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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
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,

[Signature]

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
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.
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.