



PROVIDER BULLETIN

No. 18-11

DATE: July 3, 2018

TO: All Providers Participating in Nebraska Medicaid Program

FROM: Matthew A. Van Patton, DHA, Director
Division of Medicaid & Long-Term Care

BY: Jenny Minchow, R.P., Pharm. D, Pharmacy Consultant

RE: Preferred Drug List Changes

Please share this information with administrative, clinical, and billing staff.

On May 2, 2018, the Nebraska Medicaid Pharmaceutical and Therapeutics Committee reviewed 62 therapeutic classes of drugs on the Preferred Drug List (PDL). Changes to the reviewed therapeutic classes will be implemented **July 19, 2018**. The list that follows includes the changes only. It is not the complete PDL.

CHANGES to the drug classes follow.

PREFERRED	NON-PREFERRED
ACNE AGENTS, TOPICAL	
clindamycin/benzoyl peroxide (generic for Duac)	AVAR (sulfacetamine sodium/sulfur) BENZAACLIN W/PUMP (clindamycin/benzoyl peroxide) benzoxyl peroxide CLEANSER, CLEANSING BAR, OTC NEUAC (clindamycin/benzoyl peroxide) OVACE PLUS (sulfacetamind sodium)
ANALGESICS, OPIOID LONG-ACTING	
EMBEDA (morphine sulfate/naltrexone)	buprenorphine TRANSDERMAL (generic for Butrans) MORPHABOND (morphine sulfate)

PREFERRED	NON-PREFERRED
ANALGESICS, OPIOID SHORT-ACTING	
	butalbital/caffeine/APAP w/codeine butalbital compound w/codeine (butalbital/ASA/caffeine/codeine) carisoprodol compound-codeine (carisoprodol/ASA/codeine) FIORINAL/CODEINE (butalbital/ASA/codeine/caffeine) OXYDO (oxycodone)
ANTIBIOTICS, GASTROINTESTINAL	
	paromomycin SOLOSEC (secnidazole)
ANTIEMETICS/ANTIVERTIGO AGENTS	
	BONJESTA (doxylamine/pyridoxine) SYNDROS (dronabinol)
ANTIFUNGALS, TOPICAL	
	KERIDYN (tavaborole) miconazole OTC OINTMENT, SPRAY tolnaftate SPRAY, OTC
ANTIMIGRAINE AGENTS, TRIPTANS	
sumatriptan KIT (mfr SUN)	

PREFERRED	NON-PREFERRED
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ANTIVIRALS, ORAL	
	rimantadine (generic for Flumadine)
BETA BLOCKERS, ORAL	
bisoprolol (generic for Zebeta)	
BLADDER RELAXANT PREPARATIONS	
	flavoxate
BONE RESORPTION SUPPRESSION AND RELATED DRUGS	
	TYMLOS (abaloparatide)
CALCIUM CHANNEL BLOCKERS, ORAL	
	nifedipine (generic for Procardia)
CEPHALOSPORINS AND RELATED ANTIBIOTICS, ORAL	
SUPRAX CAPSULE, CHEWABLE TABLET (cefixime)	amoxicillin/clavulanate, CHEWABLE cefixime SUSPENSION (generic for Suprax) DAXBIA (cephalexin)
CONTRACEPTIVES, ORAL	
ethynodiol d-ethinyl estradiol levonorgestrel/ethinyl estradiol melodotta 24 FE (norethindrone-e. estradiol/iron) my choice otc (levonorgestrel)	
CYSTIC FIBROSIS, ORAL	
	SYMDEKO (tezacaftor/ivacaftor)
DIURETICS	
	CAROSPIR (spironolactone) SUSPENSION methyclothiazide TABLET
FLUOROQUINOLONES, ORAL	
	BAXDELA (delafloxacin)
GI MOTILITY, CHRONIC	
MOVANTIK (naloxegol oxalate)	SYMPROIC (naldemedine)
HEPATITIS B TREATMENTS	
entecavir TABLET lamivudine hbv TABLET	adefovir dipivoxil BARACLUDE (entecavir) SOLUTION, TABLET EPIVIR HBV (lamivudine) TABLET, SOLUTION HEPSERA (adefovir dipivoxil) VEMLIDY (tenofovir alafenamide fumarate)
HIV / AIDS HIV CCR5 ANTAGONISTS	
SELZENTRY SOLN, TAB (maraviroc)	
HIV / AIDS CYTOCHROME P450 INHIBITORS	
TYBOST (cobicitat)	
HIV / AIDS FUSION INHIBITORS	
FUZEON SUB-Q (enfuvirtide)	
HIV / AIDS INTEGRASE INHIBITORS	
GENVOYA (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide) ISENTRESS CHEW TAB, POWDER PACK, TAB (raltegravir) ISENTRESS HD (raltegravir) JULUCA (dolutegravir/rilpivirine) TIVICAY (dolutegravir)	

