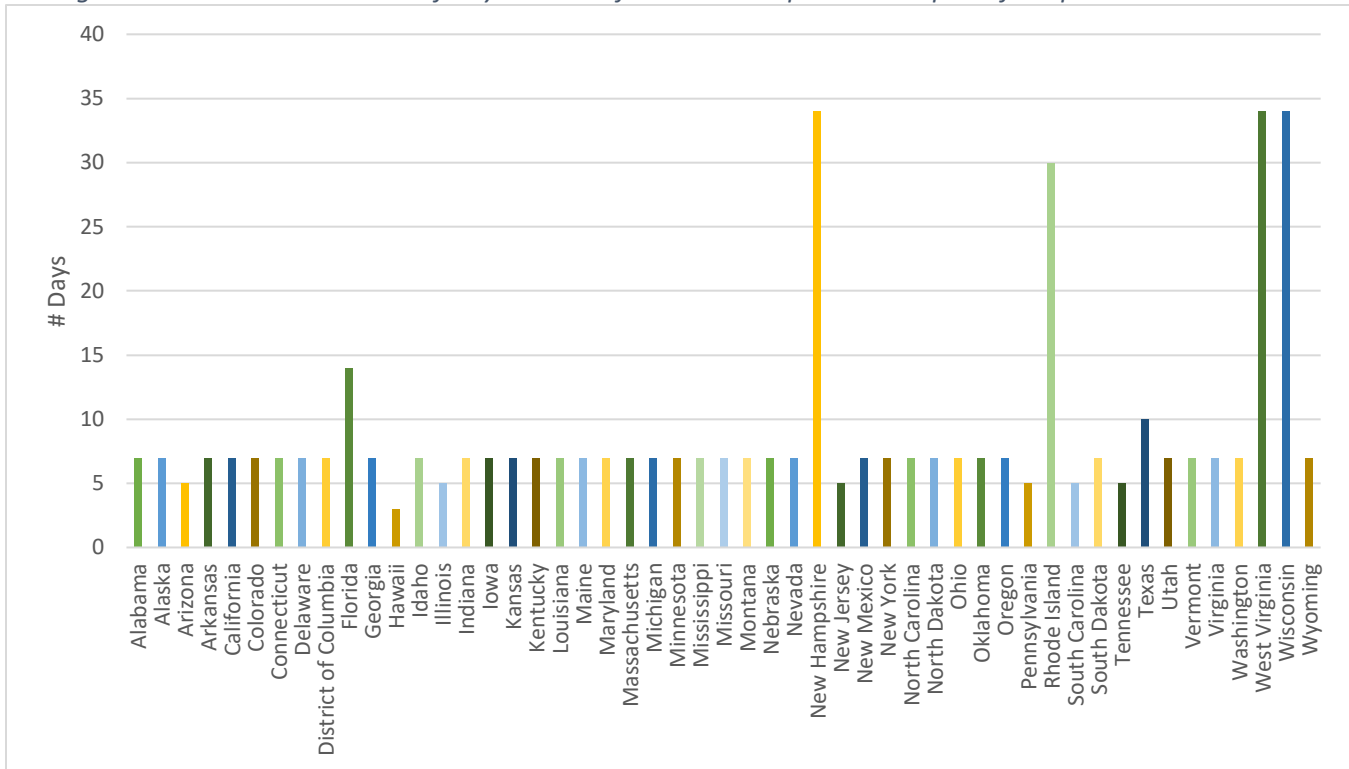


Table 98 - Maximum Number of Days Allowed for an Initial Opioid Prescription for Opioid Naïve Patients

State	Maximum Days
Alabama	7
Alaska	7
Arizona	5
Arkansas	7
California	7
Colorado	7
Connecticut	7
Delaware	7
District of Columbia	7
Florida	14
Georgia	7
Hawaii	3
Idaho	7
Illinois	5
Indiana	7
Iowa	7
Kansas	7

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State	Maximum Days
Kentucky	7
Louisiana	7
Maine	7
Maryland	7
Massachusetts	7
Michigan	7
Minnesota	7
Mississippi	7
Missouri	7
Montana	7
Nebraska	7
Nevada	7
New Hampshire	34
New Jersey	5
New Mexico	7
New York	7
North Carolina	7
North Dakota	7
Ohio	7
Oklahoma	7
Oregon	7
Pennsylvania	5
Rhode Island	30
South Carolina	5
South Dakota	7
Tennessee	5
Texas	10
Utah	7
Vermont	7
Virginia	7
Washington	7
West Virginia	34
Wisconsin	34
Wyoming	7

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

Figure 90 - POS Edits in Place to Limit Days' Supply of Subsequent Opioid Prescriptions

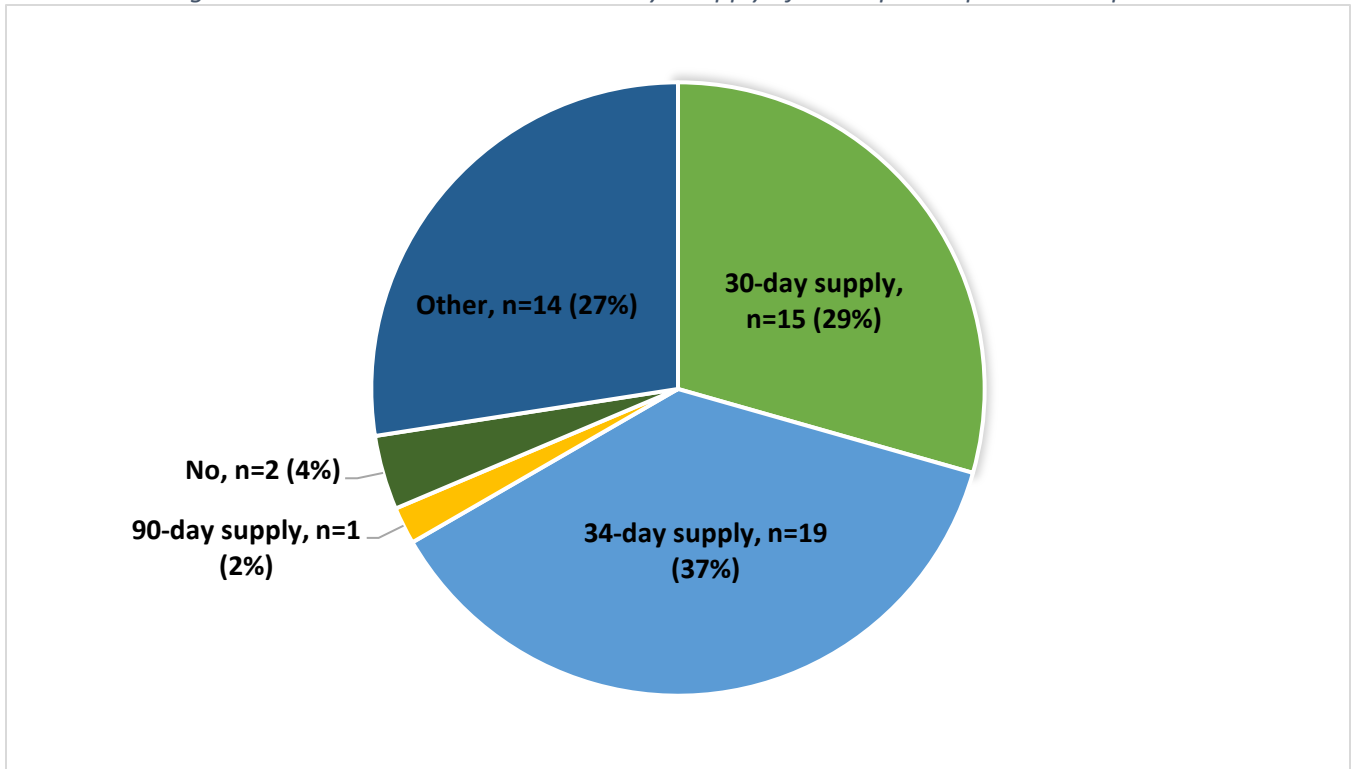


Table 99 - POS Edits in Place to Limit Days' Supply of Subsequent Opioid Prescriptions

Response	States	Count	Percentage
30-day supply	Arizona, Connecticut, District of Columbia, Georgia, Louisiana, Maine, Maryland, Massachusetts, Mississippi, Nebraska, New York, Oklahoma, Rhode Island, Texas, Utah	15	29.41%
34-day supply	Alabama, Alaska, Delaware, Idaho, Kentucky, Michigan, Minnesota, Montana, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, South Dakota, Vermont, West Virginia, Wisconsin, Wyoming	19	37.25%
90-day supply	Pennsylvania	1	1.96%
No	Hawaii, Missouri	2	3.92%
Other	Arkansas, California, Colorado, Florida, Illinois, Indiana, Iowa, Kansas, Nevada, Oregon, South Carolina, Tennessee, Virginia, Washington	14	27.45%
Total		51	100.00%

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

Figure 91 - POS Edits in Place to Limit the Quantity Dispensed of Opioids

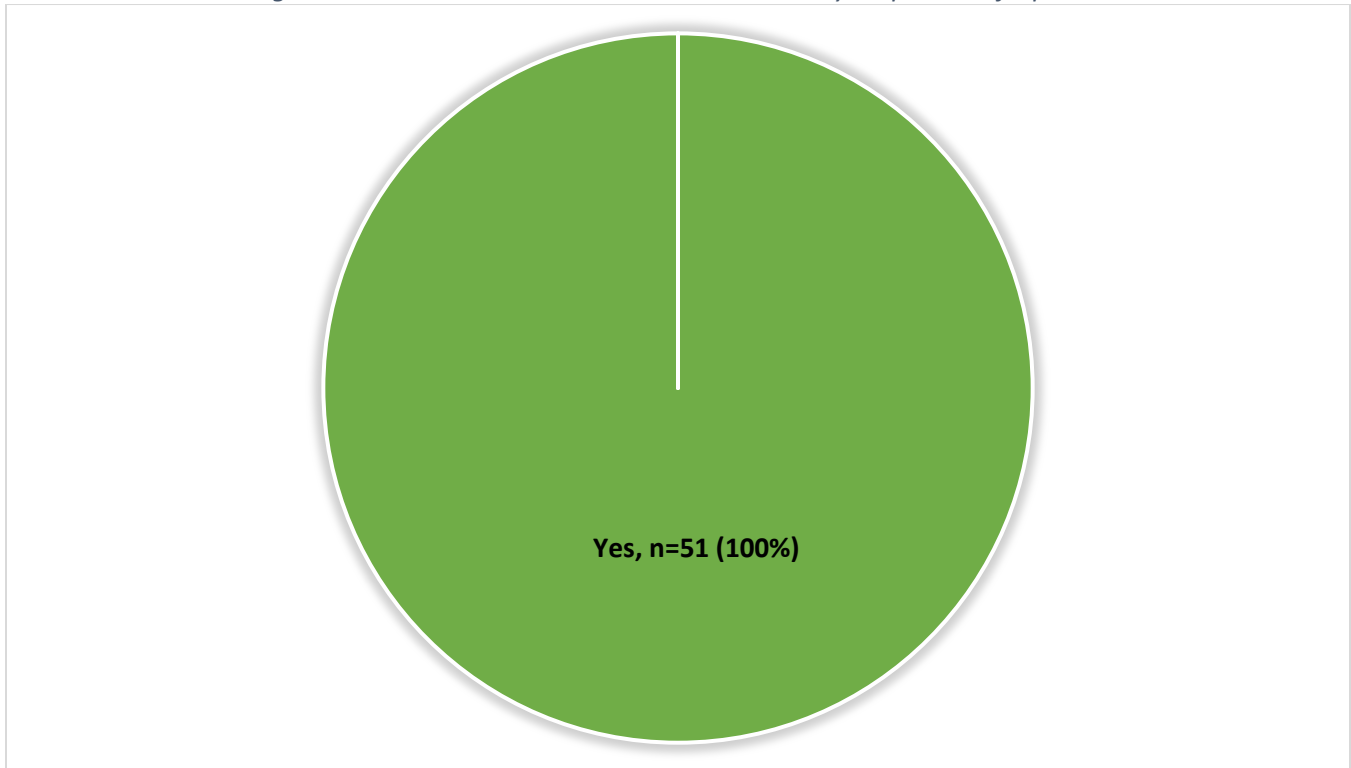


Table 100 - POS Edits in Place to Limit the Quantity Dispensed of Opioids

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	51	100.00%
Total		51	100.00%

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

Figure 92 - POS Edits in Place to Limit the Quantity Dispensed of Short-Acting Opioids

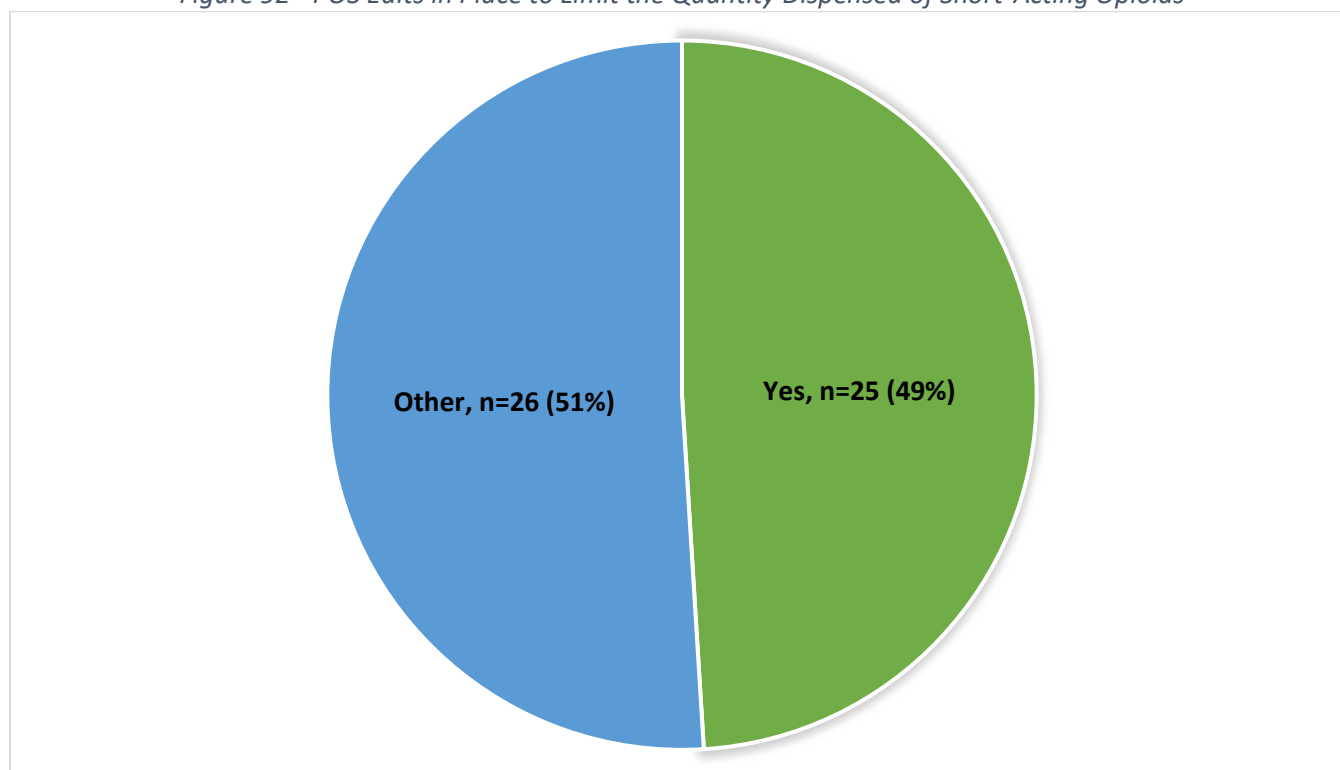


Table 101 - POS Edits in Place to Limit the Quantity Dispensed of Short-Acting Opioids

Response	States	Count	Percentage
Yes	Alabama, Arizona, California, District of Columbia, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Louisiana, Minnesota, Mississippi, Missouri, Nebraska, North Carolina, Oklahoma, Rhode Island, South Carolina, South Dakota, Utah, Vermont, Washington, West Virginia, Wisconsin	25	49.02%
Other	Alaska, Arkansas, Colorado, Connecticut, Delaware, Florida, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Pennsylvania, Tennessee, Texas, Virginia, Wyoming	26	50.98%
Total		51	100.00%

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

Figure 93 - POS Edits in Place to Limit the Quantity Dispensed of Long-Acting Opioids

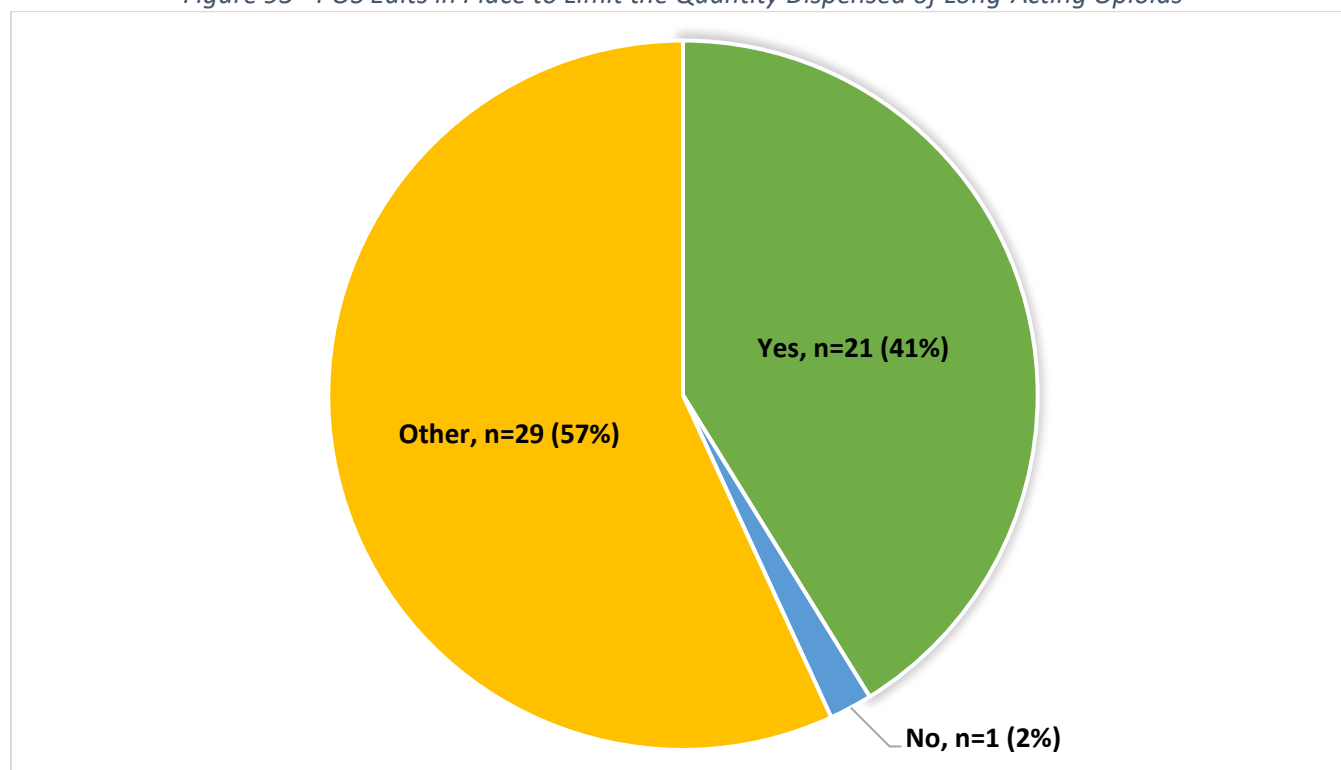


Table 102 - POS Edits In Place to Limit the Quantity Dispensed of Long-Acting Opioids

Response	States	Count	Percentage
Yes	Alabama, Arizona, California, Delaware, District of Columbia, Georgia, Hawaii, Idaho, Illinois, Iowa, Louisiana, Minnesota, Mississippi, Missouri, Ohio, Oklahoma, South Carolina, South Dakota, Utah, Vermont, West Virginia	21	41.18%
No	Washington	1	1.96%
Other	Alaska, Arkansas, Colorado, Connecticut, Florida, Indiana, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Oregon, Pennsylvania, Rhode Island, Tennessee, Texas, Virginia, Wisconsin, Wyoming	29	56.86%
Total		51	100.00%

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

Figure 94 - Measures other than Restricted Quantities and Days' Supply in Place to Either Monitor or Manage the Prescribing of Opioids



Table 103 - Measures other than Restricted Quantities and Days' Supply in Place to Either Monitor or Manage the Prescribing of Opioids

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	51	100.00%
Total		51	100.00%

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If “Yes,” check all that apply. (multiple responses allowed)

Figure 95 - Measures other than Restricted Quantities and Days’ Supply in Place to Either Monitor or Manage the Prescribing of Opioids

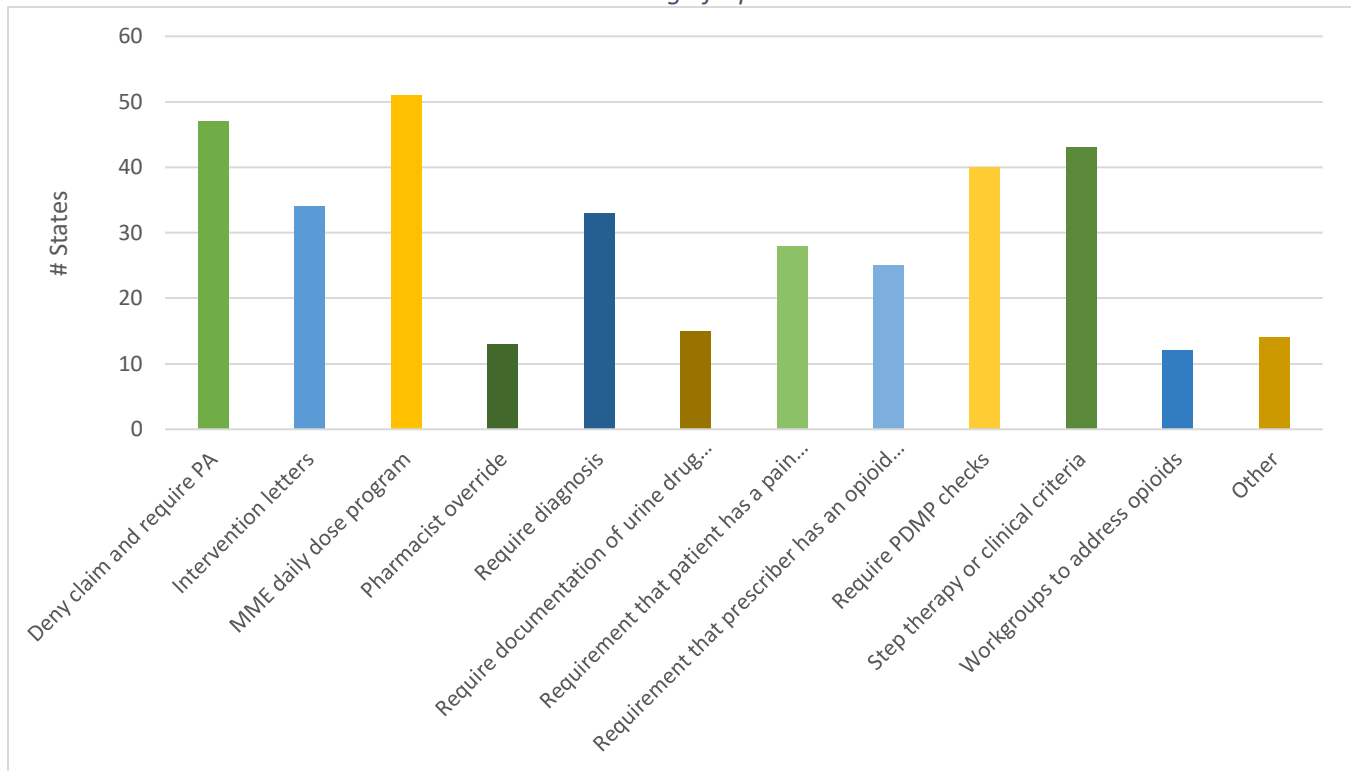


Table 104 - Measures other than Restricted Quantities and Days’ Supply in Place to Either Monitor or Manage the Prescribing of Opioids

Response	States	Count	Percentage
Deny claim and require PA	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin	47	13.24%
Intervention letters	Alabama, Alaska, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Montana, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Rhode Island, South Carolina, South Dakota, Texas, Utah, Virginia, Wisconsin, Wyoming	34	9.58%

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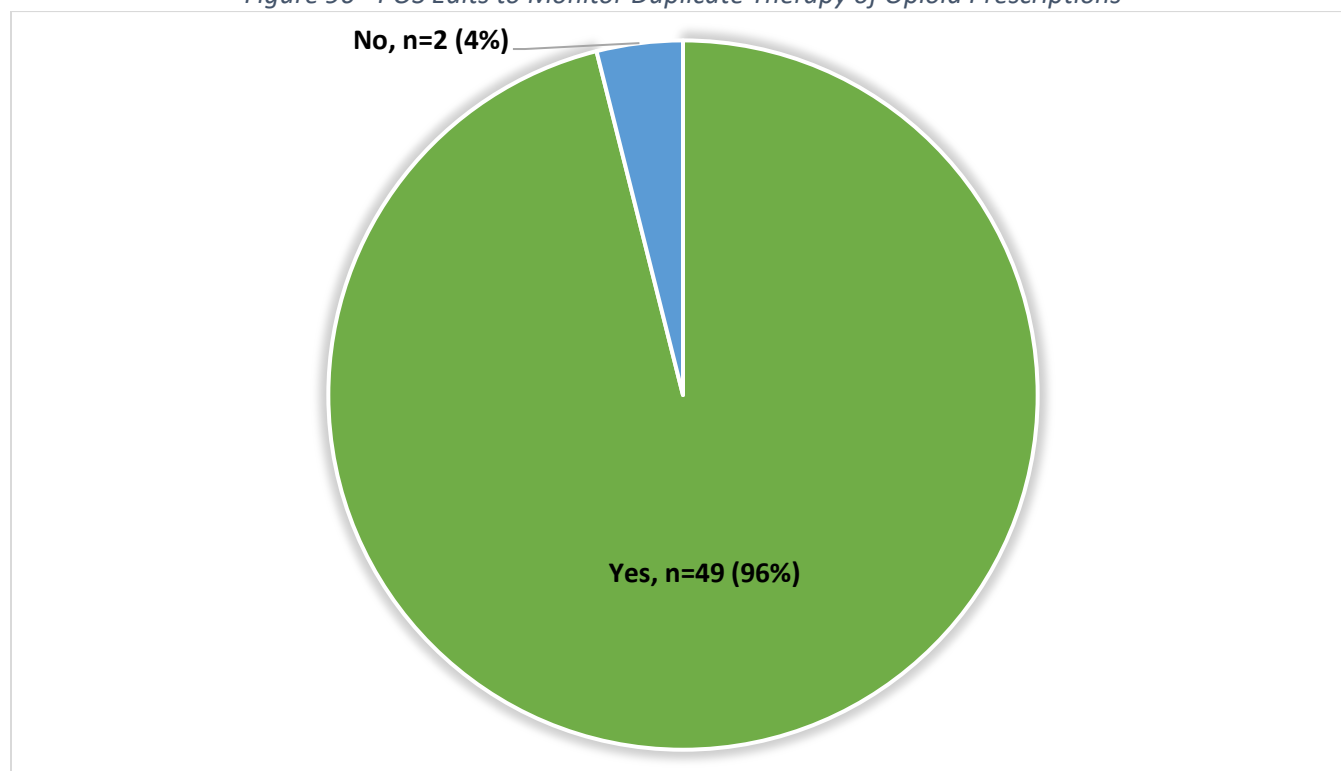
Response	States	Count	Percentage
MME daily dose program	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	51	14.37%
Pharmacist override	Alabama, Delaware, Georgia, Idaho, Louisiana, Massachusetts, Mississippi, Nebraska, North Carolina, South Carolina, Utah, West Virginia, Wisconsin	13	3.66%
Require diagnosis	Alabama, Alaska, Arizona, Delaware, District of Columbia, Florida, Georgia, Hawaii, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Missouri, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia, Washington	33	9.30%
Require documentation of urine drug screening results	Alabama, Alaska, Delaware, District of Columbia, Illinois, Kansas, Kentucky, Maine, Maryland, Michigan, Montana, North Dakota, Ohio, Oregon, Washington	15	4.23%
Requirement that patient has a pain management contract or Patient-Provider agreement	Alabama, Alaska, Delaware, District of Columbia, Georgia, Hawaii, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Nevada, New Hampshire, North Carolina, Ohio, Oklahoma, Rhode Island, Tennessee, Texas, Utah, Vermont, Washington, West Virginia	28	7.89%
Requirement that prescriber has an opioid treatment plan for patients	Alabama, Alaska, Colorado, Delaware, District of Columbia, Florida, Georgia, Hawaii, Kansas, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Montana, New Hampshire, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Tennessee, Utah, Washington, West Virginia	25	7.04%
Require PDMP checks	Alabama, Alaska, Arizona, California, Connecticut, Delaware, District of Columbia, Florida, Hawaii, Idaho, Illinois, Iowa, Kansas, Maine, Maryland, Massachusetts, Michigan, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, Virginia, Washington, Wisconsin, Wyoming	40	11.27%

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Response	States	Count	Percentage
Step therapy or clinical criteria	Alabama, Alaska, Arizona, Arkansas, Colorado, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wyoming	43	12.11%
Workgroups to address opioids	Alabama, Alaska, California, Delaware, Idaho, Kentucky, Maryland, Massachusetts, Michigan, Missouri, Pennsylvania, South Carolina	12	3.38%
Other	Arkansas, Colorado, Idaho, Illinois, Indiana, Louisiana, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, Utah, Vermont, West Virginia	14	3.94%
Total		355	100.00%

4. Does your state 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 96 - POS Edits to Monitor Duplicate Therapy of Opioid Prescriptions



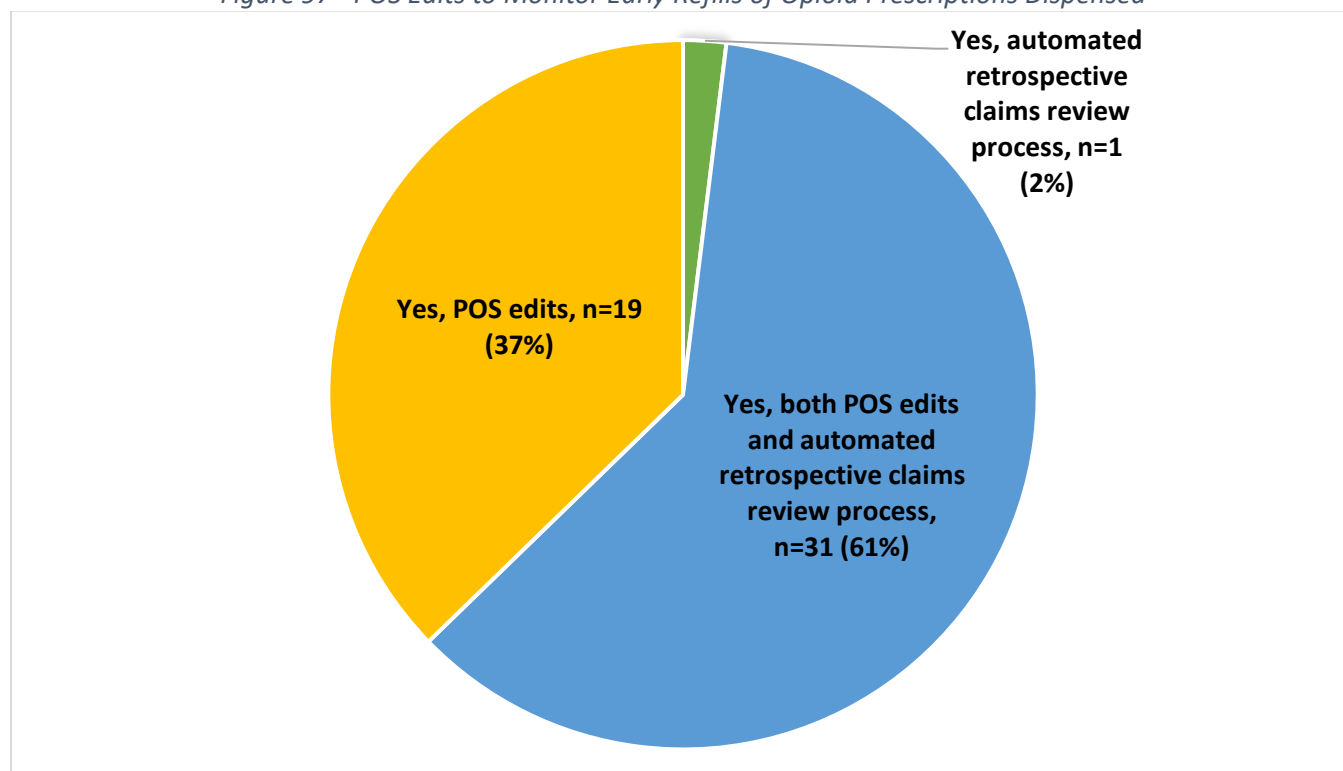
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Table 105 - POS Edits to Monitor Duplicate Therapy of Opioid Prescriptions

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	49	96.08%
No	Hawaii, New Mexico	2	3.92%
Total		51	100.00%

5. Does your state have POS edits to monitor early refills of opioid prescriptions dispensed?

Figure 97 - POS Edits to Monitor Early Refills of Opioid Prescriptions Dispensed



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Table 106 - POS Edits to Monitor Early Refills of Opioid Prescriptions Dispensed

Response	States	Count	Percentage
Yes, automated retrospective claims review process	Washington	1	1.96%
Yes, both POS edits and automated retrospective claims review process	Alabama, Alaska, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Mississippi, Missouri, Nebraska, New York, North Carolina, North Dakota, Oregon, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin	31	60.78%
Yes, POS edits	Arizona, Arkansas, Hawaii, Idaho, Illinois, Indiana, Michigan, Minnesota, Montana, Nevada, New Hampshire, New Jersey, New Mexico, Ohio, Oklahoma, Pennsylvania, Tennessee, Virginia, Wyoming	19	37.25%
Total		51	100.00%

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

Figure 98 - Automated Retrospective Claims Reviews to Monitor Opioid Prescriptions Exceeding State Limitations



Table 107 - Automated Retrospective Claims Reviews to Monitor Opioid Prescriptions Exceeding State Limitations

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	51	100.00%
Total		51	100.00%

7. Does your state currently have POS edits in place or automated retrospective claims review to monitor opioids and benzodiazepines being used concurrently?

Figure 99 - POS Edits in Place or Automated Retrospective Claims Review to Monitor Opioids and Benzodiazepines Being Used Concurrently

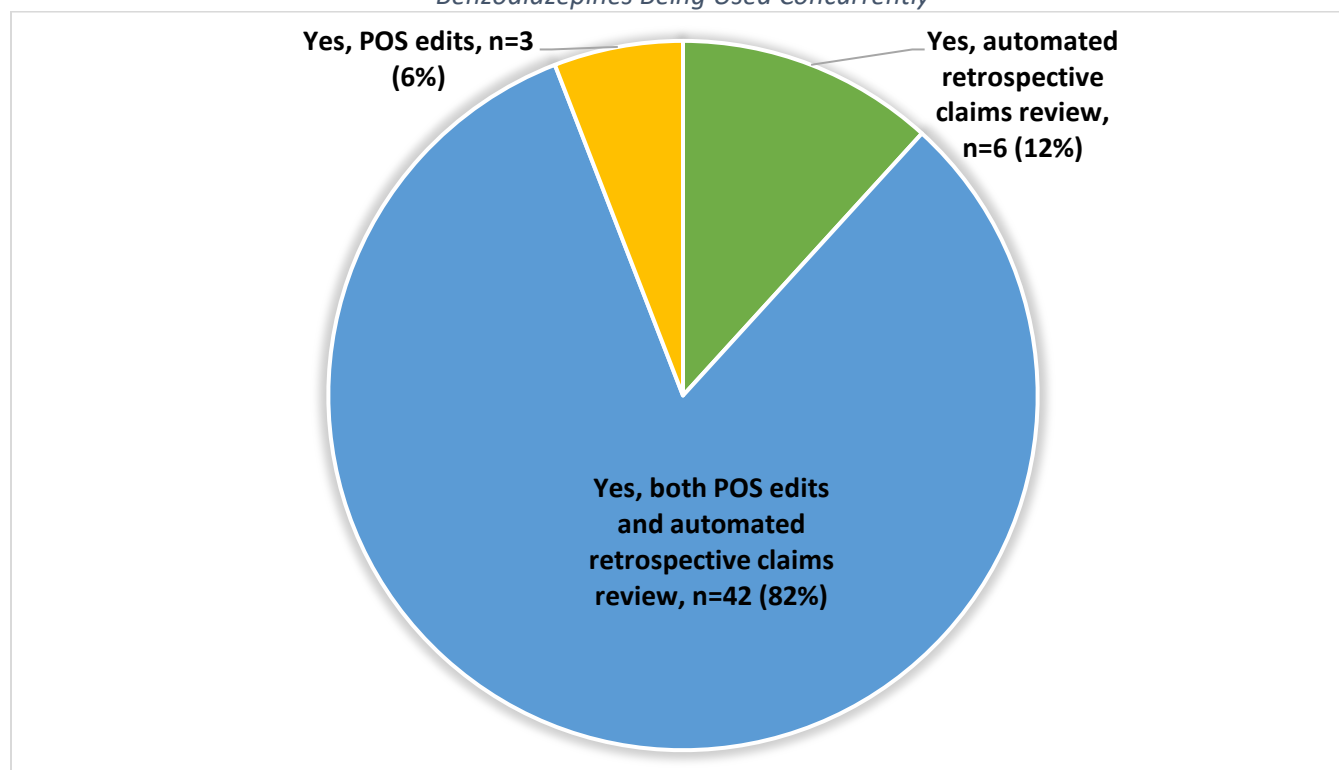


Table 108 - POS Edits in Place or Automated Retrospective Claims Review to Monitor Opioids and Benzodiazepines Being Used Concurrently

Response	States	Count	Percentage
Yes, automated retrospective claims review	Alabama, Hawaii, Michigan, New Mexico, Washington, Wisconsin	6	11.76%
Yes, both POS edits and automated retrospective claims review	Alaska, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia	42	82.35%
Yes, POS edits	Arizona, Kentucky, Wyoming	3	5.88%
Total		51	100.00%

8. Does your state currently have POS edits in place or automated retrospective claims review to monitor opioids and sedatives being used concurrently?

