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State/Territory Name: **Oklahoma**

State Plan Amendment (SPA)#: 20-0038

This file contains the following documents in the order listed

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services 7500
Security Boulevard, Mail Stop S2-14-26 Baltimore,
Maryland 21244-1850

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Center for Medicaid and CHIP Services
Disabled and Elderly Health Programs Group

November 23, 2020

Ms. Melody Anthony
State Medicaid Director
Oklahoma Health Care Authority
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

Dear Ms. Anthony,

The CMS Division of Pharmacy team has reviewed Oklahoma's State Plan Amendment (SPA) 20-0038 received in the CMS Medicaid & CHIP Operations Group on November 4, 2020. This SPA proposes to update the standard for retrospective drug utilization reviews (DUR) in accordance with 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 OK-20-0038 is approved with an effective date of October 1, 2020. We are attaching a copy of the signed CMS-179 form, as well as the pages approved for incorporation into Oklahoma's state plan.

If you have any questions regarding this request, please contact Michael Forman at 410-786-2666 or michael.forman@cms.hhs.gov.

Sincerely,

[redacted]
Digitally signed by John M. Coster -S
Date: 2020.11.23 12:13:49 -05'00'

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

cc: Amanda Salisbury, Oklahoma Health Care Authority
Traylor Rains, Oklahoma Health Care Authority
Sandra Puebla , Oklahoma Health Care Authority
Deborah Read, CMS, Medicaid & CHIP Operations Group

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 20-0038

2. STATE: Oklahoma

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

4. PROPOSED EFFECTIVE DATE
October 1, 2020

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
SUPPORT Act, HR 6, Section 1004

7. FEDERAL BUDGET IMPACT
a. FFY 2021 $ 0
b. FFY 2022 $ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Page 74a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Page 74a, TN #19-0040

10. SUBJECT OF AMENDMENT
The proposed revision adds language from the SUPPORT Act as it relates to the DUR standards.

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

12. SIGNATURE OF STATE AGENCY OFFICIAL
[redacted]

13. TYPED NAME
Melody Anthony

14. TITLE
State Medicaid Director

15. DATE SUBMITTED
November 4, 2020

16. RETURN TO
Oklahoma Health Care Authority
Attn: Traylor Rains
4345 N. Lincoln Blvd.
Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
November 4, 2020

18. DATE APPROVED
November 23, 2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
October 1, 2020

20. SIGNATURE OF REGIONAL OFFICIAL
[redacted]
Digitally signed by John M. Coster -S
Date: 2020.11.23 12:14:06 -05'00'

21. TYPED NAME
John M. Coster, Ph.D., R.Ph.

22. TITLE
Director, Division of Pharmacy

23. REMARKS

Instructions on Back

Revision: HCFA-PM- (MB)

State/Territory: _____OKLAHOMA_____

Citation

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

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 chose to include nursing home drugs in:
_X_ Prospective DUR
_X_ Retrospective DUR

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

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.

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

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 interaction
- Drug interactions with no-prescription or over-the-counter drugs
- Incorrect drug dosage or duration of drug treatment
- Drug-allergy interactions
- Clinical abuse/misuse

At the option of the State, the screenings also include review for:
- High drug dosages
- Drug age precaution
- Drug-pregnancy
- Ingredient duplication

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

2. Prospective DUR includes counseling for Medicaid recipients based on standards established by State law and maintenance of patient profiles.

1927(g)(2)(B)
42 CFR 456.709(a)

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
- Excessive utilization
- Inappropriate or medically unnecessary care or prescribing or billing practices that indicate abuse or excessive utilization among physicians, pharmacists, Medicaid members, or associated with specific drugs or groups of drugs.