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**State/Territory: Wisconsin**

**State Plan Amendment (SPA)#: 19-0013**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 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**

March 5, 2020

Jim Jones  
State Medicaid Director  
Department of Health Services  
1 W. Wilson ST  
P.O. Box 309  
Madison, WI 53701-0309

Dear Mr. Jones:

The CMS Division of Pharmacy team has reviewed Wisconsin's State Plan Amendment (SPA) 19-0013 received in the Chicago Regional Operations Group on December 20, 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 19-0013 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 Wisconsin's state plan will be forwarded by the Chicago Regional Operations Group.

If you have any questions regarding this amendment, please contact Charlotte Amponsah at (410) 786-1092 or [charlotte.amponsah@cms.hhs.gov](mailto:charlotte.amponsah@cms.hhs.gov)

Sincerely,

/s/

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

cc: Ruth Hughes, CMS Division of Program Operations-Deputy Division Director  
Mai Le-Yeun, CMS Division of Program Operations –SPA Analyst-North Branch  
Laura Brauer, Wisconsin SPA Coordinator



Citation		
<p>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)</p>	<p>K.1.</p>	<p><b>Claim Review Limitations</b></p> <ul style="list-style-type: none"> <li>• Prospective Safety edit on opioid prescriptions include:                             <ul style="list-style-type: none"> <li>○ Opioid script limit: Limits the number of opioids allowed in a calendar month.</li> <li>○ Opioid quantity limits: Limits the amount of short-acting and/or select long-acting opioids dispensed in a rolling calendar month.</li> <li>○ Early refill: Limits when a subsequent opioid prescription can be filled.</li> <li>○ Therapeutic Duplication: Limits duplicate fills of select drug classes (i.e. opioids, benzodiazepines, etc.) per DUR Board recommendations.</li> <li>○ Morphine milligram equivalents (MME): Alerts the pharmacy when the MME on a claim exceeds the MME limit identified by the state.</li> </ul> </li> <li>• Retrospective Lock-In/High Utilization criteria: Review of MMEs, multiple high dose short-acting opioids, receiving more narcotics than intended or is using short-acting opioids when a long-acting formulation is available.</li> <li>• Retrospective reviews on concurrent utilization of opioids and benzodiazepines as well as opioids and antipsychotics on an ongoing periodic basis.</li> </ul>
<p>1902(00)(1)(B) and Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act)</p>	<p>K.2.</p>	<p><b>Programs to monitor antipsychotic medications to children</b></p> <ul style="list-style-type: none"> <li>• Antipsychotic agents are reviewed for appropriateness in all children including foster children based on approved indications and clinical guidelines.</li> <li>• Retrospective letters are sent to prescribers when a child is on an antipsychotic medication that does not have an indication for use in children.</li> </ul>
		<p><b>Fraud and abuse identification</b></p> <ul style="list-style-type: none"> <li>• The DUR program has established a process that identifies potential fraud or abuse of controlled substances by enrolled individuals, health care providers and pharmacies.</li> </ul>