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State Name: Pennsylvania

State Plan Amendment (SPA) #: 19-0027

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179 Form
- 3) Approved SPA Page

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

July 21, 2020

Teresa D. Miller
Department of Human Services
Office of Medical Assistance Programs
Bureau of Policy, Analysis and Planning
P.O. Box 2675
Harrisburg, Pennsylvania 17105-2675

Dear Ms. Miller:

The CMS Division of Pharmacy team has reviewed Pennsylvania State Plan Amendment (SPA) 19-0027 received in the Division of Program 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 19-0027 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 the Pennsylvania state plan will be forwarded by the Division of Program Operations Group.

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

Sincerely,

/s/

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

cc: Eve Lickers, Acting Director, Bureau of Policy, Analysis and Planning
Sally Kozak, Deputy Secretary, Office of Medical Assistance Programs
Gwen Zander, Chief of Staff, Office of Medical Assistance Programs
Terri Cathers, Director of Pharmacy, Department of Human Services
Dan Belnap, CMS Division of Program Operations
James Scott, Director, CMS Division of Program Operations

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

1. TRANSMITTAL NUMBER 19-0027	2. STATE Pennsylvania
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Title XIX	
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 1902(a)(85) of SSA §1004 of the SUPPORT Act	7. FEDERAL BUDGET IMPACT a. FFY 2019 \$0 b. FFY 2020 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Section 4.26, Page 74d	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) New

10. SUBJECT OF AMENDMENT

Drug Utilization Review Program

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

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Review and approval authority
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL has been delegated to the Department of Human Services

12. SIGNATURE OF REGIONAL OFFICIAL  /S/	16. RETURN TO Commonwealth of Pennsylvania Department of Human Services Office of Medical Assistance Programs Bureau of Policy, Analysis and Planning P.O. Box 2675 Harrisburg, Pennsylvania 17105-2675
13. TYPED NAME Teresa D. Miller	
14. TITLE Secretary of Human Services	
15. DATE SUBMITTED June 11, 2020 December 30, 2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED December 30, 2019	18. DATE APPROVED July 21, 2020
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2019	20. SIGNATURE OF REGIONAL OFFICIAL /S/
21. TYPED NAME James Scott	22. TITLE Director, CMS Division of Program Operations

23. REMARKS

With the state's permission, a pen and ink change was made to box 15 to reflect actual date submitted (DB)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: PENNSYLVANIA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation

4.26 Drug Utilization Review Program

1902(a)(85),
§1004 of the
Support Act

K. Provisions of §1004 of the SUPPORT Act

1. Claim Review Limitations

a. Prospective Review:

- i. The Department uses safety edits on opioid prescriptions to address days' supply, early refills, duplicate fills, and quantity limitations for clinical appropriateness.
- ii. The Department uses safety edits on maximum daily morphine milligram equivalents (MME) on opioids prescriptions to limit the daily morphine milligram equivalent (as recommended by clinical guidelines).

b. Retrospective Review:

- i. Concurrent prescribing of antipsychotic medications with opioids is evaluated during retrospective drug utilization review on an ongoing basis.
- ii. Concurrent prescribing of benzodiazepines with opioids is evaluated during the retrospective drug utilization review on an ongoing basis.
- iii. Opioid prescriptions exceeding state limitations on days' supply, early refills, duplicate fills, and quantity limitations are evaluated during the retrospective drug utilization review on an ongoing basis.
- iv. Opioid prescriptions exceeding state limitations on Maximum Daily Morphine Milligram Equivalents (MME) are evaluated during the retrospective drug utilization review on an ongoing basis.

2. Programs to Monitor Antipsychotic Medications to Children

Antipsychotics for children, including foster children, under 18 years of age require prior authorization and are reviewed for medical necessity review. Monitoring is included in the medical necessity review.

3. Fraud and Abuse Identification Requirements

The Department reviews paid claims to identify fraud and abuse, including through the fraud and abuse detection system. Additional steps are taken depending on the results of the review, such as placing a beneficiary in the Department's Restricted Recipient Program, which restricts a beneficiary to a specific pharmacy and physician.