

# PHARMACY FACTS

## Program Updates from Louisiana Medicaid

**January 3, 2020**

It has just come to our attention that correspondence went to pharmacy providers regarding Point of Sale Certification. This recertification information is used internally by pharmacy staff to ensure we have appropriate contact information as well as personnel for each enrolled pharmacy provider.

We apologize that the packet was released later than our usual date in October of each year. Providers have until (or before) March 31, 2020 to complete the form.

### **Brand Over Generic List**

The Louisiana Department of Health (LDH) scheduled a Pharmaceutical & Therapeutics (P&T) meeting in November 2019. Although there was a quorum, it was not the appropriate mix of professionals required in the bylaws. Therefore, the Brand Over Generic list from the April 2019 P&T meeting will remain in place until the next meeting in the spring of 2020. For your reference, the list is below:

	<b>Brand Over Generic</b>
1	MAKENA SDV (INTRAMUSCULAR)—Brand and generic preferred
2	FOCALIN XR (ORAL)
3	COPAXONE 20 MG/ML (SUBCUTANE.)
4	TAMIFLU CAPSULE (ORAL)
5	NATROBA (TOPICAL)
6	VOLTAREN (TOPICAL) – Brand and generic preferred
7	XELODA (ORAL)
8	TOBRADEX SUSPENSION (OPHTHALMIC)
9	GLEEVEC (ORAL)
10	PROCENTRA (ORAL)
11	CATAPRES-TTS (TRANSDERM)
12	ALPHAGAN P 0.15% (OPHTHALMIC)
13	SUBOXONE FILM (SUBLINGUAL)
14	RENAGEL (ORAL)

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### Naloxone Standing Order

The Naloxone Standing Order for 2020 has been renewed by Dr. Rebekah Gee. Please refer to the Louisiana Department of Health [website](#) in January for information.

### Enbrel

On January 13, 2020, Enbrel will be changed from non-preferred to preferred status.

### Preferred Drug List (PDL) Cosmetic Modifications

For the January 1, 2020 PDL there will be some cosmetic modifications. The Point of Sale (POS) edits will be removed and placed into a document that can be found on the [title page](#). See below:

#### Louisiana Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)

<http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf>

- The PDL is a list of over 100 therapeutic classes reviewed by the Pharmaceutical & Therapeutics (P&T) committee. In addition, there are medications and/or classes of medications that are not reviewed by the committee. Unless there is a clinical pre-authorization requirement for the entire class (as noted on the last page of the PDL) these medications will continue to be covered without prior authorization. **Examples: spironolactone, hydrochlorothiazide, amoxicillin suspension**
- There is a mandatory generic substitution **unless** the brand is preferred and the generic is non-preferred. When the brand is preferred and the generic is non-preferred, no special notations are required by the prescriber and the pharmacist enters “9” in the DAW field 408-D8.
- When the brand is non-preferred and the prescriber has determined it to be medically necessary, “*Brand medically necessary*” or “*Brand necessary*” must be written on the prescription in the prescriber’s handwriting and the pharmacist enters “1” in the DAW field 408-D8. For more information, please refer to the following policy: <https://www.lamedicaid.com/provweb1/Providermanuals/manuals/PHARMACY/PHARMACY.pdf>
- To locate any medication on this list, you may use the keyboard shortcut **CTRL + F** to search.
- New medications that enter the marketplace in classes reviewed by P&T committee will be considered non-preferred requiring prior authorization until the next P&T committee meeting. Please refer to the following criteria: [New Drugs Introduced into the Market / Non-Preferred](#)
- The PDL is arranged by therapeutic class with an item number and may contain a subset of medications under each therapeutic class.
- Medications listed as non-preferred are available through the prior authorization process. Each Managed Care Organization (MCO) and Fee for Service (FFS) have their own prior authorization departments.
- Any statement highlighted and underlined in blue is a hyperlink to go directly to forms and/or clinical criteria for medications with an explanation of the purpose and the requirements. **Example: [Request Form](#)**
- Point-of-Sale (POS) edits are used when additional limits are needed to ensure medications (whether they are Preferred, Non-Preferred, or not reviewed by the P&T Committee) are used safely and appropriately. For a list of POS edits applicable to each therapeutic class on the PDL/NPDL, and some medications not reviewed by the P&T Committee, please click [HERE](#).
- For medications that require a diagnosis code at the pharmacy, please refer to the following link and click ICD-10-CM Diagnosis Code Policy Chart: <http://ldh.la.gov/index.cfm/page/1328>
- Links to Diabetic Supply Lists for MCOs are found on Page 45 of this document (Click [HERE](#) to go to MCO Diabetic Supply Links on Page 45).
- This PDL/NPDL applies only to medications dispensed in the outpatient retail pharmacy setting.

