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State/Territory: Louisiana

State Plan Amendment (SPA) #: 23-0035

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary 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

Medical Benefits Health Programs Group

January 11, 2024

Kimberly Sullivan
Interim Medicaid Executive Director
Louisiana Department of Health
628 North 4th Street
P.O. Box 91030
Baton Rouge, LA 70821-9030

Dear Kimberly Sullivan,

The CMS Division of Pharmacy team has reviewed Louisiana's State Plan Amendment (SPA) 23-0035 received in the CMS Medicaid & CHIP Operations Group on October 24, 2023. This SPA proposes to amend the language provisions for coverage of select nonprescription drugs.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 23-0035 is approved with an effective date of December 20, 2023. Our review was limited to the materials necessary to evaluate the SPA under applicable federal laws and regulations.

We are attaching a copy of the signed CMS-179 form, as well as the page approved for incorporation into Louisiana's state plan. If you have any questions regarding this amendment, please contact Terry Simananda at (410) 786-8144 or terry.simananda@cms.hhs.gov.

Sincerely,

Mickey Morgan
Deputy Director
Division of Pharmacy

cc: Karen Barnes, Louisiana Department of Health and Human Services
Marjorie Jenkins, Louisiana Department of Health and Human Services
Krystal Ceasor, Louisiana Department of Health and Human Services
Najah Freeman, Louisiana Department of Health and Human Services
Ucheoma Nwagbara, Louisiana Department of Health and Human Services
Tobias Griffin, Louisiana Medicaid State Lead, CMS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 23-0035	2. STATE LA
	3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE December 20, 2023	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.120 Subpart I	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>0</u> b. FFY <u>2025</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Item 12a, Page 2 Attachment 3.1-A, Item 12a, Page 1	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 22-0006) Same (TN 19-0029)	

9. SUBJECT OF AMENDMENT
The purpose of this SPA is to amend the provisions governing the Pharmacy Benefits Management program in order to remove references to specific over-the-counter (OTC) drugs that are covered under the State Plan.


10. 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.

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Kimberly Sullivan, J.D. Interim Medicaid Executive Director Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030
12. TYPED NAME Pam Diez, designee for Stephen R. Russo, JD	
13. TITLE Secretary	
14. DATE SUBMITTED October 24, 2023	

FOR CMS USE ONLY	
16. DATE RECEIVED October 24, 2023	17. DATE APPROVED January 11, 2024

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL December 20, 2023	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL Mickey Morgan	21. TITLE OF APPROVING OFFICIAL Deputy Director, Division of Pharmacy

22. REMARKS
The State requests a pen and ink change to boxes 7 and 8.

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:

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

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. Drugs for Full Benefit Dual Eligible

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.

B. 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.

Excluded Drugs:

- ☒ Select agents when used for anorexia, weight loss, or weight gain will be covered as listed in the State's provider manual.
- ☒ Select agents when used to promote fertility will be covered as listed in the State's provider manual.
- ☒ Select agents when used for symptomatic relief of cough and colds will be covered as listed in the State's provider manual.

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
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- ☒ Select prescription vitamins and mineral products will be covered as listed in the State's provider manual
- ☒ Select nonprescription drugs will be covered as listed in the State's provider manual
- ☐ Covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee.

Otherwise Restricted Drugs:

- ☒ The state will cover agents when used for cosmetic purposes or hair growth only when the state has determined that use to be medically necessary.
- ☒ Select drugs for erectile dysfunction, except
When used for the treatment of conditions, or indications approved by the FDA, other than erectile dysfunction.