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State/Territory Name: Arizona

State Plan Amendment (SPA) #: 19-0020

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Center for Medicaid and CHIP Services

Disabled and Elderly Health Programs Group

February 6, 2020

Ms. Dana Hearn, Medicaid Assistant Director
Arizona Health Care Cost Containment System (AHCCCS)
801 E. Jefferson, MD#4200
Phoenix, Arizona 85034

Dear Ms. Dana Hearn:

The CMS division of pharmacy team has reviewed Arizona's State Plan Amendment (SPA) 19-0020, received in the San Francisco Regional Operations Group on December 30, 2019. This SPA proposes to allow the state to comply with the Medicaid Drug Utilization review (DUR) provisions included in 1004 of the SUPPORT for Patients and Communities Act with the effective date of October 1, 2019.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that AZ SPA 19-0020 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 Arizona's state plan will be forwarded by the San Francisco Regional Operations Group.

If you have any questions regarding this amendment, please contact Whitney Swears at (410) 786-6543 or Whitney.Swears@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of John M. Coster.

John M. Coster, Ph.D., R.Ph.
Director, Division of Pharmacy

cc: Mohamed Arif, Federal Relations Administrator at Arizona Health Care Cost System
Jon Stall, Financial Analyst at Arizona Health Care Cost Containment System
Suzanne Berman, State Pharmacy Director at Arizona Health Care Cost Containment System
Richard C. Allen, CMS, Director Western Regional Operations Group
Brian Zolynas, CMS, Western Regional Office Representative

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

| | |
|--|---------------------|
| 1. TRANSMITTAL NUMBER <u>1 9 — 0 2 0</u> | 2. STATE Arizona |
| 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| 4. PROPOSED EFFECTIVE DATE October 1, 2019 | |

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (*Check One*)

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)


| | |
|---|---|
| 6. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 447 | 7. FEDERAL BUDGET IMPACT a. FFY 2020 \$ 0 b. FFY 2021 \$ 0 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Page 74 e-f | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) N/A |

10. SUBJECT OF AMENDMENT

Updates the State Plan to comply with SUPPORT Act requirements regarding opioid drug utilization reviews.

11. GOVERNOR'S REVIEW (*Check One*)


- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

| | |
|--|--|
| 12. SIGNATURE OF STATE AGENCY OFFICIAL  | 16. RETURN TO Dana Hearn 801 E. Jefferson, MD#4200 Phoenix, Arizona 85034 |
| 13. TYPED NAME Dana Hearn | |
| 14. TITLE Assistant Director | |
| 15. DATE SUBMITTED 12/30/2019 | |

FOR REGIONAL OFFICE USE ONLY

| | |
|--|---------------------------------------|
| 17. DATE RECEIVED December 30, 2019 | 18. DATE APPROVED February 6, 2020 |
|--|---------------------------------------|

PLAN APPROVED - ONE COPY ATTACHED

| | |
|--|---|
| 19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2019 | 20.  FICIAL |
| 21. TYPED NAME James G. Scott | 22. TITLE Director, Division of Program Operations |

23. REMARKS

Revision: HCFA-PM-93-3 (MB)
April 1993

OMB No.

State/Territory: Arizona

The State is in compliance with the new drug review and utilization requirements set forth in section 1902(oo) of the Act, as follows:

1902(a)(85) and Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act)

1. Claim Review Requirements

- a.** The following Safety Edits have been implemented at the Point-of-Sale including Early, Dosage, Duplicate, and Quantity Limits:
- i.** The state has implemented the following prospective opioid safety edits:
- (1) Quantity limits, including days' supply limits:
 - (2) Length of therapy limits:
 - (3) Refill frequency (percent to refill) limits;
 - (4) Duplicate fills; and
 - (5) Maximum Morphine Milligram Equivalents (MME) per Day Limits.
- ii.** The state has implemented the following retrospective opioid safety reviews:
- (1) Quantity limits, including days' supply limits;
 - (2) Length of therapy limits;
 - (3) Refill frequency (percent utilized to refill) limits;
 - (4) Duplicate fills; and
 - (5) Maximum MME/ Day reviews.

2. Concurrent Utilization Alerts

- a.** Opioid and Benzodiazepines Current Fill Reviews
- i.** The state has implemented and monitors results of Point-of-Sale alerts for concomitant use of opioids and benzodiazepines.
- b.** Opioid and Antipsychotic Concurrent Fill Reviews
- i.** The state has implemented and monitors results of Point-of-Sale alerts for concomitant use of opioids and antipsychotics.

TN No. 19-020

Supersedes

Approval Date: February 6, 2020

Effective Date: October 1, 2019

TN No. NEW

Revision: HCFA-PM-93-3 (MB)
April 1993

OMB No.

State/Territory: Arizona

c. Opioid and Antipsychotic and Benzodiazepine Current Fill Reviews

(i)The state has implemented and monitors results of Point-of-Sale alerts for concomitant use of opioids with an Antipsychotic and a Benzodiazepine.

3. Program to Monitor Antipsychotic Medication Use by Children

a. The state has implemented and monitors the following:

- i. Age restrictions;
- ii. Quantity limits;
- iii. Prior authorization for duplicate therapy; and
- iv. Medication use in Foster Children.

4. Fraud, Waste and Abuse Identification.

a. The State has implemented policy requirements and monitors the results including but not limited to the following:

- i. Number of opioid prescribers per member;
- ii. Number of pharmacies utilized per member for opioid fills;
- iii. Prior authorization requirements for long acting opioids;
- iv. Controlled Substances Prescription Monitoring Program, the State's PDMP, review for all prior authorization requests for opioids; and
- v. Controlled and Non-Controlled Utilization including the following:

1. Atypical Antipsychotics;
2. Benzodiazepines;
3. Hypnotics;
4. Muscle Relaxants;
5. Opioids
6. Stimulants; and
7. Others as identified.

TN No. 19-020

Supersedes

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