



State of Louisiana
Louisiana Department of Health
Office of the Secretary

VIA ELECTRONIC MAIL ONLY

June 29, 2017

Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children's Health
DHHS/Centers for Medicare and Medicaid Services
1301 Young Street, Room #833
Dallas, Texas 75202

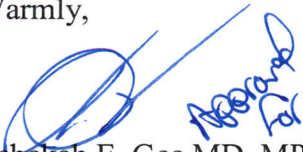
Dear Mr. Brooks:

RE: Louisiana Title XIX State Plan
Transmittal No. 17-0008

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.

I recommend this material for adoption and inclusion in the body of the State Plan.

Warmly,



Rebekah E. Gee MD, MPH
Secretary

Attachments (3)

REG:JS:MJ

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

17-0008

2. STATE

Louisiana3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

April 20, 2017

5. TYPE OF PLAN MATERIAL (Check One):

G NEW STATE PLAN

G 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:

42 CFR 440.120

7. FEDERAL BUDGET IMPACT:

a. FFY 2017 **\$ 50,515**b. FFY 2018 **\$122,252**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Item 12a, Pages 1, 2, 3, ~~3a~~, and 4
Attachment 3.1-A, Item 12a, Pages 4a
Attachment 3.1-A, Item 12a, Page 5
Attachment 3.1-A, Item 12a, Page 6
Attachment 4.19-B, Item 12a, Pages 1, 2, 3, 4, 4a, 5 and 6
Attachment 4.19-B, Item 12a, Pages 7, 8, 9, 10, 11, 12 and 13
Attachment 3.1-A, Item 12a, Page 3a9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):**Same (TN 14-11)****Same (TN 05-40)****Same (TN 13-44)****Remove page****Same (TN 12-55)****Remove pages****Same (TN 14-11) Pending SPA LA TN 17-0018**10. SUBJECT OF AMENDMENT: **The SPA proposes to revise the provisions governing the Pharmacy Benefits Management program in order to clarify requirements regarding 340B-covered entities and to revise the reimbursement methodology to include federal upper limits (FUL), new copayment exemptions and over-the-counter medications added for expansion benefits pursuant to CMS' recently released regulations.**

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:**The Governor does not review state plan material.**

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Rebekah E. Gee MD, MPH

14. TITLE:

Secretary

15. DATE SUBMITTED:

June 29, 2017

16. RETURN TO:

Jen Steele, Medicaid Director**State of Louisiana****Department of Health****628 North 4th Street****P.O. Box 91030****Baton Rouge, LA 70821-9030****FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

LA TITLE XIX SPA
 TRANSMITTAL #: 17-0008
 TITLE: Pharmacy Benefits Management
 EFFECTIVE DATE: April 20, 2017

FISCAL IMPACT:
 Increase

	year	% inc.	fed. match	# mos	range of mos.	dollars
1st SFY	2017			2.3	April 20, 2017 - June 30, 2017	\$33,912
2nd SFY	2018			12	July 2017 - June 2018	\$188,787
3rd SFY	2019			12	July 2018 - June 2019	\$201,436

*#mos-Months remaining in fiscal year

Total Increase in Cost FFY 2017
 SFY 2017 \$33,912 for 2.3 months April 20, 2017 - June 30, 2017 \$33,912

SFY 2018 \$188,787 for 12 X 3 months July 2017- June 2018
 July 2017 - September 2017 = \$47,197
\$81,109

FFP (FFY 2017) = \$81,109 X 62.28% = \$50,515

Total Increase in Cost FFY 2018
 SFY 2018 \$188,787 for 12 X 9 months July 2017- June 2018
 October 2017 - June 2018 = \$141,590

SFY 2019 \$201,436 for 12 X 3 months July 2018 - June 2019
 July 2018 - September 2018 = \$50,359
\$191,949

FFP (FFY 2018)= \$191,949 X 63.69% = \$122,252

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

<u>CITATION</u>	Medical and Remedial	<u>Prescribed drugs, and Prosthetic Devices; and Eyeglasses</u>
42 CFR	Care and Services	<u>Prescribed by a Physician Skilled in Diseases of the Eye or by</u>
440.120	Item 12.a.	<u>an Optometrist</u>

Item 12.a. Prescribed drugs are limited as follows:

Vendor payments are made for prescribed medications and/or supplies. The medications must be prescribed by a practitioner authorized to prescribe under State law. The National Drug Code (NDC) must be shown on each pharmaceutical claim form for reimbursement of prescription drugs subject to rebates from manufacturers as prescribed by mandatory federal law and regulations.

