

Bobby Jindal
GOVERNOR



Kathy H. Kliebert
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of the Secretary

March 31, 2014

Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children's Health
DHHS/Centers for Medicare and Medicaid Services
1301 Young Street, Room #833
Dallas, Texas 75202

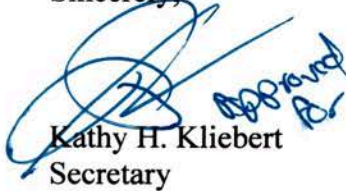
Dear Mr. Brooks:

RE: Louisiana Title XIX State Plan
Transmittal No. 14-11

I have reviewed and approved the enclosed Louisiana Title XIX State Plan material.

I recommend this material for adoption and inclusion in the body of the State Plan.

Sincerely,


Kathy H. Kliebert
Secretary

Attachments (3)

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

14-11

2. STATE

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

January 1, 2014

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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:

1927(d) of Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY **2014** **\$ 0**

b. FFY **2015** **\$ 0**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A Item 12.a., Page 3.
Attachment 3.1-A Item 12.a., Page 3.a.
Attachment 3.1-A Item 12.a., Page 3.b.
Attachment 3.1-A Item 12.a., Page 3.c.
Attachment 3.1-A Item 12.a., Page 4

9. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable):

Same (TN 05-40)
Same (TN 05-40)
Same (TN 07-35)
Same (TN 10-79)
Same (TN 10-79)

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

☐ 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.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Kathy H. Kliebert

14. TITLE:

Secretary

15. DATE SUBMITTED:

March 31, 2014

16. RETURN TO:

J. Ruth Kennedy, Medicaid Director
State of Louisiana
Department of Health and Hospitals
628 N. 4th Street
PO Box 91030
Baton Rouge, LA 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS: **Note: This change is required by Federal Statute**

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:

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. These covered drugs are listed below.

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 Program will not pay.

TN No. _____ Approval Date _____ Effective Date _____
Supersedes
TN No. _____

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

- (a) Xenical only. Other agents when used for anorexia, weight loss, or weight gain are not covered.
- (b) Fertility agents **only when used for non-fertility treatment as described under specific state criteria;**
- (c) Accutane only. Other agents when used for cosmetic purposes or hair growth are not covered; and
- (d) prescription vitamins and mineral products, and prenatal vitamins and fluoride, if prescribed.

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LIMITATIONS ON THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
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E. Medicaid Coverage of Other Items Which Are Not Covered Under 1927(d)(2) of the Social Security Act

The Medicaid Program provides coverage for the following items which are not covered under 1927(d)(2) of the Social Security Act to all Medicaid recipients, including full benefit dual eligibles. When Medicare Part B or Part D plans reimburse for these items, Medicaid will not pay.

Limited products in these therapeutic class(es) are covered:

1. OTC Vitamin D preparations;
2. OTC Vitamin E preparations;
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. Family Planning Items; and
10. Influenza vaccines.

F. Other Drugs Not Covered

The Medicaid Program excludes the following drug products from coverage to Medicaid recipients, including the full benefits dual eligibles:

1. Experimental Drugs.
2. Compounded prescriptions (mixtures of two or more ingredients; the individual drugs will continue to be reimbursed).
3. Medications which are included in the reimbursement to a facility, i.e. hospitals, skilled nursing facility for recipients receiving benefits under Part A of Title XVIII, mental hospitals, or some other nursing facilities.

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4. Vaccines covered in other programs, except influenza vaccines.
 5. DESI Drugs. Those drugs subject to a Notice of Opportunity for Hearing (NOOH), as prescribed by Section 1927 (k)(2)(A) of the Social Security Act, for which the Food and Drug Administration has proposed to withdraw from the market because they are "less than effective" or "identical, related , or similar drugs" which are identified as DESI ineffective drugs shall be excluded from coverage. DESI ineffective drugs shall be excluded from coverage.
 6. Non-prescription drugs are not covered, with the exception of certain over-the-counter (OTC) drugs which are covered under the provisions of other Sections of this State Plan, such as smoking cessation products and OTC vitamins and minerals.
 7. Agents when used for the symptomatic relief of coughs such as anti-tussive agents.
 8. Covered outpatient drugs when 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.
- 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.

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MEDICAL AND REMEDICAL CARE AND SERVICES DESCRIBED AS FOLLOWS:

- 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.
 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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