



## Preferred Drug List Update for July 1, 2024

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 should 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 should 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: [PDL.pdf \(la.gov\)](#). All drugs will transition to brand and generic preferred except for Revatio suspension, as noted in the chart below, which will be non-preferred.

Please note LDH will monitor these changes and determine if adjustments need to be made in the future.

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 HFA	Asthma/COPD: glucocorticoids, inhalation	Brand and generic preferred
ADVAIR DISKUS	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
ELIDELL	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	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	Brand and generic preferred
REVLIMID	Oncology: oral - hematologic	Brand and generic preferred
SABRIL TABLET AND POWDER	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

LDH has published Informational Bulletin 24-15 for your reference [IB24-15.pdf \(la.gov\)](#)

For questions or concerns regarding any bulletin, contact UnitedHealthcare Community Plan at 1-866-675-1607.