MEDICAID DRUG UTILIZATION REVIEW ANNUAL REPORT

FEDERAL FISCAL YEAR_____

Section 1927 (g) (3) (D) of the Social Security Act requires each State to submit an annual report on the operation of its Medicaid Drug Utilization Review (DUR) program. Such reports are to include: descriptions of the nature and scope of the prospective and retrospective DUR programs; a summary of the interventions used in retrospective DUR and an assessment of the education program; a description of DUR Board activities; and an assessment of the DUR program's impact on quality of care as well as any cost savings generated by the program.

This report covers the period October 1, _____to September 30,_____and is **due for submission to CMS Central Office by no later than June 30,_____. Answering the attached questions and returning the requested materials as attachments to the report will constitute compliance with the above- mentioned statutory requirement.**

If you have any questions regarding this survey instrument or the DUR Annual Report please contact CMS: DURPolicy@cms.hhs.gov.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid O.M.B. control number. The valid O.M.B. control number for this information collection is 0938-0659. The time required to complete this information collection is estimated to average 30 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500
Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

MEDICAID DRUG UTILIZATION REVIEW ANNUAL REPORT

FEDERAL FISCAL YEAR _____

I. DEMOGRAPHIC INFORMATION

State Name Abbreviation

_____

Medicaid Agency Information

Identify State person responsible for DUR Annual Report Preparation.

Name: _____

Email Address: _____

Area Code/Phone Number: _____

II. PROSPECTIVE DUR (ProDUR)

Identify by name and indicate the type of your pharmacy POS vender – (contractor, state-operated other).

_____

1. If not state-operated, is the POS vendor also the MMIS fiscal agent?

   ☐ Yes ☐ No

2. Identify prospective DUR criteria source.

   ☐ First Data Bank ☐ Other

   _____

3. Are new prospective DUR criteria approved by the DUR Board?

   ☐ Yes ☐ No

If answer above is "No," please explain**:**

_____

_____

4. 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 "conflict, intervention and outcome" codes?

   ☐ Yes ☐ No

5. Do you receive and review periodic reports from your ProDUR contractor providing individual pharmacy provider activity in summary and in detail?

   ☐ Yes ☐ No

   If answer above is "Yes", how often is the report received by the agency:

   ☐ monthly ☐ quarterly ☐ annually

   a) If you receive reports, do you follow-up with those providers who routinely override with interventions?

      ☐ Yes ☐ No

   b) If the answer to above is "Yes", by what method do you follow-up?

      ☐ Contact pharmacy
      ☐ Refer to Program Integrity for Review
      ☐ Other (explain)

_____

_____

6. Early Refill:

   a) At what percent threshold do you set your system to edit?

      Non-controlled drugs: _____%

      Controlled drugs: _____%

b) When an early refill message occurs, does the state require prior authorization?

Non-controlled drugs: ☐ Yes ☐ No

Controlled drugs: ☐ Yes ☐ No

c) For non-controlled drugs, if the answer to 4 (b) above is "Yes," who obtains authorization?

☐ Pharmacist ☐ Prescriber ☐ Either

d) For controlled drugs, if the answer to 4 (b) above is "Yes," who obtains authorization?

☐ Pharmacist ☐ Prescriber ☐ Either

e) For non-controlled drugs, if the answer to 4 (b) above is "No," can the pharmacist override at the point of service?

☐ Yes ☐ No

f) For controlled drugs, if the answer to 4 (b) above is "No," can the pharmacist override at the point of service?

☐ Yes ☐ No

7. When the pharmacist receives an early refill DUR alert message that requires the Pharmacist's review, does your system allow the pharmacist to override for situations such as:

a) Lost/stolen Rx ☐ Yes ☐ No
b) Vacation ☐ Yes ☐ No
c) Other: provide details_____

8. Does your system have an accumulation edit to prevent patients from obtaining additional refills during the calendar year?

☐ Yes ☐ No

If "no" do you plan to implement this edit?

☐ Yes ☐ No

9. Has the state provided DUR criteria data requested on Table 1 – Top 10 Pro DUR Alerts by Problem Type indicating by problem type those criteria with the most significant severity level reviewed by the DUR Board?

☐ Yes ☐ No

10. 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:

    a) ☐ Medicaid agency
    b) ☐ State Board of Pharmacy
    c) ☐ Other – please explain

11. Has the state included **Attachment 1 – Pharmacy Oral Counseling Compliance Report** a report on state efforts to monitor pharmacy compliance with the oral counseling requirement?

