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**State/Territory Name: Louisiana**

**State Plan Amendment (SPA) #: 14-11 Pharm**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 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



**Disabled & Elderly Health Programs Group**

June 26, 2014

J. Ruth Kennedy, Medicaid Director  
State of Louisiana  
Department of Health and Hospitals  
628 N. 4<sup>th</sup> Street  
P.O. Box 91030  
Baton Rouge, LA 70821-9030



Dear Ms. Kennedy:

We have reviewed Louisiana State Plan Amendment (SPA) 14-11, Prescribed Drugs, received in the Dallas Regional Office on March 31, 2014. This amendment proposes to remove barbiturates, benzodiazepines, and agents used to promote smoking cessation from the list of drugs the state Medicaid program may exclude from coverage or otherwise restrict in order to comply with the requirements of Section 2502(a) of the Affordable Care Act. This amendment also makes technical corrections to the formatting and language in excluded drug coverage section of the Prescribed Drugs pages of the State Plan.

Based on the information provided, we are pleased to inform you that consistent with the regulations at 42 CFR 430.20, SPA 14-11 is approved with an effective date of January 1, 2014. A copy of the signed CMS-179 form, as revised, as well as the pages approved for incorporation into the Louisiana state plan will be forwarded by the Dallas Regional Office.

If you have any questions regarding this SPA, please contact Wendy Tuttle at (410) 786-8690.

Sincerely,



Joseph Fine  
Acting Director  
Division of Pharmacy

cc: Bill Brooks, ARA, Dallas Regional Office  
Ford Blunt, Dallas Regional Office  
Jodie Herbert, State Plan Unit, Louisiana Department of Health and Hospitals

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER: <b>14-11</b>		2. STATE <b>Louisiana</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>January 1, 2014</b>

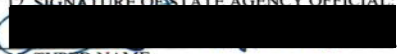
5. TYPE OF PLAN MATERIAL (Check One):  
 NEW STATE PLAN     AMENDMENT TO BE CONSIDERED AS NEW PLAN     AMENDMENT  
 COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: <b>1927(d) of Social Security Act</b>	7. FEDERAL BUDGET IMPACT: a. FFY <b>2014</b> <b>\$0</b> b. FFY <b>2015</b> <b>\$0</b>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 3.1-A Item 12.a., Page 1</b> <b>Attachment 3.1-A Item 12.a., Page 2</b> <b>Attachment 3.1-A Item 12.a., Page 3</b> <b>Attachment 3.1-A Item 12.a., Page 3a</b> <b>Attachment 3.1-A Item 12.a., Page 3.b. and Page 3.c.</b> <b>Attachment 3.1-A Item 12.a., Page 4</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Same (TN 02 - 06)</b> <b>Same (TN 02 - 06) - Old page 3</b> <b>Same (TN 05 - 40) - Old page 3a</b> <b>Same (TN 05 - 40) - Old page 3b</b> <b>Same (TN 07 - 35 and TN 10 - 79) (Removed)</b> <b>Same (TN 10 - 79)</b>
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10. SUBJECT OF AMENDMENT: **The SPA proposes to remove barbiturates, benzodiazepines and agents used to promote smoking cessation from the list of drugs the Medicaid program may exclude from coverage or otherwise restrict. The agents approved by the Food and Drug Administration under the over-the-counter (OTC) monograph process for purposes of promoting, and when used to promote, tobacco cessation shall be covered.**


11. GOVERNOR'S REVIEW (Check One):  
 GOVERNOR'S OFFICE REPORTED NO COMMENT     OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED    **The Governor does not review state plan material.**  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: <b>J. Ruth Kennedy, Medicaid Director</b> <b>State of Louisiana</b> <b>Department of Health and Hospitals</b> <b>628 N. 4<sup>th</sup> Street</b> <b>PO Box 91030</b> <b>Baton Rouge, LA 70821-9030</b>
13. TYPED NAME: <b>Kathy H. Kliebert</b>	
14. TITLE: <b>Secretary</b>	
15. DATE SUBMITTED: <b>March 31, 2014</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 31 March, 2014	18. DATE APPROVED: 26 June, 2014
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 January, 2014	20. SIGNATURE OF REGIONAL ADMINISTRATOR: 
21. TYPED NAME: Bill Brooks	22. TITLE: Associated Regional Administrator Division of Medicaid & Children's Health

23. REMARKS: **Note: This change is required by Federal Statute**  
  
The State requests changes as noted to box 8 and 9 above. These changes reflect reformatted pages in attachment 3.1-A Item 12.a.

