




## PROVIDER BULLETIN

**No. 19-03**

DATE: January 8, 2019

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., PharmD., Pharmacy Consultant

RE: Preferred drug list changes and Hepatitis C criteria changes

This provider bulletin is being issued to notify Medicaid providers of upcoming changes to the Nebraska Medicaid preferred drug list recommended at the November 2018 pharmaceutical and therapeutics committee meeting. In addition, coverage criteria for treatment of Hepatitis C virus will change in 2019.

### Hepatitis C

On January 1, 2019, coverage criteria for Hepatitis C will be extended to provide authorization for payment of antiviral treatment for Medicaid-eligible individuals with METAVIR fibrosis score of F2. Prior authorization requests should be submitted to the member's health plan with documentation of fibrosis level either by liver biopsy or other supportive laboratory or radiographic documentation. Revised authorization criteria will be posted under the prior authorization tab in 2019 on <https://nebraska.fhsc.com/>.

### Preferred Drug List

On November 7, 2018, the Nebraska Medicaid pharmaceutical and therapeutics committee reviewed 53 therapeutic classes of drugs on the preferred drug list (PDL). Changes recommended by the committee to the reviewed therapeutic classes will be implemented **January 17, 2019**. The list that follows includes the changes only. It is not the complete PDL.

**CHANGES** to the drug classes follow.

PREFERRED	NON-PREFERRED
<b>ANTIHYPERTENSIVES</b>	
	DUZALLO (allopurinol/lesinurad)
<b>ANTIPARKINSON'S DRUGS, ORAL/OTHER</b>	
	GOCOVRI (amantadine) OSMOLEX ER (amantadine)

PREFERRED	NON-PREFERRED
<b>ANTIPSORIATICS, TOPICAL</b>	
calcipotriene OINTMENT	
<b>COLONY STIMULATING FACTORS</b>	
	NIVESTYM (filgrastim-aafi)

PREFERRED	NON-PREFERRED
<b>COPD (CHRONIC OBSTRUCTIVE PULMONARY DISEASE) AGENTS / INHALERS</b>	
COMBIVENT RESPIMAT (albuterol/ ipratropium)	
STIOLTO RESPIMAT (tiotropium/olodaterol)	
<b>COPD (CHRONIC OBSTRUCTIVE PULMONARY DISEASE) AGENTS / INHALATION SOLUTION</b>	
	LONHALA (glycopyrrolate inhalation soln)
<b>CYTOKINE &amp; CAM ANTAGONISTS</b>	
ENBREL (etanercept) MINI CART	ILUMYA (tildrakizumab) OLUMIANT (baricitinib)
<b>ENZYME REPLACEMENT, GAUCHERS DISEASE</b>	
ZAVESCA (miglustat)	
<b>ERYTHROPOIESIS STIMULATING PROTEINS</b>	
RETACRIT (EPOETIN ALFA-epbx)	EPOGEN (rHuEPO) PROCRIPT (rHuEPO)
<b>GLUCOCORTICOID, INHALED</b>	
	QVAR REDHALER (beclomethasone)
<b>GLUCOCORTICOID, INHALED/ GLUCOCORTICOID/BRONCHODILATOR COMBINATIONS</b>	
	TRELEGY ELLIPTA (fluticasone/umeclidinium/ vilanterol)
<b>GLUCOCORTICOID, ORAL</b>	
	methylprednisolone 8mg, 16mg prednisone SOLUTION
<b>HEMOPHILIA TREATMENTS/FACTOR VIII</b>	
	ADYNOVATE ELOCTATE HELIXATE FS HEMOFIL-M JIVI KOATE-DVI KIT, VIAL KOGENATE FS KOVALTREY
<b>HEMOPHILIA TREATMENTS/FACTOR IX</b>	
	ALPHANINE SD ALPROLIX BEBULIN IXINITY REBINYN RIXUBIS
<b>HEMOPHILIA TREATMENTS/ FACTOR VIIa AND PROTHROMBIN COMPLEX-PLASMA DERIVED</b>	
	FEIBA NF
<b>HEMOPHILIA TREATMENTS/ FACTOR X AND XIII PRODUCTS</b>	
CORIFACT	
<b>HEMOPHILIA TREATMENTS/ OTHER</b>	
	HEMLIBRA
<b>IMMUNOMODULATORS, TOPICAL</b>	
	podofilox (generic for Condylox) VEREGEN (sinecatechins)
<b>INTRANASAL RHINITIS DRUGS/ ANTIHISTAMINES</b>	