    ☐ Yes ☐ No

III. RETROSPECTIVE DUR (RetroDUR)

1. Identify, by name and type, the vendor that performed your Retro DUR activities during the time period covered by this report (company, academic institution, or other organization).

    _____

    _____

    a) Is the Retro DUR vendor also the Medicaid fiscal agent?

    ☐ Yes ☐ No

    b) Is the Retro DUR vendor also the developer/supplier of your retrospective DUR criteria?

    ☐ Yes ☐ No

    If "No", please explain:

2. Does the DUR Board approve the Retro DUR criteria?

    ☐ Yes ☐ No

    If "No", please explain

    _____

    _____

3. Has the state included **Attachment 2 – Retrospective DUR Educational Outreach**

Summary, a year end summary of the Top 10 problem types for which educational interventions were taken?

☐ Yes ☐ No

IV. DUR BOARD ACTIVITY

1. State is including a brief summary of DUR Board activities and meeting minutes during the time period covered by this report as **Attachment 3 - Summary of DUR Board Activities.**

   ☐ Yes ☐ No

2. Does your state have a Disease Management Program?

   ☐ Yes ☐ No

   If "Yes", have you performed an analysis of the program's effectiveness?

   ☐ Yes ☐ No

   If "Yes", please provide a brief summary of your findings:

   _____

   _____

   If "Yes," is your DUR Board involved with this program?

   ☐ Yes ☐ No

3. Does your state have an approved CMS Medication Therapy Management Program?

   ☐ Yes ☐ No

   If "Yes", have you performed an analysis of the program's effectiveness?

   ☐ Yes ☐ No

   If "Yes", please provide a brief summary of your findings.

   _____

   If "Yes," is your DUR Board involved with this program?

   ☐ Yes ☐ No

If "No" are you planning to develop and implement a program?

☐ Yes ☐ No

V. PHYSICIAN ADMINISTERED DRUGS

The Deficit Reduction Act required collection of NDC numbers for covered outpatient physician administered drugs. These drugs are paid through the physician and hospital programs. Has your MMIS been designed to incorporate this data into your DUR criteria for both Pro DUR and Retro DUR?

☐ Yes ☐ No

If "No," do you have a plan to include this information in your DUR criteria in the future?

☐ Yes ☐ No

VI. GENERIC POLICY AND UTILIZATION DATA

1. State is including a description of policies that may affect generic utilization percentage as **Attachment 4 - Generic Drug Substitution Policies**.

   ☐ Yes ☐ No

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 ☐ No

   If "Yes", check all that apply:

   a) ☐ Require that a MedWatch Form be submitted
   b) ☐ Require medical reason for override accompany prescriptions
   c) ☐ Preauthorization is required
   d) ☐ Other – please explain

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 _____

Total Number of Claims _____

Generic Utilization Percentage _____

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 Utilization Data**

Generic Dollars: _____

Total Dollars: _____

Generic Expenditure Percentage: _____

VII. PROGRAM EVALUATION / COST SAVINGS/COST AVOIDANCE

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

☐ Yes ☐ No

2. Who conducted your program evaluation for the cost savings estimate/cost avoidance? (company, academic institution, other institution) (name)

_____

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

ProDUR Total Estimated Avoided Costs	
RetroDUR Total Estimated Avoided Costs	
Other cost avoidance	
Grand Total estimated Avoided Costs	

4. Please provide the estimated percent impact of your state's cost savings/cost avoidance program compared to total drug expenditures for covered outpatient drugs.

Use the following formula:

Divide the estimated Grand Total Estimated Avoided Costs from Question 3 above by the total dollar amount provided in Section VI, Question 4. Then multiply this number by 100.

Grand Estimated Net Savings Amount ÷ Total Dollar Amount × 100 = _____ %

5. State has provided the Medicaid Cost Savings/Cost Avoidance Evaluation as **Attachment 5 – Cost Savings/Cost Avoidance Methodology.**

   ☐ Yes ☐ No

VIII. FRAUD, WASTE, AND ABUSE DETECTION

A. LOCK-IN or PATIENT REVIEW AND RESTRICTIVE PROGRAMS

1. Do you have a documented process in place that identifies potential fraud or abuse of controlled drugs by **beneficiaries**?

