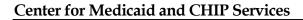
# **Table of Contents**

# State/Territory Name: Vermont

# State Plan Amendment (SPA) #: 19-0009

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





### Disabled and Elderly Health Programs Group

February 7, 2020

Michael K. Smith, Secretary Vermont Agency of Human Services 280 State Drive - Center Building Waterbury, VT 05671-1000

Dear Mr. Smith,

The CMS Division of Pharmacy team has reviewed Vermont State Plan Amendment (SPA) 19-0009 received in the Boston Regional Operations Group on December 31, 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 19-0009 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 Vermont's state plan will be forwarded by the Boston 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.

Sincerely,

/s/

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

cc: Dylan Frazer, Vermont Medicaid Policy Unit James G. Scott, Director, Division of Program Operations Gilson DaSilva, Boston Regional Operations Group

1. TRANSMITTAL NUMBER:	2. STATE:
19-0009	VERMONT
3. PROGRAM IDENTIFICATION:	TERMONT
TITLE XIX OF THE SOCIAL SECUR	RITY ACT (MEDICAID)
4. PROPOSED EFFECTIVE DATE	(S)
10/1/19	
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	h amendment)
a. FFY 2020 \$ 4,500 b. FFY 2021 \$ 0.00	
9. PAGE NUMBER OF THE SUPER	
OR ATTACHMENT (If Applicabl	le)
Page 74b	
on Review	
OTHER, AS SPECIFIED	
SIGNATURE OF SECRETARY	OF ADMINISTRATION
0	
16. RETURN TO:	
DYLAN FRAZER	
AGENCY OF HUMAN SERVICES	
280 STATE DRIVE, CENTER BUIL	DING
WATERBURY, VT 05671-1000	
<b>18.</b> DATE APPROVED: 02/07/202	20
COPY ATTACHED	
20. SIGNATURE OF REGIONAL O	FFICIAL: /s/
<b>22. TITLE</b> Director, Division	of Program Operations
	100 A
	19-0009         3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECUR         4. PROPOSED EFFECTIVE DATE 10/1/19         CONSIDERED AS NEW PLAN         MENT (Separate Transmittal for each 10/1/19         CONSIDERED AS NEW PLAN         MENT (Separate Transmittal for each 10/1/19         CONSIDERED AS NEW PLAN         MENT (Separate Transmittal for each 10/1/19         PAGE NUMBER OF THE SUPEL 0 b. FFY 2021 \$ 4,500 b. FFY 2021 \$ 0.00         9. PAGE NUMBER OF THE SUPEL OR ATTACHMENT (If Applicable Page 74b         OTHER, AS SPECIFIED SIGNATURE OF SECRETARY         Image 74b         Image 74b

# **OFFICIAL**

74b

Revision: HCFA-PM-		(MB)
		State/Territory: <u>Vermont</u>
<u>Citation</u> F 1927(g)(2)(C), 42 CFR 456.709(b)	5. 2.	<ul> <li>The DUR program assesses data on drug use against explicit predetermined standards including but not limited to monitoring for:</li> <li>Therapeutic appropriateness</li> <li>Overutilization and underutilization</li> <li>Appropriate use of generic products</li> <li>Therapeutic duplication</li> <li>Drug-disease contra-indications</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.
(	G. 1.	The State has established a State DUR Board either:
1927(g)(3)(A), 42 CFR 456.716(a) 1927(g)(3)(B), 42 CFR 456.716(A) and (B)	2.	<ul> <li>Directly, or</li> <li>Under contract with a private organization</li> <li>The DUR Board membership includes health professionals (at least one-third licensed actively practicing pharmacists and at least one-third but no more than one-half licensed and actively practicing physicians) appointed by the Commissioner of the Department of Vermont Health Access (DVHA) and approved by the Governor, with knowledge and experience in one or more of the following:</li> <li>Clinically appropriate prescribing of covered outpatient drugs.</li> <li>Drug use review, evaluation and intervention.</li> </ul>
1927(g)(3)(C), 42 CFR 456.716(d)		<ul> <li>Medical quality assurance.</li> <li>The board may include other members as proposed by the Commissioner of the DVHA and approved by the Governor. The Governor determines the term limits of Board members via Executive Order.</li> </ul>

Effective Date: <u>10/1/2019</u>

Approval Date: <u>02/07/2020</u>

# OFFICIAL

74d

#### State/Territory: <u>Vermont</u>

Drug Utilization Review (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)

## **Claim 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 equivalent (as recommended by clinical guidelines).
- Retrospective reviews on opioid prescriptions exceeding these above limitations on an ongoing basis.
- Retrospective reviews on concurrent utilization of opioids and benzodiazepines 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.