A. Program Coverage

Coverage of drugs shall be limited to specific drug products authorized for reimbursement by therapeutic category and listed by generic name, strength/unit, NDC, and brand name, when applicable. Those drug products subject to mandatory coverage as a result of a rebate agreement with the federal government shall be covered until written notice is received from the Centers for Medicare and Medicaid Services (CMS) that the rebate agreement will be terminated. Providers will be given prior notice of any termination as required under federal regulations.

The Department's fiscal intermediary, or agent, will provide coverage information on any specific drug.

B. Prior Authorization with Preferred Drug List (PDL)

Effective June 10, 2002, as authorized by LA R.S. 46:153.3(B)(2)(a), and pursuant to 42 USC s1396r-8, a prior authorization process is established. This process utilizes a preferred drug list (PDL) for selected therapeutic classes. Drugs in selected therapeutic classes that are not included on the PDL shall require prescribers to obtain prior authorization.

Lists of covered drug products, including those that require prior authorization, will be maintained on the Louisiana Medicaid web site.

TN _____ Approval Date _____ Effective Date _____
Supersedes
TN _____

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The Pharmaceutical and Therapeutics Committee was established by state law in 2001 to advise the Louisiana Department of Health (LDH) regarding the prescription drug program. The Committee will make recommendations to the Department regarding drugs to be subject to prior authorization. The composition of, and appointment to the Committee, complies with state and federal regulations.

The Committee reviews monographs (including clinical and utilization data, populations' therapeutic information multiple source availability and relative cost information) on selected therapeutic drug classes or individual drugs and makes recommendations to the Department for inclusion either on the PDL or on the Non-Preferred Drug List (NPDL). Drugs on the PDL do not require prior authorization, but may be subject to clinical criteria and safety edits, and drugs on the NPDL require prior authorization.

C. Drugs for Full Benefit Dual Eligibles

Effective January 1, 2006, Louisiana Medicaid will not reimburse any drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B, which would entitle the dual eligible individual to receive drug benefits under the Medicare Prescription Drug Benefit, Part D. The only drugs covered for the full-benefit dual eligible by Louisiana Medicaid are those subject to restriction under Section 1927(d) (2) of the Social Security Act.

D. Medicaid Coverage of Drugs Restricted Under Section 1927(d) (2) of the Social Security Act

The Medicaid Program will provide coverage for the following drugs which may be excluded, or otherwise restricted, under the provisions of Section 1927(d)(2) of the Social Security Act. The Medicaid agency will not pay when Medicare Part B or Part D plans reimburse for these drugs.

- ☒ Agents when used for weight loss, or weight gain

Some.

Xenical only

- ☒ Agents when used to promote fertility

Some.

Vaginal progesterone when used for high-risk pregnancy to prevent premature births

- ☒ Agents when used for cosmetic purposes or hair growth

Some.

Accutane

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MEDICAL AND REMEDICAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

- ☒ Agents when used for symptomatic relief of cough and colds
Some.
Prescription Antihistamine and Antihistamine/Decongestant Combination Products
- ☒ Prescription vitamins and mineral products, except prenatal vitamins and fluoride.
Some.
Vitamin A Injection
Vitamin B Injection
Vitamin D (prescription only)
Vitamin K (prescription only)
Vitamin B12 Injection
Folic Acid (prescription only)
Niacin (prescription only)
Vitamin B6 Injection
Vitamin B1 Injection
Multivitamin (prescription only)
Magnesium Injection
Calcium Injection
Urinary PH modifiers (Phosphorous, specifically K Phos Neutral and Phospha Neutral)
- ☒ Nonprescription drugs
Some.
OTC antihistamines and antihistamine/decongestant combinations
Miralax
Insulin
- ☐ Experimental drugs
None.
- ☒ Compounded prescriptions
None

