

Table of Contents

State/Territory: District of Columbia

State Plan Amendment (SPA) #: 22-0007

This file contains the following documents in the order listed:

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

October 21, 2022

Melissa Byrd
Senior Deputy Director/Medicaid Director
Department of Health Care Finance
441 4th Street N.W., Suite 900 S
Washington, D.C. 20001

Dear Melissa Byrd,

The CMS Division of Pharmacy team has reviewed District of Columbia's State Plan Amendment (SPA) 22-0007 received in the CMS Medicaid & CHIP Operations Group on August 22, 2022. This SPA proposes to remove the fifteen (15) day limit that an individual identified for inclusion in the Pharmacy Lock-in Program has to submit a request for a hearing on the lock-in decision from the state plan pages.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 22-0007 is approved with an effective date of October 1, 2022. Our review was limited to the materials necessary to evaluate the SPA under applicable federal laws and regulations.

We are attaching a copy of the updated, signed CMS-179 form, as well as the pages approved for incorporation into District of Columbia's state plan. If you have any questions regarding this amendment, please contact Terry Simananda at (410) 786-8144 or terry.simananda@cms.hhs.gov.

Sincerely,

Cynthia R. Denemark, R.Ph.
Acting Director
Division of Pharmacy

cc: Mario Ramsey, Associate Director, Division of Regulation and Policy
Management, DC Dept of Health Care Finance
Lieutenant Commander Frankeena McGuire, DC Medicaid State Lead, CMS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 22-0007	2. STATE: District of Columbia
		3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: 10/01/2022	
5. FEDERAL STATUTE/REGULATION CITATION: 42 USCA § 1396a(oo)		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars): a. FFY <u>2022</u> \$0 b. FFY <u>2023</u> \$0	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 3.1A Page 19A and 19B Supplement 1 to Attachment 3.1B Page 18A and 18B		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : Supplement 1 to Attachment 3.1A Page 19A and 19B Supplement 1 to Attachment 3.1B Page 18A and 18B	
9. SUBJECT OF AMENDMENT: Pharmacy Lock-In Program			
10. GOVERNOR'S REVIEW <i>(Check One)</i> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: D.C. Act: <u>22-434</u> 			
11. SIGNATURE OF STATE AGENCY OFFICIAL		15. RETURN TO	
12. TYPED NAME Melisa Byrd		Melisa Byrd Senior Deputy Director/Medicaid Director Department of Health Care Finance 441 4 th Street, NW, 9 th Floor, South Washington, DC 20001	
13. TITLE Senior Deputy Director/Medicaid Director			
14. DATE SUBMITTED			
FOR CMS USE ONLY			
16. DATE RECEIVED August 22, 2022		17. DATE APPROVED October 21, 2022	
PLAN APPROVED – ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2022			
20. TYPED NAME OF APPROVING OFFICIAL Cynthia R. Denemark, R.Ph.		21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Pharmacy	
22. REMARKS 10/20/2022 – The State approved pen & ink changes to Box 7 and 8.			

depending on the results of the Pharmacy and Therapeutics Committee recommendations and Departmental review.

- e. As specified in Section 1927(b)(3)(D) of the Act, notwithstanding any other provisions of law, rebate information disclosed by a manufacturer shall not be disclosed by the District for purposes other than rebate invoicing and verification.
- 7) All anorexic drug (amphetamine and amphetamine-like) are eliminated as reimbursable pharmaceuticals except for diagnosed conditions of narcolepsy and minimal brain dysfunction in children.
- 8) Prior authorization (PA) is required for the dispensing of the following prescribed drugs.
- a. All prescriptions for Oxycodone HCL and Aspirin (more commonly known as Percodan), and Flurazepam (more commonly known as Dalmane);
 - b. Anorexic drugs (amphetamine and amphetamine-like) may be dispensed with prior authorization for the diagnosed conditions of narcolepsy and minimal brain dysfunction in children; and
 - c. Any injectable drugs on an ambulatory basis.
- 9) Pharmacy Lock-In Program
- a. The Department of Health Care Finance (DHCF), along with the District of Columbia Drug Utilization Review (DUR) Board, will implement a Pharmacy Lock-In Program to safeguard the appropriate use of medications when a beneficiary enrolled in the District of Columbia Medicaid Program misuses drugs in excess of the customary dosage for the proper treatment of the given diagnosis, or misuses multiple drugs in a manner that can be medically harmful. Beneficiaries listed in section 9(k) are exempt from the Pharmacy Lock-In Program. Additional DUR Board requirements are found in Section 4.26.
 - b. DHCF will use the drug utilization guidelines established by the DUR Board to monitor inappropriate or excessive utilization.
 - c. If a beneficiary is identified by the Department of Health Care Finance (DHCF) as misusing drugs in excess of the customary dosage, DHCF will notify the Medicaid beneficiary in writing of their designation as a restricted Medicaid beneficiary.
 - d. If the Medicaid recipient requests a hearing, the agency will defer further action on the restriction designation until the hearing is dismissed or a final decision has been rendered by the Office of Administrative Hearings (OAH).
 - e. A restriction may be required for a reasonable amount of time, not to exceed twelve (12) months, without a review by the DUR Board. Subsequent restrictions will not be imposed until after the review has concluded

