

**To:** AmeriHealth Caritas Louisiana Providers

**Date:** May 16, 2024

**Subject:** [Informational Bulletin 24-15](#): Preferred Drug List Update for July 1, 2024

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**Informational Bulletins that summarize policies and/or procedures are intended for quick reference and are accurate on the date they are issued.**

**Preferred Drug List Update for July 1, 2024**

AmeriHealth Caritas Louisiana would like to inform you that beginning **July 1, 2024**, Louisiana Medicaid is implementing changes to the [Single Preferred Drug List](#) (PDL).

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. Absent this notation, 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 at the following link when implemented on **July 1, 2024**: <https://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf>. The updated list is posted below. All drugs will transition to brand and generic preferred with the exception of Revatio suspension, as noted in the chart below, which will be non-preferred.

Move generics to preferred status with the brand, except Revatio suspension, starting July 1, 2024.		
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
REVELA TABLET	Hemodialysis: phosphate binders	Brand and generic preferred
RESTASIS	Ophthalmic disorders: anti- inflammatory/immunomodulators	Brand and generic preferred
RETIN-A CREAM	Acne agents, topical	Brand and generic preferred
REVATIO SUSPENSION	Heart disease, hyperlipidemia: pulmonary arterial hypertension (PAH)	<b>Brand non-preferred</b> <b>Generic preferred</b>
REVLIMID	Oncology: oral – hematologic	Brand and generic preferred
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

For additional details, please review [Informational Bulletin 24-15](#).

Questions regarding this message should be directed to AmeriHealth Caritas Louisiana Provider Services at 1-888-922-0007 or your [Provider Network Management Account Executive](#). The Provider Service Department can be reached between 7:00 am and 7:00 pm daily.

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