PREFERRED	NON-PREFERRED
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HIV / AIDS NNRTIs	
EDURANT (rilpivirine) INTELENCE (etravirine) nevirapine TAB (generic for Viramune) nevirapine er (generic for Viramune XR) RESCRIPTOR (delavirdine) SUSTIVA CAP, TAB (efavirenz) VIRAMUNE SUSP nevirapine) abacavir SOLN, TAB (generic for Ziagen) didanosine CAP DR (generic for Videx EC) EMTRIVA CAP, SOLN (emtricitabine) lamivudine SOLN, TAB (generic for EpiVir) stavudine CAP, SOLN (generic for Zerit) VIDEX SOLN (didanosine) VIREAD (tenofovir disoproxil fumarate) zidovudine CAP, SYRUP, TAB (generic for Retrovir)	efavirenz (generic for Sustiva) VIRAMUNE (nevirapine) VIRAMUNE XR (nevirapine extended release) EPIVIR (lamivudine) RETROVIR (zidovudine) tenofovir disoproxil fumarate (generic for Viread) VIDEX EC (didanosine) ZERIT SOLN (stavudine) ZIAGEN (abacavir)
HIV / AIDS NRTI COMBINATIONS	
abacavir/lamivudine (generic for EPZICOM) abacavir/lamivudine/zidovudine (generic for Trizivir) ATRIPLA (tenofovir disoproxil fumarate/emtricitabine/efavirenz) BIKTARVY (bictegravir/emtricitabine/tenofovir alafenamide) COMPLERA (rilpivirine/emtricitabine/tenofovir disoproxil fumarate) DESCOVY (emtricitabine/tenofovir alafenamide) lamivudine/zidovudine (generic for COMBIVIR) ODEFSEY (emtricitabine/rilpivirine/tenofovir alafenamide) STRIBILD (elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate) TRIUMEQ (dolutegravir/abacavir/lamivudine) TRUVADA (tenofovir disoproxil fumarate/emtricitabine)	COMBIVIR (zidovudine/lamivudine) EPZICOM (abacavir sulfate/lamivudine) TRIZIVIR (abacavir/zidovudine/lamivudine)

PREFERRED	NON-PREFERRED
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HIV / AIDS PROTEASE INHIBITORS

<p>APTIVUS CAP, SOLN (tipranavir) CRIXIVAN (indinavir) EVOTAZ (atazanavir sulfate/cobicistat) INVIRASE (saquinavir) KALETRA TAB (lopinavir/ritonavir) LEXIVA SUSP, TAB (fosamprenavir) lopinavir/ritonavir SOLN (generic for Kaletra) NORVIR SOLN, TAB (ritonavir) PREZCOBIX (darunavir/cobicistat) PREZISTA SUSP, TAB (darunavir) REYATAZ CAP, POWDER PACK (atazanavir) VIRACEPT (nelfinavir)</p>	<p>atazanavir (generic for Reyataz) fosamprenavir TABLET (generic for Lexiva) ritonavir TAB (generic for Norvir) KALETRA SOLN (lopinavir/ritonavir)</p>
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**HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS
 GLUCAGON-LIKE PEPTIDE-1 RECEPTOR AGONIST (GLP-1 RA)**

