NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM

DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE
DEPARTMENT OF FINANCE AND SUPPORT

STATE OF NEBRASKA
DAVE HEINEMAN, GOVERNOR

PROVIDER BULLETIN

No. 07-12

May 15, 2007

TO: All Pharmacies Participating in Nebraska Medicaid

FROM: Mary Steiner, Administrator
Medicaid Division

BY: Barbara Mart, R.P., Pharmacy Consultant

RE: Hepatitis C PA criteria, Byetta Pa form, Cox II Criteria

1. The attached Hepatitis C form should be used to request initial coverage of injectible interferon and oral antiviral therapies.

2. The Byetta prior authorization form was modified to include concomitant TZD therapy which was recently FDA approved.

3. Coverage of Cox II agents (Celebrex ®) will remain on prior authorization. The DUR board has completed their annual criteria review. Changes were made to reflect recent approval for use in pediatric patients.

4. Providers are reminded the Nebraska Medicaid Pharmacy Page contains all criteria forms available for prior authorization. In addition this page has links to search provider license numbers, approved labelers and covered drugs with SMAC prices. The address for the pharmacy page is: http://www.hhs.state.ne.us/med/pharm/

5. (MAC) Maximum Allowable Cost Update: The following MAC prices have been implemented since December 1, 2006.

Generic Drug Name	Drug Strength	Dosage Form	SMAC Price	SMAC Beg Dt
CHLORDIAZEPOXIDE HCL	10MG	CAPSULE	0.05850	01/19/2007
CHLORDIAZEPOXIDE HCL	5MG	CAPSULE	0.05700	01/19/2007
CHLORDIAZEPOXIDE HCL	25MG	CAPSULE	0.06600	01/19/2007
CODEINE PHOS/CARISOPRODOL/ASA	16-200-325	TABLET	1.59250	01/01/2007
DESONIDE	0.05%	LOTION	0.54410	01/01/2007
DICLOFENAC SODIUM	100MG	TAB.SR 24H	2.05000	01/01/2007
DIPYRIDAMOLE	25MG	TABLET	0.26000	01/01/2007
DIPYRIDAMOLE	50MG	TABLET	0.44000	01/01/2007
DIPYRIDAMOLE	75MG	TABLET	0.64170	01/19/2007
DIPYRIDAMOLE	25MG	TABLET	0.29780	01/19/2007
DISOPYRAMIDE PHOSPHATE	150MG	CAPSULE	0.55000	01/01/2007
DISOPYRAMIDE PHOSPHATE	100MG	CAPSULE	0.52000	01/01/2007
ERY E-SUCC/SULFISOXAZOLE	200-600/5	SUSP RECON	0.11500	01/01/2007
FENOPROFEN CALCIUM	600MG	TABLET	0.45000	01/01/2007
FINASTERIDE	5MG	TABLET	1.85000	04/01/2007
FLUVOXAMINE MALEATE	100MG	TABLET	1.17500	01/01/2007
FLUVOXAMINE MALEATE	25MG	TABLET	1.05000	01/01/2007
FLUVOXAMINE MALEATE	50MG	TABLET	1.08000	01/01/2007
HYDROMORPHONE HCL	2MG/ML	AMPUL	1.00570	01/01/2007
HYDROMORPHONE HCL	10MG/ML	AMPUL	2.39410	01/01/2007
HYDROMORPHONE HCL	4MG/ML	AMPUL	1.46850	01/01/2007
HYDROMORPHONE HCL	1MG/ML	AMPUL	0.98790	01/01/2007
KETOTIFEN FUMARATE	0.03%	DROPS	2.16982	01/25/2007
METOLAZONE	2.5MG	TABLET	0.83000	01/01/2007
METOLAZONE	10MG	TABLET	1.32000	01/01/2007
METOLAZONE	5MG	TABLET	1.06000	01/01/2007
MIDAZOLAM HCL	2MG/ML	SYRUP	0.80000	01/01/2007
MINERAL OIL/PET HY-PHL	#EMPTY	OINT.(GM)	0.02100	04/01/2007
MINERAL OIL/PETROLATUM,WHITE	#EMPTY	CREAM(GM)	0.01800	04/01/2007
MINOCYC HCL/E16/SK CL4/TP.COM3	50MG	COMBO. PKG	0.44000	03/01/2007
MINOCYC HCL/E16/SK CL4/TP.COM3	100MG	COMBO. PKG	0.64000	03/01/2007
MINOCYCLINE HCL	75MG	CAPSULE	0.54000	03/01/2007
MINOCYCLINE HCL	75MG	TABLET	0.54000	03/01/2007
NIFEDIPINE	10MG	CAPSULE	0.66000	03/01/2007
NIFEDIPINE	20MG	CAPSULE	1.09000	03/01/2007
OXYCODONE HCL	20MG	TAB.SR 12H	2.12345	03/01/2007
OXYCODONE HCL	10MG	TAB.SR 12H	1.07862	03/01/2007
OXYCODONE HCL	40MG	TAB.SR 12H	3.75199	03/01/2007
OXYCODONE HCL	80MG	TAB.SR 12H	6.63690	03/01/2007
PENTAZOCINE HCL/ACETAMINOPHEN	25-650MG	TABLET	0.75000	01/01/2007
PRAVASTATIN SODIUM	10MG	TABLET	0.75000	01/01/2007
PRAVASTATIN SODIUM	20MG	TABLET	0.76000	01/01/2007
PRAVASTATIN SODIUM	40MG	TABLET	1.01000	01/01/2007
SALT/LAN (EMOLL)/MO(EM)/PET WH	#EMPTY	LOTION	0.01000	04/01/2007

Generic Drug Name	Drug Strength	Dosage Form	SMAC Price	SMAC Beg Dt
SILVER SULFADIAZINE	1%	CREAM(GM)	0.05500	01/01/2007
SIMVASTATIN	10MG	TABLET	0.26000	02/01/2007
SIMVASTATIN	20MG	TABLET	0.40000	02/01/2007
SIMVASTATIN	80MG	TABLET	0.40000	02/01/2007
SIMVASTATIN	5MG	TABLET	0.26000	02/01/2007
SIMVASTATIN	40MG	TABLET	0.40000	02/01/2007
SOD CHLORIDE/LAN/MO/PET,WH	#EMPTY	LOTION	0.01000	04/01/2007
ZOLPIDEM TARTRATE	5MG	TABLET	0.10000	05/01/2007
ZOLPIDEM TARTRATE	10MG	TABLET	0.12000	05/01/2007

Attachments

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