Figure 100 - POS Edits in Place or Automated Retrospective Claims Review to Monitor Opioids and Sedatives Being Used Concurrently

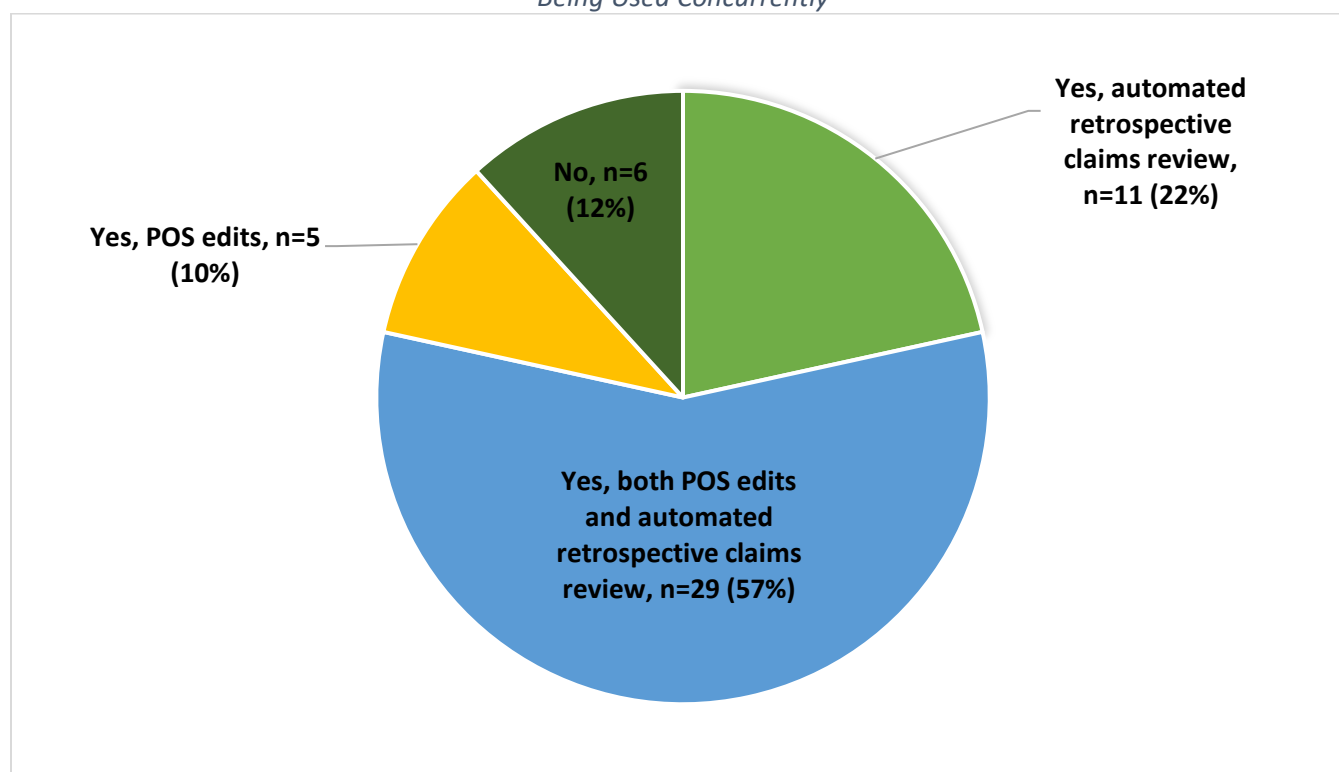


Table 109 - POS Edits in Place or Automated Retrospective Claims Review to Monitor Opioids and Sedatives Being Used Concurrently

Response	States	Count	Percentage
Yes, automated retrospective claims review	Alabama, Colorado, Connecticut, Hawaii, Louisiana, Maryland, Michigan, New Mexico, Washington, Wisconsin, Wyoming	11	21.57%
Yes, both POS edits and automated retrospective claims review	Alaska, Arkansas, California, Delaware, District of Columbia, Florida, Georgia, Idaho, Kansas, Kentucky, Maine, Massachusetts, Minnesota, Mississippi, Missouri, Nevada, New Jersey, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Texas, Vermont, West Virginia	29	56.86%
Yes, POS edits	Nebraska, New Hampshire, Oklahoma, Tennessee, Virginia	5	9.80%
No	Arizona, Illinois, Indiana, Iowa, Montana, Utah	6	11.76%
Total		51	100.00%

9. Does your state currently have POS edits in place or automated retrospective claims review to monitor opioids and antipsychotics being used concurrently?

Figure 101 - POS Edits in Place or Automated Retrospective Claims Review to Monitor Opioids and Antipsychotics Being Used Concurrently

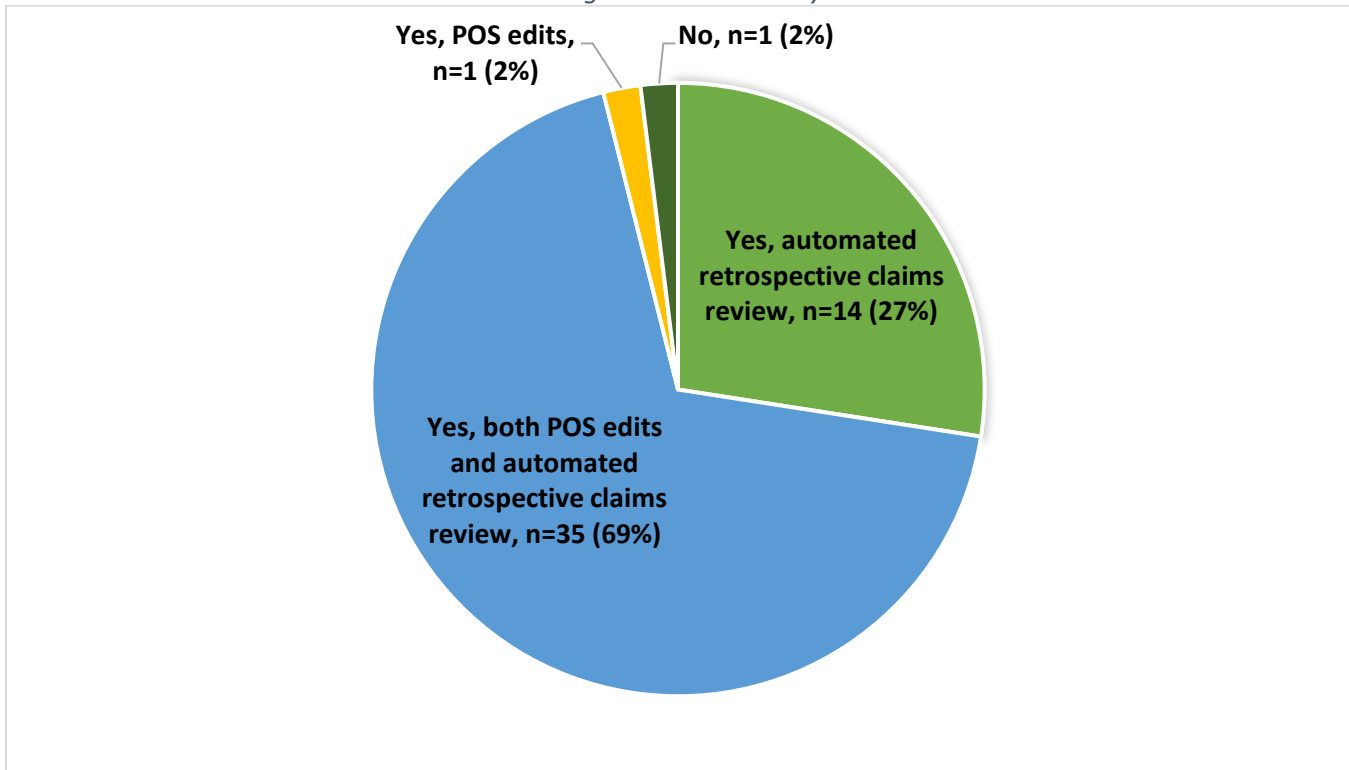


Table 110 - POS Edits in Place or Automated Retrospective Claims Review to Monitor Opioids and Antipsychotics Being Used Concurrently

Response	States	Count	Percentage
Yes, automated retrospective claims review	Alabama, Hawaii, Louisiana, Michigan, Montana, New Mexico, Ohio, Oregon, Pennsylvania, Rhode Island, Texas, Washington, Wisconsin, Wyoming	14	27.45%
Yes, both POS edits and automated retrospective claims review	Alaska, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Oklahoma, South Carolina, South Dakota, Tennessee, Vermont, Virginia, West Virginia	35	68.63%
Yes, POS edits	Arizona	1	1.96%
No	Utah	1	1.96%
Total		51	100.00%

10. Does your state have POS safety edits or perform automated retrospective claims review and/or provider education regarding beneficiaries with a diagnosis history of opioid use disorder (OUD) or opioid poisoning diagnosis?

Figure 102 - State Has POS Safety Edits, Automated Retrospective Claims Review and/or Provider Education Regarding Beneficiaries with a Diagnosis History of OUD or Opioid Poisoning Diagnosis

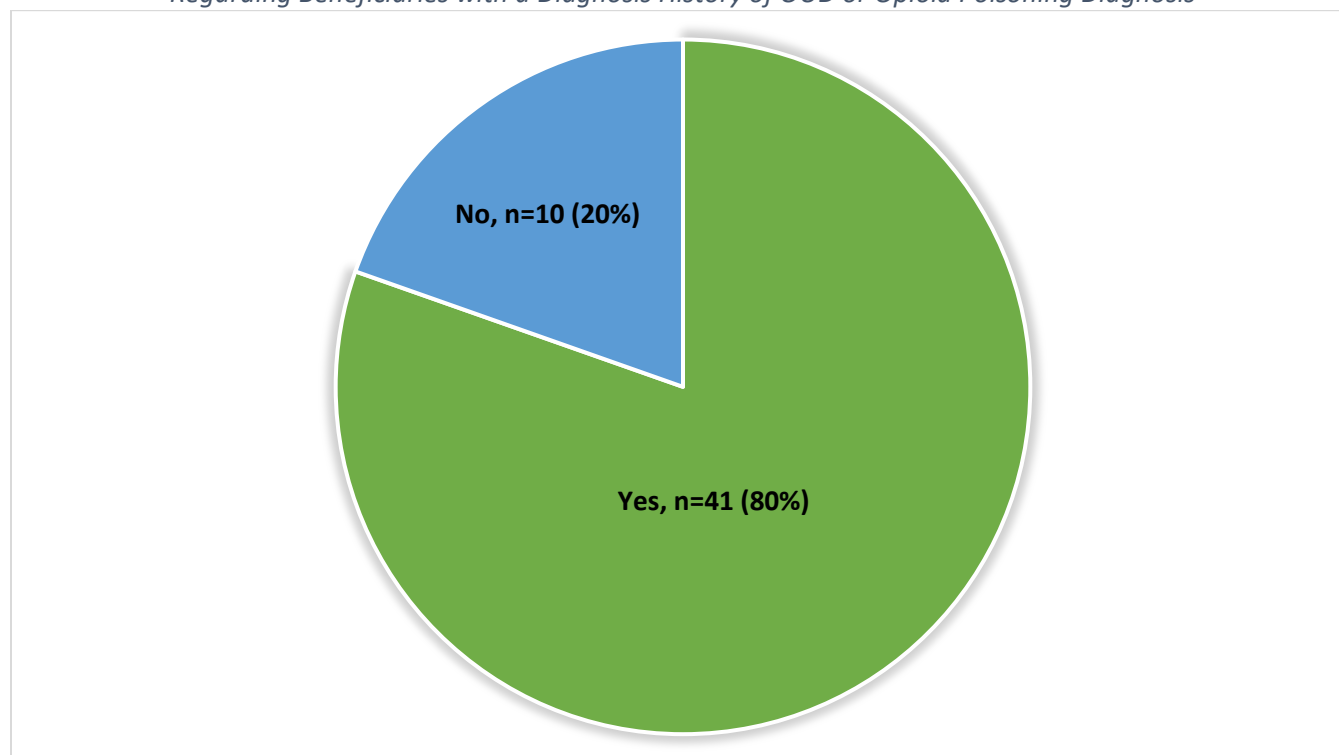


Table 111 - State Has POS Safety Edits, Automated Retrospective Claims Review and/or Provider Education Regarding Beneficiaries with a Diagnosis History of OUD or Opioid Poisoning Diagnosis

Response	States	Count	Percentage
Yes	Alabama, Arkansas, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Iowa, Kansas, Louisiana, Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Vermont, Virginia, Washington, West Virginia, Wisconsin	41	80.39%
No	Alaska, Arizona, Delaware, Indiana, Kentucky, Massachusetts, New Mexico, North Carolina, Utah, Wyoming	10	19.61%
Total		51	100.00%

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If “Yes,” please check all that apply. (multiple responses allowed)

Figure 103 - POS Safety Edits, Automated Retrospective Claims Review and/or Provider Education Regarding Beneficiaries with a Diagnosis History of OUD or Opioid Poisoning Diagnosis

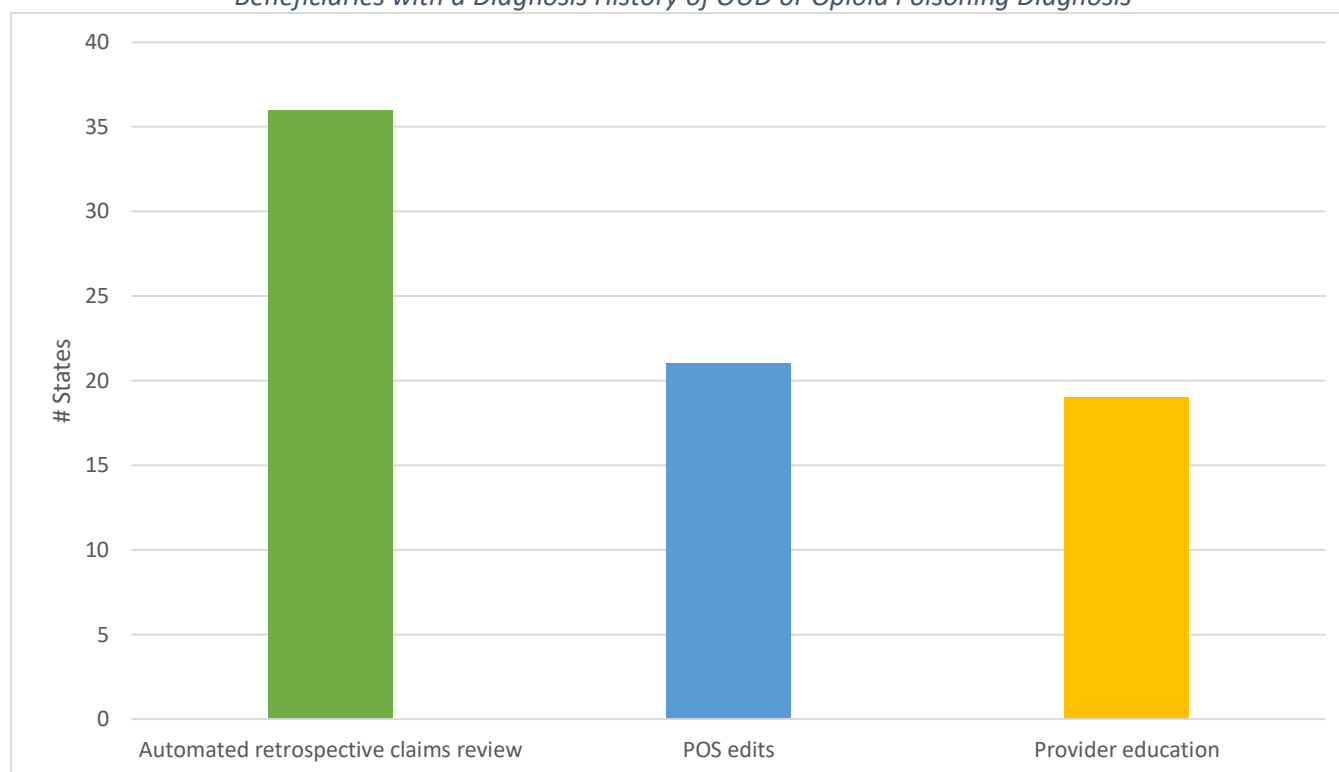


Table 112 - POS Safety Edits, Automated Retrospective Claims Review and/or Provider Education Regarding Beneficiaries with a Diagnosis History of OUD or Opioid Poisoning Diagnosis

Response	States	Count	Percentage
Automated retrospective claims review	Alabama, Arkansas, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Hawaii, Idaho, Kansas, Louisiana, Maine, Michigan, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New York, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Vermont, Virginia, Washington, West Virginia, Wisconsin	36	47.37%
POS edits	Arkansas, Colorado, District of Columbia, Florida, Georgia, Idaho, Illinois, Iowa, Louisiana, Maine, Maryland, Missouri, New Jersey, New York, North Dakota, Oklahoma, Oregon, South Carolina, Texas, Vermont, Washington	21	27.63%
Provider education	Connecticut, District of Columbia, Idaho, Kansas, Louisiana, Maine, Montana, Nebraska, Nevada, New Jersey, New York, North Dakota, Ohio, Pennsylvania, South Carolina, Texas, Vermont, Virginia, Washington	19	25.00%
Total		76	100.00%

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

Figure 104 - Frequency of Automated Retrospective Reviews and/or Provider Education Regarding Beneficiaries with a Diagnosis History of OUD or Opioid Poisoning Diagnosis

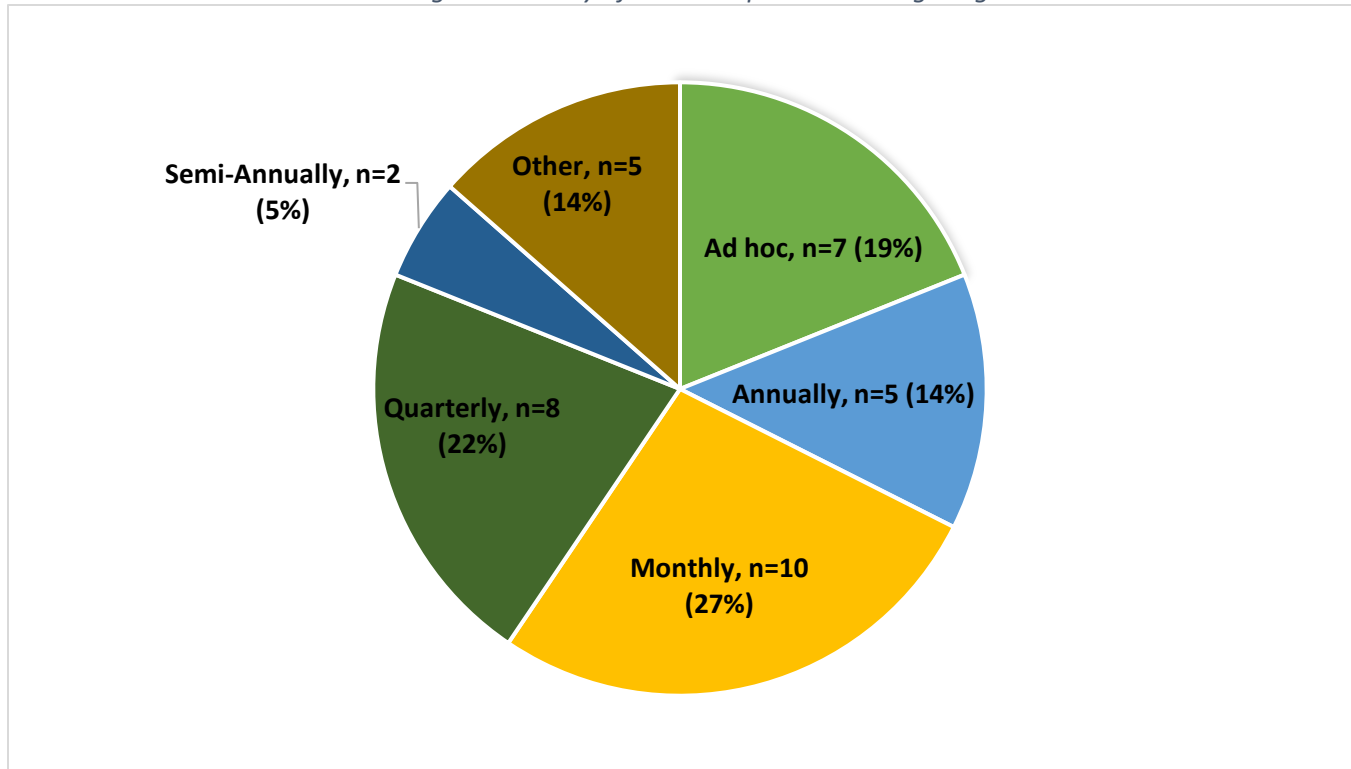


Table 113 - Frequency of Automated Retrospective Reviews and/or Provider Education Regarding Beneficiaries with a Diagnosis History of OUD or Opioid Poisoning Diagnosis

Response	States	Count	Percentage
Ad hoc	Colorado, Michigan, Nebraska, New Hampshire, New Jersey, New York, Oregon	7	18.92%
Annually	Connecticut, Hawaii, Louisiana, Nevada, Tennessee	5	13.51%
Monthly	Alabama, Arkansas, District of Columbia, Montana, Ohio, Pennsylvania, Rhode Island, South Dakota, West Virginia, Wisconsin	10	27.03%
Quarterly	Florida, Georgia, Idaho, Mississippi, Missouri, North Dakota, South Carolina, Virginia	8	21.62%
Semi-Annually	Maine, Minnesota	2	5.41%
Other	California, Kansas, Texas, Vermont, Washington	5	13.51%
Total		37	100.00%

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If “No,” does your state plan on implementing automated retrospective claims review and/or provider education regarding beneficiaries with a diagnosis history of OUD or opioid poisoning in the future?

Figure 105 - Plans to Implement Automated Retrospective Claims Review and/or Provider Education Regarding Beneficiaries with a Diagnosis History of OUD or Opioid Poisoning in the Future

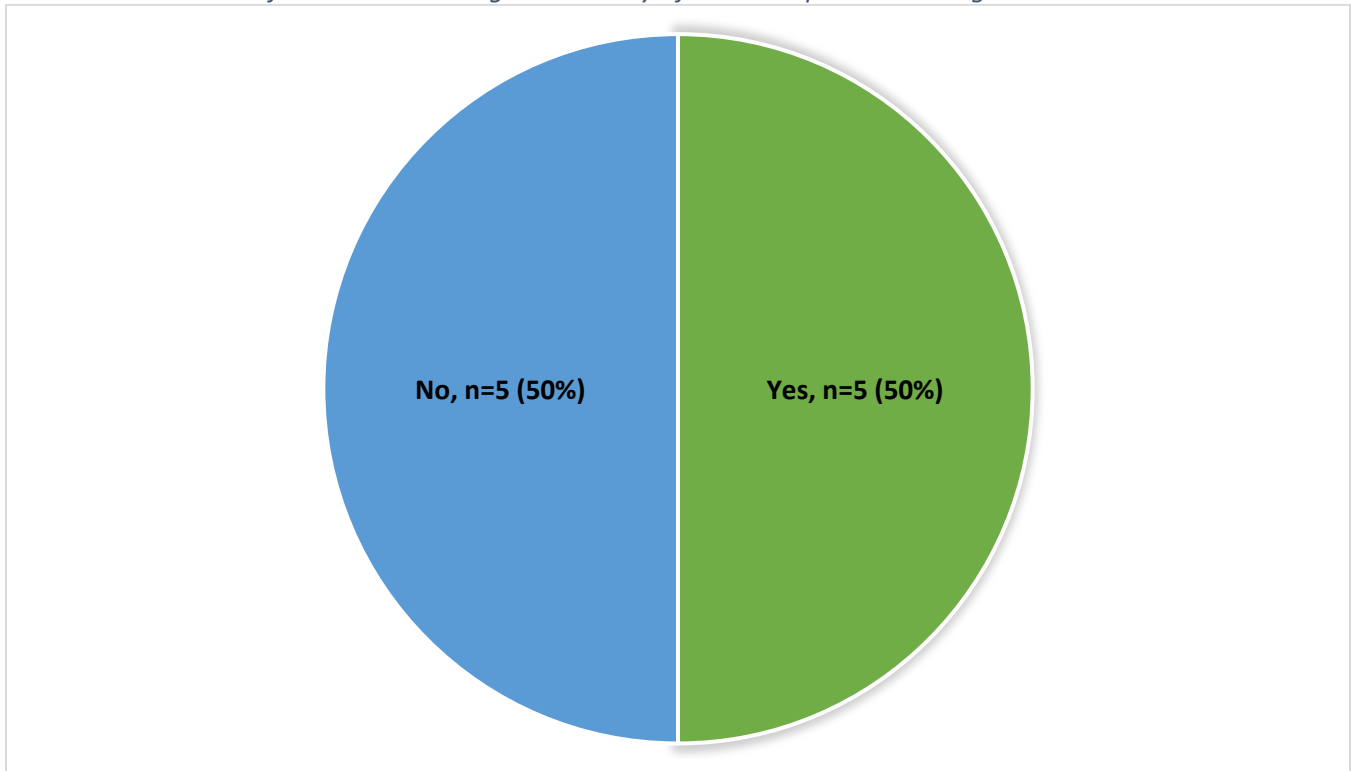


Table 114 - Plans to Implement Automated Retrospective Claims Review and/or Provider Education Regarding Beneficiaries with a Diagnosis History of OUD or Opioid Poisoning in the Future

Response	States	Count	Percentage
Yes	Alaska, Delaware, New Mexico, North Carolina, Utah	5	50.00%
No	Arizona, Indiana, Kentucky, Massachusetts, Wyoming	5	50.00%
Total		10	100.00%

11. Does your State Medicaid program develop and provide prescribers with pain management or opioid prescribing guidelines?

Figure 106 - Develop and Provide Prescribers with Pain Management or Opioid Prescribing Guidelines

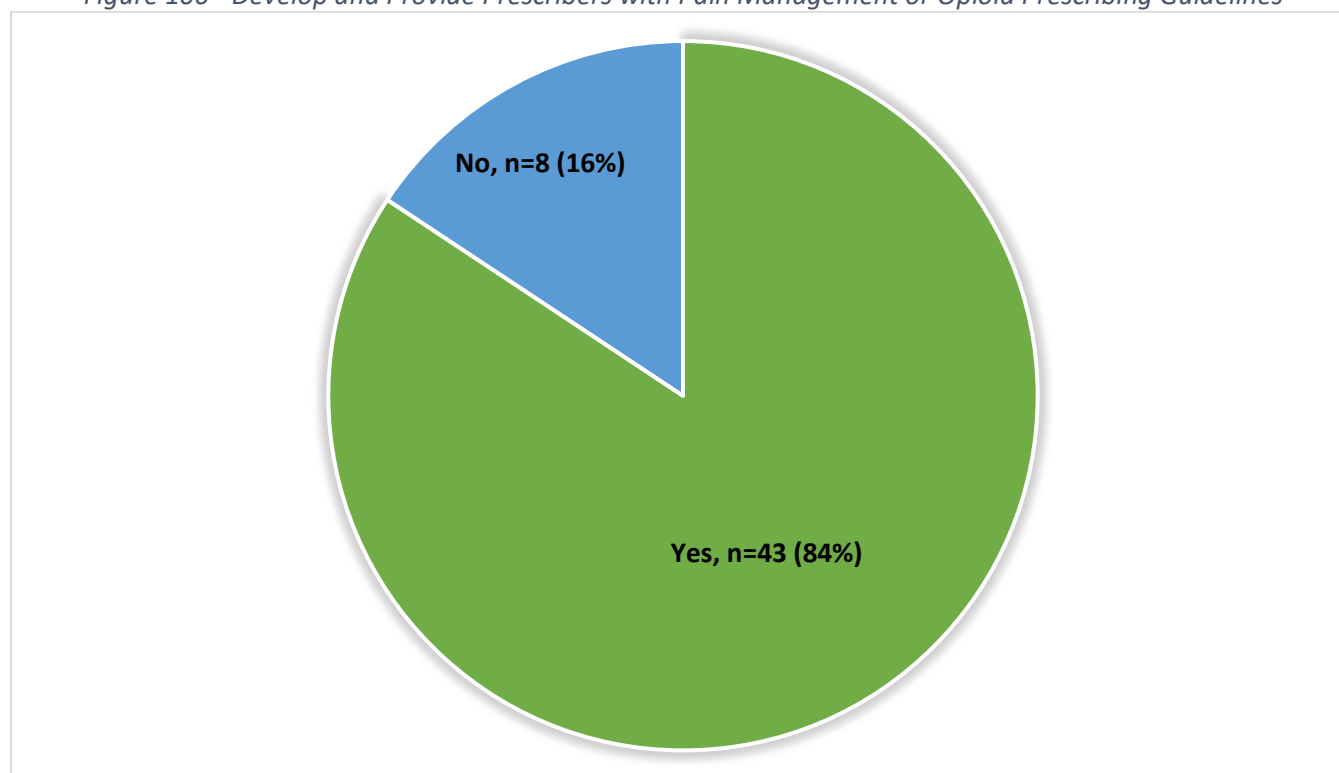


Table 115 - Develop and Provide Prescribers with Pain Management or Opioid Prescribing Guidelines

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia	43	84.31%
No	Louisiana, Maryland, Missouri, New Hampshire, Pennsylvania, South Dakota, Wisconsin, Wyoming	8	15.69%
Total		51	100.00%

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If “Yes,” please check all that apply. (multiple responses allowed)

Figure 107 - Pain Management / Opioid Prescribing Guidelines Provided

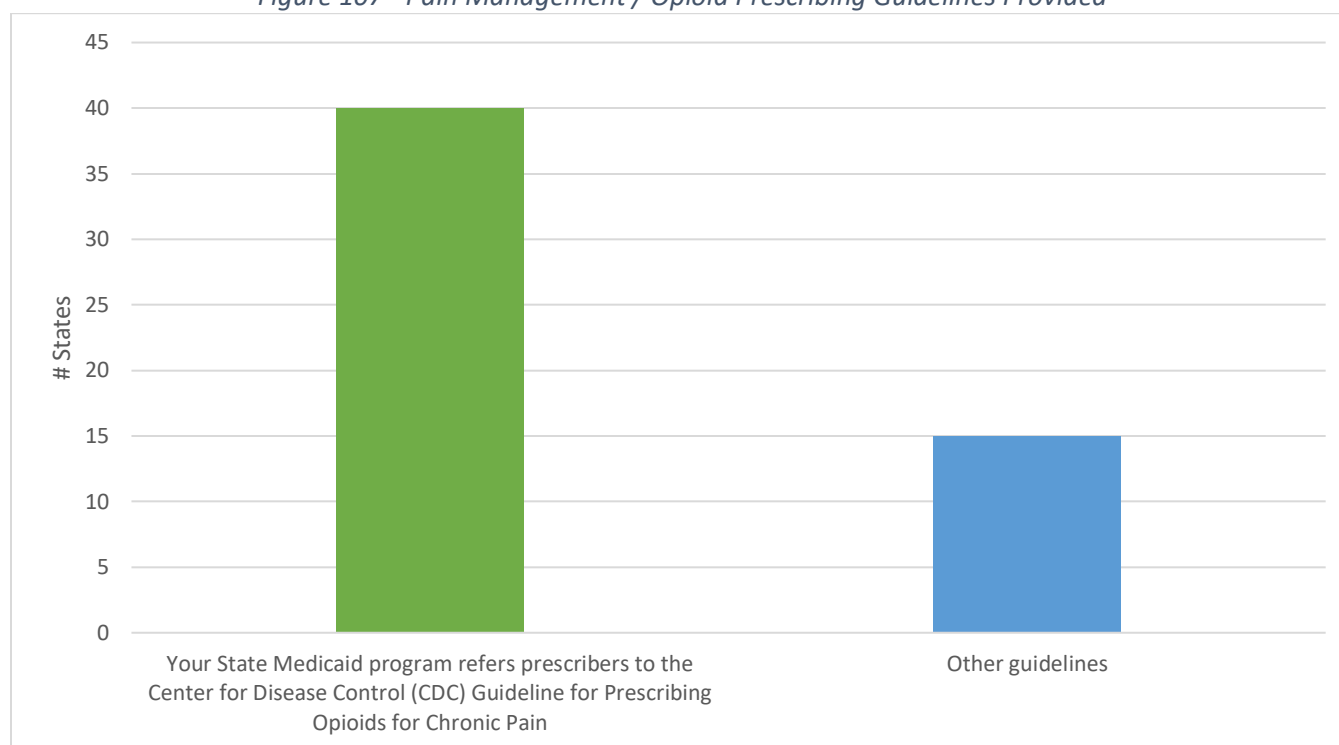


Table 116 - Pain Management / Opioid Prescribing Guidelines Provided

Response	States	Count	Percentage
Your State Medicaid program refers prescribers to the Center for Disease Control (CDC) Guideline for Prescribing Opioids for Chronic Pain	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Kentucky, Maine, Massachusetts, Michigan, Mississippi, Montana, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia	40	72.73%
Other guidelines	Alabama, Alaska, Arkansas, California, Colorado, District of Columbia, Iowa, Kansas, Minnesota, North Carolina, Ohio, South Carolina, Utah, Washington, West Virginia	15	27.27%
Total		55	100.00%

12. Does your state 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 108 - Drug Utilization Management Strategy that Supports Abuse Deterrent Opioid Use to Prevent Opioid Misuse and Abuse

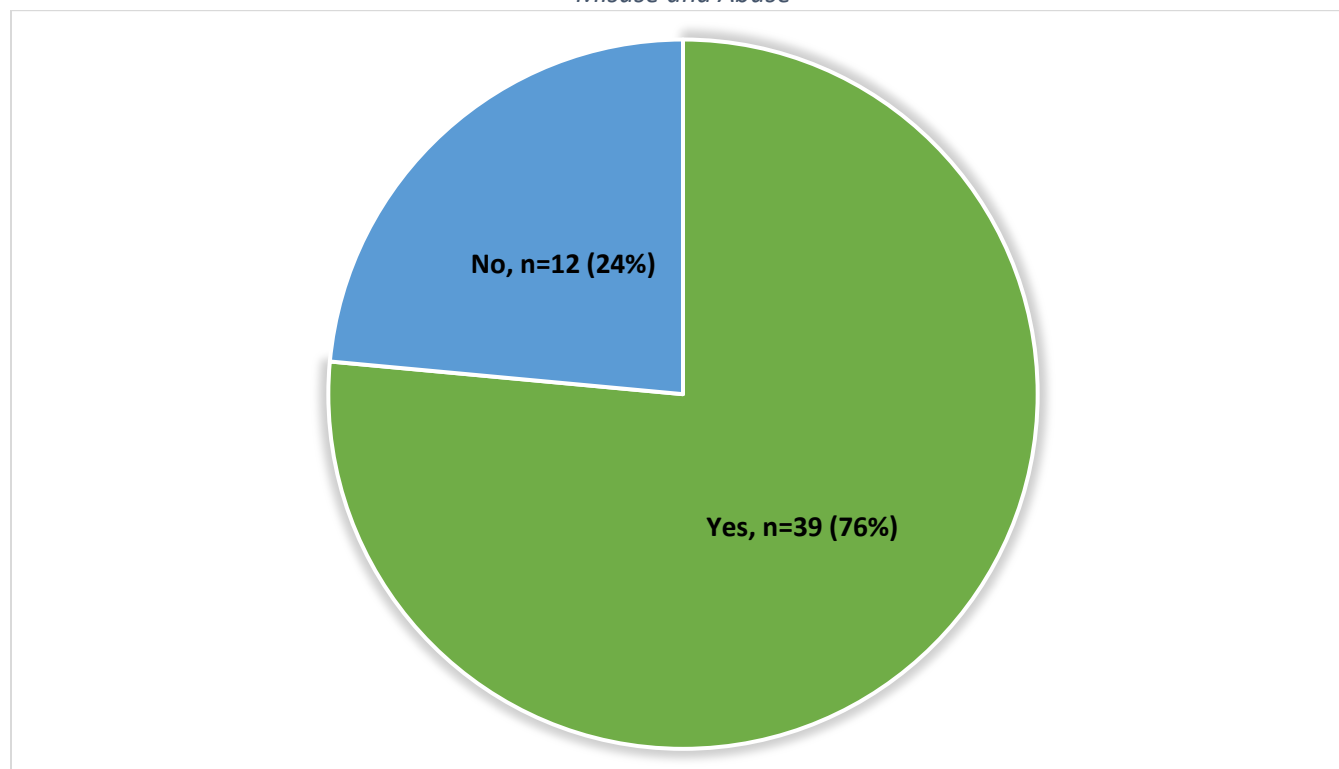


Table 117 - Drug Utilization Management Strategy that Supports Abuse Deterrent Opioid Use to Prevent Opioid Misuse and Abuse

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Hawaii, Idaho, Illinois, Indiana, Kansas, Louisiana, Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, Utah, Vermont, Washington, West Virginia, Wisconsin	39	76.47%
No	Arkansas, Georgia, Iowa, Kentucky, Massachusetts, New Jersey, New Mexico, Ohio, South Dakota, Tennessee, Virginia, Wyoming	12	23.53%
Total		51	100.00%

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

Figure 109 - COVID-19 Ramifications on Edits and Reviews on Controlled Substances During the Public Health Emergency

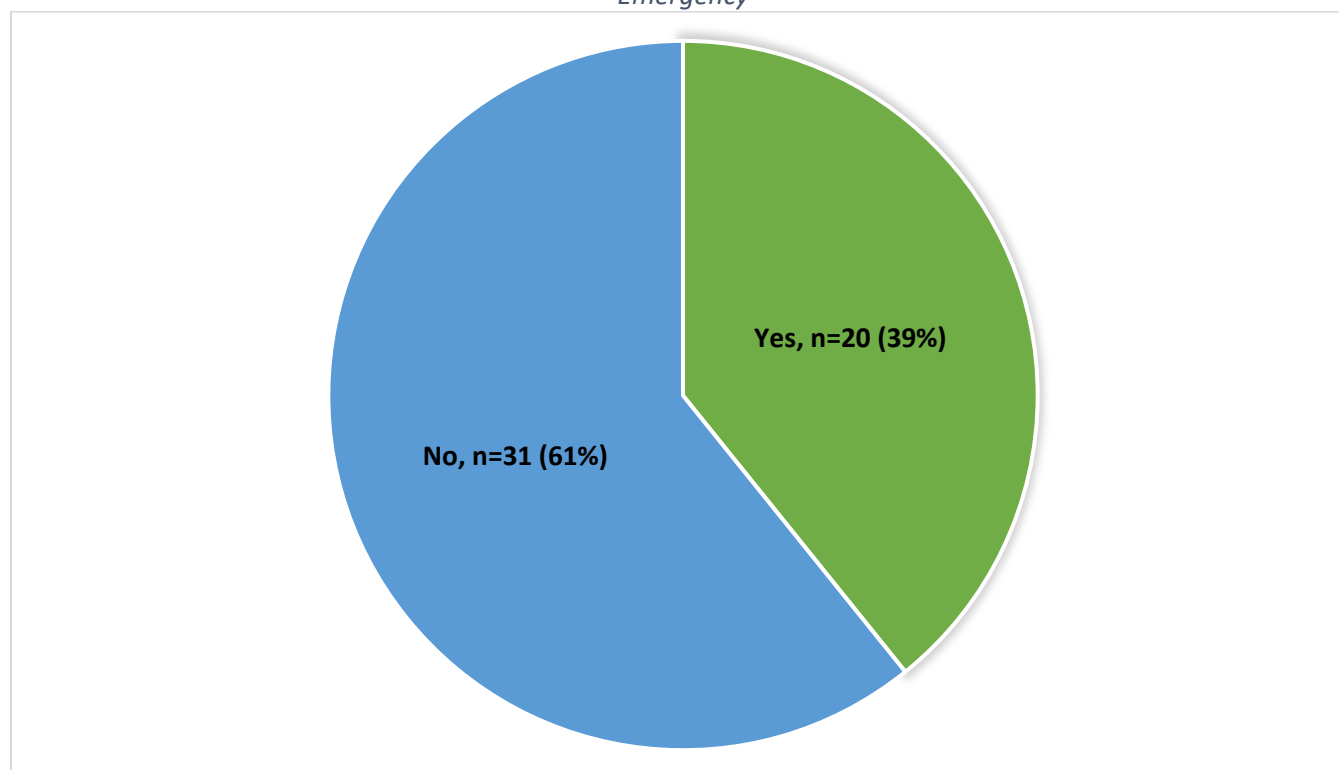
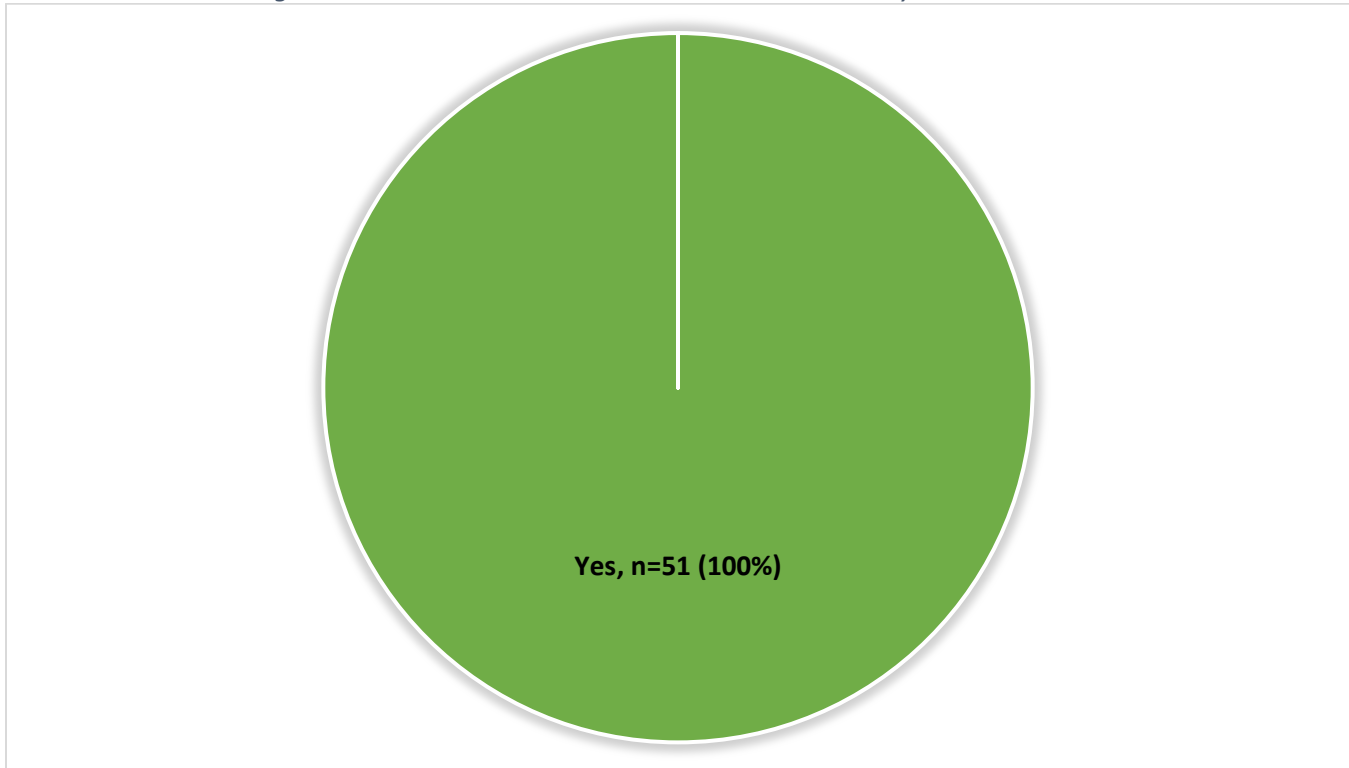


Table 118 - COVID-19 Ramifications on Edits and Reviews on Controlled Substances During the Public Health Emergency

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Colorado, Connecticut, District of Columbia, Georgia, Indiana, Iowa, Kentucky, Maine, Montana, North Carolina, Ohio, Oregon, Pennsylvania, Rhode Island, Vermont, Washington, Wisconsin	20	39.22%
No	Arkansas, California, Delaware, Florida, Hawaii, Idaho, Illinois, Kansas, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wyoming	31	60.78%
Total		51	100.00%

D. Morphine Milligram Equivalent (MME) Daily Dose

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

Figure 110 - State Recommended Maximum MME Daily Dose Measures*Table 119 - State Recommended Maximum MME Daily Dose Measures*

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	51	100.00%
Total		51	100.00%

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a. If "Yes," what is your maximum morphine equivalent daily dose limit?

