



National
Medicaid Managed Care Plan (MCP) FFY 2023
Drug Utilization Review (DUR)
Annual Report

Executive Summary
National Medicaid Drug Utilization Review (DUR)
Managed Care Plan (MCP)
Federal Fiscal Year (FFY) 2023 Annual Report
(FFY 2023 Data: October 2022-September 2023)

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

A high-level comparison of states' DUR MCP survey responses can be found in this aggregate report summary. Detailed MCP responses, including this aggregate national summary, can also be found on [Medicaid.gov](https://www.Medicaid.gov).¹

I. Enrollee Information

Thirty-six states (this reference includes the District of Columbia (DC) and Puerto Rico (PR) hereafter) have submitted 215 MCP DUR Annual Surveys encompassing FFY 2023 reported responses.² The information in this report is focused on national MCP DUR activities based on these 215 Surveys.

- MCP data includes 57,212,787 beneficiaries enrolled in MCPs that include covered outpatient drugs as a benefit. This represents a 13% increase from FFY 2022.³

II. Prospective DUR (ProDUR)

ProDUR functions are performed at the point-of-sale (POS) when the prescription is being processed at the pharmacy. MCPs employ a variety of ProDUR alert messages, including duplicate therapy, high dose, and subtherapeutic alerts. FFY 2023 reported responses show 209 MCPs (97%) allow the pharmacist to override ProDUR alert messages, consistent with FFY 2022.

Additionally:

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

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

² California, Louisiana (1 of 6 MCPs), Missouri, New York, North Dakota, Ohio (8 of 9 MCPs), Tennessee, West Virginia and Wisconsin have pharmacy benefits carved out of their managed care program and covered through their fee-for-service (FFS) pharmacy benefit. Each of these states submitted an abbreviated MCP survey for each of their programs. These reports can be accessed on [Medicaid.gov](https://www.Medicaid.gov). Louisiana and Ohio have both MCPs and MCPs with carved out pharmacy benefits. Responses for Louisiana and Ohio MCPs with carved-out pharmacy benefits can also be found in abbreviated reports and in Medicaid.gov. New York carved out pharmacy benefits for their MCPs during the reported fiscal year. Therefore, responses were submitted for the full MCP survey and the abbreviated MCP survey for each of their 15 MCPs and can also be found in Medicaid.gov.

³ The increase of managed care enrollees in FFY 2023 is related to the inclusion of Arizona (AZ) and PR MCPs reporting via the MCP DUR survey for the first time as AZ's waiver expired and PR joined the MDRP program.

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- Non-controlled substances: MCPs reported thresholds range from 75% to 90% of the 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.
- Controlled substances (CII)⁴: MCP reported thresholds range from 75% to 90% of the prescription being used, with a national average of 86% of a prescription being used before a subsequent prescription could be dispensed. This is consistent with FFY 2022.
- Controlled substances (CIII to CV)^{5,6,7}: MCP reported thresholds range from 75% to 90% of the prescription being used, with a national average of 85% of the prescription being used before a subsequent prescription could be refilled, a 1% decrease from FFY 2022.
- FFY 2023 reported responses show 133 MCPs (62%) utilize an accumulation edit that reviews multiple refills and sums the total number of days by which each refill is dispensed early to ensure refill thresholds are not exceeded as another way to prevent excessive early prescription refills, a 1% increase from FFY 2022. Additionally, 25 MCPs (30%) plan to implement this type of edit in the future.
- FFY 2023 reported show 178 MCPs (83%) have systems that can utilize a diagnosis edit when processing prescriptions.

III. Retrospective DUR (RetroDUR)

Through the RetroDUR process, MCPs screen literature, clinical data, and existing guidelines, and then evaluate claims to identify patterns of clinical concern. MCPs then engage in various activities to address those clinical concerns, including notifications to providers. Based on FFY 2023 reported responses, 70 MCPs (33%) utilize either their MCP DUR board or their Pharmacy Benefit Manager (PBM) to review/approve RetroDUR criteria, a 3% increase from FFY 2022. Responses also indicate 11 MCPs (5%) utilize their state's Medicaid DUR board, a 1% increase from FFY 2022. Additionally, 132 MCPs (61%) utilize other internal and external resources for review/approval of RetroDUR criteria, a 5% decrease from FFY 2022.

IV. DUR Board Activity

Each state is required to have a DUR board that meets the requirements of 42 CFR 447.716. DUR boards are comprised of physicians and pharmacists and may include other members. These boards typically meet quarterly and are open to the public pursuant to applicable state open meeting laws. Most MCPs establish their own DUR board, use the state Medicaid DUR board, or use the PBM board for application, review, evaluation, and re-evaluation of DUR standards, and the clinical information and interventions are reviewed on an ongoing basis. All MCPs submitted a summary of their DUR board activities for FFY 2023 describing prospective and retrospective interventions. MCP DUR board summaries can be found on [Medicaid.gov](https://www.medicicaid.gov) listed by state. Additionally, based on FFY 2023 reported responses, 90 MCPs (42%) reported utilization of a Medication Therapy Management (MTM) program, a professional service provided by pharmacists, a 2% decrease from FFY 2022.

V. Physician-Administered Drugs (PAD)

⁴ Schedule II drugs, substances, or chemicals are defined as drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence. Additional drugs may be also considered Schedule II as defined by state specific law.

⁵ 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.

⁶ 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.

⁷ Schedule V drugs, substances, or chemicals are defined as drugs with lower potential for abuse than Schedule IV and consist of preparations containing limited quantities of certain narcotics. Additional drugs may be also considered Schedule V as defined by state specific law.

Physician-administered drugs (PAD) are drugs that 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. Based on FFY 2023 reported responses, 55 MCPs (26%) have incorporated PAD into DUR criteria for ProDUR, a 5% increase from FFY 2022, and 28 MCPs (18%) plan to incorporate PAD in the future, a 1% decrease from FFY 2022. Additionally, 72 MCPs (33%) have incorporated PAD into their DUR criteria for RetroDUR, a 3% increase from FFY 2022, and 38 MCPs (27%) plan to incorporate PAD in the future, a 1% decrease from FFY 2022.

VI. Generic Policy and Utilization Data

In an ongoing effort to reduce spending on prescription drugs, states continue to encourage the use of lower-cost generic drugs. The average generic percentage utilization rate across all MCPs was 87%, consistent with FFY 2022. FFY 2023 reported responses confirm the majority of MCPs base coverage decisions of brand or generic drugs on the respective net prices, taking into consideration federal and supplemental rebate dollars on brand and generic drugs. Additionally, a new question to the MCP DUR survey this year surrounds the coverage of over-the-counter medications when prescribed by an authorized prescriber. Ninety-eight percent (98%) of MCPs do cover over-the-counter medications when prescribed by an authorized prescriber. The other 2% of MCPs cover over-the-counter medications under state restrictions.

VII. 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 prescribers and/or pharmacies in order to monitor services being utilized and reduce unnecessary or inappropriate utilization. Based on FFY 2023 reported responses, 209 MCPs (97%) institute a Lock-in program for beneficiaries with potential abuse of controlled substances, a 1% increase from FFY 2022. Additionally, 181 MCPs (87%) restrict beneficiaries to a specific prescriber, a 2% increase from FFY 2022, and 202 MCPs (97%) restrict beneficiaries to a specific pharmacy, 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 MCPs to identify potential fraud, waste and abuse. Based on FFY 2023 responses, all MCPs have processes in place to identify potential fraudulent practices by prescribers and pharmacies. MCP fraud, waste and abuse reviews initiate actions such as denying claims written by that prescriber or claims submitted by that pharmacy, alerting the state integrity or compliance program to investigate, and/or referring the providers to the appropriate licensing board for additional follow-up. In addition, based on FFY 2023 reported responses, all MCPs have a documented process in place which identifies potential fraud or misuse of controlled drugs by a beneficiary, consistent with FFY 2022.

B. Prescription Drug Monitoring Program (PDMP)

PDMPs are statewide electronic databases that collect designated data on controlled substances that are dispensed in the state. Depending on the state, MCPs have access to these databases and can review claims to identify patients who are engaging in potential fraud or misuse of controlled substances. Based on FFY 2023 MCP reported responses:

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- Of the 93 MCPs (43%) reporting the ability to access the state's PDMP database, 84 MCPs (90%) have the ability to directly query the state's PDMP database and 9 MCPs (10%) can receive PDMP data from the state PDMP administrator upon request. A total of 122 MCPs (57%) reported they are unable to access their state's PDMP data in any form.
 - 47 MCPs (53%) have access to contiguous state PDMP information. Only 3 MCPs (3%) also have PDMP data integrated into the POS edits.
- Of the 215 MCPs, 149 (69%) responded that they face barriers that hinder their ability to fully access and utilize the PDMP database, a 2% decrease from FFY 2022. Reported barriers that hinder the MCP from fully accessing the PDMP database to prevent the program from being utilized the way it was intended to curb FWA, include, but are 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 beneficiaries.
 - Potential lag time in capturing data.
 - Prescribers not having PDMP integrated into their electronic medical records.

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). MCP responses indicate:

- Data utilized to collect PDMP information varies from state to state. Reported data utilized by the MCPs include, but not limited to:
 - PDMP Vender Report.
 - Provider Attestation.
 - Provider Survey.
 - Raw PDMP data.
- Of the 215 MCPs, 64 MCPs (30%) require pharmacists to check the PDMP prior to dispensing controlled substances to covered individuals and 151 MCPs (70%) reported they do not require pharmacists to check the PDMP prior to dispensing; Of the 64 MCPs, 40 (63%) reported having protocols in place for checking the PDMP.
- The national average for the 12-month reporting period for the percentage of covered providers who checked prescription drug history was 59%;
- The national average for the 12-month reporting period for daily morphine milligram equivalent (MME) prescribed per covered individual was 8 MME;
- The national average for the 12-month reporting period for the daily MME prescribed per covered individual receiving opioids was 51 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 3 sedative/benzodiazepine controlled substances in each population subgroup, by age.
 - The top 3 stimulant/ADHD controlled substances in each population subgroup, by age.
 - Beneficiaries in each category population receiving two or more controlled substances in different drug categories.
- All MCPs report no data or privacy breaches of the PDMP or PDMP data.

C. Opioids

In reference to opioid naïve patients, most MCPs have POS edits in place to limit the days' supply dispensed of an initial opioid prescription. Based on FFY 2023 reported responses, 173 MCPs (81%) apply this POS edit to all opioid prescriptions for opioid naïve patients, a 1% decrease from FFY 2022, and 40 MCPs (19%) apply this edit to some opioids, a 3% increase from FFY 2022. The national average for the maximum number of days allowed for an initial opioid prescription for opioid naïve patients was 8 days.

Additionally:

- 210 MCPs (98%) have edits in place to limit the quantity dispensed of opioids.
- All MCPs have prospective edits in place to monitor duplicate therapy of opioid prescriptions, a 1% increase from FFY 2022.
- 204 MCPs (95%) have an automated retrospective claims review process to monitor opioid prescriptions exceeding program limitations, a 2% increase from FFY 2022.
- 207 MCPs (97%) have prospective edits or a retrospective claims review process to monitor opioids and benzodiazepines being used concurrently, a 1% increase from FFY 2022.
- 183 MCPs (86%) have prospective edits or a retrospective claims review process to monitor opioids and sedatives being used concurrently, a 1% increase from FFY 2022.
- 205 MCPs (96%) have prospective edits or a retrospective claims review process to monitor opioids and antipsychotics being used concurrently, a 1% increase from FFY 2022.
- 198 MCPs (95%) have prospective edits, a retrospective claims review process to monitor or provider education regarding beneficiaries with a diagnosis or history of opioid use disorder (OUD) or opioid poisoning diagnosis.
- 204 MCPs (95%) develop and/or provide prescribers with pain management or opioid prescribing guidelines, consistent with FFY 2022.
- 145 MCPs (68%) have a drug utilization management strategy that supports abuse deterrent opioid use to prevent opioid misuse and abuse, a 5% increase from FFY 2022.

D. Morphine Milligram Equivalent (MME) Daily Dose

MME is the amount of morphine, in milligrams, equivalent to the strength of the opioid dose prescribed. Using an MME approach allows comparison between the strength of different types of opioids. A total of 214 MCOs (99%) limit maximum MME daily doses, consistent with FFY 2022.

FFY 2023 reported responses also confirm all MCPs have an edit in their POS system that alerts the pharmacy provider that the MME daily dose prescribed has been exceeded, a 1% increase from FFY 2022. Additionally, 205 MCPs (95%) have an automated retrospective claim review process to monitor the total daily dose of MMEs for opioid prescriptions dispensed, a 1% 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, 186 MCPs (87%) have utilization controls to monitor or manage prescribing of medication-assisted treatment (MAT) drugs for OUD, a 2% increase from FFY 2022. Further, FFY 2023 reported responses confirm 160 MCPs (74%) set total milligrams per day limits on the use of buprenorphine and buprenorphine/naloxone combination drugs, a 2% decrease from FFY 2022.

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Additionally, 183 MCPs (85%) provide at least one buprenorphine and buprenorphine/naloxone combination drug without a prior authorization requirement, an 1% increase from FFY 2022. A total of 191 MCPs (89%) have system edits in place to monitor opioids being used concurrently with any buprenorphine drug or any form of MAT, a 3% increase from FFY 2022.

Naloxone is a medication designed to rapidly reverse opioid overdose. It is an opioid antagonist and can reverse and block the effects of opioids. Naloxone is available without prior authorization in 202 MCPs (94%), consistent with FFY 2022. Furthermore:

- 206 MCPs (96%) allow pharmacists to dispense naloxone prescribed independently or by collaborative practice agreements, standing orders, or other predetermined protocols, a 1% increase from FFY 2022.
- 151 MCPs (70%) monitor and manage appropriate use of naloxone to persons at risk of overdose, consistent with FFY 2022.
- 206 MCPs (96%) allow pharmacists to dispense naloxone prescribed independently or by collaborative practice agreements, or standing orders, or other predetermined protocols.
- Additionally, 196 MCPs (91%) have at least one formulation of naltrexone for OUD available without a PA.

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, 182 MCPs (85%) provide coverage for methadone for OUD through an OTP, a 2% decrease from FFY 2022, and 33 MCPs (15%) provide no methadone coverage for OUD, a 2% increase from FFY 2022.

G. Psychotropic Medication for Children

It is important to note that several MCOs have psychotropic drug benefits carved-out of their managed care program and therefor covered under their states FFS program or have no pediatric population enrolled.

Antipsychotic Medication

Based on FFY 2023 reported responses, 193 MCPs (90%) have a program in place for managing or monitoring appropriate use of antipsychotic drugs in children, a 2% increase from FFY 2022. Additionally, 187 (97%) of these 193 MCPs manage or monitor antipsychotic medication for all children, including children in foster care, consistent with FFY 2022.

Stimulant Medication

Based on FFY 2023 reported responses, 184 MCPs (86%) have a program in place for managing or monitoring appropriate use of stimulant drugs in children, consistent with FFY 2022. Additionally, 177 (96%) of these 184 MCPs manage or monitor stimulant medication for all children, including children in foster care, a 1% increase from FFY 2022.

Antidepressant Medication

According to FFY 2023 reported responses, 156 MCPs (73%) have a program in place for managing or monitoring appropriate use of antidepressant medication in children, a 4% increase from FFY 2022. Additionally, 150 (96%) of these 156 MCPs manage or monitor antidepressant medication for all children, including children in foster care, a 3% increase from FFY 2022.

Mood Stabilizer Medication

According to FFY 2023 reported responses, 145 MCPs (67%) have a program in place for managing or monitoring appropriate use of mood stabilizing medication in children, a 5% increase from FFY 2022. Additionally, 136 (94%) of these 145 MCPs manage or monitor mood stabilizer medication for all children, including children in foster care, an 3% increase from FFY 2022.

Antianxiety/Sedative Medication

According to FFY 2023 reported responses, 151 MCPs (70%) have a program in place for managing or monitoring appropriate use of antianxiety/sedative medication in children, a 5% increase from FFY 2022. Additionally, 143 (95%) of these 151 MCPs manage or monitor antianxiety/sedative medication for all children, including children in foster care, a 2% increase from FFY 2022.

VIII. Innovative Practices

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

IX. Executive Summary

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

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PLEASE NOTE: This is an aggregate standalone report. Managed Care Plans (MCPs) responses to survey questions throughout the report are identified as the representative state and total MCPs responding and noted in the report as *State (Count of MCPs)*. State MCP report (Individual MCP reports are not posted) 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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Number of Managed Care Plans (MCPs) by State

Table 1 - Number of MCPs per State

State*	Total Number of MCPs
Arizona	7
Arkansas	4
Colorado	2
Delaware	3
District of Columbia	5
Florida	11
Georgia	3
Hawaii	6
Illinois	6
Indiana	5
Iowa	3
Kansas	3
Kentucky	6
Louisiana***	5
Maryland	9
Massachusetts	5
Michigan	9
Minnesota	9
Mississippi	3
Nebraska	3
Nevada	4
New Hampshire	3
New Jersey	5
New Mexico	3
New York**	15
North Carolina	5
Ohio***	1
Oregon	21
Pennsylvania	7
Puerto Rico	4
Rhode Island	3
South Carolina	5
Texas	16
Utah	4
Virginia	7
Washington	5
Totals	215

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*Only States with MCPs that provide medical and pharmacy benefits are depicted above. California, Missouri, North Dakota, Tennessee, West Virginia and Wisconsin have pharmacy benefits carved-out of their managed care plans and included through their FFS program. These MCPs provided a condensed version of the standard DUR survey and responses can be found in their respective abbreviated reports.

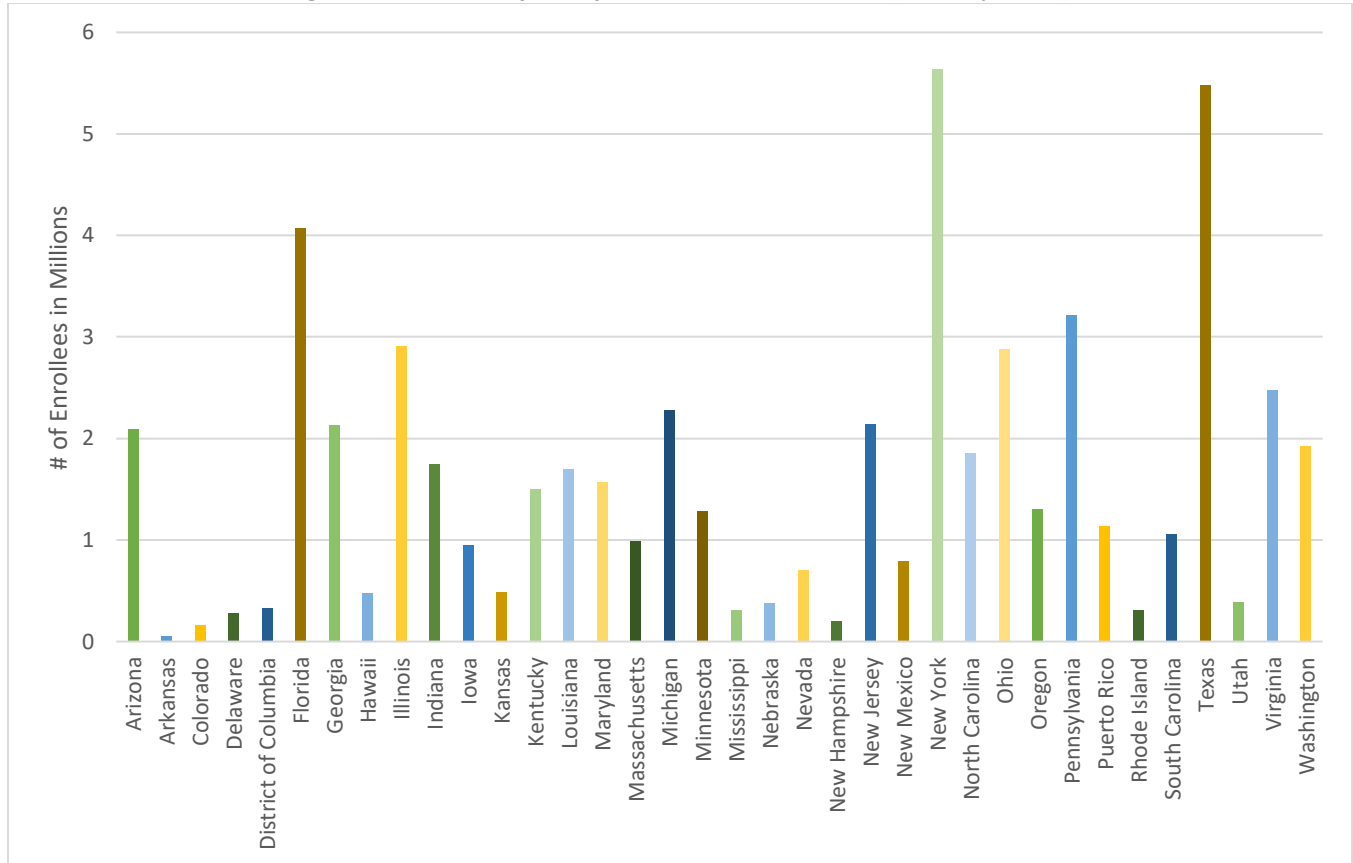
**New York carved-out pharmacy benefits for their MCPs during the reported fiscal year. Therefore, responses were submitted for the full MCP survey and the abbreviated MCP survey which can also be found in [Medicaid.gov](https://www.Medicaid.gov).

***Louisiana and Ohio have both MCPs and MCPs with carved-out pharmacy benefits. Responses for Louisiana and Ohio MCPs with carved-out pharmacy benefits can also be found in abbreviated reports and in [Medicaid.gov](https://www.Medicaid.gov).

Section I - Enrollee Information

1. On average, how many Medicaid beneficiaries are enrolled monthly in your MCPs for the reported Federal Fiscal Year?

Figure 1 - Number of Beneficiaries Enrolled in MCP (Total by State)



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

State	Number of Beneficiaries Enrolled in MCPs by State
Arizona	2,093,658
Arkansas	55,753
Colorado	162,213
Delaware	281,370
District of Columbia	326,193
Florida	4,070,132
Georgia	2,132,186
Hawaii	478,418
Illinois	2,911,116
Indiana	1,748,000
Iowa	946,001
Kansas	490,022
Kentucky	1,503,663
Louisiana	1,694,781
Maryland	1,566,991
Massachusetts	992,491
Michigan	2,275,590
Minnesota	1,282,280
Mississippi	312,835
Nebraska	378,610
Nevada	702,661
New Hampshire	203,052
New Jersey	2,139,900
New Mexico	796,992
New York	5,643,004
North Carolina	1,852,953
Ohio	2,884,711
Oregon	1,302,434
Pennsylvania	3,217,124
Puerto Rico	1,134,704
Rhode Island	305,791
South Carolina	1,061,704
Texas	5,479,268
Utah	389,495
Virginia	2,475,955
Washington	1,920,736
National Totals	57,212,787

Section II - Prospective DUR (ProDUR)

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

Figure 2 - Pharmacy POS Type of Vendor

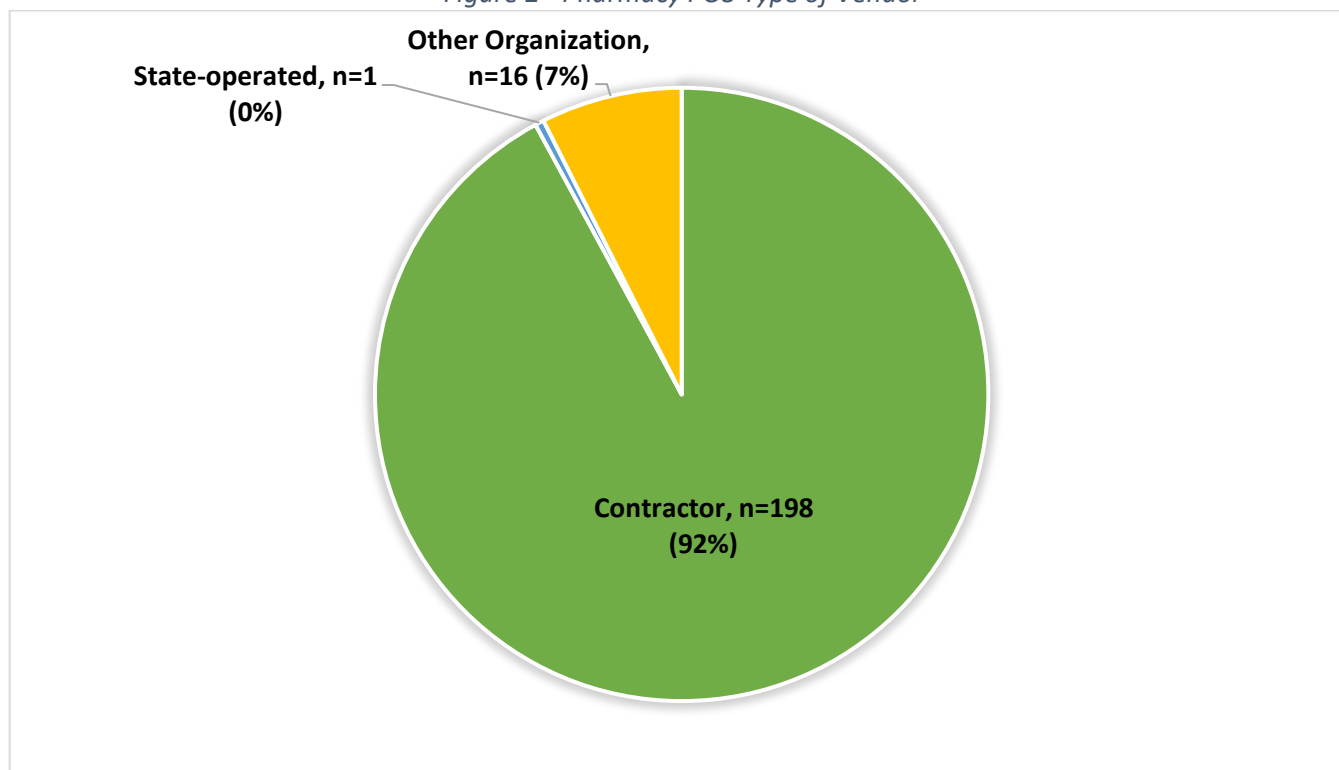


Table 3 - Pharmacy POS Type of Vendor

Response	States (Count of MCPs)	Count	Percentage
Contractor	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (5), Florida (11), Georgia (3), Hawaii (5), Illinois (5), Indiana (5), Iowa (3), Kansas (2), Kentucky (5), Louisiana (4), Maryland (9), Massachusetts (5), Michigan (8), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (4), New Mexico (3), New York (15), North Carolina (4), Ohio (1), Oregon (19), Pennsylvania (5), Puerto Rico (4), Rhode Island (3), South Carolina (3), Texas (15), Utah (3), Virginia (7), Washington (5)	198	92.09%
State-operated	South Carolina (1)	1	0.47%
Other Organization	Hawaii (1), Illinois (1), Kansas (1), Kentucky (1), Louisiana (1), Michigan (1), Minnesota (1), New Jersey (1), North Carolina (1), Oregon (2), Pennsylvania (2), South Carolina (1), Texas (1), Utah (1)	16	7.44%
National Totals		215	100%

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

Table 4 - Pharmacy POS Vendor Name

Response	States (Count of MCPs)	Count	Percentage
CVS/Caremark	Arizona (5), Arkansas (2), Delaware (2), District of Columbia (2), Florida (5), Georgia (1), Hawaii (4), Illinois (4), Indiana (2), Iowa (3), Kansas (2), Louisiana (2), Maryland (4), Massachusetts (1), Michigan (3), Minnesota (1), Mississippi (1), Nebraska (1), Nevada (2), New Hampshire (1), New Jersey (2), New Mexico (1), New York (5), North Carolina (2), Oregon (7), Pennsylvania (3), Rhode Island (1), South Carolina (1), Texas (3), Utah (1), Virginia (2), Washington (2)	78	36.45%
DST Pharmacy Solutions	Oregon (1)	1	0.47%
Express Scripts	Arizona (1), Arkansas (1), Georgia (1), Indiana (1), Maryland (1), Massachusetts (1), Michigan (2), Minnesota (2), New Hampshire (1), New York (4), Pennsylvania (1), Virginia (3), Washington (1)	20	9.35%
Prime Therapeutics, LLC/Magellan Rx Management	Florida (1), Illinois (1), Michigan (1), Minnesota (1), New Mexico (1), Texas (1)	6	2.80%
MedImpact Healthcare Services, Inc.	Colorado (1), Hawaii (1), Indiana (1), Kentucky (5), Maryland (1), Michigan (1), Minnesota (2), New York (1), Oregon (6)	19	8.88%
Navitus Health Solutions	Minnesota (1), Oregon (1), Texas (10)	12	5.61%
OptumRx	Arizona (1), Colorado (1), Florida (1), Hawaii (1), Indiana (1), Kansas (1), Louisiana (1), Maryland (1), Massachusetts (3), Michigan (1), Minnesota (1), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (2), New Mexico (1), New York (2), North Carolina (1), Oregon (4), Pennsylvania (1), Rhode Island (2), Texas (1), Virginia (1), Washington (1)	32	14.95%
PerformRx	Delaware (1), District of Columbia (1), Florida (1), New Hampshire (1), North Carolina (1), Pennsylvania (1)	6	2.80%
ProcareRx	Maryland (1)	1	0.47%
RelayHealth	Utah (1)	1	0.47%
Providence Health Assurance Pharmacy Solutions	Oregon (2)	2	0.93%
Other	Arkansas (1), District of Columbia (2), Florida (3), Georgia (1), Illinois (1), Kentucky (1), Louisiana (2), Maryland (1), Michigan (1), Minnesota (1), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (1), New York (3), North Carolina (1), Ohio (1), Pennsylvania (1), Puerto Rico (4), South Carolina (3), Texas (1), Utah (2), Virginia (1), Washington (1)	36	16.82%
National Totals		214	100%

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

Figure 3 - Prospective DUR Criteria Source

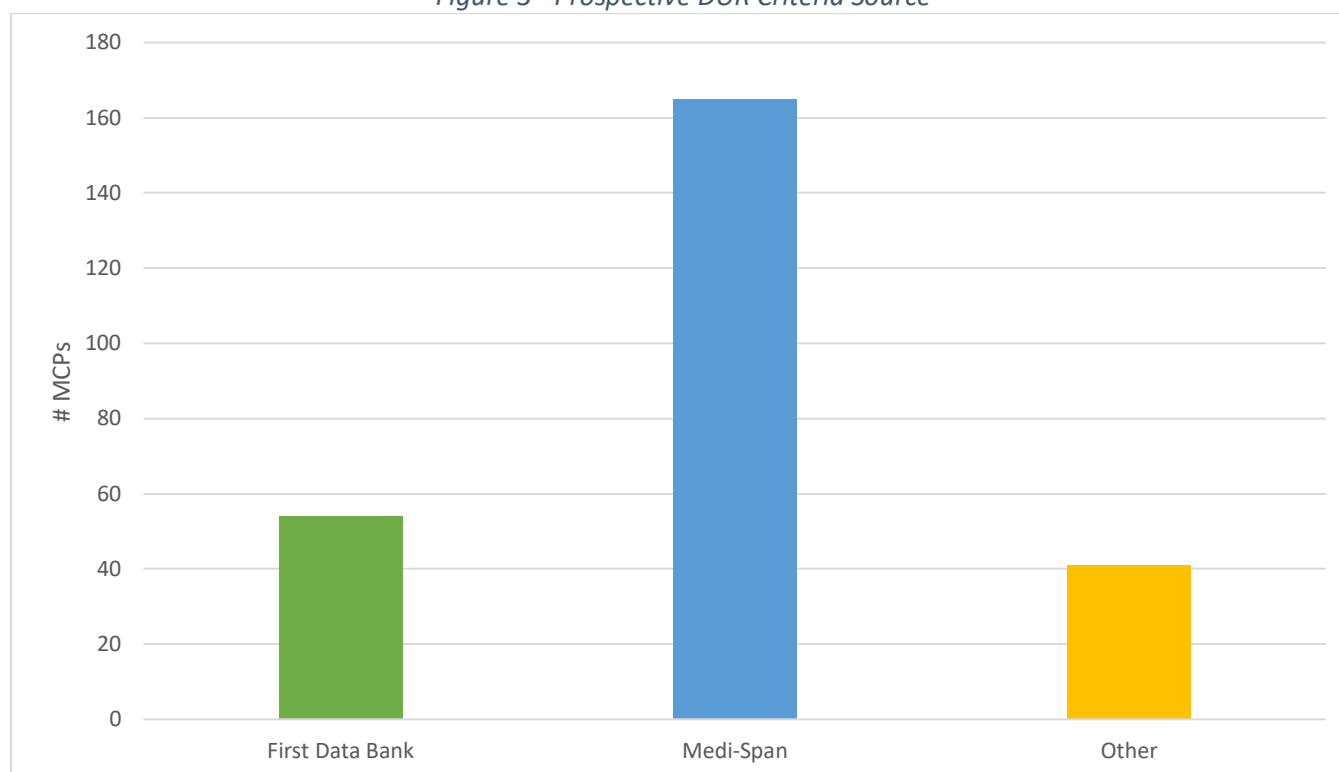


Table 5 - Prospective DUR Criteria Source

Response	States (Count of MCPs)	Count	Percentage
First Data Bank	Arizona (1), Arkansas (1), Colorado (1), Delaware (2), Florida (3), Georgia (1), Hawaii (1), Illinois (1), Indiana (2), Kentucky (6), Maryland (3), Massachusetts (1), Michigan (4), Minnesota (4), Mississippi (1), New Hampshire (1), New York (4), Ohio (1), Oregon (9), Pennsylvania (1), South Carolina (1), Virginia (3), Washington (2)	54	20.77%
Medi-Span	Arizona (6), Arkansas (3), Colorado (1), Delaware (2), District of Columbia (5), Florida (10), Georgia (2), Hawaii (5), Illinois (6), Indiana (3), Iowa (3), Kansas (3), Louisiana (5), Maryland (6), Massachusetts (4), Michigan (5), Minnesota (5), Mississippi (2), Nebraska (3), Nevada (4), New Hampshire (2), New Jersey (5), New Mexico (3), New York (11), North Carolina (5), Oregon (12), Pennsylvania (6), Puerto Rico (4), Rhode Island (3), South Carolina (4), Texas (16), Utah (4), Virginia (4), Washington (3)	165	63.46%
Other	Arizona (4), Arkansas (1), Delaware (1), Florida (4), Georgia (1), Hawaii (2), Iowa (1), Kansas (1), Louisiana (1), Maryland (2), Michigan (2), Nebraska (1), Nevada (1), New Jersey (1), New York (5), North Carolina (2), Oregon (2), Pennsylvania (3), South Carolina (1), Texas (2), Utah (1), Virginia (1), Washington (1)	41	15.77%
National Totals		260	100%

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

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

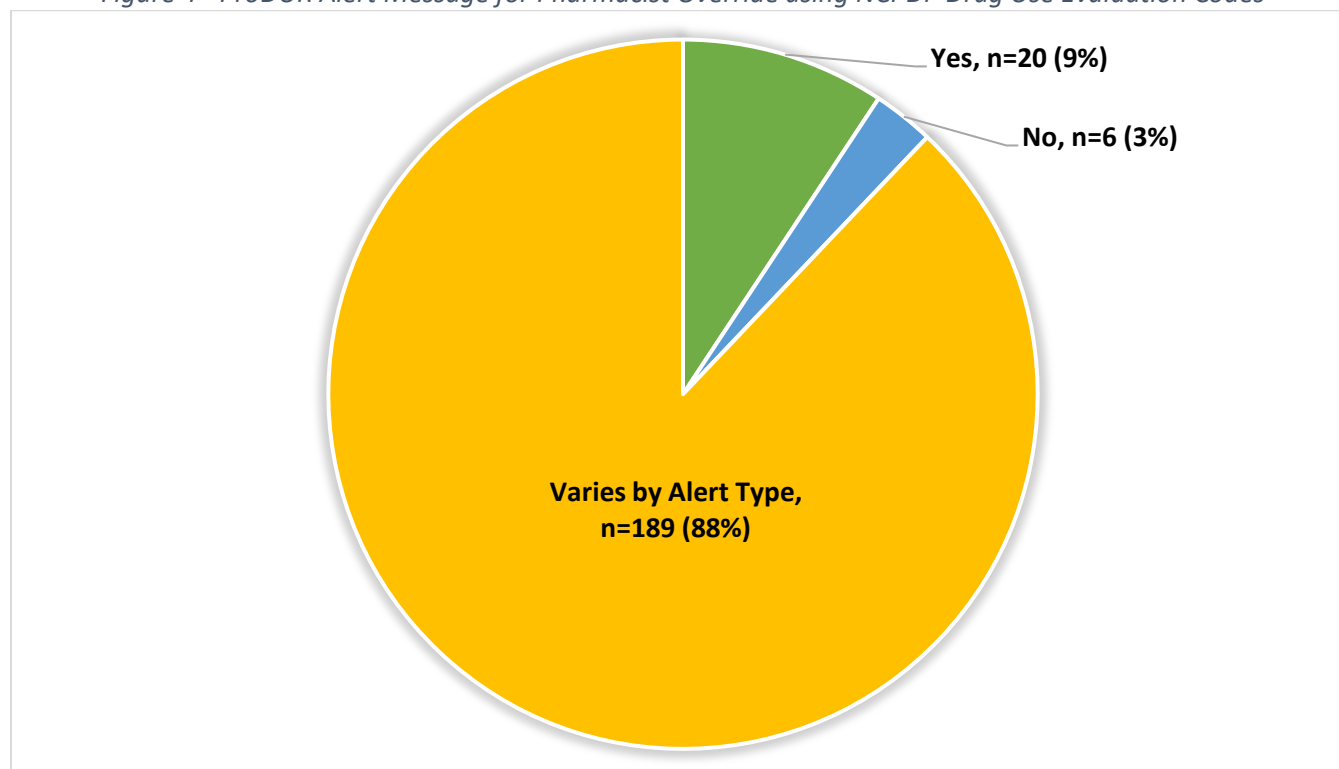


Table 6 - ProDUR Alert Message for Pharmacist Override using NCPDP Drug Use Evaluation Codes

Response	States (Count of MCPs)	Count	Percentage
Yes	Hawaii (1), Illinois (2), Indiana (1), Maryland (1), Massachusetts (1), Nevada (1), New Jersey (1), New Mexico (1), New York (2), Pennsylvania (2), Rhode Island (2), South Carolina (1), Texas (1), Virginia (1), Washington (2)	20	9.30%
No	Delaware (1), District of Columbia (1), Iowa (3), Pennsylvania (1)	6	2.79%
Varies by Alert Type	Arizona (7), Arkansas (4), Colorado (2), Delaware (2), District of Columbia (4), Florida (11), Georgia (3), Hawaii (5), Illinois (4), Indiana (4), Kansas (3), Kentucky (6), Louisiana (5), Maryland (8), Massachusetts (4), Michigan (9), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (4), New Mexico (2), New York (13), North Carolina (5), Ohio (1), Oregon (21), Pennsylvania (4), Puerto Rico (4), Rhode Island (1), South Carolina (4), Texas (15), Utah (4), Virginia (6), Washington (3)	189	87.91%
National Totals		215	100%

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

Figure 5 - ProDUR Alert Types for Pharmacist Override

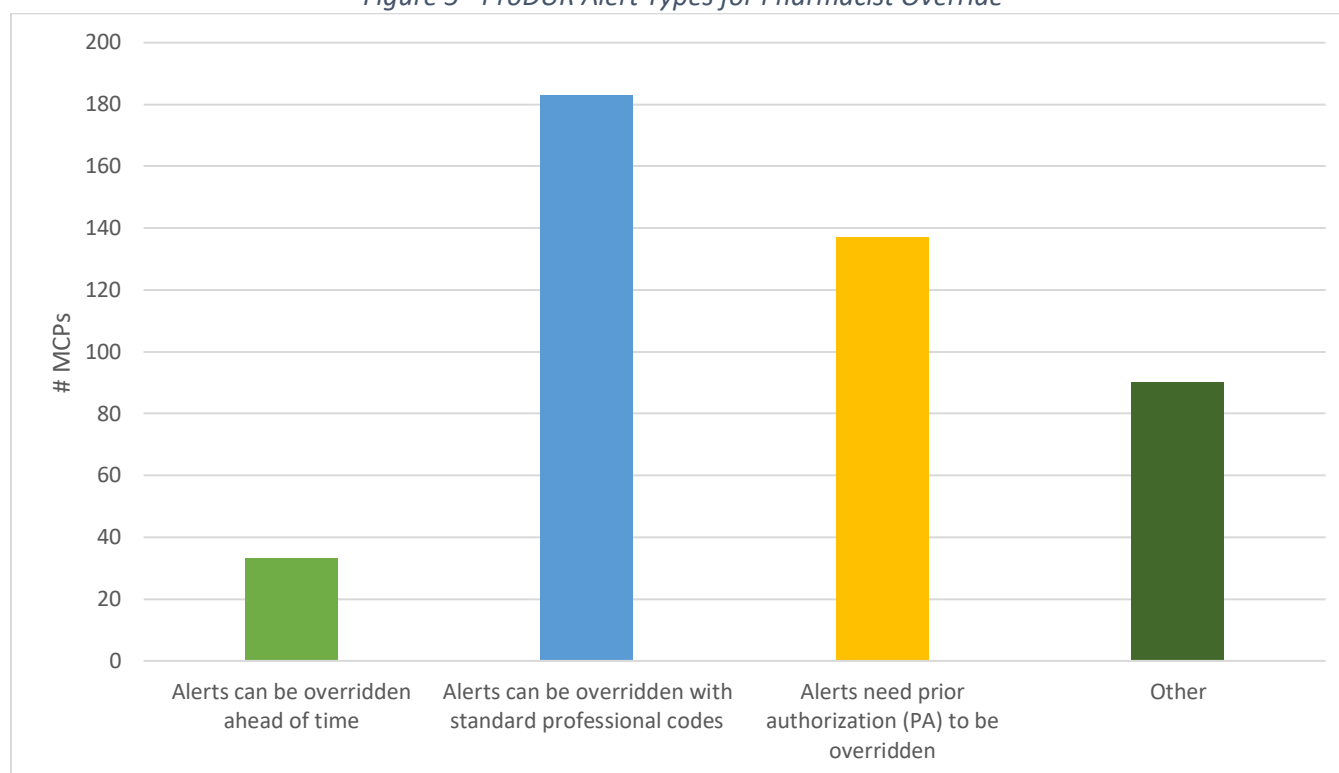


Table 7 - ProDUR Alert Types for Pharmacist Override

Response	States (Count of MCPs)	Count	Percentage
Alerts can be overridden ahead of time	Arizona (1), Arkansas (1), District of Columbia (1), Florida (1), Illinois (2), Maryland (1), Massachusetts (2), Michigan (2), Minnesota (2), Mississippi (1), Nevada (1), New Hampshire (2), New York (2), North Carolina (1), Oregon (7), South Carolina (1), Texas (1), Utah (1), Washington (3)	33	7.45%
Alerts can be overridden with standard professional codes	Arizona (7), Arkansas (4), Colorado (2), Delaware (2), District of Columbia (4), Florida (11), Georgia (2), Hawaii (4), Illinois (6), Indiana (5), Kansas (3), Kentucky (6), Louisiana (5), Maryland (8), Massachusetts (4), Michigan (8), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (4), New Mexico (3), New York (11), North Carolina (4), Oregon (19), Pennsylvania (6), Puerto Rico (4), Rhode Island (3), South Carolina (4), Texas (10), Utah (1), Virginia (7), Washington (5)	183	41.31%
Alerts need prior authorization (PA) to be overridden	Arizona (7), Arkansas (4), Colorado (2), Delaware (2), District of Columbia (3), Florida (9), Georgia (1), Hawaii (2), Illinois (5), Indiana (5), Kansas (3), Kentucky (6), Louisiana (4), Maryland (6), Massachusetts (2), Michigan (8), Minnesota (6), Mississippi (3), Nebraska (3), Nevada (1), New Hampshire (2), New Jersey (2), New Mexico (2), New York (6), North Carolina (2), Oregon (14), Pennsylvania (4), Rhode Island (1), South Carolina (3), Texas (6), Utah (3), Virginia (6), Washington (4)	137	30.93%

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Response	States (Count of MCPs)	Count	Percentage
Other	Arizona (3), Arkansas (2), Colorado (1), Florida (4), Georgia (1), Hawaii (2), Illinois (2), Indiana (1), Kansas (1), Kentucky (6), Louisiana (2), Maryland (3), Massachusetts (2), Michigan (6), Minnesota (4), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (2), New York (6), North Carolina (2), Ohio (1), Oregon (16), Pennsylvania (1), South Carolina (2), Texas (12), Utah (3), Virginia (1), Washington (1)	90	20.32%
National Totals		443	100%

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

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

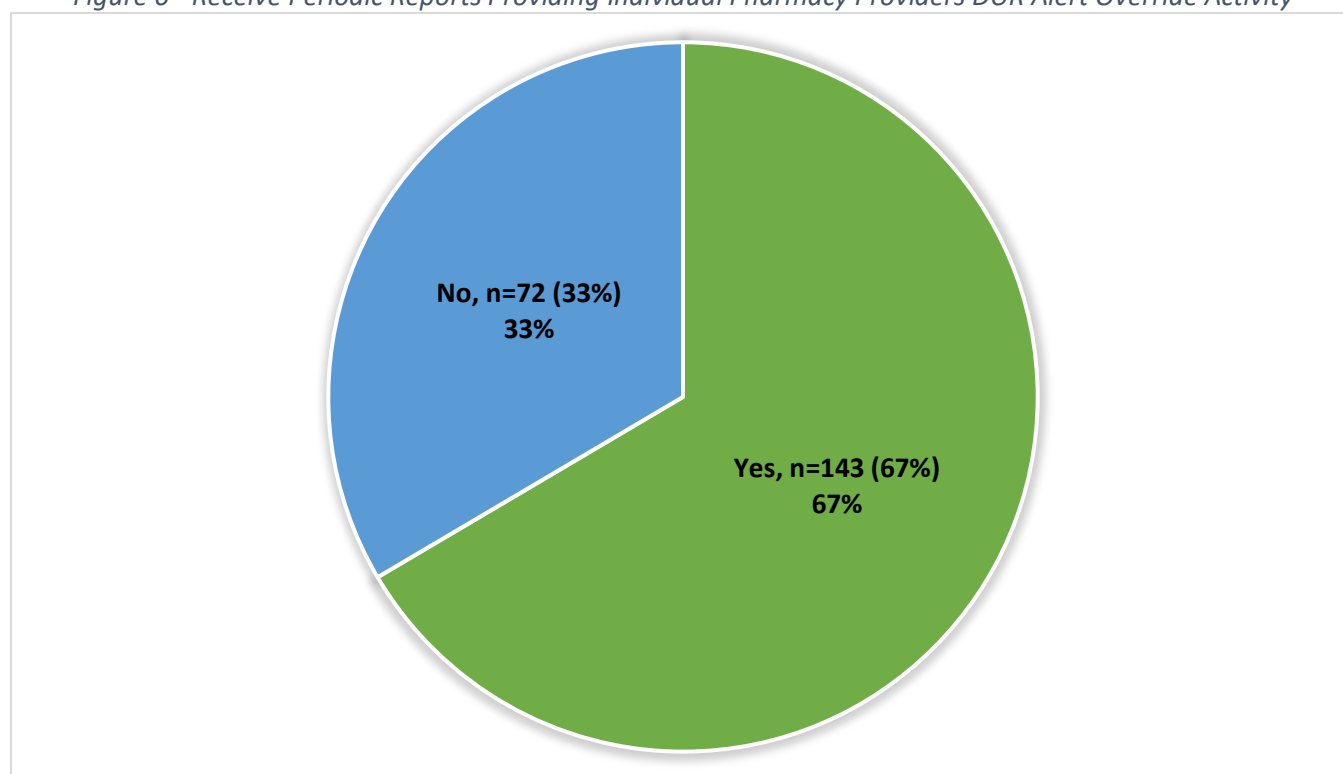


Table 8 - Receive Periodic Reports Providing Individual Pharmacy Providers DUR Alert Override Activity

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (5), Arkansas (3), Colorado (2), Delaware (2), District of Columbia (4), Florida (8), Georgia (1), Hawaii (2), Illinois (6), Indiana (5), Kansas (3), Kentucky (6), Louisiana (4), Maryland (7), Massachusetts (3), Michigan (8), Minnesota (6), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (1), New Jersey (4), New Mexico (1), New York (13), North Carolina (2), Ohio (1), Oregon (9), Pennsylvania (5), Rhode Island (2), South Carolina (2), Texas (5), Utah (3), Virginia (6), Washington (5)	143	66.51%

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Response	States (Count of MCPs)	Count	Percentage
No	Arizona (2), Arkansas (1), Delaware (1), District of Columbia (1), Florida (3), Georgia (2), Hawaii (4), Iowa (3), Louisiana (1), Maryland (2), Massachusetts (2), Michigan (1), Minnesota (3), Nevada (1), New Hampshire (2), New Jersey (1), New Mexico (2), New York (2), North Carolina (3), Oregon (12), Pennsylvania (2), Puerto Rico (4), Rhode Island (1), South Carolina (3), Texas (11), Utah (1), Virginia (1)	72	33.49%
National Totals		215	100%

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

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

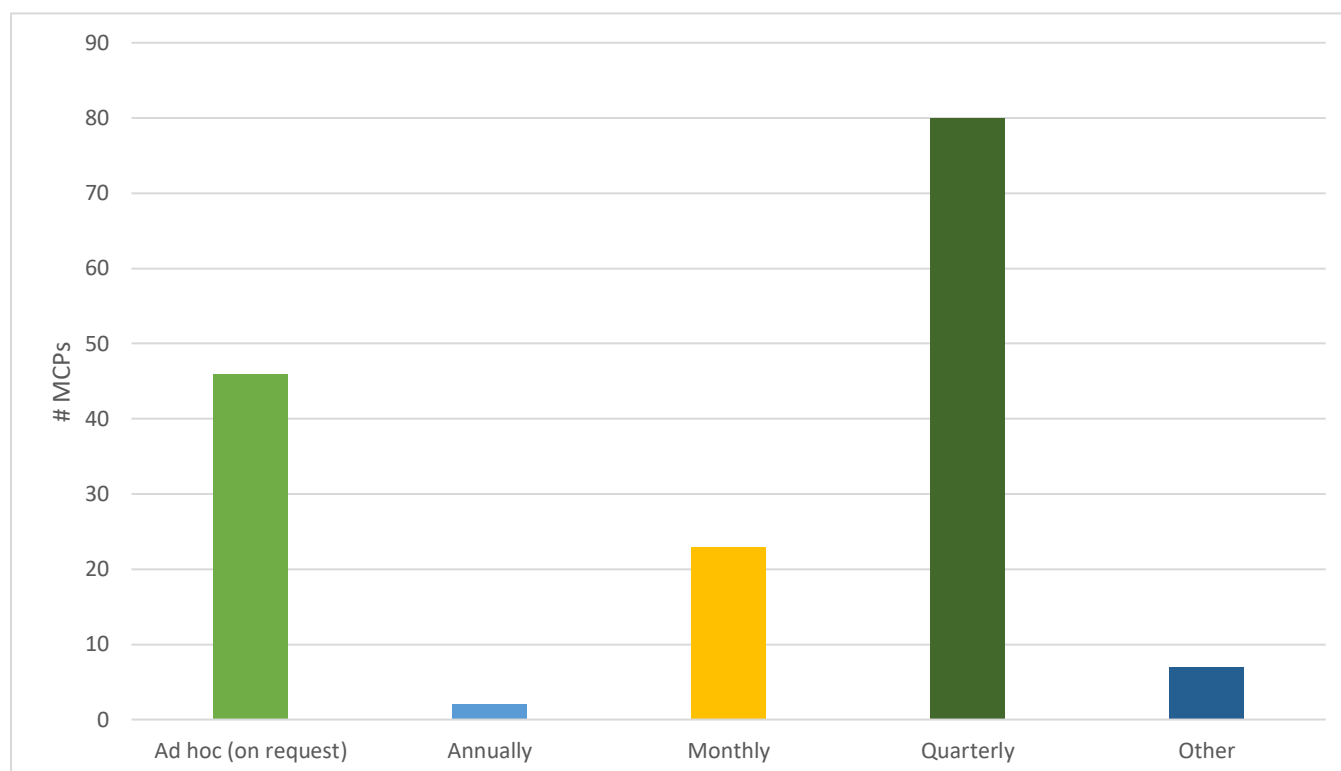


Table 9 - Frequency of Reports Providing Individual Pharmacy Providers DUR Alert Override Activity

Response	States (Count of MCPs)	Count	Percentage
Ad hoc (on request)	Arizona (2), Arkansas (2), Colorado (1), District of Columbia (3), Florida (4), Georgia (1), Indiana (1), Kansas (1), Kentucky (5), Louisiana (1), Maryland (1), Massachusetts (2), Michigan (4), Minnesota (1), New Hampshire (1), New Jersey (1), New York (7), North Carolina (1), Ohio (1), Oregon (1), Pennsylvania (1), South Carolina (1), Texas (1), Utah (1), Washington (1)	46	29.11%
Annually	New York (1), Washington (1)	2	1.27%
Monthly	Arkansas (2), Delaware (1), District of Columbia (1), Illinois (3), Indiana (1), Louisiana (3), Maryland (1), Minnesota (1), Nebraska (2), Nevada (1), New Mexico (1), Ohio (1), Pennsylvania (1), Texas (1), Utah (1), Virginia (1), Washington (1)	23	14.56%

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Response	States (Count of MCPs)	Count	Percentage
Quarterly	Arizona (4), Colorado (1), Delaware (1), District of Columbia (2), Florida (4), Hawaii (2), Illinois (4), Indiana (3), Kansas (2), Kentucky (1), Maryland (5), Massachusetts (2), Michigan (5), Minnesota (3), Mississippi (3), Nebraska (1), Nevada (2), New Jersey (3), New York (4), North Carolina (2), Oregon (8), Pennsylvania (3), Rhode Island (2), South Carolina (1), Texas (3), Utah (2), Virginia (6), Washington (1)	80	50.63%
Other	Illinois (1), Louisiana (1), Minnesota (1), New York (2), Utah (1), Washington (1)	7	4.43%
National Totals		158	100%

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

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

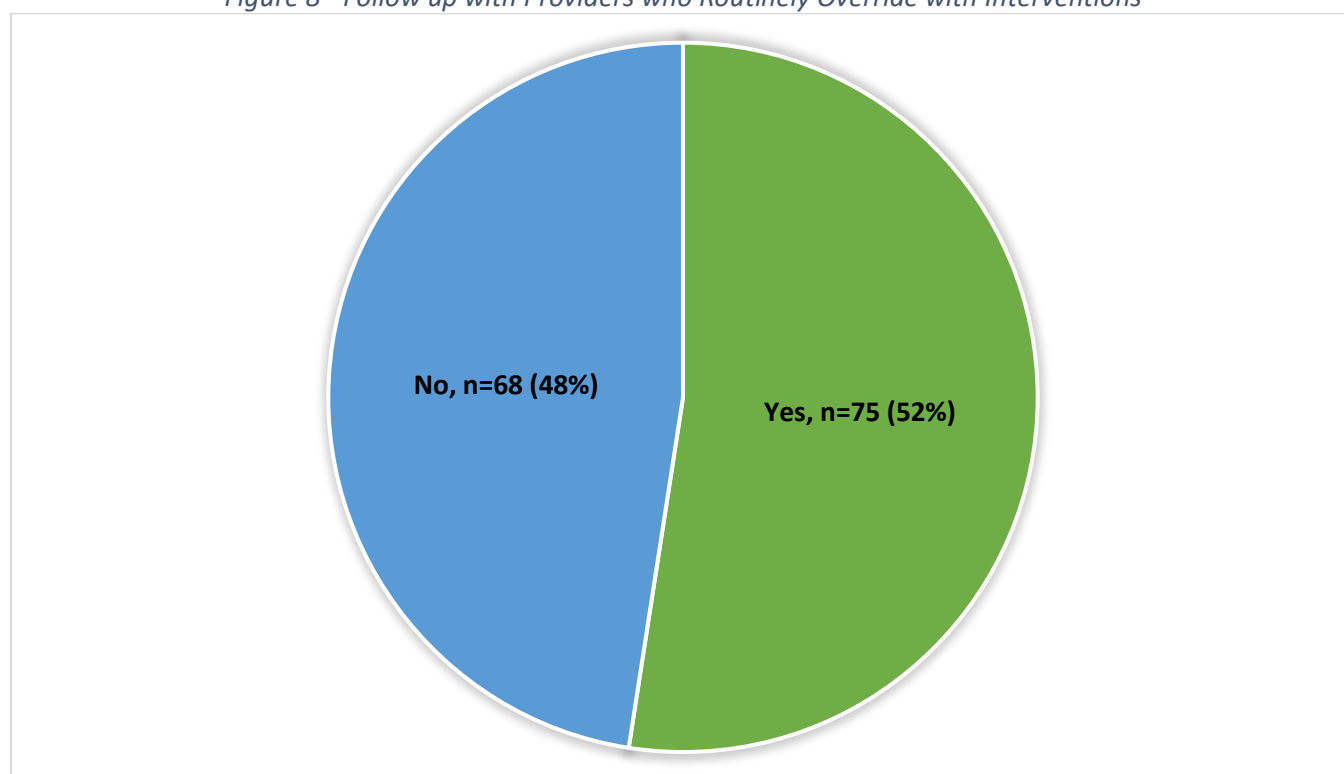


Table 10 - Follow up with Providers who Routinely Override with Interventions

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (1), Colorado (1), Delaware (2), District of Columbia (3), Florida (3), Hawaii (2), Illinois (2), Indiana (4), Kansas (2), Kentucky (1), Louisiana (2), Maryland (6), Massachusetts (2), Michigan (6), Minnesota (4), Mississippi (3), Nebraska (2), Nevada (1), New Hampshire (1), New Jersey (3), New Mexico (1), New York (4), North Carolina (1), Ohio (1), Oregon (3), Pennsylvania (3), Rhode Island (2), Texas (4), Utah (1), Virginia (1), Washington (3)	75	52.45%

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Response	States (Count of MCPs)	Count	Percentage
No	Arizona (4), Arkansas (3), Colorado (1), District of Columbia (1), Florida (5), Georgia (1), Illinois (4), Indiana (1), Kansas (1), Kentucky (5), Louisiana (2), Maryland (1), Massachusetts (1), Michigan (2), Minnesota (2), Nebraska (1), Nevada (2), New Jersey (1), New York (9), North Carolina (1), Oregon (6), Pennsylvania (2), South Carolina (2), Texas (1), Utah (2), Virginia (5), Washington (2)	68	47.55%
National Totals		143	100%

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

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

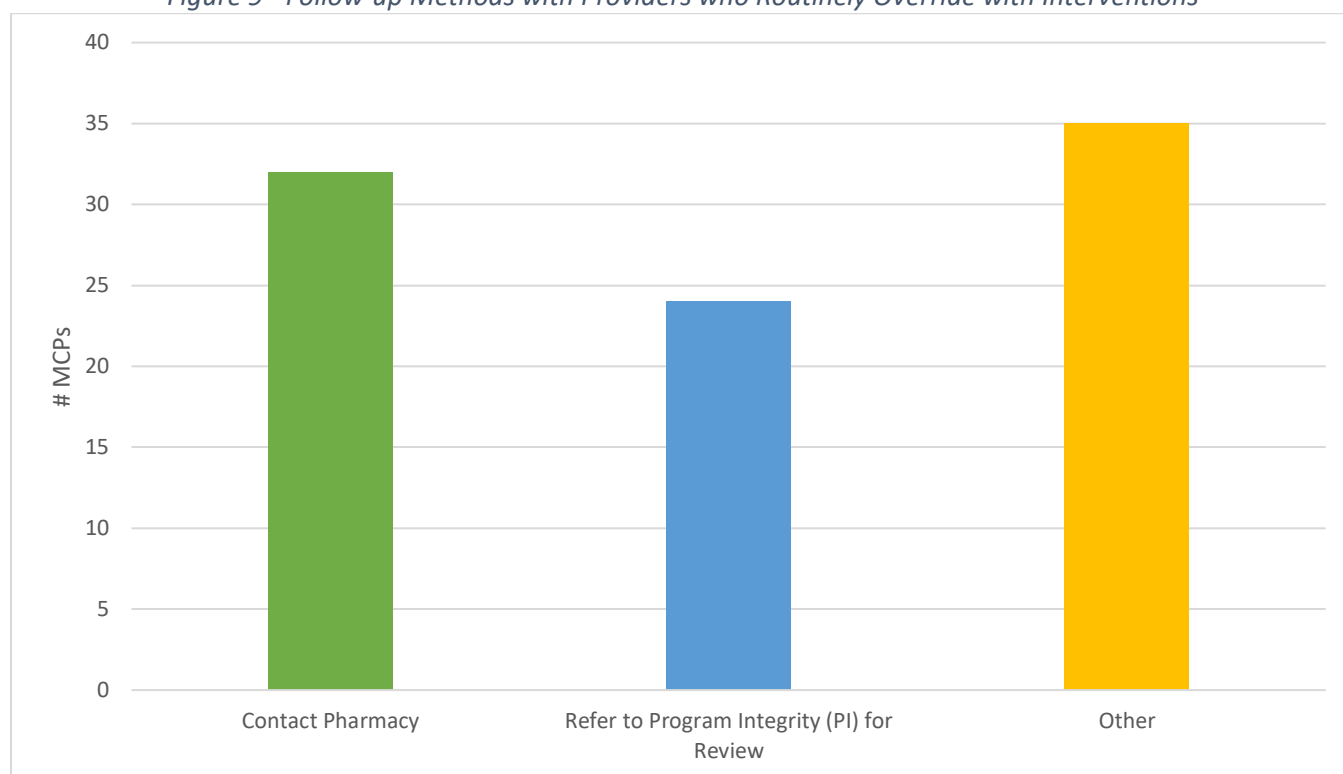


Table 11 - Follow-up Methods with Providers who Routinely Override with Interventions

Response	States (Count of MCPs)	Count	Percentage
Contact Pharmacy	Delaware (2), District of Columbia (2), Florida (2), Hawaii (1), Illinois (1), Louisiana (1), Maryland (4), Massachusetts (1), Michigan (2), Minnesota (2), Nebraska (1), New Jersey (2), New York (3), Oregon (3), Pennsylvania (3), Rhode Island (1), Texas (1)	32	35.16%
Refer to Program Integrity (PI) for Review	Delaware (1), Indiana (3), Kansas (1), Louisiana (2), Maryland (2), Massachusetts (1), Michigan (3), Minnesota (1), Mississippi (2), New Hampshire (1), New York (1), Ohio (1), Oregon (1), Pennsylvania (1), Rhode Island (1), Texas (1), Washington (1)	24	26.37%

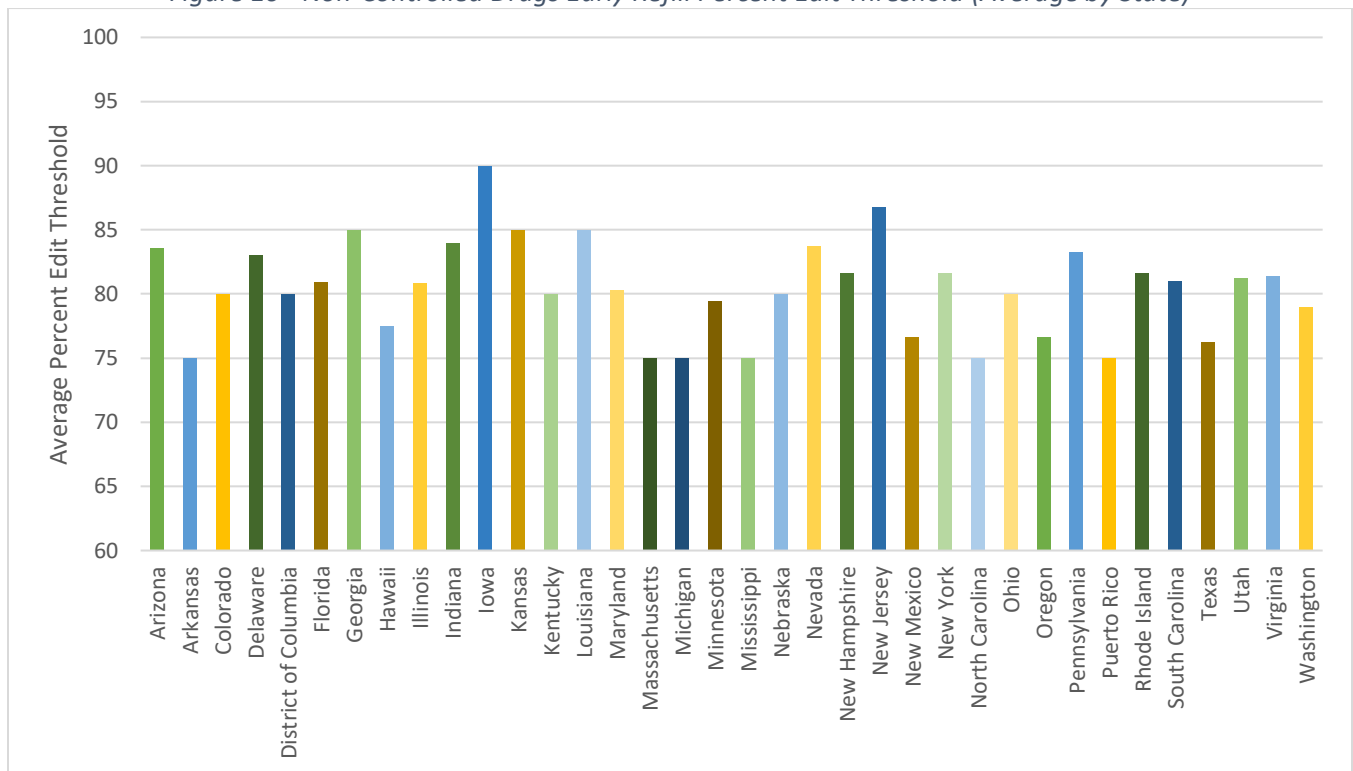
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Response	States (Count of MCPs)	Count	Percentage
Other	Arizona (1), Colorado (1), District of Columbia (1), Florida (1), Hawaii (1), Illinois (1), Indiana (1), Kansas (1), Kentucky (1), Louisiana (1), Maryland (2), Massachusetts (1), Michigan (4), Minnesota (2), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (1), New Mexico (1), New York (1), North Carolina (1), Pennsylvania (1), Rhode Island (1), Texas (3), Utah (1), Virginia (1), Washington (2)	35	38.46%
National Totals		91	100%

5. Early Refill

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

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



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

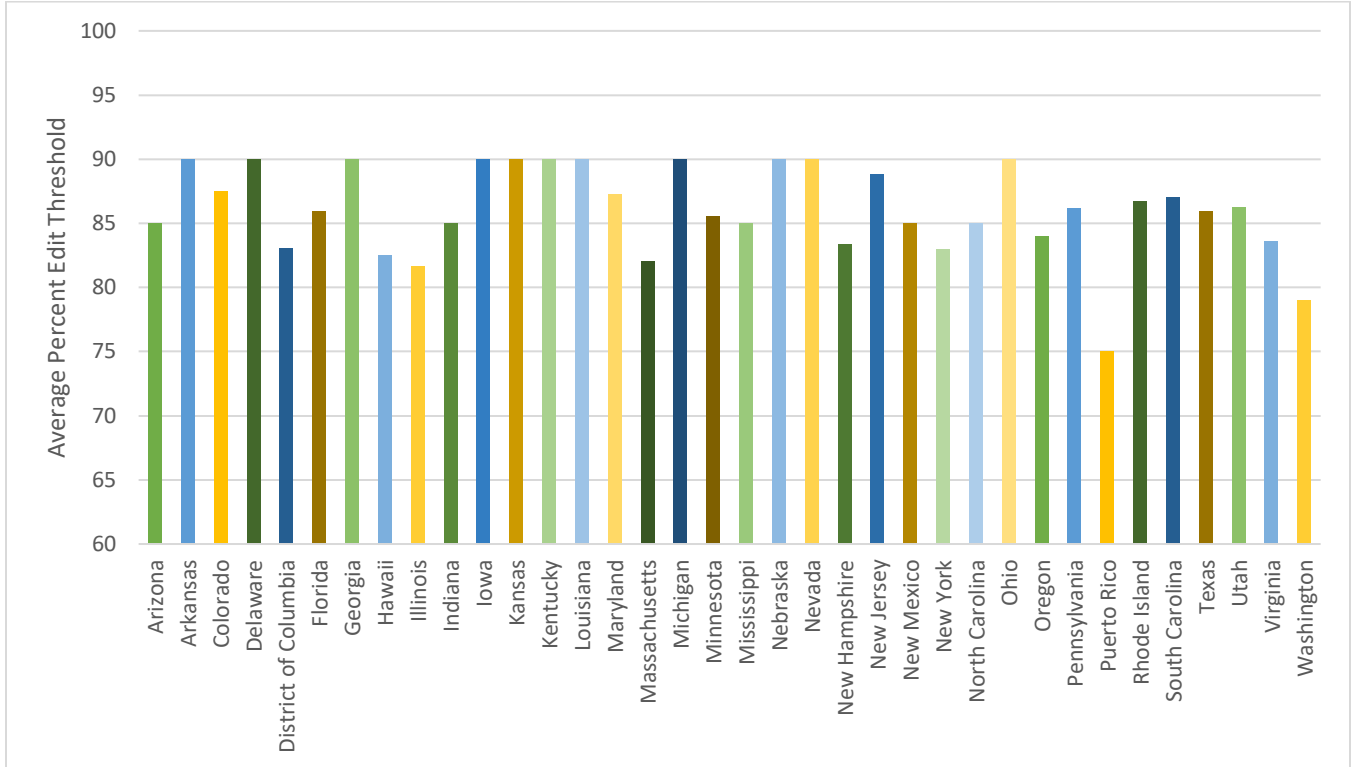
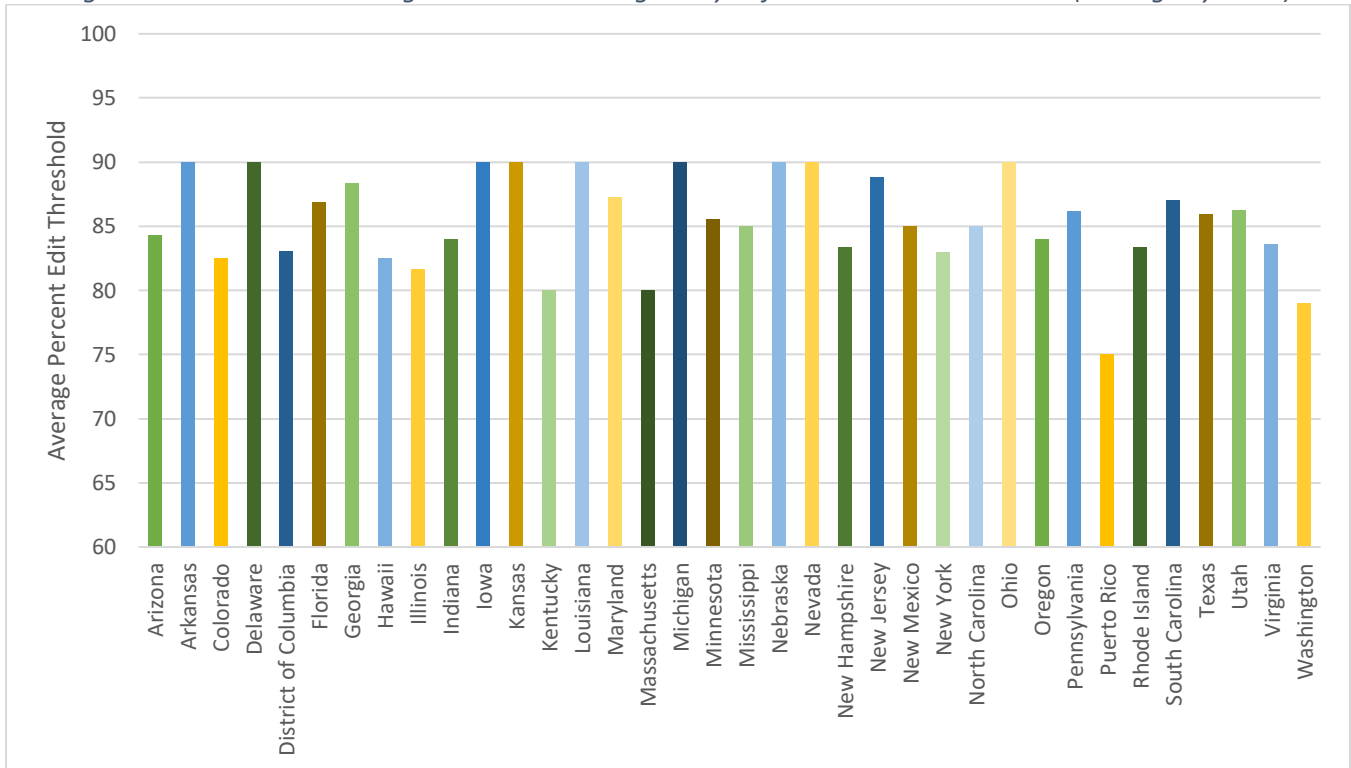


Figure 12 - Schedule III through V Controlled Drugs Early Refill Percent Edit Threshold (Average by State)



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

State	Non-controlled Drugs	Schedule II Controlled Drugs	Schedule III through V Controlled Drugs
Arizona	84%	85%	84%
Arkansas	75%	90%	90%
Colorado	80%	88%	83%
Delaware	83%	90%	90%
District of Columbia	80%	83%	83%
Florida	81%	86%	87%
Georgia	85%	90%	88%
Hawaii	78%	83%	83%
Illinois	81%	82%	82%
Indiana	84%	85%	84%
Iowa	90%	90%	90%
Kansas	85%	90%	90%
Kentucky	80%	90%	80%
Louisiana	85%	90%	90%
Maryland	80%	87%	87%
Massachusetts	75%	82%	80%
Michigan	75%	90%	90%
Minnesota	79%	86%	86%
Mississippi	75%	85%	85%
Nebraska	80%	90%	90%
Nevada	84%	90%	90%
New Hampshire	82%	83%	83%
New Jersey	87%	89%	89%
New Mexico	77%	85%	85%
New York	82%	83%	83%
North Carolina	75%	85%	85%
Ohio	80%	90%	90%
Oregon	77%	84%	84%
Pennsylvania	83%	86%	86%
Puerto Rico	75%	75%	75%
Rhode Island	82%	87%	83%
South Carolina	81%	87%	87%
Texas	76%	86%	86%
Utah	81%	86%	86%
Virginia	81%	84%	84%
Washington	79%	79%	79%
National Average	80%	86%	85%

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

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

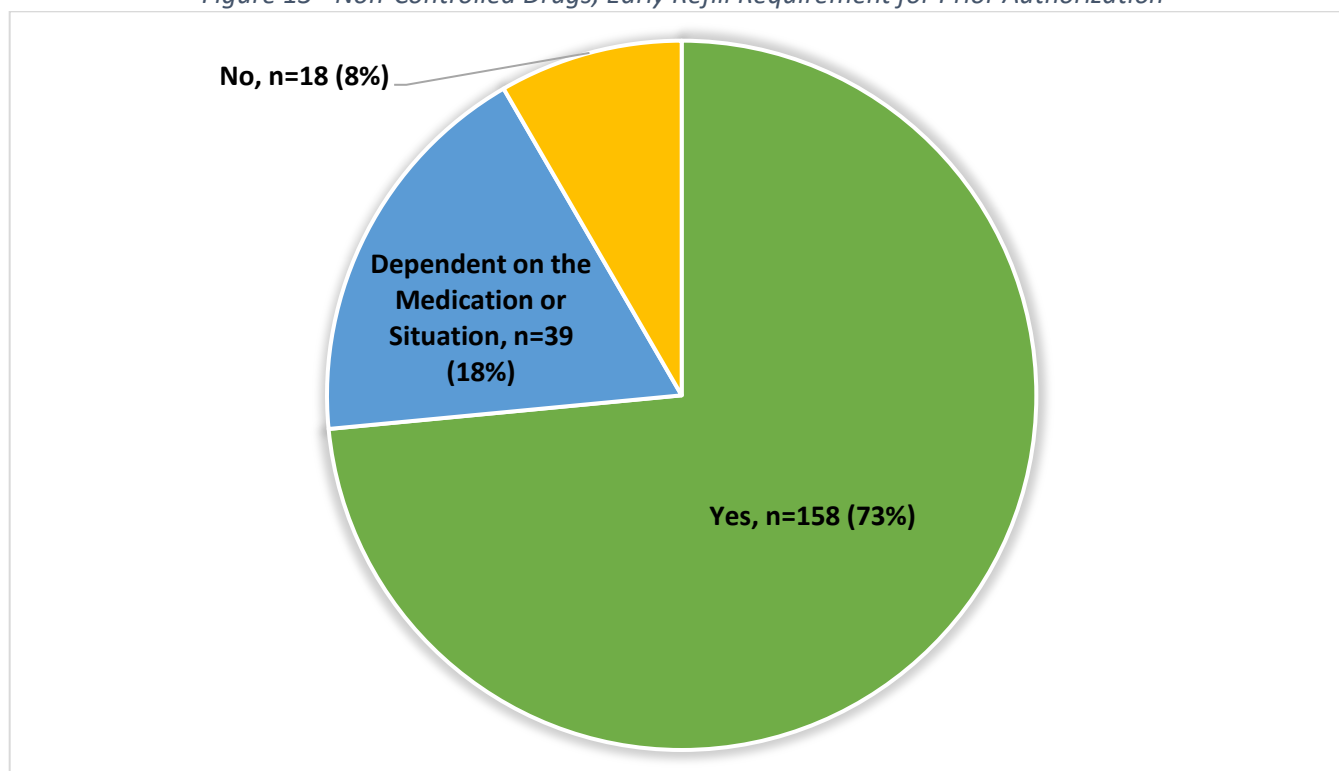


Table 13 - Non-Controlled Drugs, Early Refill Requirement for Prior Authorization

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (4), Arkansas (3), Colorado (1), Delaware (3), District of Columbia (4), Florida (8), Georgia (3), Hawaii (3), Illinois (5), Indiana (5), Iowa (3), Kansas (2), Kentucky (6), Louisiana (4), Maryland (7), Massachusetts (2), Michigan (6), Minnesota (7), Mississippi (2), Nevada (2), New Hampshire (1), New Jersey (5), New Mexico (1), New York (13), North Carolina (3), Oregon (17), Pennsylvania (4), Puerto Rico (4), Rhode Island (3), South Carolina (2), Texas (14), Utah (3), Virginia (4), Washington (4)	158	73.49%
Dependent on the medication or situation	Arizona (3), Arkansas (1), Colorado (1), Florida (2), Hawaii (2), Illinois (1), Kansas (1), Maryland (1), Massachusetts (1), Michigan (2), Mississippi (1), Nebraska (3), Nevada (1), New Hampshire (1), New Mexico (2), New York (2), North Carolina (1), Oregon (1), Pennsylvania (2), South Carolina (3), Texas (2), Utah (1), Virginia (3), Washington (1)	39	18.14%
No	District of Columbia (1), Florida (1), Hawaii (1), Louisiana (1), Maryland (1), Massachusetts (2), Michigan (1), Minnesota (2), Nevada (1), New Hampshire (1), North Carolina (1), Ohio (1), Oregon (3), Pennsylvania (1)	18	8.37%
National Totals		215	100%

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

Figure 14 - Non-Controlled Drugs Early Refill Authorization Sources

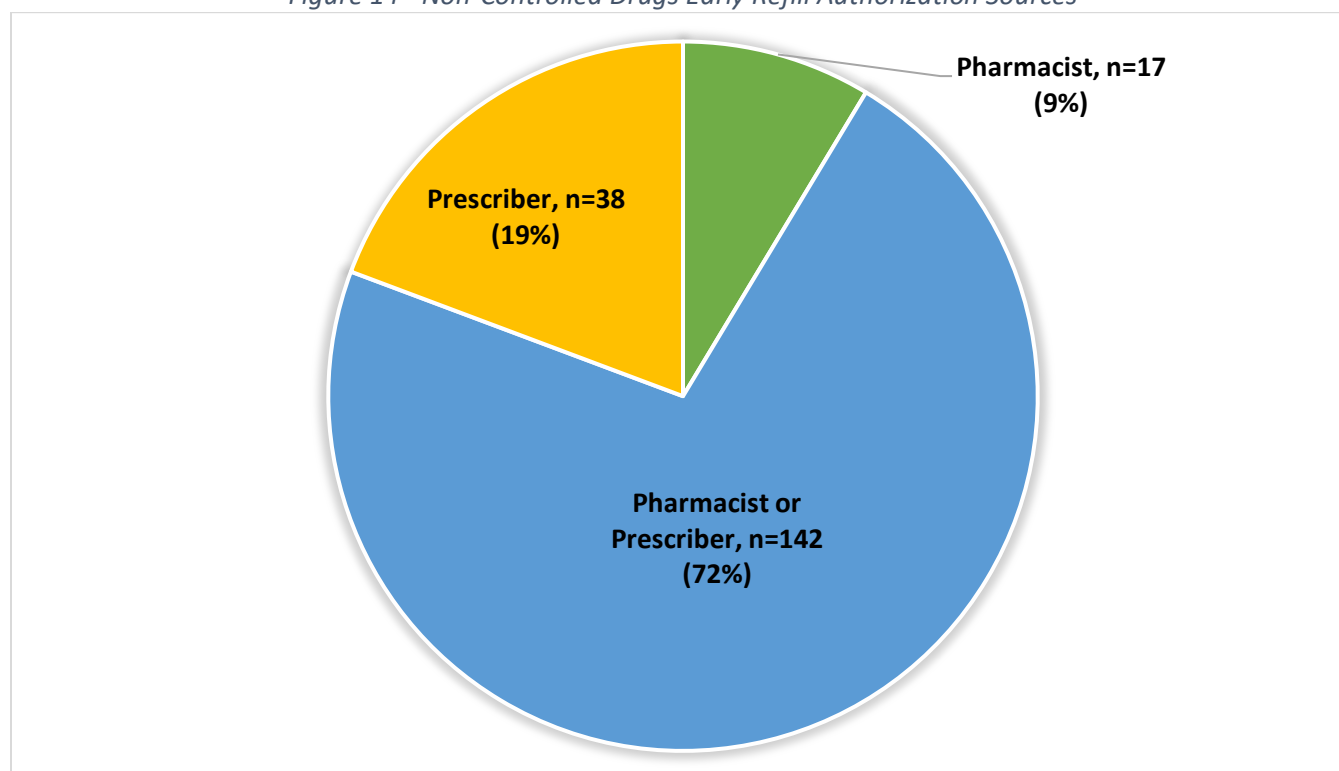


Table 14 - Non-Controlled Drugs Early Refill Authorization Sources

Response	States (Count of MCPs)	Count	Percentage
Pharmacist	Arkansas (1), District of Columbia (1), Florida (1), Maryland (1), Massachusetts (1), Minnesota (3), Nebraska (1), New York (2), North Carolina (1), Puerto Rico (4), South Carolina (1)	17	8.63%
Pharmacist or Prescriber	Arizona (6), Arkansas (3), Colorado (2), Delaware (2), District of Columbia (3), Florida (6), Georgia (2), Hawaii (4), Illinois (5), Indiana (4), Kansas (1), Kentucky (6), Louisiana (2), Maryland (5), Massachusetts (2), Michigan (7), Minnesota (3), Mississippi (1), Nebraska (1), Nevada (2), New Hampshire (2), New Jersey (3), New Mexico (3), New York (9), North Carolina (1), Oregon (18), Pennsylvania (4), Rhode Island (3), South Carolina (4), Texas (15), Utah (4), Virginia (4), Washington (5)	142	72.08%
Prescriber	Arizona (1), Delaware (1), Florida (3), Georgia (1), Hawaii (1), Illinois (1), Indiana (1), Iowa (3), Kansas (2), Louisiana (2), Maryland (2), Michigan (1), Minnesota (1), Mississippi (2), Nebraska (1), Nevada (1), New Jersey (2), New York (4), North Carolina (2), Pennsylvania (2), Texas (1), Virginia (3)	38	19.29%
National Totals		197	100%

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

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

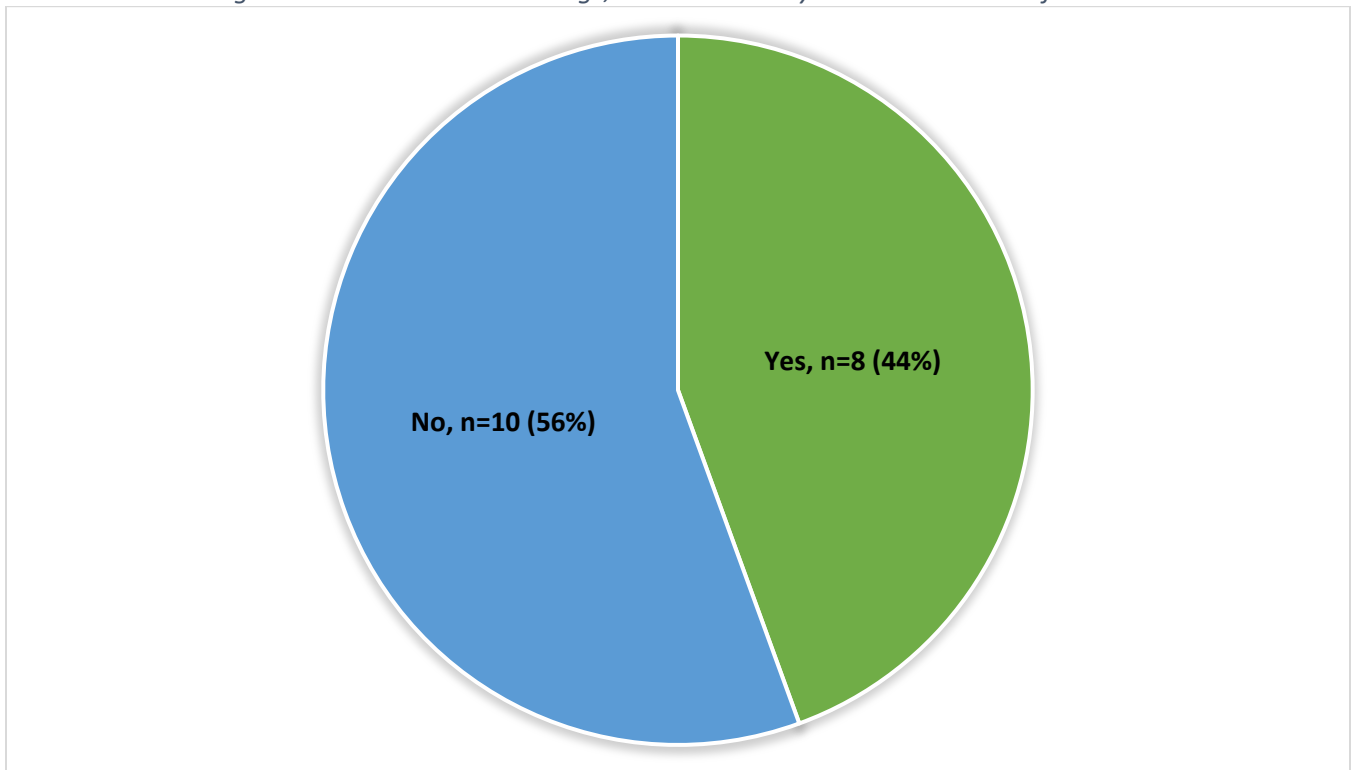


Table 15 - Non-Controlled Drugs, Pharmacist May Override at Point of Service

Response	States (Count of MCPs)	Count	Percentage
Yes	Hawaii (1), Massachusetts (2), Minnesota (1), North Carolina (1), Oregon (2), Pennsylvania (1)	8	44.44%
No	District of Columbia (1), Florida (1), Louisiana (1), Maryland (1), Michigan (1), Minnesota (1), Nevada (1), New Hampshire (1), Ohio (1), Oregon (1)	10	55.56%
National Totals		18	100%

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

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

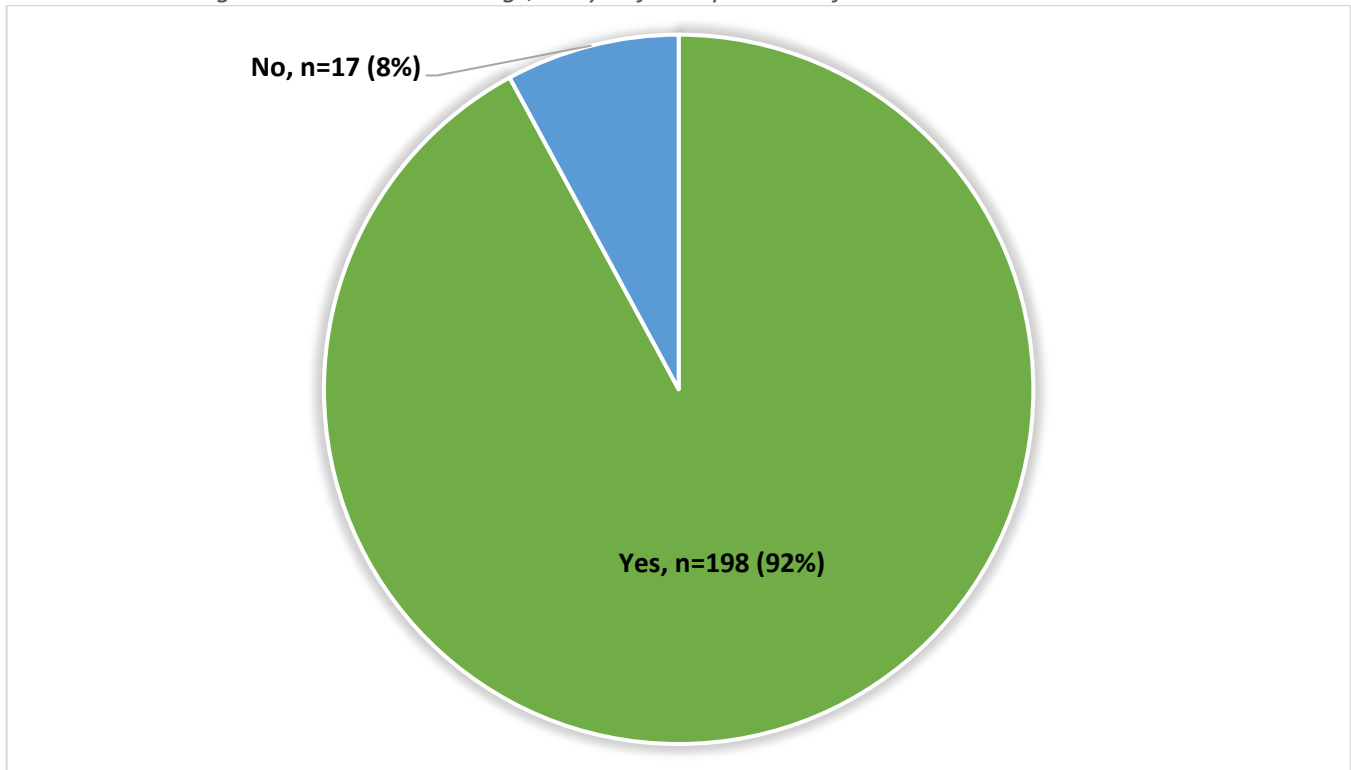


Table 16 - Controlled Drugs, Early Refill Requirement for MCP Prior Authorization

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (4), Florida (11), Georgia (3), Hawaii (5), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (4), Maryland (8), Massachusetts (4), Michigan (8), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (3), New York (14), North Carolina (4), Oregon (18), Pennsylvania (6), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (16), Utah (4), Virginia (7), Washington (5)	198	92.09%
No	District of Columbia (1), Hawaii (1), Louisiana (1), Maryland (1), Massachusetts (1), Michigan (1), Minnesota (2), Nevada (1), New Hampshire (1), New York (1), North Carolina (1), Ohio (1), Oregon (3), Pennsylvania (1)	17	7.91%
National Totals		215	100%

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If “Yes,” who obtains authorization?