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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED

LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

- ☒ Vaccines
Some.
Influenza vaccine
Advisory Committee on Immunization Practices (ACIP) recommended vaccines
- ☐ Medications which are included in the reimbursement to a facility
None.
- ☐ DESI drugs
None.
- ☐ Covered outpatient drugs when the manufacturer seeks to require as a condition of sale
None.
- ☒ Drugs for erectile dysfunction
Some.
When used for the treatment of conditions, or indications approved by the FDA, other than erectile dysfunction.

E. Monthly Prescription Limit. Effective February 1, 2011, a monthly prescription limit was established.

1. The program will pay for a maximum of four prescriptions per calendar month for Medicaid recipients.
2. The following federally mandated recipient groups are exempt from the four prescriptions per calendar month limitations:
 - a. Persons under 21 years of age;
 - b. Persons who are residents of long-term care institutions, such as nursing facilities and intermediate care facilities for individuals with intellectual disabilities; and
 - c. Pregnant women.
3. The four prescriptions per month limit can be exceeded when the prescriber determines an additional prescription is medically necessary.
4. Pharmacists and prescribers are required to maintain documentation to support the override of a prescription limitation.

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MEDICAL AND REMEDICAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

F. Prescription Time Limits and Transfers

Prescriptions for drugs covered by Medicaid other than controlled substances covered under the Medicaid Program shall expire one year after the date prescribed by a licensed prescriber. These prescriptions shall not be refilled more than 11 times in one year. A prescription for a controlled dangerous substance in Schedule II shall expire 90 days after the date written, and no refills are allowed. A prescription for a controlled dangerous substance listed in Schedule III, IV, or V shall expire six months after the date written, and up to five refills are allowed. Expired prescriptions shall not be refillable or renewable.

Transfer of a prescription for drugs other than controlled substances from one pharmacy to another is allowed if less than one year has passed since the date prescribed. Transfer of a prescription for a controlled substance in schedule III, IV & V from one pharmacy to another is allowed if less than six months has passed since the date prescribed and refills remain, and transfer of prescription for controlled substance in Schedule II are not allowed. These transfers are allowed in accordance with the Louisiana Board of Pharmacy Regulations.

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MEDICAL AND REMEDIAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

G. Supplemental Drug Rebates

1. As authorized by LA R.S. 46:153.3 (B)(2)(a) the State Supplemental Drug Rebate program is effective April 1, 2002.
2. The state negotiates supplemental rebates from manufacturers that are in addition to those mandated by Title XIX of the Social Security Act.
3. The Department is in compliance with Section 1927 of the Social Security Act. Based on the requirements for Section 1927, the Department has the following policies for drug rebate agreements:
 - a. The drug file permits coverage of participating manufacturers' drugs.
 - b. The program is in compliance with reporting for state utilization information and restrictions to coverage.
 - c. Rebate agreements between the Department and a drug manufacturer that are separate from the drug rebate agreements of Section 1927 are approved by the Centers for Medicare and Medicaid Services. The Department reports supplemental rebates from separate agreements to the Secretary for Health and Human Services. The Department will remit the federal portion of any state supplemental rebates collected.
 - d. Manufacturers are allowed to audit utilization data.
 - e. The unit rebate amount is confidential and cannot be disclosed for purposes other than rebate invoicing and verification.
 - f. The Department will utilize the same processes to resolve State Supplemental rebate issues as it uses to resolve federal rebate disputes and as outlined in CMS' *Best Practices Guide for Dispute Resolution Under the Medicaid Drug Rebate Program*.
4. The Department is also in compliance with state regulations relative to the confidentiality of supplemental rebate information contained in the records of the Department and its agents.
5. A rebate agreement between the state and a drug manufacturer for drugs provided to the Medicaid program, submitted to CMS on April 8, 2002 and entitled "Supplemental Rebate Agreement", was previously authorized by CMS on April 25, 2002.
6. CMS has authorized the state of Louisiana to enter into *The Optimal PDL Solution (TOP\$)*. This Supplemental Drug Rebate Agreement was submitted to CMS on November 5, 2013, and has been authorized by CMS effective October 1, 2013.

