K. West Virginia Medicaid has fully implemented 1902(a)(85) in conjunction 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). The State is in compliance with the new drug review and utilization requirements set forth in Section 1902 (a)(1985) of the Act, as follows:

West Virginia Medicaid has safety and clinical edits in place that include:

1. Safety Edits including subsequent opioid fills and maximum daily Morphine Milligram Equivalents (MME)-
   a. Prospective safety edits on opioid prescriptions to address:
      i. Days’ supply
      ii. Early refills
      iii. Duplicate refills
      iv. Quantity limits
      v. Daily Morphine Milligram Equivalents (MME) as recommended by clinical guidelines
   b. Retrospective reviews on opioid prescriptions exceeding:
      i. Days’ supply
      ii. Early refills
      iii. Quantity limits
      iv. Daily Morphine Milligram Equivalents (MME) as recommended by clinical guidelines

2. Concurrent Utilization of Opioids and Benzodiazepines
   a. The State has implemented DUR edits and retrospectively monitors results of edits for concurrent use of opioids and benzodiazepines on an ongoing basis.

3. Concurrent Utilization of Opioids and Antipsychotics
   a. The State has implemented DUR edits and retrospectively monitors results of edits for concurrent use of opioids and antipsychotics.

4. Program to Monitor Antipsychotic Medications in Children
   a. The State has implemented and monitors results of the following DUR edits for children, including foster children, utilizing antipsychotics:
      i. Age restrictions
      ii. Diagnosis restrictions
      iii. Quantity limits
      iv. Duplication of antipsychotics

5. Process that identifies potential fraud or abuse-
   A. A lock-in program is in place to identify members who meet criteria for doctor shopping or pharmacy hopping in order to obtain inappropriate controlled substances.
   B. A monthly report of claims that exceed set dollar amounts is generated and reviewed regularly to ensure correct pharmacy billing and appropriate use of the drugs utilized.
   C. Regular reports of Top Prescribing Providers and Top Pharmacies are generated. Prescriptions generated by the identified prescribers and filled by the reported pharmacies are reviewed for appropriateness.

6. Annual Report on DUR Activities- The DUR Coordinator completes a report on DUR Activities and submits it annually to the Center for Medicare and Medicaid (CMS)