	<p>BYDUREON BCISE PEN (exenatide) OZEMPIC (semaglutide)</p>
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**HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS
 DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR**

<p>GLYXAMBI (empagliflozin/linagliptin)</p>	<p>QTERN (dapagliflozin/saxagliptin) STEGLUJAN (ertugliflozin/sitagliptin)</p>
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HYPOGLYCEMICS, INSULIN AND RELATED DRUGS

<p>HUMALOG MIX PEN (insulin lispro/lispro protamine)</p>	<p>ADMELOG (insulin lispro) PEN, VIAL FIASP (insulin aspart) PEN, VIAL HUMALOG JR. (insulin lispro) U-100 PEN</p>
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HYPOGLYCEMICS, SGLT2

<p>JARDIANCE (empagliflozin)</p>	<p>SEGLUOMET (ertugliflozin/metformin) STEGLATRO (ertugliflozin) SYNJARDY XR (empagliflozin/ metformin)</p>
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PREFERRED	NON-PREFERRED
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IMMUNOSUPPRESSIVES, ORAL

<p>azathioprine cyclosporine CAPSULE, cyclosporine, modified CAPSULE mycophenolate mofetil CAPSULE, TABLET RAPAMUNE (sirolimus) SOLUTION sirolimus tacrolimus</p>	<p>ASTAGRAF XL (tacrolimus) AZASAN (azathioprine) CELLCEPT (mycophenolate mofetil) CAPSULE, SUSPENSION, TABLET cyclosporine, modified SOLUTION, SOFTGEL ENVARSUS XR (tacrolimus) IMURAN (azathioprine) mycophenolate mofetil SUSPENSION mycophenolic acid (mycophenolate sodium) MYFORTIC (mycophenolate sodium) NEORAL (cyclosporine, modified) CAPSULE, SOLUTION PROGRAF (tacrolimus) RAPAMUNE (sirolimus) SANDIMMUNE (cyclosporine) CAPSULE, SOLUTION ZORTRESS (everolimus)</p>
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LINCOSAMIDES / OXAZOLIDINONES / STREPTOGRAMINS

<p>clindamycin CAPSULE clindamycin palmitate SOLUTION linezolid TABLET</p>	<p>CLEOCIN (clindamycin hcl) CAPSULE CLEOCIN PALMITATE (clindamycin palmitate hcl) linezolid SUSPENSION SIVEXTRO (tedizolid phosphate) ZYVOX (linezolid) SUSPENSION, TABLET</p>
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LIPOTROPICS, OTHER FIBRIC ACID DERIVATIVES

	fenofibric acid (generic for Trilipix)
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LIPOTROPICS, OTHER CHOLESTEROL ABSORPTION INHIBITORS

ezetimibe (generic for Zetia)	
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PAH (PULMONARY ARTERIAL HYPERTENSION AGENTS, ORAL AND INHALED)