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Below is the last page of the current PDL which lists drugs with POS edits that are not included as preferred or non-preferred. On January 1, 2020, this page will be included at the end of the POS document mentioned above. (See arrow.)

ADDITIONAL AGENTS THAT HAVE POINT-OF-SALE (POS) REQUIREMENT(S)					
<a href="#">Click Here for Behavioral Health Agents Listed Below for Children Younger Than Six (BH)</a>			<a href="#">Click Here for Agents Listed Below with POS Requirements</a>		
Acetaminophen	POS	Exjade® (Deferasirox)	POS	Nucala® (Mepolizumab)	CL
Actimmune® (Interferon Gamma-1b)	POS	Exondys 51® (Eteplirsen)	CL, DX	Oralair® (Mixed Grass Allergen Extract)	POS
Alferon N® (Interferon Alfa-N3)	POS	Fabrazyme® (Agalsidase beta)	POS	Palvizio® (Pegvaliase-pqpz)	CL
Amitriptyline	BH, TD	Fasenra® (Benralizumab)	CL	Proleukin® (Aldesleukin)	POS
Amitriptyline/Chlordiazepoxide	BH	Flolan® (Epoprostenol Sodium)	POS	Protriptyline	BH, TD
Amoxapine	BH, TD	Fycompa® (Perampanel)	POS	Pulmozyme® (Dornase Alfa)	POS
Aspirin	POS	Hereditary Angioedema – Berinert®, Cinryze®, Firazyr®, Haezarda®, Kalbitor®, Ruconest®, Takzyvo™	CL	Remodulin® (Trepstinil Sodium) INJECTION	POS
<a href="#">Austedo® (Deutetrabenazine)</a>	CL	HIV Agents	POS	Santyl® (Collagenase)	QL
Beyaz® (Drospirenone/Ethinyl Estradiol/Levonorgestrel Calcium)	POS	Imipramine	BH, TD	Skyrizi® (Risankizumab-rzaa)	CL
<a href="#">Botox® (OnabotulinumtoxinA)</a>	DX, QL	Increlex® (Mecasermin)	CL	Soliris® (Eculizumab)	POS
Carafate® (Sucralfate)	POS	Ingrezza® (Valbenazine)	CL	Spiranza® (Nintedanib)	CL, DX
Chlordiazepoxide/Clidinium	BH	Intron-A® (Interferon Alfa-2B Recombinant)	POS	Spravato® (Esketamine)	CL
Chlorpromazine Injectable	BH	Isotretinoin	POS	Sylatron® (Peginterferon alfa-2b)	POS
Cialis® (Tadalafil) 2.5mg, 5mg	POS	Kuvan® (Sapropterin Dihydrochloride)	CL	Synagis® (Palivizumab) Criteria & Request Form	AL, CL, DT, QL
<a href="#">Cinqair® (Reslizumab)</a>	CL	Lithium	BH	Tosynra® (Sumatriptan)	POS
Clomipramine	BH, TD	Lokelma® (Sodium Zirconium Cyclosilicate)	CL	Trimipramine	BH, TD
<a href="#">Clonazepam Tablet</a>	BH, BY, QL	<a href="#">Lorazepam Injectable</a>	BY	Velettri® (Epoprostenol)	POS
<a href="#">Daraprim® (Pyrimethamine)</a>	CL	Lumizyme® (Alglucosidase alfa)	POS	Veltassa® (Patiromer)	CL
Desipramine	BH, TD	Maprotiline	BH	Xenazine® (Tetrabenazine)	CL
<a href="#">Doral® (Quazepam)</a>	MD	<a href="#">Mavenclad® (Cladribine)</a>	CL	Xenical® (Orlistat)	DX, QL
Doxepin (10mg-150mg)	BH, TD	Mosquito Repellent to Decrease Zika Virus Exposure Risk <a href="#">FES Notice</a> <a href="#">MCO Notice</a>	AL, DX, QL	Xeomin® (IncobotulinumtoxinA)	DX, QL
<a href="#">Dysport® (AbobotulinumtoxinA)</a>	DX	<a href="#">Myobloc® (RimabotulinumtoxinB)</a>	DX	Xolair® (Omalizumab)	CL
<a href="#">Endari® (L-Glutamine)</a>	CL	Nexplanon® (Etonogestrel)	POS	Xyrem® (Sodium Oxycbate)	CL, TD
Eqetro® (Carbamazepine)	BH, BY	Nortriptyline	BH, TD	Zolgensma® (Onasemnogene Aseparovect-xioi)	CL