

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**

March 10, 2020

Ms. Lynnette R Rhodes, ESQ.  
Executive Director, Medical Assistance Plans  
Georgia Department of Community Health  
Division of Medical Assistance Plans  
2 Peachtree Street, NW, 36<sup>th</sup> Floor  
Atlanta, Georgia 30303-3159

Dear Ms. Rhodes,

The CMS Division of Pharmacy team has reviewed Georgia State Plan Amendment (SPA) 20-0001 received in the CMS Division of Program Operations on January 3, 2020. 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 20-0001 is approved with an effective date of January 1, 2020. A copy of the signed, updated CMS-179 form, as well as the pages approved for incorporation into Georgia's state plan, will be forwarded by the CMS Division of Program Operations.

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: Peter D'Alba, Director of Pharmacy, Medicaid Georgia Department of Community Health  
James G. Scott, Director, CMS Division of Program Operations  
Etta Hawkins, CMS Division of Program Operations

## Citation

1927 (g) (1) (D)  
42 CFR 456.703 (b)

1927 (g) (2) (A)  
42 CFR 456.705 (b)

1927 (g) (2) (A) (i)  
42 CFR 456.705 (b)  
(1)- (7)

1927 (g) (2) (A) (ii)  
42 CFR 456.705  
(c) and (d)

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)

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)

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) (2) (B)  
42 CFR 456.709 (a)

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)

TN No.: 20-0001  
Supersedes  
TN No.: 08-001

- 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 never-the-less chosen to include nursing home drugs drugs in:
- Prospective DUR  
 Retrospective DUR
- 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.
2. Prospective DUR includes screening each prescription filled or delivered to an individual receiving benefits for potential drug therapy problems due to:
- Therapeutic duplication
  - Drug disease contraindications
  - Drug-drug interactions with non-prescription or over-the-counter drugs
  - Incorrect drug dosage or duration of drug treatment
  - Drug-allergy interactions
  - Clinical abuse/misuse
3. Prospective DUR includes counseling for Medicaid recipients based on standards established by State law and maintenance of patient profiles.
4. The Medicaid Department meets the requirements of the SUPPORT Act for prospective safety edits for opioids to include:
- a. Early Refill edits
  - b. Duplicative Therapy edits
  - c. Quantity Level Limits edits
  - d. Days supply
5. The Medicaid Department meets the requirements of the SUPPORT Act for prospective safety edits on maximum MMEs for opioids at the individual level for the treatment of chronic pain as identified by the State to include:
- a. Prospective MME dose limit edits on opioid prescriptions to limit the daily morphine milligram equivalent (as recommended by clinical guidelines)
6. Antipsychotic Use in Children  
The Medicaid Department meets the requirements of the SUPPORT Act for monitoring the use of atypical antipsychotics in children by utilizing a prior authorization program for all children under of the age of 18 including those in foster care.
- F.1. The DUR program includes retrospective DUR through its mechanized drug claims processing and information retrieval system or otherwise which undertakes ongoing periodic examination of claims data and other records to identify:
- Patterns of fraud and abuse
  - Gross overuse
  - Inappropriate or medically unnecessary care among physicians, pharmacists, Medicaid recipients, or associated with specific drugs or group of drugs
- 1.2. The Medicaid Department meets the requirements of the SUPPORT Act for retrospective utilization alerts when a patient is prescribed an opioid and an agent of concern to include:
- a. Opioids and Benzodiazepines concurrent utilization edits;
  - b. Opioids and Antipsychotics concurrent utilization edits;
  - c. Retrospective reviews on opioid prescriptions exceeding the following limitations (days' supply, early refills, duplicate fills and quantity limitations for clinical appropriateness, and maximum daily morphine milligram equivalents (MME) on opioids prescriptions to limit the daily morphine milligram equivalent (as recommended by clinical guidelines)).

March 10, 2020

Approval Date: \_\_\_\_\_ Effective Date: 1-1-2020

## Citation

1927 (g) (3) (C)  
42 CFR 456.711  
(a)- (d)

1927 (g) (3) (D)  
42 CFR 456.712  
(A) and (B)

1927 (h) (1)  
42 CFR 456.722

1927 (g) (2) (A) (i)  
42 CFR 456.705 (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)

G.4. The interventions include in appropriate instances:

- Information dissemination
- Written, oral, and electronic reminders
- Face-to-Face discussion
- Intensified monitoring/review of prescribers/dispensers

H. The State assures that it will prepare and submit an annual report to the Secretary, which incorporates a report from the State DUR Board, and that the State will adhere to the plans, steps, and procedures as described in the report.

I.1. The State establishes, as its principal means of processing claims for covered outpatient drug under this title, a point-of-sale electronic claims management system to perform on-line:

- real time eligibility verification
- claims data capture
- adjudication of claims
- assistance to pharmacists, etc. applying for and receiving payment.

2. Prospective DUR is performed using an electronic point of sale drug claims processing system.

3. The Medicaid Department meets the requirements of the SUPPORT Act with a process that identifies potential fraud or abuse of controlled substances by individuals, health care providers prescribing drugs, and pharmacies dispensing drugs through the use of:

- a. Review of Prescription Claims
- b. Prescription Claim Audits
- c. On-Site Pharmacy Audits

4. The Medicaid Department meets the requirements of the SUPPORT Act through the existence of a lock-in program managed by Program Integrity.