

# PROVIDER BULLETIN

No. 12-65

December 10, 2012

TO: All prescribers, pharmacists, and pharmacies participating in the Nebraska Medicaid Program

FROM: Vivianne M. Chaumont, Director   
 Division of Medicaid and Long-Term Care

RE: Preferred Drug List (PDL)

In November of 2012 the NE Medicaid Pharmaceutical and Therapeutics Committee reviewed twenty-four therapeutic classes of drugs, listed below, on the Preferred Drug List (PDL).

- |                                     |  |
|-------------------------------------|--|
| Alzheimer's Agents                  | Leukotriene Modifiers                      |
| Antihistamines, Minimally Sedating  | NSAIDS                                     |
| Antihypertensives, Sympatholytics   | Ophthalmic Antibiotic-Steroid Combinations |
| Antihyperuricemics                  | Ophthalmics, Antibiotics                   |
| Antiparkinson's Agents              | Ophthalmics for Allergic Conjunctivitis    |
| Bile Salts                          | Ophthalmics, Anti-Inflammatories           |
| Bronchodilators, Beta Agonist       | Ophthalmics, Glaucoma Agents               |
| COPD Agents                         | Otic Anti-Infectives & Anesthetics         |
| Cytokine & CAM Antagonists          | Otic Antibiotics                           |
| Glucocorticoids, Inhaled            | Sedative Hypnotics                         |
| Immunomodulators, Atopic Dermatitis | Steroids, Topical                          |
| Intranasal Rhinitis Agents          | Stimulants, ADHD, & Related Drugs          |

Several, but not all, of the changes include:

Drug Class	Change effective January 10, 2013:
Glucocorticoids, Inhaled	Pulmicort Flexhaler® becomes preferred.
Immunomodulators, Atopic Dermatitis	Protopic® will become non-preferred.
Leukotriene Modifiers	Montelukast generic tablets become preferred, Singulair® brand becomes non-preferred.
NSAID	The following generics are moved to preferred status: etodolac, fenoprofen, indomethacin regular release, meclofenamate, and nabumetone. Generic naproxen EC becomes non-preferred.
Ophthalmic Antibiotics	Neosporin® brand drops become preferred. Generic neomycin/bacitracin/polymyxin B ointment becomes non-preferred.

Changes to the reviewed therapeutic classes are listed in *italics* on the posted PDL to be implemented **January 10, 2013**. For the complete listing of the Preferred Drug List with upcoming changes, please see the Pharmacy Magellan Medicaid Administration website @ <https://nebraska.fhsc.com> under the Preferred Drug List tab: (***PDL Document, effective 01/10/2013***). For further information contact Jenny Minchow R.P., Pharm.D. at (402) 471-9109, or email at [dhhs.MedicaidPharmacyunit@nebraska.gov](mailto:dhhs.MedicaidPharmacyunit@nebraska.gov).