   ☐ Yes ☐ No

   If "Yes," what actions does this process initiate? Check all that apply.

   a) ☐ Deny claims and require pre-authorization
   b) ☐ Refer to Lock In Program
   c) ☐ Refer to Program Integrity Unit
   d) ☐ Other (e.g. SURS, Office of Inspector General), please explain:

   _____

   _____

2. Do you have a "lock-in" program?

   ☐ Yes ☐ No

   If "Yes", 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
   ☐ Other

   If "Yes" do you restrict the beneficiary to:
   i. a prescriber only ☐ Yes ☐ No

ii. a pharmacy only ☐ Yes ☐ No
iii. a prescriber and pharmacy ☐ Yes ☐ No

What is the usual "lock-in" time period?

☐ 6 months
☐ 12 months
☐ Other, please explain:

_____

_____

3. On the average, what percentage of the FFS population is in lock-in status annually?

_____%

4. Please provide an estimate of the savings attributed to the lock-in program for the fiscal year under review.

$_____

5. Do you have a documented process in place that identifies possible fraud or abuse of controlled drugs by **prescribers**?

☐ Yes ☐ No

If "Yes," what actions does this process initiate? Check all that apply.

a. ☐ Deny claims written by this prescriber
b. ☐ Refer to Program Integrity Unit
c. ☐ Refer to the appropriate Medical Board
d. ☐ Other – please explain:

_____

_____

6. Do you have a documented process in place that identifies potential fraud or abuse of controlled drugs by **pharmacy providers**?

☐ Yes ☐ No

If "Yes," what actions does this process initiate? Check all that apply

a. ☐ Deny claim
b. ☐ Refer to Program Integrity Unit
c. ☐ Refer to Board of Pharmacy
d. ☐ Other – please explain:

_____

_____

B. PRESCRPTION DRUG MONITORING PROGRAM (PDMP)

1. Does your state have a Prescription Drug Monitoring Program (PDMP)?

☐ Yes ☐ No

If "Yes" does your agency have the ability to query the state's PDMP database?

☐ Yes ☐ No

If "Yes", do you require prescribers (in your provider agreement with the agency) to access the PDMP patient history before prescribing restricted substances?

☐ Yes ☐ No

If "Yes," please explain how the state applies this information to control fraud and abuse.

If "Yes", do you also have access to border states' PDMP information?

☐ Yes ☐ No

2. 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?

☐ Yes ☐ No

If "Yes" please explain the barriers (e.g. lag time in prescription data being submitted, prescribers not accessing, pharmacists unable to view prescription history before filling script)

_____

_____

C. PAIN MANAGEMENT CONTROLS

1. Does your state or your agency require that Pain Management providers be certified?

   ☐ Yes ☐ No

2 Does your program obtain the DEA Active Controlled Substance Registrant's File in order to identify prescribers not authorized to prescribe controlled drugs?

   ☐ Yes ☐ No

   If "Yes" do you apply this DEA file to your ProDur POS edits to prevent unauthorized prescribing?

   ☐ Yes ☐ No

   If "Yes" please explain how the information is applied

   _____

   _____

   If "No" do you plan to obtain the DEA Active Controlled Substance Registrant's file and apply it to your POS edits?

   ☐ Yes ☐ No

3. Do you apply this DEA file to your RetroDUR reviews?

   ☐ Yes ☐ No

   If "Yes" please explain how it is applied.

   _____

   _____

4. Do you have measures in place to monitor/manage the prescribing of methadone for pain management? If "yes" check all that apply:

   ☐ pharmacist override
   ☐ deny claim and require PA
   ☐ quantity limits
   ☐ intervention letters

D. OPIOIDS

1. Do you currently have POS edits in place to limit the quantity of short-acting opioids?

☐ Yes ☐ No

If "Yes" what are your limitations?

☐ 30 day supply
☐ 90 day supply
☐ other, please explain

_____

_____

2. Do you currently have POS edits in place to limit the quantity of long-acting opioids?

☐ Yes ☐ No

If "Yes" what are your limitations?

☐ 30 day supply
☐ 90 day supply
☐ other, please explain

_____

_____

E. MORPHINE EQUIVALENT DAILY DOSE (MEDD)

1. Have you set recommended maximum **morphine equivalent daily dose** measures?

☐ Yes ☐ No

If "Yes", what is your maximum morphine equivalent daily dose limit in milligrams?

