New York
Medicaid Fee-For-Service (FFS)
2018 Drug Utilization Review (DUR)

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PLEASE NOTE: This is a standalone report posted on Medicaid.gov. Attachments to the report have not been posted. To obtain related report attachments, please contact CMSDUR@cms.hhs.gov.

New York DUR 2018 FFS Individual State Report

Section I – Number of Beneficiaries

Question	Response
1. On average, how many beneficiaries are enrolled in your state's Medicaid Fee-For-Service (FFS) program that have a pharmacy benefit?	**1,400,000**
2. On average, how many of your state's Medicaid beneficiaries are enrolled in managed care plan(s)?	**4,800,000**

Section II - Prospective DUR (ProDUR)

Question	Response
1. Indicate the type of your pharmacy POS Vendor.	**Contractor**
a. Vendor Name	**CSRA State and Local Solutions LLC**
b. Is the POS vendor also the MMIS fiscal agent?	**Yes**
2. Identify prospective DUR criteria source.	**First Data Bank**
If "Other," please Specify	N/A
3. Are new ProDUR criteria approved by the DUR Board?	**Yes**
If No, please explain	N/A
4. When the pharmacist receives a level-one ProDUR alert message that requires a pharmacist's review, does your system allow the pharmacist to override the alert using the "NCPDP drug use evaluation codes" (reason for service, professional service and resolution)?	**Partial**
If "Partial," please explain	Any HIV level 1 drug interactions encountered cannot be overridden by the pharmacist and the prescriber must obtain a PA. All other level one ProDUR edits are allowed to be overridden using NCPDP drug use evaluation code.
5. Do you receive and review follow-up periodic reports providing individual pharmacy provider DUR alert override activity in summary and/or in detail?	**Yes**
If "No," please explain	N/A
a. If "Yes," how often?	**Annually**
If "Other," please explain	N/A

Question	Response
b. If you receive reports, do you follow up with those providers who routinely override with interventions?	**No**
If "No," please explain	Program activity that appears to have a high level of overrides is evaluated through clinical review of utilization and system edits by the DUR Board and potential upgrade/modification of ProDUR edits, RetroDUR edits or both.
If "Yes," by what method do you follow up?	N/A
If "Other," please explain.	N/A
6. Early Refill	
a. At what percent threshold do you set the system to edit?	
i) Non-controlled drugs:	**75.00%**
ii) Schedule II controlled drugs:	**75.00%**
iii) Schedule III through V controlled drugs:	**75.00%**
b. For non-controlled drugs:	
When an early refill message occurs, does the state require prior authorization?	Yes
If "Yes," who obtains authorization?	Prescriber
If "No," can the pharmacist override at the point of service?	N/A
c. For controlled drugs:	
When an early refill message occurs, does the state require prior authorization?	Yes
If "Yes," who obtains authorization?	Prescriber
If "No," can the pharmacist override at the point of service?	N/A
7. When the pharmacist receives an early refill DUR alert message that requires the pharmacist's review, does your state's policy allow the pharmacist to override for situations such as (check all that apply):	**Other**
If "Other," please explain.	Pharmacist is not allowed to override.
8. Does your system have an accumulation edit to prevent patients from continuously filling prescriptions early?	**Yes**
If "Yes," please explain your edit.	Schedule II-V no more that a 7 day excess supply calculated over the previous 90 days;

Question	Response
	Non-Controlled drug, no more than a 10-day excess supply calculated over the previous 90 days.
If "No," do you plan to implement this edit?	N/A
9. Does the state Medicaid agency or the state's Board of Pharmacy 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)?	**Yes**
10. Does the state Medicaid agency have any policy that provides for the synchronization of prescription refills (i.e. if the patient wants and pharmacy provider permits the patient to obtain non-controlled, chronic medication refills at the same time, the state would allow this to occur to prevent the beneficiary from making multiple trips to the pharmacy within the same month)?	**No**
11. Please list the requested data in each category in Table 1 - Top Drug Claims Data Reviewed by the DUR Board that follows	