PREFERRED	NON-PREFERRED
	azelastine 0.15% (generic for Astepro) olopatadine (generic for Patanase)
<b>INTRANASAL RHINITIS DRUGS/ CORTICOSTEROIDS</b>	
	XHANCE (fluticasone)
<b>ONCOLOGY AGENTS, ORAL, BREAST CANCER/ CDK 4/6 INHIBITOR</b>	
IBRANCE (palbociclib)	VERZENIO (abemaciclib)
<b>ONCOLOGY AGENTS, ORAL, HEMATOLOGIC/ AML</b>	
	TIBSOVO (ivosidenib)
<b>ONCOLOGY AGENTS, ORAL, HEMATOLOGIC/ CML</b>	
	TASIGNA (nilotinib)
<b>ONCOLOGY AGENTS, ORAL, HEMATOLOGIC/ OTHER</b>	
	CALQUENCE (acalabrutinib)
<b>ONCOLOGY AGENTS, ORAL, LUNG/ ALK</b>	
ALECENSA (alectinib)	
<b>ONCOLOGY AGENTS, ORAL, LUNG/ EGFR</b>	
TAGRISSO (osimertinib)	
<b>ONCOLOGY AGENTS, ORAL, PROSTATE</b>	
	ERLEADA (apalutamide) YONSA (abiraterone acet, submicronized)
<b>ONCOLOGY AGENTS, ORAL, RENAL</b>	
LENVIMA (lenvatinib)	AFINITOR (everolimus)
<b>ONCOLOGY AGENTS, ORAL, SKIN/ BASAL CELL</b>	
	ODOMZO (sonidegib)
<b>ONCOLOGY AGENTS, ORAL, SKIN/ BRAF MUTATION</b>	
BRAFTOVI (encorafenib) MEKTOVI (binimetinib)	
<b>OPHTHALMICS, ANTIBIOTICS/ FLUOROQUINOLONES</b>	
	VIGAMOX (moxifloxacin)
<b>OPHTHALMICS, ANTIBIOTIC-STEROID COMBINATIONS</b>	
	PRED-G SUSPENSION, OINTMENT (prednisolone/gentamicin)
<b>OPHTHALMICS, ANTI-INFLAMMATORIES/ CORTICOSTEROIDS</b>	
	FLAREX (fluorometholone)
<b>OPHTHALMICS, ANTI-INFLAMMATORIES/ NSAID</b>	
ketorolac 0.5% (generic for Acular)	
<b>OPHTHALMICS, GLAUCOMA/ SYMPATHOMIMETICS</b>	
	Alphagan P (brimonidine 0.15%)
<b>OPHTHALMICS, GLAUCOMA/ BETA BLOCKERS</b>	
	carteolol (generic for Ocupress)
<b>OPHTHALMICS, GLAUCOMA/ PROSTAGLANDIN ANALOGS</b>	
	VYZULTA (latanoprostene)
<b>OPHTHALMICS, GLAUCOMA/ OTHER</b>	
RHOPRESSA (netarsudil)	
<b>PROGESTERONE (hydroxyprogesterone caproate)</b>	
MAKENA AUTO INJECTOR (hydroxyprogesterone caproate) <i>*due to drug availability , this change took place Nov. 1, 2018</i>	
<b>STERIODS, TOPICAL/ LOW POTENCY</b>	
	ALA-CORT (hydrocortisone) ALA-SCALP HP (hydrocortisone)
<b>STIMULANTS AND RELATED ADHD DRUGS/ AMPHETAMINE TYPE</b>	
	ADZENYS ER (amphetamine)

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 01/17/2019*). Changes to the reviewed therapeutic classes are listed in *italics* on the posted PDL to be implemented **January 17, 2019**.

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 health plan:

Nebraska Total Care

Phone: 1-844-330-7852, or

Fax: 1-866-399-0929, or

[www.covermy meds.com/epa/envolverx/](http://www.covermy meds.com/epa/envolverx/)

UnitedHealthcare Community Plan of Nebraska

Phone: 1-800-310-6826, or

Fax: 1-866-940-7328, or

[www.unitedhealthcareonline.com](http://www.unitedhealthcareonline.com)

WellCare of Nebraska

Phone: 1-855-599-3811, or

Fax: 1-877-276-9630, or

[www.wellcare.com/en/nebraska](http://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](https://nebraska.fhsc.com/Downloads/NEfaxform_MedicalNecessity-201210.pdf)

For further information contact email at [DHHS.MedicaidPharmacyunit@nebraska.gov](mailto:DHHS.MedicaidPharmacyunit@nebraska.gov).

Medicaid provider bulletins, like this one, are posted on the DHHS website at [http://dhhs.ne.gov/medicaid/Pages/med\\_pb\\_index.aspx](http://dhhs.ne.gov/medicaid/Pages/med_pb_index.aspx). The "Recent Web Updates" page will help you monitor changes to the Medicaid pages.