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State/Territory: Indiana

State Plan Amendment (SPA)#: 19-019

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 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

March 13, 2020

Ms. Allison Taylor
Medicaid Director
Indiana Office of Medicaid Policy and Planning
402 W Washington St Rm W461
Indianapolis, IN 46204-2773

Dear Ms. Taylor:

The CMS Division of Pharmacy team has reviewed Indiana State Plan Amendment (SPA) 19-0019 received in the Division of Program Operations North Branch on December 20, 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 19-0019 is approved with an effective date of November 28, 2019. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into Indiana's state plan will be forwarded by the Division of Program Operations North Branch.

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.
Deputy Director
Division of Pharmacy
DEHPG/CMCS/CMS

cc: James G. Scott, Director Division of Program Operations
Mai Le-Yuen Division of Program Operations North Branch
Amy Owens Indiana Office of Medicaid Policy and Planning

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

1. TRANSMITTAL NUMBER 19-019	2. STATE Indiana
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

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

4. PROPOSED EFFECTIVE DATE
November 28, 2019

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
Section 1927(g) of the Social Security Act; Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act

7. FEDERAL BUDGET IMPACT (in thousands) :
a. FFY 2020 \$ 0
b. FFY 2021 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
74d, 74e

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
NEW

SUBJECT OF AMENDMENT: This State Plan Amendment makes conforming changes to the Medicaid State Plan to demonstrate compliance with federal drug utilization review (DUR) provisions. This State Plan Amendment complies with Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act. The changes are being made to comply with provisions in the SUPPORT Act.

10. 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

Indiana's Medicaid State Plan does not require the Governor's review. See Section 7.4 of the State Plan.

12. SIGNATURE OF STATE AGENCY OFFICIAL


16. RETURN TO:
Allison Taylor
Medicaid Director
Indiana Office of Medicaid Policy and Planning
402 West Washington Street, Room W461
Indianapolis, IN 46204
ATTN: Amy Owens, Federal Relations Lead

13. TYPED NAME: Allison Taylor

14. TITLE: Medicaid Director

15. DATE SUBMITTED
12/20/19

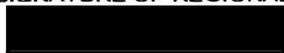
FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
12/20/2019

18. DATE APPROVED
03/13/2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
11/28/2019

20. SIGNATURE OF REGIONAL OFFICIAL


21. TYPED NAME
James G. Scott

22. TITLE
Director, Division of Program Operations

23. REMARKS

State/Territory: INDIANACitation

1902(oo)

K. Indiana Medicaid has fully implemented Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (P. L. 115-271). The State is in compliance with the new drug review and utilization requirements set forth in section 1902(oo) of the Act, as follows:

1. Claims Review Requirements

A. Safety Edits Including Early, 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
 - (5) maximum Morphine Milligram Equivalents (MME)/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 to refill) limits
 - (4) duplicate fills
 - (5) maximum MME/day reviews

B. Concurrent Utilization Alerts

i. Opioid and Benzodiazepines Current Fill Reviews

- (1) The state has implemented and monitors results of prior authorization requirements for concomitant opioids and benzodiazepines

ii. Opioid and Antipsychotic Concurrent Fill Reviews

- (1) The state has implemented and monitors results of DUR edits

2. Program to Monitor Antipsychotic Medications by Children

A. The state has implemented and monitors results of the following:

- i. age restrictions
- ii. quantity limits
- iii. prior authorization requirements for duplicate antipsychotic therapy
- iv. Department of Child Services Psychotropic Medications report

3. Fraud and Abuse Identification Requirements

TN No. 19-019
Supersedes
TN No. NEW

Approval Date: 3/13/20

Effective Date: November 28, 2019

State/Territory: INDIANA

A. The state has implemented and monitors results including but not necessarily limited to the following:

- i. limits on number of opioid prescribers over a period of time
- ii. prior authorization requirements for concomitant opioid and buprenorphine-based substance use disorder treatment
- iii. ad hoc PDMP reviews corresponding to prior authorization requests
- iv. pharmacy claims audits

TN No. 19-019
Supersedes
TN No. NEW

Approval Date: 3/13/20

Effective Date: November 28, 2019