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State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 22-0006

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

Disabled and Elderly Health Programs Group

June 8, 2022

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

Dear Patrick Gillies:

The CMS Division of Pharmacy team has reviewed Louisiana's State Plan Amendment (SPA) 22-0006 received in the CMS Medicaid & CHIP Operations Group on March 15, 2022. This SPA proposes to amend the pharmacy pages provisions to cover select Over the Counter (OTC) medications.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 22-0006 is approved with an effective date of February 9, 2022. 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 revised, 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 Charlotte Amponsah at (410) 786-1092 or charlotte.amponsah@cms.hhs.gov.

Sincerely,

 Digitally signed by John M. Coster -S
2022.06.09
10:44:24 -04'00'

John M. Coster, Ph.D., R.Ph.
Director
Division of Pharmacy

cc: Ruth Johnson, Secretary, Designee for Dr. Courtney N. Philips
Keydra C. Singleton, Louisiana Medicaid Program Specialist
Tobias Griffin, CMS Division of Program Operations-West Branch


<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>	1. TRANSMITTAL NUMBER 22-0006	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 February 9, 2022	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.120 42 CFR 447 Subpart I	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$40,619 \$0 b. FFY <u>2023</u> \$74,147 \$0	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Item 12a, Page 2	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Same (TN 19-0029)	

9. SUBJECT OF AMENDMENT
The purpose of this SPA is to amend the provisions governing pharmacy benefits management in order to include coverage for over-the-counter at-home tests for COVID-19 that have been authorized by the Food and Drug Administration. align with current practices and reflect the removal Miralax replace with generic drug to cover selective over-the counter medication

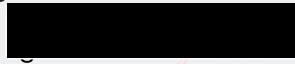
10. GOVERNOR'S REVIEW (Check One)

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 Patrick Gillies, Medicaid Executive Director Louisiana Department of Health 628 North 4th Street P.O. Box 91030 Baton Rouge, LA 70821-9030
12. TYPED NAME Ruth Johnson, designee for Dr. Courtney N. Phillips	
13. TITLE Secretary	
14. DATE SUBMITTED March 15, 2022	

FOR CMS USE ONLY	
16. DATE RECEIVED MARCH 15, 2022	17. DATE APPROVED JUNE 8, 2022

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL FEBURAY 9, 2022	19. SIGNATURE OF AP  John M. Coster 10:44:42 -04'00'
20. TYPED NAME OF APPROVING OFFICIAL JOHN M. COSTER	21. TITLE OF APPROVING OFFICIAL DIRECTOR, DIVISION OF PHARMACY

22. REMARKS
The State requests pen and ink changes to boxes 6 and 9.

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:

- Select prescription vitamins and mineral products, except
 - Prenatal vitamins**
 - Fluoride preparations**
 - 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)**

 - Select nonprescription drugs, except
 - Over-the-Counter (OTC) antihistamines and antihistamine/decongestant combinations**
 - Polyethylene glycol 3350**
 - A and B recommendations for OTC medication by the U.S. Preventive Services Task Force**

 - 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.**