Figure 111 - Maximum Morphine Equivalent Daily Dose Limit

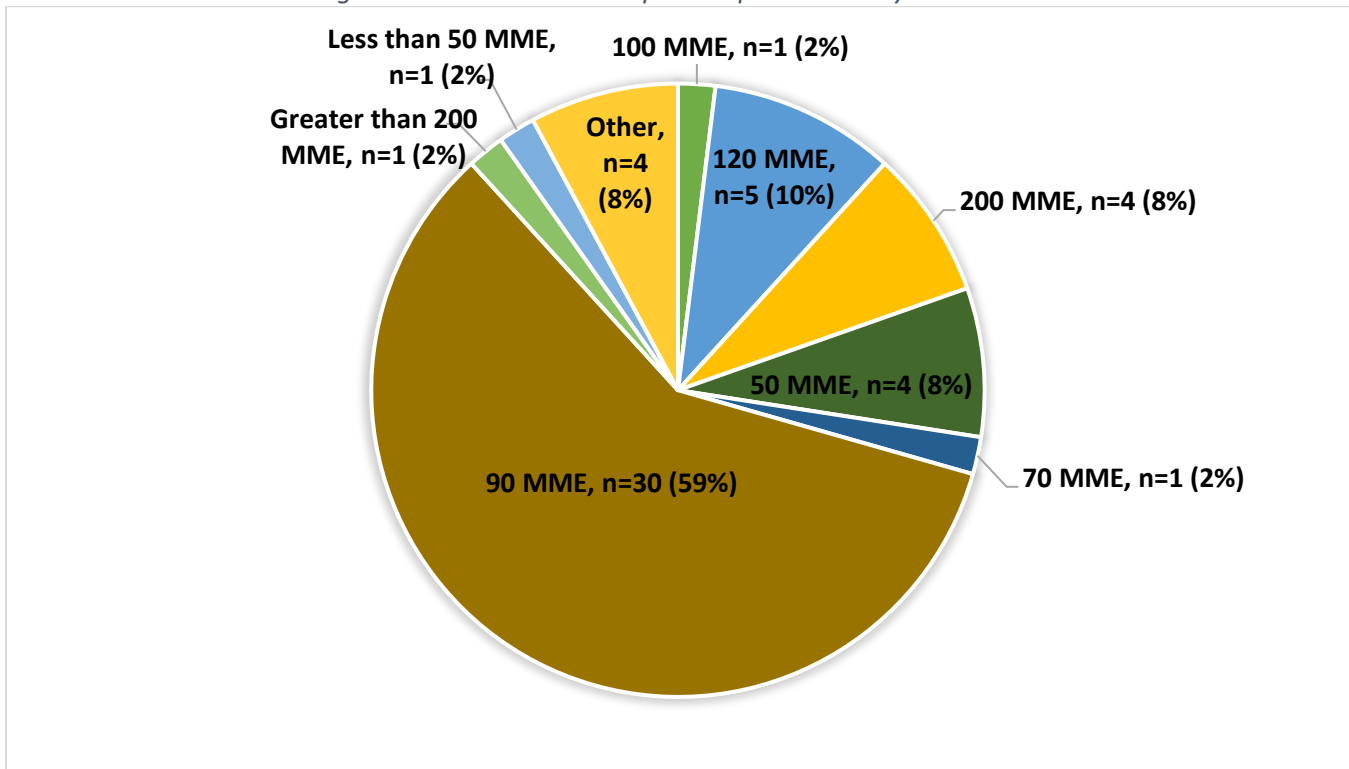
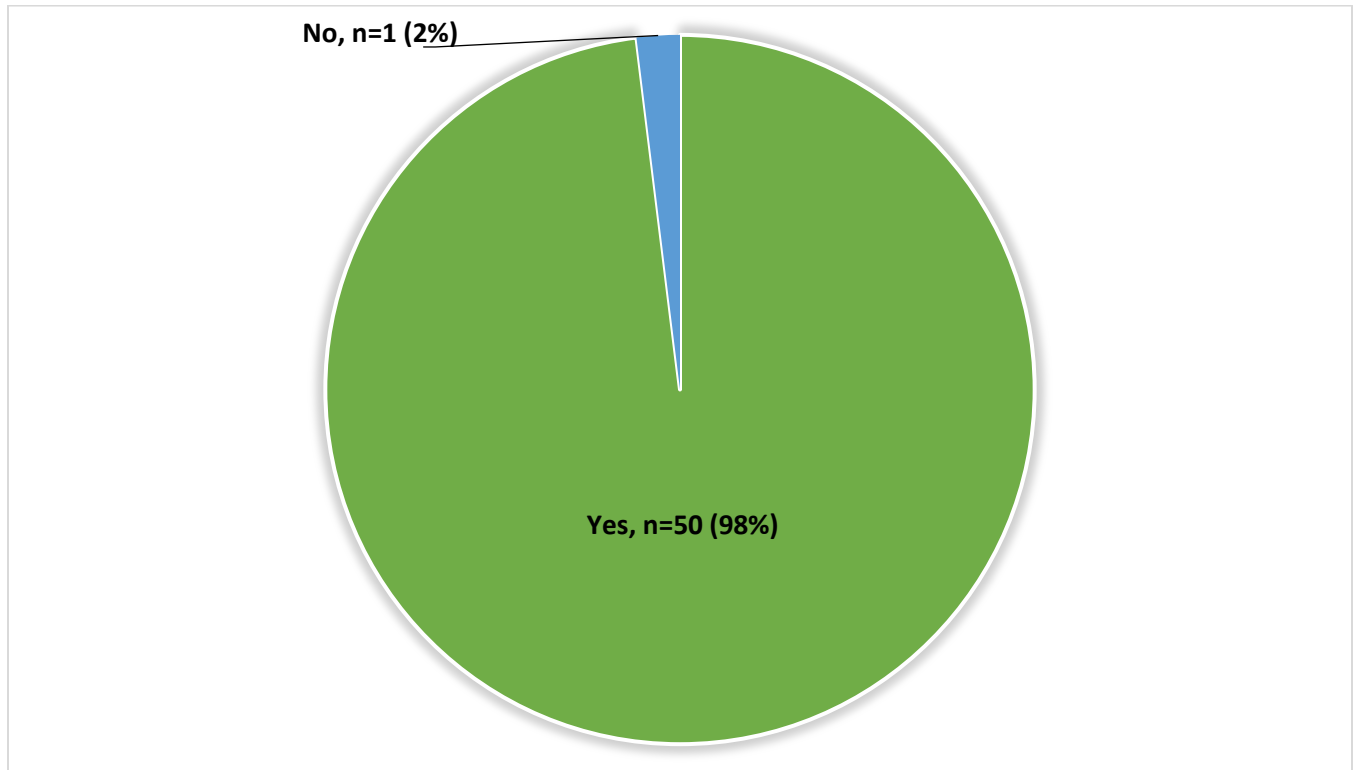


Table 120 - Maximum Morphine Equivalent Daily Dose Limit

Response	States	Count	Percentage
100 MME	New Hampshire	1	1.96%
120 MME	Hawaii, Massachusetts, Ohio, Washington, Wyoming	5	9.80%
200 MME	Alabama, Colorado, Kentucky, Tennessee	4	7.84%
50 MME	District of Columbia, Georgia, Pennsylvania, West Virginia	4	7.84%
70 MME	Idaho	1	1.96%
90 MME	Arizona, Arkansas, Connecticut, Delaware, Florida, Illinois, Iowa, Kansas, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Jersey, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, Virginia	30	58.82%
Greater than 200 MME	California	1	1.96%
Less than 50 MME	Maine	1	1.96%
Other	Alaska, Indiana, Nevada, Wisconsin	4	7.84%
Total		51	100.00%

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

Figure 112 - Edit in POS System that Alerts the Pharmacy Provider that the MME Daily Dose Prescribed has been Exceeded



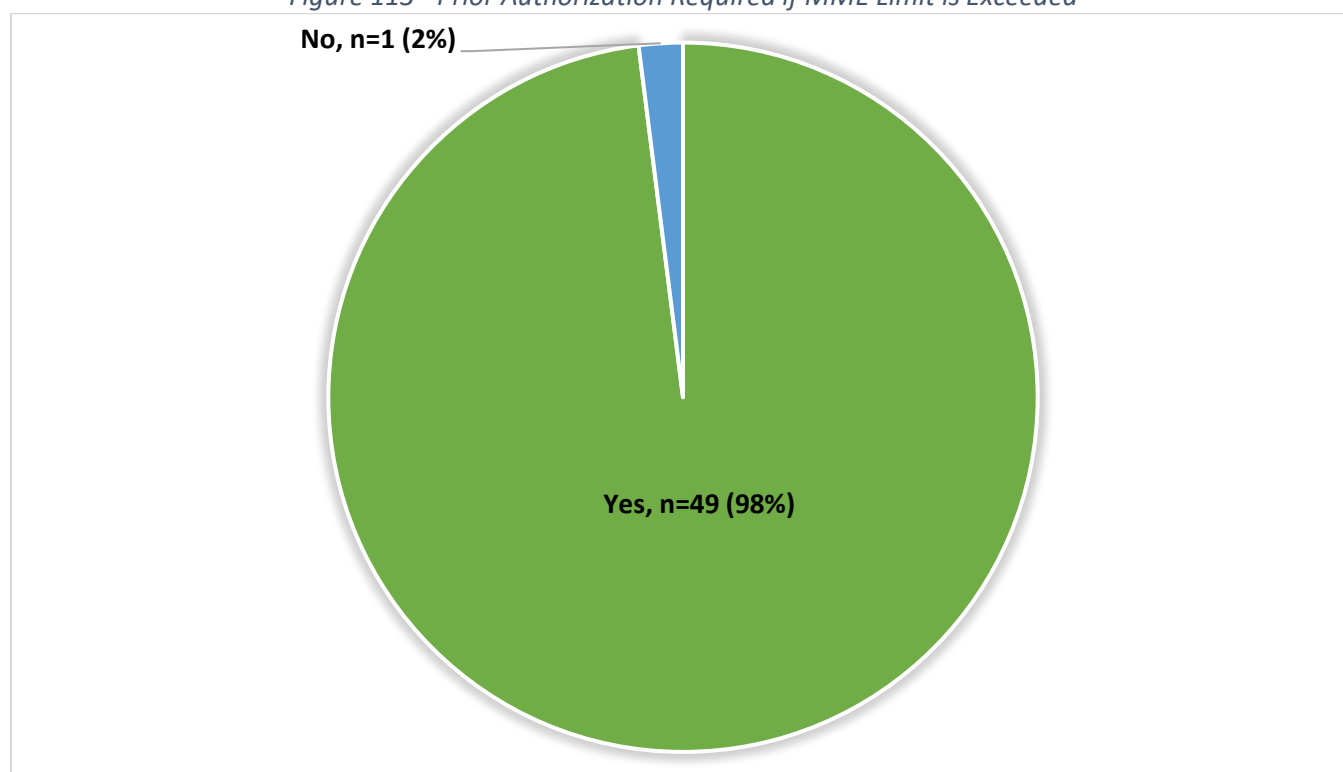
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Table 121 - Edit in POS System that Alerts the Pharmacy Provider that the MME Daily Dose Prescribed has been Exceeded

Response	State	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	50	98.04%
No	Hawaii	1	1.96%
Total		51	100.00%

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

Figure 113 - Prior Authorization Required if MME Limit is Exceeded



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Table 122 - Prior Authorization Required if MME Limit is Exceeded

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wyoming	49	98.00%
No	Wisconsin	1	2.00%
Total		50	100.00%

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

Figure 114 - Automated Retrospective Claims Review to Monitor Total Daily Dose (MME) of Opioid Prescriptions Dispensed

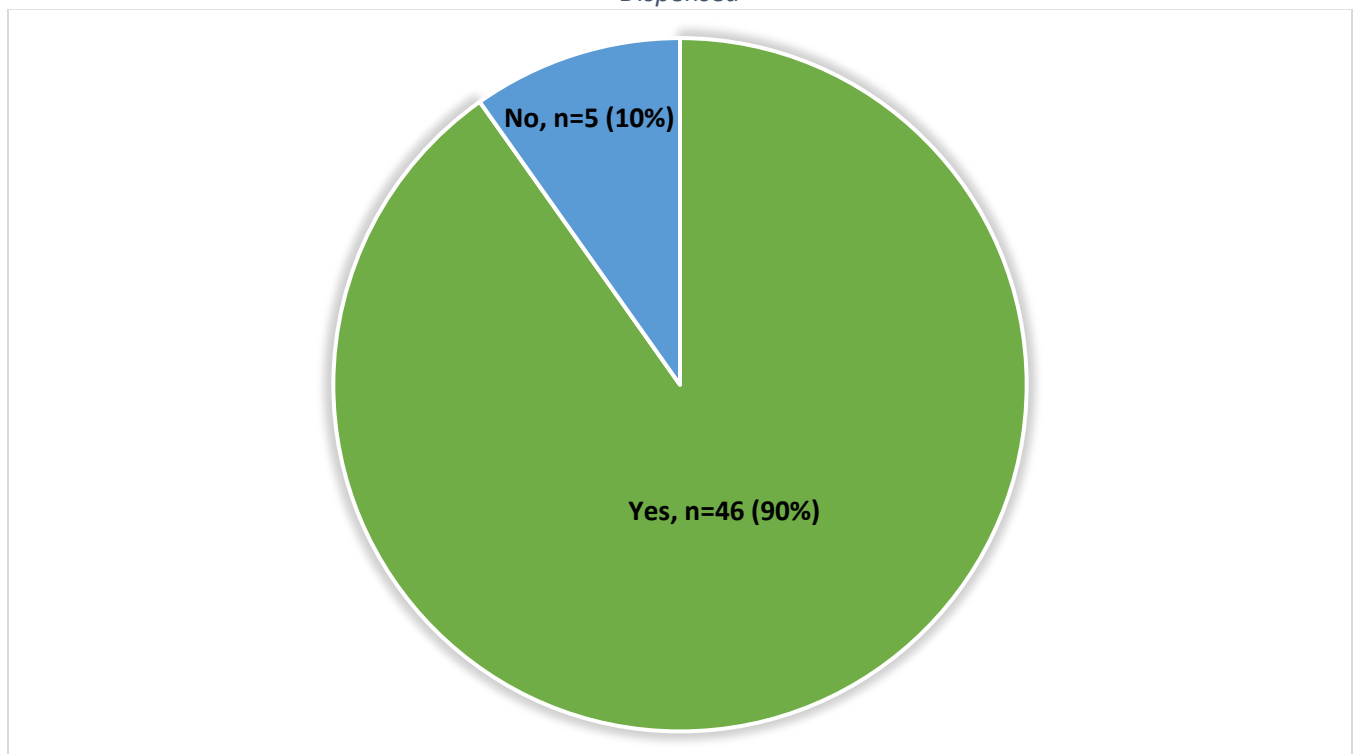


Table 123 - Automated Retrospective Claims Review to Monitor Total Daily Dose (MME) of Opioid Prescriptions Dispensed

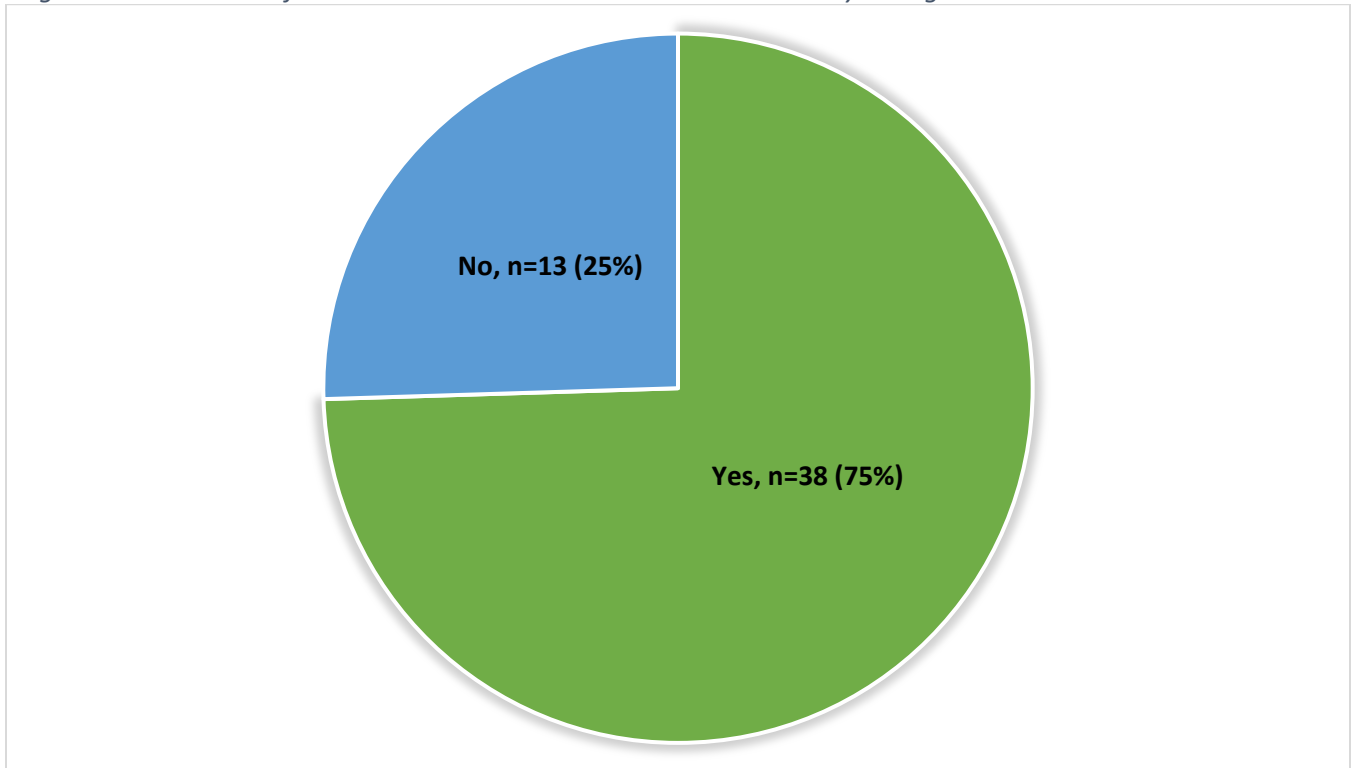
Response	State	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana,	46	90.20%

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Response	State	Count	Percentage
	Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming		
No	Florida, Kentucky, New Jersey, New York, Pennsylvania	5	9.80%
Total		51	100.00%

4. Do you provide information to your prescribers on how to calculate the MME daily dosage or do you provide a calculator developed elsewhere?

Figure 115 - Provide Information to Prescribers to Calculate MME Daily Dosage or Provide Calculator Elsewhere



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Table 124 - Provide Information to Prescribers to Calculate MME Daily Dosage or Provide Calculator Elsewhere

Response	State	Count	Percentage
Yes	Alabama, Alaska, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Florida, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Maine, Maryland, Massachusetts, Michigan, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oregon, Rhode Island, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia	38	74.51%
No	Arizona, California, Georgia, Kentucky, Louisiana, Minnesota, Missouri, New York, Oklahoma, Pennsylvania, South Dakota, Wisconsin, Wyoming	13	25.49%
Total		51	100.00%

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

Figure 116 - Developer of Calculator

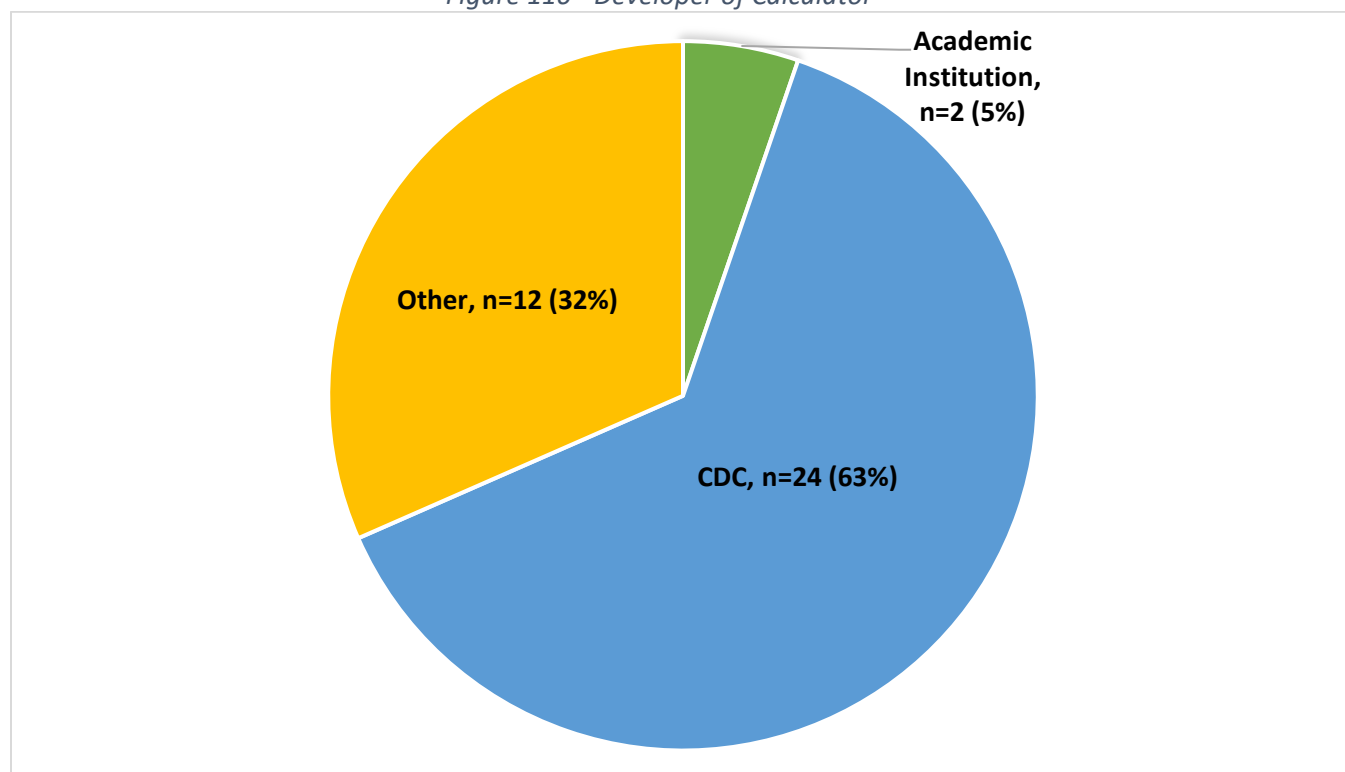


Table 125 - Developer of Calculator

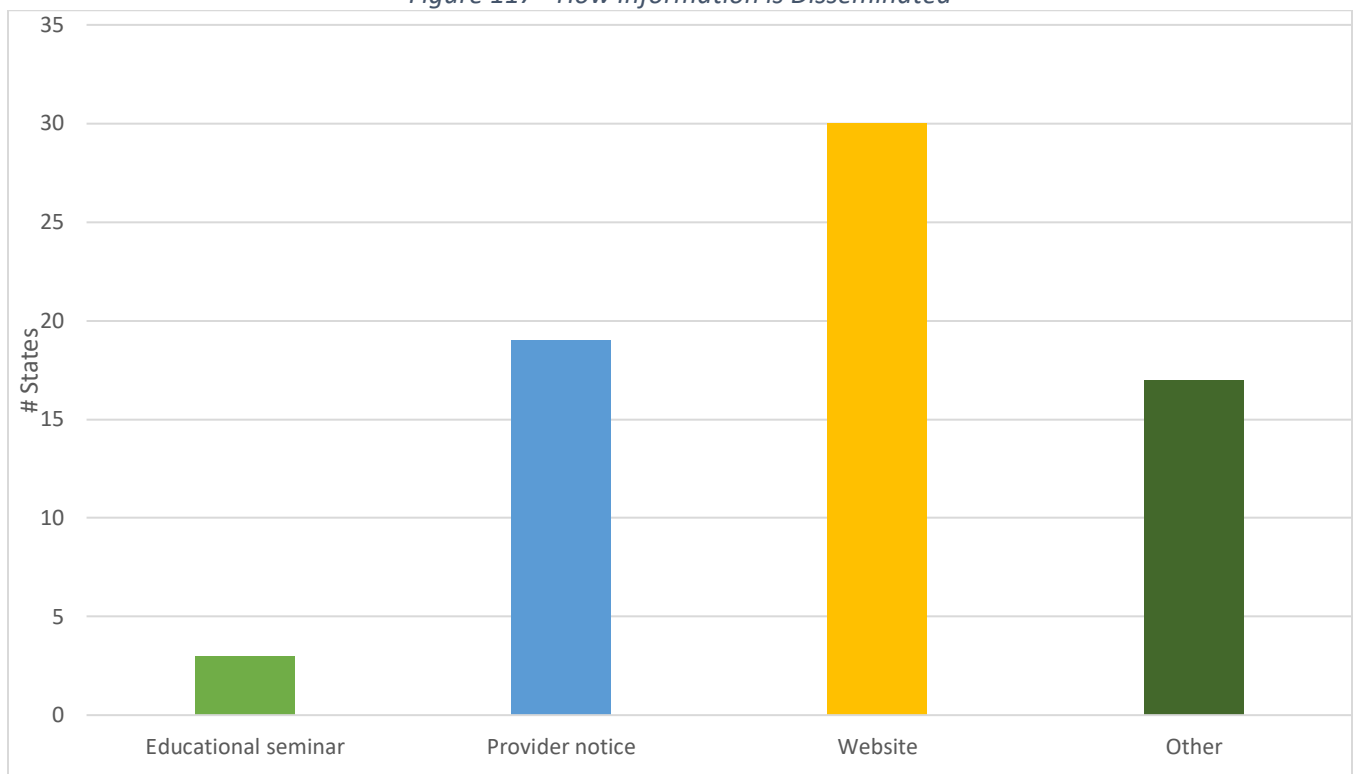
Response	State	Count	Percentage
Academic Institution	North Dakota, Oregon	2	5.26%
CDC	Alabama, Arkansas, Connecticut, District of Columbia, Florida, Hawaii, Illinois, Iowa, Kansas, Maine, Maryland, Michigan, Mississippi, Montana, Nebraska, Nevada, New	24	63.16%

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Response	State	Count	Percentage
	Jersey, New Mexico, Rhode Island, Tennessee, Texas, Utah, Vermont, West Virginia		
Other	Alaska, Colorado, Delaware, Idaho, Indiana, Massachusetts, New Hampshire, North Carolina, Ohio, South Carolina, Virginia, Washington	12	31.58%
Total		38	100.00%

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

Figure 117 - How Information is Disseminated



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Table 126 - How Information is Disseminated

Information Type	State	Count	Percentage
Educational seminar	District of Columbia, South Carolina, Washington	3	4.35%
Provider notice	Alabama, Arkansas, District of Columbia, Florida, Hawaii, Iowa, Kansas, Maine, Massachusetts, Montana, Nebraska, New Jersey, Ohio, Rhode Island, Utah, Vermont, Virginia, Washington, West Virginia	19	27.54%
Website	Alabama, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Florida, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Maine, Maryland, Massachusetts, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Jersey, North Carolina, North Dakota, Ohio, South Carolina, Tennessee, Utah, Virginia, Washington	30	43.48%
Other	Alabama, Alaska, Arkansas, District of Columbia, Idaho, Kansas, Massachusetts, Michigan, Montana, Nevada, New Mexico, Oregon, South Carolina, Tennessee, Texas, Utah, Virginia	17	24.64%
Total		69	100.00%

E. Opioid Use Disorder (OUD) Treatment

1. Does your state have utilization controls (i.e., preferred drug list (PDL), prior authorization (PA), quantity limit (QL)) to either monitor or manage the prescribing of Medication Assisted Treatment (MAT) drugs for OUD?

Figure 118 - State Has Utilization Controls to Monitor or Manage Prescribing of MAT Drugs for OUD

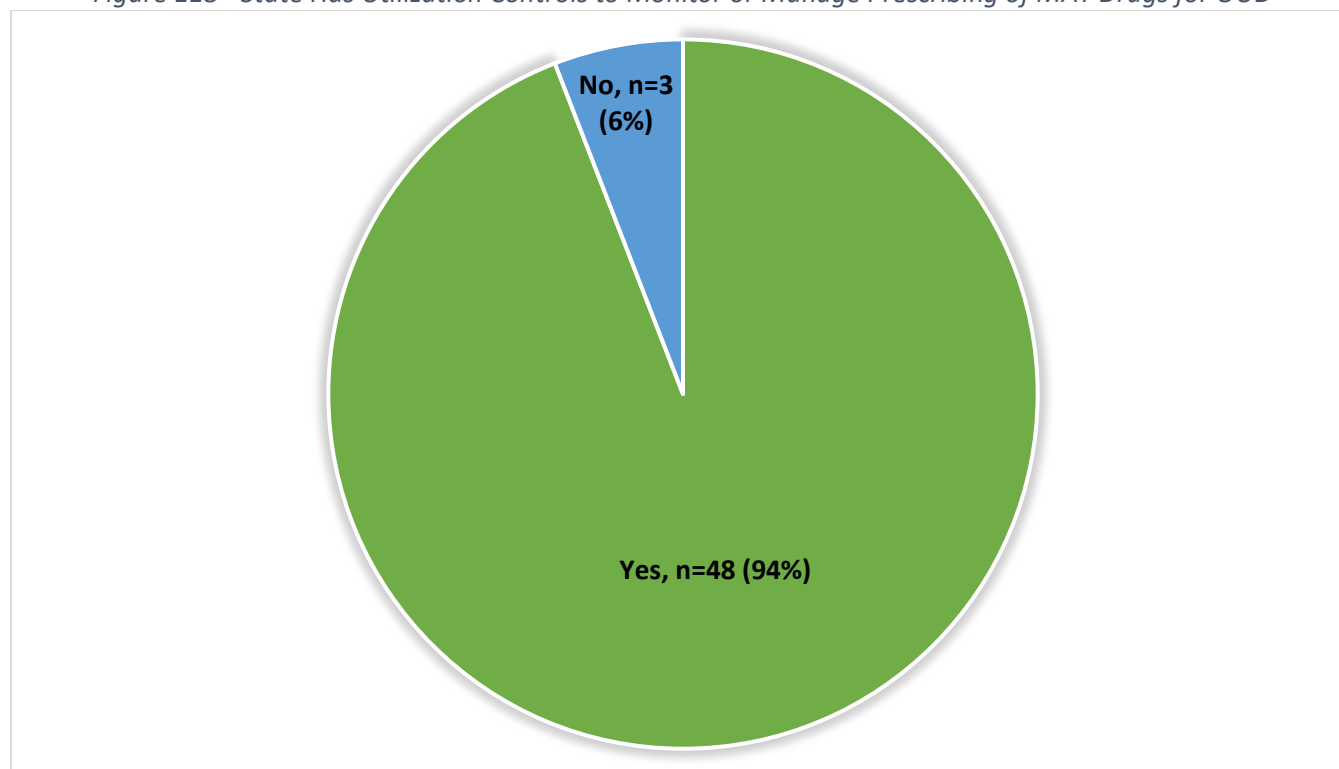


Table 127 - State Has Utilization Controls to Monitor or Manage Prescribing of MAT of Drugs for OUD

Response	State	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	48	94.12%
No	California, Hawaii, South Dakota	3	5.88%
Total		51	100.00%

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

Figure 119 - Program Sets Total Milligram per Day Limits on the Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

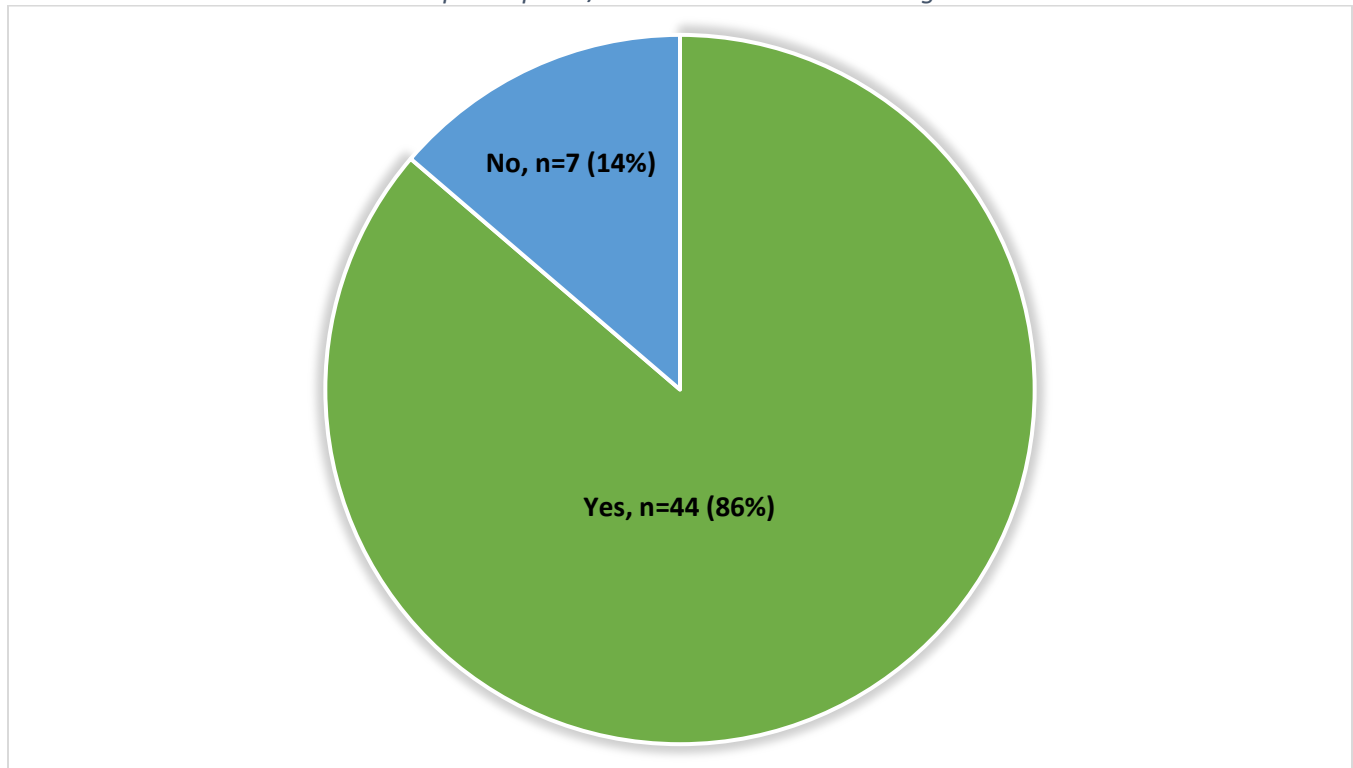


Table 128 - Program Sets Total Milligrams per Day Limits on the Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

