

PHARMACY FACTS

Program Updates from Louisiana Medicaid

May 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

PHARMACY FACTS

Program Updates from Louisiana Medicaid

| 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 |