Table 1 – Top Drug Claims Data Reviewed by the DUR Board

Top 10 Prior Authorization (PA) Requests by Drug Name	**Top 10 Prior Authorization (PA) Requests by Drug Class**	**Top 5 Claim Denial Reasons Other Than Eligibility** (i.e. Quantity Limits, Early Refill, PA, Therapeutic Duplications, Age Edits)	**Top 10 Drug Names by Amount Paid**	**% of Total Spent for Drugs by Amount Paid** From data in Column 4, determine the % of total drug spend.	**Top 10 Drug Names by Claim Count**	**Drugs by Claim Count % of Total Claims** From data in Column 6, determine the % of total claims.
Omeprazole	Ataractics-Tranquilizers	drug to drug interactions	Lantus	1.98%	ergocalciferol (vitamin D2)	4.85%
Quetiapine Fumarate	Narcotic Analgesics	Early Fill	Onfi	1.87%	folic acid	2.36%
methylphenidate ER	Anti-ulcer preps/Gastrointestinal preps	Inferred drug disease precautions	Genvoya	1.70%	albuterol	1.21%
oxycodone HCL	Anticonvulsants	Therapeutic Duplication	Januvia	1.50%	atorvastatin calcium	1.10%
clonazepam	Antivirals	High Dose	paliperidone palmitate	1.47%	metformin	0.97%
oxycodone/APAP	CNS Stimulants		aripiprazole	1.35%	amlodipine besylate	0.91%

Top 10 Prior Authorization (PA) Requests by Drug Name	Top 10 Prior Authorization (PA) Requests by Drug Class	Top 5 Claim Denial Reasons Other Than Eligibility (i.e. Quantity Limits, Early Refill, PA, Therapeutic Duplications, Age Edits)	Top 10 Drug Names by Amount Paid	% of Total Spent for Drugs by Amount Paid From data in Column 4, determine the % of total drug spend.	Top 10 Drug Names by Claim Count	Drugs by Claim Count % of Total Claims From data in Column 6, determine the % of total claims.
zolpidem tartrate	psychostimulants/antidepressants		Tivicay	1.26%	gabapentin	0.88%
risperidone	amphetamine preparations		Truvada	1.24%	levothyroxine Sodium	0.86%
aripiprazole	diabetic Therapy		Latuda	1.24%	divalproex	0.77%
Adderall XR	Miscellaneous		Vimpat	1.22%	risperidone	0.77%

Question	Response
12. Section 1927(g)(A) of the Social Security Act requires that the pharmacist offer patient counseling at the time of dispensing. Who in your state has responsibility for monitoring compliance with the oral counseling requirement? Check all that apply:	**State Board of Pharmacy, Other**
If "Other," please explain:	other - Onsite pharmacy inspectors as performed by the Office of Professional Discipline.
13. Attachment 1 – Pharmacy Oral Counseling Compliance Report This attachment reports the monitoring of pharmacy compliance with all prospective DUR requirements performed by the State Medicaid Agency, the State Board of Pharmacy, or other entity responsible for monitoring pharmacy activities. If the State Medicaid Agency itself monitors compliance with these requirements, it may provide a survey of a random sample of pharmacies with regard to compliance with the Omnibus Budget Reduction Act (OBRA) of 1990 prospective DUR requirement. This report details state efforts to monitor pharmacy compliance with the oral counseling requirement. This attachment should describe in detail the monitoring efforts that were performed and how effective these efforts were in the fiscal year reported. Does the state have Attachment 1 described above to upload?	**Yes**

Section III - RETROSPECTIVE DUR (RetroDUR)

Question	Response
1. Identify, by name and type, the vendor that performed your RetroDUR activities during the time period covered by this report.	
Organization Name	Health Information Design,LLC
Organization Type	Company
a. Is the RetroDUR vendor also the Medicaid fiscal agent?	**No**
b. Is the RetroDUR vendor also the developer/supplier of your retrospective DUR criteria?	**Yes**
"No," please explain	N/A
2. Who reviews and approves the RetroDUR criteria?	**State DUR board**
"Other," please explain	N/A
3. Attachment 2 – Retrospective DUR Educational Outreach Summary This is a year-end summary report on RetroDUR screening and educational interventions. The year-end summary reports should be limited to the TOP 10 problems with the largest number of exceptions. The results of RetroDUR screening and interventions should be included. Does the state have Attachment 2 described above to upload?	**Yes**