Figure 17 - Controlled Drugs Early Refill Authorization Source

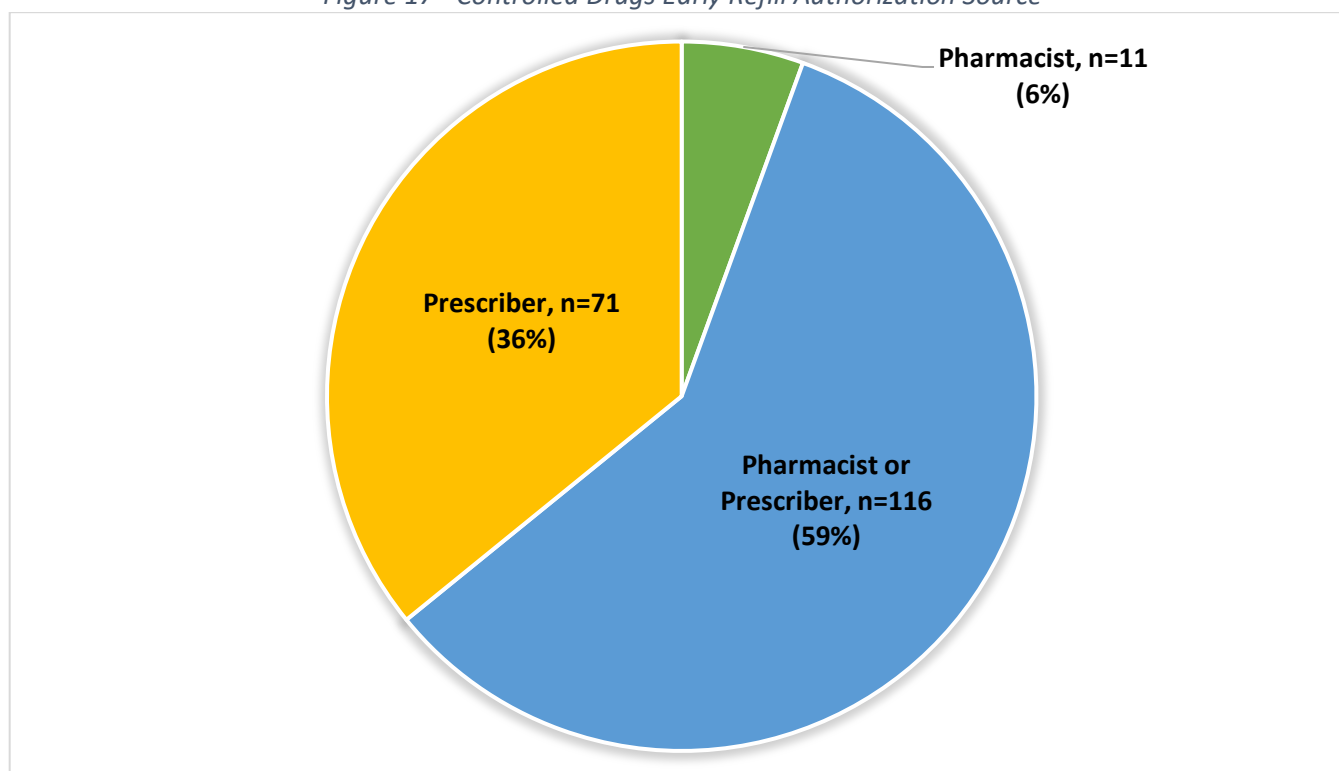


Table 17 - Controlled Drugs Early Refill Authorization Source

Response	States (Count of MCPs)	Count	Percentage
Pharmacist	Arkansas (1), Maryland (1), Minnesota (2), New York (2), Puerto Rico (4), South Carolina (1)	11	5.56%
Pharmacist or Prescriber	Arizona (4), Arkansas (3), Colorado (2), Delaware (2), District of Columbia (4), Florida (6), Georgia (1), Hawaii (4), Illinois (4), Indiana (1), Kansas (1), Louisiana (2), Maryland (4), Massachusetts (4), Michigan (4), Minnesota (3), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (2), New Jersey (2), New Mexico (3), New York (7), North Carolina (1), Oregon (17), Pennsylvania (3), Rhode Island (1), South Carolina (3), Texas (14), Utah (2), Virginia (4), Washington (5)	116	58.59%
Prescriber	Arizona (3), Delaware (1), Florida (5), Georgia (2), Hawaii (1), Illinois (2), Indiana (4), Iowa (3), Kansas (2), Kentucky (6), Louisiana (2), Maryland (3), Michigan (4), Minnesota (2), Mississippi (2), Nebraska (2), Nevada (2), New Jersey (3), New York (5), North Carolina (3), Oregon (1), Pennsylvania (3), Rhode Island (2), South Carolina (1), Texas (2), Utah (2), Virginia (3)	71	35.86%
National Totals		198	100%

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

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

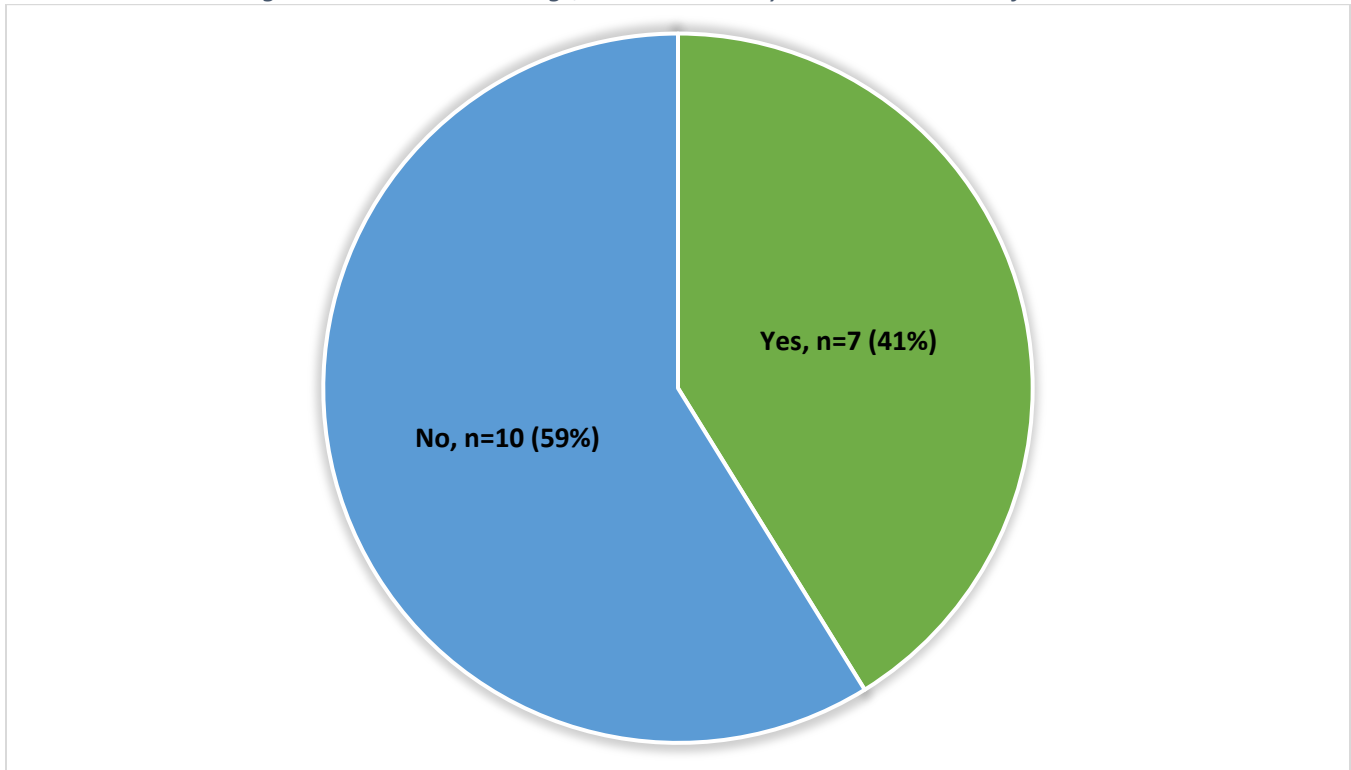


Table 18 - Controlled Drugs, Pharmacist May Override at Point of Service

Response	States (Count of MCPs)	Count	Percentage
Yes	Hawaii (1), Massachusetts (1), Michigan (1), North Carolina (1), Oregon (2), Pennsylvania (1)	7	41.18%
No	District of Columbia (1), Louisiana (1), Maryland (1), Minnesota (2), Nevada (1), New Hampshire (1), New York (1), Ohio (1), Oregon (1)	10	58.82%
National Totals		17	100%

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

Figure 19 - Allow Pharmacist Overrides for an Early Refill

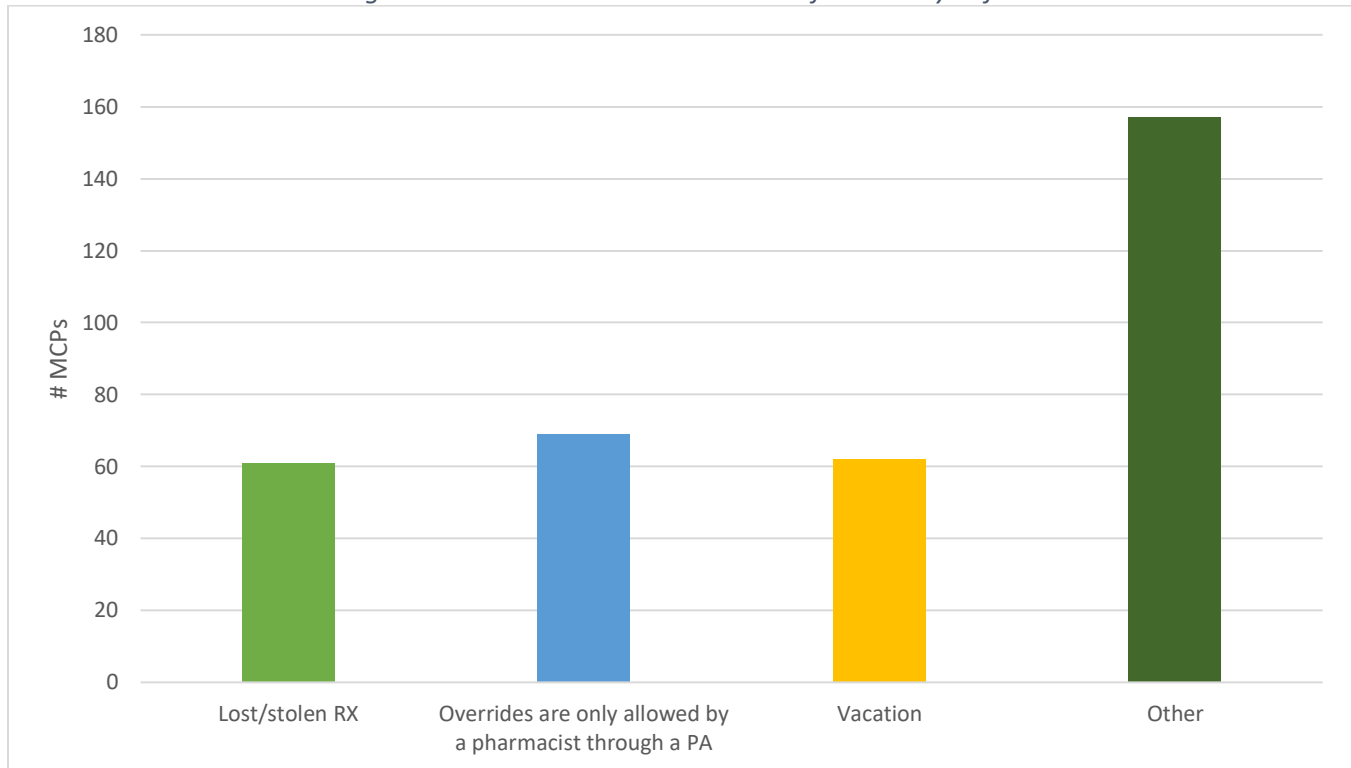


Table 19 - Allow Pharmacist Overrides for an Early Refill

Response	States (Count of MCPs)	Count	Percentage
Lost/stolen RX	Arizona (2), Arkansas (2), Colorado (1), Delaware (1), District of Columbia (1), Florida (5), Georgia (1), Hawaii (1), Illinois (1), Indiana (2), Maryland (2), Massachusetts (3), Michigan (3), Minnesota (2), Mississippi (2), Nevada (2), New Hampshire (2), New York (1), North Carolina (2), Ohio (1), Oregon (9), Pennsylvania (3), Rhode Island (1), South Carolina (2), Texas (3), Virginia (4), Washington (2)	61	17.48%
Overrides are only allowed by a pharmacist through a PA	Arizona (3), Arkansas (1), Colorado (1), District of Columbia (2), Florida (4), Hawaii (2), Illinois (3), Indiana (2), Kansas (2), Kentucky (5), Louisiana (1), Maryland (4), Massachusetts (1), Michigan (2), Minnesota (4), Mississippi (3), Nebraska (1), New Jersey (3), New Mexico (1), New York (3), Oregon (10), Pennsylvania (1), Puerto Rico (4), Rhode Island (1), South Carolina (1), Texas (2), Virginia (2)	69	19.77%
Vacation	Arizona (2), Arkansas (2), Colorado (1), Delaware (1), District of Columbia (1), Florida (6), Georgia (1), Hawaii (1), Illinois (1), Indiana (3), Kansas (1), Maryland (3), Massachusetts (3), Michigan (4), Minnesota (2), Mississippi (2), Nevada (1), New Hampshire (2), New Jersey (1), New York (1), North Carolina (2), Ohio (1), Oregon (7), Pennsylvania (3), Rhode Island (1), South Carolina (2), Texas (4), Virginia (1), Washington (2)	62	17.77%

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Response	States (Count of MCPs)	Count	Percentage
Other	Arizona (5), Arkansas (4), Colorado (1), Delaware (2), District of Columbia (3), Florida (6), Georgia (3), Hawaii (4), Illinois (4), Indiana (3), Iowa (3), Kansas (2), Kentucky (1), Louisiana (4), Maryland (5), Massachusetts (4), Michigan (8), Minnesota (7), Mississippi (1), Nebraska (2), Nevada (4), New Hampshire (2), New Jersey (1), New Mexico (3), New York (13), North Carolina (4), Ohio (1), Oregon (18), Pennsylvania (5), Rhode Island (3), South Carolina (3), Texas (14), Utah (4), Virginia (5), Washington (5)	157	44.99%
National Totals		349	100%

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

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

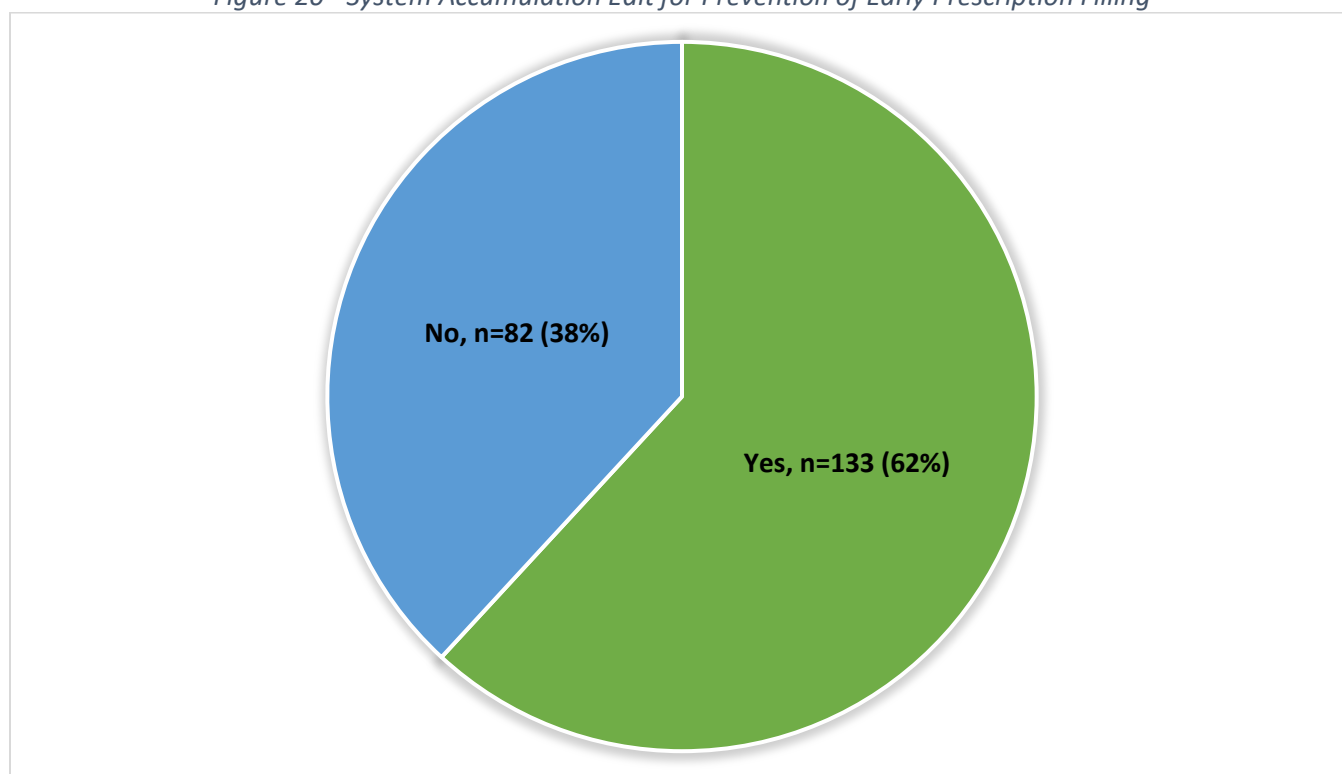


Table 20 - System Accumulation Edit for Prevention of Early Prescription Filling

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (5), Arkansas (4), Delaware (2), District of Columbia (4), Florida (10), Georgia (2), Hawaii (3), Illinois (6), Indiana (2), Kansas (1), Kentucky (6), Louisiana (2), Maryland (7), Massachusetts (3), Michigan (5), Minnesota (5), Mississippi (2), Nebraska (1), Nevada (4), New Hampshire (3), New Jersey (3), New Mexico (3), New York (10), North Carolina (1), Ohio (1), Oregon (15), Pennsylvania (4), Puerto Rico (4), Rhode Island (1), South Carolina (2), Texas (3), Utah (3), Virginia (2), Washington (4)	133	61.86%

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Response	States (Count of MCPs)	Count	Percentage
No	Arizona (2), Colorado (2), Delaware (1), District of Columbia (1), Florida (1), Georgia (1), Hawaii (3), Indiana (3), Iowa (3), Kansas (2), Louisiana (3), Maryland (2), Massachusetts (2), Michigan (4), Minnesota (4), Mississippi (1), Nebraska (2), New Jersey (2), New York (5), North Carolina (4), Oregon (6), Pennsylvania (3), Rhode Island (2), South Carolina (3), Texas (13), Utah (1), Virginia (5), Washington (1)	82	38.14%
National Totals		215	100%

If “Yes”, please explain your edit.

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

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

Figure 21 - Plans to Implement a System Accumulation Edit

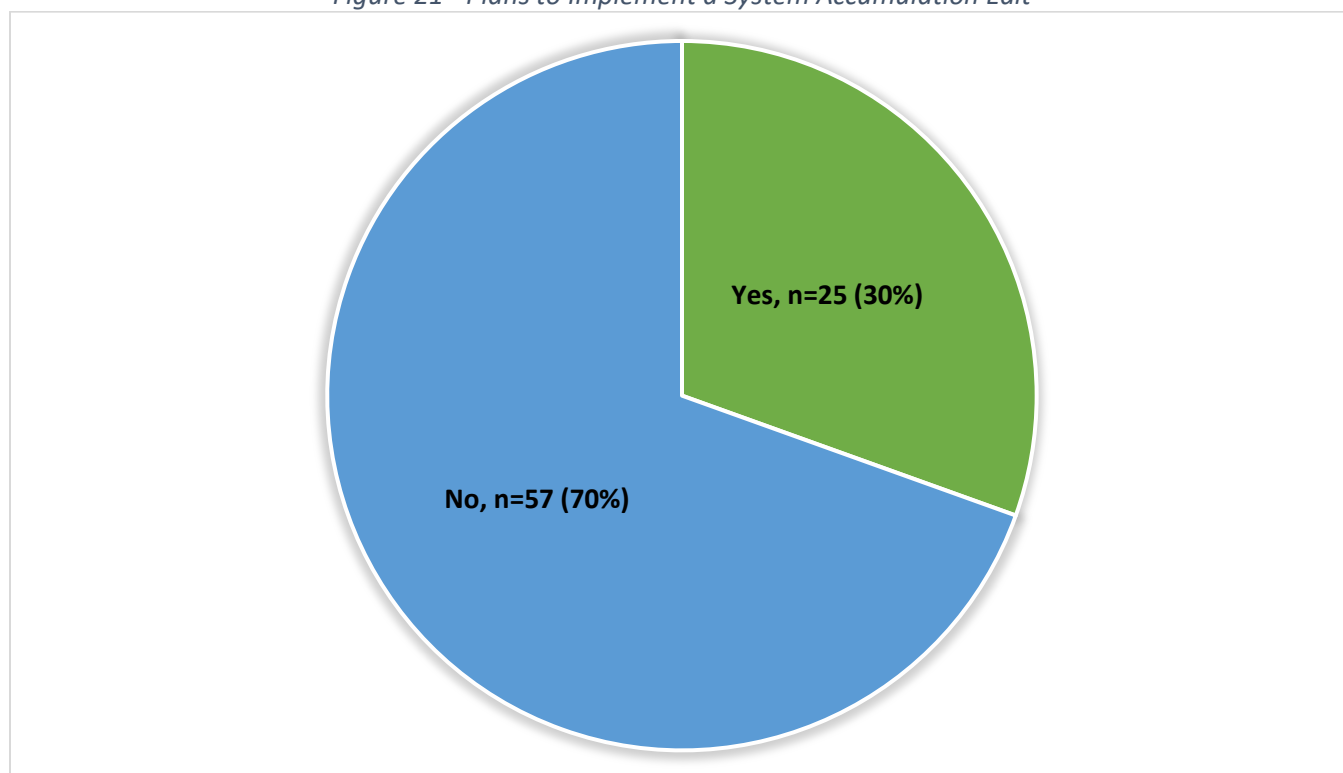


Table 21 - Plans to Implement a System Accumulation Edit

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (1), Colorado (1), Delaware (1), District of Columbia (1), Florida (1), Georgia (1), Hawaii (2), Indiana (2), Iowa (3), Kansas (1), Michigan (2), Nebraska (1), New Jersey (2), New York (1), South Carolina (2), Texas (3)	25	30.49%

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Response	States (Count of MCPs)	Count	Percentage
No	Arizona (1), Colorado (1), Hawaii (1), Indiana (1), Kansas (1), Louisiana (3), Maryland (2), Massachusetts (2), Michigan (2), Minnesota (4), Mississippi (1), Nebraska (1), New York (4), North Carolina (4), Oregon (6), Pennsylvania (3), Rhode Island (2), South Carolina (1), Texas (10), Utah (1), Virginia (5), Washington (1)	57	69.51%
National Totals		82	100%

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

Figure 22 - MCP Policy Prohibiting Auto-Refill at the POS

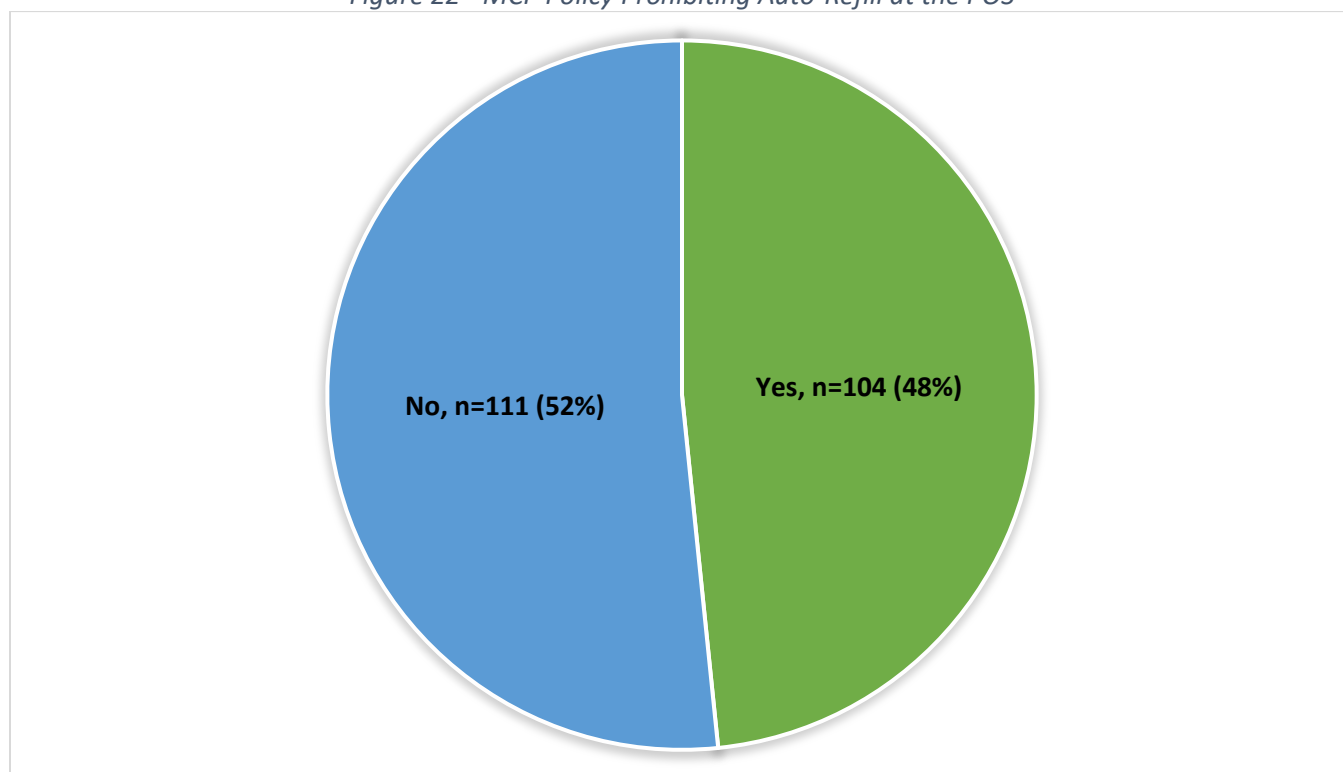


Table 22 - MCP Policy Prohibiting Auto-Refill at the POS

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (6), Arkansas (1), Colorado (1), Delaware (1), District of Columbia (1), Florida (5), Georgia (1), Hawaii (1), Illinois (5), Indiana (4), Louisiana (1), Maryland (2), Massachusetts (4), Michigan (3), Minnesota (8), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (5), New Mexico (1), New York (10), North Carolina (3), Ohio (1), Oregon (10), Rhode Island (1), South Carolina (2), Texas (15), Utah (2), Virginia (1), Washington (5)	104	48.37%

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Response	States (Count of MCPs)	Count	Percentage
No	Arizona (1), Arkansas (3), Colorado (1), Delaware (2), District of Columbia (4), Florida (6), Georgia (2), Hawaii (5), Illinois (1), Indiana (1), Iowa (3), Kansas (3), Kentucky (6), Louisiana (4), Maryland (7), Massachusetts (1), Michigan (6), Minnesota (1), Mississippi (2), Nebraska (2), Nevada (3), New Hampshire (2), New Mexico (2), New York (5), North Carolina (2), Oregon (11), Pennsylvania (7), Puerto Rico (4), Rhode Island (2), South Carolina (3), Texas (1), Utah (2), Virginia (6)	111	51.63%
National Totals		215	100%

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

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

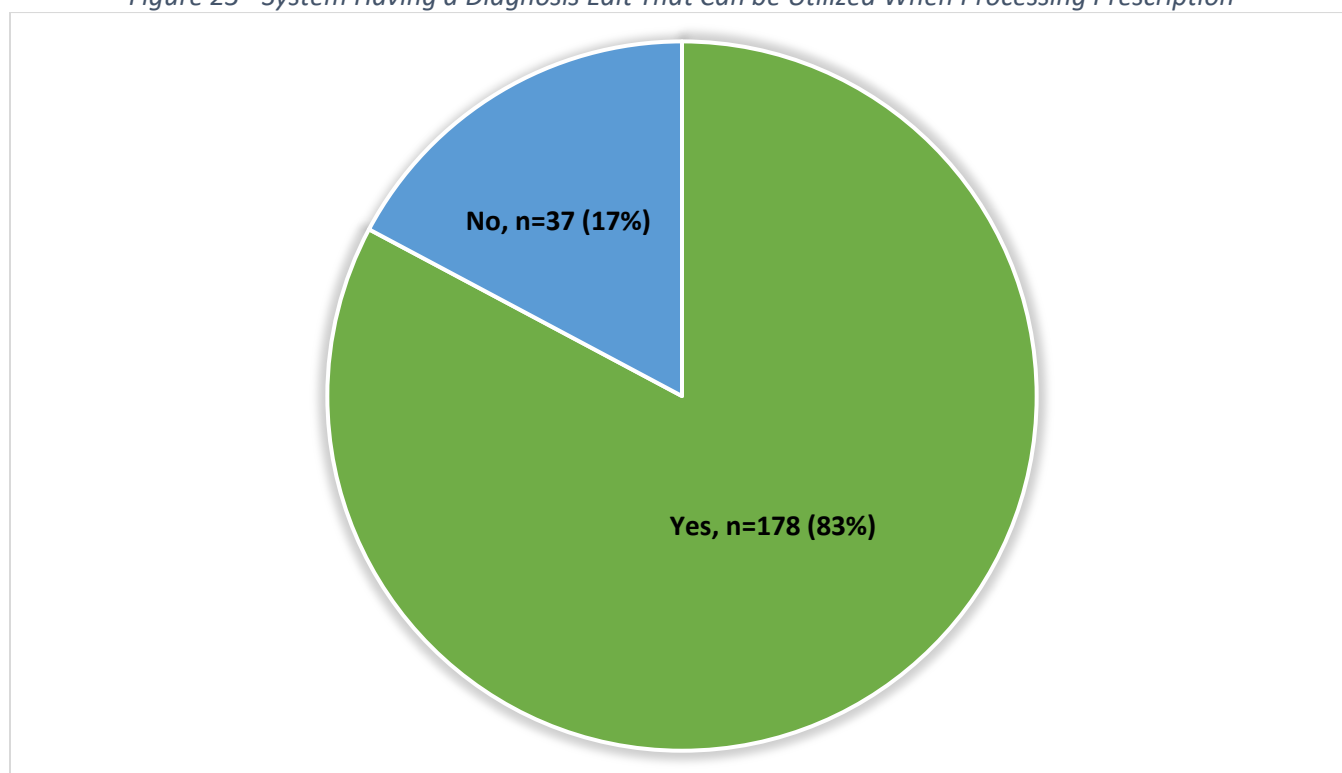


Table 23 - System Having a Diagnosis Edit That Can be Utilized When Processing Prescription

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (3), Florida (11), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Kansas (3), Kentucky (6), Louisiana (5), Maryland (6), Massachusetts (4), Michigan (8), Minnesota (5), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (2), New York (11), North Carolina (5), Ohio (1), Oregon (15), Pennsylvania (6), Rhode Island (2), South Carolina (5), Texas (15), Utah (4), Virginia (4), Washington (5)	178	82.79%

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Response	States (Count of MCPs)	Count	Percentage
No	District of Columbia (2), Iowa (3), Maryland (3), Massachusetts (1), Michigan (1), Minnesota (4), Nevada (1), New Hampshire (1), New Mexico (1), New York (4), Oregon (6), Pennsylvania (1), Puerto Rico (4), Rhode Island (1), Texas (1), Virginia (3)	37	17.21%
National Totals		215	100%

10. For drugs not on your MCP's Preferred Drug List (PDL), does your MCP 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 24 - Documented Process for Beneficiaries or their Prescribers to Access Any Covered Outpatient Drug (COD) when Medically Necessary

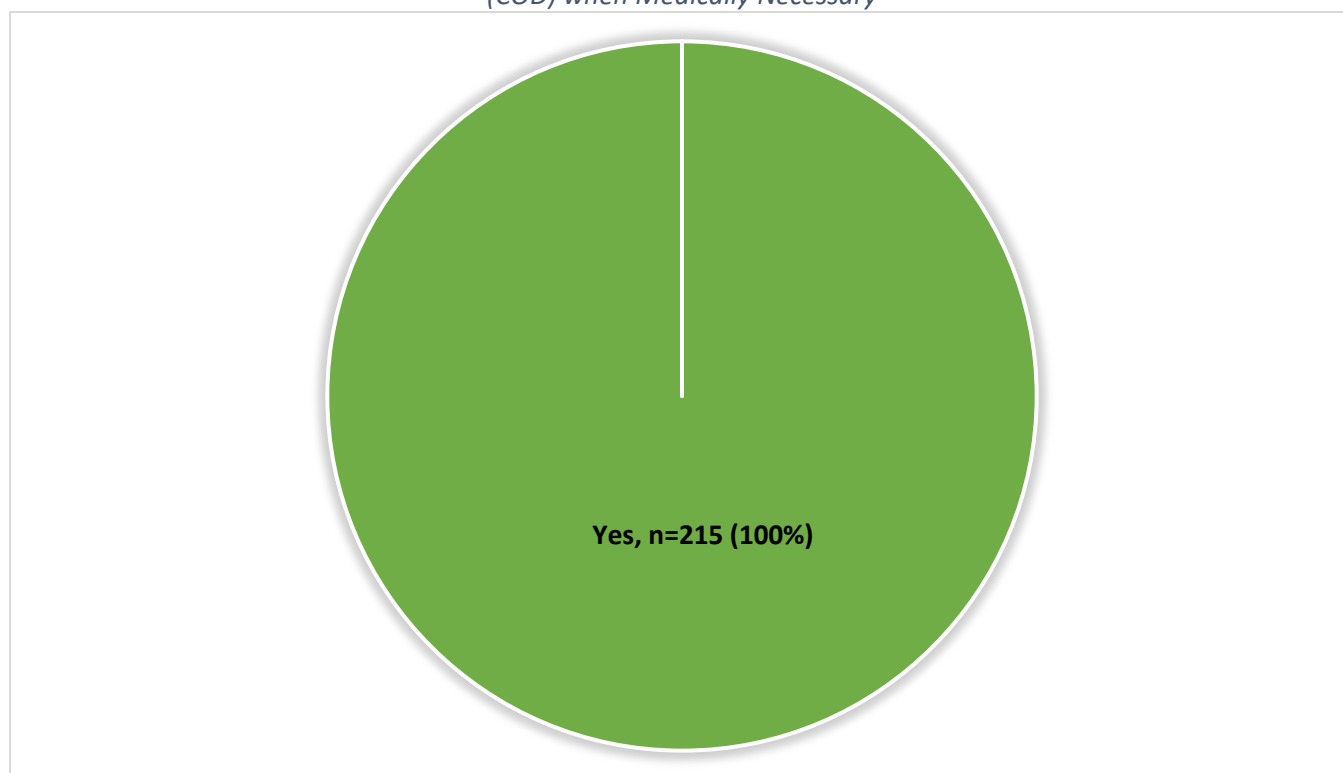


Table 24 - Documented Process for Beneficiaries or their Prescribers to Access Any Covered Outpatient Drug (COD) when Medically Necessary

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (5), Florida (11), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (9), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), North Carolina (5), Ohio (1), Oregon (21), Pennsylvania (7), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (16), Utah (4), Virginia (7), Washington (5)	215	100.00%
National Totals		215	100%

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

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

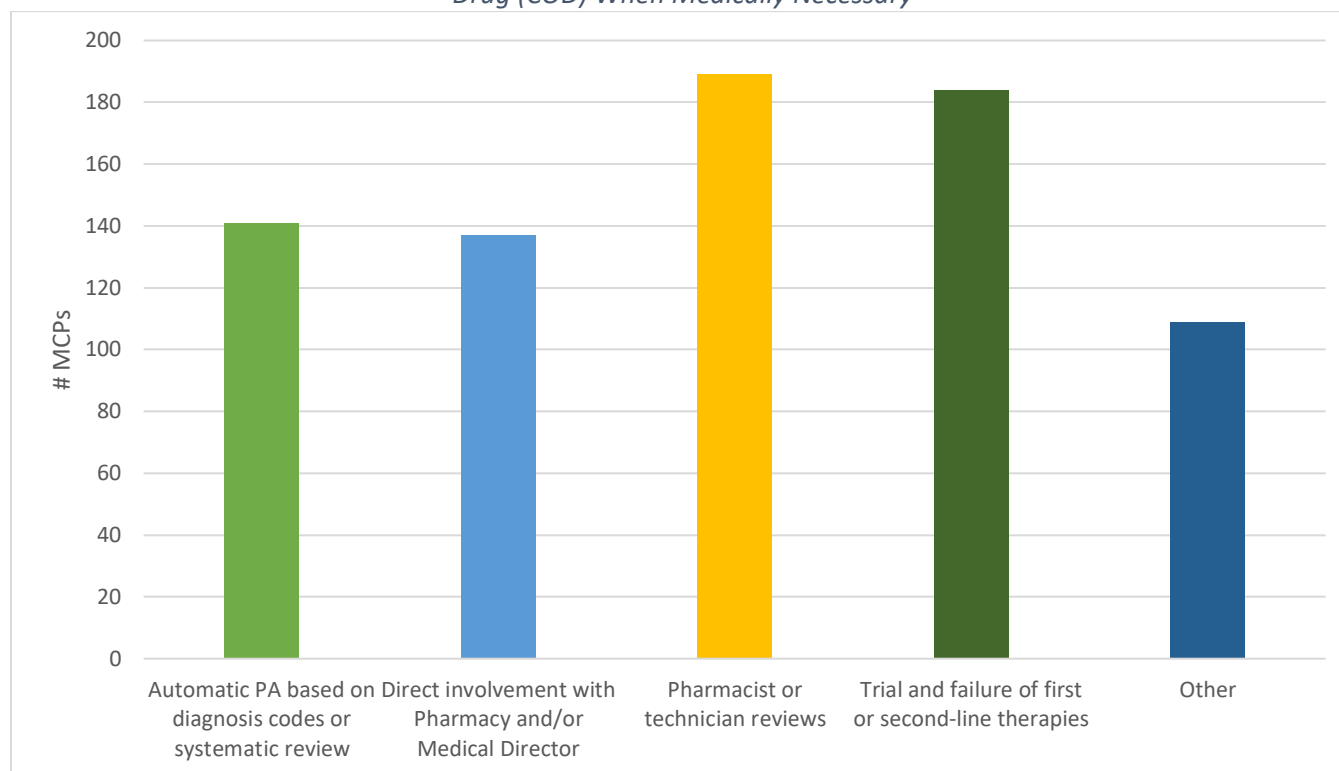


Table 25 - Documented Process in Place for Beneficiaries or their Prescribers to Access Any Covered Outpatient Drug (COD) When Medically Necessary

Response	States (Count of MCPs)	Count	Percentage
Automatic PA based on diagnosis codes or systematic review	Arizona (7), Arkansas (2), Delaware (2), District of Columbia (3), Florida (8), Georgia (3), Hawaii (4), Illinois (4), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (4), Maryland (5), Massachusetts (3), Michigan (6), Minnesota (2), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (1), New Jersey (4), New Mexico (2), New York (8), North Carolina (5), Oregon (9), Pennsylvania (5), Rhode Island (1), South Carolina (4), Texas (14), Utah (1), Virginia (4), Washington (4)	141	18.55%
Direct involvement with Pharmacy and/or Medical Director	Arizona (5), Arkansas (2), Colorado (1), Delaware (3), District of Columbia (4), Florida (4), Georgia (2), Hawaii (5), Illinois (3), Indiana (4), Kansas (3), Kentucky (6), Louisiana (3), Maryland (8), Massachusetts (3), Michigan (8), Minnesota (7), Mississippi (2), Nebraska (3), Nevada (1), New Hampshire (3), New Jersey (4), New Mexico (2), New York (12), North Carolina (4), Ohio (1), Oregon (12), Pennsylvania (6), South Carolina (1), Texas (4), Utah (2), Virginia (6), Washington (3)	137	18.03%

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Response	States (Count of MCPs)	Count	Percentage
Pharmacist or technician reviews	Arizona (7), Arkansas (2), Colorado (2), Delaware (3), District of Columbia (2), Florida (8), Georgia (2), Hawaii (5), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (7), Massachusetts (4), Michigan (9), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (4), New Mexico (3), New York (13), North Carolina (5), Ohio (1), Oregon (21), Pennsylvania (6), Rhode Island (3), South Carolina (4), Texas (15), Utah (4), Virginia (7), Washington (4)	189	24.87%
Trial and failure of first or second-line therapies	Arizona (7), Arkansas (2), Colorado (2), Delaware (2), District of Columbia (4), Florida (8), Georgia (3), Hawaii (5), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (7), Massachusetts (3), Michigan (9), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (14), North Carolina (5), Ohio (1), Oregon (14), Pennsylvania (6), Puerto Rico (4), Rhode Island (2), South Carolina (4), Texas (12), Utah (3), Virginia (7), Washington (4)	184	24.21%
Other	Arizona (3), Arkansas (2), Delaware (2), District of Columbia (3), Florida (4), Georgia (2), Hawaii (5), Illinois (4), Indiana (2), Iowa (3), Kansas (3), Louisiana (2), Maryland (7), Massachusetts (1), Michigan (6), Minnesota (4), Mississippi (1), Nebraska (1), Nevada (2), New Hampshire (3), New Jersey (2), New Mexico (2), New York (6), North Carolina (4), Ohio (1), Oregon (9), Pennsylvania (5), Rhode Island (2), South Carolina (3), Texas (4), Utah (2), Virginia (6), Washington (3)	109	14.34%
National Totals		760	100%

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

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

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

Figure 26 - Plan Provides for the Dispensing of at Least a 72-hour Supply of a COD in Emergency Situations

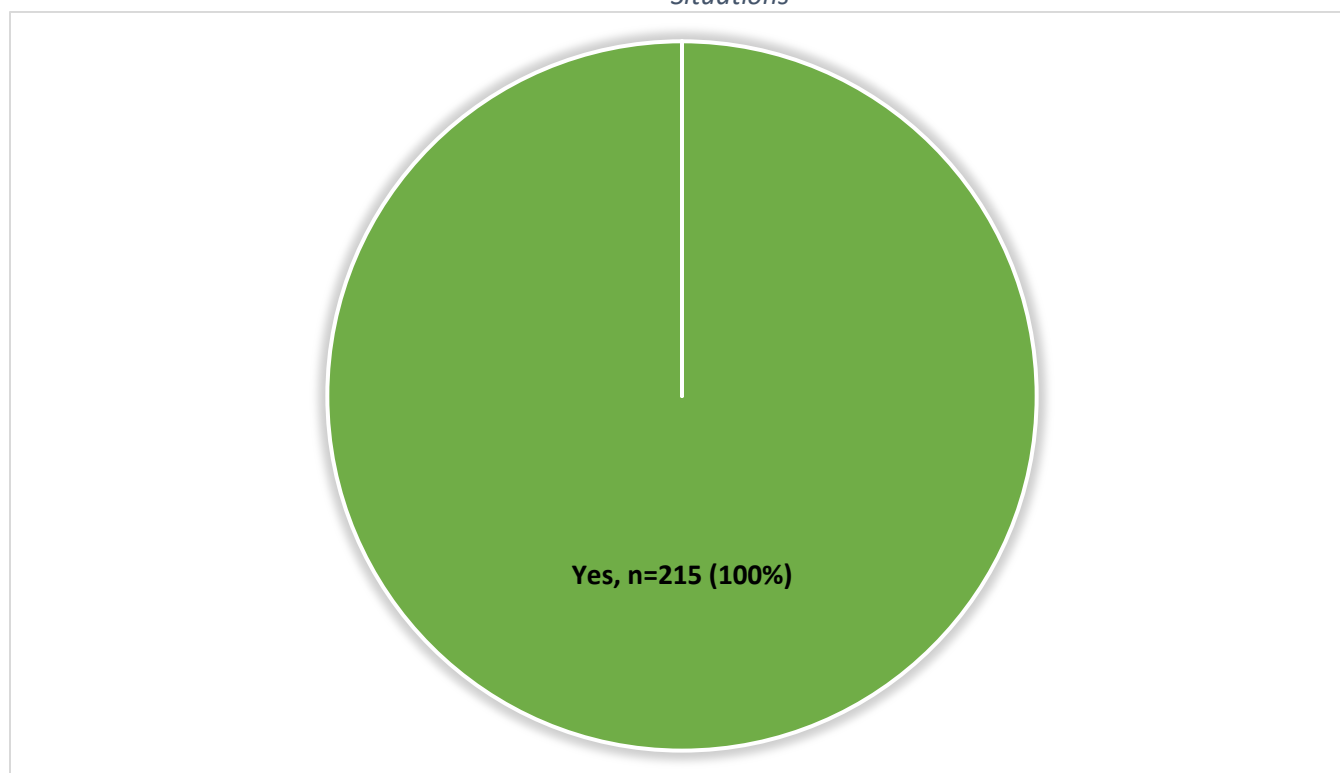


Table 26 - Plan Provides for the Dispensing of at Least a 72-hour Supply of a COD in Emergency Situations

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (5), Florida (11), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (9), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), North Carolina (5), Ohio (1), Oregon (21), Pennsylvania (7), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (16), Utah (4), Virginia (7), Washington (5)	215	100.00%
National Totals		215	100%

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

Figure 27 - Process for the Dispensing of At Least a 72-Hour Supply of CODs in Emergency Situations

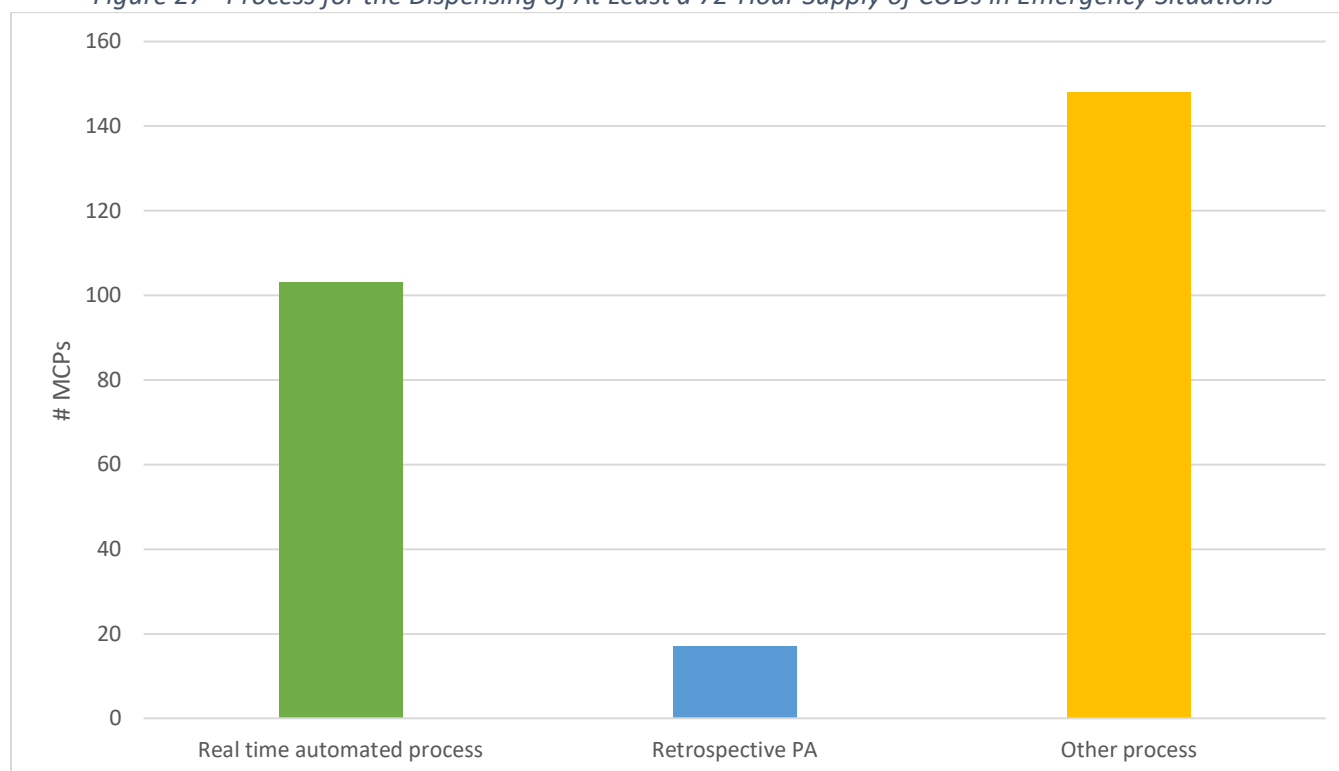


Table 27 - Process for the Dispensing of At Least a 72-Hour Supply of CODs in Emergency Situations

Response	States (Count of MCPs)	Count	Percentage
Real time automated process	Arizona (4), Arkansas (3), Colorado (1), Delaware (3), District of Columbia (3), Florida (5), Georgia (2), Hawaii (2), Illinois (1), Indiana (5), Iowa (3), Kansas (2), Kentucky (6), Louisiana (4), Maryland (3), Massachusetts (2), Michigan (4), Minnesota (2), Mississippi (3), Nebraska (1), Nevada (2), New Hampshire (2), New Jersey (3), New York (6), North Carolina (2), Ohio (1), Oregon (2), Pennsylvania (6), Puerto Rico (4), Rhode Island (1), South Carolina (4), Texas (5), Virginia (3), Washington (3)	103	38.43%
Retrospective PA	Arizona (1), Colorado (1), Illinois (2), Michigan (1), Minnesota (2), Nevada (1), New York (1), Oregon (3), Pennsylvania (1), Utah (2), Washington (2)	17	6.34%
Other process	Arizona (5), Arkansas (3), Colorado (1), Delaware (1), District of Columbia (4), Florida (9), Georgia (2), Hawaii (5), Illinois (4), Indiana (4), Kansas (3), Louisiana (1), Maryland (7), Massachusetts (4), Michigan (6), Minnesota (7), Mississippi (1), Nebraska (2), Nevada (2), New Hampshire (2), New Jersey (3), New Mexico (3), New York (12), North Carolina (4), Oregon (18), Pennsylvania (5), Rhode Island (3), South Carolina (3), Texas (13), Utah (2), Virginia (5), Washington (4)	148	55.22%
National Totals		268	100%

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

Table 28 – Data Reviewed by the DUR Board*

Column 1 Top PA Requests by Drug Name	Column 2 Top PA Requests by Drug Class	Column 3 Top 5 Claim Denial Reasons (i.e., Quantity Limits (QL), Early Refill (ER), PA, Therapeutic Duplications (TD), and Age Edits (AE))	Column 4 Top Drug Names by Amount Paid	Column 5 Top Drug Names by Claim Count
Semaglutide	Antidiabetic Agents	Refill Too Soon	Adalimumab	Albuterol
Oxycodone - Acetaminophen	Opioids	Prior Authorization Required	Bictegravir/ emtricitabine/ tenofovir	Amoxicillin
Methylphenidate	ADHD Agents/ stimulants	Plan Limitations Exceeded	Dulaglutide	Ibuprofen
Dextroamphetamine/ amphetamine	Analgesics, Narcotic Agents	Dur Reject Error	Ustekinumab	Atorvastatin
Lisdexamfetamine	Acne Therapy	Submit Bill To Other Processor Or Primary Payor	Dupilumab	Gabapentin
Hydrocodone - Acetaminophen	Antimigraine Agents	N/A	Semaglutide	Cetirizine
Albuterol	Antipsychotic Agents	N/A	Paliperidone	Fluticasone
Omeprazole	Attention Deficit Hyperactivity Disorder Agents	N/A	Empagliflozin	Omeprazole
Dulaglutide	Stimulants And Related Agents	N/A	Insulin Glargine	Metformin
Tretinoin	Sympathomimetics	N/A	Elexacaftor/ tezacaftor/ ivacaftor	Amlodipine

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

Section III - Retrospective DUR (RetroDUR)

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

Figure 28 - Operation and Oversight of RetroDUR Reviews

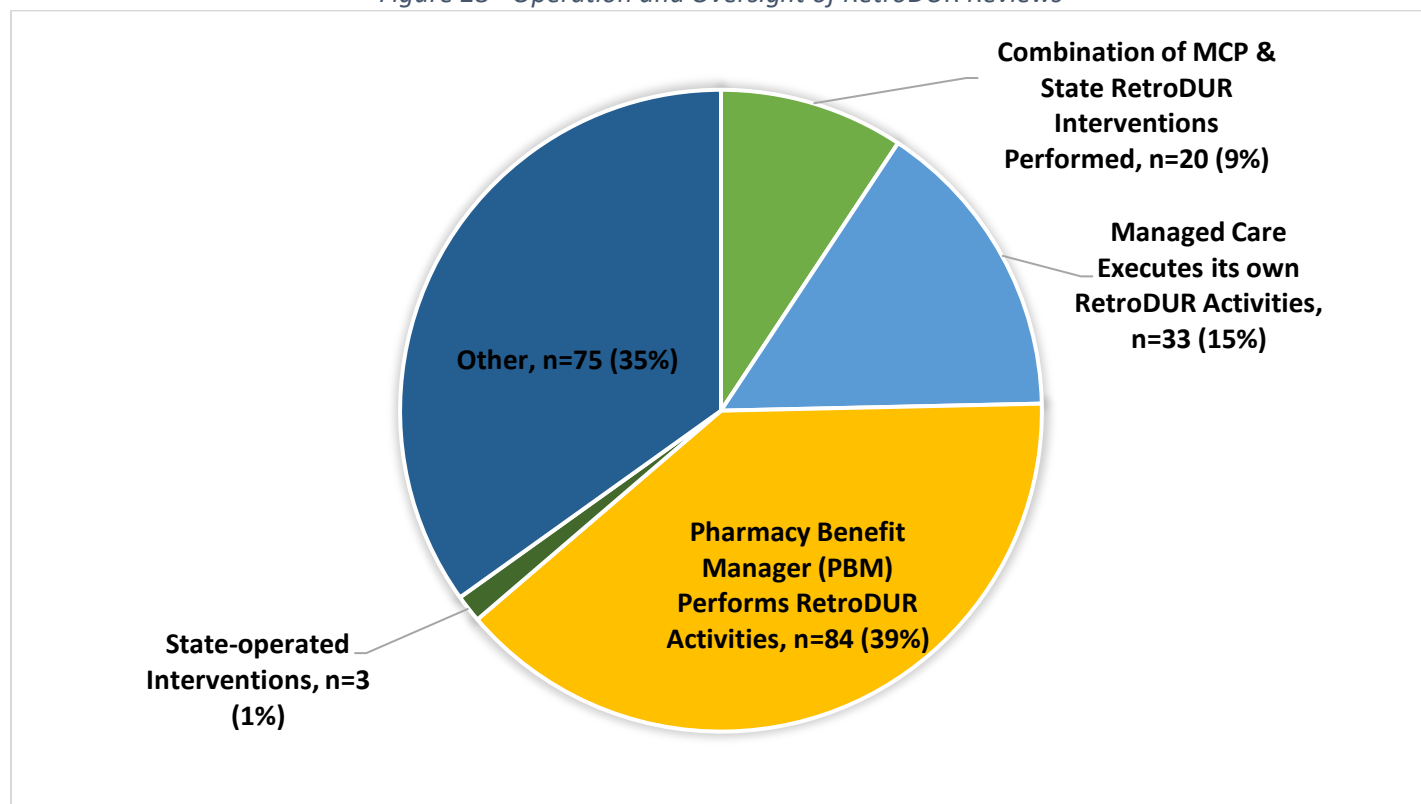


Table 29 - Operation and Oversight of RetroDUR Reviews

Response	States (Count of MCPs)	Count	Percentage
Combination of MCP & State RetroDUR interventions performed	Delaware (1), Florida (3), Indiana (1), Kansas (2), Kentucky (1), Louisiana (3), Minnesota (1), Mississippi (1), New Mexico (2), New York (1), North Carolina (1), Pennsylvania (1), Rhode Island (1), Texas (1)	20	9.30%
Managed Care executes its own RetroDUR activities	Delaware (1), District of Columbia (1), Hawaii (1), Illinois (2), Maryland (2), Massachusetts (1), Minnesota (1), New Hampshire (1), New Jersey (1), New Mexico (1), New York (2), Oregon (13), Pennsylvania (3), Utah (3)	33	15.35%
Pharmacy Benefit Manager (PBM) performs RetroDUR activities	Arizona (2), Arkansas (1), Colorado (1), District of Columbia (1), Florida (4), Georgia (1), Hawaii (3), Illinois (2), Indiana (1), Kentucky (4), Maryland (5), Massachusetts (4), Michigan (3), Minnesota (5), Mississippi (1), Nebraska (2), Nevada (2), New Hampshire (1), New Jersey (2), New York (10), North Carolina (2), Oregon (2), Pennsylvania (1), Puerto Rico (4), Rhode Island (2), South Carolina (3), Texas (10), Virginia (2), Washington (3)	84	39.07%
State-operated interventions	Louisiana (2), Ohio (1)	3	1.40%

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Response	States (Count of MCPs)	Count	Percentage
Other	Arizona (5), Arkansas (3), Colorado (1), Delaware (1), District of Columbia (3), Florida (4), Georgia (2), Hawaii (2), Illinois (2), Indiana (3), Iowa (3), Kansas (1), Kentucky (1), Maryland (2), Michigan (6), Minnesota (2), Mississippi (1), Nebraska (1), Nevada (2), New Hampshire (1), New Jersey (2), New York (2), North Carolina (2), Oregon (6), Pennsylvania (2), South Carolina (2), Texas (5), Utah (1), Virginia (5), Washington (2)	75	34.88%
National Totals		215	100%

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

Figure 29 - Type of Vendor that Performed RetroDUR Activities

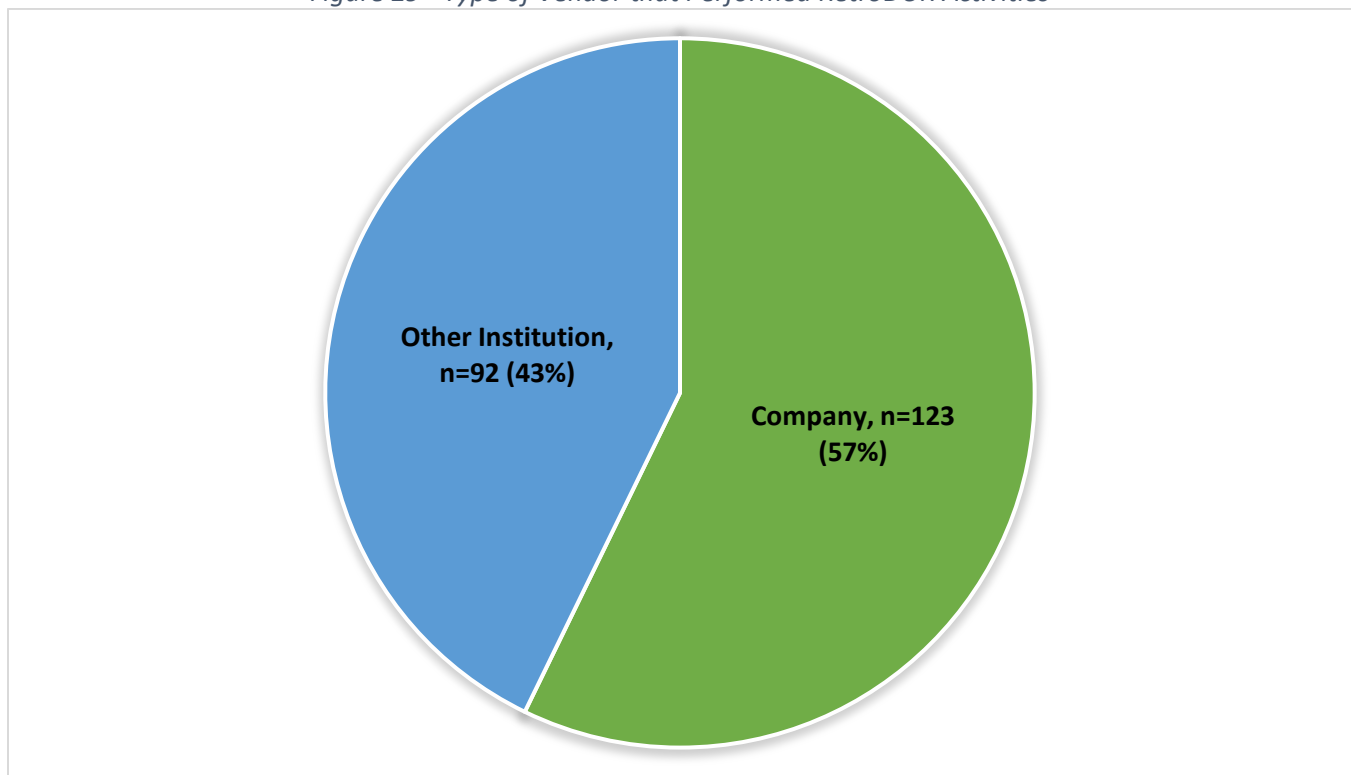


Table 30 - Type of Vendor that Performed RetroDUR Activities

Response	States (Count of MCPs)	Count	Percentage
Company	Arizona (3), Arkansas (4), Colorado (2), District of Columbia (3), Florida (7), Georgia (2), Hawaii (2), Illinois (5), Indiana (2), Kansas (2), Kentucky (4), Louisiana (2), Maryland (4), Massachusetts (3), Michigan (6), Minnesota (6), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (1), New Jersey (2), New Mexico (3), New York (9), North Carolina (2), Ohio (1), Oregon (8), Pennsylvania (1), Puerto Rico (4), Rhode Island (1), South Carolina (3), Texas (9), Utah (3), Virginia (4), Washington (5)	123	57.21%

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Response	States (Count of MCPs)	Count	Percentage
Other Institution	Arizona (4), Delaware (3), District of Columbia (2), Florida (4), Georgia (1), Hawaii (4), Illinois (1), Indiana (3), Iowa (3), Kansas (1), Kentucky (2), Louisiana (3), Maryland (5), Massachusetts (2), Michigan (3), Minnesota (3), New Hampshire (2), New Jersey (3), New York (6), North Carolina (3), Oregon (13), Pennsylvania (6), Rhode Island (2), South Carolina (2), Texas (7), Utah (1), Virginia (3)	92	42.79%
National Totals		215	100%

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

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

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

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

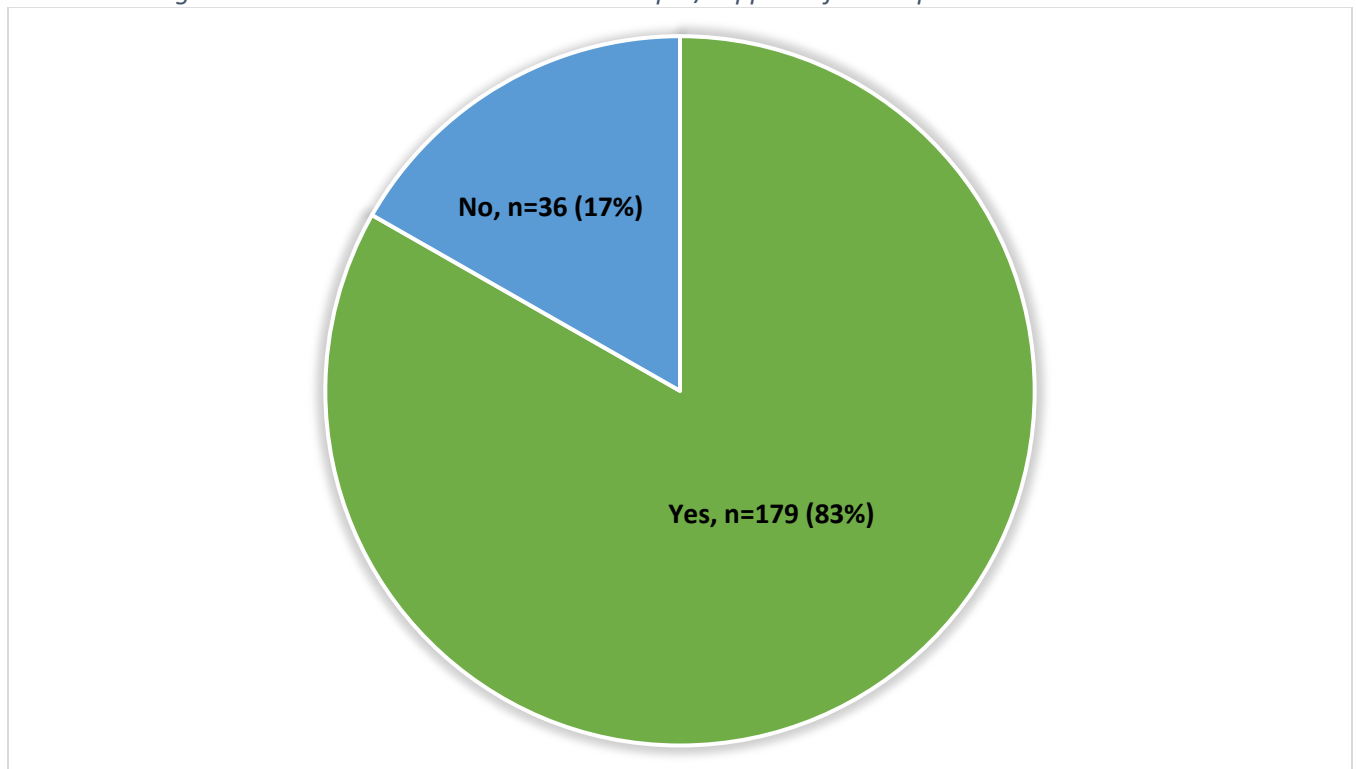


Table 31 - RetroDUR Vendor is the Developer/Supplier of Retrospective DUR Criteria

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (5), Florida (10), Georgia (3), Hawaii (6), Illinois (5), Indiana (5), Kansas (3), Kentucky (2), Louisiana (1), Maryland (8), Massachusetts (5), Michigan (8), Minnesota (7), Mississippi (2), Nebraska (3), Nevada (4), New Hampshire (2), New Jersey (4), New Mexico (2), New York (12), North Carolina (4), Ohio (1), Oregon (13), Pennsylvania (5), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (16), Utah (3), Virginia (7), Washington (5)	179	83.26%

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Response	States (Count of MCPs)	Count	Percentage
No	Florida (1), Illinois (1), Iowa (3), Kentucky (4), Louisiana (4), Maryland (1), Michigan (1), Minnesota (2), Mississippi (1), New Hampshire (1), New Jersey (1), New Mexico (1), New York (3), North Carolina (1), Oregon (8), Pennsylvania (2), Utah (1)	36	16.74%
National Totals		215	100%

b. Does your MCP customize your RetroDUR vendor criteria?

Figure 31 - MCP Customizes RetroDUR Vendor Criteria

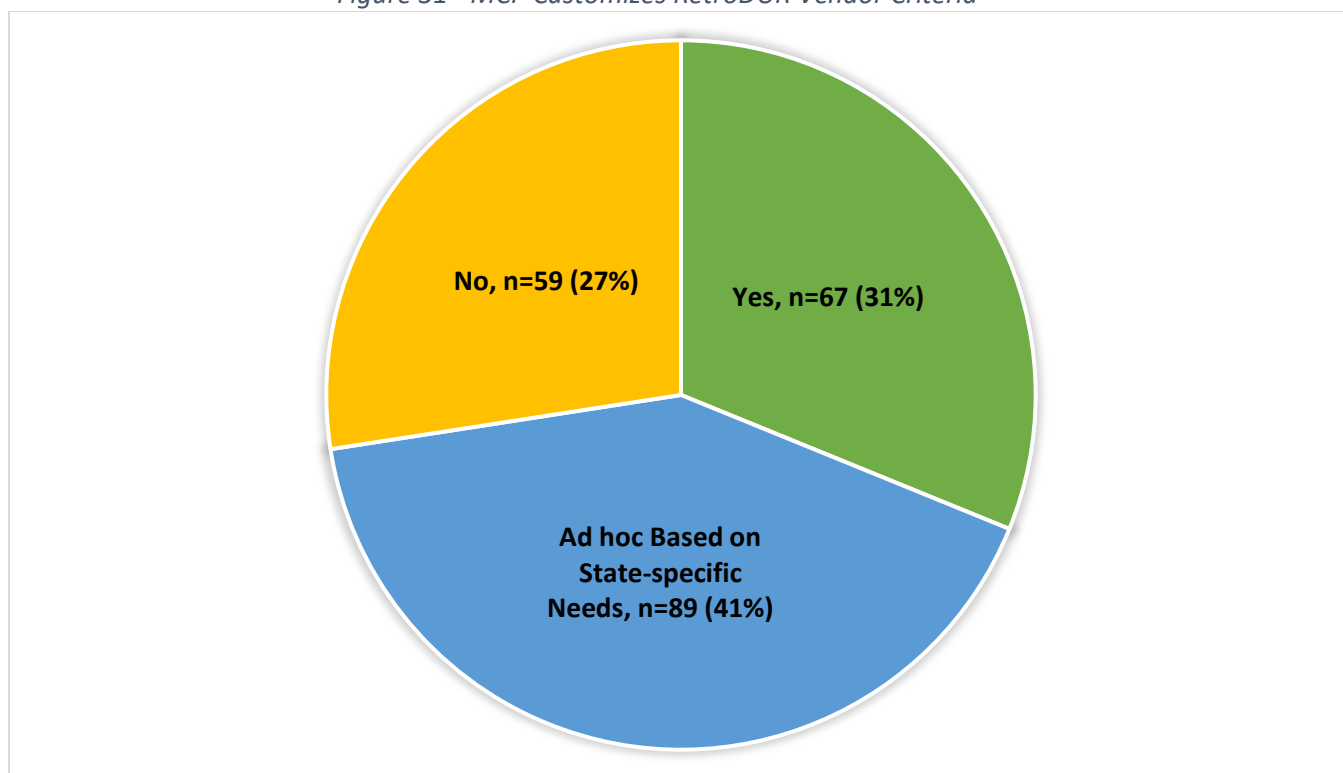


Table 32 - MCP Customizes RetroDUR Vendor Criteria

Response	States (Count of MCPs)	Count	Percentage
Ad hoc based on State-specific needs	Arizona (3), Arkansas (1), Colorado (1), Delaware (2), District of Columbia (1), Florida (7), Georgia (1), Hawaii (2), Illinois (1), Indiana (4), Kansas (2), Kentucky (2), Louisiana (3), Maryland (5), Michigan (5), Minnesota (3), Mississippi (2), Nebraska (3), Nevada (2), New Hampshire (2), New Jersey (4), New Mexico (1), New York (3), North Carolina (3), Oregon (9), Pennsylvania (2), Rhode Island (2), South Carolina (2), Texas (3), Virginia (6), Washington (2)	89	41.40%
Yes	Arizona (2), Arkansas (3), Colorado (1), Delaware (1), District of Columbia (1), Florida (2), Georgia (2), Hawaii (3), Illinois (2), Indiana (1), Kansas (1), Maryland (1), Massachusetts (2), Michigan (2), Minnesota (1), Nevada (1), New Hampshire (1), New Jersey (1), New Mexico (1), New York (4), North Carolina (2), Ohio (1), Oregon (9), Pennsylvania (4), South Carolina (2), Texas (11), Utah (3), Virginia (1), Washington (1)	67	31.16%

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Response	States (Count of MCPs)	Count	Percentage
No	Arizona (2), District of Columbia (3), Florida (2), Hawaii (1), Illinois (3), Iowa (3), Kentucky (4), Louisiana (2), Maryland (3), Massachusetts (3), Michigan (2), Minnesota (5), Mississippi (1), Nevada (1), New Mexico (1), New York (8), Oregon (3), Pennsylvania (1), Puerto Rico (4), Rhode Island (1), South Carolina (1), Texas (2), Utah (1), Washington (2)	59	27.44%
National Totals		215	100%

3. Who reviews and approves your MCP RetroDUR criteria?

Figure 32 - RetroDUR Criteria Approval/Review Sources

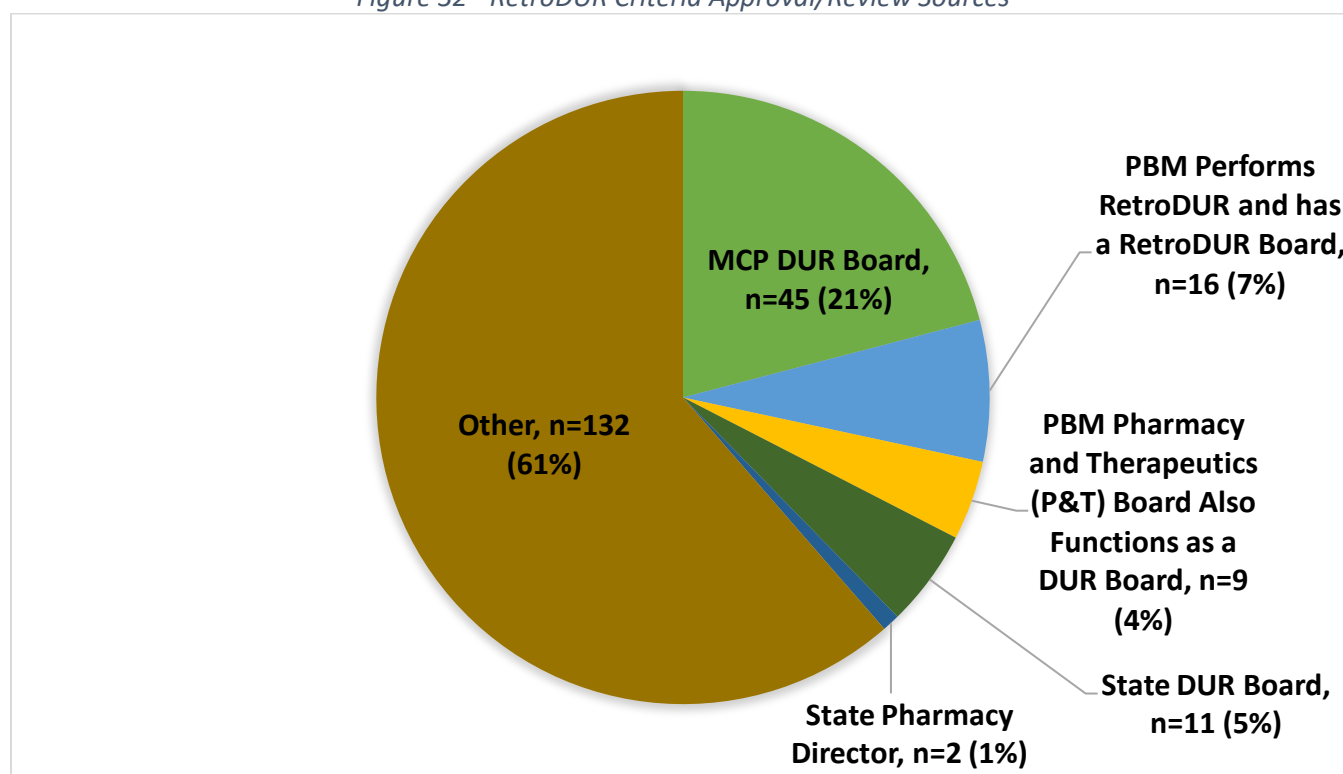


Table 33 - RetroDUR Criteria Approval/Review Sources

Response	States (Count of MCPs)	Count	Percentage
MCP DUR Board	Arizona (3), Arkansas (2), Delaware (1), Florida (2), Georgia (1), Hawaii (2), Indiana (1), Maryland (1), Minnesota (3), Mississippi (1), Nevada (1), New York (2), North Carolina (2), Oregon (13), Pennsylvania (2), Rhode Island (1), South Carolina (1), Texas (1), Utah (3), Virginia (1), Washington (1)	45	20.93%
PBM performs RetroDUR and has a RetroDUR Board	Arizona (1), Illinois (2), Michigan (3), Minnesota (4), New Mexico (1), New York (3), Texas (1), Washington (1)	16	7.44%
PBM Pharmacy and Therapeutics (P&T) Board also functions as a DUR Board	Maryland (1), Michigan (1), Minnesota (1), New Hampshire (1), Puerto Rico (4), South Carolina (1)	9	4.19%
State DUR Board	Florida (1), Iowa (3), Kentucky (5), Louisiana (2)	11	5.12%

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Response	States (Count of MCPs)	Count	Percentage
State Pharmacy Director	Delaware (1), Ohio (1)	2	0.93%
Other	Arizona (3), Arkansas (2), Colorado (2), Delaware (1), District of Columbia (5), Florida (8), Georgia (2), Hawaii (4), Illinois (4), Indiana (4), Kansas (3), Kentucky (1), Louisiana (3), Maryland (7), Massachusetts (5), Michigan (5), Minnesota (1), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (2), New York (10), North Carolina (3), Oregon (8), Pennsylvania (5), Rhode Island (2), South Carolina (3), Texas (14), Utah (1), Virginia (6), Washington (3)	132	61.40%
National Totals		215	100%

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

Figure 33 - Frequency of Retrospective Practitioner-Based Education

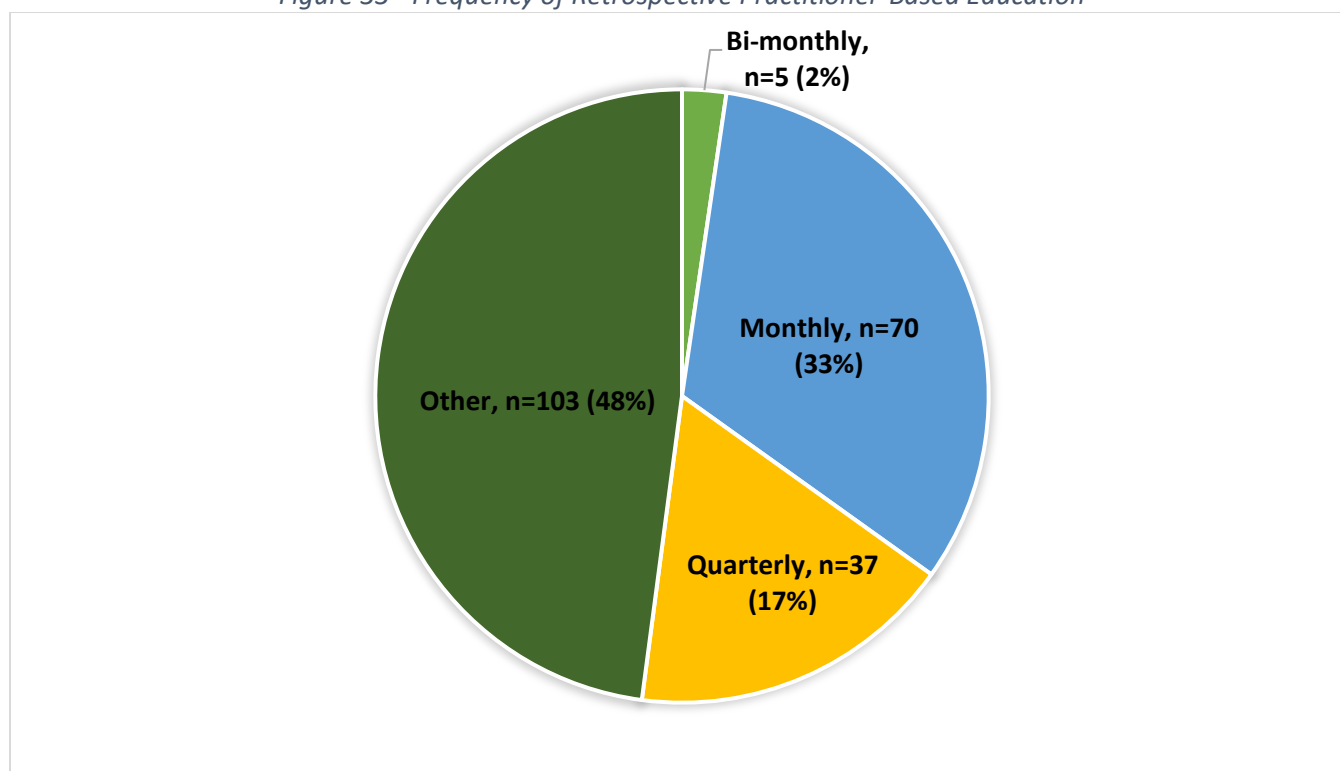


Table 34 - Frequency of Retrospective Practitioner-Based Education

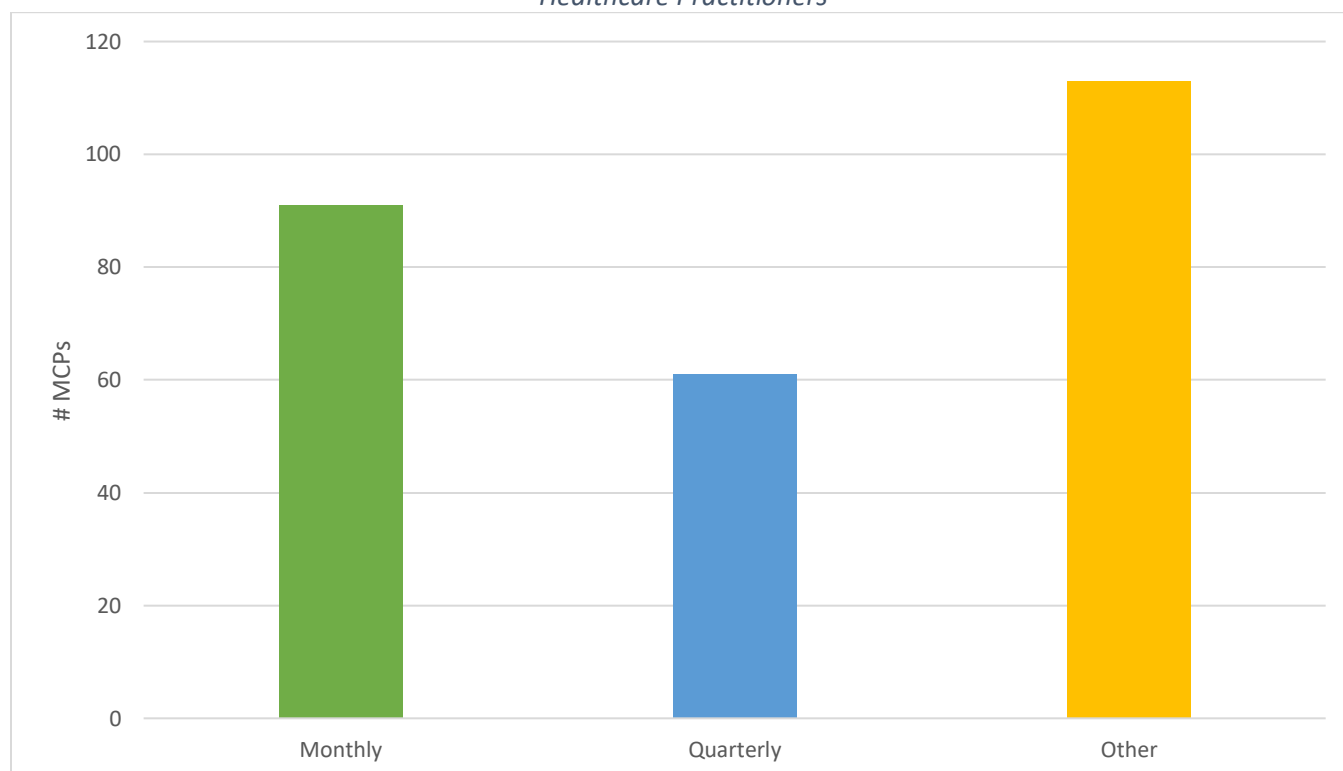
Response	States (Count of MCPs)	Count	Percentage
Bi-monthly	Oregon (5)	5	2.33%
Monthly	Arizona (3), Arkansas (3), District of Columbia (1), Florida (6), Georgia (2), Hawaii (3), Illinois (2), Indiana (2), Kansas (1), Kentucky (1), Louisiana (4), Maryland (3), Massachusetts (2), Michigan (2), Mississippi (1), Nebraska (2), Nevada (3), New Hampshire (2), New Jersey (3), New York (6), North Carolina (3), Ohio (1), Oregon (2), Pennsylvania (2), South Carolina (3), Texas (3), Virginia (2), Washington (2)	70	32.56%

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Response	States (Count of MCPs)	Count	Percentage
Quarterly	Arizona (1), Colorado (1), Delaware (1), District of Columbia (2), Florida (1), Illinois (2), Indiana (1), Kansas (1), Kentucky (5), Maryland (4), Michigan (2), Minnesota (5), Mississippi (1), New Jersey (1), New Mexico (1), North Carolina (1), Oregon (5), Texas (1), Utah (1)	37	17.21%
Other	Arizona (3), Arkansas (1), Colorado (1), Delaware (2), District of Columbia (2), Florida (4), Georgia (1), Hawaii (3), Illinois (2), Indiana (2), Iowa (3), Kansas (1), Louisiana (1), Maryland (2), Massachusetts (3), Michigan (5), Minnesota (4), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (1), New Mexico (2), New York (9), North Carolina (1), Oregon (9), Pennsylvania (5), Puerto Rico (4), Rhode Island (3), South Carolina (2), Texas (12), Utah (3), Virginia (5), Washington (3)	103	47.91%
National Totals		215	100%

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

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



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Table 35 - Frequency of Retrospective Reviews that Involve Communication of Client-Specific Information to Healthcare Practitioners

Response	States (Count of MCPs)	Count	Percentage
Monthly	Arizona (4), Arkansas (3), District of Columbia (4), Florida (7), Georgia (2), Hawaii (3), Illinois (3), Indiana (3), Kansas (2), Kentucky (1), Louisiana (5), Maryland (5), Massachusetts (2), Michigan (4), Minnesota (1), Mississippi (1), Nebraska (2), Nevada (3), New Hampshire (2), New Jersey (4), New Mexico (1), New York (8), North Carolina (3), Ohio (1), Oregon (3), Pennsylvania (3), South Carolina (3), Texas (3), Utah (1), Virginia (2), Washington (2)	91	34.34%
Quarterly	Arizona (3), Colorado (1), Delaware (1), District of Columbia (2), Florida (3), Illinois (1), Indiana (1), Iowa (3), Kansas (2), Kentucky (5), Maryland (5), Massachusetts (1), Michigan (4), Minnesota (4), Mississippi (1), Nevada (1), New Hampshire (1), New Jersey (2), New York (3), North Carolina (1), Oregon (10), Pennsylvania (3), Utah (2), Virginia (1)	61	23.02%
Other	Arizona (3), Arkansas (1), Colorado (1), Delaware (2), District of Columbia (2), Florida (5), Georgia (1), Hawaii (3), Illinois (2), Indiana (2), Kansas (2), Louisiana (1), Maryland (3), Massachusetts (3), Michigan (4), Minnesota (4), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (3), New Mexico (2), New York (10), North Carolina (2), Oregon (14), Pennsylvania (4), Puerto Rico (4), Rhode Island (3), South Carolina (3), Texas (13), Utah (4), Virginia (5), Washington (3)	113	42.64%
National Totals		265	100%

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

Figure 35 - Preferred Mode of Communication When Performing RetroDUR Initiatives

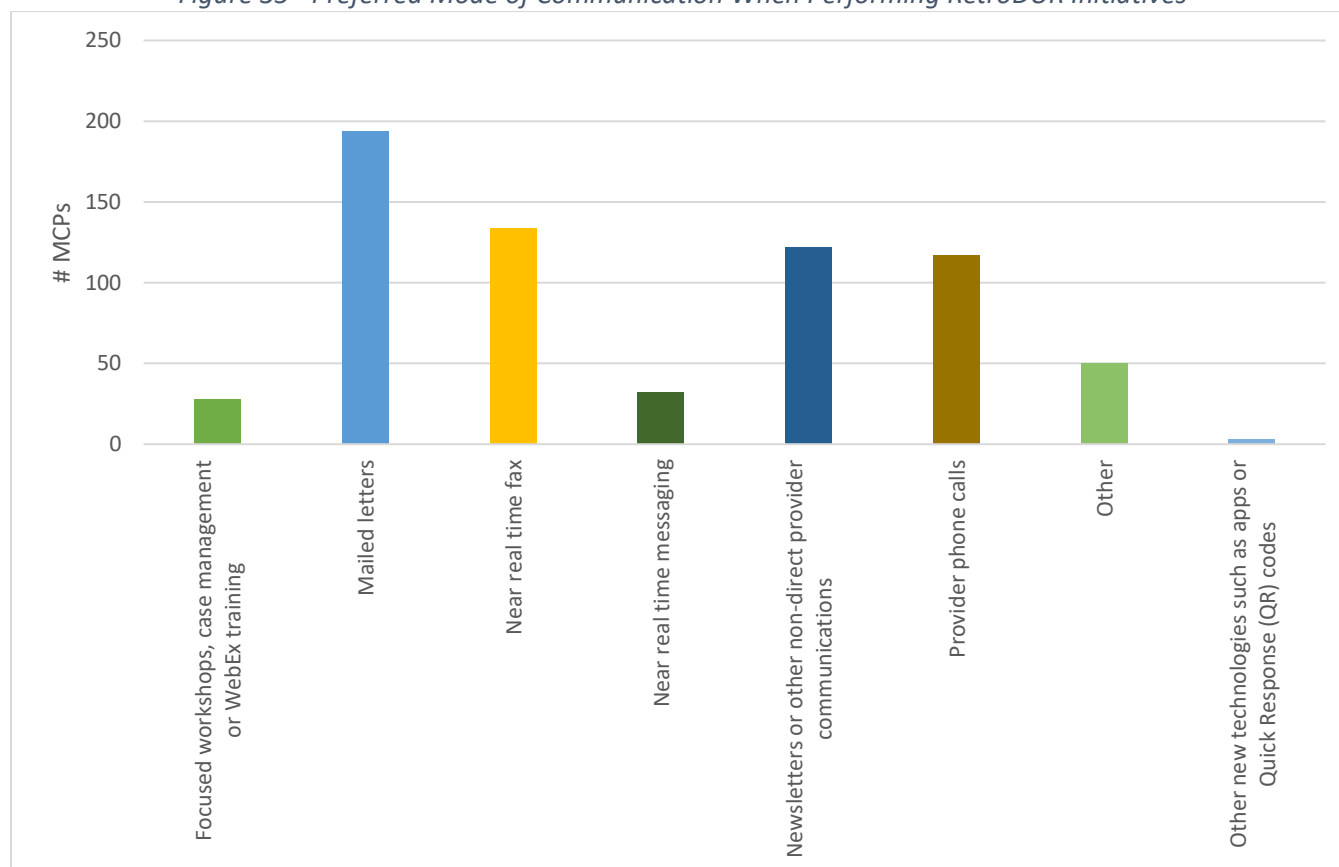


Table 36 - Preferred Mode of Communication When Performing RetroDUR Initiatives

Response	States (Count of MCPs)	Count	Percentage
Focused workshops, case management or WebEx training	Arizona (2), Arkansas (1), District of Columbia (3), Illinois (1), Kansas (1), Maryland (2), Michigan (1), Minnesota (2), Mississippi (1), Nebraska (1), New Jersey (1), North Carolina (1), Oregon (6), Pennsylvania (2), Texas (1), Utah (1), Virginia (1)	28	4.12%
Mailed letters	Arizona (6), Arkansas (4), Colorado (2), Delaware (2), District of Columbia (4), Florida (11), Georgia (3), Hawaii (5), Illinois (5), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (4), Michigan (8), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), North Carolina (5), Ohio (1), Oregon (13), Pennsylvania (6), Puerto Rico (1), Rhode Island (3), South Carolina (5), Texas (16), Utah (3), Virginia (7), Washington (5)	194	28.53%

