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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 19-0028

This file contains the following documents in the order listed:

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

January 8, 2020

Ms. Erin Campbell Acting Medicaid Director State of Louisiana Department of Health 628 N 4th St P.O. Box 91030 Baton Rouge, LA 70821-9030

Dear Ms. Campbell:

The CMS Division of Pharmacy team has reviewed Louisiana State Plan Amendment (SPA) 19-0028 received in the Dallas Regional Operations Group on October 16, 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 19-0028 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 Louisiana's state plan will be forwarded by the Dallas Regional Operations Group.

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

Sincerely,

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

cc: Rebekah E. Gee, Secretary, Louisiana Department of Health Cindy Rives, Undersecretary, Louisiana Department of Health Bill Brooks, Director, Dallas Regional Operations Group Tobias Griffin, Dallas Regional Operations Group

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER 2. STATE Louisiana		
STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	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 5. TYPE OF PLAN MATERIAL (Check One) NEW STATE PLAN AMENDMENT TO BE CONSIDER	4. PROPOSED EFFECTIVE DATE October 1, 2019 ED AS NEW PLAN AMENDMEN	NT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEI	NDMENT (Separate transmittel for each o	amondmont)	
6. FEDERAL STATUTE/REGULATION CITATION 1902(a)(85) of the Social Security Act in conjunction with Section 1004 of the SUPPORT for Patients and Communities Act	7. FEDERAL BUDGET IMPACT a. FFY 2020 \$0 b. FFY 2021 \$0	amenumenty	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Section 4.26, Pages 74d and 74e	9. PAGE NUMBER OF THE SUPERS SECTION OR ATTACHMENT (IF None – new pages		
10. SUBJECT OF AMENDMENT: The purpose of this SPA is to (DUR) provisions that, in compliance with the SUPPO designed to reduce opioid-related fraud, misuse and a	ORT for Patients and Communit		
11. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	☑ OTHER, AS SPECIFIED The Governor does not real	view State Plan material.	
12. SIGNATURE OF STATE AGENCY OFFICIAL 13. TYPED NAME Cindy Rives, designee for Rebekah E. Gee MD, MPH 14. TITLE	16. RETURN TO Jen Steele, Medicaid Director State of Louisiana Department of Health 628 North 4 th Street P.O. Box 91030		
Secretary 15. DATE SUBMITTED	Baton Rouge, LA 70821-903	30	
October 16, 2019 FOR REGIONAL OF	FICE USE ONLY		
17. DATE RECEIVED October 16, 2019	18. DATE APPROVED January 8, 2020	75 AND TO 1	
PLAN APPROVED - ON		<i>Z</i>	
19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2019	20. SIGNATURE OF REGIONAL OFFI	CIAL	
21. TYPED NAME Bill Brooks	22. TITLE Director Regional Operation	s Group	
23. REMARKS The State requests a pen and ink change to box		2.03	
FORM CMS-179 (07/92) Instructions	s on Back		

Revision: HCFA-PM (MB)

State/Territory: **LOUISIANA**

Section 4.26 Drug Utilization Review Program

Citation

1902(a)(85) of the Social Security Act in conjunction with Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (Support Act)

Drug Utilization Review Requirements to Comply with the SUPPORT for Patients and Communities Act

1. Claims Review Limitations

The State has opioid-related prospective point of sale (POS) safety edits and retrospective reviews in place to address:

- a. Days' supply;
- b. Duplicate fill and early fill alerts;
- c. Quantity limits;
- d. Morphine milligram equivalent (MME) limits; and
- e. Therapeutic duplication edits.

The State has the following ongoing retrospective utilization reviews for opioid safety:

- a. Concurrent opioid with benzodiazepines;
- b. Concurrent opioid with sleep agents;
- c. Concurrent opioid with antipsychotic agents; and

2. Program to Monitor Antipsychotic Medications by Children

The State shall manage, monitor, and review antipsychotic medications for appropriateness for all children, including foster children, based on approved indications and clinical guidelines.

The State performs annual retrospective utilization reviews for concurrent use of antipsychotic agents.

3. Fraud and Abuse Identification

The DUR program has established a process that identifies potential fraud or abuse of controlled substances by recipients, health care providers and pharmacies. Recipient profiles are reviewed based on pre-determined criteria. If potential misuse or over-utilization is identified, the recipient will be referred for pharmacy and/or prescriber lock-in.

State: Louisiana

Date Received: 10-16-2019
Date Approved: 01-08-2020
Date Effective: 10-01-2019
Transmittal Number: 19-0028

TN <u>LA 19-0028</u>	Approval Date _	Jan 8, 2020	Effective Date _	Oct 1, 2019
Supersedes				

TN New Page