Response	State	Count	Percentage
Yes	Alabama, Alaska, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Utah, Vermont, Virginia, Washington, West Virginia, Wyoming	44	86.27%
No	Arizona, California, New Mexico, Rhode Island, South Dakota, Texas, Wisconsin	7	13.73%
Total		51	100.00%

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

Figure 120 - Total Milligrams/Day Limit on the Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

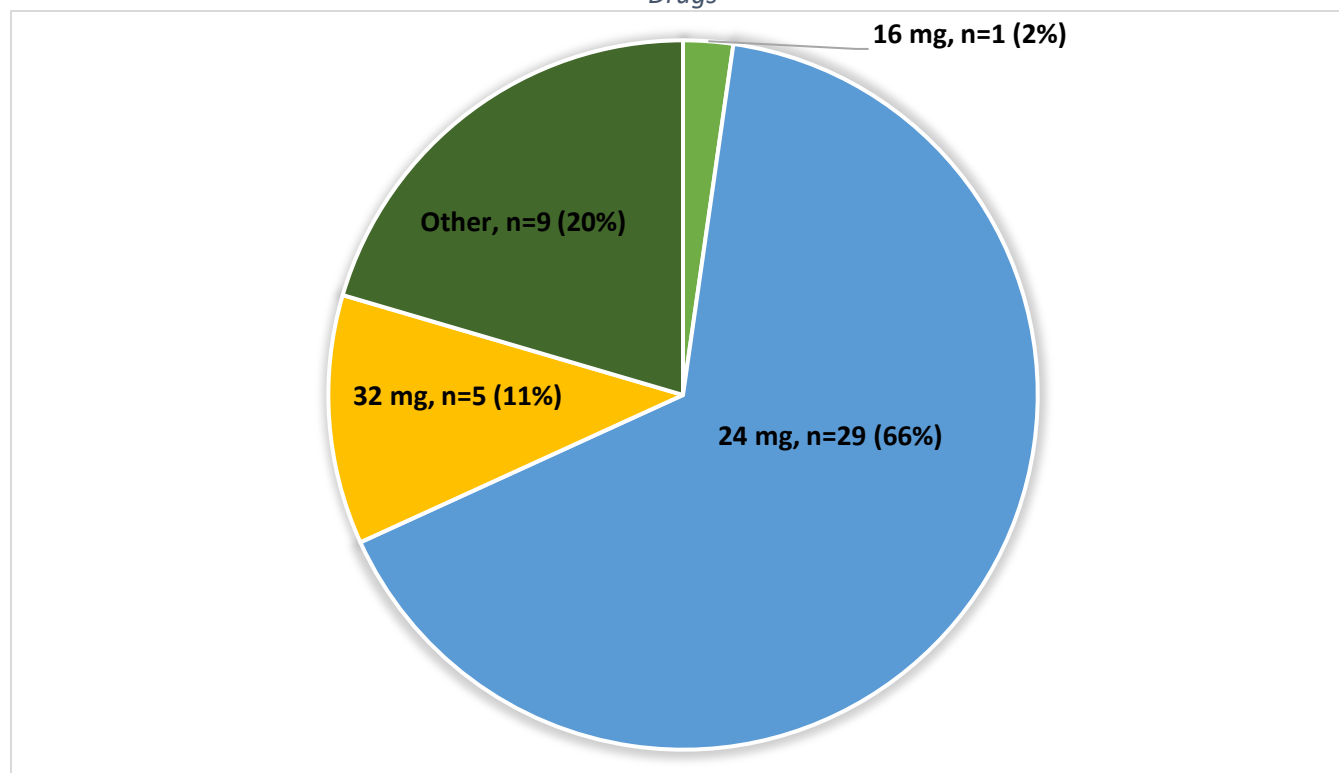


Table 129 - Total Milligrams/Day Limit on the Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

Response	State	Count	Percentage
16 mg	Oklahoma	1	2.27%
24 mg	Alaska, Arkansas, Colorado, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New York, North Dakota, Ohio, South Carolina, Utah, Virginia, West Virginia, Wyoming	29	65.91%
32 mg	New Hampshire, New Jersey, North Carolina, Oregon, Washington	5	11.36%
Other	Alabama, Connecticut, Illinois, Maryland, Massachusetts, Montana, Pennsylvania, Tennessee, Vermont	9	20.45%
Total		44	100.00%

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

Figure 121 - Limitations on Allowable Length of Treatment of Buprenorphine/Naloxone Combination Drugs

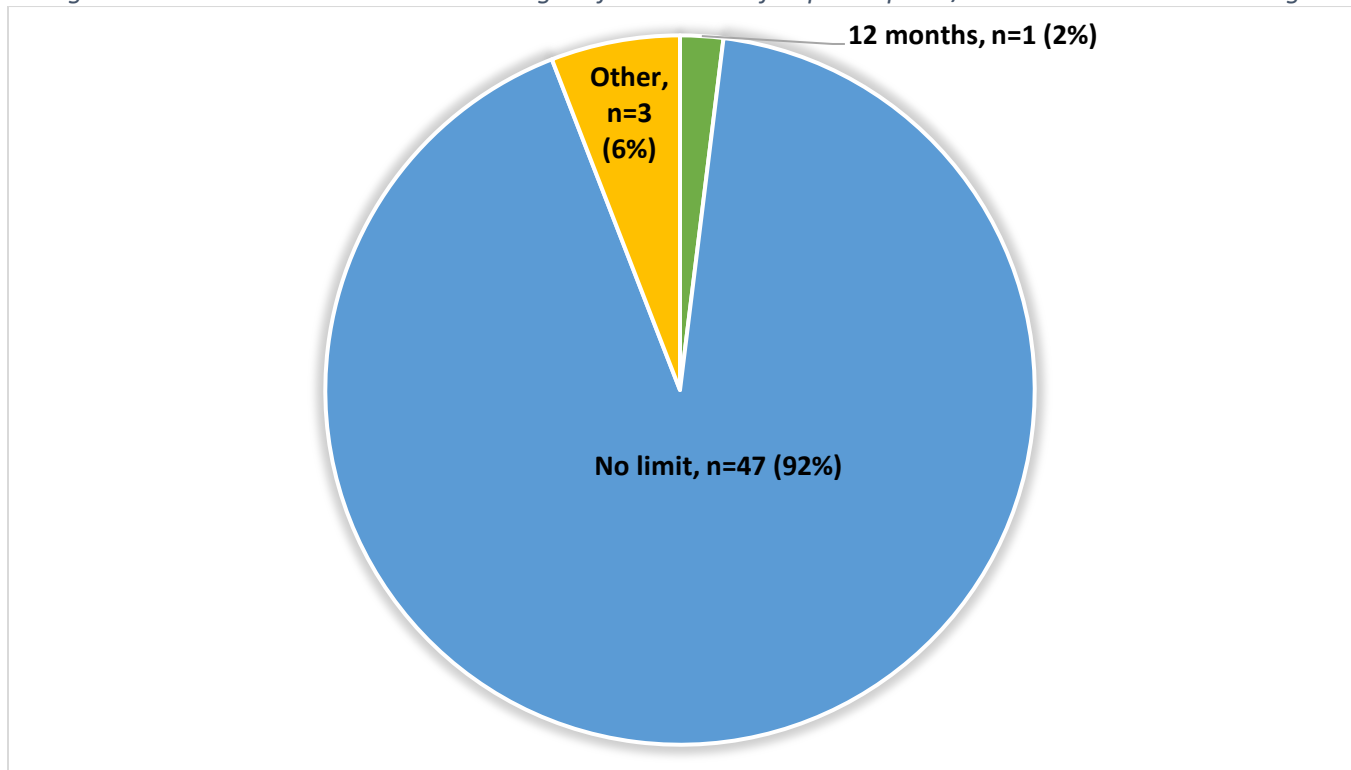


Table 130 - Limitations on Allowable Length of Treatment of Buprenorphine/Naloxone Combination Drugs

Response	States	Count	Percentage
12 months	Nebraska	1	1.96%
No limit	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, Washington, Wisconsin, Wyoming	47	92.16%
Other	Tennessee, Virginia, West Virginia	3	5.88%
Total		51	100.00%

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

Figure 122 - Maximum Milligrams per Day Reduction After a Set Period of Time

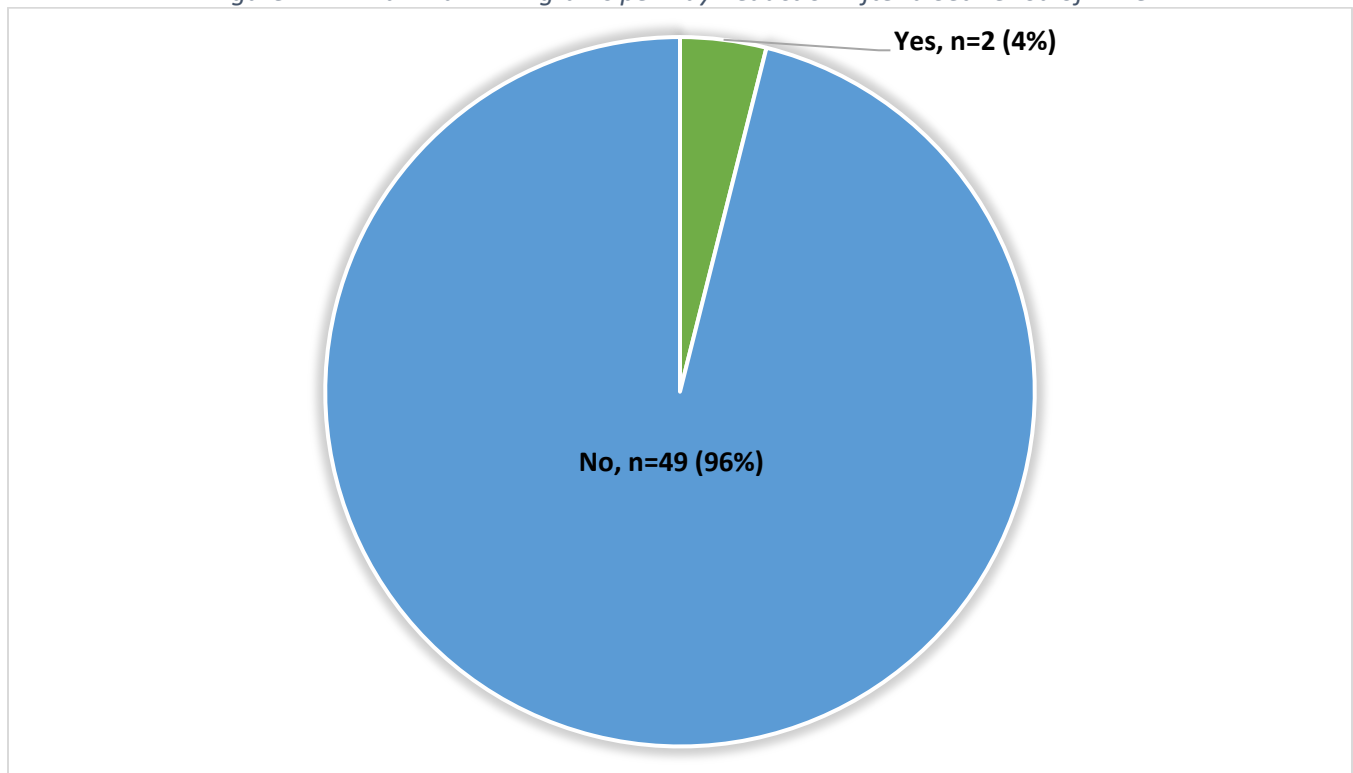


Table 131 - Maximum Milligrams per Day Reduction After a Set Period of Time

Response	States	Count	Percentage
Yes	Tennessee, West Virginia	2	3.92%
No	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, Virginia, Washington, Wisconsin, Wyoming	49	96.08%
Total		51	100.00%

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

Figure 123 - Reduced (Maintenance) Dosage

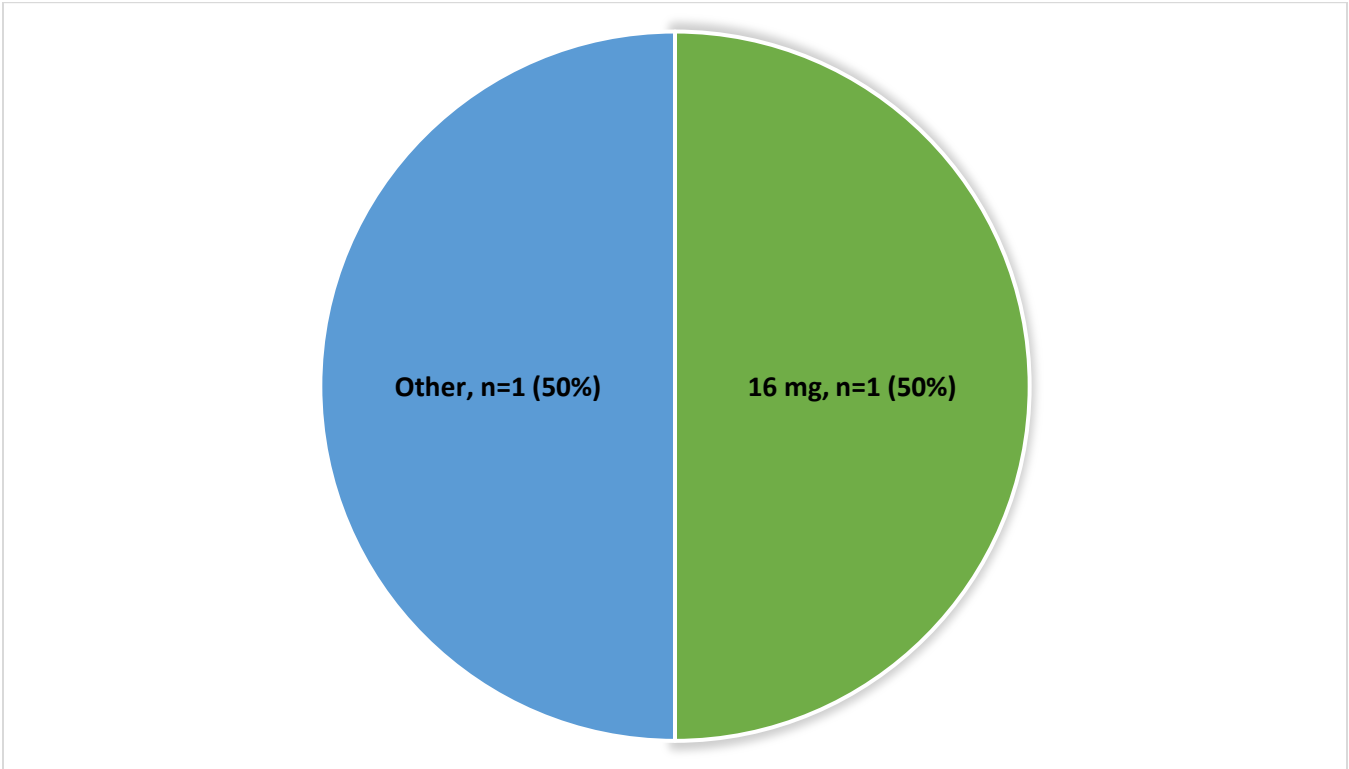


Table 132 - Reduced (Maintenance) Dosage

Response	States	Count	Percentage
16 mg	West Virginia	1	50.00%
Other	Tennessee	1	50.00%
Total		2	100.00%

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

Figure 124 - Limitations on the Allowable Length of the Reduced Dosage Treatment

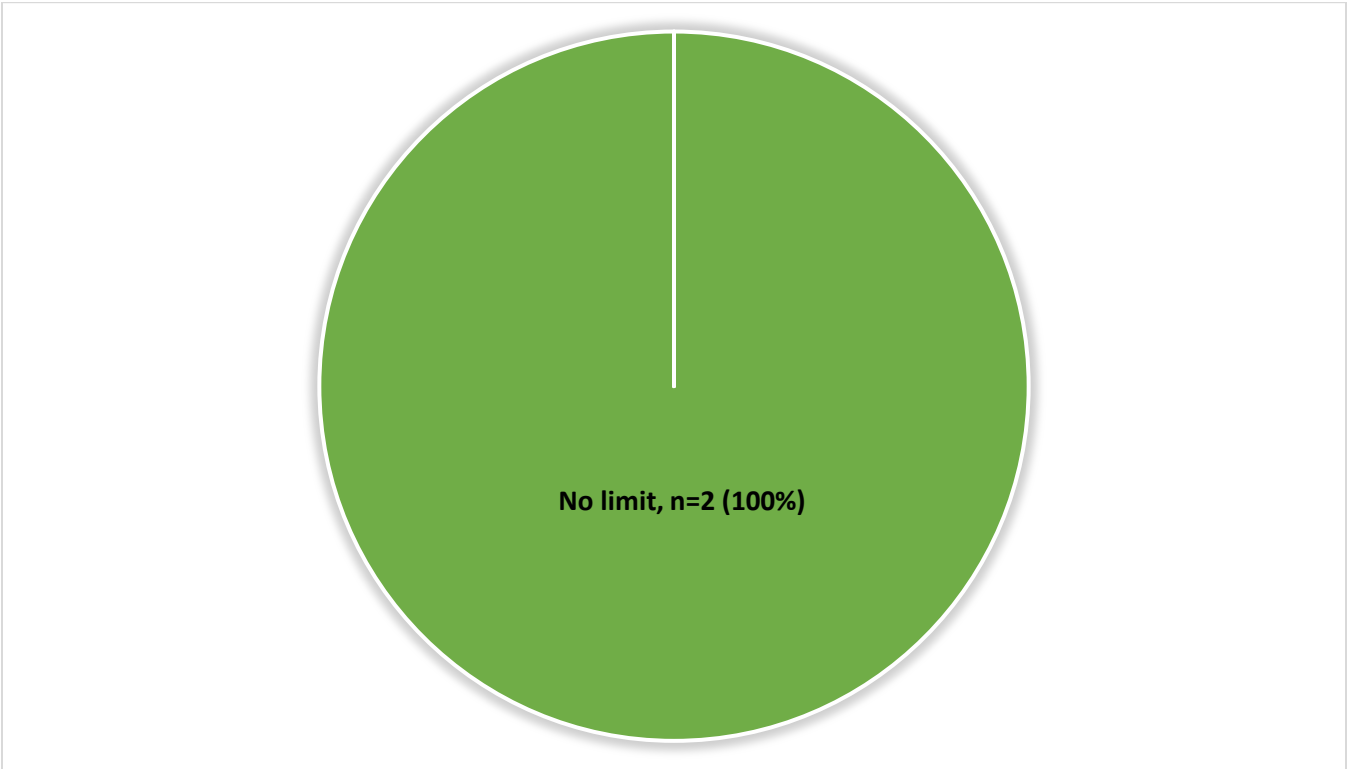


Table 133 - Limitations on the Allowable Length of the Reduced Dosage Treatment

Response	States	Count	Percentage
No limit	Tennessee, West Virginia	2	100.00%
Total		2	100.00%

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

Figure 125 - Buprenorphine/Naloxone Combination Product Available Without Prior Authorization

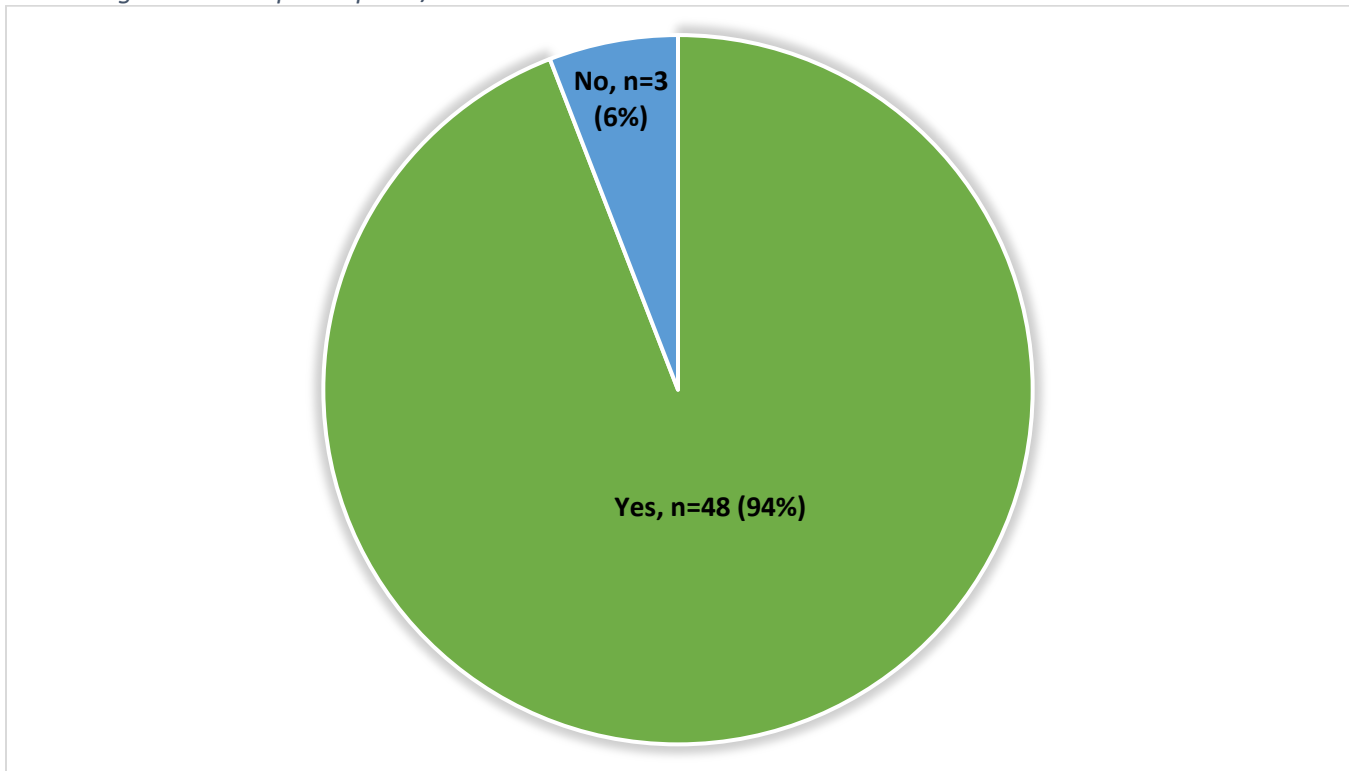


Table 134 - Buprenorphine/Naloxone Combination Product Available Without Prior Authorization

Response	States	Count	Percentage
Yes	Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	48	94.12%
No	Alabama, Montana, Texas	3	5.88%
Total		51	100.00%

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

Figure 126 - Edits in Place to Monitor Opioids Being Used Concurrently with any Buprenorphine Drug or any Form of MAT

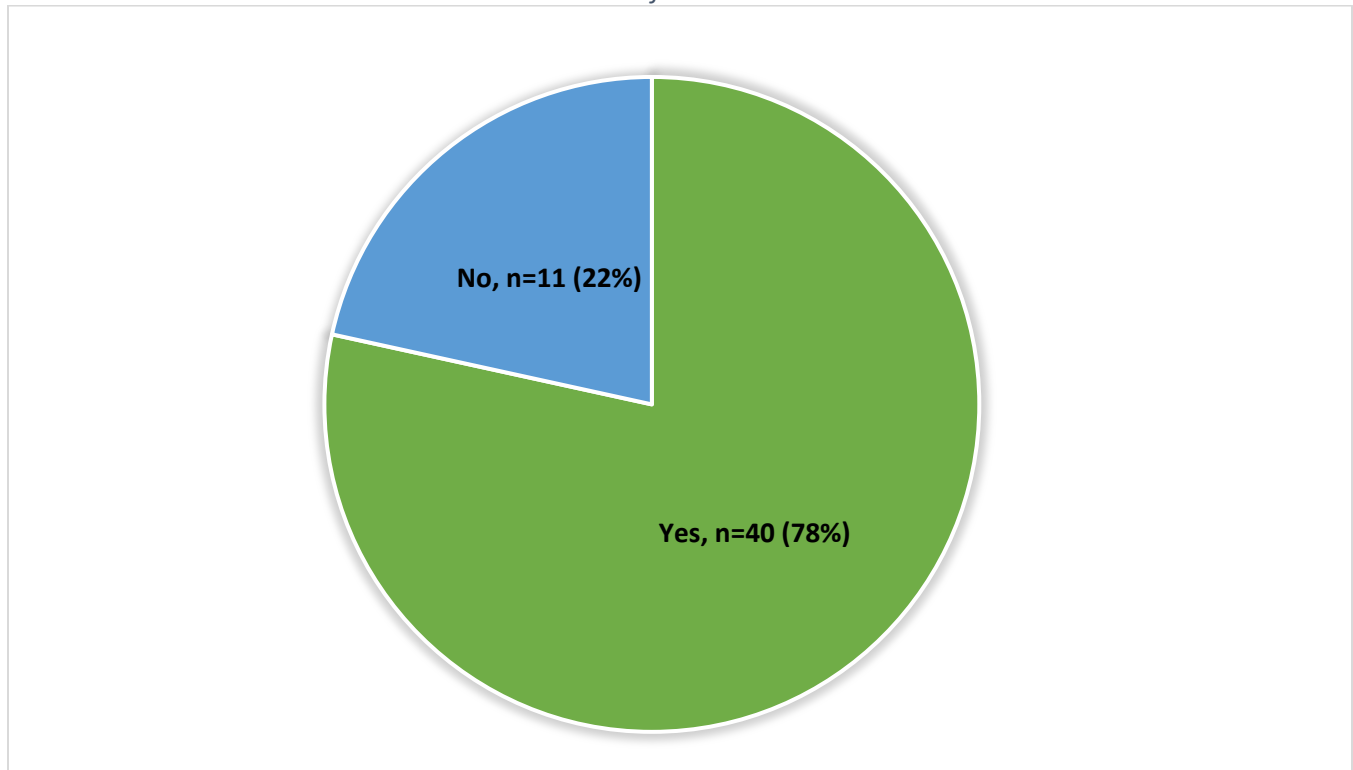


Table 135 - Edits in Place to Monitor Opioids Being Used Concurrently with any Buprenorphine Drug or any Form of MAT

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, Colorado, Delaware, District of Columbia, Florida, Georgia, Idaho, Indiana, Iowa, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia, Wyoming	40	78.43%
No	California, Connecticut, Hawaii, Illinois, Kansas, Maine, Montana, New Mexico, North Carolina, Washington, Wisconsin	11	21.57%
Total		51	100.00%

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

Figure 127 - POS Pharmacist Override Edit for Opioids Being Used Concurrently with any Buprenorphine Drug or any Form of MAT

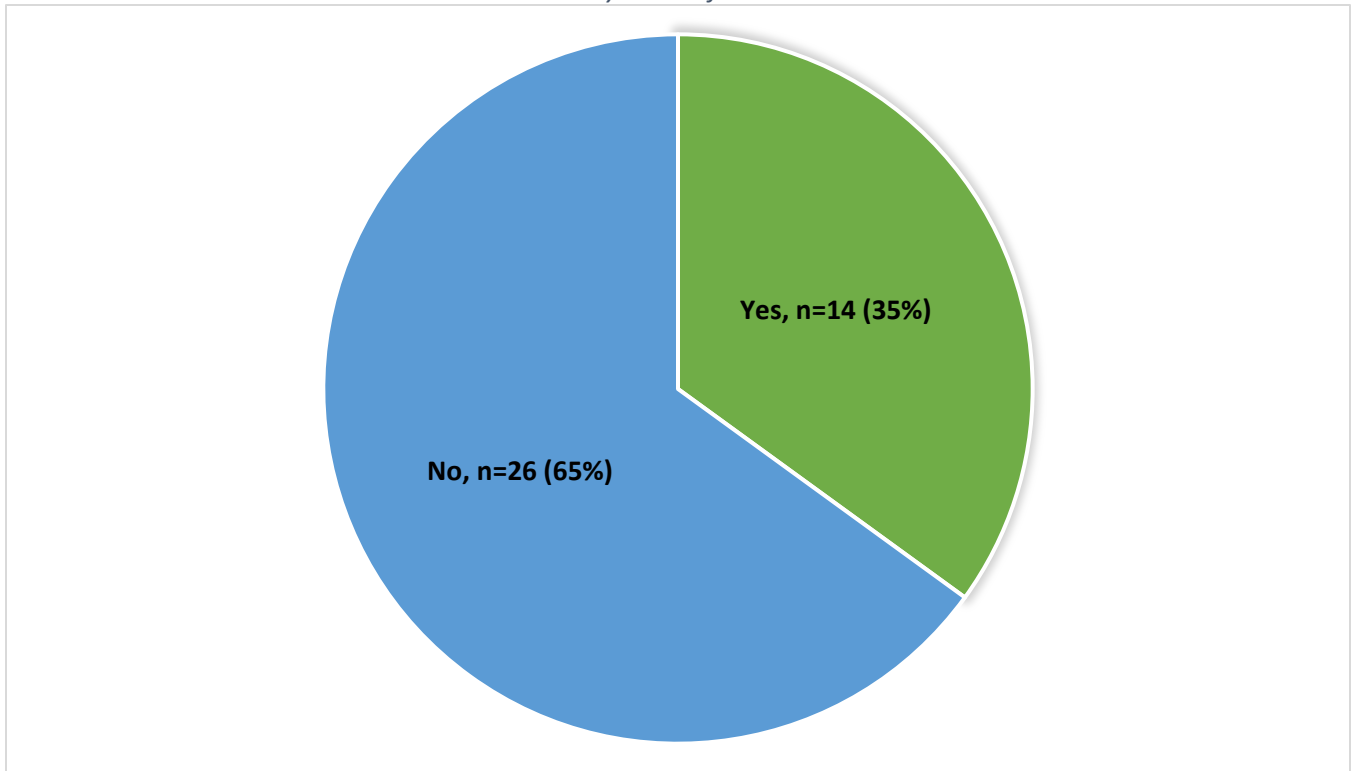


Table 136 - POS Pharmacist Override Edit for Opioids Being Used Concurrently with any Buprenorphine Drug or any Form of MAT

Response	States	Count	Percentage
Yes	Colorado, Delaware, Florida, Iowa, Louisiana, Maryland, Minnesota, Nebraska, Nevada, Ohio, Rhode Island, South Carolina, Vermont, Virginia	14	35.00%
No	Alabama, Alaska, Arizona, Arkansas, District of Columbia, Georgia, Idaho, Indiana, Kentucky, Massachusetts, Michigan, Mississippi, Missouri, New Hampshire, New Jersey, New York, North Dakota, Oklahoma, Oregon, Pennsylvania, South Dakota, Tennessee, Texas, Utah, West Virginia, Wyoming	26	65.00%
Total		40	100.00%

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

Figure 128 - Formulation of Naltrexone for OUD Available without Prior Authorization

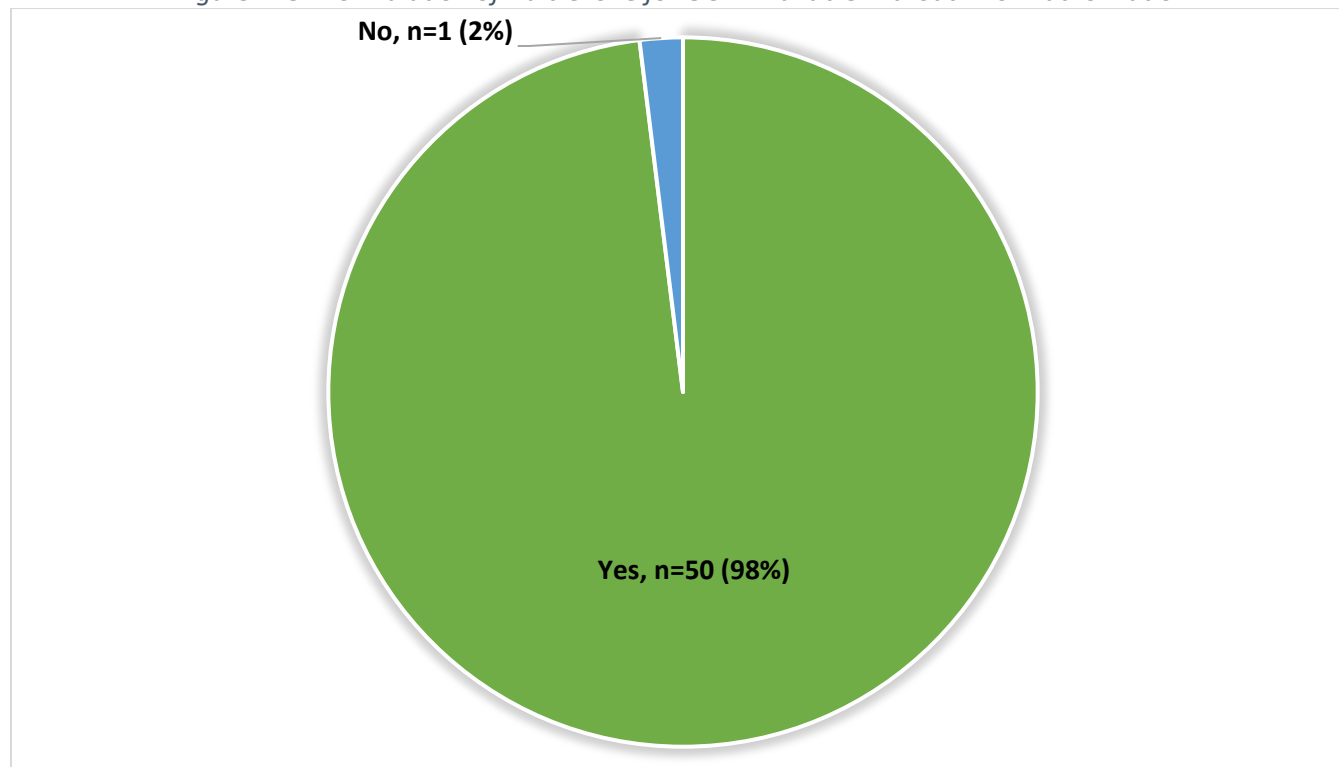


Table 137 - Formulation of Naltrexone for OUD Available without Prior Authorization

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin	50	98.04%
No	Wyoming	1	1.96%
Total		51	100.00%

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

Figure 129 -Naloxone Opioid Overdose Product Available without PA

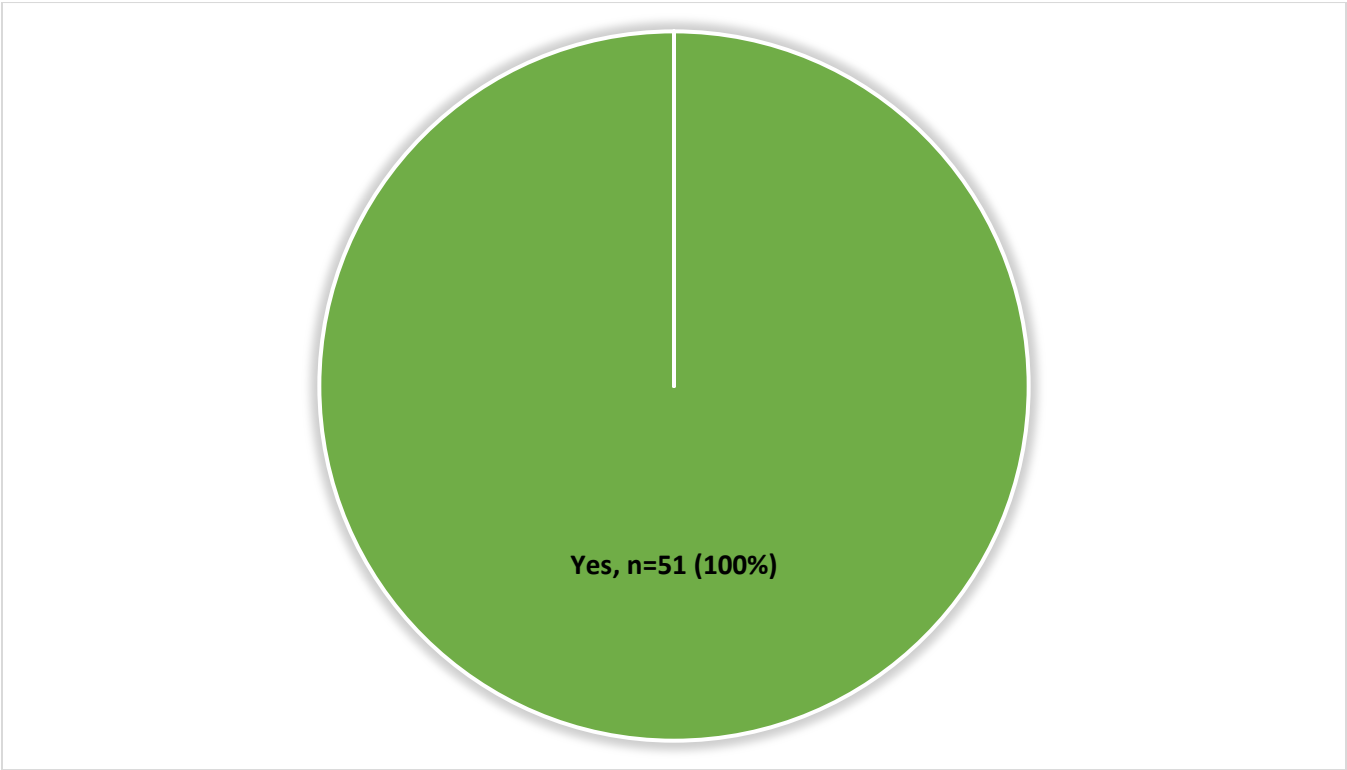


Table 138 - Naloxone Opioid Overdose Product Available without PA

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	51	100.00%
Total		51	100.00%

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

Figure 130 - Retrospectively Monitor and Manage Appropriate Use of Naloxone to Persons at Risk of Overdose

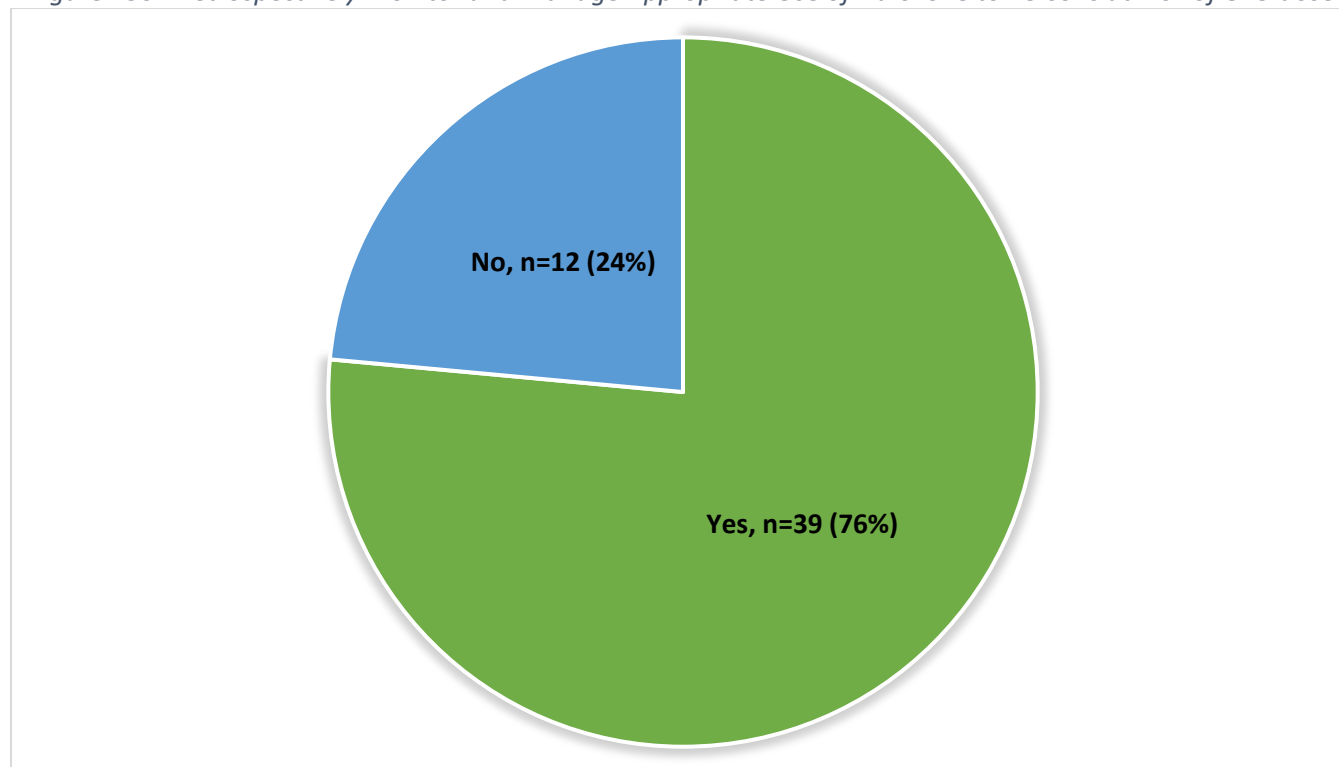


Table 139 - Retrospectively Monitor and Manage Appropriate Use of Naloxone to Persons at Risk of Overdose

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Nevada, New York, North Carolina, North Dakota, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Virginia, Washington, West Virginia, Wisconsin, Wyoming	39	76.47%
No	Maine, Massachusetts, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, Ohio, Oklahoma, South Dakota, Utah, Vermont	12	23.53%
Total		51	100.00%

10. Does your State Board of Professional Regulations/Board of Pharmacy/Board of Medicine and/or State Medicaid program allow pharmacists to dispense naloxone prescribed independently or by collaborative practice agreements, standing orders, or other predetermined protocols?

