

PROVIDER BULLETIN

No. 10-54

October 22, 2010

TO: All physicians, 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)

Several of the changes based on recommendations from the August 2010 meeting of the Nebraska Medicaid Pharmaceutical and Therapeutics Committee are listed below. These changes will take effect October 27, 2010.

ANTIBIOTICS, VAGINAL:

Metrogel® brand name will be the preferred product. Vandazole® and generic metronidazole, vaginal will be non-preferred.

BONE RESORPTION DRUGS:

Alendronate (generic for Fosamax®) will be the only preferred bisphosphonate. Actonel® (risedronate) and Boniva® (ibandronate) will become non-preferred.

BRONCHODILATORS, BETA AGONIST, LONG ACTING INHALERS:

Earlier this year the FDA issued a warning that long-acting beta-agonists (LABAs) should never be used on their own to treat asthma. The FDA recommends that LABAs should only be used as additional therapy for patient with asthma who are currently taking but are not adequately controlled on a long-term asthma control medication, such as an inhaled steroid. Because of this, Serevent® and Foradil® will be designated as non-preferred.

NSAIDs:

Due to price increases, piroxicam (generic for Feldene®) will become non-preferred.

PANCREATIC ENZYMES:

The following products will become preferred:

Creon® 6000, 12,000, 24,000 units, Pancrease®, Zenpep® and its authorized generic, Pancrelipase™.

STIMULANTS AND RELATED ADHD DRUGS:

CNS STIMULANTS:

Concerta®, Metadate CD®, and brand name Adderall XR® will be moved from preferred to non-preferred status. Patients previously stabilized on the above three medications will be allowed to continue if compliance is demonstrated. The preferred CNS stimulants for newly started patients are:

- amphetamine salt combination ER (generic for Adderall XR)
- amphetamine salt combination IR (generic for Adderall)
- dexmethylphenidate (generic for Focalin)
- dextroamphetamine (generic for Dexedrine)
- FOCALIN® (dexmethylphenidate)
- FOCALIN XR® (dexmethylphenidate XR)
- METADATE ER® (methylphenidate)
- METHYLIN® (methylphenidate chewable & solution)
- METHYLIN ER® (methylphenidate ER)
- methylphenidate (generic for Ritalin)
- methylphenidate extended release

OTHER ADHD DRUGS:

Intuniv® (guanfacine extended release) has been on new drug prior authorization, but will become non-preferred. Regular release guanfacine and clonidine remain available without prior authorization. Approval of Intuniv® will require a trial on the regular release form of guanfacine. Demonstration of some clinical effect from the regular release form and a therapeutic need for the extended release matrix tablet must be documented prior to authorization for the extended release formulation. In order to prevent disruption of therapy, providers are encouraged to obtain PDL exception certification BEFORE starting patients on Intuniv® samples.

ANALEPTICS:

Professional advisory Committees have recommended that NE Medicaid coverage of Provigil® and Nuvigil® be limited to the FDA approved indications. Off-label uses of the analeptics will no longer be considered as coverable diagnoses for payment. Payment for Provigil® and Nuvigil® for fatigue from sleep apnea and narcolepsy will require submission of medical documentation; i.e., sleep study.

Selected changes in the Preferred Drug List are listed above. For further information about the Preferred Drug List and the Pharmaceutical and Therapeutics Committee, please look on the Pharmacy First Health website under the Preferred Drug List tab: <https://nebraska.fhsc.com/> or contact Jenny Minchow R.P., Pharm.D. at (402) 471-9109 , or email at dhhs.MedicaidPharmacyunit@nebraska.gov .