

Center for Medicaid and CHIP Services

Disabled and Elderly Health Programs Group

January 8, 2020

Ms. Erin Campbell Acting Medicaid Director State of Louisiana Department of Health 628 N 4th St P.O. Box 91030 Baton Rouge, LA 70821-9030

Dear Ms. Campbell:

The CMS Division of Pharmacy team has reviewed Louisiana State Plan Amendment (SPA) 19-0028 received in the Dallas Regional Operations Group on October 16, 2019. This SPA proposes to allow the state to comply with the Medicaid Drug Utilization Review (DUR) provisions included in Section 1004 of the Substance Use-Disorder Prevention that promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (P.L. 115-271).

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 19-0028 is approved with an effective date of October 1, 2019. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into Louisiana's state plan will be forwarded by the Dallas Regional Operations Group.

If you have any questions regarding this request, please contact Justin Aplin at (410) 786-6901 or Justin.Aplin@cms.hhs.gov.

Sincerely,

/s/

Cynthia R. Denemark, R.Ph. Director Division of Pharmacy DEHPG/CMCS/CMS

cc: Rebekah E. Gee, Secretary, Louisiana Department of Health Cindy Rives, Undersecretary, Louisiana Department of Health Bill Brooks, Director, Dallas Regional Operations Group Tobias Griffin, Dallas Regional Operations Group

| DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES | | | FORM APPROVED OMB No. 0938-0193 |
|---|-------------------------|--|------------------------------------|
| TRANSMITTAL AND NOTICE OF AI STATE PLAN MATERIA | | 1. TRANSMITTAL NUMBER 19-0028 | 2. STATE Louisiana |
| FOR: CENTERS FOR MEDICARE & MEDIC | | 3. PROGRAM IDENTIFICATION: TITL SECURITY ACT (MEDICAID) | E XIX OF THE SOCIAL |
| TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SER' DEPARTMENT OF HEALTH AND HUMAN SER | | 4. PROPOSED EFFECTIVE DATE October 1, 2019 | |
| 5. TYPE OF PLAN MATERIAL (Check One) | TO BE CONSIDERE | ED AS NEW PLAN 🛛 AMENDMENT | 5. |
| COMPLETE BLOCKS 6 THRU 10 | IF THIS IS AN AMEN | IDMENT (Separate transmittal for each an | endment) |
| 6. FEDERAL STATUTE/REGULATION CITATION 1902(a)(85) of the Social Security Act in conjunc Section 1004 of the SUPPORT for Patient Communities Act | | 7. FEDERAL BUDGET IMPACT a. FFY <u>2020</u> \$ <u>0</u> b. FFY <u>2021</u> \$ <u>0</u> | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR A | TTACHMENT | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) | |
| Section 4.26, Pages 74d and 74e | | None – new pages | |
| 11. GOVERNOR'S REVIEW (Check One) | NCLOSED DF SUBMITTAL | OTHER, AS SPECIFIED The Governor does not revie 16. RETURN TO Jen Steele, Medicaid Director State of Louisiana Department of Health | s cont |
| Cindy Rives, designee for Rebekah E. 14. TITLE | Gee MD, MPH | Gee MD, MPH 628 North 4 th Street P.O. Box 91030 Baton Rouge, LA 70821-9030 | |
| Secretary 15. DATE SUBMITTED | | | |
| October 16, 2019 | FOR REGIONAL OF | FICE USE ONLY | |
| 17. DATE RECEIVED October 16, 2019 | | 18. DATE APPROVED January 8, 2020 | |
| | N APPROVED - ON | E COPY ATTACHED | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2019 | | 20. SIGNATURE OF REGIONAL OFFICI | AL |
| 21. TYPED NAME Bill Brooks | | 22. TITLE Director Regional Operations | Group |
| 23. REMARKS The State requests a pen and in FORM CMS-179 (07/92) | k change to boxe | es 6, 8 and 9. | |
| | | Buyn | |

Revision: HCFA-PM (MB)

State/Territory: LOUISIANA

Section 4.26 Drug Utilization Review Program

Citation

1902(a)(85) of the Social Security Act in conjunction with Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (Support Act)

Drug Utilization Review Requirements to Comply with the SUPPORT for Patients and Communities Act

1. Claims Review Limitations

The State has opioid-related prospective point of sale (POS) safety edits and retrospective reviews in place to address:

- a. Days' supply;
- b. Duplicate fill and early fill alerts;
- c. Quantity limits;
- d. Morphine milligram equivalent (MME) limits; and
- e. Therapeutic duplication edits.

The State has the following ongoing retrospective utilization reviews for opioid safety:

- a. Concurrent opioid with benzodiazepines;
- b. Concurrent opioid with sleep agents;
- c. Concurrent opioid with antipsychotic agents; and

2. Program to Monitor Antipsychotic Medications by Children

The State shall manage, monitor, and review antipsychotic medications for appropriateness for all children, including foster children, based on approved indications and clinical guidelines.

The State performs annual retrospective utilization reviews for concurrent use of antipsychotic agents.

3. Fraud and Abuse Identification

The DUR program has established a process that identifies potential fraud or abuse of controlled substances by recipients, health care providers and pharmacies. Recipient profiles are reviewed based on pre-determined criteria. If potential misuse or over-utilization is identified, the recipient will be referred for pharmacy and/or prescriber lock-in.

State: Louisiana Date Received: 10-16-2019 Date Approved: 01-08-2020 Date Effective: 10-01-2019 Transmittal Number: 19-0028