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Response	States (Count of MCPs)	Count	Percentage
Near real time fax	Arizona (6), Arkansas (3), Colorado (1), Delaware (1), District of Columbia (4), Florida (10), Georgia (2), Hawaii (5), Illinois (3), Indiana (4), Kansas (2), Kentucky (1), Louisiana (1), Maryland (7), Massachusetts (4), Michigan (6), Minnesota (4), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (2), New York (11), North Carolina (5), Oregon (4), Pennsylvania (4), Rhode Island (2), South Carolina (5), Texas (6), Utah (3), Virginia (7), Washington (3)	134	19.71%
Near real time messaging	Arizona (2), Colorado (1), District of Columbia (1), Florida (1), Georgia (1), Hawaii (1), Indiana (1), Maryland (2), Michigan (4), Minnesota (3), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (1), New York (1), North Carolina (1), Oregon (2), Pennsylvania (3), Rhode Island (1), Texas (1), Virginia (1), Washington (1)	32	4.71%
Newsletters or other non-direct provider communications	Arizona (5), Arkansas (3), Colorado (2), Delaware (1), District of Columbia (2), Florida (5), Georgia (2), Hawaii (2), Illinois (3), Indiana (4), Iowa (3), Kansas (2), Kentucky (6), Louisiana (2), Maryland (5), Massachusetts (2), Michigan (5), Minnesota (4), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (1), New Jersey (3), New Mexico (2), New York (7), North Carolina (3), Ohio (1), Oregon (14), Pennsylvania (3), Rhode Island (2), South Carolina (2), Texas (3), Utah (4), Virginia (7), Washington (3)	122	17.94%
Provider phone calls	Arizona (5), Arkansas (2), Delaware (2), District of Columbia (5), Florida (7), Georgia (3), Hawaii (4), Illinois (2), Indiana (3), Iowa (3), Kansas (1), Kentucky (1), Louisiana (1), Maryland (5), Massachusetts (4), Michigan (5), Minnesota (3), Mississippi (1), Nebraska (2), Nevada (2), New Hampshire (3), New Jersey (4), New Mexico (3), New York (8), North Carolina (4), Ohio (1), Oregon (9), Pennsylvania (5), Puerto Rico (2), Rhode Island (2), South Carolina (4), Texas (5), Utah (1), Virginia (3), Washington (2)	117	17.21%
Other	Arizona (1), Arkansas (2), Colorado (1), Delaware (1), Florida (1), Georgia (1), Hawaii (1), Illinois (2), Indiana (1), Kansas (1), Maryland (2), Michigan (3), Minnesota (2), Nebraska (2), New Jersey (1), New Mexico (1), New York (3), Ohio (1), Oregon (8), Pennsylvania (2), Puerto Rico (4), Rhode Island (1), South Carolina (1), Texas (2), Virginia (4), Washington (1)	50	7.35%
Other new technologies such as apps or Quick Response (QR) codes	Mississippi (1), New York (1), Ohio (1)	3	0.44%
National Totals		680	100%

5. Summary 1 - RetroDUR Educational Outreach

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

Section IV - DUR Board Activity

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

Figure 36 - MCP Utilizes the Same DUR Board as the State FFS Program or Has Own DUR Board

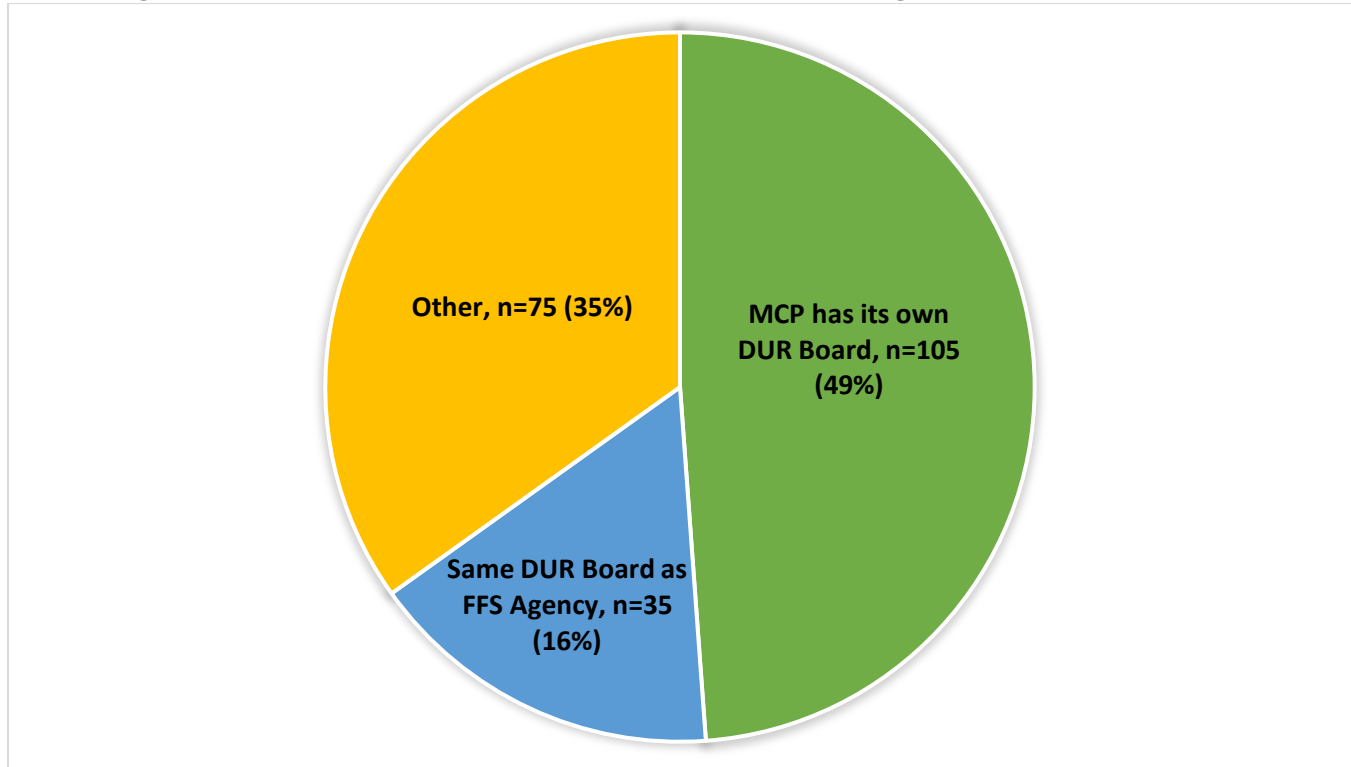


Table 37 - MCP Utilizes the Same DUR Board as the State FFS Program or Has Own DUR Board

Response	States (Count of MCPs)	Count	Percentage
MCP has its own DUR Board	Arizona (6), Arkansas (4), Colorado (2), District of Columbia (3), Florida (4), Georgia (1), Hawaii (4), Illinois (3), Maryland (4), Massachusetts (1), Michigan (6), Minnesota (7), Mississippi (2), Nebraska (1), Nevada (2), New Hampshire (1), New Jersey (3), New York (6), North Carolina (3), Oregon (19), Pennsylvania (4), Rhode Island (3), South Carolina (3), Texas (3), Utah (4), Virginia (6)	105	48.84%
Same DUR Board as FFS agency	Delaware (1), Florida (3), Indiana (1), Iowa (3), Kentucky (5), Louisiana (4), Massachusetts (1), Michigan (1), Mississippi (1), Nebraska (1), Nevada (1), North Carolina (1), Ohio (1), Pennsylvania (1), Texas (10)	35	16.28%
Other	Arizona (1), Delaware (2), District of Columbia (2), Florida (4), Georgia (2), Hawaii (2), Illinois (3), Indiana (4), Kansas (3), Kentucky (1), Louisiana (1), Maryland (5), Massachusetts (3), Michigan (2), Minnesota (2), Nebraska (1), Nevada (1), New Hampshire (2), New Jersey (2), New Mexico (3), New York (9), North Carolina (1), Oregon (2), Pennsylvania (2), Puerto Rico (4), South Carolina (2), Texas (3), Virginia (1), Washington (5)	75	34.88%
National Totals		215	100%

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

Figure 37 - MCP has a Medication Therapy Management Program

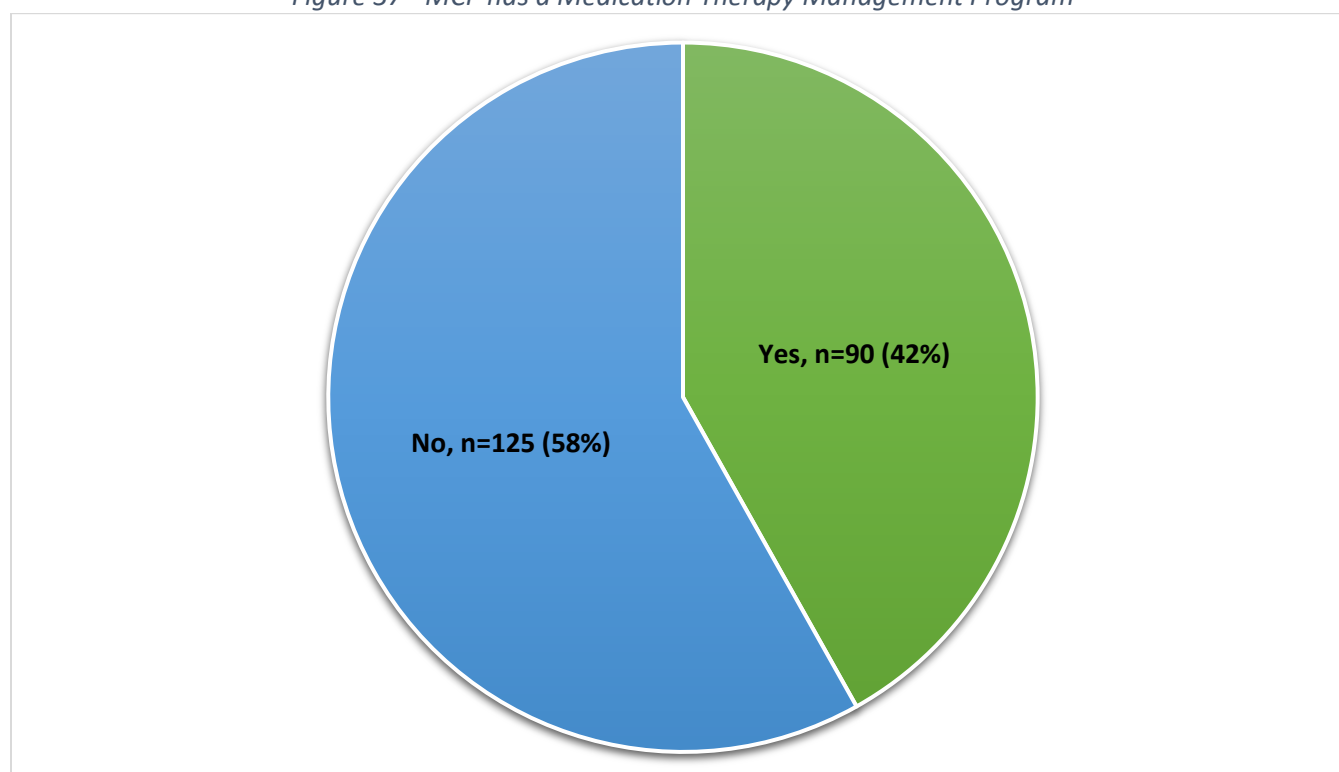


Table 38 - MCP has a Medication Therapy Management Program

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (3), Arkansas (3), Colorado (1), Delaware (2), District of Columbia (3), Florida (3), Georgia (2), Hawaii (1), Illinois (1), Indiana (5), Iowa (1), Kansas (3), Kentucky (1), Louisiana (5), Maryland (1), Massachusetts (1), Michigan (3), Minnesota (9), Mississippi (1), Nebraska (3), Nevada (1), New Hampshire (3), New Mexico (1), New York (3), Oregon (10), Pennsylvania (2), Puerto Rico (2), Rhode Island (1), South Carolina (1), Texas (1), Utah (3), Virginia (7), Washington (3)	90	41.86%
No	Arizona (4), Arkansas (1), Colorado (1), Delaware (1), District of Columbia (2), Florida (8), Georgia (1), Hawaii (5), Illinois (5), Iowa (2), Kentucky (5), Maryland (8), Massachusetts (4), Michigan (6), Mississippi (2), Nevada (3), New Jersey (5), New Mexico (2), New York (12), North Carolina (5), Ohio (1), Oregon (11), Pennsylvania (5), Puerto Rico (2), Rhode Island (2), South Carolina (4), Texas (15), Utah (1), Washington (2)	125	58.14%
National Totals		215	100%

3. Summary 2 - DUR Board Activities

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

Section V - Physician-Administered Drugs (PAD)

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

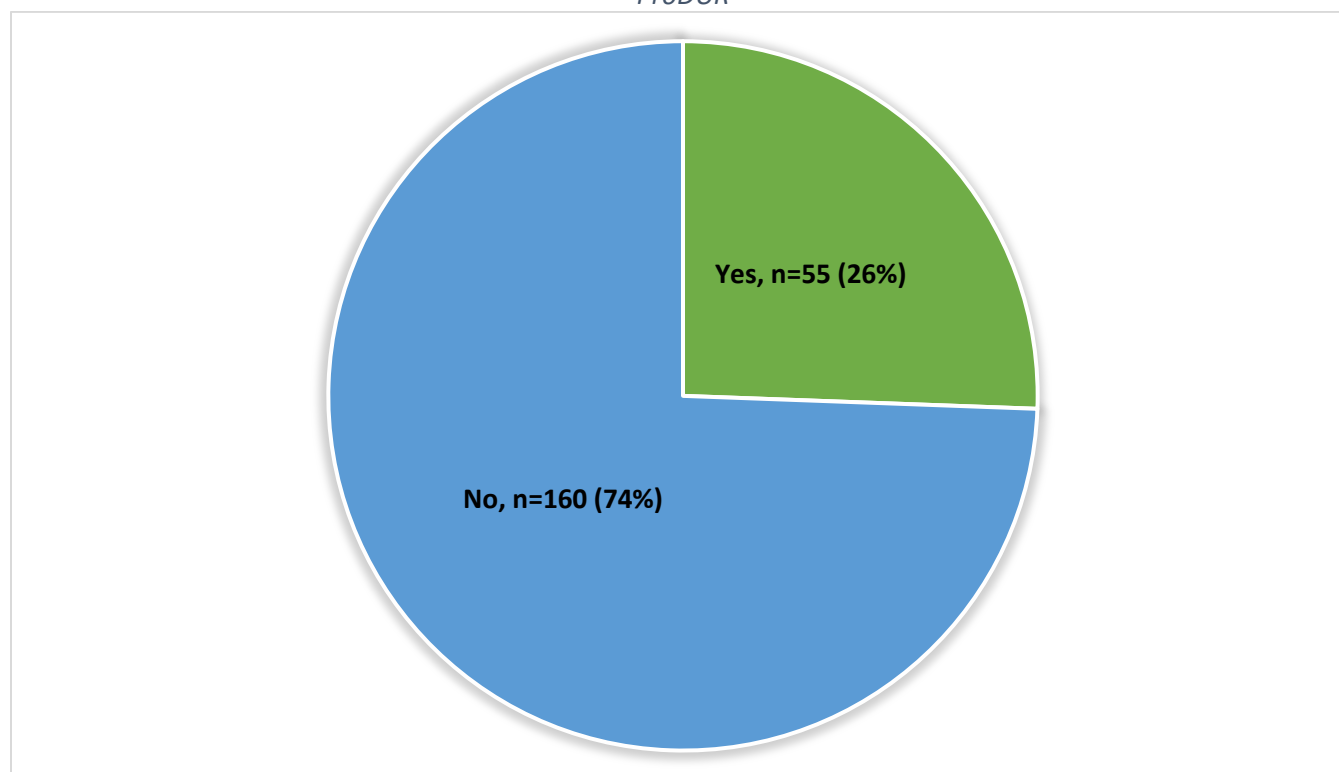


Table 39 - Incorporation of NDCs for Covered Outpatient Physician-Administered Drugs into DUR criteria for ProDUR

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (1), Delaware (2), District of Columbia (1), Florida (4), Georgia (1), Hawaii (1), Illinois (1), Indiana (1), Kentucky (1), Louisiana (1), Maryland (1), Massachusetts (4), Michigan (2), Minnesota (1), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (2), New York (4), North Carolina (1), Oregon (7), Pennsylvania (2), Puerto Rico (1), South Carolina (2), Texas (3), Utah (4), Virginia (2), Washington (2)	55	25.58%
No	Arizona (6), Arkansas (4), Colorado (2), Delaware (1), District of Columbia (4), Florida (7), Georgia (2), Hawaii (5), Illinois (5), Indiana (4), Iowa (3), Kansas (3), Kentucky (5), Louisiana (4), Maryland (8), Massachusetts (1), Michigan (7), Minnesota (8), Mississippi (2), Nebraska (2), Nevada (3), New Hampshire (3), New Jersey (3), New Mexico (3), New York (11), North Carolina (4), Ohio (1), Oregon (14), Pennsylvania (5), Puerto Rico (3), Rhode Island (3), South Carolina (3), Texas (13), Virginia (5), Washington (3)	160	74.42%
National Totals		215	100%

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

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

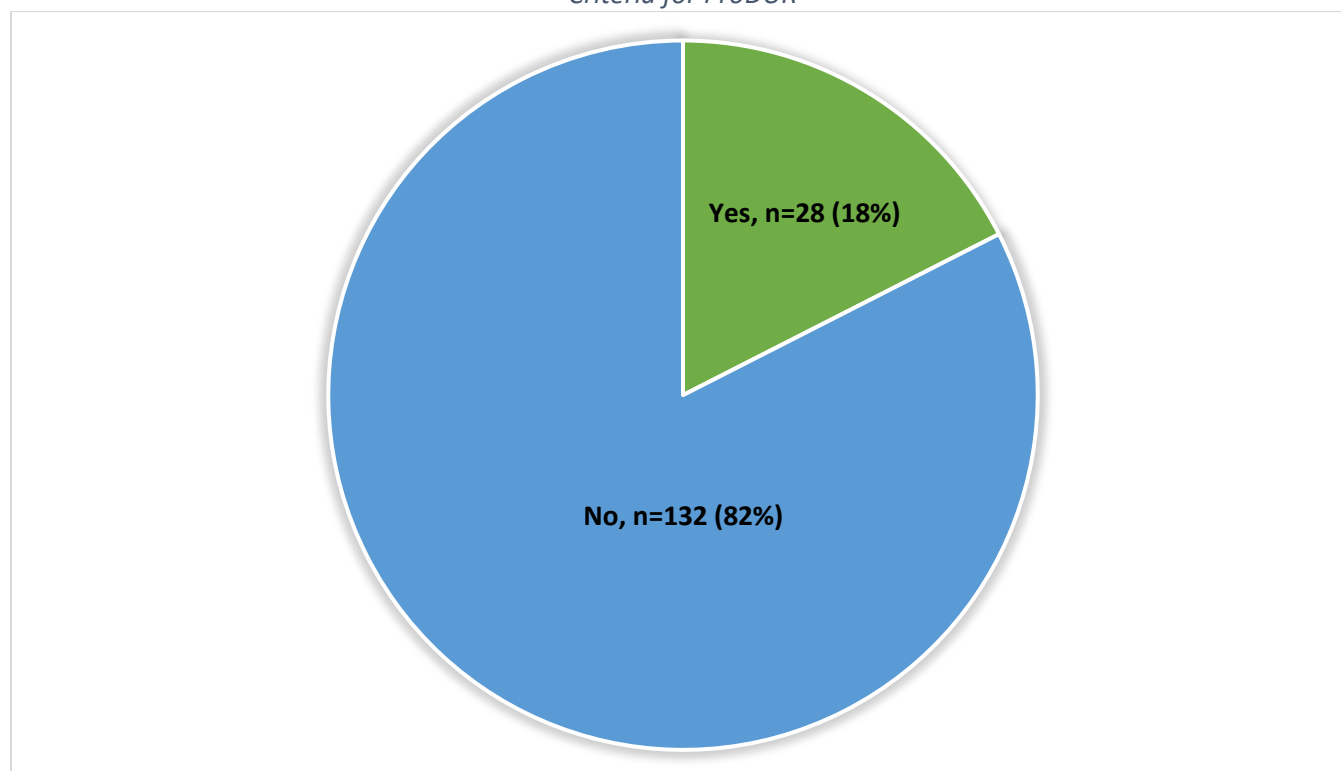


Table 40 - Future Plans to Incorporate NDCs for Covered Outpatient Physician-Administered Drugs into DUR Criteria for ProDUR

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (1), Colorado (2), Florida (1), Hawaii (1), Illinois (1), Indiana (1), Kansas (1), Louisiana (1), Maryland (1), Michigan (1), Minnesota (1), Mississippi (2), Nebraska (2), Nevada (1), New Jersey (1), New York (1), North Carolina (1), Oregon (1), Pennsylvania (2), Puerto Rico (1), Rhode Island (1), Texas (1), Virginia (1), Washington (1)	28	17.50%
No	Arizona (5), Arkansas (4), Delaware (1), District of Columbia (4), Florida (6), Georgia (2), Hawaii (4), Illinois (4), Indiana (3), Iowa (3), Kansas (2), Kentucky (5), Louisiana (3), Maryland (7), Massachusetts (1), Michigan (6), Minnesota (7), Nevada (2), New Hampshire (3), New Jersey (2), New Mexico (3), New York (10), North Carolina (3), Ohio (1), Oregon (13), Pennsylvania (3), Puerto Rico (2), Rhode Island (2), South Carolina (3), Texas (12), Virginia (4), Washington (2)	132	82.50%
National Totals		160	100%

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

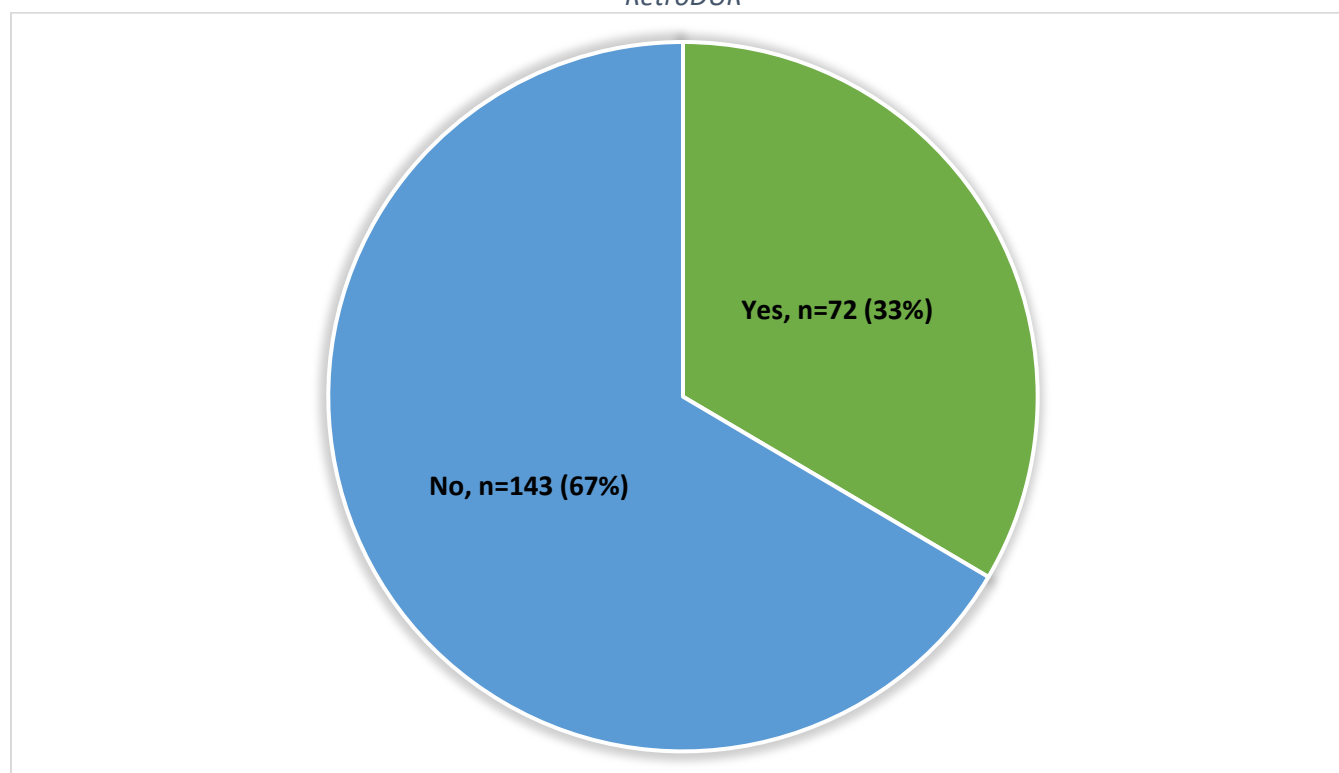


Table 41 - Incorporation of NDCs for Covered Outpatient Physician-Administered Drugs into DUR criteria for RetroDUR

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (1), Colorado (1), Delaware (2), District of Columbia (1), Florida (3), Georgia (1), Hawaii (1), Illinois (2), Kentucky (1), Louisiana (1), Maryland (1), Massachusetts (3), Michigan (3), Minnesota (1), Mississippi (1), Nebraska (1), Nevada (2), New Hampshire (1), New Jersey (2), New Mexico (2), New York (8), North Carolina (1), Ohio (1), Oregon (9), Pennsylvania (2), Puerto Rico (2), Rhode Island (1), South Carolina (2), Texas (3), Utah (4), Virginia (5), Washington (3)	72	33.49%
No	Arizona (6), Arkansas (4), Colorado (1), Delaware (1), District of Columbia (4), Florida (8), Georgia (2), Hawaii (5), Illinois (4), Indiana (5), Iowa (3), Kansas (3), Kentucky (5), Louisiana (4), Maryland (8), Massachusetts (2), Michigan (6), Minnesota (8), Mississippi (2), Nebraska (2), Nevada (2), New Hampshire (2), New Jersey (3), New Mexico (1), New York (7), North Carolina (4), Oregon (12), Pennsylvania (5), Puerto Rico (2), Rhode Island (2), South Carolina (3), Texas (13), Virginia (2), Washington (2)	143	66.51%
National Totals		215	100%

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

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

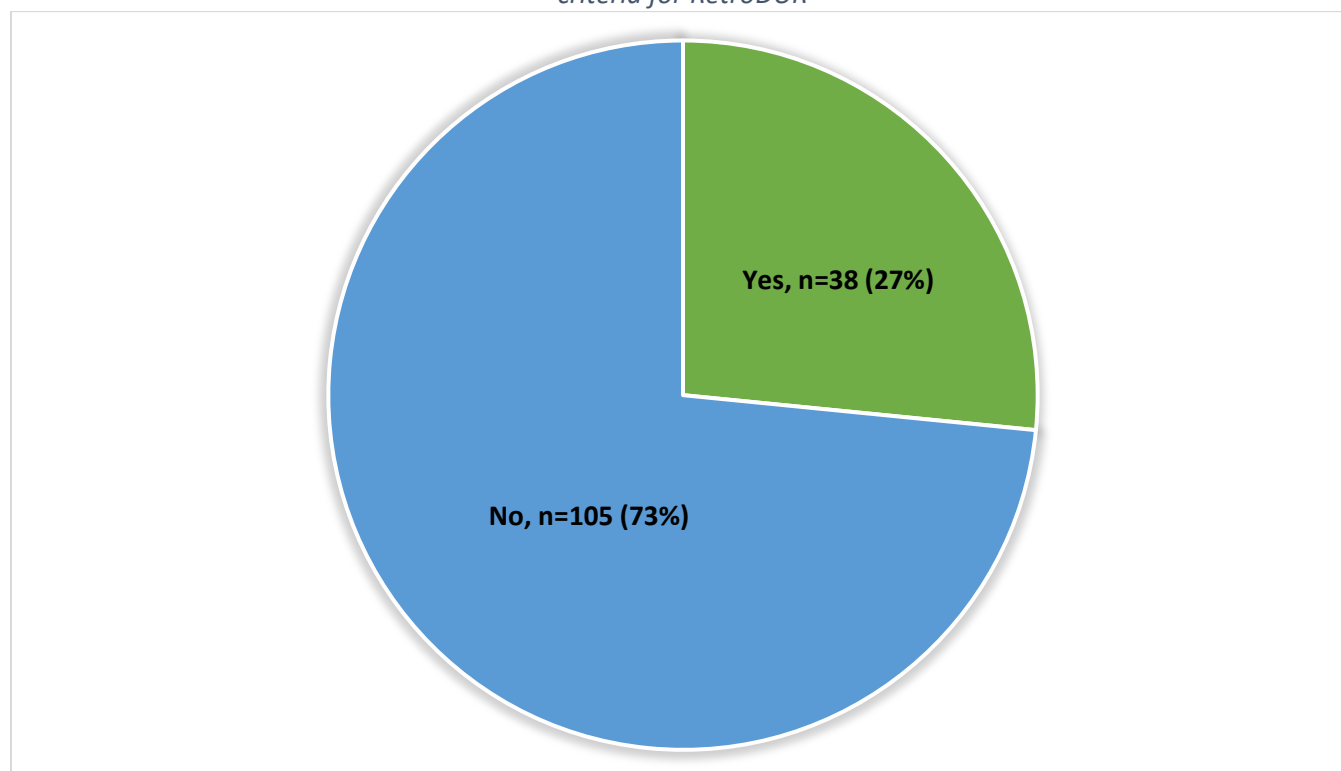


Table 42 - Future Plans to Incorporate NDCs for Covered Outpatient Physician-Administered Drugs into DUR criteria for RetroDUR

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (3), Colorado (1), Florida (1), Hawaii (1), Illinois (2), Indiana (2), Kansas (1), Louisiana (2), Maryland (2), Michigan (3), Minnesota (1), Mississippi (2), Nebraska (2), Nevada (1), New Jersey (1), New York (1), North Carolina (1), Oregon (4), Pennsylvania (1), Rhode Island (1), Texas (2), Virginia (2), Washington (1)	38	26.57%
No	Arizona (3), Arkansas (4), Delaware (1), District of Columbia (4), Florida (7), Georgia (2), Hawaii (4), Illinois (2), Indiana (3), Iowa (3), Kansas (2), Kentucky (5), Louisiana (2), Maryland (6), Massachusetts (2), Michigan (3), Minnesota (7), Nevada (1), New Hampshire (2), New Jersey (2), New Mexico (1), New York (6), North Carolina (3), Oregon (8), Pennsylvania (4), Puerto Rico (2), Rhode Island (1), South Carolina (3), Texas (11), Washington (1)	105	73.43%
National Totals		143	100%

Section VI - Generic Policy and Utilization Data

1. Summary 3 - Generic Drug Substitution Policies

See the "State MCP 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 MCP have a more restrictive requirement?

Figure 42 - More Restrictive MCP Requirements than the Prescriber Writing in His Own Handwriting "Brand Medically Necessary" for a Brand Name Drug

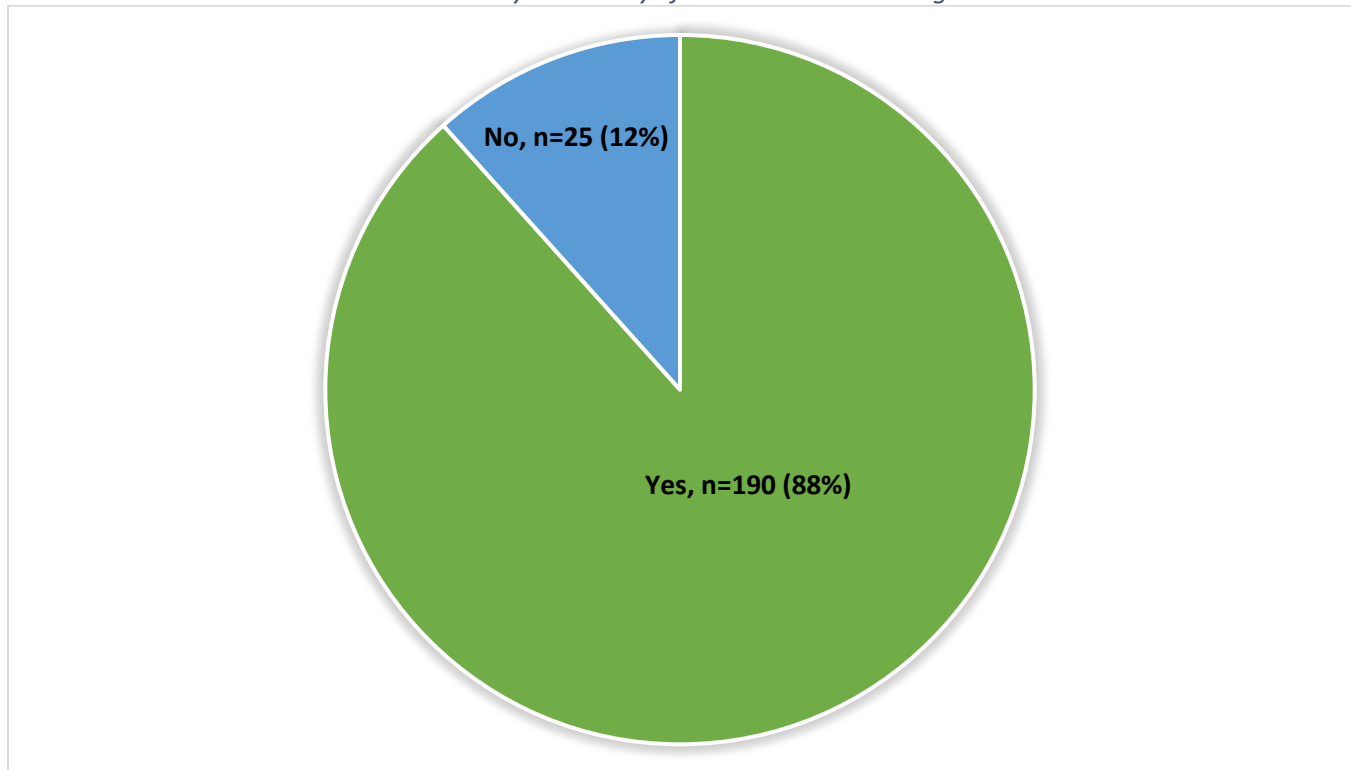


Table 43 - More Restrictive MCP Requirements than the Prescriber Writing in His Own Handwriting "Brand Medically Necessary" for a Brand Name Drug

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Delaware (3), District of Columbia (4), Florida (11), Georgia (3), Hawaii (4), Illinois (5), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Maryland (8), Massachusetts (4), Michigan (9), Minnesota (9), Mississippi (3), Nebraska (1), Nevada (3), New Hampshire (3), New Jersey (4), New Mexico (3), New York (14), North Carolina (1), Ohio (1), Oregon (21), Pennsylvania (7), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (13), Utah (4), Virginia (7), Washington (5)	190	88.37%

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Response	States (Count of MCPs)	Count	Percentage
No	Colorado (2), District of Columbia (1), Hawaii (2), Illinois (1), Louisiana (5), Maryland (1), Massachusetts (1), Nebraska (2), Nevada (1), New Jersey (1), New York (1), North Carolina (4), Texas (3)	25	11.63%
National Totals		215	100%

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

Figure 43 - Additional Restrictive MCP Requirements for Dispensing a Brand Name Drug

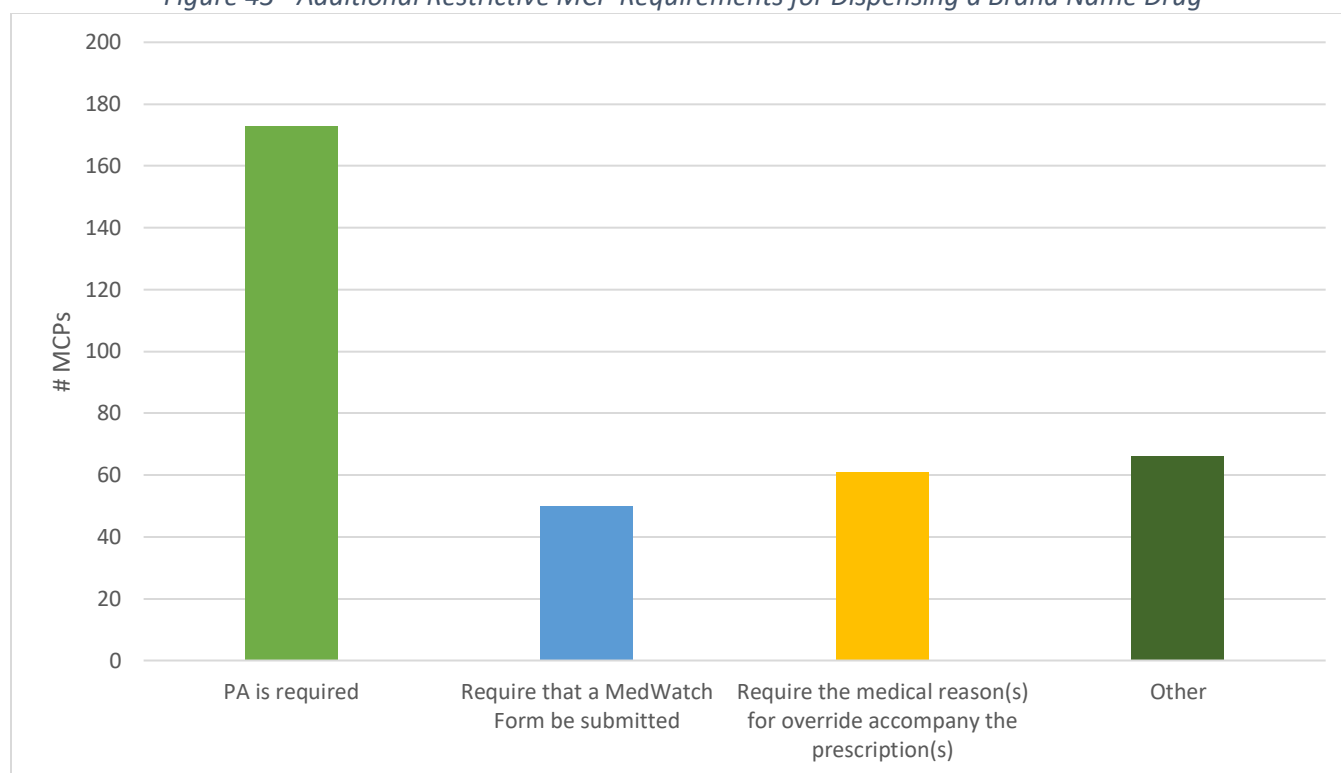


Table 44 - Additional Restrictive MCP Requirements for Dispensing a Brand Name Drug

Response	States (Count of MCPs)	Count	Percentage
PA is required	Arizona (6), Arkansas (3), Delaware (3), District of Columbia (4), Florida (9), Georgia (3), Hawaii (4), Illinois (4), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Maryland (6), Massachusetts (4), Michigan (9), Minnesota (8), Mississippi (3), Nebraska (1), Nevada (3), New Hampshire (3), New Jersey (4), New Mexico (3), New York (11), Ohio (1), Oregon (21), Pennsylvania (7), Puerto Rico (4), Rhode Island (3), South Carolina (4), Texas (11), Utah (4), Virginia (6), Washington (4)	173	49.43%
Require that a MedWatch Form be submitted	Arizona (4), Arkansas (2), Delaware (3), District of Columbia (1), Florida (1), Georgia (1), Hawaii (1), Illinois (2), Indiana (4), Iowa (3), Maryland (2), Massachusetts (1), Michigan (3), Minnesota (1), Mississippi (2), New Hampshire (1), Pennsylvania (2), South Carolina (1), Texas (9), Utah (1), Virginia (4), Washington (1)	50	14.29%

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Response	States (Count of MCPs)	Count	Percentage
Require the medical reason(s) for override accompany the prescription(s)	Arizona (2), Arkansas (1), Delaware (2), District of Columbia (1), Florida (4), Georgia (1), Hawaii (1), Illinois (2), Indiana (5), Kansas (1), Maryland (1), Massachusetts (1), Michigan (2), Minnesota (2), Nebraska (1), Nevada (1), New Hampshire (1), New Mexico (2), New York (2), Oregon (6), Pennsylvania (1), South Carolina (2), Texas (10), Utah (3), Virginia (4), Washington (2)	61	17.43%
Other	Arizona (4), Arkansas (2), District of Columbia (2), Florida (7), Georgia (1), Hawaii (4), Illinois (2), Indiana (2), Kansas (1), Maryland (3), Michigan (4), Minnesota (3), Mississippi (2), Nevada (1), New Hampshire (1), New Jersey (1), New Mexico (2), New York (6), North Carolina (1), Ohio (1), Oregon (2), Pennsylvania (1), South Carolina (4), Texas (2), Utah (1), Virginia (2), Washington (4)	66	18.86%
National Totals		350	100%

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).

Table 45 - State MCP Average Drug Claims and Reimbursement Amount Less Co-Pay: Single Source Innovator (S), Non-Innovator Multiple-Source (N), Innovator Multiple-Source (I)

State	State Average Single Source "S" Number of Drug Claims	State Average Single Source "S" Reimbursement Amount Less Co-Pay	State Average Non-Innovator Multiple Source "N" Number of Drug Claims	State Average Non-Innovator Multiple Source "N" Reimbursement Amount Less Co-Pay	State Average Innovator Multiple Source "I" Number of Drug Claims	State Average Innovator Multiple Source "I" Reimbursement Amount Less Co-Pay
Arizona	179,086	\$222,468,728	2,055,829	\$119,663,090	114,665	\$26,503,680
Arkansas	19,699	\$19,766,062	248,853	\$4,175,176	22,548	\$7,852,724
Colorado	36,925	\$37,762,770	359,799	\$6,213,513	27,564	\$3,360,783
Delaware	106,986	\$7,561,167,667	836,846	\$874,491,528	24,212	\$519,473,812
District of	27,610	\$30,117,694	175,050	\$6,544,237	21,171	\$3,258,100
Florida	238,449	\$248,530,314	1,805,536	\$30,511,637	97,091	\$29,314,133
Georgia	114,705	\$152,388,993	3,101,226	\$44,848,415	192,044	\$16,766,507
Hawaii	30,769	\$41,122,366	413,081	\$8,339,494	23,887	\$3,075,501
Illinois	333,852	\$423,626,697	3,434,566	\$57,042,234	190,031	\$34,246,386
Indiana	271,849	\$271,388,193	3,007,041	\$58,229,936	201,610	\$87,521,790
Iowa	256,754	\$240,683,025	2,131,635	\$36,215,665	86,485	\$16,708,554
Kansas	107,512	\$122,493,035	1,143,849	\$26,333,688	63,407	\$8,589,058
Kentucky	344,974	\$370,452,406	3,453,218	\$65,472,828	140,948	\$42,485,901

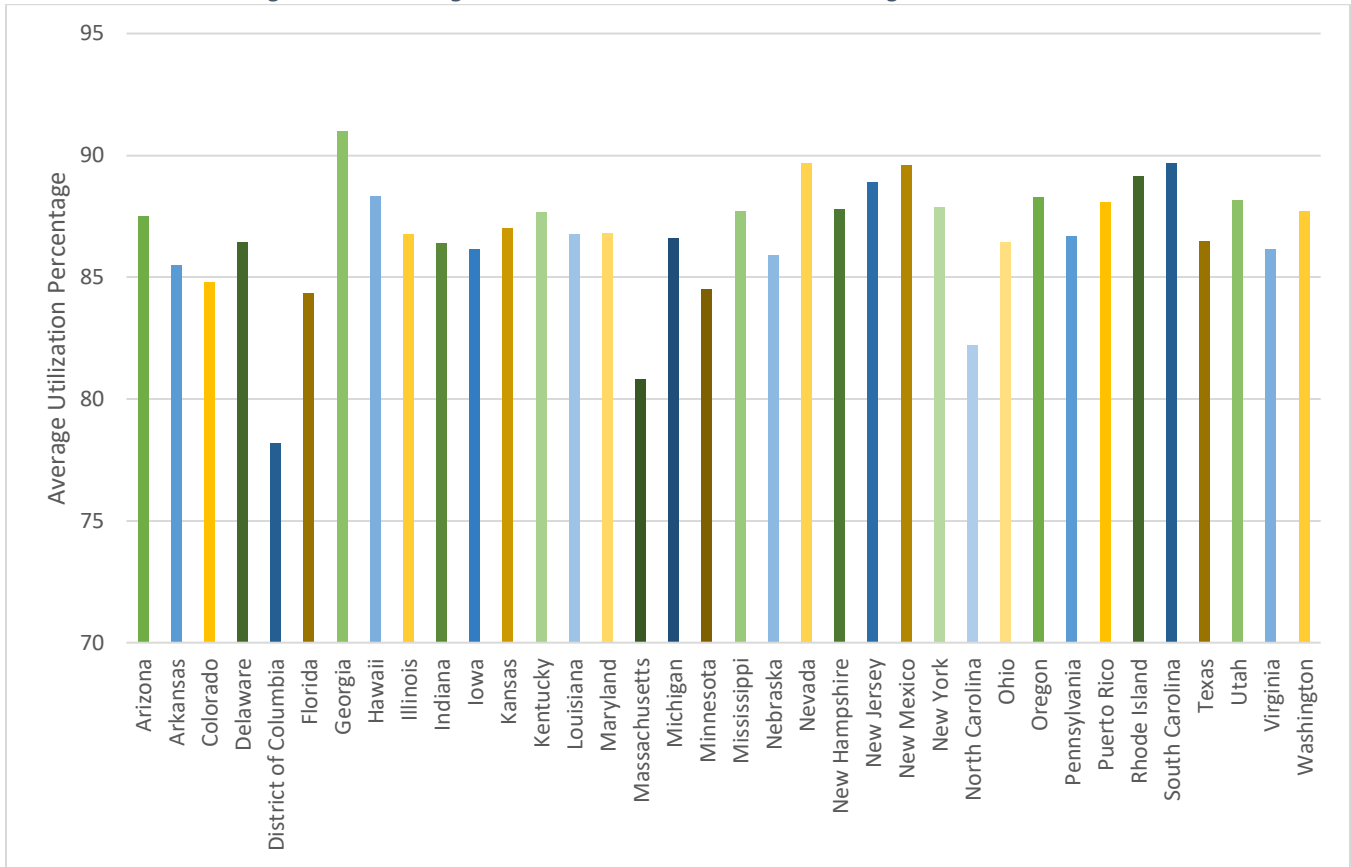
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State	State Average Single Source "S" Number of Drug Claims	State Average Single Source "S" Reimbursement Amount Less Co-Pay	State Average Non-Innovator Multiple Source "N" Number of Drug Claims	State Average Non-Innovator Multiple Source "N" Reimbursement Amount Less Co-Pay	State Average Innovator Multiple Source "I" Number of Drug Claims	State Average Innovator Multiple Source "I" Reimbursement Amount Less Co-Pay
Louisiana	413,357	\$512,976,457	4,175,979	\$75,193,768	223,636	\$52,976,261
Maryland	95,070	\$119,775,747	1,132,963	\$12,782,509	76,852	\$7,576,349
Massachusetts	216,228	\$255,580,786	1,537,881	\$34,136,410	149,070	\$43,272,092
Michigan	240,943	\$187,118,122	2,144,248	\$32,455,804	90,580	\$40,387,029
Minnesota	135,369	\$136,741,910	1,084,690	\$22,273,439	63,475	\$17,303,309
Mississippi	107,663	\$114,407,665	1,073,660	\$22,426,286	42,738	\$8,780,261
Nebraska	127,442	\$125,625,187	1,105,523	\$24,335,635	54,009	\$14,793,944
Nevada	72,268	\$97,918,463	1,143,540	\$16,434,783	59,595	\$4,277,664
New	47,744	\$71,123,896	581,273	\$12,841,762	33,069	\$6,731,255
New Jersey	425,406	\$277,439,651	4,167,603	\$58,934,460	95,070	\$72,134,336
New Mexico	153,687	\$150,112,872	1,704,897	\$58,968,682	44,210	\$10,427,442
New York	151,444	\$205,677,572	1,964,328	\$30,505,436	119,918	\$18,047,523
North Carolina	282,894	\$298,668,581	1,872,855	\$34,942,610	122,049	\$38,187,355
Ohio	3,880,076	\$4,175,475,148	33,011,713	\$531,256,489	1,298,663	\$255,045,653
Oregon	29,910	\$35,036,090	405,255	\$6,953,098	23,968	\$3,114,065
Pennsylvania	422,517	\$451,224,882	4,454,523	\$93,109,540	261,224	\$155,989,980
Puerto Rico	373,502	\$250,582,541	3,819,865	\$35,817,628	143,089	\$13,380,671
Rhode Island	74,292	\$102,757,867	1,172,948	\$20,737,152	68,505	\$7,844,104
South Carolina	86,103	\$121,723,034	1,429,743	\$19,924,557	78,263	\$7,607,433
Texas	191,764	\$587,112,543	1,791,285	\$98,233,097	87,954	\$122,805,928
Utah	47,847	\$51,711,261	482,133	\$9,475,116	16,840	\$2,633,430
Virginia	224,292	\$279,263,786	2,409,427	\$43,894,613	162,466	\$35,254,605
Washington	222,872	\$13,864,454,930	2,727,887	\$2,621,602,263	159,876	\$1,771,852,794
National	280,329	\$894,846,582	2,710,021	\$145,981,016	130,022	\$97,488,345

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

Figure 44 - Average State Generic Utilization Percentage Across all MCPs



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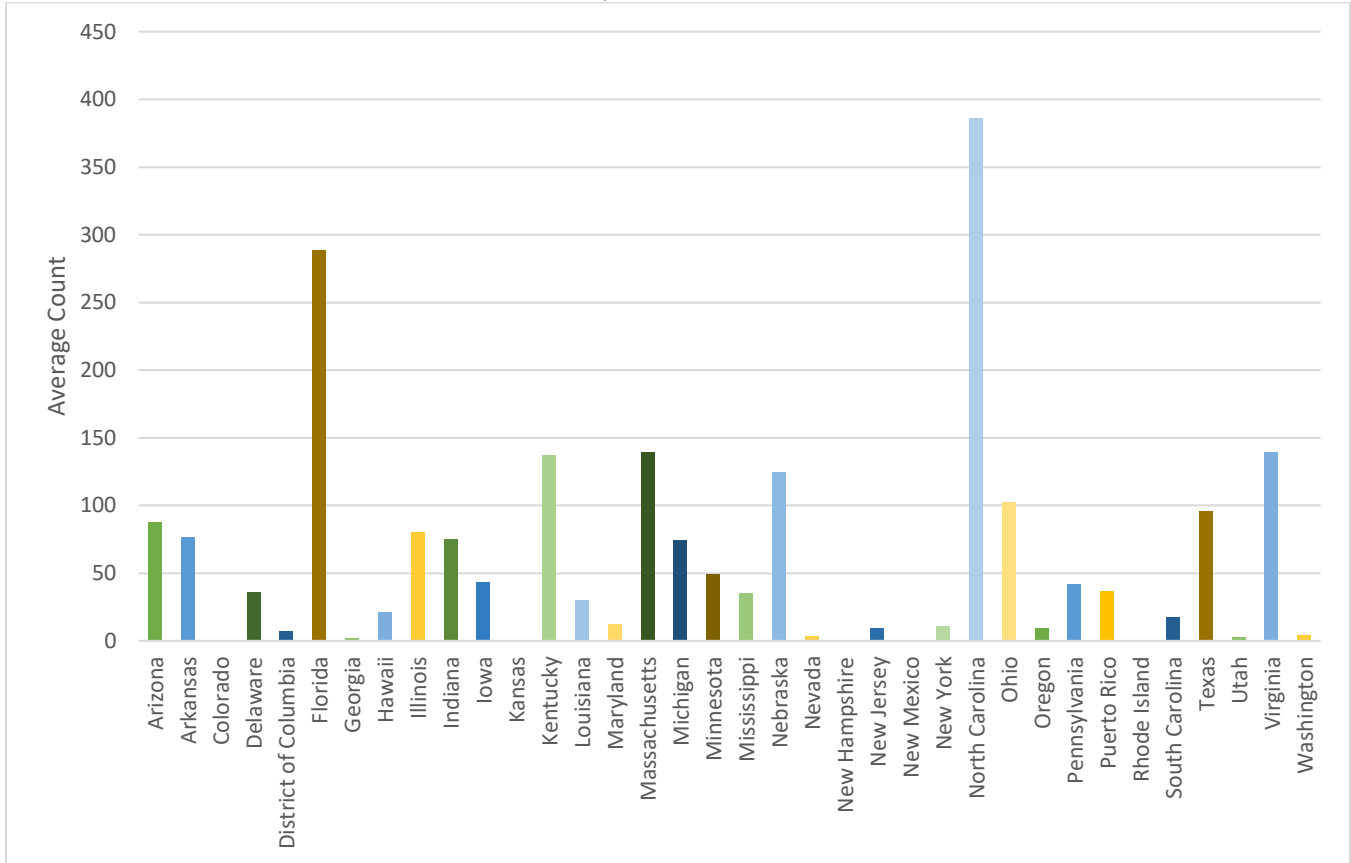
Table 46 - Average State Generic Utilization Percentage Across all MCPs

State	State Average Generic Utilization Percentage
Arizona	87.50%
Arkansas	85.49%
Colorado	84.80%
Delaware	86.45%
District of Columbia	78.21%
Florida	84.33%
Georgia	91.00%
Hawaii	88.31%
Illinois	86.77%
Indiana	86.40%
Iowa	86.13%
Kansas	87.00%
Kentucky	87.66%
Louisiana	86.77%
Maryland	86.82%
Massachusetts	80.81%
Michigan	86.61%
Minnesota	84.51%
Mississippi	87.71%
Nebraska	85.90%
Nevada	89.66%
New Hampshire	87.79%
New Jersey	88.90%
New Mexico	89.60%
New York	87.86%
North Carolina	82.22%
Ohio	86.44%
Oregon	88.27%
Pennsylvania	86.69%
Puerto Rico	88.09%
Rhode Island	89.15%
South Carolina	89.69%
Texas	86.49%
Utah	88.17%
Virginia	86.17%
Washington	87.70%
National Average	86.72%

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

Figure 45 - Average State Count of Innovator Drugs that are the Preferred Product over their Multi-Source Counterpart Across all MCPs



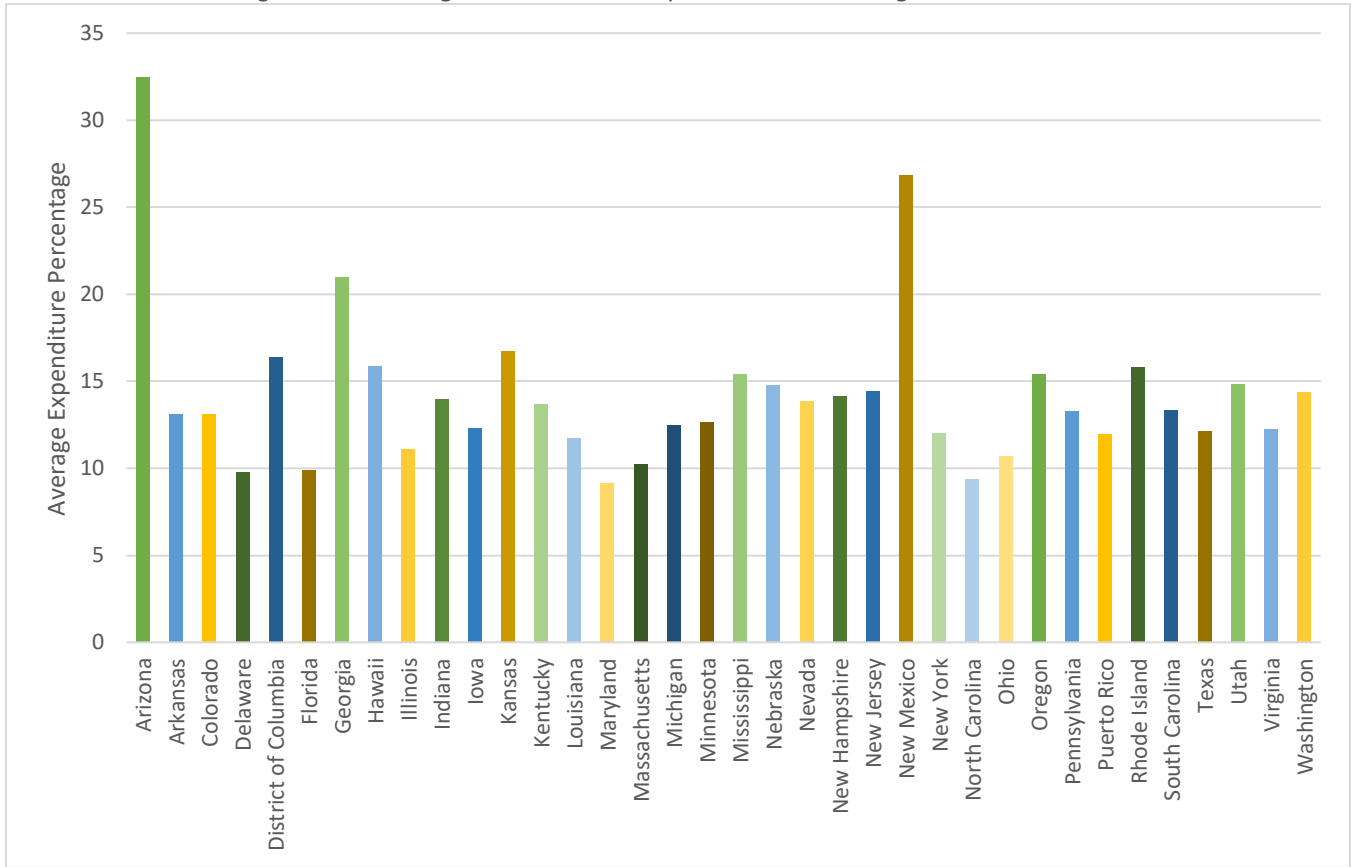
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Table 47 - Average State Count of Innovator Drugs that are the Preferred Product over their Multi-Source Counterpart Across all MCPs

State	Average Count
Arizona	88
Arkansas	77
Colorado	1
Delaware	36
District of Columbia	7
Florida	289
Georgia	2
Hawaii	21
Illinois	80
Indiana	75
Iowa	43
Kansas	0
Kentucky	137
Louisiana	30
Maryland	12
Massachusetts	139
Michigan	74
Minnesota	49
Mississippi	35
Nebraska	124
Nevada	3
New Hampshire	0
New Jersey	9
New Mexico	1
New York	11
North Carolina	386
Ohio	102
Oregon	9
Pennsylvania	42
Puerto Rico	36
Rhode Island	0
South Carolina	17
Texas	96
Utah	2
Virginia	139
Washington	4
National Average	60

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

Figure 46 - Average State Generic Expenditure Percentage Across all MCPs



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Table 48 - Average State Generic Expenditure Percentage Across all MCPs

State	State Average Generic Expenditure Percentage
Arizona	32.46%
Arkansas	13.13%
Colorado	13.13%
Delaware	9.77%
District of Columbia	16.39%
Florida	9.89%
Georgia	20.96%
Hawaii	15.87%
Illinois	11.08%
Indiana	13.96%
Iowa	12.33%
Kansas	16.73%
Kentucky	13.69%
Louisiana	11.73%
Maryland	9.12%
Massachusetts	10.25%
Michigan	12.48%
Minnesota	12.63%
Mississippi	15.40%
Nebraska	14.77%
Nevada	13.85%
New Hampshire	14.16%
New Jersey	14.43%
New Mexico	26.86%
New York	12.00%
North Carolina	9.40%
Ohio	10.71%
Oregon	15.42%
Pennsylvania	13.30%
Puerto Rico	11.95%
Rhode Island	15.79%
South Carolina	13.35%
Texas	12.16%
Utah	14.85%
Virginia	12.25%
Washington	14.36%
National Average	14.18%

6. Does your MCP have any policies related to biosimilars?

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

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

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

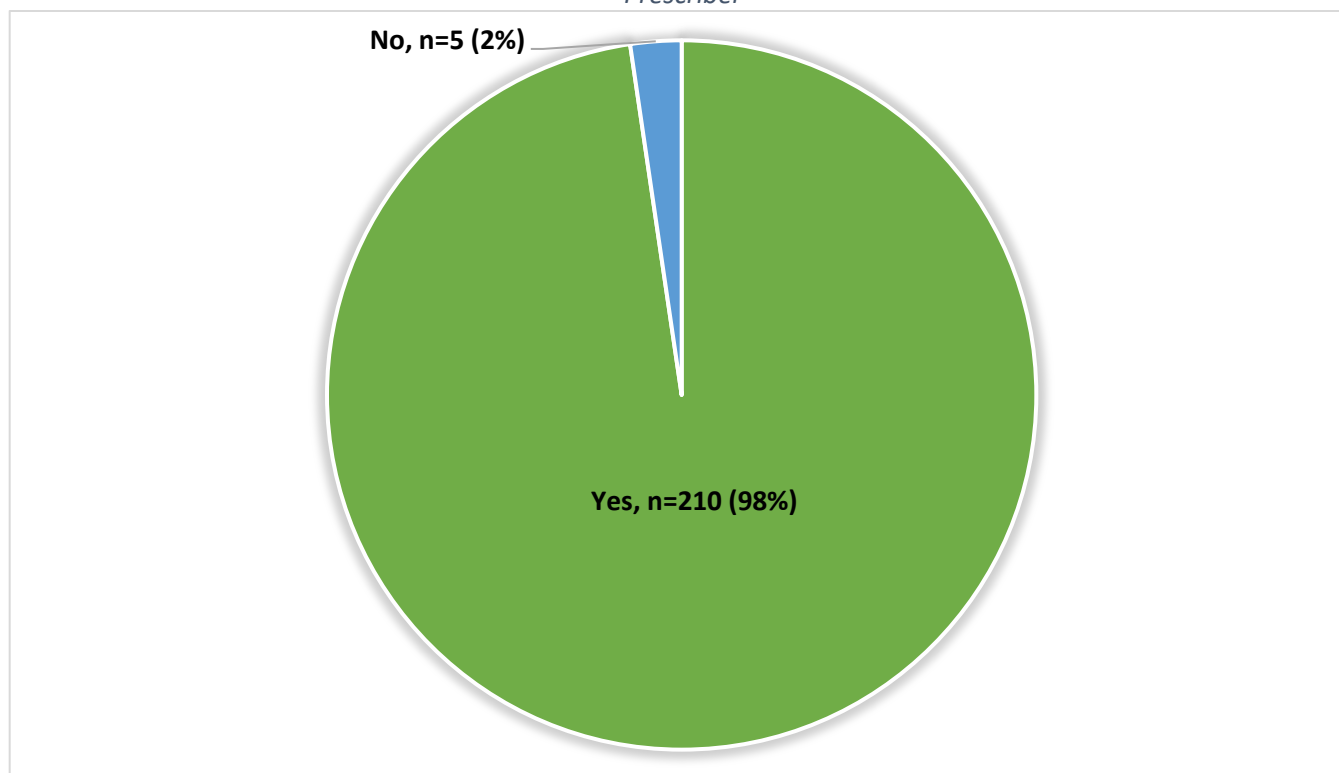


Table 49 - Plans Providing Coverage of Over-the-Counter Medications When Prescribed by an Authorized Prescriber

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (5), Florida (9), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (8), Massachusetts (4), Michigan (9), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (2), New York (15), North Carolina (5), Ohio (1), Oregon (21), Pennsylvania (7), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (16), Utah (4), Virginia (7), Washington (5)	210	97.67%
No	Florida (2), Maryland (1), Massachusetts (1), New Mexico (1)	5	2.33%
National Totals		215	100%

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

A. Lock-in or Patient Review and Restriction Programs

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

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

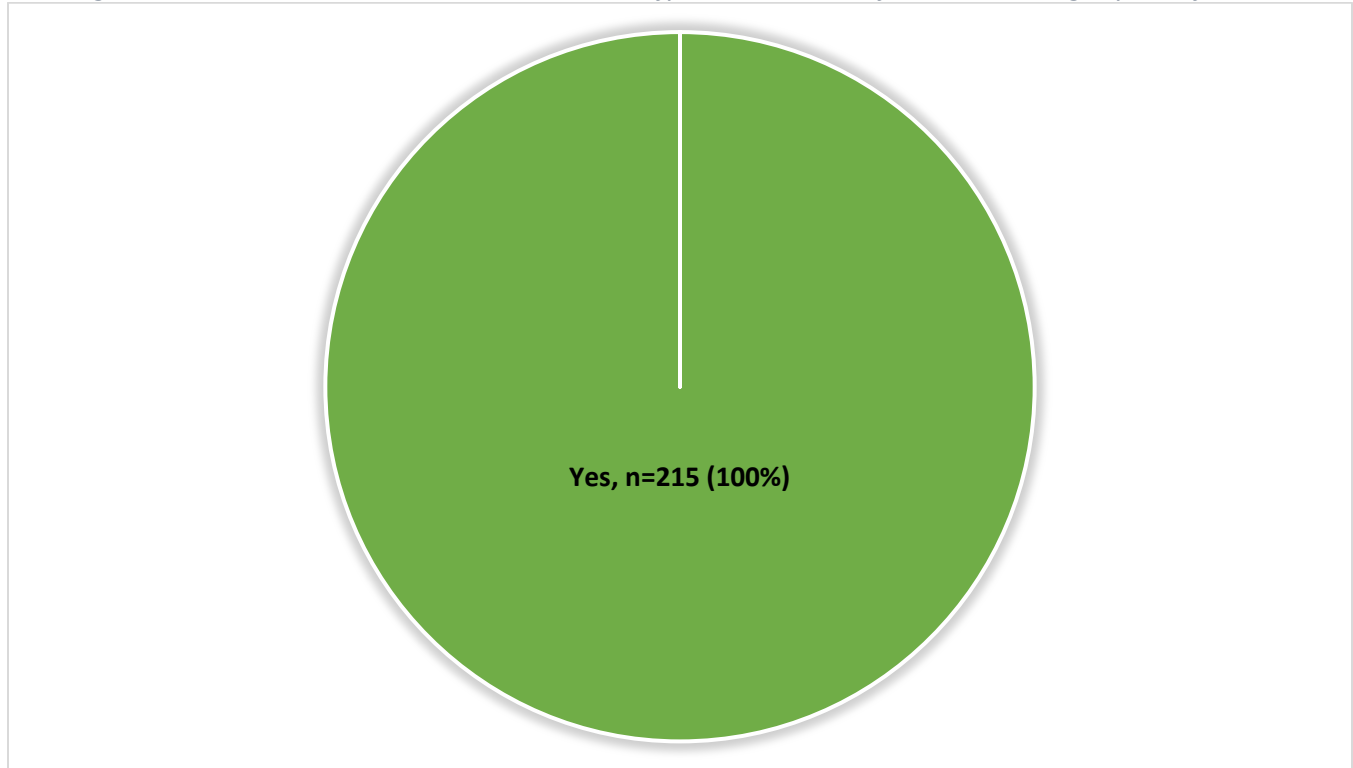


Table 50 - Documented Process in Place to Identify Potential FWA of Controlled Drugs by Beneficiaries

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (5), Florida (11), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (9), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), North Carolina (5), Ohio (1), Oregon (21), Pennsylvania (7), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (16), Utah (4), Virginia (7), Washington (5)	215	100.00%
National Totals		215	100%

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

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

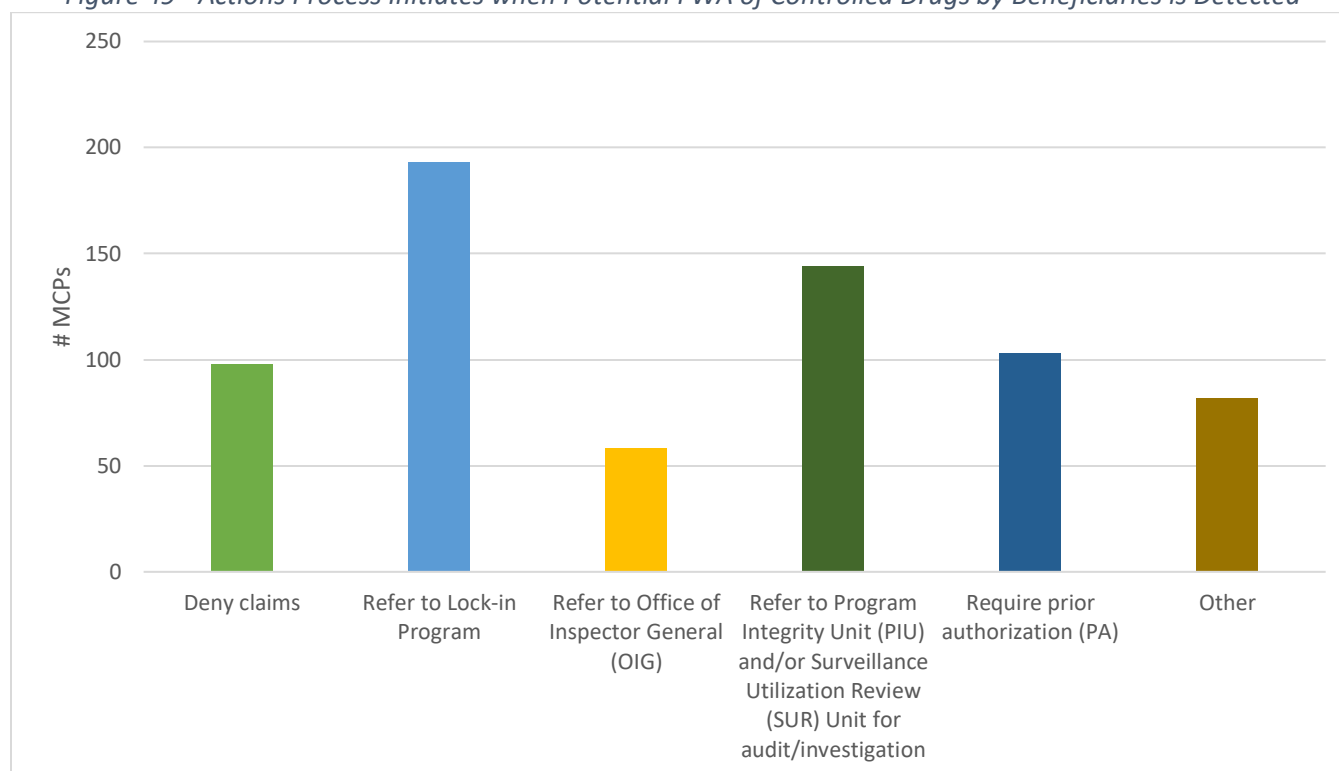


Table 51 - Actions Process Initiates when Potential FWA of Controlled Drugs by Beneficiaries is Detected

Response	States (Count of MCPs)	Count	Percentage
Deny claims	Arizona (5), Arkansas (3), Colorado (2), Delaware (1), District of Columbia (3), Florida (5), Georgia (2), Hawaii (2), Illinois (5), Indiana (4), Iowa (1), Kansas (1), Louisiana (1), Maryland (6), Massachusetts (1), Michigan (3), Minnesota (4), Mississippi (1), Nebraska (1), New Hampshire (1), New Jersey (3), New Mexico (3), New York (5), North Carolina (2), Ohio (1), Oregon (4), Pennsylvania (2), Rhode Island (1), South Carolina (2), Texas (13), Utah (3), Virginia (6), Washington (1)	98	14.45%
Refer to Lock-in Program	Arizona (7), Arkansas (4), Colorado (1), Delaware (3), District of Columbia (5), Florida (10), Georgia (3), Hawaii (5), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (9), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (14), North Carolina (5), Ohio (1), Oregon (9), Pennsylvania (7), Rhode Island (2), South Carolina (4), Texas (16), Utah (4), Virginia (7), Washington (5)	193	28.47%

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Response	States (Count of MCPs)	Count	Percentage
Refer to Office of Inspector General (OIG)	Arizona (2), Arkansas (3), District of Columbia (1), Florida (2), Georgia (1), Hawaii (2), Illinois (2), Indiana (3), Kansas (2), Louisiana (1), Maryland (6), Massachusetts (1), Michigan (6), Minnesota (2), Mississippi (1), Nebraska (1), New Jersey (2), New York (3), North Carolina (1), Oregon (1), Pennsylvania (2), Rhode Island (1), Texas (4), Utah (4), Virginia (3), Washington (1)	58	8.55%
Refer to Program Integrity Unit (PIU) and/or Surveillance Utilization Review (SUR) Unit for audit/investigation	Arizona (4), Arkansas (3), Colorado (1), Delaware (2), District of Columbia (2), Florida (7), Georgia (2), Hawaii (5), Illinois (4), Indiana (4), Iowa (1), Kansas (2), Kentucky (3), Louisiana (4), Maryland (6), Massachusetts (4), Michigan (8), Minnesota (5), Mississippi (1), Nebraska (2), Nevada (2), New Hampshire (3), New Jersey (5), New Mexico (2), New York (10), North Carolina (4), Ohio (1), Oregon (12), Pennsylvania (6), Puerto Rico (4), Rhode Island (2), South Carolina (3), Texas (7), Utah (4), Virginia (7), Washington (2)	144	21.24%
Require prior authorization (PA)	Arizona (4), Arkansas (2), Colorado (2), District of Columbia (3), Florida (6), Georgia (1), Hawaii (2), Illinois (5), Indiana (2), Iowa (1), Kansas (2), Kentucky (6), Maryland (6), Michigan (4), Minnesota (4), Mississippi (2), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (4), New Mexico (3), New York (4), North Carolina (1), Oregon (6), Pennsylvania (1), Rhode Island (1), South Carolina (2), Texas (13), Utah (4), Virginia (7), Washington (2)	103	15.19%
Other	Arizona (2), Arkansas (2), Colorado (1), Delaware (1), District of Columbia (3), Florida (4), Hawaii (3), Illinois (1), Indiana (2), Iowa (1), Kansas (3), Louisiana (4), Maryland (5), Massachusetts (2), Michigan (3), Minnesota (3), Mississippi (1), Nebraska (1), New Hampshire (1), New Jersey (3), New York (3), North Carolina (2), Ohio (1), Oregon (7), Pennsylvania (3), Puerto Rico (3), Rhode Island (2), South Carolina (2), Texas (7), Virginia (5), Washington (1)	82	12.09%
National Totals		678	100%

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

Figure 50 - Lock-in Program

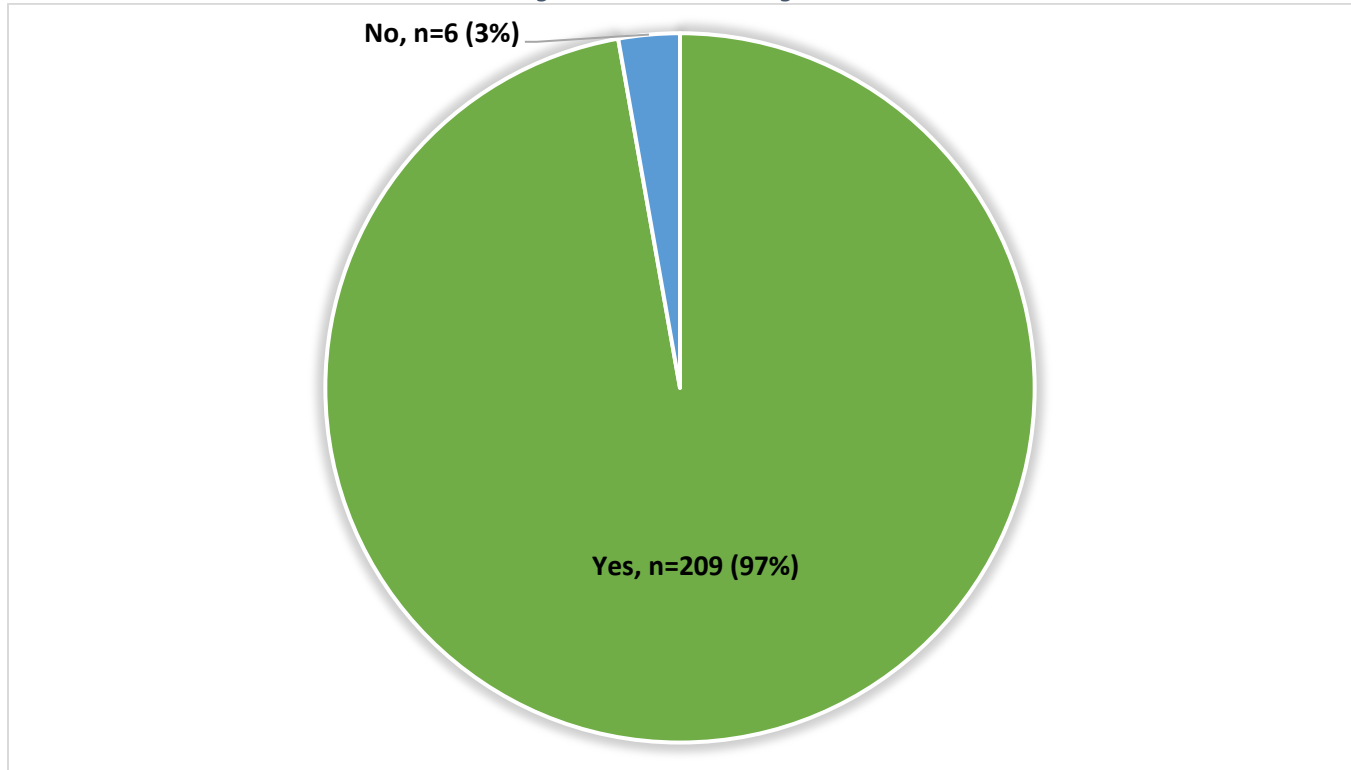


Table 52 - Lock-in Program

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (1), Delaware (3), District of Columbia (5), Florida (11), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (9), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), North Carolina (5), Ohio (1), Oregon (16), Pennsylvania (7), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (16), Utah (4), Virginia (7), Washington (5)	209	97.21%
No	Colorado (1), Oregon (5)	6	2.79%
National Totals		215	100%

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

Figure 51 - Lock-in Program Candidate Identification Criteria

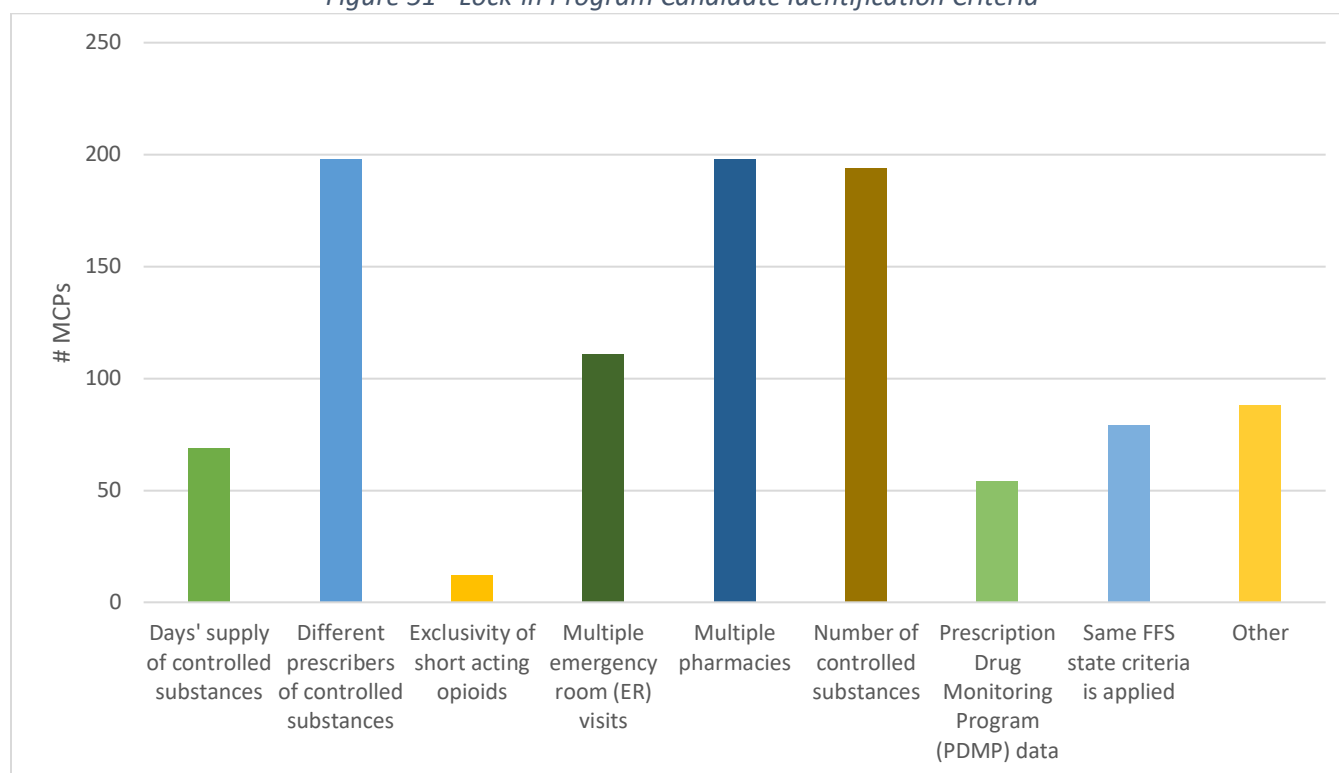


Table 53 - Lock-in Program Candidate Identification Criteria

Response	States (Count of MCPs)	Count	Percentage
Days' supply of controlled substances	Arizona (2), Delaware (1), Florida (1), Georgia (1), Hawaii (2), Illinois (3), Indiana (1), Kansas (2), Louisiana (3), Maryland (2), Massachusetts (1), Michigan (2), Minnesota (3), Nevada (1), New Hampshire (1), New Jersey (1), New Mexico (2), New York (4), North Carolina (1), Oregon (7), Pennsylvania (4), Puerto Rico (4), South Carolina (3), Texas (12), Virginia (3), Washington (2)	69	6.88%
Different prescribers of controlled substances	Arizona (7), Arkansas (3), Colorado (1), Delaware (2), District of Columbia (5), Florida (11), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (9), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), North Carolina (3), Ohio (1), Oregon (13), Pennsylvania (7), Puerto Rico (4), Rhode Island (3), South Carolina (4), Texas (15), Utah (4), Virginia (7), Washington (4)	198	19.74%
Exclusivity of short acting opioids	Delaware (1), Kansas (1), Maryland (1), Michigan (1), Minnesota (1), Nebraska (1), New Jersey (1), New York (1), Pennsylvania (2), Texas (1), Washington (1)	12	1.20%

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Response	States (Count of MCPs)	Count	Percentage
Multiple emergency room (ER) visits	Arizona (4), Arkansas (1), Delaware (2), District of Columbia (1), Florida (3), Georgia (2), Hawaii (2), Illinois (4), Indiana (4), Iowa (1), Kansas (3), Kentucky (4), Louisiana (1), Maryland (1), Massachusetts (3), Michigan (9), Minnesota (9), Mississippi (1), Nebraska (1), Nevada (2), New Hampshire (3), New Jersey (3), New Mexico (2), New York (12), Pennsylvania (6), Rhode Island (1), South Carolina (1), Texas (14), Utah (4), Virginia (4), Washington (3)	111	11.07%
Multiple pharmacies	Arizona (7), Arkansas (3), Colorado (1), Delaware (3), District of Columbia (5), Florida (11), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (9), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (14), North Carolina (3), Ohio (1), Oregon (13), Pennsylvania (7), Puerto Rico (4), Rhode Island (2), South Carolina (4), Texas (15), Utah (4), Virginia (7), Washington (4)	198	19.74%
Number of controlled substances	Arizona (7), Arkansas (3), Colorado (1), Delaware (2), District of Columbia (5), Florida (11), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (9), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (2), New York (15), North Carolina (3), Ohio (1), Oregon (12), Pennsylvania (7), Puerto Rico (4), Rhode Island (3), South Carolina (4), Texas (15), Utah (4), Virginia (6), Washington (4)	194	19.34%
Prescription Drug Monitoring Program (PDMP) data	Arizona (4), District of Columbia (1), Florida (2), Hawaii (1), Illinois (3), Indiana (3), Kansas (3), Kentucky (1), Michigan (3), Minnesota (9), Mississippi (1), Nevada (1), New Mexico (3), Pennsylvania (2), Puerto Rico (4), Texas (1), Utah (3), Virginia (6), Washington (3)	54	5.38%
Same FFS State criteria is applied	Arizona (6), District of Columbia (3), Florida (5), Hawaii (2), Indiana (2), Iowa (1), Kansas (2), Louisiana (4), Maryland (6), Massachusetts (3), Michigan (5), Minnesota (5), Nevada (1), New Hampshire (2), New York (4), North Carolina (5), Ohio (1), Oregon (2), Pennsylvania (3), South Carolina (2), Texas (3), Utah (4), Virginia (6), Washington (2)	79	7.88%
Other	Arizona (1), Arkansas (3), Colorado (1), Delaware (2), District of Columbia (2), Florida (2), Georgia (1), Hawaii (3), Illinois (3), Indiana (1), Kansas (2), Kentucky (1), Louisiana (1), Massachusetts (2), Michigan (4), Minnesota (1), Mississippi (2), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (3), New York (6), North Carolina (3), Ohio (1), Oregon (15), Pennsylvania (4), Puerto Rico (1), Rhode Island (3), South Carolina (3), Texas (11), Virginia (1), Washington (2)	88	8.77%
National Totals		1,003	100%

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

i. Prescriber only

Figure 52 - Prescriber Only Restriction Capability

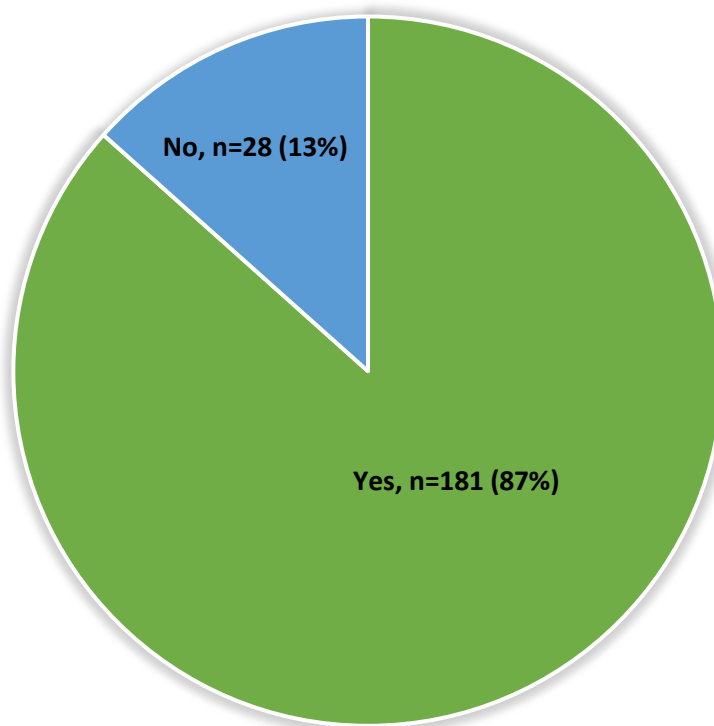


Table 54 - Prescriber Only Restriction Capability

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (3), Colorado (1), Delaware (3), District of Columbia (4), Florida (7), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (7), Massachusetts (4), Michigan (9), Minnesota (6), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (3), New York (15), North Carolina (4), Ohio (1), Oregon (16), Pennsylvania (7), Puerto Rico (4), Rhode Island (3), South Carolina (4), Texas (9), Utah (4), Virginia (4), Washington (5)	181	86.60%
No	Arkansas (1), District of Columbia (1), Florida (4), Iowa (1), Kentucky (1), Maryland (2), Massachusetts (1), Minnesota (3), Nevada (1), New Hampshire (1), North Carolina (1), South Carolina (1), Texas (7), Virginia (3)	28	13.40%
National Totals		209	100%

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ii. Pharmacy only

Figure 53 - Pharmacy Only Restriction Capability

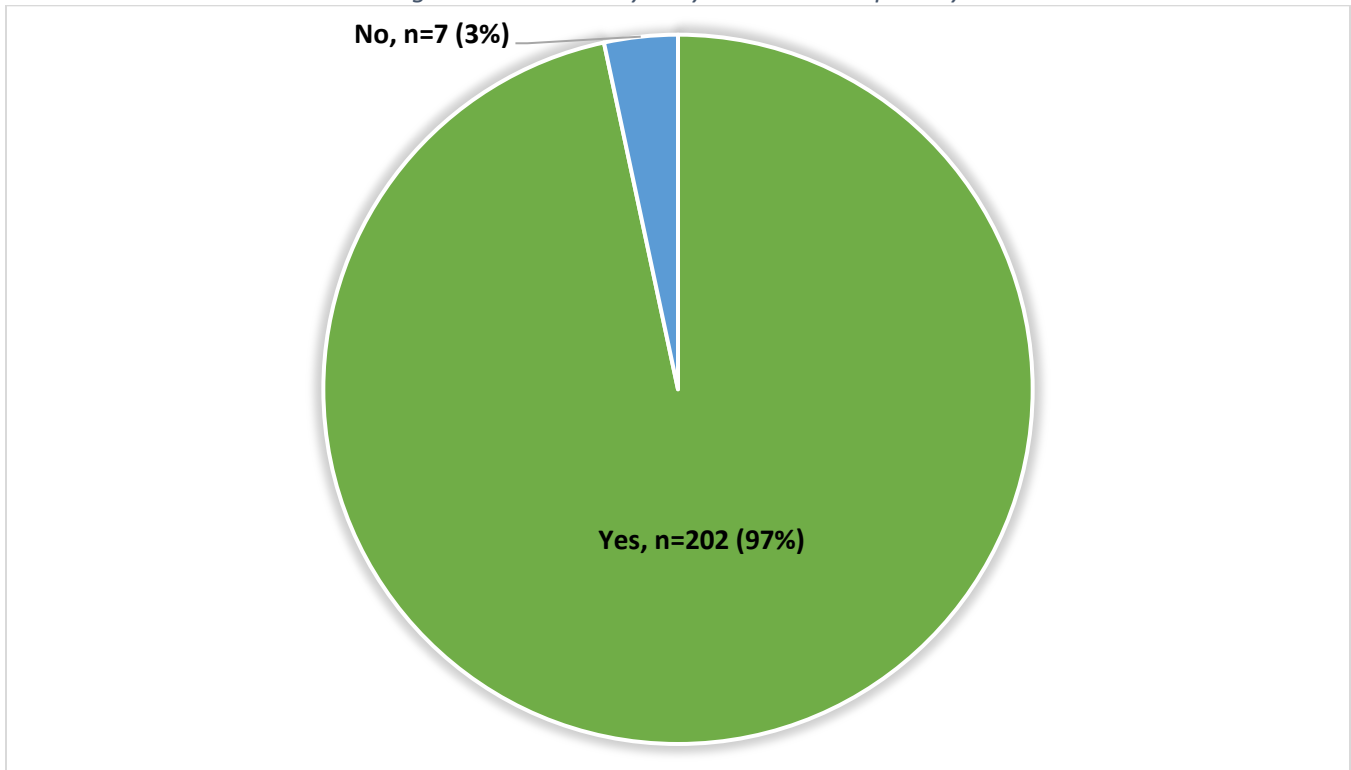


Table 55 - Pharmacy Only Restriction Capability

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (1), Delaware (3), District of Columbia (5), Florida (11), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (5), Louisiana (5), Maryland (8), Massachusetts (4), Michigan (9), Minnesota (6), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), North Carolina (4), Ohio (1), Oregon (16), Pennsylvania (7), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (16), Utah (4), Virginia (7), Washington (5)	202	96.65%
No	Kentucky (1), Maryland (1), Massachusetts (1), Minnesota (3), North Carolina (1)	7	3.35%
National Totals		209	100%