Figure 131 - State Allows Pharmacists to Dispense Naloxone Prescribed Independently or by Collaborative Practice Agreements, Standing Orders, or Other Predetermined Protocols

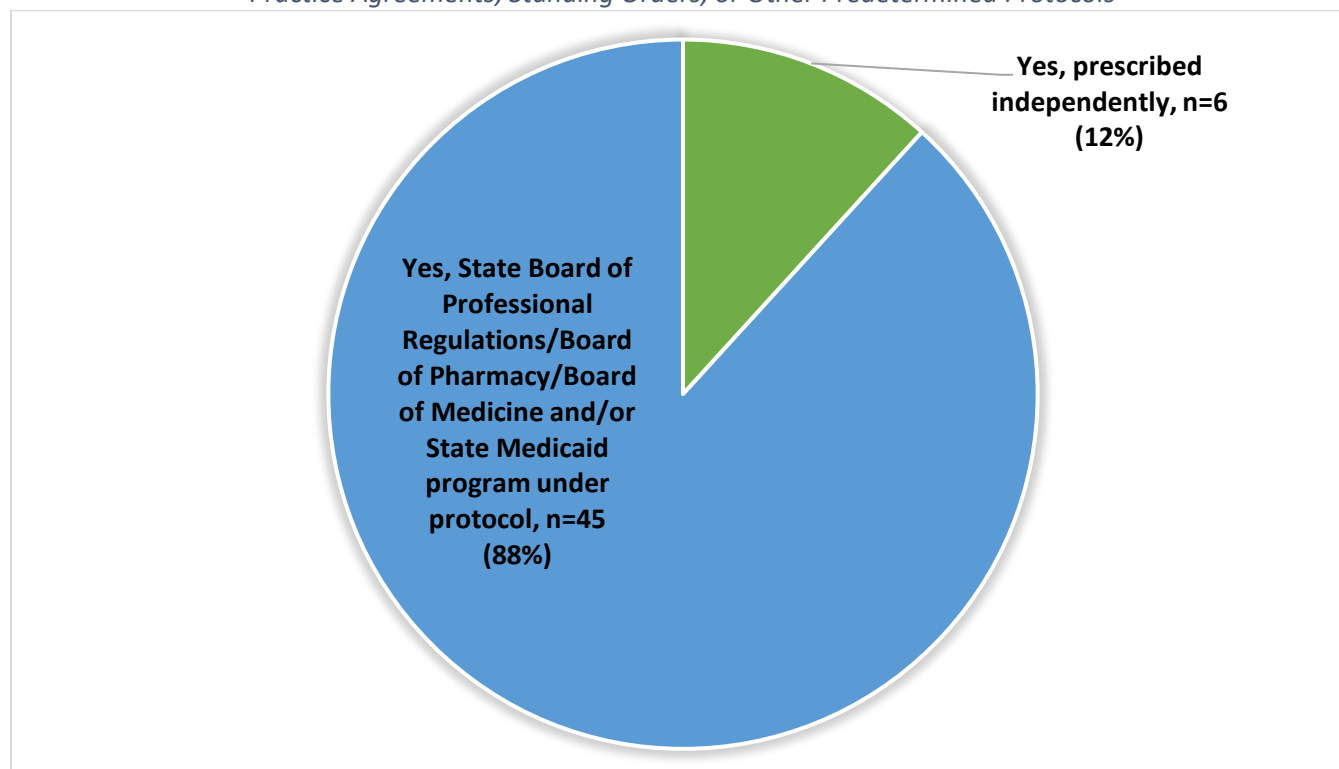


Table 140 - States Allow Pharmacists to Dispense Naloxone Prescribed Independently or by Collaborative Practice Agreements, Standing Orders, or Other Predetermined Protocols

Response	States	Count	Percentage
Yes, prescribed independently	Alaska, Connecticut, Idaho, Maine, Oregon, Wyoming	6	11.76%
Yes, State Board of Professional Regulations/Board of Pharmacy/Board of Medicine and/or State Medicaid program under protocol	Alabama, Arizona, Arkansas, California, Colorado, Delaware, District of Columbia, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin	45	88.24%
Total		51	100.00%

F. Outpatient Treatment Programs (OTP)

1. Does your state cover OTPs that provide Behavioral Health (BH) and MAT services?

Figure 132 - State Covers OTPs that Provide BH and MAT services

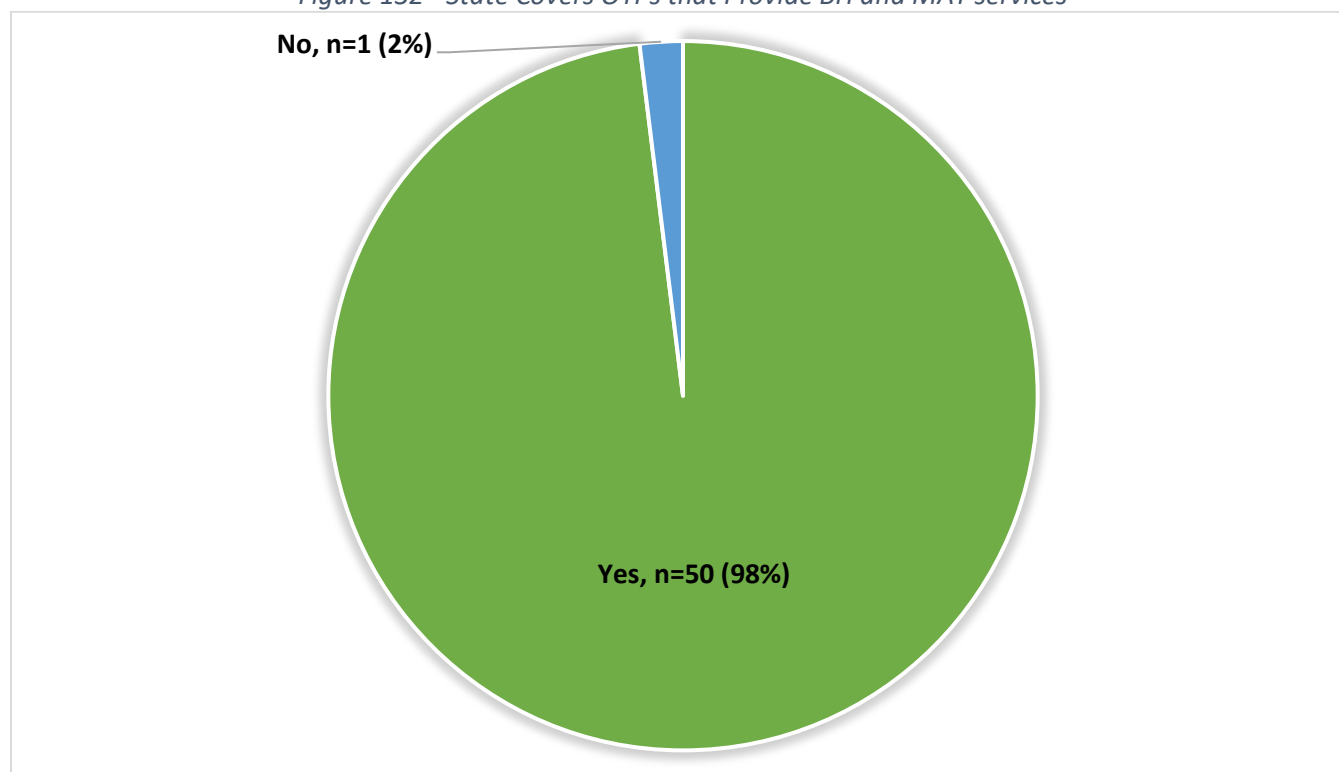


Table 141 - State Covers OTPs that Provide BH and MAT services

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin	50	98.04%
No	Wyoming	1	1.96%
Total		51	100.00%

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

Figure 133 - Referral Needed for OUD Treatment Through OTPs

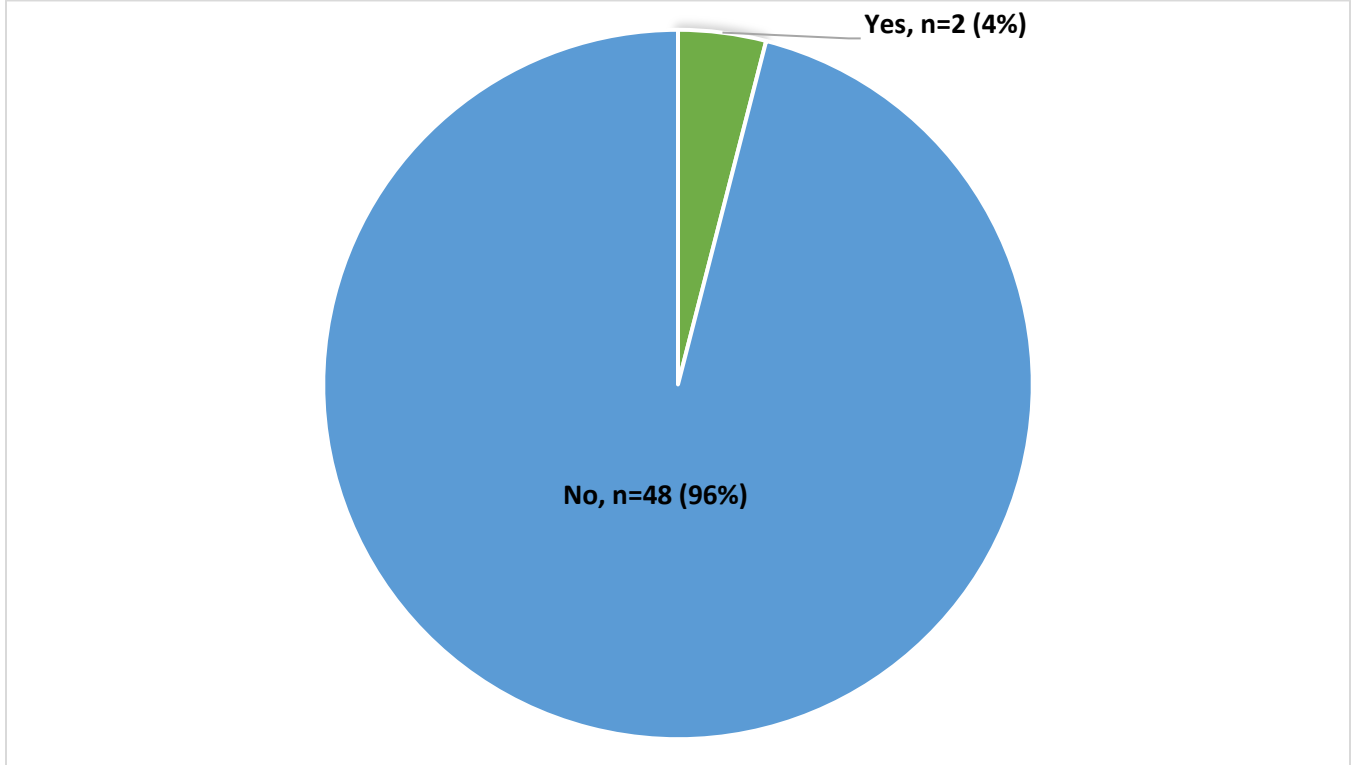


Table 142 - Referral Needed for OUD Treatment Through OTPs

Response	States	Count	Percentage
Yes	Maine, Michigan	2	4.00%
No	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin	48	96.00%
Total		50	100.00%

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

Figure 134 - Cover Buprenorphine or Buprenorphine/Naloxone for Diagnoses of OUD as Part of a Comprehensive MAT Treatment Plan Through OTPs

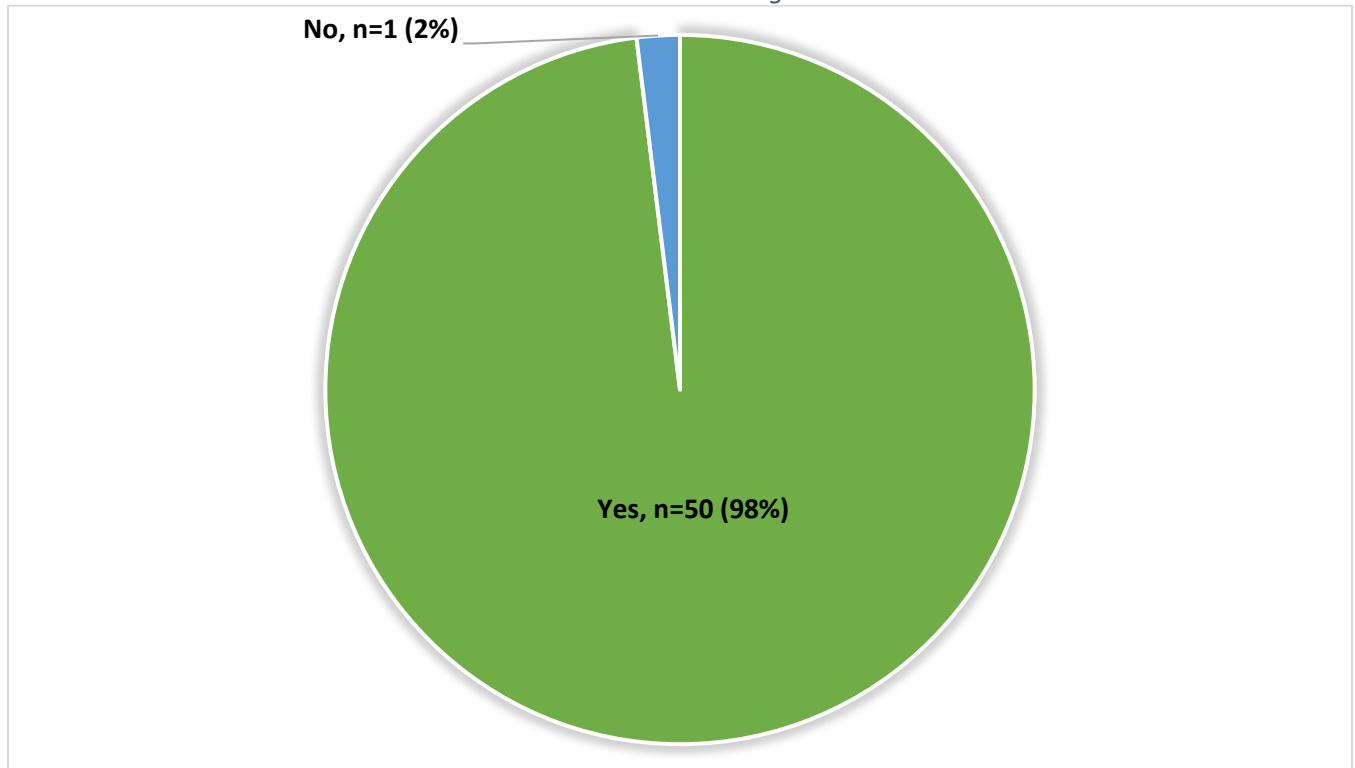


Table 143 - Cover Buprenorphine or Buprenorphine/Naloxone for Diagnoses of OUD as Part of a Comprehensive MAT Treatment Plan Through OTPs

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin	50	98.04%
No	Wyoming	1	1.96%
Total		51	100.00%

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

Figure 135 - Cover Naltrexone for Diagnoses of OUD as Part of a Comprehensive MAT Treatment Plan Through OTPs

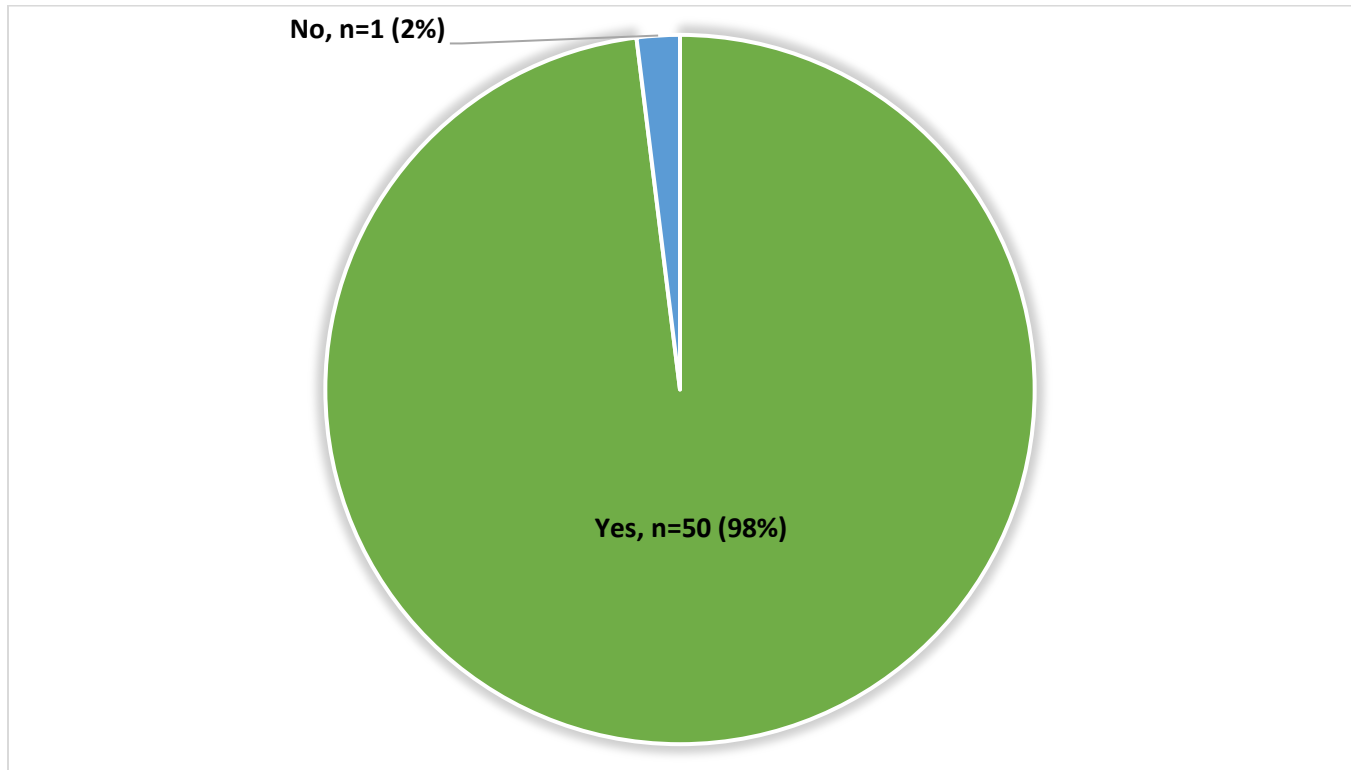


Table 144 - Cover Naltrexone for Diagnoses of OUD as Part of a Comprehensive MAT Treatment Plan Through OTPs

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	50	98.04%
No	Louisiana	1	1.96%
Total		51	100.00%

4. Does your State Medicaid program cover methadone for a substance use disorder (i.e., OTPs, Methadone Clinics)?

Figure 136 - State Program Covers Methadone for Substance Use Disorder

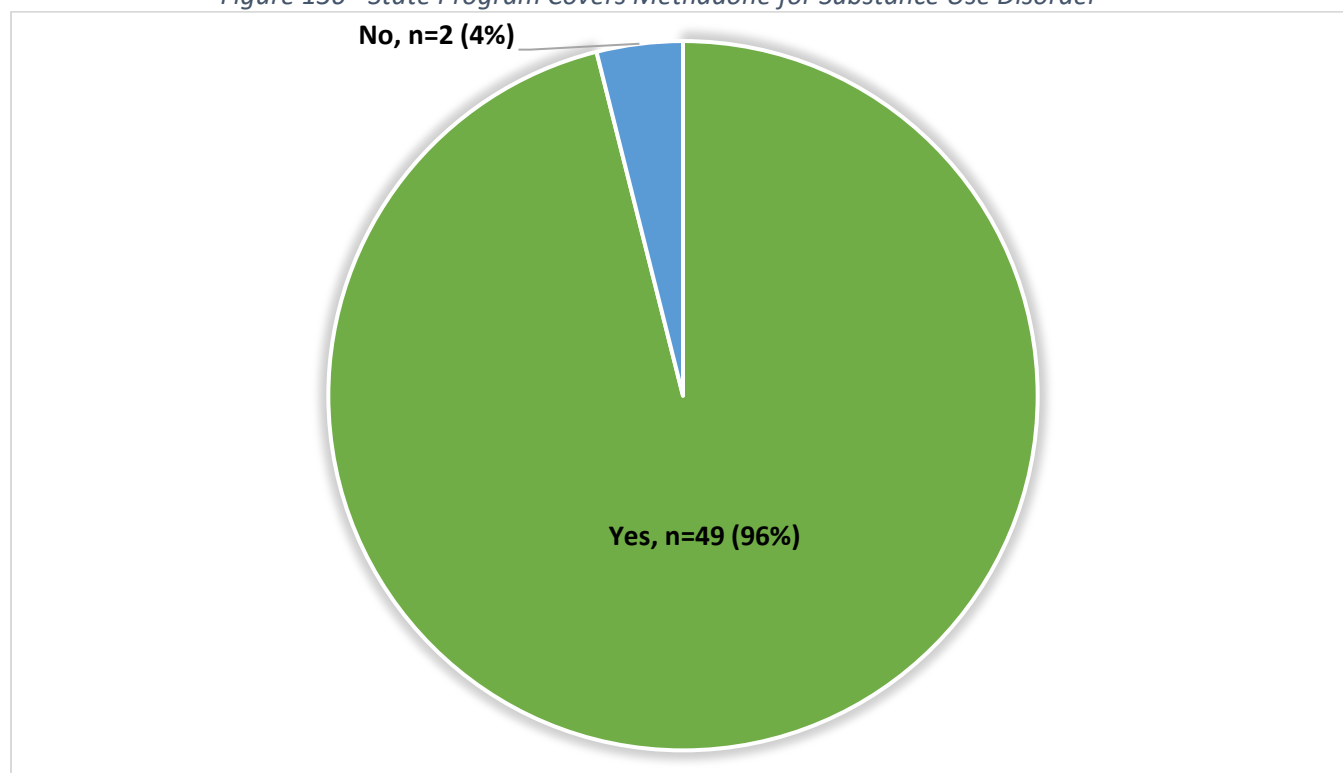


Table 145 - State Program Covers Methadone for Substance Use Disorder

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin	49	96.08%
No	Kentucky, Wyoming	2	3.92%
Total		51	100.00%

G. Psychotropic Medication for Children

Antipsychotics

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

Figure 137 - Restrictions to Limit Quantity of Antipsychotics

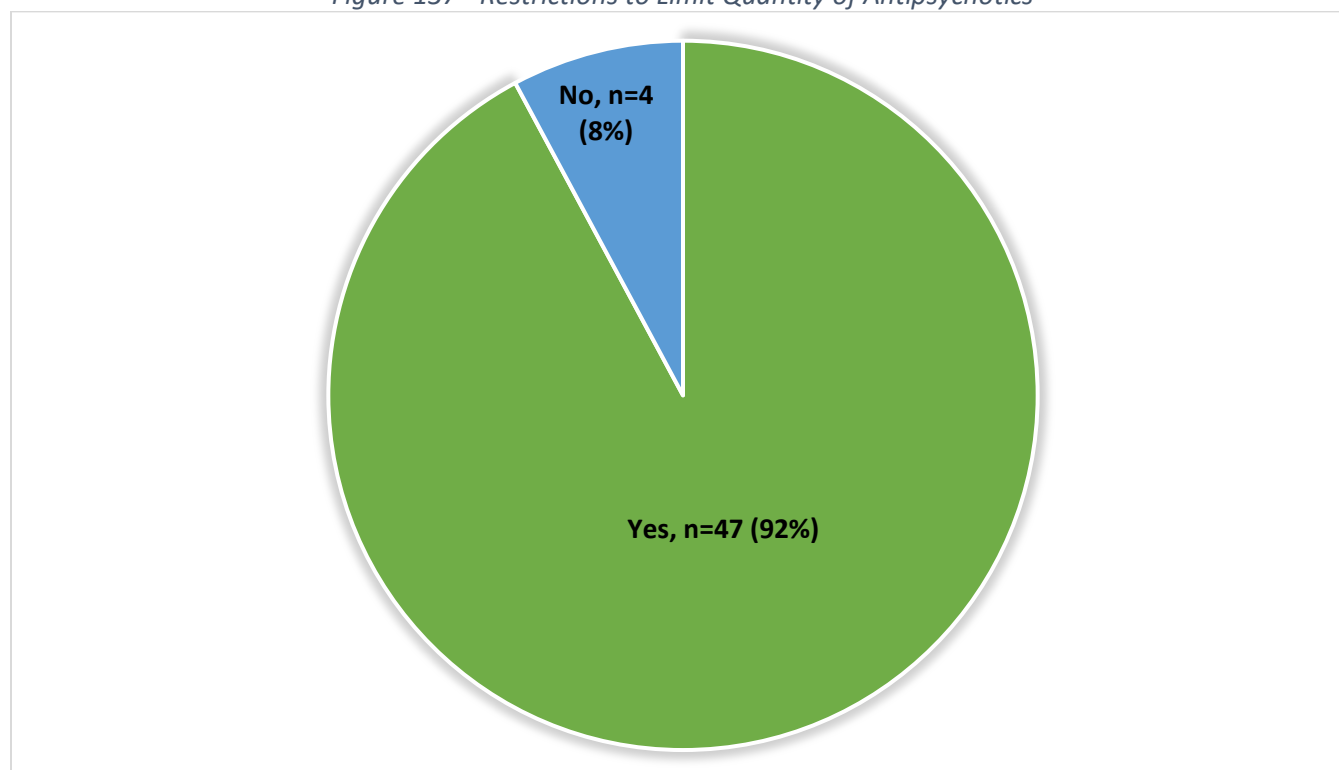


Table 146 - Restrictions to Limit Quantity of Antipsychotics

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wyoming	47	92.16%
No	Massachusetts, Michigan, Oregon, Wisconsin	4	7.84%
Total		51	100.00%

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

Figure 138 - Documented Program in Place to Manage and Monitor the Appropriate Use of Antipsychotic Drugs in Children

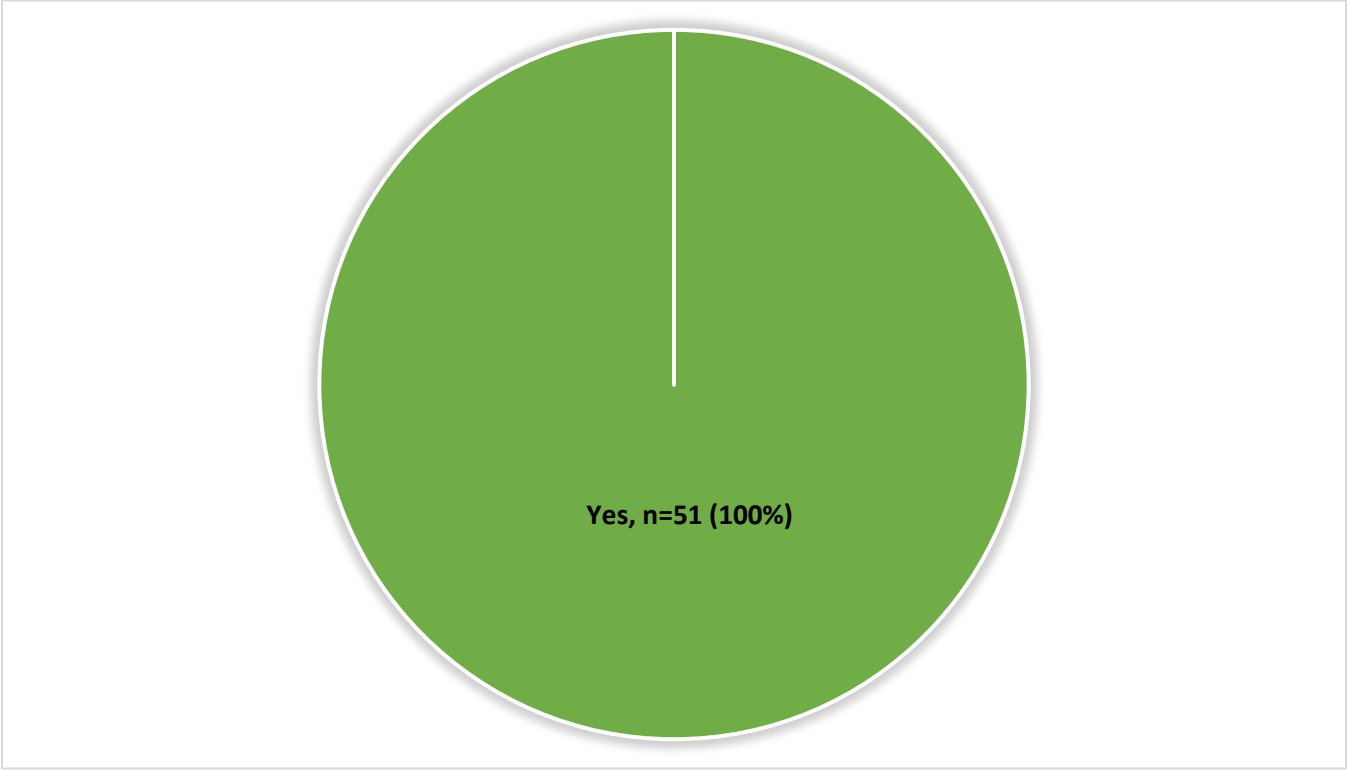


Table 147 - Documented Program in Place to Manage and Monitor the Appropriate Use of Antipsychotic Drugs in Children

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	51	100.00%
Total		51	100.00%

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a. If “Yes,” does your state manage and monitor:

Figure 139 - Categories of Children Managed and Monitored for Appropriate Use of Antipsychotic Drugs

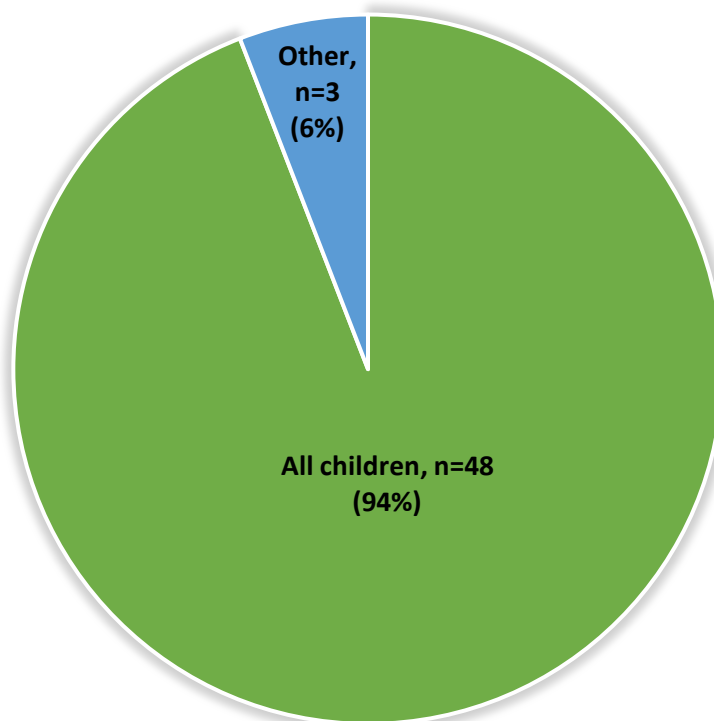


Table 148 - Categories of Children Managed and Monitored for Appropriate Use of Antipsychotic Drugs

Response	States	Count	Percentage
All children	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	48	94.12%
Other	Illinois, New Mexico, Oregon	3	5.88%
Total		51	100.00%

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

Figure 140 - Edits in Place to Monitor the Appropriate Use of Antipsychotic Drugs in Children

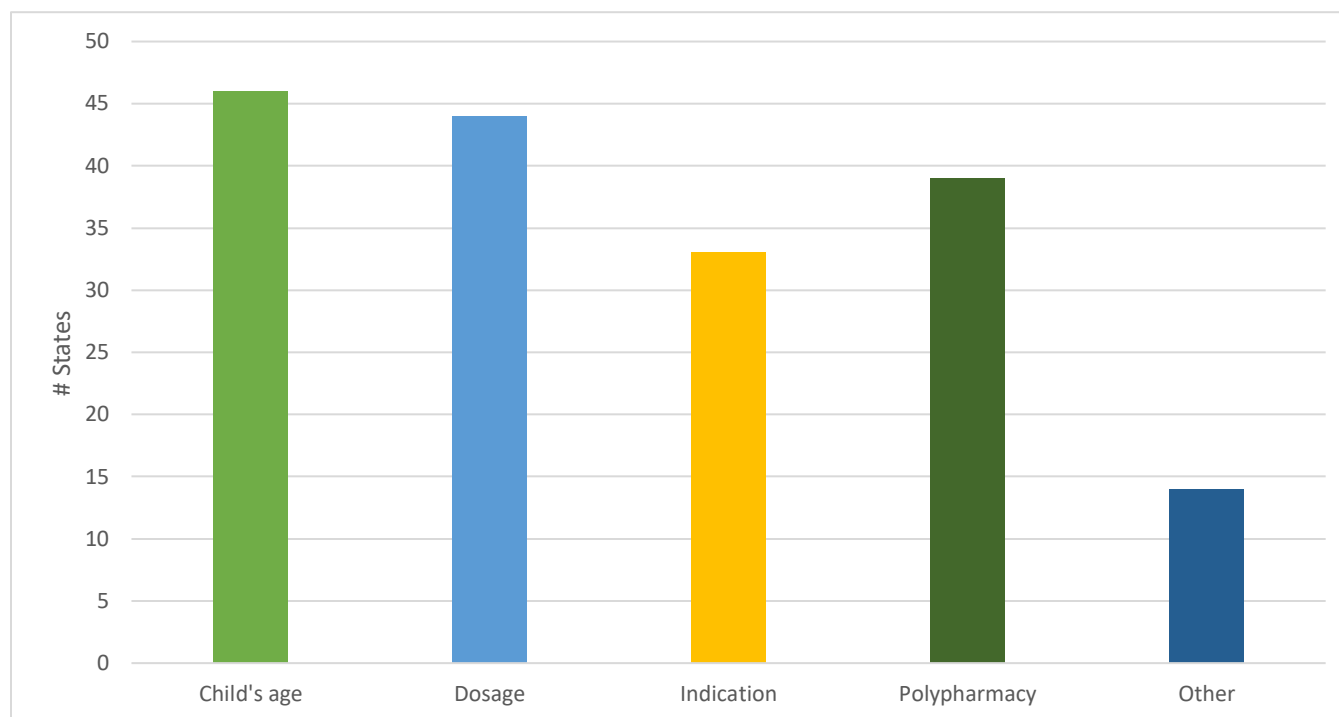


Table 149 - Edits in Place to Monitor the Appropriate Use of Antipsychotic Drugs in Children

Response	States	Count	Percentage
Child's age	Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Missouri, Montana, Nebraska, Nevada, New Hampshire, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	46	26.14%
Dosage	Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wyoming	44	25.00%
Indication	Alabama, Arkansas, California, Colorado, Connecticut, Florida, Georgia, Hawaii, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Mississippi, Missouri,	33	18.75%

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Response	States	Count	Percentage
	Montana, Nevada, New York, North Carolina, North Dakota, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia		
Polypharmacy	Alaska, Arkansas, California, Connecticut, Delaware, District of Columbia, Florida, Hawaii, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nevada, New Hampshire, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, Vermont, Washington, West Virginia, Wisconsin, Wyoming	39	22.16%
Other	Delaware, Indiana, Kansas, Louisiana, Maine, Massachusetts, Mississippi, New Mexico, North Carolina, Ohio, Oregon, South Carolina, Vermont, Washington	14	7.95%
Total		176	100.00%

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

Table 150 - Child’s Age Limits for Edits in Place to Monitor the Appropriate Use of Antipsychotic Drugs in Children

