Department of Health & Human Services
DHHS
NEBRASKA

State of Nebraska
Pete Ricketts, Governor

PROVIDER BULLETIN

No. 15-18

DATE: June 22, 2015

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

FROM: Calder A. Lynch, Director
Division of Medicaid and Long-Term Care

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

RE: Preferred Drug List (PDL) Changes

In May of 2015 the NE Medicaid Pharmaceutical and Therapeutics Committee reviewed forty therapeutic classes of drugs on the Preferred Drug List (PDL). Changes made to the reviewed classes are listed below. The lists which follow are not the complete PDL.

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 07/16/2015***). Changes to the reviewed therapeutic classes are listed in *italics* on the posted PDL to be implemented **July 16, 2015**. For further information contact Jenny Minchow R.P., Pharm.D. at (402) 471-9109, or email at dhhs.MedicaidPharmacyunit@nebraska.gov.

***CHANGES* in drug classes are listed below:**		
THERAPEUTIC DRUG CLASS	**PREFERRED DRUGS**	**NON-PREFERRED DRUGS**
ACNE AGENTS, TOPICAL	DIFFERIN **GEL** (adapalene)	
ANALGESICS, OPIATE LONG-ACTING		EMBEDA (morphine sulfate+naltrexone) fentanyl 37.5, 62.5, 87.5 mcg (transdermal) HYSINGLA ER (hydrocodone, extended release)
ANALGESICS, OPIATE SHORT-ACTING		oxycodone **CONCENTRATE** XARTEMIS XR

		(oxycodone/acetaminophen)
ANDROGENIC DRUGS (Topical)		TESTIM (testosterone)
ANGIOTENSIN MODULATORS		captopril (generic for Capoten) captopril/HCTZ (generic for Capozide) fosinopril (generic for Monopril)
	valsartan (generic for Diovan) valsartan-HCTZ (generic for Diovan-HCT)	DIOVAN (valsartan) DIOVAN-HCT (valsartan/HCTZ)
ANGIOTENSIN MODULATOR / CALCIUM CHANNEL BLOCKER COMBINATIONS		TARKA (trandolapril/verapamil)
ANTIBIOTICS, INHALED	KITABIS PAK (tobramycin)	TOBI (tobramycin)
ANTIBIOTICS, VAGINAL	metronidazole (vaginal)	METROGEL (metronidazole, vaginal) NUVESSA (metronidazole, vaginal)
ANTICOAGULANTS		SAVAYSA (edoxaban)
ANTIEMETICS /ANTIVERTIGO AGENTS	dronabinol (generic for Marinol)	MARINOL (dronabinol) AKYNZEO (netupitant/palonosetron)
ANTIFUNGALS, ORAL		ketoconazole (generic for Nizoral)
ANTIFUNGALS, TOPICAL		econazole (generic for Spectazole) JUBLIA (efinaconazole) TINACTIN AERO POWDER (tolnaftate) OTC TINACTIN CREAM (tolnaftate) OTC
ANTIMIGRAINE DRUGS, TRIPTANS	rizatriptan **ODT** (generic for Maxalt MLT)	
ANTIPARASITICS, TOPICAL	NATROBA (spinosad) SKLICE (ivermectin)	
ANTIVIRALS, ORAL	famciclovir (generic for Famvir)	SITAVIG (acyclovir buccal)
BETA BLOCKERS (Oral)		acebutolol (generic for Sectral) bisoprolol (generic for Zebeta) HEMANGEOL (propranolol) oral solution SOTYLIZE (sotalol) TOPROL XL (metoprolol)
HEPATITIS C TREATMENTS	VIEKIRA PAK* (ombita/paritap/riton/dasabuvir)	HARVONI (sofosbuvir/ledipasvir)
HYPOGLYCEMICS, Glucagon-Like Peptide-1 Receptor Agonist	BYDUREON **PEN** (exenatide ER) subcutaneous** TANZEUM (albiglutide)** ****** Requires metformin trial and	TRULICITY (dulaglutide)

(GLP-1 RA) (subcutaneous)	diagnosis of diabetes.	
HYPOGLYCEMICS **Dipeptidyl peptidase-4 (DPP-4) Inhibitor**		GLYXAMBI (empagliflozin/linagliptin)
HYPOGLYCEMICS, INSULIN AND RELATED DRUGS		AFREZZA (insulIN reg, inh) TOUJEO SOLOSTAR (insulin glargine)
HYPOGLYCEMICS, SGLT2	INVOKANA (canagliflozin)	JARDIANCE (empagliflozin) XIGDUO XR (dapagliflozin/metformin)
LIPOTROPICS, OTHER	Tricor (fenofibrate) Trilipix (fenofibric acid)	fenofibrate (generic for Tricor) fenofibric acid (generic for Trilipix) NIACOR (niacin IR)
MACROLIDES		clarithromycin ER (generic for Biaxin XL) EES 200 SUSPENSION
MULTIPLE SCLEROSIS DRUGS	BETASERON (interferon beta-1b) GILENYA (fingolimod)	AUBAGIO (teriflunomide) EXTAVIA (interferon beta-1b) PLEGRIDY (peginterferon beta-1a)
PHOSPHATE BINDERS		AURYXIA (ferric citrate) ELIPHOS (calcium acetate)
PLATELET AGGREGATION INHIBITORS	BRILINTA (ticagrelor) EFFIENT (prasugrel)	ZONTIVITY (vorapaxar)
PULMONARY ARTERIAL HYPERTENSION AGENTS		ORENITRAM ER (treprostinil)
ULCERATIVE COLITIS		UCERIS **ORAL** (budesonide) UCERIS **RECTAL FOAM (**budesonide)