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iii. Prescriber and pharmacy

Figure 54 - Prescriber and Pharmacy Restriction Capability

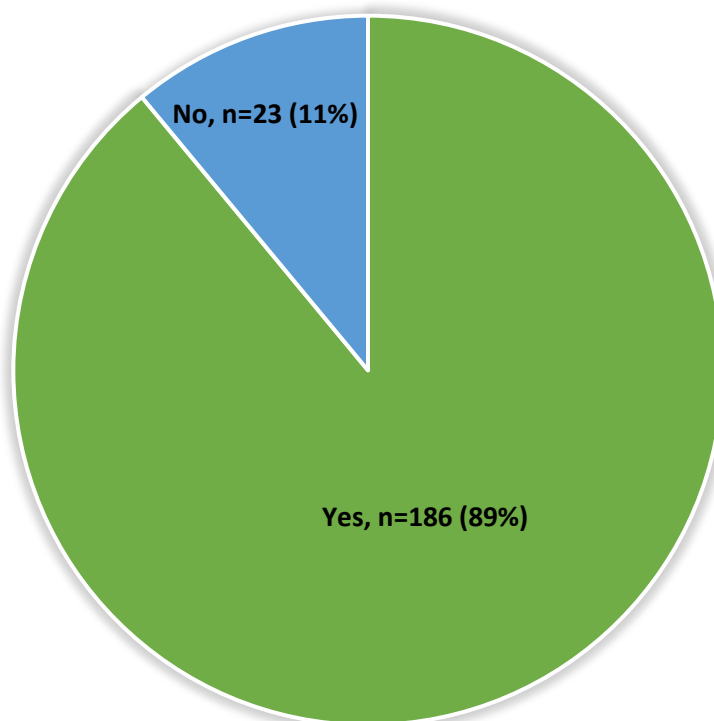


Table 56 - Prescriber and Pharmacy Restriction Capability

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (3), Colorado (1), Delaware (3), District of Columbia (4), Florida (7), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (2), Kansas (3), Kentucky (6), Louisiana (5), Maryland (7), Massachusetts (5), Michigan (9), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (3), New York (15), North Carolina (5), Ohio (1), Oregon (16), Pennsylvania (7), Puerto Rico (4), Rhode Island (3), South Carolina (4), Texas (8), Utah (4), Virginia (4), Washington (5)	186	89.00%
No	Arkansas (1), District of Columbia (1), Florida (4), Iowa (1), Maryland (2), Nevada (1), New Hampshire (1), South Carolina (1), Texas (8), Virginia (3)	23	11.00%
National Totals		209	100%

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

Figure 55 - Lock-in Time Period

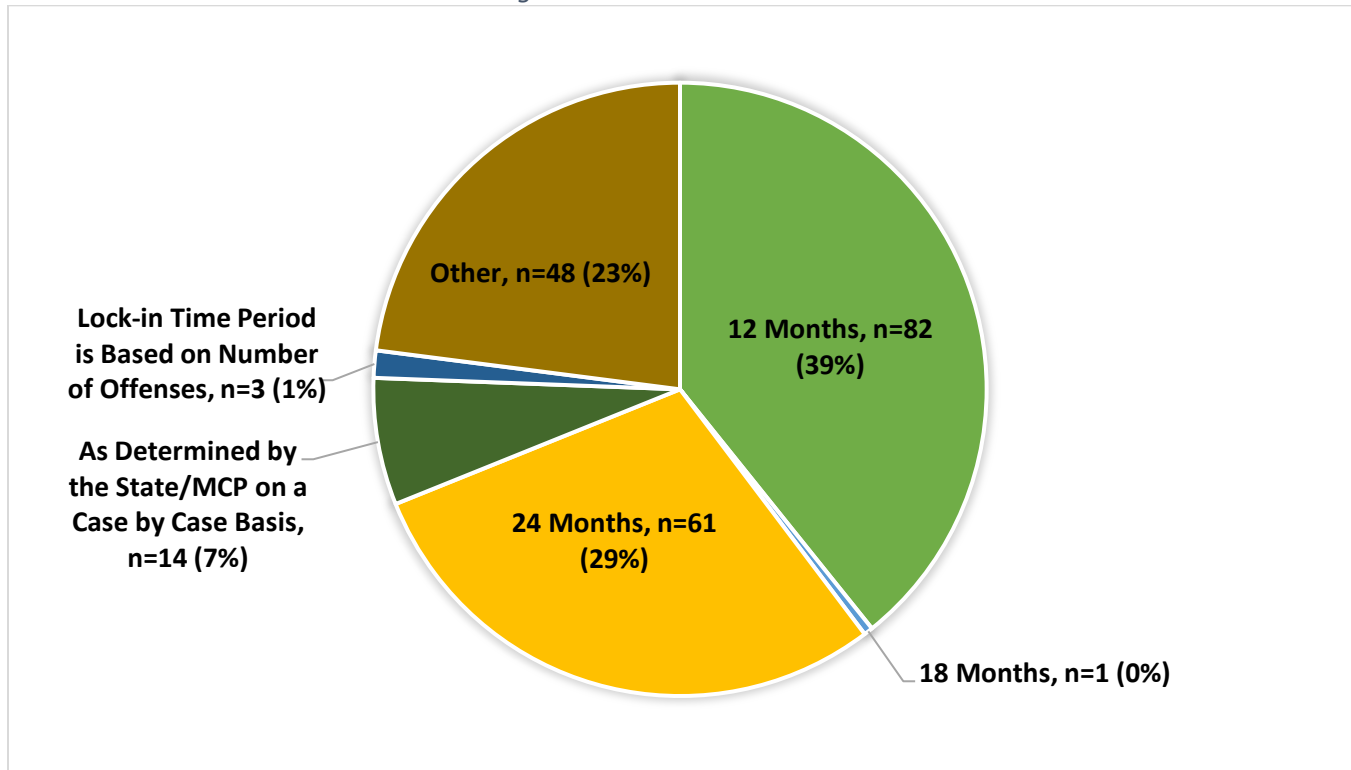


Table 57 - Lock-in Time Period

Response	States (Count of MCPs)	Count	Percentage
12 months	Arizona (6), Arkansas (3), Colorado (1), Delaware (1), District of Columbia (5), Florida (11), Georgia (3), Hawaii (4), Illinois (5), Iowa (1), Kentucky (1), Louisiana (1), Massachusetts (4), Mississippi (3), Nebraska (3), Nevada (2), New Hampshire (3), Oregon (14), Texas (1), Utah (4), Virginia (6)	82	39.23%
18 months	Hawaii (1)	1	0.48%
24 months	Arizona (1), Illinois (1), Indiana (5), Iowa (2), Kansas (3), Kentucky (4), Louisiana (3), Maryland (8), Michigan (8), Minnesota (3), New Jersey (4), New York (3), North Carolina (5), Ohio (1), Rhode Island (2), South Carolina (5), Washington (3)	61	29.19%
As determined by the State/MCP on a case-by-case basis	Delaware (1), Hawaii (1), Nevada (1), New Mexico (2), New York (3), Oregon (2), Puerto Rico (3), Texas (1)	14	6.70%
Lock-in time period is based on number of offenses	New York (3)	3	1.44%
Other	Arkansas (1), Delaware (1), Kentucky (1), Louisiana (1), Maryland (1), Massachusetts (1), Michigan (1), Minnesota (6), Nevada (1), New Jersey (1), New Mexico (1), New York (6), Pennsylvania (7), Puerto Rico (1), Rhode Island (1), Texas (14), Virginia (1), Washington (2)	48	22.97%
National Totals		209	100%

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

Figure 56 - Percentage of Medicaid MCP Population in Lock-in Status Annually (State Average)

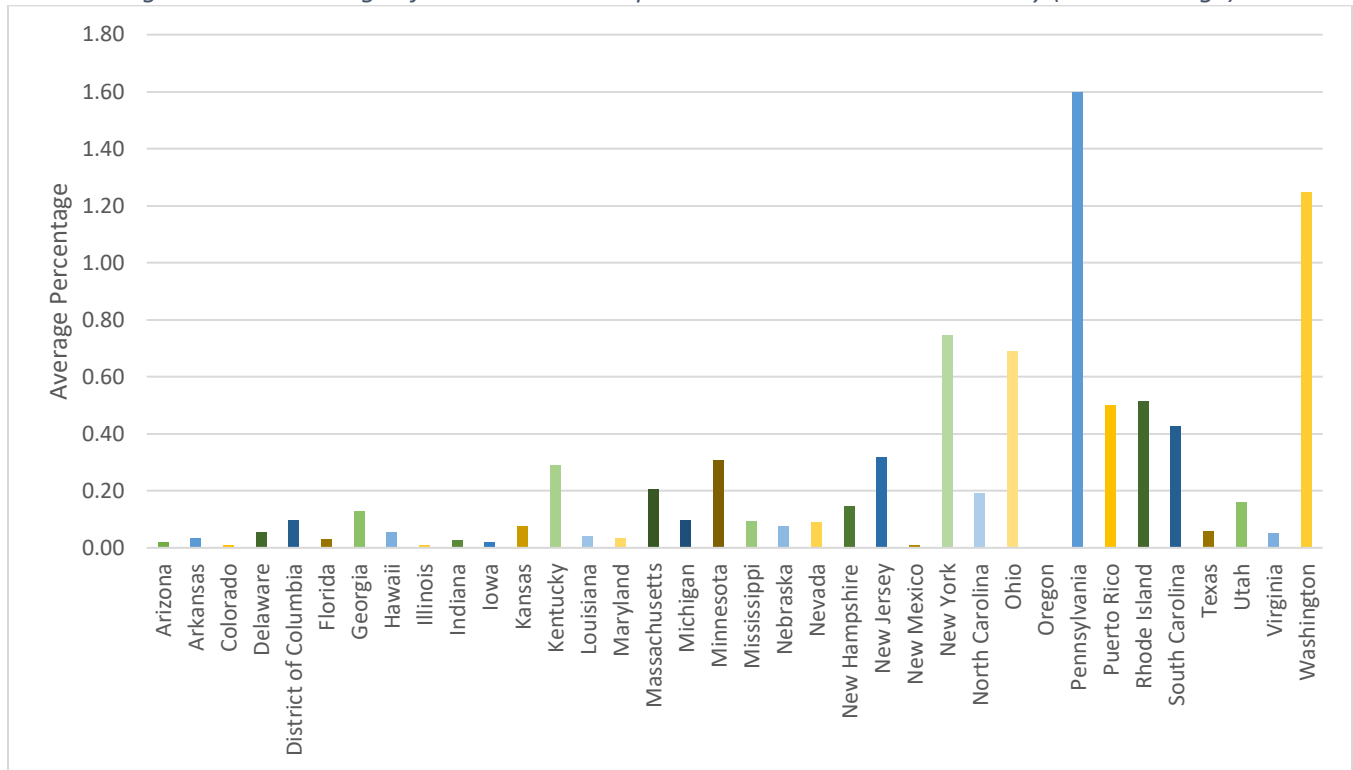


Table 58 - Percentage of Medicaid MCP Population in Lock-in Status Annually (State Average)

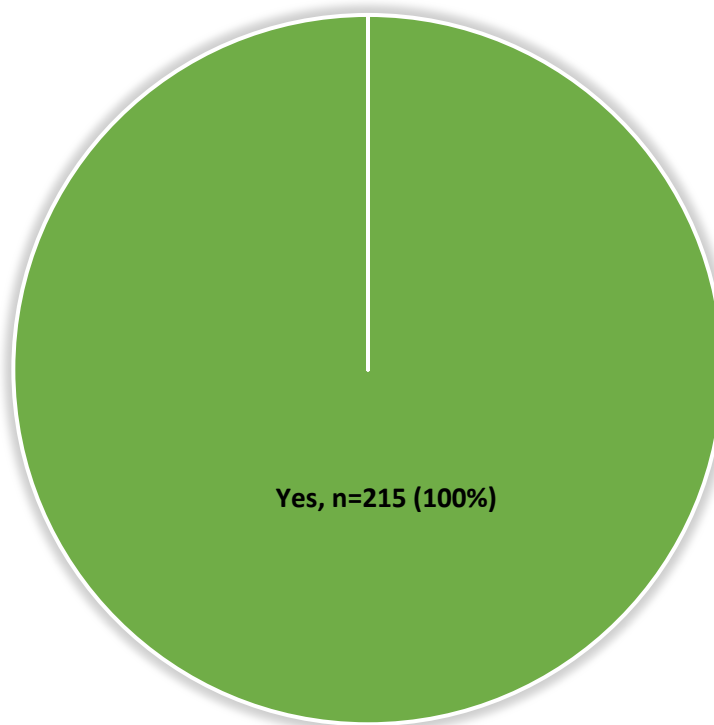
State	State Average Percentage
Arizona	0.02%
Arkansas	0.03%
Colorado	0.01%
Delaware	0.05%
District of Columbia	0.10%
Florida	0.03%
Georgia	0.13%
Hawaii	0.06%
Illinois	0.01%
Indiana	0.03%
Iowa	0.02%
Kansas	0.08%
Kentucky	0.29%
Louisiana	0.04%
Maryland	0.03%
Massachusetts	0.21%
Michigan	0.10%
Minnesota	0.31%
Mississippi	0.09%
Nebraska	0.07%

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State	State Average Percentage
Nevada	0.09%
New Hampshire	0.15%
New Jersey	0.32%
New Mexico	0.01%
New York	0.74%
North Carolina	0.19%
Ohio	0.69%
Oregon	0.00%
Pennsylvania	1.60%
Puerto Rico	0.50%
Rhode Island	0.51%
South Carolina	0.43%
Texas	0.06%
Utah	0.16%
Virginia	0.05%
Washington	1.25%
National Average	0.23%

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

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



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Table 59 - Documented Process to Identify Potential FWA of Controlled Drugs by Prescribers

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (5), Florida (11), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (9), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), North Carolina (5), Ohio (1), Oregon (21), Pennsylvania (7), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (16), Utah (4), Virginia (7), Washington (5)	215	100.00%
National Totals		215	100%

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

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

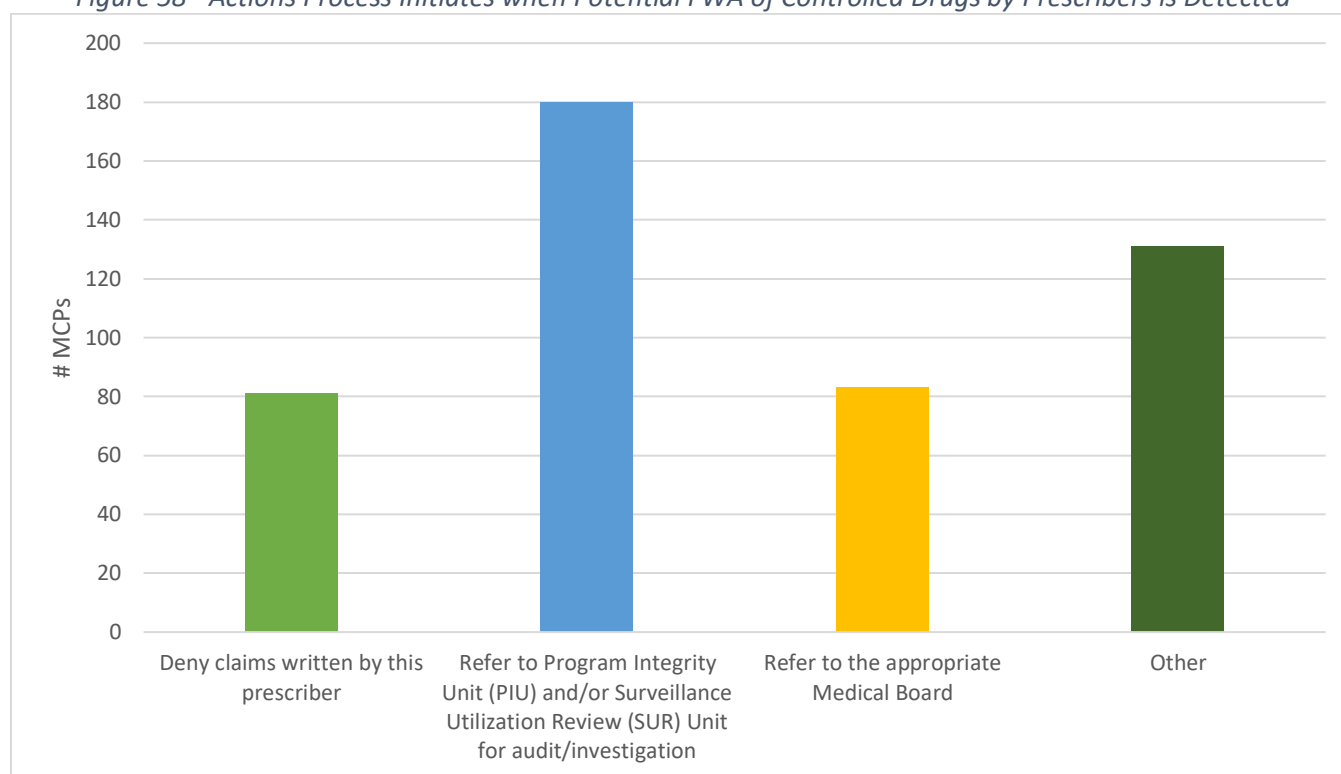


Table 60 - Actions Process Initiates when Potential FWA of Controlled Drugs by Prescribers is Detected

Response	States (Count of MCPs)	Count	Percentage
Deny claims written by this prescriber	Arizona (4), Arkansas (2), Colorado (1), District of Columbia (3), Florida (4), Georgia (3), Hawaii (3), Illinois (3), Indiana (3), Kansas (2), Louisiana (1), Maryland (5), Massachusetts (2), Michigan (5), Minnesota (5), Nebraska (1), New Hampshire (1), New Jersey (3), New Mexico (3), New York (4), North Carolina (1), Ohio (1), Oregon (6), Pennsylvania (2), South Carolina (1), Texas (4), Utah (2), Virginia (4), Washington (2)	81	17.05%

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Response	States (Count of MCPs)	Count	Percentage
Refer to Program Integrity Unit (PIU) and/or Surveillance Utilization Review (SUR) Unit for audit /investigation	Arizona (7), Arkansas (4), Colorado (1), Delaware (3), District of Columbia (5), Florida (9), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (4), Michigan (9), Minnesota (9), Mississippi (2), Nebraska (3), Nevada (4), New Hampshire (2), New Jersey (5), New Mexico (3), New York (12), North Carolina (5), Ohio (1), Oregon (11), Pennsylvania (5), Puerto Rico (4), Rhode Island (3), South Carolina (4), Texas (7), Utah (4), Virginia (6), Washington (4)	180	37.89%
Refer to the appropriate Medical Board	Arizona (2), Arkansas (2), Colorado (1), Delaware (1), District of Columbia (2), Florida (3), Georgia (1), Hawaii (3), Illinois (2), Indiana (4), Kansas (2), Kentucky (1), Louisiana (4), Maryland (4), Massachusetts (3), Michigan (6), Minnesota (7), Mississippi (1), Nebraska (2), New Hampshire (1), New Jersey (3), New Mexico (1), New York (7), North Carolina (1), Oregon (1), Pennsylvania (2), Rhode Island (1), South Carolina (2), Texas (4), Utah (2), Virginia (5), Washington (2)	83	17.47%
Other	Arizona (4), Arkansas (3), Delaware (1), District of Columbia (3), Florida (6), Georgia (3), Hawaii (5), Illinois (2), Indiana (3), Iowa (3), Kansas (2), Kentucky (2), Louisiana (1), Maryland (7), Massachusetts (2), Michigan (7), Minnesota (2), Mississippi (2), Nebraska (1), Nevada (3), New Hampshire (2), New Jersey (3), New Mexico (1), New York (10), North Carolina (3), Ohio (1), Oregon (12), Pennsylvania (5), Puerto Rico (3), Rhode Island (2), South Carolina (5), Texas (11), Utah (3), Virginia (5), Washington (3)	131	27.58%
National Totals		475	100%

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

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

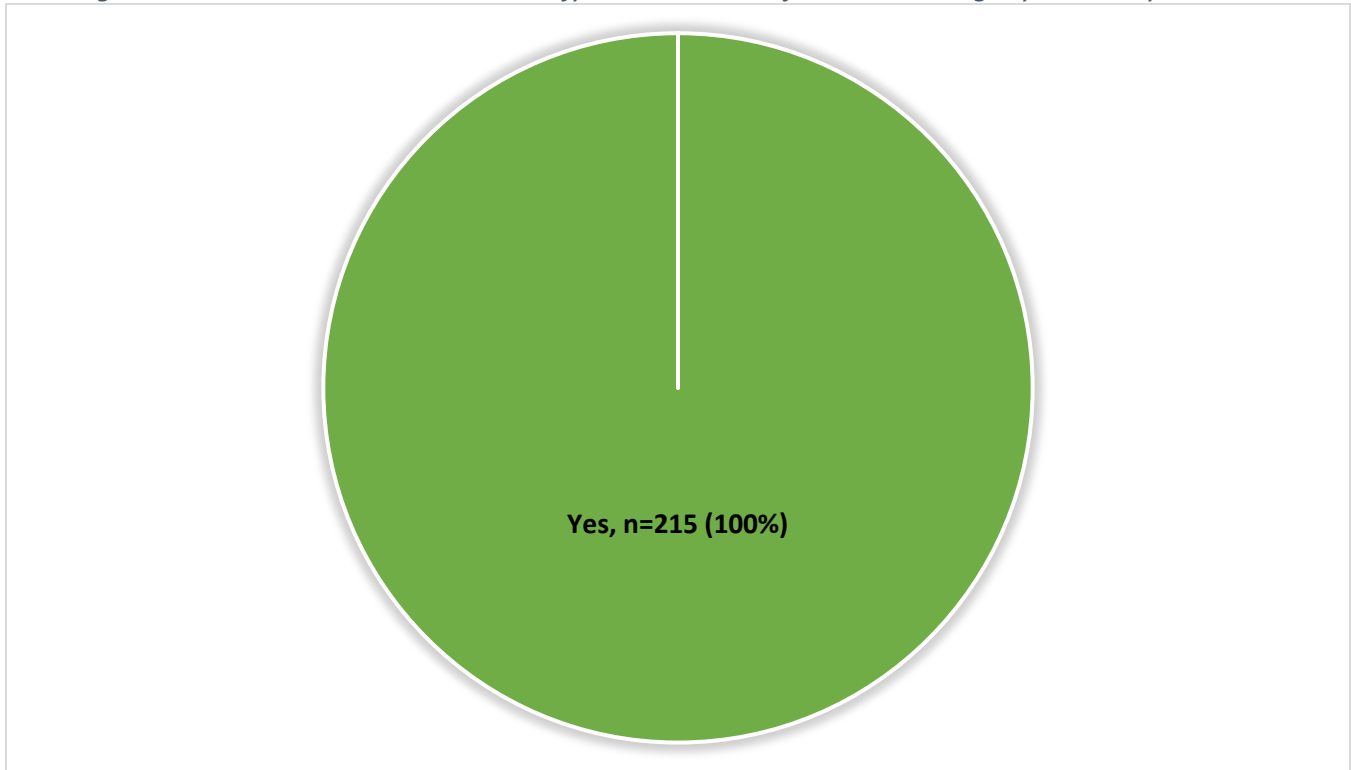


Table 61 - Documented Process to Identify Potential FWA of Controlled Drugs by Pharmacy Providers

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (5), Florida (11), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (9), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), North Carolina (5), Ohio (1), Oregon (21), Pennsylvania (7), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (16), Utah (4), Virginia (7), Washington (5)	215	100.00%
National Totals		215	100%

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

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

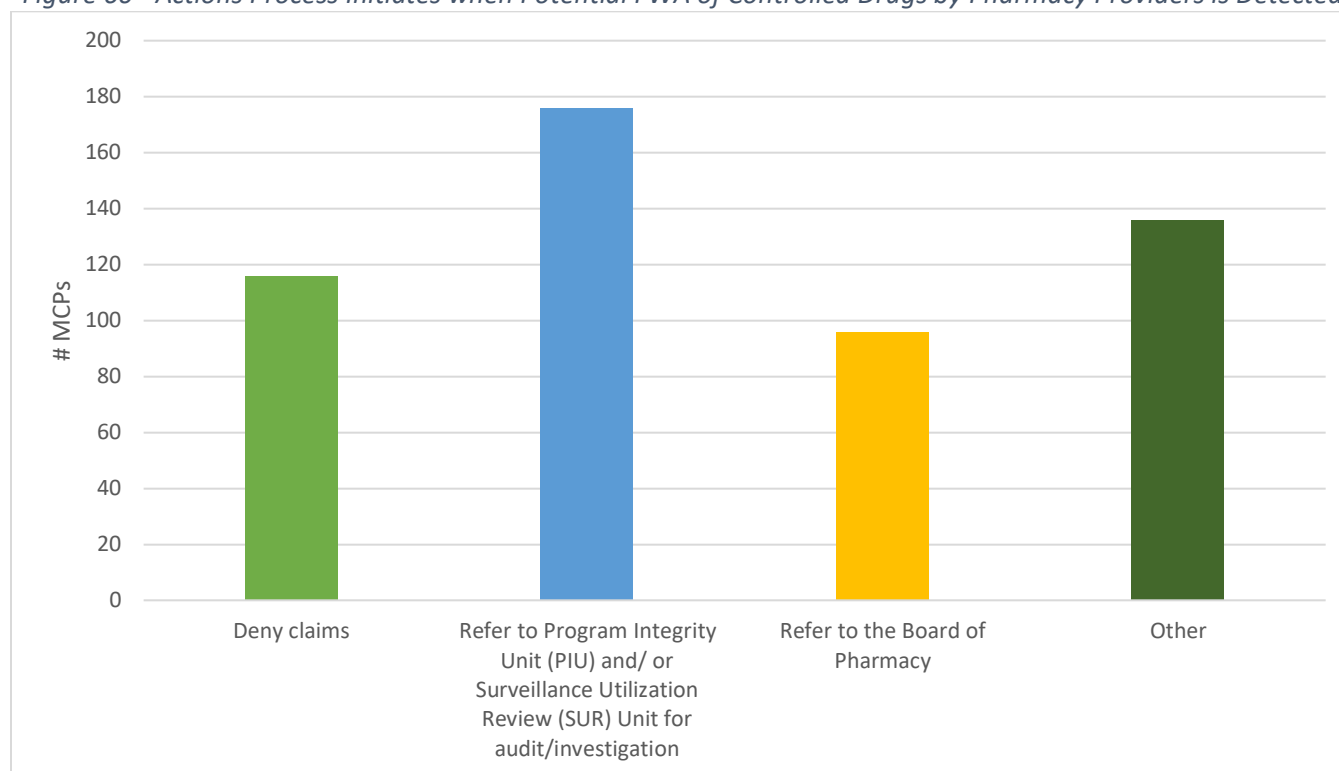


Table 62 - Actions Process Initiates when Potential FWA of Controlled Drugs by Pharmacy Providers is Detected

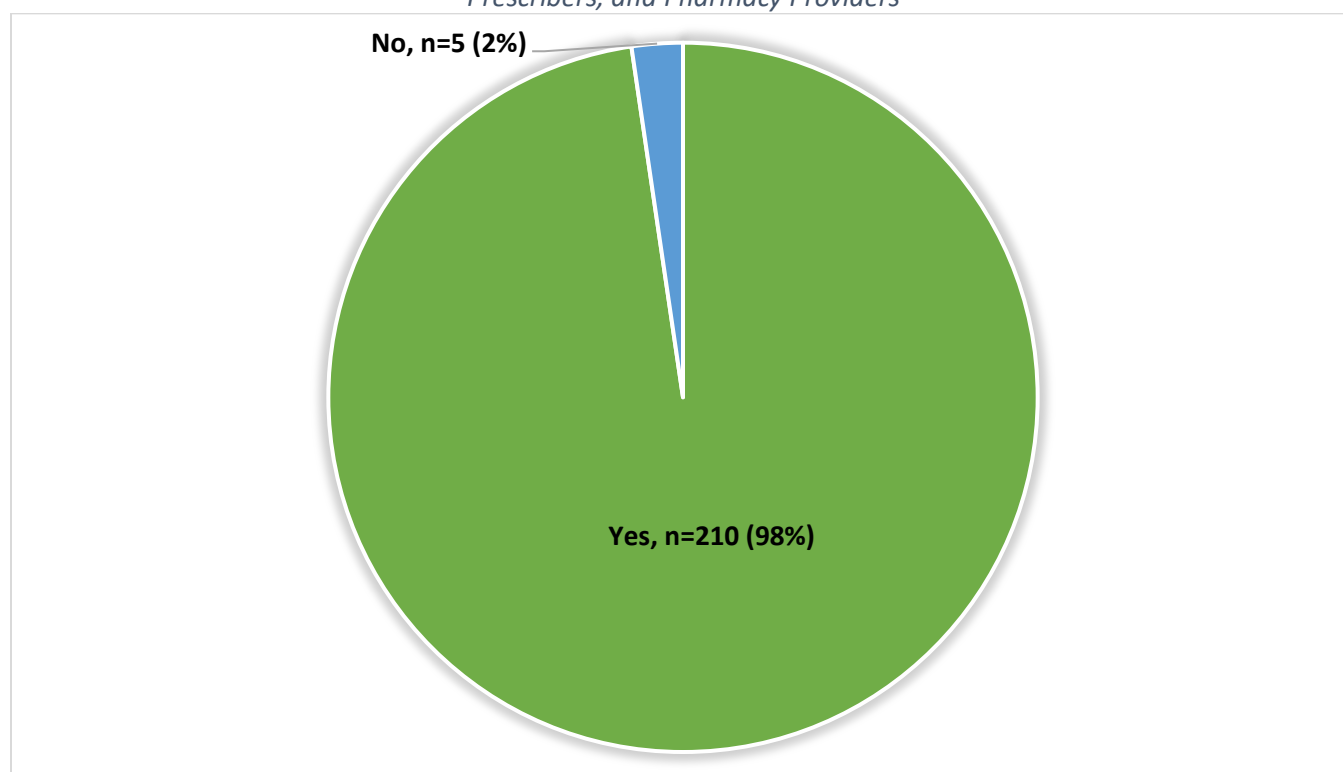
Response	States (Count of MCPs)	Count	Percentage
Deny claims	Arizona (5), Arkansas (3), Colorado (2), Delaware (1), District of Columbia (4), Florida (6), Georgia (3), Hawaii (4), Illinois (3), Indiana (4), Iowa (1), Kentucky (5), Louisiana (3), Maryland (3), Massachusetts (3), Michigan (4), Minnesota (6), Nebraska (2), Nevada (3), New Hampshire (3), New Jersey (3), New Mexico (3), New York (5), North Carolina (3), Oregon (10), Pennsylvania (1), South Carolina (2), Texas (13), Utah (2), Virginia (4), Washington (2)	116	22.14%
Refer to Program Integrity Unit (PIU) and/or Surveillance Utilization Review (SUR) Unit for audit/investigation	Arizona (7), Arkansas (3), Colorado (1), Delaware (3), District of Columbia (4), Florida (8), Georgia (3), Hawaii (5), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (5), Louisiana (5), Maryland (7), Massachusetts (3), Michigan (9), Minnesota (8), Mississippi (2), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (10), North Carolina (5), Ohio (1), Oregon (18), Pennsylvania (4), Puerto Rico (4), Rhode Island (2), South Carolina (4), Texas (7), Utah (4), Virginia (6), Washington (3)	176	33.59%

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Response	States (Count of MCPs)	Count	Percentage
Refer to the Board of Pharmacy	Arizona (4), Arkansas (1), Colorado (2), Delaware (2), District of Columbia (1), Florida (3), Georgia (1), Hawaii (3), Illinois (2), Indiana (3), Kansas (1), Kentucky (4), Louisiana (1), Maryland (3), Massachusetts (2), Michigan (6), Minnesota (7), Mississippi (1), Nebraska (2), Nevada (2), New Hampshire (2), New Jersey (3), New Mexico (3), New York (2), North Carolina (3), Oregon (13), Pennsylvania (4), Rhode Island (1), South Carolina (2), Texas (4), Utah (2), Virginia (4), Washington (2)	96	18.32%
Other	Arizona (5), Arkansas (3), Delaware (2), District of Columbia (2), Florida (8), Georgia (2), Hawaii (5), Illinois (3), Indiana (3), Kansas (2), Kentucky (1), Louisiana (3), Maryland (6), Massachusetts (4), Michigan (9), Minnesota (6), Mississippi (2), Nevada (3), New Hampshire (3), New Jersey (4), New Mexico (2), New York (14), North Carolina (2), Oregon (5), Pennsylvania (6), Rhode Island (3), South Carolina (4), Texas (12), Utah (3), Virginia (6), Washington (3)	136	25.95%
National Totals		524	100%

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

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



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Table 63 - Documented Process to Identify Potential Fraud or Abuse of Non-Controlled Drugs by Beneficiaries, Prescribers, and Pharmacy Providers

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (1), Delaware (3), District of Columbia (4), Florida (10), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (4), Michigan (9), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), North Carolina (5), Ohio (1), Oregon (21), Pennsylvania (7), Puerto Rico (4), Rhode Island (3), South Carolina (4), Texas (16), Utah (4), Virginia (7), Washington (5)	210	97.67%
No	Colorado (1), District of Columbia (1), Florida (1), Massachusetts (1), South Carolina (1)	5	2.33%
National Totals		215	100%

B. Prescription Drug Monitoring Program (PDMP)

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

Figure 62 - MCP Has Ability to Query the State's PDMP Database

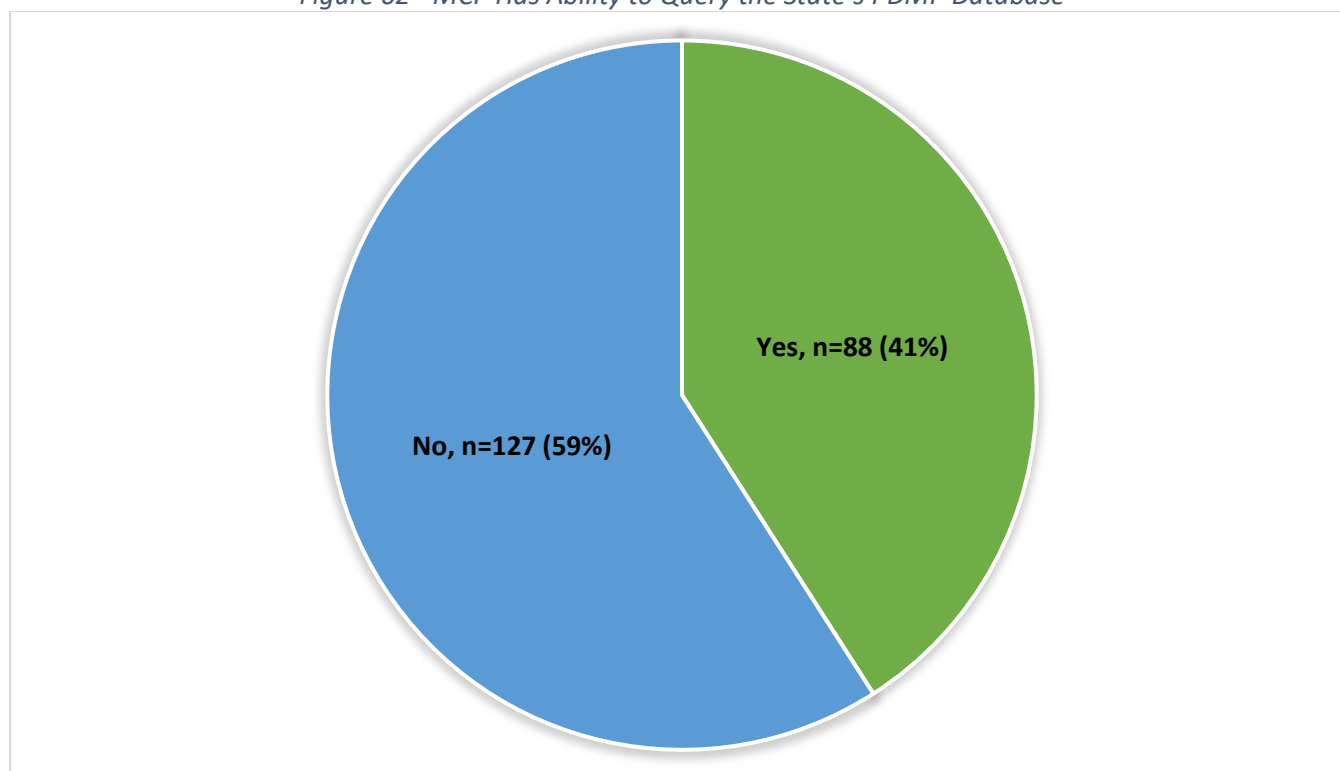


Table 64 - MCP Has Ability to Query the State's PDMP Database

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), District of Columbia (3), Florida (2), Georgia (1), Illinois (6), Indiana (5), Kansas (3), Kentucky (2), Michigan (7), Minnesota (8), Mississippi (2), Nebraska (3), New Mexico (3), Ohio (1), Oregon (7), Pennsylvania (6), Puerto Rico (3), Texas (1), Utah (3), Virginia (6), Washington (5)	88	40.93%

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Response	States (Count of MCPs)	Count	Percentage
No	Colorado (2), Delaware (3), District of Columbia (2), Florida (9), Georgia (2), Hawaii (6), Iowa (3), Kentucky (4), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (2), Minnesota (1), Mississippi (1), Nevada (4), New Hampshire (3), New Jersey (5), New York (15), North Carolina (5), Oregon (14), Pennsylvania (1), Puerto Rico (1), Rhode Island (3), South Carolina (5), Texas (15), Utah (1), Virginia (1)	127	59.07%
National Totals		215	100%

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

Figure 63 - Ways the MCP Has the Ability to Query the State's PDMP Database

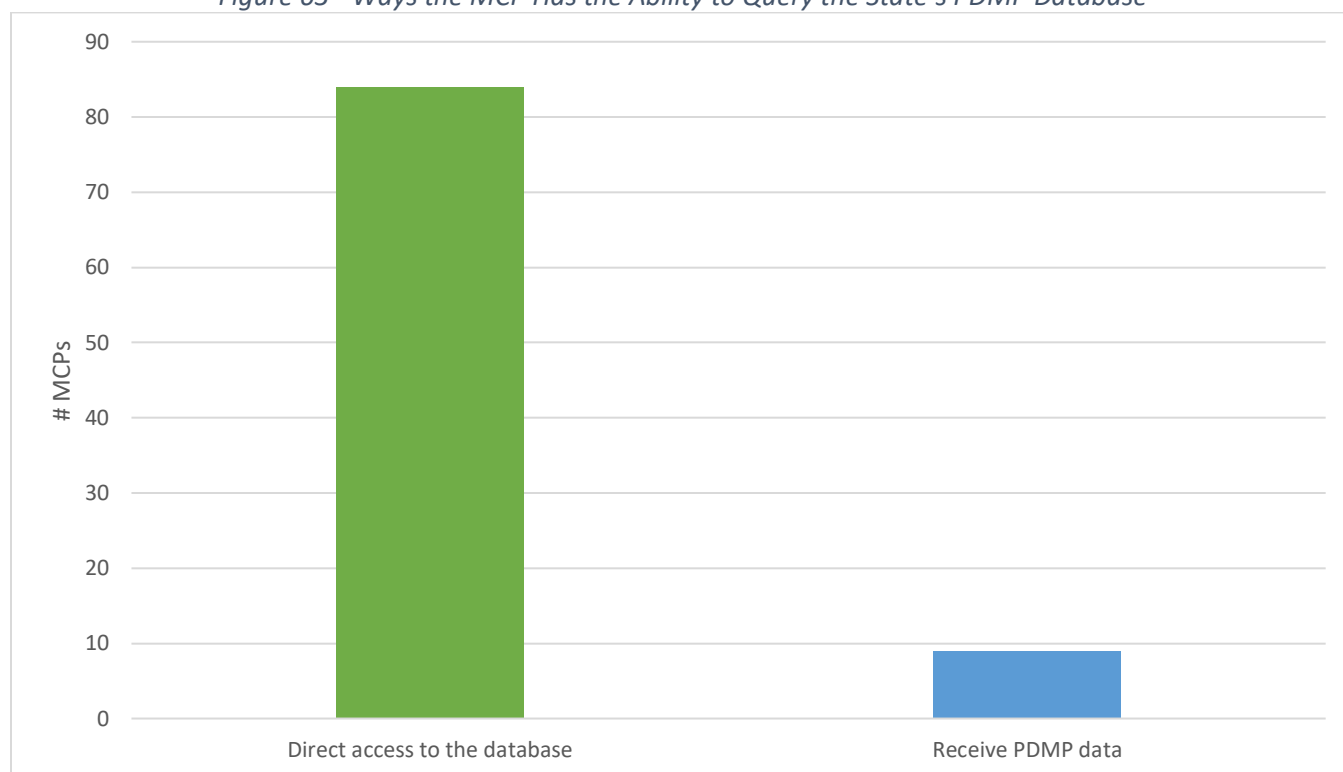


Table 65 - Ways the MCP Has the Ability to Query the State's PDMP Database

Response	States (Count of MCPs)	Count	Percentage
Direct access to the database	Arizona (7), Arkansas (4), District of Columbia (3), Florida (2), Georgia (1), Illinois (6), Indiana (5), Kansas (3), Kentucky (1), Michigan (7), Minnesota (8), Mississippi (2), Nebraska (3), New Mexico (3), Ohio (1), Oregon (5), Pennsylvania (6), Puerto Rico (3), Texas (1), Utah (3), Virginia (6), Washington (4)	84	90.32%
Receive PDMP data	Kansas (3), Kentucky (1), Oregon (4), Washington (1)	9	9.68%
National Totals		93	100%

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

Figure 64 - Frequency of PDMP Data Received

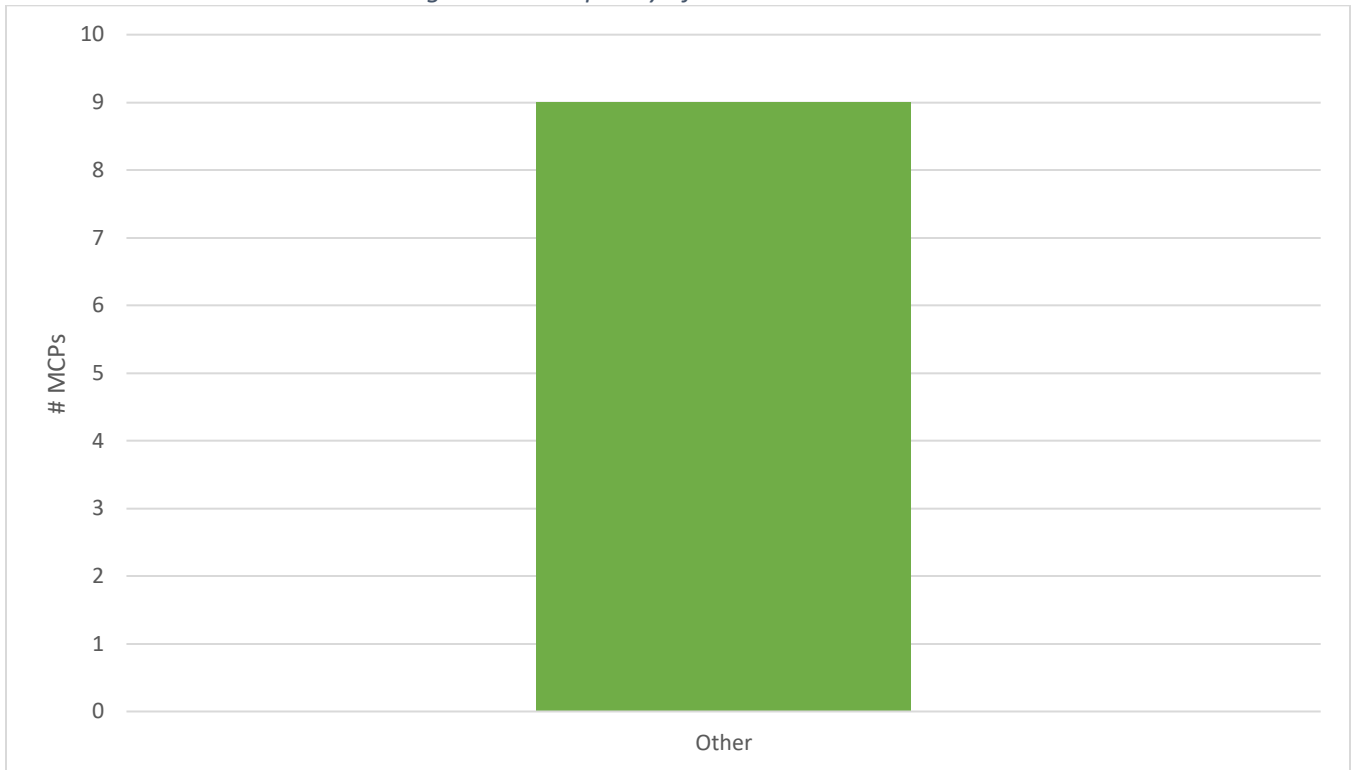
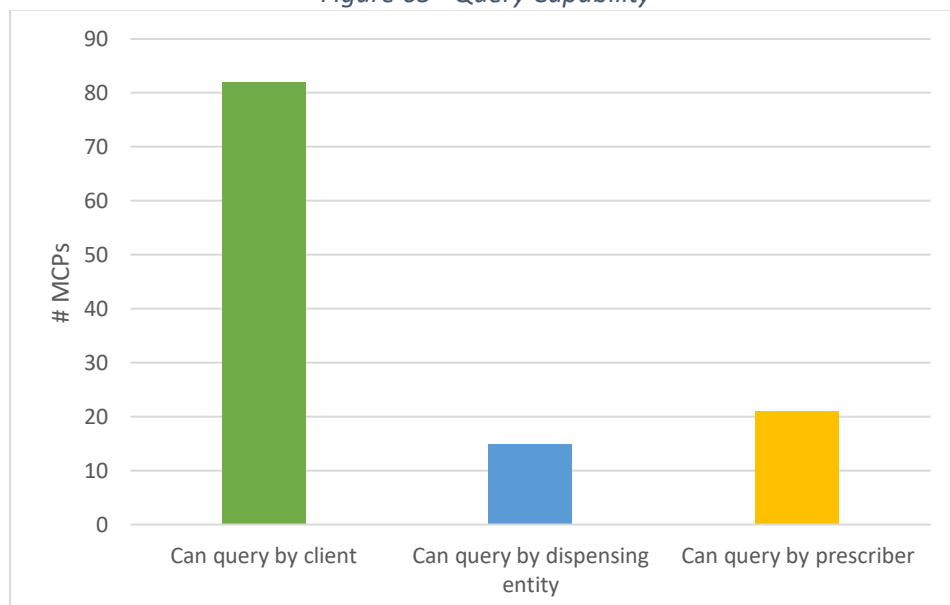


Table 66 Frequency of PDMP Data Received

Response	States (Count of MCPs)	Count	Percentage
Other	Kansas (3), Kentucky (1), Oregon (4), Washington (1)	9	100.00%
National Totals		9	100%

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

Figure 65 - Query Capability



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Table 67 - Query Capability

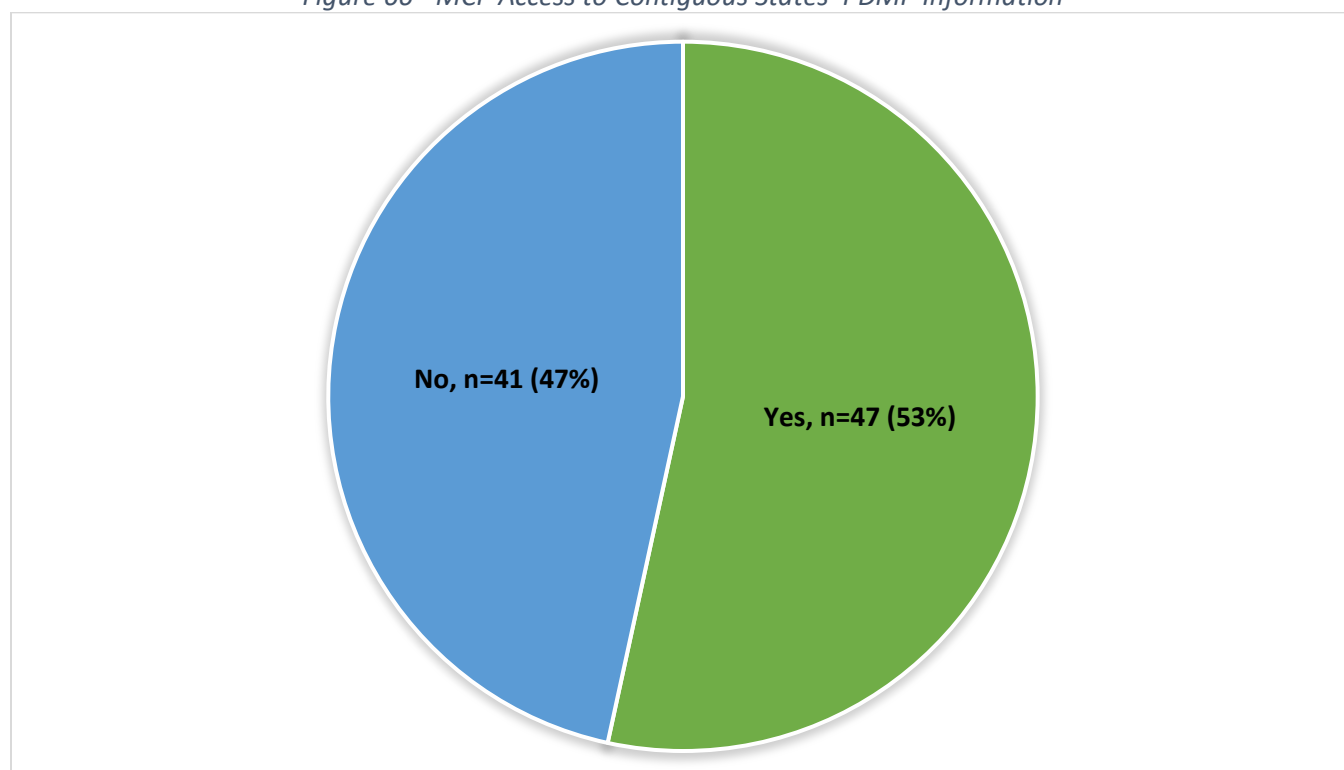
Response	States (Count of MCPs)	Count	Percentage
Can query by client	Arizona (7), Arkansas (4), District of Columbia (3), Florida (2), Georgia (1), Illinois (5), Indiana (5), Kansas (3), Kentucky (1), Michigan (7), Minnesota (8), Mississippi (2), Nebraska (3), New Mexico (3), Ohio (1), Oregon (5), Pennsylvania (6), Puerto Rico (2), Texas (1), Utah (3), Virginia (6), Washington (4)	82	69.49%
Can query by dispensing entity	District of Columbia (1), Florida (1), Illinois (3), Indiana (5), Pennsylvania (3), Puerto Rico (1), Washington (1)	15	12.71%
Can query by prescriber	Arizona (2), Arkansas (1), District of Columbia (1), Florida (1), Illinois (3), Indiana (5), Michigan (1), Oregon (1), Pennsylvania (3), Puerto Rico (1), Washington (2)	21	17.80%
National Totals		118	100%

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

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

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

Figure 66 - MCP Access to Contiguous States’ PDMP Information



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Table 68 - MCP Access to Border States' PDMP Information

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (3), Arkansas (1), District of Columbia (3), Florida (1), Georgia (1), Illinois (5), Indiana (5), Kansas (3), Kentucky (2), Michigan (3), Mississippi (2), Nebraska (3), New Mexico (3), Ohio (1), Oregon (5), Texas (1), Utah (3), Washington (2)	47	53.41%
No	Arizona (4), Arkansas (3), Florida (1), Illinois (1), Michigan (4), Minnesota (8), Oregon (2), Pennsylvania (6), Puerto Rico (3), Virginia (6), Washington (3)	41	46.59%
National Totals		88	100%

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

Figure 67 - MCP Has PDMP Data Integrated into POS Edits

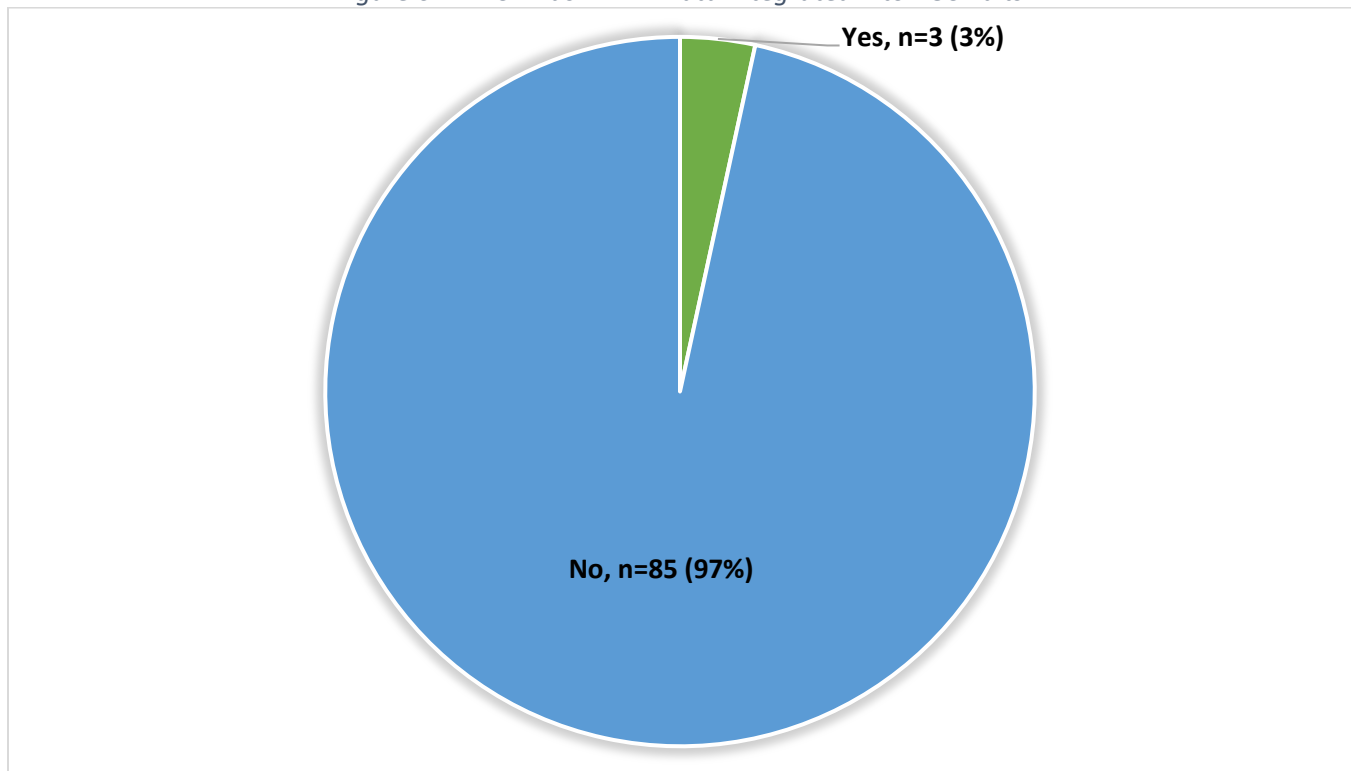


Table 69 - MCP Has PDMP Data Integrated into POS Edits

Response	States (Count of MCPs)	Count	Percentage
Yes	Florida (1), Michigan (1), Mississippi (1)	3	3.41%
No	Arizona (7), Arkansas (4), District of Columbia (3), Florida (1), Georgia (1), Illinois (6), Indiana (5), Kansas (3), Kentucky (2), Michigan (6), Minnesota (8), Mississippi (1), Nebraska (3), New Mexico (3), Ohio (1), Oregon (7), Pennsylvania (6), Puerto Rico (3), Texas (1), Utah (3), Virginia (6), Washington (5)	85	96.59%
National Totals		88	100%

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

Figure 68 - Communicated that Prescribers are Required to Access the PDMP Patient History Before Prescribing Controlled Substances

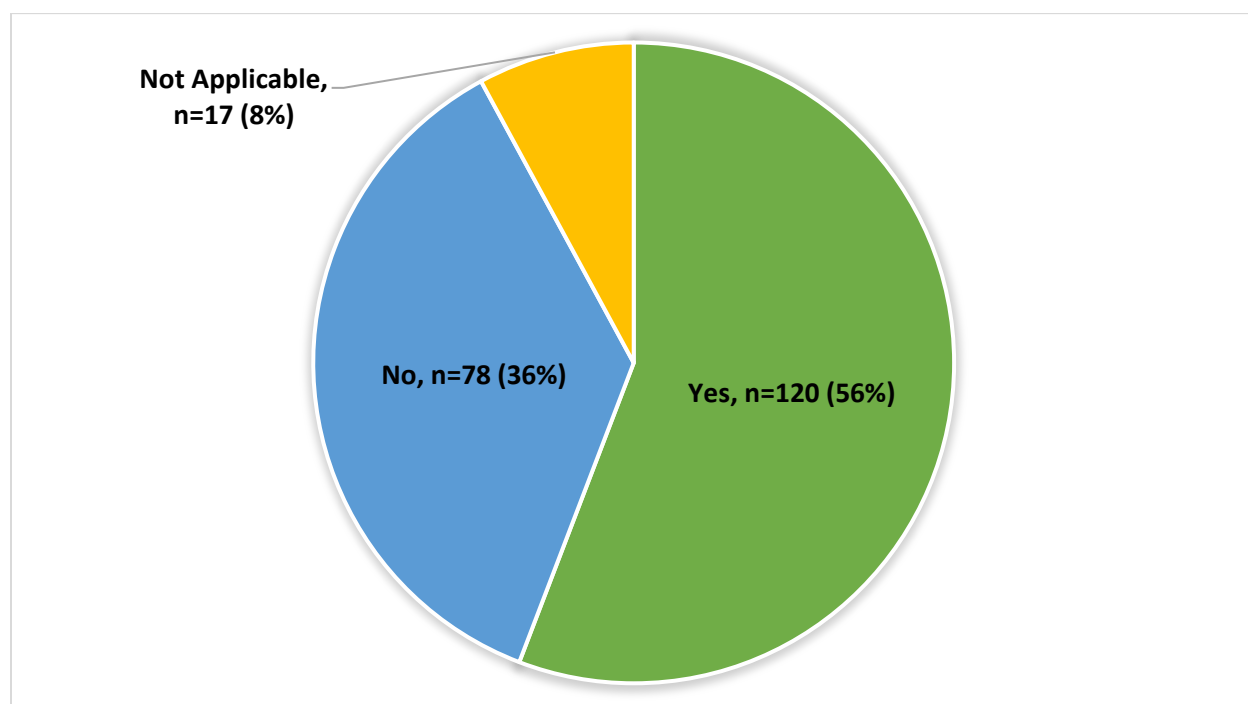


Table 70 - Communicated that Prescribers are Required to Access the PDMP Patient History Before Prescribing Controlled Substances

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (4), Arkansas (1), Colorado (2), Delaware (3), District of Columbia (4), Florida (7), Georgia (1), Hawaii (2), Illinois (2), Iowa (3), Kansas (3), Louisiana (1), Maryland (7), Massachusetts (1), Michigan (6), Minnesota (3), Mississippi (2), Nebraska (3), New Hampshire (2), New Jersey (3), New Mexico (1), New York (3), North Carolina (3), Ohio (1), Oregon (21), Pennsylvania (5), Puerto Rico (3), Rhode Island (1), South Carolina (2), Texas (8), Utah (3), Virginia (4), Washington (5)	120	55.81%
No	Arizona (3), Arkansas (1), District of Columbia (1), Florida (4), Georgia (1), Hawaii (2), Illinois (3), Indiana (5), Kentucky (6), Louisiana (3), Maryland (2), Massachusetts (3), Michigan (3), Minnesota (5), Mississippi (1), Nevada (4), New Hampshire (1), New Jersey (2), New Mexico (2), New York (7), North Carolina (2), Pennsylvania (2), Puerto Rico (1), Rhode Island (2), South Carolina (3), Texas (6), Utah (1), Virginia (2)	78	36.28%
Not Applicable	Arkansas (2), Georgia (1), Hawaii (2), Illinois (1), Louisiana (1), Massachusetts (1), Minnesota (1), New York (5), Texas (2), Virginia (1)	17	7.91%
National Totals		215	100%

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If “Yes,” check all that apply.

Figure 69 - Ways MCP Has Communicated Requirement

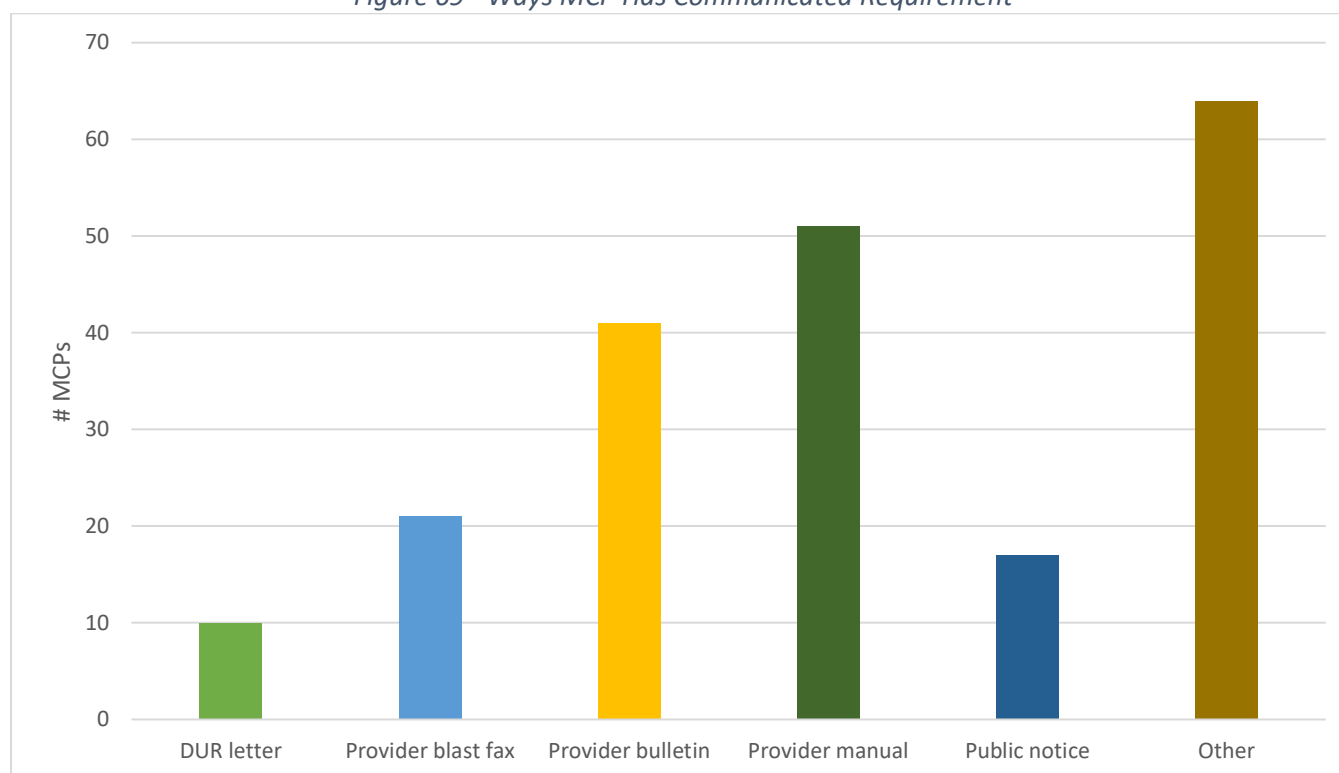


Table 71 - Ways MCP Has Communicated Requirement

Response	States (Count of MCPs)	Count	Percentage
DUR letter	District of Columbia (1), Georgia (1), Maryland (1), New Jersey (2), Ohio (1), Pennsylvania (1), Texas (1), Washington (2)	10	4.90%
Provider blast fax	Arizona (1), Delaware (1), District of Columbia (3), Florida (1), Georgia (1), Hawaii (1), Illinois (1), Maryland (1), Michigan (2), New Mexico (1), New York (1), Oregon (2), Texas (1), Washington (4)	21	10.29%
Provider bulletin	Arizona (3), Delaware (1), District of Columbia (2), Florida (1), Hawaii (2), Iowa (3), Kansas (3), Maryland (2), Michigan (4), Minnesota (1), Mississippi (2), Nebraska (3), New Jersey (1), New York (1), Oregon (6), Pennsylvania (2), Texas (1), Washington (3)	41	20.10%
Provider manual	Arizona (4), Delaware (1), District of Columbia (2), Florida (2), Illinois (1), Louisiana (1), Maryland (5), Massachusetts (1), Michigan (2), Minnesota (2), Nebraska (2), New Hampshire (2), New Mexico (1), New York (2), Oregon (12), Pennsylvania (1), Puerto Rico (1), Texas (4), Virginia (3), Washington (2)	51	25.00%
Public notice	Colorado (2), District of Columbia (1), Florida (1), Iowa (3), Louisiana (1), Maryland (1), Nebraska (1), Oregon (1), Rhode Island (1), Texas (1), Virginia (1), Washington (3)	17	8.33%

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Other	Arizona (1), Arkansas (1), Delaware (2), District of Columbia (3), Florida (3), Illinois (1), Iowa (3), Kansas (1), Maryland (3), Michigan (1), Mississippi (1), Nebraska (1), New Hampshire (1), New Jersey (1), New Mexico (1), New York (1), North Carolina (3), Ohio (1), Oregon (11), Pennsylvania (4), Puerto Rico (3), Rhode Island (1), South Carolina (2), Texas (2), Utah (3), Virginia (4), Washington (5)	64	31.37%
National Totals		204	100%

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

Figure 70 - Protocols Involved in Checking the PDMP

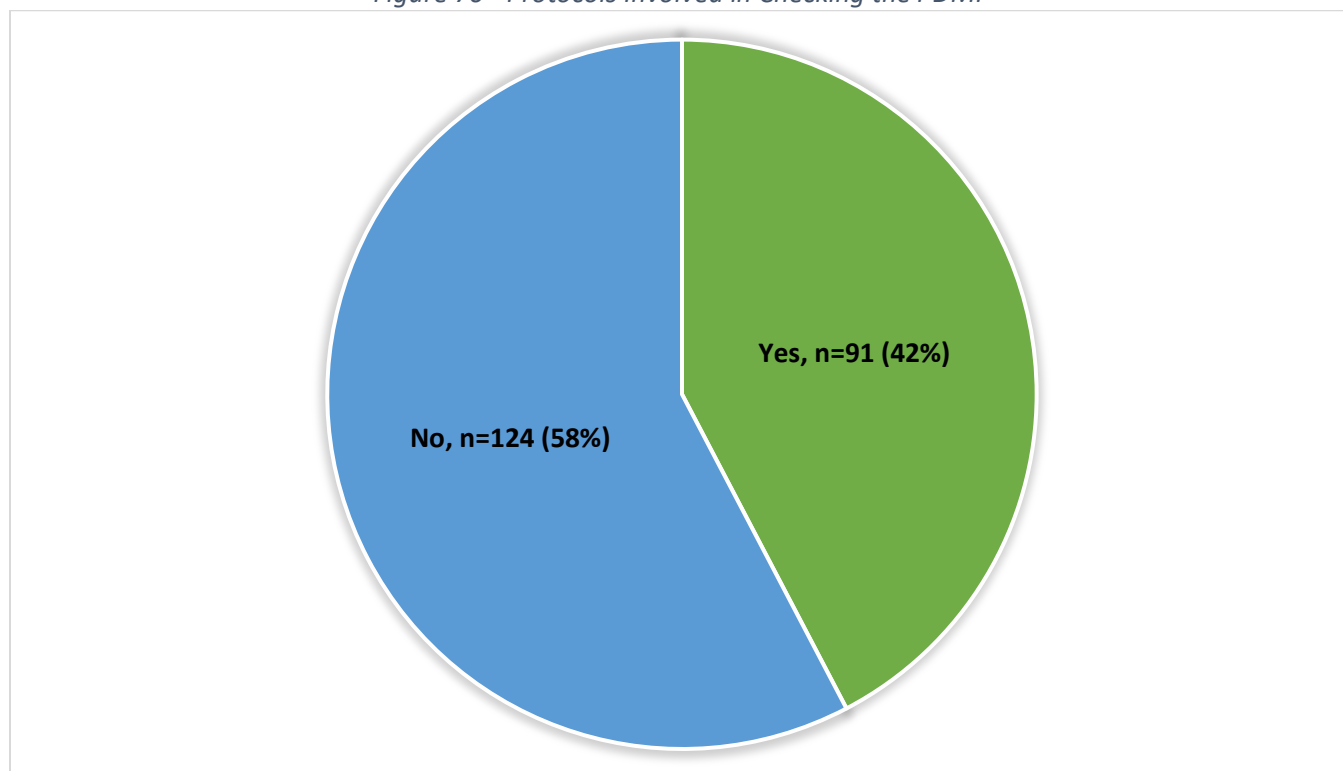


Table 72 - Protocols Involved in Checking the PDMP

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (6), Arkansas (2), Colorado (2), Delaware (2), District of Columbia (1), Florida (4), Illinois (3), Indiana (3), Iowa (3), Kansas (3), Kentucky (1), Louisiana (1), Maryland (3), Massachusetts (1), Michigan (2), Minnesota (5), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (2), New Mexico (2), New York (5), North Carolina (1), Ohio (1), Oregon (5), Pennsylvania (4), Puerto Rico (2), Rhode Island (3), South Carolina (2), Texas (7), Utah (2), Virginia (5), Washington (5)	91	42.33%

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Response	States (Count of MCPs)	Count	Percentage
No	Arizona (1), Arkansas (2), Delaware (1), District of Columbia (4), Florida (7), Georgia (3), Hawaii (6), Illinois (3), Indiana (2), Kentucky (5), Louisiana (4), Maryland (6), Massachusetts (4), Michigan (7), Minnesota (4), Mississippi (2), Nebraska (2), Nevada (3), New Hampshire (1), New Jersey (5), New Mexico (1), New York (10), North Carolina (4), Oregon (16), Pennsylvania (3), Puerto Rico (2), South Carolina (3), Texas (9), Utah (2), Virginia (2)	124	57.67%
National Totals		215	100%

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

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

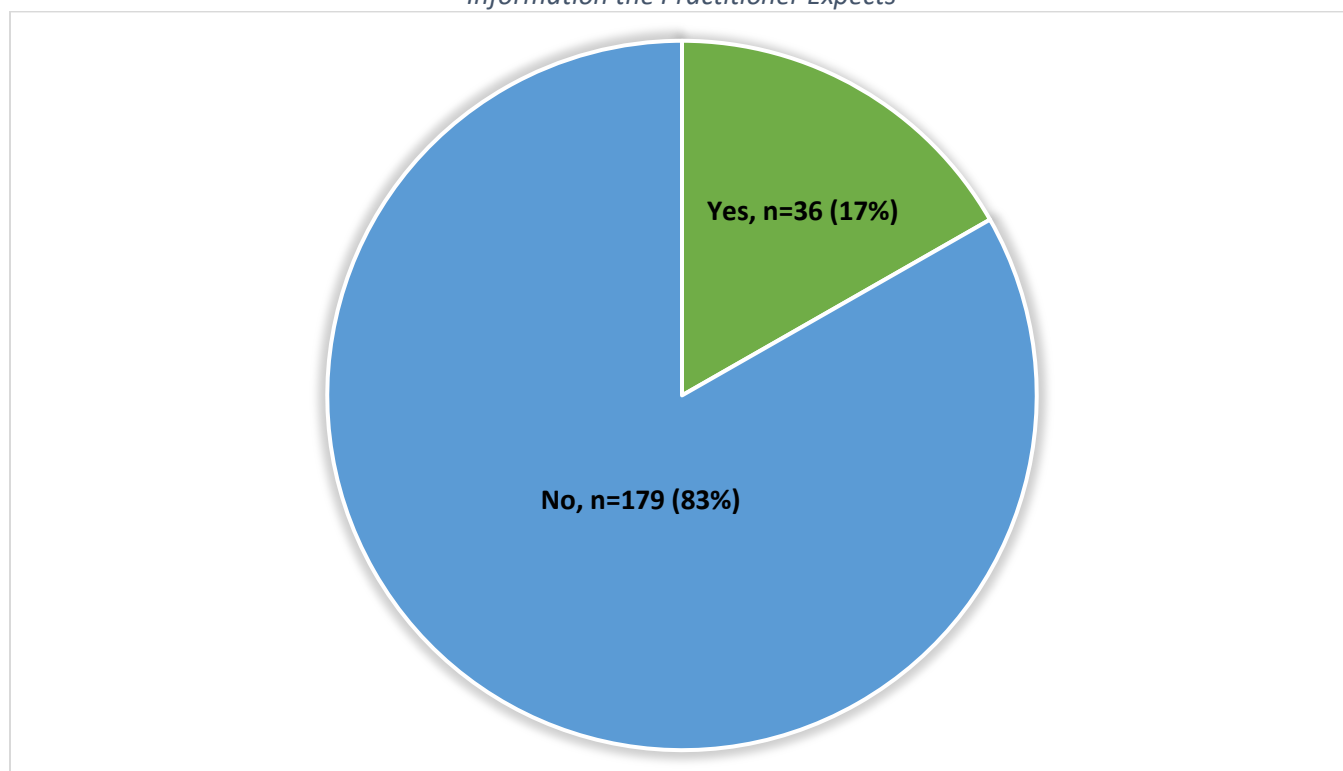


Table 73 - Providers Having Protocols for Responses to Information from the PDMP that is Contradictory to the Information the Practitioner Expects

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (2), Colorado (1), Florida (2), Illinois (2), Indiana (1), Kentucky (2), Louisiana (1), Maryland (4), Massachusetts (1), Michigan (2), Minnesota (1), Mississippi (1), Nevada (1), New Mexico (1), Oregon (3), Pennsylvania (2), Puerto Rico (1), Texas (2), Utah (2), Virginia (3), Washington (1)	36	16.74%
No	Arizona (5), Arkansas (4), Colorado (1), Delaware (3), District of Columbia (5), Florida (9), Georgia (3), Hawaii (6), Illinois (4),	179	83.26%

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	Indiana (4), Iowa (3), Kansas (3), Kentucky (4), Louisiana (4), Maryland (5), Massachusetts (4), Michigan (7), Minnesota (8), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (2), New York (15), North Carolina (5), Ohio (1), Oregon (18), Pennsylvania (5), Puerto Rico (3), Rhode Island (3), South Carolina (5), Texas (14), Utah (2), Virginia (4), Washington (4)		
National Totals		215	100%

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

Figure 72 - MCP Requires Prescriber to Document a Good Faith Effort if Unable to Conduct a PDMP Check

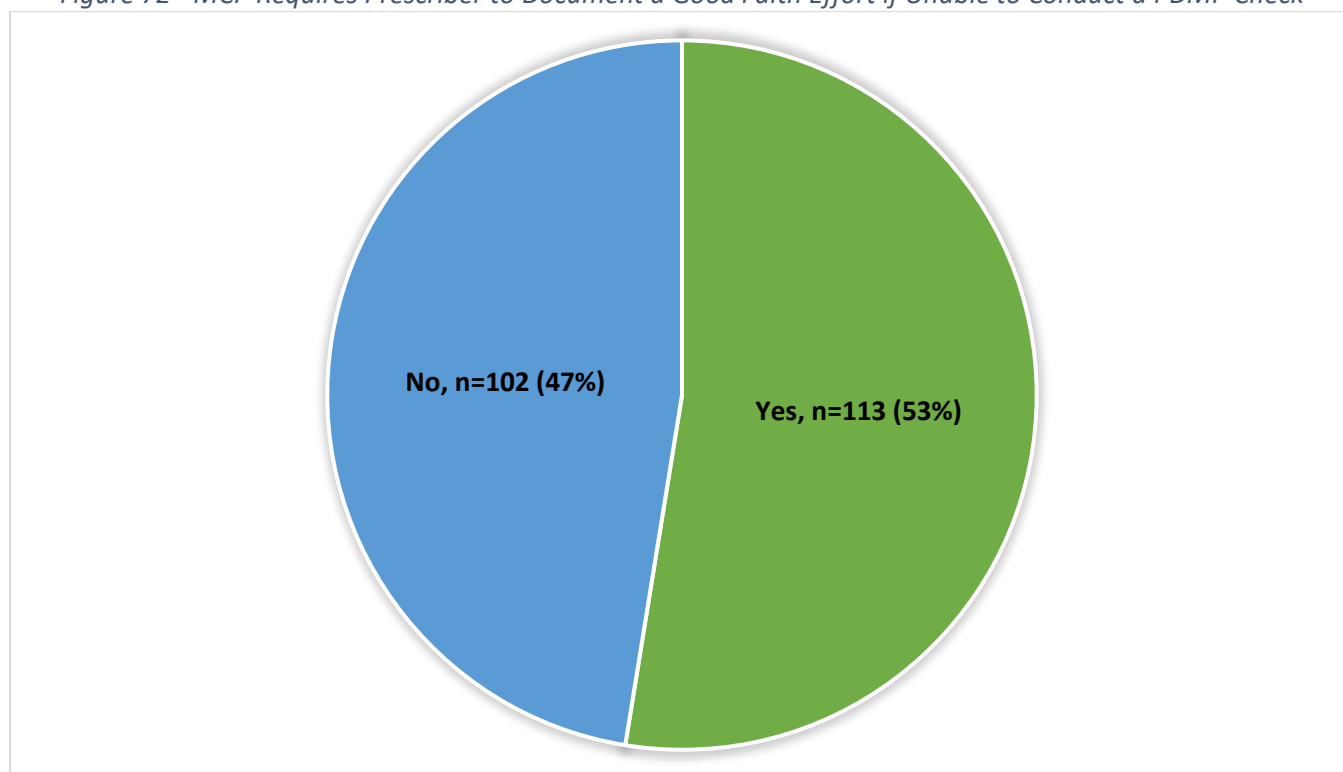


Table 74 - MCP Requires Prescriber to Document a Good Faith Effort if Unable to Conduct a PDMP Check

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (6), Arkansas (1), Colorado (2), Delaware (2), District of Columbia (2), Florida (7), Hawaii (2), Illinois (3), Iowa (3), Kansas (3), Kentucky (1), Louisiana (1), Maryland (7), Massachusetts (1), Michigan (4), Minnesota (3), Mississippi (2), Nebraska (3), Nevada (1), New Hampshire (1), New Jersey (1), New Mexico (1), New York (3), Ohio (1), Oregon (21), Pennsylvania (4), Puerto Rico (1), Texas (14), Utah (2), Virginia (5), Washington (5)	113	52.56%

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Response	States (Count of MCPs)	Count	Percentage
No	Arizona (1), Arkansas (3), Delaware (1), District of Columbia (3), Florida (4), Georgia (3), Hawaii (4), Illinois (3), Indiana (5), Kentucky (5), Louisiana (4), Maryland (2), Massachusetts (4), Michigan (5), Minnesota (6), Mississippi (1), Nevada (3), New Hampshire (2), New Jersey (4), New Mexico (2), New York (12), North Carolina (5), Pennsylvania (3), Puerto Rico (3), Rhode Island (3), South Carolina (5), Texas (2), Utah (2), Virginia (2)	102	47.44%
National Totals		215	100%

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

Figure 73 - MCP Requires Provider to Submit Documentation

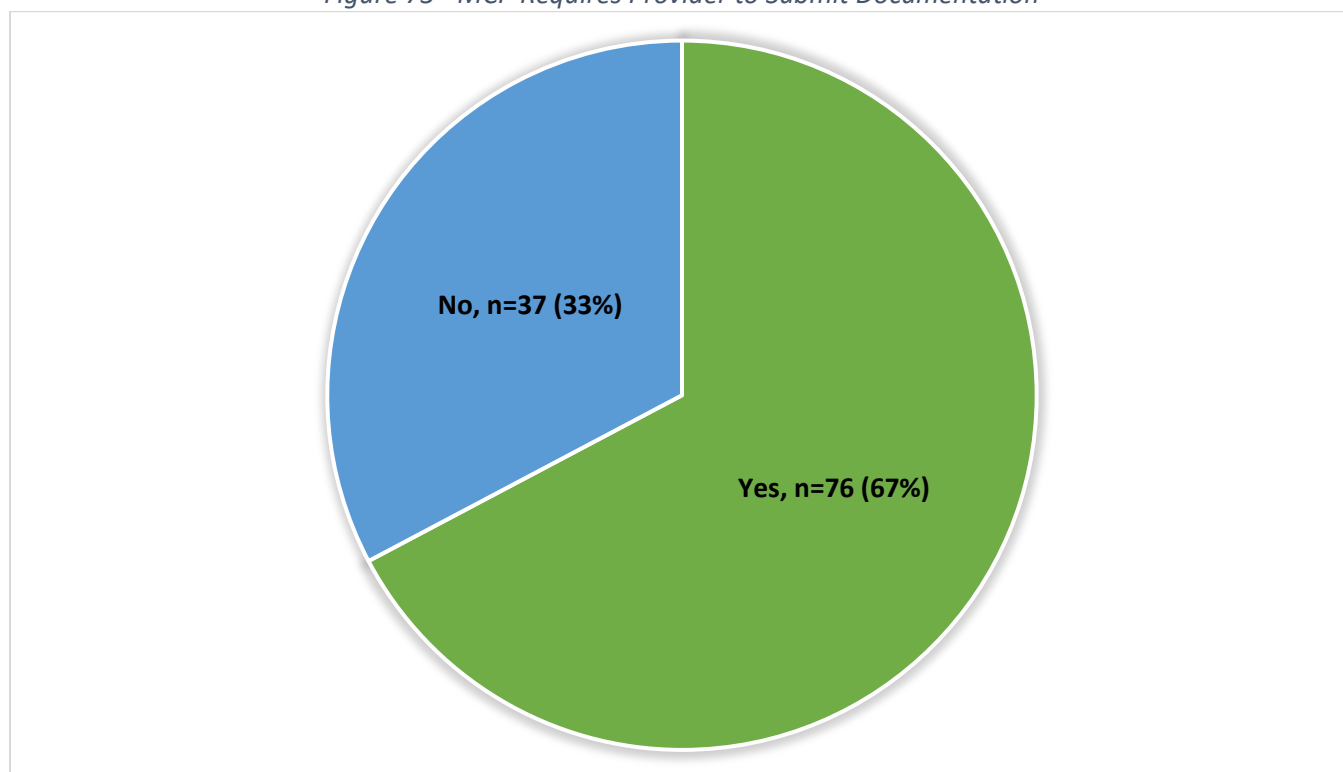


Table 75 - MCP Requires Provider to Submit Documentation

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (5), Arkansas (1), Colorado (2), Delaware (2), District of Columbia (2), Florida (4), Illinois (3), Iowa (3), Kansas (3), Kentucky (1), Maryland (6), Michigan (2), Minnesota (2), Mississippi (2), Nebraska (3), Nevada (1), New Hampshire (1), New York (2), Ohio (1), Oregon (20), Pennsylvania (2), Puerto Rico (1), Utah (2), Virginia (5)	76	67.26%
No	Arizona (1), Florida (3), Hawaii (2), Louisiana (1), Maryland (1), Massachusetts (1), Michigan (2), Minnesota (1), New Jersey (1), New Mexico (1), New York (1), Oregon (1), Pennsylvania (2), Texas (14), Washington (5)	37	32.74%
National Totals		113	100%

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

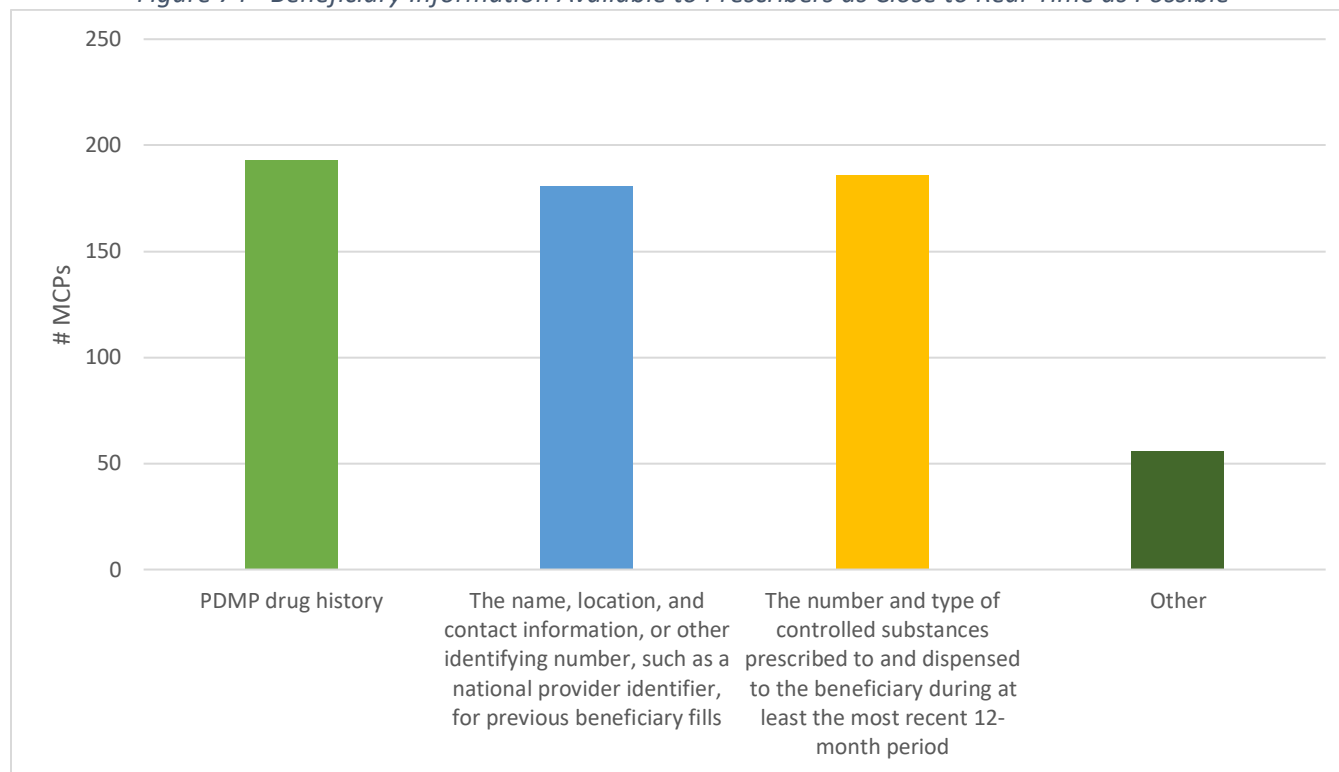


Table 76 - Beneficiary Information Available to Prescribers as Close to Real-Time as Possible

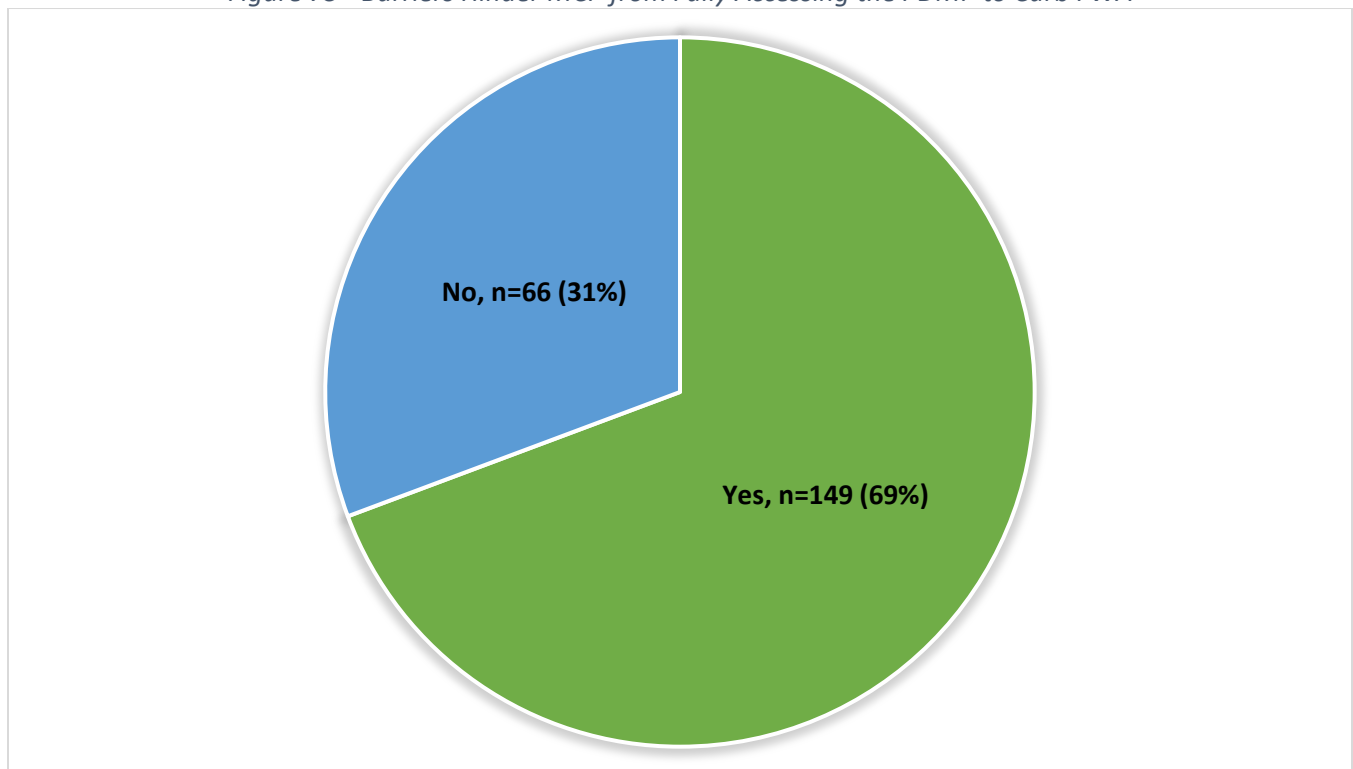
Response	States (Count of MCPs)	Count	Percentage
PDMP drug history	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (5), Florida (10), Georgia (3), Hawaii (2), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (4), Michigan (9), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (3), New Mexico (3), New York (10), North Carolina (4), Ohio (1), Oregon (16), Pennsylvania (7), Puerto Rico (4), Rhode Island (2), South Carolina (5), Texas (16), Utah (4), Virginia (7), Washington (5)	193	31.33%
The name, location, and contact information, or other identifying number, such as a national provider identifier, for previous beneficiary fills	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (5), Florida (10), Georgia (2), Hawaii (2), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (4), Michigan (9), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (2), New Hampshire (3), New Jersey (3), New Mexico (3), New York (8), North Carolina (2), Ohio (1), Oregon (13), Pennsylvania (6), Puerto Rico (2), Rhode Island (2), South Carolina (5), Texas (16), Utah (4), Virginia (7), Washington (5)	181	29.38%

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Response	States (Count of MCPs)	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	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (5), Florida (10), Georgia (2), Hawaii (2), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (4), Michigan (9), Minnesota (8), Mississippi (2), Nebraska (3), Nevada (2), New Hampshire (3), New Jersey (3), New Mexico (3), New York (9), North Carolina (3), Ohio (1), Oregon (16), Pennsylvania (7), Puerto Rico (2), Rhode Island (2), South Carolina (5), Texas (16), Utah (4), Virginia (7), Washington (5)	186	30.19%
Other	Delaware (1), District of Columbia (2), Florida (1), Hawaii (4), Illinois (6), Indiana (5), Kansas (3), Kentucky (1), Maryland (1), Massachusetts (1), Minnesota (1), Mississippi (2), Nevada (1), New Hampshire (1), New Jersey (2), New Mexico (2), New York (5), North Carolina (1), Oregon (5), Pennsylvania (1), Rhode Island (2), Utah (3), Virginia (3), Washington (2)	56	9.09%
National Totals		616	100%

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

Figure 75 - Barriers Hinder MCP from Fully Accessing the PDMP to Curb FWA



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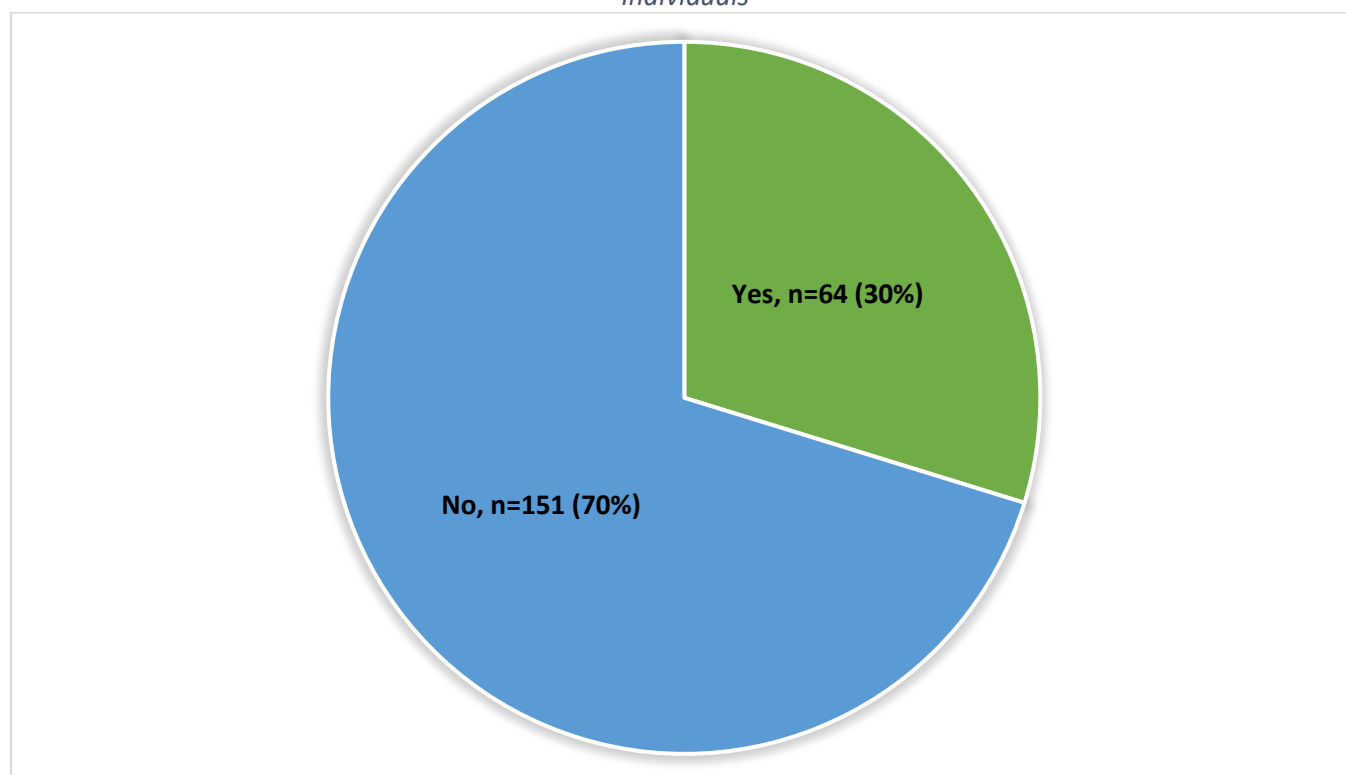
Table 77 - Barriers Hinder MCP from Fully Accessing the PDMP to Curb FWA

Response	States (Count of MCPs)	Count	Percentage
Yes	Arkansas (1), Colorado (2), Delaware (3), District of Columbia (4), Florida (8), Georgia (3), Hawaii (5), Illinois (3), Indiana (5), Iowa (3), Kentucky (3), Louisiana (5), Maryland (6), Massachusetts (4), Michigan (5), Minnesota (6), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New York (12), North Carolina (5), Oregon (15), Pennsylvania (2), Puerto Rico (2), Rhode Island (3), South Carolina (3), Texas (15), Utah (3), Virginia (4), Washington (2)	149	69.30%
No	Arizona (7), Arkansas (3), District of Columbia (1), Florida (3), Hawaii (1), Illinois (3), Kansas (3), Kentucky (3), Maryland (3), Massachusetts (1), Michigan (4), Minnesota (3), Nevada (1), New Mexico (3), New York (3), Ohio (1), Oregon (6), Pennsylvania (5), Puerto Rico (2), South Carolina (2), Texas (1), Utah (1), Virginia (3), Washington (3)	66	30.70%
National Totals		215	100%

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

a. Does your MCP require pharmacists to check the PDMP prior to dispensing a controlled substance to a covered individual?