Section IV - DUR BOARD ACTIVITY

Question	Response
1. Attachment 3 – Summary of DUR Board Activities. This summary should be a brief descriptive report on DUR Board activities during the fiscal year reported. This summary should: a. Indicate the number of DUR Board meetings held. b. List additions/deletions to DUR Board approved criteria. i. For prospective DUR, list problem type/drug combinations added or deleted. ii. For retrospective DUR, list therapeutic categories added or deleted. c. Describe Board policies that establish whether and how results of prospective DUR screening are used	**Yes**

Question	Response
to adjust retrospective DUR screens. Also, describe policies that establish whether and how results of retrospective DUR screening are used to adjust prospective DUR screens. d. Describe DUR Board involvement in the DUR education program (e.g., newsletters, continuing education, etc.). Also, describe policies adopted to determine mix of patient or provider specific intervention types (e.g., letters, face-to-face visits, increased monitoring). Does the state have Attachment 3 described above to upload?	
2. Does your state have an approved CMS Medication Therapy Management Program?	**No**
a. Have you performed an analysis of the program's effectiveness?	**N/A**
"Yes," please provide a brief summary of your findings.	N/A
b. Is your DUR Board involved with this program?	**N/A**
If the answer to question 2 is "No," are you planning to develop and implement a program?	No

Section V - PHYSICIAN ADMINISTERED DRUGS

The Deficit Reduction Act requires collection of NDC numbers for covered outpatient physician administered drugs. These drugs are paid through the physician and hospital programs. Has your MIMIS been designed to incorporate this data into your DUR criteria for:

Question	Response
1. ProDUR?	**No**
If "No," do you have a plan to include this information in your DUR criteria in the future?	No
2. RetroDUR?	**No**
If "No," do you have a plan to include this information in your DUR criteria in the future?	No

Section VI - GENERIC POLICY AND UTILIZATION DATA

Question	Response
1. Attachment 4 - Generic Drug Substitution Policies Please report any factors that could affect your generic utilization percentage and include any relevant documentation.	**Yes**

Question	Response
Does the state have Attachment 4 described above to upload?	
2. In addition to the requirement that the prescriber write in his own handwriting "Brand Medically Necessary" for a brand name drug to be dispensed in lieu of the generic equivalent, does your state have a more restrictive requirement?	**Yes**
If "Yes," check all that apply.	Prior authorization is required
If "Other," please explain.	N/A

Complete Table 2 - Generic Drug Utilization Data and answer Questions 3 and 4 below.

	Single Source (S) Drugs	Non-Innovator (N) Drugs	Innovator Multi-Source (I) Drugs
Total Number of Claims	508,907	5,772,166	403,503
Total Reimbursement Amount Less Co-Pay	$340,313,280	$122,548,232	$148,121,534

Question	Response
3. Indicate the generic utilization percentage for all covered outpatient drugs paid during this reporting period, using the computation instructions in Table 2 – Generic Utilization Data.	
Number of Generic Claims	5,772,166
Total Number of Claims	6,684,576
Generic Utilization Percentage	86.35%
4. Indicate the percentage dollars paid for generic covered outpatient drugs in relation to all covered outpatient drug claims paid during this reporting period using the computation instructions in Table 2 - Generic Drug Utilization Data.	
Generic Dollars	$122,548,232

Question	Response
Total Dollars	$610,983,046
Generic Expenditure Percentage	20.06%

Section VII - PROGRAM EVALUATION / COST SAVINGS / COST AVOIDANCE

Question	Response
1. Did your state conduct a DUR program evaluation of the estimated cost savings/cost avoidance? If "Yes," identify, by name and type, the institution that conducted the program evaluation.	**Yes**
Institution Name	Health Information Designs
Institution Type	Company
2. Please provide your ProDUR and RetroDUR program cost savings/cost avoidance in the chart below	

	Data
ProDUR Total Estimated Avoided Costs	$61,306,490.00
RetroDUR Total Estimated Avoided Costs	$4,224,699.00
Other Cost Avoidance	$10.00
Grand Total Estimated Avoided Costs	$65,531,199.00

Question	Response
3. The Estimated Percent Impact was generated by dividing the Grand Total Estimated Avoided Costs from Question 2 above by the Total Dollar Amount provided in Section VI, Question 4, then multiplying this value by 100. Estimated Percent Impact	**10.73%**
4. Attachment 5 – Cost Savings/Cost Avoidance Methodology Include copy of program evaluations/cost savings estimates prepared by state or contractor noting methodology used.	**Yes**

Does the state have Attachment 5 described above to upload?	

