

---

## **Table of Contents**

**State/Territory Name: Utah State Plan**

**Amendment (SPA)#: 19-0018**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages



**Center for Medicaid and CHIP Services**

**Disabled and Elderly Health Programs Group**

February 11, 2020

Nathan Checketts, Medicaid Director  
Utah Department of Health  
P.O. Box 141000  
Salt Lake City, UT 84114- 1000

Dear Mr. Checketts,

The CMS Division of Pharmacy team has reviewed Utah State Plan Amendment (SPA) 19-0018 received in the Denver 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 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 19-0018 is approved with an effective date of October 1, 2019. A copy of the signed, updated CMS-179 form, as well as the pages approved for incorporation into Utah's state plan will be forwarded by the Denver Regional Operations Group.

If you have any questions regarding this request, please contact Réna McClain at (410) 786-3975 or [Rena.McClain1@cms.hhs.gov](mailto:Rena.McClain1@cms.hhs.gov).

Sincerely,

/s/

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

cc: Craig Devashrayee, Manager, Technical Writing Unit, Utah Department of Health  
Emma Chacon, Utah Department of Health  
Tonya Hales, Utah Department of Health  
Jennifer Strohecker, Utah Department of Health  
James G. Scott, Director, Division of Program Operations  
Mandy Strom, Denver Regional Operations Group  
Mark Halter, Denver Regional Operations Group

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:  
19-0018-UT

2. STATE:  
Utah

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
October 1, 2019

TO: REGIONAL ADMINISTRATOR  
HEALTHCARE FINANCING ADMINISTRATION  
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 456.700

7. FEDERAL BUDGET IMPACT:

a. FFY 2020 \$0  
b. FFY 2021 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Pages 74 through 74c of Section 4.26

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Pages 74 through 74c of Section 4.26

10. SUBJECT OF AMENDMENT: Support for Patients and Communities Act

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:

*Joseph K. Miner, M.D.*  
for Dr. Miner

13. TYPED NAME: Joseph K. Miner, M.D.

*Marie E. Bobitz MD*

14. TITLE: Executive Director, Utah Department of Health

16. RETURN TO:

Craig Devashrayee, Manager  
Technical Writing Unit  
Utah Department of Health  
PO Box 143102  
Salt Lake City, UT 84114-3102

15. DATE SUBMITTED: December 30, 2019

16.

17. DATE RECEIVED:

12/30/2019

18. DATE APPROVED:

2/11/2020

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:

10/1/2019

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

James G. Scott

22. TITLE:

Director, Division of Program Operations

PLAN APPROVED - ONE COPY ATTACHED

3. REMARKS

Pen & Ink charge authorized by the state to update Boxes 8 & 9 to reflect Section 4.26.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State: \_\_\_\_\_ UTAH \_\_\_\_\_

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation	4.26	<u>Drug Utilization Review Program</u>
1927(g) 42 CFR 456.700		(a)(1) The Medicaid agency meets the requirements of Section 1927(g) of the Act for a drug use review (DUR) program for outpatient drug claims and the provisions in Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act)
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)		
1927(g)(1)(A)		(2) The DUR program assures that prescriptions for outpatient drugs are: - Appropriate - Medically necessary - Are not likely to result in adverse medical results.
1927(g)(1)(a)		(b)(1) The DUR program is designed to educate physicians and pharmacists to identify and reduce the frequency of patterns of fraud, abuse, gross overuse, excessive utilization, or inappropriate or medically unnecessary care, or prescribing or billing practices that indicate abuse or excessive utilization among physicians, pharmacists, and patients or associated with specific drugs as well as:
42 CFR 456.705(b) and  456.709(b)		- Potential and actual adverse drug reactions - Therapeutic appropriateness - Overutilization and underutilization - Appropriate use of generic products - Therapeutic duplication - Drug disease contraindications - Drug-drug interactions - Incorrect drug dosage or duration of drug treatment - Drug-allergy interactions - Clinical abuse/misuse
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)		

T.N. 19-0018

Supersedes 93-13

Approval Date 2-11-2020

Effective Date 10-1-19

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State: \_\_\_\_\_ UTAH \_\_\_\_\_

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

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)

(2) The State meets Medicaid DUR provisions included in Section 1004 of the SUPPORT Act by implementing the following policies and oversight for Medicaid recipients:

Claims Review Limitations:

- Prospective safety edits on opioid prescriptions to address days' supply, early refills, duplicate fills and quantity limitations for clinical appropriateness.
- Prospective safety edits on maximum daily morphine milligram equivalents (MME) on opioids prescriptions to limit the daily morphine milligram equivalents (as recommended by clinical guidelines).
- Retroactive reviews on opioid prescriptions exceeding these above limitations on an ongoing basis.
- Retroactive reviews on concurrent utilization of opioids and benzodiazapines as well as opioids and antipsychotics on an ongoing periodic basis.

Programs to monitor antipsychotic medications to children: Antipsychotic agents are reviewed for appropriateness for all children including foster children based on approved indications and clinical guidelines.

Fraud and abuse identification: The DUR program has established a process that identifies potential fraud or abuse of controlled substances by enrolled individuals, health care providers, and pharmacies.