Figure 76 - MCP Requires Pharmacists to Check PDMP Prior to Dispensing Controlled Substances to Covered Individuals



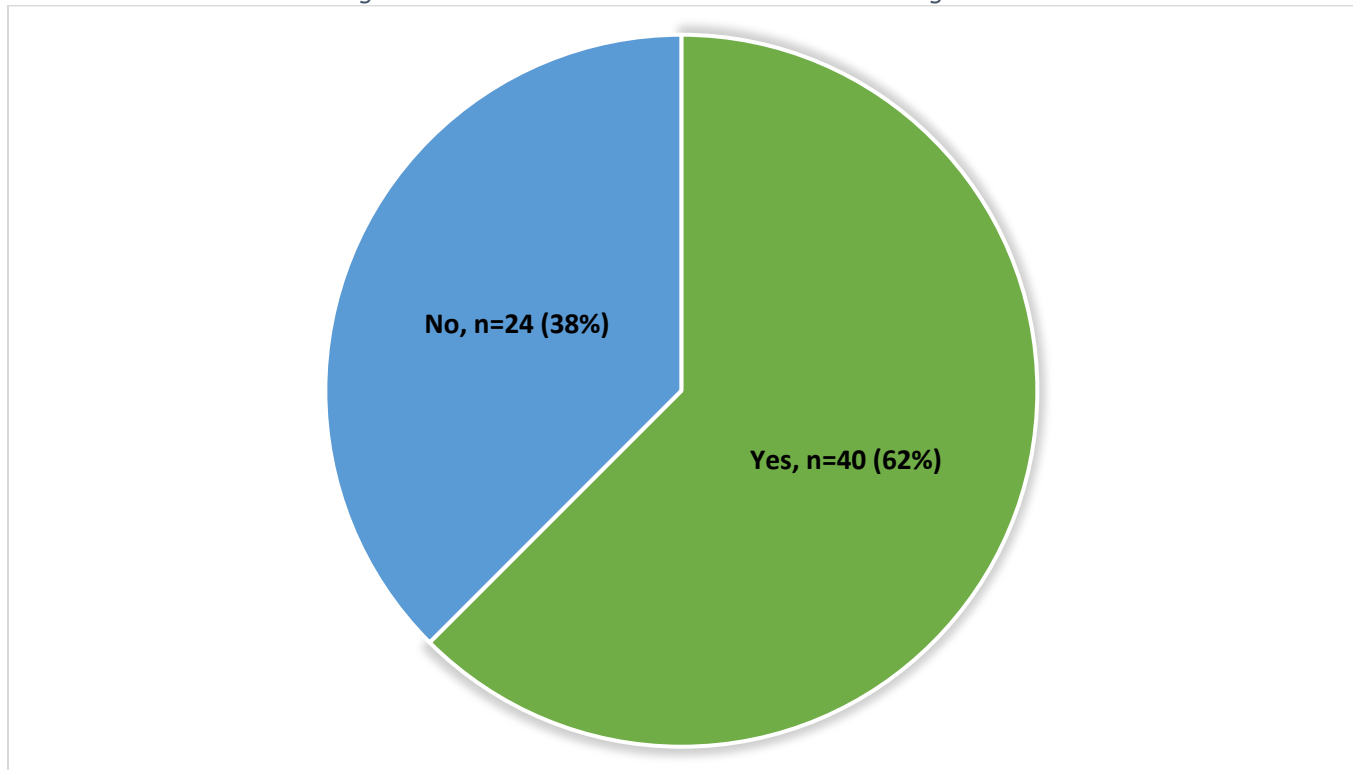
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Table 78 - MCP Requires Pharmacists to Check PDMP Prior to Dispensing Controlled Substances to Covered Individuals

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (4), Colorado (1), Delaware (2), District of Columbia (1), Florida (5), Georgia (1), Hawaii (1), Illinois (1), Kentucky (3), Maryland (7), Massachusetts (3), Michigan (2), Mississippi (2), Nebraska (1), Nevada (2), New Hampshire (1), New Jersey (1), New Mexico (1), New York (2), Ohio (1), Oregon (8), Pennsylvania (1), Rhode Island (1), Texas (5), Utah (1), Virginia (1), Washington (5)	64	29.77%
No	Arizona (3), Arkansas (4), Colorado (1), Delaware (1), District of Columbia (4), Florida (6), Georgia (2), Hawaii (5), Illinois (5), Indiana (5), Iowa (3), Kansas (3), Kentucky (3), Louisiana (5), Maryland (2), Massachusetts (2), Michigan (7), Minnesota (9), Mississippi (1), Nebraska (2), Nevada (2), New Hampshire (2), New Jersey (4), New Mexico (2), New York (13), North Carolina (5), Oregon (13), Pennsylvania (6), Puerto Rico (4), Rhode Island (2), South Carolina (5), Texas (11), Utah (3), Virginia (6)	151	70.23%
National Totals		215	100%

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

Figure 77 - MCP Has Protocols Involved in Checking PDMP



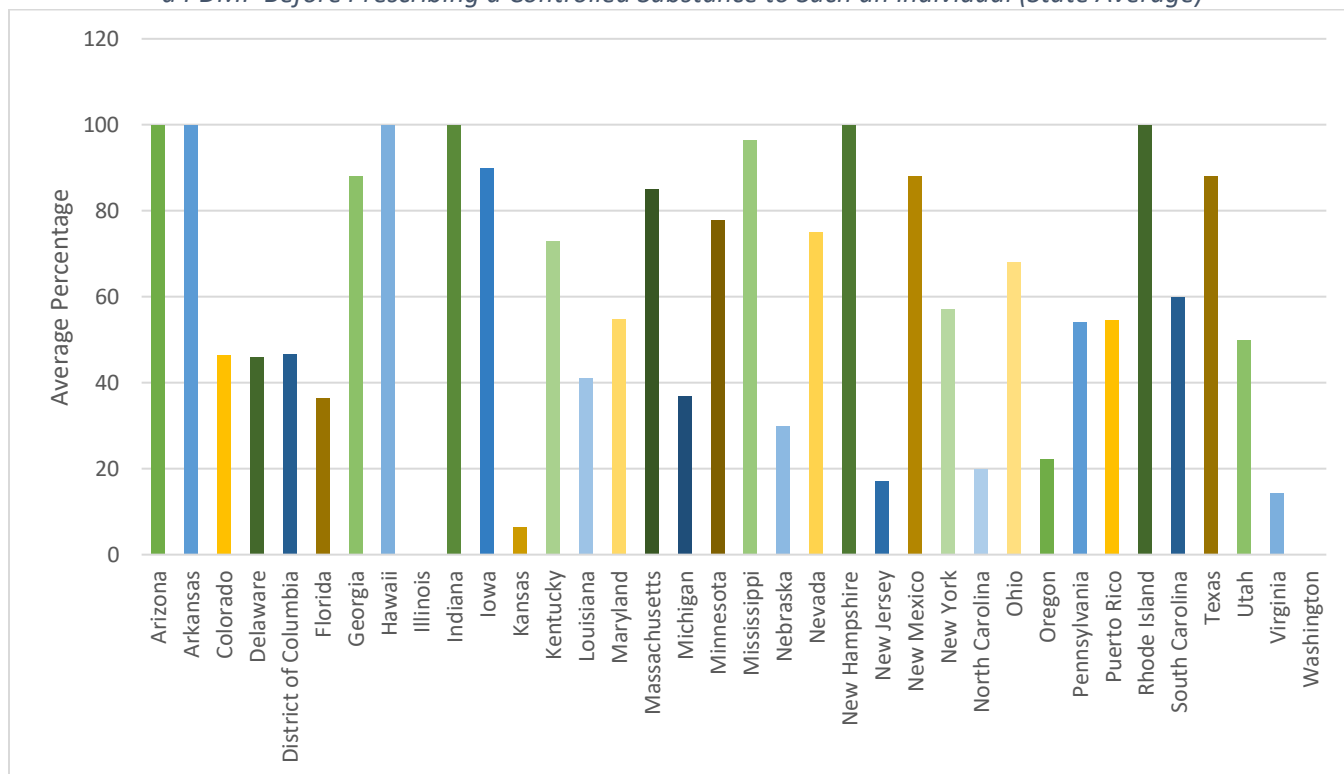
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Table 79 - MCP Has Protocols Involved in Checking PDMP

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (3), Delaware (1), Florida (4), Hawaii (1), Kentucky (1), Maryland (3), Michigan (2), Mississippi (2), Nevada (1), New Mexico (1), New York (1), Ohio (1), Oregon (7), Pennsylvania (1), Rhode Island (1), Texas (3), Utah (1), Virginia (1), Washington (5)	40	62.50%
No	Arizona (1), Colorado (1), Delaware (1), District of Columbia (1), Florida (1), Georgia (1), Illinois (1), Kentucky (2), Maryland (4), Massachusetts (3), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (1), New York (1), Oregon (1), Texas (2)	24	37.50%
National Totals		64	100%

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 78 – 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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Table 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)

State	State Average Percentage
Arizona	100.00%
Arkansas	100.00%
Colorado	46.47%
Delaware	46.00%
District of Columbia	46.60%
Florida	36.36%
Georgia	88.00%
Hawaii	100.00%
Illinois	0.17%
Indiana	100.00%
Iowa	90.00%
Kansas	6.44%
Kentucky	73.00%
Louisiana	40.97%
Maryland	54.76%
Massachusetts	85.00%
Michigan	36.80%
Minnesota	77.78%
Mississippi	96.33%
Nebraska	30.00%
Nevada	75.00%
New Hampshire	100.00%
New Jersey	17.07%
New Mexico	88.00%
New York	57.04%
North Carolina	20.00%
Ohio	68.14%
Oregon	22.20%
Pennsylvania	54.00%
Puerto Rico	54.55%
Rhode Island	100.00%
South Carolina	60.00%
Texas	88.13%
Utah	50.00%
Virginia	14.29%
Washington	0.00%
National Average	58.97%

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i. How was the above calculation obtained?

Figure 79 – 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

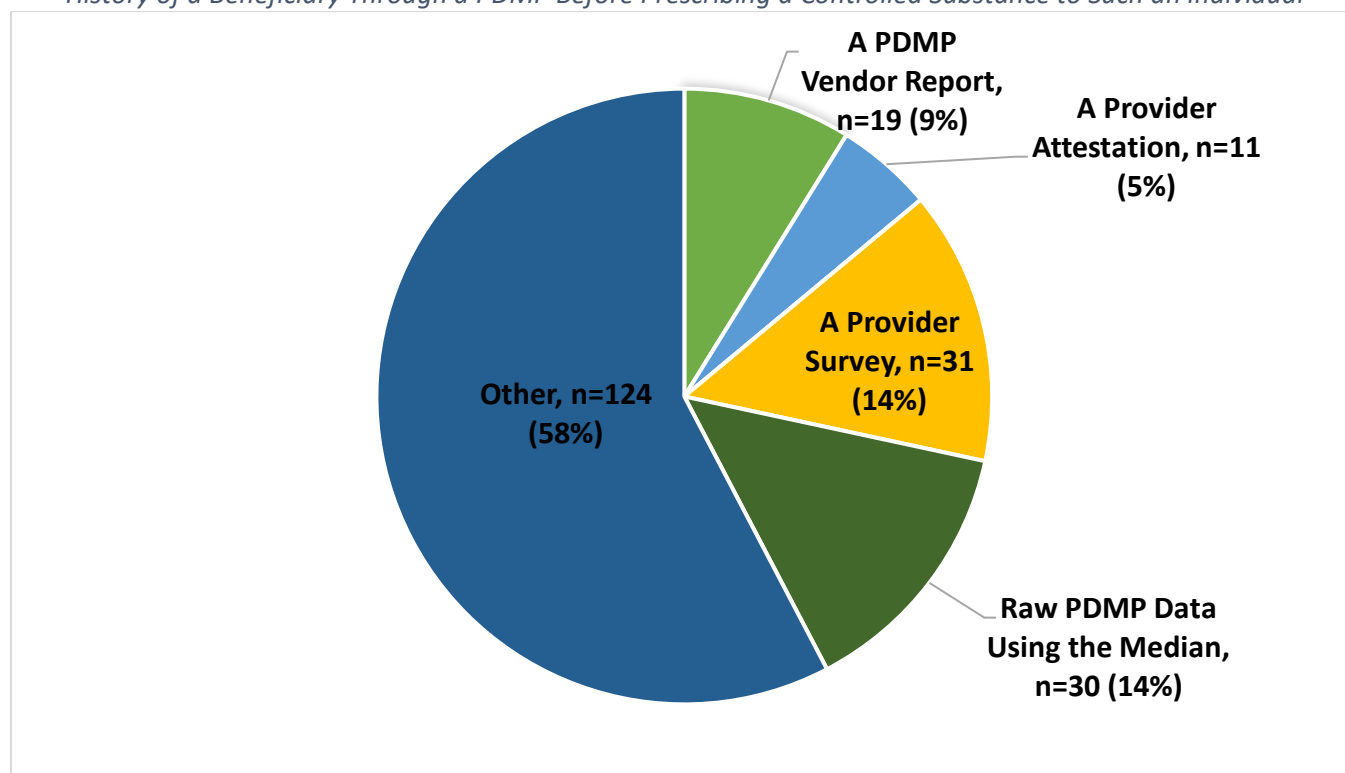


Table 81 – Method for Calculating the Percentage of Covered Providers who Checked the Prescription Drug History of a Beneficiary Through a PDMP Before Prescribing Controlled Substances to Such an Individual

Response	States (Count of MCPs)	Count	Percentage
A PDMP vendor report	Colorado (2), Florida (2), Maryland (1), Michigan (8), Nebraska (2), New Jersey (4)	19	8.84%
A provider attestation	Kansas (3), Minnesota (1), Nevada (1), New Hampshire (3), Rhode Island (1), Utah (2)	11	5.12%
A provider survey	Delaware (3), Georgia (3), Iowa (3), Mississippi (2), North Carolina (1), Puerto Rico (3), Texas (16)	31	14.42%
Raw PDMP data using the median	Kentucky (5), Louisiana (5), Maryland (8), Mississippi (1), New York (10), Ohio (1)	30	13.95%
Other	Arizona (7), Arkansas (4), District of Columbia (5), Florida (9), Hawaii (6), Illinois (6), Indiana (5), Kentucky (1), Massachusetts (5), Michigan (1), Minnesota (8), Nebraska (1), Nevada (3), New Jersey (1), New Mexico (3), New York (5), North Carolina (4), Oregon (21), Pennsylvania (7), Puerto Rico (1), Rhode Island (2), South Carolina (5), Utah (2), Virginia (7), Washington (5)	124	57.67%
National Totals		215	100%

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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 80 - Type of Data Utilized in Determining the Calculations

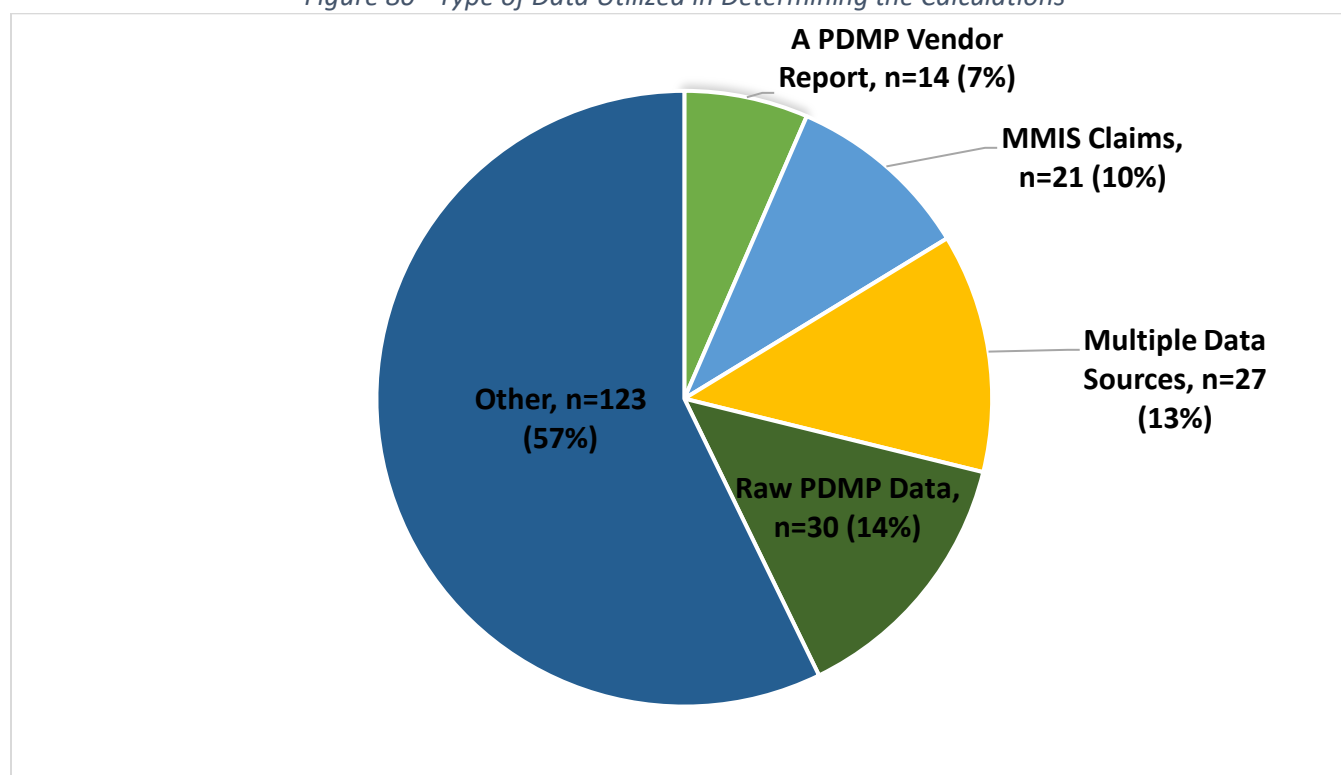


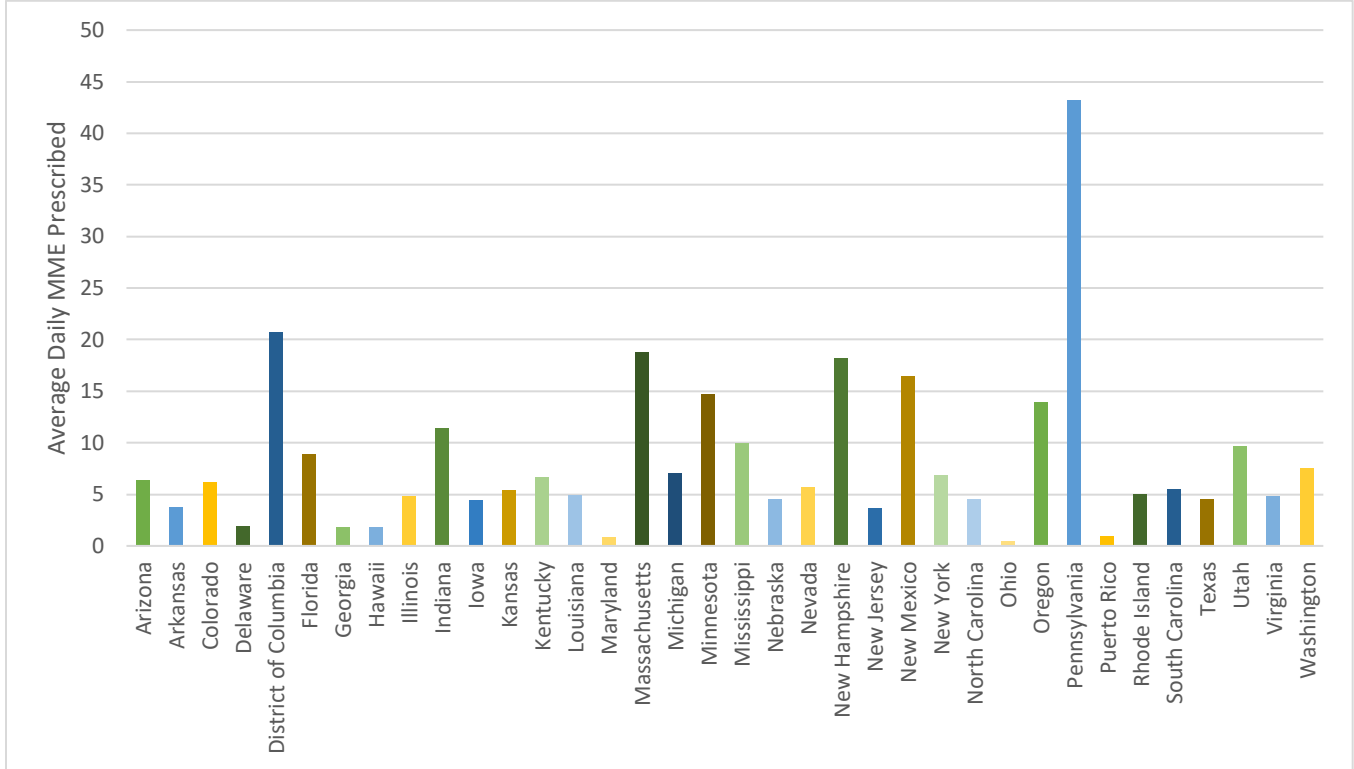
Table 82 - Type of Data Utilized in Determining the Calculations

Response	States (Count of MCPs)	Count	Percentage
A PDMP vendor report	Arizona (1), Colorado (2), Michigan (8), New Jersey (3)	14	6.51%
MMIS claims	Arizona (1), Arkansas (1), Delaware (1), Hawaii (6), Iowa (3), Kansas (1), Minnesota (1), Nevada (1), New Mexico (1), North Carolina (1), Ohio (1), Rhode Island (1), Texas (2)	21	9.77%
Multiple data sources	Arizona (1), Florida (4), Georgia (1), Louisiana (1), Minnesota (3), Mississippi (1), Nevada (2), New York (1), North Carolina (1), Pennsylvania (4), Puerto Rico (2), South Carolina (1), Texas (2), Utah (1), Virginia (1), Washington (1)	27	12.56%
Raw PDMP data	Indiana (3), Kentucky (6), Louisiana (1), Maryland (8), Massachusetts (5), Mississippi (1), New York (6)	30	13.95%
Other	Arizona (4), Arkansas (3), Delaware (2), District of Columbia (5), Florida (7), Georgia (2), Illinois (6), Indiana (2), Kansas (2), Louisiana (3), Maryland (1), Michigan (1), Minnesota (5), Mississippi (1), Nebraska (3), Nevada (1), New Hampshire (3), New Jersey (2), New Mexico (2), New York (8), North Carolina (3), Oregon (21), Pennsylvania (3), Puerto Rico (2), Rhode Island (2), South Carolina (4), Texas (12), Utah (3), Virginia (6), Washington (4)	123	57.21%
National Totals		215	100%

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

Figure 81 - Average Daily Morphine Milligram Equivalent (MME) Prescribed for Controlled Substances Per Covered Individuals (State Average)



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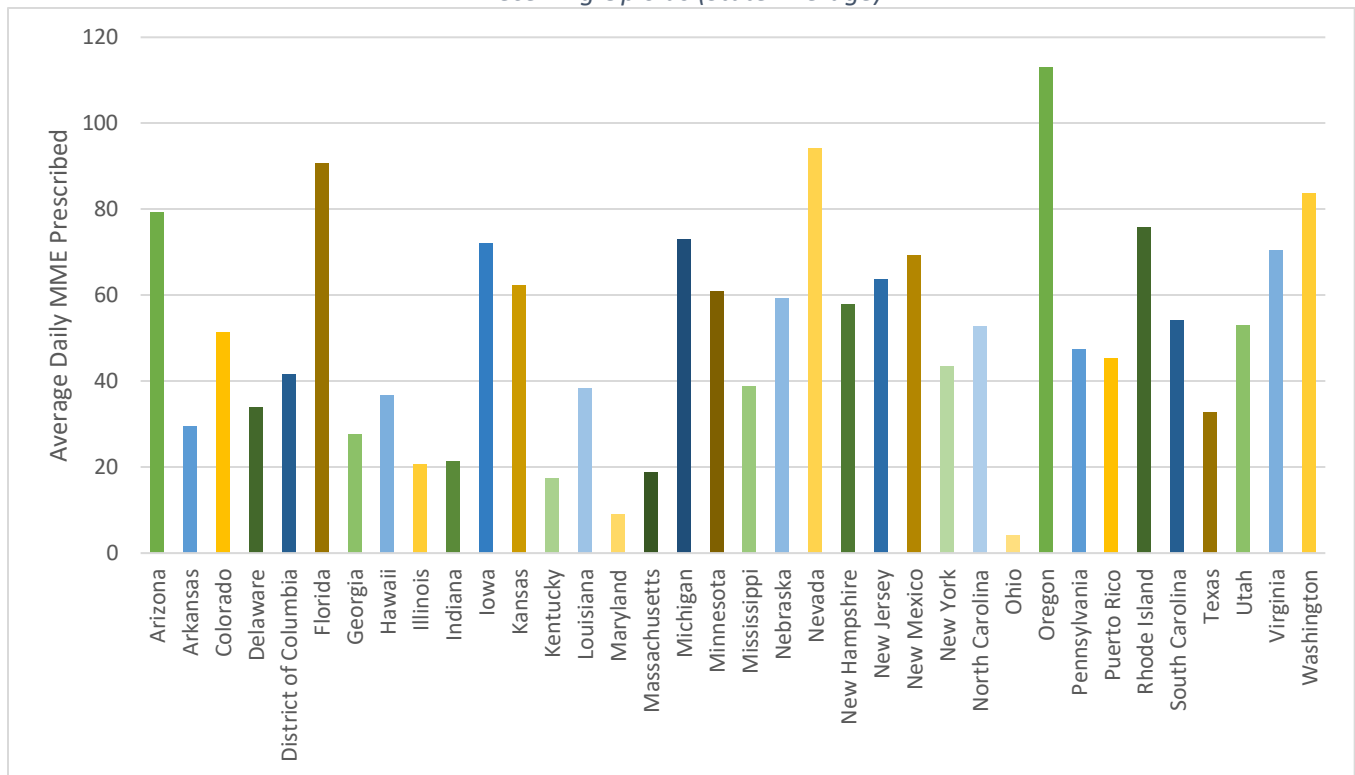
*Table 83 - Average Daily Morphine Milligram Equivalent (MME)
Prescribed for Controlled Substances Per Individuals (State Average)*

State	State Average Daily MME Prescribed (MME)
Arizona	6.38
Arkansas	3.77
Colorado	6.15
Delaware	1.92
District of Columbia	20.67
Florida	8.85
Georgia	1.81
Hawaii	1.75
Illinois	4.82
Indiana	11.39
Iowa	4.46
Kansas	5.42
Kentucky	6.67
Louisiana	4.94
Maryland	0.80
Massachusetts	18.80
Michigan	7.03
Minnesota	14.67
Mississippi	9.89
Nebraska	4.49
Nevada	5.66
New Hampshire	18.20
New Jersey	3.65
New Mexico	16.46
New York	6.81
North Carolina	4.48
Ohio	0.42
Oregon	13.93
Pennsylvania	43.16
Puerto Rico	0.96
Rhode Island	5.01
South Carolina	5.51
Texas	4.54
Utah	9.61
Virginia	4.76
Washington	7.49
National Average	8.20

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

Figure 82 - Average Daily MME Prescribed for Controlled Substances Per Individual Covered Individuals Who Are Receiving Opioids (State Average)



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Table 84 - Average Daily MME Prescribed for Controlled Substances Per Individual Covered Individuals Who Are Receiving Opioids (State Average)

State	State Average Daily MME Prescribed (MME)
Arizona	79.15
Arkansas	29.54
Colorado	51.26
Delaware	33.83
District of Columbia	41.54
Florida	90.55
Georgia	27.67
Hawaii	36.68
Illinois	20.63
Indiana	21.23
Iowa	71.95
Kansas	62.28
Kentucky	17.43
Louisiana	38.39
Maryland	8.95
Massachusetts	18.80
Michigan	73.07
Minnesota	60.90
Mississippi	38.67
Nebraska	59.32
Nevada	94.09
New Hampshire	57.93
New Jersey	63.76
New Mexico	69.16
New York	43.35
North Carolina	52.68
Ohio	4.20
Oregon	112.90
Pennsylvania	47.35
Puerto Rico	45.38
Rhode Island	75.82
South Carolina	54.20
Texas	32.81
Utah	52.86
Virginia	70.31
Washington	83.78
National Average	51.18

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f. Specify the controlled substances prescribed based on claim count (by generic ingredient(s)) and within each population during this 12-month FFY reporting period.

Table 85 - 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.	28,846,181	401,072	1.39%	oxycodone	76,006	0.26%
0-18 yrs.	28,846,181	401,072	1.39%	hydrocodone/ acetaminophen	167,106	0.58%
0-18 yrs.	28,846,181	401,072	1.39%	oxycodone/ acetaminophen	19,407	0.07%
19-29 yrs.	10,317,994	824,670	7.99%	hydrocodone/ acetaminophen	316,527	3.07%
19-29 yrs.	10,317,994	824,670	7.99%	oxycodone	153,047	1.48%
19-29 yrs.	10,317,994	824,670	7.99%	oxycodone/ acetaminophen	73,141	0.71%
30-39 yrs.	7,868,529	1,022,213	12.99%	hydrocodone/ acetaminophen	255,166	3.24%
30-39 yrs.	7,868,529	1,022,213	12.99%	oxycodone	173,344	2.20%
30-39 yrs.	7,868,529	1,022,213	12.99%	buprenorphine/ naloxone	79,015	1.00%
40-49 yrs.	5,095,326	778,724	15.28%	hydrocodone/ acetaminophen	203,815	4.00%
40-49 yrs.	5,095,326	778,724	15.28%	oxycodone	128,338	2.52%
40-49 yrs.	5,095,326	778,724	15.28%	oxycodone/acetamino phen	78,675	1.54%
50-59 yrs.	4,008,350	675,432	16.85%	hydrocodone/ acetaminophen	176,141	4.39%
50-59 yrs.	4,008,350	675,432	16.85%	oxycodone	126,045	3.14%
50-59 yrs.	4,008,350	675,432	16.85%	tramadol	62,025	1.55%
60-69 yrs.	2,547,861	338,154	13.27%	hydrocodone/ acetaminophen	90,494	3.55%
60-69 yrs.	2,547,861	338,154	13.27%	oxycodone	69,919	2.74%
60-69 yrs.	2,547,861	338,154	13.27%	tramadol	36,823	1.45%
70-79 yrs.	594,075	16,829	2.83%	tramadol	3,275	0.55%
70-79 yrs.	594,075	16,829	2.83%	hydrocodone/ acetaminophen	2,819	0.47%
70-79 yrs.	594,075	16,829	2.83%	oxycodone	2,636	0.44%
80+ yrs.	432,478	7,339	1.70%	tramadol	1,858	0.43%
80+ yrs.	432,478	7,339	1.70%	hydrocodone/ acetaminophen	693	0.16%
80+ yrs.	432,478	7,339	1.70%	oxycodone	790	0.18%
With Disability	3,994,156	526,159	13.17%	oxycodone	105,645	0.64%
With Disability	3,994,156	526,159	13.17%	hydrocodone/ acetaminophen	162,372	4.07%
With Disability	3,994,156	526,159	13.17%	tramadol	29,131	0.73%

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Table 86 - 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.	28,846,181	147,540	0.51%	diazepam	50,432	0.17%
0-18 yrs.	28,846,181	147,540	0.51%	clonazepam	16,584	0.06%
0-18 yrs.	28,846,181	147,540	0.51%	clobazam	10,490	0.04%
19-29 yrs.	10,317,994	265,286	2.57%	lorazepam	59,687	0.58%
19-29 yrs.	10,317,994	265,286	2.57%	alprazolam	55,776	0.54%
19-29 yrs.	10,317,994	265,286	2.57%	clonazepam	54,578	0.53%
30-39 yrs.	7,868,529	455,668	5.79%	alprazolam	133,304	1.69%
30-39 yrs.	7,868,529	455,668	5.79%	clonazepam	102,850	1.31%
30-39 yrs.	7,868,529	455,668	5.79%	lorazepam	85,661	1.09%
40-49 yrs.	5,095,326	417,769	8.20%	alprazolam	126,294	2.48%
40-49 yrs.	5,095,326	417,769	8.20%	clonazepam	86,576	1.70%
40-49 yrs.	5,095,326	417,769	8.20%	lorazepam	59,105	1.16%
50-59 yrs.	4,008,350	374,688	9.35%	alprazolam	104,313	2.60%
50-59 yrs.	4,008,350	374,688	9.35%	clonazepam	60,677	1.51%
50-59 yrs.	4,008,350	374,688	9.35%	lorazepam	47,388	1.18%
60-69 yrs.	2,547,861	190,099	7.46%	alprazolam	53,597	2.10%
60-69 yrs.	2,547,861	190,099	7.46%	clonazepam	27,231	1.07%
60-69 yrs.	2,547,861	190,099	7.46%	lorazepam	26,062	1.02%
70-79 yrs.	594,075	11,842	1.99%	alprazolam	3,390	0.57%
70-79 yrs.	594,075	11,842	1.99%	lorazepam	2,023	0.34%
70-79 yrs.	594,075	11,842	1.99%	clonazepam	2,106	0.35%
80+ yrs.	432,478	6,698	1.55%	lorazepam	1,902	0.44%
80+ yrs.	432,478	6,698	1.55%	alprazolam	2,064	0.48%
80+ yrs.	432,478	6,698	1.55%	clonazepam	605	0.14%
With Disability	3,994,156	337,775	8.46%	clonazepam	72,427	1.81%
With Disability	3,994,156	337,775	8.46%	alprazolam	73,114	1.83%
With Disability	3,994,156	337,775	8.46%	lorazepam	60,899	1.52%

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Table 87 - 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.	28,846,181	1,370,405	4.75%	methylphenidate	460,512	1.60%
0-18 yrs.	28,846,181	1,370,405	4.75%	dextroamphetamine/ amphetamine	282,866	0.98%
0-18 yrs.	28,846,181	1,370,405	4.75%	lisdexamfetamine	215,047	0.75%
19-29 yrs.	10,317,994	338,177	3.28%	dextroamphetamine/ amphetamine	142,538	1.38%
19-29 yrs.	10,317,994	338,177	3.28%	methylphenidate	53,143	0.52%
19-29 yrs.	10,317,994	338,177	3.28%	lisdexamfetamine	62,919	0.61%
30-39 yrs.	7,868,529	369,001	4.69%	dextroamphetamine/ amphetamine	188,716	2.40%
30-39 yrs.	7,868,529	369,001	4.69%	methylphenidate	35,157	0.45%
30-39 yrs.	7,868,529	369,001	4.69%	lisdexamfetamine	56,685	0.72%
40-49 yrs.	5,095,326	198,049	3.89%	dextroamphetamine/ amphetamine	98,176	1.93%
40-49 yrs.	5,095,326	198,049	3.89%	methylphenidate	19,409	0.38%
40-49 yrs.	5,095,326	198,049	3.89%	lisdexamfetamine	27,875	0.55%
50-59 yrs.	4,008,350	88,572	2.21%	Dextroamphetamine/ amphetamine	41,809	1.04%
50-59 yrs.	4,008,350	88,572	2.21%	methylphenidate	9,101	0.23%
50-59 yrs.	4,008,350	88,572	2.21%	lisdexamfetamine	10,138	0.25%
60-69 yrs.	2,547,861	110,335	4.33%	Dextroamphetamine/ amphetamine	10,034	0.39%
60-69 yrs.	2,547,861	110,335	4.33%	methylphenidate	3,160	0.12%
60-69 yrs.	2,547,861	110,335	4.33%	lisdexamfetamine	1,953	0.08%
70-79 yrs.	594,075	755	0.13%	dextroamphetamine/ amphetamine	204	0.03%
70-79 yrs.	594,075	755	0.13%	methylphenidate	204	0.03%
70-79 yrs.	594,075	755	0.13%	N/A*		
With Disability	3,994,156	187,668	4.70%	methylphenidate	42,570	1.07%
With Disability	3,994,156	187,668	4.70%	dextroamphetamine/ amphetamine	60,587	1.52%
With Disability	3,994,156	187,668	4.70%	lisdexamfetamine	32,137	0.80%

*No data reported

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Table 88 - 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

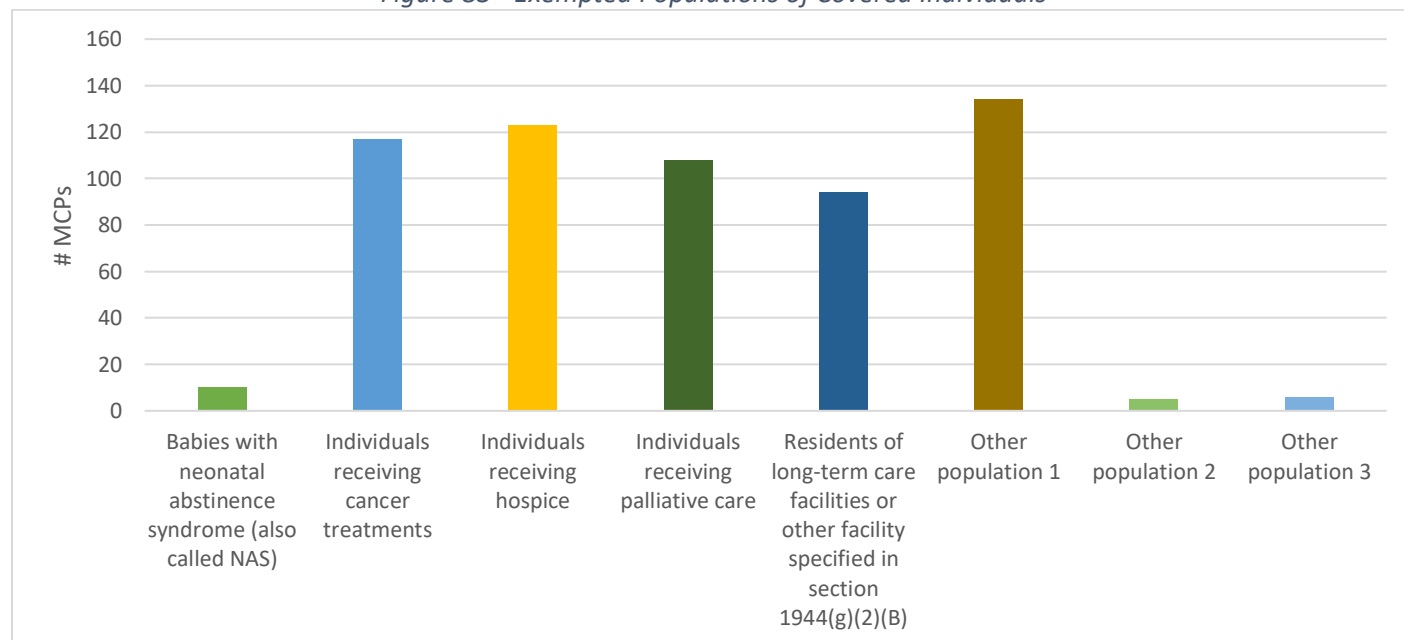
Subgroup	Total Beneficiaries	Number Receiving 2 or more Controlled Substances	Percent Receiving 2 or more Controlled Substances	Number Receiving 3 or more Controlled Substances	Percent Receiving 3 or more Controlled Substances
0-18 yrs.	28,846,181	130,695	0.45%	18,739	0.06%
19-29 yrs.	10,317,994	102,788	1.00%	17,164	0.17%
30-39 yrs.	7,868,529	193,626	2.46%	39,969	0.51%
40-49 yrs.	5,095,326	168,066	3.30%	36,766	0.72%
50-59 yrs.	4,008,350	132,523	3.31%	26,815	0.67%
60-69 yrs.	2,547,861	58,211	2.28%	10,698	0.42%
70-79 yrs.	594,075	2,285	0.38%	734	0.12%
80+ yrs.	432,478	1,085	0.25%	457	0.11%
With Disability, Utilizing State Eligibility Category	3,994,156	168,188	4.21%	38,297	0.96%

g. If there is additional information you want to provide for the previous 12-month reporting period, please explain below or specify N/A if not applicable.

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

h. 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 83 - Exempted Populations of Covered Individuals



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Table 89 - Exempted Populations of Covered Individuals

Response	States (Count of MCPs)	Count	Percentage
Babies with neonatal abstinence syndrome (also called NAS)	Arizona (1), Minnesota (1), New Mexico (1), South Carolina (1), Texas (3), Virginia (3)	10	1.68%
Individuals receiving cancer treatments	Arizona (3), Arkansas (3), Colorado (2), District of Columbia (4), Florida (6), Georgia (1), Hawaii (5), Illinois (6), Kansas (2), Kentucky (3), Louisiana (5), Massachusetts (1), Michigan (5), Minnesota (2), Mississippi (1), Nebraska (3), Nevada (1), New Hampshire (3), New Jersey (5), New Mexico (1), New York (3), Oregon (21), Puerto Rico (3), South Carolina (2), Texas (16), Utah (1), Virginia (4), Washington (5)	117	19.60%
Individuals receiving hospice	Arizona (3), Arkansas (3), Colorado (2), District of Columbia (4), Florida (4), Hawaii (5), Illinois (6), Kansas (2), Kentucky (3), Louisiana (5), Massachusetts (5), Michigan (5), Minnesota (5), Mississippi (1), Nebraska (3), Nevada (1), New Hampshire (3), New Jersey (5), New Mexico (1), New York (8), Oregon (21), Puerto Rico (1), South Carolina (1), Texas (16), Utah (2), Virginia (3), Washington (5)	123	20.60%
Individuals receiving palliative care	Arizona (3), Arkansas (3), Colorado (2), Delaware (1), District of Columbia (3), Florida (4), Hawaii (5), Kansas (2), Kentucky (2), Louisiana (5), Massachusetts (4), Michigan (5), Minnesota (2), Nebraska (3), Nevada (1), New Hampshire (3), New Jersey (5), New Mexico (1), New York (3), Oregon (21), Puerto Rico (4), South Carolina (1), Texas (16), Utah (1), Virginia (3), Washington (5)	108	18.09%
Residents of long-term care facilities or other facility specified in section 1944(g)(2)(B)	Arizona (2), Arkansas (3), Colorado (2), District of Columbia (1), Florida (4), Georgia (1), Hawaii (5), Illinois (6), Kansas (2), Kentucky (2), Massachusetts (3), Michigan (6), Minnesota (2), Nebraska (2), Nevada (1), New Hampshire (3), New Jersey (5), New Mexico (1), New York (6), Oregon (17), Texas (15), Utah (1), Virginia (4)	94	15.75%
Other population 1	Arizona (5), Arkansas (1), Delaware (2), District of Columbia (1), Florida (7), Georgia (1), Hawaii (1), Illinois (6), Indiana (5), Iowa (3), Kansas (2), Kentucky (3), Louisiana (1), Maryland (9), Michigan (3), Minnesota (3), Mississippi (2), Nevada (3), New Mexico (2), New York (9), North Carolina (5), Ohio (1), Oregon (21), Pennsylvania (6), Puerto Rico (4), Rhode Island (3), South Carolina (4), Texas (15), Utah (2), Virginia (4)	134	22.45%
Other population 2	Arizona (1), Florida (1), New York (1), South Carolina (1), Texas (1)	5	0.84%
Other population 3	Arizona (1), Florida (1), Georgia (1), Minnesota (1), Pennsylvania (1), Texas (1)	6	1.01%
National Totals		597	100%

5. Have any changes to your state's PDMP during this reporting period improved or detracted from the plan's ability to access PDMP data?

Figure 84 - Changes to State PDMP That Have Improved or Detracted from the Plan's Ability to Access PDMP Data

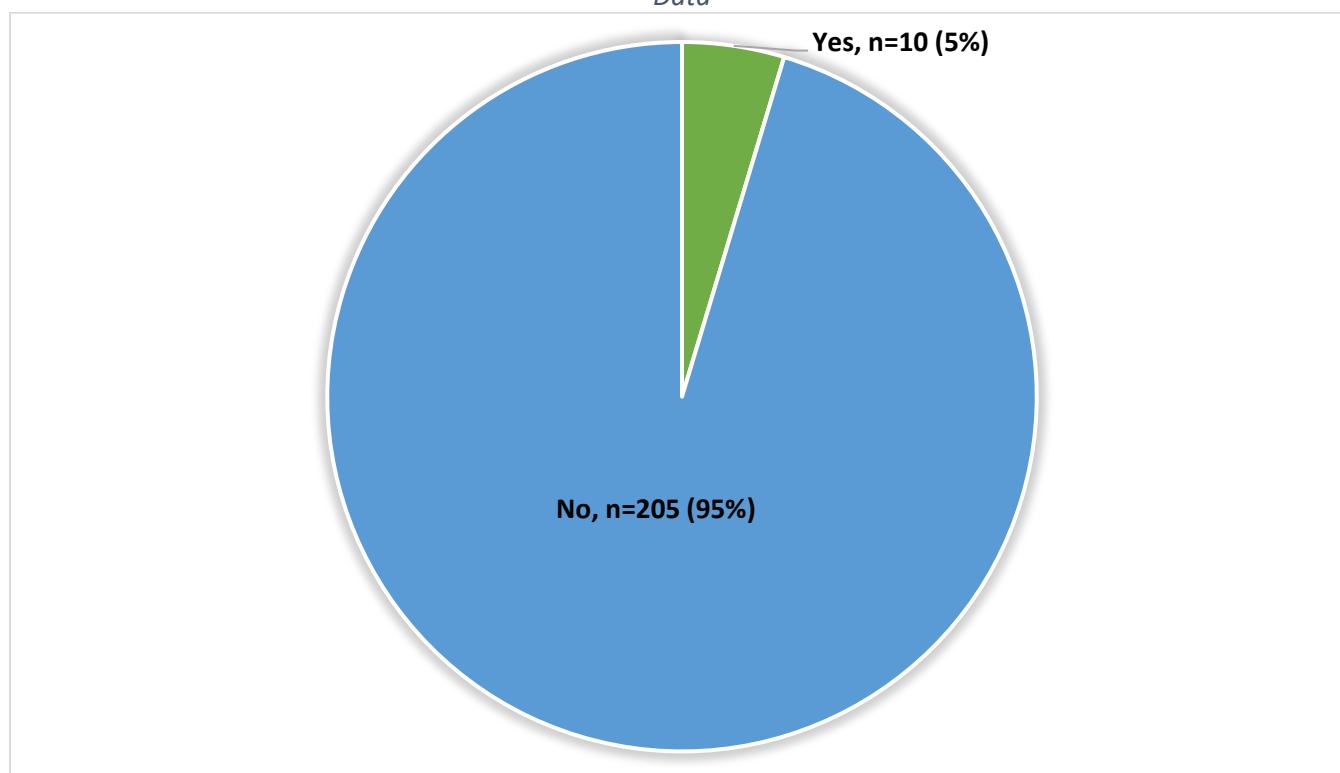


Table 90 - Changes to State PDMP That Have Improved or Detracted from the Plan's Ability to Access PDMP Data

Response	States (Count of MCPs)	Count	Percentage
Yes	Illinois (1), Kansas (2), Massachusetts (1), New Jersey (1), Oregon (2), South Carolina (1), Washington (2)	10	4.65%
No	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (5), Florida (11), Georgia (3), Hawaii (6), Illinois (5), Indiana (5), Iowa (3), Kansas (1), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (4), Michigan (9), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (4), New Mexico (3), New York (15), North Carolina (5), Ohio (1), Oregon (19), Pennsylvania (7), Puerto Rico (4), Rhode Island (3), South Carolina (4), Texas (16), Utah (4), Virginia (7), Washington (3)	205	95.35%
National Totals		215	100%

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

Figure 85 - Data or Privacy Breaches of PDMP or PDMP Data During This Reporting Period

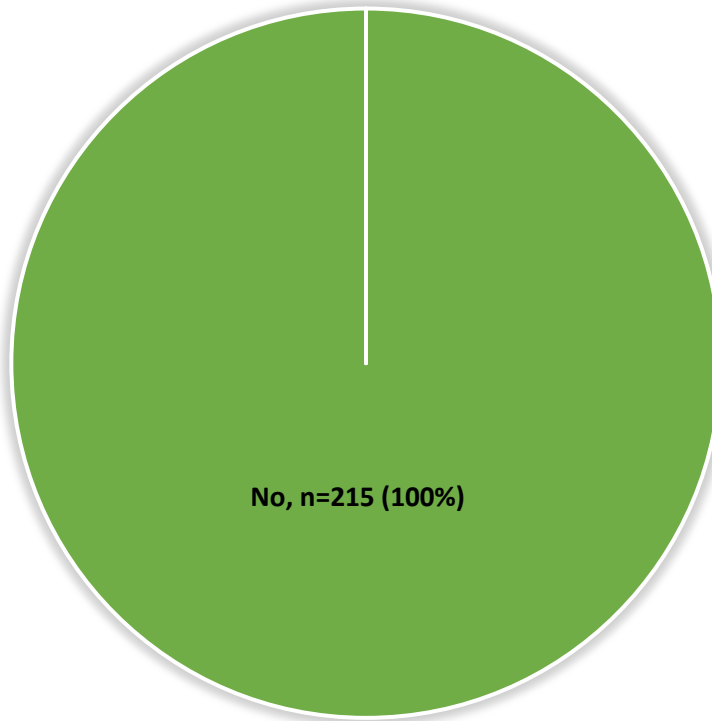


Table 91 - Data or Privacy Breaches of PDMP or PDMP Data During This Reporting Period

Response	States (Count of MCPs)	Count	Percentage
No	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (5), Florida (11), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (9), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), North Carolina (5), Ohio (1), Oregon (21), Pennsylvania (7), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (16), Utah (4), Virginia (7), Washington (5)	215	100.00%
National Totals		215	100%

C. Opioids

1. For your plan, is this category of medications carved-out and handled by the state?

Figure 86 - Opioid Category of Medications Carved-Out and Handled by the State

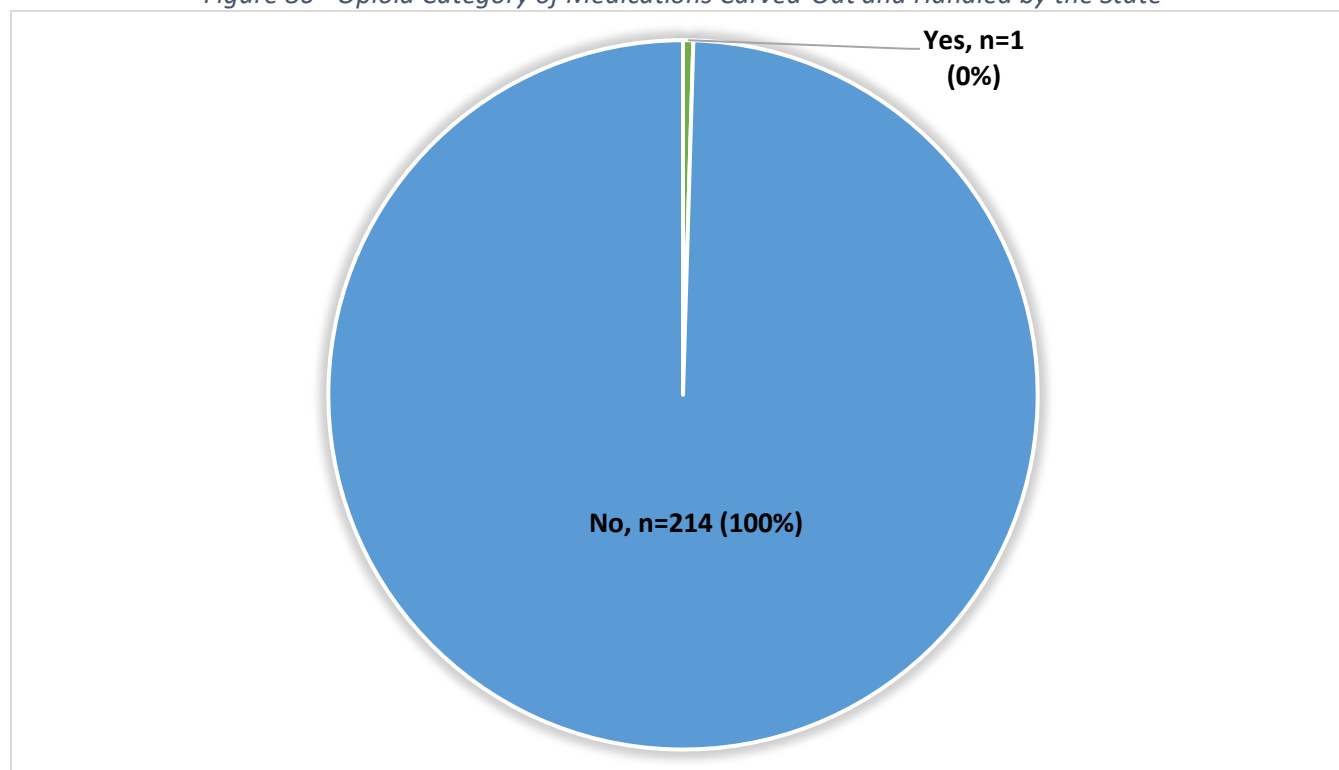


Table 92 - Opioid Category of Medications Carved-Out and Handled by the State

Response	States (Count of MCPs)	Count	Percentage
Yes	New York (1)	1	0.47%
No	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (5), Florida (11), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (9), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (14), North Carolina (5), Ohio (1), Oregon (21), Pennsylvania (7), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (16), Utah (4), Virginia (7), Washington (5)	214	99.53%
National Totals		215	100%

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

Figure 87 - POS Edits in Place to Limit the Days' Supply Dispensed of an Initial Opioid Prescription for an Opioid Naïve Patient

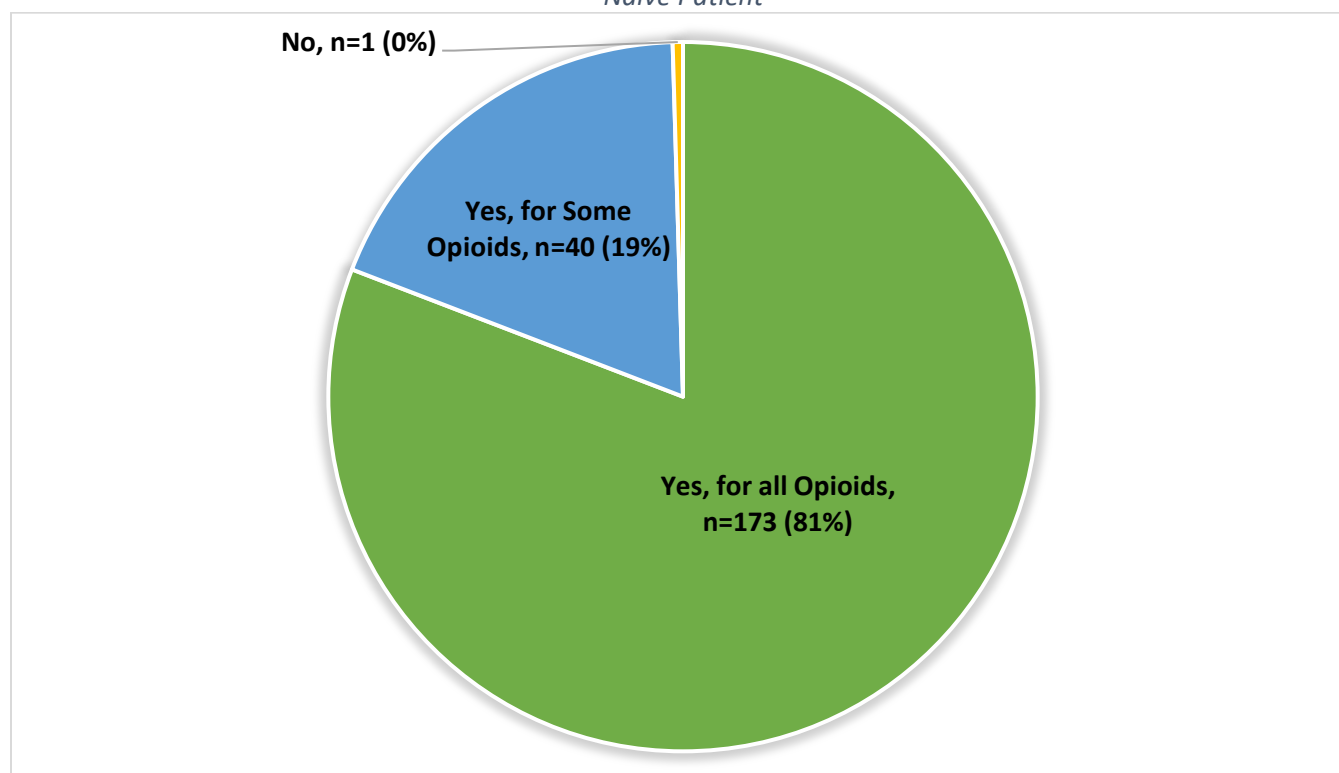


Table 93 - POS Edits in Place to Limit the Days' Supply Dispensed of An Initial Opioid Prescription for an Opioid Naïve Patient

Response	States (Count of MCPs)	Count	Percentage
Yes, for all opioids	Arizona (2), Arkansas (3), Colorado (1), Delaware (2), District of Columbia (5), Florida (8), Georgia (3), Hawaii (6), Illinois (3), Indiana (4), Iowa (3), Kentucky (6), Louisiana (3), Maryland (6), Massachusetts (5), Michigan (6), Minnesota (6), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (10), North Carolina (4), Ohio (1), Oregon (21), Pennsylvania (5), Puerto Rico (4), Rhode Island (2), South Carolina (5), Texas (15), Utah (3), Virginia (6), Washington (5)	173	80.84%
Yes, for some opioids	Arizona (5), Arkansas (1), Colorado (1), Delaware (1), Florida (3), Illinois (3), Indiana (1), Kansas (3), Louisiana (2), Maryland (3), Michigan (3), Minnesota (3), Nevada (1), New York (4), North Carolina (1), Pennsylvania (2), Texas (1), Utah (1), Virginia (1)	40	18.69%
No	Rhode Island (1)	1	0.47%
National Totals		214	100%

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

Figure 88 - Maximum Number of Days Allowed for an Initial Opioid Prescription/Opioid Naïve Patient (State Average)

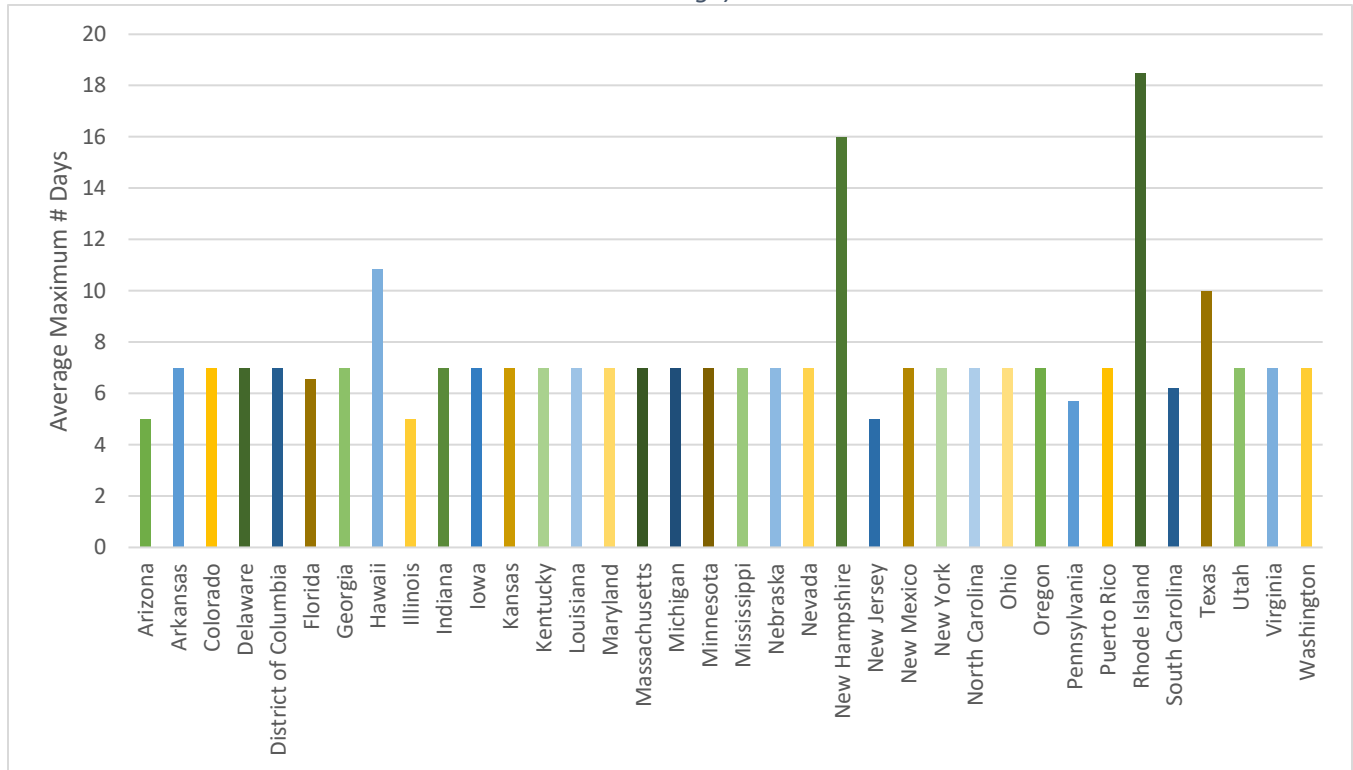


Table 94 - Maximum Number of Days Allowed for an Initial Opioid Prescription/Opioid Naïve Patient (State Average)

State	State Average Maximum Number of Days
Arizona	5
Arkansas	7
Colorado	7
Delaware	7
District of Columbia	7
Florida	7
Georgia	7
Hawaii	11
Illinois	5
Indiana	7
Iowa	7
Kansas	7
Kentucky	7
Louisiana	7
Maryland	7
Massachusetts	7

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State	State Average Maximum Number of Days
Michigan	7
Minnesota	7
Mississippi	7
Nebraska	7
Nevada	7
New Hampshire	16
New Jersey	5
New Mexico	7
New York	7
North Carolina	7
Ohio	7
Oregon	7
Pennsylvania	6
Puerto Rico	7
Rhode Island	19
South Carolina	6
Texas	10
Utah	7
Virginia	7
Washington	7
National Average	8

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

Figure 89 - Days' Supply Limit of Subsequent Opioid Prescriptions

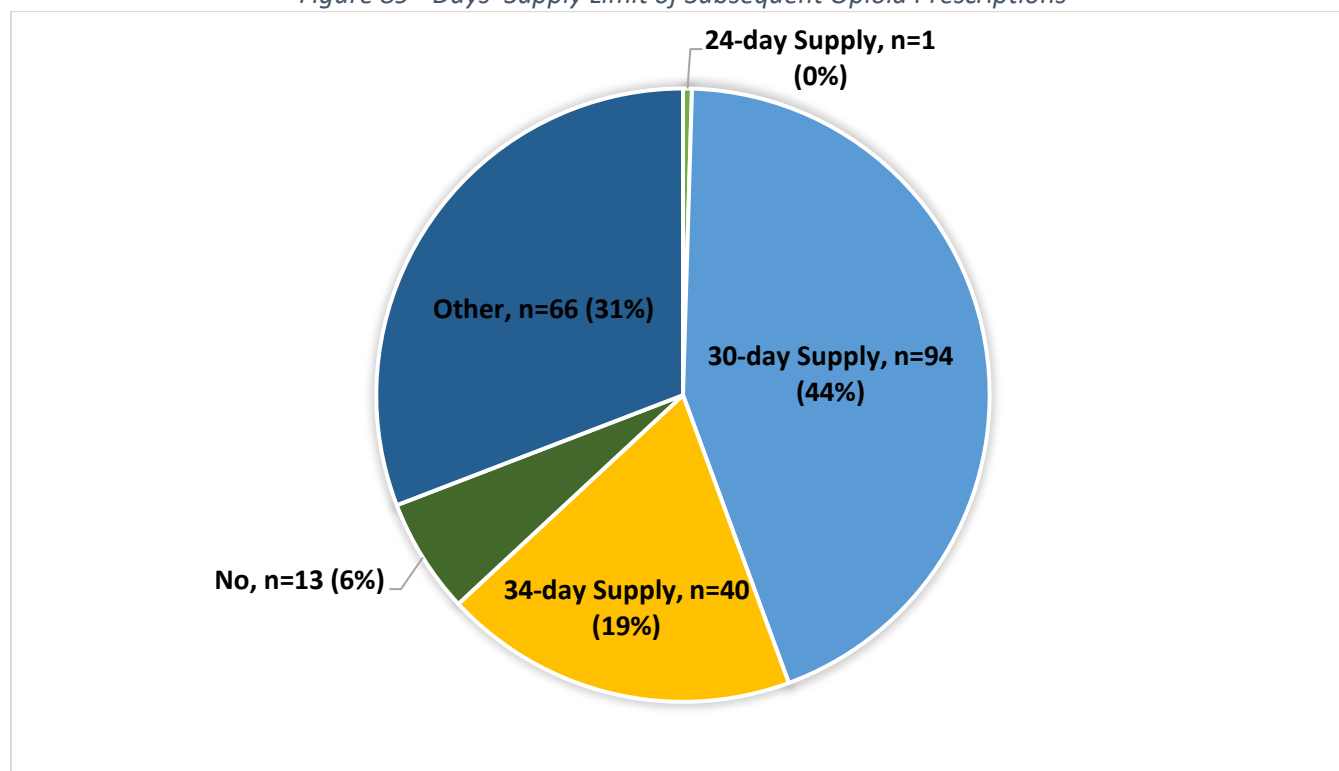


Table 95 - Days' Supply Limit of Subsequent Opioid Prescriptions

Response	States (Count of MCPs)	Count	Percentage
24-day supply	Mississippi (1)	1	0.47%
30-day supply	Arizona (6), Arkansas (1), Colorado (2), Delaware (3), District of Columbia (2), Florida (5), Georgia (1), Hawaii (4), Illinois (4), Louisiana (5), Maryland (6), Massachusetts (4), Michigan (4), Minnesota (3), Nebraska (2), Nevada (3), New Hampshire (1), New Jersey (3), New York (10), North Carolina (1), Oregon (13), Pennsylvania (1), Rhode Island (3), South Carolina (2), Texas (1), Utah (4)	94	43.93%
34-day supply	Florida (1), Illinois (1), Michigan (4), Minnesota (5), New Hampshire (2), New Mexico (2), North Carolina (1), Ohio (1), Oregon (3), Pennsylvania (3), Texas (13), Virginia (4)	40	18.69%
No	District of Columbia (2), Florida (1), Illinois (1), New York (1), North Carolina (1), Oregon (2), Pennsylvania (3), Texas (2)	13	6.07%
Other	Arizona (1), Arkansas (3), District of Columbia (1), Florida (4), Georgia (2), Hawaii (2), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Maryland (3), Massachusetts (1), Michigan (1), Minnesota (1), Mississippi (2), Nebraska (1), Nevada (1), New Jersey (2), New Mexico (1), New York (3), North Carolina (2), Oregon (3), Puerto Rico (4), South Carolina (3), Virginia (3), Washington (5)	66	30.84%
National Totals		214	100%

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If "Other," please specify

Table 96 - "Other" Days' Supply Limit

State	MCP Name	Days' Supply Limit
AR	Arkansas_Total_Care_Inc.	31
AR	CareSource	31
AR	Summit_Community_Care	31
AZ	Molina Health Plan	31
DC	AmeriHealth Caritas DC	7
FL	Clear Health Alliance	14
FL	Community Care Plan	3
FL	Florida Community Care	7
FL	Simply Healthcare	14
GA	Amerigroup GA	14
GA	CareSource	14
HI	WellCareHealthPlans	31
HI	WellCareHealthPlansCCS1	31
IA	Amerigroup	31
IA	Iowa Total Care	31
IA	Molina	31
IN	Anthem, Inc.	7
IN	CareSource	7
IN	Managed Health Services Indiana (MHS)	7
IN	MDwise, Inc.	7
IN	UnitedHealthcare Community Plan, Inc.	7
KS	Aetna Better Health of Kansas	7
KS	Sunflower Health Plan	7
KS	UnitedHealthcare	7
KY	Aetna Better Health of Kentucky	14
KY	Anthem Inc. Kentucky	14
KY	Humana Healthy Horizons in Kentucky	14
KY	Passport Health Plan By Molina Healthcare	14
KY	United Healthcare Community Plan of Kentucky	14
KY	WellCare Health Plans	14
MA	AllWays Health Partners	7
MD	Jai Medical Systems Managed Care Organization, Inc.	14
MD	United Healthcare	31

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State	MCP Name	Days' Supply Limit
MD	Wellpoint Maryland, Inc	14
MI	Meridian Health Plan	14
MN	HealthPartners	7
MS	MS-MAGNOLIA	31
MS	MS-UNITED	31
NC	CCH FFY22	5
NC	UHC FFY22	7
NE	HealthyBlueNebraska	31
NJ	Amerigroup Community Care	9
NJ	Fidelis Care	31
NM	Western Sky Community Care	7
NV	Silver Summit Health Plan	7
NY	AMIDA CARE	7
NY	Empire Blue Cross Blue Shield HealthPlus	14
NY	Highmark Blue Cross Blue Shield of Western New York	31
OR	Health Share of Oregon - OHSU	7
OR	Trillium Community Health Plan - North	7
OR	Trillium Community Health Plan - South	7
PR	FMHP	15
PR	MMM	15
PR	PSM	15
PR	SSS	15
SC	Absolute Total Care	7
SC	Healthy Blue South Carolina	31
SC	Select Health of South Carolina, Inc.	28
VA	AetnaBetterHealthofVirginia	7
VA	Anthem	7
VA	UnitedHealthCare	7
WA	Community Health Plan of Washington	42
WA	Coordinated Care of Washington, Inc.	42
WA	Molina Health Care, Washington, LLC.	42
WA	United Healthcare Washington	42
WA	Wellpoint Washington, Inc.	42

If "No," please explain.

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

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

Figure 90 - POS Edits in Place to Limit the Quantity Dispensed of Opioids

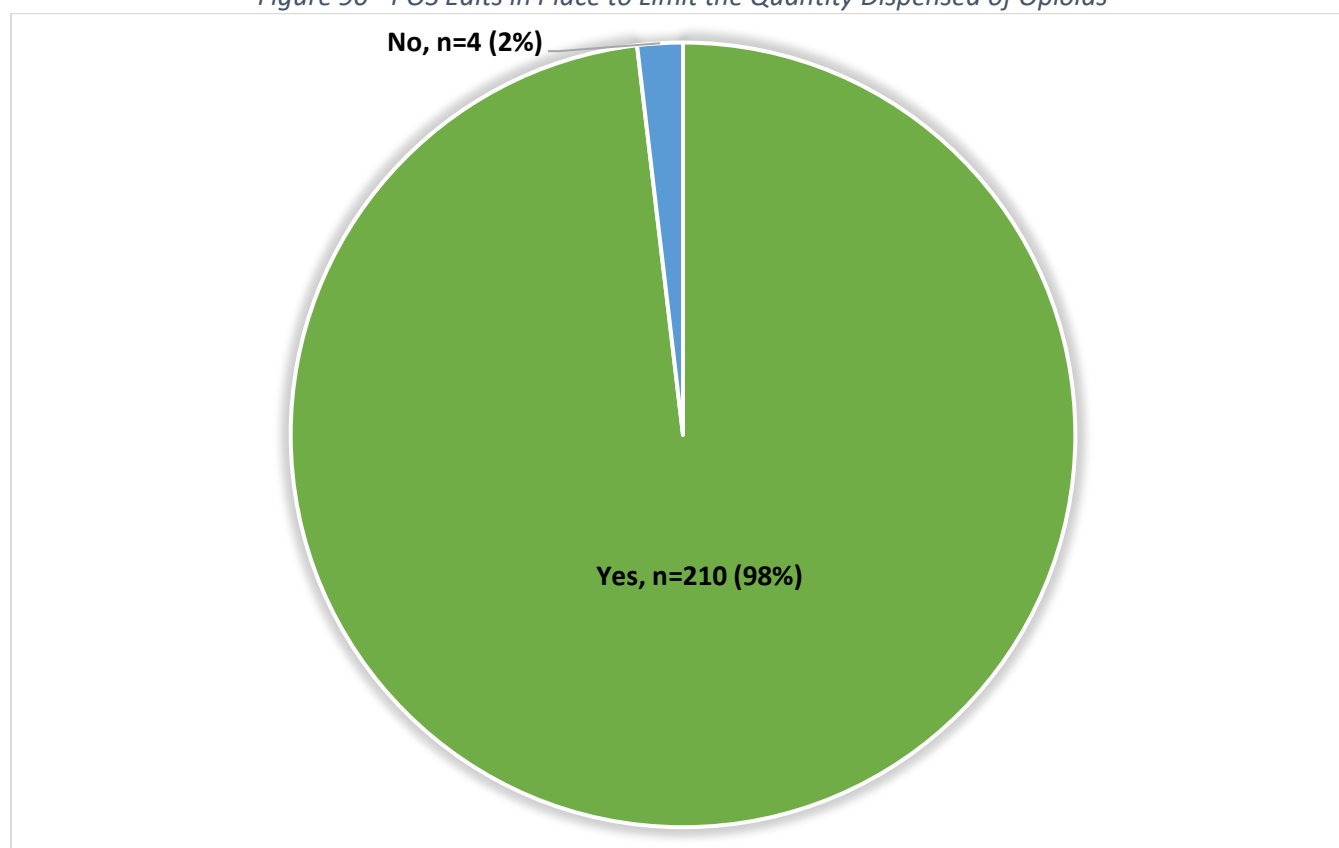


Table 97 - POS Edits in Place to Limit the Quantity Dispensed of Opioids

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (5), Florida (11), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (9), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (14), North Carolina (5), Ohio (1), Oregon (20), Pennsylvania (7), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (13), Utah (4), Virginia (7), Washington (5)	210	98.13%
No	Oregon (1), Texas (3)	4	1.87%
National Totals		214	100%

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

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

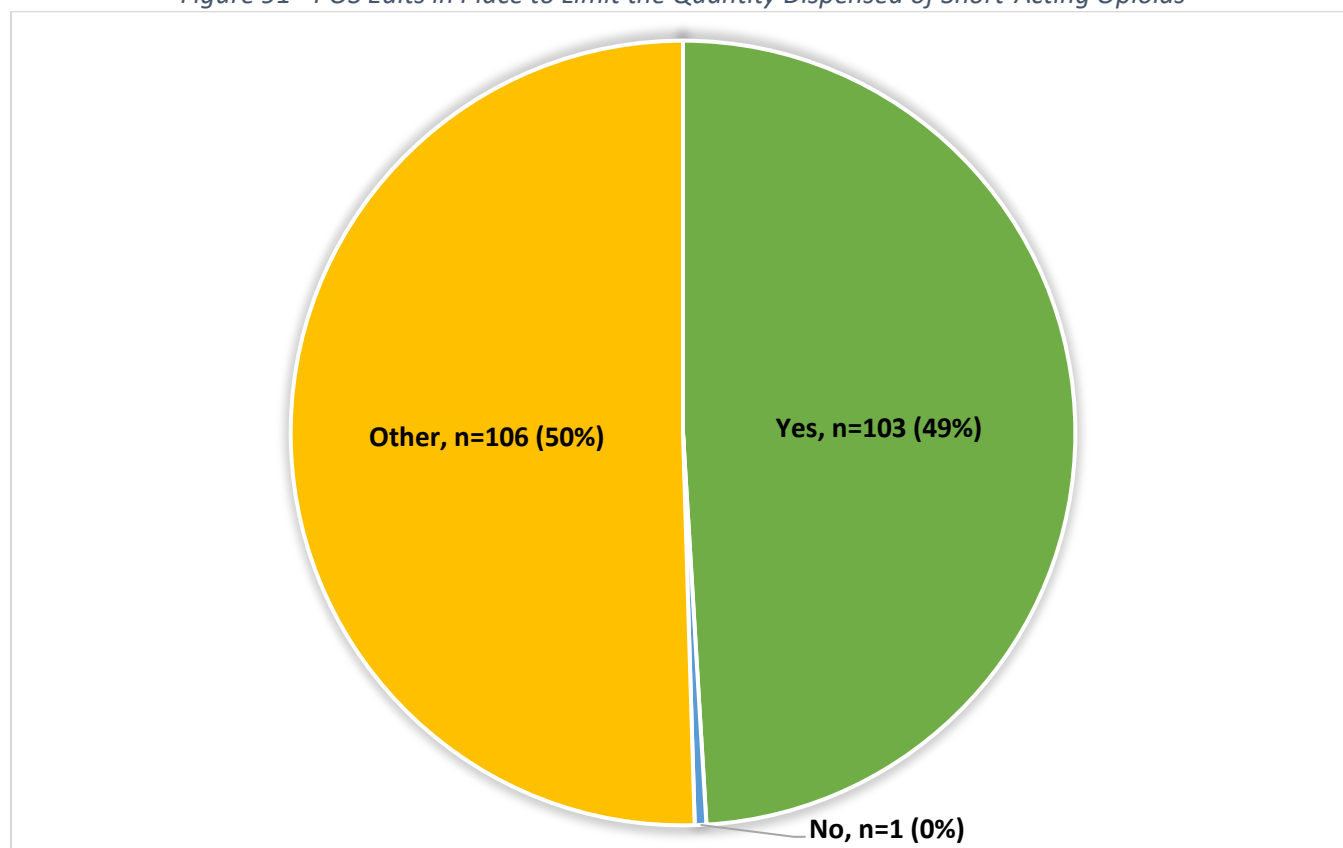


Table 98 - POS Edits in Place to Limit the Quantity Dispensed of Short-Acting Opioids

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (5), Arkansas (1), Colorado (1), Delaware (2), District of Columbia (3), Florida (5), Georgia (1), Hawaii (1), Illinois (2), Indiana (5), Iowa (3), Louisiana (5), Maryland (2), Massachusetts (2), Michigan (3), Minnesota (3), Mississippi (2), Nebraska (2), Nevada (3), New Hampshire (1), New Jersey (2), New Mexico (3), New York (8), North Carolina (2), Oregon (15), Rhode Island (1), South Carolina (3), Texas (8), Utah (3), Virginia (5), Washington (1)	103	49.05%
No	Texas (1)	1	0.48%
Other	Arizona (2), Arkansas (3), Colorado (1), Delaware (1), District of Columbia (2), Florida (6), Georgia (2), Hawaii (5), Illinois (4), Kansas (3), Kentucky (6), Maryland (7), Massachusetts (3), Michigan (6), Minnesota (6), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (2), New Jersey (3), New York (6), North Carolina (3), Ohio (1), Oregon (5), Pennsylvania (7), Puerto Rico (4), Rhode Island (2), South Carolina (2), Texas (4), Utah (1), Virginia (2), Washington (4)	106	50.48%
National Totals		210	100%

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

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

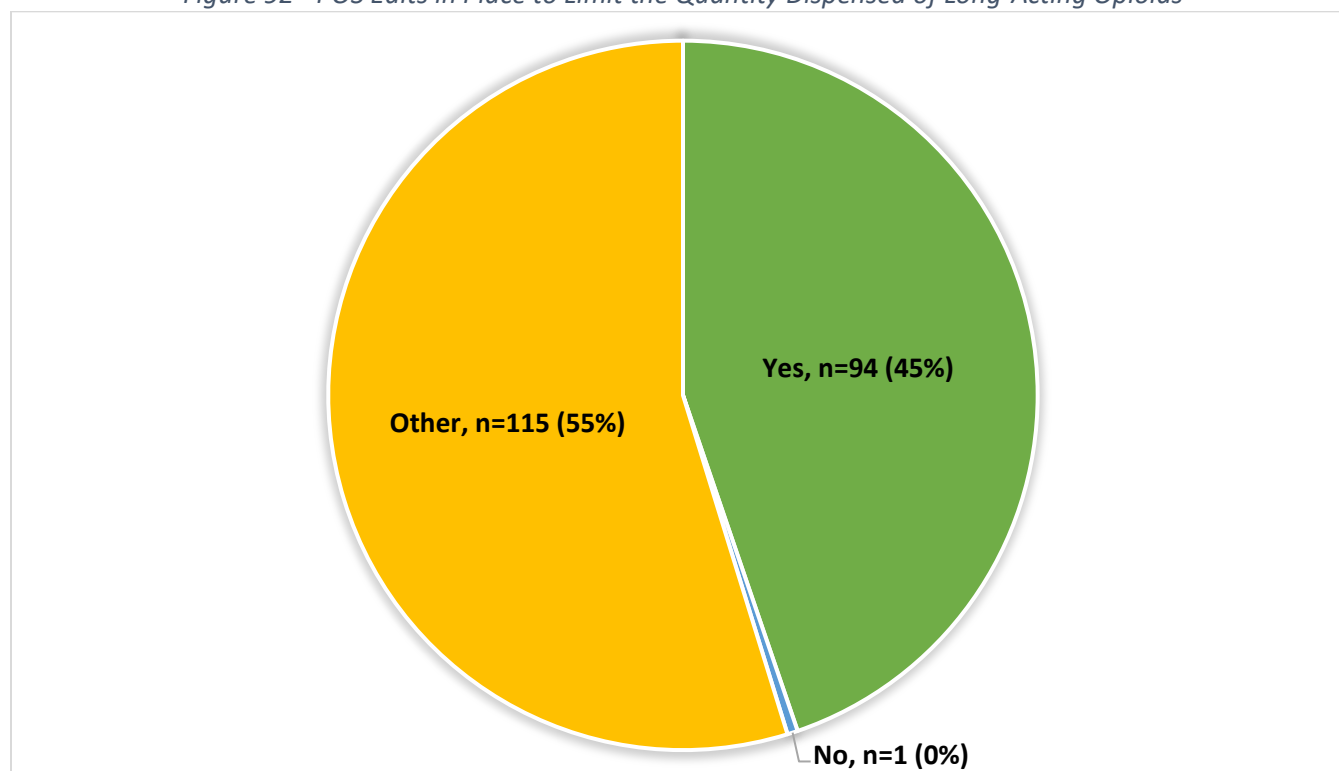


Table 99 - POS Edits in Place to Limit the Quantity Dispensed of Long-Acting Opioids

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (2), Arkansas (1), Colorado (1), Delaware (2), District of Columbia (2), Florida (5), Georgia (1), Illinois (2), Indiana (5), Iowa (3), Louisiana (5), Maryland (2), Massachusetts (2), Michigan (3), Minnesota (3), Mississippi (2), Nebraska (2), Nevada (3), New Hampshire (1), New Jersey (2), New Mexico (2), New York (8), North Carolina (2), Ohio (1), Oregon (12), Rhode Island (1), South Carolina (3), Texas (8), Utah (3), Virginia (4), Washington (1)	94	44.76%
No	Arizona (1)	1	0.48%
Other	Arizona (4), Arkansas (3), Colorado (1), Delaware (1), District of Columbia (3), Florida (6), Georgia (2), Hawaii (6), Illinois (4), Kansas (3), Kentucky (6), Maryland (7), Massachusetts (3), Michigan (6), Minnesota (6), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (2), New Jersey (3), New Mexico (1), New York (6), North Carolina (3), Oregon (8), Pennsylvania (7), Puerto Rico (4), Rhode Island (2), South Carolina (2), Texas (5), Utah (1), Virginia (3), Washington (4)	115	54.76%
National Totals		210	100%

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

Figure 93 - Have Measures Other Than Restricted Quantities and Days' Supply in Place to Either Monitor or Manage the Prescribing of Opioids

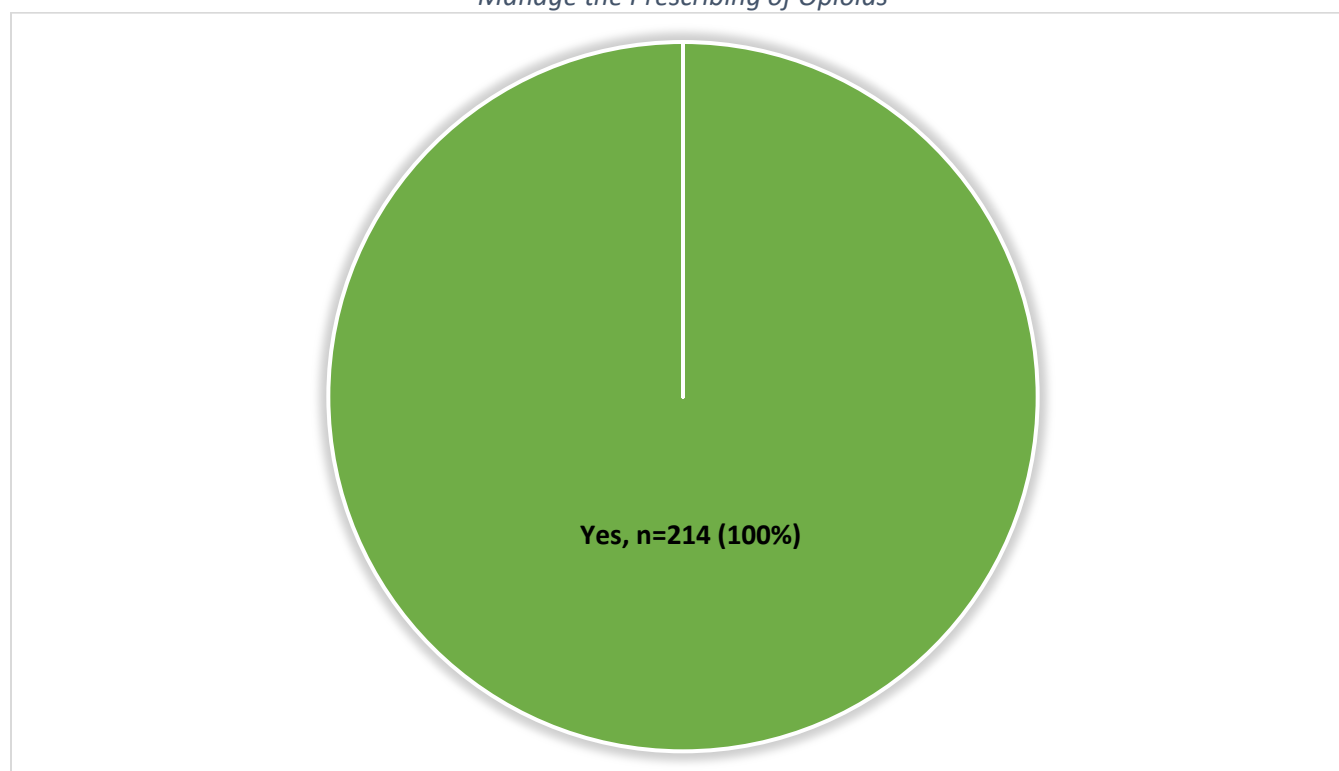


Table 100 - Have Measures Other Than Restricted Quantities and Days' Supply in Place to Either Monitor or Manage the Prescribing of Opioids