Section VIII - FRAUD, WASTE AND ABUSE DETECTION

A. LOCK-IN or PATIENT REVIEW AND RESTRICTION PROGRAMS

Question	Response
1. Do you have a documented process in place that identifies potential fraud or abuse of controlled drugs by beneficiaries?	**Yes**
If "Yes," what actions does this process initiate? Check all that apply:	Deny claims and require prior authorization, Refer to Lock-In Program, Refer to Program Integrity Unit
"Other," **please** explain	N/A
2. Do you have a Lock-In program for beneficiaries with potential misuse or abuse of controlled substances? If the answer to question 2 is "Yes," please continue	**Yes**
a. What criteria does your state use to identify candidates for Lock-In? Check all that apply:	**Number of controlled substances (CS), Different prescribers of CS, Multiple pharmacies, Number days' supply of CS, Exclusivity of short acting opioids, Multiple ER visits, PDMP data**
"Other," please explain	N/A
b. Do you have the capability to restrict the beneficiary to:	
i. Prescriber only	**Yes**
ii. Pharmacy only	**Yes**
iii. Prescriber and Pharmacy only	**Yes**
c. What is the usual Lock-In time period?	**Other**
"Other," please explain	Two years of lock-in for first offense. Three years of lock-in for second offense. Six years of lock-in for third offence and any other offenses thereafter.
d. On average, what percentage of the FFS population is in Lock-In status annually?	**0.1100%**
e. Please provide an estimate of the savings attributed to the Lock-In program for the fiscal year under review as part of Attachment 5.	**$8,500,000.00**

Question	Response
3. Do you have a documented process in place that identifies possible fraud or abuse of controlled drugs by prescribers?	**Yes**
If "Yes," what actions does this process initiate? Check all that apply:	Other
"Other," please explain	Professional Retro-DUR case reviewers refer potential prescriber fraud cases to the DUR program from which they are forwarded to the Office of the Inspector General for further review and/or possible investigation.
4. Do you have a documented process in place that identifies potential fraud or abuse of controlled drugs by pharmacy providers?	**Yes**
If "Yes," what actions does this process initiate? Check all that apply:	Other
"Other," please explain	Professional Retro-DUR case reviewers refer potential prescriber fraud cases to the DUR program from which they are forwarded to the Office of the Inspector General (OMIG) for further review and/or possible investigation.
5. Do you have a documented process in place that identifies and/or prevents potential fraud or abuse of non-controlled drugs by beneficiaries?	**Yes**
"Yes," please explain your program for fraud, waste, or abuse of non-controlled substances.	Professional Retro-DUR case reviewers refer potential prescriber fraud cases to the DUR program from which they are forwarded to the Office of the Inspector General (OMIG) for further review and/or possible investigation.

B. PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)

Question	Response
1. Does your state have a Prescription Drug Monitoring Program (PDMP)? If the answer to question 1 is "Yes," please continue with a, b, and c.	**Yes**
a. Does your agency have the ability to query the state's PDMP database?	**No**

Question	Response
If the answer to sub-question 1 a is "Yes," please continue.	
i. Please explain how the state applies this information to control fraud and abuse.	N/A
ii. Do you also have access to border states' PDMP information?	N/A
iii. Do you also have PDMP data (i.e. outside of MMIS, such as a controlled substance that was paid for by using cash) integrated into your POS edits?	N/A
b. Do you require prescribers (in your provider agreement with the agency) to access the PDMP patient history before prescribing controlled substances?	**Yes**
c. Are there barriers that hinder the agency from fully accessing the PDMP that prevent the program from being utilized the way it was intended to be to curb abuse?	**No**
"Yes," please explain the barriers (i.e. lag time in prescription data being submitted, prescribers not accessing, pharmacists unable to view prescription history before filling script).	N/A
2. Have you had any changes to your state's Prescription Drug Monitoring Program during this reporting period that have improved the agency's ability to access PDMP data?	**No**
"Yes," please explain.	N/A

C. PAIN MANAGEMENT CONTROLS

Question	Response
1. Does your program obtain the DEA Active Controlled Substance Registrant's File in order to identify prescribers not authorized to prescribe controlled drugs? If the answer to question 1 is "Yes," please continue.	**No**
a. Do you apply this DEA file to your ProDUR POS edits to prevent unauthorized prescribing?	**N/A**
If "Yes," please explain how information is applied.	N/A
If "No," do you plan to obtain the DEA Active Controlled Substance Registrant's file and apply it to your POS edits?	N/A

