

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~~
 - Select over-the-counter (OTC) covered outpatient drugs as determined by the Department.

- 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.