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (5), Florida (11), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (9), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (14), North Carolina (5), Ohio (1), Oregon (21), Pennsylvania (7), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (16), Utah (4), Virginia (7), Washington (5)	214	100.00%
National Totals		214	100%

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

Figure 94 - Measures Other Than Restricted Quantities and Days’ Supply in Place to Either Monitor or Manage the Prescribing of Opioids

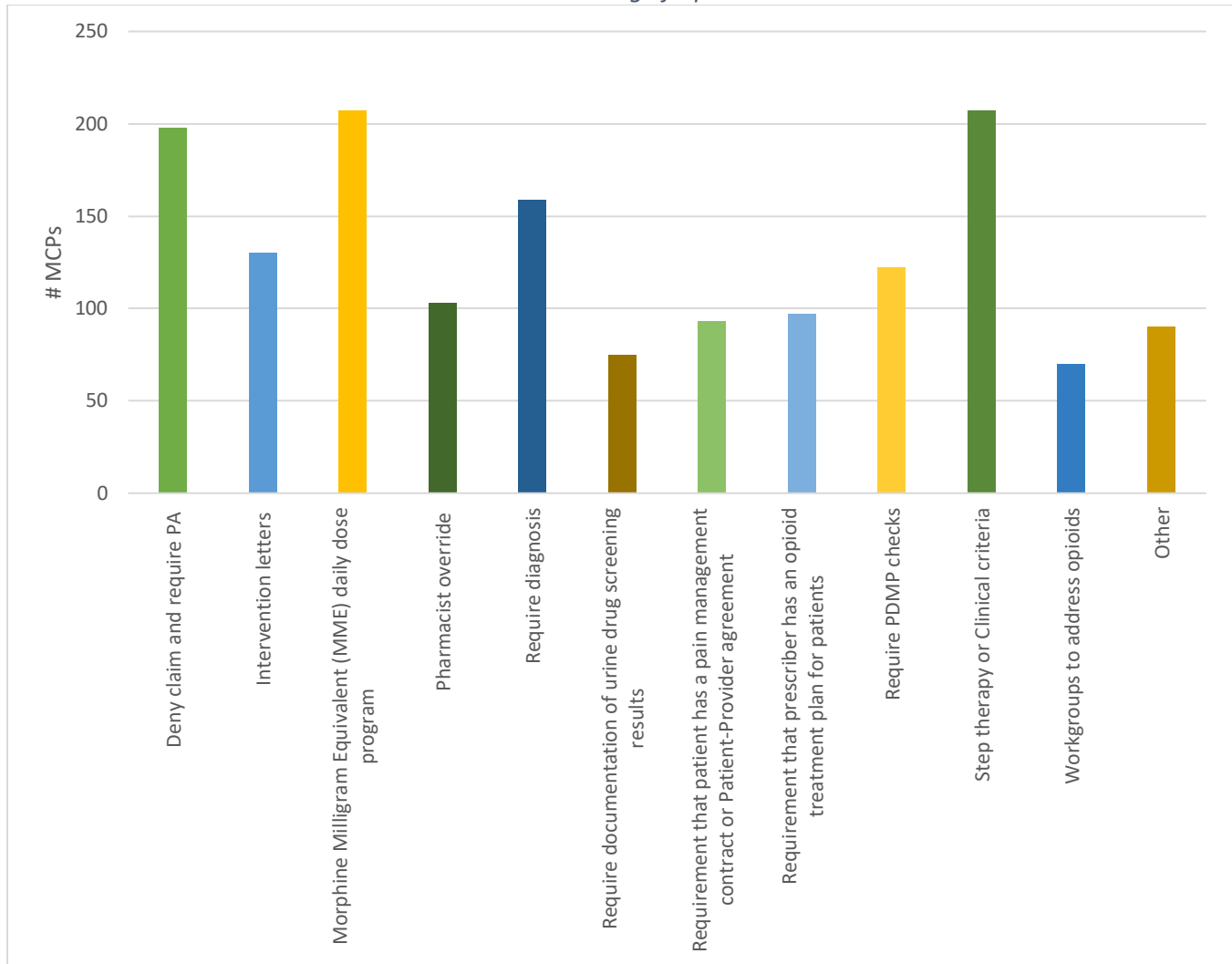


Table 101 - Measures Other Than Restricted Quantities and Days’ Supply in Place to Either Monitor or Manage the Prescribing of Opioids

Response	States (Count of MCPs)	Count	Percentage
Deny claim and require PA	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (3), Florida (9), Georgia (3), Hawaii (5), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (4), Maryland (8), Massachusetts (5), Michigan (9), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (4), New Mexico (3), New York (14), North Carolina (5), Ohio (1), Oregon (19), Pennsylvania (7), Rhode Island (3), South Carolina (4), Texas (15), Utah (4), Virginia (7), Washington (5)	198	12.77%

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Response	States (Count of MCPs)	Count	Percentage
Intervention letters	Arizona (6), Arkansas (4), Colorado (1), Delaware (3), District of Columbia (3), Florida (9), Georgia (3), Hawaii (3), Illinois (3), Indiana (4), Kansas (2), Louisiana (5), Maryland (4), Massachusetts (2), Michigan (5), Minnesota (4), Mississippi (2), Nebraska (2), Nevada (4), New Hampshire (2), New Jersey (2), New Mexico (2), New York (10), North Carolina (2), Ohio (1), Oregon (16), Pennsylvania (4), Rhode Island (2), South Carolina (3), Texas (5), Utah (2), Virginia (7), Washington (3)	130	8.38%
Morphine Milligram Equivalent (MME) daily dose program	Arizona (7), Arkansas (4), Colorado (2), Delaware (2), District of Columbia (5), Florida (10), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (4), Michigan (9), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (13), North Carolina (5), Ohio (1), Oregon (21), Pennsylvania (7), Puerto Rico (4), Rhode Island (2), South Carolina (5), Texas (15), Utah (4), Virginia (7), Washington (5)	207	13.35%
Pharmacist override	Arizona (5), Arkansas (3), Colorado (2), Delaware (1), Florida (8), Hawaii (4), Illinois (2), Indiana (1), Kansas (1), Kentucky (6), Louisiana (1), Maryland (3), Massachusetts (3), Michigan (6), Minnesota (5), Mississippi (2), Nebraska (2), Nevada (2), New Hampshire (1), New Jersey (3), New Mexico (1), New York (6), North Carolina (3), Oregon (17), Pennsylvania (2), Rhode Island (1), South Carolina (2), Texas (1), Utah (2), Virginia (2), Washington (5)	103	6.64%
Require diagnosis	Arizona (5), Arkansas (3), Delaware (3), District of Columbia (3), Florida (9), Georgia (2), Hawaii (3), Illinois (3), Indiana (5), Kansas (2), Kentucky (6), Louisiana (5), Maryland (6), Massachusetts (3), Michigan (6), Minnesota (6), Mississippi (2), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (4), New Mexico (2), New York (8), North Carolina (3), Ohio (1), Oregon (16), Pennsylvania (6), Puerto Rico (3), Rhode Island (3), South Carolina (4), Texas (12), Utah (4), Virginia (7), Washington (4)	159	10.25%
Require documentation of urine drug screening results	Arizona (4), Delaware (3), District of Columbia (2), Florida (10), Georgia (1), Hawaii (2), Illinois (2), Kansas (2), Kentucky (6), Maryland (5), Massachusetts (2), Michigan (4), Minnesota (1), Mississippi (1), Nebraska (1), New Hampshire (2), New Mexico (1), New York (1), Ohio (1), Oregon (8), Pennsylvania (7), South Carolina (3), Utah (3), Virginia (1), Washington (2)	75	4.84%
Require PDMP checks	Arizona (5), Arkansas (1), Colorado (1), Delaware (2), District of Columbia (4), Florida (10), Georgia (2), Hawaii (3), Illinois (3), Iowa (3), Kansas (3), Kentucky (6), Louisiana (3), Maryland (8), Massachusetts (1), Michigan (5), Minnesota (5), Mississippi (3), Nebraska (2), Nevada (2), New Hampshire (3), New Jersey (1), New Mexico (2), New York (6), North Carolina (3), Ohio (1), Oregon (7), Pennsylvania (5), Rhode Island (1), South Carolina (3), Texas (2), Utah (4), Virginia (7), Washington (5)	122	7.87%

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Response	States (Count of MCPs)	Count	Percentage
Requirement that patient has a pain management contract or Patient-Provider agreement	Arizona (4), Colorado (1), Delaware (3), District of Columbia (2), Florida (10), Georgia (1), Hawaii (2), Illinois (3), Iowa (3), Kansas (3), Louisiana (5), Maryland (8), Massachusetts (3), Michigan (5), Minnesota (3), Mississippi (1), Nebraska (2), Nevada (1), New Hampshire (3), New York (4), North Carolina (1), Ohio (1), Oregon (7), Pennsylvania (2), Rhode Island (2), South Carolina (3), Texas (1), Utah (4), Virginia (2), Washington (3)	93	6.00%
Requirement that prescriber has an opioid treatment plan for patients	Arizona (5), Delaware (3), District of Columbia (3), Florida (9), Georgia (2), Hawaii (4), Illinois (1), Indiana (3), Kansas (3), Louisiana (2), Maryland (5), Massachusetts (2), Michigan (2), Minnesota (3), Mississippi (2), Nebraska (2), Nevada (3), New Hampshire (2), New Jersey (2), New Mexico (1), New York (5), North Carolina (2), Ohio (1), Oregon (8), Pennsylvania (5), Rhode Island (1), South Carolina (4), Texas (2), Utah (3), Virginia (3), Washington (4)	97	6.25%
Step therapy or Clinical criteria	Arizona (6), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (4), Florida (11), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (4), Maryland (7), Massachusetts (5), Michigan (9), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (13), North Carolina (5), Ohio (1), Oregon (21), Pennsylvania (7), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (15), Utah (4), Virginia (7), Washington (5)	207	13.35%
Workgroups to address opioids	Arizona (5), Arkansas (1), Delaware (1), District of Columbia (1), Florida (3), Georgia (1), Hawaii (3), Illinois (2), Indiana (2), Kansas (1), Louisiana (2), Maryland (4), Michigan (2), Minnesota (1), Mississippi (1), Nebraska (1), Nevada (2), New Jersey (2), New Mexico (2), New York (6), North Carolina (1), Oregon (11), Pennsylvania (3), South Carolina (2), Texas (3), Utah (2), Virginia (3), Washington (2)	70	4.51%
Other	Arizona (1), Arkansas (3), Colorado (1), Delaware (2), District of Columbia (1), Florida (4), Georgia (2), Hawaii (2), Illinois (3), Indiana (5), Kansas (1), Kentucky (4), Louisiana (3), Maryland (3), Massachusetts (2), Michigan (5), Minnesota (4), Mississippi (2), Nevada (2), New Hampshire (1), New Jersey (2), New Mexico (2), New York (6), North Carolina (1), Oregon (7), Pennsylvania (3), Rhode Island (2), South Carolina (2), Texas (8), Utah (2), Virginia (3), Washington (1)	90	5.80%
National Totals		1,551	100%

5. Does your MCP 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 95 - POS Edits in Place to Monitor Duplicate Therapy of Opioids Prescriptions

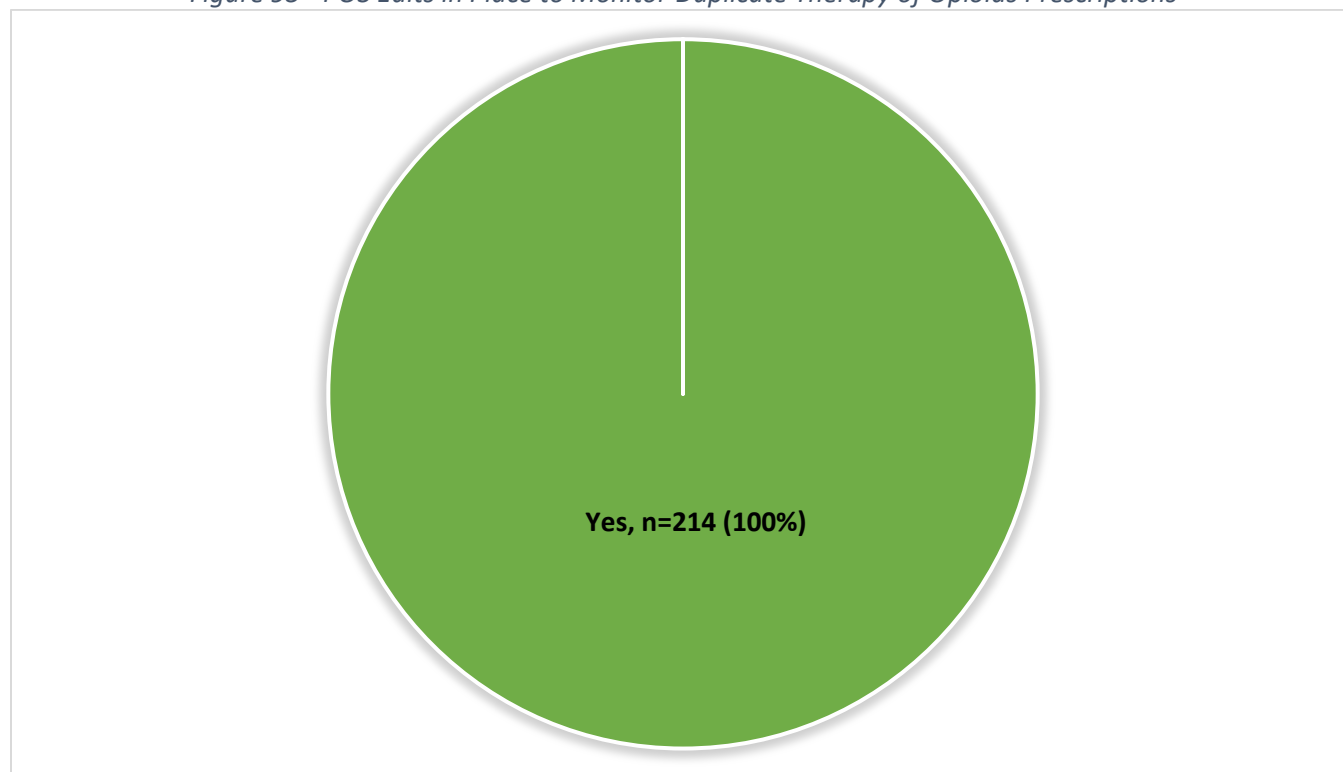


Table 102 - POS Edits in Place to Monitor Duplicate Therapy of Opioids Prescriptions

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (5), Florida (11), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (9), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (14), North Carolina (5), Ohio (1), Oregon (21), Pennsylvania (7), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (16), Utah (4), Virginia (7), Washington (5)	214	100.00%
National Totals		214	100%

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

Figure 96 - POS Edits to Monitor Early Refills of Opioid Prescriptions Dispensed

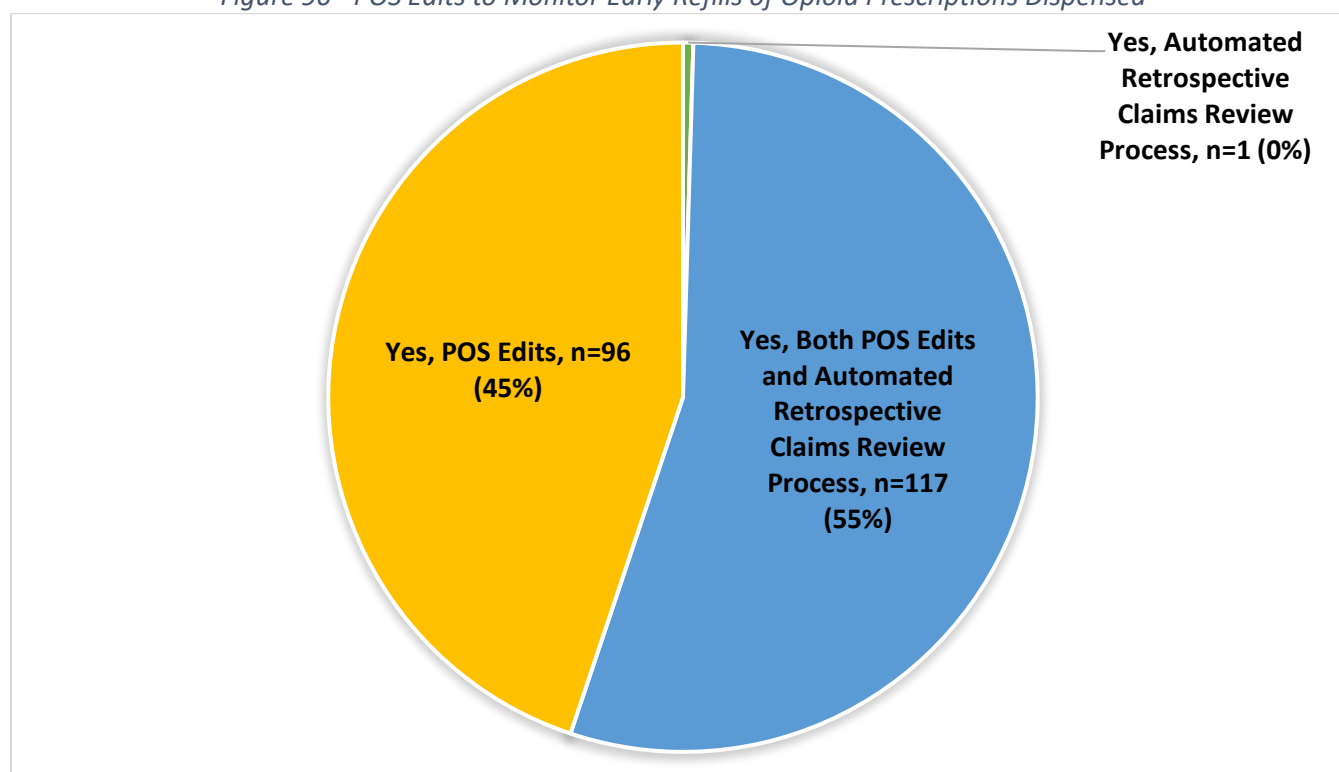


Table 103 - POS Edits to Monitor Early Refills of Opioid Prescriptions Dispensed

Response	States (Count of MCPs)	Count	Percentage
Yes, automated retrospective claims review process	Florida (1)	1	0.47%
Yes, both POS edits and automated retrospective claims review process	Arizona (6), Arkansas (1), Colorado (1), Delaware (3), District of Columbia (1), Florida (4), Georgia (1), Hawaii (3), Illinois (2), Indiana (2), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (3), Massachusetts (4), Michigan (6), Minnesota (6), Mississippi (2), Nebraska (3), Nevada (2), New Hampshire (1), New Jersey (3), New Mexico (1), New York (6), North Carolina (2), Oregon (21), Pennsylvania (5), Puerto Rico (4), Rhode Island (1), South Carolina (1), Texas (1), Virginia (2), Washington (2)	117	54.67%
Yes, POS edits	Arizona (1), Arkansas (3), Colorado (1), District of Columbia (4), Florida (6), Georgia (2), Hawaii (3), Illinois (4), Indiana (3), Maryland (6), Massachusetts (1), Michigan (3), Minnesota (3), Mississippi (1), Nevada (2), New Hampshire (2), New Jersey (2), New Mexico (2), New York (8), North Carolina (3), Ohio (1), Pennsylvania (2), Rhode Island (2), South Carolina (4), Texas (15), Utah (4), Virginia (5), Washington (3)	96	44.86%
National Totals		214	100%

7. Does your MCP have comprehensive automated retrospective claims review to monitor opioid prescriptions exceeding plan limitations (early refills, duplicate fills, quantity limits and days' supply)?

Figure 97 - Comprehensive Automated Retrospective Claims Review to Monitor Opioid Prescriptions in Excess of Plan Limitations

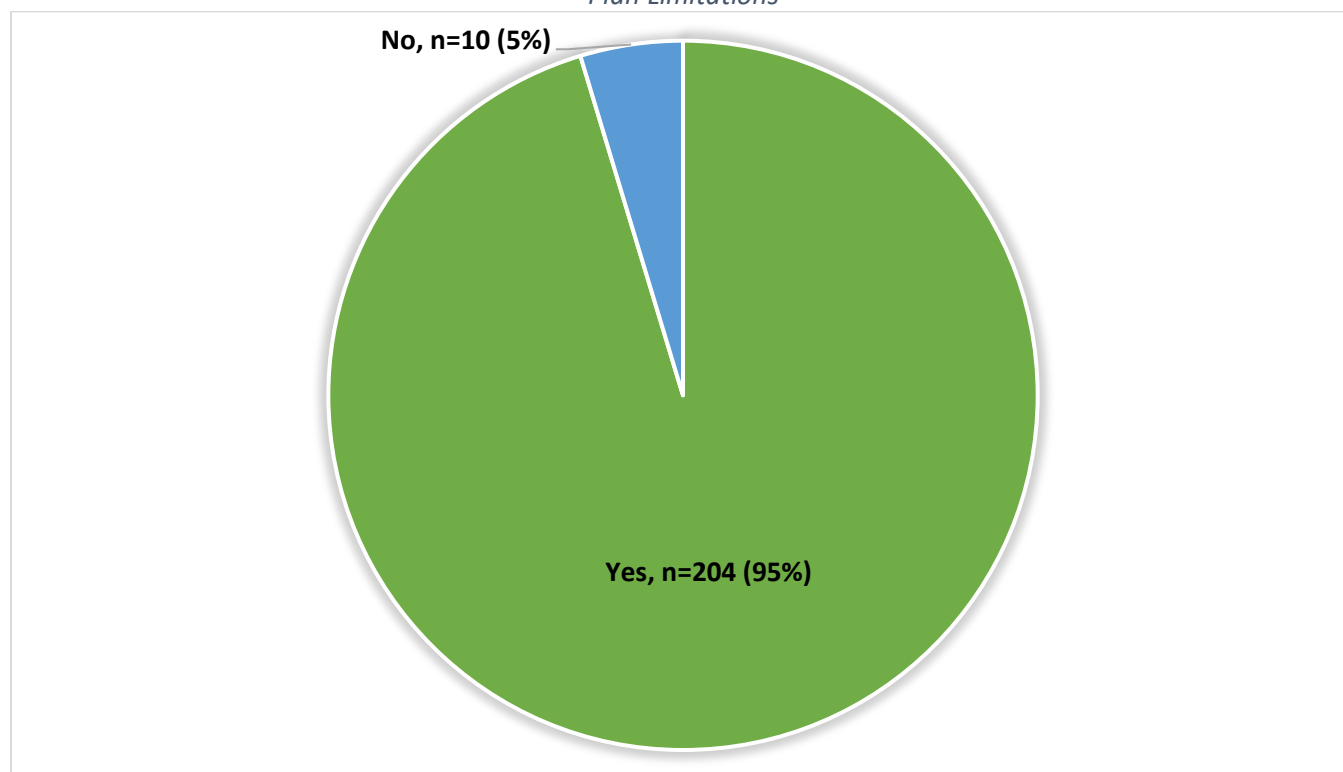
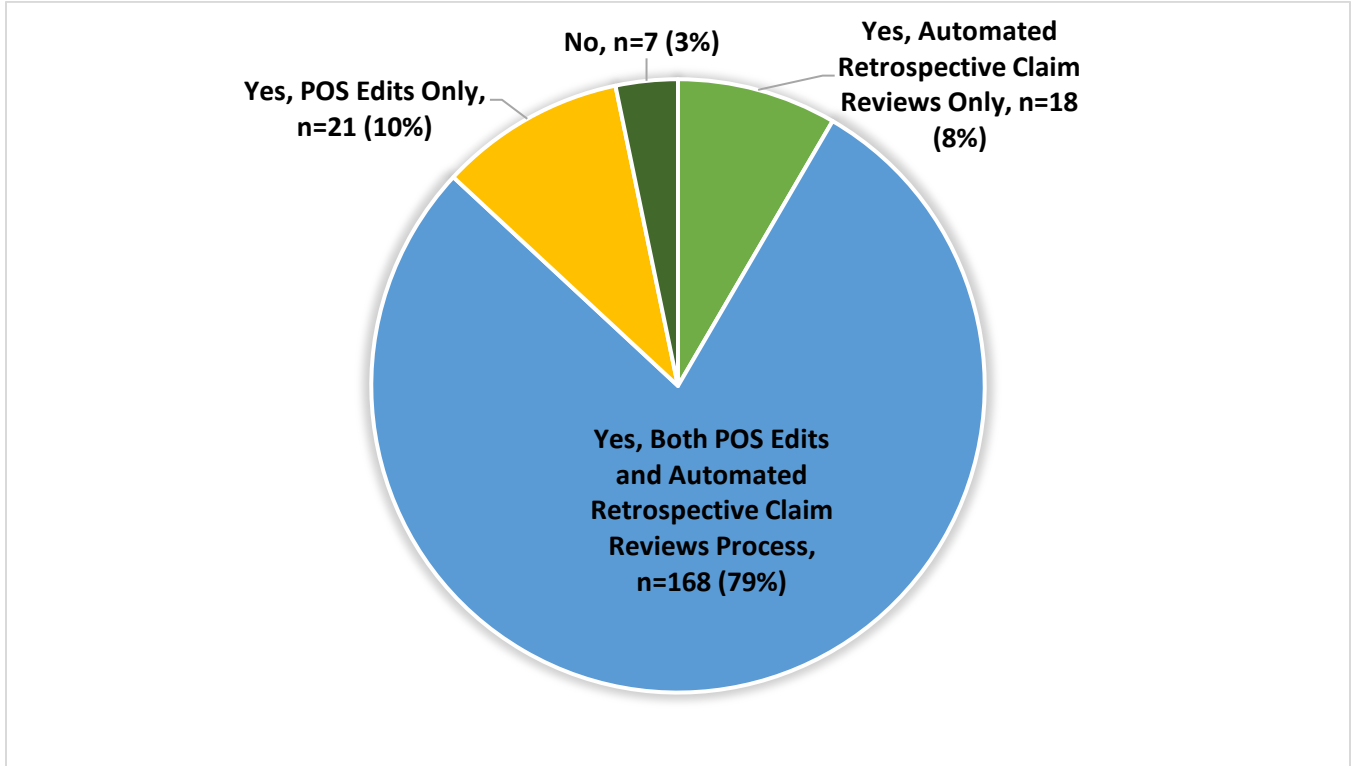


Table 104 - Comprehensive Automated Retrospective Claims Review to Monitor Opioid Prescriptions in Excess of Plan Limitations

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (4), Florida (11), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (9), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (11), North Carolina (5), Ohio (1), Oregon (21), Pennsylvania (7), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (16), Utah (2), Virginia (4), Washington (5)	204	95.33%
No	District of Columbia (1), Minnesota (1), New York (3), Utah (2), Virginia (3)	10	4.67%
National Totals		214	100%

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

Figure 98 - POS Edits or Retrospective Claims Review to Monitor Opioids and Benzodiazepines Used Concurrently



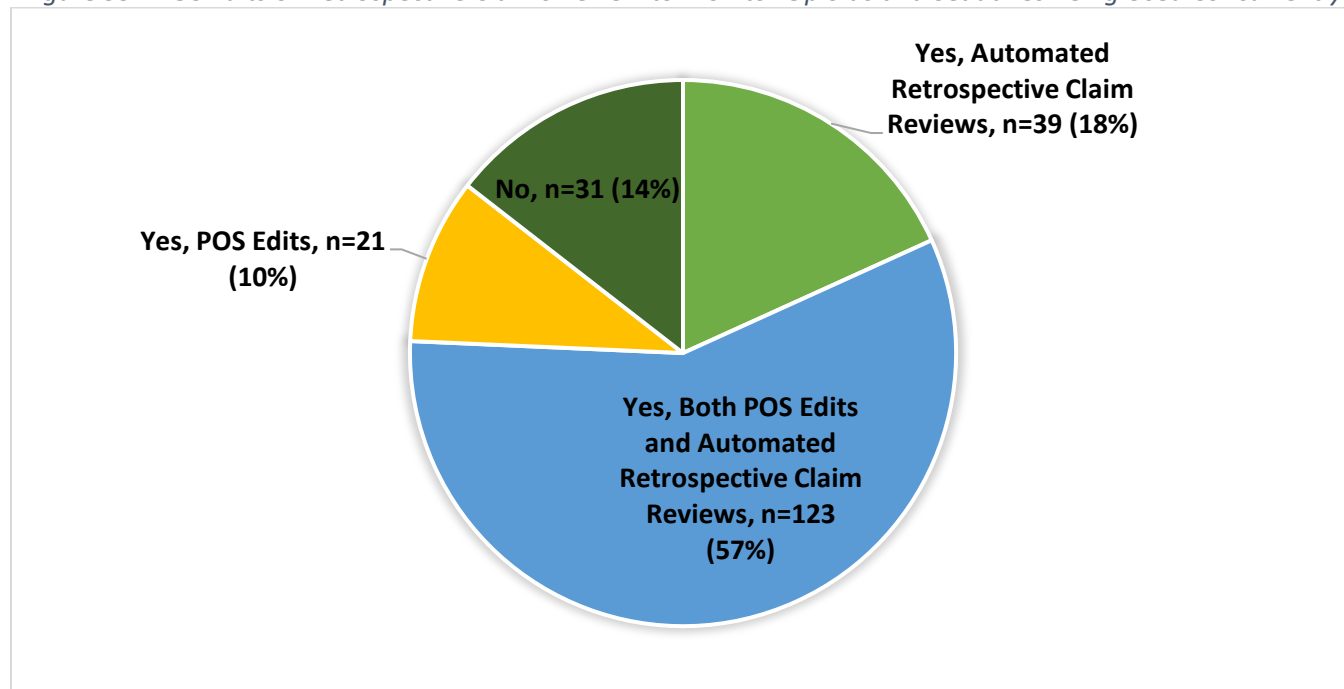
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Table 105 - POS Edits or Retrospective Claims Review to Monitor Opioids and Benzodiazepines Used Concurrently

Response	States (Count of MCPs)	Count	Percentage
Yes, automated retrospective claims review only	District of Columbia (1), Maryland (1), Michigan (4), Minnesota (1), Mississippi (1), Nebraska (1), Oregon (7), Virginia (1), Washington (1)	18	8.41%
Yes, both POS edits and automated retrospective claims review process	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (2), Florida (10), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (4), Massachusetts (4), Michigan (2), Minnesota (8), Mississippi (2), Nebraska (2), Nevada (4), New Hampshire (2), New Jersey (5), New Mexico (3), New York (13), North Carolina (4), Ohio (1), Oregon (14), Pennsylvania (7), Puerto Rico (4), Rhode Island (2), South Carolina (5), Texas (6), Utah (1), Virginia (6), Washington (4)	168	78.50%
Yes, POS edits only	District of Columbia (2), Florida (1), Maryland (1), Massachusetts (1), New Hampshire (1), New York (1), North Carolina (1), Rhode Island (1), Texas (10), Utah (2)	21	9.81%
No	Maryland (3), Michigan (3), Utah (1)	7	3.27%
National Totals		214	100%

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

Figure 99 - POS Edits or Retrospective Claims Review to Monitor Opioids and Sedatives Being Used Concurrently



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Table 106 - POS Edits or Retrospective Claims Review to Monitor Opioids and Sedatives Being Used Concurrently

Response	States (Count of MCPs)	Count	Percentage
Yes, automated retrospective claims review	Arizona (1), District of Columbia (1), Georgia (1), Illinois (1), Indiana (1), Louisiana (5), Maryland (2), Michigan (2), Minnesota (1), Nebraska (1), Nevada (1), New Jersey (1), New York (1), Oregon (12), Pennsylvania (4), Texas (2), Virginia (1), Washington (1)	39	18.22%
Yes, both POS edits and automated retrospective claims review	Arizona (5), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (3), Florida (9), Georgia (2), Hawaii (5), Illinois (4), Indiana (4), Kansas (3), Kentucky (6), Maryland (2), Massachusetts (4), Michigan (2), Minnesota (6), Mississippi (3), Nebraska (2), Nevada (3), New Hampshire (1), New Jersey (2), New Mexico (3), New York (11), North Carolina (4), Ohio (1), Oregon (5), Pennsylvania (3), Puerto Rico (4), Rhode Island (1), South Carolina (4), Texas (3), Utah (1), Virginia (5), Washington (3)	123	57.48%
Yes, POS edits	Arizona (1), District of Columbia (1), Florida (2), Hawaii (1), Maryland (1), Massachusetts (1), New Hampshire (1), New Jersey (2), New York (2), North Carolina (1), Oregon (1), Rhode Island (1), South Carolina (1), Texas (3), Virginia (1), Washington (1)	21	9.81%
No	Illinois (1), Iowa (3), Maryland (4), Michigan (5), Minnesota (2), New Hampshire (1), Oregon (3), Rhode Island (1), Texas (8), Utah (3)	31	14.49%
National Totals		214	100%

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

Figure 100 - POS Edits or Retrospective Claims Review to Monitor Opioids and Antipsychotics Being Used Concurrently

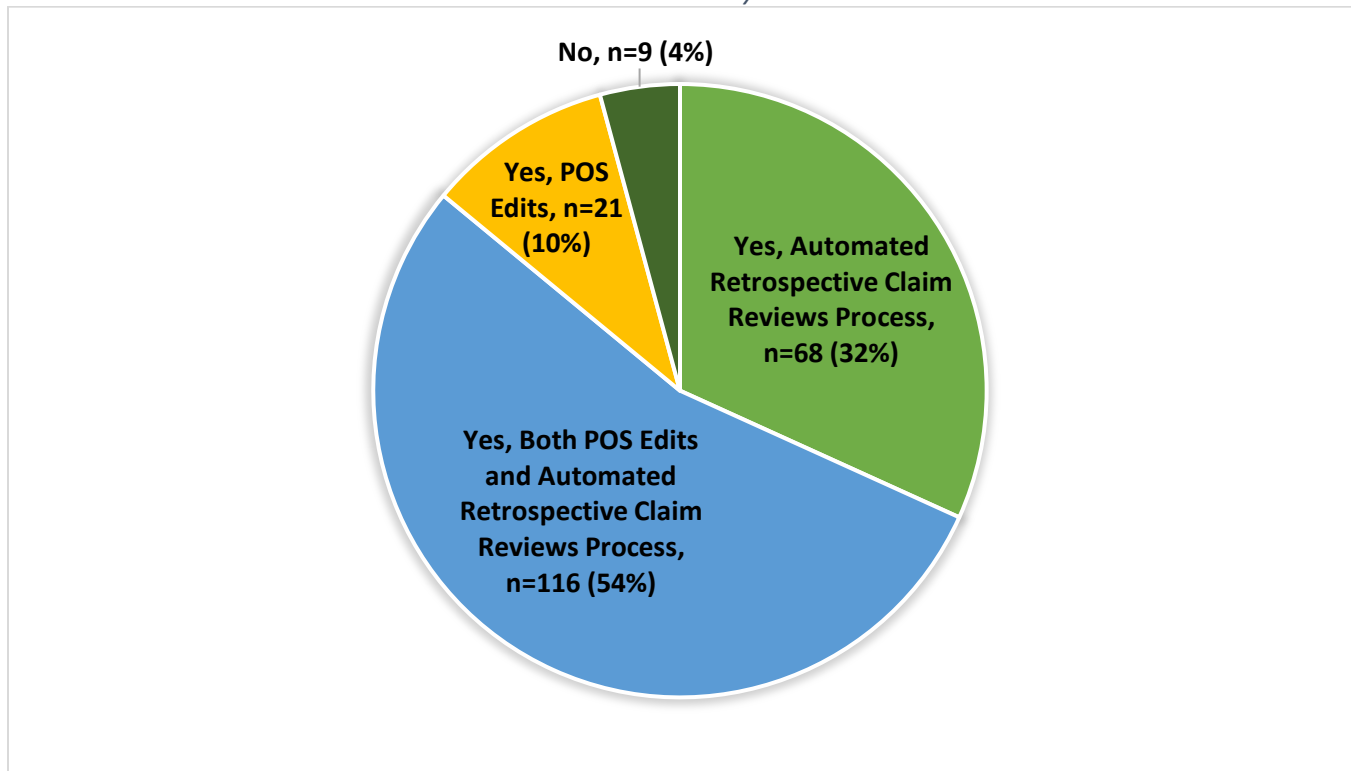


Table 107 - POS Edits or Retrospective Claims Review to Monitor Opioids and Antipsychotics Being Used Concurrently

Response	States (Count of MCPs)	Count	Percentage
Yes, automated retrospective claims review process	Arizona (3), District of Columbia (1), Hawaii (2), Illinois (2), Indiana (1), Kansas (3), Louisiana (5), Maryland (5), Michigan (5), Minnesota (4), Mississippi (1), Nebraska (2), Nevada (2), New Jersey (2), New York (1), North Carolina (1), Ohio (1), Oregon (16), Pennsylvania (4), Texas (2), Virginia (3), Washington (2)	68	31.78%
Yes, both POS edits and automated retrospective claims review process	Arizona (4), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (2), Florida (10), Georgia (3), Hawaii (4), Illinois (4), Indiana (4), Iowa (3), Kentucky (6), Massachusetts (4), Michigan (1), Minnesota (5), Mississippi (2), Nebraska (1), Nevada (2), New Hampshire (2), New Jersey (3), New Mexico (3), New York (10), North Carolina (3), Oregon (5), Pennsylvania (3), Puerto Rico (4), Rhode Island (2), South Carolina (5), Texas (4), Utah (1), Virginia (4), Washington (3)	116	54.21%
Yes, POS edits	District of Columbia (2), Florida (1), Maryland (1), Massachusetts (1), New Hampshire (1), New York (3), North Carolina (1), Rhode Island (1), Texas (10)	21	9.81%
No	Maryland (3), Michigan (3), Utah (3)	9	4.21%
National Totals		214	100%

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

Figure 101 - POS Safety Edits, Automated Retrospective Claims Review and/or Provider Education Regarding Beneficiaries with a Diagnosis History of OUD or Opioid Poisoning Diagnosis

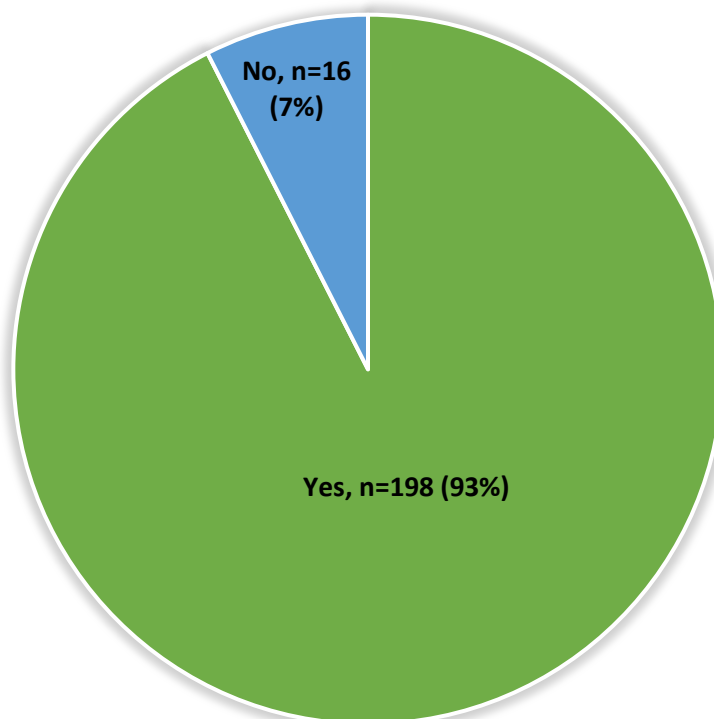


Table 108 - POS Safety Edits, Automated Retrospective Claims Review and/or Provider Education Regarding Beneficiaries with a Diagnosis or History of OUD or Opioid Poisoning Diagnosis

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (2), Delaware (2), District of Columbia (4), Florida (11), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (6), Massachusetts (4), Michigan (7), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (12), North Carolina (4), Ohio (1), Oregon (21), Pennsylvania (6), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (16), Utah (2), Virginia (7), Washington (5)	198	92.52%
No	Delaware (1), District of Columbia (1), Maryland (3), Massachusetts (1), Michigan (2), Minnesota (2), New York (2), North Carolina (1), Pennsylvania (1), Utah (2)	16	7.48%
National Totals		214	100%

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

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

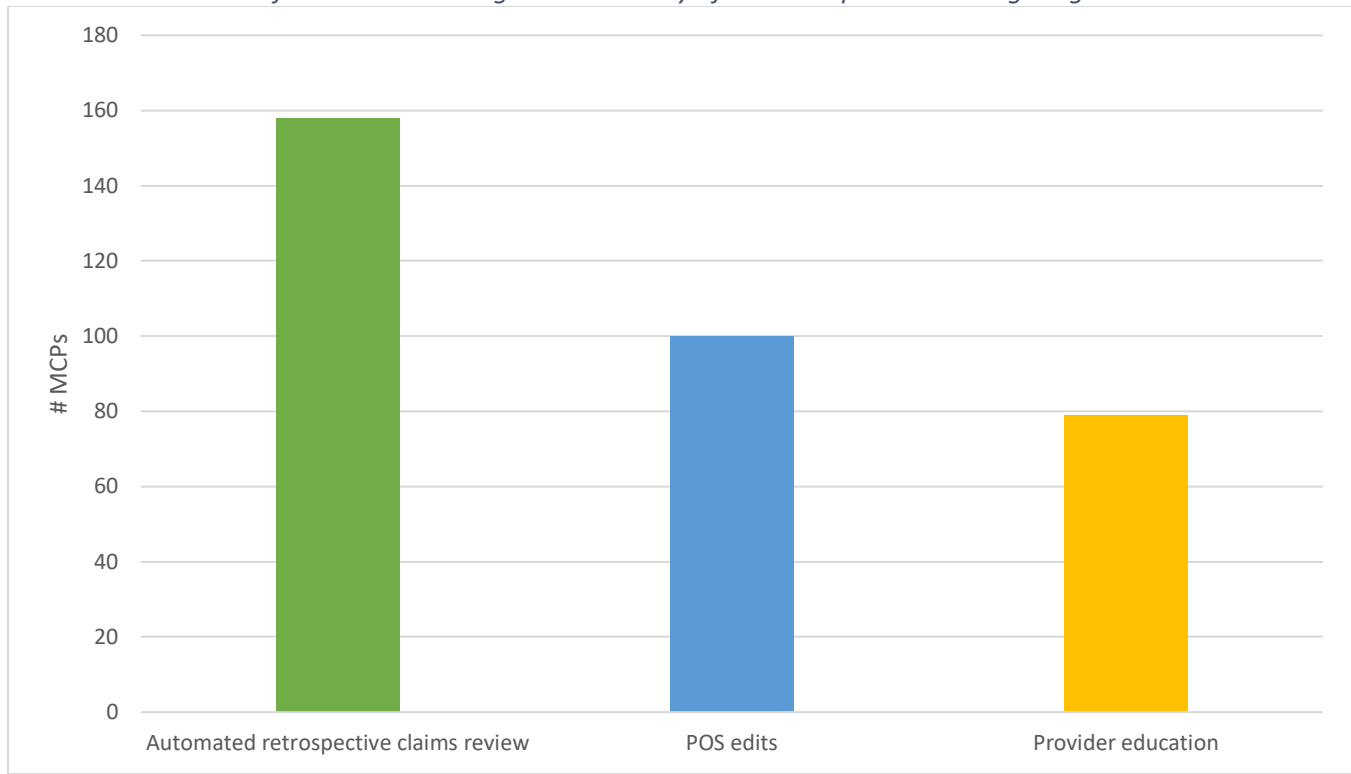


Table 109 - POS Safety Edits, Automated Retrospective Claims Review and/or Provider Education Regarding Beneficiaries with a Diagnosis History of OUD or Opioid Poisoning Diagnosis

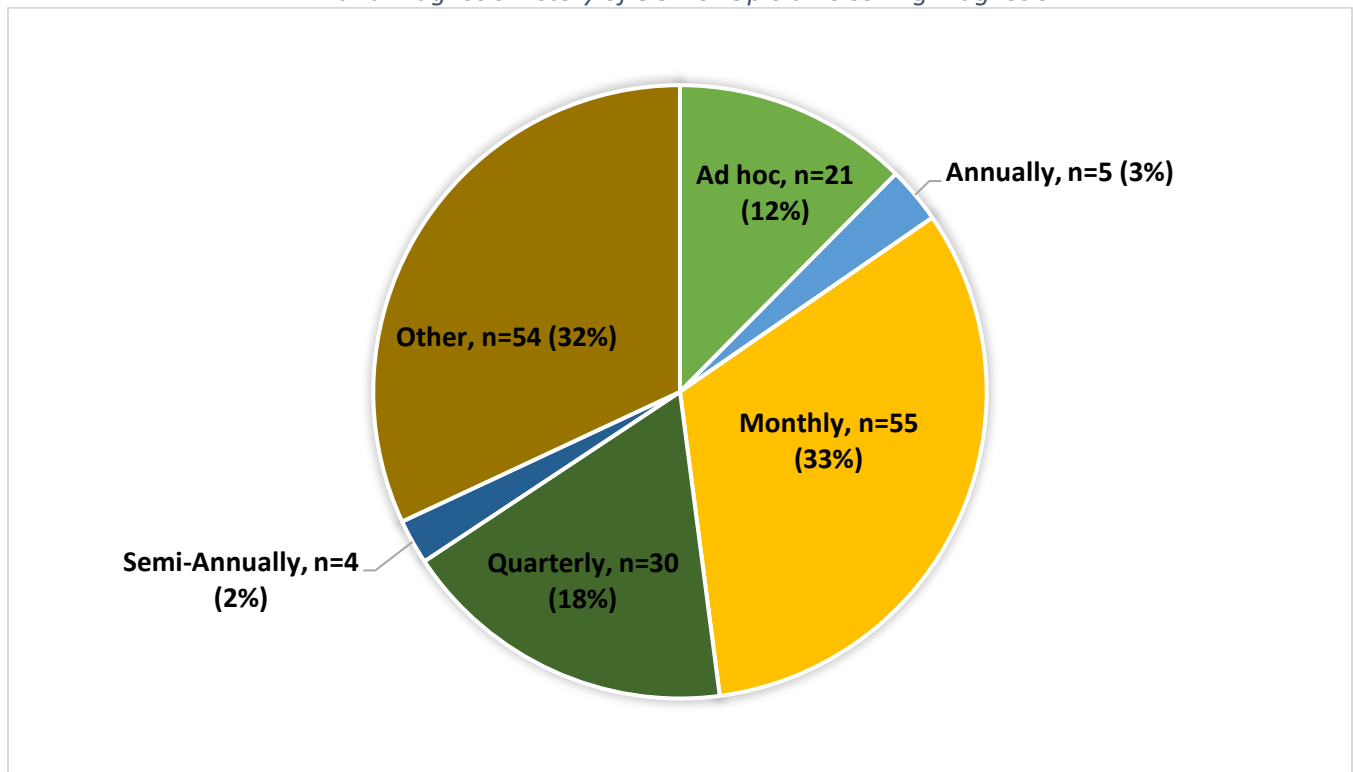
Response	States (Count of MCPs)	Count	Percentage
Automated retrospective claims review	Arizona (5), Arkansas (3), Colorado (1), Delaware (2), District of Columbia (3), Florida (10), Georgia (2), Hawaii (4), Illinois (5), Indiana (4), Kansas (3), Kentucky (6), Louisiana (5), Maryland (5), Massachusetts (3), Michigan (6), Minnesota (6), Mississippi (2), Nebraska (3), Nevada (4), New Jersey (4), New Mexico (3), New York (10), North Carolina (4), Ohio (1), Oregon (20), Pennsylvania (5), Puerto Rico (4), Rhode Island (3), South Carolina (3), Texas (6), Utah (2), Virginia (6), Washington (5)	158	46.88%
POS edits	Arizona (1), Arkansas (3), Colorado (1), Delaware (2), District of Columbia (2), Florida (6), Georgia (1), Hawaii (2), Illinois (2), Indiana (2), Iowa (3), Kentucky (6), Louisiana (1), Maryland (1), Massachusetts (3), Michigan (1), Minnesota (1), Mississippi (1), Nebraska (2), Nevada (1), New Hampshire (2), New Jersey (1), New Mexico (2), New York (6), North Carolina (1), Oregon (21), Pennsylvania (3), Puerto Rico (4), Rhode Island (1), South Carolina (4), Texas (10), Virginia (2), Washington (1)	100	29.67%

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Response	States (Count of MCPs)	Count	Percentage
Provider education	Arizona (4), Arkansas (1), Delaware (1), District of Columbia (4), Florida (7), Georgia (1), Hawaii (2), Illinois (3), Indiana (2), Kansas (1), Louisiana (1), Maryland (3), Massachusetts (4), Michigan (3), Minnesota (4), Mississippi (1), Nebraska (2), Nevada (2), New Hampshire (1), New Jersey (1), New Mexico (1), New York (9), North Carolina (1), Ohio (1), Oregon (9), Pennsylvania (3), Rhode Island (2), South Carolina (1), Texas (1), Utah (1), Washington (2)	79	23.44%
National Totals		337	100%

If “Yes, automated retrospective claims review” and/or “Yes, provider education,” please indicate how often.

Figure 103 - Frequency of Automated Retrospective Reviews and/or Provider Education Regarding Beneficiaries with a Diagnosis History of OUD or Opioid Poisoning Diagnosis



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Table 110 - Frequency of Automated Retrospective Reviews and/or Provider Education Regarding Beneficiaries with a Diagnosis History of OUD or Opioid Poisoning Diagnosis

Response	States (Count of MCPs)	Count	Percentage
Ad hoc	Arizona (1), District of Columbia (1), Florida (2), Hawaii (1), Indiana (1), New York (3), Oregon (8), Pennsylvania (1), Utah (1), Washington (2)	21	12.43%
Annually	Louisiana (4), Massachusetts (1)	5	2.96%
Monthly	Arizona (2), Arkansas (3), District of Columbia (2), Florida (3), Georgia (2), Hawaii (1), Illinois (3), Indiana (1), Kansas (1), Kentucky (1), Maryland (3), Massachusetts (1), Michigan (1), Minnesota (1), Mississippi (1), Nebraska (2), Nevada (1), New Hampshire (1), New Jersey (3), New Mexico (1), New York (4), North Carolina (2), Ohio (1), Oregon (3), South Carolina (2), Texas (3), Virginia (4), Washington (2)	55	32.54%
Quarterly	Arizona (3), Delaware (1), Florida (1), Illinois (2), Indiana (1), Kansas (1), Kentucky (5), Massachusetts (1), Michigan (3), Minnesota (4), New Mexico (1), New York (1), Oregon (5), Rhode Island (1)	30	17.75%
Semi-Annually	District of Columbia (1), Hawaii (1), Oregon (2)	4	2.37%
Other	Arizona (1), Colorado (1), Delaware (1), Florida (4), Hawaii (2), Illinois (1), Indiana (1), Kansas (1), Louisiana (1), Maryland (3), Massachusetts (1), Michigan (3), Minnesota (2), Mississippi (1), Nebraska (1), Nevada (3), New Jersey (1), New Mexico (1), New York (3), North Carolina (2), Oregon (2), Pennsylvania (4), Puerto Rico (4), Rhode Island (2), South Carolina (1), Texas (3), Utah (1), Virginia (2), Washington (1)	54	31.95%
National Totals		169	100%

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

Figure 104 - Plans to Implement POS edits, Automated Retrospective Claims Review and/or Provider Education Regarding Beneficiaries with a Diagnosis History of OUD or Opioid Poisoning in the Future

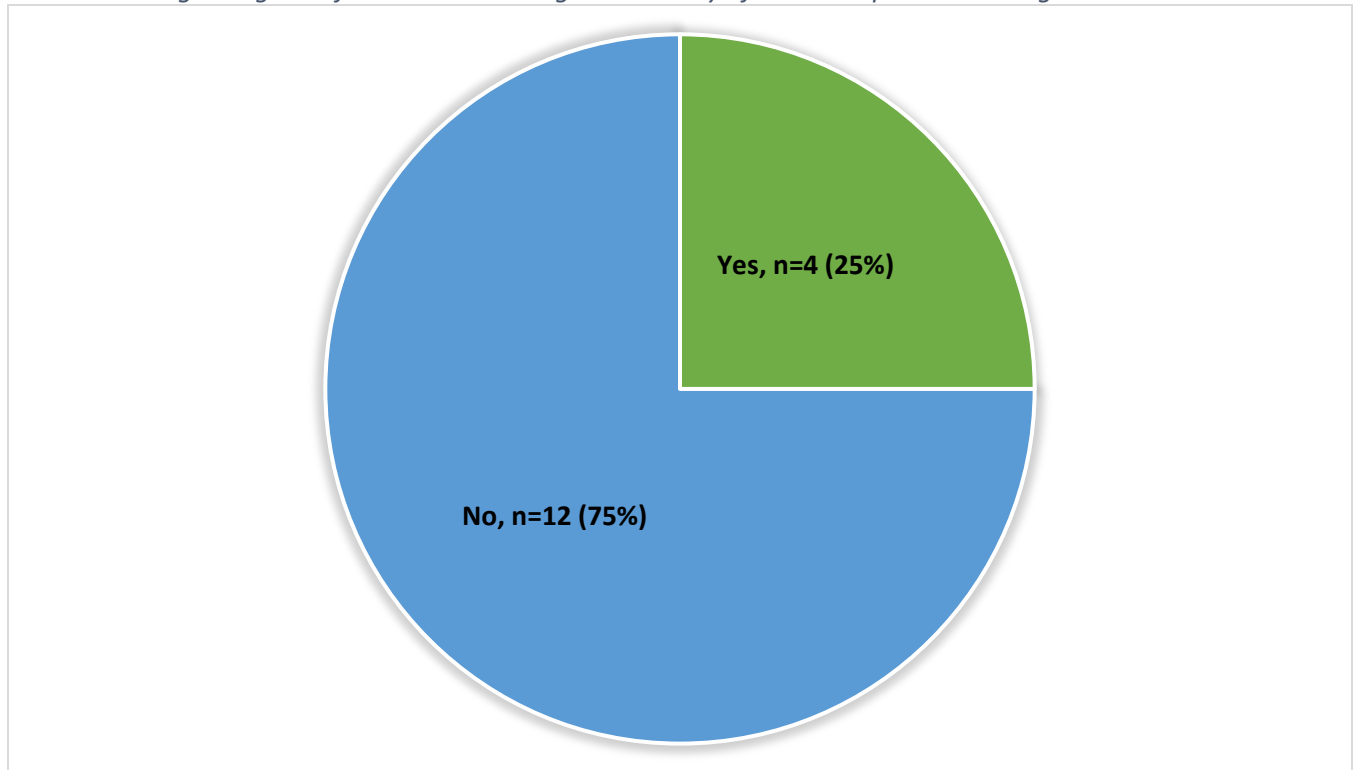


Table 111 - Plans to Implement POS Edits, Automated Retrospective Claims Review and/or Provider Education Regarding Beneficiaries with a Diagnosis History of OUD or Opioid Poisoning in the Future

Response	States (Count of MCPs)	Count	Percentage
Yes	New York (1), Pennsylvania (1), Utah (2)	4	25.00%
No	Delaware (1), District of Columbia (1), Maryland (3), Massachusetts (1), Michigan (2), Minnesota (2), New York (1), North Carolina (1)	12	75.00%
National Totals		16	100%

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

Figure 105 - Provide Prescribers with Pain Management or Opioid Prescribing Guidelines

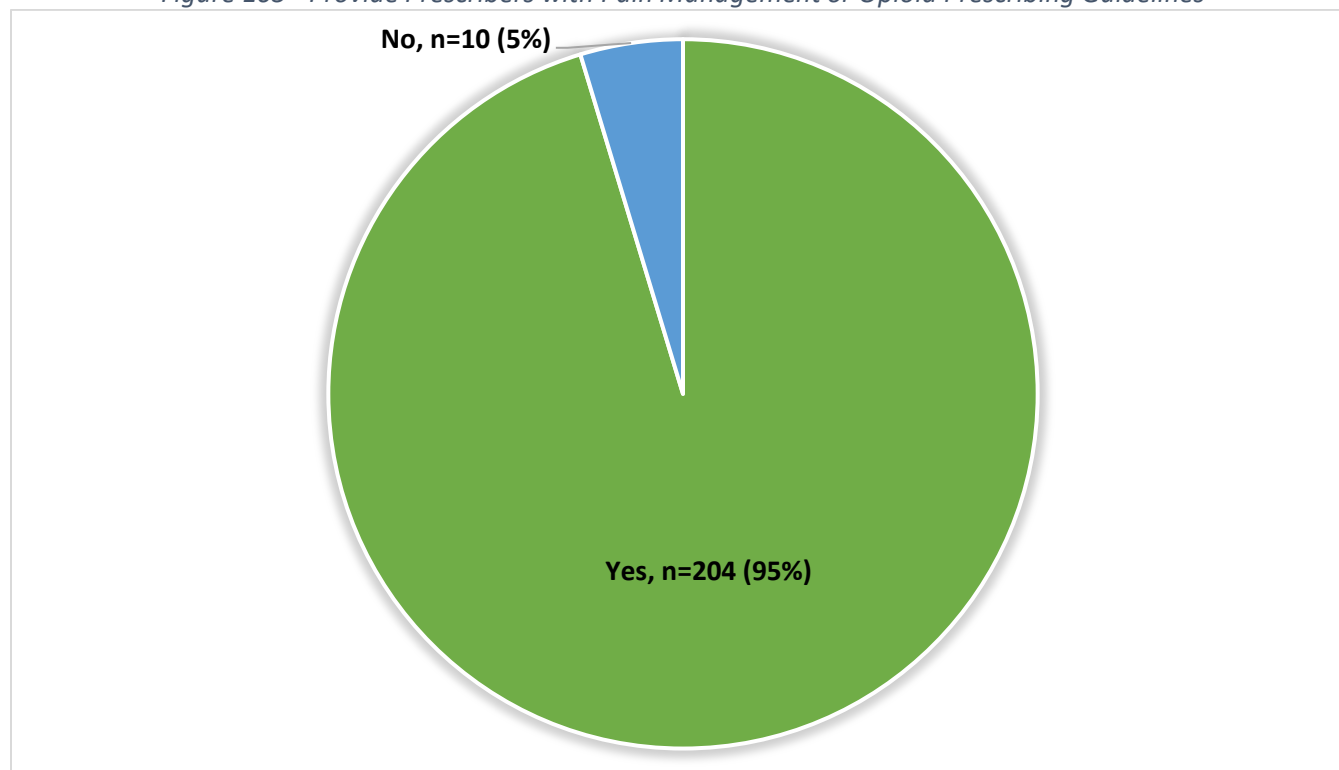


Table 112 - Provide Prescribers with Pain Management or Opioid Prescribing Guidelines

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (6), Arkansas (4), Colorado (1), Delaware (3), District of Columbia (5), Florida (11), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (9), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (14), North Carolina (5), Ohio (1), Oregon (21), Pennsylvania (6), Puerto Rico (4), Rhode Island (2), South Carolina (4), Texas (11), Utah (4), Virginia (7), Washington (5)	204	95.33%
No	Arizona (1), Colorado (1), Pennsylvania (1), Rhode Island (1), South Carolina (1), Texas (5)	10	4.67%
National Totals		214	100%

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

Figure 106 - Pain Management / Opioid Prescribing Guidelines Provided

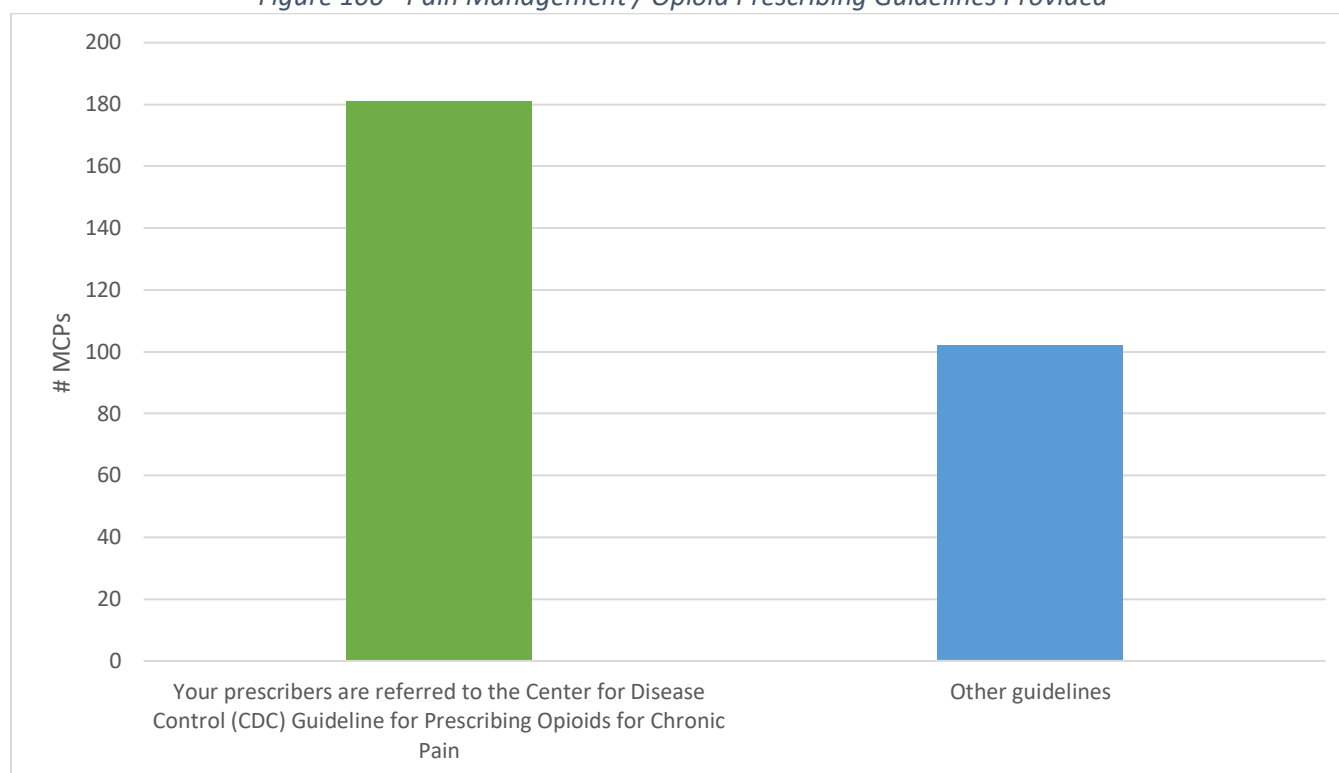


Table 113 - Pain Management / Opioid Prescribing Guidelines Provided

Response	States (Count of MCPs)	Count	Percentage
Your prescribers are referred to the Center for Disease Control (CDC) Guideline for Prescribing Opioids for Chronic Pain	Arizona (4), Arkansas (3), Colorado (1), Delaware (2), District of Columbia (5), Florida (9), Georgia (2), Hawaii (6), Illinois (6), Indiana (2), Iowa (3), Kansas (3), Kentucky (5), Louisiana (5), Maryland (8), Massachusetts (5), Michigan (9), Minnesota (6), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (13), North Carolina (5), Ohio (1), Oregon (19), Pennsylvania (6), Puerto Rico (4), Rhode Island (2), South Carolina (4), Texas (10), Utah (4), Virginia (6), Washington (3)	181	63.96%
Other guidelines	Arizona (6), Arkansas (2), Colorado (1), Delaware (1), District of Columbia (2), Florida (3), Georgia (2), Hawaii (1), Illinois (1), Indiana (4), Kansas (2), Kentucky (1), Louisiana (1), Maryland (4), Massachusetts (1), Michigan (5), Minnesota (8), Mississippi (1), Nebraska (2), Nevada (2), New Hampshire (1), New Jersey (1), New York (3), North Carolina (2), Ohio (1), Oregon (19), Pennsylvania (3), Rhode Island (2), South Carolina (2), Texas (5), Utah (1), Virginia (7), Washington (5)	102	36.04%
National Totals		283	100%

13. Does your MCP 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 107 - Drug Utilization Management Strategy that Supports Abuse Deterrent Opioid Use

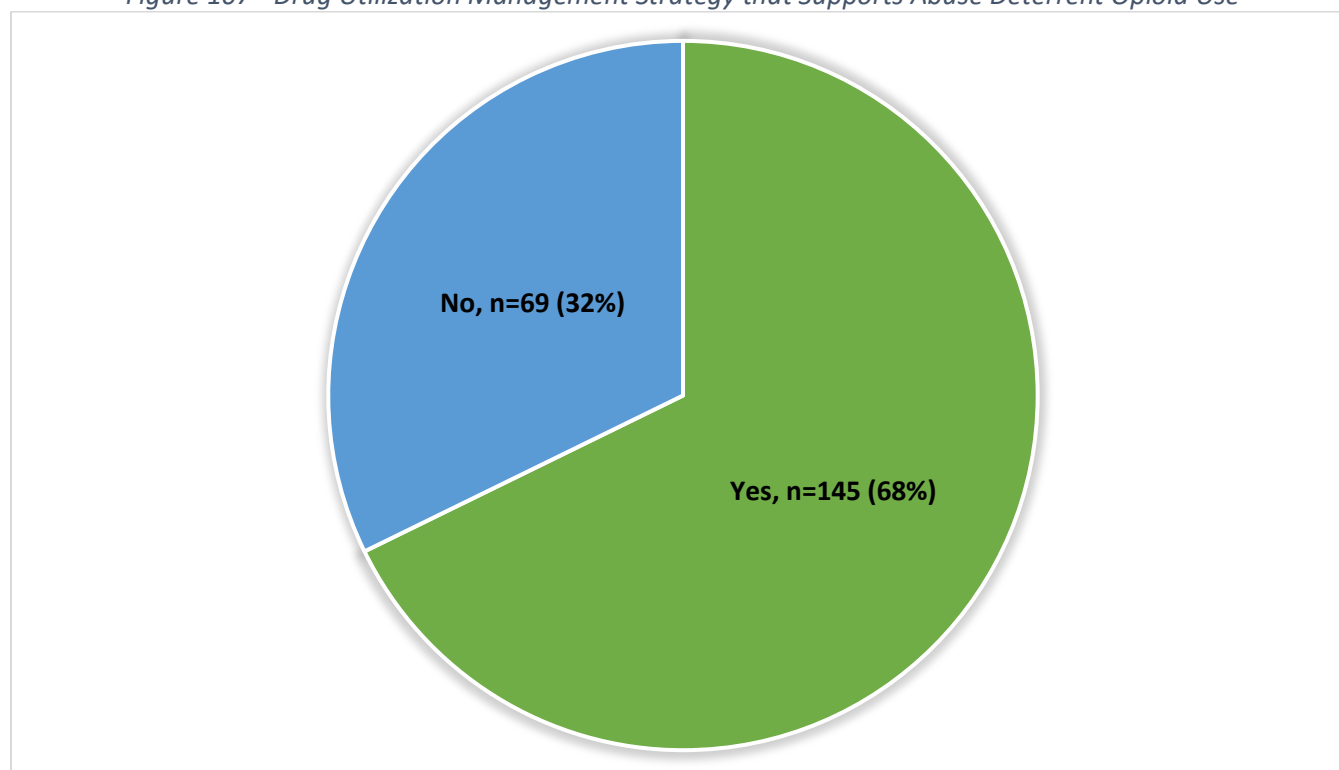


Table 114 - Drug Utilization Management Strategy that Supports Abuse Deterrent Opioid Use

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Colorado (1), Delaware (3), District of Columbia (2), Florida (11), Georgia (2), Hawaii (4), Illinois (4), Indiana (5), Kansas (3), Louisiana (5), Maryland (2), Massachusetts (3), Michigan (5), Minnesota (5), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (4), New York (7), North Carolina (5), Oregon (13), Pennsylvania (7), Rhode Island (2), South Carolina (3), Texas (16), Utah (3), Virginia (7), Washington (5)	145	67.76%
No	Arkansas (4), Colorado (1), District of Columbia (3), Georgia (1), Hawaii (2), Illinois (2), Iowa (3), Kentucky (6), Maryland (7), Massachusetts (2), Michigan (4), Minnesota (4), Mississippi (1), Nevada (1), New Jersey (1), New Mexico (3), New York (7), Ohio (1), Oregon (8), Puerto Rico (4), Rhode Island (1), South Carolina (2), Utah (1)	69	32.24%
National Totals		214	100%

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

Figure 108 - COVID-19 Ramifications on Edits and Reviews on Controlled Substances During the Public Health Emergency

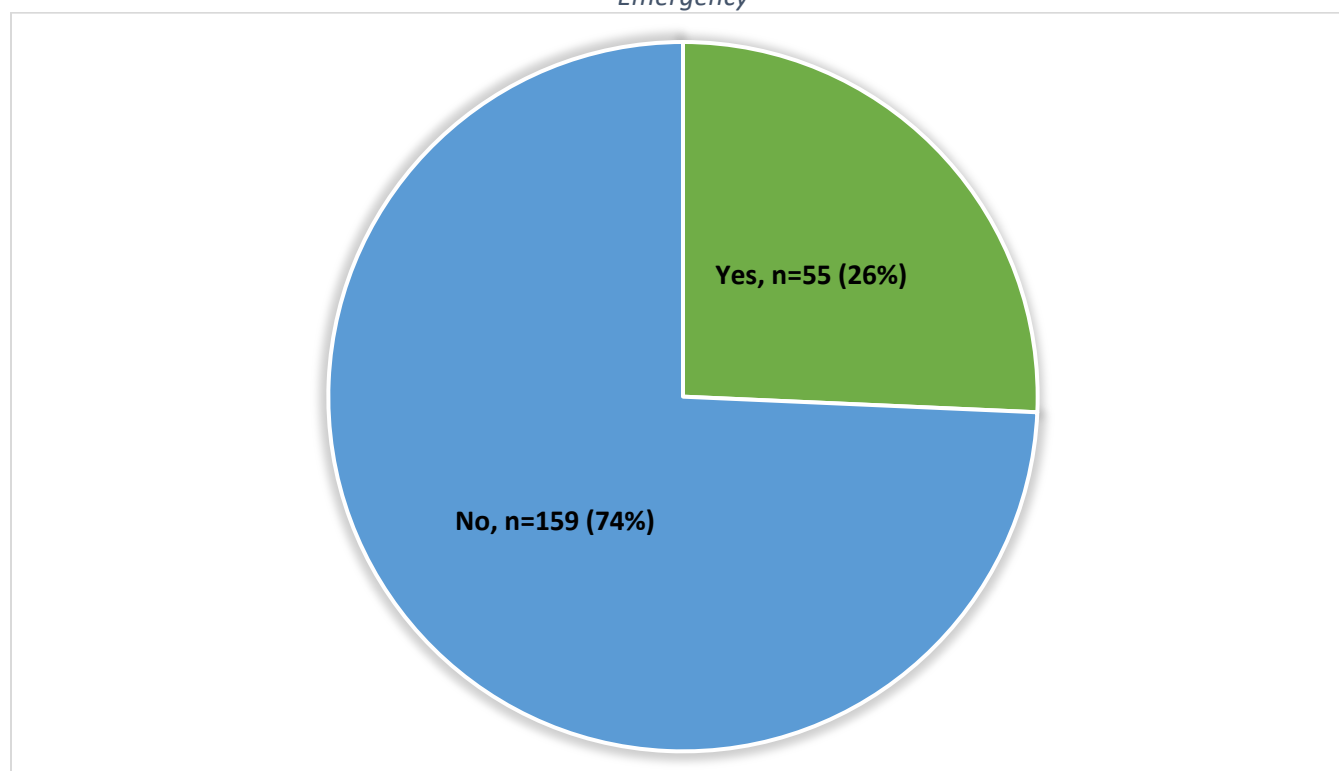


Table 115 - COVID-19 Ramifications on Edits and Reviews on Controlled Substances During the Public Health Emergency

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (2), Delaware (2), District of Columbia (1), Florida (3), Hawaii (3), Illinois (1), Iowa (2), Kansas (2), Kentucky (6), Maryland (2), Michigan (1), Nevada (1), New Hampshire (2), New Jersey (1), New York (2), North Carolina (4), Ohio (1), Oregon (3), Pennsylvania (5), South Carolina (1), Virginia (5), Washington (5)	55	25.70%
No	Arizona (5), Arkansas (4), Colorado (2), Delaware (1), District of Columbia (4), Florida (8), Georgia (3), Hawaii (3), Illinois (5), Indiana (5), Iowa (1), Kansas (1), Louisiana (5), Maryland (7), Massachusetts (5), Michigan (8), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (1), New Jersey (4), New Mexico (3), New York (12), North Carolina (1), Oregon (18), Pennsylvania (2), Puerto Rico (4), Rhode Island (3), South Carolina (4), Texas (16), Utah (4), Virginia (2)	159	74.30%
National Totals		214	100%

D. Morphine Milligram Equivalent (MME) Daily Dose

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

Figure 109 - MCP Recommended MME Daily Dose Measures

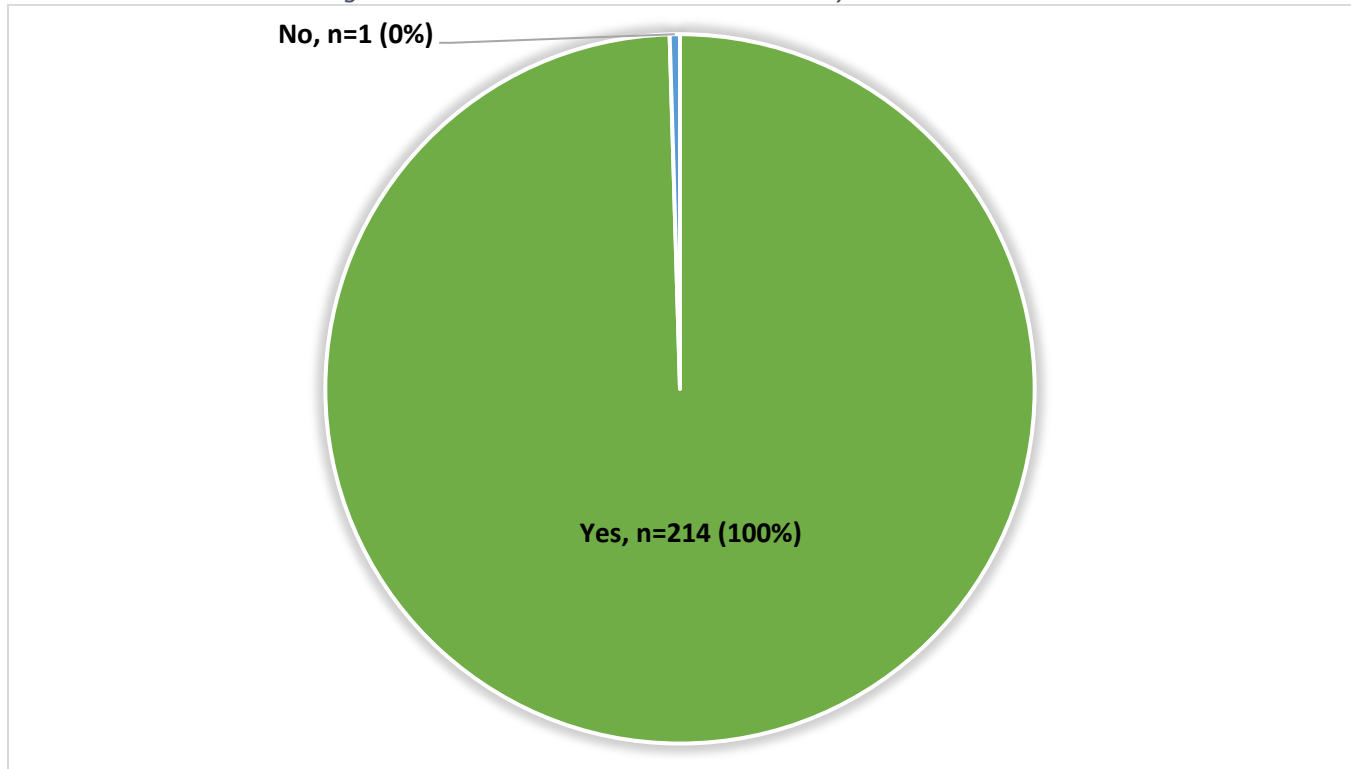


Table 116 - MCP Recommended MME Daily Dose Measures

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (5), Florida (11), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (9), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (14), North Carolina (5), Ohio (1), Oregon (21), Pennsylvania (7), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (16), Utah (4), Virginia (7), Washington (5)	214	99.53%
No	New York (1)	1	0.47%
National Totals		215	100%

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

Figure 110 - Maximum MME Daily Dose Limit

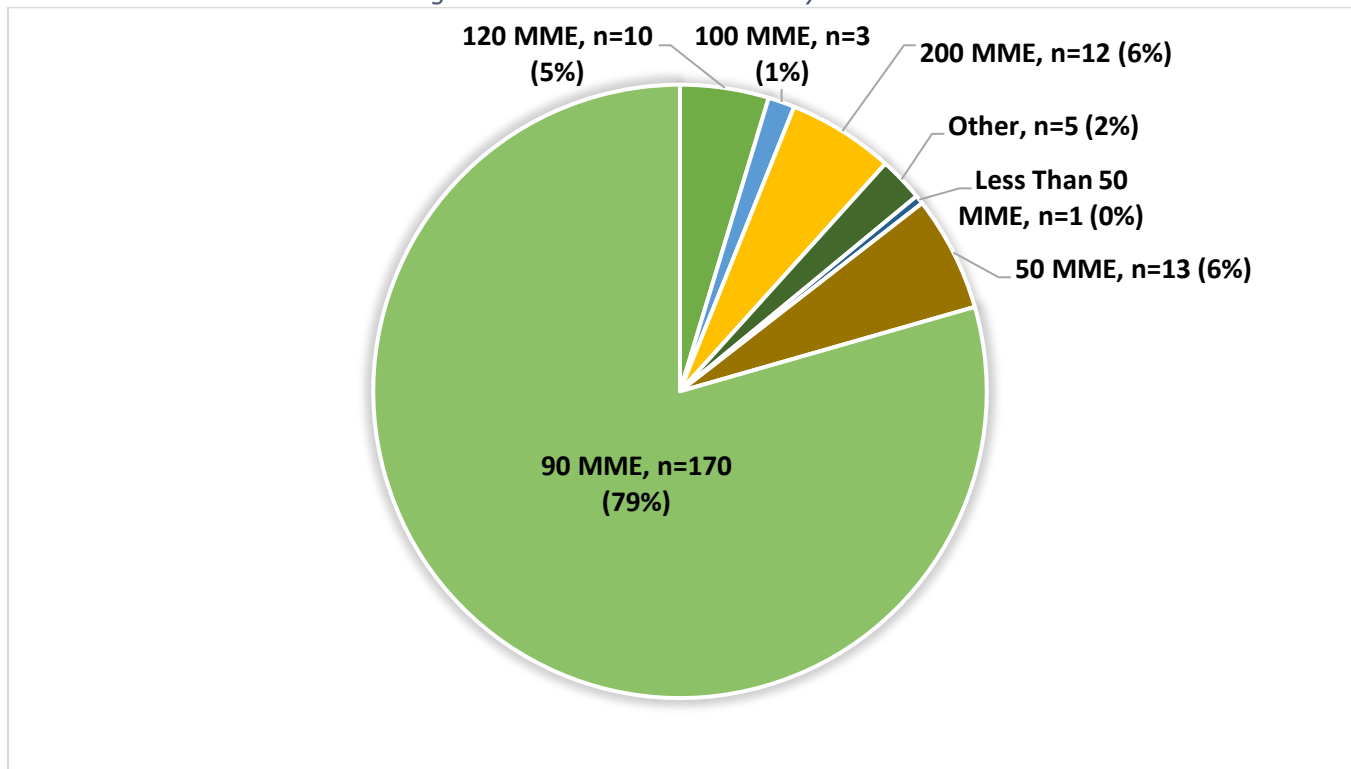


Table 117 - Maximum MME Daily Dose Limit

Response	States (Count of MCPs)	Count	Percentage
100 MME	New Hampshire (3)	3	1.40%
120 MME	Hawaii (3), Massachusetts (1), Ohio (1), Washington (5)	10	4.67%
200 MME	Colorado (1), Illinois (3), Maryland (1), Massachusetts (1), New York (5), Oregon (1)	12	5.61%
50 MME	Arizona (1), District of Columbia (1), Florida (1), Georgia (1), Hawaii (1), Indiana (1), Pennsylvania (7)	13	6.07%
90 MME	Arizona (6), Arkansas (4), Colorado (1), Delaware (3), District of Columbia (4), Florida (10), Georgia (2), Hawaii (2), Illinois (3), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (8), Massachusetts (2), Michigan (9), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (3), New Jersey (5), New Mexico (3), New York (9), North Carolina (5), Oregon (20), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (16), Utah (4), Virginia (7)	170	79.44%
Less than 50 MME	Massachusetts (1)	1	0.47%
Other	Indiana (4), Nevada (1)	5	2.34%
National Totals		214	100%

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

Figure 111 - Edit in POS System that Alerts Pharmacy Provider MME Daily Dose Exceeded

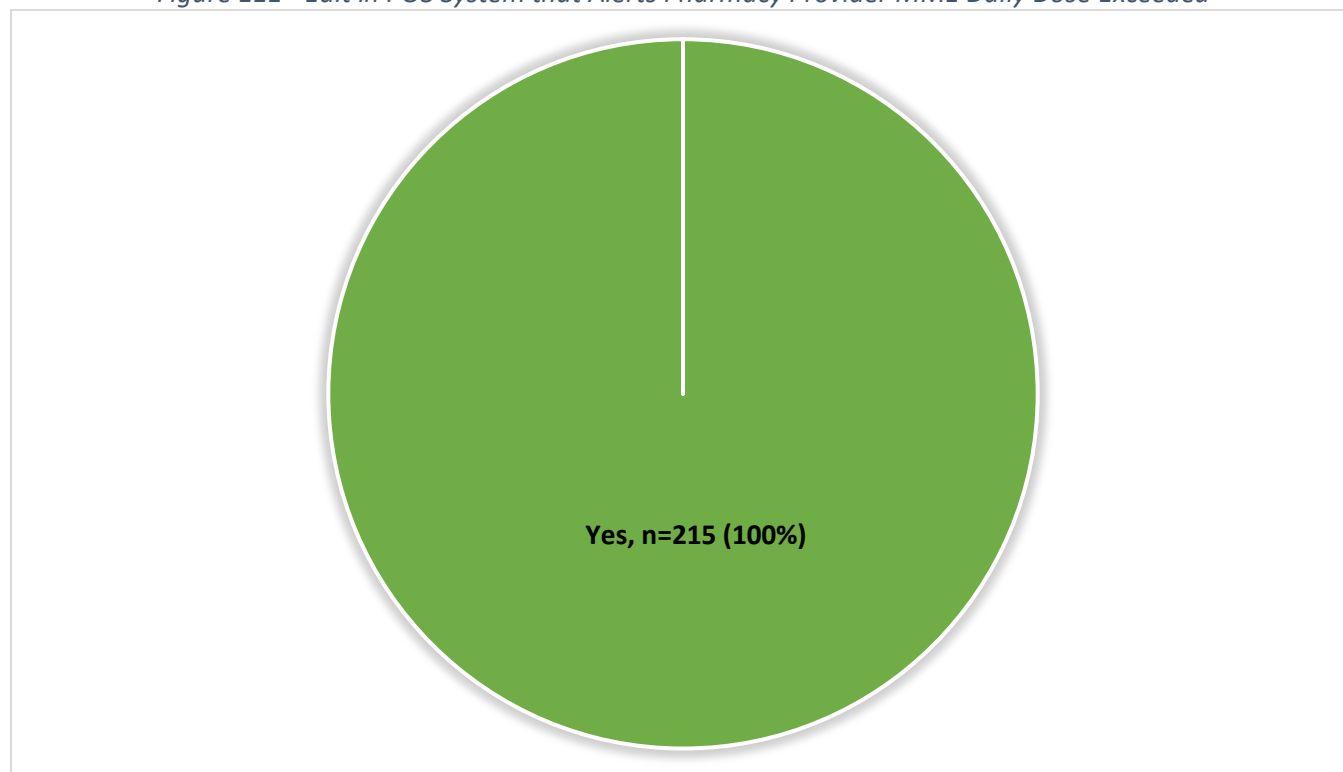


Table 118 - Edit in POS System that Alerts Pharmacy Provider MME Daily Dose Exceeded

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (5), Florida (11), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (9), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), North Carolina (5), Ohio (1), Oregon (21), Pennsylvania (7), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (16), Utah (4), Virginia (7), Washington (5)	215	100.00%
National Totals		215	100%

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

Figure 112 - MCP Requires PA if MME Limit Exceeded

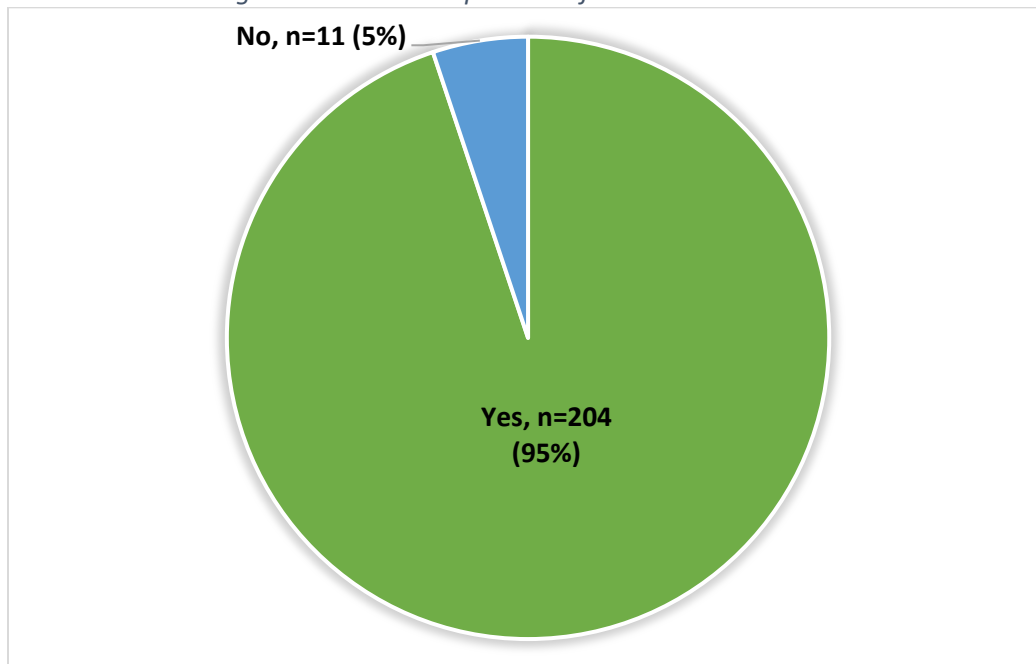


Table 119 - MCP Requires PA if MME Limit Exceeded

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (6), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (5), Florida (10), Georgia (3), Hawaii (5), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (9), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (4), New Mexico (3), New York (14), North Carolina (5), Ohio (1), Oregon (16), Pennsylvania (7), Puerto Rico (4), Rhode Island (2), South Carolina (5), Texas (16), Utah (4), Virginia (7), Washington (5)	204	94.88%
No	Arizona (1), Florida (1), Hawaii (1), New Jersey (1), New York (1), Oregon (5), Rhode Island (1)	11	5.12%
National Totals		215	100%

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

Figure 113 - MCP Has Automated Retrospective Claims Review to Monitor MME Total Daily Dose

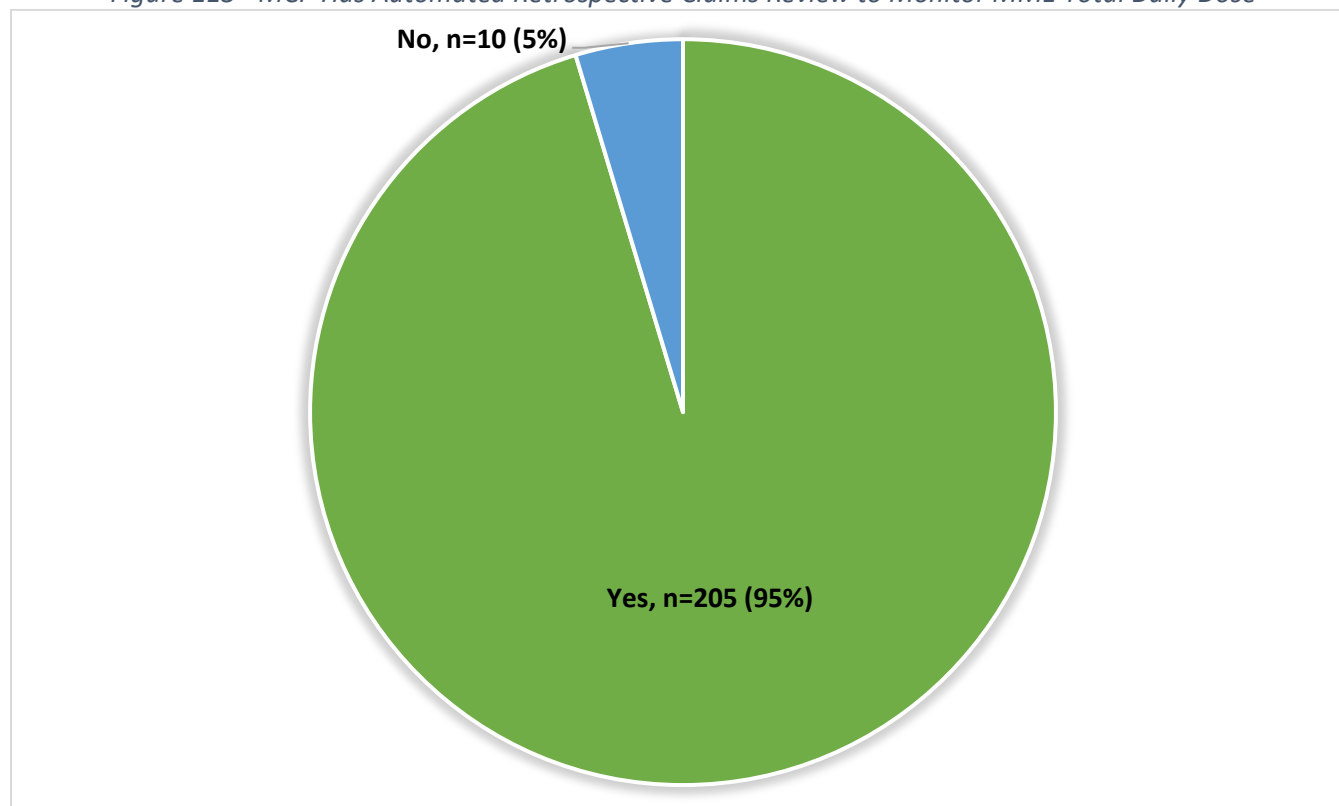


Table 120 - MCP Has Automated Retrospective Claims Review to Monitor MME Total Daily Dose

