



**State of Louisiana**  
Louisiana Department of Health  
Office of the Secretary

March 15, 2022

James G. Scott, Director  
Division of Program Operations  
Medicaid & CHIP Operations Group  
601 East 12<sup>th</sup> Street, Room 0300  
Kansas City, Missouri 64106-2898

**RE: Louisiana Title XIX State Plan  
Transmittal No. 22-0006**

Dear Mr. Scott:

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. Should you have any questions or concerns regarding this matter, please contact Karen Barnes at (225) 342-3881 or via email at Karen.Barnes@la.gov.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ruth Johnson".

\_\_\_\_\_ for  
Dr. Courtney N. Phillips  
Secretary

Attachments (3)

CNP:PG:KS


<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> <b>\$40,619</b> b. FFY <u>2023</u> <b>\$74,147</b>	
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) 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  
**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.**

10. 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.

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>	

**FOR CMS USE ONLY**

16. DATE RECEIVED	17. DATE APPROVED
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL

22. REMARKS

LA TITLE XIX SPA

TRANSMITTAL #: 22-0006

TITLE: Pharmacy Benefits Management Program – Over-the-Counter At-Home COVID-19 Tests

EFFECTIVE DATE: February 9, 2022

**FISCAL IMPACT:**  
Increase

	year	% inc.	fed. match	*# mos	range of mos.	dollars
1st SFY	2022			4.9	February 4, 2022 - June 2022	\$34,123
2nd SFY	2023			12	July 2022- June 2023	\$102,370
3rd SFY	2024			12	July 2023 - June 2024	\$133,716

\*#mos-months remaining in fiscal year

**Total increase or decrease cost FFY 2022**

SFY 2022 \$34,123 for 4.9 months February 4, 2022 - June 2022 \$34,123

SFY 2023 \$102,370 for 12 months July 2022- June 2023  
 \$102,370 / 12 X 3 July 2022 - September 2022 = \$25,593  
\$59,716

FFP (FFY 2022 ) = \$59,716 X 68.02% = \$40,619

**Total increase or decrease cost FFY 2023**

SFY 2023 \$102,370 for 12 months July 2022- June 2023  
 \$102,370 / 12 X 9 October 2022 - June 2023 = \$76,778

SFY 2024 \$133,716 for 12 months July 2023 - June 2024  
 \$133,716 / 12 X 3 July 2023 - September 2023 = \$33,429  
\$110,207

FFP (FFY 2023 ) = \$110,207 X 67.28% = \$74,147

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 (Miralax®)**  
**A and B recommendations for OTC medication by the U.S. Preventive Services Task Force**  
**OTC at-home COVID-19 Food and Drug Administration (FDA)-authorized tests**
  
- 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.**