Question	Response
b. Do you apply this DEA file to your RetroDUR reviews?	**N/A**
If "Yes," please explain how information is applied.	N/A
2. Do you have a measure (i.e. prior authorization, quantity limits) in place to either monitor or manage the prescribing of methadone for pain management?	**Yes**
If "No," please explain why you do not have measures in place to either manage or monitor the prescribing of methadone for pain management.	N/A

D. OPIOIDS

Question	Response
1. Do you currently have a POS edit in place to limit the quantity dispensed of an initial opioid prescription? If the answer to question 1 is "Yes, for all opioids" or "Yes, for some opioids," please continue.	**Yes, for all opioids**
a. Is there more than one quantity limit for the various opioids?	**Yes**
"Yes," please explain	Except for a patient diagnosis of sickle cell or cancer, New York has a POS quantity limit of 7 days of therapy for: 1)Opioid nave patients 2)treatment of acute pain.
b. What is your maximum number of days allowed for an initial opioid prescription?	**7**
c. Does this day limit apply to all opioid prescriptions?	**Yes**
"No," please explain	N/A
2. For subsequent prescriptions, do you have POS edits in place to limit the quantity dispensed of short-acting opioids?	**Yes**
If "Yes," what is your maximum days supply per prescription limitation?	Other
"Other," please explain	Quantity limits are based upon FDA maximum daily doses extended for a maximum of a 30 day period.
3. Do you currently have POS edits in place to limit the quantity dispensed of long-acting opioids?	**Yes**

Question	Response
If “Yes,” what is your maximum days supply per prescription limitation?	Other
“Other,” please explain	Quantity limits are based upon FDA maximum daily doses extended for a maximum of a 30 day period.
4. Do you have measures other than restricted quantities and days supply in place to either monitor or manage the prescribing of opioids?	**Yes**
If “Yes,” check all that apply:	Deny claim and require PA, Intervention letters, Step therapy or clinical criteria
“Other,” please explain what additional opioid prescribing controls are in place.	N/A
If “No,” please explain what you do in lieu of the above or why you do not have measures in place to either manage or monitor the prescribing of opioids.	N/A
5. Do you currently have edits in place to monitor opioids and benzodiazepines being used concurrently?	**Yes**
If “Yes,” please explain	Prior authorization required for initiation of opioid therapy in patients currently on benzodiazepines.
6. Do you perform any RetroDUR activity and/or provider education in regard to beneficiaries with a diagnosis or history of opioid use disorder (OUD), or opioid poisoning diagnosis?	**Yes**
If “Yes,” please indicate how often	Monthly
Other, please explain	N/A
If “No,” do you plan on implementing a RetroDUR activity and/or provider education in regard to beneficiaries with a diagnosis or history of OUD, or opioid poisoning in the future?	N/A
7. Does your state Medicaid agency develop and provide prescribers with pain management or opioid prescribing guidelines?	**Yes**
For either “Yes” or “No,” please check all that apply:	Your state Medicaid agency refers prescribers to the CDC's Guideline for Prescribing Opioids for Chronic Pain., Other guidelines.
Please identify the "referred" guidelines.	CDC's Guideline for Prescribing Opioids for Chronic Pain
Please identify the “other” guidelines.	New York State offers licensed prescribers Opioid Prescriber Training Program available at no charge to prescribers and is accredited by the Accreditation Council for Continuing

Question	Response
	Medical Education (ACCME) to provide continuing medical education for practitioners. The program covers eight (8) topics required per legislation. In addition, New York Medicaid, through the Medicaid Physician Education Program, offers visits by pharmacy educators detailing the use of agents in the treatment of chronic non-cancer pain. An education module has been developed for busy prescribers to review on their own time. A second program launched by the NYS Department of Health was the NYS Medicaid Provider Education Program (NYSMPEP), which offers on-site educational sessions for Medicaid practitioners, as well as large group presentations. An educational module, Chronic Non-Cancer Pain, was made available, which included 3 main key messages. As module demand increased, two modules focusing on opioid-induced constipation and an overview of the "CDC Guidelines for Prescribing Opioid for Chronic Pain" were added. Currently, there are 5 key messages (http://nypep.nysdoh.suny.edu/). Each module is accredited by the Accreditation Council for Continuing Education.
8. Do you 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)?	**Yes**
If "Yes," please explain	New York has abuse deterrent products available on the preferred section of the States Preferred Drug List.

