

PHARMACY FACTS

Program Updates from Louisiana Medicaid

June 17, 2019

MCO Diabetic Supplies

The Single PDL implemented on May 1, 2019. As stated in the last edition, diabetic supplies are not included on the Single PDL; therefore, each MCO may have different preferred products.

To assist prescribing and pharmacy providers, following are the diabetic links for each MCO:

Aetna Better Health

https://www.aetnabetterhealth.com/louisiana/assets/pdf/pharmacy/Diabetic%20Supplies/ABH_LA_DIABETIC_SUPPLIES.pdf

AmeriHealth Caritas Louisiana

<http://www.amerihealthcaritasla.com/pdf/pharmacy/preferred-diabetic-supplies.pdf>

Healthy Blue

http://fm.formularynavigator.com/FBO/4/Louisiana_Prefered_Diabetic.pdf

Louisiana Healthcare Connections

<https://www.louisianahealthconnect.com/providers/pharmacy/preferred-drug-list-info.html>

United Healthcare

<https://www.uhcprovider.com/content/dam/provider/docs/public/commplan/la/bulletins/LA-Preferred-Diabetic-Supplies.pdf>

These links will be included in the July 1, 2019 version of the PDL.

The Single PDL is a list of over 100 therapeutic classes reviewed by the Pharmaceutical & Therapeutics (P&T) committee. The committee does not review some medications and/or classes of medications. Unless there is a clinical authorization requirement for the entire class (as noted on the last page of the PDL; see screen shot on next page) these medications will continue to be covered without prior authorization. Example: spironolactone, hydrochlorothiazide, amoxicillin suspension.

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Program Updates from Louisiana Medicaid

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)

Effective Date: May 1, 2019

ADDITIONAL AGENTS THAT HAVE POINT-OF-SALE (POS) REQUIREMENT(S)					
Click Here for Behavioral Health Agents Listed Below for Children Younger Than Six (BH)			Click Here for Agents Listed Below with Point-of-Sale Requirements (POS)		
Acetaminophen	POS	Exondys 51® (Eteplirsen)	CL, DX	Prolekin® (Aldesleukin)	POS
Actimmune® (Interferon Gamma-1b)	POS	Fasenna® (Bevacizumab)	CL	Protriptyline	BH, TD
Alferon N® (Interferon Alfa-N3)	POS	First-Progesterone VGS® (Vaginal Progesterone)	POS	Pulmozyme® (Dornase Alfa)	POS
Amitriptyline	BH, TD	Flolan® (Epoprostenol Sodium)	POS	Ragwitek® (Short Ragweed Pollen Allergen Extract)	POS
Amitriptyline/Chlordiazepoxide	BH	Fycompa® (Perampanel)	POS	Remodulin® (Treprostinil Sodium) INJECTION	POS
Amoxapine	BH, TD	Grastek® (Timothy Grass Pollen Allergen Extract)	POS	Soliris® (Eculizumab)	POS
Aspirin	POS	Imipramine	BH, TD	Spinraza® (Nusinersen)	CL, DX
Austedo® (Deutetrabenazine)	CL	Ingrezza® (Valbenazine)	CL	Sylatron® (Peginterferon alfa-2b)	POS
Beyaz® (Drospirenone Ethinyl Estradiol/ Levomefolate Calcium)	POS	Intron-A® (Interferon Alfa-2B Recombinant)	POS	Symdelco® (Tecacafor/Ivacacor)	CL
Botox® (OnabotulinumtoxinA)	DX, QL	Isotretinoin	POS	Synagis (Palivizumab)	AL, CL, DT, ER, QL
Carafate® (Sucralfate)	POS	Kalvdeco® (Ivacacor)	CL, DX	Tazarac® (Tazarotene)	POS
Chlordiazepoxide/Clidinium	BH	Lithium	BH	Testosterone Buccal (Striant®)	CL
Chlorpromazine Injectable	BH	Lorazepam Injectable	BY	Testosterone Cypionate Injection	CL
Cialis® (Tadalafil) 2.5mg, 5mg	POS	Maprotiline	BH	Testosterone Pellets (Testopel®)	CL
Cinqair® (Reslizumab)	CL	Methadone	CL, DX, QL	Testosterone Undecanoate (Aveed®)	CL
Clomipramine	BH, TD	Methyltestosterone Capsules (Android®)	CL	Trimipramine	BH, TD
Clonazepam Tablet	BH, BY, QL	Mosquito Repellent to Decrease Zika Virus Exposure Risk FFS Notice MCO Notice	AL, DX, QL	Tysabri® (Natalizumab)	POS
Daraprim® (Pyrimethamine)	CL	Myobloc® (RimabotulinumtoxinB)	DX	Veletti® (Epoprostenol)	POS
Desipramine	BH, TD	Nerplanon® (Etonogestrel)	POS	Xenazine® (Tetrabenazine)	CL
Doral® (Quazepam)	MD	Nortriptyline	BH, TD	Xenical® (Orlistat)	QL, DX
Doxepin (10mg-150mg)	BH, TD	Nucala® (Mepolizumab)	CL	Xeomin® (IncobotulinumtoxinA)	DX, QL
Dysport® (AbobotulinumtoxinA)	DX	Oralair® (Mixed Grass Pollens Allergen Extract)	POS	Xolair® (Omalizumab)	CL, DX
Equetro® (Carbamazepine)	BH	Orkambi® (Lumacafor/Ivacacor)	CL, DX	Xyrem® (Sodium Oxybate)	CL, TD
Exjade®, Jadem® (Deferasirox)	POS				