(3) The Medicaid agency has a pharmacy Lock-In program that limits pharmacy services to a single pharmacy for recipients who have shown patterns of abuse or misuse of controlled substances.

(c) The DUR program shall assess data use against predetermined standards whose source materials for their development are consistent with peer-reviewed medical literature which has been critically reviewed by unbiased independent experts and the following compendia:

- American Hospital Formulary Service Drug Information
- United States Pharmacopeia-Drug Information
- American Medical Association Drug Evaluations

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation	4.26	<u>Drug Utilization Review Program</u> (Continued)				
1927(g)(1)(D) 42 CFR 456.703(b) 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)	(d)	DUR is not required for drugs dispensed to residents of nursing facilities that are in compliance with drug regimen review procedures set forth in 42 CFR 483.60. The State has nevertheless chosen to include nursing home drugs in:  <table border="0"><tr><td><u>X</u></td><td>Prospective DUR</td></tr><tr><td><u>X</u></td><td>Retrospective DUR</td></tr></table>	<u>X</u>	Prospective DUR	<u>X</u>	Retrospective DUR
<u>X</u>	Prospective DUR					
<u>X</u>	Retrospective DUR					
42 CFR 456.703(b)						
1927(g)(2)(A) 42 CFR 456.705(b)	(e) (1)	The DUR program includes prospective review of drug therapy at the point of sale or point of distribution before each prescription is filled or delivered to the Medicaid recipient.				
1927(g)(2)(A)(i) 42 CFR 456.705(b), (1)-(7)	(2)	Prospective DUR includes screening each prescription filled or delivered to an individual receiving benefits for potential drug therapy problems receiving benefits for potential drug therapy problems due to: <ul style="list-style-type: none"><li>- Therapeutic duplication</li><li>- Drug-disease contraindications</li><li>- Drug-drug interactions</li><li>- Drug-interactions with non-prescription or over-the-counter drugs</li><li>- Incorrect drug dosage or duration of drug treatment</li><li>- Drug allergy interactions</li><li>- Clinical abuse/misuse</li></ul>				
1927(g)(2)(A)(ii) 42 CFR 456.705 (c) and (d)	(3)	Prospective DUR includes counseling for Medicaid recipients based on standards established by State law and maintenance of patient profiles.				
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)	(4)	Prospective DUR includes automated POS claims review process that triggers alerts and rejects claims based on predetermined standards.				

T.N. # 19-0018

Approval Date 2-11-2020

Supersedes T.N. # 93-13

Effective Date 10-1-19

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 4 - GENERAL PROGRAM ADMINISTRATION (Continued)

Citation	4.26	<u>Drug Utilization Review Program</u> (Continued)
1927(g)(2)(B)	(f) (1)	The DUR program includes retrospective DUR through its mechanized drug claims processing and information retrieval system or otherwise which undertakes to identify: <ul style="list-style-type: none"> <li>-Patterns of fraud and abuse</li> <li>-Gross overuse</li> <li>-Inappropriate or medically unnecessary care among physicians, pharmacist, Medicaid recipients, or associated with specific drugs or groups of drugs.</li> </ul>
1927(g)(2)(C) 42 CFR 456.709(b)	(f) (2)	The DUR program assesses data on drug use against explicit predetermined standards including but not limited to monitoring for: <ul style="list-style-type: none"> <li>- Therapeutic appropriateness</li> <li>- Overutilization and underutilization</li> <li>- Appropriate use of generic products</li> <li>- Therapeutic duplication</li> <li>- Drug-disease contraindications</li> <li>- Drug-drug interactions</li> <li>- Incorrect drug dosage/duration of drug treatment</li> <li>- Clinical abuse/misuse</li> </ul>
1927(g)(2)(D) 42 CFR 456.711	(3)	The DUR program through its State DUR Board, using data provided by the Board, provides for active and ongoing educational outreach programs to educate practitioners on common drug therapy problems to improve prescribing and dispensing practices.
1927(g)(3)(A) 456.716(a)	(g) (1)	The DUR program has established a State DUR Board either: <p style="margin-left: 40px;"><u>  X  </u> Directly, or  <u>      </u> Under contract with a private organization</p>
1927(g)(3)(B) 42 CFR 456.716  (A) AND (B)	(2)	The DUR Board membership includes health professionals (one-third licensed actively practicing pharmacists and one-third but no more than 51 percent licensed and actively practicing physicians) with knowledge and experience in one or more the following: <ul style="list-style-type: none"> <li>- Clinically appropriate prescribing of covered outpatient drugs.</li> <li>- Clinically appropriate dispensing and monitoring of covered outpatient drugs.</li> <li>- Drug use review, evaluation and intervention.</li> <li>- Medical quality assurance.</li> </ul>
1927(g)(3)(C) 42 CFR 456.716(d)	(3)	The activities of the DUR Board include: <ul style="list-style-type: none"> <li>- Retrospective DUR,</li> <li>- Application of Standards as defined in Section 1927(g)(2)(C), and</li> <li>- Ongoing interventions for physicians and pharmacists targeted toward therapy problems or individuals identified in the course or retrospective DUR.</li> </ul>

T.N. #	<u>19-0018</u>	Approval Date	<u>2-11-2020</u>
Supersedes T.N. #	<u>93-13</u>	Effective Date	<u>10-1-19</u>