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LIMITATIONS ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF
PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

H Recipient Co-Payments

Effective for dates of service on or after July 13, 1995, the Louisiana Department of Health, Bureau of Health Services Financing, imposes a co-payment requirement in the Pharmacy program as reflected on Attachment 4.18-A, Page 1.

In accordance with Federal regulations the following provisions apply.

1. Providers may not deny services to any eligible individual on account of the individual's inability to pay the copayment amount; however, this service statement does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the co-payment.
2. Providers shall not waive the recipient copayment liability. Departmental monitoring and auditing will be conducted to determine provider compliance.

TN _____ Approval Date _____ Effective Date _____
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TN _____

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1902(a) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	Medical and Remedial	<u>Prescription drugs, dentures, and prosthetic devices and Eyeglasses</u>
42 CFR	Care and Services	<u>Prescribed by a Physician Skilled in Diseases of the Eye, or by an</u>
447	Item 12.a.	<u>Optometrist.</u>
Subpart D		

Prescribed drugs are reimbursed as follows:

I. METHODS OF PAYMENT

Maximum and minimum payment rates for medications - pharmacy or dispensing physician are as follows:

A. Maximum Pharmaceutical Payment

The Maximum payment for a prescription shall be no more than the cost of the drug established by the Department plus the established professional dispensing fee.

B. Payment for Medications to Dispensing Physicians/Practitioners

Payment will be made for medications dispensed by a physician or other practitioner (within the scope of practice as prescribed by state law) on a continuing basis only when his main office is more than five miles from a facility which dispenses drugs.

Under the above circumstances, vendor payments (when the treating prescriber dispenses his own medications and bills the Medicaid Program under his own name) will be made on the same basis as a pharmacist as specified in Paragraph A above.

II. STANDARDS FOR PAYMENT

A. Reimbursement will be made for covered medications in accordance with the payment procedures for any fee-for-service Medicaid eligible person.

B. The pharmacy must be licensed to operate in Louisiana, except:

1. as provided for a person residing near the state line; or
2. as provided for an enrollee visiting out-of-state.

C. Payment will be made only to providers whose records are subject to audit.

III. REIMBURSEMENT LIMITS

Payments shall be limited to prescribed drugs covered by Louisiana Medicaid's Pharmacy Program. Prescription legend drugs considered for payment are subject to rebates from manufacturers as mandated by federal law and regulations.

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<u>CITATION</u>	Medical and Remedial
<u>42 CFR</u>	Care and Services
<u>447 Subpart D</u>	Item 12.a.(Continued)

IV. DEFINITIONS

340B Program - the federal drug discount program established under Section 340B of the Public Health Service Act and administered by the Office of Pharmacy Affairs within Health Resources and Services Administration.

Average Acquisition Cost (AAC) – the average of payments that pharmacists made to purchase a drug product, as determined through the collection and review of pharmacy invoices and other information deemed necessary by the Medicaid Program, and in accordance with applicable state and Federal law.

Contract Pharmacy – a pharmacy under contract with a covered entity that provides services to the covered entity’s patients, including the services of dispensing the covered entity’s 340B drugs, in accordance with Health Resources and Services Administration (HRSA) guidelines. Contract pharmacies are not allowed to bill Medicaid for pharmacy claims.

Estimated Acquisition Cost (EAC) - the Average Acquisition Cost (AAC) of the drug dispensed. If there is not an AAC available, the EAC is equal to the Wholesale Acquisition Cost (WAC), as reported in the drug pricing compendia utilized by the Department’s fiscal intermediary/pharmacy benefits manager.

Multiple Source Drug - a drug marketed or sold by two or more manufacturers or labelers or a drug marketed or sold by the same manufacturer or labeler under two or more different proprietary names or both under a proprietary name and without such a name.

Professional Dispensing Fee - the fee paid by the Medicaid Program to reimburse for the professional services provided by a pharmacist, when dispensing a prescription. Per legislative mandate, the provider fee assessed for each prescription filled in the state of Louisiana, or shipped into the state of Louisiana, will be reimbursed separately.