_____mg per day

2. Do you provide information to your prescribers on how to calculate the morphine

equivalent daily dosage?

☐ Yes ☐ No

If "Yes" how is the information disseminated?

☐ website
☐ provider notice
☐ educational seminar
☐ other, explain

_____

_____

3. Do you have an algorithm in your POS system that alerts the pharmacy provider that the morphine equivalent daily dose prescribed has been exceeded?

☐ Yes ☐ No

F. BUPRENORPHINE

1. Does your agency set mg per day limits on the use of buprenorphine?

☐ Yes ☐ No

If "Yes", please specify the total mg/day?

☐ 8mg
☐ 12 mg
☐ 16 mg
☐ other, please explain

_____

_____

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

☐ 6 months
☐ 12 months

☐ no limit
☐ other, please explain

_____

_____

3. Do you require that the maximum mg per day allowable be reduced after a set period of time?

☐ Yes ☐ No

If "Yes", what is your reduced (maintenance) dosage?

☐ 8mg
☐ 12mg
☐ other, please explain

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

☐ 6 months
☐ 12 months
☐ no limit
☐ other, please explain

5. Do you limit the type of dosage form that can be dispensed to only the sublingual film?

☐ Yes ☐ No

F. PSYCHOTROPIC DRUGS/STIMULANTS

1. Do you have a documented program in place to manage/monitor the appropriate use of psychotropic drugs in children?

☐ Yes ☐ No

If "Yes", do you manage/monitor:

☐ only children in foster care
☐ all children
☐ other, please explain

Please briefly explain the specifics of your program(s).

_____

_____

If "No" do you plan on implementing a program in the future?

☐ Yes ☐ No

2. Do you have any documented restrictions or special program in place to monitor/manage or control the use of stimulants?

   If "yes" is your program limited to:

   ☐ children
   ☐ adults
   ☐ both

   Please briefly explain your program.

   _____

   _____

IX. INNOVATIVE PRACTICES

Have you developed any innovative practices during the past year which you have included in **Attachment 6 - Innovative Practices**?

☐ Yes ☐ No

X. E-PRESCRIBING

1. Has your state implemented e-prescribing?

   ☐ Yes ☐ No

   If "Yes," please respond to Questions 2 and 3 below. If "No," are you planning to develop this capability?

   ☐ Yes ☐ No

2. Does your system use the NCPDP Origin Code that indicates the prescription source?

   ☐ Yes ☐ No

3. Does your program system (MMIS or pharmacy vendor) have the capability to electronically provide a prescriber, upon inquiry, patient drug history data and pharmacy coverage limitations prior to prescribing?

   ☐ Yes ☐ No

   a) If "Yes," do you have a methodology to evaluate the effectiveness of providing drug information and medication history prior to prescribing?

      ☐ Yes ☐ No

   b) If "Yes," please explain the evaluation methodology in **Attachment 7 – E-Prescribing Activity Summary.**

   c) If "No," are you planning to develop this capability?

      ☐ Yes ☐ No

XI. MANAGED CARE ORGANIZATIONS (MCOs)

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

   ☐ Yes ☐ No ☐ Partial

   If "partial" please specify the drug-categories that are carved out.

   _____

2. Does the state set requirements for the MCO's pharmacy benefit?

   ☐ Yes ☐ No

   If "Yes" please briefly explain your policy.

   _____

   If "No" do you plan to set standard in the future?

   ☐ Yes ☐ No

3. Does the state require the MCOs to monitor or report their DUR activities?

   ☐ Yes ☐ No

4. If “no” do you plan to develop a program to monitor or report MCO DUR activities in the future?

   ☐ Yes ☐ No

XII. EXECUTIVE SUMMARY - Attachment 8 – Executive Summary

MEDICAID DRUG UTILIZATION REVIEW ANNUAL REPORT

INSTRUCTIONS: Nomenclature Format for Attachments

States: Please use this standardized format for naming attachments.

ATT#-FFY- State Abbrev-Abbreviated Report name (NO SPACES!) Example for Arizona: (each state should insert their 2 letter state code) Attachments:

ATT1-201_-AZ-POCCR (Pharmacy Oral Counseling Compliance Report)

ATT2-201_-AZ-REOS (RetroDUR Educational Outreach Summary)

ATT3-201_-AZ-SDBA (Summary of DUR BD Activities)

ATT4-201_-AZ-GDSP (Generic Drug Substitution Policies)

ATT5-201_-AZ-CSCAM (Cost Savings/Cost Avoidance Methodology)

ATT6-201_-AZ-IPN (Innovative Practices Narrative)

ATT7-201_-AZ-EAS (E-Prescribing Activity Summary)

ATT8-201_-AZ-ES (Executive Summary)

I. EXPLANATION FOR ATTACHMENTS AND TABLES

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.

