




## PROVIDER BULLETIN

No. 19-11

DATE: July 15, 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: 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 2019 pharmaceutical and therapeutics committee meeting.

On May 15, 2019, the Nebraska Medicaid pharmaceutical and therapeutics committee reviewed 66 therapeutic classes of drugs on the preferred drug list. Changes reviewed by the committee will be implemented **July 18, 2019**. The list, which follows on page 3, includes the CHANGES only. It is not the complete PDL.

For the complete listing of the PDL with upcoming changes, including all preferred drugs per therapeutic class, please see the Pharmacy Magellan Medicaid Administration website at <https://nebraska.fhsc.com> under the *Preferred Drug List* Tab: (**May 2019 P&T Changes, effective 07/18/2019**). Changes to the reviewed therapeutic classes are listed in *italics* on the posted PDL to be implemented **July 18, 2019**.

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

Nebraska Total Care  
Phone: 1-844-330-7852, or  
Fax: 1-877-386-4695, or  
[www.covermyeds.com/epa/envolverx/](http://www.covermyeds.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)

Provider Bulletins, such as this one, are posted on the DHHS website at <http://dhhs.ne.gov/pages/Medicaid-Provider-Bulletins.aspx>. Please subscribe to the page to help you stay up to date about new Provider Bulletins.

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Nebraska Medicaid PDL CHANGES Effective July 18, 2019

Please reference complete listing of PDL for all preferred drugs in each therapeutic class:

<https://nebraska.fhsc.com>

PREFERRED	NON-PREFERRED	PREFERRED	NON-PREFERRED
<b>ACNE AGENTS, TOPICAL</b>		<b>HIV / AIDS</b>	
	Altreno (tretinoin) Plixda Swab (adapalene)	atazanavir <b>CAP</b> (generic for Reyataz)	REYATAZ <b>CAP, POWDER PACK</b> (atazanavir)
<b>ANALGESICS, OPIOID LONG-ACTING</b>		tenofovir disoproxil fumarate <b>TAB</b> (generic for Viread)	VIREAD (tenofovir disoproxil fumarate)
	Hysingla ER (hydrocodone extended release)	CIMDUO (lamivudine/tenofovir disoproxil fumarate) DELSTRIGO (doravirine/lamivudine/tenofovir disoproxil fumarate) <sup>QL</sup>	APTIVUS (tipranavir) CRIXIVAN (indinavir) didanosine <b>CAP DR</b> (generic for Videx EC) INVIRASE (saquinavir) JULUCA (dolutegravir/rilpivirine) nevirapine <b>TAB</b> (generic for Viramune) nevirapine er (generic for Viramune XR) NORVIR <b>POWDER PACK</b> NORVIR <b>SOLN</b> (ritonavir) RESCRIPTOR (delavirdine) stavudine <b>CAP</b> (generic for Zerit) VIDEX <b>SOLN</b> (didanosine) VIRACEPT (nelfinavir) VIRAMUNE <b>SUSP</b> ,
<b>ANALGESICS, OPIOID SHORT-ACTING</b>		PIFELTRO (doravirine) SYMFI (efavirenz/lamivudine/tenofovir disoproxil fumarate) SYMFI LO (efavirenz/lamivudine/tenofovir disoproxil fumarate) SYMTOZA (darunavir, cobicistat, emtricitabine, tenofovir alafenamide)	
<b>ANDROGENIC DRUGS (Topical)</b>		<b>IMMUNOSUPPRESSIVES, ORAL</b>	
testosterone (generic for Vogelxo)	Androgel (testosterone)		cyclosporine <b>CAPSULE</b> sirolimus <b>TABLET</b>
<b>ANGIOTENSIN MODULATOR/ CALCIUM CHANNEL BLOCKER COMBINATIONS</b>		<b>LIPOTROPICS, STATINS</b>	
amlodipine/valsartan (generic for Exforge) amlodipine/valsartan/ HCTZ (generic for Exforge HCT)			ZYPITAMAG (pitavastatin)
<b>ANTIBIOTICS, GASTROINTESTINAL</b>		<b>MULTIPLE SCLEROSIS DRUGS</b>	
FIRVANQ (vancomycin) <b>SOLUTION</b>		TECFIDERA (dimethyl fumarate)	
<b>ANTIBIOTICS, INHALED</b>		<b>OPIOID DEPENDENCE TREATMENTS</b>	
	ARIKAYCE (amikacin liposomal inh susp)		LUCEMYRA (lofexidine)
<b>ANTIBIOTICS, VAGINAL</b>		<b>PLATELET AGGREGATION INHIBITORS</b>	
NUVESSA (metronidazole, vaginal) VANDAZOLE (metronidazole, vaginal)		prasugrel (generic for Effient)	
<b>ANTIFUNGALS, ORAL</b>		<b>TETRACYCLINES</b>	
	TOLSURA (itraconazole)	doxycycline monohydrate <b>SUSP, TAB</b> minocycline HCL <b>TABLET</b> (generic for Dynacin, Myrac)	NUZYRA (omadacycline)
<b>ANTIMIGRAINE AGENTS, OTHER</b>		<b>THYROID HORMONES</b>	
EMGALITY (galcanezumab-gnlm)	AIMOVIG (erenumab-aooe) AJOVY (fremanezumab-vfrm)		TIROSINT-SOL (LIQUID) (levothyroxine)
<b>ANTIPARASITICS, TOPICAL</b>		<b>ULCERATIVE COLITIS</b>	
	CROTAN (crotamiton) VANALICE (piperonyl butoxide/pyrethrins)	mesalamine rectal (generic Rowasa)	
<b>ANTIVIRALS, ORAL</b>		<b>UTERINE DISORDER TREATMENT - ENDOMETRIOSIS</b>	
oseltamivir (generic for Tamiflu)	RELENZA (zanamivir) XOFLUZA (baloxavir marboxil)	ORILISSA (elagolix sodium)	
<b>BETA BLOCKERS, ORAL</b>		<b>VASODILATORS, CORONARY</b>	
	KAPSPARGO SPRINKLE (metoprolol ER)		NITROSTAT <b>SUBLINGUAL</b> (nitroglycerin)
<b>CEPHALOSPORINS</b>			
	SUPRAX (cefixime)		
<b>CONTRACEPTIVES, ORAL</b>			
All reviewed agents are recommended preferred at this time. Brand name products may be subject to Maximum Allowable Cost (MAC) pricing or require substitution with a generic equivalent.			
<b>GI MOTILITY, CHRONIC</b>			
	MOTTEGRITY (prucalopride succinate)		