Additional Point-of-Sale (POS) Edits May Apply

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The PDL document should be utilized as a resource as it contains helpful information.

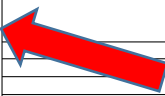
Clinical criteria links are included next to most therapeutic classes; see screen shot on next page.

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Program Updates from Louisiana Medicaid

Fee for Service (FFS) Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL) Effective Date: May 1, 2019

Descriptive Therapeutic Class	Drugs on PDL	POS Edits	Drugs on NPDL which Require Prior Authorization (PA)	POS Edits
DIGESTIVE DISORDERS (10) Pancreatic Enzymes	Pancrelipase (Creon®) Pancrelipase (Zenpep®)		Pancrelipase (Pancrease®) Pancrelipase (Pantzyl®) Pancrelipase (Viokace®)	
DIGESTIVE DISORDERS (10) Proton Pump Inhibitors	Omeprazole Rx (Generic) Pantoprazole (Generic) Pantoprazole Suspension (Protonix®)	BY, DT, ID BY, DT, ID BY, DT, ID	Dexlansoprazole (Dexilant®) Esomeprazole Capsule (Nexium®; Generic) Esomeprazole Kit Esomeprazole Suspension (Nexium®) Esomeprazole Strontium (Generic) Lansoprazole Capsule (Prevacid®; Generic) Lansoprazole SoluTab (Prevacid®) Omeprazole Granules for Suspension (Prilosec®) Omeprazole Sodium Bicarbonate Rx (Zegerid®; Generic) Pantoprazole (Protonix®) Rabeprazole Sprinkle (Aciphex Sprinkle®) Rabeprazole Tablet (Aciphex®; Generic)	BY, DT, ID BY, DT, ID ID BY, DT, ID BY, DT, ID BY, DT, ID BY, DT, ID BY, DT, ID BY, DT, ID BY, DT, ID BY, DT, ID
DIGESTIVE DISORDERS (10) Ulcerative Colitis Agents	Balsalazide (Generic) Mesalamine ER (Apriso®) Mesalamine Suppository (Canasa®) Sulfasalazine (Generic) Sulfasalazine DR (Generic)		Balsalazide Capsule (Colazal®) Balsalazide Tablet (Gazdo®) Budesonide ER Tablet; Rectal Foam (Uceris®) Mesalamine DR (Authorized Generic; Asacol HD®) Mesalamine DR Capsule (Delzicol®) Mesalamine Rectal; Rectal Kit (Generic; Rowasa®) Mesalamine DR Tablet (Lialda®) Mesalamine ER Capsule (Pentasa®) Olsalazine Capsule (Dipentum®) Sulfasalazine Tablet (Azulfidine®)	



Additional Point-of-Sale (POS) Edits May Apply

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The PDL can be accessed at: <http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf>. The Single PDL will be updated on July 1, 2019 containing new recommendations by the P&T committee, but the link above will remain the same.

Note: Pharmacy claims will process using the Medicaid ID number (white card) for all the MCOs. Bill the claim to fee-for-service Medicaid if you are not sure which MCO the recipient is enrolled in, and the reject will direct you to the appropriate carrier.