

## Louisiana Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)

- The PDL is a list of over 100 therapeutic classes reviewed by the Pharmaceutical & Therapeutics (P&T) committee. In addition, there are medications and/or classes of medications that are not reviewed by the committee. Unless there is a clinical pre-authorization requirement for the entire class (as noted on the last page of the PDL) these medications will continue to be covered without prior authorization. **Examples:** **spironolactone, hydrochlorothiazide, amoxicillin suspension**
- To locate any medication on this list, you may use the keyboard shortcut **CTRL + F** to search.
- There is a mandatory generic substitution **unless** the brand is preferred, and the generic is non-preferred. When the brand is preferred and the generic is non-preferred, no special notations are required by the prescriber and the pharmacist enters “9” in the DAW field 408-D8.
- When the brand is non-preferred and the prescriber has determined it to be medically necessary, “Brand medically necessary” or “Brand necessary” must be written on the prescription in the prescriber’s handwriting or via an electronic prescription and the pharmacist enters “1” in the DAW field 408-D8. For more information, please [\*\*CLICK THIS LINK\*\*](#) to the provider manual.
- New medications that enter the marketplace in classes reviewed by P&T committee will be considered non-preferred requiring prior authorization until the next P&T committee meeting. Please refer to the following criteria: [\*\*New Drugs Introduced into the Market / Non-Preferred\*\*](#)
- Medications listed as non-preferred are available through the prior authorization process. Each Managed Care Organization (MCO) and Fee for Service (FFS) have their own prior authorization departments.
- Any statement highlighted and underlined in blue is a hyperlink to go directly to forms and/or clinical criteria for medications with an explanation of the purpose and the requirements. **Example:** [\*\*Request Form\*\*](#)
- For medications that require a diagnosis code at the pharmacy, please [\*\*CLICK THIS LINK\*\*](#).
- This PDL/NPDL applies only to medications dispensed in the outpatient retail pharmacy setting.

DIABETIC SUPPLY LIST LINKS BY PLAN	Prior Authorization Information Phone Numbers for MCOs and FFS
<a href="#"><u>AETNA</u></a>	Aetna Better Health of Louisiana <b>1-855-242-0802</b>
<a href="#"><u>AMERIHEALTH CARITAS LA</u></a>	AmeriHealth Caritas Louisiana <b>1-800-684-5502</b>
<a href="#"><u>HEALTHY BLUE</u></a>	Healthy Blue <b>1-844-521-6942</b>
<a href="#"><u>LOUISIANA HEALTHCARE CONNECTIONS</u></a>	Louisiana Healthcare Connections <b>1-888-929-3790</b>
<a href="#"><u>UNITEDHEALTHCARE</u></a>	UnitedHealthcare <b>1-800-310-6826</b>
	Fee-for-Service (FFS) Louisiana Legacy Medicaid <b>1-866-730-4357</b>
<b>Click this Link to View Quantity Limits for Diabetic Test Strips and Lancets for FFS and All MCOs</b>	