

# PHARMACY FACTS

## Program Updates from Louisiana Medicaid

**November 20, 2020** *Revised January 29, 2021*

### **Louisiana Medicaid Annual Recertification**

Due to the COVID-19 pandemic, Louisiana Medicaid is currently drafting an editable PDF for providers to update and electronically sign with correct information and return by email with supporting documentation. Louisiana Medicaid will allow three months from the date the editable PDF is sent for providers to submit the requested recertification documents. Providers should expect to receive an email from Louisiana Medicaid around the first week of December. To confirm that Louisiana Medicaid has your correct email address on file, please send a message to [roderick.anderson@la.gov](mailto:roderick.anderson@la.gov), providing the email address where your recertification information should be sent. If you have additional questions or concerns, you may also contact the Pharmacy Help Desk at (800) 648-0790.

### **Brand Over Generic List**

The Louisiana Department of Health (LDH) scheduled a Pharmaceutical & Therapeutics (P&T) Committee meeting for October 2020. Although there was a quorum for the virtual meeting, legislation changed the meeting requirements during special session, therefore not allowing for a virtual meeting. LDH polled the P&T Committee members to see if we could meet the quorum for a face to face meeting. We were unable to meet the quorum as stated in the bylaws.

In the absence of a P&T meeting, LDH pharmacy staff, the Medicaid Medical Director and the Deputy Director for Program Operations and Compliance reviewed the potential financial and clinical impacts provided by Magellan to determine which recommendations are in the best interest of the Medicaid program. Each P&T committee member was asked to review the recommendations and provide responses to proposed recommendations. In addition, the Pharmacy Advisory Council (PAC) members reviewed the brand over generic list and provided feedback as well. There are times when brand products are preferred over generics because the net price to the state is less expensive after rebate. After considering the financial and clinical impacts as well as the feedback on the proposed recommendations, the Brand over Generic List will be as follows effective January 1, 2021:

### **Brand over Generic List for Fall 2020 – Effective January 1, 2021**

|   | <b>Proposed Brand Over Generic/Fall 2020</b> | <b>P&amp;T Cycle</b> |
|---|--|----------------------|
| 1 | SYMBICORT (INHALATION)                       | Fall-new             |
| 2 | CIPRODEX (OTIC)                              | Fall-keep            |
| 3 | FOCALIN XR (ORAL)                            | Fall-keep            |
| 4 | SABRIL <b>POWDER PACK</b> /TABLET (ORAL)     | Fall-new class       |
| 5 | TRILEPTAL SUSPENSION (ORAL)                  | Fall-new class       |
| 6 | AFINITOR (ORAL)                              | Fall-new             |
| 7 | ADVAIR DISKUS (INHALATION)                   | Fall-new             |

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|    | Proposed Brand Over Generic/Fall 2020         | P&T Cycle      |
|----|---|----------------|
| 8  | TEGRETOL XR (ORAL)                            | Fall-new class |
| 9  | TRAVATAN Z 2.5 ML (OPHTHALMIC)                | Fall-keep      |
| 10 | TOBRADEX SUSPENSION (OPHTHALMIC)              | Fall-keep      |
| 11 | DEPATKOTE SPRINKLE (ORAL)                     | Fall-new class |
| 12 | CARBATROL (ORAL)                              | Fall-new class |
| 13 | ALPHAGAN P 0.15% (OPHTHALMIC)                 | Fall-keep      |
| 14 | ELIDEL (TOPICAL)                              | Fall-new       |
| 15 | CATAPRES-TTS (TRANSDERM)                      | Fall-keep      |
| 16 | FELBATOL <del>SUSPENSION</del> /TABLET (ORAL) | Fall-new class |

|   | Current Spring Brand over Generic  | P&T Cycle |
|---|------------------------------------|-----------|
| 1 | REVATIO SUSPENSION (ORAL)          | Spring    |
| 2 | COPAXONE 20 MG/ML (SUBCUTANE.)     | Spring    |
| 3 | NATROBA (TOPICAL)                  | Spring    |
| 4 | TRANSDERM-SCOP (TRANSDERM)         | Spring    |
| 5 | HUMALOG VIAL/PEN (SUBCUTANE.)      | Spring    |
| 6 | NOVOLOG MIX VIAL/PEN (SUBCUTANE.)  | Spring    |
| 7 | NOVOLOG PEN/VIAL/CART (SUBCUTANE.) | Spring    |
| 8 | <del>TRACLEER TABLET (ORAL)</del>  | Spring    |
| 9 | SUBOXONE FILM (SUBLINGUAL)         | Spring    |

|   | Brand Over Generic Product Removed - Fall 2020 |
|---|--|
| 1 | PROCENTRA (ORAL)                               |

