

# PHARMACY FACTS

## Program Updates from Louisiana Medicaid

May 18, 2020 Revised 5/18/2020

### Brand Over Generic List

The Louisiana Department of Health (LDH) scheduled a Pharmaceutical & Therapeutics (P&T) meeting in April 2020. Due to the COVID-19 crisis, the P&T meeting was cancelled. The LDH pharmacy staff reviewed the potential financial and clinical impact provided by Magellan to determine which recommendations are in the best interest of the medical assistance program for brand over generic list. There are times when brand products are preferred over generics because it is beneficial for the state in collecting of rebates.

**NOTE: Preferred brands removed from list are on page two for inventory adjustment purposes.**

Brand Over Generic List for Spring 2020 Effective July 1, 2020		
	Preferred	Require Prior Authorization / Non-Preferred
1	REVATIO® SUSPENSION (ORAL)*	SILDENAFIL SUSPENSION
2	FOCALIN XR® (ORAL)	
3	COPAXONE® 20 MG/ML (SUBCUTANE.)	
4	NATROBA® (TOPICAL)	
5	TRANSDERM-SCOP® (TRANSDERM)*	SCOPOLAMINE TRANSDERMAL
6	TOBRADEX® SUSPENSION (OPHTHALMIC)	
7	PROCENTRA® (ORAL)	
8	CATAPRES-TTS® (TRANSDERM)	
9	ALPHAGAN P® 0.15% (OPHTHALMIC)	
10	HUMALOG® VIAL/PEN (SUBCUTANE.)*	AUTHORIZED GENERIC OF INSULIN LISPRO VIAL/PEN AND ADMELOG® VIAL/SOLOSTAR® PEN
11	NOVOLOG® MIX VIAL/ PEN (SUBCUTANE.)*	AUTHORIZED GENERIC OF INSULIN ASPART/INSULIN ASPART PROTAMINE VIAL/PEN
12	NOVOLOG® PEN/VIAL/CARTRIDGE (SUBCUTANE.)*	AUTHORIZED GENERIC OF INSULIN ASPART PEN/VIAL/CARTRIDGE
13	SUBOXONE® FILM (SUBLINGUAL)	

\*Yellow highlight denotes a new addition to the brand over generic list

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Brand Over Generic Products Removed for Spring 2020 Effective July 1, 2020		
	Preferred	Require Prior Authorization / Non-Preferred
1	OSELTAMIVIR CAPSULE (ORAL)	TAMIFLU® CAPSULE (ORAL)
2	CAPECITABINE	XELODA® (ORAL)
3		RENAGEL® (ORAL) AND SELVELAMER HCL TABLET
4	IMATINIB MESYLATE	GLEEVEC® (ORAL)
5		DERMA-SMOOTH-FS® (TOPICAL) AND FLUOCINOLONE ACETONIDE 0.01% OIL
6	ALBUTEROL HFA	PROVENTIL HFA®
7	AMBRISENTAN TAB	LETAIRIS®
8	SOLIFENACIN TAB	VESICARE®

