State/Territory: District of Columbia

Citation		
§1927(g)(3)(C) 42 CFR 456.711 (a) – (d)	G.4	The interventions include in appropriate instances: - information dissemination - Written, oral, and electronic reminders - Face-to-Face discussions - Intensified monitoring/review of prescribers/dispensers
§1927(g)(3)(D) 42 CFR 456.712 (a) and (b)	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.
§1927(h)(1) 42 CFR 456.722	I.1.	The State establishes, as its principal means of processing claims for covered outpatient drugs 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.
§1927(g)(2)(A)(i) 42 CFR 456.705(b)	2.	Prospective DUR is performed using an electronic point of sale drug claims processing system.
§1927(j)(2) 42 CFR 456.703(c)	J.	Hospitals which dispense covered outpatient drugs are exempted from the drug utilization review requirements of this Section when facilities use drug formulary systems and bill the Medicaid program no more than the hospital's purchasing cost for such covered outpatient drugs.

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Citation		
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)	K.	**Claim Review Limitations** • Prospective safety edits on opioid prescriptions to address days' supply, early refills, duplicate fills and quantity limitations for clinical appropriateness. • Prospective safety edits on maximum daily morphine milligram equivalents (MME) on opioids prescriptions to limit the daily morphine milligram equivalent (as recommended by clinical guidelines). • Retrospective reviews on opioid prescriptions exceeding these above limitations on an ongoing basis. • Retrospective reviews on concurrent utilization of opioids and benzodiazepines as well as opioids and antipsychotics on an ongoing periodic basis. **Programs to monitor antipsychotic medications to children:** Antipsychotic agents are reviewed for appropriateness for all children including foster children based on approved indications and clinical guidelines. **Fraud and abuse identification:** The DUR program has established a process that identifies potential fraud or abuse of controlled substances by enrolled individuals, health care providers and pharmacies.