State	Age Limit in Years
Alabama	18
Alaska	5
Arizona	18
Arkansas	18
Colorado	6
Connecticut	18
Delaware	18
District of Columbia	18
Florida	6
Georgia	17
Hawaii	21
Idaho	6
Illinois	8
Indiana	18
Iowa	5
Kansas	18
Kentucky	18
Louisiana	7
Maine	18
Maryland	18
Massachusetts	6

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State	Age Limit in Years
Michigan	18
Missouri	9
Montana	7
Nebraska	18
Nevada	18
New Hampshire	18
New York	5
North Carolina	17
North Dakota	21
Ohio	18
Oklahoma	5
Oregon	6
Pennsylvania	18
Rhode Island	18
South Carolina	6
South Dakota	18
Tennessee	18
Texas	6
Utah	18
Vermont	18
Virginia	18
Washington	18
West Virginia	18
Wisconsin	9
Wyoming	5

Stimulants

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

Figure 141 - Restrictions in Place to Limit the Quantity of Stimulant Drugs

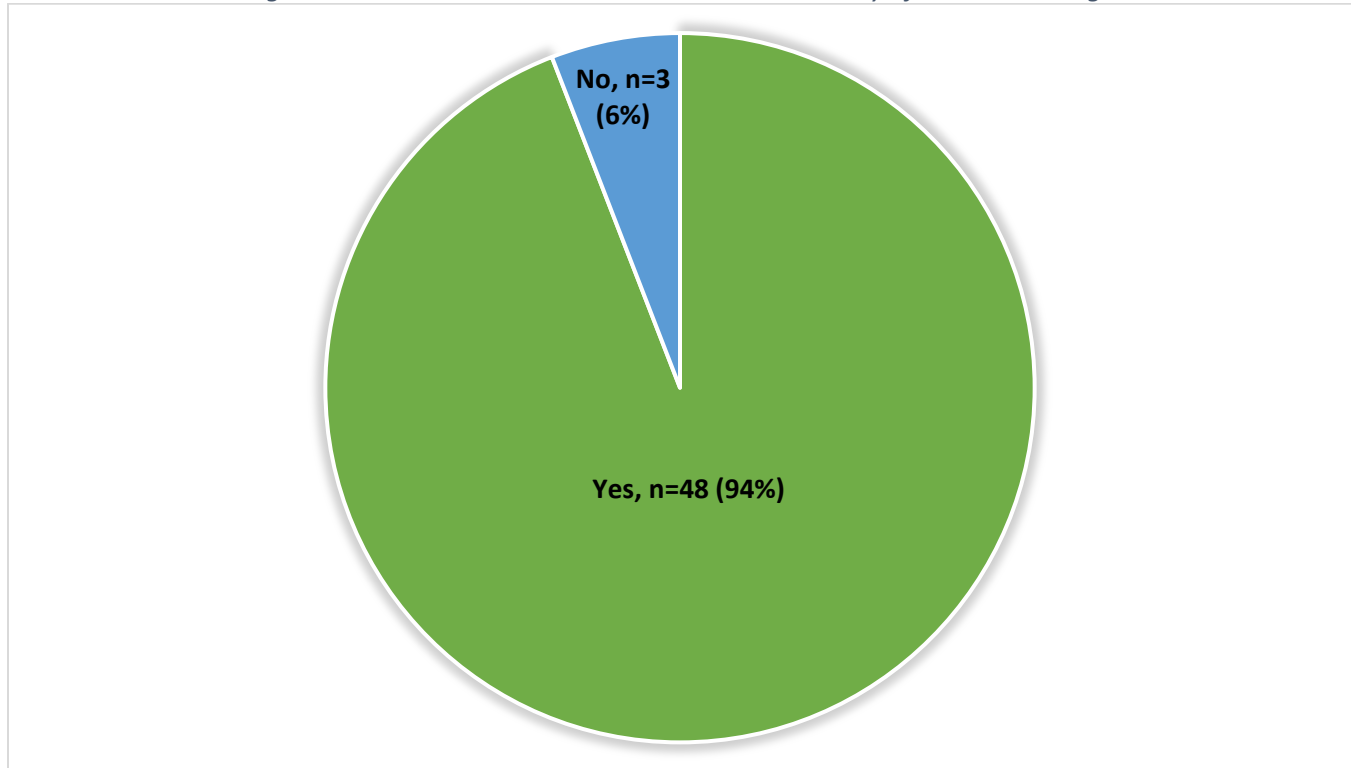


Table 151 - Restrictions in Place to Limit the Quantity of Stimulant Drugs

Response	States	Count	Percentage
Yes	Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	48	94.12%
No	California, Maryland, Utah	3	5.88%
Total		51	100.00%

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

Figure 142 - Documented Program in Place to Manage and Monitor the Appropriate Use of Stimulant Drugs in Children

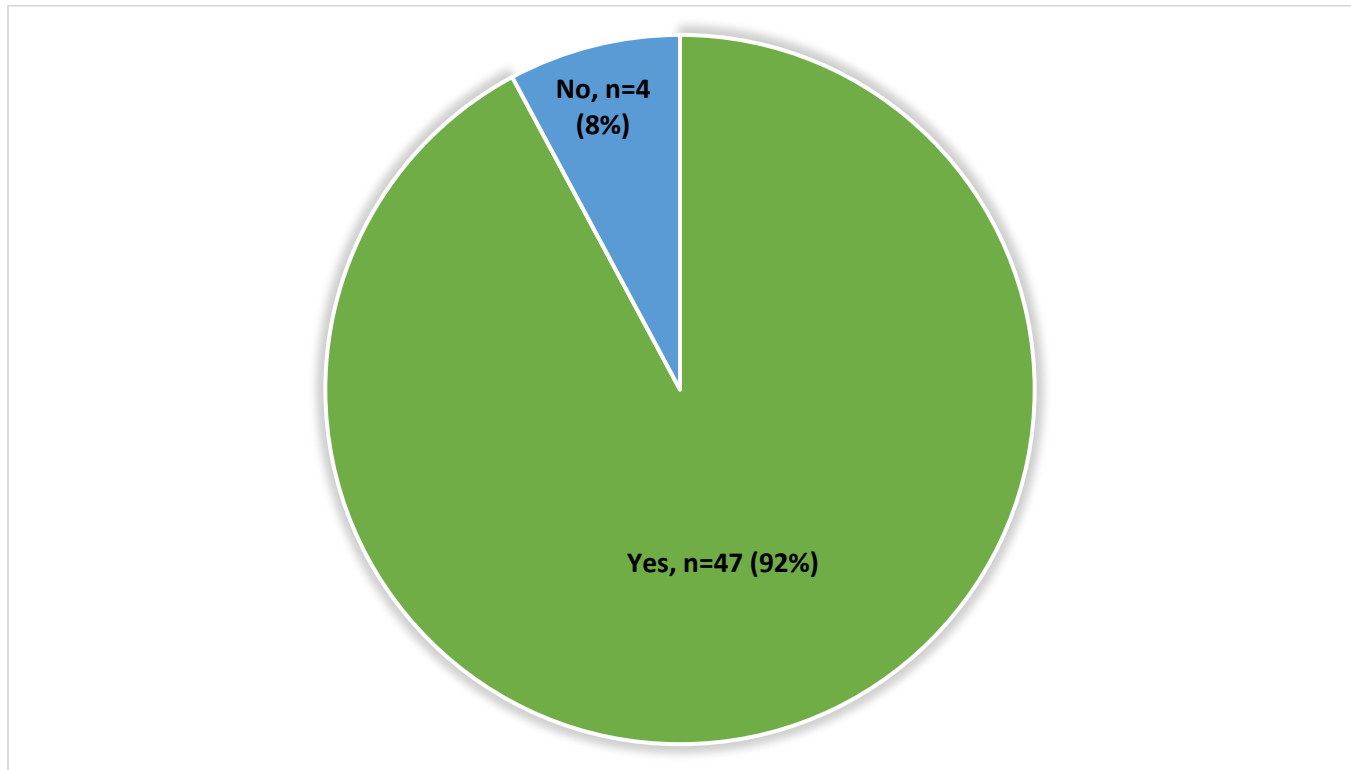


Table 152 - Documented Program in Place to Manage and Monitor the Appropriate Use of Stimulant Drugs in Children

Response	States	Count	Percentage
Yes	Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	47	92.16%
No	Alaska, Maryland, New Mexico, South Dakota	4	7.84%
Total		51	100.00%

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a. If "Yes," does your state manage and monitor:

Figure 143 - Categories of Children Managed and Monitored for Appropriate Use of Stimulant Drugs

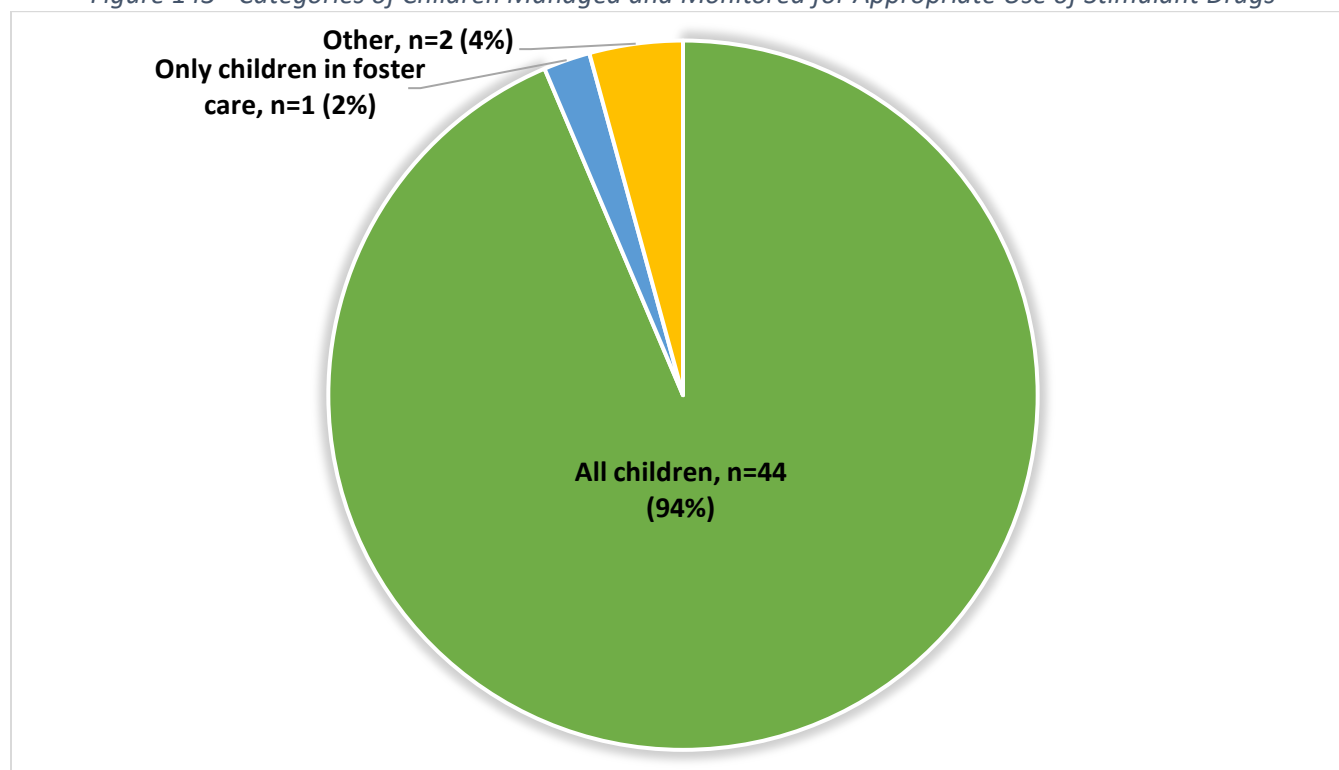


Table 153 - Categories of Children Managed and Monitored for Appropriate Use of Stimulant Drugs

Response	States	Count	Percentage
All children	Alabama, Arizona, Arkansas, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Hawaii, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	44	93.62%
Only children in foster care	Montana	1	2.13%
Other	Delaware, Illinois	2	4.26%
Total		47	100.00%

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

Figure 144 - Edits in Place to Monitor the Appropriate Use of Stimulant Drugs in Children

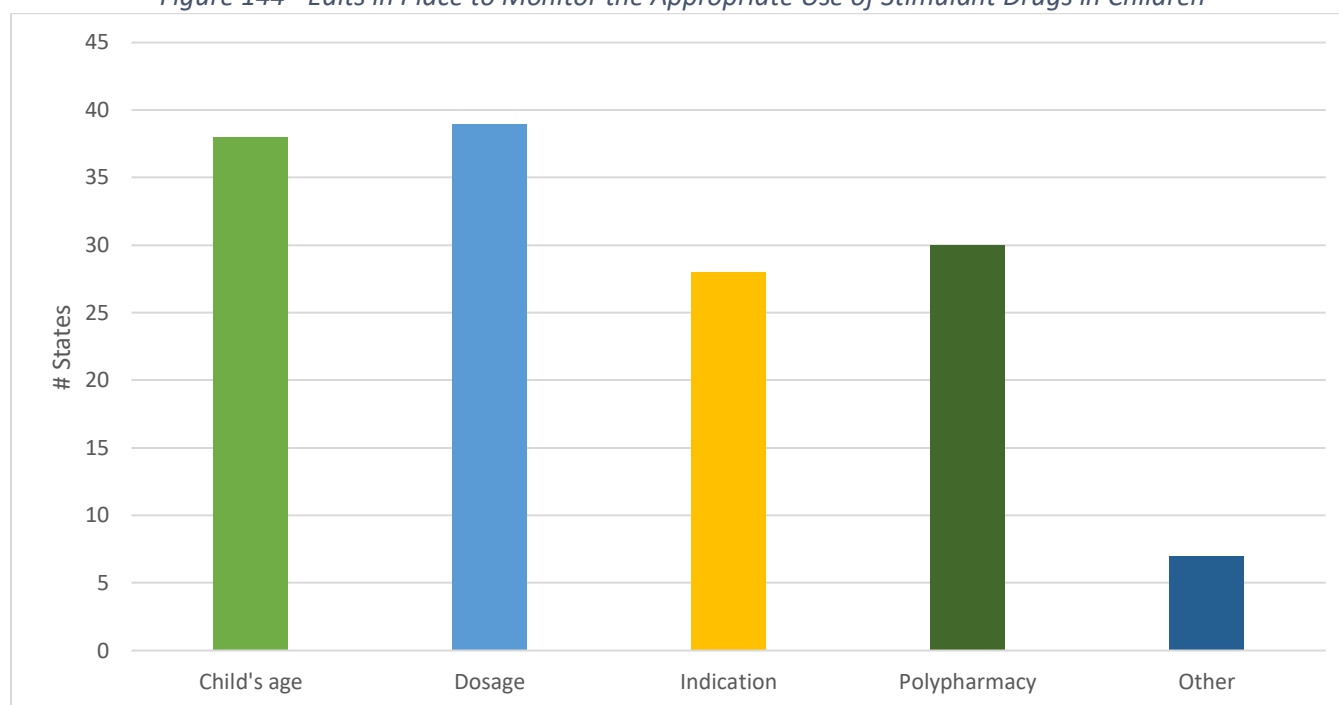


Table 154 - Edits in Place to Monitor the Appropriate Use of Stimulant Drugs in Children

Response	States	Count	Percentage
Child's age	Arizona, Arkansas, Colorado, Connecticut, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Missouri, Montana, Nebraska, Nevada, New Hampshire, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, Utah, Virginia, Washington, West Virginia, Wyoming	38	26.76%
Dosage	Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Indiana, Iowa, Kansas, Kentucky, Maine, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Vermont, Virginia, Washington, West Virginia, Wyoming	39	27.46%
Indication	Alabama, California, Colorado, Connecticut, Delaware, Florida, Hawaii, Idaho, Indiana, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Mississippi, Missouri, Montana, Nevada, New Hampshire, New York, North Dakota, Oregon,	28	19.72%

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Response	States	Count	Percentage
	Pennsylvania, South Carolina, Texas, Virginia, West Virginia, Wisconsin		
Polypharmacy	California, Connecticut, Delaware, District of Columbia, Florida, Hawaii, Idaho, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nevada, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, South Carolina, Texas, Utah, Vermont, Washington, West Virginia, Wyoming	30	21.13%
Other	Arkansas, Colorado, Delaware, Kansas, Louisiana, Massachusetts, Washington	7	4.93%
Total		142	100.00%

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

Table 155 - Child’s Age Limits for Edits in Place to Monitor the Appropriate Use of Stimulant Drugs in Children

State	Age Limit in Years
Arizona	18
Arkansas	6
Colorado	18
Connecticut	18
District of Columbia	18
Florida	6
Georgia	17
Hawaii	21
Idaho	6
Illinois	6
Indiana	18
Iowa	3
Kansas	18
Kentucky	18
Louisiana	7
Maine	6
Massachusetts	3
Michigan	18
Missouri	6
Montana	18
Nebraska	18
Nevada	18
New Hampshire	18
New York	3
North Carolina	17
North Dakota	21
Ohio	18

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State	Age Limit in Years
Oklahoma	5
Oregon	6
Pennsylvania	4
Rhode Island	18
South Carolina	6
Texas	3
Utah	18
Virginia	4
Washington	18
West Virginia	18
Wyoming	4

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

Figure 145 - Future Plans to Implement a Stimulant Monitoring Program

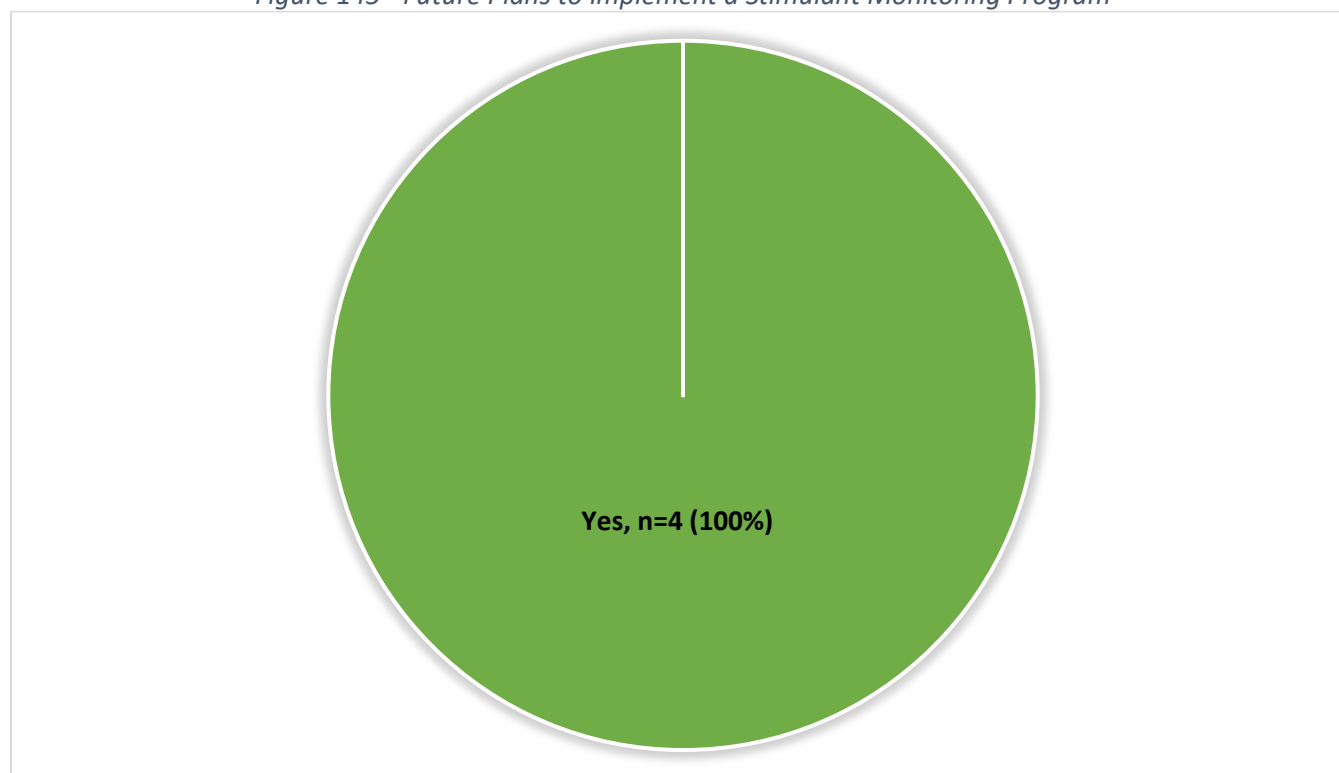


Table 156 - Future Plans to Implement a Stimulant Monitoring Program

Response	States	Count	Percentage
Yes	Alaska, Maryland, New Mexico, South Dakota	4	100.00%
Total		4	100.00%

Antidepressants

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

Figure 146 - Documented Program in Place to Manage and Monitor the Appropriate Use of Antidepressant Drugs in Children

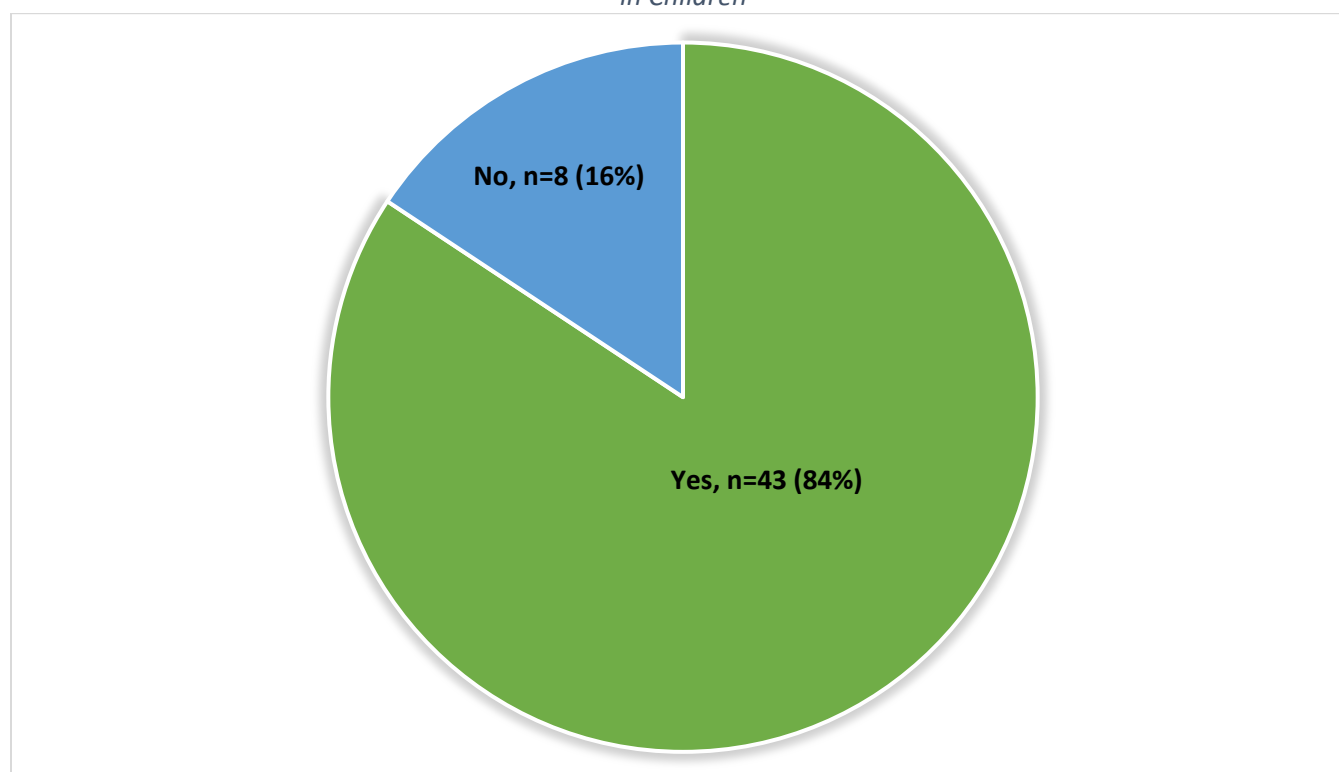


Table 157 - Documented Program in Place to Manage and Monitor the Appropriate Use of Antidepressant Drugs in Children

Response	States	Count	Percentage
Yes	Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Hawaii, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Vermont, Virginia, Washington, Wyoming	43	84.31%
No	Alaska, Georgia, Iowa, Maryland, New Mexico, Utah, West Virginia, Wisconsin	8	15.69%
Total		51	100.00%

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a. If “Yes,” does your state manage and monitor:

Figure 147 - Categories of Children Managed and Monitored for Appropriate Use of Antidepressant Drugs

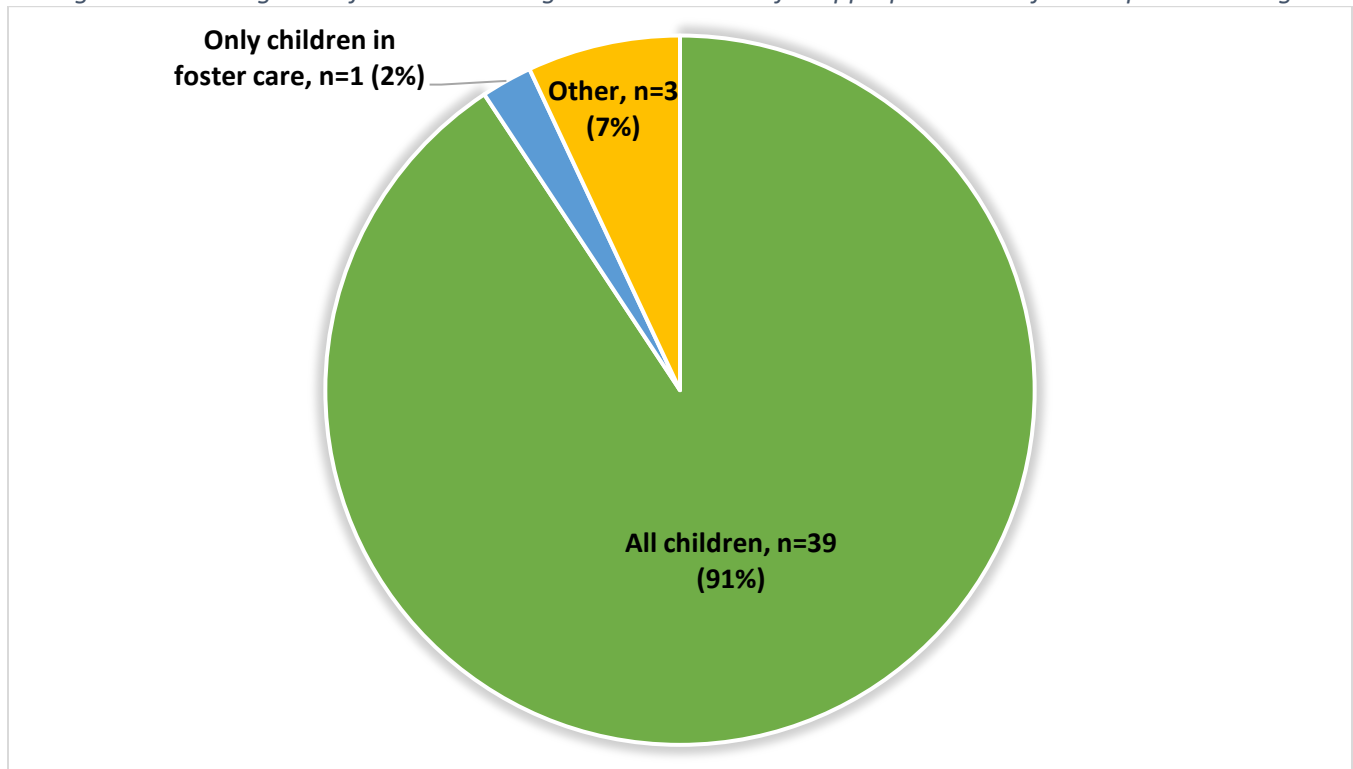


Table 158 - Categories of Children Managed and Monitored for Appropriate Use of Antidepressant Drugs

Response	States	Count	Percentage
All children	Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Hawaii, Idaho, Indiana, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Vermont, Virginia, Washington, Wyoming	39	90.70%
Only children in foster care	Montana	1	2.33%
Other	Illinois, Michigan, New York	3	6.98%
Total		43	100.00%

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

Figure 148 - Edits in Place to Monitor the Appropriate Use of Antidepressant Drugs in Children

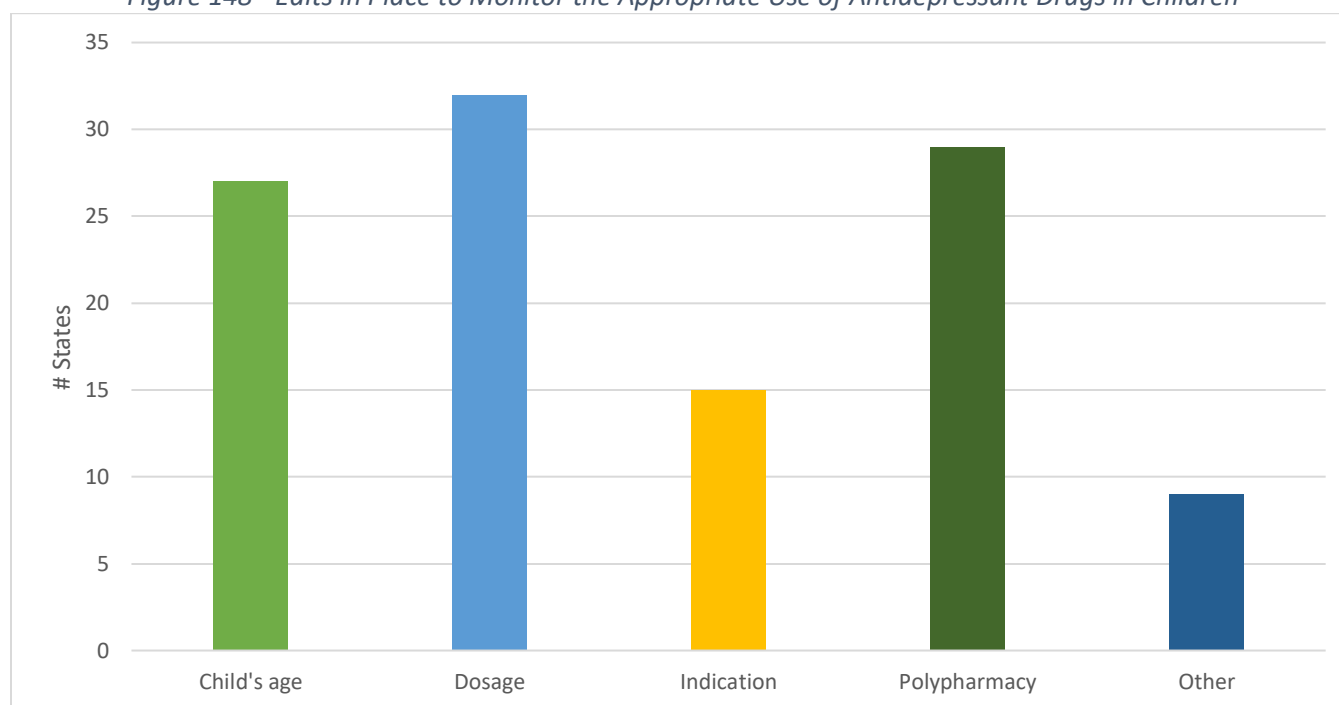


Table 159 - Edits in Place to Monitor the Appropriate Use of Antidepressant Drugs in Children

Response	States	Count	Percentage
Child's age	Arizona, Arkansas, Connecticut, District of Columbia, Florida, Hawaii, Indiana, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Missouri, Montana, Nebraska, Nevada, New Hampshire, New York, North Carolina, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Tennessee, Wyoming	27	24.11%
Dosage	Alabama, Arizona, Arkansas, California, Connecticut, Delaware, Florida, Hawaii, Idaho, Indiana, Kansas, Kentucky, Maine, Massachusetts, Michigan, Missouri, Montana, Nebraska, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Vermont, Wyoming	32	28.57%
Indication	Alabama, Connecticut, District of Columbia, Florida, Hawaii, Indiana, Massachusetts, Michigan, Montana, Nevada, New York, North Carolina, South Carolina, Tennessee, Texas	15	13.39%
Polypharmacy	Arkansas, California, Colorado, Connecticut, Delaware, Florida, Hawaii, Idaho, Indiana, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Missouri, Montana, New Hampshire, New York, North Carolina, North	29	25.89%

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Response	States	Count	Percentage
	Dakota, Ohio, Pennsylvania, South Carolina, Texas, Vermont, Washington, Wyoming		
Other	Arkansas, Delaware, Illinois, Kansas, Louisiana, Massachusetts, Mississippi, Virginia, Washington	9	8.04%
Total		112	100.00%

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

Table 160 - Child's Age Limits for Edits in Place to Monitor the Appropriate Use of Antidepressant Drugs in Children

State	Age Limit in Years
Arizona	18
Arkansas	4
Connecticut	18
District of Columbia	18
Florida	6
Hawaii	21
Indiana	18
Kansas	18
Kentucky	18
Louisiana	7
Maine	18
Massachusetts	6
Michigan	18
Missouri	5
Montana	18
Nebraska	18
Nevada	18
New Hampshire	18
New York	0
North Carolina	17
Ohio	18
Oklahoma	18
Oregon	12
Rhode Island	18
South Carolina	6
Tennessee	18
Wyoming	5

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

Figure 149 - Future Plans to Implement an Antidepressant Monitoring Program

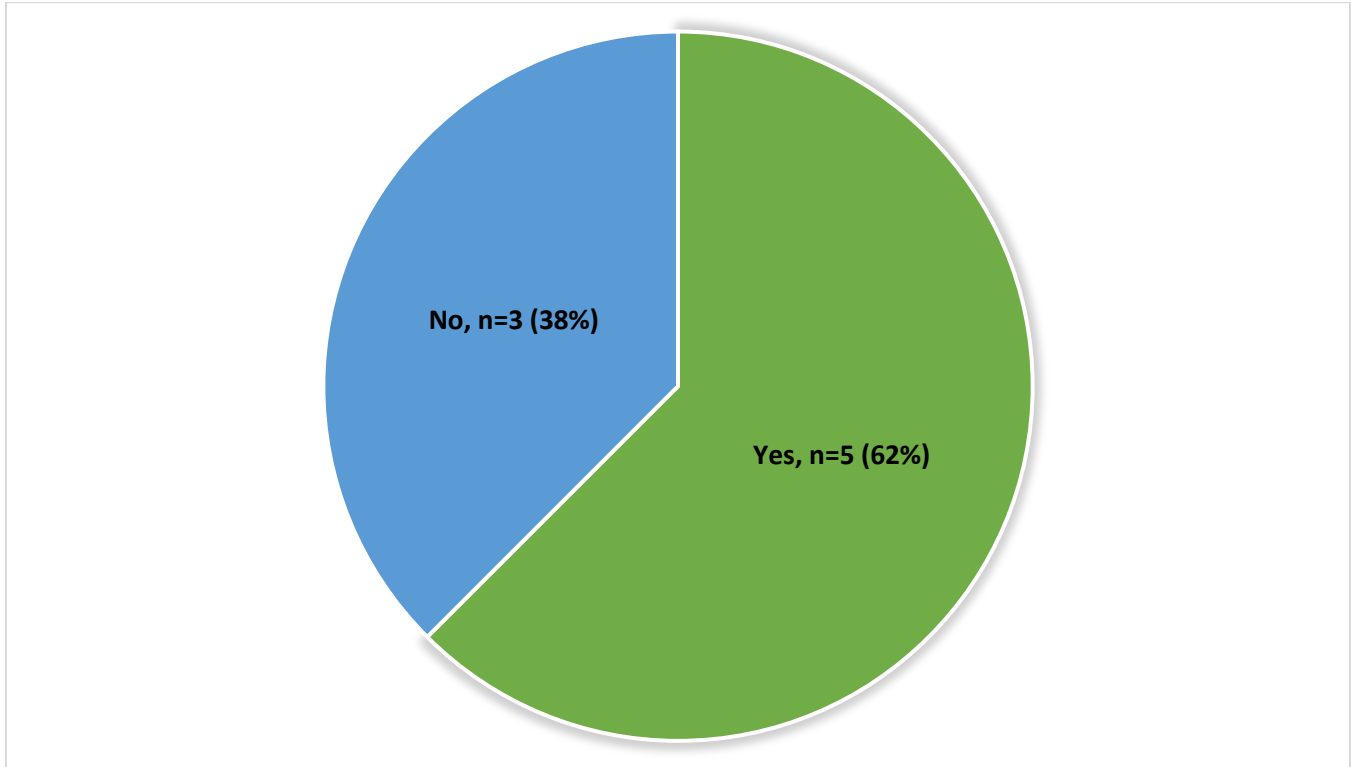


Table 161 - Future Plans to Implement an Antidepressant Monitoring Program

Response	States	Count	Percentage
Yes	Alaska, Georgia, Maryland, New Mexico, Utah	5	62.50%
No	Iowa, West Virginia, Wisconsin	3	37.50%
Total		8	100.00%

Mood Stabilizers

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

Figure 150 - Documented Program in Place to Manage and Monitor the Appropriate Use of Mood Stabilizing Drugs in Children

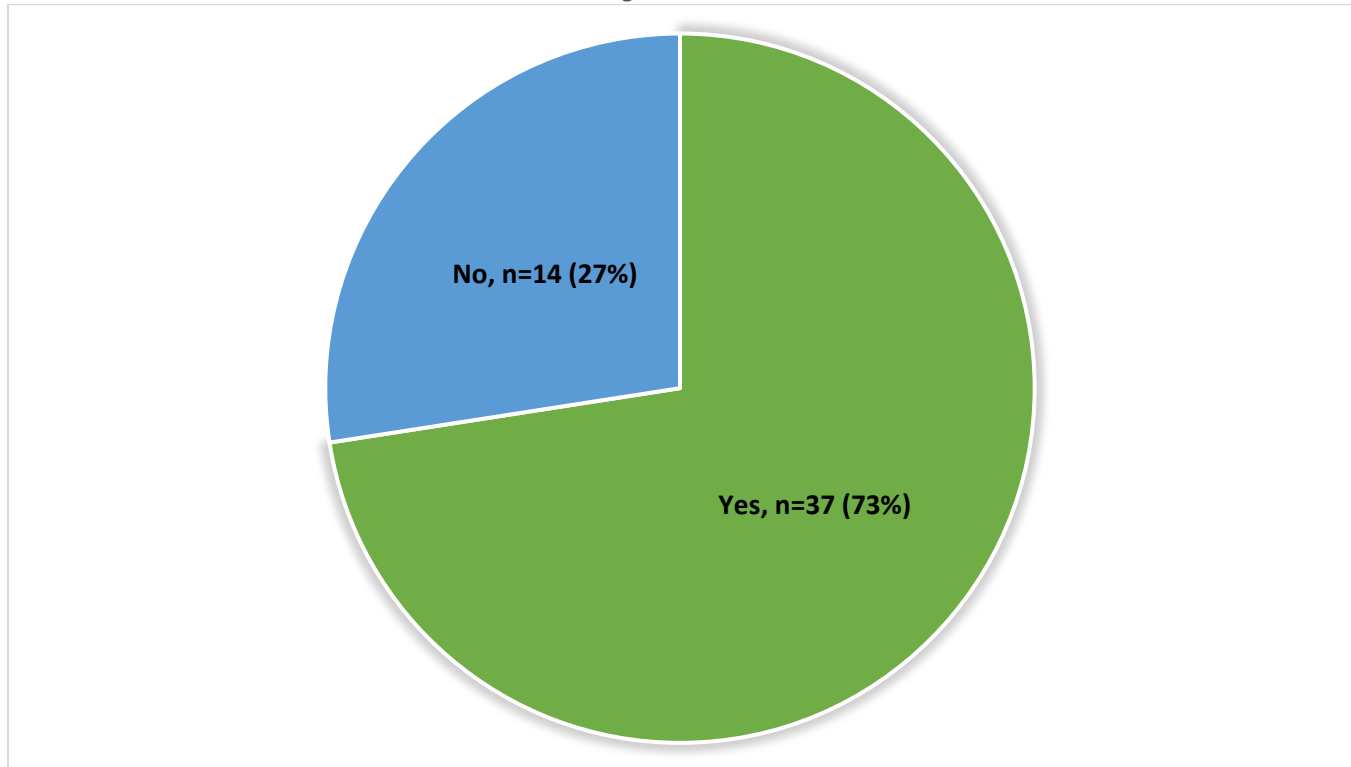


Table 162 - Documented Program in Place to Manage and Monitor the Appropriate Use of Mood Stabilizing Drugs in Children

