


**To:** All Providers Participating in the Nebraska Medicaid Program  
**From:** Jeremy Brunssen, Interim Director   
**Date:** June 23, 2020  
**Re:** Nebraska State Preferred Drug List (PDL) Changes

This provider bulletin is being issued to notify Medicaid providers of upcoming changes to the Nebraska Medicaid preferred drug list reviewed at the May 2020 Pharmaceutical and Therapeutics committee meeting.

On May 13, 2020, the Nebraska Medicaid Pharmaceutical and Therapeutics Committee convened through a virtual meeting and reviewed 67 therapeutic classes of drugs on the preferred drug list. Changes reviewed by the committee will be implemented **July 16, 2020**.

**Highlighted changes:** Two new therapeutic classes were added to the preferred drug list, Glucagon Agents and HAE (Hereditary Angioedema) Treatments. The HAE class prior authorization forms will be available and posted under the prior authorization tab by the implemented date of July 16, 2020 at <https://nebraska.fhsc.com>.

**GLUCAGON AGENTS<sup>QL</sup>**

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
<p><i>glucagon</i> <b>INJECTION</b>  <b>PROGLYCEM</b> (diazoxide) <b>SUSP</b>  <b>GLUCAGON EMERGENCY</b> (glucagon)  <b>INJ KIT</b> (Lilly)  <b>BAQSIMI</b> (glucagon)<sup>AL</sup> <b>NASAL</b></p>	<p><i>diazoxide</i> <b>SUSP</b> (generic Proglycem)  <b>GLUCAGON EMERGENCY</b>                      (glucagon) <b>INJ KIT</b> (Fresenius)  <b>GVOKE</b> (glucagon)<sup>AL</sup> <b>PEN, SYRINGE</b></p>	<ul style="list-style-type: none"> <li>Non-preferred agents will be approved for patients who have failed a trial of ONE preferred agent within this drug class</li> </ul> <p>Drug Specific Criteria:</p> <ul style="list-style-type: none"> <li><b>Baqsimi</b> approved for patients who have a contraindication to other dosage forms</li> </ul>

## HAE TREATMENTS<sup>CL</sup>

Preferred Agents	Non-Preferred Agents	Prior Authorization/Class Criteria
<p><i>BERINERT (C1 esterase inhibitor, human) <b>INTRAVENOUS</b></i></p> <p><i>FIRAZYR (icatibant acetate)<sup>AL</sup> <b>SUB-Q</b></i></p> <p><i>HAEGARDA (C1 esterase inhibitor, human)<sup>AL</sup> <b>SUB-Q</b></i></p>	<p><i>CINRYZE (C1 esterase inhibitor, human)<sup>AL</sup> <b>INTRAVENOUS</b></i></p> <p><i>icatibant acetate (generic for FIRAZYR)<sup>AL</sup> <b>SUB-Q</b></i></p> <p><i>KALBITOR (ecallantide)<sup>AL</sup> <b>SUB-Q</b></i></p> <p><i>RUCONEST (recombinant human C1 inhibitor)<sup>AL</sup> <b>INTRAVENOUS</b></i></p> <p><i>TAKHZYRO (lanadelumab-flyo)<sup>AL</sup> <b>SUB-Q</b></i></p>	<ul style="list-style-type: none"> <li>• All agents require documentation of diagnosis of Type I or Type II HAE and deficient or dysfunctional C1 esterase inhibitor enzyme. Concomitant use with ACE inhibitors, NSAIDs, and estrogen-containing products is contraindicated</li> <li>• All prophylaxis agents (Haegarda, Takhzyro and Cinryze) require a history of two or more HAE attacks monthly, and trial and failure or contraindication to oral danazol</li> <li>• Non-preferred agents will be approved for patients who have a failed trial or a contraindication to ONE preferred agent within this drug class</li> </ul>

To see other approved changes, please visit the following link:

<https://nebraska.fhsc.com/PDL/PDLlistings.asp>

Prior authorization criteria for certain preferred and non-preferred drugs may also be found on the website at <https://nebraska.fhsc.com>. Requests for prior authorization should be submitted to the patient's plan:

### Nebraska Total Care

Phone: 1 (844) 385-2192, 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: (866) 331-2243, or

Fax: 1 (866) 940-7328, or

<https://www.uhcprovider.com/en/health-plans-by-state/nebraska-health-plans/ne-comm-plan-home/ne-cp-pharmacy.html>

### WellCare of Nebraska

Phone: 1 (855) 599-3811, or

Fax: 1 (877) 276-9630, or

<https://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)

If you have questions regarding this bulletin, please contact via email at:

[DHHS.MedicaidPharmacyUnit@nebraska.gov](mailto:DHHS.MedicaidPharmacyUnit@nebraska.gov)

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