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (3), Colorado (2), Delaware (3), District of Columbia (4), Florida (11), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (9), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (13), North Carolina (5), Ohio (1), Oregon (21), Pennsylvania (5), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (16), Utah (3), Virginia (6), Washington (4)	205	95.35%
No	Arkansas (1), District of Columbia (1), Minnesota (1), New York (2), Pennsylvania (2), Utah (1), Virginia (1), Washington (1)	10	4.65%
National Totals		215	100%

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

Figure 114 - Provides Information to Prescribers on How to Calculate the MME Daily Dosage or Provides a Calculator Developed Elsewhere

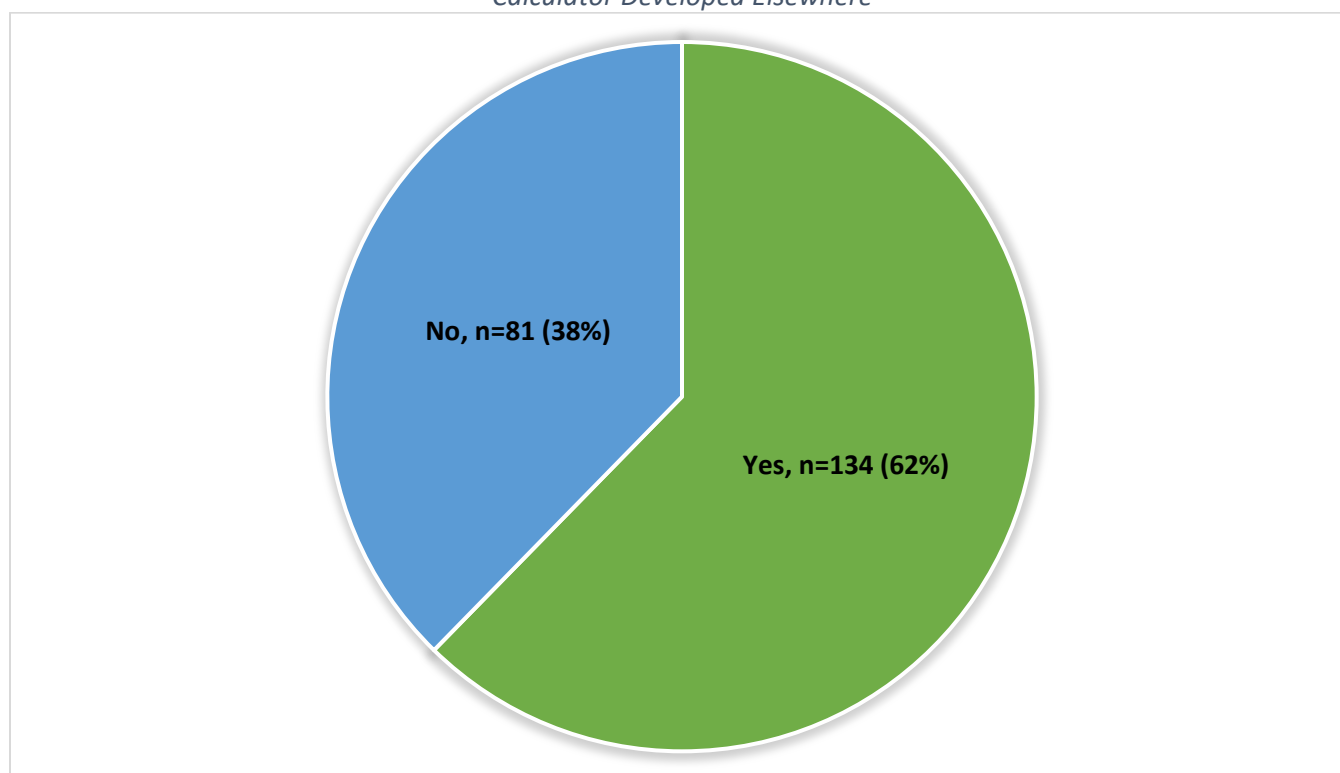


Table 121 - Provides Information to Prescribers on How to Calculate the MME Daily Dosage or Provides a Calculator Developed Elsewhere

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (5), Arkansas (2), Colorado (1), Delaware (1), District of Columbia (2), Florida (9), Georgia (1), Hawaii (3), Illinois (3), Indiana (3), Iowa (3), Kansas (3), Kentucky (2), Louisiana (2), Maryland (6), Massachusetts (3), Michigan (5), Minnesota (4), Mississippi (3), Nebraska (2), Nevada (2), New Hampshire (2), New Jersey (5), New Mexico (2), New York (7), North Carolina (1), Ohio (1), Oregon (19), Pennsylvania (3), Rhode Island (2), South Carolina (3), Texas (11), Utah (2), Virginia (6), Washington (5)	134	62.33%
No	Arizona (2), Arkansas (2), Colorado (1), Delaware (2), District of Columbia (3), Florida (2), Georgia (2), Hawaii (3), Illinois (3), Indiana (2), Kentucky (4), Louisiana (3), Maryland (3), Massachusetts (2), Michigan (4), Minnesota (5), Nebraska (1), Nevada (2), New Hampshire (1), New Mexico (1), New York (8), North Carolina (4), Oregon (2), Pennsylvania (4), Puerto Rico (4), Rhode Island (1), South Carolina (2), Texas (5), Utah (2), Virginia (1)	81	37.67%
National Totals		215	100%

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

Figure 115 - Developer of the MME Daily Dosage Calculator

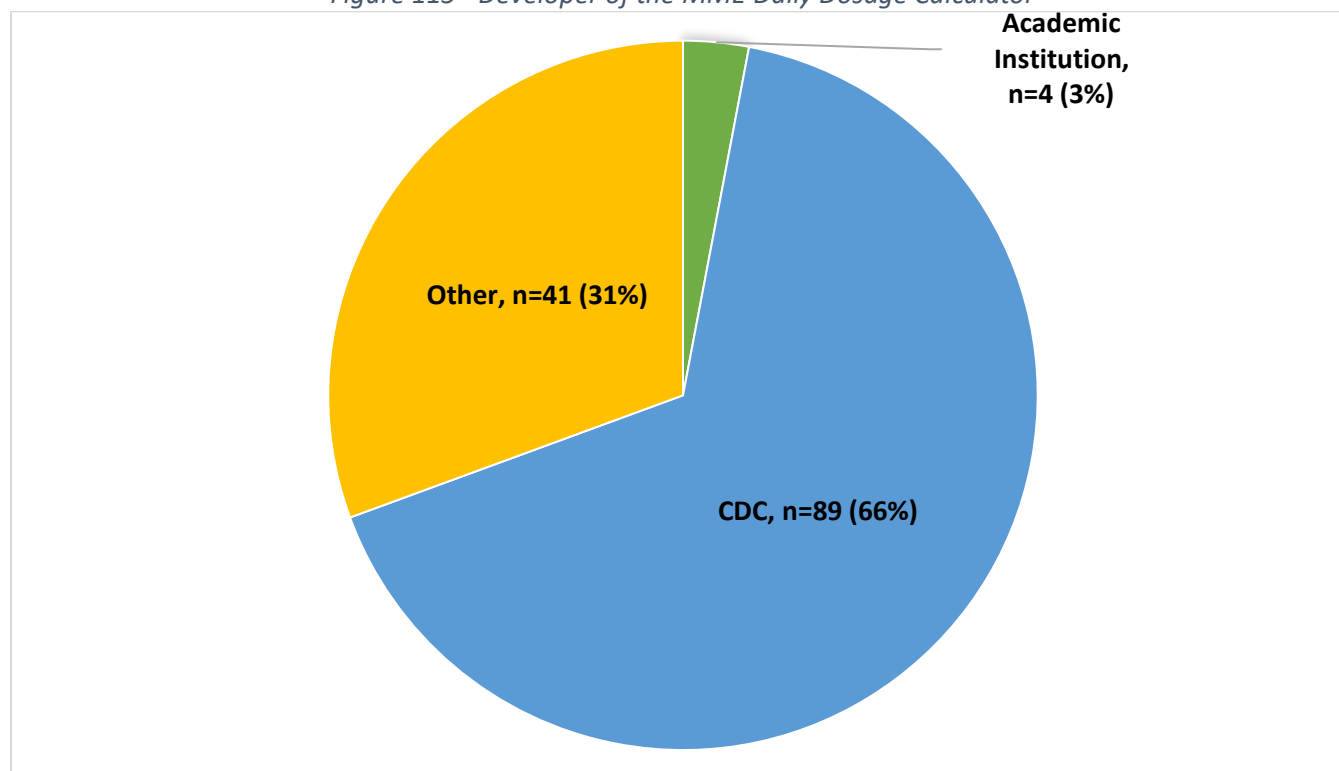


Table 122 - Developer of the MME Daily Dosage Calculator

Response	State (Count of MCPs)	Count	Percentage
Academic Institution	Massachusetts (1), Oregon (3)	4	2.99%
CDC	Arizona (4), Arkansas (1), Colorado (1), Delaware (1), District of Columbia (2), Florida (7), Georgia (1), Hawaii (1), Illinois (2), Indiana (2), Iowa (3), Kansas (3), Kentucky (1), Louisiana (2), Maryland (5), Massachusetts (2), Michigan (5), Minnesota (4), Mississippi (2), Nebraska (2), Nevada (2), New Hampshire (1), New Jersey (3), New Mexico (2), New York (7), North Carolina (1), Oregon (2), Pennsylvania (3), Rhode Island (2), South Carolina (1), Texas (10), Utah (1), Virginia (3)	89	66.42%
Other	Arizona (1), Arkansas (1), Florida (2), Hawaii (2), Illinois (1), Indiana (1), Kentucky (1), Maryland (1), Mississippi (1), New Hampshire (1), New Jersey (2), Ohio (1), Oregon (14), South Carolina (2), Texas (1), Utah (1), Virginia (3), Washington (5)	41	30.60%
National Totals		134	100%

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

Figure 116 - Information Dissemination Routes

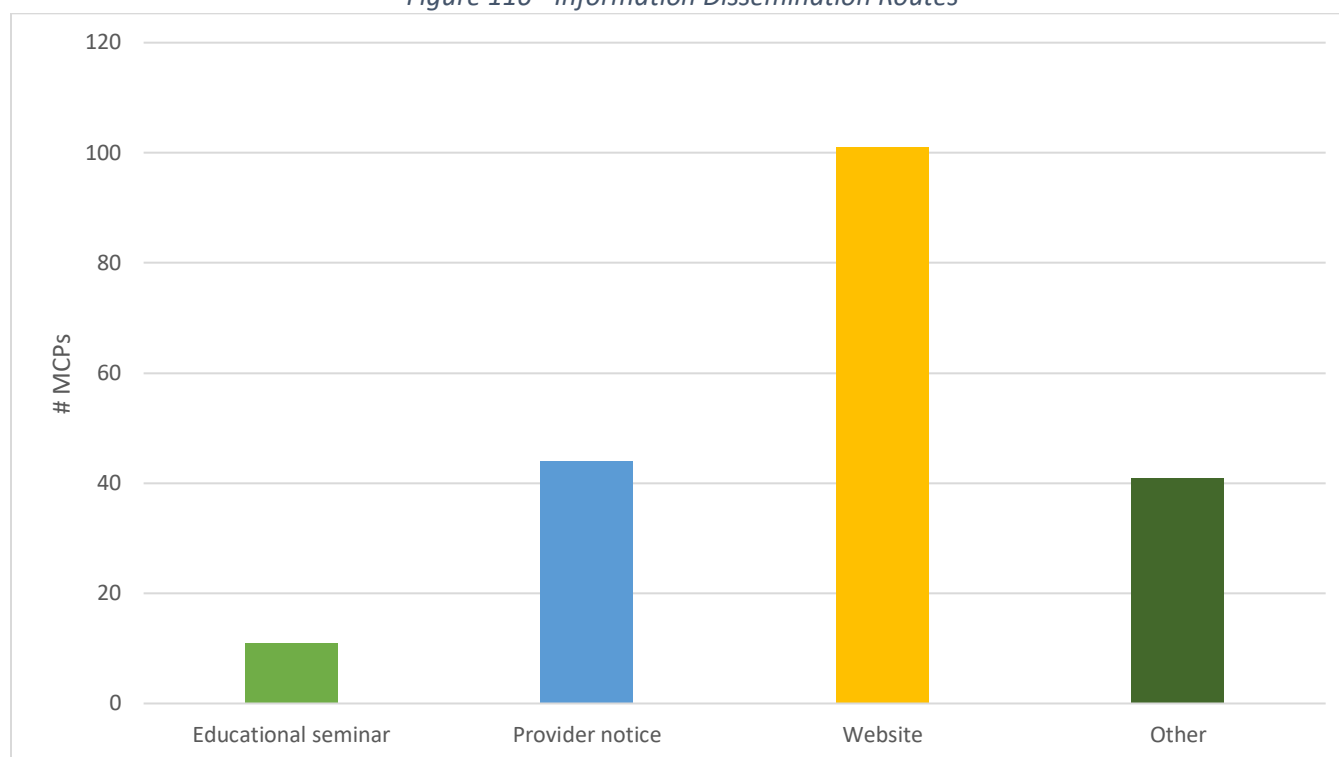


Table 123 - Information Dissemination Routes

Response	States (Count of MCPs)	Count	Percentage
Educational seminar	Hawaii (1), Maryland (1), Minnesota (1), Oregon (7), Washington (1)	11	5.58%
Provider notice	Arizona (2), District of Columbia (1), Florida (4), Hawaii (1), Illinois (2), Kentucky (1), Maryland (1), Massachusetts (2), Michigan (1), Mississippi (2), Nevada (1), New Hampshire (1), New Jersey (2), New York (5), Ohio (1), Oregon (9), Pennsylvania (1), South Carolina (2), Texas (1), Utah (1), Virginia (1), Washington (2)	44	22.34%
Website	Arizona (3), Arkansas (2), Colorado (1), Delaware (1), District of Columbia (1), Florida (4), Georgia (1), Hawaii (2), Illinois (3), Indiana (2), Iowa (3), Kansas (3), Louisiana (2), Maryland (6), Massachusetts (2), Michigan (5), Minnesota (2), Mississippi (3), Nebraska (2), Nevada (1), New Hampshire (2), New Jersey (2), New York (3), North Carolina (1), Ohio (1), Oregon (15), Pennsylvania (3), Rhode Island (2), South Carolina (2), Texas (10), Utah (1), Virginia (6), Washington (4)	101	51.27%
Other	Arizona (1), District of Columbia (1), Florida (2), Hawaii (1), Illinois (1), Indiana (1), Kansas (1), Kentucky (1), Louisiana (1), Maryland (3), Michigan (1), Minnesota (2), New Hampshire (1), New Jersey (2), New Mexico (2), New York (2), Oregon (7), South Carolina (1), Texas (3), Utah (1), Virginia (4), Washington (2)	41	20.81%
National Totals		197	100%

E. Opioid Use Disorder (OUD) Treatment

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

Figure 117 - MCP Has Utilization Controls to Monitor/Manage Prescribing MAT Drugs for OUD

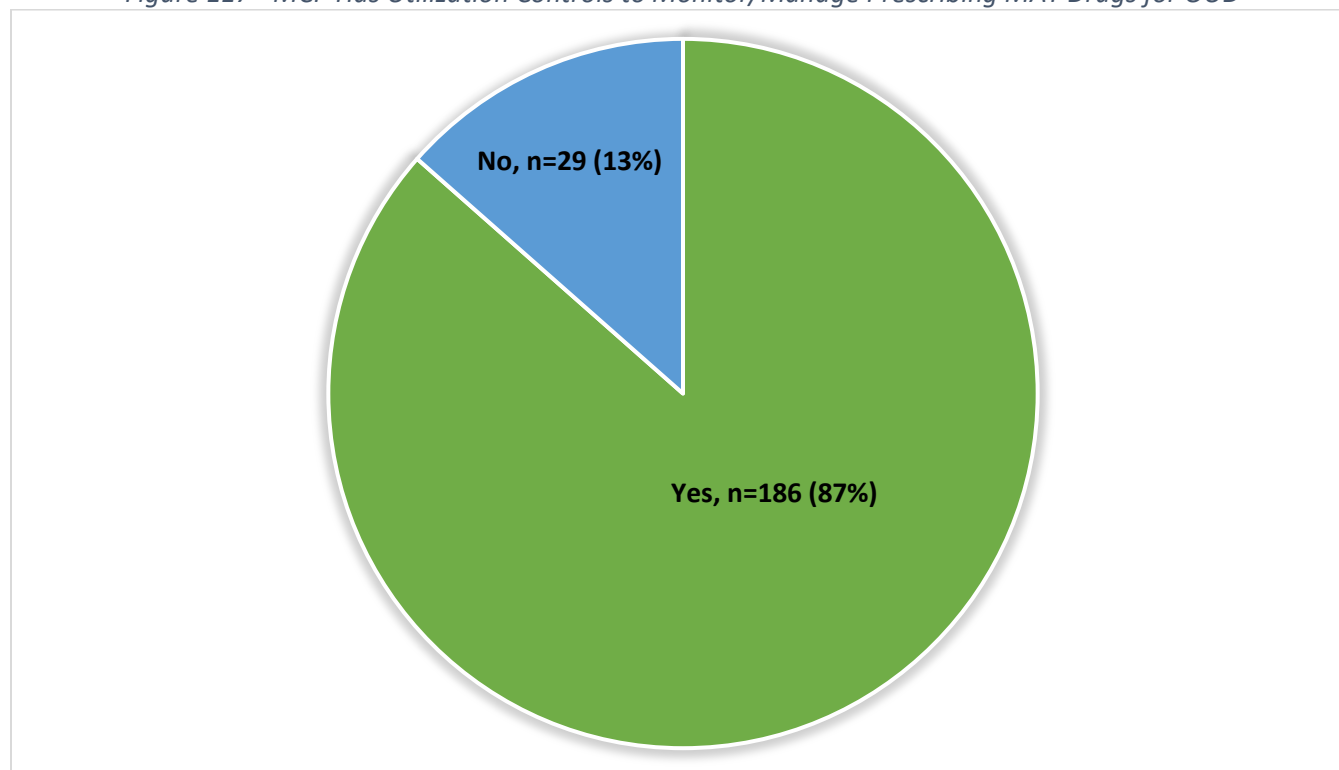


Table 124 - MCP Has Utilization Controls to Monitor/Manage Prescribing MAT Drugs for OUD

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (4), Florida (11), Georgia (3), Hawaii (5), Illinois (3), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Massachusetts (5), Michigan (2), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (12), North Carolina (5), Ohio (1), Oregon (20), Pennsylvania (7), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (16), Virginia (7), Washington (5)	186	86.51%
No	District of Columbia (1), Hawaii (1), Illinois (3), Maryland (9), Michigan (7), New York (3), Oregon (1), Utah (4)	29	13.49%
National Totals		215	100%

2. Does your MCP set a total milligram per day limit on the use of buprenorphine and buprenorphine/naloxone combination drugs?

Figure 118 - MCP Sets Total Milligram per Day Limits on the Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

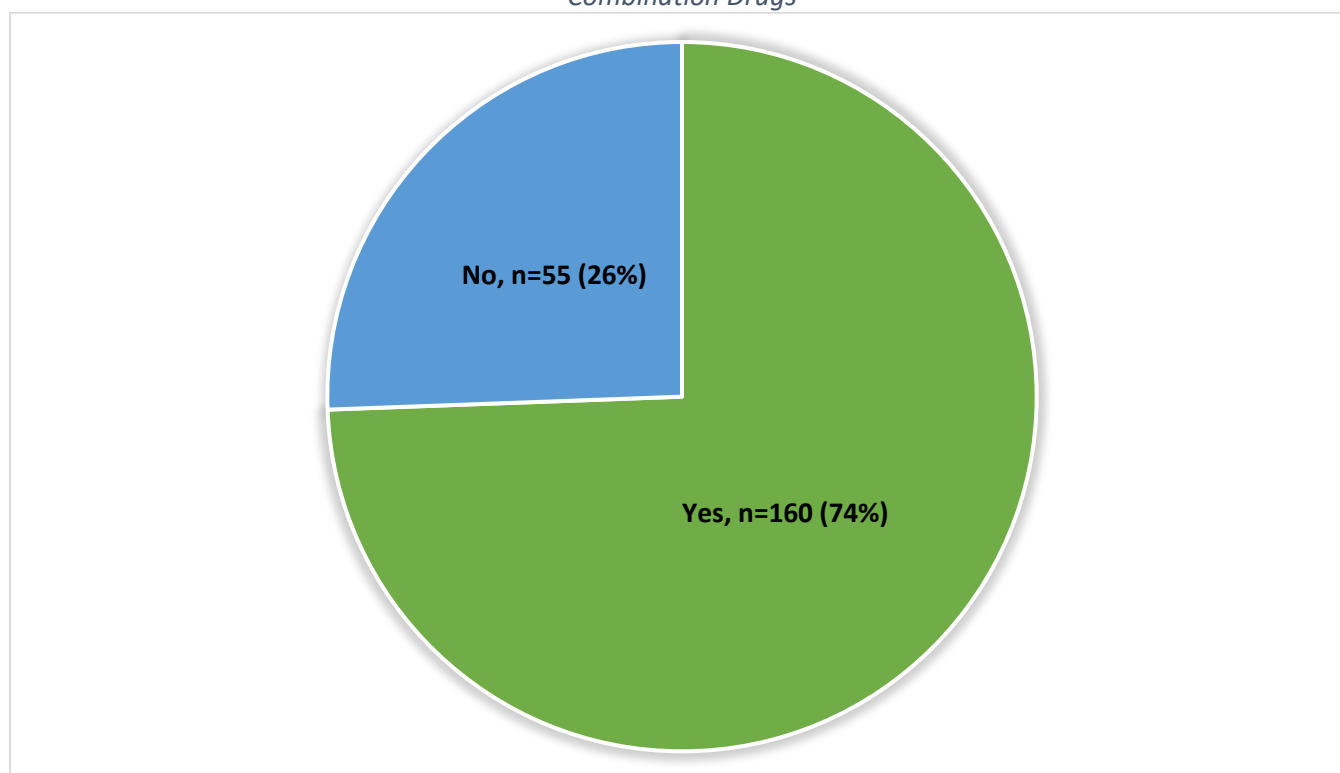


Table 125 - MCP Sets Total Milligram per Day Limits on the Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (2), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (3), Florida (11), Georgia (3), Hawaii (4), Illinois (2), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Massachusetts (5), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (12), North Carolina (5), Ohio (1), Oregon (17), Pennsylvania (6), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (4), Virginia (7), Washington (5)	160	74.42%
No	Arizona (5), District of Columbia (2), Hawaii (2), Illinois (4), Maryland (9), Michigan (9), New York (3), Oregon (4), Pennsylvania (1), Texas (12), Utah (4)	55	25.58%
National Totals		215	100%

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

Figure 119 - Total Milligrams/Day Limit on the Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

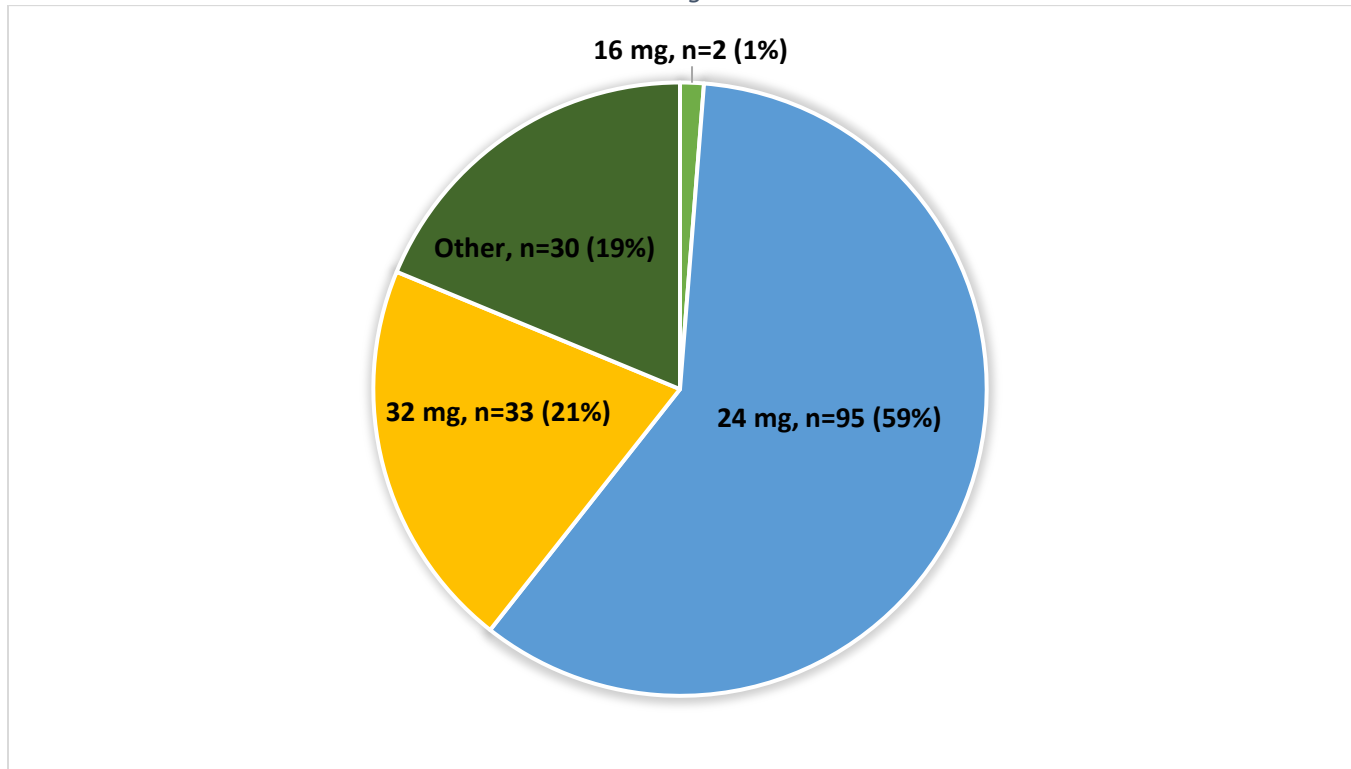


Table 126 - Total Milligrams/Day Limit on the Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

Response	States (Count of MCPs)	Count	Percentage
16 mg	Minnesota (1), Mississippi (1)	2	1.25%
24 mg	Arkansas (3), Colorado (2), Delaware (2), District of Columbia (2), Florida (7), Georgia (2), Hawaii (3), Illinois (2), Indiana (5), Iowa (3), Kansas (2), Kentucky (6), Louisiana (5), Minnesota (7), Mississippi (1), Nebraska (3), Nevada (3), New Hampshire (3), New Mexico (1), New York (10), Ohio (1), Oregon (1), Pennsylvania (5), Rhode Island (1), South Carolina (5), Texas (3), Virginia (7)	95	59.38%
32 mg	Arizona (2), Georgia (1), Minnesota (1), Nevada (1), New Jersey (5), New York (1), North Carolina (2), Oregon (14), Pennsylvania (1), Washington (5)	33	20.62%
Other	Arkansas (1), Delaware (1), District of Columbia (1), Florida (4), Hawaii (1), Kansas (1), Massachusetts (5), Mississippi (1), New Mexico (2), New York (1), North Carolina (3), Oregon (2), Puerto Rico (4), Rhode Island (2), Texas (1)	30	18.75%
National Totals		160	100%

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

Figure 120 - Limitations on Allowable Length of Treatment of Buprenorphine/Naloxone Combination Drugs

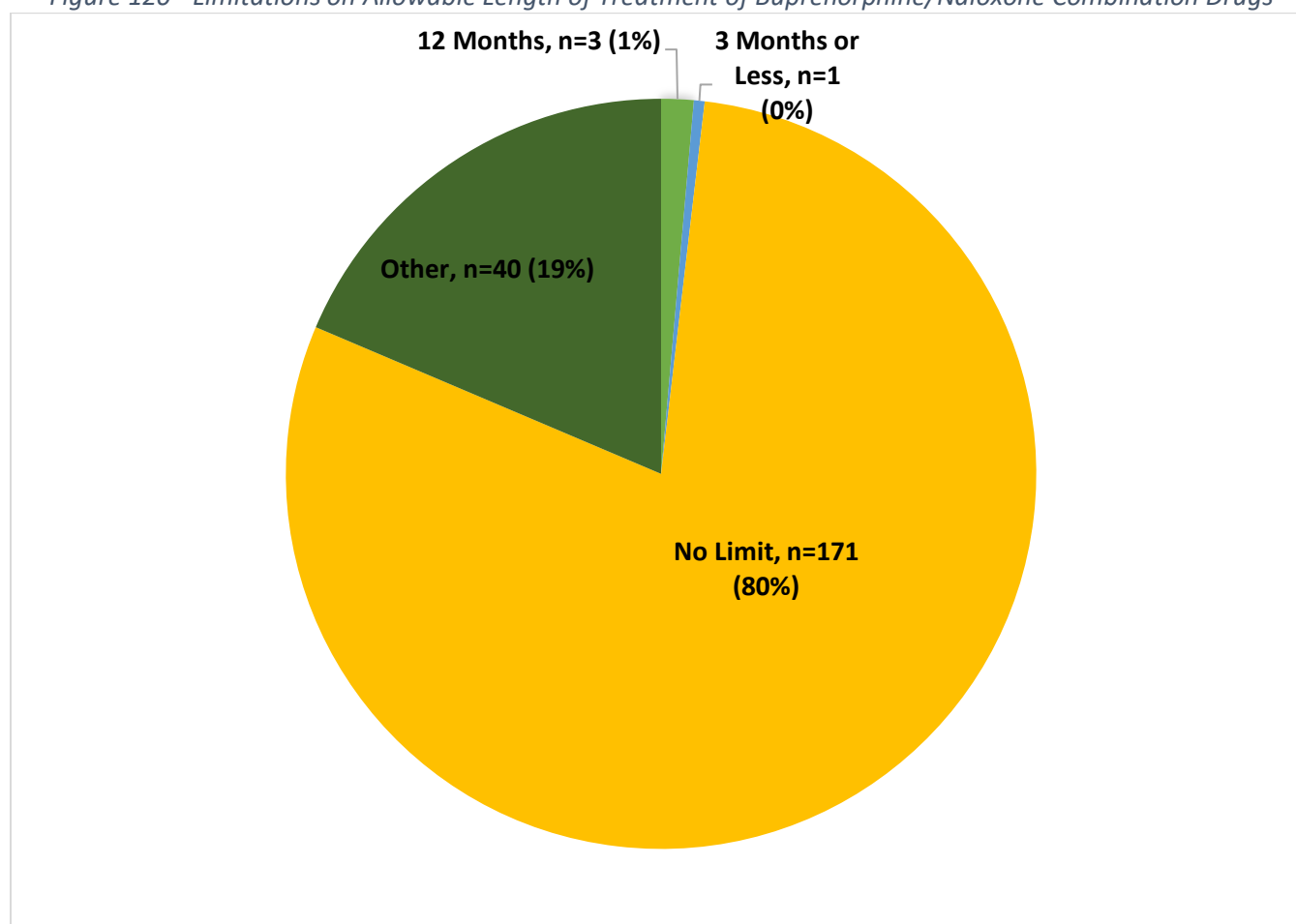


Table 127 - Limitations on Allowable Length of Treatment of Buprenorphine/Naloxone Combination Drugs

Response	States (Count of MCPs)	Count	Percentage
12 months	Hawaii (1), North Carolina (2)	3	1.40%
3 months or less	Mississippi (1)	1	0.47%
No limit	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (5), Florida (9), Georgia (3), Hawaii (4), Illinois (6), Indiana (5), Iowa (3), Kansas (1), Kentucky (6), Louisiana (5), Massachusetts (4), Michigan (1), Minnesota (8), Mississippi (1), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (11), North Carolina (3), Ohio (1), Oregon (21), Pennsylvania (6), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (13), Virginia (6), Washington (4)	171	79.53%
Other	Florida (2), Hawaii (1), Kansas (2), Maryland (9), Massachusetts (1), Michigan (8), Minnesota (1), Mississippi (1), Nevada (1), New York (4), Pennsylvania (1), Texas (3), Utah (4), Virginia (1), Washington (1)	40	18.60%
National Totals		215	100%

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

Figure 121 - Maximum Milligrams per Day Reduction After a Set Period of Time

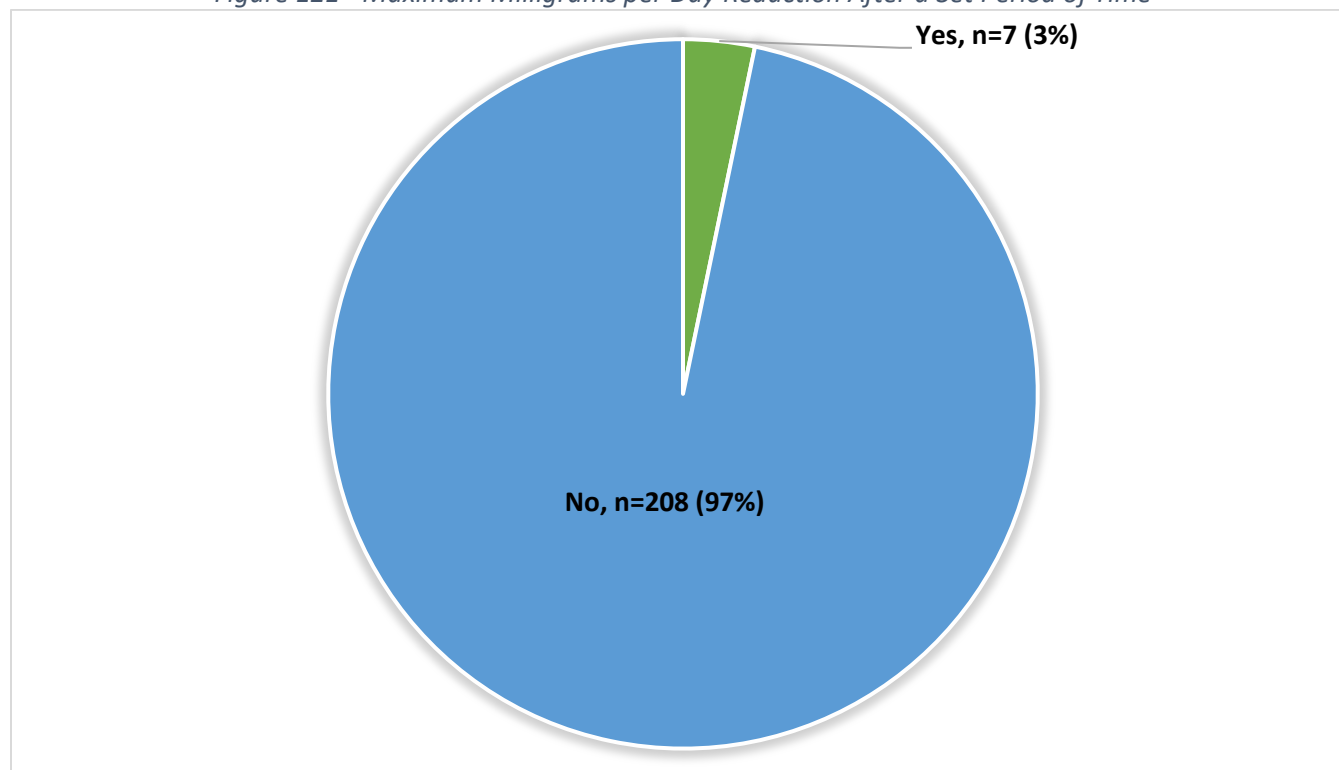


Table 128 - Maximum Milligrams per Day Reduction After a Set Period of Time

Response	States (Count of MCPs)	Count	Percentage
Yes	Florida (1), Massachusetts (1), Mississippi (3), Pennsylvania (1), Rhode Island (1)	7	3.26%
No	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (5), Florida (10), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (4), Michigan (9), Minnesota (9), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), North Carolina (5), Ohio (1), Oregon (21), Pennsylvania (6), Puerto Rico (4), Rhode Island (2), South Carolina (5), Texas (16), Utah (4), Virginia (7), Washington (5)	208	96.74%
National Totals		215	100%

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

Figure 122 - Reduced (Maintenance) Dosage

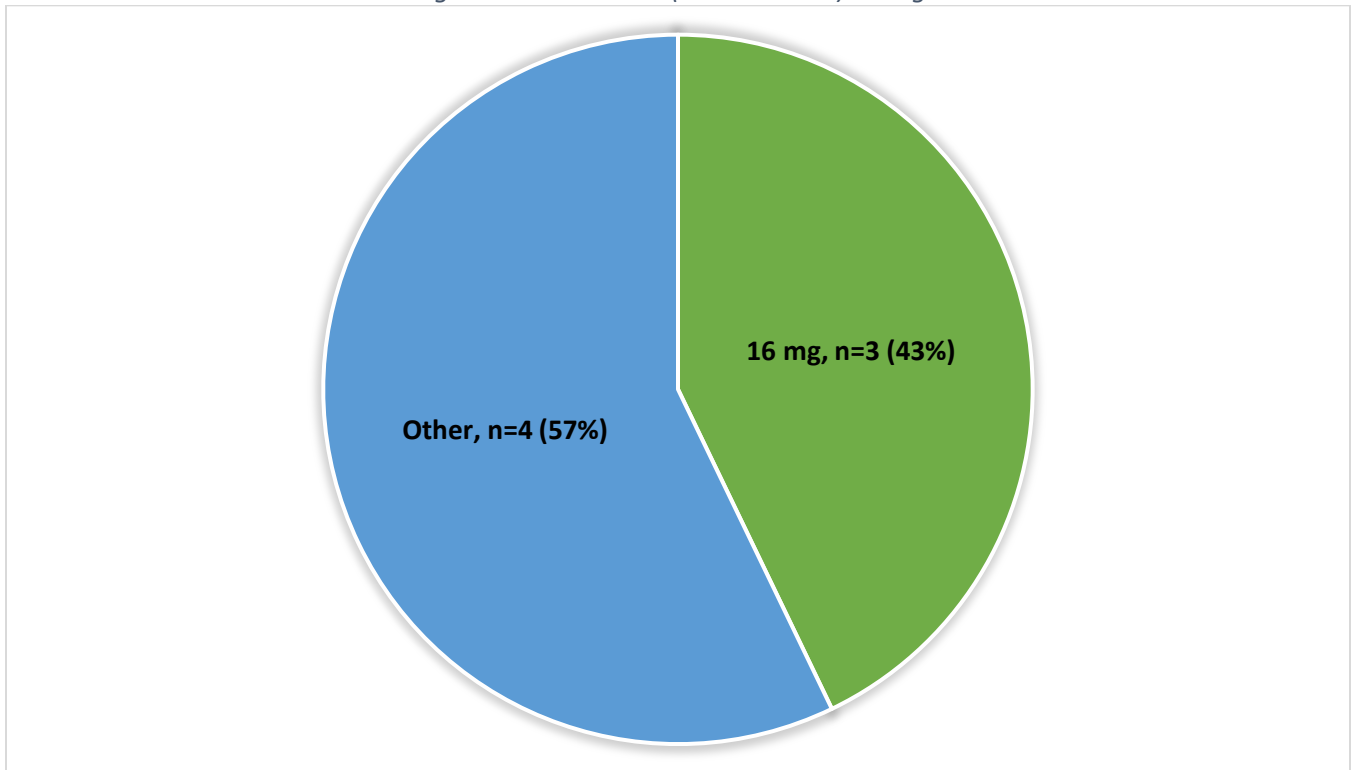


Table 129 - Reduced (Maintenance) Dosage

Response	States (Count of MCPs)	Count	Percentage
16 mg	Mississippi (3)	3	42.86%
Other	Florida (1), Massachusetts (1), Pennsylvania (1), Rhode Island (1)	4	57.14%
National Totals		7	100%

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

Figure 123 - Limitations on the Allowable Length of the Reduced Dosage Treatment

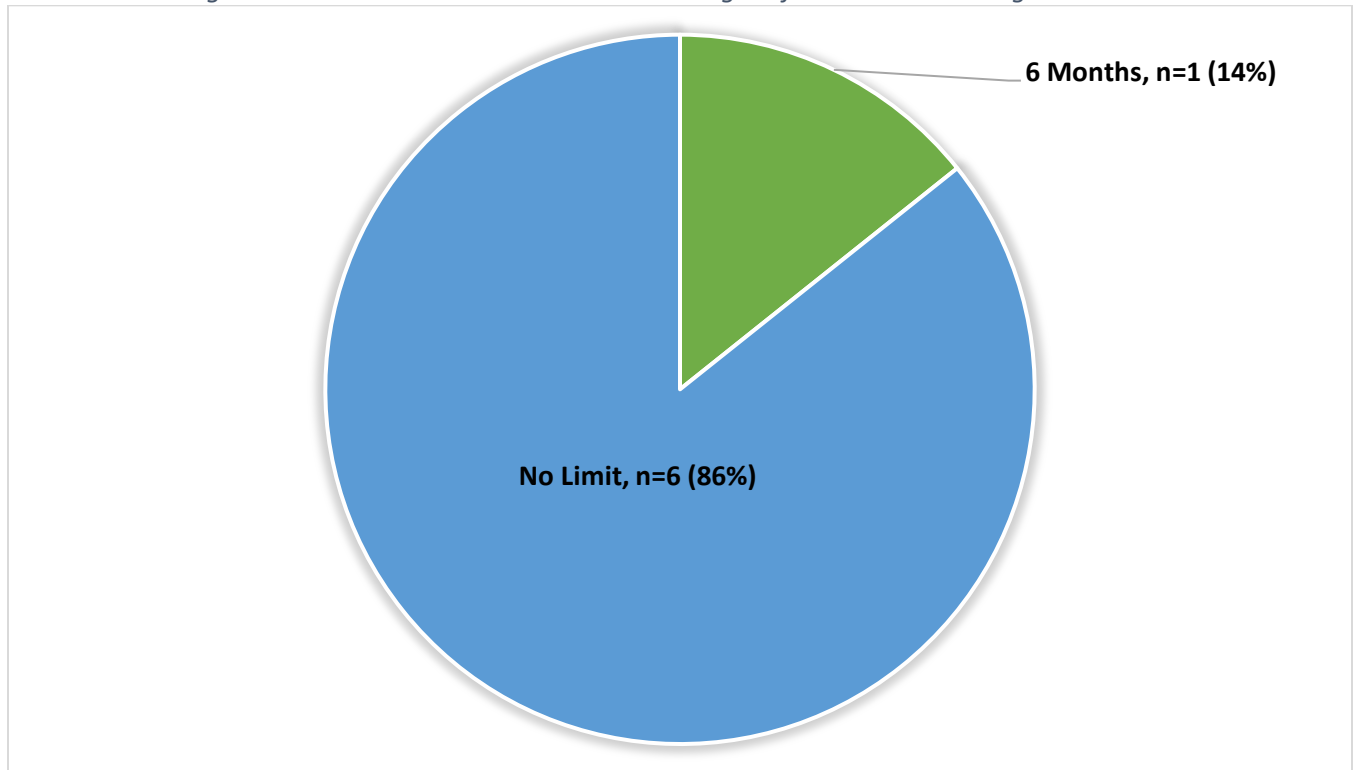


Table 130 - Limitations on Allowable Length of the Reduced Dosage Treatment

Response	States (Count of MCPs)	Count	Percentage
6 months	Mississippi (1)	1	14.29%
No limit	Florida (1), Massachusetts (1), Mississippi (2), Pennsylvania (1), Rhode Island (1)	6	85.71%
National Totals		7	100%

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

Figure 124 - Buprenorphine/Naloxone Combination Product Available Without Prior Authorization

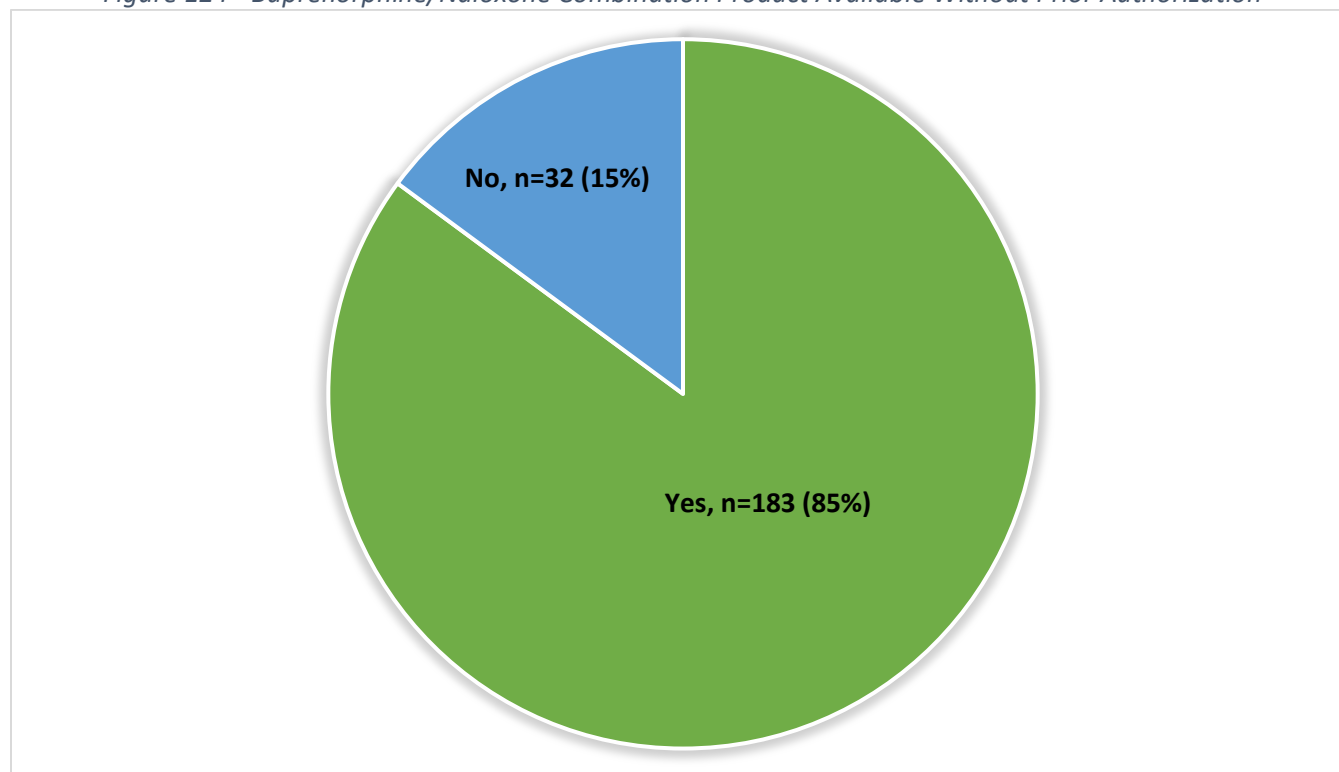


Table 131 - Buprenorphine/Naloxone Combination Product Available Without Prior Authorization

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (5), Florida (8), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Massachusetts (5), Michigan (1), Minnesota (9), Mississippi (2), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), North Carolina (5), Ohio (1), Oregon (21), Pennsylvania (7), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (9), Virginia (7), Washington (5)	183	85.12%
No	Florida (3), Maryland (9), Michigan (8), Mississippi (1), Texas (7), Utah (4)	32	14.88%
National Totals		215	100%

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

Figure 125 - Edits in Place to Monitor Opioids Being Used Concurrently with Any Buprenorphine Drug or Any Form of MAT

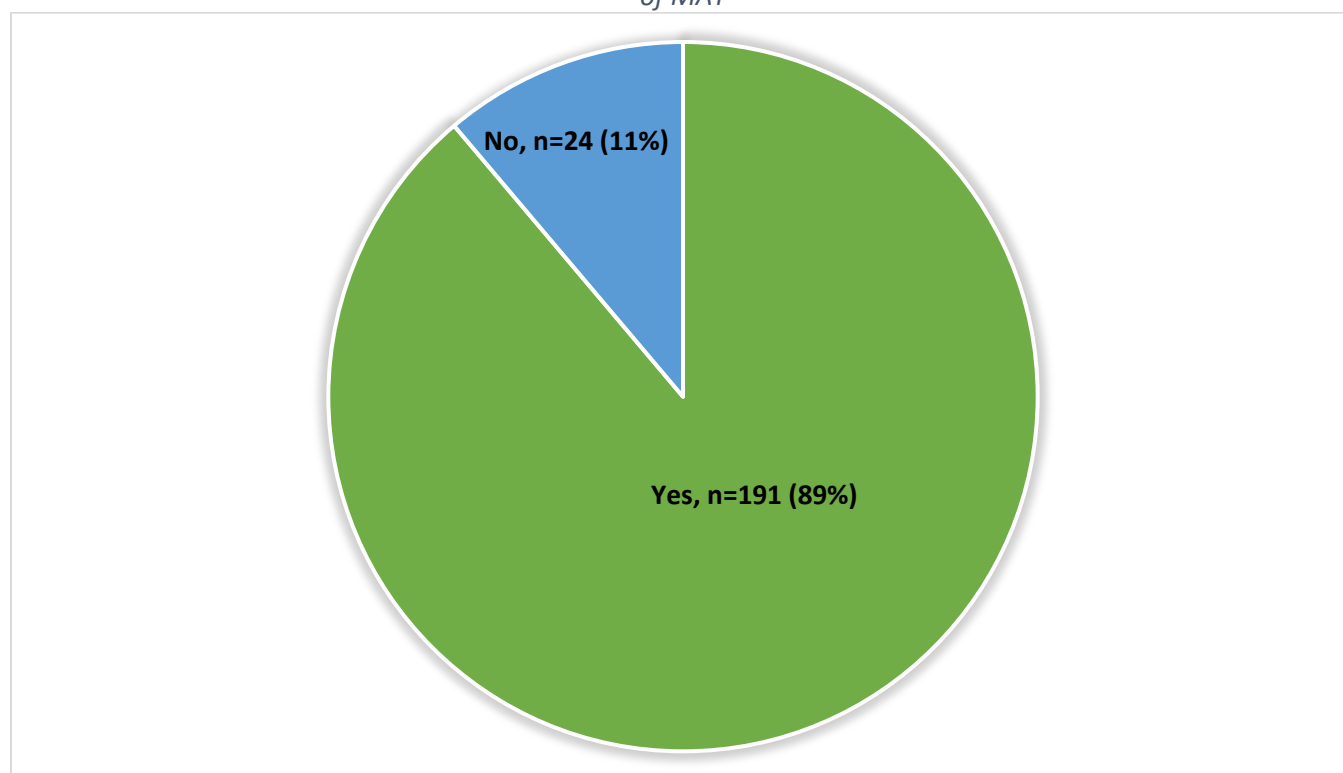


Table 132 - Edits in Place to Monitor Opioids Being Used Concurrently with any Buprenorphine Drug or Any Form of MAT

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (6), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (5), Florida (11), Georgia (3), Hawaii (5), Illinois (5), Indiana (5), Iowa (3), Kansas (1), Kentucky (6), Louisiana (5), Maryland (3), Massachusetts (5), Michigan (2), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), North Carolina (5), Ohio (1), Oregon (21), Pennsylvania (7), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (15), Utah (1), Virginia (7), Washington (4)	191	88.84%
No	Arizona (1), Hawaii (1), Illinois (1), Kansas (2), Maryland (6), Michigan (7), Minnesota (1), Texas (1), Utah (3), Washington (1)	24	11.16%
National Totals		215	100%

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

Figure 126 - POS Pharmacist Override Edit for Opioids Being Used Concurrently with Any Buprenorphine Drug or Any Form of MAT

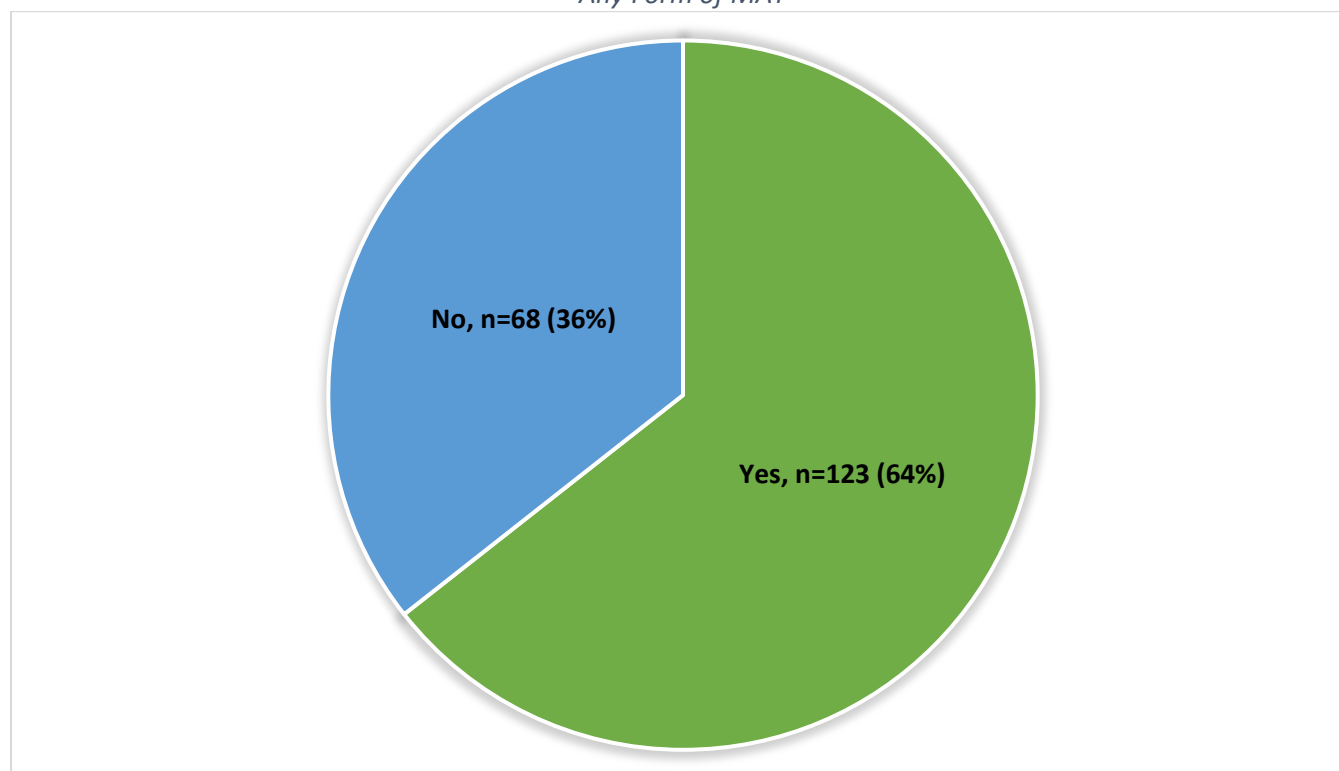


Table 133 - POS Pharmacist Override Edit for Opioids Being Used Concurrently with Any Buprenorphine Drug or Any Form of MAT

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (6), Arkansas (2), Colorado (2), Delaware (1), District of Columbia (3), Florida (10), Georgia (3), Hawaii (5), Illinois (3), Indiana (3), Iowa (3), Kansas (1), Louisiana (1), Maryland (1), Massachusetts (4), Michigan (2), Minnesota (5), Mississippi (1), Nebraska (1), Nevada (3), New Hampshire (2), New Jersey (4), New Mexico (1), New York (6), North Carolina (5), Ohio (1), Oregon (18), Rhode Island (3), South Carolina (3), Texas (10), Utah (1), Virginia (5), Washington (4)	123	64.40%
No	Arkansas (2), Delaware (2), District of Columbia (2), Florida (1), Illinois (2), Indiana (2), Kentucky (6), Louisiana (4), Maryland (2), Massachusetts (1), Minnesota (3), Mississippi (2), Nebraska (2), Nevada (1), New Hampshire (1), New Jersey (1), New Mexico (2), New York (9), Oregon (3), Pennsylvania (7), Puerto Rico (4), South Carolina (2), Texas (5), Virginia (2)	68	35.60%
National Totals		191	100%

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

Figure 127 - Formulation of Naltrexone for OUD Available Without PA

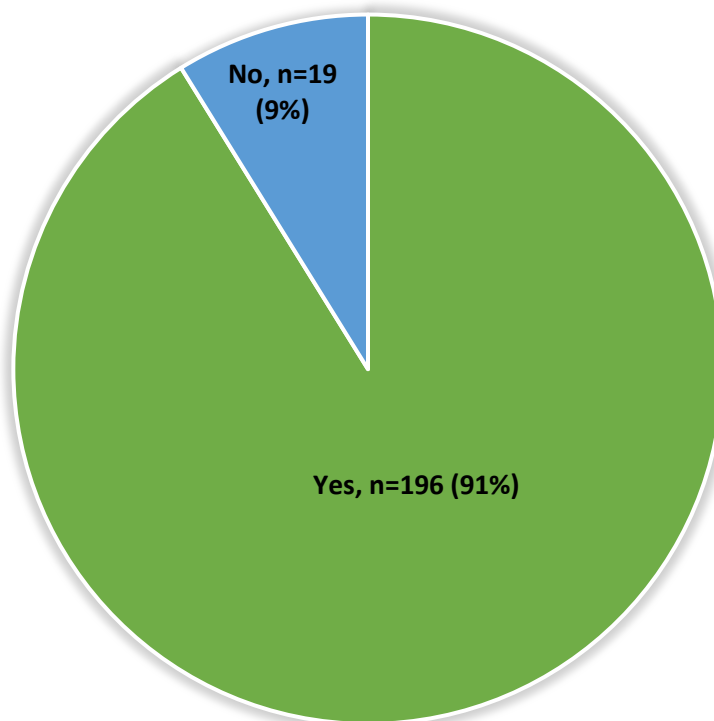


Table 134 - Formulation of Naltrexone for OUD Available Without PA

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (5), Florida (11), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (1), Massachusetts (4), Michigan (3), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), North Carolina (5), Ohio (1), Oregon (21), Pennsylvania (7), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (16), Virginia (7), Washington (5)	196	91.16%
No	Maryland (8), Massachusetts (1), Michigan (6), Utah (4)	19	8.84%
National Totals		215	100%

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

Figure 128 - Naloxone Opioid Overdose Product Available Without PA

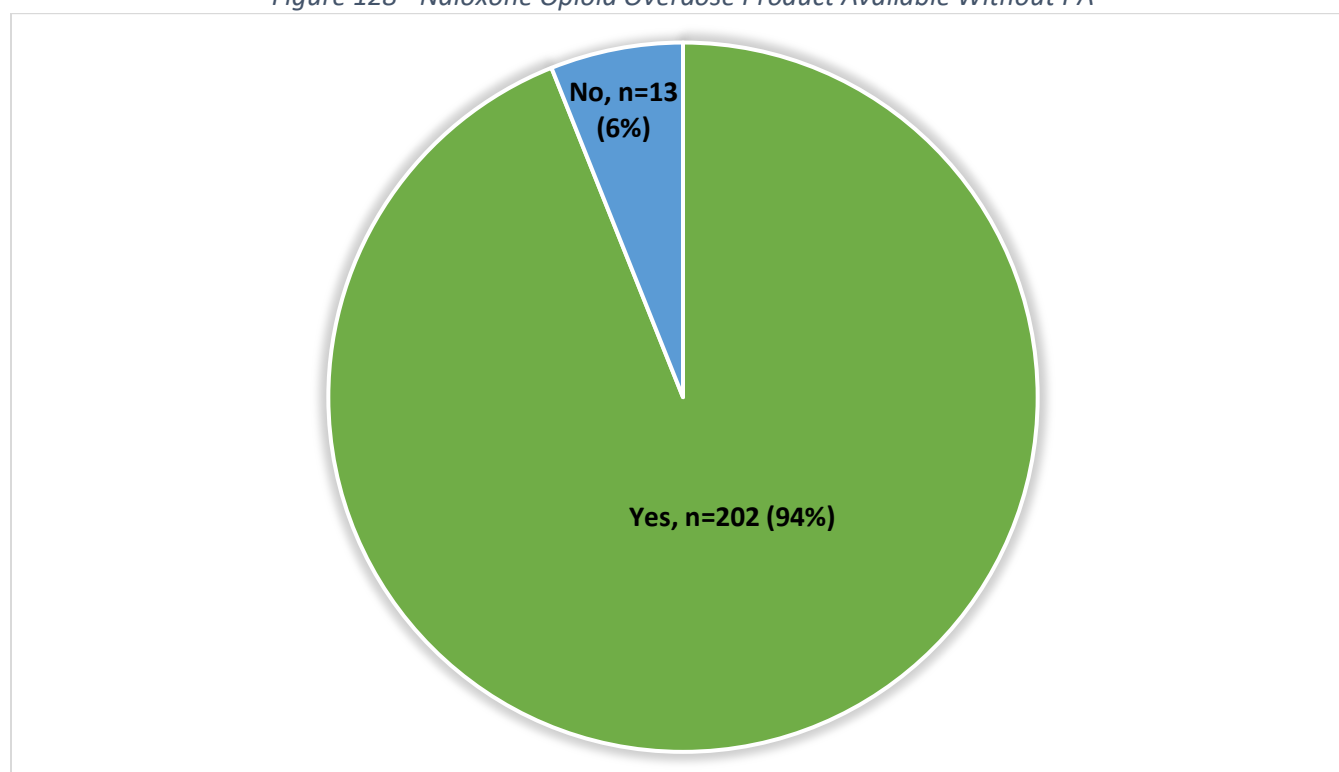


Table 135 - Naloxone Opioid Overdose Product Available Without PA

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (5), Florida (11), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (1), Massachusetts (5), Michigan (8), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), North Carolina (5), Ohio (1), Oregon (21), Pennsylvania (7), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (16), Virginia (7), Washington (5)	202	93.95%
No	Maryland (8), Michigan (1), Utah (4)	13	6.05%
National Totals		215	100%

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

Figure 129 - Monitor and Manage Appropriate Use of Naloxone to Persons at Risk of Overdose

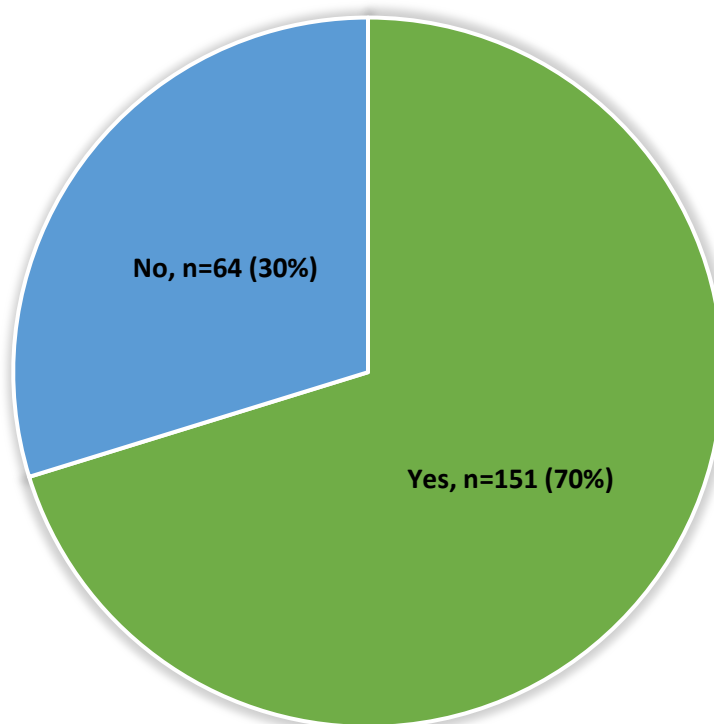


Table 136 - Monitor and Manage Appropriate use of Naloxone to Persons at Risk of Overdose

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (6), Arkansas (3), Colorado (2), Delaware (3), District of Columbia (5), Florida (7), Georgia (2), Hawaii (3), Illinois (3), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (2), Massachusetts (2), Michigan (8), Minnesota (6), Mississippi (2), Nebraska (2), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (2), New York (12), North Carolina (3), Oregon (14), Pennsylvania (4), Puerto Rico (3), Rhode Island (1), South Carolina (3), Texas (5), Utah (2), Virginia (7), Washington (5)	151	70.23%
No	Arizona (1), Arkansas (1), Florida (4), Georgia (1), Hawaii (3), Illinois (3), Maryland (7), Massachusetts (3), Michigan (1), Minnesota (3), Mississippi (1), Nebraska (1), New Mexico (1), New York (3), North Carolina (2), Ohio (1), Oregon (7), Pennsylvania (3), Puerto Rico (1), Rhode Island (2), South Carolina (2), Texas (11), Utah (2)	64	29.77%
National Totals		215	100%

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

Figure 130 - MCP Allows Pharmacists to Dispense Naloxone Prescribed Independently or By Collaborative Practice Agreements, Standing Orders, Or Other Predetermined Protocols

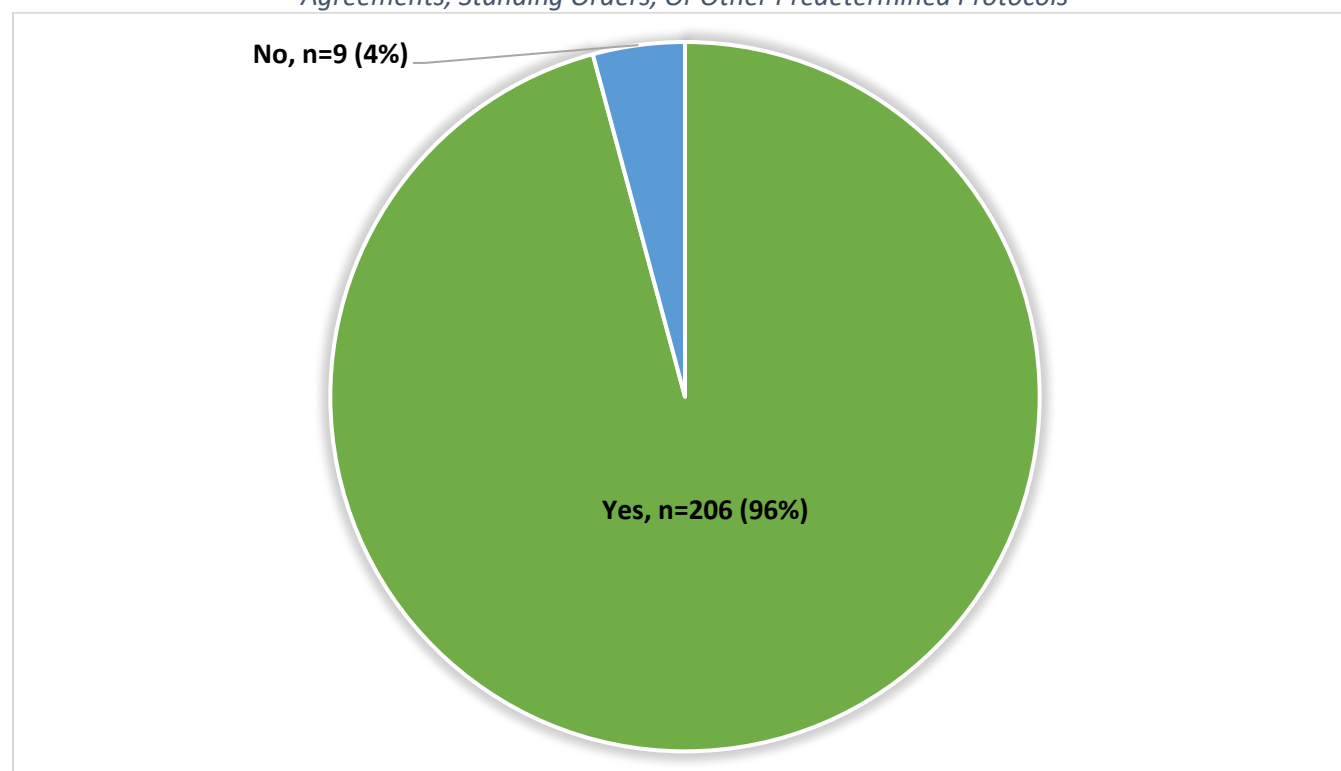


Table 137 - MCP Allows Pharmacists to Dispense Naloxone Prescribed Independently or By Collaborative Practice Agreements, Standing Orders, Or Other Predetermined Protocols

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (5), Florida (10), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (3), Massachusetts (5), Michigan (9), Minnesota (8), Mississippi (3), Nebraska (2), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), North Carolina (5), Ohio (1), Oregon (21), Pennsylvania (7), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (16), Utah (4), Virginia (7), Washington (5)	206	95.81%
No	Florida (1), Maryland (6), Minnesota (1), Nebraska (1)	9	4.19%
National Totals		215	100%

F. Outpatient Treatment Programs (OTP)

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

Figure 131 - MCP Covers OTPs That Provide BH and MAT Through OTPs

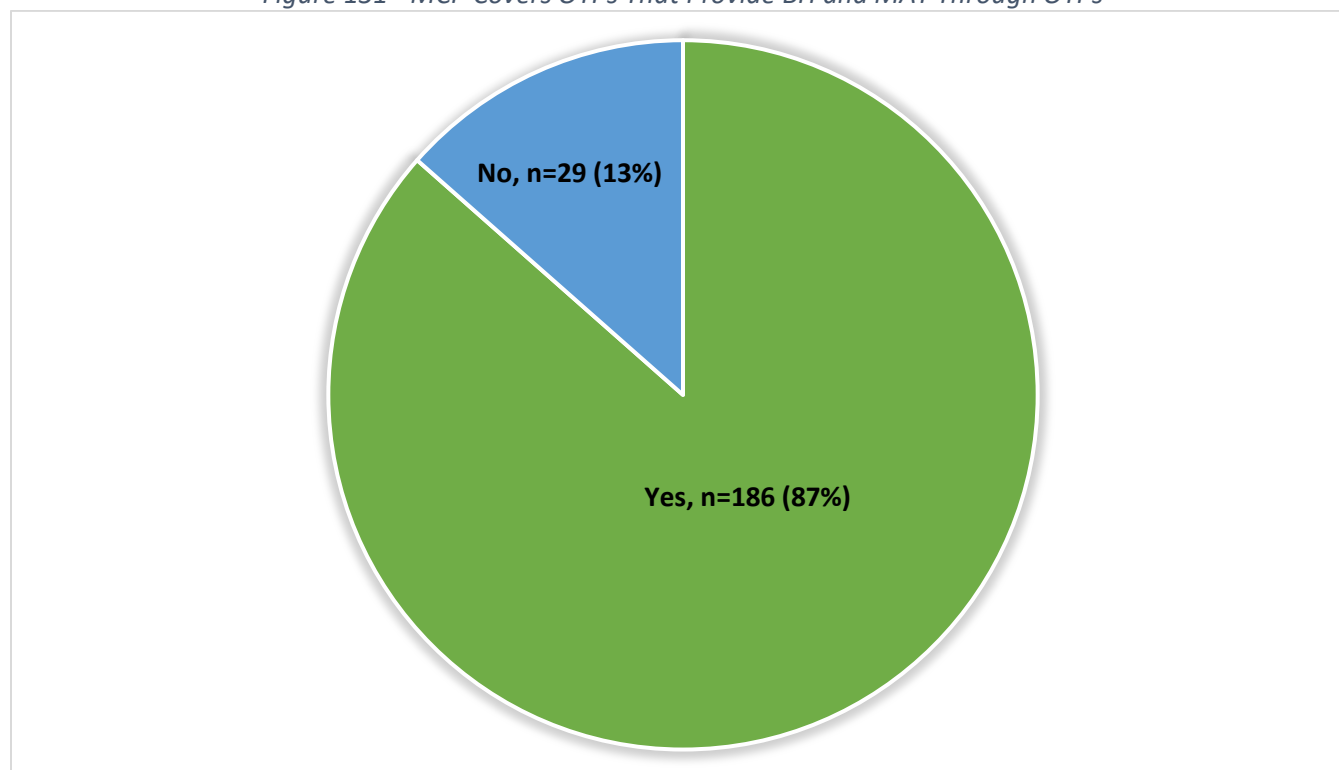


Table 138 - MCP Covers OTPs That Provide BH and MAT Through OTPs

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (4), Florida (11), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Massachusetts (4), Minnesota (9), Mississippi (2), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (14), North Carolina (5), Ohio (1), Oregon (21), Pennsylvania (4), Puerto Rico (3), Rhode Island (3), South Carolina (5), Texas (16), Utah (1), Virginia (7), Washington (5)	186	86.51%
No	District of Columbia (1), Maryland (9), Massachusetts (1), Michigan (9), Mississippi (1), New York (1), Pennsylvania (3), Puerto Rico (1), Utah (3)	29	13.49%
National Totals		215	100%

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

Figure 132 - Referral Required for OUD Treatment Through OTPs

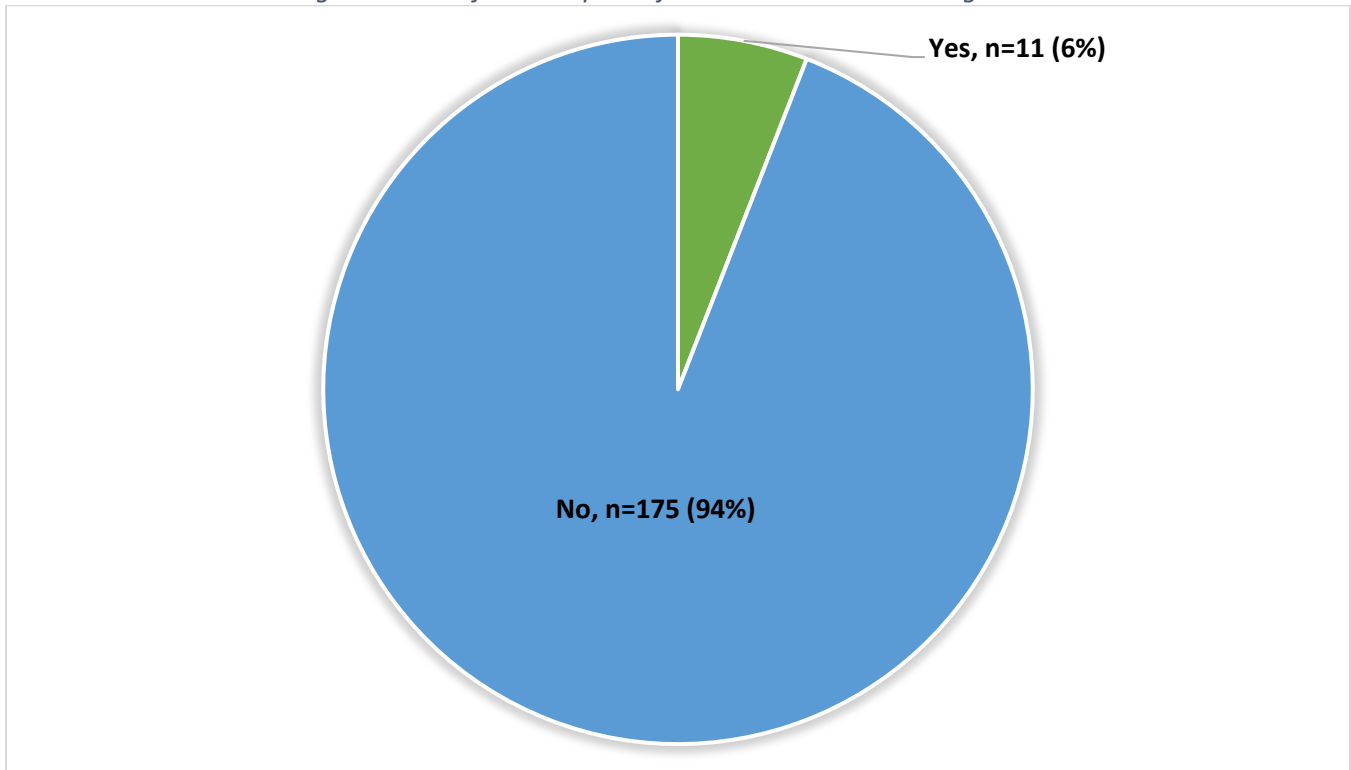


Table 139 - Referral Required for OUD Treatment Through OTPs

Response	States (Count of MCPs)	Count	Percentage
Yes	District of Columbia (1), Hawaii (1), Louisiana (1), Mississippi (1), Nevada (1), New Jersey (1), Puerto Rico (2), Texas (1), Washington (2)	11	5.91%
No	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (3), Florida (11), Georgia (3), Hawaii (5), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (4), Massachusetts (4), Minnesota (9), Mississippi (1), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (4), New Mexico (3), New York (14), North Carolina (5), Ohio (1), Oregon (21), Pennsylvania (4), Puerto Rico (1), Rhode Island (3), South Carolina (5), Texas (15), Utah (1), Virginia (7), Washington (3)	175	94.09%
National Totals		186	100%

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

Figure 133 - MCP Covers Buprenorphine or Buprenorphine/Naloxone for Diagnoses of OUD as Part of a MAT Treatment Plan

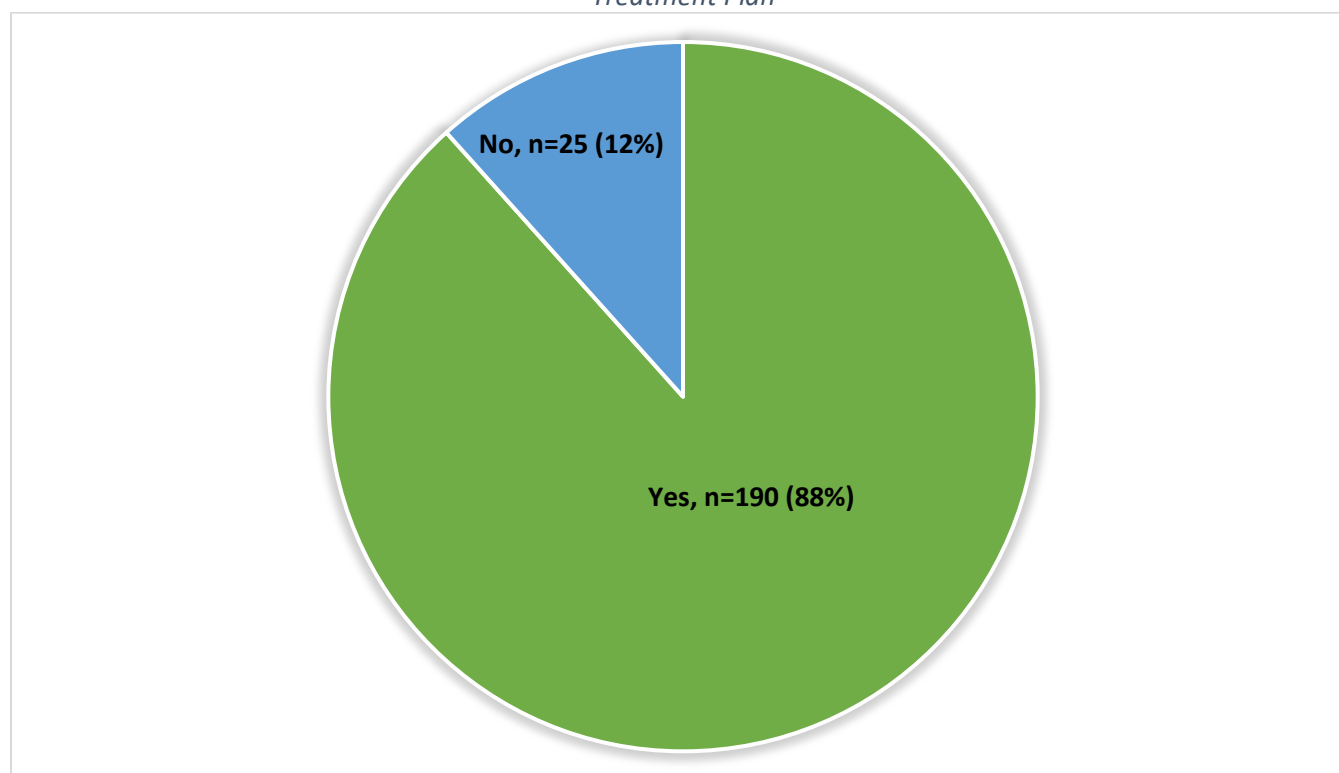


Table 140 - MCP Covers Buprenorphine or Buprenorphine/Naloxone for Diagnoses of OUD as Part of a MAT Treatment Plan

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (5), Florida (11), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Massachusetts (5), Minnesota (9), Mississippi (2), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), North Carolina (5), Ohio (1), Oregon (21), Pennsylvania (6), Puerto Rico (3), Rhode Island (3), South Carolina (5), Texas (16), Virginia (7), Washington (5)	190	88.37%
No	Maryland (9), Michigan (9), Mississippi (1), Pennsylvania (1), Puerto Rico (1), Utah (4)	25	11.63%
National Totals		215	100%

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

Figure 134 - MCP Covers Naltrexone for Diagnoses of OUD as Part of a MAT Treatment Plan

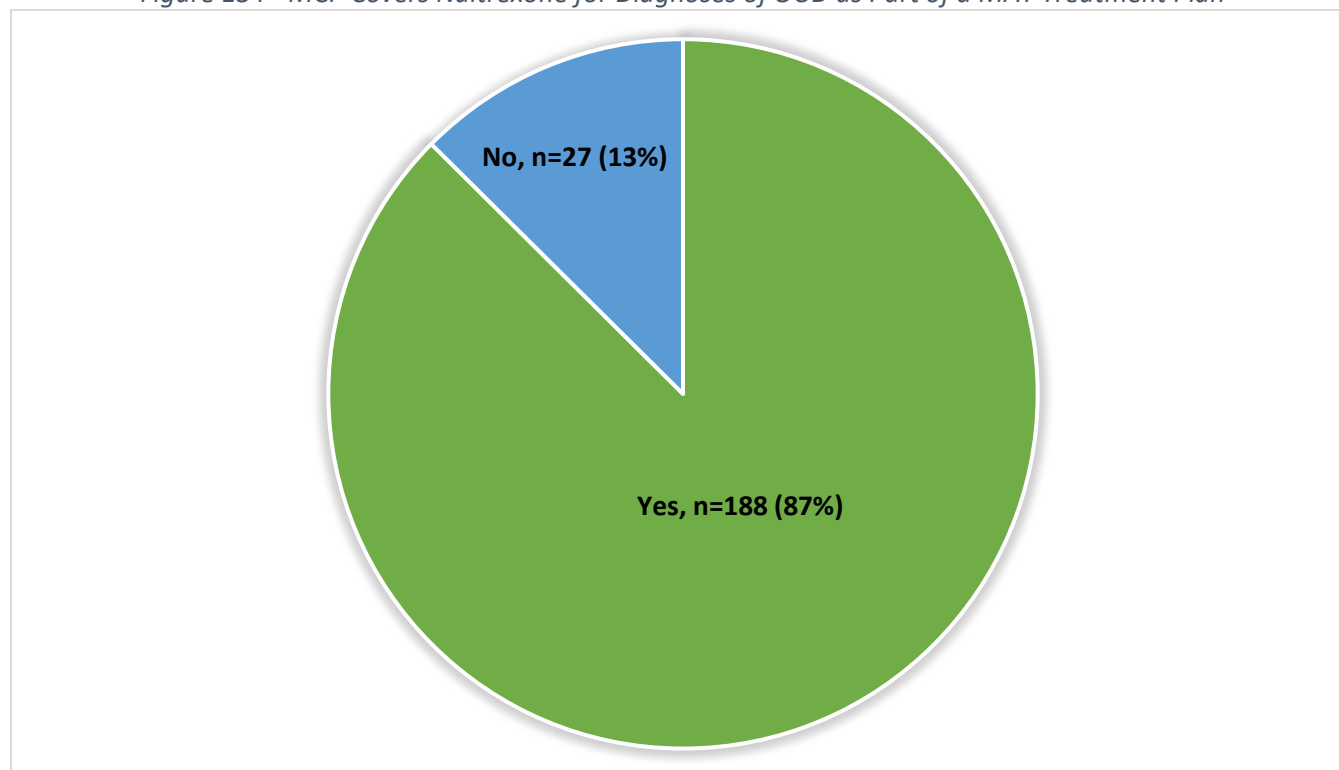


Table 141 - MCP Covers Naltrexone for Diagnoses of OUD as Part of a MAT Treatment Plan

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (5), Florida (11), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (1), Massachusetts (5), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), North Carolina (5), Ohio (1), Oregon (21), Pennsylvania (6), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (16), Virginia (7), Washington (5)	188	87.44%
No	Louisiana (4), Maryland (9), Michigan (9), Pennsylvania (1), Utah (4)	27	12.56%
National Totals		215	100%

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

Figure 135 - MCP Covers Methadone for Substance Use Disorder

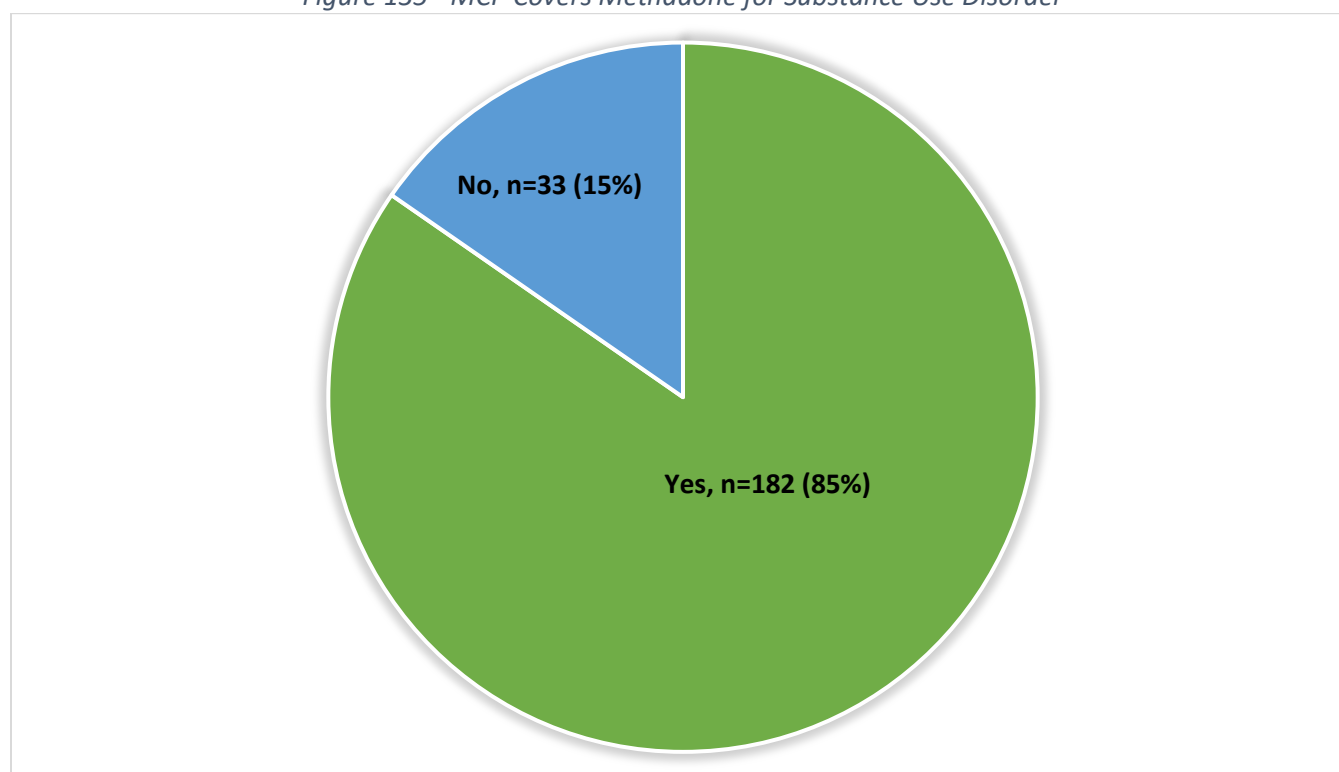


Table 142 - MCP Covers Methadone for Substance Use Disorder

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (3), Florida (10), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Massachusetts (5), Michigan (2), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (4), New Mexico (3), New York (14), North Carolina (5), Ohio (1), Oregon (21), Pennsylvania (3), Puerto Rico (1), Rhode Island (3), South Carolina (5), Texas (16), Virginia (7), Washington (5)	182	84.65%
No	District of Columbia (2), Florida (1), Maryland (9), Michigan (7), Nevada (1), New Jersey (1), New York (1), Pennsylvania (4), Puerto Rico (3), Utah (4)	33	15.35%
National Totals		215	100%

G. Psychotropic Medication For Children

Antipsychotics

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

Figure 136 - Restrictions to Limit Quantity of Antipsychotic Drugs

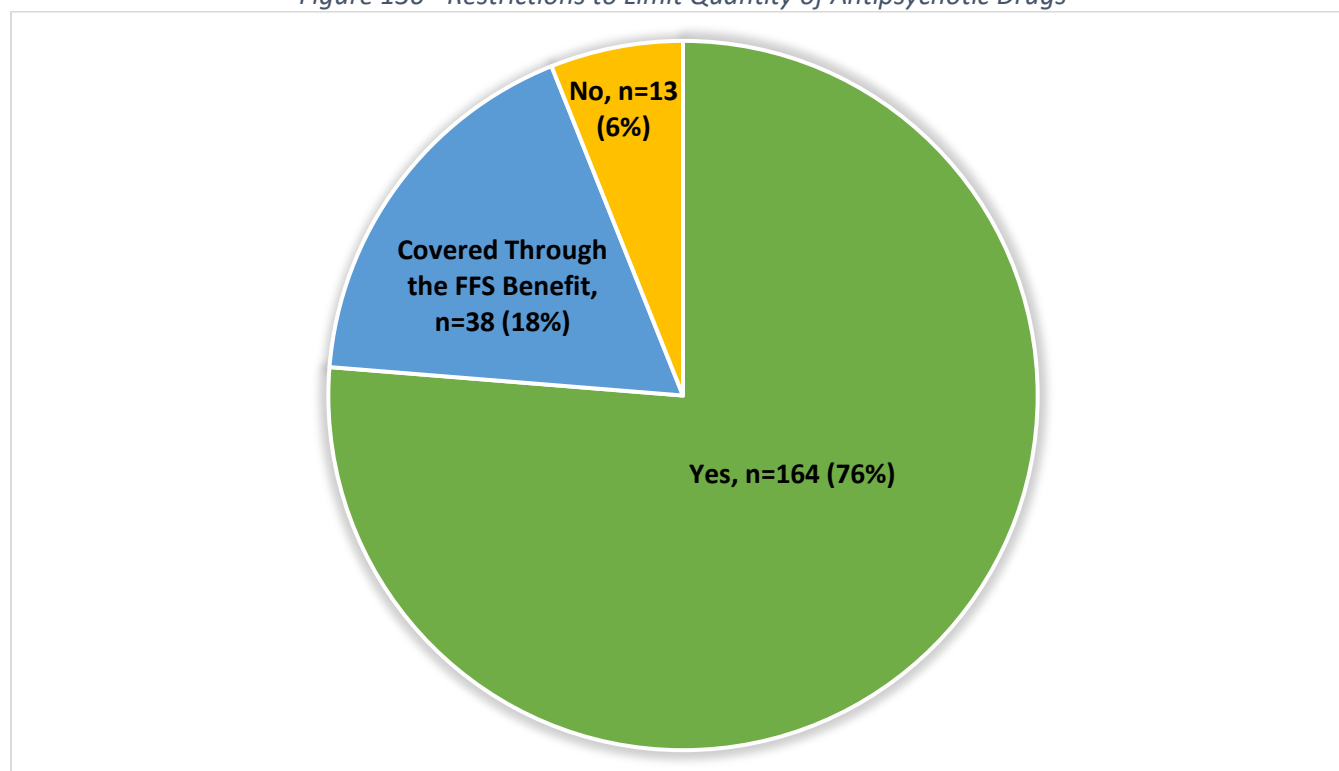


Table 143 - Restrictions to Limit Quantity of Antipsychotic Drugs

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (4), Florida (11), Georgia (3), Hawaii (4), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Massachusetts (4), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (13), North Carolina (4), Ohio (1), Oregon (5), Pennsylvania (7), Rhode Island (3), South Carolina (5), Texas (16), Virginia (6), Washington (5)	164	76.28%
Covered through the FFS benefit	Maryland (9), Michigan (9), Oregon (16), Utah (4)	38	17.67%
No	District of Columbia (1), Hawaii (2), Massachusetts (1), Minnesota (1), New York (2), North Carolina (1), Puerto Rico (4), Virginia (1)	13	6.05%
National Totals		215	100%