E. MORPHINE EQUIVALENT DAILY DOSE (MEDD)

Question	Response
1. Have you set recommended maximum morphine equivalent daily dose measures? If "Yes," please continue	**No**
a. What is your maximum morphine equivalent daily dose limit in milligrams?	**N/A mg per day**

Question	Response
b. Please explain (i.e. are you in the process of tapering patients to achieve this limit?).	**N/A**
If "No," please explain the measure or program you utilize.	The NYS DURB has recommended quantity/frequency/duration limits to promote the safe and clinically effective use of opioids in the New York State Medicaid Program. The process examines FDA recommended dosages and considers equivalent MED levels. The combined efforts of the Medicaid Prescriber Education Program (MPEP), the Drug Information Response Center (DIRC) and Retrospective Drug Utilization Review (Retro-DUR) program promotes the clinical effectiveness and medical appropriateness of opioid utilization by way of point-of-sale (POS) prospective edits, Retro-DUR evaluations and the application of educational interventions for prescribers and pharmacists.
2. Do you provide information to your prescribers on how to calculate the morphine equivalent daily dosage or do you provide a calculator developed elsewhere? If "Yes," please continue	**No**
a. Please name the developer of the calculator:	**N/A**
b. How is the information disseminated? Check all that apply:	**N/A**
If "Other," please explain	N/A
3. Do you have an edit in your POS system that alerts the pharmacy provider that the morphine equivalent daily dose prescribed has been exceeded?	**No**
If "Yes," do you require prior authorization if the MEDD limit is exceeded?	N/A

F. BUPRENORPHINE, NALOXONE, BUPRENORPHINE/NALOXONECOMBINATIONS and METHADONE for OPIOID USE DISORDER (OUD)

Question	Response
1. Does your agency set total mg per day limits on the use of buprenorphine and buprenorphine/naloxone combination drugs?	**Yes**
If "Yes," please specify the total mg/day:	24 mg
If "Other," please explain	N/A
2. What are your limitations on the allowable length of this treatment?	**No limit**
If "Other," please explain	N/A
3. Do you require that the maximum mg per day allowable be reduced after a set period of time? If "Yes," please continue	**No**
a. What is your reduced (maintenance) dosage?	**N/A**
If "Other," please explain	N/A
b. What are your limitations on the allowable length of the reduced dosage treatment?	**N/A**
If "Other," please explain	N/A
4. Do you have at least one buprenorphine/naloxone combination product available without prior authorization?	**Yes**
5. Do you currently have edits in place to monitor opioids being used concurrently with any buprenorphine drug?	**Yes**
"Other," please explain	N/A
If "Yes," can the POS pharmacist override the edit?	No
6. Do you have at least one naloxone opioid overdose product available without prior authorization?	**Yes**
7. Does your state board of pharmacy and/or state Medicaid agency allow pharmacists to dispense naloxone prescribed independently or by collaborative practice agreements, standing orders, or other predetermined protocols?	**Yes**
8. Does your state agency cover Methadone for a substance use disorder (i.e. Methadone Treatment Center)?	**Yes**

G. ANTIPSYCHOTICS / STIMULANTS

ANTIPSYCHOTICS

Question	Response
1. Do you currently have restrictions in place to limit the quantity of antipsychotics? Enter restrictions other than quantity limits in the text box below, or N/A.	**Yes**
Please explain	Drug specific minimum age parameters Diagnosis parameters for second-generation antipsychotics in the pediatric population Diagnosis requirements for the initial prescription for patients between minimum age parameter Prior authorization required for utilization of 3 or more different oral second generation antipsychotic agents for greater than 180 days.
2. Do you have a documented program in place to either manage or monitor the appropriate use of antipsychotic drugs in children? If "Yes," please continue	**Yes**
a. Do you either manage or monitor:	**All children**
"Other," please explain	N/A
b. Do you have edits in place to monitor (check all that apply):	**Child's Age, Dosage, Polypharmacy**
"Other," please explain	N/A
c. Please briefly explain the specifics of your antipsychotic monitoring program(s).	**Drug specific minimum age parameters** **Diagnosis parameters for second-generation antipsychotics in the pediatric population** **Diagnosis requirements for the initial prescription for patients between minimum age parameter** **Prior authorization required for utilization of 3 or more different oral second generation antipsychotic agents for greater than 180 days.**
If "No," do you plan on implementing a program in the future?	N/A
If "No," please explain why you will not be implementing a program to monitor the appropriate use of antipsychotic drugs in children.	N/A