Response	States	Count	Percentage
Yes	Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Hawaii, Idaho, Illinois, Indiana, Kentucky, Louisiana, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Dakota, Ohio, Oklahoma, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Vermont, Virginia, Washington, Wisconsin, Wyoming	37	72.55%
No	Alaska, District of Columbia, Georgia, Iowa, Kansas, Maine, Maryland, Mississippi, New Mexico, North Carolina, Oregon, Pennsylvania, Utah, West Virginia	14	27.45%
Total		51	100.00%

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a. If “Yes,” does your state manage and monitor:

Figure 151 - Categories of Children Managed and Monitored for Appropriate Use of Mood Stabilizing Drugs

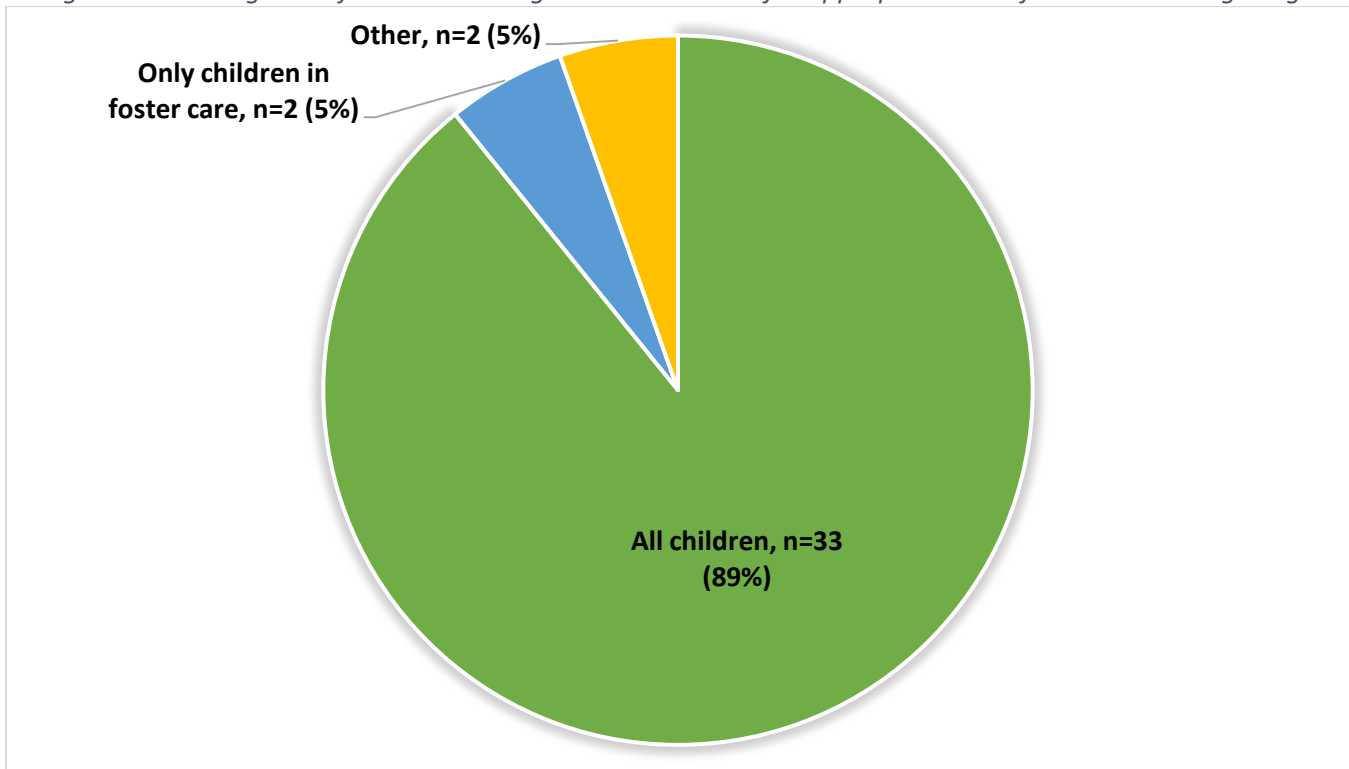


Table 163 - Categories of Children Managed and Monitored for Appropriate Use of Mood Stabilizing Drugs

Response	States	Count	Percentage
All children	Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Hawaii, Idaho, Indiana, Kentucky, Louisiana, Massachusetts, Michigan, Minnesota, Nebraska, Nevada, New Hampshire, New Jersey, North Dakota, Ohio, Oklahoma, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Vermont, Virginia, Washington, Wisconsin, Wyoming	33	89.19%
Only children in foster care	Missouri, Montana	2	5.41%
Other	Illinois, New York	2	5.41%
Total		37	100.00%

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

Figure 152 - Edits in Place to Monitor the Appropriate Use of Mood Stabilizing Drugs in Children

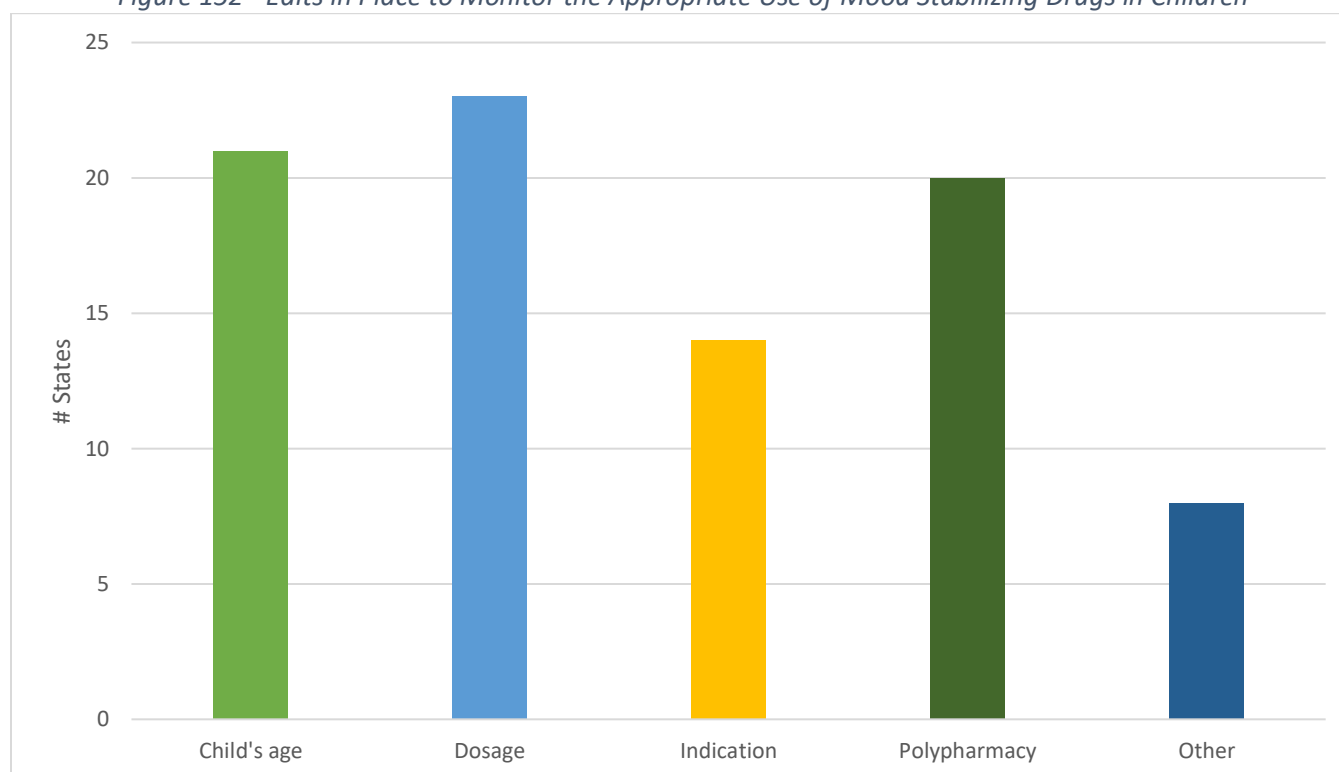


Table 164 - Edits in Place to Monitor the Appropriate Use of Mood Stabilizing Drugs in Children

Response	States	Count	Percentage
Child's age	Arizona, Connecticut, Florida, Hawaii, Idaho, Indiana, Kentucky, Louisiana, Massachusetts, Michigan, Missouri, Montana, Nebraska, Nevada, New Hampshire, New York, Ohio, Rhode Island, South Carolina, Tennessee, Vermont	21	24.42%
Dosage	Alabama, Arizona, California, Connecticut, Delaware, Florida, Hawaii, Idaho, Indiana, Kentucky, Massachusetts, Michigan, Missouri, Montana, Nebraska, New Jersey, New York, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee	23	26.74%
Indication	Alabama, Connecticut, Florida, Hawaii, Massachusetts, Michigan, Missouri, Montana, Nevada, New York, Rhode Island, South Carolina, Tennessee, Wyoming	14	16.28%
Polypharmacy	California, Colorado, Connecticut, Delaware, Florida, Hawaii, Idaho, Kentucky, Massachusetts, Michigan, Minnesota, Missouri, Montana, New Hampshire, New York, Ohio, South Carolina, Vermont, Washington, Wyoming	20	23.26%
Other	Arkansas, Delaware, Illinois, Louisiana, Massachusetts, Texas, Virginia, Wisconsin	8	9.30%
Total		86	100.00%

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

Table 165 - Child’s Age Limits for Edits in Place to Monitor the Appropriate Use of Mood Stabilizing Drugs in Children

State	Age Limit in Years
Arizona	18
Connecticut	18
Florida	6
Hawaii	21
Idaho	6
Indiana	18
Kentucky	18
Louisiana	7
Massachusetts	6
Michigan	18
Missouri	21
Montana	18
Nebraska	18
Nevada	18
New Hampshire	18
New York	0
Ohio	18
Rhode Island	18
South Carolina	6
Tennessee	18
Vermont	18

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c. If "No," does your state plan on implementing a mood stabilizer monitoring program in the future?

Figure 153 - Future Plans to Implement a Mood Stabilizer Monitoring Program

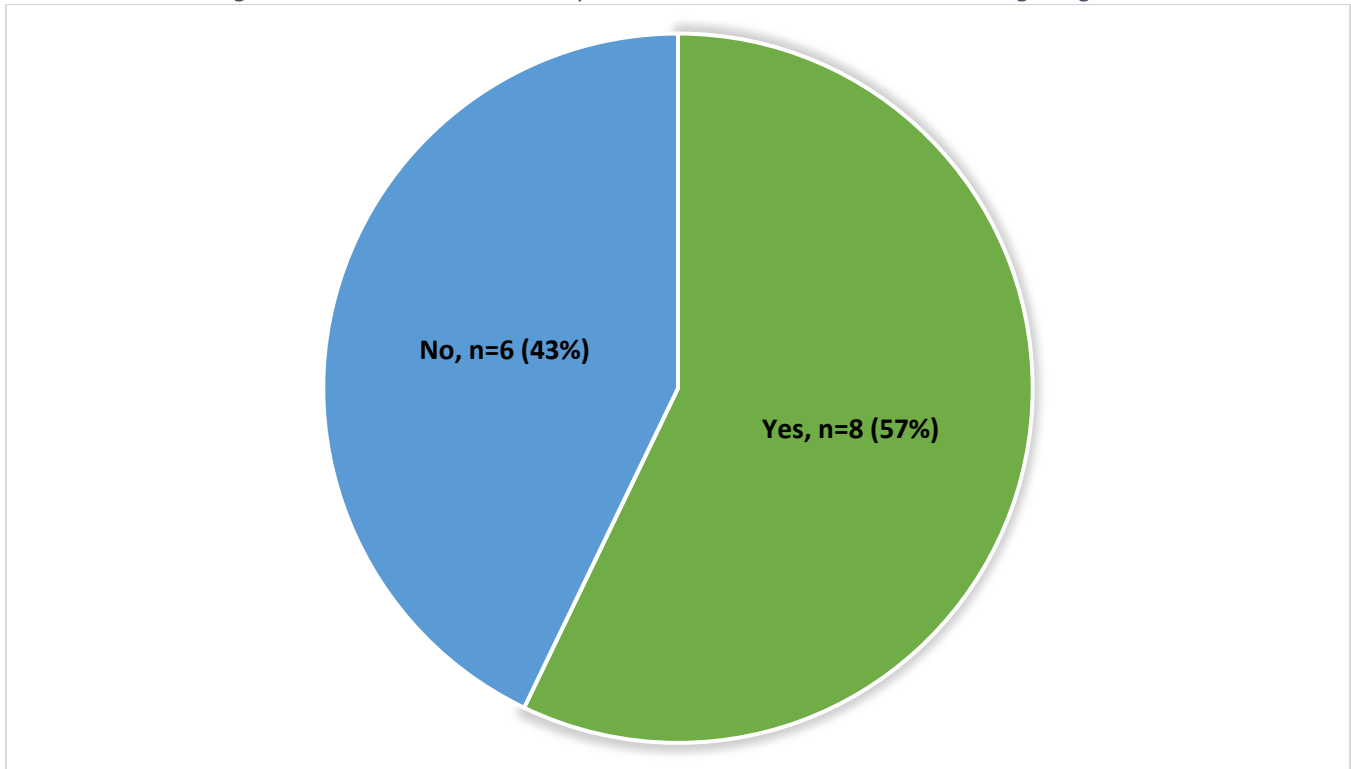


Table 166 - Future Plans to Implement a Mood Stabilizer Monitoring Program

Response	States	Count	Percentage
Yes	Alaska, District of Columbia, Georgia, Maine, Maryland, Mississippi, New Mexico, Utah	8	57.14%
No	Iowa, Kansas, North Carolina, Oregon, Pennsylvania, West Virginia	6	42.86%
Total		14	100.00%

Antianxiety/Sedatives

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

Figure 154 - Documented Program in Place to Manage and Monitor the Appropriate Use of Antianxiety/Sedative Drugs in Children

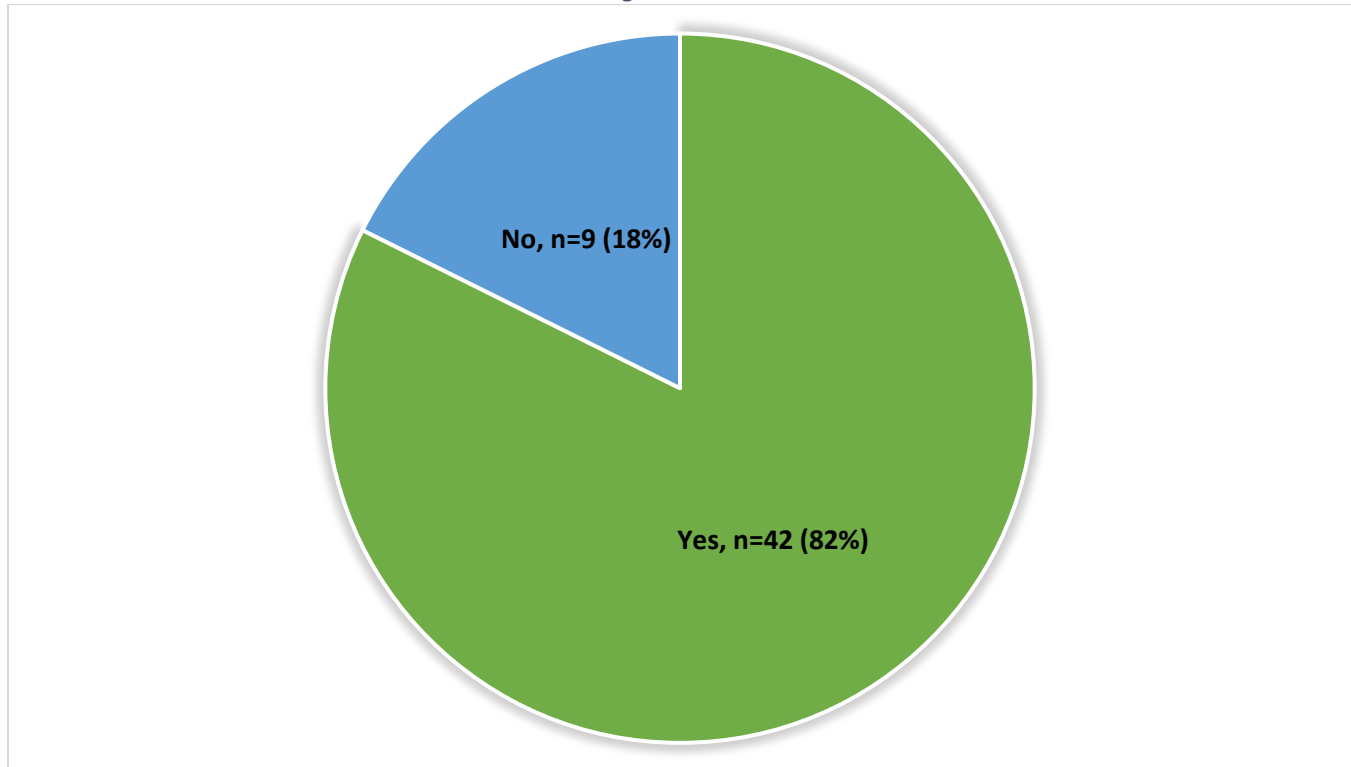


Table 167 - Documented Program in Place to Manage and Monitor the Appropriate Use of Antianxiety/Sedative Drugs in Children

Response	States	Count	Percentage
Yes	Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Hawaii, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Vermont, Washington, Wisconsin, Wyoming	42	82.35%
No	Alaska, District of Columbia, Georgia, Iowa, Maryland, New Mexico, Utah, Virginia, West Virginia	9	17.65%
Total		51	100.00%

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a. If “Yes,” does your state manage and monitor:

Figure 155 - Categories of Children Managed and Monitored for Appropriate Use of Antianxiety/Sedative Drugs

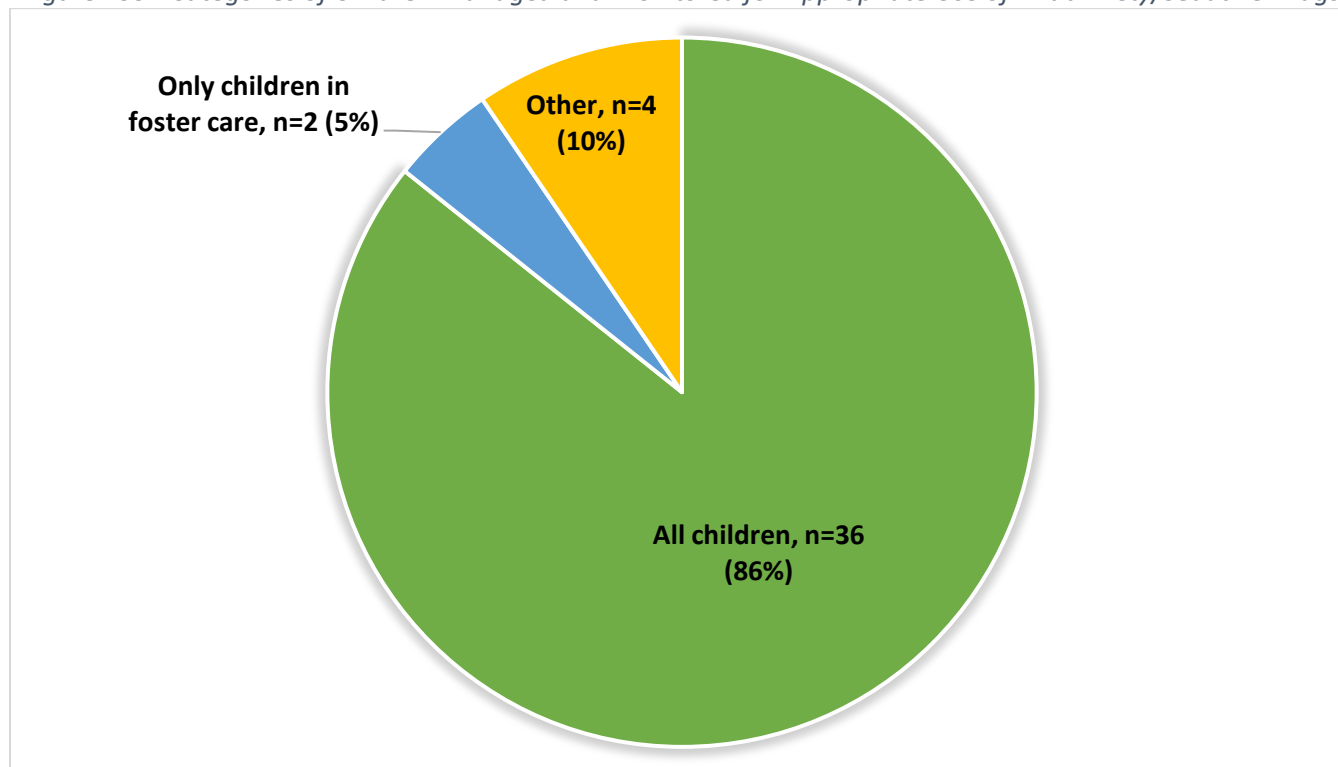


Table 168 - Categories of Children Managed and Monitored for Appropriate Use of Antianxiety/Sedative Drugs

Response	States	Count	Percentage
All children	Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Hawaii, Idaho, Indiana, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Vermont, Washington, Wisconsin, Wyoming	36	85.71%
Only children in foster care	Minnesota, Montana	2	4.76%
Other	Illinois, Kansas, New York, Texas	4	9.52%
Total		42	100.00%

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

Figure 156 - Edits in Place to Monitor the Appropriate Use of Antianxiety/Sedative Drugs in Children

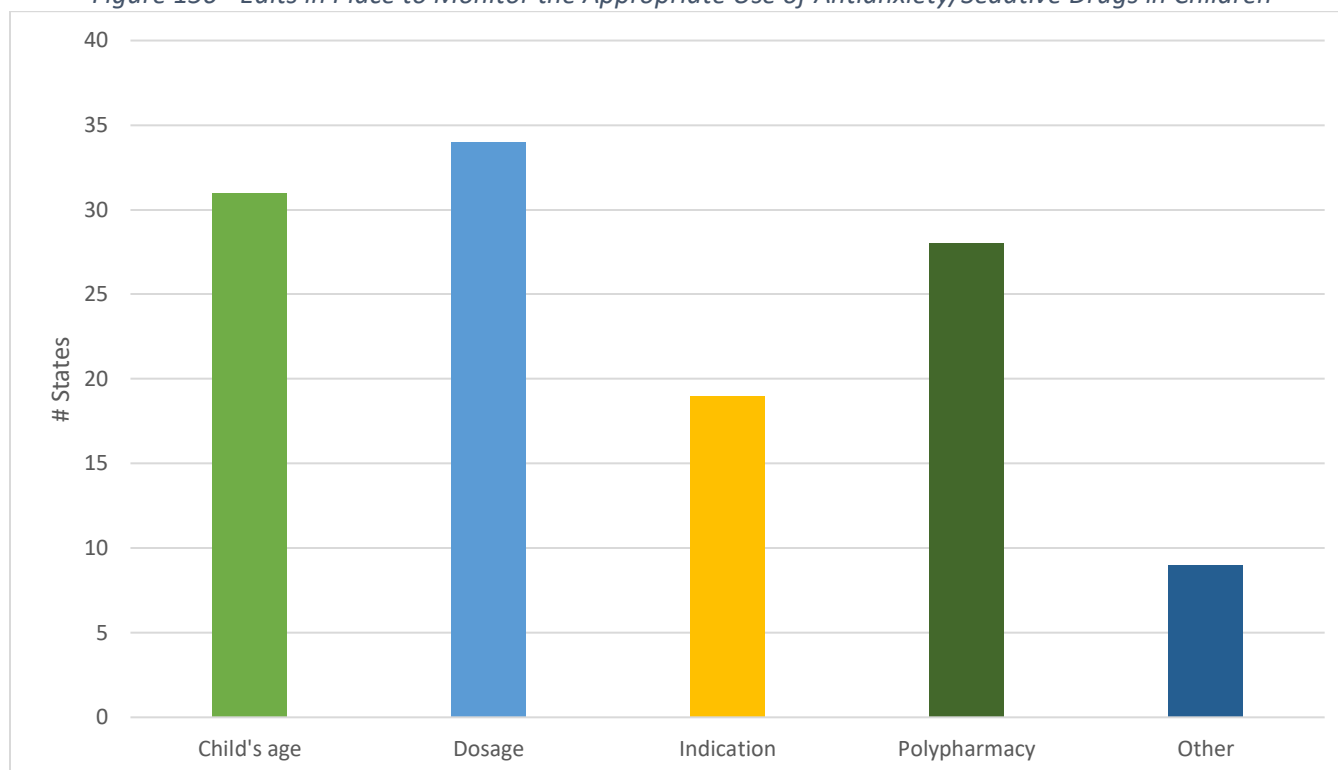


Table 169 - Edits in Place to Monitor the Appropriate Use of Antianxiety/Sedative Drugs in Children

Response	States	Count	Percentage
Child's age	Arizona, Arkansas, Colorado, Connecticut, Florida, Hawaii, Idaho, Indiana, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Missouri, Montana, Nebraska, Nevada, New Hampshire, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Washington, Wyoming	31	25.62%
Dosage	Alabama, Arizona, Arkansas, California, Connecticut, Delaware, Florida, Hawaii, Idaho, Indiana, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Vermont, Wyoming	34	28.10%
Indication	Alabama, California, Connecticut, Florida, Hawaii, Indiana, Massachusetts, Michigan, Missouri, Montana, Nevada, New York, North Dakota, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Washington	19	15.70%
Polypharmacy	California, Connecticut, Delaware, Florida, Hawaii, Idaho, Indiana, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Missouri, Montana,	28	23.14%

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Response	States	Count	Percentage
	Nevada, New Hampshire, New York, North Carolina, North Dakota, Ohio, Pennsylvania, South Carolina, Texas, Vermont, Washington, Wyoming		
Other	Arkansas, Delaware, Illinois, Indiana, Louisiana, Massachusetts, Ohio, Washington, Wisconsin	9	7.44%
Total		121	100.00%

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

Table 170 - Child's Age Limits for Edits in Place to Monitor the Appropriate Use of Antianxiety/Sedative Drugs in Children

State	Age Limit in Years
Arizona	6
Arkansas	18
Colorado	18
Connecticut	18
Florida	6
Hawaii	21
Idaho	6
Indiana	18
Kansas	18
Kentucky	18
Louisiana	7
Maine	18
Massachusetts	6
Michigan	18
Missouri	18
Montana	18
Nebraska	18
Nevada	18
New Hampshire	18
New York	0
North Carolina	17
North Dakota	21
Ohio	18
Oklahoma	18
Oregon	18
Pennsylvania	21
Rhode Island	18
South Carolina	6
Tennessee	18
Washington	18
Wyoming	18

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c. If "No," does your state plan on implementing an antianxiety/sedative monitoring program in the future?

Figure 157 - Future Plans to Implement an Antianxiety/Sedative Monitoring Program

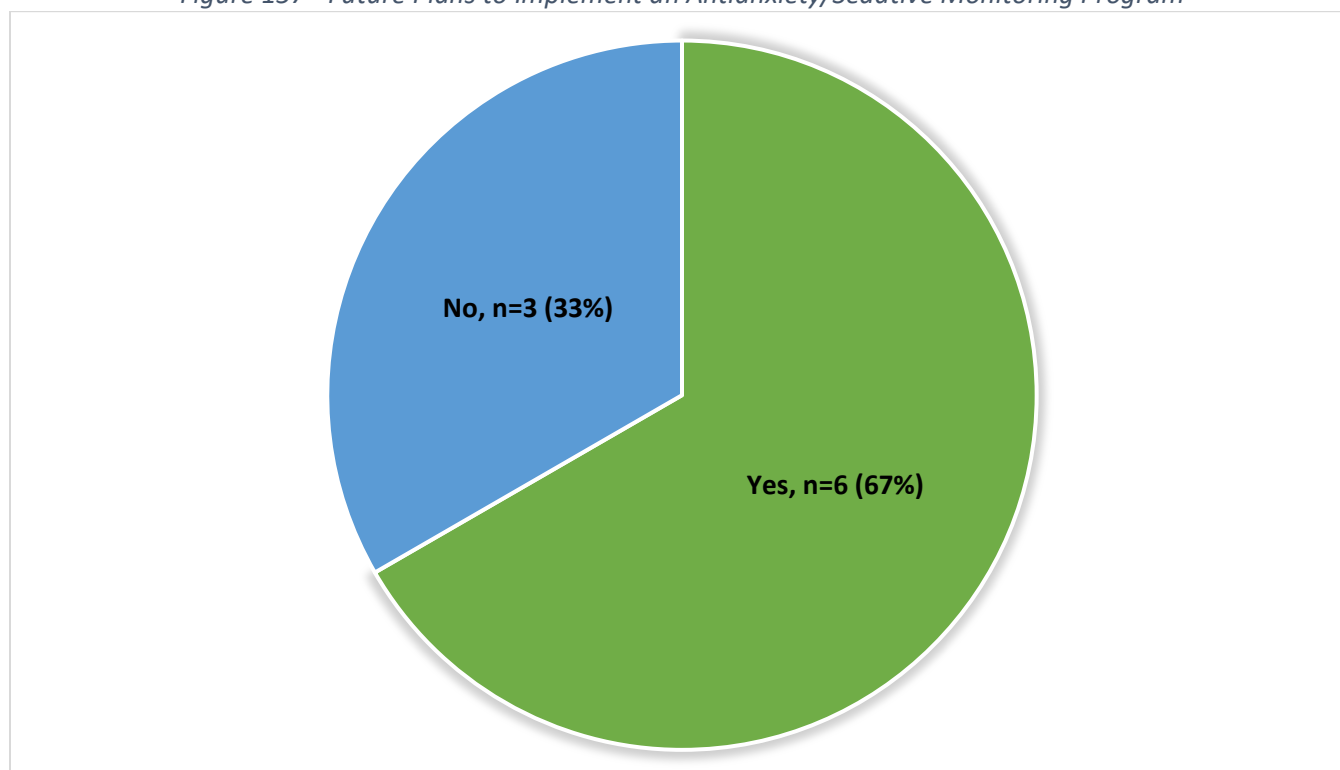


Table 171 - Future Plans to Implement an Antianxiety/Sedative Monitoring Program

Response	States	Count	Percentage
Yes	Alaska, District of Columbia, Georgia, Maryland, New Mexico, Utah	6	66.67%
No	Iowa, Virginia, West Virginia	3	33.33%
Total		9	100.00%

Section IX - Innovative Practices

1. Does your state 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 158 - 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

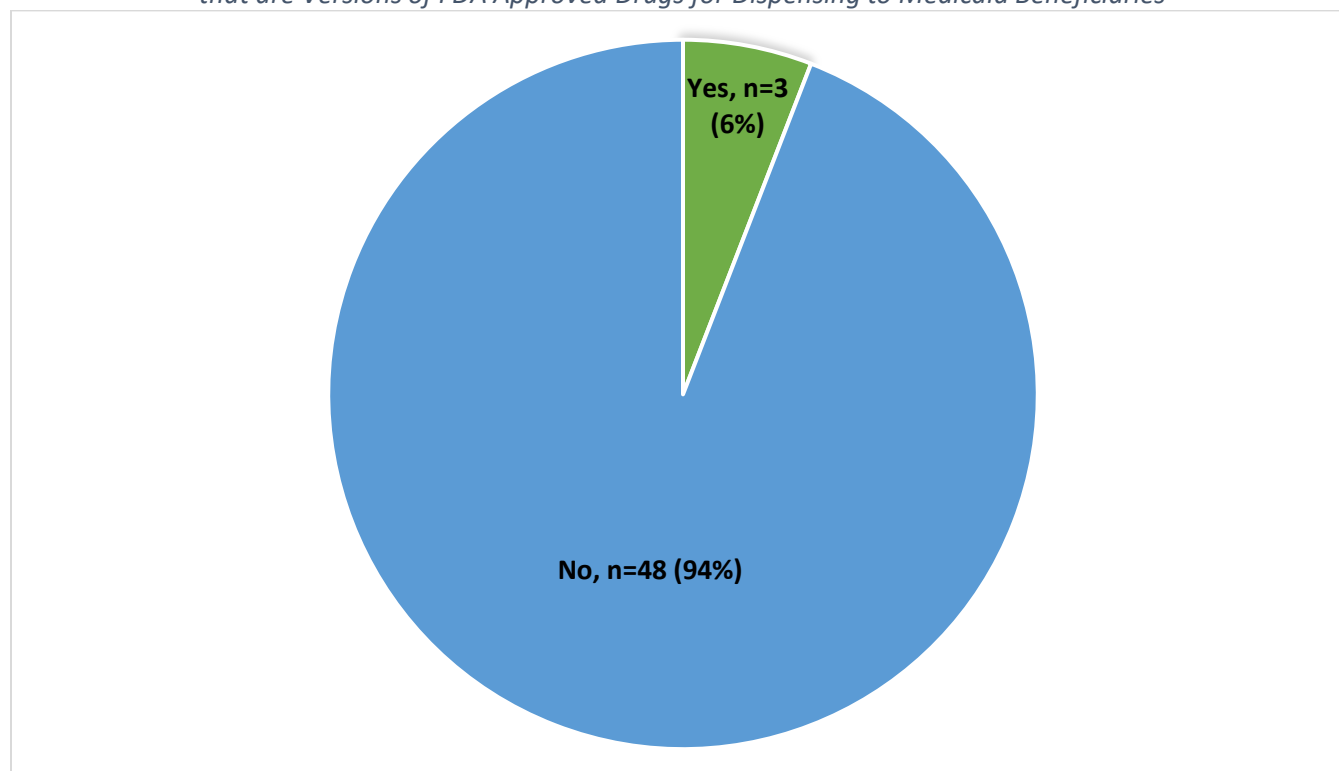


Table 172 - Demonstrations or Waivers to Allow Importation of Certain Drugs from Canada or Other Countries that are Versions of FDA Approved Drugs for Dispensing to Medicaid Beneficiaries

Response	States	Count	Percentage
Yes	Colorado, Illinois, Ohio	3	5.88%
No	Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming	48	94.12%
Total		51	100.00%

2. Summary 5 - Innovative Practices

See the “State FFS Individual Reports” for details at [Medicaid.gov](https://www.Medicaid.gov).