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

Figure 137 - Documented Program in Place to Manage and Monitor Appropriate Use of Antipsychotic Drugs in Children

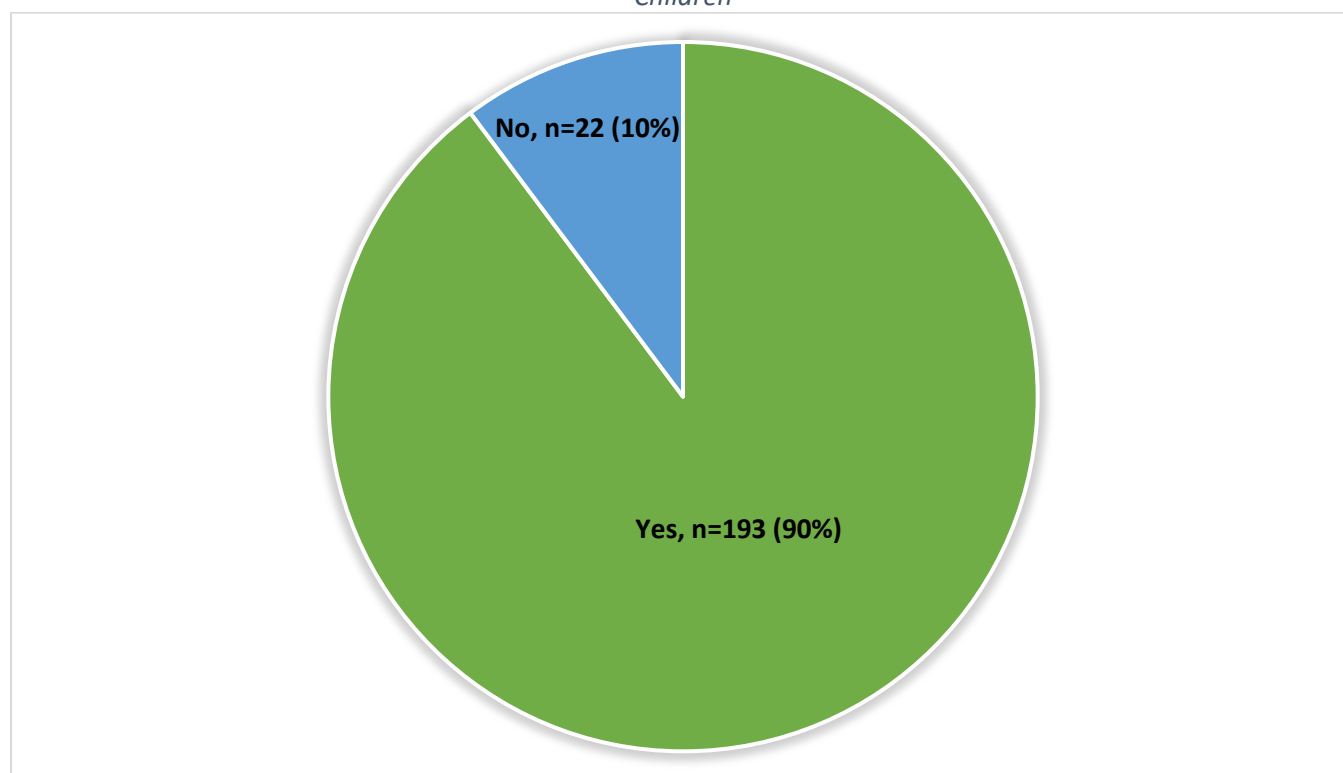


Table 144 - Documented Program in Place to Manage and Monitor Appropriate Use of Antipsychotic Drugs in Children

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (5), Florida (10), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (4), Massachusetts (5), Michigan (9), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), North Carolina (5), Ohio (1), Oregon (7), Pennsylvania (6), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (16), Utah (3), Virginia (7), Washington (5)	193	89.77%
No	Florida (1), Maryland (5), Oregon (14), Pennsylvania (1), Utah (1)	22	10.23%
National Totals		215	100%

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

Figure 138 - Categories of Children Managed and Monitored for Appropriate Use of Antipsychotic Drugs

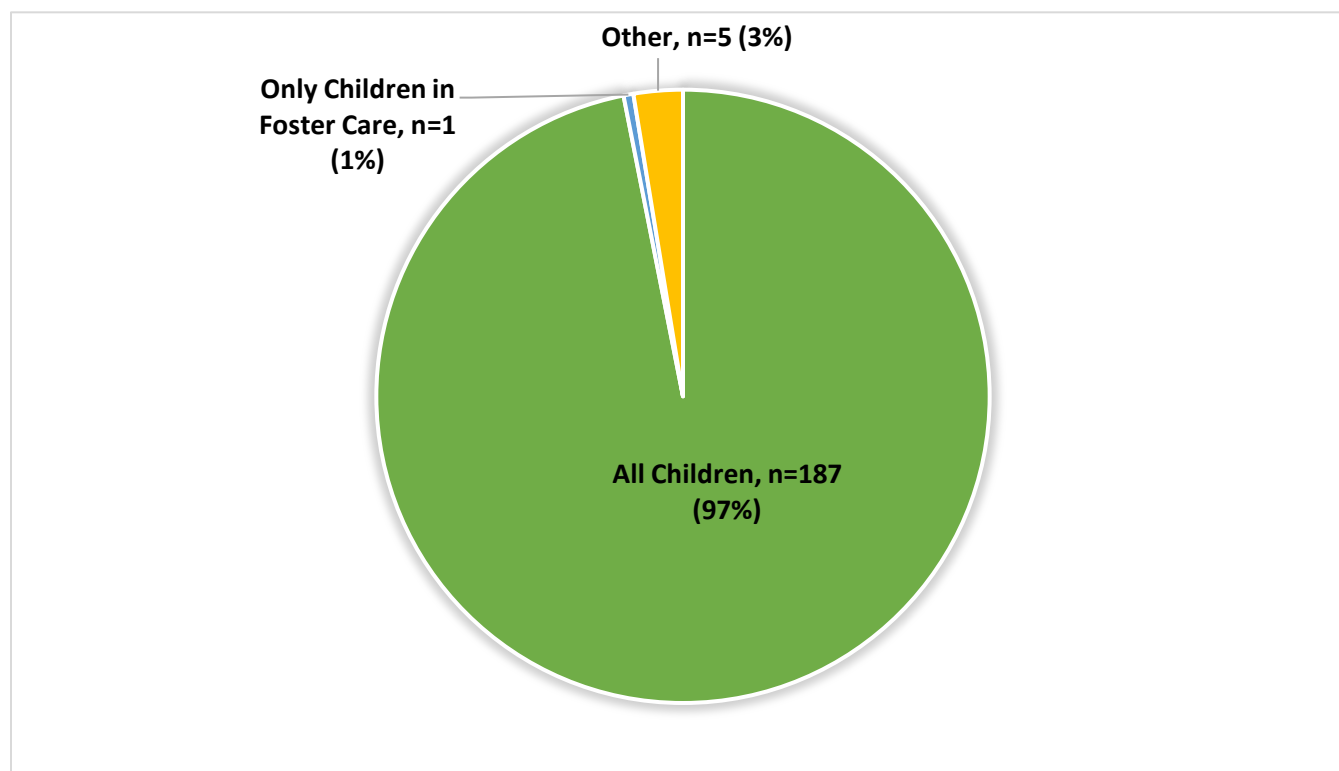


Table 145 - Categories of Children Managed and Monitored for Appropriate Use of Antipsychotic Drugs

Response	States (Count of MCPs)	Count	Percentage
All children	Arizona (6), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (4), Florida (10), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (4), Massachusetts (5), Michigan (8), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), North Carolina (5), Ohio (1), Oregon (4), Pennsylvania (6), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (16), Utah (3), Virginia (7), Washington (5)	187	96.89%
Only children in foster care	Michigan (1)	1	0.52%
Other	Arizona (1), District of Columbia (1), Oregon (3)	5	2.59%
National Totals		193	100%

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

Figure 139 - Edits in Place to Monitor the Appropriate Use of Antipsychotic Drugs in Children

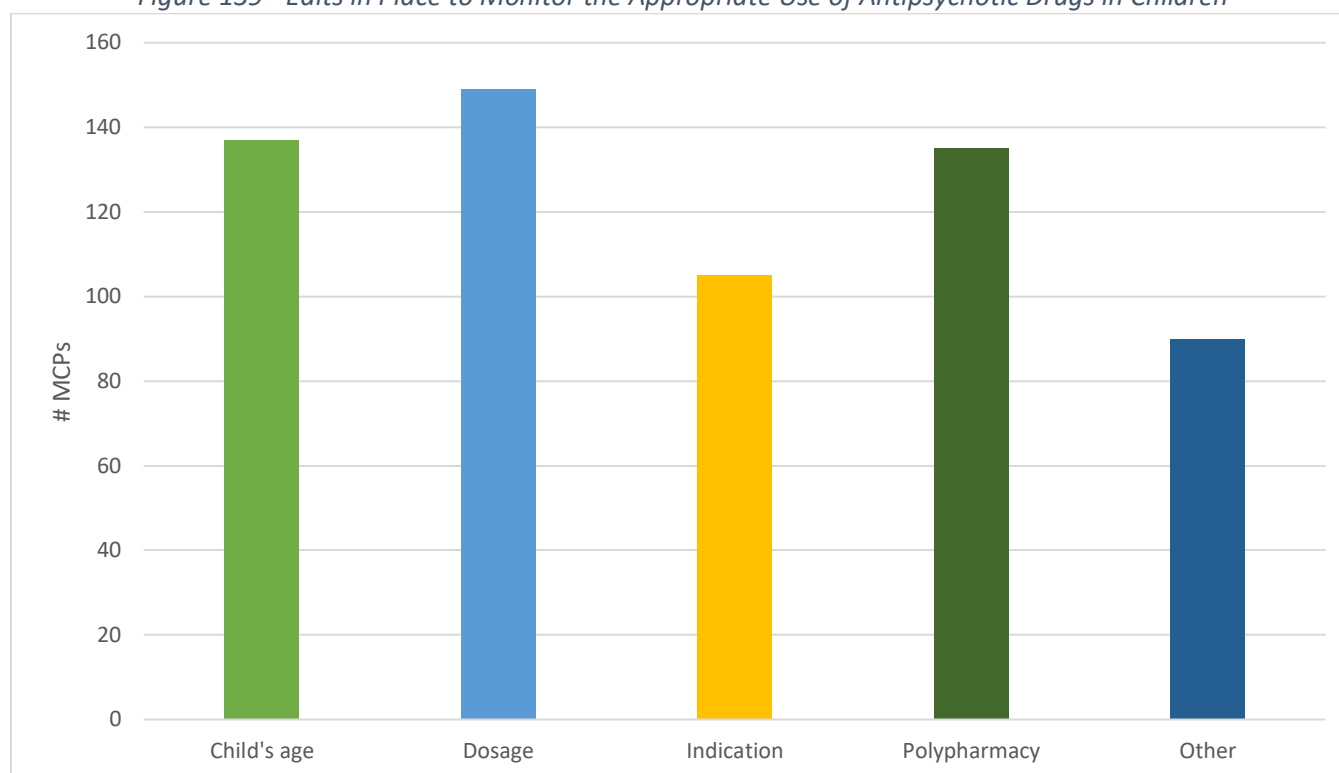


Table 146 - Edits in Place to Monitor the Appropriate Use of Antipsychotic Drugs in Children

Response	States (Count of MCPs)	Count	Percentage
Child's age	Arizona (7), Arkansas (4), Delaware (2), District of Columbia (4), Florida (7), Georgia (2), Hawaii (2), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (1), Massachusetts (5), Michigan (3), Minnesota (6), Mississippi (2), Nebraska (3), Nevada (2), New Hampshire (2), New Jersey (4), New Mexico (2), New York (13), North Carolina (3), Ohio (1), Pennsylvania (6), South Carolina (3), Texas (13), Virginia (7), Washington (5)	137	22.24%
Dosage	Arizona (6), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (4), Florida (8), Georgia (3), Hawaii (5), Illinois (5), Indiana (5), Kansas (3), Kentucky (6), Louisiana (5), Massachusetts (3), Michigan (3), Minnesota (6), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (10), North Carolina (5), Ohio (1), Oregon (2), Pennsylvania (6), Rhode Island (2), South Carolina (5), Texas (16), Virginia (6), Washington (5)	149	24.19%
Indication	Arizona (6), Arkansas (3), Colorado (1), Delaware (2), District of Columbia (2), Florida (4), Hawaii (3), Illinois (2), Indiana (4), Kansas (2), Kentucky (5), Louisiana (5), Massachusetts (3), Michigan (3), Minnesota (3), Mississippi (2), Nebraska (3), Nevada (2), New Hampshire (3), New Jersey (4), New Mexico (1), New York (8), North Carolina (5), Oregon (2), Pennsylvania (3), South Carolina (3), Texas (13), Virginia (6), Washington (2)	105	17.05%

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Response	States (Count of MCPs)	Count	Percentage
Polypharmacy	Arizona (6), Arkansas (4), Colorado (1), Delaware (3), District of Columbia (4), Florida (8), Georgia (3), Hawaii (5), Illinois (3), Indiana (5), Iowa (3), Kansas (3), Louisiana (2), Massachusetts (5), Michigan (2), Minnesota (4), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (3), New Mexico (1), New York (13), North Carolina (4), Ohio (1), Oregon (1), Pennsylvania (6), Rhode Island (1), South Carolina (5), Texas (15), Utah (1), Virginia (6), Washington (4)	135	21.92%
Other	Arizona (3), Arkansas (2), Colorado (2), District of Columbia (3), Florida (7), Georgia (2), Hawaii (5), Illinois (4), Indiana (4), Kansas (2), Kentucky (1), Louisiana (1), Maryland (3), Michigan (7), Minnesota (3), Mississippi (1), Nebraska (1), Nevada (2), New Hampshire (2), New Jersey (3), New Mexico (1), New York (3), North Carolina (2), Ohio (1), Oregon (4), Pennsylvania (2), Puerto Rico (4), Rhode Island (2), South Carolina (1), Texas (3), Utah (2), Virginia (2), Washington (5)	90	14.61%
National Totals		616	100%

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

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

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

Figure 140 - Future Plans to Implement an Antipsychotic Monitoring Program

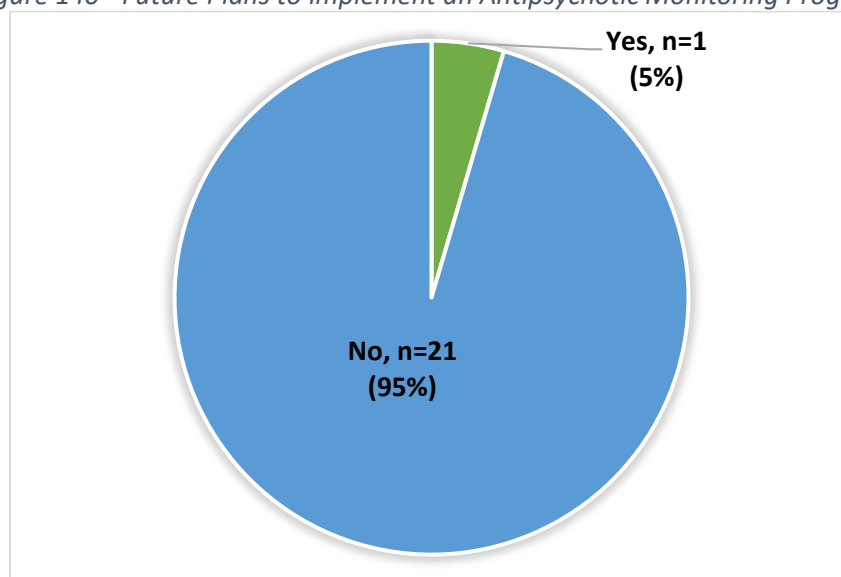


Table 147 - Future Plans to Implement an Antipsychotic Monitoring Program

Response	States (Count of MCPs)	Count	Percentage
Yes	Oregon (1)	1	4.55%
No	Florida (1), Maryland (5), Oregon (13), Pennsylvania (1), Utah (1)	21	95.45%
National Totals		22	100%

Stimulants

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

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

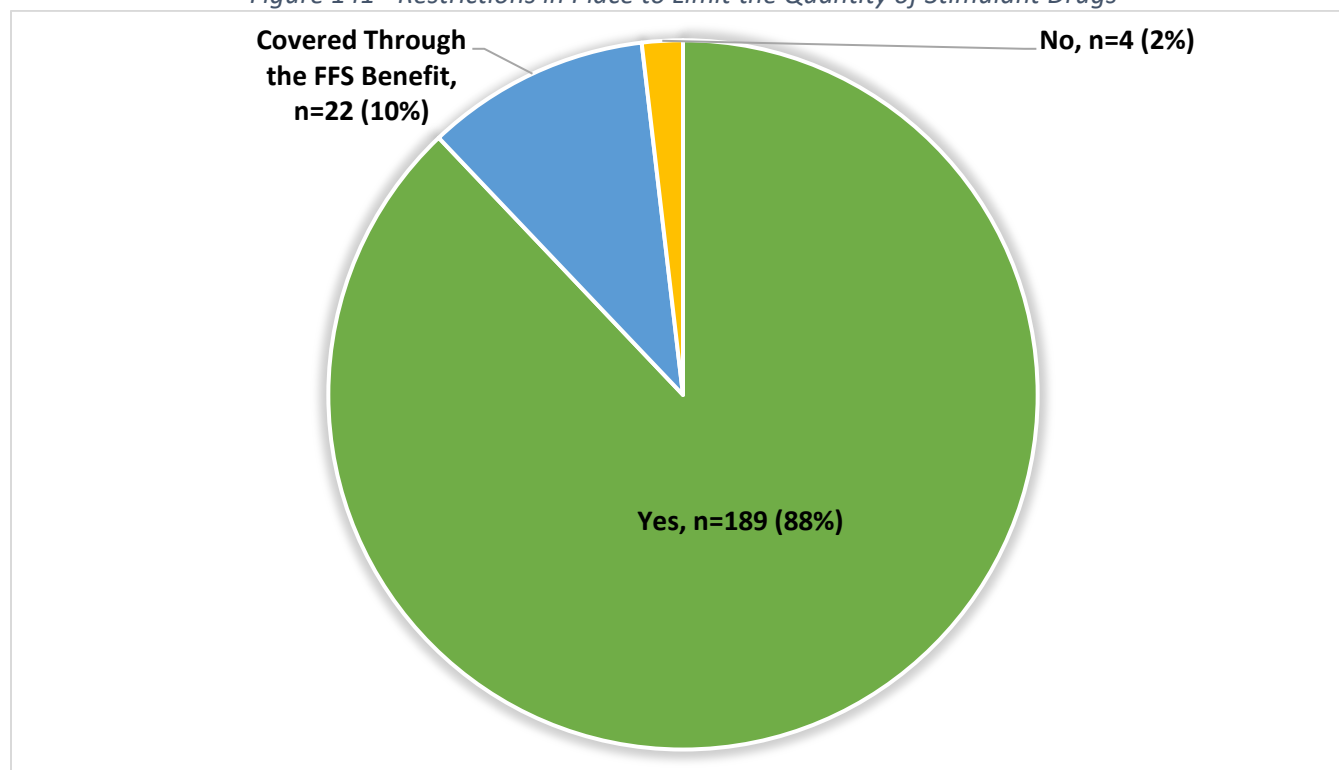


Table 148 - Restrictions in Place to Limit the Quantity of Stimulant Drugs

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (5), Florida (11), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Massachusetts (5), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), North Carolina (5), Ohio (1), Oregon (21), Pennsylvania (7), Rhode Island (3), South Carolina (5), Texas (16), Virginia (7), Washington (5)	189	87.91%
Covered through the FFS benefit	Maryland (9), Michigan (9), Utah (4)	22	10.23%
No	Puerto Rico (4)	4	1.86%
National Totals		215	100%

4. Does your MCP 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

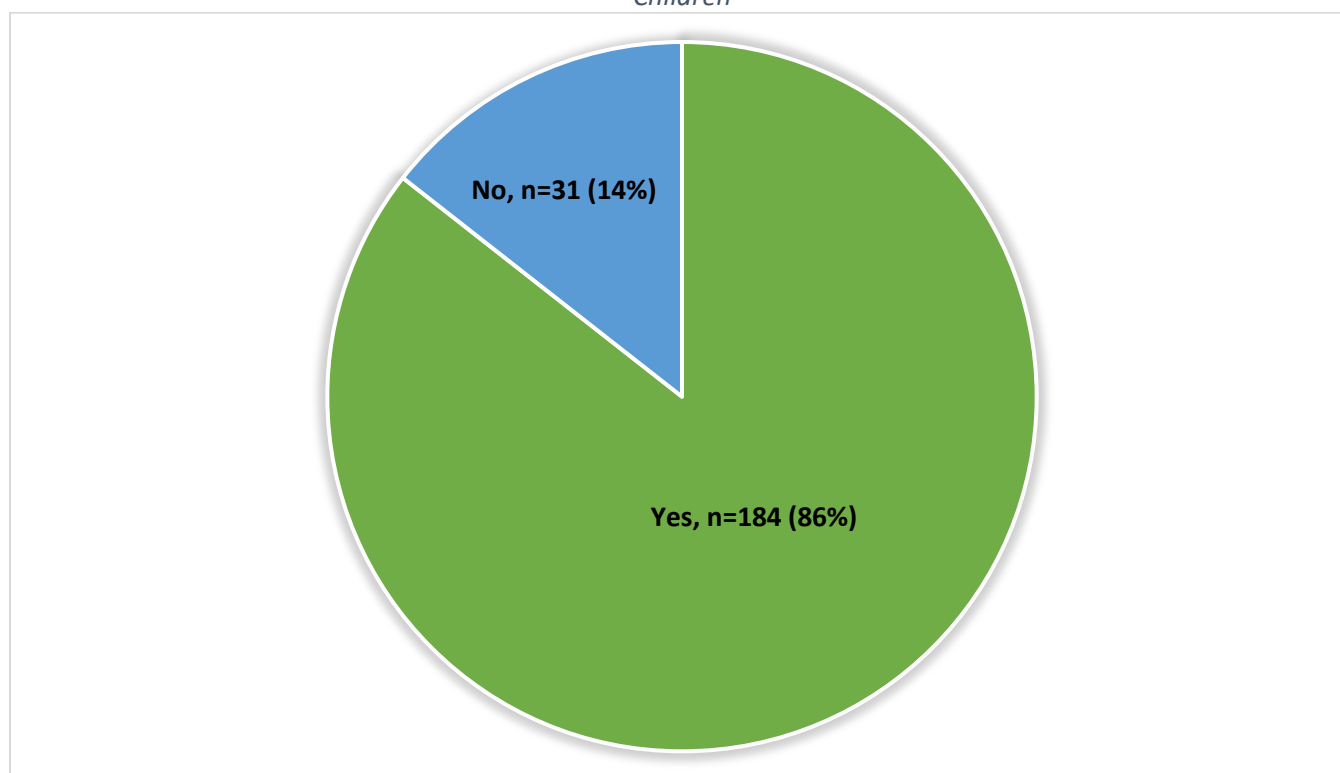


Table 149 - Documented Program in Place to Manage and Monitor the Appropriate Use of Stimulant Drugs in Children

Responses	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (1), Delaware (3), District of Columbia (2), Florida (10), Georgia (3), Hawaii (6), Illinois (5), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (2), Massachusetts (5), Michigan (4), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), North Carolina (5), Ohio (1), Oregon (19), Pennsylvania (5), Rhode Island (2), South Carolina (5), Texas (16), Utah (2), Virginia (7), Washington (5)	184	85.58%
No	Colorado (1), District of Columbia (3), Florida (1), Illinois (1), Maryland (7), Michigan (5), Minnesota (2), Oregon (2), Pennsylvania (2), Puerto Rico (4), Rhode Island (1), Utah (2)	31	14.42%
National Totals		215	100%

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

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

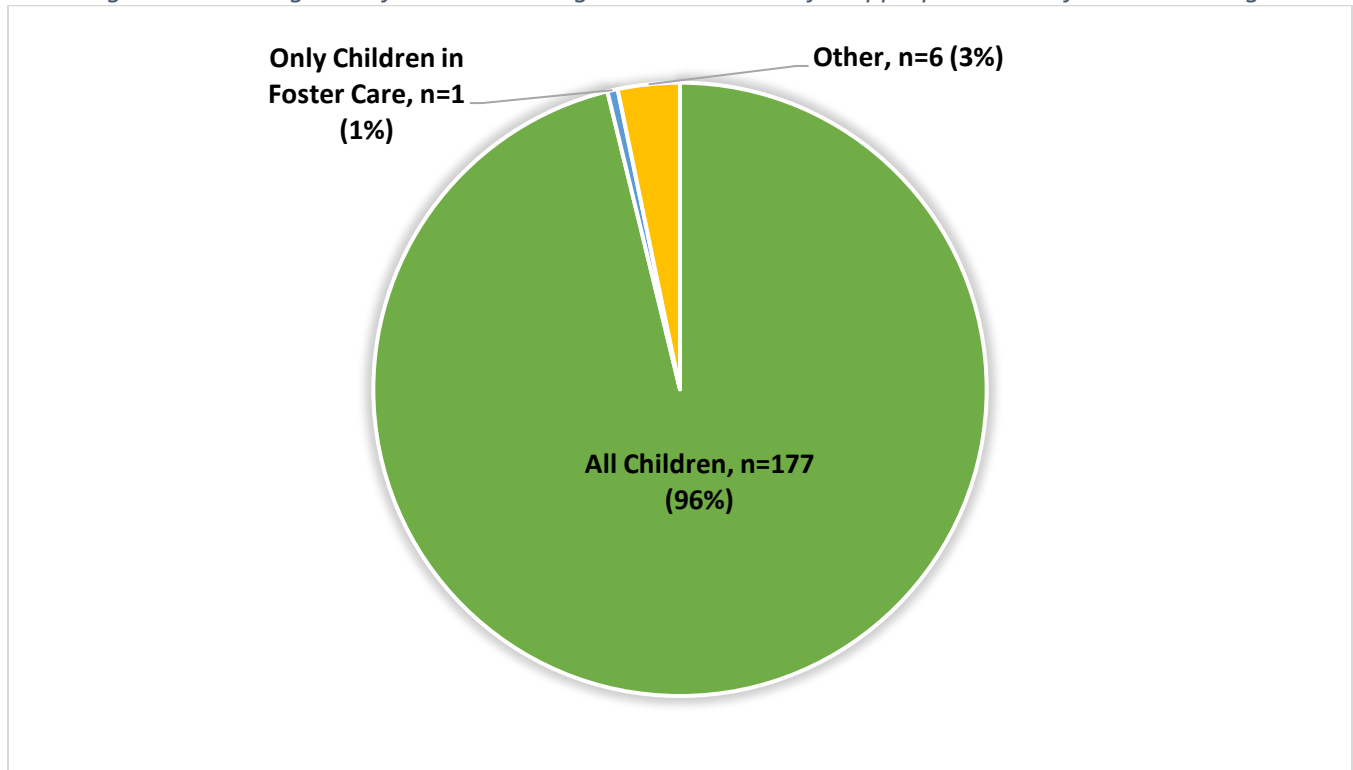


Table 150 - Categories of Children Managed and Monitored for Appropriate Use of Stimulant Drugs

Response	States (Count of MCPs)	Count	Percentage
All children	Arizona (6), Arkansas (4), Colorado (1), Delaware (2), District of Columbia (1), Florida (10), Georgia (3), Hawaii (6), Illinois (4), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (2), Massachusetts (5), Michigan (3), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), North Carolina (5), Ohio (1), Oregon (19), Pennsylvania (3), Rhode Island (2), South Carolina (5), Texas (16), Utah (2), Virginia (7), Washington (5)	177	96.20%
Only children in foster care	Michigan (1)	1	0.54%
Other	Arizona (1), Delaware (1), District of Columbia (1), Illinois (1), Pennsylvania (2)	6	3.26%
National Totals		184	100%

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

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

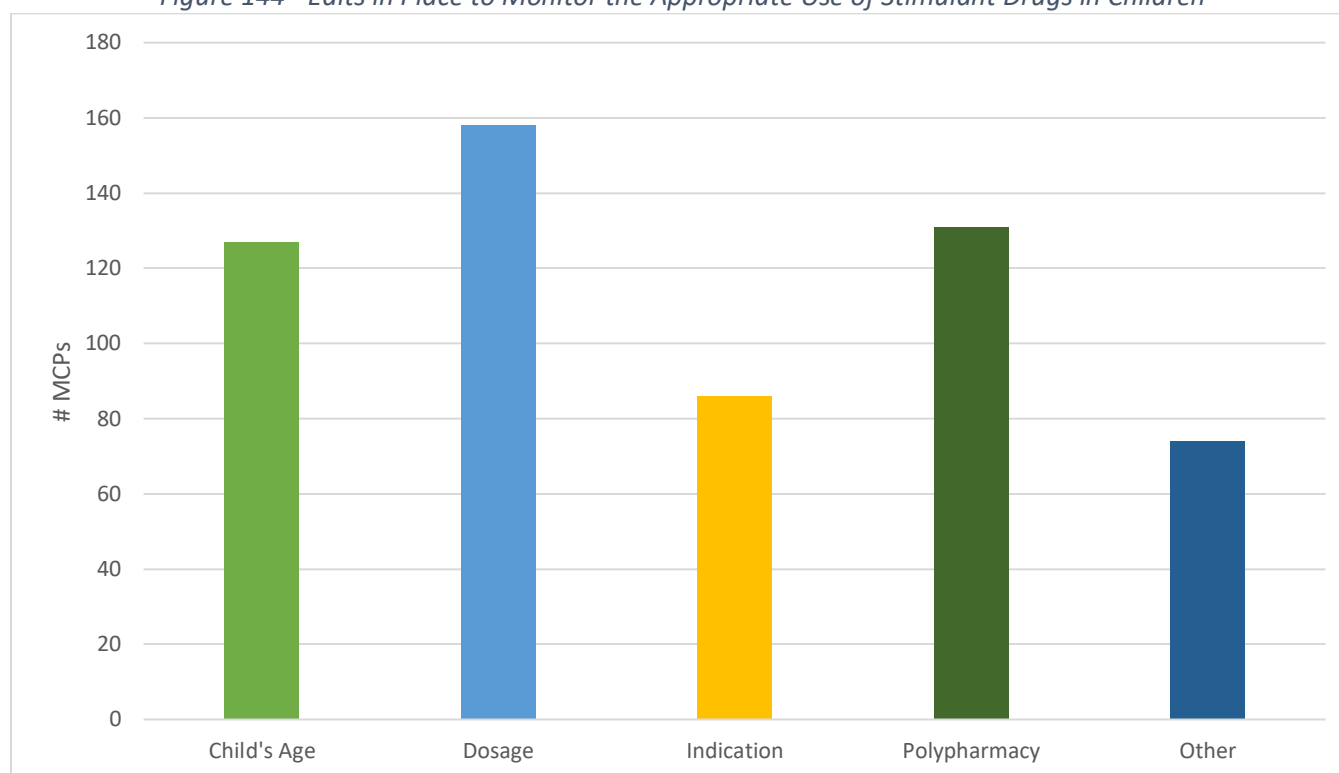


Table 151 - Edits in Place to Monitor the Appropriate Use of Stimulant Drugs in Children

Response	States (Count of MCPs)	Count	Percentage
Child's Age	Arizona (7), Arkansas (4), Delaware (2), District of Columbia (2), Florida (8), Georgia (1), Hawaii (1), Illinois (5), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Massachusetts (5), Michigan (1), Minnesota (3), Mississippi (1), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (3), New Mexico (2), New York (12), North Carolina (3), Ohio (1), Oregon (4), Pennsylvania (4), South Carolina (3), Texas (14), Virginia (6), Washington (5)	127	22.05%
Dosage	Arizona (7), Arkansas (4), Colorado (1), Delaware (3), District of Columbia (2), Florida (9), Georgia (3), Hawaii (5), Illinois (4), Indiana (5), Iowa (3), Kansas (2), Kentucky (6), Louisiana (2), Massachusetts (4), Minnesota (5), Mississippi (2), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (13), North Carolina (5), Ohio (1), Oregon (16), Pennsylvania (5), Rhode Island (1), South Carolina (5), Texas (16), Virginia (6), Washington (5)	158	27.43%
Indication	Arizona (4), Arkansas (3), Colorado (1), Delaware (1), Florida (2), Georgia (1), Hawaii (4), Illinois (1), Indiana (4), Kentucky (6), Louisiana (4), Massachusetts (3), Minnesota (1), Mississippi (2), Nebraska (2), New Hampshire (3), New Jersey (4), New Mexico (1), New York (8), North Carolina (2), Oregon (2), Pennsylvania (3), Rhode Island (1), South Carolina (2), Texas (14), Virginia (5), Washington (2)	86	14.93%

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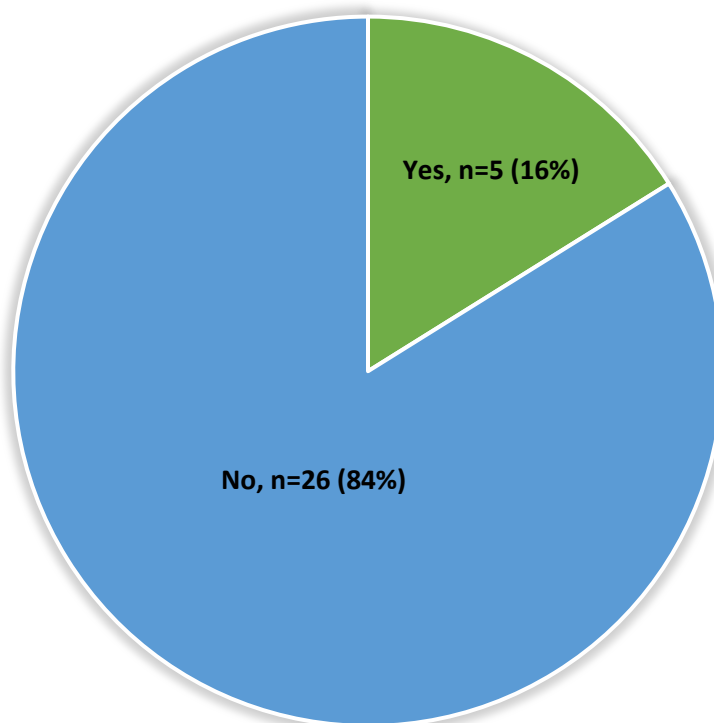
Response	States (Count of MCPs)	Count	Percentage
Polypharmacy	Arizona (6), Arkansas (4), Colorado (1), Delaware (2), District of Columbia (2), Florida (9), Georgia (2), Hawaii (5), Illinois (3), Indiana (5), Kansas (1), Louisiana (3), Massachusetts (5), Minnesota (5), Mississippi (2), Nebraska (3), Nevada (2), New Hampshire (3), New Jersey (4), New Mexico (2), New York (13), North Carolina (4), Ohio (1), Oregon (6), Pennsylvania (5), Rhode Island (1), South Carolina (5), Texas (15), Utah (1), Virginia (6), Washington (5)	131	22.74%
Other	Arizona (1), Arkansas (2), Colorado (1), Delaware (1), District of Columbia (1), Florida (8), Georgia (1), Hawaii (5), Illinois (3), Indiana (4), Kansas (2), Kentucky (1), Louisiana (1), Maryland (2), Michigan (3), Minnesota (2), Mississippi (2), Nebraska (1), Nevada (2), New Hampshire (3), New Jersey (4), New Mexico (1), New York (3), North Carolina (1), Oregon (4), Pennsylvania (3), Rhode Island (2), South Carolina (1), Texas (2), Utah (1), Virginia (1), Washington (5)	74	12.85%
National Totals		576	100%

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

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

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

Figure 145 - Future Plans to Implement a Stimulant Monitoring Program



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Table 152 Future Plans to Implement a Stimulant Monitoring Program

Response	States (Count of MCPs)	Count	Percentage
Yes	Colorado (1), District of Columbia (1), Maryland (1), Michigan (1), Minnesota (1)	5	16.13%
No	District of Columbia (2), Florida (1), Illinois (1), Maryland (6), Michigan (4), Minnesota (1), Oregon (2), Pennsylvania (2), Puerto Rico (4), Rhode Island (1), Utah (2)	26	83.87%
National Totals		31	100%

Antidepressants

5. Does your MCP 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 Appropriate Use of Antidepressant Drugs in Children

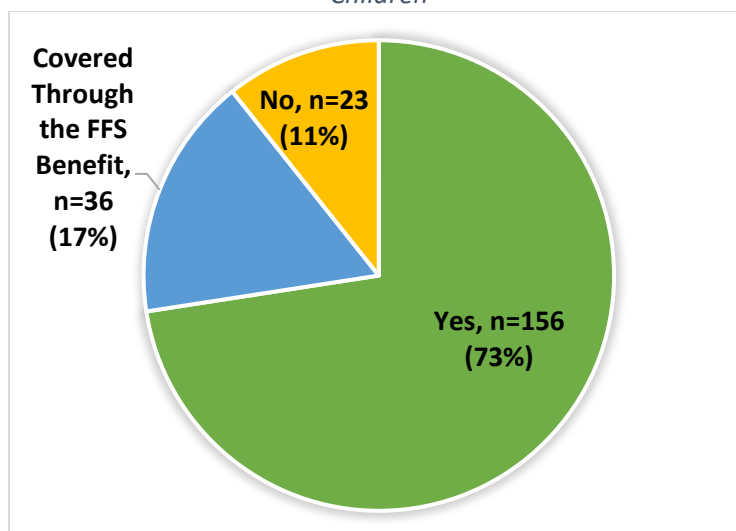


Table 153 - Documented Program in Place to Manage and Monitor Appropriate Use of Antidepressant Drugs in Children

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (3), Colorado (1), Delaware (3), District of Columbia (2), Florida (10), Georgia (3), Hawaii (6), Illinois (5), Indiana (5), Kansas (3), Kentucky (6), Louisiana (5), Maryland (1), Massachusetts (5), Michigan (3), Minnesota (5), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (14), North Carolina (5), Ohio (1), Oregon (3), Pennsylvania (4), Rhode Island (2), South Carolina (5), Texas (16), Virginia (7), Washington (5)	156	72.56%
Covered through the FFS benefit	Maryland (8), Michigan (6), Oregon (18), Utah (4)	36	16.74%
No	Arkansas (1), Colorado (1), District of Columbia (3), Florida (1), Illinois (1), Iowa (3), Minnesota (4), New York (1), Pennsylvania (3), Puerto Rico (4), Rhode Island (1)	23	10.70%
National Totals		215	100%

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If “Yes,” does your MCP manage and monitor:

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

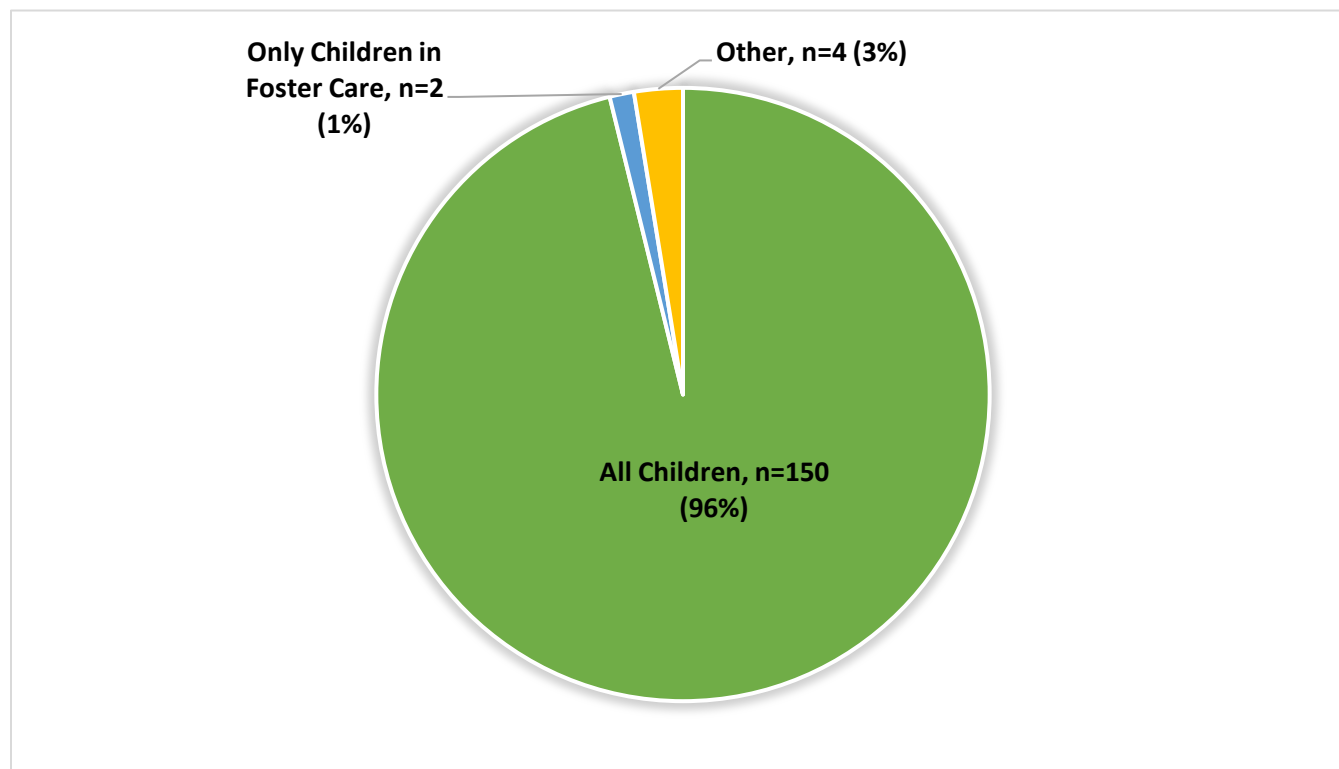


Table 154 - Categories of Children Managed and Monitored for Appropriate Use of Antidepressant Drugs

Response	States (Count of MCPs)	Count	Percentage
All children	Arizona (6), Arkansas (3), Colorado (1), Delaware (3), District of Columbia (2), Florida (10), Georgia (3), Hawaii (6), Illinois (4), Indiana (5), Kansas (3), Kentucky (6), Louisiana (5), Maryland (1), Massachusetts (5), Michigan (2), Minnesota (5), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (4), New Mexico (3), New York (14), North Carolina (4), Ohio (1), Oregon (3), Pennsylvania (4), Rhode Island (2), South Carolina (4), Texas (16), Virginia (7), Washington (5)	150	96.15%
Only children in foster care	Michigan (1), South Carolina (1)	2	1.28%
Other	Arizona (1), Illinois (1), New Jersey (1), North Carolina (1)	4	2.56%
National Totals		156	100%

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

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

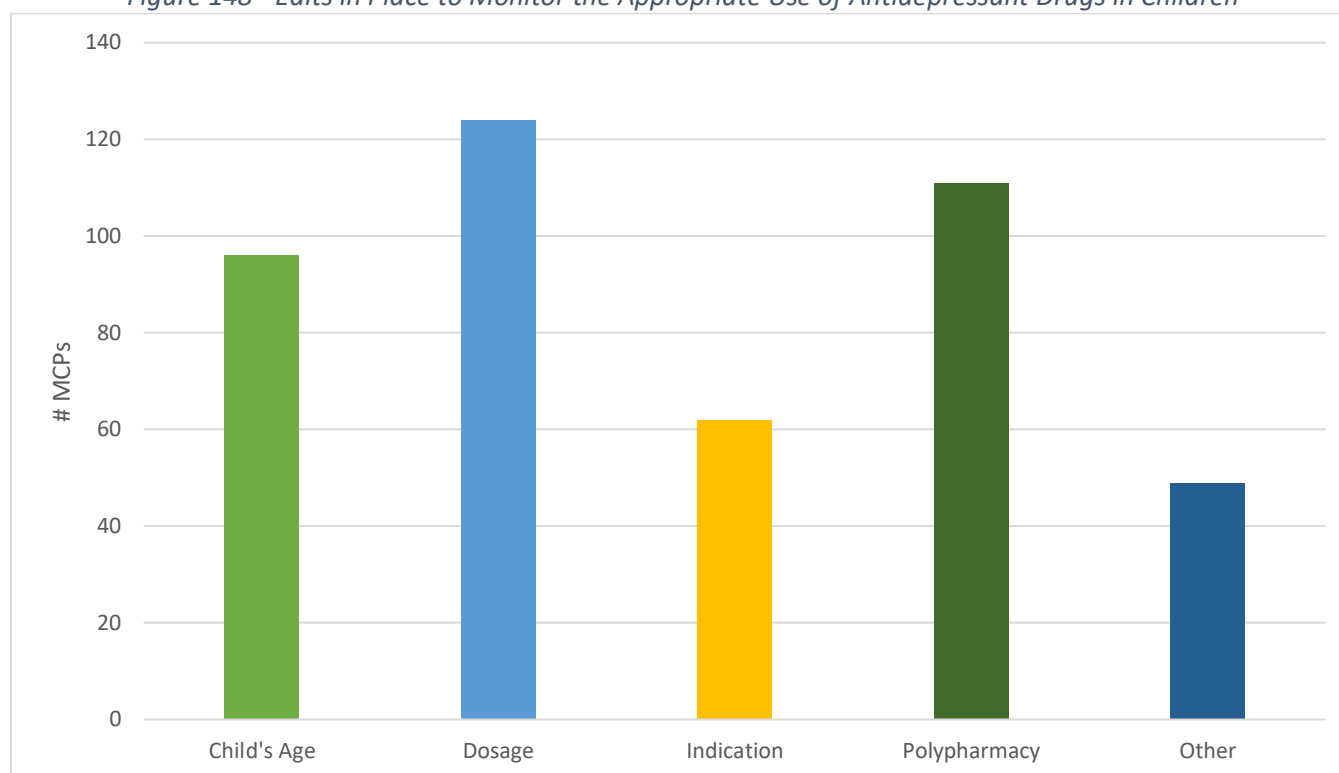


Table 155 - Edits in Place to Monitor the Appropriate Use of Antidepressant Drugs in Children

Response	States (Count of MCPs)	Count	Percentage
Child's Age	Arizona (7), Arkansas (3), Delaware (1), District of Columbia (2), Florida (8), Georgia (1), Hawaii (1), Illinois (1), Indiana (5), Kansas (1), Louisiana (5), Massachusetts (5), Minnesota (4), Mississippi (1), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (3), New Mexico (2), New York (12), North Carolina (3), Ohio (1), South Carolina (4), Texas (8), Virginia (5), Washington (5)	96	21.72%
Dosage	Arizona (7), Arkansas (3), Colorado (1), Delaware (2), District of Columbia (2), Florida (7), Georgia (3), Hawaii (3), Illinois (4), Indiana (5), Kansas (3), Kentucky (6), Louisiana (2), Massachusetts (4), Minnesota (5), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (10), North Carolina (4), Ohio (1), Oregon (1), Pennsylvania (4), Rhode Island (1), South Carolina (5), Texas (11), Virginia (5), Washington (4)	124	28.05%
Indication	Arizona (5), Arkansas (3), Delaware (1), Florida (3), Georgia (1), Hawaii (1), Indiana (4), Louisiana (2), Massachusetts (3), Mississippi (1), Nebraska (2), Nevada (1), New Hampshire (3), New Jersey (3), New Mexico (2), New York (6), North Carolina (2), Oregon (2), Pennsylvania (2), South Carolina (4), Texas (5), Virginia (4), Washington (2)	62	14.03%

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Response	States (Count of MCPs)	Count	Percentage
Polypharmacy	Arizona (5), Arkansas (3), Colorado (1), Delaware (3), District of Columbia (2), Florida (6), Georgia (2), Hawaii (3), Illinois (3), Indiana (5), Kansas (3), Louisiana (1), Massachusetts (5), Minnesota (4), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (2), New Mexico (1), New York (10), North Carolina (4), Ohio (1), Oregon (1), Pennsylvania (4), Rhode Island (1), South Carolina (4), Texas (14), Virginia (7), Washington (5)	111	25.11%
Other	Arizona (1), Arkansas (2), Delaware (1), District of Columbia (1), Florida (5), Georgia (1), Hawaii (3), Illinois (2), Indiana (4), Kansas (2), Louisiana (1), Maryland (1), Michigan (3), Mississippi (2), Nebraska (1), Nevada (1), New Hampshire (3), New Jersey (2), New Mexico (1), New York (3), Oregon (1), Rhode Island (1), South Carolina (1), Texas (1), Washington (5)	49	11.09%
National Totals		442	100%

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

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

c. If “No” or “Covered through the FFS benefit,” does your MCP plan on implementing an antidepressant program in the future?

Figure 149 - Future Plans to Implement an Antidepressant Monitoring Program

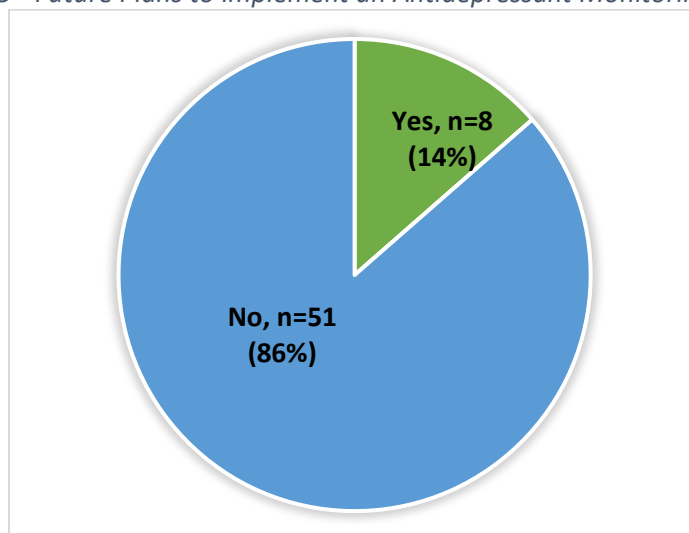


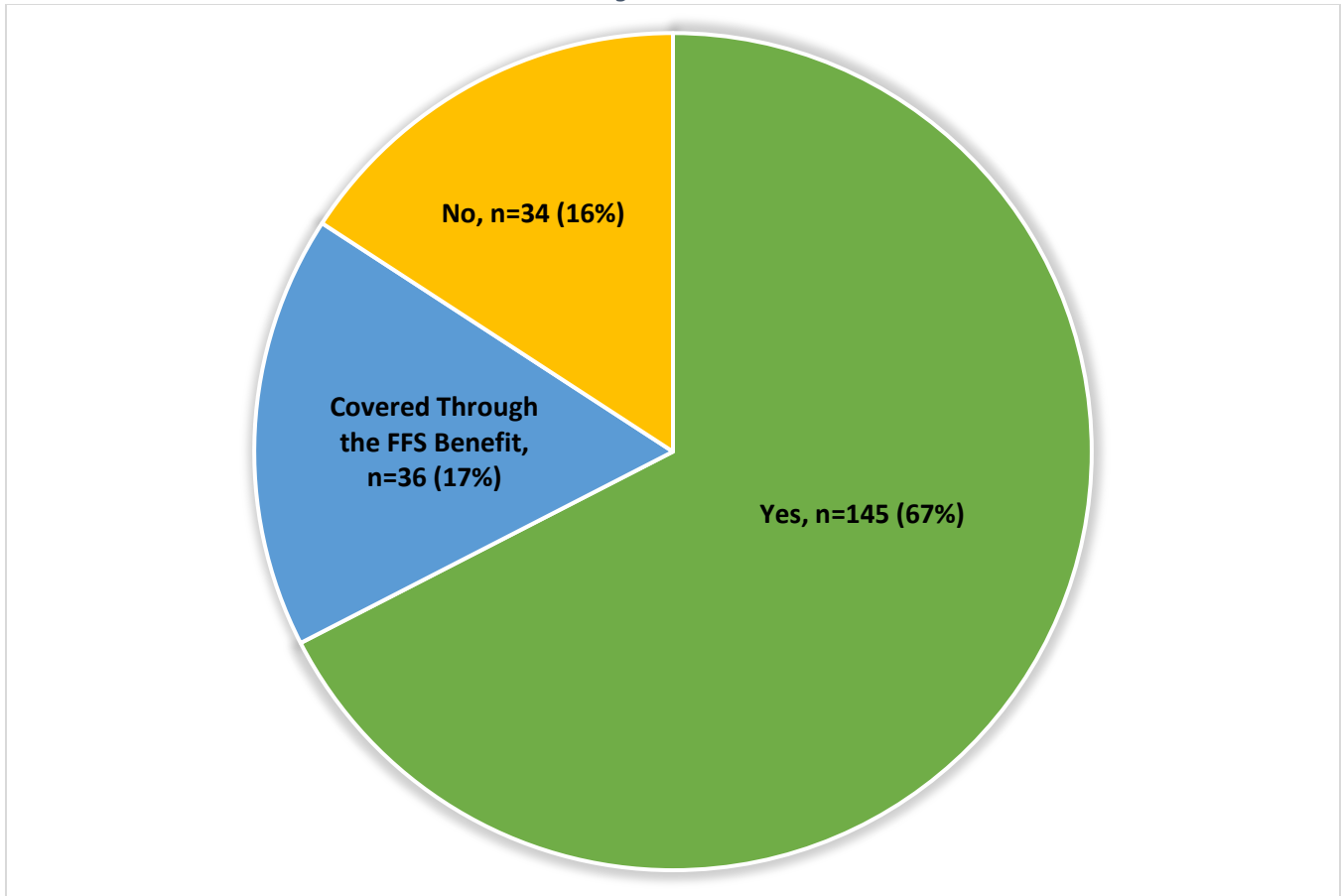
Table 156 - Future Plans to Implement an Antidepressant Monitoring Program

Response	States (Count of MCPs)	Count	Percentage
Yes	Arkansas (1), Colorado (1), District of Columbia (1), Maryland (1), Michigan (1), New York (1), Utah (2)	8	13.56%
No	District of Columbia (2), Florida (1), Illinois (1), Iowa (3), Maryland (7), Michigan (5), Minnesota (4), Oregon (18), Pennsylvania (3), Puerto Rico (4), Rhode Island (1), Utah (2)	51	86.44%
National Totals		59	100%

Mood Stabilizers

6. Does your MCP 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



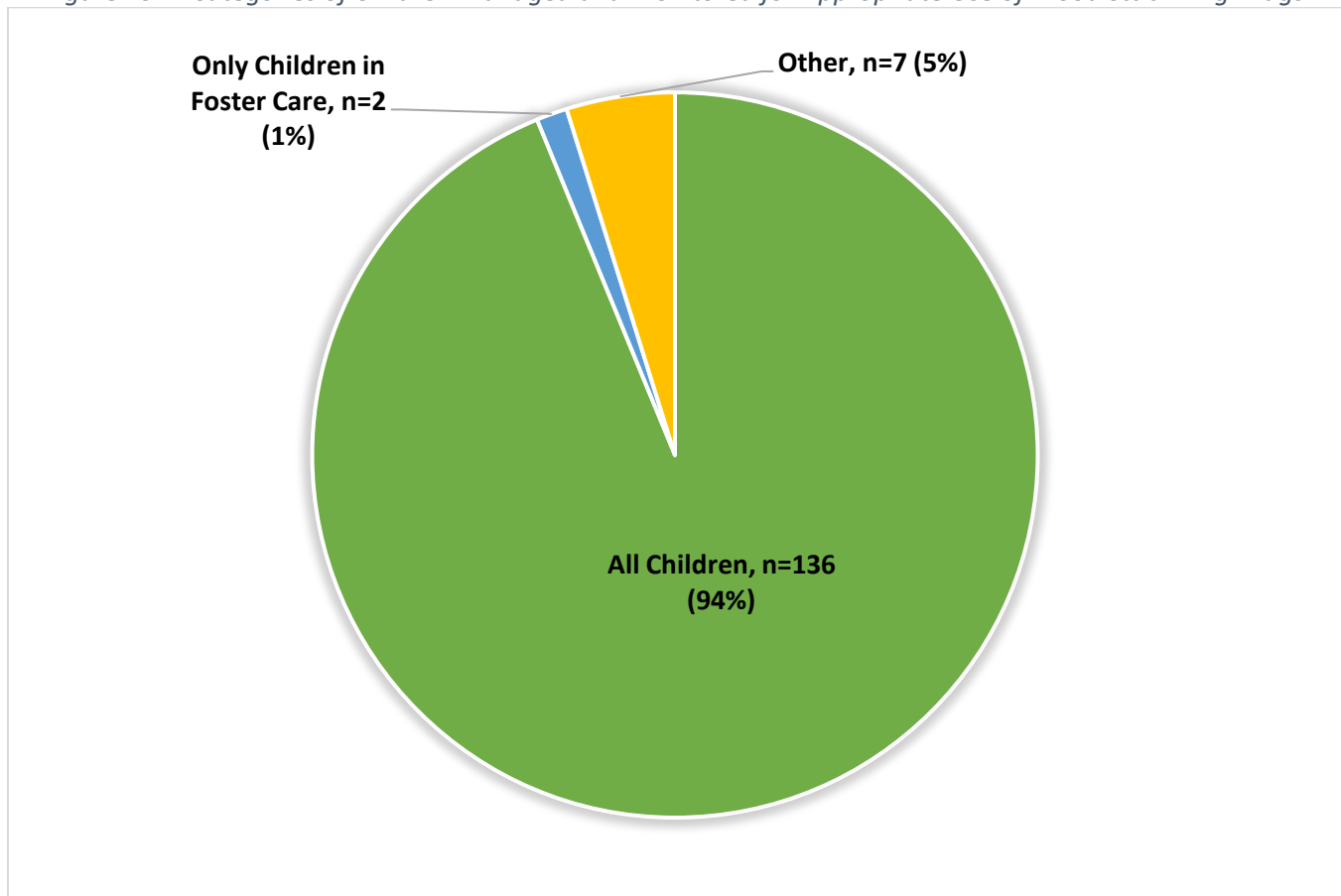
National Medicaid MCP FFY 2023 DUR Annual Report

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

Responses	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (1), Delaware (2), District of Columbia (2), Florida (10), Georgia (3), Hawaii (6), Illinois (4), Indiana (5), Kansas (3), Kentucky (6), Louisiana (5), Maryland (1), Massachusetts (5), Michigan (3), Minnesota (5), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (4), New Mexico (3), New York (13), North Carolina (4), Ohio (1), Oregon (3), Pennsylvania (2), Rhode Island (2), South Carolina (5), Texas (12), Virginia (6), Washington (5)	145	67.44%
Covered through the FFS benefit	Maryland (8), Michigan (6), Oregon (18), Utah (4)	36	16.74%
No	Colorado (1), Delaware (1), District of Columbia (3), Florida (1), Illinois (2), Iowa (3), Minnesota (4), New Jersey (1), New York (2), North Carolina (1), Pennsylvania (5), Puerto Rico (4), Rhode Island (1), Texas (4), Virginia (1)	34	15.81%
National Totals		215	100%

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

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



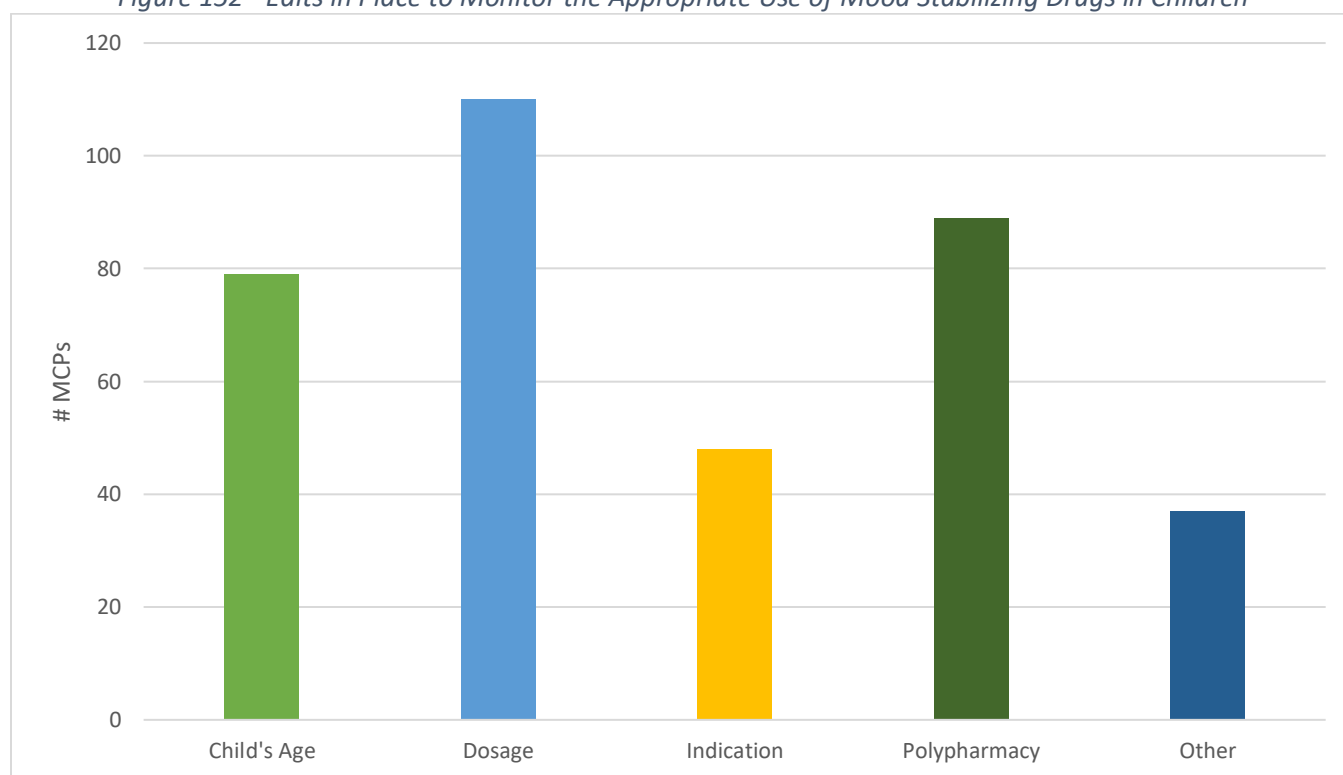
National Medicaid MCP FFY 2023 DUR Annual Report

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

Response	States (Count of MCPs)	Count	Percentage
All children	Arizona (6), Arkansas (3), Colorado (1), Delaware (2), District of Columbia (2), Florida (10), Georgia (3), Hawaii (6), Illinois (3), Indiana (5), Kansas (1), Kentucky (6), Louisiana (5), Maryland (1), Massachusetts (5), Michigan (2), Minnesota (5), Mississippi (2), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (4), New Mexico (3), New York (13), North Carolina (3), Ohio (1), Oregon (3), Pennsylvania (2), Rhode Island (2), South Carolina (4), Texas (12), Virginia (6), Washington (5)	136	93.79%
Only children in foster care	Michigan (1), South Carolina (1)	2	1.38%
Other	Arizona (1), Arkansas (1), Illinois (1), Kansas (2), Mississippi (1), North Carolina (1)	7	4.83%
National Totals		145	100%

b. If “Yes,” does your MCP 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



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

Response	States (Count of MCPs)	Count	Percentage
Child's Age	Arizona (5), Arkansas (1), Delaware (1), District of Columbia (2), Florida (8), Georgia (1), Hawaii (1), Illinois (1), Indiana (5), Louisiana (4), Massachusetts (5), Minnesota (4), Mississippi (1), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (1), New Mexico (2), New York (9), North Carolina (1), Ohio (1), South Carolina (4), Texas (4), Virginia (5), Washington (5)	79	21.76%
Dosage	Arizona (7), Arkansas (3), Colorado (1), Delaware (2), District of Columbia (2), Florida (8), Georgia (3), Hawaii (3), Illinois (3), Indiana (5), Kansas (1), Kentucky (6), Louisiana (1), Massachusetts (3), Minnesota (4), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (4), New Mexico (3), New York (9), North Carolina (3), Ohio (1), Oregon (1), Pennsylvania (2), Rhode Island (1), South Carolina (5), Texas (6), Virginia (6), Washington (4)	110	30.30%
Indication	Arizona (6), Arkansas (2), Delaware (1), Florida (2), Georgia (1), Hawaii (1), Illinois (1), Indiana (4), Louisiana (1), Massachusetts (3), Nebraska (2), Nevada (1), New Hampshire (3), New Jersey (1), New Mexico (2), New York (4), North Carolina (1), Oregon (2), Pennsylvania (1), South Carolina (4), Texas (3), Virginia (1), Washington (1)	48	13.22%
Polypharmacy	Arizona (6), Arkansas (2), Delaware (2), District of Columbia (2), Florida (7), Georgia (2), Hawaii (2), Illinois (1), Indiana (5), Kansas (1), Louisiana (2), Massachusetts (5), Minnesota (3), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (2), New Mexico (1), New York (11), North Carolina (2), Ohio (1), Oregon (1), Pennsylvania (1), South Carolina (3), Texas (10), Virginia (1), Washington (5)	89	24.52%
Other	Arkansas (3), Delaware (1), District of Columbia (1), Florida (4), Georgia (1), Hawaii (3), Illinois (2), Indiana (4), Kansas (1), Maryland (1), Michigan (3), Nebraska (1), Nevada (1), New Hampshire (3), New Jersey (1), New Mexico (1), New York (1), Oregon (1), Rhode Island (1), South Carolina (1), Washington (2)	37	10.19%
National Totals		363	100%

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

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

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d. If “No” or “Covered through FFS benefit,” does your MCP plan on implementing a mood stabilizer monitoring program in the future?

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

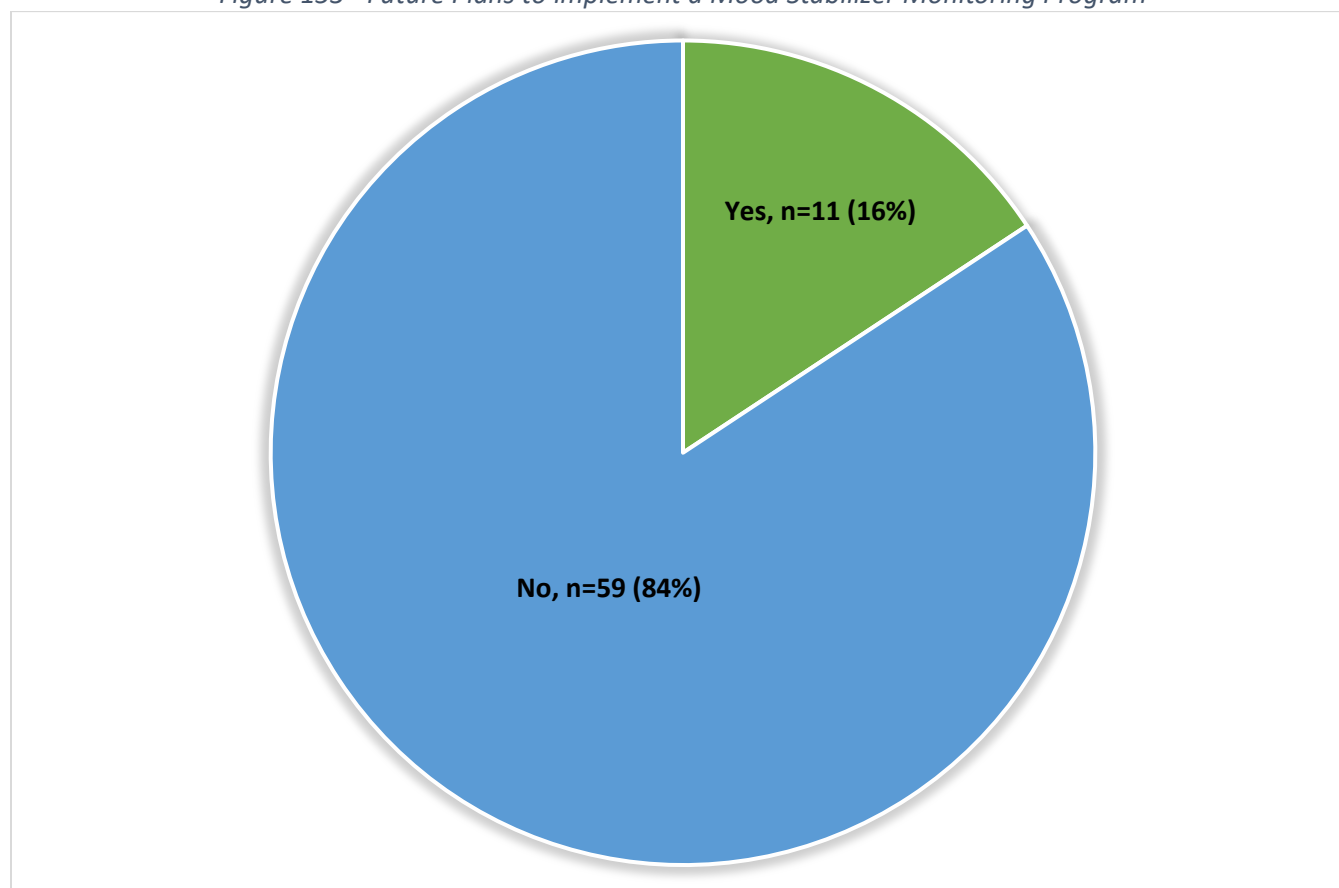


Table 160 Future Plans to Implement a Mood Stabilizer Monitoring Program

Response	States (Count of MCPs)	Count	Percentage
Yes	Colorado (1), District of Columbia (1), Illinois (1), Maryland (1), Michigan (1), Minnesota (1), New Jersey (1), New York (1), Utah (2), Virginia (1)	11	15.71%
No	Delaware (1), District of Columbia (2), Florida (1), Illinois (1), Iowa (3), Maryland (7), Michigan (5), Minnesota (3), New York (1), North Carolina (1), Oregon (18), Pennsylvania (5), Puerto Rico (4), Rhode Island (1), Texas (4), Utah (2)	59	84.29%
National Totals		70	100%

Antianxiety/Sedatives

7. Does your MCP 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 Appropriate Use of Antianxiety/Sedative Drugs in Children

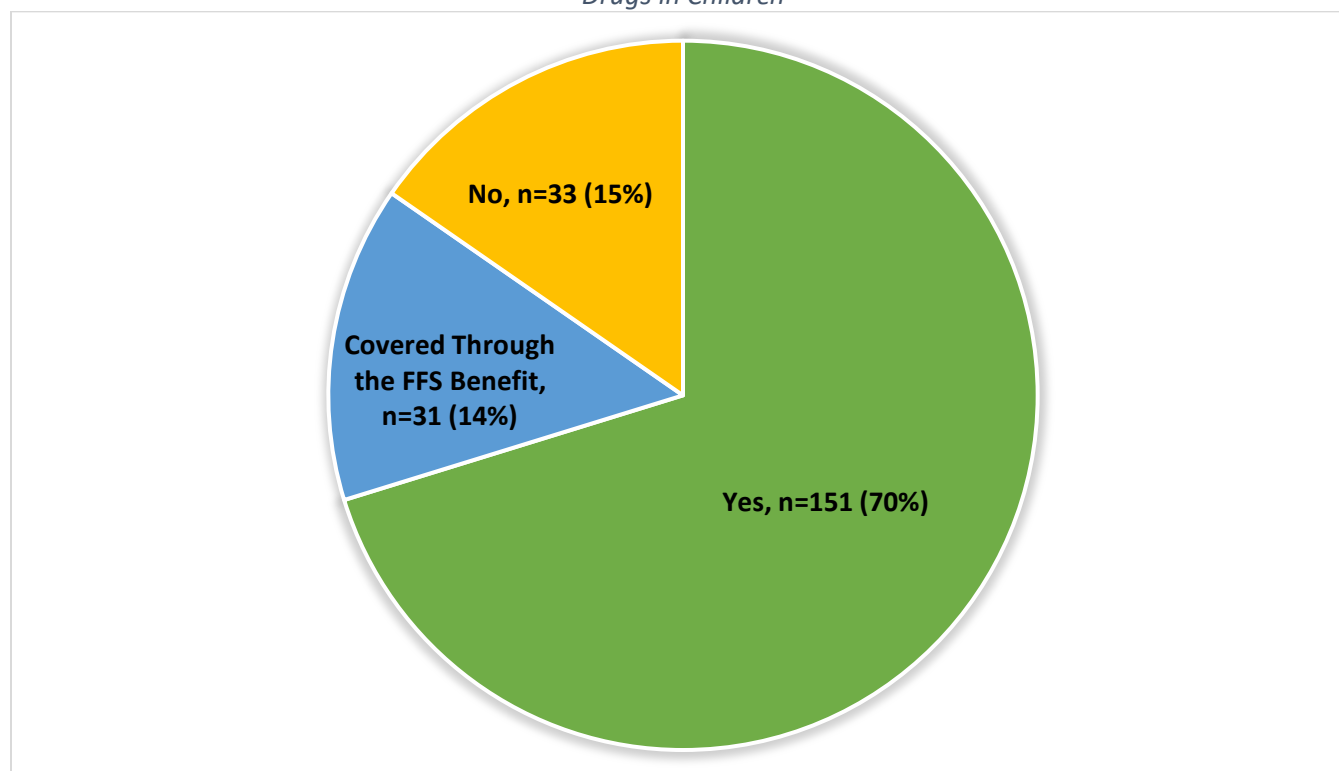


Table 161 - Documented Program in Place to Manage and Monitor Appropriate Use of Antianxiety/Sedative Drugs in Children

Response	States (Count of MCPs)	Count	Percentage
Yes	Arizona (7), Arkansas (4), Colorado (1), Delaware (3), District of Columbia (2), Florida (10), Georgia (3), Hawaii (6), Illinois (4), Indiana (5), Kansas (3), Kentucky (6), Louisiana (5), Maryland (1), Massachusetts (5), Michigan (2), Minnesota (5), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (4), New Mexico (3), New York (14), North Carolina (5), Ohio (1), Oregon (4), Pennsylvania (6), Rhode Island (2), South Carolina (5), Texas (11), Virginia (6), Washington (5)	151	70.23%
Covered through the FFS benefit	Maryland (8), Michigan (7), Oregon (12), Utah (4)	31	14.42%
No	Colorado (1), District of Columbia (3), Florida (1), Illinois (2), Iowa (3), Minnesota (4), New Jersey (1), New York (1), Oregon (5), Pennsylvania (1), Puerto Rico (4), Rhode Island (1), Texas (5), Virginia (1)	33	15.35%
National Totals		215	100%

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

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

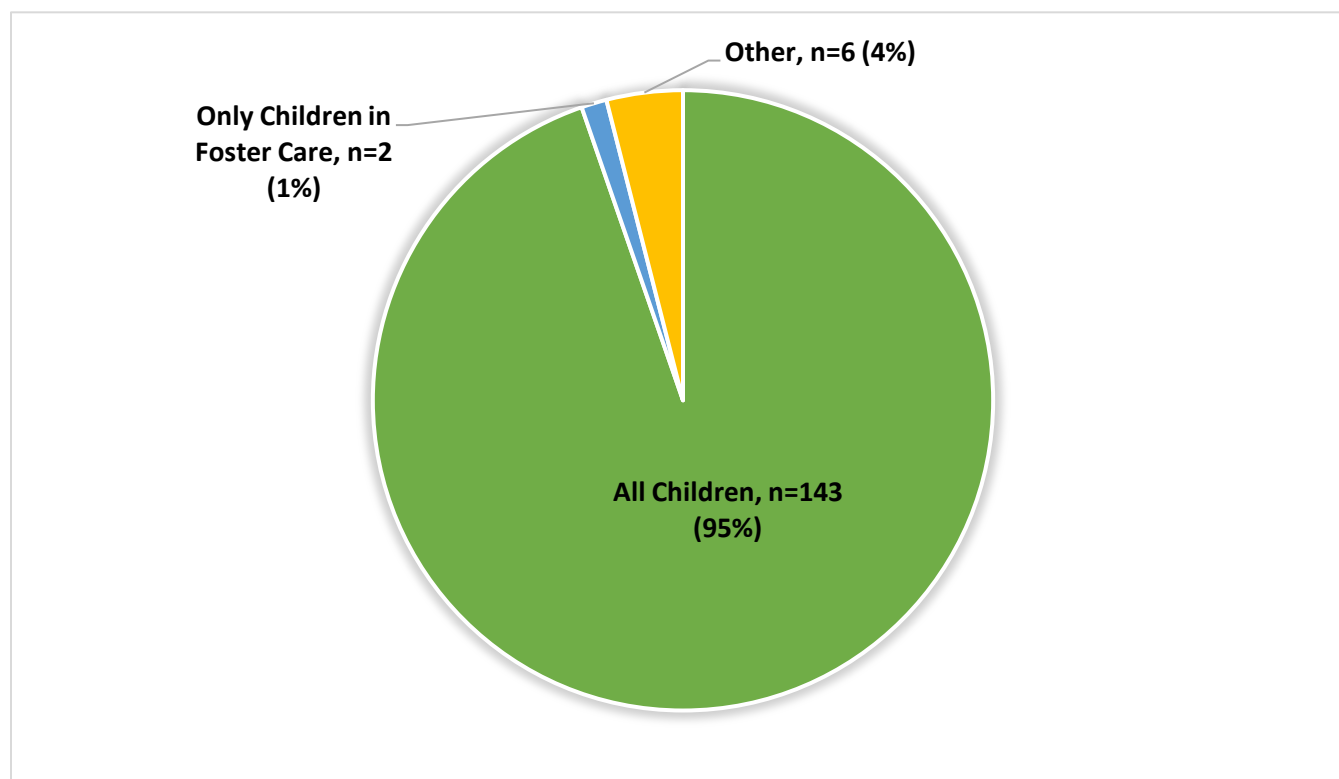


Table 162 - Categories of Children Managed and Monitored for Appropriate Use of Antianxiety/Sedative Drugs

Response	States (Count of MCPs)	Count	Percentage
All children	Arizona (6), Arkansas (4), Colorado (1), Delaware (3), District of Columbia (2), Florida (10), Georgia (3), Hawaii (6), Illinois (3), Indiana (5), Kansas (1), Kentucky (6), Louisiana (5), Maryland (1), Massachusetts (5), Michigan (1), Minnesota (5), Mississippi (2), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (4), New Mexico (3), New York (14), North Carolina (4), Ohio (1), Oregon (4), Pennsylvania (6), Rhode Island (2), South Carolina (4), Texas (11), Virginia (6), Washington (5)	143	94.70%
Only children in foster care	Michigan (1), South Carolina (1)	2	1.32%
Other	Arizona (1), Illinois (1), Kansas (2), Mississippi (1), North Carolina (1)	6	3.97%
National Totals		151	100%

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b. If “Yes,” does your MCP 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

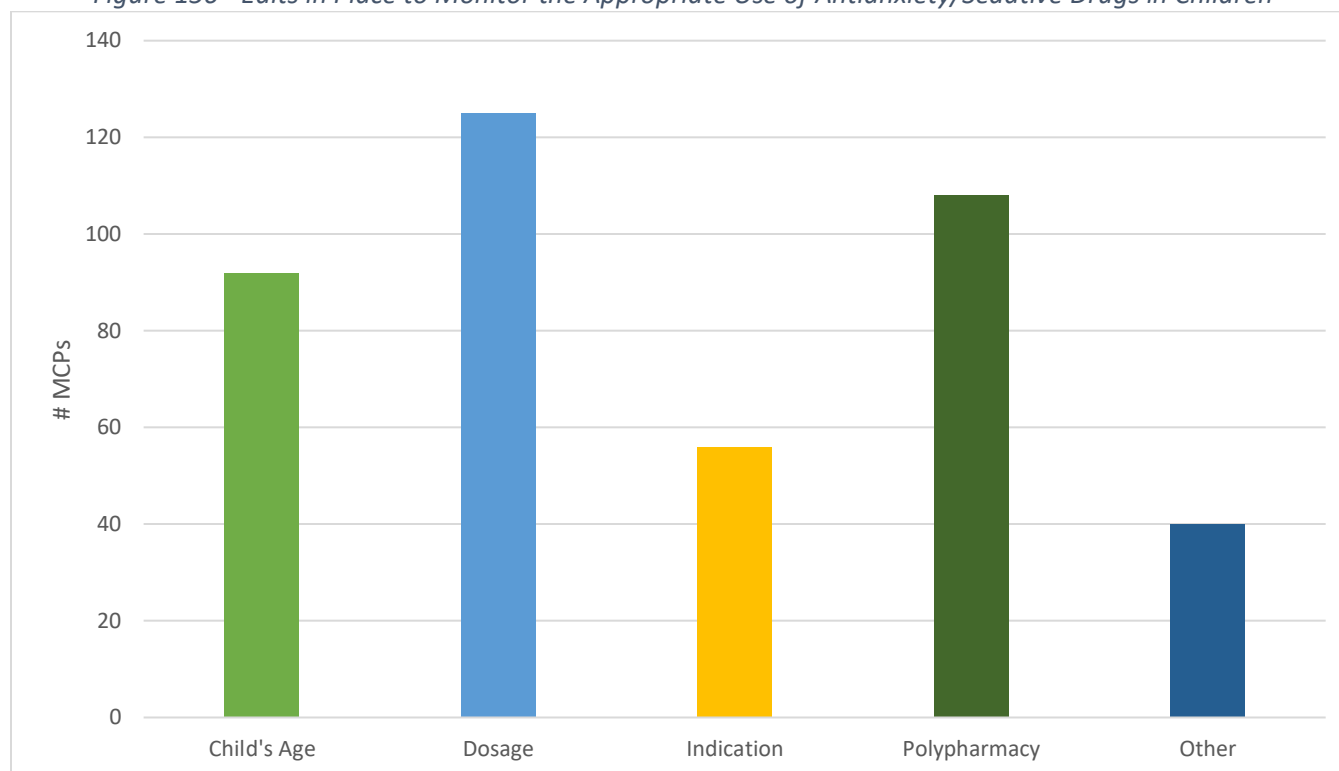


Table 163 - Edits in Place to Monitor the Appropriate Use of Antianxiety/Sedative Drugs in Children

Response	States (Count of MCPs)	Count	Percentage
Child's Age	Arizona (5), Arkansas (4), District of Columbia (2), Florida (7), Georgia (3), Hawaii (1), Illinois (1), Indiana (5), Louisiana (5), Massachusetts (5), Minnesota (3), Mississippi (1), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (2), New Mexico (2), New York (11), North Carolina (3), Ohio (1), Pennsylvania (6), South Carolina (4), Texas (3), Virginia (5), Washington (5)	92	21.85%
Dosage	Arizona (7), Arkansas (3), Colorado (1), Delaware (1), District of Columbia (1), Florida (7), Georgia (3), Hawaii (3), Illinois (3), Indiana (5), Kansas (3), Kentucky (6), Louisiana (5), Massachusetts (4), Minnesota (5), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (4), New Mexico (3), New York (9), North Carolina (5), Ohio (1), Oregon (2), Pennsylvania (5), Rhode Island (1), South Carolina (5), Texas (10), Virginia (6), Washington (4)	125	29.69%
Indication	Arizona (5), Arkansas (2), Delaware (1), Florida (2), Georgia (1), Hawaii (1), Indiana (4), Louisiana (3), Massachusetts (3), Nebraska (2), Nevada (1), New Hampshire (3), New Jersey (1), New Mexico (2), New York (4), North Carolina (1), Oregon (3), Pennsylvania (4), South Carolina (4), Texas (8), Washington (1)	56	13.30%

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Response	States (Count of MCPs)	Count	Percentage
Polypharmacy	Arizona (6), Arkansas (3), Colorado (1), Delaware (3), District of Columbia (2), Florida (6), Georgia (2), Hawaii (3), Illinois (3), Indiana (5), Kansas (3), Louisiana (3), Massachusetts (5), Minnesota (3), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (3), New Mexico (1), New York (11), North Carolina (4), Ohio (1), Oregon (2), Pennsylvania (5), Rhode Island (1), South Carolina (5), Texas (10), Virginia (2), Washington (4)	108	25.65%
Other	Arizona (1), Arkansas (1), Delaware (1), District of Columbia (1), Florida (4), Georgia (1), Hawaii (3), Illinois (2), Indiana (4), Louisiana (1), Maryland (1), Michigan (2), Mississippi (1), Nevada (1), New Hampshire (2), New Jersey (2), New Mexico (1), New York (3), Ohio (1), Oregon (1), Pennsylvania (2), Rhode Island (1), South Carolina (1), Texas (1), Washington (1)	40	9.50%
National Totals		421	100%

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

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

d. If “No” or “Covered through the FFS benefit,” does your MCP plan on implementing an antianxiety/sedative monitoring program in the future?

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

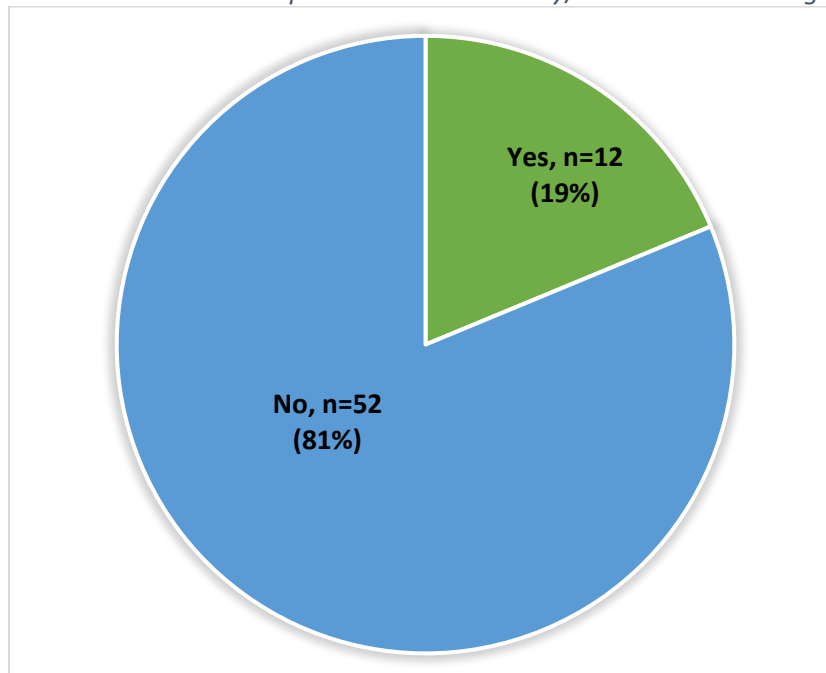


Table 164 - Future Plans to Implement an Antianxiety/Sedative Monitoring Program

Response	States (Count of MCPs)	Count	Percentage
Yes	Colorado (1), District of Columbia (1), Illinois (1), Maryland (1), Michigan (2), Minnesota (1), New Jersey (1), Texas (1), Utah (2), Virginia (1)	12	18.75%

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Response	States (Count of MCPs)	Count	Percentage
No	District of Columbia (2), Florida (1), Illinois (1), Iowa (3), Maryland (7), Michigan (5), Minnesota (3), New York (1), Oregon (17), Pennsylvania (1), Puerto Rico (4), Rhode Island (1), Texas (4), Utah (2)	52	81.25%
National Totals		64	100%

Section VIII - Innovative Practices

1. Does your MCP 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 - MCP Participates in Demonstrations Has Waivers to Allow Importation of Certain Drugs from Other Countries that are FDA-Approved for Dispensing to Medicaid Beneficiaries

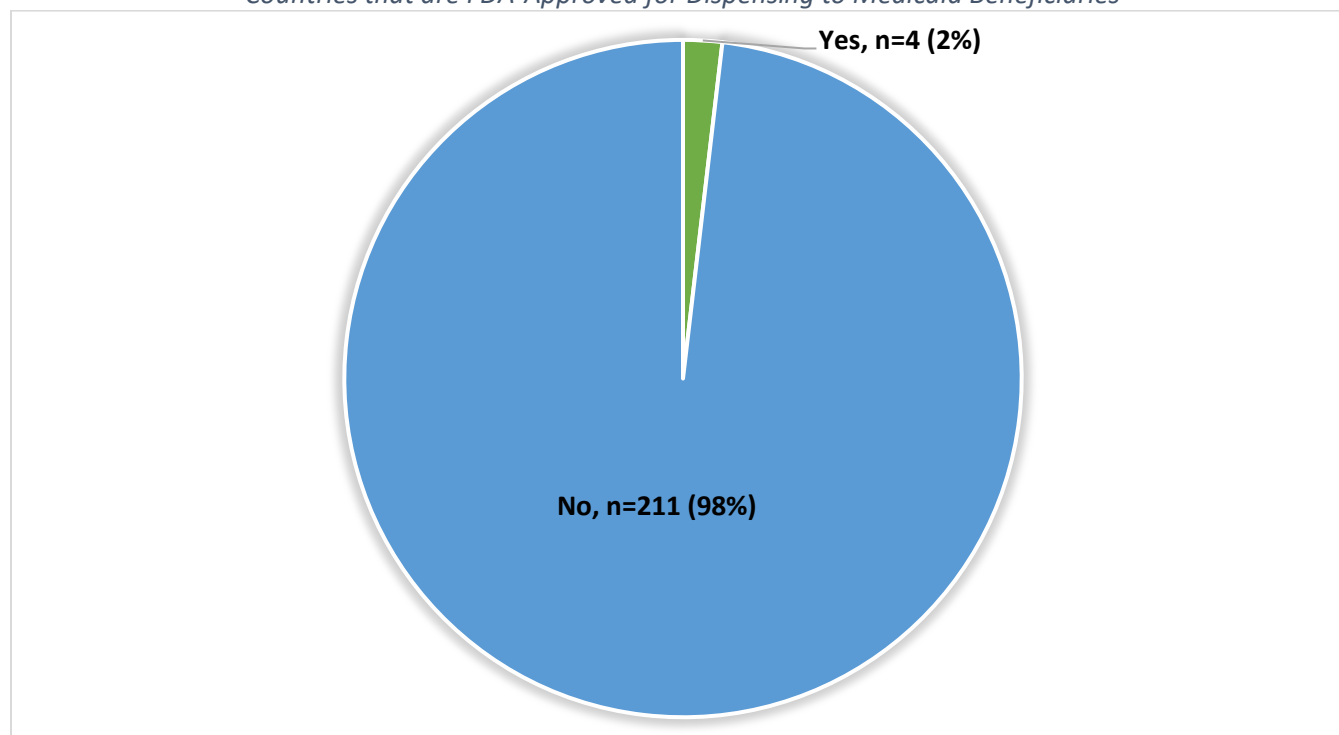


Table 165 - MCP Participates in Demonstrations/Has Waivers to Allow Importation of Certain Drugs from Other Countries that are FDA-Approved for Dispensing to Medicaid Beneficiaries

Response	States (Count of MCPs)	Count	Percentage
Yes	Florida (2), Michigan (1), Ohio (1)	4	1.86%
No	Arizona (7), Arkansas (4), Colorado (2), Delaware (3), District of Columbia (5), Florida (9), Georgia (3), Hawaii (6), Illinois (6), Indiana (5), Iowa (3), Kansas (3), Kentucky (6), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (8), Minnesota (9), Mississippi (3), Nebraska (3), Nevada (4), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), North Carolina (5), Oregon (21), Pennsylvania (7), Puerto Rico (4), Rhode Island (3), South Carolina (5), Texas (16), Utah (4), Virginia (7), Washington (5)	211	98.14%
National Totals		215	100%

2. Summary 4 - Innovative Practices

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

Section IX - Executive Summary

Summary 5 - Executive Summary

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