TN No: 22-0007

Supersedes

TN No: 19-011Approval Date: 10/21/2022Effective Date: 10/01/2022

- f. DHCF will ensure that when a lock-in has been imposed, the beneficiary will continue to have reasonable access to Medicaid services of adequate quality.
- g. When a restriction is imposed upon a beneficiary, the beneficiary may choose the pharmacy of his or her choice, based upon a list of three (3) pharmacy providers identified by DHCF.
- h. When a restriction is imposed and a beneficiary fails to request a hearing with OAH or fails to select a designated pharmacy after a decision has been rendered by OAH upholding the restriction within the specified time period, DHCF shall designate a pharmacy for the beneficiary's pharmacy services for the duration of the restriction on the beneficiary's behalf.
- i. DHCF will not apply any restrictions that have been imposed in situations where the beneficiary uses emergency services.

depending on the results of the Pharmacy and Therapeutics Committee recommendations and Departmental review.

- e. As specified in Section 1927(b)(3)(D) of the Act, notwithstanding any other provisions of law, rebate information disclosed by a manufacturer shall not be disclosed by the District for purposes other than rebate invoicing and verification.
- 7) All anorexic drug (amphetamine and amphetamine-like) are eliminated as reimbursable pharmaceuticals except for diagnosed conditions of narcolepsy and minimal brain dysfunction in children.
- 8) Prior authorization (PA) is required for the dispensing of the following prescribed drugs.
- a. All prescriptions for Oxycodone HCL and Aspirin (more commonly known as Percodan), and Flurazepam (more commonly known as Dalmane);
 - b. Anorexic drugs (amphetamine and amphetamine-like) may be dispensed with prior authorization for the diagnosed conditions of narcolepsy and minimal brain dysfunction in children; and
 - c. Any injectable drugs on an ambulatory basis.
- 9) Pharmacy Lock-In Program
- a. The Department of Health Care Finance (DHCF), along with the District of Columbia Drug Utilization Review (DUR) Board, will implement a Pharmacy Lock-In Program to safeguard the appropriate use of medications when a beneficiary enrolled in the District of Columbia Medicaid Program misuses drugs in excess of the customary dosage for the proper treatment of the given diagnosis, or misuses multiple drugs in a manner that can be medically harmful. Beneficiaries listed in section 9(k) are exempt from the Pharmacy Lock-In Program. Additional DUR Board requirements are found in Section 4.26.
 - b. DHCF will use the drug utilization guidelines established by the DUR Board to monitor inappropriate or excessive utilization.
 - c. If a beneficiary is identified by the Department of Health Care Finance (DHCF) as misusing drugs in excess of the customary dosage, DHCF will notify the Medicaid beneficiary in writing of their designation as a restricted Medicaid beneficiary.
 - d. If the Medicaid recipient requests a hearing, no further action shall be taken on the restriction designation until the hearing is dismissed or a final decision has been rendered by the Office of Administrative Hearings (OAH).
 - e. A restriction may be required for a reasonable amount of time, not to exceed twelve (12) months, without a review by the DUR Board. Subsequent restrictions will not be imposed until after the review has concluded

- f. DHCF will ensure that when a lock-in has been imposed, the beneficiary will continue to have reasonable access to Medicaid services of adequate quality.
- g. When a restriction is imposed upon a beneficiary, the beneficiary may choose the pharmacy of his or her choice, based upon a list of three (3) pharmacy providers identified by DHCF.
- h. When a restriction is imposed and a beneficiary fails to request a hearing with OAH or fails to select a designated pharmacy after a decision has been rendered by OAH upholding the restriction within the specified time period, DHCF shall designate a pharmacy for the beneficiary's pharmacy services for the duration of the restriction on the beneficiary's behalf.
- i. DHCF will not apply any restrictions that have been imposed in situations where the beneficiary uses emergency services.