

## Table of Contents

State/Territory Name: Louisiana

State Plan Amendment (SPA) #: 11-33 Pharm

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

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, CHIP Services  
Disabled and Elderly Health Programs Group

---

February 8, 2012

Don Gregory  
State Medicaid Director  
Louisiana Department of Health and Hospitals  
P.O. Box 91030  
Baton Rouge, Louisiana 70821

Dear Mr. Gregory:

We have reviewed Louisiana State Plan Amendment (SPA) 11-33 received in the Dallas Regional Office on November 17, 2011. Under this SPA, the State proposes to change the maximum prescription refills for a non-controlled drug from five refills with a six month expiration period to eleven refills with a one year expiration period. In addition, the State further defines the expiration date for valid prescriptions. We are pleased to inform you that Louisiana SPA 11-33 is approved, effective February 20, 2012.




The Dallas Regional Office will forward to you a copy of the CMS-179 form, as well as the pages approved for incorporation into the Louisiana Medicaid State Plan. If you have any questions regarding this amendment, please contact Bernadette Leeds at (410) 786-9463.

Sincerely,

/s/

Larry Reed  
Director  
Division of Pharmacy

cc: Bill Brooks, ARA, Dallas Regional Office  
Ford Blunt, Dallas Regional Office  
Keydra Singleton, Louisiana Department of Health and Hospitals

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>11-33</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 <b>February 20, 2012</b>	
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>2012</u> <b>\$ 0.00</b> b. FFY <u>2013</u> <b>\$ 0.00</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 4.19-B Item 12.a, Page 5</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Same (TN 05-07)</b>	
10. SUBJECT OF AMENDMENT: The purpose of this amendment is to change the time limits on prescriptions for drugs, other than controlled dangerous substances, to expire one year after the date prescribed rather than six months. The amendment also changes the time limit of transferring prescriptions from one pharmacy to another to one year rather than six months.			
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: 		16. RETURN TO:  <b>Don Gregory, Medicaid Director Department of Health and Hospitals 628 N. 4<sup>th</sup> Street PO Box 91030 Baton Rouge, LA 70821-9030</b>	
13. TYPED NAME: <b>Bruce D. Greenstein</b>			
14. TITLE: <b>Secretary</b>			
15. DATE SUBMITTED: <b>November 14, 2011</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>17 November, 2011</b>		18. DATE APPROVED: <b>8 February, 2012</b>	
<b>PLAN APPROVED - ONE COPY</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>20 February, 2012</b>		20. SIGNATURE: 	
21. TYPED NAME: <b>BILL BROOKS</b>		22. TITLE: <b>Associate Regional Administrator Division of Medicaid &amp; Children's Health</b>	
23. REMARKS:			

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

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

Anti-coagulants	Cardiovascular Drugs including:	Ferrous Sulfate
Anti-convulsants	Diuretics	Folic Acid
Anti-diabetics (Oral)	Antihypertensives	Nicotinic Acid
Calcium Gluconate	Antihyperlipidemics	Potassium Supplements
Calcium Lactate	Estrogens	Thyroid & Antithyroid drugs
Calcium Phosphate	Ferrous Gluconate	Vitamin A, D, K, & B12 injection

- C. For patients in nursing homes, the pharmacist shall bill for a minimum of a month's supply of medication unless the treating physician specifies a smaller quantity for a special medical reason.
- D. Payment will not be made for narcotics prescribed only for narcotic addiction.
- E. Enrollees shall have free choice of pharmacy unless subject to the agency's "lock-in" procedures.
- F. Vendor 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.
- G. Payment will be made for prescriptions refilled for drugs other than controlled substances not more than eleven times or more than 1 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 it may be refilled.
- H. Prescriptions for drugs other than controlled substances covered under the Louisiana Medicaid Program shall expire one year after the date prescribed by a physician or other prescribing practitioner. A prescription for a controlled dangerous substance in Schedule II, III, IV, or V shall expire six months after the date written. 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 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 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.
- I. 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.
- J. When a prescriber bills Medicaid of Louisiana for medications dispensed, he shall certify that he himself, another authorized prescriber, or pharmacist dispensed the medications and he shall maintain the same records as required of an enrolled pharmacy provider.

TN# 11-33  
 Supersedes  
 TN# 05-07

Approval Date 2-9-12

Effective Date: 2-20-12

SUPERSEDES: TN- 05-07

STATE <u>Louisiana</u>	<b>A</b>
DATE REC'D <u>11-17-11</u>	
DATE APPV'D <u>2-9-12</u>	
DATE EFF <u>2-20-12</u>	
NOFA 179 <u>11-33</u>	