

# PHARMACY FACTS

## Program Updates from Louisiana Medicaid

**June 1, 2021**

### **Delivery Model Feedback**

The Louisiana Department of Health (LDH) continues its commitment to transforming its Medicaid managed care program to provide better care and better health for its members. As part of this goal, LDH is reviewing the current transportation services and pharmacy benefit delivery models. LDH seeks input from the public about the key factors that must be considered when improving these models. This feedback can be provided at: <https://ldh.la.gov/index.cfm/form/241>. Feedback on NEMT/pharmacy benefits is due June 21, 2021.

### **Brand Over Generic List: PHARMACISTS -- adjust your inventory accordingly**

On May 7, 2021 LDH held a virtual Pharmaceutical & Therapeutics (P&T) Committee Review webinar via Zoom. LDH's legal department authorized Pharmacy staff to host a review in lieu of an actual meeting due to the constraints of COVID and the current public meeting laws. We were unable to obtain a quorum of P&T Committee members for an in-person meeting, and the review was conducted without the P&T members voting. However, feedback from committee members, the public and drug manufacturers was allowed and taken into consideration.

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 July 1, 2021:

	<b>Brand over Generic List for Spring 2021 – Effective July 1, 2021</b> (highlight is new to the list)	<b>Spring/Fall</b>	<b>Unit of Use/Bulk</b>
1	ADVAIR DISKUS (INHALATION)	Fall	UU
2	AFINITOR (ORAL)	Fall	UU
3	ALPHAGAN P 0.15% (OPHTHALMIC)	Fall	UU
4	<b>AMITIZA (ORAL)</b>	<b>Spring</b>	<b>UU</b>
5	<b>APRISO (ORAL)</b>	<b>Spring</b>	<b>UU</b>
6	<b>BETHKIS (INHALATION)</b>	<b>Spring</b>	<b>UU</b>
7	CARBATROL (ORAL)	Fall	Bulk
8	CATAPRES-TTS (TRANSDERM)	Fall	UU
9	CIPRODEX (OTIC)	Fall	UU
10	COPAXONE 20 MG/ML (SUBCUTANE.)	Spring	UU
11	DEPAKOTE SPRINKLE (ORAL)	Fall	Bulk
12	ELIDEL (TOPICAL)	Fall	UU

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	<b>Brand over Generic List for Spring 2021 – Effective July 1, 2021</b> (highlight is new to the list)	<b>Spring/Fall</b>	<b>Unit of Use/Bulk</b>
13	FELBATOL TABLET (ORAL)	Fall	Bulk
14	FOCALIN XR (ORAL)	Fall	Bulk
15	<b>IMITREX (NASAL)</b>	<b>Spring</b>	<b>UU</b>
16	NATROBA (TOPICAL)	Spring	UU
17	<b>NEXIUM SUSPENSION (ORAL)</b>	<b>Spring</b>	<b>UU</b>
18	<b>PROTONIX SUSPENSION (ORAL)</b>	<b>Spring</b>	<b>UU</b>
19	<b>RAPAMUNE SOLUTION and TABLET (ORAL)</b>	<b>Spring</b>	<b>UU/Bulk</b>
20	<b>RENEVELA TABLET (ORAL)</b>	<b>Spring</b>	<b>Bulk</b>
21	<b>RETIN-A CREAM (TOPICAL)</b>	<b>Spring</b>	<b>UU</b>
22	SABRIL TABLET and POWDER PACK (ORAL)	Fall	Bulk/UU
23	SUBOXONE FILM (SUBLINGUAL)	Spring	Bulk
24	SYMBICORT (INHALATION)	Fall	UU
25	<b>TECFIDERA and TECFIDERA STARTER PACK (ORAL)</b>	<b>Spring</b>	<b>UU/UU</b>
26	TEGRETOL XR (ORAL)	Fall	Bulk
27	TOBRADEX SUSPENSION (OPHTHALMIC)	Fall	UU
28	TRAVATAN Z (OPHTHALMIC)	Fall	UU
29	TRILEPTAL SUSPENSION (ORAL)	Fall	UU

	<b>Brand Over Generic Products Removed - Spring 2021</b>	<b>Notes</b>
1	TRANSDERM-SCOP (TRANSDERM)	Generic will be preferred
2	HUMALOG VIAL (SUBCUTANE.)	Both brands and generics will be preferred
3	HUMALOG PEN (SUBCUTANE.)	
4	NOVOLOG MIX VIAL (SUBCUTANE.)	
5	NOVOLOG MIX PEN (SUBCUTANE.)	
6	NOVOLOG PEN (SUBCUTANE.)	
7	NOVOLOG VIAL (SUBCUTANE.)	
8	NOVOLOG CARTRIDGE (SUBCUTANE.)	
9	REVATIO SUSPENSION (ORAL)	Generic will be preferred

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### Preferred Drug List (PDL) Updates

The new PDL will be implemented on July 1, 2021.

There are six new therapeutic classes added to the PDL. Those classes include:

- Glucagon Agents.
- Growth Factors – previously on the back page with clinical criteria applied.
- Hereditary Angioedema.
- HIV/AIDS – all agents will have a preferred status with no prior authorization.
- Infectious Disorders – Pleuromutilins – previously on the back page with clinical criteria applied.
- Potassium Binders – previously on the back page with clinical criteria applied.

