

# **Table of Contents**

**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 4<sup>th</sup> 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](mailto:charlotte.amponsah@cms.hhs.gov).

Sincerely,

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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <b>22-0006</b>	2. STATE <b>LA</b>						
		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 <b>February 9, 2022</b>							
5. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 440.120</b> <b>42 CFR 447 Subpart I</b>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> <del>\$40,619</del> \$0 b. FFY <u>2023</u> <del>\$74,147</del> \$0							
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 3.1-A, Item 12a, Page 2</b>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Same (TN 19-0029)</b>							
9. SUBJECT OF AMENDMENT <b>The purpose of this SPA is to amend the provisions governing pharmacy benefits management in order to <del>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 medicatiop</del></b>									
10. GOVERNOR'S REVIEW (Check One) <table style="width:100%; margin-top: 10px;"> <tr> <td style="width: 50%;"><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT</td> <td style="width: 50%;"><input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material.</td> </tr> <tr> <td><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</td> <td></td> </tr> <tr> <td><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</td> <td></td> </tr> </table>				<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor does not review State Plan material.	<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	
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<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL									
11. SIGNATURE OF STATE AGENCY OFFICIAL  		15. RETURN TO  <b>Patrick Gillies, Medicaid Executive Director Louisiana Department of Health 628 North 4<sup>th</sup> Street P.O. Box 91030 Baton Rouge, LA 70821-9030</b>							
12. TYPED NAME <b>Ruth Johnson, designee for Dr. Courtney N. Phillips</b>									
13. TITLE <b>Secretary</b>									
14. DATE SUBMITTED <b>March 15, 2022</b>									
<b>FOR CMS USE ONLY</b>									
16. DATE RECEIVED MARCH 15, 2022		17. DATE APPROVED JUNE 8, 2022							
<b>PLAN APPROVED - ONE COPY ATTACHED</b>									
18. EFFECTIVE DATE OF APPROVED MATERIAL FEBURAY 9, 2022		19. SIGNATURE OF APPROVING OFFICIAL							
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.**