Section X - Managed Care Plans (MCPs)

1. How many MCPs are enrolled in your State Medicaid program?

Figure 159 - Number of MCPs Enrolled in State Medicaid Program

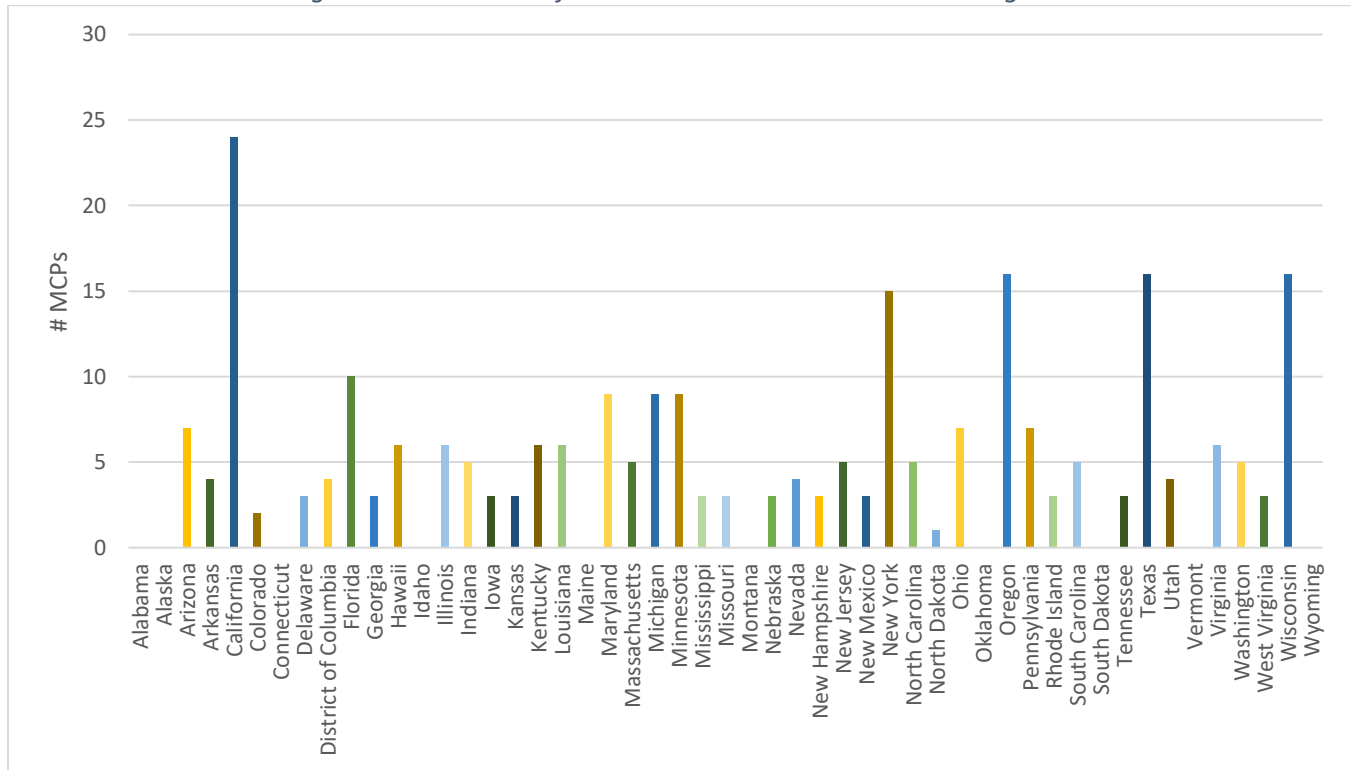


Table 173 - Number of MCPs Enrolled in State Medicaid Program

State	Number of MCPs
Alabama	0
Alaska	0
Arizona	7
Arkansas	4
California	24
Colorado	2
Connecticut	0
Delaware	3
District of Columbia	4
Florida	10
Georgia	3
Hawaii	6
Idaho	0
Illinois	6
Indiana	5
Iowa	3
Kansas	3
Kentucky	6

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State	Number of MCPs
Louisiana	6
Maine	0
Maryland	9
Massachusetts	5
Michigan	9
Minnesota	9
Mississippi	3
Missouri	3
Montana	0
Nebraska	3
Nevada	4
New Hampshire	3
New Jersey	5
New Mexico	3
New York	15
North Carolina	5
North Dakota	1
Ohio	7
Oklahoma	0
Oregon	16
Pennsylvania	7
Rhode Island	3
South Carolina	5
South Dakota	0
Tennessee	3
Texas	16
Utah	4
Vermont	0
Virginia	6
Washington	5
West Virginia	3
Wisconsin	16
Wyoming	0
Total	260

2. Is your pharmacy program included in the capitation rate (carved-in)?

Figure 160 - Pharmacy Program Included in the Capitation Rate (Carved-In)

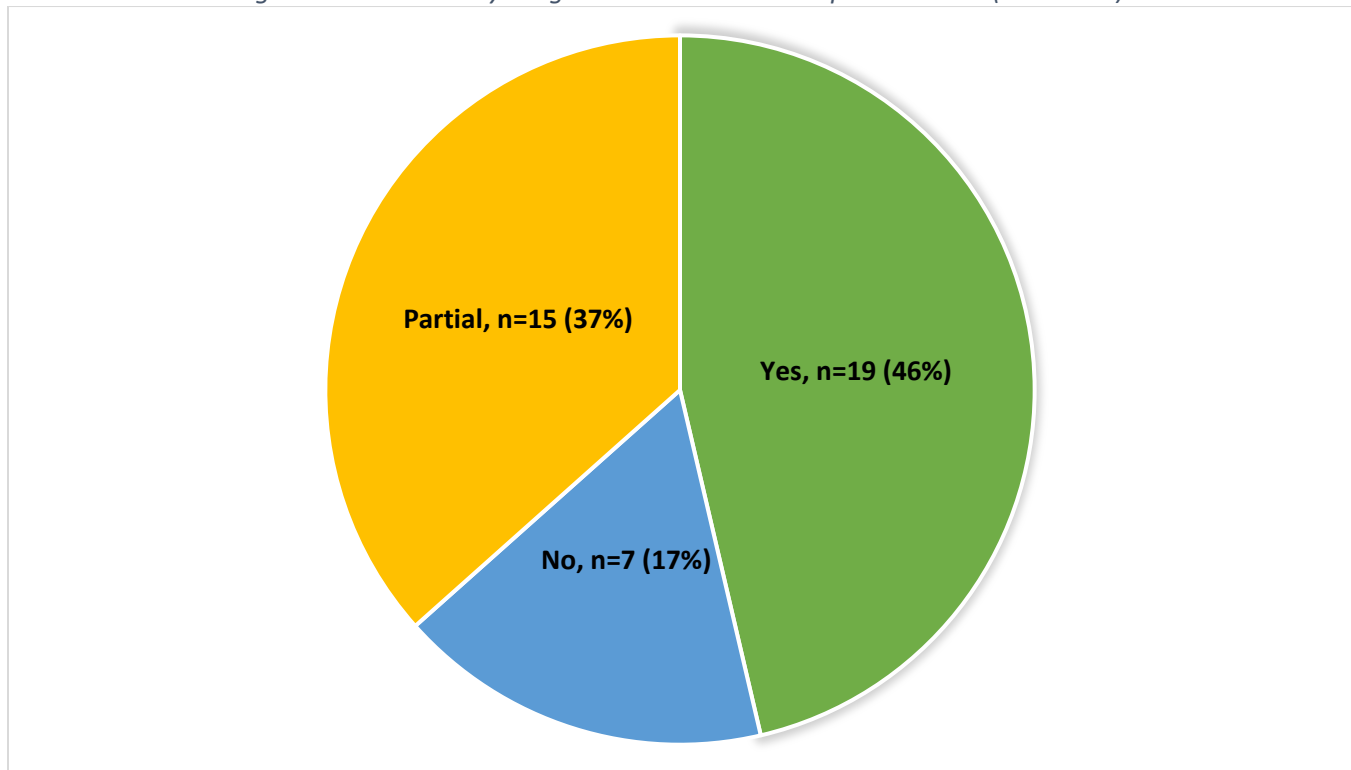


Table 174 - Pharmacy Program Included in the Capitation Rate (Carved-In)

Response	States	Count	Percentage
Yes	Arkansas, Delaware, Georgia, Hawaii, Illinois, Kansas, Kentucky, Massachusetts, Minnesota, Mississippi, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, Pennsylvania, South Carolina, Texas, Virginia	19	46.34%
No	California, Missouri, North Dakota, Ohio, Tennessee, West Virginia, Wisconsin	7	17.07%
Partial	Arizona, Colorado, District of Columbia, Florida, Indiana, Iowa, Louisiana, Maryland, Michigan, New Hampshire, New York, Oregon, Rhode Island, Utah, Washington	15	36.59%
Total		41	100.00%

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If "Partial," what categories of medications are carved-out and handled by your FFS program (multiple responses allowed)?

Figure 161 - Categories of Medications Carved-Out and Handled by State FFS Program

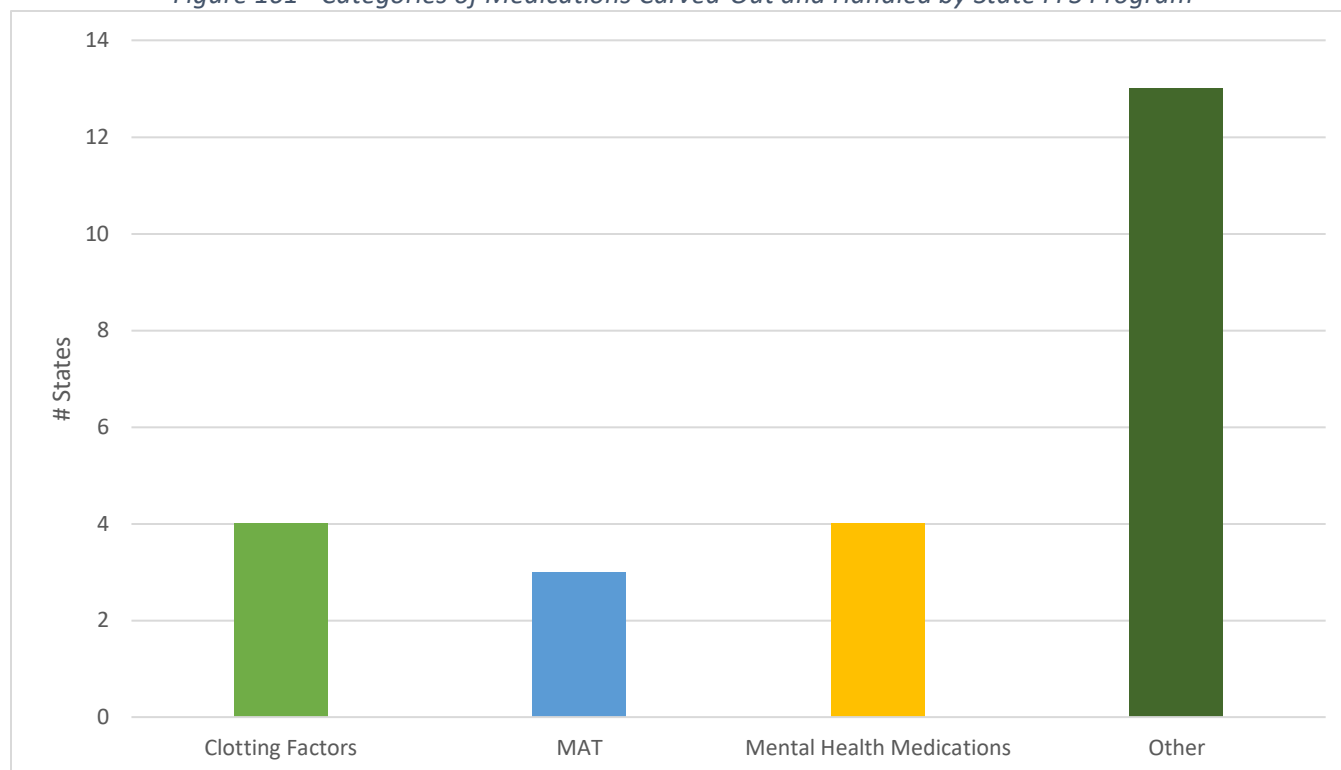


Table 175 - Categories of Medications Carved-Out and Handled by State FFS Program

Response	States	Count	Percentage
Clotting Factors	Florida, Indiana, Michigan, Utah	4	16.67%
MAT	Maryland, Michigan, Utah	3	12.50%
Mental Health Medications	Maryland, Michigan, Oregon, Utah	4	16.67%
Other	Arizona, Colorado, District of Columbia, Florida, Indiana, Iowa, Louisiana, Michigan, New Hampshire, New York, Rhode Island, Utah, Washington	13	54.17%
Total		24	100.00%

3. Contract updates between state and MCPs addressing DUR provisions in Section 1004 Support for Patients and Communities Act are required based on 1902(o). If covered outpatient drugs are included in an MCP's covered benefit package, has the state updated their MCPs' contracts for compliance with Section 1004 of the SUPPORT for Patients and Communities Act?

Figure 162 - Have States Updated Their MCPs' Contracts for Section 1004 Compliance

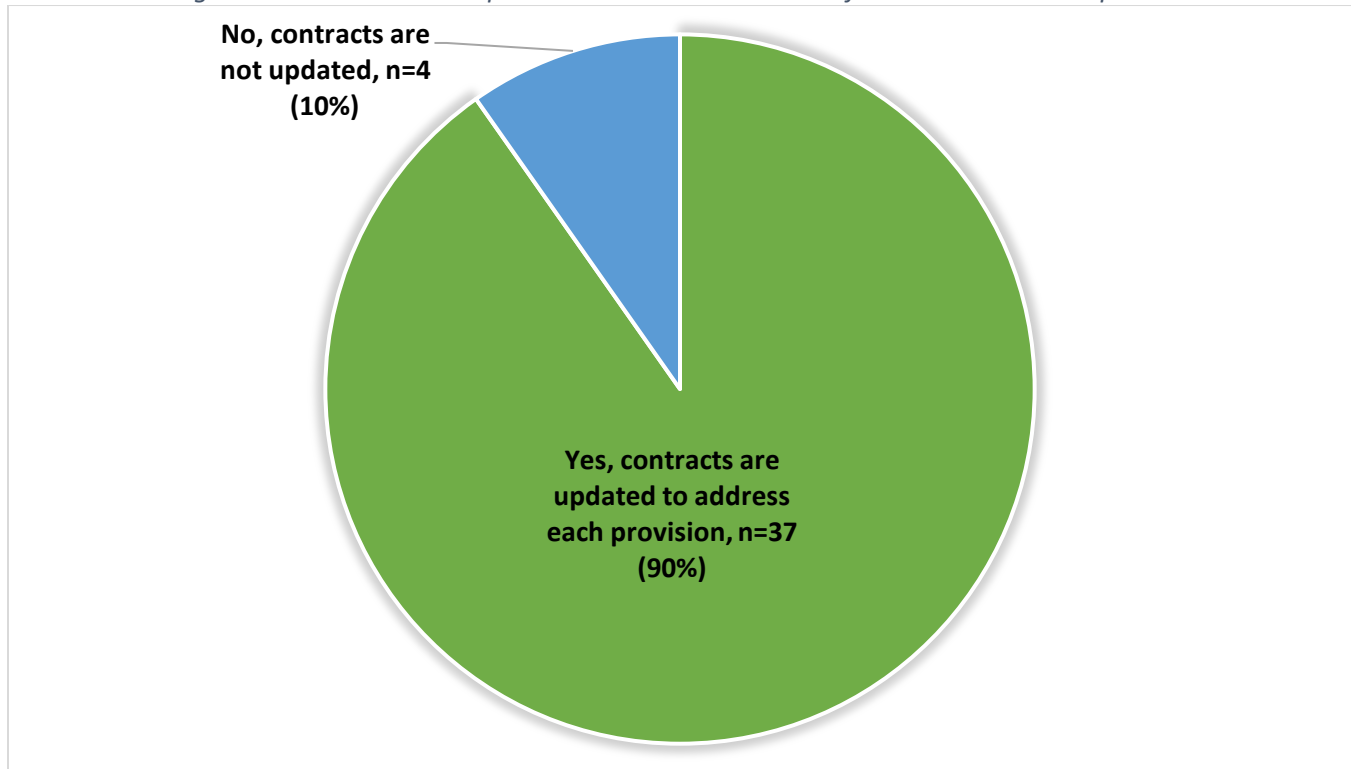


Table 176 - Have States Updated Their MCP's Contracts for Section 1004 Compliance

Response	States	Count	Percentage
Yes, contracts are updated to address each provision	Arizona, Arkansas, California, Colorado, Delaware, District of Columbia, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Washington	37	90.24%
No, contracts are not updated	Missouri, New York, West Virginia, Wisconsin	4	9.76%
Total		41	100.00%

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If “Yes,” please specify effective date.

Table 177 - Effective Dates for Updating MCP Contracts for Section 1004 Compliance

State	Effective Date
Arizona	10/01/2020
Arkansas	09/19/2019
California	10/01/2019
Colorado	07/01/2022
Delaware	01/01/2019
District of Columbia	07/21/2020
Florida	10/01/2020
Georgia	10/01/2019
Hawaii	07/01/2021
Illinois	12/18/2019
Indiana	10/01/2019
Iowa	07/02/2020
Kansas	12/04/2020
Kentucky	01/01/2021
Louisiana	10/01/2019
Maryland	10/01/2019
Massachusetts	01/01/2020
Michigan	10/01/2020
Minnesota	01/01/2020
Mississippi	07/01/2022
Nebraska	10/01/2019
Nevada	10/01/2019
New Hampshire	12/18/2019
New Jersey	10/01/2019
New Mexico	10/01/2018
North Carolina	07/01/2021
North Dakota	01/01/2019
Ohio	07/01/2022
Oregon	01/01/2020
Pennsylvania	10/01/2019
Rhode Island	07/01/2023
South Carolina	07/01/2022
Tennessee	07/01/2020
Texas	09/01/2020
Utah	07/01/2019
Virginia	10/24/2018
Washington	07/01/2023

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a. Is the state complying with Federal law and monitoring MCP compliance on SUPPORT for Patients and Communities Act provisions?

Figure 163 - Monitoring MCP Compliance on SUPPORT for Patients and Communities Act Provisions

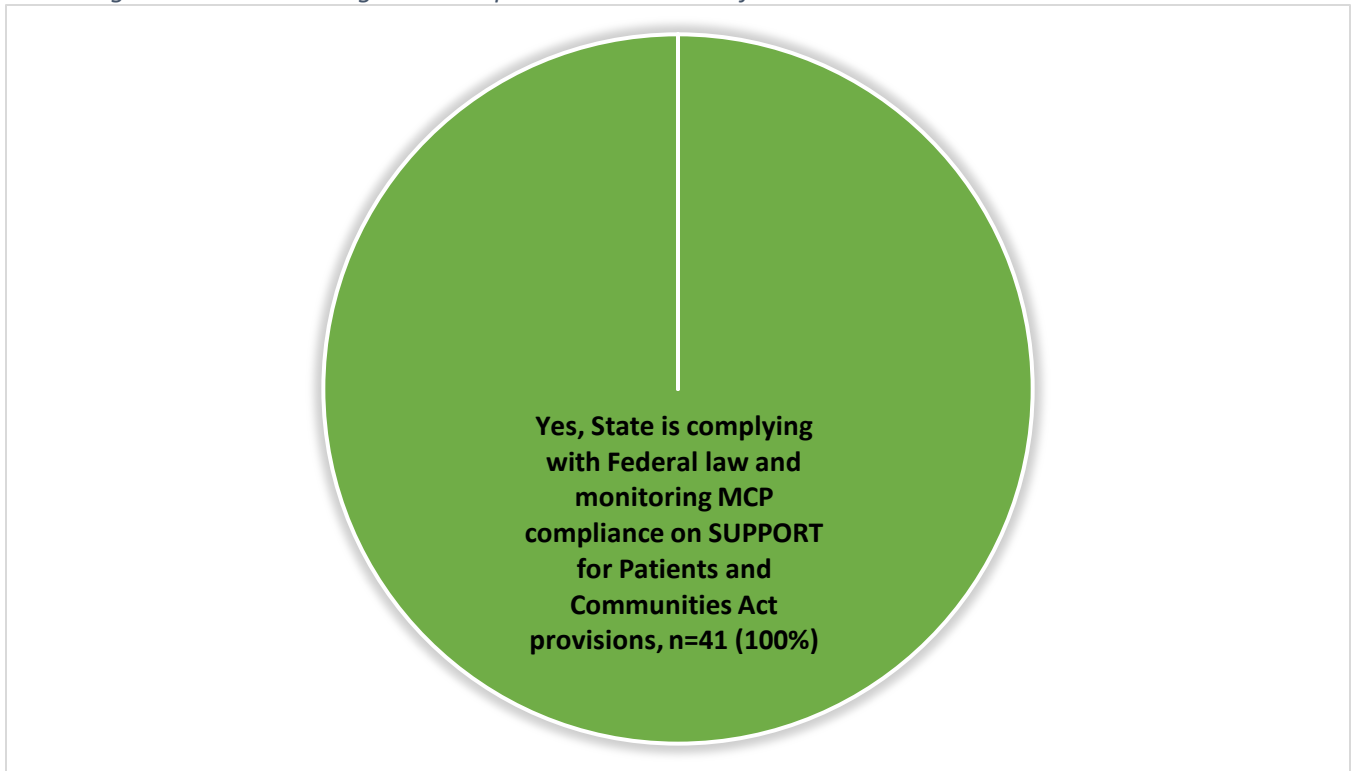


Table 178 - Monitoring MCP Compliance on SUPPORT for Patients and Communities Act Provisions

Response	States	Count	Percentage
Yes, state is complying with Federal law and monitoring MCP compliance on SUPPORT for Patients and Communities Act provisions	Arizona, Arkansas, California, Colorado, Delaware, District of Columbia, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin	41	100.00%
Total		41	100.00%

4. Does the state set requirements for the MCP's pharmacy benefit (i.e., same preferred drug list, same ProDUR/RetroDUR)?

Figure 164 - State Mandating Requirements for the MCP's Pharmacy Benefit

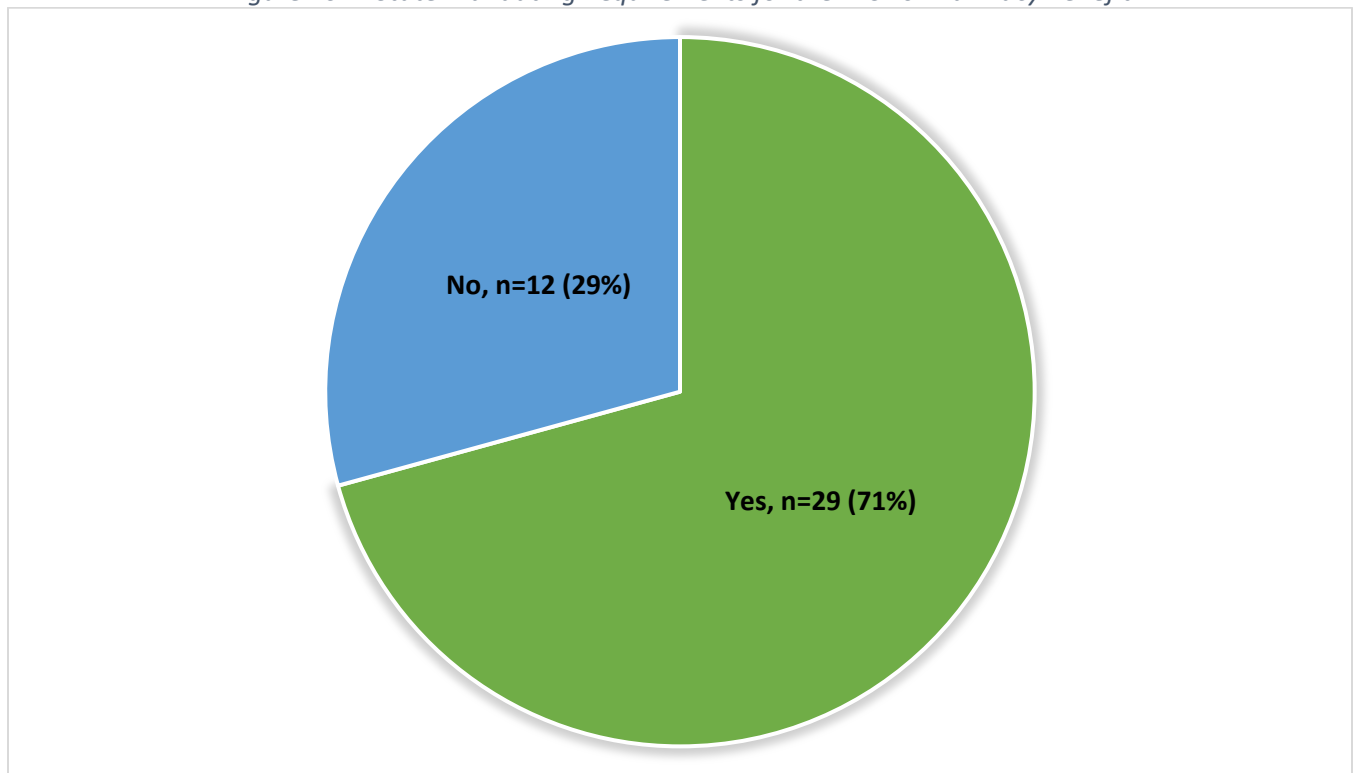


Table 179 - State Mandating Requirements for the MCP's Pharmacy Benefit

Response	States	Count	Percentage
Yes	Arizona, Arkansas, Colorado, Delaware, District of Columbia, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Nebraska, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Texas, Virginia, Washington, West Virginia	29	70.73%
No	California, Hawaii, Missouri, Nevada, New Mexico, North Dakota, Oregon, Rhode Island, South Carolina, Tennessee, Utah, Wisconsin	12	29.27%
Total		41	100.00%

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a. If “Yes,” please check all that apply. (multiple responses allowed)

Figure 165 - State Requirements for the MCP’s Pharmacy Benefit

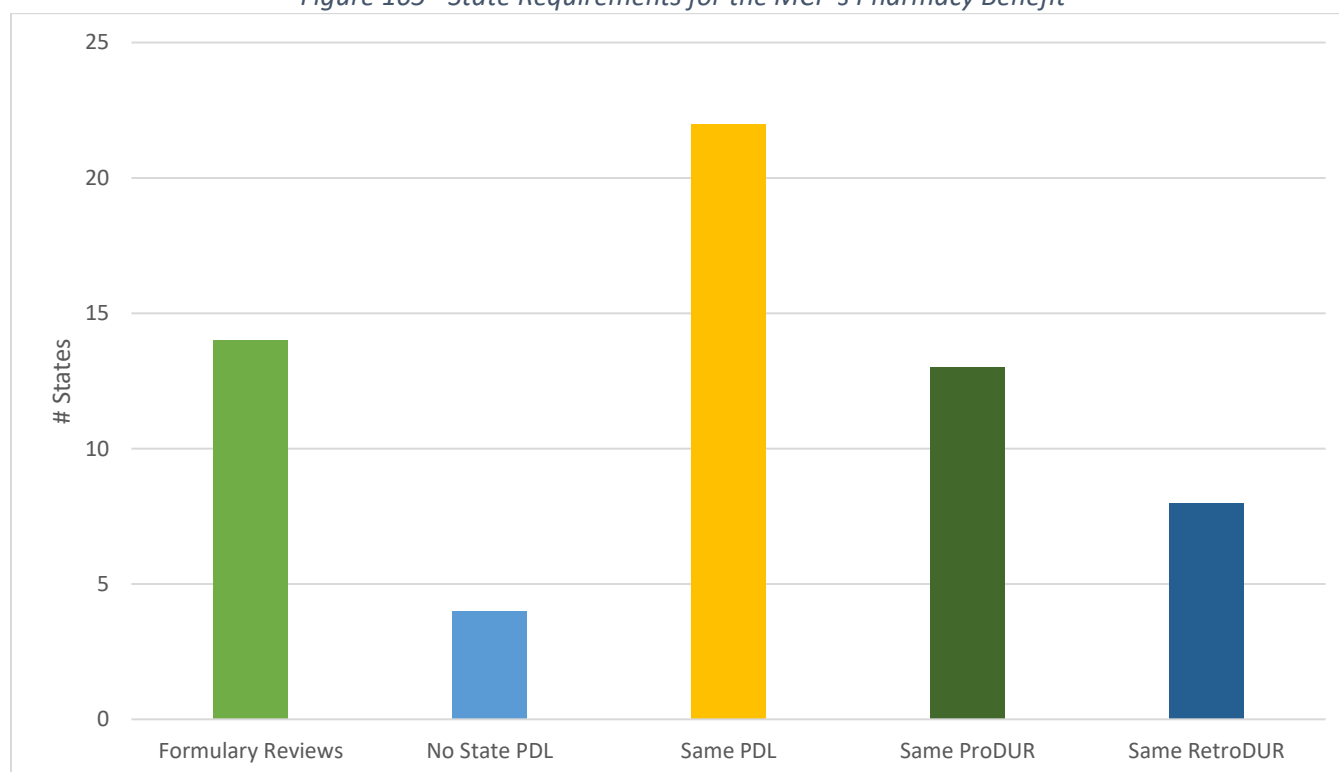


Table 180 - State Requirements for the MCP’s Pharmacy Benefit

Response	States	Count	Percentage
Formulary Reviews	Arizona, Colorado, District of Columbia, Florida, Kentucky, Maryland, Michigan, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Texas, Washington	14	22.95%
No State PDL	New Hampshire, New Jersey, New York, Pennsylvania	4	6.56%
Same PDL	Arizona, Arkansas, Delaware, Florida, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Nebraska, North Carolina, Ohio, Pennsylvania, Texas, Virginia, Washington, West Virginia	22	36.07%
Same ProDUR	Arizona, Arkansas, Florida, Georgia, Iowa, Kansas, Kentucky, Louisiana, Massachusetts, Mississippi, Nebraska, New Jersey, North Carolina	13	21.31%
Same RetroDUR	Florida, Iowa, Louisiana, Massachusetts, Mississippi, Nebraska, New Jersey, North Carolina	8	13.11%
Total		61	100.00%

If “No,” does your state plan to set standards in the future?

Figure 166 - Future Plans to Set MCP Pharmacy Benefit Standards

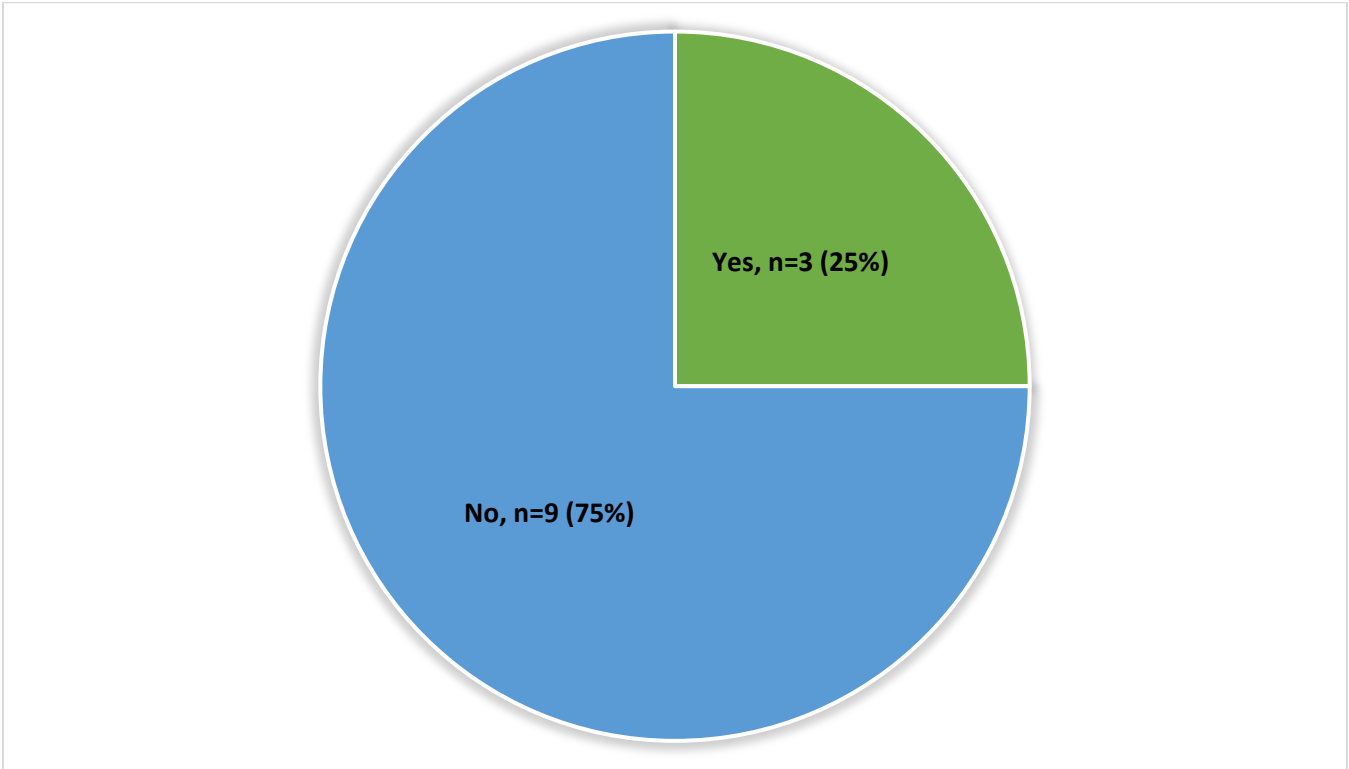


Table 181 - Future Plans to Set MCP Pharmacy Benefit Standards

Response	States	Count	Percentage
Yes	Nevada, South Carolina, Utah	3	25.00%
No	California, Hawaii, Missouri, New Mexico, North Dakota, Oregon, Rhode Island, Tennessee, Wisconsin	9	75.00%
Total		12	100.00%

5. Is the RetroDUR program operated by the state or by the MCPs or does your state use a combination of state interventions as well as individual MCP interventions?

Figure 167 - RetroDUR Program Operated by State, MCP, or Combination of State and MCP

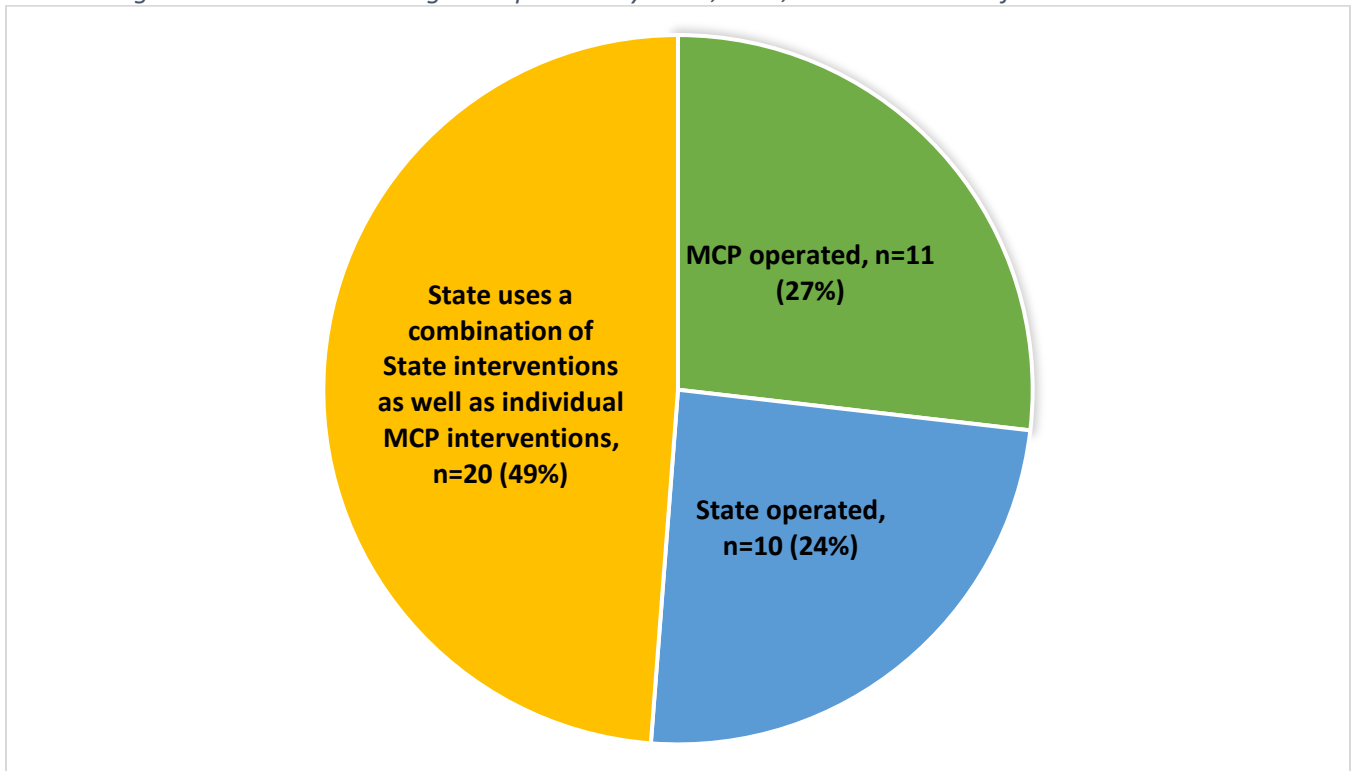


Table 182 - RetroDUR Program Operated by State, MCP, or Combination of State and MCP

Response	States	Count	Percentage
MCP operated	Arizona, Hawaii, Maryland, Michigan, Minnesota, Nevada, New Hampshire, New Mexico, North Carolina, Oregon, Rhode Island	11	26.83%
State operated	Florida, Indiana, Iowa, Mississippi, Missouri, North Dakota, Ohio, Tennessee, West Virginia, Wisconsin	10	24.39%
State uses a combination of State interventions as well as individual MCP interventions	Arkansas, California, Colorado, Delaware, District of Columbia, Georgia, Illinois, Kansas, Kentucky, Louisiana, Massachusetts, Nebraska, New Jersey, New York, Pennsylvania, South Carolina, Texas, Utah, Virginia, Washington	20	48.78%
Total		41	100.00%

6. Indicate how the state oversees the FFS and MCP RetroDUR programs. Please explain oversight process.

See the "State FFS Individual Reports" for details at [Medicaid.gov](https://www.Medicaid.gov).

7. How does the state ensure MCP compliance with DUR requirements described in Section 1927(g) of Act and 42 C.F.R. § 456, subpart K?

See the “State FFS Individual Reports” for details at [Medicaid.gov](https://www.Medicaid.gov).

8. Did all of your managed care plans submit their DUR reports?

Figure 168 - Managed Care Plans Submission of DUR Reports

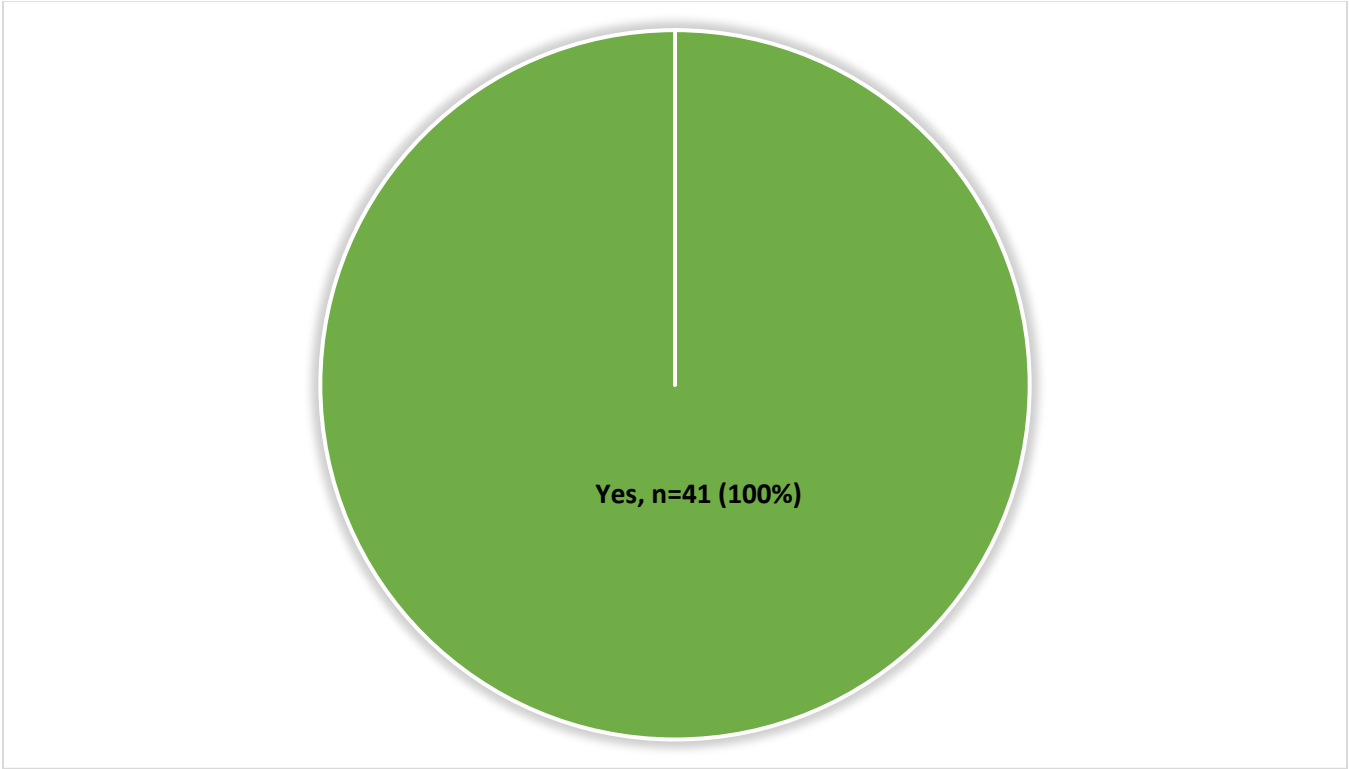


Table 183 - Managed Care Plans Submission of DUR Reports

Response	States	Count	Percentage
Yes	Arizona, Arkansas, California, Colorado, Delaware, District of Columbia, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin	41	100.00%
Total		41	100.00%

Section XI - Executive Summary

See the “State FFS Individual Reports” for details at [Medicaid.gov](https://www.Medicaid.gov).