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:

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

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. Program Coverage**

Coverage of drugs shall be limited to specific drug products authorized for reimbursement by therapeutic category and listed by generic name, strength/unit, NDC, and brand name. Those drug products subject to mandatory coverage as a result of a rebate agreement with the federal government shall be covered until written notice is received from the Centers for Medicare and Medicaid Services (CMS) that coverage will be terminated. Providers will be given prior notice of any termination as required under federal regulations.

The list of covered drug products shall be maintained in the Services Manual of the Medicaid Program of Louisiana.

**B. Prior Authorization with Preferred Drug List (PDL)**

Effective June 10, 2002, as authorized by LA R.S. 46:153.3(B)(2)(a), and pursuant to 42 USC s1396r-8, a prior authorization process is established. This process utilizes a preferred drug list (PDL) for selected therapeutic classes. Drugs included on the PDL are automatically prior authorized. Drugs in these classes that are not included on the PDL shall require prescribers to obtain prior authorization.

Providers will be notified of the drugs selected for placement on the PDL by therapeutic classes prior to implementation of the prior authorization process and as additional drugs are subsequently added to the list. Lists of covered drug products, including those that require prior authorization, will be maintained in either the Prescription Drug Services Manual, other designated service provider manuals, on the Louisiana Medicaid web site, or provider notices.

TN No. 14-11 Approval Date 6-26-14  
Supersedes  
TN No. 02-06 Effective Date: 1-1-14

State: Louisiana  
Date Received: 31 March, 2014  
Date Approved: 26 June, 2014  
Date Effective: 1 January, 2014  
Transmittal Number: LA 14-11

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:

The prior authorization process provides for a turnaround response by either telephone or other telecommunications device within twenty-four (24) hours receipt of a prior authorization request. In emergency situations, providers may dispense at least a seventy-two (72) hour supply of medication as mandated by LA R.S. 46:153.3(B)(2)(a), and pursuant to 42 USC s1396r-8.

The Pharmaceutical and Therapeutics Committee will make recommendations to the Department regarding drugs to be subject to the prior authorization. The composition of and appointment to the Pharmaceutical and Therapeutics Committee complies with LA R.S. 46:153.3(D) and 42 USC s1396r-8. The Committee is appointed by the Governor and approved by the Senate.

The Pharmaceutical and Therapeutics Committee was established by State law in 2001 to advise the Department of Health and Hospitals (DHH) regarding the prescription drug program. The Committee reviews monographs on selected therapeutic drug classes or individual drugs and makes recommendations to the DHH for inclusion either on the Preferred Drug List (PDL) or on the Non-Preferred Drug List (NPDL).

Drugs on the PDL do not require prior authorization, and drugs on the NPDL require authorization. The monographs include clinical data, utilization data, therapeutic information relative to populations (i.e. elderly and pediatric use), multiple source availability (generic and innovator products) and relative cost information (state and federal rebate information is confidential). The Medicaid Pharmacy Benefits Management Program staff compiles the Committee's recommendations along with staff comments and/or additional information as necessary and submits them to the DHH Secretary for consideration.

**C. Drugs for Full Benefit Dual Eligibles**

Effective January 1, 2006, the Louisiana Medicaid agency 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 eligible 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.

**D. 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. When Medicare Part B or Part D plans reimburse for these drugs, the Medicaid agency will not pay.

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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:

- Agents when used for anorexia, weight loss, or weight gain  
**Some.**  
**Xenical only**
  
- Agents when used to promote fertility  
**Some.**  
**Vaginal progesterone when used for high-risk pregnancy to prevent premature births**
  
- Agents when used for cosmetic purposes or hair growth  
**Some.**  
**Accutane**
  
- Agents when used for symptomatic relief of cough and colds  
**Some.**  
**Prescription Antihistamine and Antihistamine/Decongestant Combination Products**
  
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride.  
**Some.**  
**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)**

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LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

- Nonprescription drugs

**Some.**

**OTC antihistamines and antihistamine/decongestant combinations**

**Miralax**

**Insulin**

- Experimental drugs

**None.**

- Compounded prescriptions

**None**

- Vaccines

**Some.**

**Influenza vaccine**

- Medications which are included in the reimbursement to a facility

**None.**

- DESI drugs

**None.**

- Covered outpatient drugs when the manufacturer seeks to require as a condition of sale

**None.**

- Drugs for erectile dysfunction

**Some.**

**When used for the treatment of conditions, or indications approved by the FDA, other than erectile dysfunction.**

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E. **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.

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:

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.
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.

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