STIMULANTS

Question	Response
3. Do you currently have restrictions in place to limit the quantity of stimulants?	**Yes**
4. Do you have a documented program in place to either manage or monitor the appropriate use of stimulant drugs in children? If "Yes," please continue	**Yes**
a. Do you either manage or monitor:	**All children**
"Other," please explain	N/A
b. Do you have edits in place to monitor (check all that apply):	**Child's Age, Dosage, Polypharmacy**
c. Please briefly explain the specifics of your documented stimulant monitoring program(s).	**Quantity limits for patients less than 18 years of age include:** **Short-acting CNS stimulants: not to exceed 3 dosage units daily with maximum of 90 days per strength (for titration)** **Long-acting stimulants: not to exceed 1 dosage unit daily with a maximum of 90 days. Concerta 36 mg not to exceed 2 units daily.** **Quantity Limits for patients 18 years of age and older include:** **Short-acting CNS stimulants: not to exceed 3 dosage units daily with maximum of 30 days.** **Long-acting stimulants: not to exceed 1 dosage unit daily with a maximum of 30 days. Concerta 36 mg not to exceed 2 units daily.** **For patients 18 years of age and older : 90 day supply may be obtained with confirmation of FDA approved, compendia supported or Medicaid covered diagnosis.**
If "No," do you plan on implementing a program in the future?	N/A
If "No," please explain why you will not be implementing a program to monitor the appropriate use of stimulant drugs in children	N/A

Section IX - INNOVATIVE PRACTICES

Question	Response
1. Attachment 6 – Innovative Practices Narrative	**Yes**

Question	Response
Have you developed any innovative practices during the past year (i.e. Substance Use Disorder, Hepatitis C, Cystic Fibrosis, MEDD, Value Based Purchasing)? Please describe in detailed narrative form any innovative practices that you believe have improved the administration of your DUR program, the appropriateness of prescription drug use and/or have helped to control costs (i.e., disease management, academic detailing, automated prior authorizations, continuing education programs). Does the state have Attachment 6 described above to upload?	

Section X - E-PRESCRIBING

Question	Response
1. Does your MMIS or pharmacy vendor have a portal to electronically provide patient drug history data and pharmacy coverage limitations to a prescriber prior to prescribing upon inquiry?	**No**
If "Yes," do you have a methodology to evaluate the effectiveness of providing drug information and medication history prior to prescribing? Please explain the evaluation methodology in Attachment 7 – E-Prescribing Activity Summary. Describe all development and implementation plans/accomplishments in the area of e-prescribing. Include any evaluation of the effectiveness of this technology (i.e., number of prescribers e-prescribing, percent e-prescriptions to total prescriptions, relative cost savings).	N/A
If "No," are you planning to develop this capability?	No
2. Does your system use the NCPDP Origin Code that indicates the prescription source?	**Yes**

Section XI - MANAGED CARE ORGANIZATIONS (MCOs)

Question	Response
1. How many MCOs are enrolled in your state Medicaid program?	**19**
2. Is your pharmacy program included in the capitation rate (carved in)?	**Yes**
If "Partial," please specify the drug categories that are carved out.	N/A

Question	Response
3. Does the state set requirements for the MCO's pharmacy benefit (e.g. same PDL, same ProDUR/RetroDUR)? If "Yes," please continue.	**Yes**
a. Please check all requirements that apply below:	**Formulary Reviews**
b. Please briefly explain your policy.	**Managed Care Plan formularies must include all categories of prescription drugs on the NYS Medicaid fee for service list of reimbursable drugs. The DUR Board evaluates Fee for Service and Managed Care claims data including pharmacy and medical history. The DUR Board makes recommendations that are communicated to the Managed Care Plans as considerations for ProDUR and/or RetroDUR interventions**
If "No," do you plan to set standards in the future?	N/A
4. Did all of your managed care plans submit their DUR reports?	**Yes**
If "No," please explain why.	N/A

Section XII – EXECUTIVE SUMMARY

1. Attachment 8 – Executive Summary