Provider Fee - The provider fee is a legislatively mandated fee that is assessed for each prescription filled. The amount of the provider fee is developed by the legislature.

Single Source Drug - a drug mandated or sold by one manufacturer or labeler.

Usual and Customary Charge – the price the provider most frequently charges the general public for the same drug.

Wholesale Acquisition Cost (WAC) – the manufacturer’s published catalog price for a drug product to wholesalers as reported to Medicaid by one or more national compendia on a weekly basis.

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V. PROFESSIONAL DISPENSING FEE

The Department has established a professional dispensing fee which shall be reviewed periodically for reasonableness, and when deemed appropriate by Louisiana Medicaid, may be adjusted considering such factors as fee studies or surveys.

Provider participation in the Louisiana Dispensing Fee Survey shall be mandatory. Failure to cooperate in the Louisiana Dispensing Fee Survey by a provider could result in removal from participation as a provider of pharmacy services in the Medicaid Program. Any provider removed from participation shall not be allowed to re-enroll until a dispensing fee survey document is properly completed and submitted to the Department

The pharmacy provider will be reimbursed at the appropriate ingredient cost plus the maximum allowable professional dispensing fee or the usual and customary charge, whichever is less.

Professional Dispensing Fee Amount

1. The dispensing fee for drugs dispensed to Louisiana Medicaid enrollees will be up to \$10.41 per prescription. The provider fee will be reimbursed separately, per legislative mandate.
2. The dispensing fee for drugs dispensed to Louisiana Medicaid enrollees and obtained through the Public Health Service 340B Program will be up to \$10.41 per prescription. The provider fee will be reimbursed separately, per legislative mandate.

Changes to the Professional Dispensing Fee Amount

No downward adjustment in the dispensing fee shall be made in violation of federal regulations.

Dispensing fee adjustments may be made when the event causing the adjustment is not one that would be reflected in fee studies or surveys. This would normally be a change in service requirements.

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VI. PHARMACY REIMBURSEMENT METHODOLOGY

Prescription drugs covered by Louisiana Medicaid shall be reimbursed according to the following:

Brand Name Drugs

Unless the prescriber writes, "dispense as written" on the prescription, payment for single source drugs (brand name drugs) shall be based on the lower of:

1. Average acquisition cost (AAC):
 - a. If no AAC is available, use the wholesale acquisition cost (WAC) plus the professional dispensing fee; or
2. the provider's usual and customary charges to the general public not to exceed the department's "maximum payment allowed."
 - a. For purposes of these provisions, *general public* does not include any person whose prescriptions are paid by third-party payors, including health insurers, governmental entities and Louisiana Medicaid.

Generic Drugs

Payments for multiple source drugs (generic drugs), other than drugs subject to "physician certifications", shall be based on the lower of:

1. AAC plus the professional dispensing fee:
 - a. If no AAC is available, use the WAC plus the professional dispensing fee;
2. Federal upper payment limits plus the professional dispensing fee; or
3. The provider's usual and customary charges to the general public, not to exceed the Department's "maximum payment allowed."
 - a. For purposes of these provisions, *general public* does not include any person whose prescriptions are paid by third-party payors, including health insurers, governmental entities and Louisiana Medicaid.

Federal Upper Payment Limits for Multiple Source Drugs

1. Except for drugs subject to "physician certification", the Medicaid Program shall utilize listings established by the Centers for Medicare and Medicaid Services (CMS) that identify and set upper limits for multiple source drugs .
2. Medicaid shall utilize the maximum acquisition cost established by CMS in determining multiple source drug cost.

Physician Certifications

Limits on payments for multiple source drugs shall not be applicable when the prescriber certifies in his own handwriting that a specified brand name drug is medically necessary for the care and treatment of a recipient. Such certification shall be written directly on the prescription or on a separate sheet which is dated and attached

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to the prescription. A standard phrase in the prescriber's handwriting, such as "brand necessary" will be acceptable.

