

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>10-69</b>	2. STATE <b>Louisiana</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <i>Rev. February 1, 2011</i> December 1, 2010 <i>pend ink change per state email 1/20/11 Allyson Lamy</i>	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <b>42 CFR 447, Subpart D</b>		7. FEDERAL BUDGET IMPACT: a. FFY <u>2011</u> <i>old</i> <b>(\$1,842.43)</b> b. FFY <u>2012</u> <i>same</i> <b>(\$1,964.45)</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 3.1-A, Item 12.a, Page 4</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <i>Same (TN 09-20)</i> <i>Rev. FFY 2011 → (\$1,445.73)</i> <i>pend ink per state email Allyson Lamy</i>	
10. SUBJECT OF AMENDMENT: <b>The purpose of this amendment is to reduce the number of prescriptions covered by the Medicaid Program within a calendar month for certain recipients in order to avoid a budget deficit.</b> <i>Reduced monthly script from 5 to 4 - Has medically necessary overrides</i>			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <b>The Governor does not review state plan material.</b> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:  <i>13. TYPED NAME: Bruce D. Greenstein</i>		16. RETURN TO: <b>State of Louisiana Department of Health and Hospitals 628 N. 4<sup>th</sup> Street PO Box 91030 Baton Rouge, LA 70821-9030</b>	
14. TITLE: <b>Secretary</b>			
15. DATE SUBMITTED: <b>December 10, 2010</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <i>20 December, 2010</i>		18. DATE APPROVED: <i>7 March, 2011</i>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>1 February, 2011</i>		20. SIGNATURE OF REGIONAL OFFICIAL: <i>Associate Regional Administrator Div of Medicaid &amp; Children's Health</i>	
21. TYPED NAME: <b>Bill Brooks</b>			
23. REMARKS:			

AMLUNT, 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 REMEDICAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

3. OTC Niacin preparations
4. OTC Calcium Replacement Agents
5. OTC Magnesium Replacement Agents
6. OTC Phosphate Replacement Agents
7. OTC Iron Replacement Agents
8. Normal Saline and Heparin flushes
9. Diabetic Supplies
10. Family Planning Items

G. **Drugs for Erectile Dysfunction.** Effective January 1, 2006, the Medicaid Program terminates coverage and reimbursement of prescription drugs when used for the treatment of sexual or erectile dysfunction. Erectile dysfunction drugs will only be covered when used for the treatment of other conditions or indications approved by the FDA.

H. **Monthly Prescription Limit.** Effective February 1, 2011, a monthly prescription limit is 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 homes and ICF-DD facilities; and
  - c. Pregnant women.

STATE <u>Louisiana</u>	A
DATE REC'D <u>12-20-10</u>	
DATE APP'VD <u>3-7-11</u>	
DATE EFF <u>2-1-11</u>	
HCFA 179 <u>10-69</u>	

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.

TN# 10-69

Approval Date 3-7-11

Effective Date 2-1-11

Supersedes

TN# 09-20

SUPERSEDES: TN- 09-20