

PROVIDER BULLETIN

No. 12-27

June 13, 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 May of 2012 the NE Medicaid Pharmaceutical and Therapeutics Committee reviewed forty-five therapeutic classes of drugs, listed below, on the Preferred Drug List (PDL).

Acne Agents, Topical	Cephalosporins and Related Antibiotics
Analgesics, Opiates Long Acting	Colony Stimulating Factors
Analgesics, Opiates Short Acting	Erythropoiesis Stimulating Proteins
Androgenic Agents	Fluoroquinolones, Oral
Angiotensin Modulator Combinations	Growth Hormone
Angiotensin Modulators	Hepatitis C Agents
Antibiotics, Gastrointestinal	Hypoglycemics, Incretin Mimetics/Enhancers
Antibiotics, Inhaled	Hypoglycemics, Insulin
Antibiotics, Topical	Hypoglycemics, Meglitinides
Antibiotics, Vaginal	Hypoglycemics, TZD
Anticoagulants	Lipotropics, Other
Antiemetics/Antivertigo Agents	Lipotropics, Statins
Antifungals, Oral	Macrolides/Ketolides
Antifungals, Topical	Multiple Sclerosis Agents
Antimigraine Agents	Pulmonary Arterial Hypertension Agents, Oral and Inhalation
Antiparasitics, Topical	Pancreatic Enzymes
Antivirals, Oral	Phosphate Binders
Antivirals, Topical	Platelet Aggregation Inhibitors
Beta-Blockers	Proton Pump Inhibitors
Bladder Relaxant Preparations	Skeletal Muscle Relaxants
Bone Resorption Suppression and Related Agents	Tetracyclines, Oral
Benign Prostatic Hyperplasia Treatment	Ulcerative Colitis Agents
Calcium Channel Blockers	

Several, but not all, of the changes include:

Hypoglycemics, Oral: Prandin and Actos will become non-preferred on July 11, 2012 (current patients will be "grandfathered").

Lipotropics: Lipitor will become non-preferred July 11, 2012; its generic, Atorvastatin, will be preferred.

Macrolides: Clarithromycin will become preferred on July 11, 2012.

Changes to these therapeutic classes are listed in red on the posted PDL to be implemented **July 11, 2012**. For the complete listing of the Preferred Drug List and the upcoming changes, please see the Pharmacy Magellan Medicaid Administration website @ <https://nebraska.fhsc.com> under the Preferred Drug List tab: (***PDL Document, effective 7-11-2012***). For further information contact Jenny Minchow R.P., Pharm.D. at (402) 471-9109, or email at dhhs.MedicaidPharmacyunit@nebraska.gov.