ATTACHMENT 2 – RETROSPECTIVE 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** problem with the largest number of exceptions. The results of RetroDUR screening and interventions
should be included.

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:

- Indicate the number of DUR Board meetings held.
- List additions/deletions to DUR Board approved criteria.

    a) For prospective DUR, list problem type/drug combinations added or

    deleted.

    b) For retrospective DUR, list therapeutic categories added or deleted.

- Describe Board policies that establish whether and how results of prospective

DUR screening are used 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.

- 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).

ATTACHMENT 4 – GENERIC DRUG SUBSTITUTION POLICIES

Please report any factors that could affect your generic utilization percentage and include any relevant documentation.

ATTACHMENT 5 – COST SAVINGS/COST AVOIDANCE METHODOLOGY

Include copy of program evaluations/cost savings estimates prepared by state or contractor noting methodology used.

ATTACHMENT 6 – INNOVATIVE PRACTICES

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 (e.g., disease management, academic detailing, automated pre- authorizations, continuing education programs).

ATTACHMENT 7 – E-PRESCRIBING ACTIVITY SUMMARY

Please describe all development and implementation plans/accomplishments in the area of e- prescribing. Include any evaluation of the effectiveness of this technology (e.g., number of prescribers e-prescribing, percent e-prescriptions to total prescriptions, relative cost savings).

ATTACHMENT 8 – EXECUTIVE SUMMARY

TABLE 1 – TOP 10 PROSPECTIVE DUR CRITERIA REVIEWED BY DUR BOARD

Indicate by problem type those criteria with the most significant severity levels that were reviewed in-depth by DUR Board. For each problem type below in the first column list the drugs/ drug category/ disease combinations for which DUR Board conducted in-depth reviews.

PROBLEM TYPE KEY: INAPPROPRIATE - IA; THERAPEUTIC - TC; DRUG DRUG - D/D; DRUG ALLERGY - D/A; DRUG DISEASE – D/D;

Table1	AHFS TC (Level 2)	AHFS TC (Level 4)	AHFS TC (Level 6)	AHFS TC (Level 8)	Drug Name	Disease	Criteria Implemented
IA DOSE1							
IA DOSE2							
IA DOSE3							
TC DUPLICATION1							
TC DUPLICATION2							
TC DUPLICATION3							
D/A INTERACTION1							
D/A INTERACTION2							
D/A INTERACTION3							
IA DURATION1							
IA DURATION2							
IA DURATION3							
D/D INTERACTIONS1							
D/D INTERACTIONS2							
D/D INTERACTIONS3							
D/Dis CONTRAINDICATION1							
D/Dis CONTRAINDICATION2							
D/Dis CONTRAINDICATION3							
OTHER (specify)1							
OTHER (specify)2							
OTHER (specify)3							
OTHER (specify)4							
OTHER (specify)5							
OTHER (specify)6							
OTHER (specify)7							
OTHER (specify)8							
OTHER (specify)9							

TABLE 2 – GENERIC UTILIZATION DATA

Please provide the following utilization data for this DUR reporting period for all covered outpatient drugs paid. Exclude Third Party Liability. (COMPLETE TABLE 2)

Computation Instructions:

KEY:

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

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

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

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

N ÷ (S + N + I) × 100 = Generic Utilization Percentage

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

$N ÷ ($S + $N + $I) × 100 = Generic Expenditure Percentage

TABLE 2: GENERIC DRUG UTILIZATION

Single-Source (S) Drugs		Non-Innovator (N) Drugs		Innovator Multi-Source (I) Drugs	
Total Number of Claims	*Total Reimbursement Amount Less Co-Pay*	*Total Number of Claims*	*Total Reimbursement Amount Less Co-Pay*	*Total Number of Claims*	*Total Reimbursement Amount Less Co-Pay*

CMS has developed an extract file from the Medicaid Drug Rebate Program Drug Product Data File identifying each NDC along with sourcing status of each drug: S, N, or I (see Key below). This file will be made available from CMS to facilitate consistent reporting across States with this data request.