340B Purchased Drugs

Payment for self-administered drugs that are purchased by a covered entity through the 340B program shall be made at the actual acquisition cost, which can be no more than the 340B ceiling price plus the professional dispensing fee, unless the covered entity has implemented the Medicaid carve-out option, in which case 340B drugs should not be billed to or reimbursed by Medicaid. Drugs that 340B covered entities purchase outside of the 340B program shall not be reimbursed by Medicaid. 340B contract pharmacies are not permitted to bill 340B stock to Medicaid.

Federal Supply Schedule Drugs

Drugs acquired at the Federal supply schedule (FSS) shall be reimbursed by Louisiana Medicaid at actual cost plus a professional dispensing fee.

Nominal Price Drugs

Drugs acquired at nominal price (outside of 340B or FSS) shall be reimbursed by Louisiana Medicaid at actual cost plus a professional dispensing fee.

Indian Health Service All-Inclusive Encounter Rate

Pharmacy services provided by the Indian Health Service (IHS) or tribal facilities shall be included in the encounter rate. No individual pharmacy claims shall be reimbursed to IHS providers.

Mail Order, Long-Term Care and Specialty Pharmacy

Drugs dispensed by mail order, long-term care (LTC) and/or specialty pharmacies (drugs not distributed by a retail community pharmacy) will be reimbursed using the brand/generic drug reimbursement methodology.

Physician-Administered Drugs

Payments for physician-administered drugs will be based on the applicable fee schedule posted on the Louisiana Medicaid website. Fee-for-service outpatient hospital claims for 340B drugs shall use a cost to charge methodology on the interim and settled at cost during final settlement. Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) claims for physician-administered drugs shall be included in the all-inclusive encounter rate.

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Clotting Factor

Pharmacy claims for clotting factor will be reimbursed using the brand/generic drug reimbursement methodology.

Investigational or Experimental Drugs

Investigational or experimental drugs shall not be reimbursed by Louisiana Medicaid.

Influenza Vaccine

Effective for dates of service on or after January 1, 2011, influenza vaccines shall be reimbursed at the following rates or billed charges, whichever is the lesser amount:

<u>Vaccine</u>	<u>Vaccine Reimbursement</u>
Influenza Vaccine, Preservative Free, IM	\$17.37
Influenza Vaccine, 1M	\$13.22
Influenza Vaccine, Intranasal	\$22.03

Parenteral Nutrition Therapy

- A. Reimbursement for Parenteral Nutrition (PN) Therapy formula is 80 percent of the Medicare Fee Schedule amount or billed charges, whichever is the lesser amount.
- B. Reimbursement for PN supplies is 70 percent of the Medicare Fee Schedule amount or billed charges, whichever is the lesser amount.
- C. Reimbursement for PN infusion pumps is 70 percent of the Medicare Fee Schedule amount or billed charges, whichever is the lesser amount.

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VII. GENERAL REQUIREMENTS APPLICABLE TO ALL PRESCRIPTIONS

- A. For all prescriptions, the maximum quantity payable shall be a month’s supply or 100 unit doses, whichever is greater. The quantity billed shall be that prescribed, unless it exceeds the maximum
- B. Payment will not be made for narcotics, other than opioid agonists/antagonists, prescribed only for narcotic addiction.
- C. Medicaid payments will not be made for medications which are included under another service (in-patient hospital, LTC, etc.). The provisions applicable to such service plans shall apply during the time the service is provided.
- D. Payment will be made for prescriptions refilled for drugs other than controlled substances not more than 11 times or more than one year after issue date and only to the extent indicated by the prescriber on the original prescription, and is restricted by state and federal statutes. Payment will be made for prescriptions refilled for controlled substances in Schedule III, IV & V not more than five times or more than six months after issue date, and only to the extent indicated by the prescriber on the original prescription, and is restricted by state and federal statutes. The prescriber is required to state on the prescription the number of times the prescription may be refilled. Payment will be made for Schedule II prescriptions up to 90 days from the date the prescription is written, no refills are allowed.
- E A prescriber who has a sub office in an area more than five miles from a pharmacy or other facility dispensing medications shall not be paid for medication dispensed if the main office is within five miles of a pharmacy or other facility dispensing medications.