



State of Louisiana
Louisiana Department of Health
Bureau of Health Services Financing

MEMORANDUM

DATE: May 15, 2024

TO: All Louisiana Medicaid Prescribing Providers and Pharmacists

FROM: Kimberly Sullivan, Medicaid Executive Director *KCS*

SUBJECT: Louisiana Medicaid Pharmacy Single Preferred Drug List (PDL)
Update – Effective July 1, 2024

Effective July 1, 2024, the Louisiana Medicaid Pharmacy Program is implementing changes to the Single Preferred Drug List (PDL). The Single PDL updates apply to pharmacy claims submitted to Gainwell for FFS and to Magellan for MCOs (Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, and UnitedHealthcare).

The current PDL indicated a preference of some brand name drugs over generic drugs. The revised PDL will shift **both brand and generic** versions of these drugs to preferred status. With the implementation of the new PDL, prescribing providers are advised to note “brand name necessary” on any prescription where they want to ensure pharmacies fill their prescriptions with a brand name drug. If this notation is absent, individual pharmacists will make the decision on whether to fill the prescription with brand or generic drugs.

Pharmacies are advised to begin preparing for the July PDL implementation now with any necessary inventory adjustments.

The new PDL will be posted online when implemented on July 1, 2024 at <https://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf>. The following chart list all drugs that will transition to brand and generic preferred with the exception of Revatio Suspension, which will be generic preferred and brand non-preferred.

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Brand Name	Therapeutic Class	Starting July 1, 2024
Adderall XR	ADD/ADHD: Stimulants and Related Agents	Brand and Generic Preferred
Advair Diskus	ASTHMA/COPD: Glucocorticoids, Inhalation	Brand and Generic Preferred
Advair HFA	ASTHMA/COPD: Glucocorticoids, Inhalation	Brand and Generic Preferred
Alphagan P 0.15%	Glaucoma agents: intraocular pressure (IOP) reducers	Brand and Generic Preferred
Amitiza	GI motility, chronic	Brand and Generic Preferred
Apriso	Digestive disorders: ulcerative colitis agents	Brand and Generic Preferred
Banzel Tablet and Suspension	Anticonvulsants	Brand and Generic Preferred
Bethkis	Infectious disorders: inhaled antibiotics	Brand and Generic Preferred
Carbatrol	Anticonvulsants	Brand and Generic Preferred
Combigan	Glaucoma agents: intraocular pressure (IOP) reducers	Brand and Generic Preferred
Copaxone 20 MG/ML	Multiple sclerosis: immunomodulatory agents	Brand and Generic Preferred
Copaxone 40 MG/ML	Multiple sclerosis: immunomodulatory agents	Brand and Generic Preferred
Depakote Sprinkle	Anticonvulsants	Brand and Generic Preferred
Elidel	Dermatology: atopic dermatitis immunomodulators	Brand and Generic Preferred
Natroba	Dermatology: antiparasitic agents, topical	Brand and Generic Preferred
Nexium Suspension	Digestive disorders: proton pump inhibitors	Brand and Generic Preferred
Pradaxa	Anticoagulants	Brand and Generic Preferred
Protonix Suspension	Digestive disorders: proton pump inhibitors	Brand and Generic Preferred
Renvela Tablet	Hemodialysis: phosphate binders	Brand and Generic Preferred
Restasis	Ophthalmic disorders: antiinflammatory/immunomodulators	Brand and Generic Preferred
Retin-A Cream	Acne agents, topical	Brand and Generic Preferred
Revatio Suspension	Heart disease, hyperlipidemia: pulmonary arterial hypertension (PAH)	Brand non-preferred Generic preferred
Revlimid	Oncology: oral – hematologic	Brand and Generic Preferred

Chart Continued		
Brand Name	Therapeutic Class	Starting July 1, 2024
Sabril Tablet and Powder Pack	Anticonvulsants	Brand and Generic Preferred
Spiriva HFA	Asthma/COPD: bronchodilator, anticholinergics inhalation	Brand and Generic Preferred
Suboxone Film	Opiate dependence agents	Brand and Generic Preferred
Symbicort	Asthma/COPD: glucocorticoids, inhalation	Brand and Generic Preferred
Tegretol XR	Anticonvulsants	Brand and Generic Preferred
Trileptal Suspension	Anticonvulsants	Brand and Generic Preferred
Trokendi XR	Anticonvulsants	Brand and Generic Preferred
Ventolin HFA (other generic albuterol inhalers will remain preferred)	Asthma/COPD: bronchodilator, beta-adrenergic inhalation	Brand and Generic Preferred

Additional Information:

Refer to <http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf> for the PDL, which is inclusive of the *Louisiana Uniform Prescription Drug Prior Authorization Form*, medication list, and criteria.

If you have questions about the content of this memo, you may contact the FFS pharmacy help desk by phone at (800) 437-9101.

FFS pharmacy claims should be submitted to Gainwell Technologies. MCO pharmacy claims should be submitted to Magellan.

If you have questions about pharmacy claims billing, you may contact the appropriate plan at their pharmacy help desk listed in the chart below.

Healthcare Provider	Pharmacy Help Desk	Pharmacy Help Desk Phone Number
Aetna, AmeriHealth Caritas, Healthy Blue, Humana Healthy Horizons, Louisiana Healthcare Connections, UnitedHealthcare	Magellan	(800) 424-1664
Fee for Service	Gainwell Technologies	(800) 648-0790

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Please forward this notice to other providers to assist with notification. Your continued cooperation and support of the Louisiana Medicaid Program efforts to coordinate care and improve health are greatly appreciated.

KS/MBW/GJS

c: Healthy Louisiana Plans
 Melwyn B. Wendt
 Gainwell Technologies
 Magellan