	TRACLEER TABLETS FOR SUSPENSION (bosentan)
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PREFERRED	NON-PREFERRED
PEDIATRIC VITAMIN PREPARATIONS	
CHILD LITTLE ANIMALS VITAMINS CHEW OTC (pedi multivit 91/iron fum) CHEW	AQUADEKS (pedi multivit 40/phytonadione)
child multivitamins chew otc (pedi multivit 19/folic acid) CHEW	ESCAVITE (pedi multivit 47/iron/fluoride)
CHILDREN'S CHEW MULTIVIT-IRON OTC (pedi multivit 91/iron fum) CHEW	ESCAVITE D (pedi multivit 78/iron/fluoride) CHEW
children's chewables otc (pedi multivit 23/folic acid) CHEW	ESCAVITE LQ (pedi multivit 86/iron/fluoride)
children's vitamins with iron otc (pedi multivit/iron)	FLORIVA (pedi multivit 85/fluoride) CHEW
FLINTSTONES OTC (pedi multivit) CHEW	FLORIVA PLUS (pedi multivit 130/fluoride) DROPS
FLINTSTONES MULTI-VIT OTC (pedi multivit 43/iron fum) GUMMIES	multivit A, B, D, E, K, ZN (pediatric multivit 153/D3/K)
fluoride/vitamins A,C,AND D (ped multivit A,C,D3, 21/fluoride) DROPS	POLY-VI-FLOR (pedi multivit 33/fluoride) CHEW
multivitamins with fluoride (pedi multivit 2/fluoride) DROPS	POLY-VI-FLOR (pedi multivit 37/fluoride) DROPS
multivits with iron and fluoride (pedi multivit 45/fluoride/iron) DROPS	POLY-VI-FLOR w/IRON (pedi multivit 33/fluoride/iron) CHEW
MVC-FLUORIDE (pedi multivit 12/fluoride) CHEW TAB	POLY-VI-FLOR w/IRON (pedi multivit 37/fluoride/iron) DROPS
ped mvit A,C,D3,No 21/fluoride DROPS	QUFLORA (pedi multivit 84/fluoride)
pedi mvi no. 16 with fluoride CHEW	QUFLORA FE (pedi multivit 142/iron/fluoride)
pedi mvi 17 with fluoride CHEW	TRI-VI-FLORO (ped multivit A, C, D3, 38/fluoride)
POLY-VI-SOL OTC (pedi multivit 81) DROPS	
POLY-VI-SOL WITH IRON (pedi multivit 80/ferrous sulfate) DROPS	
TRI-VI-SOL OTC (vit A palmitate/vit C/Vit D3) DROPS	
VITALETS OTC (pedi multivit 36/iron) CHEW	

PREFERRED	NON-PREFERRED
PHOSPHATE BINDERS	
	PHOSLYRA (calcium acetate)
PRENATAL VITAMINS	
	Pnv2.iron b-g suc-p/fa/omega-3 (prenatal 2/iron/folic acid/om3) EXPECTA PRENATAL OTC (Prenatal 116/iron/folic acid/dha)
TETRACYCLINES	
	XIMINO (minocycline ER) CAPSULE,

For the complete listing of the PDL with upcoming changes, please see the Pharmacy Magellan Medicaid Administration website at <https://nebraska.fhsc.com> under the *Preferred Drug List* Tab: (***PDL Changes, effective 07/19/2018***). Changes to the reviewed therapeutic classes are listed in *italics* on the posted PDL to be implemented **July 19, 2018**.

Prior authorization criteria for certain preferred and non-preferred drugs may also be found on the website named above. Requests for prior authorization should be submitted to the client's plan:

Nebraska Total Care

Phone: 1-844-330-7852, or

Fax: 1-866-399-0929, or

www.covermymeds.com/epa/envolverx/

UnitedHealthcare Community Plan of Nebraska

Phone: 1-800-310-6826, or

Fax: 1-866-940-7328, or
www.unitedhealthcareonline.com

WellCare of Nebraska
Phone: 1-855-599-3811, or
Fax: 1-877-276-9630, or
www.wellcare.com/en/nebraska

Nebraska Medicaid Fee-For-Service (Magellan Rx)
Phone: 1-800-241-8335, or
Fax: 1-866-759-4115, or
https://nebraska.fhsc.com/Downloads/NEfaxform_MedicalNecessity-201210.pdf

For further information contact Jenny Minchow R.P., Pharm.D at (402) 471-9109, or email at dhhs.MedicaidPharmacyunit@nebraska.gov.

Medicaid Provider Bulletins, such as this one, are posted on the DHHS website at http://dhhs.ne.gov/medicaid/Pages/med_pb_index.aspx. The “Recent Web Updates” page will help you monitor changes to the Medicaid pages.